JSNA: Alcohol

Wirral Intelligence Service

February - 2018

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For further information please contact:
Author: Emma Little – Trainee Public Health Analyst – emmalittle@wirral.gov.uk

Wirral Intelligence Service
Email: wirralintelligenceservice@wirral.gov.uk

Background to JSNA – Joint Strategic Needs Assessment
What is a JSNA? A Joint Strategic Needs Assessment, better known as a JSNA, is intended to be a robust assessment of the health and wellbeing needs of the local population, informing local priorities, policies and strategies that in turn informs local commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough. **Who is involved?** Information from Council, NHS and other partners is collected and collated to inform the JSNA and this reflects the important role that all organisations and sectors have (statutory, voluntary, community and faith) in improving the health and wellbeing of Wirral's residents. **About this document** This JSNA section looks to contain the most relevant information on the topic and provides an overview of those related key aspects **How can you help?** If you have ideas or any suggestions about these issues or topics then please email us at wirralintelligenceservice@wirral.gov.uk or go to https://www.wirralintelligenceservice.org/

Version Number	Date	Authors
1.0	February – 2018	Emma Little – Wirral Intelligence Service John Highton – Wirral Intelligence Service Gary Rickwood – Health and Wellbeing Sarah Kinsella – Wirral Intelligence Service Robert Minshall – Wirral Intelligence Service Tricia Cavanagh-Wilkinson – Health and Wellbeing

Content overview

Abstract	The alcohol chapter of the JSNA provides an in-depth analysis of the impact of alcohol upon the residents of Wirral compared to regional and national impacts. It aims to identify key alcohol-related priorities and needs to improve health and wellbeing outcomes and reduce inequalities throughout Wirral. Wirral has a lower percentage of abstainers and a higher percentage of binge drinkers compared to national averages, contributing to alcohol-related harms in Wirral being above national and regional rates. The more deprived population of Wirral suffered the greatest alcohol-related harms, even though there were a higher percentage of reported abstainers among this population compared to the more affluent populations of Wirral.

	There are a number of active alcohol services and activities in Wirral to help reduce alcohol-related harm and engage with the most vulnerable population. Positive outcomes have been observed; however, these could be further enhanced by better integration of services.
Intended or potential audience	**External** • Wirral Ways to Recovery • Spider Project • Merseyside Police and emergency services • Town Centre Group • MP's for the four Wirral Constituencies • General public **Internal** • Councillors • Constituency Managers • Strategic Leads • Head of Licensing (Margaret O'Donnell)
Links with other topic areas	• Children and Young People • Adults • Housing • Health & Wellbeing

Key findings

- **Consumption:** Wirral has a lower percentage of abstainers (10.6%) and a higher percentage of binge drinkers (23.8%) compared to national averages. 1.9% of Wirral's adult population are estimated to be dependent drinkers, males being three times more likely to be dependent than females.

- **Affordability and availability:** Alcohol has become increasingly affordable and available over the past few decades nationally and in Wirral, availability is highest in the most deprived areas. However, it appears that alcohol is becoming less available to under 18s in Wirral.

- **Costs:** Alcohol was estimated to cost Wirral £131 million in 2011/12.

- **Hospital admissions:** Alcohol-specific and alcohol-related hospital admissions in Wirral were above national and regional rates in 2015/16 and have been increasing over the past decade, particularly in people aged over, but have been decreasing in the under 40 age group. Admissions increased with increasing deprivation in Wirral, and were highest among males.

- **Mortality:** Alcohol-specific and alcohol-related mortality rates in Wirral were higher than national and regional rates in 2014-16. Rates were higher amongst males and increased with increasing deprivation. Mortality rates in Wirral have recently been increasing, particularly among females, in contrast to national and regional rates which have been decreasing or remaining constant. Wirral females show a larger discrepancy with national and regional mortality rates than Wirral males.

- **Crime:** In 2015/16, 22% of crime costs in Wirral were estimated to be related to alcohol. Anti-social behaviour incidents related to alcohol were most common in the more deprived areas of Wirral. Peaks in domestic violence were associated with periods of increased alcohol consumption in Wirral. The percentage of road traffic incidents involving alcohol in Wirral were almost twice as high amongst males (2.9%) than females (1.6%).

- **Homelessness and social services:** The majority of local YMCA residents are in contact with drug and/or alcohol services. Wirral had over double the national rate of benefits claimants due to 'alcoholism' in 2016. One in three children referred to social care services in 2016/17 in Wirral had 'alcohol misuse' as an identified factor, nearly double the national rate.

- **Local views:** Residents would like to limit the number of licenced premises and would like to see more public education so they are able to have a say on local licensing. Surveys suggest that local residents' main reason to drink is that it makes socialising more fun and helps them to relax. Drinking patterns are very diverse in Wirral, often influenced by deprivation.

- **At risk groups:** Specific groups of the population at increased risk of alcohol-related harm include; males – although alcohol-related harms are increasing at a faster rate among females in Wirral, deprived populations, people from Irish, Polish and certain other Eastern European backgrounds, children in need of social care services, people coming out of military service and people with mental health problems.

- **Current activities and services:** There are a number of active alcohol services and activities in Wirral to help reduce alcohol-related harm. These include; Wirral Ways to Recovery (structured treatment, alcohol screening and brief interventions), Birchwood (residential detox), substance misuse nurses at Arrowe Park, alcohol licencing and a Controlled Drinking Environment to engage street drinkers.

Wirral JSNA: Alcohol

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What do we know?

More than 10 million people in England are currently drinking alcohol at levels that increase their risk of health harm. Alcohol is now the fifth leading risk factor for ill-health amongst the English population and is related to over 23,800 deaths annually and over 200 deaths in Wirral. Many indicators of alcohol-related harm have been increasing nationally and locally in recent years, for example mortality from chronic liver disease has increased by 400% since 1970 (Public Health England, 2016), and Wirral currently suffers from a chronic liver disease mortality rate almost 50% higher than the national average. Reducing alcohol-related harm is currently one of Public Health England's seven priorities (Public Health England, 2014) and a Wirral Alcohol Strategy was produced in 2015, highlighting its importance as a public health issue locally.

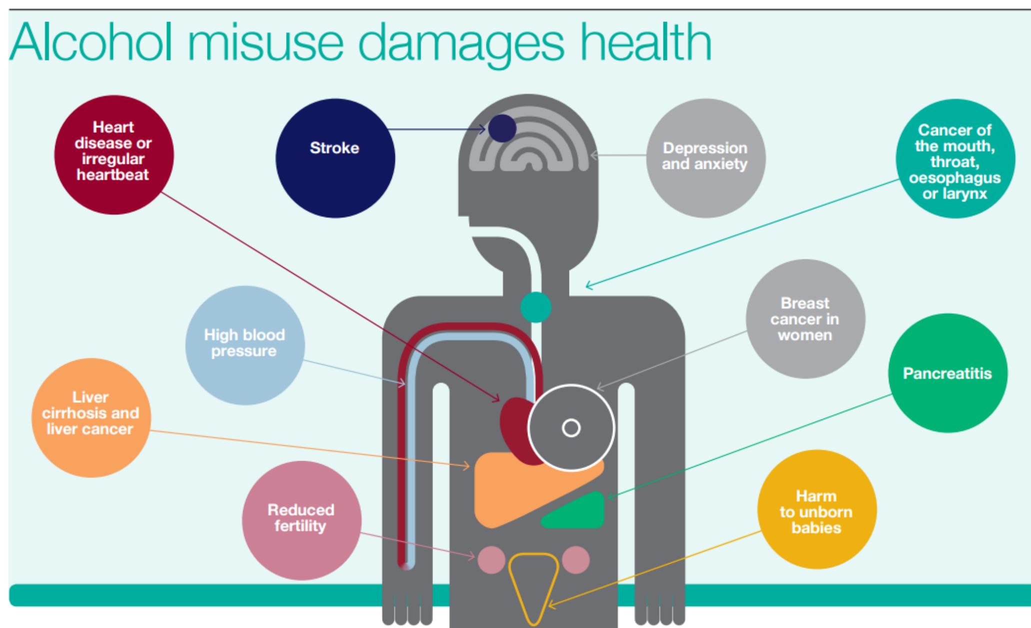
Why is this important?

Alcohol has an important economic and social role in England, often associated with positive aspects of life, but excessive consumption creates negative societal costs. Alcohol misuse has been estimated to cost the NHS £3.5 billion and society £21 billion annually (Public Health England, 2016). Since 1980, alcohol sales in England and Wales have increased by 42%, driven by increased affordability, a shift to higher strength products such as wine instead of beer and increased consumption amongst women. However, in recent years levels of alcohol consumption have declined and levels of abstinence have increased. An alcohol harm paradox has been observed whereby although lower socioeconomic groups report lower levels of average alcohol consumption, they tend to experience greater levels of alcohol-related harm.

In Wirral, the economic costs of alcohol were estimated in 2011/12 to total £131 million, broken down into NHS (£29 million), crime (£31 million), workplace (£61 million) and social services (£12 million) costs *(please note: £'s may not add up due to rounding)* (Collins, 2016).

Regularly drinking above recommended levels increases the risk of alcohol-related morbidity including certain types of cancer (including mouth, pharynx, larynx and oesophagus), liver disease and heart disease (Figure 1) and can negatively impact family life. A reduction in alcohol consumption should result in a decrease in alcohol-related health harms to individuals, alcohol-related crime, domestic abuse and anti-social behaviour within local communities. PHE are currently trying to raise awareness of individual alcohol consumption via a number of campaigns including the One You campaign which involves a lifestyle and behaviours quiz online or via an app, with over 3,800 people registered in Wirral between 2016/17.

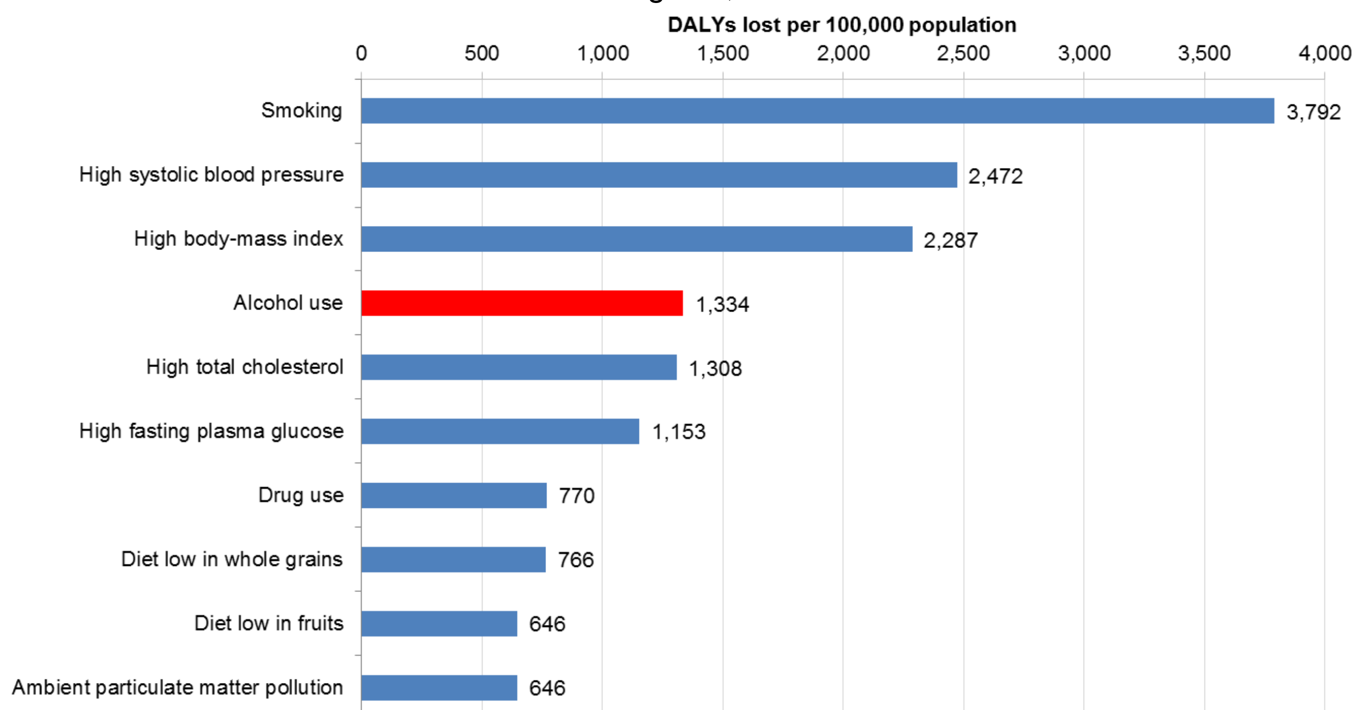
Figure 1: Infographic depicting how alcohol misuse can damage health.



Source: Public Health England, 2017.

Data from the Global Burden of Disease (GBD) study revealed that in 2016 alcohol was the sixth highest risk factor for deaths in the North West of England after smoking, blood pressure, body mass index, cholesterol and fasting plasma glucose. The study calculated disability adjusted life years (DALYs) by summing years lived with disability and years of life lost, showing that in the North West, alcohol use was the fourth biggest risk factor for DALYs lost (Figure 2) in 2016. GBD utilises a set of standard methods and tools to quantify health loss from hundreds of diseases, injuries and risk factors, to enable improvement of health systems and elimination of disparities. The data produced currently goes down to regional level in England; smaller area data is not routinely available.

Figure 2: Disability adjusted life years (DALYs) lost per 100,000 population due to top ten modifiable risk factors in the North West of England, 2016.



Source: Institute for Health Metrics and Evaluation (IHME), 2017.

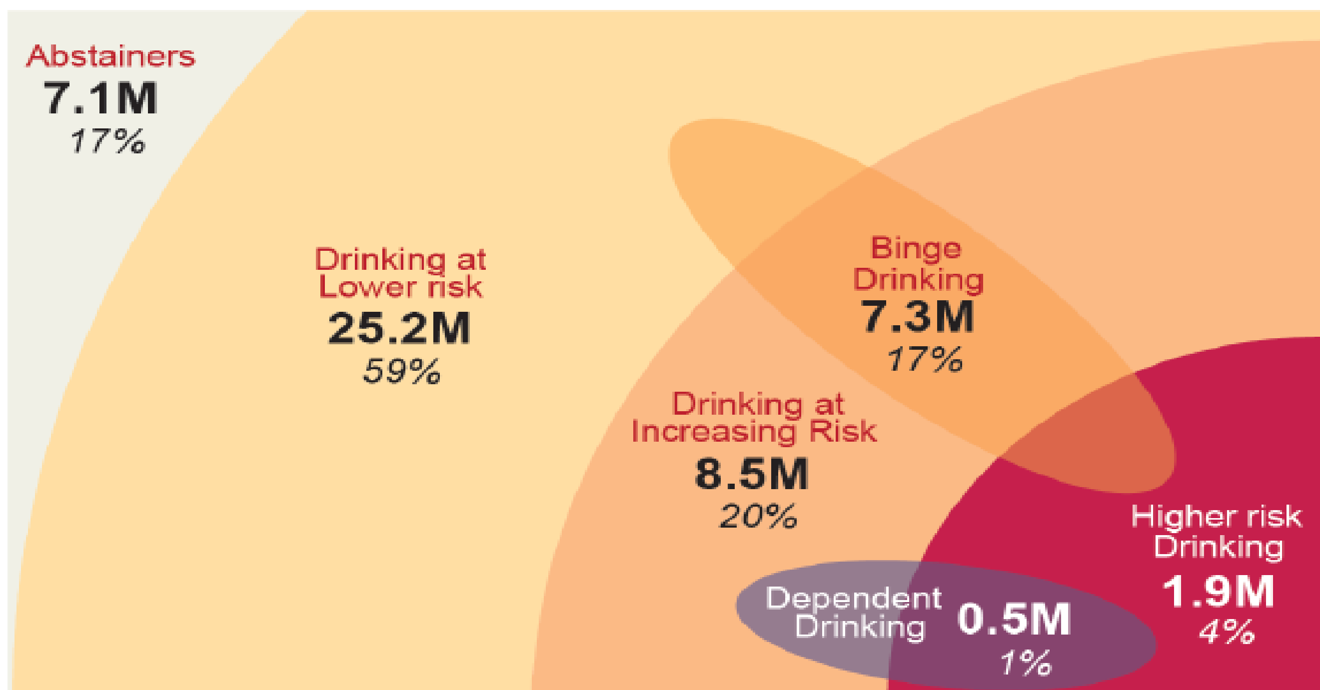
Measuring alcohol consumption is challenging as people often underestimate the amount of alcohol they consume. In 2016 the Chief Medical Officer revised guidance on alcohol consumption, leading to the following definitions of drinkers (Table 1).

Table 1: Definitions of drinker types.

Drinker	Definition
Abstainers	Those who do not drink alcohol.
Lower risk drinkers	Those who consume up to 14 units of alcohol per week.
Increasing risk drinkers	Women: drink over 14 units and up to 35 units of alcohol a week. Men: drink over 14 units and up to 50 units of alcohol a week.
Higher risk drinkers	Women: drink over 35 units of alcohol a week. Men: drink over 50 units of alcohol a week.
Binge drinkers	Women: drink more than 6 units of alcohol in one drinking session. Men: drink more than 8 units of alcohol in one drinking session.

A national picture of the distribution of drinkers in England is outlined in Figure 3, highlighting the complex and interconnecting nature of the national drinking environment, with an estimated 1.9 million people drinking at high-risk levels. PHE calculated that around 4.4% of the English population are drinking just under a third of all alcohol sold in England.

Figure 3: The distribution of drinkers in England, 2014.



Source: Public Health England, 2016.

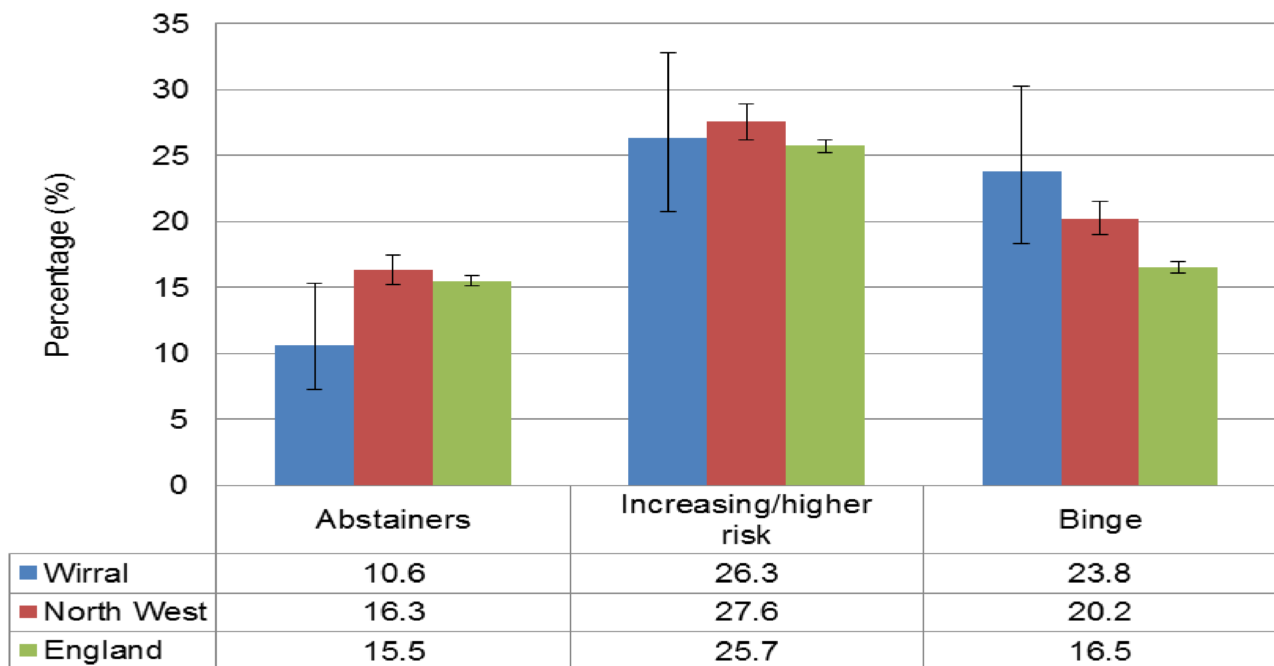
Unfortunately, we cannot extrapolate the percentages above to give an estimate of the number of people in Wirral who fall into each of these categories, because we know that Wirral differs in some important ways from the national picture (e.g. Wirral has a much lower level of abstainers than is the case nationally). See 'Consumption' section below.

