

Acknowledgements

The indicators presented in this report have been taken from *Local Alcohol Profiles for England*¹, produced by the North West Public Health Observatory. Individual sources of each indicator have been cited.

Some of the text in this document has been taken from *Indications of Public Health in the English Regions 8: Alcohol*², produced by the North West Public Health Observatory on behalf of the Association of Public Health Observatories.

¹ www.nwph.net/lape Last updated October 2007.

² Deacon L, Hughes S, Tocque K, Bellis MA (Eds.) (2007). *Indications of Public Health in the English Regions 8: Alcohol*. York: Association of Public Health Observatories. Available at www.nwph.net/nwpho/publications/forms/disform.aspx?ID=168

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Overview

This profile presents 22 indicators which help to provide an up to date snapshot of the impact of alcohol on health, mortality, behaviour and the economy across the Liverpool City Region.

The Liverpool City Region and its constituent local authorities are compared to the national averages. If a local authority measure is significantly better (based on 95% confidence intervals) than the England average for an indicator, its value is coloured green in the accompanying bar chart. Conversely, if it is significantly worse, it is coloured red.

A comparison is also made between the ranks for the Liverpool City Region local authorities on each of the indicators and seven other local authorities (Birmingham, Bristol, Leeds, Manchester, Newcastle, Nottingham and Sheffield) which are part of the English core cities group. London is not included as there are too many composite local authorities to display.

The rankings shown are the ranks for the local indicator values among all 354 local authorities in England. A rank of 1 is the best local authority in England and a rank of 354 is the worst. Two local authorities (City of London and Isles of Scilly) have been omitted from Indicators 19 (hazardous drinking), 20 (harmful drinking) and 21 (binge drinking) so in these cases the worst local authority has a rank of 352. For Indicator 22 (employees in bars), a rank of 1 is the lowest and a rank of 354 is the highest value, as the desirability of the value (what is better or worse) has not been determined.

For some mortality and hospital admission indicators, further inequality information is provided in the form of a chart displaying indicator values by deprivation quintile. To provide robust information, these charts display aggregated information over several years for North West England (rather than the Liverpool City Region), by national Index of Multiple Deprivation 2004 (IMD 2004) quintile, the most up to date deprivation ranking available at the time of calculation. This will provide some indication of the extent of inequality in the Liverpool City Region for these measures.

The terms 'alcohol-specific' and 'alcohol-attributable' are used for mortality and hospital admission indicators. Alcohol-specific conditions are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose). Alcohol-attributable conditions are alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury). For these latter conditions, different attributable fractions are used to determine the proportion related to alcohol. A full definition of both terms is available in Appendix 1.

1. Life Lost and Mortality

Life expectancy is a key health inequalities measure, and current cross-Government Public Service Agreement (PSA) targets³ aim to reduce the gap between the worst areas and the average for the country. Life expectancy is related to the mandatory outcomes and indicators in Local Area Agreements (LAAs) to reduce inequalities in all cause all age mortality⁴.

Months of life lost (MLL) per person due to alcohol provides a measure of how much alcohol contributes to life expectancy in the general population. It is defined as the potential increase in life expectancy at birth that would be expected to occur if all alcohol-attributable deaths among persons aged under 75 years were prevented. In contrast, other measures of mortality due to alcohol provide more specific information on different age groups and different sections of the population to enable a greater understanding of the health consequences of alcohol consumption. Through gaining a more comprehensive understanding of the different patterns of alcohol-attributable mortality, local interventions aiming to reduce the harmful impact of alcohol consumption and its consequences can be implemented.

Just over 7 months of life are lost due to alcohol per person in England, a figure that remained stable between 2001-03 and 2002-04 (at around 7.5) falling slightly to 7.25 in 2003-05. This fall was due to a decrease in the number of alcohol-attributable deaths from around 23,000 per year in 2004 to around 21,000 in 2005.

In England, rates of alcohol-attributable mortality remained at around 40 deaths per 100,000 between 2001 to 2004, but then fell to 35 in 2005. Rates of alcohol-specific mortality are much lower and show a slightly different trend, rising slightly from around 8 deaths per 100,000 in 2001 to around 9 in 2004, and falling to approximately 8 deaths in 2005.

Over the last 10 years the numbers of deaths from chronic liver disease (CLD) including cirrhosis have been steadily increasing. In 2005, there were 5,488 deaths due to chronic liver disease, a 63% increase on figures for 1995. Compared to other European countries, the UK has fairly low death rates for both chronic liver disease including cirrhosis and selected alcohol-related causes while England and Wales has a relatively low rate of liver cirrhosis.

³ www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Healthinequalities

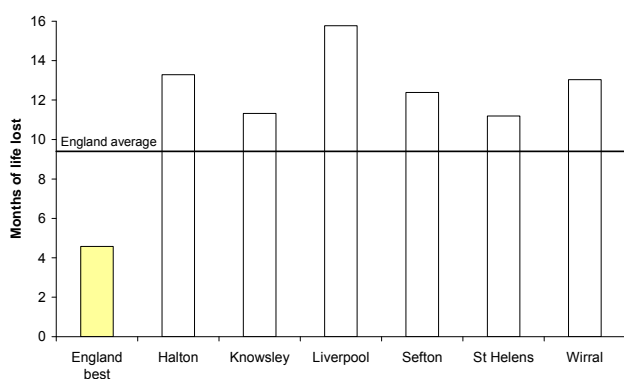
⁴ www.communities.gov.uk/index.asp?id=1164930

1.1 Months of life lost

- Across the Liverpool City Region, the number of months of life lost (per person under 75 years) due to alcohol for men varies from 15.77 in Liverpool to 11.19 in St Helens and for women from 8.73 in Liverpool to 5.86 in Sefton. Men lose between 1.6 and 2.2 times more months of life due to alcohol than women.
- In all districts both men and women lose more months of life due to alcohol than the England averages of 9.38 months for men and 4.36 months for women (statistical significance for these indicators cannot be calculated).
- The number of months of life lost due to alcohol for men is 3.4 times higher in Liverpool than in Hart in Hampshire, the English local authority with the lowest number of months of life lost. For women, the number of months of life lost is 4.1 times higher in Liverpool than in South Cambridgeshire, the England best.
- Liverpool, Halton, Wirral and Sefton rank among the worst 10% of English local authorities for months of life lost due to alcohol for men and all Liverpool City Region local authorities except Sefton rank in the worst 10% nationwide for women.
- Liverpool City Region local authorities generally rank poorly compared to other English core cities in terms of months of life lost due to alcohol, especially for women. For men, only Manchester (353rd) ranks more poorly than the Liverpool City Region districts (although Newcastle [351st] and Nottingham [347th] also have poor rankings). For women, Liverpool (353rd) and Halton (350th) have worse rankings than all core cities. Manchester (348th) and Nottingham (339th) also have poor rankings, but the other five core cities rank better than all Liverpool City Region local authorities.
- Analysis of months of life lost due to alcohol by IMD 2004 quintile for the North West shows a loss of 6.4 months for men and 3.0 for women in the least deprived quintile rising to 20.3 months for men and 9.3 months for women in the most deprived quintile. This gives an inequality ratio⁵ of 3.2 for men and 3.1 for women, demonstrating strong links with deprivation for both sexes.

Indicator 1: Months of life lost per person (under 75 years) due to alcohol. Males, 2003-05.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

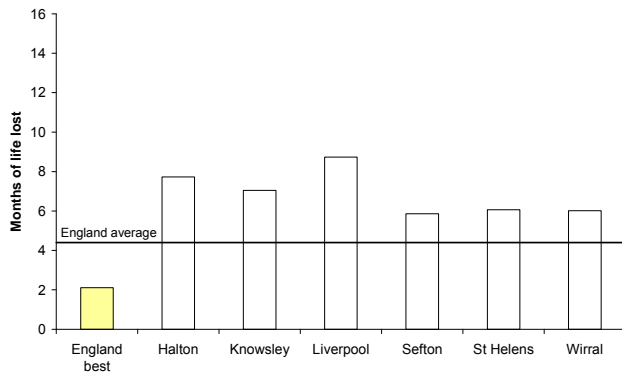
	Local authority	Rank
Worst ↑	Manchester	353
	Liverpool	352
	Newcastle	351
	Nottingham	347
	Halton	336
	Wirral	334
	Sefton	321
↓ Best	Birmingham	309
	Knowsley	294
	St Helens	293
	Leeds	259
	Bristol	246
	Sheffield	136

Source: NWPFO from life tables for England (Government Actuary's Department), alcohol-attributable deaths in persons aged under 75 and Office for National Statistics mid-year population estimates

⁵ The most deprived quintile's value divided by the least deprived quintile's value. A higher ratio indicates greater inequality.

Indicator 2: Months of life lost per person (under 75 years) due to alcohol. Females, 2003-05.

a) Liverpool City Region districts, England best and England average

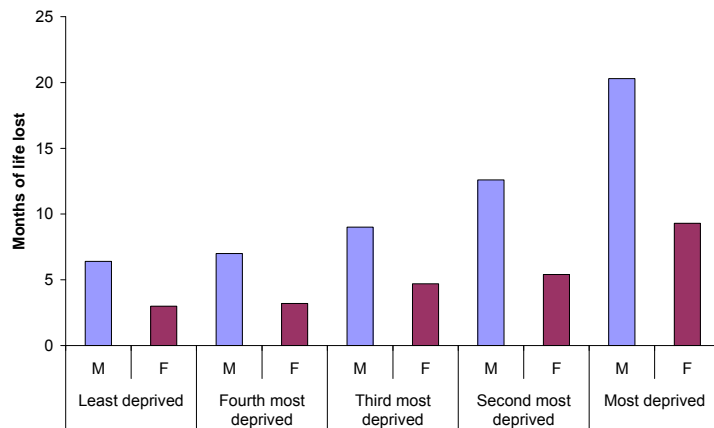


b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst →	Liverpool	353
	Halton	350
	Manchester	348
	Knowsley	345
	Nottingham	339
	St Helens	325
	Wirral	323
← Best	Sefton	315
	Newcastle	282
	Leeds	267
	Birmingham	259
	Bristol	192
	Sheffield	161

Source: NWPHO from life tables for England (Government Actuary's Department), alcohol-attributable deaths in persons aged under 75 and Office for National Statistics mid-year population estimates

Deprivation chart i: Months of life lost due to alcohol by Index of Multiple Deprivation 2004 quintile. North West England, 2003-05.



