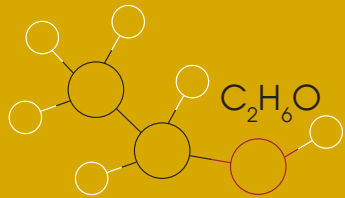


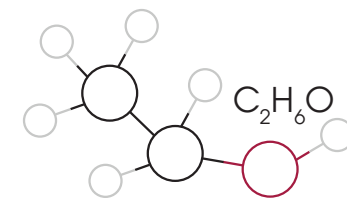
Blackburn with Darwen Alcohol Strategy 2022/27



Inform, Explain, Clarify

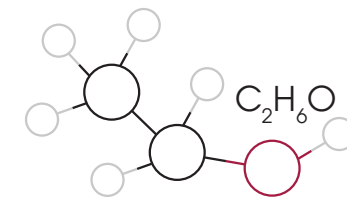
**To promote a responsible drinking culture
and help us reduce alcohol harms**

Barry Ashbolt - Public Health, Blackburn with Darwen
April 2022



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Who is it for?

Everybody in the Borough who drinks alcohol and those affected or impacted by alcohol use:

- » Parents, young people and older people
- » Infrequent drinkers (those who may only drink occasionally)
- » Regular and Moderate drinkers (drinking at levels up to but no more than UK guidelines)
- » Heavy and binge drinkers (drinking more than UK recommended guidelines)

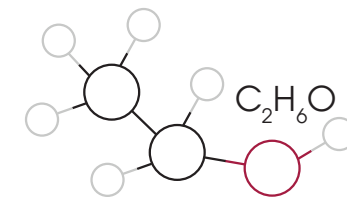
Blackburn with Darwen Council view alcohol as “**everybody's business**” as it can affect everyone in the Borough, from individuals harmed as a result of their own or someone else's drinking to all the services and businesses that are affected by alcohol misuse.

The Police, Doctors, Fire Service, Hospital and Ambulance service all pick up the pieces from alcohol misuse - from attending a fire caused by alcohol use to telling someone that a family member has been killed in a drink-driving incident, to dealing with intoxicated people in our A&E Department, or telling someone they have terminal liver, heart disease or cancer caused by drinking.

Overall alcohol misuse places burdens upon our health systems, emergency services, local employers, welfare systems, accommodation providers, social care services and our neighbourhoods and communities. Individuals, businesses, charities and other services in the Borough may find themselves dealing with intoxicated individuals at any time.

Families can be torn apart by alcohol: loved ones dying too soon, children neglected and living in poverty or being exposed to aggression and violence in their home, jobs can be lost, a son, brother, mother or daughter ending up in prison following criminal acts committed while intoxicated.

Alcohol harms can be very visible – crime, anti-social behaviour, violence, accidents, or they may be hidden – domestic abuse, health problems, poverty, poor living conditions, impact on employment and productivity, family hardship, mental health difficulties and children deprived of opportunities.



Who will deliver it?

It is essential that we work with a wide range of partner agencies and local authority departments to drive forward our plan to reduce the impact of alcohol harms on our Borough. Whatever form alcohol harms may take we want to work alongside our partners to reduce them.

For example:

- » we work with our local Alcohol Licensing team to monitor applications for licences to sell alcohol
- » we work with our local Hospital's Emergency Department to identify any hotspots for alcohol related violence
- » we work with alcohol retailers, promoting safer drinking and engaging with them around options to reduce the sale of super-strength drinks
- » we support campaigns for National policy changes such as Minimum Unit Pricing for alcohol (now introduced in Scotland, coming into force soon in Northern Ireland and Wales)
- » we work with our local Community Safety Partnership to help tackle alcohol related anti-social behaviour and crime
- » we work with our locally funded Alcohol Service to ensure they provide advice, support and treatment for any level of alcohol issue
- » we support campaigns for clearer labelling on alcohol products and about children's exposure to alcohol marketing.



The local picture

People in more deprived areas experience higher rates of health harms and deaths caused directly or indirectly by alcohol.

The alcohol harms paradox suggests: those in deprived areas drink less alcohol than others but suffer more health and social harms from the alcohol they do drink.

In our last Alcohol Strategy we also identified that:

- £25.6 million was in lost productivity due to absenteeism, reduced employment opportunities and premature illness or death due to alcohol use
- We were the 5th highest in the country for claiming Incapacity Benefit by reason of alcohol dependence
- Taking everything into account alcohol misuse costs every man, woman and child £486 per year, higher than the national average
- More than half of hostels (55%) reported that a majority of their clients have problems with alcohol

A third of the geographical areas in Blackburn with Darwen are classed as having multiple deprivations – this means that with respect to poverty, health, education, crime, living environment, housing and access to services they are in the lowest group when compared with the rest of the country.

- In 2015-17, the under 75 mortality rate from alcoholic liver disease (for persons) in BwD was 14.1 per 100,000 people, which was significantly higher than the national average
- In 2017/18, the hospital admissions rate for mental and behavioural disorders due to alcohol was 72.0 per 100,000 population which was similar to the national average
- In 2016/17, it was estimated that there were over 2,400 dependent drinkers in BwD
- In 2016/17, 83% of dependent drinkers in BwD were not in treatment



2,203 admissions to hospital in 2018/19 where the main reason was due to drinking alcohol

6% higher than 2017/18 and 19% higher than 2008/09



32 alcohol-specific deaths in 2018

2% lower than 2017 and an increase of 7% on 2008



Men and women aged 55 to 64 had the highest proportions usually drinking over 14 units in a week

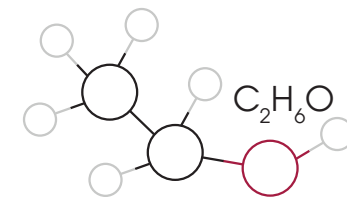


Alcohol costs the NHS £10,370,000 a year in Blackburn and Darwen



In Blackburn and Darwen 7,098 crimes a year are caused by alcohol

1,276 Thefts or Robberies
4,122 Incidents of Criminal Damage
1,700 Violent Incidents



The National picture

How much we drink nationally



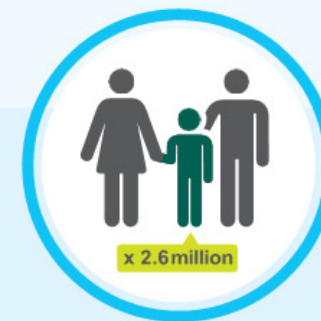
Alcohol is 60% more affordable than it was in 1980.



Alcohol misuse costs England approximately £25bn per year in healthcare, crime and lost productivity costs.

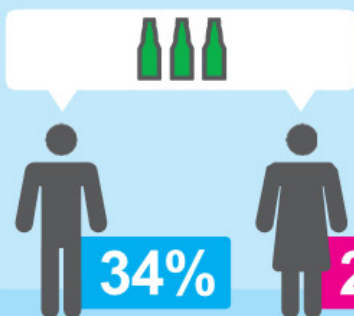


More than 9 million people in England drink more than The recommended daily limits.