Facts, figures and trends (Wirral and beyond)

Consumption

National alcohol consumption has increased since the mid-20th century due to greater affordability, availability, and marketing of alcohol products. Environmental cues such as the size of drinking glasses may have also contributed to increased consumption, particularly of wine as the mean wine glass capacity has doubled over the past 40 years, increasing most steeply during the past two decades along with wine consumption (Marteau, 2017).
Figure 4 shows that Wirral has a different drinking environment to England and the North West, with a lower percentage of abstainers and a higher percentage of binge drinkers. Between 2011-14, 10.6% of Wirral's population were estimated to abstain from alcohol, over a third lower than the national average. Although the proportion of Wirral's population drinking at increasing/higher risk was similar to regional and national averages, Wirral had a significantly higher proportion of binge drinkers than England (23.8% vs 16.5% respectively).

Figure 4: Percentage of abstainers, increasing/higher risk and binge drinkers (aged 18+ years) in Wirral, North West and England, 2011-14.



	Abstainers	Increasing/higher risk	Binge
Wirral	10.6	26.3	23.8
North West	16.3	27.6	20.2
England	15.5	25.7	16.5

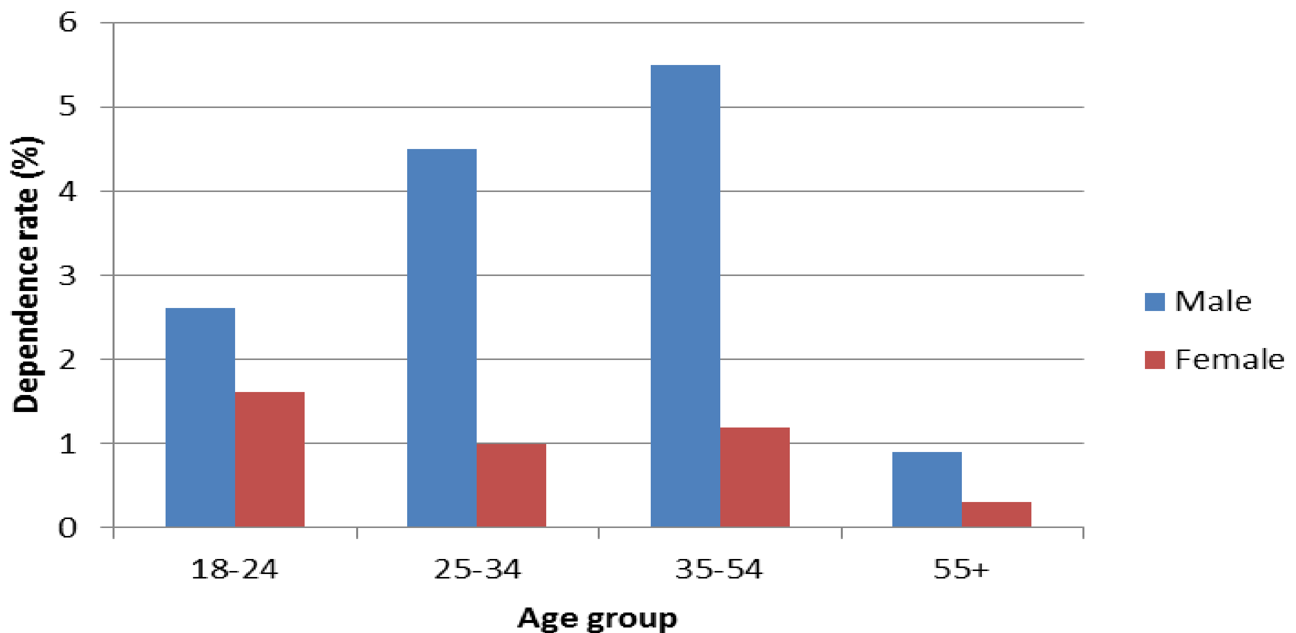
Source: Fingertips, PHE, 2017.

It was estimated in Wirral that 1.4 million litres of alcohol were sold through the off-trade in 2014, 5.7 litres per adult. This is slightly higher than the national rate of 5.5 litres of alcohol sold per adult, and lower than the regional average of 6.6 litres (Public Health England, 2017). However, this may not be a true representation of the volume of alcohol bought by Wirral's population due to the area having a large commuter population, who may be purchasing alcohol outside of Wirral.

Estimates suggest there were 4,891 dependent drinkers aged 18+ in Wirral in 2014, 1.9% of the adult population. This is higher than the national prevalence rate and means that Wirral had the 19th largest proportion of dependent drinkers out of 151 English Upper Tier Local Authorities.

These rates varied by age group and sex (Figure 5) with average male dependence rates being over three times that of females. Interestingly, males showed an increasing trend in alcohol dependence with age up to 55 years, whereas the highest rate of alcohol dependence among females was found in the 18-24 year old age group.

Figure 5: Percentage of adult (18+) population estimated to be alcohol dependent in Wirral by sex and age group, 2014.



Source: University of Sheffield, 2017.

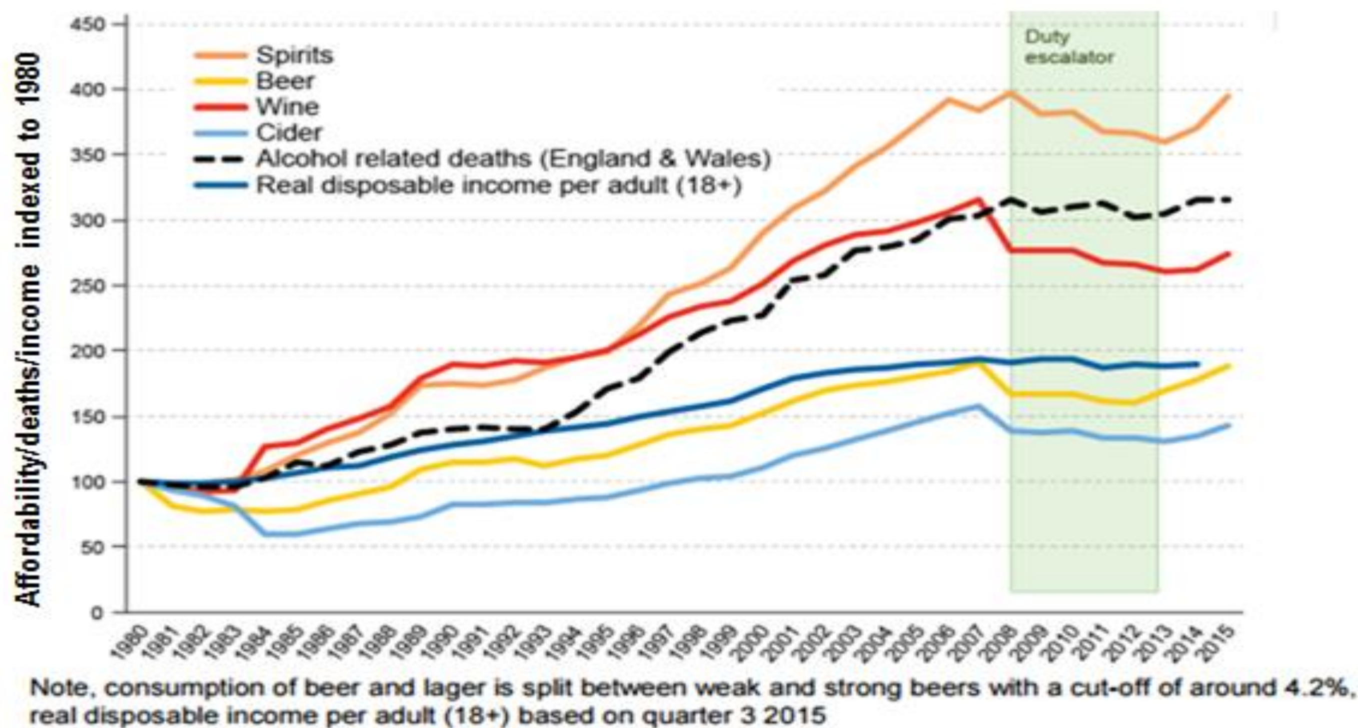
PHE One You quiz data (2016/17) shows that 8% of Wirral's population scored 'red' (drink over 35 (females) or 50 (males) units weekly). A higher percentage of males and people aged 40-59 scored red, and the percentage scoring green (drink under 14 units weekly) decreased with decreasing deprivation. However, the sample population was not representative of Wirral (58% respondents were aged 40-59, 72% were female) so the results should be interpreted with caution. The data had a fair representation of people by deprivation group but may not represent those who are digitally excluded.

Affordability and availability

There is a large body of evidence highlighting a strong relationship between the price of alcohol and its consumption (Public Health England, 2016). Figure 6 shows that the affordability of all alcohol in the UK has steadily increased over the last 30 years, and alcohol is now 60% more affordable than in 1980. The increase was particularly sharp for spirits and wine before the duty escalator in 2008, which automatically increased alcohol duties by 2% above inflation annually. However, this was repealed in 2013 for beer, and abolished altogether in 2014.

Relatively speaking, disposable incomes have increased, and real-term alcohol prices have declined since 1980, leading to increased alcohol affordability. Alcohol-related deaths follow the increasing trend of alcohol affordability from 1980, highlighting the association between alcohol affordability and alcohol-related harms.

Figure 6: Trends in the affordability of alcohol in the UK, 1980 to 2015, indexed to 1980.



Source: Public Health England, 2016.

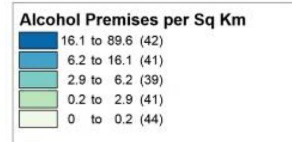
Licenced Premises

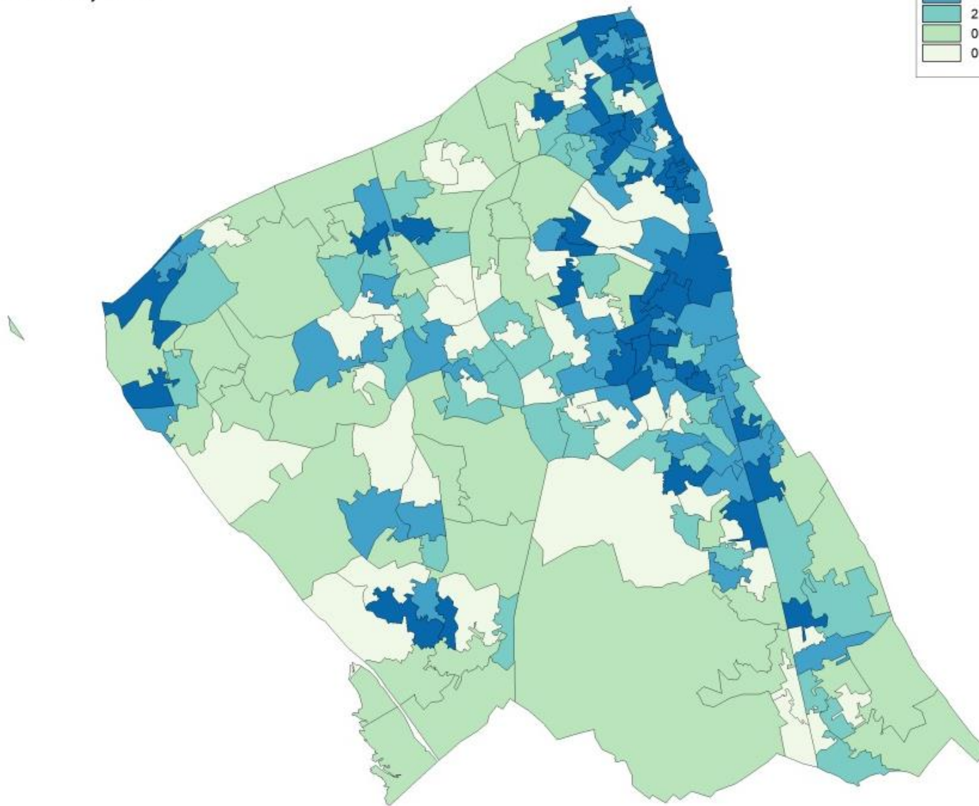
Studies have also demonstrated that negative alcohol-related outcomes result when alcohol availability is increased (Livingston, 2011; Fone et al, 2016). In 2017, Wirral had 758 active alcohol licences, a rate of 23.6 licences per 10,000 population. Off-licences including supermarkets accounted for 43.3% of overall licences. Between November 2014 to November 2017, 101 new alcohol licenses were granted in Wirral, 45.5% off-licence, and 39.6% on-licence (the remainder were off and on licence). This is in line with the national increasing trend of licenced premises.

Figure 7 shows that alcohol licensed premises density is most concentrated in the East of Wirral, the most deprived area. Density of licensed premises is correlated with deprivation throughout Wirral, with clusters of premises in more deprived areas.

Figure 7: Maps showing alcohol licensed premises per Km^2 and IMD 2015 quintile by Lower Layer Super Output Area, Wirral, 2017.

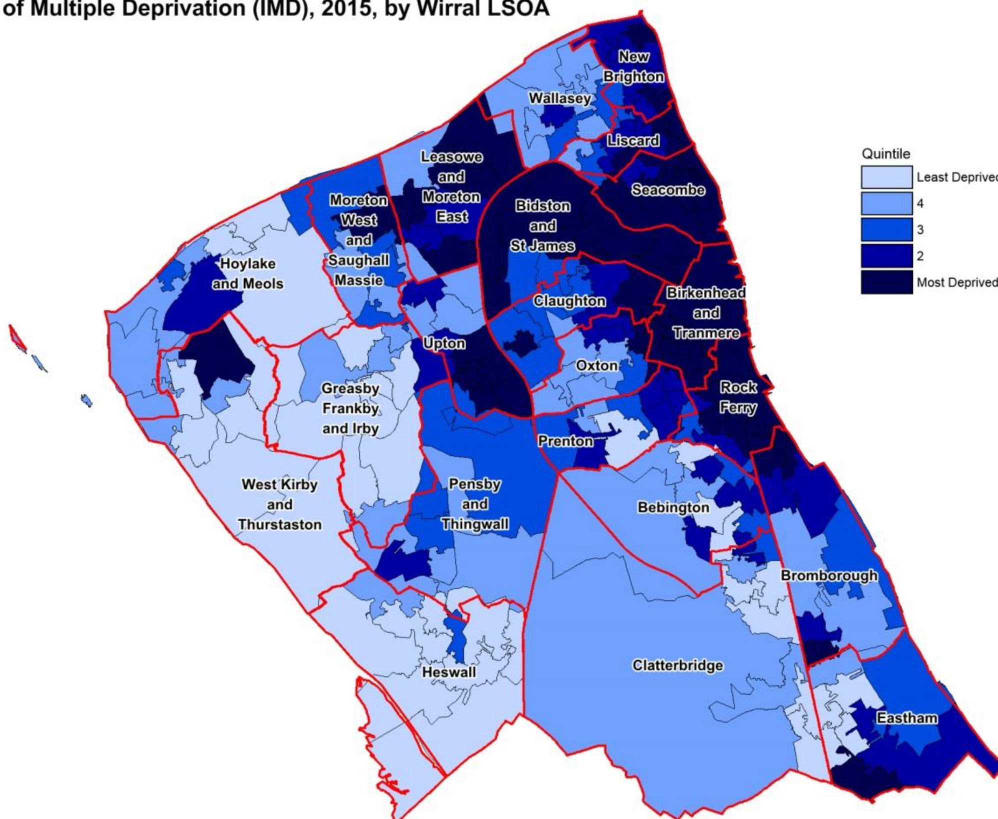
Alcohol Premises per Sq Km by Wirral LSOA, 2017





Created by Wirral Intelligence Service

Index of Multiple Deprivation (IMD), 2015, by Wirral LSOA

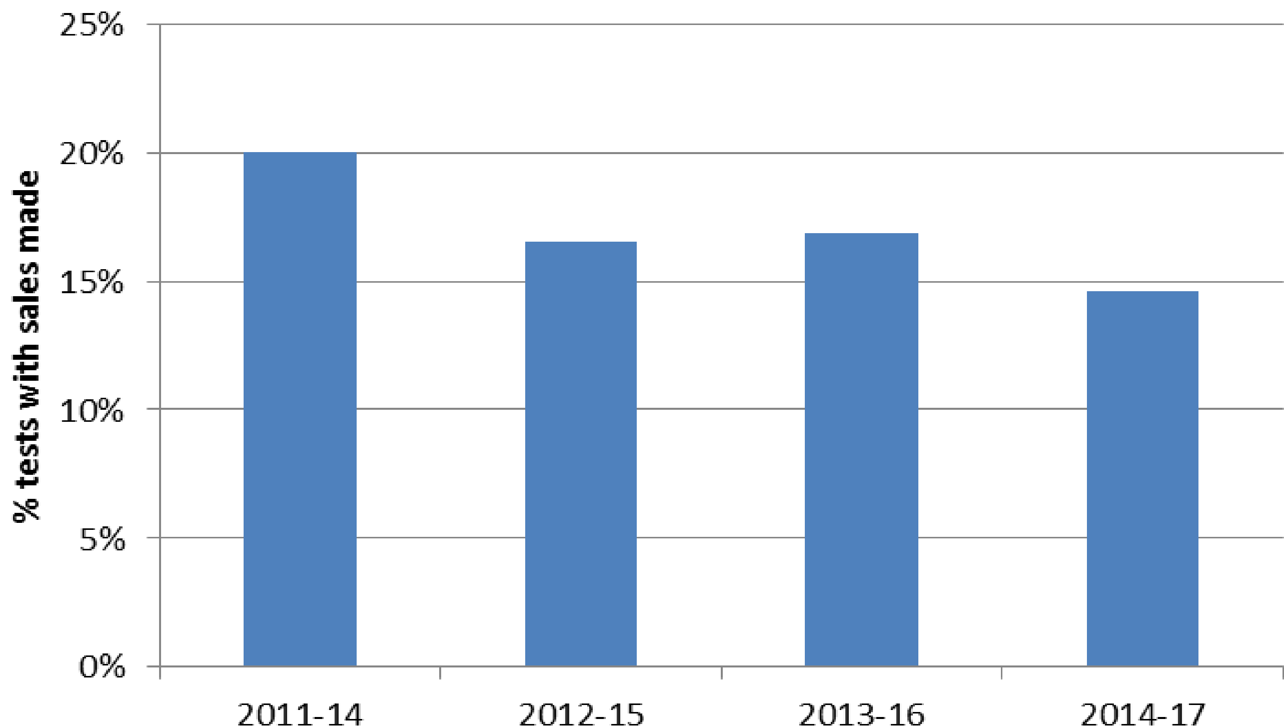


Source: Wirral Intelligence Service, 2017.

Test purchasing

To further reduce under 18s alcohol-related hospital admissions, reducing the availability of alcohol to this age group is key. Test purchasing data in Wirral shows that alcohol is becoming less available to under 18s, as the percentage of test purchases which resulted in a sale has reduced by 5% from 2011-14 to 2014-17, shown in Figure 8.

Figure 8: Percentage of test purchases by a person aged under 18 resulting in a sale made, 2011-14 to 2014-17.



Source: Wirral Council, 2017.

Consumption, affordability and availability key messages

- Wirral's drinking behaviour differs from national trends, with 23.8% binge drinkers and 10.6% abstainers in 2011-14, and a higher rate of dependent drinkers.
- Alcohol resulted in £131 million economic costs in Wirral in 2011/12.
- Alcohol has become increasingly affordable and available over the past few decades nationally and in Wirral.
- 101 new alcohol licences were granted in Wirral during 2014-17, with licenced premises density being greater in the most deprived areas.
- Alcohol is becoming less available to under 18s in Wirral.

