

Alcohol Treatment in Cheshire and Merseyside, 2011/12



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Introduction

This publication details the results of the tier 3 and 4 (structured) National Drug Treatment Monitoring System (NDTMS) and the tier 2 (non structured) Alcohol Treatment Monitoring System (ATMS) in Cheshire and Merseyside during 2011/12.

The NDTMS was introduced in April 2001 to collect data on all clients in contact with structured drug treatment services (i.e. high threshold tier 3 and 4 services as defined by the Models of Care, see National Treatment Agency [NTA] 2002). During 2008/09, routine monitoring of the NDTMS was expanded to collect data on clients receiving structured alcohol treatment interventions to address their alcohol misuse. NDTMS supports the Government's National Alcohol Strategy and provides information for commissioners on the provision of specialist alcohol treatment services at a local level. The ATMS was originally established in 2004 to collect data on clients in contact with structured alcohol treatment services. However, as this has been superseded by NDTMS, the remit of ATMS is to collect data from non structured alcohol services offering brief interventions.

National Alcohol Treatment Policy

The National Alcohol Strategyⁱ was published in March 2012, with its principle aim to challenge people to change their behaviour by giving them the information and support they need. The main intentions of the strategy are:

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others.
- A reduction in the amount of alcohol-fuelled violent crime.
- A reduction in the number of adults drinking above the NHS guidelines.
- A reduction in the number of people "binge drinking".
- A reduction in the number of alcohol-related deaths.
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

The House of Commons Health Committee published a response to the National Alcohol Strategy in July 2012. The Committee stated that the Government's strategy was a welcome attempt to address some of the issues surrounding alcohol misuse in a coherent way. However, the Committee felt that the main focus of the strategy was the need to address public order issues, whereas they believed that the health impact of the misuse of alcohol was more insidious and pervasive. The Committee welcomed the Government's decision to introduce a minimum unit price for alcohol.

Core Data Set J (CDS-J)

NDTMS Core Data Set J came into effect for national data collection from 1st November 2012. The changes to the dataset affect both drug and alcohol treatment providers but the data set, processes and reporting for young peoples' treatment have not been amended. The main changes to the data set affect the existing modality codes as previous intervention codes have been composed of a mixture of interventions and settings, and have been open to different interpretations. The changes replace the existing modality coding with three new interventions:

- Pharmacological
- Psychosocial
- Recovery support

Within the new data set, multiple interventions and sub interventions can be recorded to describe the full package of treatment being provided. This means, for example, that an individual could be recorded as receiving both pharmacological and psychosocial interventions and, within the latter intervention, recorded as receiving both contingency management and a psychological intervention. These sub intervention types also mean that pharmacological treatment can reflect the basis on which treatment has been provided, for example for assessment and stabilisation, maintenance or withdrawal. Within CDS-J, it is also possible to record information on recovery support interventions provided during and following structured treatment. The new iteration of the core data set also includes the ability to record the time spent per week in treatment, along with the treatment setting.

The three intervention types within CDS-J are expected to be used by both drug and alcohol treatment providers. Unlike previous core data sets, there are no separate intervention types specifically for alcohol treatment. Therefore, it is imperative that, if an individual is receiving both drug and alcohol treatment within a provider, that alcohol is stated as a secondary or tertiary presenting substance if they are not deemed to be a primary alcohol user.

Burden of liver disease and inequalities in the North West of England

A working group from the Health Protection Agency, the Public Health Observatory, the National Treatment Agency, the Cancer Intelligence Service and Department of Health have collaborated to produce a report detailing the burden of liver disease on the North West regionⁱⁱ. This report highlights the high incidence of liver disease in the region in comparison to other areas of the country, with rates of the disease in the area nearly doubling between 1995 and 2010. The report also draws attention to the role of alcohol in the increase in incidence of the disease. The report found that-

- Alcohol-related liver disease accounted for the greatest proportion of liver disease deaths in the North West during 2010; 47% of male liver disease deaths and 43% of female liver disease deaths.
- Proportionally hospital admissions for alcohol-related liver disease were significantly higher in the North West than England.
- Alcohol-related cirrhosis was the leading cause of registrations for liver transplants in the North West.
- North West adults continue to be more likely than average to drink over the recommended limits.
- There are more deaths from alcohol-related liver disease in the most deprived local authorities of the North West than the least deprived.

The report recommends that tackling liver disease should be a priority for North West commissioners of prevention and treatment services and for organisations that provide services to those that are at risk. It also recommends that commissioners work with primary care and clinical

commissioning groups to investigate local intelligence to target those most at risk. In terms of alcohol, it recommends that policies focussing on reducing alcohol consumption remain a priority and that alcohol treatment and recovery should include individual care planning, psychosocial interventions and integration with mutual aid and peer support.

This report can be accessed via the Centre for Public Health website <http://www.cph.org.uk/publications.aspx>

Local Alcohol Profiles for England (LAPE)

The North West Public Health Observatory has produced and published Local Alcohol Profiles for England (LAPE) on an annual basis since 2006. The latest update, Local Alcohol Profiles for England 2012, was released on 16th August 2012. The profiles contain 25 alcohol-related indicators for every Local Authority and 22 for every Primary Care Trust in England. The indicators measure the impact of alcohol on local communities and include a national indicator generated by the Department Of Health – *Admission episodes for alcohol-attributable conditions (previously National Indicator 39)*. Profiles are available online through the tool at Local Authority and Primary Care Trust (PCT) geographies via dynamic PDF and with a range of download options through: www.lape.org.uk. LAPE indicators use attributable fractions to estimate the number of deaths, hospital admissions and crimes that are attributable to alcohol consumption. Attributable fractions may be estimated directly, for example, by assigning specific attributable fractions to external causes of morbidity and mortality. Alternatively indirectly estimated attributable fractions can be derived from the relative risk associated with the exposure of interest, in combination with information about the prevalence of the exposure in the target population. A number of LAPE measures for PCT areas in Cheshire and Merseyside have been included in this report to provide context in terms of the impact of alcohol on local communities within the sub region.

Section One: National Drug Treatment Monitoring System (NDTMS)

During 2011/12, there were 8019¹ individuals in contact with structured alcohol treatment in Cheshire and Merseyside, a 2.00% decrease in comparison to the previous year. There were considerable variations in numbers in treatment ranging from 670 in Knowsley PCT to 1542 in Wirral PCT. There was also variation in the prevalence rate of individuals in treatment from 2.20 per 1,000 population in Central and Eastern Cheshire PCT to 7.63 per 1,000 population in Wirral PCT (see Table 1).

Table 1: Number of individuals in contact with structured alcohol treatment and prevalence rates per 1,000 population aged 15-64 by PCT of residence 2011/12

PCT of Residence	Number	Percentage (%)	Prevalence (per 1,000 aged 15-64) ²
Central and Eastern Cheshire	677	8.34	2.20
Halton & St Helens	1080	13.31	5.36
Knowsley	670	8.25	6.36
Liverpool	1487	18.32	4.60
Sefton	934	11.51	5.08
Warrington	782	9.63	5.73
Western Cheshire	945	11.64	5.99
Wirral	1542	19.00	7.63
Total*	8019	100.00	4.96

* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

¹ See methodological section for explanation

² See methodological section for explanation

Table 2 shows that there has been an increase in the number of individuals in treatment from 2010/11 to 2011/12 in several PCT areas. There has been an increase in individuals in treatment resident in Liverpool, Warrington, Western Cheshire and Wirral PCT areas (18.30%, 1.69%, 4.07% and 0.78% increase respectively). However, the number of individuals resident in Halton & St Helens PCT in structured alcohol treatment decreased by 21.29% from 1372 in 2010/11 to 1080 in 2011/12.

