



**The impact of alcohol in Greater Manchester:
Biannual report number 9**

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1. Summary

Incidence of alcohol-related harm is increasing nationally and regionally, with the number of 25 to 34 year olds dying due to cirrhosis increasing seven-fold between 1979 and 2005 in England. Alcohol-related hospital admissions are also increasing. Incidence of harm is particularly apparent in the North West of England, where elevated harms are associated with higher levels of deprivation. As part of continued efforts to understand and monitor the alcohol situation in Greater Manchester, the Greater Manchester Alcohol Strategy Group is committed to improving data collection on alcohol consumption and related harms. In 2008, the Group commissioned the Centre for Public Health, Liverpool John Moores University, to collate intelligence on the alcohol situation in Greater Manchester. This is the ninth report in the series^a and relates to data published up to and including September 2011. In total, this report presents 30 alcohol indicators including: consumption; alcohol-related road accidents, fires and hospital admissions; alcohol-related crime, police incident data and details of offenders in contact with probation; intelligence on young people including consumption, drinking locations, teenage conceptions and hospital admission; and numbers and characteristics of individuals in structured alcohol treatment. Data collated were divided into eight themes, and key findings from these highlight that:

- **CONSUMPTION:** Approximately a quarter of drinkers in Greater Manchester are thought to drink at increasing risk levels and up to 8.8% drink at higher risk levels.
- **HOSPITAL ADMISSION AND ATTENDANCES:** Typically, males experienced approximately double the levels of hospital admission and attendances than females. In general, rates of alcohol-related admission(s) are increasing in Greater Manchester, and both regionally and nationally, with areas such as Trafford and Tameside experiencing a 35% increase in the rate of alcohol-attributable admissions between 2004/05 and 2009/10. Manchester and Salford consistently experienced the highest levels of admission(s) in Greater Manchester. In 2010, there were 15,212 assault attendances to Greater Manchester emergency departments (EDs). Of these, 88% lived in Greater Manchester, 72% were male and 36% occurred within peak hours. The highest number of attendances to Greater Manchester EDs were made by residents of Manchester (n=2,858).
- **MORTALITY:** Typically, males experienced approximately double the levels of harm compared with females. In general, alcohol-related mortality has been increasing in recent years but some individual areas have seen decreases (such as Bury for both males and females in alcohol-attributable months of life lost). Manchester and Salford consistently displayed some of the highest levels of alcohol-related mortality, whilst percentage increases in rates of mortality/months of life lost were particularly high in areas such as Rochdale, Salford and Tameside.
- **OTHER HEALTH HARMS:** In 2010, there were 209 road casualties with a positive alcohol breath test in Greater Manchester, 2.8% of all road casualties in the area. Overall, between 2006 and 2010, there was a 23% decrease in the proportion of such casualties from 3.3% to 2.8%. Tameside reported proportions of alcohol-related road casualties that significantly exceeded that of Greater Manchester (4.9%). In 2010/11, Greater Manchester Fire Service reported eight alcohol-related deaths resulting from fire (provisional data only).
- **CRIME AND OFFENDERS:** Between 2006/07 and 2010/11, the rates of alcohol-related crime, violent crime and sexual crime decreased in Greater Manchester (similar to patterns for the North West and England overall). The rate of alcohol-related crime in Greater Manchester fell by 35%. The highest rates of all three alcohol-related crime indicators were in Manchester (and these were significantly higher than the North West average). Between January and June 2011, for 51% of individuals seen by Probation Services in Greater Manchester, their offending was linked with alcohol use (where data were available). Wigan had the highest level of offending being related to alcohol in Greater

^a The first five reports were published quarterly. Since then, the report has been a biannual publication.

Manchester (Jan-Mar: 61%; Apr-Jun: 60%), followed by Tameside (Jan-Mar: 56%; Apr-Jun: 57%). Both were significantly higher than Greater Manchester overall.

- **ECONOMIC IMPACTS:** In August 2010, there were 3,550 incapacity benefits claimants with a main medical reason of alcoholism. In 2010, there were 21,423 employees in Greater Manchester working in bars, representing 1.9% of all employees, a similar proportion to the North West and England overall.
- **YOUNG PEOPLE:** In 2011, 31% of those surveyed (14-17 year olds) reported drinking at least weekly in Greater Manchester, 20% reported binge drinking at least weekly, 22% mainly drank outside, 21% mainly drank in venues such as pubs and 22% bought alcohol themselves. Overall, the percentages for all of these indicators have fallen in both Greater Manchester and the North West for each of the survey years examined. Between 2003/04-2004/06 and 2007/08-2009/10, the rate of alcohol specific hospital admission among those aged under 18 years decreased by 9.0% in Greater Manchester, in line with national and regional trends. Only three local authorities witnessed increases during this time, the largest being in Salford (by 9.3%).
- **TREATMENT:** In 2010/11, there were 9,502 people in contact with structured treatment in Greater Manchester, a 19% increase compared with 2008/09. In general, these increases have been witnessed in the majority of PCTs in Greater Manchester, particularly for females. Analysis of the characteristics of those in treatment in Greater Manchester in 2010/11 shows that: 64% were male; the most common age group was 30 to 44 year olds (40%); and the most common route of referral was through a self-referral (34%). In 2010/11, there were 5,365 discharges from care in Greater Manchester. The proportion of care planned discharges has increased significantly from 47% in 2009/10 to 55% in 2010/11 (where discharge information is available).

2. Introduction

Incidence of alcohol-related harm is increasing regionally and nationally.^[1] For example, national intelligence shows that levels of mortality due to liver cirrhosis^b have increased substantially in the past 26 years (1979-2005).^[3] In fact, the number of 25 to 34 year olds dying due to cirrhosis has increased seven-fold.^[3] The rate of alcohol-related hospital admissions is also increasing, rising by 65% between 2003/04 and 2008/09.^[1] Incidence of harm is particularly apparent in the North West of England, where elevated harms are associated with higher levels of deprivation.^[1, 4] As part of continued efforts to understand and monitor the alcohol situation in Greater Manchester, the Greater Manchester Alcohol Strategy Group is committed to improving information and data collection on alcohol and related harms. In 2008, the Group commissioned the Centre for Public Health (CPH), Liverpool John Moores University, to collate available alcohol intelligence disseminated via regular reports to inform the Group on the alcohol situation in Greater Manchester. This is the ninth such report^c and relates to all available data published up to and including September 2011. The report also incorporates information published in the previous reports,^[5] where no updated intelligence is available, in order to provide a comprehensive account of the situation. In total, this report presents 30 alcohol indicators including:

- Latest survey reports on consumption;
- Alcohol-related road accidents, fires, hospital admissions, mortality and assault attendances at emergency departments;
- Alcohol-related crime (including violent and sexual crime), local alcohol-related police incident data and details of offenders in contact with the probation service;
- Intelligence on young people including consumption, drinking locations, teenage conceptions, and hospital admission; and
- Numbers and characteristics of individuals in structured alcohol treatment.

Updated information for this report includes data in relation to consumption, hospital admission and presentation, mortality, crime, young people and treatment. Methodological details are available in every chapter to provide background information for each dataset used. The format of the report is explained in detail in Section 3.

CPH endeavours to contact as many organisations as possible to obtain data for inclusion in this series of reports. We would like to encourage all agencies with relevant data or information to contact Kevin Sanderson-Shortt (0151 231 4501; k.r.sanderson-shortt@ljmu.ac.uk) if they would like to contribute to future editions.

^b Approximately 75% of liver cirrhosis cases are thought to be related to alcohol among at risk groups (males under 65 years).^[2]

^c The first five reports were published quarterly. Since then, the report has been a biannual publication.

3. Data presentation and report structure

This report collates and presents a wide range of data that help describe the alcohol situation in Greater Manchester overall and in the local areas of Greater Manchester. To do this, data have been extracted from a number of sources: North West Public Health Observatory (Local Alcohol Profiles for England (LAPE) and National Drug Treatment Monitoring System);^[1, 9] local agencies (such as Greater Manchester Fire Services^[6] and Greater Manchester Probation Trust^[7]); and the Centre for Public Health (including the Trauma and Injury Intelligence Group and the National Drug Treatment Monitoring System);^[8] national Government data (such as teenage conceptions^[10-13] and educational indicators^[14-20]) and published reports.^[21-26]

The report has been divided into eight specific sections:

- Consumption,
- Hospital admissions and attendances,
- Mortality,
- Other health harms,
- Crime and offenders,
- Economic impacts,
- Young people, and
- Treatment.

Within these sections, data are then divided into subsections. Each section is introduced by information on the methodology (detailing methodological notes for the individual data types examined) and concludes with a summary. So, for example, all methodological details relating to the section on consumption (Section 4) are provided in Section 4.1. The intermediary sub-sections then address the different areas within that topic so, for example, the subsections for Section 4 on alcohol consumption are: methodology, synthetic estimates, survey estimates and a summary.

All the information, figures and tables that are relevant for each subsection are displayed on one page for ease of access. Each section displays changes over time; differences between local areas; and comparisons with Greater Manchester, the North West and England overall (where possible). Each sub-section provides an overview of the main findings, a figure to display trends over time for Greater Manchester (compared with the North West and England), a table to display the rate or percentage for each local authority, the associated 95% confidence intervals, and percentage change over time (compared with the North West and England). Direction of percentage change is indicated through the following symbols: + indicates an increase and – indicates a decrease. In the text, all figures are rounded to the nearest whole number (unless they are below 10, in which case, the figure is provided to one decimal place). All tables present figures to one decimal place for increased accuracy. Line graphs are used to display trends but where aggregated years overlap (see below for definition of this), bar charts have been provided instead. Where trend data are not available, bar charts are used to display values for individual measures. Differences between an area and the North West overall are discussed as being significant when the accompanying 95% confidence intervals do not overlap. Significant differences are indicated in the tables with an asterisk (*) and by the use of a coloured table cell. Significance is taken from the non-rounded figure. Where 95% confidence intervals are not available (for example, for alcohol-attributable months of life lost), the level of variation from the North West average has been displayed instead. For some topics, such as hospital admission and mortality, the data are broken down by gender.

Because data are collected from a diverse range of sources, it can be difficult to make direct comparisons between the data. Differences are evident in the age of the population discussed, the geographies used (for

example, local authority versus primary care trust), and the timescales used. For example, some of the datasets shown (such as hospital admissions) use financial years to display the data. Financial years run from 1st April to 31st March and are identified in this report through the use of a forward slash within the years discussed. So the financial year 1st April 2009 to 31st March 2010 is displayed as 2009/10. Where data are presented using the calendar year (January to December), no demarcation is used: 2009 is written as 2009. Alcohol-attributable mortality is an example of a dataset that uses calendar years. For some datasets, because the numbers are so low, data from a number of years are aggregated (or combined). Where this occurs a hyphen is used to indicate that the years of data are joined. So data for alcohol specific hospital admission are aggregated for the calendar years 2006, 2007 and 2008, and are shown as 2006-08.

4. Alcohol consumption

4.1 Methodology

This section provides details on alcohol consumption in Greater Manchester using estimates from two sources: synthetic estimates from the Local Alcohol Profiles for England (LAPE),^[1] and survey data from the Greater Manchester Alcohol Survey.^[25] Together, the sources provide estimates of the proportions of:

- Non-drinkers (in the Greater Manchester survey, this is defined as no consumption in the last year);
- Lower risk drinkers (women who consume up to 14 units per week; men who consume up to 21 units per week);
- Binge drinkers (women who drink six or more units in one drinking session; men who drink eight or more units in one drinking session);
- Increasing risk drinkers (women who drink between 15 and 35 units per week; men who consume between 22 and 50 units per week); and
- Higher risk drinkers (women who drink over 35 units per week; men who consume over 50 units per week).

Typically, traditional surveys are known to under-represent the amounts of alcohol consumed when compared with, for example, the quantities of alcohol shown to be purchased through taxation data.^[27, 28] However, surveys can be developed to produce more accurate estimates of consumption.^[25, 28] Thus, in order to gain a more accurate understanding of alcohol consumption, the Greater Manchester Alcohol Survey was commissioned based on tools previously developed in New Zealand.^[25, 28] The survey was run in 2010. Individuals (aged 16 years and above) were recruited using a random digit dial survey methodology; however, because telephone surveys may not produce a sample that is representative of the population, weighting was applied. This ensured that all groups were adequately represented. Participants' responses were weighted according to the gender, age and deprivation characteristics of the Greater Manchester population. The final sample for analysis was 1,971 individuals (weighted: 1,956). Data are not available at a lower geography but are available by gender.

The LAPE synthetic estimates are derived from the Household Survey for England (HSE) for 2008, and provide alcohol consumption estimates for those aged 16 years and above.^[1, 26] They are weighted to account for low response bias. HSE data are only available at regional level, so in order to produce local estimates, the North West Public Health Observatory (NWPHO) models the relationships between factors such as regional estimates of consumption and local demographics. However, such modelling techniques, while valuable, are not exact and could under or over estimate the levels of consumption. Thus, data are referred to as "synthetic estimates". The data should be used with caution and cannot be used to show trends. The synthetic estimates are not available by gender or age.

As household surveys, neither the Greater Manchester Alcohol Survey nor the HSE cover all populations (and are likely to miss groups such as those residing in student halls or army barracks, and the homeless). This may affect the accuracy of the estimates provided if attempting to ascertain an understanding of the total population.

The methodological differences between the sources could make comparisons problematic.

4.2. Greater Manchester Alcohol Survey estimates of consumption **(NEW DATA)**

Overall, 67% of individuals surveyed through the Greater Manchester Alcohol Survey reported consuming alcohol at least once in the last year.^[25] On average, drinkers reported consuming 20 units of alcohol per week (males: 26 units; females: 12 units). Nearly a quarter (23%) of drinkers reported consuming at increasing risk levels; 8.8% consumed alcohol at higher risk levels. The higher risk drinkers reported very high levels of consumption (with a mean weekly consumption of 96 units). In all drinking categories, males reported consuming significantly higher levels of alcohol than females (Figure 1; Table 1).

Figure 1: Greater Manchester Alcohol Survey estimates of alcohol consumption amongst drinkers aged 16 years and above in 2010 (weighted)^[25]

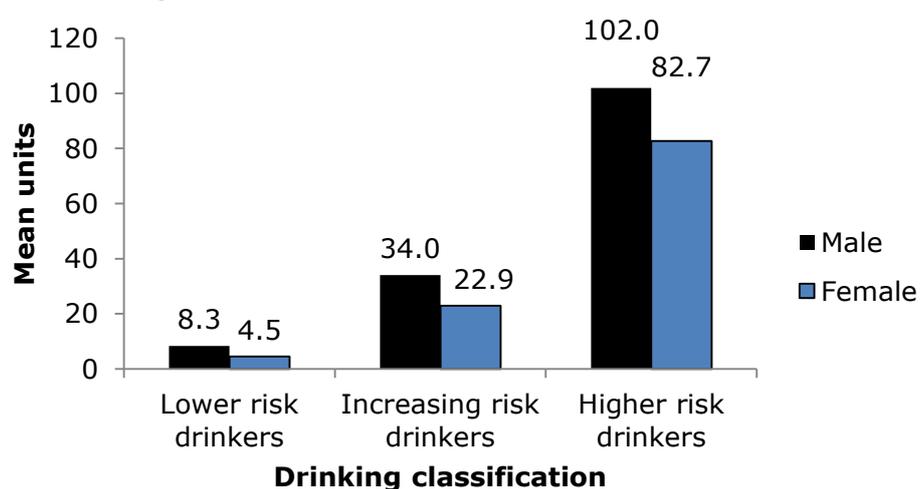


Table 1: Greater Manchester Alcohol Survey estimates of alcohol consumption amongst drinkers aged 16 years and above in 2010 (weighted)^[25]

	Males				Females			
	Percentage of drinkers	95% confidence intervals	Mean alcohol consumed (units)	95% confidence intervals	Percentage of drinkers	95% confidence intervals	Mean alcohol consumed (units)	95% confidence intervals
Lower risk drinkers	60.7	57.0-64.3	8.3	7.7-8.9	76.4	72.9-79.8	4.5	4.1-4.9
Increasing risk drinkers	27.6	24.3-31.0	34.0	33.0-35.1	18.1	15.1-21.4	22.9	21.8-24.1
Higher risk drinks	11.7	9.5-14.3	102.0	82.4-121.2	5.4	3.8-7.6	82.7	60.0-105.8
All drinkers ^d	100.0		26.3	23.2-29.5	100.0		12.1	10.1-14.0

^d Figures may not sum to total because of rounding

4.3 Synthetic estimates of consumption (total population; NEW DATA)

Approximately 15% of Greater Manchester residents are thought to abstain from alcohol and 60% are reported to be lower risk drinkers (Figure 2; Table 2).^[1, 26] Abstinence is highest in Manchester and Oldham (19% and 18% respectively) whilst lower risk consumption is highest in Bury and Tameside (64% and 61%). However, these are not significantly different from the North West as a whole. In comparison, 20% of Greater Manchester residents were estimated to be increasing risk drinkers, and 5.5% to be higher risk drinkers. The highest estimates of increasing risk drinking were in Stockport (24%) and Trafford (23%), and the highest estimates of higher risk drinking were in Stockport (6.8%) and Wigan (6.3%). However, these are not significantly different from the North West as a whole.

