Public Health England

Protecting and improving the nation's health

Adults - alcohol commissioning support pack 2019-20: key data

Planning for alcohol harm prevention, treatment and recovery in adults

Wirral
(using latest available data)

PHE publications gateway number: 2018467

About this commissioning tool

The health harms associated with alcohol consumption in England are widespread, with around 10.4 million adults (Health Survey for England 2015, NHS Digital) drinking at levels that pose some level of risk to their health. Due to the breadth of these problems, this pack provides a range of alcohol-related data. Firstly, in relation to different levels of alcohol-related harm in your local population and secondly data about your local alcohol treatment system.

Indicators in the first section will help you monitor the extent to which alcohol is impacting on the health of the local population. Data in this section has been taken from the Local Alcohol Profiles for England (LAPE) and comparisons to local and national benchmarks are provided. Further information on alcohol-related harm in your local area can be found on the Public Health Profiles (Health Profiles) tool at:

http://fingertips.phe.org.uk/profile/local-alcohol-profiles

To understand better how your local alcohol system is responding to these problems, additional local data can be used. Data related to targeted alcohol prevention interventions in local areas, such as Identification and Brief Advice (IBA), are not collected nationally but should be available at a local level. A list of wider data sources is referenced at the end of the pack.

In the second section of this report there is key information about adult alcohol clients in your local alcohol treatment system during 2017-18, alongside national data for comparison. The data is taken from the National Drug Treatment Monitoring System (NDTMS) and reflects activity reported for individuals in structured alcohol treatment.

Detailed information relating to the methods used in calculating all data items in this pack is available in the supporting document 'Technical definitions for the data to support planning for effective alcohol harm prevention, treatment and recovery in 2019-20'.

Data on alcohol related harm in your area

The following section uses data from the LAPE and makes comparisons against national and local benchmarks using a nearest neighbour approach. The nearest neighbour approach groups each local authority with 15 other areas that are similar across a range of demographic, socio-economic and geographic variables. Utilising a nearest neighbour approach allows like-for-like comparisons of areas and can reveal patterns in the data that would not otherwise be seen when making comparisons against a national benchmark. It is therefore important to consider both national and nearest neighbour comparisons when interpreting the data.

There are two types of benchmarks in this data pack. The first is at the local level and demonstrates which quartile the area falls into within its nearest neighbour group, the second is at national level and shows which quartile the area falls into within all Upper Tier Local Authorities (UTLA) in England. Quartile one (shown in dark green) is indicative of lower levels of alcohol-related harm compared to the benchmark. Quartiles two and three indicate increasing levels of harm respectively and areas in quartile four (shown in red), suggest the local authority has the highest levels of harm compared to the benchmark. All data is reported at UTLA, however data for other geographies including Lower Tier Local Authorities (LTLA) can be found on the Public Health Profiles (Fingertips) site.

Where cells appear with an asterisk (*), small numbers have been suppressed to prevent disclosure or values cannot be calculated as the number of cases is too small. Please refer to the technical guidance for further information on this.

The areas identified as the 15 nearest neighbours for Wirral are:

Sefton, North Tyneside, Plymouth, Northumberland, Southend-on-Sea, Redcar and Cleveland, Darlington, Dudley, North East Lincolnshire, St Helens, Rotherham, Calderdale, Sunderland, Barnsley, Doncaster

---

Hospital admissions due to alcohol

Local National

The data below reflects the general impact of alcohol on population health. Alcohol-related hospital admissions can be due to regular alcohol use that is above lower risk levels and are most likely to involve increasing risk drinkers, higher risk drinkers, dependent drinkers and binge drinkers. Health conditions in which alcohol plays a causative role can be classified as either 'alcohol-specific' or 'alcohol-related'.

The first two indicators below refer to 'alcohol-specific' conditions, where alcohol is causally implicated in all cases, e.g. alcohol poisoning or alcoholic liver disease. The subsequent two indicators are for 'alcohol-related conditions' which include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases, for example high blood pressure, various cancers and falls.

Admissions episodes for alcohol-specific conditions - under 18s / all ages give a crude indication of the direct health impact of alcohol on the health of that group (includes both male and female).

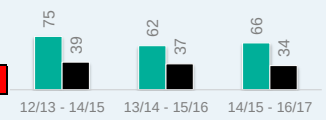
Admission episodes for alcohol-related conditions was developed as a measure of pressures from alcohol on health systems. For this indicator the alcohol-attributable fractions* are applied in order to estimate the number of admissions, rather than the number of people. Within this there are two types of measure; broad and narrow. 'Broad' is an indication of the totality of alcohol health harm in the local adult population. 'Narrow' shows the number of admissions where an alcohol-related illness was the main reason for admission or was identified as an external cause. This definition is more responsive to change resulting from local action on alcohol and is included as an indicator in the Public Health Outcomes Framework (PHOF).

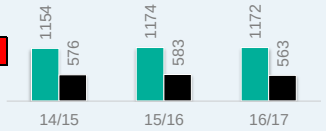
To address the harm reflected in this data, successful plans will employ what is known to work in terms of: effective prevention; health improvement interventions for those at risk; treatment and recovery services for dependent drinkers; and action to reduce binge drinking and the harms associated with it.

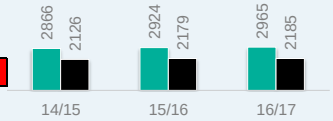
*
http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf

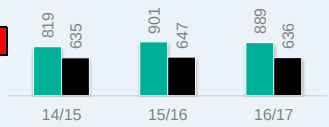
1 Lowest amount of harm | 2 Lower harm levels | 3 Higher harm levels | 4 Highest amount of harm

	Local DSR per 100,000	LCI	UCI	Nearest Neighbour Group	National DSR per 100,000	LCI	UCI	National
Admission episodes for alcohol specific conditions Under 18s** 2014/15 - 2016/17	66	*55*	*78*	4	34	*34*	*35*	4
All Ages 2016/17	1,172	*1,134*	*1,211*	4	563	*561*	*565*	4
Admission episodes for alcohol-related conditions Broad 2016/17	2,965	*2,906*	*3,025*	4	2,185	*2,181*	*2,189*	4
PHOF 2.18 Narrow 2016/17	889	*857*	*923*	4	636	*634*	*639*	4









*** Crude rate per 100,000*

Alcohol-related conditions

Local National

Alcohol has been identified as a factor in more than 60 medical conditions, many leading to hospital admission. The conditions below have been selected because of their prevalence or because they are of particular concern for some local areas and may be the focus of wider strategic action. The final indicator looks at the incidence rate of cancer by gender. This is based on data from NCRAS (National Cancer Registration and Analysis Service) as this is more indicative of the incidence of alcohol-related cancer in your area.

