Alcohol

Introduction

More than 9 million people in England drink more than the recommended daily limits. Alcohol is 10% of the UK burden of disease and death, making alcohol one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity. The most effective strategies to reduce alcohol-related harm from a public health perspective include, in rank order, price increases, restrictions on the physical availability of alcohol, drink-driving counter measures, brief interventions with at-risk drinkers, and treatment of drinkers with alcohol dependence.

Alcohol misuse in the North West of England is the worst in the UK, and Blackpool has high levels of alcohol-related harm (health, disorder, violence) for the size of the population. The health and wellbeing of the community and local services are strained. The alcohol industry brings some economic prosperity through employment, yet paradoxically 105,000 working days a year are lost in Blackpool due to alcohol misuse, at an estimated cost upwards of £10.5 million per year.

Blackpool has a thriving and vibrant night-time economy, and like many UK towns and cities, that economy centres around entertainment premises licensed to sell alcohol. Once seen by planners as the answer to troubled town centres, pubs, clubs and bars are a major focal point for alcohol related harm; alcohol is having a significant negative impact on health, crime and the economy. In 2018, Blackpool had a total of 1,550 licensed premises in the town; approximately one for every 90 residents, including 121 pubs and 157 off licences.

Alcohol misuse is not a new phenomenon to Blackpool. According to local historians, Blackpool in the Victorian era hosted destination drinking. The challenges facing us today are a powerful alcohol industry, an above average prevalence of harmful attitudes towards alcohol, and an environment and culture that support excess alcohol consumption.

The Blackpool Alcohol Needs Assessment is intended to present a picture of alcohol harm, needs and current service provision for alcohol misuse in Blackpool and to support the development of the Blackpool Alcohol Strategy 2016-2019.

Patterns of consumption

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. However there can be a considerable lag between alcohol consumption and alcohol-related harms, particularly for chronic conditions where the lag can be many years. In England a quarter of the population are drinking at above low risk levels so may benefit from some level of intervention. Harm can be short-term and instantaneous, due to intoxication or long-term, from continuous exposure to the toxic effect of alcohol or from developing dependence.

To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. The Chief Medical Officers’ guideline for both men and women is that:

- **Patterns of consumption**
- Licensed premises
- Cumulative Impact Policy (CIP)
- Facts and figures
  - Mortality
  - Hospital admissions
  - Alcohol related A&E attendances
- Alcohol misuse and young people
- Crime and disorder
- Alcohol treatment system
- National and local strategies
- Recommendations

Further information relating to young people can be found in the Alcohol use in children and young people section.

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If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days.

If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.

The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.

If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

Figure 1 demonstrates how alcohol drinking behaviour is classified and gives estimates for the proportion of the population that fall into each group. The more units regularly consumed per day increases the risk factor, whilst binge drinkers could drink at any level normally with an occasional binge. Dependent drinkers are predominantly a subset of either increasing risk or higher risk drinkers, however recovering drinkers could be abstinent but remain dependent.

Blackpool has the highest rate of claimants of benefits due to alcoholism in the country; the rate of 575.2 per 100,000 is over 4 times the national average.

Figure 1: The distribution of drinkers in England, 2014


Geographical variation

Patterns of alcohol consumption vary across Blackpool. Figure 2 shows modelled estimates of binge drinking as a proportion of the population within each ward in Blackpool. The wards in the centre of town which experience higher levels of deprivation also see the highest prevalence of binge drinking.

Figure 2: Modelled estimates of binge drinking by ward

Source: PHE, Local Health
Blackpool has by far the most licensed premises of any district in Lancashire-14. 22% (1,550) of almost 7,000 licensed premises in Lancashire are located within the town.²

- More than half (54%) of Blackpool's full licenses are held by hotels.
- There are 157 (10%) off licences and 121 (8%) pubs.
- Two thirds (1,016) of Blackpool's licensed premises are located within Bloomfield, Claremont and Talbot.
- Excluding the three town centre wards, numbers of licensed premises range from 163 in Waterloo to 7 in Greenlands and Highfield.

