

HEALTH AND WELLBEING BOARD

Date: 10 DECEMBER 2015

The Impact of Alcohol consumption in Northumberland

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Cabinet Member: Cllr Susan Dungworth, Adult Social Care and Public Health

Purpose of report

The purpose of this report is to:

- Provide an overview of consumption patterns nationally and in Northumberland.
- Outline the impact of excessive consumption of alcohol.
- Provide an overview of the most effective and efficient interventions likely to reduce risky drinking.
- Report on current activity to reduce the negative impacts of excessive consumption.

Recommendations

The Board recognises the impact of excessive alcohol use on Northumberland and its residents.

1. The Board acknowledges the work of partners and supports further strategic development of alcohol harm reduction work in Northumberland.
2. The Board are invited to make suggestions for further improvement.

Key Issues

- There is an overall downward trend in the amount of alcohol consumed in the UK driven by an increase in the numbers of tee-totallers and a reduction in young people drinking alcohol. The same trend is not evident in the middle-aged and older people.
- The North East, North West and Scotland have the highest levels of binge drinking and alcohol consumption.
- Increased risk drinking not only includes heavy episodic drinking or binge drinking, but also drinking frequently (in excess of 4 days per week and exceeding the governments recommended weekly limits).
- While adults are entitled to make their own choices about alcohol consumption, alcohol is an addictive product and the Council has a duty to raise awareness of the increased risks of developing health issues such as cancer, high blood pressure and coronary heart disease.

- The harm caused by alcohol places a considerable burden on public services including NHS and social care services.
- There is a particular need to consider the harms caused by alcohol to children and young people (including unborn children) and vulnerable adults.
- People living in more deprived areas experience greater harms caused by alcohol despite not consuming as much alcohol as people from more affluent areas.
- Education and treatment alone will not eliminate the harms caused by alcohol; there is a case for population level interventions to address the affordability, availability and advertising of alcohol, particularly where children and young people are at risk.
- Many of the policy responses discussed below are a matter for national policy rather than local.

Background

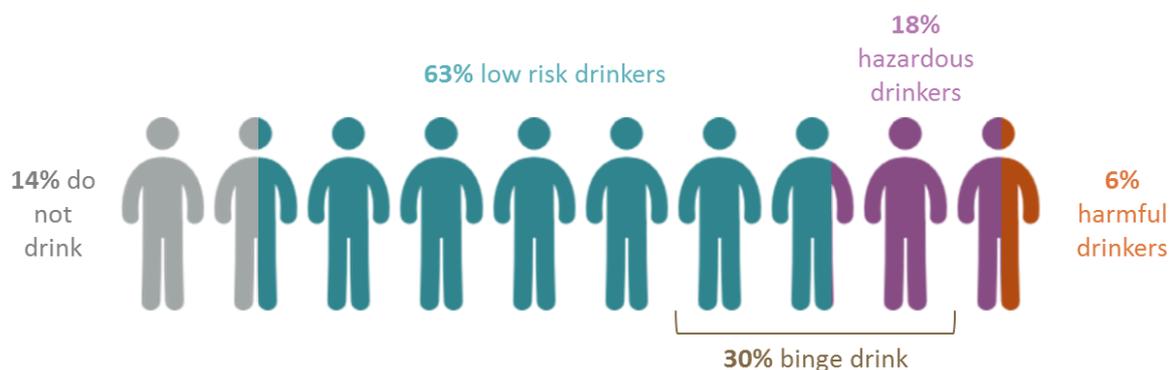
For many, drinking alcohol is a positive experience which enhances social activities, and provides employment and other economic benefits. Well managed community pubs can be an asset and provide a focal point for a community, but also provide more of a regulated and safer environment compared with home drinking. As alcohol brings economic benefits, is a legal product and has become an accepted part of our culture, tackling alcohol problems is more complex than many other issues affecting society. Whilst drinking alcohol is an individual choice, when this places a burden on public services, causes damage and impacts on the most vulnerable such as children and young people, it is the responsibility of government to consider action to prevent or reduce harm.