Men account for the majority (65%) of alcohol-related admissions. This reflects a higher level of harmful drinking among men compared to women overall (Statistics on alcohol 2017, NHS Digital). The indicators here are provided by gender in order to reflect this differential harm.

1 Lowest amount of harm | 2 Lower harm levels | 3 Higher harm levels | 4 Highest amount of harm

	Local DSR per 100,000	LCI	UCI	Nearest Neighbour Group	National DSR per 100,000	LCI	UCI	National	
Admission episodes for alcohol-related cardiovascular disease conditions (Broad)									
Males 2016/17	1,770	*1,703*	*1,838*	2	1,633	*1,627*	*1,638*	3	Male 1770 1633
Females 2016/17	822	*780*	*865*	3	718	*714*	*721*	3	Female 822 718
Admission episodes for alcoholic liver disease condition (Broad)									
Males 2016/17	231.2	*207.8*	*256.4*	3	163.7	*162.1*	*165.3*	4	Male 231.2 163.7
Females 2016/17	139.1	*121.7*	*158.3*	4	74.1	*73.1*	*75.2*	4	Female 139.1 74.1
Admission episodes for alcohol-related unintentional injuries conditions (Narrow)									
Males 2016/17	275.2	*249.1*	*303.3*	4	213.4	*211.6*	*215.2*	4	Male 275.2 213.4
Females 2016/17	105.2	*90.1*	*122.0*	4	75.3	*74.3*	*76.4*	4	Female 105.2 75.3
Admission episodes for mental and behavioural disorders due to use of alcohol condition (Narrow)									
Males 2016/17	299.3	*272.2*	*328.4*	4	102.1	*100.9*	*103.4*	4	Male 299.3 102.1
Females 2016/17	135.3	*117.8*	*154.6*	4	43.3	*42.6*	*44.1*	4	Female 135.3 43.3
Admission episodes for intentional self-poisoning by and exposure to alcohol condition (Narrow)									
Males 2016/17	87.7	*73.0*	*104.5*	4	39.7	*39.0*	*40.5*	4	Male 87.7 39.7
Females 2016/17	113.2	*97.0*	*131.4*	4	53.7	*52.9*	*54.6*	4	Female 113.2 53.7
Incidence rate of alcohol-related cancer									
Males 2014 - 2016	50.10	*43.78*	*57.07*	4	39.30	*38.83*	*39.77*	4	Male 50.10 39.30
Females 2014 - 2016	42.71	*37.36*	*48.61*	4	37.15	*36.73*	*37.58*	4	Female 42.71 37.15

Frequent hospital admissions

Data on individuals who are admitted to hospital frequently for alcohol-specific conditions have been included to give an indication of the number of drinkers who place a heavy burden on health services and, very often, on social, housing and criminal justice services. The fact that these people are suffering ongoing alcohol-specific ill health suggests that they may not have had contact with treatment services, or if they have, it is likely that services have not engaged with them for long enough for them to achieve sustained abstinence. The data below shows, for those individuals who had an alcohol specific hospital admission in 2015-16, the number of previous alcohol specific admissions they had in the preceding 24 months.

Individuals with alcohol-specific hospital admissions in 2015-16 and number of admissions in the preceding 24 months

	Local n	Local rate per 100,000*	LCI	UCI	National n	National rate per 100,000*	LCI	UCI
No previous admission	1,469	458	*435*	*482*	129,719	237	*235*	*238*
1 previous admission	305	95	*85*	*106*	24,771	45	*45*	*46*
2 or more previous admissions	438	136	*124*	*150*	30,879	56	*56*	*57*

** All person crude rate per 100,000*

Mortality and years of life lost

Local National

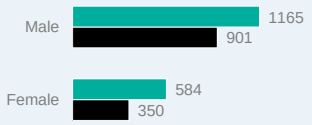
The data here reflects the level of chronic heavy drinking in the population and is most likely to be found in higher risk drinkers and dependent drinkers.

Years of life lost indicate the contribution of alcohol misuse to premature death. Early death from chronic conditions is disproportionately prevalent in lower socio-economic groups and is likely to place demand on health and social care services prior to death. The death of people of working age will additionally impact on productivity.

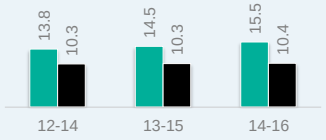
High rates of alcohol-specific mortality and mortality from chronic liver disease are likely to indicate a significant population who have been drinking heavily and persistently over the past 10 - 30 years (obesity is also a key factor for liver disease). Broadly speaking alcohol-related deaths make up around 5% of all deaths (PHE, 2015). Of these, about a third are alcohol-specific deaths – e.g. from alcohol poisoning, alcoholic liver disease, alcoholic pancreatitis. The remaining alcohol-related deaths are from conditions partially related to alcohol, roughly two thirds of which are from chronic conditions – e.g. cardiovascular diseases and cancers, with the remainder caused by acute consequences such as road traffic accidents or intentional self-harm.

