

Alcohol Integrated Needs Assessment Report on the Quantitative Analysis of Size of the Problem in Herefordshire

1. Introduction

1.1 Background

Alcohol plays a key role in social lives of many societies. The vast majority of people drinking alcohol do so without any problems. Drinking within safe limits has many advantages. It can be enjoyable and help relax. However, regularly drinking over the limit can lead to many problems for the drinker and others¹.

In UK, as well as playing a key role in society, alcohol makes a significant contribution to the economy. The total value of UK alcohol drinks market exceeds £30 billion per year and is responsible for more than 1 million jobs².

Alcohol consumption has doubled in the UK since 1950s¹. In 2009, UK consumption of alcohol was 8.4 litres per head¹. Based on the respondents of the General Lifestyle Survey (GLS) 2008, 71% of men and 56% of women reported drinking an alcoholic drink at least one day in the week prior to interview³.

1.2 Alcohol Misuse: National Perspective

The Alcohol Needs Assessment Research Project (ANARP) 2004 England revealed that 38% men and 16% of women (26% overall) have an alcohol use disorder. This equated to 8.2 million people in England⁴. Misuse of alcohol can present with myriad of problems. It can lead to social problems impacting work and family life. It is responsible for significant proportion of increase in crime, domestic violence and anti-social behaviour. 2.6 million children in UK are estimated to be living with parents who are drinking at hazardous level. Alcohol is thought to be associated with 25-33% of known cases of child abuse¹.

In addition, it has significant health implications both acute and chronic. Acute effects include alcohol poisoning and intoxication resulting immediately from drinking well above the sensible limits. Chronic misuse of alcohol can lead to many ill effects such as liver problems and increased risk of heart disease¹. The number of alcohol-related deaths and hospital admissions is rising. Alcohol-related deaths in UK have risen from around 4000 in 1992 (lowest) to 9000 in 2008 (highest)¹.

Alcohol misuse has significant economic implications. The total cost of alcohol misuse is estimated to be between £17 and £25 billion a year. From this, the direct health related cost to the NHS accounts for £2.7 billion a year. Alcohol related crime and disorder is thought to cost the taxpayer between £8 and £13 billion a year¹.

1. Investing in Alcohol Treatment - Reducing Costs and Improving Lives (May 2010), Alcohol Concern.

2. Economic Costs and Benefits, Institute of Alcohol Studies, IAS Factsheet, 2008.

3. General Lifestyle Survey, 2008. Office of National Statistics.

4. The Alcohol Needs Assessment Research Project (ANARP) (2005) Dept. of Health.

1.3 Alcohol Misuse Definitions

The Department of Health has set out guidelines for **sensible drinking**; adult men should not regularly drink more than 3-4 units of alcohol a day, adult women should not regularly drink more than 2-3 units of alcohol a day, and pregnant women or women trying to conceive should avoid drinking alcohol⁵.

Hazardous Drinking is defined as consumption of between 22 and 50 units of alcohol per week for men and between 15 to 35 units of alcohol per week for women.

Harmful Drinking is defined as consumption of more than 50 units of alcohol per week for men and more than 35 units of alcohol per week for women.

Binge Drinking is defined as consumption of at least twice the daily recommended amount of alcohol in a single drinking session (i.e. 8 or more units for men and 6 more units for women)

2. Integrated Needs Assessment

2.1 Definition

A “need” exists when a benefit can be achieved from an intervention and a measurable improvement can occur as a result, and a needs assessment is the systematic analysis of the health, social care, wellbeing or wider societal needs of a defined population and the identification of the changes and resources required meeting those needs.

2.2 Methodology

There are three approaches to undertaking a health needs assessment

1. Epidemiological approach
2. Comparative approach
3. Corporate approach

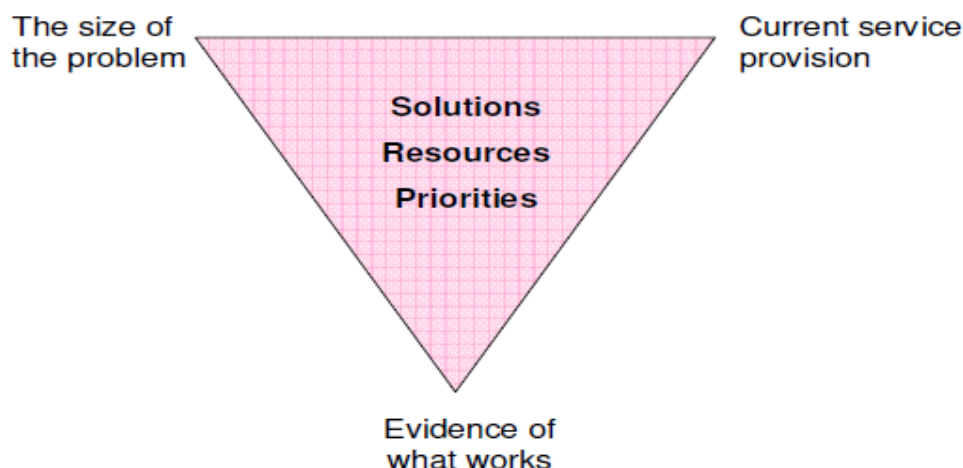
The methodology used in these reports involves collecting and interpreting data within three areas in order to describe:

1. The size of the problem
2. The current services available
3. Evidence of what works

This information is then triangulated to identify a preferred solution, as well as the resources required to implement them and the priority areas for immediate action (Figure 1.1).

5. Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007), Dept. of Health.

Figure 1.1 Integrated Needs Assessment Model



This report focuses on the describing the size of the problem in Herefordshire.

3. The size of the problem in Herefordshire

3.1 Drinking profile

The drinking profile of Herefordshire was obtained from two sources.

1. Synthetic estimates produced by the NWPHO
2. Regional Lifestyle Survey for Herefordshire 2005

Both sources indicated a clear alcohol misuse problem within Herefordshire. Synthetic estimates for proportion of drinkers across Herefordshire are compared to Shropshire County as this is a population most similar in demographics to that of Herefordshire.

Summary of drinking habits

Based on synthetic estimates and surveys the population of Herefordshire contains

- Approximately 17,500 who do not drink,
- Approximately 24,000 that drink hazardously
- Approximately 30,000 who binge drink

Amongst hazardous drinkers, 6700 of them are considered to be harmful drinkers with moderate to severe alcohol dependence.

Although there maybe some level of overlap between these categories, there is a very large population to identify and address for reducing alcohol related harm within Herefordshire.

3.1.1 Abstain from drinking

Herefordshire county (based on local authority data) abstaining from drinking is lower than the national and regional average (although not statistically significant), but is slightly higher than Shropshire (Table 1.1).

Table 1.1 Abstaining from drinking: Mid 2008 synthetic estimate of the percentage within the total population aged 16 years and over who report in abstaining from drinking

Area	Population aged 16 years and over who report in abstaining from drinking	Lower 95% CI	Upper 95% CI
Herefordshire	11.83	6.44	18.93
Shropshire	10.60	5.83	17.00
West Midlands	17.27	12.06	23.71
England	15.50	10.43	22.34

Source: North West Public Health Observatory, Synthetic Estimates Local Alcohol Profiles for England 2008 Local authority.

3.1.2 Hazardous drinking

Based on the regional lifestyle survey undertaken in 2005 and the synthetic estimates generated by the North West Public Health Observatory in mid 2008, the proportion of over 16 year olds who drink hazardously in Herefordshire lies in the region of 17% and 20% which equates to approximately 22,300 and 26,600 persons consuming more than the recommended intake of alcohol on a weekly basis (Table 1.2).

Synthetic estimates for proportion of hazardous drinkers across Herefordshire, West Midlands and Shropshire County (which is a population most similar in demographics to that of Herefordshire) show that Herefordshire has a higher percentage of hazardous drinkers than Shropshire and West Midlands, although this is not statistically significant (Table 1.3).

Table 1.2 Hazardous drinking: Percentage of adults (16 and over) who consume more than the recommended intake of alcohol per week in 2005

	Males	Females	Total
Herefordshire	23%	11%	17%
West Midlands Region	26%	13%	20%

Source: Regional Lifestyle Survey 2005, WMRO & WMPH

Table 1.3 Hazardous drinking: Mid 2008 synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in increasing risk drinking

Area	Percentage within the drinking population aged 16 years and over who report engaging in increasing risk drinking	Lower 95% CI	Upper 95% CI
Herefordshire	20.33	6.22	50.27
Shropshire	19.52	5.91	48.83
West Midlands	18.10	6.00	44.30
England	20.77	6.92	49.98

Source: North West Public Health Observatory, Synthetic Estimates Local Alcohol Profiles for England 2008 Local authority.

3.1.3 Binge Drinking

Based on the regional lifestyle survey undertaken in 2005 and the synthetic estimates generated by the North West Public Health Observatory in mid 2008, the proportion of over 16 year olds that engage in binge drinking in Herefordshire lies in the region of 18% and 23% which equates to approximately 25, 248 and 34,159 persons who reported to engage in binge drinking (Table 1.4).

Synthetic estimates for proportion of binge drinkers across Herefordshire, West Midlands and Shropshire County show that Herefordshire has the lowest percentage of binge drinkers compared to Shropshire and West Midlands, although this is not statistically significant (Table 1.5).

Table 1.4 Binge Drinking in Herefordshire

	Males	Females	Total
Herefordshire	33%	15%	23%
West Midlands Region	36%	19%	28%

Source: Regional Lifestyle Survey 2005, WMRO & WMPHO

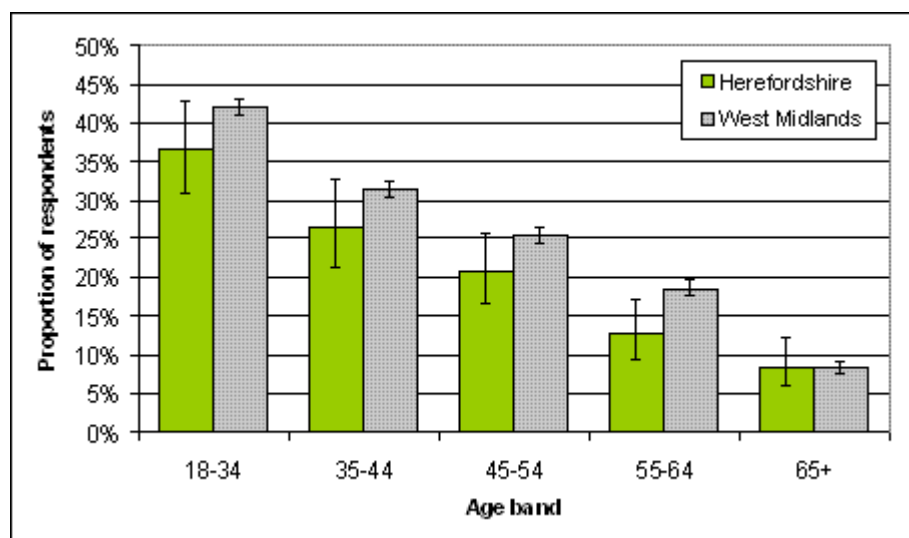
Table 1.5 Binge Drinking in Herefordshire Synthetic estimate of the percentage of the population aged 16 years and over who report engaging in binge drinking (2007-2008)

Area	Percentage of the population aged 16 years and over who report engaging in binge drinking (2007-2008)	Lower 95% CI	Upper 95% CI
Herefordshire,	17.7	14.7	21.1
Shropshire	18.7	16.0	21.9
West Midlands	18.8	16.7	21.1
England	20.1	19.4	20.8

Source: North West Public Health Observatory, Synthetic Estimates Local Alcohol Profiles for England 2008 Local authority.

