Alcohol Treatment in Cheshire and Merseyside, 2010/11

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Introduction

This publication details the results of the tier 3 and 4 (structured) Alcohol National Drug Treatment Monitoring System (NDTMS) and the tier 2 (non structured) Alcohol Treatment Monitoring System in Cheshire and Merseyside during 2010/11.

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 However, as this has been superseded by NDTMS, the remit of ATMS is to collect data from non structured alcohol services offering brief interventions.

National Alcohol Treatment Policy

The National Alcohol Strategy[1] was published in March 2012, with its principle aim to challenge people to change their behaviour by giving them the information and support they need. The main intentions of the strategy are:

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

The Government also announced within the Strategy its intention to introduce a minimum unit price (MUP) for alcohol, meaning that alcohol will not be allowed to be sold below a certain defined price, along with a consultation on a ban on multi-buy promotions in the off-trade. There are also a number of measures announced within the Strategy to reduce excessive alcohol consumption including:

- A review of alcohol guidelines for adults.
- The introduction of an alcohol check within the NHS Health Check for adults from April 2013.
- The development of a model pathway to reduce under 18 year olds' alcohol related A&E attendances.
- The development of an alcohol interventions pathway and outcome framework in four prisons, to inform the commissioning of a range of effective interventions in all types of prison.
- Increasing the flexibility of the Alcohol Treatment Requirement imposed by the court as part of a community sentence.
- The production of a cost-benefit analysis to make the case for local investment in alcohol interventions and treatment services for offenders.

- Work with pilot areas to develop approaches to paying for outcomes for recovery from drug or alcohol dependency.

The Strategy supports the recovery agenda announced within the Drug Strategy 2010, *Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*[2]. This involves the creation of a recovery system to support all drug and alcohol users in becoming free from dependence. The strategy states that recovery can only be delivered through working with education, training, employment, housing, family support services, wider health services and, where relevant, prison, probation and youth justice services to address the needs of the whole person. Therefore, when building a recovery focused system, local areas are expected to jointly commission and deliver 'end to end' support, building close links between community, in-patient and residential treatment and rehabilitation providers, who in turn need to forge close links with aftercare services.

Following the publication of the NHS White Paper in July 2010[3], it was announced that the National Treatment Agency (NTA) would be abolished with its critical functions being transferred to Public Health England, a new national public health service that integrates expertise, advice and influence in order to support the delivery of local public health outcomes. As part of this transition, the NTA have been tasked to consult on a new national framework for recovery to replace *Models of Care for Treatment of Adult Drug Misusers* (2002, 2006)[4]. This could also replace the elements that focus on the treatment of dependence in *Models of Care for Alcohol Misusers* (2006)[5]. As the new drug strategy highlights the Governments desire to improve services for those with severe alcohol dependence, including offenders, a role will be built within Public Health England to deliver this aim.

The Police Reform and Social Responsibility Act 2011: Amendments of the Licensing Act 2003

In the Police Reform and Social Responsibility Act[6], the Government have amended the Licensing Act in order to support alcohol harm reduction, for example:

- Licence applicants will be required to provide contextual information as part of the licence application form on issues such as the local area's social demographic characteristics, specific local crime and disorder issues and an awareness of the local environment which will be of benefit to the licensing authority when determining the application.
- Amendments to the provisions with regard to Early Morning Restriction Orders in the Licensing Act 2003 to allow licensing authorities to decide which hours they would like to prevent premises from selling alcohol, between 12am and 6am, in accordance with what they consider to be most appropriate for their local area.
- Permitting licensing authorities to charge those businesses that benefit from trading alcohol in a safe late-night economy for the extra enforcement costs that the night-time economy generates for police and local authorities.

The Public Health Responsibility Deal[7]

The strategy for public health, set out in the White Paper, *Healthy Lives, Healthy People*[8] makes clear the Governments desire for various bodies to play a part in improving public health, including government, business, non-governmental organisations (NGOs), and individuals themselves. The Public Health Responsibility Deal aims to improve public health and tackle health inequalities through businesses' and other organisations' influence over food, alcohol, physical activity and health in the workplace. Collective pledges have been drafted, which include:

- By December 2013, over 80% of products on shelf will clearly display unit content, NHS guidelines and a warning about drinking when pregnant.
- Provide simple and consistent information in licensed venues to raise awareness of unit content, and explore with health bodies how alcohol messages could be communicated.
- Provide simple and consistent information in off-licensed venues and through other channels (e.g. in-store magazines) to raise awareness of units, calorie contents, NHS drinking guidelines and associated health harms.
- Ensuring effective action in all premises to reduce and prevent underage sales.
- Continuing to resource Drinkaware and the "Why let the good times go bad?" campaign.
- Developing a new sponsorship code which will require the promotion of responsible drinking, not putting alcohol adverts on outdoor poster sites within 100m of schools and ensuring clear and consistent usage of the "Drinkaware" brand.
- Support schemes in local areas to address issues around social and health harms, and act together to improve joined up working between such schemes. Examples of these include Best Bar None and Pubwatch (which set standards for on-trade premises), and Community Alcohol Partnerships (which support local partnerships to address issues such as underage sales and alcohol related crime).
- Further pledges are being developed on lower strength alcohol and smaller measures, retail principles, and education and young people.

Alcohol Payment by Results (PbR)

The Department of Health (DH) is in the process of developing a project to develop a 'Payment by Results' (PbR) approach for Specialist Alcohol Services. The main purpose of the project is to develop national currencies and tariffs that can be used as the basis for contracting and paying for specialist alcohol services in England. PbR was first introduced in 2003/04 for elective secondary care procedures. It was intended that the scope of PbR would increase, with the 2002 consultation document *Reforming NHS Funding Flows: Payment by Results*[9] highlighting mental health as a priority area for inclusion within PbR. Alcohol PbR is seen as a natural progression from mental health PbR as specialist alcohol treatment is often delivered through NHS Mental Health Trust contracts.

The primary purpose of the pilot phase of the Alcohol PbR project was to test a series of 'products' in practice and report back to DH to inform further development of the PbR approach in specialist alcohol services. The pilot programme began within DH in October 2010 and in April 2011 Spectrum Community Health CIC were commissioned to project manage the pilot phase, running from May 2011- April 2012. The four areas invited to take part in the pilot were:

- Wakefield
- Middlesbrough
- Rotherham
- Nottingham

Further details on PbR can be found on the Department of Health website, http://www.dh.gov.uk/health/category/policy-areas/nhs/resources-for-managers/payment-by-results/

Local Alcohol Profiles for England (LAPE)

The North West Public Health Observatory (NWPHO) has produced and published LAPE on an annual basis since 2006. These profiles contain 25 alcohol-related indicators for every Local Authority (LA) and 22 for every Primary Care Trust (PCT) in England. The indicators measure the impact of alcohol on local communities and include a national indicator generated by the Department of Health – *Admission episodes for alcohol-attributable conditions (previously National Indicator 39 or NI39)*. Profiles are available online through the tool at LA and PCT geographies via dynamic PDF and with a range of download options through: www.lape.org.uk. LAPE information is also available via mobile phone by typing www.lape.org.uk/mobile into the internet browser of your mobile device.

The NWPHO, on behalf of DH, have launched a consultation on the methods used to estimate alcohol-related hospital admissions for England. The consultation document and response form are available from the LAPE website (www.lape.org.uk) and the closing date is 23rd August 2012.

NTA Clinical Advisory Group

The NTA have set up an advisory group to look at future developments for Alcohol NDTMS. The group includes individuals from a variety of backgrounds with treatment or data experience specifically relating to alcohol. A meeting has recently taken place to review how alcohol treatment outcomes can be more effectively captured via the NDTMS core data set.

Section One: National Drug Treatment Monitoring System (NDTMS)

As shown in table one, during 2010/11 there were 8182[1] individuals in contact with structured alcohol treatment in Cheshire and Merseyside, a 10.42% increase in comparison to the first year of alcohol NDTMS data collection in 2008/09. There were considerable variations in numbers of individuals in treatment ranging from 689 in Central and Eastern Cheshire PCT to 1530 in Wirral PCT. There was also variation in the prevalence rate of individuals in treatment from 2.27 per 1,000 population in Central and Eastern Cheshire PCT to 7.60 per 1,000 population in Wirral PCT.