Table 2: Number of individuals in contact with structured alcohol treatment by PCT of residence, 2008/09-2011/12

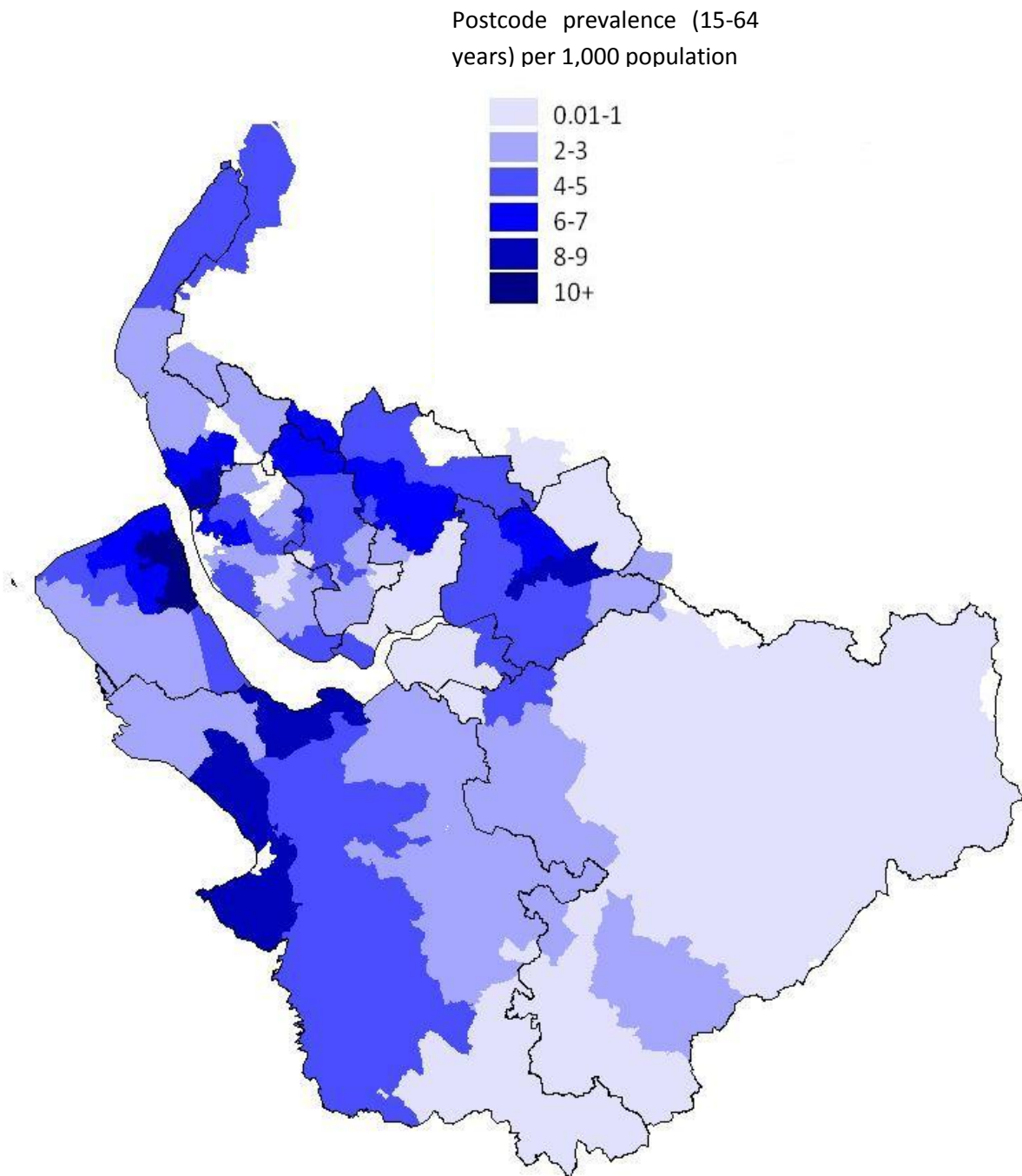
PCT of Residence	2008/09	2009/10	2010/11	2011/12
Central and Eastern Cheshire	846	833	689	677
Halton & St Helens	1257	1321	1372	1080
Knowsley	443	714	738	670
Liverpool	1260	1545	1257	1487
Sefton	675	818	1031	934
Warrington	876	878	769	782
Western Cheshire	722	752	908	945
Wirral	1455	1605	1530	1542
Total*	7410	8343	8182	8019

* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

Prevalence by postcode area

Levels of deprivation vary between PCT areas, with differences in the health consequences of alcohol use between richer and poorer local communities occurring across all regions of England. The poorest local authorities (highest measures of multiple deprivation) have a propensity to have the highest recorded levels of health and social outcomes related to alcohol useⁱⁱⁱ. Numbers and prevalence levels of those in contact with treatment per 1,000 population in all Cheshire and Merseyside postcode areas have been included in this section. Figure 1 illustrates the number of people per 1,000 population (aged 15-64) from each postcode district (e.g. L4 or CH44) in contact with treatment during 2011/12. The highest rate of individuals in contact with treatment were found in CH41 (25.52 per 1,000 population) with high prevalence rates also found in CH42 (11.26 per 1,000 population); both Wirral postcode areas.

Figure 1: Prevalence rates of 15-64 year olds in contact with structured alcohol treatment per 1,000 population of postcode districts, with PCT boundaries overlaid, 2011/12



Demographics of the treatment population

Sex

The majority of individuals in contact with structured alcohol treatment in Cheshire and Merseyside were male (n=4827, 60.19%). Whilst this majority was reflected in all PCT areas, the proportion of females varied from 37.22% in Wirral PCT to 43.90% in Sefton PCT (see Table 3).

Table 3: Sex, ethnicity and age of individuals in contact with structured alcohol treatment by PCT of residence, 2011/12

PCT of Residence	Male		White British ^{3†}		Under 25		65+		Total
	No.	%	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	411	60.71	596	97.39	81	11.96	24	3.55	677
Halton & St Helens	666	61.67	1049	98.87	147	13.61	26	2.41	1080
Knowsley	383	57.16	632	97.53	103	15.37	27	4.03	670
Liverpool	865	58.17	1279	94.67	216	14.53	36	2.42	1487
Sefton	524	56.10	911	98.27	75	8.03	48	5.14	934
Warrington	486	62.15	769	98.59	64	8.18	26	3.32	782
Western Cheshire	584	61.80	811	97.01	63	6.67	44	4.66	945
Wirral	968	62.78	1239	97.79	108	7.00	55	3.57	1542
Total*	4827	60.19	7196	97.41	572	7.13	283	3.53	8019

* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

† Ethnicity percentages calculated from total treatment population where ethnicity is stated.

³ See methodological section for explanation

Age⁴

Table 4 displays the number of individuals in contact with treatment by age. A large percentage of individuals were aged 40 and older (n=4679, 58.35%). The median age was 42 years, a slight increase in comparison to 2010/11 (41 years) with this varying from 41 years in Central and Eastern Cheshire PCT, Halton & St Helens PCT and Liverpool PCT to 44 years in Sefton PCT.

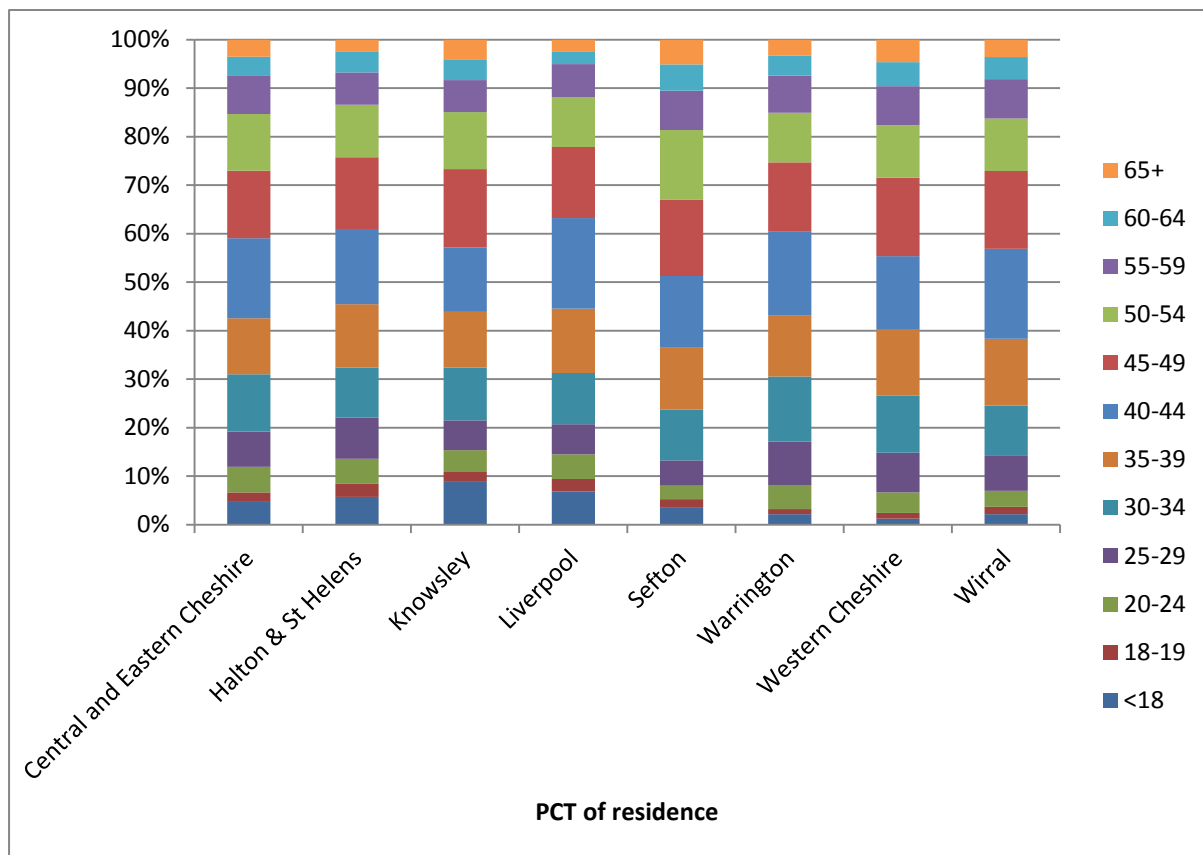
Table 4: Age distribution of individuals in contact with structured alcohol treatment, 2011/12

