



# ALCOHOL

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Herefordshire Council Strategic Intelligence Team

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## SUMMARY - KEY MESSAGES

### Alcohol Consumption

- In 2014 the volume of alcohol purchased per person in Herefordshire was 6.4 litres, a figure significantly higher than those recorded for England and the West Midlands.
- In Herefordshire 56 per cent of adults drink on a weekly basis while 10 per cent do not drink.
- Across the Herefordshire males drink more often than females, a pattern which is evident at all ages, although for both genders the average frequency of drinking increases with age until 65 years of age after which frequency falls.
- Over the period 2001 – 2014 26 per cent of adults in Herefordshire exceeded the guideline limits for alcohol consumption consumed more than 14 units per week, a figure similar to that recorded both for nationally and regionally.
- 21 per cent of adults in Herefordshire binge drink on their heaviest drinking day.
- A greater proportion of adults from the most deprived areas of Herefordshire abstain from alcohol (24 per cent) compared to less deprived areas. However, the highest proportion of adults binge drinking (22 per cent) is reported in the most deprived areas with lowest level of binge drinking (17 per cent) recorded in the least deprived areas.
- In Herefordshire 73 per cent of 15 year olds have consumed alcohol, with 8 per cent classed as regular drinkers.

### Drinking Ill Health and Mortality

- Estimates for the level of **harmful drinking** indicate that 5 per cent of drinkers in Herefordshire are harmful drinkers, a figure broadly similar to those reported for England and the West Midlands.
- In 2014/15 there were over 3,000 **alcohol related hospital admissions** in Herefordshire of which almost two thirds were males. The local admission rate is significantly lower than those reported for England and the West Midlands the difference widening between 2008/09 and 2014/15.
- The alcohol related hospital admissions rate in Herefordshire increases with age up to 64, after which the rate falls with age.
- Across Herefordshire the highest proportion of alcohol specific admissions are from the most deprived areas of the county.
- Between 2008-09 and 2014/15 the admission rate for **alcoholic liver disease** in Herefordshire approximately doubled, although the local rate was consistently lower than national and regional figures.
- Between 2008-09 and 2014/15 the admission rate for **alcoholic cardiovascular disease** in Herefordshire increased by 15 per cent, although the local rate was consistently lower than national and regional figures.
- Between 2008-09 and 2014/15 the local admission rate for **mental and behavioural disorders** due to use of alcohol showed some small variations although the Herefordshire figure was consistently lower than the national and regional figures.
- In Herefordshire the **alcohol related mortality rate** showed general downward trend between 2008 and 2014. In 2015 the rate of 46 per 100,000 was broadly similar to both the national and regional figures.
- Between 2008 and 2014 the local male alcohol related mortality rate was on average almost twice that recorded for females.
- Across Herefordshire the alcohol related mortality rate was significantly higher in the most deprived areas of the county while the lowest rate was recorded in the least deprived areas.

- In the period 2013-15 there were 39 death in Herefordshire associated with **alcoholic liver disease** which represented 81 per cent of all alcohol specific deaths in the county, a similar proportion to those reported for England and the West Midlands.
- Over the period 2012-14 the average number of **years lost to life** per alcohol-related death across Herefordshire was 11 years which was lower than the national and regional figures which were both 13 years.
- Locally, the average number of years lost to life per alcohol-related death for males (12.3 years) was 40 per cent higher than that for females (8.8 years).

## INTRODUCTION

Alcohol plays a key role in social lives of many societies with the vast majority of people consuming alcohol do so without any problems. In UK, as well as playing a key role in society, alcohol makes a significant contribution to the economy with the total value of the UK alcohol drinks market exceeds £30 billion per year and the industry providing more than 1 million jobs. In the financial year 2013/14 HM Revenue and Customs (HMRC) received approximately £10 billion from alcohol duties which represented 2 per cent of total tax receipts for that year.

Alcohol consumption has doubled in the UK since 1950s. Alcohol consumption is a contributing factor to hospital admissions and deaths from a wide range of conditions and in 2014/15 there were 1.1 million estimated admissions related to alcohol consumption. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. In 2014, there were 6,831 deaths which were related to the consumption of alcohol which represented 1 per cent of all deaths.

This report provides an overview of alcohol statistics for Herefordshire. Primary data sources are Office for National Statistics (ONS), Public Health England (PHE) and Herefordshire Health and Well-Being Survey unless otherwise stated.

## DRINKING BEHAVIOUR

The Department of Health has set out guidelines outlining recommended alcohol consumption limits and classified levels of drinking according to amounts consumed<sup>1</sup>.

In relation to **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 alcohol<sup>5</sup>.

**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)

## PURCHASING OF ALCOHOL

The average cost of alcohol in England increased by 29 per cent between 2007 and 2015 and since 2005 the price has risen by 1 per cent relative to retail prices. However, as real households' disposable income has increased by 11 per cent alcohol has become 2% more affordable since 2005<sup>2</sup>. Statistics describing national household<sup>3</sup> expenditure indicate that the amount spent on alcohol has remained relatively constant since 2012 and in 2015 was £3.32 per person per week. In 2014 the volume of alcohol purchased per person in Herefordshire was 6.4 litres, a figure significantly higher than both the

<sup>1</sup> Safe. Sensible. Social. The next steps in the National Alcohol Strategy. Department of Health, 2007.

Available at: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_075219.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf)

<sup>2</sup> Statistics on Alcohol. England, 2016. HSCIC.

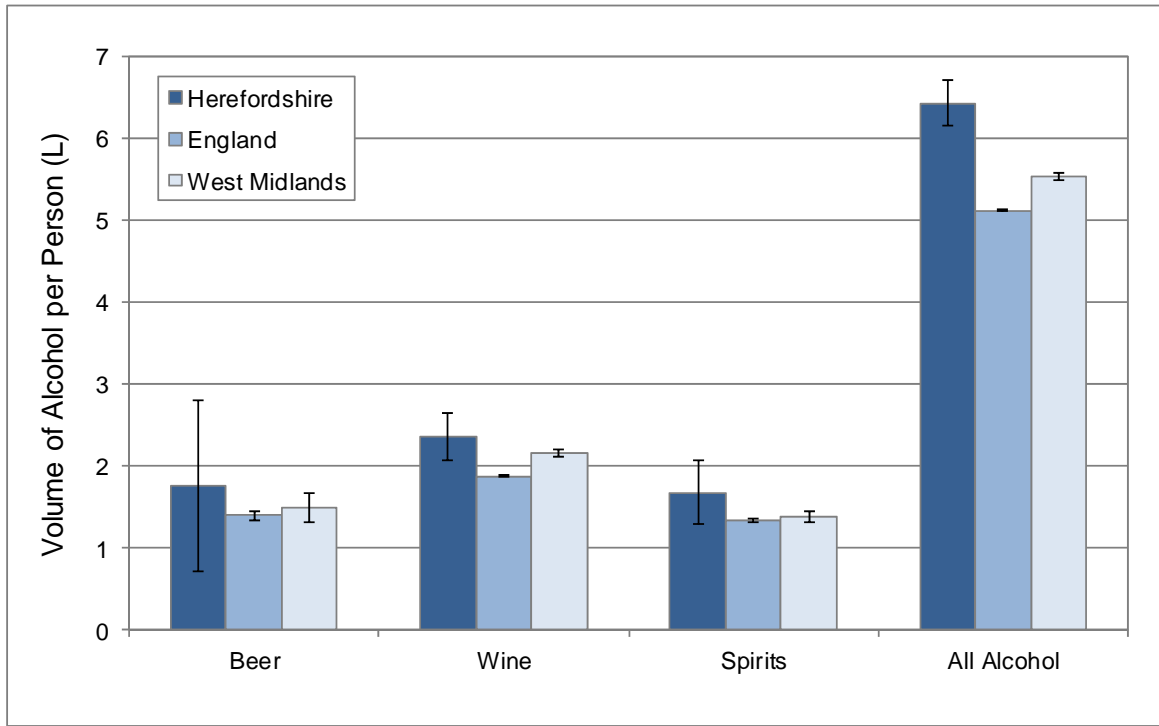
Available at: <http://content.digital.nhs.uk/catalogue/PUB20999/alc-eng-2016-rep.pdf>

<sup>3</sup> Family Food 2015. Department of the Environment, Food and Rural Affairs.

Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/597667/Family\\_Food\\_2015-09mar17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/597667/Family_Food_2015-09mar17.pdf)

national (5.1 litres) and regional (5.5 litres) - Figure 1. Wines represent the greatest volume bought in Herefordshire, a pattern mirrored both nationally and regionally.

**Figure 1: Average quantity (litres) of alcohol sold per adult (18+) through the off-trade by alcohol product type in Herefordshire, England and the West Midlands, 2014.**



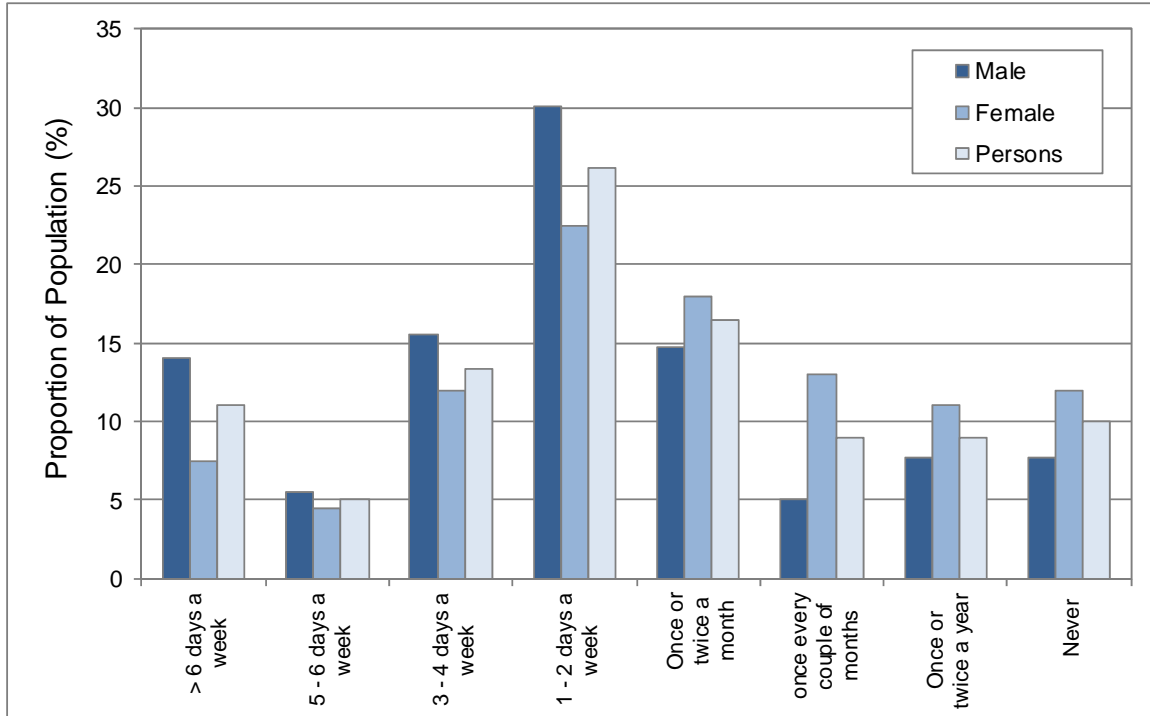
Source: PHE – Local Alcohol Profiles for England

## ALCOHOL CONSUMPTION - ADULTS

The Herefordshire Health and Well-Being Survey<sup>4</sup> undertaken in 2011 included a section on drinking habits over the previous 12 months and on alcohol intake based on the previous week's consumption. The findings indicated that 56 per cent of adults reported consuming alcohol on a weekly basis, ranging in frequency from 26 per cent who drank alcohol on average once or twice a week to 11 per cent drinking almost every day. The proportion of males drinking on a weekly basis was 65 per cent, which was significantly higher than the female figure of 46 per cent. Similarly, the proportion of males who drank almost every day (14 per cent) was significantly higher than the female rate of consumption (8 per cent). Ten per cent of adults reported that they had not consumed any alcohol over the previous 12 months, while a 35 per cent drank less than once a week on average. This data indicates that on average males tend to drink more often than females, a pattern which is evident at all ages, although for both genders the average frequency of drinking increases with age until 65 years of age after which frequency falls (Figure 3).