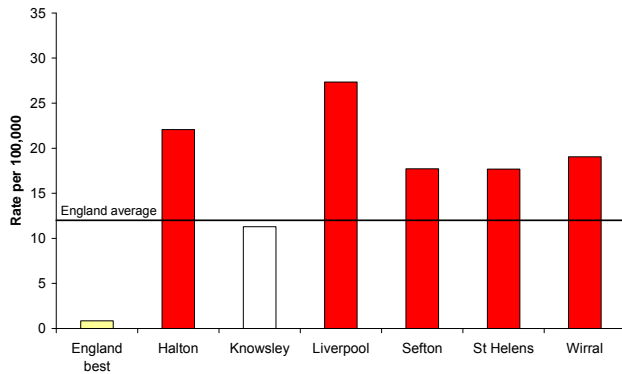
Source: NWPHO from life tables for England (Government Actuary's Department), alcohol-attributable deaths in persons aged under 75 and Office for National Statistics mid-year population estimates

1.2 Alcohol-specific mortality

- Each year, 242 people in the Liverpool City Region die from alcohol-specific conditions.
- Rates of alcohol-specific mortality across the Liverpool City Region vary from 27.35 per 100,000 population in Liverpool to 11.30 in Knowsley for men and from 16.42 in Liverpool to 8.76 in St Helens for women.
- The male rate of alcohol-specific mortality is significantly higher than the England average (12.03 per 100,000) in Halton, Liverpool, Sefton, St Helens and Wirral and the female rate is significantly higher than the England average (5.45) in Halton, Knowsley, Liverpool, Sefton and Wirral.
- In the Liverpool City Region men generally have rates of alcohol-specific mortality that are around, or approaching, twice as high as women. Across England, 95% of local authorities have higher alcohol-specific mortality rates for men than women. However, in Knowsley the female rate of alcohol-specific mortality (13.76 per 100,000) is higher than the male rate (11.30).
- The male rate of alcohol-specific mortality is 31.8 times higher in Liverpool than it is in Uttlesford in Essex, the English local authority with the lowest rate. The female alcohol-specific mortality rate is 25.9 times higher in Liverpool than in Oxford, England's best local authority.
- Liverpool, Halton and Wirral rank among the worst 10% of English local authorities for male alcohol-specific mortality and all Liverpool City Region local authorities rank in the worst 10% nationwide for women.
- Liverpool City Region local authorities generally rank poorly compared to other English core cities in terms of alcohol-specific mortality, especially for women. For men, only Newcastle (352nd) ranks more poorly than all other Liverpool City Region districts (although Manchester [348th], Nottingham [333rd] and Birmingham [326th] also have poor rankings). For women, Liverpool (353rd), Knowsley (351st) and Halton (347th) have worse rankings than any other English core city, although Manchester (343rd) also has a poor ranking.
- Across England and in the North West, alcohol-specific mortality increases as deprivation increases. For men the rate is 5.6 times greater in the most deprived quintile (31.5 per 100,000 for 2001-05) than the least deprived quintile (5.6). For women the rate is 4.8 times greater in the most deprived quintile (15.2) than the least deprived (3.2). These differences between the most deprived and least deprived quintiles are larger than for alcohol-attributable mortality.

Indicator 3: Directly standardised rate of alcohol-specific mortality per 100,000 population. Males, 2005.

a) Liverpool City Region districts, England best and England average



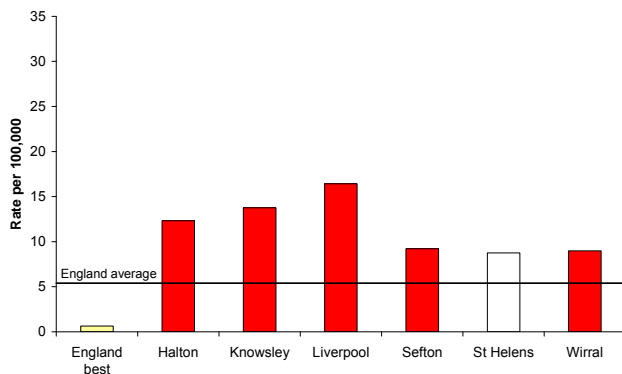
b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst →	Newcastle	352
	Liverpool	351
	Manchester	348
	Halton	341
	Nottingham	333
	Birmingham	326
	Wirral	322
← Best	Bristol	317
	Sefton	313
	St Helens	312
	Leeds	295
	Knowsley	214
	Sheffield	203

Source: NPHO from Office for National Statistics mortality data and mid-year population estimates

Indicator 4: Directly standardised rate of alcohol-specific mortality per 100,000 population. Females, 2005.

a) Liverpool City Region districts, England best and England average

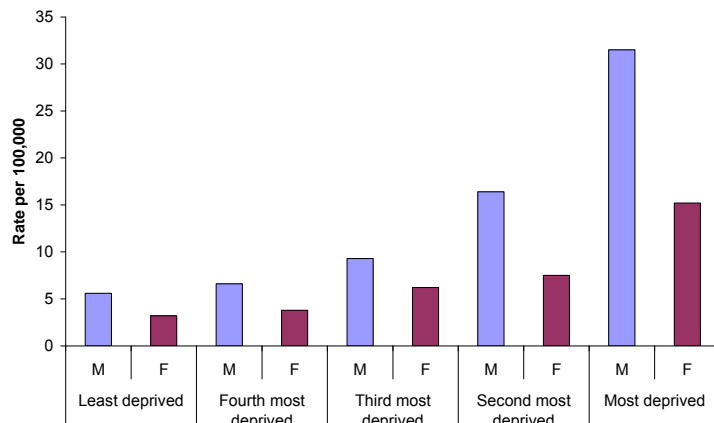


b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst →	Liverpool	353
	Knowsley	351
	Halton	347
	Manchester	343
	Sefton	331
	Wirral	328
	Nottingham	325
← Best	St Helens	322
	Newcastle	315
	Leeds	287
	Birmingham	265
	Sheffield	204
	Bristol	180

Source: NPHO from Office for National Statistics mortality data and mid-year population estimates

Deprivation chart ii: Directly standardised rate of alcohol-specific mortality per 100,000 population by Index of Multiple Deprivation 2004 quintile. North West England, 2001-05.



Source: NPHO from Office for National Statistics mortality data and mid-year population estimates

1.3 Mortality from chronic liver disease including cirrhosis

- Each year, 279 people in the Liverpool City Region die from chronic liver disease including cirrhosis⁶.
- Mortality from chronic liver disease including cirrhosis varies from 27.76 per 100,000 population in Liverpool to 9.30 in Knowsley for men and from 16.60 per 100,000 in Liverpool to 7.88 in Sefton for women.
- Compared to the England averages (13.36 per 100,000 for men and 6.78 for women), the rate of mortality from chronic liver disease including cirrhosis is significantly worse in Liverpool, St Helens and Wirral for men and in Liverpool and Wirral for women.
- The male mortality rate for chronic liver disease including cirrhosis is at least twice as high as the female rate in Halton, Sefton, St Helens and Wirral, although in Liverpool the ratio is slightly smaller (1.7). However, in Knowsley the female mortality rate is actually 1.4 times higher than the male rate. This is relatively unusual: only 14% of English local authorities have higher female than male mortality rates from chronic liver disease including cirrhosis.
- Liverpool's male rate of mortality from chronic liver disease including cirrhosis is 20.3 times higher than in East Hertfordshire, England's seventh best local authority for this measure (six local authorities⁷ have a rate of zero). Liverpool's female rate is 24.1 times higher than the rate in North Norfolk, England's 20th best local authority (19 local authorities⁸ have a rate of zero).
- Liverpool City Region local authorities have relatively poor mortality rates from chronic liver disease including cirrhosis compared to other English local authorities. For men, Liverpool, Wirral, St Helens and Halton rank among the worst 10% of local authorities in England, although Knowsley's ranking is relatively better (125th). For women, all local authorities apart from Sefton rank among the worst 10% in England.
- Compared to the English core cities, the Liverpool City Region local authorities do not rank well either. For men, Liverpool, Wirral, St Helens and Halton have worse ranks than any of the English core cities. However, Knowsley's rank is better than all English core cities. For women, among the Liverpool City Region local authorities and English core cities Manchester has the worst rank (351st) but then all the Liverpool City Region local authorities apart from Sefton closely follow, and are worse than the remaining core cities.

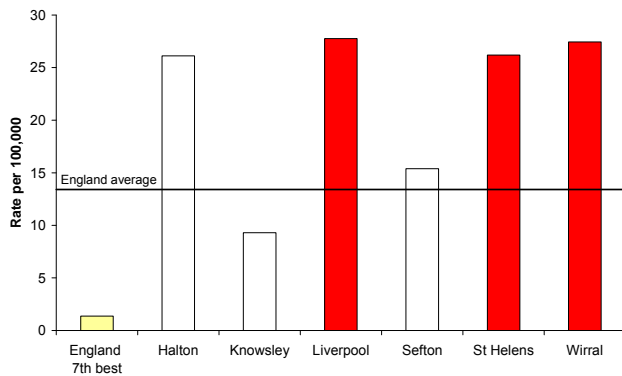
⁶ Chronic liver disease including cirrhosis is both alcohol-attributable and alcohol-specific.