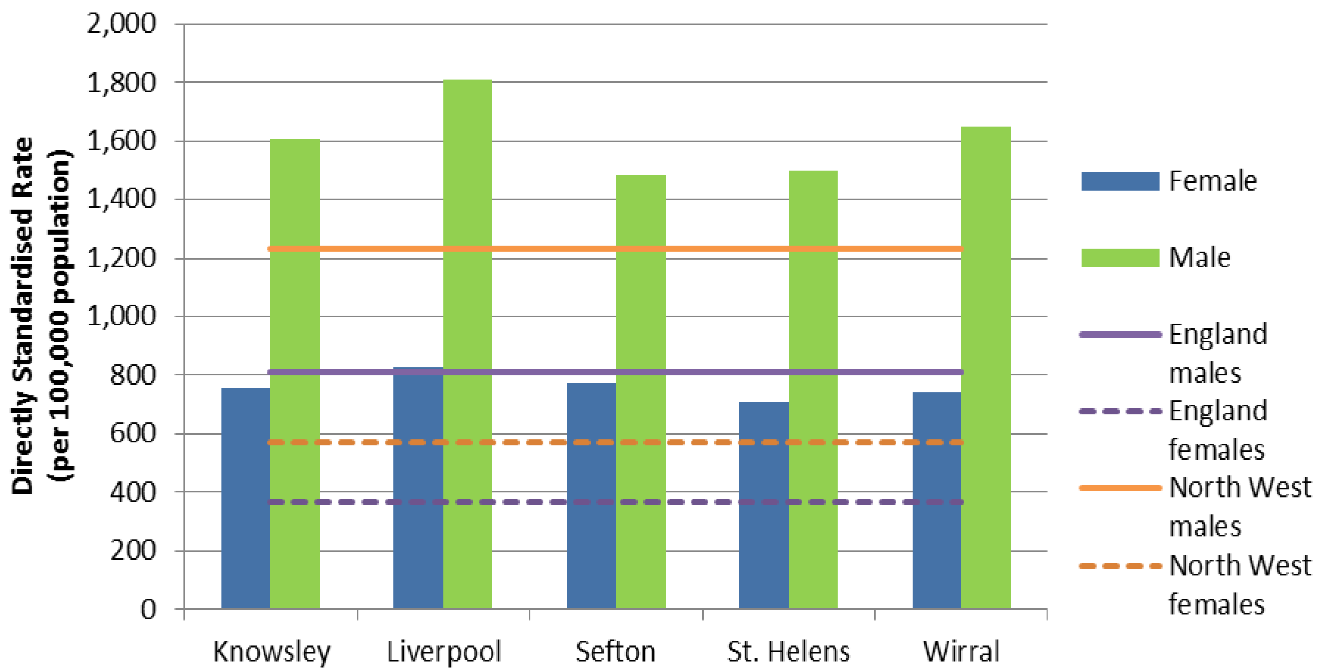
Morbidity

Alcohol-specific hospital admissions

Alcohol-specific hospital admissions include admissions where alcohol is causally implicated in all cases of the presenting condition, for example alcohol-induced behavioural disorders. All cases of the condition are caused by alcohol.

By sex and Merseyside Local Authority

Figure 9: Alcohol-specific hospital admissions, directly standardised rate (per 100,000 population) by sex and Merseyside local authorities, all ages, 2015/16.

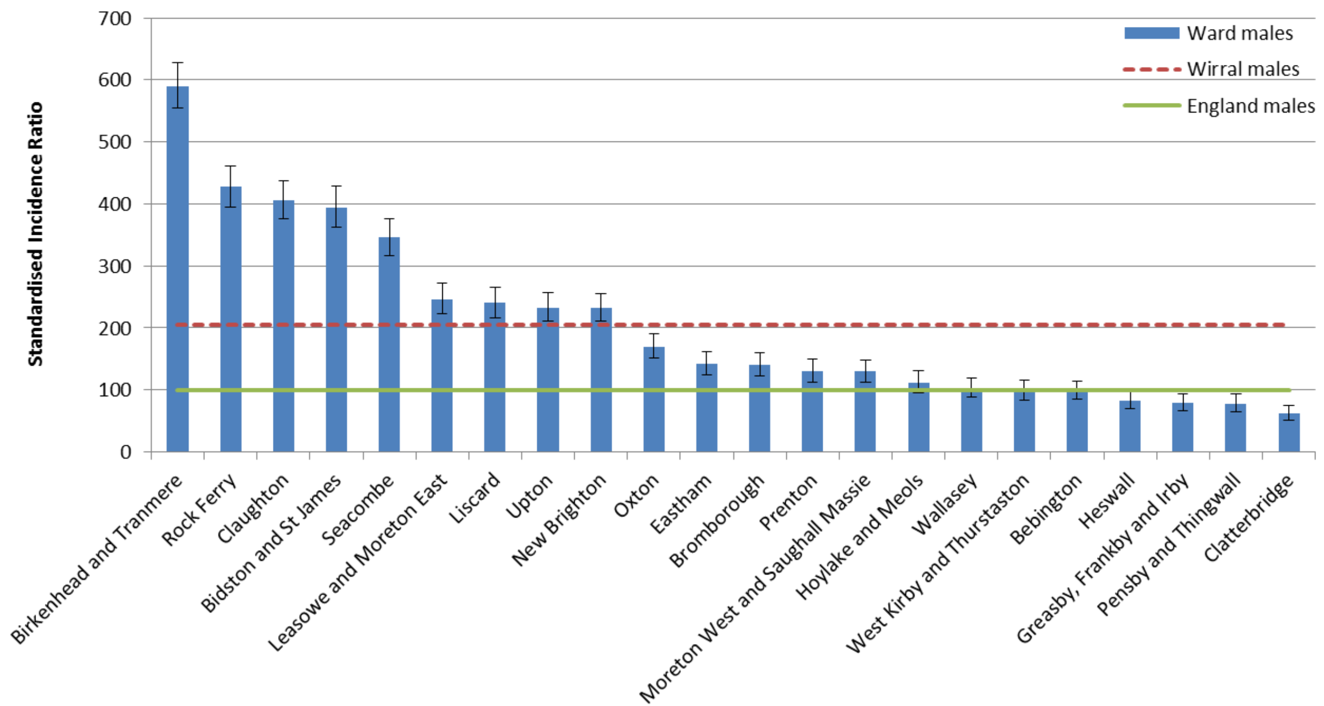


Source: Fingertips, PHE, 2017.

There were 3,704 alcohol-specific hospital admissions in Wirral during 2015/16. Figure 9 shows that alcohol-specific hospital admissions in Wirral were above the regional and national rates and were one of the highest in the Merseyside area, particularly for males. Rates of male alcohol-specific hospital admissions were over twice that of females, following the national trend.

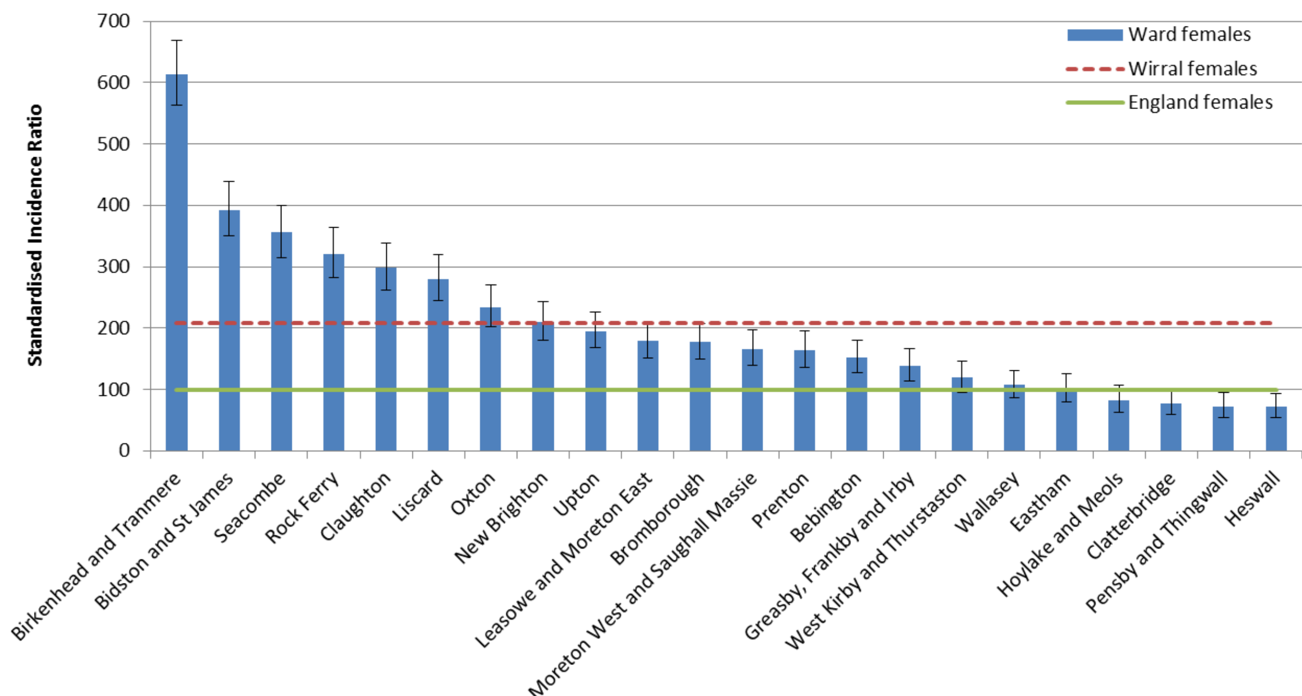
By sex and Wirral ward

Figure 10: Alcohol-specific hospital admissions Standardised Incidence Ratios by ward, males, 2014/15-16/17.



Source: Wirral Hospital Episode Statistics dataset, 2017.

Figure 11: Alcohol-specific hospital admissions Standardised Incidence Ratios by ward, females, 2014/15-16/17.



Source: Wirral Hospital Episode Statistics dataset, 2017.

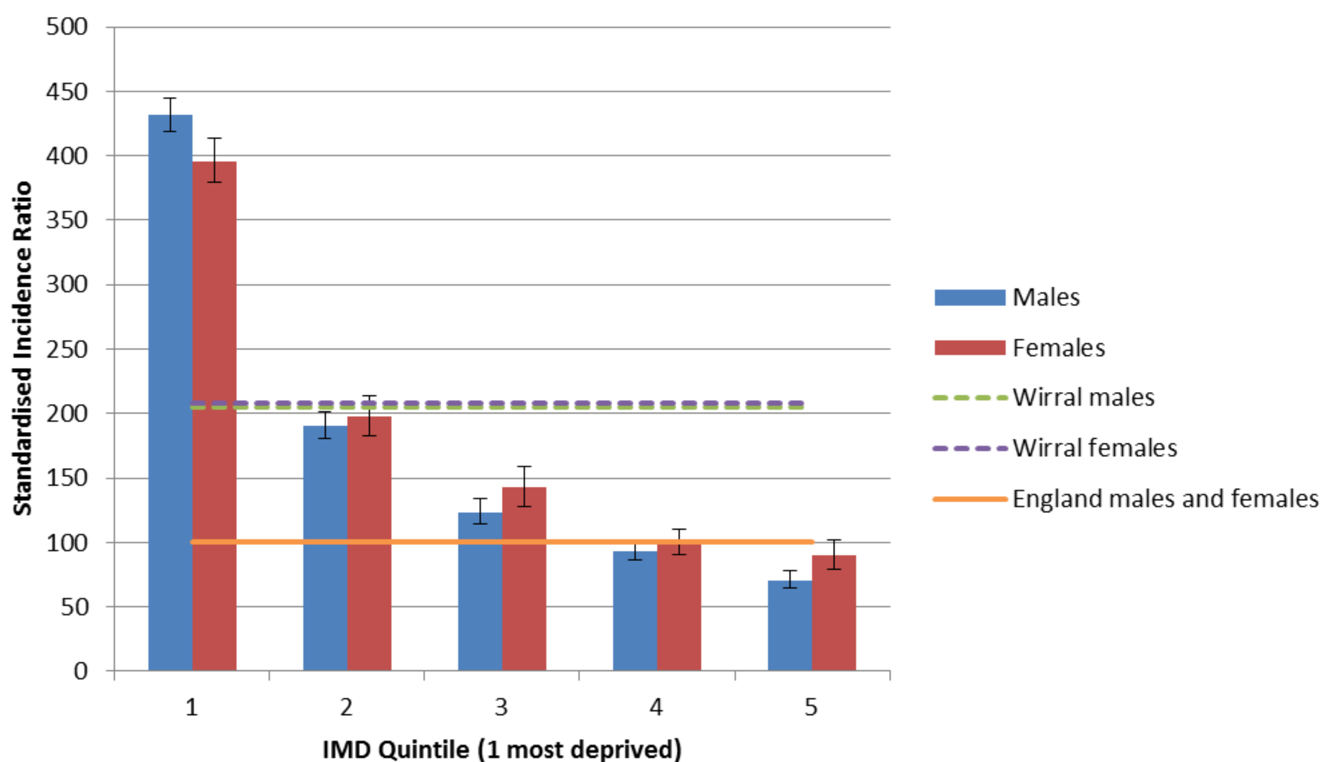
Wirral has a Standardised Incidence Ratio (SIR) for alcohol-specific hospital admissions of 205.5 for males and 208.6 for females, double the national average (as the SIR for England is always 100). Over 60% of Wirral's wards had SIRs significantly above the national average.

There was a large variation in alcohol-specific hospital admissions by ward, shown in Figure 10 and Figure 11, highlighting an association with deprivation as the more deprived wards tended to have higher SIRs.

Birkenhead and Tranmere, the most deprived ward in Wirral, had the highest SIRs for both males (590.1) and females (614.0), 38% and 56% higher than the second highest wards respectively. Only 4 wards for males (Heswall; Greasby, Frankby and Irby; Pensby and Thingwall; Clatterbridge) and 3 wards for females (Clatterbridge; Heswall; Pensby and Thingwall) had SIRs significantly below the national average and these are some of the most affluent wards in Wirral, further highlighting the health inequality.

By sex and deprivation quintile

Figure 12: Alcohol-specific hospital admissions Standardised Incidence Ratios by Index of Multiple Deprivation 2015 quintile and sex, 2014/15-16/17.

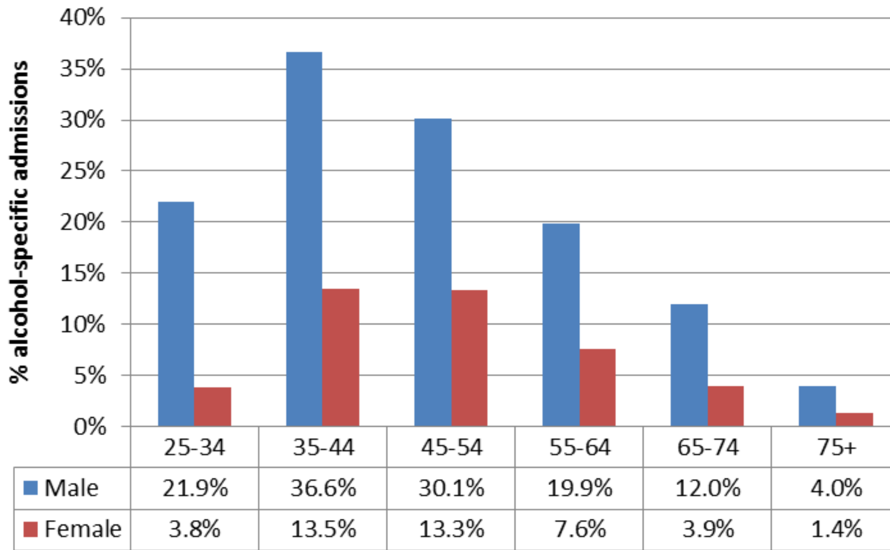


Source: Wirral Hospital Episode Statistics dataset, 2017.

In Wirral, alcohol-specific hospital admissions were highest in the most deprived quintile during 2014/15-16/17 (Figure 12), 4.2 times the national average for all persons. Admission rates decreased with decreasing deprivation for both males and females, the starkest decrease being between quintiles 1 and 2 where SIRs halved. Although males had a higher SIR than females in quintile 1, females had slightly higher SIRs in quintiles 2 to 5.

As a percentage of all hospital admissions

Figure 13: Alcohol-specific hospital admissions as a percentage of all admissions in Wirral by age band and sex, 2015/16-16/17.



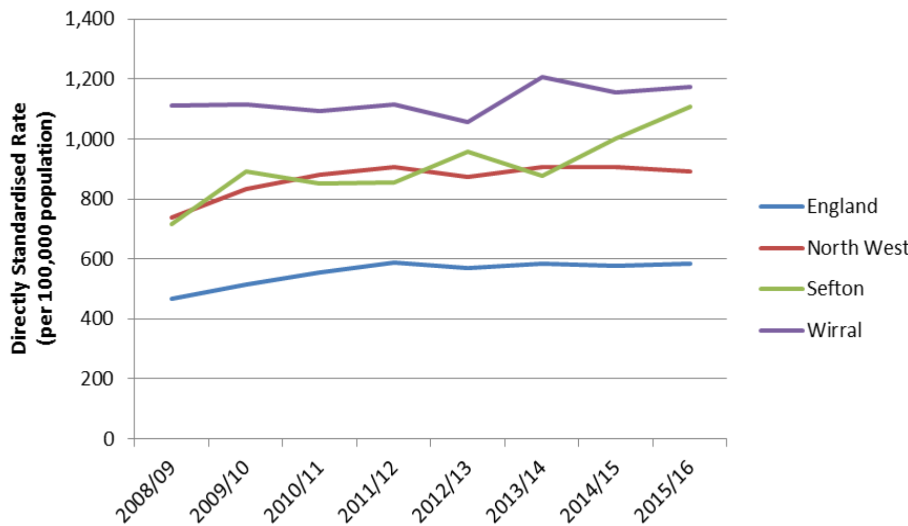
	25-34	35-44	45-54	55-64	65-74	75+
Male	21.9%	36.6%	30.1%	19.9%	12.0%	4.0%
Female	3.8%	13.5%	13.3%	7.6%	3.9%	1.4%

Source: Wirral Hospital Episode Statistics dataset, 2017.

Figure 13 shows that the highest proportion of hospital admissions that are alcohol-specific was found in the 35-44 year old age group in Wirral, and then decreased with age. Males had a higher proportion of alcohol-specific hospital admissions, over double the proportion in all age groups, with the difference being most apparent in 25-34 year olds. Figure 13 also highlights that one in three of all hospital admissions are directly cause by alcohol in the male 35-54 year old age group.

Trend over time

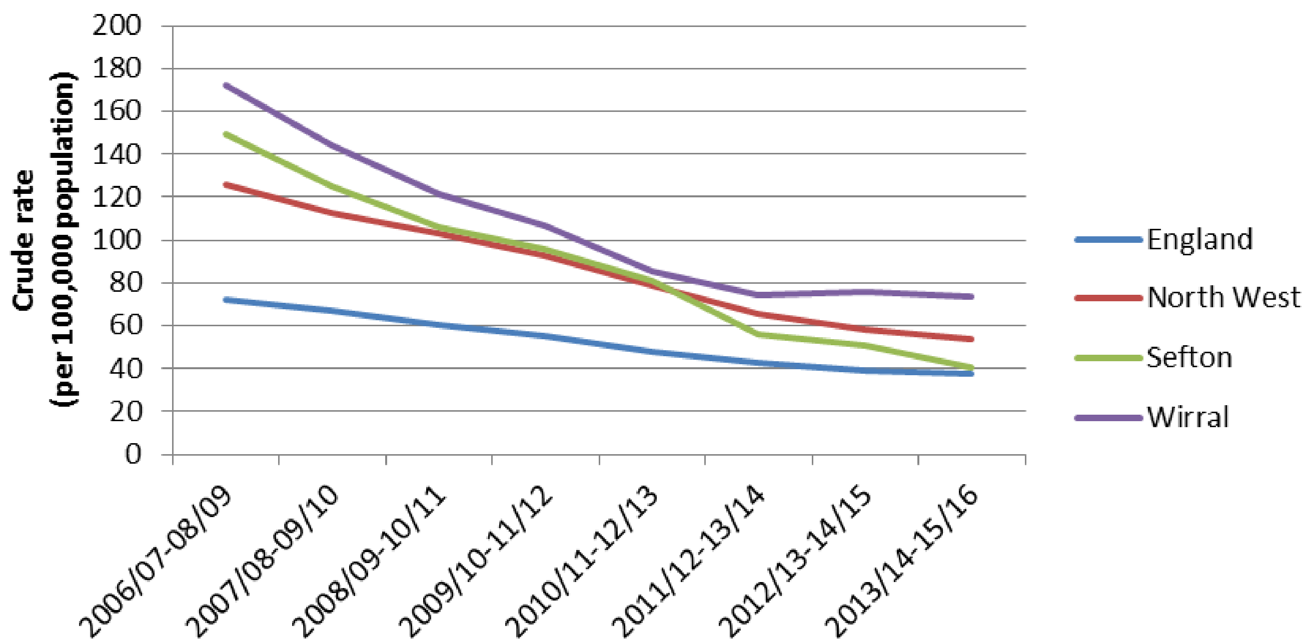
Figure 14: Alcohol-specific hospital admissions, directly standardised rate (per 100,000 population) for England, North West, Wirral and Sefton, persons, all ages, 2008/09 to 2015/16.



Source: Fingertips, PHE, 2017.

Figure 14 shows that alcohol-specific hospital admissions have been increasing nationally and regionally since 2008/09, but plateaued from 2011/12. Wirral has not followed this trend, as rates showed a sharp increase in 2013/14, resulting in a rate double the national average. However, Wirral's rates have not increased as rapidly as Sefton's (Wirral's statistical neighbour) which has seen a 55% increase in alcohol-specific hospital admissions during this period, compared to a 6% increase in Wirral and 25% national increase. However, Wirral's rate still remains higher than the other geographies in Figure 14.

