

York Alcohol Needs Assessment - 2016

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1. Summary: Key Facts

- Worldwide, 3.3 million deaths each year result from harmful use of alcohol. This represents 5.9% of all deaths ([World Health Organisation](#)).
- Excess alcohol consumption causes death and disability relatively early in life. In the 20–39 year old age group, approximately 25% of the total deaths within this group are linked to alcohol ([World Health Organisation](#)).
- There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, conditions and injuries.
- Alcohol contributes to over 60 health conditions and is linked to crime and anti-social behaviour.
- The UK has one of the highest levels of drinking in the world, high levels of binge drinking and few people who not drink at all ([World Health Organisation](#)).
- Nationally reported drinking levels of school aged children are generally falling, the evidence shows that whilst fewer young people are using alcohol or drugs, those who do tend to use these substances more frequently and in greater quantities.
- Any level of drinking raises the risk of a range of illnesses that include cancers of the mouth, throat and breast ([Department of Health](#)).
- Men are now advised to drink no more than 14 units per week to keep their health risks at a low level. This is the same level advised for women ([Department of Health](#)).
- It is best to spread the amount of alcohol consumed over 3 days or more. Having one or two heavy drinking sessions increases the risks of death from long-term illnesses and accidents and injuries ([Department of Health](#)).
- A good way to reduce alcohol intake is to have several alcohol-free days a week ([Department of Health](#)).

- Short-term risks can be avoided by limiting the amount of alcohol consumed on any one occasion, drinking more slowly, and drinking with food and alternating with water ([Department of Health](#)).
- For pregnant women, or those planning a pregnancy, the guidelines say the safest approach is to drink no alcohol at all to keep risks to the fetus to a minimum ([Department of Health](#)).
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk ([Department of Health](#)).
- In York there are 799 premises licensed to sell or supply alcohol (as of March 2015). With an approximate population of 160,000 adults aged 18 or over, this equates to one venue which sells alcohol for every 200 adults (City of York Council, Licensing data unpublished).
- The price of alcohol is a big factor in how much alcohol is drunk ([Scottish Health Action on Alcohol Problems, 2007](#)).
- York is one of the few Local Authority areas to have a cumulative impact zone. Of the 349 local authority areas, 102 had at least 1 cumulative impact zone in their boundary as at March 31st 2014 ([Home Office, 2015](#)).
- York has an ARZ. This allows North Yorkshire Police to seize alcohol from those who are behaving anti-socially. It does not prevent social drinking outside bars or cafes or in public areas.
- Much of the alcohol drunk by young people is either bought by an adult for them or is bought by young people in shops that are good at staying undetected in underage sales (City of York Council Trading Standards Department, unpublished).
- Much of the data on how much alcohol is consumed by people comes from self reported measures but people under report how much they drink by about 40% ([Alcohol Concern, 2009](#)).
- When considering the link between alcohol misuse and mental ill health, the identification of a common mental health disorder by a GP is important because there is an opportunity to look at what information and messages are being given to people with common mental health problems around alcohol.
- Levels of drinking in York are about the same as the average rates in England apart from for binge drinking where York has significantly higher numbers of people who binge drink.

- Since 1992, the amount of alcohol that is drunk within the home has increased ([Health & Social Care Information Centre](#)).
- Since 2001, the amount of alcohol that is drunk in pubs and bars has decreased ([Health & Social Care Information Centre](#)).
- Pre-loading means drinking at home before going out. This is often done to save money and is traditionally seen as more common in young people than older adults.
- 1 in 4 people who go out in York always pre-load, overall more than half are pre-loading at least sometimes. 78% of under 25 year olds reported pre-loading but it is not just the under 25's who pre-load, half of 35 – 54 year olds reported pre-loading (North Yorkshire Police & Crime Commissioner, 2014).
- 1 in 3 people who reported pre-loading stated this meant at least 5 drinks, men reported drinking slightly more than women and York residents are almost twice as likely as visitors to pre-load (North Yorkshire Police & Crime Commissioner, 2014).
- For older adults, the risks of alcohol related harm increase with age.
- As well as making some conditions harder to treat, alcohol can also mask some symptoms of illnesses or conditions and make it harder for things like heart disease or alzheimers to be diagnosed ([National Institute on Ageing, 2015](#)).
- The population in York who are more likely to drink every day are older more affluent people.
- Men and women aged over 45 are more likely to drink more frequently than younger people.
- There are currently gaps in the quality of data available to indicate how many cases coming to the attention of children's social care services have alcohol identified as a contributing factor to social care services involvement.
- Alcohol related harm in England is estimated to cost £21 Billion every year ([Public Health England, 2013](#)).
- Alcohol costs in York alone are estimated to be £77.2 Million each year (Public Health England & Balance, unpublished data from 2011/2012).

- Understanding the socioeconomic patterns of harmful alcohol consumption is important for public health policy development. It should be considered when determining how alcohol related health promotion, harm prevention and interventions are targeted at a local level.
- Recent research is making a stronger case against the health benefits of drinking alcohol even at very low levels of consumption – unless you are a woman aged over 65 and consuming very low levels of alcohol, there are no clear health benefits associated with drinking alcohol.
- When compared to national figures, York appears to be about average on many measures of alcohol related harm. However, when compared to areas with similar levels of deprivation, York performs worse across a range of measures related to alcohol harm.
- Social Norms Theory is important to consider when thinking about influencing a reduction in risky drinking levels within the York population. This is particularly relevant because of the high levels of binge drinking in York and the potential impact that this has on reducing life expectancy in those who binge drink.
- Parental drinking habits are the largest indicator for risky drinking behaviour in young people.
- Nearly 1 in 3 (30%) of children live with at least one parent who is a binge drinker (between 3.3 - 3.5 million children) and around 1 in 5 (22%) live with a hazardous drinker (over 2.5 million children).
- Around 26,000 babies under 1 in England are living with a parent who would be classified as a 'dependent' drinker. This is equivalent to 31,000 across the UK.
- Almost twice the numbers of children were counselled by ChildLine about their parent's alcohol misuse than about drug misuse.
- 80% of adults think that parental drinking is a serious problem for children in the UK and 84% of adults agreed that parental drinking is as harmful to children as parental drug use.
- Parents often underestimate their influence as a role model around drinking behaviour. When considering that evidence identifies a range of alcohol related harms associated with drinking in childhood, it becomes more important to promote responsible drinking by parents.

- Where families are engaged in the nationally defined Family Focus programme, 20% of families with an adult with an alcohol misuse problem also had a child who was substance misusing compared to 13% of families where there was no adult misusing alcohol ([Department for Communities & Local Government, 2014](#)).
- In a survey about what people saw as the most problematic reasons for anti-social behaviour, general drunken behaviour was the highest reported problem in York (North Yorkshire Police & Crime Commissioner, 2015).
- Alcohol can be confirmed as a contributing factor in about half of all river related deaths locally (North Yorkshire Police & Crime Commissioner, 2015).
- Individuals who frequently drink large amounts of alcohol are more likely to engage in problematic gambling ([Alcohol Concern, 2015](#)).
- People with a mental health condition are more likely to drink alcohol at risky levels than people who don't ([Department of Health, 2014](#)).
- About half of all violent crime is alcohol related ([Office for National Statistics, 2012](#)).
- York is generally perceived to be a safe city and local crime data supports this with low levels of crime reported across many areas (Safer York Partnership).
- York has lower rates of alcohol related crime and violent crime than England but slightly higher rates of alcohol related sexual crime than England (Safer York Partnership).
- During the period of 01/01/2012–22/02/2015 there were 520 drink driving arrests in York (North Yorkshire Police).
- National information on alcohol taxation revenue by sales shows that UK alcohol taxation revenue has increased since 2000-2001 and that in 2014-2015 for the first time, sales revenue from wine was greater than from beer ([HM Customs & Revenue](#)).
- York as a City has consistently been in the top 30 local authorities with the highest rates of employment within the areas of employment listed above since 2009 (Department of Trade & Industry).

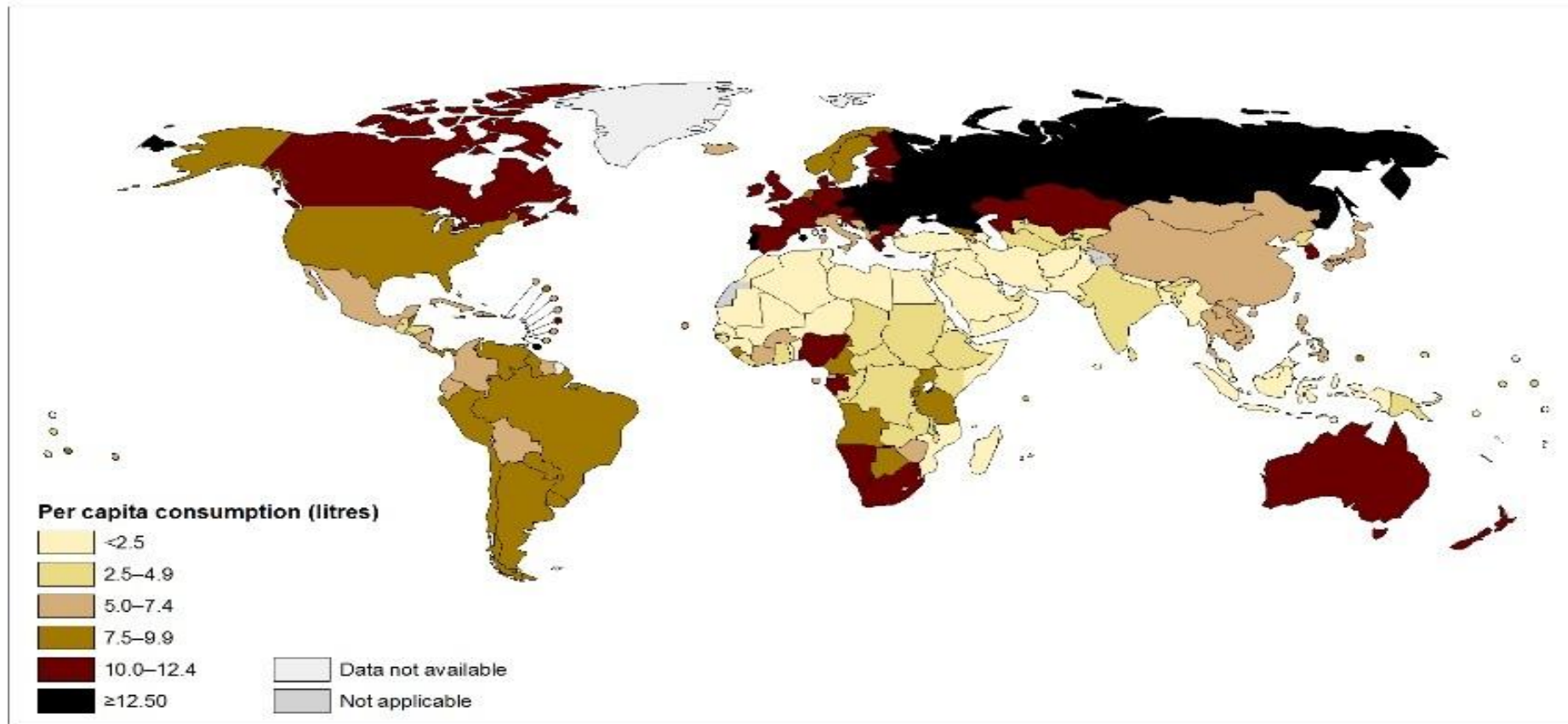
- Specialist alcohol treatment services support a relatively low number of people but engage a slightly higher proportion of people with a drinking problem into treatment than average figures across the rest of the country.
- It is estimated that 1 in 10 people attending A&E in York do so because of an alcohol related injury.
- When compared to England rates, York looks to be about average for hospital related alcohol admissions. However, when compared to other areas that are more similar to York, this shows that there are higher rates of alcohol related hospital activity in York and that these are higher still among people from the more deprived areas of York ([Public Health England](#)).
- Those who are accessing specialist treatment are more likely to be from poorer areas.
- Those accessing hospital treatment for alcohol specific conditions are more likely to be from poorer backgrounds.
- The highest rates of hospital admission for alcohol specific conditions can be seen in males and in particular in males aged 45-64.
- The highest rates of hospital admission for alcohol specific conditions in women are for those aged 25–64.
- The highest rates of hospital admission for alcohol related conditions can be seen in females and in particular in females aged over 65 years old.
- The highest rates of hospital admission for alcohol related conditions in men are for those aged over 65 years old.

2. Alcohol Profile

The [World Health Organisation](#) estimates that:

- Worldwide, 3.3 million deaths every year result from harmful use of alcohol; this represents 5.9 % of all deaths.
- The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions.
- Overall 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs).
- Excess alcohol consumption causes death and disability relatively early in life. In the 20–39 year old age group, approximately 25 % of the total deaths within this group are alcohol-attributable.
- There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, conditions and injuries.
- The latest causal relationships have been established between harmful drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.
- Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large.

Total alcohol per capita (15+ years) consumption, in litres of pure alcohol, 2010



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

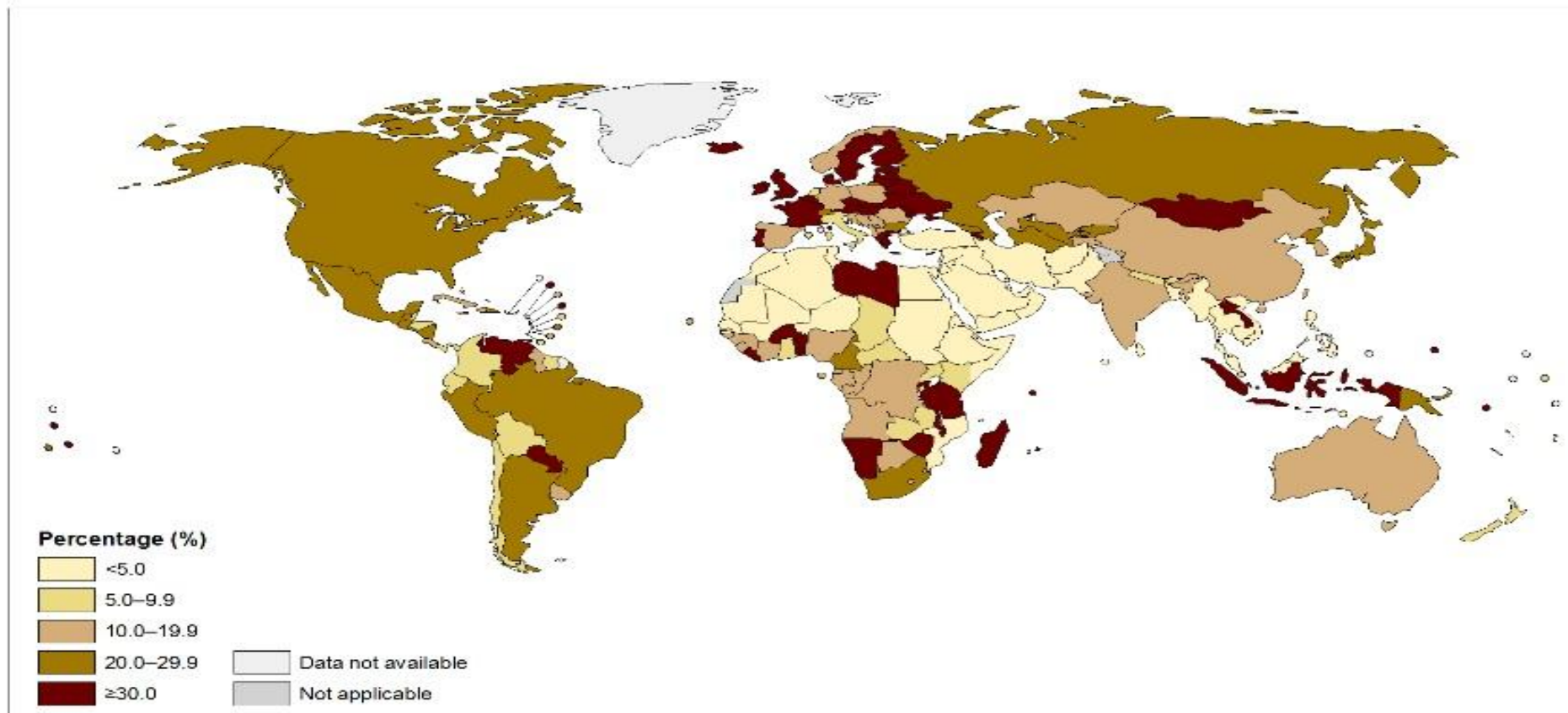
Data Source: World Health Organization
Map Production: Health Statistics and
Information Systems (HSI)
World Health Organization



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Source: [World Health Organisation](http://www.who.int)

Prevalence of heavy episodic drinking among current drinkers (%; 15+ years), 2010



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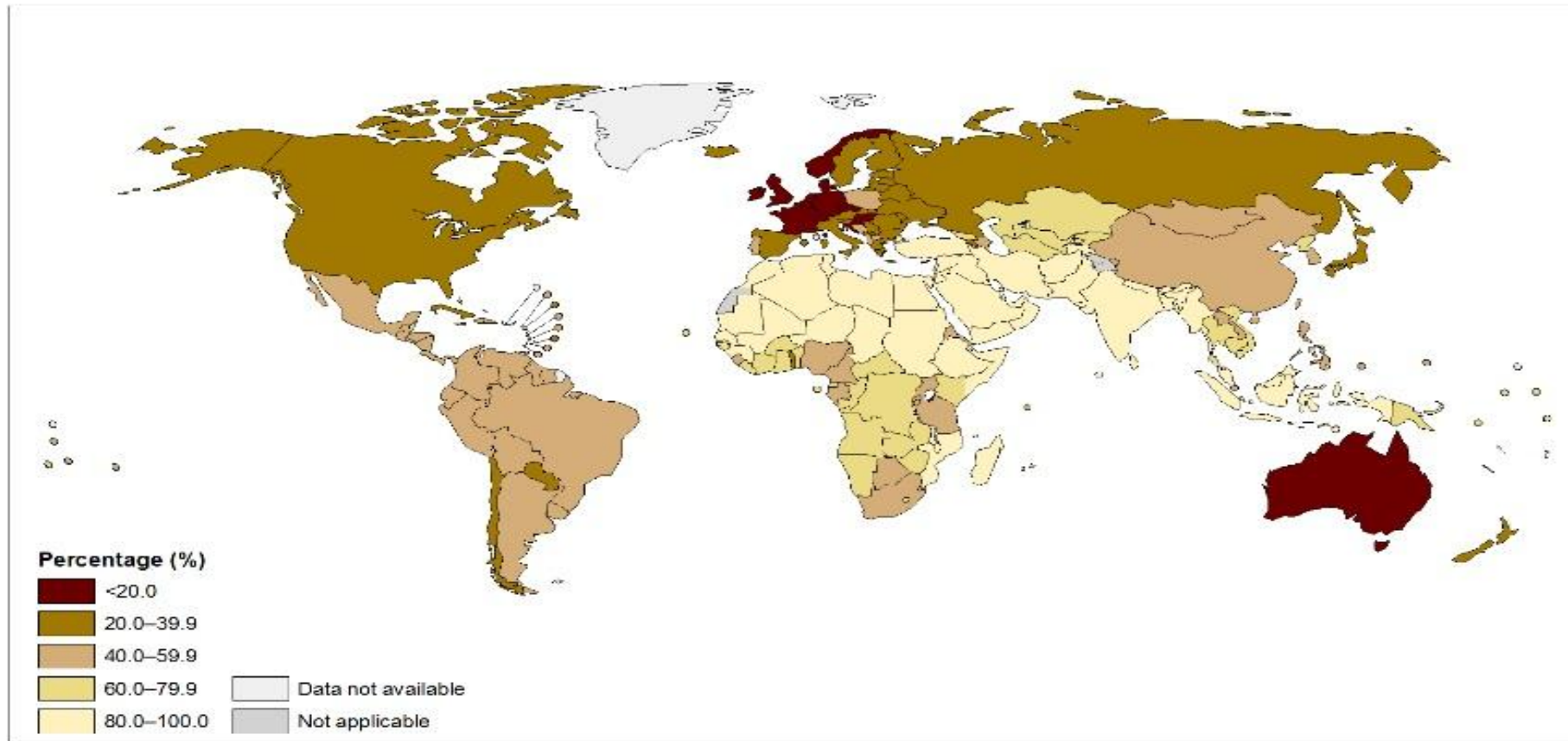
Data Source: World Health Organization
Map Production: Health Statistics and
Information Systems (HSI)
World Health Organization



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Source: [World Health Organisation](http://www.who.org)

Prevalence of past 12-month abstinence (%; 15+ years), 2010



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Data Source: World Health Organization
Map Production: Health Statistics and
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Source: [World Health Organisation](http://www.who.org)

a. UK Alcohol Profile

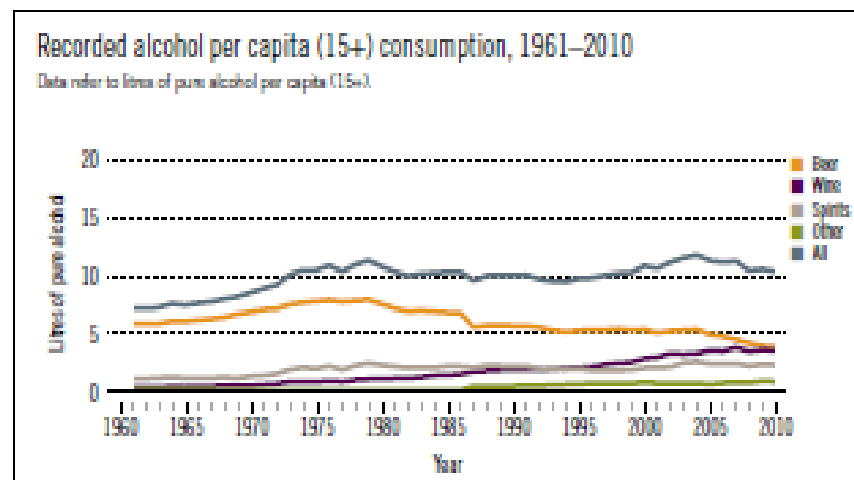
The [World Health Organisation](#) produces alcohol summaries for each country. This shows that the UK is:

- Amongst one of the highest drinking nations in the world (in litres of alcohol consumption per person).
- A country with high levels of binge drinking
- A country with low levels of people who do not drink any alcohol

Our overall consumption levels of alcohol as a nation remain fairly static.

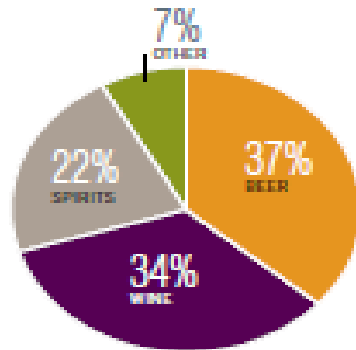
Alcohol per capita (15+) consumption (in litres of pure alcohol)			
	Average 2003–2005	Average 2008–2010	Change
Recorded	11.5	10.4	↔
Unrecorded	1.7	1.2	↘
Total	13.2	11.6	↘
Total males / females		16.5 / 6.9	
WHO European Region	11.9	10.9	

Beer is drunk the most but the amount of wine being drunk is increasing.



As a nation we consume more alcohol than the European region average.

Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2010



Men drink more than women.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2010

Males (15+)	18.9
Females (15+)	8.5
Both sexes (15+)	13.8

The UK has a higher rate of alcohol misuse than the European region average.

Prevalence of alcohol use disorders and alcohol dependence (%), 2010*

	Alcohol use disorders**	Alcohol dependence
Males	16.3	8.7
Females	6.0	3.2
Both sexes	11.1	5.9
WHO European Region	7.5	4.0

*12-month prevalence estimates (15+).

**Including alcohol dependence and harmful use of alcohol.

The UK loses more years of life due to alcohol.

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2012

	ASDR*		AAF (%)	
	Males	Females	Males	Females
Liver cirrhosis, males / females	16.0	8.0	72.1	68.2
Road traffic accidents, males / females	5.9	1.8	16.6	6.7

*Per 100 000 population (15+).

Years of life lost (YLL) score*, 2012

LEAST < 1 2 3 4 5 > MOST

*Based on alcohol-attributable years of life lost.

b. Definition of Drinking Levels

Recommended levels of alcohol consumption are currently being reviewed and updated to acknowledge the availability of more recent evidence which highlights the harms of alcohol. A consultation on the proposed new guidance was open until March 31st 2016 ([Department of Health, 2016](#)). The new guidance recommendations are likely to state that:

- any level of drinking raises the risk of a range of illnesses that include cancers of the mouth, throat and breast
- men are now advised to drink no more than 14 units per week to keep their health risks at a low level. This is the same level advised for women
- that it is best to spread the amount of alcohol consumed over 3 days or more. Having one or two heavy drinking sessions increases the risks of death from long-term illnesses and accidents and injuries
- that a good way to reduce alcohol intake is to have several alcohol-free days a week
- short-term risks can be avoided by limiting the amount of alcohol consumed on any one occasion, drinking more slowly, and drinking with food and alternating with water
- for pregnant women, or those planning a pregnancy, the guidelines say the safest approach is to drink no alcohol at all to keep risks to the fetus to a minimum
- drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk.

[National Institute for Health Care Excellence \(NICE\), 2016](#)

Until the new guidance is officially updated, The Department of Health currently defines alcohol misuse into five categories which includes the following guidance definitions:

Lower risk drinking is defined as men drinking no more than 3-4 units a day and women drinking no more than 2-3 units a day on a regular basis.

Increasing risk (also known as hazardous drinking) is defined as those people who are drinking above recognised sensible levels but not yet experiencing harm. Increasing risk limits are defined by the Department of Health as drinking more than 3-4 units a day for men and more than 2-3 units a day for women on a regular basis.

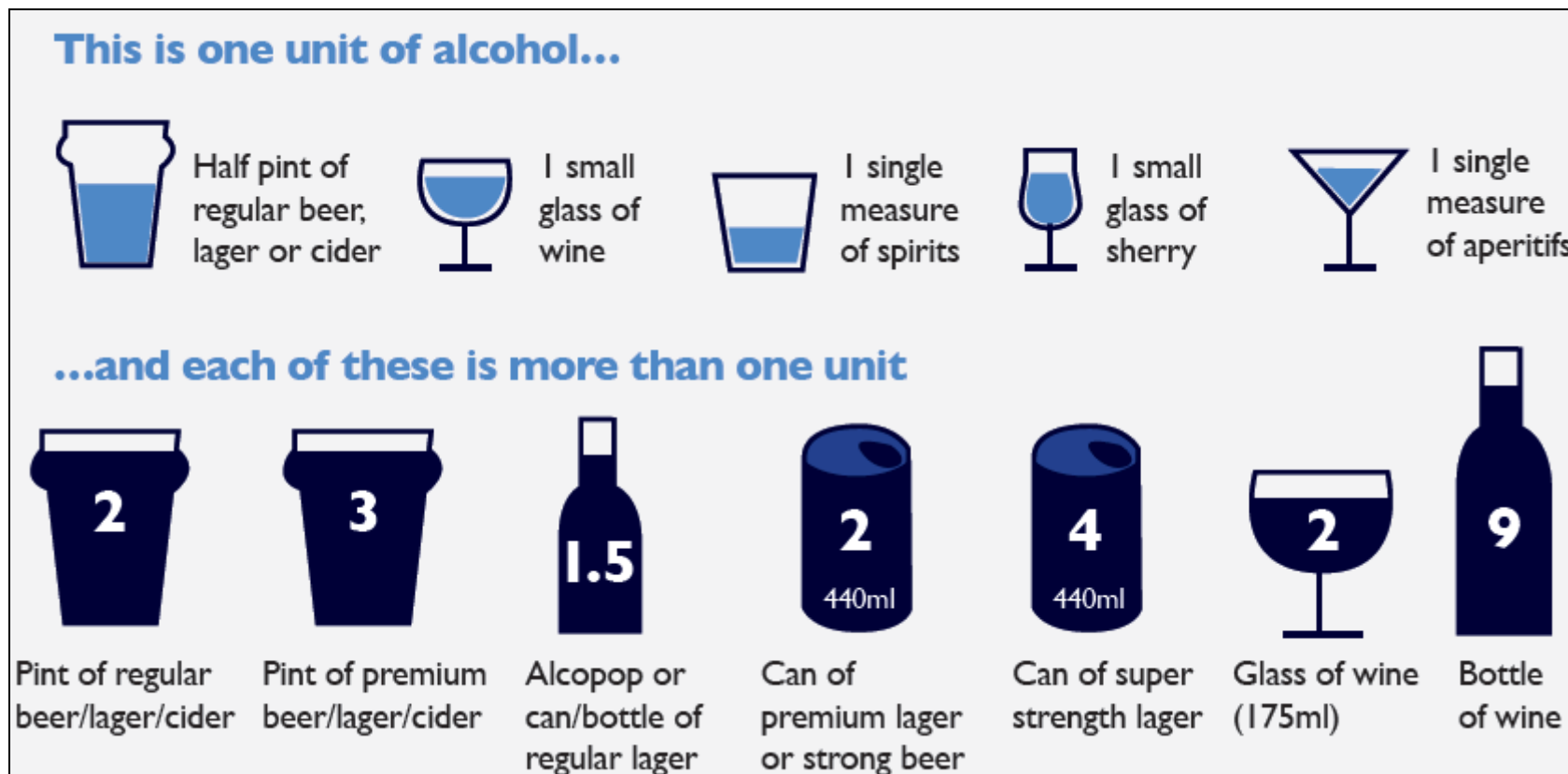
Higher risk (also known as harmful drinking) includes people who are drinking above recommended levels for sensible drinking and experiencing physical and/or mental harm. Higher risk drinking is classified as the regular consumption of more than 8 units a day for a man (more than 50 units a week) or more than 6 units per day for a woman (more than 35 units a week). Individuals categorised as higher risk drinkers are not dependent on alcohol.

Dependent drinkers - this group are drinking above recommended levels, experiencing an increased drive to use alcohol and feel it is difficult to function without alcohol. Dependent drinking can be sub-divided into two categories; moderate dependence and severe dependence, traditionally known as chronic alcoholism.

Binge drinking is defined as drinking at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). Binge drinking usually refers to people drinking a lot of alcohol in a short space of time or drinking to get drunk.

Guideline limits around alcohol consumption can be confusing. Whilst about 90% of the population have heard of alcohol units ([Health & Social Care Information Centre, 2014](#)) which has increased from 79% in 1997, most people have difficulty explaining what a unit actually is. Part of the problem is that the alcohol content in drinks varies so much and many people still get confused about how many units are in their drinks. The drinks industry has increasingly been including measurement of units on drinks labels over the last 15 years and around 90% of

alcoholic drinks labels now have unit measures on them, people still often find it easier to keep track of how much they've drunk by the number of drinks they've had. Whilst unit measures are seen very frequently on labels of alcoholic drinks bought in off license premises, unit measures of beer, wine and spirits bought in on-licensed premises (pubs, restaurants, nightclubs) that are served in glasses are not visible.



Only 12% of men and 14% of women who had heard of units keep a track of how much they drink and this has remained at similar levels since 1997 ([Health & Social Care Information Centre, 2014](#)).

Awareness of units as a measurement of alcohol does vary by socioeconomic status with a higher proportion of people in managerial roles reporting awareness of alcohol units than those in manual or non-managerial roles.

Percentage of respondents in Great Britain who said they had heard of measuring alcohol consumption in units, by gender and socio-economic classification, 2009				
<i>Percentages</i>				
	Total	Managerial and professional	Intermediate	Routine and manual
All	90%	96%	94%	87%
Men	91%	96%	95%	86%
Women	89%	96%	93%	88%

Source: [Health & Social Care Information Centre, 2014](#)

A range of studies report that people do still tend to report the amount they drink in terms of the number of drinks they have rather than the units these contain ([Lovatt et al, 2015](#)).

On the whole, the more people drank, the more likely they were to have heard of units: 95% of those with the highest average weekly consumption (22 units and over for men and 15 units and over for women) had heard of units, compared with only 71% of those who did not drink at all. Those aged 65 and over were less likely to have heard of alcohol units: 80% had done so, compared with 88% of the youngest age group (16 to 24) ([Health & Social Care Information Centre, 2014](#))

Since its first publication in 1987 and subsequent amendment to daily rather weekly guideline limits in 1995, the alcohol unit measurement has helped to raise awareness of the amount of alcohol that is in drinks and the alcohol harms that are associated with drinking at risky levels.

Finding a way for people to keep an accurate measure of how much they are drinking is more problematic and whilst there are different methods in different countries, the unit measurement is likely to remain as a measure in the UK. Currently, a very small proportion of people who are aware of alcohol units keep a track of how many units they are drinking.



Only 12% of men and 14% of women who had heard of units keep a track of how much they drink and this has remained at similar levels since 1997 ([Health & Social Care Information Centre, 2014](#)).

3. Alcohol Availability

Alcohol is widely available in the United Kingdom. If you are over 18 you can buy alcohol in pubs, off licenses, restaurants and other entertainment venues.

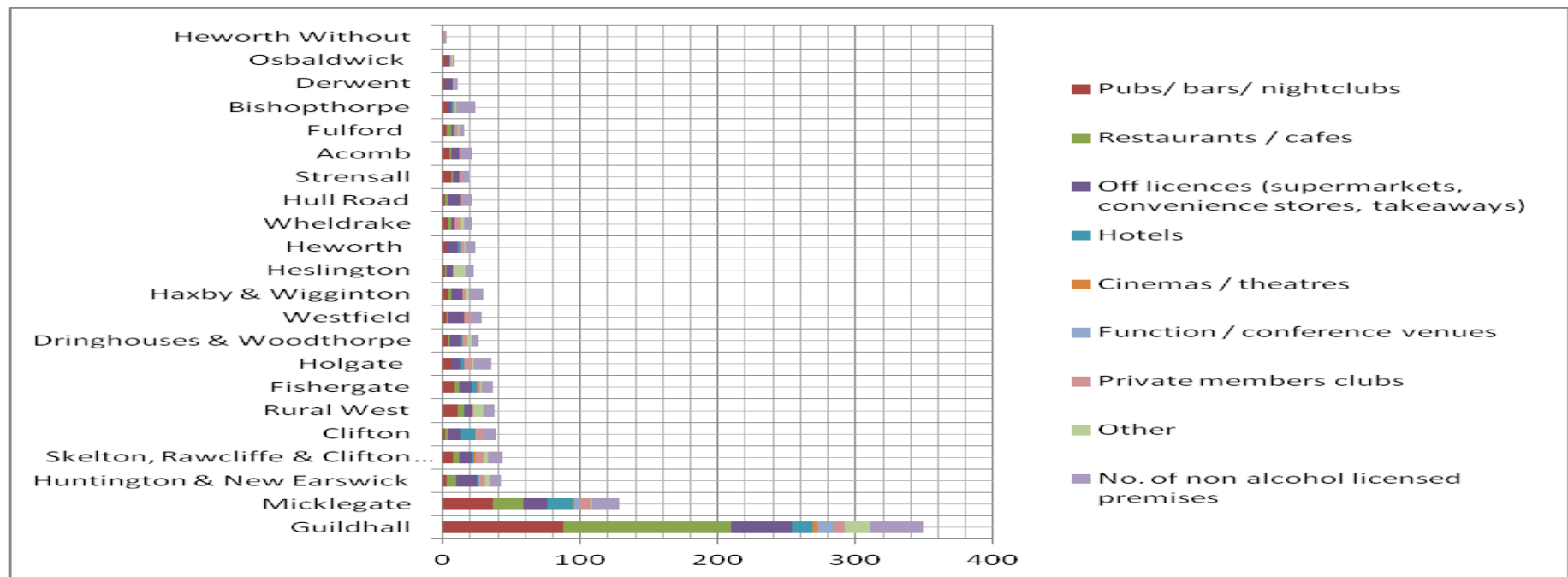
Alcohol Concern has produced a [Guide to Alcohol for Councillors](#) which summarises a range of key facts about alcohol and makes the point that:

Alcohol is everywhere. It's cheap, readily available and an intrinsic part of the fabric of social life in England. Whether we're celebrating, commiserating, at home having a glass of wine with friends, out having dinner or quaffing a pint at the local, for many of us alcohol plays a key role in the way we organise our free time. It is, therefore a dual responsibility for local authorities to create a thriving community, but one which also prevents and deals with the consequences of alcohol misuse. We are all familiar with scenes of binge drinking youngsters in town centres up and down the country every weekend, it makes for great headlines and images to be appalled at – but this is just one, small aspect of the problems alcohol misuse is causing and the hefty cost to us all. Overall, too many people are drinking too much, too often and we are all paying for it, from policing to deal with alcohol related crime; the NHS and ambulance services, and treatment services for people with alcohol problems, to the cost to businesses of lost productivity and supporting children who've suffered as a result of living with a parent who misuses alcohol ([Alcohol Concern, 2014](#)).

