



**Alcohol Statistics from the
National Drug Treatment Monitoring System
(NDTMS)
1st April 2011 – 31st March 2012**

17th January 2013

Executive Summary

- There were 108,906 clients in contact with structured treatment aged 18 and over who cited alcohol as their primary problematic substance in 2011-12.
- There were a further 33,689 clients aged 18 and over who cited alcohol misuse as an adjunctive problem to a range of other primary problematic substances.
- Clients' median age at their first point of contact with treatment in 2011-12 was 42 and 64% of clients in treatment were male.
- Most clients were White British (88%), while other ethnic groups each accounted for no more than two percent of clients.
- Where reported, 38% of clients starting in treatment were self-referrals and 19% were referrals from GPs. Onward referrals from other substance misuse services together accounted for 11%.
- 85% of all clients waited less than three weeks to commence treatment.
- The most common intervention type received was 'structured psychosocial' with 51% of clients receiving this treatment modality in their latest journey
- Where reported, 4% of clients had No Fixed Abode on presenting for treatment; a further 10% had other housing problems.
- Of the 66,894 clients exiting treatment in 2011-12; 38,174 (57%) were no longer dependent on alcohol (had completed treatment successfully); a further 4,261 (6%) were transferred for further treatment within the community, while 807 (1%) were transferred into appropriate treatment while in custody.
- The overall number of clients in treatment in 2011-12 has decreased by 2119 from 111,025 in 2010-11. The number of new treatment journeys commencing in the year has increased by 1% from 73,705 clients in 2010-11 to 74,353 in 2011-12. The number and proportion of successful completions have also increased from 35,913 (54%) in 2010-11 to 38,177 (57%) in 2011-12.

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1. Background

The National Drug Treatment Monitoring System (NDTMS)¹ records information about people receiving structured treatment for drug and alcohol misuse in England, including community based, inpatient and residential services.

The formal collection of structured alcohol treatment data was incorporated into NDTMS from 1st April 2008, when the Department of Health commissioned the National Treatment Agency (NTA) to collect and analyse alcohol treatment data on its behalf. This subset of the NDTMS Data Set consists of 31 data items.

Whilst alcohol treatment data was collected by NDTMS prior to 1st April 2008, this was on an informal basis and was not of sufficient quality or coverage to provide meaningful national analysis. The first full year of data analysis occurred in 2008-09, this document provides analysis on the fourth years' worth of data: 2011-12.

The responsibility for commissioning public health services, including those for alcohol and drug misuse, will be transferred from Primary Care Trusts to local authorities by April 2013. The National Treatment Agency and the Department of Health are working together to ensure that the NDTMS remains a key source of information about alcohol treatment services for local authorities. Nationally, the data collected and recorded on the NDTMS will continue to be an important source of information to Public Health England, the new executive agency that will oversee the delivery of alcohol and drug treatment within the wider English public health system.

The collection of data on structured treatment for alcohol misuse allows local commissioners to monitor their compliance with the 2010-11 NICE alcohol guidance. It has also supported the development of the new National Alcohol Strategy, published in March 2012 and will continue to influence the direction of national policy in the transition to Public Health England.

Data is collected via a system whereby treatment services submit a core data set of their clients' information. Code sets for the core data set can be found in the NDTMS reference data document (see <http://www.nta.nhs.uk/core-data-set.aspx>).

This statistical release covers structured alcohol treatment in England only. Information on treatment in Wales, Scotland and Northern Ireland is also available:

<http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/?lang=en>

(Wales)

<http://www.alcoholinformation.isdscotland.org> (Scotland)

<http://www.dhsspsni.gov.uk/stats-drug-alcohol.htm> (Northern Ireland)

This release does not cover primary and secondary prevention for alcohol-related harm, which are also important components of local systems to tackle alcohol-related harm.

¹ Previous references to the National Alcohol Treatment Monitoring System (NATMS) have been replaced with NDTMS, to reflect the fact that there is one national database, tailored with alcohol or drug specific data items.

1.1 Relevant web links and contact details:

Monthly web-based NDTMS analyses

<http://www.ndtms.net/alcohol.aspx>

Alcohol Learning Centre

<http://www.alcohollearningcentre.org.uk/>

The Governments Alcohol Strategy (2012)

<http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy>

Alcohol-use Disorders: The NICE Guideline on Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence (2011)

<http://www.nice.org.uk/guidance/CG115>

Drug Strategy (2010)

<http://www.homeoffice.gov.uk/drugs/drug-strategy-2010/>

Alcohol Needs Assessment Research Project (ANARP) (2005)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4122239.pdf

National Treatment Agency for Substance Misuse

<http://www.nta.nhs.uk/>

Models of Care for Alcohol Misusers (MoCAM) (2006)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136806

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1.2 Comparability of data to previous reports

In 2009-10 the NDTMS discharge codes and their definitions were revised. This was done to enable greater accuracy of measurement, and to improve the consistency of the way in which clinical services code discharges. Changes include:

- A tightening of the way in which 'treatment completed' is recorded. Revised codes and definitions now distinguish between clients that are entirely drug free at the time of discharge, and those that are abstinent from the problem drug for which they sought treatment.
- New codes to distinguish between clients that are 'referred on' into treatment within either a community or prison setting.