Figure 15: Alcohol-specific under 18 year olds hospital admissions, crude rate (per 100,000 population) for England, North West, Wirral and Sefton, persons, 2006/07-08/09 to 2013/14-15/16 (3 year rolling averages).



Source: Fingertips, PHE, 2017.

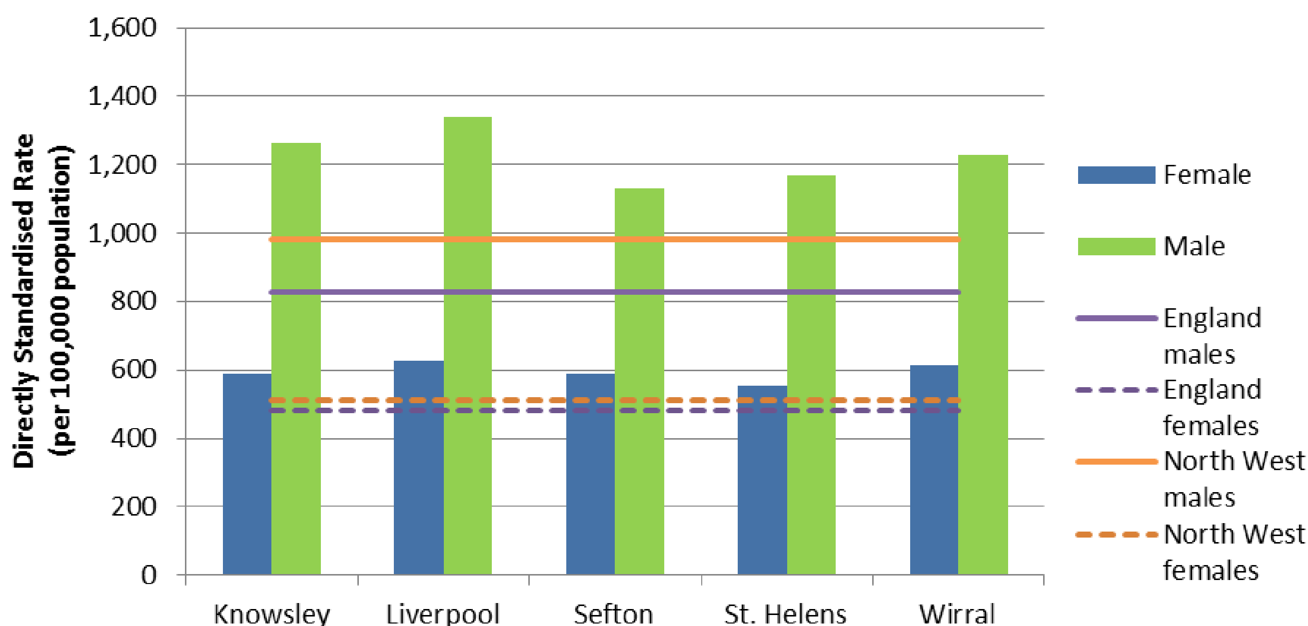
There were 149 alcohol-specific hospital admissions amongst under 18s in Wirral during 2013/14-15/16, the lowest number for the past decade. Figure 15 shows that rates of under 18s hospital admissions have been steadily decreasing nationally, with a sharper decrease observed locally until 2011/12-13/14 where rates began to plateau. In 2006/07-08/09, Wirral's rates were 2.4 times higher than the national average, but this has now reduced to 1.9 times. However, Wirral's rates still remain higher than the other geographies in Figure 15.

Alcohol-related hospital admissions

Alcohol-related hospital admissions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the condition, for example various cancers and falls. Not all cases of the condition are caused by alcohol. For alcohol related conditions, an alcohol-attributable fraction (AAF) is used, which estimates the average proportion of a disease that is caused by alcohol. This should be reasonably accurate at a population level but would not be valid at an individual patient level.

By sex and Merseyside Local Authority

Figure 16: Alcohol-related hospital admissions (narrow), directly standardised rate (per 100,000 population) by sex and Merseyside local authorities, all ages, 2015/16.



Note: Narrow definition refers to the primary diagnosis being and alcohol-attributable code or the secondary diagnosis is an alcohol-attributable external cause code.
Source: Fingertips, PHE, 2017.

Figure 16 shows that alcohol-related hospital admissions in Wirral were above national and regional averages in 2015/16 but were similar to rates of other Merseyside local authorities, and slightly above rates in Sefton (Wirral's statistical neighbour). Rates of alcohol-related hospital admissions were twice as high in males than females in Wirral, a slightly wider difference than observed nationally.

By age group over time

Figure 17: Alcohol-related hospital admissions (narrow), directly standardised rate (per 100,000 population) by age groups, persons, Wirral, 2008/09 to 2015/16.

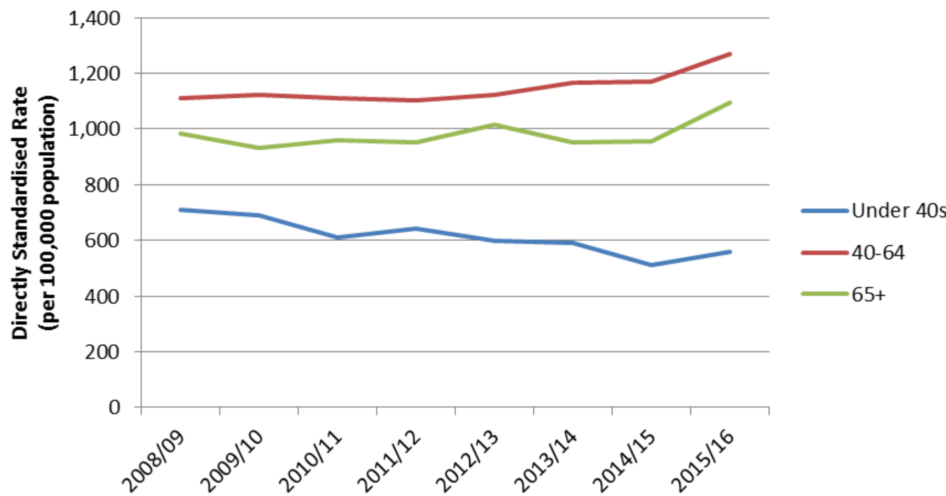


Figure 17 shows that alcohol-related hospital admissions in Wirral have been increasing since 2008/09 among people aged 40+, but have been decreasing in those aged under 40. This has created a wider disparity between rates, with rates of alcohol-related hospital admissions in 40-64 year olds being 2.3 times higher than under 40s in 2015/16.

Note: Narrow definition refers to the primary diagnosis being and alcohol-attributable code or the secondary diagnosis is an alcohol-attributable external cause code.
Source: Fingertips, PHE, 2017.

There were 2,849 alcohol-related hospital admissions during 2015/16 in Wirral.

Accident & Emergency Department Attendances

In 2016/17, at least 6% of A&E attendances for injuries, accidents and trauma at Arrowe Park Hospital involved people who had consumed alcohol 3 hours before admission. This varied by cause group as shown in Table 2, with assaults having the largest proportion of injury attendances related to alcohol (46%). Over half of these assaults involved alcohol consumption in a public house (pub) or night club. The percentage of injury attendances involving people who had consumed alcohol was highest in the 20-44 year old age group, accounting for 12% of all injury attendances in this group.

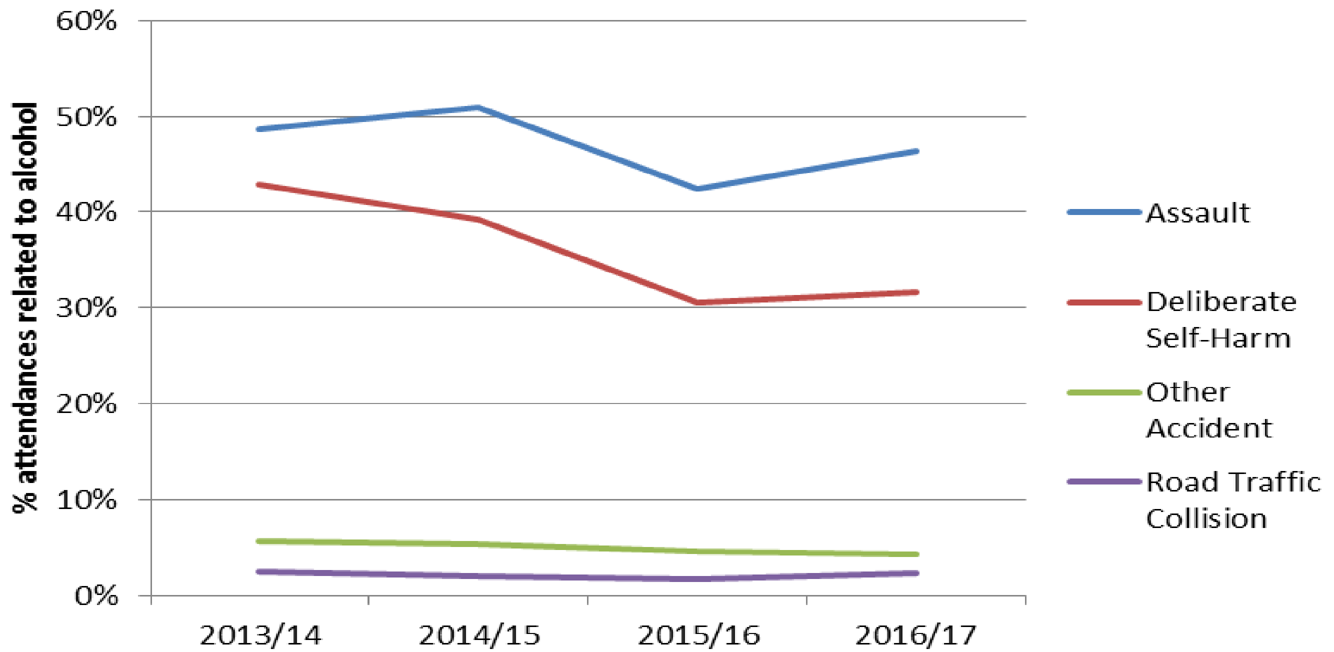
Table 2: Number of injury presentations to Wirral emergency department by cause and whether consumed alcohol 3 hours previously, 2016/17.

Cause	All	Consumed alcohol	% related to alcohol
Assault	1,000	464	46.4%
Deliberate self-harm	637	202	31.7%
Road traffic collision	2,118	48	2.3%
Other accident	27,174	1,185	4.4%
Total	**30,929**	**1,899**	**6.1%**

Source: Trauma and Injury Intelligence Group (TIIG), 2017.

Figure 18 shows that the percentage of alcohol-related attendances at Arrowe Park have decreased from 2013/14 to 2016/17 by 22% overall, with the largest decrease observed in deliberate self-harm (26% decrease) and assaults showed a similar trend. Road traffic collisions and other accidents have also shown a slight decrease in percentage of alcohol-related attendances during this period.

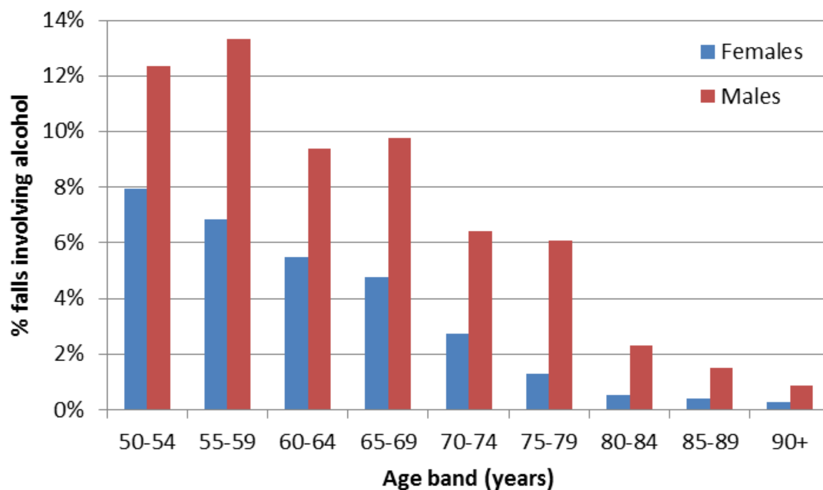
Figure 18: Percentage of A&E attendances in Wirral by cause group involving people who had consumed alcohol 3 hours previously, 2013/14 to 2016/17.



Source: Trauma and Injury Intelligence Group (TIIG), 2017.

Falls

Figure 19: Percentage of total Wirral A&E falls attendances involving people who had consumed alcohol 3 hours previously by age band and sex, 2016/17.



Source: Trauma and Injury Intelligence Group (TIIG), 2017.

There were 10,125 Wirral A&E attendances due to falls during April 2016 to March 2017 among people aged 50+, 5% of these involved people who had consumed alcohol 3 hours previously. Figure 19 shows that falls involving alcohol were more common amongst men for all age groups, accounting for 8% of total male falls, compared to 3% for women. The percentage of falls involving alcohol decreased with increasing age, except in the 55-59 and 65-69 male age groups where slight increases can be observed.

Foetal Alcohol Spectrum Disorder (FASD)

FASD is an umbrella term used to describe the range of disabilities that may affect people whose mothers drank alcohol in pregnancy. FASD is completely preventable through the elimination of drinking during pregnancy. The term covers several diagnoses, which include foetal alcohol syndrome (FAS), partial foetal alcohol syndrome (pFAS), alcohol-related neurodevelopmental disorder (ARND) and alcohol-related birth defects (ARBD).

Of all children affected, 10 to 15 per cent are affected by FAS, 30 to 40 per cent by PFAS, and nearly half by ARND (British Medical Association, 2016). Those affected often experience an array of health problems such as:

- Lower-than-average IQ (not always)
- Difficulties with attention and memory
- Difficulty seeing the consequences of actions
- Impulsive behaviour/inability to control impulses
- Difficulty dealing with concepts like time, finance etc.
- Difficulty co-operating with others, aggression
- Problems sucking and feeding in new-borns (and sometimes symptoms of alcohol withdrawal)
- Hyperactivity
- Poor judgement
- Poor problem-solving skills
- Speech and language delay
- Poor hearing and/or vision
- Abnormalities of the valves of the heart
- Bone and joint problems
- Kidney problems

National (and local) data on the prevalence of FASD is unavailable, but emerging international research indicates clearly that some populations are more at risk, such as those experiencing high levels of deprivation and poverty. FASD is regarded as the leading known cause of non-genetic intellectual disability in the Western world. It is estimated worldwide that 0.97 per 1,000 live births are affected by FASD (based almost entirely on US data). Higher rates of FASD have been estimated among children in foster care and those in the criminal justice system (British Medical Association, 2016).

The worldwide estimate, if applied to births in Wirral, indicates that around 3 children per year would be born with FASD locally (with rates highest in areas of deprivation) meaning over 50 children (aged 0-18) in Wirral have FASD. But due to higher alcohol consumption rates in Wirral and nationally compared to globally this number is likely to be an underestimate.

Morbidity key messages

- There were 2,849 alcohol-related hospital admissions during 2015/16 in Wirral. Alcohol-specific and alcohol-related hospital admissions in Wirral were above national and regional rates in 2015/16, slightly higher than Sefton, Wirral's statistical neighbour.
- Admissions increased with increasing deprivation in Wirral, and were highest among males and people aged 35-44 years old.
- Alcohol-specific and alcohol-related hospital admission rates have been increasing over the past decade in Wirral, particularly in those aged over 40 years old, but have been decreasing in people aged under 40, particularly in the under 18 age group.
- 46% of A&E attendances at Arrowe Park due to assault involved alcohol in 2016/17, and attendances related to alcohol were highest in the 20-44 year old age group.
- Alcohol-related A&E attendances in Wirral have decreased by 22% from 2013/14 to 2016/17, predominantly due to the large percentage decrease in alcohol-related deliberate self-harm.
- Over 50 children aged 0-18 years in Wirral may currently have FASD if the worldwide rate is applied, but this is likely to be an underestimate due to higher alcohol consumption rates in Wirral.

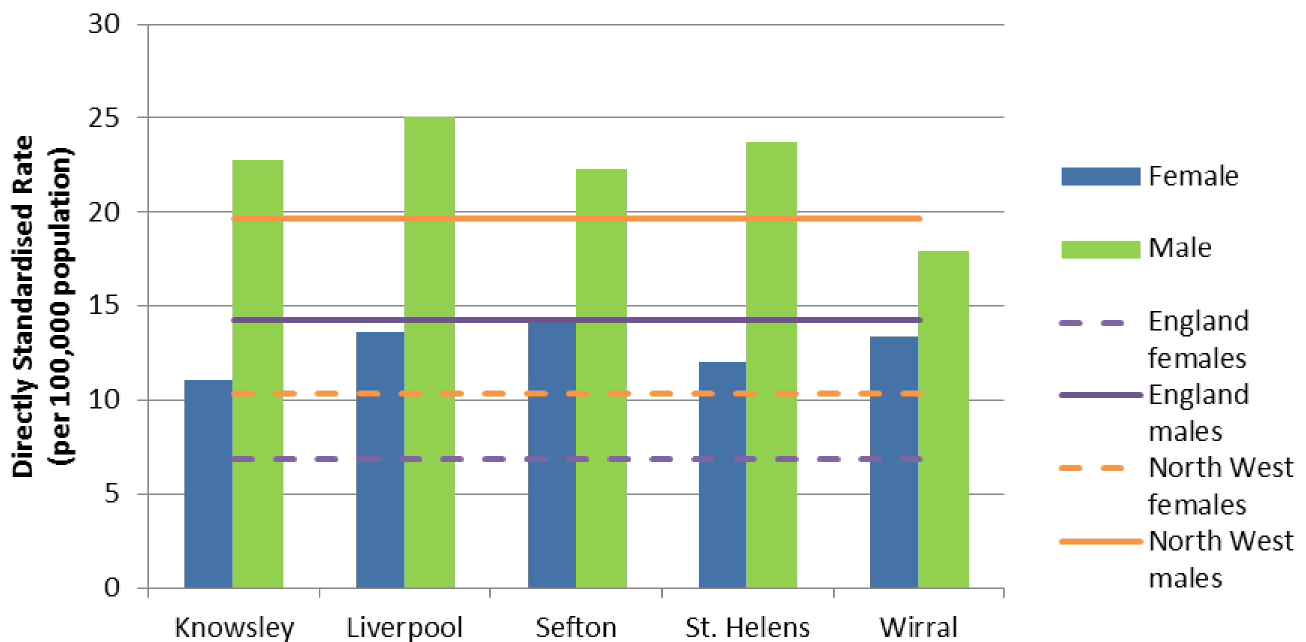
Mortality

Alcohol-specific mortality

Alcohol-specific mortality includes admissions where alcohol is causally implicated in all cases of the presenting condition, for example alcohol-induced behavioural disorders. All cases of the condition are caused by alcohol.

By sex and Merseyside Local Authority

Figure 20: Alcohol-specific mortality directly standardised rate (per 100,000 population) by sex and Merseyside local authorities, all ages, 2014-16 (3 year rolling average).

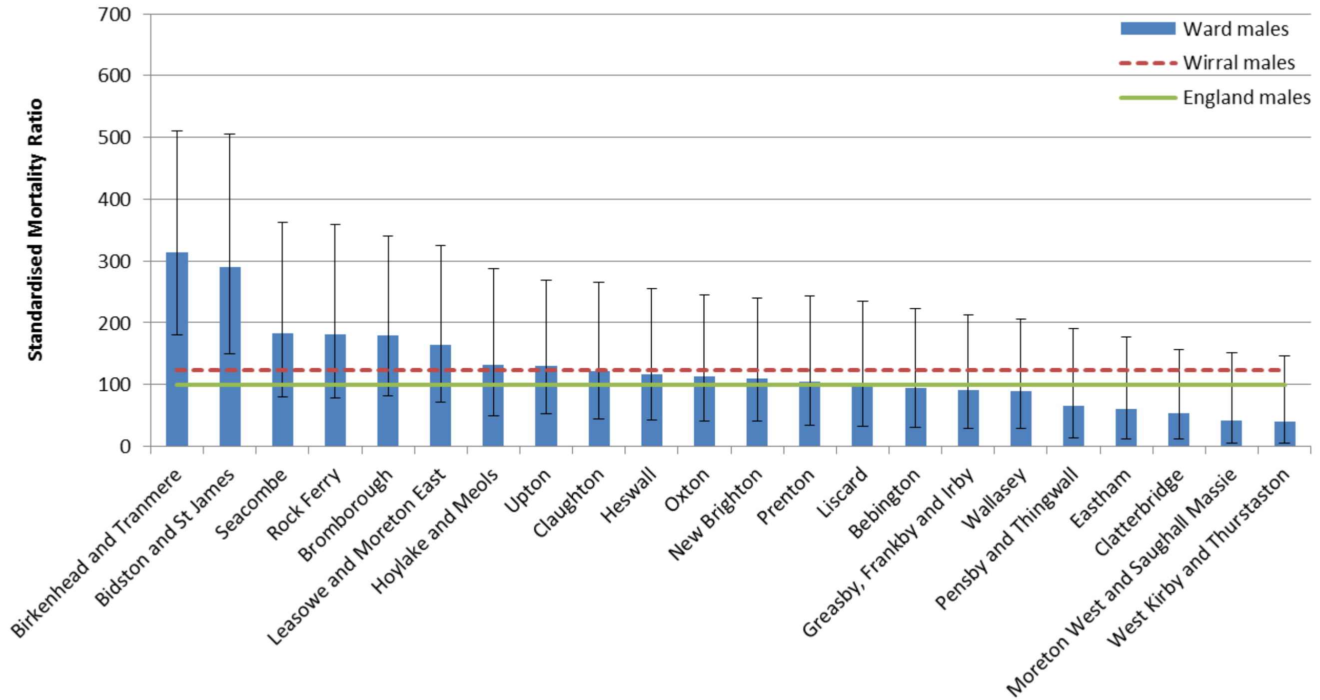


Source: Fingertips, PHE, 2017.

