



Public Health
England

Alcohol treatment in England 2012-13

October 2013

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Alcohol treatment in England 2012-13

The key statistics for 2012-13

109,683 people received alcohol treatment in 2012-13, up from 108,906 the year before

75,773 people started treatment during the year, up from 74,353 in 2011-12

18,563 people dropped out of treatment, similar to the number in the previous year

40,908 people successfully completed their treatment, up from 38,174 in 2011-12

1. The background to the data

While most people drink alcohol responsibly, there are still many who drink to excess and alcohol-related problems are widespread in England.

Today, around nine million adults drink at levels that pose some risk to their health. An estimated 1.6 million people may have some degree of alcohol dependence. Of these, some 250,000 are believed to be moderately or severely dependent and may benefit from intensive treatment.

Tackling the impact of harmful and dependent drinking is a key public health priority. Alcohol misuse is linked to a range of health disorders, including high blood

pressure, heart disease, stroke, liver disease, some cancers, and depression.

The latest data indicates that there were around 1.2 million alcohol-related hospital admissions in England in 2011-12 while close to 15,500 people died from alcohol-related causes in 2010. Estimates suggest alcohol-related harm overall costs the NHS in England £3.5bn a year.

On 1 April 2013 national leadership for the prevention and treatment of alcohol misuse transferred from the National Treatment Agency for Substance Misuse (NTA) to Public Health England (PHE). Local authorities are now responsible for commissioning substance misuse services to meet the needs of their communities, funded from their public health grant. PHE supports them with information and intelligence, expertise, evidence of what works, and benchmarking of effective performance.

The data in this report shows how the specialist treatment system for alcohol in England performed in 2012-13.

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). There are also comparative figures for the four years before 2012-13.

2. What the data reveals

NDTMS has been collecting alcohol treatment data for the past five years. Compared to last year, this year's statistics show slight increases in the number of people in treatment, the number of new entrants coming into treatment, and the number who successfully completed their treatment.

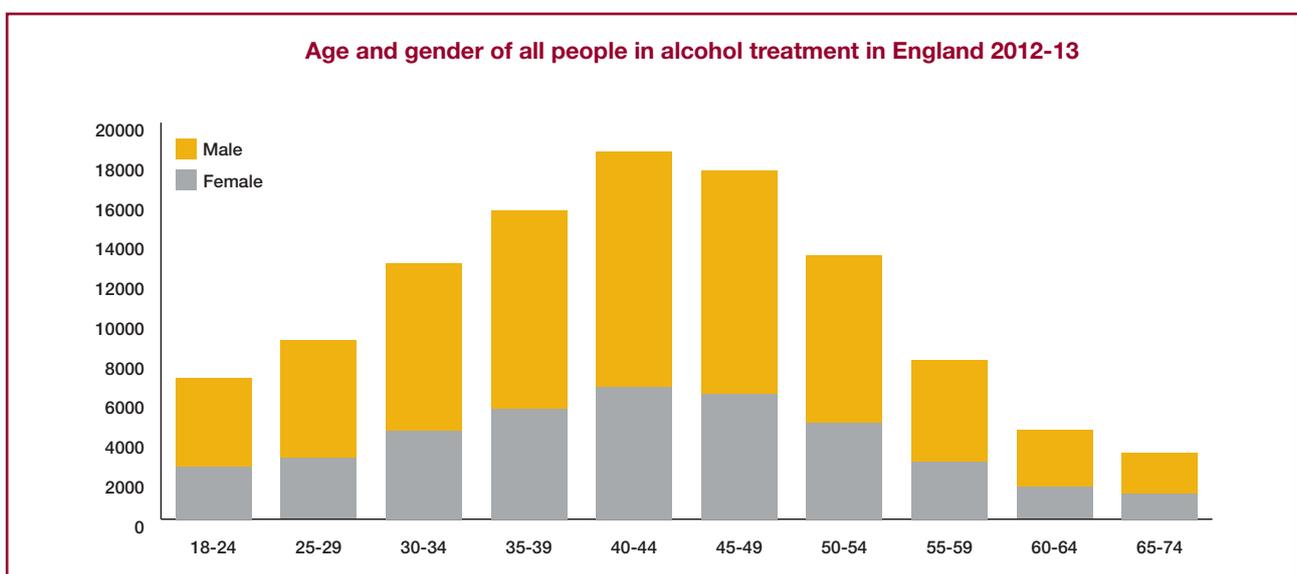
The number of people in the alcohol treatment system was 109,683 in 2012-13. This compares to 108,906 in 2011-12, an increase of 1%. There were 75,773 new presentations in 2012-13, up slightly from 74,353 in 2011-12.

Successful completions have continued to rise steadily, from 26,270 in 2008-09 to 30,533 in 2009-10 to 35,913 in 2010-11 to 38,174 in 2011-12 and 40,908 in 2012-13. The 2012-13 figure represents 58% of all people leaving treatment during the year, compared to 57% last year. The proportion of people dropping out of treatment has fallen to 26% (18,563) of all those leaving treatment, down from 28% in 2011-12, 30% in 2010-11, 33% 2009-10 and 29% in 2008-09.

