

The impact of alcohol in Liverpool: quarterly report

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**Carly Lightowers, Michela
Morleo and Penny A Cook**

**Centre for Public Health,
Liverpool John Moores
University**



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1 Introduction

As part of the Liverpool Alcohol Strategy Group's continued commitment to improve information and data collection on the impact of alcohol in Liverpool (Liverpool PCT 2007), the group commissioned the Centre for Public Health (CPH) at Liverpool John Moores University to identify and collate available alcohol intelligence into quarterly reports. This report is the first of a newly agreed format to include a thematic focus. For each quarterly report the thematic focus is determined by the Alcohol Strategy Group and their priorities.

This report is the fourth quarterly report for the Group and relates to data published between October and December 2007. This report provides data including:

- The number of people in alcohol treatment.
- The number of people presenting to the Royal Liverpool accident and emergency department for assault or injuries.
- The number of workplaces with whom awareness has been raised regarding alcohol.
- Findings from the Local Alcohol Profiles for England (LAPE) 2007.
- Local initiatives to address alcohol-related harm.

It also includes a thematic section on children and young people.

1.1 Acknowledgements

We would like to thank all those who provide the data which inform this quarterly report, including: those in the Alcohol Treatment and Monitoring Service, Children's Services, Citysafe, Health at Work, the Merseyside Inter-Agency Drug Misuse Database, North West Public Health Observatory, Liverpool PCT, Liverpool Youth Offending Team, Merseyside Fire and Rescue, Trading Standards, the Trauma and Injury Intelligence Group and Young Addaction.



2 Consumption

The data presented in this section are taken from the Local Alcohol Profiles for England (LAPE) online tool (see box 1). Hazardous drinking estimates (see box 2) in Liverpool are higher than England and North West averages (see figure 1). Such drinking is often associated with more affluent areas. Estimates for harmful and binge drinking in Liverpool are considered to be significantly worse than both the England and North West averages (harmful and binge drinking are associated with more deprived areas). Indeed Liverpool has the second highest level of binge drinking of all of the authorities in the North West and the seventh highest level in England. Furthermore, Liverpool has the second highest level of harmful drinking in the North West and the country (NWPHO 2007). For details of consumption amongst young people see section 7.1.

Box 1: Local Alcohol Profiles for England (LAPE)

The LAPE online tool is updated annually and provides data on a variety of alcohol related health and criminal justice issues, including hazardous harmful and binge drinking estimates (see Box 2); alcohol related hospital admissions (see section 3.2) and mortality (see section 3.3); as well as alcohol-related crime estimates (section 4.2).

www.nwph.net/alcohol/lape/

Box 2: Alcohol consumption definitions

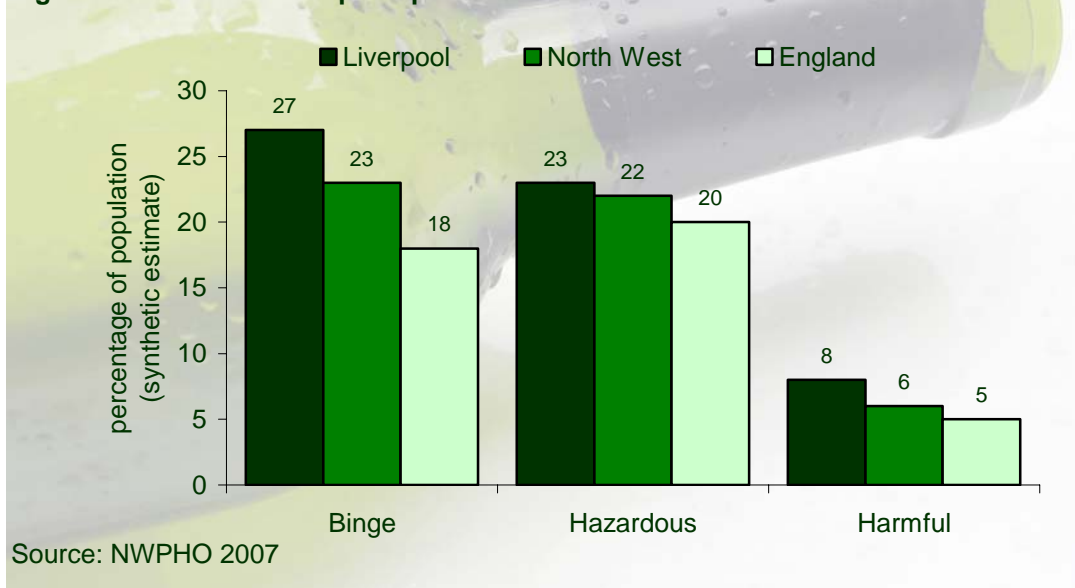
Hazardous drinking is considered to be drinking between 15 and 35 units a week for women and between 22 and 50 units a week for men.

Harmful drinking levels are considered to be drinking more than 35 units a week for women and more than 50 units a week for men.

Binge drinking is defined as drinking eight or more units in one day for men and six or more units for women.

(DH 2005)

Figure 1: Alcohol consumption patterns

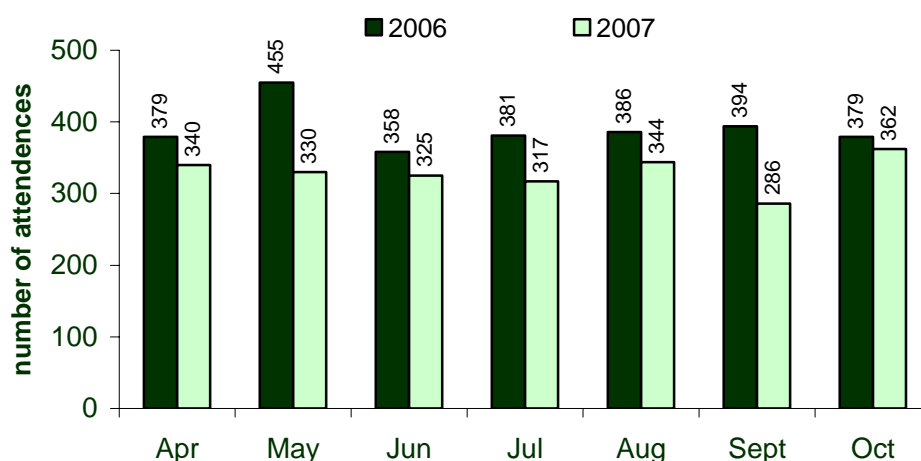


3 Health related impacts of alcohol

3.1 Accident and emergency admissions

The Trauma and Injury Intelligence Group (TIIG) was set up to collect information on injuries across Merseyside and Cheshire from local accident and emergency (A&E) departments. Data from the Royal Liverpool A&E department highlight that there was an overall decrease (9%) in assaults between April and October in 2007 compared with 2006. This decrease was seen both each month and over the whole period (see figure 2 below).

