



Knowsley Public Health Annual Report 2021/22

**Alcohol and the impact  
on our community**



The background of the entire page is a close-up photograph of numerous water droplets of various sizes. The droplets are scattered across a warm, orange-to-yellow gradient background, which appears to be a surface that has been heated, causing the water to bead up. The lighting is soft, highlighting the spherical shape and reflective surfaces of the droplets.

## Acknowledgements

As always, a great amount of work goes into compiling and producing this report and I would like to sincerely thank all those involved for their dedication and commitment. I also offer my thanks to those who have contributed by providing content or case studies.

**A glossary of terms used throughout this report can be found at page 42.**

# CONTENTS

Foreword	4	Chapter 6	
Recommendations	5	Who is most at risk from alcohol harm?	26
Knowsley health status across the life-course	6	• Alcohol and young people	26
Chapter 1		• Alcohol and women	27
Overview	8	• Alcohol in pregnancy and foetal alcohol spectrum disorder	27
Chapter 2		• Alcohol and older people	28
Low risk drinking guidelines – know your units	9	• Alcohol and homelessness	28
• Low risk drinking	9	• Alcohol and offender health	29
• Increased risk drinking	9	Chapter 7	
• Higher risk drinking	9	What works in reducing alcohol consumption and harm	30
• Binge drinking	9	• Restrictions on alcohol availability	30
• Alcohol dependence	9	• Raise prices on alcohol - minimum unit pricing	31
• Know your units	10	• Restrictions on alcohol marketing promotions	31
Chapter 3		Chapter 8	
The wider impacts of alcohol misuse	12	What are we doing locally to reduce alcohol consumption and harm?	32
• Alcohol and health inequalities	13	• Knowsley Integrated Recovery Service	32
• Alcohol and the impact on families and children	14	• Specialist inpatient detoxification	32
• Alcohol and domestic abuse	15	• Residential rehabilitation	32
• Alcohol, crime and disorder	15	• Alcohol care teams	34
• Alcohol and drink driving	16	• GP shared care - long term support	34
• Alcohol misuse and employment	17	• Supporting children and families living with alcohol dependent parents	34
• Alcohol misuse and debt	17	• Project ADDER	36
• Alcohol misuse and gambling	17	• Project ADDER and working with employees	36
Chapter 4		• Tenancy Extra Support Service	36
Health harms from alcohol	18	• Healthy Knowsley Service	38
• Alcohol use during the Covid-19 pandemic	19	• NHS health check and alcohol consumption	38
• Alcohol-related and alcohol-specific hospital admissions and deaths	19	• Trading standards and illicit alcohol	38
• Alcohol-related admissions	20	• Awareness raising and behaviour change campaigns	39
• Alcohol-related deaths	20	Chapter 9	
• Alcohol-specific admissions and alcohol-specific deaths	20	Where to get help	40
• Access to alcohol treatment services	22	• Tips on cutting down on alcohol	41
• Alcohol and weight	23	Glossary	42
• Alcohol and the use of other substances	23	References	43
Chapter 5			
Alcohol use and mental health	24		
• Co-occurring mental health and alcohol misuse	25		

# FOREWORD

This year for my annual report I have chosen to write about alcohol misuse and the increasingly harmful effect on our individual health but also harm more broadly within our families and communities.

Many people like to have a few drinks with their evening meal or when out with friends and family either at the local pub or restaurant. However, the amount of alcohol drunk can easily add up to more than the recommended for health and cause the harms to individuals and wider society we talk about in this report.

Harmful drinking is made more likely by a culture which glamorises alcohol consumption, and it is important to challenge 'cultural norms' that influence behaviour such as going out with friends with the deliberate intention to get drunk, excessive, and potentially problematic drinking and being the odd one out if you don't drink alcohol.

Nationally, research suggests there have been some positive changes in health behaviours during the COVID-19 pandemic such as more people becoming active by walking or cycling in their local communities. However, on the downside, the amount of alcohol people consumed increased, even with pubs and restaurants (on-trade premises) being closed for a considerable amount of time – we saw an increase in alcohol consumption taking place at home which may have continued post-pandemic. Locally, the number of alcohol-related hospital admissions and deaths during the national lockdowns also increased, with alcohol now considered the third biggest cause of preventable death in the UK after smoking and obesity<sup>1</sup>.

We all know about the rising costs of living and the strain this is putting on families and communities. Alcohol may be used as an escape for some from these stresses and strains, we are yet to see what impact this may also have.

When asked about alcohol consumption at routine medical appointments the amount

people consume often goes under-reported. People may not want to disclose how much they are drinking due to being afraid of admitting they need help due to the stigma associated with problematic drinking, despite drinking alcohol being seen as the 'norm'. It may also be that they are unaware of how much they are drinking or that they do not believe they will develop any health problems from drinking. There is also the cultural stereotype of an 'alcoholic' or dependent drinker that people do not identify with, and therefore do not recognise they have a problem.

The public health burden of harmful alcohol use is wide ranging including significant impacts on health, social care and the local economy. We need to change the conversation around alcohol, increase awareness of lower risk drinking levels and challenge stigma so that people feel confident to get help. In my report I am calling for action, at all levels to support individuals to drink at healthier levels.

With this in mind, I encourage all those working in frontline health and social care roles, housing providers, employment support, and community-based organisations to be open to having conversations about alcohol misuse and other health-related behaviours and take the opportunity to signpost people to get the help they need. Making Every Contact Count training is available to support these brief interventions and contact information is provided at the end of this report.

I hope you find this report useful and interesting, and you can champion our approach and messages. I welcome any comments, suggestions, or feedback. Please drop me a line at [publichealth@knowsley.gov.uk](mailto:publichealth@knowsley.gov.uk)



**Dr Sarah McNulty**  
**Director of Public Health**

# RECOMMENDATIONS

The recommendations from the report are summarised below. We will review these in 12 months' time to see what actions have been taken and provide an update in next year's report.

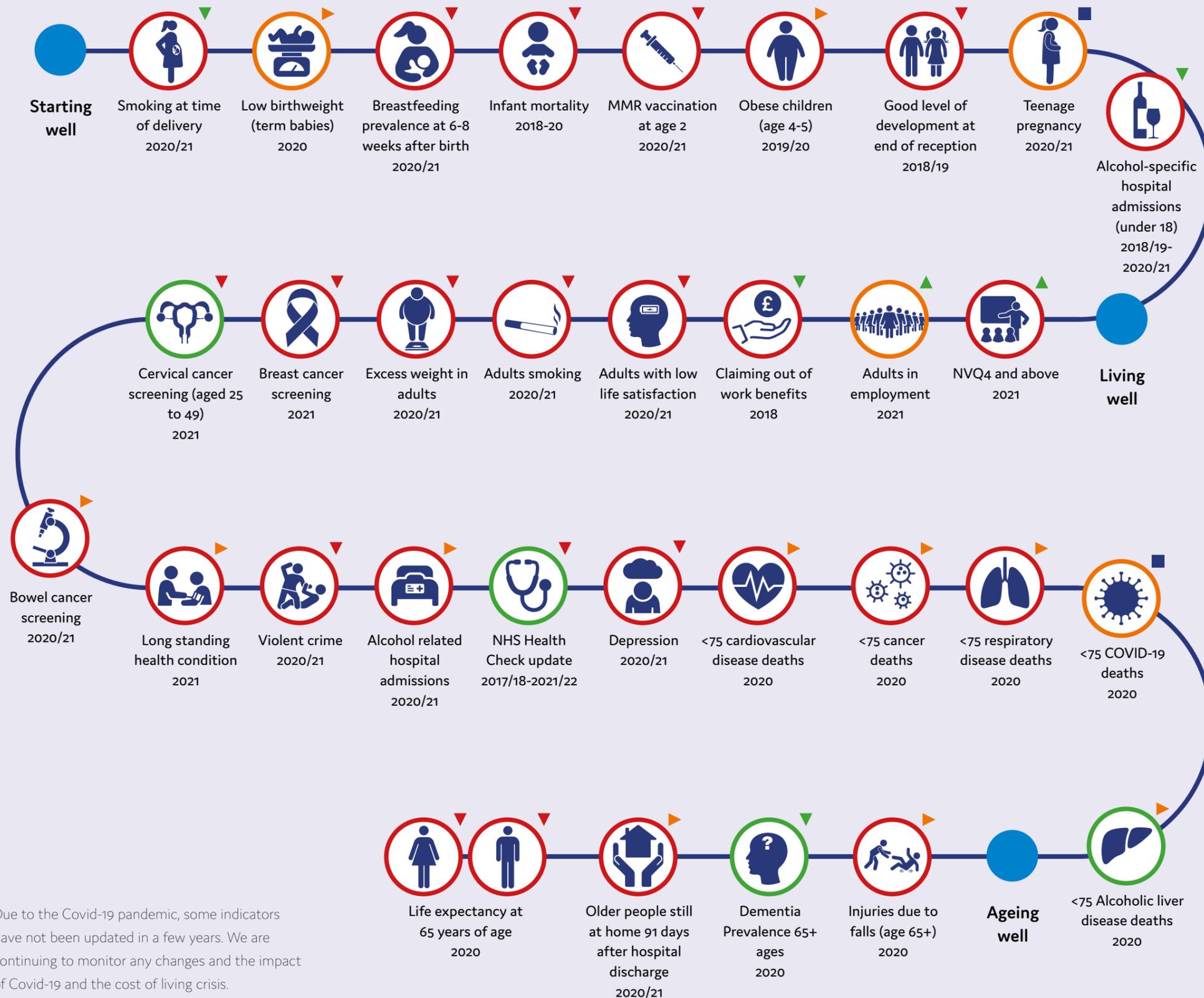
We will:

1. Work to challenge issues around the stigma in accessing treatment support. We will do this by developing an anti-stigma campaign, co-produced by service users to help people recognise problematic substance misuse and access the expanded treatment offer.
2. Publish our Drugs Strategy in 2023. This strategy will expand the capacity and quality of the drug and alcohol treatment offer for young people, families, and adults.
3. Develop a detailed outreach offer where drug and alcohol workers will engage with our local communities, for example by offering mobile screening and wider access to identify and support those at risk.
4. Implement recommendations from the Moving Parents and Children Together Programme (M-PACT) and local and national programme evaluations to improve the support for children with alcohol dependent parents.
5. Update Knowsley's alcohol plan considering effective evidence-based interventions to support a reduction in alcohol harm and risks.
6. Support the alcohol harm reduction priority of the Cheshire and Merseyside Integrated Care System to deliver targeted prevention initiatives. This will also include exploration of advocating for the introduction of minimum unit pricing.
7. Work with Knowsley Chamber of Commerce and local businesses and employers to actively promote health promoting policies in relation to alcohol. We will work closely with employers to deliver Identification and Brief Advice Training and use screening tools to confidentially identify problematic consumption patterns for employees.

An update on recommendations from the 2020 report *Understanding the Impact of COVID-19 and Planning for Recovery* can be found at [www.knowsley.gov.uk/publichealth](http://www.knowsley.gov.uk/publichealth)



# KNOWSLEY HEALTH STATUS ACROSS THE LIFE-COURSE



Due to the Covid-19 pandemic, some indicators have not been updated in a few years. We are continuing to monitor any changes and the impact of Covid-19 and the cost of living crisis.

