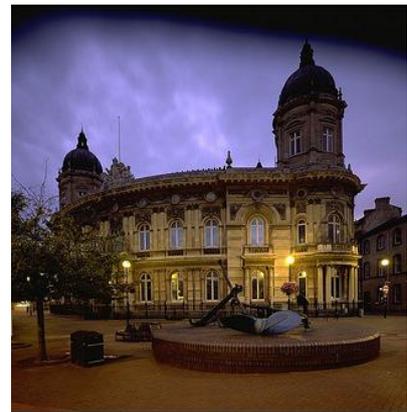


Alcohol use in Hull:

Summary



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Key points/headlines

- There are more than 600 admissions to hospital per year in Hull caused by alcohol, with a further 1,500 admissions where alcohol is a contributory factor
- 39% of secondary school pupils had been drunk at least once, while in year 11 (aged 15-16 years) 20% of boys and 32% of girls got drunk at least once a month
- 14% of girls and 7% of boys in year 11 reported drinking above the recommended maximum amounts for adults (men: 21 units; women: 14 units)
- More girls in year 11 exceeded the recommended maximum guideline amounts of alcohol for adult women than any age group in the 2011-12 adult survey
- One fifth of pupils bought alcohol from shops, pubs or clubs
- Two fifths of pupils were given alcohol by their parents or carers
- About 41,000 adults in Hull binge drink at least once a week, of whom 18,600 also drink more than the recommended weekly maximum amount of alcohol
- About 51,000 adults in Hull are 'problem drinkers', regularly binge drinking and / or drinking above recommended maximum guideline amounts of alcohol
- Percentages of adults binge drinking in Hull were higher than for England, while percentages drinking above the maximum weekly guideline amounts were lower than for England

Contents

Key points/headlines	i
Introduction	1
Alcohol as a risk factor for ill health	1
Hospital admissions due to alcohol abuse	2
Mortality from alcohol abuse	3
Alcohol use among young people in 2012.....	5
Alcohol use among adults in 2011-12	8
Estimated numbers of 'problem drinkers' in Hull	13
Local Alcohol Profile for England	14
Alcohol strategy.....	15
Further Information.....	17

Introduction

This brief report on alcohol use in Hull uses data collected from health and lifestyle surveys in Hull of both adults and young people in secondary school. The full reports from each of the surveys may be found at www.hullpublichealth.org. Also included in this report is a summary of information that is available from the Hull JSNA at www.jsnaonline.org

Alcohol as a risk factor for ill health

Alcohol is a risk factor for some cancers, particularly of the colon and breast, and excessive alcohol consumption can lead to liver damage, stomach problems, fatal alcohol poisoning, increased risk of cardiovascular disease, etc¹. There are also more short-term effects such as dizziness, falling over, being sick, injuries resulting from accidents and violence, hangovers, impotence, memory loss, etc. There is some evidence that people who drink moderately and who do not binge drink may have a lower risk for cardiovascular disease compared to people who never drink, but people who drink excessively or binge drink increase their risk. However, this could be related to health status in that people who have poorer health, who may be more likely to have cardiovascular disease, are more likely to never drink. Therefore the association between alcohol and health is more complex, but it is clear that excessive alcohol consumption and binge drinking are both risk factors for cardiovascular disease, some cancers and liver disease.

¹ More information can be found at the NHS Choices website (www.nhs.uk)

Hospital admissions due to alcohol abuse

During the three financial years 2008/09 to 2010/11 there were 1,832 hospital admissions among Hull residents where the primary diagnosis was alcohol-related (**Table 1**). The age-standardised admission rate among men was two and a half times higher than for women. The age-standardised rate of alcohol related admissions in Riverside was almost twice as high as the Hull average for men, and two thirds higher than the Hull average for women. Riverside includes the city centre, and it is possible that there are some individuals who are admitted and picked up by police or ambulance from the city centre who, if they do not provide their home address and postcode, may have the location they were picked up from recorded as their place of residence, and this may have a small impact on rates. Most of Hull's hostels for homeless people or otherwise vulnerable adults are located within Riverside. It is likely that alcohol use amongst some of these groups will be higher than average, and consequently so will hospital admission rates for alcohol-related causes. However, it is not known the degree to which these factors may influence the high alcohol-related admission rates.

Table 1 Total three year admissions and annual average age-standardised alcohol-related (primary diagnosis only) inpatient admission rate per 100,000 residents (DSR), financial years 2008/09 to 2010/11

Area	Total three year admissions and annual average DSR per 100,000 Hull residents (alcohol-related primary diagnosis only), 2008/09 to 2010/11 (95% CI)			
	Men		Women	
	N	DSR	N	DSR
North Carr	100	236 (192, 288)	44	106 (77, 143)
Northern	158	317 (269, 370)	39	82 (58, 113)
North Hull	258	278 (245, 314)	83	93 (74, 115)
East	127	215 (179, 256)	57	105 (79, 136)
Park	208	310 (269, 355)	67	104 (80, 132)
East Hull	409	278 (252, 306)	146	106 (89, 125)
Riverside*	528	622 (570, 678)	148	214 (181, 252)
West	107	194 (159, 234)	68	126 (97, 160)
Wyke	111	205 (168, 248)	68	147 (113, 187)
West Hull	672	386 (358, 417)	262	172 (152, 195)
HULL	1,340	323 (306, 341)	492	130 (119, 142)

*1 ward is within East Hull, the remaining 3 are within West Hull

There are many more instances where patients are admitted into hospital for a non-alcohol related primary diagnosis, but have an alcohol related secondary² diagnosis. During the three financial years 2008/09 to 2010/11 there were 6,282 hospital admissions where the primary diagnosis, or at least one of the secondary diagnoses that was alcohol-related (**Table 2**).

² Up to four secondary diagnosis codes are recorded for the hospital episode statistics.

As seen for primary diagnoses only, the age-standardised rate of alcohol-related admissions was more than twice as among men than women. For both men and women, the age-standardised alcohol-related admission rate was considerably higher in Riverside than the Hull average (81% higher among men and 72% higher among women).

