

9

Behaviours

Alcohol	171
Breastfeeding	176
Drug misuse	178
Food and nutrition	181
Physical activity	184
Sexual behaviour and teenage pregnancy	187
Smoking and tobacco use	190

Alcohol

Headlines

Alcohol is part of normal social life. Drinking alcohol above risk levels is a major cause of disease, injury and social dysfunction. So alcohol is an issue that affects the whole population, both directly and indirectly through the impact that alcohol has on others. The Royal College of Physicians identifies “passive” effects of alcohol misuse and describes it as a major cause of social unrest. While people on lower incomes are less likely to drink above recommended levels and more likely to abstain altogether, if they do drink, they are more likely to drink to excess and be alcohol dependent than people on high incomes. Consuming alcohol in pregnancy increases the risk of foetal abnormality.

Locally:

- People do not recognise the harmful effects of their behaviour nor the amount they are drinking.
- Levels of increasing and higher risk alcohol drinking among adults in Kirklees remain among the worst 10% nationally.
- Amongst adults that drank, their consumption was virtually the recommended limit. Drinking over these limits was most common in those aged 18-24 years, 62% of males and 53% of females.
- Fewer 14 year olds had tried alcohol, 66%, than in 2007. Fewer boys were getting really drunk at least monthly or more (13%) and fewer were drinking alone (12%). Girls were still slightly more likely to be getting really drunk than boys or in 2007.
- Bingeing among young people aged between 18 and 24 years increased in 2008, with 66% of males and 45% of females in full time education bingeing in the previous week. This compared with 38% of men and 36% of women in the wider adult population.
- Most adults in Kirklees were not worried about the amount they drank: 83% of male and 90% of female drinkers were not concerned about their drinking. Higher than average levels of alcohol related crime and the number of people on probation caseloads with alcohol problems continues to increase.

Why is this issue important?

Alcohol can play an important and positive role in British culture. It is part of our social and family life and can enhance meal times, special occasions and time spent with friends. However, regular drinking over the recommended daily limit (lower risk) of 3-4 units for men and 2-3 units for women can lead to significant health problems¹. Such excessive alcohol consumption is a major cause of disease and injury, accounting worldwide for 9.2% of disability adjusted life years with only tobacco smoking and high blood pressure as higher risk factors². Alcohol related deaths and hospital admissions are still rising as a consequence of harmful alcohol use occurring over a number of decades^{3(p10)}.

Alcohol misuse is currently grouped into four areas – lower risk (recommended daily levels), increasing risk, higher risk and alcohol dependency (which can be separated into moderate and severe)². Nationally an estimated 10 million people were drinking at least at increasing risk levels and more than one million were actually alcohol dependent⁴. Estimates for Kirklees, using the Alcohol Needs Assessment Research Project⁵ methodology, indicate that 5% of the working age population is alcohol dependent, with 23% drinking at increasing risk levels and 7% at higher risk levels⁶, among the worst 10% nationally⁷. Regular drinking above recommended daily limits increases the risk of a wide range of health problems including liver damage, such as cirrhosis and liver cancer, cancer of the mouth, throat, oesophagus or larynx, heart disease and stroke, depression, memory loss, brain damage or dementia and potentially fatal alcohol poisoning⁸.

Mental health problems, drug and alcohol misuse often co-exist. Nationally, nearly half of patients treated within community mental health teams reported problem substance use in the past year, and up to 3 in 4 of substance misuse patients had recent psychiatric disorders^{3(p10)}. Locally, data shows that offending behaviour, including domestic violence, is strongly linked with alcohol misuse (see offender section). Those 14 year olds in Kirklees that drink alcohol regularly are also more likely to smoke and use illegal drugs⁹.

Alcohol is an issue that affects the whole population, both directly and indirectly through the impact that alcohol has on others. The Royal College of Physicians¹⁰ describes the catastrophic “passive” effects of alcohol misuse as “rape, sexual assault, domestic and other violence, drunk driving and street disorder – alcohol affects thousands more innocent victims than passive smoking.” It is also a major cause of social unrest, as indicated locally in the Place Survey 2008¹¹, where 30% of respondents perceived drunk or rowdy behaviour as a problem within Kirklees. Locally there are higher than average levels of alcohol related crime. The number of people on probation caseloads with alcohol problems continued to climb. 83% of female offenders on probation in Kirklees were assessed as having alcohol related needs, significantly higher than the male caseload¹².

What significant factors are affecting this issue?

Nationally adults in households classified as ‘managerial and professional’ drank more, and more often, than ‘routine and manual’ households¹³. As the level of household income rises, so does the proportion of people exceeding the daily recommended amounts of alcohol consumption^{3(p57)}. This is a direct contrast to smoking data, which showed that smoking was twice as common in households classified as routine and manual than it was in managerial and professional households. People with lower incomes are less likely to drink above recommended levels and more likely to abstain altogether, if they do consume alcohol, they are more likely to have problematic drinking patterns and be alcohol dependent than people higher on the income scale¹⁴. Their alcohol related death rates were 45% higher¹. So, the severe impact of alcohol is greater in those with lower incomes.