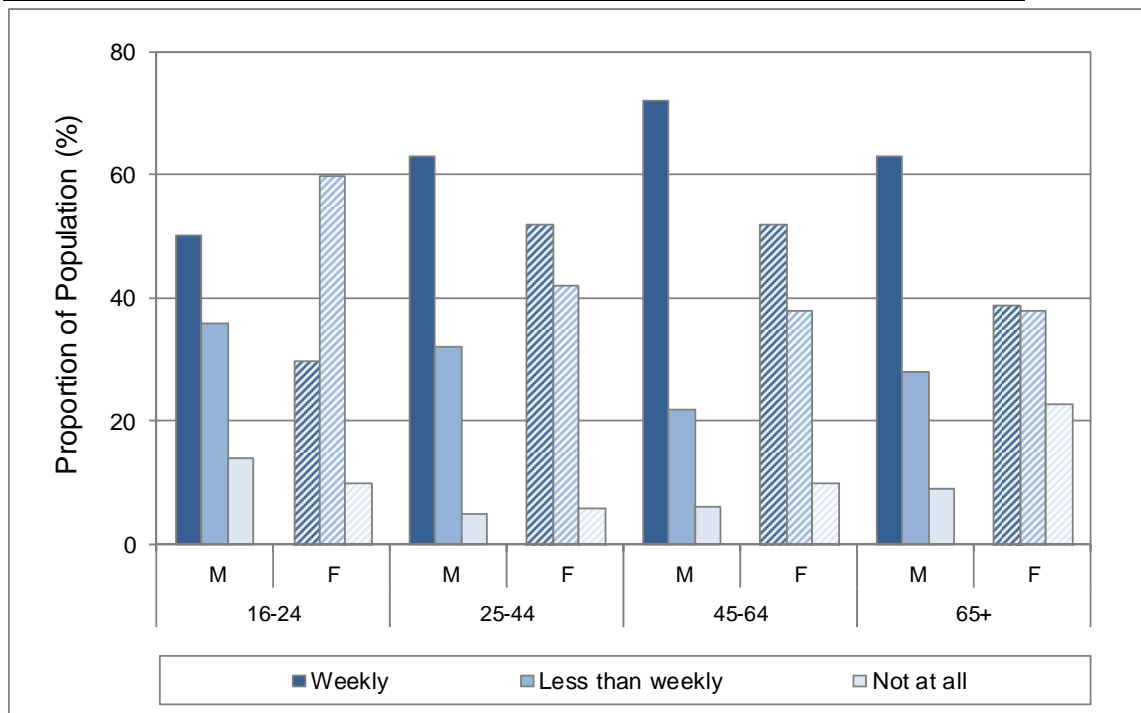
<sup>4</sup> Herefordshire Health and Well-being Survey, 2011. Themed Report – Alcohol. April 2013. Herefordshire Council. Available at: <https://factsandfigures.herefordshire.gov.uk/media/9944/alcohol-2013.pdf>

**Figure 2: Average frequency of alcohol consumption in Herefordshire, 2011.**



Source: Herefordshire Health and Well-Being Survey

**Figure 3: Average frequency of alcohol consumption by gender and age in Herefordshire, 2011.**

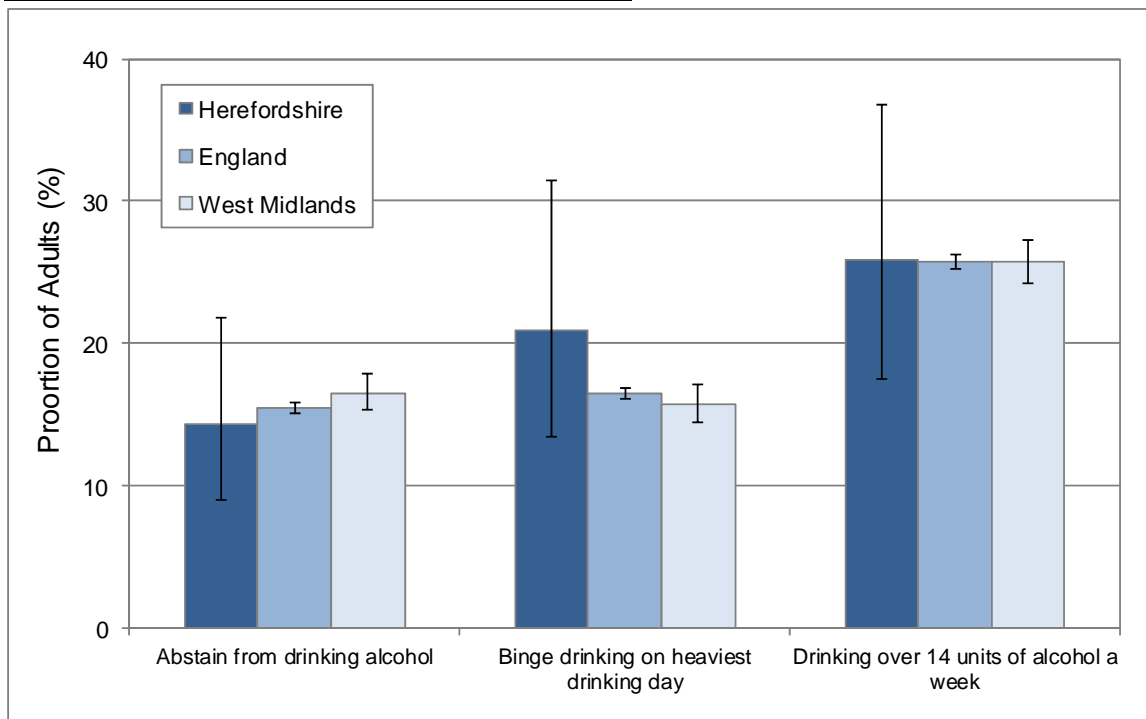


Source: Herefordshire Health and Well-Being Survey

Recommendations from the UK Chief Medical Officer state that in order to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis<sup>5</sup>. Data for 2001 – 2014 indicate that in Herefordshire 25.9 per cent of adults consumed more than 14 units per week, a figure similar to that recorded both nationally and regionally (Figure 4). Over the same period 21.0 per cent of adults in Herefordshire reported binge drinking<sup>6</sup> on their heaviest drinking day in the week compared to 16.5 per cent across England and 15.8 per cent in the West Midlands. Locally the proportion of adults abstaining from alcohol was 14.4 per cent, a figure marginally lower than that recorded nationally (15.5 per cent) or regionally (16.6 per cent).

In relation to the level of deprivation across Herefordshire 45 per cent of adults in the most deprived areas abstain from alcohol, a figure appreciably higher than in less deprived quintiles where the proportions varied between 29 and 32 per cent (Figure 5). It is interesting to note that the highest proportion of adults binge drinking (22 per cent) was also reported in the most deprived areas. However, a significantly lower proportion of residents in the most deprived areas also reported drinking within guidelines (18 per cent) compared to 26 per cent across the county as a whole. The lowest level of binge drinking in Herefordshire (17 per cent) was recorded in the least deprived areas.

**Figure 4: Proportion of adults abstaining from alcohol and those drinking above guidelines in Herefordshire, England and the West Midlands, 2011-2014.**



Source: PHE – Local Alcohol Profiles for England

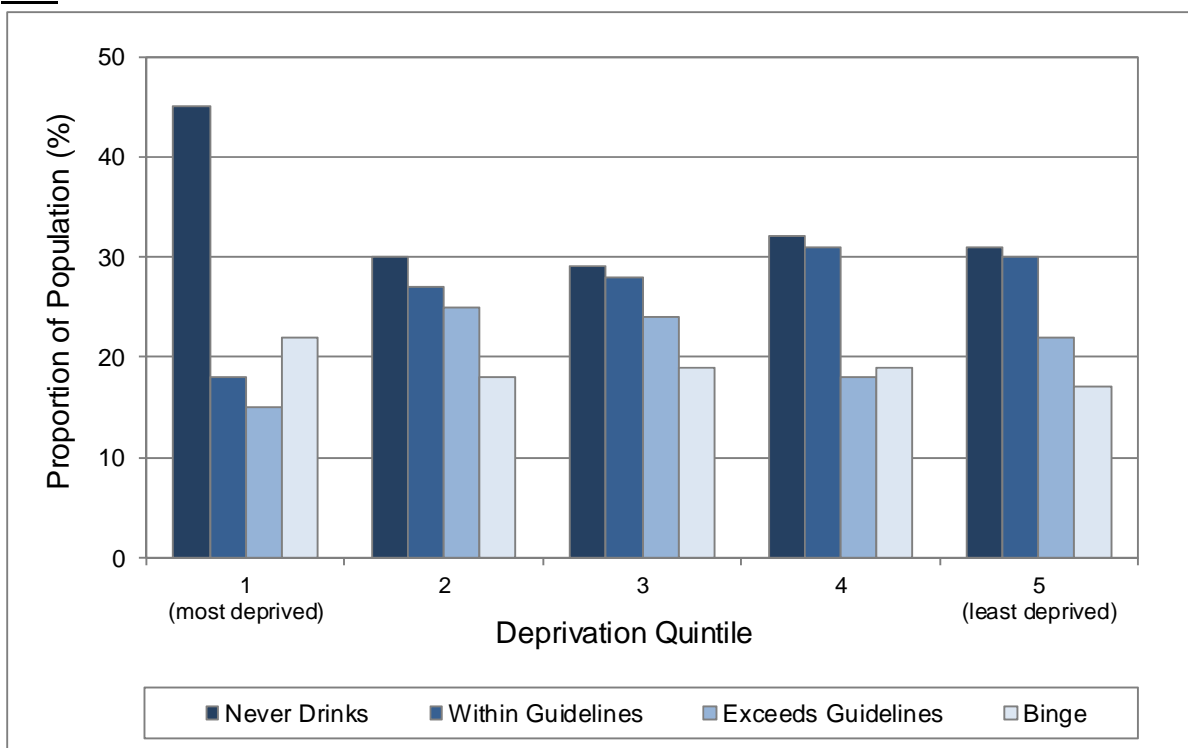
<sup>5</sup> UK Chief Medical Officers' Low Risk Drinking Guidelines. Department of Health. April 2016.

Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545937/UK\\_CMOs\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf)

<sup>6</sup> The Government's Alcohol Strategy defines binge drinkers as men who report exceeding eight units of alcohol on their heaviest drinking day in the week before interview, and women who report exceeding six units.



**Figure 5: Drinking behaviour in relation to consumption guidelines by level of deprivation in Herefordshire, 2011.**



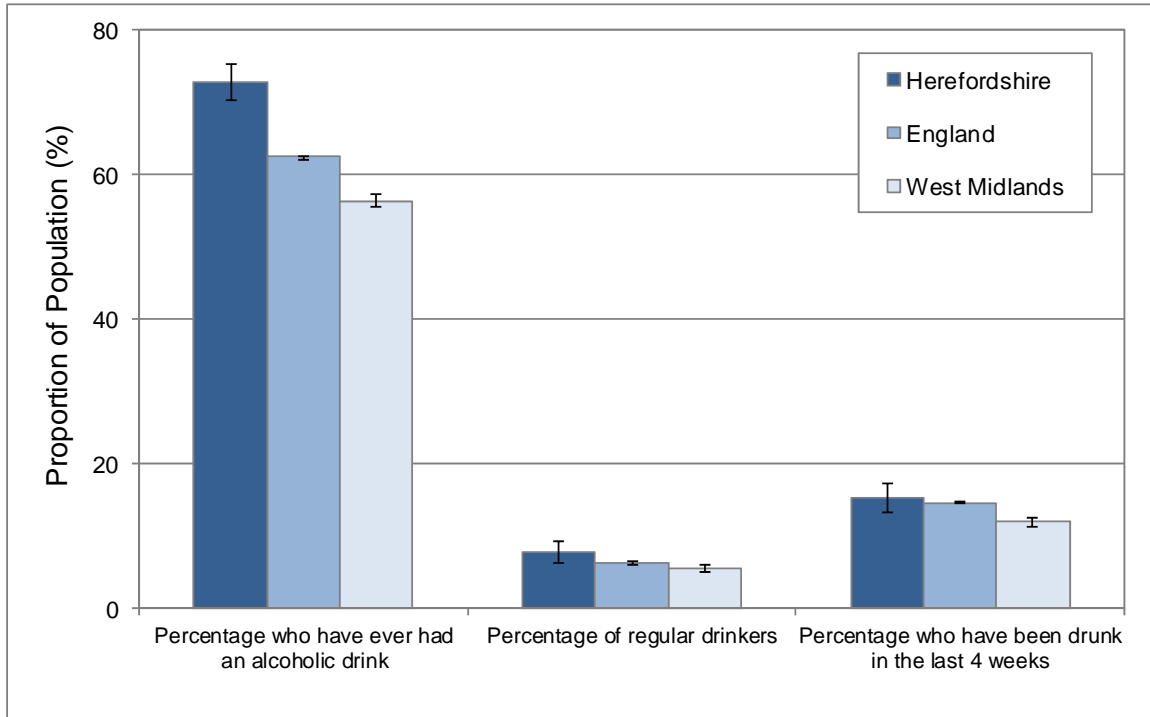
Source: Herefordshire Health and Well-Being Survey

## ALCOHOL CONSUMPTION - CHILDREN

The What About YOUth? survey is designed to collect robust local authority (LA) level data on a range of health behaviours amongst 15 year-olds with the initial survey undertaken in 2014. In Herefordshire 73 per cent of 15 year olds had consumed alcohol, a figure significantly higher than those recorded nationally and regionally (Figure 6). The proportion of local 15 year olds classed as regular drinkers (7.8 per cent) was higher than that recorded in the West Midlands (5.5 per cent), although broadly similar to the national figure (6.2 per cent). Similarly, the proportion of 15 year olds who had been drunk in the previous four weeks the Herefordshire figure (15.3 per cent) was higher than the regional proportion (11.9 per cent) and similar to that reported for England as a whole (14.6 per cent).