Because of this issue, the ability to directly compare 2009-10 and 2010-11 data to previous years is affected.

Interventions are recorded in NDTMS as being either alcohol specific interventions, drug specific interventions or young person's interventions. This year the annual report has grouped all interventions into 6 broad categories:

- Inpatient Treatment
- Residential Rehabilitation
- Community Prescribing
- Structured Psychosocial Intervention
- Structured Day Programme
- Other Structured Treatment

In the 2010-11 report these categories were separated out into their constituent alcohol, drug or young person counterparts:

- Alcohol Specific - Inpatient Treatment
- Alcohol Specific - Residential Rehabilitation
- Alcohol Specific - Community Prescribing
- Alcohol Specific - Structured Psychosocial Intervention
- Alcohol Specific - Structured Day Programme
- Alcohol Specific - Other Structured Treatment
- Drug Intervention - Inpatient Detoxification
- Drug Intervention - Residential Rehabilitation
- Drug Intervention - Prescribing (including key working)
- Drug Intervention - Structured Psychosocial Intervention
- Drug Intervention - Structured Day Programme
- Drug Intervention - Other Structured Intervention
- Young Persons Intervention

More detail concerning this change and comparison with previous reports can be found in the 2010-11 report on page 5.

In 2011-12 the method for grouping referral sources was updated to include new codes and a new category of 'hospital' was introduced into the annual report table to provide greater clarification. 'Hospital' was previously grouped in the 'other' category. 2011-12 data on referral source is therefore not directly comparable to previous annual reports.

2. Abbreviations and definitions

2.1 Abbreviations

CARAT	Counselling, Assessment, Referral, Advice and Throughcare
CJS	Criminal Justice System
DIP	Drug Interventions Programme
DRR	Drug Rehabilitation Requirement (formerly DTTO)
MoCAM	Models of Care for Alcohol Misusers (see web links)
NDEC	National Drug Evidence Centre (University of Manchester)
NDTMS	National Drug Treatment Monitoring System
NTA	National Treatment Agency for Substance Misuse
PCT	Primary Care Trust

2.2 Definitions

Agency	A provider of services for the treatment of alcohol misuse. The agency may be statutory (i.e. NHS) or non-statutory (i.e. third sector, charitable).
Agency code	A unique identifier for the treatment provider (agency) assigned by the regional NDTMS centres - for example L0001.
Attributor	A concatenation of a client's initials, date of birth and gender. This is used to isolate records that relate to individual clients.
Client	An alcohol user presenting for structured alcohol treatment. Records relating to individual clients are isolated and linked based on the attributor and PCT of residence.
Discharge date	This is usually the planned discharge date in a client's treatment plan, where one has been agreed. However, if a client's discharge was unplanned, then the date of last face-to-face contact with the agency is used.
Drug Partnership	Partnerships responsible for delivering the drug strategy at a local level (also known as Drug and Alcohol Action Team, or DAAT).
Episode	A period of contact with a treatment provider, from referral to discharge.
Episode of treatment	A set of interventions with a specific care plan. A client may attend one or more modalities/interventions (or types) of treatment during the same episode of treatment. A client may also have more than one episode in a year. A client is considered to have been in contact

during the year, and hence included in these results, if any part of an episode occurs within the year. Where several episodes were collected for an individual, attributes such as ethnicity, primary drug etc. are based on the first valid data available for that individual.

In contact	Clients are counted as being in contact with treatment services if their date of presentation (as indicated by triage), modality start, modality end or discharge indicates that they have been in contact with an agency during the year.
Modality/intervention	A type of treatment, e.g. structured counselling, community prescribing etc.
First/Subsequent Intervention	'First intervention' refers to the first intervention that occurs in a treatment journey. 'Subsequent intervention' refers to interventions, within a treatment journey, that occur after the first intervention.
Presenting for treatment	The first face-to-face contact between a client and a treatment provider.
Primary drug	The substance that brought the client into treatment at the point of triage/ initial assessment. All clients contained in sections 4 and 5 of this report have alcohol recorded as their primary drug.
Referral date	The date the client was referred to the agency for this episode of treatment.
Structured treatment	Structured treatment follows assessment and is delivered according to a care plan, with clear goals, which are regularly reviewed with the client. It may comprise a number of concurrent or sequential treatment interventions. It refers to tiers 3 and 4 of the MoCAM framework.
Tiers of treatment	MoCAM outlined a four-tier framework for treatment: Tier 1 Alcohol-related information and advice, screening, simple brief interventions and referral Tier 2 Open access, non-care-planned, alcohol-specific interventions Tier 3 Community-based, structured, care-planned alcohol treatment Tier 4 Alcohol specialist inpatient treatment and residential rehabilitation
Treatment journey	A set of concurrent or serial treatment episodes linked together to describe a period of treatment based on the clients' attributors and PCT of residence. This can be within one provider or across a number of different providers.
Triage	An initial clinical risk assessment performed by a treatment provider. A triage includes a brief assessment

of the problem as well as an assessment of the client's readiness to engage with treatment, in order to inform a care plan.

