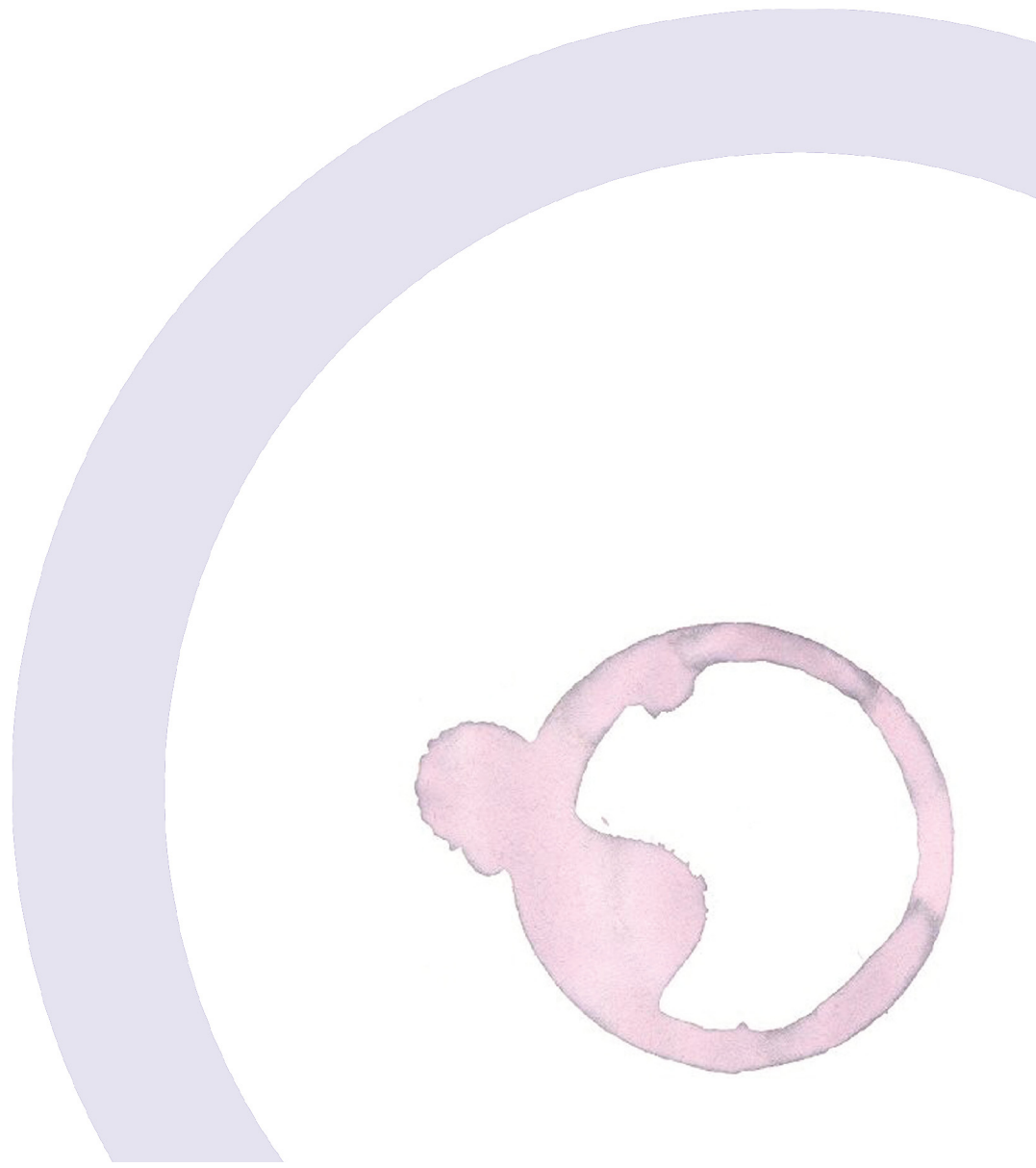


Indications of Public Health in the English Regions

8: Alcohol

Executive Summary



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Reports in the series

The reports in the Indications of Public Health in the English Regions series address areas covered by the White Paper Choosing Health. Previous reports addressed the following topics: general health, lifestyles, ethnicity, child health, sexual health and mental health and can be found at www.apho.org.uk/apho/indications.htm. Topics to be addressed in future reports include older people, substance misuse and communicable diseases.



Foreword

Alcohol misuse represents a substantial cost to the NHS of £1.7 billion. We recognise that more progress needs to be made towards reducing harmful drinking and its impact as a contributor to ill health and inequalities in the English regions as evidenced so clearly by this report.

This document is a valuable resource for Directors of Public Health who have a key role to play as leaders in identifying health and social care priorities that will cause the greatest harm if left unaddressed and provide the greatest health and economic benefits if managed effectively. Having considered the impact of harmful drinking as identified in this report, we must take notice of the evidence that much of this harm is preventable.

I welcome this report and I know that it will assist both in understanding the problem and encourage public health leadership in finding innovative and creative ways of reducing the impact of harmful drinking on individuals, their families and the wider community.