Age Band	Number	Percentage (%)
<18	351	4.38
18-19	153	1.91
20-24	348	4.34
25-29	572	7.13
30-34	879	10.96
35-39	1037	12.93
40-44	1326	16.54
45-49	1226	15.29
50-54	908	11.32
55-59	598	7.46
60-64	338	4.21
65+	283	3.53
Total	8019	100.00

⁴ See methodological section for explanation

As shown in Figure 2, age distribution was not consistent throughout Cheshire and Merseyside. The proportion of clients aged under 25 varied from 6.67% in Western Cheshire PCT to 14.53% in Liverpool PCT. The proportion aged 50 and older varied from 22.13% in Liverpool to 32.98% in Sefton PCT.

Figure 2: Age of individuals in contact with structured alcohol treatment by PCT of residence, 2011/12



Substance Use

The NDTMS records the primary substance of those in contact with treatment, along with secondary and tertiary substances. Only 15.00% (n=1203) of those in contact with structured alcohol treatment stated the secondary/tertiary use of a problematic substance. Table 5 shows that the largest proportion of those who stated another substance other than alcohol either stated the use of cannabis (n=429, 35.66%) or cocaine (n=328, 27.27%). The vast majority of those aged under 18 who stated another substance stated the use of cannabis (n=158, 88.27%). In contrast, the majority of individuals who stated the use of heroin were aged over 35 (n=76, 74.51%) with no one aged under 18 stating the use of this substance.

Table 5: Secondary and tertiary substance profile of individuals in contact with structured alcohol treatment, 2011/12

	Secondary/ tertiary substance	
	No.	%
Amphetamines	62	5.15
Benzodiazepines	40	3.33
Cannabis	429	35.66
Cocaine	328	27.27
Crack	54	4.49
Ecstasy	27	2.24
Heroin	102	8.48
Methadone	85	7.07
Other Opiates	21	1.75
Other Drugs ⁵	416	34.58

As shown in Table 6, Halton & St Helens PCT had the largest number of individuals who stated a secondary problematic substance (n=341), with the majority of these clients stating the use of other drugs (n=259, 75.95%). A large proportion of individuals resident in Liverpool PCT stated the use of cannabis (n=152, 46.20%) and cocaine (n=118, 35.86%). The majority of those who stated the secondary/tertiary use of heroin were resident in Liverpool PCT (n=38) or Wirral PCT (n=21).

⁵ See methodological section for explanation

Table 6: Other substance use of individuals in contact with alcohol treatment by PCT of residence, 2011/12

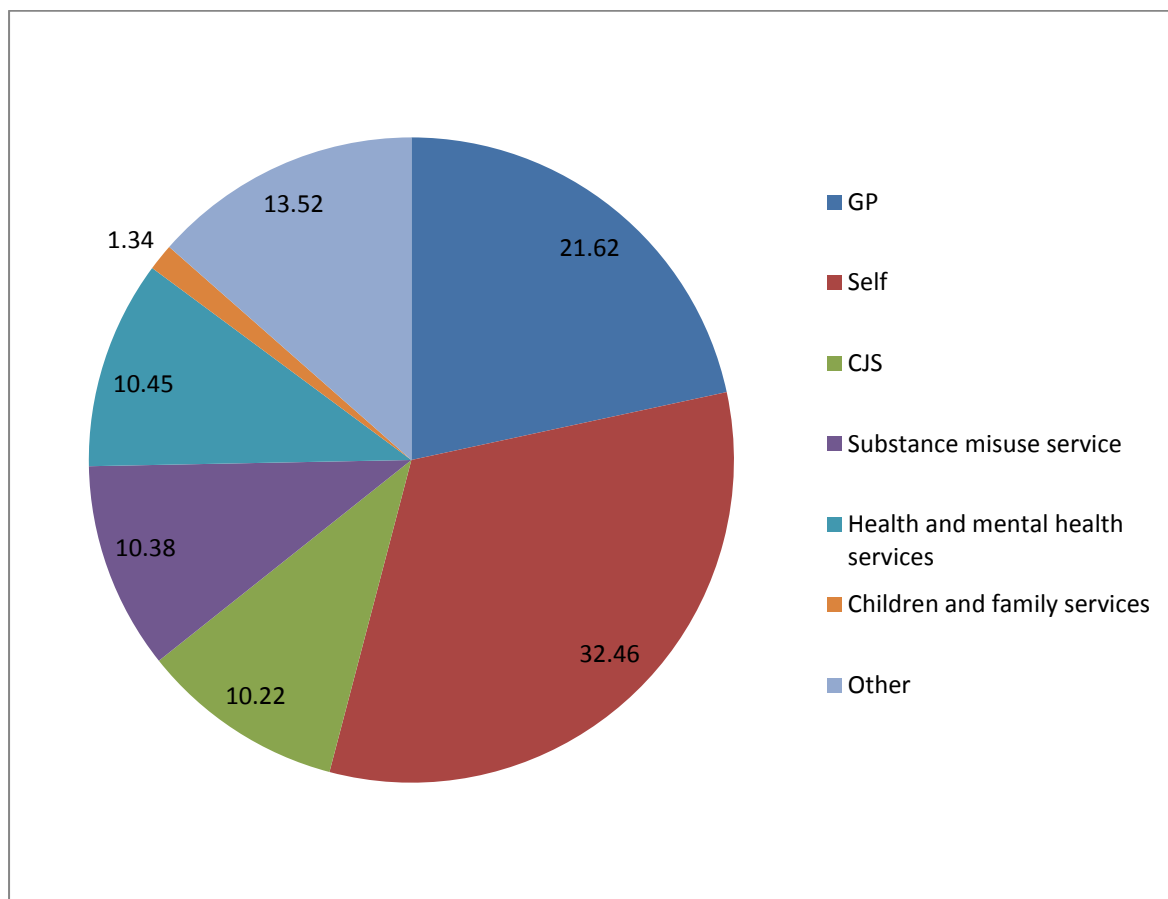
Secondary / tertiary substance	Central and Eastern Cheshire	Halton & St Helens	Knowsley	Liverpool	Sefton	Warrington	Western Cheshire	Wirral
Amphetamines	16	6	1	8	1	2	17	11
Benzodiazepines	4	1	3	5	1	1	15	11
Cannabis	32	72	50	152	31	17	17	62
Cocaine	17	37	28	118	17	8	49	59
Crack	5	3	1	30	0	1	4	11
Ecstasy	3	5	0	10	1	1	2	5
Heroin	11	10	2	38	1	1	20	21
Methadone	8	10	0	14	3	3	18	31
Other Opiates	3	3	1	1	0	0	2	11
Other Drugs	5	259	17	71	8	5	8	45
Total	69	341	81	329	49	34	121	192

* The total for each PCT is the number of individuals with other substances recorded. This does not equal the sum of the other substances as some individuals had both secondary and tertiary substances recorded.

Referrals

During 2011/12, each individual in alcohol treatment may have received more than one episode of care at one or more treatment agency. In this section of the report, all episodes of treatment are recorded, regardless of whether an individual entered on more than one occasion during the year (n=10157⁶ including double counting).

