

Health behaviours joint strategic needs assessment secondary data analysis

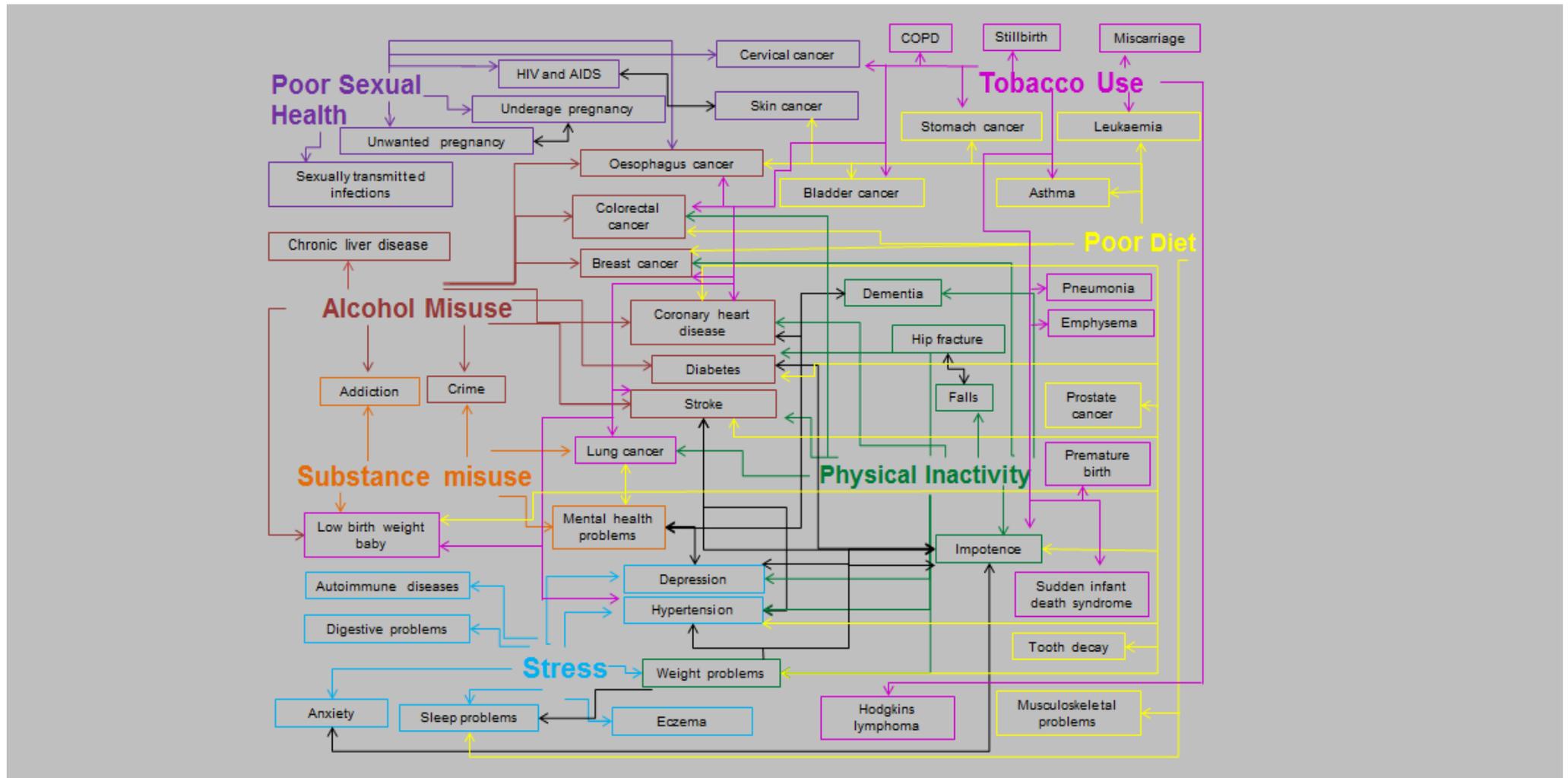
Alcohol extract

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Unhealthy behaviour could lead to:



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Contents

Introduction	3
What we looked at	3
Executive summary	4
Key findings and data gaps:	5
Alcohol	5
Data gaps.....	5
Alcohol	5
Underage drinking.....	6
All age alcohol-specific hospital admissions	7
Under-20s alcohol specific hospital admissions	8
Under-18s alcohol-specific hospital admissions.....	9
Alcohol-related recorded crime	9
Outcomes.....	10
Appendices	13
Appendix A: Mortality linked to unhealthy behaviour 2010-12 – Lancashire	13
Appendix B: Quality Outcomes Framework disease prevalence.....	14
References and sources	15

Introduction

This report details an extract of the alcohol findings of the secondary data analysis process of the health behaviours JSNA project. The purpose of this process was to identify what we currently know about the seven overarching behaviours, which are:

- ❖ alcohol
- ❖ physical activity
- ❖ stress
- ❖ tobacco
- ❖ diet
- ❖ sexual activity
- ❖ substance misuse

Not only will this process give us a clear picture of the current situation in Lancashire* across these seven areas, it should also help us to identify any data gaps which exist as well as being an opportunity to bring together a number key data sets that may have otherwise been analysed in isolation from one another.

What we looked at

For each of the overarching themes we have examined the latest available data mostly focusing on prevalence and mortality level data. Where possible this has been expanded to include demographic-level analysis. In some cases, we have also examined the latest incidence rates, although due to time constraints we have kept this to a minimum.