A handwritten signature in black ink, which appears to read "Liam Donaldson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Sir Liam Donaldson
Chief Medical Officer for England

Executive Summary

Background

As part of the series of *Indications of Public Health in the English Regions* commissioned from the Association of Public Health Observatories (APHO) by the Chief Medical Officer (CMO) for England, the North West Public Health Observatory (NWPHO) has published this report on alcohol. The topic of alcohol has been an emerging issue across Europe for a number of years. In 2006, the United Kingdom rated third highest across 25 EU member states for the number of drinks consumed in one sitting, with 24% of residents drinking five or more drinks on a day when they drink alcoholic beverages¹. The UK also has one of the highest rates of admission to hospital or an emergency room due to alcohol use in 15-16 year olds across EU countries².

Alcohol leads to a range of public health problems. Acute conditions, such as alcoholic poisoning, violence and accidents as well as the more chronic effects, such as alcohol-induced pancreatitis, chronic liver disease and stomach cancer all potentially lead to reduced health and wellbeing and at worst, loss of life. Alcohol affects all of society, from the burden on the NHS in terms of hospital admission and treatment in primary care, the economic burden due to loss of employment and reduced capacity to work, through to other negative effects of alcohol on the social and behavioural welfare of communities.

This Regional Indications report is produced alongside the new national strategy *Safe. Sensible. Social: The next steps in the National Alcohol Strategy*³ which was published in June 2007. The strategy outlines a coordinated response across a wide range of community groups, public sector agencies, commercial businesses and the media. Several next steps are highlighted that will continue the Government's commitment to reduce the harms and costs that alcohol has on the health and wellbeing of England's population.

- Sharpened criminal justice for drunken behaviour.
- A review of NHS alcohol spending.
- More help for people who want to drink less.
- Toughened enforcement of underage sales.
- Trusted guidance for parents and young people.
- Public information campaigns to promote a new 'sensible drinking' culture.
- Public consultation on alcohol pricing and promotion.
- Local alcohol strategies.

Among 36 different indicators, 84 separate sub-measures (by, for example, sex or age group) relating to individual, community and population implications of alcohol use and their effects on health and wellbeing are included in this report. The indicators primarily focus on the nine Government Office regions in England, but where possible, measures have been developed at a sub-regional level to allow greater use of alcohol indicators in the development of local alcohol strategies. These are made available in the associated web-based tool *Local Alcohol Profiles for England* (www.nwph.net/alcohol/lape) where data are available for each individual local authority in England. In addition, where the datasets allow, the indicators are presented by two different inequality-identifying classifications: the Index of Multiple Deprivation 2004 (IMD 2004)⁴ and a geodemographic classification⁵. These additional sub-regional measures enhance the interpretation of public health effects of alcohol on different sub-sections of the population to enable better-targeted local action.

¹ European Commission (2007). Attitudes towards alcohol. Special Eurobarometer. Available from: http://ec.europa.eu/health/ph_publication/eurobarometers_en.htm Accessed 2 August 2007.

² Hibell B, Anderson B, Bjarnason T, Ahlstrom S, Balakireia O, Kokkeri A and Morgan M (2004). The ESPAD report 2003. Alcohol and other drug use among students in 35 European countries. Stockholm, Sweden: Modintryckoffset AB.

³ Department of Health, Home Office, Department for Education and Skills and Department for Culture, Media and Sport (2007). *Safe, sensible, social. The next steps in the national alcohol strategy*. London: Department of Health.

⁴ English Indices of Deprivation 2004. Communities and Local Government. www.communities.gov.uk/index.asp?id=1510790

⁵ P2 People & Places is a geodemographic people classification that uses geography to classify people by where and how they live. © Beacon Dodsworth 2004-2005. www.p2peopleandplaces.co.uk

Alcohol indicators are either entirely related to alcohol (alcohol-specific) or are influenced only in part by alcohol (alcohol-attributable). Thus, all cases of alcoholic liver disease, mental/behavioural disorders due to alcohol and alcoholic poisoning are alcohol-specific. However, accidents, assaults, road traffic accidents, certain cancers, heart disease, and spontaneous abortion, for example, can be attributed to alcohol for a proportion of, but not all, cases (Appendix 1). For completeness, this report contains both alcohol-specific and alcohol-attributable indicators.

Indicator highlights

The main report is divided into sections based on the illustration in Figure i, which highlights the harm due to alcohol experienced across all of England. Each section contains different measures of the alcohol-related effect on the population. For example, alcohol sales affect all drinkers, but hazardous and harmful consumption occurs in only a proportion of drinkers and far less will commit anti-social behaviour, be admitted to hospital or experience other related harms. The tip of the iceberg is the reduction of life expectancy due to deaths related to alcohol consumption. A summary of key findings follows along with details of the indicators at the regional level (Appendix 2, Appendix 3) highlighting whether the regions show significantly high or low measures.