## KNOWSLEY FACTS

**Population**  
**154,500**  
 people live in Knowsley

There is:

- 36,800** 0-19 year olds
- 91,400** 20-64 year olds
- 58,100** over 65 year olds

**Deprivation**  
**60.4%** of Knowsley's population live in the top **20%** most deprived area in England.

**Child poverty**  
**25%** of children aged 0-15 live in poverty in Knowsley.

## KEY

Direction of travel

- ▲ Improved since last period
- ▶ Similar to last period
- ▼ Worse than last period
- No comparator
- ▼ Decreasing and getting better

Statistical significance to North West

- Better
- No different
- Worse

# CHAPTER 1

## OVERVIEW

For many people drinking alcohol is a common social activity either meeting up with family and friends or having the occasional glass of wine at the end of the day with their evening meal.

The relaxed feeling people experience when having a drink is due to chemical changes the alcohol has caused in the brain. It can make people feel more confident, less anxious and lowers a person's inhibitions. This may lead them to carry out behaviours or actions they would not consider doing whilst sober. For example, taking drugs, smoking, having unprotected sex and other risk-taking behaviour.

When alcohol consumption becomes harmful, it is not only the individual who is affected, there may be implications for family (including children), friends and the wider community. Alcohol misuse can affect physical health and mental health and contributes towards relationship problems, domestic violence, child abuse, violent crime, road traffic accidents and deaths.

Drinking above the recommended 'low risk drinking' levels of no more than 14 units of alcohol a week, increases the risk of developing health problems such as high blood pressure, heart disease, stroke, and other serious conditions such as certain cancers, liver disease and dementia. Alcohol can make feelings of anxiety and depression worse and harmful alcohol use is linked to an increased risk of suicide.

There are various levels of support and treatment available in the borough. This ranges from those who want to reduce their drinking to within safer levels, to those who are drinking at

a more harmful level, or who may be dependent and require more intensive support from community or residential alcohol treatment services (discussed later in this report).

However, many people who do need to access additional support or treatment are reluctant to do so for fear of stigma, thinking 'what would people think', and ignoring the signs of dependency. It is important to combat stigma by openly talking about issues surrounding alcohol and thinking about the language used, avoid blaming others, understanding that often trauma and other circumstances can lead people to dependency, and offering empathy, support, and less discrimination instead. More work needs to be done to challenge this.



# CHAPTER 2

## LOW RISK DRINKING GUIDELINES – KNOW YOUR UNITS

When choosing to drink alcohol, it is important to understand the associated risks to make an informed choice. The UK Chief Medical Officers have developed low risk drinking guidelines to help with this<sup>2</sup>.

Drinking on a regular basis increases your risk of developing serious health problems such as cancers of the mouth, throat and breast, liver disease, heart disease and stroke<sup>3</sup>.

### LOW RISK DRINKING

To keep health risks low, men and women are advised not to drink more than 14 units of alcohol a week on a regular basis and no more than two to three units per day, spread over three days or more<sup>4</sup>.

It is called low risk rather than safe because there is no safe drinking level.

It is also recommended to have at least two alcohol free days each week.

If a person is planning a pregnancy or they are pregnant, the safest approach is not to drink alcohol at all to keep risks to their baby to a minimum<sup>2</sup>.

### INCREASED RISK DRINKING

- Men – drinking between 14 and 50 units per week
- Women – drinking between 14 and 35 units per week

People drinking at increased risk, face significant health harms longer term.

### HIGHER RISK DRINKING

- Men drinking above 50 units
- Women drinking above 35 units a week

People who drink in this way are likely to already be experiencing longer term health harms from their alcohol use, even if it is not yet apparent.

### BINGE DRINKING

Binge drinking means drinking enough to get drunk on a single occasion.

- Men – drinking eight or more units
- Women – drinking more than six units

Saving up units and drinking too much alcohol in one go, increases the risks of accidents, losing self-control and taking part in risky behaviour, alcohol poisoning, an admission to hospital and possibly death.

### ALCOHOL DEPENDENCE

This is also referred to as alcoholism and describes a strong and often uncontrollable desire to drink which is an important part of an individual's daily life. Alcohol is often prioritised over other responsibilities and activities. Use of alcohol is persistent despite often harmful consequences. For those who are dependent on alcohol, stopping drinking suddenly can be dangerous and can lead to seizures, tremors, sweating, hallucinations, and insomnia. Therefore, **help from treatment services is required to reduce drinking safely.**



## BENEFITS OF DRINKING LESS



**WEIGHT LOSS AND HEALTHIER APPEARANCE**



**BETTER SLEEP AND INCREASED ENERGY**



**IMPROVED MENTAL HEALTH**

## KNOW YOUR UNITS

Alcoholic drinks contain different amounts of alcohol which is shown on the bottle or can as ABV (alcohol by volume) or as a measure of how many units of alcohol there are in each drink. Knowing how many units there are in

a drink can help people to keep track of how much alcohol is being drunk to reduce the risks to health. A unit of alcohol is defined as 10ml or 8g of pure alcohol, this is the amount that the average liver can break down in an hour<sup>4</sup>.

## What is a unit?

 <p>Small Glass Red/White Wine (125ml) Abv 13% <b>1.6 Units</b> 112 Calories</p>	 <p>Standard Glass Red/White Wine (175ml) Abv 13% <b>2.3 Units</b> 160 Calories</p>	 <p>Large Glass Red/White Wine (250ml) Abv 13% <b>3.2 Units</b> 228 Calories</p>	 <p>Bottle of Wine Abv 13% <b>10 Units</b> 675 Calories</p>
 <p>Small Glass Champagne (125ml) Abv 12% <b>1.5 Units</b> 89 Calories</p>	 <p>Sambuca Shot (25ml) Abv 38% <b>1 Unit</b> 90 Calories</p>	 <p>Single Gin &amp; Tonic (25ml) Abv 40% <b>1 Unit</b> 97 Calories</p>	 <p>Double Whisky &amp; mixer (50ml) Abv 40% <b>2 Units</b> 167 Calories</p>
 <p>Alcopop Abv 4% <b>1.1 Units</b> 170 Calories</p>	 <p>Half Pint Cider Abv 4.5% <b>1.3 Units</b> 119 Calories</p>	 <p>Pint Lager Abv 4% <b>2.3 Units</b> 197 Calories</p>	 <p>Half Pint Lager Abv 4% <b>1.1 Units</b> 94 Calories</p>
 <p>Pint Cider Abv 4.5% <b>2.6 Units</b> 210 Calories</p>	 <p>Can of Lager Abv 4% <b>1.8 Units</b> 132 Calories</p>	 <p>Bottle Lager Abv 5% <b>1.6 Units</b> 135 Calories</p>	 <p>Pint Bitter Abv 3.8% <b>2.2 Units</b> 153 Calories</p>



The following case study highlights a day in the life of a substance misuse worker. This service is delivered by Change Grow Live. More information about the service is discussed later in this report.

## CASE STUDY - A DAY IN LIFE OF A SUBSTANCE USE WORKER

A day full of appointments awaits as I log on for the day to start. The out of hours worker informs me that they had received a call last night that one of my service users is in hospital due to them collapsing and another has been ringing through the night intoxicated. The first phone call of the day comes in, "I'm not coming in today... I'm not working with you anymore – what's the point, what's the point in anything?". The service user has been up through the night crying, their children have been removed and they are struggling with their mental health. I hear that the service user has been drinking heavily through the night. I ask if the service user wants to harm themselves, the service user says no and explains that they are tired and going to bed. I advise it would be best to come into site or I could go out and see them, the service user declines. The service user is given a new appointment for the following day, the out of hours details and the Crisis team number is also passed on. I advise that if they feel they need emergency support then to contact 999.

The next appointment awaits. The days appointments consist of nurse's appointments, blood borne virus screenings and 1-2-1 appointments. Filling out full risk reviews gives a real insight to what's happening in the service user's life. One service user tells me "I don't know what I'd do without Change Grow Live". Another is counting down the days until they detox.

Two service users did not attend today, which means extra phone calls, outreach and another appointment made. Although a hard job, I feel privileged to be part of each service user's life. I understand that I make a huge difference by offering a warm and friendly environment, which is none judgemental and supportive.

When I go home for the day, I slump on the couch with a cup of tea – it's been a long day – but it's worth it.

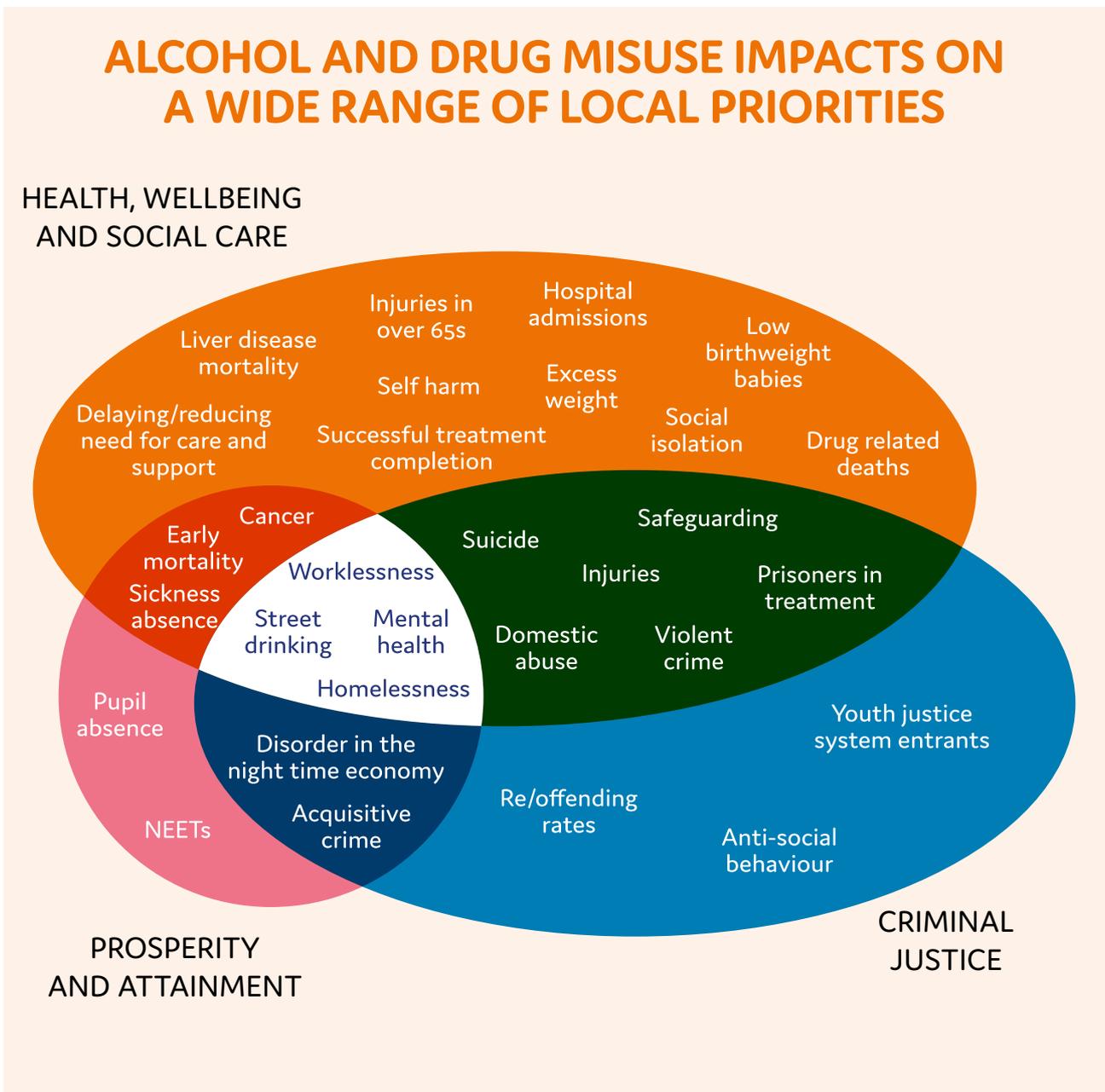
Jade, Substance Misuse Worker

# CHAPTER 3

## THE WIDER IMPACTS OF ALCOHOL MISUSE

Alcohol misuse (drinking too much alcohol) impacts not just the individual but their families, friends and wider society and is a contributing factor in domestic violence, child abuse, violent crime and road traffic accidents and deaths. The diagram below shows additional impacts.

