




# Review of alcohol-related harm in Wigan and Leigh

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# 1. Executive Summary

An estimated 1.55 million people in England drink at harmful levels and a further 6.6 million drink hazardously [1]. In Wigan, alcohol consumption is particularly high (NWPHO, 2007a). Approximately a quarter of the population is reported to drink at hazardous levels and a further 7.0% at harmful levels. Excessive consumption can be linked to a range of harms including alcohol-related violence, accidents and injuries, ill health and early mortality. In order to fully understand the impacts of alcohol on the local area, Wigan Drug and Alcohol Action Team commissioned the Centre for Public Health at Liverpool John Moores University to conduct a review examining areas such as alcohol-related ill health and alcohol-related crime.

A number of different sources informed this review including data published by the Centre for Public Health and the North West Public Health Observatory, in-depth analysis of hospital episodes data, external sources such as the Office for National Statistics and the Department for Culture, Media and Sport and data collected and held locally in Wigan. A Stakeholder meeting was also held to discuss the impact of alcohol in Wigan and Leigh, existing interventions and possible recommendations for the future.

### Key Findings:

- Levels of alcohol consumption and related harm are higher in the North West than in England overall, and can be higher still for Wigan in a number of areas (see below).
- Wigan has the ninth highest level of binge drinking in the North West, and approximately a third of the local population drink at levels which could be hazardous or harmful to their health.
- Over a third of those aged 14-17 years in Wigan report having drunk alcohol in licensed premises, and 38% drink in streets and parks.
- Generally, Wigan experiences lower levels of alcohol-related crime than regionally, and in some cases nationally as well (such as for alcohol-related violence). However, some increases have been seen in the last year.
- Local data show that domestic violence, in particular shows a strong relationship with alcohol.
- Over one in ten (13.8%) offenders have committed more than one alcohol-related crime in the last two years.
- Half of all alcohol-related arrests in Wigan occur at the weekend with the largest proportion of crimes (60.0%) committed between 11pm and 3am. Postcodes WN1 (16.7%) and WN2 (18.2%) experience the highest level of alcohol-related offences within the borough.
- Rates of alcohol-related anti-social behaviour are three times higher in the areas most affected (such as Leigh East and Wigan West) compared with those least affected (such as Golborne).
- Wigan males are 1.4 times more likely to experience alcohol-specific hospital admissions[2] than in England overall, and females are 1.6 times more likely. Young people experience even higher levels of admission, with rates in Wigan 1.7 times higher for males and 1.8 times higher for females than England overall.

[1] See Box 1 for alcohol consumption definitions.
[2] See Box 4 for alcohol-specific and alcohol-related hospital admission definitions.

- Nearly half of alcohol-related acute admissions to hospital are for mental and behavioural conditions[3]. Whilst for the majority of alcohol-related acute conditions, males represent the majority of admissions, admissions for accidents and injuries are more likely to be for females.
- Whilst levels of a number of sexually transmitted infections are lower for Wigan than regionally, the borough has the eighth highest rate of teenage pregnancy. However, whilst a relationship with alcohol is likely, it is not known to what extent this is.
- The rate of accidental fires in Wigan is relatively low, but the Borough has double the incidence of arson compared with those less affected such as Tameside. However, whilst a relationship with alcohol is likely, it is not known to what extent this is.
- Wigan has the third highest proportion of bar workers in the North West, and a large number of licensed premises when compared with other areas regionally. Elsewhere, licensing density has been associated with higher levels of harm (such as violence and road traffic accidents).

There is a range of different interventions aimed at combating alcohol-related crime and alcohol-related harm to health within Wigan and Leigh. These include; Alcohol free zones in town centres, a PubWatch scheme, licensing reviews to tackle premises presenting problems, awareness courses addressing alcohol-related fires, programmes to prevent those on probation from re-offending through tackling alcohol consumption and screening and brief intervention programmes. Work is still ongoing to develop these further.

A number of recommendations can be drawn from this report, which will allow progress towards tackling alcohol-related harm. These are drawn both from the data identified and from the suggestions made by the stakeholders involved:

- To tackle cultural change through a series of targeted social marketing campaigns, directed at individual populations and focussed towards the issues that are relevant to those populations.
- To reduce the availability and accessibility of alcohol through a range of measures including preventing underage sales, investigating ways of increasing price (especially for higher content beverages), introducing training and/or legal liability for bar servers to prevent or at least significantly reduce sales to those who are intoxicated.
- To further develop and monitor screening and brief intervention approaches, which are supported by staff training and development and information resources.
- To establish methods of communicating the development and progress of alcohol-related interventions to all stakeholders including the public.
- To improve data through tackling the gaps and inconsistencies identified, and continue to evaluate interventions to establish effectiveness.
- To target those groups most at risk of harm with appropriate interventions. Such groups include: repeat offenders and young males who are most at risk of committing an alcohol-related offence, and young females who are more at risk of alcohol-specific hospital admission.
- To ensure that the issues identified by the stakeholders are considered in future developments, and that the stakeholders are fully consulted.

[3] Acute conditions refer to those conditions associated with the short term effects of alcohol consumption, which have a rapid onset and short duration such as injuries due to accidents or violence. Mental and behavioural conditions specific to alcohol refer to alcohol intoxication, alcoholic psychosis, alcohol dependence and alcohol abuse.

Wigan and Leigh's alcohol strategy is about to be revised as the old strategy's lifespan comes to end. This is a key time for Wigan and Leigh to consider the findings and recommendations from this report, and to start implementing the required changes. Stakeholders will play a key role in any transition.

## Contents



## Acknowledgements


We would like to thank all those who have provided data and information for this report, including the Wigan and Leigh Community Safety Partnership particularly the Drug and Alcohol Action Team, Wigan Licensing Department, Wigan Youth Offending Team, Trading Standards and those attending the stakeholder steering group. We would also like to thank Dan Dedman at the North West Public Health Observatory and staff at the Centre for Public Health, Liverpool John Moores University especially, Gill Elliott, Carly Lightowlers and Penny Phillips-Howard.

This report has been commissioned by Carol Lyons (Assistant Drug and Alcohol Business Manager) from the Drug and Alcohol Action Team, Wigan and Leigh Community Safety Partnership.

# 2. Introduction

An estimated 6.6 million people (20.1%) in England drink at hazardous levels and a further 1.55 million (5%) drink at harmful levels (NWPHO, 2007a; see Box 1 for definitions). National surveys reveal regional disparities linked with social inequality: alcohol-related harm is greatest in northern England, where, for example, alcohol causes an average of 5.8 months of life lost for people living in the North West compared with 3.6 months in the East of England (NWPHO, 2007a). Further, cities in the North West have some of the highest rates of alcohol-related hospital admissions and related crime and violent crime in England. In Wigan, levels of alcohol consumption are particularly high (NWPHO, 2007a). Approximately a quarter of the population is thought to drink at hazardous levels and a further 7% at harmful levels. Such high levels of consumption can be linked to a range of harms including alcohol-related violence, accidents and injuries, ill health and early mortality.

**Box 1: Alcohol consumption definitions (DH 2005; NWPHO 2007a)**

*Hazardous alcohol consumption:* drinking between 22 and 50 units of alcohol per week for males and between 15 and 35 units for females.

*Harmful alcohol consumption:* drinking over 50 units per week for males and over 35 units for females.

*Binge drinking* is defined as drinking eight or more units in one day for men and six or more units for women.

In order to more fully understand the impacts of alcohol on the local area, Wigan Drug and Alcohol Action Team have commissioned this review to examine areas such as alcohol-related ill health and alcohol-related crime. The report identifies the key issues for Wigan and areas where gaps currently exist in terms of knowledge of the situation and services. The review largely concentrates on persons aged over 16 only. This is because alcohol needs assessments for adults and young people are often conducted separately due to the different nature and needs of the population groups involved, and the different methods used to do so. However, reference is made to under 16's for some indicators where appropriate, such as teenage pregnancy. The review does not address alcohol treatment services because the new treatment system has only recently been established, and it is too early evaluate progress.

## 2.1. Methodology

Researchers examined a number of different sources in order to inform this report:

- Data published through the Centre for Public Health and the North West Public Health Observatory (such as the Local Alcohol Profiles for England; NWPHO, 2007a);
- An in-depth analysis of hospital episodes data (as held by the North West Public Health Observatory);
- Data published through sources external to the Centre for Public Health such as the Office for National Statistics (who publish information on crime and teenage pregnancy, for example), and the Department for Culture, Media and Sport (who publish licensing data); and
- Data collected and held locally in Wigan including information on crime, fires and young offenders.

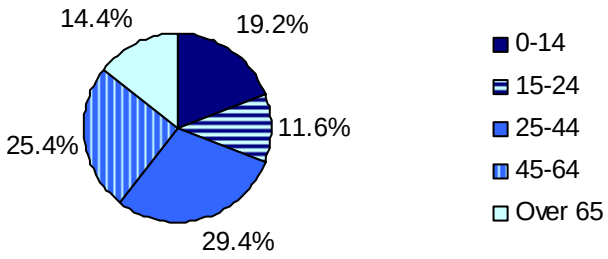
Further, a stakeholder meeting was held on the 28th May 2008 in Wigan to discuss the impact of alcohol in Wigan and Leigh, existing interventions and possible recommendations for the future (Stakeholder meeting, May 2008). The findings from the workshops are integrated into the report alongside relevant findings from the review of the data sources.

# 3. Results

## 3.1. Characteristics of Wigan and Leigh

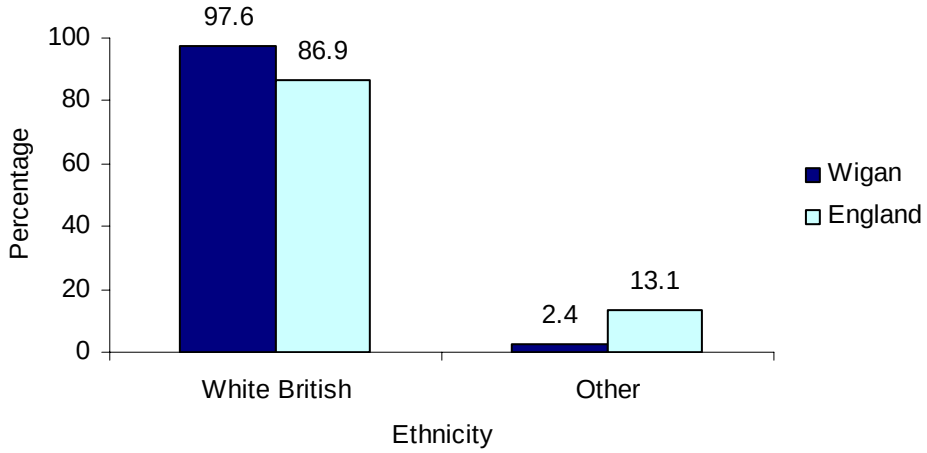
Wigan and Leigh are the two main towns in the borough of Wigan (a local authority which is co-terminus with its Primary Care Trust; ALWPCT and Wigan Borough Council, 2006). The 2001 census recorded 301,415 people living in the borough although mid-year estimates for 2006 suggest this has increased to 305,500 (ONS, 2007). The profile of residents living in the area is largely similar in terms of gender, age and BMI (Body Mass Index) to the national average: just over half (51.0%) of the population are female and the largest concentration is aged between 25 and 44 years (29.4%; see Figure 1). However, compared with the national demographic profile, there is very little ethnic diversity in the area, with the vast majority (98.7%) of residents being White British (Figure 2).

**Figure 1. Age of Wigan and Leigh residents in 2001**




*Source: Office for National Statistics (2001).*

**Figure 2: Ethnicity of Wigan and Leigh residents compared with England overall in 2001**




*Source: Office for National Statistics (2001).*

The socio-economic composition of the borough also differs from the England average, with a higher proportion of residents working in the skilled trades, and as plant and machine operatives than across England. However, the key difference relates to deprivation: Wigan is the fifty-third most deprived of the 354 local authority areas. Further, the most deprived areas in the borough are in the most deprived 3% nationally in terms of income, employment, education and skills training, and health and disability. The borough as a whole performs much worse on health and disability, with Wigan ranking twentieth out of 354 local authorities (Wigan Borough Partnership, 2007).

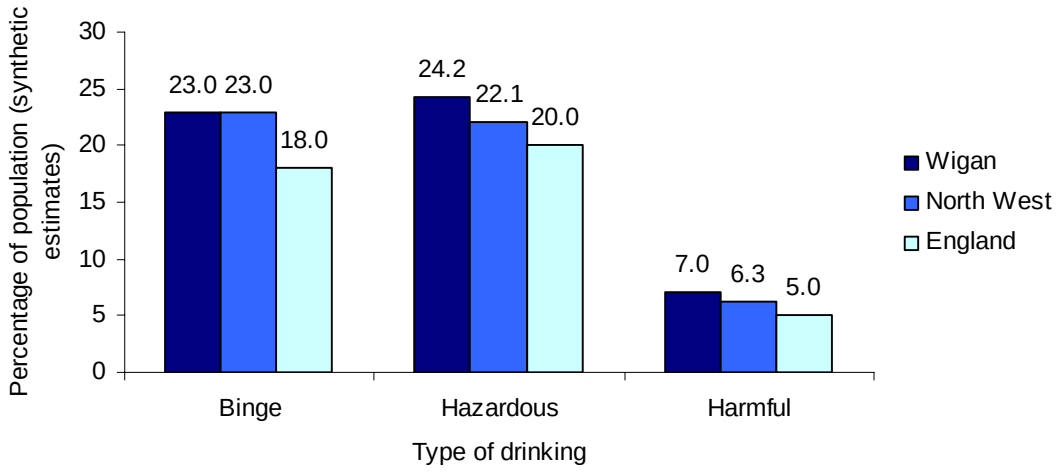
## 3.2. Consumption

The data presented here are taken from the Local Alcohol Profiles for England (LAPE) online tool (Box 2). Hazardous drinking estimates in Wigan are higher than England and North West averages (Box1; Figure 3). In 2005/06 Wigan had the fifth highest estimate of hazardous drinking in the North West at 24.2% of the population. For harmful drinking, Wigan is also above both North West and England averages. Binge drinking levels in Wigan are consistent with those of the North West but are significantly worse than the England average. For both harmful and binge drinking, Wigan has the ninth highest level in the North West (NWPHO, 2007a). This may be because levels of harmful drinking are generally higher in more deprived areas, a trend acknowledged by local stakeholders as being evident within Wigan and Leigh (Stakeholder meeting, 28 May 2008). Overall, at least a third of residents (31.2%) drink at levels which could be hazardous or harmful to their health.

**Box 2: Local Alcohol Profiles for England (LAPE; NWPHO 2007a)**

The LAPE online tool is updated annually and provides data on a variety of alcohol-related issues, including hazardous, harmful and binge drinking estimates (Box 1); alcohol related hospital admissions (see section 3.4.1) and mortality (see section 3.4.7); as well as alcohol-related crime estimates (section 3.3). It can be accessed via www.nwph.net/alcohol/lape/.

**Figure 3. Alcohol consumption patterns for Wigan, the North West and England in 2005[4]***




*Source: North West Public Health Observatory (2007a).*
** Mid-2005 estimates provide data for hazardous and harmful drinking. Binge drinking estimates cover the period 2003-2005.*

[4] These estimates are based on synthetic estimates. This is where a statistical model is used to provide an expected level of prevalence of a given behaviour based on factors such as the characteristics of the area.

Wigan Borough Health and Lifestyles Survey (ALWPCT and Wigan Borough Council, 2007) aimed to assess the general health of Wigan residents including drinking habits. In total, 4,786 Wigan residents completed the questionnaire. Findings indicated that:

- The majority of Wigan residents drink alcohol (82%) and of these, three quarters drink at least once or twice a week (77%), however, one in ten (11%) drink almost everyday;
- Residents who are most likely to drink alcohol are from Swinley (89%), Aston-Golborne (88%), Langtree (88%) and Wistanley (87%), while those living in Norley are less likely to do so (76%);
- Over a third of men drink more than their recommended weekly units (36%; more than 21 per week) and a quarter of women (26%; more than 14 units per week). Overall, this is similar to the statistics discussed earlier (31.2% of residents are either hazardous or harmful drinkers in Wigan; NWPHO 2007a);
- A third of residents were classified as binge drinkers[5], over half (55%) of whom were aged between 18 and 24; and
- One in twenty Wigan residents (6%) may be dependent on alcohol, particularly men (7%, compared with 4% of women), those aged between 18 and 54 (7%, compared with 3% of those aged 55 and over) and those working in a skilled trade occupation (10%, compared with 6% overall). Risk of dependency may have doubled since 2001 (from 3% in 2001 to 6% in 2006).

However, data relating to dependency were based on answers to the CAGE questionnaire, where anyone providing a positive answer to two or more of four statements is considered to be dependent on alcohol[6]. These statements do not, however, provide a time period (such as in the past 6 months) within which participants structure their reply. Thus, respondents could be referring to a period in the past, rather than their current situation. As such, these data should be viewed with caution. Data based on the Alcohol Needs Assessment Research Project (DH, 2005) suggest that there are 2,320 (5.8%) male and 324 (1.7%) female dependant drinkers in Ashton, Leigh and Wigan. However, these data should also be viewed with caution as local population estimates were applied to regional data. Thus, differences in population such as deprivation and ethnicity are not taken into account.

A research survey was conducted with Greater Manchester Primary Care Trusts to assess drinking habits in the area (Key 103, 2008). In total, 207 Wigan residents completed the questionnaire (6.0% of the total sample of 3,432). Findings from Wigan residents were similar to those of Greater Manchester overall and indicated:

- Nearly half (46%) said they have an alcoholic drink four or more times a week, with 34% consuming alcohol two to three times a week;
- Nearly a third (30%) have three to four drinks on one occasion, followed by 28% who stated they usually have five to six drinks;
- During the last year, almost two thirds (64%) had been unable to remember the night before and a quarter (26%) had been injured or had injured somebody else after drinking; and
- Further, 30% stated that a relative, friend or doctor had suggested they cut down their consumption over the past year.

[5] Binge drinkers in this survey were defined as men who drink ten or more units in one session and women who drink six or more units in one session.

[6] The name CAGE is based on an acronym of the questions asked to participants. The questions posed by CAGE are: Have you ever felt you should cut down on your drinking? Have people annoyed you by criticising your drinking? Have you ever felt bad or guilty about your drinking? Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

In the stakeholder meeting (May, 2008), Wigan's history as a former mining town and its strong links with sports such as rugby and football were thought to contribute to this high level of alcohol consumption. Such links have been found elsewhere, as coal miners in Australia have been found to be at high risk of excessive alcohol consumption (Lennings et al., 1997). Further, levels of alcohol consumption typically increase for sports events (Hannon et al., 2008). The Big Drink Debate (a regional survey launched by Government Office North West) will provide an insight into consumption levels, experiences and attitudes locally. The report will be published at the end of 2008.

### *3.2.1. Trends in alcohol consumption*

Levels of alcohol consumption have increased dramatically in recent years with revenue receipts showing that per capita consumption has more than doubled in the UK in the last forty years (HM Revenue and Customs, 2007). Now over 90% of adults in Britain drink alcohol (Goddard, 2008). This increase is thought to be linked to a number of factors including:

- Cheaper drinks (Phillips-Howard et al., 2008a);
- Increase in home consumption where consumption is less controlled and drinks can be purchased at a lower cost in supermarkets and off-licences either to drink at home or to drink before going into town centres (categorised as pre-loading; BBPA, 2007);
- Increased glass sizes and strength of drinks (Morleo et al., 2008a);
- More readily available drinks through increased hours and types of outlets providing it (Morleo et al., 2008b);
- Societal changes whereby women (especially 18-24 year olds) are more likely to drink in pubs and clubs than they would have been before (Goddard, 2008; Alcohol Concern, 2004); and
- Alcohol consumption no longer restricted to special occasions (Alcohol Concern, 2004; 2007).

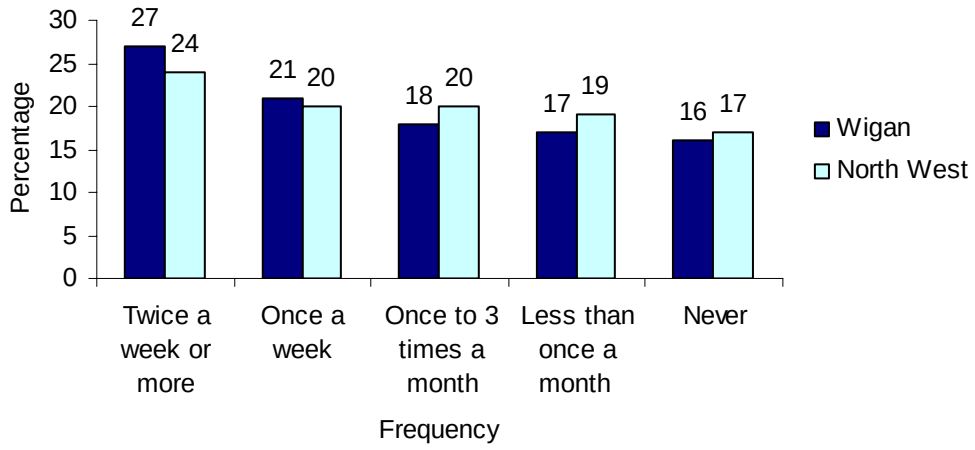
Some of these elements were discussed by local stakeholders as being key to increased levels of alcohol consumption in Wigan (Stakeholder meeting, 28 May 2008). However, no data exist that are able to show a trend in local levels of consumption.

