



Policy Briefing – Treatment Services ***Frequently Asked Questions***

What is the scale of alcohol related ill-health in the UK?

In England it is estimated that 18% of the adult population (7.6 million) are drinking at 'hazardous' levels with another 7% (2.9 million) showing some kind of physical and mental harm¹.

- In 2007/08 there were 863,300 alcohol related admissions to hospital. This is an increase of 69% since 2002/03 when there were 510,200 alcohol related admissions.
- In 2007/8 62% of alcohol related admissions were for men. Among both men and women there were more admissions in the older age groups than in the younger age groups.
- In England in 2007, there were 134,429 prescription items for drugs for the treatment of alcohol dependency prescribed in primary care settings or NHS hospitals and dispensed in the community. This is an increase of 31% since 2003 when there were 102,741 prescription items.
- In 2007, in England, there were 6,541 deaths directly related to alcohol this has increased by 19% since 2001. Of these alcohol related deaths, the majority (4,249) died from alcoholic liver disease.
- • It is estimated that the cost of alcohol related harm to the NHS in England is £2.7 billion in 2006/07 prices².

What is current Government policy on alcohol treatment services?

In 2006 the Department of Health issued guidance to help local commissioners develop more integrated and effective alcohol treatment systems. The main set of guidance within this³ is 'Models of care for alcohol misusers (MoCAM)' that sets out the roles of PCTs in commissioning alcohol treatment services. In 2007 it published general commissioning guidance for

¹ National Audit Office, 2008, Reducing Alcohol Harm: Health services in England for alcohol misuse, National Audit Office.

² Statistics on Alcohol: England 2009, NHS Information Centre

³ Department of Health, 2006, 'Models of Care for Alcohol Misusers', Department of Health

PCTs ‘World Class Commissioning’ but did not outline how their responsibilities would fit with other local public bodies⁴. It has recently issued further guidelines for commissioners ‘Signs for improvement –commissioning interventions to reduce alcohol-related harm’ that are designed to direct commissioners to resources and good practice guidance and offers ways to improve commissioning.

In the last two years the Department of Health has also introduced two Public Service Agreements 14 and 25 on alcohol related hospital admissions that are designed to give PCTs an incentive to address alcohol related harm. In addition there are also new Local Area Agreement indicator sets which relate to alcohol.

How are alcohol treatment services currently organized?

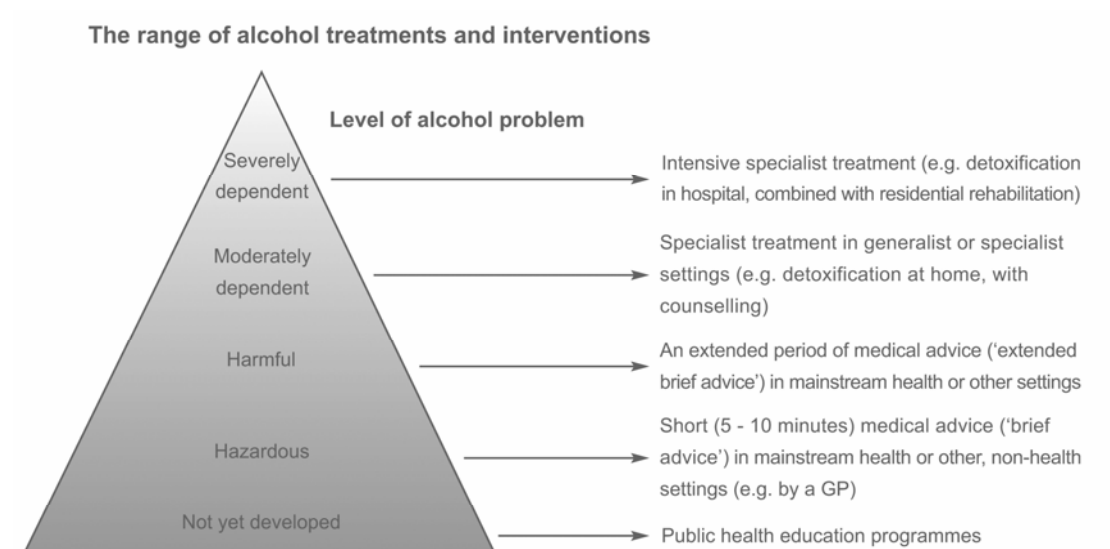
The Models of Care for Alcohol Misusers identifies four main categories of alcohol misusers,

Hazardous- <i>Hazardous drinkers are drinking at levels over the sensible drinking limits, either in terms of regular excessive consumption or less frequent sessions of heavy drinking. However, they have so far avoided significant alcohol-related problems</i>
Harmful- <i>Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm.</i>
Moderately dependent - <i>Moderately dependent drinkers may recognise that they have a problem with drinking, even if this recognition has only come about reluctantly through</i>
Severely dependent drinkers <i>People in this category may have serious and long-standing problems. This category includes individuals described in older terminology as ‘chronic alcoholics</i>

Alcohol treatment services are usually structured around patients using a tiered model as summarised in MoCAM:

- Tier 1 interventions: alcohol-related information and advice; screening; simple brief interventions; and referral
- Tier 2 interventions: open access, non-care-planned, alcohol-specific interventions
- Tier 3 interventions: community-based, structured, care-planned alcohol treatment
- Tier 4 interventions: alcohol specialist inpatient treatment and residential rehabilitation

⁴ Department of Health, 2007, ‘World Class Commissioning’, Department of Health



Source: Adapted from *Broadening the Base of Treatment for Alcohol Problems*, Institute of Medicine, 1990

What are the current gaps in alcohol treatment services?