⁷ Babergh, Boston, Craven, Hertsmere, Isle Of Scilly, West Devon

⁸ Boston, Brentwood, City of London, East Cambridgeshire, Forest Heath, Isles Of Scilly, Islington, Kennet, Mid Devon, Restormel, Richmondshire, South Oxfordshire, South Shropshire, Teesdale, Torridge, Wealden, West Devon, West Oxfordshire, Woking

Indicator 5: Directly standardised rate of mortality from chronic liver disease including cirrhosis per 100,000 population. Males, 2005.

a) Liverpool City Region districts, England best and England average



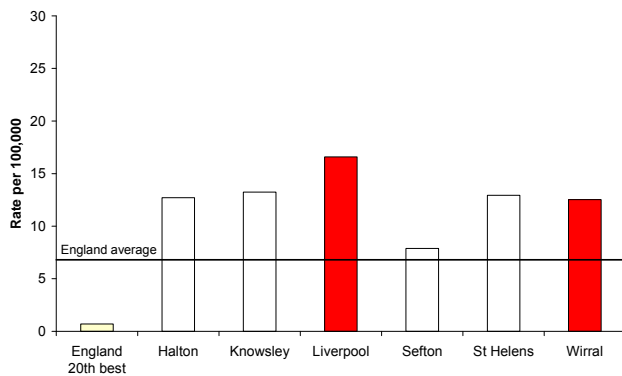
b) National rank: Liverpool City Region districts and English core cities

Local authority	Rank
Liverpool	346
Wirral	344
St Helens	341
Halton	340
Newcastle	339
Manchester	332
Nottingham	329
Leeds	287
Birmingham	266
Bristol	260
Sefton	244
Sheffield	180
Knowsley	125

Source: Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development

Indicator 6: Directly standardised rate of mortality from chronic liver disease including cirrhosis per 100,000 population. Females, 2005.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

Local authority	Rank
Manchester	351
Liverpool	347
Knowsley	337
St Helens	335
Halton	334
Wirral	333
Nottingham	311
Birmingham	289
Newcastle	269
Sefton	243
Leeds	222
Sheffield	207
Bristol	192

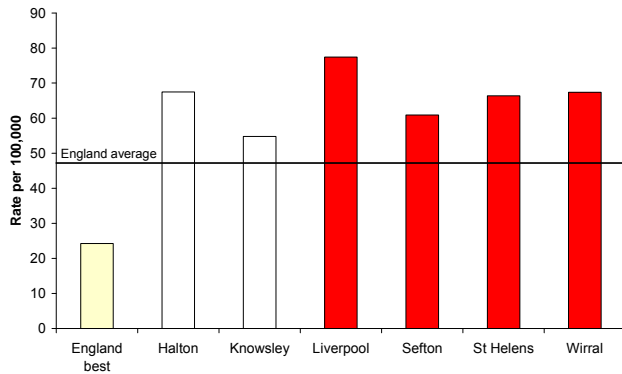
Source: Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development

1.4 Alcohol-attributable mortality

- Each year, 898 people in the Liverpool City Region die from alcohol-attributable conditions.
- The male alcohol-attributable mortality rate varies from 77.43 per 100,000 population in Liverpool to 54.81 in Knowsley, while the female rate varies from 39.76 per 100,000 in Liverpool to 25.42 in Sefton.
- Across the Liverpool City Region, men have a far higher rate of alcohol-attributable mortality than women (generally around or more than twice as high, although the ratio in Knowsley is slightly less pronounced at 1.6).
- Liverpool, Sefton, St Helens and Wirral have male alcohol-attributable mortality rates that are significantly worse than the England average (47.20 per 100,000). Liverpool's female alcohol-attributable mortality rate is also significantly worse than the national rate (23.81).
- The male alcohol-attributable mortality rate in Liverpool is 3.2 times higher than that in Ribble Valley, England's best local authority for this measure, while the female rate in Liverpool is 3.0 times higher than in East Cambridgeshire, England's best rate.
- With the exception of Knowsley, all Liverpool City Region local authorities rank among the worst 10% of authorities nationally for male alcohol-attributable mortality. Liverpool, Knowsley, Halton and Wirral rank among the worst 10% for female rates.
- Liverpool is the worst ranked English core city (352nd) for male alcohol-attributable mortality, although Manchester (350th) and Newcastle (348th) fall closely behind. For female alcohol-attributable mortality, Manchester (354th) is the worst ranked core city. However, Liverpool, Knowsley, Halton and Wirral have worse ranks than all remaining core cities.
- Analysis of alcohol-attributable mortality (2001-05) by IMD 2004 quintile reveals a rate of 33.8 per 100,000 for men and 19.2 for women in the least deprived national quintile in the North West rising to a rate of 87.4 for men and 41.2 for women in the most deprived quintile. This gives inequality ratios of 2.6 and 2.1 respectively.

Indicator 7: Directly standardised rate of alcohol-attributable mortality per 100,000 population. Males, 2005.

a) Liverpool City Region districts, England best and England average



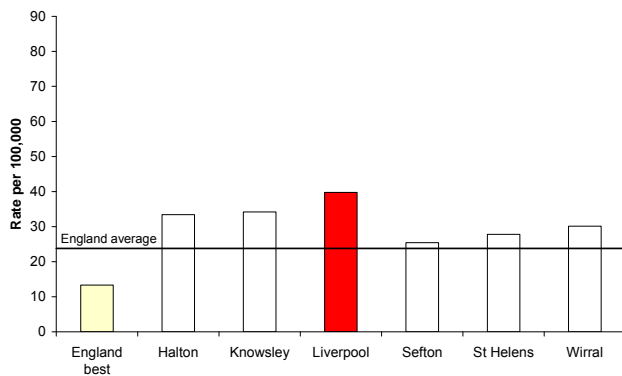
b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst →	Liverpool	352
	Manchester	350
	Newcastle	348
	Halton	347
	Wirral	346
	St Helens	343
	Nottingham	339
	Sefton	323
	Birmingham	313
	Knowsley	295
← Best	Bristol	283
	Leeds	258
	Sheffield	203

Source: NPHO from Office for National Statistics mortality data and mid-year population estimates

Indicator 8: Directly standardised rate of alcohol-attributable mortality per 100,000 population. Females, 2005.

a) Liverpool City Region districts, England best and England average

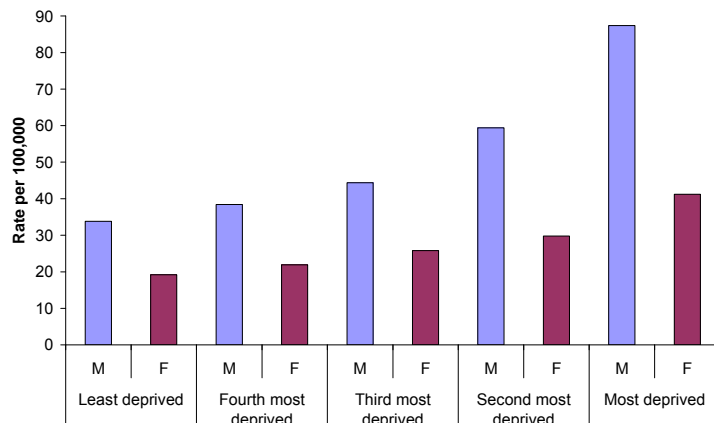


b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst →	Manchester	354
	Liverpool	353
	Knowsley	346
	Halton	338
	Wirral	319
	Birmingham	314
	Nottingham	308
	St Helens	287
	Sefton	246
	Newcastle	242
← Best	Bristol	236
	Leeds	198
	Sheffield	180

Source: NPHO from Office for National Statistics mortality data and mid-year population estimates

Deprivation chart iii: Directly standardised rate of alcohol-attributable mortality per 100,000 population by Index of Multiple Deprivation 2004 quintile. North West England, 2001-05.



Source: NPHO from Office for National Statistics mortality data and mid-year population estimates

2. Hospital Admission

Levels of hospital admission for alcohol-attributable and alcohol-specific conditions provide an indication of the level of harm associated with alcohol in the population, as well as the burden that alcohol consumption places on health services each year in the UK. However, since only the most severe cases will be admitted to hospital, actual levels of harm among the population are likely to be much higher.

In England, rates of alcohol-specific hospital admission rise sharply with increasing age, peaking in the 45-64 year old age group, but then declining in the older age groups. For those aged under 15, the admission rate for females exceeds that of males, but in older age groups the rate for males exceeds the female rate. In contrast, rates of alcohol-attributable admissions rise steadily with increasing age. As the list of alcohol-attributable conditions include a number of chronic diseases associated with older adulthood (ischaemic heart disease [IHD], hypertension and cancer), this age-related increase is not entirely unexpected. Rates for males exceed those for females in all age groups.

In England, rates of alcohol-attributable admission increased by around 28% for both males and females between 2001/02 and 2005/06. In males, around 43% of this increase was due to a rise in admission for mental/behavioural disorders associated with acute or long-term harmful alcohol use⁹. Chronic diseases (which include cancers of the oropharynx and breast, ischaemic heart disease, hypertension and other heart disease) accounted for a further 33% of the total increase in males. For females, three groups of conditions each accounted for around a quarter of the total increase: mental/behavioural disorders (27%); accidents and falls (25%); and chronic diseases (24%).

⁹ ICD-10 code F10 (www.who.int/classifications/apps/icd/icd10online/)

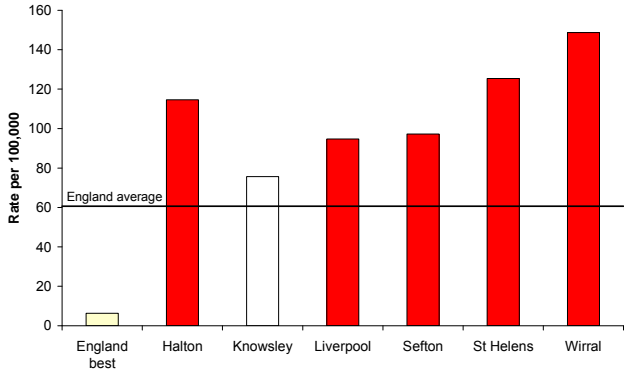
2.1 Alcohol-specific admission

2.1.1 Under 18 year olds

- Each year in the Liverpool City Region, 366 under 18 year olds are admitted to hospital for alcohol-specific conditions.
- The rate of alcohol-specific admission for under 18 year olds ranges from 148.66 per 100,000 population in Wirral to 75.65 in Knowsley.
- The rate of alcohol-specific hospital admission among under 18 year olds is significantly worse than the England average (60.61 per 100,000) in all Liverpool City Region local authorities, apart from Knowsley.
- The rate of alcohol-specific admission for under 18 year olds is 23.5 times higher in Wirral than in the London borough of Brent, the English local authority with the lowest rate.
- Wirral, St Helens and Halton have admission rates for under 18 year olds that rank in the worst 10% of authorities nationally.
- Compared to the English core cities, all local authorities in the Liverpool City Region apart from Knowsley have worse alcohol-specific hospital admission rates for under 18 year olds. In addition, Knowsley’s ranking (246th) is worse than all core cities apart from Manchester (286th).