### *3.2.2. Alcohol consumption amongst young people*

Levels of alcohol consumption may be higher in particular groups. Typically, groups such as students and young people are seen as being at increased risk of excessive consumption (Section 3.2.1). Whilst recently concerns around people who drink at home and older drinkers have been raised (Boseley, 2007; Morleo et al., 2007a), underage drinking is an increasing global concern. Trading Standards North West (TSNW, 2007) conducted a survey of 11,724 young people (14-17 year olds) living in the North West to assess alcohol consumption in the region. In Wigan, 955 14-17 year olds took part, of which almost half drank at least once a week (higher than the North West average; Figure 4). Further, a third (32%) binge drink[7] at least once a week, slightly higher than the North West average (Figure 5).

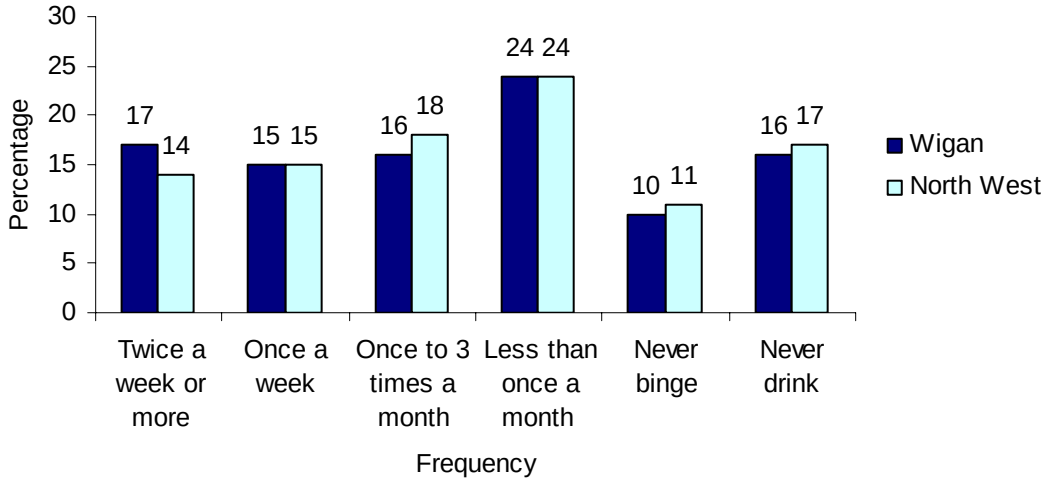
[7] Binge drinking in this study was defined as drinking five or more alcoholic drinks in one occasion.

**Figure 4. Frequency of alcohol consumption amongst 14-17 year olds in Wigan and the North West in 2007**




*Source: Trading Standards North West (2007).*

**Figure 5. Frequency of binge drinking amongst 14-17 year olds in Wigan and the North West in 2007**




*Source: Trading Standards North West (2007).*

Over a third (35%) of young people who drink reported mostly drinking alcohol in pubs, members clubs, nightclubs and discos, with a similar proportion (38%) of young people reporting that they drink alcohol on the streets, in parks or by shops. These figures are similar to the North West average. Alcohol consumption by young people in public places (such as the local park) was seen as being a problem in Wigan by local stakeholders (Stakeholder meeting, May 2008). In 2007, 29% of 14-17 year olds in Wigan bought their own alcohol: a 6% decrease from 2005 (TSNW, 2007). Underage test purchasing shows that the 12% of outlets targeted sold alcohol to underage people, a slight increase from 2006/07 (10%) but a rate which is slightly lower than nationally (13%; TSNW, 2007). Overall, those individuals who bought their own alcohol in the North West were more likely to engage in risky behaviour, for example, they were three times more likely to binge drink (Hughes et al., 2008). This is particularly important as binge drinking in young people is associated with damage to brain development and an increase in alcohol dependency (Crews et al., 2007). In comparison, provision of alcohol by parents was linked with decreased levels of

experienced harms: young people were 1.64 times less likely to binge drink and 1.28 times less likely to drink in public places. However in Wigan, anecdotal reports suggest that parents are dropping children off at the park after providing them with alcohol (Stakeholder meeting, May 2008), although, no data exist that are able to support the occurrence of such behaviour.

### *3.2.3. Polydrug use*

Stakeholders suggested that polydrug use had become a problem in Wigan, with individuals drinking alcohol whilst using other substances such as cocaine or benzodiazepines (Stakeholder meeting, May 2008). The combination of alcohol misuse alongside the misuse of other drugs has increased in the North West in those seeking drug treatment (Khundakar et al., 2007). In Wigan and Leigh, 8.5% of those seeking treatment for drug misuse have stated alcohol as being a supplementary problem substance. This is below the North West average of 10.8%. Although this is only for those in treatment and cannot represent the majority of drinkers, this information does provide some insight into polydrug use involving alcohol in Wigan.

### *3.2.4. Conclusion*

Levels of binge drinking, hazardous and harmful consumption are higher than both the national and regional averages. At least a quarter are estimated to be binge drinkers, and a third drink more than their weekly limits (as either hazardous or harmful drinkers). Wigan has the ninth highest level of binge drinking in the North West. Those most likely to be drinking to excess include: males, young people, those living in particular areas (such as Swinley, Aston-Golborne, and Langtree), and those working in a skilled trade occupation. Although it is thought that consumption levels have increased in recent years, no local data are available to confirm this.

For those aged 14-17 years, nearly half drink once a week or more, again this is higher than the North West average. Numbers of premises failing test purchasing exercises have increased slightly in the last year, but Wigan's rate of this is still lower than the North West average. However, over a third drink in licensed premises and nearly half buy their own alcohol.

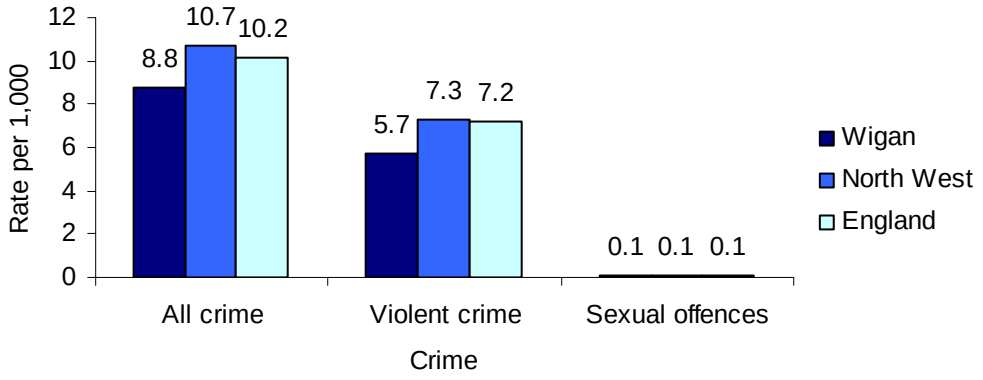
## 3.3. Alcohol-related crime

Alcohol is strongly related to crime and disorder, particularly violence, anti-social behaviour and public disorder. It is estimated that over half of all violent crime is alcohol–related (Nicolas et al., 2007). Further, one in five violent crimes occur in or around pubs and clubs and 80% of assaults in nightlife areas are related to alcohol.

### *3.3.1. Nationally collected data*

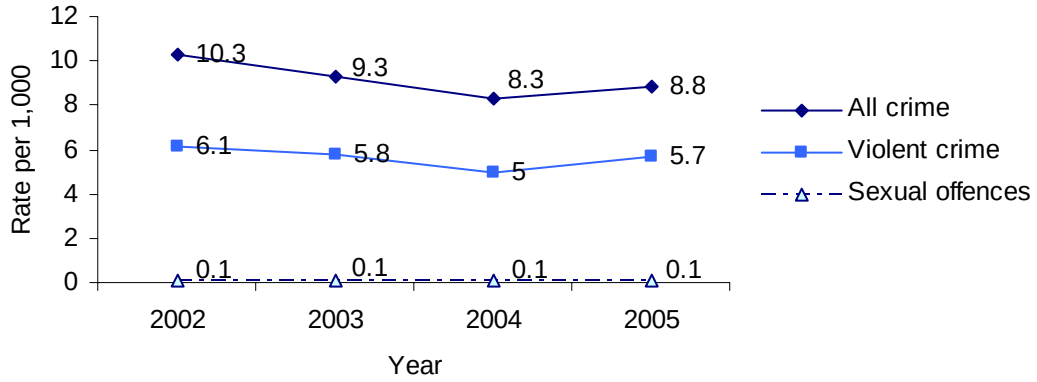
Alcohol-related crime, violent crime and sexual offences[8] are lower in Wigan than the North West and England (see Figure 6). Alcohol-related crime and alcohol-related violent crime in Wigan have decreased overall since 2002, with a slight increase in 2005. In the same period the rate of sexual offences remained stable (see Figure 7). Further, information on sexual offences shows that the incidence of female rape in Wigan (0.4 per 1,000) was the same as in the North West and England overall between 2000/01 and 2005/06. From 2000/01 to 2005/06, the rates of indecent assault (0.7 per 1,000) and other sexual offences (0.2 per 1,000) were slightly lower than regional (0.9 and 0.3 per 1,000 respectively) and national averages (0.9 and 0.3 per 1,000 respectively; NWPHO, 2007a).

**Figure 6. Rate of alcohol-related recorded crime in Wigan compared with the North West and England in 2005**




*Source: North West Public Health Observatory (2007a).*

**Figure 7. Rate of alcohol-related recorded crime in Wigan between 2002 and 2005**



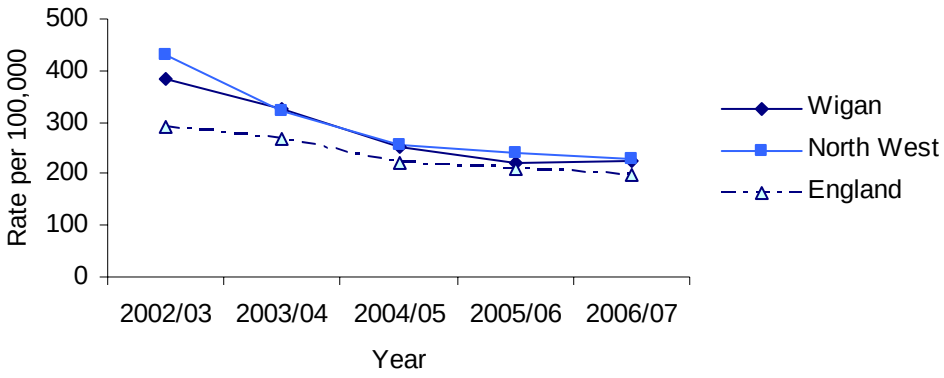

*Source: North West Public Health Observatory (2007a).*

[8] Home Office Crime Statistics and Office for National Statistics mid-year population estimates are used to determine the number of alcohol-related crimes. Alcohol-Attributable Fractions for each crime category are applied, based on survey data of arrestees who tested positive for alcohol by the Strategy Unit (see Box 3 for definition of Alcohol-Attributable Fractions).

Other types of crime such as burglary, theft and robbery can also be alcohol-related. Alcohol-attributable fractions (Box 3) were used in order to determine the proportion of these crimes likely to be related to alcohol. Levels of alcohol-related burglary in Wigan are similar to those of the North West and England averages and all have decreased since 2002/03 (Figure 8). Theft and robbery in Wigan are significantly lower than both regionally and nationally. Overall, robbery and theft in Wigan have decreased since 2002/03, but there was an increase in 2006/07 (compared with 2005/06), a trend mirrored by the North West and England (Appendix 1; Table 9). In Wigan, levels of criminal damage are lower than the North West but slightly higher than the national average. Criminal damage in Wigan has experienced a slight increase since 2004/05 (ONS, 2008; Appendix 1; Table 9).

**Box 3: Alcohol-attributable fractions (AAFs)**
These fractions are used to calculate the proportion of alcohol-related crime and the number of alcohol-related hospital conditions in a population (Section 3.4.2). For example, criminal damage has an AAF of 0.47 or 47% because 47% of cases are thought to be related to alcohol. AAFs for crime are based on national survey data which identified arrestees who tested positive for alcohol (Strategy Unit, 2003).

**Figure 8. Rate of alcohol-related burglary in Wigan, North West and England from 2002/03 to 2006/07***




*Source: Office for National Statistics (2008).*
** Please see Appendix 1, Table 9 for the data relating to this figure.*

### *3.3.2. Data collected locally*

Local crime data recorded and collated by the police can provide further details on crime in the area on, for example, time of the offence, offence location, specific type of crime committed, details relating to the offender and to the victim. Because alcohol consumption is often highest at the weekend (Morleo et al., 2007a), alcohol-related crimes are most prevalent at that time. Between May 2007 and May 2008, there were 3,382 arrests in Wigan on a Saturday and Sunday. Of these, 17.1% (580 crimes) were assessed as being alcohol-related. However, this proportion varied between individual crime types: a quarter (25.4%) of violence on Saturday and Sunday was marked as being alcohol-related compared with 1.2% of thefts (Table 1). The following section discusses crimes marked as alcohol-related in more detail. However, not all alcohol-related crimes may have been marked as such by the police. Other research shows a much higher involvement of alcohol: for example, urine analysis shows that 37% of violence is alcohol-related (Strategy Unit, 2003) and surveys show that victims of violence believe that the perpetrators are under the influence of alcohol in 46% of violent incidents (Nicolas et al., 2007). Although these data are based on national studies, the figures are dramatically higher that those provided by the local police markers. This may be due to local differences but also

because police are not always able to decisively identify when alcohol has been consumed (Tierney and Hobbs, 2003).

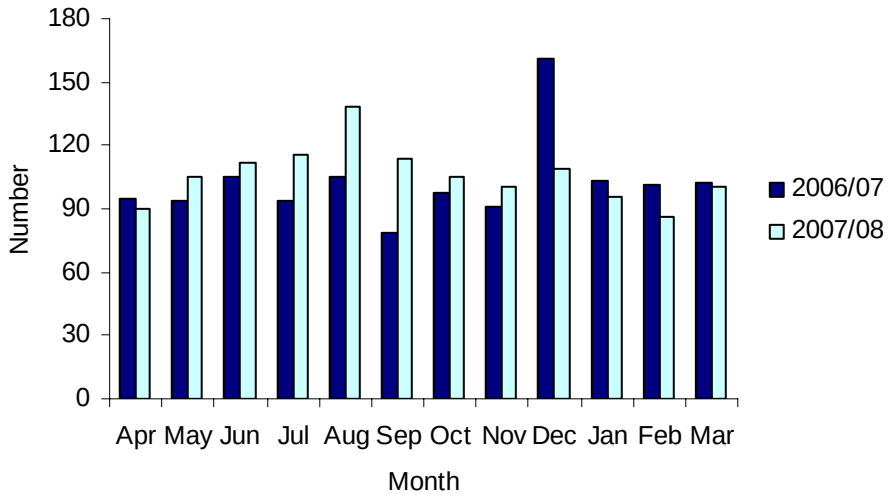
**Table 1: Number and proportion of crimes* marked as being alcohol-related by the police between 5 May 2007 and 4 May 2008**

| Crime category | Number of arrests marked as alcohol-related | Total number of arrests | Proportion of arrests marked as alcohol-related |
|---|---|---|---|
| Affray** | 17 | 93 | 18.3% |
| Burglary | 4 | 164 | 2.4% |
| Criminal damage | 75 | 493 | 15.2% |
| Drug offences | 10 | 249 | 4.0% |
| Other | 4 | 90 | 4.4% |
| Sexual offences | 3 | 47 | 6.4% |
| Thefts | 5 | 428 | 1.2% |
| Violence | 462 | 1818 | 25.4% |
| TOTAL | 580 | 3382 | |

**For individual crimes types included in each category, please see Appendix 1, Table 10.*
*** Affray is the use or threat of unlawful violence towards another, causing a fear for personal safety (CPS, 2004).*
*Source: Greater Manchester Police (2008).*

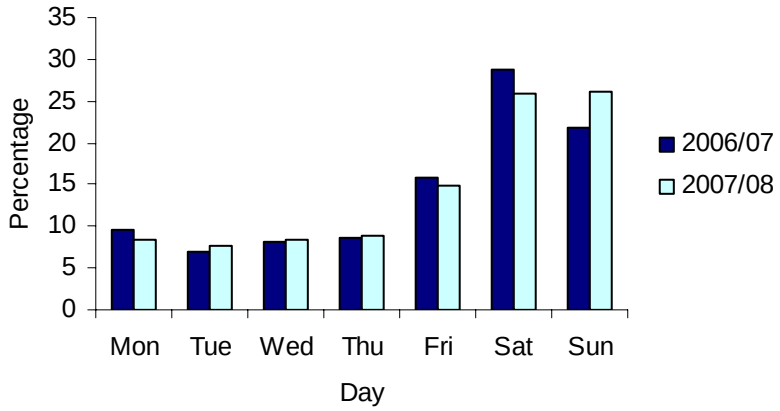
For crimes recorded by the police as alcohol-related, there is a slight peak in the number during the summer months (Figure 9). Further, individually the months from May to November show an increase in the number of crimes in 2007/08 compared with 2006/07 whilst December to April show a decrease. There was a large peak in December 2006 but not in December 2007 (with a decrease of 32.3% when comparing December 2006 with December 2007). In 2007/08, half (51.9%) of crimes with an alcohol marker occurred on a Saturday or Sunday (Figure 10) and the largest proportion were committed at night (60.0% between 21.01 and 03.00; Figure 11).

**Figure 9: Number of crimes with an alcohol marker in Wigan by month**



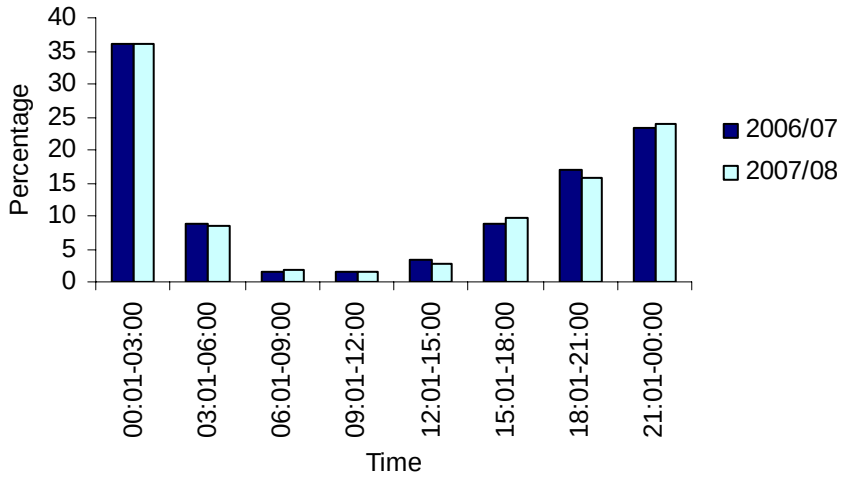

*Please see Appendix 1, Table 11 for figures.*
*Source: Greater Manchester Police (2008).*

**Figure 10: Percentage of crimes with an alcohol marker in Wigan by day of the week**




*Please see Appendix 1, Table 12 for figures.*
*Source: Greater Manchester Police (2008).*

**Figure 11: Percentage of crimes with an alcohol marker in Wigan by time of day**

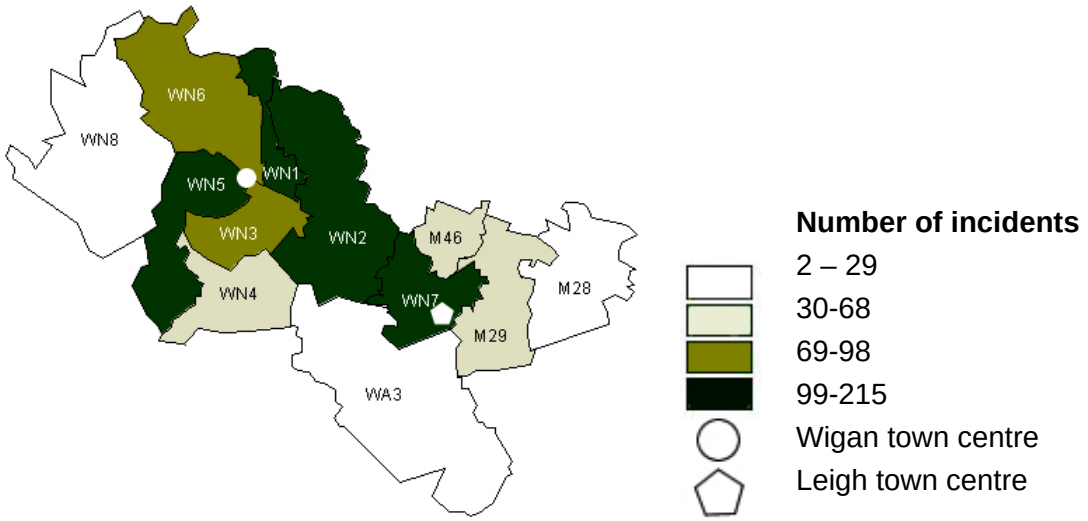



*Please see Appendix 1, Table 13 for figures.*
*Source: Greater Manchester Police (2008).*

Figure 12 shows the location of crimes recorded in 2007/08.[9] Postcode WN2[10] suffered the highest numbers of such crimes (n=215; 18.3%), followed by WN1[11] (n=196; 16.7%). However, caution should be used when analysing these data; outlying areas may appear to have lower levels of crime because they may be reported to other nearby police forces. The majority of the crimes occurred either on the street (41.4%) or in a residential house (39.3%) in 2007/08 (Appendix 1; Table 14).