We have examined figures from national and local sources, taking into account surveys, hospital admission statistics, GP data sets and mortality rates from a wide range of sources including:

- ❖ [2011 Census](#)
- ❖ [2011 General Lifestyle Survey](#)
- ❖ [Chartered Institute of Environmental Health](#) (CIEH)
- ❖ [National Dental Epidemiology Programme](#) for England, Oral Health Survey
- ❖ Public Health England - [Local Alcohol Profiles for England](#) (LAPE)
- ❖ Public Health England - [Local Health Profiles](#)
- ❖ Public Health England - [Outcomes Framework Tool](#)
- ❖ Public Health England - [Tobacco Profile](#)
- ❖ Sport England: [Active People Survey](#)
- ❖ The [Health and Social Care Information Centre](#) - information portal
- ❖ [Health Survey for England](#) (HSE)
- ❖ [Hospital Episodes Statistics](#) (HES)
- ❖ The [Integrated Household Survey](#) (IHS)
- ❖ The Pupil Attitude Questionnaire
- ❖ [Quality and Outcomes Framework](#) (QOF)
- ❖ Secondary Uses Service, commissioning data sets (SUS-CDS)
- ❖ Trading Standards - [Lancashire Alcohol and Tobacco Survey 2013](#)
- ❖ [Office for National Statistics](#)

* Lancashire refers to the 12 districts in the county council area. Lancashire-14 includes the two unitary authorities of Blackburn with Darwen and Blackpool.

Executive summary

An unhealthy lifestyle greatly increases the chances of premature death, with smoking, drinking too much alcohol, poor diet, lack of physical activity and being overweight all key contributors. The latest [Longer Lives](#) all-cause premature mortality data sets, published by Public Health England show that between the years 2011 and 2013, 12,071 people died prematurely in Lancashire.

Additionally the county also recorded a significantly higher mortality rate from diseases considered preventable (2011-13) than the England national average. Preventable mortality includes causes of death which could *potentially* have been avoided through good quality healthcare and public health interventions.¹ It includes diseases such as bronchitis, cancer, cardiovascular diseases, diabetes, hepatitis, HIV and liver disease, linking to the seven overarching themes of this report. The latest figures indicate that across Lancashire 7,215 people have died from such causes (2011-13).

Of the six [clinical commissioning groups](#) (CCG) in Lancashire,[†] NHS East Lancashire CCG, NHS Fylde & Wyre CCG and NHS Greater Preston CCG all have significantly lower male and female healthy life expectancies at birth estimates (2010-12) than the England average.²

During this data-gathering process we identified 54 health outcomes and diseases which include one or more of the seven overarching areas of alcohol, diet, physical activity, sexual activity, stress, substance misuse and tobacco as a risk factor. A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury and it is accepted there will be more than 54 outcomes and diseases linked to our seven theme areas. Examining the mortality figures for 20 of these 54 conditions ([appendix A](#)), we found that in the three-year period 2011-13, they were responsible for 39,300 deaths in Lancashire. Figures like these highlight how strategies such as tackling obesity, reducing problem drinking, increasing levels of physical activity and reducing drug dependency are not just about shrinking people's waistlines or getting them to cut back on their drinking, it is about improving their health and wellbeing, enabling them to live long and happy lives and reducing the burden of disease as part of the wider shift from treatment, support and cure, to prevention and protection.

[†] The six CCGs are: NHS Greater Preston, NHS Chorley and South Ribble, NHS East Lancashire, NHS Fylde and Wyre, NHS Lancashire North and NHS West Lancashire.

Key findings and data gaps:

Alcohol

- ❖ 61% of 14-17 year olds across Lancashire drink alcohol, 18% binge drink at least once a week, whilst 58% claimed to get alcohol from their parents (Lancashire Alcohol and Tobacco survey 2013).
- ❖ In 2012/13 there were 4,830 alcohol-specific all-age admissions to hospital across Lancashire, accounting for 13% of the North West total (HES).
- ❖ In 2012/13, 6,196 arrestees tested positive for alcohol in Lancashire, accounting for 16% of the North West total (ONS).
- ❖ In 2011-13 Lancashire recorded mortality rates significantly above the rate for England for chronic liver disease including cirrhosis (ONS).

Data gaps

- ❖ Alcohol consumption levels and how often people drink.
- ❖ Number of adults who drink to get drunk.
- ❖ Number of adults who think it's normal to get drunk.
- ❖ Elderly people's drinking habits.
- ❖ Do parents/guardians supply alcohol to their children?
- ❖ Who people drink with/do they drink alone?

Alcohol

Alcohol is England's second biggest cause of premature deaths behind tobacco use.³ The 2011 General Lifestyle Survey reported that 34% of men and 28% of women stated they exceeded the current alcohol consumption guidelines on at least one day in the last seven. Regular heavy drinking and binge-drinking behaviours are associated with a whole range of problems including anti-social behaviour, violence, accidents, physical and mental health problems, and poor school performance in the young.⁴ The 2012 report 'The Cost of Alcohol to the North West Economy' found the cost impact of alcohol on health care, policing, licensing, social services, the local workforce and the wider economy for Lancashire was £495m (2010/11).⁵

During our analysis we identified the following key data sets relating to alcohol:

- ❖ underage drinking;
- ❖ alcohol-specific admissions to hospital;
- ❖ alcohol recorded crime;
- ❖ alcohol-specific mortality (conditions where alcohol is causally implicated in all cases of the condition for example alcohol-related liver cirrhosis⁶); and
- ❖ mortality from chronic liver disease.