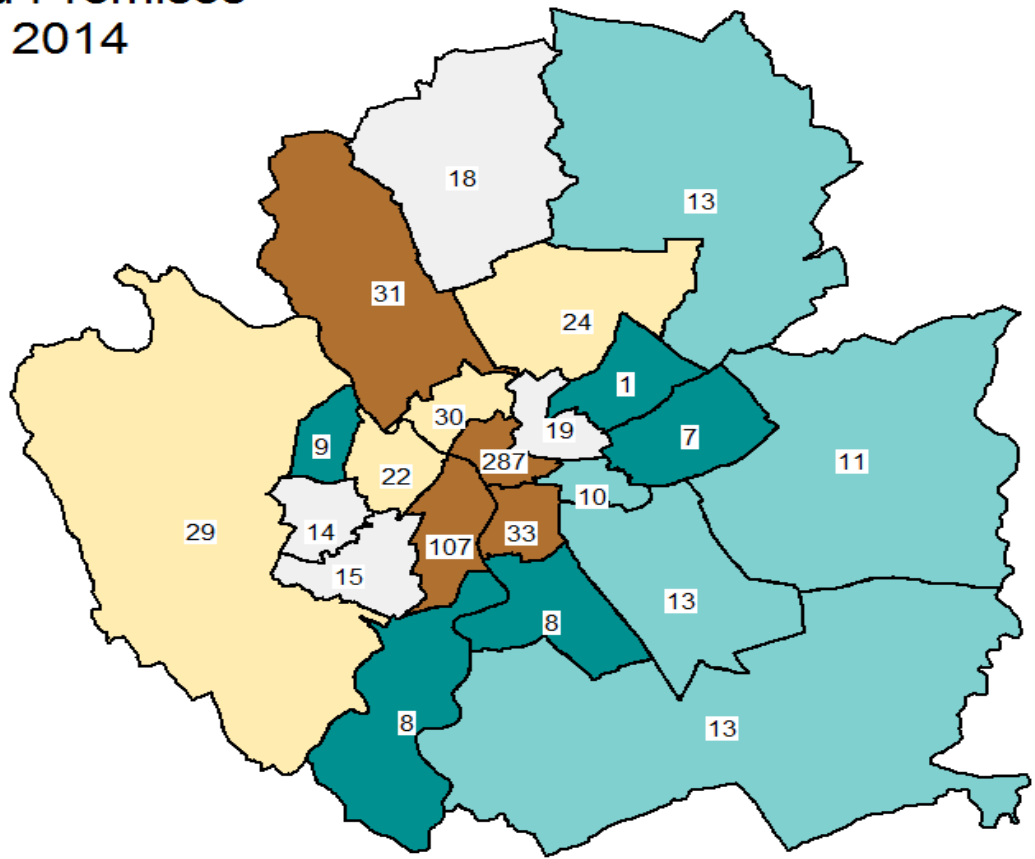
In York there are 799 premises licensed to sell or supply alcohol (as of March 2015). With an approximate population of 160,000 adults aged 18 or over, this equates to one venue which sells alcohol for every 200 adults.

The most recent published data about alcohol licensing available is Home Office 2014 information. This provides a range of information about licenses issued in York. The full data is available [here](#) and is summarised below:

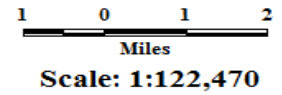
Number of Licensed Premises by Ward and type of venue



York Licensed Premises by Ward 2014

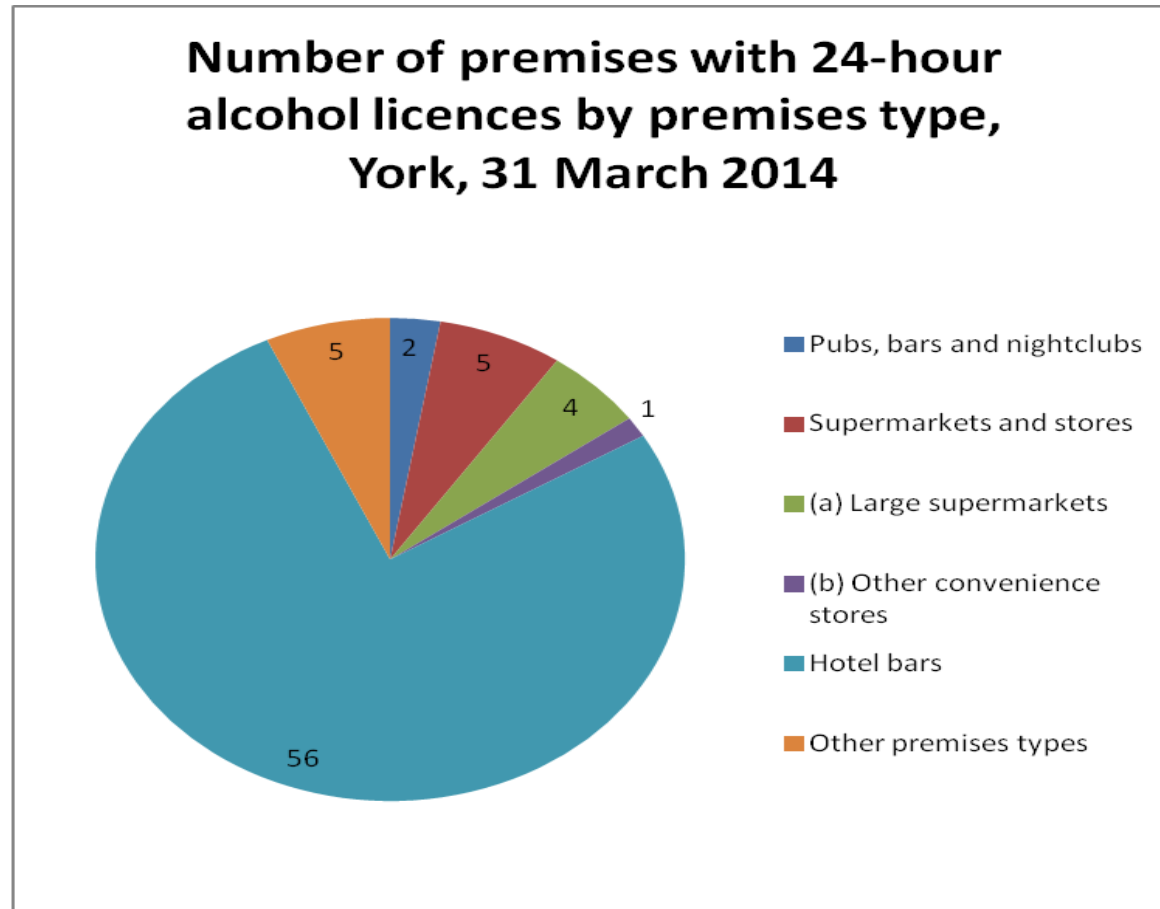


- 31 to 287 (4)
- 22 to 31 (4)
- 14 to 22 (4)
- 10 to 14 (5)
- 1 to 10 (5)



Source: City of York Council Unpublished Licensing Data

As of March 31st 2014, there were 843 licenses issued. Of these, 68 were issued as 24 hour licenses and the majority were granted to hotels.



Source: [Home Office \(2015\) Alcohol and Late Night Refreshment Licensing England and Wales March 31st 2014: data tables.](#)

There are some restrictions and limits on alcohol, its sale and consumption in York is controlled by licensing regulations and enforcement, trading standards legislation, nationally defined laws, and locally defined policing powers.

Licensing legislation requires that the Licensing Authority (City of York Council) has a range of duties and functions but its prime role is to promote each of the licensing objectives by making licensing decisions and the enforcement of licensing legislation. The licensing objectives are: the prevention of crime and disorder; public safety; the prevention of public nuisance; the protection of children from harm.

When determining an application in respect of which representations have been received relating to the prevention of crime and disorder and/or prevention of public nuisance, particular consideration will be given to the following by way of promoting the licensing objectives: location and impact of licensed activity; the type of use and the numbers likely to attend the premises; the proposed hours of operation; the scope for mitigating any impact; how often the activity occurs.

In considering any application that is already licensed, the Licensing Authority will take into account any evidence:

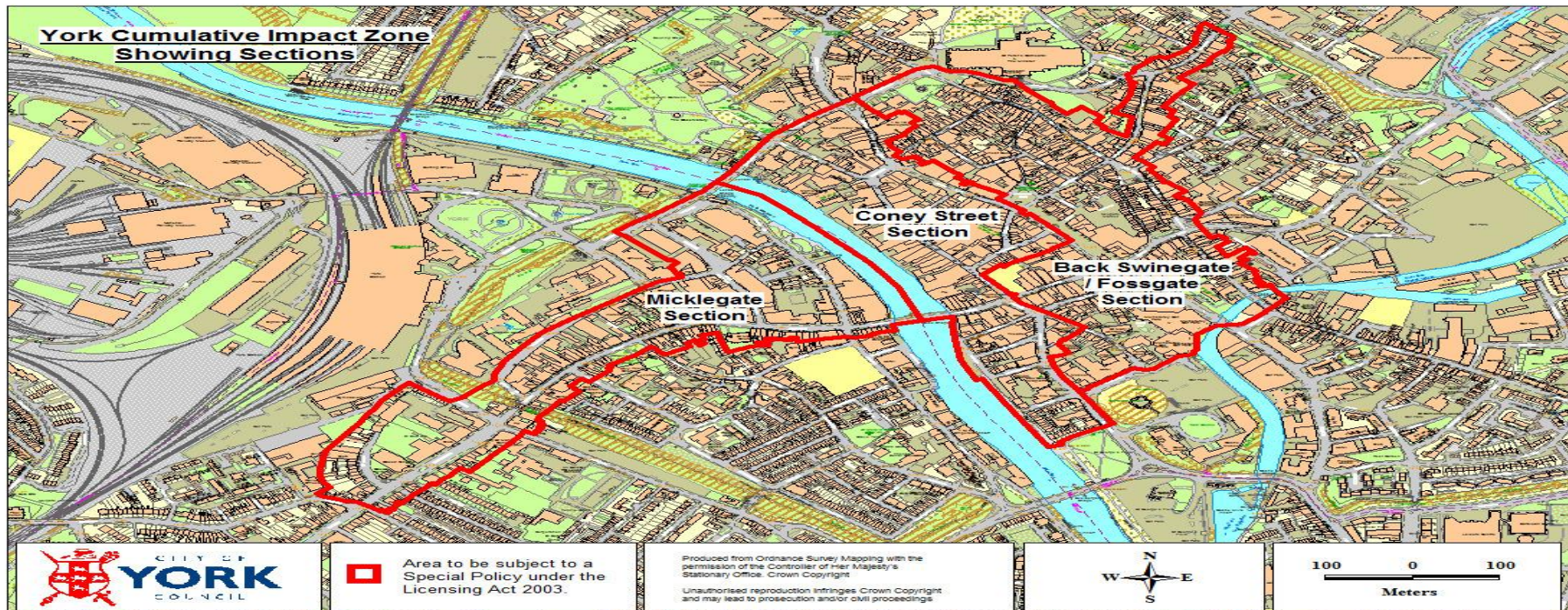
- Of past good operation of the premises;
- Of past demonstrable adverse impact from the activity especially on local residents or businesses;
- That, where adverse impact has been caused, the appropriate agreed measures have been put into effect by the applicant to mitigate the adverse impact.

[City of York Council \(2014\) Licensing Policy](#)

a. Cumulative Impact Zones (CIZ)

Cumulative Impact Policies were introduced as a tool for licensing authorities to limit the growth of licensed premises in a problem area. This is set out in the statutory guidance issued under section 182 of the Licensing Act 2003 ([Home Office, 2011](#)). The CIZ area is shown in the map below.

York Cumulative Impact Zone



Source: City of York Council Statement of Licensing Policy

Less than a third of all local authority areas have a cumulative impact zone. Of the 349 local authority areas, 102 had at least 1 cumulative impact zone in their boundary as at March 31st 2014 ([Home Office, 2015](#)).

In York, the potential impact on the promotion of the licensing objectives of a significant number of licensed premises concentrated in one area has been assessed to include. Micklegate Area; Coney Street Area; Back Swinegate / Fossgate areas.

Early Morning Restriction Orders (EMRO)

The impact of the hours of sale of alcohol will be considered in relation to the four licensing objectives in all applications. The EMRO enables a licensing authority to prohibit the sale of alcohol for a specified time period between the hours of 12am and 6am in the whole or part of its area.

There are currently no EMRO's in place in York. As at March 31st 2014, there were no EMRO's in place across England & Wales ([Home Office, 2015](#))

Temporary Event Notices

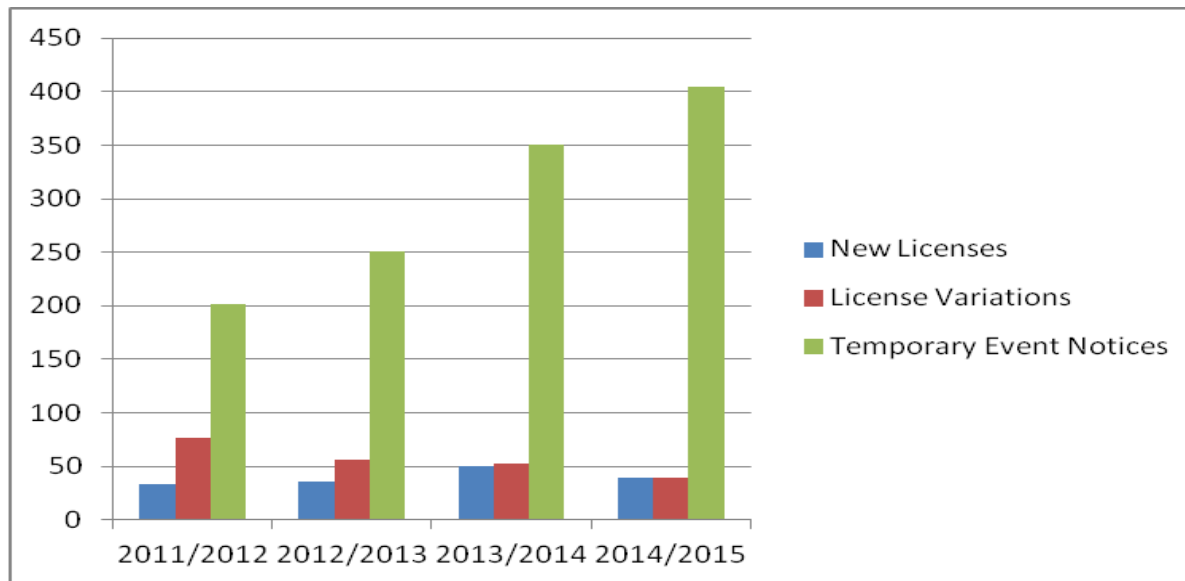
The Licensing Act does not require the issue of a licence for a temporary event.

Temporary event notices can only be used where the maximum number attending is less than 500. In all other cases a full premises licence must be applied for.

Only 12 notices may be granted in respect of the same premises and in respect of those premises there is an overriding maximum aggregate duration of 21 days.

There is a fairly consistent level of local activity relating to new licensing applications being granted or existing ones being amended. However, an increase in temporary event notice (TEN's) licenses being issued can be seen to have doubled since 2011.

York Licensing Application Activity 2011 - 2015



There is no data to show whether this increase in TEN's is contributing to any adverse effects associated with alcohol across the city.

Personal Licences

A personal licence is required by individuals who may be engaged in making and authorising such sales and supplies of alcohol.

A personal licence authorises an individual to supply alcohol, or authorise the supply of alcohol, in accordance with a premises licence.

The licensing authority for the area where the applicant resides issues a personal licence.

According to Home Office statistics, as of March 31st 2014, there were 570,000 personal alcohol licenses issued in England and Wales. Of these, 2,293 were issued by City of York Council.

Details about all of these can be found in the full policy which is available [here](#).

b. Alcohol Restriction Zones (ARZ's)

These refer to localised policing powers that authorise restrictions or additional powers to manage the negative impacts or harms from alcohol in specified areas. In these identified areas, the approach to manage these might include things like high profile policing or the enforcement of powers to confiscate alcohol. There are a number of areas in York where these orders apply, these are regularly reviewed and updated and currently include:

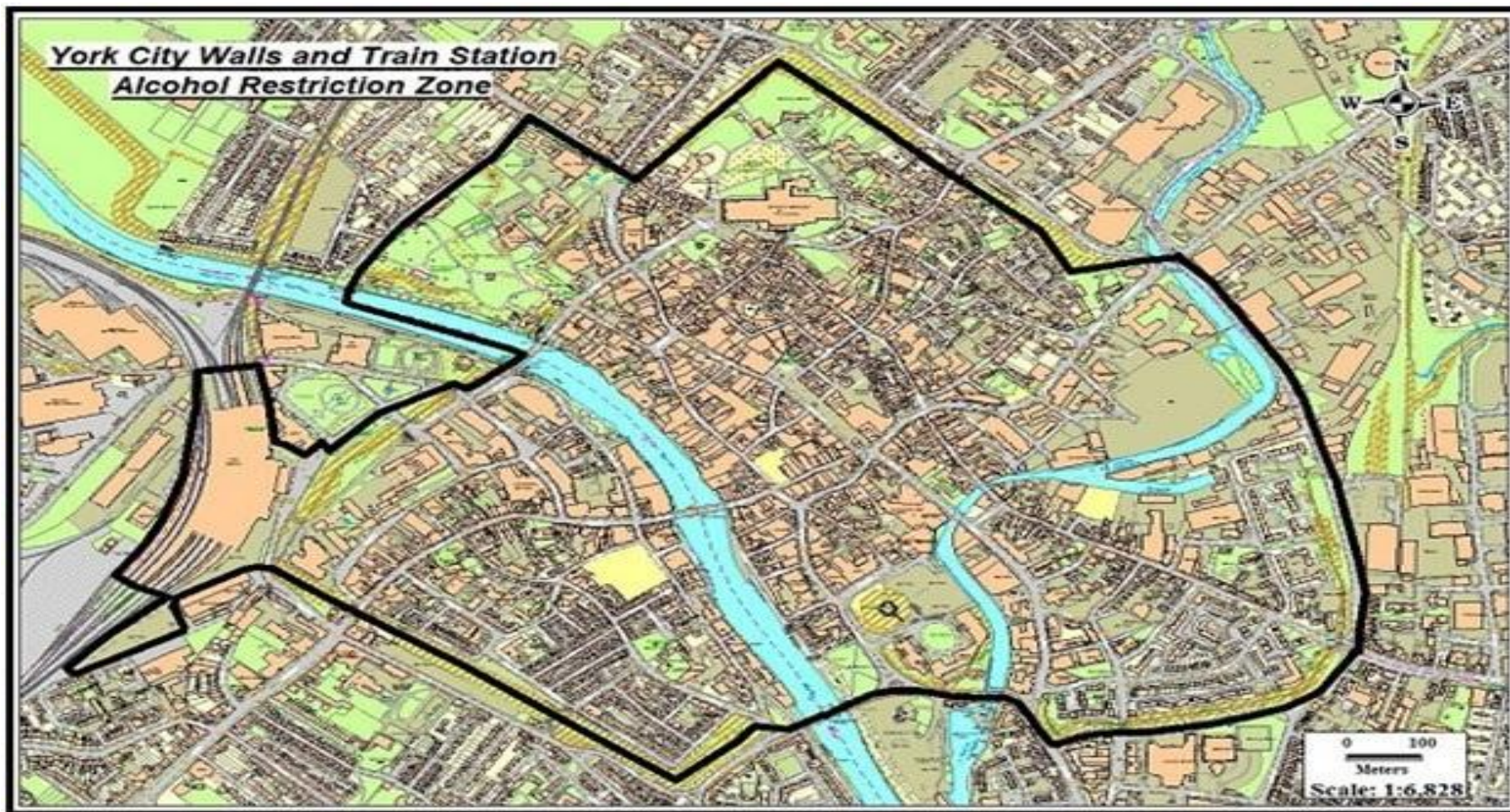
Acomb Green; Clarence Gardens; Cleveland Street; Clifton Library; Clifton Without, Rawcliffe & Skelton; Copmanthorpe; Duncombe Place; Exhibition Square; Glen Gardens, East Parade; Leeman Road; Lincoln & Balfour Street; Museum Gardens; Rawcliffe Lake; Scarcroft Green; Strensall & Towthorpe; Upper Poppleton; Walmgate; Woodthorpe Green; Union Terrace. An Alcohol Restriction Zone (ARZ) covering the city centre and railway station was introduced in 2014. The zone consolidated some of the 24 pre-existing zones (previously called Designated Public Places Orders).

Within the ARZ the police are able to seize alcohol from those who are behaving anti-socially. It does not prevent social drinking outside bars or cafes or in public areas.

The ARZ was introduced following a 12 week period of consultation with all licensed premise in the city.

Signage has been erected across the city to indicate the ARZ boundary. The ARZ has been positively received by both North Yorkshire Police and British Transport Police as it has assisted them in managing anti-social behaviour and disorder, football-related disorder and street drinking.

York Alcohol Restriction Zone



c. Underage Sales

Trading Standards routinely investigate issues where underage sales of alcohol are reported to them. There is no local evidence which identifies premises selling alcohol to under 18's. The law does now require that any test purchases or investigation into underage alcohol sales must now be led by intelligence about that particular area. The trading standards team receive very little information about possible underage sales and whilst they feel that underage drinking does happen in the City are unable to investigate into the supply side to young people.

There is a strong feeling locally that much of the alcohol consumed by young people is bought by an adult for their consumption or is purchased in shops that are practiced at staying undetected in underage sales.

There is a potential issue around child sexual exploitation when it comes to the purchase of alcohol for the express purpose of supplying it to a young person. Sexual exploitation of the young person who is in receipt of alcohol purchased for them is a risk. There is a small amount of local intelligence to support this happening.

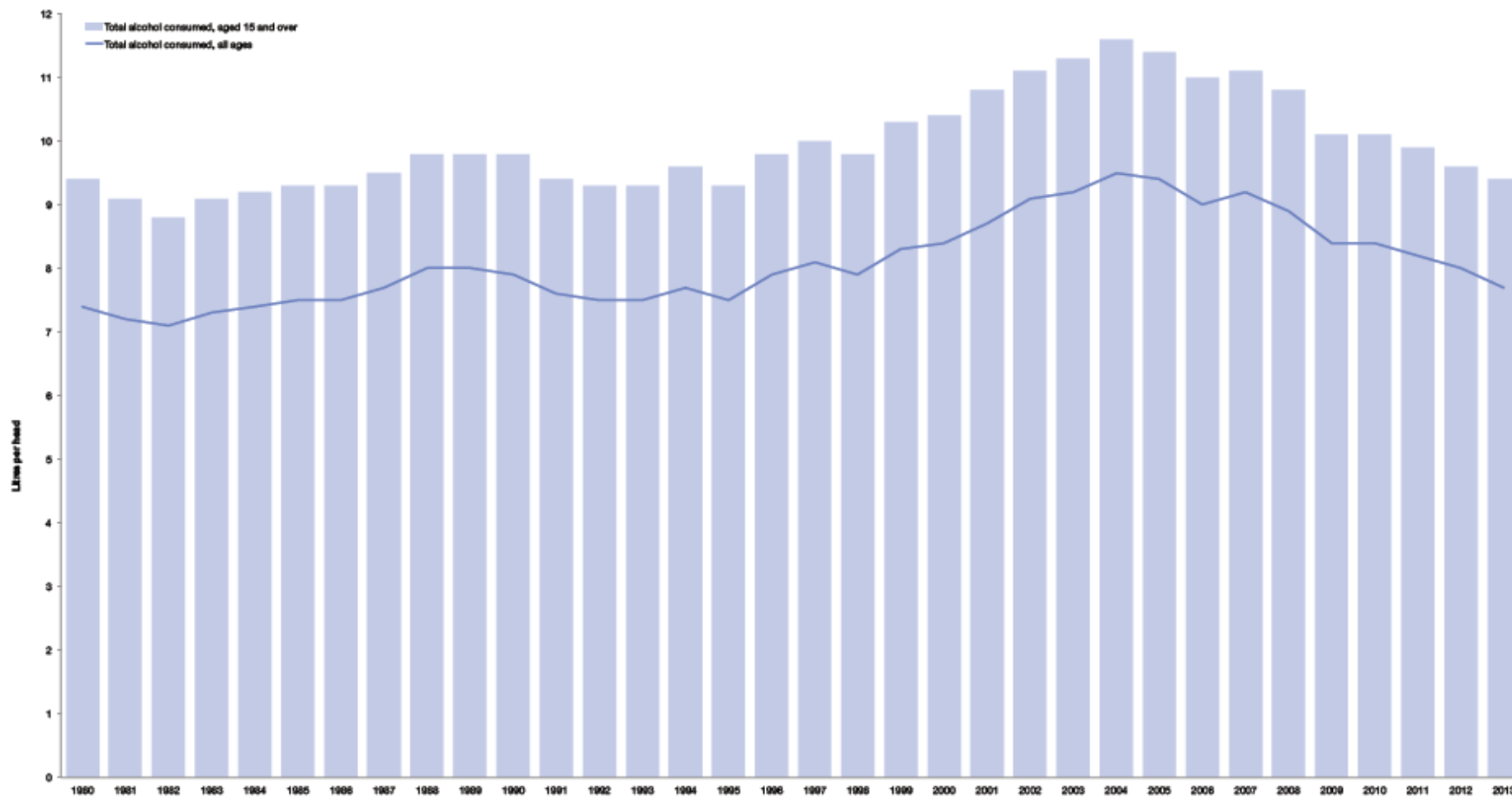
4. Alcohol Consumption

Much of the data on how much alcohol is consumed by people comes from self reported measures. Self reported levels of drinking should be treated with caution as many people under report the amount of alcohol they actually drink. This difference can be shown when comparing self reported levels of drinking to taxation data detailing the amount of alcohol actually sold. Self reported measures of drinking underestimate consumption by up to 40% ([Alcohol Concern, 2009](#)).

People tend to under report how much alcohol they drink. Alcohol sales are taxed and because of this the government can access very reliable figures through HM Revenue & Customs on the amount of alcohol sold in the UK for consumption. When alcohol sales data is compared to self reported survey data on alcohol consumption, the difference is 225 million litres per year. This is equivalent to 430 million units per week; or around 44 million bottles of wine a week (at 13% ABV) - this means just over one bottle of wine per adult drinker per week is unaccounted for between survey data and tax sales data ([Alcohol Concern, 2009](#)).

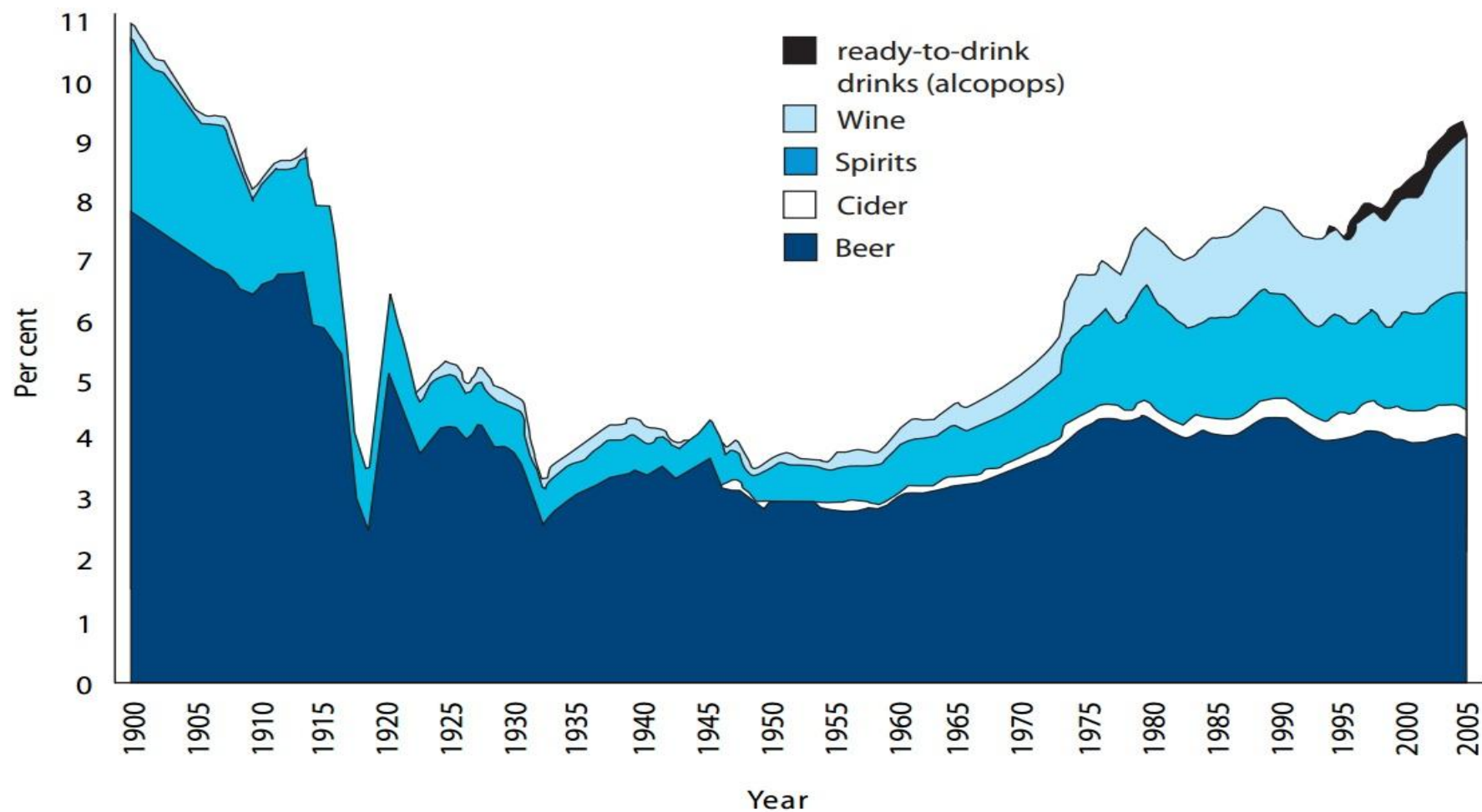
In Britain, the amount of pure alcohol sold per adult rose from 9.53 litres in 1986/1987 to a peak of 11.78 litres in 2004/2005, before dropping to 11.53 litres in 2007/2008 (HM Revenue and Customs 2008). This approximates to 22 units (176 grams) per week for each person aged over 15 years. These figures do not account for any illegally sold alcohol or home brewed alcohol; do not account for what proportion of alcohol sold is actually consumed. They also do not account for who consumes the alcohol. One criticism is that high levels of alcohol sales could be due to tourist alcohol consumption, however, the net balance is that UK residents spend more time on holiday in other countries than tourists do in the UK. It is also fair to say that as a nation, we do have a reputation for going abroad and drinking a lot.

UK Total Alcohol consumption, litres per head, 1980-2013



Source: [British Beer & Pub Association](#)

Consumption of Pure Alcohol in the UK Population 1900 – 2005 per capita (litres per head)



Source: [British Beer & Pub Association](#)

The most recent measure available to estimate the number of dependent drinkers is from the 2007 Adult Psychiatric Morbidity survey. This estimates that across England, approximately 9% of men showed some degree of alcohol dependence: 8% with mild dependence, 1% with moderate dependence, and 0.1% with severe dependence. In women, approximately 3% showed some dependence: just under 3% with mild dependence and less than 0.1% with either moderate or severe dependence.

For men, the highest rates of dependence were reported in 25 to 34 year olds (approximately 15% mildly dependent, 2% moderately dependent), and for women in 16 to 24 year olds (approximately 10% mildly dependent, 0.3% moderately dependent).

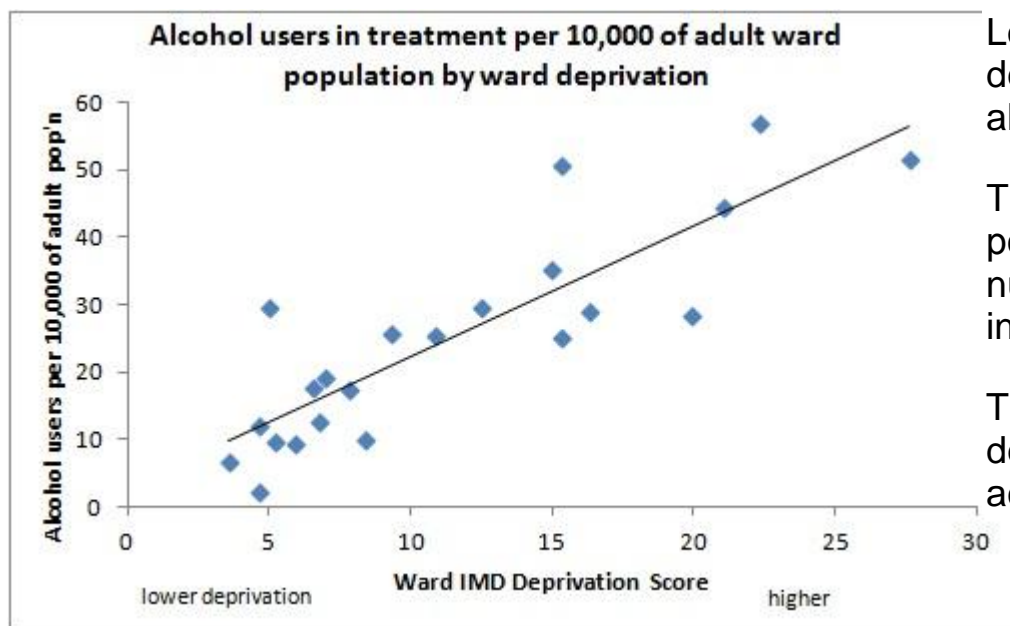
In 2013-2014 there were 496 people accessing treatment services for alcohol in York. The treatment penetration rate – that is, how many people who have a problem with alcohol are accessing treatment – is higher than the England treatment penetration rate. York’s figure is 5.1% compared to 4.3% for England. This means that only around 5% of people who have a problem with alcohol are accessing treatment.

Data Source	Region	Males	Females	Persons
a) 16-74 population (ONS Mid 2012)	York	74,456	76,760	151,216
	England	19,425,657	19,725,828	39,151,485
b) Dependent Drinker Estimates - % of 16-74 population (9.3% male, 3.6% female)	York	6,924	2,763	9,688
	England	1,806,586	710,130	2,516,716
c) Number of people in structured alcohol treatment 2012-2013 NDTMS	York	291	200	491
	England	69,461	38,727	108,188
d) Treatment penetration rates (c/b x100)	York	4.2%	7.2%	5.1%
	England	3.8%	5.5%	4.3%

More recent figures produced by Public Health England called [Diagnostic Outcome Measurement Executive Summary Report \(DOMES\)](#) quarterly figures show that the numbers of people in treatment for alcohol dependency are increasing. This is up 2% to 504 people.

The treatment penetration rate – that is, how many people who have a problem with alcohol are accessing treatment – is increasing and remains higher than the England treatment penetration rate. York's figure is 5.7% compared to 5.4% for England.

However, if the estimated number of dependent drinkers is considered, treatment services are only reaching a small proportion of dependent drinkers.



Locally, there is a strong correlation between deprivation and the number of people accessing alcohol treatment.

The 'Alcohol users in treatment per 10,000 ward population by ward deprivation' chart shows that the number of adults accessing alcohol treatment increases in more deprived areas.

This indicates that wards with greater levels of deprivation have a higher proportion of people accessing alcohol treatment living in them.

A [Drinkaware](#) survey into the drinking behaviours and attitudes in the UK, reports that around 3.4 million middle aged people are the nation's 'hidden' risky drinkers.

The findings, based on a survey of 2,294 UK adults, indicate that 45-64 year olds are more likely than 18-24 year olds to drink at risky levels owing to more frequent drinking throughout the week. It says younger adults (18-24) 'tend to drink large amounts on one or two occasions a week', but only 19% are classified as increasing or higher risk (based on weekly consumption above low risk). However 32% of 45-64 year olds are likely to be at risk, totalling around 3.4 million middle aged drinkers ([Drinkaware, 2014](#)).

The report highlights that middle aged drinkers may be more aware of harms, but also more likely to refuse moderation guidance, compared with younger drinkers. This may be because some middle aged drinkers falsely believe that because they are not at risk because they are not getting drunk.

Overall 18% of drinkers say they would like to cut down, whilst 12% would like more guidance on how to moderate their drinking. Moderation strategies that did not involve fewer drinking occasions were viewed more positively - for instance trying a lower strength drink or having a smaller glass.

The report also identifies five key adult population drinking 'segments' as:

1. Comfortable social drinkers
2. Controlled home drinkers
3. Risky social and coping drinkers
4. Self-contained moderate drinkers
5. Risky career drinkers

“Drinkaware says it is most interested in groups 3 and 5 as 'those that exhibit the most risky drinking behaviours'. As well as work to target younger drinkers, where some positive shifts are apparent, it also believes it needs to work with 'older age groups among whom there appears to be a growing trend towards more frequent drinking above the low risk limits'.

Broad level findings are evidently consistent with other national consumption data such as that [identified in the Health Survey for England \(HSE\)](#), although [recent research](#) has highlighted how surveys based on weekly drinking significantly under-estimate 'special occasion' drinking. Previous attention has also been drawn to ['middle age home drinkers'](#) given the longer term shift to off-trade wine consumption.

However some findings raise potentially interesting considerations. For instance the Drinkaware Monitor survey suggests just 11% of adults say they never drank in the last year, whereas HSE puts the figure at 15% of men and 20% of women.

One further area of disparity is around at-risk drinkers who do not believe their drinking may be harmful to them. The Monitor report says that 37% of those drinking about the weekly guidelines believe they are drinking within the 'safe limits'. However [according to the Department of Health](#), '83% of people who regularly drink above the guidelines don't think their drinking is putting their long-term health at risk'.

