
“Tackling the impact of harmful
and dependent drinking is a key
public health priority...”

ALCOHOL TREATMENT IN ENGLAND 2011-12

Alcohol treatment in England 2011-12

1. The background to the data

Most people drink alcohol responsibly, but there are still many who drink to excess. Between the late 1950s and the late 1990s alcohol consumption per head in the UK more than doubled, and today around nine million adults in England drink at levels that pose some risk to their health. An estimated 1.6 million people have some degree of alcohol dependence, and of these some 250,000 are believed to be moderately or severely dependent and require 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. There were around 1.2 million alcohol-related hospital admissions in England in 2010-11 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.

From April 2013, Public Health England will support local authorities in their efforts to reduce alcohol-related harm. Local authorities will become responsible for commissioning alcohol services that prevent and treat alcohol misuse and dependency. These services should operate in line with NICE's recent guidance and quality standards for managing harmful drinking and alcohol dependence.

The data in this report shows how the treatment system for alcohol in England has been performing ahead of these changes. 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 three years before 2011-12.

The 2011-12 headlines

1 108,906 people received alcohol treatment in 2011-12, down from 111,025 the year before

2 74,353 people started treatment during the year, up from 73,705 in 2010-11

3 18,819 people dropped out of treatment, down from 19,777 in the previous year

4 38,174 people successfully completed their treatment, up from 35,913 in 2010-11

As such, this report gives an insight into alcohol treatment in England today – the number and sort of people using treatment services, the type of treatment they are receiving, how well they are doing, and so on.

2. What the data reveals

NDTMS has been collecting alcohol treatment data for the past four years.

Compared to last year, this year's statistics show a slight decrease in the number of people who are in treatment, but a slight increase in the number of new entrants, and an increase in the number who successfully complete their treatment.

The number of people in the alcohol treatment system was 108,906 in 2011-12. This compares to 111,025 for 2010-11. That's a fall of 2,119 or 2% in just the past year.

But this drop in the total number of people receiving treatment is not because there are fewer people finding their way into services. The figures for new presentations tell a different story – there were 74,353 in 2011-12, up from 73,705 in 2010-11, 72,641 in 2009-10 and 67,912 in 2008-09.

Instead, the drop is explained by the figures for successful completions. These have gone up 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. The proportion of people dropping out has also fallen, to 28% (18,819) of all those leaving treatment, down from 30% in 2010-11, 33% 2009-10 and 29% in 2008-09.

So while more people came into treatment for alcohol problems during the year, even more got better over the same time, meaning the total number in treatment fell.

“The treatment most received were ‘talking therapies’ which help people to understand and change their behaviour”

The demographic data for 2011-12 shows that 70% of all the people in alcohol treatment were concentrated in the 30 to 54 age range. Just 16% were aged 18-29, and 14% aged 55 and over (3% were 65 and over). The average age of a person in treatment was 42. 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 (88%). All other groups each accounted for only 2% or less.

Waiting times have continued to improve. The proportion of people who waited fewer than three weeks to start their treatment was 85% in 2011-12, up from 82% in 2010-11, 79% in 2009-10 and 78% in 2008-09. While these figures are heading in the right direction, there remains plenty of room for further improvement.

People came into alcohol treatment during 2011-12 via a number of different routes, though the category that accounted for most (38% or 27,899) was self-referral.

