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► [Alcohol treatment in England 2011–12.](#)

National Treatment Agency for Substance Misuse.

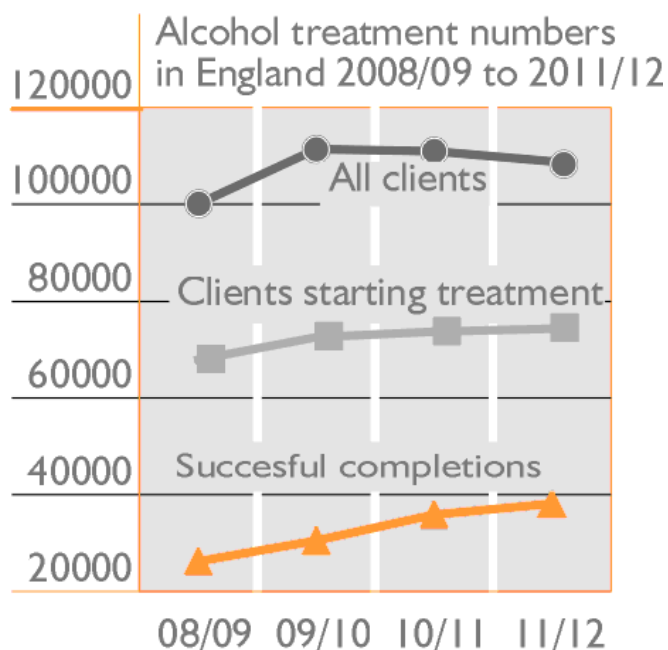
[UK] National Treatment Agency for Substance Misuse, 2013.

More problem drinkers started specialist treatment in 2010/12 but more successfully completed it, slightly reducing the overall numbers; scope for more to benefit from treatment is indicated by the low levels of referrals from primary medical services.

Summary The featured report presents and comments on [data](#) from the National Drug Treatment Monitoring System on people who have received specialist treatment for alcohol problems in England between 1 April 2011 and 31 March 2012. This account occasionally draws figures from the data source as well as the featured report.

Main findings

Compared to last year, this year's statistics show a slight decrease in the number in treatment from 111,025 in 2010/11 to 108,906 in 2011/12, a slight increase in new entrants, and more [successfully completing](#) treatment.



The drop in the total is not due to fewer people finding their way to services. New presentations tell a different story, up each year since the statistics were collected from 67,912 in 2008/09 to 74,353 in 2011/12. Instead the drop is due to successful completions rising steadily from 26,270 in 2008/09 to 38,174 in 2011/12 ► chart. In contrast, the proportion of people dropping out of treatment has fallen to 28% of all those leaving, down from 30% in 2010/11, 33% in 2009/10 and 29% in 2008/09.

In 2011/12, 70% of all people in alcohol treatment were aged 30 to 54 and nearly two-thirds (64%) were men.

People starting specialist treatment came via a number of routes. At 38%, self-referral was most common. Next at 19% was referral from primary care surgeries, but the 14,330 who came this way does not seem an especially high figure given that around one in five people seeing a GP drinks above lower-risk levels. Referrals from hospital accident and emergency departments accounted for just 1% or 872 patients, again seemingly small when an estimated 35% of emergency attendances are alcohol-related. Employment services successfully referred just 177 people.

About half (51%) of all people in treatment in 2011/12 for harmful drinking and alcohol dependency had received a structured psychosocial intervention, normally consisting of 'talking therapies' such as cognitive-behavioural therapy, which helps them understand and then change their attitudes and behaviour towards alcohol. Just over 1 in 10 (11%) were prescribed medications to help them detoxify or prevent relapse, 1 in 10 were admitted as inpatients, 9% attended structured day care services, and 4% a residential service.

66,894 people left treatment during 2011/12, 38,174 or 57% because they had successfully completed it. Of these successful completers, 58% were not drinking at all, the remainder drinking in a controlled way. Though 28% of leavers dropped out or left early, some may have done so because they had got all they needed from treatment; others will have failed to make progress. After rising from 2008/09 to 2009/10, numbers dropping out of treatment have since fallen by 10%.

The authors' conclusions

While long-term trends have yet to emerge, a picture of the alcohol treatment system in England and its performance is beginning to form and will become clearer over the next few years as the bank of data accumulates and the reporting system itself settles further. Latest figures show that while more people came into treatment for alcohol problems during the year, even more got better over the same time, meaning the total number in treatment fell. The declining drop-out rate suggests that services have got better at engaging and holding on to people who need help for an alcohol problem.

Low numbers successfully referred in to specialist treatment by GPs and accident and emergency departments suggest that an aim for the coming years is that these two key routes will become more active in identifying and referring drinkers who need treatment. To meet the challenges ahead we must take every opportunity to identify alcohol misuse and ensure that services are in place in all areas to provide appropriate, evidence-based treatment for those who need it.

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