



Public Health
England

Protecting and improving the nation's health

Alcohol treatment: the last 18 months and looking forward

LGA webinar on alcohol 14.09.21

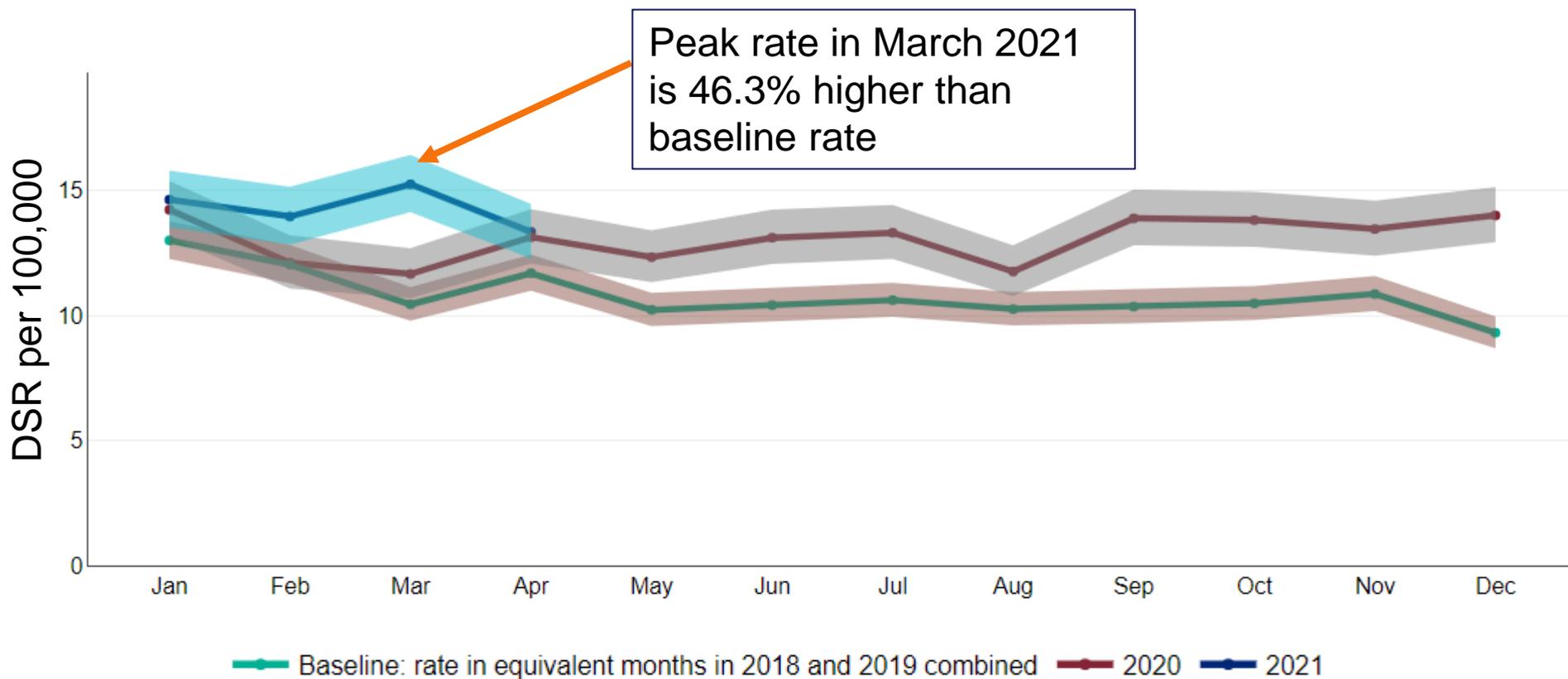
Alcohol consumption and purchasing

- **HMRC duty for on/off trade alcohol** – between 2019/20 and 2020/21, there was a 2.1% decrease in the hectolitres of alcohol released for sale. This is despite the approximately 31 week closure of the on-trade during lockdowns
- **Kantar off-trade purchasing** – between 2019/20 and 2020/21, consumer panel data suggests increases of 24.4% eqv to +12.6 million litres. Of these additional litres, the heaviest purchasing fifth of people accounted for 42.0% of the total increase increasing to 68.3% for the two heaviest purchasing groups
- **Surveys measuring self-reported consumption** – generally suggest a polarisation in drinking. Most people report no change and similar proportions of people report drinking more and drinking less. Of those drinking more, it tends to be those who were heavier drinkers before the pandemic

