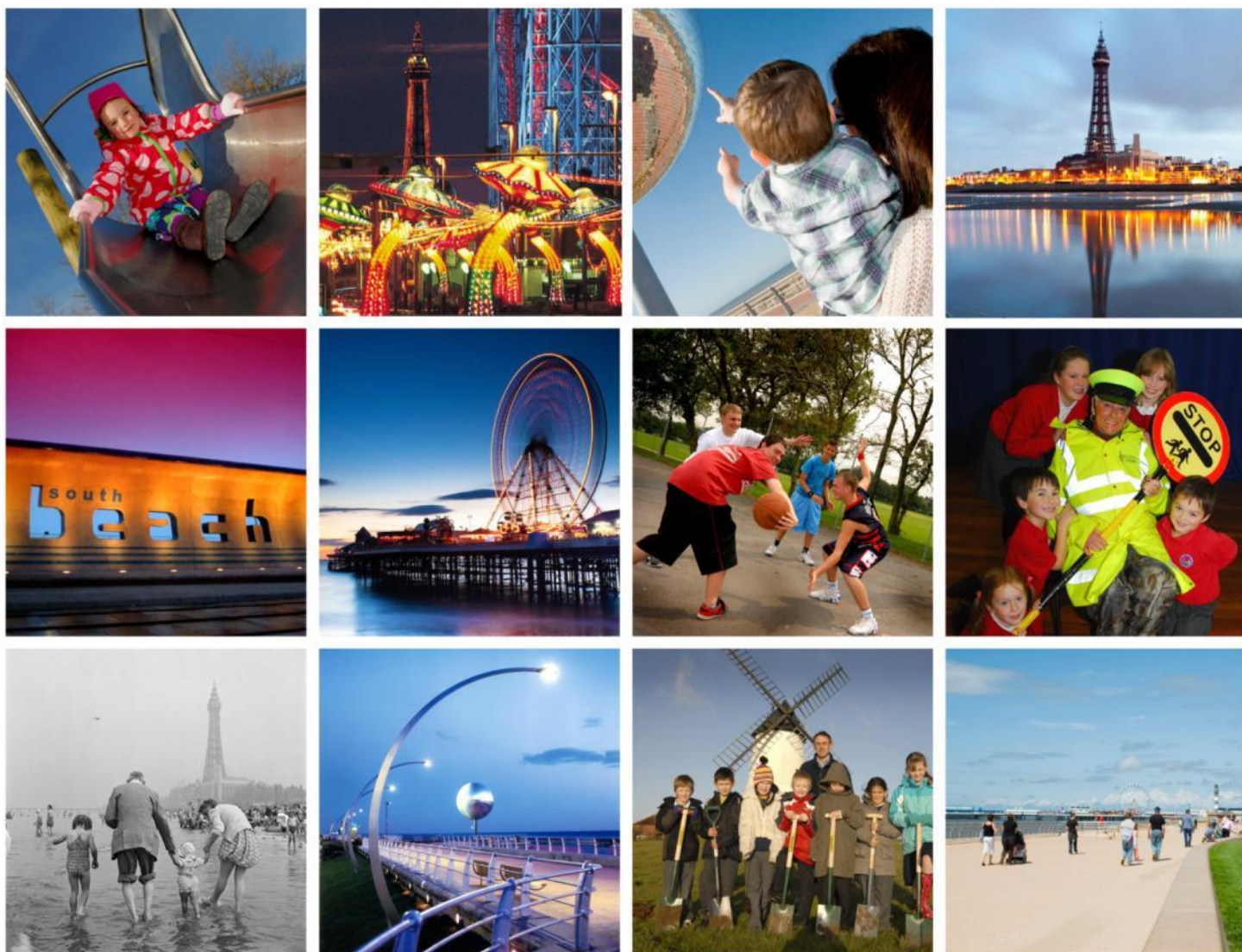


# Blackpool Drug and Alcohol Health Needs Assessment

April 2014

Blackpool Council



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## **Blackpool Alcohol Health Needs Assessment**

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## **Scope**

This Health Needs Assessment (HNA) provides an overview of the current patterns of alcohol use in Blackpool and the impact on the population, along with regional and national comparisons. It considers both adult and young person groups, and also the current use of alcohol services. As such it is a comparative, epidemiological HNA using existing data and evidence. It is intended to act as a foundation from which further information gathering can develop, and to inform the direction of service provision and resource use according to need.

## Introduction

### i. Brief policy context

#### a. National policy and guidance

In 2007, *Safe, Sensible, Social: The Next Steps in the National Alcohol Strategy*<sup>1</sup> targeted the following:

- A reduction in acute and chronic ill-health due to alcohol
- Fewer alcohol-related hospital admissions
- Fewer alcohol-related accidents
- A reduction in alcohol-related violent crime disorder, and antisocial behaviour.

The *Reducing Harmful Drinking* policy followed in 2013<sup>2</sup>:

**National Policy: *Reducing Harmful Drinking 2013***

Aims:

- Change in drinking culture
- Reduction in alcohol-related violent crime
- Reduce number of adults drinking above lower-risk guideline amounts
- Reduction in binge drinking
- Reduction of alcohol-related deaths
- Reduction in number of 11-15 year olds purchasing and drinking alcohol.

Key action points:

1. Helping individuals to change their drinking behaviour
2. Taking action locally
3. Improving treatment for alcohol dependence
4. Sharing responsibility with industry
5. Making cheap alcohol less available
6. Stopping advertising targeting to young people

Source: <https://www.gov.uk/government/policies/reducing-harmful-drinking>

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<sup>1</sup> *Signs for improvement – commissioning interventions to reduce alcohol-related harm*, Department of Health, 2009

<sup>2</sup> *Reducing Harmful Drinking*, Department of Health, 2009



This is in addition to the 2012 Alcohol Strategy<sup>3</sup>:

**National Alcohol Strategy, March 2012**

Targeted:

- Binge drinking culture
- Alcohol related crime
- Harmful alcohol consumption

Key commitments highlighted at the time included:

- i. consultation on a minimum unit price for alcohol (completed and not pursued further at present time)
- ii. consult on a ban on the sale of multi-buy alcohol discounting
- iii. review of local power to influence environment through licensing including health impact
- iv. sobriety schemes

Source: <https://www.gov.uk/government/publications/alcohol-strategy>

Alcohol also features in the Public Health Outcomes Framework that summarise the “vision for public health” from both a regional to a national context.<sup>4</sup> Alcohol-related hospital admissions and mortality feature among these.

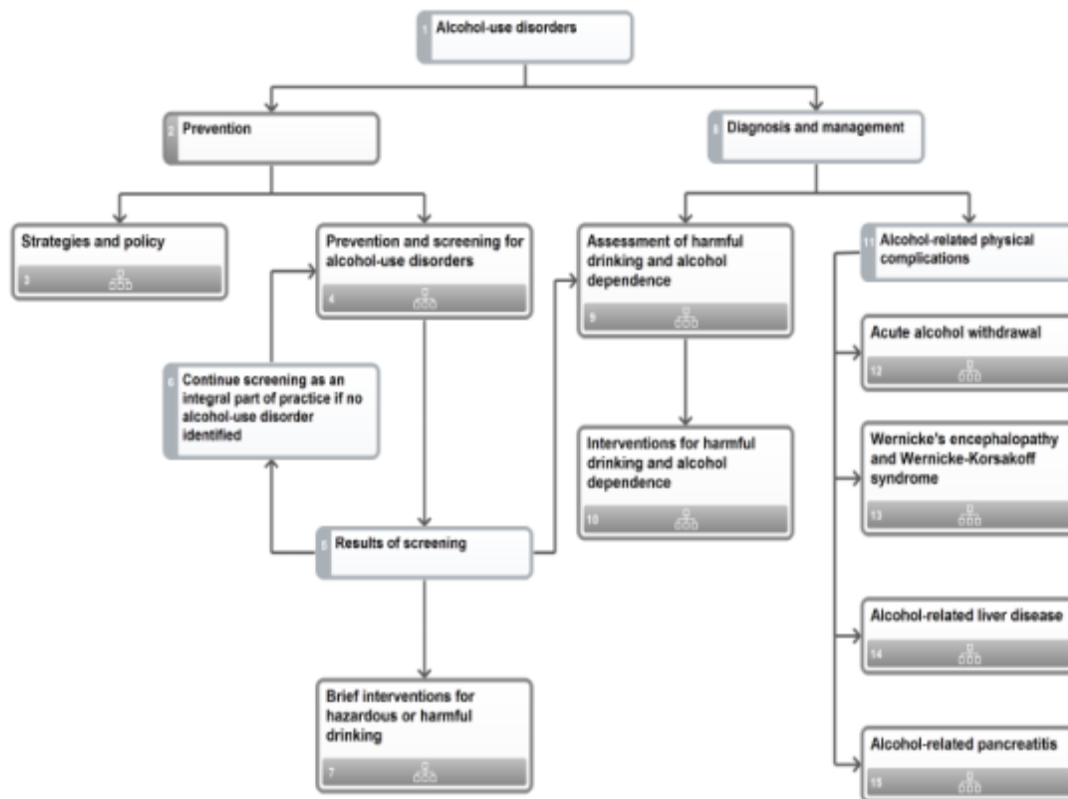
The National Institute of Health and Care Excellence (NICE) has developed several relevant guidelines. A summary of existing guidance is shown in the figure below.

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<sup>3</sup> *The Government’s Alcohol Strategy*, Home Office, 2012

<sup>4</sup> *The Public Health Outcomes Framework*, Public Health England, <http://www.phoutcomes.info/>

Figure 1: Alcohol-use disorders overview<sup>5</sup>



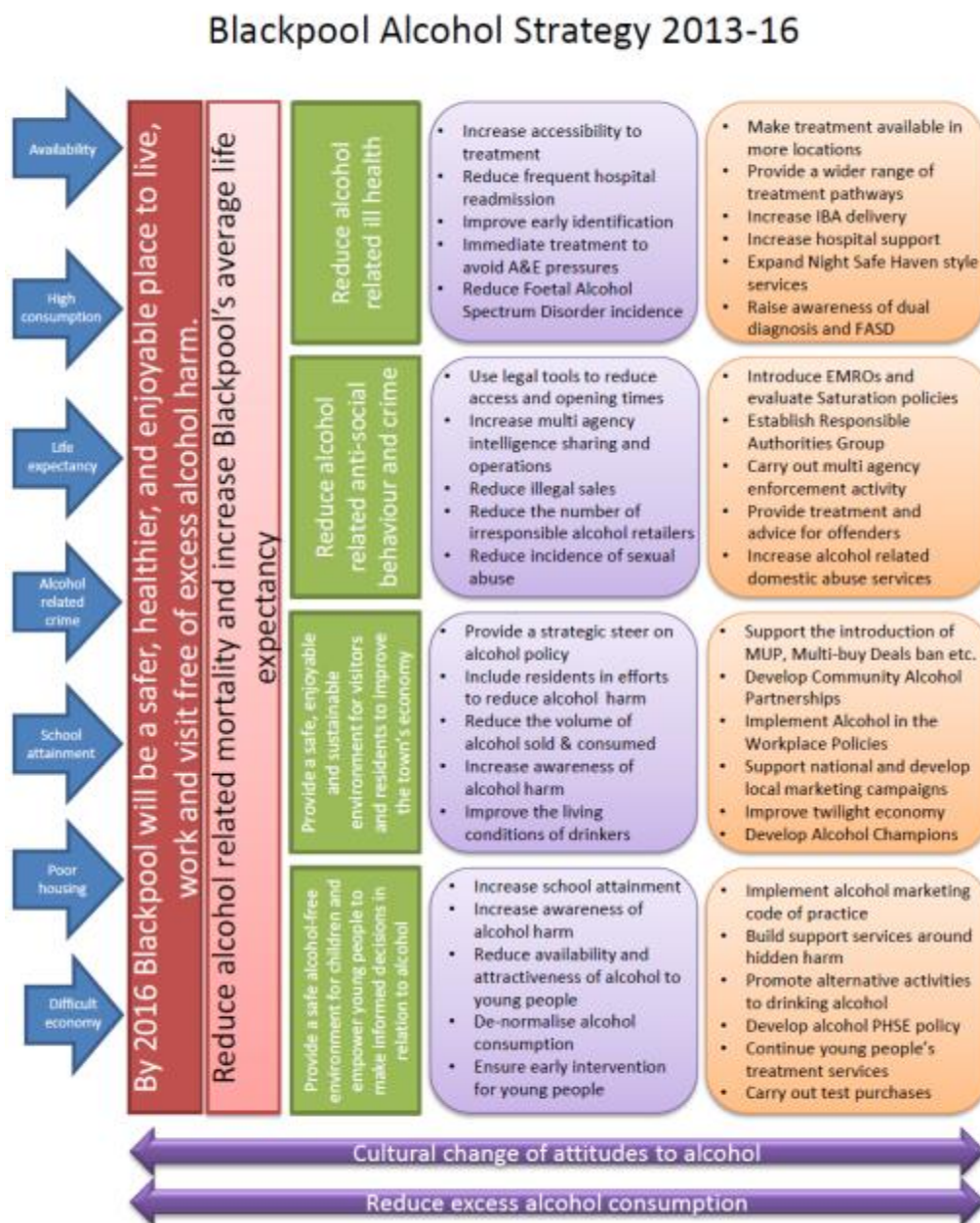
(Source: <http://pathways.nice.org.uk/pathways/alcohol-use-disorders#content=close>)

<sup>5</sup> *Alcohol-use disorders overview*, National Institute of Health and Care Excellence, 2013

**b. Local policy and strategy**

A page summary of the current Blackpool Alcohol Strategy for 2013-2016 is included below, along with the summary action plan.

**Figure 2:** Page summary of Blackpool Alcohol Treatment Strategy 2013-16<sup>6</sup>



(Source: Blackpool Alcohol Strategy, 2013-2016, Department of Public Health, Blackpool Council)

<sup>6</sup> Blackpool Alcohol Strategy, 2013-2016, Department of Public Health, Blackpool Council

**Figure 3:** Page summary of Action Plan from Blackpool Alcohol Treatment Strategy 2013-16

	What	Who	When
Reduce alcohol related ill health	Make treatment available in more locations	Public Health	Apr-14
	Provide a wider range of treatment pathways	Public Health	Apr-14
	Increase IBA delivery	Public Health	Sep-14
	Increase hospital support	CCG	Mar-14
	Expand Night Safe Haven style services	Public Health	Apr-14
	Raise awareness of dual diagnosis and FASD	Public Health	Apr-14
Reduce alcohol related anti-social behaviour and crime	Introduce EMROs and evaluate Saturation policies	Wider Council	Dec-13
	Establish Responsible Authorities Group	Licensing	Sep-13
	Carry out multiagency enforcement activity	Responsible Authorities	Sep-13
	Provide treatment and advice for offenders	Public Health	Apr-14
	Increase alcohol related domestic abuse services	DA Team and PH	Apr-14
Provide a safe, enjoyable and sustainable environment for visitors and residents to improve the town's economy	Support the introduction of MUP, Multi-buy Deals ban etc.	All	Mar-15
	Develop Community Alcohol Partnerships	Public Health	Dec-15
	Implement Alcohol in the Workplace Policies	HR Teams	Mar-14
	Support national and develop local marketing campaigns	Public Health, Bsafe	Mar-14
	Improve twilight economy	Wider Council	Mar-15
	Develop Alcohol Champions	All	Mar-14
Provide a safe alcohol-free environment for children and empower young people to make informed decisions in relation to alcohol	Implement alcohol marketing code of practice	Wider Council	Dec-14
	Build support services around hidden harm	Children & Young People	Mar-14
	Promote alternative activities to drinking alcohol	Children & Young People	Mar-16
	Develop alcohol PSHE policy	Children & Young People	Sep-13
	Continue young people's treatment services	Public Health	Mar-14
	Carry out regular test purchases	Children & Young People	Sep-13

(Source: Blackpool Alcohol Strategy, 2013-2016, Department of Public Health, Blackpool Council)

## ii. Guidance on alcohol consumption

### a. Current recommendations

Current recommendations are<sup>7</sup>:

- For men: alcohol intake should not exceed 3-4 units per day, with the figure below outlining the unit contents of different beverages.
- For women: alcohol intake should not exceed 2-3 units per day.
- Following heavy consumption, alcohol should be avoided for 48 hours

Figure 4: Alcohol units in different drinks



(source: [www.nhs.net/livewell/alcohol/](http://www.nhs.net/livewell/alcohol/))

<sup>7</sup> *Drinking and Alcohol*, NHS Choices, <http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx>

## **Overview of the adverse health and social consequences of alcohol consumption**

### **Alcohol-related mortality**

- In England, an estimated 22,000 premature deaths per year are associated in some way with alcohol misuse

### **Liver damage**

- In people who drink excessive amounts of alcohol, liver damage is common.
- This includes fatty liver, hepatitis and cirrhosis.

### **Cardiovascular disease**

- Raised blood pressure (binge drinking may be particularly implicated), haemorrhagic stroke, coronary heart disease, cardiomyopathy, and arrhythmias.

### **Cancer**

- Alcohol is known to directly cause squamous carcinoma of the oropharynx, larynx, and oesophagus (linear dose–response relationship).
- Heavy alcohol consumption is associated with carcinoma of the liver, stomach, colon, rectum, lung, pancreas, and breast

### **Other medical complications**

- Gout; gastrointestinal haemorrhage; pancreatitis; neurological problems (for example seizures, neuropathy, acute confusional states, subdural haematoma); falls (in elderly people); Wernicke's encephalopathy and Korsakoff's psychosis; and impotence or fertility problems

### **Risks in pregnancy**

- Foetal growth and developmental problems, increased miscarriage, higher incidence of structural malformations, and foetal alcohol syndrome.
- Uncertainty over the level of alcohol associated with harm, or the impact of consumption in different trimesters. The first trimester appears to be the most vulnerable period for the foetus, but alcohol-related damage may occur throughout pregnancy.
- Miscarriage and structural abnormalities seem to be increased with more than 5 units of alcohol per day, especially during the first and second trimesters.

Source: Clinical Knowledge Summaries, National Institute for Health and Care Excellence 2014

## Overview of the adverse health and social consequences of alcohol consumption continued

### Psychiatric complications

- **Psychiatric comorbidity:** common in people with alcohol problems. It is estimated that 10% of people with an alcohol problem have a severe mental illness, 50% have a personality disorder, and up to 80% have a neurotic disorder.
- **Other psychiatric morbidity:** suicide and attempted suicide, personality deterioration, sexual problems, hallucinations, amnesia, intellectual impairment, and delirium tremens

### Consequences of withdrawal

- **Symptoms of withdrawal:** these include tremor, nausea, vomiting, and sweating. Generalised convulsions may also occur.
- **Delirium tremens** occurs in approximately 5% of those suffering from alcohol withdrawal. Delirium tremens causes symptoms such as agitation, confusion, paranoia, and visual and auditory hallucinations. It is associated with appreciable mortality (10% in a hospital setting). Complications include seizures, hyperthermia, dehydration, electrolyte imbalance, shock, and chest infection

### Social complications

- It is estimated that 30% of divorces, 40% of domestic violence, and 20% of child abuse cases are associated with excessive alcohol consumption.
- Workplace problems (absenteeism and impaired performance), financial problems, homelessness, criminal behaviour (driving whilst intoxicated, shoplifting), and unsafe sex are also associated with heavy drinking

Source: Clinical Knowledge Summaries, National Institute for Health and Care Excellence 2014

## Children & Young People

### *Key points for young people in Blackpool*

#### **PATTERNS OF CONSUMPTION**

- Consumption at a young age in Blackpool, such as in Year 8 (aged 10-11 years), with connection already made to drinking to socialise and getting drunk as a goal or means of entertainment.
- Interventions intending to reach younger drinkers may carry the unintended consequence of encouraging consumption in unsupervised areas, with the related increase in vulnerability.
- Review of the types of alcohol consumed highlights preferences such as for spirits among young drinkers
- Specific patterns of consumption, including dependency, binge drinking and preloading must also be considered. The latter in particular is more noted among young, female consumers with one survey reporting an average of 8 units consumed before the night out.

#### **KNOWLEDGE AND ATTITUDES**

- Resources for children and young people again highlight the perceived sociability of alcohol consumption, and the appeal of getting drunk.
- Not drinking is also seen as being an unwilling participant in the group or event.
- Preloading was used as a method of coping in the NTE and bringing groups together before the night out.

#### **ADVERSE EFFECTS AND CONSEQUENCES**

- Blackpool has significantly worse alcohol-linked health outcomes in comparison with the England average, often ranking lowest from the local authorities.
- A higher proportion of looked after children (5.5%) in Blackpool have substance or alcohol needs, in comparison with regional and national data.
- For young people, concomitant risk behaviour and vulnerabilities need to be considered, along with the impact on ability to thrive.

#### **SERVICE OVERVIEW**

- The data for young people covers both drug and alcohol use, in contrast with the adult services which consider drug and alcohol separately.
- There are inconsistencies with the reporting of ethnicities in the Young People Risk Harm Profile, with clients described as Asian/British Asian or mixed ethnicity in different sections.
- In March 2013, there were 73 clients in the young people services.
- The numbers in specialist substance misuse services had declined from 2011 to 2013.
- The majority of referrals came from education services and youth justice services
- Blackpool had a slightly higher proportion of looked after children as clients than partnership cluster and national figures.
- Blackpool has lower reported proportions for alcohol, amphetamines, ecstasy, solvents and other substances than its partnership clusters and national figures.
- There are fewer family work, pharmacological and singular modalities delivered than in partnership clusters and nationally.



- Only 6% of exits were unplanned and 8% of planned exits re-presented within 6 months.
- From the risk harm profiles, Blackpool had a higher proportion than national statistics for higher risk drinkers, unsettled accommodation, early onset of substance misuse and for the young person being a looked after child.
- The majority of clients described themselves as being of white ethnicity but there are inconsistencies in the reporting of other ethnicities with the remaining clients identified as Asian/British Asian or mixed ethnicity in different sections. It is noted that these client groups also scored four out of ten for the vulnerability score, with the highest score in Blackpool for 2012-2013 being five.
- Where sexual exploitation was identified, the highest vulnerability scores were also noted.
- The lowest proportion of planned exits was among those with unsettled accommodation and NEET vulnerabilities.
- Those involved in offending at planned exits also had pre-existing vulnerabilities of offending, early onset substance misuse and being a looked after child.
- A high proportion of the 18-24 year olds currently linked to probation services in the community have identified substance misuse needs.
- A key limitation of the service data for young people is that it does not provide information for drug and alcohol clients separately.