Figure 2: Number of assault attendances at the Royal accident and emergency department



Source: TIIG reports¹

Data on assault attendances at the Royal Liverpool A&E department for November 2006 to October 2007² show that:

- where known, over half (58%) of assaults occurred on the street;
- over two thirds (68%) of victims had been assaulted by a stranger;
- of those known, the majority (88%) of attackers were male; and
- 58% of those attending had consumed alcohol in the three hour period before the assault (Hungerford and Anderson 2007).



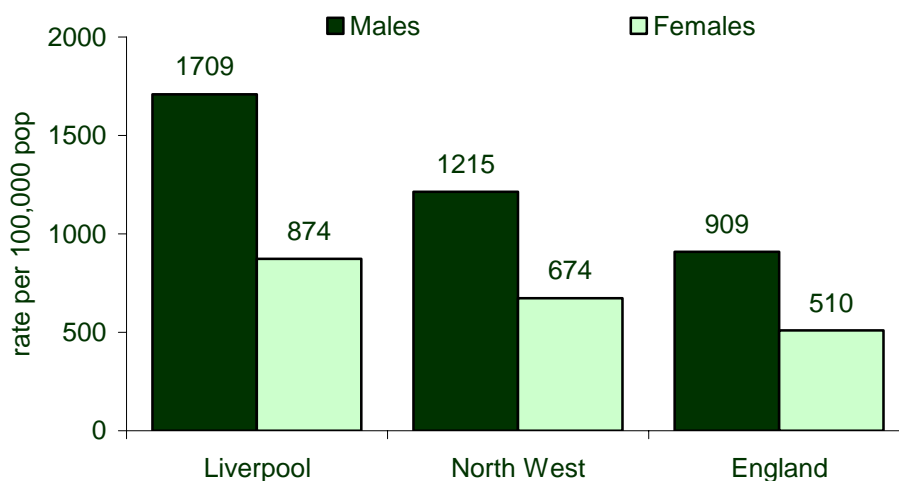
¹ Available from <http://www.nwpho.org.uk/ait/>

² Between November 2006 and October 2007 there were a total of 3,942 assault attendances, 17% (n=668) completed the questionnaire.

3.2 Hospital Admissions

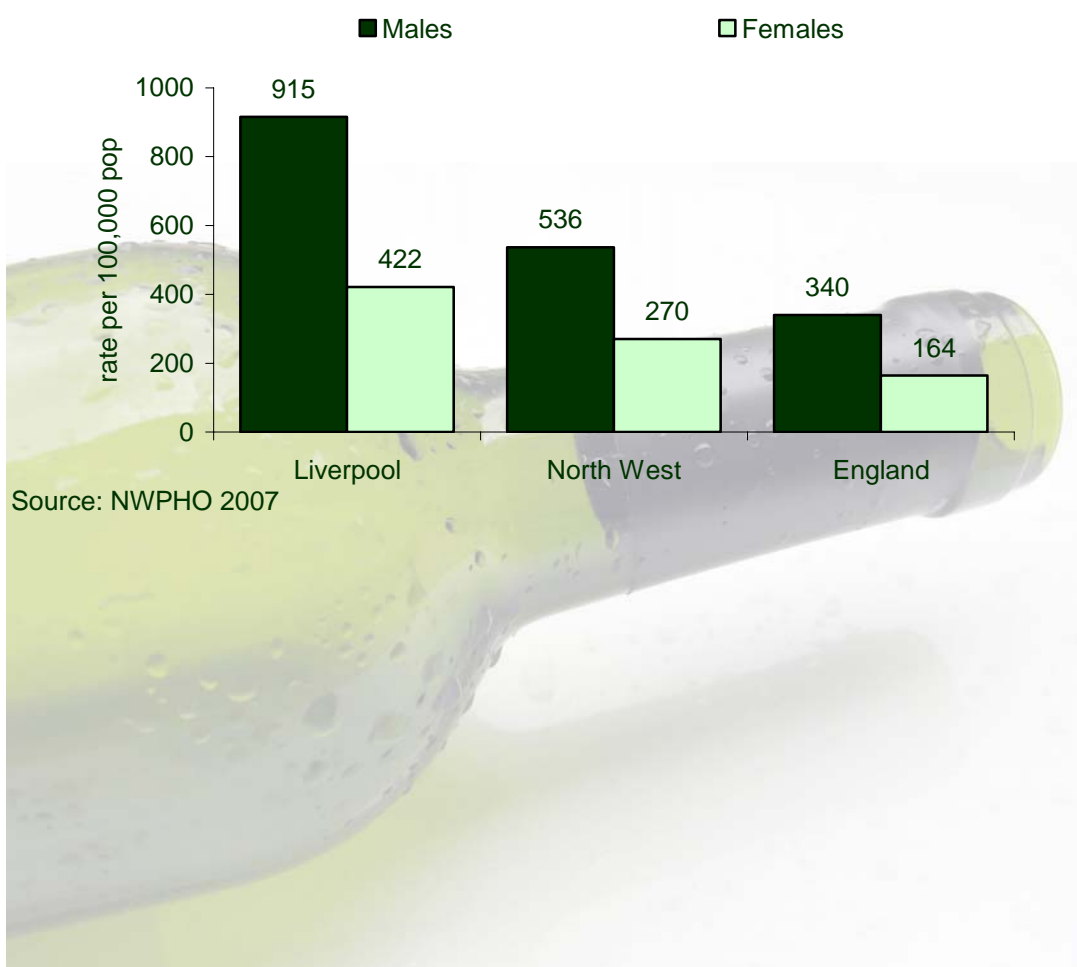
Rates of alcohol-specific and alcohol-related hospital admission are above regional and national averages, for males and females (NWPHO 2007) and a breakdown of the Liverpool rates by gender is displayed in figures 3 and 4 below, with lower rates for females for both admission types (see box 3 for definitions).

