

Health Behaviours in Suffolk

Health Needs Assessment: alcohol

June 2022



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Note

Please note that this report is part of the wider Health Behaviour Health Needs Assessment (HNA) for Suffolk. For other topic areas, please see the Healthy Suffolk website.

For more information on alcohol and substance use, please see the Drug and Alcohol HNA [here](#).

Recommendations

➤ **Review admission profile of people admitted to Ipswich Hospital for alcohol-related conditions to inform harm reduction approaches**

Those aged 40 to 64 in Ipswich, both male and female, were the only age banding across all of Suffolk's Lower Tier Local Authorities (LTLAs) to show a statistically significantly higher rate of admission for alcohol-related conditions compared to England.

Public Health and Communities Suffolk and system partners should make a concerted effort to tackle problematic drinking in Ipswich residents aged 40 to 64.

➤ **Review options for funding interventions beyond commissioned specialist alcohol treatment providers, optimising opportunities to align resources across the wider Suffolk system**

There was a consensus across all stakeholders that there is a need for brief and extended interventions beyond traditional commissioned services, in areas where they are most effective and have the greatest cost benefits. For example, interventions at a population level through PCNs or GP Practices and preventative programmes through specialist nurses in acute hospitals when service users present with substance use issues.

Also, this is very important for young people who frequently will not engage with specialist treatment but can be picked up by CYP services, e.g., youth justice, county lines.

Why it matters

Alcohol is a used drug that is associated with negative health and societal consequences¹. Globally, it has been estimated that 2.3 billion people drunk alcohol in 2016². In 2019, 54% of adults in England reported drinking alcohol in the last week³.

There is no safe level of alcohol consumption, with all levels linked to increased risk of all-cause mortality and cancers⁴. Chronic alcohol consumption has been linked to hypertension, heart disease, stroke, liver disease and cancer⁵. Alcohol is also linked to an increased risk of becoming obese⁶. Chronic consumption is linked to mental-ill health including increased risks of depression, memory problems, self-harm, and suicide⁷.

The World Health Organisation (WHO) reports that 3 million deaths per year, (5.3% of all deaths) are directly associated with harmful use of alcohol⁸. Alcohol statistics show a 19.6% increase in alcohol-related deaths in England and Wales from 2019 to 2020⁹. In 2018/19, there were 358,000 admissions to hospital in England where the main reason was due to drinking alcohol, an increase of 19% on 2008/9¹⁰. In 2020, more than 740,000 new cases of cancer were associated with alcohol consumption¹¹.

There are significant health inequalities associated with alcohol. Although adults in the least deprived areas are more likely to drink over 14 units a week than in the most deprived areas, there exists what has been termed the 'alcohol-harm paradox', where people of lower socio-economic status end to experience greater levels of alcohol-related harm than those of higher socio-economic status, despite when alcohol consumption is comparable or lower¹⁰. Alcohol-related hospital admissions are greatest in the north-west of England, (5.51/1000) in comparison to the south-east (3.83/1000)¹².

National policy

The last UK government strategy focused on alcohol was published almost ten years ago, in 2012¹³. The strategy highlights key interventions to tackle alcohol misuse via multiple strategies (policing, taxes, and regulation on serving alcohol). The strategy committed to introducing minimum unit pricing (MUP), but it was subsequently decided not to implement this policy.

The Chief Medical Officer's guidelines for alcohol consumption are as follows¹⁴:

- For weekly drinkers: keep units below 14 to keep risk from alcohol low
- Single drinking episodes: try to limit alcohol, drink slower, drink with food/water and avoid risky activities
- For pregnant drinkers: it is safest to not drink alcohol at all.

The NHS Long Term Plan was published in 2019, which included a commitment to establish alcohol care teams in the hospitals with the highest number of alcohol-related admissions¹⁵.

In 2019, the government published the guidance paper 'Alcohol: applying all our health'¹⁶. This is a resource to help health professionals understand specific activities and interventions to prevent alcohol harm, and includes an alcohol e-learning session.