Consumption has generally increased, mostly among heavy drinkers

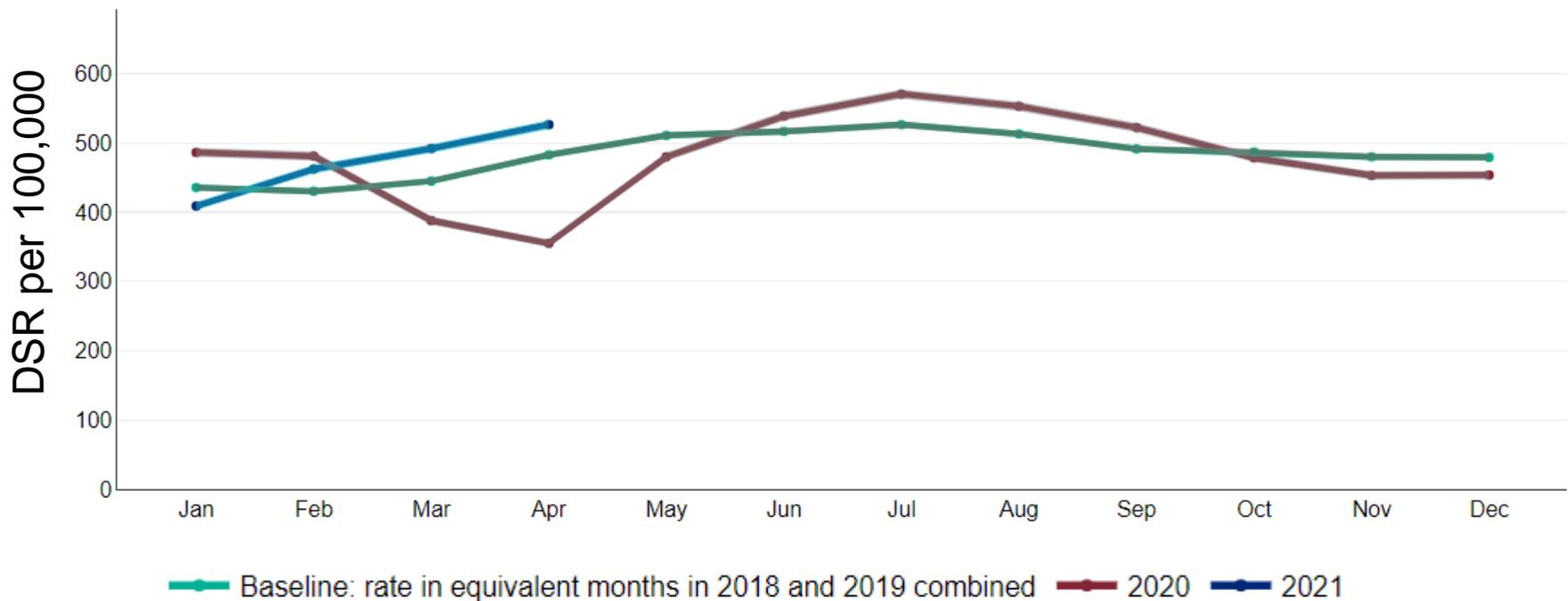
Monthly trend in alcohol-specific deaths, 2020, 2021, baseline

Between 2019 and 2020, 20.0% increase in total alcohol-specific deaths driven by a 21% increase in alcoholic liver disease deaths (around 80% of alcohol-specific deaths each are alcoholic liver disease)



Monthly trend in unplanned alcohol-specific hospital admissions, 2020, 2021, baseline

Between 2019 and 2020, admissions decreased by 3.2%. This is in line with what we have seen for all admissions irrespective of cause. This likely relates to psychological factors around avoiding hospitals.