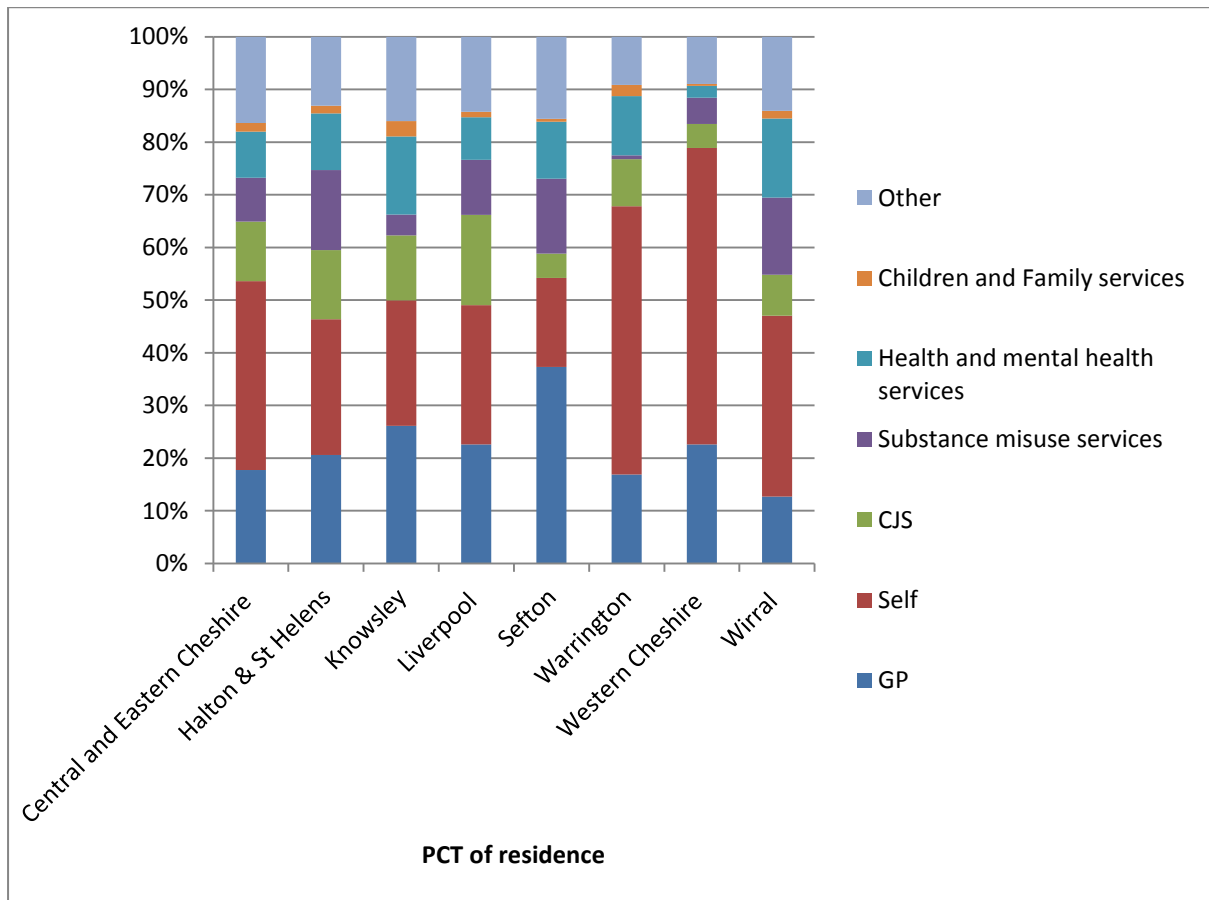
Figure 3: Referral source of those in contact with structured alcohol treatment, 2011/12



Self referral was the most common referral route into alcohol treatment (n=3252, 32.46%), followed by *GP* referrals (n=2166, 21.62%, see Figure 3). Over half of referrals amongst Western Cheshire PCT and Warrington PCT residents were via *Self* referral (n=578, 56.28% and n=462, 50.94%) in comparison to only 16.93% of referrals amongst Sefton PCT residents (n=218). Over a third of referrals amongst Sefton PCT residents were via *GP* (n=480, 37.30%), in comparison to only 12.71% (n=247) in Wirral PCT. The highest proportion of *Criminal Justice System (CJS)* referrals were amongst Liverpool PCT residents (n=299, 17.16%).

⁶ See methodological section for explanation

Figure 4: Referral source of those in contact with structured alcohol treatment by PCT of residence, 2011/12



Treatment Outcomes

Of the 8019 individuals in contact with structured alcohol treatment during 2011/12, 2654 exited the treatment system. Within Cheshire and Merseyside, 54.58% had a successful exit from treatment, with this varying from 38.88% in Halton & St Helens PCT (n=278) to 69.96% (n=673) in Wirral PCT. In Central and Eastern Cheshire PCT, 14.22% were transferred from treatment upon exit from their final treatment episode of the year (see Table 7).

Figure 5: Discharge reason for those exiting the treatment system, 2011/12

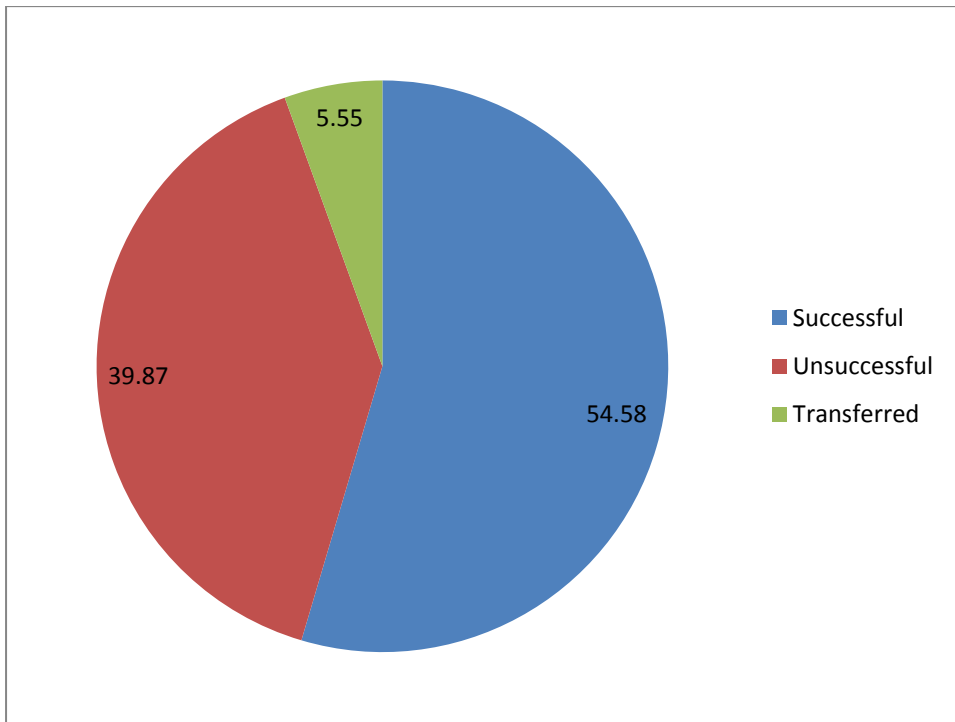


Table 7: Discharge reason for those exiting the alcohol treatment system by PCT of residence, 2011/12

PCT of Residence	Successful		Unsuccessful		Transferred		Total
	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	232	54.08	136	31.70	61	14.22	429
Halton & St Helens	278	38.88	395	55.24	42	5.87	715
Knowsley	223	54.52	166	40.59	20	4.89	409
Liverpool	467	57.09	306	37.41	45	5.50	818
Sefton	290	47.23	281	45.77	43	7.00	614
Warrington	194	43.11	244	54.22	12	2.67	450
Western Cheshire	320	62.38	175	34.11	18	3.51	513
Wirral	673	69.96	256	26.61	33	3.43	962
Total*	2654	54.58	1939	39.87	270	5.55	4863

* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

Individuals stating alcohol as a secondary or tertiary problematic substance

There were 2379 individuals in contact with structured drug treatment in Cheshire and Merseyside during 2011/12 who stated the secondary or tertiary problematic use of alcohol. The majority were male (n=1707, 71.75% and aged 30 and older (n=1384, 58.18% The median age of those in drug treatment stating alcohol as a secondary or tertiary substance was 32 years, significantly younger when compared to those in alcohol treatment (42 years).