## **i. Patterns of consumption**

### **a. General overview**

The *Statistics on Alcohol report for England, 2013*<sup>8</sup> describes young people as more likely than older age groups to drink in excess on a single occasion, with 67% men and 68% women aged 16-24 drinking over the recommended limit, and 45% and 46% drinking more than twice the guideline amounts.

The same report found that 45% of the children aged 11-15 surveyed in secondary schools had drunk alcohol at least once, with boys and girls equally likely to report consumption. There was a decline the proportion that had drunk in last week to 12%, in comparison with 26% in 2001, and also in the frequency of consumption.

The *Smoking, drinking and drug use among young people in England, 2012* (Health and Social Care Information Centre HSCIC report) found that pupils who had drunk in the last week drank a mean of 12.5 units with the median lower at 8 units. The average amount drunk in last week varied geographically from between 9.4 units in London to 15.7 units in the North East and North West. (*Statistics on Alcohol*)

The *Trading Standards North West 2013* survey gathered responses from 3471 young people in schools throughout Lancashire, although the results are described by district. 39% had never drunk alcohol, with the commonest reasons cited being age and religion. The percentage of 14-17 year olds in Lancashire identified as binge drinkers has also fallen from 71 to 65% in the 2011 survey, although there were no participants from Blackpool in 2011. 16% drank once a week or more.

In the *Smoking, drinking and drug use among young people in England, 2012* half of those who drank alcohol in the previous 4 weeks said they had been drunk at least once in that time. 61% reported deliberately trying to get drunk, while 39% said they had not. (Health and Social Care Information Centre HSCIC report)

Most popular drinks were spirits (26%), cider (25%), alcopops (24%), lager (24%) and wine (19%). 50% drank with family at home, 40% at home with friends when family were out and 38% at events such as weddings. Of those who reported buying their own alcohol, 56% said they had not been asked for proof of identity. 5% had fake ID, which were mostly obtained over the internet. The majority of those who drank did so in groups (84%). Of those that drank

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<sup>8</sup> Smoking, drinking and drug use among young people in England, 2011. Health and Social Care Information Centre

outside, 50% drank in groups of ten or less, while 15% described drinking in groups of over 30. 30% of respondents were aware of local “drinking dens” or “party houses”. LDDAT emerging trends Phase 2 report suggests that increased action on underage drinking, including in public spaces such as parks – has led to consumption in more risky, unsupervised spaces.

The *Schools and Students Health Education Unit (SHEU)* survey conducted in Blackpool in 2012, found 12% of boys and 4% of girls in Year 6 (aged 10 to 11 years) had drunk alcohol in the last week. In Year 8 and 10, 13% and 27% respectively said they had drunk at least once in week before survey. 4% reported that their parents never or only sometimes knew that they drank. 2% bought alcohol from supermarket or off-licence. Of the respondents in Years 8 and 10, 63% drank “often/always” to socialise and 36% did so to get drunk.<sup>9</sup>

#### **b. Specific patterns of consumption**

**Preloading.** Defined as consuming alcohol in the domestic environment before going out into the Night Time Economy (NTE), this pattern of drinking has been associated higher consumption levels, crime and other risk behaviours. In the *LDAAT Emerging Drug Trends – Phase 1 report 2011*, a survey of the NTE population in four towns throughout the Lancashire (Burnley, Chorley, Preston and Lancaster) found that 66% of women compared to 49% of men had preloaded. The pattern was most common in 18-24 age group, with an average of 8 units drunk before going out.

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<sup>9</sup> The Impact of Harmful Alcohol Consumption on Blackpool families and Young People: A FAS prevention and reduction plan. Department of Public Health, Blackpool Council.

## ii. Knowledge and attitudes

### a. Children

In 2012, 28% of surveyed pupils thought drinking was acceptable for someone their age, in comparison with 46% in 2003.<sup>10</sup> Perception varied concerning the reason for drinking, with non-drinkers believing others drank to look cool or due to pressure, while those who drank felt it was to be sociable or for the buzz.

The *North West Trading Standards 2013*<sup>11</sup> survey for Lancashire found that 24% drank because their friends did and 19% did so as they felt there was nothing else to do. 44% drank to get drunk, with 62% reporting it as being fun to get drunk and 49% seeing it as normal to get drunk. 37% were not concerned about the long term effects of drinking alcohol.

When asked how they perceived their parents' views, 52% felt their parents didn't like them drinking while 47% felt their parents didn't mind as long as it was not excessive. There was a strong relationship between pupils' drinking behaviour and their parents' attitude to drinking.<sup>46</sup>

### b. LDAAT emerging drug trends Phase 2 report

The *LDAAT Emerging Drug Trends Research Group* conducted surveys in the NTE and focus groups with participants recruited from a range of social and economic backgrounds in nine towns and cities in Lancashire.<sup>12</sup> Recruitment venues included schools, further education colleges, universities, sheltered housing, youth clubs, youth offending teams and youth offending institutions.

A distinction was noted between different types of drinking, from going out for a meal to "going out to get splattered", also referred to by the research team as determined drunkenness. Other participants discussed drinking as a way of passing time or of getting a buzz. These highlighted the role knowing where to find alternative, affordable distractions and "adrenaline rushes", and of employment as a means of counteracting boredom. Alcohol was also used in polysubstance use, where the sedative effect was used to counteract the effects of cocaine.

Researchers noted the recounting of "passing out stories", told for the entertainment of others and seen to aid in the establishment and maintenance of friendship groups. Peer preference, peer influence and parental/carer influence were seen as contributing, rather than peer pressure as such. "You don't just want to be sat there" was a recurring theme, with participants

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<sup>10</sup> **Smoking, Drinking and Drug Use Among Young People in England – 2012**, Health and Social Care Information Centre

<sup>11</sup> Trading Standards North West. Young Persons Alcohol and Tobacco Survey 2013.  
<http://www3.lancashire.gov.uk/corporate/consultation/responses/response.asp?ID=223>

<sup>12</sup> Measham, Moore, Østergaard, Fitzpatrick & Bhardwa *LDAAT Emerging Drug Trends – Phase 2 report*, 2011  
[http://www.clubbingresearch.com/?page\\_id=2](http://www.clubbingresearch.com/?page_id=2)

not wanting to be “just” spectators at parties, preferring to be seen as clearly “committed and willing participants”.

“Well it’s not so much pressure I think it’s the fact that if you were in a flat which we are and there’s 5 of us there, the other 4 are drinking and you’re sat on your own, you don’t wanna do that so you are more inclined to join in.”

Preloading was seen as a method of saving money initially but participants discussed consequences from problems with neighbours due to noise to increased spending on alcohol once out in the NTE through disinhibition. The role of preloading in increasing confidence and ability to cope with the NTE was also raised. Participants, particularly women, noted the ritual of preloading as a means of meeting in advance to establish and maintain groups, which in turn offered safety during the night.

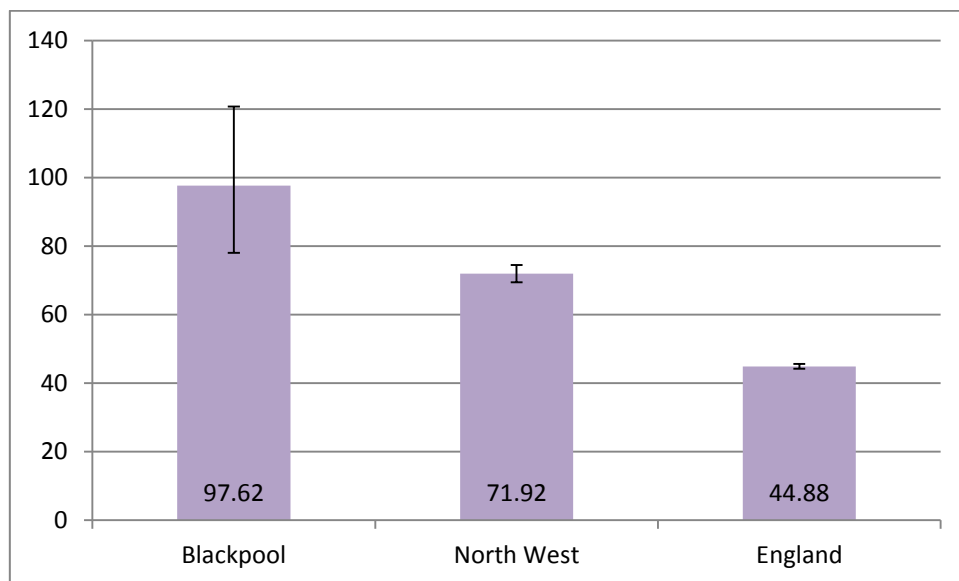
“So like I would never go out sober, ‘cos it scares me what drunk people are like, it scares me personally. So I have to be drunk to scare other people basically.”

### iii. Adverse effects and consequences

#### a. Health

Alcohol-specific hospital admissions for under 18 years olds are 97.62 per 100,000 of the population, higher than the regional average of 71.92, nearly double the national average and 317<sup>th</sup> of the Local Authorities (LAs).

**Figure 5:** Under 18s admitted to hospital with alcohol-specific conditions: crude rate per 100,000 of population



(Source: LAPE 2014)

#### b. Domestic abuse, children and young people

As noted previously, alcohol is an important contributory factor in domestic abuse. The impact on children and young people should also be considered. Among women, the age group at highest risk of victimisation is 16 to 24 years. Approximately two thirds (63%) of child witnesses develop emotional or behavioural problems, and they are three times more likely to take drugs than their peers and twice as likely to get drunk, according to a NSPCC survey.<sup>13</sup> From October 2010 and September 2011, 536 high risk victims of domestic violence were identified in Blackpool and a MARAC (Multi-Agency Risk Assessment) initiated, with a total of

<sup>13</sup> Lancashire County Council JSNA *Domestic Abuse Technical Report 1: Evidence Base 2013* <http://www.lancashire.gov.uk/corporate/web/?siteid=61111&pageid=40779&e=e>

746 children connected to these. MARACs are intended to facilitate information sharing between agencies and enhance the safety of those affected.<sup>14</sup>

### **c. Emotional wellbeing of looked after children**

Using the Department for Education data<sup>15</sup>, there were 320 looked after children in Blackpool as of 31<sup>st</sup> March, 2013 who had been looked after for twelve months or more. 5.3 % of these were identified as having alcohol or substance misuse needs, in comparison with regional (3.3%) and national (3.5%) figures.

The Public Health Outcomes Framework includes a score for the emotional wellbeing of looked after children. The indicator summarises those at risk of undiagnosed mental health problems, placement breakdown, alcohol and substance misuse, convictions and not being in employment, education or training. A higher score indicates greater difficulties. The score for Blackpool is 13.8 which is level with the national average (national range 9.5 to 20.1), but third highest in the North West where the range is 11.5 to 14.2.

### **d. Young people and risk**

*Changes in Young People's Alcohol Consumption and Related Violence, Sex and Memory loss: 2009-2011 North West of England* assessed the characteristics of those more likely to drink above the guideline amounts<sup>16</sup>:

- Drinkers aged 16 years were more likely to report frequent drinking, heavy drinking, unsupervised inside drinking and buying their own alcohol than other respondents.
- Drinkers aged 15 were more likely to ask adults outside shops to buy alcohol.
- Drinkers with higher expendable incomes were more at risk than those with lower incomes of frequent drinking, heavy drinking, unsupervised inside and outside drinking, buying their own alcohol, taking alcohol from parents and proxy purchase.
- Those who drank due to boredom were more likely to drink frequently, heavily, unsupervised inside and outside, buy their own, take from parents and proxy purchase than those who did not drink for this reason. This group were particularly at risk of

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<sup>14</sup> Interpersonal Violence & Abuse Team *MARAC Data*, Blackpool Council, 2010-2011

<sup>15</sup> Outcomes for looked after children as of March 31<sup>st</sup>, 2013, Department of Education.

<sup>16</sup> *Changes in Young People's Alcohol Consumption and Related Violence, Sex and Memory loss: 2009-2011 North West of England*. North West Public Health Observatory.

drinking outside the guidance – three times more likely to drink frequently, heavily, outside, unsupervised and by proxy purchase.

Those who drank outside guidance continued to be at greater risk of harm than those who drank within it – 83.8% of frequent drinkers had experienced at least one harm compared with 45.7% of those who did not drink frequently. Harms included alcohol-related violence, regretting sex after drinking and memory loss. However there was a significant decrease, from 2009 to 2011, in the proportion reporting involvement in alcohol-related violence and regretting sex after drinking.

The Trading Standards North West 2013 Lancashire survey reported that 25% of those who drank alcohol and had sex regretted sex after drinking, while 23% of drinkers had been violent or had a fight and 12% claimed to have been in a car with a young person who had been drinking. 33% had forgotten things after drinking, although 56% felt in control while drinking and 73% made sure they were not alone. 28% worried about their drink being spiked.

The *LDAAT emerging drug trends – Phase 2* focus groups described how alcohol altered risk perception, with participants describing alcohol as “brave juice”, and the feeling after drinking that “you think you can fight the world”. The report described women in a South Yorkshire study being left with sense of regret due to the “risky situations” they had put themselves in after drinking.

The *North West ChiMatters: Child and Maternal Health Intelligence Briefing- Young people’s lifestyle choices and related health indicators*<sup>17</sup> considers clustering of health risk-taking in adolescence. Substance use is among “the Big Six” risks, which also include tobacco use, exposure to injuries and violence, physical inactivity, unhealthy diet and high-risk sex.

Each of these has direct consequences, such that adolescent binge drinkers are 50% more likely than their peers to be dependent on alcohol or taking illicit drugs at the age of 30. There are also links between these behaviours. Excessive alcohol consumption by young adults has been associated with antisocial behaviour, crime, poor school performance, mental health disorders,

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<sup>17</sup> Young people’s lifestyle choices and related health indicators: local area profile for Blackpool. North West ChiMatters Child and Maternal Health Intelligence Briefing. North West Public Health Observatory. 2011



injuries from accident and violence as well as a greater likelihood of having unprotected or regretted sex. An association has been found between alcohol-attributable hospital admissions and teenage pregnancy as well as sexually transmitted diseases (STIs). This relationship was independent of deprivation. The figure below outlines the local area profile for Blackpool in comparison regional and national statistics.

**Figure 6: Health Indicator for Young People in Blackpool (Source: North West ChiMatters – Young People’s Lifestyle Choices and Related Health Indicators)**

**North West summary by local authority, compared with North West averages**

Local authority	Alcohol-specific hospital admissions	% children and young people using alcohol	Hospital admissions for substance misuse	% children and young people using drugs	Teenage conceptions: under 16s	Teenage conceptions: under 18s	% persistent absentees	% pupils with fixed period exclusions	% pupils permanently excluded	% achieving 5 A*-C GCSEs including maths and English	% 16-18s NEET	First time entrants to Youth Justice System
Blackburn with Darwen	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
<b>Blackpool</b>	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Bolton	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Bury	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Cheshire East	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Cheshire West and Chester	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Cumbria	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Halton	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Knowsley	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Lancashire	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Liverpool	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Manchester	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Oldham	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Rochdale	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Salford	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Sefton	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
St Helens	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Stockport	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Tameside	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Trafford	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Warrington	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Wigan	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Wirral	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red

**North West summary by local authority, compared with England averages**

Local authority	Alcohol-specific hospital admissions	% children and young people using alcohol	Hospital admissions for substance misuse	% children and young people using drugs	Teenage conception rate: under 16s	Teenage conception rate: under 18s	% persistent absentees	% pupils with fixed period exclusions	% pupils permanently excluded	% achieving 5 A*-C GCSEs including maths and English	% 16-18s NEET	Rate of first time entrants to Youth Justice System
Blackburn with Darwen	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
<b>Blackpool</b>	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Bolton	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Bury	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Cheshire East	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Cheshire West and Chester	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Cumbria	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Halton	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Knowsley	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Lancashire	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Liverpool	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Manchester	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Oldham	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Rochdale	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Salford	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Sefton	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
St Helens	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Stockport	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Tameside	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Trafford	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Warrington	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Wigan	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green
Wirral	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red

**Key:**

- Significantly worse than the North West / England average
- Not significantly different to the North West / England average
- Significantly better than the North West / England average
- Not measured

(Source: North West ChiMatters – Young People’s Lifestyle Choices and Related Health Indicators)

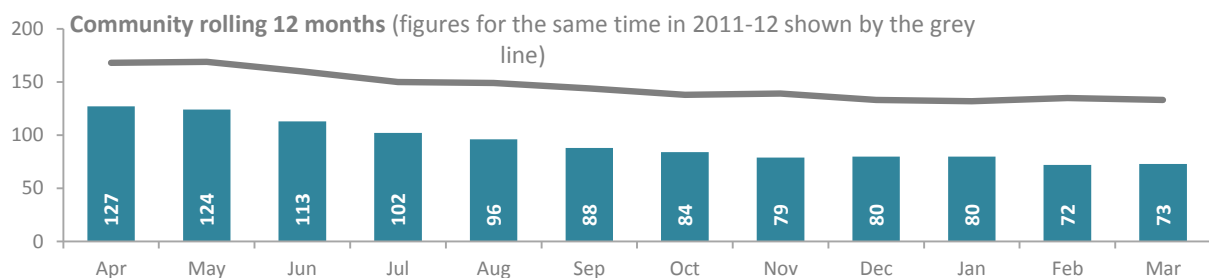
#### iv. Service Overview

##### a. Young Person Services – treatment journeys

The treatment journeys in the young person services are outlined below, using the *YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 4 2012-13*, as this covers the entire year, and the *Quarter 2 2013-14* summary.

The numbers in specialist substance misuse services have declined from 2011 to 2013, though the Quarter 2 2013-14 report demonstrates a plateau in this decline with 75 clients in September 2013. Of the 73 clients in service in March 2013, 53 were new presentations and 6 were over 18 years old. There were no clients in a Youth Offenders Institution (YOI) in this partnership, but 9 resident of this partnership in YOI elsewhere in the country.

**Figure 7: Numbers in Specialist Substance Misuse Services**



(Source: *YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 4 2012-13*)

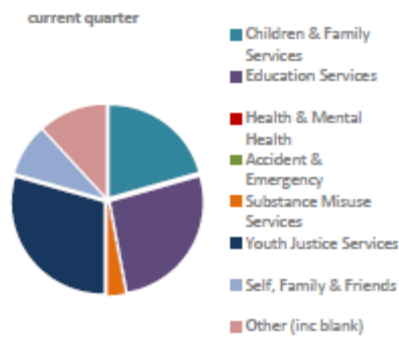
The majority of referrals originate from education services and youth justice services, proportions similar to those in partnership clusters, as based on similarity in Child Wellbeing Index Quintile Comparisons, and nationally. Details for the partnership clusters are included in the text box below.

#### Child and Wellbeing Index Quintiles

These are supplied in order to allow for sub-national comparisons to similar partnerships. All partnerships have been added to one of five groups based on their Average Score on the 2009 Child Wellbeing Index. These five groups (called the Child Wellbeing Index Quintiles) are grouped from Quintile 1 (with the lowest average scores and therefore deemed those with the least deprivation for young people) through to Quintile 5 (with the highest average scores and therefore deemed those with the most deprivation for young people). **Blackpool is in Quintile 5.**

Source: *YP Specialist Substance Misuse Interventions - Executive Summary Quarter 4, 2012-13*

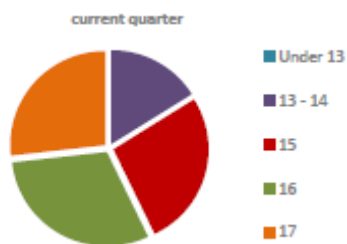
**Figure 8:** Referral sources for Quarter 2 2013-14 (% of all new presentations)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

During Quarter 4 2012-13, there were more clients in Blackpool aged 15 and 16, with fewer in lower and higher age groups than for partnership clusters and nationally. By Quarter 2 2013-14, the majority of clients were aged 16 or 17.

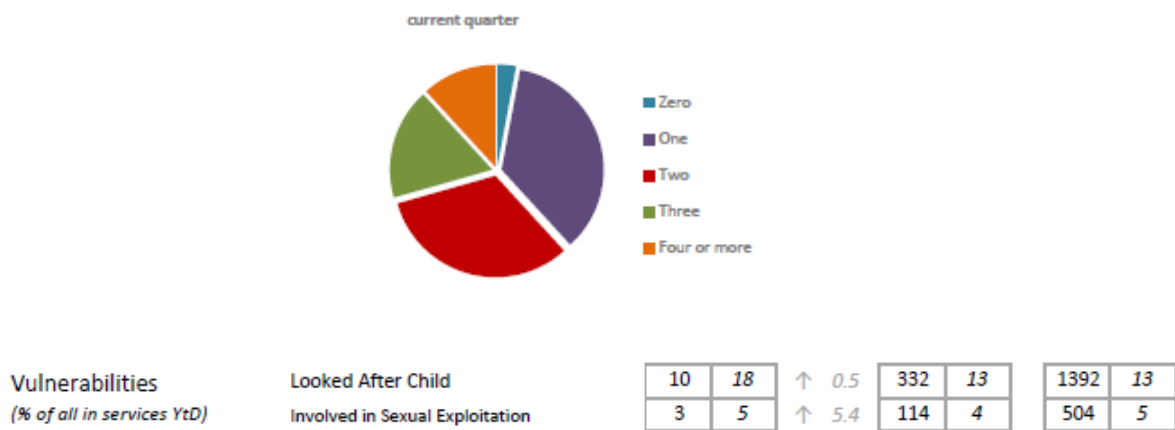
**Figure 9:** Age Quarter 2 2013-14 (% of all in service)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

During Quarter 4 2012-13, Blackpool had a greater proportion of clients with four or more vulnerabilities (18%) than partnership clusters (13%) and nationally (13%). However, by Quarter 2 2013-14 there were a higher proportion of those with one vulnerability in comparison with partnership clusters and nationally, and fewer in the higher number groups. In addition, Blackpool has slightly higher proportions of looked after children but roughly equal proportions of clients identified as being involved in sexual exploitation.

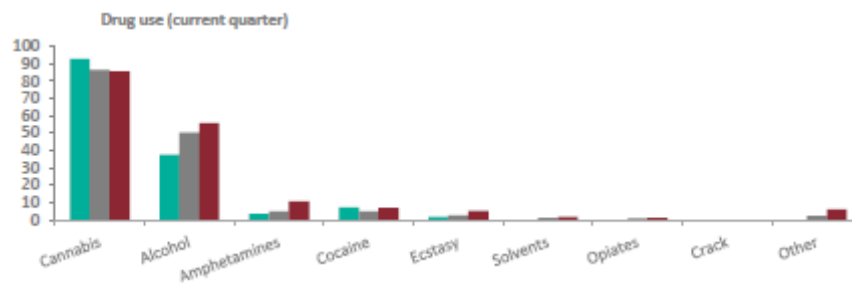
**Figure 10:** Multiple Vulnerabilities for Quarter 2 2013-14 (% of all new presentations)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

In Blackpool, there were lower reported proportions for alcohol, amphetamines, ecstasy, solvents and other substances than its partnership clusters and national figures.

