

Capital LHO Down

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Choosing Health: A briefing on reducing alcohol-related harm and encouraging sensible drinking in London.

Key messages

Alcohol and alcohol-related harm in London

- On average Londoners, including young Londoners, drink less often than the rest of the population of England, and fewer Londoners drink above sensible levels or report binge drinking. This probably reflects the diversity of Londoners and their drinking patterns and beliefs.
- A smaller percentage of Londoners are hazardous or harmful users of alcohol than in England as a whole.
- A higher proportion of Londoners are dependent users of alcohol than in England and the death rate due to alcohol in London is higher than nationally.
- In London, the number of admissions for alcohol-related conditions has increased by 32% in the last three years. The number of ambulance calls to accidents and injuries where alcohol was indicated have also increased. This could reflect an increase in the reliability of coding of alcohol as a reason for admission or callout, or an increase in ill health and injuries associated with alcohol consumption.

The health divide

- People from many ethnic minority groups in England (Indian, Pakistani, Bangladeshi, Black Caribbean and Black African) are on average more likely to be non-drinkers and less likely to drink above sensible

levels or to binge drink than the general population.

- Socio-economic differentials in drinking patterns are complex - unemployed people and those on high incomes are most likely to drink above sensible levels and to binge drink.
- These factors, together with the concentration of licensed premises, lead to complex geographic inequalities in binge drinking by PCT in London.

Action in London

- A whole systems approach is needed for alcohol that integrates evidence-based screening and brief interventions for hazardous and harmful drinkers with pathways to treatment for dependent drinkers.
- There is a lack of effective monitoring systems. An agreed integrated monitoring system is needed to monitor alcohol use and alcohol-related harm.
- The sharing of health information with local partners needs to be developed through the Local Area Agreement process along with ways of prioritising and resourcing work on alcohol.

The London Health Observatory: monitoring health and health care in the capital, supporting practitioners and informing decision-makers.
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1 Introduction

Reducing alcohol-related harm and encouraging sensible drinking has been identified as one of the key national priorities for action in the White Paper *Choosing Health*¹ (see box 1.1). In response, the London NHS Cabinet has undertaken to support and promote implementation of the *Choosing Health* delivery plan for alcohol through the establishment of a London NHS Alcohol Strategy Group, which will support the delivery of the London Agenda for Action

on Alcohol², produced by the Greater London Alcohol and Drug Alliance (GLADA) - the Mayor of London's strategic partnership for addressing alcohol-related harm.

This briefing is the 4th in the London Health Observatory's White Paper series. It aims to highlight current health-related alcohol issues in the capital, and outlines action areas for London's health and alcohol partnerships.

1.1 What Choosing Health says on alcohol action

- Alcohol industry to develop a voluntary social responsibility scheme for alcohol producers and retailers, to protect young people
- Industry's Portman Group to develop a new and strengthened information campaign to tackle binge drinking
- PCTs and local partners to assess needs, initiate local improvements and review progress
- Programme of improvement for alcohol treatment services
- Guidance and training for health professionals in identifying alcohol problems early
- Screening and brief intervention pilots in mainstream health and criminal justice settings

From the Choosing Health delivery plan for alcohol³

- PCTs can use the framework for developing local plans set out in *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08* to prioritise alcohol interventions according to local need
- £15M per annum to be included within English PCTs' general allocation from 2007/08 onwards to help PCTs improve their commissioning and delivery of alcohol interventions
- Comprehensive communications programme to help NHS and partners learn about developing alcohol interventions
- Development of workforce education and skills
- New resources for practitioners: e.g. *Alcohol Needs Assessment Research Project (ANARP)*⁴, Screening and Brief Intervention Trailblazer projects, Models of Care for Alcohol Misusers (MOCAM) and the *Review of the Effectiveness of Treatment for Alcohol Problems*⁵
- Practical steps PCTs can take:
 - assess local need and current provision
 - identify a lead commissioner and local champions
 - consider appointing Alcohol Intervention Specialist Nurses to coordinate and implement screening and brief interventions
 - publish a guide to services

What is sensible and harmful drinking?