Certainly from a public health perspective, a detailed understanding of exactly how many at-risk drinkers may or may not even be aware is likely to be considered an important starting point for targeting effective interventions. What those interventions may look like is of course, another matter.” ([Alcohol Policy, 2015](#)).

a. Drinking Levels in York

Estimated all adult population drinking levels

Drinking category	England measure	York measure	York population (18+) estimated to drink at this level
Lower risk	73%	71%	115,187
Increasing risk	20%	21%	33,622
Higher risk	7%	8%	12,449
Binge drinking	20%	30%	47,894

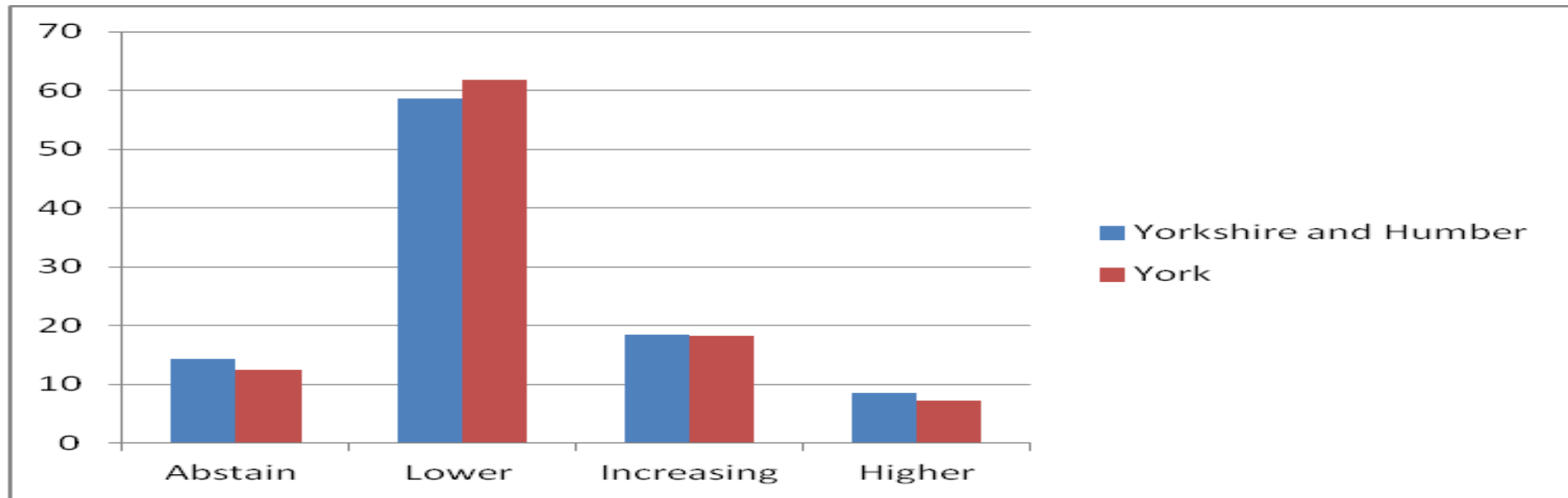
Sources: [Local Alcohol Profiles for England](#); [Office for National Statistics](#)

In men, the age group that reports drinking the most amount of alcohol per week are 45–64 year olds. 16–24 year olds report drinking the least amount of alcohol per week ([Health & Social Care Information Centre, 2013](#))

In women, the age group that reports drinking the most amount of alcohol per week are 16–24 year olds. 25–44 year olds report drinking the least amount of alcohol per week ([Health & Social Care Information Centre, 2013](#))

York has higher rates of people drinking at increasing and higher risk levels and significantly higher rates of people binge drinking than the England average.

Estimated drinking levels, all adult population, York and Yorkshire & The Humber



Source: [Public Health England \(2011\). Topography of Drinking Behaviours.](#)

Alcohol Concern summarise drinking level estimates by geographical area in the following resource which also allows comparison between different local authorities. This tool can be found [here](#). The data provided for York shows that:

- More than 11,000 people (7% of the adult population in York) are classed as 'Higher Risk Drinkers' who drink at levels which significantly increases the risk of damaging their health and by drinking at these levels may have already caused harm to themselves. This is estimated to cost £2M per year in healthcare costs

- More than 30,000 people (20% of the adult population in York) are classed as ‘Increasing Risk Drinkers’ who drink at levels which increases their risk of damage to their health. This is estimated to cost £5.5M per year in healthcare costs
- Over 100,000 people (about 71% of the adult population in York) are classed as ‘Lower Risk Drinkers’ who drink within the recommended guideline limits. However, healthcare costs related to alcohol harm in this group are still etimated to be £1.7M per year

The following two tables are taken from Public Health England’s 2011 [Topography of Drinking Behaviours in England](#) report. Both highlight the proportion of people who were recorded as not drinking at all. In York, this is estimated to be 12.5% of the adult population.

The first table shows levels of drinking across the entire adult population and the second table shows levels of drinking within the population who drink.

Population estimates of drinking levels of the total population				
	Abstainers	Lower risk	Increasing risk	Higher risk
York	12.50%	61.80%	18.30%	7.30%
Yorkshire & Humber	14.30%	58.60%	18.50%	8.60%

Source: Public Health England (2011). Topography of Drinking Behaviours in England

Population estimates of drinking levels of the total population who are drinkers				
	Abstainers	Lower risk	Increasing risk	Higher risk
York	not applicable	70.7%	20.9%	8.4%
Yorkshire & Humber	not applicable	68.4%	21.6%	10%

Source: Public Health England (2011). Topography of Drinking Behaviours in England

Public Health England annually produces [Local Alcohol Profiles](#) for each local authority area.

2104 [Local Alcohol Profile](#) data for York shows that of the residents who reported drinking and were aged 16 years or over:

- 7.7% of York residents drink at higher risk levels
- 20.9% of York residents drink at increasing risk levels
- 71.4% of York residents drink at lower risk levels

NOTE: These measures differ slightly from the Topography of Drinking Behaviour figures because the two reports measure different time periods.

(These measures do not include residents of York who reported not drinking any alcohol at all in the week before completing the [General Lifestyle Survey](#)).

When York data is compared to national information, levels of binge drinking and the proportion of employees who work in bars are both worse than national averages.

Out of the 326 areas that were compared, York is placed 320th for its levels of binge drinking. This means that York has the 7th worst estimated levels of binge drinking in the country.

Of the 25 measures that the local alcohol profiles consider, York is rated as:

- Significantly better than the national average on 9 measures which are; specific hospital admissions and alcohol attributable hospital admissions for both males and females (alcohol related admissions to hospital have fallen slightly in York from a rate of 1,413 per 100,000 in 2010/2011 to 1,390 in 2011/2012, with rates for women being about half those for men), Alcohol related crime, violent crime and sexual offences and numbers of incapacity benefit claimants
- Not significantly different on 12 measures which are; alcohol specific mortality, alcohol attributable mortality and mortality from chronic liver disease for both males and females. Alcohol specific hospital admissions for under 18's and mortality from transport accidents. Estimated levels of abstainers from alcohol, estimated lower risk, increasing risk and higher risk proportion of drinkers
- Significantly worse on 2 measures which are; levels of binge drinking and the number of employees working in bars
- It is not possible to compare local figures against national figures for 2 measures which are; months of life lost for males and females. For York this equates to 7.8 months of life lost due to alcohol use for males and 3.2 months of life lost due to alcohol for females

Further analysis of some of these measures as well as some detail on the local in treatment population is contained within an [alcohol support pack](#) produced by Public Health England. These give further detail around measures that are recorded for people accessing treatment services for support with alcohol misuse. The key points from this document for York are:

- Hospital admission rates in York indicates a lesser amount of alcohol related harm compared to the national benchmark
- Alcohol related mortality rates in York indicates a lesser amount of alcohol related harm compared to the national benchmark
- Alcohol related crime in York indicates lower alcohol related harm compared to the national benchmark
- Alcohol related violent crime in York indicates higher alcohol related harm compared to the national benchmark
- York's wait times to access alcohol treatment are longer than the national average (57% waited longer than 3 weeks compared to 62% nationally)
- A lower proportion of people started alcohol treatment in 2012/2013 in York than compared to the national benchmark
- A lower proportion of adults in alcohol treatment live with children than compared to the national benchmark
- A higher percentage of clients in alcohol treatment are in employment and fewer are unemployed compared to the national benchmark
- There are greater numbers drinking at higher levels of risk in the 28 days immediately prior to starting treatment for alcohol dependency than compared to the national benchmark
- ...but fewer of these people were drinking at the top end of the scale e.g. more than 600 units
- York has lower rates on all the 'compounding' issues other than being in treatment with mental health services

- York has fewer clients attending residential rehabilitation, treatment journeys last longer in York and there are lower successful treatment completion rates in York when compared to the national benchmarks

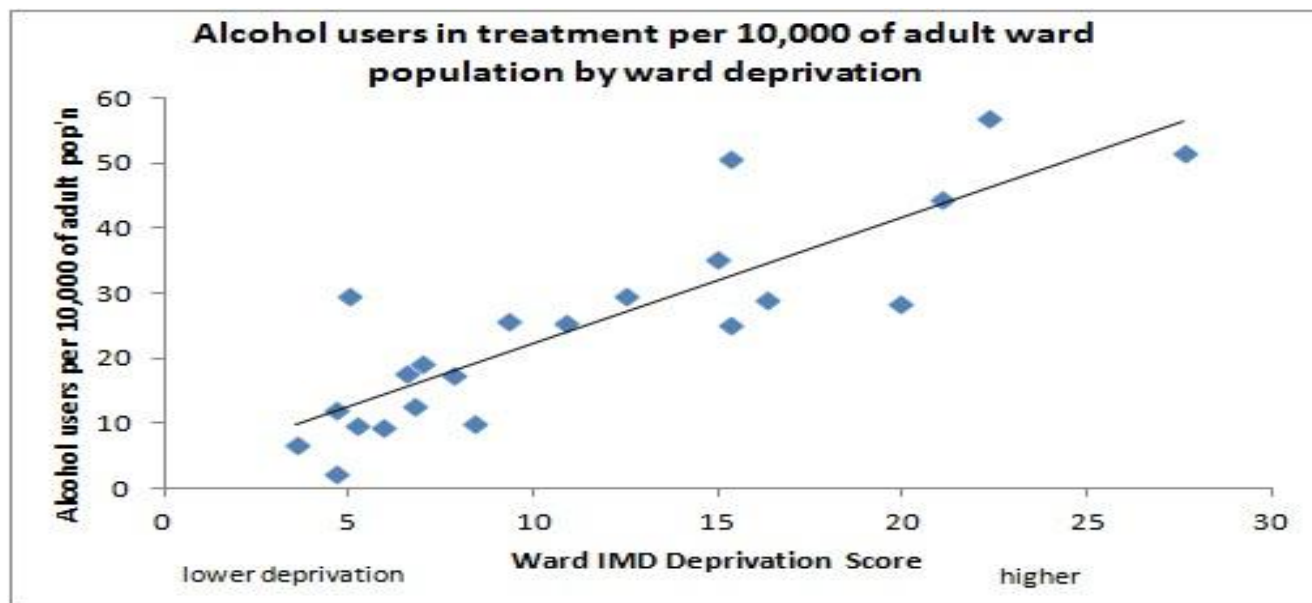
The following table highlights the number of people in York who are aged 18-64 and of these people how many are dependent drinkers and how many of these dependent drinkers are accessing treatment. This also shows the same figures for England. The bottom row of the table provides a calculation of the percentage of estimated dependent drinkers by dividing the number of people in treatment (row c) by the number of people who are known to be dependent drinkers (row b) and multiplying by 100 to give a percentage figure of the number of people who are in treatment.

		Males	Females	All Persons
a. 18-64 population	York	66,400	67,800	134,200
	England	16,302,200	16,280,100	32,582,300
b. Dependent Drinker Estimates (8.7% male, 3.3% female)	York	5,777	2,237	8,014
	England	1,418,291	537,243	1,955,535
c. In structured alcohol treatment aged 18-64. 2011/12	York	277	180	457
	England	67,100	37,560	104,660
d. Treatment penetration rates (c/b*100)	York	4.80%	8.00%	5.70%
	England	4.70%	7.00%	5.40%

Data Sources: a. Office of National Statistics (2012) b. NHS Information Centre for health and social care (2009) c. National Treatment Agency for Substance Misuse (2012)

More recent figures produced by Public Health England called [Diagnostic Outcome Measurement Executive Summary Report \(DOMES\)](#) quarterly figures show that the numbers of people in treatment for alcohol dependency are increasing. This is up 2% to 504 people. The treatment penetration rate – that is, how many people who have a problem with alcohol are accessing treatment – is increasing and remains higher than the England treatment penetration rate. York’s figure is 5.7% compared to 5.4% for England. However, if the estimated number of dependent drinkers is considered, treatment services are only reaching a small proportion of dependent drinkers.

Locally, there is a strong correlation between deprivation and the number of people accessing alcohol treatment. The table below shows that the number of adults per 10,000 people who are accessing alcohol treatment increases in more deprived areas. Wards with more deprivation also have a higher proportion of people accessing alcohol treatment living in them.



Using the Experian Mosaic data tool, we can identify the groups who are more likely to be drinking at risky or harmful levels. This tool groups people into categories based on a range of data collected about lifestyle choices and reported behaviours.

Within this data tool, people are grouped together based on shared characteristics, so this data does not mean that every individual within this category will be drinking every day and from this, we are not able to identify how much alcohol is typically drunk – only that these groups of people are more likely to report drinking alcohol every day. This has implications for the long term health of these people who may be at much greater risk of developing a range of illnesses because of their sustained frequent use of alcohol.

From this data, the groups most likely to be drinking every day are people who in the following categories:

[‘Country Living’](#).

These people represent **2,846 households** in York and make up **3.24%** of the York population

A	Country Living	Key Features	
		Well-off owners in rural locations enjoying the benefits of country life	
		- Rural locations	- Higher self-employment
		- Well-off homeowners	- High car ownership
		- Attractive detached homes	- High use of internet

[‘Prestige Positions’](#).

These people represent **7,460 households** in York and make up **8.50%** of the York population.

<p>B Prestige Positions</p> 	<p>Key Features</p> <p>Established families in large detached homes living upmarket lifestyles</p> <ul style="list-style-type: none">- High value detached homes- Married couples- Managerial and senior positions- Supporting students and older children- High assets and investments- Online shopping and banking
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[‘City Prosperity’](#).

These people represent **1,934 households** in York and make up **2.20%** of the York population

<p>C City Prosperity</p> 	<p>Key Features</p> <p>High status city dwellers living in central locations and pursuing careers with high rewards</p> <ul style="list-style-type: none">- High value properties- Central city areas- High status jobs- Low car ownership- High mobile phone spend- Commute by Underground or Train
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[‘Senior Security’](#).

These people represent **11,598 households** and make up **13.21%** of the York population

F	Senior Security	Key Features
		Elderly people with assets who are enjoying a comfortable retirement
		<ul style="list-style-type: none">- Elderly singles and couples- Homeowners- Comfortable homes- Additional pensions above state- Don't like new technology- Low mileage drivers

[‘Vintage Value’](#).

These people represent **4,511 households** and make up **5.14%** of the York population

N	Vintage Value	Key Features
		Elderly people reliant on support to meet financial or practical needs
		<ul style="list-style-type: none">- Elderly- Living alone- Low income- Small houses and flats- Need support- Low technology use

Number of Households in each ward where people are most likely to drink alcohol every day

Ward Name	Number of Households
Haxby and Wigginton Ward	2,924
Huntington and New Earswick Ward	2,355
Rural West York Ward	2,299
Dringhouses and Woodthorpe Ward	2,117
Osbalwick and Derwent Ward	1,776
Rawcliffe and Clifton Without Ward	1,519
Strensall Ward	1,469
Westfield Ward	1,351
Micklegate Ward	1,214
Heworth Ward	1,208
Bishopthorpe Ward	1,181
Copmanthorpe Ward	1,104
Wheldrake Ward	1,098
Holgate Ward	1,061
Heworth Without Ward	1,004
Acomb Ward	1,001
Clifton Ward	919
Guildhall Ward	892
Fulford and Heslington Ward	657
Fishergate Ward	654
Hull Road Ward	546
Total	28,349

This gives an indication about where it might be appropriate to consider targetting some healthy living messages about the risks associated with drinking too much alcohol so that the groups who are most likely to be drinking every day are the ones to receive information about how to reduce this risk and minimise the negative impacts that alcohol can have on health and wellbeing.

The table above only shows the locations of households which are more likely to drink alcohol every day.

The following table shows which wards have the highest proportion of households with people living in them who are most likely to drink alcohol every day and what proportion of the population who drink every day is made up from people within the five highest risk category groups.

This shows that Rural West York, Wheldrake, Bisphopthorpe, Copmanthorpe, Osbaldwick and Derwent, Haxby and Wigginton and Heworth Without have particularly high concentrations of households who are more likely to be drinking alcohol every day.

In particular, Copmanthorpe ward has a high proportion of people in the 'Prestige Position' category and Wheldrake ward has a high proportion of people in the 'Country Living' category who are very likely to be drinking at levels which cause alcohol related harm.

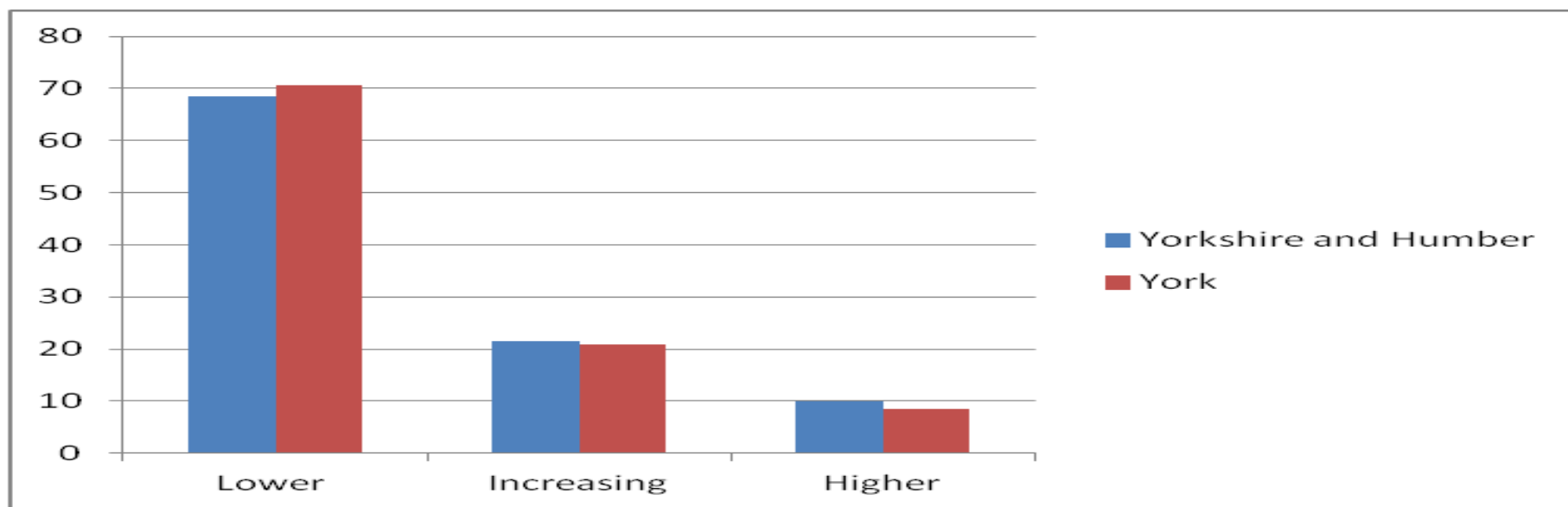
This analysis shows that those who are more likely to drink every day are more commonly older and more affluent and that about a 1/3rd of the York adult population drink every day. This equates to over 28,000 households in York where alcohol is likely being consumed every day.

Ward	All	Country Living	Prestige Positions	City Prosperity	Senior Security	Vintage Value
Rural West York Ward	70.50%	20.02%	31.31%		17.63%	1.53%
Wheldrake Ward	65.28%	48.93%	15.81%		0.54%	
Bishopthorpe Ward	64.50%	13.60%	22.83%		25.34%	2.73%
Copmanthorpe Ward	63.09%	4.00%	40.34%		17.89%	0.86%
Osbalwick and Derwent Ward	56.17%	14.67%	14.58%		24.19%	2.72%
Haxby and Wigginton Ward	54.44%	2.07%	21.49%		25.47%	5.42%
Heworth Without Ward	53.83%	0.70%	13.67%		38.71%	0.75%
Strensall Ward	44.66%	12.28%	22.53%		9.21%	0.64%
Huntington and New Earswick Ward	41.76%	0.64%	5.46%		27.56%	8.10%
Dringhouses and Woodthorpe Ward	40.32%		15.83%	0.48%	18.91%	5.10%
Fulford and Heslington Ward	39.06%	1.31%	12.60%	1.90%	16.35%	6.90%
Rawcliffe and Clifton Without Ward	28.56%	0.02%	6.53%	0.21%	18.92%	2.90%
Acomb Ward	26.27%		2.23%	0.03%	20.52%	3.49%
Clifton Ward	21.59%		1.62%	6.79%	3.50%	9.68%
Westfield Ward	21.45%		0.92%		8.31%	12.23%
Heworth Ward	20.84%		1.97%	1.36%	8.26%	9.25%
Micklegate Ward	18.91%		1.71%	11.86%	2.96%	2.38%
Holgate Ward	18.11%		1.67%	1.54%	10.23%	4.68%
Fishergate Ward	16.71%		2.79%	3.12%	5.49%	5.32%
Guildhall Ward	12.84%		0.01%	7.48%	0.17%	5.17%
Hull Road Ward	12.40%		2.18%	0.09%	6.86%	3.27%

Although the volume of alcohol being drunk cannot be determined from this information, the regularity of consumption will in all likelihood be contributing to an increased risk of developing an avoidable illness or condition and an increased risk of experiencing some form of alcohol related harm.

To put the alcohol consumption levels of York residents into context, the graph below shows a comparison of the estimated drinking levels of the adult drinkers only population of York compared to the regional population. This indicates that York has a slightly higher proportion of drinkers consuming alcohol at a lower level and slightly fewer people consuming alcohol at higher risk levels than across the entire region.

Estimated drinking levels, drinkers only, York and Yorkshire & The Humber

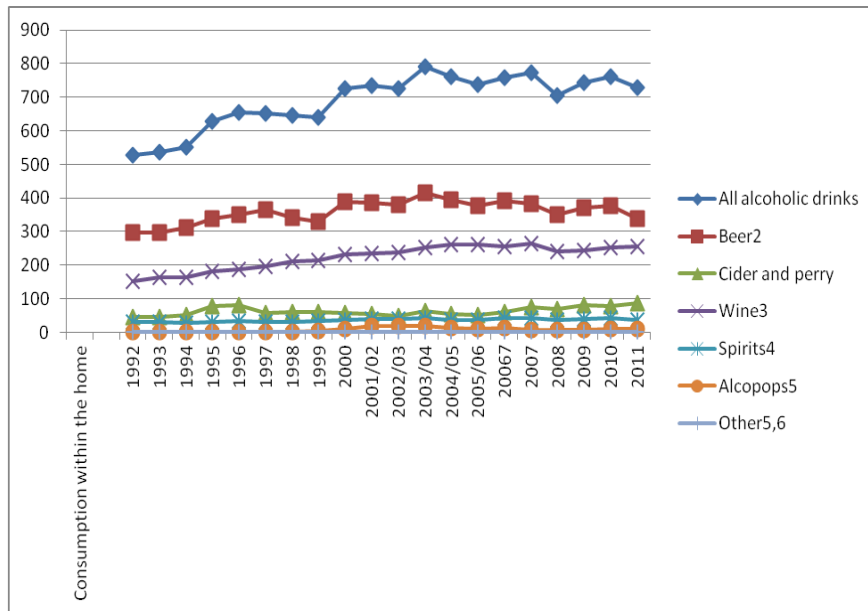


Source: [Public Health England \(2011\). Topography of Drinking Behaviours.](#)

b. Where People Drink

The nature of alcohol consumption across the UK has changed since the 1990's.

Alcohol Consumption at home, ml per person per week, 1992-2011

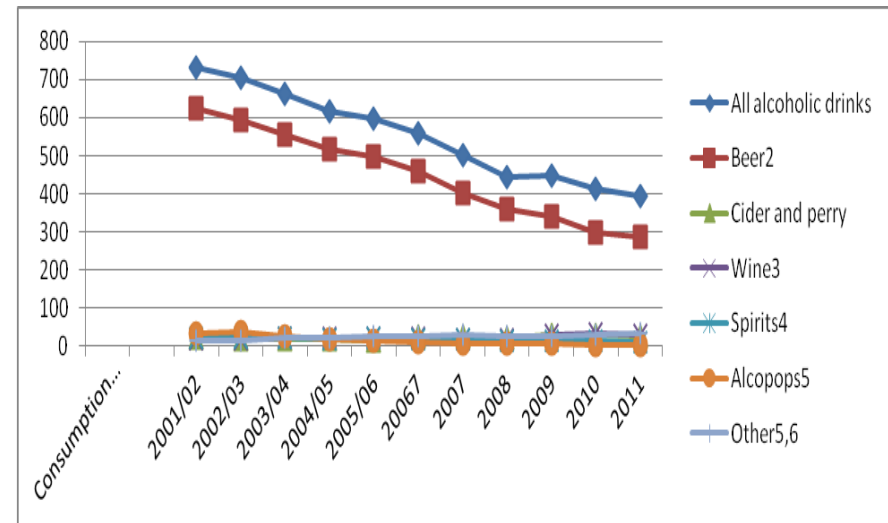


Source: [HSCIC Statistics on Alcohol](#)

The amount of alcohol consumed at home has increased.

The largest increase in the type of drink consumed at home is in wine. The amount of beer consumed has also increased slightly but not to as great an extent as wine. This trend of drinking at home appears to be supported by a decline in the amount of alcohol that is drunk in licensed premises.

Alcohol Consumption outside the home, ml per person per week, 2001-2011



Source: [HSCIC Statistics on Alcohol](#)

c. Pre Loading

Pre-loading is when a person gets drunk at home before going out to drink on a night out. This can be common for many reasons.

There is no locally available data to show what proportion of alcohol is consumed at home compared to within licensed premises. In itself, this wouldn't necessarily tell us anything about pre-loading because we don't know what proportion of alcohol drunk at home is drunk to 'pre-load' for a night out.

Pre-loading carries with it an increased risk of contributing to harm. People who pre-load are at greater risk of:

- Being involved in violent assaults
- Attending A&E for an alcohol related injury

Traditionally, the difference in cost between off licence alcohol and licensed premises alcohol has been offered as the key reason for pre-loading. However, gaining confidence to go out for a night is also reported as a key reason for pre-loading in younger adults.

We recognise pre-loading as something cultural which happens nationally and locally, however, there is little robust data to show how many people on a night out, have pre-loaded.

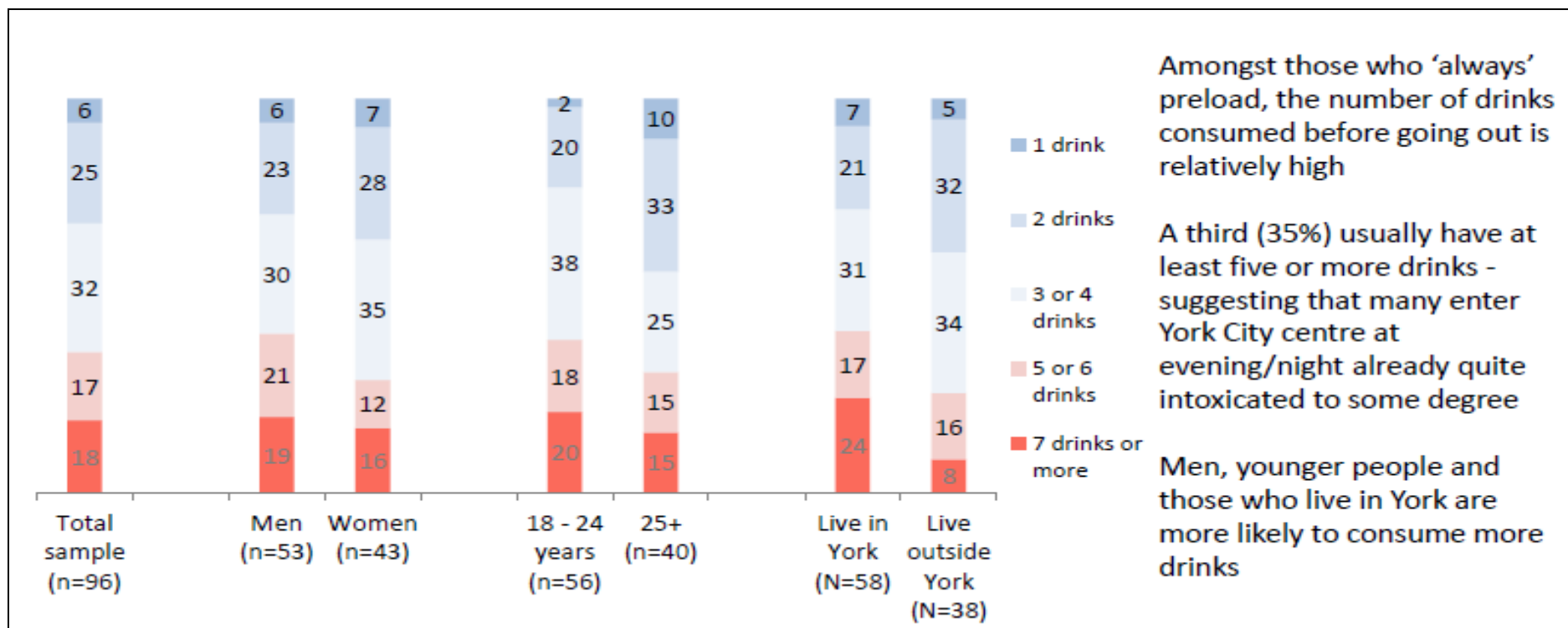
One study showed that 60–70% of people drank some alcohol prior to going out, with around 50% of people consuming significant quantities ([Barton, 2014](#)).

A report into the harms associated with the night-time economy commissioned by North Yorkshire Police & Crime Commissioner (2014), highlighted that:

- 1 in 4 people who go out in York always pre-load, overall more than half are pre-loading at least sometimes. 78% of under 25 year olds reported pre-loading but It is not just the under 25's who pre-load, half of 35 – 54 year olds reported pre-loading.
- 1 in 3 people who reported pre-loading stated this meant at least 5 drinks, men reported drinking slightly more than women and York residents are almost twice as likely as visitors to pre-load.

The graph below shows the breakdown of responses to the question: ‘Which of these best describes how often you drink alcohol before going out in York City Centre?’





Source: North Yorkshire Police & Crime Commissioner (2014)

National data and information shows that there is a link between the amount of alcohol a person consumes and the risk of offending. People who binge drink are more likely to commit an offence ([Department of Health, 2012](#); [Local Government Association, 2015](#)). One study reports that those who pre-load are two and a half times more likely to be involved in violence than those who don't pre-load ([Department of Health, 2012](#)).

Pre-loading is perceived to be more common in younger people and is perhaps of particular interest due to the large student population in York.

It has also been highlighted as a concern in a number of different ways:

- British Transport Police have created a 'dry station' at York Station to reduce the impact of people travelling into York for a day / night out who are already drunk. This includes the implementation of alcohol bans on trains arriving into York at set times over the weekend from set destinations.
- The river safety report highlighted alcohol as a causal factor in the majority of river related deaths that have unfortunately happened over the last few years
- Licensed premises are required to ensure that those who are already drunk are not admitted to their premises.
- Local policing responses and priorities are directed by intelligence about which areas of the City are most likely to have high concentrations of people under the influence of alcohol and at what times. Pre-loading is often considered as a factor in this.

d. Older Adults

For older adults, the risks of alcohol related harm increase with age. As people age, their bodies change by losing muscle and gaining fat and by losing the ability to break down alcohol as quickly. This means that people can often be more sensitive to the effects of alcohol as they age because even if consuming the same amount, the effects can be greater.

Alcohol also affects reaction times and balance and may play a part in contributing to falls in older adults. The risk of falling increases with age anyway as people lose strength and alcohol can be an added risk factor.

In addition to the increased risk of developing diseases like cancer, liver disease, diabetes or arthritis that prolonged periods of drinking at harmful or risky levels contribute to, older adults are also more likely to have an existing health concern or illness and are more likely to be taking a range of medication than younger people. Alcohol can cause negative reactions to the effectiveness of medications or increase any negative side effects. As well as making some conditions harder to treat, alcohol can also mask some symptoms of illnesses or conditions and make it harder for things like heart disease or alzheimers to be diagnosed ([National Institute on Ageing, 2015](#)).

Alcohol also has a negative impact on a range of mental health and wellbeing issues which includes being a cause of developing anxiety, depression, hearing voices, confusion or dementia ([The Royal College of Psychiatrists](#)).

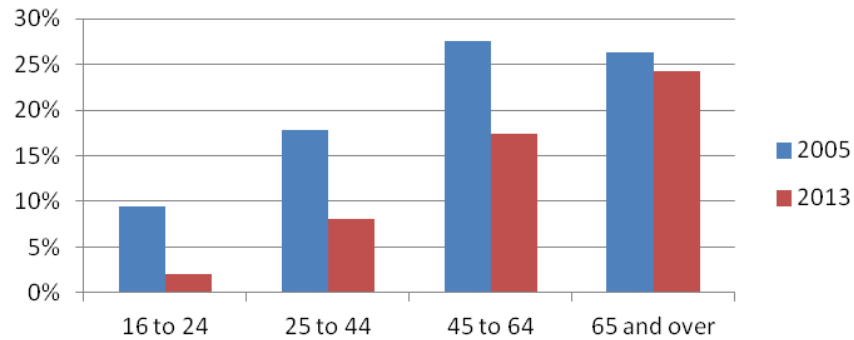
Alcohol problems are not limited to younger people and about a third of older people with a drinking problem, develop this for the first time in later life. This is higher in women than in men and can often be very difficult to identify because older people tend not to talk about their drinking; the effects of alcohol can be mistaken for a physical or mental health problem by individuals and doctors; there is a perception that older people do not have problems with alcohol so drinking behaviour is perhaps not focussed on by healthcare professionals.

However, information available from lifestyle survey data shows that how older people drink and how much they drink can often be more risky and potentially more harmful than in younger age groups.

Overall, the age group most likely to have consumed alcohol in the previous week were those aged 45 – 64.

The charts below show a range of drinking behaviour data by age and highlight that whilst the trend for taking part in risky drinking behaviours appears to be reducing in many ways amongst younger people, behaviour is either remaining about the same or becoming more risky in older adults. This data is taken from [Office for National Statistics \(2013\)](#).

Proportion of men who drank alcohol on five or more days in the last week

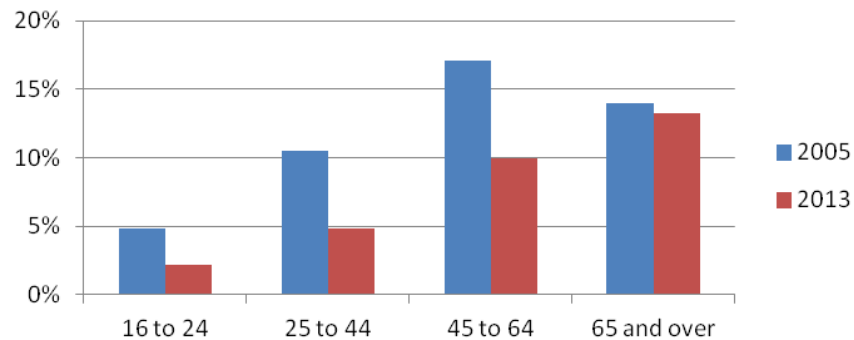


More men drink more frequently than women

Older men are more likely to drink more frequently than younger men

The number of younger men who drink more frequently has reduced over time more than for older men

Proportion of women who drank alcohol on five or more days in the last week

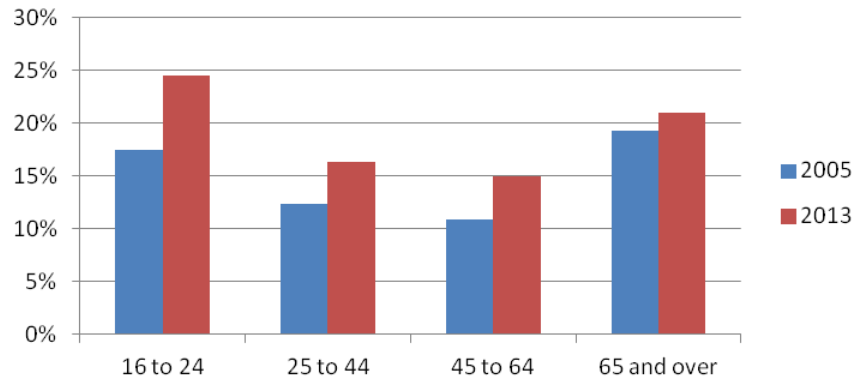


Women drink less often than men

Older women are more likely to drink more frequently than younger women

The number of younger women who drink more frequently has reduced over time more than for older women

Proportion of adult men who are teetotallers by age



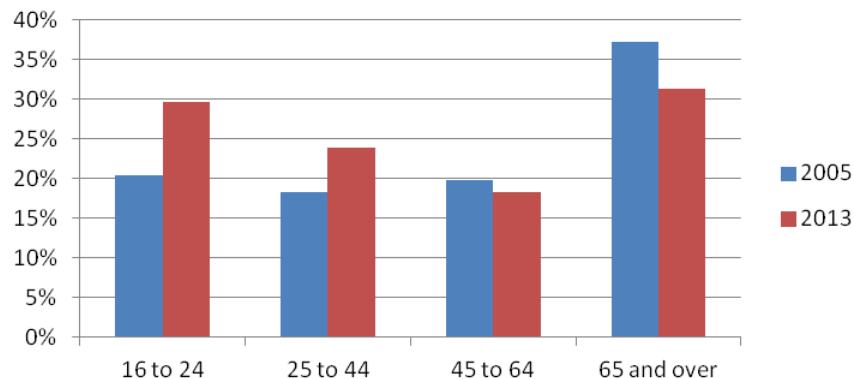
Less men do not drink at all (teetotallers) compared to women

The greatest proportion of teetotallers are in the 16 – 24 age group

The proportion of people who do not drink at all has increased most since 2005 in the 16 – 24 age group

The age group who are least likely to be teetotal are 45 – 64 year olds

Proportion of adult women who are teetotallers by age



Women are more likely not to drink compared to men

Women aged 16 – 24 and women aged over 65 years old are most likely not to drink at all

The proportion of women who do not drink at all has increased most since 2005 in the 16 – 24 age group

Less women aged 65 or over choose not to drink than in 2005

The age group least likely to be teetotal are 45 – 64 year olds.