Local data shows consumption is high across the whole of Kirklees, including both deprived and affluent areas.

Which groups are affected most by this issue?

Children and young people

An alcohol free childhood is the healthiest option. If children and young people do drink alcohol, it should be in moderation and always under parental guidance or supervision¹⁵. Alcohol drinking during any stage of childhood can harm a child’s development. Alcohol use during the teenage years relates to a wide range of health and social problems and young people who begin drinking before the age of 15 are more likely to experience problems related to their alcohol use.

National evidence shows that children and young people with mental health problems are more likely to smoke, use drugs and alcohol^{3(p28)}.

Locally:

- The age at which children have their first drink increased to 11.5 years from 11.1 years in 2007; this is still worryingly young⁹.

Fewer 14 year olds had:

- Tried alcohol in 2009 than in 2007 (66% compared with 72%) and 2005 (84%).
- Their first drink aged under 10 years, 21% in 2007 compared to 14% in 2009.
- Been drunk monthly or more, from 15% in 2007 to 13% in 2009 but still slightly more girls than boys.
- Drunk on their own, 1 in 8 compared to 1 in 6 in 2007⁹.
- More white 14 year olds drank weekly or more (17%) and monthly or more (44%) than south Asian 14 year olds, 1% and 2% respectively⁹.

In 2008, local social marketing insight work about alcohol with 16-18 year olds, and about smoking with 13-15 year olds, found that most young people undertook these activities to relieve the boredom or monotony of their everyday lives. Drinking is seen as a cheaper option than other leisure activities that are available¹⁶. This perception of a lack of “something, or anything, to do,” is not exclusive to Kirklees. Nationally the issue of young people engaging in risky behaviours due to “boredom” is acknowledged and the Chief Medical Officer’s guidance on the consumption of alcohol by young people recommends that alternative activities must be available, accessible and affordable in all areas¹⁵.

Families

Problem substance misuse, including alcohol, has a profound effect on families. There is often a feeling of shame, which means family members frequently try to cope with these issues alone.

Parents or carers are responsible for knowing whether their children drink at all and, if they do, how much and how frequently. Young people who are poorly monitored by their parents and carers begin drinking alcohol at an earlier age, tend to drink more and are more likely to develop problematic patterns of drinking¹⁵. The drinking behaviour of parents, carers and other family members is a strong influence on their children’s alcohol use. Parental use of alcohol increases the likelihood that children will also consume alcohol and a family history of alcoholism is associated with an increased risk of alcoholism in children¹⁵.

Locally, of those aged under 18 years, 8 - 13% had alcohol misusing parents¹³. Nationally 34% of child protection registrations and 62% of care proceedings are attributable to parental substance misuse including alcohol¹⁷.

The high number of adults drinking over recommended levels (36% men and 26% women) and regular binge drinking (38% men and 36% women) across Kirklees is therefore a significant risk to the future potential drinking behaviour of young people. This is perhaps already being seen in Batley, with the most 14 year olds ever being drunk and the highest proportion of adult binge drinkers in Kirklees, and with Birstall & Birkenshaw the highest number of women abusing alcohol^{9,18}.

Locally, 14 year olds who drank, reported their family as the most likely source of alcohol (56%), with far fewer actually buying it for themselves (12%). It is unclear whether this alcohol is given to them or whether it is taken from the family home without permission or knowledge of their parents or carers. Slightly less 14 year olds felt their families and friends drank too much than in 2007, although there were still around a quarter of them who felt this way⁹.

Adults

In Kirklees in 2008¹⁸:

- 36% of males and 26% females regularly drank over the Government’s recommended daily limit, similar to 2005.
- Of those who drank, the mean number of units was virtually the recommended daily limit, i.e. 23 units per week for men and 12 units per week for women, similar to 2005.
- Most adults in Kirklees were not worried about the amount they drank: 83% of male and 90% of female drinkers were not concerned about their drinking.
- Amongst adults that drank, doing so over the recommended limit was most common in those aged 18-24 years, 62% of males and 53% of females. In men who drank, mean weekly alcohol consumption was highest in the 18-24 age group at 31 units; seven units above the recommended weekly limit of 21, but not significantly different from any other age group. For women who drank, mean weekly alcohol consumption was also highest in the 18-24 age group at 24 units, significantly higher than in any other age group and 10 units above the recommended weekly limit of 14.
- 38% of males and 36% of females who drank, had binged in the last week (eight or more units a day for males; six or more units a day for females), similar to 2005. Binge drinking was most common in the 18-24 age group, reported by 100% of male drinkers and 58% of female drinkers.

Although the rate of alcohol related hospital admissions was lower in Kirklees than both Yorkshire and Humber and nationally, it rose more quickly. Alcohol related deaths among Kirklees men are of particular concern, as the rates are now worse than nationally⁹.