Indicator 9: Crude rate of hospital admission for alcohol-specific conditions (under 18 years) per 100,000 population, 2003-04–2005/06.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Wirral	348
	St Helens	333
	Halton	326
	Sefton	301
	Liverpool	297
	Manchester	286
	Knowsley	246
Best ↓	Bristol	165
	Leeds	146
	Nottingham	136
	Birmingham	112
	Newcastle	94
	Sheffield	70

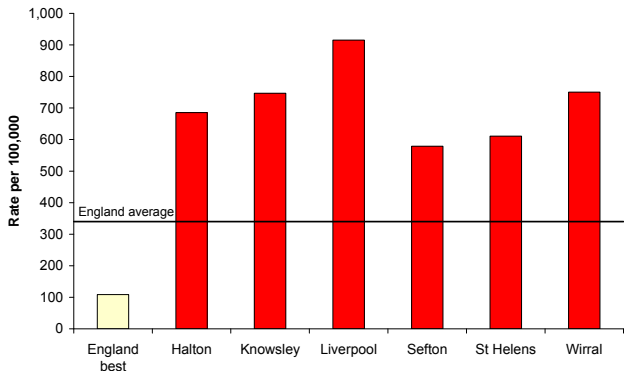
Source: NWPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates

2.1.2 All ages

- Each year, 8,118 people in the Liverpool City Region are admitted to hospital for alcohol-specific conditions.
- The rate of alcohol-specific admission for men ranges from 915.06 per 100,000 population in Liverpool to 578.52 in Sefton and from 421.73 per 100,000 in Liverpool to 283.57 in Sefton for women. Male rates of alcohol-specific admission are between 1.9 and 2.4 times higher than female rates.
- Alcohol-specific hospital admission for both men and women in all Liverpool City Region local authorities is significantly worse than the England averages (339.70 per 100,000 for men and 164.05 for women).
- The rate of alcohol-specific admission for men is 8.4 times higher in Liverpool than in East Hertfordshire, the English local authority with the lowest rate. For women, the Liverpool rate is 7.5 times higher than in East Northamptonshire, the England best.
- All Liverpool City Region local authorities fall into the worst 10% of English local authorities for alcohol-specific admission for both men and women.
- Liverpool has the worst rate of male alcohol-specific hospital admission in England, followed immediately by Manchester. Wirral, Knowsley and Halton have worse rankings than the remaining core cities. For female alcohol-specific admission, Liverpool (353rd), Wirral (352nd) and Halton (351st) have rankings that are worse than any other core city. St Helens, Knowsley and Sefton have poorer rankings than all core cities apart from Manchester (347th).
- Admission rates for alcohol-specific conditions for both males and females show a strong positive association with deprivation in the North West (2001/02-2005/06), with rates being especially high for the most deprived quintile (845.0 per 100,000 for men and 374.6 for women) compared to the least deprived quintile (152.5 and 92.5 respectively). The ratio of admission rates between the most deprived and least deprived quintiles is 5.5 for men and 4.1 for women.

Indicator 10: Directly standardised rate of hospital admission for alcohol-specific conditions per 100,000 population. Males, 2005/06.

a) Liverpool City Region districts, England best and England average



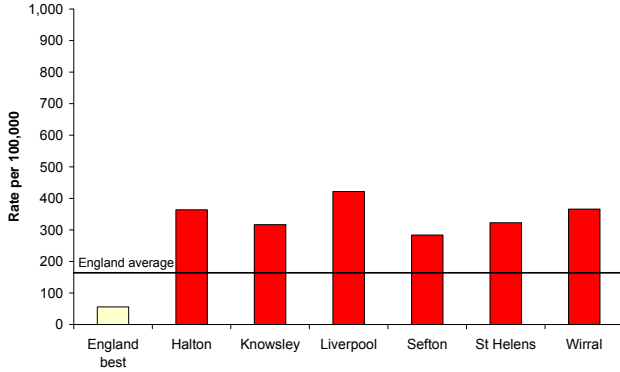
b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Liverpool	354
	Manchester	353
	Wirral	352
	Knowsley	350
	Halton	344
	Newcastle	341
	St Helens	337
Best ↓	Bristol	331
	Sefton	329
	Nottingham	317
	Birmingham	309
	Leeds	287
	Sheffield	195

Source: NWPFO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates

Indicator 11: Directly standardised rate of hospital admission for alcohol-specific conditions per 100,000 population. Females, 2005/06.

a) Liverpool City Region districts, England best and England average

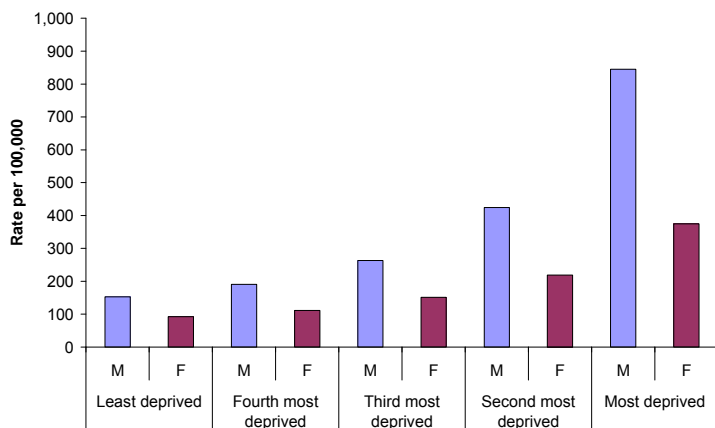


b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Liverpool	353
	Wirral	352
	Halton	351
	Manchester	347
	St Helens	344
	Knowsley	342
	Sefton	331
↓ Best	Newcastle	318
	Bristol	294
	Leeds	262
	Nottingham	259
	Birmingham	217
	Sheffield	186

Source: NPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates

Deprivation chart iv: Directly standardised rate of hospital admission for alcohol-specific conditions per 100,000 population by Index of Multiple Deprivation 2004 quintile. North West England, 2001/02-2005/06.



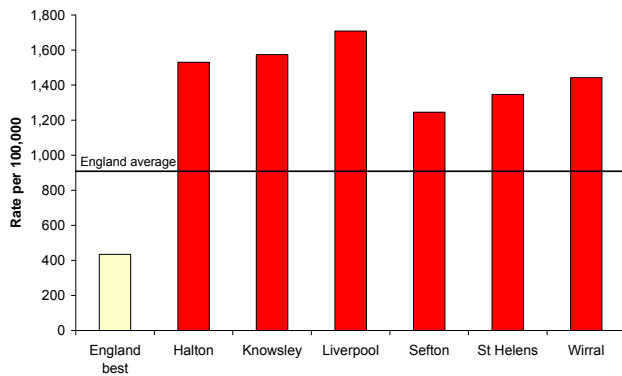
Source: NPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates

2.2 Alcohol-attributable admission

- Each year 16,187 people are admitted to hospital for alcohol-attributable conditions in the Liverpool City Region.
- The rate of alcohol-attributable admission for men ranges from 1,708.37 per 100,000 population in Liverpool to 1,245.06 in Sefton. For women, the rate ranges from 873.78 per 100,000 in Liverpool to 642.54 in Sefton. Alcohol-attributable admission is around 1.9 times higher for men than women.
- For both male and female alcohol-attributable hospital admission, all Liverpool City Region districts are significantly worse than the England averages (909.96 per 100,000 for men and 510.40 for women).
- The rate of alcohol-attributable admission for men is 3.9 times higher in Liverpool than in Wokingham in Berkshire, the English local authority with the lowest rate. For women, the Liverpool rate is 3.3 times higher than in Wokingham, also England's best.
- Male alcohol-attributable admission in all of the Liverpool City Region local authorities rank among the worst 10% of all England local authorities and for female alcohol-attributable admission all local authorities except Sefton are among the worst 10%.
- Liverpool's alcohol-attributable admission rates for both men and women are the worst in England. For the male admission rate, Liverpool is immediately followed in ranking by Manchester and then Knowsley. Sheffield (176th), Leeds (286th), Birmingham (312th) and Nottingham (316th) have better male alcohol-attributable admission rates than all Liverpool City Region districts. Liverpool's female admission rate is followed by Halton's rate (353rd), while Manchester (350th) and Wirral (349th) also have very poor rankings. Again, Sheffield (184th), Leeds (267th), Birmingham (275th) and Nottingham (301st) have better rankings than all six local authorities in the Liverpool City Region.
- Rates of hospital admission for alcohol-attributable conditions (2001/02-2005/06) increase as deprivation increases across North West England, although not to the extent that alcohol-specific admission increases. Men in the most deprived quintile have an admission rate of 1,649.6 per 100,000, 2.8 times higher than men in the least deprived quintile (592.4). Women in the most deprived quintile in the North West have an admission rate of 835.8 per 100,000 while women in the least deprived quintile have a rate of 362.5, giving an inequality ratio of 2.3.

Indicator 12: Directly standardised rate of hospital admission for alcohol-attributable conditions per 100,000 population. Males, 2005/06.

a) Liverpool City Region districts, England best and England average



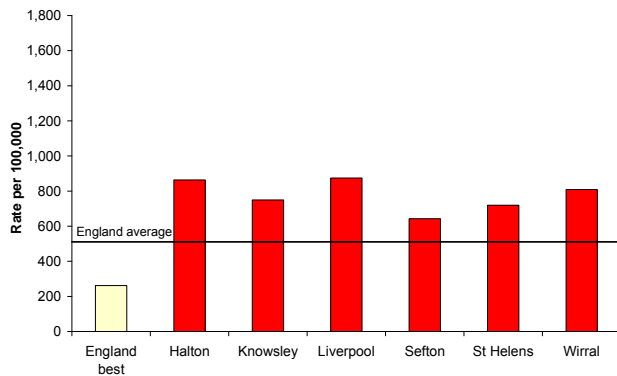
b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Liverpool	354
	Manchester	353
	Knowsley	352
	Halton	350
	Newcastle	346
	Wirral	345
	St Helens	340
Best ↓	Bristol	335
	Sefton	328
	Nottingham	316
	Birmingham	312
	Leeds	286
	Sheffield	176

Source: NPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates

Indicator 13: Directly standardised rate of hospital admission for alcohol-attributable conditions per 100,000 population. Females, 2005/06.

a) Liverpool City Region districts, England best and England average

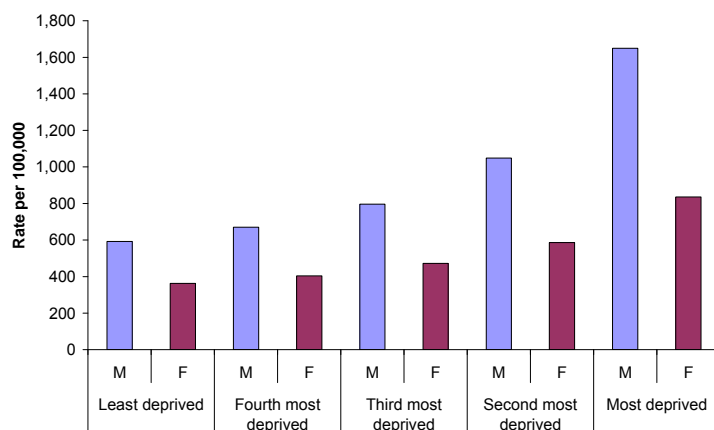


b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Liverpool	354
	Halton	353
	Manchester	350
	Wirral	349
	Knowsley	340
	Newcastle	336
	St Helens	333
Best ↓	Bristol	319
	Sefton	311
	Nottingham	301
	Birmingham	275
	Leeds	267
	Sheffield	184

Source: NPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates

Deprivation chart v: Directly standardised rate of hospital admission for alcohol-attributable conditions per 100,000 population by Index of Multiple Deprivation 2004 quintile. North West England, 2001/02-2005/06.



