

## Section 5: health promotion and preventative services

# Alcohol misuse



a single version of the truth



## Related briefings in the JSA for Health and Wellbeing

Briefing (and hyperlink)	Section
<a href="#">Substance misuse</a>	Children and Young People
<a href="#">Drug misuse</a>	Health promotion and preventative services
<a href="#">Community Safety</a>	Wider determinants

## Outcome Frameworks summary

The Public Health Outcomes Framework for England, 2013-2016<sup>1</sup> outlines the overarching vision for public health as “to improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest”. The Clinical Commissioning Group Outcomes Indicator set (CCGOIS) measures the health outcomes and quality of care achieved by clinical commissioning groups<sup>2</sup>. The following indicators from these frameworks are relevant to this section.

Framework	Reference	Indicator
Public Health	1.11	Domestic abuse
Public Health	1.12	Violent crime (including sexual violence)
Public Health	1.15	Statutory homelessness
Public Health	2.18	Alcohol-related admissions to hospital
Public Health	4.6	Mortality from liver disease
CCGOIS	1.1	Emergency admissions for alcohol related liver disease

## Edition

Edition	Version no.	Changes/Comments

## Executive summary

Alcohol misuse has been directly linked to a range of health issues both acute and chronic. Alcohol related hospital admissions have been rising in Wiltshire, although they remain at lower levels than those experienced in either the South West or England. Likewise, alcohol specific mortality is increasing in Wiltshire, although rates are again lower than regional and national ones. Wiltshire's Alcohol Strategy ensures a county-wide, co-ordinated approach to tackling all aspects of alcohol-related harm, and has contributed to improved performance in adult treatment services.

## Why this area is important

The misuse of alcohol has become a serious and worsening health problem in the UK, and represents a priority for Public Health action. Misuse can take different forms, including chronic heavy drinking, binge drinking and drinking in inappropriate circumstance such as driving. In 2010-11 the cost to the NHS of alcohol related harm was estimated at 3.5 billion<sup>3</sup>.

Alcohol misuse has been directly linked to a range of health issues both acute and chronic. Acute issues disproportionately affect younger people and include alcohol related injuries and accidents as well as suicides. Alcohol is also believed to be a factor in over half of domestic violence incidents<sup>4</sup> and in 44% of violent crime<sup>5</sup>. Alcohol also frequently plays a role in other types of crime, notably anti-social behaviour, assault and robbery<sup>6</sup>.

Chronic conditions linked to alcohol misuse include liver cirrhosis, obesity, high blood pressure, cardiovascular disease, mental health problems and pancreatitis. Alcohol also increases the risk of certain cancers, including liver, oro-pharyngeal, oesophageal, breast and colorectal cancer<sup>7</sup>.

Alcohol misuse can also have a significant impact on families, both in the short and long term. Impacts can include breakdown in adult relationships including family break-ups, and a detrimental effect on the emotional health and well-being of children, and, at times, their material needs.

## What are the needs of the population?

National survey data suggests the proportion of adults who say they drank in the week prior to interview has been declining, falling to 68% of men and 59% of women in 2010 compared to 75% and 59% respectively in 1998<sup>8</sup>.

The NHS break drinking habits down into 3 risk categories, lower-risk, increased – risk and higher-risk. Lower-risk drinking is regularly drinking 21 units of alcohol a week or less (adult men) or 14 units a week or less (adult women). It's also known as 'sensible' or 'responsible' drinking. Increased-risk drinking is regularly drinking 22-50 units of alcohol a week (adult men), or 15-35 units a week (adult women). It's also known as 'hazardous' drinking. It's possible to drink hazardingly by binge drinking, even if you're within your weekly limit. Binge drinking involves drinking a large

amount of alcohol in a short space of time - eight units in a day for men and six units in a day for women. In Wiltshire 20.9% of drinkers engage in this level of drinking which is similar to the regional and national figures<sup>9</sup>. Higher-risk drinking is regularly drinking over 50 units of alcohol a week (adult men) or over 35 units a week (adult women). It's also known as 'harmful' drinking. Harmful drinking means drinking over the recommended weekly amount of alcohol and experiencing health problems directly related to alcohol. In Wiltshire 6.9% of drinkers engage in this level of drinking which is similar to the regional and national values<sup>10</sup>.

### **Binge drinking**

Binge drinking is classified as drinking at least twice the daily recommended amount of alcohol in a single drinking session. For women the daily recommended limit is 3 units, for men it is 4 units. Weekly limits are 21 units for men and 14 for women. Synthetic estimates suggest 19.8% of the Wiltshire population aged 16 years and over engage in binge drinking, a lower proportion than the South West (20.7%) and England (20.1%)<sup>11</sup>.

### **Alcohol dependence**

Alcohol dependence can be defined as a cluster of behavioural, cognitive, and physiological phenomena that typically include a strong desire to consume alcohol, and difficulties in controlling drinking<sup>12</sup>. The figures came from a household survey, and may thus under-estimate the true value as dependent adults may be more likely to be homeless or in an institutional setting. National prevalence estimates indicate that 8.7% of males and 3.3% of females are dependent on alcohol<sup>13</sup>. In Wiltshire this would correspond to around 5,000 females and 13,000 males aged between 15-64 being dependent on alcohol based on mid-year 2012 population estimates. If the current prevalence is maintained, Wiltshire's ageing population means there is likely to be an increase in the numbers of people dependent on alcohol.

