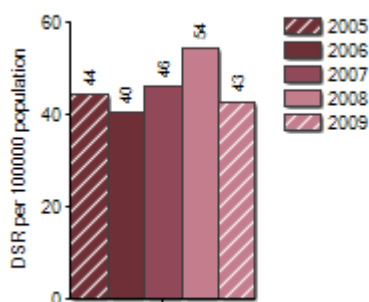


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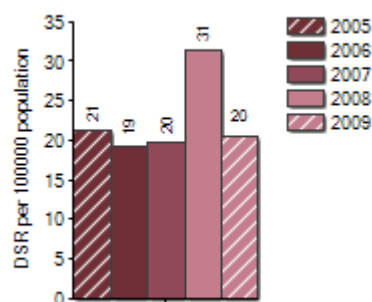
Centre for Public Health  
 Liverpool John Moores University  
 Henry Cotton Campus  
 15-21 Webster St  
 Liverpool L3 2ET

Tel: +44(0)151 231 4535  
 Fax: +44(0)151 231 4552  
 Email: [nwpho-contact@ljmu.ac.uk](mailto:nwpho-contact@ljmu.ac.uk)  
 Website: <http://www.nwpho.org.uk>  
<http://www.cph.org.uk>

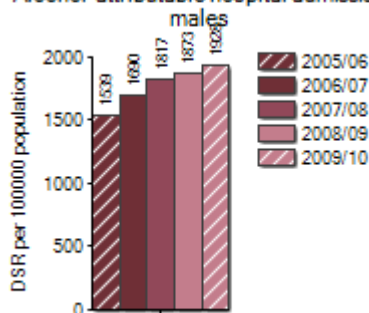
Alcohol-attributable mortality - males



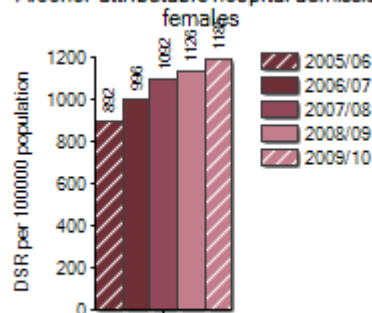
Alcohol-attributable mortality - females



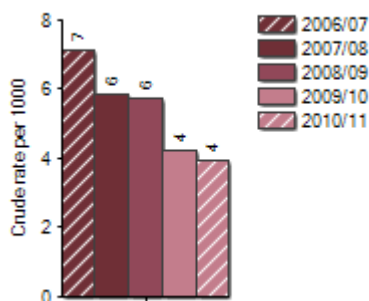
Alcohol-attributable hospital admission males



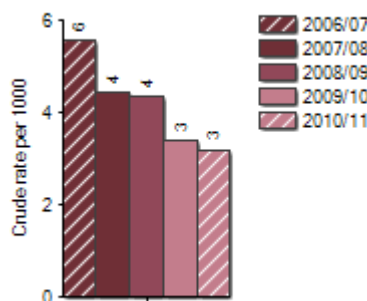
Alcohol-attributable hospital admission females



