



Alcohol Treatment in Cheshire and Merseyside 2008/09



Ellie McCoy, Ayesha Hurst, Adam Marr, Mark Whitfield, Jim McVeigh and Mark A. Bellis



Alcohol treatment in Cheshire and Merseyside 2008/09

Ellie McCoy, Ayesha Hurst, Adam Marr, Mark Whitfield, Jim McVeigh and Mark A. Bellis

Published by:
Centre for Public Health
Research Directorate
Faculty of Health and Applied Social Sciences
Liverpool John Moores University
Kingsway House
Hatton Garden
Liverpool
L3 2AJ

tel: +44 (0)151 904 6072
email: ndtms@ljmu.ac.uk
web: <http://www.cph.org.uk/ndtms>

ISBN: 978-1-907441-49-3 (Printed version)

ISBN: 978-1-907441-50-9 (Web version)

Key Points

NDTMS – Individuals in contact with structured alcohol treatment

- During 2008/09 there were 7410 individuals in contact with structured alcohol treatment in Cheshire and Merseyside. This equates to a prevalence rate of 4.60 per 1,000 population aged 15-64.
- There were considerable variations in the number of individuals in contact with treatment across PCT areas, ranging from 443 (5.88%) in Knowsley PCT to 1455 (19.31%) in Wirral PCT.
- Prevalence rates varied across PCTs ranging from 2.76 in Central and Eastern Cheshire PCT to 7.12 in Wirral PCT (per 1,000 population aged 15-64).
- The majority of individuals in treatment were male (n=4517, 60.96%), with this profile being reflected across all PCT areas. Central and Eastern Cheshire PCT had the largest percentage of females in contact with treatment (n=367, 43.38%).
- The median age was 40 years. The majority of individuals were aged 40 and older (n=3904, 52.69%).
- Knowsley and Sefton PCTs had the highest proportions of individuals aged 50 and over (29.35% and 27.85% respectively).
- The majority of individuals stated their ethnicity as White (n=7027, 98.92%).
- Self referral was the most common referral route into treatment (n=2832, 31.60%), followed by GP referrals (n=1994, 22.25%).
- Of those exiting their most recent episode of treatment, 44.03% (n=1493) did so in a planned way.
- Sefton PCT and Central and Eastern Cheshire PCT both had high levels of planned discharges (56.86% and 54.37% respectively).
- Western Cheshire PCT and Halton & St Helens PCT had a high proportion of unplanned discharges (73.18% and 55.04% respectively).

ATMS – Individuals in contact with non structured alcohol treatment

- During 2008/09 there were 4591 individuals in contact with non structured alcohol treatment in Cheshire and Merseyside. This equates to a prevalence rate of 1.60 per 1,000 population aged 15-64.
- There were considerable variations in the number of individuals in contact with treatment across PCT areas, ranging from 18 (0.39%) in Warrington PCT to 2297 (49.89%) in Wirral PCT.
- Prevalence rates varied across PCTs ranging from 0.12 in Warrington PCT to 10.14 in Wirral PCT (per 1,000 population aged 15-64).
- The majority of individuals in treatment were male (n=2781, 60.58%), with this profile being reflected across all PCT areas.
- The median age of individuals was 42 years, this varied slightly between PCTs with Warrington PCT having the lowest median age of 40 years, compared to 44 years in Sefton PCT.
- Wirral PCT had the largest proportion of clients aged 65 and over (n=297, 12.93%).
- The majority of individuals stated their ethnicity as White (n=3994, 98.91%).

NDTMS and ATMS

- During 2008/09 there were 10940 individuals in contact with structured and non structured alcohol treatment in Cheshire and Merseyside. This equates to a prevalence rate of 6.62 per 1,000 population aged 15-64.
- There were considerable variations in the number of individuals in contact with treatment across PCT areas, ranging from 559 (5.03%) in Knowsley PCT to 3598 (32.39%) in Wirral PCT.
- Prevalence rates varied across PCTs ranging from 3.32 in Central and Eastern Cheshire PCT to 16.49 in Wirral PCT (per 1,000 population aged 15-64).
- The majority of individuals in treatment were male (n=6597, 60.30%).
- The median age of individuals was 41 years.

Acknowledgements

The authors would like to thank the following people for their help in the collection of data and in the production of the report: the staff at all treatment providers, along with the following colleagues at the Centre for Public Health; Jess Salmon, Karen Hoare, Howard Reed, Kazem Khundakar, Charles Gibbons, David Seddon, Sian Connolly and Lee Tisdall. A special thanks to Clare Heraty, senior database assistant at the Centre for Public Health, Liverpool John Moores University. The authors would also like to thank the Primary Care Trusts in Cheshire and Merseyside, along with the staff at regional and national NTA and treatment clients in Cheshire and Merseyside.

The Authors

Ellie McCoy (tel. 0151 904 6072, email e.j.mccoy@ljmu.ac.uk) is an alcohol and drugs research assistant, based within the North West NDTMS team at the Centre for Public Health, Liverpool John Moores University. Ayesha Hurst is the North West NDTMS Liaison Manager at the Centre for Public Health. Adam Marr is the North West NDTMS Manager at the Centre for Public Health. Mark Whitfield (tel. 0151 904 6069, email m.whitfield@ljmu.ac.uk) is the Systems Development Manager at the Centre for Public Health. Jim McVeigh is the Head of Substance Use/Reader in Substance Use Epidemiology at the Centre for Public Health and Mark A. Bellis is the Director of the Centre for Public Health.

This report, along with previous NDTMS reporting by the Centre for Public Health, Liverpool John Moores University, is available on the CPH website (www.cph.org.uk/ndtms). The Centre for Public Health, Liverpool John Moores University, welcomes feedback on the contents of the report. Any comments or queries should be directed to:

NDTMS
Centre for Public Health
Research Directorate
Faculty of Health and Applied Social Sciences
Liverpool John Moores University
Kingsway House
Hatton Garden
Liverpool
L3 2AJ
ndtms@ljmu.ac.uk

Contents

Introduction	6
SECTION ONE: National Drug Treatment Monitoring System (NDTMS)	7
SECTION TWO: Alcohol Treatment Monitoring System (ATMS)	15
SECTION THREE: NDTMS and ATMS	21
Methodology	23
Appendices	24
References	26

Figures

Figure 1: Prevalence rates of 15-64 year olds in contact with structured treatment per 1,000 population of postcode districts, with PCT boundaries overlaid, 2008/09	8
Figure 2: Age of individuals in contact with structured treatment by PCT of residence, 2008/09	10
Figure 3: Referral source of those in contact with structured treatment, 2008/09	12
Figure 4: Referral source of those in contact with structured treatment by PCT of residence, 2008/09	13
Figure 5: Discharge reason for most recent episode of treatment, 2008/09	13
Figure 6: Prevalence rates of 15-64 year olds in contact with non structured treatment per 1,000 population of postcode districts, with PCT boundaries overlaid, 2008/09	16
Figure 7: Age of individuals in contact with non structured treatment by PCT of residence, 2008/09	18
Figure 8: Age of individuals in contact with non structured treatment by provider, 2008/09	20

Tables

Table 1: Number of individuals in contact with structured treatment and prevalence rates, per 1,000 population aged 15-64, by PCT of residence, 2008/09	7
Table 2: Sex, ethnicity and age of individuals in contact with structured treatment by PCT of residence, 2008/09	9
Table 3: Age distribution of individuals in contact with structured treatment, 2008/09	10
Table 4: Secondary and tertiary substance profile of individuals in contact with structured treatment, 2008/09	11
Table 5: Secondary substance use by PCT of residence, 2008/09	11
Table 6: Discharge reason for most recent episode of treatment by PCT of residence, 2008/09	14
Table 7: Number of individuals in contact with non structured treatment and prevalence rates, per 1,000 population aged 15-64, by PCT of residence, 2008/09	15
Table 8: Sex, ethnicity and age of individuals in contact with non structured treatment by PCT of residence, 2008/09	17
Table 9: Age distribution of individuals in contact with non structured treatment, 2008/09	18
Table 10: Sex and age of individuals in contact with non structured treatment by provider, 2008/09	19
Table 11: Sex and age of individuals in contact with non structured treatment by PCT of treatment, 2008/09	20
Table 12: Number of individuals in contact with treatment and prevalence rates, per 1,000 population aged 15-64, by PCT of residence, 2008/09	21
Table 13: Sex and age of individuals in contact with treatment by PCT of residence, 2008/09	21
Table 14: Age distribution of individuals in contact with treatment, 2008/09	22

Appendices

Appendix 1: NDTMS - Age distribution of individuals in contact with treatment by PCT of residence, 2008/09	24
Appendix 2: NDTMS - Referral source of those in contact with treatment by PCT of residence, 2008/09	24
Appendix 3: ATMS - Age distribution of individuals in contact with treatment by PCT of residence, 2008/09	25

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 2008/09.