Figure 2: Synthetic estimates of alcohol consumption amongst those aged 16 and above in 2008^[1, 26]

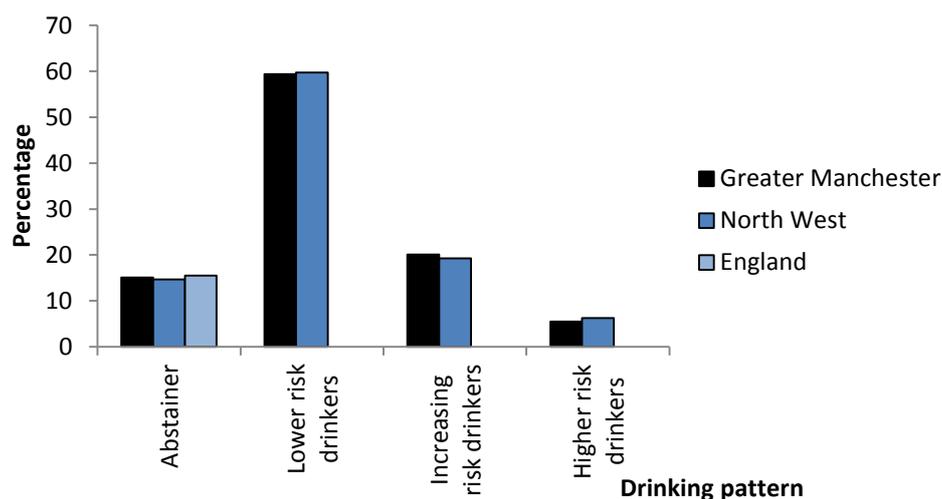


Table 2: Synthetic estimates of alcohol consumption amongst those aged 16 and above (total population) in Greater Manchester local authorities in 2008^[1, 26]

	Non drinkers		Lower risk drinkers		Increasing risk drinkers		Higher risk drinkers	
	Percentage	95% confidence intervals	Percentage	95% confidence intervals	Percentage	95% confidence intervals	Percentage	95% confidence intervals
Bolton	16.7	11.8-22.4	58.4	35.5-73.7	19.1	7.0-42.1	5.8	2.2-15.6
Bury	13.5	8.6-19.6	63.6	37.4-79.3	19.0	6.3-44.3	4.3	1.4-13.4
Manchester	19.5	15.1-24.5	57.1	36.6-70.7	17.9	6.9-38.4	5.4	2.2-14.5
Oldham	17.9	13.1-23.5	57.7	35.4-72.6	18.7	6.9-41.0	5.7	2.2-15.3
Rochdale	17.1	12.3-22.8	58.0	35.3-73.2	19.1	7.0-41.8	5.8	2.2-15.6
Salford	14.3	9.4-20.1	59.8	35.9-75.6	19.9	7.2-43.8	6.0	2.2-16.3
Stockport	11.7	7.3-17.0	57.8	32.0-76.0	23.7	8.3-50.2	6.8	2.3-19.3
Tameside	14.6	9.4-20.9	61.5	36.4-77.8	19.7	6.7-44.6	4.2	1.4-12.6
Trafford	13.1	8.6-18.7	59.4	33.4-77.0	22.9	7.8-49.2	4.6	1.5-14.6
Wigan	12.6	7.6-18.6	60.5	35.5-77.2	20.7	7.2-45.9	6.3	2.3-17.0
Greater Manchester	15.1	Not applicable	59.4	Not applicable	20.1	Not applicable	5.5	Not applicable
North West	14.7	9.5-21.0	59.7	35.0-76.1	19.3	6.7-43.6	6.3	2.2-17.6
England	15.5	10.4-22.3	Data not available		Data not available		Data not available	

Greater Manchester figures are based on the mean of its local authorities. No authorities are significantly different from the North West for any of the indicators shown.

4.4 Synthetic estimates of consumption (drinkers only; **NEW DATA**)

Approximately 70% of drinkers in Greater Manchester were estimated to be lower risk drinkers (Figure 3; Table 3).^[26] Bury and Tameside have the highest proportions of lower risk drinkers (73% and 72% respectively) but this is not significantly higher than the North West overall. In comparison, 24% of drinkers in Greater Manchester are estimated to be increasing risk drinkers and a further 6.5% higher risk drinkers. Stockport has the highest proportion of both increasing risk and higher risk drinkers (27% and 7.7% respectively) but is not significantly higher than the North West overall.

Figure 3: Synthetic estimates of alcohol consumption amongst those aged 16 and above (drinkers only) in 2008^[1, 26]

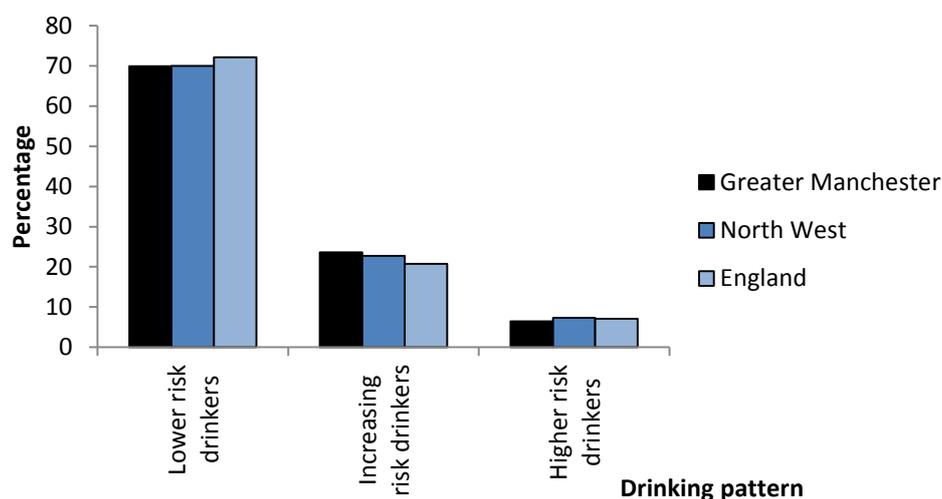


Table 3: Synthetic estimates of alcohol consumption amongst those aged 16 and above (drinkers only) in Greater Manchester local authorities in 2008^[1, 26]

	Lower risk drinkers		Increasing risk drinkers		Higher risk drinkers	
	%	95% confidence intervals	%	95% confidence intervals	%	95% confidence intervals
Bolton	70.1	42.7-85.8	23.0	8.2-49.7	7.0	2.6-19.2
Bury	73.1	43.4-88.7	21.9	7.1-50.8	4.9	1.5-15.8
Manchester	71.0	45.5-85.6	22.3	8.5-47.0	6.8	2.6-18.4
Oldham	70.2	43.2-85.7	22.8	8.3-49.2	6.9	2.6-19.1
Rochdale	70.0	42.8-85.6	23.0	8.3-49.7	7.0	2.6-19.2
Salford	69.8	42.0-85.7	23.2	8.3-50.3	7.0	2.5-19.5
Stockport	65.4	36.0-83.9	26.9	9.3-55.8	7.7	2.6-22.3
Tameside	72.1	42.8-88.0	23.0	7.7-51.8	4.9	1.6-15.2
Trafford	68.4	38.4-86.3	26.3	8.8-55.9	5.3	1.7-17.2
Wigan	69.2	40.7-85.7	23.6	8.2-51.6	7.1	2.5-20.0
Greater Manchester	69.9	Not applicable	23.6	Not applicable	6.5	Not applicable
North West	70.0	41.1-89.2	22.7	7.8-51.1	7.3	2.6-20.7
England	72.1	43.3-92.7	20.8	6.9-50.0	7.1	2.4-21.5

Greater Manchester figures are based on the mean of its local authorities. No authorities are significantly different from the North West for any of the indicators shown.

4.5 Consumption summary

A range of different indicators are available for Greater Manchester, which aim to measure levels of alcohol consumption in the local population. Each one uses a different methodology and so it is difficult to make a comparison between the estimates provided. However, approximately a quarter of drinkers are thought to drink at increasing risk levels and up to 8.8% drink at higher risk levels.

5. Hospital admissions and attendances

5.1 Methodology

Intelligence on alcohol-related hospital admissions is provided through LAPE, detailing comparisons over time and between genders (for all ages).^[1] Hospital admissions data are for inpatient admissions only, and do not include presentations to emergency departments, ambulance services or outpatients departments (unless they result in an admission). Three indicators (for all ages) are available:

- Former National Indicator 39 (NI39) alcohol-attributable admissions (the rate of admissions that are estimated to be wholly or partially attributable to alcohol; Section 5.2);
- Alcohol attributable admission (the rate of individuals being admitted for whom their admission is estimated to be wholly or partially attributable to alcohol; Section 5.3); and
- Alcohol specific admission (the rate of individuals being admitted for whom their admission is estimated to be wholly attributable to alcohol; Section 5.4).

Alcohol-attributable fractions (AAFs) are used to estimate the rate of alcohol-attributable admissions.^[1, 2, 29] These use evidence-based research to estimate the involvement of alcohol in conditions such as stomach cancer, liver cirrhosis or falls. The AAFs provide an estimate of the proportion of conditions that are likely to be related to alcohol. This proportion is then used to estimate the number of admissions relating to that condition that are related to alcohol (based on the total number of admissions for that condition). For example, breast cancer with an AAF of 0.08 requires 12.5 cases to equal one admission, and alcoholic liver disease, with an AAF of 1.0, is a case by itself. Different fractions are applied depending on age and gender. However:

- The model inevitably generates estimates rather than true proportions;
- Where published evidence is unavailable, fractions cannot be generated; and
- Whilst there are differences at local levels in terms of alcohol consumption and related harms experienced,^[1] attributable fractions are only available on a national basis.

Data for both alcohol-attributable admission and alcohol specific admission are available by gender. NI39 is not delineated by gender. It is important to note that NI39 estimates presented by LAPE and those calculated at the local level may not match as a result of alternative data sources (Secondary User Service [SUS] data rather than Hospital Episode Statistics [HES] data), difficulties in replicating the procedure and differences in geographical demarcation.

In addition to displaying the data in relation to hospital episodes, this report also provides an overview of emergency department (ED) presentations for assaults in Greater Manchester in 2010 and year to date (January to March 2011).^[8] Whilst it is not known to what extent these assaults are related to alcohol, data from Scotland in 2006 indicate that 70% of ED assault attendances may be related to alcohol.^[30] The data are divided into two sections. The first section (Section 5.5) explores all assault attendances to Greater Manchester EDs whilst the second (Section 5.6) explores assault attendances that occurred in peak hours. Peak hours are defined as weekend evening/night hours: Friday 8pm to Saturday 5.59am, Saturday 8pm to Sunday 5.59am, and Sunday 8pm to Monday 5.59pm. Within each section, the data are explored by residential area, gender, mode of arrival, method of disposal, and location of assault. Data are discussed in terms of attendance rather than attendee; one individual may attend more than once.

5.2 National Indicator 39 (NI39) alcohol-attributable hospital admissions (UPDATED DATA)

Between 2005/06 and 2009/10, the rate of alcohol-attributable hospital admissions increased year on year for Greater Manchester, the North West and England overall (Figure 4; Table 4).^[1] In fact, all authorities in Greater Manchester experienced an increase during this time. The largest rises were seen in Tameside and Trafford (by 47% and 50% respectively). The smallest rise was in Bolton (by 8.4%). In 2009/10, the highest rates overall were in Salford (2,967 per 100,000) and Manchester (2,944 per 100,000). Both of these were significantly higher than the regional average. In comparison, the lowest rates in 2009/10 were in Bolton (1,875 per 100,000) and Trafford (1,882 per 100,000). Both of these were significantly lower than the regional average.

Figure 4: NI39 alcohol-attributable hospital admissions by year (rate per 100,000)^[1]

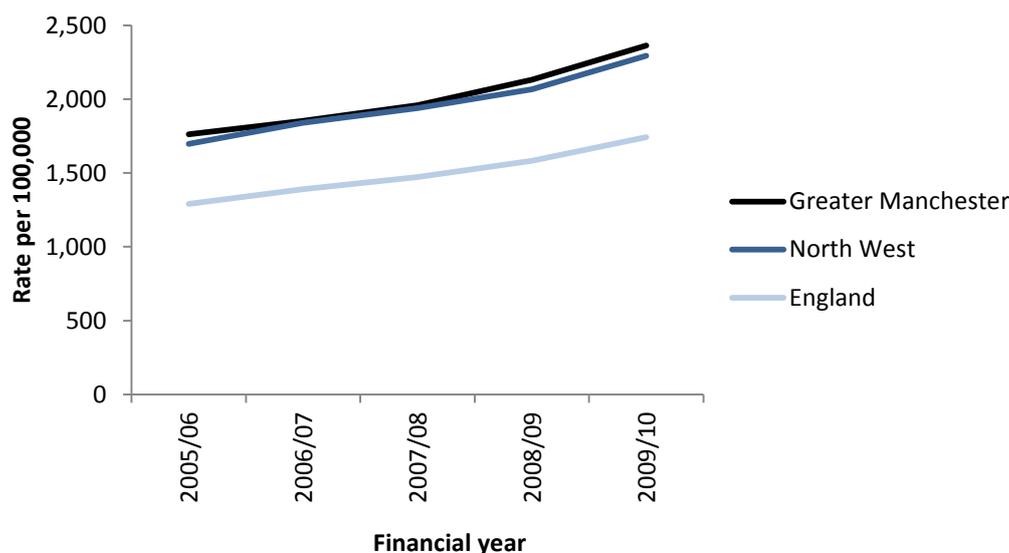


Table 4: NI39 alcohol-attributable hospital admissions by year and authority (rate per 100,000)^[1]

	2005/06	2006/07	2007/08	2008/09	2009/10	% change from 2005/06	95% confidence intervals for 2009/10
Bolton	1,729.7	1,743.2	1,872.1	1,802.4	1,875.2*	+8.4	1,825.0-1,926.4
Bury	1,656.2	1,639.4	1,808.5	1,979.4	2,067.2*	+24.8	2,004.6-2,131.3
Manchester	2,179.4	2,224.6	2,306.4	2,575.0	2,944.0*	+35.1	2,889.7-2,999.0
Oldham	1,601.5	1,646.7	1,767.5	1,920.7	2,147.2*	+34.1	2,087.5-2,208.1
Rochdale	1,980.6	2,067.0	2,303.5	2,542.9	2,729.9*	+37.8	2,660.8-2,800.4
Salford	2,117.9	2,311.6	2,308.5	2,517.7	2,967.1*	+40.1	2,897.2-3,038.1
Stockport	1,573.9	1,633.4	1,667.5	1,741.9	1,969.2*	+25.1	1,920.2-2,019.1
Tameside	1,660.4	1,854.2	2,051.5	2,188.2	2,435.4*	+46.7	2,372.1-2,500.0
Trafford	1,251.4	1,368.6	1,449.9	1,706.5	1,882.4*	+50.4	1,827.2-1,938.9
Wigan	1,873.1	2,039.4	2,055.1	2,354.5	2,612.2*	+39.5	2,558.0-2,667.2
Greater Manchester	1,762.4	1,852.8	1,959.0	2,132.9	2,363.0	+34.1	Not applicable
North West	1,697.5	1,840.4	1,939.7	2,068.1	2,295.2	+35.2	2,284.4-2,306.0
England	1,291.0	1,389.3	1,472.7	1,582.4	1,742.8*	+35.0	1,739.4-1,746.2

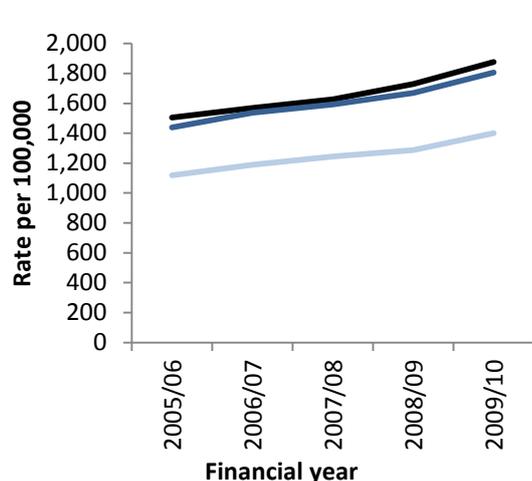
Greater Manchester figures are based on the mean of its local authorities. * The difference between the area shown and the North West overall is significant as the 95% confidence intervals do not overlap.

5.3 Alcohol-attributable hospital admissions (UPDATED DATA)

Rates of alcohol-attributable hospital admissions rose in Greater Manchester from 2005/06 to 2009/10 in most areas following national and regional trends (Figure 5; Table 5).^[1] The highest percentage increases were for Trafford males (by 36%) and Tameside females (by 34%). The highest rates overall in Greater Manchester in 2009/10 were in Manchester for males (2,306 per 100,000) and females (1,259 per 100,000).

Figure 5: Alcohol-attributable hospital admissions by year and gender (rate per 100,000)^[1]

a) Males



b) Females

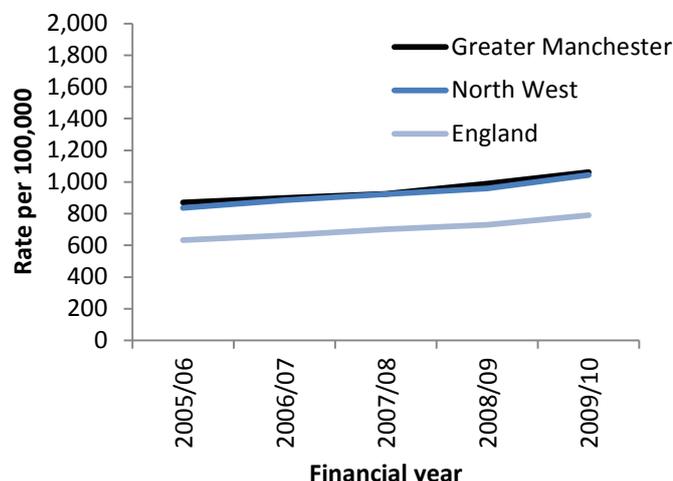


Table 5: Alcohol-attributable hospital admissions by year, authority and gender (rate per 100,000)^[1]

	2005/06	2006/07	2007/08	2008/09	2009/10	% change from 2005/06	95% confidence intervals for 2009/10
<i>Males</i>							
Bolton	1,506.7	1,511.6	1,554.8	1,526.1	1,573.8*	+4.5	1,508.4-1,641.3
Bury	1,387.0	1,423.8	1,519.6	1,578.4	1,643.5*	+18.5	1,563.6-1,726.4
Manchester	1,867.0	1,903.0	1,918.2	2,043.2	2,306.1*	+23.5	2,238.3-2,375.4
Oldham	1,428.9	1,447.4	1,518.2	1,634.3	1,778.4	+24.5	1,700.8-1,858.6
Rochdale	1,656.0	1,620.2	1,840.4	1,983.2	2,096.7*	+26.6	2,010.6-2,185.5
Salford	1,762.1	1,868.7	1,772.8	2,010.7	2,234.6*	+26.8	2,149.1-2,322.6
Stockport	1,319.7	1,411.8	1,386.2	1,486.8	1,608.3*	+21.9	1,545.4-1,673.0
Tameside	1,499.9	1,604.4	1,773.9	1,783.5	1,974.2*	+31.6	1,893.1-2,058.0
Trafford	1,119.3	1,253.5	1,280.2	1,410.5	1,518.5*	+35.7	1,448.1-1,591.4
Wigan	1,514.0	1,640.4	1,701.6	1,838.0	2,024.4*	+33.7	1,956.2-2,094.3
Greater Manchester	1,506.1	1,568.5	1,626.6	1,729.5	1,875.9	+24.6	Not applicable
North West	1,439.4	1,537.4	1,591.9	1,669.1	1,807.4	+25.6	1,793.8-1,821.2
England	1,118.7	1,190.0	1,243.9	1,288.3	1,400.3*	+25.2	1,395.9-1,404.7
<i>Females</i>							
Bolton	856.0	855.1	887.4	857.3	880.5*	+2.9	832.8-930.0
Bury	824.0	815.0	868.6	912.2	921.4*	+11.8	863.2-982.2
Manchester	1,030.4	1,039.5	1,020.0	1,165.7	1,259.4*	+22.2	1,210.4-1,309.8
Oldham	810.3	849.4	888.4	882.9	986.1	+21.7	930.2-1,044.3
Rochdale	908.1	938.2	1,010.8	1,140.6	1,204.5*	+32.6	1,140.5-1,271.0
Salford	1,016.6	1,037.5	1,055.2	1,114.5	1,245.3*	+22.5	1,181.8-1,311.1
Stockport	803.3	830.5	813.8	875.9	962.7*	+19.8	914.8-1,012.5
Tameside	879.2	956.3	1,023.5	1,111.4	1,179.4*	+34.2	1,118.3-1,423.0
Trafford	651.7	680.9	705.2	801.8	867.3*	+33.1	815.0-921.9
Wigan	919.9	992.1	972.9	1,035.9	1,109.3	+20.6	1,060.0-1,160.3
Greater Manchester	870.0	899.5	924.6	989.8	1,061.6	+22.0	Not applicable
North West	837.1	884.7	923.0	958.4	1,044.8	+24.8	1,034.6-1,055.1
England	633.0	662.6	702.0	729.0	790.1*	+24.8	786.9-793.4

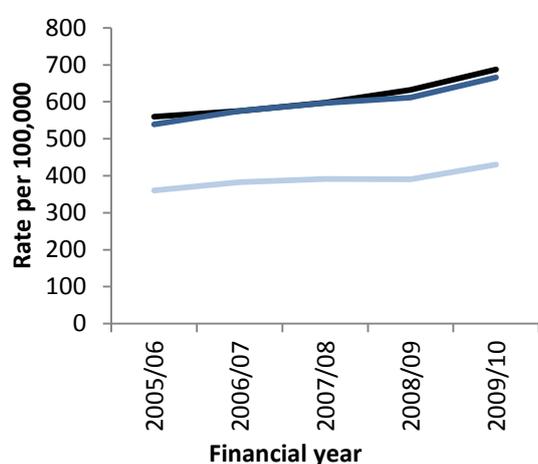
Greater Manchester figures are based on the mean of its local authorities. * The difference between the area shown and the North West overall is significant as the 95% confidence intervals do not overlap.