[9] For two thirds of the crimes recorded in 2006/07-07/08 (n=860), full postcodes of the offence location were recorded and in all cases, a street name was provided. Researchers used multi-map to assign the first part of the postcode where it was missing. For 96 offences, this was not possible because the street crossed different postcodes, there was more than one street with that name, or multi-map did not recognise the street name.
[10] WN2 includes Abram, Aspull, Bryn Gates, Bickershaw, Crankwood, Bamfurlong, Haigh, Hindley, Hindley Green, Pennington Green, New Springs, Platt Bridge and Red Rock.
[11] WN1 includes Bottling Wood, Leyland Mill Brow, Longshoot, Marylebone, Swinley, Water Heyes, Whelley and Whitley.

**Figure 12: Number of alcohol-related crimes reported to Wigan police in 2007/08**





*Source: Greater Manchester Police (2008).*

The most common offence recorded with an alcohol marker is less serious wounding[12] (76.3% in 2007/08), followed by criminal damage (13.6%; Figure 13). Less serious wounding was highlighted as a concern by the stakeholders involved in the workshop: some thought the numbers of such incidents were increasing whereas others pointed to a decrease but acknowledged that anti-social behaviour was still commonplace in the town centre at night (Stakeholder meeting, May 2008). A third of alcohol-related violent crimes (32.8%) and a third of criminal damage (30.9%) were marked as involving domestic violence in 2007/08. A number of issues were raised in the stakeholder workshops regarding domestic violence:

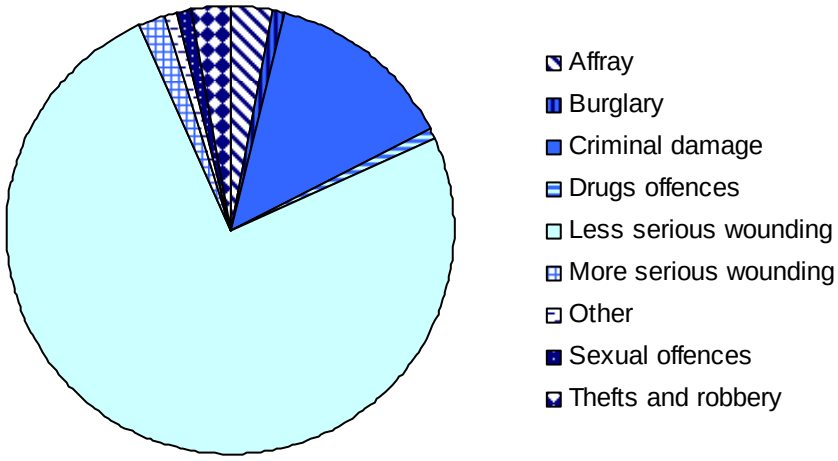
- It is not possible to distinguish whether offenders or victims of domestic violence have alcohol problems from the data held, although screening for alcohol problems will exist in the future; and
- Domestic violence may be linked with football and rugby (prominent features of the area; see Section 3), and levels of such violence may increase when local teams have lost: when England loses football matches, domestic violence increases by over a third (Home Office, 2006).

Information collected locally that specifically relates to domestic violence (through Wigan Police's Domestic Violence Unit) shows that in May 2008, there were 667 reported domestic violence incidents reported, of which 131 resulted in a criminal investigation. Of the total number of reported incidents, over half (53.7%; n=358) involved alcohol. Whilst this shows a strong relationship with alcohol, it is not known if data collection methods are the same.

Policymakers and practitioners attending the workshop noted that there can be hostility towards service staff such as fire-fighters, accident and emergency staff, transport staff and others working in the night-time economy, which may be linked to alcohol consumption. However, it was also noted that the late night bus services in Wigan tend to work well, with little hostility and a good atmosphere on the journey.

[12] The less serious wounding category includes less serious injury (such as assault occasioning Actual Bodily Harm, ABH) or GBH (Grievous Bodily Harm) without intent. It also includes offences that are viewed less seriously by courts such as common assault, harassment and possession of weapons.

**Figure 13: Number of crimes with an alcohol marker in Wigan by crime type in 2007/08**




*Please see Appendix 1, Table 10 for figures and for breakdown of categories used.*
*Source: Greater Manchester Police (2008).*

### *3.3.2.1 Alcohol-related offenders*

From 2006/07 to 2007/08, 2,686 people committed at least one alcohol-related crime in Wigan. Offenders were most likely to be White European (98.4%), male (83.4%), and aged 18 to 24 years (36.5%). Because the ethnic categories are not broken down into separate categories of White British, and White European, it is not known whether non-White British people are over-represented as offenders in Wigan. Although outside the remit of this review (which concentrates on those aged 16 and over), sixty of these individuals were under the age of 16. In total, 13.8% of offenders had committed an alcohol-related offence more than once in the two year period, with 78 individuals (2.9%) having committed three or more alcohol-related offences (there was no relationship between repeat offending and gender, age or ethnicity).

### *3.3.2.2 Victims of alcohol-related crimes*

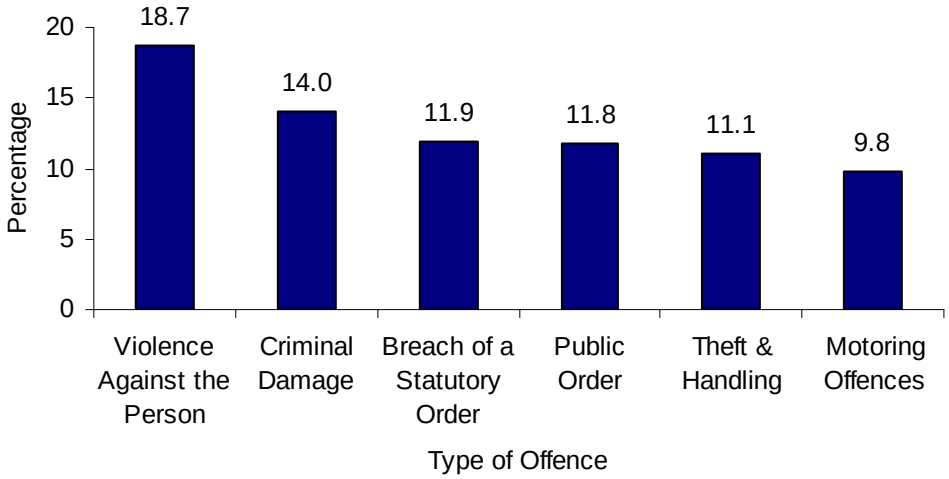
In total, 2,491 victims of alcohol-related crime were recorded for 2006/07 to 2007/08 (please note, individuals may have been victims of such crimes more than once). Just over a quarter of victims (27.1%) were completely anonymous and no data are stored relating to their gender, age or ethnicity. For those where information is available:

- Over half (56.6%) of alcohol-related victims were female;
- Over half (52.4%) were aged between 19 and 35 years old; and
- Almost all victims were White European (96.9%).

### *3.3.2.3 Young offenders*

Between 2006/07 and 2007/08, the Youth Offending Team completed 791 assessments on young offenders aged between 16 and 18 years. Of these, in 423 (53.5%) assessments, recent alcohol use was highlighted (assessments are discussed rather than individuals because they may have been assessed more than once). The majority of those highlighting recent use were male (82%). The largest ethnic group in the young person's data was White British (91.4%), followed by White European (7.0%). This is slightly different from the ethnic composition of the area overall where the proportion of White British is 97.6%, and White Irish and White Others make up 1.1% of the local population, suggesting that White Europeans are over-represented as young offenders. The most common type of offence committed was violence against the person, followed by criminal damage (Figure 14).

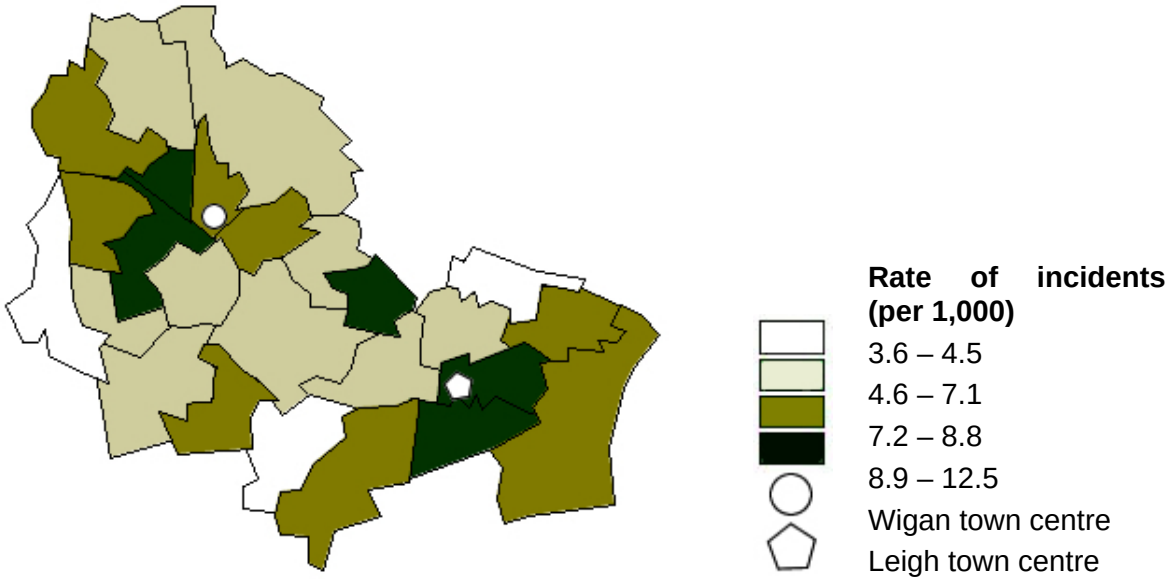
**Figure 14. Alcohol-related offences committed by young offenders in Wigan between 2006/07 and 2007/08**




*Please see Appendix 1, Table 15 for the data relating to this figure.*
*Source: Youth Offending Team (2008).*

Information is also collected relating to young persons involved in alcohol-related anti-social behaviour (Youths and Anti-Social Behaviour Review, 2005-2006)[13]. Figure 15 shows that the highest prevalence of anti-social behaviour among young people is in Leigh East (12.5 per 1,000), Wigan West (11.8), Hindley Green (11.8) and Leigh South (11.0). These rates are over three times higher than those areas experiencing the lowest levels such as Golborne and Lowton West (3.6 per 1,000).

**Figure 15: Rate of young person and alcohol-related anti-social behaviour in Wigan and Leigh by ward in 2005 to 2006**





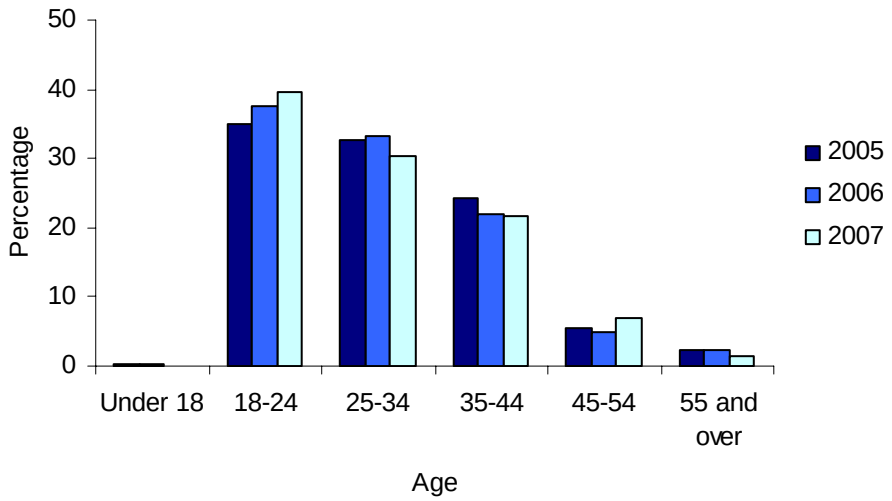
*Source: Youths and Anti-Social Behaviour Review (2005-2006).*

[13] The Youths and Anti-Social Behaviour Review does not state what age group is included in the review or what is classified as a 'youth'.

### *3.3.2.4 Probation clients with a criminogenic alcohol need*

Individuals on probation are scored according to their alcohol need from one to nine with a score of higher than four indicating a serious criminogenic alcohol need. This is where alcohol consumption is directly related to the criminal behaviour, and the offender is more likely to re-offend unless the need is tackled. The data below are for probation clients who scored three or more. The number of such offenders has increased by 72% between 2005 and 2007 (from 1,282 to 2,202), although this may be because of better data collection rather than increased numbers. In this period, the characteristics of the probation clients scored in this way changed. They became younger (the percentage in the 18-24 year old group increased from 34.9% in 2005 to 39.7% in 2007; Figure 16) and women became more involved (the percentage of women increased from 7.7% in 2005 to 10.1% in 2007). In 2007, women seen by probation tend to be younger than their male counterparts, for example, 51.6% of women are aged 18-24 years compared with 38.4% of males. Although again this may be due to differences in data collection methods. There is no common reference number between probation and police data. This means that individuals and their resulting pathways cannot be analysed.

**Figure 16: Age* of probation clients with a criminogenic alcohol need in Wigan from 2005 to 2007**




*Please see Appendix 1, Table 16 for the data relating to this figure.*
** The Probation Service generally deal with individuals aged 16 and over, but in some cases young people aged between 16 and 18 years are dealt with by the Youth Justice Service which is why numbers are so low for those aged under 18 years (see Figure 16).*
*Source: Probation Service (2008).*

### *3.3.3. Conclusion*

Levels of crime both generally and for specific crime types are lower in Wigan than the North West and England overall. Some decreases have been seen but increases have also been experienced in the latest year of data collected.

Data collected locally by the police identify those crimes which are marked as being alcohol-related by local police officers. Between May 2007 and May 2008, there were 3,382 arrests in Wigan on a Saturday and Sunday. Of these, 17.1% were assessed as being alcohol-related. However, other evidence shows that alcohol may be involved in a much higher proportion of crimes with some surveys highlighting that alcohol may be involved up to 50% of violence. Nevertheless, the data do provide useful insights at a local level. Alcohol-related crime is more prevalent in the summer,

at the weekend, at night and in certain postcode areas (such as WN1 and WN2). Offences most commonly occur on the street and in residential homes, and the most commonplace alcohol-related crime is less serious wounding. Domestic violence, which may have the strongest relationship with alcohol in local data, has also been raised as an issue locally which can be related to alcohol, especially because of the low numbers that result in a criminal investigation. Males and young people are the group most likely to be offenders, whilst a much higher proportion of victims are female. Over one in ten (13.8%) of offenders have committed more than one alcohol-related crime. For young offenders, offenders were again more likely to be male but an over-representation of White Europeans in the population was also identified (compared with the local population overall). The highest prevalence of anti-social behaviour among young people is in Leigh East, Wigan West and Hindley Green, with triple the rate of that found in those areas least affected.

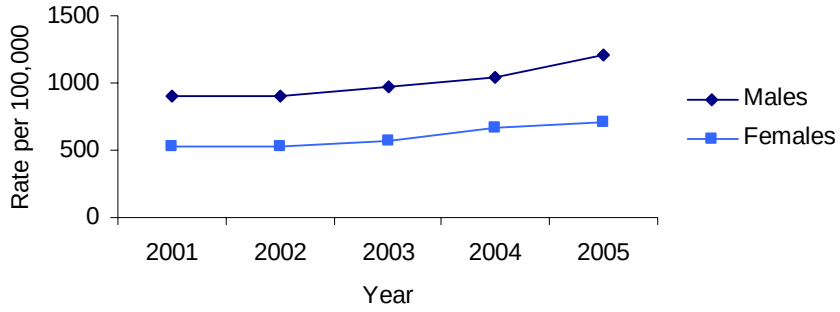
## 3.4. Alcohol-related hospital admission and mortality

### *3.4.1. Hospital Admissions*

**Box 4: LAPE indicator definitions (NWHPO, 2007a)**
*Alcohol-specific hospital admission* is caused by conditions related wholly to alcohol (for example, alcoholic liver disease or alcohol overdose).
*Alcohol-related hospital admission* is caused by conditions that are wholly related to alcohol or where alcohol is considered a contributory factor (for example, stomach cancer and injury).

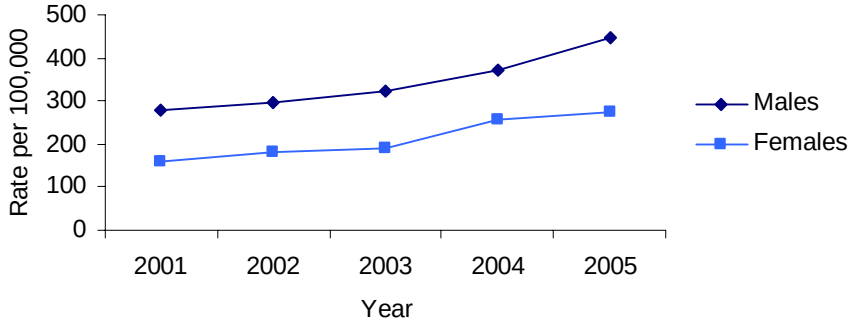
To produce the data in this section, the World Health Organization's International Classification of Disease Version 10 (ICD-10) codes were used to extract the numbers of persons admitted to hospital for alcohol-specific or related conditions. Alcohol attributable fractions (see Box 3) were applied to the data to calculate the number admitted to hospital for such conditions. The rates of alcohol-specific and related hospital admission (see Box 4 for definitions) are higher for males than females in Wigan, following national trends. Rates of female admission in Wigan are higher than both the North West and England averages. Males experience higher levels of alcohol-related hospital admission than England but slightly less than the North West. However rates of alcohol-specific admission for males are 1.4 times higher than the national average (448.4 and 339.7 per 100,000 respectively) and for females rates are 1.6 times higher (274.5 and 164.1 per 100,000 respectively), In addition, all rates have been increasing since 2001 (Figure 17 and Figure 18).

**Figure 17. Rate of alcohol-related hospital admission per 100,000 in Wigan from 2001 to 2005**




*Source: North West Public Health Observatory (2007a).*
*See Appendix 2, Table 15 for figures.*

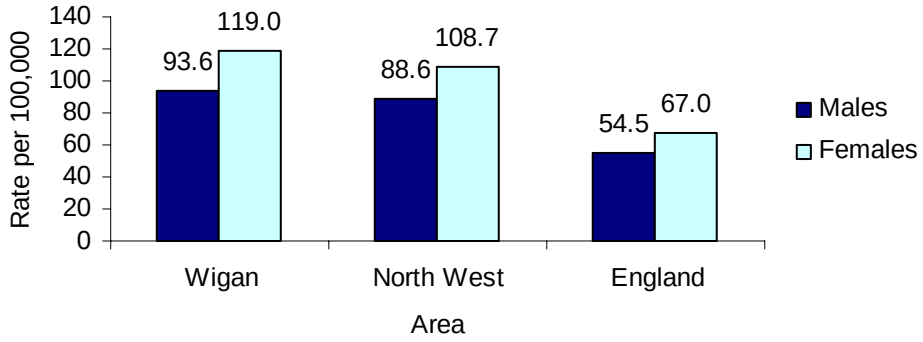
**Figure 18. Rate of alcohol-specific hospital admission per 100,000 in Wigan from 2001 to 2005**




*Source: North West Public Health Observatory (2007a).*
*See Appendix 2, Table 15 for figures.*

Among young people (those under 17 years), the rate of alcohol-specific hospital admission is significantly worse in Wigan than the North West and England averages (see Figure 19). In fact, the rate in Wigan is 1.7 times higher for males and 1.8 for females. Following a national trend and unlike the pattern highlighted for adults, admission for alcohol-specific conditions is higher for young females than males.

**Figure 19. Rate of admission for alcohol-specific conditions per 100,000 in young males and females (under 17 years) 2003/04 to 2005/06**

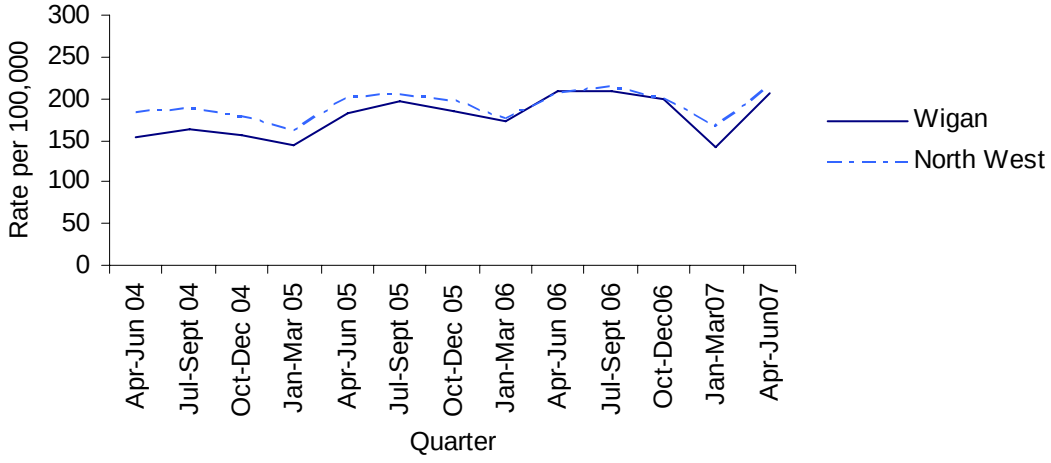



*Source: Deacon et al., (2007).*

### *3.4.2. Alcohol-related hospital admission for acute conditions*

This section discusses alcohol-related hospital admissions for acute conditions in Wigan (see Box 5 for definition). It will focus on the most recent data available (from April to June 2007) but will also discuss the period leading up to this from April 2004. Overall, Wigan experiences slightly lower levels of acute admission due to alcohol than the North West; however for 2006, levels in Wigan were similar to that of the North West (Figure 20). For both Wigan and the North West, the rates of admission peak in the summer months, and then dip for January to March.

