



Public Health
England

Protecting and improving the nation's health

Alcohol treatment in England 2013-14

October 2014

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Alcohol treatment in England 2013-14

The headlines

1. 114,920 adults (18 and over) received alcohol treatment in 2013-14, up from 109,683 the year before
2. 80,929 adults started treatment during the year, up from 75,773 in 2012-13
3. Despite the increase in numbers entering treatment, 93% of people waited less than three weeks to start treatment, up from 89% in 2012-13
4. 43,530 people successfully completed their treatment, up from 40,908 in 2012-13

What is the extent of the problem?

While most people drink alcohol responsibly, there are still many who drink to excess.

Today around nine-million adults drink at levels that pose some risk to their health with 2.2 million drinking at higher-risk of harm. An estimated 1.6 million may have some degree of alcohol dependence. Of these, around 250,000 are believed to be moderately or severely dependent and may benefit from structured alcohol treatment. People with less severe alcohol problems may benefit from less intensive interventions

What is the impact of alcohol misuse?

The total annual cost to society of alcohol-related harm is estimated to be £21bn. The NHS incurs £3.5bn a year in costs related to alcohol. Few other health harms have such high overall costs when the impact on productivity and crime are included.

Alcohol misuse is linked to many diseases and conditions, the four biggest disease groups being heart disease, stroke, liver disease, and cancer.

Men drinking at higher-risk levels increase their risk of high blood pressure four times, double their risk of stroke, triple their risk of pancreatitis and increase the risk of liver disease 13 times. Women drinking at higher levels double their risk of high blood pressure, increase their risk of stroke four times, double their risk of pancreatitis and, like men, increase their risk of liver disease 13 times.

In pregnancy, alcohol can harm the foetus in different ways, including miscarriage, low birth weight, cognitive deficiencies, and foetal alcohol syndrome (FAS).

Alcohol misuse is a major cause of attendance at A&E and hospital admissions. Admissions for alcohol-related conditions this year remained similar to last year at around a million. This figure has more than doubled over the last 15 years. Around 70% of A&E attendances between midnight and 5am on weekend nights are likely to be alcohol-related.

The impact of alcohol on health inequalities is a significant concern. While alcohol-related deaths fell by 0.4% in 2012 to 21,485, the decrease was seen mainly among men: female deaths remained at a similar level. There were also large regional variations, with some areas in the north west seeing the highest rates of alcohol-related mortality and alcohol-related hospital admissions.

There are massive differences in the health consequences of alcohol use between richer and poorer communities across all regions of England. Compared to more affluent areas, those in the poorest fifth of the population are two to three times more likely to die from diseases where alcohol is a contributory factor, three to five times more likely to die from diseases caused only by alcohol, and two to five times more likely to be admitted to hospital because of alcohol.

Alcohol misuse also harms families and communities. The Crime Survey for England and Wales 2012-13 shows that almost half (49%) of all violent crime is related to alcohol. This is the case in over two thirds (69%) of stranger violence and over a third (38%) of domestic violence incidents. Alcohol is also mentioned in 27% of child serious case reviews. Problem drinking by parents can contribute to physical, psychological and behavioural problems in children.

Alcohol dependent people cost the health system twice as much as lower-risk drinkers. Dependent drinkers have a higher risk of dementia and other brain disorders, and of alcohol-related disease leading to hospital admissions.



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How is the alcohol treatment system responding?

Local authorities are responsible for working with their health and wellbeing board partners to plan integrated systems of alcohol interventions to meet needs across their communities. They also commission specialist treatment for alcohol-dependent people, which is funded from the public health grant.

The data in this report shows how the alcohol treatment system in England performed in 2013-14. The figures it contains relate to those people who have received specialist treatment for alcohol problems over the past year, as reported by treatment services to the National Drug Treatment Monitoring System (NDTMS).

The overall number of people in treatment for alcohol dependency during 2013-14 was 114,920 – an increase of 5% on 2012-13, and the highest level since reporting began in 2008-09

There were 80,929 new presentations to alcohol treatment in 2013-14, up 7% from last year and the highest since 2009-10. This increase has happened generally in most age groups except the 18 to 24-year olds, whose numbers have consistently reduced since 2009-10.

At the same time, people are getting into treatment more quickly than ever: the proportion waiting under three weeks has continued to increase, from 89% in 2012-13 to 93% this year.