Table 1: Number of individuals in contact with structured alcohol treatment and prevalence rates per 1,000 population aged 15-64 by PCT residence 2010/11

PCT of Residence	Number	Percentage (%)	Prevalence (per 1,000 aged 15-64)[2]
Central and Eastern Cheshire	689	8.31	2.27
Halton & St Helens	1372	16.54	6.77
Knowsley	738	8.90	7.11
Liverpool	1257	15.16	3.85
Sefton	1031	12.43	5.71
Warrington	769	9.27	5.70
Western Cheshire	908	10.95	5.76
Wirral	1530	18.45	7.60
Total*	**8182**	**100.00**	**5.28**

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

[1] See methodological section for explanation
[2] See methodological section for explanation

Table two shows that there has been an increase in the number of individuals in treatment from 2008/09 in most PCT areas. Whilst there has been a decrease in Central and Eastern Cheshire PCT, Liverpool PCT and Warrington PCT between 2008/09 and 2010/11, there has been a large increase in the number of individuals in treatment between these years in Knowsley PCT and Sefton PCT (66.59% and 52.74% respectively).

Table 2: Number of individuals in contact with structured alcohol treatment by PCT of residence, 2008/09-2010/11

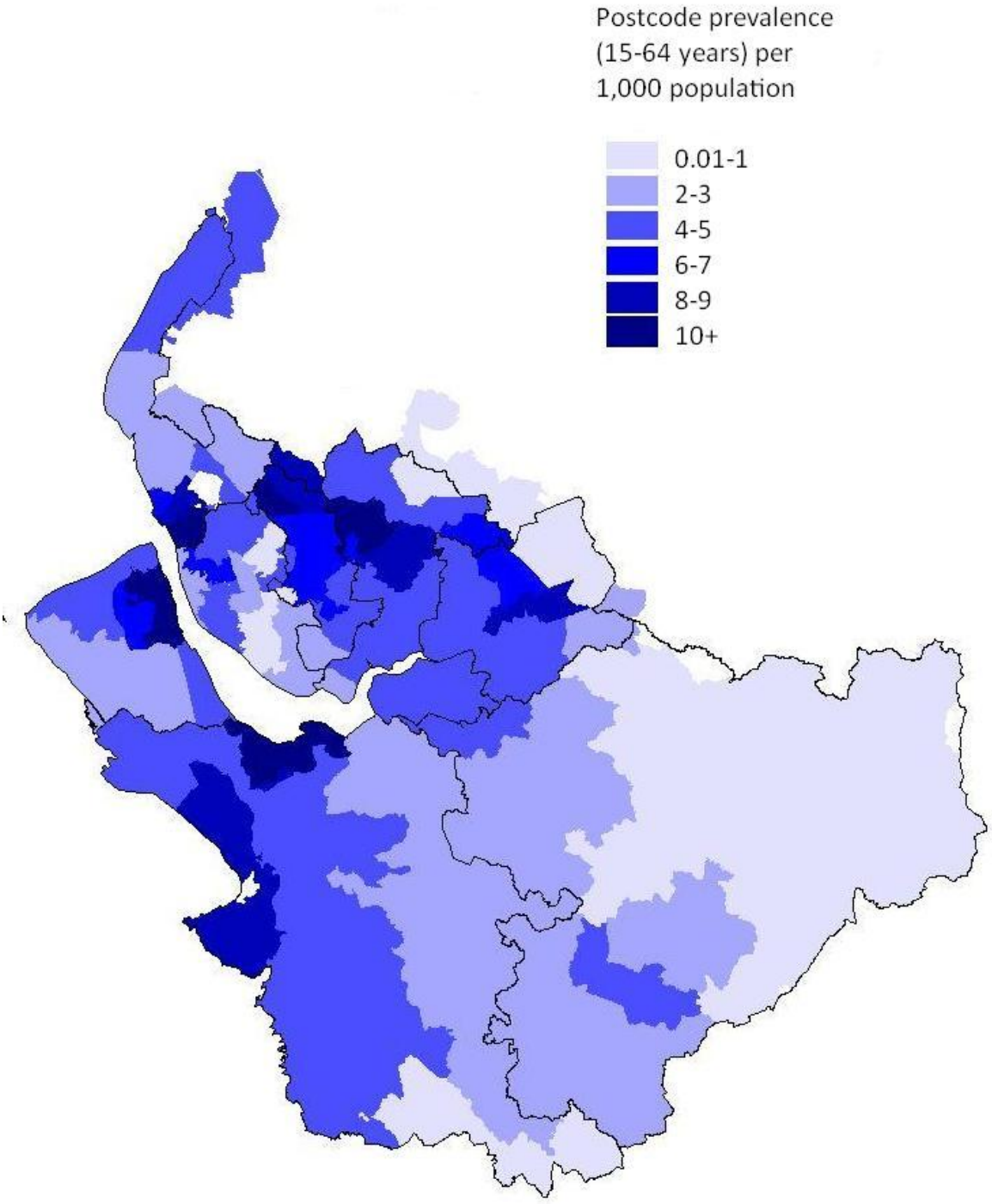
PCT of Residence	2008/09	2009/10	2010/11
Central and Eastern Cheshire	846	833	689
Halton & St Helens	1257	1321	1372
Knowsley	443	714	738
Liverpool	1260	1545	1257
Sefton	675	818	1031
Warrington	876	878	769
Western Cheshire	722	752	908
Wirral	1455	1605	1530
Total*	**7410**	**8343**	**8182**

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

Prevalence by postcode area

Levels of deprivation vary between PCT areas, with differences in the health consequences of alcohol use between richer and poorer local communities occurring across all regions of England. The poorest local authorities (highest measures of multiple deprivation) have a propensity to have the highest recorded levels of health and social outcomes related to alcohol use[10]. Numbers and prevalence levels of those in contact with treatment per 1,000 population in all Cheshire and Merseyside postcode areas have been included in this section. Figure one illustrates the number of people per 1,000 population (aged 15-64) from each postcode district (e.g. L4 or CH44) in contact with treatment during 2010/11. The highest rate of individuals in contact with treatment were found in CH41 (25.61 per 1,000 population). High prevalence rates were also found in the Wirral postcode of CH42 (11.78 per 1,000 population) and the Knowsley postcode of L32 (11.04 per 1,000 population).

Figure 1: Prevalence rates of 15-64 year olds in contact with structured alcohol treatment per 1,000 population of postcode districts, with PCT boundaries overlaid, 2010/11



Demographics of the treatment population

Sex

As shown in table three, the majority of individuals in contact with structured alcohol treatment in Cheshire and Merseyside were male (n=5001, 61.12%). Whilst this majority was reflected in all PCT areas, the proportion of females varied from 35.36% in Wirral PCT to 41.29% in Liverpool PCT.

Table 3: Sex, ethnicity and age of individuals in contact with structured alcohol treatment by PCT of residence, 2010/11

PCT of Residence	Male		White British[3]†		Under 25		65+		Total
	No.	%	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	428	62.12	644	97.58	105	15.24	19	2.76	689
Halton & St Helens	836	60.93	1336	99.11	198	14.43	36	2.62	1372
Knowsley	464	62.87	690	97.46	97	13.14	21	2.85	738
Liverpool	738	58.71	1170	94.43	251	19.97	21	1.67	1257
Sefton	602	58.39	978	96.74	83	8.05	35	3.39	1031
Warrington	459	59.69	756	98.44	70	9.10	19	2.47	769
Western Cheshire	557	61.34	814	96.45	82	9.03	42	4.63	908
Wirral	989	64.64	1350	97.26	150	9.80	42	2.75	1530
Total*	**5001**	**61.12**	**7631**	**97.14**	**1030**	**12.59**	**234**	**2.86**	**8182**

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

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

[3] See methodological section for explanation

Age[4]

Table four displays the number of individuals in contact with treatment by age. Over half were aged 40 and older (n=4574, 55.90%). The median age was 41 years, with this varying slightly from 40 years in Liverpool PCT to 43 years in Sefton PCT. Over half of those in treatment aged under 18 were female (n=298, 63.95%).

