

# **Rapid Desk Top Health Needs Assessment**

## **Alcohol**

### **May 2023**



**WARRINGTON**  
Borough Council

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## Introduction

The purpose of this Rapid Desk Top Health Needs Assessment (HNA) is to provide a picture of need in Warrington using data that is publicly available or easily accessible within a short timeframe. This approach has been adopted by the Public Health Knowledge and Intelligence Team as a number of Health Needs Assessments have been requested simultaneously due to the prioritisation process recently conducted by senior members of the Public Health Team.

This Rapid Desk Top HNA will be looking at alcohol and impact it has on the health, wellbeing, and service use. This Rapid Desk Top HNA will include data relating to:

Estimated drinkers and those that drink to harmful levels in Warrington

Alcohol related and alcohol specific hospital admissions

Alcohol treatment service use

Alcohol related and alcohol specific mortality

Where data allows it will be presented by:

Age group

Sex

Various geographic levels

Deprivation groupings

Where data allows it will be compared to:

England

North West

Any other relevant comparator areas

## Key Findings

At present it is difficult to state how many people in Warrington are experiencing harm due to consuming alcohol, it is anticipated the 2023 Health and Wellbeing Survey will help to inform the local picture of need.



It is estimated that approximately 35,200 residents are at increasing or higher risk of harm due to their alcohol consumption.

Trading Standards North West survey found that the percentage of 14- to 17-year-olds in Warrington who drink alcohol remains low and relatively unchanged. Levels of binge drinking amongst underage drinkers in Warrington have also stabilised. Whilst young people are increasingly adopting a more sensible approach towards alcohol, there has been an increase in the percentage claiming to buy alcohol from shops. There is also a slight upward trend in young people drinking alcohol at home (with parents in).

Warrington has nearly three times more premises licensed to sell alcohol per square kilometre than England as a whole. National data indicates that the density of licensed premises is highest in the top 30% most deprived areas.

Hospital admissions due to alcohol-specific conditions (2021/22) shows that Warrington has an admission rate that is statistically similar to England. However, looking specifically at females, the Warrington rate of admission is significantly higher than England females.

The under 18 rate of hospital admissions due to alcohol-specific conditions (2018/19 to 20/21) for Warrington is significantly higher than England, this pattern of significance can be seen for both females and persons (the male rate of admission is similar to England).

Hospital admission rates for alcohol-related conditions in Warrington are similar to the England rates (2021/22), this pattern is seen for all ages, those aged less than 40 years, those aged between 40 and 64 years, and those aged 65 years and above (persons and females). The Warrington male admission rate for those aged 65 and above is significantly lower than England.

Data for England has shown that there is a strong relationship between the rate of hospital admissions due to alcohol (both alcohol related and alcohol specific conditions) and the deprivation decile of residence. The strength of the relationship is stronger for males than females.

Mortality rates due to alcohol-specific and alcohol-related conditions are statistically similar in Warrington when compared to England. This pattern is also seen when examining mortality rates for males and females separately.

Data for England as a whole has shown there to be a very strong relationship between the rate of mortality from both alcohol-specific and alcohol-related conditions and the deprivation decile of residence. As the level of deprivation increases, the rate of mortality also increases.

According to analysis produced by OHID, approximately 80% of alcohol dependent adults in Warrington are not in treatment.

Referrals into alcohol services in Warrington saw a lower percentage of referrals from GP practices when compared to England (4% compared to 8%), CJS (4% compared to 6%) and Social Services (1% compared to 3%).

Although Warrington has seen a lower proportion of clients leaving services during the year (53%) when compared to England (63%), a higher proportion of those leaving service are doing so successfully (66% in Warrington compared to 59% for England).



## Alcohol as a public health issue

Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression<sup>1</sup>. The health harms associated with alcohol consumption in England are widespread, with around 10.4 million adults drinking at levels that pose some level of risk to their health; of these, around 1.8 million are higher risk drinkers<sup>2</sup>.

## Impact of Covid-19

Analysis of the Wider Impacts for Covid-19 on Health (WICH) data for England shows a reduction in the rate of unplanned admissions to hospital for alcohol-specific causes in 2020, down by 3.2% compared to 2019. This drop was largely driven by reduced admissions for mental and behavioural disorders due to alcohol use. Unplanned admissions for alcoholic liver disease were the only alcohol-specific unplanned admissions to increase between 2019 and 2020, with significant increases showing from June 2020 onwards. There were rapid decreases in the rate of alcohol-specific admissions that coincided with the start of the pandemic and the first national lockdown. It is important to note that this pattern was not unique to alcohol. All unplanned admissions, irrespective of cause, sharply decreased as the pandemic took hold. This 'lockdown effect' likely relates to psychological factors where people reported avoiding hospitals to ease the pressure on the NHS and because they were perceived as high-risk settings for catching COVID<sup>3</sup>.

The data reported on WICH also shows an increase in total alcohol-specific disease deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic. Between 2019 and 2020, death from alcoholic liver disease increased by 20.8% compared to an increase of 2.9% between 2018 and 2019. Between 2019 and 2020, deaths from mental and behavioural disorders due to alcohol use and alcohol poisonings increased by 10.8% and 15.4% respectively, compared to a respective 1.1% increase and 4.5% decrease between 2018 and 2019<sup>4</sup>.

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<sup>1</sup> [Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://phe.org.uk)

<sup>2</sup> [Adults Alcohol Commissioning Support Pack: 2023-24: Key Data \(wla.int\)](https://wla.int)

<sup>3</sup> [Adults Alcohol Commissioning Support Pack: 2023-24: Key Data \(wla.int\)](https://wla.int)

<sup>4</sup> [Adults Alcohol Commissioning Support Pack: 2023-24: Key Data \(wla.int\)](https://wla.int)



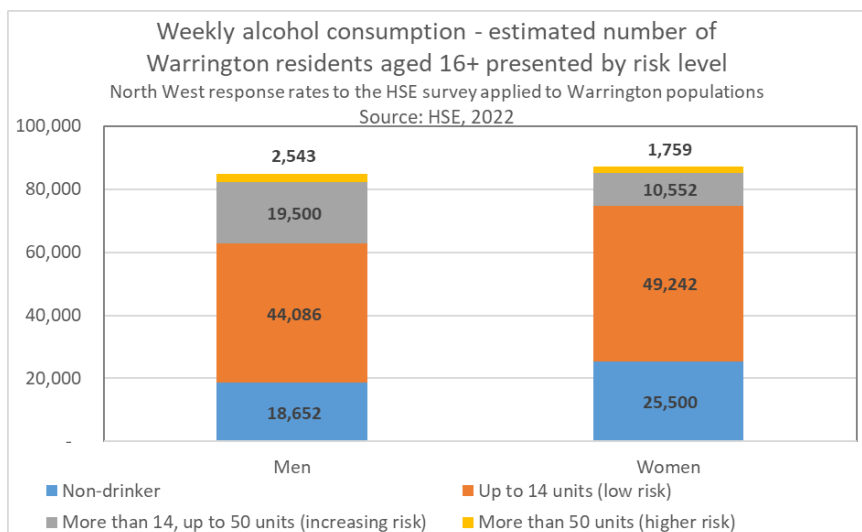
# Analysis

## Estimated drinkers, attitudes and behaviour

At the time of producing this report there is little local data available which presents alcohol consumption levels in Warrington, therefore questions relating to alcohol consumption have been included in the 2023 Warrington Health and Wellbeing Survey. Results from the survey will be available during summer 2023. The following prevalence data has been sourced from the Health Survey for England (HSE) 2021<sup>5</sup>. As responses from the HSE only go down to regional levels, the proportions for the North West have been applied to the Warrington population to generate estimates of local need.