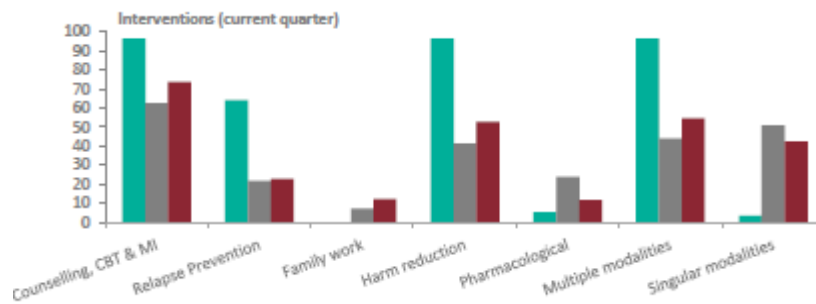
**Figure 11:** Substances Quarter 2 2013-14 (cited substance in drug 1, 2 or 3 in any episode in the year. % of all YP in services YtD)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

The most frequently delivered interventions in Blackpool were counselling, CBT and MI, relapse prevention, harm reduction and multiple modality. There were fewer family work, pharmacological and singular modalities delivered than in partnership clusters and nationally.

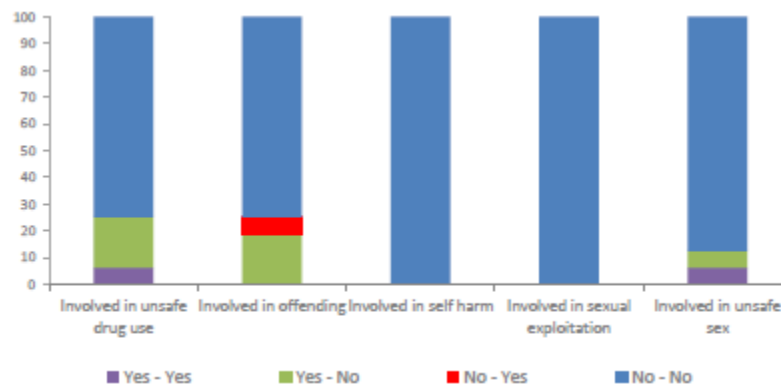
**Figure 12:** Interventions types delivered in Quarter 2 2013-14 (all interventions, YtD. % of all in services YtD)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

During Quarter 2 2013-14, only 6% of exits were unplanned in Blackpool, lower than the partnership cluster (24%) and national (20%) rates. 8% of planned exits re-presented within 6 months, roughly equal to partnership clusters (8%) and nationally (7%). The figure below details whether risk items were present at treatment initiation and planned exit.

**Figure 13:** Behaviour/risk items at planned exit in Quarter 2 2013-14 (on initiation - at exit)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

## b. Young People Risk Harm Profile

The *NDTMS Young Person Risk Harm Profile Tool 2012-13* highlights that those using drugs and alcohol problematically are likely to be vulnerable and experiencing a range of problems. The tool identifies ten key risks or harms that can contribute to the development of adult dependencies. A score for each risk is given, with a possible total score of ten. The data was gathered from all young people starting a new treatment journey in 2012-13.

**Table 1:** Key risks and their definitions.

<b>Risk / Harm</b>	<b>Description</b>
<b>Opiate and/or Crack User (OCU)</b>	YP is using opiates and/or crack (in drug 1, 2 or 3) within the first episode of their treatment journey
<b>Higher Risk Drinkers</b>	YP is drinking at harmful limits* for 13-26 days out of the previous 28 or YP drank 27-28 days out of the previous 28 regardless of unit intake
<b>Poly Drug User</b>	YP is using two or more drugs (not including nicotine but could be any other two drugs)
<b>NFA / Unsettled</b>	YP's accommodation need is NFA or unsettled
<b>Offending</b>	YP is involved in offending and/or is in contact with the YOT
<b>NEET</b>	YP education status and employment status shows YP is not in any education, employment or training as recorded in the YP Education Status field
<b>Early Onset</b>	Age of first use of Drug 1 is under 15 (if this field is blank but clients age is under 15 Early Onset is considered to be true)
<b>YP involved in Self Harm</b>	YP involved in self harm at treatment start is answered yes
<b>YP Pregnant and/or Parent</b>	YP is pregnant and / or has a parental status stating YP is pregnant or a parent
<b>YP is a Looked After Child (LAC)</b>	YP is a Looked After Child is answered yes

\* harmful limits classed as more than 6 units for females and more than 8 units for males

**(Source: NDTMS)**

NDTMS compare Blackpool with partnership clusters, based on similarity in Child Wellbeing Index Quintile Comparisons. These are outlined in the table below:

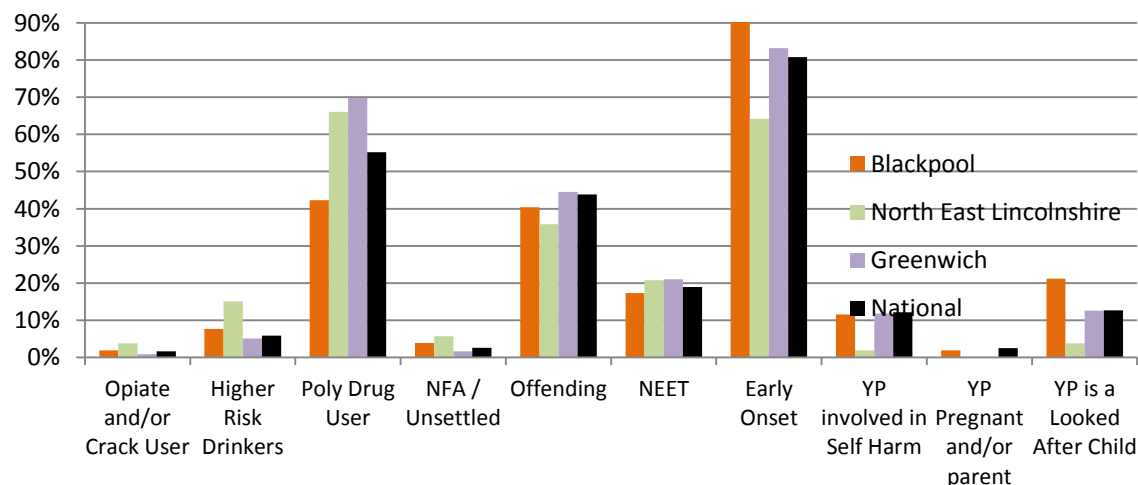
Table 2: Partnership clusters

DAT Name	DAT Code	Child Wellbeing Index rank (1 is most wellbeing & 149 is least)
Bristol	K02B	122
North East Lincolnshire	D08B	123
Blackpool	B04B	124
Greenwich	H19B	125
Hammersmith and Fulham	H20B	126

(Source: NDTMS)

From these comparisons, Blackpool has a higher proportion than national statistics for higher risk drinkers, unsettled accommodation, early onset of substance misuse and for the young person being looked after child.

Figure 14: Comparison of Risk/Harm Items 2012-13 with similar areas and national figures



(Source: NDTMS)

When considering the demographics for each risk in Blackpool, there were a higher proportion of males for OCU (100%), parent/pregnancy (100%), offending (90%), NEET (78%), LAC



(73%), early onset (69%) and polysubstance misuse (64%). There were a higher proportion of females for self-harm (83%). Proportions were equal for housing and higher-risk drinking.

The figure below shows the age distribution for each risk. Opiate or crack use is seen in those aged fifteen only. Being a parent or having unsettled accommodation involved those aged sixteen or seventeen, while the youngest clients were associated with polysubstance misuse, offending, early onset substance misuse, self-harm and being a looked after child.

**Figure 15: Age distribution for each Risk/Harm Item**



**(Source: NDTMS)**

The majority of clients reported a white ethnicity (98%). There are inconsistencies in the reporting of other ethnicities, with the remaining clients identified as Asian/British Asian or mixed ethnicity in different sections. It is noted that these clients also scored four out of ten for the vulnerability score, with the highest score in Blackpool for 2012-2013 being five.

These clients also scored four out of ten of the vulnerability score, the highest score in Blackpool for 2012-13 being five. The most frequently occurring risk factors among this group were LAC, followed by offending, polysubstance use and early onset.

Where sexual exploitation was identified, each was noted to also score five on the vulnerability score - the highest score for vulnerabilities in Blackpool. When broken down into each constituent risk, unsettled accommodation was the most frequent among this group followed by NEET, offending, polysubstance use and early onset.

Different patterns of primary substance use were noted among the differing vulnerability scores. For the lower scores, the majority reported a primary substance of cannabis. The highest score of five was associated with cannabis, alcohol or amphetamines as the primary substance, where the five risks reported were polysubstance misuse, housing, offending, NEET and early onset.

Treatment outcomes indicate that the lowest proportion of planned exits were among those with unsettled accommodation and NEET. Those involved in offending at planned exit also had pre-existing vulnerabilities of offending, early onset substance misuse and being a looked after child. Abstinence rates lowest for cannabis.

### **c. Young Person Services – probation data**

The following data summarises the current caseload in the probation services of 18 to 24 year olds identified with drug and alcohol misuse needs. This only identifies those in the community and does not provide detail of the patterns of use.<sup>18</sup>

- i. In March 2014, 193 18-24 year olds were linked to services in the community
- ii. 44 had no identified or assessed drug or alcohol needs
- iii. 149 had identified substance misuse needs, of these 62 were drug-related and 84 reported some level of problematic alcohol use.

This may indicate that offenders may not be accessing the support needed.

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<sup>18</sup> Lancashire Probation Trust. Probation data 18-24yrols with identified drug and alcohol misuse. 2013

## Adults

### *Key points for the adult population in Blackpool*

#### PATTERNS OF CONSUMPTION

- National patterns of consumption among adults indicate that drinking in excess of weekly guidance was highest among the middle age groups.
- Blackpool has a higher number of hazardous and harmful drinkers than the North West figure, which in turn has amongst the highest proportions nationally
- Specific patterns of consumption, including dependency, binge drinking and preloading, as well as type of alcohol preferred, must also be considered.
- Alcohol consumption in pregnancy and in those living with children carries specific risks and consequences for those involved.
- There are key challenges in those aged over 65 years, noted in national data as the age group most likely to consume alcohol every day.
- The affordability of alcohol has increased, and a change is needed in the volume of alcohol sold should the population adhere to recommended guidance.

#### KNOWLEDGE AND ATTITUDES

- National trends suggest increased awareness of measuring alcohol intake with increasing consumption
- There is reduced accuracy of knowledge concerning measuring alcohol intake and guideline amounts with increasing age
- The over 65s report stigma associated with alcohol consumption and that messages and services are not felt to be relevant to older age groups.

#### ADVERSE EFFECTS AND CONSEQUENCES

- Blackpool has significantly worse alcohol-linked health outcomes in comparison with the England average, often ranking among the lowest from the local authorities.
- Trends show increasing alcohol-linked hospital admissions although this may have plateaued in recent years for alcohol-related admissions.
- Hospital stays due to alcohol vary by ward within Blackpool, with the highest rates seen in Claremont, Bloomfield, Talbot and Brunswick.
- From the Pan-Lancashire Child Death Overview Panel Annual Report 2012/13, of the 140 cases considered to have modifiable factors, 28% included alcohol or substance misuse by a parent or carer.
- Alcohol is associated with an increased risk of domestic violence, and was estimated by the Blackpool Domestic Abuse Service to have been a contributory factor in 76% of incidents in 2011.
- Alcohol-related crime rates are significantly worse than the national average, with the influence of the NTE on incidents and ambulance call-outs noted.
- There is a strong culture of alcohol consumption in the NTE, which may create a feedback cycle where low-level consumers or abstainers are excluded and alcohol-consumption is further normalised.

- The number of working-age claimants of Incapacity Benefit or Severe Disablement Allowance whose main reason is related to alcohol was also significantly worse than the England average, with Blackpool ranking 326<sup>th</sup> of the 326 local authorities in the 2013 LAPE data.
- Blackpool has among the highest local authority costs attributable to alcohol in the North West.

#### SERVICE OVERVIEW

- During 2012 to 2013, there were 830 adult primary alcohol clients in contact with structured treatment services.
- The majority (58%) were undertaking their first treatment journey. 69 clients (6%) were undertaking their fourth or more journey. 48 (4%) of clients were in contact with services for over 12 months.
- 72% of exits were considered successful by the NDTMS criteria.
- Criminal Justice Integrated Team (CJIT) data demonstrate 314 new to service (drugs and alcohol) clients with an average of 26 per month.
  - Of the key performance indicators, the monthly average for the percentage of alcohol clients that are vaccinated for Hep B (third injection) was 26%, though the range was 0-80%.
  - Prison Link data indicate 167 successful contacts with very few clients classed as having alcohol-related needs and transferred to Moving Forward.
- 16% of clients consumed 1000 units or more per month, with a higher proportion consuming over 400 units a month in comparison with national data.
- The most frequent compounding or vulnerability factor was unemployment.
- More than three treatment journeys, housing issues and unemployment were the compounding factors most often found in the older age groups.
- The most unplanned exits were associated with opiate or crack as an adjunctive problematic substance, housing concerns, three or more treatment journeys and primary drug clients.
- A key limitation is that the NDTMS data reporting for alcohol is not as established as those for drug use. In addition this data only reflects those who access the services.
- The data include existing and new presentations but not journeys where alcohol was an adjunctive concern. The true load undertaken by services due to alcohol may therefore be under-represented.

## **i. Patterns of alcohol consumption**

### **a. Patterns of consumption**

#### *Consumption in the last week and adherence to guidelines- national patterns*

In the UK, it is estimated that nearly one in four adults (23%) consume alcohol in a way that may be harmful to their health and wellbeing. The proportion is higher among men (33%), with 16% of women at risk.<sup>19</sup>

*The Statistics on Alcohol report for England, 2013* outlines patterns of alcohol consumption at a national level.<sup>20</sup> This provides details of alcohol consumption in the previous week, and daily and weekly adherence to recommended guidelines.<sup>21</sup>

In 2011, 66% of men and 54% of women reported drinking on at least one day in the week before the survey. This is in comparison with 75% of men and 59% of women in 1998. Men were more likely to drink on more days of the week than women and to have drunk alcohol every day during the previous week of the 2011 survey. Over half those who had drunk in the week prior to the survey exceeded recommended limits on at least one day, while a quarter drank more than twice recommended limits.

An estimated weekly consumption of more than the recommended level was reported by 23% men and 18% of women, while 6% of men and 4% of women had higher risk category consumption. Men aged 45 to 64 were the most likely to drink over 21 units in an average week, with women aged 45 to 54 were most likely to drink more than 14 units in an average week.

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<sup>19</sup> *Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. NICE. 2011.

<sup>20</sup> *Statistics on Alcohol: England*, Lifestyle Statistics, Health and Social Care Information Centre, 2013 <https://catalogue.ic.nhs.uk/publications/public-health/alcohol/alco-eng-2013/alc-eng-2013-rep.pdf>

<sup>21</sup> Based on the General Lifestyle Survey 2011 (GLS), Health Survey England 2011(HSE) and the Omnibus survey 2009.

#### **b. Geographical variation – regional and local consumption**

The *Statistics on Alcohol* report also details geographic variation in consumption, with the highest proportion exceeding recommended alcohol consumption limits seen in the North East (69% men, 60% women) and the North West (65% men, 60% women).

The *Topography of Drinking Behaviours in England, 2011* produces model-based estimates for the numbers and proportions of abstainers, lower risk (sensible), increasing risk (hazardous) and higher risk (harmful) drinkers for all local authorities in England.<sup>22</sup> The definitions for these terms are detailed in the textbox below:

#### **Government definitions of risk from level of alcohol consumption.**

**Abstainers:** No Government definition for abstinence exists.

**Lower risk:** Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day.\* Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman.

**Increasing risk:** Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day.\* Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a woman.

**Higher risk:** Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week.

From this, Blackpool has a greater number of hazardous and harmful drinkers than the regional figures for the North West, which in turn has amongst the highest proportions in the country as outlined in the tables below. Table 3 also includes comparative information for Blackpool's statistical neighbours<sup>23</sup>:

- Salford
- Wirral
- Bolton
- Knowsley

<sup>22</sup> *Topography of Drinking Behaviours in England*, The North West Public Health Observatory, 2011  
<http://www.lape.org.uk/downloads/alcohol estimates2011.pdf>

<sup>23</sup> *Blackpool Statistical Neighbours* 2009, <http://blackpooljsna.org.uk/library-of-reports/page/4/>

**Table 3:** Predicted proportion of alcohol consumption in Blackpool and the North West according to risk of health consequences

Area	Population estimate for all groups (%)				Population estimate for drinkers only (%)		
	Abstain	Lower	Increasing	Higher	Lower	Increasing	Higher
<b>North West</b>	14.7	59.7	19.3	6.3	70	22.7	7.3
<b>Blackpool</b>	13.6	57.1	20.9	8.4	66.1	24.2	9.8
<b>Salford</b>	14.3	59.8	19.9	6.0	69.8	23.3	7.0
<b>Wirral</b>	16.5	61.5	16.0	6.0	73.6	19.2	7.2
<b>Bolton</b>	16.7	58.4	19.1	5.8	70.1	23.0	7.0
<b>Knowsley</b>	15.7	61.7	16.4	6.2	73.2	19.4	7.4

(Source: Topography of Drinking Behaviours in England, The North West Public Health Observatory, 2011  
<http://www.lape.org.uk/downloads/alcholestimates2011.pdf>)

**Table 4:** Regional comparison of regional alcohol consumption according to risk of health consequences

Region	Increasing/higher population estimates for all groups (%)
<b>East Midlands</b>	17.9, 6.1
<b>East of England</b>	14.6, 4.0
<b>London</b>	15.8, 7.6
<b>North East</b>	20.5, 6.5
<b>North West</b>	19.3, 6.3
<b>South East</b>	18.3, 5.9
<b>South West</b>	19.8, 4.7
<b>West Midlands</b>	14.9, 4.3
<b>Yorkshire and Humber</b>	18.5, 8.6

(Source: Topography of Drinking Behaviours in England, The North West Public Health Observatory, 2011  
<http://www.lape.org.uk/downloads/alcholestimates2011.pdf>)

### c. Types of alcohol consumed

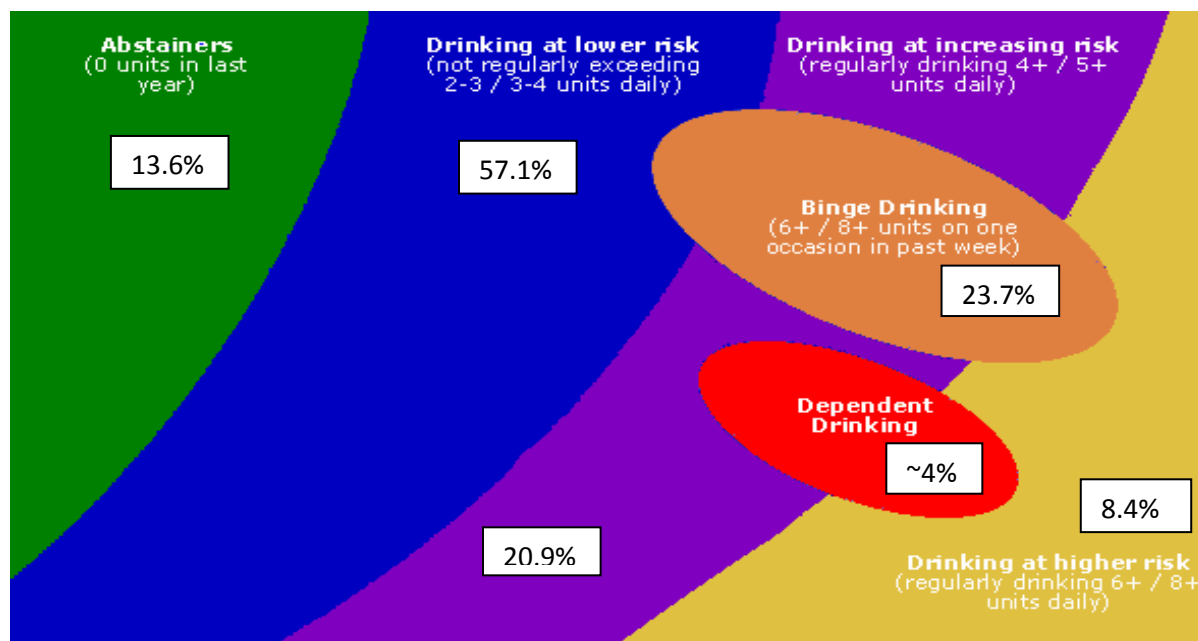
From the *Statistics on Alcohol* report, women were more likely to drink wine, fortified wine, alcopops and spirits. Preference patterns changed among different age groups, with younger to older women consuming more spirits, wine and fortified wine accordingly. In comparison, spirit consumption among men was highest among the youngest and oldest age groups while beer was popular with all age groups. Alcopops were most popular among younger age groups.

#### d. Specific patterns of consumption

The diagram below, from the Blackpool Alcohol Strategy, details different patterns of alcohol consumption.