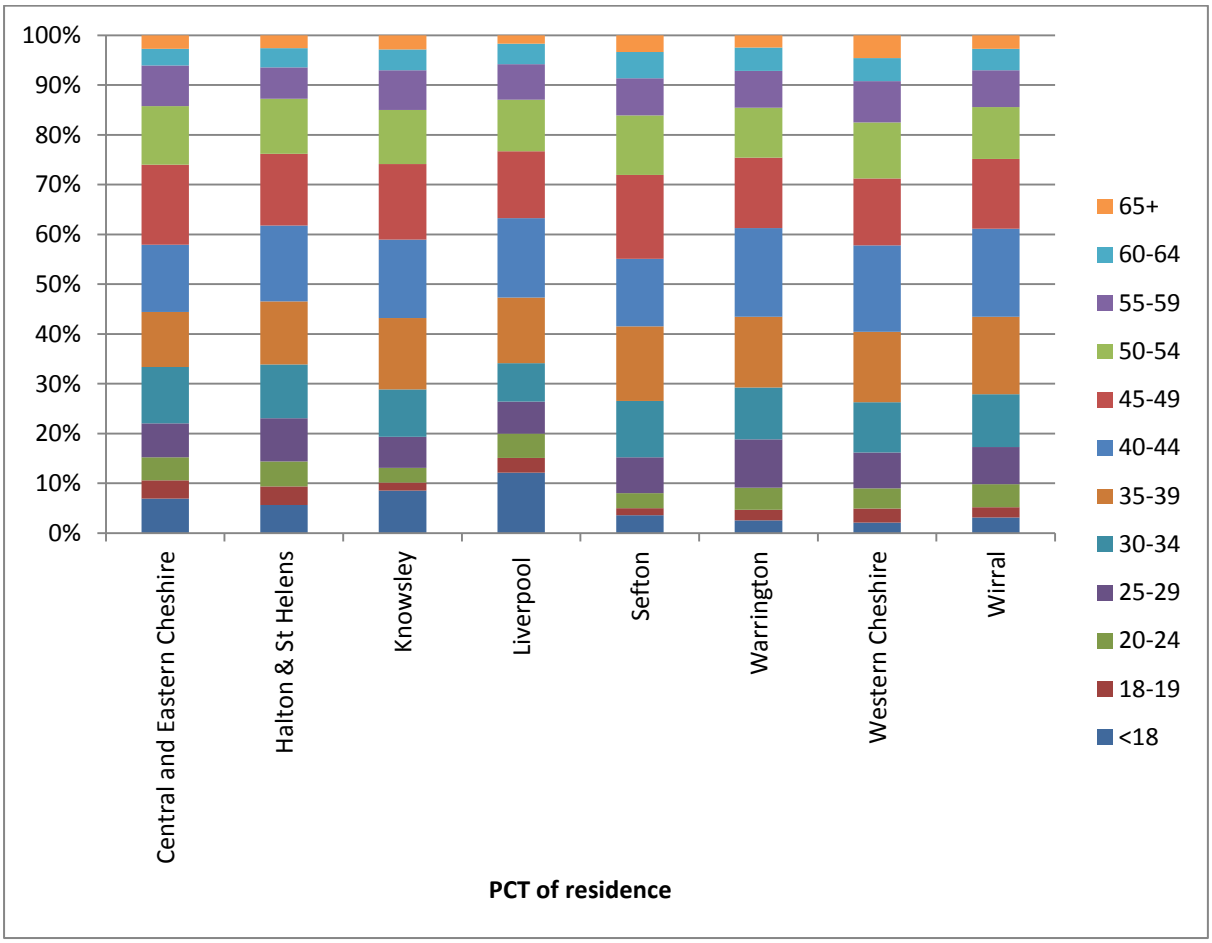
Table 4: Age distribution of individuals in contact with structured alcohol treatment, 2010/11

Age Band	Number	Percentage (%)
<18	466	5.70
18-19	211	2.58
20-24	353	4.31
25-29	609	7.44
30-34	836	10.22
35-39	1133	13.85
40-44	1299	15.88
45-49	1191	14.56
50-54	888	10.85
55-59	607	7.42
60-64	355	4.34
65+	234	2.86
Total	**8182**	**100.00**

[4] See methodological section for explanation

Age distribution was not consistent throughout Cheshire and Merseyside. Figure two shows the proportion of clients aged under 25 varied from 8.05% in Sefton PCT to 19.97% in Liverpool PCT. The number of individuals aged 50 and older varied from 23.31% in Liverpool PCT to 28.74% in Western Cheshire PCT.

Figure 2: Age of individuals in contact with structured alcohol treatment by PCT of residence, 2010/11



Substance Use

The NDTMS records the primary substance of those in contact with treatment, along with secondary and tertiary substances. Only 15.67% (n=1282) of those in contact with structured alcohol treatment stated the secondary use of a problematic substance. Table five shows that the largest proportion of those who stated a secondary substance either stated the use of cannabis (n=412, 32.14%) or cocaine (n=250, 19.50%). The vast majority of those aged under 18 stated the secondary use of cannabis (n=181, 79.04%).

Table 5: Secondary and tertiary substance profile of individuals in contact with structured alcohol treatment, 2010/11

	Secondary substance		Tertiary substance	
	No.	**%**	**No.**	**%**
Amphetamines	43	3.35	36	10.00
Benzodiazepines	22	1.72	9	2.50
Cannabis	412	32.14	69	19.17
Cocaine	250	19.50	79	21.94
Crack	30	2.34	30	8.33
Ecstasy	5	0.39	18	5.00
Heroin	75	5.85	28	7.78
Methadone	86	6.71	14	3.89
Other Opiates	20	1.56	4	1.11
Other Drugs[5]	339	26.44	73	20.28
Total	**1282**	**100.00**	**360**	**100.00**

Table six shows that Halton & St Helens PCT had the largest number of individuals who stated a secondary problematic substance (n=394), with the majority of these clients stating the use of 'Other Drugs' (n=240, 60.91%). Over half of individuals resident in Liverpool PCT who stated a second drug stated the use of cannabis (n=117, 46.80%) or cocaine (n=64, 25.60%). The majority of those who stated the secondary use of heroin were resident in Liverpool PCT (n=21) or Wirral PCT (n=17).

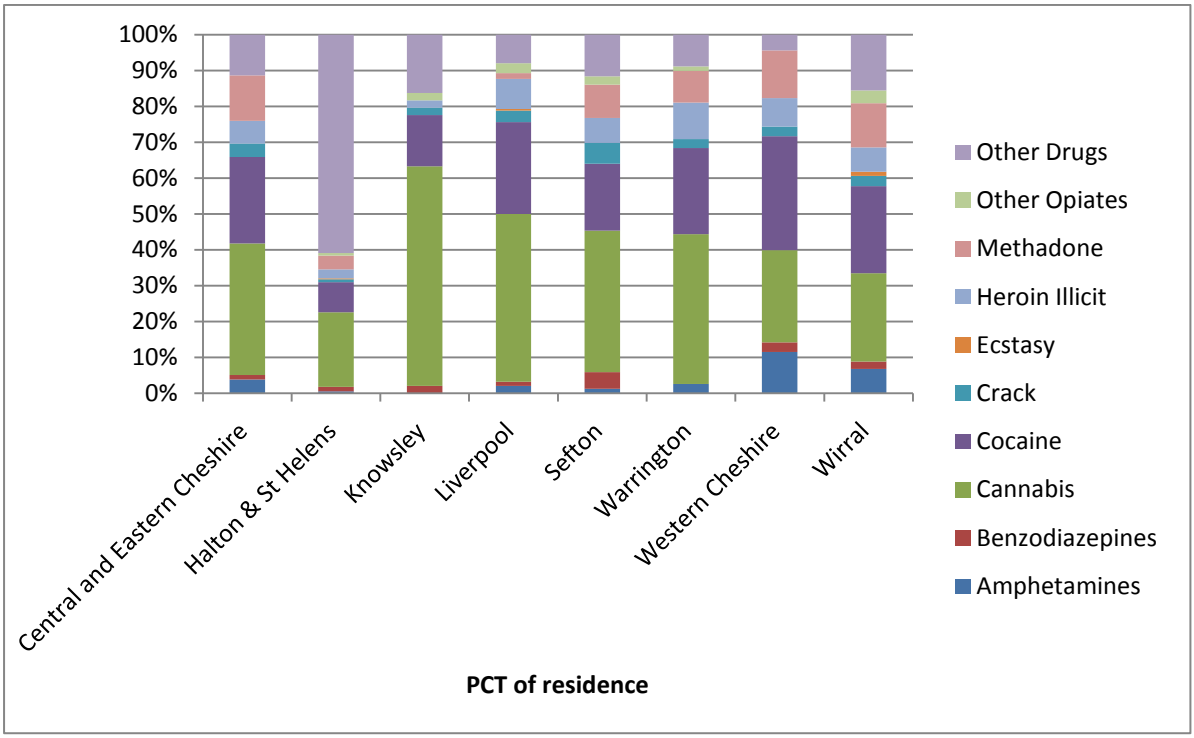
[5] See methodological section for explanation

Table 6: Secondary substance use of those in contact with structured alcohol treatment by PCT of residence, 2010/11

Secondary Substance	Central and Eastern Cheshire	Halton & St Helens	Knowsley	Liverpool	Sefton	Warrington	Western Cheshire	Wirral	Total*
Amphetamines	3	2	0	5	1	2	13	17	43
Benzodiazepines	1	5	1	3	4	0	3	5	22
Cannabis	29	82	30	117	34	33	29	62	412
Cocaine	19	33	7	64	16	19	36	61	250
Crack	3	3	1	8	5	2	3	7	30
Ecstasy	0	1	0	1	0	0	0	3	5
Heroin	5	10	1	21	6	8	9	17	75
Methadone	10	15	0	4	8	7	15	31	86
Other Opiates	0	3	1	7	2	1	0	9	20
Other Drugs	9	240	8	20	10	7	5	39	339
Total	**79**	**394**	**49**	**250**	**86**	**79**	**113**	**251**	**1282**

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

Figure 3: Secondary substance use of those in contact with structured alcohol treatment by PCT of residence, 2010/11



Referrals

During 2010/11, each individual in treatment may have received more than one episode of care at one or more treatment agency. In this section of the report, all episodes of treatment are recorded, regardless of whether an individual entered on more than one occasion during the year (n=9947[6] including double counting).