Table 2 Total three year admissions and annual average age-standardised alcohol-related (primary or secondary diagnosis) inpatient admission rate in Hull, financial years 2008/09 to 2010/11

Area Committee Area	Total three year admissions and annual average DSR per 100,000 Hull residents (alcohol-related primary or secondary diagnosis), 2008/09 to 2010/11 (95% CI)			
	Men		Women	
	N	DSR	N	DSR
North Carr	346	814 (730, 905)	199	481 (415, 553)
Northern	534	1,060 (971, 1,155)	149	304 (256, 357)
North Hull	880	941 (879, 1,006)	348	380 (341, 423)
East	516	881 (806, 961)	225	404 (352, 461)
Park	653	966 (893, 1,043)	266	406 (358, 458)
East Hull	1,411	957 (907, 1,008)	594	424 (390, 459)
Riverside*	1,632	1,924 (1,830, 2,021)	577	824 (757, 894)
West	359	631 (567, 701)	211	389 (338, 446)
Wyke	389	713 (642, 790)	223	460 (400, 526)
West Hull	2,138	1,228 (1,176, 1,282)	908	584 (546, 624)
HULL	4,431	1,063 (1,032, 1,095)	1,851	478 (456, 500)

*1 ward is within East Hull, the remaining 3 are within West Hull

Mortality from alcohol abuse

Whilst cirrhosis can be caused by Hepatitis B, C and D and other genetic disorders such as diabetes or Wilson's disease, a common cause is alcoholism. From the NHS Information Centre Indicator Portal, mortality from chronic liver disease including cirrhosis is given in **Table 3** for Hull and comparator PCTs for 2008-2010 from the NHS Information Centre Indicator Portal³.

Where the number dying in any age group is less than three the data are not presented due to confidentiality reasons. The mortality rate in Hull overall (all ages) is lower than the Industrial Hinterlands⁴ average and the average of the 10 comparators⁵ for both men and women. However, the total number of deaths is relatively small. In Hull, there were only 20 and 11 deaths for men and women respectively over the three year period, giving an annual average of 6.7 and 3.7 deaths respectively.

³ <http://indicators.ic.nhs.uk> (not all information is available to public view)

⁴ The group of local authorities to which Hull is assigned by the Office for National Statistics for analytical purposes, one of twelve such groups

⁵ The 10 local authorities that are most similar to Hull on a range of indicators

Table 3 Mortality from chronic liver disease including cirrhosis for 2006-2008 in Hull and comparator areas

Area	Mortality from chronic liver disease including cirrhosis per 100,000 population, 2008-2010							
	Males, aged (years)				Females, aged (years)			
	35-64	65-74	75+	All ages	35-64	65-74	75+	All ages
England	26.2	30.2	21.0	14.9	12.6	17.0	13.9	8.1
Hull	37.2	*	*	16.8	14.4	*	*	7.6
Yorkshire and Humber SHA	27.0	25.1	15.7	14.4	11.9	14.4	15.5	7.8
Industrial Hinterlands	39.8	39.1	24.5	22.4	20.4	21.4	15.6	12.5
Comparator areas average	42.9	43.1	17.5	21.7	19.9	23.7	16.8	11.4

*Rates too small to present (N<3).

The NHS Information Centre Indicator Portal only examines this single alcohol-related disease. As mentioned above, cirrhosis can be caused by Hepatitis B, C and D and other genetic disorders such as diabetes or Wilson's disease, so alcohol may not be a factor for all people dying of chronic liver disease. There are also other alcohol-related causes of death. It is possible to examine this wider range of alcohol-related causes of death using the cause of death from the Public Health Mortality File. The total number of deaths (over all ages) registered over the three year period 2009-2011 and the average annual directly standardised mortality rate (DSR) per 100,000 persons are given in **Table 4** for men and women respectively.

The total number of deaths were small; only 95 in total with an average of 22 deaths per year in men and ten deaths per year in women. The 95% confidence intervals are given for the DSRs and it is more important to examine these rather than the actual DSRs as, due to the small number of deaths, the confidence intervals are wide suggesting uncertainty associated with the DSR estimates. Of the 66 deaths among men, 29 were registered during 2009 with 19 registered in 2010 and 18 in 2008. The majority of these deaths were due to alcoholic liver disease (n=54) or mental and behavioural disorders due to use of alcohol (n=7) which includes acute intoxication, harmful use and dependence syndrome. A further three deaths were classified as accidental poisoning by and exposure to alcohol. All but one of the alcohol-related deaths for women were due to alcoholic liver disease (n=25) or mental and behavioural disorders due to use of alcohol (n=3).

Table 4 Deaths in Hull from alcohol-related diseases and medical conditions 2009-2011 and average annual directly age-standardised rates (DSR)

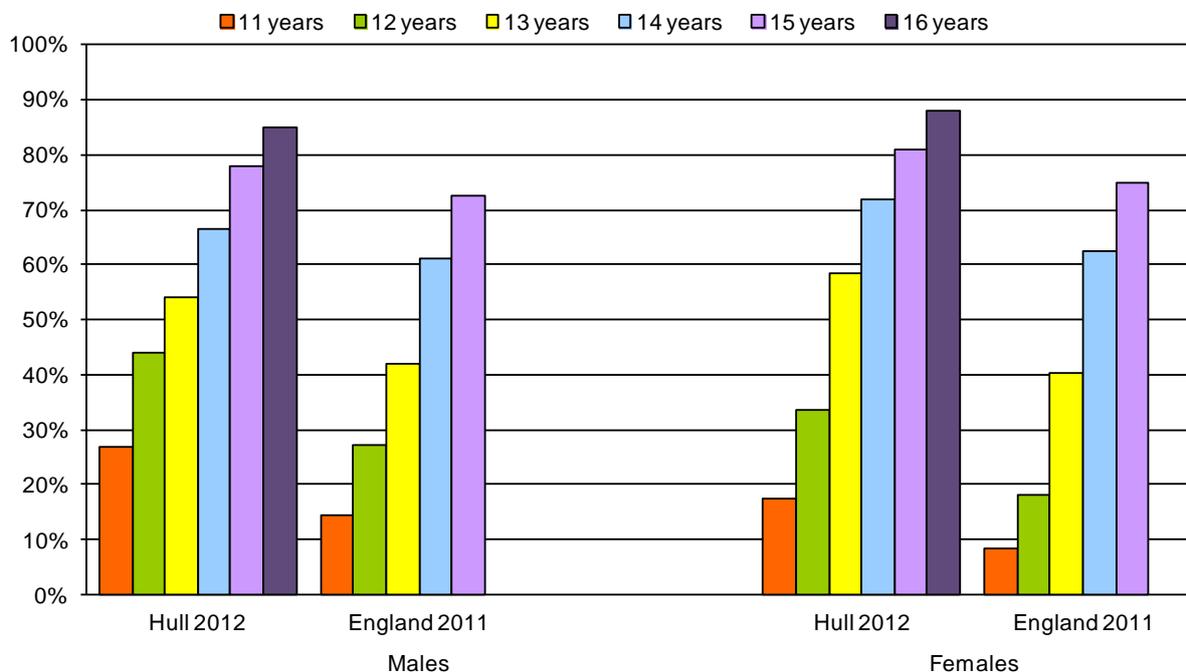
Locality	Deaths from alcohol-related diseases and medical conditions in Hull 2009-11			
	Men		Women	
	Total number 2009-2011	Average annual DSR per 100,000 men	Total number 2009-2011	Average annual DSR per 100,000 women
North	15	17.5 (9.8 to 28.9)	3	3.3 (0.7 to 9.6)
East	25	16.6 (10.7 to 24.6)	7	5.0 (2.0 to 10.4)
West	26	15.6 (10.2 to 22.9)	19	12.5 (7.5 to 19.6)
HULL	66	16.3 (12.6 to 20.8)	29	7.7 (5.2 to 11.1)

Alcohol use among young people in 2012

62% of boys and girls overall had had an alcoholic drink, with percentages higher among girls than boys in each of years 9 to 11 (aged 13-14 to 15-16 years), with percentages increasing with school year from 30% of boys and 20% of girls in year 7 (aged 11-12 years) to 82% of boys and 89% of girls in year 11.