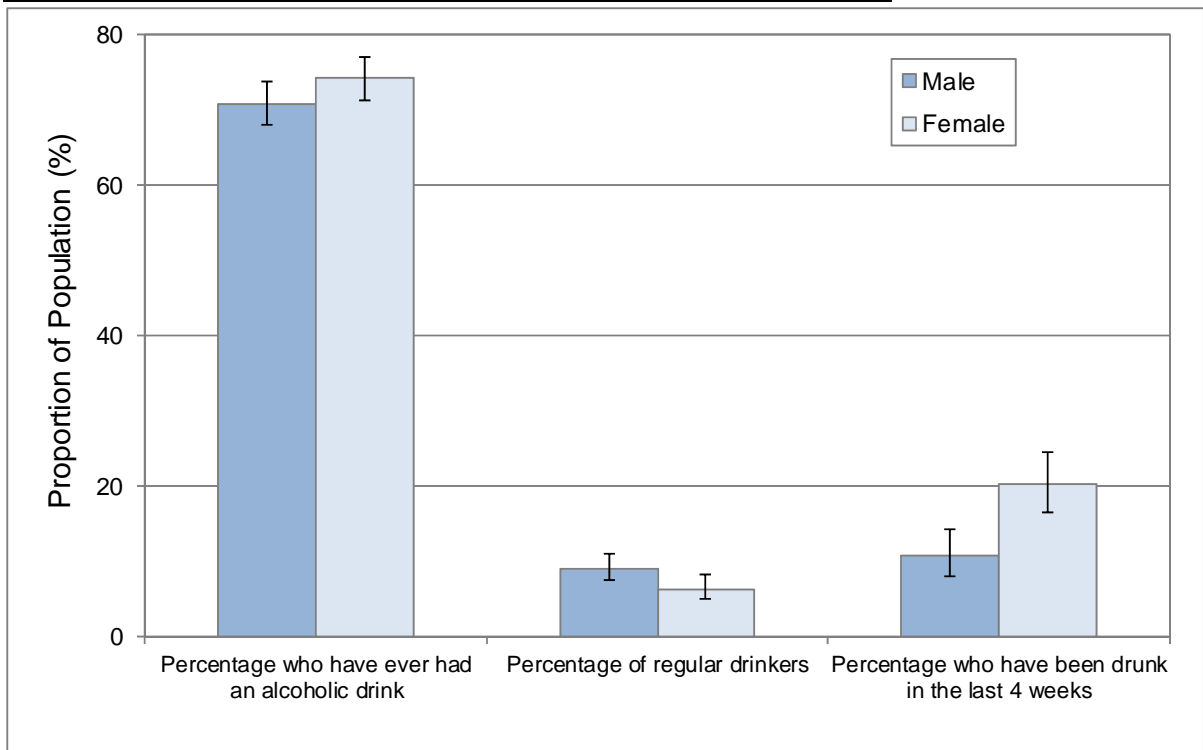
According to the What About YOUth? survey in Herefordshire the proportion of 15 year old boys and girls who have consumed alcohol were broadly similar at 70.9 and 74.3 per cent respectively (Figure 7). Similarly, there was no significant difference between the genders for the proportion characterised as regular drinkers with 9.0 per cent of boys and 6.4 per cent of girls considered as consuming alcohol on a regular basis. However, the proportion of girls who reported having been drunk in the previous four weeks (20.2 per cent) was significantly higher than the proportion of boys (10.8 per cent). Similar gender differences were evident in these three consumption categories both nationally and regionally.

**Figure 6: Drinking behaviour among 15 year olds in Herefordshire, England and the West Midlands, 2014.**



Source: What About YOUth? Survey 2014

**Figure 7: Drinking behaviour among 15 year olds by gender in Herefordshire, 2014.**



Source: What About YOUth? Survey 2014

## DRINKING ILL HEALTH AND MORTALITY

### HARMFUL DRINKING

Hazardous drinking is a pattern of alcohol consumption carrying risks of physical and psychological harm to the individual. Harmful drinking denotes the most hazardous use of alcohol, at which damage to health is likely. One possible outcome of harmful drinking is alcohol dependence, a cluster of behavioural, cognitive, and physiological phenomena that typically include a strong desire to consume alcohol, and difficulties in controlling drinking.

Local data are not available characterising the number of dependent drinkers. However, synthetic estimates for the level of harmful drinking have been provided by North West Public Health Observatory (NWPHO)<sup>7</sup> which indicate that 5.2 per cent of drinkers in Herefordshire are harmful drinkers; the same proportion was recorded for the West Midlands, while the local figure was lower than that for England as a whole (7.1 per cent), although not significantly so.

### HOSPITAL ADMISSIONS

The total number of alcohol-related hospital admissions detailed in official statistics is not a number of actual people or a number of actual admissions but an estimated number of admissions calculated by adding up all of the alcohol-attributable fractions. An alcohol-attributable fraction is any causative factor which contributes to the development of relevant health conditions. Hospital admissions associated with underlying alcohol-attributable fractions are recorded at two levels, alcohol specific conditions and alcohol related conditions. Alcohol specific conditions comprise 20 conditions which are wholly attributable to alcohol, i.e. conditions where alcohol is 100% contributory e.g. alcoholic liver disease. Alcohol related conditions include the 20 specific conditions and an additional 32 conditions that are partially attributable to alcohol, i.e. conditions where only a proportion of cases are attributable to alcohol consumption e.g. oesophageal cancer<sup>8</sup>.

Currently alcohol information published by PHE as part of the Public Health Outcomes Framework are given in two measures, the broad and narrow measures. The broad measure considers all alcohol attributable fractions associated with each admission where these may be primary or secondary diagnoses. The narrow measure is derived in a similar way but considers only the primary diagnosis or an alcohol-related external cause if recorded as a secondary diagnosis. The metric employed here is the broad measure (unless otherwise stated), as it is considered to be a better measure of the total burden that alcohol has on community and health services.

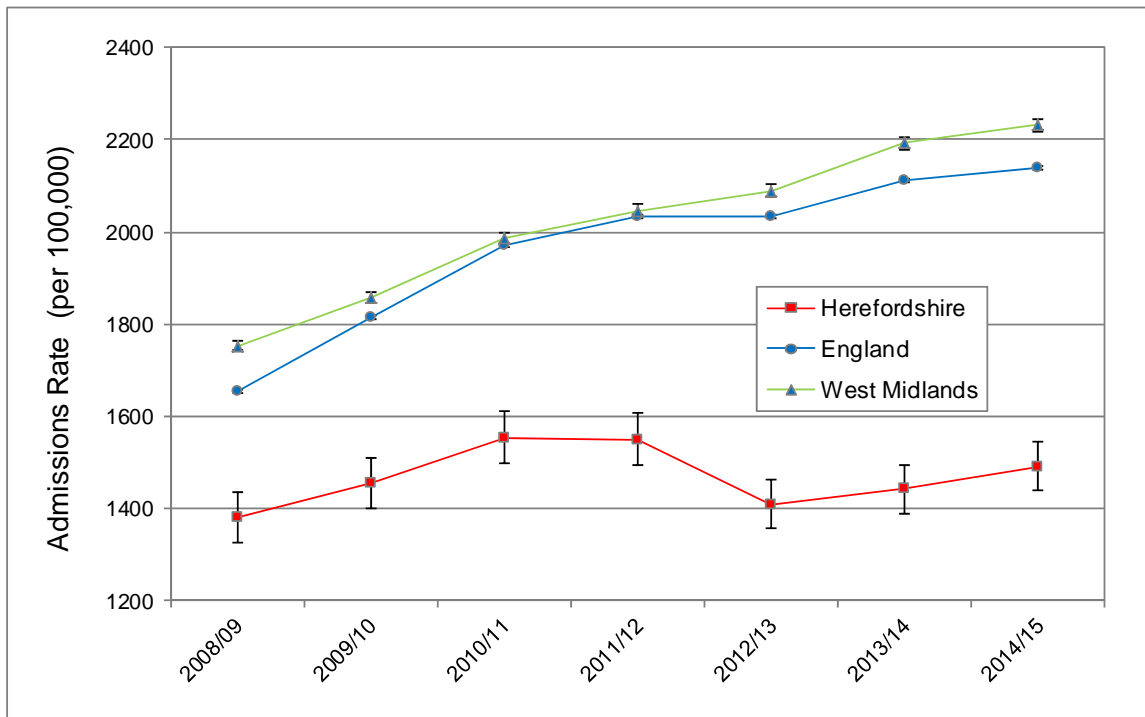
Alcohol related conditions are a significant cause of hospital admissions nationally and in 2014/15 they accounted for over 3,020 admissions in Herefordshire of which 63 per cent were male and 36 per cent female. Between 2008/09 and 2014/15 the directly age standardised rate (DSR) for alcohol related admissions in Herefordshire has shown some variability with an increase rise between 2008/09, when the lowest DSR of 1,380 per 100,000 population was recorded, and 2010/11 when the highest DSR of 1,554 per 100,000 was recorded (Figure 8). This was followed by a fall over the next two years with a subsequent rise between 2012/13 and 2014/15 when a DSR of 1,490 was recorded. Throughout this period both the national and regional rates have shown steady increases rising proportionally by 29 and 27 per cent respectively; the 2014/15 local DSR was 8 per cent higher than that recorded in 2008/09. Since 2008/09 the local DSR has been significantly lower than both the England and West Midland

<sup>7</sup> Topography of Drinking Behaviours in England. North West Public Health Observatory, 2011. Available at: <http://www.lape.org.uk/downloads/alcholestimates2011.pdf>

<sup>8</sup> Full details of alcohol related and alcohol specific conditions are given in: Local Alcohol Profiles for England 2015 user guide. Public Health England, 2015. Available at: [http://www.lape.org.uk/downloads/LAPE%20User%20Guide\\_Final.pdf](http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf)

values with the differences increasing with time so that in 2014/15 the local rate 30 per cent lower than the national figure and 33 per cent lower than the regional rate.

