alcohol in: Bolton

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This factsheet is designed to provide a snapshot of key alcohol indicators in Bolton covering: alcohol consumption; alcohol and health; alcohol and crime; young people and alcohol and structured alcohol treatments.

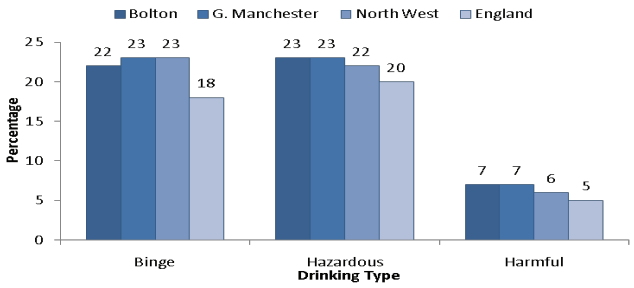
key points

- Estimates for Bolton suggest that 22% binge, 23% drink hazardously and 7% of the population drink harmfully.
- Alcohol-attributable admissions for NI39 increased overall between 2005/06 and 2007/08.
- Alcohol-related crimes has remained stable at approximately 10 per 100,000 since 2007/08.
- The rate of alcohol-specific admission for under 18's has decreased slightly in recent years. More females are admitted than males.
- Bolton has 383 males and 329 females in contact with treatment services In total, 41% of those in treatment are aged 30-44 years.

alcohol consumption

Synthetic estimates for alcohol consumption in Bolton (Figure 1) show that almost a quarter are estimated to be binge drinkers, comparable with Greater Manchester and the North West though above the national average. Hazardous and harmful drinking again show percentages comparable with Greater Manchester and the North West but above the national estimates.

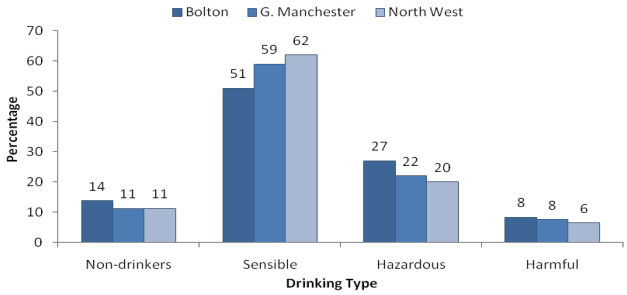
Figure 1: Synthetic estimates of alcohol consumption



Source: North West Public Health Observatory (2010)

Over half of the respondents of the Big Drink Debate in Bolton (Cook et al, 2008) reported being sensible drinkers, below Greater Manchester and North West levels. Bolton had the highest percentage self-reporting hazardous drinking in Greater Manchester and had the fourth highest percentage reporting harmful drinking. Both were above the North West averages (Figure 2).

Figure 2: Big Drink Debate estimates of alcohol consumption*



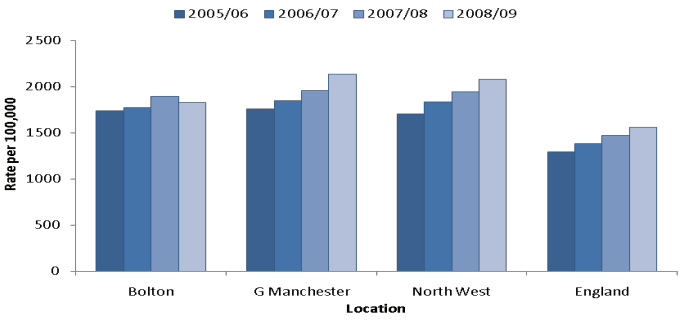
*Percentages may not sum to 100% due to rounding

Source: Cook et al. (2008, 2009)

alcohol and health

The rate of NI39 alcohol-related admissions in Bolton show an overall increase since 2005/06, peaking in 2007/08 (Figure 3). Rates in Greater Manchester, the North West and England have increased yearly. Latest figures for 2008/09 show that rates for Bolton are below the Greater Manchester and North West averages but are above the national average.