Comparing with England 2011 (in pupils aged 11 to 15 years only), more boys and girls at each age in Hull had had an alcoholic drink than in England (**Figure 1**), with 61% of boys and girls in Hull aged 11-15 years having had an alcoholic drink, compared to 46% of boys and 44% of girls in England.

Figure 1 Ever had an alcoholic drink by age and gender, Hull 2012 and England 2011



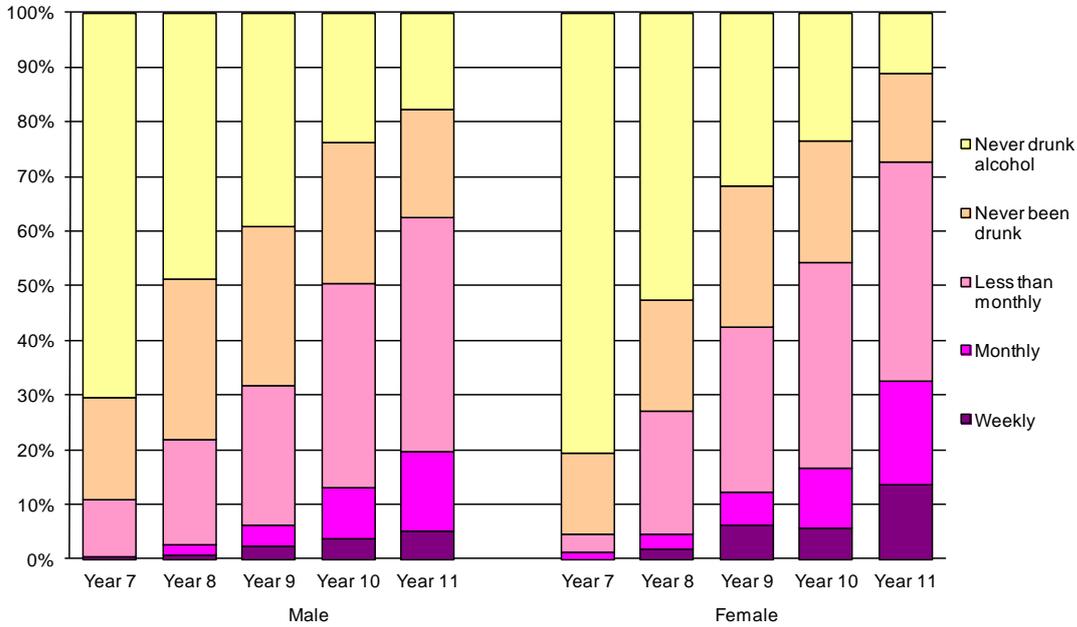
Age-adjusted percentages reporting they had had an alcoholic drink in Hull decreased among boys and girls in 2012 compared with 2008-09. Decreases were seen among boys in years 7, 9 and 11 (aged 11-12, 13-14 and 15-16 years), while among girls decreases were seen for each school year apart from year 8 (aged 12-13 years).

Percentages of pupils reporting they had ever been drunk (**Figure 2**) increased with school year from 11% of boys and 5% of girls in year 7 to 63% of boys and 73% of girls in year 11. Almost one third of boys and almost half of girls in year 11 that had ever been drunk reported getting drunk at least once a month.

Recommended guidelines on the maximum amount of alcohol that should be consumed each week (21 units for men and 14 units for women) were exceeded by

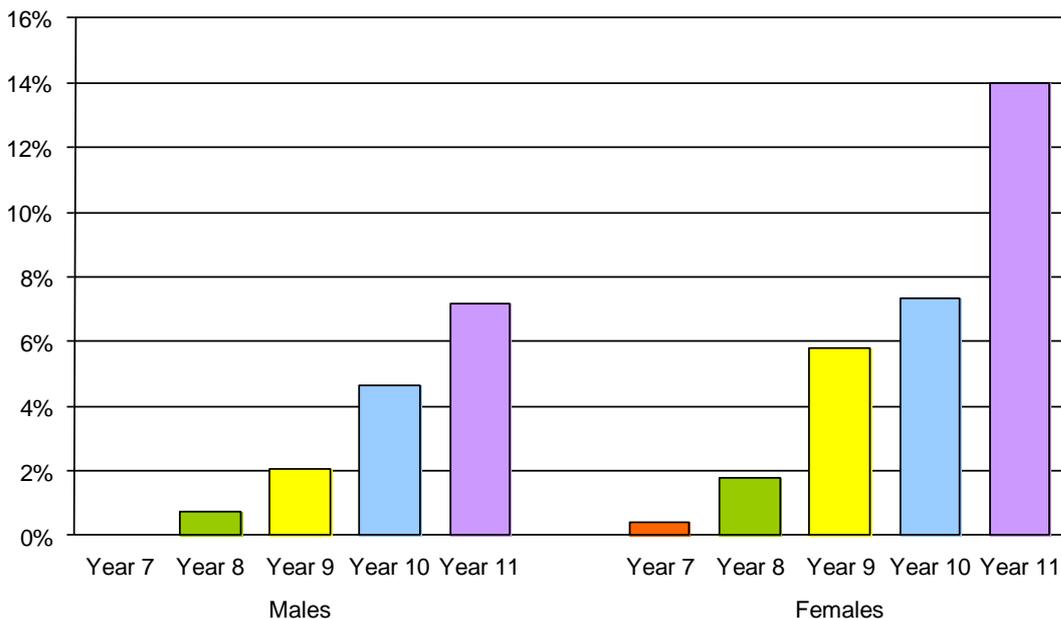
3% of boys and 6% of girls overall, in the week before completing the survey (**Figure 3**). While few in the younger year groups exceeded these amounts, by year 11 7% of boys and 14% of girls had done so.

Figure 2 How often do you get drunk, by gender and school year



The percentage of girls in year 11 exceeding the recommended maximum amount of alcohol for adults in the past week was higher than for women of each age-band reported in the 2011-12 adult survey.