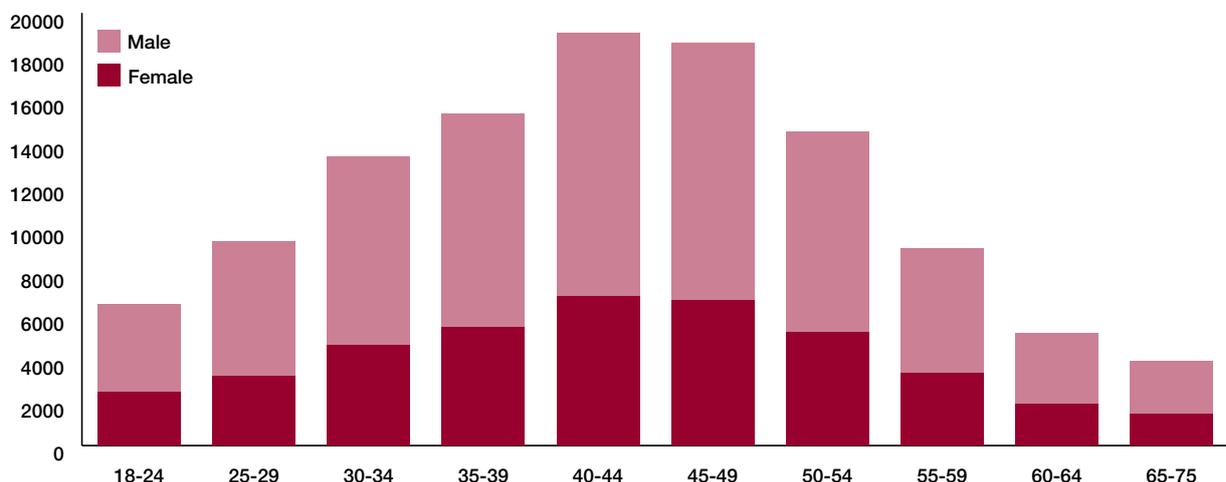
The number of people successfully completing their treatment has continued to rise steadily, from 40,908 (58% of all exits) last year to 43,530 (59% of all exits) this year – an increase of 6%. The proportion who dropped out of treatment has remained steady at 26% since 2012-13.

The demographic data for 2013-14 shows that the average age for men and women in treatment was 43. Of all the people in alcohol treatment, 70% were



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Age and gender of all people in alcohol treatment in England 2013-14



concentrated in the 30 to 54 age range. Just 14% were aged 18 to 29, and 16% aged 55 to 75 (3% were 65 to 75).

If we look at the age distribution of people in treatment over time we see that the proportion aged 40 and above, as well as the 30 to 34 age group, are growing and representing a larger proportion of the treatment population each year. These people are likely to have poorer health, be at significant risk from the chronic conditions associated with heavy alcohol use, and at a higher risk of premature mortality.

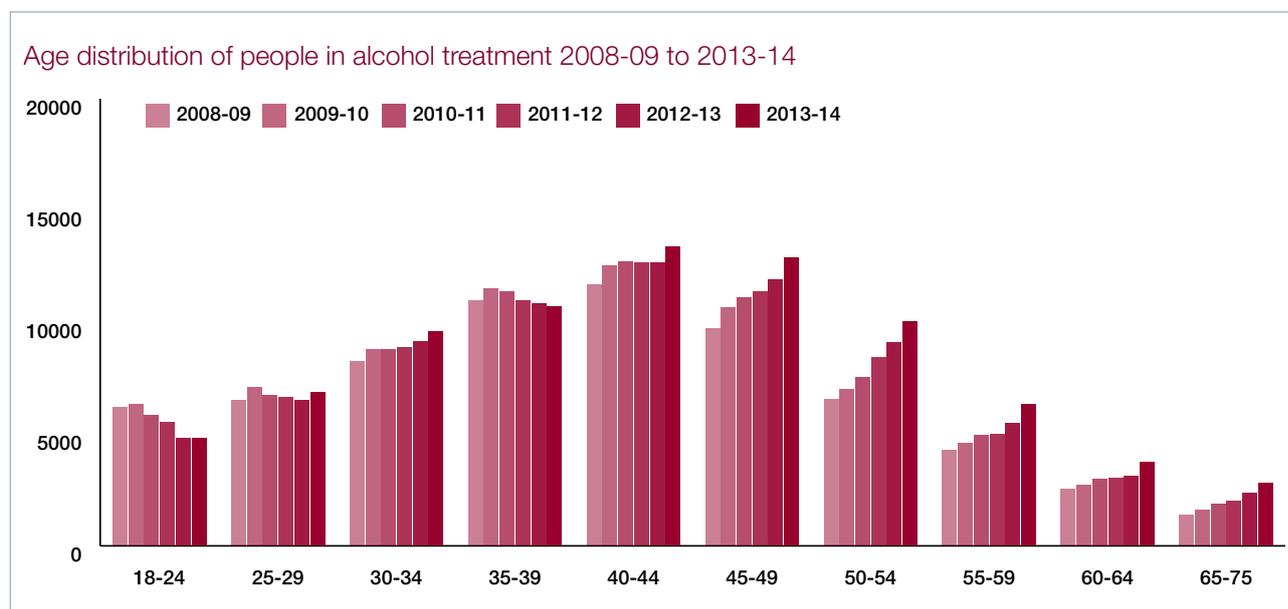
The increase in numbers has been seen equally across men and women, with the proportions of each remaining consistent for the past six years. Men accounted for nearly two-thirds (64%) of the treatment population during the year and women 36%, which is a higher proportion of women than in drug treatment (27%). By far the biggest ethnic group was white British (87%); no other group accounted for more than 3% of those in treatment.