Triage date The date that the client made a first face-to-face presentation to a treatment provider. This could be the date of triage/ initial assessment though this may not always be the case.

Waiting times The period from the date a person is referred for a specific treatment modality and the date of the first appointment offered. Referral for a specific treatment modality typically occurs within the treatment agency, at or following assessment.

Please note: Full operational definitions can be found in the NDTMS Core Data Set documents on <http://www.nta.nhs.uk/core-data-set.aspx>.

3. Methodology

NDTMS data are gathered from treatment providers by regional NDTMS centres and provided to the NTA for data analysis, processing and verification. Analysis is further verified by The National Drug Evidence Centre (NDEC) at the University of Manchester. These analyses are then published by the NTA and NDEC on behalf of The Department of Health.

Those records that have the following are excluded from these analyses:

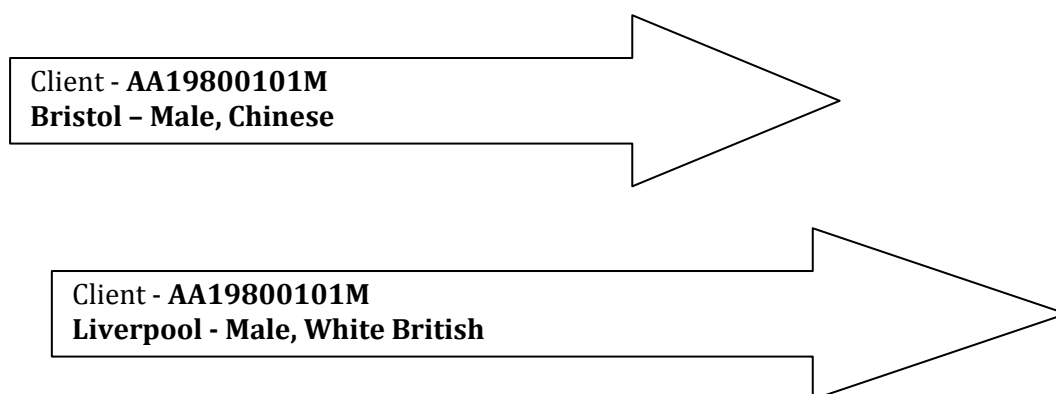
- a missing agency code
- a modality recorded as Tier 1 or Tier 2
- a missing date of birth
- an age under 9 or over 75 years at triage
- anything other than alcohol recorded as the primary drug
- an illogical chronological sequence of referral date, triage date and discharge date

Age - The methodology used to calculate the age of clients is based on the client's age at the start of the financial year (1st April 2011) if they were already in contact with treatment at that point, otherwise their age at triage in the year is used.

Rounding - The percentages given in tables are rounded to the nearest whole per cent. Totals may not add up to 100 due to rounding. Values less than five have been suppressed and associated figures have been rounded to the nearest five in order to prevent deductive disclosure of personal information.

Individuals and Attributors - All totals in this report are the summation of the PCT totals. An explanation of the methodology is outlined below.

The NDTMS collects limited attributable information on clients in structured treatment; these are First initial, Surname initial, Date of Birth and Gender. In using only this information to identify individuals, it is not always possible to determine if records that share identical attributors refer to the same person or if they refer to more than one. In this scenario, clients with identical attributors could be counted as one person, for example



a client with the attributor AA19800101M starts treatment whilst resident in Liverpool PCT while a client with the same attributor is already in treatment whilst resident in Bristol PCT. Using only attributors to identify individual clients, these two would be reported as one individual, with the latest episode of the two providing the information. This, effectively, arbitrarily chooses one set of profile information and ignores the other. This has the effect of under-estimating the number of clients in treatment.

Therefore, where there are two instances of the same attributor resident in two different PCTs, they are reported as two individuals. This corrects for having to decide arbitrarily which set of client and episode information to choose and allows accurate reporting of the progress and outcome of each individual treatment journey. This is the method used in this report.

In the rare case that a client receives treatment whilst resident in different PCTs, this has the effect of slightly over-estimating the number of individuals in treatment. However, where there are two clients with the same attributor in the same PCT, this method considers them one individual. Their multiple episodes are then utilised to construct the treatment journey as defined below.

If a client has more than one treatment journey in the reporting period, the most recent is always used for reporting purposes.

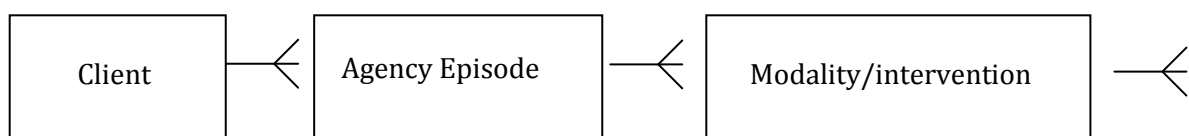
Reporting Substances - The NDTMS collects up to three substances recorded as problematic for the client by the clinician at the point of triage. Sections 4, 5, 6 and 7 of this report contain further details on clients whose cited primary problem was alcohol.