However, among both men and women, those aged 65 and over were significantly less likely than respondents in other age groups to have exceeded daily guideline units of alcohol on at least one day.

20% of men over 65 exceeded four units on at least one day during the previous week. The estimates for the younger three age groups were 32 - 39%.

Among women, 12% of those aged 65 and over exceeded three units on at least one day and 31 - 34% of the younger three age groups did so.

Older people were also less likely to drink heavily than younger people: 6% of men aged 65 and over had drunk heavily on at least one day during the previous week, compared with 19% of men aged 45 to 64, 24% of men aged 25 to 44 and 22% of men aged 16 to 24.

Among women the estimates for the corresponding age groups were 2%, 12%, 16% and 18%.

Very heavy drinking (exceeding 12 units for men and 9 units for women) was most prevalent in the 16 to 24 and 25 to 44 age groups. In the 16 to 24 age group, 13% of men and 12% of women drank more than 12 or 9 units, and 13% of men and 9% of women did so in the 25 to 44 group. In the 45 to 64 and 65 and over groups the estimates were 9% of men and 6% of women and 2% of men and 1% of women.

Overall, around half the people who drank heavily on at least one day in the week before interview (consumed more than twice the daily drinking benchmarks) drank very heavily on that day (consumed more than 3 times the benchmarks).

It is important to note that there are clear health risks associated with regularly exceeding daily alcohol guideline limits and that the only evidence of any health benefits from drinking alcohol is specific to older adults consuming

very small amounts of alcohol but generally, the population do not receive health benefits from drinking alcohol ([City of York Council, 2015](#)).

Previous research has suggested that low levels of alcohol consumption can offer health benefits. However, a review of a range of studies which made this claim was carried out by [Knott in 2014](#) and found that health benefits achieved from drinking low amounts of alcohol only apply to women aged over 65 years old. The [British Medical Journal](#) published an editorial comment on this research to recommend that health professionals discourage suggestions that even low level alcohol use protects against cardiovascular disease and brings mortality benefits, and calls for the alcohol industry and its organisations to remove misleading references to health benefits from their information materials. They note that over three million deaths globally each year are attributable to alcohol.

The [Drinkaware](#) site has more information on the potential health benefits that drinking small amounts of alcohol can have for the heart and on cholesterol levels. However, any possible health benefits only apply if people drink below daily alcohol limit guidelines and, according to research, are women aged 65 years old.

Older adults can be at real risk of developing problems with alcohol for a number of reasons. Experiencing bereavement of a partner, of friends or family members often becomes more common with age and this might contribute to using alcohol as a way of coping. Physical health problems, difficulty getting around, becoming socially isolated, having a lack of daily routine and fewer responsibilities might all contribute to an increase in drinking levels in older adults.

A British Association of Social Workers guide to alcohol and older adults is available [here](#).

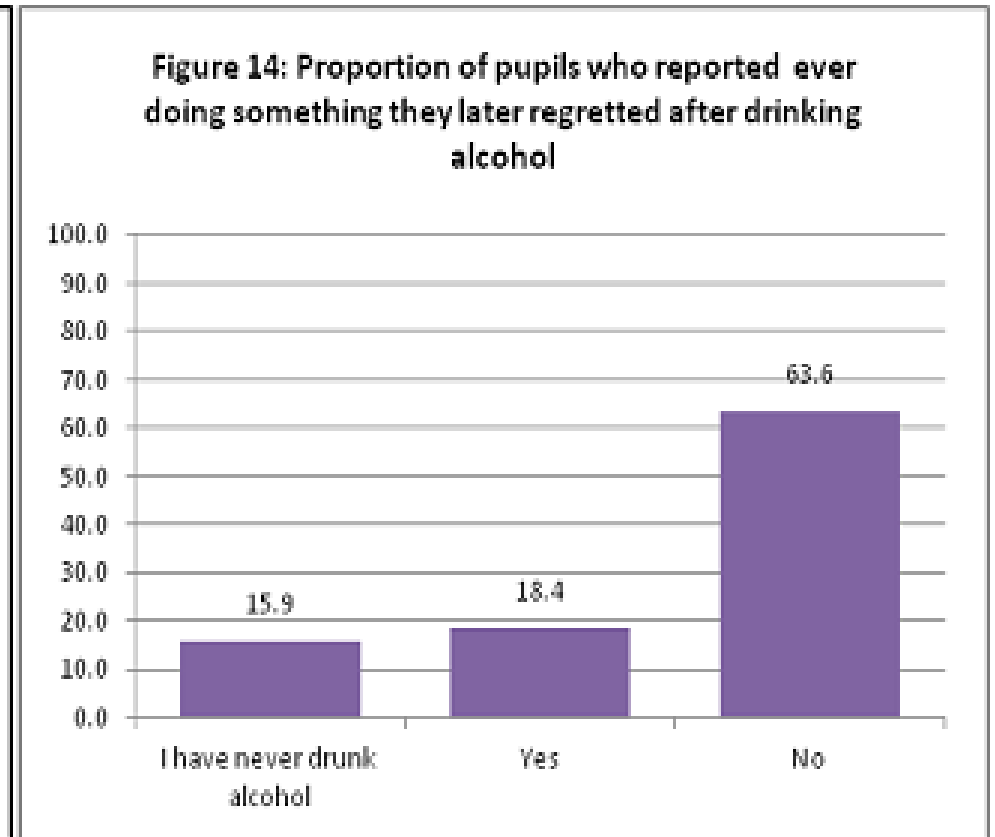
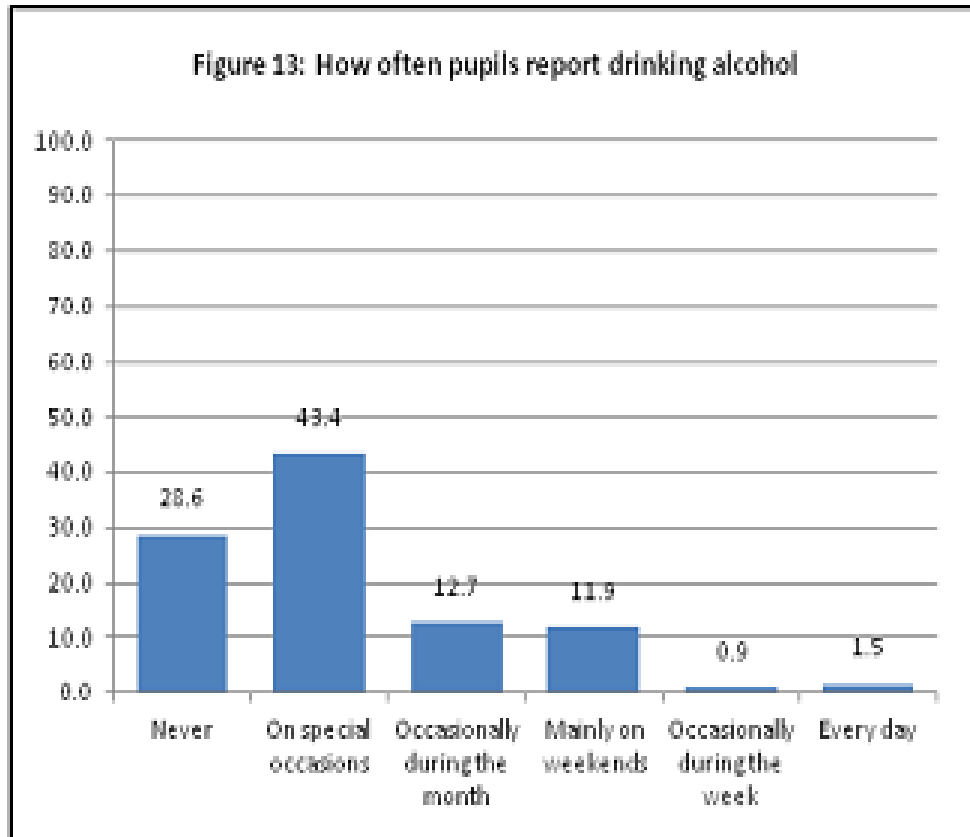
e. Children and Young People

A York school based survey for year 10 pupils' shows that young people report drinking mostly on special occasions.

However, whilst trends in nationally reported drinking levels of school aged children are generally falling, the evidence shows that whilst fewer young people are using alcohol or drugs, those who do, tend to use these substances more frequently and in greater quantities. Substance misuse in general (which includes use of drugs or / and alcohol) is often an indicator of other vulnerabilities.

The York school survey data does not allow direct comparison with national data because the questions asked are slightly different, however, around 30% of pupils in York reported that they had never drunk alcohol which is comparable to nationally reported figures which show that around 70% of 15 year olds reported that they had drunk alcohol at least once.

The York survey data does indicate that the majority of year 10 pupils have used alcohol and that almost 1 in 5 of them has done something they later regret whilst drunk.



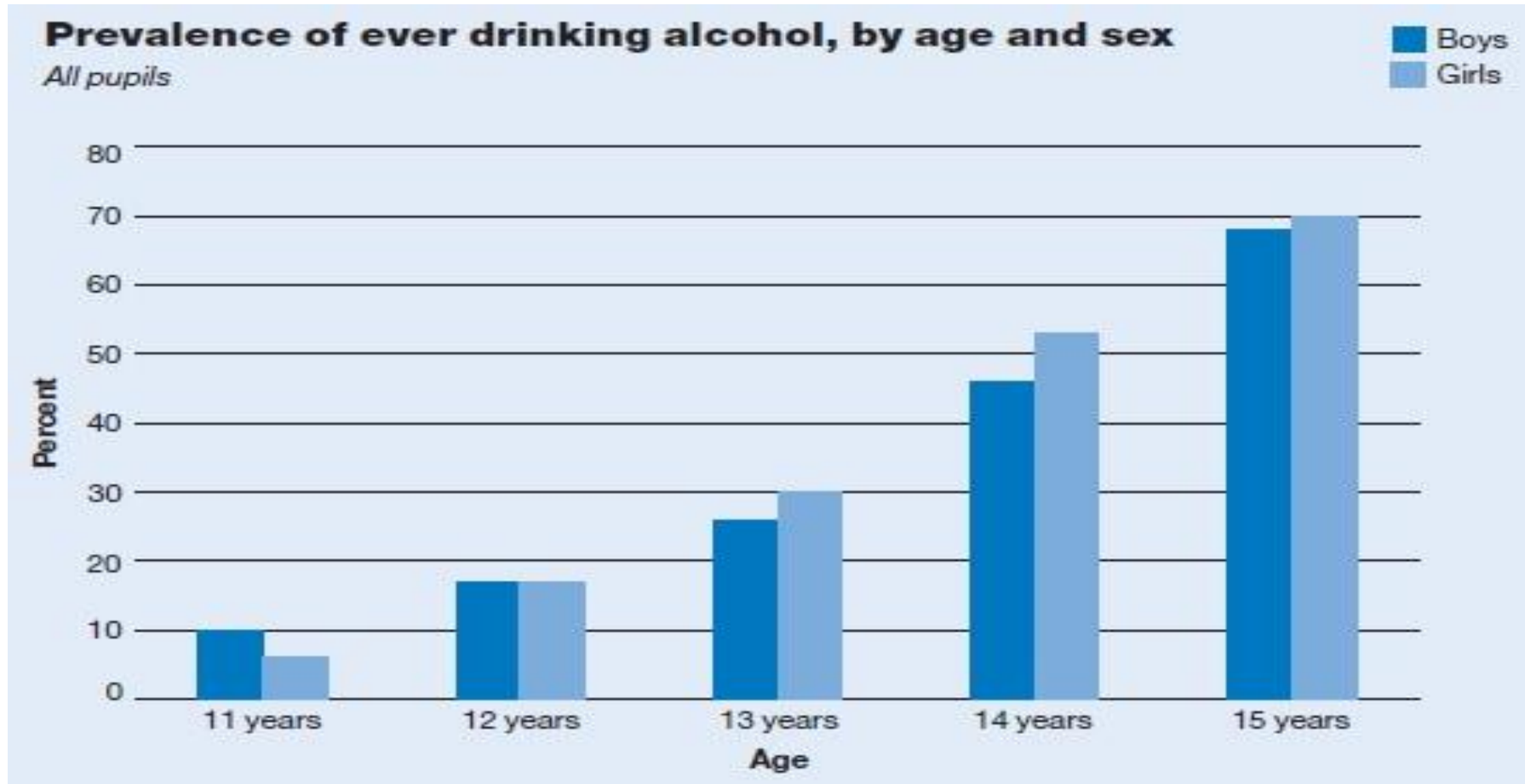
Source: City of York Council School Survey

The [Health & Social Care Information Centre \(2015\)](#). Smoking, Drinking and Drug use Among Young People in England, 2014 survey, reports that the number of young people (school pupils aged 11 – 15 years old) who had ever had an alcoholic drink has been declining since 2003. However, it is still above the European average and British children are more likely to have 'binge drunk' or been drunk compared to children in most other European countries.

The estimates from this national survey indicate that in England in 2014 around 90,000 pupils aged between 11 and 15 were regular smokers, around 240,000 had drunk alcohol in the past week, 180,000 had taken drugs in the last month, and 310,000 had taken drugs in the last year.

- 38 per cent of 11 – 15 year olds reported having tried alcohol at least once
- 8 per cent of 11 to 15 year olds had drunk alcohol in the last week. As with any drinking, this proportion has declined since 2003
- 8 per cent of pupils had been drunk in the last four weeks
- The majority of pupils who drank in the last week did so on one day only
- In 2014, the average (mean) consumption by pupils who drank in the last week was 9.8 units. Consumption varied widely; 22% of pupils who drank in the last week consumed at least 15 units
- 6 per cent of pupils said that they sometimes or always drank energy drinks at the same time as they drank alcohol
- 8 per cent of pupils had been drunk in the last four weeks
- Boys and girls were equally likely to drink alcohol. The prevalence of drinking increased with age; for example, 1% of 11 year olds drank in the last week, but this increased to 18% of 15 year olds

The graph below shows the proportion of young people who have reported drinking alcohol.



Most alcohol consumed by boys was in the form of beer, lager or cider. Girls drank more of these drinks than any other category, but drank more alcohol than boys in the form of spirits or wine.

Significant factors associated with drinking in the last week included low wellbeing and risk-taking behaviours, including smoking, taking drugs and truancy. Family influences were also important. Pupils were less likely to have drunk in the last week if they went to schools with higher proportions of pupils with English as an alternative language or pupils eligible for free school meals.

Alcohol and drug use are strongly associated with regular smoking. Young People who took part in the survey and reported having drunk alcohol had increased odds of being regular smokers compared with pupils who had never drunk alcohol (odds ratios=19.63, and 6.44 respectively).

Research indicates that people overestimate how much other people drink ([Bertholet et al, 2010](#)). The 'Social Norms' theory (Berkowitz, 2005) states that an individual's perceptions and beliefs of what is 'normal' behaviour will influence their own behaviour. So, the belief that others drink heavily will have an influence on the amount a person drinks ([Cunningham and Selby, 2007](#)).

In younger children, it is generally accepted that parents and other family members have the biggest influence on a child's attitudes to alcohol and their drinking behaviours but as children grow older and socialise more, the peer group becomes more important in influencing behaviour.

Overestimating alcohol consumption among a peer group may increase the tendency to drink and to drink more, so, lowering perceptions of alcohol consumption amongst a peer group by could help to reinforce downward trends. This might be achieved by a range of awareness raising initiatives such as those that might be used in PHSE lessons, or given into schools by specialist alcohol services.

Locally, Atlas, the specialist young persons substance misuse treatment service in York regularly attend secondary schools and colleges to raise awareness about substance misuse (which includes drug and / or alcohol use). Atlas has delivered sessions to raise awareness about the impact of alcohol of decision making and health; risks of being drunk; UK drinking culture; and how alcohol can interact with other substances.

During April 2014 – March 2015 these sessions have been run as workshops, through stalls at appropriate events or during school assembly and have reached nearly 2,150 pupils in years 9 – 12.

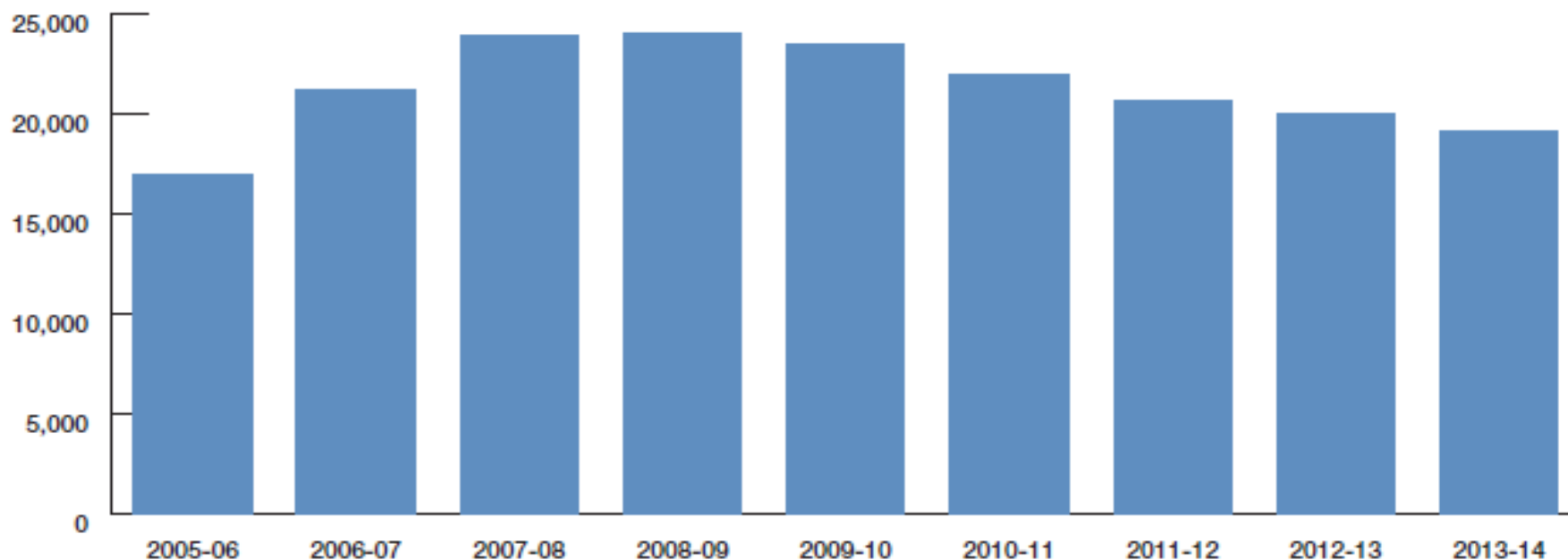
Atlas have also carried out some targeted teacher training sessions and liaise with teachers regularly to help with enquiries about making referrals. Atlas report that there has been an increase in information sharing/discussions around referrals between higher education institutions and increased requests for training support for staff around substance misuse.

- 86% of children who lived with adults who never drank alcohol had also never drunk alcohol but only 40% of children who lived with adults who did drink alcohol reported that they had never tried alcohol
- For children who did drink, the most common way of obtaining alcohol was from their parents
- Most children who did drink reported that their parents knew about their drinking (91%), however, between 2008 – 2014, the proportion of children who thought that their parents did not like them to drink or would not like them to drink rose from 46% to 55%
- Pupils' behaviour is generally consistent with what they say their parents feel about them drinking; for example, just 2% of pupils who said their parents did not like them drinking had drunk alcohol in the last week, compared with 16% of those who said their parents didn't mind as long as they didn't drink too much and 44% of those who said that their parents didn't mind how much they drank
- Since 2004 the proportion of young people who think that most or all people of their own age drink alcohol, has fallen while the proportion of those that do not think alcohol is used by their peers has increased

Alcohol can harm developing teenage brains and hold back educational attainment. Research shows that the earlier a child starts drinking, the higher the risk of developing alcohol dependence in adulthood. Children who drink before the age of 15 are most at risk ([Local Government Association, 2015](#)).

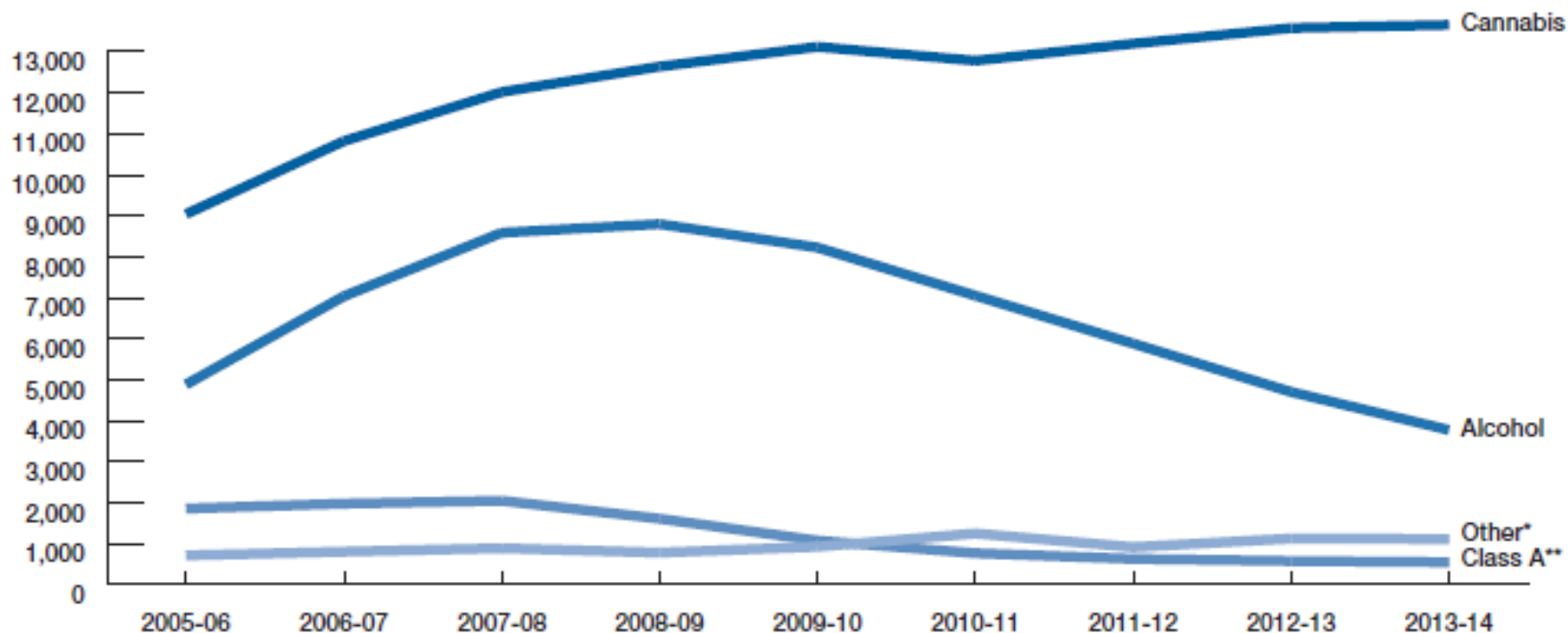
The number of young people accessing specialist substance misuse treatment in England is declining but is still higher than it was in 2005 – 2006. 53% of young people accessing treatment are over 16 years old and 66% of young people accessing treatment are male. The predominant substance being used by young people entering treatment is cannabis. The use of alcohol as the reason for entering treatment is declining.

All under-18s accessing specialist services in England 2005-14



Cannabis is the most common reason for a young person entering treatment followed by alcohol.

Under-18s accessing specialist services by primary drug, 2005-14



* Inc. amphetamines and solvents. ** Heroin, cocaine, crack and ecstasy

Source: [Public Health England \(2015\). Specialist Substance Misuse Treatment for Young People in England 2013-2014](#)

Local figures about young people who are accessing specialist substance misuse treatment services in York tell a similar but slightly different story. Atlas, the young people's service report that 90% of young people accessing treatment report using alcohol and that 79% of young people accessing treatment report using cannabis. It is

not uncommon for people accessing substance misuse treatment to use more than one substance and the national data reported above only includes the primary substance that someone reports accessing treatment for. The local data includes reported use of any substances.

Public Health England produce data about substance misuse in young people in a JSNA support pack. This information can be accessed [here](#) and is summarised below. These figures reflect the number of young people in specialist substance misuse services in York during 2011-12, 2012-13 and 2013-14.

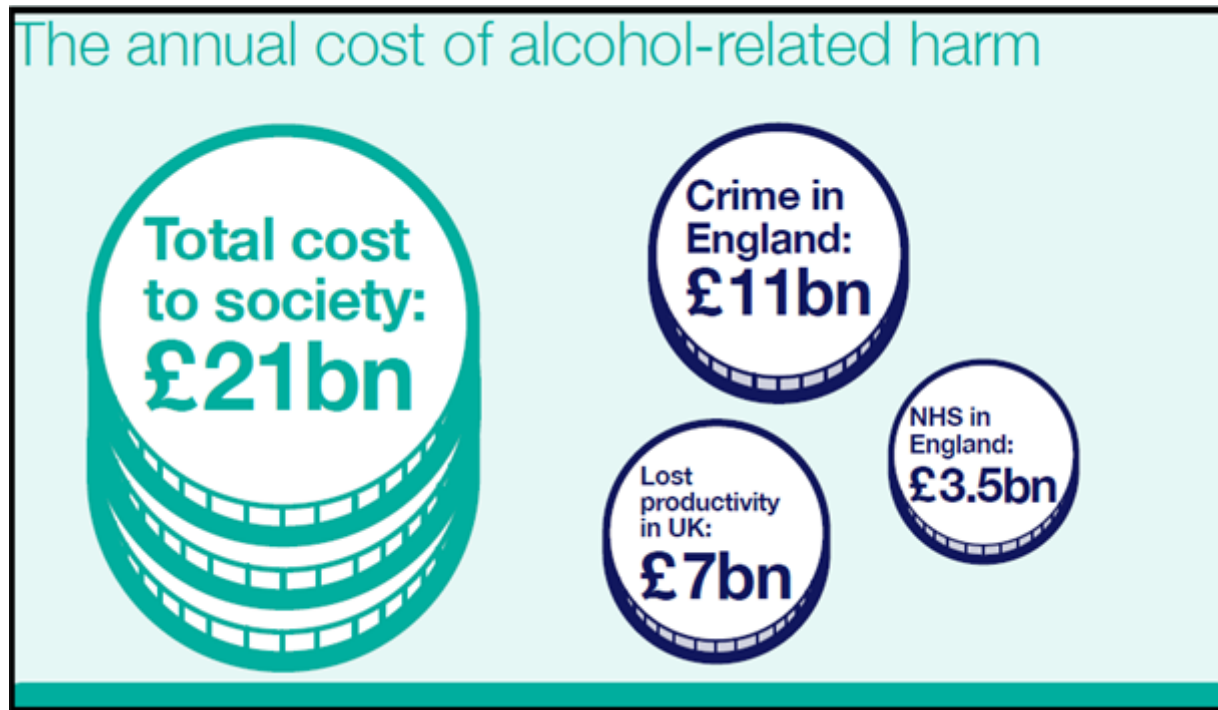
In 2013-2014, there were 88 under 18 year old's accessing specialist substance misuse treatment services, an increase from 52 in 2010-2011 and 69 from 2012-2013. There were an additional 17 people aged 18-24 who were accessing young people's only services during 2013-2014. The majority of young people accessing specialist services were referred through the youth justice system (56%) which is higher than the national referral rate through the youth justice system of 31%. The next two highest referral sources were from self referrals - which include referrals from family members - (13%) and through education services (12%).

Information within the report highlights the vulnerabilities of those young people accessing specialist substance misuse services during 2013-2014 (given the small numbers of young people identified for some categories, actual data has been withheld to ensure confidentiality).

- This shows that there are higher numbers of young people accessing substance misuse services who self-harm, are not in employment, education or training who are involved in offending than the national profile
- A higher proportion of girls than boys are involved in self harm locally and for both girls and boys, this is higher than national rates. It also shows the higher rates of offending behavior in both girls and boys when compared to national rates
- York has the same rates as the national average for young people successfully completing treatment but higher rates than national of those who access services again after having been discharged.

5. Alcohol Costs

The harmful use of alcohol costs society £Billions each year - the Department of Health estimate that at least 7% of all hospital admissions are alcohol related. The chart below shows the estimated national costs.

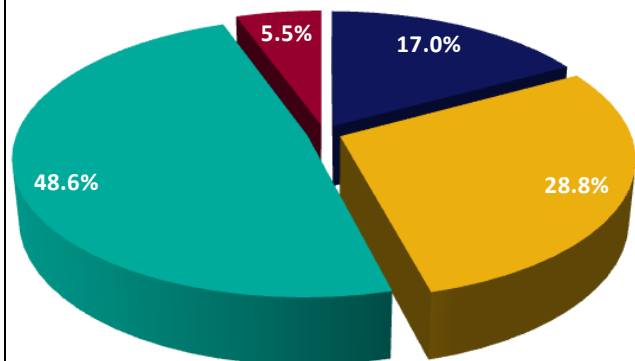


Source: [Public Health England \(2013\)](#)

Drinking can lead to over 40 medical conditions, including cancer, stroke, hypertension, liver disease and heart disease ([General Lifestyle Survey](#)). Alcohol is the second biggest risk factor for mouth or throat cancer after smoking ([Cancer Research, 2013](#)).

The Department of Health estimates that the harmful use of alcohol costs the National Health Service around £2.7 billion a year and 7% of all hospital admissions are alcohol related ([Public Health England, 2013](#)).

Financial Costs of Alcohol in York



NHS: £13.17m

CRIME AND LICENSING: £23.38m

WORKPLACE: £37.52m

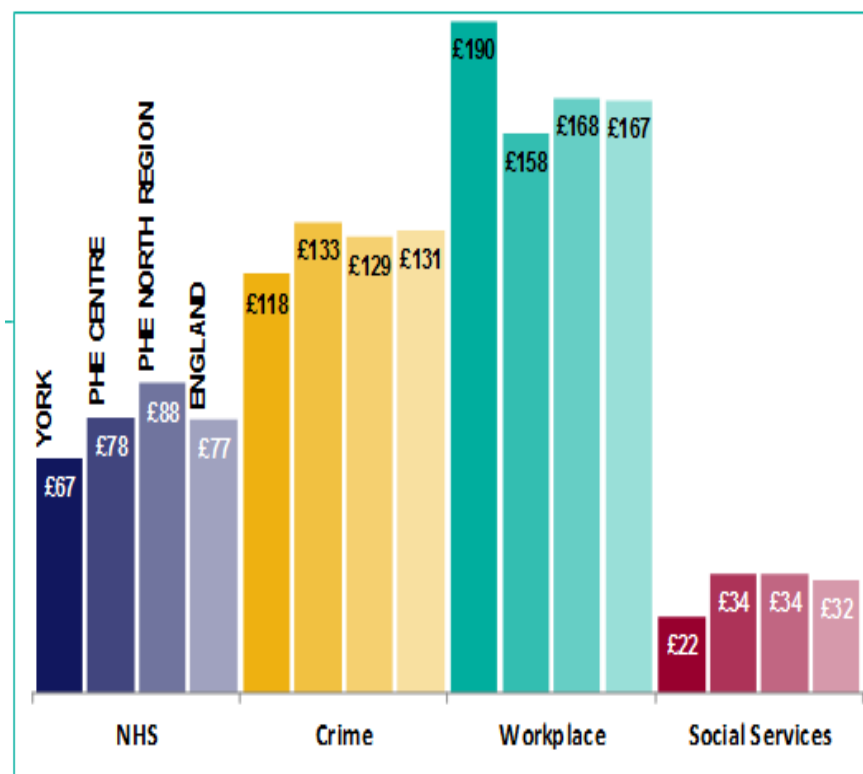
SOCIAL SERVICES: £4.28m

TOTAL COST⁺: £77.26m

***Total cost excludes crime**

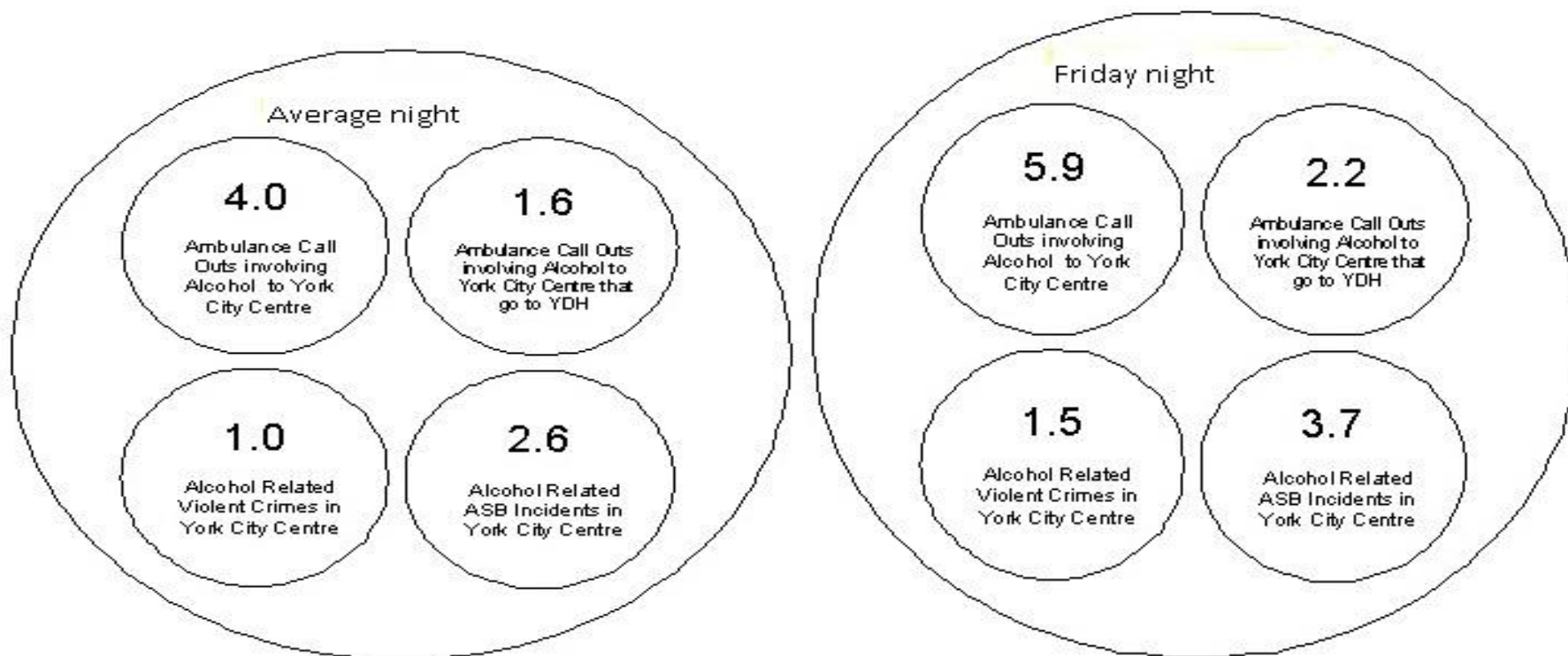
Source: Public Health England, 2012 (unpublished)

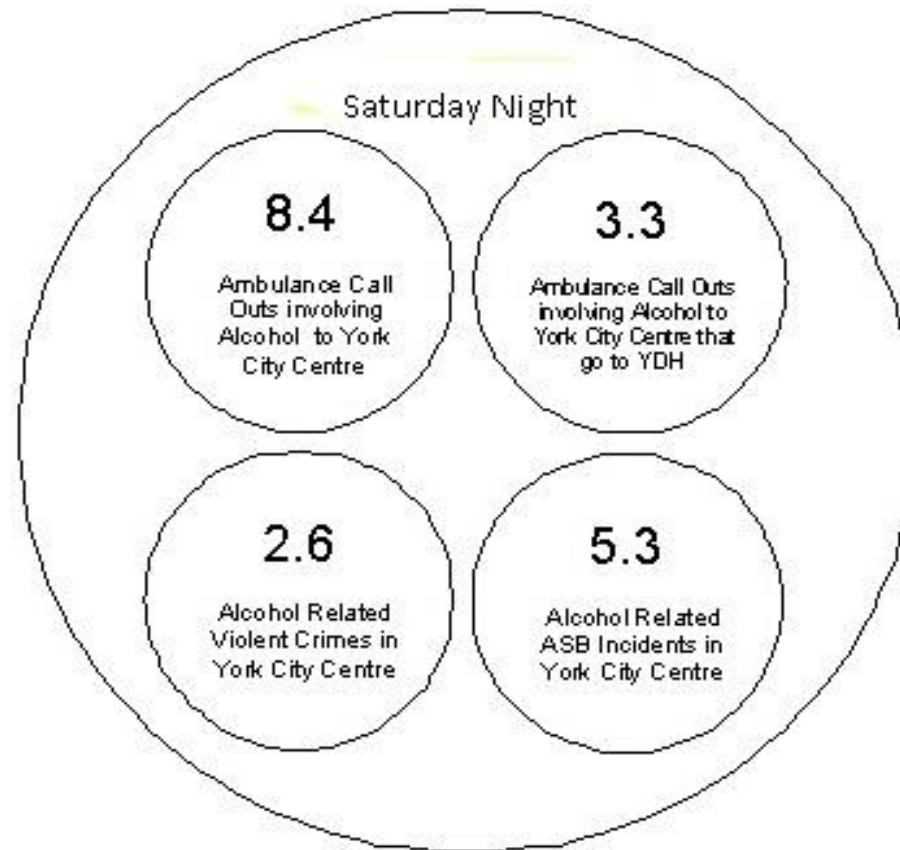
Financial Cost of Alcohol per Head of Population



Public Health England estimated the cost to society from alcohol for each local authority area. For York, the breakdown of estimated cost is shown in the pie chart above. York has a lower alcohol cost per head of population (£391) compared with regional (£397) and national (£402) averages.