The HSE identified that approximately 26% of North West males and 15% of North West females are at increasing or higher risk of harm<sup>6</sup> due to their alcohol consumption. When applied to the Warrington population (aged 16 and above) this equates to approximately 22,000 males and 13,200 females at increasing or higher risk. The following chart presents the estimated number of Warrington residents by each of the alcohol risk levels.

**Figure 1: Weekly alcohol consumption**



<sup>5</sup> [Part 3: Drinking alcohol - NDRS \(digital.nhs.uk\)](#)

<sup>6</sup> More than 14 but up to 50 units of alcohol per week is classified as increasing risk, whilst more than 50 units per week is higher risk.



Trading Standards North West conduct a survey with 14 to 17 years every two years, the survey includes questions relating to alcohol. The latest survey was conducted between November 2022 and February 2023 and 958 responses were provided by Warrington pupils. Key findings from the survey highlight that the percentage of 14 to 17 years who drink alcohol remains low (11% drink alcohol at least once a week, 20% drink 1 to 3 times a month, 28% drink less than once a month and 41% never drink alcohol) and relatively unchanged.

Levels of binge drinking amongst underage drinkers in Warrington have also stabilised. Seven percent of respondents stated they are regular binge drinkers (5 or more drinks on one occasion), this value has almost halved (12%) when compared to survey results from ten years ago (2013). Just over half (53%) of respondents stated they occasionally binge drink (very similar to responses from the 2013 survey, 52%) whilst there has been a slight increase (40%) in the percentage of respondents stating they never binge drink when compared to ten years ago (36%).

Young people are increasingly adopting a more sensible approach towards alcohol. When asked about behaviour when drinking alcohol more than two thirds (68%) stated that they always feel in control when they drink, a substantially higher proportion when compared to responses from 2007 (46%). There has been an increase in the percentage claiming to buy alcohol from shops with 15% citing this source, substantially higher than the three previous years (4% and 5%). There is also a slight upward trend in young people drinking alcohol at home (with parents in), 66% compared to 46% in 2013.

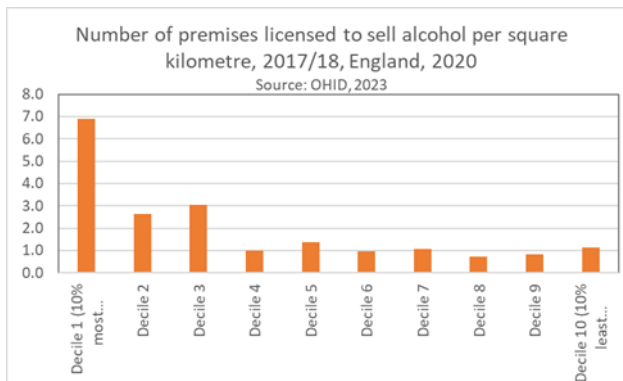
## Licensed Premises

As at 2017/18 there were 579 premises licensed to sell alcohol in Warrington, this equated to 3.2 premises per km<sup>2</sup>. The number of premises per square kilometre in Warrington is nearly three times higher than the value for England (1.3 per km<sup>2</sup>) and a third higher than the North West (1.9 per km<sup>2</sup>). Data for the whole of England shows that the number of premises licensed to sell alcohol was highest in the 10% most deprived (decile 1) areas (6.9 per km<sup>2</sup>), reducing by more than half in deciles 2 and 3 (2.6 and 3.0 per km<sup>2</sup>), with the remaining deciles (deciles 4 to 10) all observing a similar density of licensing premises (between 0.7 and 1.4 per km<sup>2</sup>).

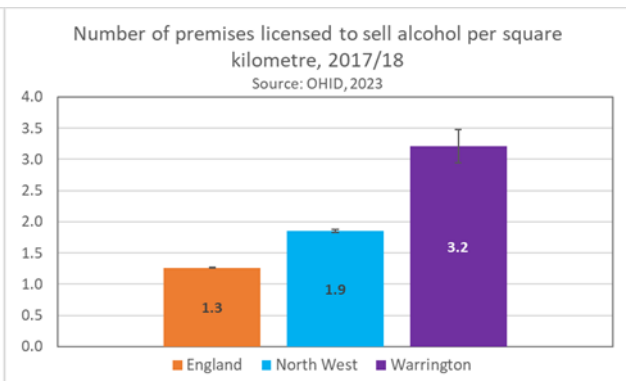




**Figure 2: Number of licensed premises per km<sup>2</sup>**



**Figure 3: Licensed premises per km<sup>2</sup> by IMD decile, England**



Evidence has shown that alcohol availability and outlet density are associated with increased consumption, the price of alcohol can reduce through competition leading to increased consumption<sup>7</sup>. Drinking behaviour, such as binge drinking has been linked to the availability and density of licensed premises in an area<sup>8</sup>. As presented above, alcohol availability is highest in the most deprived areas, and a higher density of licensed premises have been associated with higher hospital admission rates for both acute and chronic alcohol-specific conditions<sup>9</sup>.

## Hospital admissions

### Alcohol-specific conditions: Under 18's

Between 2018/19 and 2020/21 there were 60 admissions made to hospital due to alcohol for those aged under 18 years and a resident of Warrington. This resulted in an admission rate of 45.1 per 100,000, this rate is slightly higher than the North West (40.1) but significantly higher than England (29.3). The number and rate of admissions are higher for girls than boys, a pattern that is also seen regionally and nationally. The female rate of admission in Warrington is 54.1 per 100,000, slightly higher than the North West (51.0) but significantly higher than England (36.1). The Warrington male rate of admission (36.6 per 100,000) is slightly higher (but not significantly) than both the North West (29.7) and England (22.8).