In 2011-12, there were a further 33,689 clients aged 18 and over who cited alcohol misuse as an adjunctive problem to a range of other primary problematic substances. It is expected that these clients will have received treatment for their alcohol misuse alongside treatment for these other problematic substances.

3.1 Data model

The data model used by NDTMS is shown below.

- Each client may receive one or more episodes of care at one or more treatment agencies.
- During each agency episode, the treatment agency may provide the client with one or more treatment modalities or interventions.



One to many relationship

3.2 Methodological notes


Episodes are identified by unique combinations of attributor, PCT of residence, agency attended and date of triage.


Clients are reported based on their latest treatment journey within the year. Any information pertinent to their status at treatment start is taken from the first episode within the treatment journey e.g. referral source. Other data is taken across all the episodes in the treatment journey to ensure that all information, as treatment progresses, is captured. **Treatment journeys.** The concept of the treatment journey was first described in [Models of care for treatment of adult drug misusers: Update 2006](#) and later referred to in [MoCAM](#). Effectively, a treatment journey is a series of linked episodes of care. Episodes are considered linked elements of a continuous treatment journey if they are concurrent, or if the period between discharge from one episode and the start of the next is 21 days or less. If a period of more than 21 days elapses after

discharge from a treatment episode, then the next episode is considered the start of a new treatment journey.

The following diagram shows how episodes of care, occurring at three treatment agencies, are clustered into treatment 'journeys'.

Black lines  indicate continuous episodes of care between the date a person starts the first modality and the date they are discharged from the agency.

Green lines  indicate periods of < 21 days between discharge and starting a treatment modality in another episode.

Red lines  indicate periods of > 21 days between discharge and starting a treatment modality in another episode.



Treatment Exits. Having now employed the treatment journey methodology for each client in contact with treatment it is possible to report when the client has exited structured treatment completely. This is determined when every episode in a treatment journey has a discharge date recorded, the latest discharge date in the sequence is used to denote the date of treatment exit and the latest discharge reason is used to report why the treatment journey ended.

4. Key Findings

During 2011-12 NDTMS reported 108,906 clients aged 18 and over in contact with structured treatment citing alcohol as their primary problematic substance. This section provides further detail on these clients.

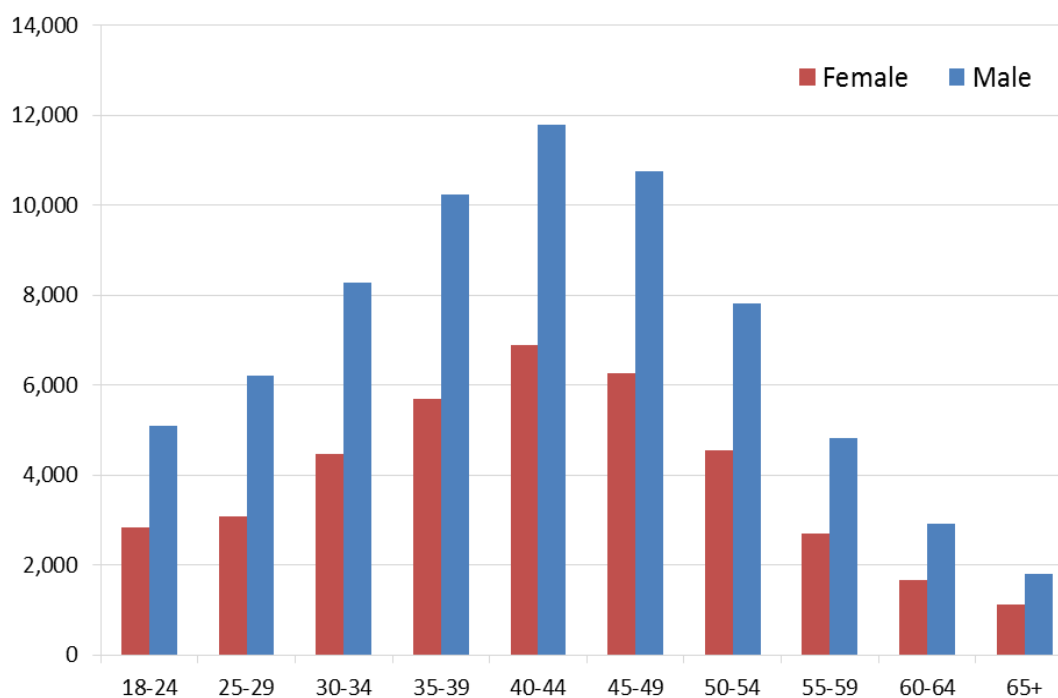
4.1 Age and gender of all clients

The age and gender of clients at their first point of contact with treatment in the 2011-12 financial year is reported in Table 4.1.1 and Figure 4.1.1. Most (64%) treated persons were male. The average (median) age of clients in treatment in 2011-12 was 42 years. There was no difference in average age between men and women. 72% of men in treatment were aged 35 or over, with a similar 74% of women.