**Figure 20. Rate of persons admitted to hospital per 100,000 population for acute alcohol-related conditions for Wigan and the North West**




*Source: North West Public Health Observatory (2007a).*

In Wigan, nearly half of acute alcohol-related admissions are for mental and behavioural disorders (45.4%; April-June 2007; Box 5). People with mental health problems were recognised as a priority group by those attending the stakeholder workshop (May, 2008) for help with alcohol problems and concerns existed around misdiagnosis for those with dual alcohol and mental health issues[14]. The number admitted for mental or behavioural disorders shows an upward trend in each individual quarter, except for January - March 2007, with the highest number of admissions occurring in July-September 2006 (292; Figure 21). For April-June 2007, males represented 70.0% of admissions for mental and behavioural disorders. Admission for accidents and injuries is the next most common admission cause (27.9%). This is the only condition in Wigan where females consistently outnumber males: for April-June 2007, females made up over half of admissions (54.6%). Numbers of such admissions increased each quarter between 2004 and 2006 but decreases are evident where data are available for 2007 (Figure 22). Acute admission for violence formed 10.4% of the total number of persons admitted for acute conditions in April-June 2007. Such admissions are male dominated (68.1% in April-June 2007). The number of those admitted for violence has shown some decreases in 2007 compared with 2006 (see Figure 23). Acute admission for transport accidents and other alcohol-specific conditions represent only a small proportion of the total number of alcohol-related acute admissions in April-June 2007 (7.2% and 9.1% respectively).

**Box 5: Local Alcohol Profiles for England Definitions**

*Acute conditions* refers to those conditions associated with the short term effects of alcohol consumption, and which generally have a rapid onset and short duration (e.g. injuries due to accidents or violence).

*Mental or behavioural conditions specific to alcohol* refers to alcohol intoxication, alcoholic psychosis, alcohol dependence and alcohol abuse.

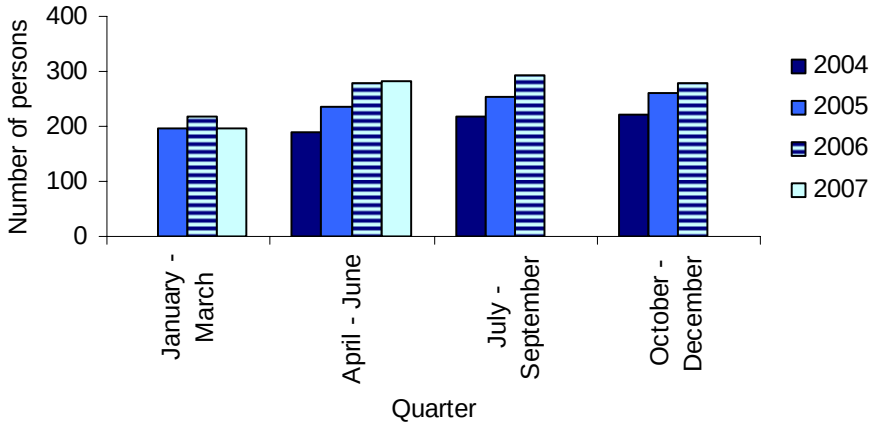
*Accidents and injuries* include conditions such as food causing obstruction in the throat, work/machine injuries, fire injuries, accidental excessive cold, firearm injuries, fall injuries and drowning.

*Violence* includes assault, intentional self-harm, and injuries where intent is undetermined.

*Transport accidents* include road, water and air/space transport accidents.

*Other alcohol specific conditions* include methanol poisoning, accidental poisoning and ethanol poisoning.

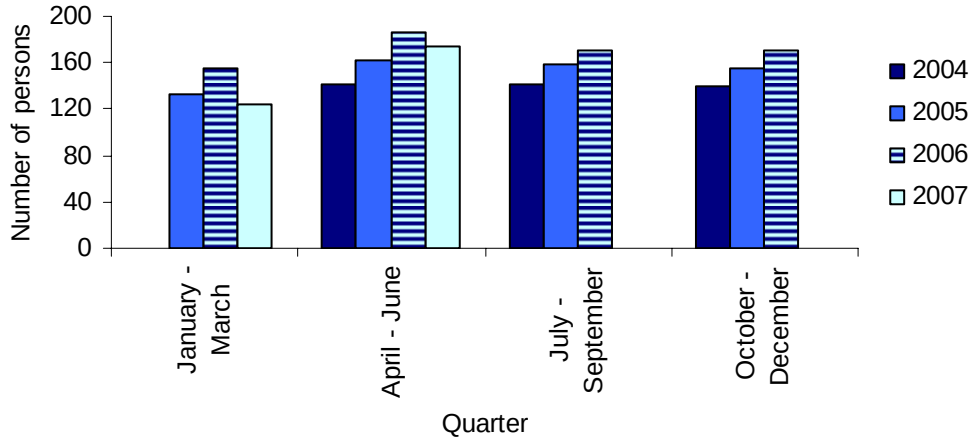
**Figure 21. Number of persons admitted to hospital for mental or behavioural disorders due to alcohol in Wigan**




*Source: North West Public Health Observatory (2007a).*
*Please see Appendix 2, Table 18 for accompanying data.*

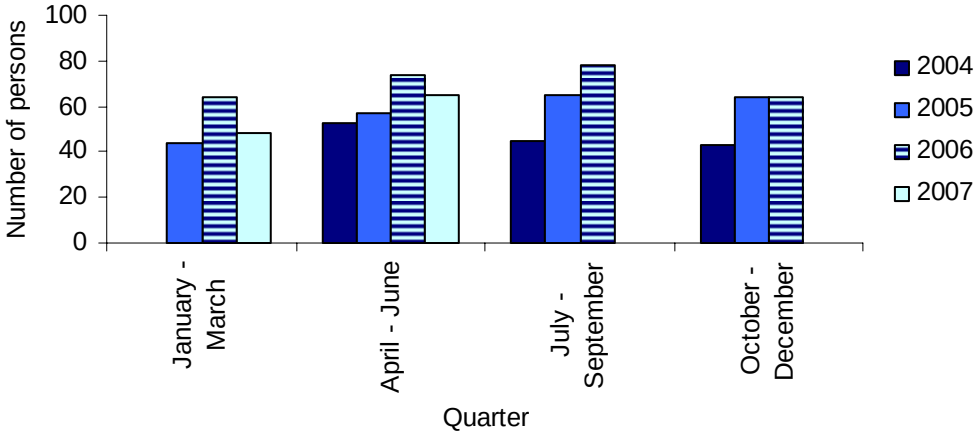
[14] That is those with both a mental health and alcohol problem could be diagnosed with solely a mental health problem or solely an alcohol problem. Not only would the relative contribution of both be unknown but the individual may not receive the most appropriate treatment.

**Figure 22. Number of persons admitted to hospital for alcohol-related accidents and injuries in Wigan**




*Source: North West Public Health Observatory (2007a).*
*Please see Appendix 2, Table 18 for accompanying data.*

**Figure 23. Number of persons admitted for alcohol-related violence in Wigan**




*Source: North West Public Health Observatory (2007a).*
*Please see Appendix 2, Table 18 for accompanying data.*

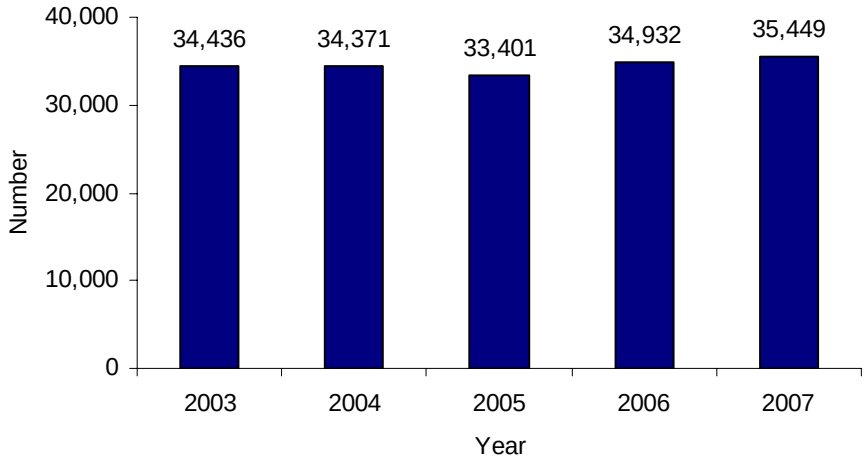
### *3.4.3. Ambulance data*

From the data available, it is not possible to determine which complaints are alcohol-related (because diagnosis may not be assigned until the patient reaches hospital). However, a large number of complaints received are likely to be attributable to alcohol, with some more likely to be so than others, such as assault and choking (see Table 2). Between January 2003 and May 2008, the Ambulance Service in Wigan responded to 187,064 call outs. This number has remained relatively stable since 2003 (see Figure 24). Until May 2008 14,474 responses to calls were made. The number of incidents attended by the Ambulance Service is generally spread evenly across all quarters; however, the number of incidents in the quarters October to December and January to March are consistently higher each year than the other quarters (see Figure 25). Of the data where gender is known, just over half (51.5%) were female. The most common complaints for both males and females were respiratory distress, fall or back injury and chest pain. Of those for whom age is known, 55.2% were aged 55 or over (see Figure 26). In total, for 12.2% of cases, gender is unknown and 15.2% of cases age is unknown.

## Table 2. Type and number of complaints received by the Ambulance Service in Wigan and their potential links with alcohol (April 2003 to May 2008)

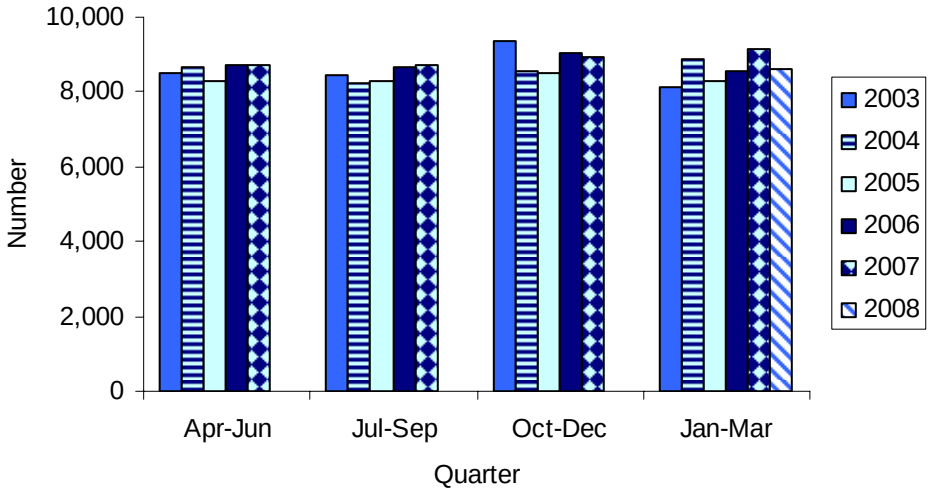
| Complaint category | Total number of complaints | Number likely to be alcohol-related | Possible relationship with alcohol |
|---|---|---|---|
| Abdominal pain/chest pain | 20,824 | | Upper abdomen and chest pain can be the result of indigestion which can result from drinking excess alcohol (BUPA, 2006). Chest pain could also indicate potential heart problems (see below). |
| Allergies/animal bites | 915 | | - |
| **Assault** | **6,371** | **2,357** | **Nearly four in ten (37%) of assault incidences can be attributable to alcohol (Strategy Unit, 2003).** |
| Back pain | 1,589 | | - |
| Burns | 629 | 75 | Australian research shows that approximately 12% of adults presenting at hospital with burns are intoxicated (Kwei and Connolly, 2007). |
| Cardiac arrest/ heart problem | 2,708 | | Drinking over double the recommended daily limits more than doubles the risk of high blood pressure and increases risk of heart problems (Department of Health, 2007). |
| Choking | 483 | 304 | Nearly two thirds (63%) of choking incidences can be attributable to alcohol (Strategy Unit, 2003). |
| Convulsions | 5,936 | | Convulsions can result from alcohol withdrawal in some dependent individuals (Schuckit et al., 1995; Nagatomo et al., 2000). |
| Diabetic | 2,432 | 121 | Five per cent of diabetes cases can be related to alcohol (Strategy Unit, 2003). |
| Drowning | 51 | 15 | Nearly a third (30%) of drowning incidences can be attributable to alcohol (Strategy Unit, 2003). |
| Electrocution | 53 | | - |
| Accidents and injuries | 24,483 | 5,141 | A quarter (27%) of fall injuries can be attributable to alcohol and 16% of work/machine injuries (Strategy Unit, 2003). |
| Faint | 11,991 | | Alcohol has been scientifically linked to fainting due to its impairment of the body's natural process of maintaining blood pressure (Narkiewicz et al., 2000). |
| Haemorrhage | 6,115 | | - |
| Headache | 1,096 | | Alcohol can contribute to headaches, for example, due to dehydration (NHS, 2008). |
| Heat/cold exposure | 46 | 12 | A quarter (25%) of accidental excessive cold conditions can be related to alcohol (Strategy Unit, 2003). |
| Overdose/ poisoning | 6,396 | | Since 1998, cases of alcohol overdose have doubled to 27,000 (NHS, 2008). |
| Pregnancy | 2,505 | | - |
| Psychiatric | 2,055 | | Over the last decade mental health disorders due to alcohol have doubled to 68,005 (NHS, 2008). |
| Respiratory distress | 21,725 | | - |
| Road traffic accident | 3,927 | 1,375 | A third (35%) of road injuries can be attributable to alcohol (Strategy Unit, 2003). |
| Sick person | 11,993 | | - |
| Stab/gun wound | 413 | 103 | A quarter (25%) of firearm incidences can be attributable to alcohol (Strategy Unit, 2003). |
| Stroke | 2,896 | 232 | Eight per cent of stroke cases can be related to alcohol (Strategy Unit, 2003). |
| Not supplied/ unknown problem | 49,432 | | - |
| Total | 187,064 | | - |

**Figure 24. Number of incidents attended by the Ambulance Service in Wigan (2003 to 2007)**



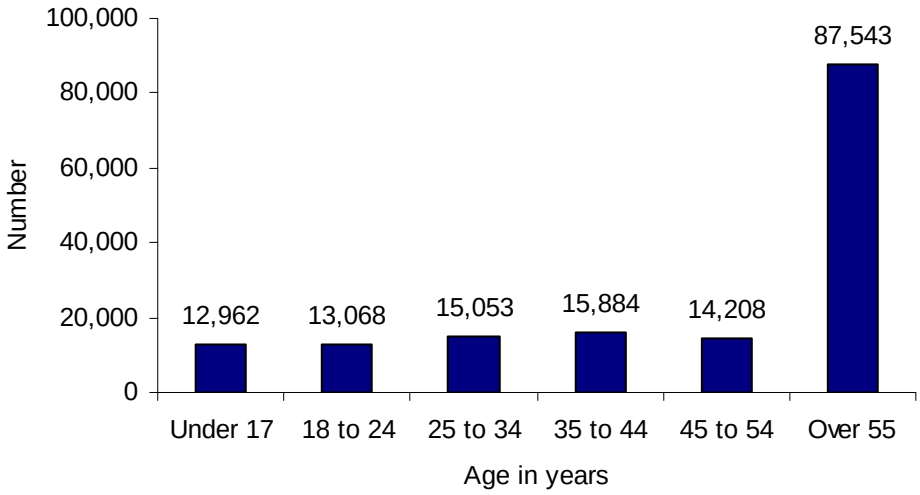

*Source: Tactical Information Service/Commissioning Business (2008).*

**Figure 25. Number of incidents attended by the Ambulance Service by quarter (April to June 2003 to January to March 2008)**




*See Appendix 2, Table 20 for figures.*
*Source: Tactical Information Service/Commissioning Business (2008).*

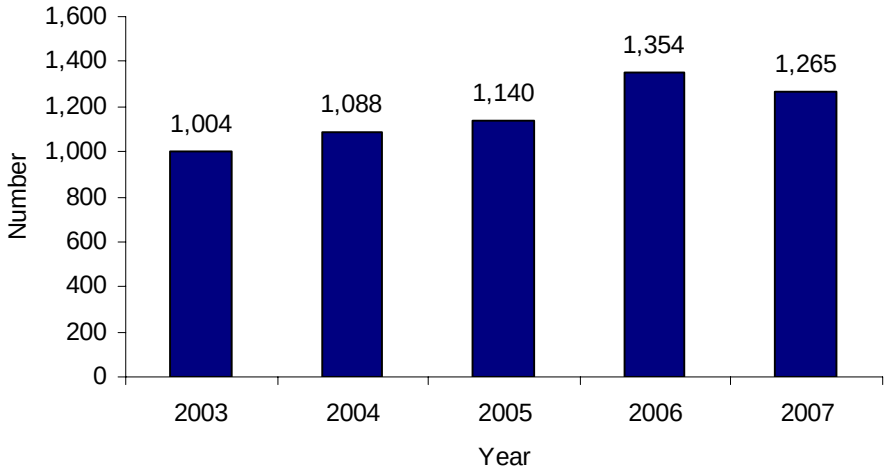
**Figure 26. Age of all patients seen by the Ambulance Service in Wigan (2003 to 2008)**




*Source: Tactical Information Service/Commissioning Business (2008).*

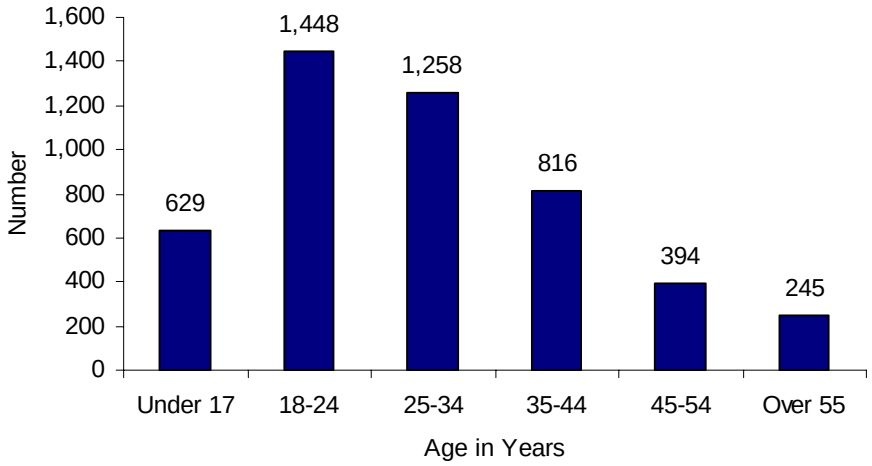
Because a large proportion of assaults are related to alcohol (see Table 2), and because there is a sufficient number of such cases to permit further analysis, this report examines the number of assaults seen by the Ambulance Service in more detail. The number of such incidences in Wigan decreased in 2007 compared with 2006 after an increasing trend since 2003 (see Figure 27). Of those for whom gender is known, 71.7% of assault patients were male. Further, nearly a third (30.2%) were aged 18-24 and a quarter (26.3%) aged 25-34 (see Figure 28). This is consistent with previous research which shows that males aged between 18 and 24 are at the highest risk of assault (Nicholas et al., 2007), and the hospital admission data discussed in Section 3.4.2 which highlights the strong likelihood of involvement of males.

**Figure 27. Number of assault incidents attended by the ambulance service in Wigan (2003 to 2007)**




*Source: Tactical Information Service/Commissioning Business (2008).*

**Figure 28. Age of assault patients seen by the Ambulance Service in Wigan (2003 to 2008)**

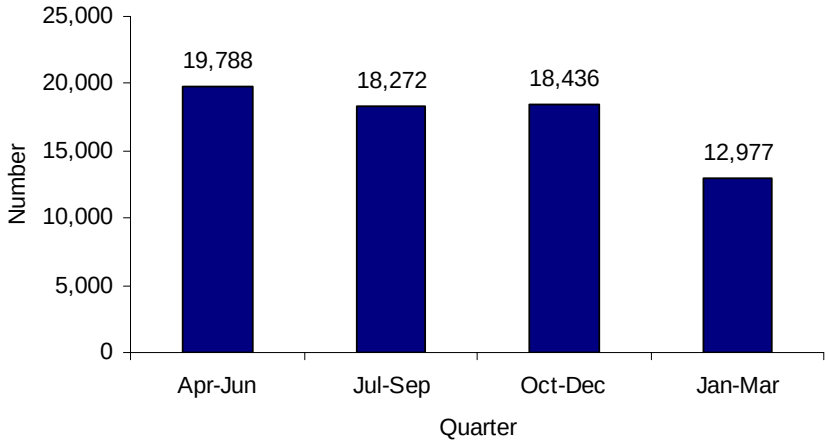



*Source: Tactical Information Service/Commissioning Business (2008).*

### *3.4.4. Accident and Emergency data*

In 2007/08 [15] there were 69,473 recorded attendances at Wigan Accident & Emergency departments (A&E). Because A&E use different diagnosis codes from the ICD codes used in hospital admissions, it is not known whether the presentations were alcohol-related. The highest number of attendances occurred in April to June (28.5%) and the lowest in January to March (18.7%; see Figure 29). Of the 69,473 attendances, half of all patients were male (51.8%).

