EVERY & CONTACT COUNTS

IMPROVING ACCESS
TO TREATMENT FOR
ALCOHOL MISUSE
IN NORTHERN IRELAND

ACKNOWLEDGEMENTS

INTERVIEWS

Between December 2013 and July 2014, a number of stakeholders were interviewed for this report to ensure a representative and diverse range of views was portrayed. This report was researched and the interviews conducted and analysed by an independent Medical Writer, Laura Gilbert, who then compiled the final report. We are grateful to all those who participated, including:

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The views expressed in this document do not necessarily represent the views of, and should not be attributed to, Lundbeck. Lundbeck supports an increase in access levels to treatment for alcohol-dependent drinkers.

AddictionNI Your alcohol and drug treatment charity

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FOREWORD

Alcohol remains our favourite drug and its continued misuse has a real and lasting negative impact on individuals, on families, on children, on communities, on our health system, on the criminal justice system, on the economy, and on our society as a whole.

Every Contact Counts helpfully pulls together information, statistics, evidence and research from Northern Ireland, the UK, the EU and across the world. I believe that it reinforces and supports the approach we have set out in the Executive's strategy to prevent and address the harm related to substance misuse in Northern Ireland – known as the New Strategic Direction for Alcohol and Drugs Phase 2.

In particular, *Every Contact Counts* emphasises the need for the health service as a whole – not just treatment services – to play a role in promoting responsible drinking messages, in screening and identifying those at increased risk, in providing brief interventions, and in referring those who need more support to appropriate treatment services. This approach is in line with my overall vision for health services in Northern Ireland, as set out in Transforming Your Care. It also supports the approach taken in the Alcohol and Drug Services Commissioning Framework that has been developed by the Public Health Agency and the Health and Social Care Board.

However, the report does present us with some challenges. We need to develop and improve our treatment services, and consider how alcohol misuse is dealt with by the system more widely, at a time when we are under increasing financial pressure, and increased demand and expectations from the public. *Every Contact Counts* will help inform the debate about how best to achieve this, while also supporting my case to the Executive for increased funding for this area as a clear "invest to save" initiative. I also hope the report acts as a catalyst for those working in the health service to recognise the impact alcohol misuse has on their workload, and to use every opportunity to identify those with an issue and support them to overcome this.

However, there is only so much the Health and Social Care service can do in isolation. We need to prevent people becoming at risk of alcohol-related harm in the first place, and to do this we need to instigate a societal change about how we use alcohol. We need to ensure that alcohol isn't seen as an ordinary product that is part of our everyday lives, and we need to ensure that everyone recognises the harm that alcohol misuse can, and does, cause.

I will use *Every Contact Counts* to continue to highlight this issue and to make the case across the Executive that all departments have a role to play.

Edwin Poots MLA
Minister for Health Social Services and Public Safety

EXECUTIVE SUMMARY

In Northern Ireland, alcohol-related harm is estimated to cost society up to £900 million every year,[1] which equates to around one tenth of the entire block grant the NI Executive receives from Westminster.[2] The annual cost of alcohol misuse to the Health and Social Care (HSC) sector alone is estimated to be around £250 million.[3] Put differently, "alcohol abuse costs every person in Northern Ireland £500 a year."[4]

Evidence demonstrates that the estimated healthcare cost of alcohol to Health and Social Care in the region is continuing to increase by approximately 9% year on year.[5]

Yet despite this huge economic impact, not to mention the human impact on individuals and families, it is estimated that only "about 9% of the in-need population are treated for alcohol problems".[3] The actual figure could be even lower, as it is based on the estimated 47,000 people aged 18+ drinking at harmful levels in Northern Ireland. It does not take into account around 170,000 adults drinking at hazardous levels, some of whom could be mildly dependent on alcohol. In England, for example, it is estimated that only 6% of dependent drinkers receive treatment.[6] Alcohol dependence accounts for a "substantial proportion" of all alcohol-related harm.[7]

The alcohol treatment rate in Northern Ireland is low, not just in relation to what is regarded as a 'medium' level of access (15%),[8] but also in comparison to other European countries. For example, the treatment rate is over 23% in Italy and over 18% in Spain.[9] According to the North American Rush Model, 10% of people with alcohol dependence entering treatment every year should be regarded as a 'low' level of access in terms of its impact on public health (the model defines medium and high levels of access as 15% and 20% respectively).[8]