Table 4.1.1 Age and Gender: 2011-12

Age	Female		Male		Persons	
	n	%	n	%	n	%
18-24	2,831	7%	5,094	7%	7,925	7%
25-29	3,069	8%	6,198	9%	9,267	9%
30-34	4,457	11%	8,275	12%	12,732	12%
35-39	5,695	15%	10,237	15%	15,932	15%
40-44	6,891	18%	11,782	17%	18,673	17%
45-49	6,271	16%	10,747	15%	17,018	16%
50-54	4,550	12%	7,803	11%	12,353	11%
55-59	2,699	7%	4,809	7%	7,508	7%
60-64	1,651	4%	2,923	4%	4,574	4%
65+	1,123	3%	1,801	3%	2,924	3%
Total Clients	39,237	36%	69,669	64%	108,906	

Figure 4.1.1 Age and Gender: 2011-12



4.2 Ethnicity

Table 4.2.1 shows clients' ethnicity. Most (92%) were White; the majority of these were White British. No other ethnic group accounted for more than two percent of clients each.

Table 4.2.1: Ethnicity: 2011-12

Ethnicity	n	%
White British	94,292	88%
White Irish	1,964	2%
Other White	2,582	2%
White and Black Caribbean	683	1%
White and Black African	213	0%
White and Asian	246	0%
Other Mixed	411	0%
Indian	1233	1%
Pakistani	325	0%
Bangladeshi	114	0%
Other Asian	626	1%
Caribbean	679	1%
African	607	1%
Other Black	532	0%
Chinese	24	0%
Other	578	1%
Not Stated	2,054	2%
Unknown	70	0%
Total	107,233	100%
Inconsistent/Missing	1673	2%
Total inc Inconsistent/Missing	108,906	

4.3 Source of referral into treatment of new journeys

Table 4.3.1 shows a breakdown of new presentations by source of referral. Information about source of referral was provided for 73,865 (99%) new presentations to treatment in 2011-12. Of these, self-referrals (38%) were most common. The second most common source of referral was from GPs (19%). Referrals from the criminal justice system (consisting of: Arrest referral/DIP, CARAT/Prison, DRR or Probation) made up 8% of all referrals; most of these were from the Probation Service. Referrals from substance misuse services (which reflect movement between agencies) amounted to 11% of the total; 4% were from statutory services while non-statutory substance misuse services accounted for 6%.

Table 4.3.1: Source of referral into treatment, new journeys 2011-12*

Referral Source	n	%
A&E (Accident & Emergency)	872	1%
Arrest referral / DIP	1,420	2%
CARAT / Prison	288	0%
Community Alcohol Team	3,087	4%
Community care assessment	160	0%
Connexions	20	0%
DRR	30	0%
Hospital	3,222	4%
Substance misuse service non-statutory	4,765	6%
Substance misuse service statutory	3,121	4%
Education Service	32	0%
Employment service	177	0%
GP	14,330	19%
LAC (Looked After Children)	16	0%
Other	7,298	10%
Probation	4,298	6%
Psychiatry	1,458	2%
Self	27,899	38%
Social services	1,372	2%
Total	73,865	100%
Inconsistent/Missing	488	1%
Total inc Inconsistent/Missing	74,353	

*Referral source groups have been updated in 2011-12 to provide greater clarity. Results are therefore not directly comparable to previous annual reports.

4.4 Housing situation of new treatment journeys

The housing situation at presentation was reported for 68,749 (92%) clients. Of these, 2,753 (4%) reported an urgent housing problem (where they have no fixed abode), while a further 7,157 (10%) reported a housing problem (such as staying with friends or family as a short-term guest or residing at a short-term hostel). A further 58,289 (85%) reported no housing problem.

Table 4.4.1: Housing situation of new treatment journeys 2011-12

Housing situation	n	%
Urgent Problem	2,753	4%
Housing Problem	7,157	10%
No Problem	58,289	85%
Other	550	1%
Total	68,749	100%
Inconsistent/Missing	5,604	
Total inc Inconsistent/Missing	74,353	

Of the 2,753 people presenting to treatment with an urgent housing problem, 80% (2,209) were men. Men were more likely to have a housing problem, either urgent or not, than women (17% of new presentations with a known accommodation status compared to 11%). Clients aged less than 30 were twice as likely as those aged 50 and over to have a housing problem (18% of new presentations with a known accommodation status compared to 9% respectively). 15% of clients aged 30 to 49 reported a housing problem.

4.5 Waiting times, first and subsequent interventions

The table below shows a breakdown of waiting times under and over 3 weeks by first and subsequent intervention. Of 72,560 first interventions beginning in 2011-12, 61,839 (85%) began within 3 weeks of referral. There were 28,365 subsequent interventions beginning in 2011-12, of which 24,840 (88%) began within 3 weeks of referral.

Table 4.5.1: Waiting times, first and subsequent interventions 2011-12

Intervention	Under 3 Weeks	%	Over 3 Weeks	%	Total
First Intervention	61,839	85%	10,721	15%	72,560
Subsequent Intervention	24,840	88%	3,525	12%	28,365

4.6 Treatment pathways and interventions provided

As part of a treatment journey a client may receive more than one intervention while being treated at a provider and may attend more than one provider for subsequent interventions.