In Knowsley alcohol was estimated to cost the local NHS, police, social services, and local employers more than £52 million or £357 per person<sup>5</sup>. These costs are likely to have increased in recent years.



In England, alcohol misuse is the biggest risk factor linked to early death, poor health, and disability for those aged 15 to 49 years, and is the fifth biggest risk factor across all ages<sup>6</sup>.

It is important to understand what influences alcohol consumption. For example, at a population level the amount and patterns of alcohol consumption are influenced by three main factors such as the **affordability** (how cheap alcohol is), **availability** (how easy it is to purchase or consume alcohol) and **acceptability** of alcohol consumption within the areas in which we live and work<sup>7</sup>.

The marketing techniques the alcohol industry use is evident all around us. Alcohol is linked to activities such as watching sport, celebrating special occasions, or a perception through marketing of relaxing after work having great influence on consumption levels at all ages, including encouraging children and young people.

On an individual level, other people's behaviour can influence alcohol consumption, starting in early childhood by observing others drinking behaviour and then as we get older wanting to fit in with our peers can increase consumption. Adverse childhood experiences, can also likely cause alcohol misuse later in life for example, growing up with trauma, experiencing or witnessing domestic abuse, neglect or living in household with parents who have alcohol use problems.



## ALCOHOL AND HEALTH INEQUALITIES

Over half of those in alcohol treatment in the UK live in the 30% most deprived areas<sup>8</sup> despite those in the least deprived areas drinking the same amount of alcohol if not more<sup>9</sup>.

Research suggests that people on lower incomes drink less alcohol than those on higher incomes, however they are more likely to experience alcohol related harm. It is understood that people living in the most deprived areas are more likely to drink in harmful ways such as binge drinking, compared to those living in the least deprived areas who are more likely to drink over several sessions<sup>10</sup>. This is known as the alcohol harm paradox<sup>11</sup> and is said to be influenced by the relationship between alcohol and other factors influencing health. These factors are known as the wider determinants of health such as the environment in which we live, barriers to accessing health care, poor quality housing, unemployment, low educational attainment, and multiple physical and mental health conditions. The more factors an individual experiences the more likely they are at risk from alcohol-related harm.

As Knowsley is the second most deprived borough in England<sup>12</sup>, with significant health inequalities impacted by the factors described above, there is an increased risk in harmful outcomes related to alcohol misuse. For example, alcohol misuse, combined with a poor diet and being a smoker were identified as significant risk factors in having harmful outcomes related to drinking alcohol.

The availability of alcohol is a significant factor in the amount of alcohol consumed, since 1980, alcohol has become 60% more affordable with supermarkets using heavy discounts to sell alcohol<sup>7</sup>. In addition, alcohol is often found to be sold in higher concentrations in more deprived areas with a higher density of smaller shops selling alcohol<sup>10</sup>.

## ALCOHOL AND THE IMPACT ON FAMILIES AND CHILDREN

Every year in England, 2.1 million children are negatively affected by other people's drinking<sup>13</sup>. Around one third of adult men and one fifth of adult women aged 25-64, drink more than the recommended lower risk guidelines. Many individuals within this age group are parents or grandparents, their excessive drinking is a risk to their family as well as their own health. Children and young people are heavily influenced by their parents and parenting style can influence whether a child will drink responsibly later in life.

Families who are affected by alcohol dependency often have complex needs, they may also experience poor mental health, domestic violence, be involved in anti-social behaviour or crime, have housing difficulties and unemployment. These implications are likely to have an impact on the family's involvement with health, social care, children's services, and the criminal justice system with lasting impacts.

However, **with early intervention the greater the opportunity for engagement with treatment services to address dependency issues, the more likely the ability for positive recovery and less reliance and need for health and social care services.** See case study at Chapter 8.

It is important to recognise **the vital role that wider family members can play in supporting the dependent drinker to get help and support with their parenting.** However, it is not uncommon

for the family members of those who drink harmfully to find themselves stigmatised by their loved one's drinking. They may feel shame, guilt and isolated by other family and friends due to not being trusted around money or embarrassment at social occasions.

In Knowsley there were 84 children living with adults who entered alcohol only treatment in 2020/21<sup>14</sup>.

Children living in a household with a dependent drinker, are unlikely to experience a normal childhood due to the unpredictable behaviour by the dependent parent, they will not experience routines such as regular meal-times or bed time routines, they may also be expected to look after siblings, miss out on going to school or have other issues associated with educational achievement and social skills such as lack of concentration, being unable to form healthy relationships with their friends and may experience bullying. These adverse childhood experiences may have a long-lasting impact on the mental health of the child and increase the risk of experiencing alcohol related health conditions later in life.

In 2016, 70% of people in Merseyside reported they avoided going for a night out in their local town centre because of the drink related behaviour of others<sup>5</sup>.





## ALCOHOL AND DOMESTIC ABUSE

Alcohol consumption can be both a cause and a consequence of experiencing domestic abuse. The abuse may be controlling, coercive or threatening behaviour or actual physical violence or sexual abuse between intimate partners or family members regardless of gender or sexuality.

Many women use alcohol to help them cope with consequences, whereas for the perpetrator alcohol may be the causal factor for their use of abuse.

Research suggests that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault and 70% of violent incidents at the weekend, evening or night are alcohol-related<sup>5</sup>.

Children living in a household where domestic abuse takes place can experience long-lasting emotional and behavioural problems and are more likely to participate in risk taking behaviour themselves.

**In Knowsley, emotional and practical support services are provided by The First Step. Contact details can be found at the end of this report.**

## ALCOHOL, CRIME AND DISORDER

Alcohol misuse can be related to noise disturbance and other forms of anti-social behaviour within communities as well as within town centres and cities.

Alcohol related crime also occurs behind closed doors such as intimate partner violence, child abuse and child neglect. Alcohol related crime also goes unreported making it difficult to estimate how much alcohol related crime costs. However, data from 2016, suggest annually alcohol related crime costs £7bn per year in England and £13.9m in Knowsley<sup>5</sup>.

In Knowsley in 2020/21, there were a total of 1,309 recorded crimes with a marker for the involvement of alcohol. This means that 10% of all crimes in the borough had some form of alcohol involvement. In 2021/22, this figure rose to 1,798 recorded crimes, which accounted for around 12% of all crimes. This increase is in line with the overall increase in crime between the two years. The effects of the COVID-19 pandemic cannot be overlooked, as during 2020/21, the impacts of the lockdowns across the UK resulted in the closure of the night-time economy for long periods of time and therefore this would have had an effect on the levels of offences seen.

Alcohol has always been a causal factor in violent crime. In 2020/21, alcohol was indicated as being involved in 22% of all violent crime offences (with and without injury) in Knowsley. In 2021/22, this figure increased to 27%. This again should be put into context against the impacts of COVID-19 and the number of people accessing the night-time economy.

## ALCOHOL AND DRINK DRIVING

Alcohol affects the ability to drive safely as it causes slower reactions, poor judgement of speed and distance and impaired vision all of which carry significant risk of accident or death to not only to the drunk driver, to their passengers, other road users or pedestrians. In the three-year period 2018–20, 3.46% of casualties in road traffic accidents in Knowsley occurred where a breath test indicated the driver was over the legal limit or refused to provide a sample<sup>6</sup>.

Drink drive alcohol limits are in place for drivers, with penalties in place for those caught over the limit. When caught, people often have a misconception of 'I'm ok, I've only had two pints', but upon being breathalysed are often over the limit, because of other factors such as, age, weight, what food they have eaten, the strength of alcohol consumed, all of which can influence the levels of alcohol detected in the breath sample.



The most important public health message is if a person is driving, is to not drink any alcohol at all.

## ALCOHOL MISUSE AND EMPLOYMENT

Alcohol misuse can cause significant problems not just for the individual, but also for co-workers and the organisation itself. It can result in poor performance, sickness absence, with an increase in the risk of accidents or poor judgements and ultimately could lead to disciplinary action.

Employers can help support people who identify as having a substance misuse problem through the provision of a policy which includes signposting employees to specific support services to help them address the problem or addiction, taking a supportive rather than a disciplinary approach. This will have the added bonus of increasing productivity within the workforce.

People who lose their job due to alcohol misuse as well as having financial implications are at an increased risk of experiencing mental health problems, gambling addiction, poverty and can also lead to increased consumption levels as a way of coping.

## ALCOHOL MISUSE AND DEBT

Many people are already struggling to pay their bills and with increasing living costs such as energy and food prices this may lead people to experience further financial debt and associated stress and worry. This stress may lead to people reaching for a drink to forget about their worries. As alcohol is a depressant this can make the stress harder to deal with and drinking can disrupt sleep, again worsening the ability to cope with day-to-day life. Purchasing alcohol can also be expensive, this will also be contributing towards money worries.

The average UK household spends nearly £1,000 on alcohol every year<sup>7</sup>, this figure can vary depending on whether a person drinks at



home or whilst out, the amount drunk and type of drink. The best way to deal with debt problems or money worries is to speak to someone for advice.

**Knowsley Citizens Advice provide support services in Knowsley. Contact details can be found at the end of this report.**

## ALCOHOL MISUSE AND GAMBLING

People who present with gambling addiction may also experience other harms such as alcohol or drug addiction, engagement in one activity can exacerbate the other increasing the risk of harm. As there are high concentrations of betting shops in the borough and with online betting being easily accessible using mobile technology, it can be difficult to escape the temptation to gamble as part of a leisure activity or coping mechanism for other problems. As alcohol clouds judgement and reduces inhibitions, this can lead to the gambler betting more money than they would wish too or would do if they were sober, which could lead to financial implications, mental health problems and homelessness.

**The Beacon Counselling Trust provide support services in Knowsley. Contact details can be found at the end of this report.**

# CHAPTER 4

## HEALTH HARMS FROM ALCOHOL

Alcohol is a powerful chemical that can have a range of adverse effects on almost every part of the body, including the brain, bones and heart. This may be due to regularly drinking

above the recommended low risk guidelines and developing a health condition or could be due to acute alcohol intoxication and injury.

Alcohol has been identified as a causal factor in more than

# 60 Medical conditions<sup>1</sup>

including:

- mouth, throat, stomach, liver and breast cancers
- cirrhosis of the liver
- heart disease
- depression
- pancreatitis
- liver disease

The infographic features a large orange shape on the left containing text and a list. To the right, there is an illustration of a person in a crouching, distressed pose with a question mark and lightning bolt above their head. Surrounding the person are several circular icons: a blue circle with a white heartbeat line, a blue circle with a white silhouette of a head, a blue circle with a white heart, and several white circles on a light orange background.