The impact of alcohol on a community is complex. Whilst drinking can have beneficial effects in some circumstances, its harmful effects have a differential

impact depending on a number of factors including gender, age, amount and context.

1.2 Definitions: levels of drinking^{4,6}

Sensible drinking

No more than 3-4 units a day for men, and no more than 2-3 units a day for women.

Binge drinking

8 or more units of alcohol for men, and 6 or more units of alcohol for women on their heaviest drinking day in the past week.

Hazardous drinking

Drinking above recognised 'sensible' levels but not yet experiencing harm.

Harmful drinking

Drinking above 'sensible' levels and experiencing harm.

Alcohol dependence

Drinking above 'sensible' levels and experiencing harm and symptoms of dependence.

1.3 What is a unit of alcohol?

A unit of alcohol is 10ml of pure alcohol. The list below shows the number of units of alcohol in common drinks:

- A pint of ordinary strength lager (3.5%) (Carling Black Label, Fosters) - 2 units
- A pint of strong lager (Stella Artois, Kronenbourg 1664) - 3 units
- A pint of bitter (John Smith's, Boddingtons) - 2 units
- A pint of ordinary strength cider (Dry Blackthorn, Strongbow) - 2 units
- A 175ml glass of red or white wine - around 2 units
- A pub measure of spirits - 1 unit
- An alcopop (eg Smirnoff Ice, Bacardi Breezer, WKD, Reef) - around 1.5 units

(Adapted from Department of Health website)

2 Alcohol use in London

On average Londoners drink less often than the rest of the population of England. In 2004 the General Household Survey (GHS)⁶ found that:

- 58% of adults in London had drunk in the last week, compared with 66% in England.
- 13% of adults in London had drunk on 5 or more days in the last week compared with 18% in England.

However, these results may be an underestimate because people are known to under-report the amount they have drunk.

Sensible drinking

On average, fewer Londoners drink above the recommended sensible levels than people in England as a whole (see box 1.2). In 2004:

- 32% of men in London reported drinking above sensible levels compared with 39% in England as a whole.
- 15% of women in London drank above sensible labels compared with 22% in England as a whole.

Trends show that there has been a small decline in the number of women drinking above recommended sensible levels since 1998 in London, but little trend nationally or in men's drinking.

Binge drinking

Fewer adult Londoners report binge drinking than the average for England (see box 1.2). In 2004:

- 18% of men in London reported binge drinking compared with 22% in England.
- 6% of women in London reported binge drinking compared with 10% in England.

Trends show that there has been a small increase in the percentage of women binge drinking since 1998 in England, but a possible decline in London.

Hazardous, harmful and dependent alcohol users

A smaller percentage of Londoners are hazardous or harmful users of alcohol than in England as a whole. However, a higher proportion of Londoners are dependent users of alcohol than in England. The Alcohol Needs Assessment Research Project (ANARP)⁴ (see box 1.2) found that:

- 21% (1 million) of adult Londoners are hazardous or harmful users of alcohol compared with 23% in England.
- 5% (217,400) of adult Londoners are dependent drinkers compared to 4% in England as a whole.

3 Differentials in alcohol use in London

Ethnic differentials in alcohol use

In 2004 the Health Survey for England^{7,8} demonstrated that people from many ethnic minority groups in England (Indian, Pakistani, Bangladeshi, Black Caribbean and Black African) were on average more likely to be non-drinkers and less likely to drink above sensible levels or to binge drink than the general population. People from the Irish group, however, were more likely to drink above sensible levels and to binge drink than the general population.

Nationally, ethnic minority groups have a considerably lower prevalence of hazardous/harmful alcohol use but a similar prevalence of alcohol dependence compared with the white population.⁴

Socio-economic differentials in alcohol use

In Great Britain as a whole in 2004 (GHS):⁶

- The percentage drinking more than sensible levels was highest in the young adult age groups (16-44).

- Single men and women were more likely to drink above sensible levels or report binge drinking than those who were married. The percentage of single women who reported binge drinking was more than double the percentage of married women (19% compared with 8%).
- Those who were unemployed had slightly higher levels of drinking above sensible levels and binge drinking than the working population.
- People on higher incomes were more likely to drink above sensible levels and to binge drink than those on lower incomes.