As there are six structured treatment interventions, there are potentially hundreds of combinations or pathways and only the most common are reported here, with the smaller numbers being grouped under 'all other combinations'. Therefore, Table 4.6.1 will not fully report the total number of interventions received by clients; this is demonstrated in Table 4.6.2.

Table 4.6.1 shows the treatment pathways for all clients in 2011-12, reported by the combination of intervention types received. The largest group (36%) is for 'structured psychosocial intervention'. This is followed by interventions recorded under 'other structured intervention (OSI)' (25%); this category can include key working, care management and brief packages of counselling. The most common combination of multiple intervention types is 'OSI and psychosocial' (5%). Other combinations including inpatient treatment and/or residential rehabilitation also account for 5% of pathways.

Table 4.6.1: Treatment pathways of clients in treatment 2011-12

Pathway	n	%
Structured Psychosocial Intervention	38,699	36%
Other Structured Intervention (OSI)	26,957	25%
Prescribing (including key working)	3,474	3%
Structured Day Programme (SDP)	3,072	3%
Inpatient Treatment (IP)	2,280	2%
Residential Rehabilitation (RR)	1,227	1%
Young Persons Intervention	1,104	1%
OSI and Psychosocial	5,511	5%
Prescribing (including key working) and Psychosocial	3,148	3%
OSI and Prescribing (including key working)	2,176	2%
IP and OSI	1,827	2%
Psychosocial and SDP	1,518	1%
IP and Psychosocial	1,450	1%
SDP and OSI	1,389	1%
Psychosocial, OSI, IP	719	1%
Psychosocial, OSI, SDP	754	1%
Psychosocial, OSI, Prescribing (including key working)	1052	1%
All Other Combinations (inc IP and/or RR)	5,356	5%
All Other Combinations	958	1%
No Intervention Commenced	6,235	6%
Total	108,906	

To be included in the above table, a start date for an intervention must be present. The 6% under 'no intervention commenced' are generally, but not exclusively, either missing such a date or were initially assessed but exited treatment (see section 4.7 below) before starting an intervention.

Table 4.6.2 shows the number of clients who received each intervention / modality in their latest treatment journey. Young person specific interventions are presented separately. Although the data refers to adults in alcohol treatment, there are some clients receiving young person specific interventions that they commenced as a young person aged less than 18. Clients are counted once for each intervention type they received in their latest journey, therefore % may sum to more than 100%.

Of all clients, 51% accessed structured psychosocial interventions and 40% received interventions recorded under 'other structured intervention' in the year; 11% received a prescribing intervention and 9% accessed structured day programmes; 10% of clients received inpatient treatment and 4% received residential rehabilitation.

Table 4.6.2: Interventions received by clients in treatment 2011-12

Intervention	n	%*
Inpatient Detoxification	10,364	10%
Residential Rehabilitation	4,268	4%
Prescribing (including key working)	12,405	11%
Structured Psychosocial Intervention	55,925	51%
Structured Day Programme	9,675	9%
Other Structured Intervention	43,791	40%
Young Persons Intervention	1,182	1%

* % are calculated out of all clients in treatment, as clients may receive more than one type of intervention
% may sum to greater than 100.

4.7 Treatment exits and successful completions

Table 4.7.1 shows the treatment exit reasons for clients exiting treatment in 2011-12. There were 66,894 clients aged 18 and over who were discharged from treatment during the year and were not in treatment on 1st April 2012. Of these, 38,174 (57%) were discharged successfully. This is defined as completing treatment and not requiring any further structured alcohol intervention. In some cases, there may be evidence of alcohol use but this is not judged by the client's clinician to be problematic or to require treatment. A further 4,261 (6%) were transferred for further treatment within the community, while 807 (1%) were transferred into appropriate treatment while in custody.

Table 4.7.1: Treatment exit reasons for individuals 2011-12

Treatment Exit Reason	n	%
Treatment Completed – Free of Dependency	16,011	24%
Treatment Completed - Free of Dependency (no alcohol use)	22,163	33%
Successful Completion Subtotal	38,174	57%
Transferred – not in custody	4,261	6%
Transferred – in custody	807	1%
Treatment Withdrawn/Breach of Contract	853	1%
Dropped Out/Left	18,819	28%
Prison	450	1%
Died	714	1%
Not Known	2	0%
Treatment declined by client	2,813	4%
No Appropriate Treatment	1	0%
Total (Individuals Discharged)	66,894	

Table 4.7.2 shows the treatment pathways of the 38,174 clients who completed treatment free of dependency in 2011-12. The pathways are displayed in two parts; the upper part of the table shows the number of clients who received only one type of treatment during their journey, whereas the lower part shows the number of clients receiving multiple interventions. Of all those completing treatment free of dependency, 20,307 (53%) received structured psychosocial interventions either on their own or together with another structured intervention. 5,489 (14%) of clients received inpatient treatment or residential rehabilitation either on their own (5%) or together with another structured intervention (10%).