The trend in the rate of hospital admissions due to alcohol-specific conditions in the under 18's has been reducing both nationally and regionally for a number of years. Within Warrington, similar

<sup>7</sup> Weitzman et al, 2003; Alcohol Wales, 2012

<sup>8</sup> Young et al, 2013

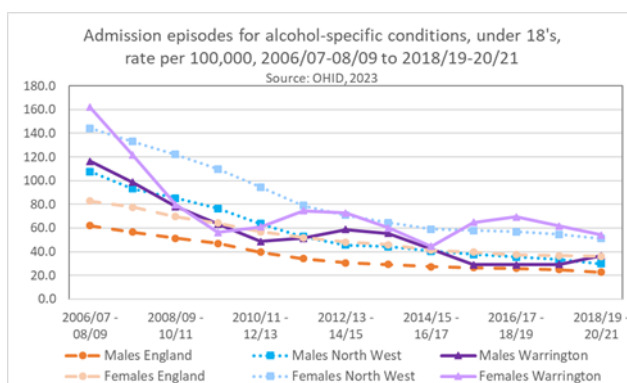
<sup>9</sup> Angus et al, 2017; Maheswaran et al, 2018



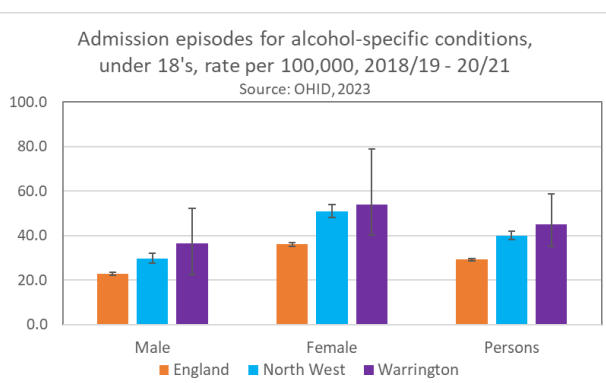
trends have also been observed, although with some fluctuation due to the smaller numbers used to calculate the rates. The Warrington female rate of admission has reduced during the last two time periods (2017/18 to 19/20 and 2018/19 to 20/21) whilst the male admission rate increased slightly during 2018/19 to 20/21.

Analysis of England admission data by deprivation decile has shown no association between the rate of hospital admission and the deprivation decile of residence.

**Figure 4: Under 18's alcohol specific admissions**



**Figure 5: Trend in under 18's alcohol-specific admissions**



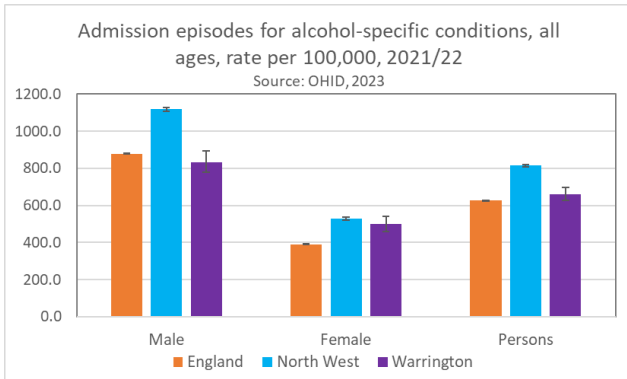
## Alcohol-specific conditions: All ages

During 2021/22 there were 1,410 hospital admission episodes due to alcohol-specific conditions for Warrington residents, of these 62% were male and 38% female, a differing pattern when compared to the under 18 hospital admissions where the number and rate of female admissions were higher than males. The rate of admission for Warrington residents (662.2 per 100,000) is slightly higher than England (626.1) but significantly lower than the North West (814.9). The Warrington male rate of admission (834.3) is slightly lower than England (879.1) and significantly lower than the North West (1117.6). However, the Warrington female rate of admission is significantly higher than England (390.5) and slightly lower than the North West (529.4)<sup>10</sup>.

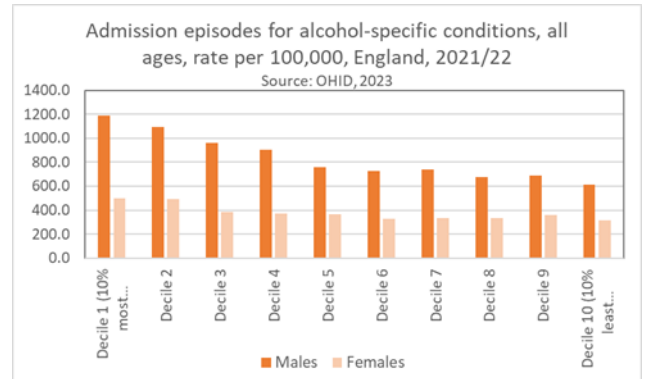
Using hospital admission data from 2021/22, across England there is a strong relationship between the male rate of alcohol-specific hospital admissions and deprivation decile of residence ( $R^2=0.90$ ), the rate of admission is highest in decile 1 (10% most deprived areas), with the rate of admission reducing as deprivation also reduces. The strength of relationship for female admissions is not as high ( $R^2= 0.72$ ).

<sup>10</sup> It is not possible to compare the current 2021/22 rate of hospital admissions with data previously published as the 2021/22 rates have been calculated using populations estimates generated from the 2021 Census.





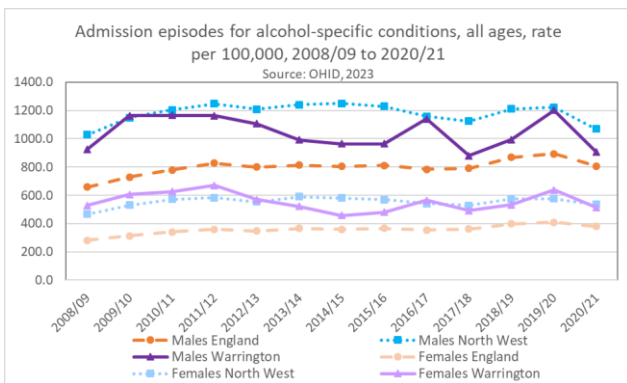
**Figure 6: All age alcohol-specific admissions, 2021/22**



**Figure 7: All age alcohol-specific admissions by deprivation decile, England**

The following trend data presents hospital admission rates calculated using population estimates published before the 2021 Census and should not be compared with the data presented in figures 6 and 7<sup>11</sup>. This analysis shows that for each of the time periods presented on the chart (figure 8), both Warrington males and females have had hospital admission rates that were significantly higher than England. Nationally, the trend in the male and female rate of admission has been a slow but steady increase, with slight reductions during the pandemic period. The pattern for Warrington differs, both males and females saw increases/sustained high rates of admission up to 2011/12, after which admissions started to reduce between 2012/13 and 2015/16. Since 2016/17 the rate of admission has fluctuated each year but remained significantly higher than England.