The effects of alcohol can be felt more by some people than others, for example, people who have other health conditions, take certain medications, use illicit drugs, younger adults, older people, and people who have a low body weight. Drinking alcohol can affect balance, which may result in falls and subsequently lead to injuries, fractures, and scarring.

If alcohol is drunk too quickly and in large quantities, it can lead to alcohol poisoning, which can reduce body temperatures resulting

in hypothermia, vomiting, lead to a heart attack or fit or cause a person to stop breathing. Acute alcohol poisoning caused 552 deaths in the UK in 2020<sup>15</sup>.

It is estimated that 70% of all costs spent on alcohol related problems are spent in hospitals. Alcohol costs the NHS in several different ways such as, accident and emergency admissions, alcohol related injuries, sexual violence (58% of perpetrators are under the influence), sexually transmitted diseases, suicide, and from long



term conditions such as liver disease<sup>17</sup>. Alcohol related harm in England is estimated to cost the NHS £3.5 billion every year, this cost has increased by 19% in the last three decades<sup>18</sup>.

The North West has the highest proportion of binge drinkers (2017)<sup>19</sup> which is regarded as the most harmful form of drinking and is defined as drinking large amounts of alcohol over a short space of time. One study suggests that 33% of people in the North West binge drink once a week in comparison to 26.2% of people in England.

In England, 28.7% of men binge drink compared to 25.6% of women. Those over the age of 65 were the least likely age group to partake in binge drinking<sup>12</sup>.

## ALCOHOL USE DURING THE COVID-19 PANDEMIC

During the COVID-19 pandemic, there was an overall reduction in hospital admissions in England for non-alcohol related conditions. This was because people reported avoiding hospitals to ease the pressure on the NHS and to avoid catching COVID-19 as hospitals were perceived as high-risk settings. However, for Knowsley, alcohol-specific hospital admissions have remained similar with 1,164 per 100,000 admitted to hospital in 2019/20 in comparison to 1,145 per 100,000 in 2020/21 (Directly Standardised Rates)<sup>6</sup>.

In England, the rates of drinking fluctuated during the two years of national lockdowns, but overall, the rates of those drinking over 35 units a week increased during the lockdown period and did not revert to pre-lockdown levels.

There were highs of 5.7% of adults drinking over 50 units per week<sup>16</sup> suggesting that there are now more dependent drinkers in England.

## ALCOHOL-RELATED AND ALCOHOL-SPECIFIC HOSPITAL ADMISSIONS AND DEATHS

When reviewing the health-related harms associated with alcohol it is important to understand the difference between the two categories that measure the health-related harms:

1. Alcohol related: this is described as a hospital admission or death which is wholly or partially caused by alcohol. This will be based on the most up to date evidence about the contribution alcohol makes to the condition
2. Alcohol specific: this is described as a hospital admission or death from conditions wholly caused by alcohol



## ALCOHOL-RELATED ADMISSIONS

In England, over 800,000 admission episodes to hospital were for alcohol related conditions in 2020/21<sup>6</sup>. The numbers of admission increased by 16% between 2016/17 to 2019/20 and in 2019/20 admissions episodes were nearly one million, however, in 2020/21, admissions fell and were lower than in 2019/20<sup>6</sup>. This fall is likely due to the effects of the pandemic.

In 2020, alcohol-related deaths per 100,000 (Directly Standardised Rate)<sup>6</sup>.

- 51.8 in Knowsley
- 45.7 in the North West
- 37.8 in England

## ALCOHOL-RELATED DEATHS

As discussed earlier in this report, we know that alcohol is a leading risk factor for early death and disability for those aged 15-49, as well as the leading risk factor for poor health for all ages. Early death from alcohol related conditions appears to be more common in areas with higher deprivation, despite evidence suggesting individuals in these areas are drinking less alcohol. This is in part because of the health-complexities of those living in more deprived areas and the type of alcohol consumption taking place i.e., binge drinking<sup>11</sup>.

The alcohol-related death rate in Knowsley has decreased from 61.6 per 100,000 in 2016 to 51.8 per 100,000 in 2020<sup>6</sup> and is the fifth highest alcohol-related death rate in the North West. At the time of writing, the data for 2021 has not been published, but this rate is expected to increase.



**78.8 per  
100,000  
men**

suffered from  
alcohol-related  
death



**29.6 per  
100,000  
women**

suffered from  
alcohol-related  
death

This is expressed as a Directly Standardised Rate per 100,000 population (2020)<sup>6</sup>

## ALCOHOL-SPECIFIC ADMISSIONS AND ALCOHOL-SPECIFIC DEATHS

In the latest year there has been an increase in Knowsley women being admitted to hospital for alcohol specific conditions. The current rate (2020/21) for women in Knowsley is 843 admissions per 100,000 population, the highest rate seen since 2008/09 when monitoring began.

Despite the increase in admissions for women, it remains significantly lower than men for the same period which is 1504 per 100,000 population.

In Knowsley, there is also a high rate of under 18's being admitted to hospital for alcohol-specific conditions with 44.2 per 100,000 in comparison to 29.3 in England<sup>6</sup>.



Alcohol specific deaths in males  
per 100,000 population  
(Directly Standardised Rate)  
2017-2019<sup>6</sup>

**16.9 in Knowsley**  
**19.3 for the North West**  
**14.9 for England**



Alcohol specific deaths in females  
per 100,000 population  
(Directly Standardised Rate)  
2017-2019<sup>6</sup>

**12.3 in Knowsley**  
**10.1 for the North West**  
**7.1 for England**

In 2020, alcohol-specific hospital admissions per 100,000 population (Directly Standardised Rate)<sup>6</sup>

- 1145 in Knowsley
- 795 in the North West
- 587 in England

In England, at the time of writing alcoholic liver disease, referred to as liver damage caused by long-term heavy drinking is the most common cause of alcohol-specific death<sup>20</sup>, rising 20.8% from 2019 to 2020 and making up **80.3% of all alcohol specific deaths**.

The liver is very resilient and capable of regenerating itself, however each time a person's liver filters alcohol, some of the liver cells die and prolonged alcohol misuse over many years can reduce its ability to regenerate. The severity of the disease can vary and does not usually cause any symptoms until the liver has been severely damaged. The main treatment for alcohol-related liver disease is to reduce or, where safe to do so, stop drinking entirely. This reduces the risk of further damage to a person's liver and gives it the best chance

of recovering. However, this must be done under strict supervision from alcohol treatment services.

In 2020/21, hospital admissions rate for alcoholic liver disease per 100,000 population (Directly Standardised Rate)<sup>6</sup>

- 82.9 in Knowsley
- 58.6 in the North West
- 45.5 in England

In Knowsley, the (under 75) death rates from alcoholic liver disease has decreased over the past 10 years, from 16.9 per 100,000 in 2010 to 14.7 per 100,000 in 2020, with the rates fluctuating year-on-year.

In 2020 Knowsley had the sixteenth highest (under 75) Local Authority death rate from alcoholic liver disease in the North West (out of 23 Local Authorities), with males having a higher death rate than females (13 deaths per 100,000 compared to 11.3 per 100,000)<sup>6</sup>.



Potential years lost due to alcohol for Knowsley men is **1736 per 100,000**



Potential years lost due to alcohol for Knowsley women is **775 per 100,000**

This is expressed as a Directly Standardised Rate per 100,000 population (2020)<sup>6</sup>.

## ACCESS TO ALCOHOL TREATMENT SERVICES

Access to drug and alcohol treatment services were limited during the early stage of the pandemic, with face-to-face services restricted due to the need to protect staff and service users and sickness absence issues having an impact. There were also fewer referrals to community and inpatient detoxification for similar reasons.

In 2020/21 there were 76,740 adults (aged 18 and over) in alcohol only structured treatment in



England. In Knowsley in 2020, 32.9% of alcohol users that left structured treatment successfully completed (free of alcohol dependence) alcohol treatment and did not re-present to treatment within six months, this is lower than the rates in England and the North West with 35.3% and 41.1% respectively<sup>6</sup>.

The successful completion of treatment for alcohol for those over 18 in Knowsley increased by 20.1% between 2010 and 2020, compared to England at 3.9%<sup>6</sup>. However, an estimated 78% of adults who require treatment for alcohol misuse in Knowsley are not receiving it<sup>14</sup>. This could be due to reasons associated with stigma in accessing treatment, embarrassment at asking for help, afraid of losing their job, thinking it would go away or not recognising they have a problem.

In Knowsley, 332 adults are currently in treatment for alcohol-only (2020/21), this is less than 10 years ago when 580 (2010/11) adults were in treatment for alcohol-only, 52% are males and 48% are female<sup>14</sup>.

Out of those in structured alcohol only treatment in Knowsley, 14% are aged 60 or above<sup>21</sup>.

## ALCOHOL AND WEIGHT

Alcohol is high in sugar and contains lots of calories which cause weight gain. These calories are known as 'empty calories' as they have no nutritional value.

A pint of beer has the same number of calories as a chocolate caramel bar.

As alcohol reduces the amount of fat our bodies burn for energy, it slows down all the other systems which should be taking place such as absorbing nutrients and burning fat<sup>15</sup>. It is not only the calories in alcohol which contribute to weight gain it can also be the food we eat whilst drinking. This is because we are less likely to stick to healthier choices and eat more junk food or unhealthy snacks.

As well as having a noticeable impact on a person's waistline, regular drinking also contributes towards more serious health problems discussed earlier in this report<sup>22</sup>.

Two large glasses of wine contain the same number of calories as a burger.

## ALCOHOL AND THE USE OF OTHER SUBSTANCES

Tobacco and alcohol are known as 'linked behaviours', 58% of adults in 2020/21 were identified at the start of alcohol treatment in Knowsley as also being a smoker<sup>14</sup>. Alcohol raises the level of feel-good chemicals produced in the brain by nicotine and nicotine changes how the brain responds to alcohol, so smokers often require more alcohol to experience the same feel-good response as a non-smoker<sup>4</sup>. In Knowsley in 2020, 13.7% of the adult population (aged 18+) are smokers<sup>23</sup>.

The effects of illegal drugs are unpredictable as they are unregulated and are often mixed with unknown substances. As alcohol is a depressant when mixed with drugs which are stimulants,

great pressure is put onto the brain and central nervous system increasing the risk of serious illness or death<sup>15</sup>.

In Knowsley, 45% of adults in treatment for alcohol are also in treatment for substance use<sup>14</sup>.

In December 2021, the Government launched 'From Harm to Hope – 10 Year drugs plan to cut crime and saves lives'<sup>24</sup>. At the time of writing, Knowsley are working to support the delivery of this national strategy by developing a local strategy and action plan for 2022-25 through co-production with key partners, service users, and families including children and young people. The strategy will be launched later this year and will focus on expanding capacity and improving quality, delivering effective evidence-based interventions to reduce harms not just to the individual but their families and the wider society who are affected by the issues which drug misuse brings.



In 2019/20, 55 young people (under 18) were in structured treatment for alcohol and substance abuse, 18% of these were in treatment for alcohol only<sup>21</sup>.

# CHAPTER 5

## ALCOHOL USE AND MENTAL HEALTH

**Many people believe that having a drink can help them to relax at the end of the day, deal with stress and feelings of anxiety or depression. However, after the initial feelings of relaxation, the effects are short-lived and if used as a coping mechanism in this way over time can become a harmful cycle as demonstrated in the diagram on page 25. The underlying causes also go unaddressed which can lead people further into crisis<sup>25</sup>.**

The more alcohol that is drunk, the more our mood changes from feeling happy to feeling more anxious and depressed and in some people, it can make them feel angry or aggressive. Regular consumption of alcohol has been shown to cause mental health problems such as anxiety and depression and has been linked to higher levels of self-harm and suicide in people with alcohol problems<sup>26</sup>. Longer term, excessive alcohol consumption has also been linked to memory loss and an increased risk of developing dementia.

