Alcohol and public health in Brighton and Hove

The following short paper includes excerpts from the forthcoming Annual Report of the Director of Public Health

Alcohol and health

Alcohol-related hospital attendances and admissions
Nationally it is estimated that 40% of accident and emergency attendances are alcohol-related, rising to 70% at peak times. There is however under-reporting of alcohol-related accident and emergency attendances including in Brighton and Hove. Nevertheless, just over half of those who attend accident and emergency at the Royal Sussex County Hospital because of alcohol and assault are recorded as Brighton and Hove residents. Most are young men are aged less than 30 years and they typically end up in at accident and emergency between the hours of 6pm and 6 am.

Of equal concern is the apparent rising local trend in alcohol-related hospital admissions and alcohol-related assault. Recorded alcohol-related hospital admissions in Brighton and Hove rose from 855 per 100,000 in 2003/04, to 1709 per 100,000 in 2007/08. Men account for two-thirds of these admissions.

Alcohol-related admissions for accidents and assaults have also been rising. Admissions for acute alcohol problems are most frequent in the less than 15 years and 16-24 years age groups. Alcohol related mental and behavioural disorder admissions are most frequent in the 25-44 years age group, and admissions for chronic alcohol related problems are most frequent in the 45 -75years + age group.

In other words, this is not just a problem of young people 'going through a phase' that they then 'grow out of'. Younger people are presenting with the acute effects of alcohol intoxication, but as they grow older they present with the chronic effects of alcohol.

There are signs too that the long-term impact of alcohol on the health Brighton and Hove residents is increasing. The number of local residents admitted to hospital for alcohol dependence syndrome has doubled since 2006. An estimated 17 residents of Brighton and Hove received a liver transplant for alcohol-related diagnoses during the last ten years.

Alcohol related road collisions
Younger and older people are most likely to be involved in drink-driving collisions, especially students and the group referred to 'active older people'. Between 2005 and 2007, there were 149 alcohol-related collisions in Brighton and Hove that involved drink-drivers. Most of the drivers were men aged 18 to 30 years who lived

in Brighton and Hove. As with violent alcohol-related crime (see below), most alcohol-related collisions occurred on weekend evenings.

Mortality

Brighton and Hove also has a higher level of male alcohol-specific mortality than its comparator Primary Care Trusts or Local Authorities. Male mortality from chronic liver disease including cirrhosis in Brighton and Hove is higher than the regional average at 21 deaths per 100,000, and double the England.

Female mortality from chronic liver disease including cirrhosis is in line with the average across comparator local authorities and is lower than it is in men at 6 deaths per 100,000 (average across 2004/06).

In Brighton and Hove, men mainly die from alcohol-related conditions between the ages of 65 and 74 years of age although there is also a high rate amongst 35-64 year olds. Women tend to die from this condition when aged over 75 years. Alcohol-specific mortality and mortality from chronic liver disease in older people are particularly marked in the more deprived parts of the city. On a more positive note, mortality from chronic liver disease including cirrhosis in both males and females has recently started to decline.

Around 60% of drug-related deaths in Brighton and Hove (in total around 40 per year) also involve alcohol.

The wider consequences of alcohol in Brighton and hove

Alcohol and crime

Brighton and Hove has higher rates of alcohol-related crime than the regional average and almost double the regional average rate of alcohol-related violent crime. (North West Public Health Observatory, 2008)

