

The impact of alcohol on health

Stockton-on-Tees



PHINE is the public health intelligence function for the North East of England.

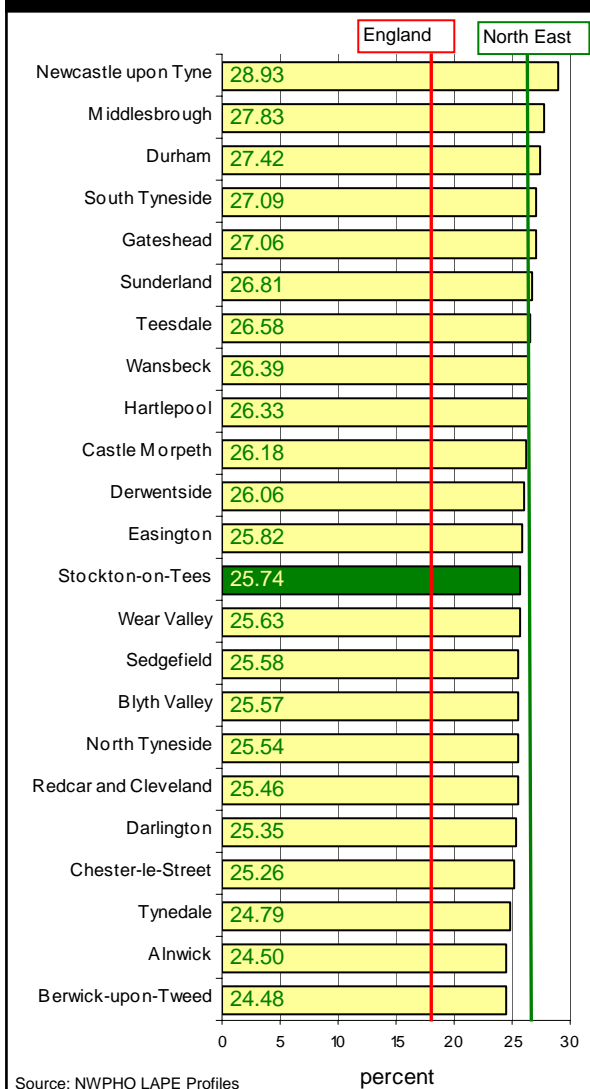
Partners include the Public Health Observatory (NEPHO), the primary care trusts (PCTs), the Health Protection Agency (HPA), public health group in the Government Office North East (GONE) and the Northern & Yorkshire Cancer Registry (NYCRIS).

Key points

- 1. Binge drinking and crime**
 - Estimated binge drinking in Stockton is significantly higher than in England.
 - Crime rates are lower than both the North East and England.
- 2. Hospital treatment for alcohol-specific conditions**
 - Admission rates have been rising over time in Stockton.
 - Male and female rates are lower than North East rates.
 - Male rates are higher than female rates for all age bands.
- 3. Deaths from alcohol-related causes**
 - On average there have been 25 alcohol-related deaths per year since 2001.
 - Death rates in Stockton are similar to those for the North East.
 - Mortality rates for chronic liver disease are increasing.
 - Years of life lost rates are higher than the national average.

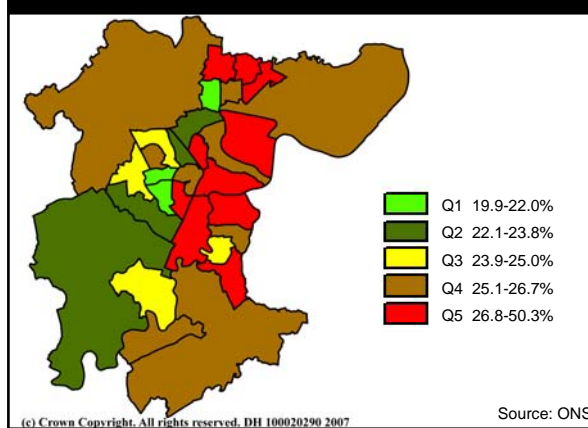
Binge drinking and alcohol-attributable crime