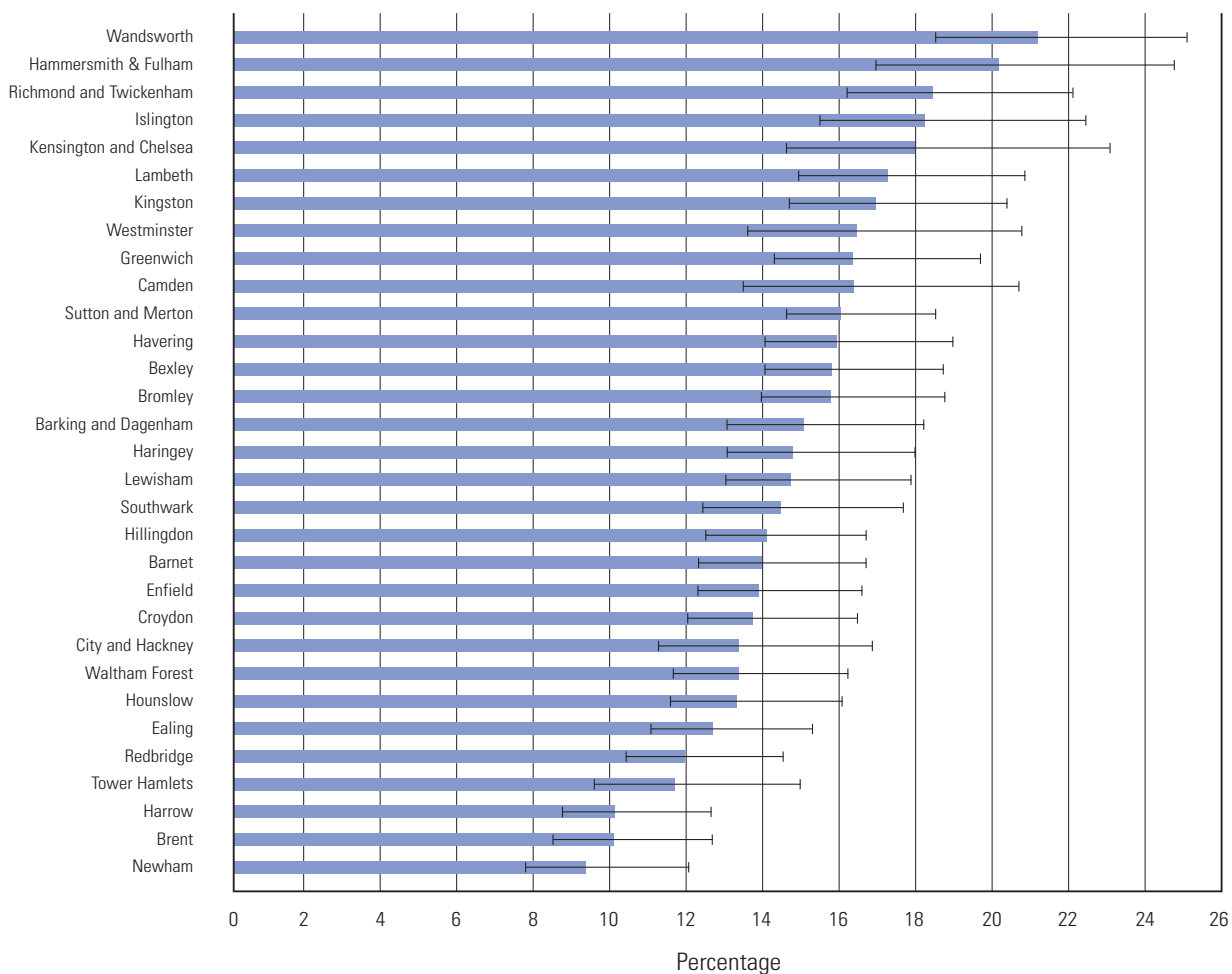
Per capita consumption and alcohol-related harm are closely correlated at population level, but the harm an individual suffers as result of alcohol misuse depends on the context in which they drink as well as the amount they drink. An individual with low socio-economic status is likely to suffer more harm (through

factors such as poorer nutrition, financial problems, less secure employment) than somebody of higher status who is drinking the same amount.