The impact of alcohol at a local level can be seen in the charts below. These show the demands placed on local services because of alcohol and the difference in volumes of activity between a weekday night and a weekend night. This is based on analysis of activity figures from 2014 and highlights the increased demands on service provision over a weekend compared to a weekday.

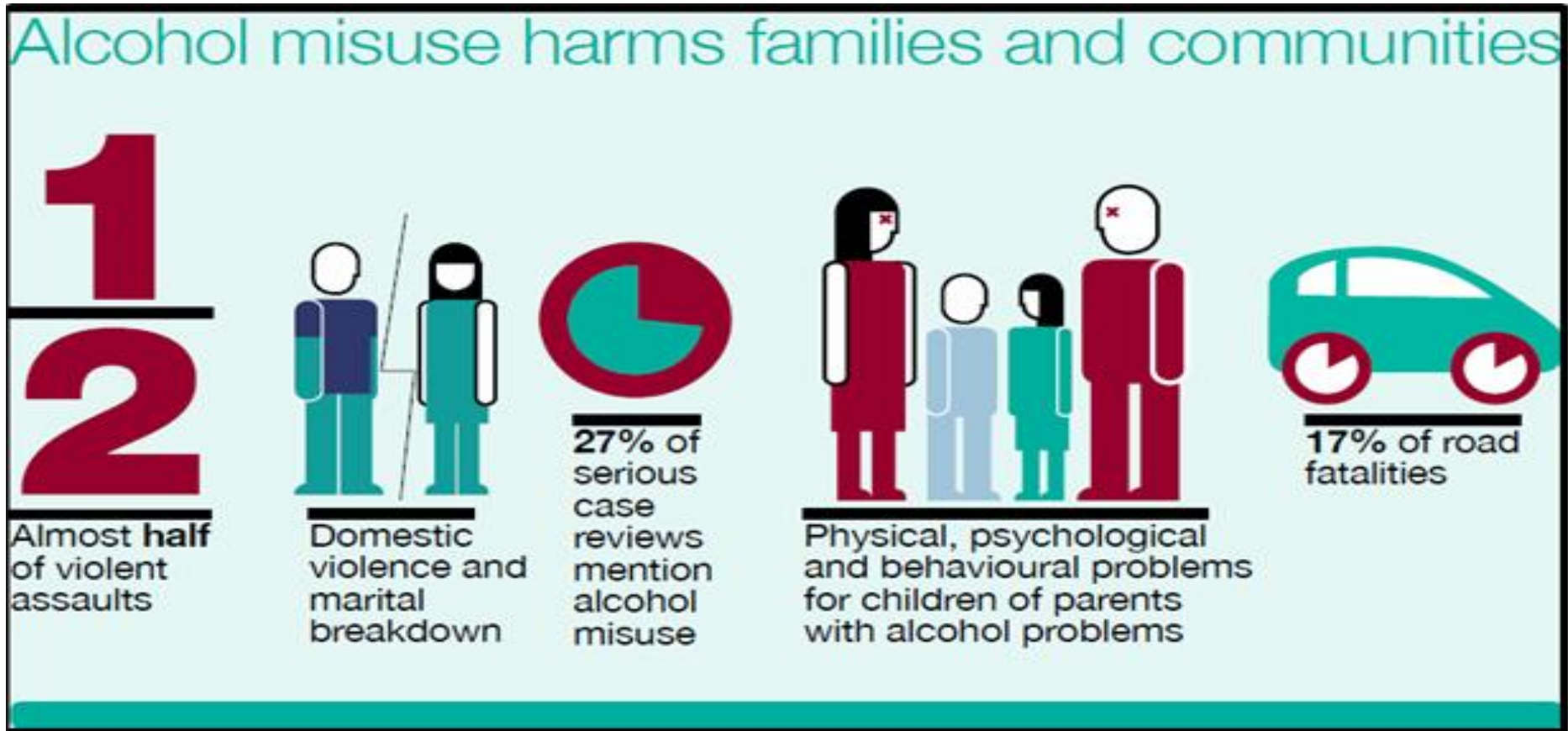




A range of measures have been implemented at York Railway Station in order to try and reduce the issues seen within the City over a weekend due to the large number of people visiting York on a Saturday for a days drinking. This includes an increased staffing presence of British Transport Police Officers in the station concourse on Saturday and at other times of predicted high volumes of people disembarking at York.

a. Alcohol Harm

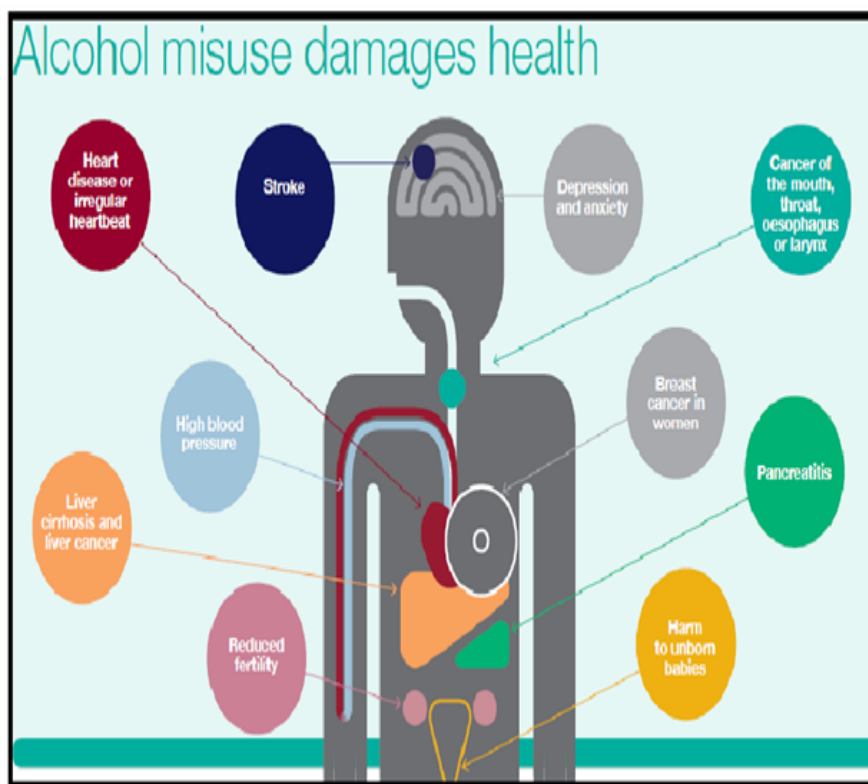
Drinking can lead to over 40 medical conditions, including cancer, stroke, hypertension, liver disease and heart disease ([General Lifestyle Survey](#)). Alcohol also contributes to a range of other social harms.



Source: [Public Health England \(2013\)](#)

Alcohol is the second biggest risk factor for mouth or throat cancer after smoking ([Cancer Research, 2013](#)).

Alcohol and its associated risks can have both short-term and long-term effects.



Alcohol leads to a range of problems which include:

- Heart disease
- Stroke
- Depression & Anxiety
- Cancer of the mouth and throat
- High blood pressure
- Breast cancer in women
- Liver cirrhosis and liver cancer
- Pancreatitis
- Reduced fertility
- Harm to unborn babies

Source: [Public Health England \(2013\)](#)

The short-term effects of alcohol consumption are outlined below. This information is based on the assumption that you have a normal tolerance to alcohol. Dependent drinkers with a higher tolerance to alcohol can often drink much more without experiencing any noticeable effects.

Consuming 1-2 units:

After drinking 1-2 units of alcohol, your heart rate speeds up and your blood vessels expand, giving you the warm, sociable and talkative feeling associated with moderate drinking.

Consuming 4-6 units:

After drinking 4-6 units of alcohol, your brain and nervous system starts to be affected. It will begin to affect the part of your brain that's associated with judgement and decision making, causing you to be more reckless and uninhibited.

The alcohol will also impair the cells in your nervous system, making you feel light-headed and adversely affecting your reaction time and co-ordination.

Consuming 8-9 units:

After drinking 8-9 units of alcohol, your reaction times will be much slower, your speech will begin to slur and your vision will begin to lose focus.

Your liver, which filters alcohol out of your body, will be unable to remove all of the alcohol overnight, so it's likely you'll wake with a hangover.

Consuming 10-12 units:

After drinking 10-12 units of alcohol, your co-ordination will be highly impaired, placing you at serious risk of having an accident. The high level of alcohol has a depressant effect on both your mind and body, which makes you drowsy.

This amount of alcohol will begin to reach toxic (poisonous) levels. Your body will attempt to quickly pass out the alcohol in your urine. This will leave you feeling badly dehydrated in the morning, which may cause a severe headache.

The excess amount of alcohol in your system can also upset your digestion, leading to symptoms of nausea, vomiting, diarrhoea and indigestion.

Consuming more than 12 units:

If you drink more than 12 units of alcohol, you're at considerable risk of developing alcohol poisoning particularly if you're drinking lots of units over a short period of time.

It usually takes the liver about an hour to remove one unit of alcohol from the body.

Alcohol poisoning occurs when excessive amounts of alcohol start to interfere with the body's automatic functions such as breathing, heart rate, and gag reflex, which prevents you choking

Alcohol poisoning can cause a person to fall into a coma and could lead to their death ([NHS Choices](#)).

As well as the things you notice on the outside, there can be some serious stuff happening on the inside. Regularly drinking over the [lower risk guidelines](#) increases the chances of suffering more serious health harms such as:

- Cancer of the throat, oesophagus or larynx: Regularly drinking two large glasses of wine (Alcohol By Volume or ABV of 13%) or two pints of strong lager (Alcohol By Volume or ABV of 5.2%) a day could make you three times as likely to get mouth cancer
- Breast cancer in women: Regularly drinking just above the guidelines increases the risk of getting breast cancer by around 20%
- A stroke
- Heart disease or an irregular heartbeat, which can lead to a heart attack
- High blood pressure
- Liver disease such as cirrhosis and liver cancer: If you regularly drink just above the lower-risk guidelines, the risk of liver cirrhosis increases 1.7 times
- Pancreatitis
- Reduced fertility
- People who regularly drink just above the lower-risk guidelines increase their risk of ill-health significantly.

The more you drink, and the more often, the greater the risk to your health. And for people with a medical condition (such as diabetes or high blood pressure) or are suffering from depression or anxiety, alcohol often makes life worse ([Change 4 Life](#)).

Some of the other risks associated with alcohol misuse include:

- accidents and injury - more than 1 in 10 visits to accident and emergency (A&E) departments are due to alcohol-related illnesses
- violence and antisocial behaviour - each year in England over 1.2 million violent incidents are linked to alcohol misuse
- unsafe sex - this can lead to unplanned pregnancies and sexually transmitted infections (STIs)
- loss of personal possessions - many people lose personal possessions, such as their wallet or mobile phone, when they are drunk
- unplanned time off work or college - this could put your job or education at risk

[\(NHS Choices\)](#)

Public Health England produces Local Alcohol Profile for England datasets which give information at Local Authority areas about alcohol harms. This data shows that within York:

- 13 males & 7 females per 100,000 population died as a direct result of alcohol ([LAPE](#) indicators 3 & 4)
- 59 males & 27 females per 100,000 population died as an indirect result of alcohol ([LAPE](#) indicators 7 & 8)
- 11 males & 8 females per 100,000 population die from chronic liver disease ([LAPE](#) indicators 5 & 6)
- 11 months of life for males & 6 months of life for females are lost due to alcohol ([LAPE](#) indicators 1 & 2)
- 387 males & 219 females are admitted to hospital as a direct cause of alcohol ([LAPE](#) indicators 10 & 11)
- 1,284 males & 662 females admitted to hospital as an indirect cause of alcohol ([LAPE](#) indicators 12 & 13)

The local treatment penetration rate – that is the number of people estimated to have a treatment need who are accessing treatment - is 5.7%. This is higher than the national average figure (Public Health England Diagnostic Outcome Measurement Executive Summary Report).

Alcohol Treatment Penetration Rate for England and York

Data	Region	Males	Females	Persons
a. 16-74 population (ONS Mid 2012)	York	74,456	76,760	151,216
	England	19,425,657	19,725,828	39,151,485
b. Dependent Drinker Estimates - % of 16-74 population (9.3% male, 3.6% female)	York	6,924	2,763	9,688
	England	1,806,586	710,130	2,516,716
c. In structured alcohol treatment 2012/13 NDTMS	York	291	200	491
	England	69,461	38,727	108,188
d. Treatment penetration rates (c/b*100)	York	4.2%	7.2%	5.1%
	England	3.8%	5.5%	4.3%

Alcohol's harm to others can be defined as the negative effects of a person's drinking on people in a range of relationships to the drinker. These might include:

- Road-traffic accidents leading to injury or death of others caused by a driver who has been drinking;
- Financial problems because household expenses are used to buy alcohol;
- A partner or child might experience domestic violence or abuse by a drunken household member;
- A child might miss out on an activity or suffer from neglect because parents are drunk or hung-over;

- On a night out, other people or friends might be dragged into a fight or argument that start because of the influence of alcohol. In this instance, as well as friends, other people might include door staff, police and community support officers, other patrons of a premises or bystanders in a street;
- A person might wake up to find that their car or house has been damaged by alcohol related behaviour of strangers or that there is vomit, urine or other litter such as that which is related to late night take-aways in their street;
- Feeling bothered by, unsafe around or harassed by someone who is drunk. This could include unwanted sexual attention or inappropriate sexual behaviour;
- A colleague may be forced to cover the workload of someone who often calls in sick after a night out;

The resources used to deal with the negative effects related to alcohol from both the direct harm to individuals who drink and the indirect harm experienced by those who are affected by someone else's drinking do come from finite resources. By reducing the negative impact of the harms experienced by alcohol, this expenditure might be used in other ways as well as the personal impact at individual level being reduced.

The evidence base for understanding the extent of alcohol's harm to others in the UK and internationally is varied. In England and Wales, no large, nationally representative surveys have examined the scale of harm caused by others' drinking ([Institute for Alcohol Studies, 2015](#)). Some of the key findings identified in the Institute for Alcohol Studies report are:

- Surveys conducted across Western countries have identified that the prevalence of harm from another person's drinking is high (e.g. 70% in Australia and 53% in the USA)
- Understanding of the harm caused by drinkers is better developed in some fields (e.g. child welfare, domestic violence and foetal alcohol spectrum disorders) than others
- Socio-demographic variations in harm are reported across the international literature. For example, younger age groups are significantly more likely to experience harm across most outcomes in Australia and Ireland

- Few studies have quantified the costs of harm to people other than the drinker, but in the UK the total cost was estimated at up to £15.4 billion in 2004, excluding the costs to family and social networks

In the same Institute for Alcohol Studies report which investigated alcohol related harm experienced by people living in North West England and Scotland, half of respondents in Scotland and three-quarters in North West England had experienced harm from another person's drinking in the past 12 months.

The majority of respondents who experienced any harm reported two or more different harms. Older age groups were significantly less likely to report having experienced harm than younger age groups.

Two different clusters of harm were identified. One centres on being harassed, threatened or feeling afraid in public spaces and the other on household financial difficulties, which co-occurs with relationship problems in North West England and being kept awake at night in Scotland. The report also identified that alcohol related harm caused by someone else's drinking includes:

- Women were more likely than men to experience unwanted sexual attention and emotional hurt or neglect by a friend or family member
- Younger age groups (16-24 and 25-34 year olds) were more likely than older age groups (35-44, 45-54, 55-64 and 65+ year olds) to experience;
- Physical harm and unwanted sexual attention
- Marital problems or relationship breakdown and financial problems
- Emotional hurt or neglect
- Being harassed, insulted or humiliated in a public or private space
- Feeling threatened, afraid or unsafe in a public or private place
- A serious argument or quarrel
- Being annoyed by someone vomiting or urinating when they are drunk

b. Parental Alcohol Misuse

80% of adults think that parental drinking is a serious problem for children in the UK and 84% of adults agreed that parental drinking is as harmful to children as parental drug use [Office of the Children's Commissioner \(2012\)](#).

Almost twice the numbers of children were counselled by Child Line about their parent's alcohol misuse than about drug misuse [Office of the Children's Commissioner \(2012\)](#).

It is difficult to know exactly how many children are affected by or are living with a parent who misuses substances but it could affect 1 in every 1,000 babies born ([Drinkaware, 2015](#)). Even though estimates vary considerably, it is widely accepted that parental alcohol misuse affects far more children than parental drug use does [NSPCC \(2013\)](#).

One estimate, reported in 2004 suggests that in the UK there are between 250,000 and 350,000 children living with parental drug misuse, and 920,000 living with parental alcohol misuse. ([Joseph Rowntree Foundation, 2004](#)). However, this is a relatively old estimate and is quite low compared to more recent estimates like one from the [Office of the Children's Commissioner \(2012\)](#) which reports that:

- nearly 1 in 3 (30%) of children live with at least one parent who is a binge drinker (between 3.3 - 3.5 million children)
- around 1 in 5 (22%) live with a hazardous drinker (over 2.5 million children)
- around 26,000 babies under 1 in England are living with a parent who would be classified as a 'dependent' drinker. This is equivalent to 31,000 across the UK

Parental substance misuse can cause considerable harm. Children are at risk from emotional and physical neglect as they grow up. They also risk developing emotional and social problems later in life ([Joseph Rowntree Foundation, 2004](#))

Alcohol abuse is clearly linked to brain development in children and drinking during pregnancy affects the development of babies' central nervous systems. This is known as Foetal Alcohol Spectrum Disorder (FASD) and in its severest form is called Foetal Alcohol Syndrome (FAS).

Children with FAS have problems with their neurological development, abnormal growth and have characteristic facial features which result from their foetal exposure to alcohol. The characteristic facial features can include: small and narrow eyes, a small head, a smooth area between the nose and the lips and a thin upper lip.

Children with FAS can also occasionally have additional problems such as:

- Hearing and ear problems; mouth, teeth and facial problems; weak immune system; epilepsy; liver damage; kidney and heart defects; height and weight issues; hormonal disorders

The [NSPCC \(2013\)](#) analysed National Psychiatric Morbidity Survey data for 2007 which showed that in England:

- Around 79,000 babies under 1 are living with a parent who is classified as a 'hazardous or harmful' drinker – this equates to 93,500 babies in the UK.
- Around 26,000 babies under 1 are living with a parent who would be classified as a 'dependant' drinker – this equates to 31,000 babies in the UK.

Parental alcohol misuse is associated with negative parenting practice and parenting capacity can be lower when parents become increasingly focused on drinking and as a result become less loving, caring, nurturing, consistent or predictable.

Children growing up in households with high levels of parental substance misuse highlight that:

- Parental drug and alcohol misuse created considerable problems for most of the young people. Many felt that their parents were unable to provide consistent practical or emotional care. While the effects of drug and alcohol abuse were similar, parental drug use brought with it more anxiety and social stigma and parental alcohol misuse was more associated with violence and parental absence.
- Many of the young people felt their childhood was shortened through having to assume early responsibility for their own and others' wellbeing.
- Informal relationships - with extended family members, neighbours, friends and friends' families - were very important. But such support was seldom either reliable or unconditional ([Joseph Rowntree Foundation, 2004](#)).

Parental alcohol misuse not only affects children directly during their childhood through parenting capacity, it also has an influence on a young person's choices about using substances.

The [Health and Social Care Information Centre](#) report into young people's smoking, drinking and drug use identifies a clear link between young people's drinking and parental attitudes towards alcohol. Children's choices around alcohol are influenced most by their parents' drinking behaviours.

Parents often underestimate their influence as a role model around drinking behaviour and when considering the evidence identifies the range of alcohol related harms associated with drinking in childhood, it becomes more important to promote responsible drinking by parents.

A range of evidence is presented in the [Chief Medical Officer \(2008\)](#) draft guidance report to show that children who start drinking at a younger age are:

- More likely to drink more frequently and heavily in adulthood
- Have an increased risk of developing alcohol dependency in later life
- More likely to report drink driving behaviour in later life
- More likely to engage in risky behaviours that can be a risk to health such as; using other substances like drugs or tobacco; sexual activity such as under-age sexual activity, having multiple sexual partners and engaging in unsafe sex which all increase the chances of sexually transmitted diseases; violent behaviour or offending; involvement in physical fights and getting injured as a result of this
- A reduction in educational attainment

This is used to suggest that the following messages in relation to drinking in adolescence should be promoted:

- Children and their parents and carers are advised that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.
- If young people aged 15 to 17 years consume alcohol, it should always be with the guidance of a parent or carer or in a supervised environment.
- Parents and young people should be aware that drinking, even at age 15 or older, can be hazardous to health and that not drinking is the healthiest option for young people. If 15 to 17 year olds do consume alcohol they should do so infrequently and certainly on no more than one day a week.
- Young people aged 15 to 17 years should never exceed recommended adult daily limits and on days when they drink, consumption should usually be below such levels.
- The importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals. Parents and carers require advice on how to respond to alcohol use and misuse by children
- Support services must be available for children and young people who have alcohol related problems and their parents

Drinking in adolescence is associated with cognitive deficits that worsen if drinking continues into late teenage years. [Chief Medical Officer \(2008\)](#). Draft Guidance on the Consumption of Alcohol by Children and Young People provides a range of evidence about the effects that alcohol use in young people has which is summarised in the below:

Levels of Enzymes that are used as indicators of liver damage are higher in adolescents with alcohol use disorders (Clark et al, 2001) and in obese adolescents who drink more moderate amounts (Strauss et al, 2000); Drinking alcohol can lower oestrogen levels in adolescent girls (Block et al, 1993); Drinking alcohol can lower luteinizing hormone and testosterone levels in adolescent boys (Frias et al, 2000a); In both sexes, acute intoxication reduces levels of growth hormones (Frias et al, 200b); Increased alcohol consumption is associated with lowered bone mineral density in adolescent males but not females (Fehily et al 1992; Neville et al 2002; Elgan et al 2002; Fujita et al 1999).

Local data available around the impact of alcohol on children is a relatively new focus and has not been collected for long so the data is likely to under represent the issue.

Risk factor recording processes are still being embedded in Children's Social Care, so there are currently gaps in the quality of data available to indicate how many cases coming to the attention of children's social care services have alcohol identified as a factor.

For example, 2.2% (23 out of 1,056 cases) of Child Social Care Assessments completed in 2013-2014 listed alcohol as a risk factor, but 836 cases (79%) had not considered if alcohol was a factor.

The level of data collection is improving. Between April and September 2014-2015, 7.4% (37 out of 497 cases) of Child Social Care Single Assessments completed had listed alcohol as a risk factor, with 294 (59%) that had not considered if alcohol was a factor.

c. Family Focus

Families who meet the criteria for the [Family Focus](#) (Troubled Families) Programme are families who have problems and often cause problems - where children are truanting or excluded where there is youth crime or anti-social behaviour and where parents are not working. They also tend to have other problems including domestic violence or drug or alcohol abuse. In addition to the obvious human costs of this, families also cost local services, and the taxpayer, a lot of time and money.

Family problems are often inter-related, and the problems experienced by one member of the family are likely, in turn, to affect others in that family. Understanding the overlapping and inter-related nature of these problems and responding at a family level is vital and represents a real challenge for services. We need to work together effectively to be able to identify the root causes for and impact of abuse and drug and alcohol misuse in families to ensure a holistic approach is taken to allow for improved and sustained outcomes.

Each of the 152 upper tier local authorities were asked to randomly select at least 10% of the families they had started work with and provide information about their profile and their problems on entry to the programme. This led to a research report '[Understanding Troubled Families](#)' being published July 2014. The findings show that on entry to the programme, 71% of families had a health problem. Analysis of the data illustrates how problems in adults are also apparent in children in the same family with 20% of families with an adult with an alcohol misuse problem had a child who was substance misusing compared to 13% families where there was no adult misusing alcohol. 14% of families included an adult dependent on alcohol.

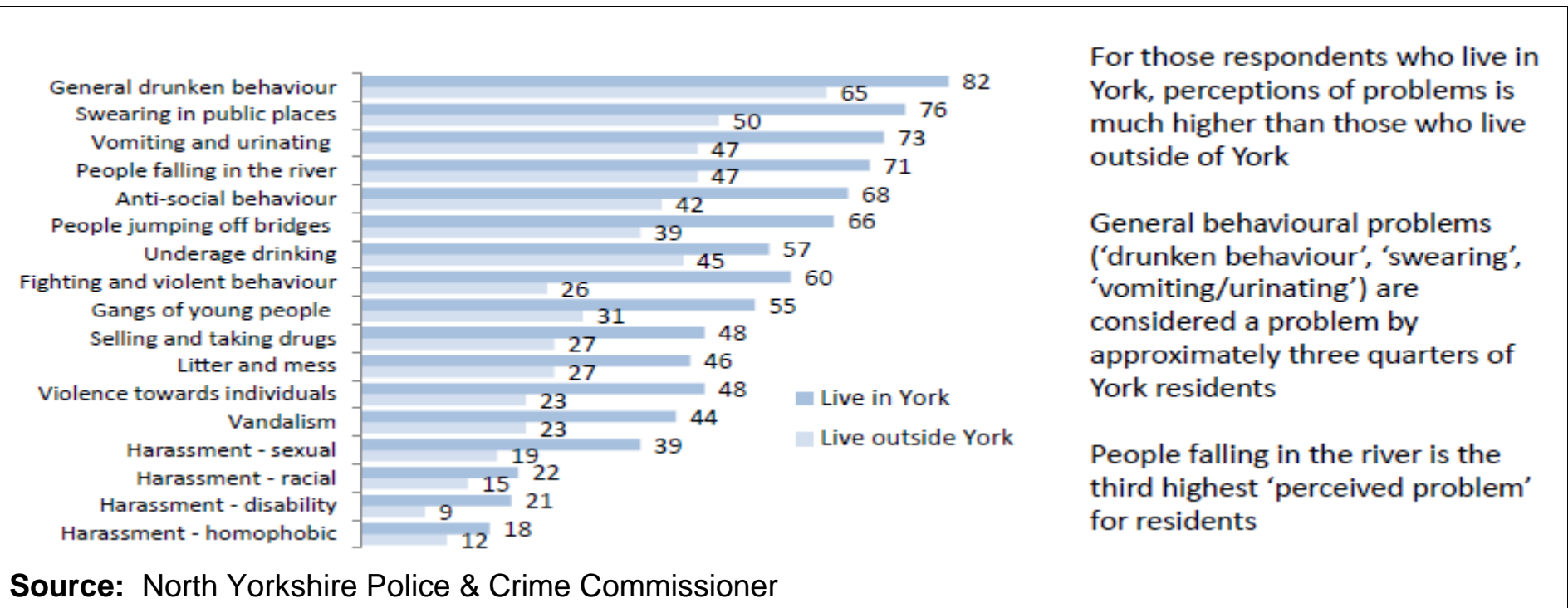
A [Health bulletin on troubled families](#) followed in August 2014 outlining the significant health problems found in research conducted in Salford on the health problems of troubled families in that city.

A random sample of 29 York families entering the Family Focus Programme highlighted 20% had substance misuse issues. Of these, 5 had an adult dependent on alcohol, with a clinical diagnosis (17%). One family with an alcohol dependent adult also had a child reaching thresholds for structured treatment for substance misuse (3%).

d. Anti-social Behaviour

Many of the issues that people are affected by which are connected to alcohol are to do with anti social behaviour. This is often difficult to record because it can relate to behaviour that is fleeting in nature and difficult to report because of some degree of subjectivity to it ([The Police Foundation, 2010](#)). There are often different perceptions among communities about what constitutes anti-social behaviour and how anti-social behaviour is recorded can also differs between organisations ([Home Office, 2004](#)).

Perceived Problems in York City Centre



Misuse of public space	Disregard for community/ personal well-being	Acts directed at people	Environmental damage
Drug/substance misuse & dealing Taking drugs Sniffing volatile substances Discarding needles/drug paraphernalia Crack houses Presence of dealers or users	Noise Noisy neighbours Noisy cars/motorbikes Loud music Alarms (persistent ringing/malfunction) Noise from pubs/clubs Noise from business/industry	Intimidation/harassment Groups or individuals making threats Verbal abuse Bullying Following people Pestering people Voyeurism Sending nasty/offensive letters	Criminal damage/vandalism Graffiti Damage to bus shelters Damage to phone kiosks Damage to street furniture Damage to buildings Damage to trees/plants/hedges
Street drinking Begging Prostitution Soliciting Cards in phone boxes Discarded condoms	Rowdy behaviour Shouting & swearing Fighting Drunken behaviour Hooliganism/loutish behaviour	Obscene/nuisance phone calls Menacing gestures <i>Can be on the grounds of:</i> Race Sexual orientation Gender Religion Disability Age	Litter/rubbish Dropping litter Dumping rubbish Fly-tipping Fly-posting
Kerb crawling Loitering Pestering residents	Nuisance behaviour Urinating in public Setting fires (not directed at specific persons or property)		
Sexual acts Inappropriate sexual conduct Indecent exposure	Inappropriate use of fireworks Throwing missiles Climbing on buildings		
Abandoned cars Vehicle-related nuisance & inappropriate vehicle use Inconvenient/illegal parking Car repairs on the street/in gardens Setting vehicles alight Joyriding Racing cars Off-road motorcycling Cycling/skateboarding in pedestrian areas/footpaths	Impeding access to communal areas Games in restricted/inappropriate areas Misuse of air guns Letting down tyres		
	Hoax calls False calls to emergency services		
	Animal-related problems Uncontrolled animals		

However, there are behaviours that can be clearly identified as anti social in nature and acted upon. These include public urination, littering, drunk and disorderly behaviour as well as noise complaints. A list of possible

anti-social behaviours taken from the Home Office (2004) report are provided below and from this it can be seen that alcohol might be an influencing factor in a range of these behaviours but that even when it is possible to report this behaviour, it can be very difficult to determine whether alcohol has been a factor.

There is a lack of local data for many of these types of anti-social behaviour but some is available which are provided below. When types of possible anti-social behaviour are considered against reported perceptions of problems in York City Centre, there are some similarities but the most commonly reported problem is related to drunken behaviour.

There are a range of impacts from anti-social behaviours that can affect how safe people feel and which have a negative impact on how residents and tourists view their experiences of living, working in, or visiting York.

A number of measures are already in place to reduce the negative impact that alcohol can have. These include the creation of alcohol restriction zones (ARZ's), cumulative impact zones (CIZ's) and licensing policy requirements.

There were 586 incidents of violent crime and 2,428 alcohol related anti social behaviour incidents within the Alcohol Restriction Zone during 2013-2104 (Safer York Partnership data report).

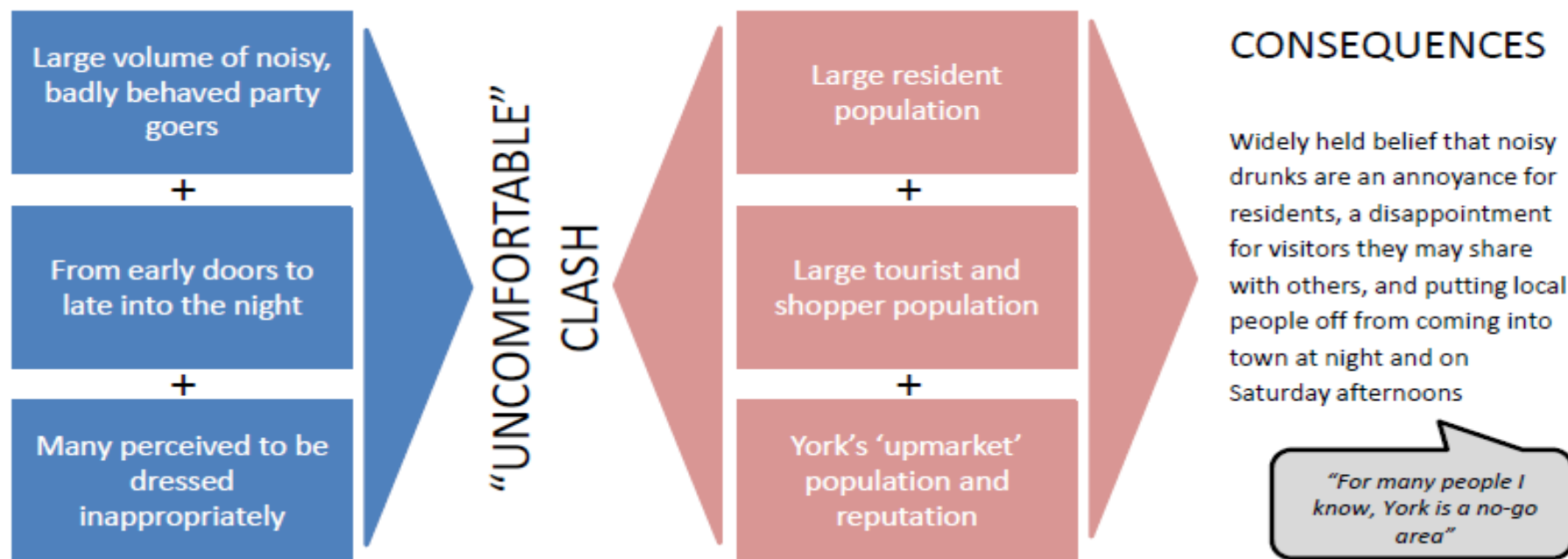
There were 496 incidents of violent crime and 1,593 alcohol related anti social behaviour incidents within the Cumulative Impact Zone during 2013-2014 (Safer York Partnership data report).

There were 2,347 incidents of alcohol related anti social behaviour incidents during 2013-2014 (Safer York Partnership data report).



York is generally perceived to be a safe city and local crime data supports this with low levels of crime reported across many areas. York has lower rates of alcohol related crime and violent crime than England but slightly higher rates of alcohol related sexual crime than England.

In a study of just over 2,000 tourists on short-breaks, York has also been reported as the safest city in the world ([York Press, 2015](#)).



Many of the problems associated with alcohol are often difficult to quantify and are associated with national accepted notions connected to drinking that are common across the country and not specific to York – that alcohol is generally accepted to be used to help people have a good time and that poor behaviour whilst drunk is often dismissed as happening because a person was drunk. Perceptions around alcohol can be based on behaviour that might be difficult to report because of the fleeting nature of it e.g. public urination, feeling intimidated, verbal abuse, raucous behaviour, swearing or socially unacceptable behaviour. In addition to this, there is a perception that police are too tolerant of negative behaviour which teaches people that unacceptable behaviour is tolerated (North Yorkshire Police and Crime Commissioner).

Part of the issue around this sort of behaviour is that it is often not reported because there is no clear crime or consequence associated with certain behaviours, there may not be anyone present to directly report it to or that on its own, certain behaviours are not deemed enough to warrant being challenged and are viewed more as low level nuisances or inconveniences. However, when these accumulate, it can often leave a negative perception in the experiences of residents and visitors to York.

The Anti-social Behaviour Hub Noise Patrol received 166 complaints about noisy parties during 2013/14. However, the reason for call out to a noise related complaint is not routinely collected recorded as alcohol or non-alcohol related. Case notes are made on individual files where alcohol is an obvious contributing factor to the noise issue but this is not routinely collected and can not be extracted to provide meaningful and robust data.

e. Alcohol & River Safety

There are 260 accidental inland fatal drownings each year in the UK. The chances of drowning are far higher for some types of people, areas and activities, with a 'high' rate of death amongst men, especially in areas with a lot of rivers, canals and open water.

The risk of accidental drowning varies greatly between areas, depending on the amount of waterway in the area, the number of people and extent of local watersports. The rate of death is about four times higher in areas with the greatest amount of rivers and canals.

Nationally outdoor swimming is on the cusp of a 'moderate' to 'high risk' activity.

The WAID (Water Incident Database) reports for York and the York RoSPA drowning database for the period 2009-2014 contain 22 incidents over this period. Of these 65% were fatalities and a further 3 had the potential to quickly escalate into fatalities. There was an average of three fatalities per year and 64% of people involved were York residents and half of this group of people had lived in York for at least 5 years.

The presence of alcohol was confirmed in 45% of all cases, eight of these cases resulted in a fatality. The presence of alcohol was inconclusive in 35% of all outcome cases, whilst it was ruled out in 20% of cases. All of these latter cases resulted in non fatal outcomes.

Of the confirmed cases, 35% happened between 22:00 - 06:00 hours. The remaining 20% happened at 15:00 – 20:00 hours. The weekend days of Friday, Saturday and Sunday amount to 45% of total cases.

As part of the river safety audit, 19 locations were risk assessed. This included areas such as ponds, areas of river bank, river bridges.

Most locations were deemed to have an increased risk of drowning. The individual location results are shown below.

Risk Rating Table	
0-30	Very low level of risk
31- 40	Lower risk level
41 -50	Medium risk level
51-70	Increased risk
71- 80	High risk level
81-100	Very high risk

The risk rating for a location is calculated based on a range of factors and each area is assigned a score which identifies the level of risk for that location.

There is one location within York which has been assessed as High Risk (East bank from Skeldergate Bridge to Ouse Bridge along south esplanade)

The river safety action plan sets out ways that risk can be reduced in each of these locations.

Males of all ages are the predominant group affected (80% of the reported cases). Younger adults 18-26 are the most reported group.

95% of incidents occurred along the River Ouse, the majority of these (65%) within the city centre. Lendal Bridge, the vicinity around Kings and Queens Staith are the most frequently reported incident location.