Synthetic estimates of binge drinking, North East Local Authorities, 2003-05



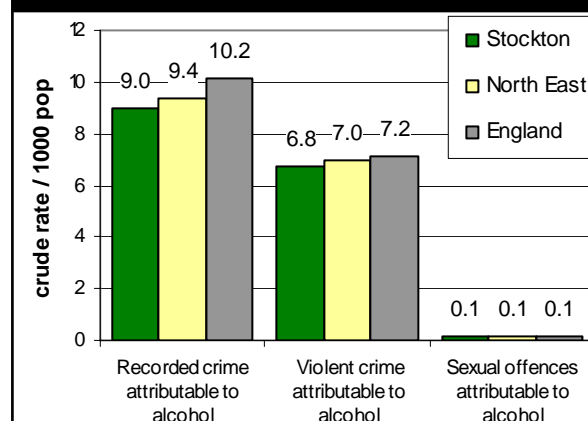
All local authorities in the North East have estimated binge drinking rates significantly higher than England. This district rate is 13th highest of the 23 local authorities in the region.

Synthetic estimates of adults (%) binge drinking, Stockton wards, 2000-02



Stockton has ten wards in the North East quintile with the highest rates. The wards with the highest rates for estimated binge drinking are: Victoria; Blue Hall; Marsh House; Portrack & Tilery; and Grange.