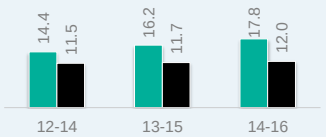
1 Lowest amount of harm 2 Lower harm levels 3 Higher harm levels 4 Highest amount of harm

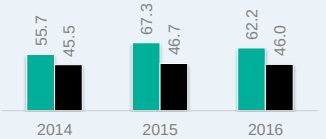
	Local DSR per 100,000	LCI	UCI	Nearest Neighbour Group	National DSR per 100,000	LCI	UCI	National
Years of life lost due to alcohol-related conditions								
Years of life lost due to alcohol-related conditions - males 2016	1,165	*878*	*1,494*	2	901	*882*	*921*	4
Years of life lost due to alcohol-related conditions -females 2016	584	*396*	*809*	4	350	*339*	*362*	4



	Local DSR per 100,000	LCI	UCI	Nearest Neighbour Group	National DSR per 100,000	LCI	UCI	National
Alcohol mortality								
Alcohol-specific mortality 2014-2016	15.5	*13.1*	*18.2*	3	10.4	*10.3*	*10.6*	4
Mortality from chronic liver disease 2014-2016	17.8	*15.2*	*20.6*	4	12.0	*11.8*	*12.2*	4
Alcohol-related mortality 2016	62.2	*54.0*	*71.3*	4	46.0	*45.5*	*46.6*	4







Patterns of alcohol consumption

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. However there can be a considerable lag between alcohol consumption and alcohol-related harms, particularly for chronic conditions where the lag can be many years. In January 2016 the CMO issued revised guidance on alcohol consumption, which advises that in order to keep to a low level of risk of alcohol-related harm, adults should drink no more than 14 units of alcohol a week.

In England, a quarter of the population are drinking at above low risk levels so may benefit from some level of intervention. However, harm can be short-term and instantaneous, due to intoxication or long-term, from continued exposure to the toxic effect of alcohol or from developing dependence. This requires a multi-component response and pathways will differ from area to area. The data presented here gives an indication of potential local need for some form of alcohol intervention and is a weighted estimate from the Health Survey for England (2011-2014 combined).

2011 - 2014 Health Survey for England data

	Local %	*LCI*	*UCI*	National %	*LCI*	*UCI*
Proportion of adults who abstain from drinking alcohol	10.6	*7.2*	*15.3*	15.5	*15.1*	*15.9*
Proportion of adults drinking less than 14 units a week	63.9	*57.5*	*69.7*	59.1	*58.6*	*59.6*
Proportion of adults drinking more than 14 units a week	26.3	*20.8*	*32.8*	25.7	*25.3*	*26.2*

Prevalence estimates and rates of unmet need for alcohol treatment

Set out below are the estimated number of dependent drinkers in your local authority area and rate of unmet need. The prevalence estimate gives an indication of the number of adults in your local area that are in need of specialist alcohol treatment and the rate of unmet need gives the proportion of those not currently in treatment. This data can be used to inform commissioning and any subsequent plans to address unmet treatment need.

Specific rates for addressing unmet need will be determined locally. Effective structured treatment for alcohol dependent adults will be an essential element of a local integrated alcohol harm reduction strategy. Ambition for addressing unmet need for treatment will be based on local need in the context of that strategy.

	Local estimate (2016-17)	Local rate per 1,000	No. in treatment	Unmet need	*LCI*	*UCI*	National estimate (2016-17)	National rate per 1,000	No. in treatment	Unmet need	*LCI*	*UCI*
			n	%				n	n	%		
Alcohol only and alcohol & non-opiates	4,862	19.2	1,269	74%	*62%*	*83%*	589,101	13.5	103,471	82%	*79%*	*86%*

Ambition for addressing unmet need based on previous models should not be used in relation to these rates as different methodologies have been used. Current rates are based on the population of alcohol dependent adults potentially in need of specialist treatment, while previous models used the (much larger) population of harmful drinkers.

Data from your local alcohol treatment system

The following pages provide detailed information on individuals who are receiving structured alcohol treatment. The National Drug Treatment Monitoring System (NDTMS) data presented in this pack covers the period 1 April 2017 to 31 March 2018 and individuals who cited alcohol as their only substance misuse problem, unless otherwise stated. Percentages are rounded and may not sum to 100%. In addition, proportions based on low numbers may also appear as 0%.

This data is restricted until the release of the National NDTMS substance misuse statistics, please see the 'Restricted statistics - information disclosure guidelines' at the end of this report for further information.

Client profile

This section describes the characteristics of people who were in treatment in 2017-18. It includes gender and age for all those in treatment and then goes on to describe the characteristics (ethnicity, country of origin, religion, sexuality and disability) of those who started treatment in the year.

Numbers in treatment in 2017-18

	Local	Proportion by gender		National	Proportion by gender	
	n	M	F	n	M	F
Number of alcohol only clients in treatment	924	59%	41%	75,787	60%	40%

Age of adults in alcohol treatment in 2017-18

	Local	Proportion of all clients	Proportion by gender		National	Proportion of all clients	Proportion by gender	
	n	%	M	F	n	%	M	F
18-29	76	8%	8%	8%	6,720	9%	8%	10%
30-39	213	23%	23%	23%	16,553	22%	22%	22%
40-49	285	31%	30%	31%	23,504	31%	31%	31%
50-59	230	25%	26%	24%	20,065	26%	27%	26%
60-69	95	10%	10%	11%	7,340	10%	10%	9%
70-79	25	3%	2%	3%	1,476	2%	2%	2%
80+	0	0%	0%	0%	129	0%	0%	0%

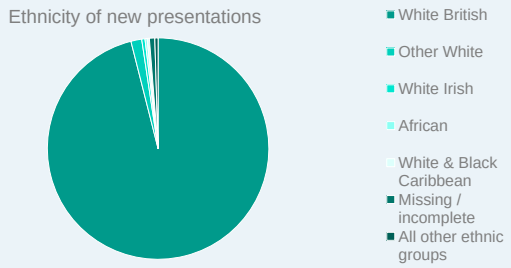
This data shows information on demographic groups that presented to treatment in 2017-18. Directly comparable data on the prevalence of each socio-cultural group in your local authority is not currently available. However where it can be sourced locally it should be used to draw comparisons against the data presented here.