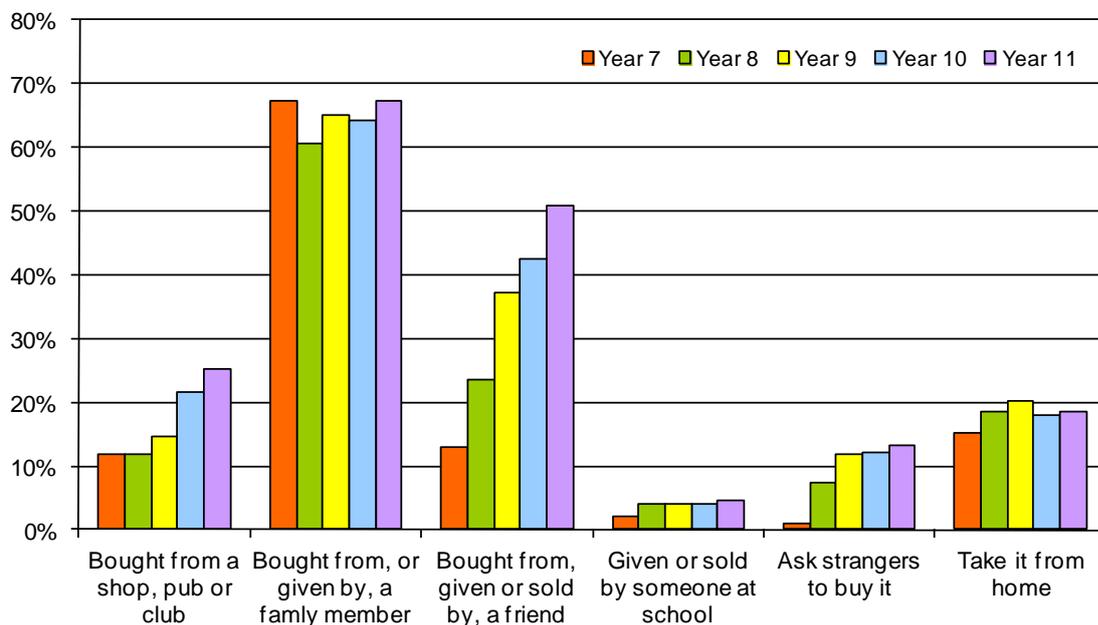
Figure 3 Percentage of pupils drinking more alcohol over the past week than the recommended guideline amounts for adults (more than 21 units males; more than 14 units females) by gender and school year



Looking at pupils aged 11 to 15 years that had drunk alcohol in the past week, 25% of boys and 29% of girls in Hull in 2012 had consumed 15 or more units of alcohol in the previous week, compared with 25% of boys and 18% of girls in England and 26% of boys and 17% of girls in Hull in 2008-09.

Almost one fifth of pupils reported buying alcohol from shops, pubs or clubs (**Figure 4**). 11% of girls and 8% of boys asked strangers to buy alcohol for them. Two fifths of pupils (42% of boys and 39% of girls) had alcohol given to them by their parents or carers.

Figure 4 How pupils source their alcohol from (broad categories), by school year



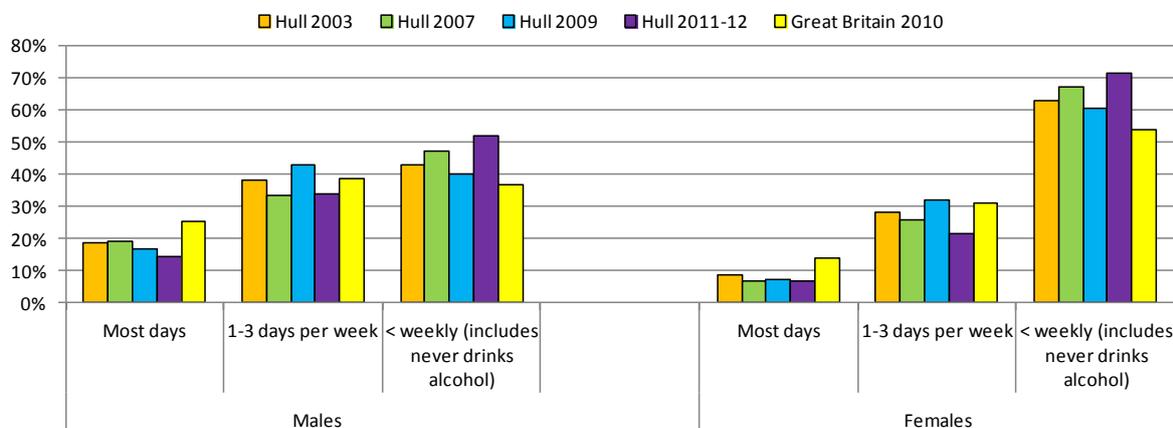
Pupils most commonly drank alcohol at their home (66% of boys and 55% of girls) or at their friends' homes (39% of boys and 52% of girls), with only around a fifth of pupils drinking alcohol in public places (21% of girls and 16% of boys), despite the widespread media-driven public perceptions to the contrary.

Comparing pupils aged 11-15 years with England, Hull pupils were 20% more likely to drink alcohol at their home, 40% more likely to drink alcohol at the home of a friend or relative, and 53% more likely to drink alcohol at a pub or bar than in England, while they were 10% less likely to drink alcohol in public places.

Alcohol use among adults in 2011-12

Men and women in Hull drink alcohol less frequently than men and women in Great Britain (**Figure 5**). While 64% of men and 45% of women in Great Britain in 2010 drank alcohol at least once a week, in Hull 2011-12 the equivalent figures were 48% of men and 28% of women. The percentage of men drinking alcohol on most days in Hull was more than one third lower than for Great Britain, with the percentage of women drinking alcohol on most days half that for women in Great Britain. Percentages in Hull 2011-12 drinking on most days was lower than for each of the preceding surveys, with 2011-12 the first time fewer than half of men drank alcohol at least once a week and fewer than one third of women did so.

Figure 5 Frequency of drinking alcohol, Hull 2011-12 and Great Britain 2010



The recommended weekly maximum amounts of alcohol to be consumed in a week are 21 units of men and 14 units for women. In 2011-12 one in six men and one in ten women exceeded these recommendations, based on adding up all the units of alcohol they reported drinking in the week before completing the survey (**Figure 6**). The youngest respondents were the most likely to exceed these recommendations, followed by those aged 35-44 years, after which percentages decreased with age. Respondents living in the most deprived fifth of areas of Hull were the least likely to exceed these weekly limits, while those living in the least deprived fifth of areas of the city were the most likely (percentages two thirds higher than in the most deprived areas). Wyke had the highest percentage exceeding these weekly limits (17%) followed by West (14%).

We can compare the 2011-12 figures for Hull with those for 2010 from England. The percentages of men and women in Hull exceeding the weekly alcohol limits were 39% and 43% lower respectively than the percentages of men and women in England as a whole (**Figure 7**).