How much people drink

Alcohol consumption is categorised by the degree of risk of developing an alcohol related-illness, in the UK this is defined as:

- *High Risk Drinking*, also known as Harmful Drinking is defined as men who regularly drink more than 8 units a day or more than 50 units of alcohol per week and women who regularly drink more than 6 units a day or more than 35 units of alcohol per week
- *Increasing Risk Drinking*, also known as Hazardous Drinking is defined as men who regularly drink more than 3 to 4 units a day but less than the higher risk levels and women who regularly drink more than 2 to 3 units a day but less than the higher risk levels
- *Low Risk Drinking* is defined as men who do not exceed 3 to 4 units a day and women who do not exceed 2 to 3 units a day.
- *Binge drinking* is defined as consuming double the recommended limit in one session.

The info graphic below shows that the majority of Northumberland's residents are low risk drinkers (although a proportion of these may be 'binge' drinkers who could be at risk of acute injury, such as trips, falls and assaults).



Adults

Obtaining reliable information about drinking behaviour is difficult, as surveys consistently record lower levels of consumption than would be expected from data on alcohol sales, which suggest that enough alcohol is being sold for every drinker to be consuming on average at or above the male weekly limit. Nevertheless, according to estimates, along with Scotland and the North West, North East drinkers are amongst the highest consumers of alcohol in the UK. According to national statisticsⁱ consumption levels are reported to be falling, with more young adults in particular saying that they do not drink alcohol. Weekly binge drinking is also falling, driven once again by behaviour amongst young adults, however there is less evidence of behaviour change amongst older groups.

Older drinkers (45+) are most likely to have consumed alcohol in the last week compared with younger drinkers (aged 16-24) and 65+ year-olds were most likely to have consumed on at least 5 days in the weekⁱⁱ and this pattern is also reflected in Northumberland. However, younger people are more likely to drink more at each drinking session than older people. 16% of Northumberland residents binge drink monthly and 12% do so weekly, compared with 9% and 10% respectively in 2012 which suggests there may have been an increase in the frequency of binge drinking in Northumberland^{vii}.

10% of the population drink 47% of the alcohol consumedⁱⁱⁱ and 30% drink 80%. Alcohol is different to other unhealthy lifestyle behaviours such as those which lead to obesity and smoking which are more prevalent in lower income groups. Those with lower incomes are more likely to be abstainers and to drink at moderate levels. It has been suggested that in England the problem of harmful alcohol drinking among people aged 50+ is a middle-class phenomenon^{iv} as people with better health, higher income, higher educational attainment and who are socially active are more likely to drink excessively.

Despite drinking less, alcohol mortality is as much as 5 times higher in more deprived areas, this is known as the 'alcohol harm paradox'^v. There could be many reasons for this such as different consumption patterns, the co-existence of other risk taking behaviours and the lack of resilience to the impact of stressful events due to having fewer available resources.

Children and Young People

Nationally, whilst the proportion of 11 to 15 year olds who have ever had an alcoholic drink has been declining since 2003 (38% in 2014), those who are drinking are drinking more, weekly consumption amongst underage drinkers has increased from

8.2 units in 2013 to 9.8 in 2014^{vi}. 16% said their parents didn't mind them drinking as long as they didn't drink too much.

According to the last survey of 1761 Northumberland pupils in Year 8 (12 and 13 year olds) Year 10 (14 and 15 year olds)^{vii}, 14% of pupils admitting drinking in the last 7 days and 3% had been drunk in the last 7 days. 9% of Northumberland pupils believed their peers drank regularly and 6% of pupils believed their peers had been drunk at least once in the last 7 days. Given that peer, and perception of peer, behaviour has a powerful influence, we can see that there is still work to be done with young people on their perceptions of alcohol misuse of their age group. We also know that young people are more likely to experiment with other substances and experiment with other risk taking behaviour when they are under the influence of alcohol.

Where people buy and consume

There has been a gradual shift over the last 20 years when the majority of alcohol was consumed in pubs, bars and restaurants to now, where two thirds of alcohol is bought from shops and consumed in a domestic environment. The number of UK off-licenses has increased by 25% in the past 30 years, whilst on-trade sales have followed a downward trend, resulting in the closure of up to 30 pubs each week^{viii}.

