Herefordshire Council

Herefordshire Alcohol Needs Assessment

Version – 1.9d

Herefordshire Council - Public Health Team

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CONTENTS

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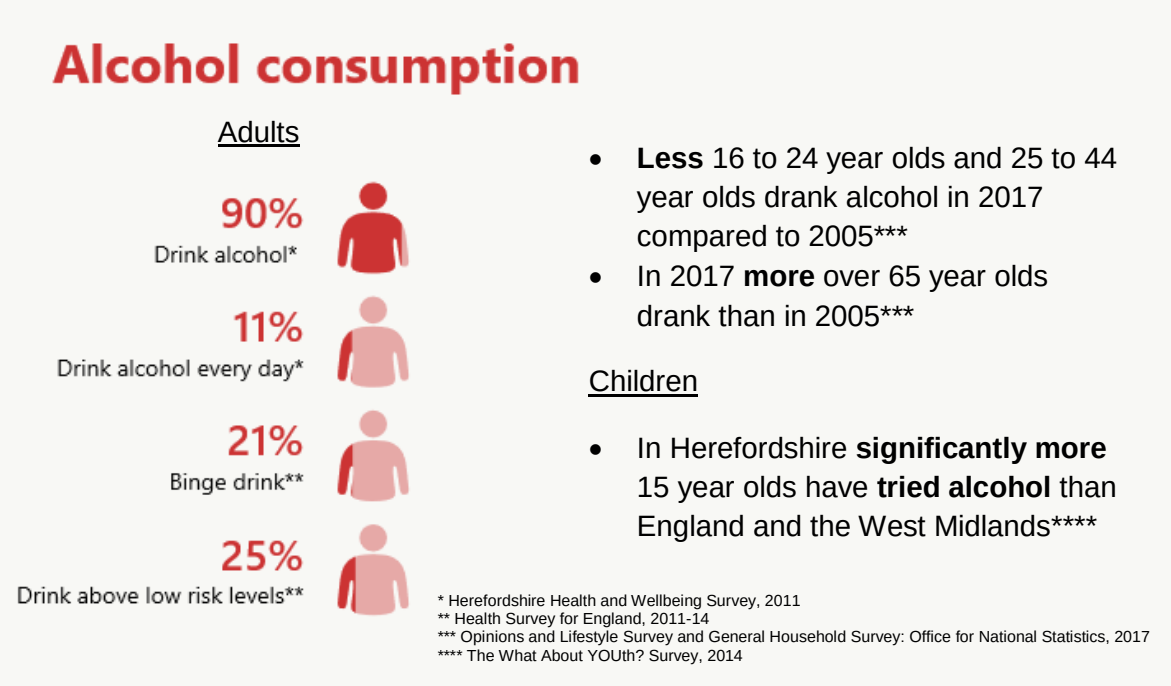
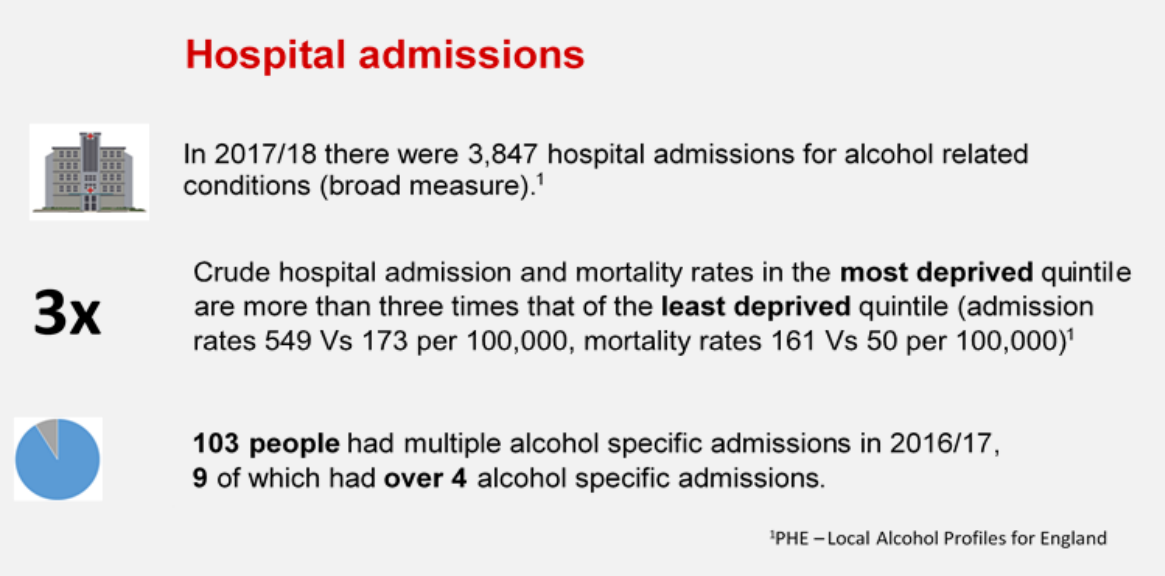
EXECUTIVE SUMMARY

Most adults in Herefordshire drink alcohol, however alcohol is a major cause of preventable death. The burden of alcohol is broad including costs to health, criminal justice and welfare through to unemployment and loss of working years. In addition there is the impact of drinking on other people such as partners and children and the impact of crime and disorder on the public. The economic burden of alcohol is substantial: estimated at 1.3 to 2.7% of gross domestic product (GDP) nationally.

Alcohol in Herefordshire at Glance





Dependent Drinkers and alcohol treatment

There are an estimated **1,716** adults with an **alcohol dependency**, of which **1 in 5** are in treatment.

In 2018/19 **278** people received alcohol only treatment from Addaction.

54% of people who left treatment in 2018/19 did so successfully.
15 of whom were abstinent at the point of exit.

Source – PHE Alcohol Commissioning Support Pack 2018/19

Wider impacts of alcohol

Research and interviews with the police, early years and not for profit organisations has shown that alcohol is usually not the main issue and is often used as a coping method for other problems. This not only impacts the drinker but also on their family, friends, neighbours and the wider community. Therefore a holistic approach should be taken to reduce the harm from alcohol.

Recommendations arising from the needs assessment:

There should be consideration across all actions of the impact of alcohol on health inequalities. Therefore reduction of health inequality should be considered in all recommendations.

Reduce consumption

- Raising awareness across the population of the Chief Medical Officers low risk alcohol consumption guidelines. Including using social and other media to increase knowledge of the guidelines and support available.
- Encouraging parents and schools to talk about and discourage the use of alcohol with children and enable these conversations, through social and other media and schools.
- Helping people to identify when they are drinking above healthier limits, are problem drinking or are alcohol dependant through encouraging the use of digital screening tools. Raising awareness of where to get support such as online self-help tools or alcohol support services.
- Training professionals and volunteers in Making Every Contact Count (MECC) so they are able to have more conversations around and provide messages on low risk drinking.

Reducing higher risk and problem drinking

- Making alcohol services more appealing and accessible to residents by the most suitable means including digital options. Looking at methods to improve recruitment and retention of addiction staff within the competitive market. Increasing the numbers of higher risk drinkers accessing the service through increasing awareness through professional, volunteers and digital screening tools.
- Reducing the harm caused by problem drinking in adults on children. Through raising awareness of the harms in key professionals to improve identification of parents who need help and through increasing the recording of alcohol problems to increase understanding of the problem.

- Reducing the alcohol related harm for the highest users, through continuing to work with the hospital regarding referral pathways, hospital based activity and with GPs and specialists to ensure that those who are referred but don't access services continue to be offered care appropriate care.
- Raising awareness of drink drive levels across Herefordshire to reduce alcohol related road traffic accidents through social media and through the work of partners.
- Increasing the number of brief interventions resulting from Health Check and the referrals into the alcohol service of health trainer service for those drinking at higher risk levels.

Providing a healthier environment

- Creating an environment that promotes responsible drinking by using data and intelligence from services across Herefordshire to enable regulatory services such as licensing to intervene. Including:
    - Improving the quality and/or identification of alcohol related data held across partners and departments including licensing, social care, police, hospital and alcohol services and support services such as Health Checks.
    - Using alcohol based questions on surveys such as the young people's survey.
    - Identifying how that data can be used in a population health management approach and to support future placed based initiatives.
- A reduction in alcohol related crime, through continuing to work with partners and business.
- Working with partners in a person centred approach to establish an environment that supports the most vulnerable. Including considering healthier housing options for those addicted to alcohol.
- Developing a substance misuse partnership group to take forward actions as part of the Community Safety Partnership (CSP).

INTRODUCTION

Alcohol consumption has doubled in the UK since the 1950s[1]. Most adults in England drink alcohol with more than 10 million people drinking at levels that increase the risk of harming their health. 1/3 of all alcohol consumed is consumed by just 4.4% of the population.[2].

Alcohol is the leading cause of death, disability and ill health among 15 to 49 year olds and heavy alcohol use has been identified as a cause of more than 200 health conditions. Alcohol causes more years of life lost to the workforce than from the 10 most common cancers combined[3]. Furthermore, there is increasing evidence of the extent and breadth of harm caused to others. Such harm impacts individuals, families, communities and society.[4]

In UK, as well as playing a key role in society, alcohol makes a significant contribution to the economy with the total value in 2014 to the UK economy of £46 billion while the industry provides more than three quarters of a million jobs[5]. In the financial year 2017/18 it is estimated that HM Revenue and Customs (HMRC) received over £11 billion from alcohol duties which represents two per cent of total receipts as a proportion of GDP[6]. However the estimated cost to society is large with estimates varying from £21 billion[78] to £55 billion[9].

Alcohol consumption is a contributing factor to hospital admissions and deaths relating to a wide range of conditions. In 2016/17 across England there were 337,000 hospital admissions primarily due to alcohol consumption while in 2016 there were 5,500 alcohol-specific deaths[10]. It is estimated that the total annual cost of alcohol to the NHS in England and Wales is £3.5 billion.

This report provides an overview of the latest alcohol statistics, services and partners actions within Herefordshire.

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[1] Adult drinking habits in Great Britain (2017). ONS. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017 (Accessed: 24/05/2019).
[2] The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies, An evidence review (2016). PHE. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf 9 (Accessed: 24/05/2019)
[3] The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies. An evidence review (2018). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf (Accessed: 24/05/2019).
[4] Public Health England. Alcohol's harm to others (2019) https://www.gov.uk/government/publications/alcohols-harm-to-others (Accessed 13/09/2019)
[5] How big is the alcohol industry? Institute of Alcohol Studies. Available at: http://www.ias.org.uk/Alcohol-knowledge-centre/The-alcohol-industry/Factsheets/How-big-is-the-alcohol-industry.aspx
[6] HMRC Tax and NIC Receipts. HMRC, (2018). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/708094/Mar18_Receipts_NS_Bulletin_Final.pdf (Accessed: 24/01/2019).
[7] Based on prices from 2009/10 and 2010/11
[8] Home Office (2012) A Minimum Unit Price for Alcohol Impact Assessment, London: Home Office, p5
[9] Lister G, *Evaluating social marketing for health-the need for consensus*. Proceedings of the National Social Marketing Centre, 2007.
[10] Statistics on Alcohol. England (2018). NHS Digital. Available at: https://files.digital.nhs.uk/60/B4D319/alc-eng-2018-rep.pdf

DRINKING BEHAVIOUR

The UK guidelines, produced by the Chief Medical Officer (published in 2016), are shown in the Table together with classified levels of drinking according to amounts consumed[11]. An infographic from Alcohol change explains what these mean in terms of common alcoholic drinks.

Table 1 UK guidelines and classification of drinking by units of alcohol

Term	Amount of alcohol	
	Men	**Women**
Lower Risk	Up to 14 units a week	
Hazardous (Increasing risk)	15 to 50 units a week	15 to 35 units a week
Harmful (High risk)	more than 50 units a week	more than 35 units a week
Binge	8 units or more per day	6 units or more per day

Figure 1: Alcohol guidelines

PURCHASING OF ALCOHOL

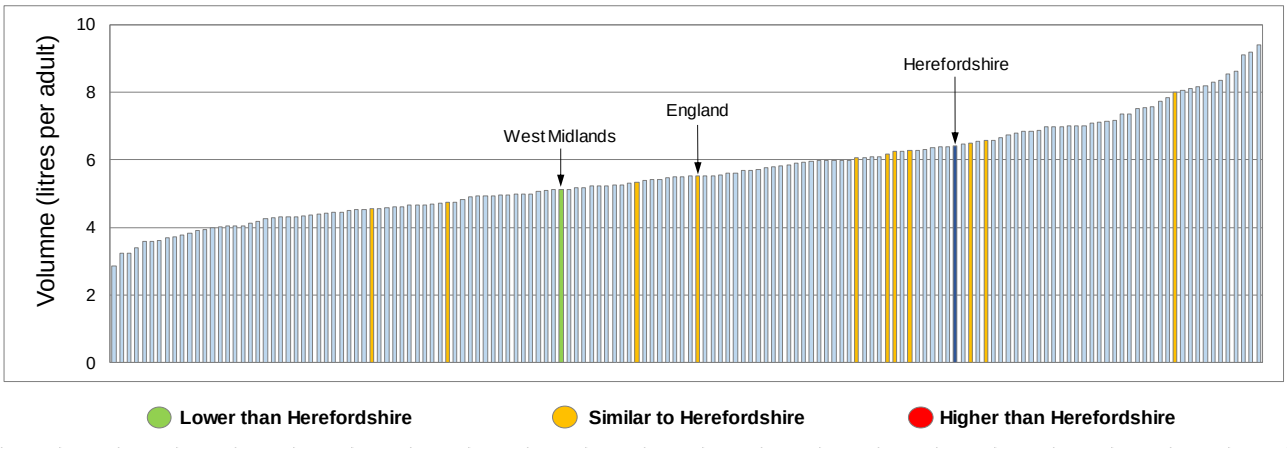
The average cost of alcohol in England increased by one third between 2007 and 2017 and since 2005 the price has risen by 0.8 per cent relative to retail prices. However, as real households' disposable income has increased by 11 per cent, alcohol has become 1.1 per cent more affordable since 2007[12]. Statistics describing national household expenditure indicate that the amount spent on alcohol has remained relatively constant since 2012 and in 2016/17 was £3.36 per person per week[13].

In 2014 (latest data available) the volume of alcohol sold per person in Herefordshire off-trade businesses[14] was 6.4 litres, a figure significantly higher than the regional figure, although broadly similar to that observed across England as a whole and in the ten nearest neighbour authorities (Figure 2). The type of alcohol sold through off-trade is shown in Figure 3, and whilst this shows

[12] Statistics on Alcohol. England. England, 2018. NHS Digital. Available at: https://files.digital.nhs.uk/60/B4D319/alc-eng-2018-rep.pdf (Accessed: 20/04/2019)
[13] Family Food 2016/17: Expenditure. Department of the Environment, Food and Rural Affairs. Available at: https://www.gov.uk/government/publications/family-food-201617/expenditure (Accessed: 20/04/2019)
[14] Estimation of data at LA level - Sales data are designed for estimation at TV region level. In order to provide estimates at LA level, average sales volume per outlet per region by drink type have been calculated. This assumes that average sales per outlet are constant across LAs within a region. Unrecorded alcohol sales (e.g. untaxed or illegal alcohol), online sales and sales from discount retailers are not included in the estimates.

sales of beer and wine to be similar to England, sales of spirits are significantly higher than England average.

Figure 2. Average quantity (litres) of pure alcohol sold per adult (18+) through the off-trade by alcohol product type in in England UTLAs, 2014. (shaded bars indicate national, regional and ten nearest neighbours).



Data Source: PHE – Local Alcohol Profiles for England

Figure 3. Volume of pure alcohol sold through off-trade by alcohol type, in Herefordshire, 2014

Compared with benchmark: Better Similar Worse Not compared

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

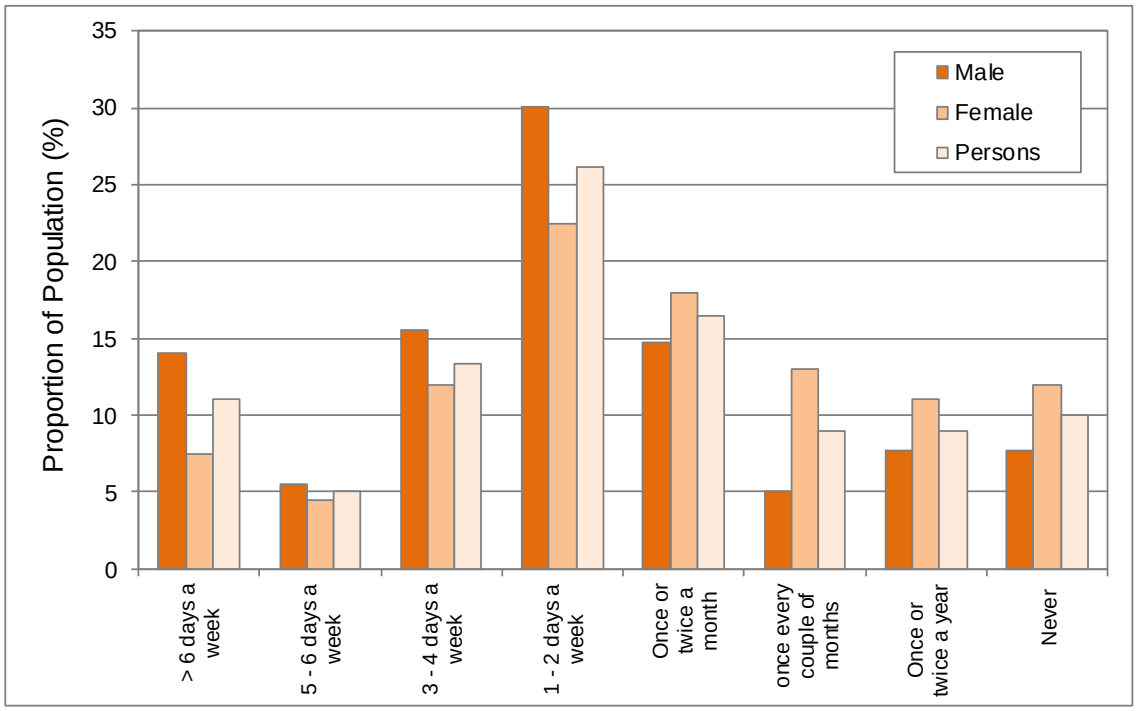
Indicator	Period	Herefs			Region England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Volume of pure alcohol sold through the off-trade: all alcohol sales	2014	–	970,141	6.4	5.1	5.5	10.4		2.0
Volume of pure alcohol sold through the off-trade: beer sales	2014	–	264,907	1.75	1.40	1.49	3.33		0.53
Volume of pure alcohol sold through the off-trade: wine sales	2014	–	355,808	2.35	1.88	2.16	4.03		0.82
Volume of pure alcohol sold through the off-trade: spirit sales	2014	–	254,088	1.68	1.34	1.38	3.02		0.51

ALCOHOL CONSUMPTION - ADULTS

The Herefordshire Health and Well-Being Survey[15] undertaken in 2011 (most recent survey) 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 consume 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 (Figure 4). 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 35 per cent drank less than once a week on average. These data indicate 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 5).

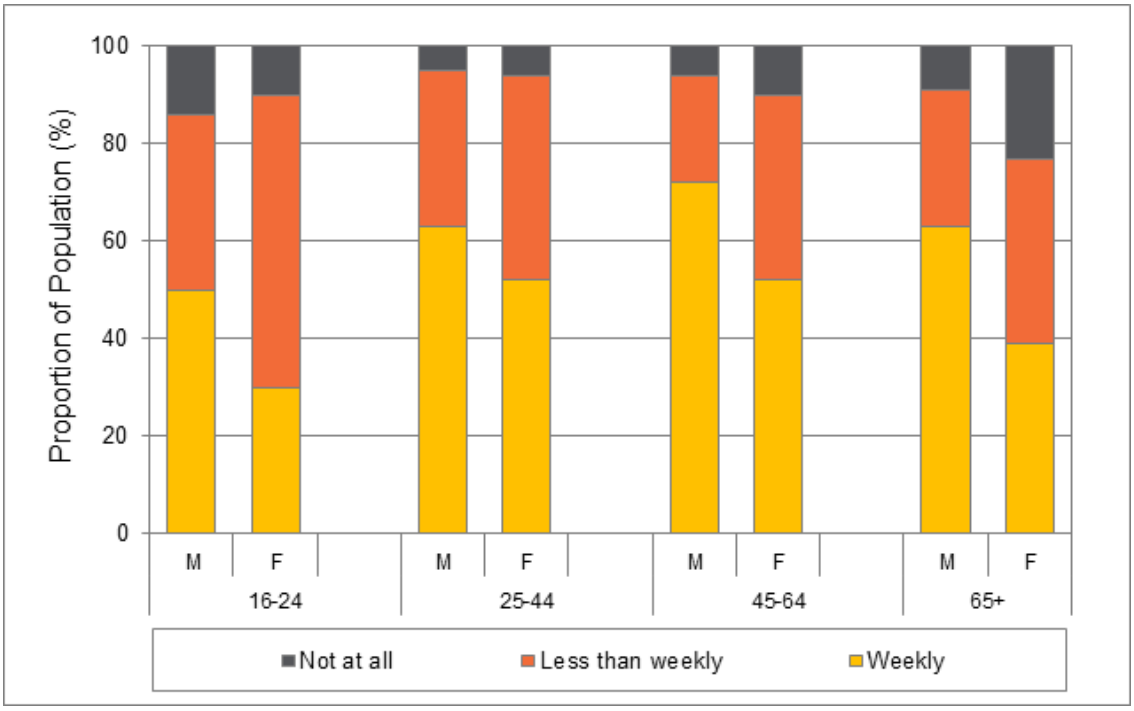
Figure 4: Average frequency of alcohol consumption in Herefordshire, 2011.



Data Source: Herefordshire Health and Well-Being Survey

[15] 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 5: Average frequency of alcohol consumption by gender and age in Herefordshire, 2011.



Data 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[16]. Data from the Health Survey for England, 2011 – 2014 combined, 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 7). Over the same period 21.0 per cent of adults in Herefordshire reported binge drinking[17] on their heaviest drinking day while 14.4 per cent abstained from alcohol with both figures being similar to those reported national and regionally. All three local measures were similar to the majority of figures reported for the ten nearest neighbour authorities.

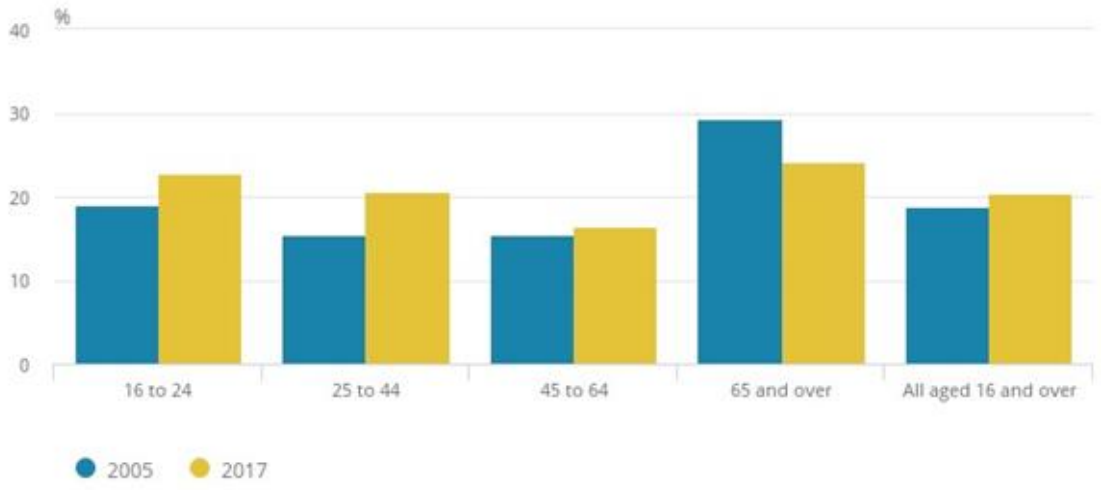
Nationally there has been a reduction in the proportion of people drinking with 57% of those interviewed for the Office of National Statistics' Opinions and Lifestyle Survey in 2017 saying that they had drank in the last week compared to 64.1% in 2005[18]. The figure 6 below shows that not

[16] UK Chief Medical Officers' Low Risk Drinking Guidelines. Department of Health. (2016). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs__report.pdf (Accessed 5/3/2019)
[17] 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.
[18] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017

drinking alcohol at all has become more popular in younger age groups since 2005, but has decreased in those aged 65 and over.