The figure 1.2, obtained from the regional lifestyle survey, shows the prevalence of binge drinking within the county by age group.

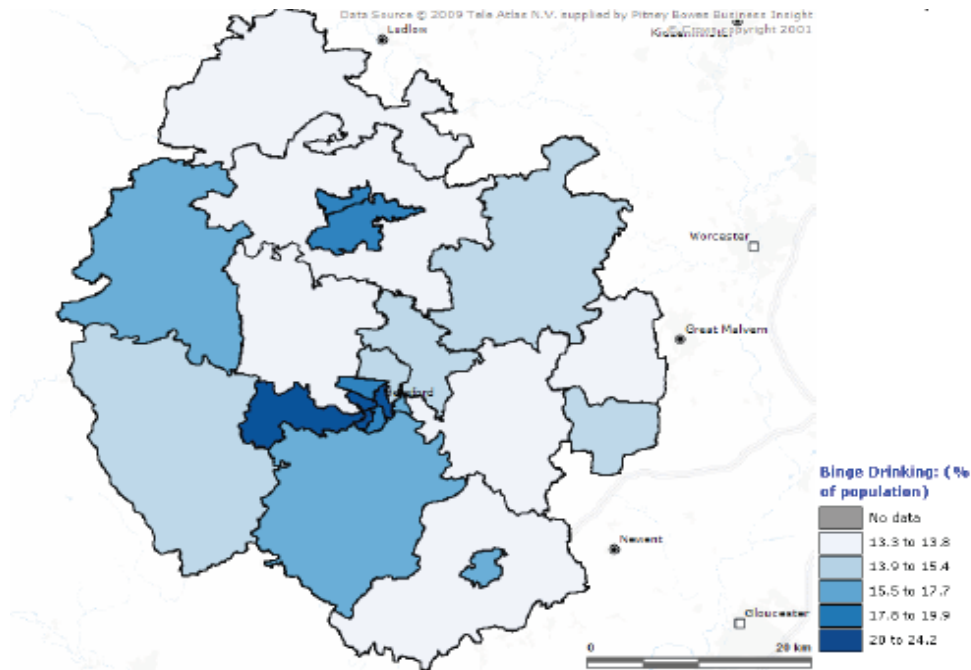
Figure 1.2: Proportion of respondents of Herefordshire RLS 2005 binge drinking by age group



This shows binge drinking is most prevalent amongst younger population of Herefordshire and West Midlands region. The prevalence in Herefordshire is above 35% for 18-34 year age group and decreases with increasing age.

Binge drinking also shows local variation within the county as illustrated in the figure 1.3, which are estimated figures obtained from the Dr Foster Public Health Intelligence. The darker shades represent higher prevalence, whilst the lighter shades represent lower prevalence of binge drinking. The highest estimated prevalence of binge drinking is seen in Hereford City.

Figure 1.3 Estimated prevalence of binge drinking within localities of Herefordshire county – ONS Prevalence estimates



Source: Dr Foster Intelligence, Public Health Department, Herefordshire PCT

3.1.4 Harmful and Dependent Drinking

Estimates are not available for those who are dependent drinkers. The proportion of those who are dependent drinkers, that are presenting to specialized services may be picked up using the hospital admissions section of this needs assessment or the numbers accessing services

Synthetic estimates of harmful drinking show that Herefordshire has a higher proportion than Shropshire but a lower proportion than West Midlands and England, (although not statistically significant). This would mean that there are approximately 6,700 people over the age of 16 who are engaging in harmful drinking (Table 1.6).

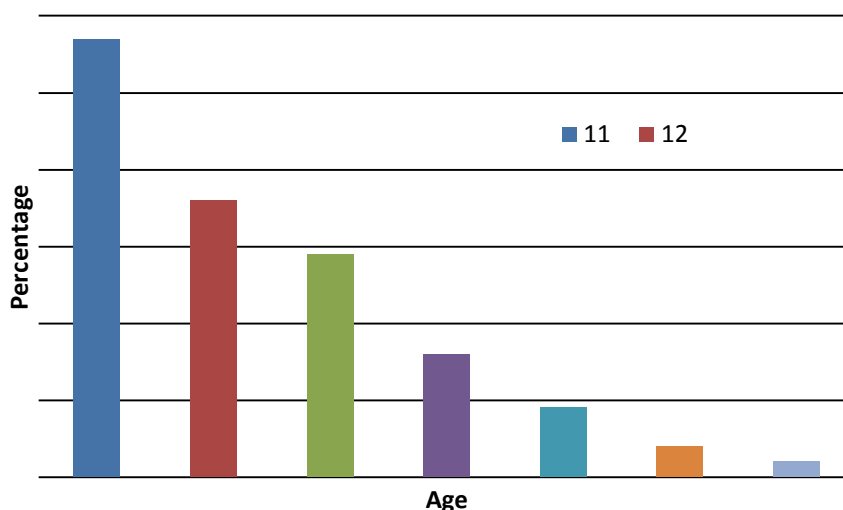
Table 1.6 Mid 2008 synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in higher risk drinking.

Area	Population aged 16 years and over who report engaging in higher risk drinking	Lower 95% CI	Upper 95% CI
Herefordshire, County of	5.17	1.50	17.29
Shropshire	5.05	1.53	16.55
West Midlands	5.20	1.80	15.90
England	7.11	2.39	21.54

3.2 Underage drinking

Underage drinking is a major concern with regard to alcohol related harm as alcohol consumption can cause brain and liver damage the younger the individual is. There is little data on the prevalence of drinking under 18; however there have been teenage surveys and the young people’s alcohol questionnaire. A survey⁶ⁱ of children aged 11 to 17 showed that 63% of individuals were occasional or regular drinkers by the age of 13, this would equate to 725 13 year olds who had consumed alcohol in the Herefordshire population if the same figures could be applied locally. These statistics show that the proportion of adolescents who are non drinkers by 17 years of age is 2% (Figure 1.4)

Figure 1.4 Non-drinker status by age in 11-17 year olds



Source L-CAP Young Peoples Alcohol Questionnaire Report May 2010

⁶ L-CAP Young Peoples Alcohol Questionnaire Report May 2010

The same survey looked at drinking status by sex, this showed that males are less likely to be a non-drinker than females and are more likely to be a regular drinker. It is not known if this difference is statistically significant (Table 1.7)

Table 1.7 Drinking 11-17 by sex

Status	Female	%	Male	%	Total	%
Regular	72	22%	119	34%	191	28%
Occasional	178	54%	173	48%	351	51%
Non-Drinker	79	24%	65	18%	144	21%
Total	329	100%	357	100%	686	100%

Source L-CAP Young Peoples Alcohol Questionnaire Report May 2010

Drinking alcohol in adolescence maybe an indicator of other factors occurring in the individual, one survey looked at self esteem. Although no significance tests were performed the results from the teenage lifestyle survey showed that the proportion teenagers who had drunk alcohol increased with age and lower self esteem (Table 1.8).

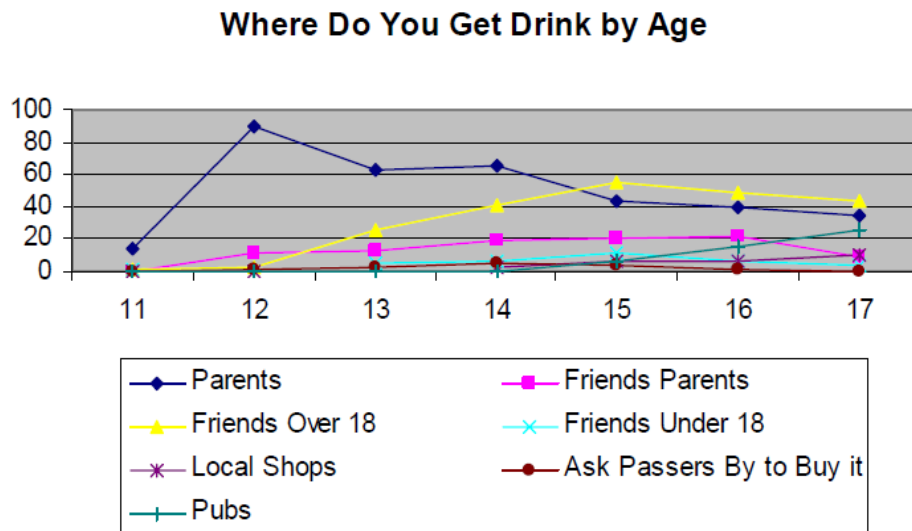
Table 1.8 Proportion of year 7 to 10, who have drank alcohol by sex and self esteem level.

	Level of self esteem	Low (0-9)	Medium (10-14)	High (15-18)
year	Sex	12%	9%	7%
7	Males	3%	2%	4%
7	Females	2%	1%	2%
8	Males	5%	6%	2%
8	Females	4%	4%	0%
9	Males	15%	7%	7%
9	Females	10%	12%	8%
10	Males	32%	14%	13%
10	Females	33%	25%	19%

Source: Teenage Lifestyle Survey – October 2006 Self Esteem

The young people's alcohol questionnaire also questioned those between 11 and 17 on where they acquired their alcohol from and where they drink their alcohol. Although no statistical significance tests were performed it appears that the majority of those between 12 and 14 years of age acquire their alcohol from their parents, and those 15 to 17 are more like to find a friend over the age of 18 to acquire the alcohol for them (Figure 1.5).

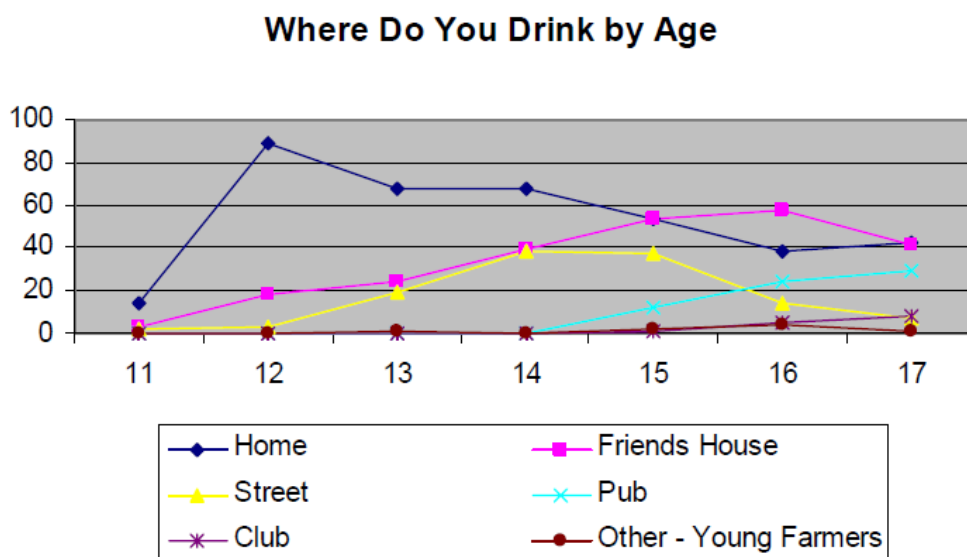
Figure 1.5 Young Peoples Alcohol Questionnaire on where do those between 11 and 17 years of age acquire their alcohol.