Key NICE Guidelines

Alcohol use disorders: Prevention (PH24) 2010¹⁷

This guideline covers alcohol problems among people aged 10+. Key recommendations include:

- Licensing departments can consider the links between availability of alcohol and alcohol-related harm when considering a license application
- Local authorities should utilise crime and related trauma data when developing or reviewing licensing policies
- Commissioners and senior health professionals should prioritise alcohol prevention
- Young people aged 16-17 at risk of alcohol use should be supported via appropriate screening and brief interventions
- NHS professionals should carry out alcohol screening as an integral part of practice

Alcohol: preventing harmful use in the community (QS83) 2015¹⁸

This quality standard covers preventing and identifying alcohol problems in the community, including policy and practice approaches to prevent harmful alcohol use in adults, young people, and children. Key recommendations include:

- Licensing leads, public health, and trading standards should work in collaboration with health, crime, and relevant authorities to ensure alcohol-related data is shared to prevent under-age sales

- Premises which sell alcohol to under 18's should be identified, and action taken against them
- Schools and colleges should integrate alcohol education into curriculum, involving parents and carers

Strategies and services for alcohol in Suffolk

The Suffolk Alcohol Strategy 2014-2022 was published in 2014. Key strategic themes included¹⁹:

- Encourage safe and sensible drinking as the norm
- Prevent further increases in ill health caused by alcohol
- Improve the health of problem drinkers and their families
- Reduce the impact of alcohol-related crime and anti-social behaviour
- Develop a responsibility deal with producers and suppliers of alcohol in Suffolk

Suffolk Alcohol Prevention at Scale is a programme with 4 ambitions:

- Increase numbers of residents supported to maintain safe and sensible drinking behaviours
- Reduce alcohol-related hospital admissions, re-admissions, length of stay and ambulance callouts
- Reduce the burden on NHS, police and social care services from high volume service users
- Reduce the impact of parental alcohol misuse on children

OneLife Suffolk's Make Every Contact Count (MECC) campaign aims to reduce alcohol-related harm by training allied healthcare professionals in Suffolk on preventing dangerous alcohol use²⁰.

Turning Point, a national social enterprise, provides specialist treatment services for alcohol and drug use in Suffolk²¹. The organisation offers services for both young people and adults. The service offers treatment (group and individual) personalised to the patients' needs.

What is the national and regional picture?

The main findings show that the percentage of adults²²:

- who abstain from alcohol in England has increased from 15.5% in 2011 to 2014 to 16.2% in 2015 to 2018. In 2015 – 18, the proportion of adults who abstained from alcohol in East of England was statistically significantly lower than England (12.5% compared to 16.2%).
- Binge drinking on the heaviest drinking day in England has reduced from 16.4% in 2011 to 2014 to 15.4% in 2015 to 2018. Data for 2015 – 18 shows that the East of England was statistically similar to England (14.5% compared to 15.4%).
- Drinking over 14 units of alcohol a week in England has reduced from 25.3% in 2011 to 2014 to 22.8% in 2015 to 2018. The East of England was statistically similar to England for 2015 – 18 (23.1% compared to 22.8%).

In England, a greater percentage of the population from the most deprived areas reported never drinking alcohol (25.2% in the most deprived decile), compared to those in the least deprived areas (11.3% in the least deprived decile). However, a statistically significantly lower proportion of people in deprived areas abstained from alcohol compared to those in less deprived areas (see figure 1). This

does not match indicators for alcohol-related harm, especially mortality and admissions, where the more deprived areas experience the greatest burden of harm²².