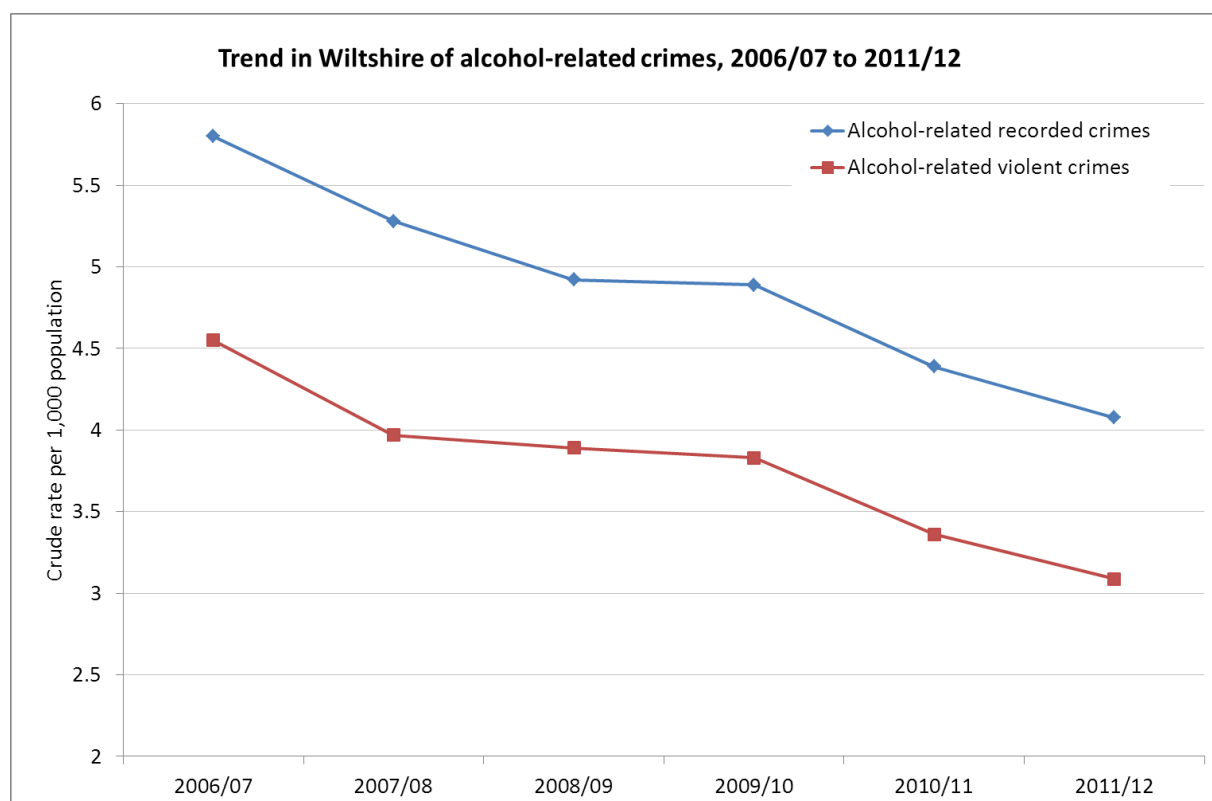
### **Alcohol-attributable recorded crime**

As Table 1 shows over 2011/12 Wiltshire had significantly lower rates of alcohol related recorded crimes and violent crimes compared to the England average, and lower rates of alcohol related sexual offences. Rates for all three indicators were also lower than in the South West as a region.

**Table 1: Crude rates of Alcohol-attributable recorded crime per 1,000 population<sup>11</sup>**

	<b>Wiltshire</b>	<b>South West</b>	<b>England</b>
Alcohol-related recorded crimes	4.1	6.2	7.02
Alcohol-related violent crimes	3.1	4.8	5.03
Alcohol-related sexual offences	0.1	0.13	0.13

As Figure 1 shows, rates of alcohol-related recorded and violent crime have fallen in Wiltshire by around 25% in Wiltshire since 2006/07. The rate of alcohol related sexual offences has stayed constant at 0.9-1.0 per 1,000 population since 2006/07.

**Figure 1:**

Source: Local Alcohol Profiles for England

### Alcohol related hospital admissions

Alcohol related admissions are hospital admissions for which alcohol is a significant contributory factor. The alcohol related admissions figures presented do not represent actual patient numbers and instead relate to the probability that the admission was related to alcohol based on ICD 10 codes and Alcohol Attributable Fractions. Alcohol Attributable Fractions are applied to admission numbers to estimate the proportion of cases of a disease or type of injury that may be attributed to the consumption of alcohol.

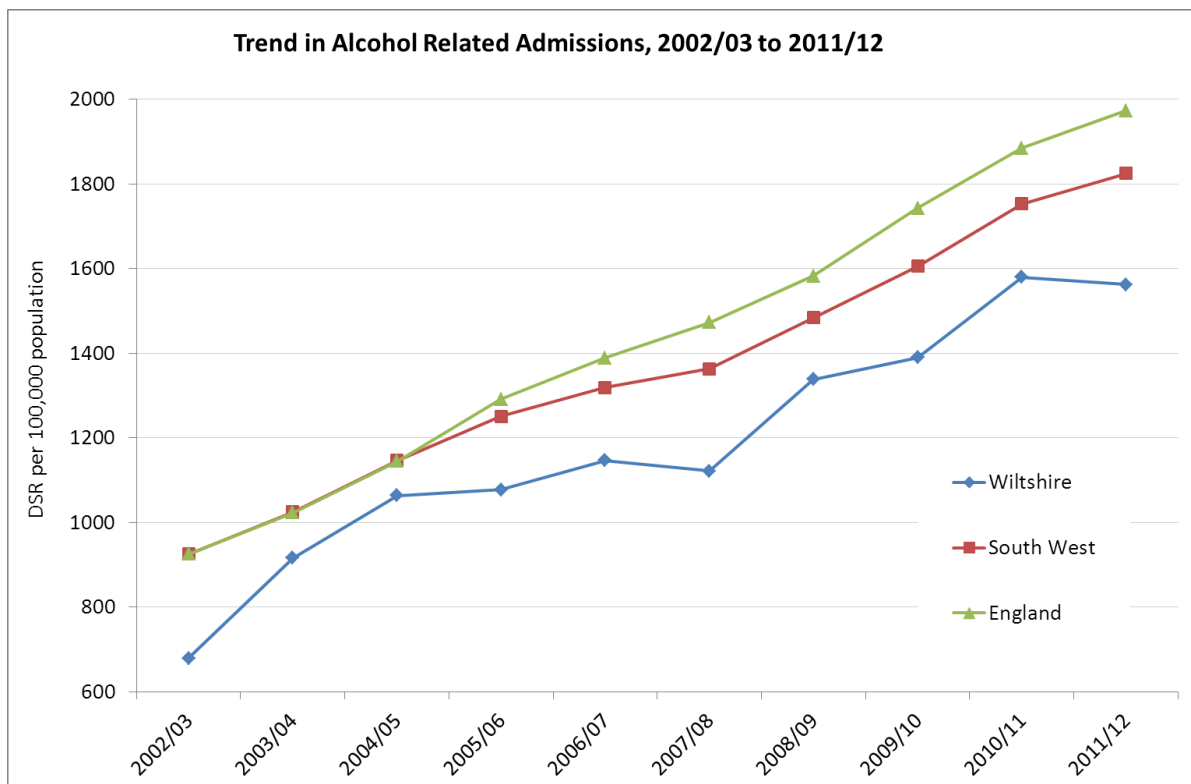
Alcohol related admission rates will constitute a key Health Improvement indicator in the new Public Health Outcomes Framework.