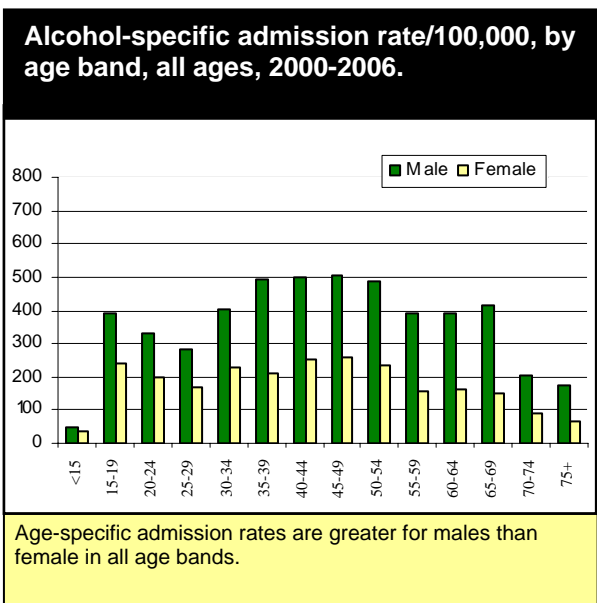
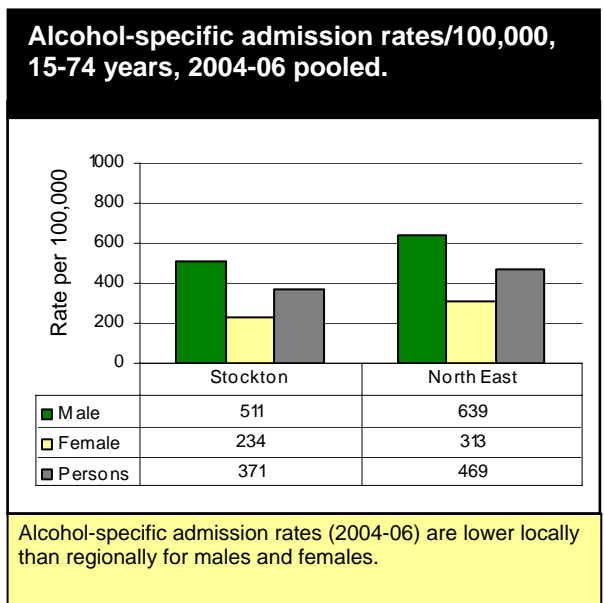
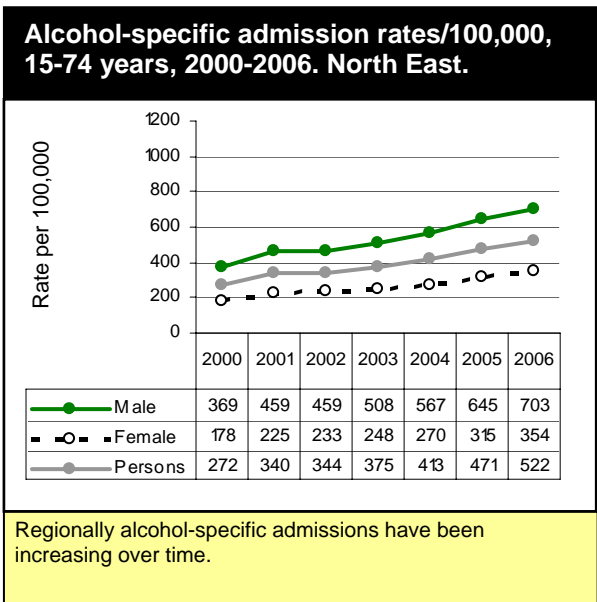
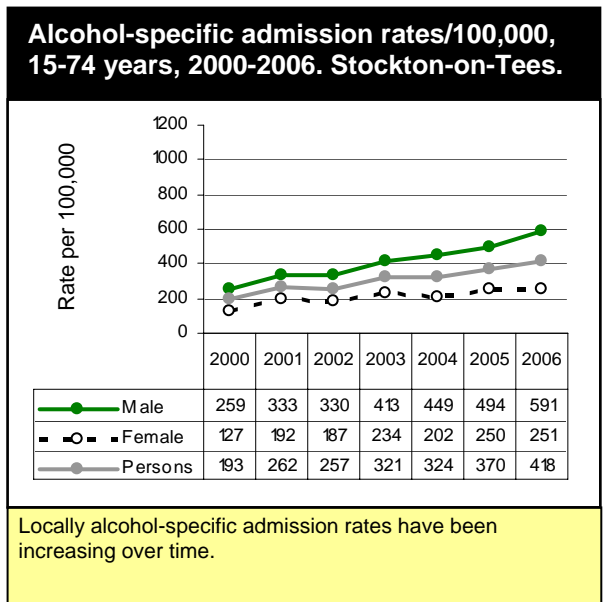
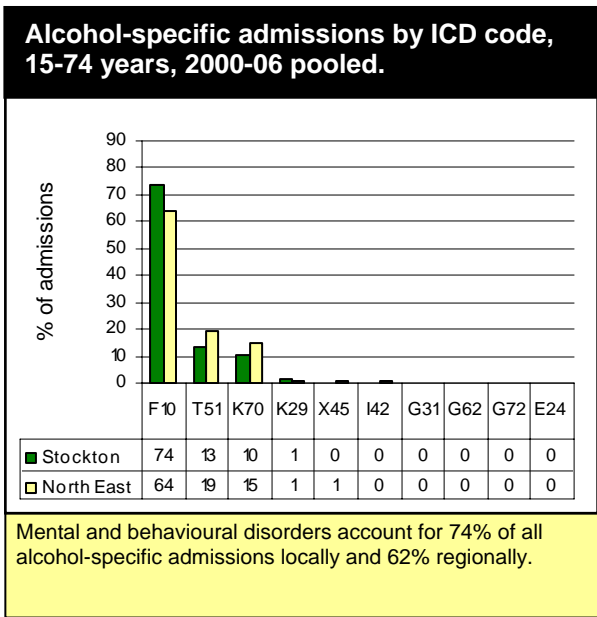
Alcohol-attributable crime rates per thousand population, 2006/07



Alcohol-attributable crime in this district is lower than both the North East rate and the England rate.