Alcohol use is considered to be under reported by the population[19]. There is some evidence to suggest that the proportion under reported is higher with higher consumption levels[20].

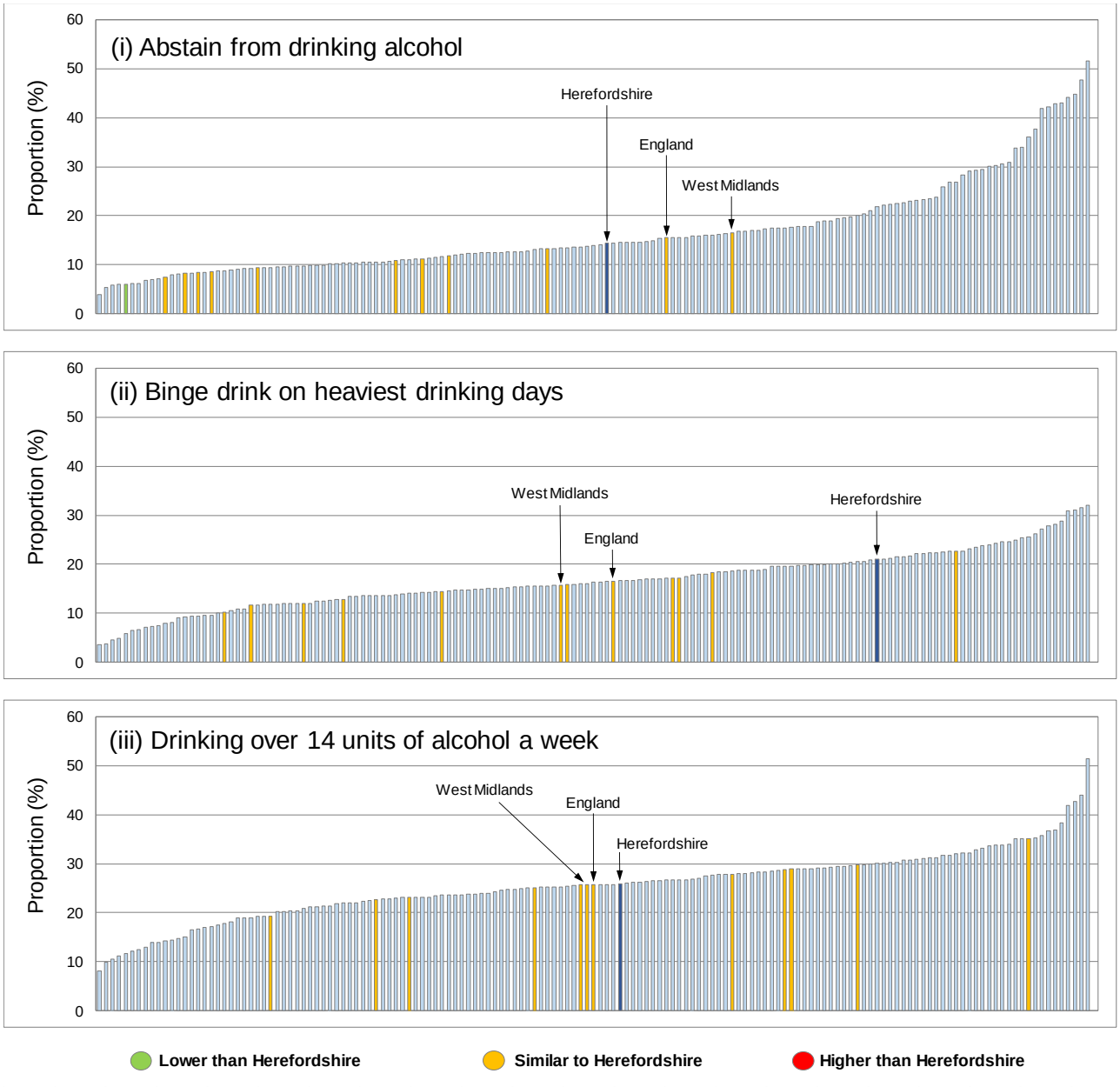
Figure 6: The proportion (%) of adults who reported not drinking at all by age, Great Britain, 2005 and 2017.



Source: Opinions and Lifestyle Survey and General Household Survey: Office for National Statistics

[19] Boniface S, Shelton N: How is alcohol consumption affected if we account for under-reporting? A hypothetical scenario. The European Journal of Public Health 2013, 23(6):1076-1081.
[20] Boniface S, Kneale J, & Shelton N: Drinking pattern is more strongly associated with under-reporting of alcohol consumption than socio-demographic factors: evidence from a mixed-methods study. BMC Public Health 2014, 14(1):1297.

Figure 7: Proportion of adults abstaining from alcohol and those drinking above guidelines, 2011-2014. (shaded bars indicate national, regional and ten nearest neighbours)

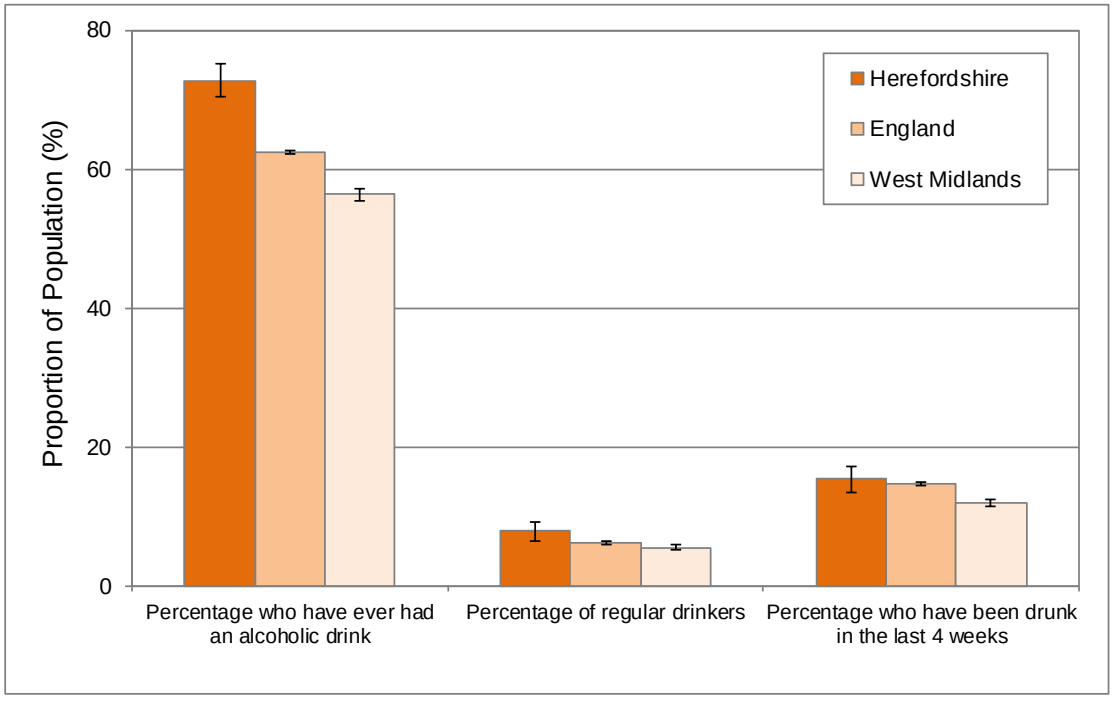


Data Source: PHE – Local Alcohol Profiles for England

ALCOHOL CONSUMPTION - CHILDREN

The What About YOUth? survey[21] was designed to collect robust local authority (LA) level data on a range of health behaviours amongst 15 year-olds and was 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 8). 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 Herefordshire 15 year olds who had been drunk in the previous four weeks (15.3 per cent) was higher than the regional figure (11.9 per cent) and similar to that reported for England as a whole (14.6 per cent). National surveys suggest that there was a decline in pupils who had ever had an alcoholic drink and those that had had an alcoholic drink in the previous week between 2003 and 2014. Changes to survey questions do not allow direct comparison of more recent trends (i.e. 2016 onwards).[22]

Figure 8: Drinking behaviour among 15 year olds in Herefordshire, England and the West Midlands, 2014.



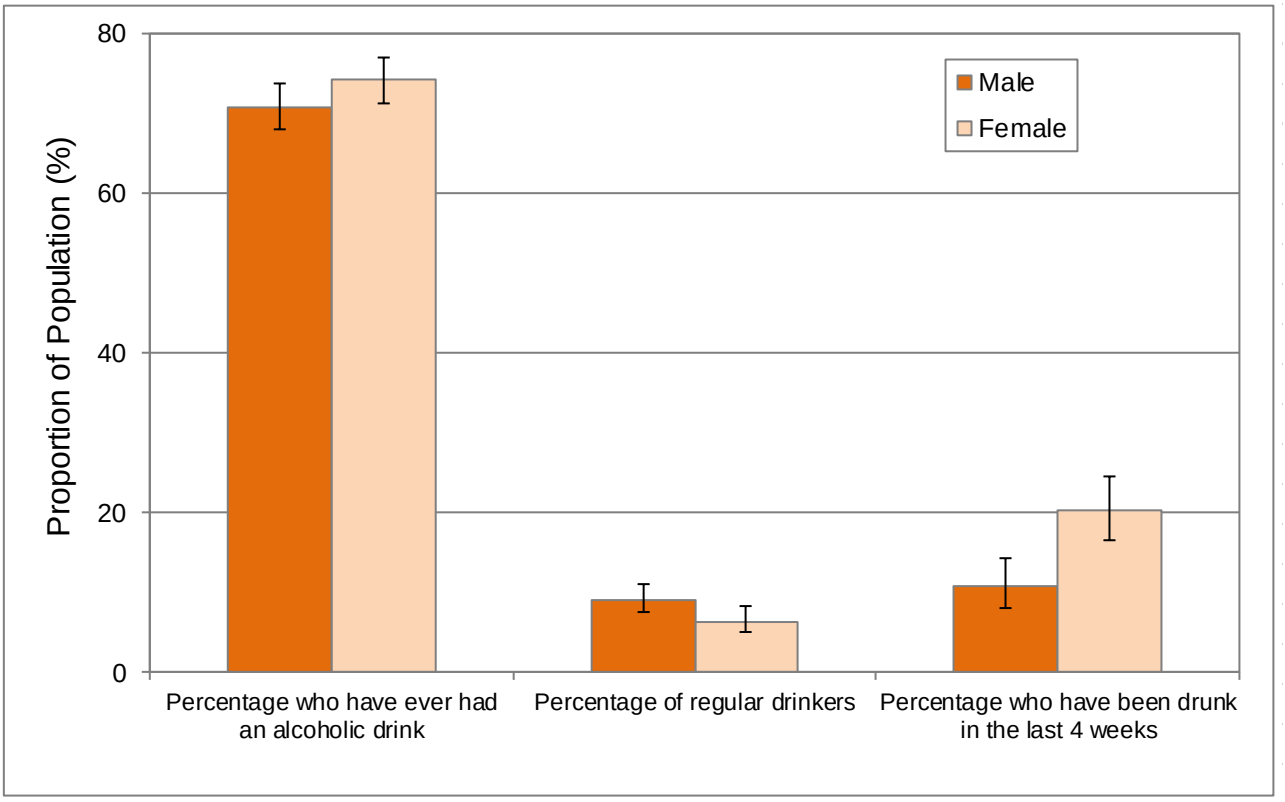
Data Source: What About YOUth? Survey 2014

[21] https://digital.nhs.uk/data-and-information/publications/statistical/health-and-wellbeing-of-15-year-olds-in-england/main-findings---2014

[22] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018

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 9). 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 9: Drinking behaviour among 15 year olds by gender in Herefordshire, 2014.

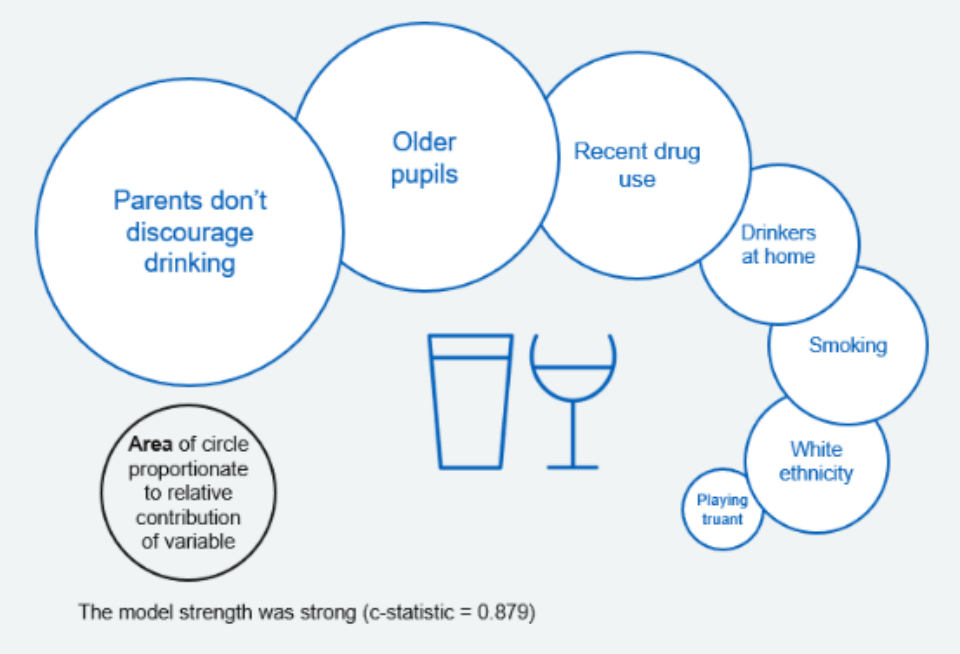


Data Source: What About YOUth? Survey 2014

Nationally, factors associated with drinking alcohol in the last week are shown in figure 10.[23] The size of the circles represents an estimate of the relative contribution to the model and shows parents not discouraging drinking to have the greatest relative contribution.

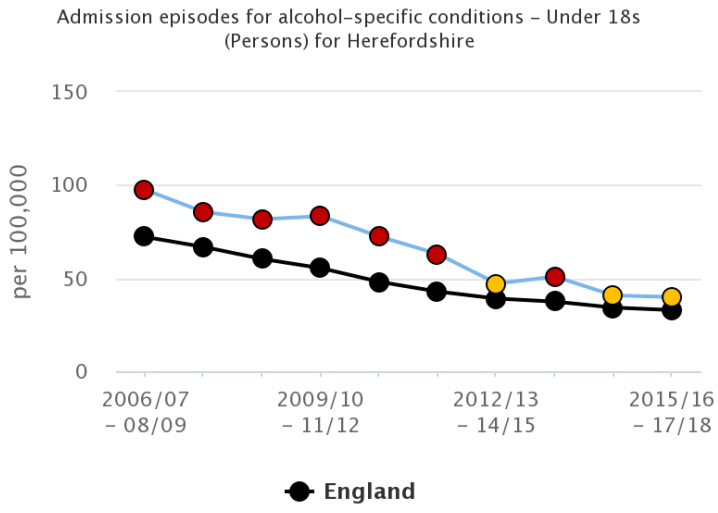
[23] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018

Figure 10. Factors associated with drinking in the last week (ONS Digital, 2019)



Reflecting decreases in alcohol consumption, the number of admissions of children (<18 year olds) for alcohol-specific conditions has decreased nationally and locally since 2006/7 but that the rate of decrease has plateaued in recent years (Figure 11).[24]

Figure 11 Admission episodes for alcohol-specific conditions for those aged under 18 years



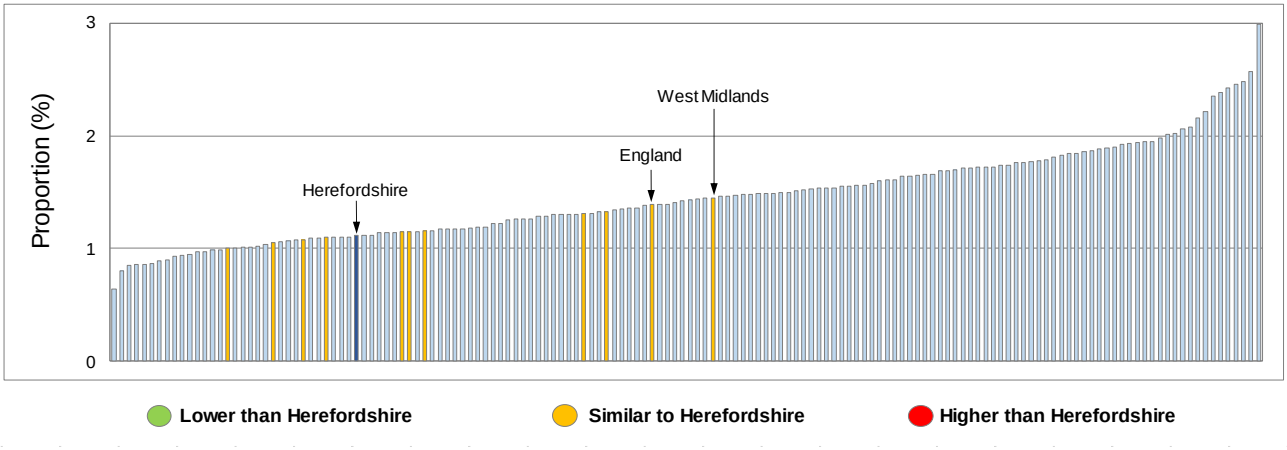
24 https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132982/pat/6/par/E12000005/ati/102/are/E06000019/iid/92904/age/173/sex/4

DEPENDANT DRINKERS

A dependent drinker is a drinker who would usually experience physical and psychological withdrawal symptoms if they suddenly cut down or stop drinking. These can include hand tremors, sweating, visual hallucinations (seeing things that aren't real), depression, anxiety, difficulty sleeping[25].

Local data are not available characterising the number of dependent drinkers. However, modelled estimates of the percentage of adults with alcohol dependence have been produced by the University of Sheffield based on data from the Adult Psychiatric Morbidity Survey undertaken in 2014[26]. The model estimates that approximately 1,700 adults in Herefordshire are alcohol dependant which equates to 1.12 per cent of adults in in the county compared to 1.39 per cent in England and 1.46 per cent across the West Midlands. The local proportion is broadly similar to those reported in the ten nearest neighbour authorities (Figure 12).

Figure 12: Estimated of proportion of adults who are drink dependant (shaded bars indicate national, regional and ten nearest neighbours)



Data Source: PHE – Local Alcohol Profiles for England

[25] https://www.nhs.uk/conditions/alcohol-misuse/ - do a proper reference.
[26] Pryce, R., Buykx, P., Gray, L., Stone, A., Drummond, C. & Brennan, A. (2017). Estimates of Alcohol Dependence in England based on APMS 2014. School of Health and Related Research, University of Sheffield. Available at: https://www.sheffield.ac.uk/polopoly_fs/1.693546!/file/Estimates_of_Alcohol_Dependence_in_England_based_on_APMS_2014.pdf

DRINKING MORBIDITY AND MORTALITY

ALCOHOL-ATTRIBUTABLE MORBIDITY MEASURES

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[27].

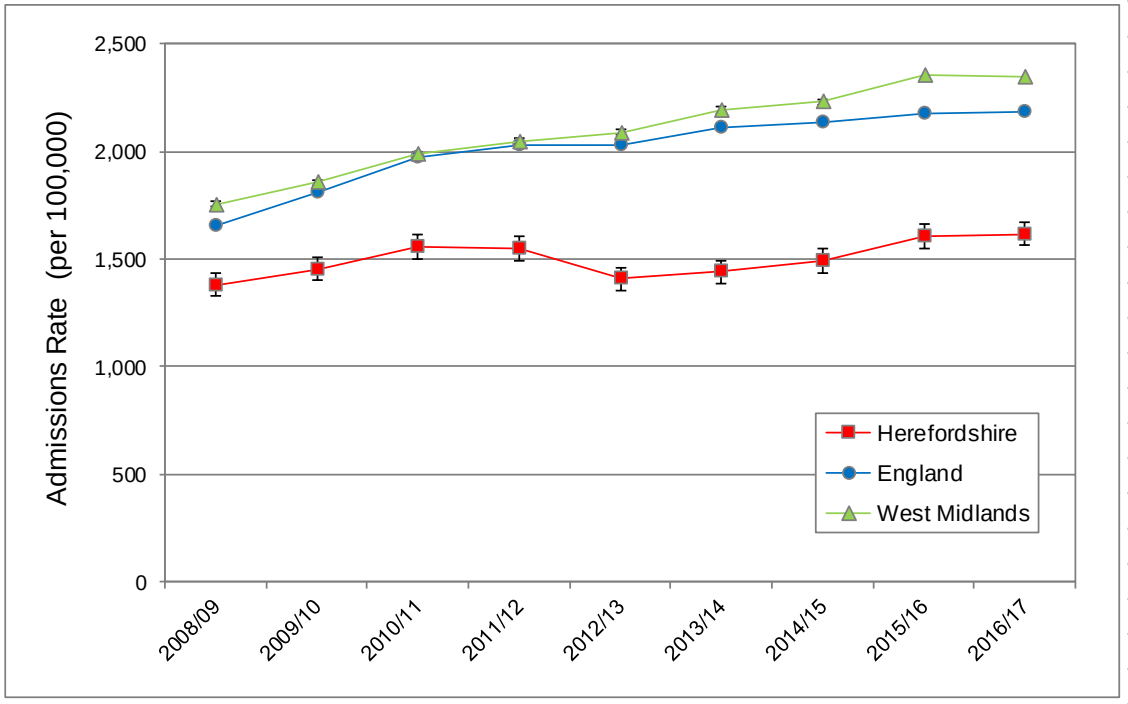
Currently alcohol information published by PHE as part of the Public Health Outcomes Framework are given in these two measures, the broad and narrow measures, where these are recorded as primary or secondary diagnoses. The metric employed here is the broad measure (unless otherwise stated), as it is considered to be a better measure of the total burden that alcohol has on community and health services.

HOSPITAL ADMISSIONS DUE TO ALCOHOL

In 2017/18 alcohol related conditions accounted for 3,847 hospital admissions in Herefordshire, of which two thirds were male and one third female. Between 2008/09 and 2016/17 the local directly age standardised rate (DSR) for alcohol related admissions has shown some variability ranging between 1,380 per 100,000 in and 1,618 per 100,000 in 2016/17 (Figure 13). While these data show a proportional increase of 13 per cent in the local rate over the eight year period considered no statistically significant trend is evident. Over the same period the admission rates for both England and the West Midlands showed statistically significant upward trends increasing proportionally by 32 and 34 per cent respectively. Since 2008/09 the local rate has been significantly lower than those recorded for both England and West Midland with the differences increasing with time so that in 2016/17 the national rate was 35 per cent higher than that for Herefordshire and the regional rate 45 per cent higher than the local figure.

