DIRECTOR OF PUBLIC HEALTH FOR OXFORDSHIRE

ANNUAL REPORT IV

Reporting on 2009-2010
Recommendations for 2010-2011
Produced: May 2010

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SUMMARY

This is the fourth Annual Report by a Director of Public Health for Oxfordshire (jointly appointed by the NHS and the County Council). The recommendations are made for all organisations in Oxfordshire and for the public.

The aims are simple:
1. To report on progress made in the last year and set out challenges for the next year
2. To galvanise action on five main threats to the future health, wellbeing and prosperity of Oxfordshire
3. To add an emphasis on two strongly emerging threats, namely those posed by dementia and alcohol abuse.

The five main long-term threats are:
- Breaking the cycle of deprivation
- An ageing population – the "demographic time bomb"
- Mental health and wellbeing: avoiding a Cinderella service
- The rising tide of obesity
- Fighting killer infections

The threat posed by dementia is described in the chapter on an ageing population.

The threat posed by alcohol abuse takes its place as the sixth long-term threat to health.

Progress will be monitored in future reports. Your comments are welcome as long-term success will depend on achieving wide consensus across many organisations.

Please direct comments to: ruth.fenning@oxfordshirepct.nhs.uk

I hope you enjoy the report and act upon it.

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire
May 2010

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INTRODUCTION

What is the purpose of a Director of Public Health's Annual Report?

The purpose of a Director of Public Health is to improve the health and wellbeing of the people of Oxfordshire. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population in Oxfordshire and by making recommendations for improvement to a wide range of organisations.

The role of the Director of Public Health is to be an independent advocate for the health of the people of Oxfordshire.

The Director of Public Health's Annual Report is the main way by which Directors of Public Health make their conclusions known to the public.

This is the fourth Annual Report by a Director of Public Health appointed jointly by local government and the NHS. This report attempts to build on the momentum generated by the first three which were generously received by a wide range of audiences.

What is the thrust of this particular Annual Report?

This report aims to keep the spotlight firmly on the five main long term threats to public health by reporting on progress made in the last year and by making recommendations for next year. The main threats are:

- Breaking the cycle of deprivation
- An ageing population – the "demographic time bomb"
- Mental health and wellbeing: avoiding a Cinderella service
- The rising tide of obesity
- Fighting killer infections

Sound progress is now being made across the county on these five areas.

It is now timely to emphasise two new threats which are emerging, namely those posed by dementia and alcohol abuse.

The threat posed by dementia is described within the chapter on an ageing population.

The threat posed by alcohol abuse is set out in a new chapter 'Alcohol: What's Your Poison' making it the sixth current major threat to the public's health.

Public Health – everyone's business

Good health and wellbeing are not created in a vacuum. Good health is closely related to a wide range of factors such as employment, quality of neighbourhoods, quality of schools and having a part to play in society. These factors are, in turn, linked to issues of housing, skills and employment and all contribute to the general economic prosperity of the county. **In addition, to make a difference, it is necessary to focus on the same topics for a number of decades to make sustained change.**

For these reasons, the recommendations made in this report are long-term and wide-ranging and are not confined to traditional areas such as health services and social care.

The Contents of this Report

The first chapter takes an overview of general progress made during the last year.

The following six chapters concentrate on progress made on the six major threats. Recommendations for improvement are made at the end of each chapter.

Progress against recommendations will be reported each year and, in this way, this document has been designed as a tool to be used and built upon the year on year. I hope you enjoy it and act on it.

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire
May 2010.

CHAPTER 7: Alcohol: What's your poison?

Why is it time to take Alcohol seriously as a major Public Health issue?

