

**THE HEALTH IMPLICATIONS OF THE NIGHT TIME ECONOMY IN
HUNTINGDONSHIRE
(Report by the Head of Environmental & Community Health Services)**

1. INTRODUCTION

- 1.1 At their meeting, on 6th September 2011, the Panel requested background information be submitted to them, at their November meeting, around the health implications of the night time economy in Huntingdonshire.
- 1.2 There is very little information available to assist the Panel with their investigation. There is some information in the Annual Strategic Needs Assessments for the Huntingdonshire Community Safety Partnership and the Joint Strategic Needs Assessments for Cambridgeshire that identify health-needs but there is very little supporting data. There are well documented difficulties in drawing direct links between police crime statistics and alcohol consumption.

2. THE RELATIONSHIP OF A NIGHT-TIME ECONOMY TO HEALTH

- 2.1 The night-time economy is associated with sale of alcohol. Alcohol use is a common part of every-day society (NHS, 2011). Hazardous drinking of alcohol is a pattern of drinking which brings about the risk of physical or psychological harm. Alcohol is also connected to a variety of crimes, including antisocial-behaviour, violent crimes, domestic violence, racial crimes, and criminal damage.
- 2.2 The night-time economy can be associated with binge-drinking. This is defined separately for men and women in the 'Health Survey for England' (hse). For men binge drinking is: eight or more units of alcohol on the heaviest drinking day in the last 7 days, and for women it is 6 or more units. The difficulty that arises is that there is no measured data available about binge drinking; the hse data is used to produce synthetic estimates only.
- 2.3 Those night-time economy customers who preload on alcohol before going out in the evening are more likely to be involved in alcohol related violence, disorder and other problems (Hughes, 2007). Data concerning the prevalence of preloading is not consistently collected in the UK and is not available for Huntingdonshire.

3. POSSIBLE HEALTH IMPACTS IDENTIFIED FROM THE NEEDS ASSESSMENTS

- 3.1 Violent crimes naturally have an impact on the victim's health & well-being. Huntingdonshire Community Safety Partnership's (HCSP) 2010 Strategic Needs Assessment looked in detail at the places crime happens because the geographical distribution of crime is uneven. The main findings for violence near licensed premises, in 2009-10, were as follows:
- The pub / club cluster of most concern continued to be Huntingdon
 - Part of the St Neots cluster was also of concern.

- 3.2 That, 2010, assessment didn't just look at geographical spread it also considered offender-types. It recommended that any measures aimed at those committing violent offences associated with the night-time economy should target males aged 18-24.
- 3.3 To look at the nature of violence that takes place near licensed premises a map was created where there were significant clusters of pubs. (three or more premises that were within 150 metres of each other). The following table outlines offences committed within each of these clusters in 6-months in 2009/10:

Pub/Club Cluster	Victims of violent crime	Identified offenders
Eaton Socon/St Neots	53	31
Huntingdon	44	31
St Ives	21	14
Ramsey	16	8

- 3.4 Expressing the number of victims as a ratio of the relative size of the pub cluster shows that Huntingdon produced a relatively high number of victims and offenders compared to its size. The number of victims though are very similar for both St Neots and Huntingdon. It is worth noting that St Ives had previously been identified as a priority area for HCSP linked to the night time economy and associated alcohol related violence and disorder: Operation Nightwatch proved very successful in addressing the issue.
- 3.4 The latest figures show (2010-11) Huntingdon Pub Cluster has the highest rate of violence compared to anywhere else in the County particularly given the relatively small number of licensed premises.