Source: NPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates

3. Social and Behavioural Outcomes

As well as placing an increasing burden on health services, alcohol consumption can contribute to a range of social and behavioural problems that affect society more widely. These include crime and anti-social behaviour, teenage pregnancies and sexually transmitted infections, the use of tobacco and illegal drugs, road traffic accidents, problems with schoolwork and pupil absenteeism, decreased workplace productivity, employee absenteeism and incapacity. This section includes a selection of these outcomes where data are available for local authority comparison. However, there are many gaps where data are currently unavailable for analysis and others where information is only available at a regional level¹⁰.

¹⁰ See Indications of Public Health in the English Regions 8: Alcohol for further information.

3.1 Crime

Alcohol-related crime has negative impacts on the health of victims and offenders and places huge burdens on wider society and public services.

There are clear links between alcohol consumption and crime, particularly for alcohol-related violence. According to the British Crime Survey 2005/06, victims believed the offender to be under the influence of alcohol in nearly half of all violent incidents (44%)¹¹. In England and Wales, young males who binge drink regularly are more than twice as likely to have committed a violent crime during the past 12 months than regular (non-binge) drinkers¹². The costs of alcohol-related violence to public services, the economy and individuals are high, with, for example, the national costs of alcohol-related crime and disorder estimated at £7.8 billion a year¹³. Among members of the public, the percentage perceiving alcohol to be a *major* cause of crime in Britain is increasing, rising from 36.0% in 2002/03-2003/04 to 47.9% (52.1% in the North West, significantly worse than the England average) in 2004/05-2005/06. Similarly, the percentage of people stating that alcohol is *the main* cause of crime in Britain today has increased from around 2.7% to 5.7% (5.8% in the North West) over the same time period.

In 2006/07, 512,863 recorded crimes in England were attributable to alcohol, a rate of 10.2 per 1,000 population. This was a decrease on the rate seen in 2005/06 (10.5) and 2004/05 (11.4). A similar decreasing trend was seen for recorded violent crime attributable to alcohol, where rates decreased slightly from 7.8 per 100,000 in 2004/05, to 7.3 in 2005/06 and to 7.2 in 2006/07. However, a slightly different trend was seen for sexual offences, where rates remained at a similar level in 2004/05 and 2005/06 (at 0.15 per 100,000) and decreased slightly in 2006/07 (to 0.14 per 100,000).

¹¹ Walker A, Kershaw C and Nicholas S (2006). Crime in England and Wales 2005/2006. London: Home Office.

¹² Mathews, S and Richardson, A (2005). Findings from the 2003 offending, crime and justice survey: alcohol-related crime and disorder. Home Office Findings 261. London: Home Office.

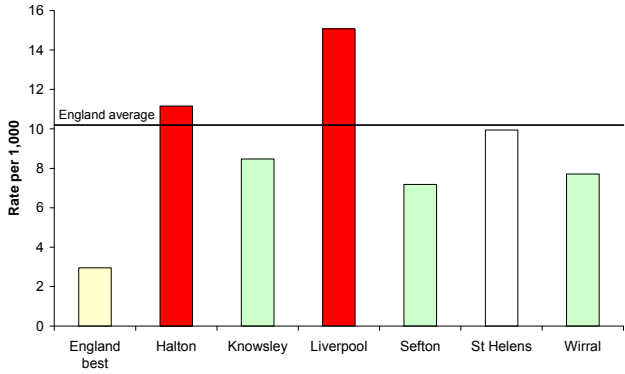
¹³ Strategy Unit (2003). Strategy Unit Alcohol Harm Reduction project interim analytical report. London: Strategy Unit.

3.1.1 Alcohol-related recorded crime

- There are around 15,508 alcohol-related recorded crimes in the Liverpool City Region each year.
- Across the Liverpool City Region, Liverpool has the worst overall rate of alcohol-related recorded crimes (15.07 per 1,000 population), over twice the rate in Sefton, which has the lowest rate (7.18).
- Compared to the England average (10.17 per 1,000), Knowsley, Sefton and Wirral have significantly better rates of alcohol-related recorded crime, while Halton and Liverpool have significantly worse rates.
- The rate of alcohol-related recorded crime in Liverpool is 5.1 times greater than the rate in Teesdale in Durham, the English authority with the lowest rate.
- Liverpool is ranked among the worst 10% of all England local authorities for alcohol-related recorded crime. However, the other Liverpool City Region districts generally have better relative national rankings than they do for mortality, hospital admission, benefit claimant and alcohol consumption indicators.
- Across the English core cities Nottingham has the worst rate of alcohol-related recorded crime (353rd) followed by Manchester (352nd), Bristol (345th) and then Liverpool (322nd). The other five Liverpool City Region districts have better rankings than all English core cities.

Indicator 14: Rate of alcohol-related recorded crime per 1,000 population, 2006/07.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Nottingham	353
	Manchester	352
	Bristol	345
	Liverpool	322
	Birmingham	315
↓ Best	Sheffield	289
	Leeds	288
	Newcastle	279
	Halton	272
	St Helens	239
	Knowsley	187
	Wirral	159
	Sefton	137

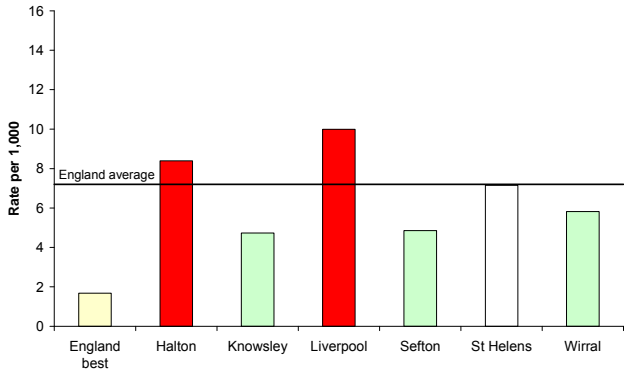
Source: NWPFO from Home Office recorded crime statistics and Office for National Statistics mid-year population estimates

3.1.2 Alcohol-related violent crime

- Of the 15,508 alcohol-related recorded crime in the Liverpool City Region each year, 10,616 (68.5%) are alcohol-related violent crimes.
- The rate of alcohol-related violent crime ranges from 9.99 per 1,000 population in Liverpool to 4.73 in Knowsley.
- Compared to the England average (7.16 per 1,000), Knowsley, Sefton and Wirral have significantly better alcohol-related violent crime rates, while Halton and Liverpool have significantly worse rates.
- The rate of alcohol-related violent crimes in Liverpool is 6.0 times greater than the rate in South Northamptonshire, the English authority with the lowest rate.
- The national rankings of Liverpool City Region districts for alcohol-related violent crime are mixed, with three local authorities (Knowsley, Sefton and Wirral) ranking among the best 50% of authorities nationwide and the other three (Liverpool, Halton and St Helens) ranking among the worst 50% in England.
- Across the English core cities Nottingham (345th), Manchester (337th) and Bristol (334th) have the worst rates of alcohol-related violent crime, followed by Liverpool (311th). Knowsley (97th), Sefton (102nd) and Wirral (172nd) have better rankings than all core cities.

Indicator 15: Rate of alcohol-related recorded violent crime per 1,000 population, 2006/07.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Nottingham	345
	Manchester	337
	Bristol	334
	Liverpool	311
	Birmingham	305
Best ↓	Halton	278
	Newcastle	272
	Leeds	259
	St Helens	241
	Sheffield	240
	Wirral	172
	Sefton	102
	Knowsley	97

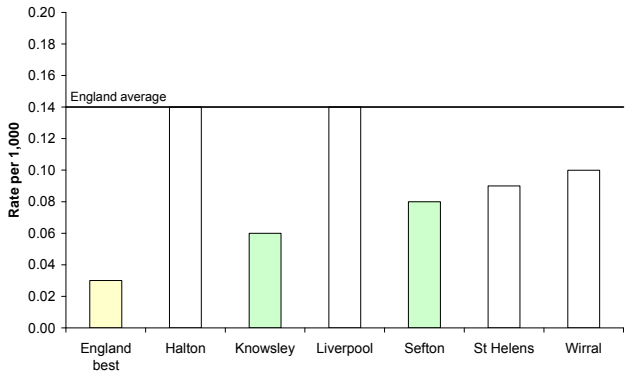
Source: NWPFO from Home Office recorded crime statistics and Office for National Statistics mid-year population estimates

3.1.3 Alcohol-related sexual offences

- There are around 160 alcohol-related sexual offences a year in the Liverpool City Region, 1.03% of all alcohol-related recorded crime.
- The rate of alcohol-related sexual offences ranges from 0.14 per 1,000 population in Halton and Liverpool to 0.06 in Knowsley.
- Compared to the England average (0.14 per 1,000), Knowsley and Sefton have significantly better rates of alcohol-related sexual offences, while the other districts have rates that are not significantly different from the England average.
- The rate of alcohol-related sexual offences in Halton is 5.2 times greater than the rate in South Shropshire, the English authority with the lowest rate.
- Some Liverpool City Region districts have relatively good rankings for alcohol-related sexual offences compared to all English local authorities. Knowsley’s rate falls among the best 10% of all local authorities, while Sefton’s rate is among the best 20%.
- Liverpool City Region local authorities generally have better rankings for alcohol-related sexual offences than other English core cities. Knowsley, Sefton, St Helens and Wirral have better rankings than all English core cities, while Liverpool and Halton have better rankings than all core cities apart from Sheffield. Overall, Nottingham has the worst rate of alcohol-related sexual offences (352nd), followed by Manchester (342nd) and Bristol (333rd).