Northumberland residents are more likely to drink at home (57%) compared with the region (42%) and more residents (16%) admit to 'always' pre-loading on shop bought alcohol before a night out compared with the North East (10%). Residents in Northumberland tend to go out to pubs and bars later and are less likely to think that alcohol is too available in Northumberland than the rest of the region^{vii}. 23% of alcohol related ambulance attendances in Northumberland are at the home address, suggesting that alcohol is being bought from shops, off-licences and supermarkets and consumed at home.

The majority of pupils completing the last survey in schools ^{vii} said their parents or other adults gave them alcohol and 27% said that their parents always know that they are drinking. Very few young people reported obtaining alcohol from pubs, supermarkets and shops. Only 4% of pupils identified themselves as drinking without their parents having any knowledge of this. Work with parents' shows that often many are aware of the short term effects of alcohol on their children, but seem unaware of the long term effects of alcohol use and misuse. Many believe that by providing their children with alcohol it will mean they are less likely to use other substances suggesting that we have a lot of work to do around parent's attitudes to young people's alcohol misuse.

What people drink

Consumer tastes have changed resulting in a gradual reduction in the amount of beer consumed and an increase in wine and spirit consumption which have higher alcohol content. The strengths of both beer and wines have also increased. According to national surveys^{vi}, pupils who drank were most likely to have consumed beer, lager or cider (72%), followed by spirits (59%), alcopops (40%) or wine, vermouth and sherry (38%). Boys and girls had different preferences, with boys more likely than girls to have consumed beer, lager or cider in the last week (85%, compared with 59% respectively) and girls more likely than boys to have consumed

spirits (73% of girls, 45% of boys), alcopops (52% and 28% respectively) or wine, vermouth or sherry (48% and 28% respectively).

Impact of Alcohol Consumption

Pregnancy

Alcohol consumption during every stage of pregnancy can seriously affect the health of the foetus and the unborn child. Drinking alcohol during pregnancy is the leading known cause of birth defects and developmental disorders in Europe. Foetal Alcohol Spectrum Disorders (FASD) includes a range of conditions such as physical, mental, behavioural and learning disabilities with possible lifelong implications. Surveys suggest the number of women drinking alcohol in pregnancy could be as high as 7 out of 10. The exact incidences of FASD in the UK are not accurately known as many children born with FASD are not diagnosed. The current conservative prevalence estimate of FASD in western countries is 1%, so applying this rate to Northumberland, suggests there could be at least 34 babies born in Northumberland each year affected by FASD and at least 579 children and young people and 2,551 adults permanently living with the condition.

Children and Young People

Living with a parent who misuses alcohol can have a considerable impact on a child and can affect their ability to achieve their full potential. They could include a lack of confidence, low self-esteem and being distrustful of adults. In extreme cases they may be exposed to neglect, abuse, inappropriate caring responsibilities or witness domestic abuse. The impact on children is often hidden so it is difficult to estimate the number of children affected, however research^x has suggested that in the UK there are over three million children (30%) under 16 living with an adult binge drinker. In some children's social work teams in Northumberland, more than 60% of assessments identify parental alcohol misuse as a factor. 60% of adults in Northumberland's substance misuse service seeking support for alcohol misuse are parents, although 30% are not living with their children.

Young people are particularly malleable and susceptible to the acute effects of alcohol including; changes in the brain, impact on memory development, increased likelihood of alcohol use disorders later in life and acceleration of decline of grey matter throughout life. 87% of young people currently receiving support from Sorted, Northumberland's young people's substance misuse service, cite problematic alcohol use. Between January 2014 and July 2015, there were 55 substance misuse exclusions from Northumberland schools, 21 of these were known to be alcohol related and it is estimated that of the 28 incidents where the substance was not recorded, at least 80% of these were also alcohol related. During 2014, 59 young people aged between 10 and 19 were referred to Sorted following an attendance at A&E for alcohol misuse, the most common age were those between 14-15 years of age. Between March 2014 to August 2015, 32 young people aged between 13 to 17 years of age were stopped by the police for possessing alcohol in a public place.