5.4 Alcohol specific hospital admissions (UPDATED DATA)

Rates of alcohol specific hospital admissions rose in Greater Manchester from 2005/06 to 2009/10 in most areas following national and regional trends (Figure 6; Table 6).^[1] The highest percentage increases were for Wigan males (by 56%) and Stockport females (by 48%). The highest rates overall in Greater Manchester in 2009/10 were in Salford for males (982 per 100,000) and females (463 per 100,000).

Figure 6: Alcohol specific hospital admissions by year and gender (rate per 100,000)^[1]

a) Males



b) Females

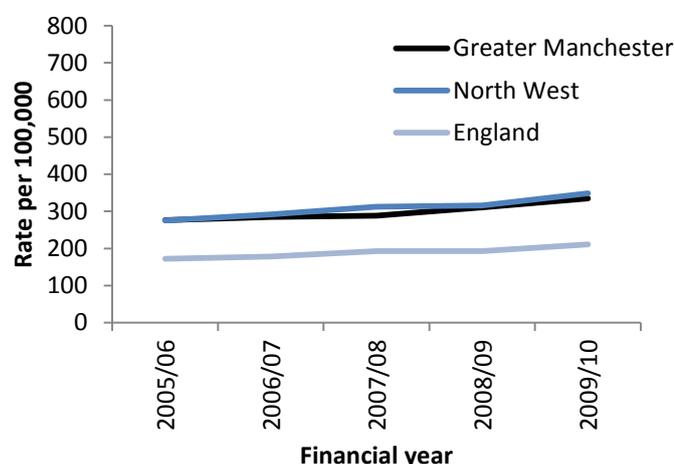


Table 6: Alcohol specific hospital admissions by year, authority and gender(rate per 100,000)^[1]

	2005/06	2006/07	2007/08	2008/09	2009/10	% change from 2005/06	95% confidence intervals for 2009/10
<i>Males</i>							
Bolton	594.1	579.3	559.3	527.3	541.6*	-8.8	502.3-583.2
Bury	508.8	524.3	559.2	565.9	500.9*	-1.6	455.5-549.5
Manchester	809.9	809.8	814.2	817.3	952.1*	+17.6	908.9-996.7
Oldham	557.1	526.9	544.5	575.6	626.2	+12.4	579.3-675.8
Rochdale	618.8	557.0	680.1	727.6	757.8*	+22.5	705.3-813.2
Salford	679.4	759.5	720.8	881.7	981.5*	+44.5	924.4-1,041.2
Stockport	445.5	501.0	496.4	581.5	621.0	+39.4	580.4-663.6
Tameside	558.1	584.6	654.7	619.9	728.2*	+30.5	677.8-781.4
Trafford	368.7	403.7	411.3	432.6	452.6*	+22.7	413.5-494.4
Wigan	457.8	508.3	537.0	596.4	712.5	+55.6	670.7-756.2
Greater Manchester	559.8	575.4	597.7	632.6	687.4	+22.8	Not applicable
North West	539.0	575.6	596.9	611.9	666.4	+23.6	657.9-675.1
England	360.1	383.0	391.4	390.2	430.1*	+19.4	427.6-432.7
<i>Females</i>							
Bolton	297.0	284.3	286.2	255.4	270.1*	-9.1	242.8-299.6
Bury	275.1	283.8	287.9	272.8	269.6*	-2.0	236.7-305.8
Manchester	350.6	360.5	342.5	375.4	403.0*	+14.9	375.0-432.4
Oldham	234.5	235.3	242.6	233.4	254.9*	+8.7	225.7-286.9
Rochdale	277.0	273.9	302.4	370.8	375.2	+35.4	338.4-415.0
Salford	344.1	363.2	369.8	410.1	463.4*	+34.7	423.2-506.4
Stockport	219.7	250.2	246.4	275.3	325.0	+48.0	296.0-356.1
Tameside	281.4	293.8	305.5	332.5	389.4	+38.4	353.1-428.2
Trafford	199.7	202.8	207.4	237.7	236.4*	+18.4	207.9-267.6
Wigan	281.8	299.3	293.2	341.4	359.0	+27.4	329.5-390.3
Greater Manchester	276.1	284.7	288.4	310.5	334.6	+21.2	Not applicable
North West	275.0	291.3	312.0	315.6	348.1	+26.5	341.8-354.4
England	172.3	178.3	193.0	192.5	210.5*	+22.2	208.8-212.3

Greater Manchester figures are based on the mean of its local authorities. * The difference between the area shown and the North West overall is significant as the 95% confidence intervals do not overlap.

5.5 Emergency department presentations (all attendances; **UPDATED DATA**)

In 2010, there were 15,212 assault attendances to Greater Manchester EDs (Table 7). Of these, 89% lived in Greater Manchester and 72% were male.^[8] This gender balance was consistent across Greater Manchester. The highest number of attendances to Greater Manchester EDs was made by residents of Manchester (n=2,858), representing 21% of ED attendances known to be made by Greater Manchester residents. Most commonly, assaults occurred in unspecified locations (34%) but also in public places (30%), at home (16%) and in other locations (including other unspecified, educational establishment, bars/pubs; 17%). Two per cent occurred at work. Of the assault attendances, 43% arrived by ambulance, 14% by private transport, and 43% by other means (including by foot, taxi, police and other unspecified). After their attendance, 46% were discharged, 31% were provided with a referral or a follow-up appointment, 10% were admitted and, for 13%, the attendance ended by other (unspecified) means. Between January and March 2011 there were 3,172 ED presentations by Greater Manchester residents, with the greatest proportion of these (25%) in Manchester. Bolton reported the smallest proportion in this period (4%).

Table 7: All assault presentations to Greater Manchester emergency departments by authority of residence and gender for 2010 and year to date (January to March 2011)^[8]

	Number in 2010	% male	95% confidence intervals	% female	95% confidence intervals	Year to date, Jan-March 2011
Bolton	1,182	72.2%	69.5-74.7	27.8%	25.3-30.5	138
Bury	754	70.6%	67.2-73.8	29.4%	26.2-32.8	143
Manchester	2,858	72.4%	70.8-74.1	27.6%	25.9-29.2	778
Oldham	1,139	74.5%*	71.9-77.0	25.5%	23.0-28.1	277
Rochdale	1,466	70.3%	67.9-72.7	29.7%	27.3-32.1	367
Salford	1,667	70.4%	68.2-72.6	29.5%	27.3-31.8	323
Stockport	1,203	73.3%	70.7-75.8	26.6%	24.1-29.2	329
Tameside	1,172	69.6%	66.9-72.2	30.4%	27.8-33.1	302
Trafford	655	73.0%	69.4-76.3	27.0%	23.7-30.6	208
Wigan	1,377	72.2%	69.7-74.5	27.8%	25.5-30.3	307
Known resident in Greater Manchester	13,473	71.8%	71.1-72.6	28.1%	27.4-28.9	3,172
Outside Greater Manchester	829	76.8%*	73.8-79.7	23.2%	20.3-26.2	Not available
Residence not known	910	49.3%*	46.0-52.6	50.4%*	47.1-53.7	Not available
All attendances in Greater Manchester	15,212	72.2%	69.5-71.5	27.8%	25.3-29.9	Not available

Gender percentages may not sum to 100% due to a small number of individuals (<5) where gender was not recorded.

* The difference between the area shown and all attendances in Greater Manchester overall is significant as the 95% confidence intervals do not overlap.

5.6 Emergency department presentations (peak time attendances; **UPDATED DATA**)

In 2010, there were 5,450 assault attendances during peak hours to Greater Manchester EDs (Table 8; 36% of assault attendances overall, see Section 5.5).^[8] Of these, 88% lived in Greater Manchester and 75% were male. This gender balance was consistent across Greater Manchester. The highest number of attendances to Greater Manchester EDs during peak hours was made by residents of Manchester (n=880), 18% of ED attendances were made by Greater Manchester residents (where residence was known). Between January and March 2011 there were 781 peak time ED assault presentations by Greater Manchester residents, with the greatest proportion in Manchester (22%). Bolton reported the smallest proportion (6%).

Table 8: Assault presentations to Greater Manchester emergency departments during peak hours in 2010 and year to date (January to March 2011) by authority of residence and gender^[8]

	Number, 2010	% male	95% confidence intervals	% female	95% confidence intervals	Year to date, Jan-March 2011
Bolton	455	77.6%	73.5-81.3	22.4%	18.7-26.5	43
Bury	286	76.9%	71.6-81.7	23.1%	18.3-28.4	48
Manchester	880	76.6%	73.7-79.4	23.4%	20.6-26.3	172
Oldham	466	77.9%	73.9-81.6	22.1%	18.4-26.1	80
Rochdale	486	73.5%	69.3-77.3	26.5%	22.7-30.7	87
Salford	538	72.9%	68.9-76.6	27.0%	23.2-30.9	67
Stockport	433	75.8%	71.4-79.7	24.2%	20.3-28.6	84
Tameside	512	74.6%	70.6-78.3	25.4%	21.7-29.4	89
Trafford	225	77.3%	71.3-82.6	22.7%	17.4-28.7	65
Wigan	500	74.2%	70.1-78.0	25.8%	22.0-29.9	46
Known resident in Greater Manchester	4,781	75.6%	74.3-76.8	24.4%	23.2-25.6	781
Outside Greater Manchester	331	79.5%	74.7-83.7	20.5%	16.3-25.3	N/A
Residence not known	338	54.4%*	49.0-59.8	45.3%*	39.9-50.7	N/A
All attendances in Greater Manchester	5,450	74.5%	73.3-75.7	25.4%	24.3-26.6	N/A

Gender percentages may not sum to 100% due to a small number of individuals (<5) where gender was not recorded.

* The difference between the area shown and all attendances in Greater Manchester overall is significant as the 95% confidence intervals do not overlap.

5.7 Hospital admissions and attendances summary

Across all five hospital admissions and attendances indicators and in all Greater Manchester authorities, males were significantly more likely to be represented than females. In fact typically, males experienced approximately double the levels of harm compared with females.

In general, hospital admissions indicators suggest that rates of alcohol-related admissions are increasing in Greater Manchester, and both regionally and nationally, with areas such as Trafford and Tameside experiencing a 35% increase in the rate of alcohol-attributable admissions between 2004/05 and 2009/10. Conversely, a small number of local authorities in Greater Manchester have experienced decreases. For example, between 2004/05 and 2009/10, the rate of alcohol specific admission decreased by 8.8% for males and 9.1% for females in Bolton. However, the rate of alcohol-attributable admissions continued to rise in Bolton during this period (by 8.4%). Manchester and Salford were two areas that consistently experienced the highest levels of admissions in Greater Manchester.

In 2010, there were 15,212 assault attendances to Greater Manchester EDs. Of these, 88% were made by individuals who lived in Greater Manchester, 72% were male and 36% occurred within peak hours. The highest number of attendances to Greater Manchester EDs were made by residents of Manchester (n=2,858).

6. Mortality

6.1 Methodology

Intelligence relating to alcohol-related mortality is provided through LAPE.^[1] This supplies comparisons over time and between genders (for all ages). Three indicators of mortality are available:

- Alcohol specific mortality (where mortality is estimated to be wholly attributable to alcohol).
- Alcohol-attributable mortality (where mortality is estimated to be wholly or partially attributable to alcohol); and
- Alcohol-attributable months of life lost (the number of months of life estimated to be lost due to alcohol-attributable conditions).

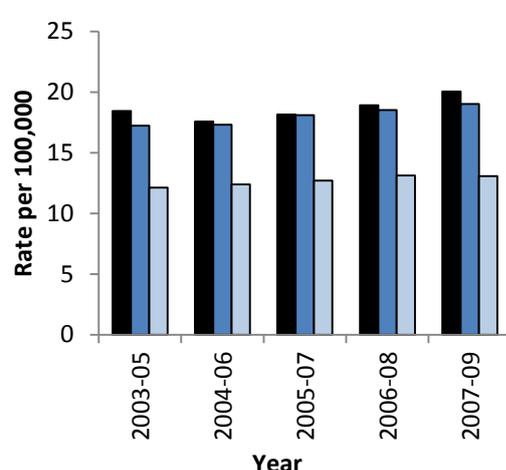
As with hospital admissions (see Section 5.1), alcohol-attributable fractions (AAFs) are used to estimate the rate of alcohol-attributable admissions.^[1, 2, 29]

6.2 Alcohol specific mortality (UPDATED DATA)

Rates of alcohol specific mortality rose in Greater Manchester from 2003-05 to 2007-09 as per national and regional trends, although some areas saw decreases (Figure 7; Table 9).^[1] The highest percentage increases were for Rochdale for males (by 53%) and females (by 165%). The highest rates in Greater Manchester in 2007-09 were for Manchester males (33 per 100,000) and Salford females (16 per 100,000).

Figure 7: Alcohol specific mortality by year and gender (rate per 100,000)^[1]

a) Males



b) Females

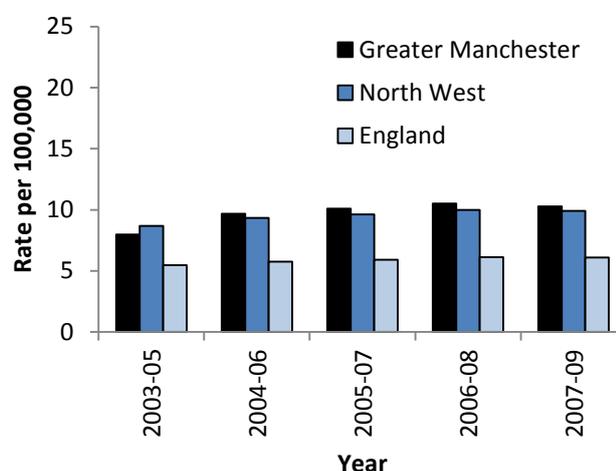


Table 9: Alcohol specific mortality by year, authority and gender (rate per 100,000)^[1]

	2003-05	2004-06	2005-07	2006-08	2007-09	% change from 2003-05	95% confidence intervals for 2007-09
<i>Males</i>							
Bolton	17.7	16.1	16.6	17.3	22.3	+26.3	17.9-27.5
Bury	16.0	14.9	13.5	14.6	14.2	-11.5	10.2-19.3
Manchester	25.4	25.6	29.9	33.6	33.4*	+31.6	28.6-38.7
Oldham	26.8	20.2	21.0	19.2	22.9	-14.6	17.9-28.8
Rochdale	14.1	16.3	19.1	20.2	21.6	+53.4	16.7-27.5
Salford	20.0	18.0	18.5	24.2	25.0*	+25.4	19.9-31.2
Stockport	16.1	16.5	16.4	15.1	15.3	-5.2	11.8-19.3
Tameside	20.4	20.3	18.9	16.7	20.2	-1.1	15.6-25.7
Trafford	10.7	13.0	13.6	13.9	11.0*	+2.9	7.7-15.2
Wigan	17.1	14.8	13.8	14.3	14.5	-15.3	11.3-18.4
Greater Manchester	18.4	17.6	18.1	18.9	20.0	+8.7	Not applicable
North West	17.2	17.3	18.1	18.5	19.0	+10.3	18.2-19.9
England	12.1	12.4	12.7	13.1	13.1	+7.7	12.8-13.3
<i>Females</i>							
Bolton	8.9	12.2	11.8	12.7	10.2	+14.4	7.3-13.7
Bury	5.6	6.9	8.6	7.4	7.1	+27.5	4.4-10.9
Manchester	12.2	12.8	12.6	12.1	13.7*	+12.3	10.7-17.3
Oldham	12.1	14.1	12.3	11.4	11.3	-6.6	8.0-15.5
Rochdale	4.1	8.3	12.0	12.5	10.9	+164.9	7.5-15.2
Salford	8.8	10.6	12.4	16.6	15.6*	+78.2	11.5-20.7
Stockport	6.4	9.9	9.2	9.0	7.7	+19.2	5.3-10.7
Tameside	7.0	7.6	6.2	6.5	9.3	+32.0	6.4-13.0
Trafford	6.5	6.1	6.1	6.6	7.9	+22.5	5.2-15.5
Wigan	8.2	8.2	9.7	10.3	9.1	+11.0	6.6-12.1
Greater Manchester	8.0	9.7	10.1	10.5	10.3	+28.8	Not applicable
North West	8.7	9.3	9.6	10.0	9.9	+14.0	9.4-10.5
England	5.5	5.8	5.9	6.1	6.1	+11.6	5.9-6.3

Greater Manchester figures are based on the mean of its local authorities. * The difference between the area shown and the North West overall is significant as the 95% confidence intervals do not overlap.