Pub/Club Cluster	All violent offences expressed as a rate per premises
St Neots (west)	1.3
St Neots (east)	6.5
Huntingdon	14.4
St Ives (centre)	5.5
Ramsey	5.6

- 3.5 There was a noted, in 2010, variation in the timing of offences; in Huntingdon it is Friday night and St Neots Saturday night.
- 3.6 The other difference between the two towns was the age of the victims / offenders. There was a significantly higher proportion of under-18s injured / committing violence near pubs in St Neots compared to Huntingdon. Within the Huntingdon pub cluster the 18-24 age group were considerably over represented within the victim profile whilst both the under 18s and over 31s were underrepresented. This is a classic pattern for alcohol related night-time violence.
- 3.7 That assessment also looked at types of crime. It was noted that alcohol-related violence & disorder showed significant reductions year on year, since 2005. However, there was a caveat to the findings: that trends in police recorded violent crime can be very difficult to interpret, as the statistics can be distorted by a number of factors.

3.8 From the police reports to neighbourhood forums we know that in St Neots, between April and July 2011, fifteen key individuals were banned from pub watch premises and an increased visible police presence in the Town Centre was positively received by both late night venues. Statistically only 8% of police-incidents in St Neots, during the period, were categorized as violent crime or night time economy related.

3.9 The public perception of a problem was also tested (Summer 2010)

How much of a problem is alcohol-related violence and disorder?

A very big problem:	47	10.7%
A fairly big problem:	116	26.4%
Not a very big problem:	187	42.6%
Not a problem at all:	81	18.5%
No opinion:	8	1.8%

How much of a problem is people being drunk or rowdy in public places?

A very big problem:	33	7.5%
A fairly big problem:	86	19.6%
Not a very big problem:	182	41.5%
Not a problem at all:	129	29.4%
No opinion:	9	2.1%

3.10 It is drunkenness and rowdiness that is most often associated with binge drinking. The estimates (Draft JSNA: Adults of Working Age (Prevention) 2011) indicate that the prevalence of binge drinking in Huntingdonshire should be around 15.8%; compared to 20.1% nationally.

3.11 Binge drinking in Huntingdonshire is predicted to be less prevalent than generally in England. However, there are areas within the district where predictions are that prevalence could be higher; these areas do not relate to the locations where night-time economy is most active within the district:

Area	Synthetic estimate of prevalence of binge drinking	Range of 95% confidence level of prediction
Yaxley and Farcet	21.4	11.8-36.1
Somersham, Upwood and the Raveleys	22.4	12.4-37.6
Huntingdon West	23.1	12.8-38.3
Buckden and the Offords	23.3	12.8-39.0
Ramsey	23.8	13.1-39.6

Association of Public Health Observatories © 2010 in Draft JSNA: Adults of Working Age (Prevention) 2011

4. HOSPITAL DATA

4.1 Emergency departments within hospitals are often involved in the treatment of alcohol-related injuries. Nationally, the Cardiff Model has been developed to identify how NHS services can make effective contributions to the prevention of alcohol-related harm. The aim is for A&E departments to share information wherever possible about the locations, timings and frequency of events. This data can then be used to target interventions, and thereby reduce violence outside licensed premises and reduce the numbers of A&E admissions. Addenbrookes already made use of this scheme in 2009 but Hinchingsbrooke did not.

- 4.2 During early 2011 discussions were held with Hinchingsbrooke about how they could collect this type of data. Earlier this year an agreement was reached with Hinchingsbrooke NHS Hospital and assault victim data relating to attendance at the emergency department (ED) is now provided on a monthly basis, since February 2011.
- 4.3 According to a press release from Hinchingsbrooke Hospital (September 2010), between August 2009 and July 2010, there had been an estimated 2-3 attendances a week. These data should be treated with caution when considering the night-time economy. Some A&E attendances will likely be as a result of alcohol consumption not related to the night-time economy.
- 4.4 The data received so far in 2011 show that in seven months only 53 attendances were recorded for assault. Of these; 55% of attendances were recorded on Friday or Saturday; these are therefore most likely associated with the night-time economy- 29 instances. 34% of [53] patients were female & 66% male. This is slightly higher than expected. Addenbrooke's NHS Trust data had indicated just under a quarter of victims were female; but with such low attendance figures the statistics are not reliable indicators of trends/proportions. The age range of attendees was: between 11 and 52 years; 25% were aged 16 or under, 40% were 17 – 30 years and 35% were over 30 years. 36% of injuries involved weapons (the remainder involved no weapon or just hands and feet) [The use of knives was reported by only 2 patients]