**Figure 29. Number of A&E attendances to Wigan Accident and Emergency departments (2007/08)**



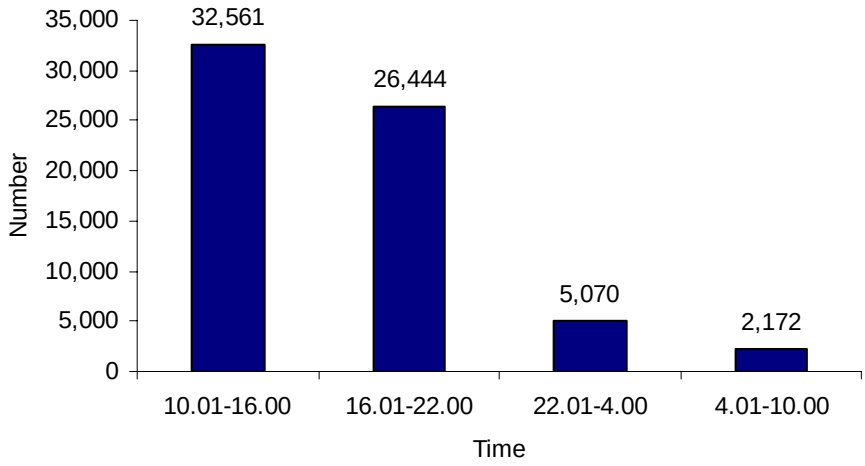

*Source: Tactical Information Service/Commissioning Business (2008).*

The largest numbers of A&E attendances occur during the daytime hours of 10am and 4pm (40.2%; see Figure 30). Previous research shows that the busiest time for dealing with intoxicated individuals and related conditions (such as violence or injuries) in A&E is between 10pm and 4am on Friday and Saturday (Hungerford and

[15] Only 5027 cases were recorded for 2006/07 and 6407 for 2008/09 (7.2% and 9.2% respectively of the number of recorded attendances in 2007/08) as such data could not be used to compare trends over time.

Anderson, 2008; Palk et al., 2007; Tierney and Hobbs, 2003). As such it is likely that a substantial proportion of the attendances at A&E departments in Wigan and Leigh between 10pm and 4am are related to alcohol (see Figure 30). This represents 7.7% of the total number of presentations.

**Figure 30. Time of attendance in Wigan Accident and Emergency departments (2007/08)**

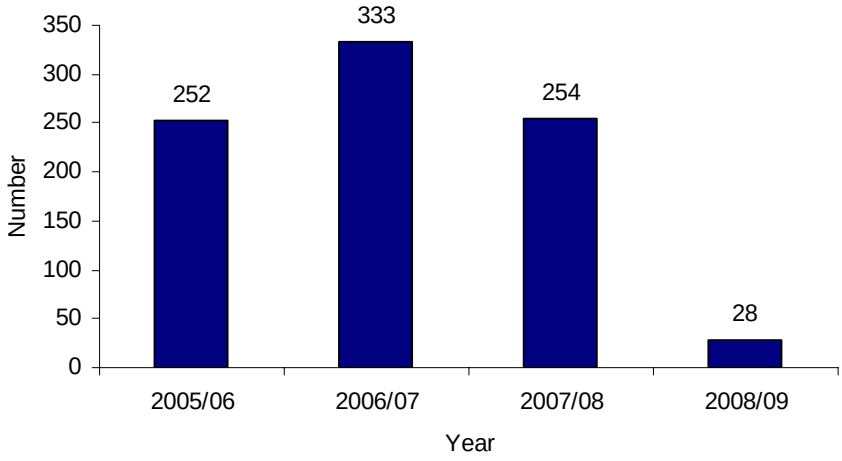



*Source: Tactical Information Service/Commissioning Business (2008).*

### *3.4.5. Inpatient data*

Between April 2005 and March 2008 867 individuals were admitted to Wigan and Leigh hospitals for alcohol-specific conditions. The highest number of such admissions occurred in 2006/07 (38.4%, see Figure 31), however, alcohol-specific admissions for 2005/06 and 2006/07 account for 0.3% of the total number of inpatient admissions and 2007/08 0.2%. Of those admitted for alcohol-specific conditions, 61.4% were males and 87.4% were White British[16] (April 2005 and May 2008). The majority of patients were in the older age groups with those aged 35 to 44 years with the highest number of admissions (see Figure 32).

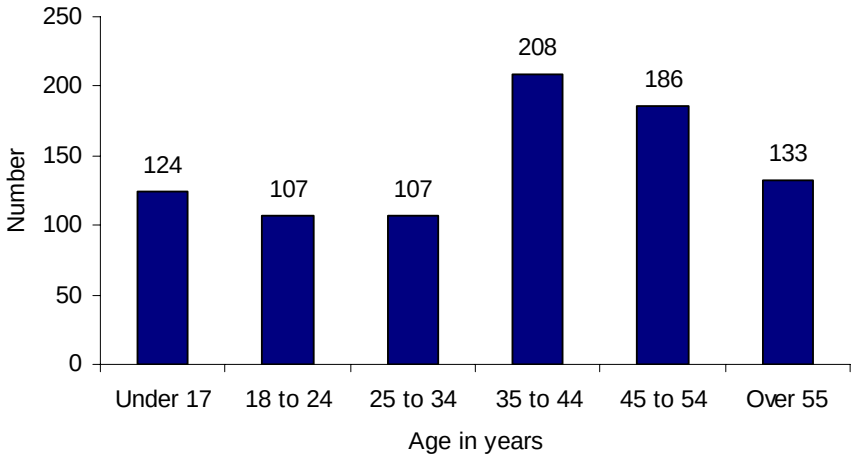
**Figure 31. Number of alcohol-related inpatient admissions at Wigan and Leigh hospitals (April 2005 to March 2008)**




*Source: Tactical Information Service/Commissioning Business (2008).*

[16] In 11.0% of cases ethnicity was not stated.

**Figure 32. Age of inpatients admitted for alcohol-related conditions at Wigan and Leigh hospitals (April 2005 to March 2008)**

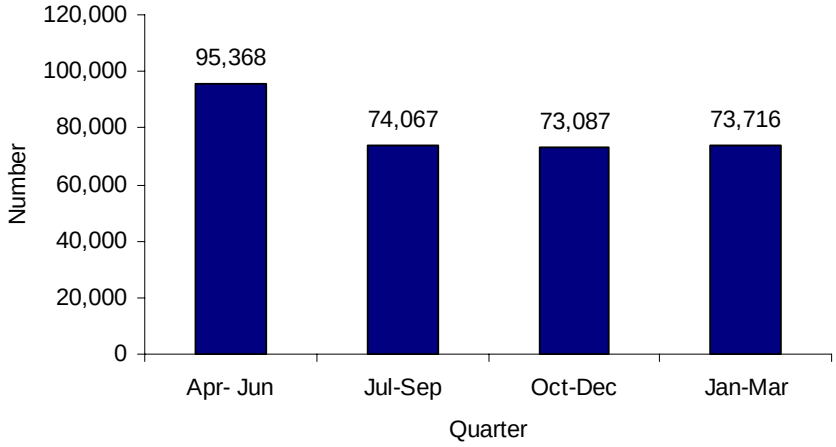



*Source: Tactical Information Service/Commissioning Business (2008).*

### *3.4.6. Outpatient data*

In 2007/08[17], there were 316,238 outpatient attendances[18] at hospitals in Wigan and Leigh. Because ICD codes are not recorded, it is not possible to identify how many attendances are likely to be alcohol-related. Research from America suggests that a total of 2.7% of outpatient visits are related to alcohol abuse (Li et al., 1999). This would suggest that 8,538 outpatient presentations may be alcohol-related. The highest number of outpatients attended from April to June (30.2%; see Figure 33). Of all outpatient attendances, 57.7% of patients were female. Of those for whom age was available half (49.1%) were aged 55 or over at the start of the episode (see Figure 34).

**Figure 33. Number of outpatient attendances at Wigan and Leigh hospitals (2007/08)**

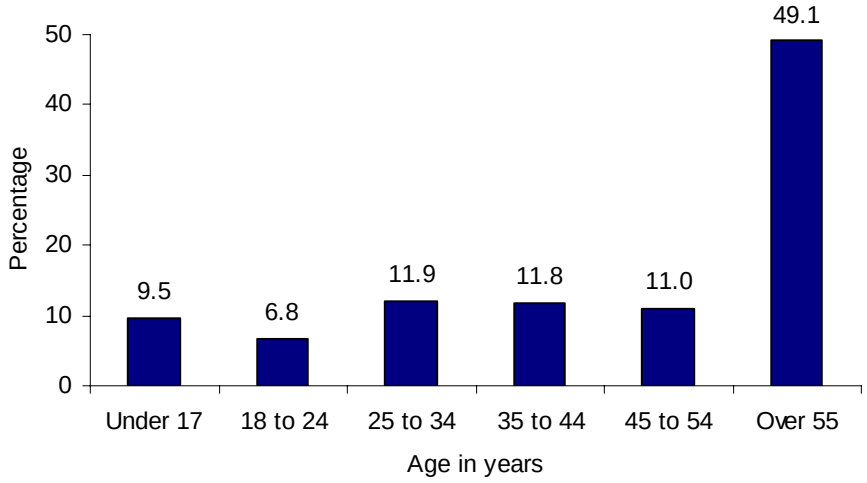



*Source: Tactical Information Service/Commissioning Business (2008).*

[17] Only 176827 cases were recorded for 2005/06 and 201031 for 2006/07 (55.9% and 63.6% respectively of the total number of attendances recorded in 2007/08) as such data could not be used to compare trends over time.

[18] An outpatient is a patient who visits a hospital for specific treatment, procedure or test but is not admitted for overnight stay.

**Figure 34. Age of outpatients at Wigan and Leigh hospitals (2007/08)**



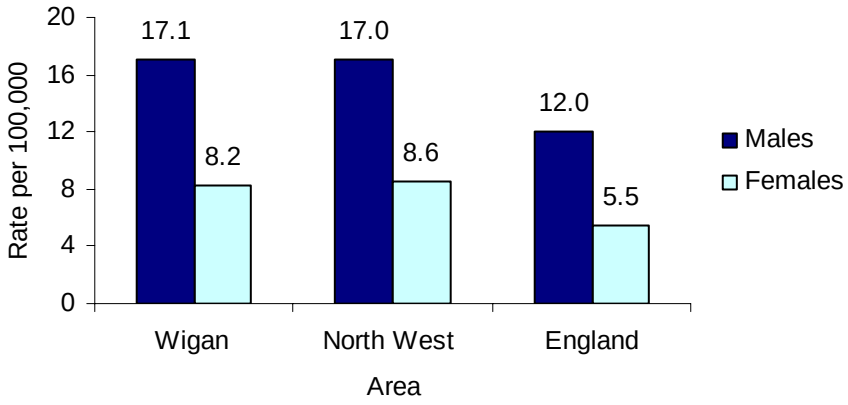

*Source: Tactical Information Service/Commissioning Business (2008).*

### *3.4.7. Mortality*

Generally, levels of mortality[19] in Wigan are higher than the England and the North West due to reasons such as higher levels of deprivation, higher prevalence of smoking and increased alcohol consumption (ONS, 2006; Department of Health, 2007). For example, the rate of alcohol-specific mortality is 1.4 times higher for males in Wigan than England and 1.5 times higher for females. Following a national trend, alcohol-related mortality indicators (such as months of life-lost attributable to alcohol, alcohol-specific mortality, alcohol-related mortality and mortality from chronic liver disease) show that levels of harm are higher for males than females. Geographical analyses show that whilst levels of alcohol-related mortality are higher in Wigan than national averages, they are comparable to or lower than the North West. Again, this is true for months of life lost attributable to alcohol and alcohol-specific mortality, alcohol-related mortality and mortality from chronic liver disease (for example, see Figure 35). Trend data show a mixed picture: whilst months of life lost related to alcohol among females in Wigan have been increasing since 2003, the rate of female alcohol-related mortality have declined slightly whilst mortality from liver cirrhosis (of all causes) has remained stable (see Figure 36; Figure 37). For males, alcohol-related mortality and mortality from chronic liver disease have fluctuated but increased in the last year (Figure 36; Figure 37; NWPHO, 2007a).

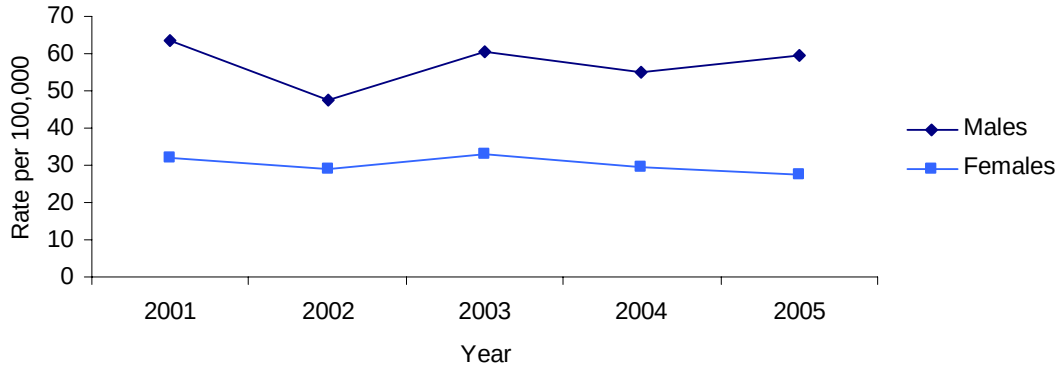
[19] Mortality is the incidence of death in a population.

**Figure 35. Rate of alcohol-specific mortality (per 100,000) in Wigan, the North West and England (2005)**



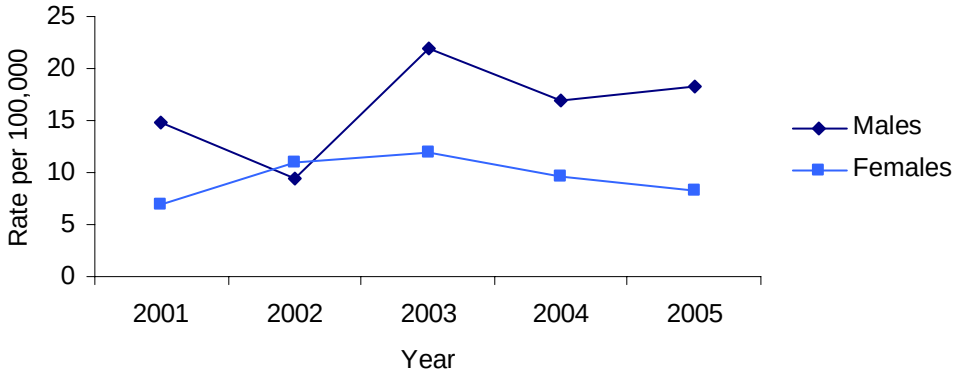

*Source: North West Public Health Observatory (2007a).*

**Figure 36. Rate of alcohol-related mortality (per 100,000) in Wigan (2001 to 2005)**




*Source: North West Public Health Observatory (2007a).*
*See Appendix 2, Table 21 for figures*.

**Figure 37. Rate of mortality from chronic liver disease (per 100,000) in Wigan (2001 to 2005)**




*Source: North West Public Health Observatory (2007a).*
*See Appendix 2, Table 21 for figures.*

### *3.4.8. Conclusion*

Following a national and regional trend, males experience higher levels of alcohol-related and alcohol-specific hospital admission than females, although as with the regional overall this is reversed for those under 17. For adult females in Wigan, the rate of alcohol-related and alcohol-specific hospital admission is higher than both the North West and England averages. For males, Wigan experiences higher levels of alcohol-specific and alcohol-related hospital admission than England but slightly less than the North West. However, rates of alcohol-specific admission are 1.4 times higher than the national average for males, and 1.6 times higher for females. All rates have been increasing since 2001.

Nearly half of alcohol-related and specific acute admission is for mental and behavioural disorders, followed by accidents and injuries, then assaults. In all categories, the number of males admitted exceeds that of females apart from that of accidents and injuries. Increases in the number for these can be seen between individual quarters, with some decreases in 2007.

Locally collected data from the Ambulance Service, Accident and Emergency departments and outpatient and inpatient departments have also been provided. Key findings here highlight that:

- The majority of those seen by the Ambulance Service are those aged 55 and over and the main complaints received are for respiratory distress, accidents and injuries, and back pain.
- The highest numbers of attendance in Accident and Emergency were seen in April to June, between 10am and 4pm, with only 7.7% of cases occurring during the peak times for alcohol-related conditions.
- Over half of outpatient presentations were female, and over half were aged 55 years of over.
- In total, 61.4% of inpatients admitted for alcohol-related conditions were male and 87.4% were White British.
- Large amounts of data were missing (for example, relating to gender, age), and this may have led to bias in the analysed sample.

Whilst not all the cases reported have not been directly linked with alcohol, a certain proportion of these complaints and presentations are likely to be so. This is because other evidence shows that the types of conditions identified, and the times at which individuals present indicate that alcohol is likely to have been involved.

For alcohol-related mortality, gender patterns are similar to those seen in hospital admissions with males being more strongly represented in the number of deaths, as with national and regional averages. Whilst levels in Wigan are higher than nationally, (for example, the rate of alcohol-specific mortality is 1.5 times higher for females in Wigan than nationally) they are generally comparable to, or lower than, the North West. Trend data show a mixed picture: whilst months of life lost related to alcohol among females in Wigan have been increasing since 2003, the rates of female alcohol-related mortality have declined and mortality from liver cirrhosis (of all causes) has remained stable. For males, alcohol-related mortality and mortality from chronic liver disease has fluctuated, but has increased in the last year.

## 3.5. Sexual Health and alcohol

Alcohol is associated with unplanned, unprotected, regretted or abusive sex (Alcohol Concern, 2002). Young people in particular are more likely to have risky sex when they are under the influence of alcohol. Over ten percent of 15-16 year olds say that after drinking, they have had sex that they later regretted, whilst 8.5% have engaged in unprotected sex after drinking (Hibell et al., 2004). Such risky sexual behaviour may result in sexually transmitted diseases, teenage pregnancy, and abortion.

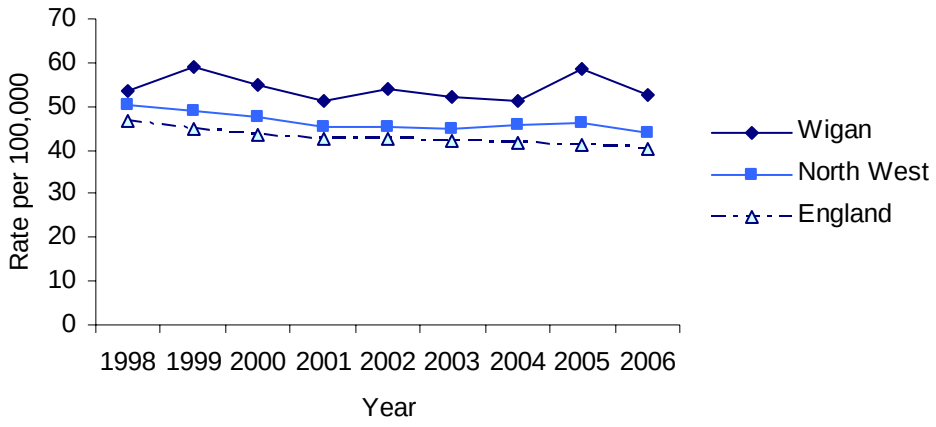
### *3.5.1. Sexually transmitted diseases (STIs)*

In 2006, the prevalence of HIV in Wigan was nearly half that of the North West overall (28.3 per 100,000 compared with 69.6 per 100,000; Downing et al., 2007). For 2002-2005, incidence of the sexually transmitted disease syphilis was also lower in Wigan (3.3 per 100,000) than the North West (5.7 per 100,000) (NWPHO, 2007b). Policymakers and practitioners involved in the stakeholder meeting suggested that there might be an increase in the numbers of people presenting with hepatitis C, and that this increase might be linked with engaging in unprotected sex, for example when drunk, rather than sharing needles. However, hepatitis C is rarely transmitted through sexual intercourse, although this may be more likely through men who have sex with men (Highleyman and Franciscus, 2007).