Research from the Samaritans in 2021<sup>27</sup> demonstrates there is a strong relationship

between alcohol and suicide, with around 23% of callers to Samaritans helpline who were dependent on alcohol mentioning a previous suicide attempt. Callers to the Samaritans helpline reported they were much more of a danger to themselves when drunk compared to when they were sober, as we know that being under the influence of alcohol can lead to impulsive acts of self-harm and suicide and feeling less concerned about the consequences of these behaviours.

As identified earlier in this report, men are more likely to misuse alcohol than women and evidence suggests men are also less likely to seek help when in mental distress. In Cheshire and Merseyside 8 out of every 10 suicides are male<sup>28</sup> with middle-aged men from lower socio-economic backgrounds more vulnerable. This is thought to be due to several factors such as unemployment, relationship breakdown, lack of social support and masculinity. The new suicide prevention strategy for Cheshire and Merseyside due to be published in September 2022 lists substance misuse as one of the priority groups.

People who are dependent on alcohol are approximately 2.5 times more likely to die by suicide than the general population<sup>28</sup>.



## CO-OCCURRING MENTAL HEALTH AND ALCOHOL MISUSE

People with a diagnosis of a severe mental health problem such as schizophrenia, bipolar or severe depression, alongside substance misuse (use of illegal or illicit drugs, alcohol, or medicine) are often referred to as having dual diagnosis or co-occurring mental health and alcohol condition. This can be complex to treat, and the dynamics can change over time. For example, people can have poor mental health which has led to substance misuse or a substance misuse problem which has led to poor mental health.

People with this diagnosis can experience significant health inequalities and poorer health outcomes than the rest of society, which can

have a significant impact on health and social care services. This is because individuals are at a higher risk of relapse to either of their conditions, at increased risk of requiring hospital admission, severe risk of self-harm and suicide and other risk-taking behaviour. **It is important to address mental health and substance misuse issues concurrently rather than in isolation.**

In Knowsley, 78% of adults new to alcohol only treatment in 2020-21 were also identified with having a mental health treatment need<sup>14</sup>.

**Practical information and advice are available to support mental health and wellbeing, contact details are provided at the end of this report.**

# CHAPTER 6

## WHO IS MOST AT RISK FROM ALCOHOL HARM?

The affect from drinking alcohol and the health harms can impact us all differently and can vary according to a number of factors including; a person's age, gender (men are more at risk than women) and body mass index (BMI), but also the pattern of drinking, the volume of alcohol drunk, and the length of time drinking. We know that there are no completely safe levels of alcohol consumption and that the level of risk increases the more alcohol drunk on a regular basis. However, there are particular groups who are more at risk than others and these are discussed below.



### ALCOHOL AND YOUNG PEOPLE

The Government's 2012 Alcohol strategy<sup>29</sup> suggests that drinking too much too soon puts significant risk to the health and development of young people and those who begin drinking at an early age are more likely to have alcohol misuse problems later in life.

Alcohol marketing can encourage new generations of drinkers to take up alcohol. Through advertising and sponsorship, alcohol producers associate their products with a wide range of activities from watching sport to celebrating holidays or other life achievements. Children aged 10-15 are more likely to view alcohol ads on the TV than those over the age of 25. Evidence suggests that young people are particularly influenced by alcohol marketing and exposure increases the risk that children will start to drink alcohol, or if they already drink, will consume greater quantities<sup>7</sup>.

In England based on an NHS survey, the percentage of children who say they have had an alcoholic drink has declined over the years<sup>30</sup>:

- 9.4% in 2006 to 0.5% in 2019 of 8-10 year olds.
- 26.3% in 2006 to 8.6% in 2019 of 11-12 year olds
- 66.7% in 2006 to 35.1% in 2019 of 13-15 year olds

In 2019, 16.5% of girls aged 8-15 said they had drunk alcohol compared to 14.3% of boys<sup>30</sup>.

Based on an NHS survey, in England in 2006 29% of 16 to 24 year olds had drunk over eight units for males and over six units for females in the last week in comparison to 15% in 2019<sup>30</sup>.

Young people, aged 16 to 24, are less likely to drink than any other age group, however, when they do drink, they are more likely to binge drink, than any other age group and are more likely to drink on a Friday or Saturday, than during the week<sup>10</sup>.

## ALCOHOL AND WOMEN

Alcohol affects women differently than men. Even if a woman and a man drink the same amount, the woman's blood alcohol level will almost always be higher than the man's. This is because women tend to have a lower tolerance to alcohol than men, as women are generally smaller and have less body water than men (alcohol is held in body water not body fat)<sup>15</sup>, meaning alcohol is more concentrated.

Women are at an increased risk of breast cancer, which is the most common type of cancer amongst women, as alcohol increases the risk of cancer it is important for women to be aware of these risks.

Drinking alcohol can also negatively affect fertility by disrupting the menstrual cycle. For those who are planning a pregnancy the advice is to not drink alcohol at all as is the same advice for pregnant women, this is to keep the risk of harm to a developing baby to a minimum.

As women reach the menopause, alcohol can also trigger some symptoms such as hot flushes and night sweats. Alcohol can also make issues such as weight gain and disturbed sleep worse. As our bones get thinner as we age, especially after the menopause, alcohol increases the risk of osteoporosis, which makes the bones weaker and more fragile and more likely to break during a fall.

## ALCOHOL IN PREGNANCY AND FOETAL ALCOHOL SPECTRUM DISORDER

Drinking alcohol during pregnancy increases the risk of miscarriage, stillbirth, premature birth, and low birth weight.

In 2018/19, 4.1% of women in England drunk alcohol during early pregnancy<sup>31</sup>. The more alcohol that is consumed throughout the pregnancy the greater the risks of harm to

the unborn baby. This can result in the baby developing foetal alcohol spectrum disorder a serious lifelong condition which affects the child's brain development, behaviour and growth and can lead to difficulties as the child grows up.

The severity of health problems caused by foetal alcohol spectrum disorder are wide-ranging and can cause problems with<sup>32</sup>:

- Movement - balance, vision, and hearing
- Learning - thinking, concentration and memory
- Managing emotions and developing social skills
- Hyperactivity and impulse control
- Communication - problems with speech
- The joints, muscles, bones and organs such as the kidneys and heart

In the UK, an estimated 1 in 13 babies born to mothers who drink have foetal alcohol spectrum disorder<sup>33</sup>. There are no national estimates for the numbers with foetal alcohol spectrum disorder<sup>34</sup>. However, a University of Bristol study suggests that up to 17% of children have symptoms of foetal alcohol spectrum disorder<sup>35</sup>, it is estimated that the UK has the fourth highest prevalence of foetal alcohol spectrum disorder<sup>36</sup>.

The sooner foetal alcohol spectrum disorder is diagnosed the sooner specialist support can be put into place to support children and their families.



## ALCOHOL AND OLDER PEOPLE

As we get older, our bodies change, and the effect of alcohol also impacts us differently as it takes longer for the body to breakdown alcohol. This means that older people are more sensitive to the effects of alcohol, affecting reactions and sense of balance which may lead to falls. As many older people have long term health conditions, drinking alcohol can make these conditions worse and can also enhance the side-effects or reduce the effect of certain medications<sup>37</sup>. As research in this age group is limited, older people are also recommended to follow the lower risk drinking guidelines of no more than 14 units a week.

In England, 14% of over 65's do not drink, 20% drink once or twice a week and 16% drink daily<sup>38</sup>. Despite over 65's being less likely to drink, the number of those drinking is increasing, and, 1 in 5 older men and 1 in 10 older women are drinking enough to cause harm. This has increased by 40% for men and 100% for women over the past 20 years<sup>37</sup>. As older people have fewer daily commitments such as work and other responsibilities, they have less reason not to drink, this may be an explanation for increasing drinking levels in over 65s.

As we get older and experience major life changes such as the death of a partner, friends, moving accommodation, having multiple physical health conditions and or having reduced mobility, and being socially isolated from others has a significant negative impact on our mental health. Feelings of depression and anxiety can increase, and people may start to use alcohol as a coping mechanism or to relax.

Alcohol misuse in older people is often not spotted by health professionals as individuals do not talk about it and the issues caused by alcohol are mistaken for physical or mental health problems or are put down to old age.

## ALCOHOL AND HOMELESSNESS

Alcohol misuse can be both a cause and effect of homelessness. Being homeless is not just defined as living on the streets it can mean staying with friends or family, staying in temporary accommodation or night shelter. People can become homeless due to relationship breakdown which can lead to using alcohol as a coping mechanism or they are made homeless because of their alcohol misuse. This could be due to their behaviour, and they have been evicted or they have lost their job or have been struggling with financial debt which has led to eviction.

In 2021/22 there were 32 residents in hostel accommodation in Knowsley with alcohol misuse identified as a support need, the majority also had additional support needs. Some residents have poor physical and mental health issues alongside alcohol misuse.

It is often complex and difficult to resolve their housing issues, with some individuals resistant to change due to their alcohol dependency. They may have experienced domestic abuse, sexual exploitation, have been involved in sex work or have an offending past. They may also be unable to access social housing due to previous tenancy history. Some individuals have also been evicted from the hostel due to violence.



## ALCOHOL AND OFFENDER HEALTH

Understanding the substance misuse needs of offenders and helping them to recover can reduce reoffending and cut crime and disorder in local communities. People who have offended often have significant health inequalities and are more likely to smoke, misuse drugs or alcohol, have mental health problems, self-harm, attempt suicide, and die earlier than the general population.

A new drug strategy for Knowsley is due to be published later this year and will have a particular emphasis on the continuity of care from prison to community. Activity will be focussed on ensuring every person released from prison will effectively be transferred to community drug and alcohol treatment providers.

# CHAPTER 7

## WHAT WORKS IN REDUCING ALCOHOL CONSUMPTION AND HARM

**A 2016 evidence review from the former Public Health England<sup>7</sup> (now Office for Health Improvement and Disparities) outlined effective interventions which support a reduction in alcohol consumption and reduce the health, social, and economic burden of alcohol related harm.**

The interventions outlined in the evidence review focused on taxation and price regulation, regulating marketing and availability, managing the drinking environment, reducing drink driving, provision of brief interventions and treatment and providing awareness raising information.

Alcohol harm reduction is also a priority for the Cheshire and Merseyside Integrated Care system. Through collaborative work with partners across the whole system the programme will deliver targeted prevention initiatives to help improve lives and ultimately achieve a reduction in alcohol-specific admissions to hospital.

In 2018, the World Health Organisation, in collaboration with international partners, launched the SAFER initiative<sup>39</sup>. 'SAFER' is an acronym for the five most cost-effective interventions to reduce alcohol related harm and align with those identified in the 2016 evidence review. Some of these policy areas are discussed further below.

### RESTRICTIONS ON ALCOHOL AVAILABILITY

Under the Licensing Act 2003<sup>40</sup>, district, county, and metropolitan councils have the authority to grant alcohol licences. There are four objectives that underpin the act which are, the prevention of crime and disorder, public safety, the prevention of public nuisance, and the protection of children from harm. Licenses issued must be consistent with the objectives.