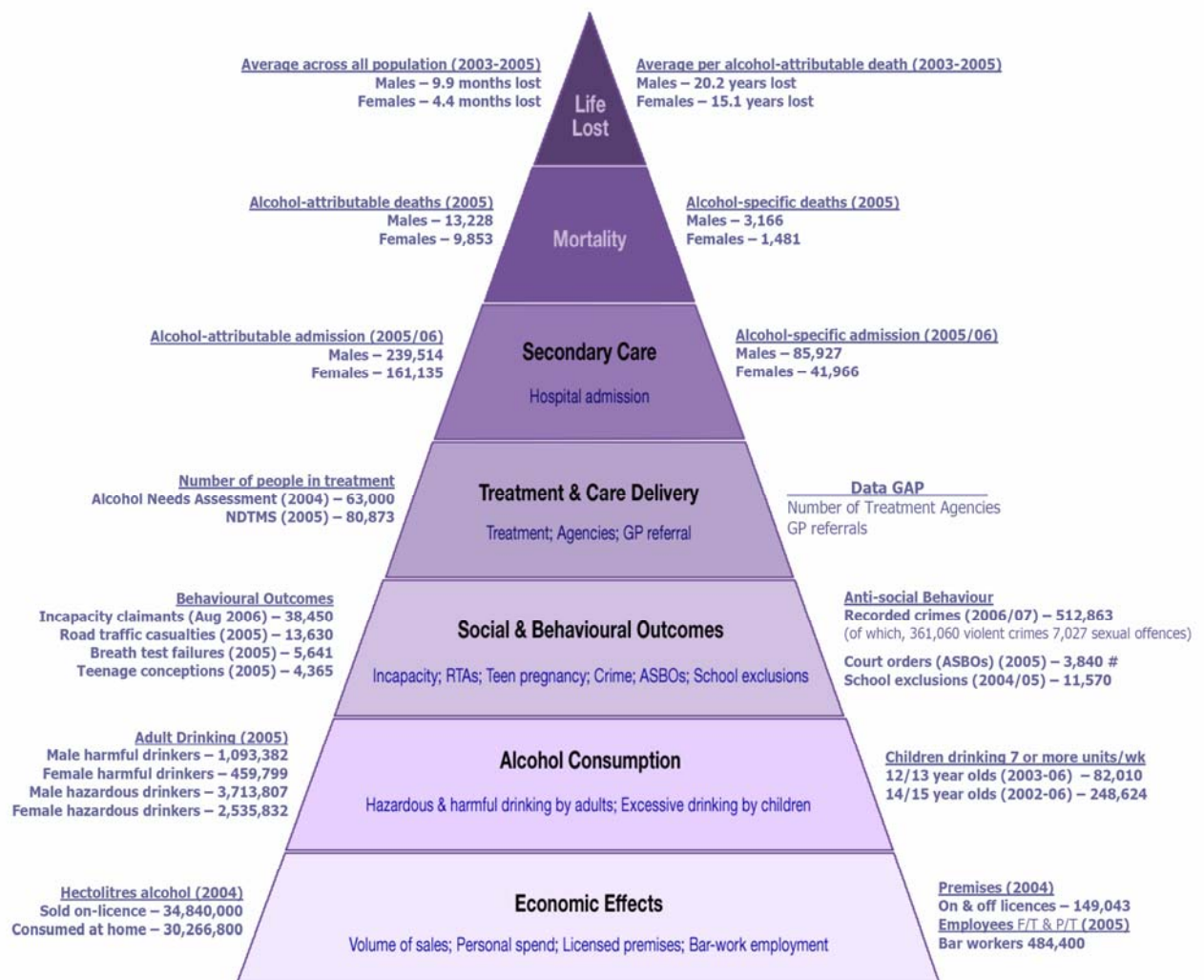


Figure i. Summary of alcohol measures illustrated in the various sections of this report. Figures here are annual totals for England attributable to alcohol (unless stated). See Appendix 2 and Appendix 3 for regional measures.

Key findings

1. There are very evident variations between regions across nearly all indicators, with life lost, rates of mortality, admission to hospital, incapacity due to alcoholism, visits to a pub/bar and binge, hazardous and harmful drinking all showing much higher levels in the more deprived regions of England compared to the more affluent regions.
2. For some indicators, the gap between regions is widening, thereby increasing health inequalities related to alcohol use. So, for example:
 - a. Months of life lost and mortality attributable to alcohol are typically increasing in the North East, North West and Yorkshire and The Humber, but decreasing or remaining static in the East of England, London and the South East.
 - b. All regions show an increase in rates of hospital admission but the increases are greater in the North East and North West for both males and females than in other regions. The next highest increases in rates of admission are in London, the South West and the South East, with by far the lowest increases in the East of England and the East Midlands.
 - c. At a sub-regional level, changes in binge drinking, in females in particular, show continuing increases in the north. All areas⁶ that showed a decrease between 1998-00 and 2003-05 were in the south, especially in London.
3. There are massive differences in the health consequences of alcohol use between richer and poorer local communities⁷ across all regions of England.
 - a. The most deprived fifth of the population of the country suffer two to three times greater loss of life attributable to alcohol; three to five times greater mortality due to alcohol-specific causes; and two to five times more admission to hospital because of alcohol than the more affluent areas.
 - b. The inequality ratio between measures of health in the poorest fifth compared with the richest fifth of the population is always greater in males than in females. Thus men are suffering greater inequalities related to alcohol use than women.
 - c. The poorest local authorities (those with the highest measures of multiple deprivation) also tend to have the highest recorded levels of health and social outcomes related to alcohol use: crime, anti-social behaviour orders, teenage conceptions, chronic liver disease, incapacity benefit claimant rates and unauthorised school absences.
4. A more detailed look at inequalities between different communities has been undertaken by comparing alcohol-related measures across different lifestyle groups. These use geography and behavioural information to classify people by where and how they live⁸ and reveal remarkable differences between the rich and the poor whilst also highlighting particular communities (see Box i for examples) that have additional alcohol issues:
 - a. The most deprived lifestyle group 'Urban Challenge', who are typically unemployed, low-income older smokers, have four to fifteen times greater alcohol-specific mortality and four to ten times greater alcohol-specific admission to hospital than the most affluent groups. Based on the population profile for this group provided here, interventions to reduce alcohol-related harms could for example, consider utilising specific supermarkets as a starting point⁹, where those in the 'Urban Challenge' group generally shop.
 - b. Whilst most lifestyle groups tend to show levels of alcohol-related harms in line with the level of deprivation experienced in their location, one group, 'New Starters', always shows higher levels of harm than would be expected from deprivation alone. These areas are characterised by young, highly qualified but not very well off people. Since