There were 150 alcohol-specific deaths in Wirral in 2014-16, 82 males and 68 females. Figure 20 shows that alcohol-specific mortality in 2014-16 was higher in Wirral for both sexes than England and the North West for females. Wirral's rates were lower than Sefton (Wirral's statistical neighbour), particularly for males. The rate of alcohol-specific mortality amongst males was about a third higher than females in Wirral, whereas nationally it was double.

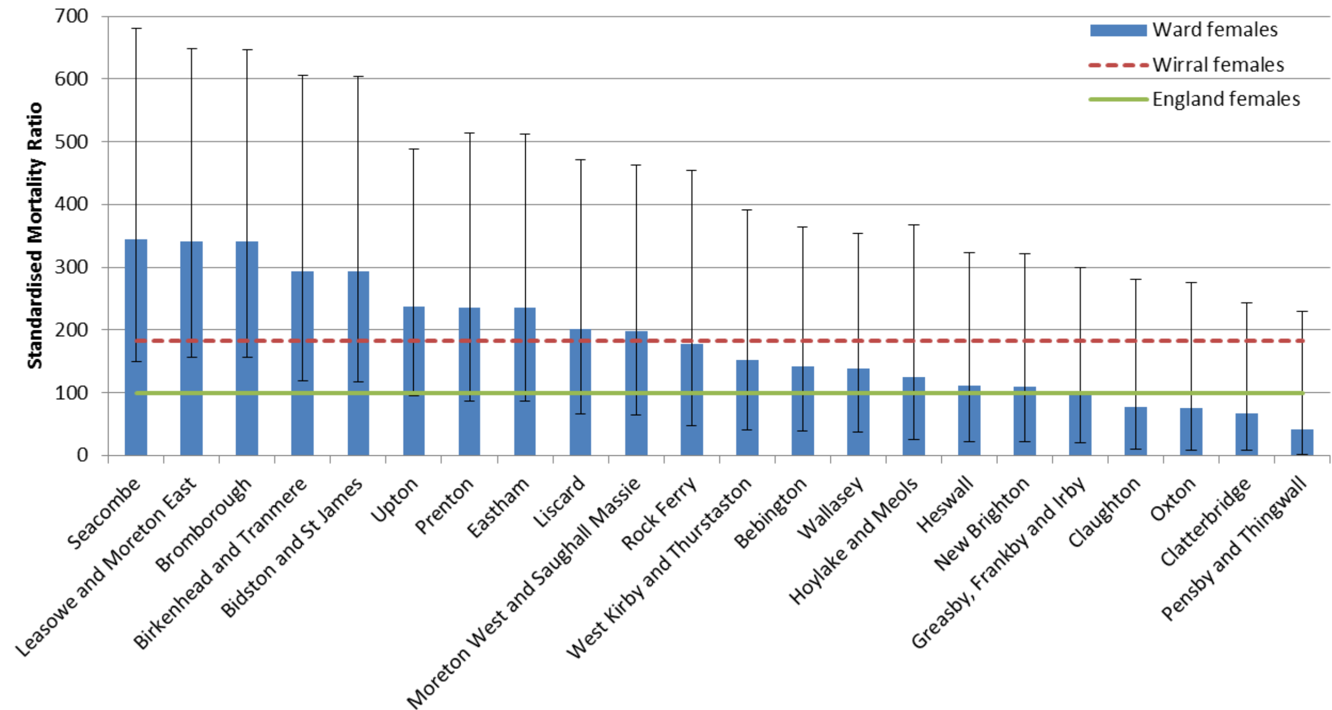
By sex and Wirral ward

Figure 21: Alcohol-specific mortality Standardised Mortality Ratios by ward, males, 2012-16.



Source: Wirral Intelligence Mortality files, 2017.

Figure 22: Alcohol-specific mortality Standardised Mortality Ratios by ward, females, 2012-16.



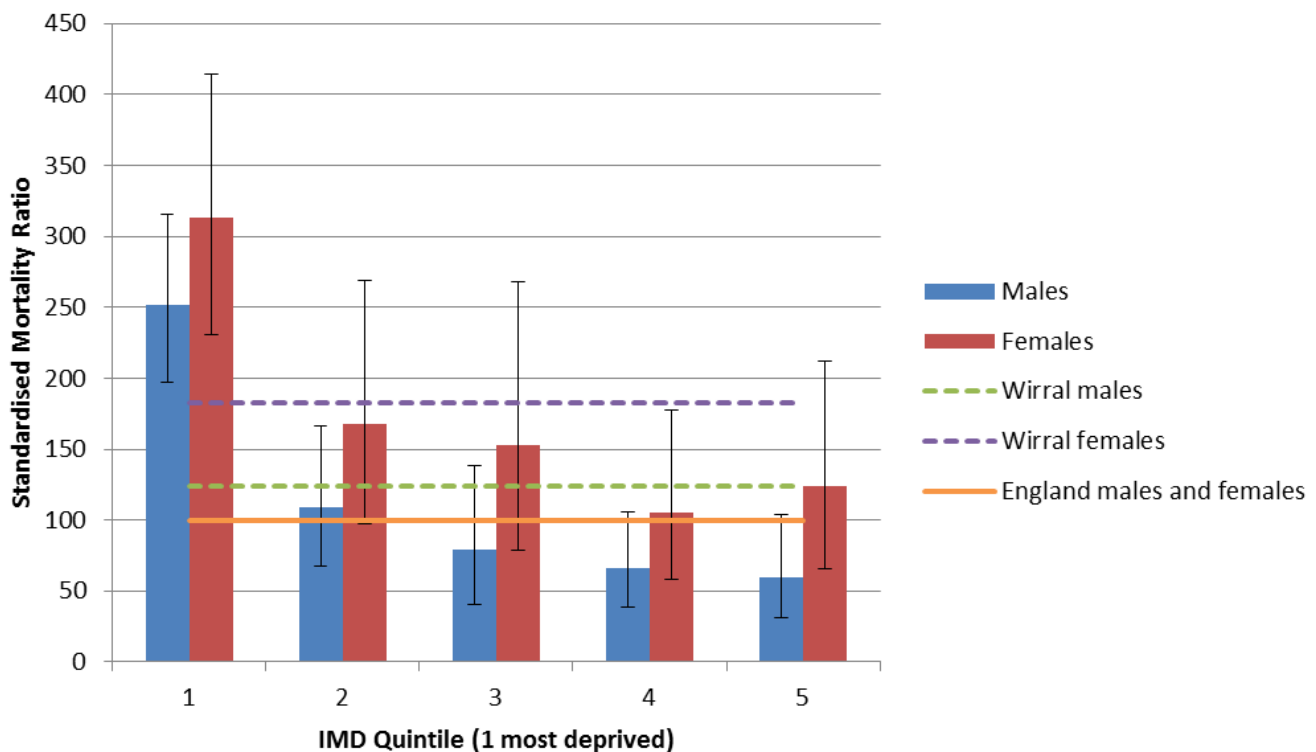
Source: Wirral Intelligence Mortality files, 2017.

In Wirral during 2012-16 there were 240 alcohol-specific deaths. 136 of these deaths were male, leading to a Standardised Mortality Ratio (SMR) of 124.1, meaning Wirral was 24.1% higher than the national average (as the SMR for England is always 100). There were 104 female alcohol-specific deaths, giving a SMR of 182.4, meaning Wirral was 82.4% higher than the national average. There was a large variation in alcohol-specific mortality by ward, shown in Figure 21 and Figure 22 for males and females, both showing an association with deprivation.

Out of 22 wards, the highest SMRs for males were found in Birkenhead and Tranmere and Bidston and St James, almost three times higher than the national average, while for females the highest SMRs were in Seacombe, Leasowe and Moreton East and Bromborough, all over three times the national average. For females, only 4 wards had SMRs below the national average, while for males, 8 wards were below the national average. The ranking of wards by alcohol-specific mortality in Wirral varies by gender, with some more affluent wards such as West Kirby and Thurstaston ranked as having the lowest rates of alcohol-specific mortality for males but ranked much further up for females. Reasons for this disparity warrant further exploration but could indicate differences in drinking habits between the sexes, particularly in the more affluent population.

By sex and deprivation quintile

Figure 23: Alcohol-specific mortality Standardised Mortality Ratios by Index of Multiple Deprivation 2015 quintile in Wirral and sex, 2012-16.



Source: Wirral Intelligence Mortality files, 2017.

In Wirral, alcohol-specific mortality was highest in the most deprived quintile (Figure 23) and was over 2.5 times the national average for males and 3 times the national average for females. Mortality decreased with decreasing deprivation throughout all quintiles for males, and until quintile 4 for females. SMRs were consistently higher for females than males among all quintiles. The largest inequality difference for both sexes was between quintile 1 and 2, where SMRs halved.

As a percentage of all deaths

Figure 24: Alcohol-specific deaths as a percentage of all deaths in Wirral by age band and sex, 2012-16.

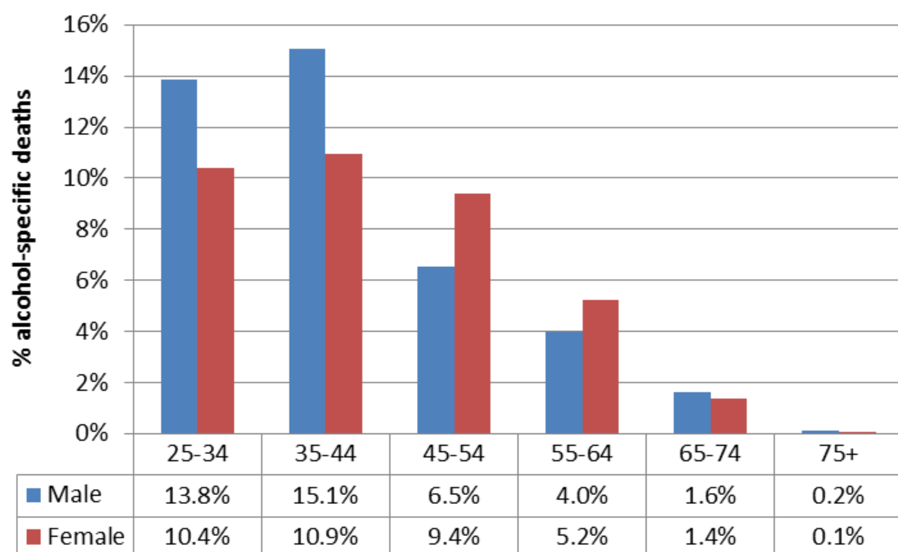


Figure 24 shows that the highest proportion of alcohol-specific deaths was in the 35-44 year old age group in Wirral, and then decreased with age. Males had a higher proportion of alcohol-specific deaths until 45-54 years old, accounting for about one in seven male deaths in the 25-44 age group, compared to one in ten for females aged 25-44.

Source: Wirral Intelligence Mortality files, 2017.

Trend over time

Figure 25: Alcohol-specific mortality directly standardised rate (per 100,000 population) by sex for England, North West and Wirral, all ages, 2010-12 to 2014-16 (3 year rolling average).

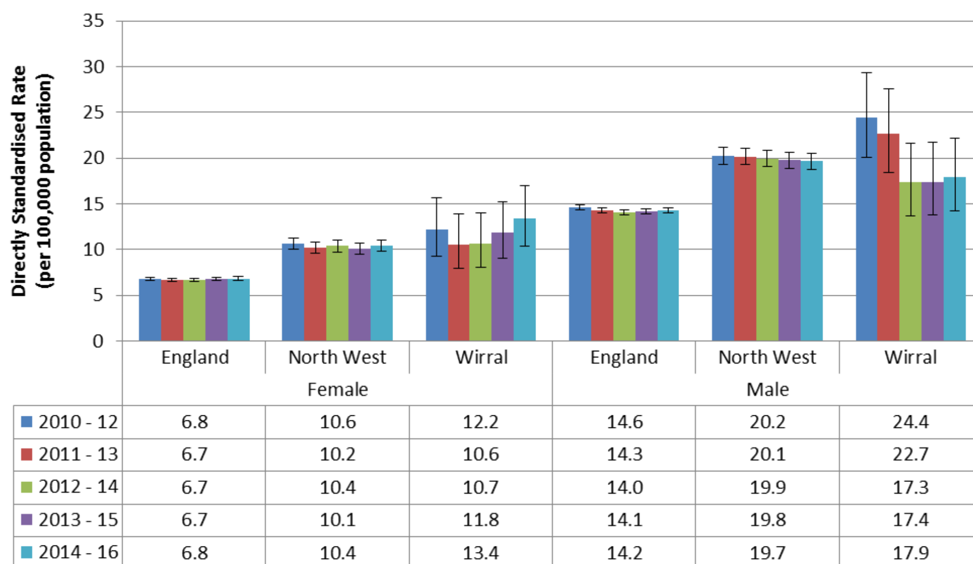


Figure 25 shows that alcohol-specific mortality was consistently higher than England for all years shown, and the same trend was seen with the North West and Wirral females who show an increasing rate from 2011-13. The alcohol-specific mortality rate amongst Wirral males sharply decreased to below the North West average between 2010-12 to 2012-14, but has since been steadily increasing.

Note: Wirral's results should be interpreted with caution due to wide confidence intervals.
Source: Fingertips, PHE, 2017.

During this period, national and regional rates have remained relatively constant, in contrast to Wirral rates which have shown a decrease in male alcohol-specific mortality but a significant increase in female alcohol-specific mortality.

Alcohol-related mortality

Alcohol-related mortality includes all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the condition, for example various cancers and falls. Not all cases of the condition are caused by alcohol. For alcohol related conditions, an alcohol-attributable fraction (AAF) is used, which estimates the average proportion of a disease that is caused by alcohol. This should be reasonably accurate at a population level but would not always work at an individual patient level.

By sex and Merseyside Local Authority

Figure 26: Alcohol-related mortality directly standardised rate (per 100,000 population) by sex and Merseyside local authorities, all ages, 2016.

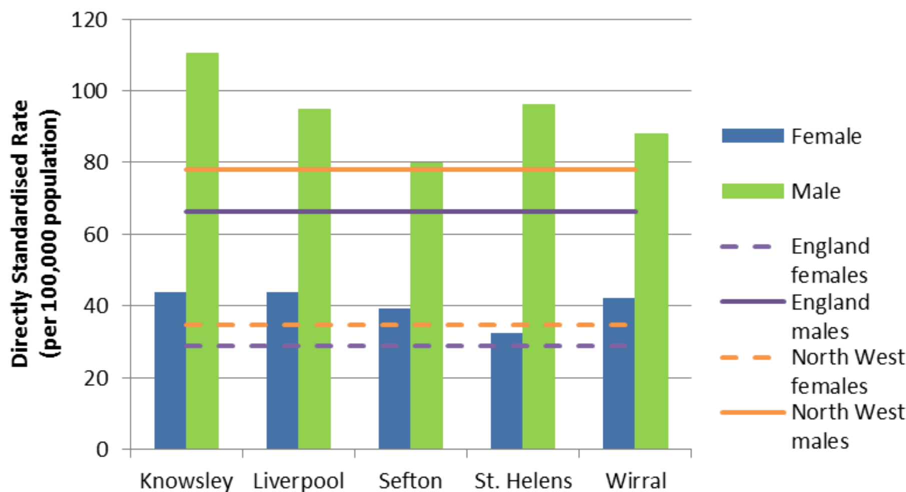
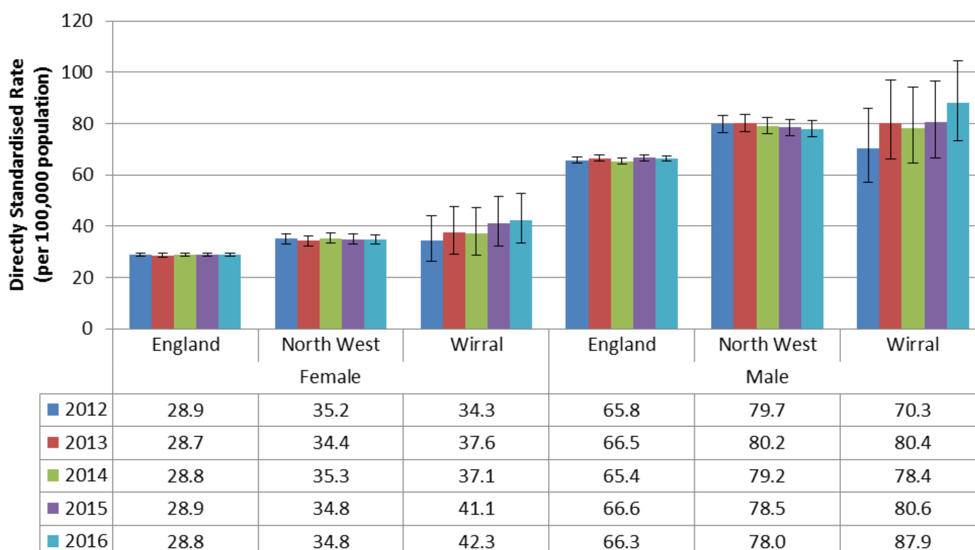


Figure 26 shows that alcohol-related mortality in 2016 was higher in Wirral for both sexes than England and the North West. Wirral's rates were higher than Sefton (Wirral's statistical neighbour), particularly for males. The rate of alcohol-related mortality among males was over double that of females in Wirral, similar to the national picture.

Source: Fingertips, PHE, 2017.

Trend over time

Figure 27: Alcohol-related mortality directly standardised rate (per 100,000 population) by sex for England, North West and Wirral, all ages, 2012-2016.



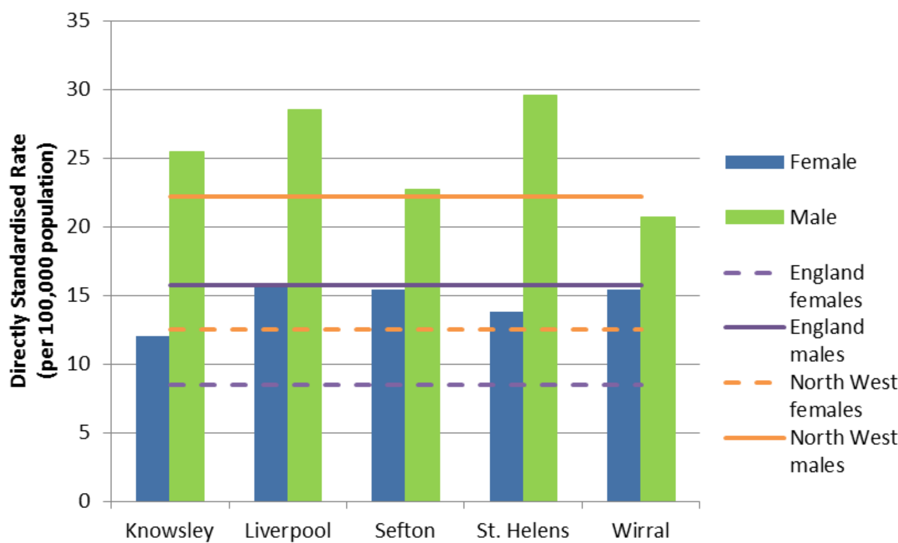
	Female			Male		
	England	North West	Wirral	England	North West	Wirral
2012	28.9	35.2	34.3	65.8	79.7	70.3
2013	28.7	34.4	37.6	66.5	80.2	80.4
2014	28.8	35.3	37.1	65.4	79.2	78.4
2015	28.9	34.8	41.1	66.6	78.5	80.6
2016	28.8	34.8	42.3	66.3	78.0	87.9

Figure 27 shows that alcohol-related mortality was consistently higher than England for all years shown. Both Wirral males and females overtook the North West average in 2013, and have been above average since. There has been an increasing rate of alcohol-related mortality in Wirral from 2012, steeper among males than females, which differs from the plateauing or decreasing rates of England and the North West respectively.