Figure 3: Alcohol-related hospital admission for Liverpool, 2005/06



Source: NWPHO 2007

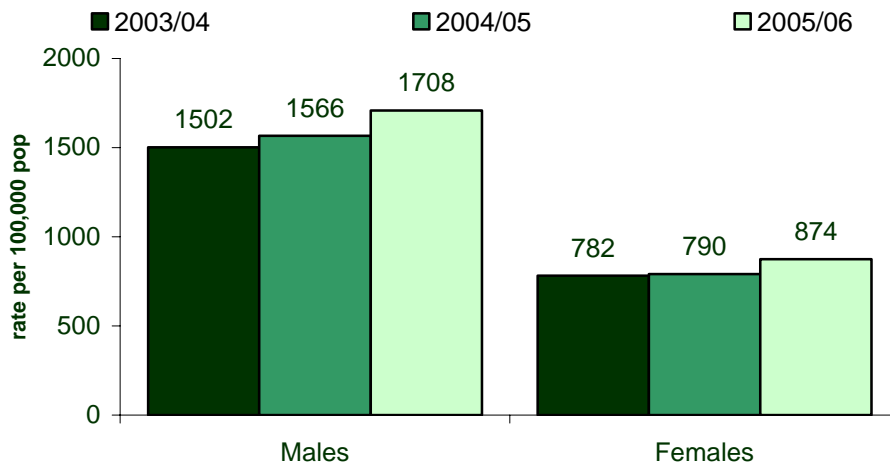
Figure 4: Alcohol-specific hospital admission for Liverpool, 2005/06



Source: NWPHO 2007

Whilst levels of alcohol-related hospital admission are lower for females than for males, both rates have been increasing since the financial year 2003/04 (see figure 5 below). For details on alcohol-specific hospital admissions amongst those under 18 years of age please refer to section 6.

Figure 5: Alcohol-related hospital admission for Liverpool



Source: NWPFO 2007

It may be useful to note the most recent population estimate for Liverpool (local authority area) is 436,100 (ONS 2006).



3.3 Mortality

Following a national trend in 2005, months of life lost attributable to alcohol in Liverpool were higher for males than females in Liverpool (16 and 9 months respectively).

In Liverpool, mortality rates related to alcohol (alcohol specific mortality and alcohol-related mortality see box 3 for definitions) were below regional and national averages and rates for females were lower than for males (see figure 6 below).

Box 3: LAPE indicator definitions

Alcohol specific admission and mortality

Caused by conditions related wholly to alcohol (for example alcoholic liver disease or alcohol overdose).

Alcohol-related admission and mortality

Caused by conditions that are wholly related to alcohol or where alcohol is considered a contributory factor (for example stomach cancer and injury).

(Source: NWPHO 2007)

Figure 6: Alcohol-specific mortality Liverpool, 2003 to 2005 (combined years)

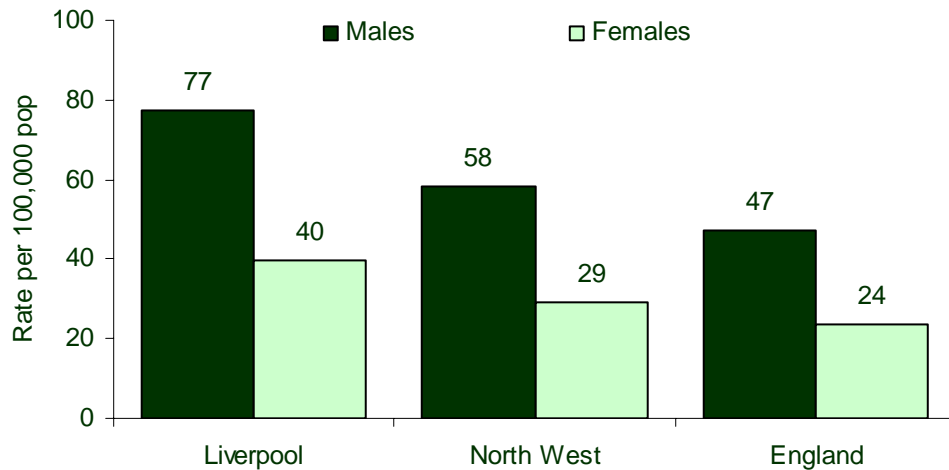


Source: NWPHO 2007



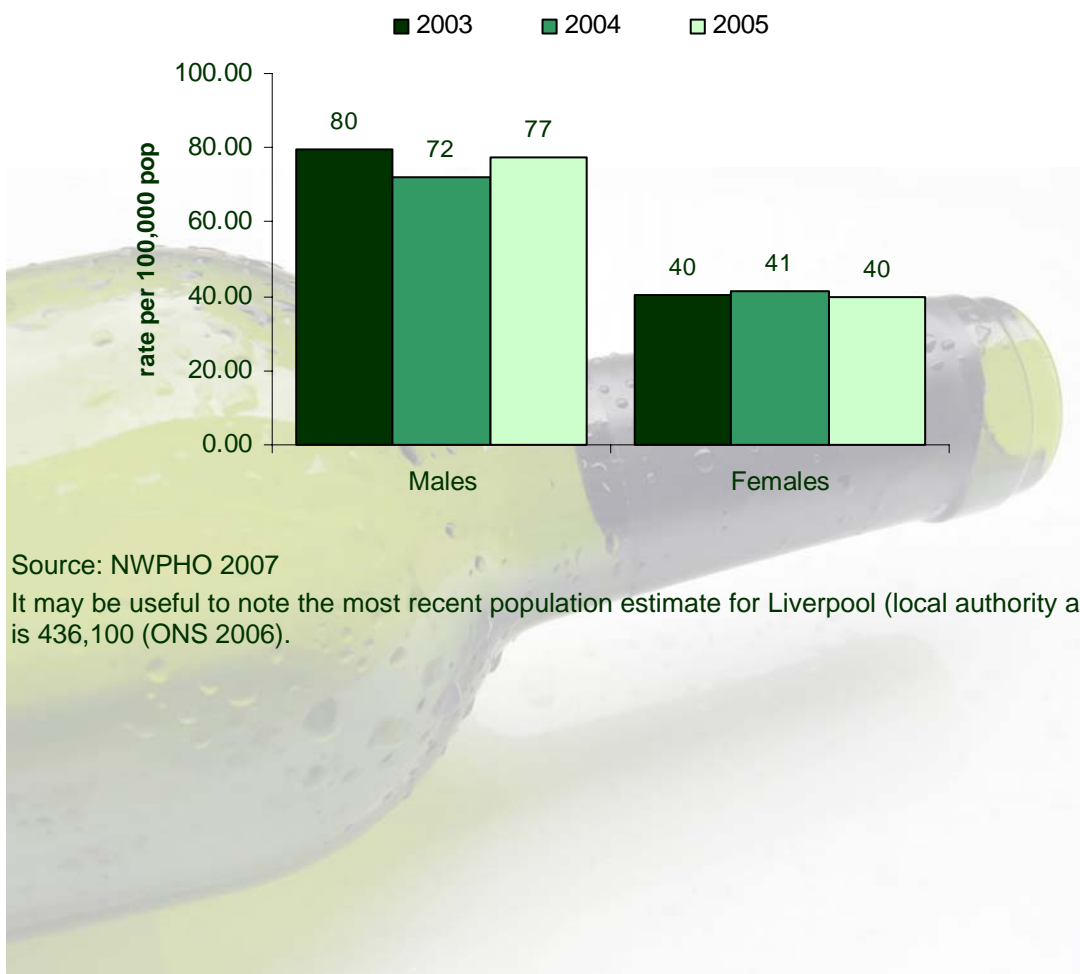
Figure 7 displays higher rates for alcohol-related mortality in Liverpool compared with the North West and England overall. Over the three years depicted in figure 8 (2003-2005) alcohol-related mortality in Liverpool for both males and females has remained fairly stable. However, in 2004 the rate for males saw a slight decline.