**Figure 16:** Patterns of alcohol consumption

(Proportions based in part on national data. There is also overlap between the classification groups, as such numbers will not add to a 100)



(Source: Blackpool Alcohol Strategy, 2013-2016, Department of Public Health, Blackpool Council with proportions based on national data)

**Dependent drinking.** This can be defined as drinking more than the low-risk drinking guidelines, experiencing alcohol-related harms and signs of psychological and or physical dependence. NICE estimate that 4% of adults aged 16 to 65 in England are dependent on alcohol (6% of men, 2% of women). This could also be expressed as 1 in 25 people.<sup>24</sup>

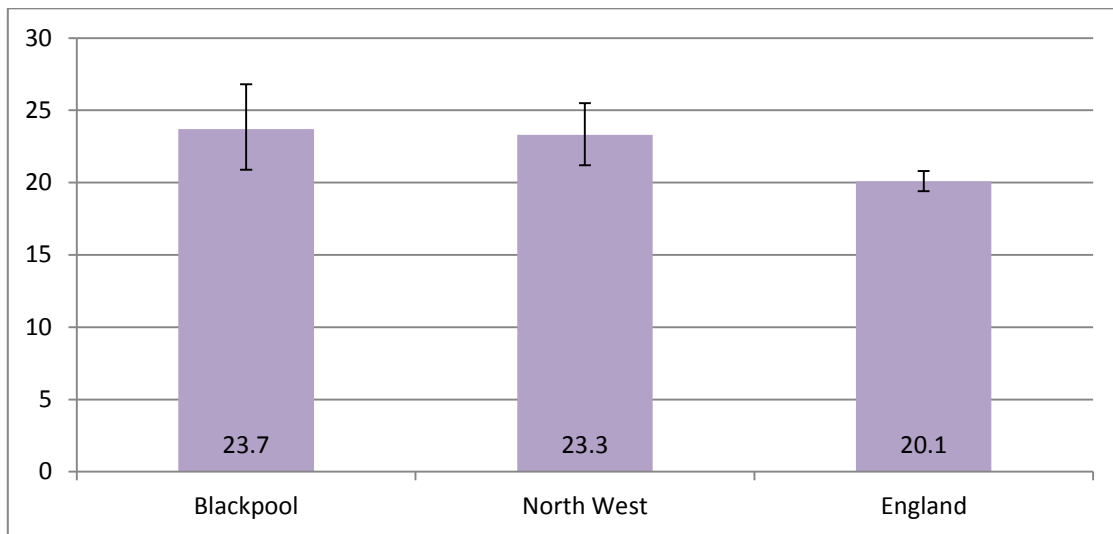
**Binge drinking.** A synthetic estimate of the proportion of adults who consume at least twice the daily recommended amount of alcohol in single drinking session is provided by the *Local Alcohol Profile for England (LAPE)*<sup>25</sup>. The proportion in Blackpool is 23.7%. This ranks 272 out of the 326 Local Authorities (LAs) in England, while the regional average is 23.3%. National trends indicate that binge drinking is stable among men, particularly declining among younger men, while increasing among older age groups and women.

<sup>24</sup> *Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. NICE. 2011.

<sup>25</sup> *Local Authority Profile – Blackpool*, Local Alcohol Profile for England (LAPE), <http://www.lape.org.uk/LAProfile.aspx?reg=b> [accessed 2013]



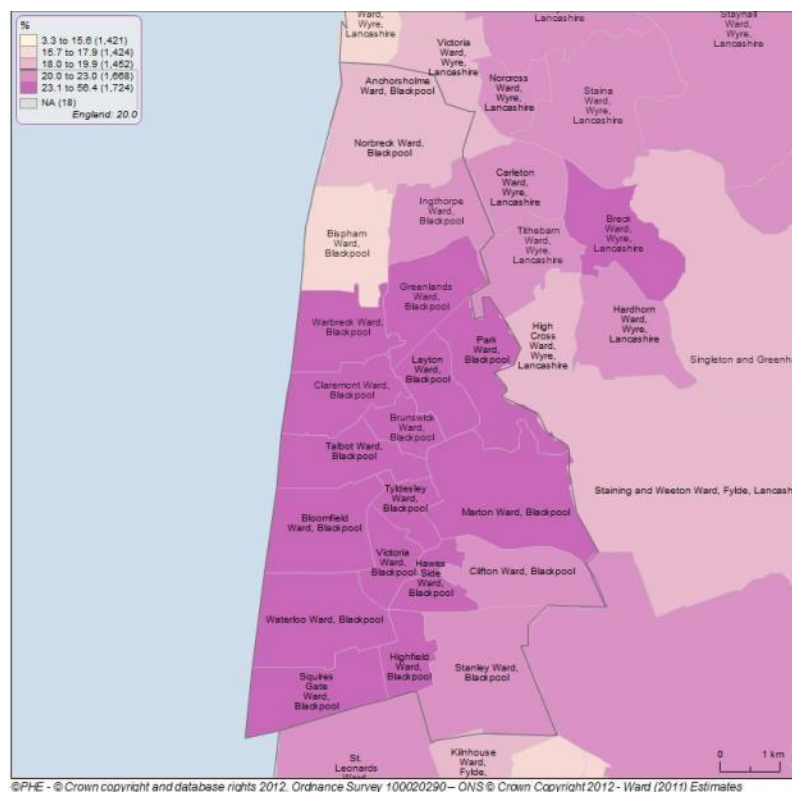
**Figure 17:** Synthetic estimate of the proportion of the percentage of the population aged 16 years and over who report binge drinking (2007-2008), with 95% confidence intervals.



(Source: LAPE)

*Local Health* can further illustrate modelled estimates of binge drinking among adults according to the percentage of the population aged over 16 years that binge drink.<sup>26</sup>

**Figure 18:** Map of binge drinking expressed as the percentage by ward in Blackpool



(Source: Local Health)

<sup>26</sup> *Local Health*, Public Health England, <http://www.localhealth.org.uk> [accessed 2013]

**Preloading.** Defined as consuming alcohol in the domestic environment before going out into the Night Time Economy (NTE), this pattern of drinking has been associated higher consumption levels, crime and other risk behaviours. In the *LDAAT Emerging Drug Trends – Phase 1 report 2011*, a survey of the NTE population in four towns throughout the Lancashire (Burnley, Chorley, Preston and Lancaster) found that 66% of women compared to 49% of men had preloaded. The pattern was most common in 18-24 age group, with an average of 8 units drunk before going out.<sup>27</sup>

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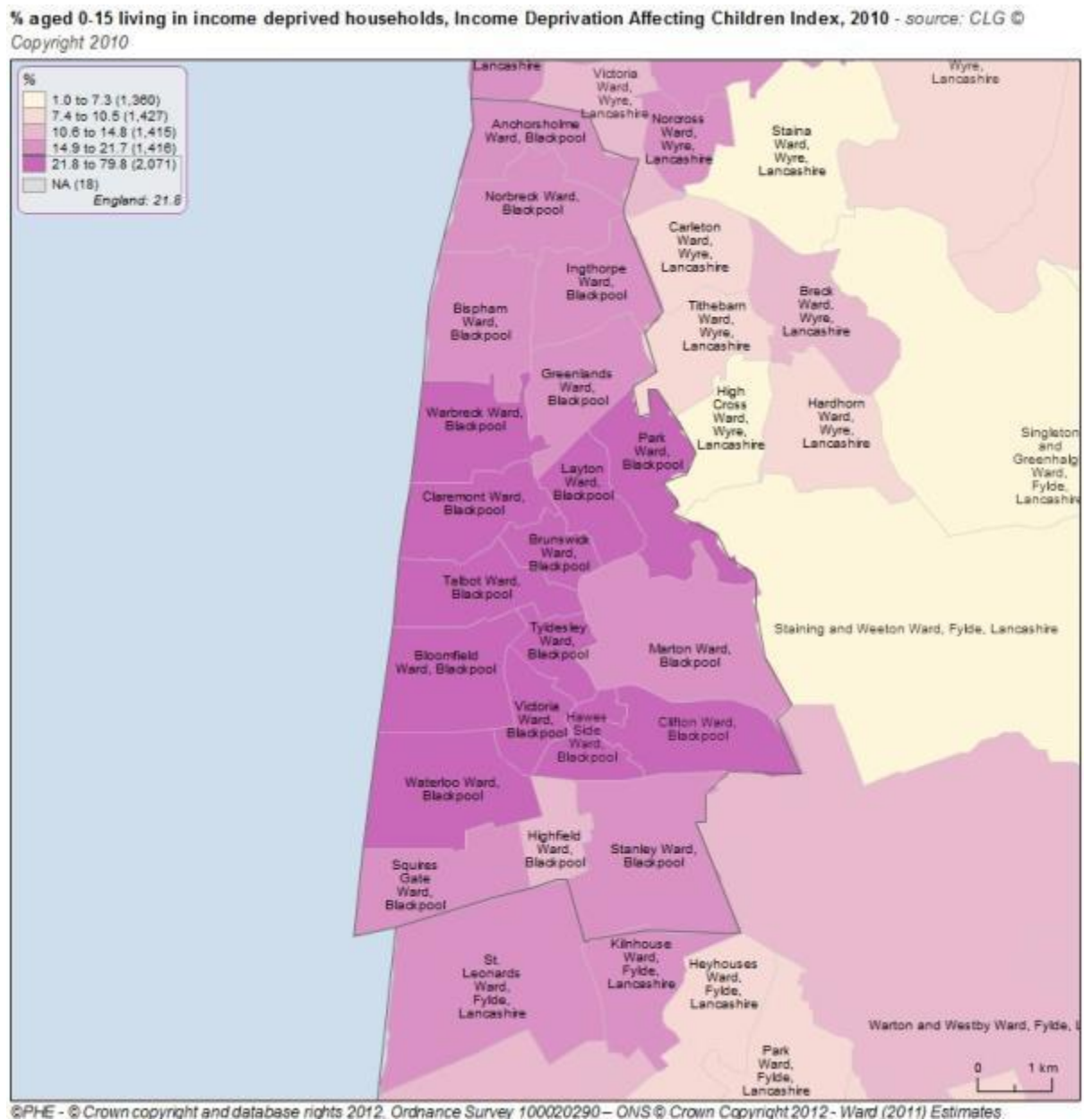
<sup>27</sup> Measham, Moore & Østergaard *LDAAT Emerging Drug Trends – Phase 1 report*, 2011  
[http://www.clubbingresearch.com/?page\\_id=2](http://www.clubbingresearch.com/?page_id=2)

**e. Patterns of consumption: specific groups**

*i. Alcohol consumption and socio-economic variables*

As described in the [Blackpool JSNA](#), the town faces “considerable levels of disadvantage [...] in 2010, it was ranked 6<sup>th</sup> most deprived of 354 local authorities”.<sup>28</sup> The figure below outlines the percentage of children living in income deprived households by ward in 2010.

**Figure 19:** Percentage of children living in income deprived households by ward in 2010.



(Source: Local Health)

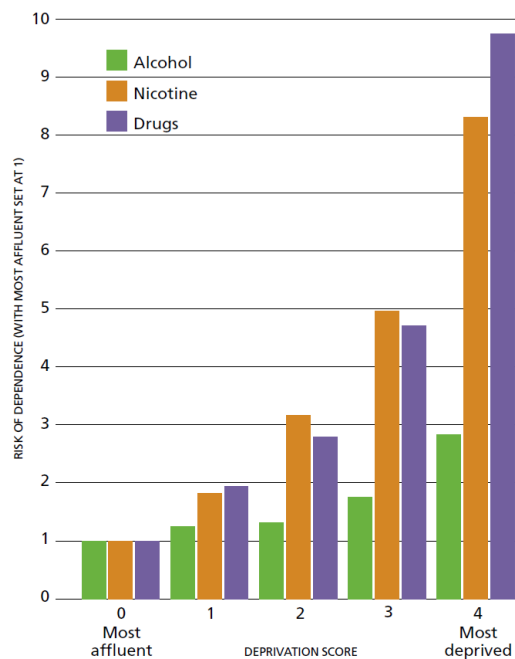
<sup>28</sup> Blackpool JSNA, <http://blackpooljsna.org.uk/core-documents/> [accessed 2013]

When evaluating consumption by occupational group, *Statistics on Alcohol* describe the highest proportion drinking in last seven days as being in the managerial and professional groups for both men and women, with the lowest for routine and manual occupation. The same pattern was observed for drinking on five or more days of the week. Employed men were more likely to have drunk during the previous week, to have drunk more than 4 units on one day and to have drunk heavily on one day than unemployed men. Similar patterns were observed for employed women but less of a marked difference.

When considered in terms of household income, the proportions exceeding recommended guidelines and drinking heavily tended to rise with increasing gross weekly household income. Adults living in households in the highest income quintile were twice as likely to have exceeded 3 to 4 units of alcohol and were twice as likely to have drunk heavily in comparison with adults in households in the lowest income quintile (44% and 23% compared with 22% and 10%).

However, greater deprivation is associated with higher rates of dependency, as shown in the figure below. It is notable the gradient is less than for nicotine and drug use, although this is taken from Wilkinson and Marmot’s seminal publication on the social determinants of health in 1993.<sup>29</sup>

**Figure 20:** Socioeconomic deprivation and risk of dependence on alcohol, nicotine and drugs



(Source: The Solid Facts, Wilkinson & Marmot, 1993)

<sup>29</sup> Wilkinson & Marmot, *The Solid Facts*, 1993. <http://www.euro.who.int/en/publications/abstracts/social-determinants-of-health.-the-solid-facts>

The 2013 Dr Foster hospital guide found 8.6% of admissions linked to alcohol were from the wealthiest 20% of the population, with 11.6% from the next affluent quintile and 36% from the most deprived income group.<sup>30</sup> The Lancashire County Council JSNA considered the correlations for each individual domain of deprivation and alcohol-related admissions, and found the greatest correlation from employment deprivation, and health and disability deprivation. This may reflect greater vulnerability in more deprived populations to the health consequences, with higher socioeconomic status conferring a protective effect. It may also reflect multiple-morbidities and poorer access to healthcare. Another consideration is that health complications related to alcohol may be underreported in higher socioeconomic groups and these consumption patterns may herald future healthcare needs.

## ii. Ethnicity

In Blackpool, ethnic minority groups account for 4.3% of the population. This is lower than the North West and national proportions, at 8% and 13.2% respectively.<sup>31</sup> There is limited information about alcohol consumption among different ethnic groups at a local level.<sup>32</sup>

A Joseph Rowntree Foundation report on ethnicity and alcohol highlighted the following key points<sup>33</sup>:

- There is diversity both within and between ethnic groups:
  - Most minority ethnic groups have a higher rate of abstinence and lower levels of drinking than white ethnic groups.
  - Abstinence was highest among South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds.
  - Pakistani and Muslim men who did drink drank more heavily than other non-white ethnic groups.
  - People from mixed ethnic backgrounds are less likely to abstain and more likely to drink heavily compared to other non-white minority ethnic groups.
  - People from Indian, Chinese, Irish and Pakistani backgrounds on higher incomes tended to drink above recommended limits.

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<sup>30</sup> *Dr Foster: Proportion of Drug and Alcohol Related Emergency Admissions*, <http://drfosterintelligence.co.uk>, 2013

<sup>31</sup> Blackpool JSNA, <http://blackpooljsna.org.uk/core-documents/> [accessed 2013]

<sup>32</sup> Lancashire County Council JSNA, <http://www.lancashire.gov.uk/corporate/web/?siteid=6119&pageid=35444&e=e>, 2012

<sup>33</sup> Hurcome et al, *Ethnicity and Alcohol: A Review of the UK Literature*. Joseph Rowntree Foundation. 2010

- People from minority ethnic groups have similar levels of alcohol dependence compared to the general population, despite drinking less.
- Services are reportedly not responsive enough:
  - Consumption may be hidden among groups where drinking is prohibited
  - Minority ethnic groups are under-represented in seeking treatment and advice for drinking problems.
  - Greater understanding of cultural issues is needed in developing mainstream and specialist alcohol services.

iii. *Drinking, pregnancy and parenthood*

*Statistics on Alcohol* cite the UK Infant Feeding Survey 2012, which found that 2% of pregnant women either did not change consumption or drank more during pregnancy in 2010, compared to 4% in 2005, though it is likely drinking in pregnancy is under-reported. It is suggested that 0.5 in every 1000 children have Foetal Alcohol Syndrome (FAS), in turn indicating that approximately one child per year in Blackpool is born with the condition.<sup>34</sup> Further information of its impact is provided in the textbox below, and FAS is one facet of the inter-generational effect of alcohol consumption. It is reported that 30% of children in the UK live with an adult binge drinker, 22% with a hazardous drinker, 2.5% with a harmful drinker, with an estimated 79,291 infants under the age of one living with a parent who is a problem drinker.<sup>35</sup>

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<sup>34</sup> *The Impact of Harmful Alcohol Consumption on Blackpool families and Young People: A FAS prevention and reduction plan*. Department of Public Health, Blackpool Council. 2013.

<sup>35</sup> *Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. NICE. 2011.

### **Foetal Alcohol Syndrome Disorders**

These cover a spectrum of effects associated with the consumption of alcohol during pregnancy. The following are key features:

1. Maternal exposure to alcohol and risk.
2. Child physical growth, development and structural impairment, including:
  - Characteristic facial features
  - Height or weight at or below 10<sup>th</sup> percentile
  - Head circumference at or below 10<sup>th</sup> percentile.
3. Impact on child cognitive function and behaviour
  - Structural neurological impairment with significant impact to 3 or more domains of brain function.
  - These include cognition, communication, memory, executive functioning and abstract reasoning,
  - Further consequences include Attention deficit/hyperactivity, and impairment of adaptive behaviour, social skills and communication.

**Source: The Impact of harmful Alcohol consumption on Blackpool families and young people: A Foetal Alcohol Syndrome prevention and reduction plan**

#### *iv. Drinking in the over 65s*

The Blackpool JSNA highlights that Blackpool has a higher proportion than England of people aged over 55 years. The *Statistics on Alcohol 2013* found those aged over 65 were more likely than any other age group to report drinking every day in the previous week.

The Royal College of Psychiatrists report 1 in 5 older men and 1 in 10 older women are drinking enough to harm themselves.<sup>36</sup> These figures have increased by 40 per cent in men and 100 per cent in women over the past 20 years. It estimates that a third of people with drinking problems develop them later in life.

Limited research in the elderly results in uncertainty over what level of alcohol consumption is safe. Physiological changes mean that alcohol is broken down more slowly, and may also impact on existing health problems and medication. The situation can be compounded by pain, retiring from work, bereavement and isolation. In addition, alcohol consumption in the elderly can be overlooked, both by services and the wider population.

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<sup>36</sup> Royal College of Psychiatrists, *Alcohol & Older People*, 2012.  
<http://www.rcpsych.ac.uk/expertadvice/problemsdisorders/alcoholandolderpeople.aspx>

**f. Trends: volume and frequency, affordability**

There has been a marked increase in alcohol consumption among women over the last 20 to 30 years, with a decrease in drinking among young men aged 16 to 24 years after prolonged increase from 1998-2000.<sup>37</sup> This contrasts with an increase for other male age groups. There has been an overall increase in drinking in excess of recommended weekly limits for men and women, though the change is more marked in women. There has been a decrease in consumption among younger age groups and increase in older age groups.

The *Statistics on Alcohol* report found a 38% increase in purchases of alcoholic drinks bought for consumption within the home in the UK since 1992, specifically of cider, perry and wine. The affordability of alcohol has also changed; with alcohol in 2012 61% more affordable than it was in 1980.

Alcoholic beverages contributed £5.2 billion (82%) of the total Gross Added Value (GVA) from UK food and drink manufacture in 2011, an increase of 8% on 2012.<sup>38</sup> It was estimated in 2009 that for every drinker in the UK to consume 14 units (females) and 21 units (males) per week there would need to be a reduction of around nearly one third of all alcohol sold.<sup>39</sup>

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<sup>37</sup> Joseph Rowntree Foundation *Drinking in the UK: An exploration of trends*, 2009

<sup>38</sup> Department for Environment, Food and Rural Affairs. *Food Statistics Pocketbook 2013*.

<https://www.gov.uk/government/collections/food-statistics-pocketbook>

<sup>39</sup> Centre for Public Health & Alcohol Concern. *Off measure: how we underestimate the amount we drink*. 2009



## **ii. Knowledge and attitudes to alcohol**

### *Adults and the over 65s*

From the survey results in *Statistics on Alcohol 2013*, 90% of adults had heard of measuring alcohol consumption, with 13% keeping a check on how many units they drank. Awareness increased with increasing consumption, with frequent drinkers of beer and wine more likely to know unit values. Lowest awareness was noted among those over 65 years of age and, in terms of employment, routine and manual workers. Accuracy of knowledge varied with age, being highest among 25 to 54 year olds. For the guideline amounts for men, 35% men and 47% women had heard of units but didn't know recommended amounts, with similar figures for the guideline amounts for women.

Age UK conducted a qualitative study across Lancashire in 2009, using focus groups to explore the views of participants aged over 65. They reported concern over conflicting advice given and significant stigma associated with alcohol consumption. In addition it was felt that information and services were targeted at younger age groups, such that older generations felt they did not apply to them. Increasing alcohol consumption at home was attributed to a change in drinking venue culture.<sup>40</sup>

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<sup>40</sup> Lancashire County Council JSNA, <http://www.lancashire.gov.uk/corporate/web/?siteid=6119&pageid=35444&e=e>, 2012

### iii. Adverse effects and consequences

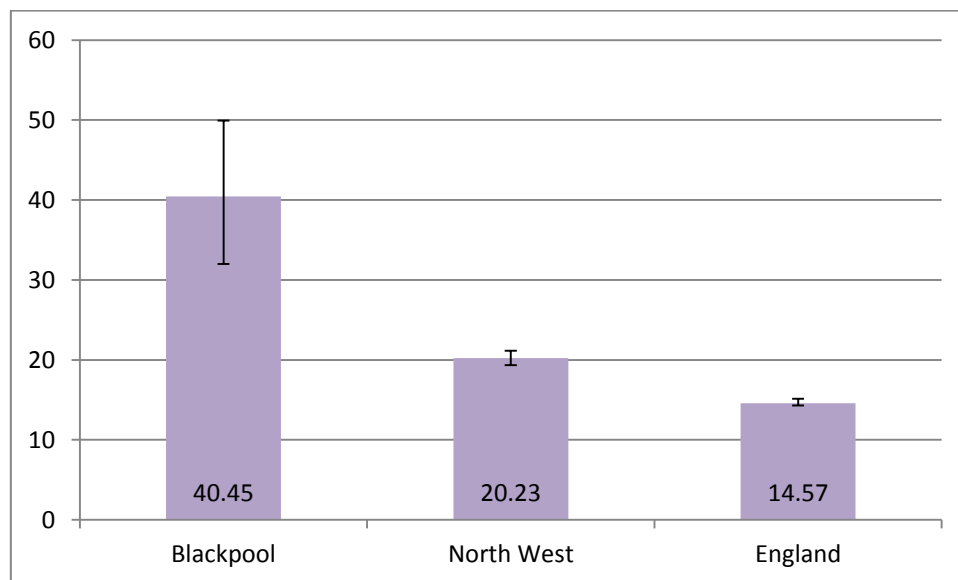
#### a. Health

The health consequences of alcohol consumption in Blackpool is best summarised with the *Local Alcohol Profiles for England (LAPE)*. These are outlined in the figures below, and compare the statistics from Blackpool to those regionally and nationally.

Months of lives lost indicate the estimated increase in life expectancy at birth should all alcohol-attributable deaths aged under 75 be prevented. For males, 20.1 months would be gained, more than the regional average of 11.5 months and ranking lowest of the 326 Local Authorities (LAs) in England. For females, 8.7 months would be gained, more than the regional average of 5.8 months and ranking 321st of all the LA.