The access to alcohol services in both primary and secondary care across England is still unequal and patchy. The main gaps in service provision include:

Needs Assessment

- A number of PCTs do not have a strategy for alcohol harm or have not carried out a local needs assessment for alcohol in their area⁵

Screening

- There is still a lack of screening in primary care and active intervention when problems are apparent⁶
- Incorrect early identification leading to referral to already overcrowded services⁷

Links between services

- Poor liaison or integration between acute services and follow on and support services in the community

⁵ Alcohol Concern, 2008, 'The Poor Relation - has the emphasis on 'localism' really improved alcohol commissioning?', Alcohol Concern

⁶ Alcohol Concern, 2008, 'The Poor Relation - has the emphasis on 'localism' really improved alcohol commissioning?', Alcohol Concern

⁷ Royal College of Physicians and Royal College of Nursing Survey on Alcohol Treatment Services, March, 2009, www.rcplondon.ac.uk

- Huge gaps between acute detoxification and community addiction services, in addition to long waiting times between treatment for alcohol withdrawal symptoms and addiction services input⁸.

Is commissioning of alcohol treatment services working?

Guidance on how to commission alcohol services has been available since 2004, yet the recent National Audit Office report highlighted that commissioning of alcohol services is still poor, and that many PCTs were yet to develop more consistent and effective commissioning strategies based on local demographics despite the fact that the data to enable them to do this is available in Local Alcohol Profiles for England. Evidence given to the All Party Parliamentary Group inquiry into alcohol treatment services raised several concerns around commissioning:

- Commissioners felt that there were significant challenges in being able to meet the needs of alcohol misusers in their areas, in terms of both scale and variety of need.
- They highlighted problems in developing collaborative working, such as building partnerships and developing detailed pathways between mental health services and Accident & Emergency departments.
- They pointed to a lack of national guidance for dealing with patients who are intoxicated and presenting with mental health problems at Accident and Emergency Departments⁹.

What is the current funding situation for alcohol treatment services?

Currently there is no ring fenced funding for alcohol treatment services. The funding which exists is often part of the pooled treatment budget for drugs and alcohol. The budget for these services in 2009-10 will be £406 million¹⁰. Within these budgets most of the funding is dedicated to drug treatment. The National Audit Office report showed that on average PCTs were only spending 0.1% of their money on alcohol services every year working out at £197 per dependent drinker where as the amount spent on dependent drug users every year equated to £1744 per dependent person.

What actions are needed from Government?

- There needs to be clear cross –departmental action to reduce the scale and impact of alcohol related health harm.

⁸Royal College of Physicians and Royal College of Nursing Survey on Alcohol Treatment Services, March, 2009, www.rcplondon.ac.uk

⁹ All Party Parliamentary Group on Alcohol Misuse, 2009, 'The future of alcohol treatment services', Alcohol Concern.

¹⁰ National Audit Office, 2008, Reducing Alcohol Harm: Health services in England for alcohol misuse, National Audit Office.

- More needs to be done to improve earlier diagnosis of alcohol use disorders and ensure prompt referral. This could be incentivised through including a measure in the Quality and Outcomes Framework for GPs that screened in groups that are high-risk for alcohol-related harm and for alcohol use disorders.
- There are huge regional variations in access to services and very poor integration and links across and between services. More must be done to convince PCTs that commissioning integrated care pathways based on the needs of the local demographic will result in cost savings across its primary and secondary care operations.
- The waiting times for alcohol treatment are often far longer than for drug treatment. The Department of Health should consider demanding of local commissioners that waiting times for alcohol treatment match targets for drug treatment in the next NHS operating framework.
- Every acute hospital should have a Consultant/Senior Nurse Lead for Alcohol Misuse to ensure early detection by any doctor/nurse and to work with Alcohol Nurse Specialists to provide intervention as well as education, audit, and liaison with the community¹¹.
- There is an urgent need to train clinicians working across primary and secondary care how to use early identification toolkits such as the Paddington Alcohol Test (PAT)¹² to assess levels of consumption and harm and utilize brief interventions which are a quick and effective means of engaging with large numbers of drinkers who are not dependent, but are still harming their health. A recent survey showed that 60 % of respondents had received no specific training in this area. Alcohol screening and brief psychological interventions supported by alcohol nurse specialists have also been shown to be clinically effective and cost effective in reducing unscheduled alcohol related re-attendance in A&E¹³.

¹¹ Royal College of Physicians, 2001, 'Alcohol can the NHS afford it', Royal College of Physicians

¹² Huntley, J. S., Blain, C., Hood, S. and Touquet, R.' Improving detection of alcohol misuse in patients presenting to an accident and emergency department. *Emergency Medicine Journal* **18**, 2001 99–104.

¹³ Royal College of Physicians and Royal College of Nursing Survey on Alcohol Treatment Services, March, 2009, www.rcplondon.ac.uk