Figure 3: NI39 hospital admission for alcohol-related harm

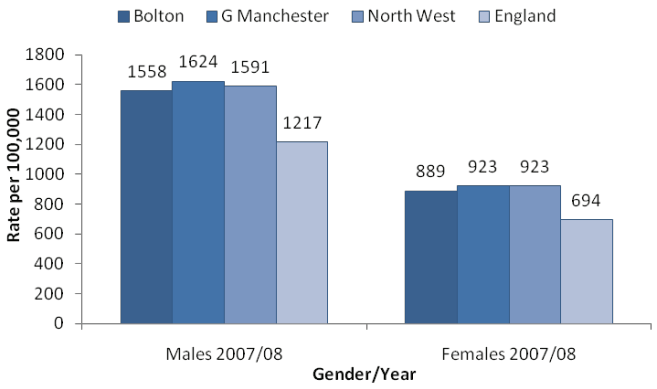


Source: North West Public Health Observatory (2010)

Alcohol specific admission data show males (560 per 100,000) experience almost double the rate of admission than females (287) in Bolton. Rates for both males and females in Bolton are below the average for the North West (596 per 100,000 for males and 312 for females) but greater than the average nationally (374 and 190 for males and females respectively).

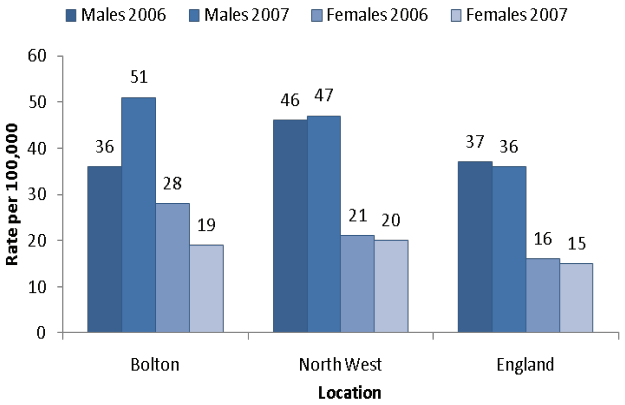
Alcohol-related admission show a similar pattern: males (1558 per 100,000) are almost twice as likely to have an alcohol-related admission as females (889 per 100,000; Figure 4). Rates for Bolton are below the Greater Manchester (1624 and 923 per 100,000 for male and females respectively) and North West (1591 and 923 for males and females respectively) averages. Again Bolton and the North West in general are above the national average (1217 males; 694 females). In fact, Bolton is ranked sixth out of the ten local authorities in Greater Manchester for both male and females in terms of alcohol-related admission.

Figure 4: Alcohol-related Admission



Source: North West Public Health Observatory (2010)

Figure 5: Alcohol-related mortality



Source: North West Public Health Observatory (2010)

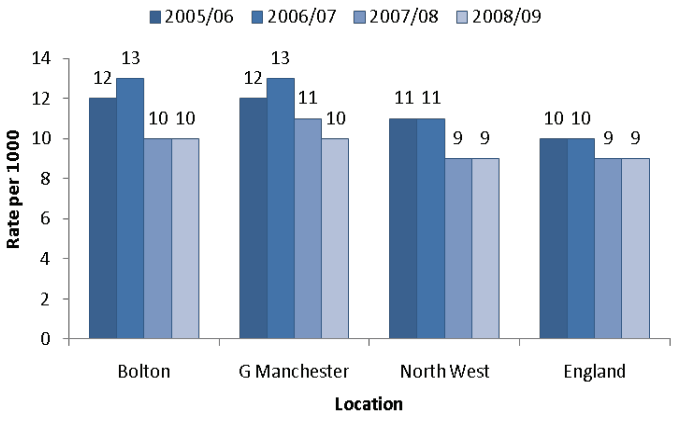
For males in Bolton, there was an increase in alcohol-related mortality rates between 2006 and 2007, from 36 to 51 per 100,000 (Figure 5). Rates for females over the same period saw a decrease from 28 to 19 per 100,000. These trends mirror that of the North West. The rates for males and females in Bolton are above the national averages.