Number and proportion of new presentations to alcohol treatment in 2017-18

	Local	Proportion of all clients	Proportion by gender		National	Proportion of all clients	Proportion by gender	
	n	%	M	F	n	%	M	F
New presentations to treatment	633	69%	71%	64%	50,656	67%	68%	66%

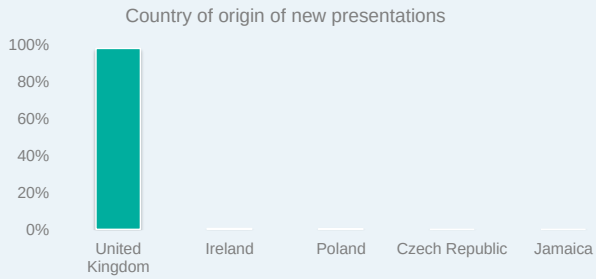
New presentations by ethnicity

Most common ethnic groups in treatment for your local authority	Local	Proportion of new presentations	Proportion by gender	
	n	%	M %	F %
White British	608	96%	97%	95%
Other White	10	2%	1%	2%
White Irish	[redacted]	0%	1%	0%
African	[redacted]	0%	0%	0%
White & Black Caribbean	[redacted]	0%	0%	0%
Missing / incomplete	[redacted]	1%	1%	1%



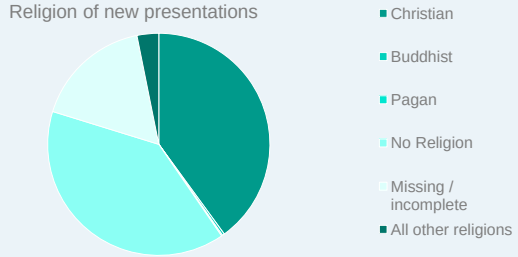
New presentations by country of origin

Most common countries of origin groups in treatment for your local authority	Local	Proportion of new presentations	Proportion by gender	
	n	%	M %	F %
United Kingdom	622	98%	98%	99%
Ireland	[redacted]	[redacted]	[redacted]	[redacted]
Poland	[redacted]	[redacted]	[redacted]	[redacted]
Czech Republic	[redacted]	[redacted]	[redacted]	[redacted]
Jamaica	[redacted]	[redacted]	[redacted]	[redacted]
Missing / incomplete	[redacted]	[redacted]	[redacted]	[redacted]



New presentations by religion

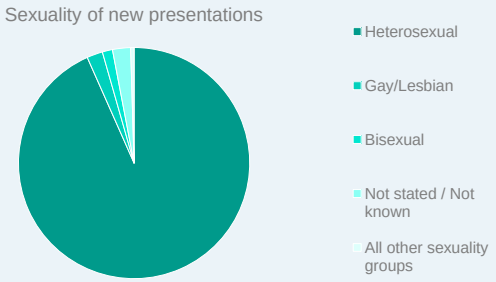
Most common religious groups in treatment for your local authority	Local	Proportion of new presentations	Proportion by gender	
	n	%	M %	F %
Christian	253	40%	41%	39%
Buddhist	[redacted]	[redacted]	[redacted]	[redacted]
Pagan	[redacted]	[redacted]	[redacted]	[redacted]
No Religion	249	39%	41%	36%
Missing / incomplete	[redacted]	[redacted]	[redacted]	[redacted]



New presentations by sexuality

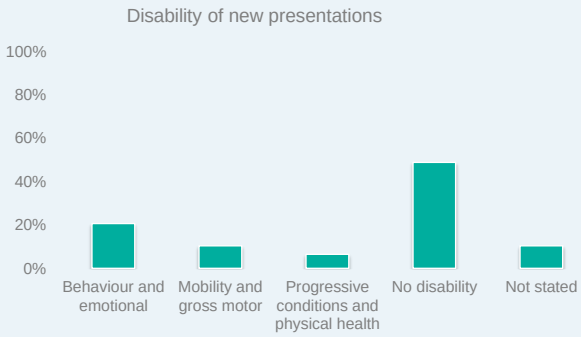
	Local	Proportion of new presentations	Proportion by gender	
	n	%	M %	F %
Heterosexual	591	93%	92%	96%
Gay/Lesbian	14	2%	3%	1%
Bisexual	[redacted]			
Not stated / Not known	16	3%	3%	1%
Missing / incomplete	[redacted]			

Individuals that stated "Other" are not displayed.



New presentations by disability*

Most common disabilities reported by those in treatment for your local authority	Local	Proportion of new presentations	Proportion by gender	
	n	%	M %	F %
Behaviour and emotional	131	21%	21%	21%
Mobility and gross motor	66	10%	11%	10%
Progressive conditions and physical health	41	6%	6%	7%
No disability	310	49%	49%	49%
Not stated	66	10%	10%	12%
Missing / incomplete	2	0%	0%	0%
Number of individuals with at least one disability	269	42%		



** Please note clients may cite multiple disabilities, numbers may sum to greater than number of clients.*

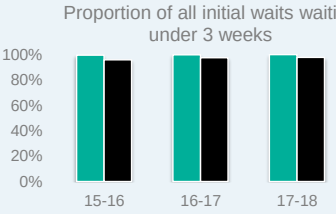
Waiting times

Local National

This section provides information relating to the length of time clients waited to receive the first intervention in their package of alcohol treatment. People who need alcohol treatment need prompt help if they are to recover from dependence and keeping waiting times short will play a vital role in supporting recovery from alcohol dependence.

Waiting time for the first intervention

	Local	Proportion of all initial waits	National	Proportion of all initial waits
	n	%	n	%
Initial waits under three weeks to start treatment	693	100%	51,701	98%
Initial waits over six weeks to start treatment	0	0%	300	1%



Treatment engagement

When engaged in treatment, people use alcohol and illegal drugs less, commit less crime, improve their health, and manage their lives better – which also benefits the community. Preventing unplanned drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue. The information below shows the proportion of adults entering treatment in your area in 2017-18 who left treatment in an unplanned way before 12 weeks, but it is important to review any unplanned exits from treatment in order to develop a better understanding of what is happening within the local system.

Early unplanned exits in 2017-18

	Local	Proportion of new presentations	Proportion by gender		National	Proportion of new presentations	Proportion by gender	
	n		M	F	n		M	F
Number of alcohol only clients	54	9%	8%	9%	7,201	14%	15%	13%

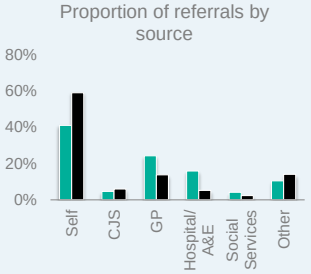
Routes into treatment

Local National

The table below shows the routes into alcohol treatment in 2017-18. Understanding these, gives an indication of the level of referrals from various settings into specialist treatment. Criminal Justice System (CJS) means referred through an arrest referral scheme, via an Alcohol Treatment Requirement (ATR), prison or the probation service.