**Figure 8: Trend in all age alcohol-specific admissions**

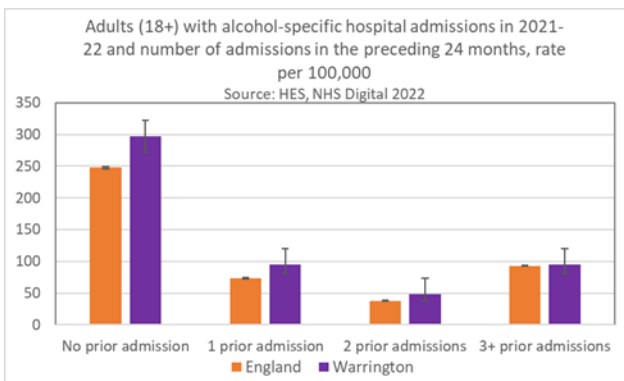


<sup>11</sup> See footnote 10

## Alcohol-specific conditions: Frequent Hospital Admissions

The following analysis examines the frequency individuals aged 18 and above who have been admitted to hospital due to alcohol-specific conditions during 2021/22 in the preceding 24 months. In total, approximately 900 Warrington residents aged 18 and above were admitted to hospital due to alcohol-specific conditions, of these 500 residents had no prior admission, 160 had one prior admission in the preceding 24 months, 80 had two prior admissions and 160 had three or more prior admissions. When compared to England, the rate of Warrington residents who had no prior admission (297 per 100,000) is significantly higher than England (248 per 100,000). The rate of Warrington residents with one prior admission (95 per 100,000) is also significantly higher than England (73 per 100,000), whilst those with two and three or more previous admissions have admission rates similar to England.

**Figure 9: Frequent hospital admissions**



## Admission episodes for alcohol-related conditions

**Definition:** Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. There are two measures used to assess this burden: the Broad and the Narrow measure.

**Broad definition:** A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This represents a Broad measure of alcohol-related admissions but is sensitive to changes in coding practice over time.

**Narrow definition:** A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. This represents a narrower measure. Since every hospital admission must have a primary diagnosis, it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.

In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are



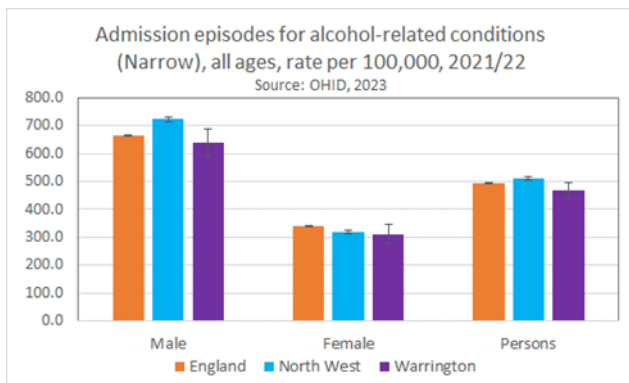
primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions<sup>12</sup>.

### Admission episodes for alcohol-related conditions (Narrow): all ages

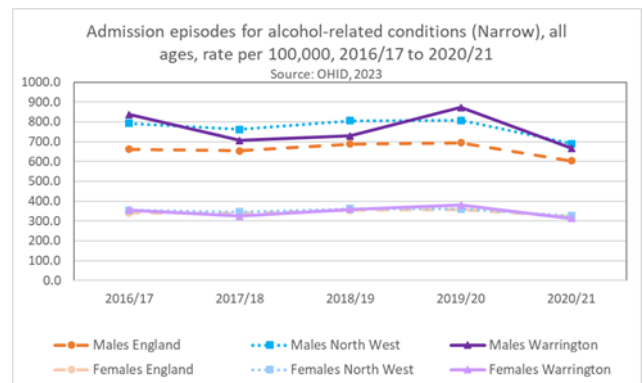
During 2021/22 the rate of hospital episode admissions due to alcohol-related conditions (using the narrow definition) in Warrington (466.6 per 100,000) was slightly lower than England (494.0) and significantly lower than the North West (511.0). The rates of admissions for Warrington males and females were not significantly different to the England rates.

As with alcohol-specific conditions, there is a very strong relationship between the England male rate of admission and the deprivation decile of residence ( $R^2= 0.96$ ) when examining hospital admission data from 2021/22. The strength of the relationship is not as strong for England females ( $R^2= 0.60$ ).

Trends between 2016/17 and 2020/21 (this should not be compared with 2021/22 admission rates as stated in footnote 10) show that females from Warrington have consistently had very similar admission episode rates when compared to England females. Warrington male rates of admission episodes have been consistently significantly higher than England with the exception of 2018/19 when the Warrington rate was slightly higher than England.



**Figure 10: All age alcohol-related admissions, 2021/22**



**Figure 11: All age alcohol-related admissions trend, 2016/17 to 20/21**

<sup>12</sup> [Local Alcohol Profiles for England - Hospital admissions due to alcohol - OHID \(phe.org.uk\)](https://phe.org.uk)

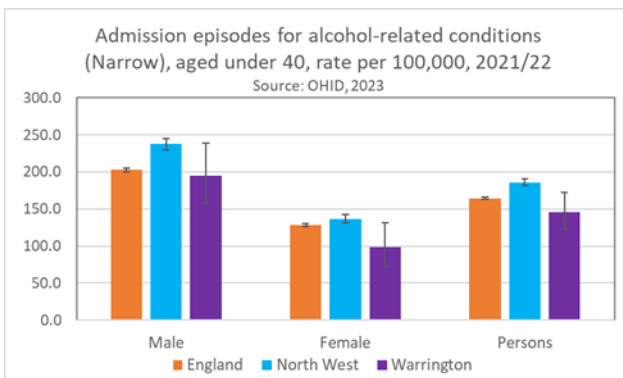
## Admission episodes for alcohol-related conditions (Narrow): aged under 40

The rate of admission episodes due to alcohol-related conditions for Warrington residents for those aged less than 40 during 2021/22 is lower (but not significantly) than England (see figure 12).

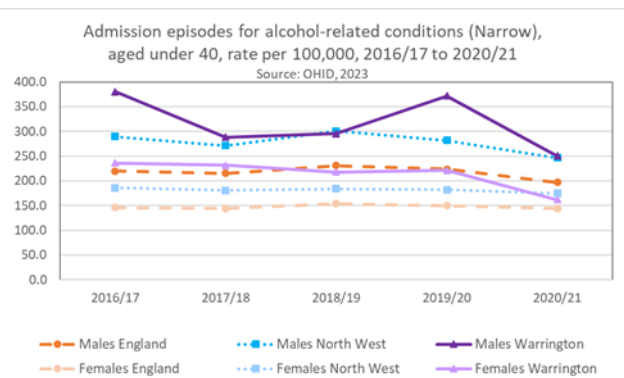
As with all ages, the relationship between the England under 40 rate of admission episodes and deprivation decile of residence is present, but not to the same extent as all ages. Males showed a stronger relationship ( $R^2 = 0.85$ ) than females ( $R^2 = 0.39$ ).

Trends between 2016/17 and 2020/21 (this should not be compared with 2021/22 admission rates as stated in footnote 10) show that across England the female rate of admission has remained fairly stable, whilst a similar pattern was observed for males with the exception of 2020/21 when hospital episodes rates reduced. Trends have differed for Warrington, the female rate of admission has shown a small but steady reduction, whilst the male rate has shown wide fluctuations each year. However, the Warrington male rate of admission has consistently been significantly higher than England, as has the female rate of admission, with the exception of 2020/21 when the rate was slightly higher than England.