Alcohol specific mortality rates in Bolton for 2005- 2007, show an increasing trend; females saw a larger increase than males (20 to 21 per 100,000) from seven to 12 per 100,000. This trend echoes the Greater Manchester, North West and national rates, where females saw the largest increase. In fact rates for females in Bolton (12 per 100,000 for 2005-2007) are double the national rate (6). For males, the Bolton rate (17 per 100,000) is higher than the national average (13).

alcohol and crime

Alcohol-related crime data in Bolton (Figure 6) show that overall for the years 2005/06 and 2008/09, there was a slight decrease, similar to Greater Manchester, the North West and nationally. However, rates for Bolton are above the North West and national averages. Data show that overall there has been a drop in the rate of violent crime related to alcohol, from eight in 2005/06 to six per 1000 in 2008/09. The current rate (6 per 1000) is equivalent to that of Greater Manchester (6), the North West (6) and England (6).

Figure 6: Alcohol-related crime



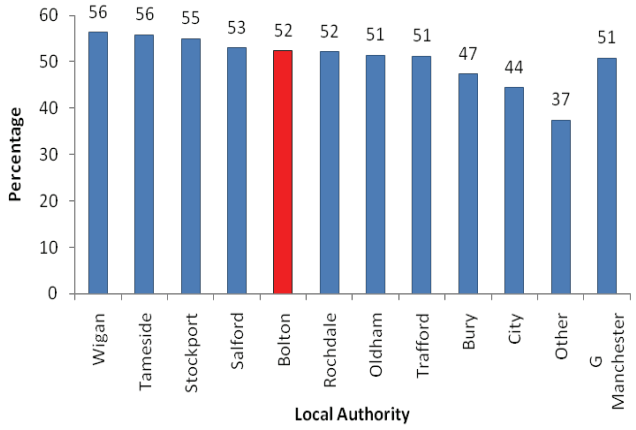
Source: North West Public Health Observatory (2010)

Data for road traffic accidents (RTAs) for 2008 show that 11% of serious and fatal RTAs produced a positive alcohol breath test; this is below the Greater Manchester average (14%). However this percentage has increased from 8% in 2007.

However, Bolton is still below levels from 2004 (15%), 2005 (16%) and 2006 (12%).

Data regarding alcohol linked to offending in Greater Manchester are presented in Figure 7. These data show that for Bolton in over half of cases (52%) alcohol is linked to offending. As such, Bolton is the joint fifth highest district (with Rochdale) in the region and is similar to the average percentage of cases for Greater Manchester (51%).

Figure 7: Alcohol linked to offending



Source: Greater Manchester Probation (2009/10)

Rates of alcohol-specific admission for those under 18 (2004/05-2006/07 and 2005/06-2007/08) show a slight decrease, similar to Greater Manchester but against the slight increases nationally and in the North West. Rates for Bolton remain above the North West averages and almost double the national averages (Figure 8).

When split by gender (for the years 2003/04-2005/06 and 2004/05-2006/07), the rates of alcohol-specific admission for under 18's in Bolton show an increase for females (from 140 to 157 per 100,000) and males (from 92 to 110 per 100,000). This is similar to the increases seen across the North West and England. Rates for females are considerably higher than those of males for Bolton. As per the regional and national patterns rates for both males (110 per 100,000) and females (157) in Bolton are higher than the North West (males 106 and females 130) and around double the national averages (males 62 and females 78).

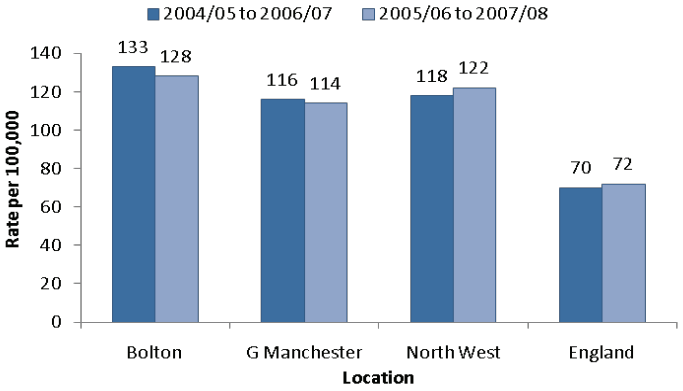
Data from the Trading Standards survey (of 14-17 year olds) show that Bolton had a higher percentage of young people reporting drinking once or more a week than Greater Manchester in 2009 (Figure 9). Bolton and Greater Manchester reported the same percentage of non-drinkers in 2009 (19%), a decrease for Bolton from 2007 and an increase for Greater Manchester.