Definition of alcohol-specific admissions (ICD10)

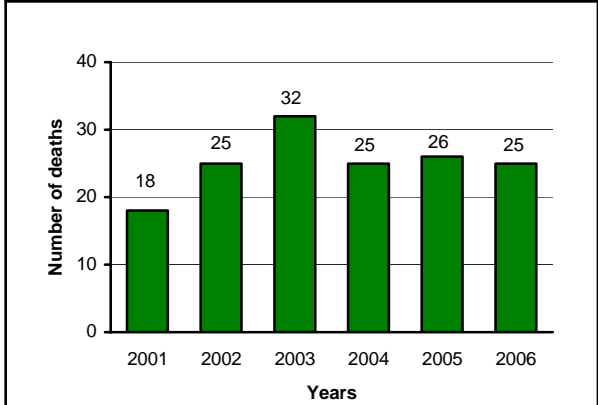
E24.4	Alcohol induced pseudo-Cushing's syndrome
F10	Mental & behavioural disorders due to use of alcohol
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
T51.0	Toxic effect of alcohol - Ethanol
T51.1	Toxic effect of alcohol - Methanol
X45	Accidental poisoning by and exposure to alcohol



Number of deaths and proportion (%) of all alcohol-related deaths, ICD-10, 2001-2006

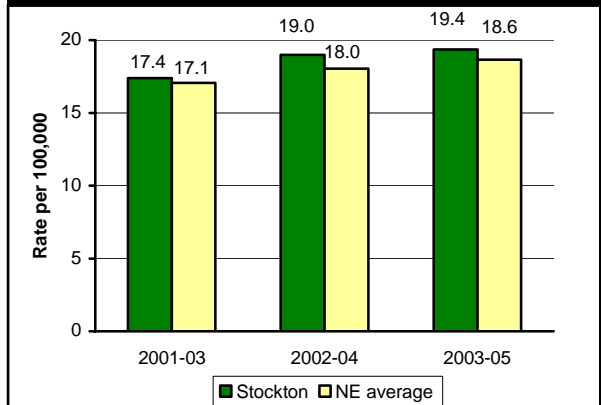
Definition of alcohol-related deaths (ICD-10)		Local deaths	
		No.	%
F10	Mental & behav dis. due to alcohol	14	9.3
G31.2	Degen of nervous system due to alcohol	0	0.0
G62.1	Alcoholic polyneuropathy	0	0.0
I42.6	Alcoholic cardiomyopathy	1	0.7
K29.2	Alcoholic gastritis	0	0.0
K70	Alcoholic liver disease	83	55.0
K73	Chronic hepatitis, not elsewhere classified	2	1.3
K74	Fibrosis & cirrhosis liver (Exc K74.3-K74.5)	50	33.1
K86.0	Alcohol induced chronic pancreatitis	0	0.0
X45	Acc poisoning by & expo to alcohol	1	0.7
X65	Intent self-poisoning by & expo to alcohol	0	0.0
Y15	Poison by & expo to alcohol, undet intent	0	0.0

Number of alcohol-related deaths, persons, all ages, 2001-2006



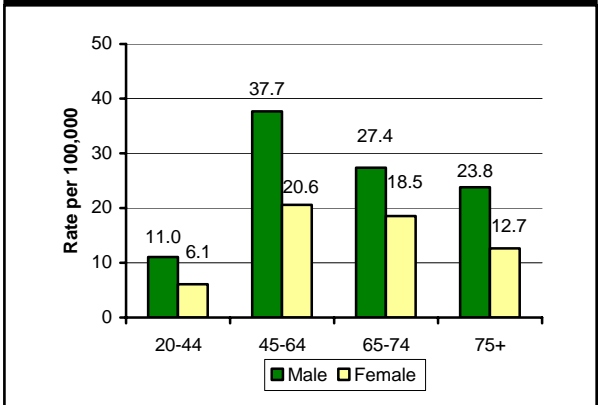
There has been an average of 25 deaths per year during this time. The peak year for deaths was 2003.