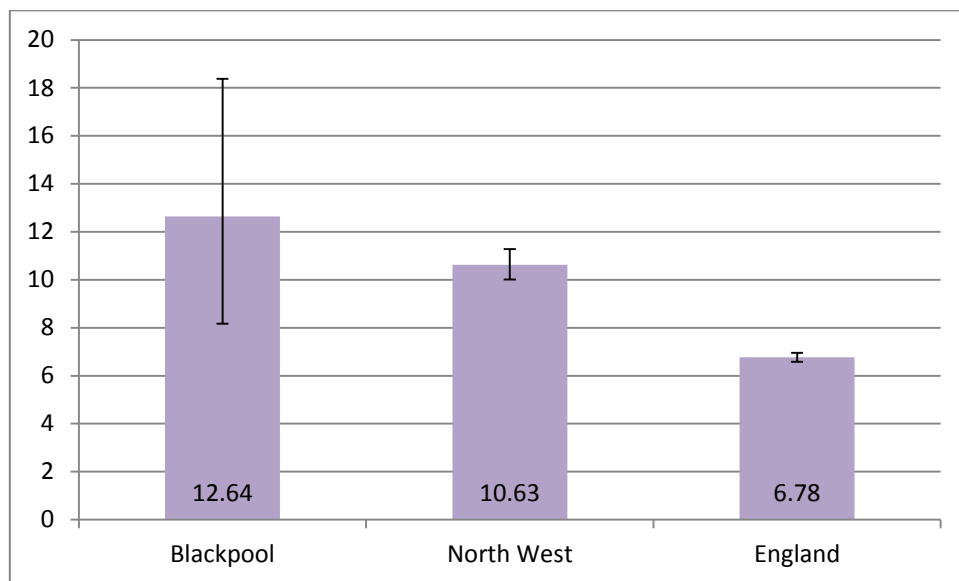
Alcohol-specific mortality, for males is 40.45 per 100,000, higher than the regional average of 20.23 per 100,000 and ranking lowest of the LAs. For women, it is 12.64 per 100,000, above the regional average of 10.63 and ranked 310<sup>th</sup> of the LAs.

**Figure 21:** Alcohol-specific mortality per 100,000: Males, all ages with 95% confidence intervals (2010 - 2012)



(Source: LAPE 2014)

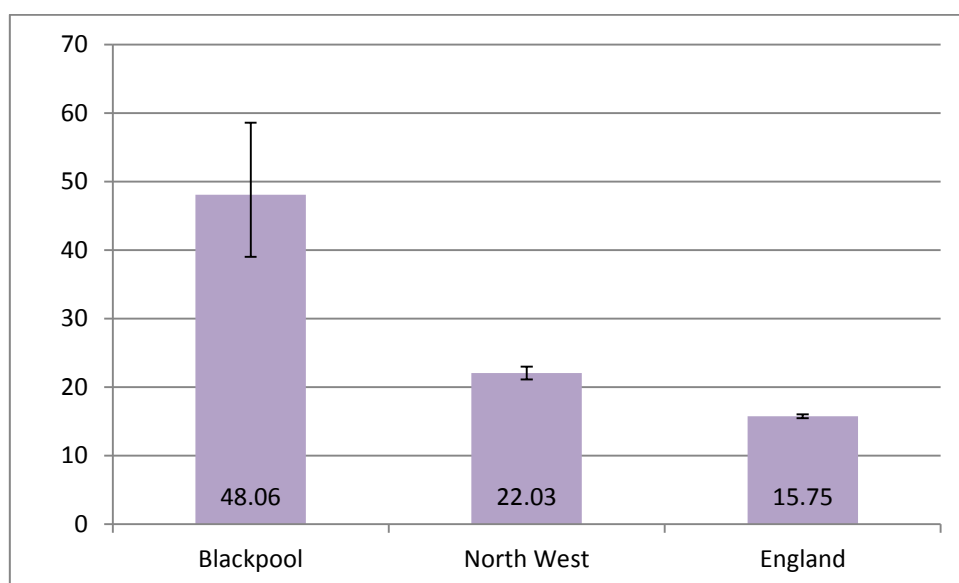
**Figure 22:** Alcohol-specific mortality per 100,000: Females, all ages with 95% confidence intervals (2010 - 2012)



(Source: LAPE 2014)

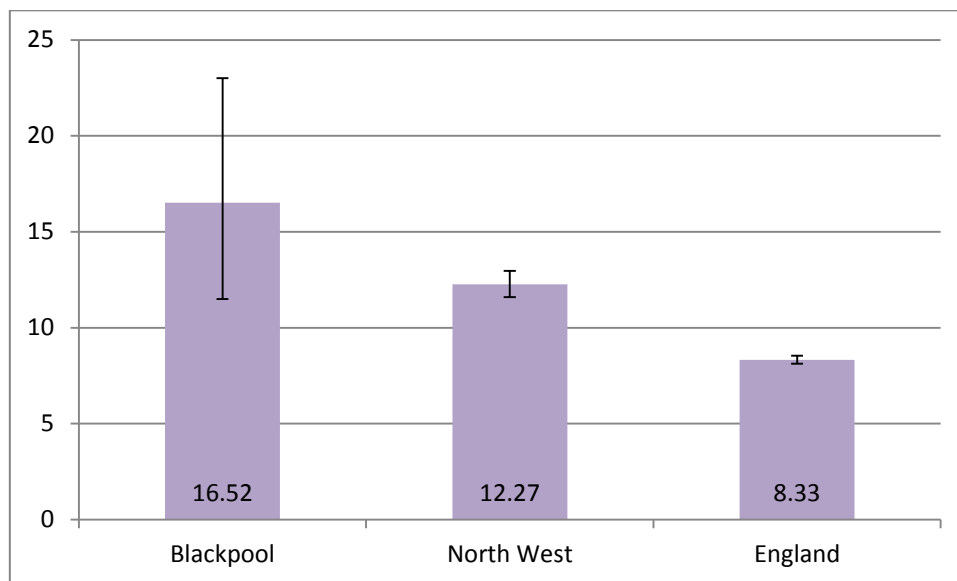
Mortality from chronic liver disease, for which alcohol is the leading cause, is 48.06 per 100,000 for males compared to a regional average of 22.03 and ranked lowest of the 326 LAs. For women, the rate is 18.8 per 100,000 compared to the regional rate of 11.1, ranking 322<sup>nd</sup> of the LAs. The under 75 year old mortality rate from liver disease considered preventable also features in the Public Health Outcomes Framework. The rate for Blackpool is 37 per 100,000, in comparison to the rate for England of 12.7 per 100,000. The chart in Figure 25 below demonstrates Blackpool’s position nationally.

**Figure 23:** Mortality from chronic liver disease per 100,000: Males, all ages (2010 - 2012)



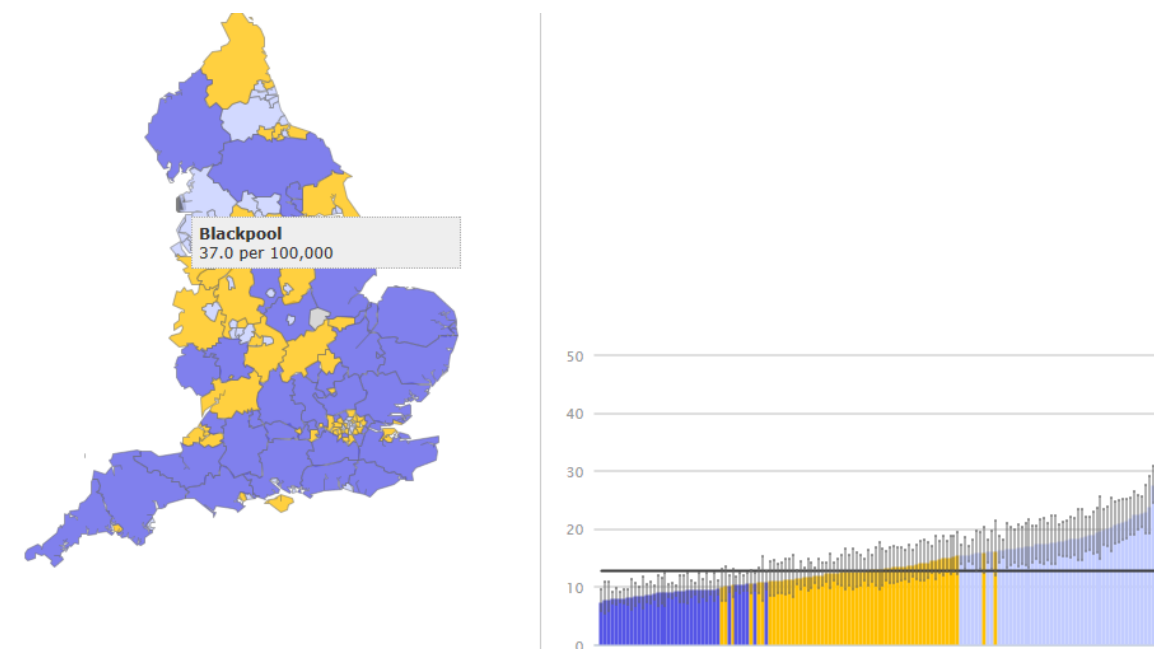
(Source: LAPE 2014)

**Figure 24:** Mortality from chronic liver disease per 100,000: Females, all ages (2010 - 2012)



(Source: LAPE 2014)

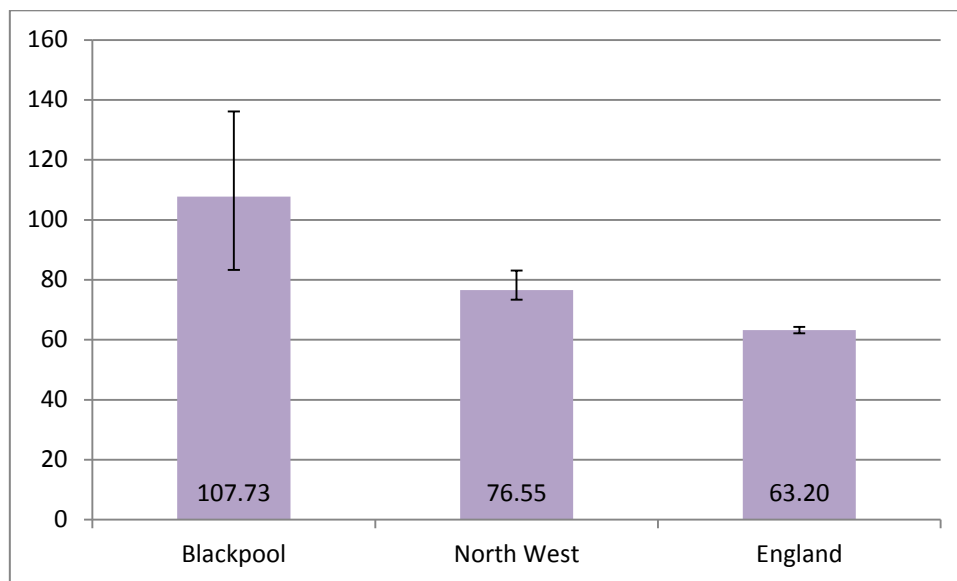
**Figure 25:** Under 75 year mortality rate from liver disease considered preventable (provisional) – *Blackpool position in national rankings shown with thicker vertical line on chart*



(Source: <http://www.phoutcomes.info/>)

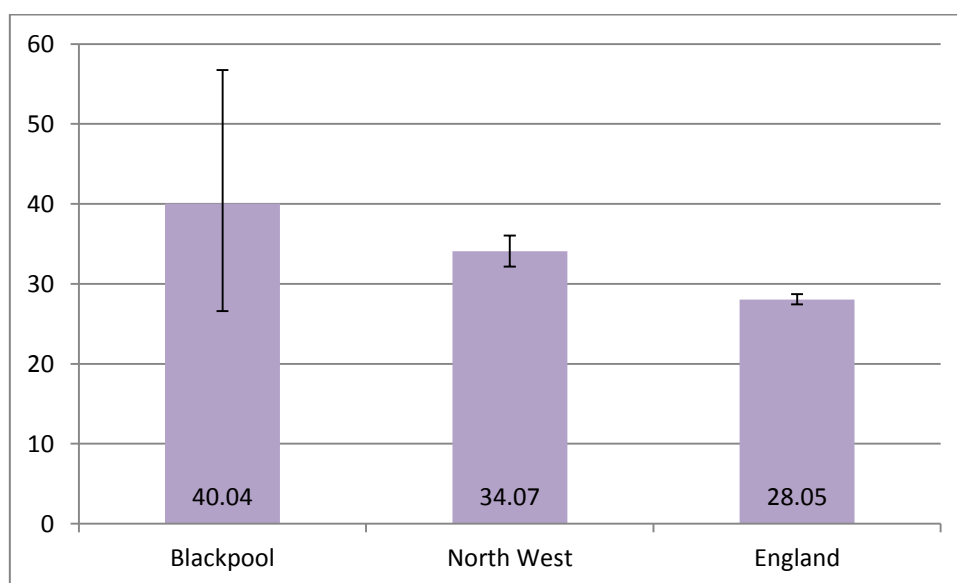
Alcohol-related mortality rates for males, at 107.73 per 100,000, are higher than the regional average of 76.55 and rank 325<sup>th</sup> of the LAs. For females, 40.4 per 100,000 is higher than the regional average of 34.07 and rank 317<sup>th</sup> of the LAs.

**Figure 26:** Alcohol-related mortality: Males, all ages per 100,000 (2012)



(Source: LAPE 2014)

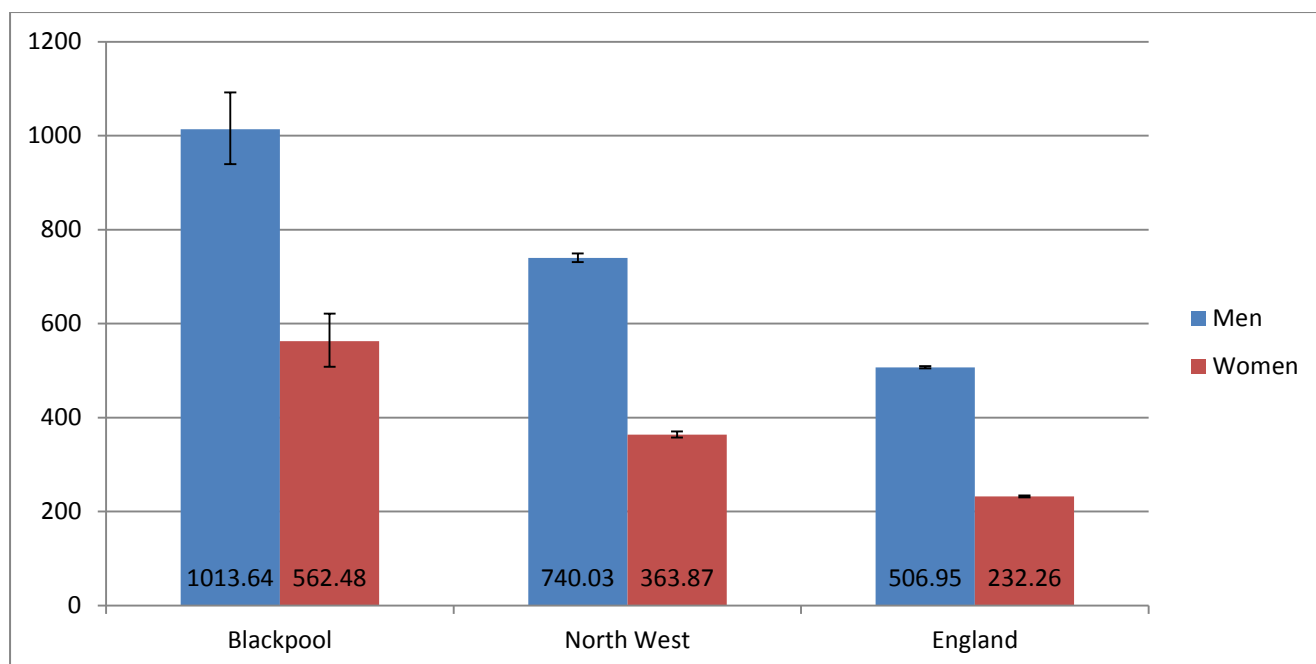
**Figure 27:** Alcohol-related mortality: Females, all ages per 100,000 (2012)



(Source: LAPE 2014)

Alcohol-specific hospital admissions for males of all ages are 1,013.64 per 100,000, markedly higher than the regional average of 740.03, ranking at 322<sup>nd</sup> of the LAs nationally. For women of all ages, the rate is 562.48 per 100,000, above the regional average of 363.87 and ranked at 325<sup>th</sup> of the LAs.

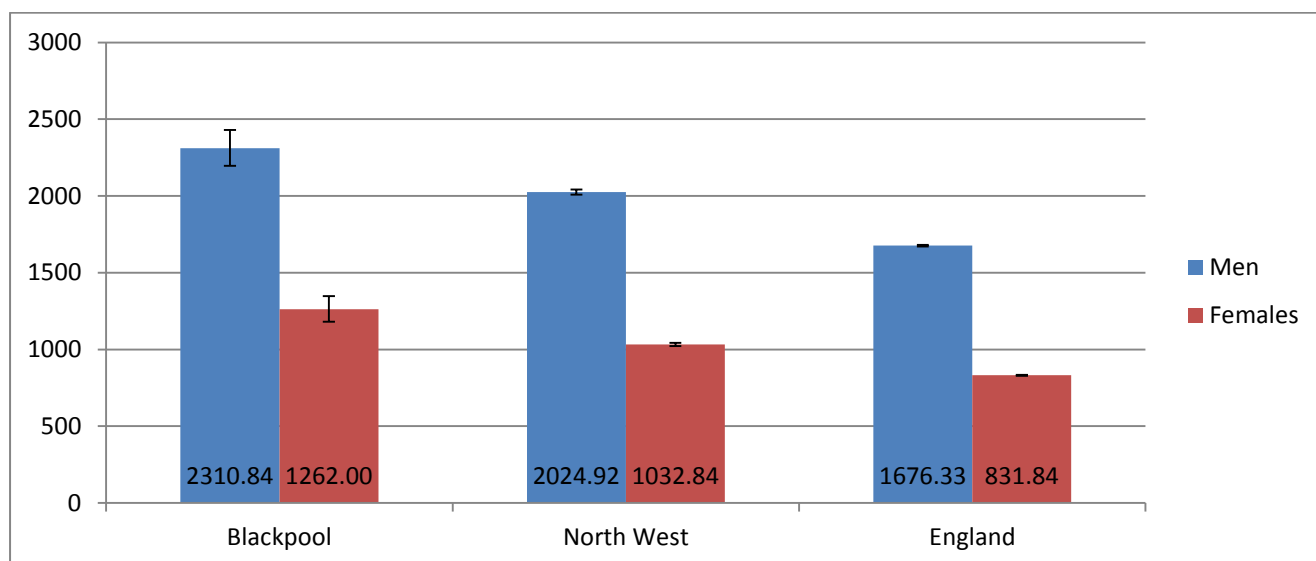
**Figure 28:** Admitted to hospital with alcohol-specific conditions: Males and females, all ages (2012/13)



(Source: LAPE 2014)

Alcohol-related hospital admissions for males are 2,310.84 per 100,000, higher than the regional average of 2024.92 and ranked 315<sup>th</sup> of the LAs. For females, the rate is 1,262 per 100,000, higher than the regional average rate of 1,032.84 and ranked 321<sup>st</sup> of the LAs.

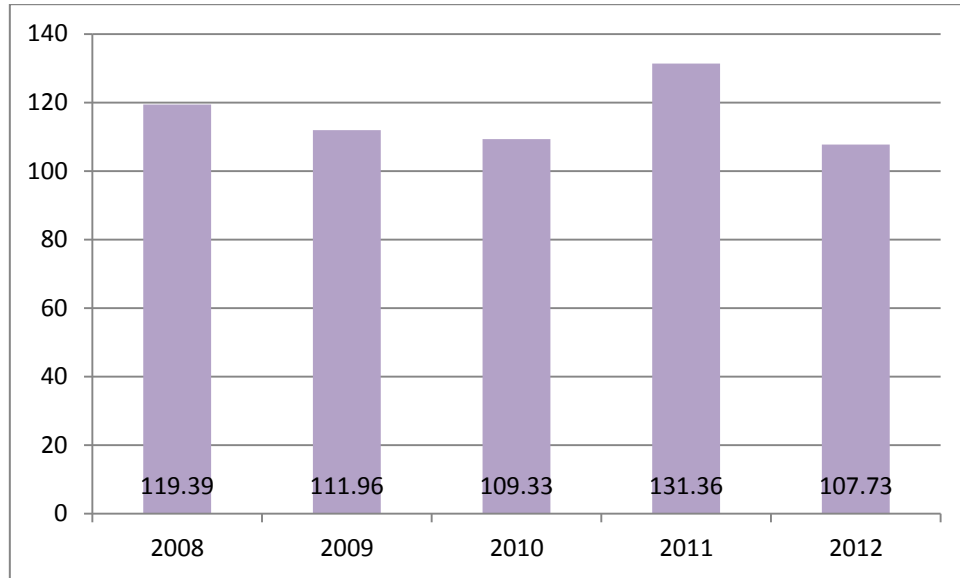
**Figure 29:** Admitted to hospital with alcohol-related conditions: Males and females, all ages (2012/13)



(Source: LAPE 2014)

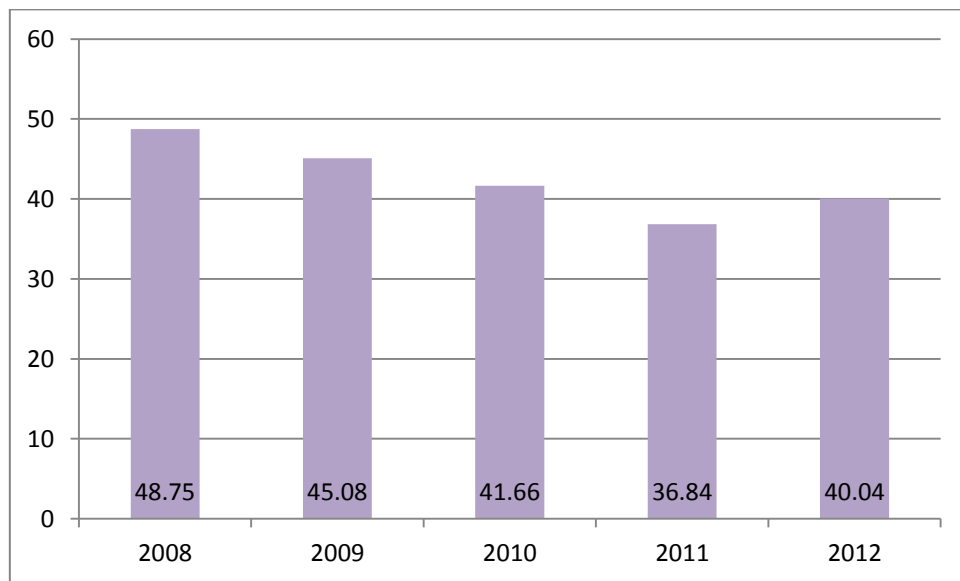
LAPE also details trends over recent years for alcohol-attributable mortality and hospital admissions. These are detailed in the figures below. From this, a slight fall can be seen from 2006 to 2010 for male and female alcohol-related mortality, though numbers subsequently climbed for both sexes. Alcohol-related hospital admissions have climbed for both sexes.