Table 8: Number of individuals in contact with structured drug treatment stating alcohol as a secondary or tertiary substance by PCT of residence, 2011/12

PCT of residence	Number	Percentage (%)
Central and Eastern Cheshire	103	4.28
Halton & St Helens	265	11.00
Knowsley	254	10.55
Liverpool	911	37.83
Sefton	279	11.59
Warrington	123	5.11
Western Cheshire	75	3.11
Wirral	398	16.53
Total*	2379	100.00

* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

When the drug profile for their most recent treatment journey⁷ was considered, 979 (41.15%) would be considered an opiate and/or crack user (OCU)⁸. Almost a third of those who stated the secondary or tertiary use of alcohol stated the primary use of cannabis (n=735, 30.90%), with 701 (29.47%) stating the primary use of heroin (see Table 9). OCUs who stated the secondary or tertiary use of alcohol were significantly older (median age 40 years) in comparison to non OCUs with problematic alcohol use (median age 23 years, p<0.05).

⁷ See methodological section for explanation

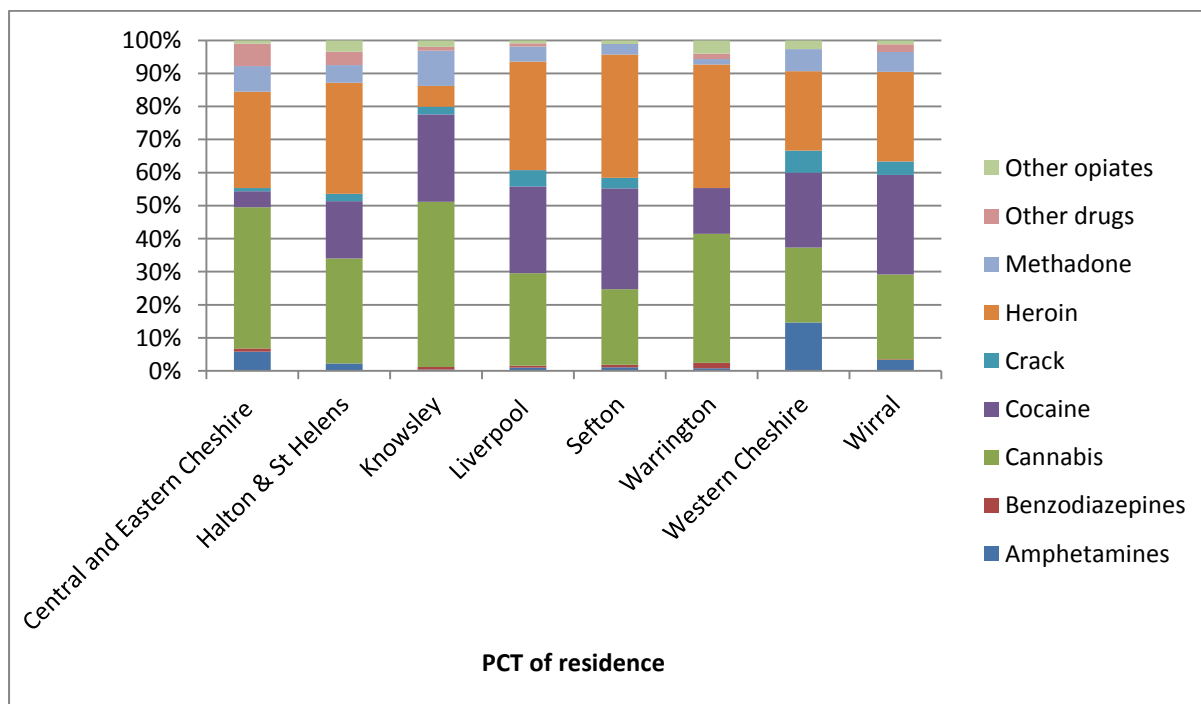
⁸ See methodological section for explanation

Table 9: Primary problematic substance of individuals in drug treatment who stated alcohol as a secondary or tertiary substance, 2011/12

Primary problematic substance	Number	Percentage (%)
Amphetamines	50	2.10
Benzodiazepines	13	0.55
Cannabis	735	30.90
Cocaine	593	24.93
Crack	85	3.57
Heroin	701	29.47
Methadone	125	5.25
Other drugs ⁹	41	1.72
Other opiates	36	1.51
Total	2379	100.00

As shown in Figure 6, only 6.30% (n=16) in Knowsley PCT stated the primary problematic use of heroin, with proportional use of cannabis (n=127, 50.00%) in this PCT being higher than the sub regional average (n=735, 30.90%). In contrast, over a third of those who stated alcohol as a secondary or tertiary substance in Halton & St Helens PCT, Sefton PCT and Warrington PCT stated the primary use of heroin (n=89, 33.58%, n=104, 37.28% and n=46, 37.40% respectively).

Figure 6: Primary problematic substance of individuals in drug treatment who stated alcohol as a secondary or tertiary substance by PCT, 2011/12



⁹ See methodological section for explanation

Of the 2379 in contact with drug treatment in 2011/12 stating alcohol as a secondary or tertiary substance, 354 were also in contact with structured alcohol treatment in the same year. The majority of those in both drug and alcohol treatment were male (n=238, 67.23%) and aged over 35 (n=223, 70.00%). Over a third of those in both drug and alcohol treatment stated the primary problematic use of heroin (n=123, 34.75%) whilst in drug treatment, with 199 (56.21%) OCUs according to their most recent drug treatment journey.

Section Two: Alcohol Treatment Monitoring System (ATMS)

During 2011/12 there were 16200¹⁰ individuals in contact with non structured alcohol treatment in Cheshire and Merseyside, a 5.32% increase in comparison to 2010/11. There were considerable variations in the number of individuals in contact with treatment, ranging from 12 (0.07%) in Central and Eastern Cheshire PCT to 10270 (63.40%) in Wirral PCT (see Table 10). It should be noted that the ATMS did not receive data from services based in Central and Eastern Cheshire PCT, Sefton PCT, Warrington PCT or Western Cheshire PCT areas during 2011/12.

Table 10: Number of individuals in contact with non structured alcohol treatment and prevalence rates per 1,000 population aged 15-64 by PCT of residence, 2011/12

PCT of Residence	Number	Percentage (%)	Prevalence ¹¹ (per 1,000 aged 15-64)
Central and Eastern Cheshire	12	0.07	0.04
Halton & St Helens	1077	6.60	5.27
Knowsley	1609	9.86	13.80
Liverpool	2233	13.68	6.56
Sefton	898	5.50	4.46
Warrington	31	0.19	0.24
Western Cheshire	190	1.16	1.15
Wirral	10270	62.93	44.42
Total*	16200	100.00	9.09

* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

¹⁰ See methodological section for explanation

¹¹ See methodological section for explanation

Demographics of the treatment population

Table 11 displays demographic information of those in contact with non structured alcohol treatment by PCT of residence. It should be noted that a high proportion of non structured treatment clients were resident in Wirral PCT, impacting on overall sub regional proportions.

Table 11: Sex, ethnicity and age of individuals in contact with non structured alcohol treatment by PCT of residence, 2011/12

PCT of Residence	Male		White British ^{12†}		Under 25		65+		Total
	No.	%	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	9	75.00	12	100.00	0	0.00	1	8.33	12
Halton & St Helens	700	65.00	1011	98.44	60	5.57	47	4.36	1077
Knowsley	624	38.78	1512	98.12	200	12.43	247	15.35	1609
Liverpool	1426	63.86	1827	91.40	212	9.49	170	7.61	2233
Sefton	574	63.92	863	98.29	58	6.46	125	13.92	898
Warrington	14	45.16	26	96.30	4	12.90	0	0.00	31
Western Cheshire	97	51.05	174	96.13	29	15.26	17	8.95	190
Wirral	4750	46.25	9491	98.09	1570	15.29	1591	15.49	10270
Total*	8111	50.07	14810	97.22	2128	13.14	2194	13.54	16200

* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

† Ethnicity percentages calculated from total treatment population where ethnicity is stated.

Sex

Approximately half of individuals in contact with non structured alcohol treatment in Cheshire and Merseyside were male (n=8111, 50.07%). There has been a slight fall in the number and proportion of males in non structured treatment in comparison to 2010/11 (n=7843, 51.00%). In Knowsley, Warrington and Wirral PCT areas there were a higher proportion of females in contact with non structured treatment (n=624, 38.78% male and n=14, 45.16% male and n=4750, 46.25% male respectively). It should be noted that Warrington PCT had a low overall number in contact with non structured alcohol treatment. The majority of under 18s in contact with non structured treatment were female (n=186, 65.03%).