There are several different activities which are known as licensable activities, these are the sale of alcohol by retail, the supply of alcohol in qualifying members' clubs, the provision of regulated entertainment, the provision of hot food and hot drink to the public between 11pm and 5am (late night refreshments)<sup>40</sup>.

Increasing the tax on alcohol is viewed as one of the most effective ways to prevent consumption and reduce alcohol-related harm. Studies suggest that a 10% increase in alcohol prices resulted in an approximately 5% reduction of drinking<sup>40</sup>.

**S** Strengthen restrictions on alcohol availability

**A** Advance and enforce drink driving counter measures

**F** Facilitate access to screening, brief interventions and treatment

**E** Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion

**R** Raise prices on alcohol through excise taxes and pricing policies

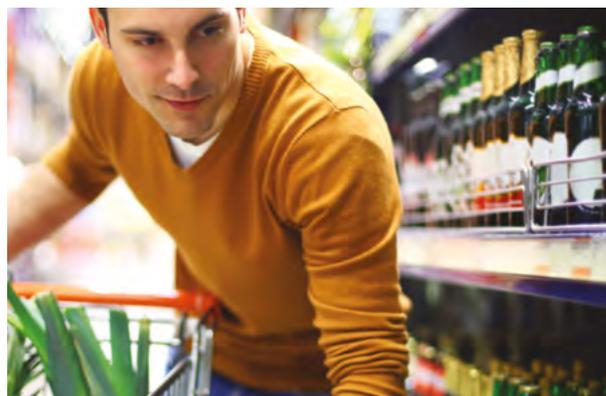
## RAISE PRICES ON ALCOHOL - MINIMUM UNIT PRICING

One of the World Health Organisation's SAFER policy areas recommends increasing the price of alcohol as one of the most effective ways to reduce alcohol-harm<sup>39</sup>. In 2018, Scotland introduced a minimum price per unit of alcohol and in 2020 this was also implemented in Wales, with early evidence about effectiveness encouraging. The Northern Ireland Executive is currently consulting on proposals to introduce a minimum unit price. However, in England, the Government currently has no plans to introduce a minimum unit pricing, despite an estimated 525 lives and £326 million being saved each year<sup>41</sup>.

Since 2018, the minimum unit price has been set at 50p per unit of alcohol<sup>42</sup>. This means that a pint (with two units of alcohol) has a minimum cost of £1 and a large glass of wine (three units of alcohol) cannot be sold for less than £1.50.

Minimum unit pricing works by targeting the cheapest and strongest products bought from the off-license trade such as supermarkets without impacting prices in pubs and restaurants. For example, a three-litre bottle of high strength cider bought from the supermarket and containing approximately 22 units before minimum unit pricing would cost £4.50, whereas after minimum unit pricing £11.25.

Modelling work suggests those who drink large quantities of cheap, strong alcohol at harmful levels would be most impacted by minimum unit pricing<sup>41</sup>. This would lead to a reduction in poor health and early death and contribute towards a reduction in health inequalities amongst this group. It is also suggested that increasing the cost of cheap, strong alcohol would also help put children and young people off buying it using their pocket money.



## RESTRICTIONS ON ALCOHOL MARKETING AND PRICE PROMOTIONS

Studies<sup>7</sup> have indicated that price promotions and 'happy hours' are linked with higher levels of consumption, with people aged under 21 more likely to change their drinking behaviour in the face of a price promotion.

Scotland banned multi-buy deals on alcohol and has seen a 3% decrease in total off trade sales, however in England, multi-buy promotions are still permitted but the price of the product must not be lower than the combined duty plus VAT<sup>43</sup>.

Alcohol is marketed through print, tv, radio, online adverts, product placement, sponsorships, and sale promotions all of which is marketed in a way to encourage people to purchase alcohol when they had not planned on doing so, especially in relation to promotions or special offers.

In the UK, alcohol marketing cannot link alcohol with seduction or social success, link alcohol with irresponsible and anti-social behaviour, show alcohol being served irresponsibly or show people drinking under 18 or acting in a childish way. Many believe that alcohol marketing should be better regulated as it helps normalise drinking and subsequently increases the harm caused by alcohol. Social media marketing is new and unregulated, many young people have been exposed and engaged in alcohol advertising through social media websites<sup>44</sup>.

# CHAPTER 8

## WHAT ARE WE DOING LOCALLY TO REDUCE ALCOHOL CONSUMPTION AND HARM?

**There are several services and interventions in the borough to support residents and their families who have significant alcohol misuse problems. These are discussed below.**

### KNOWSLEY INTEGRATED RECOVERY SERVICE

Knowsley Integrated Recovery Service is delivered by Change Grow Live. The service provides support for individuals and their families who are affected by drug or alcohol misuse. A range of support options are available including, one to one support, group work programmes, family support, alcohol detox in the community, opiate substitute prescribing support, education, training and employment support. Residents can self-refer into the service.

Change Grow Live have two sites in Knowsley, one in Huyton and one in Kirkby. They also provide outreach satellite clinics and additional activities across the borough. The approach taken by Change Grow Live is recovery orientated and provides a holistic offer to clients. The work of the service is highlighted throughout this report by the use of case studies.

As part of the service, a dedicated young person's provision is offered – 'Engage'. In addition to offering one to one support to young people, Engage also works collaboratively with schools, the Local Authority and other partner agencies to ensure prevention messages are being promoted to children and young people from an early age.

### SPECIALIST INPATIENT DETOXIFICATION

Greater Manchester Mental Health NHS Foundation Trust provide specialist inpatient detoxification provision for Knowsley residents at The Chapman Barker Unit, which is situated in Prestwich, Manchester. This is a medically managed, recovery focussed treatment option, however, residents are unable to refer themselves. GP's and the local integrated recovery service can make referrals for any residents requiring this service. Due to COVID-19, most services restricted face-to-face contact resulting in fewer individuals being able to access inpatient detox and so recent data is not available.

### RESIDENTIAL REHABILITATION

Knowsley residents with drug and alcohol misuse issues are able to access residential rehabilitation support if required. This provision aims to ensure that individuals experiencing difficulties as a result of their drug or alcohol misuse are able to remain safe and that they do not compromise their own safety, that of their families/carers and the wider community. The service which is provided by the Council works with individuals to develop a person-centred approach providing support and advice and helping people to live independently in the community. The service works closely with Change Grow Live to ensure that the recovery of individuals is supported in a seamless way.

In Knowsley, 3% of adults in structured alcohol treatment were in residential rehabilitation in comparison to 2% in England in 2020-21<sup>14</sup>.

## CASE STUDY - THE BENEFITS OF BEING ALCOHOL FREE

A client came in to Change Grow Live for support with their alcohol use which had become worse during the first lockdown of the COVID-19 pandemic, as they were working in a health care setting, had physical health issues and was extremely worried about catching COVID-19. After finishing work, they would go home and have a drink to relax and unwind but ended up becoming dependant on alcohol.

The first session with the client consisted of introductions and building up rapport as well as identifying goals that the client was comfortable with. At this point the client was drinking a litre of Vodka daily which in total is 37 units. The client said they wanted to reduce their alcohol and did not want a detox. We discussed a few options for reducing alcohol and agreed the goal was for the client to reduce from a litre bottle of 37 units daily to a 70cl bottle 30 units over the first week. We discussed the reasons for reducing slowly, so to avoid any potential withdrawal symptoms and explained what they can look like.

The following week, the client was happy they had achieved this goal and said that trying to do other things rather than just sitting there nursing a bottle helped them. We discussed the next step which was to look at reducing from a 70cl bottle of Vodka to half a bottle which would involve them reducing by 15 units over a couple of weeks. The client was given a measuring glass so that they could measure their units out.

The client continued to make good weekly progress and after four weeks had managed to reduce to half a bottle of vodka daily of 15 units. At the next appointment the client brought along their partner who was very supportive who said they had noticed a big difference in their partner's mood, activity and energy levels. The client agreed and said they felt the best they had done in a long time and intended to keep up the motivation, determination and courage they had shown so far to reduce their alcohol down further.

The next goal to achieve was to reduce down from 15 units to no alcohol. This was successfully achieved through weekly meetings to review achievements and focus on strengths and qualities. An anti-craving medication was offered, however, the client felt they did not require it.

The client remains alcohol free and is still in contact with the service and is looking forward to an alcohol-free holiday. The client said they look forward to each day without the misery of addiction and cannot thank Change Grow Live enough for the support and they look forward to the next stage of their treatment journey which is recovery support.

Keith, Substance Misuse Worker



## ALCOHOL CARE TEAMS

There are alcohol care teams situated in three hospital settings in Merseyside, these are: St Helens and Knowsley Hospitals NHS Foundation Trust - Whiston Hospital site, Liverpool University Hospitals NHS Foundation Trust – Royal Liverpool Hospital site and Aintree University Hospital.

The teams provide support to those aged 18 plus who frequently present at Accident and Emergency due to ongoing substance misuse and/or their admission is likely to cause a deterioration in their physical health secondary to their substance misuse. The patient is assessed and a personalised treatment care plan including psychological support is implemented and reviewed during the patients stay on the ward. The team also work closely with Change Grow Live to ensure appropriate support when the patient leaves acute care.

## GP SHARED CARE – LONG TERM SUPPORT

A number of Knowsley GP practices participate in a shared-care where long-term support is provided for those with long-standing substance misuse issues from their GP practice. The GP will work in partnership with the individual and Change Grow Live to ensure their needs are met. This enables people who are stable and engaged with their recovery to receive the safe, long-term care that they require.

## SUPPORTING CHILDREN AND FAMILIES LIVING WITH ALCOHOL DEPENDENT PARENTS

In 2018, Knowsley was successful in securing government funding to implement additional work to provide support for children of alcohol dependent parents. This programme recently ended in March 2022, however, much of the legacy work and outcomes achieved will be maintained locally, recommendations from the local and national programme evaluations will be considered as part of the response to the implementation of the national drugs strategy.

Knowsley Council worked collaboratively with Change Grow Live and the youth service provider to strengthen pathways between treatment services and Early Help services to assist in identifying children and families who required support around alcohol use within the family. Interventions implemented included:

- Respite for young people affected by parental alcohol use
- Delivery of Moving Parents and Children Together Programme which is a whole family, structured support programme aimed at improving the wellbeing of children and families affected by substance misuse
- Implementation of a Hidden Harm Worker post within the local authority to assist in identifying children and families who may need additional support at an earlier stage



## CASE STUDY - THE IMPACT ON FAMILY

A client has been in treatment with Change Grow Live family team since November 2021. During previous treatment episodes there has been short periods of abstinence however they have not been able to sustain positive changes. This has led to significant impact on family life with the client's children being removed into care.

The family were referred on to the moving parents and children together programme, which offers structured support. After some initial apprehensions around taking part due to strained family relationships all attended and fully participated in the sessions and activities offered. The children enjoyed the artwork activities which enabled them to express how they felt about the impact of their parents' alcohol use.

One of the children spoke about how they blamed their parent for drinking. However, through attending the M-Pact programme, they now have a better understanding of addiction and how it can happen to anyone. They talked about their relationship with their parent and how they are now stronger as a family. The parent was grateful for the opportunity to participate in the programme and they are now having unsupervised contact with their children with a planned rehabilitation of care returning to the parent.

At the time of writing, the parent has been alcohol free for over seven months. They continue to work with Change Grow Live under recovery support and they hope to become a peer mentor.

From a practitioner perspective it has been a privilege to watch the relationship develop and grow stronger throughout the programme. We are thrilled with the outcome that participating in the programme has had on the family.

