The impact of alcohol in Greater Manchester: quarterly report

Report number 3 February 2009



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1 Executive summary

This report identifies available alcohol intelligence from across Greater Manchester. The data are separated into six categories: consumption, health related impacts of alcohol, crime, young people, and examples of interventions to tackle excessive alcohol consumption. The report contains the latest annual and quarterly data available. Where no updates have been published, the latest data published in the last quarterly report is still provided here for reference. Where data are new or updated, these are labelled as such throughout this report.

Key findings for Greater Manchester:

1.1 Consumption

- Synthetic estimates for hazardous, harmful and binge drinking in Greater Manchester are significantly worse than both the England and North West averages (NWPHO 2008).
- Using the methodology from the Big Drink Debate, Bolton has the highest percentage of hazardous drinkers (27.2%) and Manchester has the highest percentage of harmful drinkers (9.4%; North West average 20.4% and 6.4% respectively). In comparison, Rochdale (16.6%) and Bury (62.7%) have the highest percentage of non drinkers and sensible drinkers respectively (compared with 11.2% and 61.7% respectively for the North West).

1.2 Health related impacts of alcohol

- In 2006/07, Manchester and Salford had the greatest number of alcohol-related and alcohol-specific hospital admission for both sexes while Trafford had the lowest.
- In January to March 2008 alcohol-specific admission are lowest for males and females in Trafford (87 and 55 respectively). Rochdale saw the highest rates for males (191) while Salford had the highest for females (114). In April to June 2008 Trafford continued to have the lowest rate for males (76), while Bury had the fewest female admission (55). Salford saw the highest rates for both males and females. In July to September 2008 alcohol-specific admission are lowest for males in Manchester (95), while Manchester and Oldham had the fewest female admissions (61). Rochdale saw the highest rates for both males.
- Levels of alcohol-related hospital admission have been increasing in Greater Manchester from 2003/04 to 2006/07. Local areas seeing consistent increases in alcohol-related admission include: males in Bury; both genders in Manchester, Salford, Stockport, Tameside, Trafford and Wigan; and females in Oldham and Rochdale. However, after seeing increases since 2003/04 levels decreased between 2005/06 and 2006/07 for males in Rochdale, females in Bury.
- Between April and September 2008, Salford had the highest rate of hospital admission for alcohol-related mental disorders (213 and 211 per 100,000 respectively) while Bolton and Trafford had the lowest.
- In April to June 2008, Salford PCT had the highest rate of hospital admission for alcohol-related liver disease (49 per 100,000), while Trafford had the lowest (18 per 100,000). In July to September 2008, Rochdale had the highest rate (48 per 100,000), while Trafford continued to have the lowest rate (20 per 100,000).
- In 2007, Rochdale experienced the greatest percentage of fatal road casualties where alcohol had been consumed (37%).
- In 2007/08 Greater Manchester Fire Service recorded that 43% of victims whose deaths resulted from fire had consumed alcohol.
- Greater Manchester had a higher rate for alcohol-related mortality when compared with the North West and England overall. In Greater Manchester, alcohol-related mortality is greatest for both males and females in Manchester, and lowest in Trafford and Bury.

1.3 Crime

Differences in police practice and policy may result in differentials between crime rates across areas. Nevertheless key findings show that:

- In 2006/07, Manchester had the greatest rate of alcohol-related crime and violent crime in Greater Manchester.
- Overall, the number of alcohol confiscations fluctuated between April and December 2008. Wigan and Tameside saw the most frequent number of alcohol confiscations.
- Overall, alcohol-related crime incidents fluctuated between April and December 2008. However, South Manchester, saw a continual decrease across the three quarters. The highest number of incidents was seen in Wigan in July-September (350 per 1,000 population).
- The number of licensing-related incidents recorded by the police fluctuated between April and December 2008 in Greater Manchester. For example, Tameside and Trafford saw continuous increases whilst Rochdale and South Manchester saw a decrease. Overall, licensing related crime incidents were the most prevalent in North Manchester in April to June 2008 (46 incidents) whereas the Airport recorded no incidents (figure 21).
- Pubwatch data reveal that the number of alcohol-related incidents recorded in Manchester city centre has increased substantially between April and December 2008 (table 1). In October to December, approximately 7% of those incidents were for alcohol-related assaults.

1.4 Young people

- In 2007, the percentage of 14 to 17 year olds claiming to drink five drinks or more at least once a week was greatest in Tameside (40%) and lowest in Stockport (18%). These young people were most likely to drink alcohol outside in Salford (51%), and to drink in on-licensed venues in Bury (42%).
- From 2004/05 to 2006/07, Rochdale, Bolton and Salford experienced the greatest number of alcohol-related hospital admissions in under 18s, while Trafford had the lowest rate. All Greater Manchester Local Authorities had higher rates than the England average.
- Levels of alcohol-specific hospital admission were highest in Rochdale for males and Bolton for females.
- In Manchester, there were five permanent and 71 fixed term exclusions due to drugs or alcohol between September 2007 and May 2008.
- A total of 205 alcohol test purchases were conducted by Trading Standards North West (TSNW) between April and June 2008, a 64% decrease compared with the previous quarter. Manchester conducted the most alcohol test purchases (42), while Trafford and Bury Local Authorities conducted none.

1.5 Alcohol interventions

- Between August and October 2008, Manchester Community Health recorded that a total of 133 front line staff were trained in alcohol brief interventions. This figure was up by 29% from the previous quarter.
- The rate of those in contact with treatment varied considerably in Greater Manchester DAAT areas.
- A number of small-scale initiatives have been in operation in Greater Manchester since this series of reports began collating information on local initiatives. These include: Lime Art's film and resource pack on alcohol misuse for young people; Cirtek Alcohol Service Users (CASU) allotment project; MOSAIC and Drink Smart Self Help Guide.

2 Introduction

The Greater Manchester Alcohol Strategy Group is committed to improving information and data collection on alcohol and related harms. In 2008, the Group commissioned the Centre for Public Health (CPH) at Liverpool John Moores University to collate available alcohol intelligence into quarterly reports to inform the Group on the alcohol situation in Greater Manchester. This is the third quarterly report and relates to data published between October and December 2008. The report also incorporates information published in the previous reports, where no update has been provided to present a comprehensive account of the situation. This report provides eleven datasets including:

- Details of latest reports on consumption;
- Details on alcohol-related road accidents, fires and hospital admissions;
- Local alcohol-related police incident data and details of offenders in contact with the probation service;
- Details on underage test purchasing exercises; and
- Examples of local interventions and initiatives to address alcohol-related harm (including alcohol treatment).

New information for this report includes details on the findings from the Big Drink Debate as well as the updated annual data from the Local Alcohol Profiles for England (LAPE) and the Children and Young People's Health Indicators (CAYPHI).

CPH endeavours to contact as many organisations as possible to obtain data for inclusion in this series of reports. We would like to encourage all agencies with relevant data or information to contact Michela Morleo on 0151 231 8128 (<u>m.j.morleo@ljmu.ac.uk</u>) if they would like to contribute to future editions.

Acknowledgements

We would like to thank all those who provided data to inform this quarterly report, including:

- Centre for Public Health (CPH), Liverpool John Moores University;
- Children's Services;
- Dr Foster;
- Greater Manchester Police;
- Greater Manchester Probation Service;
- Greater Manchester Fire and Rescue Service
- Greater Manchester Transportation Unit;
- North West Public Health Observatory (NWPHO);
- Tactical Information Service (TIS); and
- Trading Standards North West.

3 Alcohol consumption

3.1 Local Alcohol Profiles for England (LAPE)

The data presented in this section are taken from the Local Alcohol Profiles for England (LAPE) online tool.¹ Hazardous drinking estimates (see box 1) in Greater Manchester are higher than England and North West averages (see figure 1). Such drinking is often associated with more affluent areas. As such, Stockport, a more affluent area, has the highest level of hazardous drinking in Greater Manchester and the fourth highest in the North West compared with Rochdale which has the lowest. Estimates for harmful and binge drinking in Greater Manchester are also significantly worse than both the England and North West averages (figure 1). Binge drinking is associated with more deprived areas as seen in Manchester and Salford (map 1). Manchester has the highest level of binge drinking of all of the authorities in the North West and the second highest level in England. Furthermore, Manchester also has the highest level of harmful drinking in the North West and England (9%) whilst Bury has the lowest.

Box 1: Alcohol consumption definitions

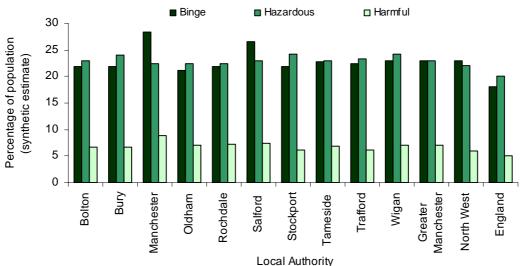
Sensible drinking is defined as drinking up to 15 units per week for a woman and 22 units for a man.

Hazardous drinking is considered to be drinking between 15 and 35 units a week for women and between 22 and 50 units a week for men.

Harmful drinking levels are considered to be drinking more than 35 units a week for women and more than 50 units a week for men.

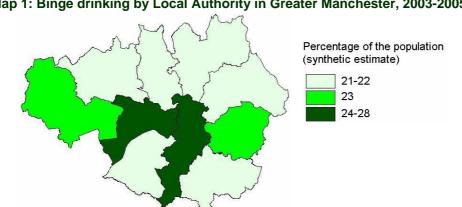
Binge drinking is defined as drinking eight or more units in one day for men and six or more units for women (double the recommended daily limit). Source: Cook et al. 2008; NWPHO 2007.





* Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report hazardous and harmful drinking. Binge drinking figures are for 2003-2005. Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables.

¹ The LAPE online tool is updated annually and provides data on a variety of alcohol-related health and criminal justice issues (NWPHO 2008). These include hazardous, harmful and binge drinking estimates (see Box 1); alcohol-related hospital admissions (see section 3.2), mortality (see section 3.3); as well as alcohol-related crime estimates (section 4.2).



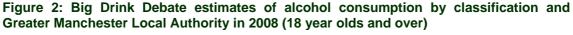
Map 1: Binge drinking by Local Authority in Greater Manchester, 2003-2005

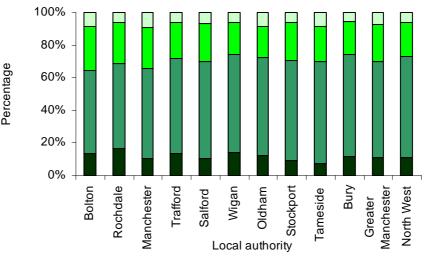
Source: North West Public Health Observatory (2008). See Appendix 9.1 for a key.