Indicator 16: Rate of alcohol-related recorded sexual offences per 1,000 population, 2006/07.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Nottingham	352
	Manchester	342
	Bristol	333
	Birmingham	310
	Leeds	298
	Newcastle	293
	Halton	253
	Liverpool	247
	Sheffield	225
	Best ↓	Wirral
St Helens		81
Sefton		68
Knowsley		27

Source: NWPFO from Home Office recorded crime statistics and Office for National Statistics mid-year population estimates

3.2 Claimants of incapacity benefits for alcoholism

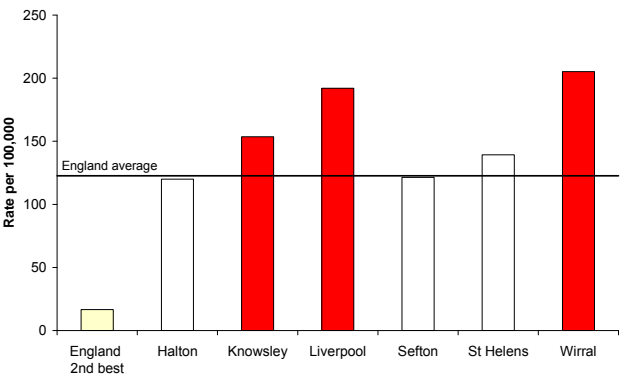
Alcoholism may affect an individual's ability to participate in the labour market, whether it be through intermittent, regular or long-term absences, the loss of work, or negative effects on the capacity to secure work. When a working age individual is incapacitated by alcoholism to a level at which it is felt unreasonable to require them to seek work, they may be able to claim benefits on incapacity grounds if they are eligible. Incapacity Benefit (IB) and Severe Disablement Allowance (SDA) are two specific benefits that can be paid to working age individuals who are unable to work because of ill health or disability, including alcoholism. The rate of individuals claiming such benefits provides a better understanding of the extent to which alcohol dependency affects the ability to participate in the labour market.

Incapacity Benefit is a benefit paid at a weekly rate for people under 65 who have paid adequate National Insurance contributions and are not (or no longer) entitled to statutory sick pay. Severe Disablement Allowance is a benefit for those aged 16 or over and under 65 who are not entitled to receive IB. Since April 2001, it has not been possible to make a new claim for SDA, but those people who initiated a claim before this date continue to receive regular payments. Over 38,000 people in England were claiming IB or SDA for the primary diagnosis of alcoholism in August 2006, a rate of 122.72 per 100,000 working age population, and 1.75% of the total number of claimants.

- Around 1,520 individuals in the Liverpool City Region claim Incapacity Benefit/Severe Disablement Allowance due to alcoholism.
- Within the Liverpool City Region, Wirral has the highest rate of overall claimants for alcoholism (205.18 per 100,000 working age population) while Halton has the lowest rate (120.02).
- Knowsley, Liverpool and Wirral have claimant rates of IB/SDA for alcoholism that are significantly worse than the England average (122.72 per 100,000).
- The rate of claiming IB/SDA for alcoholism in Wirral was 12.3 times greater than the rate in North Kesteven in Lincolnshire, the second best English local authority (South Northamptonshire, the best English local authority, has a rate of zero).
- Wirral is among the worst 10% of all local authorities in England for the rate of IB/SDA claimants due to alcoholism and the other Liverpool City Region districts all fall into the worst 40% nationwide.
- Across the English core cities, Manchester (354th) has the worst rate of claimants of IB/SDA for alcoholism, followed by Nottingham (346th) and Newcastle (343rd). Wirral (322nd) and Liverpool (311th) have worse rankings than Leeds, Birmingham and Sheffield. However, Knowsley, St Helens, Sefton and Halton have better rankings than all core cities apart from Sheffield.

Indicator 17: Rate of claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism per 100,000 working age population, August 2006.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Manchester	354
	Nottingham	346
	Newcastle	343
	Bristol	338
	Wirral	322
	Liverpool	311
	Leeds	302
	Birmingham	288
	Knowsley	287
	St Helens	274
Best ↓	Sefton	245
	Halton	241
	Sheffield	214

Source: NWPFO from Department for Work and Pensions data and Office for National Statistics mid-year population estimates

3.3 Mortality from land transport accidents

Alcohol use affects physical and cognitive function and consequently can impair driving ability through, for example, reduced reaction times, vision and ability to judge speed and distance. Alcohol can also increase feelings of confidence and lead to increased risk taking when driving¹⁴. In pedestrians, these same effects can increase vulnerability to road traffic accidents¹⁵. Research shows that alcohol consumption by drivers increases their risk of involvement in a road traffic accident, and that this risk increases with blood alcohol concentration (BAC)¹⁶.

The legal BAC limit for driving in the UK is 80mg of alcohol/100ml of blood. In 2004, among all road traffic fatalities¹⁷ aged 16 and over for whom BAC levels were recorded, 37% had consumed alcohol and 25% had BAC levels above the legal limit. During weekend drinking hours (Friday and Saturday 10pm-4am), 63% of fatalities had BAC levels above the legal limit¹⁸. Among adult pedestrian fatalities only, of those with a known BAC, 52% had consumed alcohol, and 42% had a BAC level above 80mg/100ml. During weekend drinking hours 79% had a BAC level above 80mg/100ml.

*Tomorrow's roads: safer for everyone*¹⁹, published in 2000, set targets for reducing road casualties, including to have reduced the number of people killed or seriously injured in road accidents by 40% by 2010 compared to the 1994-1998 average (also a 2004 Spending Review PSA target for local government). In 2005, a 33% reduction had been achieved towards this target. However, over this period the numbers of both casualties and deaths from drink driving, despite having declined rapidly throughout the 1980s and early 1990s, have fluctuated. In 2005 an estimated 560 people were killed through drink driving in Britain (480 in England), 17.5% of all road traffic fatalities, compared to a low of 460 in 1998. The total number of drink drive casualties in 2005 is estimated at 15,400 in Britain (of which 13,630 were in England), compared to a low of 14,980 in 1993. However, both casualties and fatalities from drink driving are estimated to be lower in 2005 than they were in 2004.

- Each year there are around 26 alcohol-attributable deaths from land transport accidents across the Liverpool City Region.
- The alcohol-attributable rate of mortality from land transport accidents ranges from 2.01 per 100,000 population in Sefton to 0.94 in Knowsley.
- No Liverpool City Region local authority has an alcohol-attributable mortality rate due to land transport accidents that is significantly better or worse than the national average (1.99 per 100,000).
- The rate of alcohol-attributable mortality due to land transport accidents in Sefton is 3.9 times greater than the rate in Eastleigh, the English authority with the lowest rate.
- Liverpool City Region local authorities generally have better relative national rankings for alcohol-attributable mortality from land transport accidents than they do for mortality, hospital admission, benefit claimant and alcohol consumption indicators. Knowsley's mortality rate is among the best 10% of all English local authorities and all Liverpool City Region districts are in the best 50% nationwide.

¹⁴ IAS Institute for Alcohol Studies (2007). Alcohol – drinking and driving. Available from: www.ias.org.uk/resources/factsheets/drink_driving.pdf [Accessed 8 June 2007].

¹⁵ Department for Transport (2001). Alcohol and pedestrians. Available from:

www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme3/alcoholandpedestriansno20 [Accessed 8 June 2007].

¹⁶ Peden M, Scurfield R, Sleet D et al (2004). World report on road traffic injury prevention. Geneva: World Health Organization.

¹⁷ Including motor vehicle drivers, motorcycle riders, vehicle passengers, pedestrians and pedal cyclists.

¹⁸ TRL Limited (2006). Blood alcohol levels in road accidents fatalities for 2004 in Great Britain. LF2098. Wokingham: TRL Limited

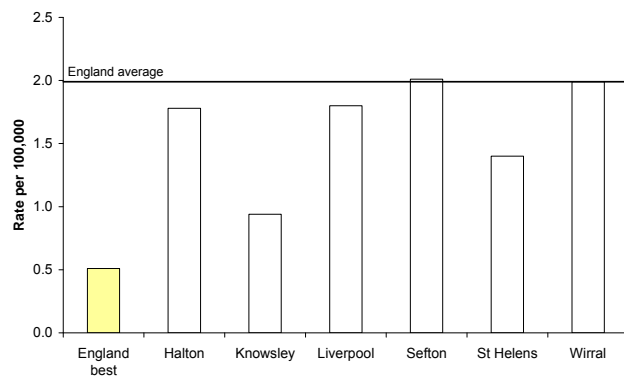
¹⁹ Department for Transport (2000). Tomorrow's roads: safer for everyone. Available from:

www.dft.gov.uk/pgr/roadsafety/strategytargetsperformance/tomorrowsroadssafeforeveryone [Accessed 8 June 2007].

- Compared to the English core cities, the relative rankings of Liverpool City Region local authorities for alcohol-attributable mortality due to land transport accidents are mixed. Nottingham (262nd) has the worst rank overall, followed by Sefton (174th) and Wirral (172nd). However, Knowsley's ranking (16th) is the best overall and St Helens (71st) also has a relatively good ranking.

Indicator 18: Rate of alcohol-attributable mortality due to land transport accidents per 100,000 population, 2003-05.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Nottingham	262
	Sefton	174
	Wirral	172
	Leeds	169
	Manchester	156
	Liverpool	138
	Halton	133
	Birmingham	125
	Newcastle	75
	St Helens	71
↓ Best	Sheffield	68
	Bristol	54
	Knowsley	16

Source: NWPCHO from Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development and Office for National Statistics mid-year population estimates

4. Alcohol Consumption

Levels of alcohol consumption have increased over the last decade and nowadays over 90% of adults in Britain drink alcohol²⁰. Both the frequency and the level of alcohol consumed among the general population provide a measure of the potential level of harm being applied on different sections of the population. Measures of the variation and patterns of alcohol consumption are essential in understanding levels of related harms across communities and in identifying those groups and areas that are most affected by alcohol-related problems. Measures of alcohol consumption vary but concentrating on hazardous, harmful and dependent drinking, as well as the extent of binge drinking (see below for definitions) enables the populations at greatest risk of harms to be identified, thus allowing recognition of geographical areas or population groups where service provision and intervention to encourage sensible drinking patterns is most needed.