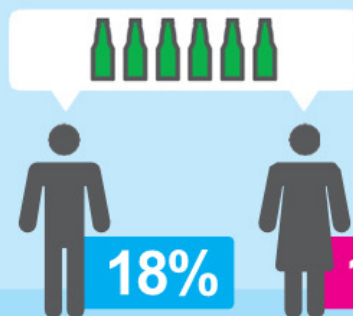


It is estimated that 2.6 million children in the UK are living with parents who are drinking hazardously.

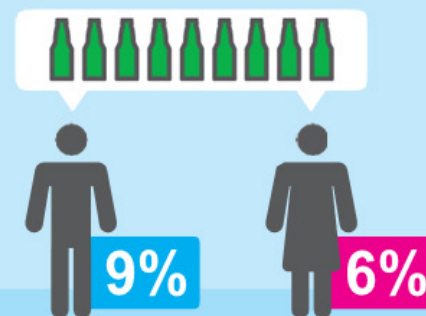
Drinking behaviour



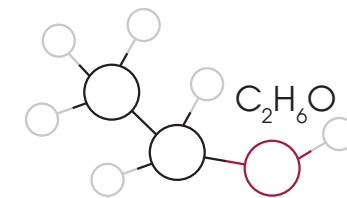
34% of men and 28% of women drank more than recommended on at least one day in the last week.



18% of men and 12% of women drank heavily on at least one day in the last week.



9% of men and 6% of women drank very heavily on at least one day in the last week.



Our view

Alcohol has long had a place in history and society as a well-established, well-known beverage that we use to socialise, relax and unwind, to enjoy company and celebrations. Alcohol is a vital factor in our town's (any town's) economy. Shops, bars, clubs and restaurants, all places that sell alcohol, contribute to our local economy and provide employment for many while offering leisure time enjoyment. We want our residents to be able to enjoy their drinking and stay safe but most of all to be informed and aware of possible risks and the impacts of alcohol use. To facilitate this we support measures for clearer labelling on alcohol containers, with simple explanations about how much alcohol is in each bottle or can, how that compares to National Guidelines from the Chief Medical Officer and advice on calorie content.

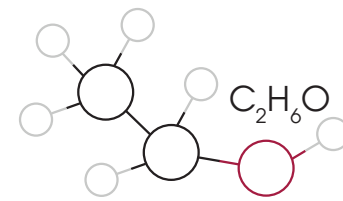
Alcohol is more affordable than ever and freely accessible. The Government has taken steps to limit cheap (below tax) alcohol sales but it is still possible to buy enough alcohol to get extremely drunk for less than £5 (16 units of dry cider, 4 times the drink driving limit and the equivalent of about half bottle of spirits). Many people will be able to buy alcohol within a very short distance from their home.

Most people enjoy alcohol, knowing their limits and drinking responsibly; most people rarely have any issues with alcohol but it is evident that for some it becomes a problem. It may be the reason for relationship, financial, employment, health or emotional difficulties. For a few, alcohol misuse might mean the start of problems with the law, for some it is the start of a dependence on alcohol - addiction. Drinking alcohol can allow people to relax, socialise, relieve stress, overcome confidence issues and social barriers but it can also bring on negative consequences such as, anger, resentment or sadness (melancholy). Some people might drink to cope with problems, but this is not a good way to deal with life's difficulties. The problems will still be there and the individual has now found a potentially harmful way to cope with them. Drinking too much because you have a problem leaves you with two problems.

We must not overlook the fact that alcohol is a drug. It is legal, available, affordable and addictive. It has often been said that if it were to appear as a "new substance" today it would be seen as a classified drug, in the same bracket as heroin and cocaine. It is known in scientific terms as a psychoactive substance and as such it affects the brain and its processes. Alcohol is a substance that the body gets used to (we call this tolerance) and may become dependent on, even at lower levels of use. It is also a "clever" drug; it makes you less aware of boundaries, risks and social norms, while inducing a sense of well-being and confidence. It also takes away the ability to judge risk and make decisions based on a reasonable assessment of outcomes. This is why there are laws about drinking alcohol and driving across the world. This is also why people who drink alcohol can underestimate how much they consume and misjudge their ability to function, making poor judgements or decisions because of slower reaction times and thought processes.



Department
of Health

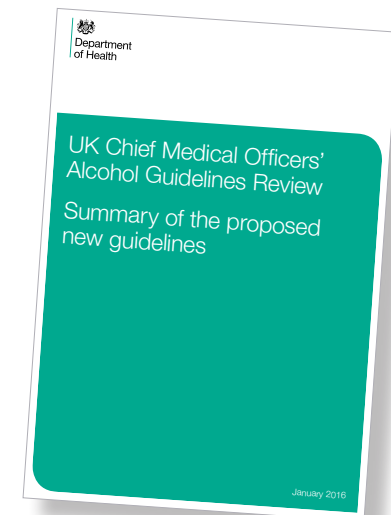


The UK Government's Chief Medical Officers alcohol guidelines

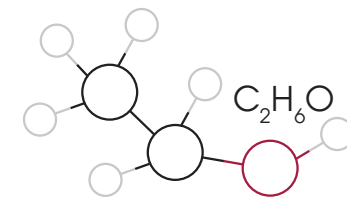
In summary, the guidelines say:

The Chief Medical Officers' guideline for both men and women is that:

- » You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
- » If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long-term illnesses and from accidents and injuries.
- » The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
- » If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week



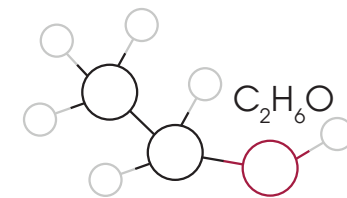
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Our priorities

INFORM - EXPLAIN - RAISE AWARENESS

- » Inform low level, regular drinkers that they too are at some risk
 - » Make moderate drinkers aware of their increasing risks
- » Ensure all who drink at above recommended guidelines are aware of their risks and of the services available to help and advise them including how to access them.



A few facts

The alcohol harms paradox tells us that people who are poorer suffer more harm from the alcohol they drink despite drinking less than some other groups. This is a complex situation and it occurs as a result of a combination of factors. Cheap alcohol, poor diet, lower uptake of healthcare messages and other risky behaviours such as smoking or substance misuse all contribute to this overall health impact.

It is estimated that a high percentage of those who drink more than the recommended limits (CMO Guidelines) do not ask for help, advice or guidance. We want to ensure this group is aware of the harms they are at risk from.

Alcohol consumption increases risks of many health conditions – heart, liver, digestive system diseases, multiple forms of cancers, depression, dementia (including early onset dementia) can all be caused by, or made worse by, alcohol consumption. We need our population to understand this.

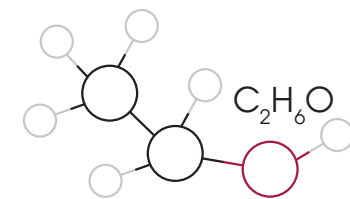
Alcohol is extremely high in calories and can contribute to healthy weight issues, even obesity. For those who want to lose weight for personal or health reasons it is important that they understand that alcohol consumption plays a part when trying to achieve a healthy weight.

Alcohol is a tricky substance, it can prompt our body to release chemicals called endorphins, these make us feel relaxed, confident and happy, but alcohol also acts as a depressant, if you have mental health issues alcohol can bring on anxiety, depression. Due to these complex actions of alcohol on our body some may believe that if you are feeling down it is a good idea to drink alcohol but, as we have just heard, this is likely to make depression worse. Alcohol professionals call this the ‘downwards spiral’, as people become more depressed, the more they drink, the more they feel depressed and so on.