The demographic data for 2012-13 shows that 71% of all the people in alcohol treatment were concentrated in the 30 to 54 age range. Just 14% were aged 18-29, and 14% aged 55 and over (3% were 65-74). The average (median) age of a person in treatment was 42. Patterns of dependent alcohol use develop over time. People tend to change their drinking patterns throughout their lives and many who drink heavily when they are young reduce their consumption as they take on responsibility for a family, home or career. People who do go on to become dependent often don't realise or acknowledge it and some won't seek help until their health is compromised or they realise there is a link between their drinking and a crisis in their life.

Men accounted for nearly two-thirds (64%) of the treatment population during the year (women 36%). By far the biggest ethnic group was white British (87%). All other groups each accounted for only 3% or under.

Waiting times have continued to improve. The proportion of people who waited fewer than three weeks to start their treatment was



89% in 2012-13, up from 85% in 2011-12, 82% in 2010-11, 79% in 2009-10 and 78% in 2008-09. While these figures continue to head in the right direction, there remains plenty of room for further improvement and it's important that anybody who needs treatment is able to get it as quickly as possible, wherever they live.

People came into alcohol treatment during 2012-13 via a number of different routes, though the category that accounted for most – 40% of the total – was self-referral. The second most common referral source was the GP surgery – 18% of the intake for 2012-13 (13,541) came into treatment this way. This is to be expected, given that around one in five people seeing a GP drinks above lower-risk levels and a proportion of these people will be moderately or severely dependent and need specialist treatment.

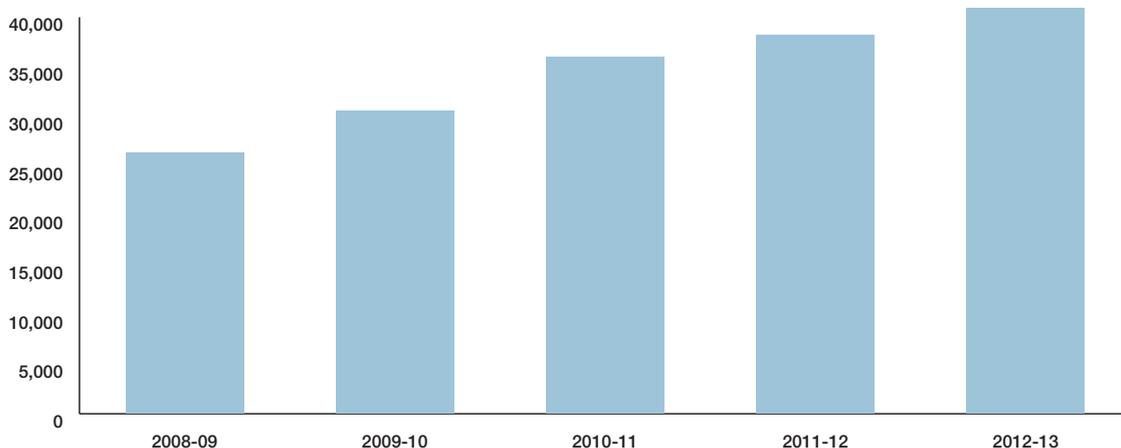
Other referral sources for the year included drug services (8%), probation (6%), the non-specialist sections of community alcohol teams (4%) and A&E (1%). In interpreting

the data it should be remembered that some of these people would have been encouraged to refer themselves by health professionals and were subsequently recorded as self-referrals.

The treatment that most people received in 2012-13 was a structured psychosocial intervention, normally consisting of 'talking therapies' such as cognitive behavioural therapy, which help people to understand and then change their attitudes and behaviour towards alcohol. Changes to the way that interventions were reported in November 2012 means that it is not possible to compare 2012-13 to previous years. However, approximately 4% of people in treatment attended a residential service, the same as in previous years.

Around 70,000 people left alcohol treatment during 2012-13, up from 67,000 in 2011-12. As we saw earlier, the breakdown of the data reveals that the majority (40,908 or 58%) did so because they had successfully completed their treatment.

Number of people successfully completing alcohol treatment in England 2008-13



The next largest category of people leaving were those who dropped out or left early – 18,563 or 26%. While some of these will have failed to make progress, others may have walked away early because they had achieved all they needed from treatment. The proportion of people who drop out of treatment has been falling since 2009-10, suggesting that services have got better at engaging and holding on to people who need help for an alcohol problem.

3. Looking ahead

In 2012, the government's alcohol strategy signalled the importance of having an effective alcohol treatment system in England. Although the data for 2012-13 shows that the alcohol treatment system is continuing to function well for those who access services, more needs to be done.

Local authorities now have responsibility for commissioning alcohol services to meet the identified need in their areas. It is vital in tackling both the effects on health and crime that alcohol treatment is easily accessible, that the full range of effective NICE-recommended treatment options is available, and that treatment services are properly joined up with the NHS and other partners, including mutual aid groups.

In terms of the challenges we face in addressing England's alcohol problems, the data in this report presents only a small part of the picture. The health problems and costs associated with alcohol misuse are rising year on year, and there needs to be an increased focus on preventative measures to catch people before their problems escalate to the point where they need treatment.

Alcohol is a top priority for PHE and we are working to support a range of initiatives including identifying those who are at risk

and providing advice via health and social care professionals; improving hospital-based alcohol services; and local authorities using local health data to inform licensing decisions. The drive to reduce alcohol-related harm has the potential both to improve health and to reduce crime in our communities.

Produced by the Health & Wellbeing Directorate, Public Health England

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
www.gov.uk/phe
Twitter: @PHE_uk

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