### *3.5.2. Teenage Pregnancy*

Wigan experiences particularly high rates of teenage pregnancy compared with both the North West and England, with the eighth highest rate in the North West. Teenage pregnancy rates in Wigan have remained relatively stable since 2000 before experiencing a sharp increase in 2005. In 2005, the rate of conceptions in under 18s in England was 41.2 per 1,000, while in the North West it was 46.4. Wigan's rate in 2005 was 58.5 per 1,000, significantly worse than both the North West and England (Figure 38; NWPHO, 2007b). Following a national trend, however, the rate of teenage pregnancy decreased in 2006 (Teenage Pregnancy Unit, 2007). Importantly, 18% of the borough's girls aged 11-16 live in the 10% nationally most deprived areas and account for 35% of school pregnancies in the area (Wigan Borough Partnership, 2007).

**Figure 38. Rate of teenage pregnancy (per 100,000) for Wigan, North West and England from 1998 to 2006**




*Source: Deacon et al., (2007); Teenage pregnancy Unit (2007).*
*See Appendix 3, Table 22 for figures.*

### *3.5.3. Abortion*

In 2005, the rate of abortion in Wigan for females aged 15-44 (13.5 per 1,000) was lower than both the North West (15.3) and England (17.2) averages. For 2002-2004 the percentage of teenage conceptions (aged 15-17 per 1,000) leading to abortion in Wigan (41.4%) was also lower than for the North West (42.1%) and England (46.0%) (NWPHO, 2007b). In 2005, the percentage of teenage pregnancies leading to abortion in Wigan was slightly higher than previous years (42.2%), a trend reflected regionally (43.3%) and nationally (46.9%) (Teenage Pregnancy Unit, 2007).

### *3.5.4. Cancers*

An estimated 4% of all cancer cases are alcohol-related, however for breast cancer this increases to 10% (Reuters Health, 2006; Nasca et al., 1990). Incidence of ovarian and breast cancer in Wigan is lower than the North West and England. Rates of testicular and prostate cancer are also lower than the North West but are a little higher than national averages. Incidence of cervical cancer in Wigan, however, is slightly higher than both the North West and England (NWPHO, 2007b).

### *3.5.5. Conclusion*

Key findings here show:

- Levels of sexually transmitted infections such as HIV and syphilis are lower in Wigan than regionally.
- Wigan has the eighth highest rate of teenage pregnancy in the North West region but numbers have remained stable since 2000 until 2006 when a decrease was identified. Higher levels of teenage pregnancy are associated with more deprived areas in Wigan.
- The rate of abortion in Wigan is lower than regionally and nationally.
- Levels of cancer affecting the reproductive organs show a mixed picture when compared nationally and regionally. For example, whilst incidence of breast cancer is lower than the North West and England average, incidence of cervical cancer is slightly higher.

## 3.6. Fire and alcohol

Alcohol has been shown to be a significant influence on whether a fire starts and/or whether it has fatal consequences. It is estimated that alcohol is attributable to 30% of fires, 41% of fire injuries and 33% of fire fatalities (Strategy Unit 2003; Department for Communities and Local Government, 2006). Alcohol-related fires can include deliberate fires and also accidental dwelling fires. In the Trafford area of Greater Manchester in all of the six fatalities in accidental dwelling fires in 2006/07, alcohol had been consumed (Trafford Council, 2008). In Wigan, there were eight fatal incidents in 2005/06; for two of these, alcohol was recorded as a contributory factor. However, the Fire and Rescue Service only record whether alcohol is a contributory factor when the fire has resulted in death. As such it is likely that alcohol is a factor in a larger proportion of fires than those reported as such (Audit Commission, 2008).

### *3.6.1. Accidental dwelling fires*

Between April 2005 and March 2007 there were 691 accidental dwelling fires in Wigan Borough resulting in six deaths and 65 injuries requiring more than a precautionary check. This has resulted in substantial cost to Wigan (Table 3; Wigan Borough, Greater Manchester Fire and Rescue Service, 2008). It is estimated that only 20% of fires and associated injuries are reported to the Fire and Rescue Service, which suggests the true cost may be greater but it is likely that the most serious fires are reported. These costs incorporate the cost to all agencies involved in dealing with such incidents such as:

- Ambulance mobilisations of at least one response vehicle as well as two ambulance staff to all incidents involving injuries and also where persons required a precautionary check;
- Accident and emergency staff dealing with an emergency arrival of injured parties; and
- Hospital admissions and subsequent care (including any at home care).

Fire data show a downward trend in the number of fatalities, injuries and accidental dwelling fires in Wigan. Further, Wigan is consistently the lowest in terms of accidental dwelling fires and injuries resulting from them when compared with the other ten fire boroughs in Greater Manchester (Audit Commission, 2008).

**Table 3. Estimated cost of fires for Wigan Borough***

| Incident | Estimated cost | | |
|---|---|---|---|
| | Per occasion £ | Number of occasions in Wigan | For Wigan Borough 2005-07 £ |
| Dwelling fire | 24,905 | 691 | 17,209,355 |
| Injury arising from dwelling fire | 155,000 | 65 | 10,075,000 |
| Fire death resulting from dwelling fire | 1,375,000 | 6 | 8,250,000 |

**Please note, it is not known whether these costs can be totalled to provide an overall figure or whether they overlap.*
*Source: Wigan Borough, Greater Manchester Fire Service (2008).*

### *3.6.2. Deliberate fires*

Deliberate fires account for a notable proportion of both primary and secondary fires (see Box 6). Heavy alcohol use or dependence is often cited as a characteristic of chronic arsonists [20]. Nationally, secondary deliberate fire incidents account for half of all incidents attended but it can be as high as 80%. Greater Manchester Fire and Rescue experiences substantially higher levels of deliberate anti-social fires than the regional and national averages (see Table 4).

**Box 6: Definitions of primary and secondary fires**

*Primary fires* are deliberate fires that involve property, including domestic dwellings, vehicles, workplaces, mobile homes, caravans, plant and machinery, and outdoor structures.

*Secondary fires* are deliberate fires which involve derelict buildings and vehicles, outdoor structures, refuse and refuse containers (such as skips and wheelie bins). They also include parks, gardens and areas of open land.

**Table 4. Rate of deliberate secondary fires per 10,000 population for the North West Fire and Rescue Services (2005/06 and 2006/07)**

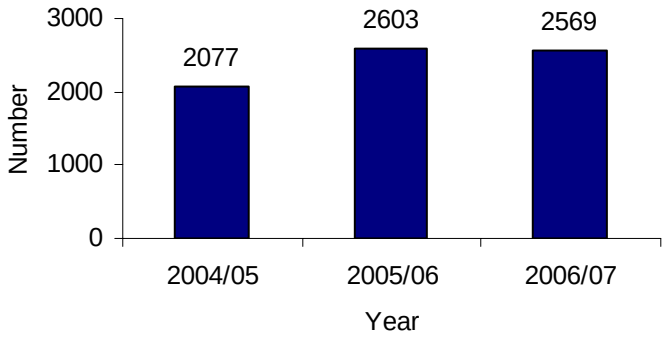
| Area | 2005/06 | 2006/07 |
|---|---|---|
| Greater Manchester Fire & Rescue | 55.3 | 59.3 |
| North West Average | 50.7 | 53.8 |
| England Average | 28.5 | - |

*Source: Wigan Borough, Greater Manchester Fire Service (2008).*

In Wigan, the Fire and Rescue Service attends over two thousand deliberate fires annually. The number of these increased overall between 2004/05 and 2006/07 by 24% (see Figure 39). Although only partial year data are available for 2007/08, a reduction has been seen from April to January compared with previous years, significantly more than the reductions experienced by most other fire boroughs (Audit Commission, 2008). Yet, the economic cost of such fires has increased since 2004 (see Table 5). When compared with elsewhere in Greater Manchester, Wigan has a high incidence of arson particularly secondary fires and fires in non domestic properties (see Table 6). Figures for both types of attack are not only higher than the national average but are also the highest in the local area double the number in Tameside. The Fire and Rescue Service has identified geographical areas where operational activity is highest including: Abram, Ince, Leigh East, Leigh West, Pemberton, Tyldesley and Worsley Mesnes. These are areas with higher than average anti-social behaviour and crime issues (Wigan Borough, Greater Manchester Fire and Rescue Service, 2008).

[20] For more information, please see http://www.nwph.net/alcohol/psa.

**Figure 39. Number of deliberate fires attended to by the Fire and Rescue Service in Wigan Borough (2004/05 to 2006/07).**




*Source: Wigan Borough, Greater Manchester Fire and Rescue Service (2008).*

**Table 5. Total economic cost of deliberate ignited fires within Wigan 2004-2007**

| | 2004/05 | 2005/06 | 2006/07 |
|---|---|---|---|
| Cost of primary and secondary fires | £8,617,920 | £10,493,365 | £10,712,915 |

*See Appendix 4, Table 23 for complete breakdown of fire type and cost*
*Source: Wigan Borough, Greater Manchester Fire Service (2008).*

**Table 6. Incidence of arson attacks in Wigan and surrounding boroughs (2006/07)**

| Type of incident | Wigan | Tameside | Bolton | Oldham | Rochdale | National Average |
|---|---|---|---|---|---|---|
| Secondary fires | 2,093 | 1,026 | 1,667 | 1,456 | 1,377 | 1,524 |
| Deliberate vehicle fires (primary) | 331 | 208 | 221 | 303 | 310 | 487 |
| Deliberate dwelling fires (primary) | 69 | 49 | 62 | 75 | 78 | 67 |
| Fires in non domestic properties caused by arson (primary) | 76 | 26 | 60 | 42 | 47 | 50 |

*Source: Wigan Borough, Greater Manchester Fire and Rescue Service (2008).*

### *3.6.3. Conclusion*

Alcohol is attributable to over 30% of fires, 41% of fire injuries and 33% of fire fatalities. Between April 2005 and March 2007 there were 691 accidental dwelling fires in Wigan Borough resulting in six deaths and 65 injuries requiring more than a precautionary check. However, only 20% of fires and associated injuries are reported to the service. Fire data do, however, reflect a downward trend in the number of fatalities, injuries and accidental dwelling fires in the borough and Wigan is consistently the lowest in terms of accidental dwelling fires and resulting injuries when compared with the other ten fires boroughs in Greater Manchester. In Wigan the Fire and Rescue Service attends over two thousand deliberate fires annually and the number of these has increased overall by 24% between 2004/05 and 2006/07. For arson, Wigan experiences particularly large levels of fire with double the number of Tameside in 2006/07. The Fire and Rescue Service has identified geographical areas where operational activity is highest. These include: Abram, Ince, Leigh East, Leigh West, Pemberton, Tyldesley and Worsley Mesnes.

## 3.7. The alcohol economy

Nationally, the drinks industry is estimated to generate approximately one million jobs in a range of employment types from farming to serving alcohol in bars. In addition, there are other economic spin-offs such as transport, food sales, and music and entertainment (Hughes et al., 2004). Wigan has a relatively large proportion of workers employed in bars (3.4%), the third highest in the North West (North West average 2.9%) and significantly higher than in England overall (2.1%). However, alcohol also negatively impacts on the economy, for example alcohol abuse can result in an inability to work (Strategy Unit, 2003). Further, a recent survey of businesses showed that a third (31.1%) of companies are negatively affected by alcohol consumed by staff outside working hours, and a fifth of employees report arriving into work with a hangover at least once in the last two weeks (Harkins et al., 2008). However, the number of claimants of Incapacity Benefit whose main reason is alcoholism is significantly lower in Wigan than both regional and national averages (see Figure 40).

**Figure 40. Rate of Incapacity Benefits claimants whose main reason is alcoholism (August 2006)**


*Source: North West Public Health Observatory (2007a).*

The latest local data produced by the Department for Culture, Media and Sport are for July 2003 to June 2004, when there were 524 on-licensed premises and 301 off-licensed premises in Wigan and Leigh (825 in total).[21] This is the fourth highest number in the North West behind Blackpool, Liverpool and Manchester. Local licensing data show that there are currently 1,150 licensed premises in Wigan (including late-night takeaways), and that 83% (n=956) of them have licences to sell alcohol. Increased density of alcohol outlets has been linked with increased levels of alcohol-related harms such as violence and road traffic accidents (Morleo et al., 2008b). Unfortunately it was not possible to access the licensing database to do a thorough mapping exercise of licensed venues in Wigan and Leigh. However, a report was published in 2007 which examined the impact of this locally (Beigan, 2007). It suggested that a large number of offences (criminal damage, wounding and anti-social behaviour) occur in or near late night drinking venues[22] (see Table 7). In Wigan town centre, the King Street area is highlighted as having a high density of licensed premises, including three nightclubs. Beigan (2007) suggested that this may contribute to competition between venues and increased drinks promotions, which in turn may contribute to increased rates of violence and anti-social behaviour. Similar

[21] More recent data covering licensed premises since the changes in legislation are currently unavailable (as there is no routine or consistent data collection method).

[22] Analysis was performed using a 250 metre buffer around problem venues and a 500 metre buffer was used to encompass the area surrounding King Street.

proposals were suggested by an Australian study which assessed competition between venues and drinks promotions (Stockwell et al., 2006). However, other areas with late night licensed premises also pose concern because of higher levels of violence recorded, such as a residential area in Worsley Mesnes ward which has a nightclub; Ashton town centre (with two nightclubs); Leigh town centre (with two nightclubs); and Tyldesley (with one nightclub).

**Table 7: Proportion of offences occurring in and surrounding late night licensed premises in Wigan**

| | In late night licensed venues | | Surrounding late night licensed venues | |
|---|---|---|---|---|
| | Number | % of total | Number | % of total |
| Anti-social behaviour | 222 | 6.3 | 3292 | 93.7 |
| Wounding | 180 | 18.9 | 772 | 81.1 |
| Criminal damage | 8 | 1.1 | 711 | 98.9 |

*Source: Begian (2007).*

### *3.7.1. Conclusion*

Communities can make significant economic gains from the alcohol industry. Wigan has a relatively large proportion of workers employed in bars (3.4%), the third highest in the North West. In fact, there are currently 956 premises in Wigan licensed to sell alcohol. However, alcohol may also negatively impact on the economy for example alcohol abuse can result in an inability to work and reduce performance. Yet, the number of claimants of Incapacity Benefit whose main reason is alcoholism is significantly lower in Wigan than both regional and national averages. Further, data within this review and externally show that areas with concentrated alcohol outlets can experience increased levels of harm such as violence and road traffic accidents.

## 3.8. Ongoing interventions

Wigan's alcohol strategy was first implemented in 2005 (Wigan and Leigh Community Safety Partnership, 2005). Its priority aims were to:

- Ensure the right health messages about alcohol get through to the people who would benefit most;
- Have skilled and confident individuals working around young people;
- Identify young people and adults with problems as early as possible;
- Provide treatment and support to those who need it;
- Reduce alcohol-related crime and disorder; and
- Develop better information on the impact on crime and health.

Problems arose because it took time to secure funding for implementing the Strategy. However, funds were secured 18 months ago and a number of stakeholders involved in the workshops felt optimistic about the future (Stakeholder Meeting, May 2008). It has now been 15 months since the new investment (April, 2007), most of which has been invested into alcohol treatment services. This section outlines a number of different interventions that are being used in Wigan in order to tackle excessive alcohol consumption and related harm (some of which were outlined in the Wigan Stakeholder Meeting, May 2008).

### *3.8.1. Tackling alcohol-related crime*

There are a number of initiatives which aim to tackle alcohol-related crime locally:

- Both Wigan and Leigh are alcohol free zones, yet town centres continue to experience higher levels of alcohol-related crime than elsewhere as shown by the data collected locally (see Section 3.3).
- Wigan and Leigh both have a PubWatch scheme[23]. This is particularly strong in Wigan where there are 52 members. Here, with local partners such as the police, the scheme has provided: training and management of door staff; metal detectors; and sharing of information over potential trouble makers. PubWatch has been found to play a part in alcohol-related crime reduction and to be a valuable tool against anti-social behaviour (Mistral et al., 2007; Pratten and Greig, 1998).
- Citizen cards have been introduced, which identify whether an individual is over 18 years. This is free for those living in Wigan.
- Licensing reviews can be used to tackle premises presenting problems, for example relating to crime and disorder issues. To date, one licensing review has occurred in Wigan after crime and disorder issues arose. This venue is no longer allowed to have live entertainment.
- Improved CCTV, lighting and pedestrianisation (Wigan and Leigh Community Safety Partnership, 2005).

Further, initiatives have been implemented which aim to prevent those on probation from re-offending through tackling alcohol consumption. These include:

- An accredited programme called the Low Intensity Alcohol Programme (LIAP) which is intended to start in August 2008 in Wigan and Leigh to help low-risk cases not to re-offend (this is for those who are not suitable for structured drug treatment but still require help). However, the accredited nature of the programme and the requirement for training means it will take longer and more resources to deliver.

[23] The main aim of the PubWatch scheme is to share information about individuals who have caused disorder in venues and ban them from all pubs involved in the scheme.

- As part of the screening and brief intervention training programme commissioned by the Drug and Alcohol Action Team (DAAT), probation staff will be trained to screen and deliver brief interventions. An evaluation will assess their impact. If they are effective, they will be used to complement the LIAP.
- The Offending Assessment System (OASYS) will monitor the percentage of cases at risk of re-offending due to alcohol as part of performance monitoring.
- There is a Greater Manchester target of 25 Alcohol Treatment Referrals (ATRs) each year. The local delivery model is being developed and ATRs are likely to be used for high risk cases such as problem and prolific offenders, those linked to domestic violence and crimes with a high risk of re-offending.

### *3.8.2. Tackling alcohol-related harms to health*

There are a number of initiatives which aim to combat alcohol-related health harms locally:

- Wigan Borough, Greater Manchester Fire and Rescue Service (FRS) are reducing the incidence of primary dwelling fires by promoting the Home Fire Risk Assessment (HFRA) initiative. This involves visiting people's homes, especially members of the most vulnerable groups and providing advice on fire safety in the home, and where required fitting free smoke alarms (Wigan Borough, Greater Manchester Fire and Rescue Service, 2008).
- The FRS has also developed initiatives designed to address the root causes of arson, which include: Fire Stoppers hot line, Fire Fighter Awareness courses (see Section 3.8.3) and youth forums. Further, arson vulnerability assessments are carried out across the borough with a particular focus on using educational establishments to assess the possibility of arson attacks on these types of premises (Wigan Borough, Greater Manchester Fire and Rescue Service, 2008).
- A Screening and Brief Intervention Training Programme has been developed to equip non-alcohol specialist staff from partners such as housing, social care and criminal justice with skills on how to screen, provide simple brief interventions for hazardous/harmful drinkers or refer to specialist services. As such providing interventions for hazardous and harmful drinkers will become core business of these agencies.
- The Local Enhanced Service for Alcohol pilot involves General Practices (GPs) screening patients for alcohol disorders (using AUDIT[24]). They will screen newly registering patients, during routine health checks, and when patients present with issues related to alcohol. General Practices will give alcohol advice to low risk patients as a preventative measure or deliver brief interventions to harmful or hazardous drinkers. They will refer dependent drinkers to appropriate dependency services.
- Training Health Trainers to deliver brief interventions is an Ashton, Leigh and Wigan Primary Care Trust programme for over 18s in the borough. Health trainers carry out an AUDIT assessment to identify risk of an alcohol problem. This is done in settings including workplaces, community centres, and GP services. Low risk patients will receive information as a preventative measure. Brief interventions will be delivered to harmful or hazardous drinkers and refer dependent drinkers to a specialist

[24] AUDIT (Alcohol Use Disorders Identification Test) is a validated screening tool which can be used to identify those who may be at risk from harmful alcohol consumption.

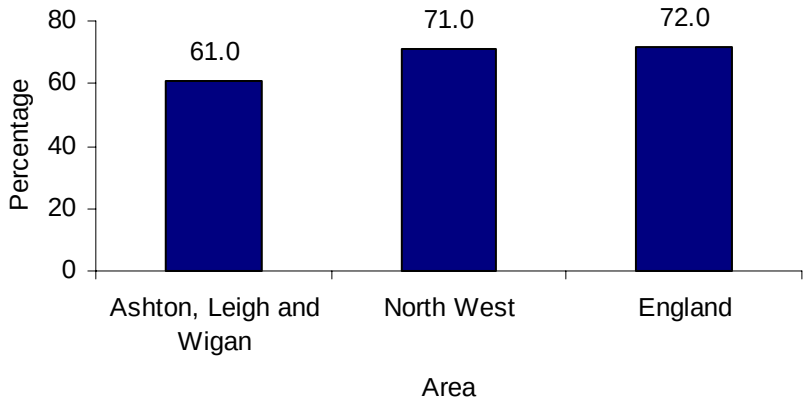
community alcohol service for treatment such as community detoxification, psycho-social interventions and aftercare support.

- Training Find & Treat Staff to deliver brief interventions is an Ashton, Leigh and Wigan Primary Care Trust programme for over 50s. Screenings are done on patients in each Practice on health issues including obesity, smoking, and alcohol. For alcohol, the Find and Treat staff carry out an AUDIT assessment to identify the level of a potential alcohol problem. For those where alcohol issues are identified, support will be provided as per the health trainers' programme.
- Commissioning Addiction Dependency Solutions (ADS) and the Willow Project to deliver an extended brief intervention service. A service available for hazardous and harmful drinkers who need more support than a simple brief intervention.