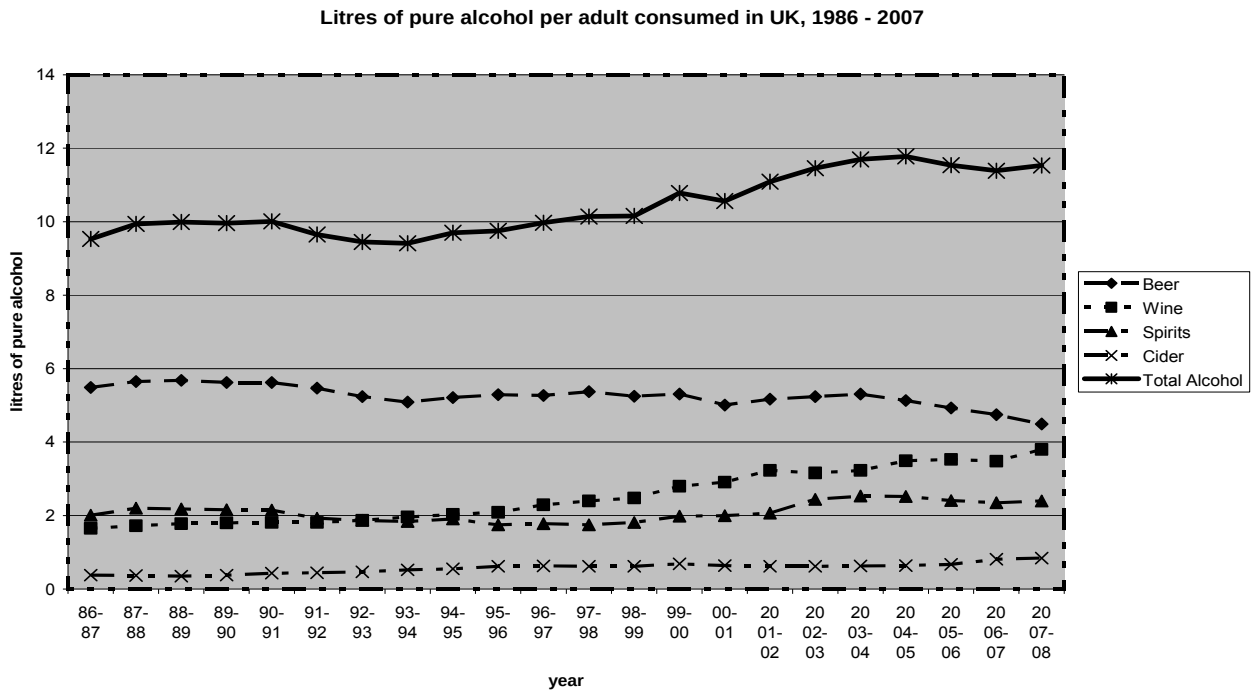
Alcohol is perhaps the last major gap in Oxfordshire's Public Health defences.

Despite good, innovative work in the county over recent years, this issue is not yet sufficiently in the mainstream of Oxfordshire's policy making, and it needs to be. Why? Alcohol is a deeply ingrained part of British culture. It is widely used in the home as a relaxant and its effect in lowering inhibitions is valued in social gatherings. Indeed, to many, the presence of alcohol is a social signal that says 'party'. Indeed, the majority of adults in our society do control their drinking and 9% abstain altogether. So, what is the problem? The list is as follows:

Alcohol consumption has risen in the last 40 years

In England, average adult alcohol consumption has risen by 40% since 1970. The graph below shows the recent trends in consumption.

Figure 7.1



Source: Institute of Alcohol Studies Factsheet "Drinking in Great Britain" www.ias.org.uk

A comprehensive summary of definitions relating to alcohol use and abuse are provided at the end of this chapter.