6.3 Alcohol-attributable mortality (UPDATED DATA)

Rates of alcohol-attributable mortality rose in Greater Manchester from 2005/06 to 2009/10 in most areas, whilst national and regional trends have shown a decrease (Figure 8; Table 10).^[1] The highest percentage increases were for Salford males (by 31%) and Tameside females (by 42%). The highest rates overall in Greater Manchester in 2009/10 were in Manchester (males: 69 per 100,000; females: 25 per 100,000).

Figure 8: Alcohol-attributable mortality by year and gender (rate per 100,000)^[1]

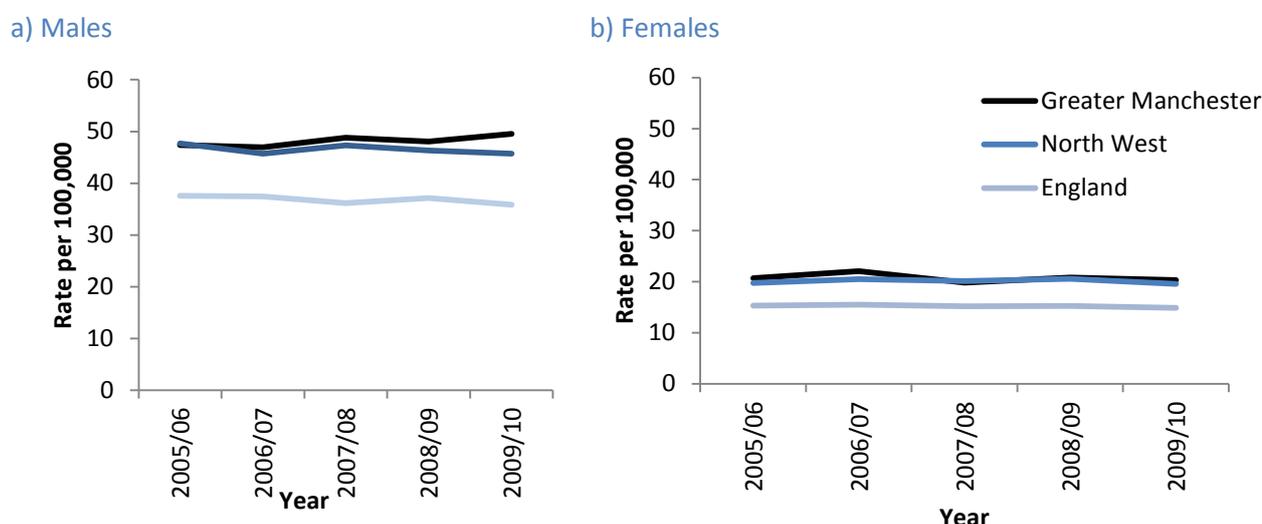


Table 10: Alcohol-attributable mortality by year, authority and gender (rate per 100,000)^[1]

	2005/06	2006/07	2007/08	2008/09	2009/10	% change from 2005/06	95% confidence intervals for 2009/10
<i>Males</i>							
Bolton	46.6	35.8	51.0	52.0	52.8	+13.3	41.2-66.4
Bury	40.9	36.5	42.4	39.2	38.2	-6.6	26.6-52.1
Manchester	64.0	72.0	67.7	69.6	69.0*	+7.9	57.3-82.0
Oldham	48.5	49.5	48.8	47.8	52.0	+7.2	39.1-67.0
Rochdale	48.4	43.4	51.0	48.7	50.0	+3.3	37.4-65.5
Salford	40.7	60.2	59.6	56.7	53.2	+30.6	40.1-68.1
Stockport	44.9	41.4	39.6	39.4	42.7	-4.9	33.0-54.2
Tameside	57.5	48.1	45.9	48.9	59.9	+4.2	46.3-76.1
Trafford	33.0	40.9	36.5	33.0	32.8	-0.8	22.9-44.8
Wigan	49.3	41.7	45.6	45.4	44.7	-9.3	34.8-56.1
Greater Manchester	47.4	46.9	48.8	48.1	49.5	+4.5	Not applicable
North West	47.7	45.7	47.3	46.4	45.7	-4.1	43.6-48.0
England	37.6	37.4	36.1	37.1	35.9*	-4.6	35.2-36.6
<i>Females</i>							
Bolton	18.8	28.1	19.1	22.8	22.0	+17.0	15.0-30.8
Bury	22.1	17.9	20.8	13.6	14.0	-36.7	7.5-22.8
Manchester	29.7	22.2	21.6	28.8	25.3	-15.0	18.5-33.4
Oldham	24.9	25.1	21.0	20.2	24.8	-0.7	16.5-35.3
Rochdale	22.3	24.0	23.7	17.6	16.7	-25.1	9.9-26.0
Salford	18.9	25.9	23.3	33.7	21.1	+11.9	13.5-31.2
Stockport	17.2	21.3	17.6	15.6	20.9	+21.8	14.4-29.1
Tameside	16.9	17.5	17.5	16.5	24.0	+41.7	16.1-34.2
Trafford	18.4	16.0	13.9	18.9	18.1	-1.9	10.9-27.0
Wigan	17.9	22.8	19.6	20.4	16.6	-7.5	11.0-23.4
Greater Manchester	20.7	22.1	19.8	20.8	20.3	-1.8	Not applicable
North West	19.8	20.5	20.1	20.6	19.6	-1.1	18.2-21.0
England	15.3	15.5	15.2	15.3	14.9	-2.9	14.4-15.3

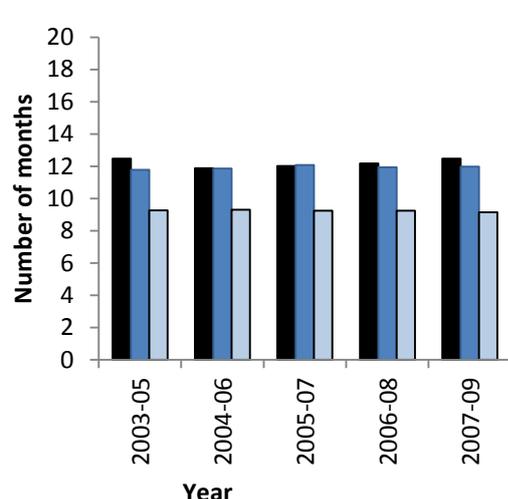
Greater Manchester figures are based on the mean of its local authorities. * The difference between the area shown and the North West overall is significant as the 95% confidence intervals do not overlap.

6.4 Alcohol-attributable months of life lost (UPDATED DATA)

Rates of alcohol-attributable mortality rose in Greater Manchester for females but remained stable for males, in line with regional trends (Figure 9; Table 11).^[1] The highest percentage increases were for Rochdale males (by 18%) and Salford females (by 34%); however rates were small. The highest rates in Greater Manchester in 2007-09 were for Manchester males (17 per 100,000) and Salford females (7.7 per 100,000).

Figure 9: Alcohol-attributable months of life lost by year and gender (number of months lost)^[1]

a) Males



b) Females

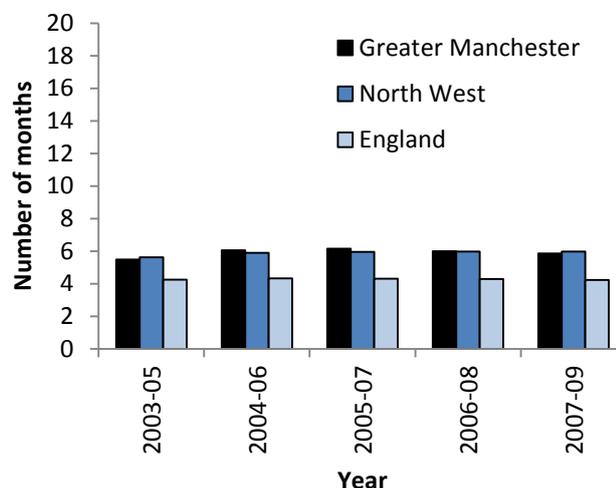


Table 11: Alcohol-attributable months of life lost by year, authority and gender (number of months lost)^[1]

	2003-05	2004-06	2005-07	2006-08	2007-09	% change from 2003-05
<i>Males</i>						
Bolton	11.6	11.2	11.6	11.8	13.0	+11.3
Bury	10.8	10.1	10.1	10.3	10.5	-2.9
Manchester	16.1	16.2	16.6	17.1	16.7	+3.8
Oldham	13.5	12.6	12.6	12.5	12.7	-6.4
Rochdale	11.0	11.2	12.2	12.3	13.0	+18.3
Salford	13.2	13.2	13.4	15.1	14.8	+11.7
Stockport	10.2	10.4	10.5	9.8	10.2	-0.3
Tameside	13.4	13.8	12.6	12.1	13.7	+1.9
Trafford	9.0	9.2	9.0	9.1	8.3	-8.0
Wigan	11.4	10.9	11.5	11.6	12.1	+6.5
Greater Manchester	12.5	11.9	12.0	12.2	12.5	0.0
North West	11.8	11.9	12.1	11.9	12.0	+1.8
England	9.3	9.3	9.2	9.3	9.1	-1.2
<i>Females</i>						
Bolton	5.9	6.7	6.5	6.7	6.2	+4.3
Bury	5.1	5.4	5.8	4.7	4.6	-9.0
Manchester	7.1	7.5	7.4	6.8	7.1	+1.1
Oldham	6.3	7.2	6.6	6.1	6.2	-1.8
Rochdale	4.9	6.3	7.2	6.7	5.7	+17.1
Salford	5.7	6.5	6.9	8.1	7.7	+34.2
Stockport	4.4	5.2	5.8	5.6	5.7	+31.4
Tameside	5.4	5.3	4.9	5.0	6.1	+13.2
Trafford	4.7	4.7	4.5	4.3	4.7	-0.7
Wigan	5.6	5.7	5.9	5.9	5.3	-4.9
Greater Manchester	5.5	6.1	6.2	6.0	5.9	+6.7
North West	5.6	5.9	6.0	6.0	6.0	+6.0
England	4.2	4.3	4.3	4.3	4.2	-0.4

Greater Manchester figures are based on the mean of its local authorities. LAPE do not provide 95% confidence intervals for this indicator.

6.5 Mortality summary

Across all three indicators and in all Greater Manchester authorities, males have significantly higher levels of alcohol-attributable mortality than females. Typically, males experienced approximately double the levels of harm compared with females. In general, alcohol-related mortality has been increasing in recent years but some individual areas have seen decreases (such as Bury for both males and females in alcohol-attributable months of life lost, alcohol-attributable mortality and for males, alcohol-specific mortality). Across all three indicators, Manchester and Salford consistently displayed some of the highest levels of alcohol-related mortality, whilst percentage increases in rates of mortality/months of life lost were particularly high in areas such as Rochdale, Salford and Tameside.

7. Other health harms

7.1 Methodology

Two datasets are provided in relation to other health harms related to alcohol in Greater Manchester:

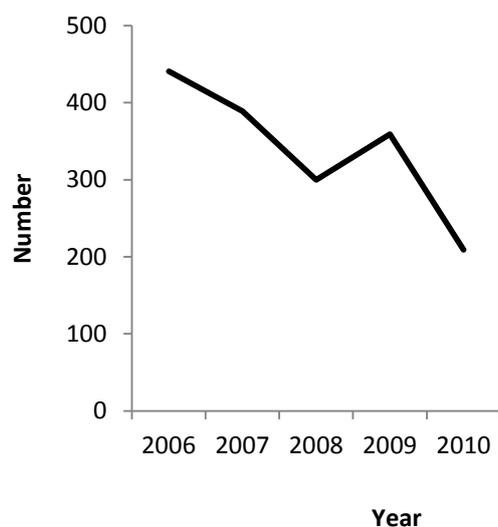
- Alcohol-related road casualties: Data in relation to road casualties in Greater Manchester are published by the Greater Manchester Transportation Unit.^[31, 32] The data include those casualties that were reported as being fatal, serious and slight where there was a positive alcohol breath test from the driver. Data are presented from 2006 to 2010. No data were available on the demographic characteristics of the individuals involved.
- Alcohol-related fires: Data are supplied by Greater Manchester Fire Services for alcohol-related fires. Data are available from 2008/09 to 2009/11.^[6] Data are provisional only as they have not been confirmed via the coroners' inquests. Whether the fire is deemed to be alcohol-related is determined by investigators' findings at the scene, subsequent discussions with persons involved and the coroners' adjudications. Figures are too small to allow demographic or local analysis. It is important to note that alcohol-related fire deaths may share other contributing factors such as smoking, living alone and disability.

7.2 Alcohol-related road casualties (UPDATED DATA)

In 2010, there were 209 road casualties with a positive alcohol breath test in Greater Manchester, 2.8% of all road casualties in Greater Manchester. Overall, between 2006 and 2010, the number of such casualties more than halved (from 441 to 209; Figure 10, Table 12).^[31, 32] The proportion of alcohol-related road casualties as a percentage of all road casualties followed a similar pattern. Several authorities experienced a decrease, ranging from 0.7% (Stockport) to 70% (Oldham). Tameside had the highest proportion of alcohol-related road casualties in Greater Manchester (4.9%), significantly higher than Greater Manchester overall.

Figure 10: Alcohol-related road casualties in Greater Manchester from 2006 to 2010^[31, 32]

a) Number of road casualties



b) Proportion of all road casualties

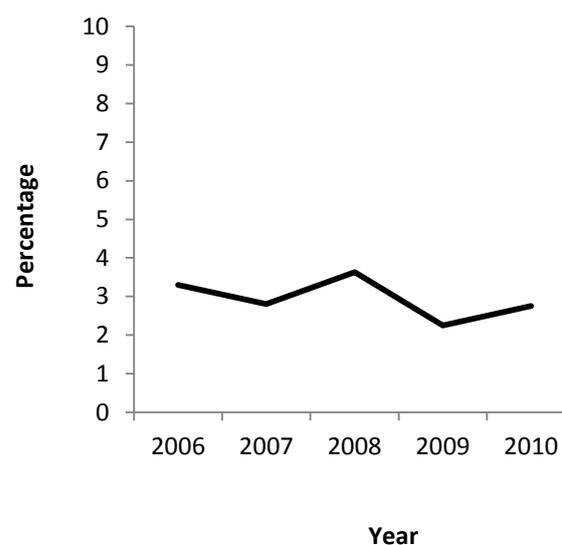


Table 12: Alcohol-related road casualties in Greater Manchester authorities (proportion of all casualties that were related to drink drive incidents)^[31, 32]

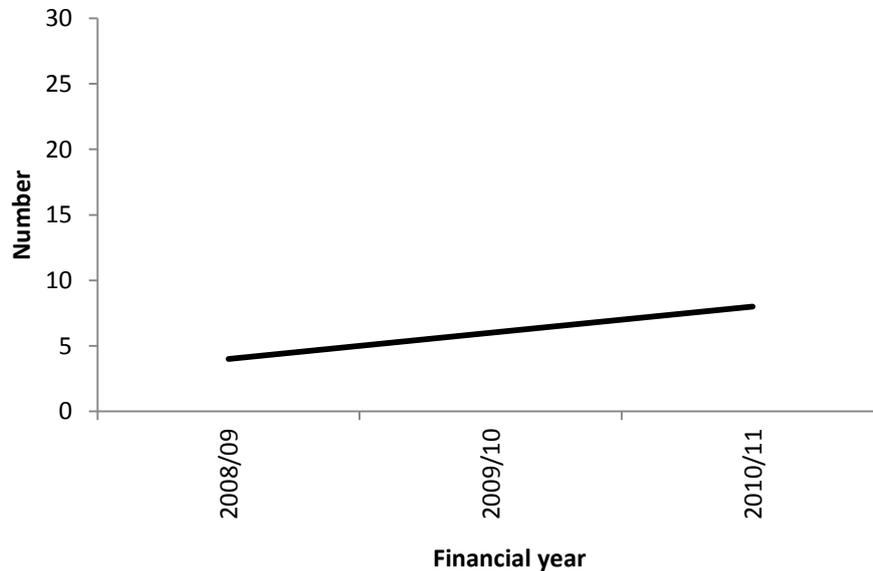
	Of all road casualties						% change from 2009	95% confidence intervals for 2010
	2006	2007	2008	2009	2010			
Bolton	3.8	3.3	3.3	6.9	2.9	-57.8	1.9 – 4.3	
Bury	4.7	3.9	3.9	3.9	4.0	+4.1	2.4 – 6.2	
Manchester	3.3	3.3	1.8	2.0	2.4	+20.0	1.8 – 3.2	
Oldham	4.6	3.6	4.5	4.0	1.2	-69.6	0.5 – 2.4	
Rochdale	2.4	4.4	4.0	5.2	2.0	-61.1	1.0 – 3.5	
Salford	2.6	4.0	2.6	4.2	1.6	-61.4	0.8 – 2.9	
Stockport	4.5	3.2	1.9	2.7	2.6	-0.7	1.5 – 4.2	
Tameside	3.0	3.9	4.9	2.1	4.9*	+129.9	3.7 – 7.1	
Trafford	3.0	1.9	1.2	4.5	3.2	-29.8	1.9 – 4.9	
Wigan	5.2	5.2	4.6	5.6	4.0	-29.1	2.6 – 5.7	
Greater Manchester	3.3	2.8	3.6	2.2	2.8	+22.6	2.4 – 3.2	

Greater Manchester figures are based on the mean of its local authorities. * The difference between the area shown and Greater Manchester overall is significant as the 95% confidence intervals do not overlap.

7.3 Alcohol-related fires

In 2010/11, Greater Manchester Fire Service reported eight alcohol-related deaths resulting from fire, approximately double that recorded in 2008/09 (provisional data only; Figure 11).^[6] In fact, the number of alcohol-related fires has increased year on year between 2008/09 and 2010/11. However, figures are small and data should be interpreted with caution.

Figure 11: Alcohol-related fatal fires in Greater Manchester by year*^[6]



* Data are provisional.

7.4 Other health harms summary

In 2010, there were 209 road casualties with a positive alcohol breath test in Greater Manchester, 2.8% of all road casualties in the area. Overall, between 2006 and 2010, there was a 23% decrease in the proportion of such casualties from 3.3% to 2.8%. Tameside reported proportions of alcohol-related road casualties that significantly exceeded that of Greater Manchester (4.9%). In 2010/11, Greater Manchester Fire Service reported eight alcohol-related deaths resulting from fire (provisional data only).

8. Crime and offenders

8.1 Methodology

Crime and offender data provided in this section are for alcohol-related crime, violent crime and sexual offences obtained from LAPE,^[1] local police incident data,^[33] and data from probation.^[7] Where possible, data were provided by local authority (for crime data, this refers to where the incidence took place) and over time to allow trend analysis. However, because data on alcohol-related crime relate to the offence rather than the offender they cannot provide details on the geographic residence of the offender, their gender or age. Further, no information is available on the victim of the crime (where one exists).