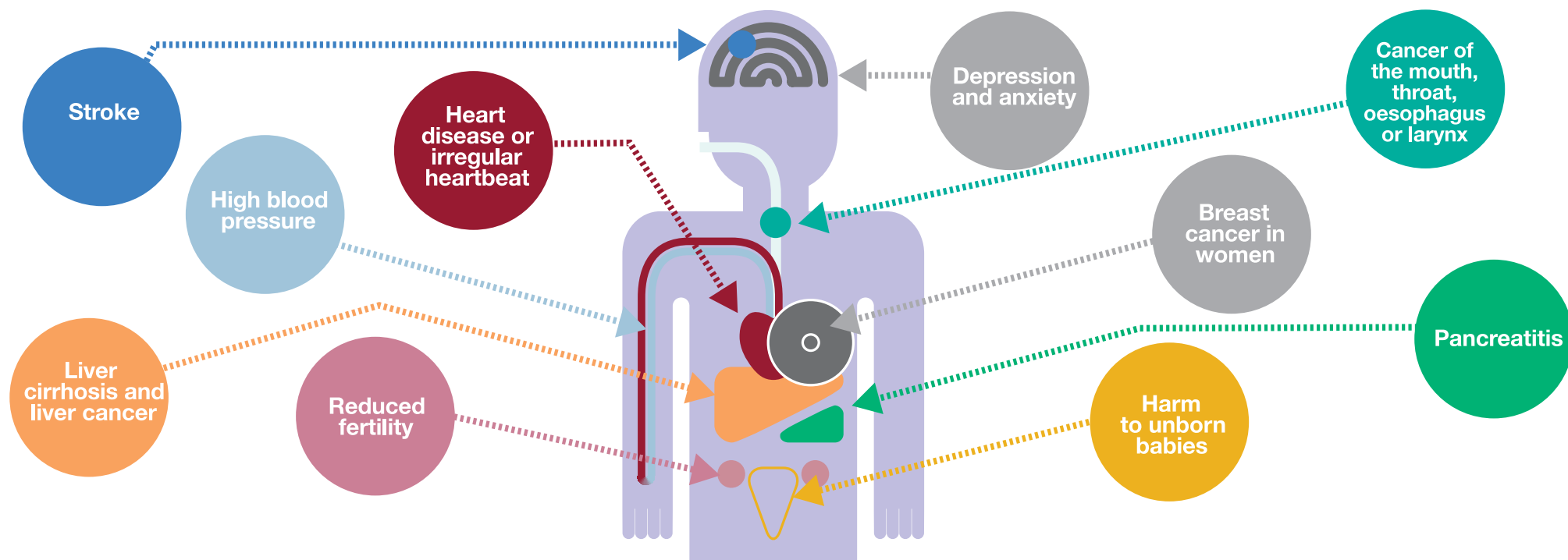
Disease and injury harms for which alcohol consumption is an indirect cause add more to the burden on healthcare than do harms directly caused by alcohol (liver disease for example).

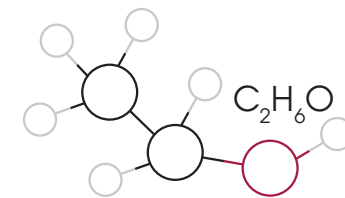
Overall, the disease and injury categories where risk is increased by alcohol consumption are: infectious disease, cancer, diabetes, mental health issues, heart and circulation disease, liver and pancreas disease, unintentional and intentional injury from accidents or violence.

Alcohol consumption can have a significant impact on the productivity of our Town’s businesses. Reduced workplace productivity due to short-term absenteeism combined with a lower quality and quantity of work due to poor performance and/or decision making. Knock on effects may include disruption to business and colleagues picking up work for alcohol-affected employees.



How alcohol misuse damages health





Awareness

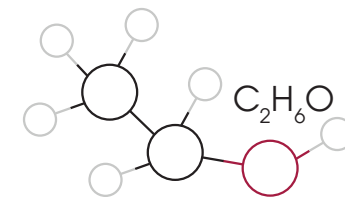
We want to help our population make informed choices about their drinking, to try to explain about alcohol units and how long alcohol takes to break down (metabolise) in the body.

In the United Kingdom we measure alcohol consumption in “units of alcohol”, so the Chief Medical Officer has established recommended drinking limits in units; the law says we should not drink more than 4 units of alcohol before driving and we use units to measure consumption where alcohol has become a health problem.

This might be confusing, as people do not think about the alcohol they consume in “units”, we talk about “cans, bottles, glasses, pints, shots, singles, and doubles”. So how can the public begin to be aware of and understand units and relate them to what they actually drink?

When we talk about alcohol drinks in a pub, bar or restaurant we use different measures to describe them; pint, half pint, single, double or glass etc. Converting your drinks to Units of Alcohol is relatively easy in a bar setting as each half pint, standard glass of wine (125ml) or single (25ml) measure of spirits all equal roughly 1 unit of alcohol. Measures for beers and lagers are standardised in pints and half pints but spirits and wines may be sold in measures of either 25ml or 35ml (spirits) or wine 125ml or 175ml. Licensed premises have, by law, to display the measures they are using for wine and spirits, so people can check before they order. Pubs, clubs and restaurants can offer spirits in 25ml or 35ml measures, wine can be in 125ml, 175ml or even 250ml measures and fortified drinks (sherry, port etc.) can be in 50ml or 70ml measures. It is worth checking this as any misjudgement (based on counting drinks rather than units) could have unexpected, unwanted outcomes.

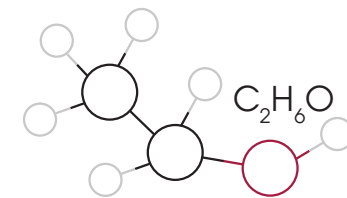
Many people drink at home and it can be a little more difficult to measure how much they are drinking when using non-standard glasses. Alcohol by volume is marked on all alcohol containers so individuals could work it out for themselves or, with a little effort, could check their drinking glass to see where half a pint, 125ml or 25ml comes to. They may even be able to get a “Units of alcohol in your drink” glass with information marked on it!



Awareness

It takes the human body 1 hour to convert a unit of alcohol into substances that the body finds less harmful and can break down and dispose of. One unit of alcohol is measured as one single 25ml measure of spirits, one half pint of normal strength beer or one 125 ml glass of wine. Therefore, using our following example, two 125ml glasses of wine at 13% alcohol by volume plus one pint of lager at 4% abv (% abv is by law displayed on packaging or at licensed premises) gives a total of just over 5.5 units of alcohol. Alcohol processing time varies between males and females and by build and/or weight so we will put forward an average time of five and a half hours from the time of the last drink. This means if the last drink was finished at 12:30am alcohol will be in your system (bloodstream) until 6:00am. This also means that if you wanted to drive you should wait until 6:30am to be sure of being alcohol free.

The digital age makes it easier for people to be aware of the impact on the body from the alcohol drunk. There are many apps for smart phones and web pages that can explain the amount of alcohol in each drink (Alcohol By Volume, commonly ABV), how long it might take your body to get rid of the alcohol you have consumed and when it should be safe for you to drive after any amount that you drink. (see appendix for details).