Many Adults exceed recommended drinking levels and one in five drinks at hazardous levels

- In 2006, almost half (48%) of British men and 4 out of every 10 British women exceeded recommended daily guidelines on at least one day in the previous week.
- Similarly, British men and women aged 25 to 44 were more likely than other age groups to have drunk heavily on at least one day during the previous week, followed closely by those in the 16 to 24 age group.
- Individuals in managerial and professional occupations are more likely to have drunk alcohol in the previous week, and to drink more frequently than those in routine and manual occupations

- In 2008 one in every five of over 16's consumed alcohol at hazardous levels.
- Only 9 per cent of the White British population are non-drinkers, but the proportion is higher among some ethnic minority groups, rising to 90 per cent or more among those of Pakistani and Bangladeshi origin.

Alcohol consumption in young people has increased with heavy drinking and binge drinking a concern in this group and consumption among girls has been increasing rapidly.

Between 1990 and 2006, drinking in UK's 11-15 year olds roughly doubled from an average of around 5 units per week to around 11 units per week.

In addition to this there are proven links with risk taking behaviour which may result in:

- Teenage conceptions
- Sexually transmitted infections
- Mental health problems
- Alcohol related accident and injury
- Poorer school attendance and lower attainment
- Involvement in anti-social behaviour and crime

Alcohol without doubt causes disease and early death. It is a poison.

- In England in 2006, 16,236 people died from alcohol-related causes.
- The number of deaths from alcohol-related liver disease has almost doubled in the last decade.
- Alcohol causes cancers of the liver, bowel, breast, throat, mouth, larynx and oesophagus; it causes osteoporosis, reduces fertility and causes accidents of all kinds.
- Alcohol is responsible for around 950,000 unnecessary admissions to hospital nationally per year, and this is rising (an increase of 70% in the 6 years between 2002/03 and 2008/09).

Alcohol is getting cheaper and more easily available

- The real cost of alcohol has fallen: a unit of alcohol cost 67% less in 2007 than in 1987.

The health benefits of alcohol are overstated

- The potential health benefits of alcohol tend to be greatly overstated.
- Above the age of 40 years, drinking a small amount of alcohol may reduce the risk of heart disease and stroke.
- For those who drink above this low level, and for those under 40 years who drink any amount, alcohol **increases** the risk of heart disease and stroke.
- For those of any age, drinking any amount of alcohol increases the risk of cancer – there is no safe limit.
- Across England, alcohol results in over 13 people being admitted to hospital for every one that it prevents.

Alcohol damages the family and social networks

- Living with somebody who misuses alcohol can be a horrendous ordeal. Alcohol can make a partner's behaviour unpredictable, aggressive and erratic.
- Marriages in which one or both partners have an alcohol problem are twice as likely to end in divorce.
- British Crime Survey figures for 2007/08 suggest that 125,000 alcohol-related instances of domestic violence occurred over this one-year period.

Alcohol fuels antisocial behaviour and changes the character of our towns, especially in the evening at weekends

- Local Councillors have frequently stated their unease about the drinking culture apparent in towns across Oxfordshire, particularly among young people in the evening at weekends.
- Nationally, aggressive behaviour resulting from alcohol misuse, in particular binge drinking, is a major cause of street violence. The British Crime Survey found that almost half of the 2 million victims of violence thought that their attacker was under the influence of alcohol, with 39,000 reports of serious sexual assault also being associated with alcohol consumption.
- The effects of crime extend beyond those who are directly attacked, creating an environment of fear.

Alcohol damages front-line services and the economy and places a huge financial burden on the taxpayer.

- Half of all assaults on staff in hospital emergency departments are committed by those under the influence of alcohol.
- There are over 8,000 alcohol-related assaults on police officers every year in the UK.
- This makes it difficult to deliver community services in areas where staff feel threatened, demoralising front line healthcare staff and other professionals.
- One in every four accident and emergency attendances is related to alcohol
- The total cost to the NHS is estimated to be £2.7 billion per year and rising - almost double the cost in 2001 when the cost was £1.47 billion.
- At least 14-17 million working days are lost per year in the UK because of alcohol, costing up to £6.4 billion per year.
- The National Social Marketing Centre estimated that the total annual societal cost of alcohol misuse to the nation to be £55.1billion.