Underage drinking

The Lancashire Alcohol and Tobacco Survey 2013 resulted in responses from 4,458 young people aged between 14-17 years old across Lancashire-14. It revealed that:

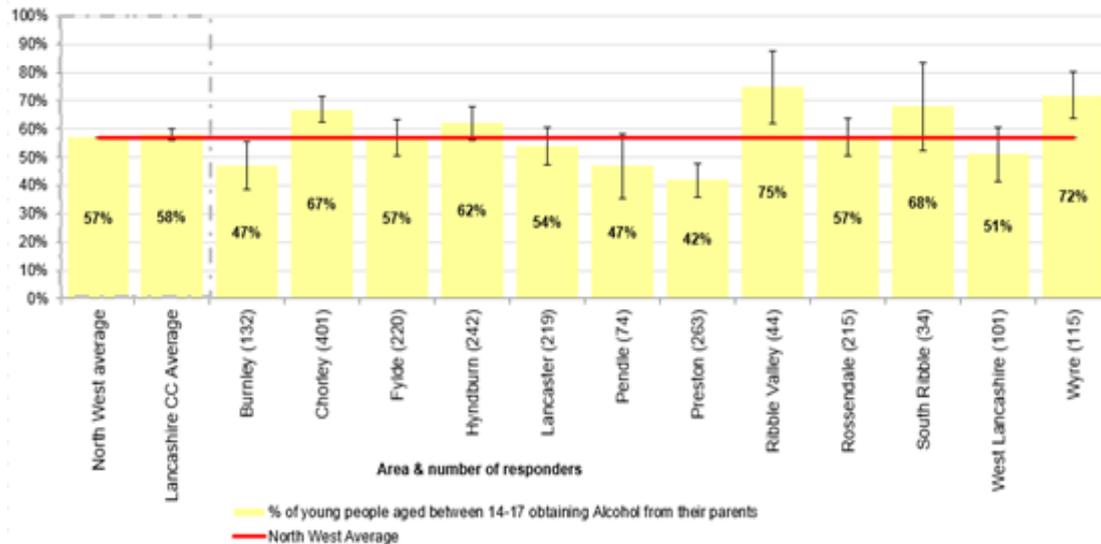
- ❖ the rate of drinking alcohol once a week or more has continued to decline;
- ❖ binge drinking regularly (five or more alcoholic drinks at least once a week) has reduced; and
- ❖ the percentage of young people claiming to buy alcohol themselves has fallen.

Although these are significant improvements the survey across Lancashire-14 also found:

- ❖ 63% have drunk alcohol;
- ❖ 46% binge drink and of these, 12% binge drink at least once a week;
- ❖ 23% had been violent or in a fight whilst drunk whilst 25% regretted having sex after drinking (Lancashire only);
- ❖ 44% drink to get drunk; and
- ❖ 70% think getting drunk is fun and 55% think getting drunk is normal.

Most 14-17 year olds in Lancashire claim to get alcohol from their friends and family, with 58% claiming to get it from their parents. At a district level the percentage of children who reported obtaining alcohol from their parents ranged from 42% in Preston to 75% in Ribble Valley.

Figure 1: Percentage of young people aged 14-17 obtaining alcohol from their parents



Source: Lancashire Alcohol and Tobacco Survey 2013

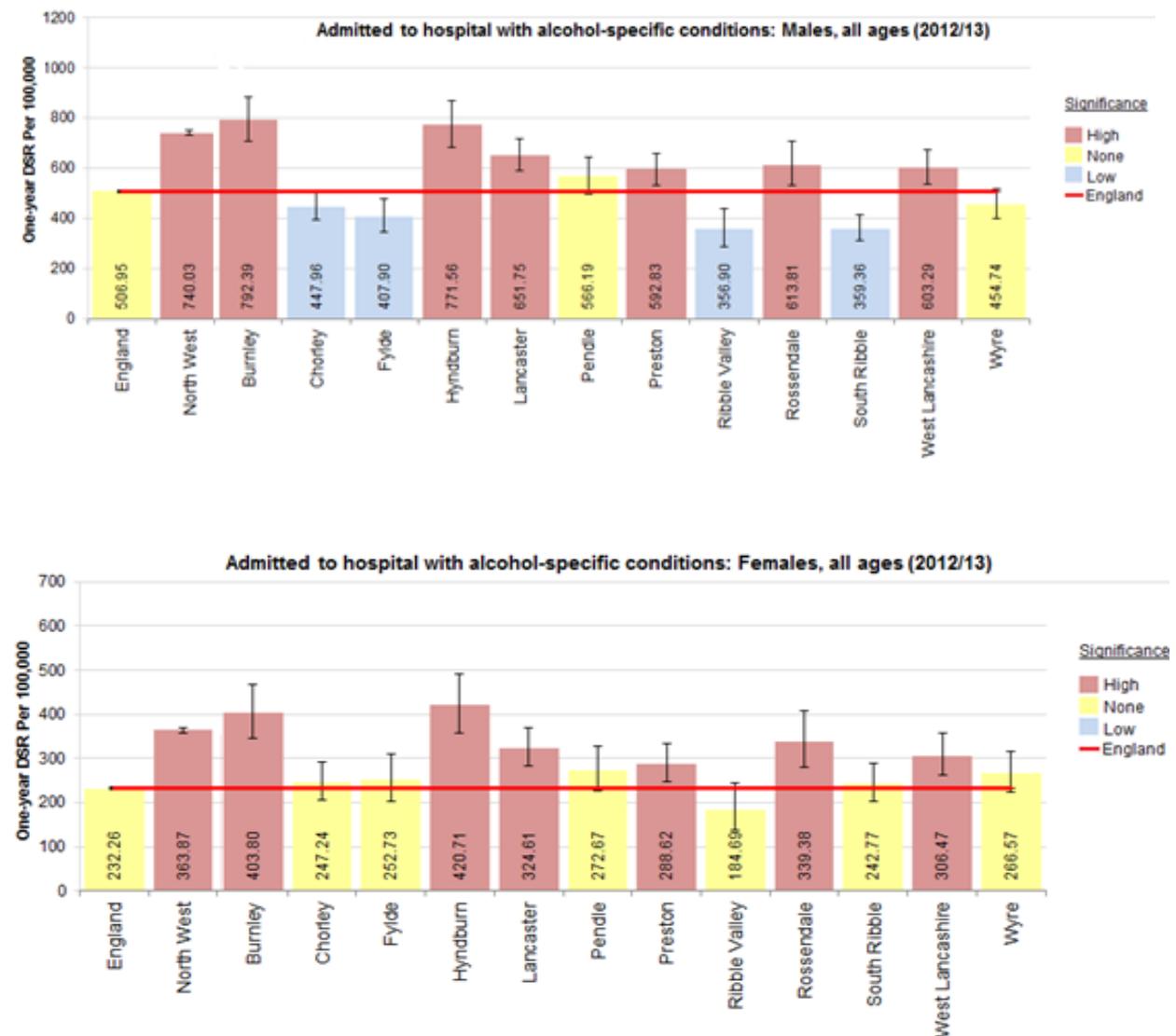
The survey also found that on average 30% of respondents from across Lancashire had knowledge of party houses and drinking dens in their local area. Again, at a district level this varied greatly from 16% in Ribble Valley and South Ribble to 45% in Pendle.