Age-standardised mortality rates, alcohol-related deaths, 2001-2003 to 2003-2005



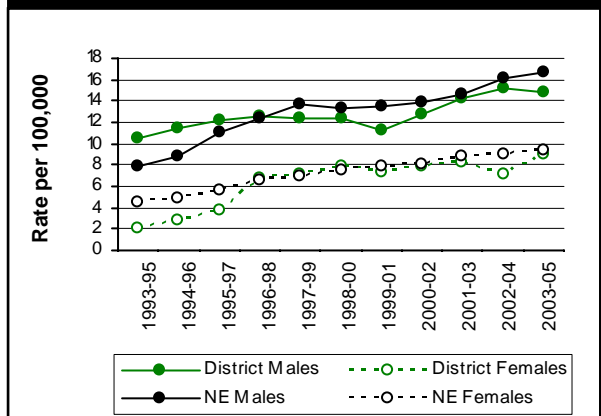
Local mortality rates are increasing. Throughout this period the local district rates have been higher than those for the North East of England.

Age-specific mortality rates, males and females, 2001-2006.



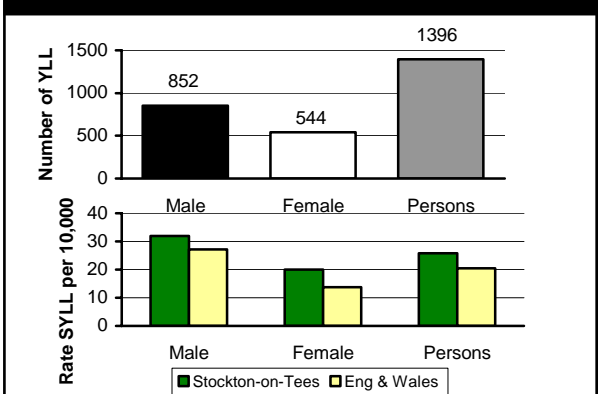
Male rates were higher than female rates in all age groups. Both male and female rates peaked at ages 45-64 years.

Mortality rates for chronic liver disease and cirrhosis*, males and females, 1993-2005