River Ouse		Score
1.	West bank from Millennium Bridge, to Rowntree Park	45
2.	West bank(riverside pathway) from Rowntree park along Terry Avenue to Skeldergate Bridge along Skeldergate with access checked towards Ouse Bridge	68
3.	West bank, Between Ouse Bridge, and Lendal Bridge along Riverside pathway	55
4.	West bank, from Lendal Bridge to Clifton Bridge, Water End Road	59
5.	East bank from Millennium Bridge, past Blue Bridge to Skeldergate Bridge	57
6.	East bank from Skeldergate Bridge to Ouse Bridge along South esplanade	71
7.	Between Ouse Bridge to Lendal Bridge, with access to frontage where possible.	43
8.	East bank from Lendal Bridge, along Dame Judy Dench Walk up to Water End Road Bridge (45 rising to 56 towards Water End Bridge)	56

River Foss		
9.	Blue Bridge and confluence with Ouse	58
10.	Lock basin (both sides)	49
11.	Castle Mills Bridge along Piccadilly bridge (both sides)	38
12.	Piccadilly Bridge to high level pedestrian bridge towards Foss Island (no access via Navigation Road)	62
13.	Access from Garden Place high level pedestrian bridge along pathway to Foss island	59
14.	Foss Island alongside Foss Bank to Monkgate traffic island	49
15.	Monk Bridge Gardens to Huntington Road (including comments on Huntington Road to Bowling Green Court)	61

Parks		
16.	Rowntree Park	24
17.	Chapmans Pond	43
18.	Mayfields Pond	38
19.	Rawcliffe Lake	47

A reported 83% of key stage 2 aged school children passed the swimming and water safety standard in York schools.

Non-fatal drowning and water related injury – emergency admission to hospital

Regional average - 1.38 admissions per 100,000 resident population.

National average – 1.45 admissions

York average – 1.5 admissions

The most frequently used code for cases in York is ‘unspecified drowning and submersion’.

HES (Hospital Episodes Statistics) data for the UK found that emergency water related harm admissions resulted in an average stay of 5 nights in hospital, and that for every one fatality observed there were 3 admissions to hospital.

Fatal and near critical near miss drowning events

York is worse than the England and regional average when considering fatal outcomes. The death rate in York (3.4) is three times the national average (0.9).

Accidental fatalities clearly cluster around the Ouse bridge area in the city centre and many water incidents are related to the night time economy.

The fatal drowning and submersion emergency hospital admission rate in York is over three times the national and regional average.

A multi-agency River Safety task group, led by Safer York Partnership, has been convened following a spate of river-related deaths in York in 2014 and a subsequent River Summit convened by the Police and Crime Commissioner for North Yorkshire.

As a consequence of the River Summit, City of York Council commissioned ROSPA to conduct a river safety audit of rivers, lakes and ponds across York. Recommendations from the audit findings have been translated, by the task group, into a multi-agency action plan. The intention is that the action plan will be supplemented with examples of best practice and suggestions by group members.

The priority areas within in the plan are as follows:

- Development of a multi-agency River Safety Strategy (Board level).
- Develop and deliver a multi-agency operational plan.
- Improve provision of rescue equipment
- Improve public realm design
- Improve river safety education and awareness
- Improve leadership and coordination.

A river safety resource pack for schools has been developed by City of York Council to help reach every child in every school and build an early understanding of the risks of open water. Developed in consultation with the city's multi-partner River Safety Group including Safer York Partnership, the Canal and River Trust and emergency services, and informed by new National Curriculum measures which will include water safety and aquatic skills.

The majority of the resources listed are free and aim to offer information and support to assist in teaching and learning about water safety. Among its information, the pack includes links to the Royal Life Saving Society

(RLSS), the UK's leading provider of UK water safety and drowning prevention education which organises an annual Drowning Prevention Week, from June 20-28 in 2015.

It also connects to the Ebor Livesaving Club which delivers local water safety initiatives and is keen to support more schools in York in even more ways. In September 2014 the Amateur Swimming Association (ASA) launched the new school swimming charter to encourage primary schools to improve their delivery of school swimming and water safety, and the pack links to it as well.

In addition to this, [York Rescue Boat](#) is an independent charity set up to provide a physical and proactive commitment to furthering the safety of the rivers in and around York. The charity aims to achieve this by means of a patrol and rescue boat, combined with a programme of education and awareness in schools, colleges and universities. With future progression York Rescue Boat endeavours to provide a stand-by team that will respond as auxiliary service to the 999 services in areas of Search & Rescue and community flood assistance.

The charity has signed a [memorandum of understanding](#) agreement with North Yorkshire Fire and Rescue Service which identifies ways in which the two services will work together, share information and resources in order to respond to any incidents on the river.

The charity has a range of volunteer vacancies. Information about them can be found [here](#).

f. Alcohol & Gambling

One area that is perhaps not as well known about is the relationship between alcohol and gambling. For many people, gambling is a recreational activity that does not cause problems, however, it is estimated that between 0.7% and 1.2% of the over 16 year old population in Britain, have a problem with gambling - this equates to approximately between 360,000 – 600,000 people. In addition to these, a further 7.3% are at risk of becoming problematic gamblers (Gambling Commission, 2010).

With the increasing number of on-line casino's and betting sites that are available, there is much more opportunity for people to gamble. On-line gambling activity is reported to have increased by 50% between 2008 and 2014 ([Gambling Commission, 2015](#)). When alcohol is added which affects people's decision making, there is a real potential for gambling to cause problems for people who are under the influence of alcohol.

- One third of people with severe gambling problems are or have previously been, alcohol dependent.
- There's a sharp increase in bigger stake bets after 9.00pm, then again at 10.00pm, possibly due to impaired judgement caused by alcohol.
- Two-thirds of young people associate alcohol with gambling to at least some degree

Trends in Gambling Behaviour 2008-2014



Source: [Gambling Commission, 2015](#)

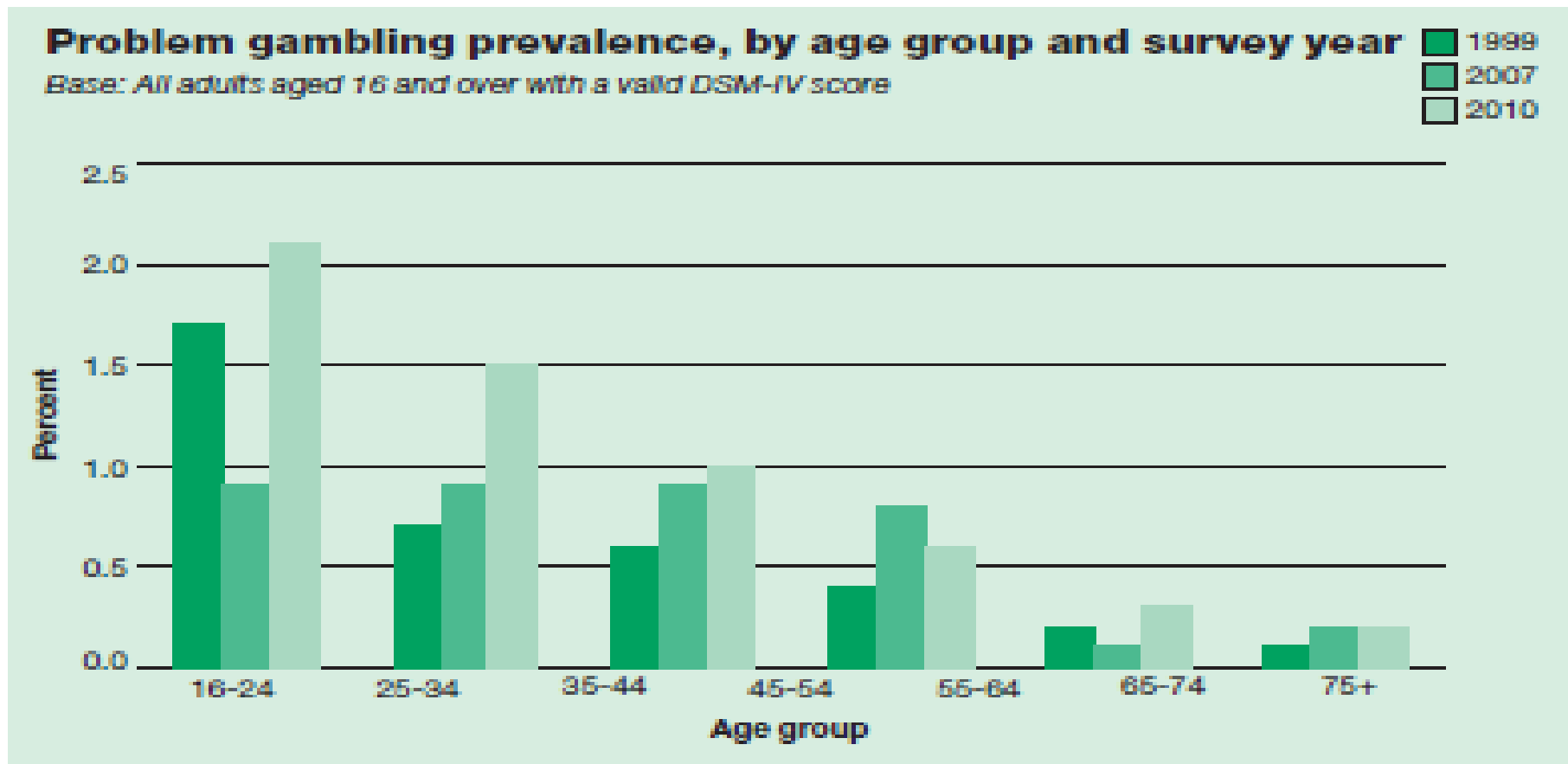
“Health survey prevalence data have identified that participation in gambling is higher amongst frequent drinkers and those who engage in multiple forms of gambling are more likely to consume more units of alcohol on their heaviest drinking days. However, there are clear gaps in the research. For example, the data doesn’t show whether this drinking and gambling is taking place at the same time.

“Similarly, we know that both drinking at home and online gambling, which often takes place behind closed doors, have grown considerably in recent years, yet there are few studies that have examined how these behaviours might be combined. There is also a lack of research into how different forms of marketing impact on those who drink and gamble at the same time, especially for young adults.”

Source: [Alcohol Concern, 2015](#)

The 2010, [British Gambling Prevalence Survey](#) report was a study of nearly 8,000 people published by The Stationery Office and highlights that 73% of the adult population (aged 16 and over) participated in some form of gambling in the past year which equates to around 35.5 million adults and that 14% of adults had used the internet to gamble in the past year which was an increase from 7% in 2007 (however, the 2010 survey included buying lottery tickets online and playing the football pools online which were not recorded in the 2007 survey).

The survey highlighted that problem gamblers are more likely to be male, younger, have parents who gambled regularly and had experienced problems with their gambling behaviour and be a current cigarette smoker but it did not ask participants about alcohol use.



Source: [Gambling Commission \(2010\)](#)

Gamcare, a national charity providing information, advice, support and free counselling for the prevention and treatment of problem gambling, identify that in 2013-2014, 30% of the 23,000 people who called for help with gambling reported internet gambling as the means of gambling ([Gamcare, 2014](#)).

There are a number of ways to gamble but the two key ways are in person either at a betting shop, casino, bingo hall, or arcade; or remotely over the internet. There is some regulation which requires that locations where betting occurs in person do not allow people to gamble if they are drunk, however, a range of gambling premises do not have alcohol licences but might have people coming in to gamble who are under the influence of alcohol ([Alcohol Concern, 2015](#)) which makes it difficult to control.

“Gambling...is significantly associated with alcohol consumption and substance use, often co-occurring in individuals and during gambling events (Cunningham et al, 2001). Indeed, individuals who frequently consume large amounts of alcohol or are alcohol dependent are more prone to engage in moderate or problematic gambling (Stinchfield et al 2005). There is an established relationship between gambling and alcohol consumption, with individuals who engage in frequent, high-risk or problematic gambling more likely to also face alcohol-related problems (Hodgins et al, 2013); approximately one third of pathological gamblers have had or have an alcohol use disorder (Hodgins et al, 2013), and online gamblers are more likely to consume alcohol and use drugs while gambling than non-online gamblers (Gainsbury et al 2012).”

Source: [Alcohol Concern, 2015](#)

Whilst the link between alcohol and gambling exists, there is a lack of understanding about the processes that underpin this association.

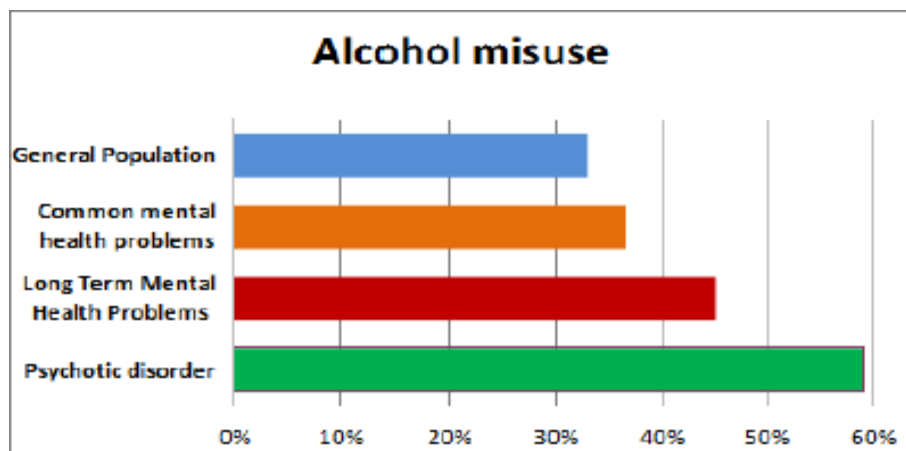
g. Alcohol & Mental Wellbeing

The link between alcohol and physical health harm is well established. The link between alcohol and mental health and wellbeing is also well documented.

There is a clear association between having a mental illness and increasing risk of alcohol dependence – if you drink too much, you put your mental health at risk. If you have a mental health problem, you are more likely to drink at levels that put your health at risk. For children, emotional and mental health problems are associated with the misuse of alcohol. Promoting good mental health in children and adults can help prevent alcohol misuse. Parenting programmes and prevention programmes for children can both help, particularly when problems are identified early ([Home Office, 2012](#)).

Public Health England (2015) Local Alcohol Profile for England data shows that for every 100,000 people in the country, 394 people are admitted to hospital because of alcohol related mental and behavioural disorders. In York, this is 385 people in every 100,000.

This rate is higher for men than for women. For men it is 579 for England and 551 for males in York. For women, the rate is 218 for England and 231 for women in York. The rate for York is similar to the rate for England. It is also similar when compared to just those areas which are similar to York (Public Health England, 2015).



Source: [Department of Health \(2014\)](#)

The Department of Health's (2014) Living Well for Longer report identifies the difference in levels of alcohol misuse in those within the general population and those who have a mental health illness.

Alcohol misuse is more common in people with mental health problems, higher still in people who suffer from long-term health problems and highest in people who have psychotic mental health disorders.

Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation ([Department of Health, 2011](#))

Alcohol is linked to a range of mental health conditions and illnesses such as depression, anxiety, self-harm, suicide, Korsakoff's Syndrome & Alcohol Related Brain Injury, dementia and early onset dementia.

Drinking alcohol alters brain chemistry. Alcohol acts as a depressant and affects the chemistry in our brains. This change in our brain leads to changes in our behaviour and emotions so that we might talk more, feel more confident and have exaggerated states of emotion. It also affects the parts of our brains which control movement affecting balance and reaction times ([Mental Health Foundation, 2006](#)).

The issue of mental health problems and alcohol use is often a complicated one where it can be difficult to separate the behaviour of drinking and the mental health problems as cause and effect. In addition to this, alcohol can often either make mental health problems more difficult to diagnose – for example in older adults who are suffering from dementia, alcohol can mask some of the symptoms, or alcohol can contribute to poor mental health and low mood.

The issue of a person having a mental health problem and an alcohol misuse problem is often referred to as 'dual diagnosis', however, this is also often referred to as having 'complex needs' because it is acknowledged that there are often other factors in addition to alcohol and mental health problems for an individual. An [All Party Parliamentary Group \(APPG\)](#) was established in 2007 to review complex needs and dual diagnosis. This group acknowledge that complex needs are often severe, long-standing and difficult to diagnose. They also identify that information about complex needs is not often recorded or shared which makes providing services that are able to effectively support these complex needs challenging.

The national mental health strategy: [No Health Without Mental Health \(2011\)](#) provides some key headline facts which show that:

- At least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time
- One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood
- Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three-quarters before their mid-20's
- Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed)
- Almost half of all adults will experience at least one episode of depression during their lifetime

- One in ten new mothers experiences postnatal depression
- About one in 100 people has a severe mental health problem
- Some 60% of adults living in hostels have a personality disorder
- Some 90% of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem

According to estimates of mental health prevalence provided in the [NICE \(2010\) guideline on the treatment and management of depression in adults](#) report, the prevalence of mixed anxiety and depression conditions affect 11.4% of the population. When measuring prevalence of a depressive episode only, it is estimated that this affects 2.6% of the population. In York, this would equate to between approximately 4,000 - 14,000 people.

During 2014, there were over 9,000 people aged over 18 years old who were listed on the 'depression register' by their GP which means that these people were being treated by their GP's for depression ([HealthYork, 2014](#)). The total number of adults registered to York GP's during this same period was just over 167,000 people. Approximately 5.5% of the population were known to have depression.

Some caution should be used when using this information because of the wide range in the estimated prevalence of depression in England from between 2.6% of the population to 11.4% of the population when the broader measure of combined anxiety and depression is used and the fact that GP register information which records depression only, has been compared to estimated mixed anxiety and depression prevalence figures.

In addition to this, depressive episodes are more common in women but the information about the number of people recorded by GP's on the depression register does not provide a gender breakdown. Socio-economic status is also known to have an influence on the prevalence of depressive illness. So whilst this information

shows the total number of people known by GP's to have depression, it doesn't allow any analysis of depressive symptoms by age or gender.

NICE (2010) also suggest that some caution should be used when making comparisons between national prevalence estimates and local records because national estimates do not account for factors such as differences in age, gender or levels of deprivation that can all affect local prevalence rates [NICE \(2010\)](#).

It seems positive that across the entire NHS Vale of York Clinical Commissioning Group, the number of people recorded on the depression register is well above the lower prevalence estimate of 2.6% of the population contained within NICE guidance. For York based GP practices only, the known prevalence of depressive episodes in the GP practice population who are aged 18 or over is 5.5% of the population.

This indicates that GP services are identifying well above the minimum number of people who are estimated to suffer with depression. When considering the link between alcohol misuse and mental ill health, this is important because it shows that there is an opportunity to look at what information and messages are being given to people with common mental health problems around alcohol. These messages could be better targeted if we understood the age and gender profiles of those people who are listed on the depression register and considered the alcohol consumption of these individuals.

Alcohol + depression = a vicious cycle

If you drink heavily and regularly you're likely to develop some symptoms of depression. It's that good old brain chemistry at work again. Regular drinking lowers the levels of serotonin in your brain – a chemical that helps to regulate your mood.

In Britain, people who experience anxiety or depression are twice as likely to be heavy or problem drinkers. For some people, the anxiety or depression came first and they've reached for alcohol to try to relieve it. For others, drinking came first, so it may be a root cause of their anxieties.²

Drinking heavily can also affect your relationships with your partner, family and friends. It can impact on your performance at work. These issues can also contribute to depression.

If you use drink to try and improve your mood or mask your depression, you may be starting a vicious cycle...

Warning signs that alcohol is affecting your mood include:

- **disturbed sleep**
- **feeling lethargic and tired all the time**
- **low moods**
- **experiencing anxiety in situations where you would normally feel comfortable**

Source: [Drinkaware \(2013\)](#)

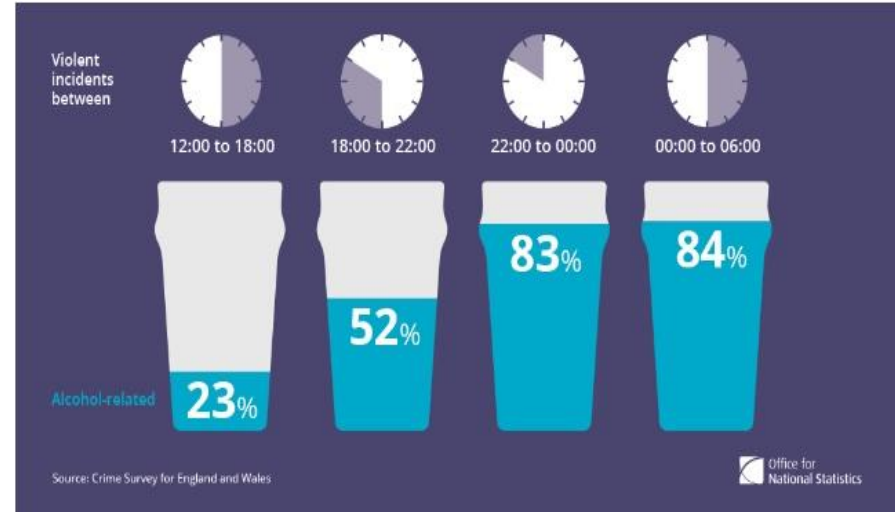
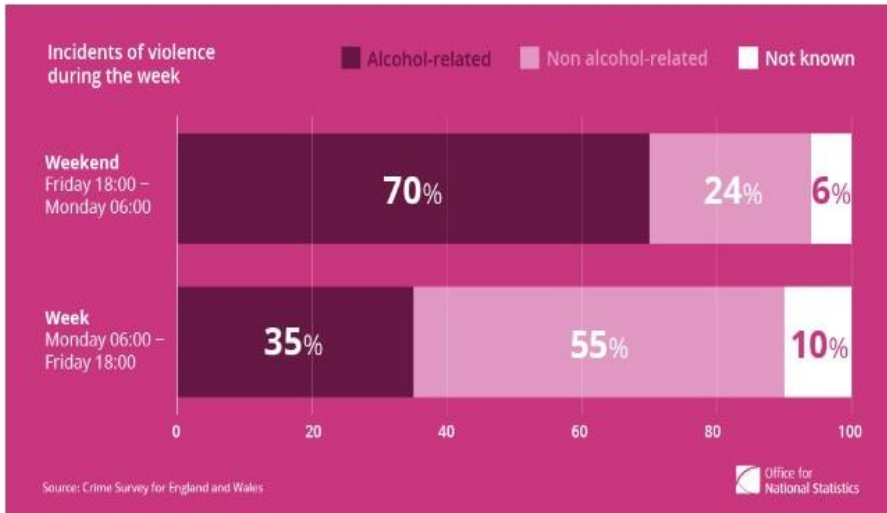
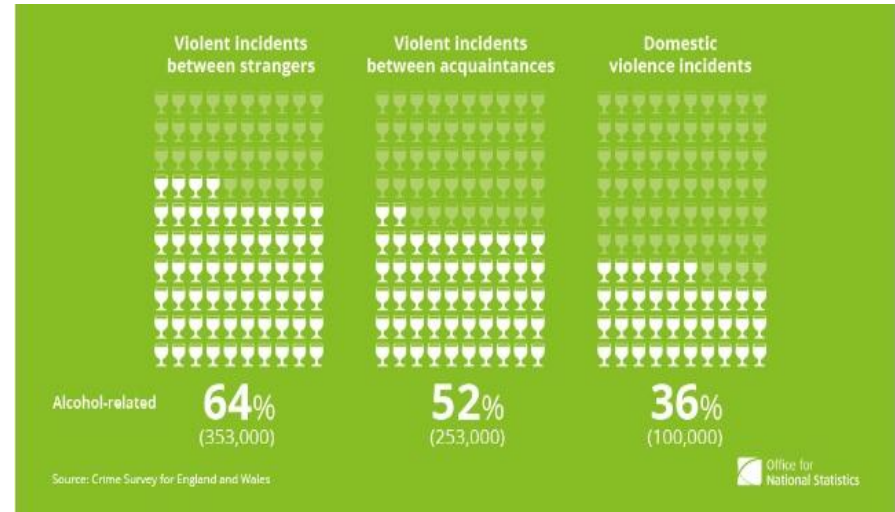
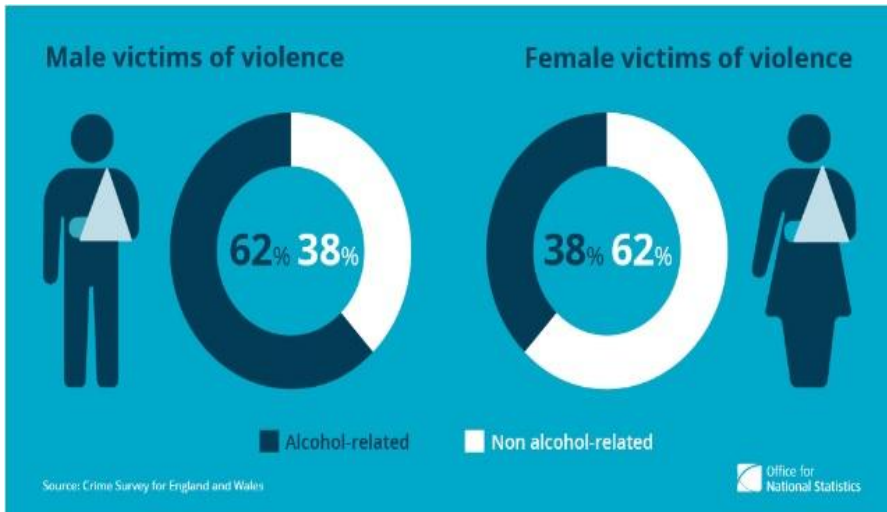
h. Alcohol & Crime

Alcohol is associated with an increase in violent crime and anti-social behaviour. It contributes to drink-driving deaths. Within a family environment it is linked to harms like domestic abuse and child protection needs such as abuse and neglect. Locally, alcohol can also be linked to a number of river deaths.

About half of all violent crime is alcohol related. Nationally, data shows that it is more common for alcohol related violence to occur after 22:00 on a weekend and for the victim to be male where the person committing the crime is not known to them.

Proportion of violent incidents where the victim believed the offender(s) to be under the influence of alcohol or drugs 2011/12 Crime Survey for England and Wales								
	Offence type					Violence type		
	All violence	Wounding	Assault with injury	Assault without injury	Robbery	Domestic	Acquaintance	Stranger
Offender(s) perceived to be under influence of alcohol (%)								
Yes	47%	60%	49%	46%	24%	39%	41%	65%
No	41%	30%	41%	44%	55%	58%	50%	21%
Don't know	11%	10%	10%	10%	21%	3%	9%	13%

Source: Crime Survey for England and Wales, Office for National Statistics



Source: [Office for National Statistics](https://www.ons.gov.uk)

Domestic Abuse

There were 1,363 domestic incidents relating to alcohol during 2013-2014 (North Yorkshire Police data report).

Locally, the IDAS service does not record data that clearly identifies alcohol as the cause of domestic abuse. This is partly due to the way that data is recorded and partly due to a need to acknowledge the complicated link between alcohol and domestic abuse.

Attributing alcohol as a cause of domestic abuse allows it to be used as an excuse for abusive behaviour. Whilst the use of alcohol may be a contributing factor in some cases of domestic violence because it impairs judgement and can contribute to increases in anger and violence, it is not the cause of the domestic abuse incident.

However, there is a small amount of data for the period of 2012 – 2015 which shows that there have been 10 recorded domestic violence incidents resulting in 3 arrests (North Yorkshire Police).

Drink Driving

During the period of 01/01/2012 – 22/02/2015 there were 520 drink driving arrests in York.

6. Alcohol & The Economy

The alcohol industry is worth



£39 billion in the UK

Source: CGA Strategy, Nielsen, HMRC, September 2014

Wine and spirits directly and indirectly supports

518,000 jobs



69% are directly dependent on the industry's activity

Source: Economic Impact Assessment, EY, October 2013

In fact,

18%

of direct employment in the European Spirit industry is in the UK - the highest contribution of any Member State

Source: CEPS & Ernst & Young, December 2010

There are now

448

commercial vineyards in the UK

Source: UK Vineyard Register, 2013

which produced over **4.5 million bottles** in 2013



There are now

204

registered distilleries in the UK

Source: HMRC Registrations, September 2014



93%

of the value and volume of gin sold in the UK is domestically produced

Source: IWSR 2013 (2012 sales figures)

The economic benefits of alcohol consumption are measurable in three key ways:

- The monetary value of industry sales in UK and global markets
- The taxation revenues received by HM Treasury from industry sales
- The number of workers employed in the production of alcoholic beverages

[\(Institute of Alcohol Studies, 2013\)](#)

The volume of domestic alcohol sales can be fairly accurately measured from taxation information about alcohol sales. This does not account for sales of illicit alcohol or from alcohol imported for personal consumption. Information about industry sales and taxation revenues are not available at a local level from HM Revenue & Customs data so the only information that we can consider at a local level is related to employment. However, employment connected to alcohol is not just based on those employed in the production of alcoholic beverages; it is also a factor in a range of other roles such as those within the hospitality sector.

Locally, in 2013, it is estimated that 9,500 people were employed in York within the evening economy – this was about 9.4% of the total employed population.

It is very difficult to extract much more detail from this figure that can be attributed directly to alcohol as the sole reason for employment because the types of employment that this figure includes are:

- Hotels and similar accommodation
- Holiday and other short stay accommodation
- Camping grounds, recreational vehicle parks and trailer parks
- Restaurants and mobile food service activities
- Event catering activities

- Other food service activities
- Beverage serving activities

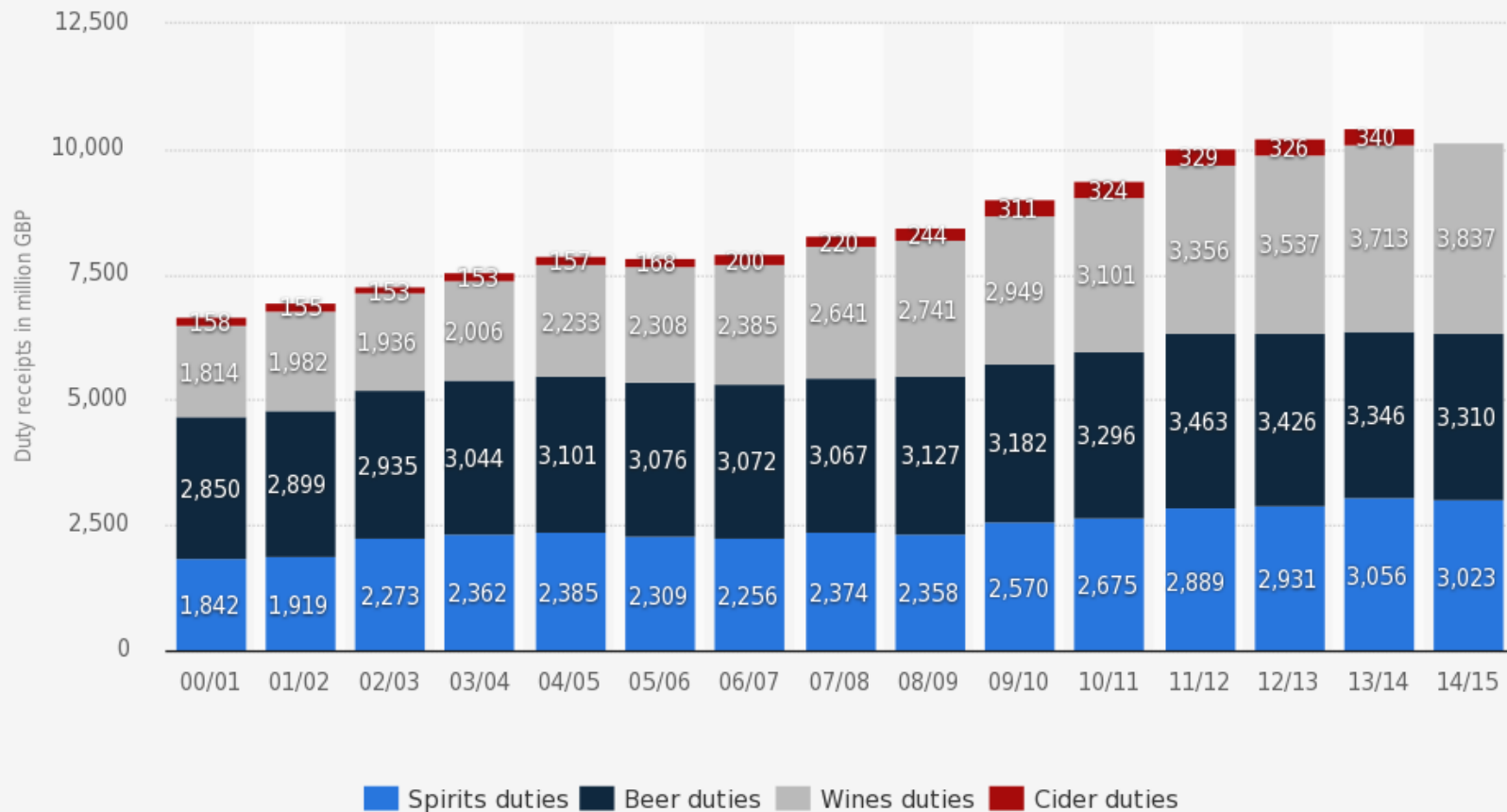
Whilst it is not possible to determine what proportion of local employment can be directly attributed to alcohol related products – across production, distribution and sales – York as a City has consistently been in the top 30 local authorities with the highest rates of employment within the areas of employment listed above since 2009 (Department of Trade & Industry).

This is important to note for York because of the large local tourist industry that is reliant upon tourism and visitors to our City.

National information on alcohol taxation revenue by sales shows that UK alcohol taxation revenue has increased since 2000-2001 and that in 2014-2015 for the first time, sales revenue from wine was greater than from beer.

Alcohol taxation revenue is not available at a local level but a range of information about UK alcohol based taxation revenue can be seen on the [HM Customs & Revenue \(HMRC\)](http://www.gov.uk) website: www.gov.uk.

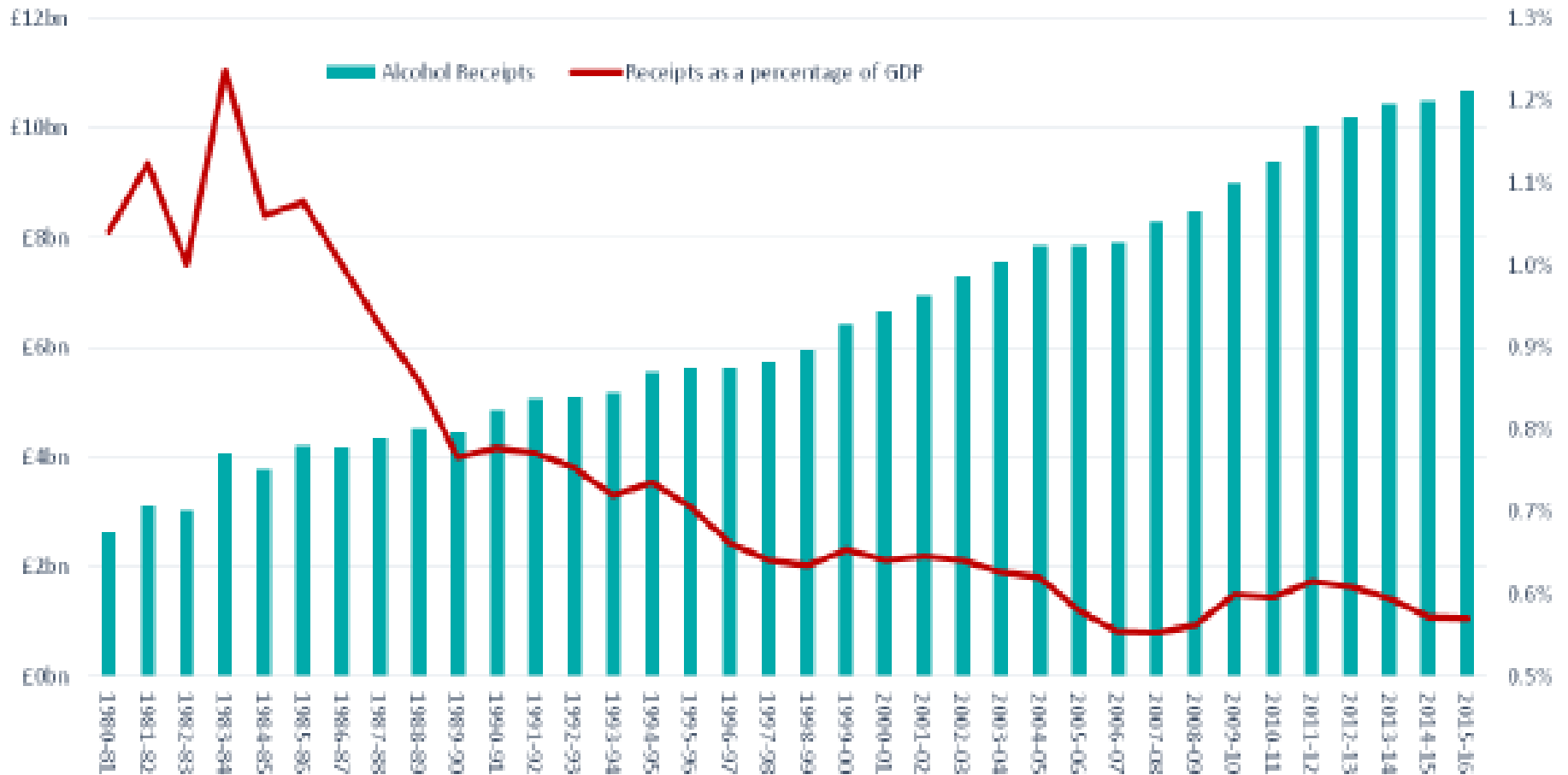
United Kingdom (UK) HMRC alcohol duty receipts from fiscal year 2000/2001 to fiscal year 2014/2015, by alcohol type (in million GBP)



Source:
GOV.UK
© Statista 2015

Additional Information:
United Kingdom; HM Revenue and Customs; Fiscal year 2000/2001 to
fiscal year 2014/2015

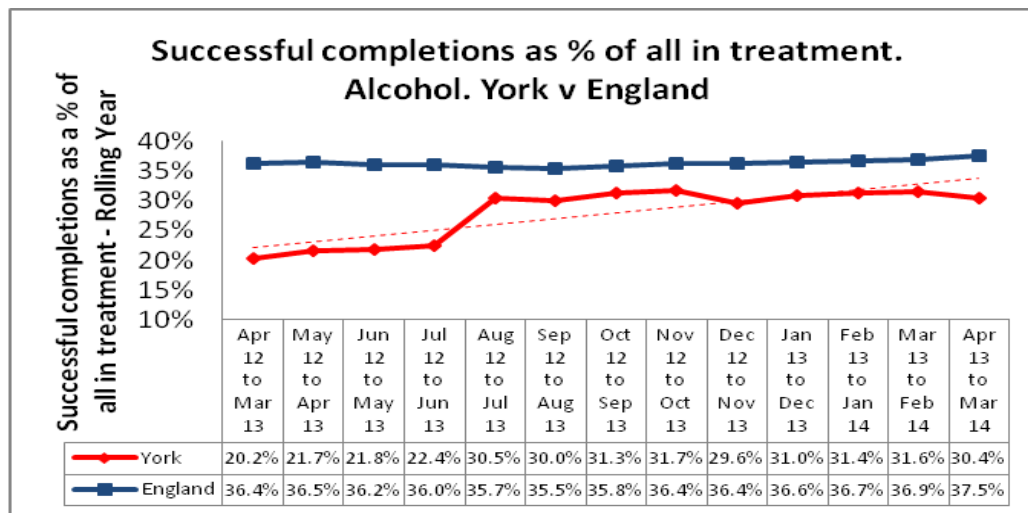
HM Revenue & Customs (HMRC) figures highlight that whilst revenue figures from alcohol sales continue to rise, the proportion of Gross Domestic Product (GDP) is fairly static and has reduced significantly since the 1980's.