<table>
<thead>
<tr>
<th>Location</th>
<th>Hotel</th>
<th>Off License</th>
<th>Restaurant*</th>
<th>Pub</th>
<th>Late night refreshment house</th>
<th>Takeaway</th>
<th>Convenience Store</th>
<th>Other</th>
<th>Total</th>
<th>% in ward</th>
</tr>
</thead>
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<td>1</td>
<td>3</td>
<td>12</td>
<td></td>
<td></td>
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<td>0.8%</td>
</tr>
<tr>
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<td>4</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>7</td>
<td>35</td>
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<td>2.3%</td>
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<tr>
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<td>273</td>
<td>20</td>
<td>10</td>
<td>23</td>
<td>24</td>
<td>4</td>
<td>1</td>
<td>18</td>
<td>373</td>
<td>24.1%</td>
</tr>
<tr>
<td>Brunswick</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>17</td>
<td>1</td>
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<tr>
<td>Claremont</td>
<td>119</td>
<td>21</td>
<td>15</td>
<td>18</td>
<td>17</td>
<td>5</td>
<td>1</td>
<td>24</td>
<td>220</td>
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</tr>
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<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>20</td>
<td></td>
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</tr>
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<td>Greenlands</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td></td>
<td></td>
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<td>Hawes Side</td>
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<td>1</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>17</td>
<td></td>
<td>17</td>
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</tr>
<tr>
<td>Highfield</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>Ingthorpe</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
<td>1.0%</td>
</tr>
<tr>
<td>Layton</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td>2</td>
<td>3</td>
<td>16</td>
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</tr>
<tr>
<td>Marton</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>10</td>
<td>21</td>
<td></td>
<td>21</td>
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<tr>
<td>Norbreck</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>10</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Park</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>10</td>
<td></td>
<td>10</td>
<td>0.6%</td>
</tr>
<tr>
<td>Squires Gate</td>
<td>6</td>
<td>5</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>33</td>
<td></td>
<td>2.1%</td>
</tr>
<tr>
<td>Stanley</td>
<td>4</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Talbot</td>
<td>244</td>
<td>18</td>
<td>62</td>
<td>35</td>
<td>22</td>
<td>5</td>
<td>4</td>
<td>33</td>
<td>423</td>
<td>27.3%</td>
</tr>
<tr>
<td>Tyldeley</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>12</td>
<td>0.8%</td>
</tr>
<tr>
<td>Victoria</td>
<td>1</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>26</td>
<td></td>
<td>1.7%</td>
</tr>
<tr>
<td>Warbreck</td>
<td>67</td>
<td>7</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td></td>
<td></td>
<td>4</td>
<td>0.6%</td>
</tr>
<tr>
<td>Waterloo</td>
<td>111</td>
<td>9</td>
<td>12</td>
<td>12</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>163</td>
<td>10.5%</td>
</tr>
<tr>
<td>Blackpool</td>
<td>838</td>
<td>157</td>
<td>130</td>
<td>121</td>
<td>100</td>
<td>21</td>
<td>20</td>
<td>163</td>
<td>1,550</td>
<td>100%</td>
</tr>
</tbody>
</table>

*includes Restaurant/Takaway, Restaurant/Bar and Restaurant/Café

Source: Lancashire Insight, MADE Partners data, October 2018

Cumulative Impact Policy

The number, type and density of premises selling alcohol in a particular area can lead to serious problems of nuisance or disorder. In these circumstances the impact of the premises taken as a whole can be far greater than that arising from individual premises. In most cases it would be impossible to identify individual premises as being the sole cause or major contributing factor. For this reason, the licensing authority in Blackpool has created a town centre saturation area and an off-licence saturation area policy. The area covered by the town centre saturation area is shown in Figure 4.

The policy applies to applications including the sale or supply of alcohol on the premises. The effect of the policy is to create a rebuttable presumption that applications will be refused. To rebut this presumption an applicant would be expected to show that the operation of the premises will not add to the cumulative impact already being experienced.
This policy does not act as an absolute prohibition on the granting of new licences however the policy will only be overridden in genuinely exceptional cases where the applicant can demonstrate that the granting of the application will not undermine the policy and the reasons for it. An application is not likely to be classed as exceptional merely on the ground that the premises have been or will be operated within the terms of its licence or that they are/will be well managed. This is to be expected of any application.

Despite the adoption of such a policy, if no representations are received from responsible authorities, the application must be granted in terms consistent with the operating schedule.

