Protecting and improving the nation's health

Alcohol data: JSNA support pack

Key data to support planning for effective alcohol prevention, treatment and recovery in 2015-16

(using latest available data)

ABOUT THIS JSNA SUPPORT PACK

The health harms associated with alcohol consumption in England are widespread, with around 9 million adults drinking at levels that pose some level of risk to their health. Because of the breadth of the problems, this pack provides a range of alcohol related data in relation to different levels of alcohol related harm and data about the local alcohol treatment system.

Indicators in the first section describe the extent of alcohol related problems at a local level. Data in this section has been taken from the Local Alcohol Profiles for England (LAPE) and comparisons to local and national benchmarks are provided. The Local Alcohol Profiles for England can be found at:
http://www.lape.org.uk/.

To fully understand how your local alcohol system is responding to these problems, additional local and nationally held data can be used. Data relating to local areas' targeted alcohol prevention interventions, such as identification and brief advice (IBA), are not collected nationally, but should be available at a local level and a list of wider data sources is referenced at the end of the pack.

Key performance information about adult alcohol clients in your local alcohol treatment system in 2013-14 is then presented, 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 prevention, treatment and recovery in 2015-16'.

LOCAL DATA TO REDUCE ALCOHOL RELATED HARM

The following section uses data from the Local Alcohol Profiles for England (LAPE) to make comparisons against national and local benchmarks using a nearest neighbour approach. The nearest neighbour approach groups each local area 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 only making comparisons against a national benchmark. It is therefore important to consider both national and nearest neighbour comparisons when interpreting your data.

All data has been divided into four equal groups (quartiles) in order to allocate levels of harm. 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 areas have the highest levels of harm compared to the benchmark.

There are two benchmarks in this data pack. The first is at local level and demonstrates which quartile your area falls into within your nearest neighbour group, the second is at national level and shows which quartile your area falls into within all local authorities in England.

The areas identified as the 15 nearest neighbours for Croydon are:
Enfield, Redbridge, Ealing, Barnet, Hillingdon, Harrow, Hounslow, Bexley, Waltham Forest, Brent, Merton, Sutton, Greenwich, Bromley, Haringey

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 a result of regular alcohol use above lower-risk levels as well as chronic heavy drinking and are most likely to be found in 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 following four 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.

- Alcohol specific hospital admission - under 18s, gives a crude indication of the direct health impact of alcohol on that group.

Within the four indicators relating to alcohol-related conditions, there are two types of measure; broad and narrow. For example:

- The third item, alcohol-related hospital admissions (broad measure), is an indication of the totality of alcohol health harm in the local adult population.
- The fourth item, alcohol-related admissions (narrow measure), 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 reduce the harm caused by binge drinkers.

1 Least amount of harm | 2 Lower harm levels | 3 Higher harm levels | 4 Most amount of harm

	Local		National	
	Measure	Nearest Neighbour Group	Measure	National
Alcohol-specific hospital admission - under 18s 2010/11 - 2012/13 All genders, crude rate per 100,000				
Alcohol-specific hospital admission 2012/13 All genders, standardised rate per 100,000				
Alcohol-related hospital admissions - broad 2012/13 All genders, standardised rate per 100,000				
Alcohol-related hospital admissions - narrow 2012/13 All genders, standardised rate per 100,000, PHOF indicator				
Admission episodes for alcohol-related conditions - broad 2012/13 All genders, standardised rate per 1000				
Admission episodes for alcohol-related conditions - narrow 2012/13 All genders, standardised rate per 1000				

MORTALITY AND MONTHS OF LIFE LOST

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

While alcohol misuse is the largest single cause of liver disease, obesity is a growing significant causal factor.

Broadly speaking alcohol-related deaths make up around 3% of all deaths. 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. Haemorrhagic stroke, Cardiac arrhythmias, Malignant neoplasm of oesophagus, with the remainder caused by acute consequences such as road traffic accidents or intentional self-harm.