⁶ Strategic Health Authority areas as at 2002.

⁷ Measured at the small area geography of Lower Super Output Area (LSOA), which are designed to improve the reporting of small area statistics in England and Wales and are constrained to an average resident population of 1,500 people. National Statistics. www.statistics.gov.uk/geography/soa.asp

⁸ P2 People & Places. © Beacon Dodsworth 2004-2005. www.p2peopleandplaces.co.uk

⁹ Additional insight to determine local patterns of behaviour and attitudes will always add greater ability to develop interventions and social marketing campaigns specifically targeted at the local community.

they are already experiencing significantly high levels of mortality, life lost and admission to hospital due to alcohol use their location and prevalence in local communities should be used as a warning sign to authorities of where alcohol-related issues are likely to worsen in the future.

Box i: Descriptive examples of two geodemographic lifestyle groups*

Urban Challenge

Typified by unemployed, low income older people living in small council or housing association homes. Urban Challenge:

- read tabloid newspapers, like the Sun and the Mirror
- are unlikely to be interested in politics
- tend to be smokers
- like to do their grocery shopping at Asda.

New Starters

Primarily students and young adults highly qualified but low income, living in single or cohabiting bedsits or flats. New Starters:

- read broadsheet newspapers to keep up with world affairs
- are very interested in politics
- are very likely to smoke
- do grocery shopping as cheaply as possible, at chains such as Aldi and Lidl.

*These profiles describe the average characteristics of geographical areas and not the individuals resident within those areas.

5. Life lost from mortality due to alcohol is increasing:
 - a. The rate of alcohol-specific mortality in people aged under 75 has increased between 2001 and 2005 from 10.8 to 12.5/100,000 (about a 4% increase per year) in men and from 5.1 to 5.7/100,000 (about a 3% increase per year) in women.
 - b. Each man in England dying from an alcohol-attributable cause loses an average of 20.2 years and each woman loses an average of 15.1 years.
 - c. The total contribution that alcohol makes to the life expectancy of the England population is on average a loss of 9.9 months for men (ranging from 12.6 months in the North West to 8.1 months in the East of England) and a loss of 4.4 months for women (ranging from 5.8 months in the North West to 3.6 months in the East of England).
6. The regional pattern in mortality and hospital admission due to alcohol are paralleled by patterns of excessive alcohol consumption.
 - a. There are an estimated 1.55 million people in England drinking at harmful¹⁰ levels and a further 6.3 million drinking at hazardous¹¹ levels (2005 measures). All national surveys show a similar regional pattern in that levels of hazardous and harmful drinking are consistently highest in the north (26-28% of men; 16-18% of women), central and eastern regions have the lowest levels (21-24% of men; 10-14% of women) and regions in the south are in the middle.
 - b. The proportion of people who binge drink¹² is highest in Yorkshire and The Humber (23% of men; 12% of women) and the North West (22% of men; 10% of women) and lowest in London (13% of men; 5% of women) and the South East (14% of men; 6% of women).
 - c. People living in the regions where population levels of drinking are highest now appear to be becoming 'normalised' towards heavier drinking since those classifying themselves as moderate drinkers in these regions actually consume more units of alcohol than those classifying themselves as moderate drinkers in other regions.
7. In all regions, people are now more likely to believe alcohol is a cause of crime. In the most recent surveys in England (2004/05-2005/06), 48% of people believed alcohol to be a major

¹⁰ Consumption of over 50 units per week for men and over 35 units per week for women.

¹¹ Consumption of between 22 and 50 units per week for men and between 15 and 35 units per week for women.

¹² Men drinking over eight units and women drinking over six units of alcohol on their heaviest drinking day in the last week.

cause of crime compared with 36% two years earlier and 5.7% thought alcohol was the main cause of crime compared with only 3.7% two years earlier.

8. The potential effect of alcohol on regional economies follows the general pattern of worklessness across England, with the proportion of the working population claiming incapacity benefits due to alcoholism being three times higher in the North West than in the East of England. The North East has the second highest rate. However, the percentage of all claims that are due to alcoholism is highest in London, the South East, the South West and the North West.
9. With regard to personal economics, people living in northern regions purchase the greatest amounts of alcohol per week, as a proportion of total expenditure on both household foods and eating out, and central regions purchase the smallest amounts. When eating out, people living in the north of England spend a higher proportion of their meal costs on alcohol (36-38% of spend) than people in the south (28-29% of spend).
10. Although decreasing slightly in recent years, a greater proportion of the adult population regularly visits a pub or bar in the north of England than in the south. This in itself might not be a detrimental behaviour if it were linked with positive social interactions akin to the 'Pub is the Hub'¹³ initiative. However, as highlighted in this report, regular visits to a pub or bar (and similarly to a nightclub or disco) actually show the same regional divide as excessive alcohol consumption and its related harms. Thus, a great deal more work would be required to elicit the positive benefits of social interaction and community wellbeing from the northern binge drinking culture.

