

Alcohol

Headlines

Kirklees has higher than average alcohol consumption and liver disease mortality rates in males. The local evidence identifies that those who are middle aged and have higher incomes are more likely to consume alcohol more frequently, but problematic drinking patterns (>7 units on a typical drinking day) are more prevalent in those with low household incomes, in those with routine and manual (R&M) occupations and 18-34 year old males and females. Those who binge drink are also more likely to smoke and take drugs. Over a third of women of childbearing age (WOCBA) and 20% of those with a long term condition drank in excess of the recommendations. Trends indicate that while males appear to be reducing their binge drinking habits, women of childbearing age appear to be binge drinking more than in 2005. The drinking behaviour of parents, carers and other family members is a strong influence on their children's alcohol use. 4 out of 5 (82%) of those surveyed were not concerned about the amount of alcohol they consumed.

Why is this issue important?

Alcohol is the second biggest lifestyle health risk factor after [tobacco](#) use. Regularly drinking over the recommended daily limit can lead to short term (e.g. disturbed sleep, feeling stressed, memory loss) and long-term adverse effects (e.g. raised blood pressure and CHD, [liver disease](#), [cancers](#), [mental health](#) problems, stomach ulcers)¹. Alcohol misuse is currently grouped into four areas: lower risk (recommended daily levels), increasing risk, higher risk and alcohol dependency². Synthetic estimates for Kirklees from the Yorkshire public health observatory found that almost 1 in 4 (23%) of the population were “increasing risk drinkers” while 1 in 16 (6%) were “higher risk drinkers” and 1 in 20 (5%) were alcohol dependent³. Binge drinking in Kirklees (drinking 7 or more units for females/males on a typical drinking day) was 21%, similar to national figures of 1 in 5 (20%)³. It is estimated that alcohol is a factor in 1 in 3 (30%) sexual offences, 1 in 3 (33%) burglaries, and half of street [crimes](#) in the UK¹. The 2011 “Your Place Your Say” survey⁵ found that approximately 1 in 3 (30%) respondents perceived drunk or rowdy behaviour as a problem in Kirklees⁵. Higher risk drinking also contributes to increased risky sexual behaviour, absenteeism, and [drug misuse](#)⁶. Whilst most 14-year olds in Kirklees do not drink, those that drink regularly are more likely to smoke and use illegal drugs⁷. Similarly, adults (especially 18-44 year olds) who binge drank were almost

twice as likely to [smoke](#), and 2.5 times more likely to have used illegal drugs in the last five years⁸.

In Kirklees, hospital admission rates for alcohol conditions and alcohol related death rates increased between 2006 and 2010 and alcohol related mortality (overall and liver disease) for males in Kirklees was higher than the regional and national average in 2010⁹.

What significant factors are affecting this issue?

External and environmental factors such as the physical environment, [work](#) and income can influence the amounts and the manner in which people drink¹¹. Alcohol was 69.4% more affordable in 2007 than it was in 1980¹² and Kirklees has the fifth highest number of licensed premises in Yorkshire and Humber³.

The local evidence identifies that those who have higher incomes and are in the least [deprived](#) IMD are more likely to consume alcohol above recommended drinking levels and less likely to abstain. However, problematic drinking patterns (>9 units on a typical drinking day) are more prevalent in those with low household incomes/within the most deprived IMD quintile⁸.

Which groups are most affected by this issue?

Children, young people and families

Alcohol drinking during any stage of childhood can harm a child's development and young people who begin drinking before the age of 15 are more likely to experience problems related to their alcohol use¹⁵. The drinking behaviour of parents, carers and other family members is a strong influence on their children's alcohol use and a family history of alcoholism is associated with an increased risk of alcoholism in children¹⁵. Locally, of 14-year olds who drank, over half (56%) reported their family as their primary source of alcohol with only 1 in 8 (12%) buying it for themselves⁷.