Geographic differentials in alcohol use

The National Centre for Social Research (NatCen) has produced estimates of the number of people reporting binge drinking. Figure 3.1 shows the estimates of the percentage of adults reporting binge drinking by Primary Care Trust. The range in the prevalence of binge drinking by PCT is from 9% in Newham to 21% in Wandsworth, a difference of more than two-fold. Wandsworth, Hammersmith & Fulham, Richmond and Twickenham, Islington, Kensington & Chelsea, Lambeth, Kingston, Westminster, Greenwich, Camden, Sutton and Merton, Havering, Bexley, Bromley, Barking and Dagenham, Haringey, Lewisham, Southwark, Hillingdon, Barnet, Enfield, Croydon, City and Hackney, Waltham Forest, Hounslow, Ealing, Redbridge, Tower Hamlets, Harrow, Brent and Newham the lowest prevalence.

Figure 3.1 Estimated percentage reporting binge drinking by PCT in London 2000-2002



Source: National Centre for Social Research. Extended lines indicate 95% confidence intervals

Alcohol use in young people

On average young Londoners (aged 11-15) drink less often than young people in England. In 2000, the survey of smoking, drinking and drug use among young people in secondary schools found that:

- 17% of boys in London had drunk in the last week, compared with 25% in England.

- 14% of girls in London had drunk in the last week, compared with 23% in England.

The 2005 survey⁹ found that in England the prevalence of drinking alcohol in the last week had declined to 22% of boys but in girls it remained the same (23%).

4 Alcohol and health

Alcohol contributes to a wide range of health conditions, and alcohol misuse was estimated to cost the NHS approximately £1.5bn in 2000/01.¹⁰

Deaths in London

The death rate due to alcohol in London is higher than nationally. Between 2002 and 2004 there were 2,444 deaths directly attributable to alcohol among London residents and 17,888 in England as a whole. The age-standardised mortality rate was significantly higher in London than England: 12.2 deaths per 100,000 in London compared with 11.1 in England as a whole. This could reflect the higher than average dependent users of alcohol in London.

The number of alcohol-related deaths fell in London in 2004 (Table 4.1). In comparison, the number of alcohol-related deaths has increased dramatically across England and Wales since 2000 (by 18%).

The deaths counted include all deaths due to alcohol poisoning as well as dependent and non-dependent abuse of alcohol. However, the numbers exclude all deaths from accidents, suicide or assault where

alcohol may have been involved.

In addition, these numbers also exclude a number of causes of death that alcohol could have indirectly contributed to, for example, chronic pancreatitis where it is thought that 60-84% of cases are due to alcohol.

Hospital admissions in London

Alcohol misuse impacts on health care at every level. However all the service use directly attributable to alcohol is not routinely quantified. Table 4.2 shows the number of alcohol-related hospital admissions among London residents in 2000/01 and 2003/04.

In London, the number of admissions for alcohol-related conditions has increased by 32% in the last three years (Table 4.2). This could reflect an increase in the reliability of coding of alcohol as a reason for admission, or an increase in ill health associated with alcohol consumption. By 2003/04 a total of 6,360 hospital admissions in London were directly attributable to alcohol. This excludes a wide range of conditions to which alcohol contributed.

Table 4.1 Number of alcohol-related deaths for London and England and Wales, 2000-04

	2000	2001	2002	2003	2004
London	806	809	838	834	772
England & Wales	5525	5985	6070	6481	6544

Source: LHO analysis of ONS death registration data

Table 4.2 Number of hospital admissions* per year where alcohol-related illnesses were the primary diagnosis, London 2000/01 and 2003/04.