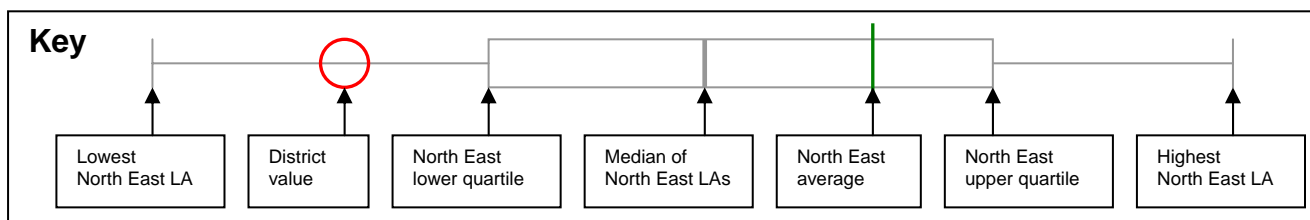
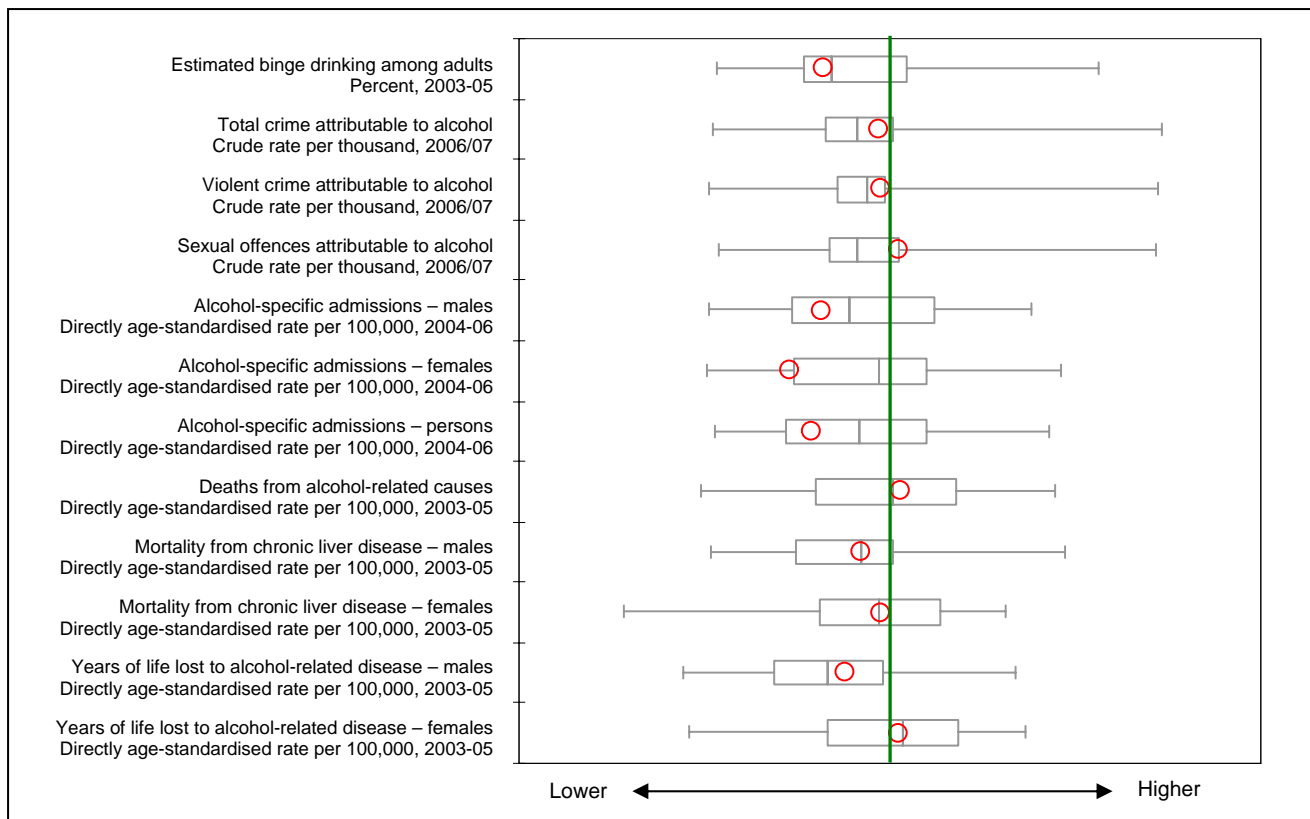
Local mortality rates for both males and females are increasing. Generally, male rates are below North East rates while female rates are around the regional average.

Standardised years of life lost (SYLL) and number of years of life lost to alcohol-related disease, 2003-2005 pooled



In this district there are more male years of life lost than female. Local years of life lost rates are higher than the national average.

* ICD-10 K70, K73-K74



Methods

	Admissions of local residents	Deaths of local residents
Definition	Alcohol-specific admissions as defined in Local Alcohol Profiles for England (North West Public Health Observatory 2007)	Alcohol-related deaths as defined by Office for National Statistics (Health Statistics Quarterly, Autumn 2007)
Disease classification	ICD-10 as defined above	ICD-10 as defined above
Source of data	Hospital Episodes Statistics	Public Health Mortality Files Clinical & Health Outcomes Knowledge Base
Period	2000-2006	2001-2006 1993-2005 (for disease sub-set time series)
Age standardisation	Rates calculated using mid-2006 population estimates	Rates calculated using mid-2006 population estimates
Hospital episodes count	Counts based on maximum of 1 admission per person per year and including only the first alcohol-specific diagnosis code for each case	

Useful resources

- North West Public Health Observatory, Indications of Public Health in the English Regions 8: Alcohol (2007) www.nwph.net/nwpho/Publications/Alcohol_Indications.pdf
- Department of Health, Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007) www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218

Document preparation

These profiles have been produced by the Public Health Intelligence staff of the Tees Primary Care Trusts:

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- Michael Fleming (analysis of admissions)
- Leon Green (risks, spine chart, design)
- Mark Reilly (project management)

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