Alcohol Intelligence Gaps

Safe. Sensible. Social: The next steps in the National Alcohol Strategy has already identified that there are discrepancies between the different datasets pertaining to measure national trends in alcohol consumption, since HM Revenue and Customs (HMRC) excise data suggest that alcohol purchases are nearly double the self-reported consumption levels reported by the Office for National Statistics in the General Household Survey. The strategy goes on to say that the Government will review both data sources by the end of 2007 to identify which set of data may give the best picture of current consumption and trends, and will also review further data analyses that may be needed to identify any under-reporting of consumption, especially by particular population groups.

This Regional Indications report has also identified that, despite the wide range of other national sources containing data measuring alcohol consumption and attitudes towards alcohol use and its effects on communities, inconsistency between datasets and difficulties in accessing them severely hinder the production of good public health intelligence on alcohol.

- Currently, there are several national lifestyle surveys that provide measures of alcohol consumption across the whole of England and for its regions. However, there is only partial consistency between these separate surveys, definitions vary and there is some difficulty in obtaining a definitive picture of binge, harmful and hazardous drinking levels. Changes to survey instruments over time do not allow for reporting of accurate trends, in particular harmful and hazardous measures, which cannot be determined for 2003 and 2004. Also, indicator production below regional level is currently problematic, since sample sizes are insufficient in any single year.
- There are many datasets available documenting various measures relating to alcohol use. However, historic agreements on data collection and restricted access to detailed variables greatly limit or delay the intelligence that can be generated at a local level. Due to lack of

¹³ The Pub is the Hub was initiated by The Prince of Wales in response to the closure of many British country pubs and other rural services. www.princeofwales.gov.uk/personalprofiles/theprinceofwales/initiatives/the_pub_is_the_hub_1916389644.html

access to datasets, it is often difficult for health intelligence measures and indicators to stay in step with national policy drivers. As with other national datasets, more rapid responses to emerging public health intelligence needs could be better generated from lifestyle data if confidentiality and disclosure agreements were placed upon the outputs and analysis and not on data access.

- Despite this lack of access to some datasets, good intelligence exists at the regional level on alcohol-specific indicators, such as mortality, hospital admission, consumption in adults, road traffic accidents, incapacity to work and alcohol sales. There are also some good intelligence measuring indicators where alcohol has an attributable influence, such as crime, anti-social behaviour orders and teenage conceptions.
- However, there are also many alcohol intelligence gaps. For some of these potentially good intelligence could be generated but systems are not yet fully established or comprehensive; for example, treatment service and GP data, measuring alcohol consumption in children or school exclusions. For others, there is a distinct lack of good intelligence: alcohol economics, industry data on investment in marketing and promotion campaigns and information on the range and evaluation of local interventions.

Appendix 1: Attributable fractions (AFs)

	Condition	ICD-10 codes	Male AF	Female AF
Alcohol-specific	Methanol poisoning	T511	1	1
	Mental and behavioural disorders due to use of alcohol	F10	1	1
	Ethanol poisoning	T510	1	1
	Degeneration of nervous system due to alcohol	G312	1	1
	Alcohol-induced pseudo-Cushing's syndrome	E244	1	1
	Alcoholic polyneuropathy	G621	1	1
	Alcoholic myopathy	G721	1	1
	Alcoholic liver disease	K70	1	1
	Alcoholic gastritis	K292	1	1
	Alcoholic cardiomyopathy	I426	1	1
	Accidental poisoning by and exposure to alcohol	X45	1	1
Alcohol-attributable	Accidental exposure to excessive cold	X31	0.25	0.25
	Acute pancreatitis	K85	0.24	0.24
	Air/space transport accidents	V95-V97	0.2	0.2
	Alcohol-induced chronic pancreatitis, other chronic pancreatitis	K860-K861	0.72	0.72
	Assault	X93-X99, Y01-Y09	0.37	0.37
	Chronic liver disease	K73-K74	0.485	0.52
	Diabetes mellitus	E10-E14	0.05	0.05
	Drowning	W65-W74	0.3195	0.2835
	Epilepsy and Status epilepticus	G40-G41	0.15	0.15
	Fall injuries	W00-W19	0.289	0.246
	Fire injuries	X00-X09	0.4075	0.4075
	Firearm injuries	W32-W34	0.25	0.25
	Gastric ulcer	K25-K27	0.1	0.1
	Gastro-oesophageal laceration-haemorrhage syndrome	K226	0.285	0.285
	Heart failure	I50-I51	0.004	0.002
	Hypertensive diseases	I10-I15	0.08	0.035
	Inhalation and ingestion of food causing obstruction of respiratory tract	W79	0.625	0.625
	Intentional self-harm/Event of undetermined intent	X60-X84, Y10-Y33	0.341	0.164
	Ischaemic heart disease	I20-I25	0.005	0.005
	Malignant neoplasm of breast	C50	0	0.035
	Malignant neoplasm of larynx	C32	0.41	0.26
	Malignant neoplasm of lip	C00	0.5	0.5
	Malignant neoplasm of liver and intrahepatic bile ducts	C22	0.14	0.235
	Malignant neoplasm of oesophagus	C15	0.285	0.285
	Malignant neoplasm of oral cavity and pharynx	C01-C14	0.25	0.115
	Malignant neoplasm of other digestive organs	C17-C21	0.2	0.2
	Malignant neoplasm of stomach	C16	0.2	0.2
	Oesophageal varices	I85	0.464	0.3235
	Pneumonia and influenza	J12-J18	0.05	0.05
	Psoriasis	L40 excluding L405	0.03	0.01
	Road accidents	V01-V89	0.4	0.305
	Spontaneous abortion	O03	0	0.12
	Stroke	I60-I69	0.0815	0.0805
	Supra ventricular cardiac arrhythmias, atrial fibrillation and flutter	I470-I471, I479, I48	0.17	0.09
	Tuberculosis	A15-A19	0.25	0.25
	Water transport accidents	V90-V94	0.2	0.2
Work/machine injuries	W24-W31	0.16	0.16	