Alcohol related admission rates are generally higher for older age groups and for those with cardiovascular disease. Other admissions related to, or specific to, alcohol, such as intentional self-harm and mental and neurological conditions, are more prevalent in younger age groups.

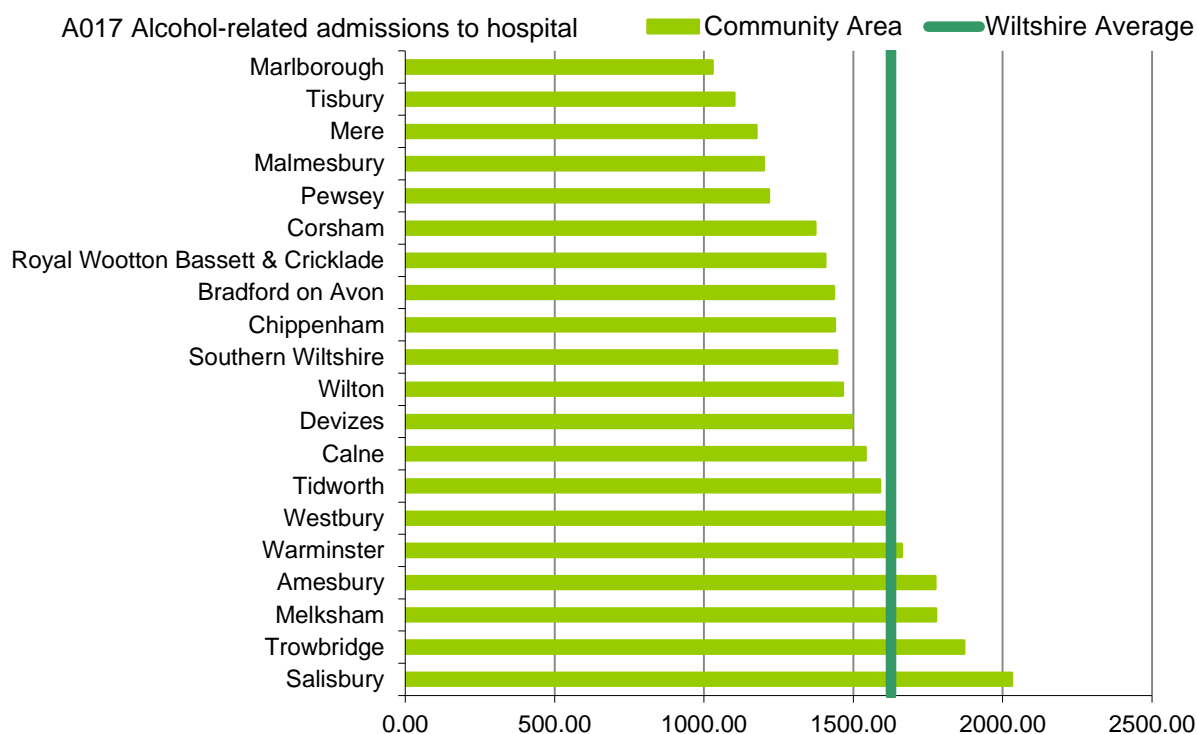
Figure 2 shows that alcohol related admission rates have increased substantially in Wiltshire since 2002/03, following national and regional trends. Between 2006/07 and 2010/11 admissions in Wiltshire increased by 37.8%, a proportionally greater increase than in the South West (33.0%) and England (35.6%). However, between 2010/11 and 2011/12 the admission rate fell in Wiltshire by 1.1% at the same time as the rates were still rising in England (4.7%) and the South West (4.1%). Admission

rates have remained lower than both the South West and England even when the differing age structures of the geographical areas are taken into account.

**Figure 2:**



Analysis at Community Area level within Wiltshire reveals substantial variation in rates of alcohol related admissions (Figure 3). Salisbury and Trowbridge all experience rates significantly higher than the Wiltshire average, while the rates of 9 Community Areas, including Southern Wiltshire, Chippenham, Corsham and Pewsey, are significantly lower than the Wiltshire average.

**Figure 3:**

### Alcohol specific hospital admissions

Alcohol specific hospital admissions are admissions classified as directly attributable to alcohol. 79% of such admissions are via Accident & Emergency (A&E) departments, and admissions are almost 30% higher in the early hours of Saturdays and Sundays compared to the rest of the week.