¹² See methodological section for explanation

Ethnicity

The vast majority of those in contact with non structured treatment resident in Cheshire and Merseyside stated their ethnicity as White British (n=14810, 97.22%). This varied from 91.40% (n=1827) in Liverpool PCT to 100.00% in Central and Eastern Cheshire PCT (n=12, see Table 11). However, it should be noted that there were a low number resident in Central and Eastern Cheshire PCT in contact with non structured alcohol treatment. No other ethnicity accounted for more than one percent of stated ethnic type.

Age ¹³

Table 12 shows the number of individuals in contact with non structured treatment by age. The median age was 43 years, a higher median in comparison to those in structured alcohol treatment (see page 13) which was comparable to those in non structured treatment in 2010/11 (43 years). The median age of those in non structured treatment varied slightly between PCT areas from 42 years in Halton & St Helens and Western Cheshire PCT to 48 years in Sefton PCT.

Table 12: Age distribution of individuals in contact with non structured alcohol treatment, 2011/12

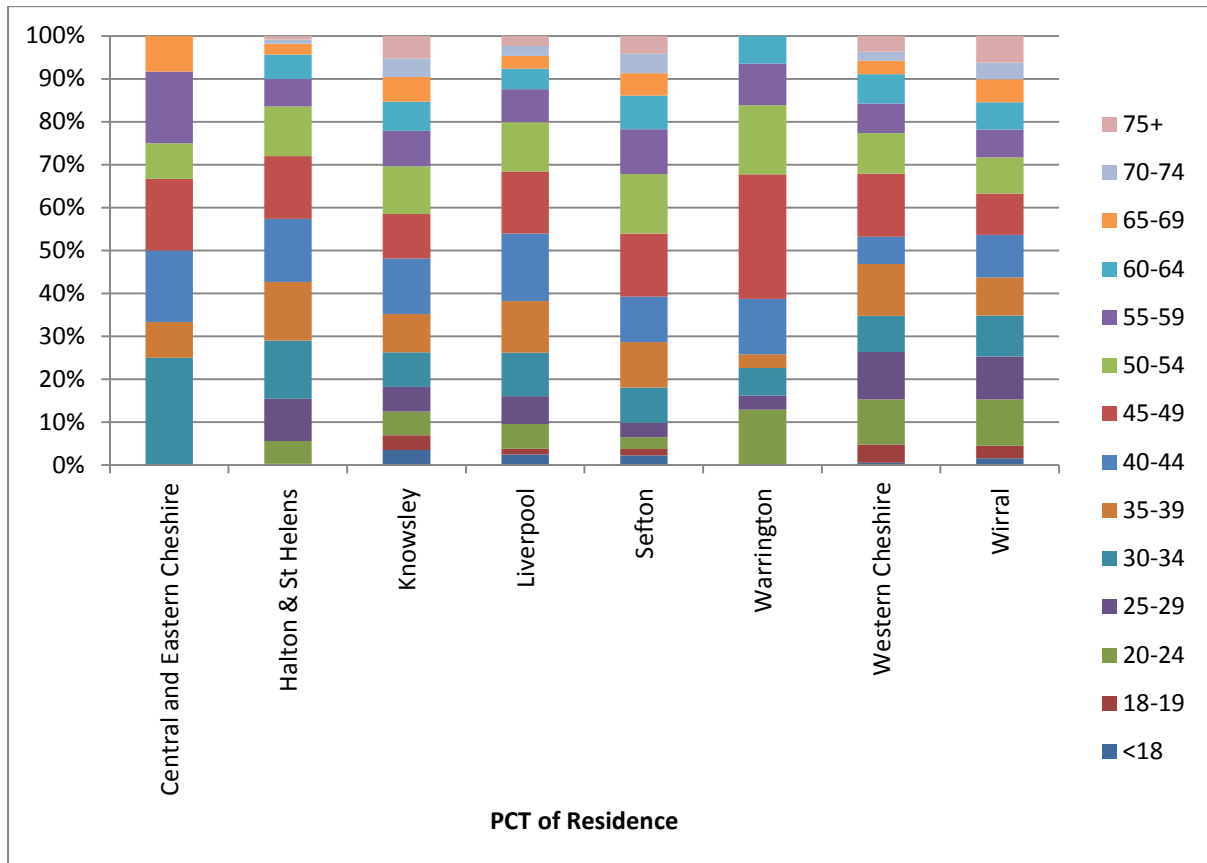
Age Band	Number	Percentage (%)
<18	284	1.75
18-19	414	2.56
20-24	1430	8.83
25-29	1408	8.69
30-34	1560	9.63
35-39	1579	9.75
40-44	1822	11.25
45-49	1791	11.06
50-54	1561	9.64
55-59	1148	7.09
60-64	1009	6.23
65-69	787	4.86
70-74	577	3.56
75+	830	5.12
Total	16200	100.00

There were variations in the proportion of younger people in contact with non structured treatment dependent on PCT of residence. None of those in contact with ATMS services resident in Central Cheshire PCT were aged under 25. In contrast, over 15% of those in contact with treatment in Western Cheshire PCT (n=29, 15.26% and Wirral PCT (n=1570, 15.29%) were aged under 25 (see

¹³ See methodological section for explanation

Figure 7). It should be noted that whilst Western Cheshire PCT had the highest proportion of under 25s in non structured treatment (n=23, 15.44%), this PCT area had a low overall number in treatment in comparison to several other PCT areas. Knowsley and Wirral PCT areas had a relatively high proportion of individuals aged 65 and older in non structured treatment in comparison to other PCTs (n=247, 15.35% and n=1591, 15.49% respectively).

Figure 7: Age of individuals in contact with non structured alcohol treatment by PCT of residence, 2011/12



Treatment Provider

Data from a number of non structured treatment services within the Liverpool PCT area have been collated and included for the first time in the overall ATMS report for 2011/12¹⁴. Therefore, in contrast to previous years, the majority of treatment providers were located in Liverpool PCT. Wirral Alcohol Harm Reduction Team had the largest number of individuals in contact (n=9528), substantially higher than the next largest provider, Aintree University NHS Foundation Trust (n=1995, see Table 13: Sex and age of individuals in contact with non structured alcohol treatment by provider, 2011/12Table 13). The proportion of males varied by provider, from 0.00% within Armistead Street to 81.37% at Arch Initiatives Alcohol Interventions.

¹⁴ See methodological section for explanation

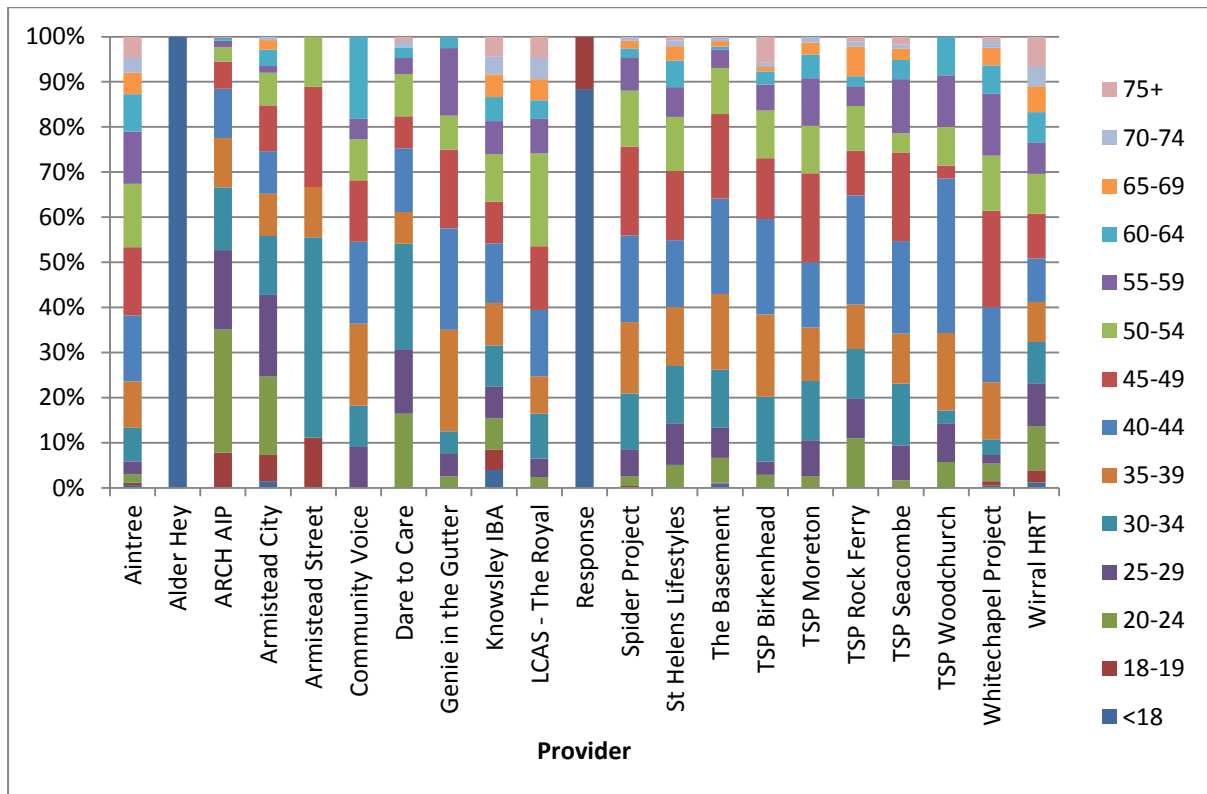
Table 13: Sex and age of individuals in contact with non structured alcohol treatment by provider, 2011/12