Figure 7: Alcohol-related mortality in Liverpool



Source: NPHO 2007

Figure 8: Alcohol-related mortality in Liverpool



Source: NPHO 2007

It may be useful to note the most recent population estimate for Liverpool (local authority area) is 436,100 (ONS 2006).

4 Crime

4.1 Crime in Liverpool

Figure 8 highlights the proportions of crime attributable to alcohol in Liverpool by crime type (see Box 4 for the associated explanation). There is a quarter on quarter reduction in the number of alcohol-related violent offences, whilst other crime types have displayed more fluctuating figures, with levels of alcohol-related criminal damage being higher this quarter (October to December 2007) than previous quarters (this is also seen for the offence types 'other' offences and fraud and forgery). Differences in the three quarters cannot be said to be trends, as they cannot accurately be compared due to distinct seasonal attributes (such as the influence of Christmas on December's figures). For all crimes a 2% reduction was seen between April to June 2007 and October to December 2007 (see Appendix I for a breakdown of figures).

Box 4: Alcohol related crime

The Strategy Unit's alcohol attributable fractions (see table 1) have been applied to locally collected crime data by the Citysafe team to produce figure 7. The proportion of crime attributable to alcohol is calculated using the Strategy Unit attributable fractions, based on the proportion of positive urine tests in arrestees as displayed in table 3.1 (Strategy Unit 2003). **These are the latest and most reliable figures available but caution should be used when applying it to local data.**

Table 1: Alcohol attributable fractions for recorded crime in England, by category

Crime type	Alcohol attributable fraction
Criminal damage	0.47
Violence against the person	0.37
Other offences	0.26
Drug offences	0.19
Burglary	0.17
Fraud and forgery	0.16
Sexual offences	0.13
Theft and handling of stolen goods	0.13
Robbery	0.12

Source: Strategy Unit 2003

See box 4 for an explanation on how these fractions are applied to local crime data.

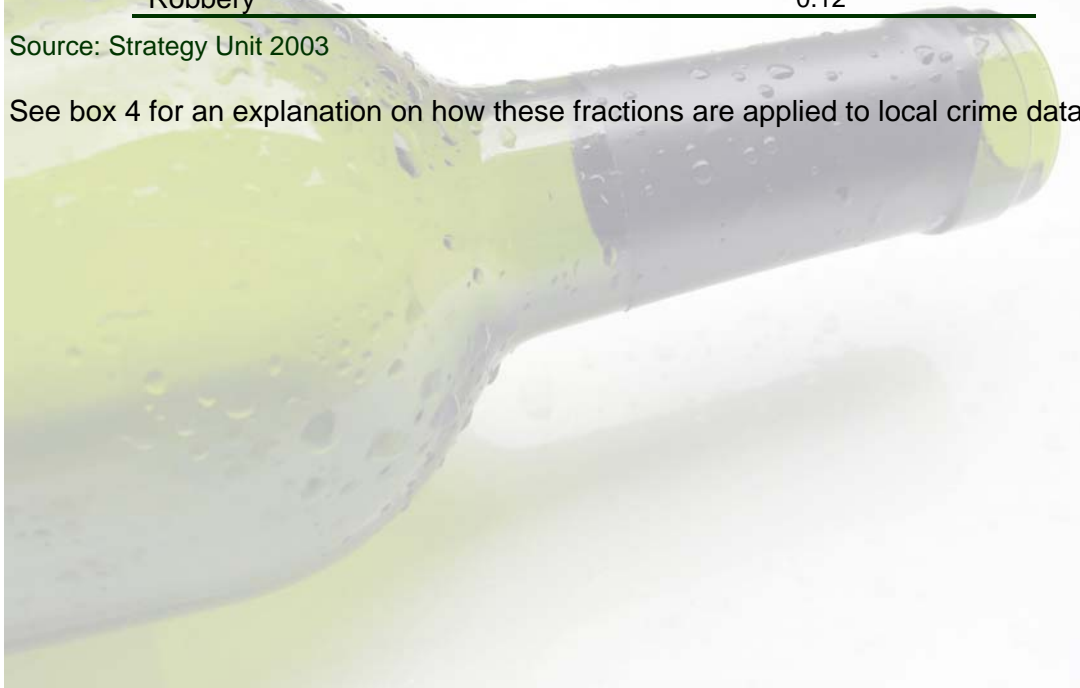
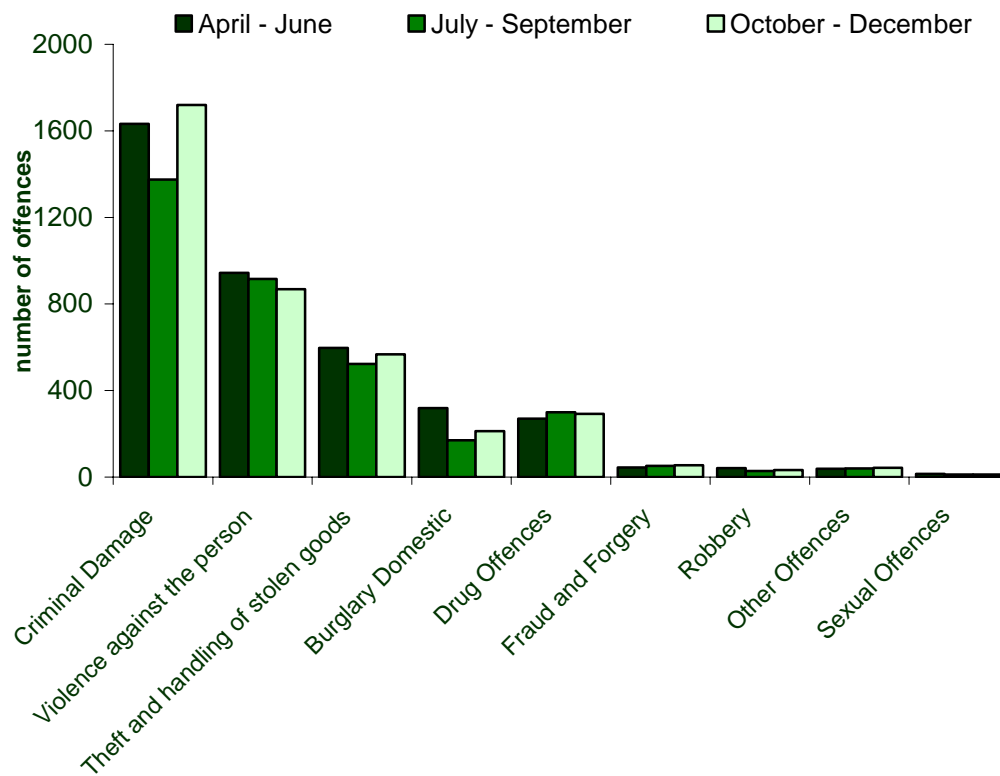