Table 4.7.2 Pathways for clients completing treatment free of dependency 2011-12

Pathway	n	%*
SINGLE INTERVENTION		
Inpatient Treatment	1,273	3%
Residential Rehabilitation	554	1%
Prescribing (including key working)	1,227	3%
Structured Psychosocial Intervention	14,274	37%
Structured Day Programme	1,193	3%
Other Structured Intervention	8,952	23%
Young Persons Intervention	501	1%
Sub-total of individuals	27,974	73%
MULTIPLE INTERVENTIONS		
Inpatient plus	2,638	7%
Residential Rehabilitation plus	1,024	3%
Prescribing (including key working) plus	3,040	8%
Psychosocial plus	6,033	16%
Structured Day Programme plus	2,436	6%
Other Structured Intervention plus	5,634	15%
Sub-total of individuals	8,998	24%
All clients completing treatment free of dependency	38,174	

*Some clients did not commence an intervention during the treatment journey, % are counted out of all exits and therefore may not add up to 100%.

5. Comparisons between the last four years

This section compares the 2011-12 findings with those from the last 3 years of formal data collection (2008-09, 2009-10 and 2010-11). Although comparisons are made between these four years, any emerging trends cannot be confirmed based on only the first four years of data.

5.1 Total number in treatment

Table 5.1.1 shows the total number of clients in contact with structured alcohol treatment at any point in the year for the four years: 2008-09, 2009-10, 2010-11 and 2011-12. Clients who were in treatment during a period which crosses into more than one year are counted once in each year this occurs. The total number of clients in treatment has increased from 100,098 in 2008-09 to 108,906 in 2011-12. There was a decrease in the total number of clients in treatment between the last two years of 2,119 clients from 111,025 in 2010-11 to 108,906 in 2011-12. However there has also been an increase in the number of new presentations and the number of successful completions between these two years (see tables 5.2.1 and 5.5.1).

Table 5.1.1 Gender of all clients in treatment

	Female		Male		All	
	n	%	N	%	n	%
2008-09	35,818	36%	64,280	64%	100,098	100%
2009-10	39,187	35%	72,194	65%	111,381	100%
2010-11	39,259	35%	71,766	65%	111,025	100%
2011-12	39,237	36%	69,669	64%	108,906	100%

5.2 Age and gender of new journeys

Table 5.2.1 shows the age and gender distribution among new presentations to treatment in the last four years. The number of new journeys has steadily increased year on year with an overall increase of 9% from 67,912 in 2008-09 to 74,353 in 2011-12. There is little variation in the age and gender make up between the last four years. 65% of new presentations were male in 2008-09 compared to 66% in 2009-10 and 65% in the last two years. For both male and female clients, the age group with the largest proportion of new presentations was 40-44 year olds during each year reported.

Table 5.2.1 Age and gender for all new treatment journeys

	Age	Female		Male		Persons	
		n	%	n	%	n	%
2008-09	18-24	2,006	9%	4,164	9%	6,170	9%
	25-29	2,093	9%	4,386	10%	6,479	10%
	30-34	2,789	12%	5,451	12%	8,240	12%
	35-39	3,805	16%	7,140	16%	10,945	16%
	40-44	4,026	17%	7,624	17%	11,650	17%
	45-49	3,473	15%	6,241	14%	9,714	14%
	50-54	2,367	10%	4,177	9%	6,544	10%
	55-59	1,489	6%	2,790	6%	4,279	6%
	60-64	940	4%	1,597	4%	2,537	4%
	65+	496	2%	858	2%	1,354	2%
	Total Clients	23,484	100%	44,428	100%	67,912	100%
2009-10	18-24	2,077	8%	4,251	9%	6,328	9%
	25-29	2,184	9%	4,901	10%	7,085	10%
	30-34	2,891	12%	5,863	12%	8,754	12%
	35-39	3,874	16%	7,623	16%	11,497	16%
	40-44	4,397	18%	8,126	17%	12,523	17%
	45-49	3,685	15%	6,935	14%	10,620	15%
	50-54	2,472	10%	4,511	9%	6,983	10%
	55-59	1,637	7%	2,939	6%	4,576	6%
	60-64	965	4%	1,726	4%	2,691	4%
	65+	607	2%	977	2%	1,584	2%
	Total Clients	24,789	100%	47,852	100%	72,641	100%
2010-11	18-24	1,882	7%	3,937	8%	5,819	8%
	25-29	2,136	8%	4,595	10%	6,731	9%
	30-34	2,916	11%	5,850	12%	8,766	12%
	35-39	3,866	15%	7,485	16%	11,351	15%
	40-44	4,528	18%	8,145	17%	12,673	17%
	45-49	3,985	16%	7,101	15%	11,086	15%
	50-54	2,660	10%	4,873	10%	7,533	10%
	55-59	1,744	7%	3,196	7%	4,940	7%
	60-64	1,060	4%	1,897	4%	2,957	4%
	65+	665	3%	1,184	2%	1,849	3%
	Total Clients	25,442	100%	48,263	100%	73,705	100%
2011-12	18-24	1,949	7%	3,572	7%	5,521	7%
	25-29	2,100	8%	4,504	9%	6,604	9%
	30-34	3,023	11%	5,828	12%	8,851	12%
	35-39	3,874	15%	7,089	15%	10,963	15%
	40-44	4,569	17%	8,065	17%	12,634	17%
	45-49	4,134	16%	7,243	15%	11,377	15%
	50-54	3,109	12%	5,295	11%	8,404	11%
	55-59	1,780	7%	3,209	7%	4,989	7%
	60-64	1,080	4%	1,947	4%	3,027	4%
	65+	729	3%	1,254	3%	1,983	3%
	Total Clients	26,347	100%	48,006	100%	74,353	100%