In Wiltshire over 2012/13 there was 1814 alcohol specific admissions in people aged 18 plus in Wiltshire, this is similar to 2010/11 (1796). 55% of admissions were classified as related to mental and behavioural disorders due to the use of alcohol, 22% for the toxic effect of alcohol, 20% for alcoholic liver disease, and 2% for alcohol-induced pancreatitis. To be classified in the category 'mental and behavioural disorders due to the use of alcohol' patients must be in a state of acute intoxication, and also display signs of dysfunctional behaviour<sup>14</sup>.

### Accident and emergency attendances

No reliable data on alcohol related attendances (rather than admissions) is available from hospital Accident and Emergency (A&E) departments in Wiltshire because the dataset is not robust enough. Not all Trusts use ICD10 diagnosis within A&E departments coding and the completion of diagnosis fields are very poor.

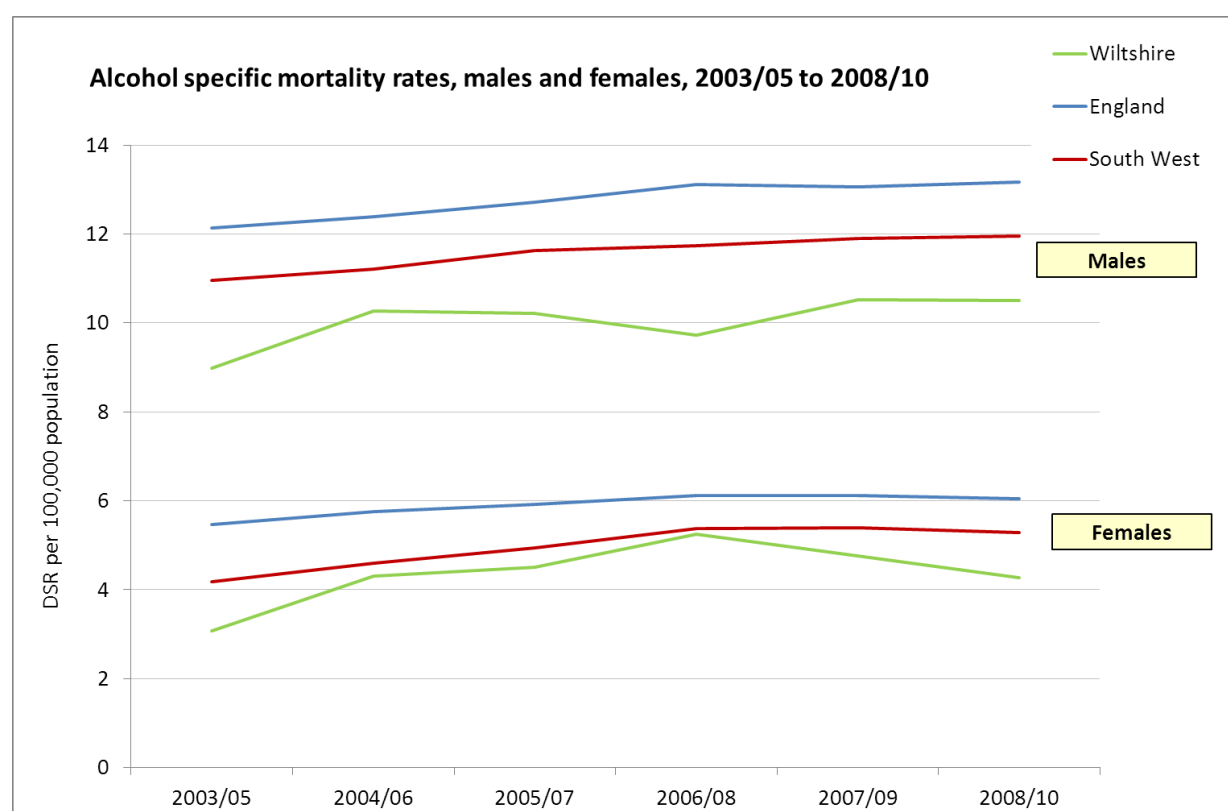
However, sharing of anonymised data from A&E departments has been shown to be an important means of enhancing the effectiveness of violence reduction strategies<sup>15</sup>. In Wiltshire only 50% of assaults recorded by minor injury units are reported to police<sup>16</sup>. Local A&E departments are thus an invaluable source to assist the targeting of enforcement and preventive activities, providing information on the locations, dates and timings of assaults, as well as the weapons involved.

Wiltshire has adopted the data sharing model as part of a multi-agency programme to tackle alcohol-related street crime. Of assault victims attending either the Minor Injury Units in Chippenham and Trowbridge, A&E at Great Western Hospital or Salisbury District Hospital from April 2012 to March 2013, 38% had used alcohol (46% were unwilling to answer). In 2012/13 71% of assault victims were male, and 43% were committed by a stranger. 64% had been assaulted with a body part or pushed rather than assaulted with an object, compared with 83% in 2011.

### Mortality from alcohol

The alcohol specific mortality rate for both males and females in Wiltshire was lower than in the South West or England over 2008/10, and this trend has been maintained since 2003/05 (Figure 4).