Source L-CAP Young Peoples Alcohol Questionnaire Report May 2010

This trend is also mirrored in the questions around where they consume their alcoholic beverages. The majority of those between 12 and 14 years of age consumer alcohol at home, and those 15 to 17 are more like to consume alcohol at a friend's residence (Figure 1.6).

Figure 1.6 Young Peoples Alcohol Questionnaire on where do those between 11 and 17 years of age consume alcohol.

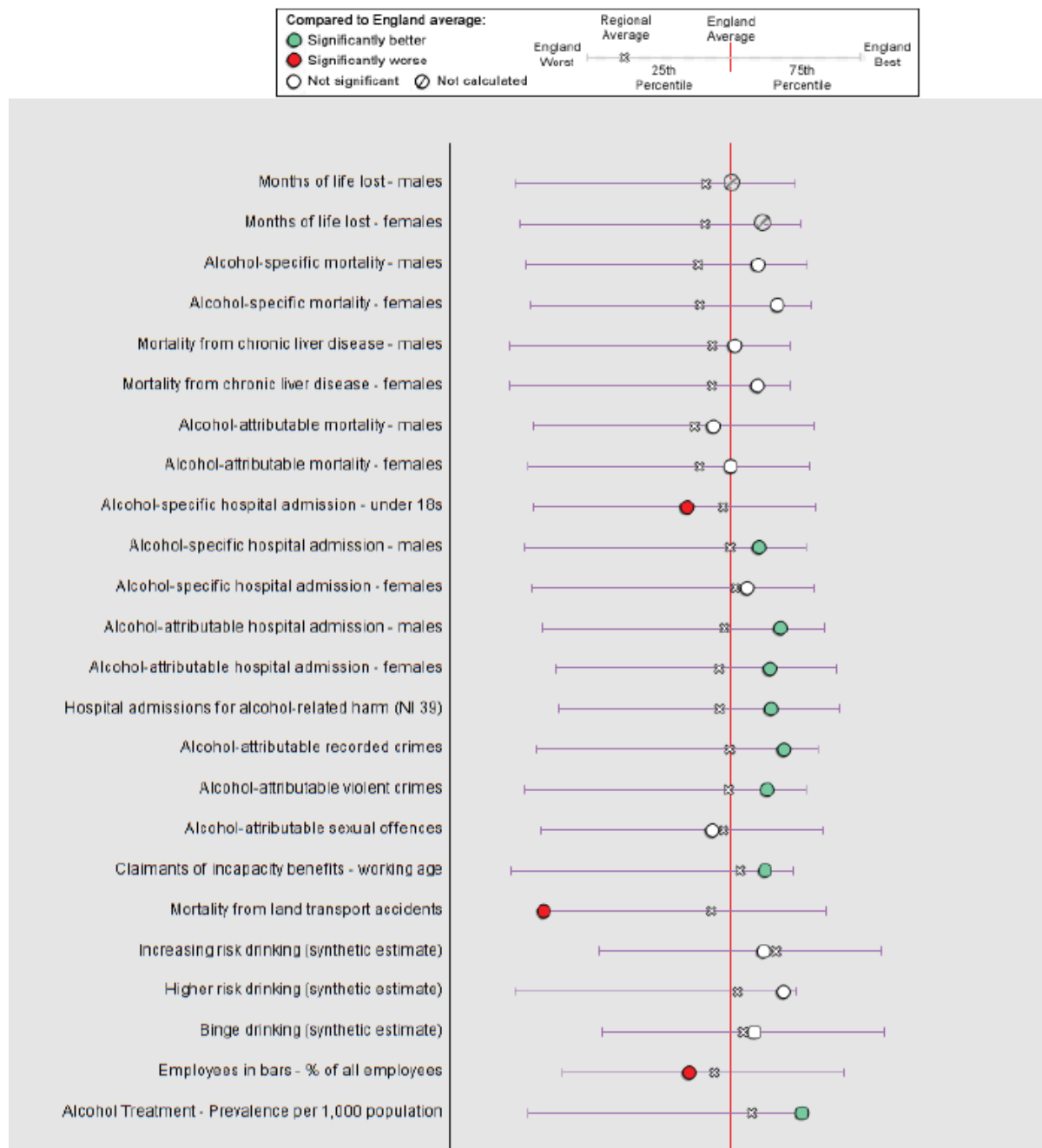


Source L-CAP Young Peoples Alcohol Questionnaire Report May 2011

3.3 Alcohol harm profile – an overview

Figure 1.7 shows the alcohol profile of Herefordshire in comparison to England (2010). It provides a summary of the key indicators highlighting three of them in red where Herefordshire is significantly worse than the England average; First, alcohol specific hospital admission rate for under 18 (80.7/100,000 population) is significantly higher than the England average (64.6/100,000 population). This highlights increasing problem of alcohol misuse in teenagers. Second, alcohol related land transport accident death rate (4/100,000 population) is significantly higher than the England average (1.7/100,000 population). This only includes land transport accidents where alcohol was a contributory factor. Third, the number of employees employed in bars as a percentage of all employees (3.1%) is higher than the England average (2.4%).

Figure 1.7 Profile of Alcohol-related Harm – Herefordshire 2010



(Source: North West Public Health Observatory - LAPE Report 2010)

3.4 Morbidity profile

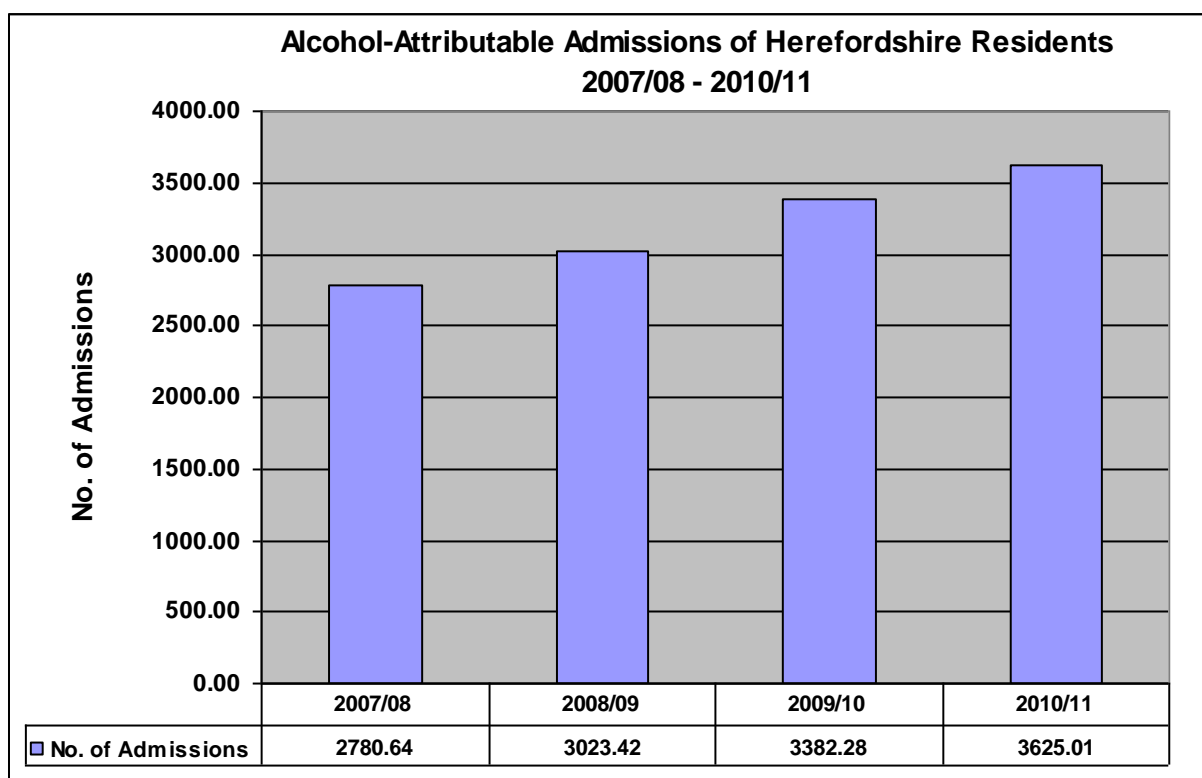
3.4.1 Alcohol-attributable hospital admissions

Alcohol-attributable conditions are a major cause of hospital admission in Herefordshire accounting for over 3,500 admissions in 2010/11. There has been over 30% increase in alcohol-attributable admissions for Herefordshire residents since 2007-08 (Figure 1.8).

Approximately 60% of all such admissions are from those aged 45 and over, and 14% relate to young adults aged between 20 and 44 years (Figure 1.9). The greatest rate of growth since 2007/08 is seen in those aged 75+ years (47%) and in the 20-24 years age band (38%).

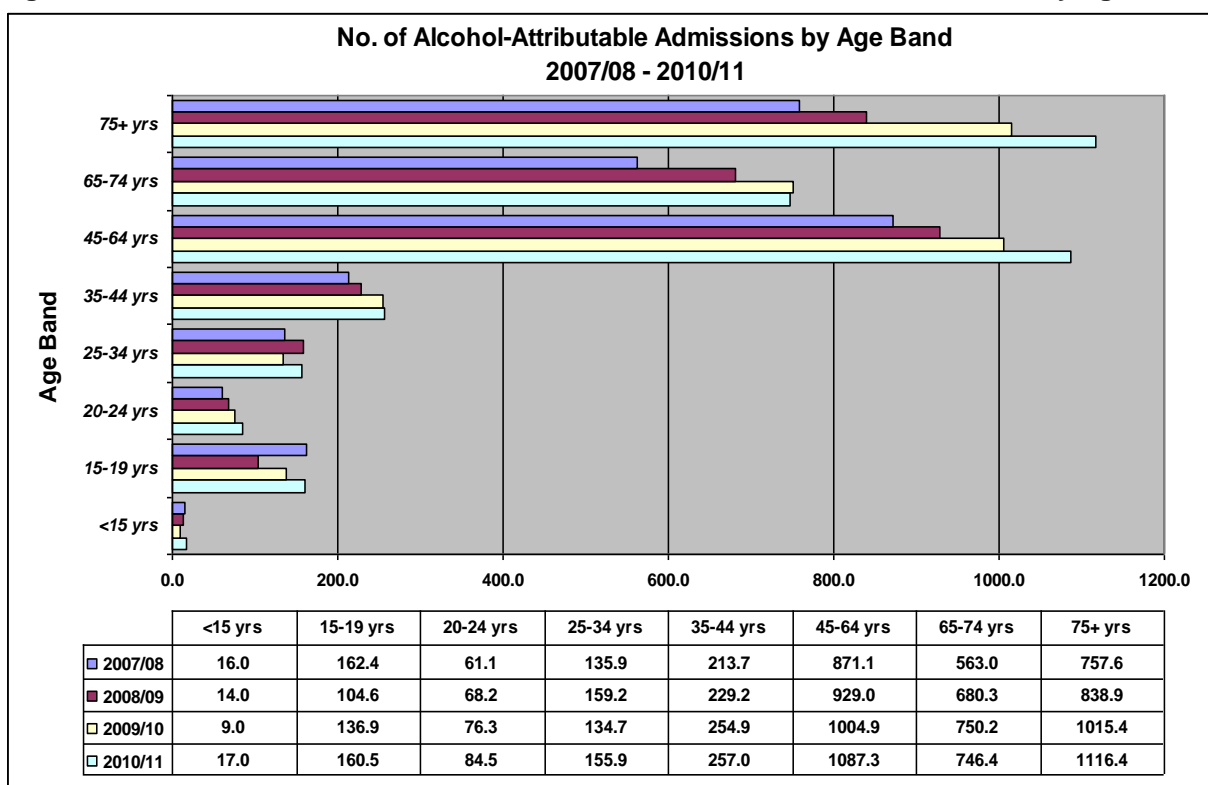
In 2010-11, males accounted for 60% of all such admissions showing an increase of 4.5% from the previous year (Figure 1.10); whereas females accounted for 40% of the admissions, but with a significant increase of 11.3% from the previous year (Figure 1.11).