An additional attributable fraction of 0.11 (11%) was applied to teenage conceptions (under 18s) to estimate the numbers presented in Figure i.

Appendix 2: 'Traffic light' indicators

KEY: Regional value against the England average based on 95% confidence intervals (CIs) unless otherwise stated.

Better than average

Consistent with average

Worse than average

*Confidence intervals unavailable

#Proportion attributable to alcohol unavailable

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
LIFE LOST AND MORTALITY											
Months of life lost per person (under 75 years) due to alcohol (2003-05)*	Males	9.9	12.2	12.6	10.6	9.5	11.2	8.1	9.6	8.5	9.0
	Females	4.4	5.5	5.8	4.6	4.6	4.8	3.6	3.8	3.8	3.6
Years of life lost per person dying from alcohol-attributable conditions (2003-05)*	Males	20.2	20.9	21.2	20.6	20.1	20.4	19.3	21.7	19.2	18.5
	Females	15.1	16.3	16.4	15.4	15.6	15.3	14.3	15.7	14.1	13.2
Percentage of total deaths that are alcohol-specific (2005)	Males	1.39	1.62	1.77	1.49	1.21	1.60	0.92	1.35	1.22	1.33
	Females	0.59	0.70	0.87	0.49	0.57	0.73	0.47	0.51	0.51	0.44
Percentage of total deaths that are alcohol-attributable (2005)	Males	5.80	6.07	6.39	5.97	5.51	6.05	5.16	5.84	5.58	5.60
	Females	3.91	3.88	4.23	3.76	3.82	4.17	3.66	3.89	3.84	3.87
Rate of alcohol-specific mortality (under 75 years) per 100,000 population (2005)	Males	12.5	16.7	17.8	14.2	10.6	15.4	7.8	11.2	9.8	12.1
	Females	5.7	7.8	9.3	5.0	5.5	7.5	4.5	4.0	4.8	4.3
Rate of alcohol-specific mortality (all ages) per 100,000 population (2005)	Males	12.5	16.2	17.4	14.0	10.7	15.2	7.9	11.1	10.0	12.3
	Females	5.6	7.6	9.0	4.9	5.4	7.3	4.4	4.0	4.8	4.3
Rate of mortality from chronic liver disease including cirrhosis per 100,000 population (2005)	Males	13.4	16.7	18.7	14.1	12.6	15.1	8.1	14.8	10.8	11.8
	Females	6.8	8.4	10.3	6.4	7.1	8.1	5.1	6.0	5.6	5.3
Rate of alcohol-attributable mortality (under 75 years) per 100,000 population (2005)	Males	35.6	42.6	45.7	38.9	33.5	39.5	28.5	34.3	30.2	33.3
	Females	15.1	17.9	20.0	15.3	15.2	17.3	12.8	13.3	13.5	12.8