Access to services across the region is a key factor in achieving good sexual and reproductive health and for reducing the impact of alcohol on sexual and reproductive health. There are a number of different screening clinics in the local area, for which information shows the following:

- Cervical screening coverage for 2003/04 in Wigan (80.9%) is comparable with the North West and England (both 80.6%; NWPHO 2007b). However, screening in Wigan has experienced a slight decline since 2001/02 (82.2%).
- Coverage for breast screening in Wigan has also seen a decrease. In 2003/04 78.4% of women were screened compared with 71.0% in 2004/05, with figures for breast screening in 2004/05 less than those of the North West (75.6%) and England (75.5%).
- The percentage of GUM patients[25] in Wigan seen within 48 hours is lower than both the North West and England average (see Figure 41; HIV and Sexually Transmitted Infections Department, 2007).
- Chlamydia screening is offered in the borough to men and women aged under 25 who are sexually active. Nationally this programme has proved effective in reducing the number of those infected with Chlamydia (National Chlamydia Screening Programme, 2006).

**Figure 41. Percentage of GUM attendees seen within 48 hours (August 2007)**




*Source: HIV and Sexually Transmitted Infections Department (2007)*

[25] GUM refers to Genitourinary Medicine concerning male and female sexual organs and the urinary system. Many hospitals have a Genitourinary Medicine Department usually called the GUM clinic.

### *3.8.3. Tackling alcohol-related harms amongst young people*

There are a number of initiatives which aim to combat alcohol-related harm amongst young people locally:

- Prevention work in schools, for example by addressing alcohol in Personal Social and Health Education lessons.
- Test-purchasing, where problem premises are targeted and monitored by licensing enforcement officers who work closely with trading standards to reduce the number of children buying their own alcohol (Audit Commission, 2008). During the half term in March 2008, police confiscated thousands of pounds worth of alcohol from underage drinkers consuming alcohol in parks and on the streets (Kelman, 2008).
- Wigan Borough Fire Fighter Awareness Scheme which is designed to provide engagement with youths who are involved in anti-social behaviour and fire-related anti-social behaviour as referred by the Anti-Social Behaviour Unit of Wigan Council. Alcohol and its dangers are highlighted by the scheme (Audit Commission, 2008).
- The Violent Offenders' Programme is an anger management programme, which also aims to address alcohol. All young people involved in alcohol-related violent offences have to address these issues (Audit Commission, 2008).
- Location of steel pods in areas with high levels of anti-social behaviour for youth outreach workers to engage with young people.
- Young People's Drug and Alcohol team provides treatment and a pathway to counselling for young people. All young people receive appropriate harm reduction messages and interventions from a multi-agency team that include health assessments (Audit Commission, 2008).

### *3.8.4. Treating those who are dependent on alcohol*

Although this review did not originally set out to examine treatment service data, a number of points relating to treatment were raised at the stakeholder meeting by local policymakers and practitioners. Key points from the stakeholder meeting include:

- A lack of awareness around services available among the general population, especially tier one services (such as brief interventions, advice and counselling), and that promotion of such services is required. (Such services are due to be expanded; Section 3.9.3).
- Treatment services can be ad hoc, and a single access point is needed. This is however incorrect as a single point of access does exist within the borough (see Appendix 5 for treatment provision pathway).
- Existing alcohol services include two day centres, street-based services (the Willow Project and Alcohol and Drug Services), a detoxification unit and specialist treatment through Substance Misuse Services. In addition, a new local enhanced service is being provided by General Practitioners (GPs). Six GPs now do this. An additional £1,062,000 has been allocated every year to the improvement of alcohol services within the borough (Audit Commission, 2008).

### *3.8.5. Conclusion*

A wide variety of interventions have been implemented to tackle alcohol-related harms in Wigan. Currently, the impacts of these are unknown. Evaluation will be needed to ensure the interventions are effective.

## 3.9. Stakeholders' visions for the future

In the stakeholder meeting, participants were asked to discuss their vision for the future of Wigan and Leigh.

### *3.9.1. Tackling cultural change*

Cultural change is needed in order to reduce alcohol consumption and excessive harm, as drinking in order to relax was felt to be ingrained and normal especially amongst young people. It was thought that this process might take a long time and would represent the main barrier to change but some participants were hopeful because of the progress that has been made relating to smoking.

Participants discussed the prospect of introducing a targeted health promotion campaign to highlight the dangers surrounding excessive alcohol consumption, through for example: leaflets, door knocking and cold-calling. Such work has been restricted to date because of limited resources. Participants were also unsure as to how effective they would be, especially in more deprived areas where levels of literacy might be lower (National Literacy Trust, 2008). Studies have shown that whilst information dissemination is the first step in changing attitudes and behaviours (Windahl et al., 1992), interventions which provide information-only can be of limited value (Anderson et al., 2006; Jones et al., 2007). Further, participants noted that the public do not always react positively to alcohol messages encouraging reduced consumption (for example, see BBC, 2007). It was suggested that to tackle such issues, alcohol-related messages should be more relevant and targeted towards particular subgroups within the population, especially regarding raising awareness of units and the possible health risks.

### *3.9.2. Reducing availability and accessibility*

Stakeholders suggested implementing training for shop owners and staff to help reduce underage sales and proxy sales (where adults purchase alcohol for young people, and may even be intimidated into doing so). Lancashire Trading Standards currently run an age restricted product awareness course to increase understanding of the need to prevent underage sales (Morleo et al., 2007b).

The role of the alcohol industry and pricing strategies were also discussed. Stakeholders suggested increasing the price for those drinks with a high alcohol content, or to encourage production of drinks with lower alcohol content. Both of these methods have been found to be successful (Morleo et al., 2008a; Phillips-Howard et al., 2008a). For example, in the 1980s, Australia introduced tax incentives for low strength beers and banned the sale of high strength varieties from supermarkets and convenience stores (Stockwell, 2004). By 2004, per capita consumption had fallen by 24%. Further, statistical models show that if the price of beer was sustainably increased by 1% above inflation in England and Wales, the number of violent injuries would decrease by 37% (Sivarajasingham et al., 2006). For Wigan, who experienced 1,753 alcohol-related violent crimes in 2006/07 (NWPHO, 2007a), this would mean a decrease to 1,100. Pricing strategies could be a particularly important part of tackling alcohol-related harm, as stakeholders knew of venues selling pints of beer for £1 or even less (Stakeholder meeting, May 2008). Participants did raise concerns that such activities might encourage people to drink spirits and home production. Although there is no information available for the UK (Morleo et al., 2008a), American studies show that promoting low strength beer does not lead to people consuming alcohol in higher quantities to compensate for decreased alcohol content (Geller et al., 1991). Other strategies for reducing availability and accessibility included reducing two for one offers in bars and pubs,

increasing the tax on alcohol (which has shown effectiveness elsewhere; Phillips-Howard et al., 2008a), and tackling cheap alcohol in supermarkets.

Although alcohol sales to intoxicated individuals are illegal, this still occurs in pubs and clubs across the country. Stakeholders suggested that this could be tackled through bar server training. This could be an important avenue to explore as a Manchester survey showed that only 41.0% of bar servers interviewed had received specific training surrounding refusing sales to customers, and that a quarter of servers thought that serving drunk customers was part of their job (Hughes and Anderson, 2008). It can be difficult for bar tenders to identify drunkenness, and they must rely on physical symptoms such as being unsteady or slurred speech. The bar servers involved suggested that a fine and clear guidelines on how to handle drunk customers would make them less likely to serve them. Studies in America have shown that where bar servers are legally liable, the rates of road traffic accident fatalities are lower than in those where this is not the case (Phillips-Howard et al., 2008b).

### *3.9.3. Improving services*

Policymakers and practitioners attending the stakeholder meeting suggested a number of ways in which services could be improved. These included:

- Improving the data surrounding domestic violence.
- Further developing partnership working in domestic violence services but also more generally.
- Improving services in Leigh as individuals may not want to travel to Wigan.
- Improving tier one services (such as brief interventions), which aim to reach those who could potentially develop problems in the future early. Screening through GP practices, custody suites, community pharmacies and residential care homes could be used. Screening is due to be implemented after a trial period in the future. Training for this will include representatives from a range of services including probation, drug workers, police, mental health, ambulance service, smoking cessation workers, midwives and so on. Screening for alcohol may be particularly important in the criminal justice setting, where polydrug use among offenders may not be fully recorded, and where offenders may move from drug misuse to alcohol misuse. Improvement of tier one services in Wigan and Leigh has commenced with two alcohol specialist nurses working in A&E wards.
- Establishing a hospital liaison post, potentially based in the accident and emergency department.
- Improving awareness among the local population of the treatment and support available.
- Encouraging licensees and door staff to work with outreach workers in order to gain access to those in need of help.
- Improving data sharing especially relating to treatment services and custody suites.
- Establish a forum for alcohol treatment clients.
- Participants felt that understanding and information were lacking surrounding the impact of teenagers drinking on the streets. Anecdotally, issues such as fighting arise when young people congregate. However, alcohol's role in this is unknown and needs to be determined.
- Information was also felt to be lacking among groups who are at risk of harmful consumption.
- Data need to be examined to develop a thorough understanding of the area and how best to reach those who can not currently access treatment services. It is hoped that this report will help to do this.

# 4. Discussion

## 4.1. Existing Evidence

Levels of alcohol consumption are relatively high in Wigan when compared with both regional and national averages. For example, over a quarter of the local population drink at levels which could be hazardous to their health, compared with 22.1% in the North West and a fifth in England overall. This heightened level of consumption was linked to Wigan's history and culture as a mining and sports-orientated town. Further, alcohol consumption among young people is particularly high, with binge drinking levels higher than the North West average, and a third of young people have accessed alcohol through licensed premises. The National Strategy (Strategy Unit, 2007) highlights 18-24 year old binge drinkers as a group deemed most at harm and thus, one which should be targeted. Excessive consumption is inevitably linked with higher levels of alcohol-related harm being experienced in the area as consumption affects levels of, for example, related crime, hospital admissions, mortality and alcohol-related unemployment.

Alcohol-related crime in Wigan is however lower than the North West and England. This may be due to a number of initiatives which aim to tackle alcohol-related crimes locally (see Section 3.8.1). Wigan does still experience a number of alcohol-related crimes particularly in postcodes WN2 and WN1, at the weekend, and during the early hours of the morning. Thus to further reduce alcohol-related crime, and as a priority defined by the Wigan Alcohol Strategy (Wigan and Leigh Community Safety Partnership, 2005), there is a need to target these geographical areas, particularly at times when alcohol consumption in the area is high such as weekends and bank holidays. Repeat offenders (13.8% of offenders involved in alcohol-related crimes had committed more than one such offence in the last two years) and young males who are shown by a number of the datasets to be more strongly involved in alcohol-related violence should be targeted with appropriate interventions as well.

The rates of alcohol-specific and alcohol-related hospital admission are high in Wigan. Among females, these are higher than both the North West and England averages. Following national and regional trends, rates are higher for males than females, however, males in Wigan experience higher levels of admission than England but slightly less than the North West. Among young people (0-17 years) admission for alcohol-specific admission is exceptionally high, 1.7 times higher for young males in Wigan and 1.8 times higher for young females when compared with England overall. Following a national pattern, young females are also more at risk of hospital admission. This suggests that individuals in Wigan begin drinking at harmful levels at a young age which is also reinforced by the high level of teenage pregnancy within the borough. As mentioned, according to the National Strategy (Strategy Unit, 2007), young people (under 18s) are a group deemed most at harm and prevention of underage sales is a key step in reducing harm in this group. Test purchasing and similar initiatives have been successful in the borough, with problem premises now targeted and monitored by licensing enforcement officers. However, interventions are required to target children themselves at a younger age to provide education before alcohol use begins and also to better identify young people and also adults who are having problems as early as possible (a priority of the Wigan Alcohol Strategy, 2005) to lesson the impact of harm.

Alcohol is, however, a central part of the economy in Wigan with a large proportion of workers employed in bars (the third highest proportion regionally). It has a substantial number of licensed premises, the fourth highest in the North West. Although, the

drinks industry has obvious benefits for the economy in Wigan focus on alcohol-related nightlife could be contributing to alcohol-related harm within the borough, as increased licensing density has been linked with experiencing higher levels of a number of harms including violence and road traffic accidents (Beigan 2007; Morleo et al. 2008b). The introduction of other forms of nightlife which do not primarily involve alcohol may help reduce experience of alcohol-related harm by Wigan residents.

## 4.2. Interventions

The proportion of people in Wigan and Leigh and elsewhere in the UK binge drinking, drinking hazardously or drinking harmfully presents a huge challenge to service planners and practitioners. It is appropriate that a number of screening and brief intervention programmes, which are designed to help identify a drinking problem sooner rather than later and provide the opportunity to reduce harm, have recently been established in Wigan and Leigh. Traditionally, alcohol and drug problems have tended to be seen as problems requiring specialist help. There needs to be a continued shift in the thinking of stakeholders, which will ensure that there is adequate coverage and capacity of all health, social care and criminal justice agencies to identify and help non-dependent drinkers.

There are staff training and development issues associated with ensuring that the workforce is confident and competent to engage routinely with people about alcohol. It is appropriate that Wigan and Leigh are already developing training programmes. Consideration should also be given to supporting practitioners and the public with information materials and self-help approaches as an adjunct or alternative to face-to-face work. Awareness may also need to be raised amongst practitioners who may not be aware of all the services available.

In order to tackle excessive alcohol consumption and related harm in Wigan and Leigh, a large number of projects are ongoing which encompass a whole range of populations including young people, offenders and other drinkers. They do this in a number of different ways, for example, through education, brief interventions targeting binge, hazardous and harmful drinkers, help for dependent drinkers and criminal justice interventions. Whilst Wigan is taking positive steps to tackle alcohol consumption, stakeholders also need to be aware of the need for rigorous monitoring and valid evaluation so that effective strategies can be extended or expanded and those that are unsuccessful can be terminated. It is also worth remembering that local distinctions can impact on the success of interventions, and that what works in one area may not be successful elsewhere. Further, interventions typically target young people, offenders and dependency. It is important not to overlook populations that may easily be forgotten such as the elderly or the homeless, where the impacts of alcohol may be more acute.

Partnership and collaborative work will be necessary to ensure that alcohol-related investment and interventions are effective in Wigan and Leigh. The stakeholder meeting demonstrated that there is enthusiasm and commitment to collaborative working. However, delegates recognised that some sphere of activities such a data collection and care pathways, and further collaborative work needs to be undertaken. The stakeholder meeting proved to be very informative for some delegates, thus demonstrating the need to establish regular ways of informing stakeholders about new developments. The stakeholder workshop also raised a number of suggestions about how progress could be made in the future. These included: alcohol price increases; preventing sales to intoxicated individuals; using targeted social marketing campaigns; improving partnership and data sharing; and service development.

The review does not include treatment service data at this stage as a new alcohol treatment system was launched in Wigan and Leigh on March 10th 2008 and as such it is not appropriate to analyse the success of the system after such as short period of time. Analyses of the alcohol treatment data should be conducted in the future when performance management processes have been established.

## 4.3. Gaps in the data

A number of gaps do exist in the data which can make it difficult to quantify the exact levels of harm and understand the situation fully. Table 8 outlines the gaps identified in each dataset. Generally:

- There is an absence of trend data, which means that it is difficult to assess whether the situation is improving or worsening.
- There is also a lack of information surrounding demographic details such as ethnicity, gender, age, or classifications of vulnerable populations (such as the homeless or having mental health issues). Crime data provides a greater degree of insight providing an ethnic dimension and specialised data have been produced which highlight hospital admissions for under 18s but it is very difficult for this intelligence to be all-encompassing.
- Whilst some alcohol-related harms such as mortality can indicate directional change, if these are caused by chronic conditions, it can be difficult to see the immediate impact of any interventions in the data. Datasets, which do collect information on more acute alcohol-related harms and which could be used for monitoring immediate impact of interventions include alcohol-related crime, and attendances to Accident and Emergency (A&E) departments and hospital admissions that are for acute causes.
- Data are not always integrated by the agencies involved. Crime, probation and treatment data, present the greatest problem as they do not share data fields which could identify individuals and inform stakeholders about service pathways. Unique codes could be used to overcome this.
- Stakeholders felt that information was lacking in a number of areas such as: understanding the impacts of street drinking, and information on groups more at risk of problem consumption.

## 4.4. Recommendations

A number of recommendations can be drawn from this review, which will allow progress towards tackling-alcohol related harm. These are drawn both from the data identified and from the suggestions made by the stakeholders involved in the workshop:

- To tackle cultural change through a series of targeted social marketing campaigns, directed at individual populations and focussed towards the issues that are relevant to those populations.
- To reduce the availability and accessibility of alcohol through a range of measures including preventing underage sales, investigating ways of increasing price (especially for higher content beverages), introducing training and/or legal liability for bar servers to prevent or at least significantly reduce sales to those who are intoxicated.
- To further develop and monitor screening and brief intervention approaches, which are supported by staff training and development and information resources.
- To establish methods of communicating the development and progress of alcohol-related interventions to all stakeholders including the public.

- To improve data through tackling the gaps and inconsistencies identified, and continue to evaluate interventions to establish effectiveness.
- To target those groups most at risk of harm with appropriate interventions. Such groups include: repeat offenders and young males who are most at risk of committing an alcohol-related offence, and young females who are more at risk of alcohol-specific hospital admission.
- To ensure that the issues identified by the stakeholders are considered in future developments, and that the stakeholders are fully consulted.

Wigan and Leigh's alcohol strategy is about to be revised as the old strategy's lifespan comes to end. This is a key time for Wigan and Leigh to consider the findings and recommendations from this report, and to start implementing the required changes. Stakeholders will play a key role in any transition.

**Table 8: Data gaps identified and possible methods to rectify these**

| Data type | Data gaps | Possible methods of rectifying data gaps |
|---|---|---|
| Alcohol consumption | • There are little trend data available on consumption locally, which makes it difficult to know whether consumption is increasing or decreasing.<br>• Whilst data exist on a number of different patterns of consumption (such as binge drinking, hazardous and harmful consumption), estimates on dependency are limited because the methodology used is not sensitive enough to distinguish between possible past dependency and current alcohol levels.<br>• Little local data exist relating to gender, ethnicity, vulnerable populations (such as homeless people), and older people. | • Representative surveys could be repeated annually (or less frequently) to identify change. Such surveys could be designed to capture information that is lacking (for example, surrounding dependency, age, ethnicity and so on) and promoted amongst those groups where participation is low (such as those with mental health issues or the homeless).<br>• Surveys could use more sensitive screening tools to identify possible dependency. For example, whilst the AUDIT may not provide an entirely comprehensive picture of the individual's drinking (drinking two glasses would achieve a low score, but these might be two large glasses of strong wine), it does set a timeframe around experiences and so would not mistake possible past dependency with current. |
| Local crime data | • Because the Wigan Domestic Crime Unit has only just started to collate data on domestic violence, there are no trend data available on this. Thus, it is not possible to determine whether the problem is increasing or not.<br>• The police use alcohol markers to mark crimes as alcohol-related which is usually based on a Police Officers judgement. It is thus likely that not all alcohol-related crimes are marked as such by police. Other research such as urine analysis and victim opinion show alcohol-related crimes are dramatically higher than that provided by local police markers.<br>• No national or regional comparative data were available for data surrounding those on probation. | • Information on domestic crime will be forthcoming.<br>• A training package could provide information to police on looking for evidence of alcohol consumption when recording details of crimes.<br>• Lobby for national data on probation, and the role of alcohol. |

| Data type | Data gaps | Possible methods of rectifying data gaps |
|---|---|---|
| Local fire services data | • Because the Fire and Rescue Service only record whether alcohol is a contributory factor when the fire has resulted in death, the level of involvement of alcohol is likely to be an underestimate. | • A training package could provide information to the fire services on how to look for evidence of alcohol consumption when recording details of fires, so that the dataset can be expanded. |
| Local health services data (relating to Accident and Emergency presentations, ambulance callouts, inpatients and outpatients | • Some of the historical data are incomplete, and would not allow for a trend analysis. Data quality has improved substantially in the last year but gaps exist for previous years.<br>• A proportion of the data were incomplete (for example, relating to gender, age and so on). This makes it difficult to provide a thorough analysis.<br>• No national or regional comparative data were available for Accident and Emergency presentations, ambulance call-outs or outpatient presentations.<br>• It is not possible to tell from the Ambulance, A&E, inpatient and outpatient data included in this report whether alcohol was a factor. The Ambulance Service do record the initial complaint of the patient, however, the final diagnosis is not recorded nor if alcohol was involved. The A&E, inpatient and outpatient data produced by local hospitals are not complete so although ICD codes are recorded in some cases, for a large proportion this is not available. | • Hospitals within the borough need to ensure that all cases are recorded (and recorded fully) to allow for future trend analysis.<br>• Lobby for a national dataset on Accident and Emergency presentations, and ambulance call-outs. |
| National datasets on health and crime (such as the Local Alcohol Profiles for England) | • Little local data exist relating to age, gender, ethnicity, vulnerable populations (such as homeless people).<br>• National crime data only relate the offence, and provide no information on the offender. | • Lobby for national data to provide information which would fill the gaps identified. |