**Figure 4:**



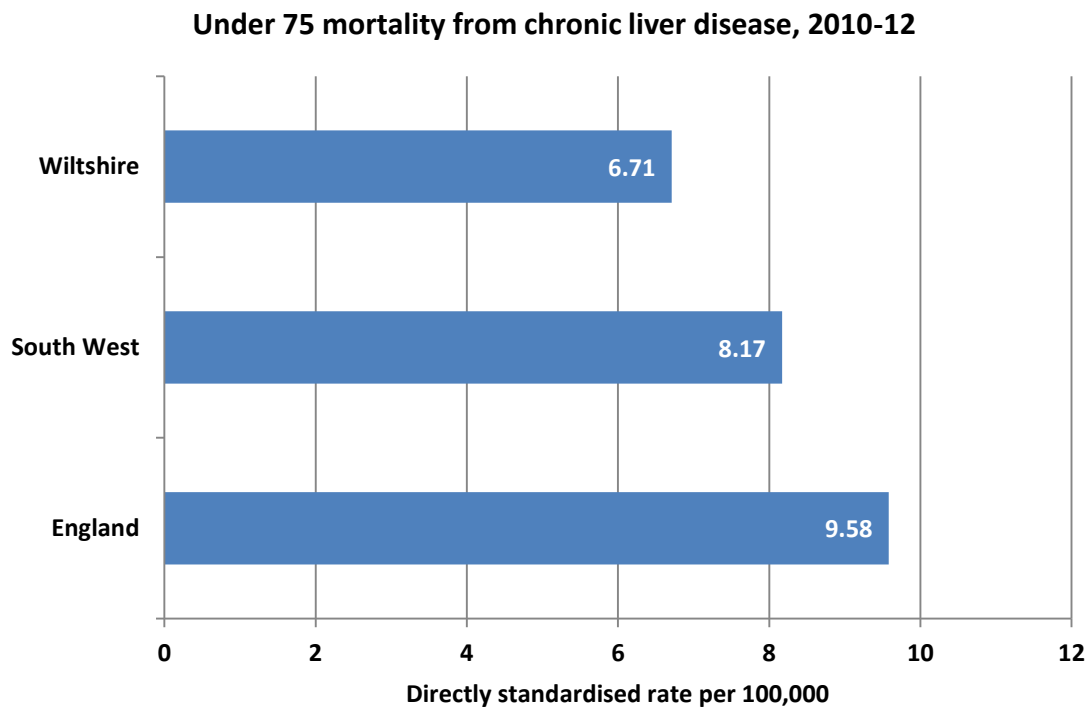
Source: Local Alcohol Profiles for England

Similarly, the alcohol attributable mortality rate was lower over 2008/10 in Wiltshire compared to the South West or England. For males in Wiltshire this age standardised mortality rate decreased over 2005 to 2010 in males (from 35.3 to 29.1 per 100,000) and in females (from 12.7 to 9.3 per 100,000).

As Figure 5 shows, mortality from Chronic Liver Disease in Wiltshire is significantly lower than in either the South West or England. This significant difference is observed in both males and females.



**Figure 5:**

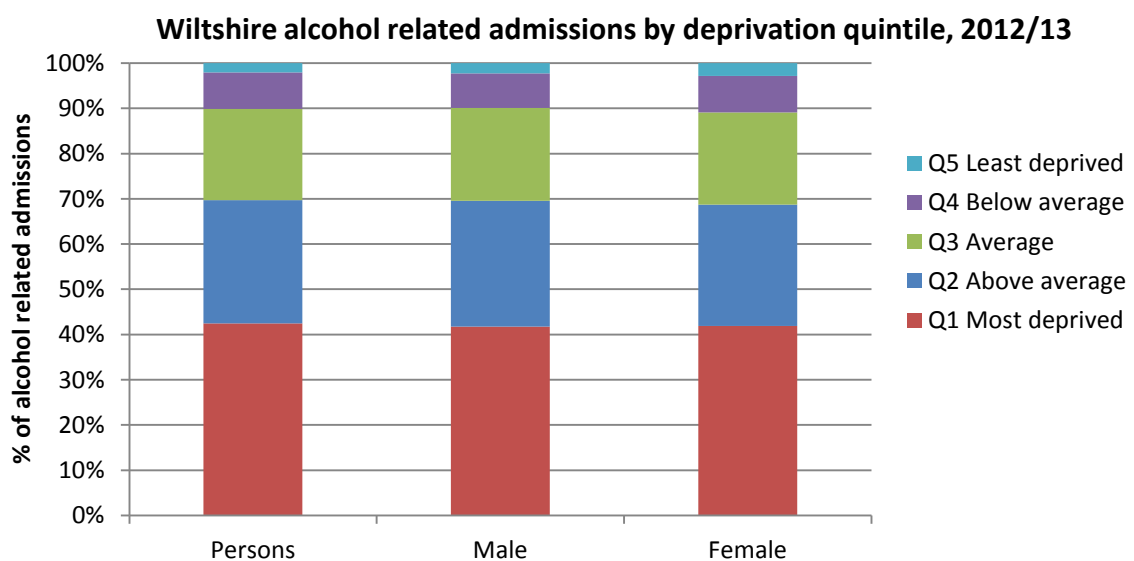


Source: HSCIC indicator portal

## Population at risk

There is a strong correlation between alcohol related admissions and deprivation. Figure 6 shows the alcohol related admissions broken down by deprivation quintiles for Wiltshire. Admissions in the most deprived quintile are 40% higher than in the least deprived quintile. This pattern is the same for both sexes.

**Figure 6:**

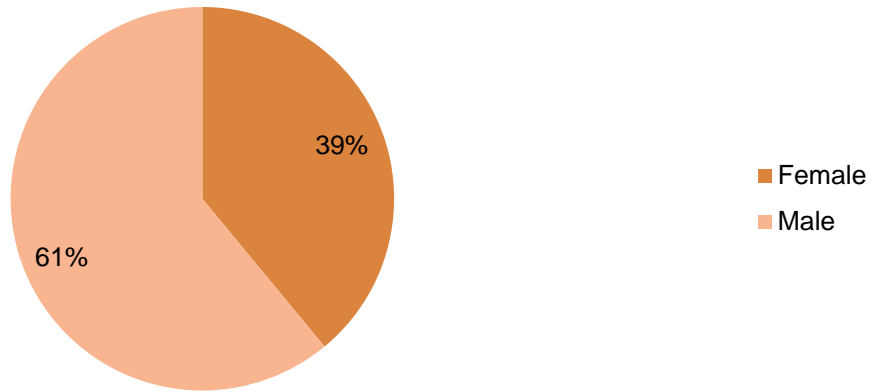


Source: Dr Foster

A larger proportion of alcohol related admissions is made by males than by females. Figure 7 shows that 61% of hospital admissions in 2012/13 were male.

