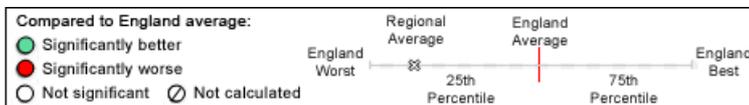


# LAPE

## Local Alcohol Profiles For England

### Profile of alcohol related harm - Sedgemoor

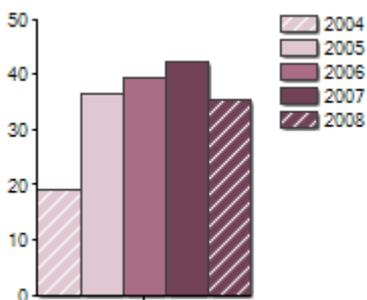


# LAPE

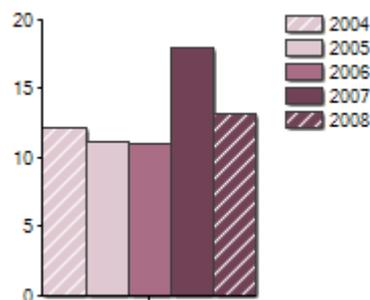
Local Alcohol Profiles For England

## Profile of alcohol related harm - Sedgemoor

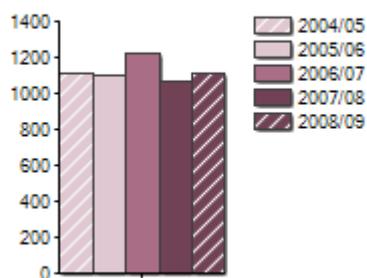
Alcohol-attributable mortality - males



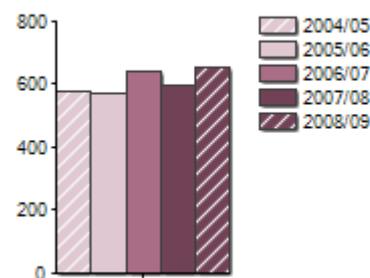
Alcohol-attributable mortality - females



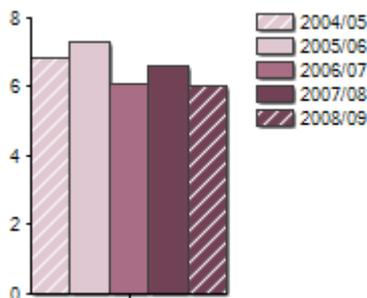
Alcohol-attributable hospital admission males



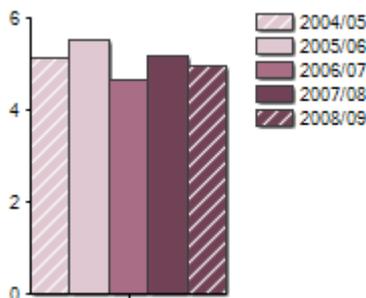
Alcohol-attributable hospital admission females



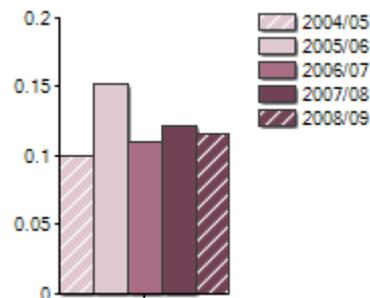
Alcohol-related recorded crimes - all



Alcohol-related violent crimes



Alcohol-related sexual offences



## Alcohol related indicators - Sedgemoor

ID	Indicator	Measure (a)	National Rank (b)	Regional Average
1	Months of life lost - males	9.6	212	8.4
2	Months of life lost - females	4.5	213	3.8
3	Alcohol-specific mortality - males	13.7	214	11.7
4	Alcohol-specific mortality - females	5.7	177	5.4
5	Mortality from chronic liver disease - males	13.7	201	11.9
6	Mortality from chronic liver disease - females	5.6	126	5.9
7	Alcohol-attributable mortality - males	35.4	170	34.3
8	Alcohol-attributable mortality - females	13.1	132	14.0
9	Alcohol-specific hospital admission - under 18s	46.3	123	69.8
10	Alcohol-specific hospital admission - males	286.8	134	369.3
11	Alcohol-specific hospital admission - females	164.4	163	192.0
12	Alcohol-attributable hospital admission - males	1,110.3	139	1,199.3
13	Alcohol-attributable hospital admission - females	653.1	150	690.7
14	Hospital admissions for alcohol-related harm (NI 39)	1,376.5	149	1,490.7
15	Alcohol-attributable recorded crimes	6.0	130	6.7
16	Alcohol-attributable violent crimes	4.9	161	5.1
17	Alcohol-attributable sexual offences	0.1	180	0.1
18	Claimants of incapacity benefits - working age	76.3	149	129.4
19	Mortality from land transport accidents	2.0	203	1.8
20	Increasing risk drinking (synthetic estimate)	18.5	81	19.6
21	Higher risk drinking (synthetic estimate)	4.2	108	4.5
22	Binge drinking (synthetic estimate)	17.6	102	20.7
23	Employees in bars - % of all employees	3.1	287	2.3

## Footnotes

## Definition

- 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: <http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf>
- 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: <http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf>
- 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. Two local authorities (City of London and Isles of Scilly) have been omitted from indicators 20, 21 and 22 so in these cases the worst local authority has a rank of 324. For indicator 23, a rank of 1 is the lowest and a rank of 326 is the highest value, as the desirability of the value (what is better or worse) has not been determined.