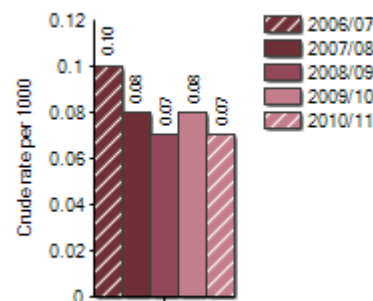
Alcohol-related recorded crimes - all



Alcohol-related violent crimes



Alcohol-related sexual offences



ID	Indicator	Measure (a)	National Rank (b)	Regional Average
1	Months of life lost - males	11.7	281	11.0
2	Months of life lost - females	8.3	325	5.4
3	Alcohol-specific mortality - males	22.1	303	18.1
4	Alcohol-specific mortality - females	13.6	319	9.3
5	Mortality from chronic liver disease - males	24.0	306	18.8
6	Mortality from chronic liver disease - females	13.8	317	10.1
7	Alcohol-attributable mortality - males	42.6	255	42.0
8	Alcohol-attributable mortality - females	20.4	291	17.8
9	Alcohol-specific hospital admission - under 18s	121.6	313	107.7
10	Alcohol-specific hospital admission - males	641.4	289	662.2
11	Alcohol-specific hospital admission - females	388.7	311	347.3
12	Alcohol-attributable hospital admission - males	1,928.4	303	1,887.9
13	Alcohol-attributable hospital admission - females	1,184.8	315	1,076.3
14	Admission episodes for alcohol-attributable conditions (previously NI39)	2,654.0	315	2,406.5
15	Alcohol-related recorded crimes	3.9	47	5.7
16	Alcohol-related violent crimes	3.2	60	4.4
17	Alcohol-related sexual offences	0.1	22	0.1
18	Claimants of incapacity benefits - working age	123.4	255	128.0
19	Mortality from land transport accidents	0.9	47	1.2
20	Abstainers synthetic estimate	17.4	52	16.6
21	Lower Risk drinking (% of drinkers only) synthetic estimate	68.3	248	67.6
22	Increasing Risk drinking (% of drinkers only) synthetic estimate	21.5	177	24.6
23	Higher Risk drinking (% of drinkers only) synthetic estimate	10.3	296	7.8
24	Binge drinking (synthetic estimate)	33.2	326	30.1
25	Employees in bars - % of all employees	1.8	112	1.9

Footnotes	Definition
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- |                      |  |
|----------------------|--|
| Alcohol-specific     | Conditions that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose). A list of alcohol-specific conditions with their ICD-10 codes and associated attributable fractions can be found at: <a href="http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf">http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf</a>   |
| Alcohol-attributable | Alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury). For these latter conditions, different attributable fractions are used to determine the proportion related to alcohol for males and females. A list of alcohol-attributable conditions with their ICD-10 codes can be found at: <a href="http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf">http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf</a> |
| a)                   | The actual indicator value for the local authority as calculated in the definitions below.   |
| b)                   | The rank of the local indicator value among all 326 local authorities in England. A rank of 1 is the best local authority in England and a rank of 326 is the worst. For indicators 20 to 24, a rank of 1 is the highest and a rank of 326 is the lowest value, as the desirability of the value (what is better or worse) has not been determined.  |



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Centre for Public Health  
 Liverpool John Moores University  
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 Email: [nwpho-contact@ljmu.ac.uk](mailto:nwpho-contact@ljmu.ac.uk)  
 Website: <http://www.nwpho.org.uk>  
<http://www.cph.org.uk>