3.2 Survey estimates from the Big Drink Debate

NEW DATA FOR GREATER MANCHESTER

In 2008, 7,351 residents of Greater Manchester contributed to the North West Big Drink Debate, enabling estimates of consumption across the region (see figure 2; Cook et al. 2008, 2009). Whilst the definitions of consumption for hazardous and harmful drinking are the same as the synthetic estimates (see box 1), any comparisons made between the two sources should be done cautiously because of the different methodologies used.² Using the methodology from the Big Drink Debate, Bolton has the highest percentage of hazardous drinkers (27.2%) and Manchester has the highest percentage of harmful drinkers (9.4%; North West average 20.4% and 6.4% respectively). In comparison, Rochdale (16.6%) and Bury (62.7%) have the highest percentage of non drinkers and sensible drinkers respectively (compared with 11.2% and 61.7% respectively for the North West).





■ Non-drinkers ■ Sensible drinkers ■ Hazardous drinkers □ Harmful drinkers

Source: Cook et al. (2008, 2009). See Appendix 9.2 for data tables.

² The Big Drink Debate (BDD) collected primary data (weighted for under and over response in age and sex categories), whereas the synthetic estimates described above are modelled data based on characteristics of the local authorities. BDD estimates have a wider range (perhaps enabling better discrimination between Local Authorities), ranging from 19 to 27% hazardous (compared with the fairly uniform 22 to 24% from the synthetic estimates). Finally, data from the BDD are more recent, using data collected in 2008 rather than 2003-05.

3.3 Summary

Using both the synthetic estimates and the findings from the Big Drink Debate, it is possible to see that between one fifth and one quarter of Manchester residents are thought to be hazardous drinkers whilst less than a tenth are thought to be harmful drinkers. Manchester continues to have the highest numbers of harmful drinkers using both the Big Drink Debate and synthetic estimates. Lower levels of risky consumption are found in areas such as Rochdale and Bury, as identified by both sources.

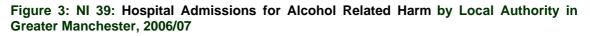
4 Alcohol and health

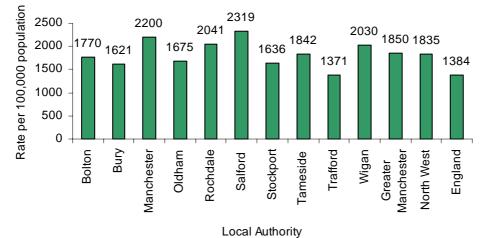
4.1 Hospital admissions involving alcohol

4.1.1 National Indicator 39 (NI39): Hospital admissions for alcohol related harm

NEW DATA FOR THE GREATER MANCHESTER REPORT

In 2006/07 the rate of hospital admissions for alcohol related harm for Greater Manchester exceeds both the national and regional average (figure 3). Rates for all local authorities are above the national average with the exception of Trafford which is slightly lower. Salford and Manchester have the highest rates at 2319 and 2200 per 100,000 population respectively.





(Department of Health using Hospital Episode Statistics and Office for National Statistics midyear population estimates).

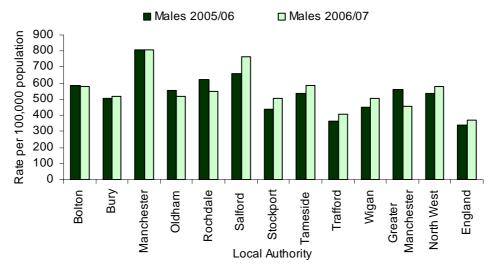
Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables

4.1.2 Alcohol specific admission: annual trends

UPDATED DATA FOR GREATER MANCHESTER

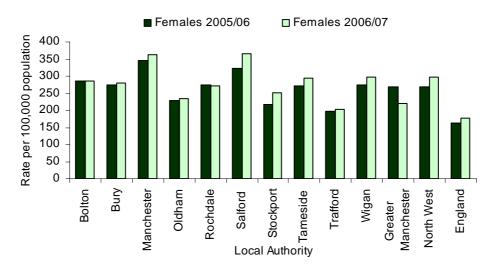
For alcohol-specific hospital admission (conditions that are wholly related to alcohol), rates for all local authorities are above the national average for both males and females (figure 4 and 5). In 2005/06 and 2006/07 Manchester and Salford Local Authorities have the greatest number of alcohol-specific hospital admissions for males and females, while Trafford has the lowest rate. A breakdown of the Greater Manchester rates by gender shows lower rates for females for both admission types for 2005/06 and 2006/07 (see box 3 for definitions).

Figure 4: Alcohol-specific hospital admission for males by Local Authority in Greater Manchester, 2005/06 to 2006/07



Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables

Figure 5: Alcohol-specific hospital admission for females by Local Authority in Greater Manchester, 2005/06 to 2006/07



Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables

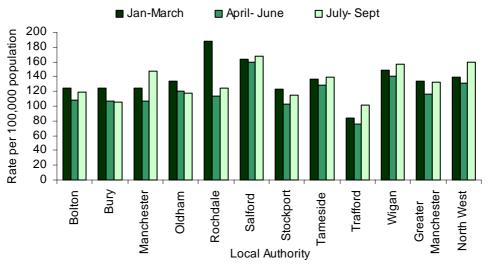
4.1.3 Quarterly data for alcohol specific admission

UPDATED DATA FOR GREATER MANCHESTER

The Tactical Information Service (TIS) holds the most recent data for alcohol-specific hospital admission in Greater Manchester (see box 3 for definitions). Following the trend for January to June 2008, rates for females continue to be lower than for males in all Local Authority areas in July to September 2008, with males representing nearly double the rate per 100,000 population of female admission in Oldham (126 and 61 respectively).

In January to March 2008 alcohol-specific admission are lowest for males and females in Trafford (87 and 55 respectively). Rochdale saw the highest rates for males (191) while Salford had the highest for females (114). In April to June 2008 Trafford continued to have the lowest rate for males (76), while Bury had the fewest female admission (55). Salford saw the highest rates for both males and females. In July to September 2008 alcohol-specific admission are lowest for males in Manchester (95), while Manchester and Oldham had the fewest female admissions (61). Rochdale saw the highest rates for both males and females (figure 6 and 7).

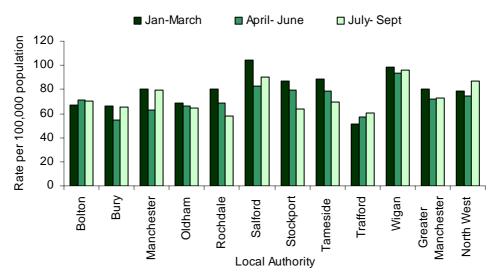




* Data collated from Greater Manchester Primary Care Trusts by the Tactical Information Service (TIS)

Source: TIS (2008). See Appendix 9.2 for data tables





* Data collated from Greater Manchester Primary Care Trusts by the Tactical Information Service (TIS)

Source: TIS (2008). See Appendix 9.2 for data tables

4.1.4 Alcohol-related hospital admission

UPDATED DATA FOR GREATER MANCHESTER

Levels of alcohol-related hospital admission are lower for females than for males, but rates of both have been increasing in Greater Manchester from 2003/04 to 2006/07 (figure 8). Figures in the North West have fluctuated between 2003/04 and 2005/06 and then dramatically increased in 2006/07 for both males and females. Local areas seeing consistent increases in alcohol-related admission include: males in Bury; both genders in Manchester, Salford, Stockport, Tameside, Trafford and Wigan; and females in Oldham and Rochdale. However, after seeing increases since 2003/04 levels decreased between 2005/06 and 2006/07 for males in Rochdale, and for females in Bury. Details of changes between 2005/06 and 2006/07 can be seen in figure 9.

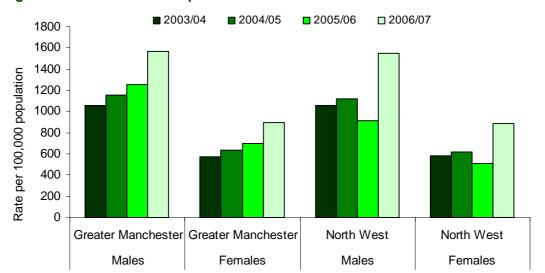
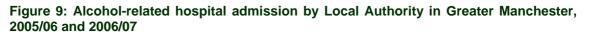
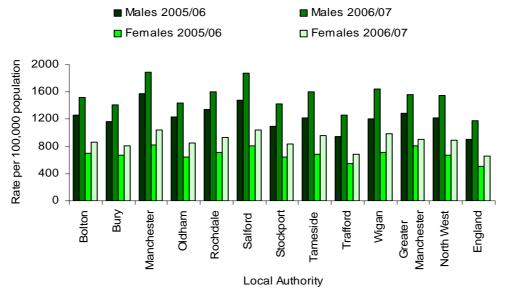


Figure 8: Alcohol-related hospital admission for Greater Manchester and the North West

In 2005/06 rates of alcohol-related hospital admission in Greater Manchester are above regional and national averages for males and females (figure 9). This trend for Greater Manchester continues in 2006/07 (figure 9). In Greater Manchester, the rate of alcohol-related hospital admission has increased in all local authority areas between 2005/06 and 2006/07 for males and females. Manchester and Salford continue to have the greatest number of alcohol-related hospital admission for both sexes, while Trafford has the lowest.





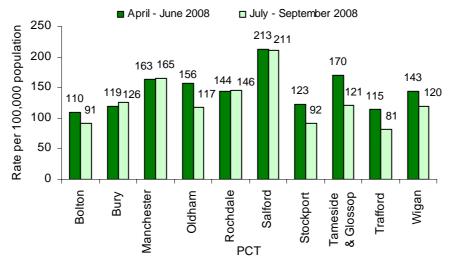
Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables

4.1.5 Alcohol-related hospital admission by condition

Please note that data for October to December 2008 will not be available until March 2009. Thus, information relating to this will be reported in quarter four.

Throughout April to September 2008, the highest rates of hospital admission for alcohol-related mental disorders were in Salford (figure 10). Figures have generally remained consistent over the quarters but notable decreases were seen in Tameside and Glossop, and Oldham. However, these trends may be seasonal fluctuations.

Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables

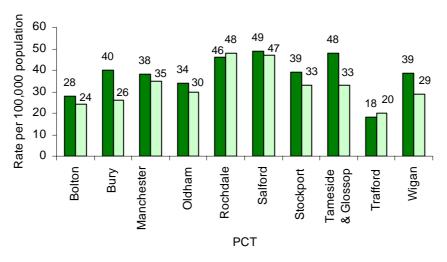




Source: Dr Foster (2008)

In April to June 2008, Salford PCT had the highest rate of hospital admission for alcohol-related liver disease (49 per 100,000), while Trafford had the lowest (18 per 100,000). In July to September 2008, Rochdale had the highest rate (48 per 100,000), while Trafford continued to have the lowest rate (20 per 100,000). Figures have generally remained consistent between the quarters but notable decreases were seen in Bury, and Tameside and Glossop (figure 11). However, these trends may be seasonal fluctuations.







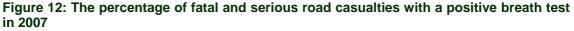
Source: Dr Foster (2008)

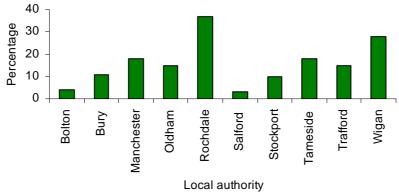
4.2 Ambulance data

Ambulance data will be available in the next quarterly report.