Source of referral into treatment

	Local	Proportion of referrals	Proportion by gender		National	Proportion of referrals	Proportion by gender	
	n		M	F	n		M	F
Self-referral	259	41%	40%	43%	29,842	59%	58%	60%
Referred through CJS	29	5%	6%	2%	3,007	6%	8%	3%
Referred by GP	153	24%	24%	25%	6,975	14%	14%	14%
Hospital/A&E	100	16%	14%	18%	2,599	5%	5%	5%
Social Services	26	4%	3%	6%	1,154	2%	1%	4%
All other referral sources	66	10%	13%	7%	7,079	14%	14%	14%



Clients who are parents/carers and their children

The data below shows the number of alcohol clients who entered treatment in 2017-18 who live with children and the stated number of children who live with them. Alcohol clients who are parents but do not live with children and users for whom there is incomplete data are also included. In addition, the number of pregnant female clients entering treatment in 2017-18 is presented as is the number of clients whose children are involved in the safeguarding process. The data can help you identify the need to engage with social services to ensure appropriate management of families at risk.

Parental status

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of new presentations	M	F	n	Proportion of new presentations	M	F
Living with children (own or other)	118	19%	13%	28%	11,967	24%	18%	32%
Parents not living with children	154	24%	26%	21%	12,906	25%	28%	22%
Not a parent/no child contact	358	57%	60%	51%	25,468	50%	53%	46%
Missing / incomplete	3	0%	1%	0%	315	1%	1%	1%

Living with children

	Local		Proportion of children by client gender		National		Proportion of children by client gender	
	n		M	F	n		M	F
Number of children living with alcohol clients entering treatment in 2017-18	200		45%	56%	20,904		49%	51%

Client's children receiving early help or in contact with children's social care

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of clients with child contact	M	F	n	Proportion of clients with child contact	M	F
Early Help	[redacted]				779	3%	2%	5%
Child in need	[redacted]				734	3%	2%	4%
Child protection plan in place	18	7%	3%	11%	1,434	6%	4%	9%
Looked after child	[redacted]				573	2%	1%	4%

Pregnancy data

	Local		National	
	n	Proportion of new female presentations %	n	Proportion of new female presentations %
New female presentations who were pregnant	[redacted]		263	1%
Incomplete data	[redacted]		690	3%

Tobacco use

Smoking in people who use drugs and alcohol is highly prevalent and a major cause of illness and death. With the support of treatment services, many people successfully recover from drug and alcohol dependence only to later die of their untreated smoking dependence. Services should offer (or work with stop smoking services to offer) stop smoking support (Nicotine Replacement Therapy and psychosocial), and harm reduction for people unable or unwilling to stop smoking.

Clients identified as smoking tobacco at start of treatment

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of all in treatment	M	F	n	Proportion of all in treatment	M	F
Number of clients identified as smoking tobacco	285 / 475	60%	61%	58%	14,613	42%	43%	41%

Clients smoking status at treatment outcome review

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of reviewed clients smoking at start of treatment	M	F	n	Proportion of reviewed clients smoking at start of treatment	M	F
Number of clients identified as abstinent from tobacco at review	128 / 285	45%	45%	45%	4,923	34%	32%	36%

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of reviewed clients abstinent at start of treatment	M	F	n	Proportion of reviewed clients abstinent at start of treatment	M	F
Number of clients identified as starting to smoke tobacco at review who were abstinent from tobacco at start of treatment	29 / 190	15%	14%	18%	2,662	13%	14%	13%

Smoking cessation interventions provided to clients who smoke tobacco

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of clients identified	M	F	n	Proportion of all in treatment	M	F
Overall number of clients receiving smoking cessation interventions	[redacted]				467	3%	3%	3%

Drinking levels

This section shows the number of units consumed by people in treatment in the 28 days prior to commencing treatment. Most people who require structured treatment for alcohol dependence will be drinking at higher risk levels. Drinking levels can be used as a rough proxy for level of dependence and levels of alcohol health risk. An indication of drinking levels in treatment may be useful in understanding which groups of clients are receiving treatment and whether those with the highest levels of harm are receiving effective interventions.

There is a strong association between levels of consumption and severity of dependence but they are not equivalent. In general, women are likely to become dependent at lower levels of consumption than men for example.

Consumption is based on drinking levels over the 28 days prior to assessment. There will be some moderately or severely dependent adults who have stopped or reduced consumption prior to treatment (for example in hospital or prison) so will appear in the lowest category.

Units consumed in the 28 days prior to entering treatment by gender

	Male	Female	0 units		1-199		200-399		400-599		600-799		800-999		1000+	
	n	n	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Local	540	382	1%	1%	9%	13%	19%	26%	22%	25%	16%	12%	9%	12%	23%	12%
National	45,349	29,882	7%	7%	18%	24%	21%	26%	22%	23%	12%	9%	10%	6%	12%	6%

Please note individuals with missing units data are not included in this section

Severity of alcohol dependence questionnaire (SADQ)

	Male	Female	0-15: Mild dependence		16-30: Moderate dependence		31+: Severe dependence		Declined to answer		Not stated / Not known		Missing / incomplete	
	n	n	M	F	M	F	M	F	M	F	M	F	M	F
Local	387	246	67%	66%	13%	13%	15%	13%	3%	2%	2%	3%	1%	2%
National	30,918	19,738	28%	31%	13%	13%	15%	12%	1%	1%	19%	20%	23%	23%

Alcohol dependent cohort and drug use

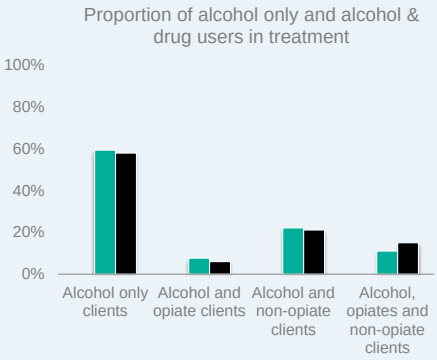
Local National

Whilst the NDTMS data in this pack focuses specifically on those individuals who are in treatment for alcohol misuse only, it is important to take into account the wider cohort of alcohol users who also have drug misuse problems. The needs of these clients are particularly complex and extra consideration needs to be given to what additional support they may require.