	2000/01	2003/04	% Change
Alcoholic psychosis / dependence / abuse	3,346	4,545	+36
Alcoholic liver cirrhosis	1,380	1,670	+21
Acute alcohol poisoning	102	145	+38
Total	4,828	6,360	+32

Source: LHO Analysis of Hospital Episode Statistics Data. * Department of Health definition of alcohol-related hospital admissions

Alcohol, accidents and injuries

Although poorly recorded, alcohol consumption contributes significantly to the volume of injuries in London.¹¹ A study in Liverpool suggests that 12% of all A&E attendances are alcohol-related.¹² Acute alcohol intoxication was the most common presenting complaint, but people were attending for a whole range of conditions including injuries from assault.

In London, in 2003 there were 18,030 ambulance callouts to recorded alcohol-related accidents and injuries. This is over four times the number of callouts recorded in 2000 (4,283). The majority of ambulance callouts to injuries with alcohol recorded were to self-harm and fall injuries.

Saturday was the most common day for ambulance callouts for alcohol-related injuries, although the differences between the days were not as large as expected.

The current limit on alcohol consumption for drivers is higher than in many countries. Data from Transport for London indicates that:

- There were 20,000 driver casualties in London in 2004, of which approximately 300 (1.5%) tested positive for alcohol.
- There were 6,376 pedestrian casualties in London in 2004, drugs or alcohol was a contributory factor in approximately 200 (3.1%)

5 Alcohol-related health inequalities

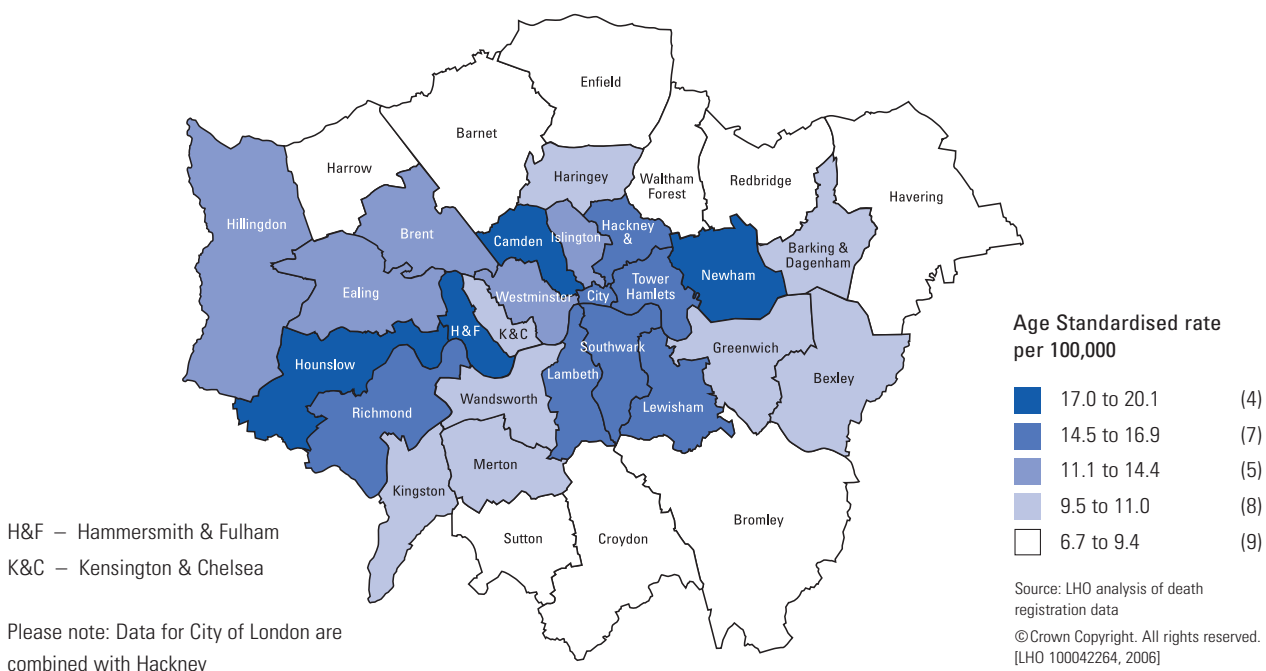
Inequalities in alcohol-related mortality

In London, 68% of deaths related to alcohol are in men. Over 50% of deaths are among those aged 45-64, 17% of deaths are among those aged 65-74, and 15% are among those aged 34-44.