Figure 4: Referral source of those in contact with structured alcohol treatment, 2010/11

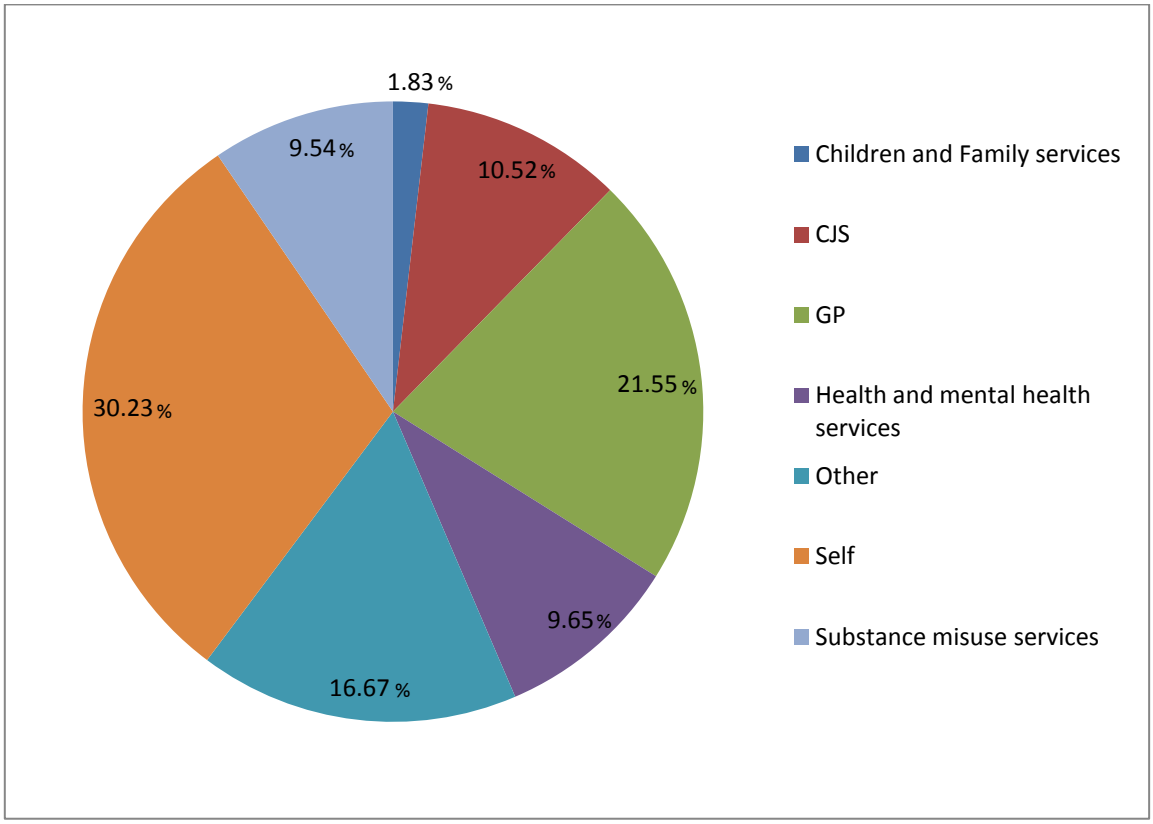
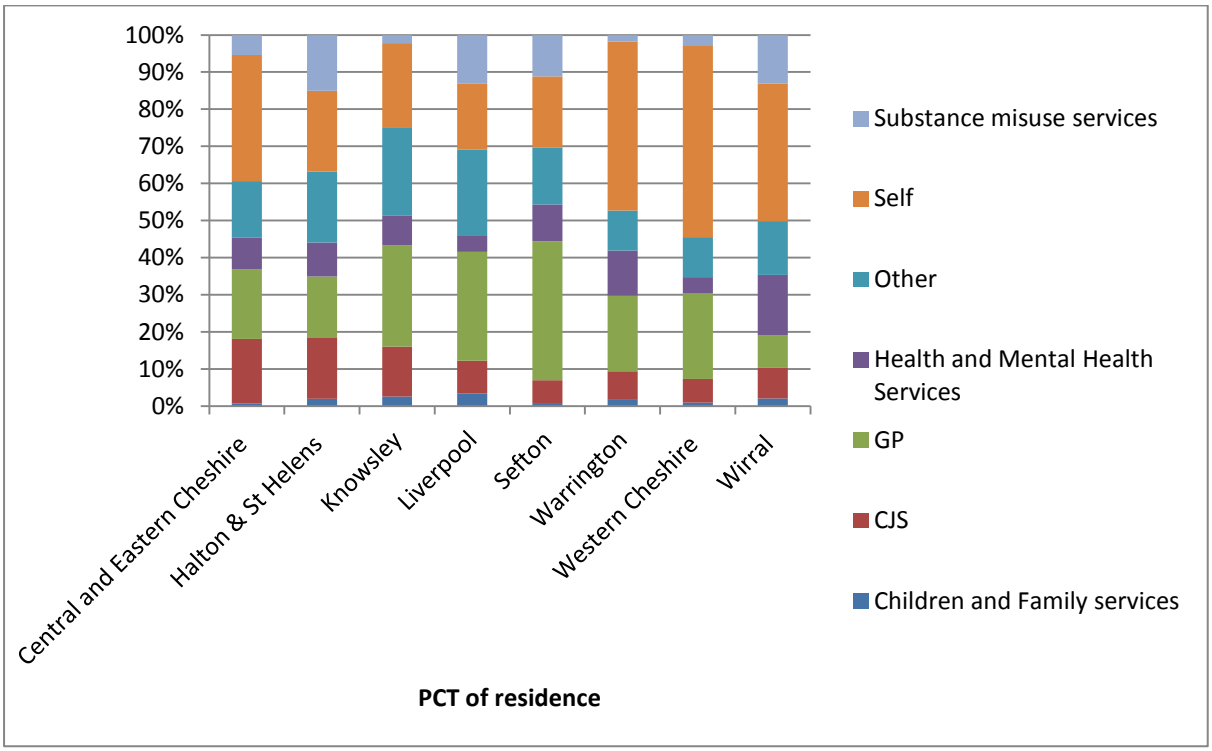


Figure four shows that *Self* referral was the most common route into treatment (n=2963, 30.23%), followed by *GP* referrals (n=2112, 21.55%). As displayed in figure five, approximately half of referrals amongst Western Cheshire PCT residents were via *self* (n=506, 51.53%) in comparison to only 17.72% amongst Liverpool PCT residents (n=237). In Wirral PCT, only 8.70% (n=168) of referrals were via *GP*, in comparison to 37.43% amongst Sefton PCT residents (n=481). The highest proportion of *CJS* referrals were amongst Central and Eastern Cheshire PCT residents (n=155, 17.44%).

[6] See methodological section for explanation

Figure 5: Referral source of those in contact with structured alcohol treatment by PCT of residence, 2010/11



Treatment Outcomes

Of the 8182 individuals in contact with structured alcohol treatment during 2010/11, 4710 exited the treatment system. Figure six shows that 45.99% had a successful exit, with this varying from 26.01% in Knowsley PCT (n=90) to 56.39% (n=521) in Wirral PCT (see table seven). In Liverpool PCT, 8.82% were transferred from treatment upon exit from their final treatment episode of the year.