In 2008 the Chief Medical Officer summed up the problem well:

"*Drinking alcohol is a deeply ingrained part of our society; each year the average intake per adult is equivalent to 120 bottles of wine. Since 1970, alcohol consumption has fallen in many European countries but has increased by 40% in England.*

The consequences of drinking go far beyond the individual drinker's health and well-being. They include harm to the unborn fœtus, acts of drunken violence, vandalism, sexual assault and child abuse, and a huge health burden carried by both the NHS and friends and family who care for those damaged by alcohol. "

<u>The position in Oxfordshire:</u>

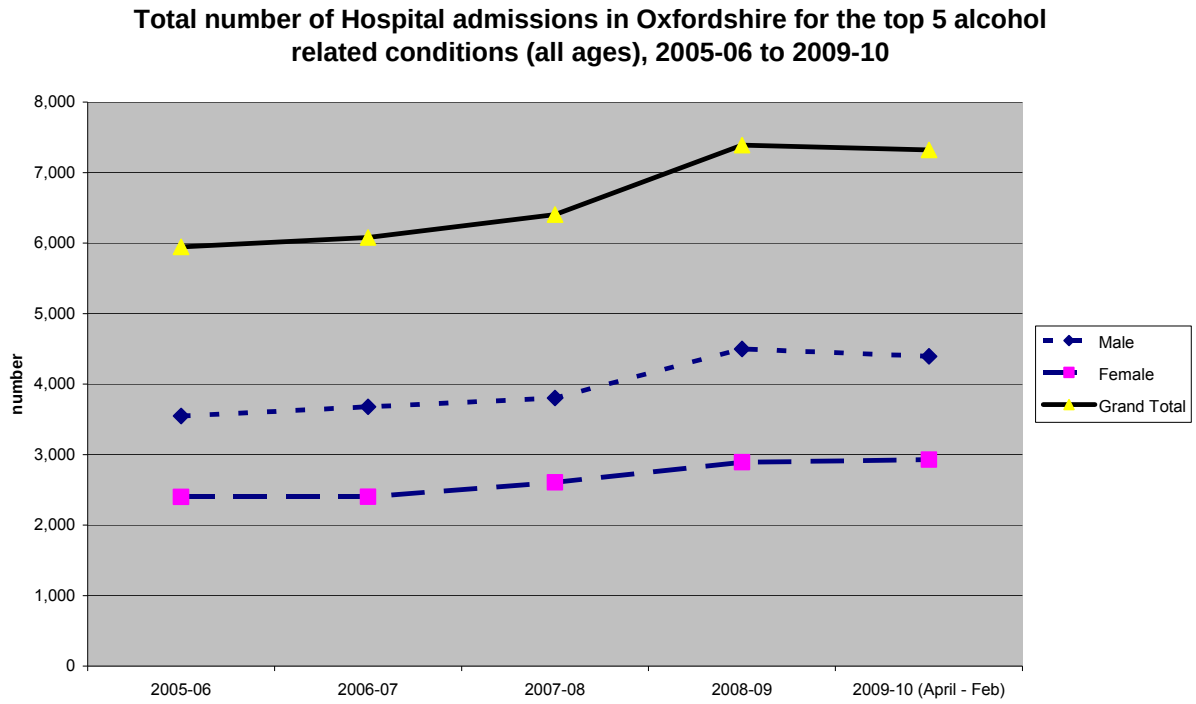
Hospital admissions for alcohol related harm in Oxfordshire

Local statistics show the burden of disease related to alcohol in Oxfordshire.

The graph below shows how hospital admissions due to alcohol related conditions have been rising steadily from 2005 to 2010. This calculation takes 5 common conditions and records the proportion of each one that is caused by alcohol.

The top five alcohol related illnesses are breast cancer or other related illness, heart rhythm problems, rectal cancer, heart disease related to artery deposits and other unspecified chest pain.