[27] Full details of alcohol related and alcohol specific conditions are given in: Local Alcohol Profiles for England 2017 user guide. Available at: http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdfhttps://fingertips.phe.org.uk/profile/local-alcohol-profiles/supporting-information/supporting-documents

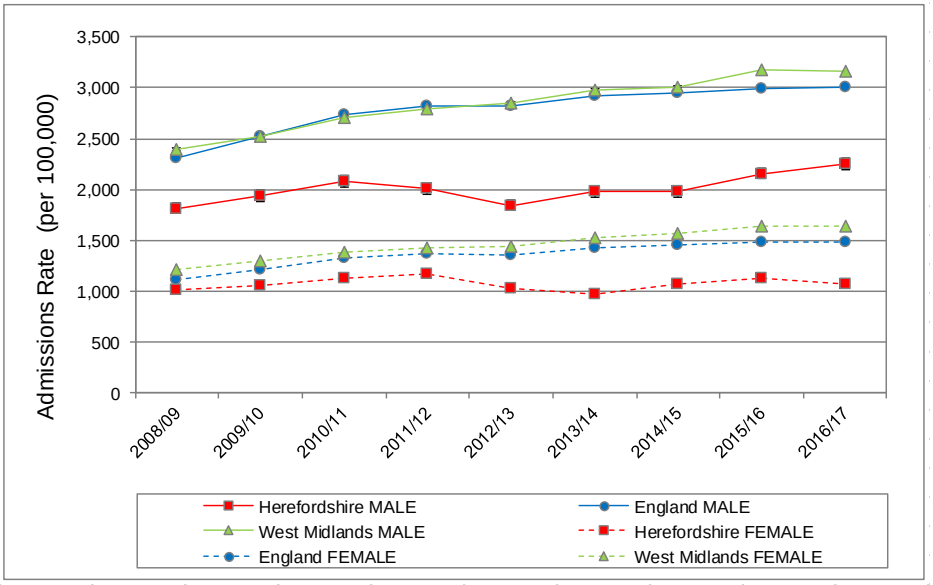
Figure 13: Alcohol related directly age standardised hospital admissions rate for Herefordshire, England and the West Midlands, 2008/09 to 2014/15.



Data 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 mirroring the national and regional ratios (Figure 14). Whereas there were no significant temporal trends evident for either gender locally, increasing trends were observed for males and female rates in both England and the West Midlands. Over this period the local admission rates for both genders were significantly lower than those recorded nationally and regionally.

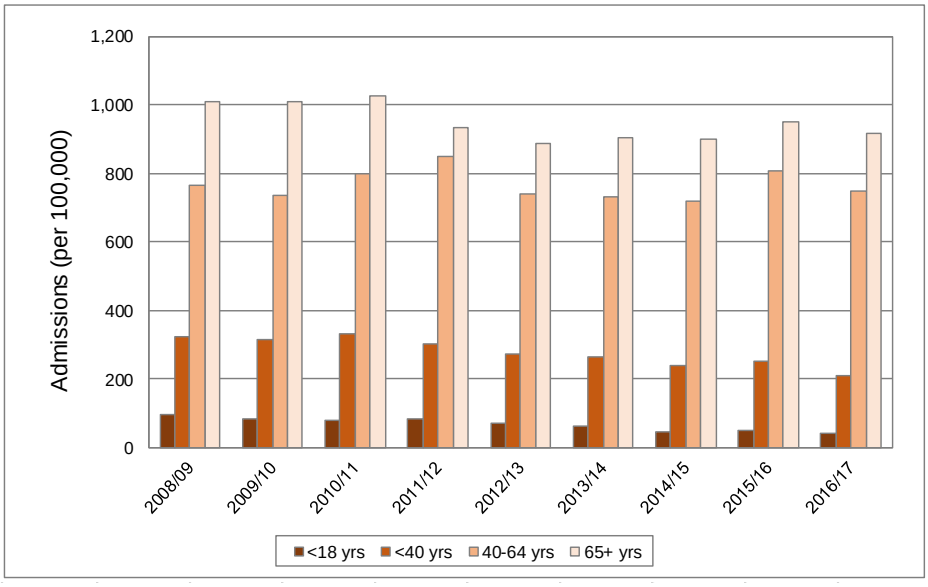
Figure 14: Alcohol related directly age standardised hospital admissions rate by gender for Herefordshire, England and the West Midlands, 2008/09 to 2016/17.



Data Source: PHE – Local Alcohol Profiles for England

In 2015/16 the hospital admissions rate increased with age up to 64 years of age, a pattern reflected consistently since 2008/09 (Figure 15). Between 2008/09 and 2016/17 the admission rates for those aged under 18 and under 40 have shown steady falls decreasing by 58 and 35 per cent respectively; the rates for older age groups have shown little change over this period. On average there are just over 1,000 alcohol-related admissions each year, of which approximately 60% are male and approximately 45% in those aged 40-64 years.

Figure 15: Alcohol related directly age standardised hospital admissions rate by age group for Herefordshire, 2008/09 to 2016/17 (narrow measure).



Data Source: PHE – Local Alcohol Profiles for England

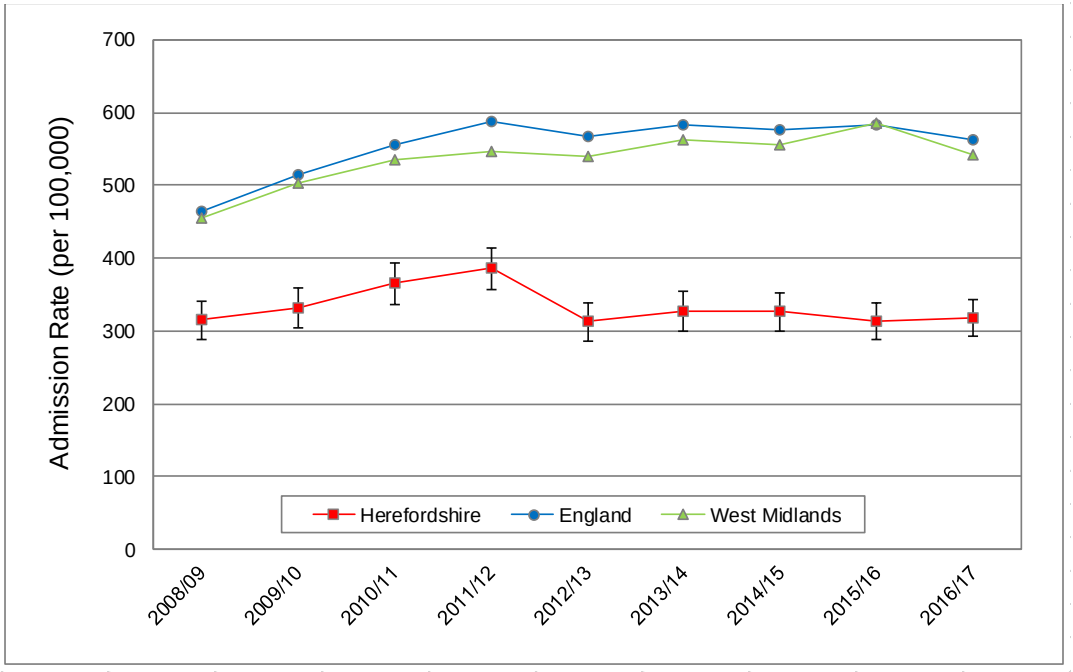
Table 1. Number of admissions for alcohol-related conditions (narrow measure), 2017/18 in Herefordshire (PHE)

Age-group	Number of alcohol related admissions (narrow measure)					
	Male		Female		Total	
	2017/18	5y average	2017/18	5y average	2017/18	5y average
<40 y	115	107	75	78	190	185
40-64y	266	266	212	222	479	488
65y and over	258	245	140	152	398	399
Total	639	619	427	452	1067	1071

In 2017/18 there were 1,067 admissions in Herefordshire which was close to the average number of admissions per year between 2008/09 and 2016/17. The Herefordshire DSR showed some variability over this period, ranging between 313 per 100,000 in 2012/13 and 385 per 100,000 in 2011/12, although the figure has remained consistent since 2012/13 and the latest figure is the same as that recorded in 2008/09 (Figure 12). The local DSR was consistently lower than both the national and regional figures, being on average 62 per cent of the England rate and 60 per cent of the West Midlands rate. It is interesting to note that over this eight year period both the national and regional rates have shown a general rise increasing proportionally by a fifth while the local figure had remained relatively stable.

In 2016/17 of the 586 alcohol specific admissions in Herefordshire 465 (79 per cent) were emergency admissions.

Figure 16: Alcohol specific directly age standardised hospital admissions rate for Herefordshire, England and the West Midlands, 2008/09 to 2016/17.



Data Source: PHE – Local Alcohol Profiles for England

CONDITIONS RELATED TO ALCOHOL

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 2013/14 the admission rate for alcoholic liver disease in Herefordshire showed a general increase, followed by a fall over the subsequent two years before again increasing; in 2017/18 the rate rose appreciably to 104 per 100,000 which was the highest reported value over this ten year period (Figure 17) and is more than double the rate 10 years previously. The admission rates for England and the West Midlands both showed upward trends over this period and the local rate was consistently lower than these national and regional figures.

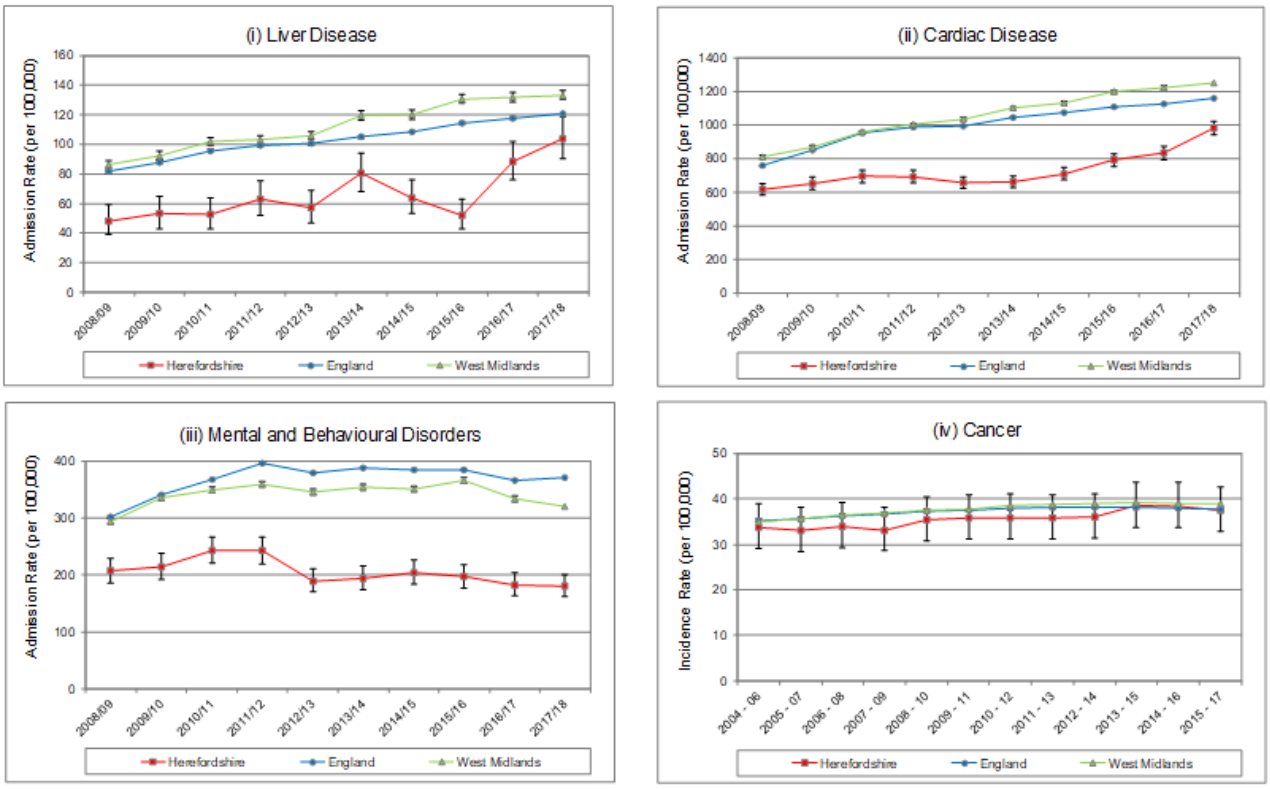
Since 2008/09 the admission rate for alcohol-related cardiovascular disease in Herefordshire has shown a general increase from 617 to 982 per 100,000, which represents a 59% per cent proportional increase (Figure 17). The admission rates for England and the West Midlands also showed distinct upward trends although the proportional increases were greater for Herefordshire and the local admission rate has been consistently lower than both the national and regional figures.

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 2017/18 the figure was lower than 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 have remained relatively stable, although the local rate has remained consistently lower than these two headline figures.

Since 2004-06 the incidence of alcohol related cancer[28] in Herefordshire has shown some variability, although a general upward trend is evident with the increasing proportionally by 13.8 per cent by 2014-16 when a figure of 38.4 per 100,000 was recorded (Figure 17). Over the same period both the national and regional rates had shown moderate but steady increases rising proportionally by 7.6 and 11.1 per cent respectively. Throughout this period the local figure has not been significantly different from those recorded nationally and regionally.

[28]Alcohol related cancers include cancer of the mouth, oesophagus, colorectal, liver, larynx and breast.

Figure 17: Directly standardised admission rates for alcohol related liver disease, cardiac disease and mental and behavioural disorders and incidence rate for alcohol related cancer in Herefordshire, England and the West Midlands.



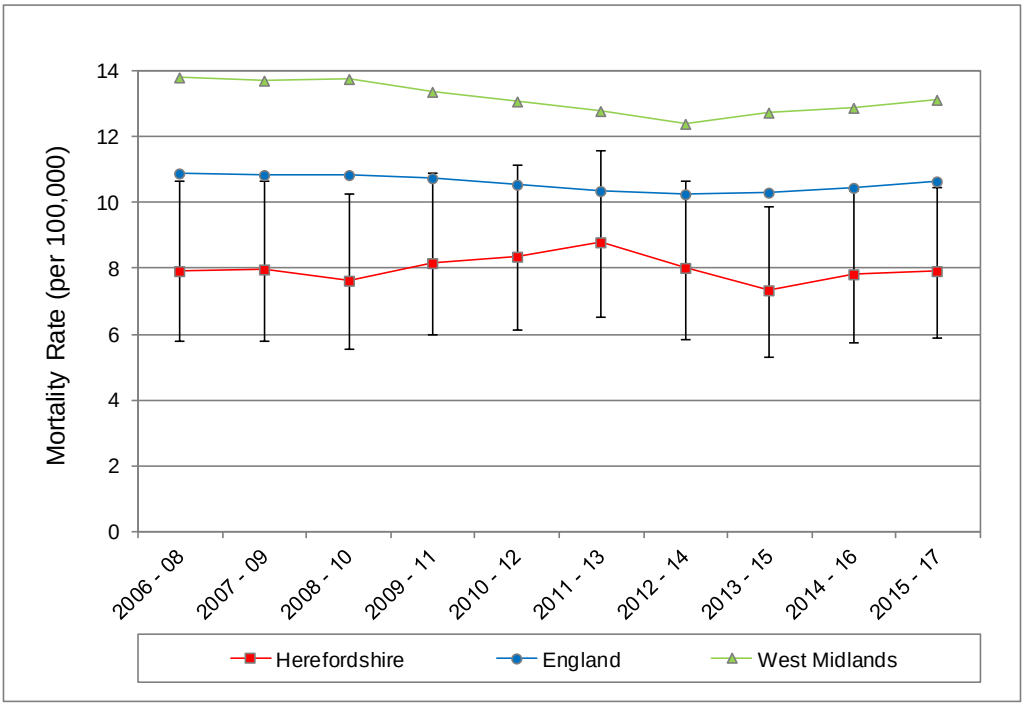
Data Source: PHE – Local Alcohol Profiles for England

MORTALITY

Alcohol use 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.

Between 2006-08 and 2015-17 the local alcohol specific mortality rate ranged between 7.3 and 8.8 per 100,000 with the lowest figure recorded in 2013-15 (Figure 18). For much of this period the Herefordshire rate was significantly lower than that reported for England and consistently lower than that for the West Midlands. The male alcohol specific mortality rate in Herefordshire is on average over twice that for females, which reflects both the national and regional patterns.

Figure 18: Directly age standardised alcohol specific mortality rate alcohol for Herefordshire, England and the West Midlands.

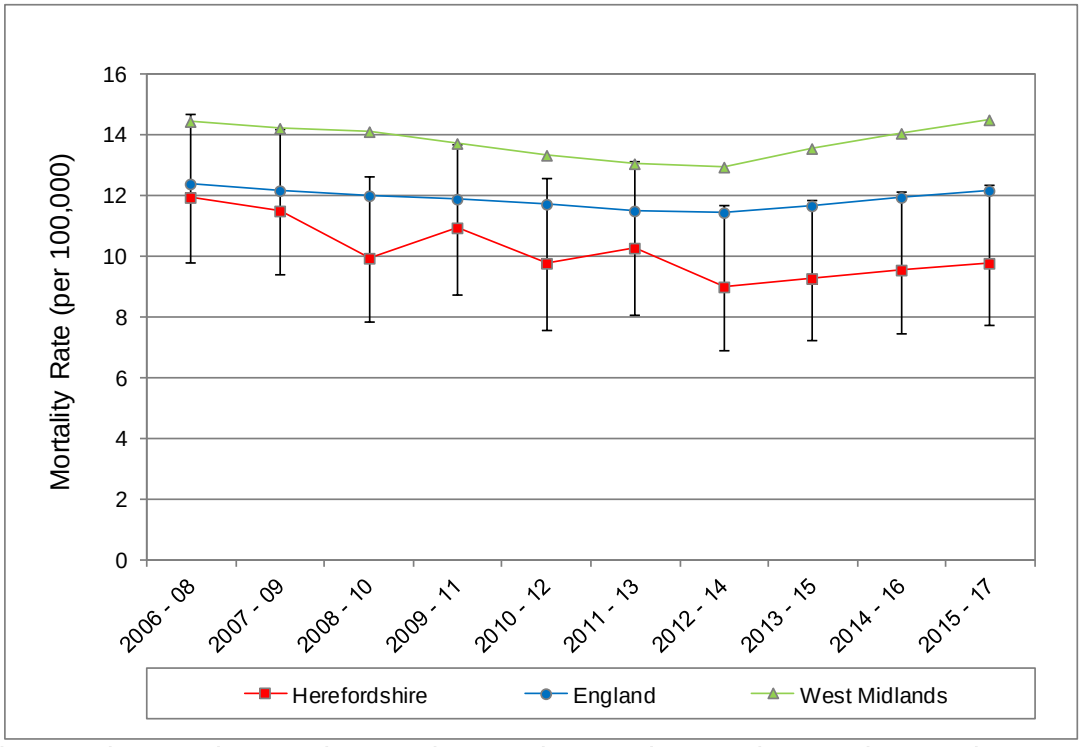


Data Source: PHE – Local Alcohol Profiles for England

Historically across England as a whole the most common alcohol-related cause of death has been alcoholic liver disease[29]. Between 2006-08 and 2015-17 the Herefordshire chronic liver disease related mortality rate has shown some variability ranging between 9.0 and 12.4 per 100,000, although the observed temporal differences cannot be considered as significant (Figure 19). Throughout this period the local rate has been broadly similar to that observed across England as a whole.

[29] Statistics on Alcohol England, 2014. HSCIC, 2014.
Available at:http://content.digital.nhs.uk/catalogue/PUB15483/alc-eng-2014-rep.pdf

Figure 19: Directly age standardised chronic liver disease mortality rate alcohol for Herefordshire, England and the West Midlands.



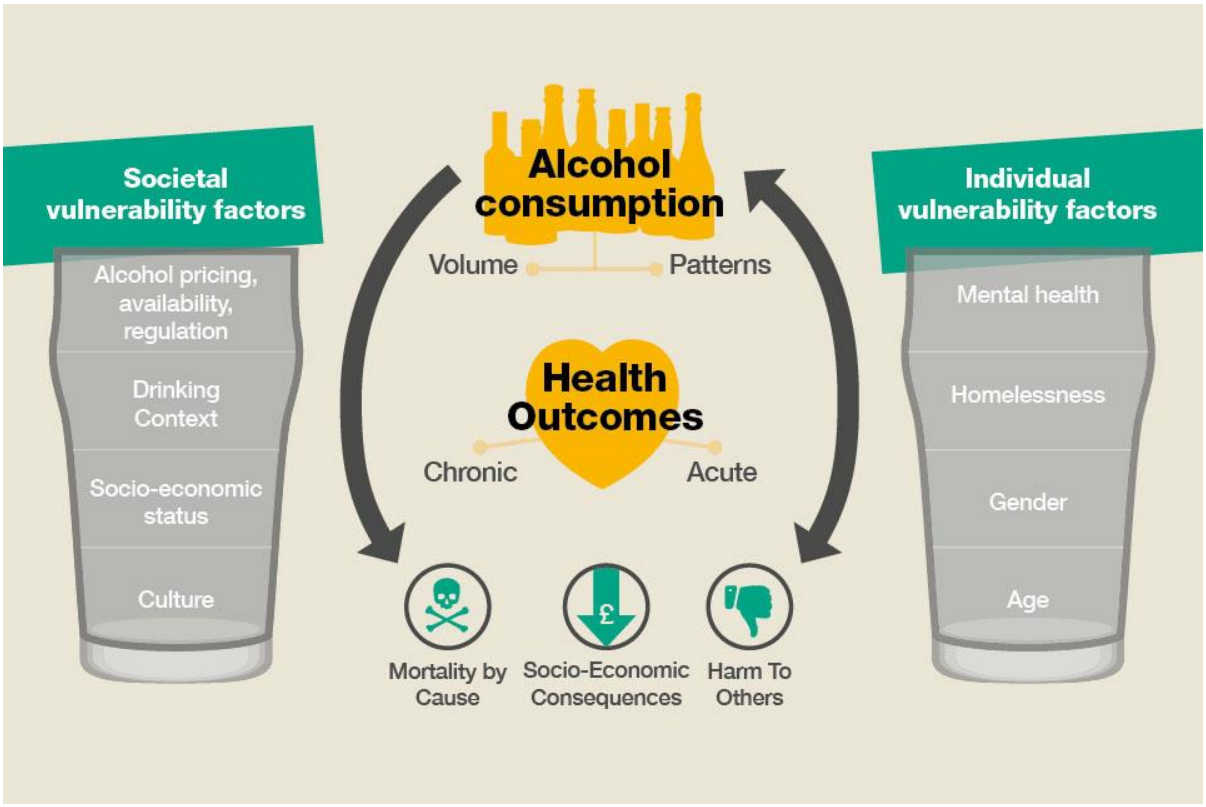
Data Source: PHE – Local Alcohol Profiles for England

INEQUALITIES

Alcohol does not have an equal impact across society, rather key population groups are disproportionately impacted by alcohol.