**Figure 8: Alcohol related directly age standardised hospital admissions rate for Herefordshire, England and the West Midlands, 2008/09 to 2014/15.**

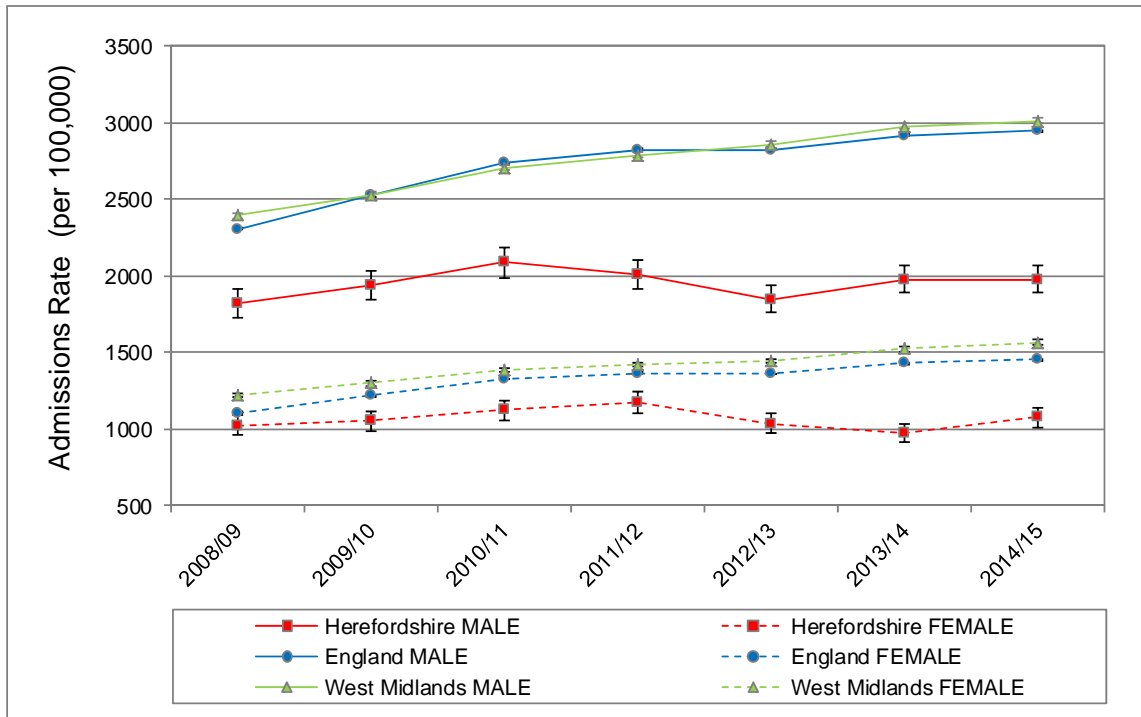


Source: PHE – Local Alcohol Profiles for England

Since 2008/09 the male alcohol related hospital admission rate in Herefordshire has, on average, been almost twice that recorded for females (Figure 9). Similar temporal patterns were evident for both England and the West Midlands, while local male and female rates were significantly lower than those recorded nationally and regionally.

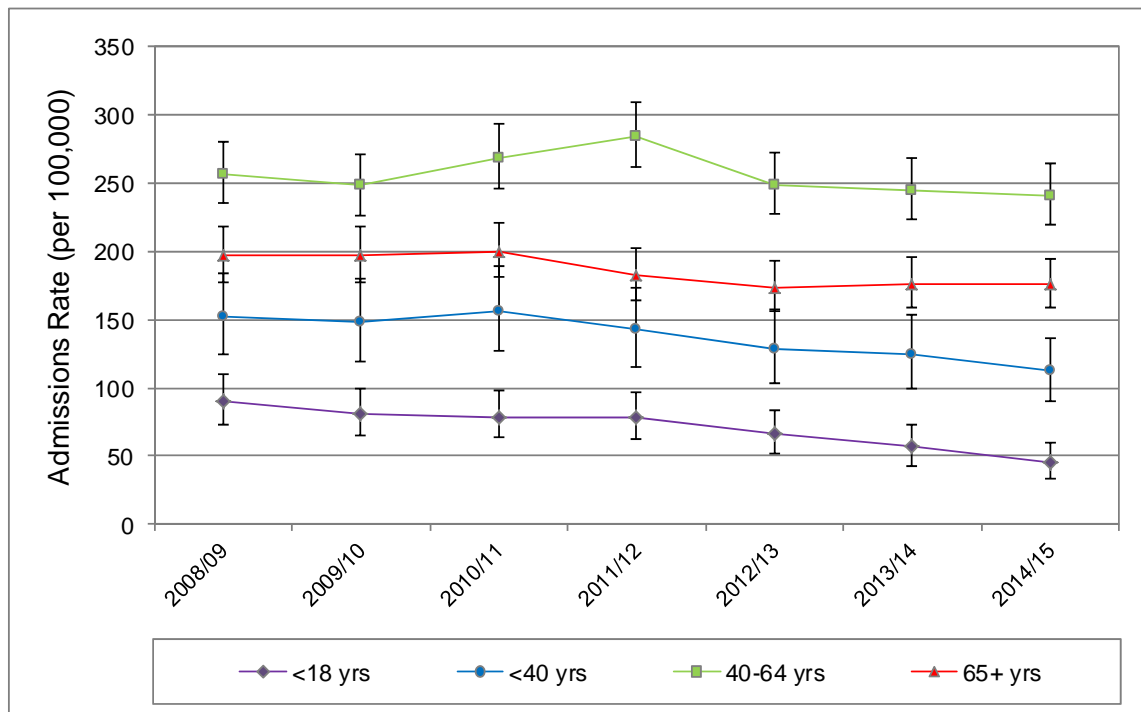
In 2014/15 the number of hospital admissions increased with age up to 64 years of age, after which the number of admissions fell with age. This pattern is reflected in the DSRs for each age group and was evident since 2008/09 (Figure 10).

**Figure 9: Alcohol related directly age standardised hospital admissions rate by gender for Herefordshire, England and the West Midlands, 2008/09 to 2014/15.**



Source: PHE – Local Alcohol Profiles for England

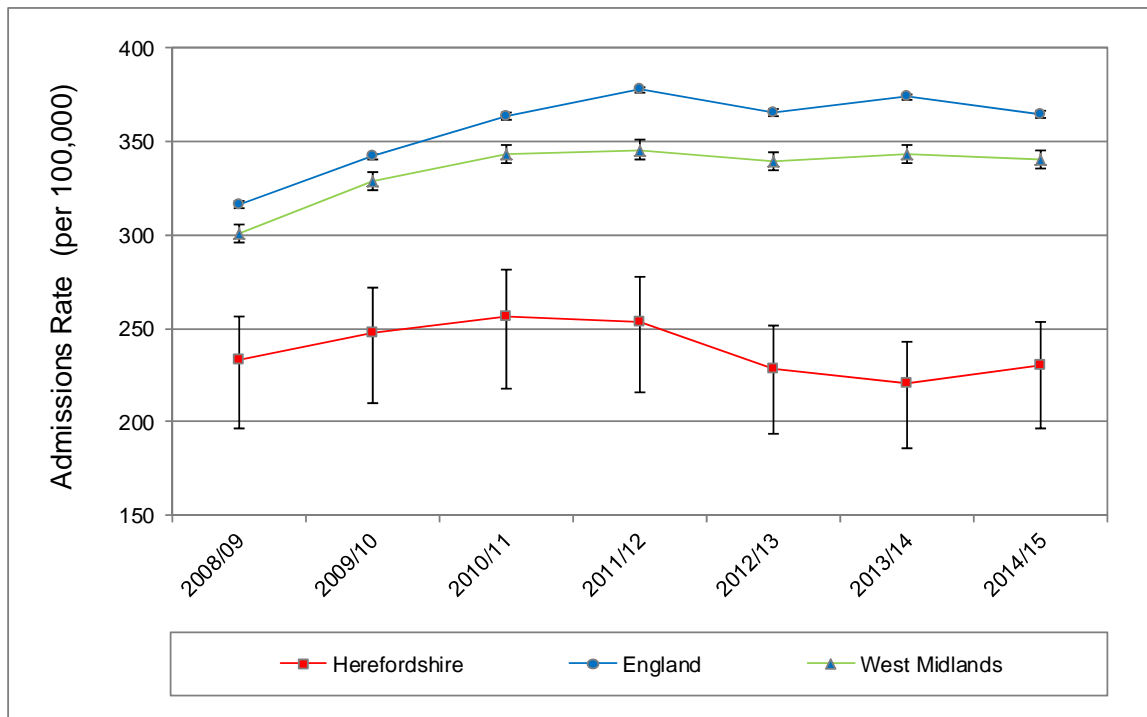
**Figure 10: Alcohol related directly age standardised hospital admissions rate by age group for Herefordshire, 2008/09 to 2014/15 – measure for >18 is for alcohol specific conditions. (Narrow measure)**



Source: PHE – Local Alcohol Profiles for England

Whereas alcohol related admission figures give an overall indication of all conditions related to alcohol consumption they do not give a direct measure of the impact of hazardous drinking behaviour. However, examining alcohol specific diagnoses can give a better picture of the numbers of hospital admissions caused directly by hazardous drinking. In 2014/15 there were 435 admissions in Herefordshire which was also the average number of admissions per year between 2008/09 and 2014/15. The Herefordshire DSR showed some variability over this period, ranging between 220 per 100,000 in 2013/14 and 256 per 100,000 in 2010/11 (Figure 11). However, the local DSR was consistently lower than both the national and regional figures, being on average 67 per cent of the England rate and 71 per cent of the West Midlands rate. This would indicate that hazardous drinking has a proportionally lower demand on NHS resources compared to national and regional burdens.

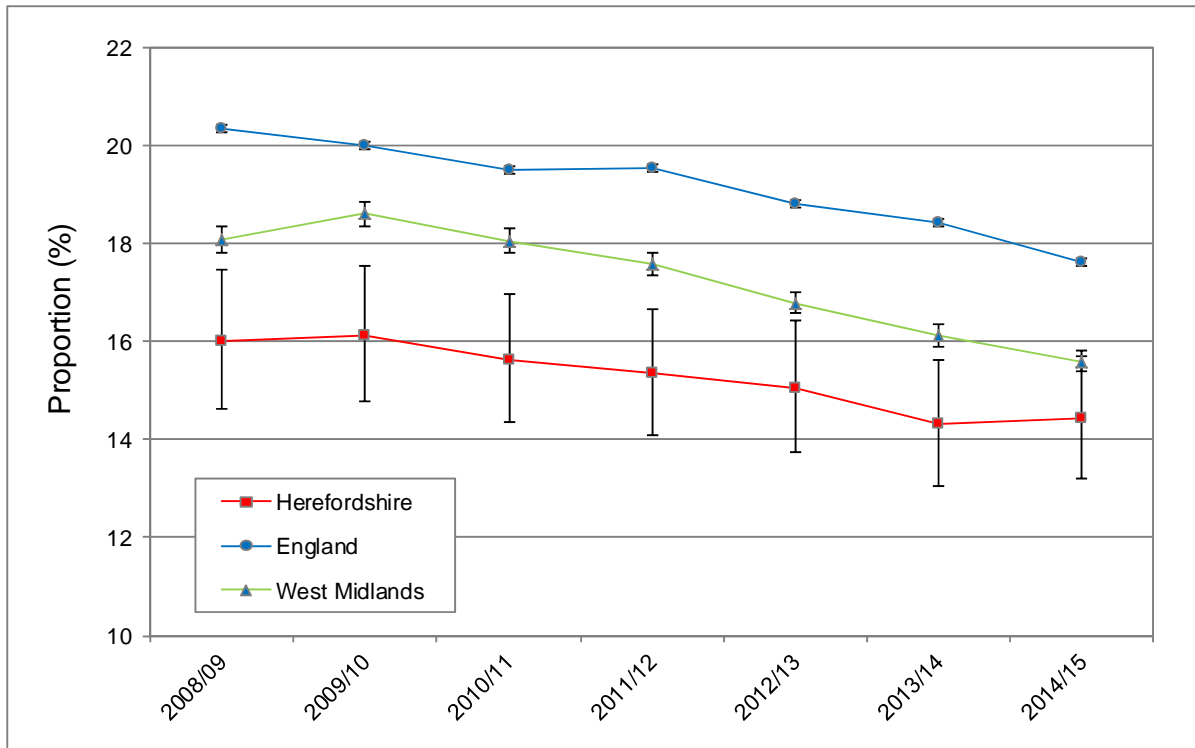
**Figure 11: Alcohol specific directly age standardised hospital admissions rate for Herefordshire, England and the West Midlands, 2008/09 to 2014/15.**



Source: PHE – Local Alcohol Profiles for England

Between 2008-09 and 2014/15 the proportion of alcohol related admissions represented by alcohol specific admissions showed a strong ( $R^2 = 0.95$ ), although gradual fall from 16.0 to 14.4 per cent (Figure 12). The corresponding proportions for England and the West Midlands also showed distinct downward trends, although the local proportion was consistently lower than these national and regional figures.