Figure 1.8 Trends in Alcohol-Attributable Admissions of Herefordshire Residents



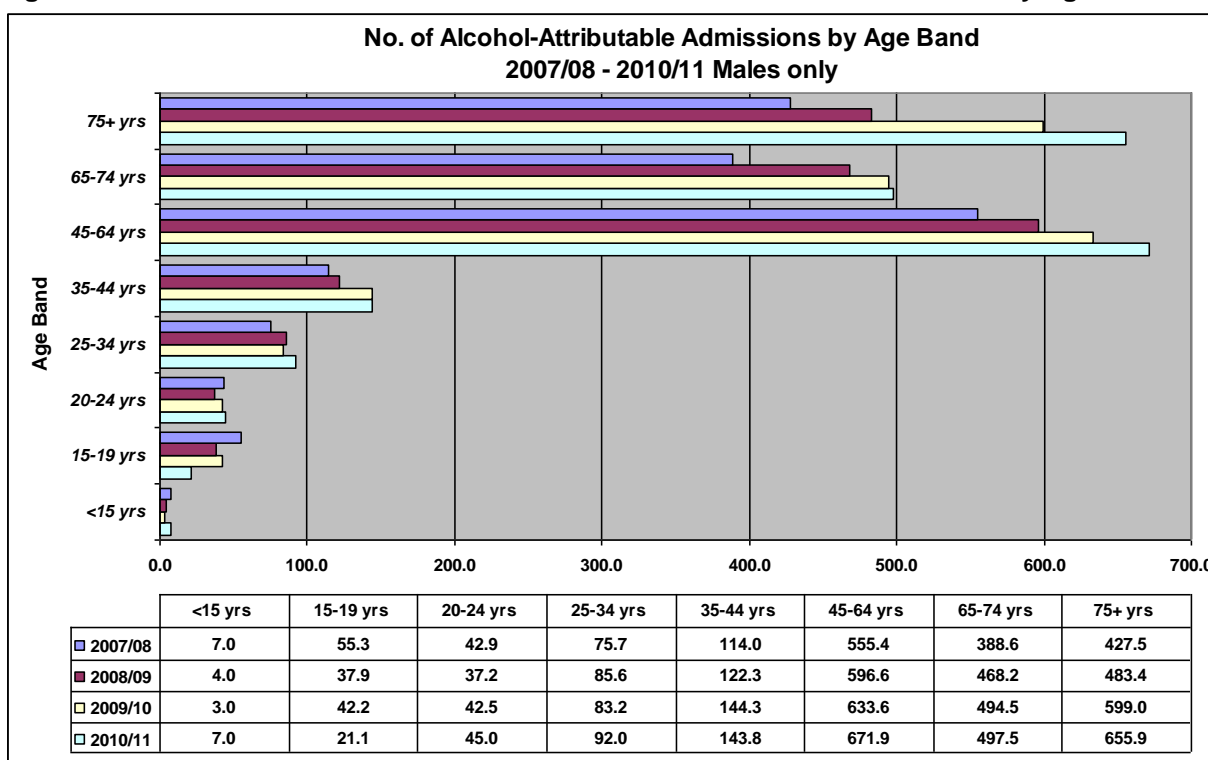
(Data Source: Hospital Episode Statistics (HES), Analysis: Public Health Dept, Herefordshire PCT)

Figure 1.9 Trends in Alcohol-Attributable Admissions of Herefordshire Residents, by Age Band



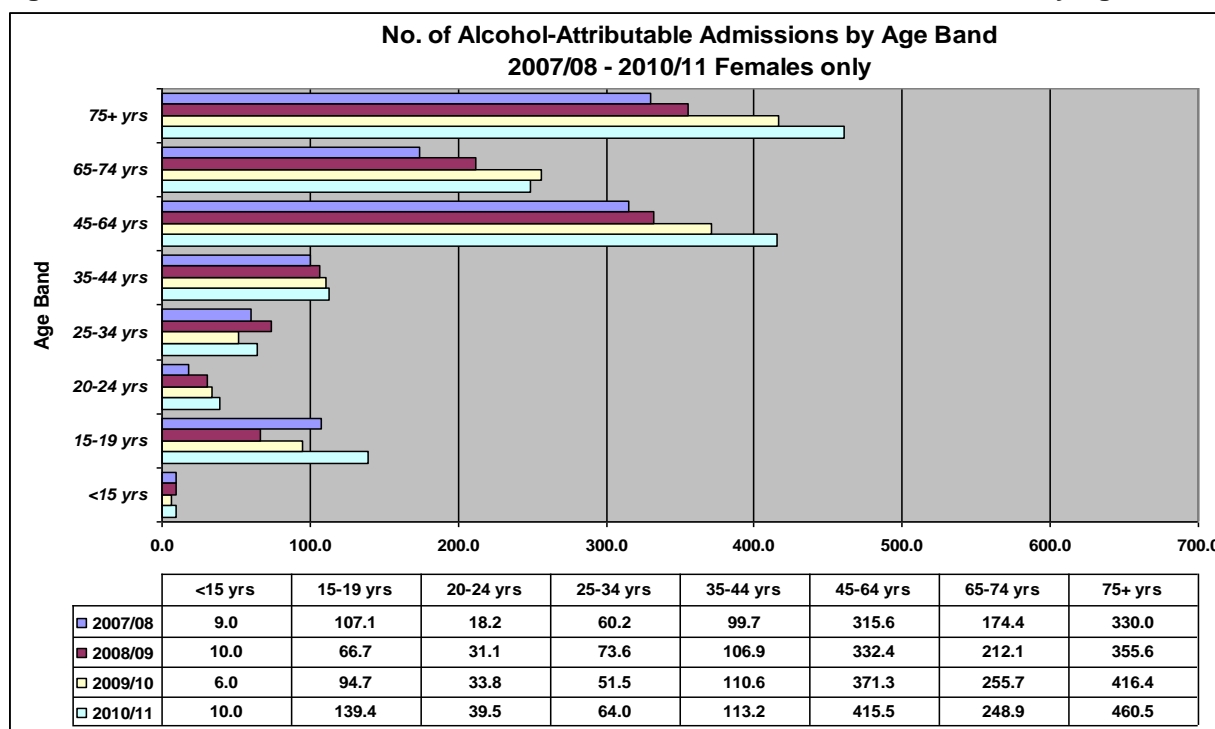
(Data Source: Hospital Episode Statistics (HES), Analysis: Public Health Dept, Herefordshire PCT)

Figure 1.10 Alcohol-Attributable Admissions of Herefordshire Residents - Male by Age Band



(Data Source: Hospital Episode Statistics (HES), Analysis: Public Health Dept, Herefordshire PCT)

Figure 1.11 Alcohol-Attributable Admissions of Herefordshire Residents - Female by Age Band

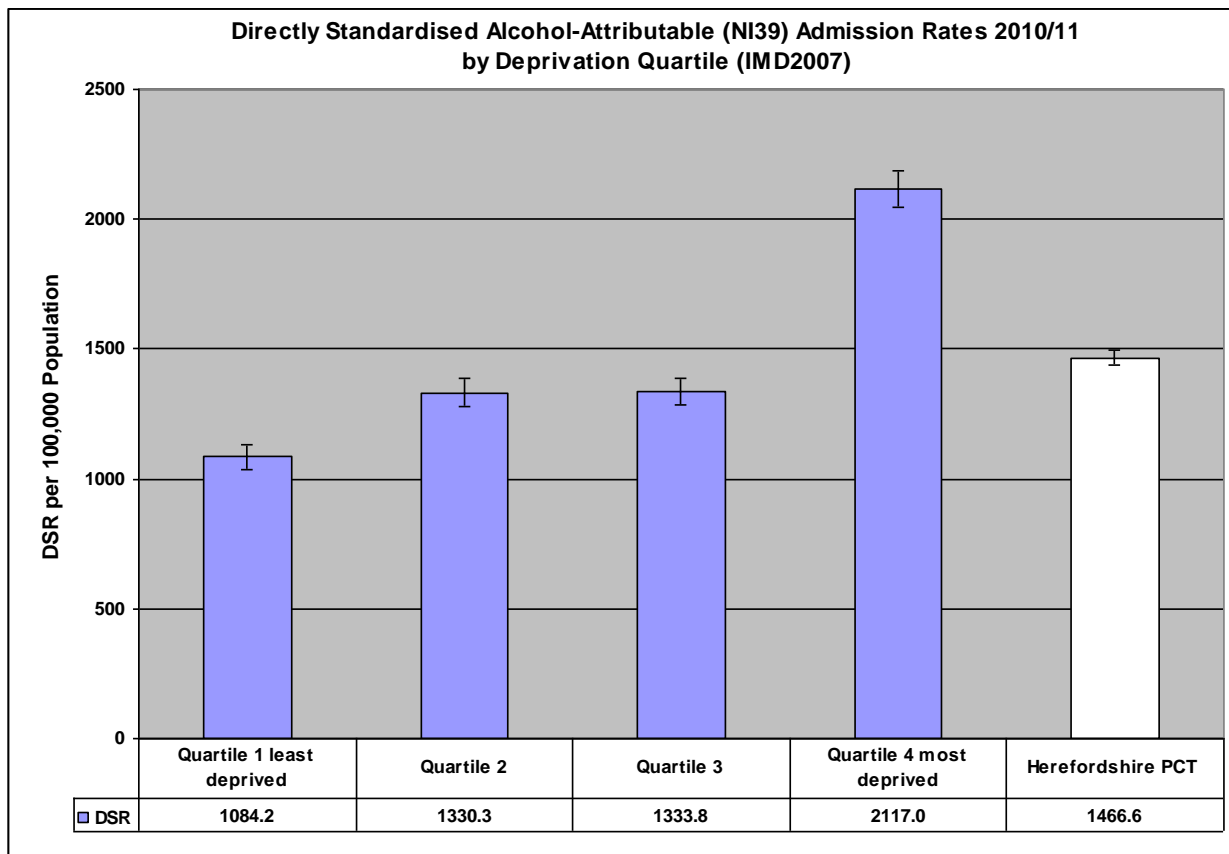


(Data Source: Hospital Episode Statistics (HES), Analysis: Public Health Dept, Herefordshire PCT)

Alcohol-attributable hospital admission data (2010-11) analysis by level of deprivation across the county show that a significant proportion of admissions come from deprived neighbourhoods. It further shows that a person living in the most deprived neighbourhood is twice as likely to be admitted with an alcohol-attributable condition as someone living in the least deprived neighbourhood (Figure. 1.12).