Figure 6: Discharge reason for those exiting the alcohol treatment system, 2010/11

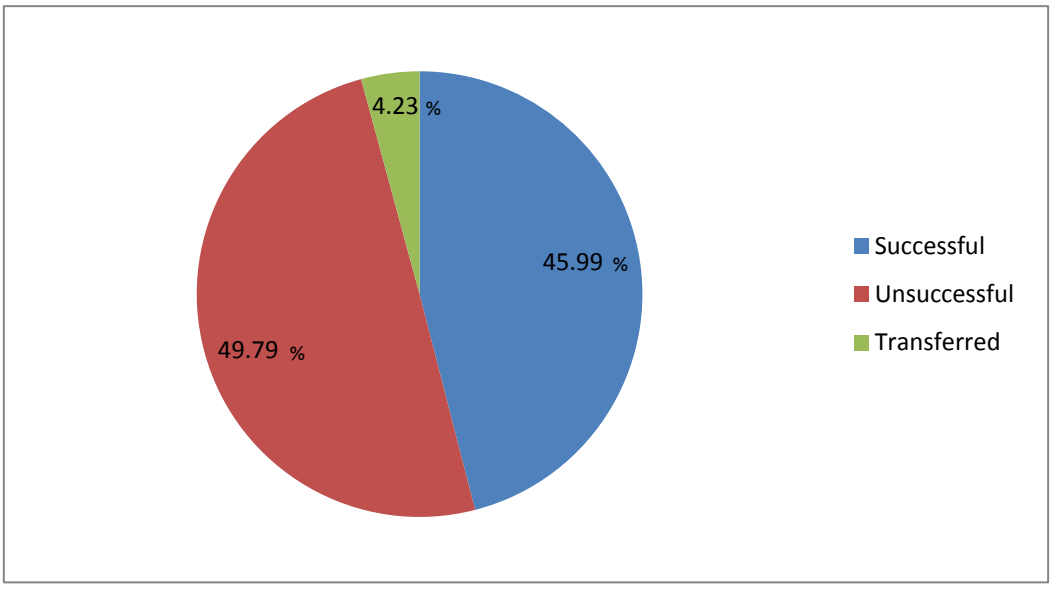


Table 7: Discharge reason for those exiting the alcohol treatment system by PCT of residence, 2010/11

PCT of Residence	Successful		Unsuccessful		Transferred		Total
	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	230	49.46	212	45.59	23	4.95	465
Halton & St Helens	292	43.65	342	51.12	35	5.23	669
Knowsley	90	26.01	249	71.97	7	2.02	346
Liverpool	357	47.73	325	43.45	66	8.82	748
Sefton	270	39.30	392	57.06	25	3.64	687
Warrington	210	43.75	263	54.79	7	1.46	480
Western Cheshire	211	50.12	194	46.08	16	3.80	421
Wirral	521	56.39	378	40.91	25	2.71	924
Total*	**2166**	**45.99**	**2345**	**49.79**	**199**	**4.23**	**4710**

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

Individuals stating alcohol as a secondary or tertiary problematic substance

There were 2054 individuals in contact with structured drug treatment (NDTMS) in Cheshire and Merseyside during 2010/11 who stated the secondary or tertiary problematic use of alcohol. The majority were male (n=1470, 71.57%) and aged 30 and older (n=1091, 53.12%). The median age was 31 years, significantly younger when compared to those in alcohol treatment (41 years). As shown in table eight, the number of individuals in drug treatment stating alcohol as a secondary or tertiary substance varied from 42 in Western Cheshire PCT to 671 in Liverpool PCT.

Table 8: Number of individuals in contact with structured drug treatment stating alcohol as a secondary or tertiary substance by PCT of residence, 2010/11

PCT of Residence	Number	Percentage (%)
Central and Eastern Cheshire	89	4.30
Halton & St Helens	290	14.00
Knowsley	207	10.00
Liverpool	671	32.40
Sefton	239	11.54
Warrington	165	7.97
Western Cheshire	42	2.03
Wirral	368	17.77
Total*	**2054**	**100.00**

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

When the drug profile of the most recent treatment journey[7] for the 2054 individuals was considered, 859 (41.82%) would be considered an opiate and/or crack user (OCU)[8]. Over a third of those who stated the secondary or tertiary use of alcohol stated the primary use of cannabis (n=702, 34.18%), with 633 (30.82%) stating the primary use of heroin (see table nine). OCUs who stated the secondary or tertiary use of alcohol were significantly older (median age 39 years) in comparison to non OCUs with problematic alcohol use (median age 19 years, $p<0.05$).

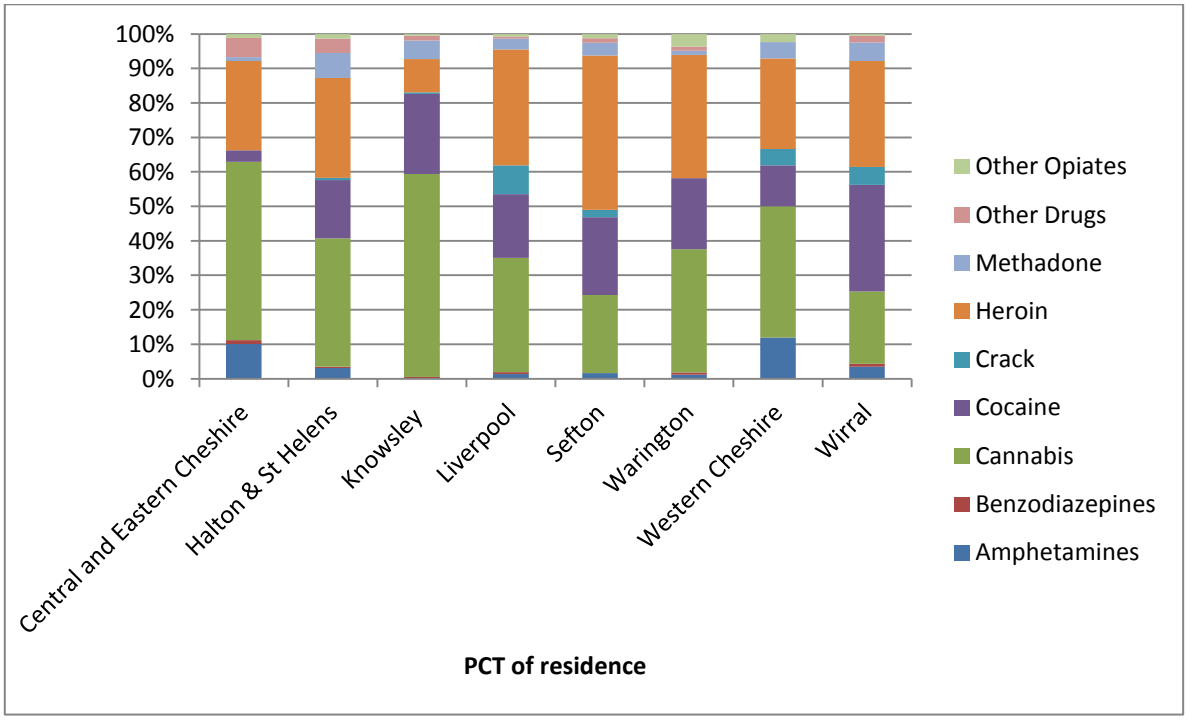
[7] See methodological section for explanation
[8] See methodological section for explanation

Table 9: Primary problematic substance of individuals who stated alcohol as a secondary or tertiary substance, 2010/11

Primary problematic substance	Number	Percentage (%)
Amphetamines	51	2.48
Benzodiazepines	11	0.54
Cannabis	702	34.18
Cocaine	431	20.98
Crack	82	3.99
Heroin	633	30.82
Methadone	85	4.14
Other drugs[9]	36	1.75
Other opiates	23	1.12
Total	**2054**	**100.00**

As displayed in figure seven, over half of this group in Central and Eastern Cheshire and Knowsley PCT stated the primary use of cannabis (n=46, 51.69% and n=122, 58.94% respectively). In contrast, 44.77% of individuals who stated alcohol as a secondary or tertiary substance in Sefton PCT stated heroin as a primary substance.

Figure 7: Primary problematic substance of individuals who stated alcohol as a secondary or tertiary substance by PCT, 2010/11



[9] See methodological section for explanation

Of the 2054 in contact with drug treatment in 2010/11 stating alcohol as a secondary or tertiary substance, 330 were also in contact with structured alcohol treatment in the same year (see table 10). The majority of those in both drug and alcohol treatment were male (n=217, 65.76%) and aged over 35 (n=206, 62.42%). Over a third of those in both drug and alcohol treatment stated the primary problematic use of heroin (n=121, 36.67%) whilst in drug treatment, with 189 (57.27%) OCUs according to their most recent drug treatment journey.

Section Two: Alcohol Treatment Monitoring System (ATMS)

As shown in table 10, during 2010/11 there were 15381[10] individuals in contact with non structured alcohol treatment in Cheshire and Merseyside, a 234.98% increase in comparison to 2008/09. There were considerable variations, ranging from 19 (0.12%) in Warrington PCT to 9794 (63.45%) in Wirral PCT. The number, and prevalence of individuals receiving non structured treatment resident in Wirral PCT has increased substantially in comparison to 2008/09 (n=2297, 10.14 per 1,000 population). It should be noted that the ATMS did not receive data from services based in Warrington or Western Cheshire PCT areas during 2010/11.