**Figure 30:** Alcohol-related mortality per 100,000: Males, all ages (2008-2012)



(Source: LAPE 2014)

**Figure 31:** Alcohol-related mortality per 100,000: Females, all ages (2008-2012)



(Source: LAPE 2014)

**Figure 32:** Admitted to hospital with alcohol-related conditions (broad) per 100,000: Males, all ages (2008/09-2012/13)



(Source: LAPE 2014)

**Figure 33:** Admitted to hospital with alcohol-related conditions (broad) per 100,000: Females, all ages (2008/09-2012/13)



(Source: LAPE 2014)

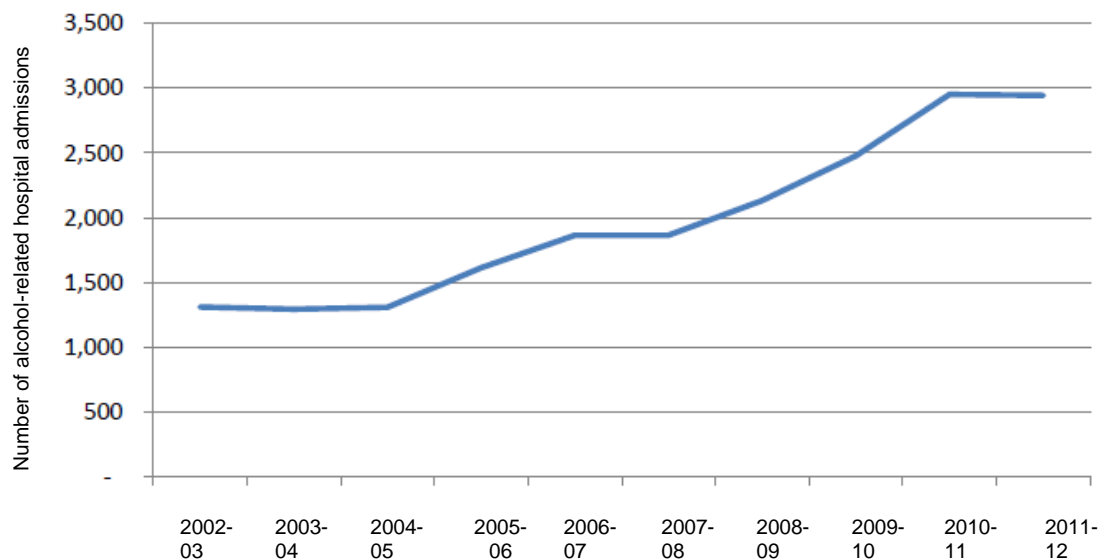


However for Blackpool alcohol-related hospital admissions, there has been a slowing in the increase as shown in the graph below<sup>41</sup>. Although it is impossible to attribute this to one cause, modelling suggests the following contributory factors:

- Improved alcohol treatment provision
- Alcohol liaison nurses
- Prevention through action on the wider determinants

Historically, alcohol consumption has also been influenced by economic recession. It is suggested that those already consuming higher amounts drink more at such times, but fewer low-intake consumers escalate due to financial constraints.

**Figure 34:** Number of alcohol-related hospital admissions 2002/03-2011/12



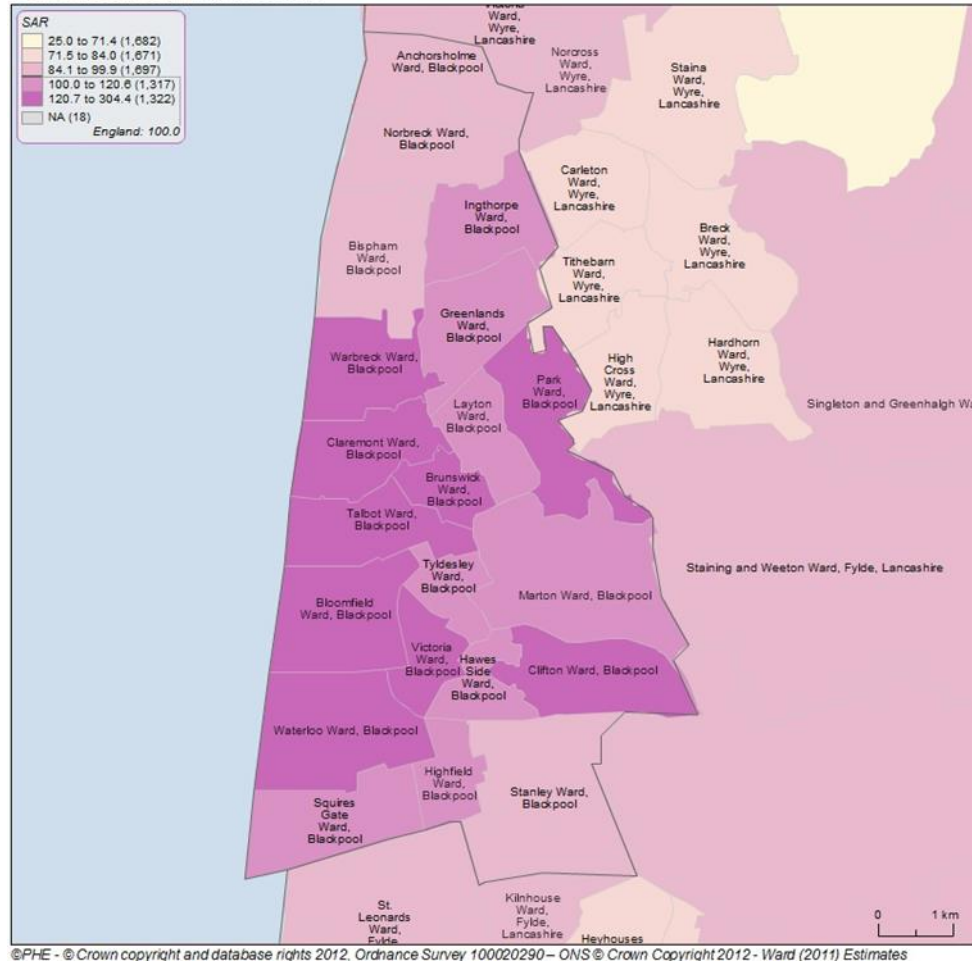
(Source: *Blackpool Alcohol Strategy, 2013-2016*, Department of Public Health, Blackpool Council)

Hospital stays for alcohol-related harm can also be plotted by ward in Blackpool using Local Health, as shown in the map below. The highest rates are in Claremont (217.4), Bloomfield (211.1), Talbot (191.9) and Brunswick (175.1).

<sup>41</sup> *Blackpool Alcohol Strategy, 2013-2016*, Department of Public Health, Blackpool Council

**Figure 35: Hospital admissions for alcohol-attributable conditions by ward**

Hospital admissions for alcohol attributable conditions, standardised admission ratio, 2006/7 - 2010/11 - source: PHOs (now part of Public Health England), produced from Hospital Episodes Statistics (HES). Copyright © 2012 The NHS Information Centre for Health and Social Care. All rights reserved.



(Source: Local Health)

The following diagram summarises Blackpool’s rankings, out of the 326 Local Authorities, for each of the health indicators for alcohol listed above. It is in the lowest ten for all but two of the twelve indicators, and among the lowest twenty for all.

**Figure 36:** Summary of Blackpool’s rankings from the 326 local authorities for health consequences of alcohol consumption.

	Months of life lost - males	Months of life lost - females	Alcohol-specific mortality - males	Alcohol-specific mortality - females	Mortality from chronic liver disease - males	Mortality from chronic liver disease - females	Alcohol-related mortality - males	Alcohol-related mortality - females	Alcohol-specific hospital admission - males	Alcohol-specific hospital admission - females	Alcohol-related hospital admission (Broad) - males	Alcohol-related hospital admission (Broad) - females
Blackpool	326	321	326	310	326	322	325	317	322	325	315	321

Key:
Rank 1 - 10
Rank 317 - 326

(Source: LAPE 2014)

## **b. Children and families**

### *i. Child Deaths*

The Pan-Lancashire Child Death Overview Panel Annual Report 2012/13 reviews child deaths in the county from April 2008 to March 2013.<sup>42</sup> Of the 712 child deaths notified to the Panel, 140 were considered to have modifiable factors. The most common risk factors were:

- 32% service provision and engagement barriers
- 28% identified alcohol/substance misuse by parent/carer
- Others include mental health of a parent/carer, domestic violence, chaotic lifestyles and housing issues.

In 2013, there were 13 unexpected child deaths in Blackpool, of which 5 were considered to have modifiable factors. No further information was available as to the nature of the factors.

### *ii. Domestic abuse*

In the UK, 1 in 4 women and 1 in 7 men have experienced domestic abuse. The map below details the calls to the police about domestic violence between August 2011 and September 2012 in Lancashire, with Blackpool notable as having the highest number.<sup>43</sup>

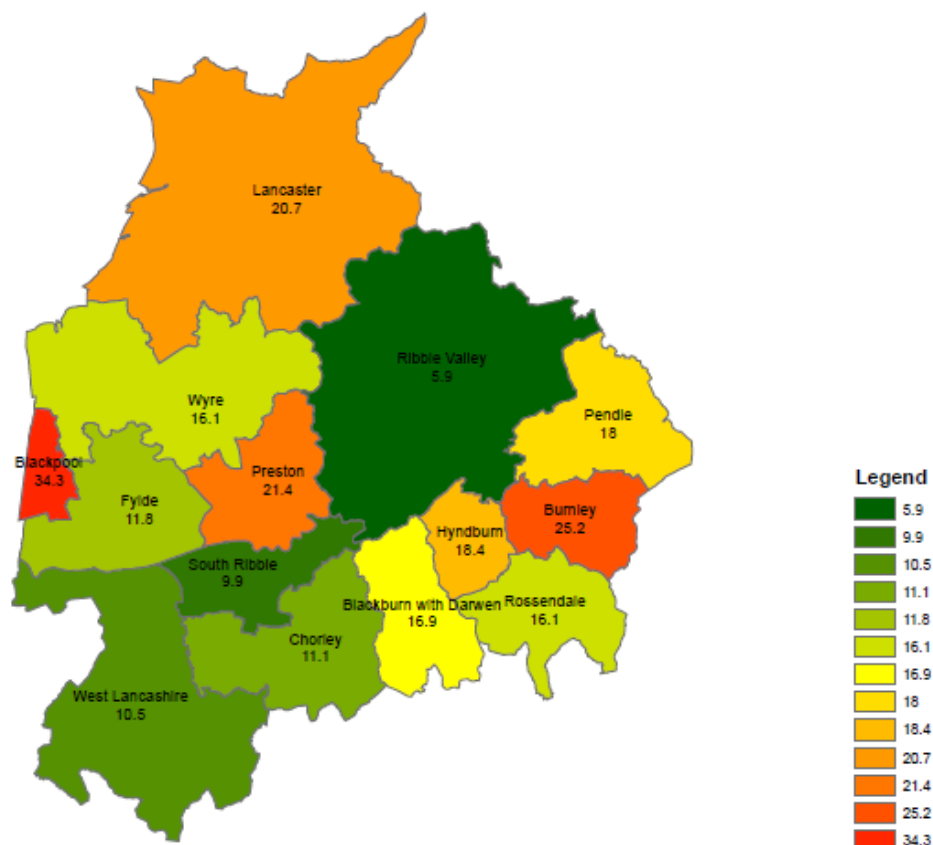
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<sup>42</sup> *The Pan-Lancashire Child Death Overview Panel Annual Report 2012/13*, [www.lancashire.gov.uk/corporate/web/viewdoc.aspx?id=109619](http://www.lancashire.gov.uk/corporate/web/viewdoc.aspx?id=109619)

<sup>43</sup> Lancashire County Council JSNA *Domestic Abuse Technical Report 1: Evidence Base 2013* <http://www.lancashire.gov.uk/corporate/web/?siteid=6111&pageid=40779&e=e>

**Figure 37:** Calls to the police about domestic abuse between August 2011 and September 2012

Rate per thousand population



Source: Lancashire County Council JSNA Domestic Abuse Technical Report 1: Evidence Base 2013

The table below outlines the number of calls to the police relating to domestic abuse by ward, district and county from May 2013 to April 2014.<sup>44</sup>

**Table 5:** Calls to police per 1000 households from May 2013 to Apr 2014

Area	Rate of calls per 1000 households
<b>Wards with highest rates</b>	Bloomfield 112 Claremont 109.1
<b>Wards with lowest rates</b>	Squires Gate 19.3 Norbreck 17.9
<b>Blackpool District Average</b>	46
<b>Lancashire County Average</b>	24.3

(Source: Safer Lancashire)

<sup>44</sup> Safer Lancashire Statistics. 2011. <http://www.saferlancashire.co.uk/2011/statistics/index.asp>

Alcohol is associated with a four-fold risk of violence from a partner and is more common when sexual violence is involved. In about 45% of domestic violence cases, men had been drinking and in 20% of cases women had been drinking. Partner assaults are four to eight times higher among people seeking treatment for substance-dependence. In Lancashire between April and September 2012, 31% of reported domestic abuse crimes were alcohol-related where victim, perpetrator or both had been drinking<sup>45</sup>. The Blackpool Domestic Abuse Service estimates that alcohol was a contributing factor in 76% of incidents in 2011.<sup>46</sup>

### c. Homelessness

In Blackpool, the following data reflects homelessness based on those accessing housing services<sup>47</sup>:

- Found to be homeless with the LA having a statutory responsibility to immediately provide housing - 23 in 9 months to 31/12/12 and 30 in 12 months of 2011/12.
- Helped by LA to prevent homelessness but may or may not fall under "statutory duty" - 359 in 9 months to 31/12/12 and 559 in full year 2011/12
- Minimal advice or assistance provided after presentation to LA as not eligible or don't need any more help - up to 3,000 cases p.a. in Blackpool.

From March 2011 to 2012, 33 of the 72 households accepted under homelessness duty had children. Although no drug or alcohol vulnerabilities were noted during this period for those accessing services, *the Homelessness: Hidden Truth* report produced in 2011 by Sheffield Hallam University considered the homeless population termed "the hidden homeless" due to their limited contact with hostels and other services.<sup>48</sup> This group may not be accounted for in official statistics. The report incorporated a survey and in-depth interviews, with 437 participants from 11 towns and cities in England including Blackpool. Of the 261 individuals identified as "hidden homeless" at time of survey, 32% had experienced drug dependency and 34% experienced alcohol dependency.

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<sup>45</sup> Lancashire County Council JSNA *Domestic Abuse Technical Report 1: Evidence Base* 2013  
<http://www.lancashire.gov.uk/corporate/web/?siteid=6111&pageid=40779&e=e>

<sup>46</sup> *Blackpool Alcohol Strategy*, 2013-2016, Department of Public Health, Blackpool Council

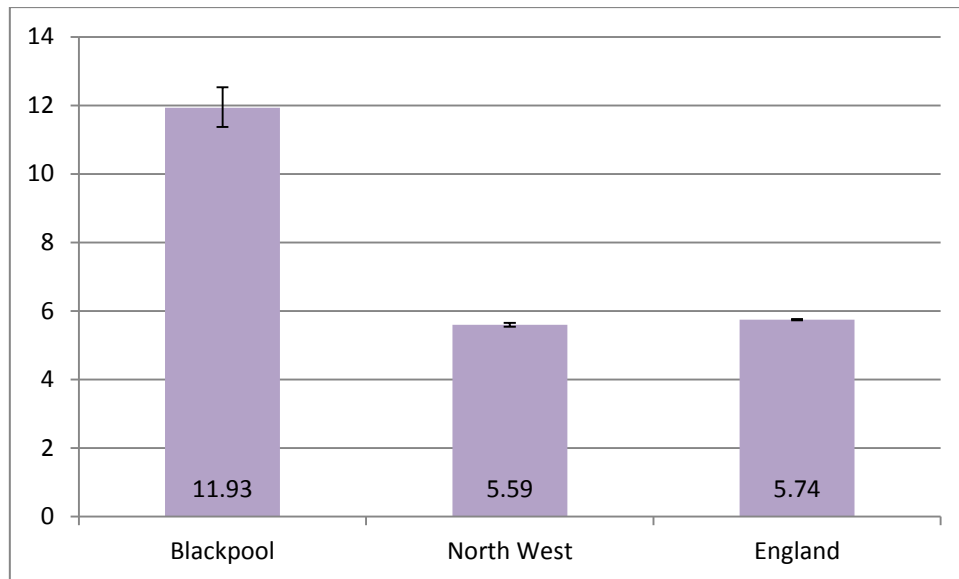
<sup>47</sup> *Prevention of Homelessness Strategy 2014 Review*, Blackpool Council, 2014

<sup>48</sup> K Reeve. *The Hidden Truth about Homelessness*. Centre for Regional Economic and Social Research & Crisis. 2011

#### d. Community Safety

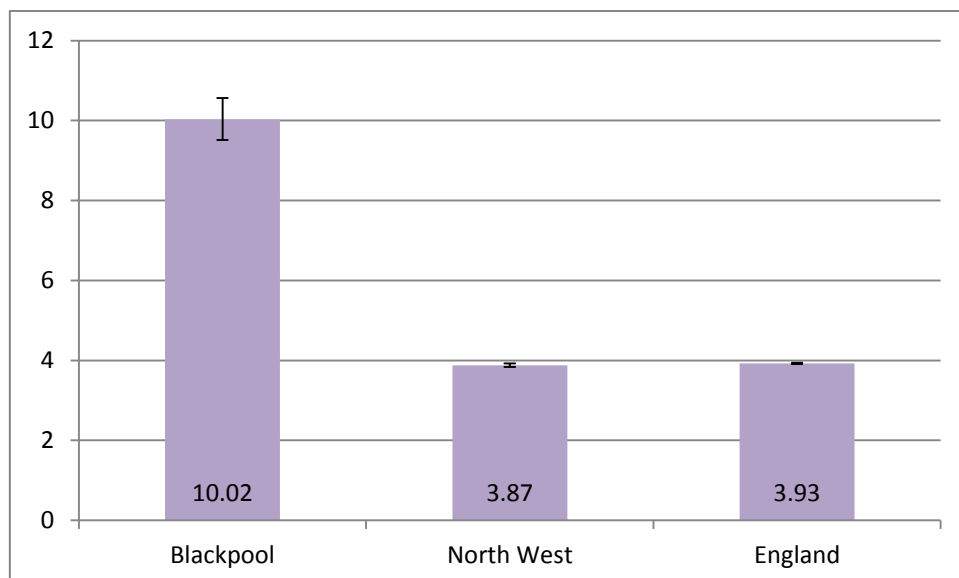
The community consequences of alcohol consumption in terms of crime for Blackpool is best summarised in the *Local Alcohol Profiles for England (LAPE)*. These are outlined in the figures below, and compare the statistics from Blackpool to those regionally and nationally.

**Figure 38:** Alcohol-related recorded crimes: crude rate per 1000 of population, all ages (2012/13)



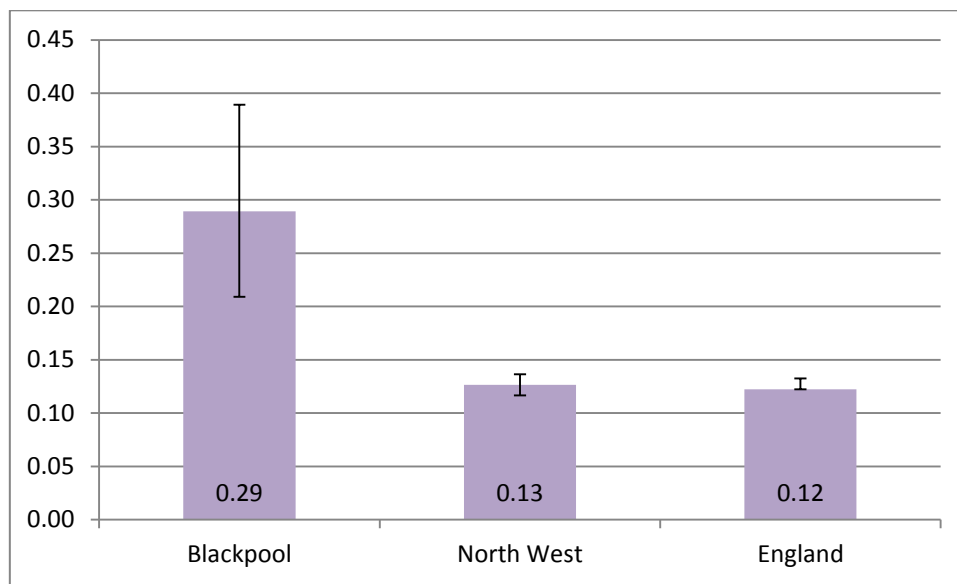
(Source: LAPE 2014)

**Figure 39:** Alcohol-related violent crimes: crude rate per 1000 of population, all ages (2012/13)



(Source: LAPE 2014)

**Figure 40:** Alcohol-related sexual offences: crude rate per 1000 of population, all ages (2012/13)



(Source: LAPE 2014)

Alcohol-related recorded crimes, in Blackpool were at a rate of 11.93 per 1000, higher than the regional average of 5.59 per 1000 and ranking 324<sup>th</sup> of the LAs in England. There was a rate of 10.02 per 1000 alcohol-related violent crimes, higher than the regional average of 3.87 per 1000 and ranking 325<sup>th</sup> of the 326 LAs. There was a rate of 0.29 per 1000 alcohol-related sexual offences, twice the regional average of 0.13 per 1000 and ranking 325<sup>th</sup> nationally. A summary of Blackpool’s rankings out of the 326 Local Authorities is given below.

**Figure 41:** Summary of Blackpool’s rankings from the 326 local authorities for health consequences of alcohol consumption.