**Figure 4: Town centre saturation area**

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Off-licence saturation policy

On 21st January 2009, the Council approved the creation of a saturation area covering the wards of Bloomfield, Claremont, Talbot and Victoria. This policy is to apply to any new licence application seeking permission to sell alcohol for consumption off the premises and any variation to an existing off-licence within these wards.

**Facts and figures**

**Health**

Alcohol is a major cause of ill health; it causes and contributes to a wide range of serious health problems, accidents and deaths. The health effects of alcohol can be acute, for example poisoning or injury, and chronic (long term), for example liver cirrhosis, cardiovascular disease or female breast cancer. An analysis of 67 risk factors and risk factor clusters for death and disability found that alcohol is the third leading risk factor for death and disability after smoking and obesity\(^1\). In most cases, the relationship between alcohol and disease is ‘dose-dependent’ – that is, the more alcohol consumed, the greater the risk of disease.

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**Mortality**

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Two measures of alcohol mortality are available:

- alcohol-specific mortality: deaths from a cause which is wholly attributable to alcohol such alcoholic liver disease and alcohol poisoning
- alcohol-related mortality: deaths which are wholly or partially attributable to alcohol

Figure 5 shows that Blackpool is significantly worse than the England average on all alcohol mortality indicators and is in fact the worst in the country for alcohol mortality for both males and females.

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**Figure 5: Alcohol and mortality**
Figure 6 shows alcohol specific mortality for males and females in Blackpool compared to England as a whole. For males the rate in Blackpool had been showing a gradual decline until 2012-14 but has since increased to 39.8 per 100,000 pop. and is now over two and a half times higher than the national average of 14.5 per 100,000. For females, alcohol specific mortality has been increasing since 2010-12 and the rate of 20.7 per 100,000 pop is three times the national average of 7.0 per 100,000. The rates are significantly higher than average for both males and females.

Figure 6: Trend in alcohol specific mortality for males and females, Blackpool and England

Alcohol-related mortality includes conditions wholly-attributable and partially-attributable to alcohol. Figure 7 shows the trend in alcohol related mortality for males and females in Blackpool compared to England as a whole. The male mortality rate has been significantly higher than England for a number of years and has generally remained at the same level with a few non-significant fluctuations. For females, the rate is also currently significantly higher than the national average.

Figure 7: Trend in alcohol-related mortality for males and females, Blackpool and England

Hospital admissions

Hospital admissions are estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol-related hospital admissions can be a result of regular alcohol use above lower-risk levels; around three quarters of the cost to the NHS is incurred by people who are not alcohol dependent, but whose alcohol misuse causes ill health.

Figures 8 shows the rising trend in hospital admissions for alcohol-specific conditions for males and females. While there has been a
slight decline, the general trend is upwards for both males and females.

- There were 1,885 alcohol specific admissions in Blackpool in 2017/18.
- 68% were male, 32% female.
- The alcohol specific admission rate is over 2 times higher than the national average for males and females.

Figure 8: Trend in alcohol-specific hospital admissions, males and females, Blackpool and England

While an increase in alcohol harm has been observed over the last decade, there is better understanding and recording of its impact. To reflect these changes, the presentation of two indicators (a broad measure and a narrow measure) gives a more comprehensive picture of the contribution of alcohol to ill-health.

- Broad measure - Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code. This is an indication of the totality of alcohol health harm in the local adult population.
- Narrow measure - Admissions to hospital where the primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause. This definition is more responsive to change resulting from local action on alcohol.

Figure 9 shows hospital admissions using the broad and narrow definition of an alcohol related admission. Alcohol admissions using the broad definition continue to rise locally and nationally, though rates locally are rising at a faster rate with the gap between Blackpool and England increasing. The trend in the alcohol admission rate (narrow definition) has shown a slight decrease since 2013/14.

- There were 4,795 alcohol related admissions (broad definition) in Blackpool in 2017/18.
- 64% were male, 36% female.
- The alcohol-related admission rate (broad definition) is 1.5 times higher than the national average.
- There were 1,521 alcohol-related admissions (narrow definition) in Blackpool in 2017/18.
- 62% were male, 38% female.
- The alcohol-related admission rate (narrow definition) is 1.7 times higher than the national average.