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Rate of alcohol-attributable mortality (all ages) per 100,000 population (2005)	Males	47.2	55.1	58.1	51.3	44.8	52.0	39.7	44.4	41.7	44.5
	Females	23.8	27.1	29.3	23.9	23.8	26.4	21.0	21.5	21.9	21.4
SECONDARY CARE - HOSPITAL ADMISSION											
Age standardised rate of hospital admission for alcohol-specific conditions (2005/06)	Males	339.7	532.1	536.3	335.0	287.9	323.3	221.5	348.1	259.1	338.6
	Females	164.1	263.5	270.1	159.4	142.1	147.8	114.4	121.4	139.2	176.3
Age standardised rate of hospital admission for alcohol-attributable conditions (2005/06)	Males	909.0	1,232.1	1,214.5	937.7	846.5	876.7	742.9	896.3	761.5	902.1
	Females	510.4	689.2	674.3	522.1	487.1	490.5	424.5	449.1	452.2	522.2
SOCIAL AND BEHAVIOURAL OUTCOMES											
Rate of alcohol-related crime per 1,000 population (2006/07)	All crimes	10.2	9.4	10.7	11.2	9.8	10.2	7.6	13.5	9.2	8.5
	Violent crime	7.2	7.0	7.3	7.7	6.8	7.3	5.4	9.0	6.9	6.4
	Sexual offences	0.14	0.13	0.13	0.14	0.15	0.14	0.11	0.16	0.14	0.13
Percentage of adults who stated that alcohol was a cause of crime in Britain today (2004/05-2005/06)	A major cause	47.9	48.5	52.1	41.6	47.7	46.4	48.4	43.3	49.7	50.1
	The main cause	5.7	6.5	5.8	4.1	5.0	5.3	5.7	5.5	6.8	6.2
Rate of anti-social behaviour orders (ASBOs) issued per 100,000 population [#] (2005)		7.7	10.1	12.8	10.6	6.9	8.6	6.1	7.1	4.4	4.1
Claimants of Incapacity Benefit (IB) or Severe Disablement Allowance (SDA) whose main medical reason is alcoholism (August 2006)	Rate per 100,000 working age population	122.7	169.7	201.0	115.2	92.4	104.9	67.5	137.0	91.6	132.1
Percentage of drivers in injury road accidents (2005) who:	fail a breath test	4.3	4.4	4.5	5.2	4.2	4.6	4.3	2.7	4.5	4.3
Rate of casualties from road accidents involving illegal alcohol levels per 100,000 population (2005)		27.0	26.6	31.1	27.1	30.4	32.1	29.8	11.6	27.8	32.4
Rate of alcohol-attributable mortality due to land transport accidents per 100,000 population (2003-05)		2.0	2.0	1.8	2.2	2.5	2.2	2.3	1.3	2.0	2.0
Rate of conception per 1,000 females [#]	Under 16 (2003-05)	7.7	9.9	8.3	8.9	7.4	8.6	6.0	9.1	6.2	6.5
	Under 18 (2005)	41.1	49.6	46.4	47.7	40.2	45.3	32.7	44.6	34.2	34.2

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Percentage of half days missed due to unauthorised absence in maintained secondary schools# (2004/05)		1.2	1.0	1.3	1.6	1.5	1.1	1.0	1.4	1.2	1.0
Rate of drug or alcohol-related exclusions from school per 100,000 pupils (2004/05)	Fixed period	145.9	132.9	166.6	150.0	125.8	116.8	154.3	73.6	182.5	209.0
	Permanent	6.2	7.5	6.4	5.0	6.0	6.9	5.9	6.6	6.9	7.0
ALCOHOL CONSUMPTION											
Percentage of adults consuming alcohol on five or more days a week (2000-04)	Males	24.2	19.7	22.8	23.9	23.5	23.8	24.2	22.2	29.2	25.2
	Females	14.2	10.1	12.8	13.3	13.6	14.1	14.6	12.4	18.5	15.5
Percentage of adults who drank over 8/6 units on the heaviest drinking day in the last week (binge drinking) - Health Survey for England (2005)	Males	19.3	28.8	25.9	21.1	21.7	23.9	12.8	11.4	17.1	17.2
	Females	8.1	10.9	11.4	10.9	8.0	8.1	6.6	4.6	6.1	7.5
Percentage of adults who drank over 8/6 units on the heaviest drinking day in the last week (binge drinking) - General Household Survey (2005)	Males	17.0	19.0	22.2	22.6	16.7	15.3	15.7	12.5	13.9	17.6
	Females	7.4	8.6	10.2	11.6	6.5	6.1	6.4	4.8	6.0	7.3
Percentage of adults consuming hazardous and harmful levels of alcohol - Health Survey for England (2000-02)	Males	30.3	34.4	35.5	34.6	28.3	31.1	27.3	27.1	28.4	27.5
	Females	17.6	18.4	19.9	20.7	16.1	15.5	16.2	15.9	19.3	15.0
Percentage of adults consuming harmful levels of alcohol - Health Survey for England (2000-02)	Males	7.0	7.1	9.6	9.0	6.7	7.6	5.8	6.0	5.9	5.0
	Females	2.7	4.9	3.0	2.9	3.0	2.4	2.8	2.3	2.3	1.4
Percentage of adults consuming hazardous and harmful levels of alcohol - General Household Survey (2000-02)	Males	27.4	33.8	30.5	30.5	29.7	25.8	23.1	23.8	26.7	27.4
	Females	17.1	18.5	20.2	18.4	17.4	14.5	15.8	14.0	18.0	17.0
Percentage of adults consuming harmful levels of alcohol - General Household Survey (2000-02)	Males	6.4	10.0	7.0	7.4	6.9	5.4	5.2	6.1	5.9	6.0
	Females	3.1	3.9	3.8	4.0	3.7	2.7	2.9	1.8	2.8	3.1
Percentage of adults consuming hazardous and harmful levels of alcohol - General Household Survey (2005)	Males	24.5	25.7	27.9	28.4	24.3	24.2	23.9	21.1	22.2	24.7
	Females	14.5	16.1	18.1	17.8	12.5	13.7	13.1	10.5	14.5	14.1