Impact of COVID -19: numbers in alcohol treatment

Pre: COVID

- Estimated 82% of those in need of specialist alcohol treatment are **not** accessing this (NDTMS Annual treatment statistics 2019-2020)
- Despite stable prevalence of alcohol dependence over the last 5 years, there has been a large year-on-year decline in numbers in treatment for 'alcohol only' from a peak of 91,651 in 2013 to 2014 to 74,618 in 2019 to 2020. (1% fall from previous year) (NDTMS Annual treatment statistics 2019-20)
- Almost half the people in treatment for 'alcohol only' (45%) were living in areas ranked in the 30% most deprived areas (NDTMS Annual treatment statistics 2019-20)

Last 18 months

- Provisional data indicates that in the early stages of the pandemic there was a drop in 'alcohol only' referrals to treatment compared to the same period the previous year. Numbers appeared to pick up as restrictions lifted and early indications are that referrals into treatment for April 2020- March 2021 are likely to be similar to those in April 2019 – March 2020.
- Provisional data for April – June 2021 indicate recovery in new referral rate has been sustained so far (NDTMS provisional data).

Impact of COVID- 19: deaths in alcohol treatment

- Provisional treatment data for 2020/21 showed much higher than expected deaths in treatment for alcohol service users. The increase was substantial and sustained throughout 2020/21. PHE continue to monitor this closely.

Impact of COVID-19: increased risks in alcohol treatment

- Over last 18 months PHE national team has hosted regular meetings with large national service providers, NHS providers, commissioners
- Anecdotally key themes have been:
 - Early problems accessing PPE affecting service offer
 - Problems with access to community detox (shortage of clinical staff available) and inpatient detox (beds repurposed, staff redeployed, less spaces due to social distancing) impacting those with the most severe and complex conditions
 - Shortage in staff availability
 - Remote working may have excluded those without access/skills, potentially increasing isolation and levels of risk
 - Close observation of physical and mental health more is difficult when remote working, most relevant for the most vulnerable people

Impact of COVID-19: benefits in alcohol treatment

- However, remote working increased access e.g. those in rural areas, parents with young children, those who would not approach a service
- Increased flexibility in service provision and in the offer from lived experience organisations/peer networks
- Increased collaboration across provider organisations nationally, sectors and agencies locally, and between services and lived experience organisations
- Some extraordinary efforts by commissioners, provider organisations, staff, and lived experience organisations to adapt and to reach out to people who were vulnerable and isolated

Dame Carol Black's independent review of drugs

Part one of the review, was published in February 2020. It examined the illicit drugs market, worth almost £10 billion a year, with 3 million users and an increasingly violent and exploitative supply chain and the scale of increasing harm.

It also highlighted that the quality and capacity of drug treatment services have significantly reduced in recent years, and that entrenched drug use and premature deaths occur disproportionately more in deprived areas, particularly in the north.

Part two was commissioned by DHSC and focuses on treatment and recovery. The overarching aim of the review was to ensure that vulnerable people with substance misuse problems get the support they need. Published on 8th July, it makes policy recommendations to government, including around funding, as well as how services are commissioned and local bodies are held accountable to ensure they are effective in preventing, treating and supporting recovery from drug problems.

Review findings and recommendations

The review includes 32 recommendations falling to government departments, local government and other organisations to implement.

“These should be seen as a package of reforms that are interdependent and mutually reinforcing”