Organisation Name	Alcohol-related recorded crime	Alcohol-related violent crime	Alcohol-related sexual offences
Blackpool	324	325	325

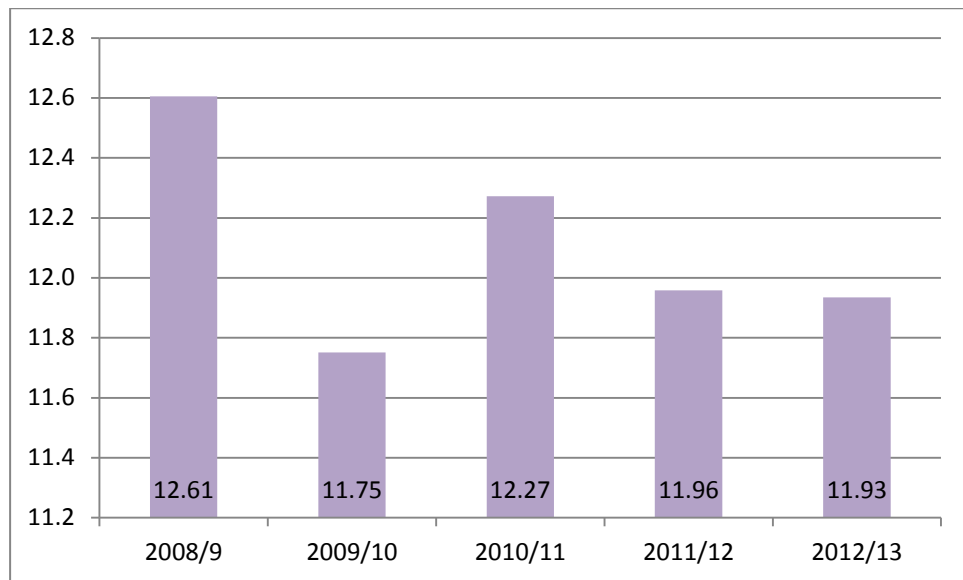
Key:
Rank 1 - 10
Rank 317 - 326

(Source: LAPE 2014)



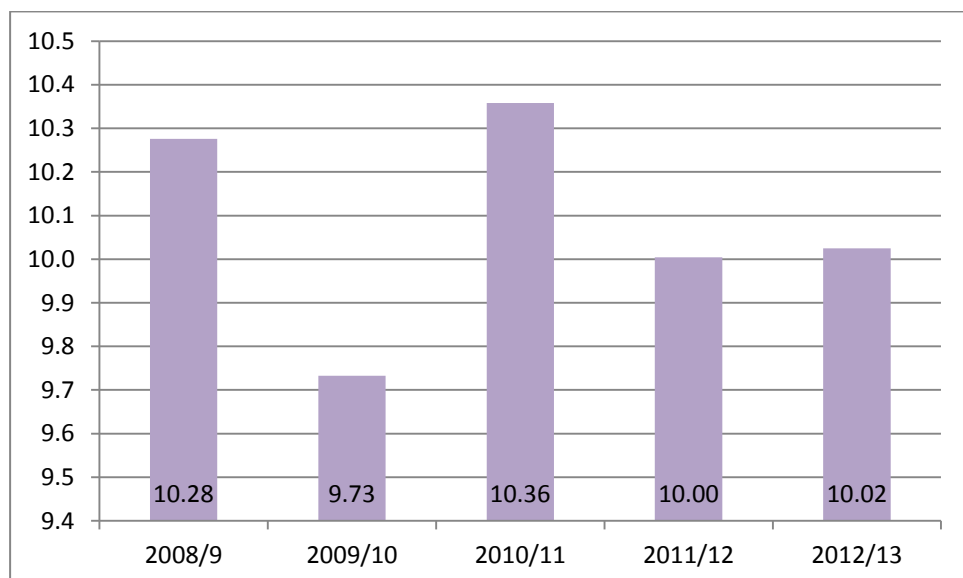
LAPE also details trends over recent years for alcohol-related recorded crimes, violent crimes and sexual offences. These are detailed in the figures below. From these, slight reductions can be seen in the rates for recorded crimes and violent crimes related to alcohol, but an increase in alcohol-related sexual offences between 2008-09 and 2012-13.

**Figure 42:** Alcohol-related recorded crimes: crude rate per 1000, all ages, (2008/2009 - 2012/13)



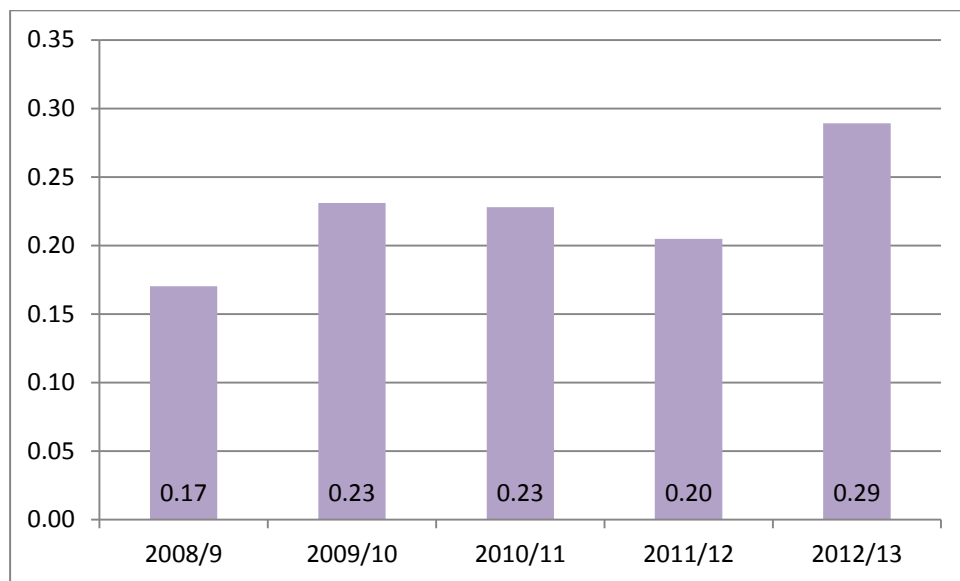
(Source: LAPE 2014)

**Figure 43:** Alcohol-related violent crimes: crude rate per 1000, all ages, (2008/2009 - 2012/13)



(Source: LAPE 2014)

**Figure 44:** Alcohol-related sexual crimes: crude rate per 1000, all ages, (2008/09 - 2012/13)



(Source: LAPE 2014)

*The Trauma and Injury Intelligence Group (TIIG) – Injury surveillance in the North West of England* report<sup>49</sup> suggest that in 2012-13, the residents of Blackpool and Preston made the most attendances to Lancashire emergency departments (EDs) for an assault-related injury with both at 16% of the total attendances. Attendance was highest in males aged 15-29 years. Two of the six EDs in Lancashire record whether alcohol had been consumed in the last three hours prior to the assault. From this data, 60% had consumed alcohol prior to the assault, with 47% drinking in a pub or bar.

The following table, from the *Blackpool Alcohol Strategy 2013-2016*, provides a detailed breakdown for the number of crimes in Blackpool between 2010 and 2012, and the proportion of these attributable to alcohol.

<sup>49</sup> The Trauma and Injury Intelligence Group (TIIG) *Assaults in Lancashire: an analysis of Emergency Department data (April 2012 to March 2013)* [www.tiig.info](http://www.tiig.info)

**Table 6:** Breakdown of all crime in Blackpool from 2010-2012, and the proportion that is alcohol-related

Crime	Total	Alcohol	% Alcohol
<b>All Crime</b>	49406	7527	15
<b>Violent Crime</b>	13473	5034	37
<b>Violence against the person</b>	11092	4416	40
<b>Sexual Offences</b>	718	204	28
<b>Assaults</b>	9101	3725	41
<b>Rape</b>	186	89	48
<b>Damage</b>	8407	862	10
<b>All Domestic marked</b>	5030	2212	44
<b>Violence Domestic marked</b>	4133	1951	47

(Source: *Blackpool Alcohol Strategy 2013-2016*)

In the *LDAAT Emerging Drug Trends – Phase 2* study alcohol was perceived as linked to violence.<sup>50</sup> Open discussion of individual acts were restricted to focus groups conducted in institutions categorised as marginalised, such as youth offending, while other groups discussed witnessing or experiencing violent conduct. The participants from marginalised institutions were explicit about alcohol making them do “stupid things”:

“....makes me violent. It can make anyone violent can’t it? Depends what mind set you’re in when you start drinking. If you’re in a bad mood then it’s not going to help. You can get happy drunk or be nasty drunk can’t you?”

The report also highlighted the role of venues, often hot and crowded with poor design of space, and a broader cultural environment where violence is tolerated if not encouraged, as contributing to the consequences of alcohol consumption. The Night Time Economy (NTE)

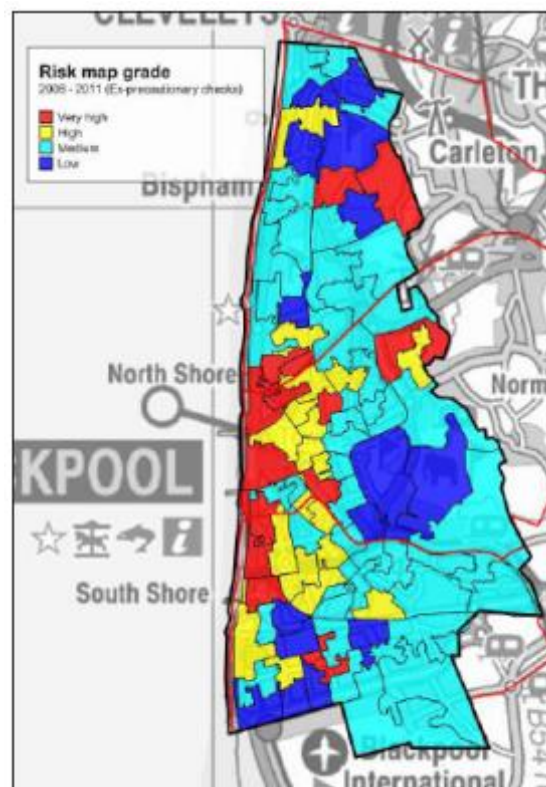
<sup>50</sup> Measham, Moore, Østergaard, Fitzpatrick & Bhardwa *LDAAT Emerging Drug Trends – Phase 2 report*, 2011 [http://www.clubbingresearch.com/?page\\_id=2](http://www.clubbingresearch.com/?page_id=2)

survey published by the *LDAAT Emerging Drug Trends Phase 1* report, found that most consumed alcohol at least once a week, with few reporting once a fortnight, once a month or less frequent consumption. This may reflect the limited options for non-drinkers in the NTE, reducing the appeal of the town centre and effectively excluding this group.

In the same series, participants reported feeling uncomfortable and threatened in the NTE, particularly when vacating night clubs when streets are busier and smoking at the front of venues. The Blackpool Alcohol Strategy 2013-2016 highlights that the proportion of reported violent crime involving alcohol in the NTE rises from 53% to 68% between 02.00 and 06.00 hrs. Similar peaks in ambulance contacts mirror this pattern.

The map below outlines the fire risk in Blackpool based on critical fires, casualties and deprivation. The LCC JSNA detail the proportion of accidental dwelling fires linked to alcohol or substances throughout Lancashire. For Blackpool, this accounted for 28% of domestic fires from 2009-10 to 2010-11.<sup>51</sup>

**Figure 45:** Fire risk in Blackpool based on critical fires, casualties and deprivation.



(Source: MADE)

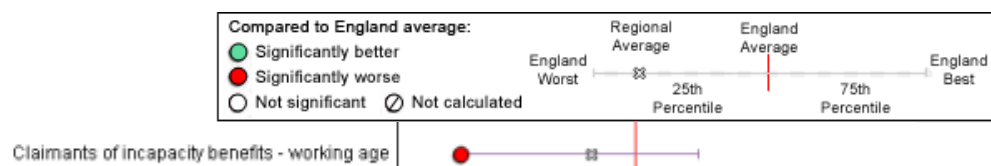
<sup>51</sup> Lancashire Fire and Rescue Service. *Blackpool Intelligence Profile*. 2012

There were 1285 people involved in road traffic collisions in Blackpool from 2009 to 2012 who attended emergency departments in Lancashire hospitals.<sup>52</sup> No detail is available on how many of these involve alcohol, although the Department for Transport estimate that 17% of all road traffic fatalities are drink-drive related.<sup>53</sup>

**e. Employment and incapacity**

The *Local Alcohol Profiles for England* (LAPE) from 2013 also outlined the number of working-age claimants of incapacity benefits in comparison to those regionally and nationally. In Blackpool, 338.8 per 100,000 working age people were claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason was related to alcohol. This was in comparison to a regional average of 152.8 per 100,000, and ranked 326<sup>th</sup> of the 326 local authorities in England.

**Figure 46:** Working-age claimants of incapacity where main medical reason is alcohol in Blackpool (*the exact data for scale is provided in the text above*)



(Source: LAPE 2013)

**f. Financial cost**

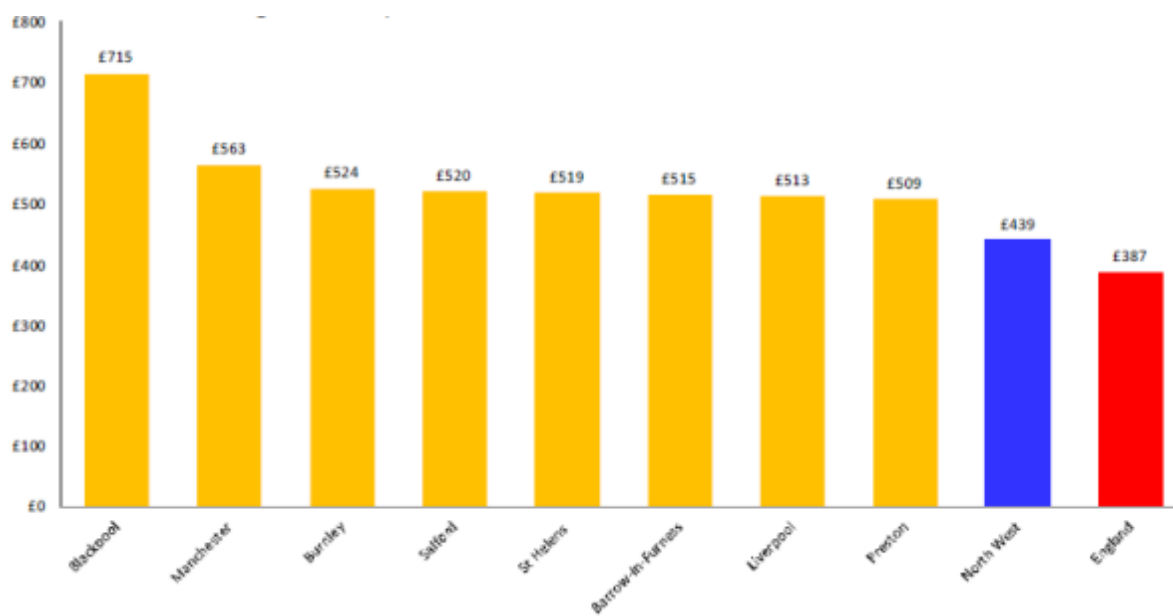
The *Cost of Alcohol to the North West Economy Part A May 2012* presents an overall breakdown including cost via the work force and wider economy, social services, crime and licensing and the NHS.<sup>54</sup> Lancashire carries the highest cost attributable to alcohol among the North West subregions at £458 per head of North West population 2010/11. Blackpool has among the highest local authority costs at £715 per person in 2010-2011 compared to the regional average of £439 and national average at £387, as shown in the figure below. The breakdown of the total cost to Blackpool is detailed in the following table.

<sup>52</sup> The Trauma and Injury Intelligence Group (TIIG) *Road traffic collisions in Lancashire: an analysis of emergency department and ambulance data, April 2007 to March 2010*. [www.tiig.info](http://www.tiig.info)

<sup>53</sup> Department for Transport. *Reported Road Casualties in Great Britain: Estimates for accidents involving illegal alcohol levels: 2012 (provisional) and 2011 (final)*. 2013.

<sup>54</sup> *Cost of Alcohol to the North West Economy Part A May 2012*. <http://drinkwisenorthwest.org/wp-content/uploads/2012/05/The-Cost-of-Alcohol-to-the-North-West-Economy-Part-A.pdf>

**Figure 47:** Highest cost per head of alcohol to Local Authorities 2010-2011



(Source: Cost of Alcohol to the North West Economy Part A report)

**Table 7:** Breakdown of cost of alcohol - Blackpool Council

Local Authority	Alcohol related costs 2010/11 (costs in £millions)				
	NHS	Crime & Licensing	Workforce & Wider Economy	Social Services	Total
<b>Blackpool</b>	£14.49m	£38.79m	£38.62m	£8.22m	£100.13m

(Source: Cost of Alcohol to the North West Economy Part A report)

The report concludes that “without exception local authorities and their partners are spending significant amounts of money addressing the negative repercussions of alcohol, like crime, illness and costs to the economy”. The *Blackpool Alcohol Strategy 2013-2016* estimates that 105,000 working days are lost in Blackpool annually due to alcohol, with a cost of over £10.5 million per year.

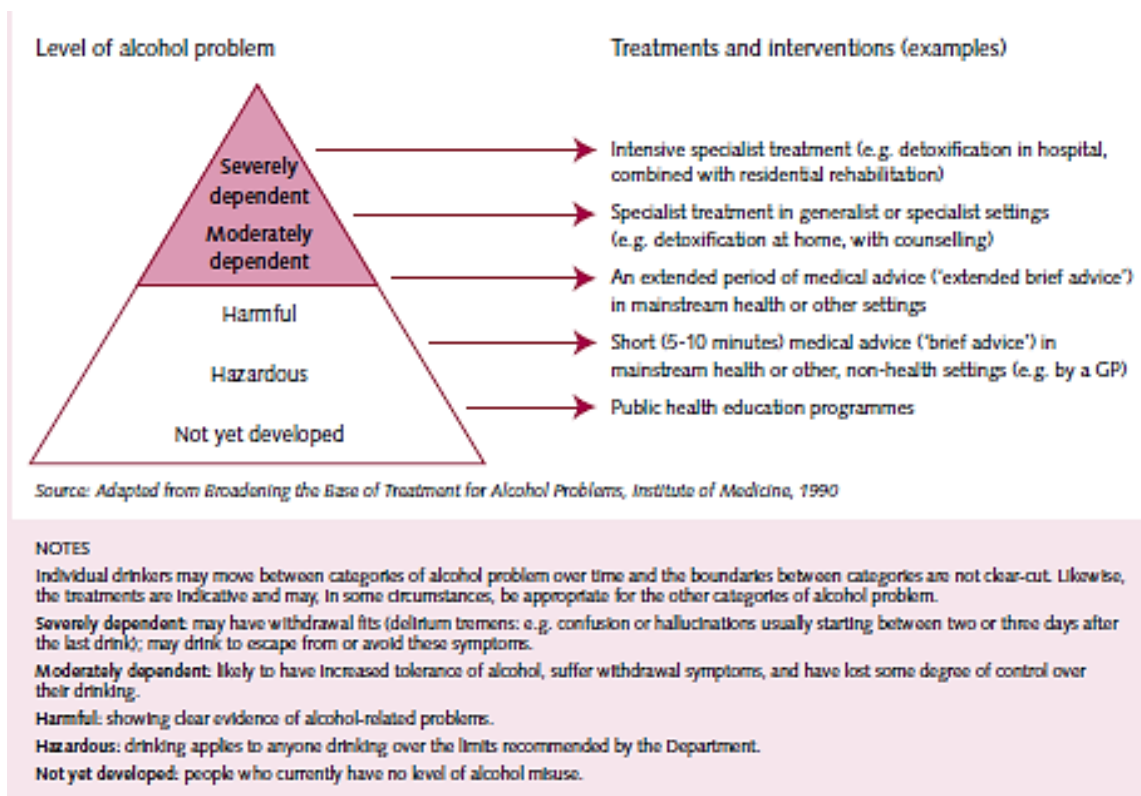
In Blackpool, this is compounded by its identity as an entertainment resort. The above strategy details 130 on-licence premises in a town centre covering approximately one square mile. The 1,900 licensed premises in the town provide one site per 72 residents. There are 180 off-licenses, 50% higher than the national average, with the majority clustered in the most deprived wards. From the LAPE data from 2012, 3.17% of all employees in Blackpool are employed by bars, a higher proportion than the regional and national averages at 1.94% and 1.79% respectively.

#### iv. Service overview

##### a. Overview of alcohol services

The range of alcohol treatments and interventions are detailed in the figure below:

Figure 48: Range of alcohol treatments and interventions



(Source: Signs for improvement: commissioning interventions to reduce alcohol-related harm, Department of Health)

##### b. Adult Services – treatment journeys

The National Drug Treatment Monitoring System (NDTMS) gathers data from the higher tier services. The following summarises treatment pathways in Blackpool based on the *2012-2013 Alcohol Treatment Data to Inform Needs Assessment*. A key limitation is that the data reporting for alcohol is not as established as those for drug use. In addition this data only reflects those who access the services.

NDTMS details the new presentation to each agency in 2012-2013 for those aged over 18 years.