Table 10: Number of individuals in contact with non structured alcohol treatment and prevalence rates per 1,000 population aged 15-64 by PCT of residence, 2010/11

PCT of Residence	Number	Percentage (%)	Prevalence[11] (per 1,000 aged 15-64)
Central and Eastern Cheshire	45	0.29	0.15
Halton & St Helens	1057	6.85	5.23
Knowsley	1893	12.26	16.51
Liverpool	1779	11.53	5.26
Sefton	699	4.53	3.75
Warrington	19	0.12	0.14
Western Cheshire	149	0.97	0.89
Wirral	9794	63.45	44.69
Total*	**15381**	**100.00**	**9.94**

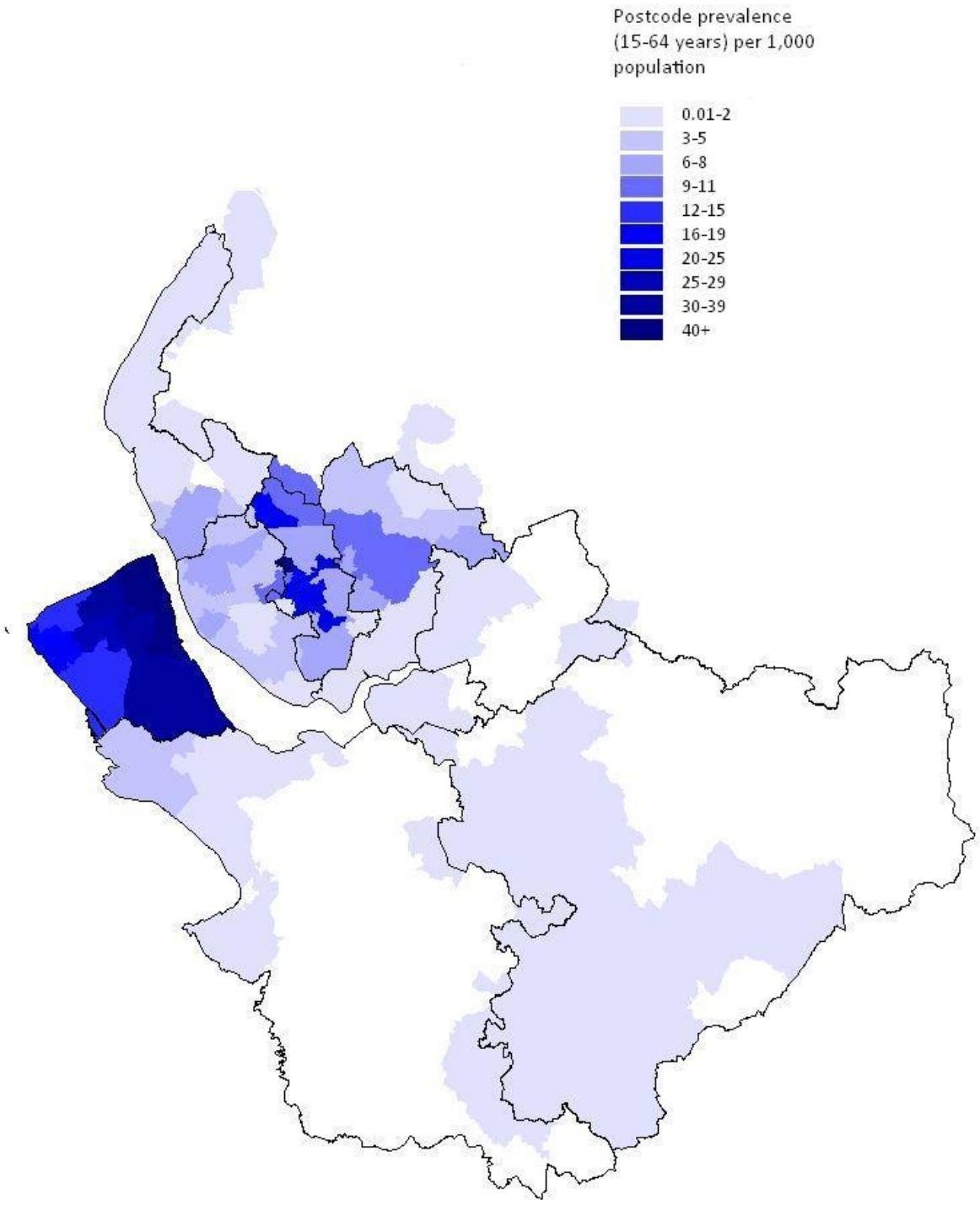
* The Cheshire and Merseyside total does not equal the sum of the PCT figures as some individuals may have been resident in more than one PCT area during the financial year but are only counted once in the regional figure.

Prevalence by postcode area

Figure 8 illustrates the number of people per 1,000 population (aged 15-64) from each postcode district (e.g. L4 or CH44) in contact with treatment during 2010/11. The highest prevalence rates in the area were found in the CH41 postcode district of Wirral (111.26 per 1,000 population), substantially higher than the prevalence rate in 2008/09 (26.83 per 1,000 population aged 15-64). High prevalence rates were also found in CH44 and CH45 (60.47 and 68.29 per 1,000 populations respectively). Unlike those in contact with structured treatment, the vast majority of individuals in contact with unstructured treatment were resident in postcode districts within Wirral PCT. This may be as a result of the number of initiatives available within Wirral PCT that report to ATMS, along with enhanced monitoring in this area, rather than a result of greater demand for non structured alcohol treatment in comparison to other parts of Cheshire and Merseyside.

[10] See methodological section for explanation
[11] See methodological section for explanation

Figure 8 Prevalence rates of 15-64 year olds in contact with non structured alcohol treatment per 1,000 population of postcode districts, with PCT boundaries overlaid, 2010/11



Demographics of the treatment population

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

Table 11: Sex, ethnicity and age of individuals in contact with non structured alcohol treatment by PCT of residence, 2010/11

PCT of Residence	Male		Under 25		65+		Total
	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	29	64.44	0	0.00	2	4.44	45
Halton & St Helens	666	63.01	98	9.27	34	3.22	1057
Knowsley	817	43.16	275	14.53	262	13.84	1893
Liverpool	1040	58.46	168	9.44	124	6.97	1779
Sefton	421	60.23	39	5.58	47	6.72	699
Warrington	12	63.16	2	10.53	0	0.00	19
Western Cheshire	77	51.68	23	15.44	14	9.40	149
Wirral	4812	49.13	1453	14.84	1058	10.80	9794
Total*	**7843**	**51.00**	**2053**	**13.35**	**1541**	**10.02**	**15381**

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

Sex

The majority of individuals in contact with non structured alcohol treatment in Cheshire and Merseyside were male (n=7843, 51.00%). This is a proportional decrease in comparison to 2008/09 (n=2781, 60.58%). In Knowsley and Wirral PCT areas, the majority of those in contact with non structured treatment were female (n=1076, 56.84% and n=4982, 50.87%).

Ethnicity

Of those that stated their ethnicity[12], 7021 (97.91%) stated they were 'White British'. No other ethnicity accounted for more than one percent. During the next year, there will be targeted data quality improvements and completeness in this area.

[12] See methodological section for explanation

Age [13]

The median age was 43 years, higher in comparison to those in structured treatment (see page 14) and a slight increase in comparison to 2008/09 (42 years). The median age of those in non structured treatment varied slightly between PCT areas from 42 years in Warrington and Wirral to 47 years in Western Cheshire. Over 60% of those in non structured treatment in Cheshire and Merseyside aged under 18 were female (n=186, 60.39%, see table 12).