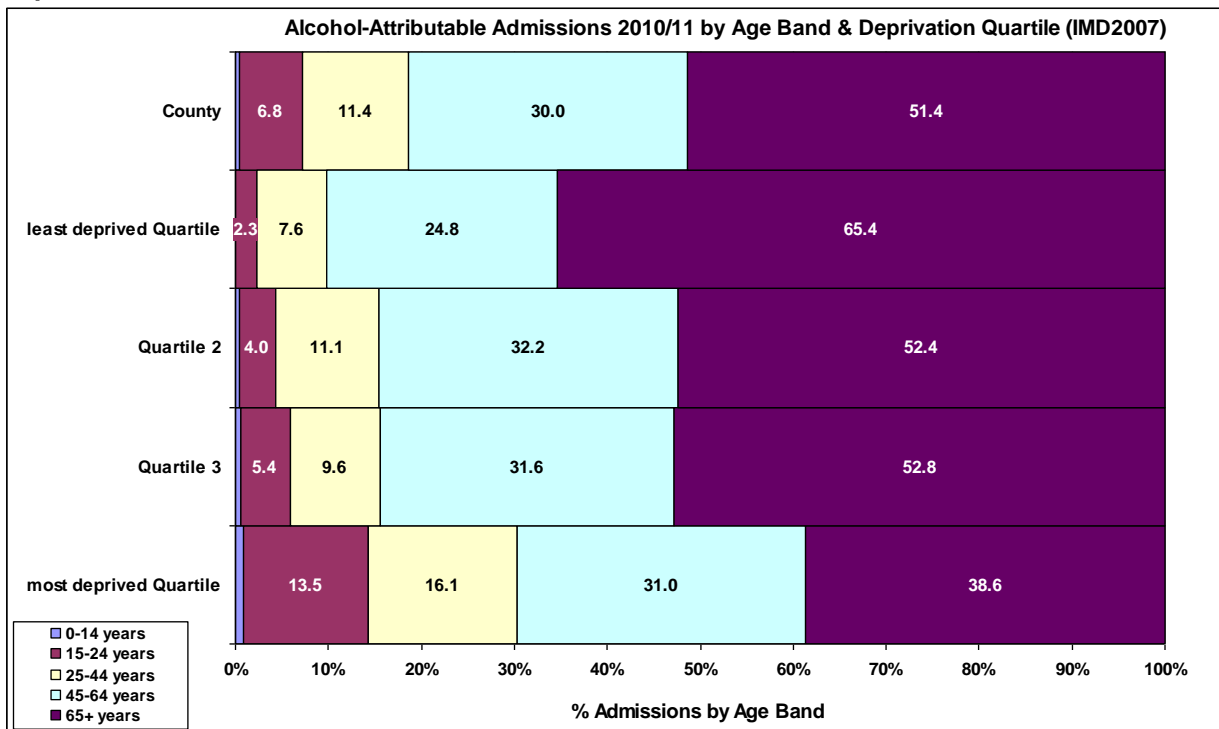
Further analysis shows that in the most deprived neighbourhoods of the county over 30% of alcohol-attributable admissions in 2010/11 were among those aged less than 45 years. This compares to less than 10% of admissions from the same age group in the least deprived neighbourhoods (Figure 1.13). Overall in Herefordshire around 7% of alcohol-related admissions were in those aged under 25 years, whereas in the most deprived neighbourhoods under-25s accounted for 14% of all alcohol-related admissions. This analysis shows an existence of a strong social gradient in alcohol related hospital admissions.

Figure 1.12 Alcohol-Attributable Admissions of Herefordshire Residents, by Deprivation Quartile



(Data Source: Hospital Episode Statistics (HES), Analysis: Public Health Dept, Herefordshire PCT)

Figure 1.13 Alcohol-Attributable Admissions of Herefordshire Residents, by Age Band & Deprivation Quartile



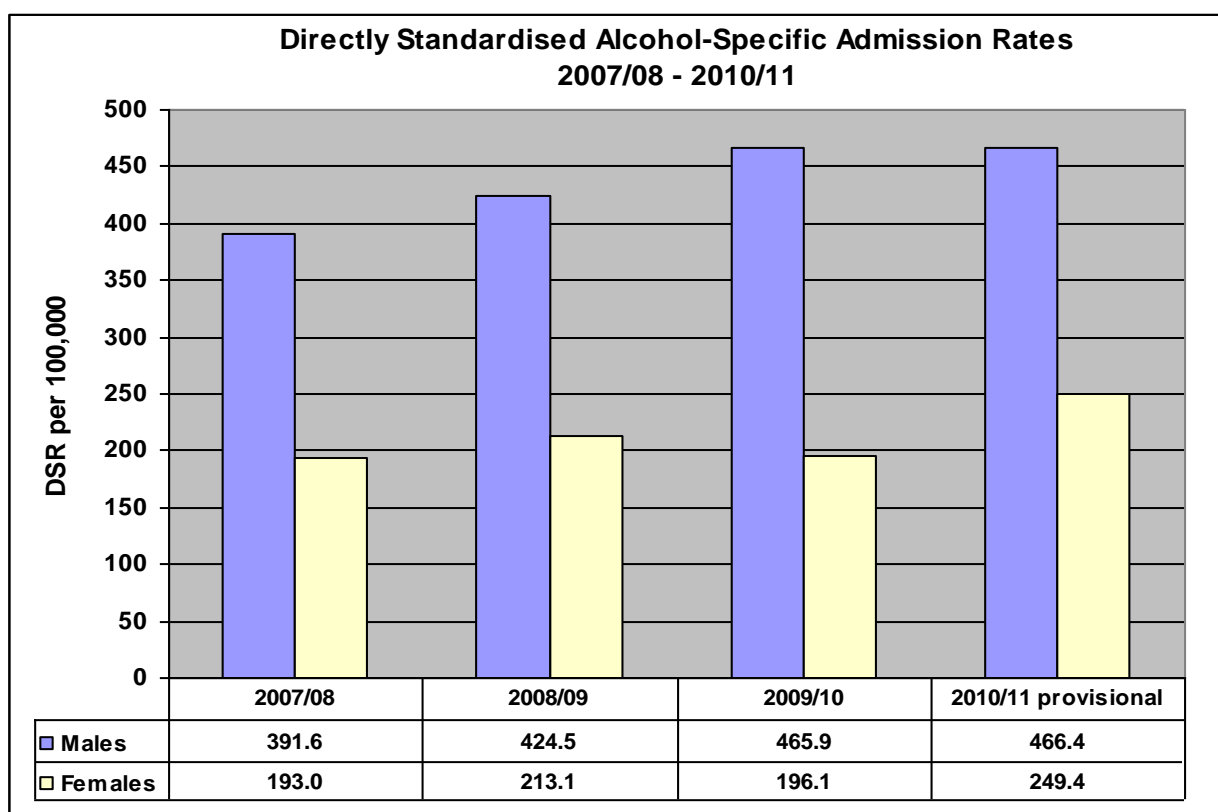
(Data Source: Hospital Episode Statistics (HES), Analysis: Public Health Dept, Herefordshire PCT)

3.4.2 Alcohol-specific hospital admissions

A total of 651 alcohol-specific admissions (ie, those diagnoses wholly related to alcohol consumption such as alcoholic liver disease or alcohol overdose) were recorded among Herefordshire residents in 2010-11. Male admissions account for two third of the admissions, and there has been an increase of 19% among males since 2007/08; whereas females admissions has increased by 29% in the same period (Figure 1.14).

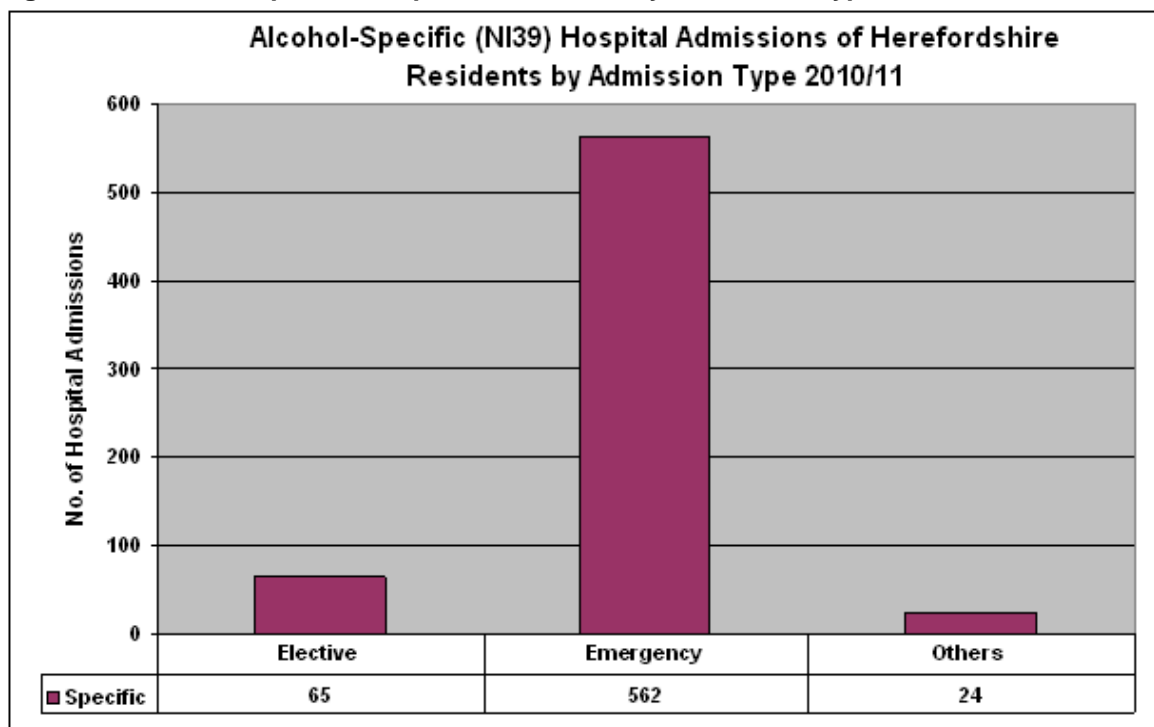
In 2010-11, 86% of the alcohol-specific admissions were through emergency admissions (Figure 1.15).