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# 6. Appendix

## Appendix 1: Further figures on alcohol-related crime

### Table 9: Rate per 100,000 of burglary, theft, robbery and criminal damage in Wigan, the North West and England (2002-2007)

| | | 2002/03 | 2003/2004 | 2004/05 | 2005/06 | 2006/07 |
|---|---|---|---|---|---|---|
| Burglary | Wigan | 383.2 | 327.3 | 252.1 | 222.8 | 224.2 |
| | North West | 428.6 | 321.8 | 255.5 | 238.9 | 229.5 |
| | England | 291.7 | 267.7 | 220.7 | 208.1 | 199.0 |
| Theft | Wigan | 18.9 | 12.2 | 7.9 | 7.9 | 8.8 |
| | North West | 29.4 | 27.2 | 22.6 | 23.5 | 22.2 |
| | England | 34.5 | 31.6 | 28.0 | 28.5 | 26.0 |
| Robbery | Wigan | 15.2 | 13.2 | 9.2 | 8.6 | 10.5 |
| | North West | 28.2 | 24.1 | 20.1 | 21.0 | 21.5 |
| | England | 25.8 | 24.0 | 20.9 | 22.6 | 23.8 |
| Criminal damage | Wigan | 1159.9 | 1230.9 | 1060.2 | 1111.5 | 1149.6 |
| | North West | 1209.1 | 1345.8 | 1334.2 | 1360.9 | 1326.6 |
| | England | 987.4 | 1073.7 | 1051.4 | 1031.4 | 1047.3 |

### Table 10: Definitions of crime categories used

| Crime category | Crimes included | 2006/07 (%) | 2007/08 (%) |
|---|---|---|---|
| Affray | Affray, making threats to kill | 39 (3.2%) | 38 (3.0%) |
| Burglary | Aggravated burglary dwelling, burglary dwelling, burglary other | 8 (0.7%) | 11 (0.9%) |
| Criminal damage | Arson, criminal damage | 174 (14.2%) | 165 (13.0%) |
| Drug offences | Supply / pass drugs | 12 (1.0%) | 11 (0.9%) |
| Less serious wounding | Less serious wounding | 901 (73.4%) | 970 (76.3%) |
| More serious wounding | Manslaughter, serious wounding, violent disorder | 27 (2.2%) | 22 (1.7%) |
| Other | Attempts to pervert the course of justice, cruelty / neglect of children, deception / fraud, kidnap / hijack, firearms acts offences, national security, other | 12 (0.9%) | 18 (1.1%) |
| Sexual offences | Grooming / exposure, indecent assault, indecent assault of a female, rape, underage sexual intercourse with a girl under 16 years, incest | 13 (1.1%) | 11 (1.2%) |
| Thefts and robbery | Aggravated vehicle taking, miscellaneous thefts, robbery, shoplifting, theft from a motor vehicle, theft from a person, theft in a dwelling, theft of a motor vehicle | 42 (3.4%) | 25 (2.0%) |
| Total | | 1228 | 1271 |

### Table 11: Number of crimes with an alcohol marker in Wigan by month

| Month | 2006/07 | 2007/08 |
|---|---|---|
| Apr | 95 | 90 |
| May | 94 | 105 |
| Jun | 105 | 112 |
| Jul | 94 | 116 |
| Aug | 105 | 138 |
| Sep | 79 | 114 |
| Oct | 98 | 105 |
| Nov | 91 | 100 |
| Dec | 161 | 109 |
| Jan | 103 | 96 |
| Feb | 101 | 86 |
| Mar | 102 | 100 |
| Total | 1228 | 1271 |

### Table 12: Number and percentage* of crimes with an alcohol marker in Wigan by day of the week

| Day | 2006/07 (%) | 2007/08 (%) |
|---|---|---|
| Mon | 119 (9.7%) | 106 (8.3%) |
| Tue | 85 (6.9%) | 96 (7.6%) |
| Wed | 100 (8.1%) | 108 (8.5%) |
| Thu | 107 (8.7%) | 112 (8.8%) |
| Fri | 194 (15.8%) | 189 (14.9%) |
| Sat | 354 (28.8%) | 328 (25.8%) |
| Sun | 269 (21.9%) | 332 (26.1%) |
| Total | 1228 | 1271 |

**Percentages may not add up due to rounding.*

### Table 13: Number and percentage* of crimes with an alcohol marker in Wigan by time of day

| Time | 2006/07 (%) | 2007/08 (%) |
|---|---|---|
| 00:01-03:00 | 444 (%) | 460 (%) |
| 03:01-06:00 | 107 (%) | 106 (%) |
| 06:01-09:00 | 17 (%) | 23 (%) |
| 09:01-12:00 | 18 (%) | 19 (%) |
| 12:01-15:00 | 41 (%) | 36 (%) |
| 15:01-18:00 | 107 (%) | 123 (%) |
| 18:01-21:00 | 207 (%) | 201 (%) |
| 21:01-00:00 | 287 (%) | 303 (%) |
| Total | 1228 | 1271 |

**Percentages may not add up due to rounding.*

**Table 14: Number of crimes with an alcohol marker in Wigan by location type with definition of categories used**

| Location category | Locations included | 2006/07 (%) | 2007/08 (%) |
|---|---|---|---|
| Accommodation | Hostel, hotel | 2 (0.2%) | 5 (0.4%) |
| Bus and bus station | Bus and bus station | 12 (1.0%) | 8 (0.6%) |
| Car or car park | Car or car park | 16 (1.3%) | 8 (0.6%) |
| Health services | Chemist, hospital, optician, rehabilitation centre | 11 (0.9%) | 9 (0.7%) |
| House | Bungalow, detached, flat, drive, end terrace, garage, garden, ground floor, hall, yard | 460 (37.5%) | 499 (39.3%) |
| Leisure venue | Football ground, amusement arcade, sports centre, sports ground, sports stadium, swimming baths | 6 (0.5%) | 7 (0.6%) |
| Nightlife venue | Bar, nightclub, public house, restaurant, social club, takeaway, working men's club | 154 (12.5%) | 147 (11.6%) |
| Open space | Allotment, bowling green, churchyard, footpath, graveyard, park, playground, playing field, waste ground | 25 (2.0%) | 9 (0.7%) |
| Other | Caravan, caravan site, care home, cash machine, children's home, conference centre, motorway, office, place of worship, school sheltered accommodation, stairway, taxi rank, telephone kiosk, waiting room, club house | 20 (1.6%) | 12 (0.9%) |
| Police station | Police station | 8 (0.7%) | 10 (0.8%) |
| Shop | Filling station, forecourt, market stall, newsagent, off licence, optician, shop, shopping precinct, supermarket | 21 (1.7%) | 31 (2.4%) |
| Street | Alley, bridge, street | 493 (40.1%) | 526 (41.4%) |
| Total | | 1228 | 1271 |

**Table 15: Number of offences committed by young people**

| Type of Offence | Number | Percentage |
|---|---|---|
| Violence Against the Person | 131 | 18.7 |
| Criminal Damage | 98 | 14.0 |
| Public Order | 83 | 11.8 |
| Breach of Statutory Order | 84 | 11.9 |
| Theft & Handling | 78 | 11.1 |
| Motoring Offences | 69 | 9.8 |
| Other | 29 | 4.1 |
| Domestic Burglary | 25 | 3.5 |
| Drugs Offences | 19 | 2.7 |
| Vehicle Theft | 19 | 2.7 |
| Non Domestic Burglary | 16 | 2.2 |
| Breach of Bail | 15 | 2.1 |
| Racially Aggravated Offences | 14 | 2.0 |
| Robbery | 13 | 1.8 |
| Sexual Offences | 3 | 0.4 |
| Arson | 1 | 0.1 |
| Total | 697 | 98.9 |

### Table 16: Age of probation clients with a criminogenic alcohol need in Wigan from 2005 to 2007

| Age | 2005 (%) | 2006 (%) | 2007 (%) |
|---|---|---|---|
| Under 18 | 3 (0.2%) | 3 (0.2%) | 3 (0.1%) |
| 18-24 | 448 (34.9%) | 646 (37.6%) | 874 (39.7%) |
| 25-34 | 420 (32.8%) | 568 (33.1%) | 667 (30.3%) |
| 35-44 | 313 (24.4%) | 377 (22.0%) | 475 (21.6%) |
| 45-54 | 69 (5.4%) | 82 (4.8%) | 150 (6.8%) |
| 55 and over | 29 (2.3%) | 40 (2.3%) | 33 (1.5%) |
| Total | 1,282 | 1,716 | 2,202 |

## Appendix 2: Further figures on alcohol-related health impacts

### Table 17: Rate of alcohol-related and alcohol-specific hospital admissions (per 100,000) in Wigan (2001-2005)

| | | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|
| Alcohol-related hospital admission | Males | 898.1 | 900.8 | 967.3 | 1042.5 | 1203.7 |
| | Females | 532.6 | 534.0 | 572.9 | 661.6 | 713.9 |
| Alcohol-specific hospital admission | Males | 278.7 | 298.0 | 321.8 | 371.4 | 448.4 |
| | Females | 159.9 | 181.2 | 188.8 | 258.7 | 274.5 |

**Table 18: Number of persons admitted to hospital for alcohol-related conditions for Wigan by quarter from April to June 2004 to April to June 2007**

| | 2004 | | | 2005 | | | | 2006 | | | | 2007 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition | Apr-Jun | Jul-Sep | Oct-Dec | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | Jan-Mar | Apr-Jun | TOTAL |
| Accidents and injuries | 142 | 142 | 139 | 133 | 162 | 158 | 156 | 156 | 187 | 170 | 171 | 124 | 174 | 2014 |
| Violence | 53 | 45 | 43 | 44 | 57 | 65 | 64 | 64 | 74 | 78 | 64 | 48 | 65 | 764 |
| Transport accidents | 34 | 39 | 27 | 25 | 47 | 53 | 27 | 22 | 40 | 39 | 27 | 22 | 45 | 447 |
| Mental and behavioural disorders specific to alcohol | 189 | 218 | 220 | 198 | 234 | 254 | 259 | 218 | 278 | 292 | 277 | 198 | 283 | 3118 |
| Other alcohol specific conditions | 45 | 44 | 40 | 33 | 53 | 64 | 50 | 61 | 52 | 58 | 66 | 33 | 57 | 656 |
| TOTAL | 463 | 488 | 469 | 433 | 553 | 594 | 556 | 521 | 631 | 637 | 605 | 425 | 624 | 6999 |

**Table 19: Number of males and females admitted to hospital for alcohol-related conditions for Wigan by quarter from April to June 2004 to April to June 2007**

| | 2004 | | | 2005 | | | | 2006 | | | | 2007 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Gender | Apr-Jun | Jul-Sep | Oct-Dec | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | Jan-Mar | Apr-Jun | TOTAL |
| Male | 267 | 275 | 268 | 250 | 323 | 358 | 322 | 308 | 379 | 392 | 362 | 253 | 385 | 4142 |
| Female | 197 | 214 | 200 | 183 | 232 | 236 | 234 | 214 | 251 | 246 | 244 | 172 | 241 | 2864 |
| TOTAL | 464 | 489 | 468 | 433 | 555 | 594 | 556 | 522 | 630 | 638 | 606 | 425 | 626 | 7006 |

**Table 20: Number of incidents attended by the ambulance service by quarter from April to June 2003 to January to March 2008**

| Year | Quarter | | | |
|---|---|---|---|---|
| | Apr-May | Jun-Sep | Oct-Dec | Jan-Mar |
| 2003 | 8481 | 8465 | 9384 | 8106 |
| 2004 | 8678 | 8249 | 8576 | 8868 |
| 2005 | 8292 | 8290 | 8518 | 8301 |
| 2006 | 8710 | 8654 | 9030 | 8538 |
| 2007 | 8723 | 8695 | 8906 | 9125 |
| 2008 | | | | 8625 |

**Table 21: Rate of alcohol-related mortality, alcohol-specific mortality and mortality from chronic liver disease (per 100,000) in Wigan (2001-2005)**

| | | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|---|
| Alcohol-related mortality | Males | 63.5 | 47.6 | 60.5 | 55.1 | 59.3 |
| | Females | 31.8 | 29.2 | 33.0 | 29.7 | 27.7 |
| Mortality from chronic liver disease | Males | 14.8 | 9.4 | 22.0 | 16.9 | 18.3 |
| | Females | 6.9 | 11.0 | 11.9 | 9.7 | 8.2 |

## Appendix 3: Further figures on alcohol-related sexual health

**Table 22: Rate of teenage pregnancy (per 100,000) for Wigan, North West and England**

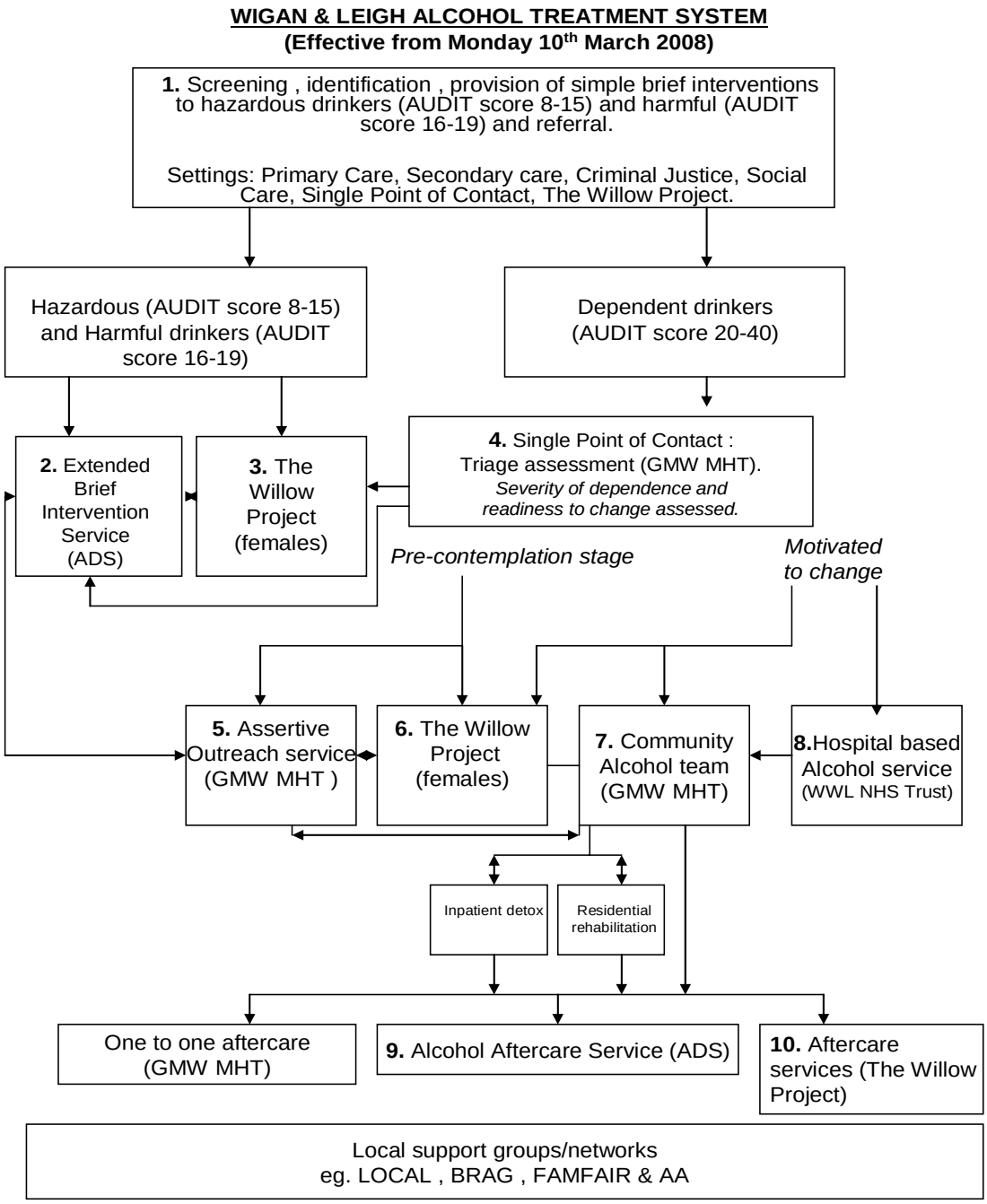
| | Jan98-Dec98 | Jan99-Dec99 | Jan00-Dec00 | Jan01-Dec01 | Jan02-Dec02 | Jan03-Dec03 | Jan04-Dec04 | Jan05-Dec05 | Jan06-Dec06 |
|---|---|---|---|---|---|---|---|---|---|
| Wigan | 53.6 | 59.1 | 54.9 | 51.4 | 54.1 | 52.3 | 51.3 | 58.5 | 52.6 |
| North West | 50.3 | 48.8 | 47.5 | 45.1 | 45.2 | 45.0 | 45.6 | 46.4 | 44.0 |
| England | 46.6 | 44.8 | 43.6 | 42.5 | 42.6 | 42.1 | 41.5 | 41.2 | 40.4 |

## Appendix 4: Further figures on fire

**Table 23: Economic cost of fires by fire type**

| | 2004/05 | 2005/06 | 2006/07 |
|---|---|---|---|
| Number of Deliberate Dwelling Fires | 52 | 53 | 69 |
| Economic Cost | £1,295,060 | £1,319,965 | £1,718,445 |
| Number of Deliberate Primary Fires in Vehicles | 384 | 392 | 331 |
| Economic Cost | £1,789,440 | £1,826,720 | £1,542,460 |
| Number of Non-domestic property fires caused by Arson | 55 | 74 | 76 |
| Economic Cost | £2,409,000 | £3,241,200 | £3,328,800 |
| Total Economic Cost of Primary Fires | £5,493,500 | £6,387,885 | £6,589,705 |
| Secondary Fires | 1586 | 2084 | 2093 |
| Total Economic Cost of Secondary Fires | £3,124,420 | £4,105,480 | £4,123,210 |
| Total Economic Cost of both Primary & Secondary Fires | £8,617,920 | £10,493,365 | £10,712,915 |

## Appendix 5: Pathway diagram of access to treatment



## Appendix 6.

### Table 24. List of Sources

| Indicator | Specific Measure | Source | Year of Data | Next Update |
|---|---|---|---|---|
| Hazardous/Harmful/Binge drinking | Percentage of hazardous, harmful and binge drinkers | LAPE (NWPHO) | 2005 | Annual* |
| Dependent drinkers | Percentage of dependent drinkers | Wigan Borough Health & Lifestyles Survey;<br>ANARP | 2005/06<br>2004-2005 | - |
| Alcohol consumption | Quantity, frequency of drinking and harms experienced | Key 103;<br>Wigan Borough Health & Lifestyles Survey | 2008<br>2005/06 | - |
| Underage drinking | Alcohol consumption amongst 14-17 year olds;<br>Underage-test purchasing | Trading Standards North West (TSNW) | 2006/07-2007/08 | - |
| Alcohol-related crime | Rate of alcohol-related crime, violent crime and sexual offences | LAPE (NWPHO) | 2002-2005 | Annual |
| Alcohol-related crime | Rate of alcohol-related burglary, theft and robbery | Office for National Statistics (ONS) | 2002-2007 | Annual |
| Alcohol-related crime | Number of alcohol-related crimes, day, time and geographical location of offence;<br>Demographics of alcohol-related offenders and victims | Greater Manchester Police | 2006/07-2007/08 | Daily |
| Domestic Violence | Number of reported alcohol-related domestic violence incidents | Wigan Domestic Violence Unit | 2008 | - |
| Alcohol-related crime (young people) | Percentage of alcohol-related offences committed by young people | Youth Offending Team | 2006/07-2007/08 | - |
| Alcohol-related crime (young people) | Prevalence of anti-social behaviour among young people and geographical location of crimes | Youth and Anti-Social Behaviour Review | 2005-2006 | - |
| Probation clients | Number of probation clients with a criminogenic alcohol need | Probation Service | 2005-2007 | Monthly |

* NWPHO expanded the data provided in July 2008 (not in time to update this report). Data are updated annually, with the last update in October 2007.

| Indicator | Specific Measure | Source | Year of Data | Next Update |
|---|---|---|---|---|
| Hospital admissions | Rate of alcohol-related and alcohol-specific hospital admissions;<br>Number of persons admitted for specific alcohol-related acute conditions | LAPE (NWPHO) | 2001-2005<br>2004-2007 | July 2008 |
| Mortality | Rate of alcohol-related and alcohol-specific mortality;<br>Rate of mortality from chronic liver disease | LAPE (NWPHO) | 2001-2005 | Annual |
| Sexually transmitted diseases | Prevalence of HIV and incidence of syphilis | NWPHO (b) | 2006 | Annual |
| Teenage Pregnancy | Rate of teenage pregnancy | Teenage Pregnancy Unit | 1998-2006 | Annual |
| Abortion | Rate of abortion | Teenage Pregnancy Unit | 2005 | Annual |
| Cancer | Incidence of ovarian, breast, testicular, prostate and cervical cancer | NWPHO (b) | 2000-2004 | Annual |
| Fires | Number of accidental dwelling fires and deliberate fires;<br>Cost of fires | Greater Manchester Fire and Rescue Service | 2004/05-2006/07 | - |
| Incapacity Benefit | Rate of incapacity claimants whose main reason is alcoholism | LAPE (NWPHO) | 2006 | Annual |
| Licensed Premises | Number of licensed premises | Department for Culture, Media and Sport | 2003-2004 | - |
| Alcohol-related crime | Proportion of offences occurring in or near late night drinking venues | Beigan | 2007 | - |
| Ambulance Service responses | Number of incidents attended by the ambulance service;<br>Demographics of patients | Greater Manchester Ambulance Service | 2003-2007 | Monthly |
| Accidents and Emergency/inpatients and outpatients | Number of A&E, inpatients and outpatients;<br>Demographics of patients | Wigan and Leigh Hospitals | 2007-2008 | Monthly |