Figure 7.2



Source: SUS (U-R) data analysed by Decision Support, NHS Oxfordshire April 2010

Self reported under-age drinking in Oxfordshire

The Big Voice survey was carried out in Oxfordshire between March 2008 and June 2009. An online survey was completed at school by almost 5000 young people aged 4 – 19 with additional on-street interviews for 16-19 year olds. This gave the following results which many may find shocking.

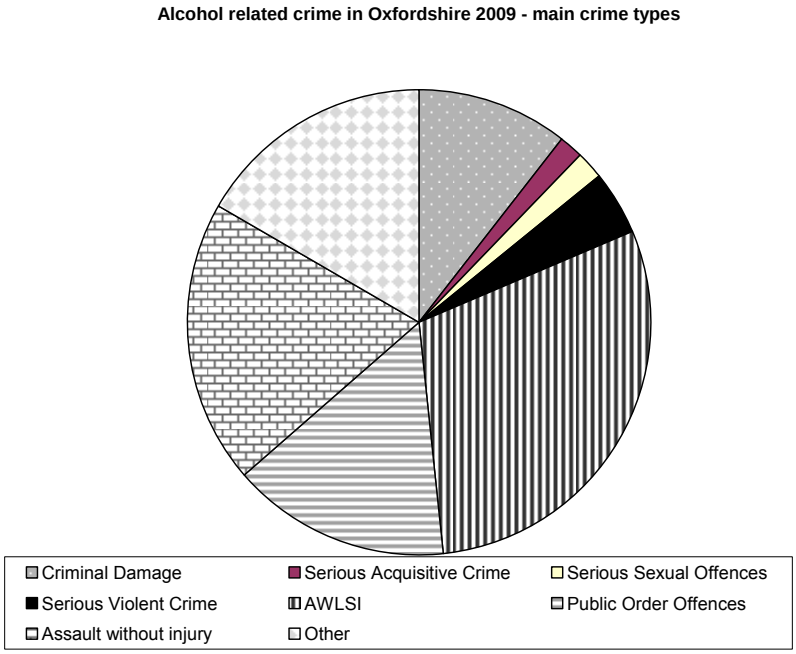
- 72% of young people aged over 11 have drunk alcohol,
- 9% regularly drink,
- 51% have been drunk
- 9% are regularly drunk.
- 5% agree that there is a lot of pressure to drink alcohol.

Under age sales of Alcohol in Oxfordshire

Police Licensing Teams and Trading Standards officers carry out checks of sales of alcohol to under age young people. Results of the police led operations in 2009-10 showed:

- 50 out of 207 premises tested sold alcohol to underage customers (24%)
- Over a third of these failed again when re-tested
- Seven premises were prosecuted for repeated failures

Figure 7.3: Alcohol related crime in Oxfordshire



Source: Thames Valley Police, March 2010 (Note – AWSLI stands for Assault with Less Serious Injury)

- **Over 11% of all crime in Oxfordshire last year was related to alcohol consumption**
- **This absorbs a substantial proportion of taxpayers' money spent on police services**
- Assaults make up the largest proportion of crimes which are committed under the influence of alcohol,
- Public order offences make up a high proportion of these crimes including being drunk and disorderly and using threatening words or behaviour. This behaviour often leads to other criminal behaviour including assault or the causing of criminal damage.