Figure 1.14 Trends in Alcohol-Specific Admissions of Herefordshire Residents



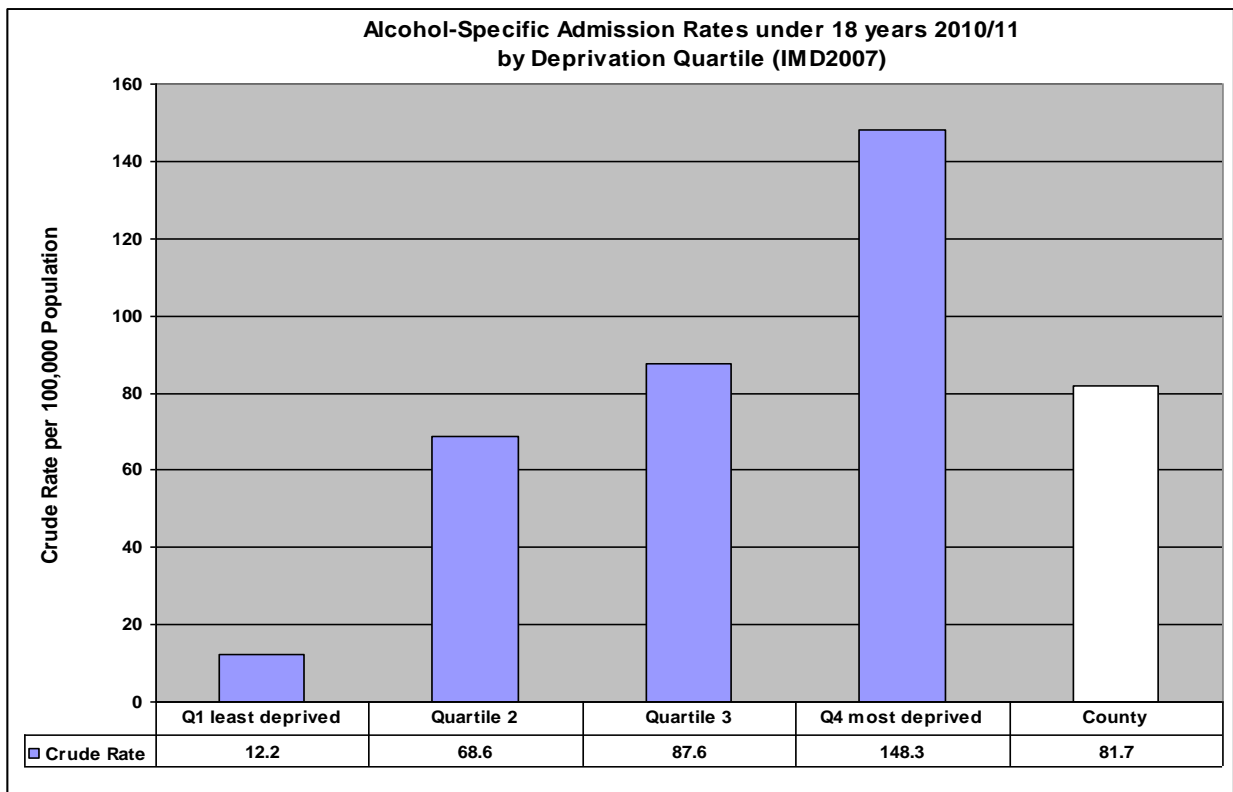
(Data Source: Hospital Episode Statistics (HES), Analysis: Public Health Dept, Herefordshire PCT)

Figure 1.15 Alcohol Specific Hospital Admissions by Admission Type 2010-11



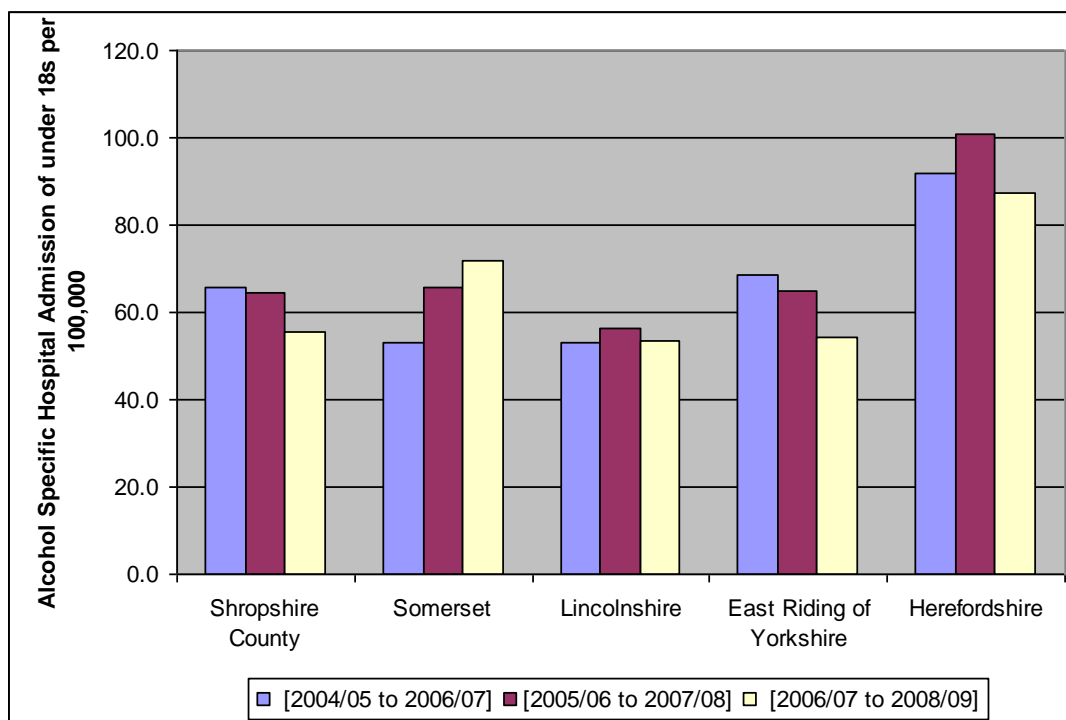
Alcohol-specific admissions also capture the effects of binge drinking among young people. Amongst those aged under 18 years provisional crude rates of alcohol-specific admissions are 81.7 per 100,000 population in 2010/11 compared to an average rate of 85.3 per 100,000 over the previous three years (2007/08 – 2009/10). However there is extreme variation in rates of admission of young people within the county, ranging from 12.2 admissions per 100,000 in the least deprived quartile to 148.3 per 100,000 in the most deprived quartile. This is an admission rate ratio between most and least deprived neighbourhoods of 12.2:1 (Figure 1.16).

Figure 1.16: Alcohol-Specific Admissions of Herefordshire Residents under 18 years, by Deprivation Quartile



The figure 1.17 shows alcohol-specific admissions for under 18s during 2004 to 2008. It illustrates the admission rates in Herefordshire population and its four closest statistical neighbours.

Figure 1.17 Alcohol-specific hospital admissions for under 18s for Herefordshire population and similar rural neighbours: 2004 to 2008.



Source: Local Alcohol Profile Herefordshire, NWPHO.

The figure illustrates that the alcohol-specific admissions for under-18s in Herefordshire are highest amongst statistically similar rural neighbourhoods. The figure averaged around 60 to 70 admissions per 100,000 for other rural neighbours, whilst admission rates exceeded 100 per 100,000 for Herefordshire.

This indicates that Herefordshire has a higher level of alcohol misuse under 18 age group in contrast to its rural neighbours and this should be taken into account.

3.4.3 Herefordshire health and well-being survey 2011 phase 1 report

The Herefordshire Health and Well-being Survey (HH&WS) was conducted in two Phases. Phase I ran from 8th November 2010 until 31st March 2011 and Phase II from 1st April 2011 to 30th September 2011. The Survey was designed to generate information on the health, well-being and lifestyle of the residents aged 16 years and over of Herefordshire. This report presents the results of Phase I in relation to alcohol misuse prevalence.

The questionnaire included a section on drinking habits in the past 12 months and then concentrated specifically on current alcohol intake based on the previous week's consumption.

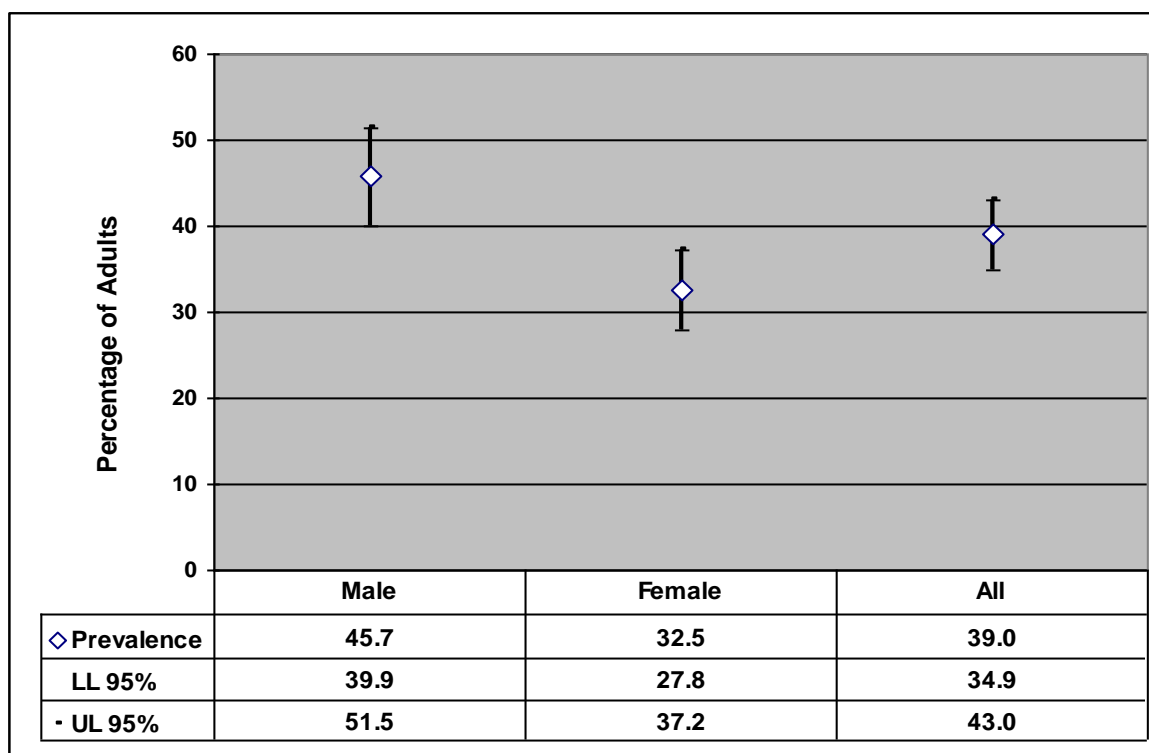
55% of adults drink alcohol on a weekly basis or more frequently, and 10% drink almost every day. Around 36% of adults reported drinking at a less than weekly frequency and 9% have not drunk at all in the past 12 months. Of those that were considered to be non-drinkers 29% stated they used to drink but have now stopped.

Of current drinkers, nearly three quarters (74%) consumed alcohol in the previous week, with 77% of drinkers stating that their maximum daily alcohol consumption occurred during the period Friday – Sunday.

Almost 40% of all respondents indicated that their level of alcohol consumption (based on the heaviest drinking day of the previous week) was potentially harmful or of ‘increased risk’ in that they were calculated to have exceeded guidelines or fallen into the category of ‘binge’ drinking⁷.

Males appear to have a significantly greater tendency to drink excessively. The proportion of all male respondents (including non-drinkers) who exceeded alcohol consumption DH guidelines (4 units daily) in the previous week was 46% (CI 40% – 52%). The proportion of female respondents – again including non-drinkers – who exceeded alcohol consumption guidelines (defined as 3 units daily) was 33% (CI 28% – 37%). These figures are illustrated in the graphic below (figure 1.18).