Figure 6 Percentages drinking more than the maximum recommended amount of alcohol in the past week (>21 units men, >14 units women)

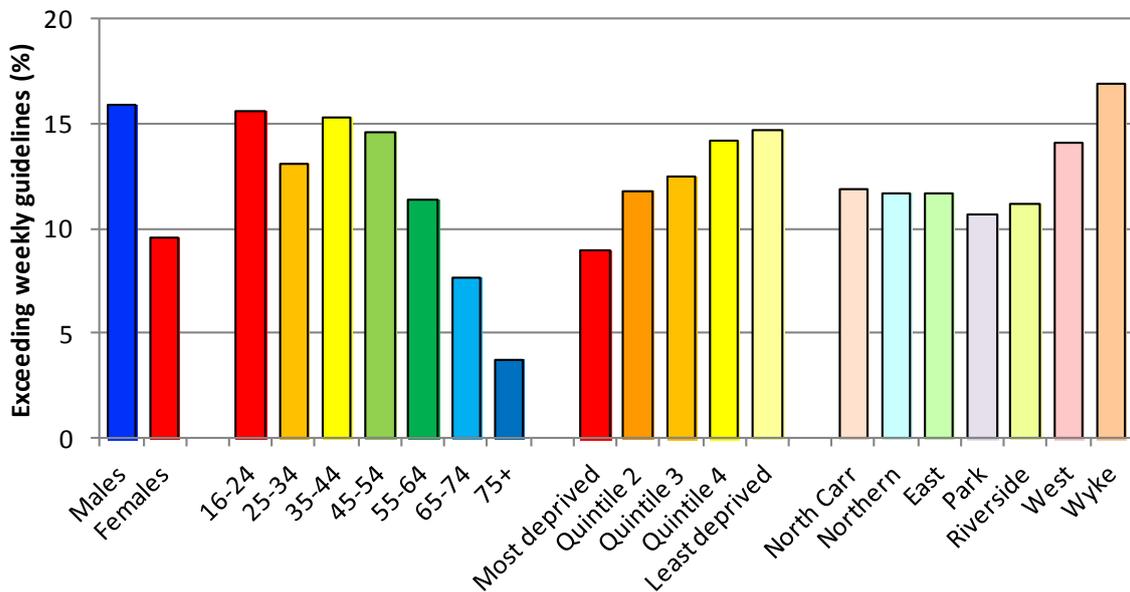
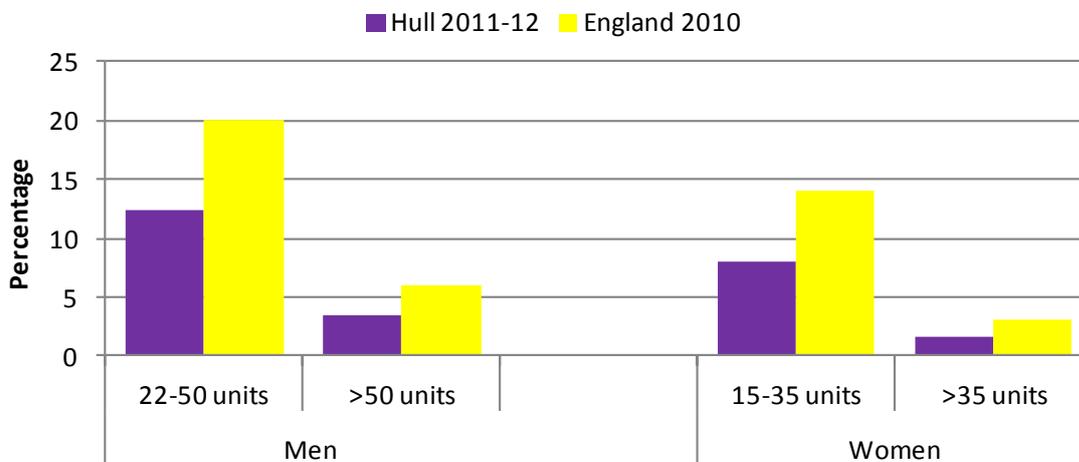


Figure 7 Percentages drinking more than the maximum recommended amount of alcohol, Hull 2011-12 and England 2010

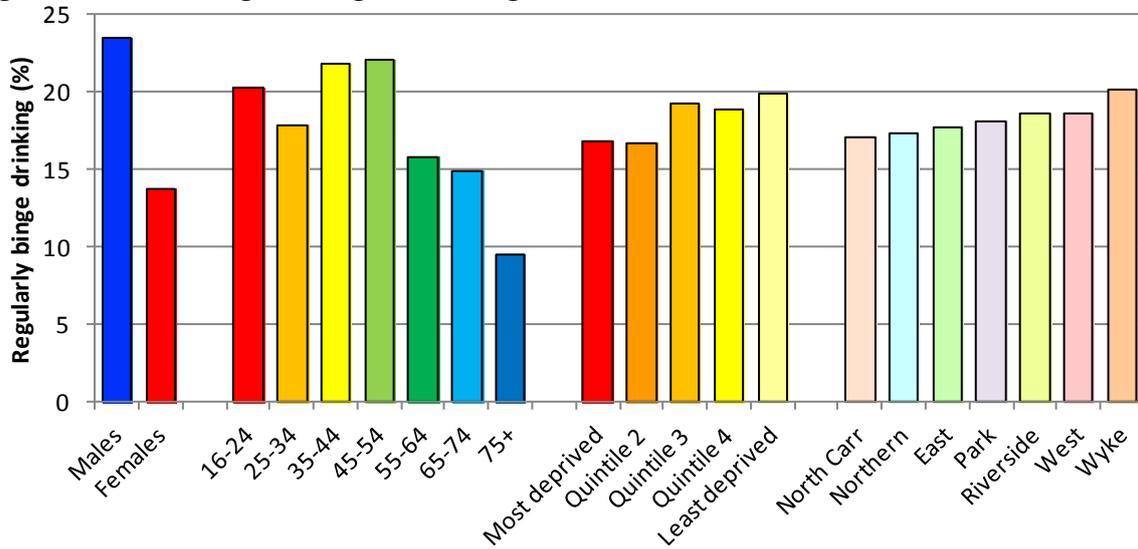


The definition of binge drinking is based on the level of alcohol consumed in one day that has a detrimental impact on health. A person is deemed to binge drink if they consume more than 8 units of alcohol (men) or 6 units of alcohol (women) in a single day. Regular binge drinkers have been defined here as those that exceed these limits on at least one day every week.

