Introduction

There is a recognised hidden harm regarding hazardous consumption of alcohol within the affluent and professional population of West Berkshire.

The current government’s Alcohol Strategy 2012 seeks to “turn the tide against irresponsible drinking” made several recommendations, several of which have been incorporated within the local treatment system, coupled with local initiatives strengthening partnership working.

Estimates of binge drinking behaviour suggest that just fewer than 18% of the population aged over 18 years of age in West Berkshire LA engage in binge drinking. This is comparable to the national and regional averages of 20% and 18% respectively.

Increased risk drinking is defined as drinking at a level that increases the risk of damaging health and could lead to serious medical conditions. It is quantified as more than 3 to 4 units on a regular basis for men and more than 2 to 3 units for women. Modelled estimates suggest that 19% of the West Berkshire LA population engage in increased risk drinking. Again this would equate to over 20,000 people in West Berkshire LA risking damage to their health through the misuse of alcohol (LAPE, 2013).

Higher risk drinking is the level of drinking that has the greatest risk of health problems and is quantified as more than 50 units a week for men and more than 35 units a week for women. Modelled estimates suggest that 7% of the West Berkshire LA population engage in higher risk drinking, which translates to almost 9000 people in West Berkshire LA are seriously damaging their health through alcohol misuse (LAPE, 2013).

The adult alcohol misusing population of West Berkshire can access a full range of treatment services from Turning Point, based centrally in Newbury and providing satellite services from various GP surgeries. Treatment provision includes: Users Group work; Individual Key Work; Abstainers Group work; Peer Support sessions; Parent and Carers Support; Specialist Counselling; Education Programmes; Community and In-patient detoxification programmes. Royal Berkshire Hospital has a service within A&E that identifies patients who are admitted with alcohol related conditions.

What do we know?
There were a total of 1,185 hospital admissions related to alcohol for residents of West Berkshire LA during 2009/10. 13% of these admissions had a cause specific to alcohol use. People from West Berkshire LA are significantly less likely than the national and regional average to be admitted to hospital for conditions specific to or attributable to alcohol. However, admissions due to alcohol have increased for both males and females from West Berkshire LA since 2004. Although this rise in admissions has stabilised for males, it is continuing to rise for females.

Alcohol related admissions have been calculated for under 18 year olds using three years data. There were 36 admissions for young people from West Berkshire LA during this time period. Significantly fewer young people were admitted to hospital due to alcohol from West Berkshire LA (33 per 100,000) than the national (62 per 100,000) and regional (52 per 100,000) averages (LAPE, 2013).

As well as affecting the health and safety of the individual user, alcohol misuse can have a negative impact on feelings of wellbeing across the local area. Residents in West Berkshire LA (22%) were significantly less likely to consider drunk and rowdy behaviour to be a problem than the national and regional averages when asked in the West Berkshire Residents Survey, 2009.

The rate of crime in West Berkshire that is estimated to be attributable to alcohol has decreased steadily over the past five years to a rate of fewer than 6 crimes per 1,000 people. This is lower than the national and South East Region averages and is lower than the average for Local Authorities with similar levels of deprivation as West Berkshire. However, despite the overall fall in crimes estimated to be due to alcohol in West Berkshire, the rate of sexual crimes due to alcohol has remained fairly constant. This is a similar pattern to the one seen across the Country and Region.

Violent crime estimated to be due to alcohol has seen a fall in West Berkshire and this reduction was at its most dramatic between 2010 and 2012. It has fallen below the national and South East Region average, and is in line with that of the average for the Local Authorities with a similar level of deprivation to West Berkshire.