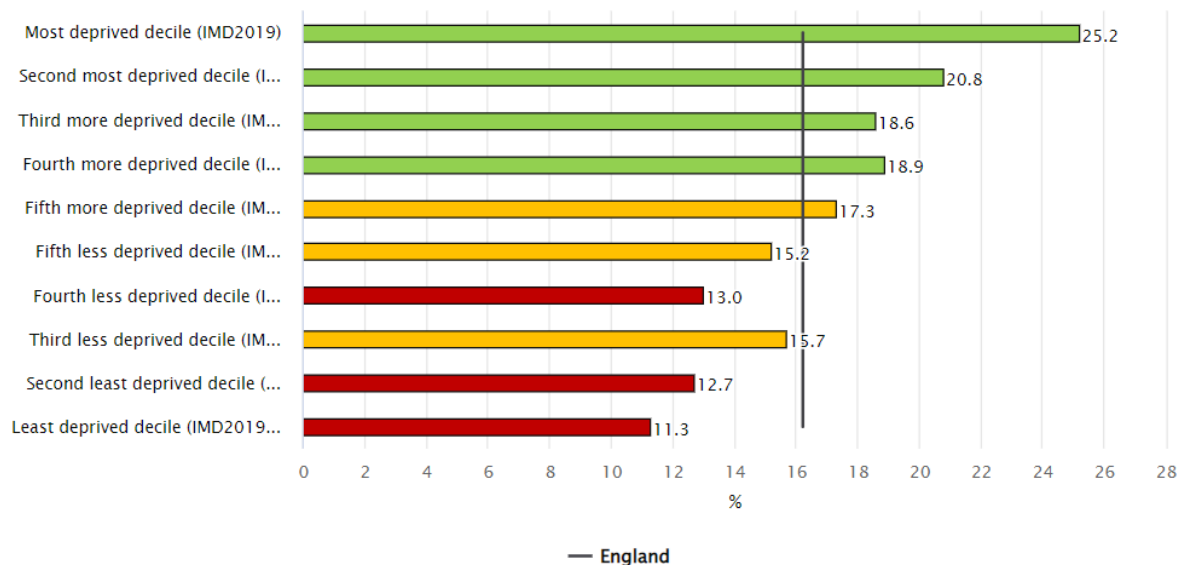
For the period 2016 to 2018, there were an estimated 59,000 new alcohol-related cancer registrations – this equates to approximately 19,670 new cancer cases each year. The incidence rate of alcohol-related cancer increased gradually between 2004 to 2006 and 2011 to 2013. However, since 2012 to 2014 there have been minor reductions in the incidence rate. The incidence rate of alcohol-related cancer per 100,000 population between 2015 to 2017 and 2016 to 2018 has remained static for females and has slightly decreased for males²².

Figure 1: Area profile for consumption and availability of alcohol, England compared to East of England, 2015 – 18

Indicator	Period	East of England			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Percentage of adults who abstain from drinking alcohol	2015 - 18	-	-	12.5%	16.2%	12.4%		23.6%
Percentage of adults binge drinking on heaviest drinking day	2015 - 18	-	-	14.5%	15.4%	19.9%		13.2%
Percentage of adults drinking over 14 units of alcohol a week	2015 - 18	-	-	23.1%	22.8%	25.7%		20.1%

Source: Fingertips, UK Security Agency (formerly Public Health England)

Figure 2: Percentage of adults who abstain from drinking alcohol, England, by IMD decile, 2015 – 18



Source: Fingertips, UK Security Agency (formerly Public Health England)

What is the local picture?

Mortality

Alcohol-related mortality

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society, as a whole, £21 billion annually²³.

The Government has said that everyone has a role to play in reducing the harmful use of alcohol - this indicator is one of the key contributions by the Government (and the Department of Health and Social Care) to promote measurable, evidence-based prevention activities at a local level, and supports the national ambitions to reduce harm set out in the Government's Alcohol Strategy. This ambition is part of the monitoring arrangements for the Responsibility Deal Alcohol Network. Alcohol-related deaths can be reduced through local interventions to reduce alcohol misuse and harm²³.

Alcohol-related mortality in Suffolk is statistically significantly lower than England (32.3 per 100,000 compared to 37.8 per 100,000, respectively). While Ipswich (37.4), West Suffolk (35.5), East Suffolk (32.7), and Babergh (28.1) are statistically similar to England (37.8), Mid Suffolk (24.3) is statistically significantly lower than England.

Figure 3: Alcohol-related mortality, directly standardised rate per 100,000, England, Suffolk and LTLAs, 2020

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	↑	20,468	37.8	37.3	38.3
Suffolk	→	273	32.3	28.5	36.4
Ipswich	→	47	37.4	27.4	49.8
West Suffolk	→	65	35.5	27.4	45.3
East Suffolk	→	100	32.7	26.4	39.9
Babergh	→	31	28.1	18.9	40.2
Mid Suffolk	→	30	24.3	16.2	34.8

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates.

Source: *Fingertips*, UK Security Agency (formerly Public Health England)

Alcohol-specific mortality

Alcohol-specific mortality are defined as deaths which have been wholly caused by alcohol consumption, registered in the calendar year for all ages.

Suffolk has a statistically significantly lower rate of alcohol-specific deaths (7.9 per 100,000) compared to England (10.9 per 100,000). Regarding Suffolk's lower-tier local authorities, East Suffolk has the highest rate (9.8, statistically similar to England), while Mid Suffolk has the lowest rate (3.4, statistically significantly lower than England).