Almost one in four men in Hull 2011-12 reported regularly binge drinking, as did one in seven women (**Figure 8**). One in five respondents aged 16-24 years reported regularly binge drinking, but the highest percentages were seen in those aged 35-44 years and 45-54 years (22% each). Regular binge drinking percentages were lowest among respondents living in the two most deprived fifths of areas of Hull at 17%,

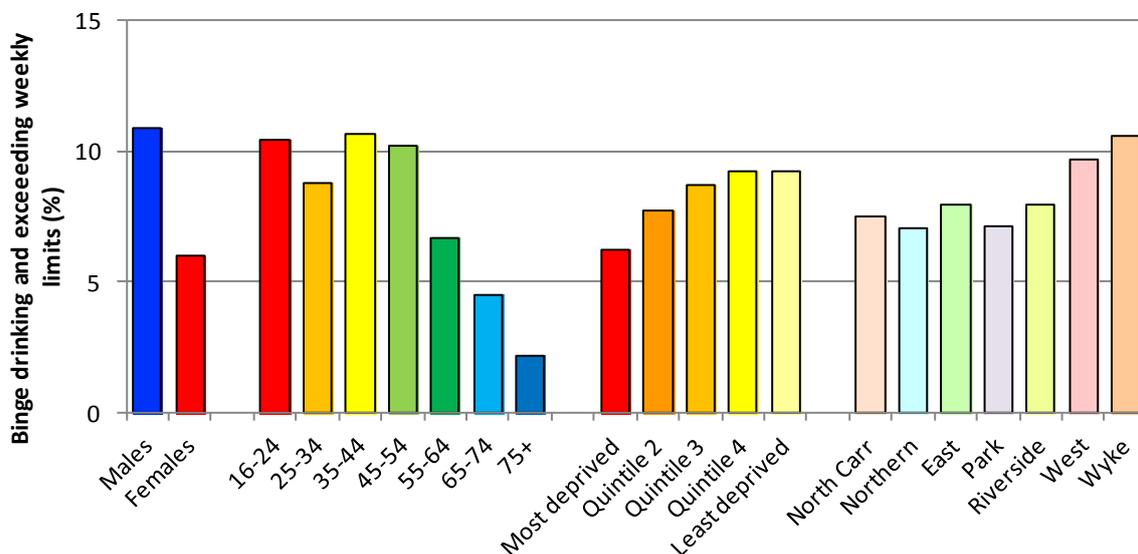
compared with 19% to 20% in other areas of Hull. The percentages of respondents regularly binge drinking were highest among those living in Wyke, one fifth higher than for North Carr, which had the lowest percentage regularly binge drinking.

Figure 8 Percentages binge drinking at least once a week



One in nine men and one in sixteen women in Hull reported both regularly binge drinking **and** exceeding maximum weekly guideline amounts of alcohol (**Figure 9**). Percentages were higher among younger respondents, as well as those aged 35-54 years, after which percentages decreased rapidly with age to just over 2% of respondents aged 75 years and older. Percentages both binge drinking regularly **and** exceeding weekly guidelines were lowest amongst respondents living in the most deprived fifth of areas of Hull, one third lower than found in respondents living in the two least deprived fifth of areas of the city. Percentages were highest among residents of Wyke, half as high again as among residents of Northern and Park Area Committee Areas.

Figure 9 Percentages regularly binge drinking and exceeding weekly guidelines

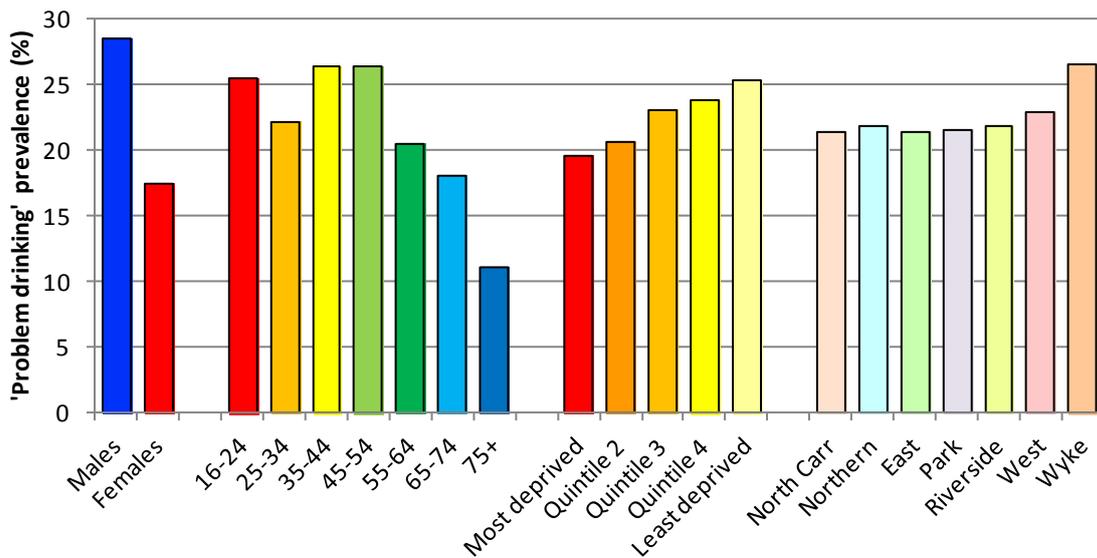


Combining all those that regularly binge drink with those that exceeded the weekly recommended maximum amounts of alcohol in the week before completing the survey provides an estimate of all 'problem drinkers' in Hull.

Almost three in ten men and more than one in six women in 2011-12 were defined as 'problem drinkers' (**Figure 10**). One quarter of respondents aged 16-24 years, 35-44 years and 45-54 years were defined as 'problem drinkers'. Percentages then decreased with age, although even among the oldest respondents, those aged 75 years and older, one in nine were 'problem drinkers'.

'Problem drinkers' were most prevalent in the least deprived fifth of areas of Hull, where one in four respondents were defined as 'problem drinkers', compared with one in five respondents living in the most deprived fifth of areas of the city. Residents living in Wyke, which had the highest percentage of 'problem drinkers' (27%), were one quarter more likely to be 'problem drinkers' than residents living in East or North Carr, which had the lowest percentages (21%).

Figure 10 Percentages of 'problem drinkers' by gender, age, local IMD 2010 deprivation quintile and Area Committee Area



Percentages of men regularly binge drinking were lower in 2011-12 than in the two previous surveys, having decreased by one sixth since 2009, yet remained one fifth higher than for England 2010, although the main difference compared to England was in those that were regularly binge drinking but not exceeding weekly limits (**Table 5**). Percentages that both exceeded weekly limits and were regular binge drinkers was 10% lower in Hull than in England, having decreased slightly in 2011-12 compared with 2009 and by one third since 2007. The overall percentage of 'problem drinkers' among men was 17% lower in Hull than England, having decreased in Hull 2011-12 by 10% since 2009 and 20% since 2007.