Presented first here is the number and proportion of clients in your treatment system who have a problem with alcohol only. This is followed by the number and proportion of individuals who have a problem with both alcohol and drugs and then the most commonly cited drugs by these individuals; crack, cocaine and cannabis.

All alcohol clients in your treatment system

	Local		National	
	n	% of all clients receiving alcohol treatment	n	% of all clients receiving alcohol treatment
All alcohol clients	1,560		131,008	
Alcohol only clients	924	59%	75,787	58%
Alcohol and drug users in treatment				
Alcohol and opiate clients	119	8%	7,887	6%
Alcohol and non-opiate clients	345	22%	27,684	21%
Alcohol, opiates and non-opiate clients	172	11%	19,650	15%
Cited crack*	140	9%	16,394	13%
Cited cocaine*	220	14%	14,922	11%
Cited cannabis*	200	13%	19,711	15%



** Please note clients may cite more than one additional substance and are counted once under each relevant category*

Interventions

We know that the types of intervention delivered to service users will have an impact on their achievement of recovery outcomes. The table below shows what interventions are delivered locally and in what setting. The last item focuses on those who receive pharmacological intervention and whether it was for withdrawal or relapse prevention. This has been separated in this way so as to distinguish between prescription for initial medically assisted withdrawal and that to reduce craving and maintain sustained abstinence.

Local high level interventions

Setting	Pharmacological		Psychosocial		Recovery Support		Total Individuals**	
	n	%	n	%	n	%	n	%
Community	144	62%	905	98%	545	91%	908	98%
Inpatient unit	161	69%	161	17%	160	27%	161	17%
Primary care								
Residential								
Recovery house								
Young person setting								
Missing / incomplete								
Total individuals*	**234**		**924**		**596**		**924**	

	Local		National	
Pharmacological Intervention Type (sub intervention):	n	%	n	%
Individuals with a pharmacological intervention where the intention is withdrawal	68	29%	5,319	33%
Individuals with a pharmacological intervention where the intention is relapse prevention	26	11%	5,470	34%

** This is the total number of individuals receiving each intervention type and not a summation of the setting the intervention was delivered in.*
*** This is the total number of individuals receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns.*

Residential rehabilitation

The data below shows the number of adult alcohol users in the local area who have been to residential rehabilitation during their latest period of treatment (as a proportion of the local alcohol treatment population and against the national proportion). Structured alcohol treatment mostly takes place in the community, near to users' families and support networks. However, in line with NICE recommendations, a stay in residential rehabilitation is appropriate for the most serious cases, and local areas are encouraged to provide this option as part of an integrated recovery-orientated system.

Numbers and proportion of alcohol only clients in residential treatment

	Local		National	
	n	Proportion of treatment population	n	Proportion of treatment population
Number of alcohol only clients			2,241	3%

Co-occurring mental health and alcohol conditions

Local National

This new data shows the number of alcohol clients who started treatment in 2017-18 who were identified as having a mental health treatment need and, of those, the number who were receiving treatment from mental health services. Comparing prevalence with treatment received can help you assess whether need is being met.

Adults who entered treatment in 2017-18 and were identified as having a mental health treatment need

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of new presentations	M	F	n	Proportion of new presentations	M	F
Client identified a mental health treatment need	338	53%	49%	61%	20,789	41%	38%	46%

Client identified a mental health treatment need and receiving treatment for their mental health

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of clients identified	M	F	n	Proportion of clients	M	F
Already engaged with the Community Mental Health Team/Other mental health services	[redacted]				4,269	21%	20%	21%
Engaged with IAPT	[redacted]				534	3%	2%	3%
Receiving mental health treatment from GP	254	75%	72%	79%	11,039	53%	52%	55%
Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem	0	0%	0%	0%	514	2%	2%	3%
Has an identified space in a health-based place of safety for mental health crises	[redacted]				147	1%	1%	1%
Total individuals receiving mental health treatment	284	84%	81%	87%	16,321	79%	76%	81%

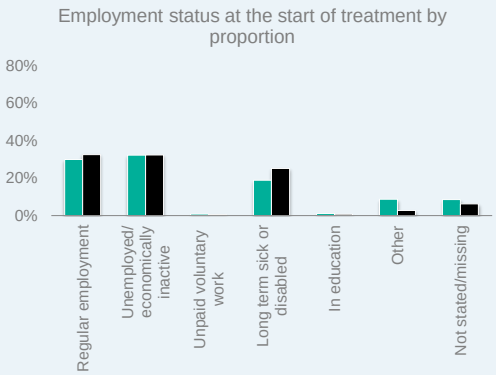
Employment

Local National

The data below shows self-reported employment status at the start of treatment in 2017-18 along with exit status from the Treatment Outcomes Profile (TOP). Improving job outcomes is key to sustaining recovery and requires improved multi-agency responses with Jobcentre Plus and the Work and Health Programme providers.

Employment status at the start of treatment

	Local		National	
	n	Proportion of new presentations	n	Proportion of new presentations
Regular employment	189	30%	16,454	32%
Unemployed/economically inactive	204	32%	16,339	32%
Unpaid voluntary work	[redacted]		246	0%
Long term sick or disabled	119	19%	12,725	25%
In education	[redacted]		342	1%
Other	55	9%	1,382	3%
Missing / incomplete	54	9%	3,168	6%



Employment outcomes

Local		Start	Planned exit			Start	Unplanned exit	
	n	%	n	%	n	%	n	%
Irregular (1-7 days)	5	1%	6	2%	0	0%	0	0%
Part-time(8-15 days)	19	5%	18	5%	0	0%	0	0%
Full time (16 + days)	57	15%	71	18%	3	9%	3	9%
Not working	309	79%	295	76%	31	91%	31	91%

National		Start	Planned exit			Start	Unplanned exit	
	n	%	n	%	n	%	n	%
Irregular (1-7 days)	566	2%	448	2%	40	2%	32	1%
Part-time(8-15 days)	1,690	6%	1,358	5%	120	5%	97	4%
Full time (16 + days)	6,338	24%	7,231	27%	400	17%	370	15%
Not working	18,230	68%	17,787	66%	1,859	77%	1,920	79%