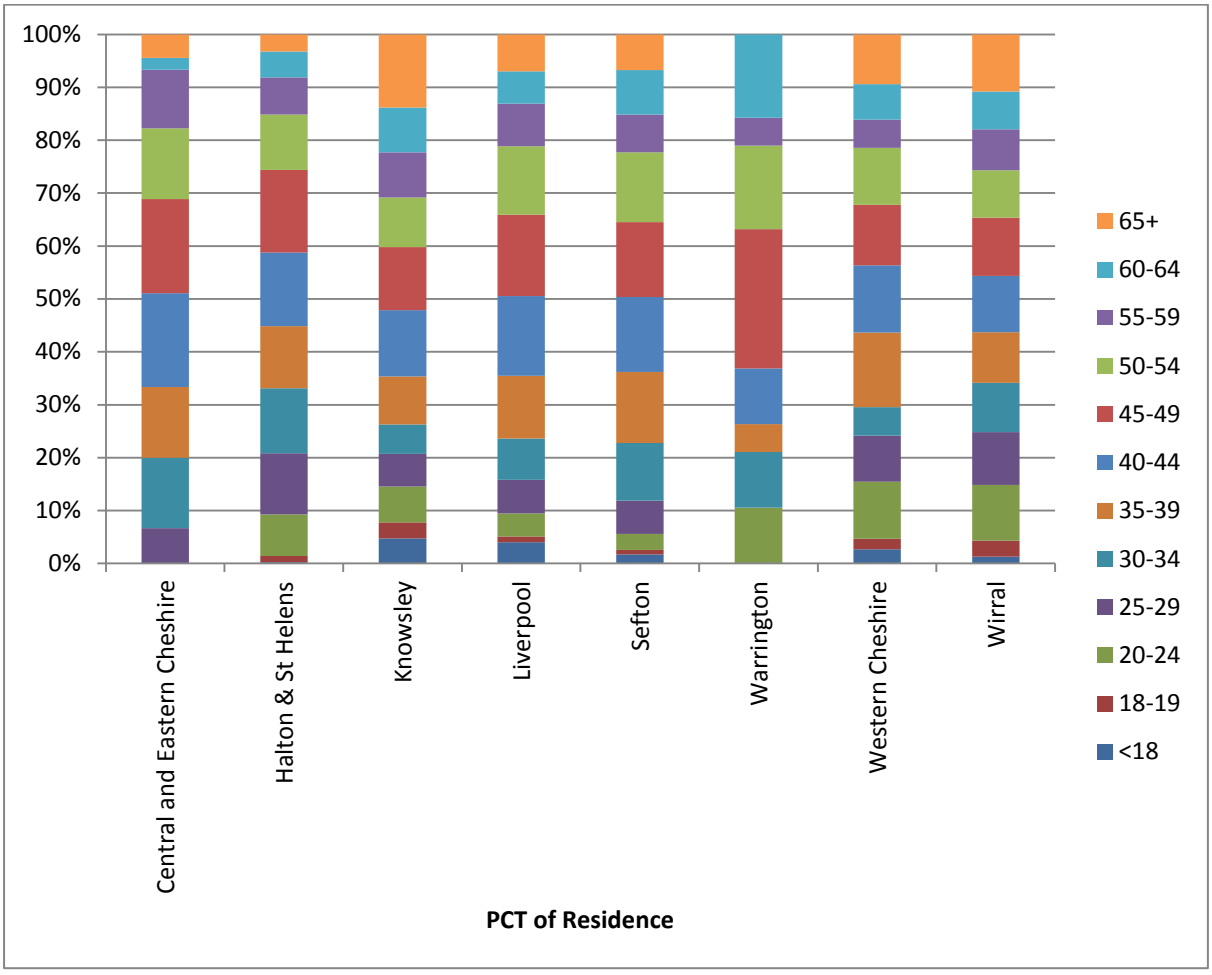
Table 12: Age distribution of individuals in contact with non structured alcohol treatment, 2010/11

Age Band	Number	Percentage (%)
<18	308	2.00
18-19	394	2.56
20-24	1351	8.78
25-29	1385	9.00
30-34	1367	8.89
35-39	1553	10.10
40-44	1813	11.79
45-49	1868	12.14
50-54	1512	9.83
55-59	1194	7.76
60-64	1095	7.12
65+	1541	10.02
Total	**15381**	**100.00**

[13] See methodological section for explanation

As shown in figure nine, there were variations in the proportion of younger people in contact with non structured treatment dependent on PCT of residence. None of those in contact resident in Central Cheshire PCT were aged under 25. In contrast, over 14% of those in contact with treatment in Knowsley PCT (n=275, 14.53%) and Wirral PCT (n=1453, 14.84%) were aged under 25. Western Cheshire PCT had the highest proportion of under 25s in non structured treatment (n=23, 15.44%) although it should be noted that this PCT area had a low overall number in treatment in comparison to several other PCT areas. Wirral and Knowsley PCT had a relatively high proportion of individuals aged 65 and older in non structured treatment in comparison to other PCT areas (n=1058, 10.80% and n=262, 13.84% respectively).

Figure 9: Age of individuals in contact with non structured treatment alcohol by PCT of residence, 2010/11



Treatment Provider

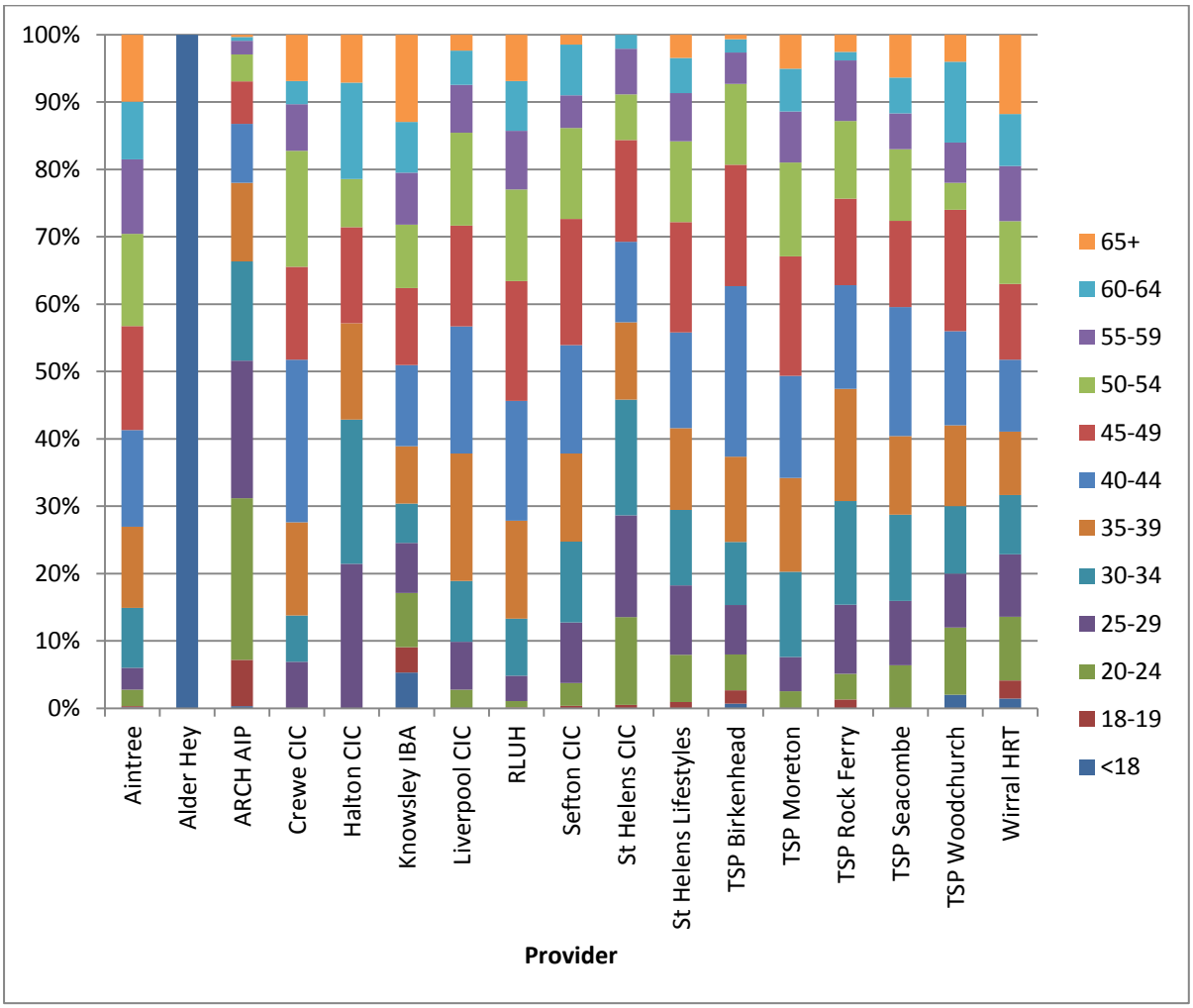
The majority of treatment providers were located in Wirral PCT (see table 13). Wirral Alcohol Harm Reduction Team had the largest number of individuals in contact (n=9056), substantially higher than the next largest provider, Knowsley Identification of Brief Advice (IBA) (n=2138). The proportion of males varied by provider, from 39.94% within Knowsley IBA to 83.73% at Arch Initiatives Alcohol Interventions. Over 10% of those in contact with Knowsley IBA and Wirral Alcohol Harm Reduction Team were aged 65 and older (n=277, 12.96% and n=1066, 11.77% respectively).