Women of childbearing age

One of the biggest changes in the last 10 years is the increase in alcohol drunk by women and young people¹⁶. Locally, 29% of women of childbearing age regularly drank more than the recommended 2-3 units a day and 42% reported binge drinking¹⁸, similar to 2005.

Alcohol accounts for 6% of all breast cancer in the United Kingdom amounting to around 3,000 cases each year¹⁹. Alcohol is also implicated in approximately 6,000 babies born per annum in the United Kingdom with foetal alcohol syndrome disorder, representing 0.9% of all live births²⁰, miscarriage and sexual assaults⁵.

Where is this causing greatest concern?

Analysis of locally gathered insight, Current Living in Kirklees (CLIK)² data and the new national alcohol segmentation tool²¹ have helped to identify areas where there are greater numbers of increasing and higher risk drinkers. These include Huddersfield north and south, Dewsbury, Batley, Colne Valley and Spennings, especially those aged 18-44 years.

Batley, Birstall & Birkenhead have significant numbers of 14 year olds reporting that they had been “really drunk” weekly or more as well as adults, especially women, drinking to excess/bingeing. Mirfield, Spennings and the Holme Valley also have similar issues about weekly drunkenness.

Views of local people

“Young people today drink more.” (young mum, Dalton)*

Drinking at these levels is viewed as the norm and local insight reflected that many local people consider Government health messages around alcohol both unrealistic and unnecessary¹⁶.

Most people, including those who exceeded recommended limits, were not concerned about the amount they drank and suggestions around reducing or moderating levels of alcohol consumption were met with incredulity.

- “If that’s a sensible limit then I’m really a bit crazy!” (25-40 year old male).
- “I don’t know anybody who sticks to them or even thinks about them once they start drinking. When you’re drinking it you don’t think do you? You just get carried away”. (25-40 year old female).
- “I think I’m a pretty good judge of what limits are appropriate for me. I have my own limits - I don’t need the Government telling me how much I should drink”. (25-40 year old male).

What could commissioners and service planners consider?

“Signs for improvement: commissioning interventions to reduce alcohol-related harm”² identified a number of high impact changes that have the greatest impact on health commissioned outcomes. Priorities for commissioners are detailed within the Kirklees Alcohol Strategy, but key actions 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.
- Secure the future of criminal justice based alcohol interventions.
- Further capacity within tiers three and four of specialist service provision for dependent drinkers.

* Voices of children and young people quoted are from local involvement projects and social marketing insight.

References

1. Department of Health. Safe. Sensible. Social. The next steps in the National Alcohol Strategy. 2007. London: DH Publications.
2. Department of Health. Signs for Improvement: Commissioning interventions to reduce alcohol-related harm. 2009 London: DH Publications.
3. Department of Health. Our Health and Wellbeing Today 2010 London: DH Publications.
4. Department of Health. Alcohol social marketing: reaching out to drinkers in your local area. DH/ALC conference presentation 09.03.10.
5. Department of Health. Alcohol Needs Assessment Research Project (ANARP) 2005.
6. NHS Yorkshire and the Humber, YHPhO Healthy Ambitions – Staying Healthy Alcohol Main and Alcohol Supporting Information. 2010.
<http://www.yhpho.org.uk/resource/item.aspx?RID=79123>
7. North West Public Health Observatory 2009.
<http://www.nwph.net/nwpho/>
8. Alcohol Concern. The impact of alcohol on health (factsheet). 2010 London: Alcohol Concern.
9. NHS Kirklees, Kirklees Council and West Yorkshire Police. Young People's Survey (YPS). 2009.
10. The Royal College of Physicians. Public health priorities – Alcohol. 2010.
<http://www.old.rcplondon.ac.uk/professional-issues/Public-Health/Pages/Alcohol.aspx>
11. Kirklees Council. Place Survey 2008.
12. OASys 2009.
13. ONS. Smoking and Drinking among adults 2008.
http://www.statistics.gov.uk/downloads/theme_compendia/GLF08/GLFsmoking&DrinkingAmongAdults2008.pdf
14. Marmot M. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010. (The Marmot Review). February 2010.
<http://www.marmot-review.org.uk/>
15. Department of Health. Guidance on the Consumption of Alcohol by Children and Young People 2009 London: DH Publications.
16. 20/20 Research. Exploratory Research into Alcohol-Related Behaviour in Kirklees. 2008.
17. Forrester, D. and Harwin, J. Parental substance misuse and child care social work: findings from the first stage of a study of 100 families. 2006 Children, Family and Social Work 11 (4), 325 – 335.
18. NHS Kirklees and Kirklees Council. Current Living In Kirklees (CLIK) survey. 2008.
19. The Health Committee. Alcohol First Report of Session 2009–10 Volume I. London: The Stationery Office Limited.
20. <http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=14408>
21. Department of Health. Alcohol Social Marketing for England. 2010 London DH Publications.