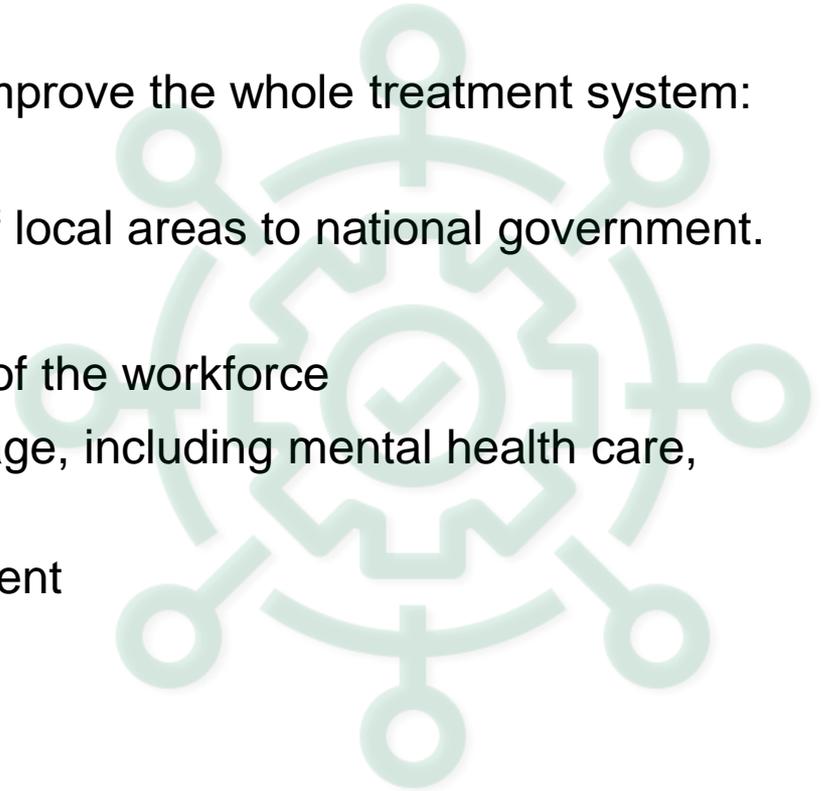
- Reform of central government leadership
- Increased funding for drug treatment and wider recovery support
- Allocating and protecting funding
- Commissioning
- Strengthening local authority accountability
- Rebuilding services:
 - workforce
 - treatment
 - recovery support

- Diverting more offenders into treatment and recovery services
- Employment support
- Housing
- Mental health
- Physical healthcare
- Prevention and early intervention
- Research

Whole system reform

The review's recommendations seek to improve the whole treatment system:

- Improved systems of accountability of local areas to national government.
- Greater local partnership working
- Increase in size and professionalism of the workforce
- Holistic treatment and recovery package, including mental health care, housing and employment support
- All underpinned by additional investment



Implications of the Black review for alcohol treatment

- Drug and alcohol treatment is integrated in terms of delivery and commissioning- so the any response by the government will have an impact
- Implementation of the recommendations will cover alcohol in relation to:
 - Enhanced pathways and partnerships between mental and physical healthcare- ICSs key
 - Increased accountability and transparency
- New Commissioning Quality Standard will cover alcohol. Development about to commence and LGA, ADPH and LA commissioners will be key members of expert reference group.
- Enhanced improvement support- Office for health Improvement and Disparities working with the LGA
- The outcome of the forthcoming spending review will be key. To date alcohol has been built into all models of increased funding.

Inpatient detoxification (IPD) grant 2021/22

Why?

- NDTMS data shows a sharp decrease in the number of inpatient detoxes from 17,740 in 2014/15 to 10,284 in 2019/20, **a fall of 42%**.
- Evidence of an increasing burden on A&E and acute NHS services of people with health conditions who need medically managed detoxification.

How much funding?

- An additional £80 million to fund drug treatment in 2021/22, **£9.8m** of which is available for medically managed IPD for drugs **and/or alcohol**. The funding is focuses on those with more complex issues or severe dependence; increases capacity; stabilises income for providers (a bit)

On what?

- **15 consortium bids** were received – covering all but 6 LAs in the country. They have estimated potential for **2,000 extra** episodes of IPD being delivered during the grant period.
- A range of models: Some areas are starting from scratch with new units or arrangements with providers, other increasing the capacity of existing units.

How?