# LAPE

## Local Alcohol Profiles For England

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 2006-2008 England and Wales life expectancy tables for males and females [Government Actuary Department], alcohol-attributable deaths from Public Health Mortality File 2006-2008 in males/females aged under 75 and Office for National Statistics mid-year population estimates for 2006-2008).
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 2006-2008 and mid-year population estimates for 2006-2008).
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 2006-2008 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 2008 and mid-year population estimates for 2008).
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. Numerator counts of between 1 and 5 have been suppressed (indicated as *). Some secondary suppression was necessary to prevent disclosure by subtraction. (NWPHO from Hospital Episodes Statistics 2006/07-2008/09 and Office for National Statistics mid-year population estimates 2006-2008). 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. Numerator counts of between 1 and 5 have been suppressed (indicated as *). Some secondary suppression was necessary to prevent disclosure by subtraction. (NWPHO from Hospital Episodes Statistics 2008/09 and Office for National Statistics mid-year population estimates 2008). 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 2008/09 and Office for National Statistics mid-year population estimates 2008). Does not include attendance at A&E.
14	Hospital admissions for alcohol-related Harm (NI39) - Hospital admissions for alcohol-related harm: Directly age and sex standardised rate per 100,000 population, 2008/09. (Department of Health using Hospital Episode Statistics and Office for National Statistics 2008 mid-year population estimates).
15, 16, 17	Alcohol-attributable recorded crimes - Alcohol-attributable recorded crimes, crude rate per 1,000 population. (NWPHO from Home Office recorded crime statistics 2009/10). Office for national Statistics 2008 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. Please note that data is missing for a small number of areas.
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 2009 and Office for National Statistics 2008 mid-year population estimates for males aged between 16-64 years and females aged 16-59 years). NB Important Note Supplied by DWP - Causes of incapacity are based on the International Classification of Diseases, 10th Revision, published by the World Health Organisation. To qualify for IB/SDA, claimants have to undertake a medical test of incapacity for work which is called the Personal Capability Assessment. Therefore, the medical condition recorded on IB/SDA claim form does not itself confer entitlement to incapacity benefits, so for example, the decision for a customer claiming IB on grounds of alcoholism would be based on their ability to carry out the range of activities in the Personal Capability Assessment; or on the effects of any associated mental health problems. Figures exclude Employment Support Allowance (ESA), introduced in October 2008 to replace IB/SDA. ESA is not currently available by medical condition. The introduction of ESA has led to a reduction in the number of Incapacity Benefit claimants.
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 2006-08 pooled and Office for National Statistics mid-year population estimates 2006-2008). The Strategy Unit's alcohol-attributable fraction was applied to obtain the estimates.



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## Local Alcohol Profiles For England

ID	Definition
20	Increasing risk drinking (synthetic estimate) - Mid-2005 synthetic estimate of the proportion (%) of the population 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. NB The term 'increasing risk' replaces the term 'hazardous' used in previous LAPE releases. (NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 324. Please note that values for the new Local Authorities arising from the April 2009 boundary changes are a population weighted average of the component Local Authority predicted prevalence's only. Amendments will be made to these values when these synthetic estimates are updated.
21	Higher risk drinking (synthetic estimate) - Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report engaging in higher risk drinking, defined as consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. NB The term 'higher risk' replaces the term 'harmful' used in previous LAPE releases. (NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 324. Please note that values for the new Local Authorities arising from the April 2009 boundary changes are a population weighted average of the component Local Authority predicted prevalence's only. Amendments will be made to these values when these synthetic estimates are updated.
22	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 produced for the Association of Public Health Observatories (2007-2008). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 324. 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>
23	Employees in bars- % of all employees - The number of employees employed in bars (SIC2003: 5540), as a percentage of all employees. (Annual Business Inquiry 2008, National Statistics, from Nomis website: <a href="http://www.nomisweb.co.uk">www.nomisweb.co.uk</a> ). 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.
24	Alcohol treatment- prevalence per 1,000 population - The number of adults aged 18-75 years receiving structured treatment for alcohol misuse (National Alcohol Treatment Monitoring System 2008/09), as a rate per 1,000 population (Office for National Statistics mid-year population estimates 2008). Currently only available at primary care organisation level.

Local Alcohol Profiles for England are produced by the North West Public Health Observatory  
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