Please note that all data is displayed here, regardless of TOP/AOR compliance in the local area

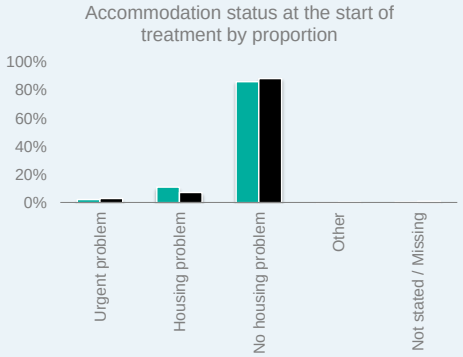
Housing and homelessness

Local National

The first part of 'Accommodation status' below shows self-reported housing status of adults when they started in your treatment services. The second presents the overall number of homelessness decisions made in your area for alcohol and drug users to give a sense of wider housing need in your area. The final section, 'No longer reported a housing need', shows those clients who successfully completed treatment with no housing problem reported. A safe, stable home environment enables people to sustain their recovery. Engaging with local housing and homelessness agencies can help ensure that the full spectrum of homelessness is understood and picked up: from statutory homeless, single homeless people, rough sleepers to those at risk of homelessness.

Accommodation status at the start of treatment

	Local n	Proportion of new presentations	National n	Proportion of new presentations
Urgent problem (NFA)	14	2%	1,524	3%
Housing Problem	70	11%	3,681	7%
No housing problem	545	86%	44,733	88%
Other	[redacted]		219	0%
Missing / incomplete			499	1%



Overall number of decisions taken by the local authority on homelessness applications*	Local n	Rate per 1,000 households	National n	Rate per 1,000 households
	211	1.5	109,411	4.7

No longer reporting a housing need at planned exit

	No. of individuals	Proportion	Proportion by gender		National	Proportion	Proportion by gender	
	n		M	F	n		M	F
Adults successfully completing treatment no longer reporting a housing need	24	92%	94%	90%	1,360	84%	83%	84%

** Source - https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness*
Please note that outcome data is displayed here regardless of local area TOP compliance

Length of time in treatment

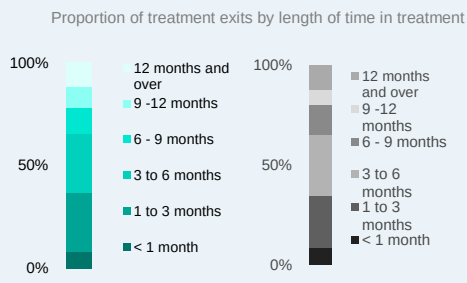
Local National

NICE Clinical Guideline CG115 recommends harmful and mildly dependent drinkers receive a treatment intervention lasting three months, those with moderate and severe dependence should receive treatment for a minimum of six months while those with higher or complex needs may need longer in specialist treatment.

The length of a typical treatment period is just over 6 months, although nationally 12% of clients remained in treatment for at least a year. Retaining clients for their full course of treatment is important in order to increase the chances of recovery and reduce rates of early treatment drop out. Conversely, having a high proportion of clients in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment system.

Length of time in treatment

	Local n	% of all exits	National n	% of all exits
< 1 month	50	8%	4,469	9%
1 to <3 months	183	29%	12,720	26%
3 to <6 months	179	28%	15,233	31%
6 to <9 months	82	13%	7,445	15%
9 to <12 months	62	10%	3,798	8%
12 months and over	76	12%	6,033	12%
Average days in treatment	188		190	



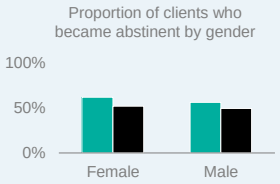
In treatment outcomes

Local National

The data below is drawn from the Treatment Outcomes Profile (TOP) and Alcohol Outcomes Record (AOR), which track the progress alcohol users make in treatment. This includes information on rates of abstinence from alcohol and changes in average days use. This is useful as these recovery assets are predictors of continued recovery.

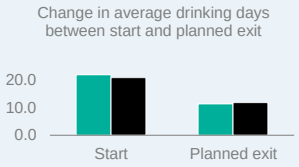
Abstinence rates at planned exit

	Local	Proportion	Proportion by gender		National	Proportion	Proportion by gender	
	n		M	F	n		M	F
No. of individuals become abstinent	225	59%	56%	62%	12,889	51%	50%	52%



Days of drinking

	Local	Average days at start	Average days at exit	National	Average days at start	Average days at exit
	n			n		
Change in drinking days between start and planned exit	384	21.8	11.3	25,471	20.7	11.7



Please note that all data is displayed here, regardless of TOP/AOR compliance in the local area

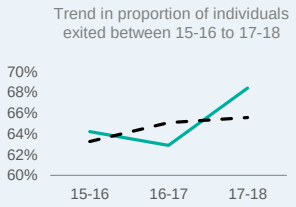
Successful completions

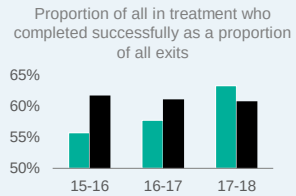
Local National

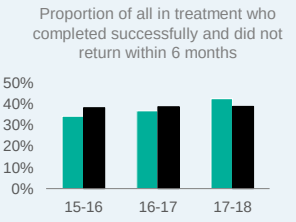
The following section relates to clients completing their period of treatment in 2017-18, and shows whether they completed successfully and did not return within 6 months.

The alcohol evidence review indicates that treatment is effective and cost-effective and is a necessary part of any overall approach to reduce alcohol related harm. Although there is no single measure of effective treatment for alcohol dependence, the following data gives an indication of how well the current system is working in treating those who are receiving structured treatment. A high proportion of successful completions and a low number of re-presentations to treatment indicate that treatment services are responding well to the needs of those in treatment.