LAPE data are for 2006/07 to 2010/11 and employ attributable fractions to estimate alcohol-related crime. These are derived from NEW-ADAM data^e, which tested arrestees' urine to estimate the proportion of crimes involving alcohol.^[34, 35] However:

- Urine testing is not infallible; alcohol is distributed in the body quickly so a positive test may display recent use rather than use overall, thereby potentially under-reporting alcohol's involvement;
- Urine testing was conducted on those that consented to be involved (of those approached, 59% agreed to participate); it is not known how more comprehensive coverage might have affected the fractions;
- The NEW-ADAM study was published in 2001, and since then levels of alcohol-related harm have increased considerably. It is not known to what extent this might affect the proportion of crimes committed that are today related to alcohol; and
- Alcohol-related crime varies by local area, but fractions are only available on a national basis.

Three types of local police intelligence have been provided: alcohol confiscations; licensing-related incidents (incidents that contravene the licensing laws, for example selling alcohol to minors; exceeding maximum capacity, or inoperable CCTV systems all constitute violations); and alcohol-related incidents (where the police officer perceives alcohol to have been involved, which is likely to be an underestimate of true incidence).^[33] Data are available for 2009 and 2010. For all crime data reported, it is important to note that recorded crime statistics do not represent all crime, only those that are reported to the authorities.^[36, 37] Rape, for example, is one of the most under-reported crimes.^[38] Other factors may also affect the levels of recorded crime, such as changes in reporting and recording mechanisms as well as changes to police policy.^[39]

Probation data have also been supplied in relation to the proportion of offenders seen by Probation Services in Greater Manchester whose alcohol use was linked to their offending (that is those who are identified as having a criminogenic need in relation to alcohol misuse);^[7] however, changes in the methodology and criteria used mean that the data shown here are not comparable with those published in previous reports.^[5] Thus, this section will only cover the latest data period available (January to June 2011). The data shown relate to all individuals for whom an Offender Assessment System (OASys) record has been completed in the relevant time periods. For each offender, the most recent assessment is used. Whether an individual's offending is identified as being linked to their alcohol use is determined by the probation officer's assessment and evidence available. No demographic data are available.

^e NEW-ADAM survey data refers to the New English and Wales Arrestee Drug Abuse Monitoring.^[34] Researchers visited eight sites and tested the urine from 1,435 arrestees.

8.2 Alcohol-related crime (UPDATED DATA)

In 2010/11, the rate of reported alcohol-related crime was 8.1 per 1,000 in Greater Manchester, exceeding that of both the North West and England (Figure 12; Table 13).^[1] Between 2006/07 and 2010/11 the rates of alcohol-related crime across Greater Manchester fell by 35%, mirroring the regional and national trends. All authorities in Greater Manchester experienced a decrease during this time, with the greatest decrease evident in Trafford (by 47%). This authority also experienced the lowest rate of alcohol-related crime in 2010/11 (5.6 per 1,000). The highest rate was in Manchester (13 per 1,000).

Figure 12: Alcohol-related crime by year (rate per 1,000)^[1]

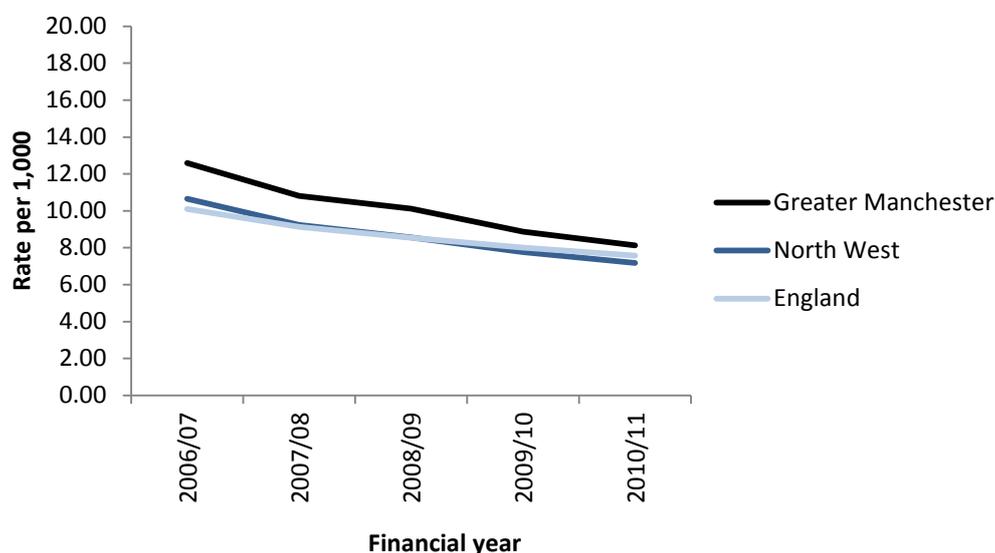


Table 13: Alcohol-related crime by year and authority (rate per 1,000)^[1]

	2006/07	2007/08	2008/09	2009/10	2010/11	% change from 2006/07	95% confidence intervals for 2010/11
Bolton	12.8	10.4	9.5	7.8	7.2	-44.0	6.8–7.5
Bury	10.5	9.0	8.8	7.3	6.7*	-36.8	6.3–7.0
Manchester	19.9	17.3	16.0	14.2	12.6*	-37.0	12.2–12.9
Oldham	12.0	10.1	10.2	8.5	8.4*	-29.6	8.0–8.8
Rochdale	12.4	11.0	11.2	11.5	9.7*	-21.7	9.3–10.2
Salford	15.8	13.6	12.5	10.3	9.7*	-38.3	9.3–10.1
Stockport	10.4	7.8	7.2	6.1	5.9*	-42.7	5.7–6.2
Tameside	12.8	10.9	10.5	9.4	9.5*	-25.8	9.1–10.0
Trafford	10.6	8.9	7.2	6.6	5.6*	-46.7	5.3–6.0
Wigan	8.9	9.1	8.1	7.0	6.0*	-32.3	5.7–6.3
Greater Manchester	12.6	10.8	10.1	8.9	8.1	-35.5	Not applicable
North West	10.7	9.2	8.6	7.8	7.2	-32.7	7.1–7.2
England	10.1	9.1	8.5	8.0	7.6*	-25.0	7.6–7.6

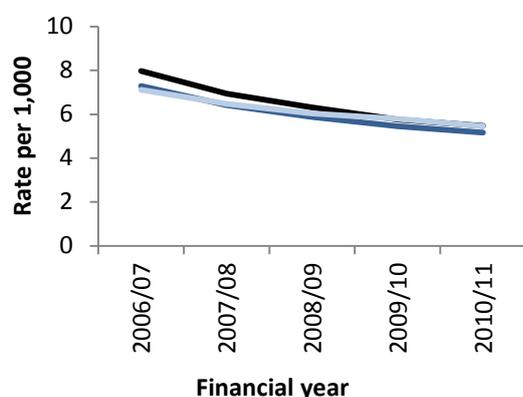
Greater Manchester figures are based on the mean of its local authorities. * The difference between the area shown and the North West overall is significant as the 95% confidence intervals do not overlap.

8.3 Alcohol-related violent and sexual crime (UPDATED DATA)

In 2010/11, the rate of alcohol-related violent crime in Greater Manchester was 5.5 per 1,000 (similar to regional and national figures; Figure 13; Table 14).^[1] For alcohol-related sexual offences, the Greater Manchester rate was much lower (0.14 per 1,000). From 2006/07 to 2010/11, all authorities experienced a decrease in both alcohol-related violent and eight did so for sexual crime. The highest rates for both types of crime were in Manchester (and these were significantly higher than the North West average).

Figure 13: Alcohol-related crime by year and type of crime (rate per 1,000)^[1]

a) Violent crime



b) Sexual offences

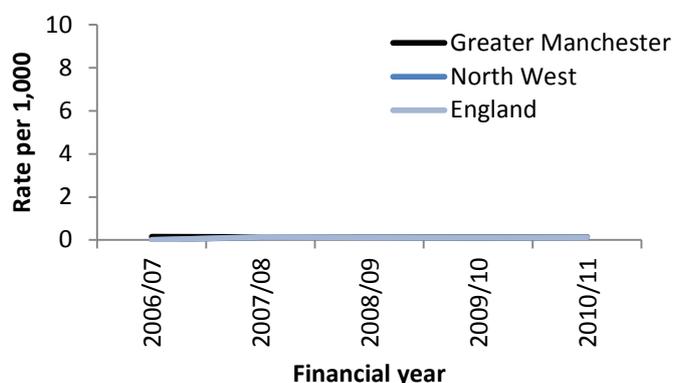


Table 14: Alcohol-related crime by year, authority and type of crime (rate per 1,000)^[1]

	2006/07	2007/08	2008/09	2009/10	2010/11	% change from 2006/07	95% confidence intervals for 2010/11
<i>Alcohol-related violent crime</i>							
Bolton	8.7	6.9	5.6	5.2	4.8*	-45.2	4.5 – 5.0
Bury	6.8	6.1	5.8	4.7	4.5*	-33.7	4.2 - 4.9
Manchester	11.7	10.4	9.7	8.7	8.2*	-29.5	8.0 – 8.5
Oldham	7.2	6.0	6.3	5.4	5.6*	-22.5	5.3– 5.9
Rochdale	7.9	7.0	7.3	8.1	6.5*	-17.9	6.1 – 6.8
Salford	9.9	8.7	7.7	6.5	6.8*	-31.2	6.5 - 7.1
Stockport	6.0	4.9	4.1	3.7	3.7*	-39.2	3.4 - 3.9
Tameside	9.3	7.6	6.7	6.4	6.6*	-28.6	6.3 – 7.0
Trafford	6.5	5.5	4.3	4.1	3.8*	-41.0	3.6 - 4.1
Wigan	5.8	6.3	5.7	4.9	4.2*	-26.9	4.0 – 4.5
Greater Manchester	8.0	6.9	6.3	5.8	5.5	-31.4	Not applicable
North West	7.3	6.4	5.9	5.5	5.2	-29.2	5.1 – 5.2
England	7.1	6.5	6.0	5.8	5.5*	-23.2	5.4 – 5.5
<i>Alcohol-related sexual offences</i>							
Bolton	0.17	0.14	0.15	0.17	0.19	+12.7	0.11 – 0.12
Bury	0.13	0.14	0.12	0.12	0.11	-10.4	0.08 - 0.19
Manchester	0.27	0.25	0.26	0.23	0.24	-12.6	0.18 – 0.26
Oldham	0.14	0.16	0.14	0.12	0.13	-8.6	0.09 – 0.19
Rochdale	0.19	0.20	0.19	0.17	0.17	-12.0	0.11- 0.23
Salford	0.16	0.15	0.12	0.12	0.12	-22.9	0.10 - 0.20
Stockport	0.14	0.11	0.10	0.09	0.10	-32.2	0.08 – 0.17
Tameside	0.18	0.20	0.15	0.16	0.13	-28.5	0.10 - 0.20
Trafford	0.13	0.10	0.09	0.09	0.09	-34.1	0.04 - 0.11
Wigan	0.11	0.10	0.11	0.12	0.11	+2.7	0.07 - 0.14
Greater Manchester	0.16	0.15	0.14	0.14	0.14	-14.6	Not applicable
North West	0.13	0.12	0.11	0.12	0.13	0.0	0.12 – 0.13
England	0.14	0.13	0.12	0.13	0.13	-7.1	0.13 – 0.13

Greater Manchester figures are based on the mean of its local authorities. * The difference between the area shown and the North West overall is significant as the 95% confidence intervals do not overlap.

8.4 Alcohol confiscations (police intelligence)

In 2010, there were 1,629 alcohol confiscations recorded by police in Greater Manchester, a decrease of 19% from 2009 (n=2,006).^[33] For both 2009 and 2010, the number of confiscations peaked in April to June in Greater Manchester (Figure 14; Table 15). The highest number of confiscations in 2010 occurred in Tameside police district (n=512), and the lowest was at the Airport (n<5). Nine police districts experienced a decrease in the number of alcohol confiscations performed between 2009 and 2010. The percentage change ranged from a decrease of 2% in Salford to a decrease of 82% in South Manchester. In comparison, three police districts experienced an increase in the same time period: Tameside by 5%, Rochdale by 28% and Trafford by 112%.

Figure 14: Number of alcohol confiscations in Greater Manchester by quarter^[33]

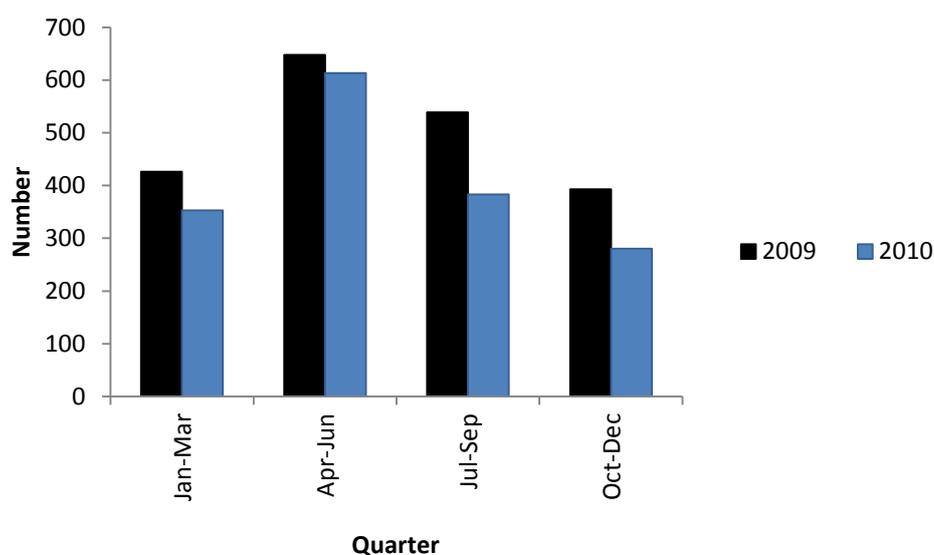


Table 15: Number of alcohol confiscations by year and police district^[33]

	2009	2010	% change from 2009
Airport	*	*	-
Bolton	263	106	-59.7%
Bury	14	8	-42.9%
Metropolitan	11	9	-18.2%
North Manchester	46	37	-19.6%
Oldham	100	85	-15.0%
Rochdale	43	55	+27.9%
Salford	251	247	-1.6%
South Manchester	66	12	-81.8%
Stockport	170	132	-22.4%
Tameside	486	512	+5.3%
Trafford	17	36	+111.8%
Wigan	537	387	-27.9%
Not known	*	*	-
Greater Manchester	2,006	1,629	-18.8%

* Small numbers have been suppressed.

8.5 Licensing-related incidents (police intelligence)

In 2010, there were 2,735 licensing-related incidents^f recorded by police in Greater Manchester, a decrease of 22% from 2009 (n=3,504; Table 16).^[33] For both 2009 and 2010, the number of incidents peaked in April to June in Greater Manchester (Figure 15). The highest number of licensing-related incidents in 2010 occurred in North Manchester police district (n=406), and the lowest was at the Airport (n<5). Eleven police districts experienced a decrease in the number of licensing-related incidents between 2009 and 2010. The percentage change ranged from a decrease of 2% in South Manchester to a decrease of 34% in Oldham. In comparison, one police district experienced an increase in the same time period (in Rochdale by 13%).

Figure 15: Number of licensing-related incidents in Greater Manchester by quarter^[33]

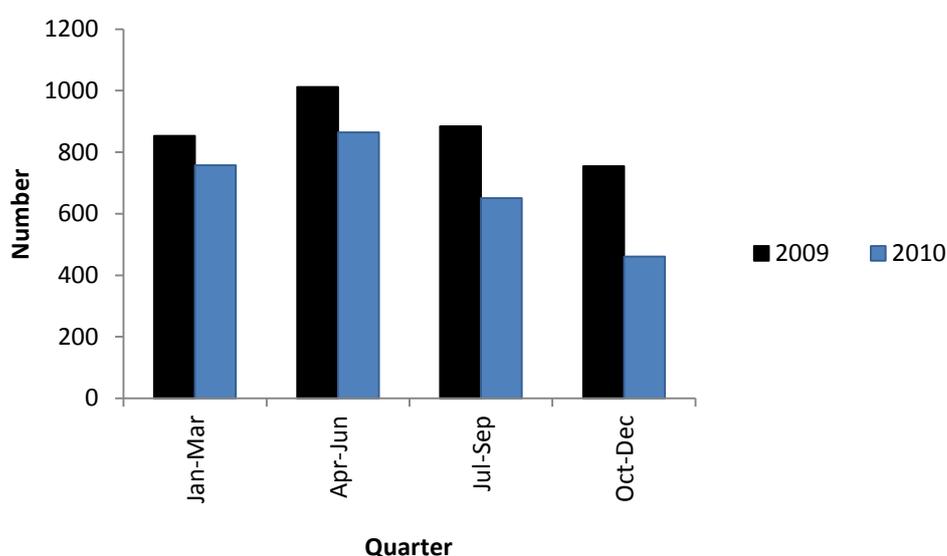


Table 16: Number of licensing-related incidents by year and police districts^[33]

	2009	2010	% change from 2009
Airport	*	*	-
Bolton	340	257	-24.4%
Bury	165	120	-27.3%
Metropolitan	120	81	-32.5%
North Manchester	540	406	-24.8%
Oldham	396	260	-34.3%
Rochdale	192	216	+12.5%
Salford	238	175	-26.5%
South Manchester	114	112	-1.8%
Stockport	340	278	-18.2%
Tameside	394	323	-18.0%
Trafford	304	204	-32.9%
Wigan	357	296	-17.1%
Not known	*	*	-
Greater Manchester	3,504	2,735	-21.9%

* Small numbers have been suppressed.

^f Licensing-related incidents: incidents that contravene the licensing laws, for example selling alcohol to minors; exceeding maximum capacity, or inoperable CCTV systems all constitute violations.

8.6 Alcohol-related incidents (police intelligence)

In 2010, there were 59,769 alcohol-related incidents recorded by police in Greater Manchester, a decrease of 13% from 2009 (n=68,337; Table 17).^[33] For both 2009 and 2010, the number of incidents peaked in April to June in Greater Manchester (Figure 16). The highest number of alcohol-related incidents in 2010 occurred in Bolton police district (n=6,303), and the lowest was at the Airport (n=200). All police districts experienced a decrease in the number of alcohol-related incidents between 2009 and 2010. The percentage change ranged from a decrease of 0.1% in Metropolitan to a decrease of 34% at the Airport.