Awareness

Important things to consider about alcohol use if driving or using machinery:

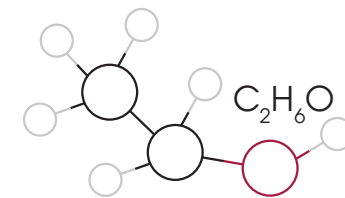
Even small amounts of alcohol can affect your ability to drive and there is no reliable way to drink and stay within the limit. The advice from the police is clear: avoid alcohol altogether if you plan to drive.
(Drinkaware – National alcohol advice charity)

It is also important for anyone who plans to drink alcohol and drive or use machinery to remember that if they take medication (prescribed or over the counter) it can add to the impact of alcohol and reduce your ability to function properly. This can mean an increased risk of accidents or harm to yourself or others.

We must also understand that the way alcohol affects you depends on:

- » your weight, age, gender* and metabolism (the rate your body uses energy)
 - * (yes it is correct that alcohol intake affects men and women differently, this is due to differences in physiology. Alcohol generally is processed and enters the bloodstream quicker in females)
- » the type and amount of alcohol you're drinking
- » what you have eaten recently
- » your stress levels at the time

Our advice is, if you are going to drink, don't drive. Loss of a driving licence can result in many unforeseen consequences, loss of employment or livelihood, a criminal record or in the cases of drink driving where others are injured or killed, it could mean a prison sentence.



Units of Alcohol in your drink & how to work it out

Start with how much of each type of drink is consumed in litres e.g.

75 cl bottle of wine = 0.75 litres

500 ml = 0.5 litres

1 pint = 0.57 litres

Multiply this by the abv % (alcohol by volume) number shown on the drink container or dispenser.



For example:

Two 125ml glasses of Wine = 250ml (0.25 litres)

@ 13% abv

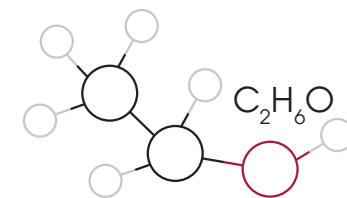
therefore 13 multiplied by 0.25 = 3.25 units

One pint of lager = (0.57litres)

@ 4% abv

therefore 4 multiplied by 0.57 = 2.28 units

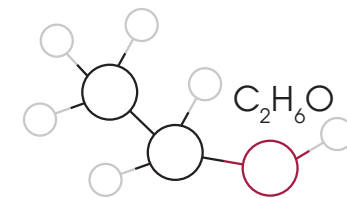
A total of just over 5.5 units.



Units of Alcohol in your drink: how to work it out

Drink	Units calculation	Units	Cost at MUP of 50p per unit	Will MUP increase price? Y/N	How little it will take you to be near or over the English drink drive limit*
75cl bottle of red wine	0.75 litre x 12% abv	9	£4.50	no	Under half (0.45) of a bottle
1 litre bottle of Vodka	1 litre x 37.5% abv	37.5	£18.75	no	Just over one tenth of a bottle
70 cl bottle of spirits	0.70 litre x 37.5% abv	26.25	£13.13	no	Just over one sixth of a bottle
1 pint Premium Lager	0.57 litre x 5.2% abv	2.97	£1.49	no	One and a half pints is over the limit
Half pint draught bitter	0.285 litre x 3.75% abv	1.07	£0.53	no	4 halves is over the limit
Single 25 ml pub measure spirits	0.025 litre x 37.5% abv	0.94	£0.47	no	4 singles is just under 4 units
500ml can super strength lager	0.5 litre x 9%	4.5	£2.25	yes	1 can is over the limit
3 litre bottle White Cider	3 litre x 7.5 abv	22.5	£11.25	yes	A fifth of a bottle is over the limit
Single 50ml pub measure sherry or port	0.05 litre x 18% abv	0.9	£0.45	no	4 singles is just under 4 units
Small pub glass 125ml white wine	0.125 x 11% abv	1.38	£0.69	no	Less than 3 glasses is over 4 units
Medium pub glass 175ml red wine	0.175 x 13% abv	2.28	£1.14	no	2 glasses is over the limit
Large pub glass 250ml white wine	0.250 x 12% abv	3	£1.50	no	1 and a half glasses is over the limit
1 pint draught lager	0.57 litre x 4% abv	2.28	£1.14	no	One and 3/4 pints is on the limit
330ml bottle lager or beer	0.33litre x 3.75% abv	1.24	£0.62	no	3 bottles is close to the 4 unit limit
70 cl bottle pre-mixed drink (breezer etc)	0.7 litre x 4% abv	2.8	£1.40	no	1 and a half bottles is over the limit
Premium shot spirit 25ml single	0.025 litre x 40% abv	1	£0.50	no	4 shots is on the 4 unit limit
1 pint draught cider	0.57 litre x 5% abv	2.85	£1.43	no	A pint and half is near the limit
440ml can Premium cider/lager/beer	0.44 litre x 5% abv	2.2	£1.10	yes	2 cans is over the 4 unit limit
1 pint dark stout	0.57 litre x 4.3% abv	2.45	£1.23	no	One and 2/3rds pints is over the limit
70c cl bottle cream liqueur	0.7 litre x 17% abv	11.9	£5.95	no	1/3rd of a bottle is near the limit

*also see notes on page 13 & 20 for important clarification



Units of Alcohol in your drink

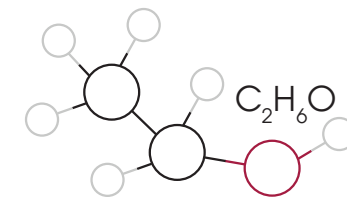
When we talk about units and recommended limits we can see in the following graphic that drinking up to 14 units per week is classed as “moderate” risk not “no risk”. Alcohol does not have a ‘safe’ level of consumption, there is always some level of risk. From the risk of a trip or a fall after a drink up to a more serious accident due to impaired judgement; from feeling unwell after drinking up to the beginning of something more serious. There are also risks from other people who have been drinking.

When we see below the Increasing Risk and High Risk consumption groups we notice a difference for men and women. This is due to the slight physiological differences between genders, basically women’s bodies absorb and process alcohol differently. The result is that after drinking a similar amount to a man, a woman will have a higher concentration of alcohol in her blood.

For those whose drinking is in the increasing and high risk levels we want them to get the help, advice and support that is appropriate to their needs. We know from experience that those drinking at the increasing and high risk levels may well have other problems developing that they may not immediately connect to their drinking. Relationship, financial or employment difficulties often accompany high levels of drinking, sustained high levels of drinking can even result in problems with the law.



Drinker type	Units per week	
	Men	Women
Moderate	14 or under	14 or under
Increasing Risk	Above 14 - 50	Above 14 - 50
High Risk	Above 50	Above 50



Alcohol across the Life Course

We want everybody to know the risks from alcohol use, younger people, adults and older adults. More importantly, we want people to be confident in accessing information and non-judgemental person-centred treatment options if they think they need help.