**Figure 12: Under 40 alcohol-related admissions, 2021/22**



**Figure 13: Under 40 alcohol-related admissions trend 2016/17 to 20/21**



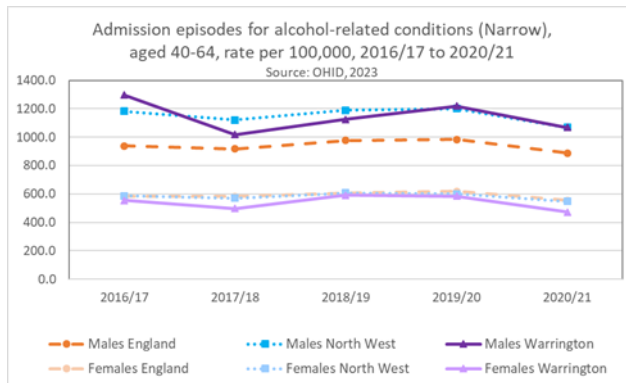
## Admission episodes for alcohol-related conditions (Narrow): aged 40 to 64

As with the all-age and ages under 40, the admission episode rates for Warrington residents aged 40 to 64 years were statistically similar to England, the female and person rates were slightly lower than England whilst the male rate was slightly higher than England.

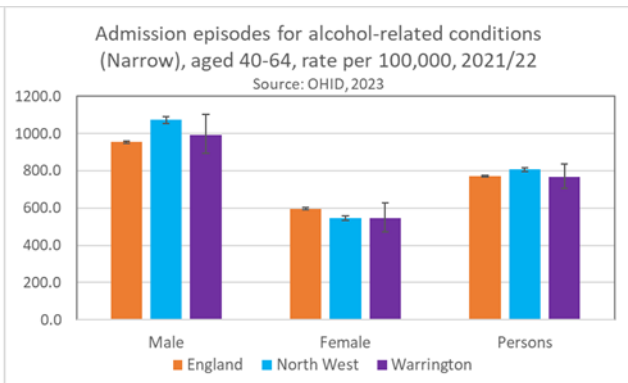
The relationship between admission episode rates and deprivation decile of residence is fairly strong for this age group. Using England level data for admission episodes occurring during 2021/22, there is a very strong relationship between admission rate and deprivation decile for males ( $R^2 = 0.96$ ), and a slightly weaker relationship for females ( $R^2 = 0.66$ ).

Trends between 2016/17 and 2020/21 (this should not be compared with 2021/22 admission rates as stated in footnote 10) show that Warrington females have either had slightly lower (2016/17, 2018/19 and 2019/20) or significantly lower (2017/18 and 2020/21) rates when compared to England. However, the Warrington male rate of admission has consistently been significantly higher than England, with the exception of 2017/18 when the rate was slightly higher than England.

**Figure 14: 40 to 64 alcohol-related admissions, 2021/22**



**Figure 15: 40 to 64 alcohol-related admissions trend 2016/17 to 20/21**



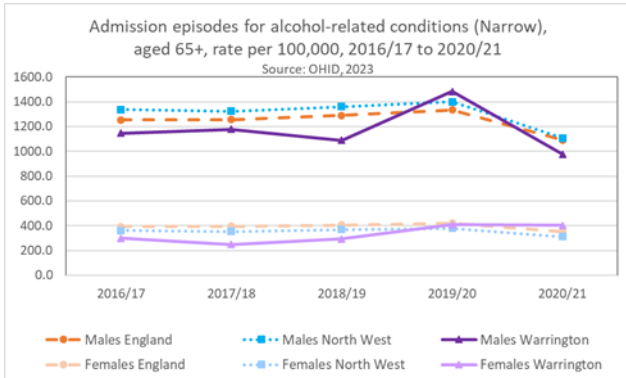
**Admission episodes for alcohol-related conditions (Narrow): aged 65 and above**

The rate of hospital episodes due to alcohol-related conditions for Warrington residents aged 65 and above during 2021/22 was either statistically similar to England (females and persons) or significantly lower (males) (see figure 16).

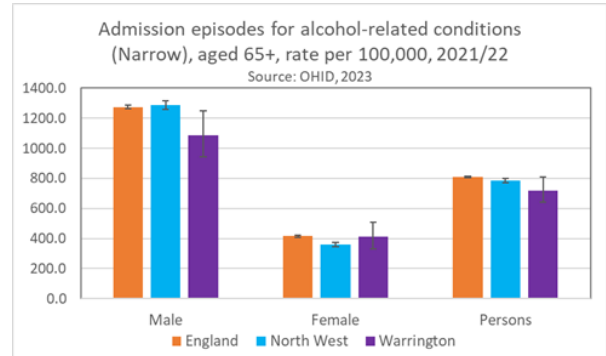
The strength of relationship between admission episodes (England) and deprivation decile of residence is not as apparent with this age group as it is with those aged 40 to 64 and all ages. However, there appears to be a stronger relationship for males ( $R^2= 0.89$ ) than for females ( $R^2= 0.38$ ).

Trends between 2016/17 and 2020/21 (this should not be compared with 2021/22 admission rates as stated in footnote 10) show that both Warrington males and females had admission episodes rates either similar to or significantly lower than England. During 2019/20, there was a sharp increase in the admission rate for Warrington males, however this reduced during 2020/21. The Warrington female rate of admission although is low, has shown small year on year increases.

**Figure 16: Aged 65+ alcohol-related admissions, 2021/22**



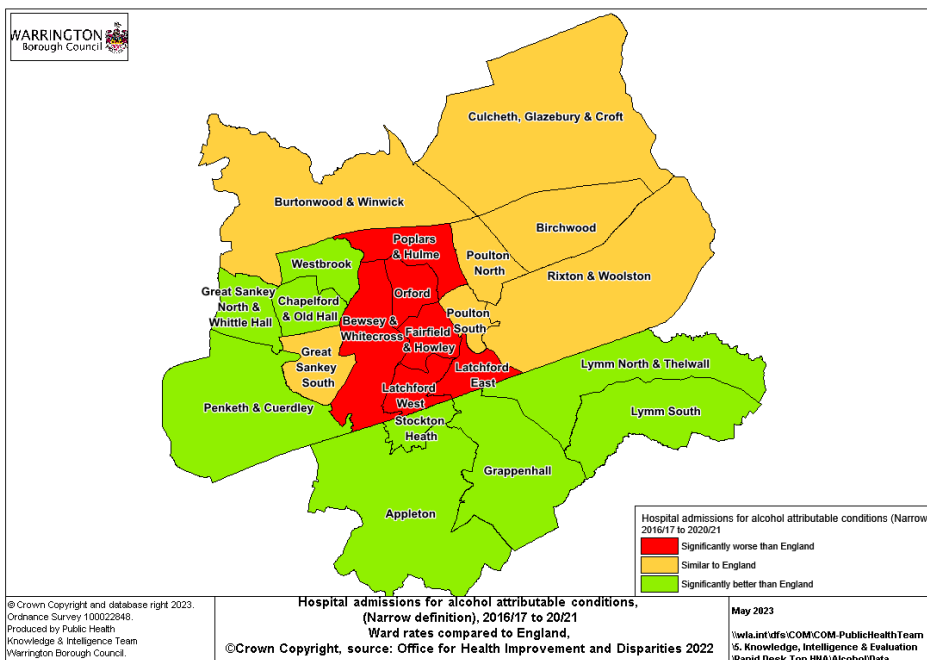
**Figure 17: Aged 65+ alcohol-related admissions trend 2016/17 to 20/21**