Alcohol consumption is linked to unplanned pregnancy in young people (Bellis et al, 2009). Currently rates are the same as Greater Manchester (51 per 1000), though higher than the North West (46) and the national averages (40). There has been a general downward trend in admission rates across all areas and regions (Figure 10).

There is an association between poor school performance and risky drinking. In a Norwegian study, alcohol intoxication was linked with fewer hours spent on homework and poorer school grades (Wichstrom, 1998). We have extracted data relating to school exclusions. Fixed-term exclusions in Bolton have increased from seven percent of the school population in 2006/07 to eight percent in 2007/08. However while the North West and national percentages saw slight decreases, Greater Manchester remained the same (Figure 11). The percentage of fixed term exclusions for Bolton (2007/08) are above those of Greater Manchester, the North West and National averages.

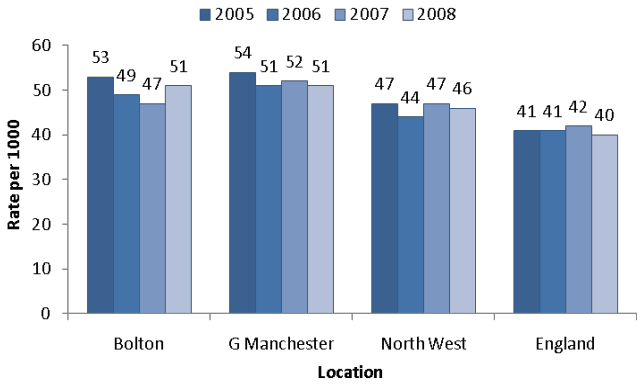
The percentage of permanent exclusions remained stable between 2006/07 (0.07% of the school population) and 2007/08 (0.06% of the school population).

Figure 8: Alcohol-specific admission



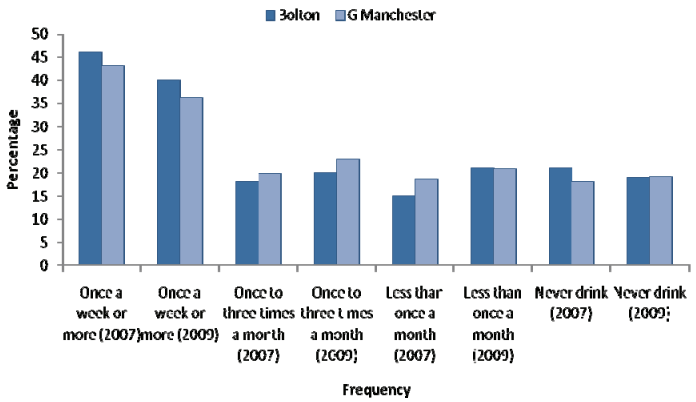
Source: North West Public Health Observatory (2010)

Figure 10: Teenage conception rate, per 1000



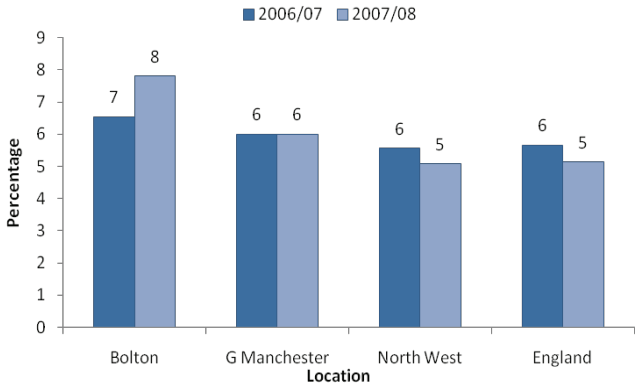
Source: Department of Children, Schools and Families (2010)

Figure 9: Frequency of 14 to 17 year olds drinking two or more alcoholic drinks*



*Figures for individual years may not sum to 100% due to rounding
Source: Trading Standards North West (2009)

Figure 11: Experience of fixed term exclusions as a percentage of the school population