4.3 Road traffic related casualties

In Greater Manchester in 2007, Rochdale experienced the greatest percentage of fatal and serious road casualties where a positive breath test occurred at 37% (10 incidents), followed by Wigan at 28% (seven incidents; figure 12). Bolton and Salford had the fewest at four and three percent respectively (three incidents). **However, caution should be used when interpreting these data due to the very low numbers** **involved.** Of all fatal and serious road casualties in Greater Manchester in 2007, 16% of individuals provided a positive breath test.

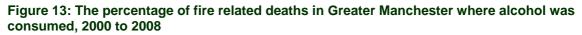


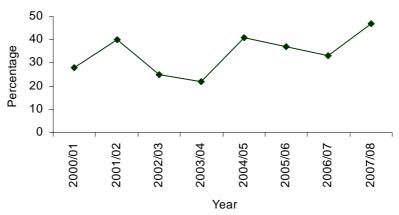


Source: Transportation Unit (2007)

4.4 Alcohol-related fires

In 2007/08 Greater Manchester Fire Service recorded that there were 23 deaths resulting from fire. Four in ten (43%) of these victims had consumed alcohol. Whilst the proportion of alcohol-related fire deaths has fluctuated, this is the highest recorded since 2000/01 (figure 13). In 2007/08 Manchester had the greatest number of fire-related fatalities where alcohol was consumed in Greater Manchester (four) whilst six of the boroughs experienced none. However, caution should be used when interpreting these data due to the very low numbers involved. Further, most alcohol-related deaths share contributory factors such as smoking, living alone, and disability (Greater Manchester Fire and Rescue Service, personal communication).





Source: Greater Manchester Fire & Rescue Service (2008). See Appendix 9.2 for data tables.

4.5 Burns data

4.5.1 Quarterly data Data from the Burns Unit will be available in the quarter four report.

4.6 Mortality

Although no local trend data exist, national intelligence shows that levels of mortality due to liver cirrhosis³ have increased dramatically in the last thirty years: between 1979 and 2005, the number of 25-34 year olds dying due to liver cirrhosis has increased

³ Approximately three quarters of liver cirrhosis cases are thought to be related to alcohol amongst those groups most at risk (that is males under 65 years; Jones et al. 2008).

seven-fold (Thomson et al. 2008). This increase is thought to be related to the trend towards binge drinking amongst younger age groups (Morleo et al. 2008).

Box 3: Definitions of admissions and mortality

Alcohol specific admission and mortality are those caused by conditions related wholly to alcohol (for example alcoholic liver disease or alcohol overdose).

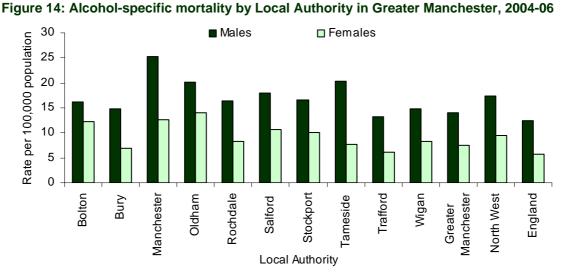
Alcohol-related admission and mortality are those caused by conditions that are wholly related to alcohol or where alcohol is considered a contributory factor (for example stomach cancer and injury). This includes those conditions specific to alcohol.

Source: NWPHO 2008

4.6.1 Alcohol-specific mortality

UPDATED DATA FOR GREATER MANCHESTER

Following a national trend in 2004-06, months of life lost for conditions specific to alcohol were notably higher for males than females in all local authorities in Greater Manchester (figure 14; Box 3). The overall rates for Greater Manchester were similar to the regional rates but were above the national average for both males and females. Oldham and Manchester saw the highest rates for Greater Manchester.



Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables.

4.6.2 Alcohol-related mortality

UPDATED DATA FOR GREATER MANCHESTER

Figures 15 and 16 display the rates for alcohol-related mortality in Greater Manchester. As with alcohol specific conditions, rates for females are higher than for males. Between 2003 and 2006, levels fluctuated across all Greater Manchester authorities. Alcohol-related mortality is greatest for both males and females in Manchester Local Authority, while Trafford and Bury have the lowest rates for both sexes.

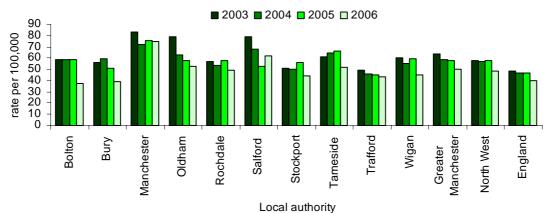
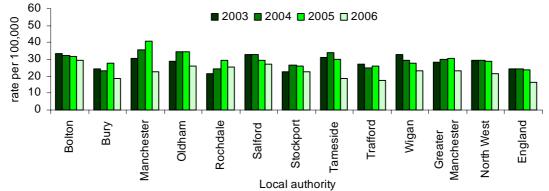


Figure 15: Alcohol-related mortality for males by Local Authority in Greater Manchester, 2003 to 2006

Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables.





Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables

4.7 Summary of health related impacts of alcohol

4.9.1 Annual data for Greater Manchester

- Rates of alcohol-related and alcohol-specific hospital admission in Greater Manchester are above regional and national averages. Manchester had the greatest number of alcohol-related and alcohol-specific hospital admissions while Trafford had the lowest. Rates in Greater Manchester have been increasing since 2003/04, while figures in the North West decreased in 2005/06.
- In 2007, Rochdale experienced the greatest percentage of fatal road casualties where alcohol had been consumed (33%), and Bury had the largest proportion of alcohol-related serious road casualties (11%).
- In 2007/08 43% of fire fatalities had consumed alcohol.
- In 2005, months of life lost attributable to alcohol in Greater Manchester were higher for males than females (18 and eight months respectively). This was similar to the regional rates (17 and nine respectively).
- In Greater Manchester, mortality rates specific and related to alcohol were above the national and regional average. Manchester saw the highest rates, and in all cases, rates for females were lower than for males.
- Since 2003, alcohol-related mortality levels have fluctuated for males in Manchester, however the rate in 2005 is lower than that in 2003. On the other hand, the rate for females has increased each year since 2003.

4.9.2 Quarterly data for Greater Manchester

 In April to June and July to September 2008 Salford PCT had the highest rate of hospital admissions for alcohol-related mental disorders and alcohol-related liver disease.

5 Alcohol and crime

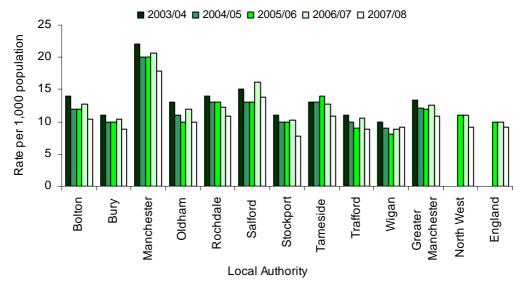
Whilst crime data provides a very valuable insight into levels of recorded crime and any changes within this, it should be noted that recorded crime data do not include the incidence of every crime occurring. This can be due to under-reporting (Bellis et al. 2006; Kershaw et al. 2008) but also numbers of crimes occurring can be affected by changes in police activity and recording mechanisms (Hough and Hunter 2008).

5.1 National alcohol-related crime indicators

UPDATED DATA FOR GREATER MANCHESTER

Overall, every Local Authority has seen a reduction in alcohol-related crime between 2003/04 and 2007/08 (figure 17). Manchester Local Authority had the greatest rate of alcohol-related crime in Greater Manchester. In 2007/08, Manchester Local Authority had the highest rate of alcohol-related crime (10.7) while Stockport had the lowest (4.9).

Figure 17: Alcohol-related crime by Local Authority in Greater Manchester compared with England and the North West, 2003/04 to 2007/08



Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables.

Rates of alcohol-related violent crime have fluctuated between 2003/04 and 2007/08 (figure 18) with a number of authorities seeing an overall stability in figures. In 2007/08 four authorities had rates that were below the North West and England averages: Bury, Stockport, Trafford and Wigan. Manchester Local Authority had the greatest rate of alcohol-related violent crime in Greater Manchester across all the years identified whilst Stockport had the lowest in 2007/08.

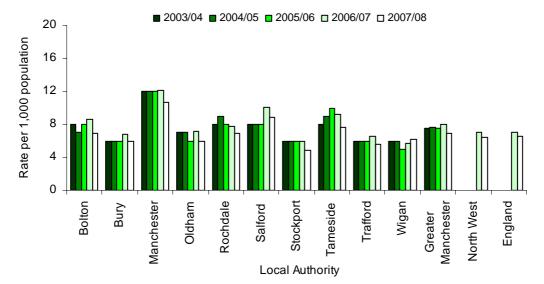


Figure 18: Alcohol-related violent crime by Local Authority in Greater Manchester compared with England and the North West, 2003/04 and 2007/08

Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables.

When comparing all Local Authorities in the North West, Manchester had the highest level of alcohol-related recorded crime and alcohol-related violent crime. Sexual offence rates relating to alcohol for the regions are not shown due to the levels being very low. However, in common with the other types of crime, Manchester had the highest level of alcohol-related sexual offences in the North West. Rates for all alcohol-related recorded crime in Manchester have remained relatively constant between 2004 and 2008.

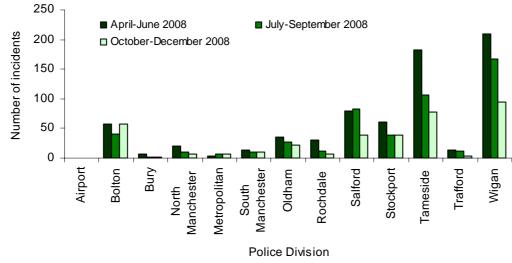
5.2 Police incident data

UPDATED DATA FOR GREATER MANCHESTER

This section uses incident data to investigate the prevalence of particular types of alcohol-related crime. However, as with national data, changes in and / or differences between numbers may be the result of changing police policy rather than displaying a higher level of a particular crime (Hough and Hunter 2008).

The number of recorded alcohol confiscations varied greatly across Greater Manchester (figure 19). Between April and December 2008, Wigan and Tameside saw the most frequent number of alcohol confiscations. Overall April-June 2008 saw the largest number of confiscations, however the highest peak in confiscations was in July to September for Wigan and Tameside (see Appendix 10.2; figure 19).

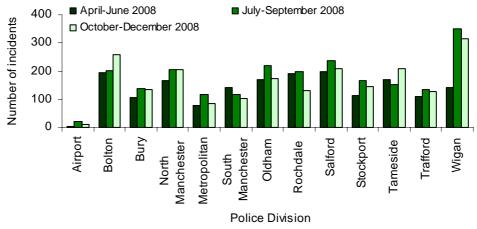






Figures and trends in the number of alcohol-related incidents recorded by the police fluctuated between April and December 2008 in Greater Manchester (figure 20). Wigan has consistently seen the highest number of incidents, with a peak of 350 during July to September.