1 Least amount of harm | 2 Lower harm levels | 3 Higher harm levels | 4 Most amount of harm

Months of Life Lost	Local		National	
	Measure	Nearest Neighbour Group	Measure	National
Months of life lost - males 2010-2012				
Months of life lost -females 2010-2012				

	Local		National	
	Measure	Nearest Neighbour Group	Measure	National
Alcohol-specific mortality 2010-2012 All genders, standardised rate per 1000				
Mortality from chronic liver disease 2010-2012 All genders, standardised rate per 1000				
Alcohol-related mortality 2012 All genders, standardised rate per 1000				

ALCOHOL AND CRIME

Local National

The data reflects the level of crime linked to drinking in the population and is most likely to be found in binge drinkers, higher-risk drinkers and dependent drinkers.

Higher levels of alcohol-related recorded crimes and violent crimes are likely to be significantly linked to binge drinkers and the night-time economy. It is not possible to determine whether these drinkers are increasing risk, higher risk or dependent drinkers however they are likely to be drinking problematically.

1 Least amount of harm | 2 Lower harm levels | 3 Higher harm levels | 4 Most amount of harm

Alcohol and Crime	Local		National	
	Measure	Nearest Neighbour Group	Measure	National
Alcohol-related recorded crime 2012-13 All genders, crude rate per 1000				
Alcohol-related violent crime 2012-13 All genders, crude rate per 1000				

DATA FROM YOUR LOCAL ALCOHOL TREATMENT SYSTEM

The following section provides detailed information on individuals who are in contact with structured alcohol treatment. The data has been taken from the National Drug Treatment Monitoring System (NDTMS) and refers to individuals who were in treatment during 2013-14 and cited alcohol as their primary problematic substance.

Nationally, women make up 36% of the adults in alcohol treatment. Women presenting to treatment often experience poor mental health, domestic violence and for mothers, who make up 54% of women in treatment, the challenge of being a lone parent. Some of the data presented here is split by gender to help local planning consider and meet women's needs in recovery services.

PREVALENCE ESTIMATES

The Department of Health has commissioned a project, led by Sheffield University, to develop a model to estimate the number of individuals who would access specialist alcohol treatment services and require different types of treatment options in England each year at both national and local levels.

In the immediate-term, it is hoped local areas will develop their own estimates of their alcohol-dependent populations as well as making use of any previously supplied information they find useful.

WAITING TIMES

Local National

This section provides information relating to the length of time clients waited to access alcohol treatment for the first intervention they received. People who need alcohol treatment need prompt help if they are to recover from dependency and keeping waiting times low will play a vital role in supporting recovery from alcohol dependency.

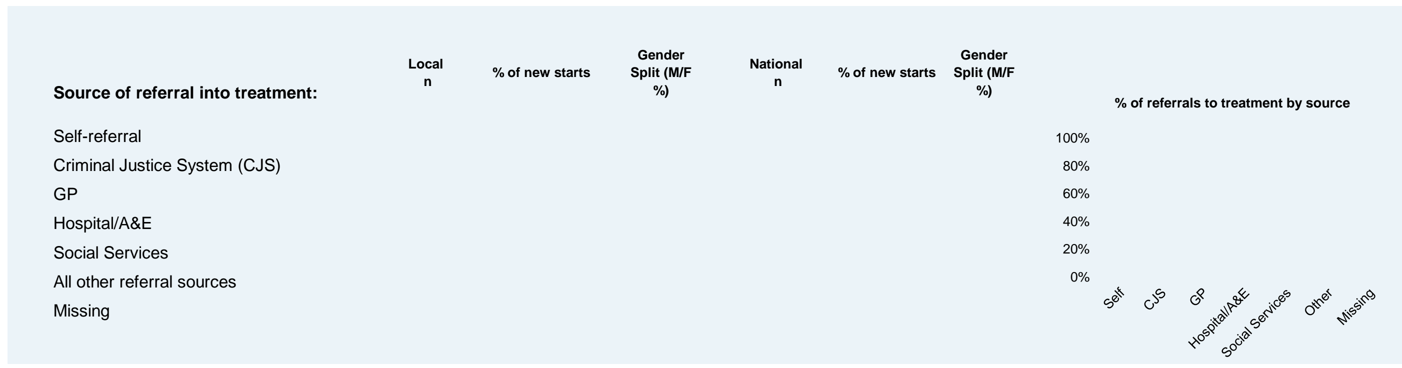
	Local n	% of initial waits	National n	% of initial waits
Individuals waiting under three weeks to start treatment				
Individuals waiting over six weeks to start treatment				

% of clients waiting under 3 weeks to access treatment

ROUTES INTO TREATMENT

Local National

The table below shows the routes into alcohol treatment. Understanding these gives an indication of the levels of referrals from criminal justice (and other sources) 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 n	% of new starts	Gender Split (M/F %)	National n	% of new starts	Gender Split (M/F %)
Self-referral						
Criminal Justice System (CJS)						
GP						
Hospital/A&E						
Social Services						
All other referral sources						
Missing						

DEMOGRAPHICS AND HEADLINE TREATMENT FIGURES

Local National

The national average age of clients in alcohol treatment is 43 and although there are more men than women in treatment, the age distribution for both genders is very similar.