**Figure 7:**

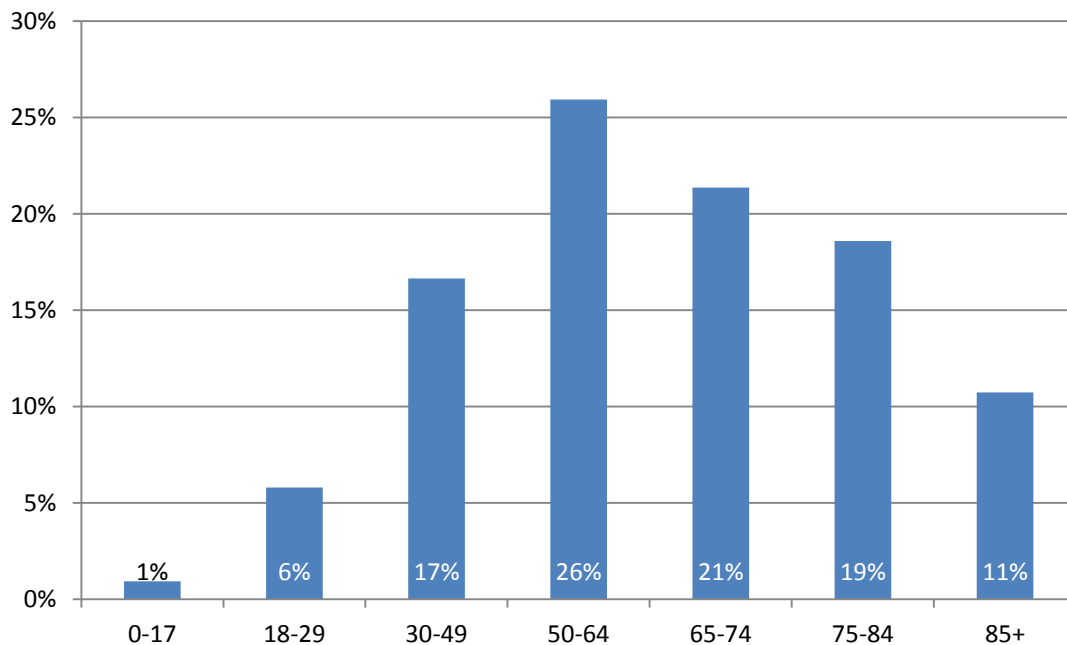
**Wiltshire alcohol related admissions by gender, 2012/13**



As Figure 8 shows, there is substantial variation by age in alcohol related admissions and in 2012/13 admissions peaked in the 50-64 age group (26% of total admissions).

**Figure 8:**

**Alcohol related admissions by age, 2012/13**



Source: Dr Foster

## Current service provision

### Criminal Justice System

A number of alcohol specific interventions for (adult) individuals involved in the Criminal Justice System are available in Wiltshire. These are delivered by a range of agencies. One alcohol specific intervention is Alcohol Treatment Requirements (ATRs).

ATRs are delivered as a specified requirement of a Community Order sentence and undertaken by offenders subject to a period of statutory supervision with the Probation Service (Wiltshire Probation Trust).

ATRs are suitable for offenders whose drinking has been assessed as being at a harmful or hazardous level; and who are motivated to change their behaviour and agree to a treatment requirement being made. An ATR will usually last for six months and will include up to 12 individual meetings (and/or group-work) with a specialist substance misuse worker. This intervention is undertaken alongside other work with the Probation Service to address alcohol related offending behaviour. Offenders requiring specific clinical treatment for alcohol misuse problems are referred into treatment services. As of December 2012 (Quarter 3 period, 2012-13), 78 offenders had successfully completed an ATR requirement.

Wiltshire Probation Trust also undertakes other alcohol specific offending behaviour work with offenders as requirements of a Community Order which include:

- Drink Impaired Drivers Programme (DID) – a nationally accredited 14 session group work programme which deals with issues related to drinking and driving
- Alcohol Education Programme (AEP) – a 5 session group work package which focuses on increasing awareness of alcohol misuse issues

### **Wiltshire Substance Misuse Service**

Substance misuse (alcohol and drugs) treatment and care services for adults in Wiltshire are provided through the Wiltshire Substance Misuse Service, which prior to April 2013 was delivered by a number of Provider Agencies from the NHS and the Voluntary and Community/3<sup>rd</sup> Sector (VCS), across the County. This previous treatment service model, although integrated to a degree, had separate strands for Alcohol and Drug treatment within Wiltshire.

Following a re-tendering process, a new integrated Wiltshire Substance Misuse Service (WSMS) with a single Provider Agency commenced from April 2013. It is planned that the new service model will offer improvements in service delivery for those with alcohol misuse problems and their families, through greater integration and a simplification of entry into treatment services.

Treatment services (drug and alcohol) for under 18s are provided by a dedicated children and young person's service, Motiv8. See the [Substance misuse section](#) for more information.

Both structured (Tiers 3 and 4) and unstructured (Tier 2) treatment interventions for alcohol misuse are commissioned in Wiltshire – as part of the Wiltshire Substance

Misuse Service (and Motiv8 Children's and Young Persons Substance Misuse Service). Information, advice and signposting (Tier 1) alcohol services are provided across Wiltshire through a range of partner organisations.

Performance data on the WSMS is collected through a bespoke Case Management System (CarePath) and via the National Drug Treatment Monitoring System (NDTMS). The CarePath case management system has been operational in Wiltshire since 2012.