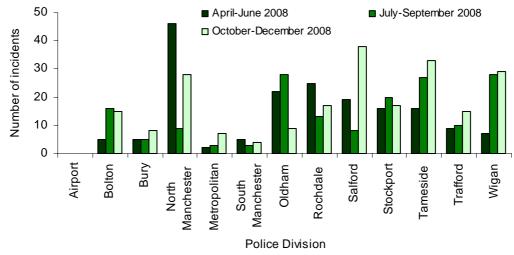




Source: Greater Manchester Police (2008). See Appendix 9.2 for data tables.

Figures and trends in the number of licensing-related incidents recorded by the police fluctuated between April and December 2008 in Greater Manchester. For example, Tameside and Trafford saw continuous increases whilst Rochdale and South Manchester saw a decrease. Overall, licensing related crime incidents were the most prevalent in North Manchester in April to June 2008 (46 incidents) whereas the Airport recorded no incidents (figure 21).





Source: Greater Manchester Police (2008). See Appendix 9.2 for data tables.

Please note that these data are gathered from an OPUS incident code search on the GMP intranet. This type of data should be viewed as a generalised indicator rather than a formal set of data which could be held accountable to any internal GMP performance process.

5.3 PubWatch

UPDATED DATA FOR GREATER MANCHESTER

The number of alcohol-related incidents recorded in Manchester city centre has increased substantially between April and December 2008 (table 1). In October to December, approximately 7% of those incidents were for alcohol-related crimes.

Manchester City Centre III 2000						
	Number of alcohol- related incidents reported through PubWatch	Number of alcohol- related crimes in and outside licensed premises	Number of alcohol- related assaults in and outside licensed premises			
April to June	724	78	32			
July to September	672	58	25			
October to December	767	80	56			

Table 1: Number and type of alcohol-related crimes reported through PubWatch in Manchester City Centre in 2008

Source: Greater Manchester Police (2008)

5.4 Probation service

Figures for October to December 2008 will be available in February 2009, as the Greater Manchester Probation Service data system is currently off-line.

Between April 2007 and March 2008, Salford Local Authority had the greatest percentage of cases where alcohol was linked to offending in Greater Manchester (42%), while Bury had the fewest cases (28%; figure 22 and map 2). Quarterly data show that the percentage of cases where alcohol use was linked to offending in Greater Manchester have generally remained stable between April and September except for in Bury (figure 23). Here, the percentage has increased notably to 40%, overtaking Salford as having the greatest percentage of cases.

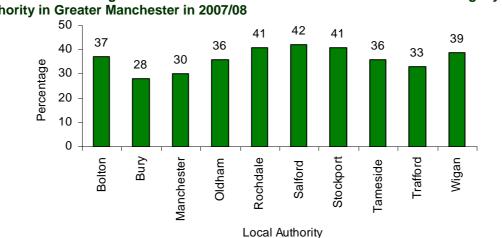


Figure 22: Percentage of cases where alcohol use is linked to offending by Local Authority in Greater Manchester in 2007/08

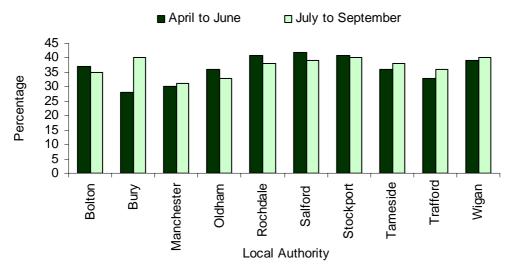
Source: Greater Manchester Probation Service (2008)





Source: Greater Manchester Probation Service (2008). See Appendix 9.1 for a key.

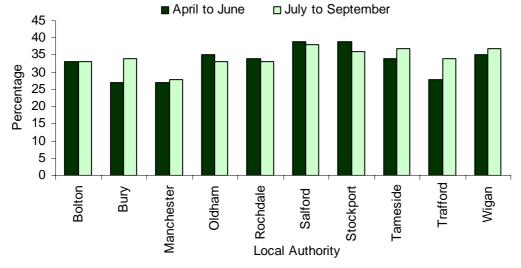




Source: Greater Manchester Probation Service (2008). See Appendix 9.2 for data tables

Greater Manchester Probation service estimate the probability of individuals reoffending if an identified alcohol problem is not addressed. Salford Local Authority had the highest percentage estimate (38%), while Manchester had the lowest (28%; figure 24 and map 3). This is consistent with findings from April to June 2008.





Source: Greater Manchester Probation Service (2008). See Appendix 9.2 for data tables





Source: Greater Manchester Probation Service (2008). See Appendix 9.1 for a key.

The National Probation Service (NPS) and the Prison Service have developed the Offender Assessment System (OASys) as a standardised process to assess an offender's likelihood of reconviction via the criminogenic factors associated with offending and the risk of harm they present. An individual who scores three or more is at a high risk of re-offending due to alcohol. Thus, the offender will be more likely to re-offend unless the need is tackled. In July to September 2008, all Local Authorities in Greater Manchester had an average OASys score of three or four, indicating a serious criminogenic alcohol need. Salford, Stockport, Tameside had the highest average score of four. This is consistent with findings from April to June 2008.

5.5 Summary of crime data

5.5.1 Annual data for Greater Manchester

- In 2006/07, Wigan was the only Local Authority where the rate of alcoholrelated crime was below the North West and England average. Manchester had the greatest rate.
- In 2006/07, Stockport, Trafford and Wigan experienced less alcohol-related violent crime than the North West and England overall. Manchester Local Authority had the greatest rate.
- Manchester had the highest level of alcohol-related recorded crime and the second highest rate for alcohol-related violent crime in the North West. Rates for all alcohol-related recorded crime in Manchester have remained relatively constant between 2004 and 2007.
- Between April 2007 and March 2008, Salford Local Authority had the greatest percentage of cases where alcohol was linked to offending in Greater Manchester (42%), while Bury had the fewest cases

5.5.2 Quarterly data for Greater Manchester

- In April to June 2008, Wigan and Tameside saw the most frequent alcohol confiscations. In July to September 2008 confiscations continued to vary across Greater Manchester, while Wigan consistently saw the highest number of incidents.
- With the exception of the Airport, alcohol-related crime incidents reduced between April and June 2008 but then varied in July to September, Wigan consistently saw the highest number of incidents.
- With the exception of Trafford, licensing related crime incidents decreased between April to June 2008, and then fluctuated in July to September 2008. Licensing related crime incidents were the most prevalent in North Manchester in April to June 2008, while Oldham and Wigan saw the highest number of incidents in July to September.
- The number of alcohol-related incidents recorded in Manchester city centre has increased substantially between April and December 2008 (table 1). In October to December, approximately 7% of those incidents were for alcohol-related assaults.
- Between July and September 2008, Bury and Wigan had the greatest percentage of cases where alcohol use was linked to offending (40%), while Manchester had the fewest (31%). This outlook has altered since April to June 2008 when Salford Local Authority had the greatest percentage of cases (42%) and Bury had the fewest (28%; figure 20).
- In July to September, those on probation in Salford had the greatest probability of re-offending if an identified alcohol problem was not addressed (38%). Manchester had the lowest (28%). This is consistent with findings from April to June 2008.

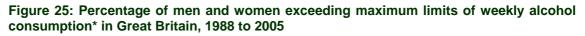
6 Young people

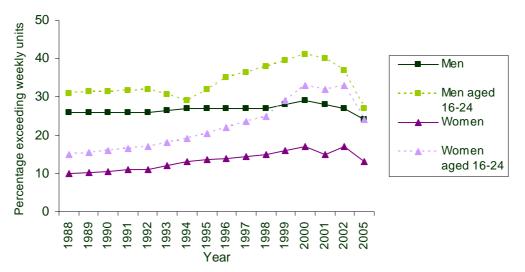
Young people (18 to 25 year olds) are more likely to be involved in binge drinking, and alcohol-related violence and disorder in town and city centres (Krug et al. 2002; McVeigh et al. 2005). In fact, a minority of offenders within this age category (predominantly males) are considered to be responsible for a disproportionate volume of alcohol-related offences (Maguire and Brookman 2005). A number of datasets are available across Greater Manchester which relate specifically to young people and alcohol.

6.1 Alcohol consumption amongst young people

6.1.1 Annual data: National surveys

Weekly levels of alcohol consumption are generally high amongst 16 to 24 year olds (figure 25). Consumption is higher still amongst males. However, the gap in levels of consumption between young men and women is narrowing, with women's consumption increasing. The decrease in consumption between 2002 and 2005 may be due to survey changes, asking about units consumed rather than the number of glasses (which vary in size). Figure 26 displays higher levels of binge drinking⁴ amongst the younger age groups and males.

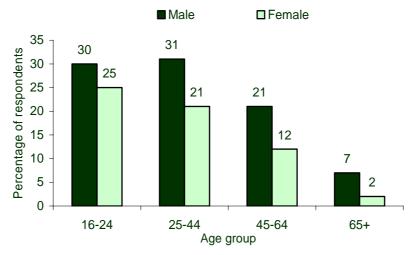




* Maximum limits of weekly consumption equate to 21 units for males; 14 for females
* See Appendix 9.2 for data tables
Source: Goddard (2008)

⁴ Drinking eight or more units in one day for men and six or more units for women, that is double the recommended maximum levels (DH 2005).

Figure 26: Percentage of people who binge drink* on at least one day in the last week in Great Britain, 2007

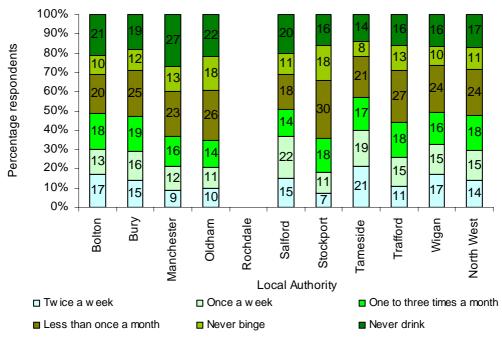


* Drinking more than eight units for males; more than six units for females Source: Goddard (2008)

In 2007 Trading Standards North West (TSNW) commissioned a survey of school children (14 to 17 year olds) in the North West, exploring how they purchase and consume alcohol (CI Research 2007). Of the 11,724 questionnaires received, 53% were returned from the Greater Manchester area. Local findings include:

• In 2007, the percentage of 14 to 17 year olds claiming to drink five drinks or more at least once a week was greatest in Tameside (40%). The percentage was lowest in Stockport, with figures being half that of Tameside (18%; figure 27).