All age alcohol-specific hospital admissions

During the financial year 2012/13 there were 4,830 alcohol-specific admissions to hospital across Lancashire, accounting for 13% of the North West region total. Of these admissions 64% were for males. Of particular concern were the districts of Burnley, Hyndburn, and Lancaster, all of which reported one-year male and female directly standardised rates (DSR per 100,000 of the population) significantly above those for England. Hyndburn ranked in the worst 5% of authorities in England for female alcohol-specific admissions.

Comparing the male admissions in Lancashire for 2012/13 against those from 2008/09, only Preston and South Ribble have seen a decrease in their rates. For females, Chorley, Preston, Ribble Valley and South Ribble saw a drop in their admission rates.

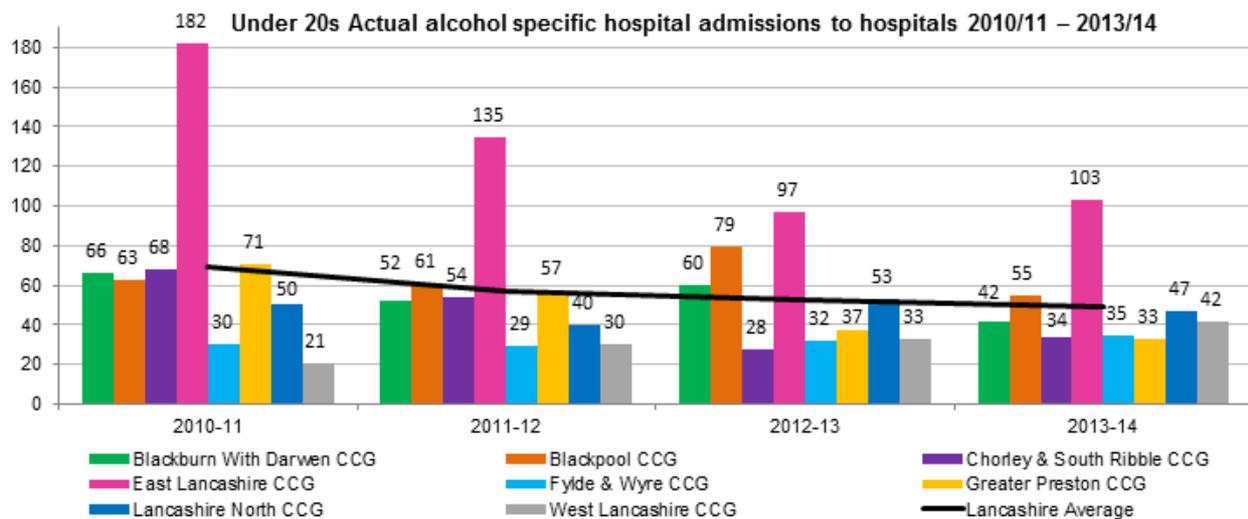
Figure 2: HES 2012/13 alcohol-specific admission rates, split by gender across Lancashire



Under-20s alcohol specific hospital admissions

Data from the Secondary Uses Service Commissioning Data Sets (SUS-CDS) show that there have been 1,819 alcohol-related admissions to hospitals for young people in Lancashire-14 (between financial years 2010/11 and 2013/14). The total actual admissions each year are decreasing in most areas with the exception of Fylde, West Lancashire and Wyre where marginal increases have been seen.

Figure 3: Under-20s actual alcohol-specific hospital admissions to hospitals 2010/11 to 2013/14 split by CCG



Using these figures to calculate a Lancashire crude per 100,000 rate shows a reduction in alcohol-specific hospital admissions for persons aged 19 and under (table one below).