Figure 9: Trend in alcohol-related hospital admissions (broad and narrow definitions), all persons, Blackpool and England

Figure 10 shows the number and proportion of alcohol-related hospital admissions (narrow definition) for males and females in Blackpool by age group. Just over 60% of the admissions are in males and approximately 50% of admissions for males and females are in the 40-64 age group. Men account for the majority of alcohol-related admissions and this reflects a higher level of harmful drinking among men compared to women overall. Figure 11 shows rates of admission for selected alcohol related conditions. Rates of admission are significantly higher than England averages for many alcohol related conditions with rates for intentional self-poisoning being over 2.5 times higher than average.

Figure 10: Alcohol-related hospital admissions (narrow definition) by age and sex, Blackpool, 2017/18

Figure 11 shows rates of admission for selected alcohol related conditions.
Figure 11 shows alcohol related hospital admissions by ward in Blackpool. Although all areas in Blackpool have higher admission rates than the national average, it can clearly be seen that the harm resulting from alcohol misuse is more concentrated in the most disadvantaged areas of Blackpool. Harmful use of alcohol affects the most vulnerable groups in society - those in the lowest income bracket and those experiencing the highest levels of deprivation. Even though lower socioeconomic groups often report lower levels of average consumption, they experience greater or similar levels of alcohol-related harm. This is particularly true for mortality from chronic liver disease. This gives rise to what has been termed the 'alcohol harm paradox' whereby disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations.\(^5\)

Figure 12: Alcohol related hospital admissions by ward, 2011/12-2015/16
Information on individuals who are frequently admitted to hospital for alcohol-specific conditions gives an indication of the number of drinkers who place a heavy burden on health services and, very often, on social housing and criminal justice services. The fact that these people are suffering ongoing alcohol-specific ill health suggests that they may not have had contact with treatment services, or if they have, it is unlikely that services have not engaged with them for long enough for them to achieve sustained abstinence. Figure 13 shows the number (and rate) of frequent alcohol-specific admissions for Blackpool compared with England. The rate of 2 or more previous admissions by individuals in Blackpool is almost 3 times higher than the national average.

Figure 13: Individuals with alcohol-specific hospital admissions in 2015/16 and number of admissions in preceding 24 months

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Blackpool</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate per 100,000</td>
<td>Number of admissions</td>
</tr>
<tr>
<td>No previous admissions</td>
<td>237</td>
<td>888</td>
</tr>
<tr>
<td>1 previous admission</td>
<td>45</td>
<td>175</td>
</tr>
<tr>
<td>2 or more previous admissions</td>
<td>56</td>
<td>233</td>
</tr>
</tbody>
</table>

Source: PHE, Adults - alcohol commissioning support pack 2019-20: key data

Alcohol-related Accident and Emergency (A&E) attendances

Estimates for the proportion of Emergency Department attendances attributable to alcohol vary, but figures of up to 40% have been reported, and it could be as much as 70% at peak times. While we do not have local information on alcohol related A&E attendances, data collected by the Trauma and Injury Intelligence Group provides information on attendances for assault. Nationally, there were 1.2 million violence against the person (assaults) incidents recorded by the police in 2016/17 and victims believed the offender to be under the influence of alcohol in 40% of these incidents.

- There were 13,821 A&E attendances relating to assault across Lancashire in the three year period 2015/16 to 2017/18.
- This is approximately 4,600 attendances every year, 13 per day across Lancashire-14.
- 3,158 (23%) of these attendances were at Blackpool Victoria A&E, over 1,000 per year.
- If an estimated 40%-70% of assault attendances are the result of alcohol, then that means there were between 1,263 and 2,210 alcohol related assaults in Blackpool over the 3 year period.
- 60% (1,899) of the assault attendances were from Blackpool residents.
- Assault attendance rates at ward level range from 30.8 per 1,000 population in Bloomfield down to 4.1 per 1,000 in Norbreck. The Blackpool average is 14.2 per 1,000.

It can clearly be seen from Figure 14 that almost two thirds of attendances for assault at Blackpool A&E are from people who live in Blackpool, (a further 26% of attendees live in Fylde or Wyre). While the night-time economy and tourism will increase attendances, visitors to the town do not account for most of the assault attendances.