Figure 1: Violent crime attributable to alcohol 2008 to 2012

Source: Public Health England – Local Alcohol Profiles for England
Alcohol specific conditions are health conditions where alcohol is implicated in all cases. These conditions would not be expected in an individual who does not drink alcohol (e.g. alcoholic liver cirrhosis), and include alcohol specific conditions and health conditions which are implicated in some but not all cases to alcohol, for example some cancers like breast cancer. Each of the attributable conditions is given a relative risk factor depending on the strength of the relationship between alcohol use and the development of the health condition. These will be different for people of different age and gender. These risk factors can be applied to hospital and mortality data to estimate the number of admissions to hospital and the number of deaths that were due to alcohol.

Data on alcohol specific conditions and alcohol attributable conditions is available for hospital admissions and for deaths occurring at a particular time and in a particular area.

Admissions to hospital that are estimated to be due to alcohol have risen slightly over the past five years for women living in West Berkshire. They still remain below the national and South East Region averages, as well as the average for Local Authorities with similar levels of deprivation. Around 500 in every 100,000 females in West Berkshire were admitted to hospital for reasons considered attributable to alcohol in 2011.

Admissions to hospital that are estimated to be due to alcohol for males living in West Berkshire have followed a similar pattern to those for females in that they have risen slightly over the past five years. They still remain below the national average, South East region average and averages for Local Authorities with similar levels of deprivation. However, the numbers of admissions are greater than they are for females with over 800 in every 100,000 males in West Berkshire admitted to hospital for reasons considered attributable to alcohol in 2011.
Admissions to hospital that are specifically due to alcohol for females living in West Berkshire have increased slightly over the past five years. They still remain below the national average and are also lower than the averages for the South East Region. Around 100 in every 100,000 females in West Berkshire were admitted to hospital for reasons considered specific to alcohol in 2011.

Admissions to hospital that are for causes considered specific to alcohol for males living in West Berkshire have remained fairly constant over the past five years. They are also below the national and South East regional averages, as well as the average for Local Authorities with similar levels of deprivation. The numbers of admissions are greater than they are for females with around 200 in every 100,000 males in West Berkshire admitted to hospital for reasons considered specific to alcohol in 2011.
There is data available that reveals the number of benefit claimants whose main medical reason to not work is alcoholism. This is shown as a rate per 100,000 people who are of working age. Around 50 people in every 100,000 people of working age in West Berkshire are claiming these benefits for reasons of alcoholism. This is fewer than the average nationally and in the South East region. The number is comparable to the average of Local Authorities with a similar level of deprivation to West Berkshire (Local Alcohol Profile for England, 2013).

What is the data telling us?

The current government’s 2012 Alcohol Strategy asks local areas to reduce the incidents of alcohol misuse and increase the number of people entering and subsequently successfully leaving treatment having overcome dependence. Locally West Berkshire follows the recommendations contained within the document.
However there are amendments that include: closer working with accommodation providers, enforcement agencies, Community Mental Health Teams, Vulnerable Adults Team, Children and Young Peoples Directorate, hospitals, GP practices, relevant charities and local businesses.

As with treatment for drug dependency, it is recognised that although many individuals will require a number of separate treatment episodes over time, most individuals who complete successfully do so within two years of treatment entry.

**What are the key inequalities?**
As West Berkshire is predominantly rural, the lack of public transport is the predominant cause of inequality for accessing treatment provision.

**Recommendations for consideration**
- Additional support for Parents and Carers
- Additional Rural Service Provision
- Increased referrals from GP and Pharmacists
- Increased access to transport provision
- Increased bed space at Prospect Park Hospital for in-patient detoxification
- Increased Specialist Alcohol Nurses Support Provision at Royal Berkshire Hospital Accident and Emergency Department

**Other services and partner organisations**
- **Drinkaware**
  Drinkaware is a national UK wide charity that provides people with information about alcohol and its effects. Drinkaware promotes responsible drinking in order to help reduce alcohol misuse and alcohol related harm.

**National and local strategies**
- **HM Government (2012) Alcohol Strategy**

**Other chapters you might be interested in**
- Drug Misuse
- Mental Health
- Drug and Alcohol Use in Children and Young People

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437