Hammersmith & Fulham, Hounslow, Newham, Camden and Lewisham had the highest mortality rates from

alcohol-related causes in 2002-2004 although there are 11 boroughs in total with mortality rates that were significantly higher than the England average. Sutton, Harrow, Bromley, Havering, Enfield, Redbridge and Barnet all had significantly lower rates of deaths associated with alcohol (Map 5.1).

Map 5.1 Age standardised mortality rates for diseases directly related to alcohol 2002-2004



The Independent Inquiry into Inequalities in Health¹³ concluded that: ‘Deaths from diseases caused by alcohol show a clear gradient with socio-economic position, with an almost fourfold higher rate in unskilled working men compared to those from professional groups’.

Inequalities in alcohol-related hospital admissions

Boroughs in Inner London had a significantly higher admission rate for alcohol-related conditions than England but Outer London had a significantly lower rate (see Map 5.2). Seventy per cent of Londoners admitted with a primary diagnosis of an alcohol-related illness were men.

Map 5.2 Age standardised admission rates where the primary reason for admission was a disease directly related to alcohol 2003/04



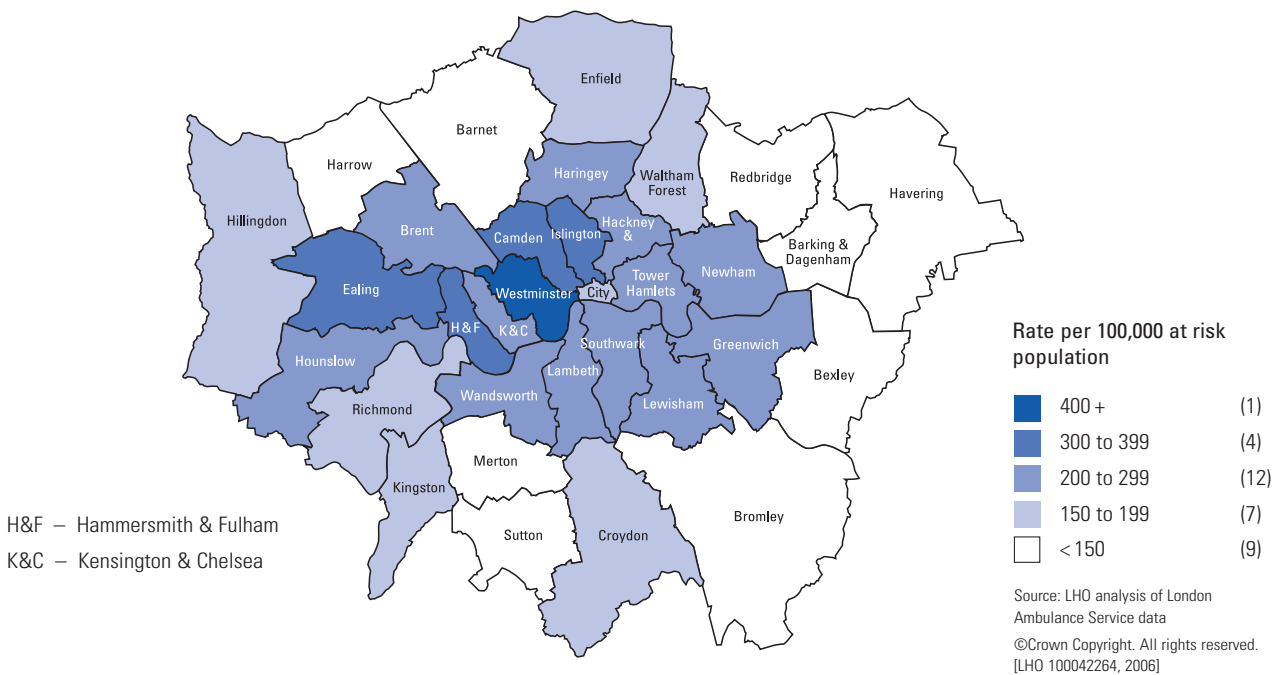
Inequalities in alcohol-related injuries

Men made up 72% of ambulance callouts for alcohol-related injuries. For men in London as a whole, 65% of all callouts were to those aged 25-54 whereas for females only 53% of calls were to people in this age group. A much larger proportion of calls to females

were to those aged 15-24: 31% compared to 15% in males.