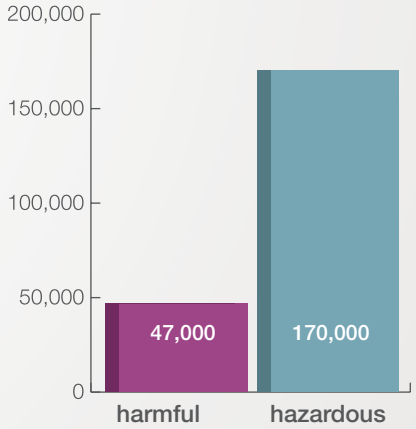
In a survey carried out in 2012, almost half (46%) of respondents agreed or strongly agreed with the statement: "I am concerned about alcohol related issues in my local area". Sixty-three per cent of respondents cited 'underage drinking' as the main concern, with 10% citing 'rowdy and drunken behaviour'. However, in total, 57% expressed some, a lot or total confidence that enough was being done to tackle alcohol and drug-related issues in Northern Ireland.[10]

If more people in Northern Ireland are to receive the alcohol treatment that they require, a number of barriers need to be tackled urgently. For example, with drug use being "low in comparison to alcohol misuse",[3] investment in alcohol services should be proportionate to the level of need. Investment also needs to be adequate to tackle the huge burden of alcohol misuse outlined in this report. In addition, it is vitally important that all collated data is centralised and made available to inform service design and planning. This will allow for a comprehensive evaluation of service provision and access to alcohol treatment.

In terms of both outcomes and cost, improved identification of alcohol problems at an earlier stage could enable provision of the most effective treatment by preventing people from becoming more severely dependent on alcohol and needing more specialist treatment. At the same time, providing people with accurate information about alcohol and its impact – for example, through public awareness-raising campaigns – may prevent some people from ever requiring support or treatment.

In Northern Ireland, alcohol-related harm is estimated to cost society up to **£900 million** every year

Number of adults drinking at **harmful** and **hazardous** levels in Northern Ireland



An **integrated care pathway** should be developed detailing essential steps in the care of patients with all levels of alcohol misuse

It is also important to address issues around people's motivation and readiness for treatment, and around the stigma that people may feel in seeking help for alcohol problems. In particular, tackling the societal acceptance of alcohol misuse in Northern Ireland is a fundamental requirement, if more people are to recognise that they require access to treatment. A shift in societal attitudes will require real partnership working within government, particularly its health, justice and education sectors, as well as with the community and voluntary sector.

The issue of alcohol harm goes beyond our health and social care services in Northern Ireland and needs to be addressed at a much earlier stage in a person's relationship with alcohol.

An integrated care pathway should be developed detailing essential steps in the care of patients with all levels of alcohol misuse. This should cover all four tiers of alcohol treatment as set out in **Appendix I**. Identification of the need for help should occur earlier. When an individual accepts that they require help, we need to ensure that they have the information and support that they require, and that they can easily access the services they need.

With the introduction of the Draft Alcohol and Drug Commissioning Framework, the time is right to tackle the issue of low access to alcohol treatment services in Northern Ireland. The regional-level commissioners of alcohol services – the Public Health Agency (PHA) and the Health and Social Care Board (HSCB) – working with those who deliver the services at local level – including HSC Trusts, Integrated Care Partnerships (ICPs) and the voluntary and community sectors – have an important role to play in ensuring that this opportunity results in improved treatment rates. This would lead to considerable benefits, such as improved public health[7] and significant savings to the HSC sector[3] and other areas of government dealing with the impact of alcohol misuse,[11] thereby making the most efficient use of scarce resources. It would also improve the lives of individuals, families and communities throughout Northern Ireland who are affected by this growing problem.

RECOMMENDATIONS

Invest in alcohol treatment services
Alcohol dependency creates a huge burden and, as such, the Department of Health, Social Services and Public Safety and HSC should take an 'invest to save' approach by increasing funding for alcohol treatment services early in order to save both lives and money.

Clear responsibility for identifying and addressing alcohol problems
Commissioners should ensure that those involved in service provision clearly understand their responsibilities and are willing and able to work together effectively to help people access the treatment and support they need; from the early identification of alcohol problems through to provision of integrated care at every level of alcohol misuse.