Since January 2013 there have been significant spikes in referrals for primary alcohol users and therefore, commissioning intentions for 2013-14 include increased investment in alcohol services to meet this need. Planning for additional alcohol services will focus on:

- Increased capacity for structured alcohol support within the WSMS via dedicated alcohol Community Detoxification Nurse and Recovery Workers
- Development of Identification and Brief Advice (IBA) delivery in Primary Care (including Pharmacies)
- Dedicated support for elderly drinkers and those dependent upon benzodiazepines
- Ongoing funding for Tier 4 in-patient alcohol detoxification

The expansion of IBA delivery across the County meets with NICE Guidelines<sup>1</sup> which recommend that for all people who misuse alcohol, a motivational intervention should be carried out as part of the initial assessment.

Treatment services are cost effective and research suggests that for every £1 spent on adult alcohol treatment the public sector saves £5. In Wiltshire 544 adults were in structured alcohol treatment services during 2012/13<sup>17</sup>.

### **Wiltshire Alcohol Strategy**

The Wiltshire Alcohol Strategy, launched in 2008, was developed by the Community Safety Partnership whose members include NHS Wiltshire, Wiltshire Council, Wiltshire Police, Wiltshire Fire and Rescue, Wiltshire Probation Service and the Wiltshire Youth Offending Service. The strategy aims to ensure a county-wide, co-ordinated approach to tackling all aspects of alcohol-related harm.

The Wiltshire Alcohol Strategy has four main themes:

1. Prevention
2. Intervention
3. Enforcement
4. Rehabilitation

There has been significant success in the delivery of the Wiltshire Alcohol Strategy over the last 3 years including:

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<sup>1</sup> NICE (2011) Clinical Guidelines 115 (CG115) *Alcohol use disorders – diagnosis, assessment and management of harmful drinking and alcohol dependence*

- Provision of a dedicated brief intervention service in primary care to support individuals in cutting down their drinking;
- A reduction in waiting times for support and treatment;
- Development of referral routes between hospitals and community substance misuse services to ensure joint care planning and support on discharge from hospital;
- Each year, a comprehensive alcohol and drug training programme is delivered to almost 200 frontline professionals across a wide range of agencies: during 2010/11 behavior change training was delivered to 53 professionals, with a further 27 receiving training in addressing binge drinking among young adults, and 23 in reducing alcohol related ill health among older people;
- Roll out of a specialist certificate in alcohol misuse for GPs, practice nurses and pharmacists;
- A 21% reduction in alcohol related violent crime and disorder between 2010 and 2011 as a result of a dedicated Licensing Tasking Group which reviews intelligence from a range of sources and works with problem licensed premises to better manage the Night Time Economy;
- Improvement in alcohol services delivered at HMP Erlestoke, with initial screening for alcohol problems in place for all new arrivals, and a range of interventions available, including peer support and 12 step programmes as well as clinical interventions. A discharge project will be developed to support prisoners with alcohol problems on release.

For further information see the [Wiltshire Alcohol Strategy & Implementation Plan 2009-2011](#)

During 2014 a new Wiltshire Alcohol Needs Assessment will be published that will inform the development of a new Wiltshire Alcohol Strategy, action plan and the Adult Alcohol Treatment plan for 2013-14.

## What do the public think?

The 2011 Wiltshire Council 'What Matters to You' Survey asked over 7,000 Wiltshire residents to answer a series of question about their life, including their knowledge of and attitudes to alcohol and their perception of their own drinking.

One in 5 respondents to the survey didn't drink alcohol. Of those that did, 93% said the amount they drank wasn't an issue but around 1 in 12 (7%) said they wanted to cut down. Only around 1 in 300 admitted that their drinking was affecting their daily life. A higher proportion of women (27%) to men (15%) said they did not drink alcohol.

The majority of people said they know what drink-driving limits are (88% agreed or strongly agreed); know what their recommended daily or weekly limit is (83%); and know how much a unit of alcohol is (85%). Respondents were split on whether

alcohol was a good way of relieving stress with 25% agreeing and 42% disagreeing with this statement. About half of respondents (48%) agreed that messages about alcohol are mixed.

## What works and what resources are there?

[Addressing Alcohol and Drugs in the Community](#) - Wiltshire Council Cabinet Paper (April 2012)

[Local Alcohol Profile for Wiltshire](#) - Alcohol related indicators measuring the impact of alcohol on the local community, and comparing Wiltshire with national averages. The website also includes a resources section linking to national alcohol publications.

The [NHS Atlas of Variation in Healthcare for People with Liver Disease](#) gathers broad indicators of liver disease and presents the data for England at a number of geographies. A [Wiltshire briefing](#) on the atlas which contains links to further information is available on the Intelligence Network

[Wiltshire directory of drug and alcohol services](#)<sup>18</sup> - Wiltshire's Community Safety Partnership is committed to achieving a downward shift in drug and alcohol use. Delivering high quality drug and alcohol services to support Wiltshire families and individuals who are affected by drugs and alcohol is important. A key priority is to ensure that everybody who needs it can identify, locate and access the most appropriate service for them, their clients or their families to address alcohol related harm. This directory provides professionals and the public with up to date details of the services available across the county. It is vital that in a large and primarily rural area people are aware of the services available. The directory is as comprehensive as possible at the time of its publication.

[Safe. Sensible. Social. The next steps in the National Alcohol Strategy \(2007\)](#) A programme of work to minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

[Alcohol Strategy 2012](#) - The Government published a new Alcohol Strategy in March 2012 outlining a revised approach for tackling the harms of alcohol. The strategy acknowledges that alcohol can impact positively on the lives of adults when enjoyed moderately. However, the ambition of the strategy is to 'reshape the approach to alcohol', with the following key aims:

- Change behaviour so that it is no longer acceptable to drink in ways that cause harm to self or others.
- Reduce the amount of alcohol fuelled violent crime.
- Reduce the number of adults drinking above the NHS guidelines.
- Reduce the number of people 'binge drinking'.
- Reduce the number of alcohol related deaths.