Boroughs with the highest rate of callouts for alcohol-related injuries for the years 2001-2003 were Westminster, Camden, Hammersmith & Fulham, Islington, Ealing and Lambeth (Map 5.3).

Map 5.3 Ambulance callouts for alcohol-related injuries by borough of occurrence, London 2001-2003



6 Alcohol and public safety

Alcohol is associated with a wide range of criminal offences including drink driving, drunkenness, being drunk and disorderly, criminal damage, assaults, domestic violence, and other public disorder offences. Many of these crimes involve young men and occur at night in areas around pubs and bars.¹⁴

A report from the Greater London Authority also indicates that the geographical hotspots for late-night street crime are concentrated in the West End, Camden, Croydon, Ealing, Kingston upon Thames, King's Cross, Brixton, Dalston, Ilford, Romford, Bayswater, Shepherd's Bush and Sutton.¹⁵

The British Crime Survey shows that for Britain as a whole in 2004/05, victims believed the offender to be under the influence of alcohol in 48% of violent crime. This varied by the type of crime e.g. mugging 17%, stranger violence 60%, domestic violence 53%. In the 12 months up to February 2006 the Metropolitan Police recorded a total of 202,314 crimes of violence against the person. If 48% of these are related to alcohol, then more than 97,000 alcohol-related violent offences occur in London every year.

There is also evidence that many victims of assault are likely to have been drinking prior to the incident.¹⁶

6.1 A local study of alcohol-related crime – Camden and Islington¹⁷

This study mapped crime incidents in licensed premises, disorder in a public place and drunkenness – all incidents associated with alcohol use. It found that:

- The offences were clearly concentrated around licensed premises in the area.
- The vast majority of victims of assault in a public place were male and under 35.
- 50% attended A&E between the hours of 10pm and 4am, with a peak at midnight.
- 54% occurred on Fridays and at the weekend.

7 Specialist alcohol treatment

Alcohol Needs Assessment Research Project (ANARP)

ANARP⁴ was designed to measure the gap between the demand for and provision of specialist alcohol treatment services in England at a national and regional level. The research estimated that approximately 16,400 of London's 217,400 dependent drinkers are accessing treatment (1 in 13), compared with 1 in 18 nationally.

London Alcohol Statistics Project

The London Alcohol Statistics Project¹⁸ was established by London Drug and Alcohol Network in

2005 to collect statistics on specialist alcohol treatment in London. It explored the extent to which specialist alcohol treatment statistics may be compared with drug treatment statistics.

The project found that specialist alcohol service users are older and more likely to be white than drug service users. They are also more likely to have been referred by a GP. There are important differences between waiting times for drug and this type of alcohol treatment; some clients appear to be waiting over twice as long for alcohol treatment.

8 Encouraging responsible drinking - what works?

Evidence on local interventions to reduce alcohol-related harm is summarised below.

Screening and brief interventions

- Brief interventions to reduce hazardous and harmful drinking have been shown to be cost effective – approximately £1,300 per year of ill-health or premature death averted.²⁰ Brief intervention can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer mean drinks per week with a significant effect on recommended or safe alcohol use.²¹
- The number of hazardous or harmful drinkers that need to receive brief interventions for one to reduce their drinking to low risk levels is about eight. This compares favourably with smoking cessation where 20 people need to be treated and 10 if nicotine replacement therapy is included, for one to change their behaviour. If consistently implemented, GP-based interventions would reduce levels of drinking from hazardous or harmful to low risk levels for 250,000 men and 67,500 women nationally each year.³

- Hazardous and harmful drinkers receiving brief interventions are twice as likely to moderate their drinking 6 to 12 months after an intervention when compared to drinkers receiving no intervention.²²

Education and health promotion

- There is a lack of review level evidence to support school-based approaches as a means of

influencing consumption or behaviour related to alcohol use.²³

- The 'community systems' approach pulls together local action across agencies and some studies have reported success in changing elements of community structures and processes, although there were few indications of substantial changes in harmful drinking and alcohol-related harm.²⁴

8.1 Definitions: screening and brief interventions

Screening

Alcohol screening is a method of detecting drinking above sensible limits – usually via some form of questionnaire. The Department of Health is expecting to be able to recommend screening tools in the near future as part of its *Choosing Health* commitments.