In England, around a third of people drink alcohol once or twice a week (Health Survey for England²¹). A further third drink more often than this, while around one in ten have not drunk any alcohol in the last 12 months. Between 2000 and 2004, the proportion of people drinking on most days of the week remained relatively stable (at around 14%). However, the percentage of people drinking once or twice a week fell slightly (from 30% to 26%), while those drinking less frequently increased slightly (for example, the percentage drinking once or twice a year increased from 7% to 9%). Around half of the population appear to drink less than four units on their heaviest day in the last week. The majority of the remainder (around 30% of drinkers) drink more than six units on their heaviest day. In general, drinking levels remained fairly similar between 2000 and 2004. A slight change was seen in 2002, with an increase in the proportion of people drinking more than six units on their heaviest day, and a decrease in the percentage of people drinking less than five units. However, by 2004 levels had largely reverted back to those seen in 2000.

Compared to other countries in the EU, the UK had slightly higher than average (median) percentages of males and females who had drunk alcohol in the last 12 months between 1996 and 2003. Furthermore, in 2000, the UK had one of the highest percentages of males and females who drank at least once a week (compared to a selected number of European countries).

Hazardous, harmful, dependent, sensible and binge drinking definitions

The Alcohol Needs Assessment Research Project²² identifies three categories of problematic alcohol consumption used to assess the level of need in the population. These are defined as:

- *Hazardous drinking* - Drinking above recognised sensible levels, but not yet experiencing harm (measured by consumption of between 22 and 50 units per week for males and between 15 and 35 units per week for females);
- *Harmful drinking* - Drinking above recognised sensible levels and experiencing harm, such as an alcohol-related accident, acute alcohol poisoning, hypertension, cirrhosis (measured by consumption of over 50 units per week for males and over 35 units per week for females);
- *Alcohol dependence*²³ - Drinking above recognised sensible levels and experiencing harm and symptoms of dependence (measured by an Alcohol Use Disorder Identification Test (AUDIT) score greater than 10 and a Severity of Alcohol Dependence Questionnaire (SAD-Q) score greater than 3).

²⁰ General Household Survey 2005: www.statistics.gov.uk/StatBase/Product.asp?vlnk=5756

²¹ Department of Health: www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/HealthSurveyForEngland/index.htm

²² ANARP; Department of Health, 2005.

²³ From the Psychiatric Morbidity Survey, where hazardous drinking is measured by an Alcohol Use Disorder Identification Test (AUDIT) score greater than 8 and harmful drinking is measured by an AUDIT score greater than 16.

The Government advises that adult men should not regularly drink more than 3-4 units of alcohol a day and adult women should not regularly drink more than 2-3 units of alcohol a day.

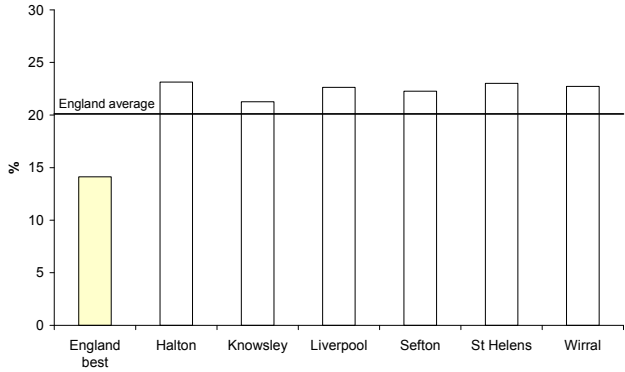
Within this section, binge drinking is defined as drinking twice the daily recognised sensible levels in any one day (8 or more units a day for men and 6 or more units a day for women) on the heaviest drinking day in the last seven days.

4.1 Hazardous drinking

- In total, it is estimated that 270,140 individuals over the age of 16 in the Liverpool City Region engage in hazardous drinking.
- The percentage of adults consuming hazardous levels of alcohol ranges from 23.14% in Halton to 21.25% in Knowsley.
- No Liverpool City Region local authority has a percentage of hazardous drinkers that is significantly better or worse than the England average (20.10%).
- The percentage of adults in Halton who were consuming hazardous levels of alcohol is 1.64 times greater than in the London borough of Newham, the England authority with the lowest percentage.
- All Liverpool City Region districts are among the worst 30% of local authorities in England for hazardous drinking.
- Across the Liverpool City Region districts and English core cities Leeds has the worst ranking for hazardous drinking (346th). However, Halton (313th), St Helens (309th), Wirral (298th) and Liverpool (296th) have worse rankings than the remaining core cities. In particular, Birmingham (12th) and Sheffield (46th) have far better rankings than all Liverpool City Region districts.

Indicator 19: Percentage of adults consuming hazardous levels of alcohol, 2005.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Leeds	346
	Halton	313
	St Helens	309
	Wirral	298
	Liverpool	296
	Manchester	294
	Sefton	283
	Knowsley	266
	Bristol	213
	Newcastle	166
Best ↓	Nottingham	100
	Sheffield	46
	Birmingham	12

Note: As there are no measures for two English local authorities, rankings are from 1 (best) to 352 (worst) for this indicator.

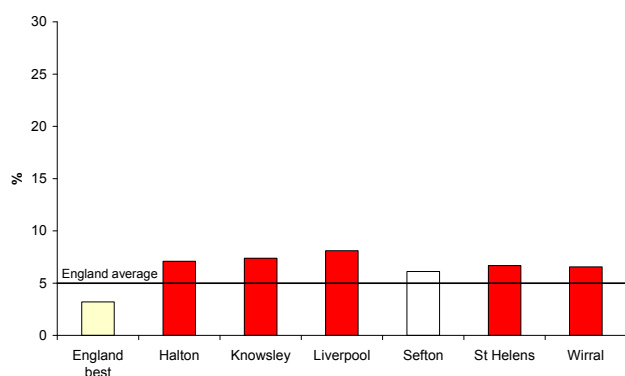
Source: NWPFO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates, mortality data and Census of Population 2001

4.2 Harmful drinking

- In total, an estimated 84,859 individuals over the age of 16 in Liverpool City Region engage in harmful drinking.
- Within the Liverpool City Region, Liverpool has the highest percentage of adults consuming harmful levels of alcohol (8.10%), while Sefton has the lowest (6.11%).
- All Liverpool City Region local authorities except Sefton are significantly worse than the England average (5.03%) for harmful drinking.
- The percentage of adults consuming harmful levels of alcohol is 2.5 times greater in Liverpool than in Winchester, the English authority with the lowest percentage.
- All of the Liverpool City Region local authorities rank among the worst 10% of all English local authorities for harmful drinking.
- Manchester has the worst highest percentage of harmful drinkers in England (ranked 352nd), but is immediately followed by Liverpool (351st), with Knowsley (349th) not far behind. Compared to the English core cities, Liverpool City Region local authorities generally have worse rankings.

Indicator 20: Percentage of adults consuming harmful levels of alcohol, 2005.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Manchester	352
	Liverpool	351
	Knowsley	349
	Leeds	346
	Halton	343
	St Helens	336
	Wirral	334
	Nottingham	332
	Newcastle	329
	Sefton	322
Best ↓	Bristol	307
	Birmingham	287
	Sheffield	284

Note: As there are no measures for two English local authorities, rankings are from 1 (best) to 352 (worst) for this indicator.

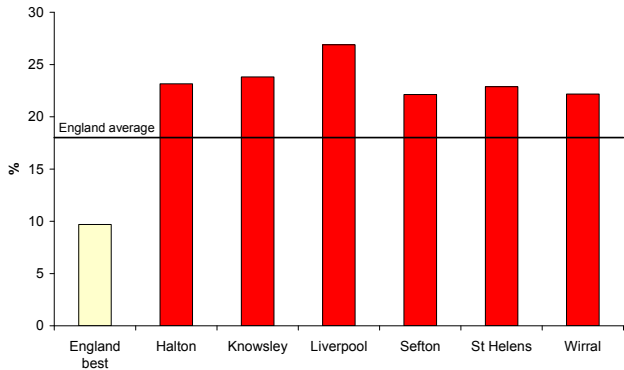
Source: NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates, mortality data and Census of Population 2001

4.3 Binge drinking

- An estimated 95,143 adults in the Liverpool City Region engage in binge drinking.
- Liverpool has the highest percentage of adult binge drinkers in the Liverpool City Region (26.89%), while Sefton has the lowest (22.13%).
- Every Liverpool City Region local authority has a significantly worse percentage of binge drinkers than the national average (18.0%).
- The percentage of Liverpool adults who binge drink is 2.77 times greater than Harrow, the English local authority with the lowest percentage.
- Liverpool, Knowsley and Halton rank among the worst 10% of all English local authorities for adults who binge drink.
- Newcastle has the worst level of binge drinking in England (352nd), followed by Manchester (351st). Compared to the English core cities, Liverpool City Region districts have relatively mixed rankings, with Liverpool (346th) and Knowsley (322nd) having worse rankings than five core cities and Sefton (299th) and Wirral (300th) having better rankings than five core cities.

Indicator 21: Percentage of adults binge drinking, 2003-05.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Worst ↑	Newcastle	352
	Manchester	351
	Liverpool	346
	Knowsley	322
	Sheffield	320
	Halton	319
	Nottingham	316
	St Helens	315
	Leeds	314
	Wirral	300
Best ↓	Sefton	299
	Bristol	231
	Birmingham	229

Note: As there are no measures for two English local authorities, rankings are from 1 (best) to 352 (worst) for this indicator.

Source: Estimates originally produced for the Department of Health

5. The Economy

The sale and consumption of alcohol play an important role in today's society. On an individual level, millions of people in the UK enjoy drinking alcohol to socialise and relax. From a wider perspective, the alcohol market generates income through taxes and excise duty, creates employment, and contributes to the regeneration of towns and cities. However, the burden of acute and long-term problems associated with alcohol use such as mortality, hospital admission and crime and violence can have devastating effects on individuals, place increasing strain on public services, and burden both the workplace and the wider economy.

In 2003, the Strategy Unit published the report *Alcohol misuse: how much does it cost?*²⁴ which estimated the total external²⁵ costs that alcohol places on society in England. These included costs to health services for hospital visits and treatment; costs to the workplace for lost output through alcohol-related absenteeism and reduced employment; and costs to criminal justice services through, for example, alcohol-related offences, drink driving casualties and the emotional impact of crime on victims. Total external costs were estimated to be between £18.5 billion and £20 billion per year, around 2% of Gross Domestic Product (GDP).

However, the costs to society also need to be balanced against the benefits created by alcohol consumption. For instance, in 2004 sales of alcohol in both on and off licensed premises in England and Wales totalled over £27.6 billion²⁶ and in the Budget 2007, the Government estimated that £7.9 billion would be collected from alcohol duty for 2006/07: £3.3 billion from beer and cider, £2.4 billion from wine and £2.2 billion from spirits²⁷. In addition, it is estimated that around one million jobs are created by the alcohol industry, from farming through to sales in on and off licences.