Figure 8: Offences related to alcohol in Liverpool, April to December 2007



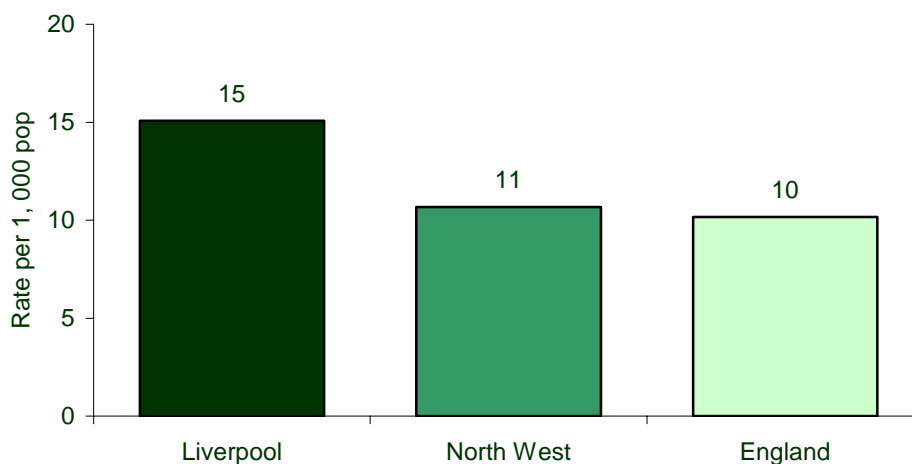
Source: Citysafe recorded crime data, please see Appendix I for figures.



4.2 LAPE crime measures

Figures 9 and 10 depict the rates per 1,000 population for alcohol-related crimes and alcohol-related violent crimes in Liverpool respectively. Sexual offence rates relating to alcohol for the regions are not shown due to the levels being very low. In addition to health indicators, the North West Public Health Observatory's (NWPHO) LAPE tool also measured rates for alcohol-related crime. These figures show that the rate of alcohol-related crime and violent crime have decreased (see figure 11 below).

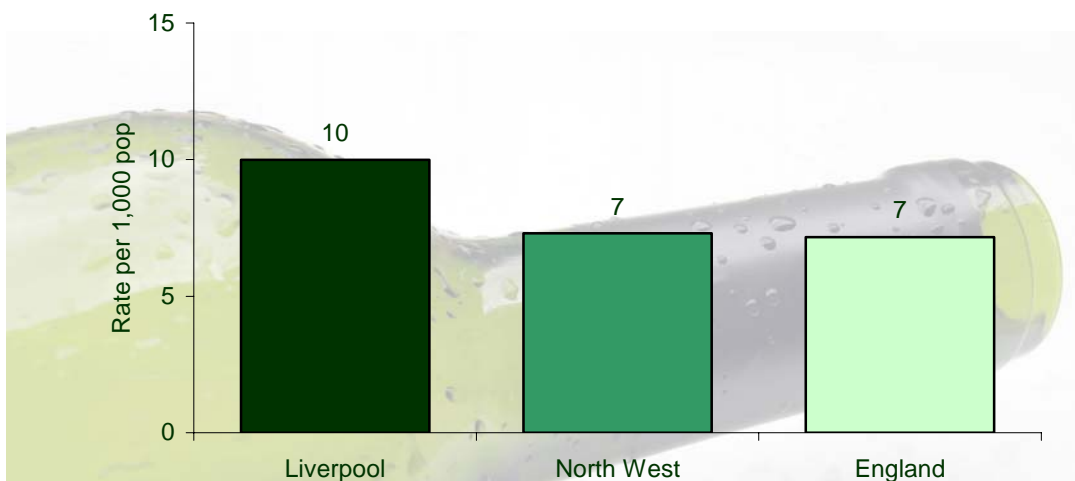
Figure 9: Alcohol-related crimes



Source: NWPHO 2007

It may be useful to note the most recent population estimate for Liverpool (local authority area) is 436,100 (ONS 2006).