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] 2006). 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 tier 2 alcohol services.

The Department of Health (DH) is responsible for Government health policy on alcohol misuse with the aim to improve the health of those who regularly drink above the recommended daily limits and to protect those whose health and wellbeing is affected by the drinking of others. In June 2007, DH and the Home Office (HO) jointly launched an updated government strategy, *Safe. Sensible. Social. The next steps in the National Alcohol Strategy* (DH 2007), setting out clear goals and actions to promote sensible drinking and reduce the harm that alcohol can cause, with the aims of:

- Better education and communication
- Improving health and treatment services
- Combating alcohol-related crime and disorder
- Working with the alcohol industry

The National Treatment Agency (NTA) welcomes the Department of Health's decision to collect and monitor data from specialist alcohol treatment via the NDTMS. This data collection supports the Alcohol Strategy and will inform the NTA, DH and commissioners on the provision of specialist alcohol treatment at a national, regional and local level.

In 2010 the ATMS will continue to expand within Cheshire and Merseyside, the minimum core data set for non structured providers will be further developed. Focus will be on data quality and broadening the monitoring system to cover a greater number of treatment providers.

SECTION ONE: National Drug Treatment Monitoring System (NDTMS)

During 2008/09, there were 7410¹ individuals in contact with structured alcohol treatment in Cheshire and Merseyside. There were considerable variations in the number of individuals across PCT areas, ranging from 443 (5.88%) in Knowsley PCT to 1455 (19.31%) in Wirral PCT. Cheshire and Merseyside had a prevalence rate of 4.60 (per 1,000 population aged 15-64), which varied across PCTs ranging from 2.76 in Central and Eastern Cheshire PCT to 7.12 in Wirral PCT.

Table 1: Number of individuals in contact with structured treatment and prevalence rates, per 1,000 population aged 15-64, by PCT of residence, 2008/09

PCT of Residence	Number of individuals	Percentage (%)	Prevalence (per 1,000 aged 15-64) ²
Central and Eastern Cheshire	846	11.23	2.76
Halton & St Helens	1257	16.68	6.13
Knowsley	443	5.88	4.27
Liverpool	1260	16.72	4.07
Sefton	675	8.96	3.64
Warrington	876	11.63	6.38
Western Cheshire	722	9.58	4.54
Wirral	1455	19.31	7.12
Total*	7410	100.00	4.60

*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.

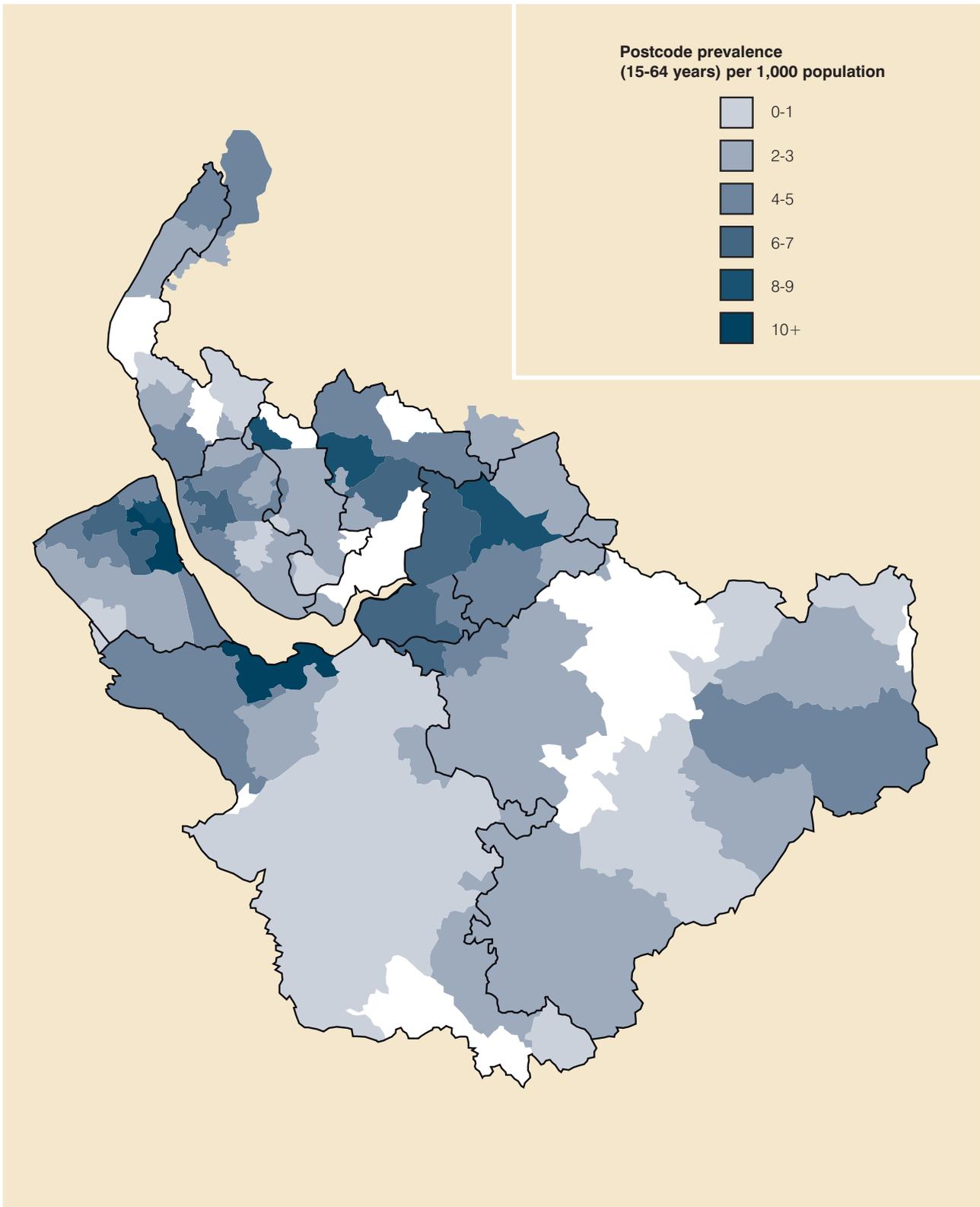
Prevalence by postcode area

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 (APHO, 2008). 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 use (APHO, 2008). 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 2008/09. The highest concentrations of individuals in contact with treatment were found in the postcode district of CH41 in the Birkenhead area of Wirral (25.08 per 1,000 population), with this postcode also having the highest prevalence for individuals in drug treatment (see Hurst et al., 2010). High prevalence rates were also found in the Wirral postcodes of CH42 and CH65 (12.97 and 12.22 per 1,000 populations respectively).

¹ See methodological section for explanation

² See methodological section for explanation

Figure 1: Prevalence rates of 15-64 year olds in contact with structured treatment per 1,000 population of postcode districts, with PCT boundaries overlaid, 2008/09



Demographics of the treatment population

Sex

The majority of individuals in contact with structured alcohol treatment in Cheshire and Merseyside were male (n=4517, 60.96%). Whilst this majority was reflected in all PCT areas, the proportion of females varied from 35.60% in Western Cheshire PCT to 43.38% in Central and Eastern Cheshire PCT. Amongst all age bands there were a greater proportion of males compared to females with the exception of the under 18 population (n=307, 57.60% females).

Ethnicity³

The majority of individuals in contact with treatment in Cheshire and Merseyside stated their ethnicity as White (n=7027, 98.92%). Whilst the majority of PCT areas had less than one percent of Black and Minority Ethnic (BME) groups within their treatment population, 3.41% of individuals resident in Liverpool PCT stated their ethnicity as BME.