	Local	Proportion of treatment population	Proportion by gender		National	Proportion of treatment population	Proportion by gender	
	n		M	F	n		M	F
Total individuals leaving alcohol treatment in 2017-18	632	68%	69%	68%	49,698	66%	67%	64%
Individuals leaving alcohol treatment successfully in 2017-18	400	43%	44%	43%	30,224	40%	39%	41%
Individuals leaving alcohol treatment successfully in 2017-18, as a proportion of all exits		**Proportion of all exits**				**Proportion of all exits**		
		63%	64%	63%		61%	59%	63%
Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (PHOF 2.15 iii)		**Proportion of treatment population in 2017**				**Proportion of treatment population in 2017**		
PHOF 2.15 iii	407	42%	42%	43%	30,140	39%	39%	40%







Please note that the percentages given in this pack are rounded to the nearest per cent. Totals may not add up to 100 due to rounding.

Additional data to reduce wider alcohol related harm

The following links provide information regarding additional data sources relating to wider alcohol-related harm which may be available to you either locally or via national surveys or data collection systems.

Primary and Secondary Care Data

NHS Health Check

Everyone in England between the ages of 40 and 74, who has not already been diagnosed with one of a set of chronic conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes. An alcohol risk assessment is included as part of a standard NHS Health Check. People receiving a check will receive personalised advice to lower risk, which could include lifestyle information, referral to other services and prescribing medication. Data is available on a quarterly basis on the number of people eligible for the NHS health check, and on appointments offered and received by local authorities since 2011-12.

http://www.healthcheck.nhs.uk/commissioners_and_providers/data/

Alcohol-related risk reduction in primary care

The GP Extraction Service (GPES) can be used to monitor how many newly registered patients in a practice have been offered alcohol-related risk reduction screening and interventions or referral. To find out how to access data in your area, contact your local CCG, or NHS England area team. For a list of relevant read codes to extract, please refer to the 2013-14 Enhanced Services guidance.

http://www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/V%20and%20I/Shingles/Enhanced_services_guidance_13-14_v3_ja022014.pIG

Hospital Episodes Statistics (HES)

HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances (provisional dataset) at NHS hospitals in England. It contains admitted patient care data from 1989 onwards, outpatient attendance data from 2003 onwards and A&E provisional data from 2007 onwards. To find out how to access data in your area contact your local CCG.

http://content.digital.nhs.uk/hes

Wider Public Health Data

Public Health Outcomes Framework

A collection of outcomes indicators covering the full spectrum of public health. Data is presented under four domains: 'wider determinants of health', 'health improvement', 'health protection' and 'healthcare and premature mortality'. Comparisons with a benchmark and trend data are provided and information is updated on a quarterly basis.

http://www.phoutcomes.info/

Statistics on Alcohol in England 2017 (NHS Digital)

An annual report acting as a reference point for health issues relating to alcohol use and misuse. Combines the results from several national surveys including: the Opinions and Lifestyle Survey (OPN) and Smoking drinking and drug use (SDD).

http://content.digital.nhs.uk/catalogue/PUB23940/alc-eng-2017-rep.pdf

Health Profiles

Contained within the Fingertips data tool. These present summary health information to support local authority members, officers and community partners to improve health and reduce health inequalities. Intended as 'conversation starters' to highlight local issues and priorities for members, and for discussion at Health and Wellbeing Boards. Updated annually and available in a data tool or as a summary PIG document.

http://fingertips.phe.org.uk/profile/health-profiles

Local Alcohol Profiles for England (LAPE)

Contained within the Fingertips data tool. Profiles containing 31 alcohol-related indicators for every local authority. The majority are also available for all Public Health England (PHE) centres in England and former government office regions.

http://fingertips.phe.org.uk/profile/local-alcohol-profiles

ONS Alcohol-related deaths in the United Kingdom 2016

Latest figures for alcohol-related deaths in the UK, its four constituent countries and regions of England for 2016.

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2016

Estimates of alcohol dependence in England based on APMS 2014, including estimates of children living in a household with an adult with alcohol dependence, Price et al; University of Sheffield 2017

The full report on prevalence estimates for alcohol dependent adults potentially in need of specialist treatment, including estimates of parental alcohol dependence and numbers of children living with an alcohol dependent adult published by the University of Sheffield at the request of PHE.
Characteristics of children in need: 2015 to 2016, DoE/ONS Nov 2016
Annual data on the numbers of Children in Need including numbers of Children in Need where alcohol or drug use is a factor. Data in this pack uses updated estimates that are unpublished.

https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england

Further Alcohol Treatment Data

National Drug Treatment Monitoring System Performance Reports

A collection of reports available on a monthly, quarterly and annual basis, providing detailed information on clients in structured alcohol and drug treatment from the NDTMS. Access is partially restricted and granted to PHE staff, commissioners and local authorities.

https://www.ndtms.net/Monthly/Adults

Social Return on Investment (SROI) of Adult Alcohol and Drug Interventions and the Adult Alcohol and Drug Treatment Commissioning Tool

The commissioning tool comprises a cost calculator and cost effectiveness analysis (CEA) to support areas in estimating local spend on treatment interventions and cost-effectiveness. The SROI tool estimates the crime, health and social care benefits of investing in drug and alcohol services at a local level.

https://www.ndtms.net/VFM

RESTRICTED STATISTICS - INFORMATION DISCLOSURE GUIDELINES
You are reminded that the data provided in this document, including the updated alcohol prevalence figures, are official statistics to which you have privileged access in advance of release. Such access is carefully controlled and is provided for management, quality assurance, and briefing purposes only. Release into the public domain or any public comment on these statistics prior to official publication planned for 1st November 2018 would undermine the integrity of official statistics. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including descriptions such as "favourable" or "unfavourable". If in doubt you should consult EvidenceApplicationTeam@phe.gov.uk, who can advise. Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others who have not been given prior access and use it only for the purposes for which it has been provided. If you intend to publish figures from this commissioning support pack after official publication you must restrict all figures under 5 and any associated figures to prevent deductive disclosure. For further information please refer to the data disclosure control document entitled "How to apply disclosure control (commissioning support pack)" available on the NDTMS.Net Report Viewer.

https://www.ndtms.net/ReportViewer

For additional guidance please refer to the NHS Digital Anonymisation standard, ISB 1523 entitled "Anonymisation Standard for Publishing Health and Social Care Data".

http://content.digital.nhs.uk/isce/publication/isb1523

The restricted status of this data will be lifted after the release of the annual report planned for 1st November 2018.