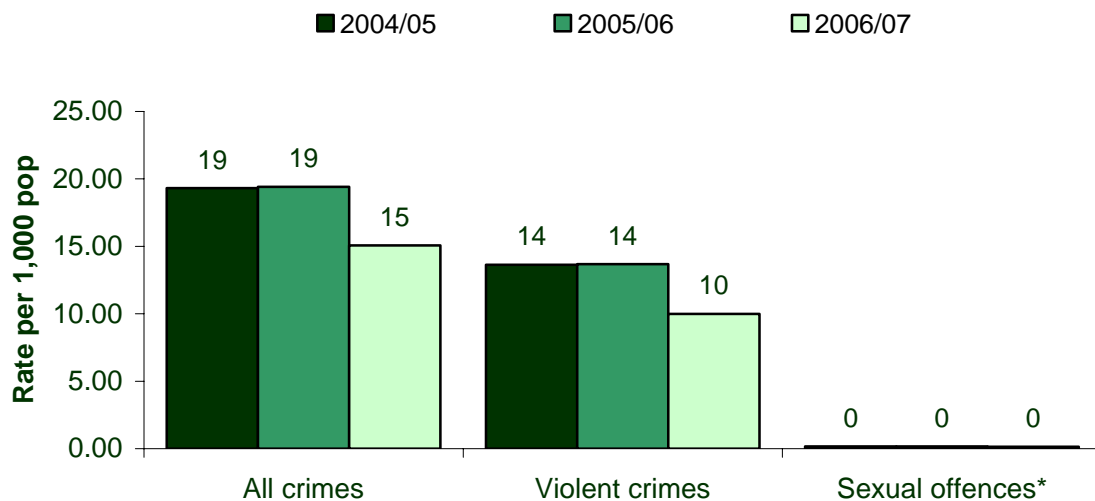
Figure 10: Alcohol-related violent crimes



Source: NWPHO 2007

It may be useful to note the most recent population estimate for Liverpool (local authority area) is 436,100 (ONS 2006).

Figure 11: Alcohol-related recorded crimes in Liverpool



* Rates for sexual offences are below 0.5 for each year and appear artificially low due to rounding.

Source: NWPHO 2007

It may be useful to note the most recent population estimate for Liverpool (local authority area) is 436,100 (ONS 2006).

5 Alcohol treatment

The annual report on alcohol treatment in Cheshire and Merseyside identifies that 6,729 individuals were reported to be in contact with structured alcohol services in 2006/07. This is a 59% increase since financial year 2004/05 (including a 5% increase since last year; 2005/06), however, this increase may be in part due to the increase in the number of specialist alcohol services reporting into the ATMS (see Box 5).

Key findings include:

- In Liverpool PCT 1,380 residents were reported to be in structured alcohol treatment (McCoy et al. 2007).
- Of those living in Liverpool accessing treatment (n= 1380), two thirds (66%) were male, half were aged between 35 and 49 and the majority were White British (87%).
- Referrals for treatment (n= 1380) were mostly from hospital/accident and emergency (A&E) departments or GPs (32% and 26% respectively). The remaining 42% were referred from a range of other sources including statutory drug services, mental health services, criminal justice agencies, social services and those who had referred themselves (ATMS 2007).
- There were 1897 accessing treatment in Liverpool PCT. Of those whose treatment type was recorded, the majority (89%) were in structured counselling (see table 2 overleaf).

Box 5: Alcohol Treatment Monitoring Service (ATMS)

The ATMS collects data on problem alcohol users in contact with specialist alcohol treatment services. Such services include community-based or residential alcohol treatment (tier 3 and tier 4 treatment). Twenty services operating within Cheshire and Merseyside currently report to the ATMS (McCoy et al. 2007).

Table 2: Percentage of patients by treatment type*

Intervention type	Valid %	Number
Structured counselling	89	355
Alternative therapies	9	34
Other / residential withdrawal / advice and Information	2	8
Total	100	397

* Please note a large proportion of cases did not have a recorded intervention type, thus caution should be used when interpreting these results.

6 Initiatives

This section gives an overview of the current or recent alcohol-related initiatives in Liverpool. It presents mainly contextual information.

6.1 Marketing campaign

Liverpool Primary Care Trust's (PCT) alcohol marketing campaign, PSSST!, promotes work and initiatives surrounding alcohol in Liverpool. Since October 2007 there have been six press releases issued on the PSSST! website. Initiatives and news highlights include: a bar being fined by Trading Standards for selling alcohol to underage test purchasers, the PCT allocating £10 million to tackle alcohol-related problems in Liverpool and encouraging the use of late night public transport as a safe and effective way of getting home after a night out³.

6.2 Liverpool PCT and Merseyside Fire and Rescue

Alcohol is found in the bloodstream of half of those killed in fire related deaths and alcohol misuse can result in fire hazards, such as accidental fires and delayed reaction times. To reduce alcohol-related deaths and further harm, Merseyside Fire and Rescue Service (MFRS) will provide alcohol self help tools when delivering smoke alarms to premises in Everton, Kirkdale, Anfield, Old Swan and Tuebrook and Stonecroft wards. They will relay a short explanation about the self help tool and record basic demographic information on the beneficiaries of the initiative.

6.3 Health@Work

Liverpool is a major centre for economic activity in the North West and host over 13,000 businesses (Liverpool City Council 2006). In the first quarter of financial year 2006/07 Health@Work (see Box 6) worked with 66 businesses to raise alcohol awareness. In the period July to December 2007 Health@Work worked with 134 businesses in Liverpool and 107 (80%) of these produced alcohol policies with the assistance of Health@Work.

Box 6: Health@Work

Health at Work is charity assisting organisations to address health related issues in the workplace, including alcohol-related problems or harm, such as absenteeism.

Health@Work has commissioned the Centre for Public Health to conduct research on alcohol and its impact on workplaces in Liverpool. The research comprises of a survey of local businesses and in depth interviews with elected representatives and employees of selected businesses. Fieldwork is currently being conducted and an overview of the findings will be available in the next quarterly report.

³ <http://www.pssst.org.uk/latestnews.aspx>

6.4 Positive Communities, Sensible Drinking Project

The project is delivering a range of educational and promotional initiatives as well as diversionary activities and support. The work of the project includes;

- arranging for interactive alcohol education pods to be situated in schools and community organisations;
- distributing leaflets and self help tools, with help from the fire brigade (see above 'Liverpool PCT and Merseyside Fire and Rescue'), pharmacies, housing associations and supermarkets;
- running the 'Drink Up Project' which entails a range of events in premises associated with anti-social behaviour to reduce binge drinking and encourage healthier lifestyles;
- running parental training courses;
- running the Christmas awareness and drink driving campaign;
- distributing 'knock back' packs with information on how to refuse alcohol sales to underage persons alongside visits by Trading Standards to off licensed premises in Liverpool; and
- delivering training on staff care and not serving intoxicated patrons to Pubwatch members (designed by Health@Work).