Table 2: Sex, ethnicity and age of individuals in contact with structured treatment by PCT of residence, 2008/09⁴

PCT of Residence	Male		White [†]		Under 25		65+		Total
	No.	%	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	479	56.62	749	99.47	161	19.03	26	3.07	846
Halton & St Helens	794	63.17	1222	99.51	250	19.89	36	2.86	1257
Knowsley	268	60.50	416	99.52	66	14.90	9	2.03	443
Liverpool	735	58.33	1191	96.59	169	13.41	25	1.98	1260
Sefton	395	58.52	653	99.09	101	14.96	23	3.41	675
Warrington	529	60.39	866	98.86	172	19.63	29	3.31	876
Western Cheshire	465	64.40	697	99.57	99	13.71	18	2.49	722
Wirral	935	64.26	1354	99.63	211	14.50	43	2.96	1455
Total*	4517	60.96	7027	98.92	1222	16.49	209	2.82	7410

*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.

³See methodological section for explanation

⁴See methodological section for explanation

Age⁵

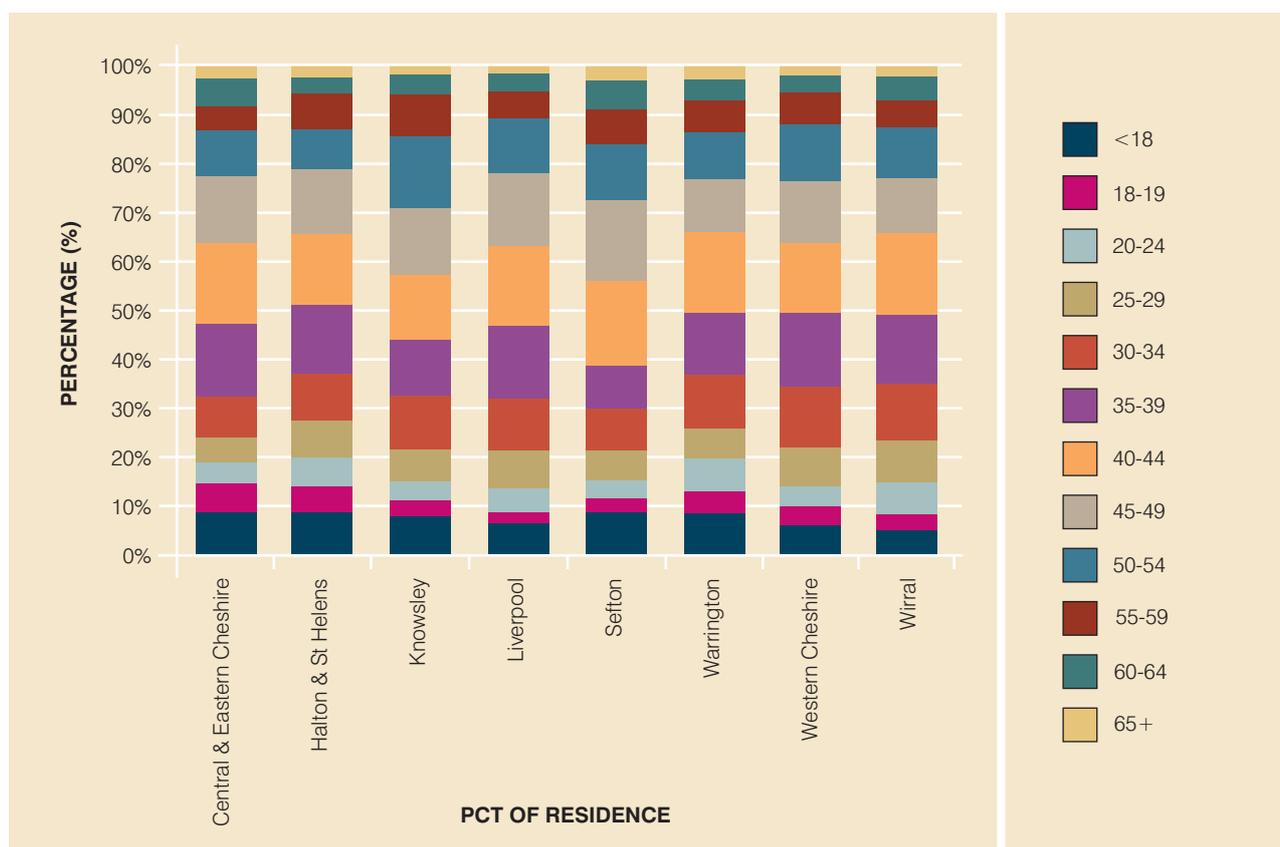
Table 3 displays the number of individuals in contact with treatment by age. A large percentage of individuals were aged 40 and older (n=3904, 52.69%). The median age of individuals was 40 years, with this varying slightly between PCTs from 39 years in Halton & St Helens PCT to 43 years in Sefton PCT.

Table 3: Age distribution of individuals in contact with structured treatment, 2008/09

Age Band	Number of Individuals	Percentage (%)
<18	531	7.17
18-19	290	3.91
20-24	401	5.41
25-29	531	7.17
30-34	760	10.26
35-39	993	13.40
40-44	1154	15.57
45-49	996	13.44
50-54	746	10.07
55-59	483	6.52
60-64	316	4.26
65+	209	2.82
Total	7410	100.00

Figure 2 shows distributions of age ranges were not consistent throughout Cheshire and Merseyside. Halton & St Helens, Warrington and Central and Eastern Cheshire PCTs had higher proportions of under 25s in contact with treatment (19.89%, 19.63% and 19.03% respectively) when compared to the Cheshire and Merseyside average (16.49%). The highest proportions of individuals aged 50 and over were found in Knowsley and Sefton PCTs (29.35% and 27.85% respectively).

Figure 2: Age of individuals in contact with structured treatment by PCT of residence, 2008/09



⁵ See methodological section for explanation

Substance Use

The NDTMS records the primary substance of those in contact with treatment, along with secondary and tertiary substances. As all clients stated the primary use of alcohol, table 4 provides information for those individuals who stated a secondary and tertiary substance, only 1052 (14.20%) stated the use of a secondary substance and 365 (4.93%) stated the use of a tertiary substance. Of those that stated a secondary substance, a high proportion stated the use of cannabis (n=446, 42.40%) and cocaine (n=229, 21.77%). Similarly, these drugs were the most commonly reported tertiary substance.

Table 4: Secondary and tertiary substance profile of individuals in contact with structured treatment, 2008/09

Substance	Secondary substance*		Tertiary substance**	
	No.	%	No.	%
Amphetamines	29	2.76	22	6.03
Benzodiazepines	14	1.33	12	3.29
Cannabis	446	42.40	81	22.19
Cocaine	229	21.77	99	27.12
Crack	17	1.62	49	13.42
Ecstasy	12	1.14	38	10.41
Heroin	105	9.98	20	5.48
Methadone	66	6.27	19	5.21
Other Opiates	15	1.43	2	0.55
Other Drugs ⁶	119	11.31	23	6.30
Total	1052	100.00	365	100.00

*Percentages calculated for those who stated a secondary substance **Percentages calculated for those who stated a tertiary substance

The majority of individuals aged under 18 stated the secondary substance use of cannabis (n=187, 78.24%). Secondary substance use was more likely to be reported by the younger treatment population, with a very small proportion of individuals aged 60 and over (n=16, 1.51%) reporting a secondary substance. Table 5 shows that cannabis was the most commonly stated secondary substance across all PCTs, followed by cocaine. Liverpool PCT had the highest number and proportion of individuals stating heroin (n=48, 20.96%) as a secondary substance.