- A sustained reduction in the number of 11-15 year olds drinking and the amount of alcohol consumed.

The key methods to be implemented include:

- Pricing and promotion controls (including the introduction of a minimum unit price),
- Local action, focusing in particular upon licensing reform
- Drinks industry action
- Supporting individuals to change, with the targeting of distinct population groups in appropriate ways.

For further information see the [Wiltshire briefing note on the Alcohol Strategy](#) from April 2012.

[Drug and alcohol treatment in Wiltshire and links to prevention](#) provides more information about drug and alcohol treatment and its contribution to the prevention agenda. It briefly describes the commissioning arrangements and accountabilities for adult, and children and young people's services.

[Alcohol Matrix: evidence for effective treatment](#). This table is concerned with the treatment of alcohol-related problems among adults. It offers a taster of the UK-relevant evidence available to help improve the welfare of patients/clients and the broader community, starting from which interventions to adopt up to commissioning and inter-organisational processes across an area. Where available, each cell includes links to a few seminal studies from the past of lasting relevance; key studies; usually more recent studies of particular importance; reviews of the research on this topic or guidelines on practice based on the research<sup>19</sup>.

## Challenges for consideration

### Strategic leadership and planning:

- Continue to develop links with partner agencies to inform Needs Assessment processes
- Develop New Alcohol Strategy and Implementation plan
- Ongoing performance management and review systems for existing commissioned services

### Primary prevention – including population level actions:

- Continue social marketing and public awareness raising campaigns
- Develop greater integration with Wiltshire Council Public Protection teams
- Continued liaison with relevant partner agencies (criminal justice, health and social care) to inform community safety approaches

### Secondary prevention – including targeted interventions:

- Identify and develop opportunities to target 'increasing' and 'higher' risk drinkers in Wiltshire – including monitoring of Alcohol element to NHS Health Checks from April 2013
- Increase proportion of dependent drinkers engaged in treatment services
- Development of alcohol discharge scheme at HMP Erlestoke
- Continue work to promote knowledge of HHLW and Common Assessment Framework (CAF) processes with WSMS staff to support Safeguarding practice (children and adults)
- Develop greater integration with Wiltshire Council Public Protection teams
- Continue IBA training programme for multi-agency staff groups

### Hospital based alcohol services:

- Further development of existing Alcohol Liaison Nurse (ALN) work.
- Develop links with ALN services from out of county Hospitals with in-patient admissions from Wiltshire (Royal United Hospital, Bath)

### Tertiary prevention – specialist treatment:

- Continue work to embed and promote the new integrated Wiltshire Substance Misuse Service – including links with Motiv8 service
- Ensure easy and prompt access routes into treatment services and widen the referral base into treatment services – including specific work with GPs/Primary Care
- Ongoing monitoring of alcohol treatment waiting times



## Contact information

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<sup>1</sup> Department of Health

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_132358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358)

<sup>2</sup> Clinical Commissioning Group Outcomes Indicator Set (CCGOIS) 2013/14, NHS Commissioning Board, December 2012. url: <http://www.nice.org.uk/aboutnice/cof/cof.jsp>

<sup>3</sup> Alcohol treatment in England 2012-13: National treatment agency for substance misuse url: [www.nta.nhs.uk](http://www.nta.nhs.uk)

<sup>4</sup> Humphreys C, Regan L. 2005. Domestic violence and substance use: overlapping issues in separate services. London: Stella Project.

<sup>5</sup> Home Office. 2006. Crime in England and Wales 2005/06. London: Home Office.

<sup>6</sup> [http://www.direct.gov.uk/en/CrimeJusticeAndTheLaw/CrimePrevention/DG\\_181558](http://www.direct.gov.uk/en/CrimeJusticeAndTheLaw/CrimePrevention/DG_181558)

<sup>7</sup> Faculty of Public Health. Alcohol & Public Health: Position Statement. May 2008

<sup>8</sup> <http://www.hscic.gov.uk/pubs/alcohol12>

<sup>9</sup> Local Alcohol Profiles for England, 2012. <http://www.lape.org.uk/data.html>

<sup>10</sup> Local Alcohol Profiles for England, 2012. <http://www.lape.org.uk/data.html>

<sup>11</sup> Local Alcohol Profiles for England, 2012 <http://www.lape.org.uk/data.html>

<sup>12</sup> Projecting Adult Needs and Service Information. [www.pansi.org.uk](http://www.pansi.org.uk). Accessed 03/07/12

<sup>13</sup> *Adult psychiatric morbidity in England, 2007: Results of a household survey*. Health and Social Care Information Centre (2009)

<sup>14</sup> [http://www.who.int/substance\\_abuse/terminology/ICD10ResearchDiagnosis.pdf](http://www.who.int/substance_abuse/terminology/ICD10ResearchDiagnosis.pdf)

<sup>15</sup> Accident and Emergency Data Sharing in London: Early Lessons for Policy and Practice.

<http://www.publicinnovation.org.uk/fckimage/3%20A&E%20data%20sharing%20in%20London.pdf>

<sup>16</sup> Wiltshire Assault Injury Update, 16/12/2011

<sup>17</sup> PHE 2013 *Alcohol and Drug: JSNA Support Pack (Wiltshire)*

<sup>18</sup> Wiltshire directory of drug and alcohol services, 10th Edition, Wiltshire Assembly: Community Safety Partnership March 2012.

<sup>19</sup> From Alcohol Matrix: Evidence for effective treatment (<http://www.findings.org.uk/docs/matrix.htm>), copyright Drug and Alcohol Findings (<http://findings.org.uk>).