Provider	Male		Under 25		65+		Total
	No.	%	No.	%	No.	%	
Aintree University Hospitals NHS Foundation Trust (Aintree)	1340	67.17	58	2.91	276	13.83	1995
Alder Hey Children's NHS Foundation Trust (Alder Hey)	20	36.36	55	100.00	0	0.00	55
Arch Initiatives Alcohol Interventions Programme (ARCH AIP)	703	81.37	305	35.30	-	-	864
Armistead City	101	74.26	32	23.53	-	-	136
Armistead Street	0	0.00	-	-	0	0.00	9
Community Voice	13	59.09	0	0.00	0	0.00	22
Dare to Care	60	70.59	14	16.47	-	-	85
Genie in the Gutter	30	73.17	-	-	0	0.00	41
Knowsley Identification of Brief Advice (IBA)	475	30.55	239	15.37	209	13.44	1555
Response	5	11.63	43	100.00	0	0.00	43
Spider Project	149	63.68	6	2.56	6	2.56	234
St Helens Lifestyles Team (St Helens Lifestyles)	721	65.61	57	5.19	56	5.10	1099
The Basement	311	73.87	28	6.65	9	2.14	421
The Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLUH)	114	67.46	-	-	24	14.20	169
The Social Partnership Birkenhead (TSP Birkenhead)	78	75.00	-	-	8	7.69	104
The Social Partnership Moreton (TSP Moreton)	49	64.47	-	-	-	-	76
The Social Partnership Rock Ferry (TSP Rock Ferry)	55	60.44	10	10.99	8	8.79	91
The Social Partnership (TSP Seacombe)	77	65.81	-	-	6	5.13	117
The Social Partnership Woodchurch (TSP Woodchurch)	20	57.14	-	-	0	0.00	35
The Whitechapel Centre	114	55.34	11	5.34	13	6.31	206
Wirral Alcohol Harm Reduction Team (Wirral HRT)	4156	43.62	1298	13.62	1588	16.67	9528
Total*	8111	50.07	2128	13.14	2194	13.54	16200

-Numbers less than 5 have been suppressed

* The Cheshire and Merseyside total does not equal the sum of the agency figures as some individuals may have been in contact with more than one non structured service during the financial year but are only counted once in the regional figure.

Figure 8: Age of individuals in contact with non structured alcohol treatment by PCT of residence, 2011/12



Section Three: NDTMS and ATMS

In this section of the report, the NDTMS and ATMS were combined to present an overall number of individuals in alcohol treatment in Cheshire and Merseyside. During 2011/12 there were 22641 individuals in contact with structured and non structured alcohol treatment resident in Cheshire and Merseyside, almost half of those were resident in Wirral PCT (n=11812, 48.34%).

Table 14: Number of individuals in contact with alcohol treatment by PCT of residence, 2011/12

PCT of Residence	Number	Percentage (%)
Central and Eastern Cheshire	689	2.82
Halton & St Helens	2157	8.83
Knowsley	2279	9.33
Liverpool	3720	15.22
Sefton	1832	7.50
Warrington	813	3.33
Western Cheshire	1135	4.64
Wirral	11812	48.34
Total*	22641	100.00

* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

Demographics of the treatment population

Sex and age

As shown in Table 15, the majority of those in contact with treatment were male (n=11923, 52.66%) with this proportion varying from 44.19% in Knowsley PCT (n=1007) to 63.33% (n=1336) in Halton and St Helens PCT. The proportion of individuals in treatment aged under 25 varied from 7.26% (n=133) in Sefton PCT to 14.21% (n=1646) in Wirral PCT.

Table 15: Sex and age of individuals in contact with alcohol treatment by PCT of residence, 2011/12

PCT of residence	Male		Under 25		65+		Total
	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	420	60.96	81	11.76	25	3.63	689
Halton & St Helens	1366	63.33	207	9.60	73	3.38	2157
Knowsley	1007	44.19	303	13.30	274	12.02	2279
Liverpool	2291	61.59	428	11.51	206	5.54	3720
Sefton	1098	59.93	133	7.26	173	9.44	1832
Warrington	500	61.50	68	8.36	26	3.20	813
Western Cheshire	681	60.00	92	8.11	61	5.37	1135
Wirral	5718	48.41	1678	14.21	1646	13.93	11812
Total*	11923	52.66	2917	12.88	2435	10.75	22641

* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

Table 16: Age distribution of individuals in contact with alcohol treatment, 2011/12¹⁵

Age Band	Number	Percentage (%)
<18	628	2.77
18-19	556	2.46
20-24	1733	7.65
25-29	1877	8.29
30-34	2256	9.96
35-39	2368	10.46
40-44	2836	12.53
45-49	2758	12.18
50-54	2268	10.02
55-59	1632	7.21
60-64	1294	5.72
65-69	951	4.20
70-74	644	2.84
75+	840	3.71
Total	22641	100.00

¹⁵ See methodological section for explanation

Section Four: Local Alcohol Profiles for England: Data for Cheshire and Merseyside

The following section provides information from the Local Alcohol Profiles for England (LAPE). The indicators measure the impact of alcohol on local communities and include a national indicator generated by the Department Of Health – *Admission episodes for alcohol-attributable conditions (previously National Indicator 39)* (see page 8). There are 25 LAPE indicators, of which 15 are included in the table below. These measures provide context for each PCT to gauge their numbers in structured and non structured treatment against other measures of the impact of alcohol use within their area. As shown in Table 17, Liverpool PCT had the highest rates in Cheshire and Merseyside for the majority of indicators displayed with the exception of months of life lost in females, alcohol specific mortality in females, mortality from chronic liver disease in females and alcohol attributable mortality in females. Wirral PCT also had high rates in several indicators, particularly amongst females in comparison to other areas in Cheshire and Merseyside. Liverpool and Wirral PCT areas also have the highest number of individuals in contact with structured and non structured treatment, along with the largest proportion of non structured providers in the Cheshire and Merseyside area. Whilst Wirral PCT also has the highest prevalence rates of individuals in contact with structured treatment, Liverpool has one of the lowest rates of individuals in structured treatment per 1,000 population in the Cheshire and Merseyside area.