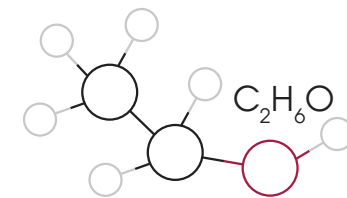
We want our population across the life course to enjoy alcohol appropriately and be aware of some important facts:
Expectant mothers: Foetal alcohol spectrum disorder (FASD) can affect the unborn child in the womb when the expectant mother drinks alcohol. The UK Chief Medical Officer (CMO) has issued guidelines for expectant mothers, which confirms there is risk of harm to the unborn child if the mother drinks any alcohol during pregnancy.

“If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum. Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk”

Foetal Alcohol Spectrum of Disorders (FASD) is becoming more understood as time passes and at the lower end of the spectrum of disorders there is evidence that it may be connected to behavioural disorders such as ADHD (attention deficit hyperactivity disorder), ODD (oppositional defiance disorder) and many other issues that might make learning difficult for a child. The higher the exposure to alcohol in the womb the more likely it is that harm may occur; at very high levels of alcohol use during pregnancy, permanent mental and physical damage may occur.

We work tirelessly to promote Foetal Alcohol Spectrum Disorder awareness, we have a Substance Misuse Midwife to advise our Drug and Alcohol treatment service and we are eager to develop training/awareness sessions that we can share with all services/agencies who come into contact with families and expectant mothers. Our aim is to prevent any unintentional harms to unborn babies. We can do this by making all our BwD families aware of the risks to the unborn child from alcohol use during pregnancy.

Children and young people: They may learn behaviour about alcohol use from parents, siblings and peers and children are exposed to alcohol advertising from a young age (Drinkwise NW et al). This all contributes to ‘normalising’ alcohol use, which, in turn, tends to less cautious behaviour around drinking. Alcohol is particularly dangerous for young people;



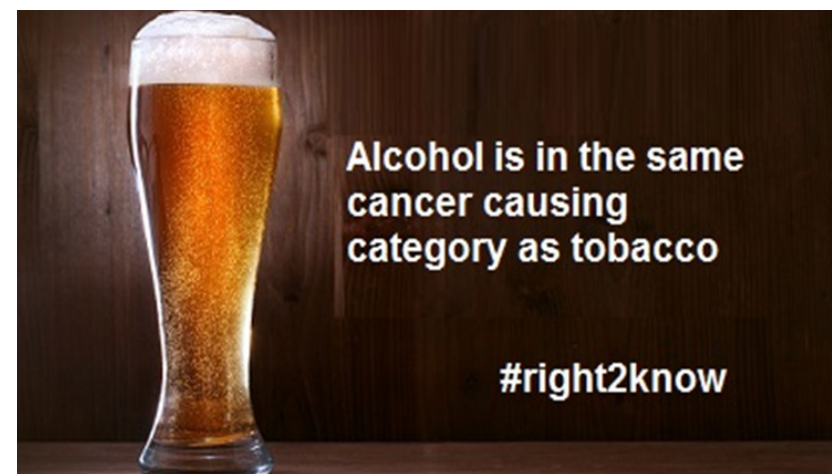
Alcohol across the Life Course

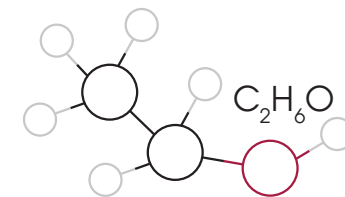
drinking alcohol can damage a child's health, even if they are 15 or older. It can affect the normal development of vital organs and functions, including the brain, liver, bones and hormones. Beginning to drink before age 14 is associated with increased health risks, including alcohol-related injuries, involvement in violence, involvement with gangs and suicidal thoughts and attempts. Drinking at an early age is also associated with risky behaviours, such as involvement in violence, having more sexual partners, pregnancy, using drugs, employment problems and drink driving.

www.nhs.uk/common-health-questions/childrens-health/should-my-child-drink-alcohol/

Adverse Childhood Experiences (ACEs) we know can have a significant impact on a child's future; some of these experiences will occur as a consequence of alcohol use within the family home. Once again, evidence shows us that children who experience ACEs are more likely to have difficulties in adult life and if exposed to alcohol misuse at a young age are more likely to misuse alcohol themselves.

Mid-life: For mid-life drinkers alcohol can become a significant factor that may affect their health and wellbeing. When people are settled emotionally and financially, perhaps children have grown up, the mortgage paid off, maintaining a job, they may become complacent about how often and how much they drink. They may believe they can afford it, their health and healthcare is good so drinking at home or socially may become an increasingly important part of their life. The risk of dependence and alcohol health harms do not diminish because you can afford good wine and decent healthcare; the health impacts are still very much present and as you get older they can present greater risk!





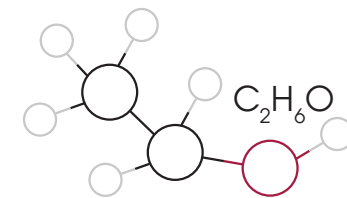
Alcohol across the Life Course

Older people: our population is in general, living longer. This is good news but it does mean that a person drinking over their life course will consume much more alcohol. This has led to research suggesting that the health risks described previously increase accordingly. The risk of early onset (starting at a younger age) dementia, for example, are increased, the health issues and risks previously mentioned have greater impact as the body's ability to cope with alcohol reduces as we age. There are many reasons why older people may drink more: they may have less to do or feel socially isolated, they may have retired and either drink more regularly, socially or at home, they might drink more as they have less responsibility. While alcohol remains a relatively cheap commodity it remains very affordable to many 'at risk' groups, including older people. We want older people to be aware that, as they age, their bodies take longer to process alcohol, the impact of alcohol in their system may be felt sooner and more intensely than when they were younger. It is excellent that our population is living longer and we want our older people to have information on alcohol use to enable them to live a happy, healthy life.

Older people may have medication for health conditions; this might be for long standing conditions or for issues that can develop for some as we age. Whatever the reason, whatever the medication we have to consider how it might interact with alcohol. Alcohol may increase the effects of some medication; in some cases it can stop the medication having the desired effect on your body. To be certain, ask your Doctor or your Pharmacist about alcohol use while taking medication, both can advise you.

Across the life course some people will change the way they drink alcohol, so it is difficult to categorise all types of drinker but we have:

- » Infrequent drinkers (those who may drink occasionally)
- » Regular and Moderate drinkers (drinking at levels no more than guidelines)
- » Heavy and binge drinkers (drinking more than recommended guidelines)
- » Dependent drinkers (physically and/or psychologically addicted to alcohol)



Alcohol across the Life Course

The UK Chief Medical Officer's Low Risk Drinking Guidelines for both men and women says:

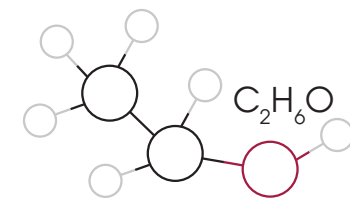
To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis

If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over three or more days. If you have one or two heavy drinking episodes a week, you increase your risk of long-term illness and injury

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

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

assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf



Short term effects of alcohol use

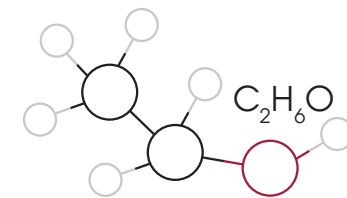
For all levels of drinkers (excepting dependent drinkers) the following occurs after consuming alcohol :

The short-term effects of alcohol consumption are outlined below. This information is based on the assumption that you have a normal tolerance to alcohol, dependent drinkers with a higher tolerance to alcohol can often drink much more without experiencing any noticeable effects.