DEPRIVATION

Although the volume of alcohol consumed is a clear indicator of potential harm to health, other factors affect the relationship. This is shown on the PHE infographic below:

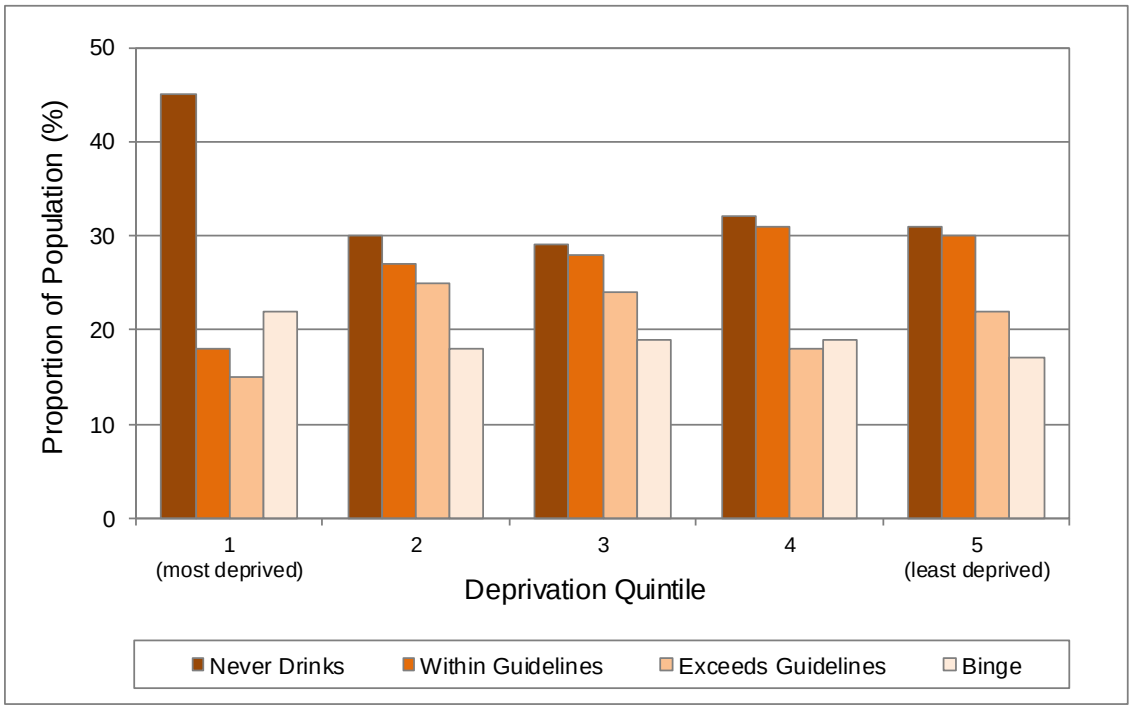


Source: Public Health England

Alcohol consumption by 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 20). 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 20: Drinking behaviour in relation to consumption guidelines by level of deprivation in Herefordshire, 2011.



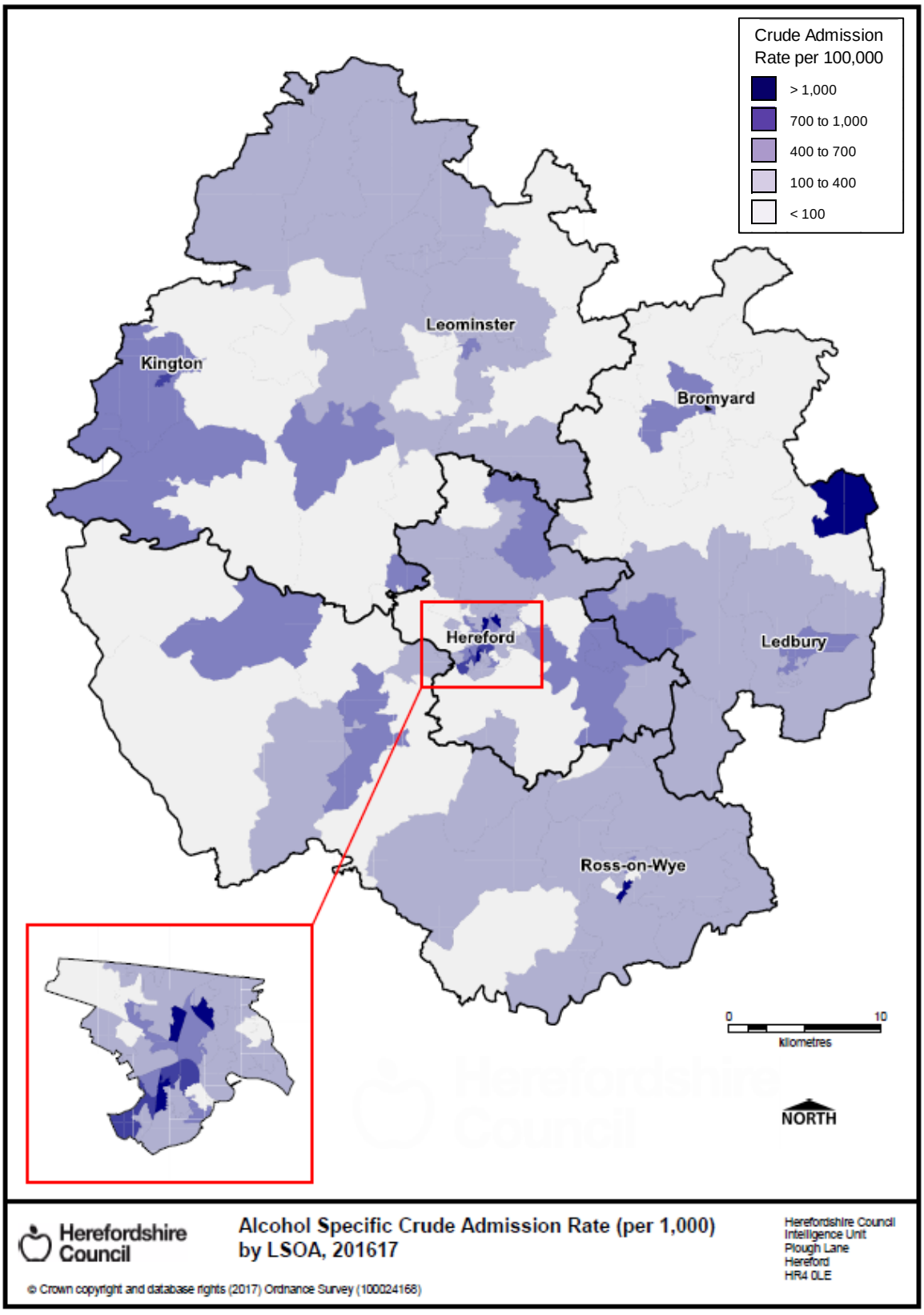
Data Source: Herefordshire Health and Well-Being Survey

Admission rates by level of deprivation

There was some spatial variability in the crude admission rate for alcohol specific conditions across Herefordshire LSOAs with the highest rate of 13,500 per 100,000 recorded in Lesser Cradley in the far east of the county, while 33 out of 116 LSOAs returned a rate of less than 1,000 per 100,000 (Figure 21). When the crude admission rates were compared to levels of deprivations the figure in the most deprived quartile was significantly higher than those in less deprived quintiles and overall admissions rates fell with decreasing deprivation (Figure 22).

Of the 586 alcohol-specific hospital admissions recorded in 2016/17 over 200 were multiple admissions for the same individuals. In total there were 103 individuals who were admitted on more than one occasion, 94 of whom were admitted on between two and four times. The greatest number of admissions were for an individual who was admitted on 17 occasions, seven of which were via A&E with ten being planned admissions.

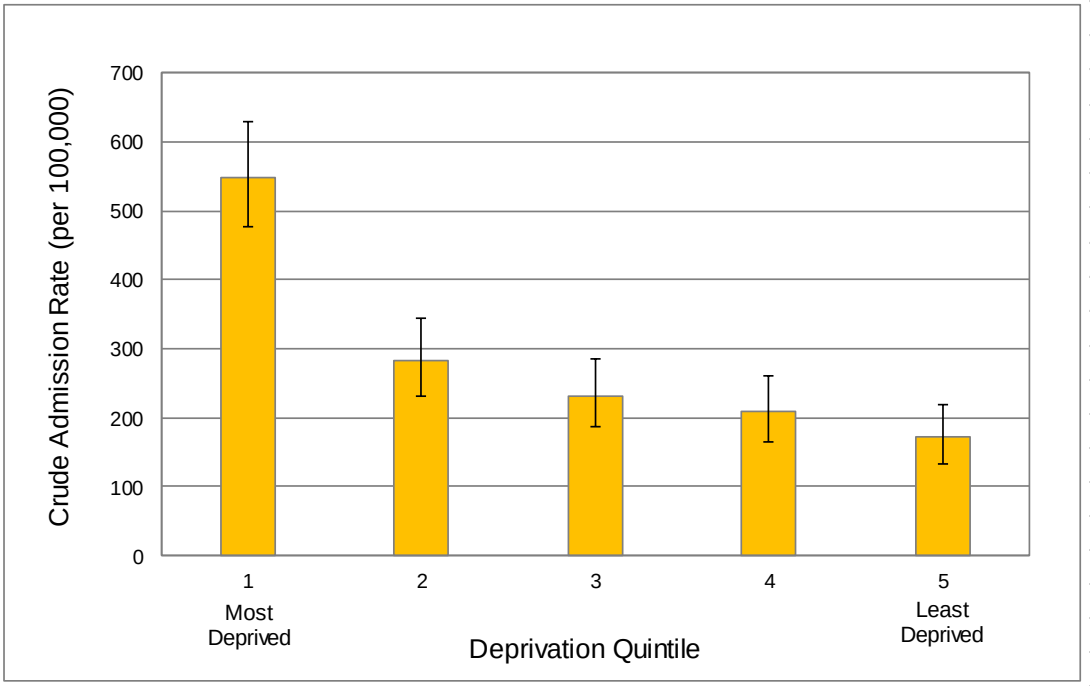
Figure 21: Crude alcohol specific hospital admissions rates in Herefordshire LSOAs.



Data

Source: Hospital Episode Statistics

Figure 22: Crude alcohol specific hospital admissions rate in Herefordshire by level of deprivation.

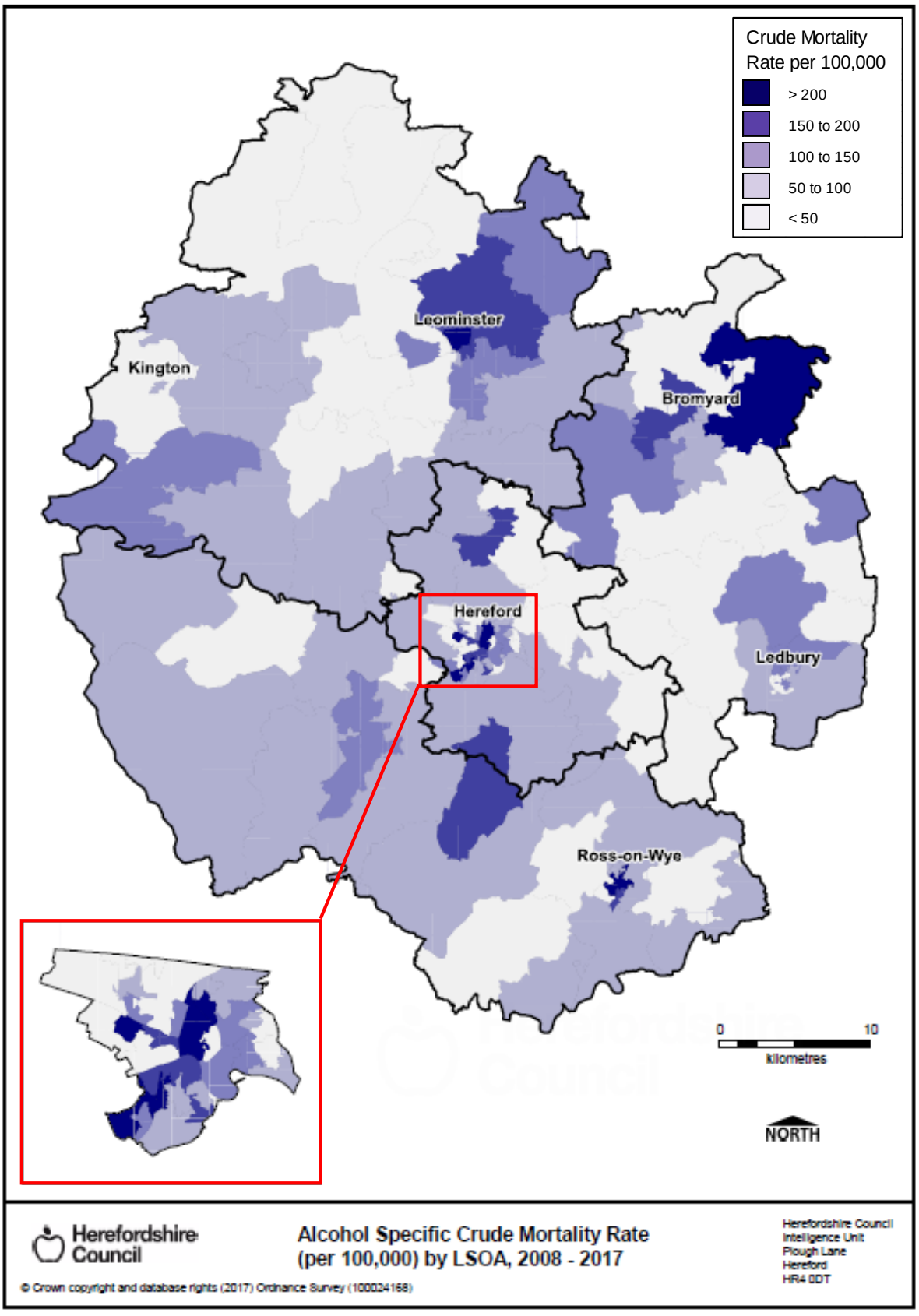


Data Sources: Hospital Episode Statistics / Department for Communities and Local Government

Mortality rates

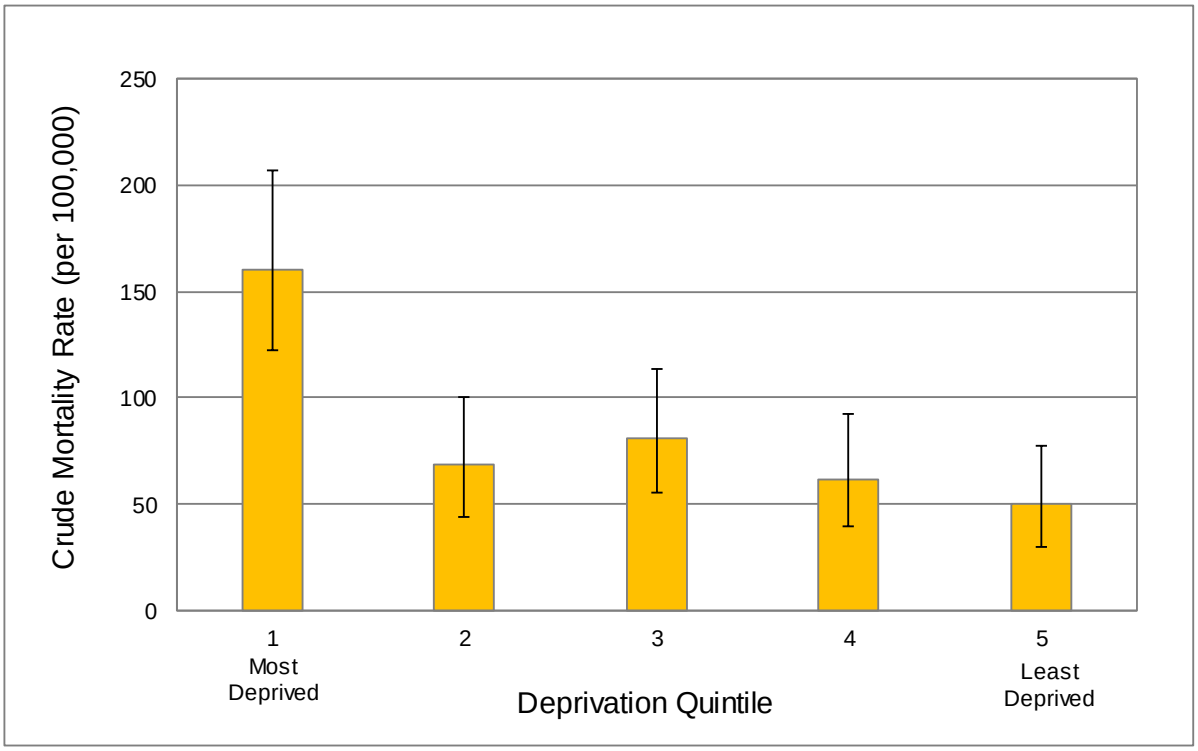
For the ten year period between 2008 and 2010 there was some spatial variability in the crude alcohol specific mortality rate across Herefordshire LSOAs with the highest rate of 380 per 100,000 recorded in Golden Post-Newton Farm in south Hereford (Figure 23). Of the 12 LSOAs which return a rate in excess of 200 per 100,000 seven are in the most deprived 20 per cent of the county and the overall mortality rate for this most deprived quintile was significantly higher than those in less deprived areas of Herefordshire (Figure 24).

Figure 23: Crude alcohol specific mortality rates in Herefordshire LSOAs.



Data Source: PCMD

Figure 24: Crude alcohol specific mortality rate in Herefordshire by level of deprivation.



Data Sources: PCMD / Department for Communities and Local Government

CHILDREN WHO LIVE WITH ADULTS THAT DRINK

> "Parental alcohol misuse damages and disrupts the lives of children and families in all areas of society, spanning all social classes; it blights the lives of whole families and harms the development of children trapped by the effects of their parents' problematic drinking" (Turning Point, 2006).

It is estimated that in the UK 30% of children live with an adult binge drinker, 22% with a hazardous drinker and 2.5% with a harmful drinker (UK, under 16 years - Manning et al., 2009)[30]. In Herefordshire, the number of adults with an alcohol dependency in who live with children is estimated as 352 (2016/17), of which an estimated 57 (16%) are in treatment. The number of

[30] Manning V, Best D, Faulkner N & Titherington E (2009). New estimates of the number of children living with substance misusing parents: results from UK national household surveys. BMC Public Health 9: 377.

children who live with an adult with an alcohol dependency is estimated as 635 (2016/17), of which 91 (14%) of these children have parents in treatment[31].

Alcohol was identified as a risk for around 17% of all children in need assessments in 2016/17: there were 184 alcohol misuse episodes identified as a risk factor in children in need assessments. There is currently no alcohol flag on the system used to record early help interactions with families. Data on alcohol use may be added at varying levels of consistency to a free text box.

The impact of alcohol on Children's services.

The following data was taken from the Council's Mosaic database which is used to record data on interactions with children and families.

During the period January 2019 to June 2018, 27 children were referred to children's services where alcohol was identified as an issue. 81% of those referrals recorded parental alcohol consumption as an issue. 19% of referrals involved a child under 5 years, 30% between 5 and 9 years and 33% between 10 and 14 years of age, the remainder were 15 or over or had no age recorded. 74% of children were recorded as being white British.

There was a geographic pattern to referrals with 10 of the individuals referred (37%) being resident in the HR2 postal area and 6 (22%) from the HR8 postal area. The majority of referrals 56% of referrals were from the police, just under half of those related to domestic abuse incidents. A further 30% of referrals came from Schools or Public Health Nurses with the remainder from other sources.

Child and Family assessments where recorded for 7 of the referrals discussed above during the period January 2018 to June 2019, this is a conversion rate from referral to assessment of 26%.

There were a further 47 children who had child and family assessments within this period who had alcohol identified as an issue, 54 children in total (62 assessments), with 6 children receiving 2 assessments. Parental alcohol use was identified as being an issue in 91% percent of the children's assessments.

In contrast to the referrals most of the assessments were for children under 5 (30%) or aged over 15 (31%), with 19% being for those aged between 5 and 9 and 15% aged between 10 and 14 years. 68% were recorded as being White British, and 9% as from any other White Background.

31https://www.sheffield.ac.uk/polopoly_fs/1.693546!/file/Estimates_of_Alcohol_Dependence_in_England_based_on_APMS_2014.pdf

In common with the referrals there were more assessments for children from HR2 and HR6 where each area had 28% of referrals, HR1 had 13%, HR4 and HR9 each had 11%, with the remainder being split across the other areas of Herefordshire.

The above figures suggest that alcohol as an issue is under recorded on Mosaic or is only recorded in free text rather than the alcohol field. As alcohol was only identified as an issue for 0.69% of contacts and referrals and 2.78% of child and family assessments.

Problem drinking

Problem drinking is where a person is not physically dependant on alcohol but when they drink alcohol it causes and issue in their life or in the life of someone they know. Problem drinking can have considerable and broad impacts on families. Where there is problem drinking by parents, children have higher levels of behavioural problems, school-related problems and emotional difficulties than other children, including those whose parents have other mental or physical health problems.[32]

Problem drinking can result in:

- Parental conflict
- Lack of security with money being used to buy drink rather than household expenditure
- Relationship difficulties between parents and children
- Children feeling that they are responsible for the wellbeing of parents
- Children having a reduced social life due to hiding a drinking problem
- Children's behaviour affected by unpredictable adult behaviour associated with problem drinking.
- Impact on education due to being often late or missing school, moving school more frequently or parents not showing an interest in their achievements.
- Increased incidence of domestic violence

It is important to note that this is not the case in all families with parental problem drinking and that there are protective factors that can lessen the impact.

[32] Research in practice, Parental problem drinking and its impact on children. Available at https://www.drugsandalcohol.ie/6088/1/3155-3286.pdf

Alcohol dependency can be one of a number of challenges faced by families. The local case study below illustrates the impact on families and individuals and the need to consider alcohol in the wider context.

Case study of Jane a local mum helped by a Vennture Link Worker[33]

I was sick when you came. They saw the symptoms – no one knew the cause.

I knew why you came. I was a bad parent. Depressed. Moody. Unpredictable. Drinking. The kids missed school. They were worried. I was worried – they gave me papers I didn't understand. I didn't know what I needed.

When you first visited, I hid. I avoided you. You could never understand me. But you were there every Tuesday. Listening. Smiling. Encouraging. Caring. I started to tidy up for you when you came. I needed 'our hour'. We wept when I told you.

There was a fire. Others died. I survived. Twenty-five years on my scars were gone. My hurt was hidden. The nightmare of roaring flames and terrible smell of burning flesh as I was carried out. The sudden panics. The ever-present phobia. I did not know how to tell anyone about the pain.

I froze when the doctor's letter came. Good it came on Tuesday. After all those years, you got me the help I needed. I could never have gone without you. Now I know what was wrong. I can begin to understand. You brought me healing.

Case study provided by Vennture

Drinking Alcohol whilst pregnant

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk. Drinking alcohol in the first three months of pregnancy increases the risk of the baby having a low birth weight, premature birth and miscarriage. Drinking in pregnancy after the first three months increases the risk of the baby having learning disabilities and behavioral problems.[34]

33 Vennture (a third sector organisation) is one of a group of organisations contracted to work with families as part of the troubled families programme. See Services and Support Section for further information.
34 https://www.nhs.uk/conditions/pregnancy-and-baby/alcohol-medicines-drugs-pregnant/

Drinking more heavily or drinking heavily on occasions when pregnant can result in physical and mental problems in the baby it is called Foetal Alcohol Syndrome (FAS), which is a type of foetal alcohol spectrum disorder (FASD), the name for the various problems that can affect children if a mother drinks alcohol in pregnancy[35]. Symptoms of foetal alcohol syndrome are lifelong and can result in the loss of the baby.

Based on the UK estimated incidence rate of 0.613%, it would be expected that there would be around 10 babies born in Herefordshire with foetal alcohol syndrome each year.

VETERANS

Approximately 8% (14,000) of Herefordshire population (≥16 years) are veterans i.e. have served at least one day in the UK Armed Forces.[36] Compared to civilians those that serve in the military are much more likely to classify as having a drinking problem. Local data on alcohol use and misuse amongst veterans is not available however high levels of alcohol use and misuse have been reported in studies of UK military personnel. With a study suggesting that 67% of men and 49% of women in the military drink at levels considered increasing risk (AUDIT score 8+) problem compared to 38% of men and 16% of women in the general population. (Fear et al., 2007)[37]
From June 2016, alcohol screening and brief intervention has been in place for all UK Armed Forces Personnel attending routine dental inspections.[38]

It is thought that the higher levels of alcohol dependency in veterans in due to a combination of military culture, distressing service experiences and mental health difficulties with problems associated with adjusting back to civilian life. (Thompson et al., 2011)[39].