Note: Wirral's results should be interpreted with caution due to wide confidence intervals.
Source: Fingertips, PHE, 2017.

Chronic liver disease

Figure 28: Mortality from chronic liver disease, directly standardised rate (per 100,000 population) by sex and Merseyside local authorities, 2014-16 (3 year rolling average).



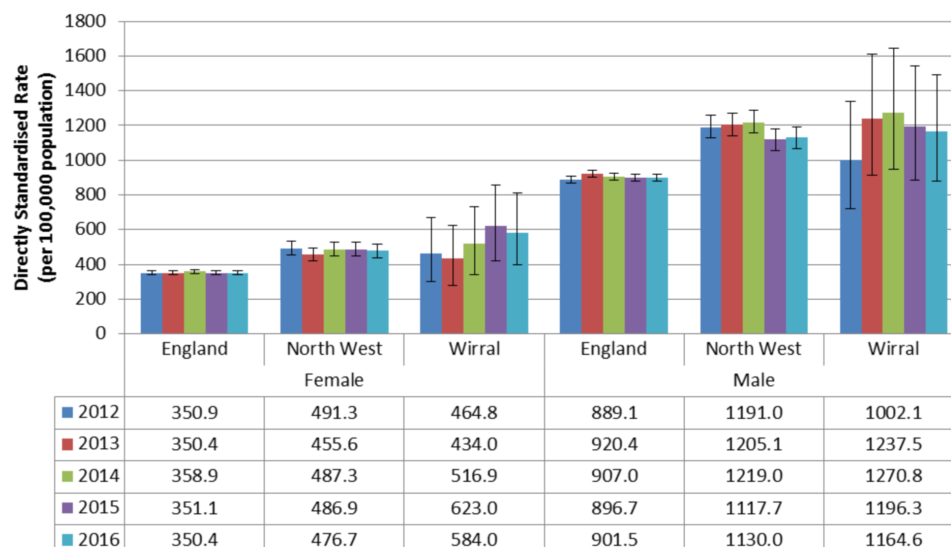
Source: Fingertips, PHE, 2017.

174 people died from chronic liver disease in Wirral during 2014-16, an often preventable disease that is strongly influenced by alcohol consumption. This resulted in a mortality rate above the England average for both sexes, but slightly below the North West average for males and above average for females (Figure 28). Males had a higher mortality rate from chronic liver disease for all geographies shown.

Although Wirral had the lowest male mortality rate in Merseyside, it had one of the highest female mortality rates. Chronic liver disease can be a result of other factors such as hepatitis which may be more prevalent in other local areas, so this graph should be interpreted with caution.

Years of life lost

Figure 29: Years of life lost due to alcohol-related conditions in those under 75 years by sex for England, North West and Wirral, directly standardised rate (per 100,000 population), 2016.



	Female			Male		
	England	North West	Wirral	England	North West	Wirral
2012	350.9	491.3	464.8	889.1	1191.0	1002.1
2013	350.4	455.6	434.0	920.4	1205.1	1237.5
2014	358.9	487.3	516.9	907.0	1219.0	1270.8
2015	351.1	486.9	623.0	896.7	1117.7	1196.3
2016	350.4	476.7	584.0	901.5	1130.0	1164.6

Source: Fingertips, PHE, 2017.

Figure 29 shows the potential years of life lost (YLL) per 100,000 population aged under 75 years due to alcohol-related conditions, showing that Wirral had a higher rate of YLL than the national average. For females, the rate of YLL has been increasing (with fluctuations) since 2012, reaching a peak in 2015 of 623.0 YLL per 100,000. This is in contrast to the flat trend observed nationally and regionally, and Wirral overtook the regional female rate in 2014.

For males, the rate of YLL increased sharply in Wirral from 2012 to 2014 to just above the regional average, peaking at 1270.8 YLL per 100,000, but has since been decreasing following the regional trend. The rate of YLL amongst males is currently about twice the female rate, but this difference has been decreasing in Wirral since 2014. In 2016 in Wirral, there were an

estimated 2,471 YLL, 1,601 amongst men and 870 amongst women. Note the wide confidence intervals for Wirral meaning the results should be interpreted with caution because of small numbers.

Mortality key messages

- Alcohol-specific and alcohol-related mortality rates were higher in Wirral than national and regional rates in 2014-16. Alcohol-specific mortality rates in Wirral were lower than in Sefton, but alcohol-related mortality rates were higher.
- Mortality rates were higher amongst males and increased with increasing deprivation.
- Wirral females show a larger discrepancy with national and North West mortality rates than Wirral males.
- The highest proportion of alcohol-specific deaths was in the 35-44 year old age group in Wirral during 2012-16.
- Alcohol accounted for about one in seven male deaths in the 25-44 age group, compared to one in ten for females aged 25-44.
- Alcohol-specific mortality rates have been increasing among females in Wirral from 2011-13, and sharply decreased among men between 2010-12 to 2012-14, but have been steadily increasing since. This is in contrast to national and regional rates which have been decreasing or remain constant.
- Alcohol-related mortality rates in Wirral have been increasing since 2012, in contrast to national and regional rates which have been decreasing or remain constant.

Wider social impacts

Crime

In 2015/16 an estimated £12.8 million, about 22%, of crime costs in Wirral were related to alcohol (Collins, 2016).

Anti-Social Behaviour (ASB) involving alcohol

In 2016/17, there were 1,647 anti-social behaviour (ASB) incidents recorded as being related to alcohol in Wirral. Over a quarter of these occurred in Birkenhead and Tranmere, the major Night Time Economy area in Wirral. Other hotspots include Seacombe, Rock Ferry, Liscard, Upton, and Bidston and St James, all more deprived areas of Wirral, highlighting an association between deprivation and alcohol-related ASB. One in three (33%) of these incidents occurred during the summer months (July-September). It has been estimated that at least 20% of ASB costs are alcohol-related in Wirral (Collins, 2016).

Domestic violence involving alcohol

During 2016/17 in Wirral there were 158 A&E attendances due to assault in the home, 34% of these involved people who had consumed alcohol 3 hours previously. There was no apparent gender variation in the results. Incidents of assault in the home attendance having consumed alcohol 3 hours previously were highest in the 30-59 year old age group (n=40).

Peaks in domestic violence incidents reported have been associated with periods of increased alcohol consumption amongst the general population including notable footballing events, summer and Christmas. While alcohol consumption does not necessarily lead to domestic violence, the data suggests that it can be a trigger for some individuals who are predisposed to abusive behaviours. See Wirral's Domestic Abuse Needs Assessment for more information.

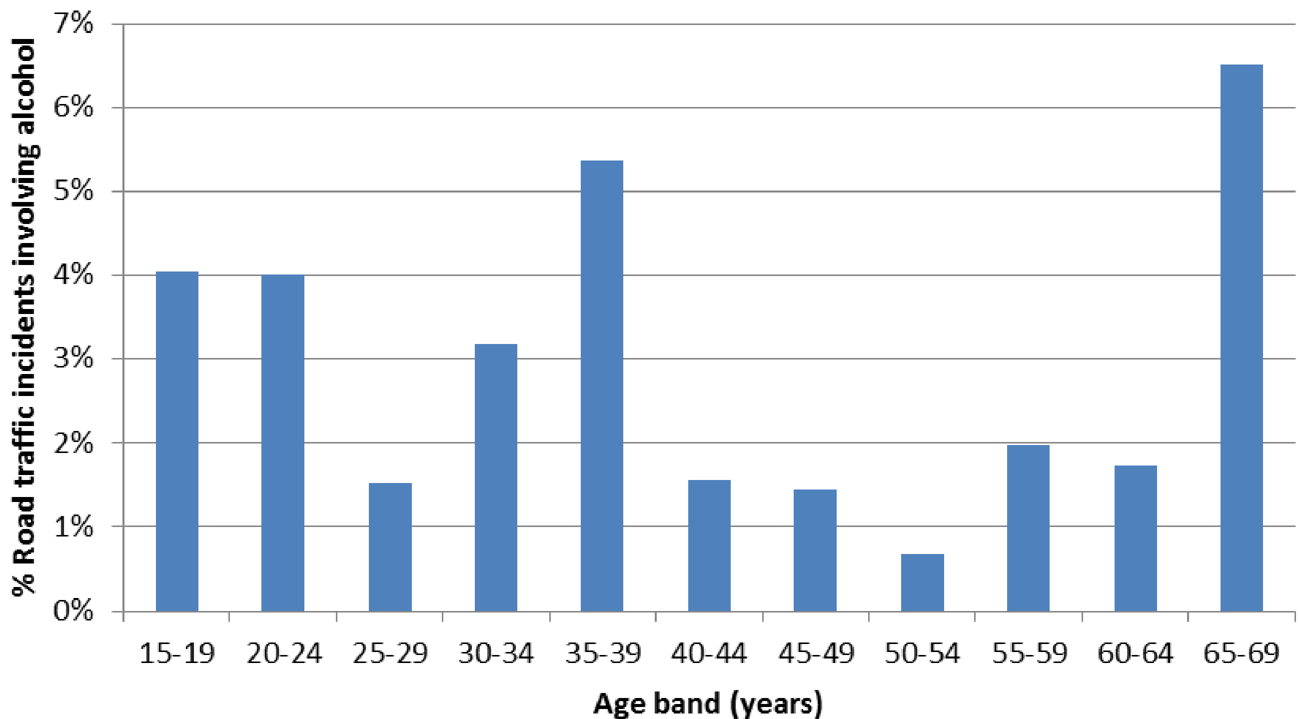
Drink driving

There were 243 drink driving occurrences in Wirral during 2016/17, a 10% increase on 2015/16 figures. This increase may be due to more robust detection so should be interpreted with caution.

Road traffic incidents involving alcohol

In 2016/17 there were 2,118 road traffic incidents, 2.3% of these involved people who had consumed alcohol within the previous 3 hours and were all aged 15 to 69 years. Figure 30 shows that road traffic incidents involving alcohol were most common in the 35-39 and 65-69 age groups as a percentage of all road traffic incidents, however this finding should be interpreted with caution due to small numbers. The percentage of road traffic incidents involving alcohol was almost twice as high in males (2.9%) as females (1.6%).

Figure 30: Road traffic incidents involving those who had consumed alcohol 3 hours previously as a percentage of all road traffic incidents by 5 year age bands, 2016/17.



Source: Trauma and Injury Intelligence Group (TIIG), 2017.

Homelessness

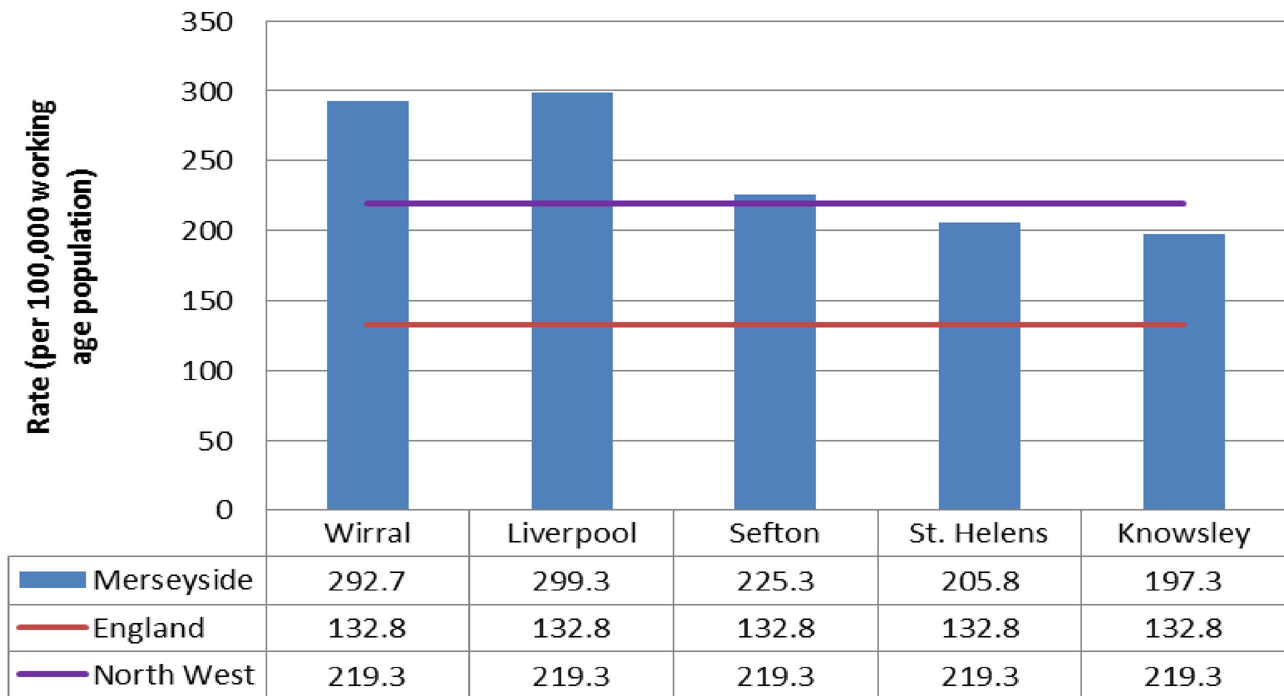
There is some evidence of a link between alcohol and homelessness, although the causal relationship is not clear. For example, dependence can lead to homelessness or exacerbate existing problems, but conversely alcohol misuse may develop as a result of being homeless (Ross-Houle et al, 2017).

The YMCA in Wirral reported that approximately 40 people annually are referred to them for emergency accommodation from Wirral's Controlled Drinking Environment (CDE) as a result of alcohol misuse issues. The majority of YMCA residents are already in touch with drug and/or alcohol services but will be referred to appropriate services by the YMCA if required.

Employment

Wirral had over double the national rate of benefits claimants due to a category of 'alcoholism' in 2016 (Figure 31), and one of the highest rates in Merseyside. Wirral, Liverpool and Sefton (Wirral's statistical neighbour) had rates above the regional average.

Figure 31: Rate of claimants of benefits due to 'alcoholism', Merseyside local authorities, North West and England, 2016.



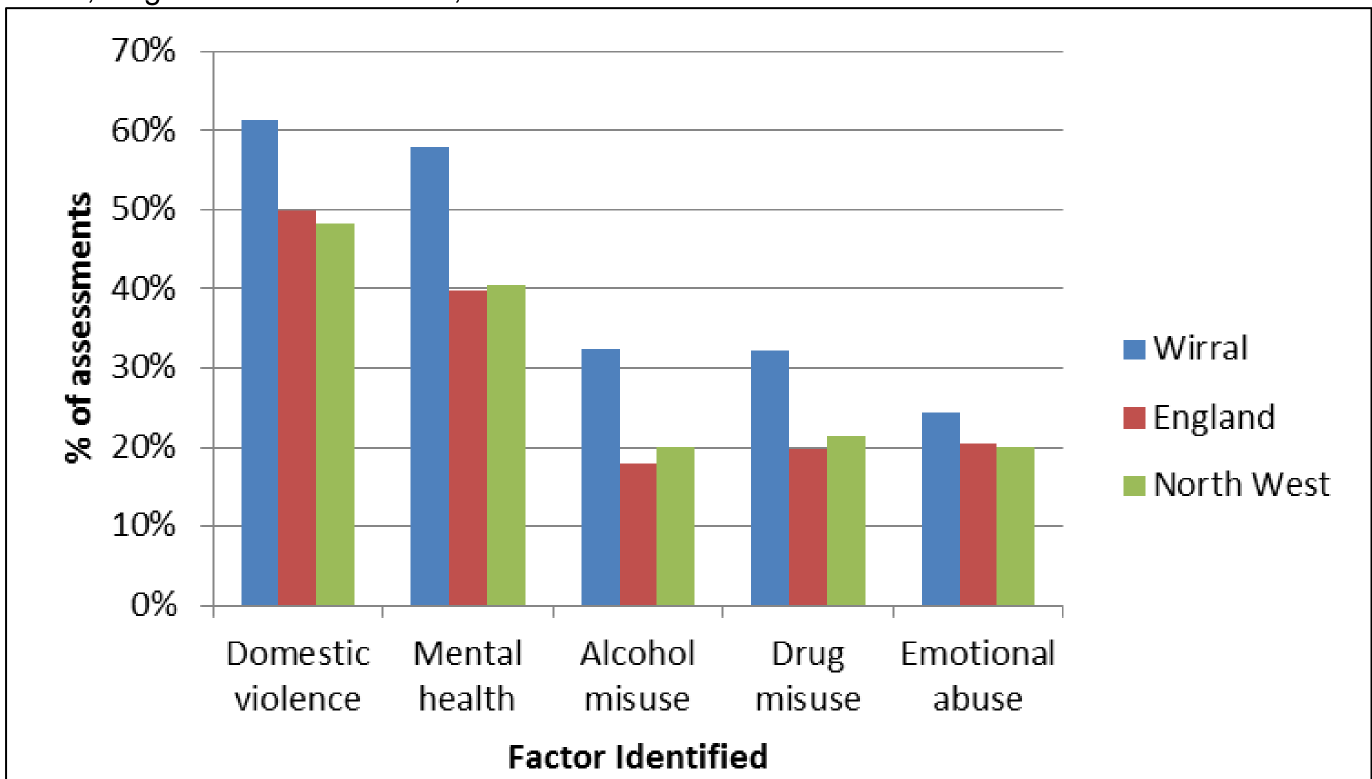
	Wirral	Liverpool	Sefton	St. Helens	Knowsley
Merseyside	292.7	299.3	225.3	205.8	197.3
England	132.8	132.8	132.8	132.8	132.8
North West	219.3	219.3	219.3	219.3	219.3

Source: Fingertips, PHE, 2017.

Children in Need

2,949 children in Wirral were referred to children's social care services in 2016/17; 2,913 of these cases went onto assessment and had valid assessment factor information. Figure 32 shows that one in three cases (32%) had 'alcohol misuse' as a factor identified in Wirral, much higher than the national average of 18%. This is further supported by the fact that alcohol misuse in Wirral was the third most common factor identified, compared to being only the sixth most common factor nationally. Wirral children assessed had an average of 3.5 factors identified (compared to 2.6 nationally and 2.7 regionally), highlighting that many are complex cases.

Figure 32: Top five factors identified as a percentage of children's social care assessments, Wirral, England and North West, 2016/17.



Note: more than one factor can be identified in the assessment. Wirral has a higher percentage for all factors in the graph due to a higher number of factors identified per assessment (3.5) compared to national (2.6) and local (2.7) rates.
Source: Department for Education, 2017.

Wider social impacts key messages

- At least 22% of crime costs in Wirral were related to alcohol in 2015/16.
- ASB incidents related to alcohol were most common in more deprived areas of Wirral.
- Peaks in domestic violence have been associated with periods of increased alcohol consumption in Wirral, and were highest in the 30-59 year old age group.
- The percentage of road traffic incidents involving alcohol in Wirral were almost twice as high amongst males (2.9%) compared to females (1.6%).
- There is an association between alcohol and homelessness, with the majority of local YMCA residents being in contact with drug and/or alcohol services.
- Wirral had over double the national rate of benefits claimants due to alcoholism in 2016.
- One in three children referred to social care services in 2016/17 in Wirral had 'alcohol misuse' as an identified factor in the families referral, nearly double the national rate.

Local, Community and Stakeholder views

Wirral Alcohol Inquiry

The Alcohol Inquiry was conducted between October 2015 and March 2016 by the community engagement specialists, Shared Future (a social enterprise). The aim of the project was to bring together a diverse group of residents to deliberate and discuss, over nine sessions, the question, "What can we all do to make it easier for people to have a healthier relationship with Alcohol?"

Twenty Citizens of Wirral were recruited from the four constituency areas and listened to presentations from various expert witnesses over a nine week period, then discussed and debated what the issues meant to them, their peers and those in their respective neighbourhoods. From this they produced their own set of recommendations and actions to make it easier for people of Wirral to have a healthier relationship with alcohol. The number one recommendation was to limit the number of licenced premises and make it easier for the public to object to licensing applications; educate the public so that they can have a say on local licensing; and explore how we can make it easier for the public to have their say on local licensing. Additional recommendations and more information about the Alcohol Inquiry can be found here.