Table 5: Secondary substance use by PCT of residence, 2008/09

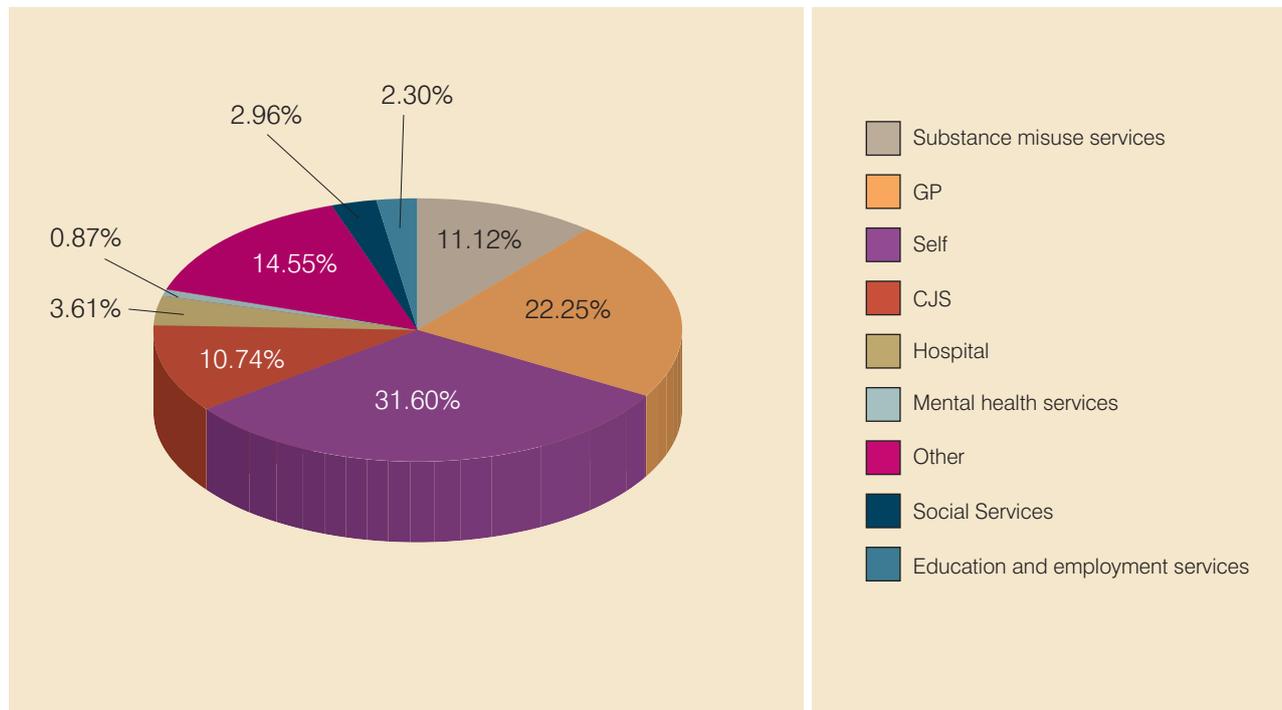
Substance	Central and Eastern Cheshire	Halton & St Helens	Knowsley	Liverpool	Sefton	Warrington	Western Cheshire	Wirral	Total
Amphetamines	4	7	0	4	0	4	3	7	29
Benzodiazepines	0	2	2	2	2	0	0	6	14
Cannabis	52	86	18	77	40	62	38	78	446
Cocaine	15	22	12	73	16	41	4	46	229
Crack	2	3	0	5	1	1	1	5	17
Ecstasy	4	4	0	0	0	3	0	1	12
Heroin	9	13	1	48	10	13	3	11	105
Methadone	12	2	1	7	7	0	0	37	66
Other Opiates	1	1	1	5	0	0	0	8	15
Other Drugs	5	7	2	8	62	1	2	32	119
Total	104	147	37	229	138	125	51	231	1052

⁶See methodological section for explanation

Referrals

During 2008/09, each individual in 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=8995 including double counting⁷).

Figure 3: Referral source of those in contact with structured treatment, 2008/09



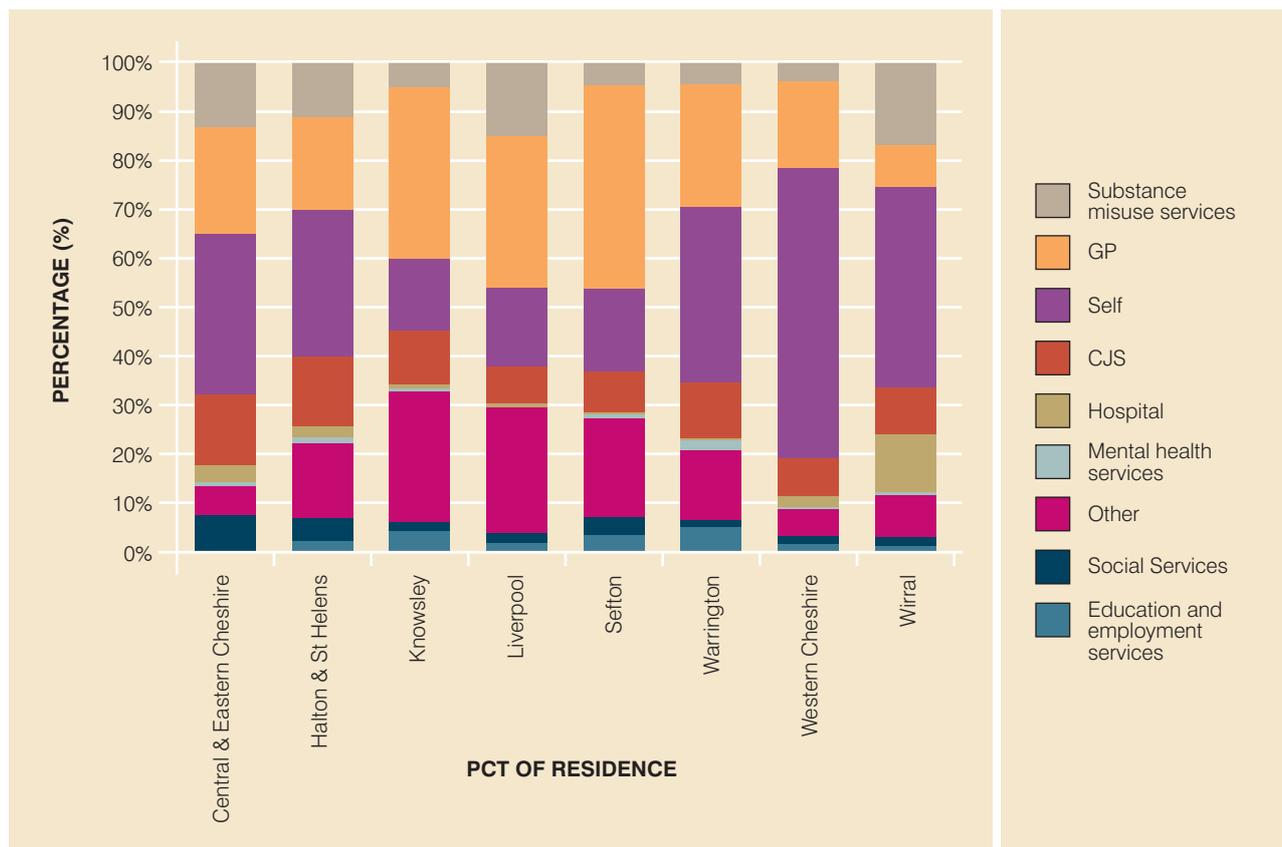
*Other includes: Other, Sex worker project, Relative, Concerned other, Children and family services, Outreach, Helpline, Family and friends, FRANK, Website.

Figure 3 shows that self referral was the most common route of referral into treatment (n=2832, 31.60%), followed by GP referrals, (n=1994, 22.25%). The highest proportion of self referrals into treatment were found in Western Cheshire PCT, where over half of referrals were via this route (59.14%). High proportions of self referrals were also found in Wirral PCT (41.08%). Sefton PCT had the highest proportion of GP referrals (41.22%), followed by Knowsley PCT (35.32%).

The highest proportion of referrals from Criminal Justice Services (CJS, n=280, 49.56%) and education and employment services (n=137, 24.25%) came from those aged under 18. However, it must be noted that in terms of the overall treatment population in Cheshire and Merseyside relatively small numbers were referred via these routes.

⁷ See methodological section for explanation

Figure 4: Referral source of those in contact with structured treatment by PCT of residence, 2008/09



Treatment outcomes

Of the 7410 individuals in contact with structured alcohol treatment during 2008/09, 3391 (45.76%) were discharged from their most recent episode of treatment. As seen in figure 5, 44.03% (n=1493) of those discharged did so in a planned way. Table 6 shows that there were variations in the levels of planned and unplanned discharges dependent on PCT of residence. Sefton PCT and Central and Eastern Cheshire PCT both had high levels of planned discharges (56.86% and 54.37% respectively), whereas Western Cheshire PCT and Halton & St Helens PCT had a high proportion of unplanned discharges (73.18% and 55.04% respectively).