7 Thematic focus: young people

Whilst there are legislative concerns about young people purchasing and consuming alcohol, they are also potentially subject to increased health and criminal harm as a result of alcohol consumption (Strategy Unit 2004). As well as protecting the younger and more vulnerable members of our community, if harmful or hazardous drinking patterns can be prevented at an early age, this may help reduce alcohol-related harm later in life. The category of young people is conceptualised differently in the various datasets. Thus different data and findings relate to different age groups. Thus the age group used is in each subsection.

7.1 Consumption

The previous report (Lightowlers et al. 2007) detailed the results of a North West survey on alcohol consumption and purchasing behaviour. The report outlined detailed findings for local authority areas in the North West, including Liverpool and is a useful resource for understanding the nature and prevalence of underage alcohol consumption. The details presented in the last report are replicated here as they concern young people, and so are relevant to this thematic review.

Trading Standards North West commissioned a survey of school children (14 to 17 year olds) in the North West, exploring how they purchase and consume alcohol. This survey is similar to that commissioned and conducted in 2005. The 2007 results depict a more positive picture concerning young people's consumption and acquisition of alcohol.

Of the 11,724 questionnaires received from this survey, 413 were returned from the Liverpool area (4%). **Given the small sample size from individual local authorities, results and comparisons should be treated with caution.**

A larger proportion of young people in Liverpool 'never drink' (21%), compared with those in the North West as a whole (17%). Fewer also drink frequently (once a week or more): 34% drink frequently in Liverpool compared with 44% in the North West.

The same trend can be seen for binge drinking (see Box 7). Levels of binge drinking in Liverpool were lower than for the North West overall: more respondents 'never binge' (Liverpool 34%, North West 28%) and there are lower levels of young people regularly binge drinking (Liverpool 18%, North West 29%).

One in three (30%) young people from Liverpool said they mostly drink in pubs, members clubs, nightclubs or discos and one in four (25%) mostly drank outside (on the streets, in parks, by shops), compared with North West figures of 33% and 37% respectively.

Box 7: TSNW survey definitions

Binge drinking:

Drinking five or more alcoholic drinks in one session.

Regular binge drinkers:

Drinking five or more alcoholic drinks on one occasion at least once a week.

Occasional binge drinkers:

Drinking five or more alcoholic drinks on one occasion, less than once a week.

Liverpool has a higher level of young people purchasing their own alcohol than for the North West. Young people were asked in both the 2005 and 2007 survey, whether they purchased alcohol themselves. In the North West this figure fell from 40% (2005) to 28% (2007), and from 42% (2005) to 34% (2007) in Liverpool.

The TSNW report offers some recommendations from the findings including:

- educating young people on the dangers and effects of binge drinking and offering young people other activities to make them less likely to drink.
- educating retailers about the prevalence of fake identity (ID), how to spot it and the consequences of accepting fake ID.
- continuing to run campaigns targeting licensed retailers to ensure that they are not selling alcohol to under 18s.

7.2 Underage test purchasing

In total, 56 premises were targeted for test purchases between August and December 2007, 20% (11) of which sold alcohol to the test purchaser (see Box 8). This is a similar proportion to that who sold to young people between April and June 2007 (19%) reported in the last report.

Box 8: Underage test purchasing data

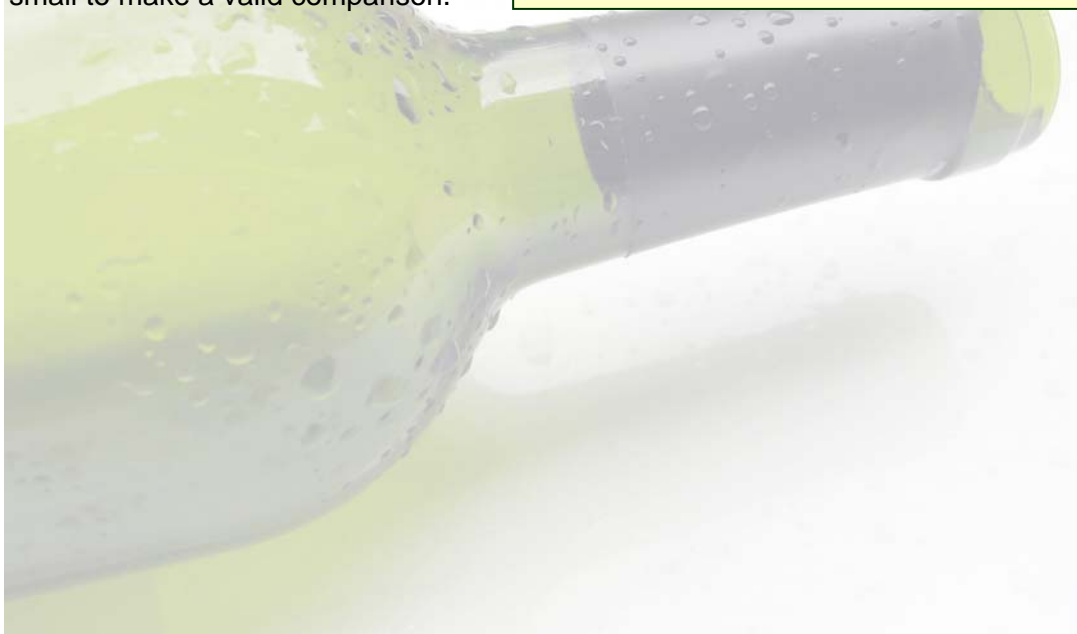
Trading Standards conduct underage test purchasing in on and off-licensed premises in Liverpool. Whilst not all premises are targeted the data present an insight into the extent of the problem of underage alcohol sales in identified problem premises.

7.3 School exclusions

Between September and December 2007 there were eight exclusions due to drugs or alcohol, most of which were fixed term exclusions (see Box 9). This is slightly higher than for January to March and April to July 2007 but the numbers are too small to make a valid comparison.

Box 9: School exclusions data

School exclusions are defined as those students temporarily excluded or excluded for a fixed term from primary, secondary or special schools in Liverpool, including permanent exclusions.



7.4 Health

Liverpool is below regional and national rankings concerning alcohol-specific hospital admissions for those under 18 years, with a measure of 95⁴ per 1000 population, compared to a regional average of 98. However, Liverpool's value for alcohol-specific hospital admissions for under 18 year olds is significantly worse than the England average. (NWPHO 2007).