Wirral Residents' survey (Ipsos MORI, 2017)

Ipsos MORI drew a random sample of 6,315 Wirral resident addresses and sent paper copies of the residents' survey questionnaire. 1,306 residents responded, a response rate of 21%. Data was weighted by age, gender and ethnicity to prevent non-response bias. Question topics included local area satisfaction, community involvement and health.

17% of residents reported that they abstained from drinking alcohol, higher than PHE's estimated figure of 11%. This varied by constituency, with 20% of residents in Birkenhead (the most deprived constituency) abstaining, compared to only 10% in Wirral West. Social tenants were the least frequent drinkers, with 66% abstaining or drinking alcohol monthly or less.

Although Birkenhead was the constituency with the highest proportion of abstainers, it also had the highest proportion of residents who drank 10 or more units on a typical day of drinking, accounting for 15% of residents who drank alcohol compared to just 4% in Wirral West. 24% of Birkenhead residents who drank alcohol were classed as weekly or daily binge drinkers compared to about 14% of the remainder of Wirral's residents.

An AUDIT-C screening tool was used in the survey to identify potentially hazardous drinkers. An individual who scores up to 4 is classed as low risk, and a score of 5 or more requires further investigation, potentially indicating an increasing risk or high risk drinker. 61% of residents were classed as low risk drinkers or abstainers, 69% of females and 50% of males. Residents aged 45-54 years old were most likely to have an AUDIT-C score of 5 or more, requiring further investigation. 89% of BAME residents were classed as low risk drinkers compared to 62% of white residents (BAME sample size n<25 so results should be interpreted with caution). Birkenhead and Wirral West were the constituencies with the highest proportion of residents scoring 5 or more, 43% of their respective populations.

Residents were asked if they thought people being drunk or rowdy in public places was a problem in their local area. This varied by constituency, with a third or residents in Birkenhead and Wallasey stating drunk and rowdy behaviour was a problem, compared to just one in seven residents in Wirral West and Wirral South (the least deprived constituencies). There was also a stark contrast in the results by ethnicity, with 64% of BAME residents stating that drunk and rowdy behaviour was a problem (BAME sample size n<25 so results should be interpreted with caution), compared to just 25% of white residents, highlighting that there is a risk of isolating BAME residents in local communities.

Local Smoking and Alcohol Prevalence survey (Praxis, 2017)

Wirral Borough Council commissioned Praxis to conduct a smoking prevalence and alcohol consumption survey among the 20% most deprived areas of Wirral during 2017. 2,902 interviews were successfully completed (58% response rate); with findings revealing that the overall alcohol prevalence rate (those who currently drink alcohol) for the areas surveyed was 67.1%, lower than national and overall local estimates. This varied between demographics with males, White British ethnicity and people aged 20-24 having the highest rates. The most common reasons for drinking were 'Makes socialising more fun' (60.3%) and 'Helps me relax' (41.0%). 39.1% of respondents did most or all of their drinking at home, and the same percentage had tried to reduce or stop drinking at any time. The full report can be found here. As this was a targeted sample results should be interpreted with caution.

Previous surveys in Wirral such as the Residents' survey have also found low reported alcohol consumption in deprived areas; it may be that alcohol consumption in deprived areas is more polarised with more people likely to be dependent but also greater rates of abstinence. People may also be abstinent if they or family or friends have had previous alcohol problems.

Young Residents Views

A qualitative study investigating non-opiate drug use among young people in Wirral was conducted in 2017 by Wirral Council. It revealed that most young people in Wirral thought alcohol would be used before any other drug, and if their parents drink alcohol, drinking is considered 'normal'. This is in line with national studies which show that family can influence a child's behaviour and beliefs regarding alcohol (Institute of Alcohol Studies, 2017). The local study also highlighted about 20% of young people aged 12-18 in contact with the youth substance misuse service are using alcohol.

What are we expecting to achieve? (Targets)

The Government's Alcohol Strategy

The national strategy developed in 2012 includes commitments to:

- Consult on a minimum unit price for alcohol
- Consult on a ban on the sale of multi-buy alcohol discounting
- Introduce stronger powers for local areas to control the density of licenced premises
- Pilot innovative sobriety schemes to challenge alcohol-related offending

A copy of the strategy can be found here.

Public Health Outcomes Framework (PHOF) alcohol indicators

The Public Health Outcomes Framework (PHOF) sets out a high-level overview of public health outcomes, at national and local level, supported by a broad set of indicators.

Indicators in the 2016-19 PHOF related to alcohol include:
2.15 – Drug and alcohol treatment completion and drug misuse deaths
2.16 – Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
2.18 – Alcohol-related admissions to hospital
2.22 – Take up of the NHS Health Check programme by those eligible (includes screening for alcohol misuse)
4.06 – Under 75 mortality rate from liver disease

From Evidence into Action (Public Health England)

A report produced by PHE in 2014 identifying opportunities to protect and improve the nation's health, resulting in seven key priorities to be tackled from 2014-19. Reducing harmful drinking and alcohol-related hospital admissions is one of the priorities, highlighting the importance of alcohol-related health harm as a public health issue. The seven priorities are:

1. Tackling obesity
2. Reducing smoking
3. Reducing harmful drinking
4. Ensuring every child has the best start in life
5. Reducing dementia risk
6. Tackling antimicrobial resistance
7. Reducing tuberculosis

The full report can be found here.

Wirral Plan 2020 indicators

In July 2015, Wirral Council committed to working together with its partners over the next five years and beyond to achieve real outcomes on a set of twenty pledges, one of which is for local people to live healthier lives. As excessive alcohol consumption has a negative impact on health, reducing local alcohol consumption and alcohol-related health harms is key to meet this pledge.

Other priorities in the plan that are associated with alcohol include:

- Zero tolerance to domestic violence
- Vulnerable children reach their full potential
- Wirral's neighbourhoods are safe

Full details of the plan can be found here.

Wirral Alcohol Strategy

Wirral's Alcohol Strategy was produced in 2015 to help meet the Wirral Plan 2020 pledges, with a vision for Wirral to be a place that promotes a responsible attitude towards alcohol and minimises the risks, harms and costs of alcohol misuse to allow individuals, families and communities to lead healthier and safer lives.

The main ambitions of the strategy are to:

- Reduce alcohol-related health harms
- Reduce alcohol-related crime, anti-social behaviour and domestic abuse
- Establish diverse, vibrant and safe day time high streets and Night Time economy

This will be achieved by four strategic priorities:

1. Encouraging a responsible relationship with alcohol
2. Supporting those who need help with alcohol misuse
3. Protecting children, young people and their families
4. Creating safe environments

More details about the strategy can be found here.

What are we achieving? (Performance)

Performance against Public Health Outcomes Framework (PHOF) indicators

Table 3 provides an overview of how Wirral is performing compared to PHOF indicators related to alcohol. Although Wirral's alcohol-related prevention and intervention indicators appear to be similar or above national and regional averages, Table 3 highlights that alcohol-related health harms are still an issue in Wirral as rates of alcohol-related hospital admissions and preventable liver disease mortality are significantly above the national average.

Table 3: Comparison of alcohol-related Public Health Outcomes Framework (PHOF) indicators.

PHOF Indicator	Period	Wirral	England	North West	Sefton
Successful completion of alcohol treatment (%)	2016	36.7	38.7	43.6	31.0
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison (%)	2016/17	33.6	30.3	30.7	50.5
Admission episodes for alcohol-related conditions (Narrow), persons, per 100,000 population	2015/16	901	647	737	841
Cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check (%)	2013/14 -16/17	38.2	36.2	37.9	26.3
Under 75 mortality rate from liver disease considered preventable, persons, per 100,000 population	2014-16	23.1	16.1	23.1	26.9

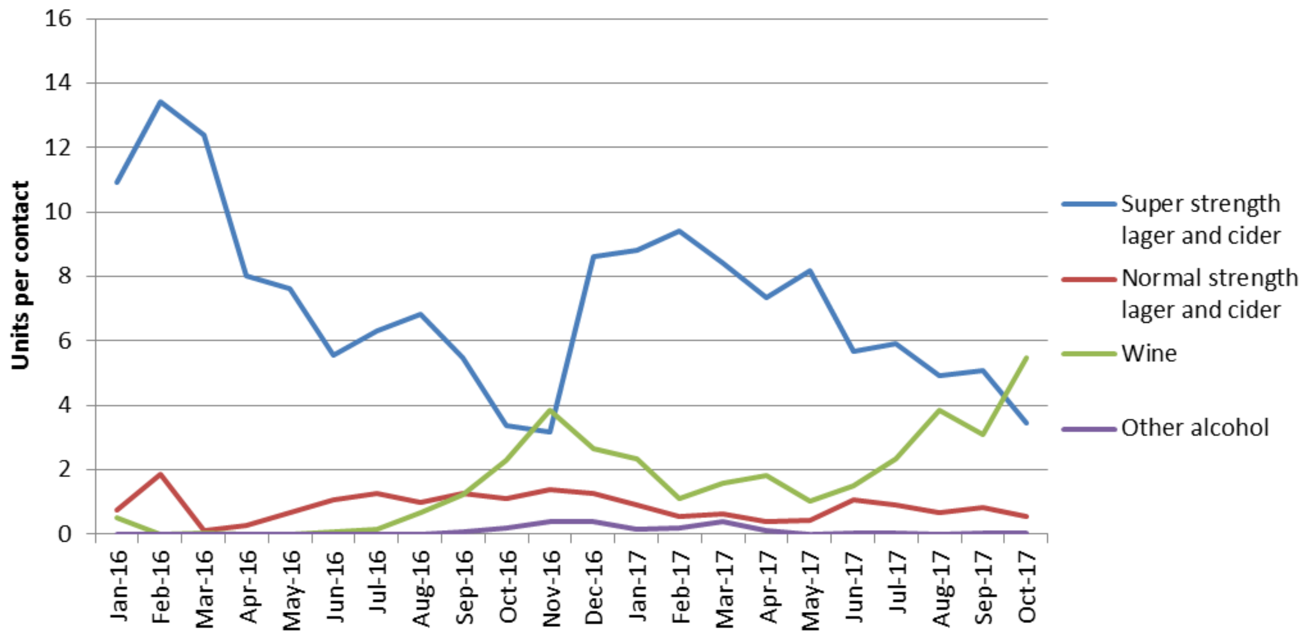
Key: Red – worse than benchmark; Amber – similar to benchmark; Green – better than benchmark; White – not compared.
Source: Fingertips, PHE, 2017.

It is important to note that these indicators are regularly updated, so please see the PHOF Fingertips website for the most current data.

Performance against Wirral plan

The Wirral Alcohol Strategy was created to try and meet the Wirral pledges associated with alcohol. The Reducing the Strength initiative (see page 45 for details) is helping to achieve the pledge of 'Wirral residents living healthier lives' and has resulted in a large decrease in super strength alcohol consumption in Controlled Drinking Environments (CDEs) which are safe places to drink for those who would otherwise be street drinking and are an opportunity for treatment services to engage with drinkers. Data from CDEs in Wirral show that the proportion of super strength lager and cider being consumed has been decreasing since implementation of the Reducing the Strength initiative (Figure 33). This super strength alcohol appears to be substituted by wine, but there is still an overall decrease in units per contact being consumed as users are forced to drink less due to the higher cost of wine.

Figure 33: Types of alcohol drank in Wirral's controlled drinking environments, January 2016 to October 2017.



Note: The sharp increase in super strength lager and cider consumption in December 2016 may be due to the joining together of YMCA Wirral and Wirral Ark, previously only YMCA data was recorded.
Source: Wirral Controlled Drinking Environment data, 2017.

What is this telling us?

Risk factors

Sex

Males are known to drink more alcohol than females, with Health Survey for England (HSE) 2015 data showing that males drank an average of 14.9 units per week, compared to 8.9 units for women. Therefore, it is unsurprising that males suffer from more alcohol-related health harms as shown throughout the report at a national and local level such as one in three of all hospital admissions among Wirral males aged 35-54 being alcohol-specific in 2015/16-16/17. However, local interventions should not be male-focused as it is apparent that levels of alcohol-related health harms amongst Wirral females is above the national average, with some alcohol-related mortality rates increasing over time in contrast to males (such as alcohol-specific mortality, Figure 25, and chronic liver disease, Figure 28).

Age

Drinking patterns change throughout the life course. HSE 2015 results indicate that binge drinking was highest among the youngest age groups, whereas drinking over 14 units a week was most common in males and females aged 55 to 64 years old (41% and 24% respectively). Average number of drinking days a week increased with age, from 2.0 days among adults aged 16-24 to 3.5 days among those aged 65-84. These varying patterns result in different alcohol-related health harms throughout the life course as shown in the report, such as the largest proportion of road traffic incidents involving alcohol in Wirral occurring in 15-19 year olds (Figure 30), but rates of alcohol-related hospital admissions have been increasing over time in adults aged 40+ and decreasing in people aged under 40 (Figure 17) which requires further examination to understand these differing patterns.

Deprivation

National data from HSE in 2015 reported that individuals in higher income households were more likely to drink over 14 units a week, and the proportion of people who drink increases as neighbourhood deprivation decreases. However, alcohol-related harms increase with deprivation shown throughout the report at a national and local level (Figure 12 and Figure 23), giving rise to the alcohol harm paradox whereby although lower socioeconomic groups report lower levels of average alcohol consumption, they tend to experience greater levels of alcohol-related harm (Public Health England, 2016).

Those living in the most deprived 20% of areas in England are up to three times more likely to die from causes influenced, in part, by alcohol, but also additional lifestyle factors. They are also up to five times more likely to die of an alcohol-specific cause and up to five times more likely to be admitted to hospital because of an alcohol-use disorder (NICE, 2010). 31% of Wirral's population lived in the most deprived 20% of areas in England in 2016/17 and deprivation varies greatly by ward, as shown in Figure 7, with the most deprived areas clustering in East Wirral.

Ethnicity

The proportion of adults who do not drink varies between ethnic groups, with Asians having the highest percentage of abstainers, followed by Black, then White (Public Health England, 2016).

People of Irish, Polish and certain other Eastern European backgrounds have been identified as being at higher risk than the general population of developing alcohol problems (Joseph Rowntree foundation, 2010). These ethnicities currently comprise about 2% of Wirral's population (Irish and White Other). Evidence also shows that minority ethnic groups are under-represented in alcohol services although their rates of alcohol dependence are similar to those in the white population. It is thought that religious and/or cultural taboos may prevent individuals from these groups from seeking support for alcohol problems. For more information see the BAME JSNA chapter.

Other key at-risk groups (according to wider literature)

Specific groups of young people who: (NICE, 2010)

- Are looked after (or have left care), involved with child safeguarding agencies
- Who truant on a regular basis
- Are involved in crime and anti-social behaviour
- People who started drinking before age 15 (significantly more likely to go on to misuse alcohol)
- Have a history of family violence, depression, stressful life events or family history of alcohol issues

It was estimated that during 2014/15 in England there were 207,617 children who lived in a household with an adult who had symptoms of alcohol dependence (University of Sheffield, 2017).

Research has highlighted that there is a clear gradient with increasing parental alcohol consumption and increasing proportions of children reporting problems including arguments, disrupted bedtime routine or a parent being more unpredictable than usual (Institute of Alcohol Studies, 2017), potentially having a negative impact on the child's development. These impacts can begin from relatively low levels of parental alcohol consumption.

There were 2,862 children in need episodes on 31st March 2017 in Wirral, a rate of 423.2 per 10,000 children, 28% higher than the national average (330.4 per 10,000 children). A child in need is one who has been referred to children's social care services, and who has been assessed to need social care services.

Regular attenders at health services (NICE, 2010)

A history of presenting at health services for accidents or minor injuries, or for sexual health issues (e.g. at Genito-urinary medicine (GUM) clinic for emergency contraception) is often indicative of alcohol misuse. In 2016/17, 40 Wirral residents attended A&E 3 or more times with an alcohol-related presenting complaint, 63% were male.

Veterans

People who served in the forces are more than twice as likely to go on and develop an alcohol problem. Nationally, ONS report that 13% of veterans are likely to be higher risk drinkers, compared to 6% of the general population.

There were an estimated 14,600 veterans living in Wirral in 2017, about 4% of the local population.

People with mental health problems or behavioural disorders (Royal College of Psychiatrists, 2010)
Depressed or anxious people are at high risk for alcohol misuse and likewise, a large proportion of alcohol-dependent people suffer from an accompanying mental health problem (depression being the most common). Alcohol also interferes with sedative medications (see '*People taking certain medications'* below). Studies indicate that alcohol misuse is related to impulsive, excitable, and novelty-seeking behaviour. Specifically, children with attention deficit hyperactivity disorder (ADHD) have a higher risk for alcohol misuse in adulthood. In adolescence, conduct disorders are associated with a four-fold greater risk of drinking alcohol at least twice a week.
In 2015/16, 7.4% of Wirral's adult (aged 18+) population were estimated to have a long-term mental health problem, and 17.0% of the adult population was estimated to be suffering from depression and/or anxiety, both higher than national averages.

Pregnant women
Chief Medical Officer guidelines for pregnant women state that no level of alcohol is safe to drink in pregnancy. It can result in an increased risk of: miscarriage, stillbirth, poor growth and development in the womb, prematurity (the baby being born too early), the baby being born too small, the baby being affected with a physical disability after birth, the baby having learning difficulties and the baby being susceptible to illness later in adult life. For more information on Foetal Alcohol Spectrum Disorder (FASD), see page 20 of this report.
The general fertility rate for Wirral was 63.9 per 1,000 females aged 15-44 years, similar to the national and regional average.

People with specific physical conditions (NICE, 2010)
Relevant physical conditions include hypertension and gastro-intestinal or liver disorders. See point below about medications/ long term conditions.

People taking certain medications (Drinkaware, 2013)
Alcohol can reduce the effect of medications and increase harmful side-effects. For example, people taking sedative drugs (like diazepam/Valium) or antidepressants (like fluoxetine/Prozac) should avoid alcohol altogether. People taking other long-term medications should also be aware that alcohol can make some drugs less effective, meaning long term conditions get worse. Examples include drugs for epilepsy or diabetes, or drugs like warfarin which thin the blood.

Key issues and challenges

Licensing Act Review

The Select Committee on licensing scrutinised the 2003 Act, concluding that it is flawed and needs a radical overhaul. They also concluded that the Act has failed to stem the proliferation of licensed premises. It made a number of recommendations, including following Scotland in imposing a Minimum Unit Pricing of alcohol, and to look at other ways in which taxation and pricing can be used to control excessive consumption. The committee also recommended abolishing local authority licensing committees, transferring their functions to planning committees. The full report can be accessed here.

The government later responded to the select committee, stating that their scrutiny made an 'important contribution towards where and how the Act can be improved' but rejected many of the recommendations. They did however state that some recommendations are a 'spur to further work, particularly in respect to how the system of licensing can be made to function more effectively and the lessons that can be learned from the planning system'.