**Hospital admissions for alcohol attributable conditions at ward level (Narrow)**

This indicator presents the rate of hospital admission where the primary (main) cause of admission is an alcohol-related condition, or a secondary diagnosis is an alcohol related external cause. Between 2016/17 and 2020/21 there were more than 5,600 alcohol attributable admissions in Warrington, resulting in an admission rate 11.2% higher than England. The following map presents electoral wards in Warrington and whether the ward rate of admission is significantly worse, significantly better, or similar to the England rate of admission. The map illustrates that Fairfield and Howley, Bewsey and Whitecross, Latchford East, Poplars and Hulme, and Latchford West had admission rates that were significantly higher than England. Fairfield and Howley had the highest admission rate, nearly two and half times higher than the England rate, followed by Bewsey and Whitecross (more than twice the rate of England) and Latchford East (twice the England rate).

**Figure 18: Hospital admissions for alcohol attributable conditions by ward**



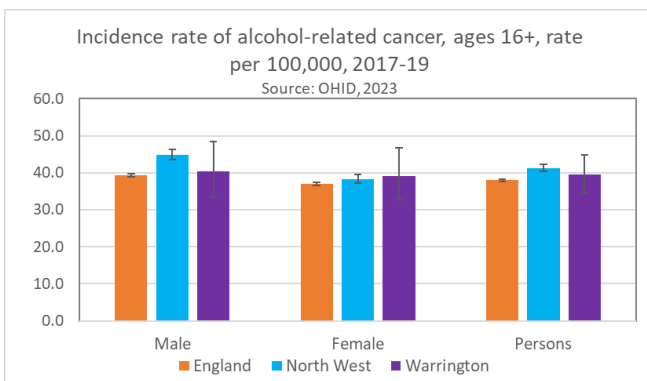


# Alcohol-related cancer incidence

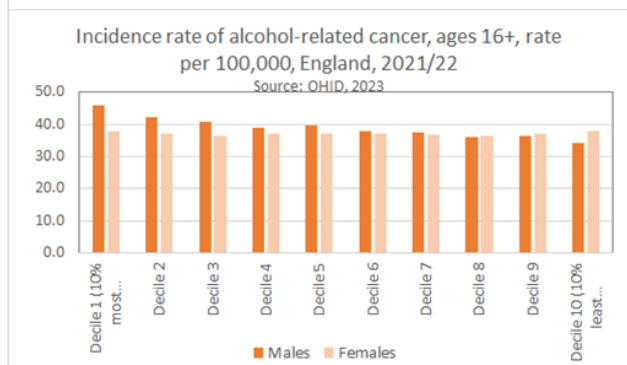
Between 2017 and 2019 there were 245 alcohol-related cancer cases diagnosed in Warrington, of these 125 were females and 120 males. The incidence rate for Warrington (39.5 per 100,000) is slightly higher than England (38.0) and slightly lower than the North West (41.3). The Warrington male and female incidence rates are both statistically similar to England.

The relationship between alcohol-related incidence rates and the deprivation decile of residence differs between males and females (England data). There is a strong relationship present for males ( $R^2= 0.90$ ), suggesting that as deprivation increases, the incidence rate for alcohol-related cancers also increases. This pattern is not present for females ( $R^2= 0.01$ ), each deprivation decile has a similar incidence rate.

**Figure 19: Alcohol-related cancer incidence, 2017-19**



**Figure 20 Alcohol-related cancer incidence by deprivation decile, England**



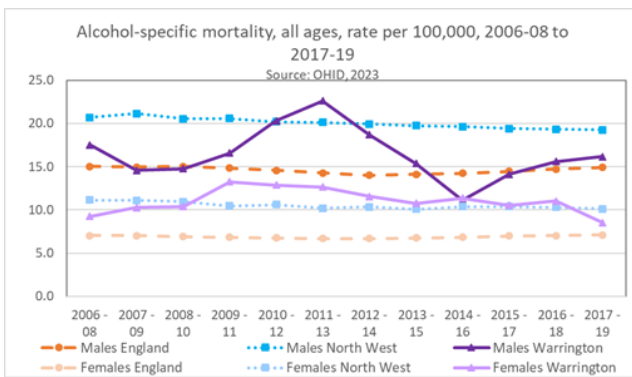
## Mortality

### Alcohol-specific mortality

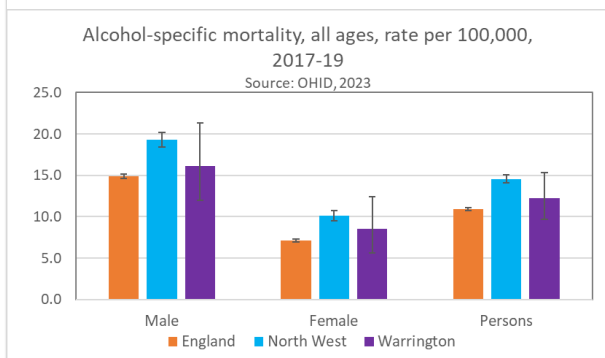
Between 2017 and 2019, there were 77 deaths in Warrington where the death was wholly caused by alcohol consumption. The rate of mortality for Warrington is 12.3 per 100,000, slightly higher than England (10.9) and slightly lower than the North West (14.6). The Warrington male and female mortality rates are also statistically similar to England.

Since 2006-08, Warrington male and female alcohol-specific mortality rates have either been statistically similar to England or significantly higher. Nationally and regionally there has been little change in the male mortality rate, however the rate for Warrington males has fluctuated with increases seen between 2009-11 and 2011-13 (rate were significantly high during 2010-12 and 2011-13), reductions between 2012-14 and 2014-16, followed by increases since 2015-17. The female mortality rate for England and the North West has also remained fairly stable, the Warrington rate has been significantly higher than England since 2008-10, until 2017-19 where the rate reduced to its lowest level in more than eleven years.