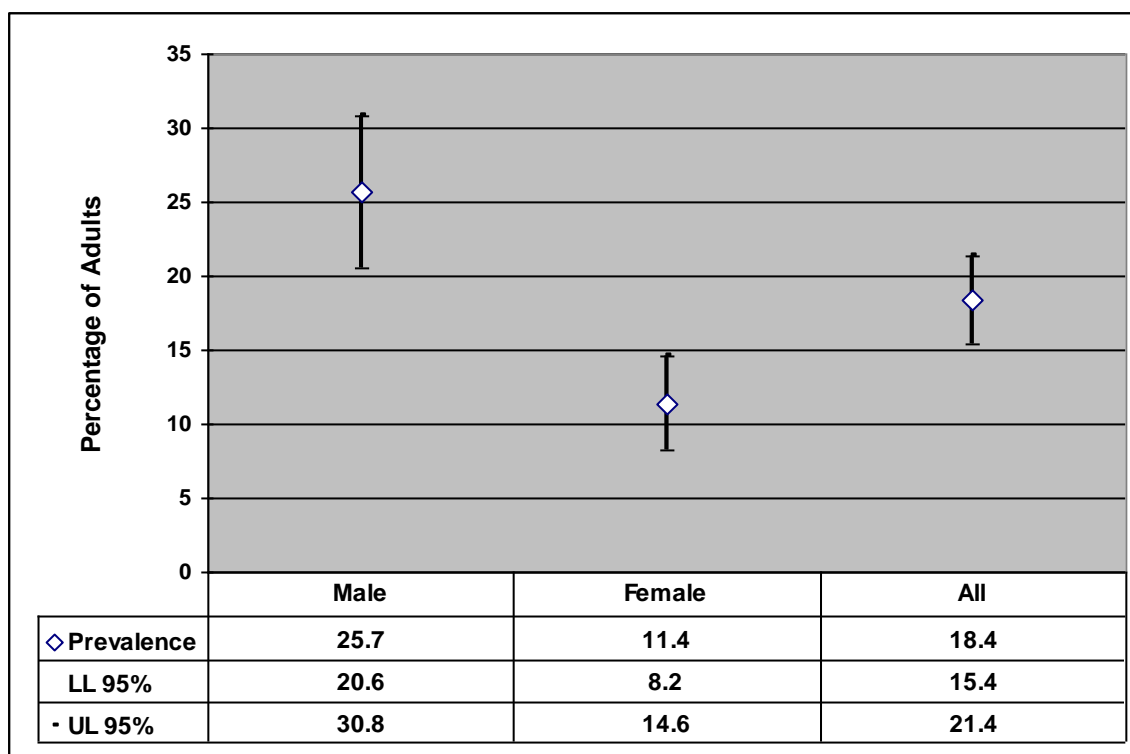
Figure 1.18: Percentage of adults who reported drinking above DH guidelines



The percentage of binge drinking males (8+ units daily) is 26% (CI 21% – 31%), including non-drinkers. Amongst females the equivalent binge drinking percentage (6+ units daily) is 11% (CI 8% - 15%), including non-drinkers. This significant variation between sexes is shown below (figure 1.19)

⁷ See appendix A for DH definition and guidelines on alcohol consumption

Figure 1.19: Percentage of binge drinking adults, by sex

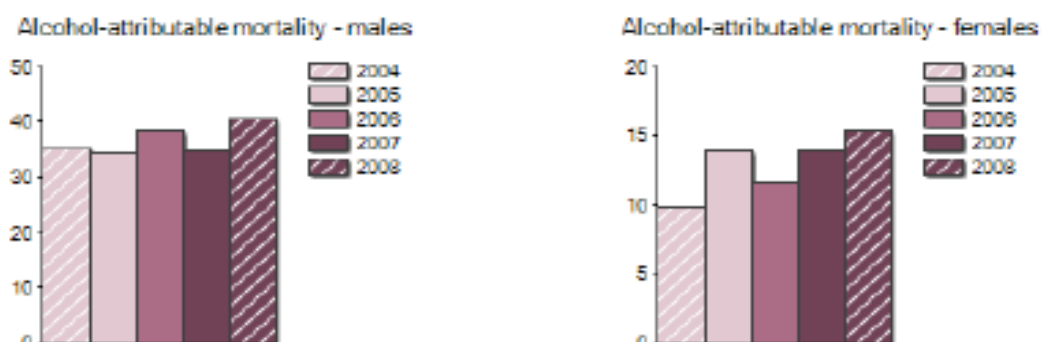


3.5 Mortality profile

There has been 53% increase in alcohol attributable mortality for females from 10 per 100,000 population in 2004 to 15.3 per 100,000 population in 2008; and for males increase has been 15% in the same period (Figure 1.20), though, overall alcohol-attributable mortality both for males and females is lower than the regional average.

Mortality from alcohol related road traffic accidents are a particular problem in Herefordshire. There were an estimated 4 deaths per 100,000 in 2008 in Herefordshire due to this cause. This was the highest amongst all local authorities in England (Source: NWPHO).

Figure 1.20 Alcohol-attributable mortality (Males & Females) 2005-09



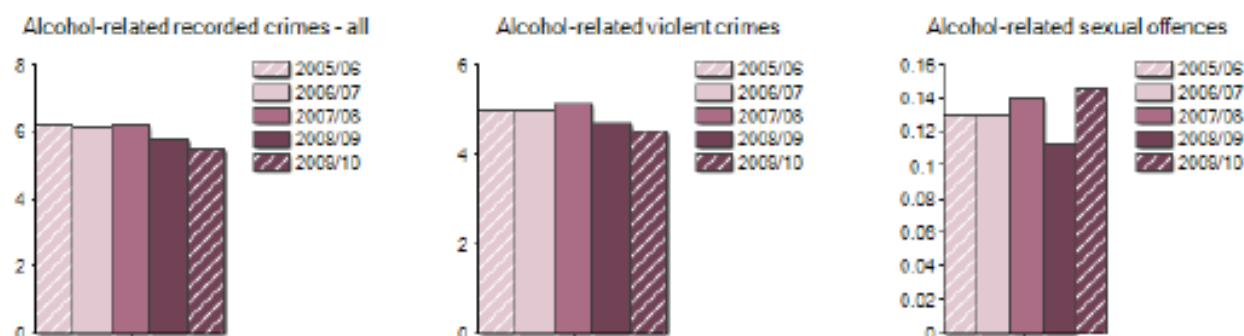
(Source: North West Public Health Observatory - LAPE Report 2010)

3.6 Crime and disorder profile

3.6.1 Alcohol related crime

Alcohol-related recorded crime rate (5.5 per 1,000 population) and alcohol-related violent crimes rate (4.5 per 1,000 population) are low compared to the regional averages (8.1 and 5.9 per 1,000 population respectively); and there has been a gradual fall in both rates since 2005-06 (Figure 1.21). However it is too early to discern a consistent trend.

Figure 1.21 Alcohol-related recorded crime 2005-10



(Source: North West Public Health Observatory - LAPE Report 2010)

In 2010-11, a total of 9232 crimes were recorded under various Home Office categories within Herefordshire (Table 1.9). For 16.5% of them alcohol was recorded as a significant factor (i.e. alcohol marker). Alcohol marker is assigned to a crime where either victim or offender or even witness was under the influence of alcohol. Across various crime categories, violence against person has the highest percentage of cases with alcohol marker (45.6%), followed by sexual offences with 23%.

Table 1.9 Recorded crimes with alcohol marker 2010-11 in Herefordshire

Home Office categories of crimes	Total number of crimes	Number of crimes with alcohol marker	Percentage of crimes with alcohol marker
Violence Against the Person	2132	973	45.6%
Sexual Offences	183	42	23.0%
Burglary Dwelling and Burglary Other	1014	19	1.9%
Criminal Damage	1743	212	12.2%
Drug Offences	272	44	16.2%
Fraud & Forgery	285	7	2.5%
Theft & Handling	3375	128	3.8%
Other Offences, including Robbery	228	99	43.4%
Total	9232	1524	16.5%

Source: Herefordshire Community Safety Partnership

Domestic violence (DV) has been a significant problem in Herefordshire. In 2010-11 a total 2,532 cases were flagged up as domestic violence cases and 39% of them had alcohol marker recorded (Table 1.10).

Table 1.10 Recorded domestic violence cases with alcohol marker 2010-11 in Herefordshire

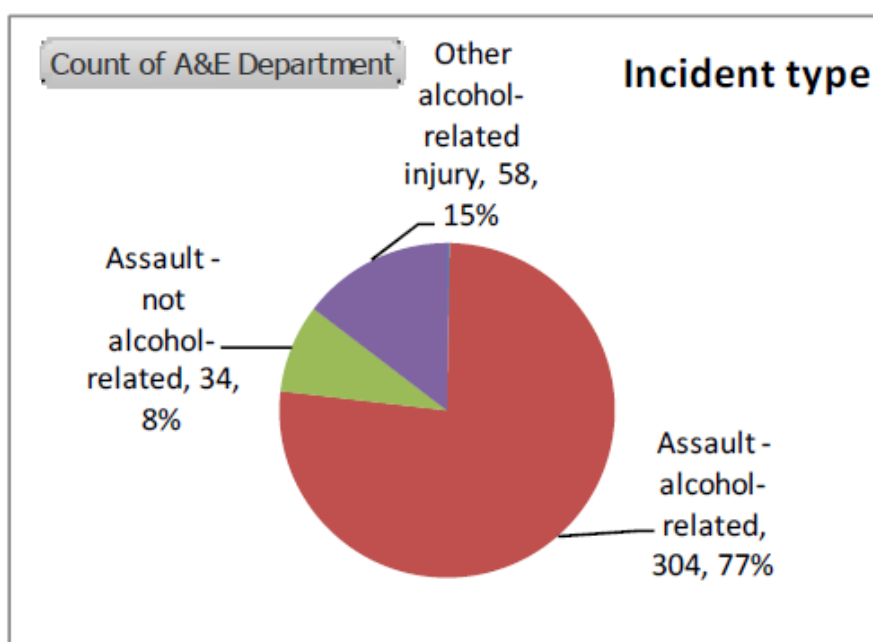
Domestic Violence 2010-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Annual Total
Recorded number of items flagged as DV	189	251	218	228	218	218	227	195	183	230	181	194	2532
Total DV where alcohol was a factor	74	92	102	94	83	71	76	82	80	99	62	74	989
Percentage of DV where alcohol was a factor	39.2%	36.7%	46.8%	41.2%	38.1%	32.6%	33.5%	42.1%	43.7%	43.0%	34.3%	38.1%	39.1%

Source: Herefordshire Community Safety Partnership

3.6.2 A&E database

The hospital implemented a database on 21st September 2010, and records anonymous data about patients arriving in A&E Reception who have been assaulted or sustained an alcohol-related injury. From data recorded from inception (21st September 2010) to mid October 2011, there were 397 attendances recorded on the A&E Reception database, 85% (N=338) were alleged assaults and 304 of these were recorded as being alcohol related assaults, the majority of which are linked to the night-time economy (Figure 1.22).