Adults: in Kirklees in 2012⁸

- Only 7.4% of males and females did not drink any alcohol. Over half of those who were Asian did not drink alcohol in comparison to just 5% of those who were white.
- 60% of males and 40% of females drank alcohol at least 2-3 times per week. Those drinking alcohol more than four times a week were more likely to be aged between 45-64 and those earning in excess of £40,000.

- Those who were more likely to drink in excess of recommendations (<4 units on a typical drinking day) were households with an income greater than £20,000; males aged 25-34 (58%) and females aged 18-24 (58%); those in sales and customer service positions (64% M and 44% F); R&M males (56%) and females in managerial positions (42%).
- Those who were more likely to binge drink (>7 units on a typical drinking day) were males overall (33%) and females aged 18-44 (43%), male and female single parent (33%), obese males (31%), R&M males (35%), males working in skilled trade occupations (39%) and as process, plant or machine operatives (38%), and females working within sales and customer service occupations (24%).
- Overall, 82% of those surveyed were not concerned about the amount of alcohol they consumed whilst 12% were concerned and planned to reduce their intake.

Children and young people in Kirklees in 2009⁷

- The age at which children have their first drink has essentially remained the same at 11.1 years (2007) to 11.5 years (2009).
- 2 in 3 (66%) children have tried alcohol by age 14, fewer than in 2007 (72%) and 2005 (84%).

Women of childbearing age ([WOCBA](#): 18-44 years old)⁸

It is recognised that alcohol has detrimental effects on the health status of women of reproductive age and on the foetus, and locally, 1 in 4 (26%) of this group reported binge drinking. The majority of these women were white (29%), in the most deprived IMD category (37%), had a long-term limiting illness (31%) and workless (31%), and single (35%). For WOCBA with dependent children, 1 in 4 drank <7 units on a typical drinking day. Approximately 87% of this group were not concerned about the amount of alcohol they consumed. Of those who were concerned only 17% planned to reduce their alcohol consumption.

People with long-term limiting illness and specific long-term conditions (LTCs)⁸

1 in 5 (19%) of those with a long-term limiting condition drank at least 7 units on a typical drinking day. Overall, males with LTCs were more likely to drink more than females and people with depression and pain had higher than average drinking levels.

Healthy Foundations⁸

Those drinking below recommended alcohol guidelines were more likely to fall within the Health Conscious Realists (HCR) category; while those at or above the current alcohol guidelines were more likely to fall within the Live for Today (LFT), Unconfident Fatalists (UF) or Hedonistic Immortals (HI) categories. There are a proportion of those who do drink in excess of current Government guidelines but who fall within the HCR category, which

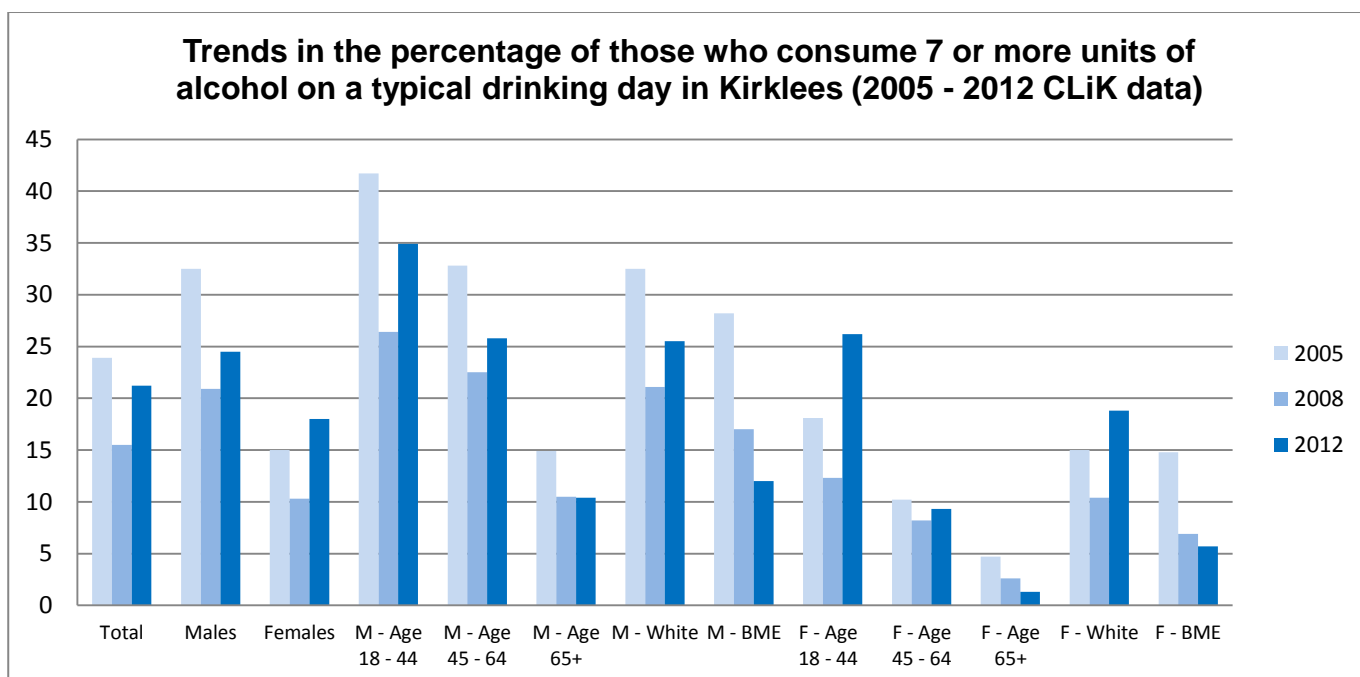
may indicate that they are not aware that they are consuming alcohol at levels which are detrimental to their health.