Table 1: Lancashire-14 Under-20s actual alcohol-specific hospital admissions to hospitals 2010/11 – 2013/14

Year	No. of admissions	Total mid-year CCG under-20 population*	Crude rate per 100,00
2010/11	422	277,266	152.2
2011/12	345	275,904	125.0
2012/13	280	274,973	101.8
2013/14	294	301,568	97.5
*combined totals for all six Lancashire CCGs, covering the Lancashire-14 area			
Change between 2010/11 and 2013/14		Actual change	Percentage change
Change in no. of admissions		-128	-30%
Change in population		24,302	+9%
Change in crude rate		-54.7	-36%

Source: SUS-CDS

This gradual decline in admissions has also been seen at a national level and it has been suggested it could be an indication of a change in attitude towards drinking. The 2011 report

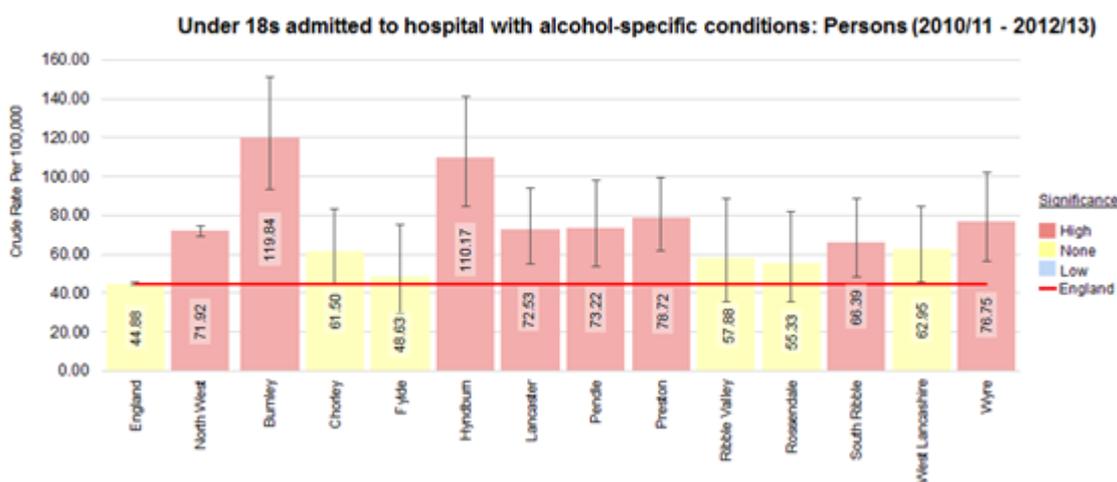
[Smoking, drinking and drug use among young people in England](#) found an increase in the number of young people who state they have never drunk alcohol rising from 39% in 2003, to 55% in 2011.

An alternative interpretation is that it is becoming harder for young persons to obtain alcohol, with the 2013 report '[sobering up](#)' suggesting that retailers have become more vigilant in preventing under-age sales, and echoing Lancashire's 2013 Trading Standards survey findings in suggesting that young people are increasingly obtaining alcohol from their parents or guardians.

Under-18s alcohol-specific hospital admissions

Unlike the adult admissions, the under-18 admissions data from the Local Alcohol Profiles for England (LAPE) tool is grouped into sets of three financial years which crossover. This affects our ability to perform trend line analysis, due to the overlapping time frames, and a crude admission rate rather than a standardised rate is used. The latest figures (2010/11 to 2012/13) show that the majority of districts within Lancashire have recorded significantly higher rates of under-18 admissions compared to England, with Burnley and Hyndburn recording the highest rates.

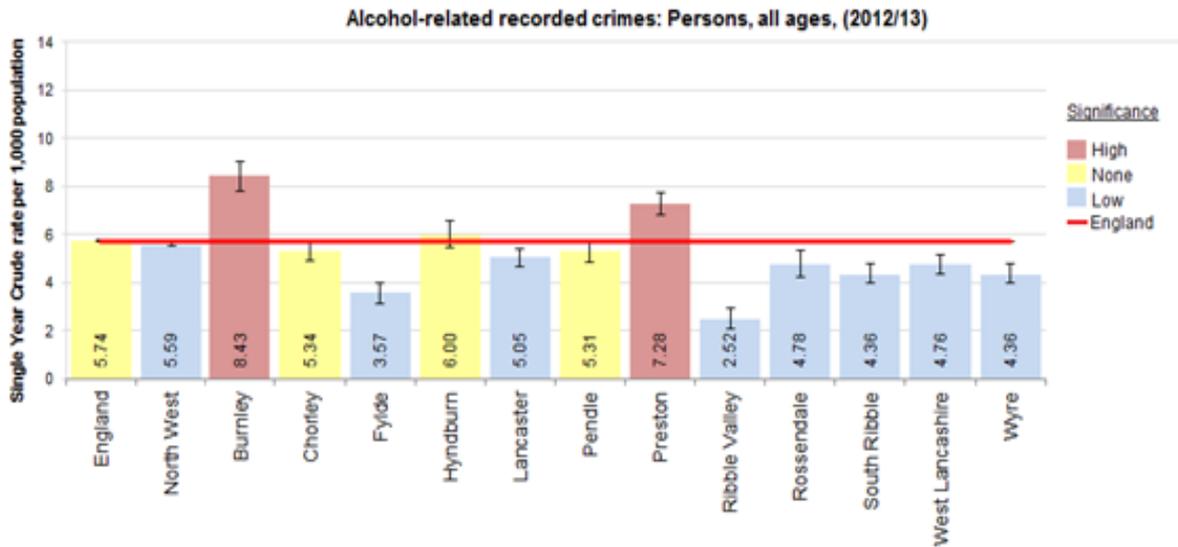
Figure 4: Under-18s admitted to hospital with alcohol-specific conditions, all persons (2010/11 – 2012/13)



Alcohol-related recorded crime

The ONS crime statistics show that 6,196 arrestees tested positive for alcohol across Lancashire (2012/13), accounting for 16% of the North West total. Looking at the individual districts of Lancashire, we found that Burnley and Preston were significantly above the England rate. Comparing the 2012/13 figures against the figures from 2008/09 reveals that Chorley, Hyndburn and Ribble Valley have seen an increase in their alcohol-related crime rates.