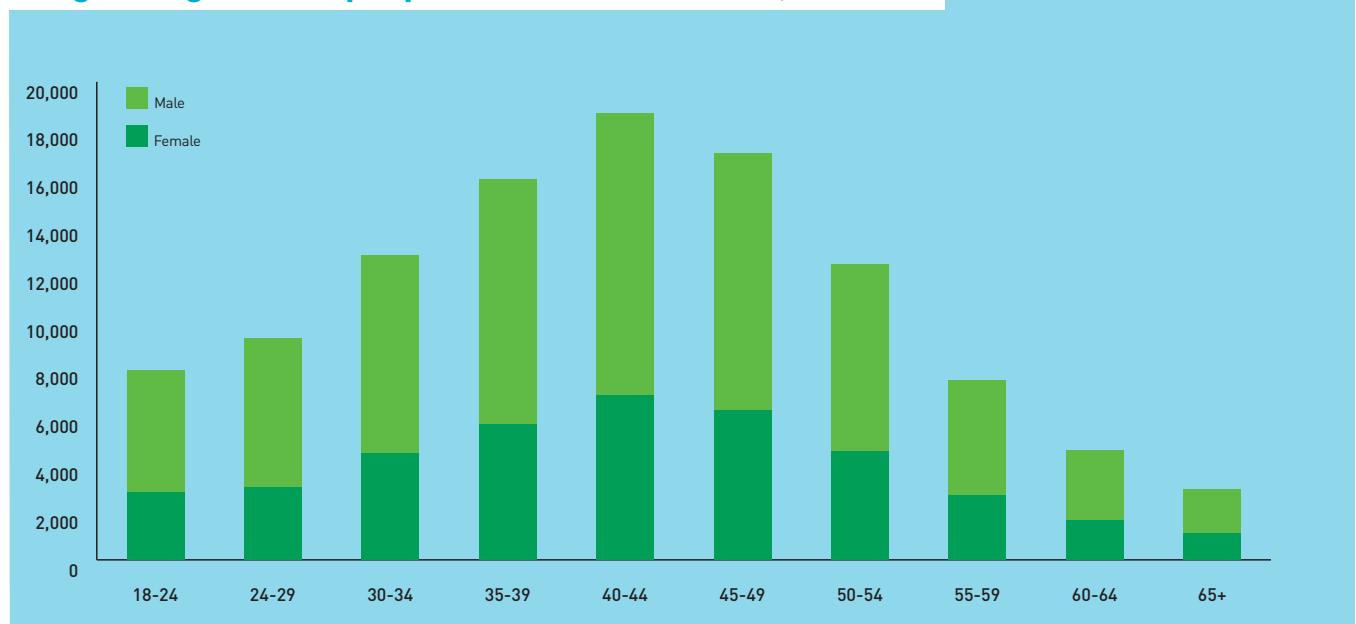
The second most common referral source was the GP surgery – 19% of the intake for 2011-12 (14,330) came into treatment this way. But this is not an especially high figure given that around one in five people seeing a GP drinks above lower-risk levels. Likewise, referrals from hospital A&E departments was just 1% (872). Although not everybody

who goes to A&E with an alcohol-related problem needs specialist treatment, this figure still appears small when an estimated 35% of A&E attendances are alcohol-related. An aim for the coming years is that these two key routes will become more active in identifying and referring people who need treatment for harmful drinking and alcohol dependency. Other referral sources for the year included drug services (11%), probation (6%), and the non-specialist sections of community alcohol teams (4%).

The treatment that most people received by far in 2011-12 for harmful drinking and alcohol dependency 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. Some received a prescribing intervention to help them detoxify or to prevent relapse (11%), some were admitted as in-patients for treatment (10%), and some attended a residential service (4%).

Close to 67,000 people left alcohol treatment during 2011-12. The breakdown of the data reveals that the majority (38,174 or 57%) did so because they had successfully completed their treatment. Of these, 22,163 (33% of the total who left treatment) successfully completed their treatment and chose to abstain from alcohol. The remaining 24% successfully

1. Age and gender of people in alcohol treatment, 2011-12



“While long-term trends have yet to emerge, a picture of the alcohol treatment system is beginning to form”

completed treatment and chose to continue drinking alcohol in a controlled way.

The next largest category of people leaving were those who dropped out or left early – 18,819 or 28%. Some of these may have left early because they had achieved all they needed from treatment, and others will have failed to make progress. The number of people who drop out of treatment has fallen by 10% since 2009-10 (when they rose sharply after 2008-09), suggesting that services have got better at engaging and holding on to people who need help for an alcohol problem.

3. Looking ahead

While long-term trends have yet to emerge, a picture of the alcohol treatment system in England and its performance is beginning to form and will become clearer over the next few years as the bank of data accumulates and the reporting system itself settles further.

The number of people receiving treatment is down slightly, but this can be explained by a quicker throughput as more new entrants are coming into the system but more are also leaving successfully.

Local variations in provision may mean that people in some areas have better access to alcohol services than others.

However, preventing and treating alcohol problems is a key priority for the government, as outlined in its alcohol strategy. The health problems and costs associated with alcohol misuse are rising year-on-year and will continue to be a significant concern for local areas.

To meet the challenges ahead we must take every opportunity to identify alcohol misuse and ensure that services are in place in all areas to provide appropriate evidence-based treatment for those who need it. ■

2. People starting new treatment, and people successfully completing 2008-12