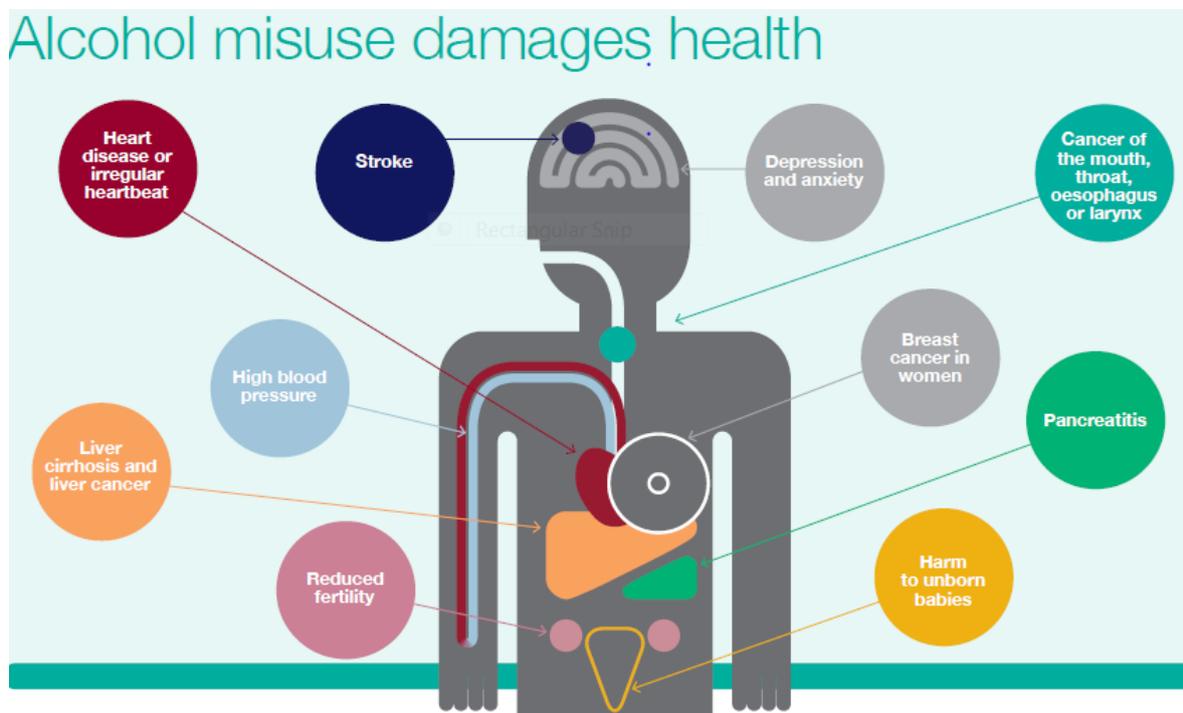
The rate of young people under the age of 18, who are admitted to hospital with an alcohol-specific condition, continues to rise and Northumberland's rate is significantly higher than England, but lower than the North East.

Premature Mortality

Alcohol misuse is the third highest risk factor for illness and death, with 22,481 premature deaths annually in England attributable to alcohol. The age standardised rate of deaths has increased by 79% for males and 119% for females over the 1994-2013 period and 44% of men and 41% of women who die from alcohol related causes in England are below the age of 55. While overall deaths have shown a slight fall in recent years, the North East experiences twice the number of deaths than it did in 1994 and has the second highest rate of deaths for males and females in England.

Physical Health

Light to moderate alcohol intake (up to 1 drink per day for women and 1 or 2 drinks per day for men) is associated with decreased risks of total mortality, coronary artery disease, diabetes mellitus, congestive heart failure, and stroke. Of the various drinking patterns, low to moderate consumption of red wine before and during an evening meal, is associated with the strongest reduction in adverse cardiovascular outcomes^x. However, a higher level of alcohol consumption is associated with increased risk of developing a number of long term conditions and diseases and it has been estimated that 1 in 5 adults seeing their GP are drinking at increasing or high risk levels^{xi} and these drinkers consult their GP twice as often as average patients^{xii}.