Alcohol Structures Consultation

The government has stated that they believe alcohol duties should be related to the alcoholic strength of drinks. This creates incentives within the alcohol duty system to encourage innovation by producers within the low strength alcohol market and create incentives for individuals to consume lower strength drinks. EU law requires beer and spirit duties to be directly proportional to alcohol content; however, cider and wine duties are banded (any drinks within a band pay the same duty regardless of their alcoholic strength). This results in a pint of 1.3% alcohol by volume (abv) still cider paying the same amount of duty as a pint of 7.5% abv cider. In the Spring Budget 2017, the government announced it would consult on:

- The introduction of a new band to target cheap, high strength 'white' ciders, below 7.5% abv
- The impacts of a new lower strength still wine band, to encourage production and consumption of lower strength wines

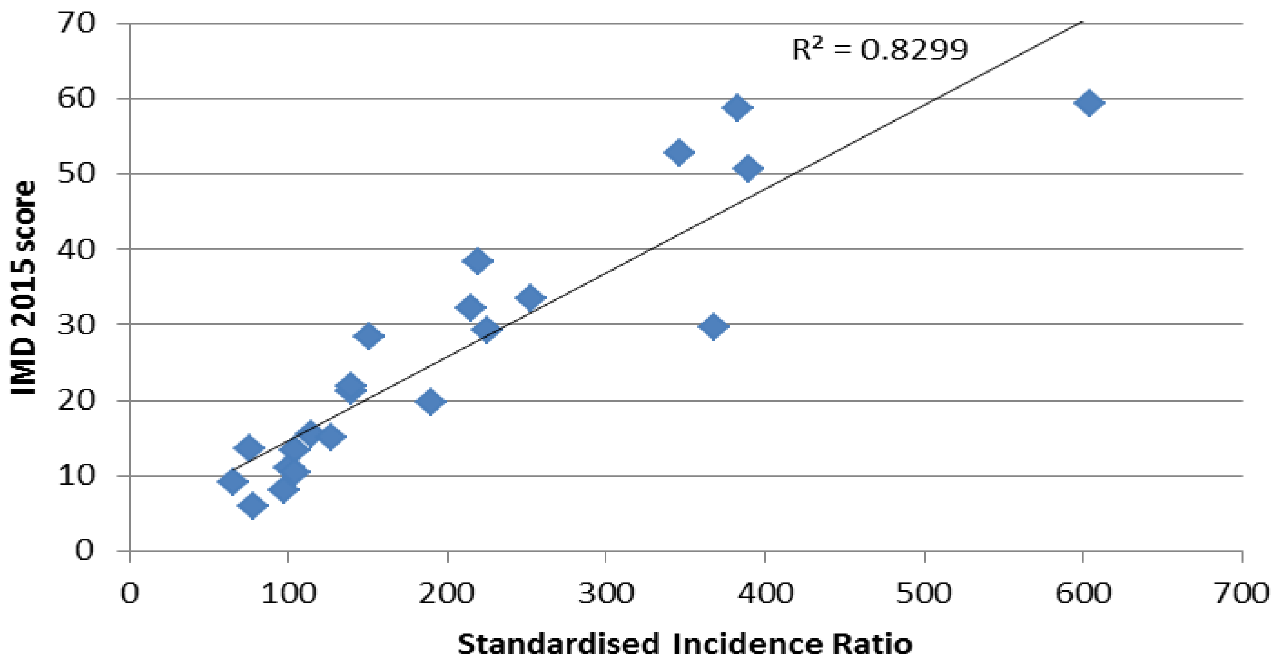
Wirral Council responded to the white cider consultation, providing evidence and agreeing that a new tax band should be introduced for still ciders below 7.5% abv. This helped contribute to the Chancellor announcing a new rate of tax on ciders between 6.9% and 7.5% abv in the Autumn 2017 Budget which will be implemented in February 2019. Therefore, if a three litre bottle of white cider is reformulated from 7.5% to 6.8%, as the government intends, it will contain 20.4 units of alcohol, a 2.1 unit reduction. This should lead to slight reduced unit consumption among heavily dependent drinkers and young people (the typical white cider drinking demographic) who have a limited amount of money, helping to reduce alcohol-related harm.

Further details about the consultation can be accessed here.

Key inequalities

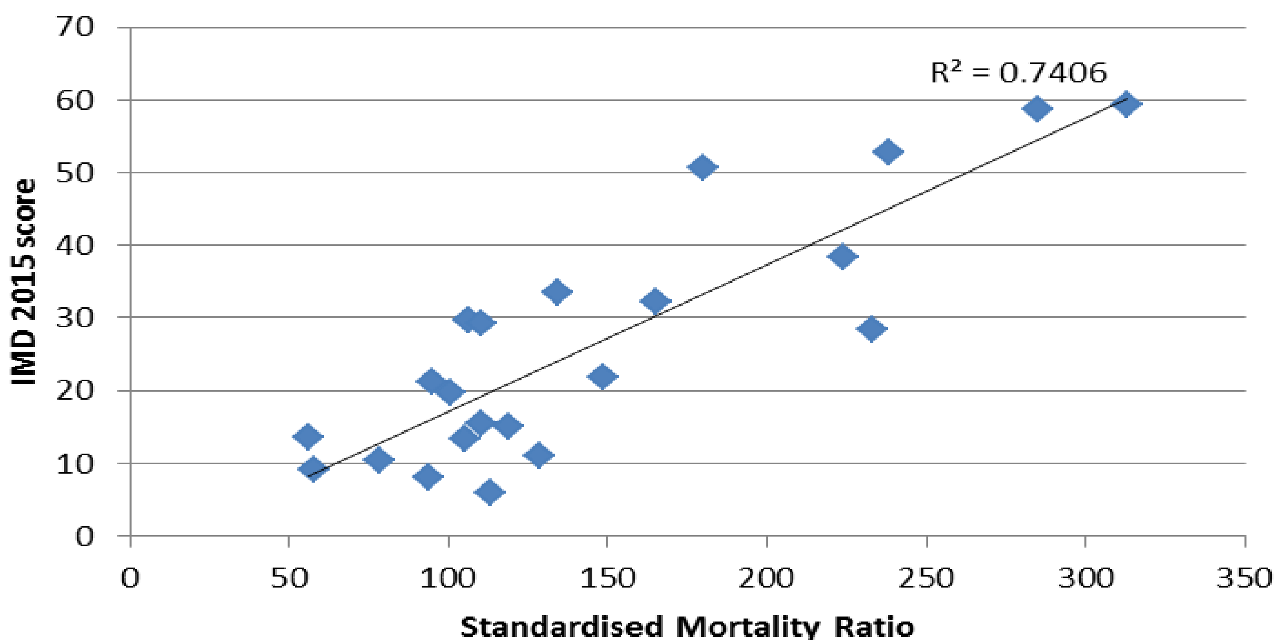
It is known that people living in more deprived areas suffer more alcohol-related harms even if they report lower levels of average consumption (the alcohol harm paradox), clearly shown by Figure 34 and Figure 35 in Wirral. Rates of alcohol-specific hospital admissions and mortality are strongly correlated with deprivation (a higher IMD score indicates a more deprived area), with R^2 values of 0.83 and 0.74 respectively, highlighting the health inequality.

Figure 34: Correlation between alcohol-specific hospital admissions (standardised incidence ratio) and Index of Multiple Deprivation 2015 score by Wirral ward, persons, 2014/15-16/17.



Note: a higher IMD score indicates a more deprived area.
Source: Wirral Public Health Intelligence, 2017.

Figure 35: Correlation between alcohol-specific mortality (standardised mortality ratio) and Index of Multiple Deprivation 2015 score by Wirral ward, persons, 2012-16.



Note: a higher IMD score indicates a more deprived area.
Source: Wirral Public Health Intelligence, 2017.

What are we doing and why?

Current activity and services

Wirral Ways to Recovery (WWtR)

WWtR is the integrated drug and alcohol service in Wirral run by CGL (Change, Grow, Live). Their goal is to support service users to achieve and maintain their own vision of recovery. WWtR includes a range of local partners including Work Solutions and the Spider Project. More information can be found on their website.

In 2016/17, there were 972 WWtR clients citing alcohol as a problematic substance at assessment, 65.7% were male and 57.5% were aged 35-54 years old. Clients' most common area of residence was in Birkenhead, the most deprived area of Wirral. About 40% of WWtR clients had children under 18 years old. Over half of clients were self-referred, with the second most common referral source being their GP.

Adults in structured treatment

In 2015, Wirral ranked 7th highest for the rate of alcohol users in treatment (45 per 10,000) out of 151 Upper Tier Local Authorities in England. This ranking could indicate a high level of engagement among the alcohol dependent population of Wirral. Local modelling work did not predict a great change in the numbers of people in alcohol treatment, or the cost of structured treatment over the next five years (Collins, 2016). This means that to reduce the cost of treatment there needs to be an accelerated increase in the number of people completing treatment, or cost savings need to be found in some other way by taking out certain elements of treatment.

The model suggested that, considering only the quality of life gains to individuals, and the costs of structured treatment, alcohol-only services have a cost per QALY (quality adjusted life year) of around £2,184. This cost per QALY would be lower (i.e. more cost effective) if mortality was included. This would be considered cost effective as NICE consider public health interventions to be cost effective if the incremental cost per QALY gained is less than £20,000 (in this case comparing to a do nothing alternative).

As of October 2017, CGL reported that 42.5% of adults had successfully completed alcohol detoxification treatment.

Alcohol screening (AUDIT/IBA)

There is strong evidence that opportunistic early identification and brief advice (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 health and social care settings (NICE, 2010). The estimated lifetime cost per QALY gained for IBA in Wirral was £3,644 (Collins, 2016) which would be considered cost effective using the NICE threshold.

IBA has been identified as a regional priority for Cheshire & Merseyside, and there is a national NHS hospital CQUIN (commissioning for quality and innovation) indicator around population health, which includes alcohol screening for all new hospital patients.

Wirral have taken these recommendations on board, as from April 2017 Merseyside Fire and Rescue Service have offered IBA to people at risk of alcohol harm, followed by the offer of a referral to specialist services where necessary during their new “Safe and Well” visits. The latest data suggests that Wirral has 20 pharmacies undertaking IBA across all four constituencies, however a survey conducted among Wirral residents in 2017 as part of the Pharmaceutical Needs Assessment revealed that only 41.3% of residents thought advice and treatment for alcohol misuse may be available locally through pharmacies, highlighting the majority of the population were not aware of the services available to them.

Substance Misuse Nurses

There are five full-time equivalent substance misuse nurses in Wirral University Teaching Hospital who carried out 2,449 assessments in 2015/16, finding 87% of people assessed to be alcohol-dependent. Interventions provided to these patients included brief interventions; harm reduction advice; and referrals to WWtR and Birchwood, Wirral’s residential detox centre.

Local Alcohol Action Area (LAAA) status

Wirral is now a LAAA, granted by the Home Office and Public Health England in early 2017. LAAAs aim to address problems caused by alcohol in their local area and improve the collection, sharing and use of data between accidents and emergency departments, the council and police.

Reducing the Strength Initiative

The Select Committee on the Licensing Act reported that they believe much more needs to be done to tackle the problem of super-strength, low cost alcoholic products sold in the off-trade, and Wirral is leading the way with its award-winning ‘Reducing the Strength’ (RtS) initiative. RtS is a partnership led by Wirral Council’s Public Health Team launched in 2015 under which alcohol retailers voluntarily agree to stop selling cheap yet potent ‘super strength’ beer, lager and ciders (ABV of 6.5% or above sold in plastic bottles or tin cans). The ‘super strength’ products in question have been shown consistently to be linked with problematic drinkers including street drinkers and the resultant alcohol-related forms of anti-social behaviour which can blight our communities.

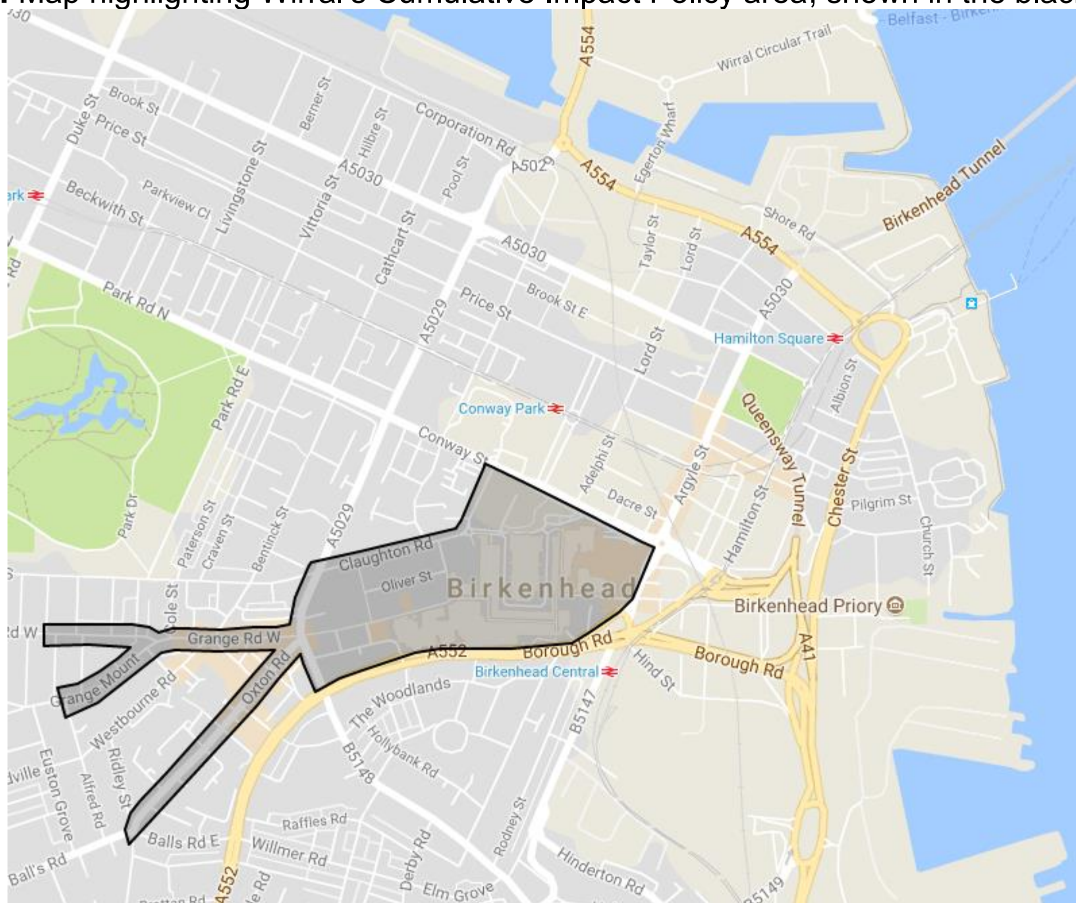
The scheme is now well established in Birkenhead, Tranmere, Rock Ferry and New Ferry with 71 off-sales premises currently signed up. Over the lifetime of RtS in Wirral, levels of alcohol-related assaults attending Arrowe Park have fallen by nearly 30% and levels of alcohol-related anti-social behaviour are also falling in Birkenhead – one of RtS’s key target areas.

As an extension to the project, the team also developed the 'Custodians' scheme which trains staff in off-licences in how to signpost problem drinker customers to the alcohol service, Wirral Ways to Recovery. This is also proving successful and has been well received by businesses.

Cumulative Impact Policy

A Cumulative Impact Policy (CIP) area was proposed in a small area of Birkenhead Town Centre in Wirral (Figure 36), a ward classed among the most deprived 10% in England in 2015. This area is home to 910 residents, and 55% of children in this area are living in poverty (compared to 20% nationally), indicating there are vulnerable groups. CIPs seek to limit an increase in alcohol availability in areas that are already suffering the adverse consequences of alcohol consumption. The proposed CIP area had a rate of 40 licenced premises per 1,000 residents, compared to 3 per 1,000 residents in Wirral overall in 2016. Merseyside Police considered that the cumulative impact of premises selling alcohol for consumption off the premises was having a negative impact on the promotion of the four licensing objectives within the specified area of Birkenhead. The CIP was granted at a Wirral Council meeting in Summer 2017 and the licence application panel have consequently not granted a licence due to the CIP.

Figure 36: Map highlighting Wirral's Cumulative Impact Policy area, shown in the black outline.



Source: Local Insight, 2017.

Controlled Drinking Environment

Wirral has a controlled drinking environment (CDE) or 'wet room' where street drinkers can drink in a supervised and safe environment where they are monitored and encouraged to engage with public health commissioned interventions. Individuals hand in their alcohol which is then given back to them in a glass. The type of alcohol and the volume handed in by each person is logged in a database.

What are the challenges?

Key gaps in knowledge and services

Unknown number of at risk drinkers

Although there is an overview of the national drinking environment (Figure 3), Wirral's demographic characteristics mean it is likely its population does not follow the national alcohol consumption trend. There is limited data on alcohol consumption in Wirral, with underestimation a common caveat to reporting accurate consumption. More in depth knowledge of the characteristics and numbers of at risk drinkers in Wirral could make current alcohol services more effective, and result in the development of new services designed to target at risk drinkers and reduce alcohol-related health harms.

Vulnerable children

Foetal Alcohol Spectrum Disorder (FASD)
There has been a limited amount of work around FASD in the UK, with the incidence not accurately known. This is complicated by a difficulty of diagnosis and a lack of reliable and consistent data. More information is also required about the relationship between maternal alcohol consumption and FASD. Accurate information regarding the risks of alcohol consumption during pregnancy is required to implement successful prevention strategies.

Children in care due to alcohol/substance misuse
Children of parents with alcohol problems are known to be more likely to have a range of adverse childhood experiences including being taken into care, family separation and witness or be a victim of violence, inhibiting their future life outcomes (University of Sheffield, 2017). It is unknown locally how many children in Wirral are being significantly impacted by their parents drinking habits, inhibiting their life outcomes. Local multi-agency approaches are required to enable safeguarding and promote welfare of vulnerable children.

Better integration of services

Better alcohol-related service integration would enable the engagement and follow-up of people who are at need of help. A report in 2016 (Collins, 2016) highlighted that current local hospital services would ask someone to attend Wirral Ways to Recovery on the next weekday but would not be able to follow up whether they have attended as they do not share data. Tightening up the hospital pathway would allow every opportunity to be used to engage with people who need help. Future developments around the Wirral Care Record (see below) may enable better information sharing across services.

What is coming on the horizon?

Minimum Unit Pricing

It was announced in November 2017 that Scotland will be the first country in the world to implement Minimum Unit Pricing (MUP), imposing a 50p MUP per unit of alcohol. IF MUP is demonstrated to be successful and cost effective in Scotland, it may also be introduced in England. This is aimed to target the heaviest drinkers who experience greatest amounts of harm.

For a 50p MUP, although the estimated per person reduction in alcohol consumption is only 1.8%, about 12.6 units per drinker per year (University of Sheffield, 2015), there are estimated to be significantly larger reductions in consumption among high risk drinkers and those in lower socioeconomic groups, both overly represented in Wirral. Drinkers are estimated to pay slightly more on average per unit consumed; however, those in lower socioeconomic groups are estimated to experience smaller changes in spending. The MUP is estimated to lead to a 4.3% reduction in alcohol-related deaths, potentially preventing around nine deaths annually in Wirral.

Wirral Care Record (WCR)

WCR was established in 2017. It is a confidential digital care record currently being developed that will include patient health and social care information. This should enable better information sharing across services leading to better integration of services to engage and follow up with people who would benefit from alcohol structured treatment.

Cheshire and Merseyside Sustainability and Transformation Plans (STPs)

In 2016, several alcohol programmes were proposed for the Cheshire and Merseyside STPs to reduce alcohol harm, an identified priority for the STP. These included population-level approaches as well as interventions targeted at dependent drinkers. They are:

1. Targeted advice to reduce alcohol consumption provided at the point of care
2. Enhanced support for high impact drinkers
3. Sharing of intelligence in order to reduce alcohol-related violence

What does the research suggest as further actions?

NICE Guidance

In their guidance on the prevention of harmful drinking, the National Institute for Health & Clinical Excellence (NICE) state that both population-wide and individual interventions are needed to reduce alcohol-related harm, benefit society and help reduce health inequalities. This guidance should be utilised for further alcohol-related harm reduction actions in Wirral.

Population-level approaches are important as they can help reduce the aggregate level of alcohol consumed - therefore lowering the whole population's risk of alcohol-related harm - plus reach those not in regular contact with relevant services. They can also help reduce the number of people who start drinking harmful or hazardous amounts in the first place. In addition, they may help those who have been specifically advised to reduce their alcohol intake by creating an environment that supports lower risk drinking. NICE acknowledge that some people drink alcohol as a result of underlying problems and that these need to be addressed along with any alcohol-related issues. They recommend therefore that at the individual level, prevention and screening activity should focus on key groups who may be at an increased risk of alcohol-related harm.

The Public Health Burden of Alcohol Evidence Review

Public Health England produced an evidence review in 2016 to evaluate an array of policies to help reduce the public health burden of alcohol. They state that "alcohol policies have significant potential to curb alcohol-related harms, improve health, increase productivity, reduce crime and violence and cut government expenditure", including a reduction in health inequalities. They concluded that policies that reduce the affordability of alcohol (taxation and price regulation) are the most effective and cost-effective approaches to prevention and health improvement. The main policies investigated were:

- Taxation and price regulation
- Regulating marketing
- Regulating availability
- Providing information and education
- Managing the drinking environment
- Reducing drink-driving
- Brief interventions and treatment

All policies were shown to have a beneficial impact on reducing alcohol-related harms to varying extents, so the challenge for policy makers is to implement the most effective set of policies for England.

Key content

Relevant and related National and local strategies

National Strategies

- The Government's Alcohol Strategy (2012)
- An evidence based alcohol strategy for the UK (2013)
- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guideline 115 (2011)
- Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications. NICE clinical guideline 100 (2010)
- Alcohol-use disorders: preventing the development of hazardous and harmful drinking. NICE public health guidance 24 (2010)
- Interventions in schools to prevent and reduce alcohol use among children and young people. NICE public health guidance 7 (2007)

Local Strategies

- Wirral Alcohol Strategy (2015)

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Contact details

For further details please contact:

- Emma Little, Trainee Public Health Analyst at emmalittle@wirral.gov.uk
- John Highton, JSNA Programme Lead at johnhighton@wirral.gov.uk

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