Figure 14: Accident and Emergency attendances for assault, split by Blackpool residents and non-Blackpool residents

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Blackpool resident</td>
<td>Non-Blackpool resident</td>
<td>% of Blackpool residents seen</td>
</tr>
<tr>
<td>Blackpool A&amp;E</td>
<td>660</td>
<td>447</td>
<td>59.6%</td>
</tr>
<tr>
<td>All other Lancashire A&amp;E</td>
<td>26</td>
<td>3,822</td>
<td>0.7%</td>
</tr>
<tr>
<td>Total</td>
<td>686</td>
<td>4,269</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

Source: Public Health Institute, LJMU, Trauma and Injury Intelligence Group (TIIG) AED Assaults Licensed Premises

Licensing authorities have the responsibility of reviewing the licence of a premise if it has been found to breach the conditions of its licence. Health data from Emergency Departments (EDs) can be used to supplement police recorded crime data in a licence review, which is particularly useful where a violent incident has occurred but the victim has not informed the police.

Alcohol Misuse and Young People

Data from the Health Survey for England shows that drinking among young people has declined over the past 10 years. Identifying as a non-drinker has increased, mainly attributable to fewer younger people taking up drinking. The stigma associated with non-
drinking has diminished, suggesting that the norms around non-drinking might be changing, and this behaviour is becoming more mainstream among young people. However, there are still an estimated 18% of 16-24 year olds who drink at more than the low risk level and young people are the most likely to binge drink of any age group.

Previous research has highlighted the fact that young people who start drinking alcohol at an early age tend to drink more frequently and more in total than those who start drinking later in their life; as a result, they are more likely to develop alcohol problems in adolescence and adulthood. Data from the WAY survey shows that an estimated 5% of Blackpool’s 15 year olds are regular drinkers (drinking at least once a week) and 15.8% had been drunk in the last 4 weeks. This compares with 6.2% and 14.6% respectively in England. However, rates of alcohol-specific hospital admissions in under 18’s in Blackpool have almost halved over the last 8 years and while rates are still significantly higher than the national average, the gap between Blackpool and England is narrowing.

Alcohol use in children and young people provides more detailed information.

Crime and disorder

Alcohol is too often a precursor and catalyst for crime and disorder in Blackpool in addition to creating health and safety issues in the wider community. Blackpool is a local authority containing some of the most deprived areas in Lancashire and England and there is a correlation between Blackpool’s areas of deprivation and hotspots for violent crime, domestic abuse and criminal damage; all associated with alcohol abuse to some degree.

Visitors to Blackpool swell the local population significantly during the summer months, and although they make a huge contribution to the local economy, including a substantial ‘night time economy’, they also contribute to the local crime statistics as victims or offenders. This ‘tourism effect’ does have a negative impact on crime and disorder statistics. Figure 15 shows the increasing trend in alcohol related crimes across Blackpool and Lancashire, while figure 16 shows the differences within Blackpool.

- There were over 4,600 alcohol related crimes in Blackpool in 2017/18, almost a quarter of Lancashire’s total of 19,725.
- Alcohol related crime has more than doubled in Blackpool and across Lancashire over the last 5 years.
- Rates across Blackpool have risen from 16.1 per 1,000 population in 2012/13 to 33.1 per 1,000 in 2017/18.
- Rates are two and a half times higher than the Lancashire average of 13.3.
- Alcohol related violence makes up approximately 60% of all alcohol-related crime.
- Over half (56%) of alcohol-related violence is concentrated in three wards in central Blackpool; Bloomfield, Claremont and Talbot, reflecting the most disadvantaged areas and the night time economy within the town (figure 16).

Figure 15: Trend in the rates of alcohol related violence and ‘other’ alcohol related crimes in Blackpool and Lancashire

![Figure 15: Trend in the rates of alcohol related violence and 'other' alcohol related crimes in Blackpool and Lancashire](source: Lancashire Insight, MADE Partners data, October 2018)

Figure 16: Rates of all alcohol-related crime by ward, 2017/18

![Figure 16: Rates of all alcohol-related crime by ward, 2017/18](source: Lancashire Insight, MADE Partners data, October 2018)

There is a strong relationship between alcohol and domestic abuse, violence and sexual assault. Whilst alcohol should not be used as an excuse for those who perpetrate violence and abuse, neither should its influence be ignored. Alcohol misuse is consistently found in a high proportion of those who perpetrate domestic abuse and sexual assault, and it has been found that within intimate relationships where one partner has a problem with alcohol or other substances, domestic abuse is more likely to occur. Figure 17 shows rates of alcohol related violence and rates of domestic abuse at ward level in Blackpool (exc. Bloomfield, Claremont and...
Talbot wards). Even when excluding the three central wards with high rates of alcohol related crime which may be more likely because of the night-time economy, there is clearly a strong correlation with wards that have high alcohol related violence rates and domestic assault rates.