There is a well-established connection between alcohol misuse, PTSD and other common mental health disorders. Mental health conditions such as depression and Post Traumatic Stress Disorder (PTSD) can have an impact on the likelihood of drinking problems with a study finding

35 https://www.nhs.uk/conditions/foetal-alcohol-syndrome/
36 Ministry of Defence. Annual population survey: UK armed forces veterans residing in Great Britain 2017. https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017
37 Fear, N. T., Iversen, A. C., Meltzer, H., Workman, L., Hull, L., Greenberg, N., & Jones, M. (2007). Patterns of drinking in the UK Armed Forces. *Addiction*, *102*(11), 1749-1759.
38https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630191/20170717_Alcohol_Usage_Background_Quality_Report_-_O.pdf
39 Thompson, J. M., MacLean, M. B., Van Til, L., Sudom, K., Sweet, J., Poirier, A., & Pedlar, D. (2011). Survey on transition to civilian life: Report on regular force veterans. *Research Directorate, Veterans Affairs Canada, Charlottetown, and Director General Military Personnel Research and Analysis, Department of National Defence, Ottawa*, *4*.

that veterans with PTSD or depression was twice as high as those that did not to report alcohol misuse (Jakupcak et al., 2010)[40].

Stakeholders in Herefordshire working with veterans suggest that:

- More recent Veterans are likely to have experiences that lead to trauma and alcohol may be used as a coping mechanism.
- We need services to be in places where Veterans are happy to access, there are a number of organisations already working successfully in the county and a real benefit can be had by Health and Council services working in partnership with them.
- Having Veteran specific groups would improve willingness to access to services as people know that others will understand them.
- Some veterans can feel lost when they leave the forces, it can help to feel useful again.
- It can take longer for Veterans to engage in services and time needs to be available to facilitate this.

"I think that you are beginning to see a top of a wave. So we have had the Falkland's and they have been through. But now there are more people coming through who have had long periods in hostile environments" Veteran's Community Broker

HOMELESS POPULATION

Alcohol misuse is both a cause and effect of homelessness. [41]The homeless link health needs audit was recently conducted with 102 homeless people in Herefordshire. Key findings related to alcohol include:

- 29% of respondents stated that they have or are recovering from an alcohol problem
- Approximately half of respondents drink frequently (from almost every day to once or twice a week) but half reported only drinking once to twice a month, less or not at all.

[40] Jakupcak, M., Tull, M. T., McDermott, M. J., Kaysen, D., Hunt, S., & Simpson, T. (2010). PTSD symptom clusters in relationship to alcohol misuse among Iraq and Afghanistan war veterans seeking post-deployment VA health care. *Addictive behaviors*, *35*(9), 840-843

[41] Shelter (2007) Reaching out - A consultation with street homeless people 10 years after the launch of the Rough Sleepers Unit Shelter, London

- High levels of alcohol consumption by those who do drink alcohol (average of 15 units a day excluding those who reported zero units)

The 'Homelessness Kills' report[42], published in 2012, investigated the mortality of homeless people in England for the period 2001-2009. The report identified that homeless people have seven to nine times the chance of dying from alcohol-related diseases and 20 times the chance of dying from drugs.

CO-OCCURING MENTAL HEALTH AND ALCOHOL CONDITIONS

The recent Revolving Doors Agency framework states that "approximately three quarters of people who attend drug and/or alcohol misuse services will also have a mental health issue. Around a third of people using mental health services will have some form of drug and/or alcohol use condition(s)."[43] The framework discusses that people with co-occurring conditions can often find it difficult to get their needs met as it can be difficult to determine what the main issue is. The Institute for Alcohol Studies and Centre for Mental Health in 2018 surveyed mental health and alcohol services. The survey found that most staff in both settings thought that support for people with co-occurring conditions was poor, with support for homeless people being consistently the biggest area of concern.[44]

WIDER IMPACTS

CRIME AND DISORDER

Drinking alcohol has the ability to lower inhibitions, impair a person's judgement and increase the risk of aggressive behaviors. In 2016/17, 40% of victims of violent crime believed the offender to be under the influence of alcohol. Source (ONS 2017 Nature of crime tables, violence table 3.11)

42 Homelessness Kills, University of Sheffield and CRISIS: An analysis of the mortality of homeless people in early twenty-first century England, 2012. https://www.crisis.org.uk/media/236799/crisis_homelessness_kills_es2012.pdf
43 Revolving Doors Agency, No wrong door: Capability framework for co-occurring mental health and alcohol/drug conditions. http://www.revolving-doors.org.uk/blog/no-wrong-door-capability-framework-co-occurring-mental-health-and-alcoholdrug-conditions-0
44 Institute for Alcohol Studies, Alcohol and Mental Health: Policy and Practice in England, 2018 Accessed on 17/6/2019 http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp31042018.pdf

Types of crimes associated with alcohol

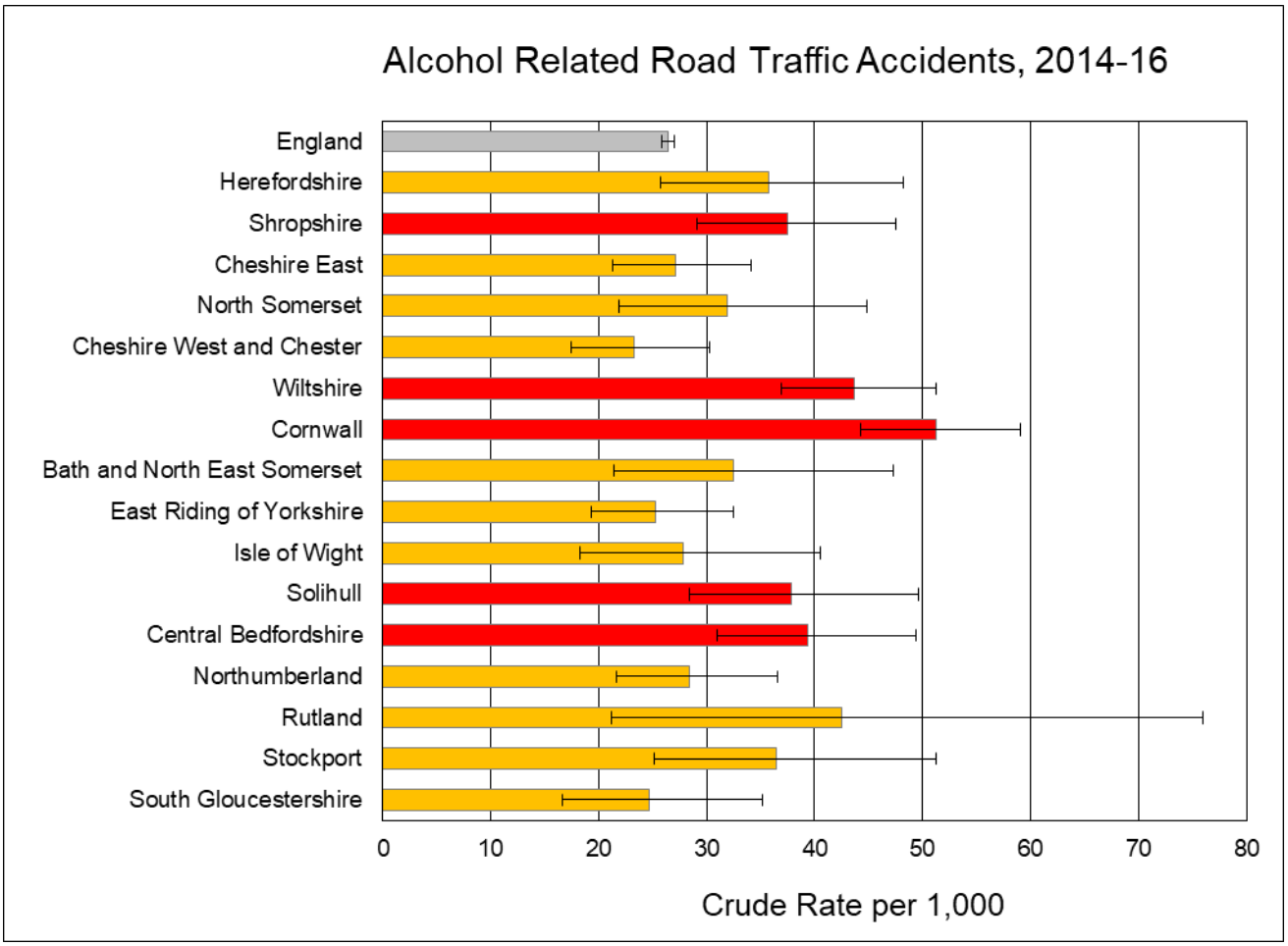
- Drink driving
- Robbery
- Sexual assault
- Aggravated assault
- Domestic violence
- Child abuse
- Homicide

In Herefordshire there is a flag that can be attached to reports of crime where alcohol is deemed to be a factor. However this is thought to be inconsistent as it relies of the call handler identifying when alcohol is a factor. Data are therefore not presented here.

Alcohol related road traffic accidents

An alcohol related road traffic accident is an accident where at least one driver failed a breathalyzer test. In Herefordshire there were 42 alcohol related road traffic accidents for the period 2016-2018. To allow for comparison to other areas this equates to a crude rate of alcohol related road traffic accidents of 35.7 per 1000 accidents see figure 25. This is a similar rate to the group of local authorities which are thought to be most like Herefordshire. However it should be noted that the denominator for this rate is all road traffic accidents and therefore counts (i.e. actual number) are important as well as rates. This can be best illustrated by comparison of Herefordshire data with Solihull, which has a broadly similar population size to Herefordshire. Solihull has a rate of 37.9 alcohol-related RTAs per 1000 RTAs and is considered red, yet its count is half that of Herefordshire (20 compared to 42, 2014-16). Importantly, the count and rate have both been declining in Herefordshire over recent years, and are now similar to England.

Figure 25: Alcohol related road traffic accidents 2014-2016 for Herefordshire and its nearest statistical neighbours

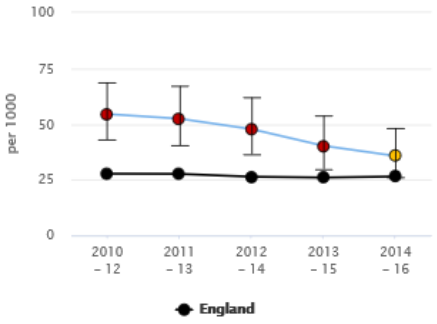


Data Sources: Public Health England

Figure 26 : Trend in alcohol related road traffic accidents in Herefordshire

Trends for Herefordshire *Compared with benchmark:* Better Similar Worse Not compared

Alcohol Related Road Traffic Accidents Herefordshire Crude rate - per 1000



Recent trend: –

Period		Herefordshire				West Midlands region	England
		Count	Value	Lower CI	Upper CI		
2010 - 12		74	54.5	42.8	68.4	37.5	27.7
2011 - 13		66	52.4	40.5	66.7	36.1	27.6
2012 - 14		57	47.7	36.2	61.9	33.1	26.4
2013 - 15		47	40.2	29.6	53.5	32.2	26.0
2014 - 16		42	35.7	25.7	48.2	32.4	26.4

Source: Calculated by Public Health England: Risk Factor Intelligence (RFI) team from STATS19 data provided by the Department of Transport.

Data Sources: Public Health England

Disorder

Stakeholder views

As part of the needs assessment process interviews were undertaken with representatives from the Police, Hereford Business Improvement District, AddAction and the third sector as well as council officers from Licensing, the Community Safety Partnership and Early Help. They made the following comments / concerns about disorder:

- High strength alcohol is drank on the streets in Hereford by a small number of people from 6.30 am. This is mainly bought in small quantities from local shops.
- The street drinking results in problems from anti-social behavior and violent crime
- Partners consider there to be less under 18 year olds drinking in public areas such as parks than in previous years. There is a thought that the trend has moved to cannabis and nitrous oxide canisters.

NIGHT TIME ECONOMY

The night time economy focuses in Hereford with smaller areas in each of the market towns and pubs spread across the county. Please see the map in appendix 3.

Within Hereford, busier areas of the city are Commercial Road which is busy up to about 12.30 am, then Blue Coat Street where the nightclub Play is located, around The Venue on Goal Street and near Mama Jamas on West Street.

Stakeholder views

Concerns raised by stakeholders including the Police and the third sector:

- That there is an increasing incidence of younger drinkers “preloading” (drinking alcohol bought from retail before coming out to the night time economy. Younger drinkers or those that are already intoxicated are likely to be refused entry to an establishment, in some circumstances leaving them vulnerable and alone.
- Increasing use of drugs with alcohol
- There are believed to be a small number of “predators” looking for vulnerable people
- An increase in smaller groups fighting with more serious injuries being caused, including a trend of kicking the head.
- An increase in people carrying knives
- Extreme anti-social behaviour that is not recalled in the morning thought to be due to consumption of high volume alcoholic drinks (shots).

Further data on the night time economy provided by Vennture, collected through their Street Pastors and Lean on Me services can be found in the services and support section.

“People drinking to excess can sometimes be trying forget something traumatic that has happened in their life. People drinking for the first time, people drinking for the first time after a period of abstinence, those who innocently combine alcohol and medicines can end up needing our help”

“Preloading can result in people becoming vulnerable if, once they arrive in the city centre, they are refused entry into venues and end up alone and isolated”

Street Pastor, Hereford

ECONOMIC IMPACT

The alcohol industry accounts for around 2.5% of GDP nationally. With that being split evenly between the production of alcohol and retail. It is also estimated that the alcohol industry provides around 2.5% of jobs, with most (65%) of them being in the retail element such as in pubs and clubs. Economic arguments around provision of income, employment and trade, are often used in support of the alcohol industry against measures to reduce consumption. However an analysis by the Institute of Alcohol Studies concluded that there was little convincing evidence that reduced alcohol consumption would harm the UK economy, and indeed that it might benefit it.

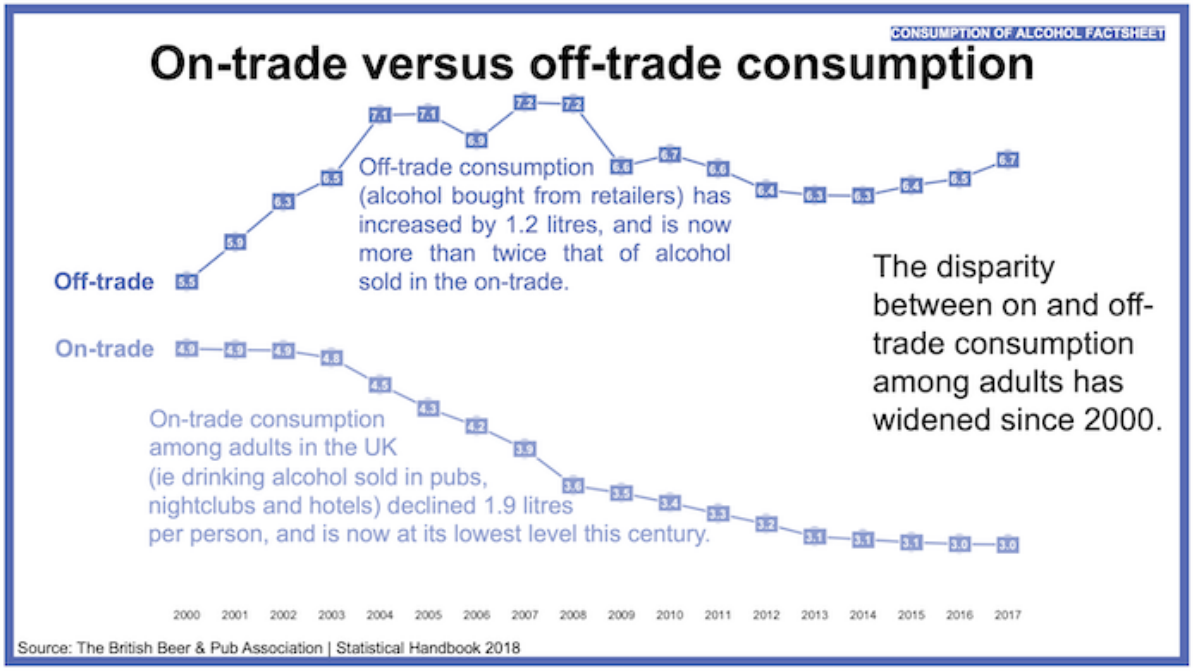
Herefordshire is one of just seven local authorities with more than 1% of jobs in alcohol manufacturing: Herefordshire is 6th highest at 1.6% of jobs. There were 1000 people identified on the Business Register and Employment Survey in 2017 as being employed in the manufacture or distilling of alcohol. Herefordshire is well known for its cider production, with growing, juicing and manufacture all taking place in Herefordshire. Jobs in alcohol manufacturing are well paid compared to those in retail[45]. The question of alcohol industry being a particularly important employer in poorer or rural areas with few alternative jobs was investigated by the Institute of Alcohol studies which found no systematic relationship between an area's prosperity and its dependence on the employment in the alcohol industry.

There has been a trend in increasing amounts of alcohol being bought from retailers and falling amounts being bought in venues see figure 22. This trend has contributed to the reduction in the cost of alcohol by unit purchased. In addition to the health risk from a reduction in cost per unit the corresponding increase in demand for off-trade consumption may result in an increasing supply of off-licenses a business that The Royal Society for Public Health (RSPH) has designated as unhealthy as betting shops and takeaways[46].

[45] Splitting the bill: alcohol's impact on the economy, an institute of alcohol studies report. Available at http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp23022017.pdf

46 RSPH (2018). Health on the high street: running on empty. Accessed on 11/06/2019 https://www.rsph.org.uk/uploads/assets/uploaded/dbdbb8e5-4375-4143-a3bb7c6455f398de.pdf

Figure 25: British on-trade versus off-trade consumption levels



THE BENEFITS OF LOCAL PUBS

Regularly visiting a local pub can improve an individual's social network and effect how engaged they are with their local community. Social networks can act as a protective factor against mental or physical illness (Dunbar et al 2016)[47]. Health on the High Street (RSPH 2015) list pubs and bars as one of the 6 most health promoting businesses on the high street due largely to their role in promoting social interaction[48] In some rural areas the local pub is the only meeting place where members of the community who otherwise would have no cause to meet socialise in the same venue. Such meeting places can help to reduce social isolation and in some cases loneliness through bring people together and increasing social cohesion. See Appendix 3 for a map of the pubs in Herefordshire.

In addition some community pubs have taken on additional community functions, allowing people without access to transport to remain independent in their community for longer. This includes local shops and post offices.

47 Dunbar, Robin & Launay, Jacques & Wlodarski, Rafael & Robertson, Cole & Pearce, Eiluned & Carney, James & MacCarron, Pádraig. (2016). Functional Benefits of (Modest) Alcohol Consumption. Adaptive Human Behavior and Physiology. 3. 10.1007/s40750-016-0058-4.
48 RSPH (2015). Avalibale from: https://www.rsph.org.uk/our-work/campaigns/health-on-the-high-street/2015.html

Case study – The Boot Inn, Orleton, Herefordshire

The Boot Inn a rural village pub was closed in 2017. The Boot in was listed by the Parish Council as an Asset of community value which gave the community a right to bid for its purchase. The community formed a community benefit society which put together a bid to purchase the pub and reopen it to the community.

Local residents not only came together to buy the pub but have voluntarily given their time to help refurbish the pub and garden, with fruit trees being planted in the garden. The pub was reopened in August 2019 for drinks and food. It has plans to extend its community reach by becoming an IT hub cafe for the area and has been successful in securing a grant from pub is the hub to do so.

SERVICES, SUPPORT AND HARM REDUCTION INTERVENTIONS

COMMISSIONED ALCOHOL SERVICE – ADDACTION

Addaction are commissioned by Herefordshire County Council to provide substance misuse treatment. This includes people with an alcohol and/or drug problem. Services are currently in the main delivered from a dedicated property in Hereford City Centre.

Service details

Adults

- 1 to 1 sessions
- Group work – low level alcohol, high level alcohol, maintaining change, preparation for change
- Group work – art, tai chi, MAP[49], walking, dog walking, mindfulness
- Out of hours service on a Tuesdays till 7.30pm for those unable to attend in the daytime

Children consuming alcohol

Children's who are drinking needs are addressed on a 1 to 1 basis. AddAction will work with a young person to identify a safe venue that they feel comfortable in for their sessions.

Working with other agencies

To extend the reach and increase access to services AddAction work with multiple partner agencies including no Wrong Door, DWP, Stonham housing and 2gether Trust.

Service developments

Recent service developments include a Veterans specific service and redesigning the pathway from Acute Care.

[49] MAP is a facilitator lead support group which helps service users to develop tools and strategies for dealing with situations and triggers that could lead to drinking alcohol.

Staffing

Addaction employs a range of professions to deliver substance misuse services.

This includes the following posts:

- Service Manager – 1 Whole time equivalent (WTE)
- Team Leaders – 3 WTE
- Consultant Psychiatrist – 0.8 WTE
- Non-Medical Provider – 1.4 WTE
- Recovery workers adults – 9 Full time & 4 Part time roles
- Recovery worker young people – 1 WTE
- Recovery worker criminal justice – 1 WTE
- Data Officer – 0.6 WTE
- Admin Lead – 1 WTE
- Project Administrators – 3.2 WTE
- Health care Assistant – 1 WTE
- Recovery Mentor – 1 Part time role
- Veterans Worker – 1 WTE

However recruitment can sometimes be challenging and some posts have been vacant for periods of time. However Addaction have recently successfully recruited to roles using an initiative recruitment policy.

People in Treatment

In 2018/19 there were 278 clients in alcohol only treatment, 150 (54%) of whom where new presentations, compared to 69% nationally. There were an additional 131 clients who were in treatment for both alcohol and drugs.

55% of clients entering treatment in 2018/19 where identified as having a mental health treatment need, 72% of whom were receiving treatment for their mental health.

For the 278 alcohol only clients, 64% were male compared to 60% nationally. The ethnicity of new clients was 87% White British, 5% Other White, 3% were from other ethnicities and 3% had

missing data. Table 3 below shows the referral source for 143 new presentations during 2018/19 service users and Table 4 shows alcohol only clients by age group.

Table 3 Routes into alcohol treatment for new presentations 2018/19.

	Herefordshire		**National**
Referral Source	**Number**	**Proportion**	**Proportion**
Self-referral	117	78%	65%
Referred through Criminal Justice System	11	7%	6%
Referred by GP	14	9%	12%
All other referral sources	8	5%	18%
Total	**150**	**100%**	**100%**

There is a higher proportion of self-referrals and a lower proportion of referrals from other sources than experienced nationally. This could be due to the local service keeping more complete records however there may also be potential to create more referral routes locally.

Table 4 Alcohol only clients 2018/19 by age group

	Local		**National**
Age group	**Numbers**	**Percentage**	**Percentage**
18 – 29	33	12%	9%
30 – 39	62	22%	22%
40 – 49	86	31%	30%
50 – 59	65	23%	27%
60 – 69	23	8%	10%
70 +	9	3%	2%
Total	**255**	**100%**	**100%**

The age profile of clients is similar to that see nationally. However Herefordshire has an older population profile than the national average, therefore you could expect to see a higher proportion of older people in treatment.