5.3 Waiting times

Table 5.3.1 shows that for first interventions the percentage of waiting times under 3 weeks has steadily increased each year from 78% in 2008-09 to 79% in 2009-10, 82% in 2010-11 and 85% in 2011-12. A similar increase from 79% in 2008-09 to 83% in 2009-10, 85% in 2010-11 and 88% in 2011-12 is seen for subsequent interventions.

Table 5.3.1 Waiting times first and subsequent interventions

	Intervention	Under 3 Weeks	%	Over 3 Weeks	%	Total
2008-09	First Intervention	49,546	78%	14,293	22%	63,839
	Subsequent Intervention	16,677	79%	4,317	21%	20,994
2009-10	First Intervention	54,242	79%	14,368	21%	68,610
	Subsequent Intervention	20,046	83%	4,183	17%	24,229
2010-11	First Intervention	59,039	82%	12,553	18%	71,592
	Subsequent Intervention	22,836	85%	3,939	15%	26,775
2011-12	First Intervention	61,839	85%	10,721	15%	72,560
	Subsequent Intervention	24,840	88%	3,525	12%	28,365

5.4 Interventions received

Table 5.4.1 shows the number of interventions received by clients in their latest treatment journey between 2008-09 and 2011-12. The percentage of clients receiving structured psychosocial interventions has steadily increased from 38% (38,121 clients) in 2008-09 to 51% (55,925 clients) in 2011-12. 'Other structured treatment' has changed from being the most common intervention in 2008-09 (45%, 44,894 clients) to the second most common in 2011-12 (40%, 43,791 clients).

Table 5.4.1 Interventions received

Intervention	2008-09		2009-10		2010-11		2011-12	
	n	%	n	%	n	%	n	%
Inpatient Detoxification	8,655	9%	9,971	9%	9,962	9%	10,364	10%
Residential Rehabilitation	3,948	4%	4,321	4%	4,132	4%	4,268	4%
Prescribing (including key working)	8,819	9%	11,662	10%	12,272	11%	12,405	11%
Structured Psychosocial Intervention	38,121	38%	49,002	44%	54,167	49%	55,925	51%
Structured Day Programme	8,871	9%	9,944	9%	10,066	9%	9,675	9%
Other Structured Intervention	44,894	45%	46,105	41%	44,872	40%	43,791	40%

* Percentages are calculated based on the total number of clients in treatment in the year. A person may receive more than one intervention in their latest journey and will be counted in each applicable category, therefore percentages sum to more than 100.

5.5 Treatment exit reasons

Treatment exit reasons for the last four years are shown in 5.5.1. In 2009-10 a new discharge coding system was introduced (see further explanation on page 5). As a result of these coding changes and the introduction of new categories, it is not possible to directly compare 2009-10 data to that from 2008-09. Between 2009-10 and 2011-12, the number of successful completions increased by 7,644 from 30,533 to 38,177 clients. The proportion of successful completions also increased from 48% to 57%.

Table 5.5.1 Treatment Exit Reasons

Treatment Exit Reason	2008-09		2009-10		2010-11		2011-12	
	n	%	n	%	n	%	n	%*
Treatment Completed – Free of Dependency	19,830	37%	13,821	22%	15,866	24%	16,011	24%
Treatment Completed - Free of Dependency (no alcohol use)	6,440	12%	16,712	26%	20,047	30%	22,163	33%
Successful Completion Subtotal	26,270	50%	30,533	48%	35,913	54%	38,174	57%
Transferred – not in custody	-	-	4,640	7%	4,404	7%	4,261	6%
Transferred – in custody	-	-	475	1%	662	1%	807	1%
Referred On (Old code)	3,884	7%	1,152	2%	271	0%	-	0%
Treatment Withdrawn/Breach of Contract	1,003	2%	1,256	2%	1,049	2%	853	1%
Dropped Out/Left	15,609	29%	21,012	33%	19,777	30%	18,819	28%
Moved Away	775	1%	115	0%	21	0%	-	0%
Prison	521	1%	509	1%	452	1%	450	1%
Died	495	1%	632	1%	707	1%	714	1%
Other	999	2%	227	0%	108	0%	-	0%
Not Known	213	0%	50	0%	21	0%	2	0%
Treatment declined by client	2,630	5%	2,876	5%	3,034	5%	2,813	4%
No Appropriate Treatment	615	1%	155	0%	76	0%	1	0%
Total (Individuals Discharged)	53,014		63,632		66,495		66,894	

* Percentages may not add up to exactly 100% due to rounding.