Figure 5: Alcohol-related recorded crimes, all persons, all ages, 2012/13, Lancashire authorities benchmarked against the England national average



Outcomes

The 2010-12 alcohol-specific mortality rates (directly-standardised rate per 100,000) show that Preston and Lancaster had significantly higher mortality rates for males when compared to England and both districts were within the top 5% of local authorities for alcohol mortality. For females, Preston and Lancaster had significantly higher rates than England, but only Lancaster fell within the top 5% of local authorities for alcohol mortality.

Figure 6: 2010-12 alcohol-specific mortality males

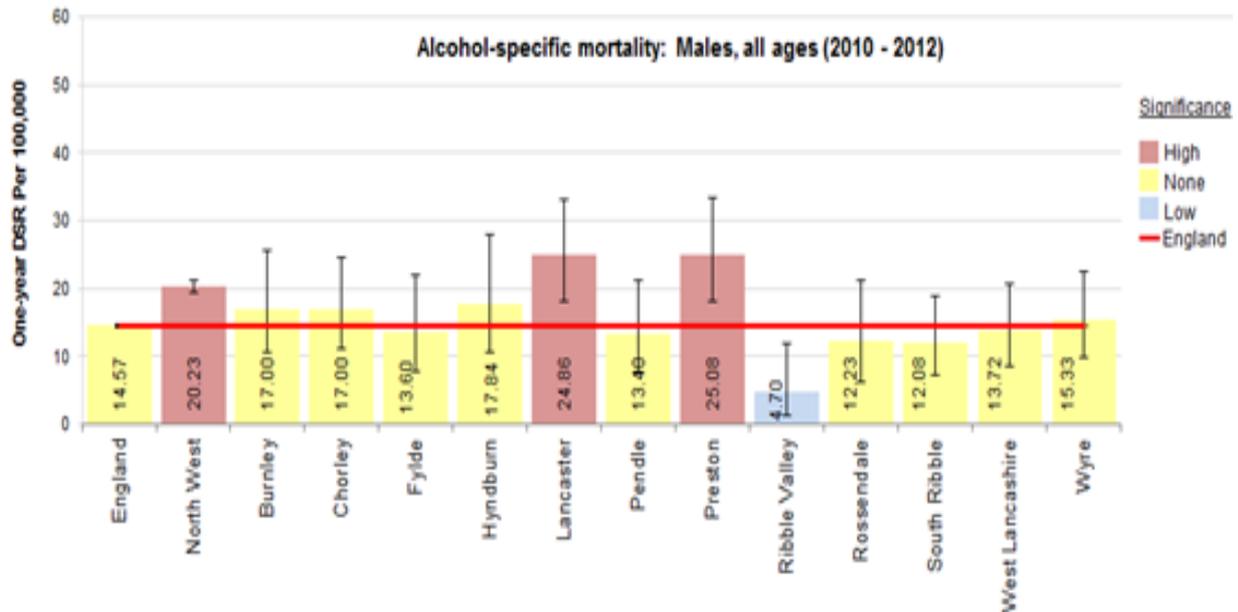
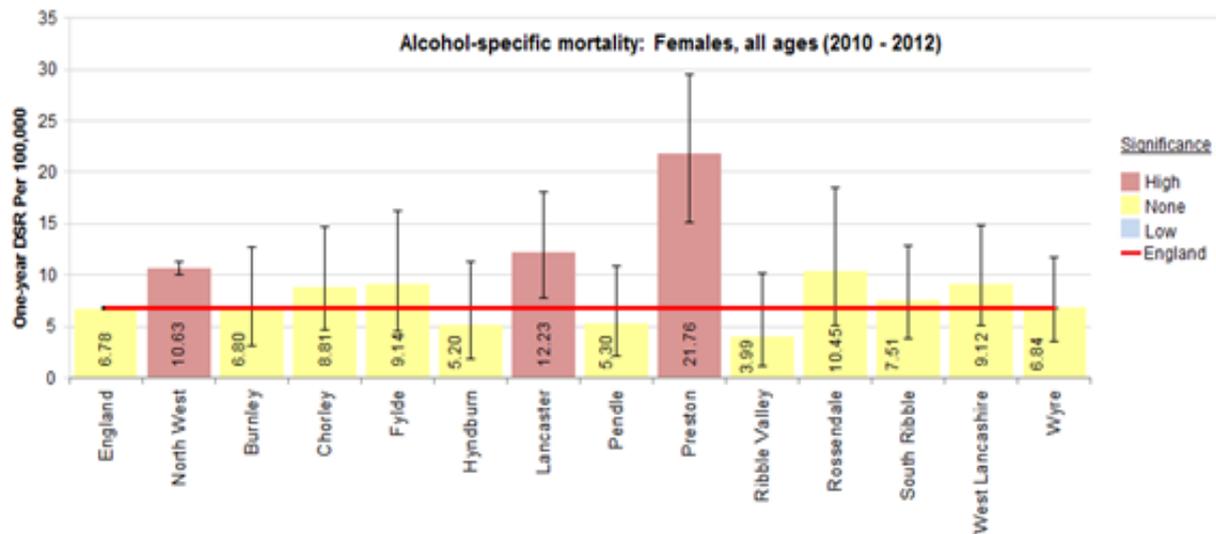