Figure 16: Number of alcohol-related incidents in Greater Manchester by quarter^[33]

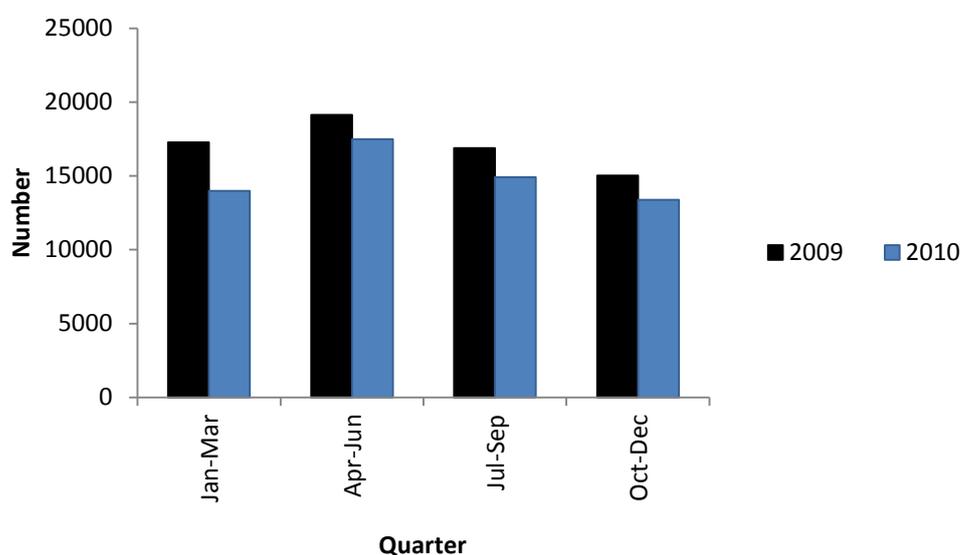


Table 17: Number of alcohol-related incidents in Greater Manchester police districts^[33]

	2009	2010	% change from 2009
Airport	301	200	-33.6%
Bolton	7,334	6,303	-14.1%
Bury	3,522	2,935	-16.7%
Metropolitan	3,723	3,720	-0.1%
North Manchester	8,151	6,011	-26.3%
Oldham	5,900	5,187	-12.1%
Rochdale	5,483	5,131	-6.4%
Salford	6,480	5,483	-15.4%
South Manchester	3,574	3,311	-7.4%
Stockport	6,023	4,985	-17.2%
Tameside	6,246	5,621	-10.0%
Trafford	4,173	3,253	-22.0%
Wigan	7,063	6,217	-12.0%
Not known	364	214	-41.2%
Greater Manchester	68,337	59,769	-12.5%

8.7 Individuals on probation (UPDATED DATA)

Between January and June 2011, for 51% of individuals seen by Probation Services in Greater Manchester, their offending was recorded as being linked with alcohol use, where data were available (Figure 17; Table 18).^[7] This percentage has remained stable over the individual quarterly time periods (Jan-Mar 2011 and Apr-Jun 2011). Across both quarters, Wigan had the highest level of offending being related to alcohol in Greater Manchester (Jan-Mar: 61%; Apr-Jun: 60%), followed by Tameside (Jan-Mar: 56%; Apr-Jun: 57%). Both were significantly higher than Greater Manchester overall. In comparison, Greater Manchester Police Authority had the lowest level of offending related to alcohol (Jan-Mar: 21%; Apr-Jun: 27%), followed by Manchester City (Jan-Mar: 44%; Apr-Jun: 45%). Both were significantly lower than Greater Manchester overall.

Figure 17: The percentage of offenders seeing Probation Services in Greater Manchester whose offending was linked to their alcohol use from January to June 2011 (where data are available)^[7]

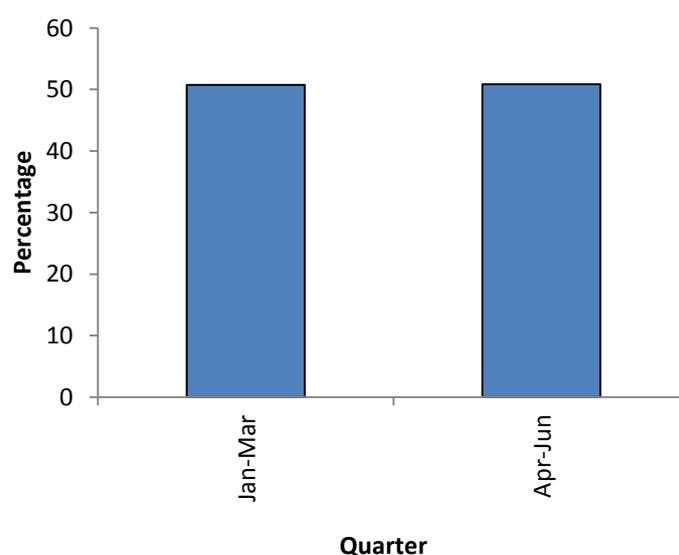


Table 18: The percentage of offenders seeing Probation Services in Greater Manchester local authorities whose offending was linked to their alcohol use from January to June 2011 (where data are available)^[7]

	Jan-Mar 2011		Apr-Jun 2011	
	%	95% confidence intervals	%	95% confidence intervals
Bolton	51.1	47.9-54.3	51.5	48.2-54.8
Bury	50.7	46.5-54.9	49.8	45.4-54.2
Greater Manchester Police Authority	21.4*	10.3-36.8	26.9*	15.6-41.0
Intensive Alternative to Custody	47.0	38.3-55.8	45.3	36.5-54.3
Manchester City	44.1*	42.3-46.0	45.0*	43.1-47.0
Oldham	52.5	48.8-56.1	53.6	50.2-57.1
Rochdale	50.1	46.7-53.6	53.6	50.2-57.1
Salford	53.8	50.7-56.9	52.4	49.2-55.6
Stockport	53.2	49.2-57.3	53.5	49.6-57.5
Tameside	55.6*	52.0-59.2	56.8*	52.8-60.7
Trafford	50.9	46.6-55.3	49.5	42.2-50.9
Wigan	61.1*	57.9-64.2	60.3*	57.2-63.4
Other	53.8	43.8-63.5	44.8	39.2-50.4
Greater Manchester	50.7	49.8-51.7	50.8	49.8-51.8

Intensive Alternative to Custody is a Community Order which can be invoked on offenders living in Salford or Manchester, who are male and aged 18-24 years old.^[40] Greater Manchester Police Authority (GMPA) incorporates those seen through the GMPA Crown Courts, hostels, prisons and Multi-Agency Public Protection Arrangements (MAPPA). Individuals ascribed to an "other" local authority are those in contact with a probationary service which covers more than one local area (but are still based within Greater Manchester). * The difference between the area shown and Greater Manchester overall is significant as the 95% confidence intervals do not overlap.

8.8 Crime and offenders summary

Between 2006/07 and 2010/11, the rates of alcohol-related crime, violent crime and sexual crime decreased in Greater Manchester (similar to patterns for the North West and England overall). In fact, the rate of alcohol-related crime in Greater Manchester fell by 35%. Police intelligence also showed decreases in the numbers of alcohol confiscations, licensing-related and alcohol-related incidents. All authorities in Greater Manchester experienced a decrease during this time. Typically, the highest rates of all three alcohol-related crime indicators were in Manchester (and these were significantly higher than the North West average).

Between January and June 2011, for 51% of individuals seen by Probation Services in Greater Manchester, their offending was recorded as being linked with alcohol use, where data were available. Wigan had the highest level of offending related to alcohol in Greater Manchester (Jan-Mar: 61%; Apr-Jun: 60%), followed by Tameside (Jan-Mar: 56%; Apr-Jun: 57%). Both were significantly higher than Greater Manchester overall.

9. Economic impacts

9.1 Methodology

Alcohol misuse has a significant effect on the workplace, contributing to the loss of up to 17 million working days per year due to alcohol-related sickness, and up to 20 million through reduced productivity in England and Wales.^[35]

Data on the economic impacts of alcohol are provided by LAPE.^[1] The first dataset examined relates to the rate of incapacity benefit claimants with a main medical condition of alcoholism in August 2010 for the working age population (those aged 16-64 years for males; those aged 16-59 years for females). To qualify, claimants undertake a medical test of incapacity for work (known as the Personal Capability Assessment). Therefore, the decision for a person to be eligible for incapacity benefits on the grounds of alcoholism would be based on their ability to carry out the range of activities in the test or on the effects of any associated mental health problems. Figures exclude the Employment Support Allowance (ESA), which was introduced in October 2008. ESA is not currently available by medical condition and its introduction has led to a reduction in the number of Incapacity Benefit claimants. No trend or demographic data are available. Data cannot be compared to those published in previous reports^[5] because classifications have changed.

The second dataset examines the proportion of employees working in bars in Greater Manchester in 2010.^[1] No trend or demographic data are available. Data cannot be compared to those published in previous reports^[5] because classifications have changed.

9.2 Incapacity benefits claimants (UPDATED DATA)

In August 2010, there were 3,550 incapacity benefits claimants with a main medical reason of alcoholism. In total four authorities had a significantly higher rate than regionally (Manchester, Rochdale, Salford and Tameside), whilst four authorities had a significantly lower rate (Oldham, Stockport, Trafford and Wigan; Figure 18; Table 19). The highest rate in Greater Manchester was in Manchester at 351 per 100,000, double the regional average and 3.5 times the national average. The lowest rate was in Trafford at 121 per 100,000, significantly lower than the regional average but still higher than the national average.

Figure 18: Incapacity benefits claimants with a main medical reason of alcoholism in August 2010 (rate per 100,000)^[1]

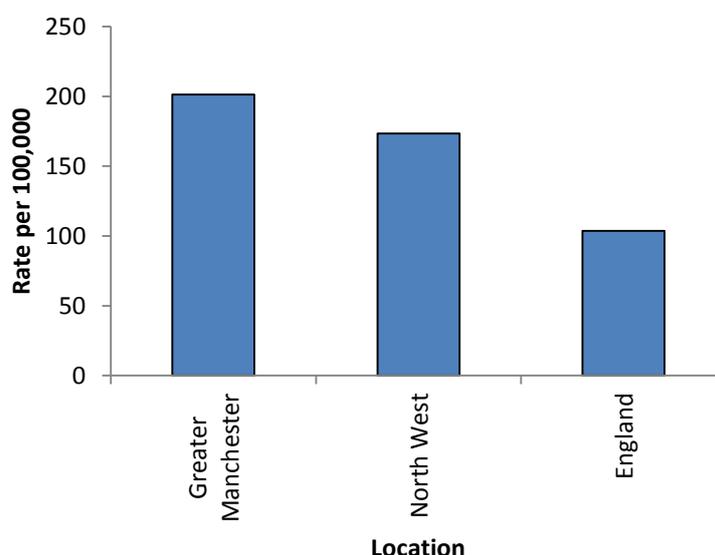


Table 19: Incapacity benefits claimants with a main medical reason of alcoholism in Greater Manchester authorities in August 2010 (rate per 100,000)^[1]

	Claimants per 100,000 working population, August 2009	95% confidence intervals
Bolton	187.1	166.5-209.5
Bury	171.2	147.7-197.3
Manchester	350.7*	331.1-371.2
Oldham	144.8*	125.0-167.0
Rochdale	271.9*	243.8-302.4
Salford	296.8*	269.4-326.2
Stockport	139.8*	122.7-158.7
Tameside	202.6*	179.2-228.3
Trafford	121.4*	103.3-141.8
Wigan	127.5*	111.9-144.7
Greater Manchester	201.4	Not applicable
North West	173.4	169.5-177.5
England	103.7*	102.6-104.8

Greater Manchester figures are based on the mean of its local authorities. * The difference between the area and the North West overall is significant as the 95% confidence intervals do not overlap.

9.3 Employees in bars (UPDATED DATA)

In 2010, there were 21,423 employees in Greater Manchester working in bars, representing 1.9% of all employees (Figure 19; Table 20).^[1] This is approximately the same proportion as for the North West and England overall. For two authorities in Greater Manchester, the proportions of employees working in bars were significantly higher than that found regionally (Tameside and Wigan) and four had significantly lower proportions (Manchester, Salford, Stockport and Trafford). Overall, Wigan had the highest proportion of employees working in bars in Greater Manchester (2.4%) whilst Trafford had the lowest (1.1%).

Figure 19: Employees working in bars in 2010^[1]

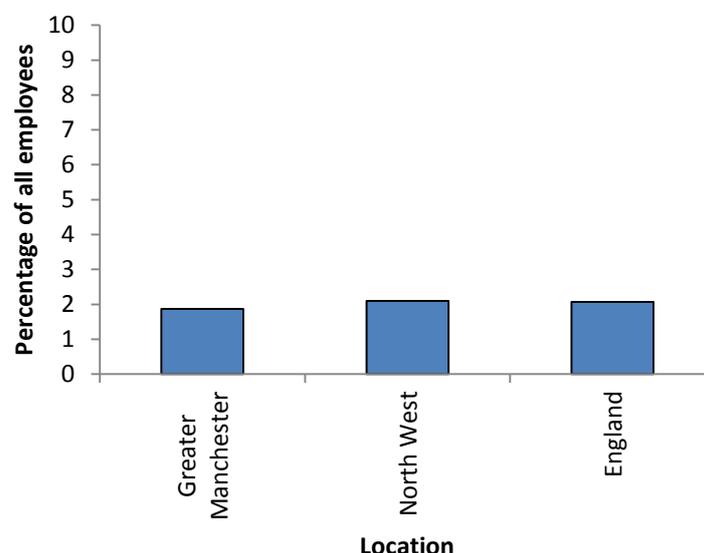


Table 20: Employees working in bars in 2010 by authority^[1]

	Employees, % of all employees, 2010	95% confidence intervals
Bolton	2.0	2.0-2.1
Bury	2.1	2.0-2.3
Manchester	1.7*	1.6-1.7
Oldham	2.1	2.0-2.2
Rochdale	2.0	1.9-2.1
Salford	1.2*	1.2-1.3
Stockport	1.7*	1.6-1.7
Tameside	2.3*	2.2-2.4
Trafford	1.1*	1.1-1.2
Wigan	2.4*	2.3-2.5
Greater Manchester	1.9	Not applicable
North West	2.1	2.1-2.1
England	2.1	2.1-2.1

Greater Manchester figures are based on the mean of its local authorities. * The difference between the area and the North West overall is significant as the 95% confidence intervals do not overlap.

9.4 Economic impacts summary

In August 2010, there were 3,550 incapacity benefits claimants with a main medical reason of alcoholism in Greater Manchester. In 2010, there were 21,423 employees in Greater Manchester working in bars, representing 1.9% of all employees, a similar proportion to the North West and England overall.

10. Young people

10.1 Methodology

The definition of young people (and age range examined) varies between sources but all refer to individuals who are 18 years old or under. There are a number of data sources that have been analysed for this report:

- The Trading Standards survey highlights levels of alcohol consumption amongst young people aged 14-17 years (binge⁸ and at least weekly drinking), their drinking locations (mainly consuming in pubs or other similar locations, and mainly consuming outside – respondents could choose more than one option), and access to alcohol (self-purchase).^[21-24] The survey has been run biannually from 2005, led by Trading Standards in the North West. There were 5,231 responses from Greater Manchester in the latest 2011 survey (a 24% decrease from 6,847 in 2009), and this included responses from Rochdale (Rochdale were not involved in the last two surveys as they used other tools to measure lifestyle issues). As a survey, it is subject to the same limitations as discussed in Section 4.1. The survey is cross-sectional rather than longitudinal and so does not follow individual students over time, but rather surveys a cross-section of the population at repeated time points. Trend data should be interpreted with caution as it is not known to what extent the pupils involved are representative of the local area or to what extent the same schools were involved in the survey over time. Thus percentage changes over time are not presented. Data relating to this section are discussed in Sections 10.2-10.4.
- Data from LAPE have been used to provide estimates of alcohol specific hospital admission for 2003/04-2005/06 to 2007/08-2009/10 for those aged under 18 years.^[1] For the methodological details, please see Section 4.1. Data relating to this section are discussed in Section 10.5.
- Data from the Office for National Statistics provide details of the prevalence of under 18 conceptions from 2006 to 2009.^[10-13] Whilst it is not known to what extent alcohol was involved in these conceptions, alcohol consumption and sexual behaviour (such as unprotected sex, regretted sex, and transmission of sexually transmitted infections) are known to be strongly related.^[41-44] For example, 11% per cent of 15 to 16 year olds in the UK reported having engaged in unprotected sex after drinking.^[41] Data relating to this section are discussed in Section 10.8.
- The effects of alcohol on education included in this report are taken from data published by the Department for Children, Schools and Families (DCSF).^[14-20] The data display trends for 2005/06 – 2009/10 for unauthorised absence and exclusions (fixed term and permanent). Data at local authority level do not identify the cause of the exclusion/absence so it is not known to what extent alcohol was involved. However, in 2002, the Youth Justice Board indicated that 13-15% of suspensions from school resulted from drinking alcohol on site.^[45] Further, in England in 2009/10, 7.3% of permanent exclusions and 3% of fixed term exclusions were recorded as being related to alcohol and/or drugs (6.4% and 3.1% respectively for the North West).^[20] Data relating to this section are discussed in Sections 10.6-10.7.

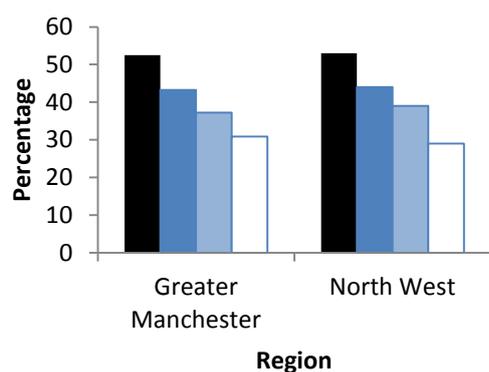
⁸ Binge drinking is defined as drinking five or more drinks in one drinking session.

10.2 Alcohol consumption (UPDATED DATA)

Percentages of 14-17 year olds reporting weekly or more drinking have fallen in each survey year (2005-2011) in Greater Manchester and the North West (Figure 20; Table 21).^[21-24] Weekly or more binge drinking has also fallen in Greater Manchester and the North West (although data are only available since 2007). In 2011, the highest levels of weekly or more consumption in Greater Manchester were in Oldham and Trafford (both 40%) and the highest level of at least weekly binge drinking was in Rochdale (31%); however, without confidence intervals, it is not known if these percentages were significantly higher than the North West.