Amongst women, the percentages regularly binge drinking increased by 7% in 2011-12 compared with 2009, although remained lower than for 2007 as well as lower than for England. The percentages drinking above weekly guidelines increased

slightly in 2011-12, but remained below half that seen in England. Percentages both regularly binge drinking **and** exceeding weekly limits increased by 11% in 2011-12 compared with 2009, having increased in 2009 relative to 2007 by 5%. Despite these increases, the percentages both regularly binge drinking **and** exceeding weekly limits in Hull 2011-12 remained one quarter lower than for England 2010. The overall percentage of 'problem drinkers' among women in Hull increased slightly in 2011-12, but remained one third lower than for England 2010.

Table 5 Binge drinking and adherence to the recommended weekly guidelines among those that consume at least 1 unit of alcohol per week, trends and comparisons with England 2010

Gender and survey	Binge drinking and weekly guidelines (%)			
	Within weekly guidelines		Above weekly guidelines	
	Binge drinking		Binge drinking	
	Yes	No	Yes	No
Males				
Hull 2007	16.4	57.0	19.4	7.3
Hull 2009	19.4	61.8	13.9	4.8
Hull 2011-12	15.1	66.1	13.0	5.9
England 2010	9.0	59.0	14.4	17.7
Females				
Hull 2007	11.8	76.9	7.8	3.5
Hull 2009	10.1	77.0	7.3	5.5
Hull 2011-12	10.5	76.6	8.1	4.8
England 2010	8.1	65.6	11.1	15.2

Estimated numbers of 'problem drinkers' in Hull

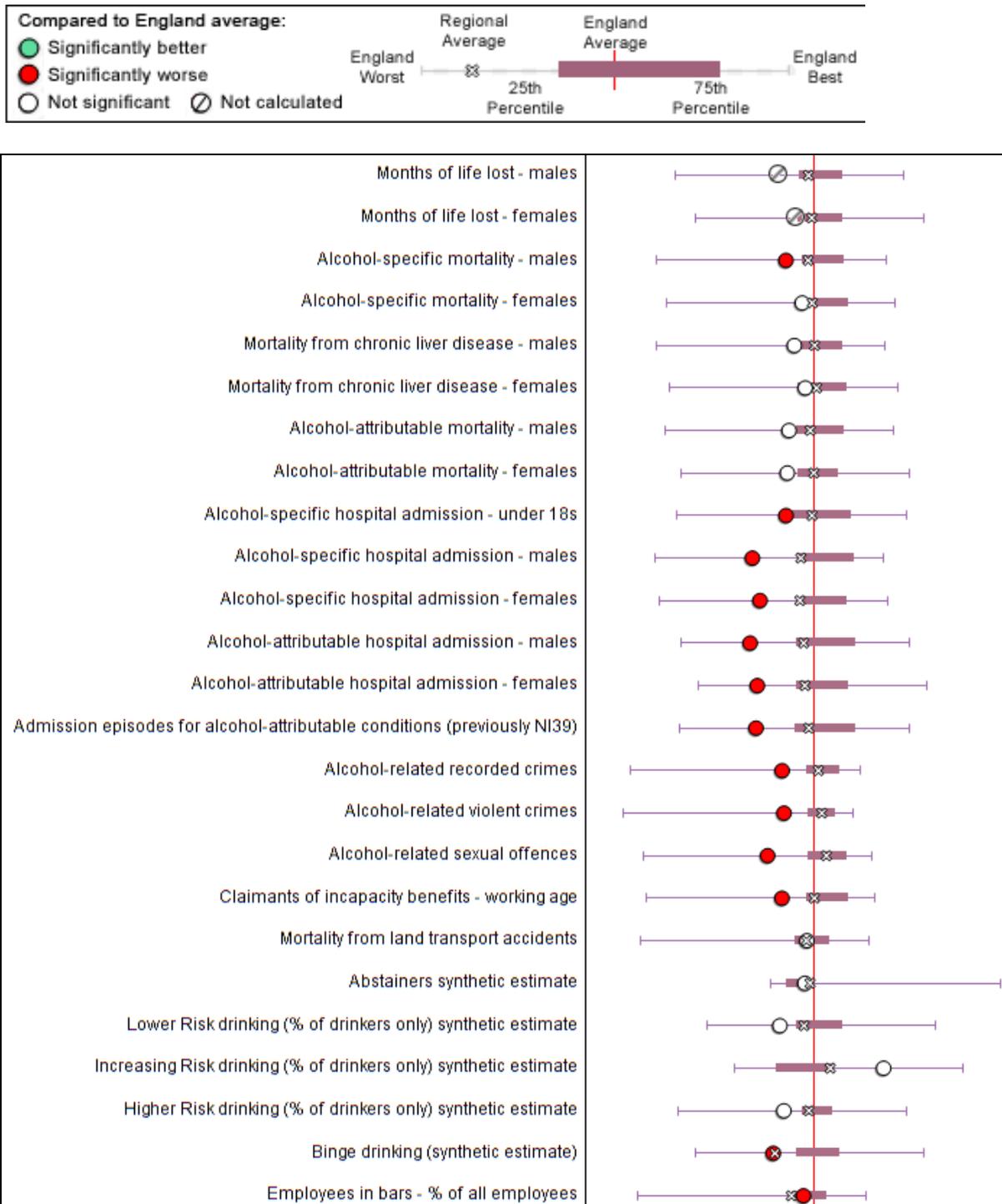
Numbers of 'problem drinkers' among adults in Hull have been estimated from the 2011-12 health and lifestyle survey, applying age and gender specific proportions to Hull's 16+ years population as at 1st October 2011. 'Problem drinkers' were defined as those that drank more than the recommended maximum amount of alcohol in the week before completing the survey (21 units men; 14 units women), or who reported binge drinking (> 8 units men; >6 units women) at least once a week.

Table 6 Estimated numbers of problem drinkers aged 16+ years in Hull

Area Committee Area	'Problem drinking' indicator	Estimated number of 'problem drinkers' in Hull aged 16+ years (as at 1 st October 2011)		
		Men	Women	All
North Carr	Excessive weekly units (>21 M; >14 F)	1,653	1,216	2,869
	Binge drinking at least once a week	2,500	1,564	4,064
	Excessive and binge drinking	1,050	756	1,805
	Excessive and/or binge drinking	3,189	2,078	5,267
Northern	Excessive weekly units (>21 M; >14 F)	2,066	1,242	3,308
	Binge drinking at least once a week	3,221	1,740	4,961
	Excessive and binge drinking	1,388	641	2,029
	Excessive and/or binge drinking	3,975	2,400	6,375
East	Excessive weekly units (>21 M; >14 F)	2,494	1,329	3,823
	Binge drinking at least once a week	3,952	1,889	5,842
	Excessive and binge drinking	1,886	765	2,651
	Excessive and/or binge drinking	4,664	2,500	7,164
Park	Excessive weekly units (>21 M; >14 F)	2,521	1,434	3,955
	Binge drinking at least once a week	4,176	2,521	6,697
	Excessive and binge drinking	1,792	878	2,670
	Excessive and/or binge drinking	4,981	3,136	8,118
Riverside	Excessive weekly units (>21 M; >14 F)	3,242	1,460	4,702
	Binge drinking at least once a week	5,459	2,592	8,051
	Excessive and binge drinking	2,356	1,036	3,392
	Excessive and/or binge drinking	6,424	3,075	9,499
West	Excessive weekly units (>21 M; >14 F)	2,699	1,762	4,461
	Binge drinking at least once a week	3,659	2,129	5,787
	Excessive and binge drinking	1,968	1,080	3,048
	Excessive and/or binge drinking	4,451	2,857	7,308
Wyke	Excessive weekly units (>21 M; >14 F)	2,898	1,869	4,767
	Binge drinking at least once a week	3,374	2,489	5,863
	Excessive and binge drinking	1,807	1,239	3,046
	Excessive and/or binge drinking	4,517	3,168	7,685
Hull	Excessive weekly units (>21 M; >14 F)	17,582	10,323	27,905
	Binge drinking at least once a week	26,230	14,986	41,216
	Excessive and binge drinking	12,189	6,414	18,604
	Excessive and/or binge drinking	32,155	19,723	51,428