(Remember, 1 unit = half a pint standard strength beer, lager or cider, a single measure of spirits, a standard glass of wine, a glass of sherry, port or other fortified wine)

1 to 2 units	After drinking 1 to 2 units of alcohol, your heart rate speeds up and your blood vessels expand, giving you the warm, sociable and talkative feeling associated with moderate drinking.
4 to 6 units	After drinking 4 to 6 units of alcohol, your brain and nervous system starts to be affected. It begins to affect the part of your brain associated with judgement and decision making, causing you to be more reckless and uninhibited. The alcohol also impairs the cells in your nervous system, making you feel lightheaded and adversely affecting your reaction time and co-ordination.
8 to 9 units	After drinking 8 to 9 units of alcohol, your reaction times will be much slower, your speech will begin to slur and your vision will begin to lose focus. Your liver, which filters alcohol out of your body, will be unable to remove all of the alcohol overnight, so it is likely you will wake with a hangover.
10 to 12 units	After drinking 10 to 12 units of alcohol, your co-ordination will be highly impaired, placing you at serious risk of having an accident. The high level of alcohol has a depressant effect on both your mind and body, which makes you drowsy. This amount of alcohol will begin to reach toxic (poisonous) levels. Your body attempts to quickly pass out the alcohol in your urine. This will leave you feeling badly dehydrated in the morning, which may cause a severe headache. The excess amount of alcohol in your system can also upset your digestion, leading to symptoms of nausea, vomiting, diarrhoea and indigestion.
More than 12 units	If you drink more than 12 units of alcohol, you are at considerable risk of developing alcohol poisoning, particularly if you are drinking many units over a short period of time. It usually takes the liver about an hour to remove one unit of alcohol from the body. Alcohol poisoning occurs when excessive amounts of alcohol start to interfere with the body's automatic functions, such as: breathing, heart rate, gag reflex, which prevents you choking, alcohol poisoning can cause a person to fall into a coma and could lead to their death.

www.nhs.uk/conditions/alcohol-misuse/risks/



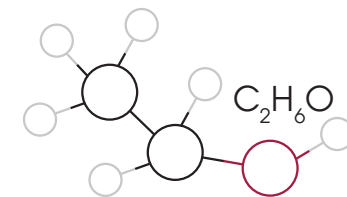
Long term effects of alcohol use

Alcohol misuse can cause long-term effects on your physical and mental health, including:

Depression
Liver damage
Cancer
Immune system problems
High blood pressure
Nerve damage
Permanent brain damage

The long-term effects of excessive consumption are not limited solely to your body. Entire families and social groups may be affected by an individual's alcohol use. Long term moderate to heavy alcohol use may cause differences within personal relationships as drinking behaviours become incompatible with close personal company. Someone with a dependence on alcohol will also find it increasingly difficult to get or keep a job, which can lead to periods of unemployment. They may even find themselves committing offences either as a result of their alcohol consumption or in efforts to fund their alcohol use.





Alcohol dependence

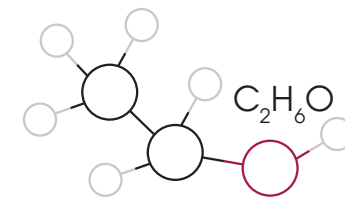
Locally in Blackburn with Darwen according to National Statistics in 2017/18 we had:
2357 alcohol dependent adults from age 18 upwards from population of 110115 people aged 18 and over, this equates to 2.14 over 18s from every 100 in Blackburn with Darwen (2017/18 Alcohol Dependence Prevalence Estimates, University of Sheffield)

Alcohol dependency is defined as three or more of the following experienced together at some time during the previous year:

- (a) a strong desire or sense of compulsion to drink alcohol
- (b) difficulties in controlling alcohol use behaviours; deciding when to start, deciding when to stop and controlling the amount of alcohol consumed
- (c) a physical or psychological withdrawal when alcohol use has been stopped or reduced and a desire to drink alcohol with the intention of relieving or avoiding withdrawal symptoms
- (d) evidence of tolerance, so that increased amounts of alcohol are needed in order to achieve effects originally produced by lower levels of consumption (clear examples of this are found in alcohol and opiate dependent individuals who may use daily amounts that would be enough to incapacitate or kill non-tolerant users)
- (e) increased neglect of alternative activities, pleasures or interests because of alcohol use, an increase in the amount of time needed to obtain and drink alcohol or to recover from its effects
- (f) continuing with alcohol use despite clear evidence of harmful consequences, such as harm to the liver through excessive drinking, depressive mood states after periods of heavy alcohol use, or alcohol related impact on good decision-making. Another indicator is a tendency to drink alcohol in the same way all the time regardless of the activity, work or social commitments that would demand more appropriate drinking behaviour

It is an essential characteristic of alcohol dependence that either alcohol consumption or a desire to drink alcohol should be present; the compulsion to use alcohol is most commonly seen during attempts to stop or reduce alcohol use.

(Thanks to the National Institute of Clinical Excellence (NICE) from whose guidance the above is para-phrased
www.nice.org.uk/guidance/cg115/evidence/full-guideline-136423405



Alcohol dependence

In medical terms, alcohol dependence has three levels, mild, moderate and severe. Each level does not have clear boundaries or 'edges', all levels of dependence contain a combination of physical and psychological symptoms and these may vary in all levels of dependence. That is to say, some individuals may have a very high psychological dependency on alcohol but a low physical dependency. Alternatively, the other way around, a high physical dependency but a low psychological dependency.

Alongside the symptoms of alcohol dependence, we need to explain alcohol withdrawal symptoms, which can be an early warning that some level of alcohol dependence is beginning.

Thanks to Drinkaware:

www.drinkaware.co.uk/facts/health-effects-of-alcohol/mental-health/alcohol-withdrawal-symptoms

These are both physical and psychological:

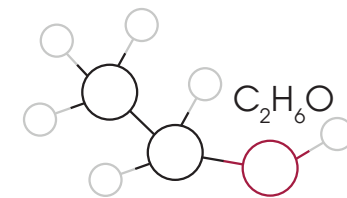
Physical symptoms of alcohol withdrawal are: hand or body tremors ('the shakes'), sweating, nausea (feeling queasy or vomiting), visual hallucinations (seeing things that are not actually real), seizures (fits) in the most serious cases.