This section shows information about people who were in alcohol treatment in 2013-14. Specifically: all those in treatment; those who started in the year; the number of people in drug treatment who also have an alcohol problem; a gender split; the number of pregnant women and the number being treated for a co-exiting mental illness.

		Local	National
Number of adults in alcohol treatment in 2013-14			
Number and proportion of adults starting alcohol treatment in 2013-14	n		
	%		
Number and proportion of adults in drug treatment in 2013-14 who cite additional problematic alcohol use	n		
	%		

% starting treatment in 2013-14

% in drug treatment citing alcohol use

Age and gender of all adults in alcohol treatment in 2013-14		Local Gender split (M/F %)	National Gender split (M/F %)
	18-29		
	30-39		
	40-49		
	50-59		
	60+		

Age and gender of clients in treatment

100% 80% 60% 40% 20% 0%

18-29 30-39 40-49 50-59 60+

L Male L Female N Male NFemale

	Local n	% of all in treatment	National n	% of all in treatment
Female clients who were pregnant during alcohol treatment				

% pregnant female clients

Client is currently receiving care from mental health services for reasons other than substance misuse	Local n	% of all in treatment	National n	% of all in treatment
Yes				
No				
Incomplete data				

%* receiving care from mental health services

** of clients with completed data*

SAFEGUARDING

Local National

The data below shows the number of adults in alcohol treatment who live with children; those who are parents but do not live with children; those without children or child contact and people for whom there is incomplete data. This last item is included to help you consider the possible hidden population(s) of alcohol-dependent parents, or those with childcare responsibilities in contact with local treatment services. Over a quarter of the English treatment population has a child living with them at least some of the time.

	Local n	% of all in treatment	Gender Split (M/F) %	National n	% of all in treatment	Gender Split (M/F) %
Living with children (own or other)						
Parents not living with children						
Not a parent/no child contact						
Incomplete data						

% living with children

100% 80% 60% 40% 20% 0%

Living with children (own or other) | Parents not living with children | Not a parent/no child contact | Incomplete data

EMPLOYMENT AND BENEFITS

Local National

The first data item below shows self-reported employment status of adults in your treatment system when they started treatment. All subsequent items show the benefit profile of your in-treatment population on 31 March 2012 (taken from a match between treatment and local market system data used by Jobcentre Plus). Employment is key to sustaining recovery. However, nationally, employment outcomes for clients exiting treatment remain low. Improving job outcomes for this group requires improved multi-agency responses; achievable through good joint working between Jobcentre Plus and Work Programme Providers.

Employment status at the start of treatment:	Local n	% of new starts	National n	% of new starts
Regular employment				
Unemployed/economically inactive				
Unpaid voluntary work				
Long term sick or disabled				
In education				
Other				
Not stated/missing				

Benefit profile of the treatment population	Local n	% of all in treatment on 31/03/12	National n	% of all in treatment on 31/03/12
Number of individuals in alcohol treatment on 31st March 2012				
Number of individuals in alcohol treatment on 31st March 2012 recorded as being on benefits (of any type) on the 31st March 2012				
Number of individuals in treatment recorded as being on benefits on 31st March 2012 (by type)*:				
Jobseekers Allowance (JSA)				
Employment Support Allowance (ESA)				
Incapacity Benefit (IB)				
Income Support (IS)				
Disability Living Allowance (DLA)				
Other				
Median length of time (years) claiming benefits between the start of benefit claim and 31st March 2012 (by type)*,**:				
Jobseekers Allowance (JSA)				
Employment Support Allowance (ESA)				
Incapacity Benefit (IB)				
Income Support (IS)				
Disability Living Allowance (DLA)				
Other				