Figure 5: Discharge reason for most recent episode of treatment, 2008/09

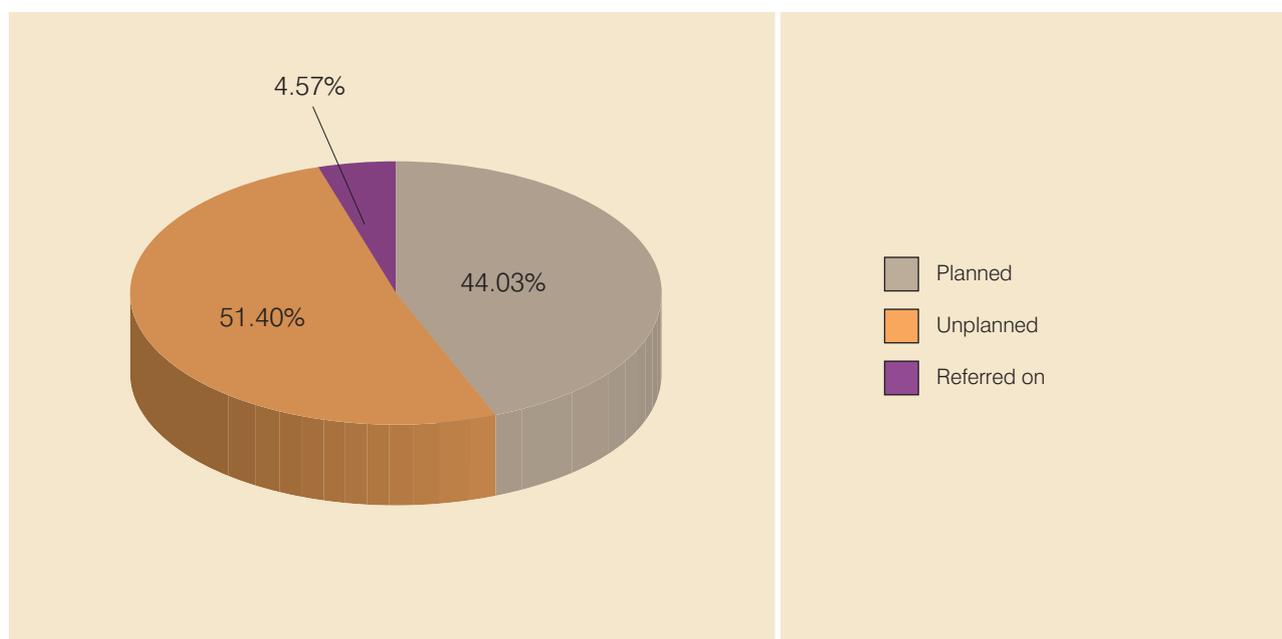


Table 6: Discharge reason for most recent episode of treatment by PCT of residence, 2008/09

PCT of Residence	Planned		Unplanned		Referred on		Total
	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	255	54.37	204	43.50	10	2.13	469
Halton & St Helens	244	34.17	393	55.04	77	10.78	714
Knowsley	53	44.92	57	48.31	8	6.78	118
Liverpool	182	43.33	211	50.24	27	6.43	420
Sefton	116	56.86	80	39.22	8	3.92	204
Warrington	232	50.54	221	48.15	6	1.31	459
Western Cheshire	71	23.51	221	73.18	10	3.31	302
Wirral	363	46.90	395	51.03	16	2.07	774
Total*	1493	44.03	1743	51.40	155	4.57	3391

*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.

SECTION TWO: Alcohol Treatment Monitoring System (ATMS)

During 2008/09, there were 4591⁸ individuals in contact with non structured alcohol treatment in Cheshire and Merseyside. It must be noted that a large proportion of individuals in treatment were reported from Wirral PCT based agencies (see table 10). The ATMS did not receive data from agencies based in Knowsley PCT and Warrington PCT, resulting in low treatment numbers for these areas. There were considerable variations in the number of individuals in contact with treatment across PCT areas, ranging from 18 (0.39%) in Warrington PCT to 2297 (49.89%) in Wirral PCT. Cheshire and Merseyside had a prevalence rate of 1.60 (per 1,000 population aged 15-64), much lower than the prevalence rate for structured alcohol treatment reported to NDTMS (4.60 per 1,000 population aged 15-64). Prevalence rates varied across PCTs ranging from 0.12 in Warrington PCT to 10.14 in Wirral PCT.

Table 7: Number of individuals in contact with non structured treatment and prevalence rates, per 1,000 population aged 15-64 by PCT of residence, 2008/09

PCT of Residence	Number of individuals	Percentage (%)	Prevalence (per 1,000 aged 15-64) ⁹
Central and Eastern Cheshire	293	6.36	0.95
Halton & St Helens	672	14.60	3.28
Knowsley	147	3.19	1.40
Liverpool	754	16.38	2.36
Sefton	337	7.32	1.80
Warrington	18	0.39	0.12
Western Cheshire	86	1.87	0.53
Wirral	2297	49.89	10.14
Total*	4591	100.00	1.60

*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.

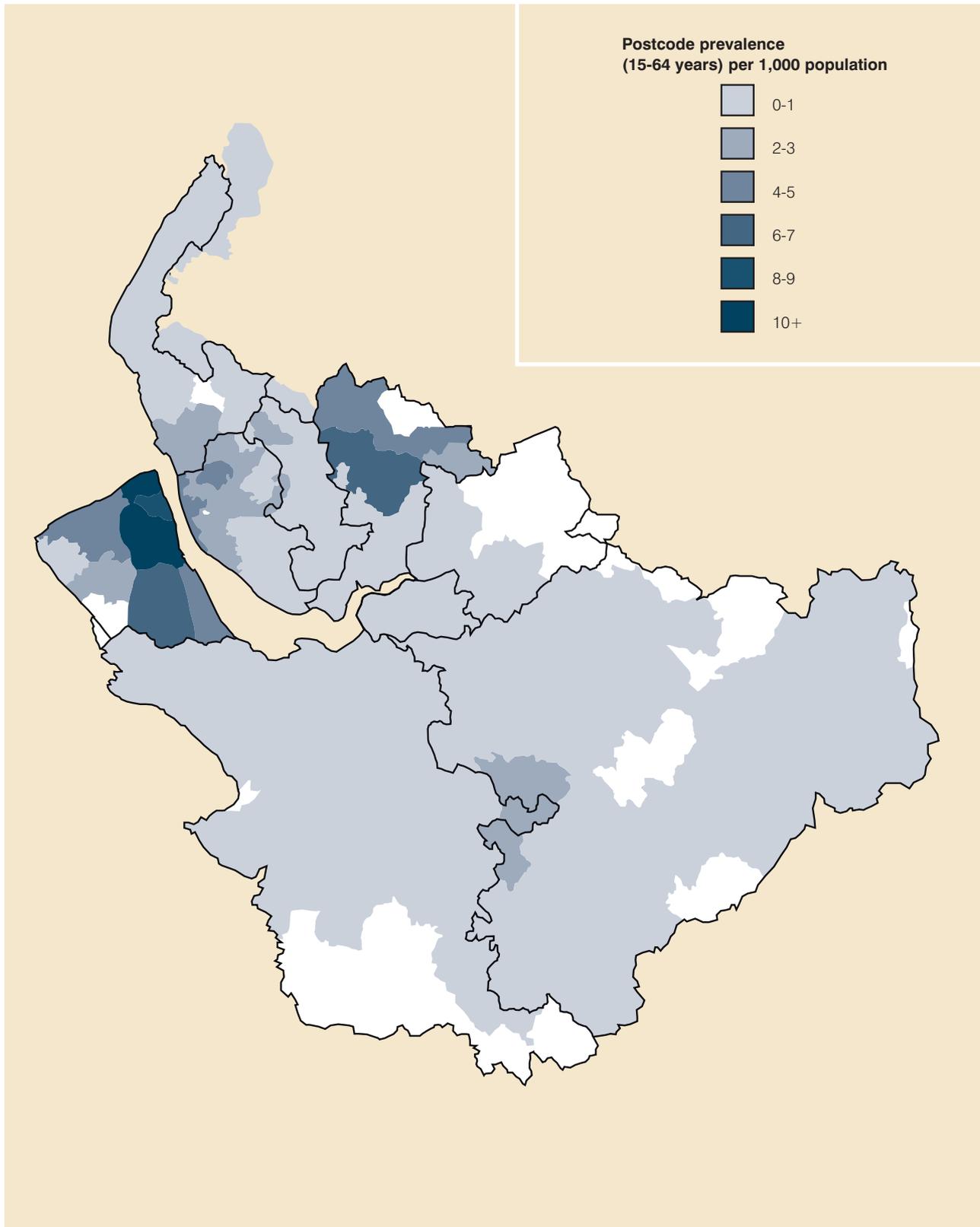
Prevalence by postcode area

Figure 6 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 2008/09. The highest concentrations of individuals in contact with treatment were found in the postcode district of CH41 in the Birkenhead area of Wirral (26.83 per 1,000 population). High prevalence rates were also found in the Wirral postcodes of CH42 and CH43 (15.94 and 11.92 per 1,000 populations respectively) and St Helens postcodes of WA10 and WA9 (7.27 and 6.46 per 1,000 populations respectively). Figure 6 shows that, similar to structured treatment, the majority of individuals in contact with non structured treatment were resident in certain postcode districts within Wirral PCT. However, there was very little extension of these numbers beyond these postcode areas.