- Commissioning via direct awards, or in some areas, short tendering processes

Challenges & early benefits

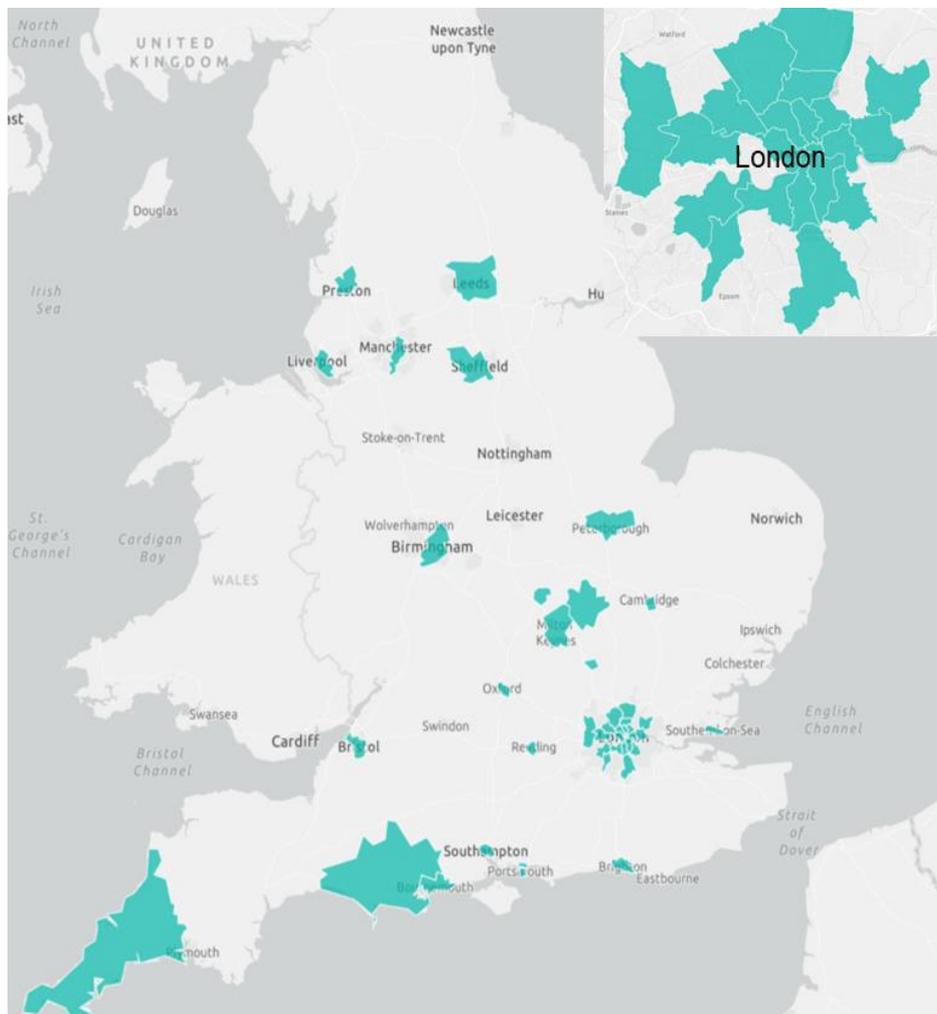


- **Timescales** for proposals and projects associated with one year funding
 - Needs analysis – not a consistent level across regions/LAs – time to gather info & plan. Some areas felt they didn't need it – other priorities.
 - Inbuilt inefficiencies, e.g... sustainability – staff, capacity, start-up time,
 - Difficult to show impact in short time
- **Joint commissioning** - identifying lead & developing the role, obtaining sign off from multiple LAs, various interpretations of procurement rules, 'proper' consortium commissioning takes years
- **Planning difficulties** - working with a weakened provider sector – insufficient in capacity and/or skills/expertise and physical resources (buildings/bed-spaces)
- **Evaluation** – York University
 - Some areas have greatly increased capacity (previously zero)
 - Consortia benefit from previous joint work & established relationships
 - Some imaginative new facilities have been proposed and are being developed