	Local n	% successful completions	National n	% successful completions
Number of individuals in alcohol treatment who left successfully in 2011-12				
Of those successful completions, those who at the point of discharge:				
were on benefits				
were not on benefits				

individuals are counted once under each type of benefit they received, as such percentages may sum to more than one hundred

*** length of time on benefits counted as the length of the benefits spell from the start until 31st March 2012, regardless of the length of time spent in treatment*

HOUSING AND HOMELESSNESS

Local National

The first data item below shows self-reported housing status of adults when they started in your treatment services. The second, the overall number of homelessness decisions made, to give a sense of housing need in your area. A safe, stable home environment enables people to sustain their recovery; insecure housing or homelessness threatens it. Addiction and homelessness do not exist in isolation. People experiencing both are likely to have a range of needs cutting across health and social care, substance use and criminal justice. The Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) can be used to identify and commission across these interdependencies. Engaging with local housing and homelessness agencies can help ensure that the full spectrum of homelessness is understood and picked up: from statutorily homeless; single homeless people, rough sleepers and those at risk of homelessness.

Accommodation status at the start of treatment:	Local n	% of new starts	National n	% of new starts
Urgent housing problem (NFA)				
Housing Problem (not urgent)				
None				
Other				
Missing				

	Local n	Rate per 1000 in treatment	National n	Rate per 1000 in treatment
Number of decisions taken by the Local Authority on homelessness applications				

DRINKING LEVELS AND ADDITIONAL SUBSTANCES USED

Local National

This section shows the number of people in treatment drinking at higher risk levels, the number of units consumed in the 28 days prior to treatment and the number of people using additional substances to alcohol.

Higher risk drinking is defined here as 'women drinking more than 140 units per month' and 'men drinking more than 200 units per month' and is in line with the Government's definition of weekly higher risk consumption levels (50 units per week for men and 35 units per week for women).

Drinking at higher risk levels increases the risk of alcohol related disease. For example, the risk of liver disease is increased by 13 times. Risk of coronary heart disease is increased by 1.7 times for men and 1.3 times for women.

Although the majority of clients cite using alcohol in the month prior to treatment, 7% nationally cite no alcohol use. There are several reasons why this could be the case: they may have been referred to treatment directly from the criminal justice system or they may be in treatment to maintain abstinence and prevent relapse.

Additional use of opiates and crack are mentioned here as they are often used by clients with the most complex problems. Cannabis is also shown separately as it is the most common additional substance cited by alcohol clients in treatment.

	Local n	% of all in treatment *	National n	% of all in treatment *
Drinking at higher risk levels in the 28 days prior to entering treatment				

%* drinking at higher risk levels

Units consumed in the 28 days prior to entering treatment:

		0	1-200	201-400	401-600	Over 600	Missing
Local	*n*						
	%						
National	*%*						

Other substance use in addition to alcohol	Local n	% of all in treatment **	National n	% of all in treatment **
Additionally using opiates or crack				
Additionally using cannabis				
Additionally using other drugs (not opiates, crack or cannabis)				

% using additional substances

100%
80%
60%
40%
20%
0%

Opiates/crack Cannabis Other drugs

** note: proportions here are calculated out of total clients with completed data rather than all clients in treatment*

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

Local National

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 in detail what treatment staff in your area do with service users, and in what settings.

Local High Level Interventions

	Pharmacological	Psychosocial	Recovery Support	Total Individuals
Setting:				
Community				
Inpatient unit				
Primary care				
Residential				
Recovery house				
Young person setting				
Missing				
Total individuals				

Pharmacological Intervention Type (sub intervention):	Local n	%	National n	%
Individuals with a pharmacological intervention where the intention is withdrawal				
Individuals with a pharmacological intervention where the intention is relapse prevention				

RESIDENTIAL REHABILITATION

Local National

The data below shows the number of adult alcohol users in your area who have been to residential rehabilitation during their latest period of treatment (as a proportion of your whole 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 rehab is appropriate for the most serious cases, and local areas are encouraged to provide this option as part of an integrated recovery-orientated system.

	Local n	% of all in treatment	National n	% of all in treatment
Number of adults who attended residential rehab				

LENGTH OF TIME IN TREATMENT

Local National

NICE Guidance (CG115) suggests that harmful drinkers and those with mild alcohol dependence might benefit from a package of care lasting three months while those with moderate dependence might need a six month package and those with severe dependence or those with complex needs may need a package of care lasting up to a year.