Figure 17: Correlation between alcohol-related violence and domestic abuse across selected Blackpool wards, 2017/18

Source: Lancashire Insight, MADE Partners data, October 2018

The Alcohol Treatment System

Information on individuals who are in contact with structured alcohol treatment services is available from the National Drug Treatment Monitoring System (NDTMS) which collects, collates and analyses data from and for those involved in the drug and alcohol sector. Figure 18 refers to individuals who were in treatment during 2017/18 and cited alcohol as their only substance misuse problem.

‘Horizon’ Support Service

Horizon is the integrated drug and alcohol treatment service for residents of Blackpool. The service provides planned care and integrated community based treatment for drug and alcohol clients. Specifically, unstructured and structured interventions are available for people presenting with alcohol problems and one to one interventions are complemented by a variety of group work programmes. Treatment options will depend upon the needs and complexities of each client. Alcohol clients can receive brief advice and interventions within a number of community settings such as in GP surgeries and police custody, and are referred into more intensive support at the main treatment centre if required. Structured treatment is care planned and consists of community based psychosocial interventions and clinical treatment. Community detoxification and rehabilitation are also available to clients who would benefit from these approaches. Specific police and probation programmes are delivered to people where alcohol is related to offending behaviours and these include alcohol interventions to support treatment and offender prevention.

Demographics of clients in alcohol treatment

The number of adults in alcohol treatment in 2017/18 in Blackpool was 387. The gender split for this number of adults was 62% male and 38% females. This compares similarly to the national average proportions by gender of 60% male and 40% female. The number of adults who started alcohol treatment in 2017/18 was 288. Figure 18 shows the age and gender breakdown of all adults in alcohol treatment in 2017/18 in Blackpool.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Blackpool Number</th>
<th>% male</th>
<th>% female</th>
<th>National Number</th>
<th>% male</th>
<th>% female</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>27</td>
<td>5%</td>
<td>10%</td>
<td>6,720</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>30-39</td>
<td>74</td>
<td>18%</td>
<td>20%</td>
<td>16,553</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>40-49</td>
<td>127</td>
<td>33%</td>
<td>32%</td>
<td>23,504</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>50-59</td>
<td>123</td>
<td>32%</td>
<td>31%</td>
<td>20,065</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>60-69</td>
<td>31</td>
<td>9%</td>
<td>7%</td>
<td>7,340</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>70-79</td>
<td>5</td>
<td>2%</td>
<td>0%</td>
<td>1,476</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>80+</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
<td>129</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: PHE, Adults - alcohol commissioning support pack 2019-20: key data

Routes into treatment

Figure 19 shows routes into alcohol treatment. Understanding this gives an indication of the levels of referrals from various
settings into specialist treatment. Criminal Justice System (CJS) means referred through an arrest referral scheme via an Alcohol Treatment Requirement (ATR), prison or probation service. The data highlights that, currently, the percentage of referrals into treatment from general practice is lower than the national average (7% locally compared to 14% nationally). All other sources of referral into treatment are showing similar levels to the national average. There is a need locally to focus on improving the numbers of referrals from GPs into Alcohol Treatment Services.