Figure 27: Frequency of 14 to 17 year olds drinking five or more alcoholic drinks on one occasion by Local Authority in Greater Manchester, 2007

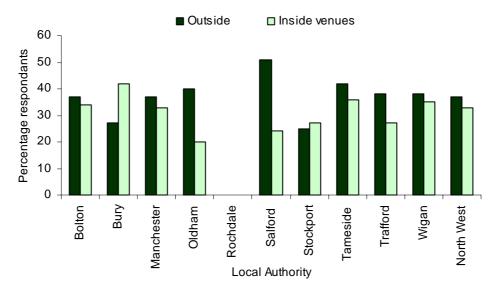


Overall in the North West in 2007, there were 9,584 respondents. Please note that Rochdale has completed an alternative survey of alcohol consumption among young people (The Health related Behaviour Survey). This survey did not record the frequency of 14 to 17 year olds who drank five or more alcoholic drinks on one occasion. Source: Trading Standards North West (2007)

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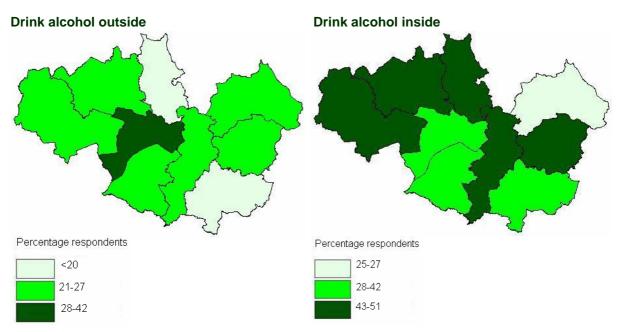
- The proportion of 14 to 17 year olds across the North West who claimed to purchase alcohol themselves fell from 40% in 2005 to 28% in 2007. All local authorities in Greater Manchester saw a reduction, with the exception of Bury which remained stable.
- Fourteen to 17 year olds were most likely to drink alcohol outside in Salford (51%), and to drink in on-licensed venues in Bury (42%; figure 28 and map 4).

Figure 28: Percentage of 14 to 17 year olds who mostly drink alcohol outside (on the streets, in parks, by shops) and inside pubs, members clubs, nightclubs and discos by Local Authority in Greater Manchester, 2007



Overall in the North West in 2007, there were 9,584 respondents. Rochdale has completed an alternative survey of alcohol consumption among young people (the Health related Behaviour Survey) but this survey did not record the location of consumption. Source: Trading Standards North West (2007). See Appendix 9.2 for data tables

Map 4: Percentage of 14 to 17 year olds who mostly drink alcohol outside (on the streets, in parks, by shops) and inside pubs, members clubs, nightclubs and discos by Local Authority in Greater Manchester, 2007



Because Rochdale completed an alternative survey, their data are not directly comparable to other Local Authority areas.

Source: Trading Standards North West (2007). See Appendix 9.1

The TSNW report offers some recommendations from the findings including:

- Educating young people on the dangers and effects of binge drinking and offering young people other activities to make them less likely to drink;
- Educating retailers about the prevalence of fake identification (ID), how to spot the use of fake IDs and the consequences of accepting them; and
- Continuing to run campaigns targeting licensed retailers to ensure that they are not selling alcohol to under 18s.

In 2008, the Centre for Public Health further investigated the data to examine in detail the relationships between consumption and related harm across the North West (it was not possible to apply further analysis to local data because of sample size issues). Key findings show (Hughes et al. 2008):

- The majority (84%) of 15 to 16 year olds in the North West drink alcohol, a slight decrease since 2007 (88%);
- Two thirds (66%) drink at least monthly and 30% binge drink⁵ weekly;
- Binge drinking was reported in all socio-economic groups but was more common amongst those from deprived areas;
- A third (34%) bought their own alcohol (a decrease from 40% in 2007); and
- High levels of alcohol consumption were associated with greater risk of being involved in alcohol-related violence, having regretted sex and smoking.

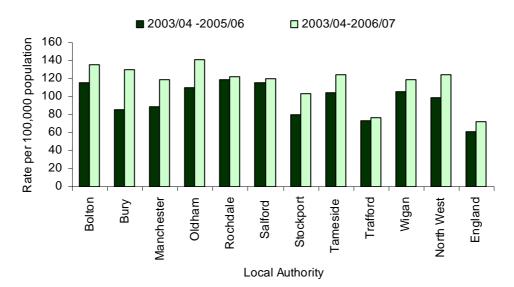
Those who had a hobby or were involved in sports were 1.6 times less likely to binge drink than those who did not, and those who were given alcohol by their parents were 1.6 times less likely to binge drink. Researchers highlighted the importance of preventing underage sales, providing health information to parents and delivering consistent messages on alcohol and related harms through educational settings to counteract alcohol advertising.

6.2 Hospital admissions for young people

The Local Alcohol Profiles for England (LAPE; see box 1) reveal that in 2004/05-2006/07, the rate of alcohol-related hospital admission in under 18s has increased in all local authorities in Greater Manchester. This follows the regional and national trend. Bolton, Bury and Oldham experienced the greatest rate of alcohol-related hospital admission in under 18s, while Trafford had the lowest (figure 29). In 2004/05-2006/07 all Greater Manchester Local Authorities were above the England average for alcohol-related hospital admissions in under 18s, while Bolton, Bury, Oldham and Tameside were above the North West average (figure 29).

⁵ Binge drinking is defined as drinking five or more drinks in one session (Hughes et al. 2008).

Figure 29: Rate of alcohol-specific hospital admission for under 18s by Local Authority in Greater Manchester compared with England and the North West, 2004/05-2005/06 to 2004/05-2006/07



* Data sourced from Hospital Episodes Statistics 2004/05 to 2006/07 and Office for National Statistics mid-year population estimates 2004 to 2006

Source: North West Public Health Observatory (2008). See Appendix 9.2 for data tables

With the exception of Rochdale and Salford, levels of alcohol-specific hospital admission across Greater Manchester are higher for girls than boys, consistent with the North West and England overall (Deacon et al. 2008). For males, rates of alcoholrelated hospital admission are highest in Rochdale (134 per 100,000 population), whereas female rates are highest in Bolton (140 per 100,000 population). All rates of alcohol-specific hospital admission for under 18s across Greater Manchester exceeded the national average for both boys and girls in 2003/04 to 2005/06 (figure 30).

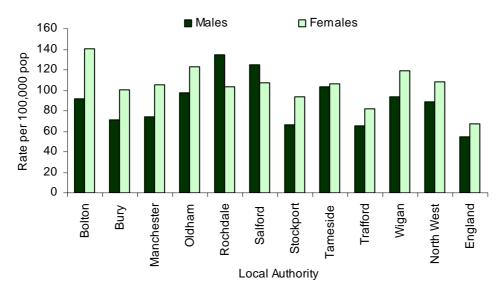


Figure 30: Rate of alcohol-specific hospital admission for male and female under 18s by Local Authority in Greater Manchester, 2003/04 to 2005/06

* See Appendix 9.2 for data tables

Source: Deacon et al. (2008); North West Public Health Observatory (2008)

6.3 Teenage conceptions

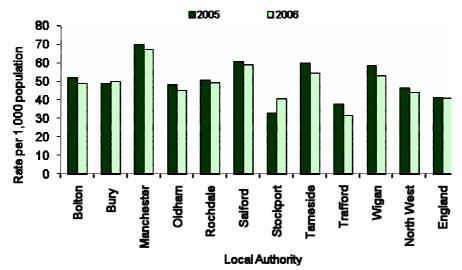
6.3.1 Annual data

There are number of possible links between teenage conception and alcohol consumption (Deacon et al. 2008):

- Among sexually active 13 and 14 year olds, 40% say they were drunk or stoned at first intercourse (Wright et al. 1998).
- The effects of alcohol can reduce a young person's ability to assess risks, making them more likely to engage in unprotected sex (Alcohol Concern 2002).
- Six per cent of 15 to16 year olds in the UK report having engaged in unprotected sex after drinking (Hibell et al. 2004).

With the exception of Stockport and Trafford, rates of teenage conception in Greater Manchester are higher than the regional and national average (figure 31). However, it is not possible to say what proportion of this is attributable to alcohol.

Figure 31: Rate of conception amongst 15 to 17 year olds per 1,000 population in Greater Manchester Local Authorities and the North West, 2005 and 2006



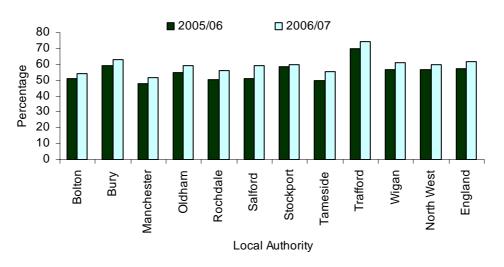
Source: Deacon et al. (2008) ; North West Public Health Observatory (2008). See Appendix 9.2 for data tables

6.4 Impact on education

6.4.1 Educational attainment: annual data

There is association between poor school performance and risky drinking: in a Norwegian study, alcohol intoxication was linked with fewer hours spent on homework and poorer school grades (Wichstrom 1998). Data on education in Greater Manchester show that in 2006/07 the percentage achieving five or more A*-C grades at GCSE has increased across all local authorities in Greater Manchester. This follows the regional and national trend. In 2006/07 with the exception of Bury, Stockport, Trafford and Wigan, educational attainment at GCSE level is lower in Greater Manchester than the North West and England overall (figure 32). Manchester had the lowest percentage at 52%. However, it is not possible to identify the impact of alcohol on grades achieved.

Figure 32: Percentage of pupils achieving five or more A*-C grades at GSCE (or equivalent) in Greater Manchester Local Authorities and the North West, 2005/06 and 2006/07

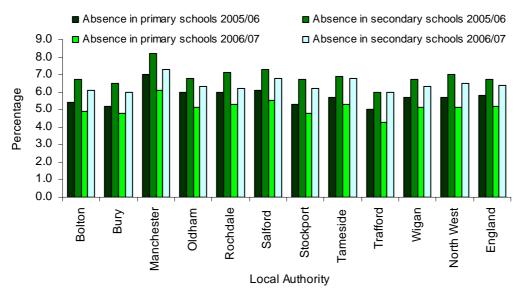


Source: Deacon et al. (2008). North West Public Health Observatory (2008) See Appendix 9.2 for data tables

6.4.2 School absence

Alcohol is associated with school absence: among 14 to16 year olds in London, more than two-thirds of frequent excessive drinkers reported having repeatedly truanted from school (Best et al. 2006). In 2006/07 absence in schools across Greater Manchester had decreased with the exception of Trafford where absence in secondary schools had remained stable (6.0%). This reflects the regional and national trend (figure 33). Manchester continues to have the greatest percentage of absence in 2006/07 in both primary and secondary schools (6.1% and 7.3% respectively), and exceeds both the regional and national averages. However, it is not possible to say what proportion of this is attributable to alcohol.

Figure 33: Absence in primary and secondary schools as a percentage of half days missed in 2005/06 and 2006/07 in Greater Manchester and the North West

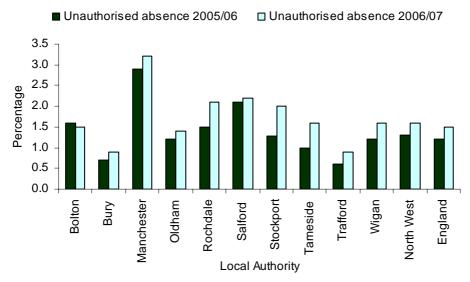




Unauthorised absence in schools has increased in all Greater Manchester local authorities except for Bolton between 2005/06 and 2006/07. This increase follows regional and national trends. Manchester continues to have the greatest percentage of unauthorised absence in 2006/07 (3.2%), and exceeds both the regional and national

averages (figure 34). However, it is once again not possible to say what proportion of this is attributable to alcohol.