Figure 4: Alcohol-specific mortality, directly standardised rate per 100,000, England, Suffolk and LTLAs, 2017-2019

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	17,357	10.9	10.7	11.1
Suffolk	-	185	7.9	6.8	9.1
East Suffolk	-	78	9.8	7.7	12.2
Ipswich	-	32	8.7	5.9	12.3
West Suffolk	-	42	8.1	5.8	11.0
Babergh	-	21	6.6	4.1	10.2
Mid Suffolk	-	12	3.4	1.8	6.0

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Source: Fingertips, UK Security Agency (formerly Public Health England)

Mortality from chronic liver disease

Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable, and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions.

Suffolk has a statistically significantly lower rate of deaths from chronic liver disease (8.7 per 100,000) compared to England (12.2 per 100,000). Regarding Suffolk's lower-tier local authorities, Ipswich has the highest rate (10.9, statistically similar to England), while Mid Suffolk had the lowest rate (4.9, statistically significantly lower than England).

Figure 5: Mortality from chronic liver disease, directly standardised rate per 100,000, England, Suffolk and LTLAs, 2017-2019

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	19,443	12.2	12.1	12.4
Suffolk	-	209	8.7	7.6	10.0
Ipswich	-	41	10.9	7.8	14.8
West Suffolk	-	56	10.5	7.9	13.6
East Suffolk	-	72	8.7	6.8	11.1
Babergh	-	23	7.6	4.8	11.4
Mid Suffolk	-	17	4.9	2.8	7.8

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Registrations Extract and ONS Mid Year Population Estimates

Source: Fingertips, UK Security Agency (formerly Public Health England)

Hospital Admissions

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. There are two measures used in LAPE and elsewhere to assess this burden: the Broad and the Narrow measure. Only the 'Narrow' measure has been used for the purposes of this report. Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code.

Narrow definition: A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. This represents a Narrower measure. Since every hospital admission must have a primary diagnosis, it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.

In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

Although Suffolk has a statistically significantly lower hospital admission rate for alcohol-related conditions compared to England (480 per 100,000 compared to 519 per 100,000, respectively), Ipswich is the only LTLA with a statistically significantly higher admission rate (600 per 100,000) compared to England (see figure 6).

When looking at admission episodes for alcohol-related conditions by gender, Ipswich is the only LTLA in Suffolk to show a statistically significantly higher rate for males (798 per 100,000) and females (416 per 100,000) compared to England (695 and 359 per 100,000, respectively).

Figure 6: Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000, England, Suffolk and LTLAs, 2019/20

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	280,184	519	517	521
Suffolk	-	3,754	480	464	496
Ipswich	-	758	600	557	644
West Suffolk	-	857	493	460	527
Babergh	-	473	467	425	513
East Suffolk	-	1,213	451	425	478
Mid Suffolk	-	453	405	368	445

Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Fingertips, UK Security Agency (formerly Public Health England)

Figure 7: Admission episodes for male alcohol-related conditions (narrow), directly standardised rate per 100,000, England, Suffolk and LTLAs, 2019/20

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	180,942	695	692	698
Suffolk	-	2,381	617	592	643
Ipswich	-	488	798	728	873
Babergh	-	306	617	548	692
West Suffolk	-	520	607	555	661
East Suffolk	-	785	583	542	626
Mid Suffolk	-	281	506	448	570

Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Fingertips, UK Security Agency (formerly Public Health England)

Figure 8: Admission episodes for female alcohol-related conditions (narrow), directly standardised rate per 100,000, England, Suffolk and LTLAs, 2019/20

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	99,243	359	357	362
Suffolk	-	1,373	355	336	375
Ipswich	-	270	416	368	469
West Suffolk	-	337	389	349	434
Babergh	-	167	334	284	390
East Suffolk	-	428	333	301	368
Mid Suffolk	-	171	313	267	364

Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Fingertips, UK Security Agency (formerly Public Health England)

Hospital admissions: Ipswich

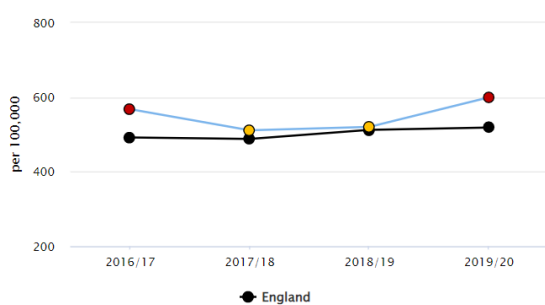
As seen above, Ipswich is the only LTLA in Suffolk that presents a statistically significantly higher hospital admission rate for alcohol-related conditions compared to England, both for males and females. This could be due to the younger age profile of Ipswich compared to other LTLAs in Suffolk and a closer proximity to the night-time economy, among others.