5. RECENT INTERVENTIONS

- 5.1 During the last two years the HCSP has run initiatives tackling alcohol-related violence across the district. These included operations Hartwell – targeting St Ives, and Titan – targeting St Neots & Huntingdon town centres. Evaluations indicated that operation Hartwell in particular was a success in reducing violence.
- 5.2 Huntingdon - PubWatch has been re-introduced into the Huntingdon town area and there are currently 12 members signed up to the scheme. As part of the scheme, each member has been given a radio on a free trial until the 1st December 2011 after which time it is hoped that the members will recognise the benefits and be willing to pay for the radios. To date, four individuals have received bans under the scheme from the 12 premises, all of these individuals have historically been involved in alcohol related violence. As part of the scheme, the members are working towards a zero tolerance to violence and ASB both within their premises and the town.
- 5.3 The St Neots Neighbourhood Policing Team have changed the way in which they 'police' St Neots. Officers are made aware of 'priority premises' and patrol certain routes on key days; those areas have historically been associated with alcohol related violence and disorder. The St Neots area also has a very successful Pub watch Scheme and the 'Traffic Light Scheme' also operates in this area. Ahead of the summer holidays, a letter was sent to every parent of children who attend the secondary schools in St Neots advising them that both the Police and HCSP were aware that underage drinking was occurring in the St Neots area and reminding parents of their responsibility for their children's safety. Although this letter did anger some parents, it seems to have had a positive effect with fewer reports of underage drinking/ alcohol related incidents of disorder.

6. CONCLUSION

- 6.1 Huntingdon will remain the priority area for HCSP because of the relatively high rate of alcohol related violence, within the pub-cluster, and because the interventions need time before full evaluation, if any progress is to be evident. Some interventions are also likely in St Neots and St Ives in relation to the night-time economy, during 2011/12.

7. RECOMMENDATIONS

Members of Overview & Scrutiny (Social Well-Being) Panel are requested to:

- 7.1 Note the content of this report in relation to both the possible impact of the night-time economy on health, in the broadest sense of the term, and the limitation of the data from which meaningful conclusions may be drawn.

BACKGROUND INFORMATION

Huntingdonshire Community Safety Partnership's 2010 Strategic Needs Assessment
Department of Health's Health Survey for England

Cambridgeshire PCT's Draft JSNA: Adults of Working Age (Prevention) 2011

Hughes K., Anderson Z., Morleo M., Bellis M. (2007) Alcohol, nightlife and violence: The relative contributions of drinking before and during nights out to negative health and criminal justice outcomes, *Addiction*, 103, pp605.

NHS: Health and Social Care Information Centre (2011) Statistics on Alcohol: England, published May 2011. <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/alcohol/statistics-on-alcohol-england-2011-%5Bns%5D>

Huntingdonshire Community Safety Partnership's 2011 (draft) Strategic Needs Assessment

DIFFICULTIES IN DRAWING DIRECT LINKS BETWEEN POLICE CRIME STATISTICS AND ALCOHOL CONSUMPTION:

Tierney, J. and Hobbs, D. (2003) Alcohol related crime and disorder data: guidance for local partnerships, Home Office Online Report 08/03, London, Home Office.

Tierney, J. (2004) Making links: the auditing of alcohol-related crime and disorder, *Crime Prevention and Community Safety: An International Journal*, 6(3), pp3341.

The Portman Group (2002) Counting the cost: The measurement and recording of alcohol-related violence and disorder, London, The Portman Group.

Institute of Alcohol Studies (2009) IAS Factsheet: Alcohol related crime and disorder, Cambridgeshire, Institute of Alcohol Studies.

Home Office (ND) Crime reduction toolkits: Alcohol related crime, online, available from: <http://www.crimereduction.homeoffice.gov.uk/toolkits/ar00.htm> [Accessed 28/06/2010]

Contact Officer: Dr Sue Lammin
☎ 01480 388280