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Percentage of adults consuming harmful levels of alcohol - General Household Survey (2005)	Males	5.6	6.6	6.0	8.0	4.7	5.1	5.3	4.8	4.8	5.8
	Females	2.2	2.1	2.5	2.5	1.6	2.7	1.3	2.0	2.6	2.3
Percentage of adults consuming hazardous and harmful levels of alcohol - Psychiatric Morbidity Survey (2000)	Males	35.6	45.9	42.9	40.2	32.2	36.6	27.1	34.3	33.3	32.8
	Females	14.8	19.7	19.7	17.8	11.9	12.8	12.2	17.3	10.9	13.3
Percentage of adults consuming harmful levels of alcohol - Psychiatric Morbidity Survey (2000)	Males	5.2	8.9	4.5	5.5	2.3	5.4	3.9	7.3	6.1	4.0
	Females	1.5	2.9	1.9	2.3	0.6	1.7	1.1	1.6	0.9	1.4
Percentage of adults with dependent levels of alcohol consumption (2000)	Males	10.8	13.4	13.1	10.4	10.9	9.3	8.0	13.3	11.3	8.5
	Females	3.1	3.8	4.6	3.3	1.8	2.7	3.0	4.5	2.2	1.6
Percentage of pupils who consumed seven or more units in last seven days*	Year 8 (2003-06)	5.5	8.7	5.7	5.3	12.7	6.0	5.3	2.9	7.5	6.1
	Year 10 (2002-06)	19.0	26.8	20.2	21.6	13.6	20.4	19.9	8.4	20.3	22.5
Percentage of 13-15 year olds who consumed seven or more units in last seven days (2002)		8.2	8.8	7.6	11.4	8.3	5.6	12.6	4.4	8.0	7.8

Indicator		England and Wales	Tyne Tees	Granada (including part Border TV)	Yorkshire	Central	Anglia	London	Meridian	Harlech and Westward
THE ALCOHOL ECONOMY										
Volume of alcohol (litres per person) sold in on licensed venues* (2004)		66	80	76	75	64	54	57	52	76

Appendix 3: Remaining indicators

KEY: For selected indicators – regional value against the England average based on 95% confidence intervals (CIs):

Lower than average

Consistent with average

Higher than average

*Confidence intervals unavailable

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
TREATMENT AND CARE DELIVERY											
Prevalence-service utilisation ratio* (2004)		18.0	101.9	11.8	46.0	15.7	15.3	31.2	13.2	20.2	14.3
SOCIAL AND BEHAVIOURAL OUTCOMES											
Claimants of Incapacity Benefit (IB) or Severe Disablement Allowance (SDA) whose main medical reason is alcoholism (August 2006)	Percentage of total claimants	1.8	1.6	2.0	1.5	1.4	1.4	1.3	2.2	1.9	2.0
Percentage of drivers in injury road accidents (2005) who:	are given a breath test	52.2	55.8	50.8	42.2	60.2	55.9	57.3	38.8	53.6	61.3
Percentage of adults who made nine or more visits to a pub or bar in the evening in the last month (2004/05-2005/06)		7.1	8.8	7.5	8.3	7.4	7.9	6.0	6.0	6.3	6.7
Percentage of adults who made four or more visits to a nightclub or disco in the last month (2004/05-2005/06)		2.3	3.2	2.8	2.4	2.2	2.3	1.7	2.0	2.0	2.2
ALCOHOL CONSUMPTION											
Mean weekly units consumed by self-reported moderate drinking adults - General Household Survey (2000-02)*	Males	23.0	27.2	24.1	25.1	24.4	22.7	20.9	20.7	22.3	22.2
	Females	14.8	15.2	15.1	16.2	15.9	14.2	14.4	13.1	14.3	15.2
Mean units consumed on the heaviest day in the last seven days by self-reported moderate drinking adults - General Household Survey (2000-05)*	Males	6.9	7.5	7.6	7.9	7.3	6.9	6.2	6.2	6.2	6.6
	Females	4.3	5.0	4.8	5.1	4.5	4.2	3.7	3.8	3.9	4.2
THE ALCOHOL ECONOMY											
Purchases of alcoholic drinks (ml per person per week) (2003-06)*	Household	766	868	886	838	829	705	747	570	758	815
	Eating out	641	815	770	860	662	637	524	535	545	585

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
		Purchases of alcoholic drinks (pence per person per week) (2003-06)*	Household	266	234	291	256	265	237	255	234
	Eating out	365	388	396	429	364	328	308	386	344	355
Proportion of total expenditure on food and drink spent on alcoholic drinks (2003-06)*	Household	11.5	11.0	12.8	11.8	11.5	11.0	10.5	10.4	11.8	12.4
	Eating out	32.0	38.5	35.9	37.1	32.5	32.8	28.8	28.5	29.4	31.8
Rate of licensed premises per 10,000 population (2004)	On licence	21.2	18.6	23.0	22.6	17.8	18.0	20.0	20.6	20.7	27.8
	Off licence	8.7	10.5	9.1	8.5	7.4	8.1	8.0	10.1	7.6	9.7
Percentage of total employees employed in bars (2005)		2.1	2.6	2.4	2.3	2.5	2.4	1.9	1.4	2.0	2.4

Indicator		England and Wales	Tyne Tees	Granada (including part Border TV)	Yorkshire	Central	Anglia	London	Meridian	Harlech and Westward
		THE ALCOHOL ECONOMY								
Consumer on licence expenditure (£ per person) on alcohol (2004)*		334.1	337.1	353.2	327.8	303.9	287.1	358.1	306.3	373.1

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