Table 17: Cheshire and Merseyside LAPE indicators, 2012

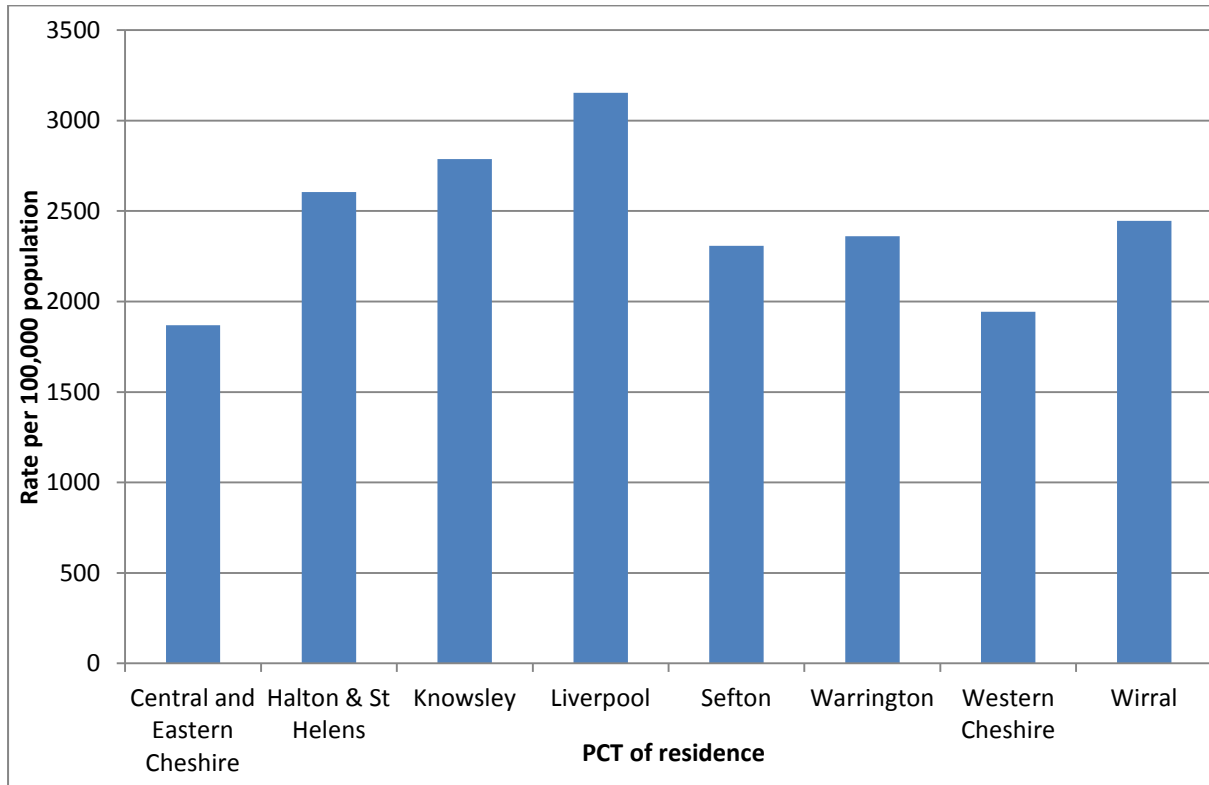
	PCT							
	C & E Cheshire	Halton & St Helens	Knowsley	Liverpool	Sefton	Warrington	W Cheshire	Wirral
Months of life lost- males*	8.5	13.3	10.5	13.5	12.1	9.0	10.5	12.7
Months of life lost- females*	4.6	6.6	6.4	6.9	6.2	5.7	4.9	7.3
Alcohol specific mortality- males†	11.9	21.7	17.1	25.5	23.5	13.5	20.0	24.4
Alcohol specific mortality- females†	7.2	11.9	9.5	12.1	12.4	9.1	8.1	13.4
Mortality from chronic liver disease- males†	12.5	23.3	19.3	26.5	22.1	15.3	18.2	25.3
Mortality from chronic liver disease- females†	8.1	13.6	11.4	12.9	12.4	9.0	8.3	13.9
Alcohol attributable mortality- males†	33.2	48.2	40.3	58.6	54.8	38.9	42.4	48.5
Alcohol attributable mortality- females†	11.3	20.5	26.3	21.2	18.7	18.6	17.1	24.8
Alcohol specific hospital admission under 18s†	86.6	118.9	95.5	135.5	96.8	72.0	63.8	117.9
Alcohol specific hospital admission- males†	433.8	853.0	830.7	1071.7	673.5	677.7	479.2	930.7
Alcohol specific hospital admission- females†	261.6	476.7	452.8	535.8	352.7	375.9	293.7	464.6
Alcohol attributable hospital admission- males†	1515.8	2137.6	2257.0	2452.2	1847.2	1877.4	1507.1	2036.5
Alcohol attributable hospital admission- females†	930.2	1256.4	1290.6	1392.3	1020.5	1124.9	916.0	1103.0
NI39 ¹⁶	1869.9	2605.8	2787.6	3153.1	2307.9	2360.6	1942.5	2445.7

*An estimate of the increase in life expectancy at birth that would be expected if all alcohol-attributable deaths among males/females aged under 75 years were prevented. (NWPHO from 2008-2010 England and Wales life expectancy tables for males and females [Government Actuary Department], alcohol-attributable deaths from Public Health Mortality File 2008-2010 in males/females aged under 75 and Office for National Statistics mid-year population estimates for 2008-2010).

†Directly standardised rate per 100,000 population

¹⁶ Admission episodes for alcohol-attributable conditions (previously NI39): directly age and sex standardised rate per 100,000 population

Figure 9: NI39 measure of admission episodes for alcohol-attributable conditions; directly age and sex standardised rate per 100,000 population



Methodology

1. 8019 individuals. Unless stated otherwise numbers are discussed in terms of an individual's PCT of residence. The following records have been excluded from analysis:
 - a. A missing date of birth or agency code
 - b. An age of under 9 or over 75 at year end
 - c. A PCT outside Cheshire and Merseyside.

Within this section of the report, all those in contact with treatment have been included. It includes individuals who may have presented for treatment but who never actually commenced a treatment intervention.

2. Data from the North West Public Health Observatory. Data sourced from the Office for National Statistics (ONS).
3. Ethnicity data were missing or not stated in 7.88% of records.
4. Age was calculated from the 31st March 2012 (the final day of the reporting period). This is in contrast to the calculation of age by the National Drug Evidence Centre (NDEC) and NTA. Only those clients aged between 9 and 75 were included in analysis.
5. Drug use – other drugs include: solvents, antidepressants, other drugs, prescription drugs, hallucinogens.
6. Data were missing in 1.38% of referral records.
7. A treatment journey maps a client's movement through a treatment system. Most treatment journeys consist of just one episode but many consist of two or more (for example, where a client is transferred between agencies). For reporting purposes, it is necessary that episodes have a common recorded partnership of residence for a link to be identified. In addition, episodes will only be deemed as forming part of the same treatment journey if one of the following conditions apply:-
 - there is less than a 3 week gap (21 days) between the earlier episode discharge date and the start date of the first modality associated with the later starting episode (short gap);
 - the discharge date for the earlier episode occurs after the start date for the first modality of another episode (overlap);
 - any open episode (i.e. where there is no discharge date) is followed by another episode or episodes (as they will necessarily overlap).

A treatment journey is deemed as having started on the earliest triage date of any episode linked to that treatment journey. A **new treatment journey** is identified as having started if the earliest triage date is within the reporting period. If all episodes in the treatment journey are closed, the journey is deemed as having ended at the latest discharge date of any episode. This is referred to as a **treatment system exit**. If any episode is open, the journey will also be deemed to be open. All treatment journey figures are based on the most recently starting treatment journey in the specified period. Many of the reports are based only on new treatment journeys as indicated in the header.

8. An OCU is defined as a client presenting with opiates and / or crack cocaine as their main, second or third drug recorded at any episode during their latest treatment journey.

9. Other drugs include: solvents, antidepressants, other drugs, prescription drugs, hallucinogens and ecstasy.
10. 16200 individuals. Unless stated otherwise numbers are discussed in terms of an individual's PCT of residence. The following records have been excluded from analysis:
 - a. A missing date of birth or agency code
 - b. An age of under 9 at year end
 - c. A PCT outside Cheshire and Merseyside.

Within this section of the report, all those in contact with treatment have been included. It includes individuals who may have presented for treatment but who never actually commenced a treatment intervention.

11. Data from the North West Public Health Observatory. Data sourced from the Office for National Statistics (ONS).
12. Ethnicity data were missing or not stated in 5.70% of records.
13. Age was calculated from the 31st March 2011 (the final day of the reporting period). This is in contrast to the calculation of age by NDEC and NTA. Only those clients aged 9 years and over were included in analysis. In contrast to the NDTMS dataset, individuals aged over 75 are included within the analysis.
14. New agencies to ATMS in 2011/12 are: Armistead City, Armistead Street, Community Voice, Dare to Care, Genie in the Gutter, Spider Project, The Basement and The Whitechapel Centre. Data from these agencies were included in the report if an individual had stated alcohol as a primary problematic substance or alcohol as their initial substance.
15. Age was calculated from the 31st March 2012 (the final day of the reporting period). This is in contrast to the calculation of age by NDEC and NTA. Data for those aged 9-75 years was included for those in structured treatment. Data on those aged 9 onwards was included for those in contact with non structured treatment.

References

- ⁱ Home Office, 2012. *The Government's Alcohol Strategy*. London: The Stationery Office.
- ⁱⁱ Beynon C, Hungerford D (2012). *Burden of liver disease and inequalities in the North West of England*. Liverpool: Liverpool John Moores University.
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