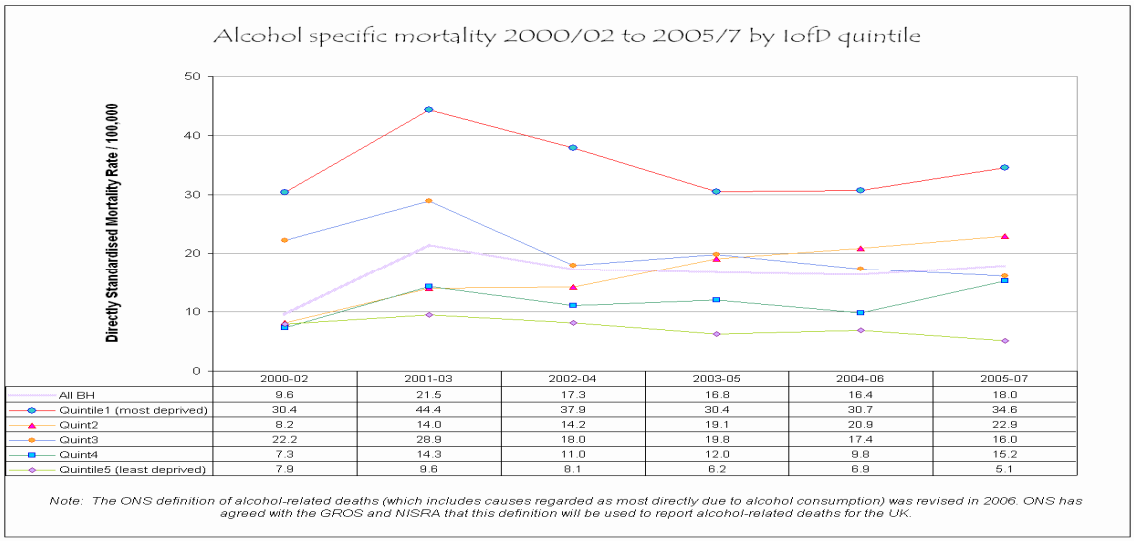
A large proportion of violent crime in public places in Brighton and Hove is perceived by the police to be alcohol-related (37%). Alcohol-related crime figures are not consistently recorded across the country so comparisons need to be treated with some caution. They are probably more reliable as an indicator of local trends. In Brighton and Hove the figures are increasing although the rate of increase has fallen slightly since 2006. This could reflect a slowing down of the rate and / or data recording issues.

There is also an upward trend in the proportion of sexual offences recorded as committed under the influence of alcohol. Most violent crime occurs in central Brighton on Saturday night and Sunday morning, which coincides with weekend drinking habits, and residents of both the City Centre and the Neighbourhood Renewal Areas report that they feel there is an alcohol problem in the city.

A needs assessment of Lewes Prison showed that 63% of male prisoners were hazardous or harmful drinkers in the year leading up to their imprisonment. Brighton and Hove Probation Service assessments of offenders show that 59% had alcohol misuse problems and of these 21% were perpetrators of domestic violence. Just over 60% of perpetrators of domestic violence were males aged 31-50 years.

Alcohol and health inequalities in Brighton and Hove

The prevalence of alcohol abuse and its associations with deprivation in Brighton were made as long ago as 1903 by the then Medical Officer, Sir Arthur Newsholme. A connection remains: the Brighton and Hove Health Counts Survey of 2003 recorded that a third of male heavy drinkers were employed, a third unemployed and 20% had a long term disability/illness.



	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07
All BH	9.6	21.5	17.3	16.8	16.4	18.0
Quintile1 (most deprived)	30.4	44.4	37.9	30.4	30.7	34.6
Quint2	8.2	14.0	14.2	19.1	20.9	22.9
Quint3	22.2	28.9	18.0	19.8	17.4	16.0
Quint4	7.3	14.3	11.0	12.0	9.8	15.2
Quintile5 (least deprived)	7.9	9.6	8.1	6.2	6.9	5.1

Note: The ONS definition of alcohol-related deaths (which includes causes regarded as most directly due to alcohol consumption) was revised in 2006. ONS has agreed with the GROS and NISRA that this definition will be used to report alcohol-related deaths for the UK.

Figure 1: Alcohol-specific mortality by deprivation quintile, 2000/02 – 2005/07. Source: Office for National Statistics.

Alcohol-specific mortality data from the 21st century, illustrated in Figure 1 shows that there is a four to seven-fold difference between the most and least deprived groups in the city, but detecting any other trend in this is more difficult.

Further examination of the 'constituents' of this most deprived group in Brighton and Hove can shed more light on the effects of alcohol consumption. Using the Mosaic classification the most common social groups found in for the most deprived quintile are the 'Under 15s', 'Twilight Subsistence' (older poor people), 'Welfare Borderline' and 'Blue Collar Enterprise'.