The cost of alcohol related crime can be estimated. For example, the crime figures from Oxfordshire last year indicate that:

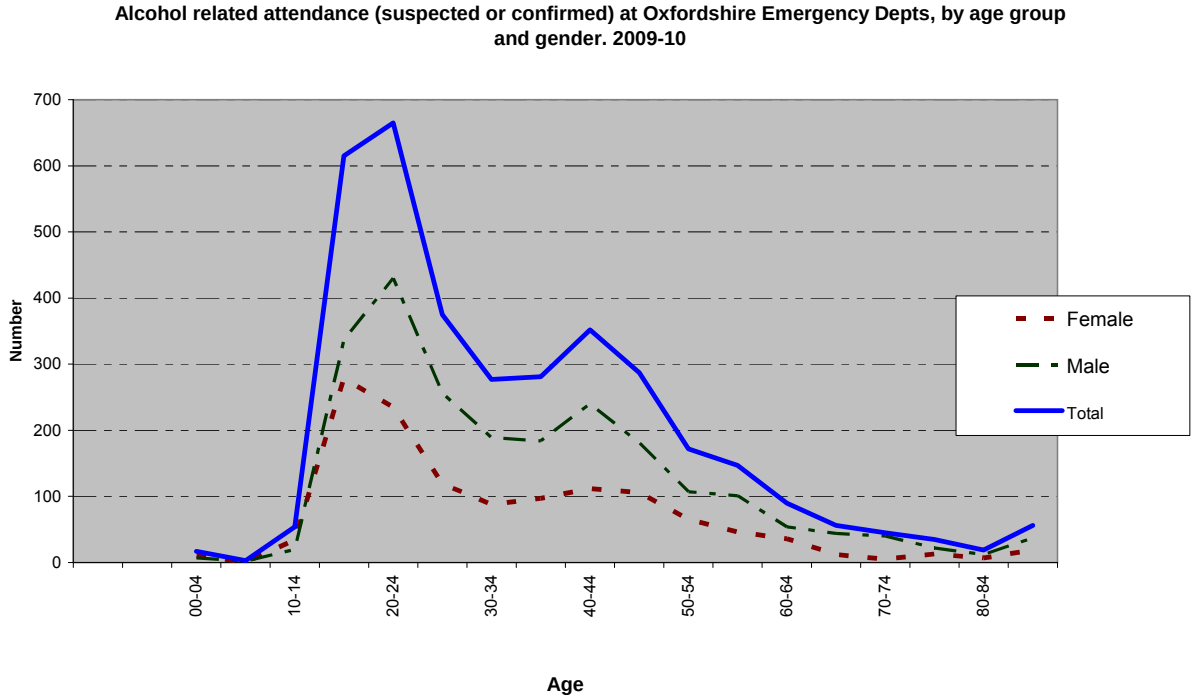
- Alcohol related criminal damage cost approximately £4.5m (over 5,000 incidents at an indicative cost of £890 per incident)
- Violent assaults fuelled by alcohol in Oxfordshire cost approximately £1.5m (149 offences at an indicative cost of £10,409 each)
- Serious sexual offences linked to alcohol use cost approximately £3.1m (99 offences at an estimated cost of £31,438 each)

Accident and Emergency (A & E) attendances caused by alcohol in Oxfordshire

3,500 A and E attendances were related to alcohol in 2009/10. This is expensive to the taxpayer and inefficient for our services, especially when our emergency departments struggle to see patients within the national 4 hour standard. These 3,500 attendees mean longer waits for everyone. The predominance of young people and young adults, especially young men, is simply a reflection of the drinking culture society permits, aided by liberal licensing laws around opening times. In Oxford at the weekend it is easy to carry on drinking until 3 o'clock in the morning.

National statistics indicate that 70% of emergency admissions on a Friday and Saturday night are due to alcohol consumption.

Figure 7.4



Source: Data from Oxford Radcliffe Hospitals Trust, analysed by Decision Support, NHS Oxfordshire.

Ambulance call-outs related to crime and disorder incidents in Oxfordshire

The further cost of alcohol to society is reflected and is shown in ambulance call outs to crime and disorder incidents. One quarter's data shows the pattern of activity, often focusing on built up areas in Oxford and Cherwell, resulting in 4,000 to 5,000 call outs a year.