⁸ See methodological section for explanation

⁹ See methodological section for explanation

Figure 6: Prevalence rates of 15-64 year olds in contact with non structured treatment per 1,000 population of postcode districts, with PCT boundaries overlaid, 2008/09



Demographics of the treatment population

Table 8: Sex, ethnicity and age of individuals in contact with non structured treatment by PCT of residence, 2008/09¹⁰

PCT of Residence	Male		White [†]		Under 25		65+		Total
	No.	%	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	187	63.82	293	100.00	13	4.44	13	4.44	293
Halton & St Helens	434	64.58	620	99.52	55	8.18	26	3.87	672
Knowsley	93	63.27	130	97.74	9	6.12	7	4.76	147
Liverpool	463	61.41	470	97.51	54	7.16	35	4.64	754
Sefton	201	59.64	323	99.69	16	4.75	20	5.93	337
Warrington	9	50.00	15	100.00	2	11.11	2	11.11	18
Western Cheshire	59	68.60	81	100.00	3	3.49	5	5.81	86
Wirral	1345	58.55	2071	98.81	353	15.37	297	12.93	2297
Total*	2781	60.58	3994	98.91	504	10.98	404	8.80	4591

*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

The majority of individuals in contact with non structured alcohol treatment in Cheshire and Merseyside were male (n=2781, 60.58%). There was a similar pattern for all PCT areas, along with similar proportions of females in contact with structured treatment. Amongst all age bands there were a greater proportion of males compared to females with the exception of the under 18 population who had 69.44% (n=25) females, a higher proportion when compared to structured alcohol treatment (57.60%).

Ethnicity¹¹

The majority of individuals stated their ethnicity as White (n=3994, 98.91%). As with structured treatment, there were a very low proportion of Black and Minority Ethnic (BME) individuals in contact with non structured treatment in Cheshire and Merseyside.

¹⁰ See methodological section for explanation

¹¹ See methodological section for explanation

Age¹²

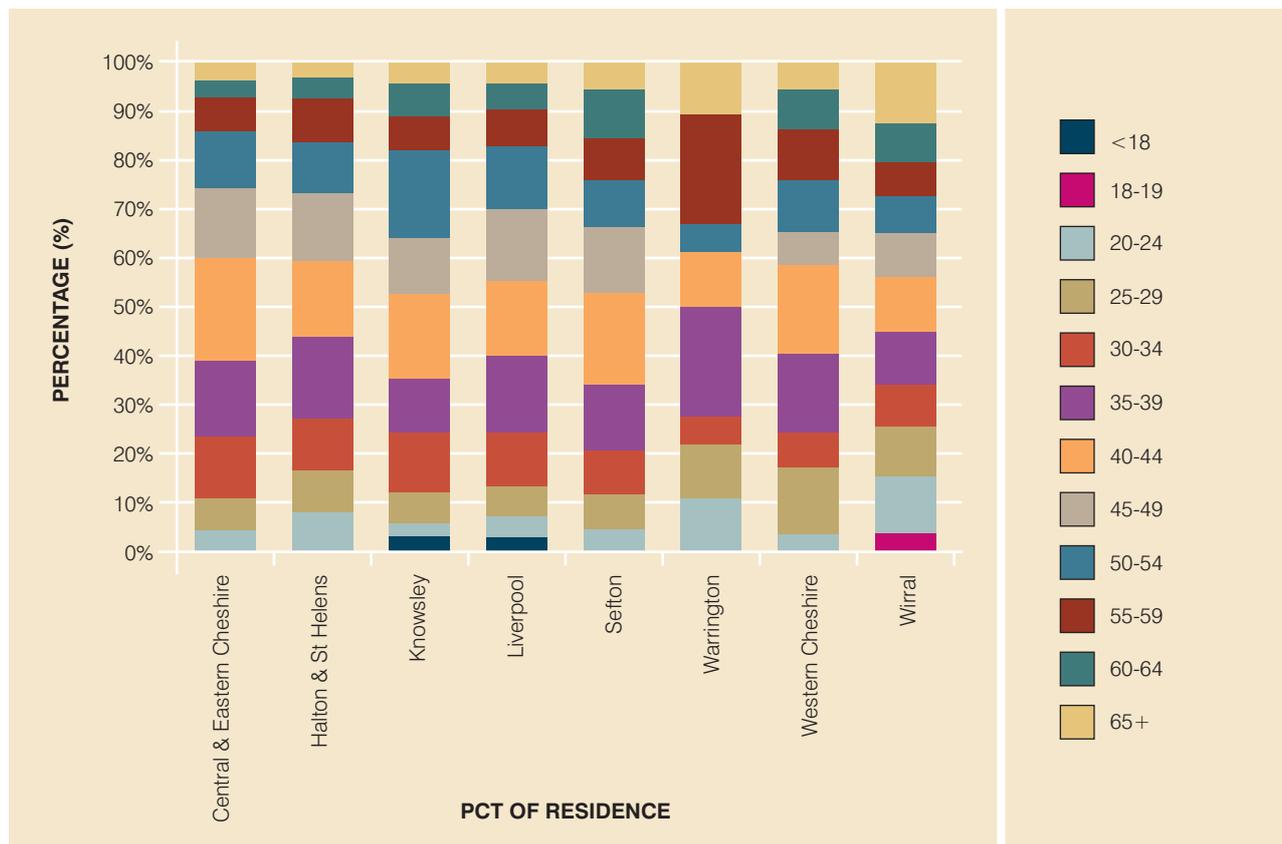
Table 9 displays the number of individuals in treatment by age. The median age of individuals was 42 years, a higher average than individuals accessing structured treatment (40 years). The median ages varied slightly between PCTs with Warrington PCT having the lowest median age of 40 years, compared to 44 years in Sefton PCT.

Table 9: Age distribution of individuals in contact with non structured treatment, 2008/09

Age Band	Number of Individuals	Percentage (%)
<18	36	0.78
18-19	96	2.09
20-24	372	8.10
25-29	410	8.93
30-34	429	9.34
35-39	608	13.24
40-44	629	13.70
45-49	524	11.41
50-54	431	9.39
55-59	341	7.43
60-64	311	6.77
65+	404	8.80
Total	4591	100.00

In Cheshire and Merseyside there were relatively small percentages of individuals aged under 25 (n=504, 10.98%) and aged 65 and over (n=404, 8.80%) in treatment. Of those treatment populations, Wirral PCT had the largest proportion of individuals aged under 25 (n=353, 15.37%) and 65 and over (n=297, 12.93%).

Figure 7: Age of individuals in contact with non structured treatment by PCT of residence, 2008/09



¹² See methodological section for explanation

Treatment Provider

Table 10 displays the number of individuals in non structured treatment by provider. Wirral Harm Reduction Team had the largest number of individuals (n=1613). Whilst the majority of providers had a greater proportion of males, Alder Hey Children's NHS Foundation Trust and Wirral Alcohol Harm Reduction Team had a relatively high proportion of females in contact with their services (67.74% and 51.08% respectively) in comparison to the regional average (39.42%). Arch Initiatives Alcohol Interventions Programme provided treatment to the largest proportion of under 25s (n=237, 36.80%, exclusive of Alder Hey Children's NHS Foundation Trust, a young people's specific treatment provider). Considering the older treatment population, Wirral Alcohol Harm Reduction Team provided treatment to the largest proportion of individuals aged 65 and over (n=301, 18.66%).