COVID-19 and Everyone In

- MHCLG's 'Everyone In' initiative from Spring 2020 was a considerable achievement. Government, alongside local authorities, the voluntary sector and local NHS services moved at speed to provide accommodation and wraparound support to people sleeping rough, to enable them to comply with COVID restrictions
- By mid-April, 90% of the then estimated population of people sleeping rough had been made an offer of emergency accommodation (often hotels block-booked by local authorities).
- Everyone In was significantly underpinned by an MHCLG decision that communal accommodation settings (night shelters) should remain closed – informed by a PHE rapid evidence review
- Key achievements:
 - Along with the closure of communal accommodation the sector's response to Everyone In significantly contributed to the low rates of infection and mortality amongst this vulnerable cohort
 - Effective joint working and collaboration between homelessness organisations (providing in-reach), primary care – especially in areas with specialist homeless health teams – (leading the health response) and substance misuse services (operating more flexibly, with more rapid assessments and clinical responses)
 - Lots of positives including improved inter-agency collaboration, senior leaders' strategic buy-in, less siloed working, increased trust and engagement in services by people
 - Some areas reported less flexibility and less rapid access to psychological support and specialist mental health services compared to other sectors
- Key learning was that health and accommodation responses for people who sleep rough can be integrated and when they are, unsurprisingly people respond positively. Flexibilities have been effective in improving outcomes for people with often multiple and complex needs

The Rough Sleeping Drug and Alcohol Treatment Grant



- 43 LAs were funded in 2020-21 (£23m) with 22 of the areas in London
- Areas were the MHCLG ‘taskforce’ areas: those with the largest number of people in COVID emergency accommodation and sleeping rough
- Areas receive additional funding for structured drug and alcohol treatment (including community, inpatient and residential rehab treatment) and for staff/teams whose role it is to support people in to treatment and prevent them from dropping out
- Following the final ministerial approval stages, we will expand to extend to a further 20 LAs in 2021-22
- Eligible LAs have been identified and invited to bid for funding for the staffing element, supported by guidance, webinars and support from the national and regional PHE teams, and MHCLG Rough Sleeping Advisors
- We have been working with the 20 areas over the summer to support them in submitting funding proposals

In year 1, Dec 2020 – Apr 2021, the RSDATG funded 43 Local Authorities across England

Parental alcohol use

- Since the start of the pandemic, there have been increasing reports of parents or carers drinking more to cope with isolation and stress. For example, in a typical (pre-pandemic) week, the NSPCC helpline received around 200 reports related parental alcohol and drug use concerns – between April 2020 and January 2021, this increased by 66%
- Child social workers described an increase in the complexity of their cases, including a rise of alcohol-related parenting issues.
- NSPCC staff working alongside statutory services shared concerns that some parents were taking it in turns to misuse alcohol and other drugs to ensure that one parent was assessed as fit to care for their children. Other parents were felt to be using social distancing restrictions to prevent statutory services from accessing their home to assess the welfare and wellbeing of their children.
- Domestic Homicides and Suspected Victim Suicides During the Covid-19 Pandemic, reported that existing mental health conditions, alcohol, and drug (mis)use were exacerbating factors and that alcohol misuse by the suspected perpetrator featured in 23% of cases.

Parental alcohol use: summary of resources

- An **Evidence slide pack**, presenting a variety of evidence to encourage commissioners to invest in services working with vulnerable families
- **Data from 2019 to 2020**, presenting national and local prevalence of parental alcohol and drug misuse, as well as statistics on adult and young parents in treatment, children in need and household experiencing coexisting parental alcohol and drug misuse, mental health problems and domestic abuse
- **An Investing in Families toolkit** comprising a guide to collecting and using case studies to make an economic case for investment in family interventions, a social cost-benefit tool and a unit cost database
- **Planning and operational guidance** for adult treatment services and children and family services, showing how services can work together to support families affected by parental alcohol and drug problems

UK Alcohol clinical guidelines

- In partnership with DHSC and the devolved administrations, PHE have been developing the first UK wide clinical guidelines for alcohol treatment.
- It will be broadly equivalent to the UK clinical guidelines for drug misuse and dependence (the 'orange book')
- As part of the project a large, independently chaired expert group was formed, consisting of senior clinicians, related professionals and people with lived experience to lead on the clinical content
- There is a parallel group for people with lived experience who have contributed content on all the major chapters
- The guidelines will be aligned with NICE guidelines on alcohol use disorders (CG115 and CG 100) but will focus on implementation. Core sections will be addressed to staff within specialist alcohol (and drug) treatment services and there will also be sections addressed to staff in other specialisms and settings
- We aim to have a draft ready for public consultation by November 2021