The Oxford Nightsafe Partnership maps this data by location of the pick-up on a regular basis. They particularly look at the ambulance attendance where there is a record of assault / sexual assault, overdose / poisoning or stabbing or gunshot wounds. A high proportion of these pick-ups are made at licensed premises.

Table 7.1: Records of ambulance call outs to crime and disorder incidents in Oxfordshire July – Sept 2009

	Month (2009)			
LA district	**Jul**	**Aug**	**Sep**	**Total**
Cherwell	83	92	87	**262 (21%)**
Oxford	165	184	147	**496 (41%)**
South Oxfordshire	39	52	28	**119 (10%)**
Vale of White Horse	78	57	45	**180 (15%)**
West Oxfordshire	52	48	42	**142 (12%)**
Total	**417**	**433**	**349**	**1199 (100%)**

Source: South Central Ambulance NHS Trust (Oxfordshire)

Summary

The British Medical Association summed up the position well in 2008, and also criticised the effectiveness of our current national policies to control alcohol.

"*Alcoholic beverages consumed in moderation are enjoyed by many. Although socially accepted, alcohol can be an addictive drug. Alcohol misuse can be harmful foremost to the individual but also places a substantial burden on families and society. The levels of alcohol-related disorder, crime, morbidity and premature mortality in the UK are*

unacceptably high. Despite this, the strategy to reduce alcohol-related harm in the UK has seen an over-reliance on popular but ineffective policies, as well as liberalisation of the major drivers of alcohol consumption: availability and price. This represents a significant shortcoming in the political drive to improve public health and order."

What are we doing about it?

Our current strategy is a good start and provides a solid foundation.
The Oxfordshire Alcohol Strategy 2008-11 has made a very good start. Put together by an impressively wide range of organisations, its key priorities are to:

- Reduce alcohol related disorder
- Increase the consistency and quality of alcohol awareness for all ages
- Develop key health initiatives and commission alcohol treatment
- Develop a balanced sustainable leisure economy for the benefit of all ages
- Reduce young people's demand and supply of alcohol and its associated harms

This strategy is now due for renewal, and that gives us an opportunity to move forward faster.

Evidence of green shoots and good practice
New actions which have been carried out as part of this strategy include:

- A campaign to raise awareness of the safe drinking levels
- A wide range of organisations coming together including the police and ambulance services to keep our City and town centres safer at night time (the Nightsafe partnerships)
- Joining up work between the public health department and the John Radcliffe A and E Dept to follow up people with alcohol related injuries with the aim of reducing alcohol intake.
- Checks on shops selling alcohol to underage drinkers leading to successful prosecutions and greater awareness.
- A special theatre production for schools aimed at raising awareness of alcohol problems and limits called Last Orders.
- Brief Advice training for schools and Health Trainers (people working in the community to offer help on health issues to those who are the hardest to reach) so they are confident to raise the issue of drinking.
- A new alcohol treatment service procured by DAAT as mentioned above.
- Revising the Children and Young Peoples' Plan to include better action plans which will bring more joined up action from a range of organisations
- Carrying out the Oxfordshire Voice Survey of alcohol consumption and attitudes showing that levels of awareness are quite high.

What should we do next?
The direction of travel on tackling alcohol issues is good and we need to build on this success. The focus of this work, our understanding of the issues and the delivery of initiatives have increased enormously in the last few years. From a position where tackling alcohol related harm was not "owned" by anyone we now have a shared vision and a plan which is being implemented by several partners. The Alcohol Strategy has brought people together and given leadership to this issue.

OPINION: A good start has been made to tackle alcohol issues in this county. Given the size of the threat posed, this topic should be given a higher priority in the County. The preparation of a revised County alcohol strategy is an opportunity to do this which should be seized.

How do we get there?

We have to be realistic. Some of the actions needed to change attitudes and behaviour in connection with alcohol have to be carried out at a national level. Campaigns, information and regulation are important. The debate will continue on whether the Government should set a minimum price for a unit of alcohol and many would say that tax is already high, but it is undeniable that price does have an influence on consumption.