Figure 7: 2010-12 alcohol-specific mortality females



Source: Local Alcohol Profiles for England

Excessive alcohol consumption is a risk factor for many conditions, including the following diseases:

- ❖ breast cancer
- ❖ colorectal cancer
- ❖ diabetes
- ❖ stroke
- ❖ chronic liver disease
- ❖ coronary heart disease
- ❖ oesophageal cancer

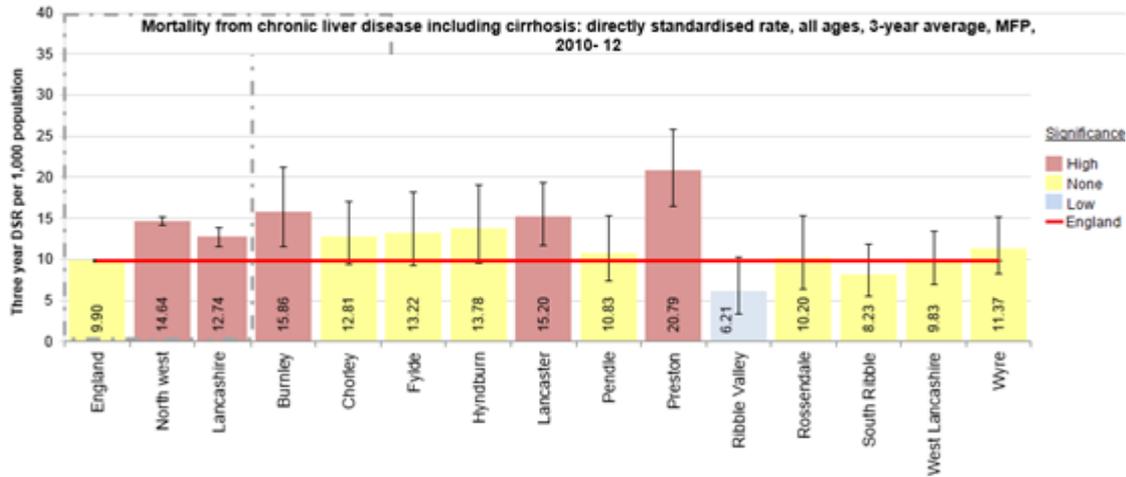
Several of these conditions are presented in [appendix A](#), alongside the latest mortality figures. Looking at the 2011-13 all age, all persons mortality (DSR per 100,000 of the population) for each of these diseases, we found that Lancashire has a significantly higher mortality rate than England for chronic liver disease, coronary heart disease, stroke and oesophagus cancer. The latest prevalence figures from the Quality and Outcomes Framework (QOF) incentive show that:

- ❖ all six Lancashire CCGs have a significantly higher prevalence of coronary heart disease compared to England;
- ❖ all six have significantly higher levels of stroke prevalence;
- ❖ five have significantly higher levels of cancer prevalence; and
- ❖ four have significantly higher levels of diabetes prevalence ([appendix B](#) provides a more detailed breakdown).

It should be noted that having a higher registered QOF prevalence level than the England average may reflect relatively better diagnosis and identification of disease as opposed to higher true prevalence. Further analysis of incidence rates of these diseases, where possible, is recommended.

Chronic liver disease is a key indicator on the Local Alcohol Profiles for England and over the three-year period 2010-12, 510 people died from chronic liver disease (including cirrhosis) across Lancashire, of which 63% were male. Burnley, Lancaster and Preston recorded mortality rates significantly above England.

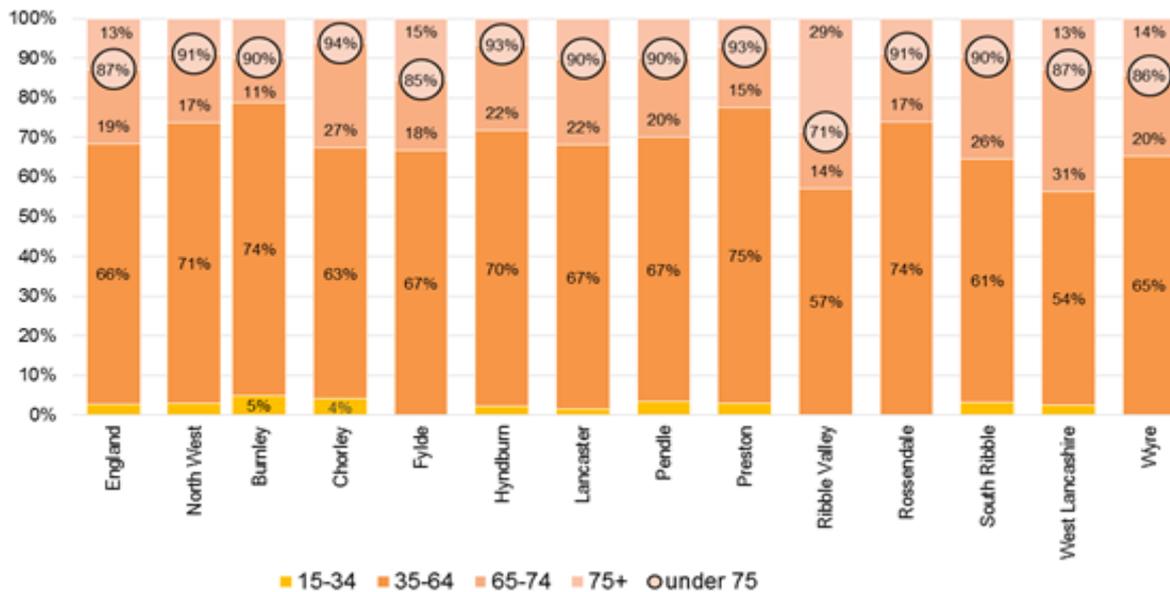
Figure 8: 2010-12 mortality from chronic liver disease all ages, males and females



Source: Local Alcohol Profiles for England

Figure nine below provides a breakdown of mortality from chronic liver disease including cirrhosis (2011-13) by age group. This chart shows that overwhelmingly this disease is killing people under-75 years (represented by the % in the circle) and that the majority of people who die from this disease are aged 35-64.