Source: [HMRC Tax and NIC Receipts 2016](#)

7. Local services

Treatment services in York are commissioned to provide specialist substance misuse treatment to children and adults across the York Local Authority Area. Services are set up to support people who are problematically using a range of substances which includes a range of legal and illegal substances. Many clients accessing treatment services report using a combination of substances so it is often difficult to identify the extent of alcohol use as a particular substance. However, the following information gives data on how many people are engaged in specialist treatment for a substance misuse problem.



During 2013 – 2014, 496 people were engaged in treatment as clients who were reporting using alcohol only. Of these, 151 were successfully discharged from treatment.

There were 96 young people engaged in treatment for substance misuse. Young people predominantly use a combination of cannabis and alcohol.

The local treatment penetration rate – that is the number of people estimated to have a treatment need who are accessing treatment - is 5.7%. This is higher than the national average figure (Public Health England Diagnostic Outcome Measurement Executive Summary Report).

Alcohol Treatment Penetration Rate for England and York

Data Source	Region	Males	Females	Persons
a. 16-74 population (ONS Mid 2012)	York	74,456	76,760	151,216
	England	19,425,657	19,725,828	39,151,485
b. Dependent Drinker Estimates - % of 16-74 population (9.3% male, 3.6% female)	York	6,924	2,763	9,688
	England	1,806,586	710,130	2,516,716
c. In structured alcohol treatment 2012/13 NDTMS	York	291	200	491
	England	69,461	38,727	108,188
d. Treatment penetration rates (c/b*100)	York	4.2%	7.2%	5.1%
	England	3.8%	5.5%	4.3%

Source: Office for National Statistics (ONS); Public Health England National Drug Treatment Monitoring System (NDTMS)

In conjunction with North Yorkshire Police, those offenders who commit an anti-social behaviour related crime in York may be given the option to attend a comprehensive treatment intervention around their alcohol use as an alternative to prosecution. This is called an Alcohol Treatment Requirement Order (ATR).

An ATR an Alcohol Treatment Requirement is a requirement attached to Court sanctioned supervision orders. Essentially as part of Probation supervision a person on an ATR will have to engage with an alcohol programme.

The scheme works in much the same way as it would for a driver who is caught speeding and is offered the opportunity to attend a speed awareness course, the offender will be offered this option if they meet specific criteria.

ATRs have a high success rate against other types of supervision orders managed through the Probation Service (11% of order with ATRs were terminated due to a failure to comply against 22% for other orders).

Since the ATR programme began in 2014, there have been 155 referrals into the scheme. 92 people have attended the group programme and 32 have attended a 1:1 session.

31 people who were offered the programme did not attend

Anyone who has committed an alcohol related that is anti-social in nature and is over 18 years old is eligible for the programme. As part of the referral process, an [AUDIT C](#) alcohol screening is conducted and if the results indicate high levels of dependency, the individual is invited to attend a 1:1 counselling session. Anyone else attends group based programmes.

The programme is for anyone who is over 18 years old and who has committed sufficient previous offences (one to three) in the year to 18 month prior to their offence such that a reduction in offending can be identified in the following year to eighteen months.

Only offenders who have committed acts of public disorder, drunk and disorderly, or minor examples of criminal damage are eligible for the programme. Offenders with significant histories will not be eligible for the programme. For example there are a number of individuals who are repeatedly arrested for alcohol related

matters but whose behaviour is far more entrenched and complex than a short programme like the ATR scheme could address.

According to an internal audit carried out on over 5,000 records of Emergency Department (ED) attendance during 2011 (which made up around 7.7% of all attendances that year) into alcohol related ED attendances, it is estimated that 1 in 10 people attending ED in York do so because of an alcohol related injury (York Hospital Emergency Department Audit, unpublished). This audit relied on manually checking admission records to identify any reference to alcohol being linked to the attendance and the diagnosis. Because of the intensive amount of time it took to analyse data in this way to inform the internal audit, it is not currently possible to replicate this piece of work and to accurately generate a true picture of alcohol related ED attendances.

“When working in any Emergency Department (ED) in the UK overnight, it would be almost unheard of to not see a patient attending under the influence of alcohol, and many of these have been involved in some form of altercation. Additionally, the ED has an ever-changing population of "regulars," often with alcohol and/or mental health needs who take time and effort to safely discharge. Indeed, at week-ends, there is often the perception that the majority of patients are either intoxicated, require substantial mental health input, or both.

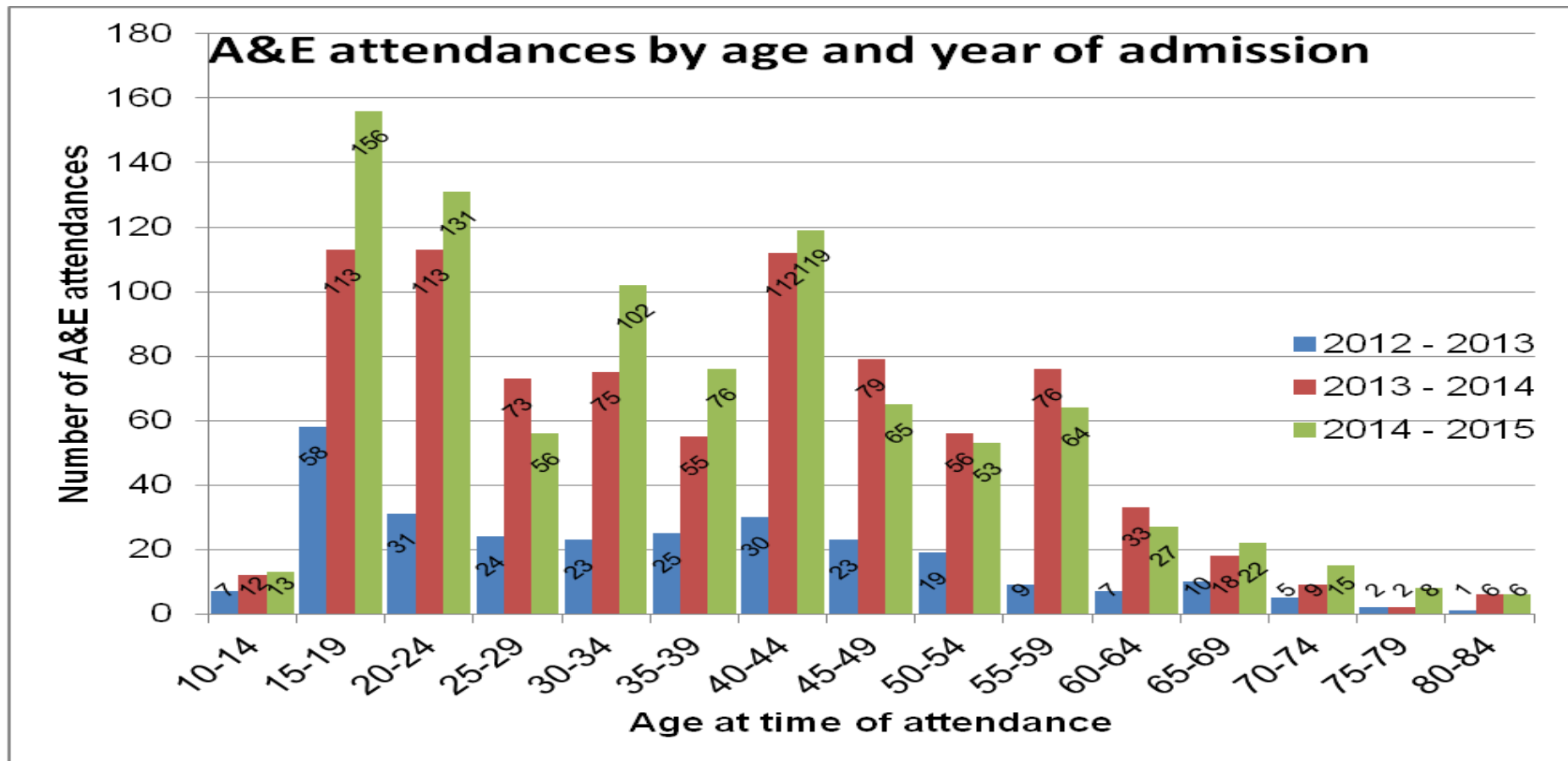
However, there is no way of studying these patients without doing audits of sample periods. Electronic recording is too crude a measure and while alcohol is one of the audit groupings on the coding system, it is rarely completed with any accuracy. The main diagnosis coded is usually that of the main injury or illness, rather than the causative influence” (York Hospital Internal Audit, The Influence of Alcohol on York Emergency Department – unpublished).

Provisional ED attendance data for April 2014 – March 2015 shows that there were just over 52,800 attendances to ED at York Hospital by York residents. This is taken from the provisional hospital activity dataset called Secondary Uses Service (SUS) which does not include alcohol as a possible reason for admission. In order to identify alcohol as a possible reason for attendance, the diagnosis codes for reason of attendance need to be further analysed to identify if any diagnosis relates to alcohol. Colleagues at York Hospital Trust have analysed activity figures for 3 full years which shows that in 2012–2013 there were 278 total attendances due to alcohol, in 2013–2014 there were 840 and in 2014–2015 there were 923. The large difference in recorded activity levels over these 3 year periods is predominantly to do with changes to the way information was coded which were implemented in 2013 rather than an actual increase in the number of people attending. However, even with improvements made into the way that alcohol as a reason for ED attendance was recorded, these figures are still likely to be a real under-representation of actual alcohol related attendance. The internal audit into ED activity indicated that around 10% of all attendances were related to alcohol and was based on a much more thorough analysis of the reasons for attendance than just the admission, the SUS data or the diagnosis codes allow.

Due to problems in the accuracy of being able to record alcohol related attendances, the reported number of attendances linked to alcohol does not represent 10% of all ED activity and is likely to significantly under estimate the impact that alcohol has on local ED related activity.

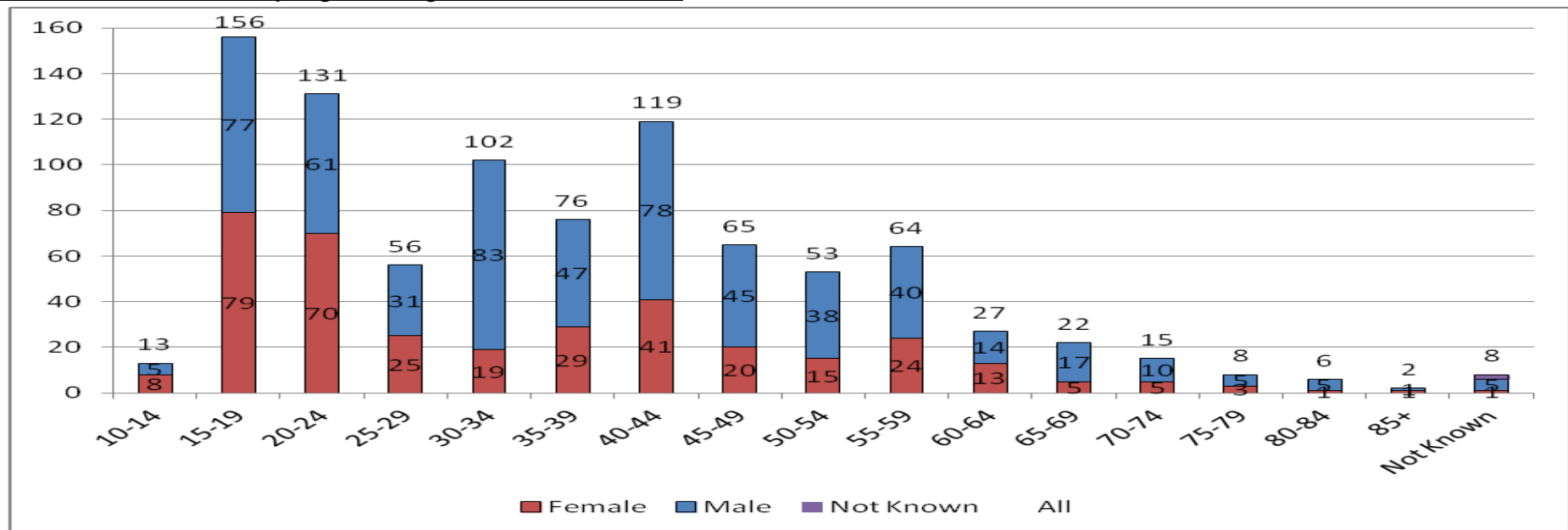
If we accept that around 10% of attendances to ED are linked to alcohol, then the true picture of ED activity that is generated by alcohol would be nearer to 5,300 attendances each year - far more than the reported 923 attendances during 2014–2015.

The graph below shows the reported attendances linked to alcohol over the last full 3 year periods. 923 attendances to ED were recorded as having an alcohol diagnosis in 2014-2015. Of these, 754 were brought in by ambulance. The terms Emergency Department (ED) and Accident & Emergency (A&E) Department are often used interchangeably.



Of the 923 attendances in 2014 - 2015, 286 people were admitted to hospital; the other 637 were treated but not admitted. The total cost of these 923 attendances was £97,500. The age group attending most frequently was 15-19 year olds with 156 people attending. The second most frequent attendance was from people aged 20-24 and the third highest number of attendances was from 40-44 year olds. The gender breakdown of these admissions show that admission rates are quite evenly split between males and females until the age of 30 when males become more frequent users of A&E due to alcohol.

A&E Attendances by age and gender, York 2014



Source: York ED data

Street Angels

[Street Angels York](#) is a Church-led initiative, a project of One Voice and Churches together in York. It is made up of volunteers who want to help make York city centre a safer and better place. Male and female volunteers walk the city streets into the early hours on Friday and Saturday nights caring for, practically helping and listening to people, especially those in vulnerable or difficult situations.

Each volunteer has a reflective “Street Angels York” jacket so that they are easily recognisable as a professional and safe person to approach. They then split into groups of three and patrol the streets and visit pubs and bars.

Volunteers are likely to be approached by individuals needing help or information, from directions to the nearest taxi rank to where to find a safe place to stay for the night. Volunteers are there to care for those in need, to provide a listening ear and to be a safe and approachable person.

Volunteers may take out flasks with hot drinks, hand out bottles of water or even flip flops for the inevitable girl whose stilettos have taken their toll.

The Street Angels’ Night Bus is sited on St. Helen’s Square each Saturday from 10pm until 2:30am with free hot drinks / water being served, providing a safe place for people to wait for friends or a taxi home.

Street Angels volunteer carry the Nightsafe radio and a static radio unit is located on the Night bus to enable communication and liaison with partner agencies.

The volunteers work closely with a range of staff and door staff at local bars and clubs who report those who are vulnerable or under the influence of alcohol to Street Angels who attend and ensure that individuals are safe and get home safely. A video highlighting what York Street Angels do can be found [here](#).

We do not currently have any information available about how many people the Street Angels volunteers help.

Yorkshire Ambulance Service Static Ambulance

Yorkshire Ambulance Service began deployment of a Static Ambulance Unit in York in May 2014. This follows a similar successful scheme in Leeds where an ambulance unit is deployed on a regular basis in the same location to assist with signposting. 600 patients attended the Leeds unit over 12 months from 1st April 2013 mainly as result of soft tissue injuries associated with falls.

The unit in York is a converted mobile home, equipped to full ambulance standards, deployed each Friday and Saturday from 7pm – 3am in St. Helen's Square and staffed by an Emergency Care Practitioner. The practitioner is trained to see, treat and discharge a wide range of minor injuries and illness, thereby reducing unnecessary trips to the hospital Emergency Department.

On Saturdays it is deployed alongside the Street Angels Night Bus to allow for co-ordination with the Street Angels. The unit is also deployed on days that horse racing events run at Knavesmire.

The unit is not a Rest and Recovery Centre. Over 90% of those who attend the ambulance will be assessed and discharged and those seriously under the influence of alcohol will be sent to York Hospital.

Staff carry the Nightsafe radio to assist with coordination and liaison with other partner agencies working in the Night-time Economy.

Nightsafe Radio System

The Nightsafe radio system was launched in April 2014 replacing the previous analogue scheme.

The radios are currently leased by 72 evening venues across the city and allow communication between support agency staff and volunteers, bars and clubs to identify and help people in connection to alcohol related issues in order to keep them safe.

Radios are also carried by the following partner agencies:

- North Yorkshire Police Safer Neighbourhood officers
- Street Angels (a static unit on the Night Bus and 2 portable radios for foot patrols)
- Yorkshire Ambulance Service Static Unit
- City of York Council and North Yorkshire Police Licensing
- City Centre Enforcement Team
- ASB Hub
- British Transport Police
- Minster Police
- York University Students' Union Nightsafe scheme
- University of York student liaison officer
- City of York Council CCTV Control Room.

The Nightsafe Radio system is provided by [York Business Against Crime](#) (YBAC) in partnership with Safer York Partnership.

YBAC is a not for profit organisation which is overseen and managed by an elected Board of Management made up of retailers and other individuals with an interest in reducing crime against business in the city.

Operation Erase

There is a general perception that alcohol-related violence and disorder has increased in York. This appears to be influenced by the increasing numbers of groups visiting York at the weekend to drink in the many pubs and bars. On average 6,000 - 8,000 individual's travel into York by train each Saturday, arriving mid-morning and leaving from 6pm onwards. This can be increased to 20,000 on Race Days.

North Yorkshire Police and British Transport Police both report that although the majority are not committing criminal offences, many display rowdy and inappropriate behaviour under the influence of alcohol.

British Transport Police now routinely deploy more officers at York Station on Saturday's to deal with the increase in the number of people using the train station and to be able to deal with the increase of issues seen in relation to people being drunk.

Operation Erase is a multi-agency operation developed by a task group led by Safer York Partnership and launched in May 2013. Its aim is to tackle alcohol-related disorder caused by the large numbers of people travelling into York (predominantly by train) each Saturday and consists of the following:

- Additional resources deployed by North Yorkshire Police (NYP) and British Transport Police (BTP) every Saturday over the late Spring and Summer period
- Liaison between NYP and BTP and joint engagement with travellers arriving at the railway station
- Ban on alcohol at the railway station over the Summer months between 6-9pm each Saturday

- Bail Conditions to prohibition from travelling on rail transport for those arrested by BTP for alcohol-related offences
- Improve coordination between NYP and BTP over issue of Section 27 notices (notice to leave a specific location for up to 48 hours) which may displace unruly individuals from the city centre to railway station
- NYP now alert BTP to all such notices as a matter of procedure to alert BTP to potential problematic passengers
- A Code of Conduct (developed by the multi-agency task group) distributed by BTP to those travelling or arriving at York at both York station and other stations on the rail network
- Signage deployed at the railway station advising that York door staff will check pockets and bag for concealed alcohol

Another North Yorkshire Police Operation around alcohol related crime has been run as Operation Safar with operational aims to:

- Reduce anti-social behaviour, criminal damage, violence and theft in the night-time economy
- Plain clothes operations targeting venues serving underage drinkers and persons well in drink.
- Identify and police known areas with high levels of alcohol related issues.
- Patrols to be run inside venues to give crime prevention advice regarding personal, unattended property.
- Requesting DJ's to do announcements asking people to look after their belongings.
- Operation Dip (theft) – posters handed out to all venues. Book marks and purse security cables given out.
- Street briefings to door staff in relation to rowdy visitors – hens, stags, races, football supporters.
- Work closely with CCTV and doorstaff.
- Proactive in handing out S27 notices (notice to quit a specified area for 48 hours)
- Structured patrols as appropriate
- Attendance at monthly Pub Watch meetings

Substance Misuse Hospital Liaison Service

There is good evidence from the alcohol liaison services or “alcohol care teams” that have been evaluated, that there are significant benefits available from providing specialist care for patients with alcohol problems.

Reducing the length of time alcohol dependent patients spend in hospital saves money and addressing their alcohol misuse improves their health by reducing the likelihood of readmission.

Evaluations indicate that return on investment from effective alcohol care teams can be between £3.50 and £3.85 per £1.00 invested. Assertive outreach services that aim to reduce hospital admission and A&E attendance among those who use them frequently can deliver a return of £1.86 per £1.00 invested ([Public Health England, 2014](#)).

Public Health England guidance on providing alcohol related care in hospitals identifies that the following should be achieved:

- case identification/identification and brief advice (IBA)
- comprehensive alcohol use assessment
- contribution to nursing and medical care planning
- psychotherapeutic interventions
- medically assisted alcohol withdrawal management
- planning of safe discharge, including referral to community services

Public Health England also recommends that:

- every district general hospital should consider the best way to provide effective specialist alcohol care for its patients in light of the benefit to patient care and the available efficiency savings
- local partners should engage with the health and wellbeing board to ensure existing services for alcohol and other drugs are maintained and developed on the basis of local needs assessment
- hospital alcohol care teams should accelerate identification and brief advice (IBA) delivery throughout the hospital by supporting the training of colleagues in all clinical areas
- local partners should review the response to alcohol-related harm in all district general hospitals, using this document as a guide, and they should ensure that existing services are adequately integrated across primary and secondary care and that new services are implemented where there are none
- local partners should consider employing assertive out-reach or in-reach services for high impact service users in all major hospitals and existing services should be comprehensively evaluated to assess their impact on hospital and community services
- system planning should ensure that community services are accessible and available to ensure continuation of detoxification with psychosocial interventions outside of the hospital

York Hospital provides a Substance Misuse Liaison Service which supports patients who access the hospital for inpatient, outpatient, planned and unplanned appointments who have substance misuse problems. The service offers a pathway for hospital staff to refer into for specialise substance misuse focussed support and advice for any patients with substance misuse. The service refers onto specialist community substance misuse services where a need for ongoing treatment or support is identified.

York Hospital Substance Misuse Liaison Service Statistics 2013-2014

Number of patients referred into Substance Misuse Liaison Service	695
Number of patients referred for alcohol only issues	429
Number of patients referred for alcohol and drug issues	43
Number of patients referred for drug only issues	183
Average number of interventions provided per patient	3.67 per patient
Number of times advice on substance misuse treatments provided to colleagues	487
How many patients already known to the service	366
How many patients were currently in treatment for substance misuse	233
How many patients had previously been in treatment	105
How many patients had never received treatment before	143
How many patients were homeless or known to have housing problems	44
How many patients were referred into specialist community based substance misuse services	74
How many patients refused referral to specialist community based substance misuse services	109
How many patients were given written information about alcohol	272
How many times the Substance Misuse Service liaised with other services about a patient	439

Alongside the improved ability to offer specialist advice and support to improve patient care; to facilitate engagement into substance misuse treatment interventions; to improve the quality of life of patients; and to reduce early death from alcohol related conditions, there are also identifiable costs saving benefits associated with providing a hospital based alcohol care service.

No data has been provided locally to be able to identify cost saving benefits of providing this local service, however, Public Health England highlight a number of case studies in a range of hospital settings which demonstrate that:

“The Rapid Assessment, Interface and Discharge (RAID) service is a model of liaison psychiatry, developed in Birmingham City Hospital, which is now being adopted across Birmingham and in other areas. In some areas, existing alcohol care teams are being absorbed into RAID teams. The original model provided a rapid response, 24-hour, seven-day, age-inclusive service and a comprehensive range of mental health specialties. Alcohol-related problems comprised 13% of their study population.

Overall, in City Hospital, with 600 beds, the RAID service saved 43–64 beds per day, through linking patients to the right care pathway in the community. The elderly care wards provided most of the bed savings. During the period of the intervention, the City Hospital managed to close 60 beds, without cutting down on services. The internal review estimated the financial savings to be £4–6m per year, based only on saved beds. Using a conservative calculation, the London School of Economics estimated the saving to be around £3.55m per year.”

Whilst not all of the financial benefits identified above can be attributed directly to alcohol care provided in the hospital, given that 13% of the study population had alcohol related issues, it seems reasonable to attribute part of the cost saving to the alcohol care team.

“At the Royal Bolton Hospital, the cost of investing in a specialist nurse service is £165,000 annually. As a result of this investment 2,000 bed days are saved, liberating four to six hospital beds. This equates to a financial saving of £636,000, representing a return of £3.85 for every £1.00 invested.”

“The Salford Royal annual service cost is £300,000, liberating two to three hospital beds and amounting to £556,500 in benefits – this represents a return of £1.86 for every £1.00 invested.”

Source: [Public Health England \(2014\), Alcohol Care in England's Hospitals: An Opportunity Not To Be Wasted](#)

Nationally, alcohol health workers in hospital settings have increased, however the provision is variable and funding arrangements can often be precarious ([Institute of Alcohol Studies, 2014](#)). The focus of support tends to migrate towards those with more severe levels of alcohol problems rather than on identification and brief advice to patients for less risky drinking behaviours. It is often difficult for hospital based alcohol liaison services to demonstrate their effectiveness through routine data collection ([Alcohol Research UK](#)).

a. Hospital Admissions

The most recently available figures for hospital admissions around alcohol in England are for 2012-2013 ([Health & Social Care Information Centre, 2014](#)). These show that:

- There were just over 1 Million hospital admissions connected to alcohol in England during 2012-2013
- Around 300,000 of these were alcohol specific admissions. Alcohol specific admissions are those admissions that occur wholly because of alcohol like:
 - Mental and behavioural disorders due to the use of alcohol (around 200,000 admissions)
 - Alcoholic liver disease (around 50,000 admissions)
 - Toxic effect of alcohol (around 33,000 admissions)
- Around 700,000 of these were alcohol related admissions. Alcohol related admissions are those admissions that occur partly because of alcohol like:
 - Cardiovascular disease (around 480,000 admissions)
 - Cancer (around 80,000 admissions)
 - Injuries – including intentional e.g. self-harm and unintentional e.g. road traffic accidents (around 60,000 admissions)
 - Disease of the nervous system (around 50,000 admissions)
 - Digestive disease (around 20,000 admissions)
 - Respiratory infections (around 10,000 admissions)
 - Pregnancy / Childbirth related (around 7,000 admissions)

In order to allow comparison between geographic areas, the number of hospital admissions can be standardised and applied to a specific population group to give a rate of admission per population group.

The standard way to report this is to report this as a rate per 100,000 people. This way, an admission rate can be given at levels such as at national, regional or local levels. It could also be given for just men or just women which allows comparison by gender.

Geographic Area	All persons		Male		Female	
	Number of admissions	Number of admissions per 100,000 population	Admissions	Number of admissions per 100,000 population	Admissions	Number of admissions per 100,000 population
ENGLAND	1,008,850	1,890	653,750	2,480	355,100	1,310
NORTH EAST	67,570	2,500	43,280	3,270	24,300	1,760
NORTH WEST	163,170	2,280	106,680	3,030	56,490	1,550
YORKSHIRE AND THE HUMBER	106,320	1,990	68,410	2,600	37,910	1,400
EAST MIDLANDS	80,380	1,710	51,670	2,220	28,710	1,210
WEST MIDLANDS	109,850	1,940	70,380	2,510	39,470	1,380
EAST OF ENGLAND	100,380	1,640	64,780	2,130	35,600	1,150
LONDON	132,310	1,970	86,000	2,660	46,310	1,300
SOUTH EAST	133,970	1,500	86,670	1,970	47,300	1,040
SOUTH WEST	102,260	1,770	66,140	2,300	36,120	1,250

Source: [Health and Social Care Information Centre, 2014. Statistics on Alcohol, 2014](#)

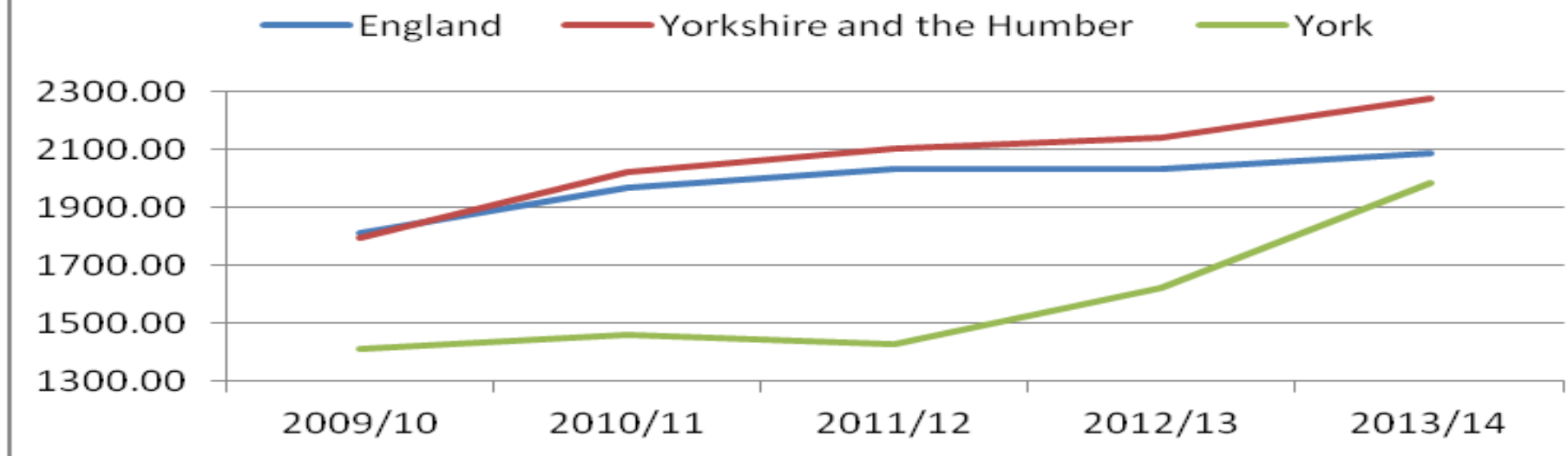
For example, the Health and Social Care Information Centre supply the hospital admission rates in England and by region. This shows that the estimated rate of alcohol related hospital admissions for Yorkshire and The Humber are:

- For the entire population, slightly higher than the England rate and the third highest rate in England
- For males, slightly higher than the England rate and the fourth highest rate across England
- For females, slightly higher than the England rate and the third highest rate across England

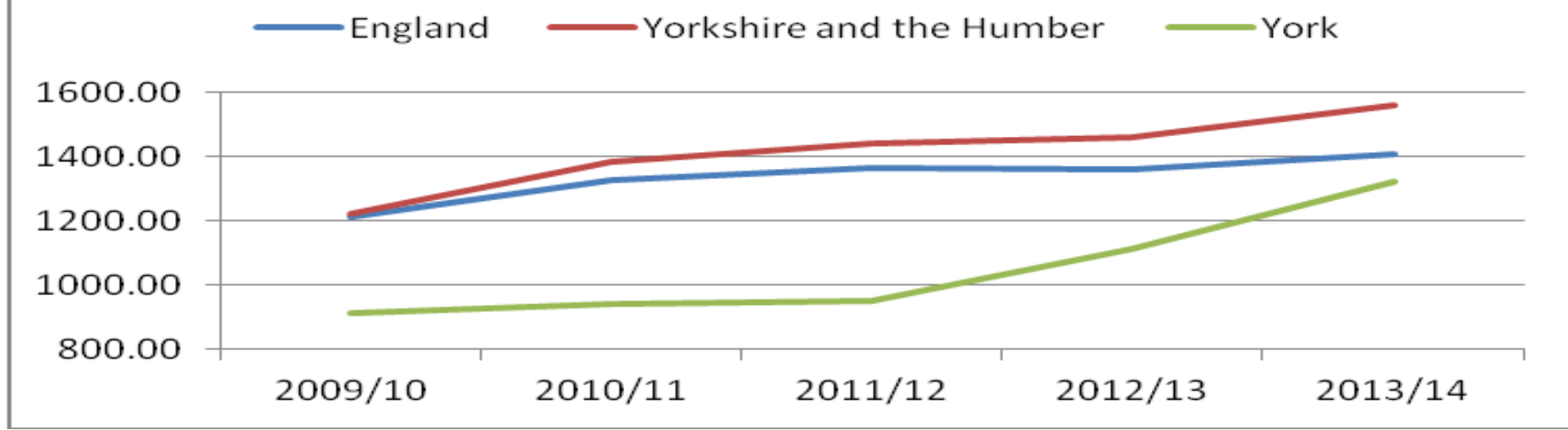
Public Health England produce Local Alcohol Profiles for England which provide a range of alcohol related admission rates by population and gender across geographical areas: This information is summarised below and shows that:

- Across England, the rate of alcohol related hospital admissions has been rising each year since 2009
- The rate of alcohol related hospital admissions is consistently higher in males than it is in females
- Across Yorkshire & the Humber region, the rates of alcohol related hospital admissions have been increasing since 2009.
 - These rates have been increasing at a greater rate than the rate for the whole of England.
- York has lower rates of alcohol related hospital admissions than national or regional measures
 - The rates for York appear to be rising more sharply than regional or national rates since 2011

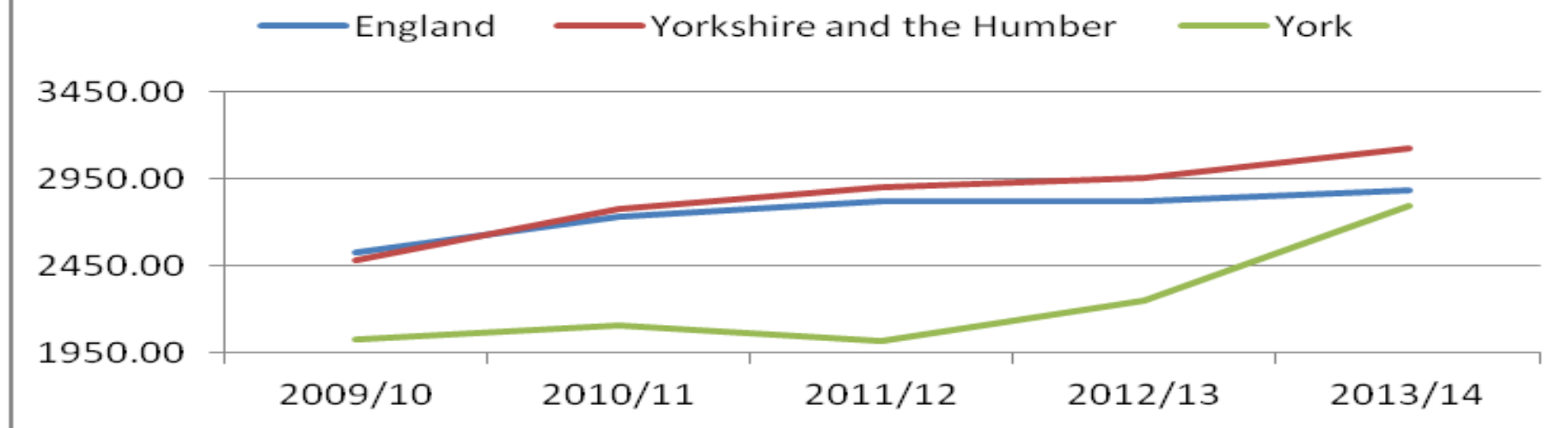
Directly Standardised Alcohol Related Hospital Admission Rates Over Time - All Persons



Directly Standardised Alcohol Related Hospital Admission Rates Over Time - Females



Directly Standardised Alcohol Related Hospital Admission Rates Over Time - Males



Source: [Local Alcohol Profile for England \(LAPE\) Quarterly Alcohol Related Hospital Admissions Data](#)

When compared to England rates, York looks to be about average for hospital related alcohol admissions. However, when compared to other areas that are more similar to York, this shows that there are higher rates of alcohol related hospital activity in York and that these are higher still among people from the more deprived areas of York.

Alcohol Local Area Profile			
LAPE Indicator	Measure	Compared to England	Ranking within similar areas: 1=better performance; 32=worse performance
9	Alcohol-specific hospital admission - under 18s per 100,000 population	Lower	12 th out of 32
10	Alcohol-specific hospital admission - males per 100,000 population	Lower	27 th out of 32
11	Alcohol-specific hospital admission - females per 100,000 population	Similar	26 th out of 32
12	Alcohol-related hospital admission (Broad) - males per 100,000 population	Lower	13 th out of 32
13	Alcohol-related hospital admission (Broad) - females per 100,000 population	Lower	12 th out of 32
14	Alcohol-related hospital admission (Narrow) - males per 100,000 population	Lower	21 st out of 32
15	Alcohol-related hospital admission (Narrow) - females per 100,000 population	Similar	25 th out of 32
16	Admission episodes for alcohol-related conditions (Broad) per 100,000 population	Lower	16 th out of 32
17	Admission episodes for alcohol-related conditions (Narrow) per 100,000 population	Lower	23 rd out of 32

Data Sources: [Public Health Outcomes Framework](#); [Local Alcohol Profiles for England](#).