Figure 20: Weekly or more alcohol consumption and binge drinking amongst 14 to 17 year olds by year (percentage)^[21-24]

a) Weekly or more drinking



b) Weekly or more binge drinking

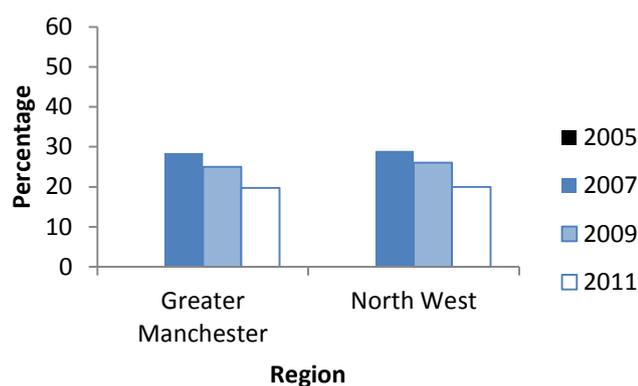


Table 21: Weekly or more drinking and binge drinking amongst 14 to 17 year olds by year and authority (percentage)^[21-24]

	2005	2007	2009	2011
<i>Weekly or more alcohol consumption</i>				
Bolton	51	46	40	26
Bury	50	44	38	27
Manchester	44	32	29	25
Oldham	54	35	38	40
Rochdale	53	-	-	38
Salford	60	44	38	25
Stockport	58	42	38	29
Tameside	54	54	38	32
Trafford	43	44	40	40
Wigan	58	48	36	27
Greater Manchester	53	43	37	31
North West	53	44	39	29
<i>Weekly or more binge drinking</i>				
Bolton	-	30	28	15
Bury	-	31	24	18
Manchester	-	21	19	12
Oldham	-	21	29	25
Rochdale	-	-	-	31
Salford	-	37	24	16
Stockport	-	18	22	17
Tameside	-	40	29	22
Trafford	-	26	24	23
Wigan	-	32	26	18
Greater Manchester	-	28	25	20
North West	-	29	26	20

Trend data (particularly at local area level) should be interpreted with caution as it is not known to what extent the pupils involved are representative of the local area or to what extent the same schools were involved in the survey over time. The original sources only provide percentages as a whole number rather than to one decimal place. The sources

do not provide 95% confidence intervals. Rochdale was not involved in the survey in 2007 or 2009. Questions around binge drinking were introduced in 2007, and so there are no data for 2005.

10.3 Drinking locations (UPDATED DATA)

The percentage reporting mainly consuming alcohol in pubs, members clubs and nightclubs has decreased each survey year (2007-2011) for Greater Manchester and the North West (Figure 21; Table 22).^[21-24] Mainly consuming alcohol outside has decreased overall for both Greater Manchester and the North West, but trends fluctuated for the North West. The highest level of drinking in venues such as pubs in Greater Manchester in 2011 was in Rochdale and the highest level of outside drinking was in Oldham (both 31%); however without confidence intervals, it is not known if these were significantly higher than the North West.

Figure 21: Main drinking location amongst 14 to 17 year olds by year and type of location^[21-24]

a) In pubs, members clubs, nightclubs

b) Outside in parks, on the streets

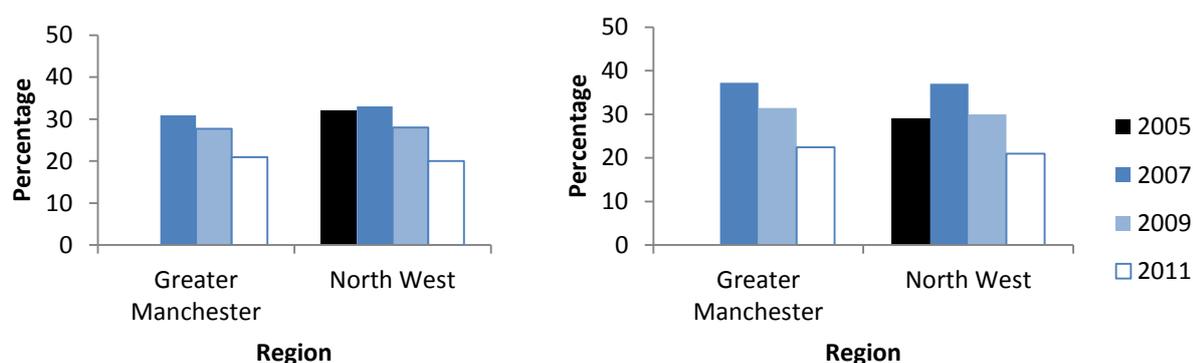


Table 22: Main drinking location amongst 14 to 17 year olds by year and type of location and authority^[21-24]

	2005	2007	2009	2011
<i>Mainly drink in pubs, members clubs and nightclubs</i>				
Bolton	-	34	30	21
Bury	-	42	27	27
Manchester	-	33	26	21
Oldham	-	20	36	23
Rochdale	-	-	-	31
Salford	-	24	19	12
Stockport	-	27	25	14
Tameside	-	36	32	20
Trafford	-	27	21	15
Wigan	-	35	33	25
Greater Manchester	-	31	28	21
North West	32	33	28	20
<i>Mainly drink outside in parks and on the streets</i>				
Bolton	-	37	31	8
Bury	-	27	20	20
Manchester	-	37	28	28
Oldham	-	40	45	31
Rochdale	-	-	-	25
Salford	-	51	33	18
Stockport	-	25	29	22
Tameside	-	42	31	20
Trafford	-	38	36	27
Wigan	-	38	30	25
Greater Manchester	-	37	31	22
North West	29	37	30	21

Trend data (particularly at local area level) should be interpreted with caution as it is not known to what extent the pupils involved are representative of the local area or to what extent the same schools were involved in the survey over time. The original sources only provide percentages as a whole number rather than to one decimal place. The sources do not provide 95% confidence intervals. Rochdale was not involved in the survey in 2007 or 2009. The report for 2005 does not provide drinking location by authority.

10.4 Accessing alcohol (UPDATED DATA)

In 2011, one fifth of young people surveyed (aged 14-17 years) in the North West reported buying alcohol themselves despite being underage, 22% did so in Greater Manchester (Figure 22; Table 23).^[21-24] The prevalence of underage self-purchase (buying alcohol themselves) amongst 14-17 year olds decreased between the first and last survey year (2005-2011) in Greater Manchester and the North West. In 2011 in Greater Manchester, levels of self purchase were highest in Rochdale (32%) and lowest in Salford and Trafford (both 17%). Without confidence intervals, it is not known if these were significantly higher than the North West overall.

Figure 22: Frequency of self-purchase amongst 14-17 year olds by year of survey^[21-24]

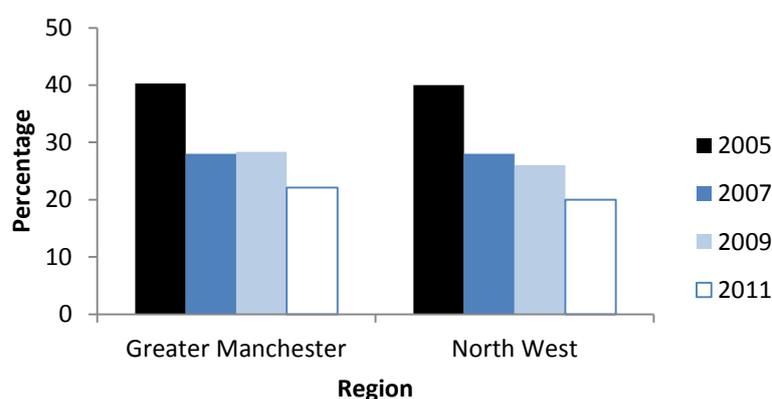


Table 23: Frequency of self-purchase amongst 14-17 year olds by year of survey and authority^[21-24]

	2005	2007	2009	2011
Bolton	36	27	28	19
Bury	39	39	29	23
Manchester	48	36	38	19
Oldham	41	16	40	25
Rochdale	42	-	-	32
Salford	41	21	17	17
Stockport	43	26	20	20
Tameside	41	38	32	27
Trafford	37	20	23	17
Wigan	35	29	28	22
Greater Manchester	40	28	28	22
North West	40	28	26	20

Trend data (particularly at local area level) should be interpreted with caution as it is not known to what extent the pupils involved are representative of the local area or to what extent the same schools were involved in the survey over time. The original sources only provide percentages as a whole number rather than to one decimal place. The sources do not provide 95% confidence intervals. Rochdale was not involved in the survey in 2007 or 2009.

10.5 Hospital admission (UPDATED DATA)

Between 2003/04-2004/06 and 2007/08-2009/10, the rate of alcohol specific hospital admission amongst those aged under 18 years decreased by 9.0% in Greater Manchester, in line with national and regional trends (Figure 23; Table 24).^[1] Whilst seven local authorities experienced decreases during this time, three authorities witnessed increases (by 9.3% in Salford; by 8.8% in Tameside; by 7.7% in Wigan). In 2007/08-2009/10, the highest levels of admission in Greater Manchester were in Salford (125 per 100,000) and the lowest was in Trafford (60 per 100,000). Both rates were significantly different from the North West average.

Figure 23: Alcohol specific hospital admission for those aged under 18 years old by year (rate per 100,000)^[1]

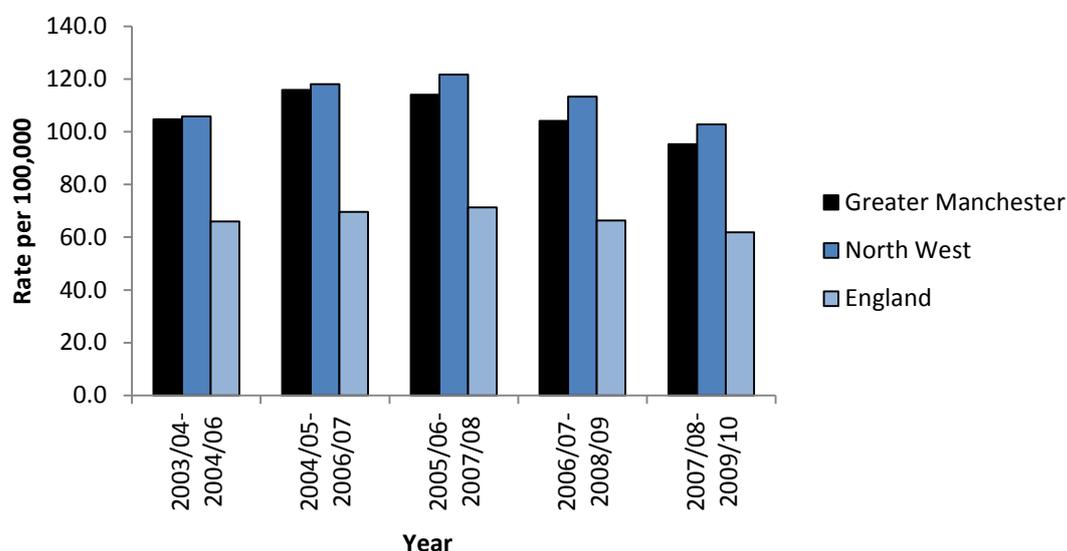


Table 24: Alcohol specific hospital admission for those aged under 18 years old by year and authority (rate per 100,000)^[1]

	2003/04-2004/06	2004/05-2006/07	2005/06-2007/08	2006/07-2008/09	2007/08-2009/10	% change from 2003/04-2004/06	95% confidence intervals for 2007/08-2009/10
Bolton	119.7	133.0	128.1	110.2	99.0	-17.3	85.2-114.3
Bury	99.0	115.3	111.2	93.0	78.3*	-20.9	63.6-95.3
Manchester	101.4	110.9	102.4	84.7	76.7*	-24.4	66.9-87.6
Oldham	129.2	123.0	125.9	102.5	96.6	-25.3	82.1-112.8
Rochdale	117.2	123.8	120.3	121.9	107.0	-8.7	91.1-125.0
Salford	114.8	127.4	124.0	121.4	125.5*	+9.3	107.6-145.5
Stockport	85.2	97.5	92.7	83.2	81.5*	-4.3	68.9-95.7
Tameside	108.4	122.6	135.7	127.7	117.9	+8.8	100.9-137.0
Trafford	70.0	82.0	72.8	71.3	59.8	-14.5	47.9-73.9
Wigan	102.9	122.9	127.8	125.5	110.9	+7.7	96.7-126.5
Greater Manchester	104.8	115.8	114.1	104.1	95.3	-9.0	Not applicable
North West	105.8	118.0	121.7	113.3	102.8	-2.9	99.9-105.8
England	65.9	69.6	71.3	66.4	61.8*	-6.3	61.0-62.7

Greater Manchester figures are based on the mean of its local authorities. * The difference between the area and the North West overall is significant as the 95% confidence intervals do not overlap.

10.6 Teenage conceptions

In 2009, the rate of under 18s conceptions in Greater Manchester was 49 per 1,000 women aged 15-17 years (Figure 24; Table 25).^[10-13] Of these, 49% led to an abortion. Rates of conceptions in Greater Manchester are higher than both the North West and England overall, and the highest rates of under 18s conceptions in Greater Manchester were in Manchester and Tameside (67 and 60 per 1,000 respectively). However, it is not known whether such levels were significantly different from the North West average as no confidence intervals were available. Rates of conceptions declined overall in both the North West and England between 2005 and 2009, after peaking in 2007. Rates in Greater Manchester also declined overall (by 8.8%) with eight authorities in Greater Manchester experiencing a fall (the largest being in Bury, by 23%).

Figure 24: Under 18 conceptions by year^[10-13]

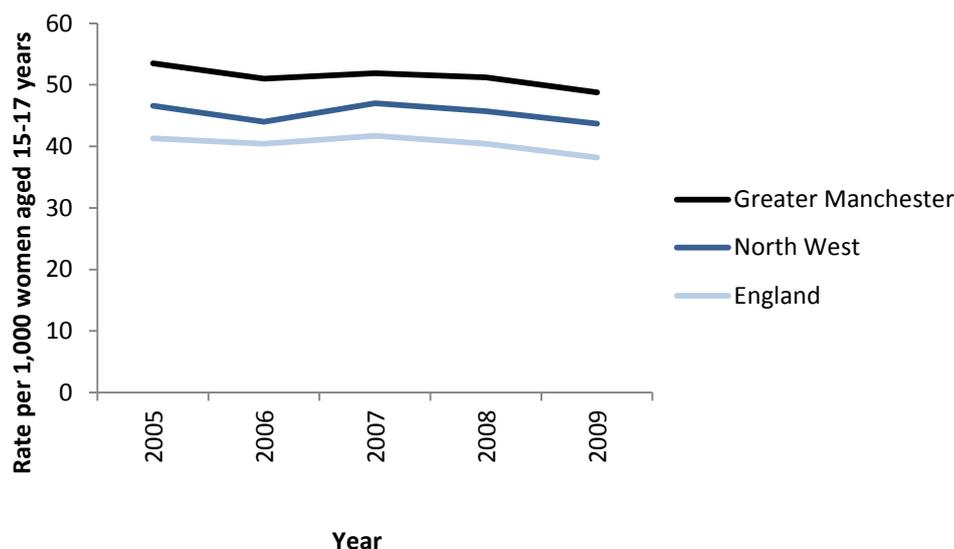


Table 25: Under 18 conceptions by year and authority (rate per 1,000 women aged 15-17)^[10-13]

	2005	2006	2007	2008	2009	% change from 2005	Variation from North West
Bolton	52.9	48.8	47.1	50.6	47.9	-9.5	+9.6
Bury	49.1	50.0	44.3	46.5	37.6	-23.4	-14.0
Manchester	71.8	67.0	71.1	69.7	67.2	-6.4	+53.8
Oldham	48.3	45.2	46.8	40.9	42.3	-12.4	-3.2
Rochdale	50.8	49.3	48.8	55.4	47.7	-6.1	+9.2
Salford	61.2	58.8	62.5	59.2	54.1	-11.6	+23.8
Stockport	32.9	40.4	38.5	36.0	37.6	+14.3	-14.0
Tameside	59.7	54.4	54.9	59.8	60.1	+0.7	+37.5
Trafford	37.4	31.5	38.8	34.6	29.7	-20.6	-32.0
Wigan	58.7	53.2	54.1	49.9	50.2	-14.5	+14.9
Greater Manchester	53.5	51.0	51.9	51.2	48.8	-8.8	+11.7
North West	46.6	44.2	47.1	45.8	43.7	-6.2	Not applicable
England	41.3	40.6	41.8	40.5	38.2	-7.5	-12.6

The sources do not provide 95% confidence intervals, so variation from North West has been provided instead.

10.7 Persistent absenteeism in secondary schools (UPDATED DATA)

In 2009/10, 4% of enrolled pupils were defined as being persistently absent^h in local authority maintained secondary schools in Greater Manchester (Figure 25; Table 26).^[14, 16, 17] This has decreased by 50% since 2005/06, in line with decreases observed nationally and regionally. All Greater Manchester local authorities have also seen decreases in the proportion of persistent absentees in the same time period, ranging from a 29% drop in Trafford to a 69% drop in Salford. Of the Greater Manchester authorities, the highest percentages of persistent absentees were seen in Manchester in 2009/10 at 7.3% of those enrolled. This is almost double the Greater Manchester, North West and England figures. In fact, Manchester was the only authority in Greater Manchester to experience higher levels of persistent absenteeism than regionally. However, it is not known whether such levels were significantly different from the North West average as no confidence intervals were available.