Brief interventions¹⁹

A brief intervention can range from 5-10 minutes of information and advice to 2-3 sessions of motivational interviewing or counselling. Brief interventions are targeted at people drinking hazariously or harmfully, but not yet

experiencing major problems from their consumption. They are not designed for dependent drinkers.

Brief interventions are sometimes 'opportunistic': the person has not usually complained about a problem with alcohol use and is seeking help for reasons other than an alcohol problem.

Generalists such as general medical practitioners, other primary care staff, secondary care workers, social workers or Criminal Justice staff who have received appropriate training can give effective brief interventions.

8.2 Elements of the community systems approach²⁴

- Public information campaigns, media campaigns and educational messages
- School education programmes
- Brief interventions – comprising opportunistic brief interventions and brief treatments
- Intervention to prevent disruptive family environments
- Interventions to control access to alcohol
- Restrictions on sales outlets
- Responsible server intervention
- Enforcement of minimum purchasing age and drink driving legislation
- Interventions tackling drinking-contexts and environments:
 - Public houses
 - Drinking in public places
 - The workplace

9 Current action in the Capital

This section indicates what London's NHS is currently doing to deliver a programme of improvement for screening and brief interventions for hazardous and harmful drinkers and pathways to treatment for dependent drinkers in London.

Current action includes:

- The setting up of an Alcohol NHS Strategy Group for London.
- Being a supportive member of the Greater London Alcohol and Drug Alliance.
- Identifying a London Public Health "Champion" to support the Director of London Wide Programmes, including exploring the potential financial savings that could be made in a London wide approach.

10 Good practice initiatives for alcohol and health in London

10.1 Screening in Accident and Emergency, St Mary's Paddington

A research team led by Professor Robin Touquet developed a rapid and simple screening tool for detecting alcohol misuse – the "Paddington Alcohol Test" (PAT).

The PAT is designed to detect alcohol misuse early on in a drinker's natural history

and to implant the relationship between A&E attendance and alcohol misuse. Using PAT, plus referral for specialist alcohol assessment, has been found to result in lower alcohol consumption and reduces the likelihood of re-attendance.²⁵

10.2 Screening and brief interventions in community pharmacy²⁶

A three-month pilot project in a community pharmacy in central London found that hazardous drinkers reduced their weekly alcohol intake by 10% over the study period, having received information and motivational counselling from their pharmacist. The drinking was identified as hazardous or otherwise using the AUDIT

screening tool, and the reduction was measured using week-long drink diaries taken at the beginning and end of the three months. The researchers concluded that community pharmacy could provide alcohol screening and brief intervention services, and could make a useful contribution to the *Choosing Health* objectives on sensible drinking.

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Further information

Alcohol Concern:

the national voluntary agency on alcohol misuse. Wide range of briefings, factsheets and the alcohol scrutiny toolkit www.alcoholconcern.org.uk

Alcohol Policy UK:

website featuring local initiatives and alcohol strategy developments www.alcoholpolicy.net

Local Alcohol Strategy Toolkit:

step by step guide to developing a local alcohol strategy www.localalcoholstrategies.org.uk

Alcohol Needs Assessment Resources:

information about conducting local needs assessment for alcohol treatment www.nwph.net/nwpho/Lists/Alcohol/AllItems.aspx

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- *Modelling the short-term benefits of pre-operative smoking cessation. A technical discussion document* (Jul 2005)
- *Choosing Health: A briefing on sexual health in London* (Jun 2005)
- *Choosing Health: A briefing on nutrition, physical activity, and obesity in London* (Feb 2005)
- *Choosing Health: A briefing on tobacco in London* (Dec 2004)

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