Where is this causing greatest concern?

- [Birstall & Birkenshaw](#) (29%), [Spennings](#) (29%) and [Huddersfield](#) South (27%) had the highest percentage of binge drinking in males and Huddersfield South (23%), [Dewsbury](#) (23%) and Birstall & Birkenshaw (21%) had the highest percentage of binge drinking in females. Furthermore, 32% and 34% of WOCBA in Birstall & Birkenshaw and Dewsbury binge drank.
- 84% of respondents in Dewsbury, Spennings and Huddersfield South were unconcerned about the amount of alcohol they consumed and this figure rose to 90% of WOCBA in Spennings and Dewsbury.

Local trends in alcohol consumption

Trends in alcohol consumption appear to have flattened out between 2005 and 2012 in those drinking at lower levels (data not shown). Those drinking at least 7 units on a typical drinking day has decreased in males (both white and BME males) while it has increased in females; especially in women of childbearing age.



Views of local people

Drinking at the outlined levels is viewed as the norm and local insight reflected that many local people consider Government health messages around alcohol unrealistic. Also, this

insight identified limited recognition of specific long-term effects of excessive alcohol consumption and that peer pressure, along with habit, routine and boredom were all reasons teenagers and young adults choose to consume excessive alcohol.

Overall, certain subgroups of the population of Kirklees drink alcohol in excess of recommendations and this may have adverse public health and economic implications. There appears to be a significant proportion of women of childbearing age and people with certain long-term conditions who drink excessively. It would appear that the public still find the alcohol-related Government health messages confusing, are unaware of the long-term effects of excessive alcohol intake and believe that their drinking patterns are “normal” as 4 out of 5 people in Kirklees are unconcerned about their level of drinking.

What could commissioners and service planners consider?

Priorities for the Kirklees Alcohol Strategy include:

- Ongoing support for the development of work around earlier identification of alcohol misuse within primary care and other settings.
- Ongoing development work to skill up the wider frontline workforce across Kirklees to signpost, give brief advice and support, more targeted to needs.
- Significant work to engage acute hospital trusts more in accident and emergency and hospital-based alcohol services.
- More campaigns highlighting the effect of alcohol misuse in children, women of childbearing age and adult males.
- Consolidation of specialist treatment capacity for dependent drinkers.
- Development of a Liver Prevention Strategy to promote earlier diagnosis and treatment of liver disease.
- Support for minimum pricing and community safety initiatives to better manage the on and off trade and night-time economy.

References

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