Clare, Substance Misuse Worker

## PROJECT ADDER

In 2021, Knowsley was successful in receiving two years funding from the Department of Social Care, as part of Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery). The project aims to ensure that more people get effective treatment with enhanced treatment and recovery provision with the overall aims of:

- Reducing drug related deaths
- Reducing drug related offending
- Reducing the prevalence of drug use
- Sustaining major disruption of high-harm criminals and networks involved in middle market drugs and firearms supply and importation

Knowsley Council along with Merseyside Police and Change Grow Live have worked to strengthen links between the criminal justice system and treatment services with successful outcomes being achieved. Local plans will continue to be implemented in 2022/23 to support this work.

## PROJECT ADDER AND WORKING WITH EMPLOYERS

Change Grow Live work in close collaboration with local partners and employers to ensure a holistic offer of support is provided to clients. In addition to funding received to deliver on Project ADDER, Knowsley also received Individual Placement and Support funding to support Change Grow Live clients who are working towards employment. Change Grow Live work closely with the Department of Work and Pensions, Knowsley Chamber of Commerce and local businesses, who offer individual placement support opportunities to Knowsley clients with drug and/or alcohol misuse issues.

Individual placement support workers work intensively with a small caseload of clients to support them towards employment within a 30-day period and provide regular feedback to Change Grow Live on individual client's progress. Once a client secures employment, to help their transition to becoming successful members of the paid workforce, they receive ongoing support for up to 13 weeks to address any work or personal issues they may experience during their employment journey.

## TENANCY EXTRA SUPPORT SERVICE

The Tenancy Extra Support Service delivered by ForHousing has provided support across Knowsley since 2002. The aim of the service is to provide short term housing related support to Knowsley residents who may be struggling with rent areas, debt or ill health and are therefore at risk of losing their home or provide support to tenants over the age of 16 who are moving into their own independent accommodation after leaving one of Knowsley's Homeless Prevention and Accommodation Services.

For residents with substance misuse issues, a Specialist Substance Misuse Practitioner works closely with Change Grow Live and is responsible for a small caseload of tenants with complex substance misuse, mental health or dual diagnosis needs and provide specialist advice, support, and guidance to colleagues working in this area.

Between April 2021 and 31 March 2022, 16 tenants have been supported with alcohol misuse issues to help them sustain their tenancies and reduce their risk of homelessness.



## CASE STUDY – HOUSING AND FINANCIAL SUPPORT

A client was referred into Tenancy Extra Support Service via Social Care for support with rent arrears, financial difficulties and in registering onto Property Pool Plus. The client had a history of physical and emotional pain which led to depression, anxiety and alcohol misuse. This would manifest in the individual binge drinking alcohol for days, losing connection with the world and participating in risky behaviour. The client had made a previous suicide attempt and was increasingly finding things difficult.

It was difficult to engage with the client at first as on occasions they would be very difficult to communicate with due to their intoxication and would also become verbally aggressive (over the telephone). However, after many attempts the client agreed to engage.

The client was supported to engage with Change Grow Live for their alcohol addiction and was successfully reducing their alcohol intake with a view to a complete detox. A safeguarding case was opened, and weekly contact was made by a support worker to ensure the client was keeping themselves safe from harm. Debt management advice and support was given to set up direct debits for utility bills, help to establish current property rent arrears and completed a discretionary housing payment application to clear the debt and successfully enable registration onto property pool website.

As a result of these interventions the client reported they had been feeling less anxious about engaging with services and had also been receiving support from their daughter as a result of them reducing their drinking.

## HEALTHY KNOWSLEY SERVICE

The Healthy Knowsley Service complete a holistic health assessment with all clients accessing the health coaching pathways. This approach empowers the client to identify areas of their lifestyle that have the potential for adopting healthier behaviours such as reducing the amount of alcohol they drink.

The Wellbeing Coach uses motivational interviewing techniques to facilitate client led SMART goals to lead to sustainable behaviour change. Client led goals to reduce alcohol are often developed in conjunction with a health plan for weight loss. Interventions focus on education of both units of alcohol and energy content of different drinks with goals set by the client to make healthier choices.

The Service also deliver Making Every Contact Count training which increases participants knowledge of lifestyle related topics, including alcohol. This training increases participants' confidence and skills to conduct a health-related conversation and brief intervention about the topics covered which include, alcohol, healthy eating, keeping active, and wellbeing.

**Contact details for the Healthy Knowsley Service can be found at the end of this report.**

## NHS HEALTH CHECK AND ALCOHOL CONSUMPTION

An NHS Health Check is available free to people aged between 40-74 and assesses the individual's risk of developing heart disease, stroke, kidney disease, diabetes or dementia through a series of questions about family history, lifestyle choices and vital measurements such as height, weight and blood pressure. The practitioner will ask how many units of alcohol a week is consumed and would offer advice in accordance with the low risk drinking guidelines. Should there be

any serious concerns a liver function test would be requested. Latest available figures for NHS Health Check at Quarter 4 2021/22 individuals reported:

- 1,591 are drinking below 14 units a week
- 265 are drinking above 14 units a week
- 224 individuals received a practice intervention around alcohol

## TRADING STANDARDS AND ILLICIT ALCOHOL

Knowsley's Trading Standards team works with partners to disrupt and eliminate criminal organisations which deal in counterfeit and non-duty paid alcohol products, raise awareness of these harmful products, and investigate and prosecute those found to be selling it.

Counterfeit alcohol is made illegally to imitate a genuine alcohol brand. It is not produced to the high-quality standards used by legitimate manufacturers and can contain hazardous substances such as methanol which is a non-drinking alcohol used for industrial purposes and is found in products such as anti-freeze and paint stripper. Consuming this substance will obviously pose a serious risk to health.

Non-duty paid alcohol is legitimate alcohol bought legally in a foreign country but then smuggled into the UK in large quantities with no UK Duty Tax paid. It is then sold on the UK market.

Trading Standards also work closely with Council Licensing Officers and the Police to undertake intelligence led underage sales operations against retailers suspected of selling alcohol to those who are underage.

**Contact details for reporting suspect selling of counterfeit or non-duty paid alcohol can be found at the end of this report.**

## AWARENESS RAISING AND BEHAVIOUR CHANGE CAMPAIGNS

Over the years, Knowsley has promoted and continue to do so, various awareness raising campaigns such as Dry January, with the aim being to help educate and inform residents of the lower risk drinking guidelines and where they can seek support and advice to cut down on the amount of alcohol they drink.

**Lower my drinking** is a Cheshire and Merseyside campaign which encourages people to download an 'app' which can help support them to lower the amount they drink. The app is designed by clinical psychologists and behavioural scientists and uses tools to guide users to reduce drinking to within the recommended limit of 14 units a week or less. The app is free to download from the App store and Google Play.



**Drinking too much has long term effects.**

**Lower your drinking to reduce your risk of depression**

Download the **Lower My Drinking app, FREE!**

# CHAPTER 9

## WHERE TO GET HELP

There are a range of services offering varying levels of advice, support and treatment to those who live or work in Knowsley.

### Beacon Counselling Trust

North West counselling charity.

**W** [beaconcounsellingtrust.co.uk](http://beaconcounsellingtrust.co.uk)

**T** 0151 226 0696

**E** [gamcare@beaconcounsellingtrust.co.uk](mailto:gamcare@beaconcounsellingtrust.co.uk)

263 Townsend Lane, Clubmoor, Liverpool

L13 9DG

### Change Grow Live

Knowsley's drug and alcohol treatment recovery service.

**W** [changegrowlive.org](http://changegrowlive.org)

**E** [knowsley@cgl.org.uk](mailto:knowsley@cgl.org.uk)

#### Huyton

0151 482 6291

The Peake Centre, Unit 12-14 Chapel Brook Park,

Merseyside L36 6FH

#### Kirkby

0151 546 9557

Unit 7, Deacon Park, Moorgate Road, Kirkby

L33 7RX

### Citizens Advice Knowsley

Benefits, debt and financial advice.

**W** [citizensadviceknowsley.org.uk](http://citizensadviceknowsley.org.uk)

**T** 0808 278 7839 (freephone)

**E** [advice@citizensadviceknowsley.org.uk](mailto:advice@citizensadviceknowsley.org.uk)

Various locations across the borough.

### Healthy Knowsley Service

Free support and advice to help improve health and wellbeing.

Delivery of Making Every Contact Count (MECC) training.

**W** [healthyknowsley.co.uk](http://healthyknowsley.co.uk)

**T** 0800 0731 202 or 0151 289 9555

**E** [health.trainers@merseycare.nhs.uk](mailto:health.trainers@merseycare.nhs.uk)

### Mental Health Crisis Support helpline

Available 24/7 – for those in need of urgent help.

**T** 0800 051 1508

Delivered by Merseycare NHS staff.

Available for all ages, including children and young people.

### NHS Health Check

Phone your GP surgery to make an appointment or to find your nearest local community venue.

**T** 0800 032 5821

### Samaritans

If you need someone to talk to, we listen.

Call **116 123** from any phone.

Available 24/7.

### Smokefree Knowsley

Stop smoking service.

**W** [smokefreeknowsley.org.uk](http://smokefreeknowsley.org.uk)

**T** 0151 426 7462

**Text Quit to 61825**

Various locations across the borough.

## The First Step

To freedom from domestic abuse.

**W** [thefirststep.org.uk](http://thefirststep.org.uk)

**T** 0151 548 3333

**E** [enquiries@thefirststep.org.uk](mailto:enquiries@thefirststep.org.uk)

The First Step Centre, The Old Schoolhouse,  
Huyton, Knowsley L36 0UX

## Trading Standards

To anonymously report suspect selling of counterfeit or non-duty paid alcohol.

**T** 0151 443 4738

**E** [consumer.advice@knowsley.gov.uk](mailto:consumer.advice@knowsley.gov.uk)

This telephone and email address can also be used to report those who may be selling to underage persons.

## Other useful websites

Search online for Every Mind Matters for expert advice and practical tips to help look after your mental health and wellbeing.

StayAlive app is a suicide prevention resource for the UK. It contains useful information and tools people can use to help them stay safe in crisis. The app is free to download from the App Store and Google Play.

## TIPS ON CUTTING DOWN ON ALCOHOL

Making a few changes can make a big difference to how much you are drinking<sup>45</sup>.

**Download the lower my drinking app** – available free for IOS and android devices. This app will help you keep track of your drinking.

**Try alcohol-free or low-alcohol alternatives** – or low calorie soft-drinks instead.

**Drink free days** – challenge yourself to have at least three alcohol free days each week and plan to do something different instead.

**Alternate your drinks** – with water or other non-alcoholic drinks and drink more slowly.

**Ask for help** – let others know that you're trying to cut down on your drink and ask them to support you.

**Out-of house, out-of mind** – If it's in the house, then you're likely to drink it! Don't stock up on alcohol when you're doing the shopping.

**Avoid rounds** – If you're out with people who drink heavily, try to avoid buying in rounds (you could always get the first round and then opt out).

**Limit your drink** – make a plan and stick to it. If you're going out, take a fixed amount to spend on alcohol, making sure you've enough money for the bus or taxi home.

**Drinking on an empty stomach** – means the alcohol is absorbed into your system quicker, so try to eat before you go out or during the night out. Eating before or during drinking alcohol should help stop any cravings for a greasy kebab at the end of the night too – adding on extra calories!