In Northumberland 378 people per 100,000 were admitted to hospital in 2013/14 for an alcohol-specific condition (where alcohol is a direct causal factor such as alcohol-induced behavioural disorders and alcohol-related liver cirrhosis) which is similar to the England average but lower than the North East. Overall, alcohol-related hospital admissions (where alcohol is possibly implicated in some cases such as

hypertensive diseases, various cancers and falls) are 17% higher in Northumberland compared to England as a whole. However, there is huge variation within the county with Norham and Islandshires and Berwick West with Ord in North Northumberland having 30% fewer admissions than the England average and Hirst and Cowpen having at least 70% more admissions.

53% of people entering the adult substance misuse treatment system in Northumberland cite alcohol as their primary substance and 13% cite alcohol and non-opiates.

Mental Health

Research suggests that as much as 30-50% of people with mental health problems misuse substances and as many as 50-75% of people who are in substance misuse services also have some kind of mental health problem. Alcohol is often used as self-medication for anxiety and depression yet conversely the risk of developing psychiatric and physiological conditions increases as a result of frequent intoxication and prolonged alcohol misuse. In 2013/14, 21.6% people who were assessed for alcohol treatment were also receiving treatment from mental health services. 16% of people in substance misuse treatment in Northumberland also have a dual diagnosis for mental health. It is not unique to Northumberland that there is still a gap in meeting the needs of people with a dual diagnosis for alcohol and mental health problems.

Community Safety

The links between crime and health and wellbeing health are well known. This can be as a result of fear of crime or the consequence of being a victim, both of which can have a negative impact on mental health. Offenders often also experience poor health outcomes as a result of social exclusion. Alcohol has an impact on crime in the following ways.

- Analysis of police arrest data for Northumberland offenders indicates that around 1 in 5 (20%) of people arrested are assessed as being drunk at the time.
- Of the Northumberland offender population in 2014/15, 55% are assessed as having alcohol as a criminogenic need (linked to their offending)
- Of those where alcohol is an identified criminogenic need in 2014/15, 46% also have domestic abuse identified.
- In terms of geography, of those with alcohol as an identified criminogenic need, 21% live in NE24 and 14% in NE63 with the remainder largely dispersed across the county
- Where alcohol is an identified criminogenic need, most prevalent offence types are violence against the person (34%) theft (14%) and summary motoring offences (14%).

Employment

It's estimated that between 11 and 17 million working days are lost annually in England due to alcohol-related sickness, with an additional 15 to 20 million days lost due to reduced employment. Lost productivity (caused by alcohol-related absenteeism, unemployment and premature death) costs the country up to £6.4 billion^{xiii}. Alcohol dependency also affects people's chances of taking up and

remaining in rewarding employment, in England it is estimated that 1 in 25 working age benefit claimants have alcohol dependency^{xiv}. In Northumberland, 123.2 per 100,000 receive incapacity benefit, severe disability allowance or employment support allowance for an alcohol related illness, which is similar to England, but lower than the North East.

Public Services

It is estimated that excessive alcohol consumption costs the county an estimated £100.39 million a year in costs to the NHS (£29.38m), crime and licensing (£21.57m), social services (£9.67m) and the workplace (£40.04m). For example:

- Alcohol specific and alcohol related admissions cost Northumberland £18,942,828 per annum (2012-2013).
- In some children's social work teams, more than 60% of assessments identify parental alcohol misuse as a factor.
- The specialist substance misuse service has seen an influx of people seeking support for alcohol issues, growing from 238 at the end of 2012/13 to 807 at the end of 2014/2015, representing a 239% increase in the alcohol in-treatment population.
- According to a recent survey, two-thirds of paramedics in the North East stated that alcohol-related incidences accounted for at least 50% of their workload during weekend evenings and nine out of ten paramedics agreed that dealing with alcohol-related callouts places an unnecessary burden on their time and resources.
- According to a recent survey, 6 out of 10 police officers think that alcohol related crime and disorder takes up at least half of their time while 1 in 10 say it constitutes 80 -100% of their workload.

Policy Responses

In order to reduce overall levels of alcohol-related harm in Northumberland, more is needed than merely responding to those who are already potentially dependent. The World Health Organisation having reviewed the evidence concluded that a combination of population level interventions which address the price, promotion and availability of alcohol should be combined with individual level interventions which identify and intervene early with those who are drinking riskily and by providing services for those who require structured treatment.