Figure 34: Unauthorised absence in schools as a percentage of half days missed in 2005/06 and 2006/07 in Greater Manchester and the North West



Source: Deacon et al. (2008). North West Public Health Observatory (2008) See Appendix 9.2 for data tables

6.4.3 School exclusions

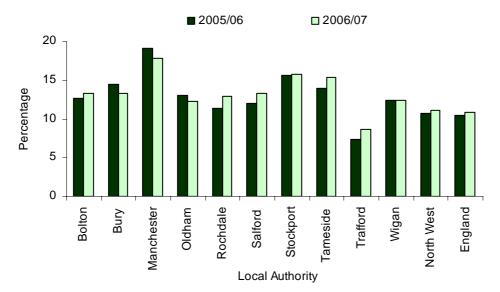
UPDATED DATA FOR GREATER MANCHESTER

School exclusions can also be associated with alcohol: in England and Wales, between 13% and 15% of suspensions from school are for drinking alcohol on site (Youth Justice Board 2002). In 2005/06 and 2006/07 all local authority areas in Greater Manchester, with the exception of Trafford, had higher rates of fixed period and permanent exclusions compared with the North West and England (figure 35). Trafford had the lowest percentage of fixed period exclusions in Greater Manchester, while Manchester and Stockport had the highest.

Box 4: School exclusions data

School exclusions are defined as those students temporarily excluded or excluded for a fixed term from primary, secondary or specialist schools in Greater Manchester, including permanent exclusions.





* See Appendix 9.2 for data tables Source: Deacon et al. (2008). North West Public Health Observatory (2008) See Appendix 9.2 for data tables

Data from Children's Services in Manchester Local Authority show that between September 2007 and May 2008 there were five permanent exclusions due to drugs or alcohol. During the same period, there have been 71 episodes of fixed term exclusions attributable to drugs or alcohol-related circumstances. The most recent quarterly data is summarised in table 2.

	Permanent exclusions attributable to drugs and/or alcohol-related circumstances	fixed term exclusion attributable to drugs and/or alcohol	Notes
July to September 2008	0	8	It is important to consider the school summer holidays during this period. As the children are on holiday for the majority of this quarter this will impact on the number of exclusions.
October to December 2008	2	9	

Table 2: Permanent exclusions attributable to drugs and/or alcohol-related circumstances in Manchester Local Authority between July to December 2008

Source: Deacon et al. (2008); North West Public Health Observatory (2008)

6.5 Underage test purchasing

Please note that figures for July to September will be available in the fourth quarterly report.

The number of test purchasing exercises in April to June 2008 decreased by 64% compared with January to March 2008 but the proportion of exercises where sales were achieved tripled to 61.0% (table 3).

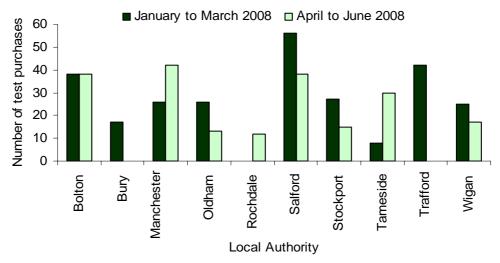
_ rable 3. Test purchasing lightes for Greater Manchester January to June 2006				
	Total number	Number of test	Breakdown of where sales	
	of test	purchases that	occurred	
	purchasing	resulted in a		
	exercises	sale (%)		
January to	574	112 (20%)	1. 38% independent retailers	
March 2008			2. 16% off licences	
			3. 15% on licences	
			4. 13% supermarkets	
			5. 12% Other	
April to June	205	125 (61%)	1. 25% in independent retailers	
2008			2. 24% in off-licences	
			3. 24% in on licences	
			4.9% in supermarkets	
			5. 12% Other	

 Table 3: Test purchasing figures for Greater Manchester January to June 2008

Source: Trading Standards North West (2008)

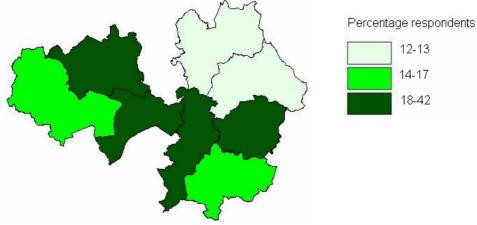
In January to March 2008, Salford conducted the most alcohol test purchases (56), while Manchester conducted the greatest number in April to June (42; figure 36; map 5). In January to March, Rochdale conducted no test purchases, while Trafford and Bury did not conduct any in April to June.





Source: Trading Standards North West (2008)

Map 5: Alcohol test purchases by Local Authority in Greater Manchester, April to June 2008



Please note that Rochdale and Bury did not conduct any test purchasing. Source: Trading Standards North West (2008). See Appendix 9.1 for a key.

6.6 Summary of young people data

6.6.1 Annual data for Greater Manchester

- Weekly levels of alcohol consumption are generally high amongst 16 to 24 year olds. Although, consumption is higher amongst males, the gap in levels of consumption between young men and women is narrowing, with women's consumption increasing.
- In 2007, the percentage of 14 to 17 year olds claiming to drink five drinks or more at least once a week was greatest in Tameside (40%), and lowest in Stockport (18%).
- The proportion of 14 to 17 year olds across the North West who claimed to purchase alcohol themselves fell in all local authorities in Greater Manchester, except Bury where it remained stable. Children were most likely to drink alcohol outside in Salford (51%), and to drink in on-licensed venues in Bury (42%).
- In 2005/06, Rochdale, Bolton and Salford experienced the greatest number of alcohol-related and alcohol-specific hospital admissions in under 18s, while Trafford had the lowest rate.

6.6.2 Quarterly data for Greater Manchester

- In July and September 2008 there were no permanent and eight fixed term exclusions attributable to drugs or alcohol related circumstances.
- A total of 205 alcohol test purchases were conducted by TSNW between April to June 2008 a decrease of 64% compared with January to March.
- In January to March 2008, 20% of alcohol test purchases conducted by TSNW resulted in a sale of alcohol to an underage person. In April to June 2008, this rose to 31%.
- In January to March 2008, Salford conducted the most alcohol test purchases (56), while Manchester conducted the greatest number in April to June (42). In January to March, Rochdale conducted no test purchases, while Trafford and Bury did not conduct any in April to June.

7 Examples of interventions to tackle excessive alcohol consumption

This section gives an overview of some of the current or recent initiatives in Greater Manchester aiming to tackle alcohol-related harm.

7.1 Alcohol treatment

7.1.1 National Drugs Treatment Monitoring System The NDTMS quarterly data for 2008 will be available in the quarter four report.

7.2 Ongoing interventions and other initiatives

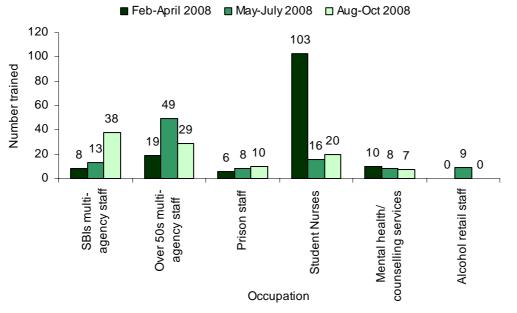
UPDATED DATA FOR GREATER MANCHESTER

7.2.1 Alcohol-related training in Manchester

Manchester Community Health (Manchester Public Health Development Service) records the number of staff in a variety of services who engage in alcohol-related training.

Between August and October 2008, Manchester Community Health recorded that a total of 133 front line staff were trained in alcohol brief interventions. This figure was up by 29% from the previous quarter. Screening and brief interventions (SBIs) multi-agency staff had the greatest percentage of trained staff between August and October 2008 (29% of those trained, figure 37). This was a shift from February to April and May to July, when student nurses and over 50s multi agency staff made up the majority (48% and 49% of those trained respectively).

Figure 37: The number of front line staff receiving alcohol-related training for brief interventions by occupation in Greater Manchester, February to October 2008



Source: Manchester Community Health (2008)

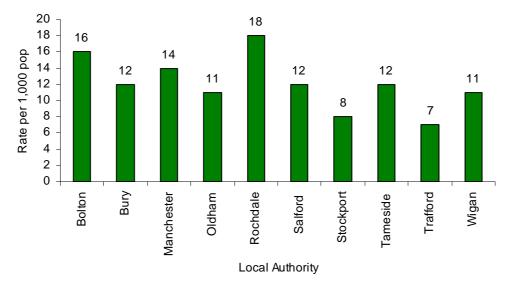
UPDATED DATA FOR GREATER MANCHESTER

7.2.2 Drug and Alcohol Treatment (DAAT)

Figure 50 displays the prevalence levels of people in contact with Drug and Alcohol Treatment Services (aged 15 to 44) in Greater Manchester for 2006/07. Whilst regionally, 1.2% of the population aged between 15 and 44 were in contact with treatment services (Khundakar et al. 2007), the proportion varied considerably in Greater Manchester Drug and Alcohol Action Team (DAAT) areas. In Trafford 7.11 per thousand residents (0.7%) were in contact with treatment services, while 18 per

thousand (1.8%) of Rochdale's population aged 15 to 44 (more than double the rate of Trafford) were in contact with services (figure 38).





Source: National Drug Treatment Monitoring System (2007)

NEW DATA FOR GREATER MANCHESTER

7.2.1 Big Drink Debate

Our Life has partnered with the Government Office NW Public Health Group and the Home Office to create a debate around drinking and the harm it causes. The North West (NW) Big Drink Debate was launched in May 2008, lasting for three months. Around 30,000 people responded to the survey. The Big Drink Debate North West aimed to (1) uncover drinking consumption and attitudes, (2) understand what awareness the public have of the issues, (3) discover behaviours in relation to when and where people buy and drink alcohol and (4) what the appetite is for action on alcohol consumption. This has provided fuel for a debate on the next steps to tackling alcohol-related problems and the possible solutions the population feel would make a sustained impact (Our Life 2008). Headline figures highlighted that (Cook et al. 2008):

- In line with international evidence, respondents recognised that a number of external factors increase the quantity of alcohol consumed: low prices and discounts (80% thought this increases consumption); large measures (75%); allowing street drinking (68%); advertising (56%) and extended drinking hours (54%).
- Nearly half of participants avoided the town centre at night because of the drunken behaviour of others, and half felt that action was needed to tackle alcohol issues in their area.
- Fewer than half of respondents felt that information on alcohol-related harm (36%) or advice from a GP (48%) would decrease alcohol consumption.
- Very few people felt that the health risks of alcohol were exaggerated. Although only 7% felt that they did not know enough about the health risks, this was higher among harmful drinkers (11%). More than two in five drinkers were concerned about the impact of their drinking on their weight. In particular, those drinking hazardously (58%) and harmfully (60%) were most likely to feel this way. Such health concerns should be used to tailor brief interventions, health messages and campaigns.
- People who drink harmfully were six times more likely to say that alcohol relieves boredom or that it helps them to forget their problems compared with sensible drinkers. Such motivations should be considered when seeking to address alcohol misuse.