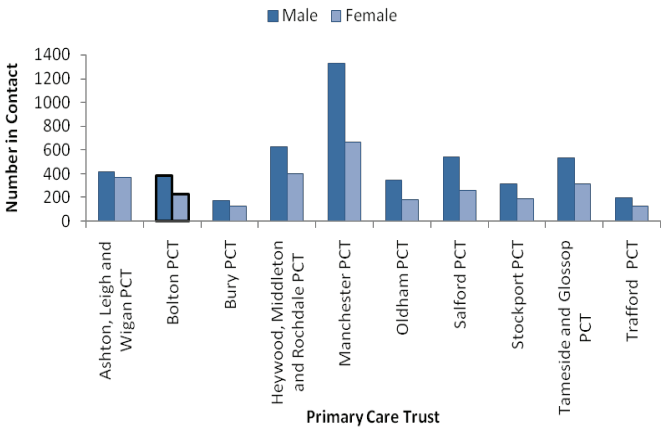


Source: Department of Children, Schools and Families (2010)

alcohol interventions

Between April and December 2009. Bolton PCT had 383 males and 229 females in contact with alcohol treatment services (712 overall), and ranks sixth out of the 10 Greater Manchester PCTs (Figure 12) . However, this does not account for population size.

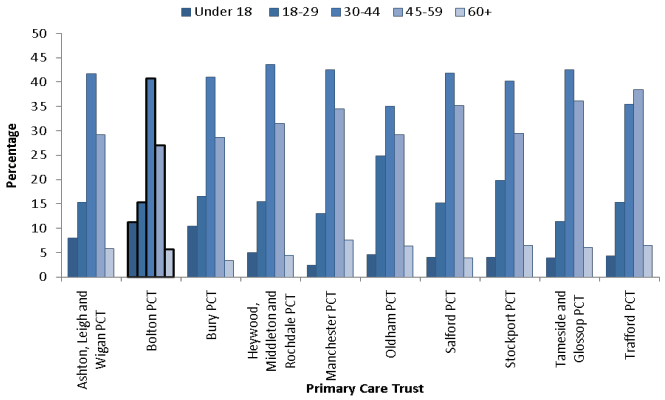
Figure 12: Number in contact with structured alcohol treatment



Source: Liverpool John Moores University (2010)

The ages of those in treatment are shown in Figure 13. The most common age range was 30-44 year olds, accounting for 41% of the 712 in contact with the treatment services in Bolton PCT, followed by the 45-59 age group (27% of those in contact with treatment). Young people aged under 18 years accounted for 11% of those in contact with the treatment services.

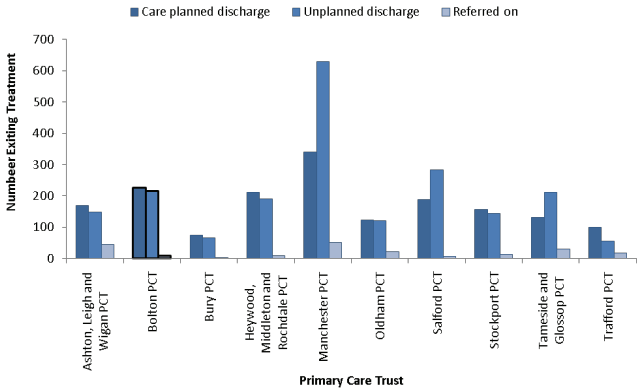
Figure 13: Percentage in contact with structured alcohol treatment, by age group



Source: Liverpool John Moores University (2010)

Figure 14 shows the number and type of discharge from treatment: 225 (50% of those exiting treatment) discharges were care planned and 215 (47% of those leaving treatment) were unplanned discharges.

Figure 14: Number and type of discharge from treatment



Source: Liverpool John Moores University (2010)

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glossary

Hazardous drinking: 15 - 35 units for women and 22 - 50 units for men a week
Harmful drinking: more than 35 units for women and more than 50 units for men a week
Binge drinking: eight or more units for men and six or more units for women in one drinking session
Sensible drinking: drinking up to 15 units per week for a woman and 22 units for a man
Alcohol-related: mortality, admissions or crimes, attributable to alcohol use
Alcohol-specific: mortality or admissions, specifically related to alcohol use

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