**Figure 12: Proportion of alcohol related admissions represented by alcohol specific admissions rate for Herefordshire, England and the West Midlands, 2008/09 to 2014/15.**

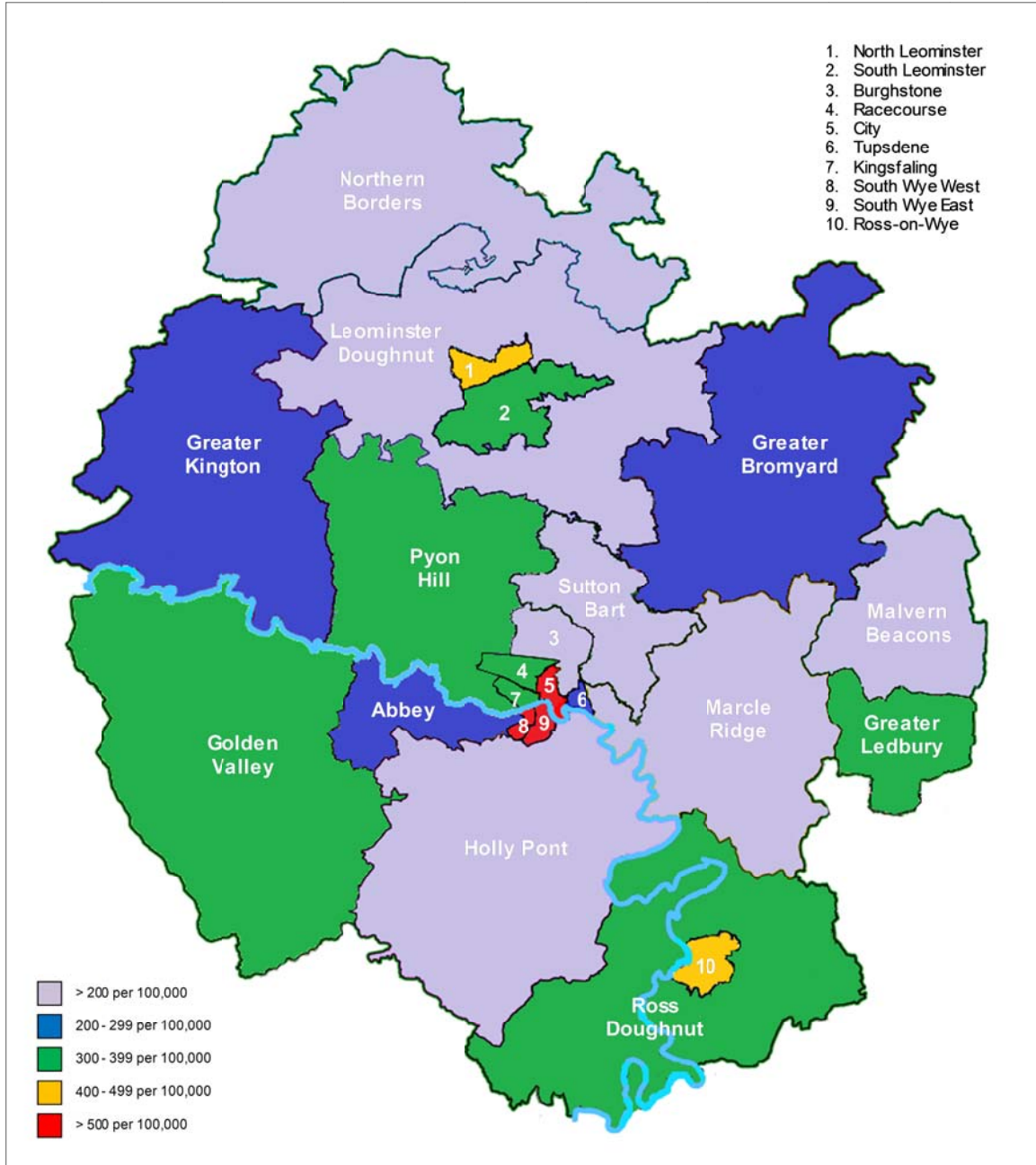


Source: Herefordshire Council SIT

In 2015/16 the alcohol specific crude admission rate for the county as a whole was 320 per 100,000 population. In order to examine the spatial pattern across the county crude admission rates in each MSOA<sup>9</sup> were mapped. The highest rates were observed in parts of Hereford, particularly in the south of the city where the highest rate of 710 per 100,000 population was recorded in South Wye West; the rates in City and South Wye were 590 and 540 per 100,000 respectively (Figure 13). Moderately high rates were recorded in Ross-on-Wye (420 per 100,000) and North Leominster (410 per 100,000). These areas are among the most deprived in Herefordshire and when looking at deprivation across the county 39 per cent of alcohol specific admissions are from the most deprived quartile, while the proportions in the lesser deprived three quartiles range between 19 and 22 per cent (Figure 14).

<sup>9</sup>Middle Super Output Area (MSOA) - statistical geographic boundaries designed to improve the reporting of small area statistics in England and Wales; the minimum population is 5,000 and the mean is 7,200.

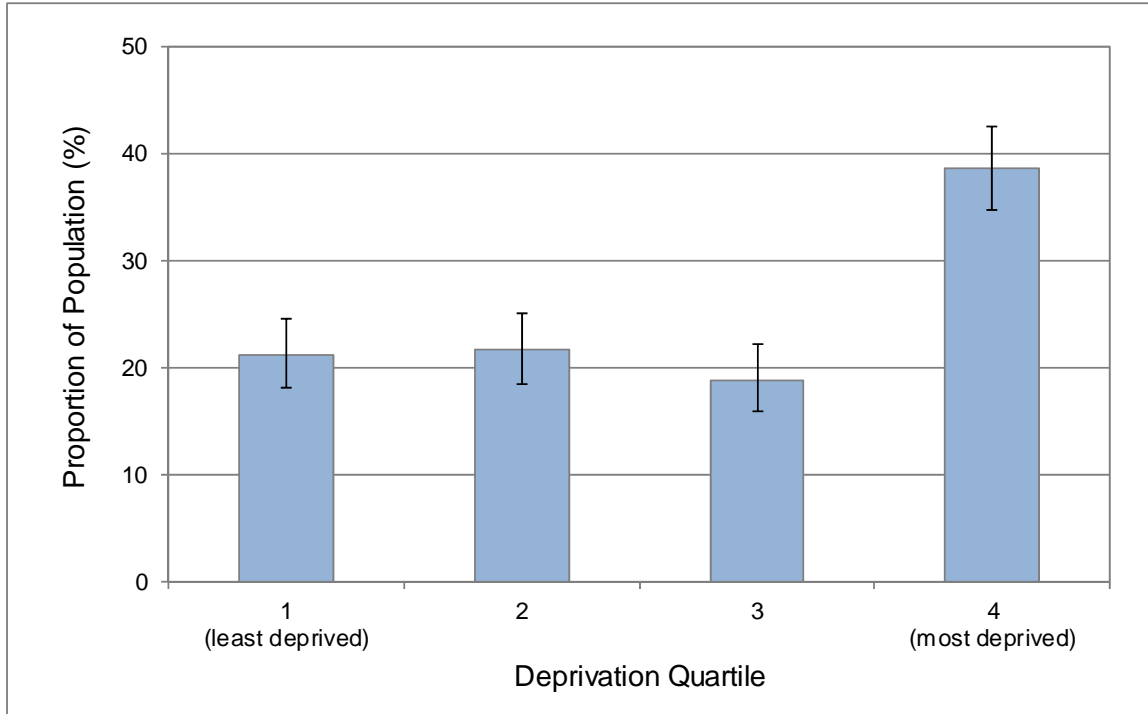
**Figure 13: Crude alcohol specific admission rate by MSOA, 2015/16.**



Source: Herefordshire Council SIT



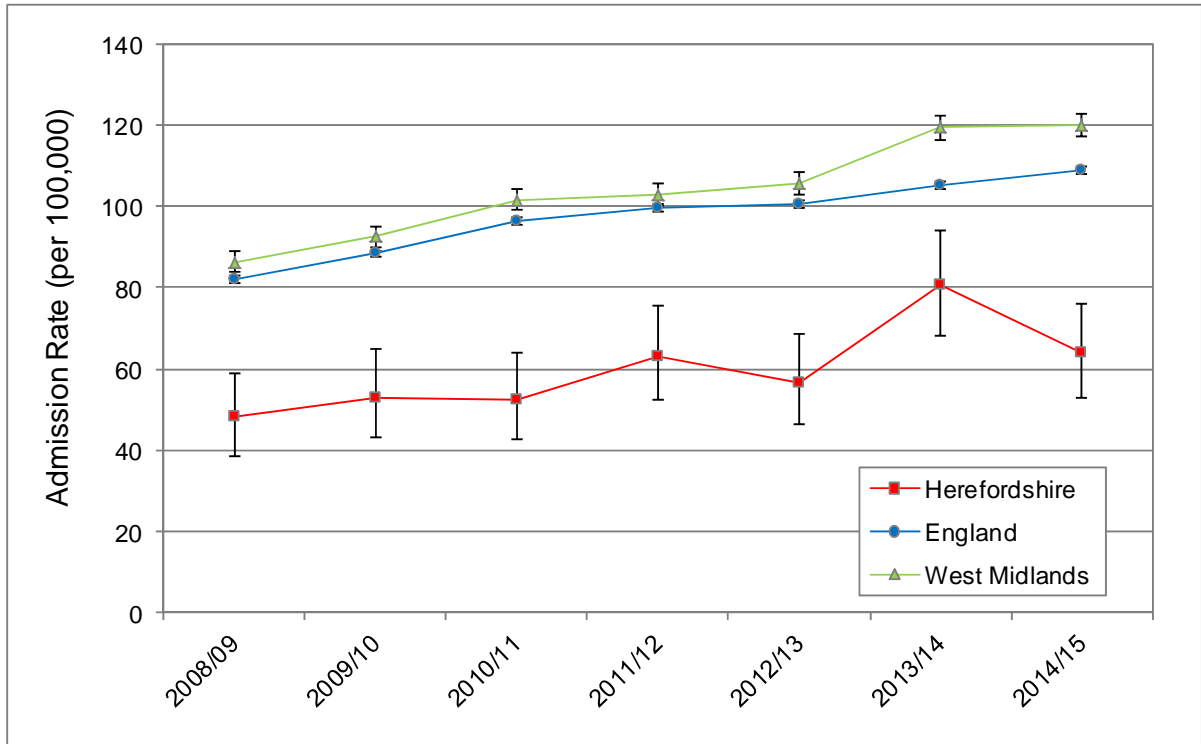
**Figure 14: Proportion of alcohol specific admissions by level of deprivation in Herefordshire, 2015/16.**



Source: Herefordshire Council SIT

Alcohol has been identified as a causal factor in more than 60 medical conditions including liver disease, cardiovascular disease, mental health problems and cancer. Between 2008-09 and 2014/15 the admission rate for alcoholic liver disease in Herefordshire has shown a general increase from 48 to 94 per 100,000, although the highest rate of 81 per 100,000 was recorded in 2013/14 (Figure 15). The rise in the local admission rate over this period represents a proportional increase of 33 per cent. The admission rates for England and the West Midlands also showed distinct upward trends and while the proportional increase were similar to that observed in Herefordshire, the local rate was consistently lower than these national and regional figures.