The length of a typical treatment period was around 6 months, although nationally 10% of clients remained in treatment for more than one year. Retaining clients for their full course of treatment is important in order to increase the levels of successful treatment completion 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.

	Local n	% of all exits	National n	% of all exits
Under 3 months				
3 to 6 months				
6 to 12 months				
Over 1 year				
Average (median) days in treatment				

% of treatment exits by length of time in treatment

100%
50%
0%
Over 1 year
6 to 12 months
3 to 6 months
Under 3 months

100%
50%
0%
Over 1 year
6 to 12 months
3 to 6 months
Under 3 months

Local National

The following section relates to clients completing their period in treatment in 2013-14, and whether they completed successfully and did not return within 6 months.

The Government's alcohol strategy states that increasing effective treatment for dependent drinkers will offer the most immediate opportunity to reduce alcohol-related admissions and costs to the NHS. Although there is no single measure of effective treatment for alcohol dependency, the following data demonstrates how well the current system is working in treating those who are receiving structured treatment.

The successful completions data provides an indication of the effectiveness of the treatment system in your area. A high number of successful completions and a low number of representations to treatment indicate that your treatment services are responding well to the needs of those in treatment.

	Local n	% of all in treatment	Gender Split % (M/F)	National n	% of all in treatment	Gender Split % (M/F)	
Total individuals leaving alcohol treatment in 2013-14							% of all in treatment who left in 2013-14
Individuals leaving alcohol treatment successfully in 2013-14							% of all in treatment who completed successfully
		% of all exits			% of all exits		
Individuals leaving alcohol treatment successfully in 2013-14, as a proportion of all exits							
		% of all in treatment in 2013*			% of all in treatment in 2013*		
Individuals leaving alcohol treatment successfully (between 1st Jan 2013 and 31st Dec 2013) and not returning within 6 months *							% of all in treatment who completed successfully and did not return within 6 months

**note that in order to allow for a 6 month representation period, the in treatment population time period refers to the calendar year rather than the financial year. Therefore figures will differ from other sections of the report.*

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 between the ages of 40 and 74, who has not already been diagnosed with one of these 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. Data is available on a quarterly basis on the number of people eligible for the health check, and on appointments offered and received by Local authorities since 2011/12.

http://www.healthcheck.nhs.uk/interactive_map/

Alcohol-related risk reduction scheme Enhanced Service (ES)

The GP Extraction Service (GPES) used to monitor how many newly registered patients in a practice have been offered alcohol-related risk reduction screening using either the Fast Alcohol Screening Test (FAST) or Alcohol Use Disorders Identification Test Consumption (AUDIT-C) tool. GPES is a new system and full implementation is on-going. To find out how to access data in your area contact your local CCG.

http://www.hscic.gov.uk/article/3521/Alcohol-related-risk-reduction-scheme-ES

Hospital Episode Statistics (HES)

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

http://www.hscic.gov.uk/hes

Wider Public Health Data

Public Health Outcomes Framework (PHOF)

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/

Health and Social Care Information Centre, Statistics on Alcohol England, 2014

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' and 'Smoking drinking and drug use among young people in England'.

http://www.hscic.gov.uk/catalogue/PUB14184/alc-eng-2014-rep.pdf

Health Profiles for England, 2014

Summary health information to support local authority members, officers and community partners to lead for health improvement. Updated annually and available in a data tool or as a summary PDF document.

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Local Alcohol Profiles for England (LAPE)

Profiles containing 26 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. Updated annually.

http://www.lape.org.uk/

ONS Alcohol-related deaths in the United Kingdom 2002-2012

latest figures for alcohol-related deaths in the UK, its four constituent countries and regions of England. Comparisons are made between 2012, the latest year, and previously published data from 2002 onwards.

http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Alcohol-related+Deaths

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/Reports.aspx#

RESTRICTED STATISTICS

You are reminded that the alcohol data provided in this document 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 29th October 2014 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 Jonathan Knight, via 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 the JSNA after 29th October 2014 you must restrict figures less than 5 any associated figures to prevent deductive disclosure.

The restricted status of this data will be lifted after the release of the Alcohol Annual Report on 29th October 2014.