Psychological symptoms of alcohol withdrawal are: depression, anxiety, irritability, restlessness, insomnia (difficulty sleeping)

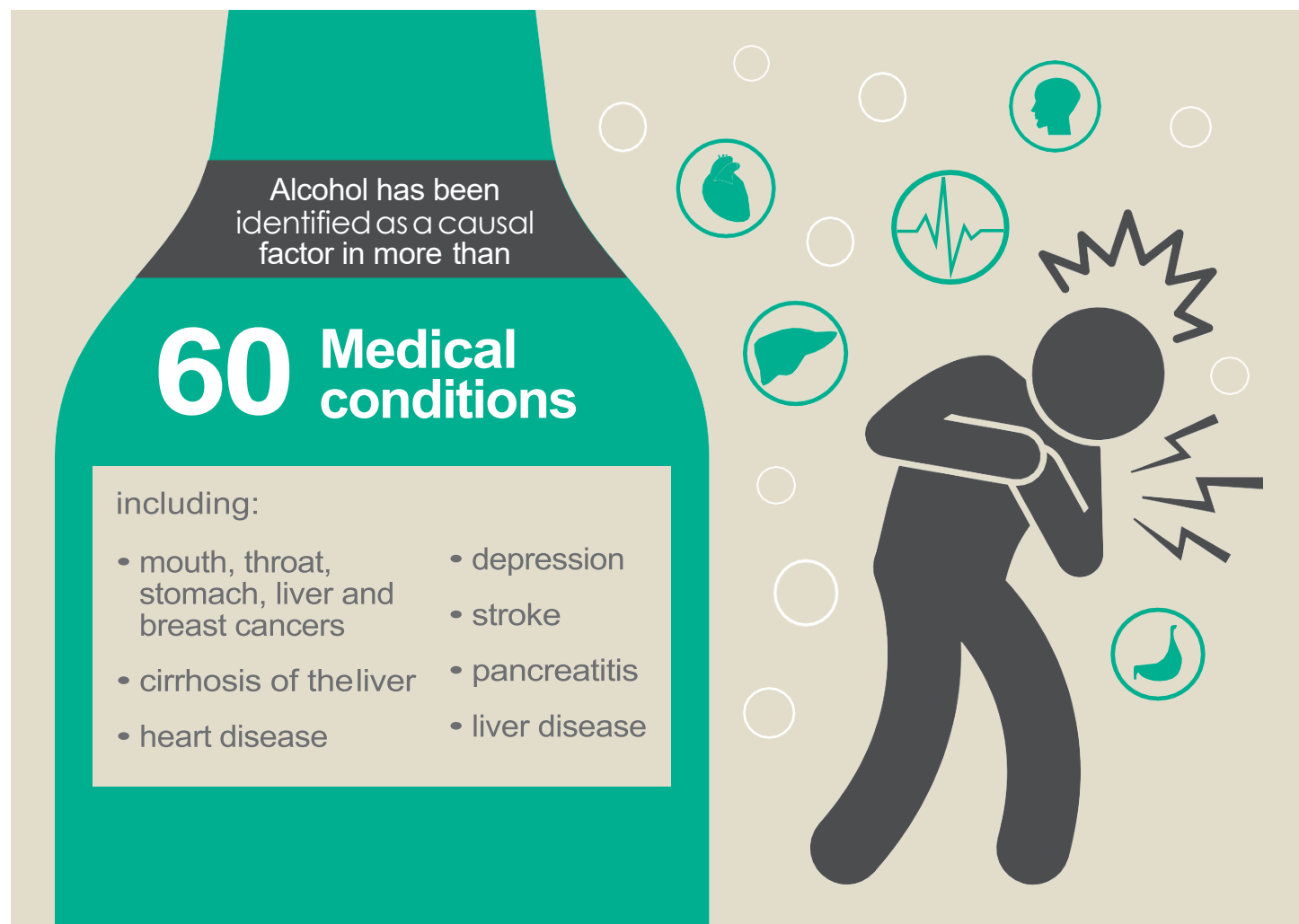
Both sets of withdrawal symptoms individually or combined can produce a compulsion to drink more alcohol which is why it is so difficult for some to cut down their alcohol consumption.

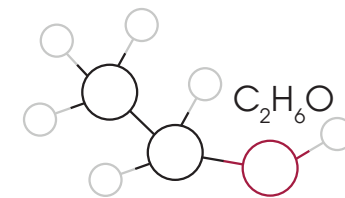
For some, the effects of alcohol withdrawal are very severe and presents a significant risk to health and for those individuals professional advice is essential if they are considering reducing or stopping their alcohol use. If the effects of alcohol withdrawal are preventing your efforts to control alcohol consumption please seek professional advice (see our "**where to get help**" section). In some circumstances we will arrange for an alcohol dependent person to be admitted to a specialised hospital unit for detoxification under medical supervision.





60 Medical conditions





What we are doing and what we want to do

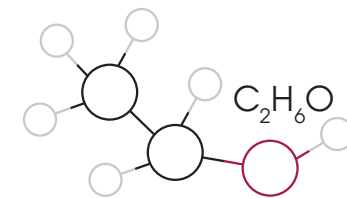
What the Borough does:

- » we provide a free, local alcohol service for all our residents
- » we engage in Licensing of premises that sell alcohol to ensure that there is responsible retailing of alcohol products and to challenge any retailer who we believe not to be retailing alcohol responsibly
- » we support development of national measures such as Minimum Unit Price (MUP) for alcohol, this measure targets the cheapest alcohol which does more harm
- » we support National and local alcohol campaigns such as Alcohol Awareness Week and Dry January



Blackburn with Darwen's Director of Public Health supports Minimum Unit Price (MUP) for alcohol, a Nationwide proposal to set a minimum price for alcohol to be sold at. MUP has been studied and research has shown that a 50p per unit minimum price for alcohol reduces health and social harms among those who drink cheaper alcohol products. A minimum unit price of 50 pence per unit of alcohol will not increase most shop prices or pub or restaurant prices but it will increase the cost of high strength, cheap alcohol. These cheap alcohol drinks are often preferred by people on lower incomes, those who drink heavily or those dependent on alcohol.

Scotland, Wales and Northern Ireland have already passed law to introduce Minimum Unit Price for alcohol; England had planned to do so but has not yet followed suit. Our alcohol harms paradox comments on page 5 also explain why the poorer people in our population don't necessarily drink more alcohol than others but they do suffer more health harms alongside their alcohol use.



What we are doing and what we want to do

What the NHS does: the Accident and Emergency department records incidents where alcohol has been a factor and reports on this, we can then identify problem premises or hotspots for alcohol related disorder.

What the Police and Local Authority do: our Police force has an officer dedicated to overseeing Licensed premises, they work with our Trading Standards and Alcohol Licensing team to conduct test purchases in Licensed premises to identify potential under-age sales of alcohol. Our local Police have supported us in awareness campaigns, in particular domestic violence and selling of alcohol to those intoxicated (it is against the law in the UK to sell alcohol to anyone who is clearly intoxicated). We work closely with the Borough's Alcohol Licensing team to review licence applications and monitor responsible retailing in licensed premises. Public Health have a role in alcohol licensing and we consider ways in which we can include the health of our population in alcohol licensing decisions. Nationally there are a number of options to address potential alcohol retail issues, these include cumulative impact zones to limit the number of alcohol outlets in any area and voluntary agreements around the sale of so called super-strength beers, ciders and lagers.

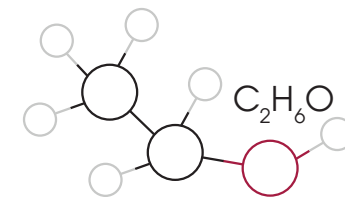
Some local authorities have deemed voluntary agreements to fall foul of fair trading laws and have decided not to use them, some authorities however have used them in partnership with other local services achieving successful outcomes.

What the alcohol industry does: labelling with ABV (Alcohol by Volume) displayed on drinks containers and beer pumps, it promotes the 'Drinkaware' campaign, information being displayed in licensed premises, in advertising and on alcohol packaging etc.