Figure 9: Mortality from chronic liver disease including cirrhosis, by age group, 2011-13



Appendices

Appendix A: Mortality linked to unhealthy behaviour 2010-12 – Lancashire

Lancashire		Gender	Observed	DSR (per 100,00)	Significance to England	Links to health behaviours						
						Alcohol	Nutrition 1	Physical inactivity	Sexual activity ²	Stress	Subs. misuse	Tobacco
Cancer	All cancers (C00-C97)	All	9,847	289.3	High (0.001)							
	Bladder cancer (C67)	All	313	9.2	-		✓					✓
	Breast cancer (C50)	F	644	34.3	-	✓	✓	✓				✓
	Cervical cancer (C53)	F	48	2.6	-				✓			✓
	Colorectal cancer (C17-C21)	All	1,003	29.6	-	✓	✓	✓				✓
	Hodgkin's Lymphoma (C81)	All	16	0.5	-							✓
	Leukaemia (C91-C95)	All	253	7.5	-		✓					✓
	Lung cancer (C33-C34)	All	2,325	68.1	High (0.001)		✓	✓			✓	✓
	Malignant melanoma (C43)	All	118	3.5	-		✓					
	Oesophagus cancer (C15)	All	530	15.6	High (0.001)	✓	✓		✓			✓
	Prostate cancer (C61)	M	634	48.4	-		✓					
	Skin cancer other than melanoma (C44)	All	41	1.2	-				✓			
Stomach cancer (C16)	All	314	9.3	High (0.025)		✓					✓	
Circulatory disease	All circulatory disease (I00-I99)	All	10,388	309.8	High (0.001)							
	Coronary heart disease (I20-I25)	All	5,02	148.9	High (0.001)	✓	✓	✓				✓
	Hypertensive disease (I10-I15)	All	264	8.0	Low (0.001)		✓	✓		✓		✓
	Stroke (I60-I69)	All	2,540	76.3	High (0.001)	✓	✓	✓				✓
Digestive diseases	Chronic liver disease (K70,K73-K74) ³	All	521	15.0	High (0.001)	✓						
Endocrine & metabolic	Diabetes (E10-E14)	All	354	10.6	-	✓	✓	✓				
Respiratory	Pneumonia (J12-J18)	All	2,096	63.6	High (0.001)							✓
	COPD (J40-J44) ⁴	All	1,965	57.8	High (0.001)							✓
	Asthma (J45-J46)	All	66	2.0	-		✓					✓

[1] Includes excess weight, obese and underweight. [2] HPV - human papilloma virus. [3] Mortality from chronic liver disease including cirrhosis. [4] Mortality from bronchitis, emphysema and other COPD.

Appendix B: Quality Outcomes Framework disease prevalence

CCG Name	Asthma Prevalence (%)	Coronary Heart Disease Prevalence (%)	Chronic Obstructive Pulmonary Disease Prevalence (%)	Cancer Prevalence (%)	Cardiovascular Disease Primary Prevention Prevalence (%)	18+ Depression Prevalence (%)	17+ Diabetes Mellitus (Diabetes) Prevalence (%)	Dementia Prevalence (%)	Heart Failure Prevalence (%)	Hypertension Prevalence (per cent)	16+ Obesity Prevalence (%)	50+ Osteoporosis Prevalence (%)	Peripheral Arterial Disease(PAD) Prevalence (%)	Stroke or Transient Ischaemic Attacks (TIA) Prevalence (%)
NHS Blackburn with Darwen CCG	7.2	3.8	2.2	1.7	2.6	7.6	7.6	0.5	0.8	12.3	10.1	0.4	0.9	1.7
NHS Blackpool CCG	7.0	4.7	3.4	2.5	4.1	10.7	7.2	0.8	1.3	17.5	13.1	0.5	1.2	2.2
NHS Chorley and South Ribble CCG	6.5	4.1	2.2	2.4	3.2	8.1	6.6	0.7	0.9	14.7	9.7	0.3	0.9	1.9
NHS East Lancashire CCG	7.0	4.1	2.4	2.2	2.9	6.9	6.6	0.6	0.9	13.8	9.8	0.4	1.0	2.0
NHS Fylde & Wyre CCG	6.3	3.5	2.0	2.0	2.7	8.6	6.2	0.6	0.9	13.1	9.2	0.3	0.8	1.8
NHS Greater Preston CCG	6.6	4.0	2.2	2.3	2.9	8.4	6.3	0.8	0.8	13.4	8.5	0.4	1.0	1.9
NHS Lancashire North CCG	6.4	3.9	2.1	2.4	3.2	7.5	6.4	0.7	0.9	15.4	9.5	0.4	0.8	2.0
NHS West Lancashire CCG	6.7	5.2	2.5	3.0	3.7	8.3	6.8	0.9	1.4	17.1	11.1	0.5	1.1	2.5
England	5.9	3.3	1.8	2.1	2.8	6.5	6.2	0.6	0.7	13.7	9.4	0.4	0.6	1.7

Significantly higher than England
Significantly lower than England
No significant difference

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