Figures 9 to 12 show that although Ipswich was statistically similar to England in 2018/19, there has been a statistically significantly higher rate of hospital admissions for alcohol-related conditions in 2019/20 (600 per 100,000) compared to England (519 per 100,000) and the East of England (484 per 100,000). The same trend can be seen for males and females in the Ipswich LTLA.

It must be noted, however, that the rate of admission rate for alcohol-related conditions for males in 2019/20 is statistically significantly higher than females (798 per 100,000 compared to 416 per 100,000). A similar trend is seen across England and the East of England.

The highest rates of admissions for alcohol-related conditions in Ipswich is among the 40 to 64 age banding (see figure 9). Those aged 40 to 64 in Ipswich, both male and female, were the only age banding across all of Suffolk's LTLAs to show a statistically significantly higher rate of admission for alcohol-related conditions compared to England. Therefore, Public Health and Communities Suffolk and system partners should make a concerted effort to tackle problem drinking in Ipswich residents aged 40 to 64.

Figure 9: Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000, Ipswich, 2016/17 to 2019/20



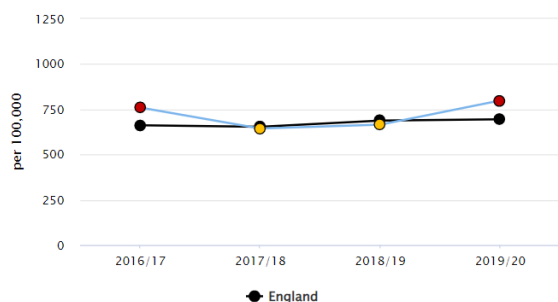
Recent trend: Could not be calculated

Period	Ipswich				East of England	England
	Count	Value	95% Lower CI	95% Upper CI		
2016/17	711	568	527	612	446	492
2017/18	649	511	472	552	460	488
2018/19	661	521	481	562	490	512
2019/20	758	600	557	644	484	519

Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Fingertips, UK Security Agency (formerly Public Health England)

Figure 10: Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000, Ipswich, 2016/17 to 2019/20, males



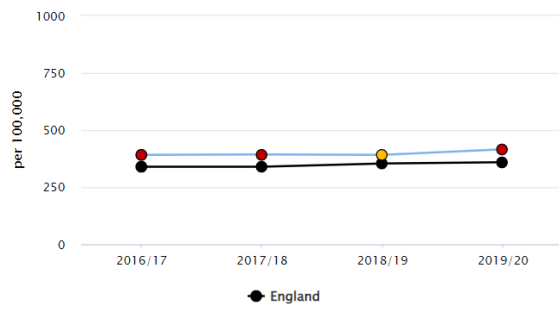
Recent trend: Could not be calculated

Period	Ipswich				East of England	England
	Count	Value	95% Lower CI	95% Upper CI		
2016/17	459	759	690	833	586	662
2017/18	392	643	580	711	597	654
2018/19	407	665	601	733	635	687
2019/20	488	798	728	873	626	695

Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Fingertips, UK Security Agency (formerly Public Health England)

Figure 11: Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000, Ipswich, 2016/17 to 2019/20, females



Recent trend: Could not be calculated

Period		Ipswich				East of England	England
		Count	Value	95% Lower CI	95% Upper CI		
2016/17	●	253	391	344	443	322	340
2017/18	●	257	394	347	445	338	339
2018/19	●	254	392	345	443	359	354
2019/20	●	270	416	368	469	358	359

Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Fingertips, UK Security Agency (formerly Public Health England)

Figure 12: Admission episodes for alcohol-related conditions (narrow), 40 to 64 years, directly standardised rate per 100,000, England, Suffolk and LTLAs, 2019/20

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	143,151	798	794	802
Suffolk	–	1,871	750	716	785
Ipswich	–	409	974	882	1,073
West Suffolk	–	436	798	725	877
Babergh	–	235	725	634	825
East Suffolk	–	576	695	639	756
Mid Suffolk	–	215	584	508	668

Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Fingertips, UK Security Agency (formerly Public Health England)

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