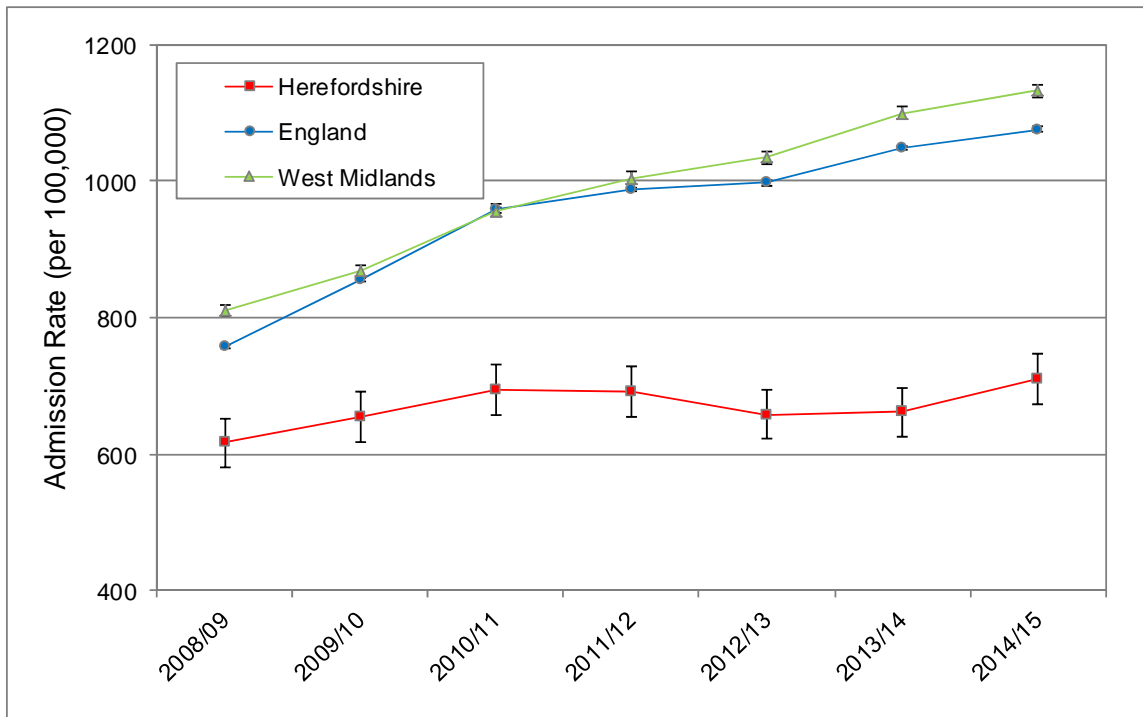
**Figure 15: Directly age standardised admission rate for alcoholic liver disease for Herefordshire, England and the West Midlands, 2008/09 to 2014/15).**



Source: PHE – Local Alcohol Profiles for England

Between 2008-09 and 2014/15 the admission rate for alcoholic cardiovascular disease in Herefordshire has shown a general increase from 620 to 710 per 100,000, which represents a 15 per cent proportional increase (Figure 16). The admission rates for England and the West Midlands also showed distinct upward trends although the proportional increases were almost three times that for Herefordshire. Throughout this period the local admission rate was consistently lower than both the national and regional figures.

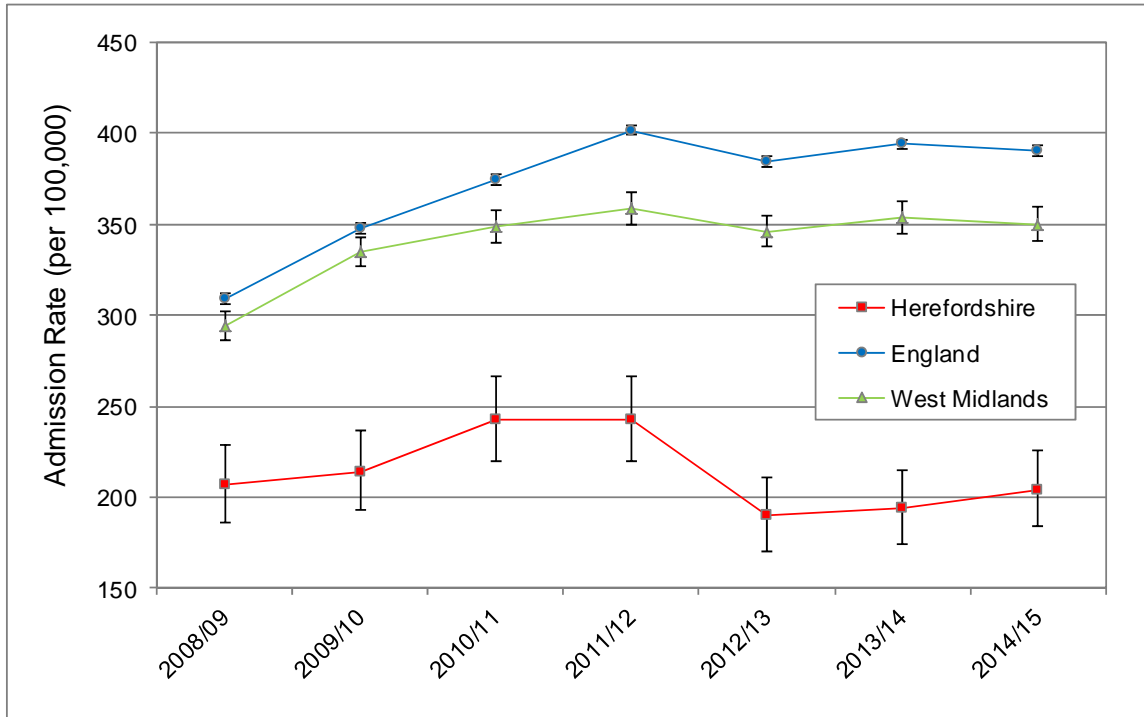
**Figure 16: Directly age standardised admission rate for alcoholic cardiovascular disease for Herefordshire, England and the West Midlands, 2008/09 to 2014/15.**



Source: PHE – Local Alcohol Profiles for England

A number of epidemiological surveys have demonstrated the high prevalence of co-morbidity in those attending mental health services and both drug and alcohol treatment services. Between 2008-09 and 2011/12 locally there was an 18 per cent proportional increase in the admission rate for mental and behavioural disorders due to use of alcohol, although the rate fell subsequently so that in 2014/15 the figure was close to that recorded in 2008/09 (Figure 17). Both the England and West Midlands admission rates increased between 2008/09 and 2011/12 after which both rates remained relatively stable. Between 2008/09 and 2014/15 the proportional increases in the national and regional rates were 26 and 19 per cent respectively.

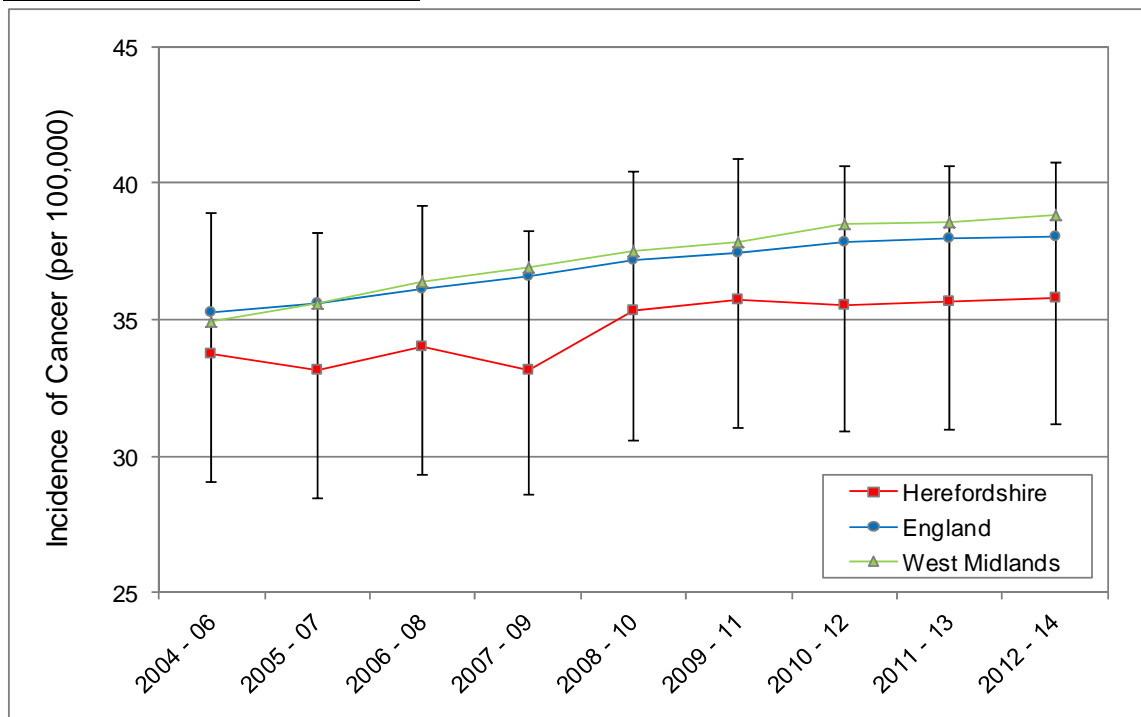
**Figure 17: Directly age standardised admission rate for mental and behavioural disorders due to use of alcohol for Herefordshire, England and the West Midlands, 2008/09 to 2014/15.**



Source: PHE – Local Alcohol Profiles for England

Since 204-06 the incidence of alcohol related cancer<sup>10</sup> in Herefordshire has shown some variability, although the rate had increased proportionally by 6.0 per cent by 2012-14 when a figure of 35.8 per 100,000 was recorded (Figure 18). Over the same period both the national and regional rates had shown moderate but steady increases rising proportionally by 7.8 and 11.2 per cent respectively. Although the local rate was consistently lower than both national and regional figures these differences are not considered as significant.

**Figure 16: Directly age standardised incidence rate alcohol related cancer in Herefordshire, England and the West Midlands, 2004-06 to 2012-14.**



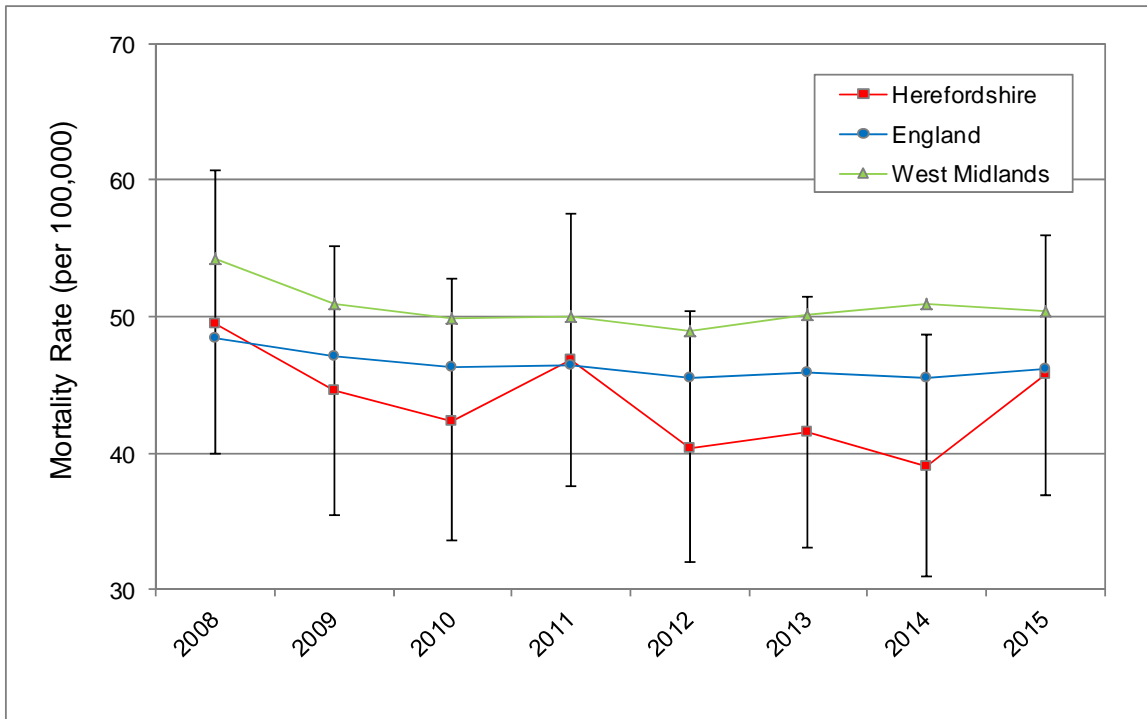
Source: PHE – Local Alcohol Profiles for England

## MORTALITY

Alcohol misuse can be directly related to deaths from certain types of disease, such as cirrhosis of the liver, and in some cases, may be associated with other causes of death, such as strokes. Public Health England (PHE) produces estimates on the number of alcohol-related deaths which include conditions which are alcohol specific and also partially caused by alcohol which are then converted to alcohol related mortality rates. Since 2008 the Herefordshire alcohol related mortality rate has varied, although up to 2014 a general downward trend was evident (Figure 19). However, the 2015 figure of 46.1 per 100,000 was an increase on the previous year it was proportionally 8 per cent lower than that recorded in 2008. Throughout this eight year period the male alcohol related mortality rate in Herefordshire followed a similar pattern to that for the whole population above, while the female rate remained relatively stable, although the male rate was consistently higher than that for females being on average 1.8 times the female rate (Figure 20). Similarly, over this period across England and the West Midlands the male alcohol related mortality rates were consistently higher than the female rates.