Analysis of the recorded alcohol-related accident and emergency attendances by young people aged 13-18 years from January 1st 2006 to October 30th 2008, showed that 149 out of 483 (31%) attendances were made by people from the most deprived

quintile, compared to 18% from the most affluent quintile. The wards with the highest number of attendances were East Brighton, Moulsecoomb and Bevenden and Queen's Park. The Primary Care Trust developed an Alcohol Local Enhanced Service for General Practice with the aim of better identification and treatment of people with alcohol problems. In 2008, 20 out of 47 GP Practices signed up to the Local Enhanced Service but only 2 practices were from areas where the most deprived groups live.

The Count Me in Too Survey of 2007 suggests that alcohol misuse one and a half times more common in the Lesbian, Gay, Bisexual and Transgender (LGBT) Community than in the general population. The Survey also reported a relative lack of alcohol free social settings was a particular problem that should be tackled.

The effect of 24-hour licensing on alcohol use in Brighton and Hove

Licensing hours were first introduced in the UK around the time of the Great War. The Licensing Act (2003) allows for flexibility in the times that premises are allowed to sell alcohol. These changes, supported by the alcohol retail industry, were heralded as a way of changing the binge-drinking culture in the UK. Since the launch of the Licensing Act in 2005, there has also been a smoking ban in enclosed public spaces. These two policy initiatives have resulted in changes in drinking patterns and behaviour around the country.

A total of 321 new licensed premises have opened in the city since the introduction of the Licensing Act 2003, so that there are now 1,329 premises serving a population of 256,600. Of these 447 are licensed for off sales, meaning customers must consume their alcohol off the premises. This means there is one on-licensed premise for every 290 residents. This is probably the highest figure in the history of the city even when compared to figures from the early and late 19th century. The price of alcohol has also decreased relative to income. Brighton and Hove also has a high proportion of employees working in bars compared to the national average, and to our nearest statistical neighbours: Southampton, Bristol and Bournemouth. The sale and consumption of alcohol therefore forms a very important part of the local economy.

Following the introduction of new licensing laws in 2005, by April 2008 in Brighton and Hove, there were 78 premises with 24 hour licences. Alcohol-related hospital admissions for Brighton and Hove residents increased markedly in the period following the introduction of the Licensing Act. There was a 30% increase in the rate of alcohol-related admissions in the city between 2005/06 and 2006/07: this compares to only a 7% increase for England over the same period.

Data provided by Sussex Police shows a sharp increase in violent crimes committed under the influence of alcohol immediately after the introduction of flexible licensing. These increased from 2,996 in 2005 to 3698 in 2006 though these have now dropped back a bit.

Qualitative research undertaken as part of the Health Impact Assessment suggested that residents in the central areas of the city experienced significant impacts on their health and wellbeing. These disturbed sleep and experiences of threatening, abusive and antisocial behaviour. Residents also expressed concern about the effect of increased access to alcohol on children and young people and suggested that there were insufficient accessible leisure services to keep our young people occupied in alcohol-free activities (Brighton and Hove City Council, 2009).

Recent efforts to tackle alcohol in Brighton and Hove

In recent years alcohol as a public health issue has received much greater prominence across the Primary Care Trust, City Council and Sussex Partnership Foundation Trust. Reducing hospital admissions related to alcohol has been agreed as a Local Area Agreement target. Following the 2007 Public Health Annual Report additional resources were identified to tackle alcohol problems. Of note were the Safe Space project in West Street, a new Alcohol Liaison Service established in Accident and Emergency and new primary care services known as Local Enhanced Schemes (LES) and Directed Enhanced Schemes which reimburse general practitioners for providing additional alcohol support services.

An increasing number of employers in Brighton and Hove, including NHS services and the City Council, have workplace alcohol policies.

Operation Park is a local Police and Council initiative whereby Police Officers and Anti-social Behaviour Workers co-operate to patrol public spaces on Thursday, Friday and Saturday nights. Between June 2008 and December 2009, 575 young people were stopped and of these, 530 were found to be under the influence of alcohol and 320 had alcohol seized. Seventy young people have been stopped twice and 11 three times or more.