Local Alcohol Profile for England

The North West Public Health Observatory (NWPHO) has produced a local alcohol profile⁶ for each local authority in England, using mortality data from 2008-10 and hospital admissions data from 2008/09 to 2010/11. The chart shows Hull's measure for each indicator, as well as the regional and England averages and the range of all local authority values for comparison purposes.



⁶ Local Alcohol Profiles for England, North West Public Health Observatory, Liverpool www.lape.org.uk

Alcohol strategy

This section has been extracted from the Hull Alcohol Strategy 2013-2016 produced on behalf of the Hull Community Safety Partnership.

“The Alcohol Strategy Group has prioritised five key aims that impact on alcohol related harm and are aligned with the vision to reduce misuse of alcohol. The five key aims of the alcohol strategy are:

Aim 1. Reduce further the amount of alcohol fuelled crime

- *Facilitate the delivery of co-ordinated action by all the different enforcement agencies involved in regulating the licensed trade through the operation of an effective Responsible Authorities Group*
- *Work with partners to effectively target enforcement resources at those premises, areas and activities that pose the greatest risk to public health and safety, particularly; crime, underage sales, noise and other anti social behaviours that affect neighbourhoods*
- *Through campaigns, targeted interventions and other initiatives such as Purple Flag to engage with the public and businesses to promote the adoption of good practice, foster a good working relationship and build compliance with the law and licensing policy*
- *Use available local crime data to map any changes in trends and investigate where any problems lie. Increased activity over and above what is already done*
- *Continue work to tackle alcohol-related domestic violence, violent crimes and sexual offences*
- *Use screening and brief interventions to develop a strategy to identify and tackle alcohol-related offending. Increase engagement with/into services for those identified via the Alcohol Arrest Referral / Alcohol Activity Requirement routes*

Aim 2. Reduce the number of young people aged under 18 drinking alcohol

- *Continued promotion and education by young people’s alcohol service and the partnership intervention team to educate young people on the risks associated with alcohol misuse. Evaluate the success of existing provision*
- *Implement an extensive promotion and education campaign to increase awareness around safe and sensible drinking levels focussing on parental responsibility and underage people drinking in the home*
- *Improve screening and identification of alcohol misuse by young people by learning from the SIPS JR-HIGH feasibility trial of screening and brief alcohol intervention to prevent hazardous drinking in young people aged 14-15 in North Tyneside. Apply learning from the SIPS Junior trial looking at how to improve screening and support for young people coming into Hull Royal Infirmary A&E due to alcohol- related problems*
- *Work towards implementing systematic screening and brief interventions in venues where young people regularly attend*

- *Effective training and workforce development for staff working with children, young people and families and adults e.g. social workers, youth workers, voluntary sector staff, etc.*

Aim 3. Encourage people with alcohol problems to drink within acceptable and safe levels

- *Implement an extensive promotion campaign to increase awareness around safe and sensible drinking levels*
- *Work towards implementing systematic screening and brief interventions in everyday practice focussing on; primary care, A&E, the Criminal Justice System and any other relevant partner settings*
- *Identify those who are binge drinking via the screening process. Support a reduction in levels of binge drinking by focussing on preventative campaigns and applying behaviour change techniques for those assessed and identified as drinking excessively*
- *Encourage people who are alcohol dependant to stop drinking altogether*

Aim 4. Identify people with alcohol related problems and enable them to recognise when they need help. Provide access to support services, if needed, which are commensurate with their alcohol problem

- *Work towards implementing systematic screening across relevant partner agencies to increase awareness, referral and access into suitable alcohol treatment services*
- *Commission and promote a robust treatment system that meets the needs of all those identified as having an alcohol misuse issue*
- *Ensure that people in need of alcohol treatment services and relevant other professionals know which services are available and how to access them by increasing awareness of the treatment pathway*

Aim 5. Support a future reduction in alcohol related illness, hospital admissions and death

- *Review ongoing pilots and the existing evidence base to inform the action planning process to develop current alcohol treatment service provision where needed*
- *Analyse trends and deaths in way of alcohol consumption, mortality from liver disease and alcohol related admissions to hospital to support the provision of relevant interventions at specific population groups within the city”*

Further Information

For further information on this survey and other surveys, and more information about Hull and health inequalities, as well as other publications and documents produced by the Public Health Sciences team, formerly part of NHS Hull, please visit our website: <http://www.hullpublichealth.org>

Public Health Sciences

The Public Health Sciences team are now located in the old nursery at Brunswick House, Strand Close, Beverley Road, Hull.

What we can do for you:

Epidemiologists

- Help understand the health and wellbeing needs of Hull's population in terms of the following:
 - Population
 - Age / gender
 - Deprivation (IMD)
 - Ethnicity
 - General physical and mental health status of population
 - Prevalence of risk factors (smoking, alcohol, obesity, diet, exercise, etc)
 - Prevalence of diseases
 - Hospital admission rates
 - Mortality and life expectancy
- Questionnaire design and survey design and advice
- Evaluation of services/interventions
- Health needs assessments
- Explanation of and help in using statistical terms like confidence intervals, standardisation, etc
- Explanation of data including data presented in tables or plots/charts, etc
- Predictive modelling / predicting future trends or needs or towards targets
- Mapping, analyses and presentation of a wide range of segmentation tools (including ACORN, Healthy Foundations and IMD), social marketing and behavioural insight, inequality, etc to assist psychographic and socio-economic differentiation
- Provide a critical friend to all those collecting and using health-related data and information

Clinical Policy Support

- What NICE guidance is published or in progress
- Critical appraisals and evidence overviews – evidence of cost/clinical effectiveness of drugs and treatments

www.hullpublichealth.org

www.jsnaonline.org