Figure 27: Alcohol unit consumption in the 28 days prior to treatment for alcohol clients 2018/19

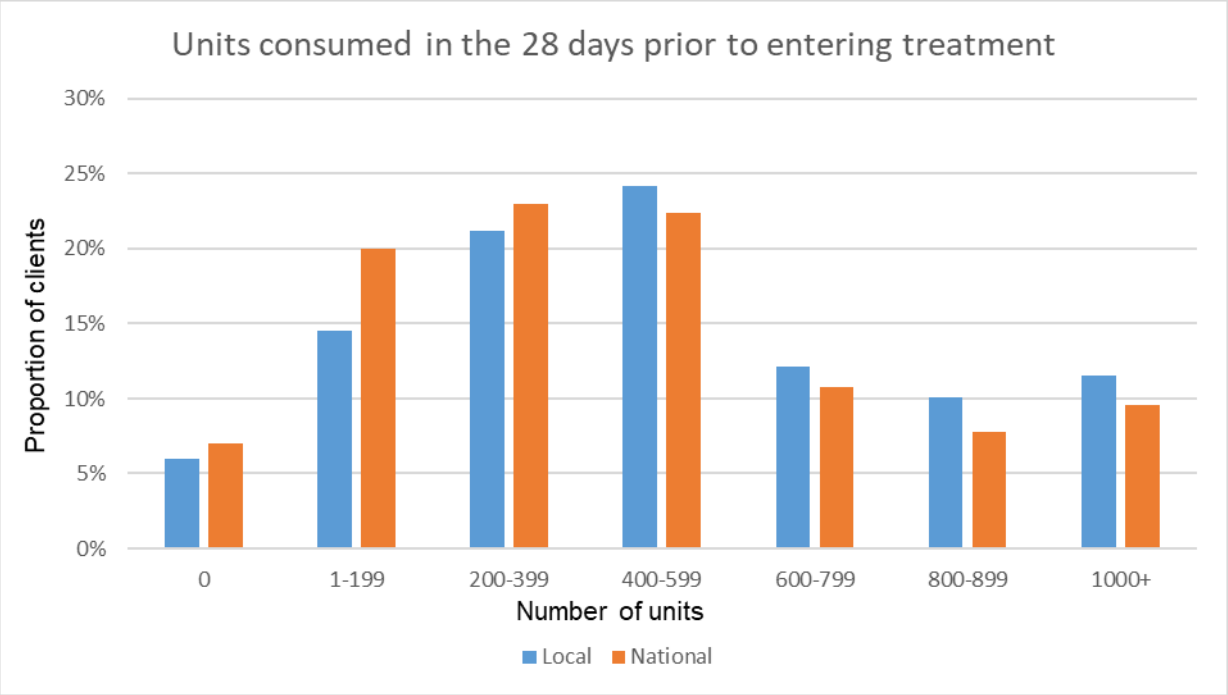


Figure 27 above shows that the number of alcohol units consumed in the 28 days before treatment is similar to the national levels. Some clients who may have appeared in heavier drinking categories will have stopped drinking in the 28 days before treatment due to for example being in hospital or prison. It is also recognised that patients may not fully disclose their drinking levels at the start of the treatment process. Substance Misuse workers report that often after a relationship has developed that service users report higher usage. In addition clients who have missing data will not be included in the analysis.

For context consuming 60 or more units within 28 days would be considered hazardous or higher risk drinking. Consuming more than 140 for women or 200 units within the 28 days would be considered harmful.

Client user deaths

1% of alcohol only service users who were discharged from AddAction between 26 March 2018 and 26 March 2019 died, this is the same as the National figure for 2017/18[50].

[50] https://www.gov.uk/government/publications/substance-misuse-treatment-for-adults-statistics-2017-to-2018/alcohol-and-drug-treatment-for-adults-statistics-summary-2017-to-2018

Waiting times

In 2018/19 all clients waited less than three weeks to start treatment, compared to 98% nationally. This is a dramatic reduction from 54% (38% nationally) in 2012/13.

Unplanned exits

Early unplanned exits are people who have left treatment in an unplanned way before 12 weeks. In 2018/19 9% of new alcohol only clients had an unplanned exit. This is much lower than the national figure of 14%.

Unmet need estimate

In 2017/18 PHE estimated there to be 1,713 alcohol dependent adults in Herefordshire who were potentially in need of treatment. This is a rate of 11.0 per 1000 population and is similar to the national rate of 13.4 per 1000.

Unmet need is the number or proportion of dependent drinkers who are not accessing alcohol services. In 20017/18 this was estimated to be at 80% in Herefordshire compared to 82% nationally. This equates to 1,370 people in Herefordshire. This unmet need does not reflect the number of individuals trying to access the service and failing but rather reflects the number of individuals who either do not recognise their dependency or for a variety of reasons do not access services.

Smoking cessation

38% of clients were identified as smoking tobacco at the start of treatment, this is lower than the 44% figure seen nationally but more than twice as high as the smoking rate of 12.8% for the general population in Herefordshire. Smoking cessation is not currently included in substance misuse contract however 2013 NICE Public Health Guideline recommends that all healthcare workers encourage people to stop smoking, this includes people who are seen under drug and alcohol services.

A 2016 Cochrane Systematic review found that providing stop smoking support to people in drug and alcohol treatment was effective and did not affect abstinence rates from other substances.[51]

[51] Apollonio D, Philipps R, Bero L. Interventions for tobacco use cessation in people in treatment for or recovery from substance use disorders. Cochrane Database Syst Rev. 2016;(11):CD010274.

Successful completions

100 people left alcohol treatment in 2018/19, this was 58% of the treatment population. This is lower than the 65% seen nationally. 31% (87) of those that left did so successfully, with the national rate being 39%. As a proportion of all exits 54% were successful, this lower than the national rate of 60%. The rate in females is 62%, which is the same in the national rate, therefore the lower rate is due to a lower rate of 49% compared to 58% seen in males. 35% of those who successfully completed treatment did not represent within 6 months, this was similar to the national rate of 38%.

15 (33%) of individuals were abstinent at planned exit. This was lower than the national rate of 51%.

SUPPORT FROM OTHER HEALTH AND SOCIAL CARE SERVICES

There are a number of organisations and services whose work supports people to reduce alcohol-related harm. These are not specialist alcohol services, but rather services which can help people to recognise their level of consumption and the impact of alcohol; provide initial support and reduce immediate harm; and, where appropriate, signpost into specialist services.

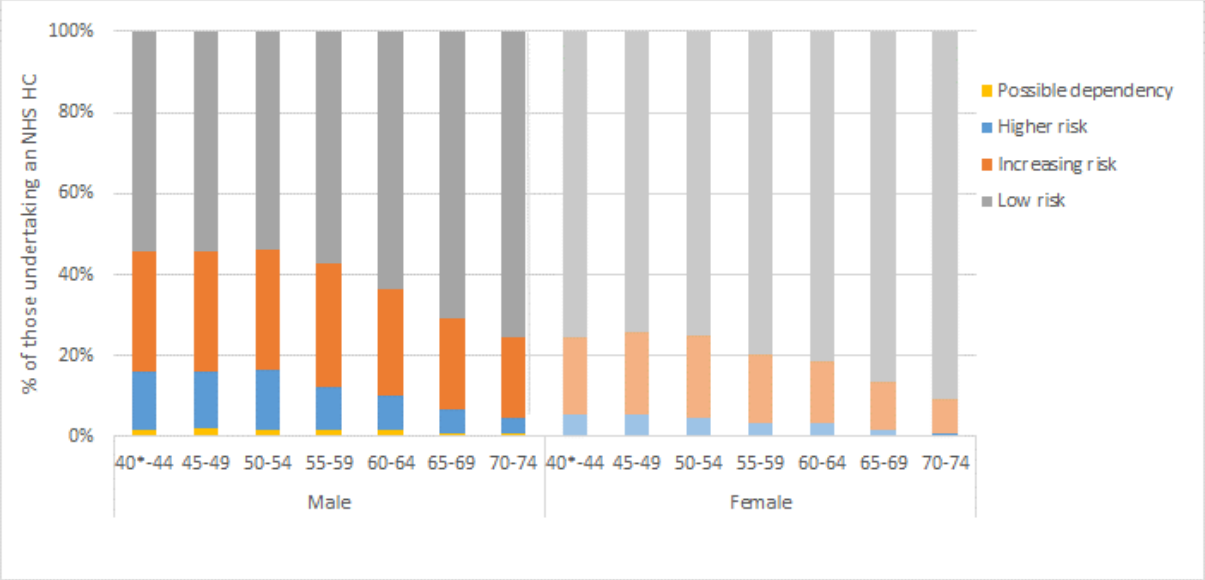
Primary Care – General Practice and community services

GP, primary care and community service professionals see patients with alcohol dependency and can deliver brief advice interventions, when these are identified as required. Health checks delivered in primary care are a further touch point in which alcohol consumption can be discussed, the audit-c tool used and either brief intervention or referral to services delivered. Over the period April 2014 to March 2019, 25,786 NHS Health Checks were undertaken with Herefordshire eligible[52] population aged 40 to 74 years and including assessment of alcohol consumption. Whilst the vast majority of people were identified to be drinking at levels considered low risk to health (72%, n=18,513), 5404 (21%) were found to be drinking at levels considered increasing risk, 1645 (6%) at higher risk and 224 (0.9%) people with possible dependency were

[52] ADD eligibility criteria i.e. no existing conditions to show not fully representative of population

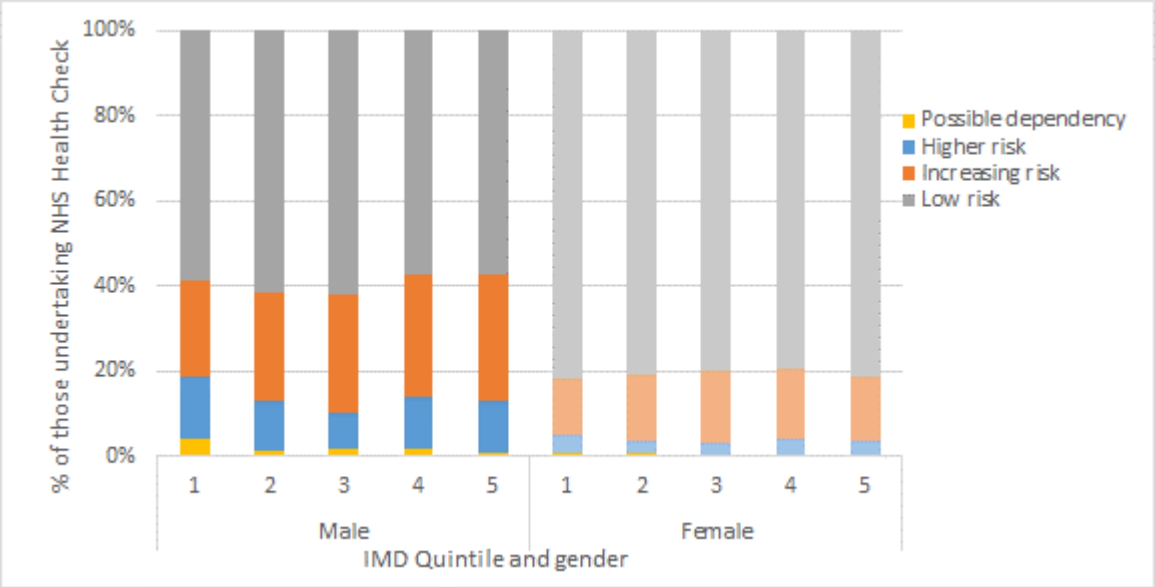
identified. Higher rates of alcohol consumption were identified in men, and for both genders consumption began to decrease from age 55 years (Figure 28).

Figure 28: Percentages of people who had an NHS Health Check between April 2014 and March 2019 by risk category and gender



Levels of low risk alcohol consumption were similar across all IMD deprivation quintiles, however, reflecting national data, men living in the most deprived areas had significantly higher proportion of possible dependency (4% (25/660), than men living in less deprived areas (IMD quintiles 2-5, 1.5% (145/9960). However, it should be noted that the greatest number of possible dependent drinkers are from areas in the middle quintiles (2-4).

Figure 29: Percentages of people who had an NHS Health Check between April 2014 and March 2019 by risk category, IMD quintile and gender



An association of increased smoking prevalence was seen with increasing levels of reported alcohol consumption: approximately 40% of those identified as having possible alcohol dependency reported smoking compared to 10% of those reporting drinking at low risk levels. There were no recorded explicit referrals to alcohol treatment services, however, 128 people were signposted to such services and a further 2,048 were recorded as having declined referral (or signposting). 18% of those with possible alcohol dependency were signposted to alcohol services, whilst a further 15% were reported as declining a referral/signposting. The majority (~60%) of patients identified as possibly dependent drinkers were given alcohol advice only, similar to the proportion of those drinking at higher and increasing risk levels.

	No alcohol intervention recorded	**Self-monitor**	**Advice only**	**Alcohol service signposting**	**Referral declined**	**Total**
Low risk	5085 (27%)	13428 (73%)				18513

Increasing risk	669	(12%)		3095	(57%)	57	(1%)	1583	(29%)	5404
Higher risk	176	(11%)		1007	(61%)	31	(2%)	431	(26%)	1645
Possible dependency	20	(9%)		130	(58%)	40	(18%)	34	(15%)	224
All	5950	(23%)	1324	(50%)	4232	(16%)	128	(0.5%)	2048	(8%)	25786

Acute Hospital Setting

Wye Valley NHS Trust is signed up to the national smoking and alcohol CQUIN, however it is not clear that data are currently being reported. This requires at least 40% of inpatients over the age of 18 to be screened for smoking and alcohol risk status, with payments increasing up to 80%. With the alcohol CQUIN requiring those identified as above low risk to be either referred to a service or to receive brief advice. Payment is received between 50 and 90% of patients being referred or receiving brief advice.

Making Every Contact Count (MECC)

MECC is a mechanism for giving consistent lifestyle advice at scale. It makes use of the opportunities for behaviour change that comes from the many contacts that staff have with the public. Alcohol is included in Herefordshire MECC with messaging to support drinking within recommended levels. MECC has been in operation in Herefordshire for a number of years. However actions are now being taken to reinforce MECC and to include more organisations in the delivery of MECC. Online e-learning is available to all organisations through the WISH website

Healthy lifestyle Trainer Service (HLT Service)

The HLT Service offers one to one support to people over 16 years of age who require support to make changes to their lifestyle.
Trainers rarely find that someone has come to them specifically due to a problem with alcohol. However alcohol issues can be picked up as a side issue. For example somebody who wants to lose weight discussing the calories they consume and discovering that a large proportion comes from alcohol.

Health Trainer Alcohol case study

James was referred to the Sarah a health trainer as a pre diabetic. As Sarah got to know James better she found that James was drinking well over six units of alcohol every night. Sarah was concerned by this and even more so that James thought that this was normal.

Sarah was careful to handle this situation positively, building a relationship before turning James's attention to positive aspects of reducing his alcohol intake.

With Sarah's support James started to recognise that the calorie intake from his drinking was negatively impacting on his desire to lose weight and get fitter. He started to keep an exercise diary and joined a gym. From this came the desired loss of weight and increased energy levels.

As a result of their conversations James came to realise that his full time care giving role for his wife had contributed to his low mood, which in turn led to his increased drinking. With that knowledge he has organised respite care givers so that he has some time to himself and is more able to devote quality time to his wife.

Alcoholics anonymous

Alcoholics Anonymous (AA) have closed and open groups running in Herefordshire. Closed groups are intended for alcoholics and for those with an alcohol problem who have a desire to stop drinking, open groups can also include friends, family members and others with an interest in AA. Groups are currently running in Hereford, Ledbury, Leominster and Ross on wye.

Early help for Children, Young People & their Families

The ethos of the early help in Herefordshire is to work with the whole family to improve outcomes for all of the household. Specialist family support services including the council early help family support team, Vennture4families and Homestart all work with families and with a range of partners agencies as appropriate to bring about sustainable change in the family and leave them stronger for the future. Alcohol may be one of several factors affecting the wellbeing of a family but is rarely the reason that the family has been identified for support.

HEREFORD CITY NIGHT TIME ECONOMY SUPPORT

Street Pastors and Lean on me

Street Pastors and Lean on Me are two programs run by Vennture, a local third sector organisation in Hereford on Friday and Saturday nights. Street Pastors was first introduced in Hereford in 2014 to support vulnerable people and to reduce unnecessary A&E attendances. Street Pastors are trained volunteers who in teams of three patrol central Hereford and respond to calls on their radio to people who may need help. That help ranges from providing flip-flops, water and picking up bottles or broken glass to those that need additional support or taking to A&E.

In 2014 street pastors identified that they were spending up to half an hour on Hereford streets with some residents that need additional care. They felt that a safe place was required to give people dignity and to allow for better care. From this Lean on Me was developed where Vennture worked with Hereford sixth form college to recruit 6th form students with an interest in care and medicine to volunteer to care for people in a safe space. This is currently located in a converted retail unit in the center of Hereford. Working in partnership with the Hereford Army base the 6th form students were trained to monitor vulnerable people safely.

- Vennture estimates that Lean on Me and Street Pastors working together has saved 97 A&E visits and 110 ambulance call outs over the last 4 years.

The picture below outlines what Lean on Me was designed to achieve

Street Pastors Activity

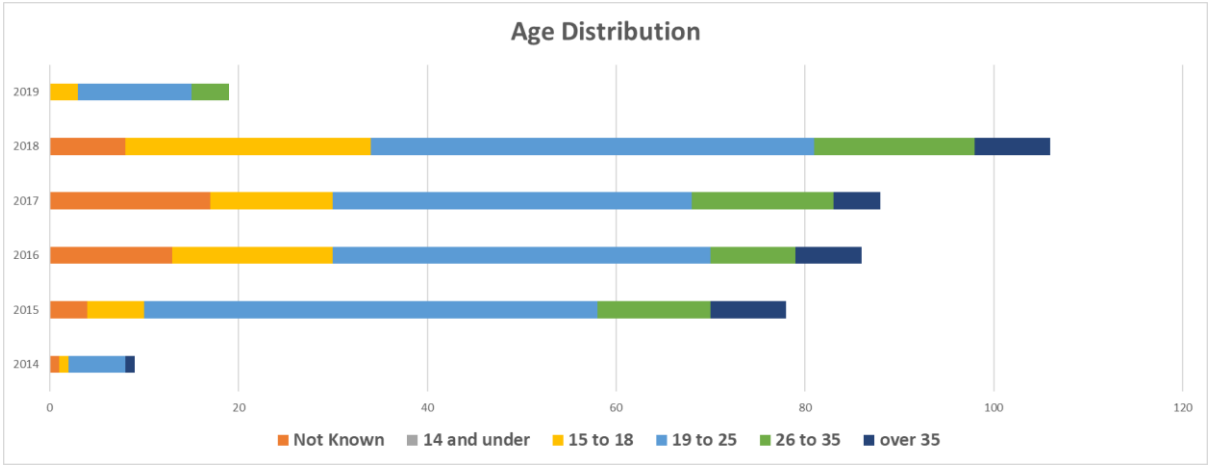
In 2018 Street Pastor teams made contact with 427 individuals on Friday and Saturday nights in Hereford. This was roughly equally split between males and females. The predominant reason for engaging is recorded as due to an individual being injured or impaired (recorded in 50% of interactions in 2018), followed by being vulnerable (32%), challenging behaviour (10%) keeping people safe (7%).

Lean on Me Activity

106 people were treated by Lean on Me in 2018, this was up by 20% from 88 in the previous year. Between 2014 and 2019 there was a roughly equal split between males and females using Lean on Me. The graph below shows that the largest proportion of users are between 19 and 25 however the number of 15 to 18 had grown in 2018. This increase is thought to be due to preloading in this age group.

The graph below shows the age distribution of individuals who have used Lean on Me by year.

Figure 30: Age of people using Lean on Me by year

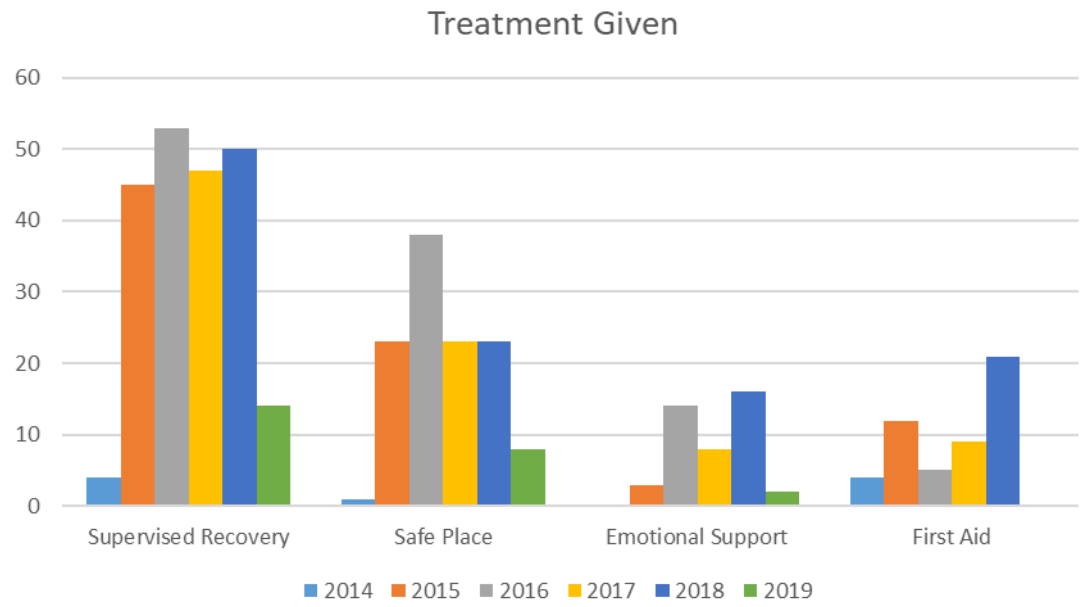


Source: Vennture

*2019 data is for 2.5 months only

The graph below shows what treatment they were given when they were at lean on me

Figure 31: Number of people given each treatment at Lean on Me by year



Source: Vennture

*2019 data is for 2.5 months only

28% of people cared for by Lean on Me had a blood alcohol level of less than 44 mg, 58% between 44 mg and 88 mg and 18% over 88 mg. For context the drink drive limit in England and Wales is 80 mg of alcohol per 100 ml of blood.

When ready to leave, over half of people are either collected from Lean on me by friends or relatives or are taken home in the dedicated street pastor's vehicle. 12% go on to A&E, either by ambulance, 4% or in the street pastor vehicle 8%. With the majority of the remainder either leaving by taxi or getting themselves home.

LICENSING AND COMMUNITY SAFETY INITIATIVES

Businesses, organisations and individuals who want to sell or supply alcohol must have a license or other authorisation from Herefordshire Council as the licensing authority. The law and policy governing this area is overseen by the Home Office.

The types of businesses and organisations that need alcohol licenses might include:

- pubs and bars

- cinemas
- theatres
- nightclubs
- late-opening cafes
- takeaways
- village and community halls
- supermarkets

Whilst a current list of licensed premises is published on Herefordshire Council website, it is not possible to determine the number of active licenses and includes temporary events. However the published figures for 2018 to 2012 for Herefordshire are available on the National statistics website[53].

In March 2018 there were 985 premises licenses in Herefordshire, 580 allowed the selling of alcohol, having reduced from 592 (2% reduction) in 2017 and 738 (21% reduction) in 2012. Nationally there had been a 1% increase in alcohol premises license between 2017 and 2018. 144 of the 580 licenses (25%) were for the sale of alcohol to be consumed on site, 139 (24%) were for offsite consumption and 51% were for both.

In March 2018 there were 3 venues that had a 24-hour alcohol license, 1 was for a shop or a supermarket and 2 were for hotel bars. In 2017/18 there were 30 license applications to sell alcohol, 8 for on-site consumption, 8 for off-site consumption of alcohol and 14 for both on and off site consumption. One of which, for off-site consumption, was in the cumulative impact area, all 30 applications were granted.

In 2017/18 there were 4 completed license reviews, of these one license was suspended, two had additional conditions added and one had no further action taken. The number of review vary from year to year from 17 in 2011/12 to 4 in 2017/18 and 2012/13. The reviews are mostly instigated by the Police by have also been instigated by other parties such as Trading Standards, Environmental Health and the Public. The reasons for the reviews have predominantly been due to crime and disorder, but reviews have taken place over the last 7 years due to the sale of illicit alcohol, the protection of children, public nuisance and public safety. In the past 3 years 35 premises license applications went to a licensing committee.