ID	Definition
1,2	Months of life lost- males/females - An estimate of the increase in life expectancy at birth that would be expected if all alcohol-attributable deaths among males/females aged under 75 years were prevented. (NWPHO from 2007-2009 England and Wales life expectancy tables for males and females [Government Actuary Department], alcohol-attributable deaths from Public Health Mortality File 2007-2009 in males/females aged under 75 and Office for National Statistics mid-year population estimates for 2007-2009).
3,4	Alcohol-specific mortality- males/females - Deaths from alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2007-2009 and mid-year population estimates for 2007-2009). Numerator counts of less than 3 have been suppressed (indicated as *).
5,6	Mortality from chronic liver disease- males/females - Deaths from chronic liver disease including cirrhosis (ICD-10: K70, K73-K74) (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2007-2009 pooled).
7,8	Alcohol-attributable mortality - males/females - Deaths from alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2009 and mid-year population estimates for 2009). Numerator counts of less than 3 have been suppressed (indicated as *).
9	Alcohol-specific hospital admission - under 18s - Persons admitted to hospital due to alcohol specific conditions (under 18s, persons), crude rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2007/08-2009/10 and Office for National Statistics mid-year population estimates 2007-2009). Numerator counts of less than 6 have been suppressed (indicated as *). Does not include attendance at A&E.
10, 11	Alcohol-specific hospital admission - males/females - Persons admitted to hospital due to alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2009/10 and Office for National Statistics mid-year population estimates 2009). Numerator counts of less than 6 have been suppressed (indicated as *). Does not include attendance at A&E.
12, 13	Alcohol-attributable hospital admission - males/females - Persons admitted to hospital due to alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2009/10 and Office for National Statistics mid-year population estimates 2009). Numerator counts of less than 6 have been suppressed (indicated as *). Does not include attendance at A&E.
14	Admission episodes for alcohol-attributable conditions (previously NI39) - Admission episodes for alcohol-attributable conditions (previously NI39): directly age and sex standardised rate per 100,000 population. (Department of Health using Hospital Episode Statistics 2009/10 and Office for National Statistics 2009 mid-year population estimates).
15, 16, 17	Alcohol-attributable recorded crimes - Alcohol-related recorded crimes, crude rate per 1,000 population. (NWPHO from Home Office recorded crime statistics 2010/11). Office for National Statistics 2009 mid year population were used. Attributable fractions for alcohol for each crime category were applied, based on survey data on arrestees who tested positive for alcohol by the Strategy Unit.
18	Claimants of incapacity benefits - working age - Claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism, crude rate per 100,000 (working age, persons) population. (NWPHO from Department for Work and Pensions data Aug 2010 and Office for National Statistics 2009 mid-year population estimates). NB Important Note Supplied by DWP - To qualify for Incapacity Benefit, claimants have to undertake a medical assessment of incapacity for work called a Personal Capability Assessment. The medical condition recorded on the claim form does not itself confer entitlement to Incapacity Benefit. So, for example, a decision on entitlement for a customer claiming Incapacity Benefit on the basis of alcoholism would be based on their ability to carry out the range of activities assessed by the Personal Capability Assessment; or on the effects of any associated mental health problems. It is also important to note that where someone has more than one diagnosis or disabling condition, only the predominant one is currently recorded.
19	Mortality from land transport accidents - Estimated number of deaths attributable to alcohol from land transport accidents (ICD-10: V01-V89) (all ages, persons) directly standardised rate per 100,000 population (standardised to the European Standard population). (NWPHO from Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2007-09 pooled and Office for National Statistics mid-year population estimates 2007-2009). The Strategy Unit's alcohol-attributable fraction was applied to obtain the estimates.



ID	Definition
20	Abstainers synthetic estimate - Mid 2008 Synthetic estimate of the percentage within the total population aged 16 years and over who report in abstaining from drinking alcohol. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations.
21	Lower Risk drinking (% of drinkers only) synthetic estimate - Mid 2008 Synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in lower risk drinking, defined as consumption of less than 22 units of alcohol per week for males, and less than 15 units of alcohol per week for females. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations.
22	Increasing Risk drinking (% of drinkers only) synthetic estimate - Mid 2008 Synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in increasing risk drinking, defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations.
23	Higher Risk drinking (% of drinkers only) synthetic estimate - Mid 2008 Synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in higher risk drinking, defined as more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations.
24	Binge drinking (synthetic estimate) - Synthetic estimate of the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women). Estimates originally produced for the Department of Health (2007-2008). Please see Health profiles for further information <a href="http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES">www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES</a> . Primary care organisation values were estimated as a population weighted average of component local authority values.
25	Employees in bars - % of all employees - The number of employees, employed in bars as a percentage of all employees. (Annual Business Inquiry 2009, National Statistics, from Nomis website: <a href="http://www.nomisweb.co.uk">www.nomisweb.co.uk</a> ). Office for National Statistics single year of age mid 2009 population estimate for males aged between 16-64 years and females aged 16-60 years. A rank of 1 is the lowest local authority value in England and a rank of 326 is the highest. Values that are significantly lower than the England average have been highlighted green and values that are significantly higher have been highlighted red. The desirability of the value (what is better or worse) has not been determined.



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