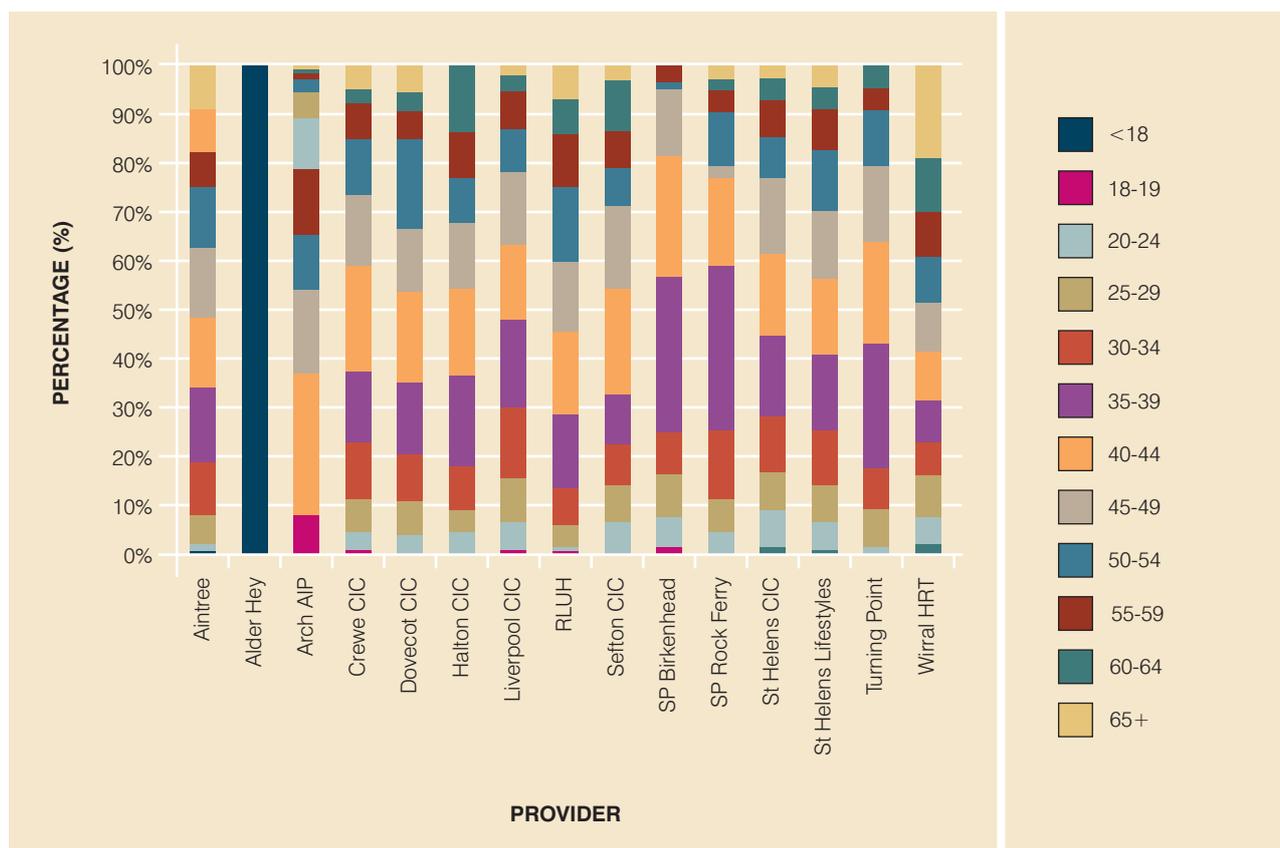
Table 10: Sex and age of individuals in contact with non structured treatment by provider, 2008/09

Provider	Male		Under 25		65+		Total
	No.	%	No.	%	No.	%	
Aintree University Hospitals NHS Foundation Trust (Aintree)	258	63.55	8	1.97	34	8.37	406
Alder Hey Children's NHS Foundation Trust (Alder Hey)	10	32.26	31	100.00	0	0.00	31
Arch Initiatives Alcohol Interventions Programme (Arch AIP)	546	84.78	237	36.80	-	-	644
Central Cheshire Alcohol Service (Crewe CIC)	175	64.34	12	4.41	12	4.41	272
Dovecot Community Integrated Care (Dovecot CIC)	28	51.85	-	-	-	-	54
Halton Community Integrated Care (Halton CIC)	13	59.09	-	-	0	0.00	22
Liverpool Community Integrated Care Addictions Service (Liverpool CIC)	127	54.98	14	6.06	-	-	231
Sefton Community Integrated Care Alcohol Service (Sefton CIC)	91	55.15	11	6.67	-	-	165
Social Partnership Birkenhead (SP Birkenhead)	48	71.64	5	7.46	0	0.00	67
Social Partnership Rock Ferry (SP Rock Ferry)	23	52.27	-	-	-	-	44
St Helens Community Integrated Care (St Helens CIC)	143	63.27	20	8.85	5	2.21	226
St Helens Lifestyle Team (St Helens Lifestyles)	408	65.70	40	6.44	26	4.19	621
The Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLUH)	169	65.25	-	-	17	6.56	259
Turning Point Chester (Turning Point)	60	66.67	-	-	0	0.00	90
Wirral Alcohol Harm Reduction Team (Wirral HRT)	789	48.92	122	7.56	301	18.66	1613
Total*	2781	60.58	504	10.98	404	8.81	4591

- Numbers less than 5 have been suppressed

*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.

Figure 8: Age of individuals in contact with non structured treatment by provider, 2008/09



PCT of Treatment

The following section provides information on the area of Cheshire and Merseyside in which treatment was provided (i.e. the PCT of treatment provider). There were substantial variations in the number of individuals in contact with alcohol treatment across PCT areas, ranging from 90 (1.95%) in Western Cheshire PCT to 2346 (50.77%) in Wirral PCT. Western Cheshire had the highest proportion of males in treatment (n=60, 66.67%). Wirral PCT had the largest proportion of individuals aged under 25 and 65 and over (n=364, 15.52% and n=303, 12.92% respectively).

Table 11: Sex and age of individuals in contact with non structured treatment by PCT of treatment, 2008/09¹³

PCT of Treatment	Male		Under 25		65+		Total
	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	175	64.34	12	4.41	12	4.41	272
Halton & St Helens	500	64.60	57	7.36	30	3.88	774
Knowsley	0	0.00	0	0.00	0	0.00	0
Liverpool	333	58.12	51	8.90	23	4.01	573
Sefton	345	60.95	19	3.36	37	6.54	566
Warrington	0	0.00	0	0.00	0	0	0
Western Cheshire	60	66.67	1	1.11	0	0	90
Wirral	1389	59.21	364	15.52	303	12.92	2346
Total*	2781	60.58	504	10.98	404	8.80	4591

*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.

¹³See methodological section for explanation

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 2008/09, there were 10940¹⁴ individuals in contact with structured and non structured alcohol treatment. There were considerable variations in the number of individuals in contact across PCT areas, ranging from 559 (5.03%) in Knowsley PCT to 3598 (32.39%) in Wirral PCT. Cheshire and Merseyside had a prevalence rate of 6.62 (per 1,000 population aged 15-64). Prevalence rates varied across PCTs ranging from 3.32 in Central and Eastern Cheshire PCT to 16.49 in Wirral PCT.

Table 12: Number of individuals in contact with treatment and prevalence rates, per 1,000 population aged 15-64, by PCT of residence, 2008/09

PCT of Residence	Number of individuals	Percentage (%)	Prevalence (per 1,000 aged 15-64) ¹⁵
Central and Eastern Cheshire	1023	9.21	3.32
Halton & St Helens	1475	13.28	7.16
Knowsley	559	5.03	5.38
Liverpool	1897	17.07	6.05
Sefton	903	8.13	4.83
Warrington	883	7.95	6.42
Western Cheshire	772	6.95	4.83
Wirral	3598	32.39	16.49
Total*	10940	100.00	6.62

*The regional 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

Table 13: Sex and age of individuals in contact with treatment by PCT of residence, 2008/09

PCT of Residence	Male		Under 25		65+		Total
	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	590	57.67	170	16.62	35	3.42	1023
Halton & St Helens	934	63.32	267	18.10	52	3.53	1475
Knowsley	341	61.00	74	13.24	14	2.50	559
Liverpool	1128	59.46	220	11.60	58	3.06	1897
Sefton	524	58.03	110	12.18	39	4.32	903
Warrington	533	60.36	173	19.59	30	3.40	883
Western Cheshire	499	64.64	102	13.21	23	2.98	772
Wirral	2165	60.17	545	15.15	338	9.39	3598
Total*	6597	60.30	1648	15.06	588	5.37	10940

*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.

¹⁴See methodological section for explanation

¹⁵See methodological section for explanation

Sex

The majority of individuals in contact with alcohol treatment in Cheshire and Merseyside were male (n=6597, 60.30%). Central and Eastern Cheshire PCT had the largest percentage of females in contact with treatment (n=433, 42.33%).