Price

When comparing relative changes in household disposal income and the price of alcohol, alcohol is 61% more affordable per person in 2012 than in 1980^{xv}. Research shows that as prices go up, consumption reduces, so measures which address the cheapest strongest alcohol which is traditionally consumed by the youngest and heaviest drinkers are likely to reduce alcohol related harm. Research also suggests that the most targeted and effective way to do this would be through the introduction of a national minimum unit price of alcohol. Research from Sheffield indicates that introducing a minimum price per unit of alcohol of 50p would cut consumption, deaths, crimes, hospital admissions and reduce the economic burden. More importantly it would not penalise people from lower socio-economic groups but

would affect the youngest and heaviest drinkers and have no impact on the price of alcohol in a typical local pub.

Alcohol can be purchased from the off-trade in Northumberland from as little as 15 pence per unit. Residents in Northumberland appear to be more price sensitive than the rest of the North East and are more likely to think that the price of alcohol in pubs, supermarkets and off licences is too expensive. Generally, there are fewer people who think alcohol is 'much too expensive' than thought this in 2012.

Promotion and advertising

Nationally, it is estimated that at least £800 million a year is spent on alcohol advertising and promoting alcohol and this is one of the factors that has the potential to encourage youth drinking. Both the content and the amount of exposure to alcohol advertising are critical issues for young people who can be influenced by the behaviour, or perceptions of behaviour, of peers as they try and fit with with perceived norms of society. Newer forms of alcohol advertising through digital media and user generated content shared via social media are positively associated with increased frequency of consumption, number of units consumed in a typical drinking session and frequency of high episodic drinking.

Whilst alcohol advertising may not deliberately target young people, they are still exposed and aware of alcohol brands, for example a recent survey of 10-11 year olds, which included North East children showed that 9 out of 10 were able to identify Foster's logo as an alcohol product , whereas recognition of brands such as Heinz, Ben & Jerrys, McCoys and McVities was very low. The research also found that children who used Facebook, Instagram and Twitter had greater recall of alcohol bands and were more likely to have consumed alcohol themselves.

The World Health Organization^{xvi} have concluded that limiting the amount and type of alcohol marketing that young people are exposed to would not only delay the onset of drinking but would also reduce the amount young people consume^{xvii}.

Availability

The availability of alcohol has a role to play in causing alcohol related harm. The World Health Organisation (WHO)^{xviii} concluded that there was sufficient evidence to suggest that an increase in density of alcohol outlets was associated with increased levels of alcohol consumption among young people, increased levels of assault, homicide, child abuse and neglect, self-inflicted injury and with less consistent evidence, road traffic accidents.

Research suggests that alcohol death rates in neighbourhoods with the most alcohol outlets are more than double the rates in those with the fewest and that factors such as increased risk drinking, binge drinking and problem drinking are all positively associated with increasing density. People from the lowest income groups are disproportionately affected by outlet density compared to both mid and higher income groups.

National Context

The current *Government Alcohol Strategy (2012)*^{xix}, focuses on reducing binge drinking in a bid to drive down crime and tackle health issues, and included proposals to introduce a national minimum unit price for alcohol. Proposals for a minimum unit price were later 'paused' pending the outcome of the challenge in

Europe by the alcohol industry of the Scottish Government's proposals to introduce a minimum unit price of 50 pence per unit. This challenge has just been referred back to the Scottish Government by the European Court of Justice as being lawful provided it is shown to be the most effective public health measure available.

The government's strategy also called for continued support for effective health measures such as brief interventions, alcohol treatment and hospital alcohol liaison work and adopted an approach to working with the alcohol industry to effect change in consumer behaviour. There has been some criticism of the strategy by health professionals due to its lack of evidence based interventions and its reliance on partnership working with the alcohol industry. In response to this strategy the Alcohol Health Alliance developed Health First An evidence-based alcohol strategy for the UK in 2013^{xx}. The current national Drug Strategy^{xxi} also outlined approaches to addressing and reducing alcohol dependence and promoting recovery. A new alcohol strategy is expected in 2016.