Greater Manchester findings (Cook et al. 2009):

- When asked if serving large measures increases consumption, around three quarters of Greater Manchester and North West respondents agreed (74% and 75% respectively). Trafford had the highest percentage at 79% while Rochdale had the lowest (66%; for further details on consumption see Section 3).
- Eighty per cent of respondents from Greater Manchester agreed that low prices encouraged higher consumption. This was slightly lower than the North West findings (81%). Rochdale respondents had the highest percentage in agreement (85%) while Tameside had the lowest (75%).
- When asked if extending licensing hours increases consumption, just over half of Greater Manchester respondents agreed (54%). This was slightly lower than the North West figure (55%). Oldham had the highest percentage at 57% while Manchester had the lowest (49%).
- Half of respondents in Greater Manchester and the North West agreed that action is needed to tackle alcohol related behaviour in their local area. In Greater Manchester, Wigan had the highest percentage (55%) while Manchester had the lowest (45%).
- When asked if children drinking in the streets and parks was a concern, around three quarters of Greater Manchester and North West respondents agreed (74% and 75% respectively). Rochdale respondents had the highest percentage in agreement (85%) while Manchester had the lowest (65%).

7.2.4 Cirtek Alcohol Service Users: Allotment project

Cirtek Alcohol Service Users (CASU) is a registered charity based in Stockport which complements and supports the Community Alcohol Team. The allotment project offers the relationships and structure that is often lost when unemployed, and a successful weekly support group provides practical support to encourage service users to return to employment. The allotment is now in its second phase where a raised bedded area has been built for less able-bodied users.

CASU also works towards relapse prevention and accompanies service users to appointments (i.e. doctors, dentists, alcohol treatment services). A mentor support team accredited by the Pennine Care Trust is currently in development. A pet foster service has also been put in place to ensure that a service user's pet is cared for if they choose to detox.

7.2.5 Drink Smart Self Help Guide

A new self-help guide 'Drink Smart' was launched in Manchester in January 2008. This is funded locally through Choosing Health monies, and is aimed at hazardous and harmful drinkers who do not need specialist alcohol services. The booklet includes units and calories of drinks, a self-test and a drinks diary with tips and exercises on cutting down or taking a break from alcohol. Over 2,000 copies of 'Drink Smart' have been distributed so far, the majority through non alcohol specialist settings such as mental health services and criminal justice settings. A text subscription service has also been advertised in local pharmacies, health centres, libraries and off licences. By texting a key word, subscribers can arrange the postage of a free guide.

Twenty-seven subscribers were generated through the text service between May and August 2008. This is a decrease of over 25% from January to April 2008 at 40 subscribers. Just over half of the texts were made by women in quarter 2 (52%) compared to just under two thirds sent by men in quarter 1. All of the copies of 'Drink Smart' were sent to Greater Manchester residents.

There has been no update provided for September to December.

NEW DATA FOR GREATER MANCHESTER

7.2.6 MOSAIC: Young people drugs and alcohol services

MOSAIC is a free and confidential service run by Greater Manchester Police. The service is based in Stockport and is used by those under 25 requiring treatment or advice on substance use issues. The service also offers support to the families and friends affected by someone else's substance use including children of substance misusing parents. Vulnerable young people who are considered to be under the influence of alcohol are escorted to MOSAIC where their parents or guardians are contacted. The young person must be at risk of significant harm, and they will be taken into Custody under the Children and Young Persons Act. There are a number of partners involved in this initiative who share information including Greater Manchester Police, Children & Young Peoples Directorate (Social Care), the Primary Care Trust and local schools. Since August 2008 five youths have been taken to a place of safety, and a number of others who were taken home were referred to MOSAIC. In order to develop this service, there will be further meetings with Children & Young Peoples Directorate to widen the scope to other safeguarding issues, and the iinvolvement of other partners such as detached youth workers. There will also be links with Safer Schools Partnership.

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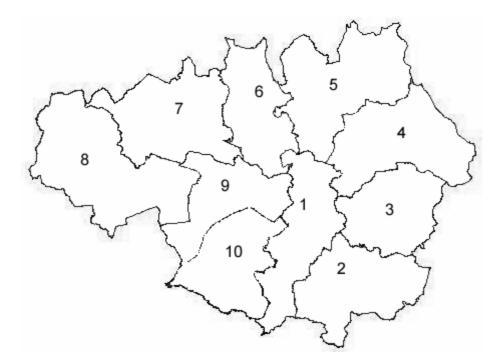
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9 Appendix

9.1 Greater Manchester Local Authorities



- 1. Manchester
- 2. Stockport
- 3. Tameside
- 4. Oldham
- 5. Rochdale
- 6. Bury
- 7. Bolton
- Wigan
 Salford
- 10. Trafford

9.2 Data tables

Where data labels are not provided on graphs in this report, data tables are provided here for your reference.

9.2.1 Consumption

Table 4: Percentages of binge, hazardous and harmful drinkers by Greater Manchester Local Authority (synthetic estimates)*

	Binge	Hazardous	Harmful
Bolton	22	23	7
Bury	22	24	7
Manchester	28	23	9
Oldham	21	23	7
Rochdale	22	22	7
Salford	27	23	8
Stockport	22	24	6
Tameside	23	23	7
Trafford	22	23	6
Wigan	23	24	7
Greater Manchester	23	23	7
North West	23	22	6
England	18	20	5

*Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report hazardous and harmful drinking. Binge drinking figures are for 2003-2005. Source: North West Public Health Observatory (2008)

Table 5: Big Drink Debate estimates of alcohol consumption (%) by classification and	b
Greater Manchester Local Authority in 2008 (18 year olds and over)	

					,
	Number of participants	Non- drinkers	Sensible	Hazardous	Harmful
Bolton	569	13.8	50.7	27.2	8.3
Rochdale	349	16.6	51.8	25.6	5.9
Manchester	1495	10.3	55.1	24.9	9.4
Trafford	641	13.4	58.2	22.3	6.1
Salford	802	10.3	60	22.8	7
Wigan	891	14.2	60.3	19.6	5.9
Oldham	557	12.1	60.5	18.8	8.5
Stockport	762	8.9	61.8	22.9	6.3
Tameside	703	7.6	62.2	21.3	8.7
Bury	552	11.4	62.7	19.8	5.7
Greater Manchester	7351	11.2	58.8	22.4	7.5
North West	24181	11.2	61.7	20.4	6.4

Source: Cook et al. (2009)

9.2.2 Health related impacts of alcohol

Table 6: Rate per 100,000 of alcohol-related hospital admission by Local Authority in Greater Manchester, 2005/06 and 2006/07

	Males 2005/06	Females 2005/06	Males 2006/07	Females 2006/07
Bolton	1266	698	1519	858
Bury	1162	672	1413	808
Manchester	1582	815	1893	1036
Oldham	1234	650	1437	843
Rochdale	1349	718	1604	930
Salford	1476	804	1881	1048
Stockport	1090	648	1422	835
Tameside	1215	682	1604	955
Trafford	942	549	1264	686
Wigan	1204	714	1637	989
Greater Manchester	1285	811	1243	695
North West	1215	674	1546	889
England	909	510	1171	658

Source: North West Public Health Observatory (2008)

Table 7: Alcohol-specific hospital admission by Local Authority in Greater Manchester, 2005/06 and 2006/07

	Males 2005/06	Females 2005/06	Males 2006/07	Females 2006/07
Bolton	587	285	580	286
Bury	506	273	518	280
Manchester	809	347	805	362
Oldham	552	229	520	234
Rochdale	621	273	548	271
Salford	662	322	766	367
Stockport	441	217	504	252
Tameside	538	270	584	294
Trafford	366	196	409	204
Wigan	448	275	506	298
Greater Manchester	558	268	455	220
North West	536	270	581	298
England	340	164	369	

Source: North West Public Health Observatory (2008)

Table 8: Alcohol-related hospital admission for Greater Manchester and the North West

		2003/04	2004/05	2005/06	2006/07
Males	Greater Manchester	1060	1154	1252	1243
Females	Greater Manchester	572	635	695	695
Males	North West	1056	1123	909	1546
Females	North West	580	616	510	889

Source: North West Public Health Observatory (2008)

Table 9: Alcohol-specific	hospital admission by Local Authority in Greater Manchester,	,
April to September 2008.	Rate per 100,000	

	Males April-June	Females April-June	Males July-Sept	Females July-Sept
	2008	2008	2008	2008
Bolton	108	71	184	111
Bury	107	55	170	101
Manchester	107	63	42	27
Oldham	120	66	118	54
Rochdale	113	69	330	170
Salford	160	83	116	66
Stockport	103	80	134	68
Tameside	128	78	149	84
Trafford	76	58	140	71
Wigan	141	94	70	42
Greater Manchester	116	72	132	73
North West	131	74	159	87

Source: Tactical Information Service (2008)

Table 10: The percentage of fatal, serious and slight road casualties with a positive breath test in 2007

	Fatal	Serious	Slight	Total
Bolton	0	4	3	3
Bury	0	11	3	4
Manchester	13	4	3	3
Oldham	11	4	3	4
Rochdale	33	4	4	4
Salford	0	3	4	4
Stockport	0	10	3	3
Tameside	9	9	3	4
Trafford	11	4	2	2
Wigan	22	6	5	5
Greater Manchester	9	5	3	4

Source: Transportation Unit (2007)

Table 11: The percentage of fire related deaths where alcohol was consumed in Greater Manchester

	Total Fire	% Alcohol
Year	Deaths	(Total)
2000/01	21	(6) 28%
2001/02	35	(14) 40%
2002/03	28	(7) 25%
2003/04	32	(7) 22%
2004/05	24	(10) 41%
2005/06	40	(15) 37%
2006/07	30	(10) 33%
2007/08	23	(10) 43%

Source: Greater Manchester Fire and Rescue Service (2008).