[53] https://www.gov.uk/government/statistics/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2018

All alcohol licenses have the following mandatory conditions:

- A ban on the sale of alcohol below the cost of duty plus VAT.
- A ban on irresponsible promotions
- mandatory provision of free potable (drinking) water
- adoption of an age verification policy
- the mandatory provision of smaller measures

Herefordshire Council have expanded these conditions to explain what each one requires, these can be found in appendix 4.

The Council can impose additional conditions on an Alcohol License. This can either be at the time of issue or as part of a review process, which is triggered by evidence of concerns. These are based on the four alcohol objectives listed below:

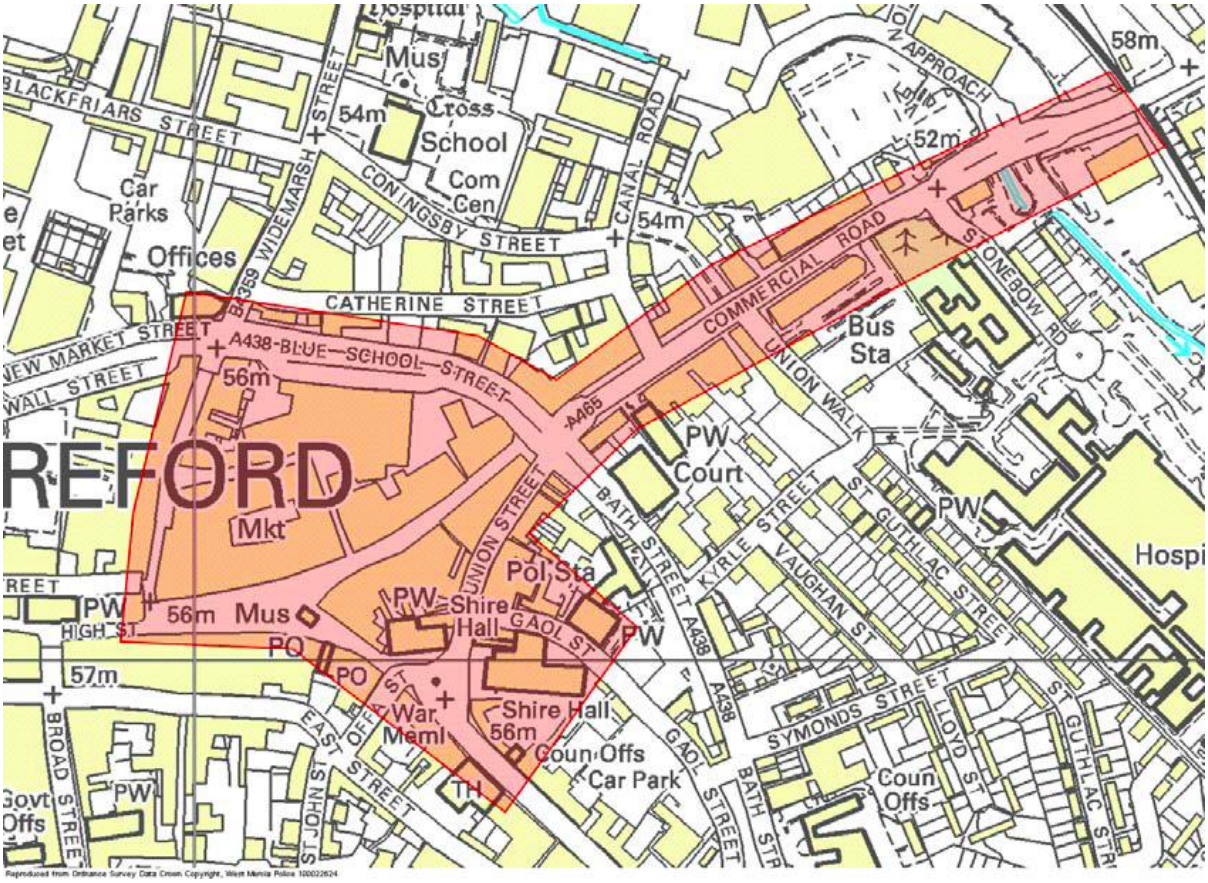
- the prevention of crime and disorder
- public safety
- the prevention of public nuisance
- the protection of children from harm

It is of note that in Scotland, there is a fifth licensing objective of protecting and improving public health, but this does not exist in England or Wales.

Special cumulative impact policy

In Hereford the Council have designated areas of the city as being subject to special cumulative impact policy. This means that it is presumed that within the cumulative impact area new applications or variations to existing licenses will normally be refused. Applications can continue to be made but they will only be granted if the Council are suitably reassured by the applications that they will not add to the problems in the area. This is also the case if the Police have issued an objection notice in respect of a temporary event. The evidence that lead to the special cumulative impact policy mainly relates to crime and disorder. The shaded area in the map below shows the area that is covered by the policy. Information on whether new licenses have been

granted within this area were not available to assess the implementation of the policy, nor are data on licensed premises published in such a way to explore the impact on surrounding streets.



Alcohol Consumption Public Spaces Protection Order (PSPO)

A PSPO was created by the 2014 Anti-Social Behaviour, Crime and Policing Act to deal with nuisances or problems in a particular area that affects the local community's quality of life. PSPOs impose conditions or restrictions on all people using that area which, if breached, can result in a fixed penalty fine or prosecution.

The PSPO for alcohol control came into effect on 1 May 2018 for a period of three years. The PSPO for alcohol consumption replaces the previous Herefordshire (Alcohol Consumption in Designated Public Places) orders. It imposes restrictions to require a person to not consume alcohol in a designated area and to surrender alcohol in his/her possession. The PSPO for alcohol consumption therefore gives the police and other designated officers additional powers within the designated areas to tackle street drinking where it is having a detrimental effect on those in the locality.

There are PSPO's in the following areas of Herefordshire:

- Bromyard
- Hereford
- Ledbury
- Leominster
- Ross on wye

Maps for the existing PSPO areas are included in appendix 1. Consultation has taken place for an additional PSPO area in Bromyard and Leominster and for an amendment in Ross on Wye maps for these areas can be found in appendix 2.

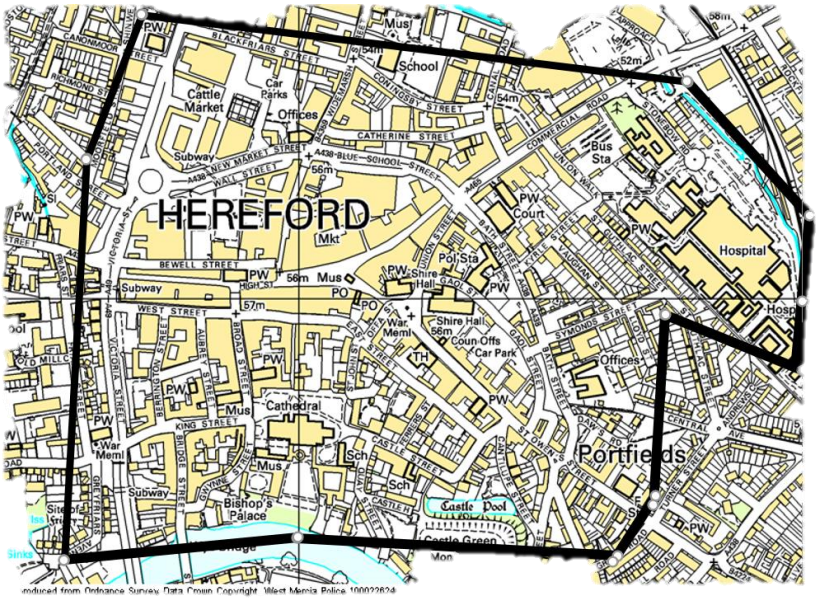
Operation Castlemaine

The area within the black line on the map below is included in the Hereford PSPO Alcohol Restriction Zone. This area has been identified due to a number of quality of life and anti-social behaviour issues that were happing during the daytime. Issues included drunkenness on the street in the daytime. Operation Castlemaine was set up to look at these issues. It has three main themes: who presents the most risk? Who is at risk? and where does the crime arise?

As part of operation Castlemaine the police within the PSPO area have worked with:

- local businesses to restrict the sale of super strength lager
- organisations that provide hot food to the homeless, to improve knowledge
- staff in the CCTV control room to alert police if there are instances of drinking
- High visibility policing

Figure 22: Map of Hereford PSPO area



Source: West Mercia Police

Stakeholders identified the following positive actions in central Hereford night time economy:

- Doormen are well trained and effective, partners believe that the majority of underage drinkers are identified and refused entry
- There is good CCTV coverage in the city centre
- Street Pastors and Lean on Me provide support for those in need, potentially reducing ambulance call outs and A&E attendances
- Herefordshire Against Night-time Disorder (HAND), HAND ban scheme. HAND is a non-statutory scheme, comprised of and run by licensees, who address drink related anti-social behaviours amongst clientele. The scheme is thought to be well supported, with good membership levels in Herefordshire.

WHAT WORKS

In 2016 PHE published an Evidence Review which looked at the effectiveness and cost-effectiveness of alcohol control polices a summary of its findings are discussed in this section54.
Key influencers of alcohol consumption

There are three key influencers of alcohol consumption – price (affordability), ease of purchase (availability) and the social norms around its consumption (acceptability)

Affordability

Taxation and price regulation

Policies that reduce the affordability of alcohol are the most effective and cost effective approaches to prevention.

- Minimum unit price (MUP) improves the health of the heaviest drinkers and has a negligible impact on moderate drinkers and on-trade (where alcohol is consumed on the premises).
- Taxation on Alcohol that rises in line with inflation and income rises reduces affordability.
- Bans on alcohol sales below tax revenue do not have an impact on Public Health in its current form.
- Price promotion controls can easily be circumvented.

Acceptability

Regulating Marketing

Currently evidence centres on reducing harm to children. There is sufficient evidence to implement policies that restrict the advertising of alcohol that can be viewed by children.

Providing information and education

- Education programmes are not cost effective

54 PHE, The Public Health Burden of Alcohol Evidence Review, (2018). Accessed on: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf

- There is little evidence to suggest that labelling is effective at reducing long term alcohol consumption.

However the policies above to fulfil a right for the consumer to be more informed and can build support for regulatory measures.

Reducing drink driving

- Legislative measures are effective and cost effective
- Policies that reduce drink drive limits for younger drives reduce casualties in this group and are cost saving
- Polices reducing drink driving complement polices that look to reduce risky drinking patterns

Availability

- Policies that significantly reduce the time that alcohol is for sale, particularly late night on-trade sales can significantly reduce alcohol-related harm in the night time economy.
- Managing the drink environment, such as managing nightlife drunkenness is thought to lead to small scale improvements but can be resource intensive.
- Reducing high strength alcohol is built on a sound principle but can be undermined if it is available in a near by area.

An example of how availability can be managed locally is through maintaining the cumulative impact policy in place in Hereford.

Treatment and interventions

Aimed at those already at risk brief interventions and treatments have a good return on investment if widely implemented with dedicated funding streams. Investing in Alcohol treatment saves money with £3 social return for every £1 spent on alcohol treatment, which increases to £26 over 10 years[55].

55 https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest

Identification and brief advice in primary care reduces weekly drinking by 12%, reducing risk of alcohol related illness by 14% and absolute lifetime alcohol related death by 20%[56]. It can also save the NHS £27 per patient per year.[57]

The Policy Mix

Implementing a complementary mix of policies is considered to achieve a critical mass which can change social norms to reduce alcohol consumption. For example including education to build population support for availability measures and treatment.

56 https://app.box.com/s/p52mrjh78yryshd9smogm350s7ougg1l
57 https://app.box.com/s/p52mrjh78yryshd9smogm350s7ougg1l

RECOMMENDATIONS

The needs assessment has highlighted areas for action to reduce overall population alcohol consumption and to reduce harm from alcohol in more vulnerable groups. These are described in the section below.

There should be consideration across all actions of the impact of alcohol on health inequalities. Therefore reduction of health inequality should be considered in all recommendations.

Reduce consumption

- Raising awareness across the population of the Chief Medical Officers low risk alcohol consumption guidelines. Including using social and other media to increase knowledge of the guidelines and support available.
- Encouraging parents and schools to talk about and discourage the use of alcohol with children and enable these conversations, through social and other media and schools.
- Helping people to identify when they are drinking above healthier limits, are problem drinking or are alcohol dependant through encouraging the use of digital screening tools. Raising awareness of where to get support such as online self-help tools or alcohol support services.
- Training professionals and volunteers in Making Every Contact Count (MECC) so they are able to have more conversations around and provide messages on low risk drinking.

Reducing higher risk and problem drinking

- Making alcohol services more appealing and accessible to residents by the most suitable means including digital options. Looking at methods to improve recruitment and retention of addiction staff within the competitive market. Increasing the numbers of higher risk drinkers accessing the service through increasing awareness through professional, volunteers and digital screening tools.

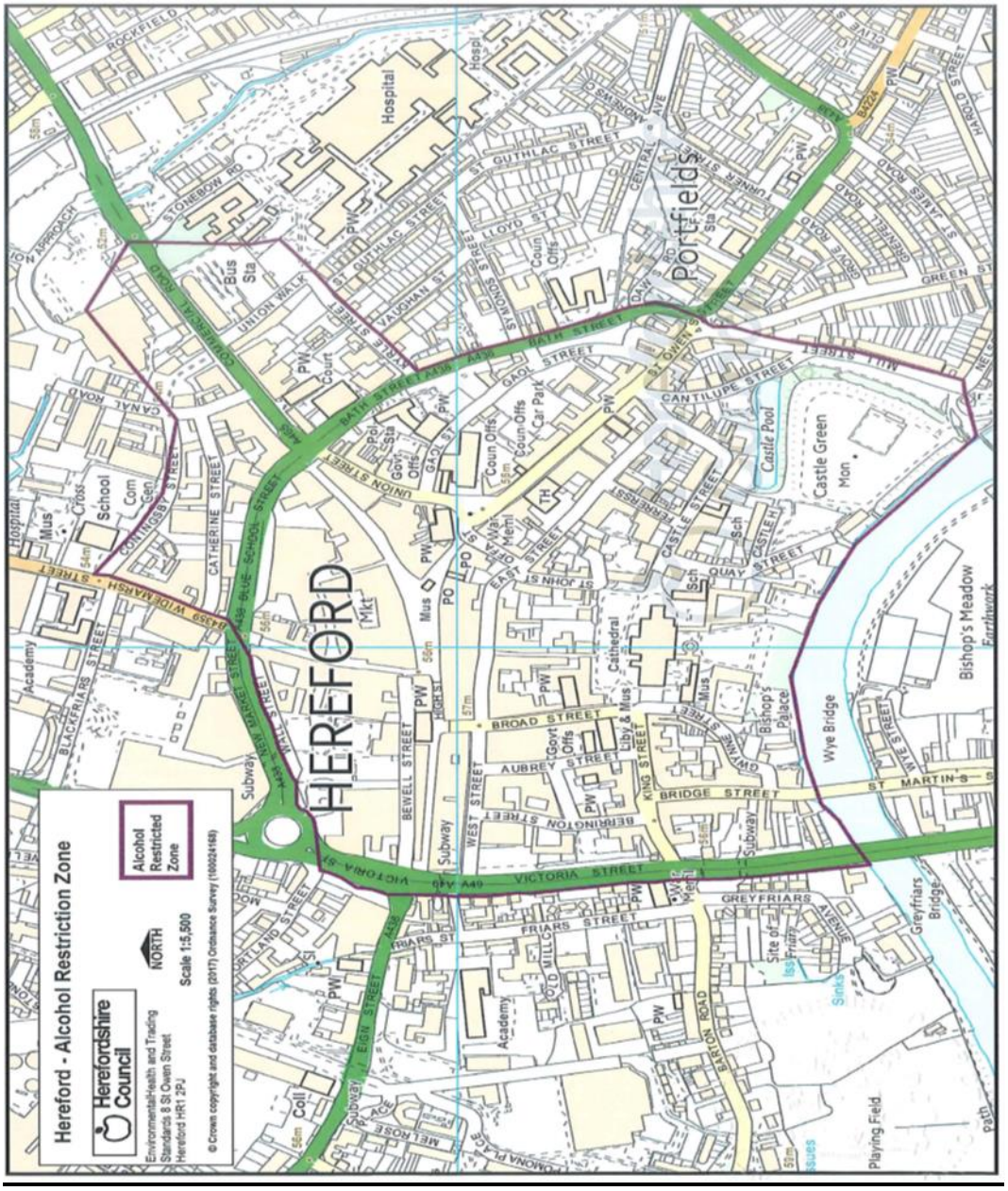
- Reducing the harm caused by problem drinking in adults on children. Through raising awareness of the harms in key professionals to improve identification of parents who need help and through increasing the recording of alcohol problems to increase understanding of the problem.
- Reducing the alcohol related harm for the highest users, through continuing to work with the hospital regarding referral pathways, hospital based activity and with GPs and specialists to ensure that those who are referred but don't access services continue to be offered care appropriate care.
- Raising awareness of drink drive levels across Herefordshire to reduce alcohol related road traffic accidents through social media and through the work of partners.
- Increasing the number of brief interventions resulting from Health Check and the referrals into the alcohol service of health trainer service for those drinking at higher risk levels.

Providing a healthier environment

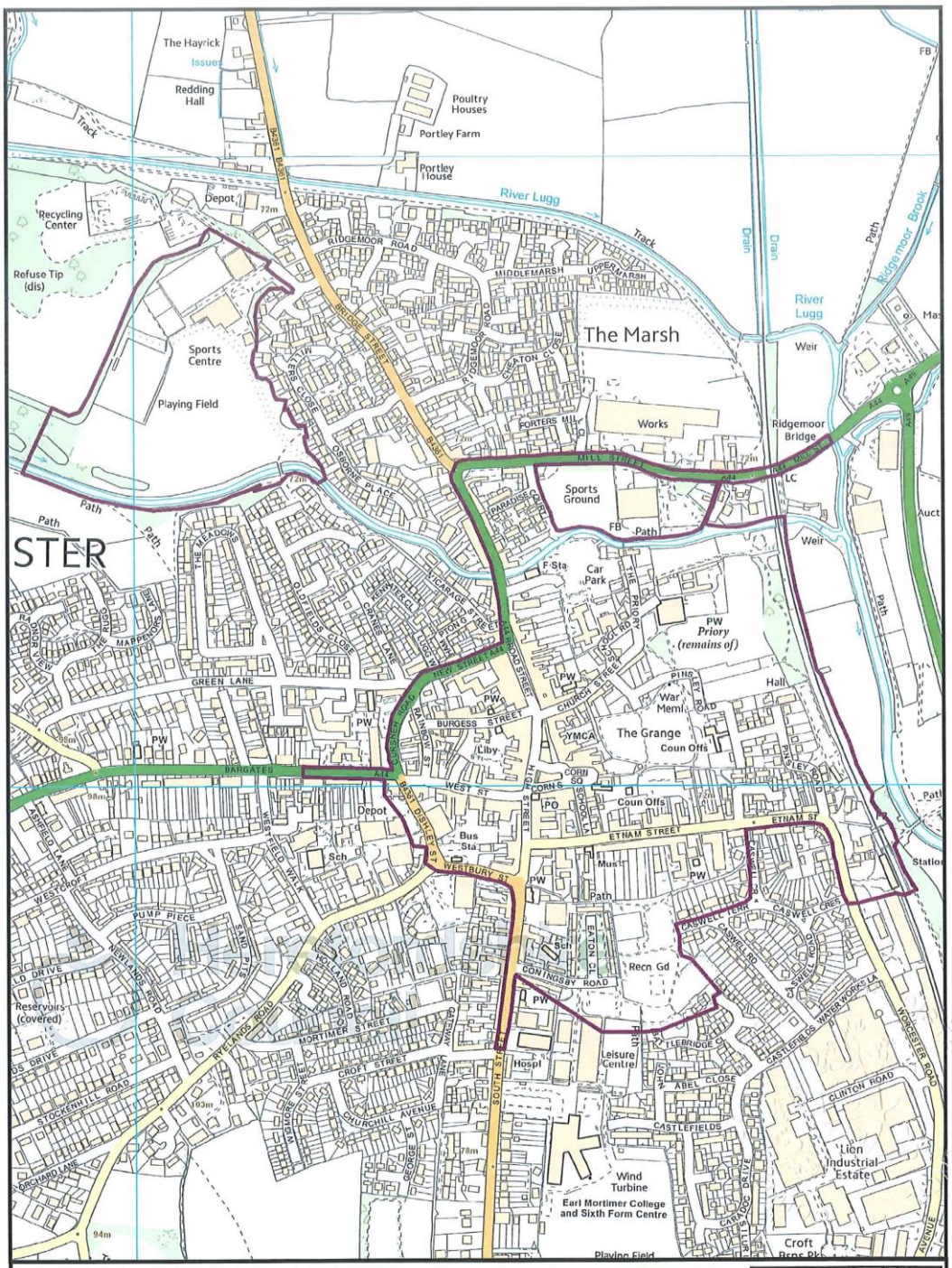
- Creating an environment that promotes responsible drinking by using data and intelligence from services across Herefordshire to enable regulatory services such as licensing to intervene. Including improving the quality and/or identification of alcohol related data held across partners and departments including licensing, social care, police, Hospital and alcohol services and support services such as Health Checks. Including alcohol based questions on surveys such as the young people's survey. Identifying how that data can be used in a Population Health Management approach and to support future placed based initiatives.
- A reduction in alcohol related crime, through continuing to work with partners and business.
- Working with partners in a person centred approach to establish an environment that supports the most vulnerable. Including considering healthier housing options for those addicted to alcohol.
- Developing a substance misuse partnership group to take forward actions as part of the Community Safety Partnership (CSP).