Local Context

Northumberland has a multi-agency Alcohol Harm Reduction Strategy for Adults and a separate strategy for Children and Young People since 2013. These strategies outline how partners will work towards the overall strategic aims of reducing alcohol consumption and alcohol-related harm in the county through the three themes and objectives as follows:

1. Prevention and early intervention
 - Devoting a population based approach by working as a region to advocate for change around the price, promotion and availability of alcohol.
 - Working with regional partners to lobby for national change in alcohol policy.
 - Developing a broad based approach to alcohol brief interventions in the wider workforce.
2. Treatment
 - Support increased access to specialist alcohol treatment services throughout Northumberland.
 - Addressing alcohol related mortality.
 - Increasing access to alcohol treatment for older people.
3. Enforcement
 - Ensure that the agencies of enforcement such as the Licensing authority, Police, Probation and HMRC use regulation and other initiatives to effectively to reduce alcohol related issues.

Partners and agencies continue to work together to achieve the aims and objectives of Northumberland's Harm Reduction Strategies and some examples of activity during the last 12 months are provided.

Alcohol Brief Interventions

According to research^{xxii} one in eight people who receive a brief intervention will reduce their drinking to within lower risk levels which compares favourably with smoking brief advice (1 in 20) for example. Alcohol screening and brief interventions involve asking individuals standard questions about their alcohol use and depending on the result, providing either positive reinforcement for low risk drinkers, advice about cutting down for increasing risk drinkers or referral to a specialist support service for high risk drinkers.

Primary Care - Evidence suggests that for every 5,000 patients screened and provided with a brief intervention in primary care, 67 A&E visits and 61 hospital admissions may be prevented. Northumberland Recovery Partnership is commissioned to deliver alcohol brief interventions training to GP practices and 14 practices have been trained.

Secondary Care - In 2014, Northumbria Healthcare NHS Foundation Trust put in place arrangements to screen patients in a number of departments, those screening positive are provided with a brief intervention and if necessary are referred for specialist support, to date 3800 patients have been screened and 600 received a brief intervention.

Social Care – In 2015 90 staff working in adult and children’s social care were trained to deliver brief advice.

In addition to this Northumberland has supported information campaigns such as Alcohol and Cancer, Dry January and Foetal Alcohol Spectrum Disorder caused by drinking during pregnancy.

Specialist Substance Misuse Services

Since April 2013, there has been an integrated substance misuse service in Northumberland which aims to support people to achieve and maintain recovery and to increase the awareness and visibility of recovery in the county. Previously there had been a countywide drug service with an alcohol service only available in the previous Wansbeck District area. There has therefore been a significant increase in the number of people seeking support for alcohol misuse, it was anticipated by the service that demand would have levelled out sooner and settled at a lower level than it is at present. Despite these challenges we are still pleased to report that with support from the service, peer mentors and the wider community 51% of alcohol users who leave treatment in a planned way are abstinent with a further 23% clients reducing consumption.

Children and Young People

Sorted, have pathways in place via A&E, the Police and Schools to identify young people who are drinking riskily in order to intervene early, offer harm reduction advice, support parents and schools, and offer structured treatment.

Schools also have a vital part to play in alcohol prevention and are supported by the Council’s Health and Wellbeing in Schools Team in the following ways to develop drug and alcohol policies, support young people excluded from school for a drug and alcohol issue and work with schools when there are trends occurring in their area such as increases in A&E attendances for substance misuse.

All primary schools in areas of high and medium deprivation are offered whole school drug and alcohol education training to ensure that primary age pupils are receiving high quality, appropriate drug and alcohol education. Parents/carers of children in primary schools are offered drug and alcohol awareness briefings where social norms around alcohol are investigated and challenged.

Future Activity

The Local Government Alcohol Declaration

Over the last 12 months, the North East has developed a Local Government Alcohol Declaration which since its launch has been signed by the Association of North East Councils and the majority of North East local authorities. The aim of the declaration is to encourage partners to commit to taking action, to protect their local communities from the harms caused by alcohol and demonstrate local leadership and acknowledge best practice. The Declaration is a statement of a council's commitment to ensure alcohol harm reduction is part of mainstream public health work and commits councils to taking comprehensive action to address the harm from alcohol and encourages signatories to influence national government on issues such as the price, promotion and availability of alcohol. Northumberland County Council is in the process of seeking residents' views on the acceptability of measures to address low cost alcohol as part of the Residents Perceptions Survey. The results will help inform future decisions on this matter.