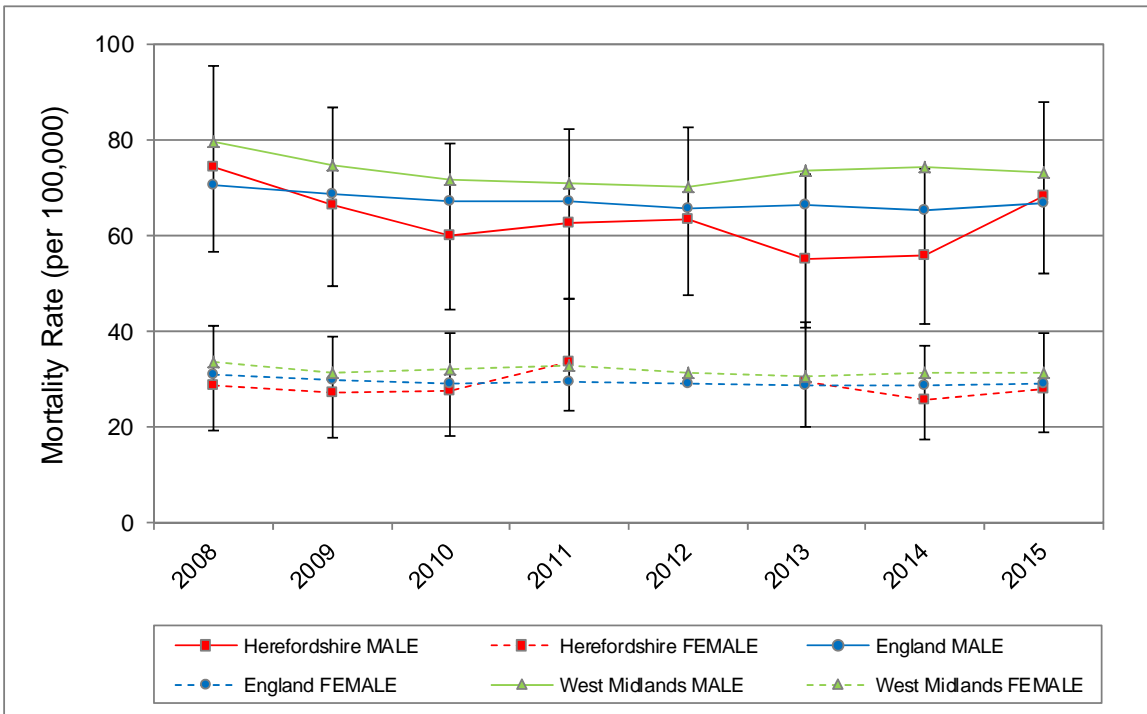
<sup>10</sup>Alcohol related cancers include cancer of the mouth, oesophagus, colorectal, liver, larynx and breast.

**Figure 19: Directly age standardised alcohol related mortality rate alcohol for Herefordshire, England and the West Midlands, 2008 to 2015.**



Source: PHE – Local Alcohol Profiles for England

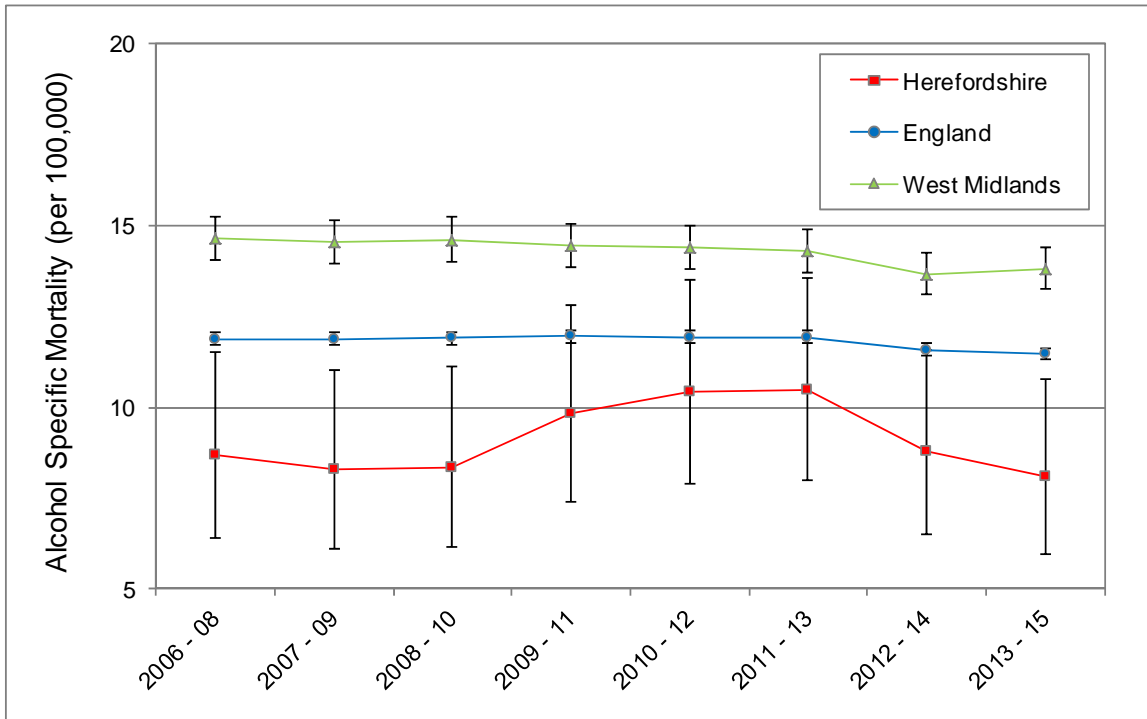
**Figure 20: Directly age standardised alcohol related mortality rate alcohol by gender for Herefordshire, England and the West Midlands, 2008 to 2015.**



Source: PHE – Local Alcohol Profiles for England

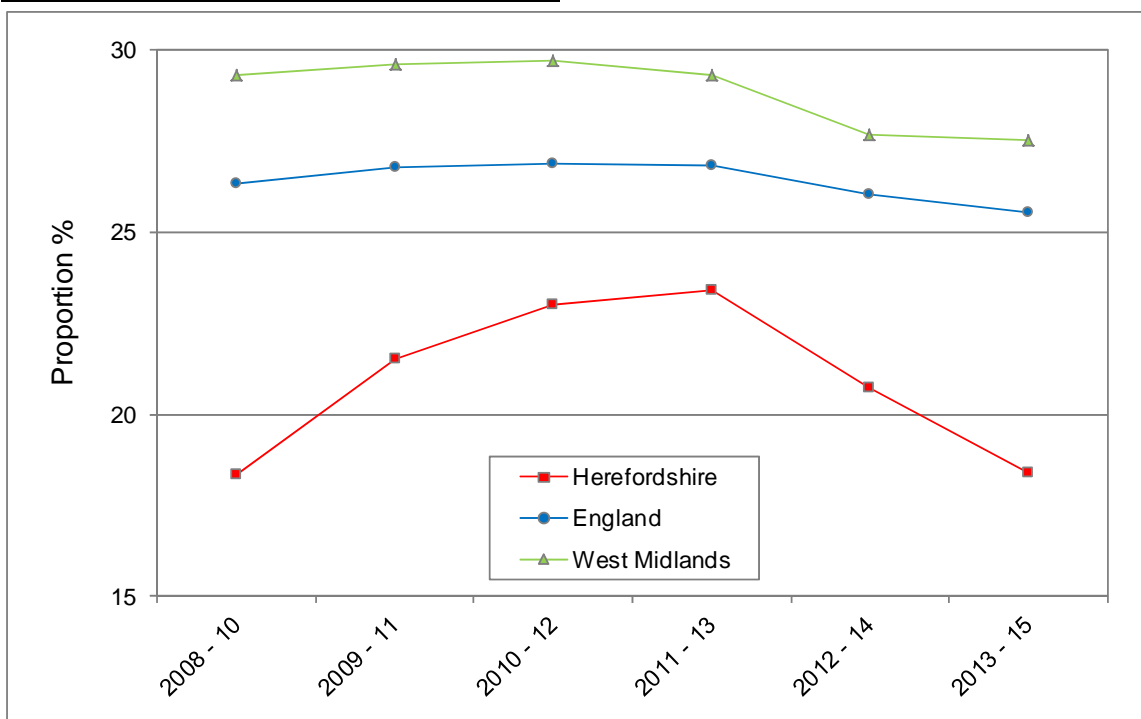
Between 2006-08 and 2013-15 the number of alcohol specific deaths per year in Herefordshire ranged between 16 and 20 with an average of 17.4 per annum. Over this period the local standardised rate ranged between 8.1 and 10.5 per 100,000 with the lowest figure recorded in 2013-15 and was consistently lower than both the national and regional rates (Figure 21). Between 2008-10 and 2011-2013 the proportion of alcohol related deaths represented by alcohol specific deaths in Herefordshire increased from 18.3 to 23.4 per cent but had fallen back to 18.4 per cent in the period 2013-15 (Figure 20). Throughout this period the local figures were considerably lower than those recorded nationally and regionally. These figures provide an indication that locally hazardous drinking results in lower levels of mortality than nationally and regionally and this, combined with the lower rates of alcohol specific admissions in Herefordshire compared with elsewhere, would suggest that the overall burden represented by hazardous drinking in Herefordshire is proportionally lower than those evident across England and the West Midlands.

**Figure 21: Directly age standardised alcohol specific mortality rate alcohol for Herefordshire, England and the West Midlands, 2006-08 to 2013-15.**



Source: PHE – Local Alcohol Profiles for England

**Figure 22: Proportion of alcohol related deaths represented by alcohol specific deaths for Herefordshire, England and the West Midlands, 2008-10 to 2013-15.**



Source: Herefordshire Council SIT

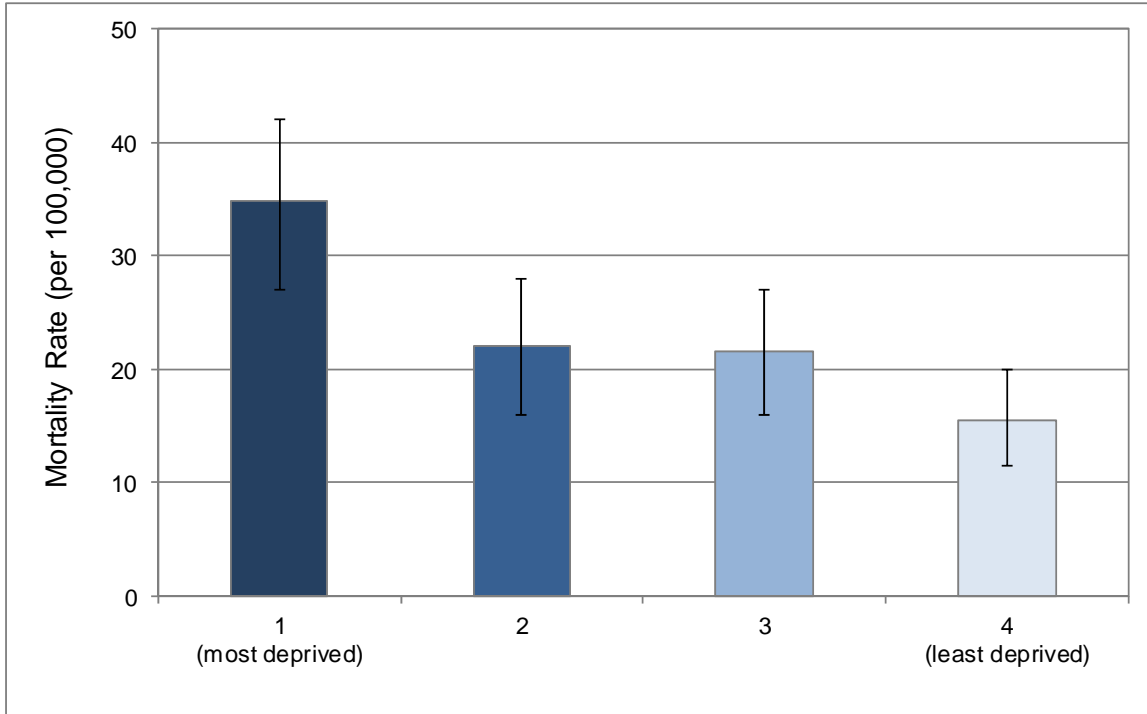
In relation to the level deprivation across Herefordshire the alcohol related mortality rate significantly higher levels of mortality were evident in the most deprived population while the lowest rate was recorded in the least deprived quartile (Figure 21). Examining the alcohol related mortality rates in the most (34.8 per 100,000) and least deprived (15.5 per 100,000) quartiles indicates that an individual residing in the most deprived areas of the county is more than twice as likely to die from alcohol related conditions compared to an individual resident in the least deprived quartile.