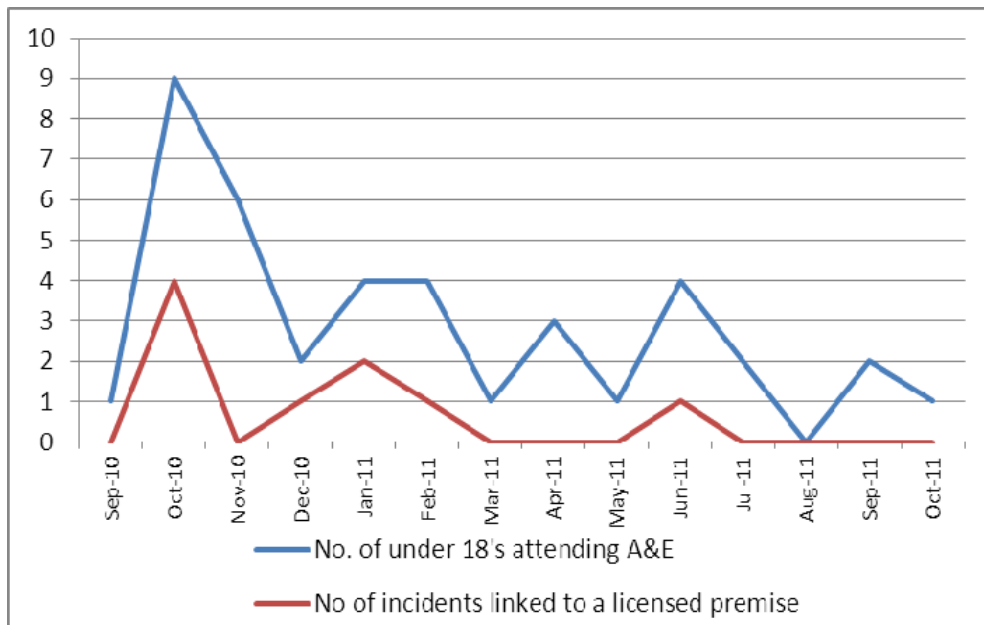
Figure 1.22 Attendances to A&E that were alleged of injury and assaults during September 2010 to October 2011



Data source: Linxs database, A&E

164 incidents can be linked to a licensed premise, however the incident may not necessarily have occurred in a licensed venue. A new data field has been included to record where the patient spent the majority of their time drinking. There have been 40 attendances aged between 13 and 17 (23 male and 17 female). 27 of these were due to assault and 13 for alcohol-related injury. 9 were linked to a licensed premise and the police and council licensing officers have made full and proactive use of this data. As a result of this proactive work the numbers of under 18's recorded on the database for attending A&E has fallen, with no incidents linked to a licensed premise since June 2011 (Figure1.23).

Figure 1.23 Number of under 18s attendances to A&E and incident linked to licensed premises during September 2010 to October 2011



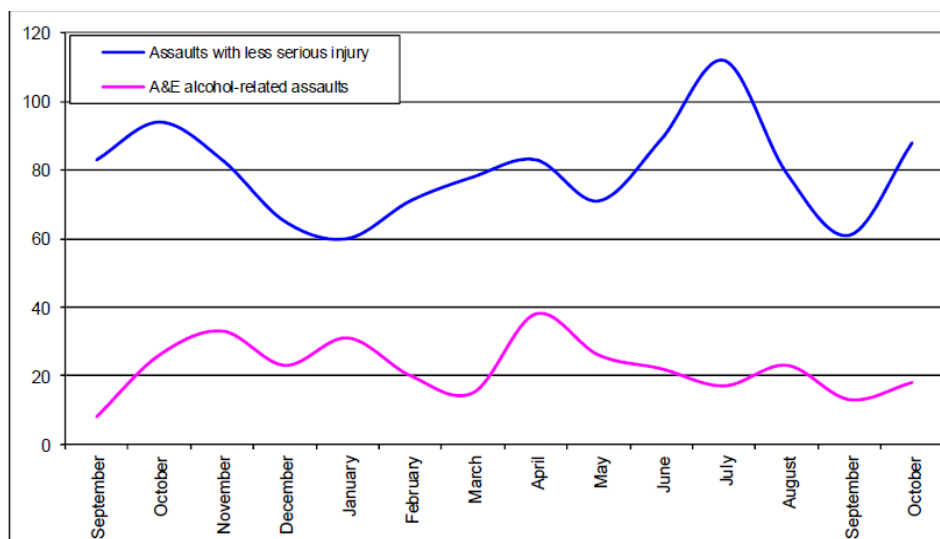
Data source: Linxs database, A&E

The peak days for alcohol-related attendances are at weekends between the hours of 11pm and 3am.

Assaults with less serious injury

The figure 1.24 shows the number of police recorded assaults with less serious injury from September 2010 to 31st October 2011 and the number of assaults recorded on the A&E database. The number of police recorded assaults with less serious injury increased in March, June and July; however the number of alcohol-related assault attendances at A&E decreased during this period.

Figure 1.24 Number assaults with less serious injury and alcohol related assaults during September 2010 to October 2011



3.6.3 Alcohol outlets and alcohol related assault or accidents

There are approximately 1000 licensed premises throughout Herefordshire. Following are types of various licensed premises found in Herefordshire.

- Beer wines spirits	12
- Brewers	2
- Café/Snacks	15
- Caterers	3
- Cider producer	12
- Factory	2
- Food Retailer	32
- Fruit and Veg Farm	1
- Garden center	2
- Farm	6
- Post office	2
- Golf course	9
- Grocer	19
- Hotels/Guest houses	18
- Leisure centre	2
- Licensed restaurant	81
- Licensed club/disco	65
- Other off-licensed premises	661
- Public Houses	66
- Supermarkets	27
- Takeaway foods	7
- Unlicensed club	3
- Village hall	3
- Vineyard	2

The figure 1.25 shows the location of various alcohol related assault or accident against the location of various licensed premises indicating that alcohol related assaults and accidents generally occur close to the licensed premises.

3.6.4 Probation Services

Information from probation services reported a total 438 offenders reporting to their services over the last 5 years. The following table provides and age, and gender breakdown of the offenders. Based on the reporting to the probation services, it is estimated 49.5% of the offenders were linked to alcohol misuse.

The following table provides a breakdown by age, gender and ethnicity of the all offenders reported to the probation services.

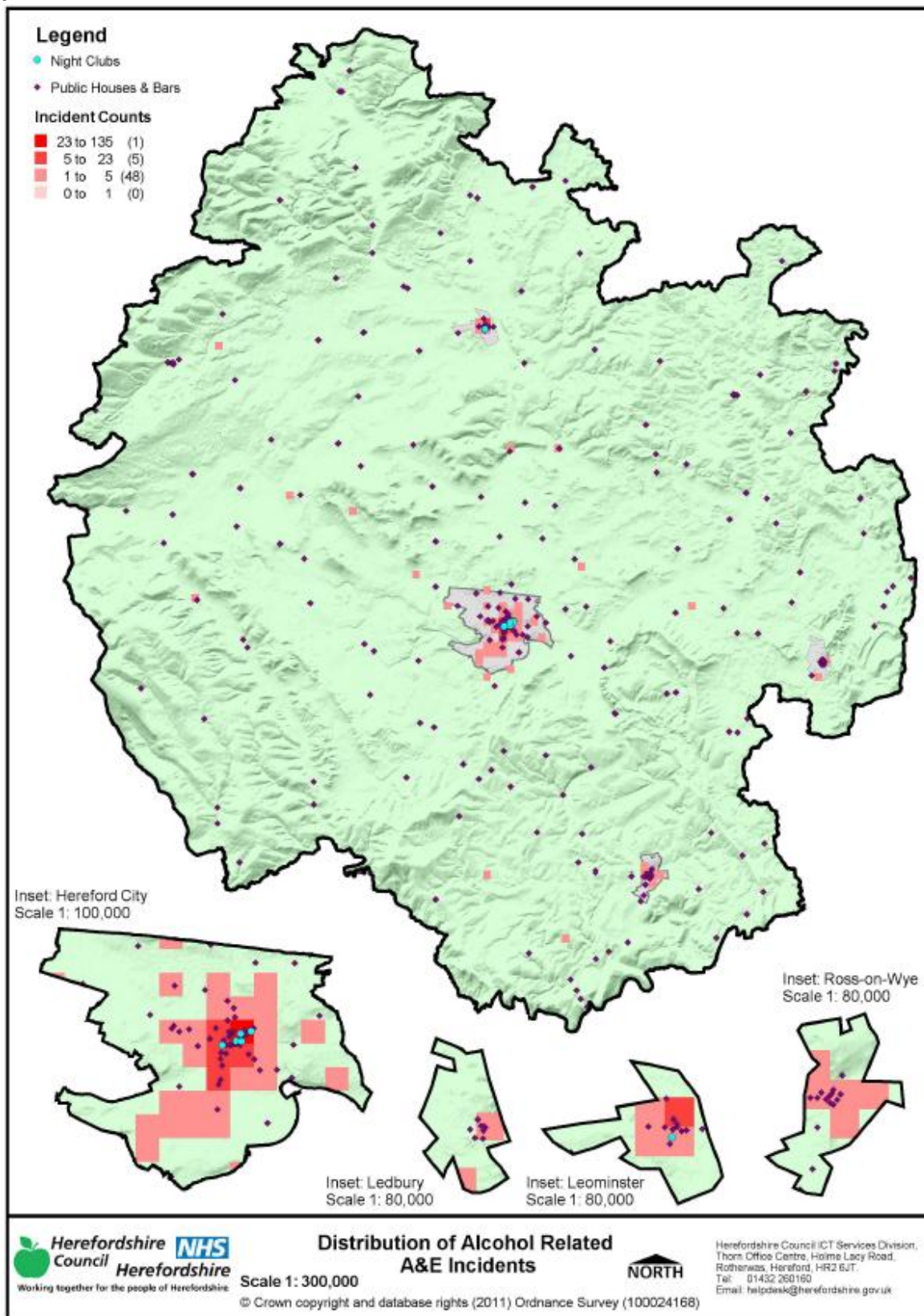
Table 1.11: Breakdown of total offenders reporting to probation services by age group

District	Age Group	Number of Offenders	Percentage
Herefordshire	18 - 20	67	15.30%
	21 - 25	104	23.74%
	26 - 34	114	26.03%
	35 - 49	122	27.86%
	50 - 64	26	5.94%
	65+	5	1.14%
Sum:		438	

Table 1.12: Breakdown of total offenders reporting to probation services by Gender

District	Gender	Number of Offenders	Percentage
Herefordshire	Female	57	13.01%
	Male	361	86.99%
	Not known		0.08%
Sum:		438	

Figure 1.25 Link between alcohol related assault or accident and location of licensed premises.



3.7 Underage sales

Under age sales were obtained from the CENTSA regional report 2010/11. In Herefordshire there have been a total of 107 visits trading standards during 2010-11, which revealed 15 under age sales (14%). This was higher than overall west Midlands's average which was 12.3%.

Amongst the 107 visits in Herefordshire, there were total of 35 visits in on-licensed premises which identified 13 under age sales (37.1%) whilst there were a total of 72 visits in off-licensed premises which identified 2 under age sales (2.8%). This clearly shows that Herefordshire has a problem with under age sales in on-licensed premises, which seems to elevate the overall Herefordshire average.

4. Conclusion

Alcohol misuse is clearly a significant problem in Herefordshire. Recent health and well-being survey highlighted the fact that more than 40% of respondents admitting they consumed alcohol more than the recommended weekly levels. Underage drinking, is of a particular concern in Herefordshire where prevalence of alcohol misuse is greater than that of statistically similar neighbours such as Shropshire. As a result of the excessive drinking profile, Herefordshire displays significant adverse consequences of alcohol misuse. Both alcohol-related and alcohol-specific hospital admissions are rising year on year with 2011 figures reporting the highest levels. This is not only significant cause of morbidity for Herefordshire residents but also a considerable burden to the local economy. As well as causing health harm, alcohol misuse is a major contributory factor for crime and disorder in Herefordshire. Large proportion of violent crimes and assaults reported to A&E are alcohol related.