Figure 19: Source of referral into alcohol treatment, 2017/18

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>Blackpool Number of new starts</th>
<th>% of new starts</th>
<th>National Number of new starts</th>
<th>% of new starts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-referral</td>
<td>182</td>
<td>63%</td>
<td>29,842</td>
<td>59%</td>
</tr>
<tr>
<td>Referred through CJS</td>
<td>19</td>
<td>7%</td>
<td>3,007</td>
<td>6%</td>
</tr>
<tr>
<td>Referred by GP</td>
<td>19</td>
<td>7%</td>
<td>6,975</td>
<td>14%</td>
</tr>
<tr>
<td>Hospital/A&amp;E</td>
<td>10</td>
<td>3%</td>
<td>2,599</td>
<td>5%</td>
</tr>
<tr>
<td>Social Services</td>
<td>&lt;5</td>
<td>0%</td>
<td>1,154</td>
<td>2%</td>
</tr>
<tr>
<td>All other referral sources</td>
<td>57</td>
<td>20%</td>
<td>7,079</td>
<td>14%</td>
</tr>
</tbody>
</table>

Source: PHE, Adults - alcohol commissioning support pack 2019-20: key data

Waiting Times

People who need alcohol treatment need prompt help if they are to recover from dependence and keeping waiting times low plays a vital role in supporting recovery from alcohol dependence. In 2017/18, the number of adults waiting less than three weeks to start treatment was 290, this is 99% of all initial waits and this compares to 98% nationally. The number of adults waiting over 6 weeks is 0% which compares to 1% nationally.

Length of time in treatment

NICE Clinical Guidance [CG115](#) suggests that harmful drinkers and those with mild alcohol dependence might benefit from a package of care lasting three months while those with moderate dependence might need a six month package and those with severe dependence or those with complex needs may need a package of care lasting up to a year. The length of a typical treatment period was around 6 months, although nationally 12% of clients remained in treatment for at least a year. Retaining clients for their full course of treatment is important in order to increase the levels of successful treatment completion and reduce rates of early treatment drop out. Conversely, having a high proportion of clients in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment system.

In Blackpool the average days in treatment in 2017/18 was 235 days. This is slightly higher than the national average of 190 days.

Success of treatment

The following section relates to clients completing their period in treatment in 2017/18, and whether they completed successfully and did not return within 6 months.

The successful completions data provides an indication of the effectiveness of the treatment system in Blackpool. A high number of successful completions and a low number of representations to treatment indicate that treatment services are responding well to the needs of those in treatment.

In Blackpool, the percentage of clients leaving alcohol treatment successfully in 2017/18 was 25% of all those in treatment (n.387). This is lower than the national average of 40%. And of the successful completions in Blackpool, 26% did not return within 6 months after completing treatment compared to 39% nationally.

National and local strategies

Blackpool Alcohol Strategy 2016-2019 [1.6MB](#) sets out the strategic priorities for local partners in tackling alcohol-related harm in Blackpool over the next three years.

Blackpool’s Community Safety Plan 2016-2019 sets out the analysis of crime, disorder and substance misuse and has identified the priorities that are of greatest threat to local people as well as where successful interventions will improve the quality of life in Blackpool.


Home Office, Modern Crime Prevention Strategy, March 2016 - outlines the Government’s plans for making the night time economy safe so people can consume alcohol safely without fear of becoming a victim of alcohol-related crime or disorder,
enabling local economies to grow.


NICE Quality standard [QS83] Alcohol: preventing harmful use in the community covers preventing and identifying alcohol problems in the community. It includes policy and practice approaches to prevent harmful alcohol use in adults, young people and children. It is particularly relevant to local authorities, the police, and schools and colleges. It describes high-quality care in priority areas for improvement, March 2015.

The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies. This evidence review looks at the impact of alcohol on the public health and the effectiveness of alcohol control policies, December 2016.

Recommendations

The following recommendations are from the strategy currently under development by the Blackpool Council Alcohol Steering Group on behalf of the Health and Wellbeing Board.

- Help to develop healthy attitudes to alcohol across the life course
- Change the environment and promote responsible alcohol retailing
- Early identification and support for alcohol issues

[1] DH, UK Chief Medical Officers' Low Risk Drinking Guidelines, August 2016
[2] Lancashire Insight, MADE Partners data, October 2018
[4] PHE, Local Alcohol Profiles
[6] Institute of Alcohol Studies, Alcohol’s impact on emergency services, October 2015
[9] PHE, Child and Maternal Health Profile, Health behaviours in 15 year olds
[10] Alcohol related crime is "any notifiable offence (crime) where it is perceived, by the victim or any other person, that the effects of alcohol consumption on the offender or victim was an aggravating factor", Home Office Counting Rules for Recorded Crime, Counting rules crime flags, April 2018
[12] PHE, Adults alcohol commissioning support pack 2019-20: key data, November 2018