APPENDICES

Appendix 1 PSCO areas




Ledbury Alcohol Restriction Zones
Scale 1:4,000
© Crown copyright and database rights (2017) Ordnance Survey (100024168)
NORTH
Alcohol Restricted Zone
Herefordshire Council
EnvironmentalHealth and Trading Standards 8 St Owen Street Hereford HR1 2PJ
THE HOMEND
HOMEND CRESCENT
BANK CRESCENT
HILLFIELD DRIVE
ORCHARD LANE
ORCHARD RISE
BELLE ORCHARD
ROBINSONS MEADOW
LONG ACRES
LAWNSIDE
BYE STREET
CHURCH STREET
HIGH ST A438
MARKET STREET
QUEEN S CT
WOODLEIGH ROAD
POUND CL
POUND MEADOW
SOUTH PARADE
B4216 UPPER CROSS A449
A449
Recn Gd
Path
Hall
Car Pk
PO
F Sta
Hospl
War Meml
Mus
Govt Offs
PW
Wood
Dog Hill
The Cedars
81m
76m
74m
71m


The Hayrick
Issues
Redding Hall
Poultry Houses
Portley Farm
Portley House
Depot
Recycling Center
Refuse Tip (dis)
River Lugg
Track
Drain
Path
Ridgemoor Brook
RIDGEMOOR ROAD
MIDDLEMARSH
UPPER MARSH
The Marsh
Sports Centre
Playing Field
Works
Ridgemoor Bridge
Weir
MILL STREET
Sports Ground
FB
Path
STER
Car Park
PW
Priory (remains of)
GREEN LANE
NEW STREET
WEST ST
BURGESS STREET
BARGATES
War Meml
YMCA
The Grange
Coun Offs
Hall
Depot
Bus Sta
Sch
WESTBURY ST
ETNAM STREET
Mus
Recn Gd
CONINGSBY ROAD
Reservoirs (covered)
MORTIMER STREET
CROFT STREET
Hospl
Leisure Centre
CASTLEFIELDS
CLINTON ROAD
Lion Industrial Estate
Wind Turbine
Earl Mortimer College and Sixth Form Centre
Playing Field
Croft
Leominster Alcohol Restriction Zones
Scale 1:7,500
NORTH
Alcohol Restricted Zone
Herefordshire Council
EnvironmentalHealth and Trading Standards 8 St Owen Street Hereford HR1 2PJ
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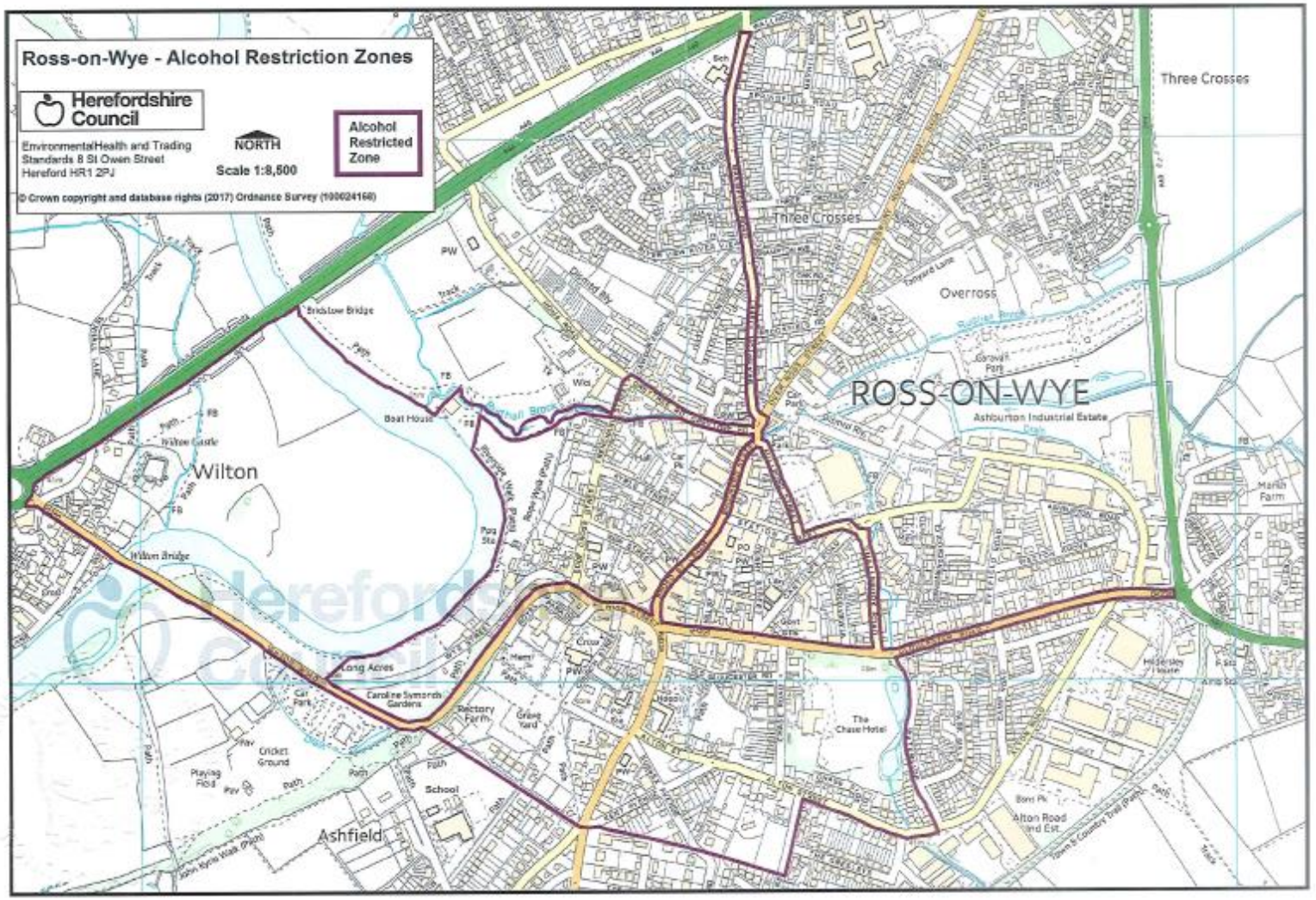
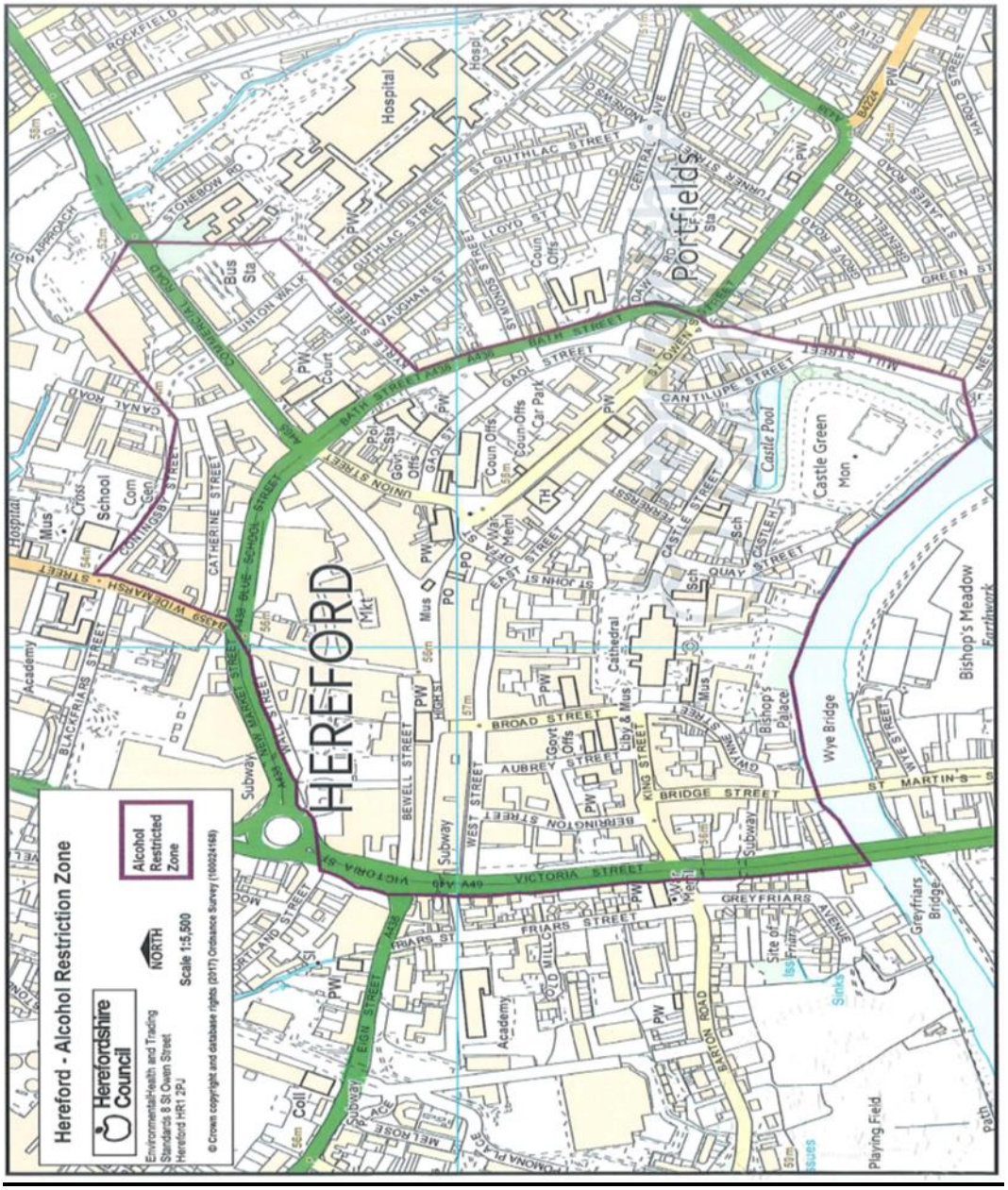
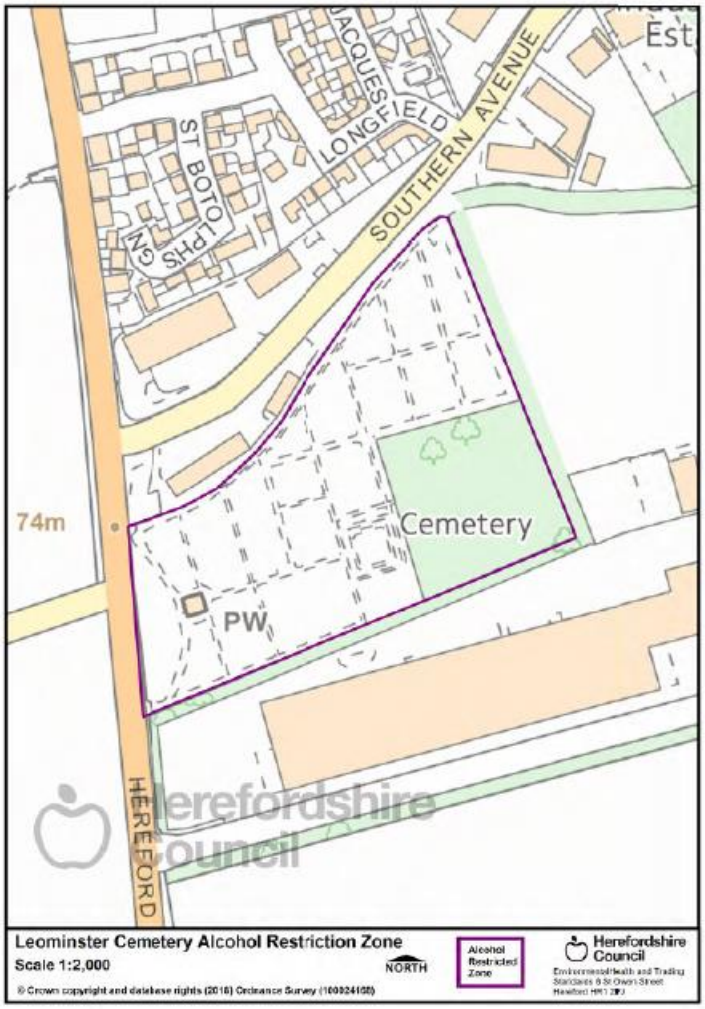
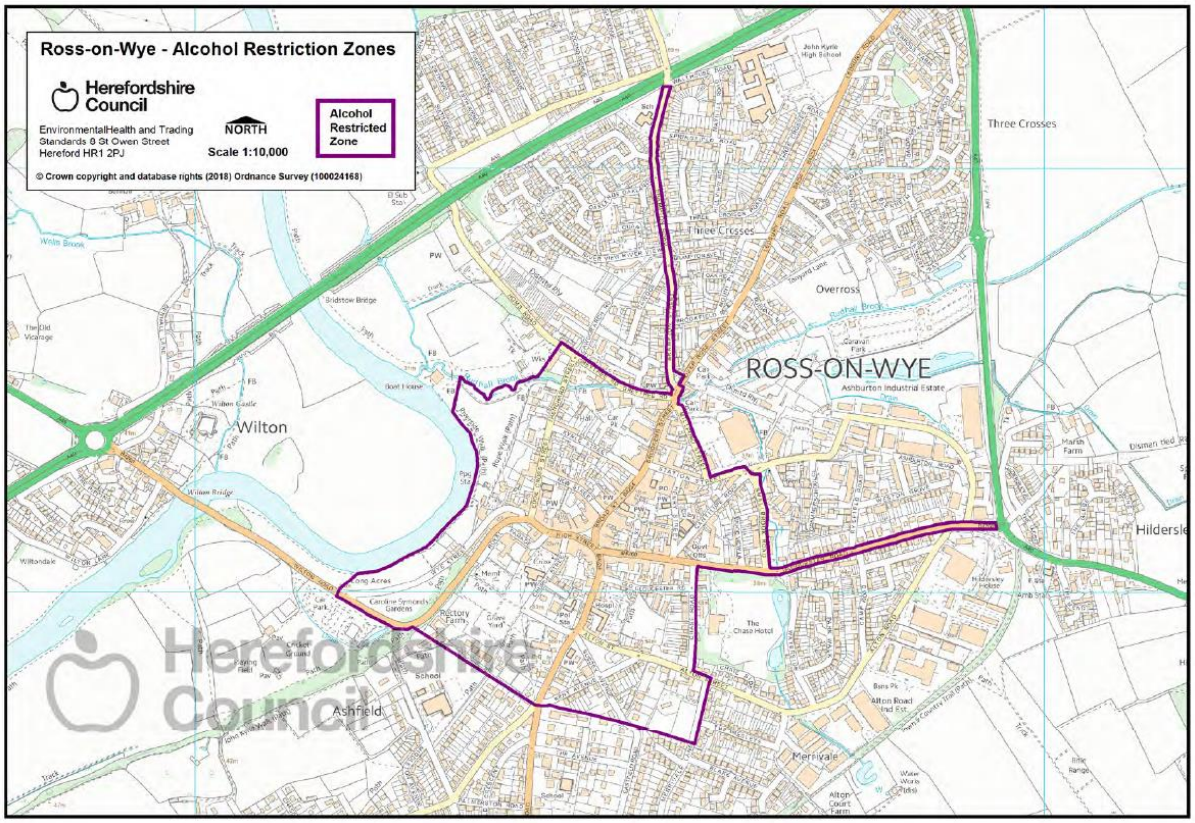
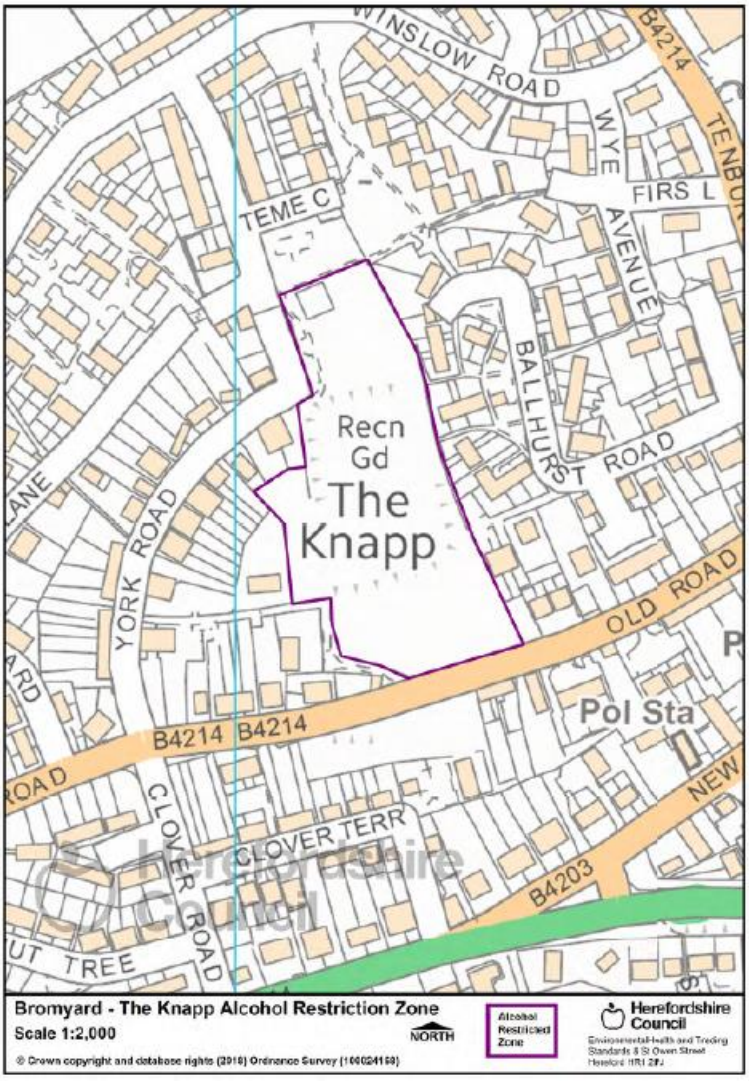

Ross-on-Wye - Alcohol Restriction Zones
Herefordshire Council
EnvironmentalHealth and Trading Standards 8 St Owen Street Hereford HR1 2PJ
NORTH
Scale 1:8,500
Alcohol Restricted Zone
© Crown copyright and database rights (2017) Ordnance Survey (100024168)
Three Crosses
Overross
ROSS-ON-WYE
Ashburton Industrial Estate
Wilton
Wilton Castle
Wilton Bridge
Brookfield Bridge
Boat House
Long Acres
Caroline Symonds Gardens
Rectory Farm
Grove
The Chase Hotel
Cricket Ground
Playing Field
School
Ashfield
Alton Road Ind Est
Marsh Farm


Hereford - Alcohol Restriction Zone
Herefordshire Council
Environmental Health and Trading Standards 8 St Owen Street Hereford HR1 2PJ
NORTH
Scale 1:5,500
Alcohol Restricted Zone
© Crown copyright and database rights (2017) Ordnance Survey (100024168)
HEREFORD
Portfields
Hospital
BATH STREET
VICTORIA STREET
BROAD STREET
BRIDGE STREET
ST MARTIN'S
GREYFRIARS AVENUE
Castle Green
Bishop's Meadow
Wye Bridge
Greyfriars Bridge
Cathedral
Bishop's Palace
Playing Field

Appendix 2 Proposed PCSO areas




Ross-on-Wye - Alcohol Restriction Zones
Herefordshire Council
EnvironmentalHealth and Trading Standards 8 St Owen Street Hereford HR1 2PJ
NORTH
Scale 1:10,000
Alcohol Restricted Zone
© Crown copyright and database rights (2018) Ordnance Survey (100024168)
ROSS-ON-WYE
Wilton
Three Crosses
Overross
Ashfield
Merrivale
Herefordshire Council


WINSLOW ROAD
B4214
WYE
FIRS L
TEME C
AVENUE
BALLHURST ROAD
Recn Gd
The Knapp
YORK ROAD
OLD ROAD
B4214 B4214
Pol Sta
CLOVER TERR
CLOVER ROAD
B4203
Bromyard - The Knapp Alcohol Restriction Zone
Scale 1:2,000
NORTH
Alcohol Restricted Zone
Herefordshire Council
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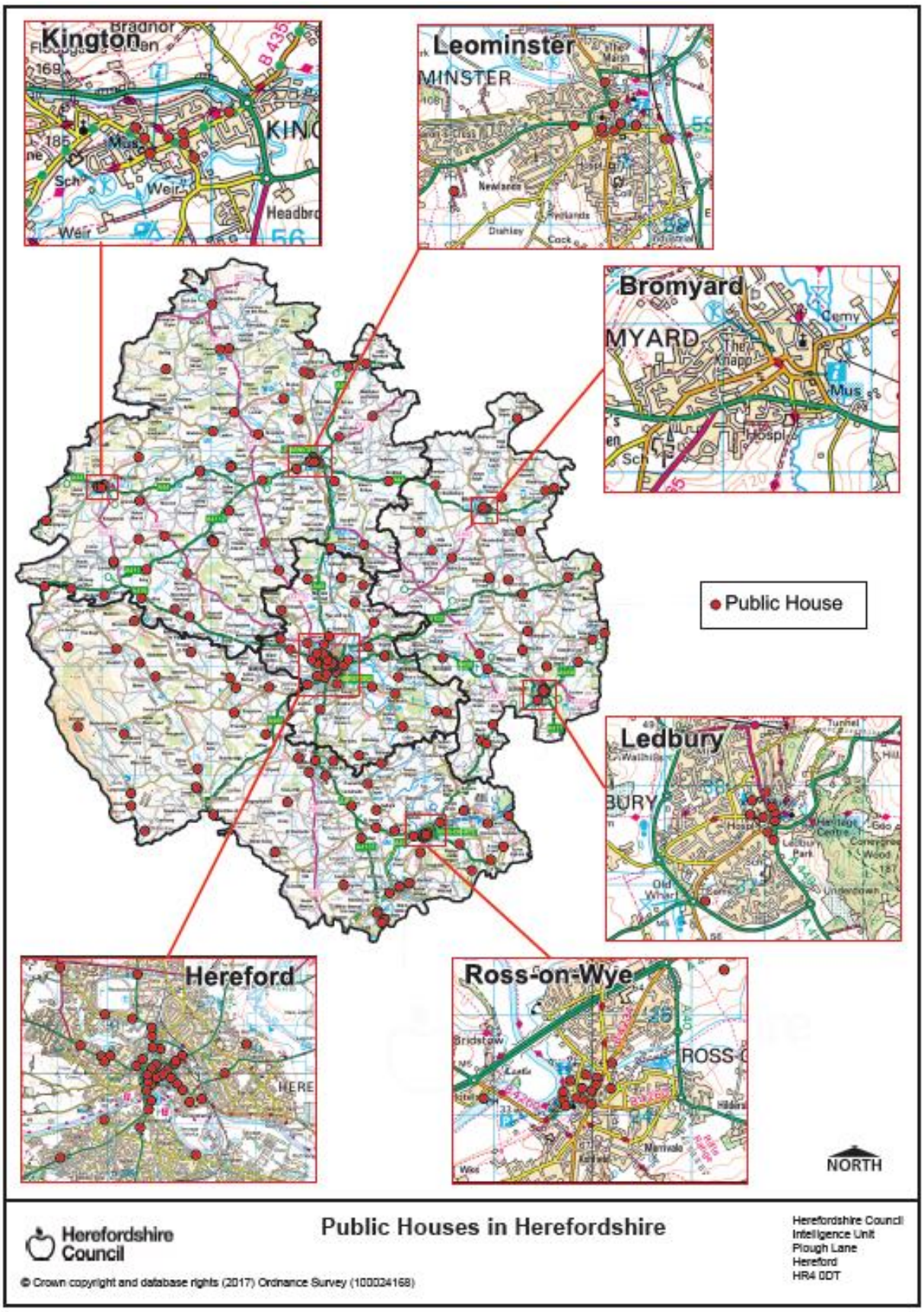
Appendix 3 Distribution of Public Houses



Appendix 4

Mandatory conditions where licence authorises supply of alcohol

No supply of alcohol may be made under the premises licence-

(a) at a time when there is no designated premises supervisor in respect of the premises licence, or
(b) at a time when the designated premises supervisor does not hold a personal licence or his personal licence is suspended.

Every supply of alcohol under the premises licence must be made or authorised by a person who holds a personal licence.

Sale of alcohol below permitted price

A relevant person shall ensure that no alcohol is sold or supplied for consumption on or off the premises for a price which is less than the permitted price.

Door supervision

Each individual required to carry out a security activity must be licensed by the Security Industry Authority

The Licensing Act 2003 (Mandatory Licensing Conditions) (Amendment) Order 2014 – 01/10/2014

Irresponsible promotions

The responsible person must ensure that staff on relevant premises do not carry out, arrange or participate in any irresponsible promotions in relation to the premises.

The responsible person must ensure that free potable water is provided on request to customers where it is reasonably available.

Age verification

- The premises licence holder or club premises certificate holder must ensure that an age verification policy is adopted in respect of the premises in relation to the sale or supply of alcohol.
- The designated premises supervisor in relation to the premises licence must ensure that the supply of alcohol at the premises is carried on in accordance with the age verification policy.
- The policy must require individuals who appear to the responsible person to be under 18 years of age (or such older age as may be specified in the policy) to produce on request, before being served alcohol, identification bearing their photograph, date of birth and either—

  (a)a holographic mark, or (b)an ultraviolet feature.

Smaller measures

- The responsible person must ensure that—

  (a) where any of the following alcoholic drinks is sold or supplied for consumption on the premises (other than alcoholic drinks sold or supplied having been made up in advance ready for sale or supply in a securely closed container) it is available to customers in the following measures—

  i. (i)beer or cider: ½ pint;
  ii. (ii)gin, rum, vodka or whisky: 25 ml or 35 ml; and
  iii. (iii)still wine in a glass: 125 ml;

  (b) these measures are displayed in a menu, price list or other printed material which is available to customers on the premises; and

  (c) where a customer does not in relation to a sale of alcohol specify the quantity of alcohol to be sold, the customer is made aware that these measures are available."