Of those patients living in Liverpool Primary Care Trust (PCT) accessing structured alcohol treatment (n= 1,380) services, 3% (39 young persons) were between 15 and 24 years old.

Connexions provide a wide range of support services, including one for young people (aged 13-19 years old) who report a problem with substance use. Whilst there has been no update since the last report, the last report highlighted that between January and March 2007, 108 people with known drug and/or alcohol problems made contact with Connexions in Greater Merseyside (75% were males and all were aged over 16 years; Shepherd et al. 2007). Of those that reported problematic substance misuse 18% reported alcohol or solvent use, as opposed to drug use.

7.5 Crime

The Youth Offending Team (YOT) caseload comprises of 67% young males and 33% young females aged 12 to 17, using alcohol as a primary or secondary substance (55% are between 16 and 17). The figures do not indicate level of usage, dependence or whether alcohol is primary substance. Substance misuse workers anecdotally report alcohol being more of an issue amongst females, with young females often experiencing problems as a result of alcohol being the primary substance. Whilst the figures indicate a higher proportion of males using alcohol, it is worth noting the make up of the YOT caseload as predominantly male.

7.6 Initiatives

Young Addaction (see Box 10) provides a range of alcohol and drug based education and intervention services for persons aged 10 to 25. They have been praised by Tony Blair for their partnership work with Alder Hey Children's hospital (Addaction 2006) which involves referring those children presenting with alcohol related admissions to Addaction's services for voluntary participation in alcohol intervention programmes.

Box 10: Young Addaction

Addaction is a registered charity providing drug and alcohol treatment.

Young Addaction Liverpool provides advice, information and counselling about drug and alcohol use for young people.

⁴Rate per 100,000 population of persons under 18 admitted to hospital due to alcohol specific conditions (2003/04-2005/06), not including A&E admissions. Where the number of admissions is less than five, the rate was calculated assuming five admissions. (NWPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates). See box 1 for indicator definitions.

Some of Addaction's many initiatives, such as those funded by NRF in the North and East of Liverpool, are being delivered in schools and include:

- delivering a "Healthy Schools" programme to primary schools, which includes an information pack and an education package;
- delivering group workshops surrounding alcohol in secondary schools, alongside which a questionnaire on young people's perceptions on alcohol is being run; and
- running a drama project within secondary schools to highlight the impact of alcohol.

Young Addaction received 57 referrals to their tier 3 transition service for 18 to 25 year olds in 2007 (63% male and 37% female). Eleven of these received assessment and are either alcohol/drug free or receiving harm reduction support. Young Addaction is also working in partnership with the Lighthouse Project to deliver an Alcohol Arrest Referral pilot initiative, in which they are delivering the interventions to those between 18 and 25 years of age (see section 6.6).

Young Addaction and the Lighthouse Project are delivering an alcohol arrest referral pilot. A recent review of this initiative was compiled and highlights that of the caseload seen between 22nd October 2007 and 21st December 2007, 26% (n=14) were under 25 years of age and the majority were male. As with all those referred, average audit scores for those under 25 highlight dependent levels of alcohol consumption.

7.7 Marketing campaign

In response to some of the issues facing Liverpool's children and young people the PSSST! campaign has issued press releases on the initiatives aimed at students accessing Liverpool's nightlife. "Students are getting "cabin fever"", (21/12/07⁵) highlights a marketing and education initiative in Liverpool promoting awareness surrounding alcohol consumption amongst students. A further release, "Students encouraged to get on the buses" (21/12/07⁶), promotes the use of buses as a safe and effective means of transport on a night out in Liverpool.



⁵ <http://www.pssst.org.uk/latestnews/25.aspx>

⁶ <http://www.pssst.org.uk/latestnews/26.aspx>

8 References

Addaction (2006). PM praises Liverpool Young Addaction work to tackle alcohol misuse. Addaction Press release 22 June 2006.

Anderson Z, Hungerford D (2007). The Royal accident and emergency Department: assault and last drink location yearly report November 2006 to October 2007 and additional Trauma Injury and Intelligence (TIIG) analysis for this report. Centre for Public Health, Liverpool John Moores University.

CI Research (2007). Trading Standards North West (TSNW) Alcohol survey of Young people, TSNW.

Department of Health (DH) (2005). Alcohol Needs Assessment Research Project (ANARP): the 2004 national alcohol needs assessment for England. Department of Health, London.

Lightowlers C, Morleo M and Hughes K (2007). The impact of alcohol in Liverpool: Quarterly report, August 2007. Centre for Public Health, Liverpool John Moores University.

Liverpool City Council (2006). Key statistics bulletin. Issue 3: December 2006. Liverpool City Council.

Liverpool Primary Care Trust (PCT) (2007). Tackling alcohol in Liverpool: Liverpool alcohol harm reduction strategy 2007–2010. Liverpool PCT, Liverpool.

McCoy E, McVeigh J, Morleo M, Khundakar K, Bellis MA (2007). Alcohol Treatment in Cheshire and Merseyside 2006/07. Centre for Public Health, Liverpool John Moores University.

North West Public Health Observatory (NWPHO) (2007). Local Alcohol Profiles for England (LAPE) <http://www.nwph.net/alcohol/lape/>

ONS (Office for National Statistics) (2006). Population Estimates for UK, England and Wales, Scotland and Northern Ireland. ONS
<http://www.statistics.gov.uk/statbase/Product.asp?vlnk=601&More=N>

Strategy Unit (2003). Alcohol misuse: how much does it cost? Cabinet Office, London.
<http://www.number10.gov.uk/pdf/econ/pdf>

Strategy Unit (2004). Alcohol harm reduction strategy for England. London. Strategy Unit.

Centre for Public Health
Faculty of Health and Applied Social Sciences
Liverpool John Moores University
Castle House
North Street
Liverpool
L3 2AY

www.cph.org.uk

Carly Lightowlers
Tel 0151 231 4018
c.l.lightowlers@ljmu.ac.uk

9 Appendix I: Liverpool crime data 2007

Table of crime figures by quarter and crime type

	April - June	July - September	October - December
Criminal Damage	1632	1376	1719
Violence against the person	944	916	869
Theft and handling of stolen goods	596	522	567
Burglary Domestic	319	171	213
Drug Offences	270	299	292
Fraud and Forgery	44	51	55
Robbery	41	28	32
Other Offences	38	41	43
Sexual Offences	15	12	12
Total*	3899	3415	3803

*Figures may not add up due to rounding.

Source: Citysafe recorded crime figures.