We have to shift the emphasis to prevention and give people the right information to help them take responsibility for their health. It is only changes in individual behaviour that will lead to reductions in overall consumption and this disease.

We have to use 'brief advice'. Many professionals could take the opportunity to raise the issue of alcohol consumption and give brief advice if required**.** There is good evidence that this works. Early detection and increased awareness are the best tools in the prevention agenda. The role of GPs and primary care are crucial in this. This work should be stepped up and made consistent across the county.

Recommendation

The revision of the Alcohol Strategy in the next year will give a great opportunity for a further step-change. We need a strong strategy which should include the following key elements by March 2011.

1. Powerful and far reaching information about the potentially toxic effects of alcohol to health, community safety and family life that make it a personal issue for all of us.
2. Further reductions in alcohol related crime and disorder in our towns and City with targeted approaches and a firm resolve to enforce action against premises and people causing problems. This is a lead area for Nightsafe partnerships around the county who should continue to develop their role.
3. Joined up and effective advice and treatment services are needed, including in primary care. The NHS and Drug and Alcohol Action Team should work together to commission prevention and treatment services proportionate to the size of the issue.
4. Involvement of young people is essential in devising and rolling out campaigns and activities to tackle the youth drinking culture. This will need to be part of the planning carried out by the Children's Trust.
5. Enforcement of the law to prevent sales of alcohol to under 18s (or people buying it for them). Trading Standards and the Police Licensing Officers can work together to ensure consistent coverage on this issue across the county.
6. A comprehensive set of process and outcome measures should be set monitored and reported regularly so that the impact of this step change can be seen. This responsibility should fall to the Alcohol Strategy Group who should make sure their results are reported to the Health and Wellbeing Partnership and the Children's Trust as well as to the Community Safety Partnership
7. The Health Overview and Scrutiny Committee should consider scrutinising progress made as part of their work plan for 2011/12.

Alcohol: a note on terms used

Looking closely at the subject of Alcohol requires some special jargon. The key terms are defined in this box.

Unit
In the UK, alcoholic drinks are measured in units (10 millilitres (ml) of alcohol.) One unit of alcohol is about half a pint of ordinary strength beer, lager, or cider (3-4% alcohol by volume), or a small pub measure (25ml) of spirits (40% alcohol by volume). There are 1½ units of alcohol in a small glass (125ml) of ordinary strength wine (12% alcohol by volume). There is substantial variation in the measures used in bars and restaurants and measures poured in the home tend to be larger.

Recommended drinking guidelines
In the UK, it is recommended that men should not regularly drink more than three to four units per day, and women should not regularly drink more than two to three units per day. In terms of weekly limits, men are advised to drink no more than 21 units per week and women no more than 14 units per week i.e.:

- **for men**, an **average** per day of 1½ pints of beer, 3 shorts of spirits or 2 **small** glasses of wine
- **for women** an **average** per day of 1⅓ **small** glasses of wine, 2 shorts of spirits or 1 pint of beer

Harmful drinking: drinking that causes harm
Harmful drinking is a pattern of alcohol use that causes damage to physical and/or mental health. Harmful use commonly has adverse social consequences.

Hazardous drinking: drinking that puts the individual at risk of future harm
Hazardous drinking is a pattern of alcohol use that increases the risk of harmful consequences for the individual. In contrast to harmful drinking, hazardous drinking is of public health significance despite the absence of any current disorder in the individual use as it is likely to lead to future problems.

Heavy drinking: drinking in excess of what is considered moderate
A pattern of drinking that exceeds some standard of moderate drinking. In the UK, heavy drinking is defined as consuming eight or more units for men and six or more units for women on at least one day in the week.

Binge Drinking: heavy drinking in one session
Binge drinking is defined as drinking at twice the recommended levels or more in one session. This would be 8 or more units for men and 6 or more units for women in one go.

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