**Figure 21: Alcohol-specific mortality, 2017-19**

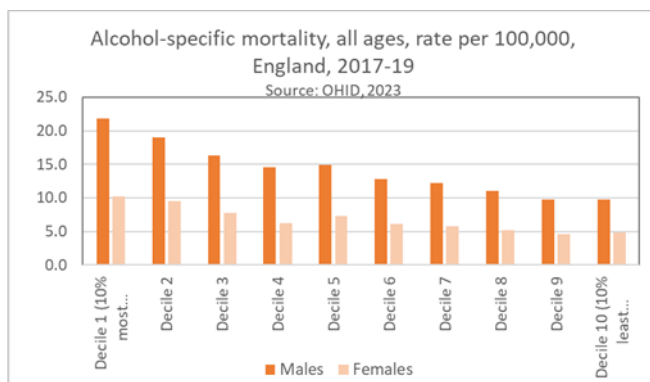


**Figure 22: Alcohol-specific mortality trends, 2006-08 to 17-19**



There is a very strong relationship between mortality from alcohol-specific conditions and deprivation decile of residence across England. As the level of deprivation increases, the rate of mortality also increases. The strength of the relationship is slightly higher for males ( $R^2= 0.94$ ) when compared to females ( $R^2= 0.88$ ).

**Figure 23: Alcohol-specific mortality by deprivation decile, England**

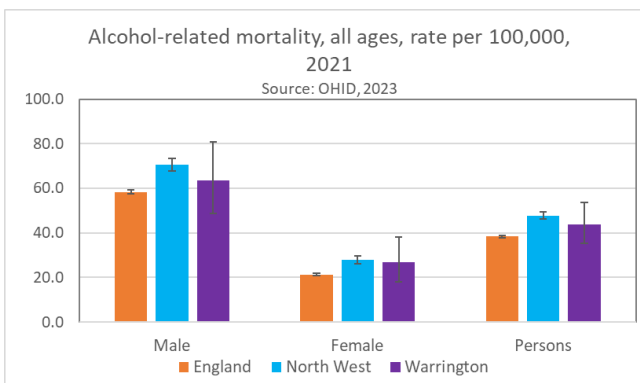


## Alcohol-related mortality

During 2021 there were 95 deaths in Warrington caused by alcohol-related conditions, resulting in a mortality rate of 43.9 per 100,000. The mortality rate for Warrington is slightly higher than England (38.5) and slightly lower than the North West (47.8). The mortality rates for Warrington males and females are also statistically similar to England and the North West.

As with alcohol-specific conditions, there is a very strong relationship between mortality due to alcohol-related conditions and deprivation decile of residence across England. The strength of relationship for males ( $R^2= 0.94$ ) is slightly stronger than the strength of relationship for females ( $R^2= 0.92$ ).

**Figure 24: Alcohol-related mortality, 2021**



**Figure 25: Alcohol-related mortality by deprivation decile, England**

Another indicator used to present the impact alcohol has on mortality is potential years of life lost (PYLL) due to alcohol-related conditions. This type of analysis measures the potential number of years lost when a person dies prematurely, the younger the person was at time of death the greater the weighting in the calculation. The Warrington male PYLL during 2020 was 833 years of life lost per 100,000 population, lower than England (1,116 PYLL per 100,000) and significantly lower than the North West (1,410 PYLL per 100,000). During the same time period, the Warrington female PYLL was 551 years of life lost per 100,000 population, slightly higher than England (500 PYLL per 100,000) but lower than the north West (640 PYLL per 100,000).



# Alcohol Treatment Service

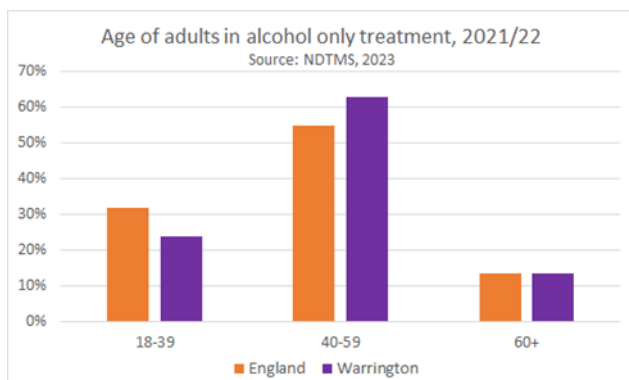
## Adults in alcohol only treatment, 2021/22

The following data has been sourced from the Adults Alcohol Commissioning Support Pack 2023-24<sup>13</sup> and provides an overview of treatment service usage in Warrington, and where appropriate, comparisons to England.

To estimate whether local alcohol treatment services are providing support to all alcohol dependent adults, OHID have estimated there to be 2,256 alcohol dependent adults in Warrington (estimate based on 13.7 per 1,000 population alcohol dependent adults), whilst the numbers in treatment (alcohol only and alcohol/non-opiate) were 440 results in an unmet need of 80%. This indicates that approximately 80% of alcohol dependent adults are not currently in treatment. The percentage estimated for Warrington is the same as England (80%).

During 2021/22 there were 348 Warrington residents in alcohol only treatment, of these 56% were male and 44% female, proportions very similar to England (58% male and 42% female). Of those in treatment in Warrington, nearly a quarter (24%) were aged 18 to 39 years, this percentage is lower than what is seen for England (32%). However, the percentage in treatment aged 40 to 59 years (63%) is much higher than England (55%). Both Warrington and England have similar proportions of clients aged 60 years and above in treatment (14% and 13% respectively).

**Figure 26: Age of adults in alcohol only treatment**



<sup>13</sup> [Office for Health Improvement and Disparities - GOV.UK \(www.gov.uk\)](https://www.gov.uk) (OHID)

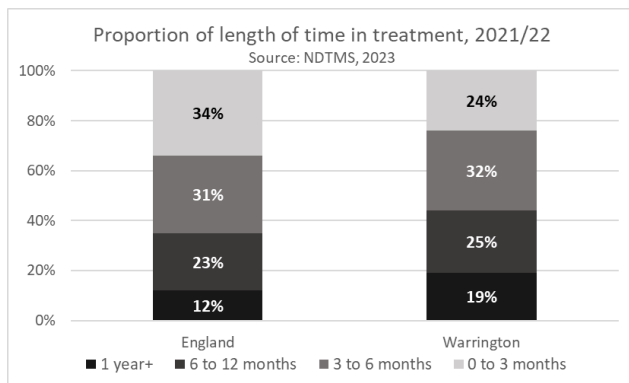


Of those in alcohol treatment, 210 were a new presentation during 2021/22, 60% of all who were in treatment. The percentage of new presentations in Warrington (60%) was lower than England (67%).

More than three quarters (77%) of new presentations to treatment during 2021/22 were a self-referral, a higher proportion than what was seen for England (61%). Warrington saw a much lower percentage of referrals from GP practices (4%) than what was seen nationally (8%), slightly lower referral routes were also seen for referrals from CJS (4% for Warrington and 6% for England) and Social Services (1% for Warrington and 3% for England).

Of those currently in treatment (262), 19% have been in treatment for more than a year, a higher proportion observed for England (12%). There is also a slightly higher proportion of those in treatment between six and twelve months (25%) when compared to England (23%). Warrington has a lower proportion of clients (24%) who have been in treatment for less than three months when compared to England (34%).

**Figure 27: Length of time in treatment**



At planned exit from treatment services (106 adults), half were abstinent (50%), a pattern also seen for England. The number of days where alcohol was consumed (in the previous month) reduced by 64% (20.5 days at the start of treatment, reducing to 7.3 days at exit), a larger reduction than what was seen for England (44% reduction).