Figure 25: Persistent absentees in local authority maintained secondary schools by year^[14, 16, 17]

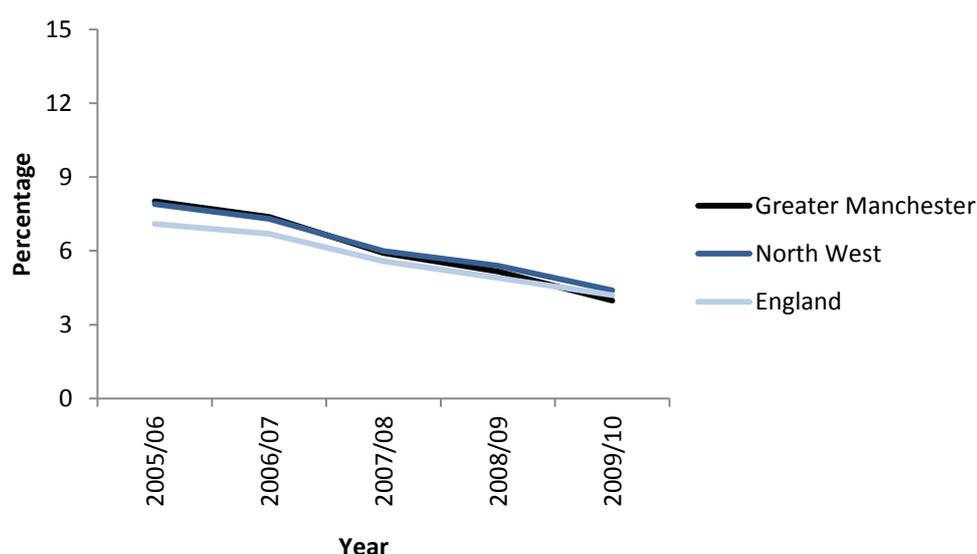


Table 26: Persistent absentees in local authority maintained secondary schools by year and authority^[14, 16, 17]

	2005/06	2006/07	2007/08	2008/09	2009/10	% change from 2005/06	Variation from North West
Bolton	7.6	6.6	5.6	5.0	3.6	-52.6	-18.2
Bury	7.7	5.3	4.3	4.3	3.6	-53.2	-18.2
Manchester	13.6	12.5	11.2	10.1	7.3	-46.3	+65.9
Oldham	7.4	6.3	5.8	5.5	3.6	-51.4	-18.2
Rochdale	6.7	7.5	5.7	4.7	3.8	-43.3	-13.6
Salford	10.1	8.4	5.6	3.8	3.1	-69.3	-29.5
Stockport	7.6	7.5	6.2	4.7	4.0	-47.4	-9.1
Tameside	7.1	7.7	5.7	5.6	3.9	-45.1	-11.4
Trafford	4.8	5.2	4.2	4.0	3.4	-29.2	-22.7
Wigan	7.6	6.8	4.9	3.9	3.5	-53.9	-20.5
Greater Manchester	8.0	7.4	5.9	5.2	4.0	-50.0	-9.5
North West	7.9	7.3	6.0	5.4	4.4	-44.3	Not applicable
England	7.1	6.7	5.6	4.9	4.2	-40.8	-4.5

Greater Manchester figures are based on the mean of its local authorities. The sources do not provide 95% confidence intervals, so variation from North West has been provided instead.

^h Persistent absence is defined as absence of more than 20% (authorised or unauthorised).

10.8 Exclusion in secondary schools (UPDATED DATA)

In Greater Manchester in 2009/10, 0.2% of pupils in local authority maintained secondary schools were permanently excluded and 9.8% were excluded on a fixed term basis (Figure 26; Table 27).^[15, 18-20] From 2006/07 to 2009/10, fixed term exclusions fluctuated in Greater Manchester, the North West and England, but decreased overall. In 2009/10, Bury had the highest percentage of permanent exclusions (0.6%) and Manchester had the highest fixed term exclusions (20%); however, without confidence intervals, it is not known whether these levels were significantly different from the North West average.

Figure 26: School exclusion in local authority maintained secondary schools by year^[15, 18-20]

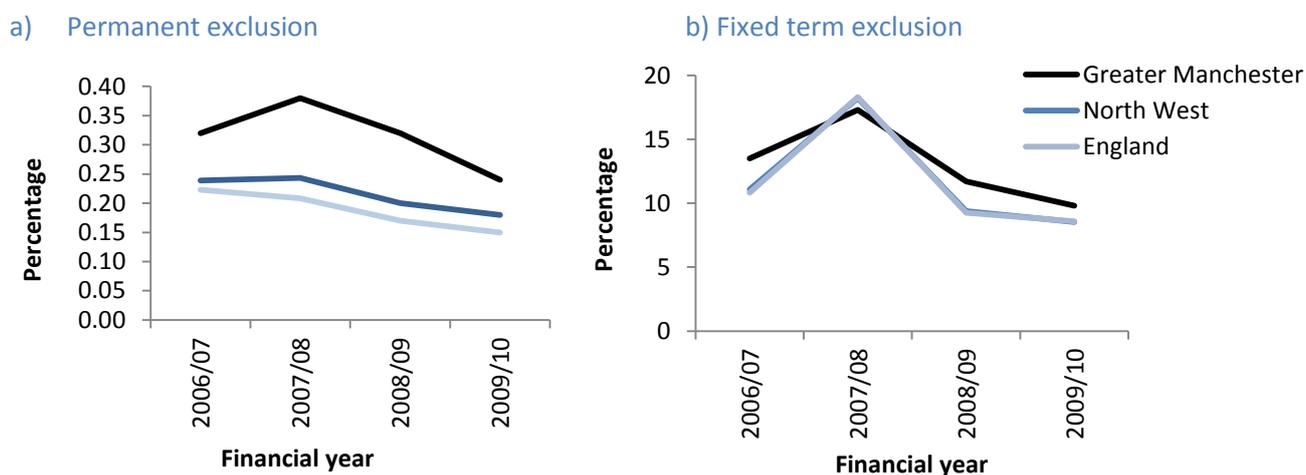


Table 27: School exclusion in local authority maintained secondary schools by year and authority^[15, 18-20]

	2006/07	2007/08	2008/09	2009/10	% change from 2006/07	Variation from North West
<i>Permanent exclusion</i>						
Bolton	0.1	0.1	0.1	0.1	-52.2	-61.1
Bury	0.6	0.7	0.6	0.6	-13.6	205.6
Manchester	0.3	0.4	0.3	0.3	+17.4	83.3
Oldham	0.4	0.5	0.5	0.3	-18.5	66.7
Rochdale	0.3	0.3	0.3	0.1	-68.0	-38.9
Salford	0.6	0.6	0.5	0.3	-53.6	50.0
Stockport	0.3	0.4	0.3	0.3	25.1	83.3
Tameside	0.3	0.3	0.3	0.2	-31.2	16.7
Trafford	0.2	0.1	0.1	0.2	+11.7	0.0
Wigan	0.1	*	*	0.0	*	-77.8
Greater Manchester	0.3	0.4	0.3	0.2	-24.2	32.8
North West	0.2	0.2	0.2	0.2	-24.7	Not applicable
England	0.2	0.2	0.2	0.2	-32.7	-16.7
<i>Fixed-term exclusion</i>						
Bolton	13.3	7.6	10.9	7.8	-41.1	-8.3
Bury	13.2	0.0	11.6	10.7	-19.1	25.5
Manchester	17.8	22.5	17.5	19.7	+11.1	131.0
Oldham	12.2	2.7	11.7	6.0	-50.7	-29.4
Rochdale	12.9	13.9	13.0	10.2	-21.3	18.9
Salford	13.3	16.5	7.0	5.3	-60.0	-37.7
Stockport	15.7	19.3	11.6	9.4	-39.9	10.3
Tameside	15.4	56.1	12.1	10.6	-31.1	24.4
Trafford	8.7	15.1	10.6	8.2	-5.7	-4.4
Wigan	12.4	19.4	11.0	9.8	-21.0	14.3
Greater Manchester	13.5	17.3	11.7	9.8	-27.5	14.4
North West	11.1	18.2	9.4	8.5	-22.9	Not applicable
England	10.8	18.3	9.3	8.6	-20.7	-8.3

Greater Manchester figures are based on the mean of its local authorities. The sources do not provide 95% confidence intervals, so variation from North West has been provided instead. * Figures were too low to calculate a percentage and/or percentage change.

10.9 Young people summary

In 2011, 31% of those surveyed (14-17 year olds) reported drinking at least weekly in Greater Manchester, 20% reported binge drinking at least weekly, 22% mainly drank outside, 21% mainly drank in venues such as pubs and 22% bought alcohol themselves despite being underage. The percentages for all of these indicators have fallen overall in both Greater Manchester and the North West for each of the survey years examined.

Between 2003/04-2004/06 and 2007/08-2009/10, the rate of alcohol specific hospital admission among those aged under 18 years decreased by 9.0% in Greater Manchester, in line with national and regional trends. Only three authorities witnessed increases during this time, the largest being in Salford (by 9.3%), which also had the highest levels of admissions in 2007/08-2009/10 in Greater Manchester, significantly higher than the North West average.

In 2009, the rate of under 18s conceptions in Greater Manchester was 49 per 1,000 women aged 15-17 years. Rates of conceptions declined overall in both the North West and England between 2005 and 2009, after peaking in 2007. Rates of under 18s conception in Greater Manchester declined overall (by 8.8%), along with eight authorities in Greater Manchester that also experienced a decline.

In 2009/10, 4% of enrolled pupils were defined as being persistently absent in local authority maintained secondary schools in Greater Manchester. This has decreased by 50% since 2005/06, in line with decreases observed nationally and regionally. All Greater Manchester local authorities have seen decreases in the proportion of persistent absentees in the same time period, ranging from a 29% drop in Trafford to a 69% drop in Salford. In Greater Manchester in 2009/10, 0.2% of pupils in local authority maintained secondary schools were permanently excluded and 9.8% were excluded on a fixed term basis. From 2006/07 to 2009/10, fixed term exclusions fluctuated in Greater Manchester, the North West and England, but decreased overall.

11. Alcohol treatment

11.1 Methodology

This section provides an overview of National Drug Treatment Monitoring System (NDTMS) data for Greater Manchester for 2008/09 to 2010/11.^[9] It shows the number of individuals in contact with structured alcohol treatment services (tiers three and four)ⁱ with details of change in presentation since 2008/09, gender, age, referral type, and discharge reason by Primary Care Trust (PCT) of residence (individuals are only counted once in a PCT area but may have been resident in more than one PCT during the financial year). Latest data for the year to date (April to December 2010) are also included. In this section, 95% confidence intervals (95% CI) have not been provided in the tables due to space restrictions but have been supplied in the text where relevant.

ⁱThe Department of Health classifies alcohol interventions and treatment (and associated services) into four tiers according to need.^[46] Tier one services provide alcohol-related advice and interventions, brief interventions referrals and screening. Tier two services provide alcohol specific, brief interventions, open access outreach, non-care planned interventions and referral. Tier three provides alcohol-specific community-based, care-planned assessment and treatment. Tier four provides specialist residential treatment (these are care planned and include aftercare).

11.2 Numbers in structured treatment

In 2010/11, there were 9,502 people in contact with structured treatment in Greater Manchester, a 19% increase compared with 2008/09 (n=8,012; Figure 27; Table 28).^[9] Sixty-four per cent of these individuals were male, although the proportion varied between PCT, similar to 2009/10.^[5] Five of the ten PCTs in Greater Manchester have experienced an increase in numbers for males since 2008/09, whilst for females, eight PCTs reported an increase in numbers. The highest increases were seen in Oldham (males: by 109%; females: by 78%). Across all three years examined, Manchester PCT consistently had the highest numbers of both males and females in treatment. In the financial year to date (April to June 2011), 5,278 people have been in contact with structured treatment (63% male).

Figure 27: Numbers in structured treatment in Greater Manchester by year and gender^[9]

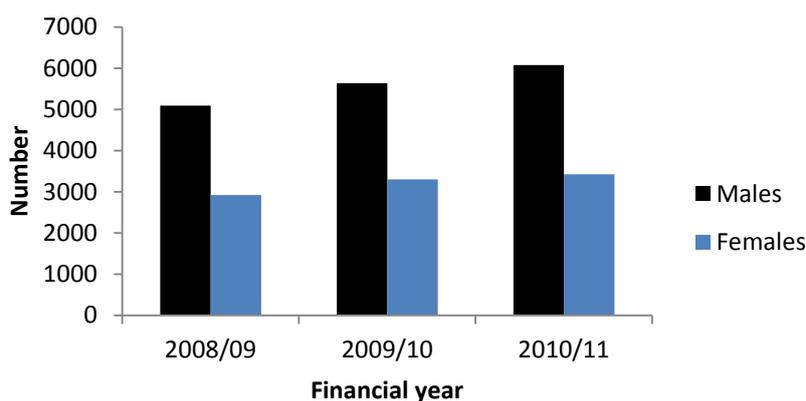


Table 28: Numbers in structured treatment by year, primary care trust and gender^[9]

	2008/09	2009/10	2010/11	% change from 2008/09	Year to date Apr-Jun 2011
<i>Males</i>					
Ashton, Leigh and Wigan PCT	445	460	467	+4.9	290
Bolton PCT	388	429	381	-1.8	171
Bury PCT	264	216	260	-1.5	147
Heywood, Middleton and Rochdale PCT	560	733	847	+51.3	424
Manchester PCT	1267	1,560	1,611	+27.2	870
Oldham PCT	385	420	804	+108.8	481
Salford PCT	587	620	550	-6.3	279
Stockport PCT	360	352	349	-3.1	176
Tameside and Glossop PCT	527	620	622	+18.0	351
Trafford	311	220	187	-39.9	132
Greater Manchester	5,094	5,630	6,078	+19.3	
<i>Females</i>					
Ashton, Leigh and Wigan PCT	345	409	394	+14.2	274
Bolton PCT	220	271	238	+8.2	112
Bury PCT	146	153	191	+30.8	104
Heywood, Middleton and Rochdale PCT	347	446	486	+40.1	285
Manchester PCT	647	778	767	+18.5	435
Oldham PCT	206	203	367	+78.2	213
Salford PCT	247	308	284	+15.0	133
Stockport PCT	235	219	230	-2.1	132
Tameside and Glossop PCT	346	369	348	+0.6	183
Trafford	179	146	119	-33.5	86
Greater Manchester	2,918	3,302	3,424	+17.3	

11.3 Characteristics of individuals in treatment (UPDATED DATA)

In 2010/11 in Greater Manchester, the most common age group for individuals in contact with structured alcohol treatment services was 30 to 44 year olds (40%; 95% CI:39-41%) followed by 45-59 year olds (33%; 95% CI: 32-34%; Table 29).^[9] Five per cent were aged under 18 years (95% CI: 4.5-5.4%), 15% were aged 18 to 29 years (95% CI: 15-16%) and 6.9% were aged 60 or over (95%CI: 6.4-7.4%). This is a similar pattern to that observed in 2009/10.^[5] However, the age of those in treatment varied significantly by PCT. For example, in Manchester PCT only 1.6% (95% CI: 1.2-2.2%) of those in structured treatment were aged under 18 compared with 12% in Bury (95% CI: 9.3-16%). In 2010/11, there were 9,502 referrals into treatment in Greater Manchester (including 25 with no information available on referral route). Where referral information was available, the most common route into structured alcohol treatment in Greater Manchester in 2010/11 was through a self-referral (34%; 95%CI: 33-34%; Table 30). This is similar to the patterns of referral routes that were evident in 2009/10 and discussed in the last report.^[5] Routes of referral varied significantly by PCT. Whilst in Bolton, 3.3% of referrals were self-referrals (95% CI: 2.0-5.0%), this increased to 63% in Stockport (95% CI: 58-66%). Conversely, whilst in Stockport, 5.0% of referrals were received through substance misuse services (95% CI: 3.4-7.1%), in Bolton, 68% were referred in this way (95% CI: 64-71%).

Table 29: Age of those in structured treatment in Greater Manchester Primary Care Trusts^[9]

	% of those in treatment in 2010/11				
	Under 18 years	18-29 years	30-44 years	45-59 years	60 years and over
Ashton, Leigh and Wigan	4.1	13.4	47.0	29.0	6.5
Bolton	10.5	16.0	38.1	30.4	5.0
Bury	12.2	14.6	39.7	29.9	3.5
Heywood, Middleton and Rochdale	7.0	14.8	41.9	31.0	5.4
Manchester	1.6	13.2	41.1	36.0	8.0
Oldham	4.8	21.5	34.4	29.7	9.6
Salford	3.7	13.3	44.6	33.0	5.4
Stockport	9.0	21.4	33.7	30.4	5.5
Tameside and Glossop	3.8	14.0	37.8	36.3	8.0
Trafford	3.3	15.0	36.9	36.9	7.8
Greater Manchester	5.0	15.4	40.1	32.7	6.9

Table 30: Referral route of those in structured treatment in Greater Manchester Primary Care Trusts (of those for whom referral route information is available)^[9]

	% of those in treatment in 2010/11				
	Substance misuse service	Criminal Justice Service	Self	General practitioner	Other
Ashton, Leigh and Wigan	22.6	3.7	53.9	4.4	15.3
Bolton	67.8	3.6	3.3	*	24.8
Bury	6.9	12.4	45.7	13.5	21.5
Heywood, Middleton and Rochdale	10.7	11.1	39.1	7.9	31.2
Manchester	8.9	12.9	20.5	24.2	33.6
Oldham	8.5	10.3	37.7	6.8	36.8
Salford	8.6	9.7	40.7	11.7	29.3
Stockport	5.0	6.0	62.3	5.7	20.9
Tameside and Glossop	14.5	12.2	32.7	27.4	13.2
Trafford	17.3	9.2	9.5	11.4	52.6
Greater Manchester	14.6	10.0	33.5	13.6	28.2

Other is undefined. * Proportions have been suppressed as numbers are less than five.

In 2010/11, there were 5,365 discharges from care in Greater Manchester (including a small number with no information on discharge route). Fifty-five per cent of these were care planned discharges (95% CI: 53-56%). The proportion of care planned discharges has increased significantly from 2009/10 (47%; 95% CI: 46-48%).

In 2010/11, a further 41% of discharges (where information was available) were unplanned discharges (95% CI: 39-42%; Table 31) and 4.9% were referred on to other services (95% CI: 4.4-5.6%). Care planned discharges were significantly more common in Bury PCT (70%; 95% CI: 64-75%) than Greater Manchester overall. In comparison, unplanned discharges were significantly more common in trusts such as Manchester PCT (53%; 95% CI: 50-55%).

Table 31: Discharge reason for those exiting structured treatment in Greater Manchester Primary Care Trusts (of those for whom discharge information is available)^[9]

	% of those in treatment in 2010/11		
	Care planned discharge	Unplanned discharge	Referred on
Ashton, Leigh and Wigan	58.2	34.7	7.0
Bolton	54.9	40.9	4.2
Bury	70.0	28.5	1.5
Heywood, Middleton and Rochdale	52.8	42.6	4.6
Manchester	45.0	52.5	2.5
Oldham	61.5	30.2	8.4
Salford	57.0	40.6	2.4
Stockport	56.6	37.0	6.3
Tameside and Glossop	54.0	40.4	5.6
Trafford	59.8	24.5	15.8
Greater Manchester	54.5	40.5	4.9

11.4 Alcohol treatment summary

In 2010/11, there were 9,502 people in contact with structured treatment in Greater Manchester, a 19% increase compared with 2008/09. In general, these increases have been witnessed in the majority of PCTs in Greater Manchester, particularly for females. Manchester PCT had the highest numbers of both males and females in treatment. Analysis of the characteristics of those in treatment in Greater Manchester in 2010/11 shows that: 64% were male; the most common age group was 30 to 44 year olds (40%); and the most common route of referral was through a self-referral (34%). In 2010/11, there were 5,365 discharges from care in Greater Manchester. The proportion of care planned discharges has increased significantly from 47% in 2009/10 to 55% in 2010/11.

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