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How else are PHE and the public health system responding to alcohol health harm?

Alcohol is not an ordinary commodity and as a country we need to develop a whole-system response that supports drinking at lower risk levels. We need to develop approaches that help people who are drinking above lower risk levels to reduce their risk of harm, and that ensure that specialist alcohol treatment services are accessible and responsive to those people who have developed a problem with alcohol.

PHE needs to support local authorities' continued investment and improvements in alcohol treatment services for those people who develop dependence or serious alcohol problems. But we also need to create a society that takes the right steps to reduce the harm from alcohol to individuals, their families and the community.



Price and availability are key drivers of alcohol-related health problems. PHE recently issued guidance to support directors of public health in their roles as ‘responsible authorities’ under the Licensing Act 2003. While public health is not yet a licensing objective in England, it has much to offer licensing arrangements, including unique access to data unavailable to other responsible authorities and that may inform decisions. The challenge for all involved is to find a way that public health can effectively exercise its voice within the current legal framework.

PHE recently published its priorities for protecting and improving the nation’s health. Preventing and reducing the harmful effects of alcohol is one of seven issues we will focus on. Over the next 18 months we will:

- use alcohol as the trailblazer for a new whole-system approach that establishes what works and is clear on the return on investment, enabling government, local authorities and the NHS to invest with confidence in evidence-based policies, prevention and treatment interventions
- produce an independent report for government on the public health impact of alcohol and on evidence-based solutions
- produce a framework on liver disease outlining public health action to tackle liver disease, including the risks caused by alcohol
- expand the longer lives web tool to include indicators on alcohol treatment and recovery, and to identify variations in performance
- launch liver disease profiles to support local authority health and wellbeing boards to understand liver disease and its risk factors in their area and, in turn, to design effective local population-level interventions
- continue to set out the evidence base for the introduction of a minimum unit price for alcohol
- consider the evidence for the inclusion of health as an objective for alcohol licensing

PHE continues to support the greater roll-out of alcohol identification and brief advice (IBA) to help reduce the health risks in people who drink above the lower-risk guidelines. This happens via the enhanced service in primary care, the NHS Health Check and ‘making every contact count’ opportunities.

It is also important that alcohol services are available in hospitals and are aimed at people with substantial alcohol problems, ensuring clear pathways between services that manage their care in hospital and those that continue their treatment in the community.

Summary

The data for 2013-14 indicates that the alcohol treatment system in England is performing well. However, a challenge remains to ensure alcohol treatment services are accessible and appropriate for local people who need treatment.

While the system has absorbed increased numbers entering treatment in 2013-14, commissioners face a greater challenge to maintain these gains while improving outcomes from the system and making sure that all those people who need help are steered towards treatment.



The alcohol treatment system in England is performing well. However, a challenge remains to ensure alcohol treatment services are accessible and appropriate for local people

The low waiting times demonstrate that it is easy for people with problems to access specialist treatment, and the data shows that this treatment is effective – people who seek specialist help do get better.

Alcohol treatment is one important component part in the range of responses to alcohol harm. Other parts of the system need to rise to the challenge of harmful alcohol use. The NHS has a key role in reducing alcohol harm – for instance, improving the availability of alcohol care teams so they can seize the opportunities that A&E attendances and hospital admissions present to engage people and encourage them to change their behaviour. Similar opportunities need to be grasped at any point in the social care and criminal justice systems to help people address the effect of harmful alcohol use on themselves and others.

The continuing challenge for local authorities and their strategic partners will be to ensure a coordinated strategic approach to the interventions that are proven to prevent and address alcohol-related harm, ie, licensing, health-improvement messages, hospital alcohol services and specialist treatment, remembering that it is everybody's business to change attitudes and behaviour to reduce alcohol harm. ■



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