In 2004, consumers spent £40,837 million on alcohol in the UK, an increase of 3% since 2002²⁸. Patterns of alcohol sales vary between off licensed and on licensed premises and between different types of alcohol. For example, more alcohol is purchased through on licensed premises, where the most money is spent on beer (in comparison to off licensed premises where more is spent on wine). Trend data also show different patterns according to the licence and alcohol type. For instance, the value of wine purchases from off licences increased by 13% between 2002 and 2004 in England and Wales (to £4,424.6 million), whereas sales in on licences saw a decrease of 9% (to £2,264.2 million^{28, 29}). However, cider has experienced an 8% increase in sales in on licences in England and Wales between 2002 and 2004 (to £621.2 million). This increase in popularity and sales has been linked to cider's rebranding under Magners' marketing strategy, with Bulmer's reporting a 40% increase in sales in the last two years³⁰. In contrast, flavoured alcoholic drinks seem to be becoming less popular, and show a decrease of 21% in hectolitres sold in on licences between 2002 and 2004 in England and Wales³¹. The number of licensed premises in England has also been increasing in recent years (by 2.8% for on licensed and by 4.2% for off licensed premises between 2001 and 2004), so providing more locations for both alcohol purchasing and alcohol consumption. This meant that in 2004, there were a total of 113,370 on licensed and 46,582 off licensed premises in England and Wales.

²⁴ Strategy Unit (2003b). *Alcohol misuse: How much does it cost?* (Online). London: Cabinet Office. Available at: www.number10.gov.uk/files/pdf/econ.pdf [Accessed 5 February 2007].

²⁵ External costs are defined as those falling on third parties (such as services) rather than those falling on individuals themselves.

²⁶ ACNielsen (2004). *The drink pocket book: 2005 edition*. WARC, Oxfordshire.

²⁷ HM Treasury Budget 2007. *Building Britain's long-term future: Prosperity and fairness for families*. London: The Stationery Office.

²⁸ ACNielsen (2005). *The drink pocket book: 2006 edition*. WARC, Oxfordshire.

²⁹ ACNielsen (2003). *The drink pocket book: 2004 edition*. WARC, Oxfordshire.

³⁰ Duffy J (2006). I am, now, a cider drinker. BBC online article. 18 August 2006. (<http://news.bbc.co.uk/1/hi/magazine/5263394.stm> [Accessed 21 January 2007]).

³¹ ACNielsen (2003). *The drink pocket book: 2004 edition*. WARC, Oxfordshire.; ACNielsen (2004). *The drink pocket book: 2005 edition*. WARC, Oxfordshire.; ACNielsen (2005). *The drink pocket book: 2006 edition*. WARC, Oxfordshire.

Alcohol supports jobs in the production, distribution and service sectors. It generates tax revenue for the Government (the Budget 2007 estimated that £7.9 billion would be collected in alcohol duty for 2006/07). In 2004, consumers spent £40.8 billion on alcohol in the UK and the Cabinet Office Strategy Unit estimates the cost of alcohol misuse per annum in England is between £18.5 and £20 billion (based on 2000/02 data). Alcohol is also identified as a major cause of employee absences and accidents at work.

Most measurable indicators of the impact that alcohol has on the economy are only available at a regional (i.e. North West England or similar) level, rather than for the Liverpool City Region³² and its component districts. However, they can still provide some insight into the alcohol economy in the area.

In the North West the 2004 rate of on licensed premises was 23.0 per 10,000 population and the rate of off licensed premises per person was 9.1 per 10,000. Both these rates are significantly higher than the England averages of 21.2 and 8.7 respectively.

In 2004, industry figures³³ show that 76 litres of alcohol per person, totalling £337.1 per person, were sold in on licensed venues in the Granada (including part Border TV) region, higher than the England and Wales average of 66 litres and £334.1 per person.

National Statistics data³⁴ for 2003-06 shows that 1,656 ml of alcohol per person per week was purchased for household and eating out consumption in the North West totalling expenditure of 687 pence per person per week, higher than the England averages of 1,417 ml and 631 pence per person per week. Information from the same source reveals that in the North West 12.8% of expenditure on household food and drink and 35.9% of all eating out expenditure on food and drink is spent on alcoholic drinks.

³² Over one in five adults in the North West region live in the Liverpool City Region.

³³ From ACNielsen

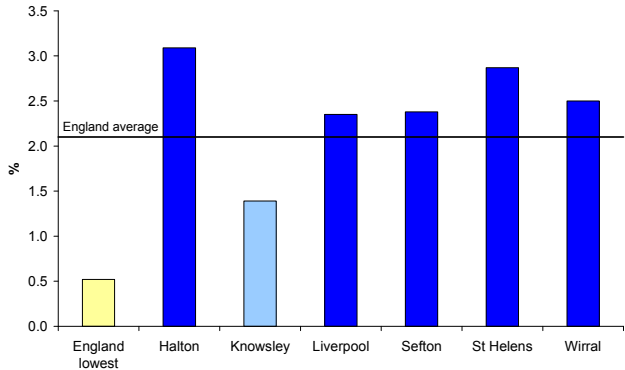
³⁴ From the Expenditure and Food Survey, National Statistics

5.1 Employees in bars

- In the Liverpool City Region 13,600 employees work in bars.
- Halton has the highest proportion of total employees employed in bars (3.09%), while Knowsley has the lowest (1.39%).
- Halton, St Helens, Wirral, Sefton and Liverpool have significantly higher percentage of total employees employed in bars than the England average (2.11%).
- The percentage of total employees employed in bars in Halton is 5.94 times that in Slough, the English local authority with the lowest value.
- Across England, all Liverpool City Region districts apart from Knowsley are among the highest 50% of local authorities (although only Halton is among the top 20%) for the percentage of total employees employed in bars. However, Knowsley is among the 10% of local authorities with the lowest percentage of total employees employed in bars.
- Across the Liverpool City Region and English core cities, Halton has the highest percentage of total employees employed in bars (a rank of 285th), while Knowsley has the lowest (32nd). With the latter exception, generally Liverpool City Region local authorities have relatively more employees employed in bars than in the English core cities.

Indicator 22: Percentage of total employees employed in bars, 2005.

a) Liverpool City Region districts, England best and England average



b) National rank: Liverpool City Region districts and English core cities

	Local authority	Rank
Highest ↑	Halton	285
	Newcastle	273
	St Helens	262
	Wirral	220
	Sefton	209
	Nottingham	202
	Liverpool	201
Lowest ↓	Sheffield	172
	Manchester	140
	Bristol	107
	Birmingham	94
	Leeds	76
	Knowsley	32

Note: The desirability of this measure (what is best or worst) has not been determined. Therefore the local authorities are ranked from the lowest (1) to the highest (354).

Source: Annual Business Inquiry, National Statistics. From Nomis website: www.nomisweb.co.uk

Appendix 1: Attributable fractions

	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
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, Y00-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

Appendix 2: 'Traffic light' indicators

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

Better than average	Consistent with average	Worse than average
Lower than average	Consistent with average	Higher than average

*Confidence intervals unavailable

Indicator		England	Halton	Knowsley	Liverpool	Sefton	St Helens	Wirral
LIFE LOST AND MORTALITY								
Months of life lost per person (under 75 years) due to alcohol (2003-05)*	Males	9.38	13.29	11.32	15.77	12.39	11.19	13.03
	Females	4.36	7.73	7.04	8.73	5.86	6.06	6.01
Directly standardised rate of alcohol-specific mortality per 100,000 population (2005)	Males	12.03	22.07	11.30	27.35	17.72	17.68	19.04
	Females	5.45	12.32	13.76	16.42	9.22	8.76	8.98
Directly standardised rate of mortality from chronic liver disease including cirrhosis per 100,000 population (2005)	Males	13.36	26.12	9.30	27.76	15.39	26.19	27.44
	Females	6.78	12.70	13.24	16.60	7.88	12.93	12.53
Directly standardised rate of alcohol-attributable mortality per 100,000 population (2005)	Males	47.20	67.49	54.81	77.43	60.89	66.39	67.40
	Females	23.81	33.41	34.21	39.76	25.42	27.82	30.14
HOSPITAL ADMISSION								
Crude rate of hospital admission for alcohol-specific conditions per 100,000 population (2003/04-2005/06)	Under 18 years	60.61	114.66	75.65	94.70	97.19	125.40	148.66
Directly standardised rate of hospital admission for alcohol-specific conditions per 100,000 population (2005/06)	Males	339.70	685.35	746.82	915.06	578.52	610.50	750.55
	Females	164.05	363.80	316.72	421.73	283.57	322.74	366.04
Directly standardised rate of hospital admission for alcohol-attributable conditions per 100,000 population (2005/06)	Males	909.96	1,529.97	1,574.45	1,708.37	1,245.06	1,346.23	1,443.25
	Females	510.40	863.54	749.29	873.78	642.54	718.89	808.90

Indicator		England	Halton	Knowsley	Liverpool	Sefton	St Helens	Wirral
SOCIAL AND BEHAVIOURAL OUTCOMES								
Rate of alcohol-related recorded crime per 1,000 population (2006/07)	All crimes	10.17	11.16	8.47	15.07	7.18	9.94	7.71
	Violent crime	7.16	8.39	4.73	9.99	4.86	7.15	5.82
	Sexual offences	0.14	0.14	0.06	0.14	0.08	0.09	0.10
Rate of claimants of Incapacity Benefit (IB) or Severe Disablement Allowance (SDA) whose main medical reason is alcoholism per 100,000 working age population (August 2006)		122.72	120.02	153.56	191.99	121.36	139.34	205.18
Rate of alcohol-attributable mortality due to land transport accidents per 100,000 population (2003-05)		1.99	1.78	0.94	1.80	2.01	1.40	1.99
ALCOHOL CONSUMPTION								
Percentage of adults consuming hazardous levels of alcohol (2005)		20.10	23.14	21.25	22.63	22.27	23.02	22.72
Percentage of adults consuming harmful levels of alcohol (2005)		5.03	7.09	7.39	8.10	6.11	6.67	6.55
Percentage of adults who binge drink (2003-05)		18.0	23.16	23.81	26.89	22.13	22.88	22.17
THE ALCOHOL ECONOMY								
Percentage of total employees employed in bars (2005)		2.11	3.09	1.39	2.35	2.38	2.87	2.50