In March 2008 a Cumulative Impact Area (CIA) was introduced in Brighton and Hove. New licensing applicants now are also judged against whether or not the granting of such a license would have an adverse cumulative impact on the area. A Controlled Drinking Zone has also been introduced and this allows police to confiscate alcohol from anyone who is not on licensed premises within the zone. More recently the Licensing Committee of the Council considered the merits of establishing an Alcohol Disorder Zone which would allow the City Council to impose charges on licensed premised to pay for the costs of addressing alcohol-related problems. These charges could then be used to provide additional failsafe measures in that locality. To date no alcohol disorder zone has been established. An Alcohol Disorder Zone was not adopted.

A report in June 2009 from the Reducing Alcohol-related Harm to Children Young People Ad Hoc Panel recommended that age-restriction be better enforced in off-licenses and supermarkets. A best practice guide on enforcement was circulated to

independent alcohol retailers in the city to encouraging them to challenge anyone trying to buy alcohol who looked under 25 years old.

A White Night event took place in 2008 and in 2009 in an effort to open up the city, through the night, for activities that were not necessarily alcohol-related. The Beacon award made to the city for its handling of the night-time economy was in part, awarded on the basis of how many partners across Brighton and Hove were engaged in trying to tackle alcohol-related problems.

In summary

It is important to recognise that this is not about trying to stop people from having a good time. Brighton and Hove has long been a destination for pleasure-seekers and people from both inside and outside the city continue to come to have a good time. To a large degree, this sustains the city economically. Alcohol has been an important part of that good time and it would appear that it is becoming ever more important.

Taken in moderation, alcohol can have a positive effect on an individual's health. Taken in excess, it has significant adverse effects not just on the health and wellbeing of the consumer, but also on the family and the community. These effects and wider problems such as nuisance, crime and violence have become very apparent in recent years.

A host of alcohol indicators bear testimony to the adverse short and long-term consequences of alcohol in Brighton and Hove and suggest that Brighton and Hove is not performing better than similar cities across the UK. Health data suggest that many young people suffer adversely from the acute effects of alcohol intoxication but that the problem of excessive alcohol consumption does not stop there and continues throughout people's lives. There is also evidence that residents from more deprived groups are more adversely affected. Put simply, it is not overstating the case to say that in Brighton and Hove an awful lot of people die or fall ill as a result of alcohol consumption while the lives of others are ruined.

Public services such as the Police, the City Council, the NHS and some retailers have been working in partnership - in keeping with national policy to address the problem. A number of initiatives have been introduced in an effort to reduce the adverse public health impact of alcohol. However, the scale of the problem is significant and it would be wrong to suggest that we are getting on top of the alcohol problem in Brighton and Hove. Also, the provision of some services, such as general practice services to tackle alcohol problem may not be quite in tune with need.

What more can be done? In some respects the answer to this needs to come from the government as legislation on pricing and on licensing - two areas where action might have significant public health benefits, is a central function. But it is too easy to blame those further up the line, and it is not enough just to put in safety net

initiatives to catch people who already have a problem – we can always do more of that, but it won't stop the problem.

Nor is it enough to simply put out a message that informs people of the adverse effects of alcohol consumption and leave it to them. There is little evidence that this alone has much effect. There is a wider question about whether the city is on the one hand, promoting or at least condoning the easy consumption of alcohol, while on the other the public and public sector laments its consequences. Alcohol has a huge impact on public health but national legislation on alcohol was not passed on the basis of public health. While that remains the case, it is up to the local public sector to find local ways of taking action on alcohol based on the principle of protecting and promoting public health.

Recommendations

Measures to tackle alcohol problems should be better targeted so the right group gets the right message. For example, a different approach is required for those with acute alcohol problems (young people, students, and the LGBT community) from those who have longer-term problems with alcohol consumption (middle aged and some older people).

There should be improved identification and follow-up of particular risk groups, such as recently released offenders.

Effective monitoring should take place so that services introduced for people with alcohol problems, such as local enhanced schemes, do not increase health inequalities.

There should be more effort to identify, develop and promote activities that encourage people of all ages, to have a good time, in public spaces, without having to take alcohol.

The public health aspects of licensing decisions should be scrutinised fully with for example, reference to established powers under the Cumulative Impact Area legislation, and consideration of the benefits of implementing an Alcohol Disorder Zone.

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