We want to:

- » make people aware of the risks to their health and wellbeing that may result from drinking alcohol
- » ensure that everyone gets the information they need about alcohol, including where to get advice and help.
- » safeguard our younger population by working with our Public Protection team to ensure that all those with licences to sell alcohol do so responsibly and within the law.





What we are doing and what we want to do

If you have a smart phone, computer or tablet information is available through apps (applications) or web pages on the following useful topics:

If you want to know if you might be drinking too much: www.drinkaware.co.uk/tools/self-assessment

How to check how much alcohol is in your drink: www.alcoholchange.org.uk/alcohol-facts/interactive-tools/unit-calculator

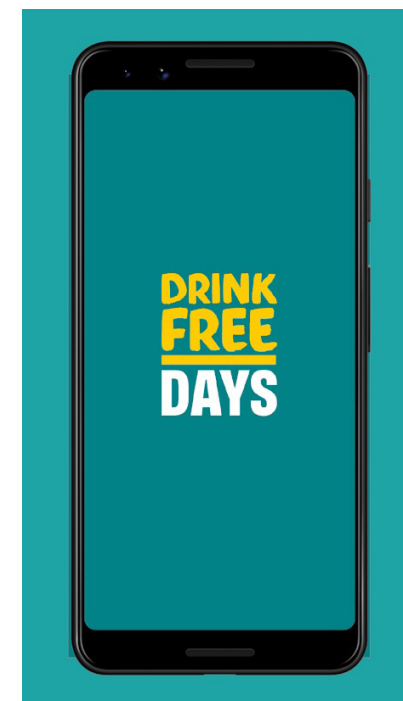
How long it will take your body to process the alcohol you have drunk, converts drinks consumed to units, calories and length of time to process: www.drinkiq.com/en-gb/drink-calculator/

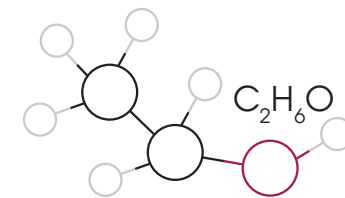
When it will be safe to drive after drinking alcohol: www.morning-after.org.uk/drink-drive-calculator/

How to track your drink free days One You Drink Free Days: www.nhs.uk/oneyou/apps/

Alcohol units and calories: www.drinkaware.co.uk/facts/alcoholic-drinks-and-units/what-is-an-alcohol-unit

All of the above are 3rd party applications (apps) and web tools and while we endorse them as information resources we advise responsible use of them and their content. With reference in particular to the drink driving calculator web page we advise caution as individuals process alcohol at different rates. If driving it is safest not to drink at all and if in doubt don't drive.





Where to get help - Alcohol Advice, information and treatment

We know that when people come into our alcohol service in Blackburn with Darwen we have a very good rate for successful treatment completions. BwD want to be inclusive and ensure everybody who needs help, advice or treatment gets it. We know the number of people who may need help but do not engage with treatment is probably greater than those who do come forward.

Advice and information is available from our local alcohol service;

**Delphi Medical (Calico Group) at St Johns Court,
Ainsworth Street, Blackburn, BB1 6AR
Tel - 01254 495014**

Also, our Blackburn with Darwen website has details on substance misuse services:
www.blackburn.gov.uk/health/alcohol-and-drugsubstance-misuse-support

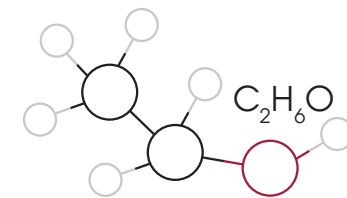
Our local alcohol treatment service is there to give you simple, straightforward advice, to help if you need to speak to someone, or to discuss medical treatment should it be required. Our alcohol service range extends from basic advice up to detoxification and residential rehabilitation services and all steps in between.

Family members can get advice from our alcohol service if they are concerned about someone in their family.

Our alcohol service also offers regular training sessions on alcohol misuse.

Alternatively, you could talk to your GP who can advise and refer you if necessary, local GPs work with our alcohol service to aid successful treatment outcomes.

We also have a local offer of Mutual Aid support, Alcoholics Anonymous groups can be found in many locations in BwD, information is available from our local Alcohol service provider (Inspire) and many other local services including the BwD website or visit: www.alcoholics-anonymous.org.uk/AA-Meetings/Find-a-Meeting/
Alternatively you can contact AA free on: 0800 9177 650 or e-mail help@aamail.org



How will we measure the impact of this strategy

Key performance indicators including Government health outcomes

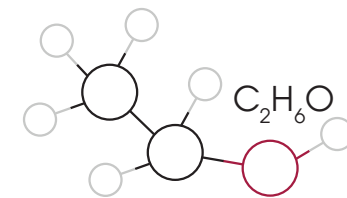
An Alcohol Strategy Partnership will be established and detailed action plans will be developed to set down the roles of partners and the priority actions which are necessary to deliver this strategy. These plans will provide details of the progress and timescales for the key Priorities and objectives of this strategy. They will also identify linkages with other key strategies for the town. This partnership will provide monitoring and performance management for the strategy against agreed outcomes and targets.

Engagement with local communities is paramount to the delivery of this strategy and information will be shared with them in the most appropriate forum to ensure their views and concerns are reflected in the implementation plans.

This is a five-year strategy and we will regularly review the work of partners, to ensure that it remains relevant to the delivery of the strategy.

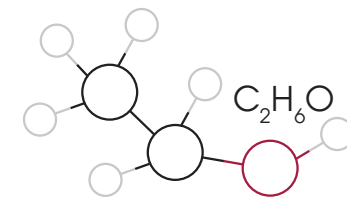
The current economic environment and associated budget constraints may result in changes in the delivery of local services.

National policy may change and this will require amendments to action plans.



Performance Indicators

- Alcohol related violent crime ↓
- Percentage of children becoming the subject of a child protection order as a result of parental alcohol misuse ↓
- Alcohol related admissions to hospital per 100,000 (narrow measure/PHOF) ↓
- Number of people moving through treatment into recovery where alcohol is identified as a primary substance ↑
- Increase the number of individuals in our Borough with a dependence on alcohol who are engaged with support or treatment options ↑
- Alcohol related under 18 hospital admissions ↓
- Alcohol related mortalities in under 25s ↓
- Alcohol related accident and emergency attendances ↓
- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others ↑
- A reduction in the amount of alcohol-fuelled violent crime ↓
- A reduction in the number of adults drinking above National guidelines ↓
- A reduction in the number of people “binge drinking” ↓
- A reduction in the number of alcohol-related deaths ↓
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amount they consume ↓
- An increase in persons achieving and maintaining abstinence from alcohol where this is their chosen goal ↑



Our proposed partners

Change, Grow, Live (Blackburn with Darwen substance misuse service provider)
BwD Borough Council (Alcohol Licensing Team, Youth Justice Team, Community safety Partnership, Social Care, Communications)
Public Health England
Lancashire Police
BwD CCG
Lancashire Fire and Rescue
Lancashire Road Safety Partnership
East Lancashire Hospital Trust
Blackburn College
National Probation Service
North West Ambulance Service
Blackburn BID
Age UK
Strategic Youth Alliance
Blackburn with Darwen Youth Council