Other Local Authorities that are considered similar based on characteristics around levels of deprivation are: Babergh; Bath & North East Somerset; Charnwood; Cherwell; Christchurch; Craven; Daventry; Derbyshire Dales; Fylde; Hinckley & Bosworth; Kingston Upon Thames; Lichfield; Malden; Melton; Richmondshire; Rushmore; Selby; South Kesteven; South Lakeland; South Norfolk; South Staffordshire; Spelthorne; Stafford; Stroud; Suffolk Coastal; Tunbridge Wells; Warwick; Wealden; Welwyn Hatfield; Wiltshire; Wycombe; York.

This shows that when compared to these areas, York has:

- Higher rates of alcohol specific hospital admissions for men but when York is compared to England rates these are shown to be lower than the England average.

This highlights that some of the harms from alcohol can be masked by comparison to England average data instead of comparing the impacts of alcohol to other Local Authority areas that are more similar to York.

Alcohol data for England



59% of England's local authorities saw an increase in adult hospital admissions where the main reason was alcohol

Alcohol-specific hospital admissions in under 18s are down 41% over the past 5 years



Hospital admissions for alcohol-related conditions are 55% higher in the most deprived areas than the least

Alcohol continues to be the leading risk factor for deaths among men & women aged 15 – 49 in the UK



Alcohol-related hospital admissions have continued to rise in England except among young people.

Public Health England (PHE) report a reduction in alcohol-related hospital admissions for under-18s since 2006 ([PHE, 2015](#)).

Alongside admission rates of under 18's, unintentional injury conditions and chronic liver disease mortality also reduced.

However the majority of alcohol-related indicators continue to rise including alcoholic liver disease, mental and behavioural disorders and related cardiovascular disease. Alcohol related mortality rates remained stable.

Total alcohol-related hospital admissions for England continue to increase. The data highlights that the most significant increase in alcohol related hospital admissions is amongst women.

The data also highlights regional variations and variation based on socio-economic factors with rates in the most deprived areas 55% higher than the least deprived.

b. Factors for Admission

Analysis of hospital based activity for alcohol related and alcohol specific admissions for a one year period (2013-2014) show that:

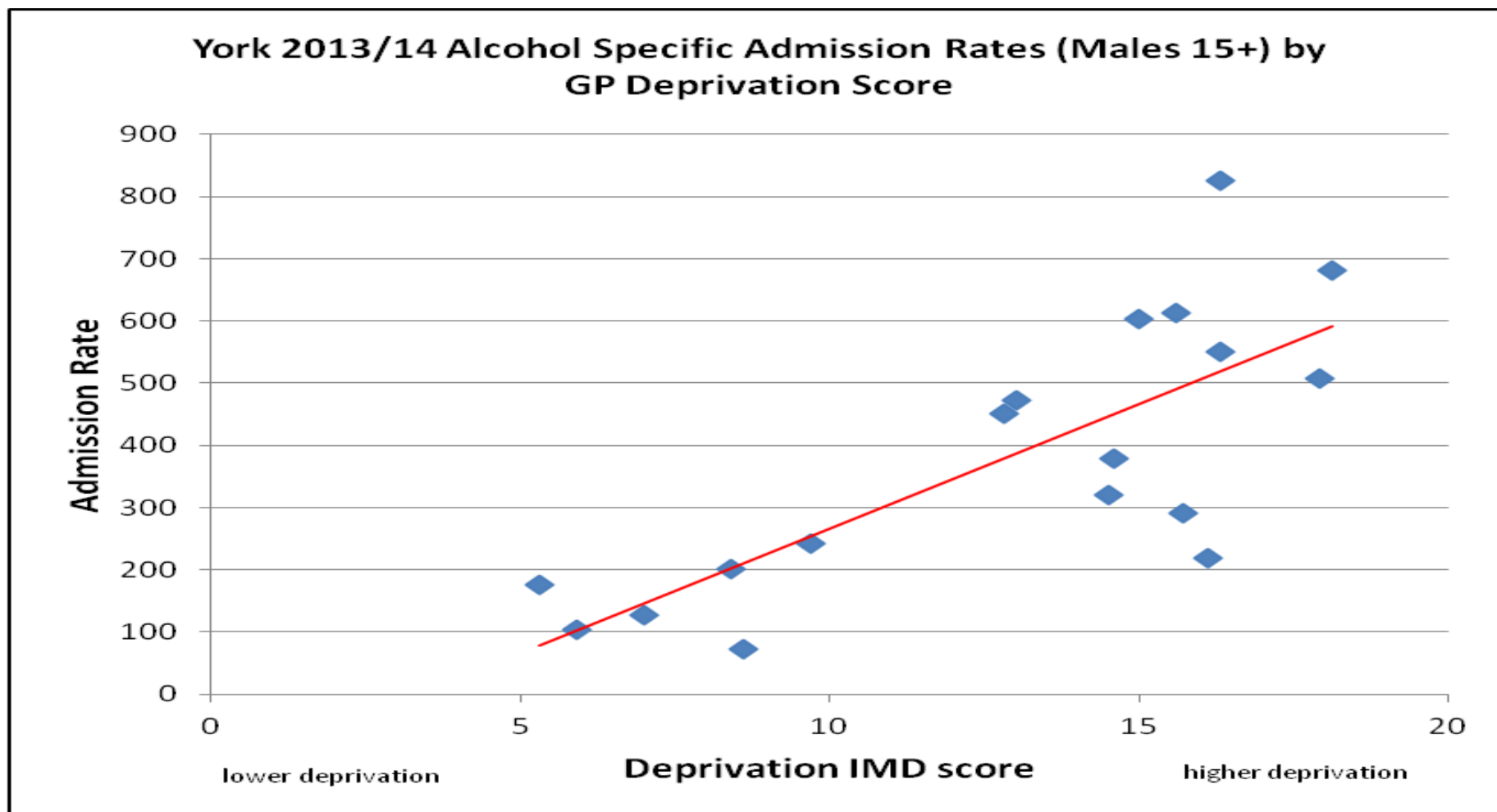
- There were 14,926 hospital admissions connected to alcohol in 2013-2014
 - Of these, 13,973 were alcohol related admissions
 - 7,446 of these admissions were for women
 - 6,527 of these admissions were for men
 - Of these, 953 were alcohol specific admissions
 - 336 of these admissions were for women
 - 617 of these admissions were for men

The charts below show that there is a significant correlation between the alcohol specific hospital admission rate and the deprivation score of the GP practice that the person admitted to hospital is registered with. Alcohol specific refers to those conditions that can be entirely attributed to alcohol such as liver cirrhosis. The correlation is significant for both males and females.

The correlation can only indicate a relationship between increased levels of deprivation and increased admission to hospital for alcohol specific conditions such as liver disease and relates to 953 admissions (617 males and 336 females).

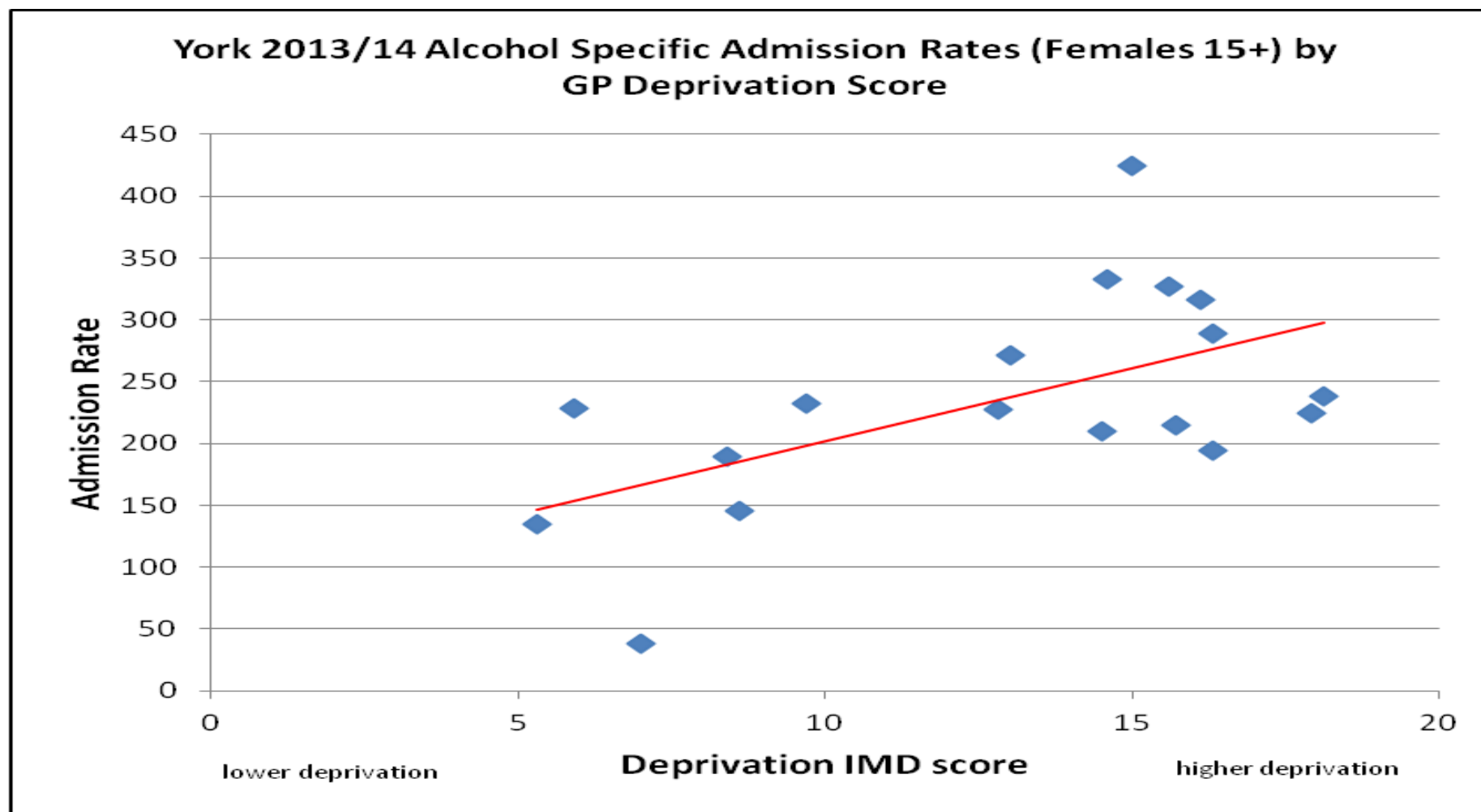
GP practice deprivation levels are calculated using an Office for National Statistics (ONS) measure called Indices of Multiple Deprivation (IMD) which is a method that calculates a level of deprivation in an area based on a range of different factors.

Male Alcohol Specific Hospital Admission rate 2013-2014 by GP Practice Deprivation Score



The correlation is significant between admission rates and GP deprivation score (correlation coefficient is 0.77)

Female Alcohol Specific Hospital Admission rate 2013-2014 by GP Practice Deprivation Score



The correlation is significant between admission rates and GP deprivation score (correlation coefficient is 0.58)

The following charts show the alcohol specific hospital admission rates for males and females aged 15 or over registered to York based GP practices. These show the rates of hospital admission per 100,000 population registered to specific GP practices in York and highlight that:

- Hospital admission rates vary considerably between GP practices within York
- Confidence intervals show which practices are significantly statistically different to the overall York figure

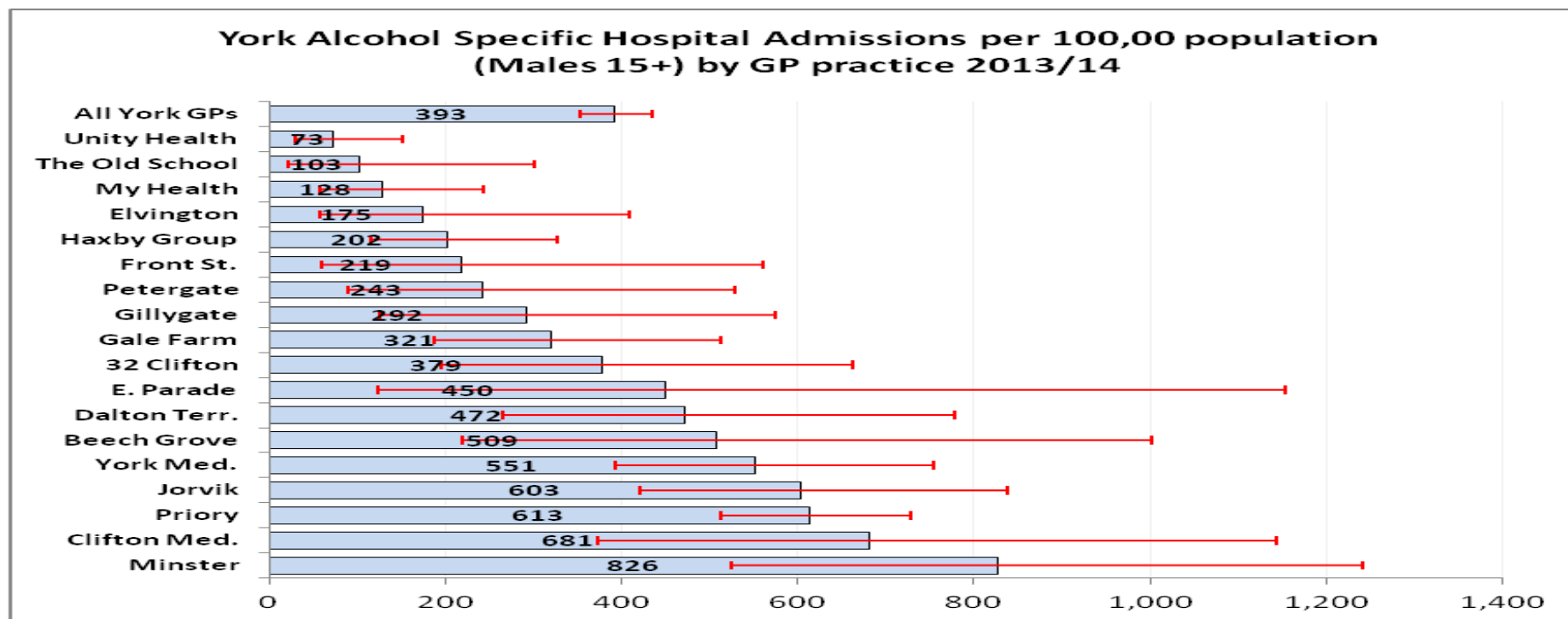
What are Confidence Intervals?

On the charts, confidence intervals are represented by red lines. These show the range of admission rates for each practice and give a lowest possible figure and a highest possible figure that might be seen in each practice. This acknowledges that the actual admission rate might be anywhere between the lowest and highest point.

The general rule of confidence intervals is that if they overlap, the difference is not statistically significant.

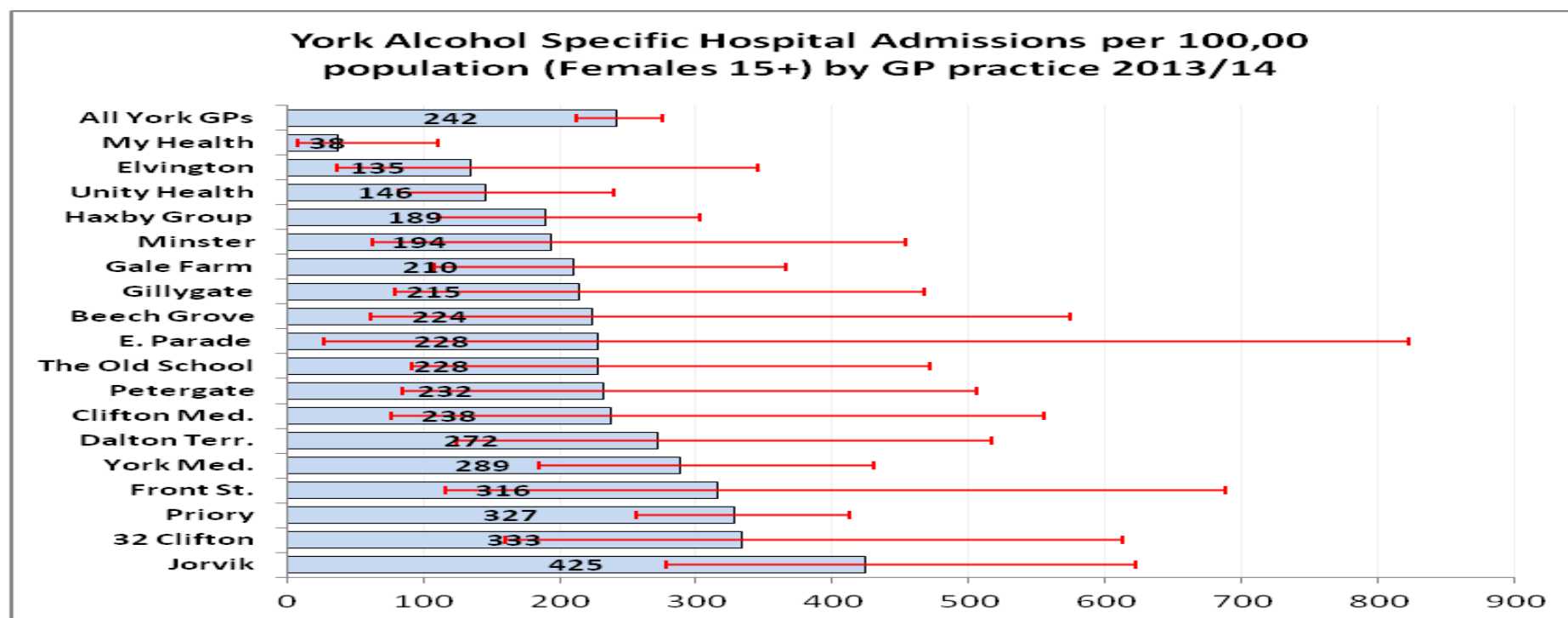
For example, Unity Health, The Old School and My Health practices are significantly different to the overall York rate because the highest possible rate of hospital admission is less than the lowest possible rate for York overall – the red bars do not overlap.

Male Alcohol Specific Hospital Admission Rate by GP Practice (with confidence intervals shown)



- This shows that four practices have significantly lower rates of alcohol specific hospital admissions: Unity Health, The Old School Medical practice, My Health and Haxby Group
- This shows that two practices have significantly higher rates of alcohol specific hospital admissions: Priory Medical group and Minster Health
- Confidence intervals are quite wide reflecting the fact that only a year's data is being analysed. If several years data can be aggregated more robust analysis will be possible.

Female Alcohol Specific Hospital Admission Rate by GP Practice (with confidence intervals shown)



- Confidence intervals are quite wide reflecting the fact that only a year's data is being analysed. If several years data can be aggregated more robust analysis will be possible.
- Admission rates are lower for females than males
- The variation in admission rates between GP practices is less for females than for Males.
- Taking into account confidence intervals My Health has a significantly lower rate than the York average and no practices have a significantly higher rate than the York average

The highest rates of hospital admission for alcohol specific conditions can be seen in males and in particular in males aged 45-64. The highest rates of admission in women are for those aged between 25–64.

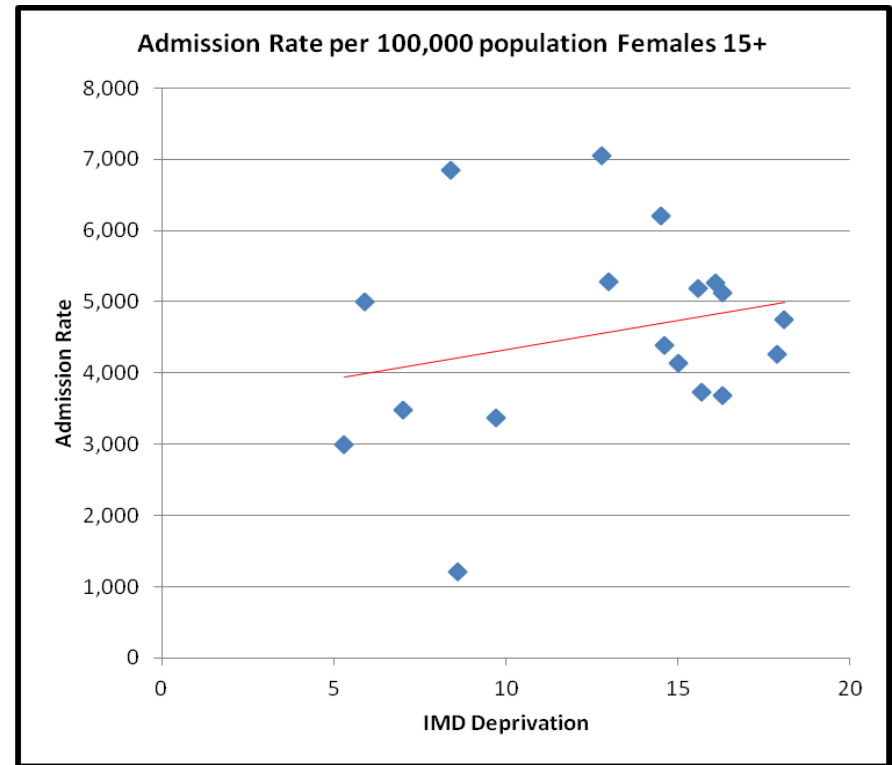
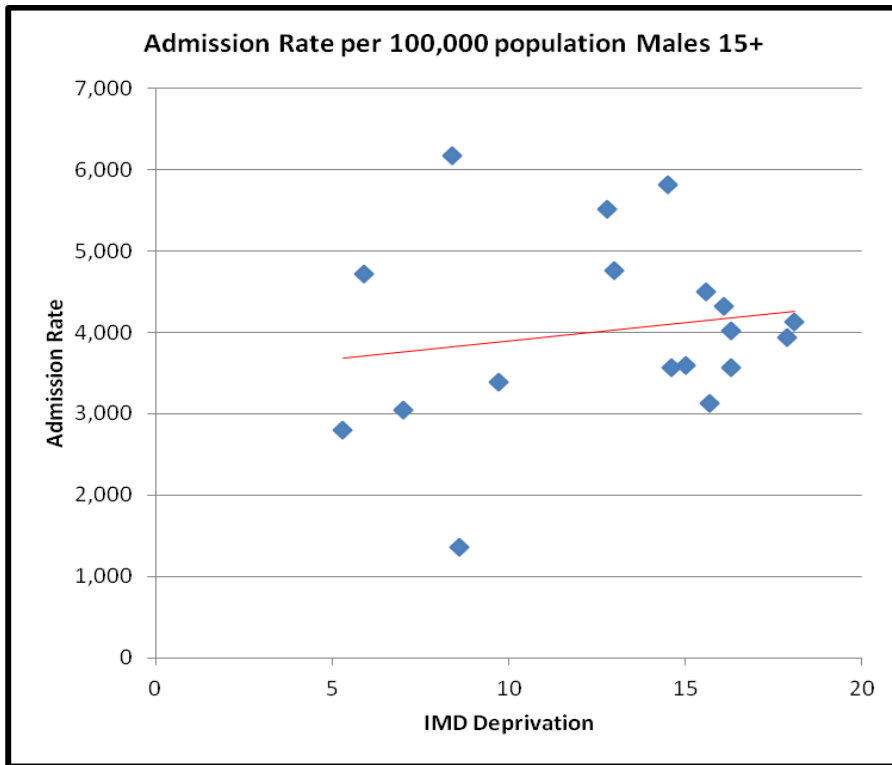
Male Alcohol Specific Admissions by age group - 2013-2014			
Males	*People admitted	Population	Rate per 100,000
15-24	21	17,656	119
25-44	113	26,679	424
45-64	164	23,580	696
65+	64	15,495	413
Total	362	83,410	434

Female Alcohol Specific Admissions by age group - 2013-2014			
Females	*People admitted	Population	Rate per 100,000
15-24	35	17,929	195
25-44	87	26,266	331
45-64	84	24,461	343
65+	29	20,205	144
Total	235	88,861	264

**The figures for people admitted in the tables above may differ from the total number of admissions because they refer to individual people and do not account for how many times an individual was admitted to hospital.*

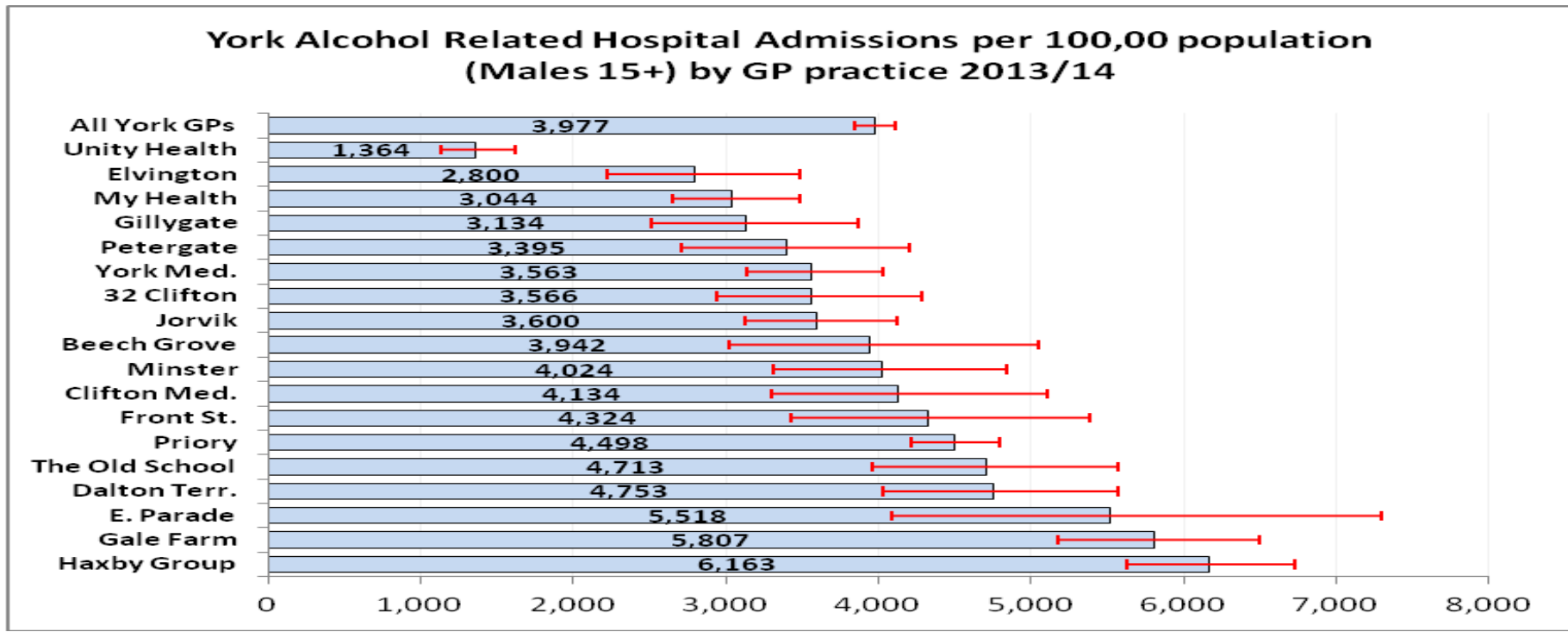
A much larger number of people are admitted to hospital with alcohol related conditions than alcohol specific conditions. These conditions are ones where alcohol is considered to be a contributing factor in the cause of the condition, illness or disease but can not be identified as the sole cause. These would include conditions or diseases such as hypertensive disorders, stroke and some cancers.

In 2013-2014, of the 14,926 hospital admissions connected to alcohol, nearly 14,000 were alcohol related admissions. Unlike alcohol specific hospital admission rates, there is no correlation between deprivation and admission rates to hospital for alcohol related conditions in either males or females.



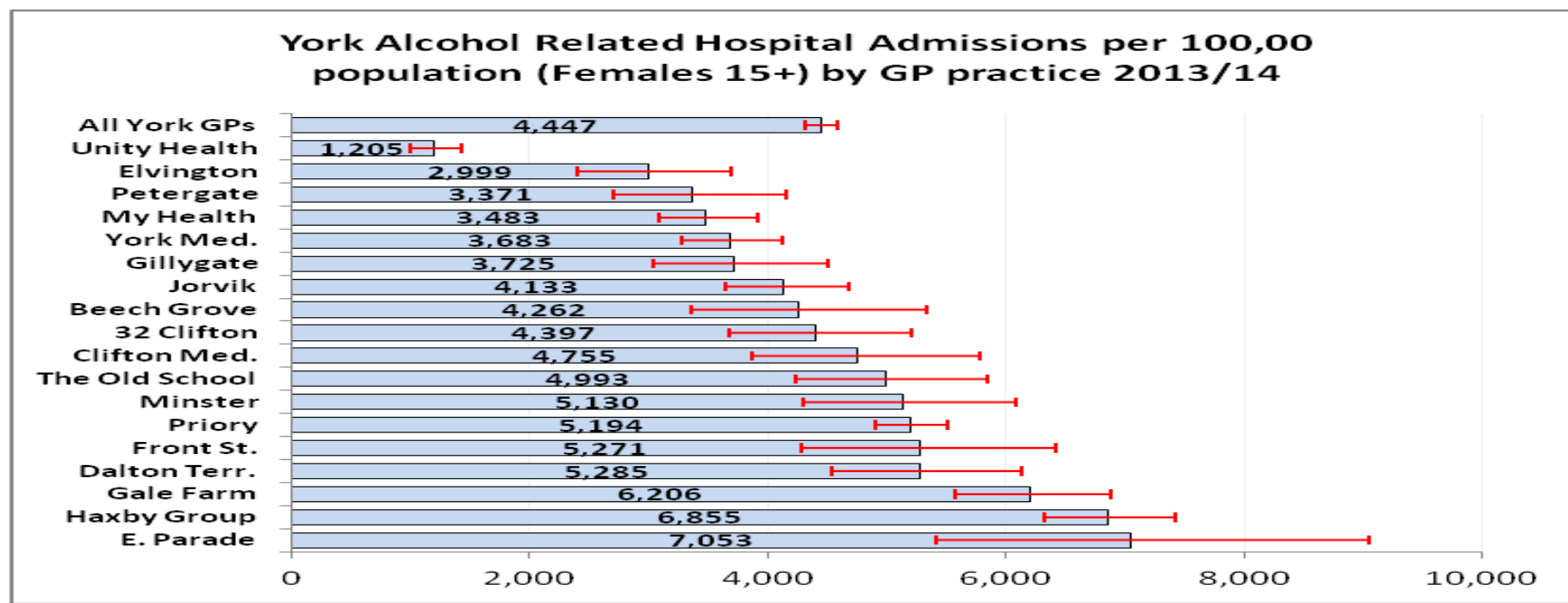
There is no significant correlation between alcohol related admissions and deprivation levels. However, there are statistically significant differences in the rates of hospital admission for alcohol related conditions between some of the York GP practices.

Male Alcohol Related Hospital Admission Rate by GP Practice (with confidence intervals shown)



- Alcohol related hospital admissions vary considerably between the practices within York.
- Confidence intervals are quite wide reflecting the fact that only a year's data is being analysed. If several years data can be aggregated more robust analysis will be possible.
- Taking into account confidence intervals, Unity Health, Elvington, My Health have significantly lower rates than the York average. Gale Farm, Haxby Group and Priory have significantly higher rates than the York average.

Female Alcohol Related Hospital Admission Rate by GP Practice (with confidence intervals shown)



- Taking into account confidence intervals the following practices have a significantly lower rate than the York average: Unity Health, Elvington, Petergate, My Health and York Medical Group
- Taking into account confidence intervals the following practices have a significantly higher rate than the York average: Priory, Gale Farm, Haxby, East Parade
- Confidence intervals are quite wide reflecting the fact that only a year's data is being analysed. If several years data can be aggregated more robust analysis will be possible.

The highest rates of hospital admission for alcohol related conditions can be seen in females and in particular in females aged over 65 years old.

The highest rates of admission for alcohol related conditions in men are for those aged over 65 years old.

Male Alcohol Related Admissions by age group - 2013-2014			
Males	People admitted	Population	Rate per 100,000
15-24	73	17,656	413
25-44	196	26,679	735
45-64	816	23,580	3,461
65+	2,564	15,495	16,547
Total	3,649	83,410	4,375

Female Alcohol Related Admissions by age group - 2013-2014			
Females	People admitted	Population	Rate per 100,000
15-24	141	17,929	786
25-44	323	26,266	1,230
45-64	708	24,461	2,894
65+	3,172	20,205	15,699
Total	4,344	88,861	4,889

**The figures for people admitted in the tables above may differ from the total number of admissions because they refer to individual people and do not account for how many times an individual was admitted to hospital.*

The [Health & Social Care Information Centre](#) (2014) Statistics on Alcohol 2013 report shows that people from higher socio-economic backgrounds tend to drink more regularly. The study shows that:

- The proportion of people who drank alcohol in the week before the study questions were asked increased as household income increased.

- In households with the lowest income, 45% of adults drank alcohol in the previous week and 9% did so on 5 or more days whereas in the highest income households, 77% of adults drank in the previous week and 18% did so on 5 or more days.
- The proportions of adults exceeding 4 units of alcohol for men and 3 units for women and drinking heavily (exceeding 8 units for men and 6 units for women) tended to rise with increasing gross weekly household income.
 - In households with the lowest income, 22% of adults exceeded minimum guideline units of alcohol and 10% drank heavily (exceeded 8 units for men and 6 units for women) on at least one day in the previous week. Adults living in households with the highest income were twice as likely to have exceeded minimum guideline units of alcohol and were twice as likely to have drunk heavily than adults in the poorest households (44% and 23% compared with 22% and 10%).

Research tends to indicate variation in the way that people drink which is linked to socioeconomic status. It is generally reported that people from higher socioeconomic groups – the richer people with better jobs and higher incomes – tend to drink more frequently and people from lower socioeconomic groups tend to drink more heavily which is more consistent with binge drinking ([Huckle et al, 2010](#); [Kuntsche et al, 2004](#)). However, there is still a large degree of variation in findings between studies into the extent of the link between socioeconomic status and differences linked to alcohol consumption in terms of frequency and volume of alcohol consumed, particularly in terms of the differences that age and gender also have on drinking patterns ([Fone et al, 2015](#)). A 2013 study ([Fone et al, 2015](#)) of over 58,000 responses to Welsh Health Surveys between 2003 – 2007 into socioeconomic status and drinking levels of adults in Wales reported that:

- Local neighborhood levels of deprivation can have an impact on how people drink in terms of either excess alcohol consumption or binge drinking.

- Excess alcohol consumption is more common in less deprived areas
- Binge drinking is more common in more deprived areas
- Younger men in deprived neighbourhoods were most likely to binge drink.
- Men aged 35–64 showed the steepest increase in binge increase in binge drinking in deprived neighbourhoods, but men aged 18–24 showed a smaller increase with deprivation.
- Neighbourhood deprivation levels have a different impact on the risk of binge drinking between men and women at different age groups.

Understanding the socioeconomic patterns of harmful alcohol consumption is important for public health policy development. It should be considered when determining how alcohol related health promotion, harm prevention and interventions are targeted at a local level.

Different groups of people have different drinking profiles and the harms that each of these groups experience will also differ as a result.

A 2015 report into the gap in life expectancy by the [King's Fund](#) highlighted that the incidence of binge drinking is one of the clearest predictors associated with a reduction in life expectancy along with eating recommended guidance amounts of fruit and of being in employment.

Traditionally, income levels have been identified as a clear predictor of reduced life expectancy ([UCL Institute of Health Equity, 2015](#)). Many lifestyle factors are associated with income, social class, education and deprivation and are often viewed as 'proxy' causes of inequality in health outcomes, all being ultimately influenced by low levels of income which underpin and influence all of these ([King's Fund, 2015](#)). However, due to the complicated relationship between income deprivation, other environmental factors that determine health - such as housing, and lifestyle factors, income level is not reported by The King's Fund to be as clearly linked to a

reduction in life expectancy as other studies indicate. In their report, they identify that in areas which have persistently poor or good life expectancy over time, the largest influences are ‘...where there is higher deprivation among older people, unemployment, housing deprivation and binge drinking, these factors all increase the risks of those areas having persistently low life expectancy over time.’ ([King’s Fund, 2015](#)).

There is a growing understanding and acceptance of ‘Social Norms theory’ which argues that one of the largest impacts on behaviour and lifestyle choices are the people around an individual and what a person perceives as normal behaviour. For example, if you live in an area where you think that levels of drinking are very high in your population, you will be more likely to drink at high levels because you think that this is socially acceptable.

“Social norms theory describes situations in which individuals incorrectly perceive the attitudes and/or behaviors of peers and other community members to be different from their own when in fact they are not. This phenomenon that has been called “pluralistic ignorance” (Miller and McFarland, 1991; Toch & Klofas, 1984). These misperceptions occur in relation to problem or risk behaviours (which are usually overestimated) and in relation to healthy or protective behaviors (which are usually underestimated). One of the effects of pluralistic ignorance is to cause individuals to change their own behavior to approximate the misperceived norm. This in turn can cause the expression or rationalization of problem behavior and the inhibition or suppression of healthy behavior. This pattern has been well documented for alcohol, smoking, illegal drug use, and a variety of other health behaviours and attitudes, including prejudice.” ([Berkowitz, 2004](#)).

This is important to consider when thinking about how to influence a reduction in risky drinking levels within the York population and in particular because of the high levels of binge drinking in York and the potential impact that this has on reducing life expectancy in those who binge drink.

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