Table 13: Sex and age of individuals in contact with non structured alcohol treatment by provider, 2010/11

Provider	Male		Under 25		65+		Total
	No.	%	No.	%	No.	%	
Aintree University Hospitals NHS Foundation Trust (Aintree)	602	65.94	25	2.74	91	9.97	913
Alder Hey Children's NHS Foundation Trust (Alder Hey)	17	27.42	62	100.00	0	0.00	62
ARCH Initiatives Alcohol Interventions (Arch AIP)	746	83.73	278	31.20	-	-	891
Central Cheshire Alcohol Service (Crewe CIC)	18	62.07	0	0.00	-	-	29
Halton Community Integrated Care (Halton CIC)	7	50.00	0	0.00	-	-	14
Knowsley Identification of Brief Advice (IBA)	854	39.94	366	17.12	277	12.96	2138
Liverpool Community Integrated Care (Liverpool CIC)	158	62.20	7	2.76	6	2.36	254
The Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLUH)	525	63.56	9	1.09	57	6.90	826
Sefton Community Integrated Care (Sefton CIC)	152	56.93	10	3.75	-	-	267
St Helens Community Integrated Care (St Helens CIC)	112	58.33	26	13.54	0	0.00	192
St Helens Lifestyles Team (St Helens Lifestyles)	635	66.49	76	7.96	33	3.46	955
The Social Partnership Birkenhead (TSP Birkenhead)	107	71.33	12	8.00	-	-	150
The Social Partnership Moerton (TSP Moreton)	50	63.29	-	-	-	-	79
The Social Partnership Rock Ferry (TSP Rock Ferry)	50	64.10	-	-	-	-	78
The Social Partnership Seacombe (TSP Seacombe)	63	67.02	6	6.38	6	6.38	94
The Social Partnership Woddchurch (TSP Woodchurch)	25	50.00	6	12.00	-	-	50
Wirral Alcohol Harm Reduction Team (Wirral HRT)	4179	46.15	1231	13.59	1066	11.77	9056

-Numbers less than 5 have been suppressed

Figure 10: Age of individuals in contact with non structured alcohol treatment by treatment provider, 2010/11



PCT of Treatment

The following section provides information on the area of Cheshire and Merseyside in which treatment was provided (i.e. the PCT of the treatment provider). Table 14 displays the variations in the number of individuals in contact with treatment dependent on PCT from 29 in Central and Eastern Cheshire PCT to 10003 in Wirral PCT. Knowsley and Wirral PCT had the largest proportion of females in contact with their providers (n=1284, 60.06% and n=5070, 50.68% respectively), along with the largest proportions of those aged 65 and older (n=277, 12.96% and 1073, 10.73% respectively).

Table 14: Sex and age of individuals in contact with non structured alcohol treatment by PCT of treatment, 2010/11

PCT of Treatment	Male		Under 25		65+		Total
	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	18	62.07	0	0.00	2	6.90	29
Halton & St Helens	690	64.73	91	8.54	34	3.19	1066
Knowsley	854	39.94	366	17.12	277	12.96	2138
Liverpool	1250	63.74	101	5.15	151	7.70	1961
Sefton	152	56.93	10	3.75	4	1.50	267
Warrington	0	0.00	0	0.00	0	0.00	0
Western Cheshire	0	0.00	0	0.00	0	0.00	0
Wirral	4933	49.32	1491	14.91	1073	10.73	10003
Total*	**7843**	**51.00**	**2053**	**13.35**	**1541**	**10.02**	**15381**

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

Section Three: NDTMS and ATMS

In this section of the report, the NDTMS and ATMS were combined to present an overall number of individuals in alcohol treatment in Cheshire and Merseyside. As shown in table 15, during 2010/11 there were 21628 individuals in contact with structured and/or non structured alcohol treatment resident in Cheshire and Merseyside, almost half of those were resident in Wirral PCT (n=10770, 49.26%).

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

PCT of Residence	Number	Percentage (%)	Prevalence (per 1,000 aged 15-64)
Central and Eastern Cheshire	720	3.29	2.45
Halton & St Helens	1872	8.56	9.58
Knowsley	2537	11.60	25.80
Liverpool	2739	12.53	8.78
Sefton	1398	6.39	8.10
Warrington	785	3.59	5.98
Western Cheshire	1042	4.77	6.93
Wirral	10770	49.26	55.27
Total*	**21628**	**100.00**	**13.97**

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

Demographics of the treatment population

Sex and age

The majority of those in contact with treatment were male (n=11600, 53.63%, see table 16) with this proportion varying from 48.13% in Knowsley PCT (n=1221) to 62.36% (n=449) in Central and Eastern Cheshire PCT. The proportion of individuals in treatment aged under 25 varied from 7.94% (n=111) in Sefton PCT to 15.01% (n=411) in Liverpool PCT.

Table 16: Sex and age of individuals in contact with alcohol treatment by PCT of residence, 2010/11

PCT of Residence	Male		Under 25		65+		Total
	No.	%	No.	%	No.	%	
Central and Eastern Cheshire	449	62.36	105	14.58	21	2.92	720
Halton & St Helens	1139	60.84	260	13.89	53	2.83	1872
Knowsley	1221	48.13	367	14.47	279	11.00	2537
Liverpool	1601	58.45	411	15.01	141	5.15	2739
Sefton	827	59.16	111	7.94	75	5.36	1398
Warrington	470	59.87	72	9.17	19	2.42	785
Western Cheshire	625	59.98	105	10.08	56	5.37	1042
Wirral	5422	50.34	1567	14.55	1091	10.13	10770
Total*	**11600**	**53.63**	**2984**	**13.80**	**1733**	**8.01**	**21628**

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

Table 17: Age distribution of individuals in contact with alcohol treatment, 2010/11

Age Band	Number	Percentage (%)
<18	765	3.54
18-19	593	2.74
20-24	1626	7.52
25-29	1827	8.45
30-34	1989	9.20
35-39	2381	11.01
40-44	2777	12.84
45-49	2722	12.59
50-54	2163	10.00
55-59	1672	7.73
60-64	1380	6.38
65+	1733	8.01
Total	**21628**	**100.00**

Methodology

1. 8182 individuals. Unless stated otherwise numbers are discussed in terms of an individual's PCT of residence. The following records have been excluded from analysis:
    a. A missing date of birth or agency code
    b. An age of under 9 or over 75 at year end
    c. A PCT outside Cheshire and Merseyside.

    Within this section of the report, all those in contact with treatment have been included. It includes individuals who may have presented for treatment but who never actually commenced a treatment intervention.
2. Data from the North West Public Health Observatory. Data derived from 2010 prevalence estimates. Data sourced from the Office for National Statistics (ONS).
3. Ethnicity data were missing or not stated in 3.98% of records.
4. Age was calculated from the 31st March 2011 (the final day of the reporting period). This is in contrast to the calculation of age by NDEC and NTA. Only those clients aged between 9 and 75 were included in analysis.
5. Drug use – other drugs include: solvents, antidepressants, other drugs, prescription drugs, hallucinogens.
6. Data were missing or not stated in 1.48% of referral records.
7. A treatment journey maps a client's movement through a treatment system. Most treatment journeys consist of just one episode but many consist of two or more (for example, where a client is transferred between agencies). For reporting purposes, it is necessary that episodes have a common recorded partnership of residence for a link to be identified. In addition, episodes will only be deemed as forming part of the same treatment journey if one of the following conditions apply:-
    - there is less than a 3 week gap (21 days) between the earlier episodes discharge date and the start date of the first modality associated with the later starting episode (short gap)
    - the discharge date for the earlier episode occurs after the start date for the first modality of another episode (overlap)
    - any open episode (i.e. where there is no discharge date) is followed by another episode or episodes (as they will necessarily overlap)

    A treatment journey is deemed as having started on the earliest triage date of any episode linked to that treatment journey. A **new treatment journey** is identified as having started if the earliest triage date is within the reporting period. If all episodes in the treatment journey are closed, the journey is deemed as having ended at the latest discharge date of any episode. This is referred to as a **treatment system exit**. If any episode is open, the journey will also be deemed to be open. All treatment journey figures are based on the most recently starting treatment journey in the specified period. Many of the reports are based only on new treatment journeys as indicated in the header.
8. An OCU is defined as a client presenting with opiates and / or crack cocaine as their main, second or third drug recorded at any episode during their latest treatment journey.
9. Other drugs include: solvents, antidepressants, other drugs, prescription drugs, hallucinogens and ecstasy.

10. 15381 individuals. Unless stated otherwise numbers are discussed in terms of an individual's PCT of residence. The following records have been excluded from analysis:
    a. A missing date of birth or agency code
    b. An age of under 9 or over 75 at year end
    c. A PCT outside Cheshire and Merseyside.

    Within this section of the report, all those in contact with treatment have been included. It Includes individuals who may have presented for treatment but who never actually commenced a treatment intervention. 13.97% of individuals had a missing PCT of residence. For those who had a missing PCT of residence, PCT of treatment was used.
11. Data from the North West Public Health Observatory. Data derived from 2010 prevalence estimates. Data sourced from the Office for National Statistics (ONS).
12. 53.38% of ethnicity field was missing or not stated.
13. Age was calculated from the 31st March 2011 (the final day of the reporting period). This is in contrast to the calculation of age by NDEC and NTA. Only those clients aged between 9 and 75 were included in analysis.

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