**Drinking at home** – buy smaller (125ml) glasses for wine and half pint glasses for beer or lager.

Did you know that a 250ml wine measure is actually almost a third of a bottle of wine?

# GLOSSARY

## **Alcohol related deaths (broad)**

Deaths from alcohol-related conditions at all ages. This is an age standardised rate per 100,000 population.

## **Alcohol related hospital admissions (broad)**

A hospital admission where the main reason or a contributory reason for the diagnosis is an alcohol-related condition. This is an age standardised rate per 100,000 population.

## **Alcohol related hospital admissions (narrow)**

A hospital admission where the main reason for the diagnosis is an alcohol-related condition. This is an age standardised rate per 100,000 population.

## **Alcohol specific deaths**

Deaths from alcohol-specific conditions of all ages. This is an age-standardised rate per 100,000 population. This is an age standardised rate per 100,000 population.

## **Alcohol specific hospital admissions**

A hospital admission where the main reason or a contributory reason for the diagnosis completely due to an alcohol-specific condition. This is an age standardised rate per 100,000 population.

## **Directly age standardised rate**

Age standardised rates are used as they take into consideration the differences in the age structure of the populations being compared. Either one or both of the populations are mathematically adjusted to have the same age structure as the other. This is so the groups are given the same age distribution structure and a more representative picture of the characteristic in question.

## **Crude rate**

Crude rates are used to assess unusual events such as crime or rare diseases. They are often expressed as the number of people per occurrence or occurrences per 1,000 or 100,000 per population.

## **Under 75 death rate from alcoholic liver disease**

Deaths from alcoholic liver disease in persons less than 75 years. This is an age standardised rate per 100,000 population.



# REFERENCES

- <sup>1</sup> 'Health matters: harmful drinking and alcohol dependence', *Public Health England*, **Health matters: harmful drinking and alcohol dependence - GOV.UK (www.gov.uk)**  
(Accessed August 2022)
- <sup>2</sup> 'UK Chief Medical Officers' Alcohol Guidelines Review: Summary of the proposed new guidelines', *Department of health*, **UK Chief Medical Officers' Alcohol Guidelines Review: Summary of the proposed new guidelines - January 2016 (publishing.service.gov.uk)**  
(Accessed July 2022)
- <sup>3</sup> 'The risks of drinking too much', *NHS*, **The risks of drinking too much - NHS (www.nhs.uk)**  
(Accessed August 2022)
- <sup>4</sup> 'Chapter 12: Alcohol', *Gov.uk*, **Chapter 12: Alcohol - GOV.UK (www.gov.uk)**  
(Accessed July 2022)
- <sup>5</sup> 'Alcohol Factsheet: Knowsley', *Champs Public Health Collaborative*, **Microsoft Word - CHAMPS Killer Factsheet June 2016 (knowsleyknowledge.org.uk)**  
(Accessed July 2022)
- <sup>6</sup> 'Local Alcohol Profiles for England', *Office for Health Improvement and Disparities*, **Local Alcohol Profiles for England - Data - OHID (phe.org.uk)**  
(Accessed July 2022)
- <sup>7</sup> Public Health Burden of Alcohol and the Effectiveness and Cost Effectiveness of Alcohol Control Policies – an evidence review, *Public Health England*, **Alcohol public health burden evidence review 2016 (publishing.service.gov.uk)**  
(Accessed August 2022)
- <sup>8</sup> Alcohol Statistics, *Alcohol Change*, **Alcohol statistics | Alcohol Change UK**  
(Accessed July 2022)
- <sup>9</sup> 'Health Survey for England 2019 [NS]', *NHS Digital*, **Adult health related behaviours (digital.nhs.uk)**  
(Accessed July 2022).
- <sup>10</sup> 'Alcohol and Inequalities', *Alcohol Change UK*, **Alcohol and inequalities | Alcohol Change UK**  
(Accessed July 2022)
- <sup>11</sup> Zambon, N. P., 'Alcohol Statistics England', *House of Commons Library*, **CBP-7626.pdf (parliament.uk)**  
(Accessed July 2022)
- <sup>12</sup> 'The English Indices of Deprivation 2019 (IoD2019)', *Ministry of Housing Communities & Local Government*, **The English Indices of Deprivation 2019 (publishing.service.gov.uk)**  
(Accessed August 2022).
- <sup>13</sup> 'Alcohol and childhood don't mix' - Drinkwise call for more action to protect children', *Alcohol Policy UK*, **'Alcohol and childhood don't mix' - DrinkWise call for more action to protect children - Alcohol Policy UK**  
(Accessed July 2022)
- <sup>14</sup> 'Adults Alcohol Commissioning Support Pack: 2022-23: Key Data', *Office for Health Improvement and Disparities*, **Adults Alcohol Commissioning Support Pack: 2022-23: Key Data (ndtms.net)**  
(Accessed August 2022)
- <sup>15</sup> 'Health effects of Alcohol', *Drinkaware*, **Health effects of alcohol | Drinkaware**  
(Accessed July 2022)

<sup>16</sup> 'Wider Impacts of COVID-19 on Health (WICH) monitoring tool, Behavioural risk factors', *Office for Health Improvement and Disparities*, [Wider Impacts of COVID-19 \(phe.gov.uk\)](https://www.phe.gov.uk)  
(Accessed July 2022)

<sup>17</sup> 'The Cost of Alcohol on the NHS', *LAPE*, [The Cost of Alcohol on the NHS | LAPE.org.uk](https://www.lape.org.uk)  
(Accessed July 2022)

<sup>18</sup> 'NHS long term plan will help problem drinkers and smokers', *NHS England*, [NHS England » NHS Long Term Plan will help problem drinkers and smokers](https://www.nhs.uk)  
(Accessed July 2022)

<sup>19</sup> 'Adult drinking habits in Great Britain: 2017', *Office for National Statistics*, [Adult drinking habits in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)  
(Accessed August 2022).

<sup>20</sup> 'Monitoring alcohol consumption and harm during the COVID-19 pandemic', *Public Health England*, [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)  
(Accessed July 2022)

<sup>21</sup> 'NDTMS View IT Tool– Knowsley and England – All in treatment', *NDTMS*, [NDTMS - ViewIt - Adult](https://www.ndtms.gov.uk)  
(Accessed July 2022)

<sup>22</sup> 'Drink less', *NHS Better Health*, [Drink less - Better Health - NHS \(www.nhs.uk\)](https://www.nhs.uk)  
(Accessed July 2022)

<sup>23</sup> 'Local Tobacco Control Profiles', *Office for Health Improvement and Disparities*, [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk)  
(Accessed August 2022)

<sup>24</sup> From harm to hope: A 10-years drugs plan to cut crime and save lives, *Gov.uk*, [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk)  
(Accessed August 2022)

<sup>25</sup> 'Alcohol and Mental Health', *Mental Health Foundation*, [Alcohol and mental health](https://www.mentalhealth.org.uk)  
(Accessed August 2022)

<sup>26</sup> 'Mental Health: Population factors', *Public Health England*, [3. Mental health: population factors - GOV.UK \(www.gov.uk\)](https://www.gov.uk)  
(Accessed August 2022) NO LINK FOR THIS

<sup>27</sup> Insights from experience – alcohol and suicide, *Samaritans*, [Samaritans\\_Insights\\_from\\_experience\\_-\\_alcohol\\_\\_suicide\\_2022.pdf](https://www.samaritans.org)  
(Accessed July 2022)

<sup>28</sup> 'No More Suicide', *Preventing suicide in Cheshire and Merseyside*, [No-More-strategy-2017-final-1.pdf](https://www.preventsuicide.org.uk)  
(Accessed 5 August 2022)

<sup>29</sup> 'The Government's Alcohol Strategy', *Home Office*, [Home Office Alcohol Strategy \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)  
(Accessed July 2022)

<sup>30</sup> 'Alcohol-related harm and drinking behaviour', *The Nuffield Trust*, [Alcohol-related harm and drinking behaviour | The Nuffield Trust](https://www.nuffieldtrust.org.uk)  
(Accessed July 2022)

<sup>31</sup> 'Child and Maternal Health', *Office for Health Improvement and Disparities*, [Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk)  
(Accessed July 2022)

<sup>32</sup> 'Foetal alcohol spectrum disorder', *NHS*, [Foetal alcohol spectrum disorder - NHS \(www.nhs.uk\)](https://www.nhs.uk)  
(Accessed July 2022)

<sup>33</sup> 'Foetal Alcohol Spectrum Disorder (FASD)', *Drinkaware, Foetal Alcohol Spectrum Disorder (FASD) | Drinkaware* (Accessed August 2022)

<sup>34</sup> 'Clinical Commissioning Groups decide what hospitals and community NHS services are needed and they are responsible for providing them', *National Organisation for FASD, CCGs and NHS Trusts - National FASD* (Accessed July 2022)

<sup>35</sup> McQuire, C. and Paranjothy, S., 'Fetal alcohol spectrum disorder: prevention, identification and support need more resources', *University of Bristol, PolicyBristol-Briefing-65-FASD-UK-prevalence.pdf* (Accessed July 2022)

<sup>36</sup> 'Foetal alcohol spectrum disorder: health needs assessment', *Department of Health and Social Care, Fetal alcohol spectrum disorder: health needs assessment - GOV.UK (www.gov.uk)* (Accessed July 2022)

<sup>37</sup> 'Alcohol and Older people', *Royal College of Psychiatrists, Alcohol and older people | Royal College of Psychiatrists (rcpsych.ac.uk)* (Accessed July 2022)

<sup>38</sup> 'Health Survey for England 2011 to 2019: Alcohol Additional Analyses', *NHS Digital, Health Survey for England 2011 to 2019: Alcohol Additional Analyses - NHS Digital* (Accessed July 2022)

<sup>39</sup> 'The SAFER initiative', *World Health Organisation, SAFER - alcohol control initiative (who.int)* (Accessed August 2022).

<sup>40</sup> Licensing Act 2003, *Legislation.gov.uk, Licensing Act 2003 (legislation.gov.uk)* (Accessed August 2022)

<sup>41</sup> 'Minimum Unit Pricing', *Alcohol Health Alliance, Minimum Unit Pricing - Alcohol Health Alliance (ahauk.org)* (Accessed August 2022)

<sup>42</sup> Krzemieniewska-Nandwani, K., Bannister, J., Ellison, M., Adepeju, M., 'Evaluation of the impact of alcohol minimum unit pricing (MUP) on crime and disorder, public safety and public nuisance', *Manchester Metropolitan University Crime & Well-Being Big Data Centre, Evaluation of the impact of alcohol minimum unit pricing (MUP) on crime and disorder, public safety and public nuisance (publichealthscotland.scot)* (Accessed August 2022)

<sup>43</sup> 'Guidance on banning the sale of alcohol below the cost of duty plus VAT: For suppliers of alcohol and enforcement authorities in England and Wales', *Home office, Banning the sale of alcohol below the cost of duty plus VAT: March 2016 - GOV.UK (www.gov.uk)* (Accessed August 2022)

<sup>44</sup> 'Alcohol Marketing', *Alcohol Health Alliance, Alcohol marketing - Alcohol Health Alliance (ahauk.org)* (Accessed July 2022)

<sup>45</sup> 'Tips for cutting down', *NHS Inform, Tips on cutting down | NHS inform* (Accessed August 2022)



You can also request this information in other formats. Please phone Customer Services on **(0151) 443 4031** or email **[customerservices@knowsley.gov.uk](mailto:customerservices@knowsley.gov.uk)**