Historically across England as a whole the most common alcohol-related cause of death has been alcoholic liver disease<sup>11</sup>. In the period 2013-15 there were 39 death in Herefordshire associated with alcoholic liver disease which represented 81 per cent of all alcohol specific deaths in the county, while the national and regional proportions were 73 and 76 per cent respectively. However, when looking at the standardised mortality rate for alcoholic liver between 2013 and 2015 the Herefordshire rate was consistently lower than those recorded for England and the West Midlands and while the local rate showed a decrease over the three years both the national and regional rates showed increasing trends (Figure 24).

<sup>11</sup> Statistics on Alcohol England, 2014. HSCIC, 2014.  
Available at: <http://content.digital.nhs.uk/catalogue/PUB15483/alc-eng-2014-rep.pdf>

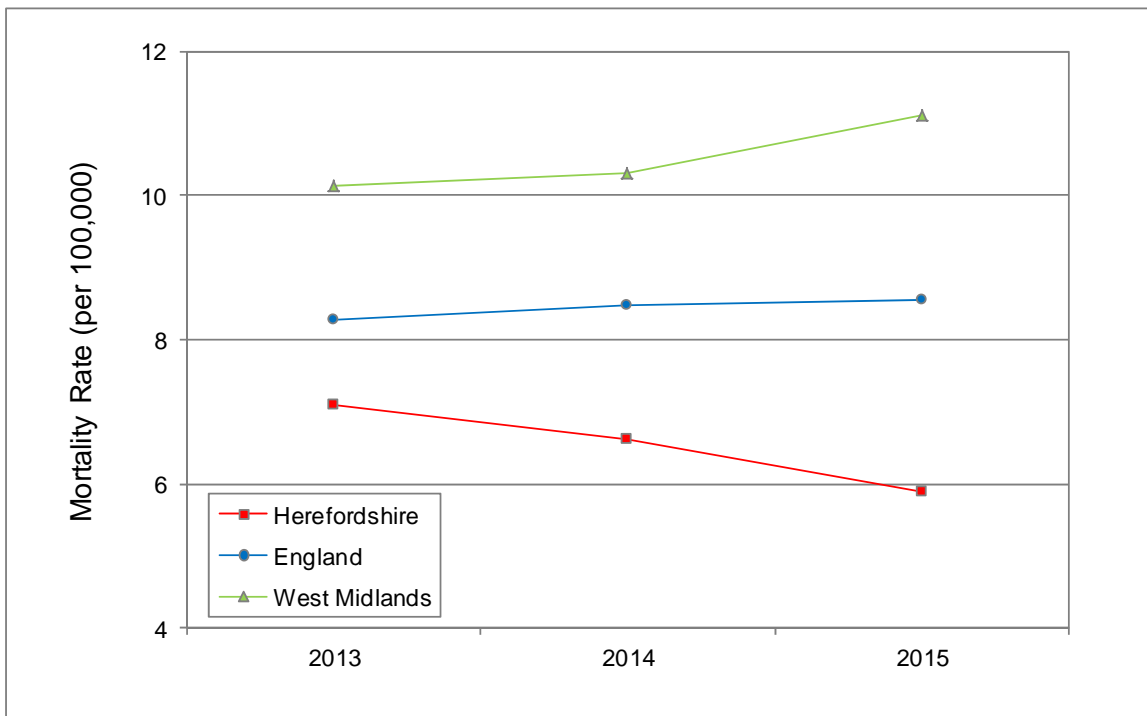


**Figure 23: Directly age standardised alcohol related mortality by deprivation quartile.**



Source: Herefordshire Council SIT

**Figure 24: Alcoholic liver disease age standardised mortality rate for Herefordshire, England and the West Midlands, 2013 to 2015.**



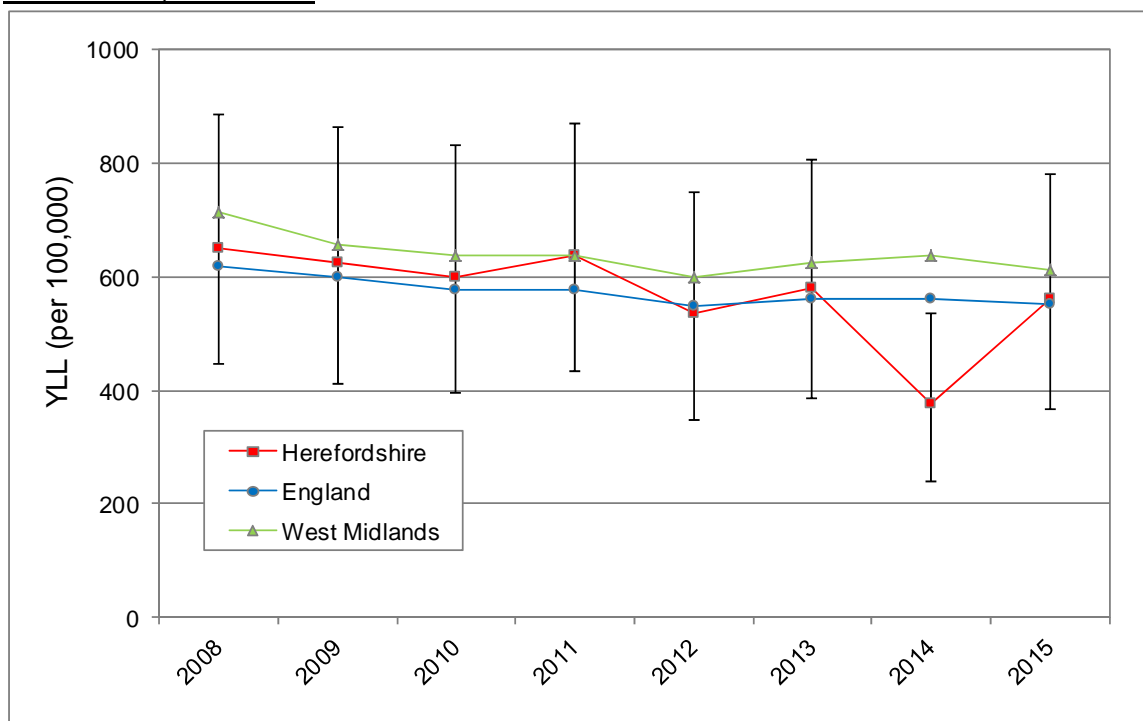
Source: Herefordshire Council SIT

## YEARS LOST TO LIFE

Years Lost to Life (YLL) is a measure of premature mortality. Its primary purpose is to compare the relative importance of different causes of premature death within a particular population and it can therefore be used by health planners to define priorities for the prevention of such deaths. It can also be used to compare the premature mortality experience of different populations for a particular cause of death. The concept of years of life lost is to estimate the length of time a person would have lived had they not died prematurely which incorporates a notional average life expectancy of 75 years. By inherently including the age at which the death occurs, rather than just the fact of its occurrence, the calculation is an attempt to better quantify the burden, or impact, on society from the specified cause of mortality.

In 2012-14 the number of YLL in Herefordshire was 19,690 of which 2,730 were due to alcohol related conditions which represents 13.9 per cent of all YLL which was lower than both the England (14.9 per cent) and West Midlands (15.3 per cent) proportions. Between 2008 and 2015 the local standardised YLL showed some variability, although a general downward trend was evident with the rate falling from 650 to 550 YLL per 100,000 population (Figure 25), a proportional fall of 13.6 per cent. Similar patterns were evident for England and the West Midlands throughout this period and no significant differences between the local rate and those recorded nationally and regionally. There was a significant difference in the YLL between the genders throughout this period in Herefordshire with, on average, the male rate was 2.7 times that for females (Figure 24); similar patterns were evident for England and West Midlands where the proportional differences between the genders were similar to that observed locally.

**Figure 25: Years lost to life (YLL) DSR from alcohol related conditions for Herefordshire, England and the West Midlands, 2013 to 2015.**

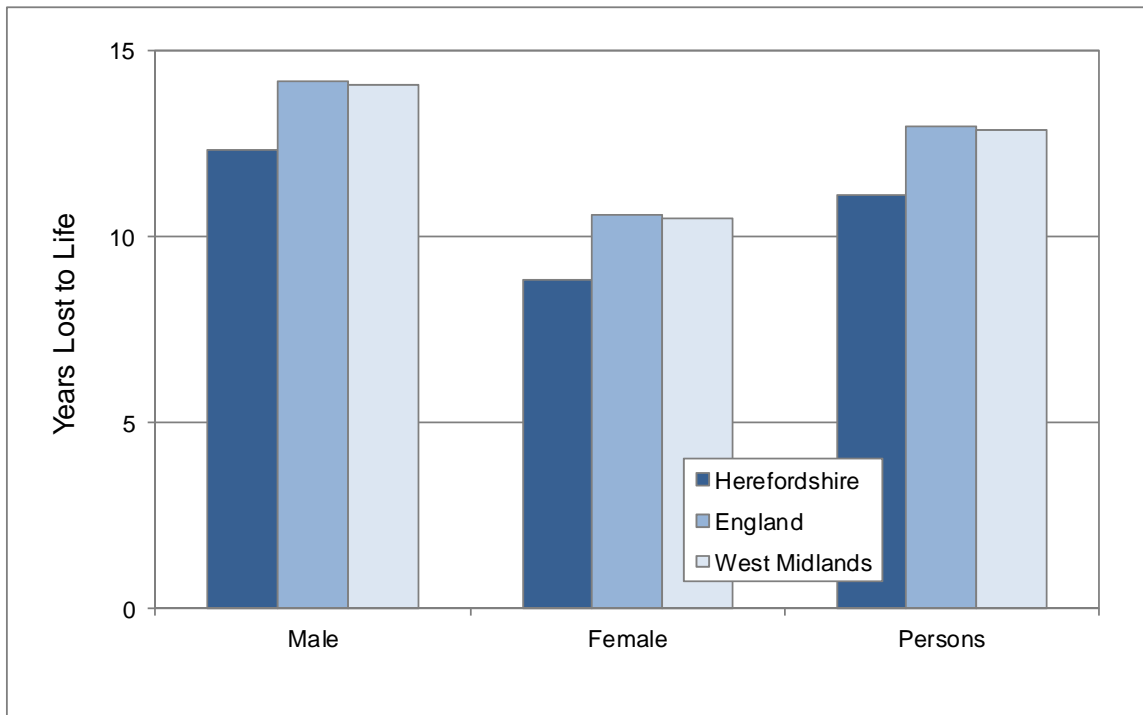


Source: PHE – Local Alcohol Profiles for England

Over the period 2012-14 the average number of YLL per alcohol-related death across Herefordshire was 11.1 years which was lower than the national and regional figures which were both 12.9 years (Figure 26). Locally, the average number of YLL per alcohol-related death for males (12.3 years) was 40 per cent higher than that for females (8.8 years). Similar patterns were evident both across England

and the West Midlands where in both cases the males figure was one third higher than that for females. For both males and females the Herefordshire figures were lower than the national and regional figures.

**Figure 26: Average years lost to life (YLL) per alcohol related death for Herefordshire, England and the West Midlands, 2012-14.**



Source: Herefordshire Council SIT