Just over half (53%) of those in treatment left treatment during 2021/22 (184), a lower proportion than England (63%). Just over a third (35%) of those in treatment left successfully during 2021/22 (122), slightly lower than England (37%). Of those who left treatment during 2021/22 (184), 66% left treatment successfully (122), a higher proportion than England (59%).



## Evidence of best practice and policy

The following section presents hyperlinks to the relevant National Institute for Health and Care Excellence (NICE) guidelines and national policy regarding alcohol.

### NICE

#### Public Health Guidelines

[Behaviour change: individual approaches PH49, 2014](#)

[Alcohol-use disorders: prevention PH24, 2010](#)

#### Clinical Guidelines

[Cardiovascular disease: risk assessment and reduction, including lipid modification CG181, 2023](#)

[Antenatal and postnatal mental health: clinical management and service guidance CG192, 2020](#)

[Alcohol-use disorders: diagnosis, assessment, and management of harmful drinking \(high-risk drinking\) and alcohol dependence CG115, 2011](#)

[Alcohol-use disorders: diagnosis and management of physical complications CG100, 2010](#)

#### NICE Guidelines

[Integrated health and social care for people experiencing homelessness NG214, 2022](#)

[Behaviour change: digital and mobile health interventions NG183, 2020](#)

[Alcohol interventions in secondary and further education NG135, 2019](#)

[Community pharmacies: promoting health and wellbeing NG102, 2018](#)

[Cirrhosis in over 16s: assessment and management NG50, 2016](#)

[Preventing excess weight gain NG7, 2015](#)

[Dementia, disability, and frailty in later life – mid-life approaches to delay or prevent onset NG16, 2015](#)



## OHID

[Alcohol: applying All Our Health, 2022](#)

## HM Government

[The Government's Alcohol Strategy, 2012](#)

## Gaps in data/intelligence

As mentioned previously, there is no current data available regarding alcohol consumption for Warrington residents. However, the 2023 Warrington Health and Wellbeing Survey will provide the data and intelligence needed to understand volume and patterns of consumption locally.

The analysis highlighted the strong relationship between hospital admissions and deprivation at an England level. It is suggested that alcohol-specific hospital admissions data for Warrington residents is analysed at a sub-Warrington level, for example at deprivation quintile level to evidence whether the same patterns seen across England are also seen locally. The results of this analysis could help to inform health promotion messaging across Warrington. However, for robust analysis to take place at such small geographies a number of years data needs to be combined, for example a three- or five-year period. As evidenced in the analysis section, the number and therefore rate of hospital admissions reduced substantially during the height of the pandemic. Using hospital admissions during this period may not provide an accurate picture of need locally. Therefore, it is suggested that this analysis is conducted once 2023/24 hospital admissions data has been published.

At the point this report was written, there is a transition period of calculating hospital admission and mortality rates. The latest data presented (2021/22) has in the main been calculated using 2021 population estimates that were sourced from the 2021 Census. Any rates calculated and published between 2012 and 2022 used population estimates from the 2011 Census. Following Census 2021, the Office for National Statistics (ONS) is carrying out reconciliation and rebasing of the mid-year population estimates (MYE) it produces. This process happens every 10 years following the census. It is particularly important following the 2021 Census because the coronavirus (COVID-19) pandemic is likely to have increased the uncertainty around the MYEs more than would ordinarily be the case. It is likely that many people's movements over the last two years may not reflect longer-term trends. The official population estimates for mid-2012 to mid-2020 will be revised, to incorporate the data now available from Census 2021. Once revised populations for mid-2012 to mid-2020 are published,



the updated back series for this data will be published<sup>14</sup>. It is suggested this report is to be updated with the refreshed data once it has been published.

## Findings

At present it is difficult to state how many people in Warrington are experiencing harm due to consuming alcohol, it is anticipated the 2023 Health and Wellbeing Survey will help to inform the local picture of need. However, regional estimates applied to the Warrington population suggest that approximately 35,200 residents are at increasing or higher risk of harm due to their alcohol consumption.

Although dated, data from 2017/18 suggests that Warrington had nearly three times more premises licensed to sell alcohol per square kilometre than England as a whole. National data indicates that the density of licensed premises is highest in the top 30% most deprived areas. It would be useful if this analysis was updated by the Home Office and OHID.

Hospital admissions due to alcohol-specific conditions (2021/22) shows that Warrington has an admission rate that is statistically similar to England. However, looking specifically at females, the Warrington rate of admission is significantly higher than England females.

The under 18 rate of hospital admissions due to alcohol-specific conditions (2018/19 to 20/21) for Warrington is significantly higher than England, this pattern of significance can be seen for both females and persons (the male rate of admission is similar to England).

Hospital admission rates for alcohol-related conditions in Warrington are similar to the England rates (2021/22), this pattern is seen for all ages, those aged less than 40 years, those aged between 40 and 64 years, and those aged 65 years and above (persons and females). The Warrington male admission rate for those aged 65 and above is significantly lower than England.

Data for England has shown that there is a strong relationship between the rate of hospital admissions due to alcohol (both alcohol related and alcohol specific conditions) and the deprivation decile of residence. The strength of the relationship is stronger for males than females.

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<sup>14</sup> [Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://phe.org.uk)





Mortality rates due to alcohol-specific and alcohol-related conditions are statistically similar in Warrington when compared to England. This pattern is also seen when examining mortality rates for males and females separately.

Data for England as a whole has shown there to be a very strong relationship between the rate of mortality from both alcohol-specific and alcohol-related conditions and the deprivation decile of residence. As the level of deprivation increases, the rate of mortality also increases.

According to analysis produced by OHID, approximately 80% of alcohol dependent adults in Warrington are not in treatment, this finding is also seen for England.

Referrals into alcohol services in Warrington saw a lower percentage of referrals from GP practices when compared to England (4% compared to 8%), CJS (4% compared to 6%) and Social Services (1% compared to 3%).

Although Warrington has seen a lower proportion of clients leaving services during the year (53%) when compared to England (63%), a higher proportion of those leaving service are doing so successfully (66% in Warrington compared to 59% for England).

## Sources and other supporting documents

Local Alcohol Profiles for England - OHID ([phe.org.uk](http://phe.org.uk))

Adults Alcohol Commissioning Support Pack: 2023-24: Key Data, OHID

Health Survey for England Part 3: Drinking alcohol - NDRS ([digital.nhs.uk](http://digital.nhs.uk))

NICE Guidelines ([nice.org.uk](http://nice.org.uk))

Alcohol: Applying All Our Health – OHID ([gov.uk](http://gov.uk))

The Government's Alcohol Strategy – HM Government ([gov.uk](http://gov.uk))

JSNA Core Document: [Joint Strategic Needs Assessment \(JSNA\) | warrington.gov.uk](http://warrington.gov.uk)

**May 2023**



**WARRINGTON**  
Borough Council