Table 12: Rates per 100,000 of alcohol-specific mortality by Local Authority in Greater Manchester, 2005 and 2006

	Males 2005	Females 2005	Males 2006	Females 2006
Bolton	17	16	9	12
Bury	16	15	6	7
Manchester	25	25	12	13
Oldham	27	20	12	14
Rochdale	14	16	4	8
Salford	20	18	9	11
Stockport	16	17	6	10
Tameside	20	20	7	8
Trafford	11	13	6	6
Wigan	17	15	8	8
Greater Manchester	18	14	8	8
North West	17	17	9	9
England	12	12	5	6

Source: North West Public Health Observatory (2008)

Table 13: Rates per 100,000 of alcohol-related mortality by Local Authority in Greater	•
Manchester, 2005 and 2006	

		Ма	lles		Females			
	2003	2004	2005	2006	2003	2004	2005	2006
Bolton	58.4	58.6	58.6	37.6	33.2	32.2	31.9	29.7
Bury	55.8	59.3	51.1	39.3	24.4	23.4	27.9	18.4
Manchester	83.2	71.9	75.7	74.3	30.6	35.5	40.5	22.8
Oldham	79.0	62.5	57.7	52.5	28.7	34.3	34.8	26.2
Rochdale	56.8	53.8	57.9	48.9	21.6	24.6	29.6	25.7
Salford	79.0	68.1	52.6	62.3	33.1	33.0	29.7	27.4
Stockport	51.1	49.9	55.9	44.4	22.6	26.6	26.1	22.4
Tameside	60.8	64.4	66.6	51.9	30.9	34.0	29.8	18.4
Trafford	49.1	46.0	44.9	43.1	26.9	25.1	25.8	17.4
Wigan	60.6	55.2	59.4	44.6	33.0	29.7	27.8	23.4
Greater Manchester	63.4	59.0	58.0	50.0	28.5	29.8	30.4	23.2
North West	57.8	56.8	58.0	48.4	29.5	29.7	29.0	21.5
England	48.3	46.6	47.0	39.8	24.6	24.2	24.0	16.2

Source: North West Public Health Observatory (2008)

9.2.3 Crime

Table 14: Rate per 1,000 of alcohol-related crime by Local Authority in Greater Manchester compared with England and the North West (2003/04 to 2007/08)

	2003/04	2004/05	2005/06	2006/07	2007/08
Bolton	14	12	12	13	10
Bury	11	10	10	10	9
Manchester	22	20	20	21	17.8
Oldham	13	11	10	12	10
Rochdale	14	13	13	12	11
Salford	15	13	13	16	14
Stockport	11	10	10	10	8
Tameside	13	13	14	13	11
Trafford	11	10	9	11	9
Wigan	10	9	8	9	9
Greater Manchester	13	12	12	13	11
North West			11	11	9
England			10	10	9

Source: North West Public Health Observatory (2008)

Table 14: Rate per 1,000 of alcohol-related violent crime by Local Authority in Greater Manchester compared with England and the North West (2003/04 to 2007/08)

		5		,			
	2003/04	2004/05	2005/06	2006/07	2007/08		
Bolton	8	7	8	9	7		
Bury	6	6	6	7	6		
Manchester	12	12	12	12	11		
Oldham	7	7	6	7	6		
Rochdale	8	9	8	8	7		
Salford	8	8	8	10	9		
Stockport	6	6	6	6	5		
Tameside	8	9	10	9	8		
Trafford	6	6	6	7	6		
Wigan	6	6	5	6	6		
Greater Manchester	8	8	8	8	7		
North West				7	6		
England				7	7		
Courses North Mast Dublic Llockh Observatory (0000)							

Source: North West Public Health Observatory (2008)

Table 15: Alcohol confiscation by Police Division in Greater Manchester, April to December 2008

	April 2008	May 2008	June 2008	July 2008	Aug 2008	Sept 2008	Oct 2008	Nov 2008	Dec 2008
Airport	0	0	0	0	0	0	0	0	0
Bolton	17	27	13	15	17	8	28	9	20
Bury	2	3	2	0	2	0	0	1	0
North Manchester	8	9	3	4	2	4	4	2	1
Metropolitan	1	1	1	2	1	3	0	6	0
South Manchester	7	4	2	3	5	2	3	5	2
Oldham	7	14	14	6	13	8	9	8	5
Rochdale	3	19	8	4	4	4	6	1	0
Salford	13	49	17	42	27	14	25	10	4
Stockport	14	32	14	17	15	7	14	15	10
Tameside	57	89	36	39	27	40	36	21	20
Trafford	1	9	3	5	2	5	1	2	0
Wigan	53	116	41	49	54	64	38	32	25

Source: Greater Manchester Police (2008)

Table 16: Alcohol-related crime incidents by Police Division in Greater Manchester, April to December 2008

	April 2008	May 2008	June 2008	July 2008	Aug 2008	Sept 2008	Oct 2008	Nov 2008	Dec 2008
Airport	1	1	3	10	5	8	4	1	5
Bolton	72	79	42	55	69	77	99	79	82
Bury	31	44	32	48	50	41	44	48	43
North Manchester	59	72	37	61	86	58	67	66	74
Metropolitan	32	28	17	50	50	18	26	33	27
South Manchester	43	59	39	43	37	36	38	40	23
Oldham	58	58	53	74	85	61	55	44	73
Rochdale	70	72	49	73	70	54	53	39	40
Salford	71	74	52	87	72	79	72	56	81
Stockport	49	42	21	44	81	41	38	46	61
Tameside	64	59	47	43	61	49	66	66	77
Trafford	34	47	29	57	42	34	37	39	53
Wigan	74	10	56	106	116	128	98	122	96

Source: Greater Manchester Police (2008)

Table 17: Licensing related crime incidents by Police Division in Greater Manchester,
April to December 2008

· T·	April 2008	May 2008	June 2008	July 2008	Aug 2008	Sept 2008	Oct 2008	Nov 2008	Dec 2008
Airport	0	0	0	0	0	0	0	0	0
Bolton	2	2	1	6	2	8	7	3	5
Bury	0	5	0	3	1	1	1	3	4
North Manchester	22	16	8	2	3	4	8	7	13
Metropolitan	2	0	0	0	1	2	0	5	2
South Manchester	2	2	1	3	0	0	0	1	3
Oldham	9	9	4	9	16	3	2	1	6
Rochdale	12	11	2	2	6	5	1	6	10
Salford	7	8	4	0	4	4	5	12	21
Stockport	6	6	4	11	7	2	5	8	4
Tameside	6	8	2	6	15	6	9	14	10
Trafford	2	4	3	4	4	2	4	4	7
Wigan	2	4	1	3	6	19	8	12	9

Source: Greater Manchester Police (2008)

Table 18: Percentage of cases where alcohol use is linked to offending by Local Authority in Greater Manchester, quarter 1 and 2

	April to June 2008	July to September 2008
Bolton	37	35
Bury	28	40
Manchester	30	31
Oldham	36	33
Rochdale	41	38
Salford	42	39
Stockport	41	40
Tameside	36	38
Trafford	33	36
Wigan	39	40

Source: Greater Manchester Probation Service (2008)

Table 19: Percentage of cases in Greater Manchester Local Authorities where risk of reconviction is high if alcohol need is not met, quarter 1 and 2

	April to June 2008	July to September 2008
Bolton	33	33
Bury	27	34
Manchester	27	28
Oldham	35	33
Rochdale	34	33
Salford	39	38
Stockport	39	36
Tameside	34	37
Trafford	28	34
Wigan	35	37

Source: Greater Manchester Probation Service (2008)

9.2.4 Young people

Table 20: Percentage of men and women exceeding maximum limits of weekly alcohol consumption in Great Britain, 1988 to 2005

	Unweighted data			Weighted data					
	1988	1992	1994	1996	1998	2000	2001	2002	2005
Men	26	26	27	27	28	29	28	27	24
Men 16-24	31	32	29	35	38	41	40	37	27
Women	10	11	13	14	15	17	15	17	13
Women 16-24	15	17	19	22	25	33	32	33	24

Source: Goddard (2008)

Table 21: Percentage of 14 to 17 year olds who mostly drink alcohol outside (on the streets, in parks, by shops) and inside pubs, members clubs, nightclubs and discos by Local Authority in Greater Manchester, 2007

	Outside	Inside venue
Bolton	37	34
Bury	27	42
Manchester	37	33
Oldham	40	20
Rochdale		
Salford	51	24
Stockport	25	27
Tameside	42	36
Trafford	38	27
Wigan	38	35
North West	37	33

Overall in the North West in 2007, there were 9,584 respondents. There were no responses received from Rochdale

Source: Trading Standards North West (2007)

Table 22: Rate per 1,000 of alcohol-specific hospital admission for male and female under 18s by Local Authority in Greater Manchester, 2003/04 to 2005/06

	2004/05 to 2005/06	2004/05 to 2005/06
D #		
Bolton	116	136
Bury	85	130
Manchester	89	119
Oldham	110	141
Rochdale	119	122
Salford	116	121
Stockport	80	104
Tameside	105	125
Trafford	73	77
Wigan	106	119
North West	98	124
England	61	73

Source: Deacon et al. (2008); NWPHO (2008)

Table 23: Rate of conception amongst 15 to 17 year olds per 1,000 population in Greater Manchester Local Authorities and the North West, 2005 and 2006

	2005	2006
Bolton	52	49
Bury	49	50
Manchester	70	67
Oldham	48	45
Rochdale	51	49
Salford	61	59
Stockport	33	41
Tameside	60	54
Trafford	38	32
Wigan	58	53
North West	46	44
England	41	41

Source: Deacon et al. (2008); NWPHO (2008)

Table 24: Percentage of pupils achieving five or more A*-C grades at GSCE (or equivalent) in Greater Manchester Local Authorities and the North West, 2005/06 and 2006/07

	2005/06	2006/07		
Bolton	51	54		
Bury	59	63		
Manchester	48	52		
Oldham	55	60		
Rochdale	50	56		
Salford	51	59		
Stockport	59	60		
Tameside	50	55		
Trafford	70	75		
Wigan	57	61		
North West	57	60		
England	58	62		
Source: Deacon et al. (2008): NIMPHO (2008)				

Source: Deacon et al. (2008); NWPHO (2008)

Table 25: Absence in schools as a percentage of half days missed in 2005/06 and 2006/07 in Greater Manchester and the North West

	Absence in primary schools 2005/06	Absence in secondary schools 2005/06	Unauthorised absence 2005/06	Absence in primary schools 2006/07	Absence in secondary schools 2006/07	Unauthorise d absence 2006/07
Bolton	5.4	6.7	1.6	4.9	6.1	1.5
Bury	5.2	6.5	0.7	4.8	6.0	0.9
Manchester	7.0	8.2	2.9	6.1	7.3	3.2
Oldham	6.0	6.8	1.2	5.1	6.3	1.4
Rochdale	6.0	7.1	1.5	5.3	6.2	2.1
Salford	6.1	7.3	2.1	5.5	6.8	2.2
Stockport	5.3	6.7	1.3	4.8	6.2	2.0
Tameside	5.7	6.9	1.0	5.3	6.8	1.6
Trafford	5.0	6.0	0.6	4.3	6.0	0.9
Wigan	5.7	6.7	1.2	5.1	6.3	1.6
North West	5.7	7.0	1.3	5.1	6.5	1.6
England	5.8	6.7	1.2	5.2	6.4	1.5

Source: Deacon et al. (2008); NWPHO (2008)

Table 26: Percentage of pupils excluded for a fixed period in Greater Manchester Local Authorities and the North West, 2005/06 and 2006/07

	2005/06	2006/07
Bolton	12.6	13.3
Bury	14.4	13.3
Manchester	19.1	17.8
Oldham	13.0	12.2
Rochdale	11.3	12.9
Salford	12.0	13.3
Stockport	15.6	15.7
Tameside	14.0	15.4
Trafford	7.4	8.7
Wigan	12.4	12.4
North West	10.7	11.1
England		10.8

Source: Deacon et al. (2008); NWPHO (2008)

9.2.5 Alcohol treatment

N/A

9.2.6 Initiatives

N/A