Alcohol Screening and Brief Interventions

We need to continue to prioritise the expansion of alcohol screening and brief interventions and are about to commence a pilot funded nationally by Public Health England called 'Have a Word'. A brand to develop a train the trainer brief interventions model. The commitment and involvement of organisations represented on the Health and Wellbeing Board is vital in order to further expanding our work in relation to alcohol screening and brief interventions.

Implications

Policy	This briefing paper is for information for members and does not affect current policy
Finance and value for money	N/A
Legal	N/A
Procurement	N/A
Human Resources	N/A
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	"This report is for information only, so no impact assessment is immediately required".
Risk Assessment	N/A
Crime & Disorder	Alcohol plays a role in anti-social behaviour and crime. Recommendations within the paper have the potential to impact on both.

Customer Consideration	N/A
Carbon reduction	N/A
Wards	N/A

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Report sign off

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Monitoring Officer/Legal	LH
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Procurement	TP
I.T.	NA
Executive Director	DL
Portfolio Holder	SD

Background papers:

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- ⁱ [Adult Drinking Habits in Great Britain, 2013](#)
- ⁱⁱ [Opinions and Lifestyle Survey, Drinking Habits Amongst Adults, 2012](#)
- ⁱⁱⁱ [General Lifestyle Survey 2010](#)
- ^{iv} [Socioeconomic determinants of risk of harmful alcohol drinking among people aged 50 or over in England, BMJ, July 2015](#)
- ^v [Alcohol Health Inequalities and the Harm Paradox: Why some groups face greater problems despite consuming less alcohol, Institute of Alcohol Studies, 2014](#)
- ^{vi} [Health and Social Care Information Centre Smoking, Drinking and Drug Use Among Young People in England 2014](#)
- ^{vii} [Northumberland Health Behaviour Related Questionnaire 2013](#)
- ^{viii} [British Beer and Pub Association Statistical Handbook London BBPA: 2011](#)
- ^{ix} [New estimates of the number of children living with substance misusing parents: results from UK national household surveys](#)
- ^x [Alcohol and Cardiovascular Health: The Dose Makes the Poison...or the Remedy](#)
- ^{xi} Anderson, G. (1993) Management of alcohol problems: the role of the general practitioner. *Alcohol & Alcoholism*. Vol. 28, No. 3 pp 263-272.
- ^{xii} Heather, N. & Kaner, E. (In press) Brief Interventions against excessive alcohol consumption. In D. A Warrell, T.M. Cox, J. D. Firth & E. J. Benz (eds) *Oxford Textbook of Medicine* (4th Edition) Oxford Medical Publications.
- ^{xiii} Prime Minister's Strategy Unit. *Alcohol harm reduction strategy for England*. London: Cabinet Office, 2004.
- ^{xiv} Hay, G. and Bauld, L. (2008) *Population estimates of problematic drug users in England who access DWP benefits: A feasibility study*. London: Department for Work and Pensions (DWP Working Paper No. 46)
- ^{xv} [Institute of Alcohol Studies Alcohol Affordability](#)
- ^{xvi} World Health Organisation, *Alcohol in the European Union, Consumption, harm and policy approaches*.
- ^{xvii} *Alcohol advertising regulation that balances commercial and public interest – Alcohol Concern 2013*
- ^{xviii} [Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm, World Health Organisation 2009](#)
- ^{xix} [The Governments Alcohol Strategy 2012](#)
- ^{xx} [Health First – An evidence-base alcohol strategy for the UK.](#)
- ^{xxi} [Reducing Demand, Restricting Supply, Building Recovery \(2010\)](#)
- ^{xxii} Moyer, A., Finney, J., Swearingen, C. and Vergun, P. (2002) "Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment -seeking and non-treatment seeking populations," *Addiction*, 97, 279-292.