Table 8: Total New Presentations to each agency 2012-2013

Agency	Total New Presentations	
	n	%
ACORN	*	0
Addaction Blackpool	218	35
ADS Blackpool	252	41
ADS Preston Detox	12	2
ADS Residential Service Bennet House	0	0
ADS Residential Service Bridge House	0	0
Blackpool Community Alcohol Team	29	5
BMI Gisburne Park	0	0
Drugline Blackpool	30	5
Drugline Coast	15	2
Harvey House Social Enterprise Limited	8	1
Holgate House	0	0
J2R (Journey to Recovery)	*	1
LCT Blackpool CDT	0	0
Littledale Hall	*	0
Pierpoint House	*	0
Shardale Ltd	*	0
Springboard	7	1
The Chapman-Barker Unit	0	0
The hub – Adult 18+	*	0
The hub – Adult Alcohol	31	5
The hub – Young People under 18	0	0
Thomas Project	0	0
TTP Bradford Detox	0	0
TTP Chorley - Withnell House	*	0
TTP Lancaster -Walter Lyon House	0	0
TTP Recovery Communities – Blackpool	7	1
Turning Point Stanfield House		
<b>Total</b>	<b>622</b>	<b>99</b>

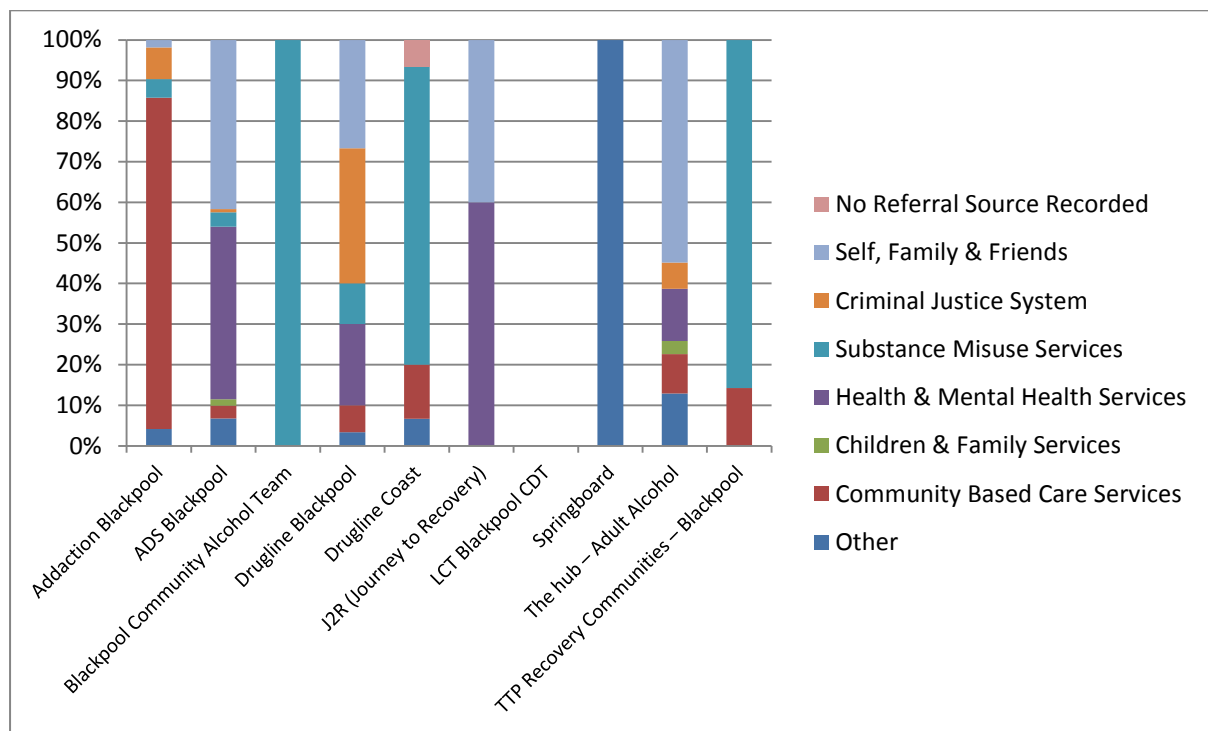
\* low numbers removed

(Source: NDTMS)

The figures below outline the different referral pathways into each agency, grouped by tier. Again, these are for those aged over 18 years and who are undertaking a new treatment journey.

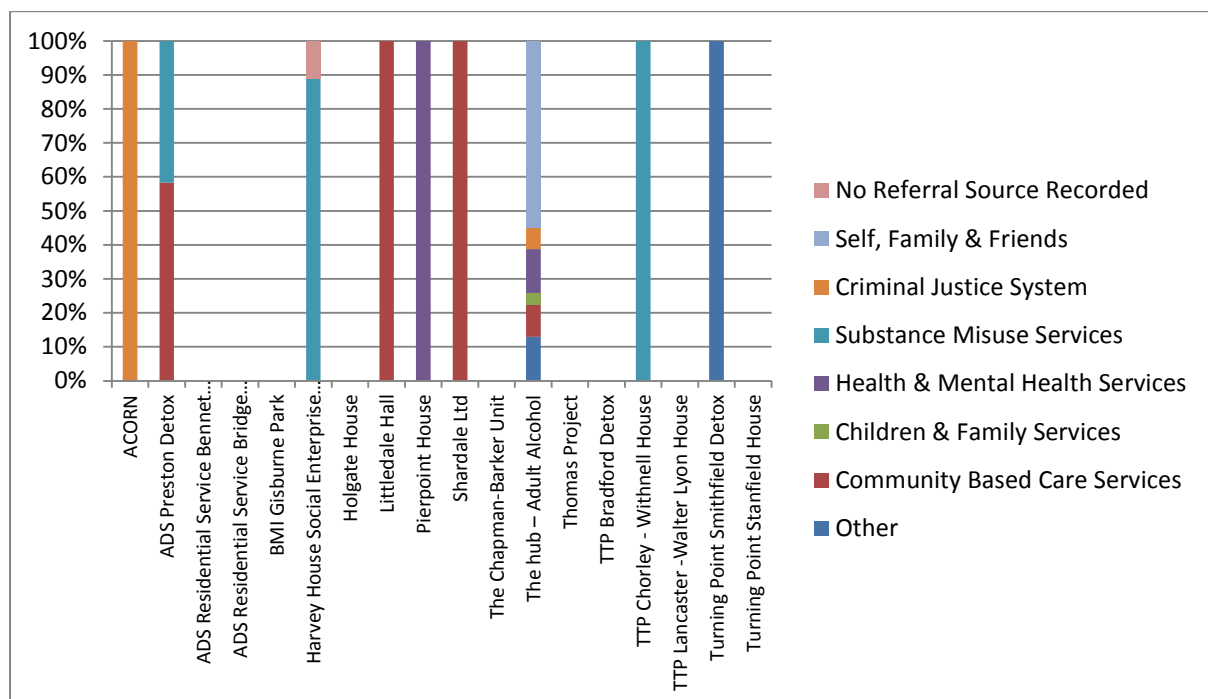


**Figure 49:** Referral source for Tier 2 and 3 services (Alcohol Treatment Data 2012-13)



(Source: NDTMS)

**Figure 50:** Referral source for Tier 4 services (Alcohol Treatment Data 2012-13)



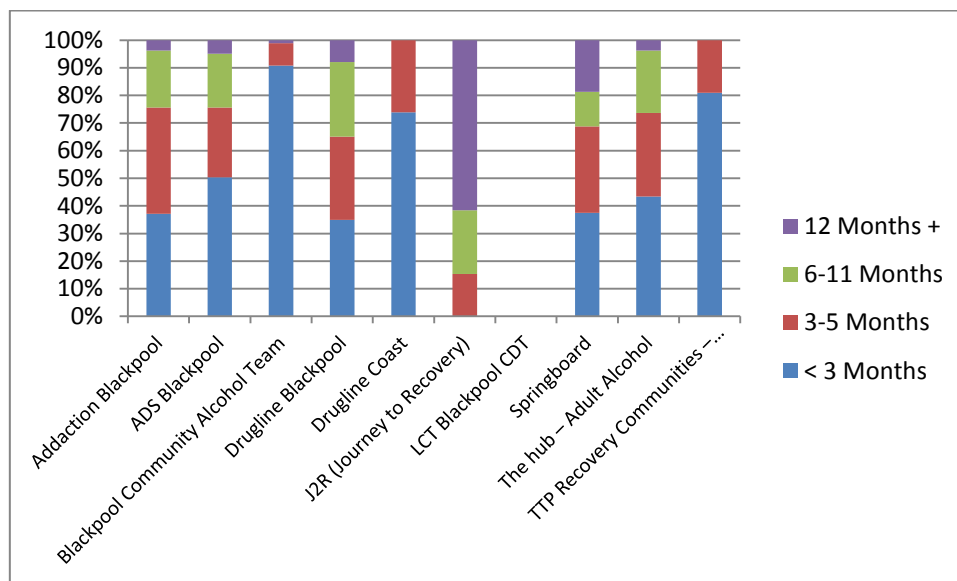
(Source: NDTMS)

In Blackpool, the total number of primary alcohol clients in contact with structured treatment services during 2012-2013 was 830. Of these, 513 were male and 317 were female. These include existing and new presentations but not journeys where alcohol was an adjunctive concern. The true load undertaken by services due to alcohol may therefore be under-represented.

From the agencies, only five had the majority of clients waiting for over 3 weeks for the treatment: Littledale Hall (80%), ACORN (75%), ADS residential service Bennett House (75%), Turning Point Stanfield House (67%) and Turning Point Smithfield Detox (56%).

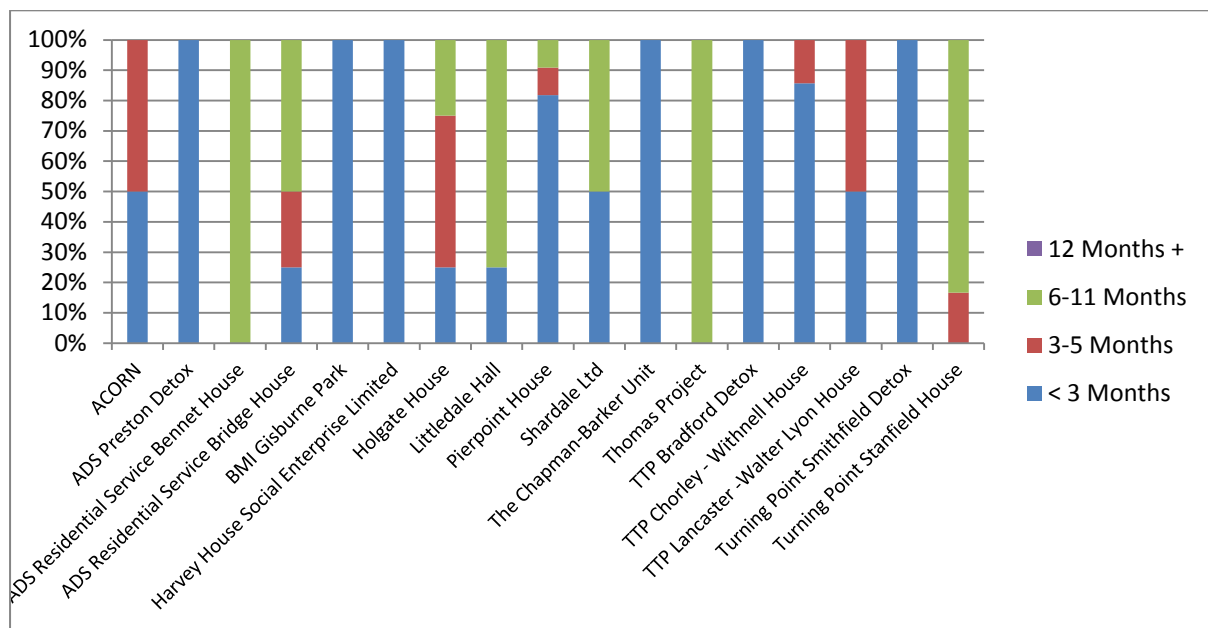
The time in contact with treatment and prior treatment journeys for each client since 01/04/08 are detailed in the figures below. The sum of the agency level data does not equal the number in treatment at LA level due to multiple counting of clients who received treatment in more than one agency.

**Figure 51:** Time in contact with service for non-residential services (Alcohol Treatment Data 2012-13)



(Source: NDTMS)

**Figure 52: Time in contact with service for residential services (Alcohol Treatment Data 2012-13)**



(Source: NDTMS)

From this data, 4% of clients were in contact with services for over 12 months (n = 48). This length of treatment was in the majority for one agency, J2R (Journey to Recovery). The majority (n= 663, 58%) of clients were undergoing their first treatment journey, with those undergoing their fourth or more journey accounting for only 6% (n=69) . The latter group formed the majority in two of the agencies, the Chapman-Barker Unit and the THOMAS project, who both work with complex cases.

On exiting services, 44% of clients were drug and alcohol free (n=261) with 28% (n=164) occasional users. As such 72% of exits were considered successful completions by NDTMS, with 16% unplanned exits (n=93).

### c. Adult Services – Criminal Justice

The following data for the Criminal Justice aspects of service provision covers the period from April 2012 to March 2013. It gives an overview of the flow of clients through the service at that time and the reported level of activity in terms of processes and outcomes.

The Criminal Justice Integrated Team (CJIT) had 314 new-to-service drug and alcohol clients from March 2012 to April 2013. There were 30 unplanned discharges during this period.

Prison Link data represents activity connecting community and prison-based substance misuse support. From March 2012 to April 2013, Prison in Reach (PIR) attended 323 release planning meetings. In the same period, there were 167 successful contacts from the prison releases picked up by PIR. Only a very small number of PIR clients had alcohol-related needs and were referred to the Moving Forward service.

The table below summarises activity from March 2012 to April 2013 by tier-specific intervention and also the number of clients in treatment in accordance with a Lancashire Alcohol Specified Activity Requirement (LASAR). The latter is used to recommend intervention for low level alcohol misuse that is considered to have contributed to offending.

**Table 9:** Criminal Justice - tier-specific and LASAR activity

<b>Type of activity</b>	<b>Average number of clients per month during March 2012 to April 2013 (range)</b>
Tier 2 interventions (max. 6 sessions)	18 (12-28)
Tier 3 interventions (max. 12 sessions)	6 (0-12)
Lancashire Alcohol Specified Activity Requirement (LASAR): clients in treatment*	3.3 (2-5)

\*data from October 2012 to April 2013

(Source: Criminal Justice data)

From March 2012 to April 2013, on average 11 clients per month (range 6-17) were in treatment in accordance with an Alcohol Treatment Requirement (ATR), with a monthly average of 1 client (range 0-5) completing treatment from March 2012 to April 2013. ATRs are put in place for more dependent alcohol use and higher level criminal behaviour.

The table below gives an overview for the alcohol-related key performance indicators reported during the period of March 2012 to April 2013.

**Table 10:** Criminal Justice: alcohol-related key performance indicators

<b>Key performance indicator</b>	<b>Average proportion complete (%) per month during March 2012 to April 2013 (range)</b>
Clients seen within 2 weeks for treatment	100%
DNA* alcohol clients outreached within one week	100%
Women clients with LARC** (under 30 yr olds)	67% (0-100%)
Alcohol clients that are vaccinated for Hepatitis B (third injection)	26% (0-80%)
Completed Tier 2 intervention where target reduction achieved	89% (59-100%)
Completed Tier 3 intervention where target reduction achieved	78% (0-100%)
Unplanned discharges	2% (0-17%)

\* DNA: Did Not Attend \*\* LARC: Long Acting Reversible Contraception

(Source: Criminal Justice data)

#### d. Adult Client Profiling

The *Alcohol Adult Client Profiling Tool for New Treatment Journeys 2012-13* is intended to outline the characteristics and level of need of the clients in treatment. Particular attention is given to mapping compounding factors that are known to exacerbate substance misuse and impact on the success of treatment. It is based on a total of 614 clients.

The key compounding factors are outlined in the following table. This table also shows the number of clients with each compounding factor. From this, it can be seen that the most frequent compounding factor was unemployment.

**Table 11:** Definitions of Compounding Factors

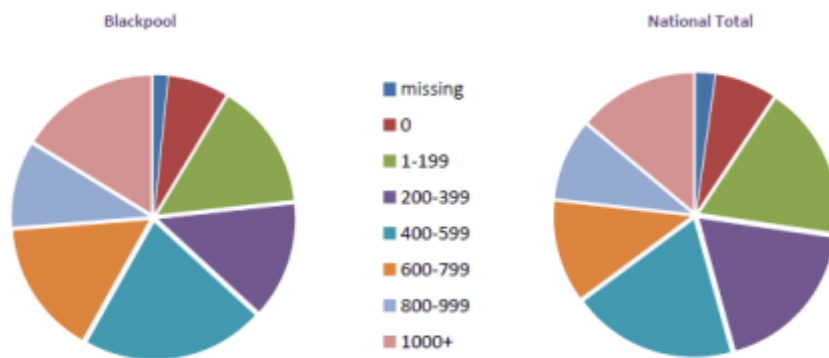
Compounding Factors	Definition	Number of Clients with Factor
<b>OCU 2<sup>nd</sup> or 3<sup>rd</sup> Drug</b>	Opiate or crack recorded as adjunctive problematic substance in their latest treatment journey.	33
<b>Other 2<sup>nd</sup> or 3<sup>rd</sup> Drug</b>	At least one other drug other than opiate, crack or alcohol recorded as an adjunctive problematic substance	54
<b>3+ alcohol treatment journeys</b>	Latest treatment journey is at least the third primary alcohol journey whilst residing in the HTLA	100
<b>Housing Issue</b>	Non-missing housing accommodation status recorded is either “NFA – urgent housing problem” or “housing problem”.	64
<b>Dual diagnosis</b>	Positive dual diagnosis status recorded at any point	93
<b>Unemployed</b>	The earliest triage date of the journey the client was recorded as being economically inactive or unemployed	507
<b>CJS Referral</b>	Referred to treatment via the criminal justice system.	32
<b>Living with children</b>	The client is living with children (regardless of parental status)	183
<b>Pregnant</b>	The client was pregnant at some point during their latest treatment journey.	*
<b>Has also had a Primary Drug Journey</b>	The client is also a primary drug client – this can be before, after or at the same time as their alcohol journey	54

\* low numbers removed

(Source: NDTMS)

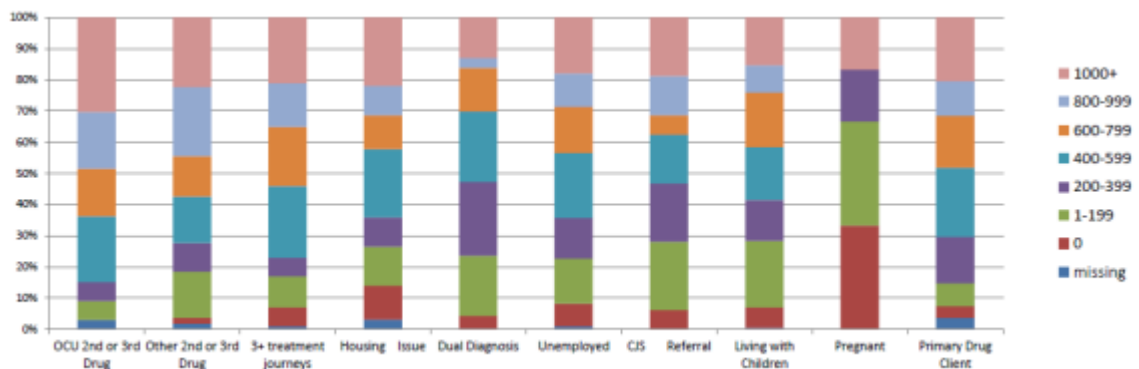
In Blackpool, 16% (n= 100) of clients consume 1000 or more units a month, higher than the national proportion of 14% (n=10,545). When patterns of consumption in clients are considered overall, as shown in the figure below, a higher proportion of clients in Blackpool consume over 400 units per month in comparison with national data with some consuming over 2000 units per month. The highest alcohol consumption was associated with the following compounding factors: OCU 2<sup>nd</sup> or third drug, other 2<sup>nd</sup> or 3<sup>rd</sup> drug, and three or more treatment journeys.

**Figure 53:** Client unit consumption per month, Blackpool and national proportions.



(Source: NDTMS)

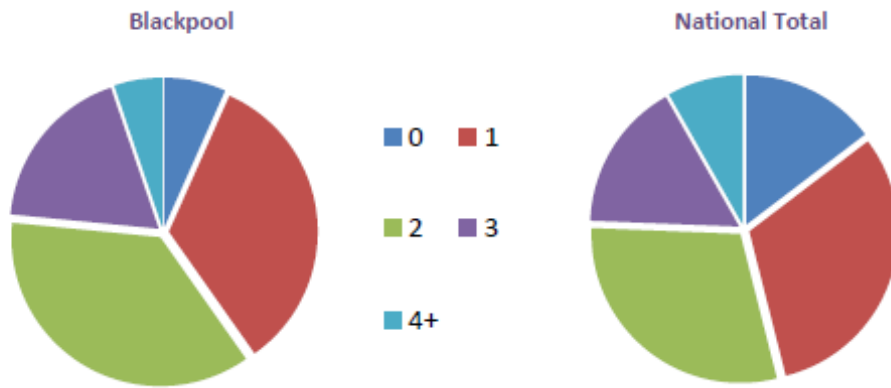
**Figure 54:** Unit consumption per compounding factor



(Source: NDTMS)

In comparison with national figures, Blackpool had fewer clients with zero, one or higher than four compounding factor, and a higher proportion with 2 or 3 compounding factors, as shown in the following figure.

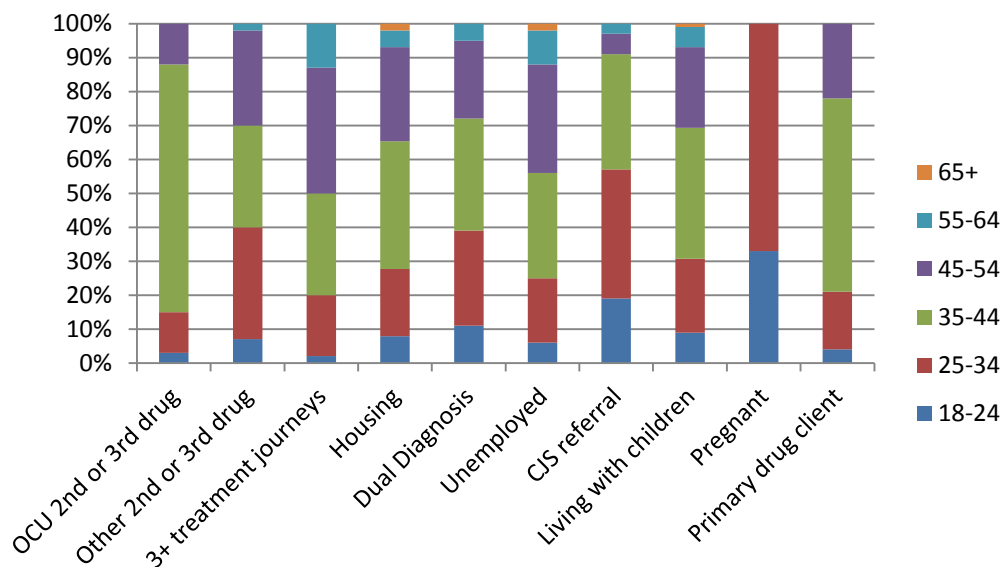
**Figure 55:** Proportion of total clients with each compounding factor score



(Source: NDTMS)

Overall, there were a greater proportion of male clients with each compounding factor, with more females noted for dual diagnosis and living with children. The compounding factor with the youngest client profile was the pregnancy group, while more than three treatment journeys, housing and unemployment had the oldest profile. The age breakdown for each compounding factor is shown below.

**Figure 56:** Age breakdown for each compounding factor



(Source: NDTMS)



Treatment journeys were longest among those where OCU 2<sup>nd</sup> or 3<sup>rd</sup> drug and shortest for pregnancy, primary drug clients, other second or third drugs, three or more treatment journeys and housing. Highest planned exits were noted among the pregnant group, with the most unplanned exits among OCU 2<sup>nd</sup> or 3<sup>rd</sup> drug followed by housing, three or more treatment journeys and primary drug clients.

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