Age¹⁶

The median age of individuals was 41 years, with this varying slightly from 40 years in Halton & St Helens PCT, Warrington PCT and Western Cheshire PCT to 43 years in Sefton PCT. Over half of those in contact with treatment were aged 40 and older (n=5945, 54.34%), with 5.37% (n=588) aged 65 and over. Only 15.06% (n=1648) were aged under 25. Wirral PCT had the highest proportion of individuals aged 65 and over in contact with treatment (n=338, 9.39%), considerably higher than other PCT areas within Cheshire and Merseyside.

Table 14: Age distribution of individuals in contact with treatment, 2008/09

Age Band	Number of Individuals	Percentage (%)
<18	567	5.18
18-19	376	3.44
20-24	705	6.44
25-29	863	7.89
30-34	1069	9.77
35-39	1415	12.93
40-44	1570	14.35
45-49	1377	12.59
50-54	1073	9.81
55-59	751	6.86
60-64	586	5.36
65+	588	5.37
Total	10940	100.00

¹⁶See methodological section for explanation

Methodology

1. 7410 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 derived from 2007 prevalence estimates. Data sourced from the Office for National Statistics (ONS).

3. Ethnicity data were missing or not stated in 3.89% of records.

4. In order to conserve space in this summary paper, the results for each of these three areas are reduced into two categories: sex male/female; ethnicity white/non white; aged under 25 and 65 and over.

5. Age was calculated from the 31st March 2009 (the final day of the reporting period). This is in contrast to the calculation of age by NDEC and NTA. Only those clients aged between 9 and 75 were included in analysis.

6. Other Drugs include: Anti depressants, Barbiturates, Solvents and Hallucinogens.

7. Data were missing or not stated in 0.36% of referral records.

8. 4591 individuals

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.

9. Data from the North West Public Health Observatory. Data derived from 2007 prevalence estimates. Data sourced from the Office for National Statistics (ONS).

10. In order to conserve space in this summary paper, the results for each of these three areas are reduced into two categories: sex male/female; ethnicity white/non white; aged under 25 and 65 and over.

11. Ethnicity data were missing or not stated in 13.51% of records.

12. Age was calculated from the 31st March 2009 (the final day of the reporting period). Only those clients aged between 9 and 75 were included in analysis.

13. In order to conserve space in this summary paper, the results for each of these three areas are reduced into two categories: sex male/female; aged under 25 and 65 and over.

14. 10940 individuals

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 the 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.

15. Data from the North West Public Health Observatory. Data derived from 2007 prevalence estimates. Data sourced from the Office for National Statistics (ONS).

16. Age was calculated from the 31st March 2009 (the final day of the reporting period). Only those clients aged between 9 and 75 were included in analysis.

Appendices

Appendix 1: NDTMS - Age distribution of individuals in contact with treatment by PCT of residence, 2008/09

PCT of Residence	<18	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Total
Central and Eastern Cheshire	72	50	39	42	69	124	141	115	78	45	45	26	846
Halton & St Helens	108	64	78	97	114	178	179	167	101	91	44	36	1257
Knowsley	34	14	18	29	48	50	60	60	63	39	19	9	443
Liverpool	80	27	62	95	132	191	198	194	138	72	46	25	1260
Sefton	56	22	23	42	56	60	115	113	74	51	40	23	675
Warrington	70	43	59	54	93	111	145	95	81	59	37	29	876
Western Cheshire	44	24	31	57	92	105	104	93	83	45	26	18	722
Wirral	69	49	93	125	169	202	240	171	144	86	64	43	1455
Total*	531	290	401	531	760	993	1154	996	746	483	316	209	7410

*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.

Appendix 2: NDTMS - Referral source of those in contact with treatment by PCT of residence, 2008/09

PCT of Residence	Substance misuse services	GP	Self	CJS	Hospital	Mental health services	Other	Social services	Education and employment services	Total
Central and Eastern Cheshire	123	203	304	138	31	6	57	67	3	932
Halton & St Helens	175	300	470	224	33	26	236	73	35	1572
Knowsley	26	172	68	55	4	1	130	10	21	487
Liverpool	222	454	234	112	10	3	374	28	28	1465
Sefton	37	305	126	63	1	5	149	29	25	740
Warrington	46	263	365	122	3	21	147	14	53	1034
Western Cheshire	33	137	466	64	13	5	45	12	13	788
Wirral	335	160	799	185	229	11	166	32	28	1945
Total*	997	1994	2832	963	324	78	1304	265	206	8963

*Data were missing from 0.36% of referral source records.

Appendix 3: ATMS - Age distribution of individuals in contact with treatment by PCT of residence, 2008/09

PCT of Residence	<18	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Total
Central and Eastern Cheshire	0	1	12	20	36	45	61	42	34	20	9	13	293
Halton & St Helens	0	7	48	56	69	115	103	93	68	58	29	26	672
Knowsley	5	0	4	9	18	16	25	17	26	10	10	7	147
Liverpool	24	4	26	49	82	119	111	113	92	59	40	35	754
Sefton	4	0	12	24	30	45	62	47	31	28	34	20	337
Warrington	0	0	2	2	1	4	2	0	1	4	0	2	18
Western Cheshire	0	0	3	12	6	14	15	6	9	9	7	5	86
Wirral	3	84	266	239	189	251	252	209	171	154	182	297	2297
Total*	36	96	372	410	429	608	629	524	431	341	311	404	4591

*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.

References

Association of Public Health Observatories (2008). **Indications of Public Health in the English Regions, 8 Alcohol**. York: Association of Public Health Observatories.

Department of Health (2007). **Safe.Sensible.Social. The updated alcohol strategy**. London. Department of Health.

Hurst A, Marr A, McCoy E, McVeigh J & Bellis M A (2010). **Drug and Alcohol treatment in the North West of England. Results from the NDTMS**. Liverpool: Liverpool John Moores University.

National Treatment Agency for Substance Misuse (2006). **Models of care for alcohol misusers (MoCAM)**. London: National Treatment Agency for Substance Misuse.

JMU recent alcohol publications – www.cph.org.uk

Drug and alcohol treatment in the North West of England 2008/09

<http://www.cph.org.uk/showPublication.aspx?pubid=625>

This publication details the results from the National Drug Treatment Monitoring System (NDTMS) in the North West of England during 2008/09.

Revisiting the AACCE profile in the North West of England Results from NDTMS in 2008/09

<http://www.cph.org.uk/showPublication.aspx?pubid=635>

An individual was deemed to be an AACCEr if they stated the use of alcohol, amphetamines, cannabis, cocaine or ecstasy. To gain further knowledge of AACCE clients in treatment, individuals who were identified as AACCEr from the 2007/08 data were matched to the 2008/09 dataset to investigate whether AACCE clients in 2007/08 returned to treatment in 2008/09 and if they did return to treatment, did they present with issues surrounding the same substances as 2007/08.

Attitudes towards alcohol: segmentation series report 1

<http://www.cph.org.uk/showPublication.aspx?pubid=638>

This report concentrates on attitudes and motivations in relation to alcohol, highlighting which groups and types of groups are most likely to have specific attitudes and/or motivations.

Alcohol consumption: segmentation series report 2

<http://www.cph.org.uk/showPublication.aspx?pubid=639>

This report concentrates on consumption, highlighting which groups and types of groups are most likely to drink in certain patterns.

Alcohol-attributable hospital admissions: segmentation series report 3

<http://www.cph.org.uk/showPublication.aspx?pubid=640>

This report concentrates on hospital admissions relating to alcohol in order to highlight which groups and types of populations are most at risk.

Alcohol pen portraits: segmentation series report 4

<http://www.cph.org.uk/showPublication.aspx?pubid=641>

This report is a summary document of the previous series of reports, bringing together the intelligence gathered to provide an in-depth understanding of the at risk groups. The report provides suggestions for the next steps in developing a truly insightful understanding of the groups through qualitative research.



Published by

Centre for Public Health
Research Directorate

Faculty of Health and Applied Social Sciences
Liverpool John Moores University
Kingsway House
Hatton Garden
Liverpool
L3 2AJ
tel: +44(0)151 904 6072
email: ndtms@ljmu.ac.uk
web: <http://www.cph.org.uk/ndtms>

© May 2010

ISBN: 978-1-907441-49-3 (Printed version)

ISBN: 978-1-907441-50-9 (Web version)