Make every contact count
Commissioners should ensure effective screening for alcohol misuse and ensure that frontline staff can deliver brief advice and are aware of local referral pathways to specialist support; identifying problems early, before people become more severely dependent. This should take place in every GP practice and at all other available 'gateways' where alcohol misuse can be identified.

Improve the evidence base
A much more robust evidence base for the delivery of alcohol treatment services is required, one that focuses on outcomes, is informed by accessible data and is collected by suitably qualified staff. This also needs to include an agreed approach in measuring alcohol consumption levels, social contacts and relationships to ensure a fuller picture of treatment. Data should be collated across both the statutory and the community and voluntary sectors to allow for a fuller picture of treatment services in Northern Ireland.

Build understanding and awareness of alcohol problems
To help bring about a shift in the cultural attitude towards alcohol in Northern Ireland, more needs to be done to raise public awareness of problematic levels of drinking and the impact of alcohol on individuals and our society. The Department of Health, Social Services and Public Safety should consider developing a standalone strategy aimed at preventing alcohol misuse.

Consideration should also be given to removing the social stigma around seeking help for alcohol problems. For example, through a public health campaign.

Define alcohol dependence
Greater consistency in how alcohol dependence is defined is needed and more clarity required around how official definitions are used by referring agents. The Public Health Agency should also consider how it can improve public understanding of what are excessive levels of alcohol consumption.

Implementation of NICE guidelines
Commissioners should ensure that alcohol treatment services follow NICE and other appropriate guidelines, meet quality standards and have outcome measures in place.

Utilise the services already available and facilitate access to the right treatment
If there is to be an improvement in the uptake in treatment services already available, an integrated care pathway should be introduced; providing guidance on treatment at all levels of alcohol dependency. This would ensure that people are aware of the service that is right for them and that measures are in place to optimise people's readiness for alcohol treatment, such as ensuring that families are supported to assist their loved ones.

Alcohol dependency
creates a **huge burden**

INTRODUCTION

Northern Ireland has a **serious problem** with alcohol

Northern Ireland has a serious problem with alcohol.[2] It is estimated that 72% of adults in Northern Ireland drink alcohol at some level and at some stage in their lives. Current recommendations state that drinking 4 or more units of alcohol a day for males and 3 or more units a day for females increases alcohol related-health risks, and it is estimated that eighty-one per cent of those who do drink in the region exceed their recommended daily limits[4] and the proportion of adults in Northern Ireland who drink in excess of their daily recommended limits in any given week is higher than in England, Scotland or Wales.[12]

In contrast with Great Britain, there has been "a notable increase in the prevalence of drinking in Northern Ireland in the last two decades in both men and women, and across all adult age groups".[13] It is estimated that there are in the region of 170,000 hazardous drinkers and 47,000 harmful drinkers in Northern Ireland, which in total is almost 17% of those who drink.[3] The figure of 47,000 harmful drinkers alone is equivalent to the combined populations of the cities of Armagh and Newry.[14]

The Minister of Health, Social Services and Public Safety states that, "Alcohol misuse has a devastating impact on our society – first and foremost on the individuals directly affected and their families and communities". He also acknowledges the major impact it has on the health service, social care, the economy and the criminal justice sector.[15]

Northern Ireland has seen alcohol-related harms such as liver disease "steadily rising"[3] and alcohol-related hospital admissions increasing by 61% between 2000/01 and 2009/10,[13] with a further rise since 2011/12.[16]

It is important that as commissioners struggle with budgetary pressures, alcohol services are not allowed to fall by the wayside. We simply cannot afford for this to happen. Evidence shows that for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and criminal justice costs.[11]

Adequate investment in all four tiers of alcohol treatment means that the Northern Ireland Executive will have more money to spend elsewhere, benefiting other policy areas, such as education, housing and employment. Quality of life for individuals, families and wider communities would also be significantly improved.

According to the North American Rush model of access, which is the best currently available yardstick, 10% of people with alcohol dependence entering treatment per annum is regarded as a low level of access, 15% a medium level, and 20% a high level of access.[8]

The Public Health Agency and the HSC Board have referred to a 15% target for treating those with alcohol dependence in Northern Ireland.[3] This is in line with National Institute for Health and Care Excellence (NICE) guidance that recommends that at least one in seven (around 15%) dependent drinkers should be able to get treatment locally.[17] The PHA/HSCB regional commissioning priority to ensure that "Community Addiction Services are adequately resourced to meet the NICE target" is to be welcomed.[3]

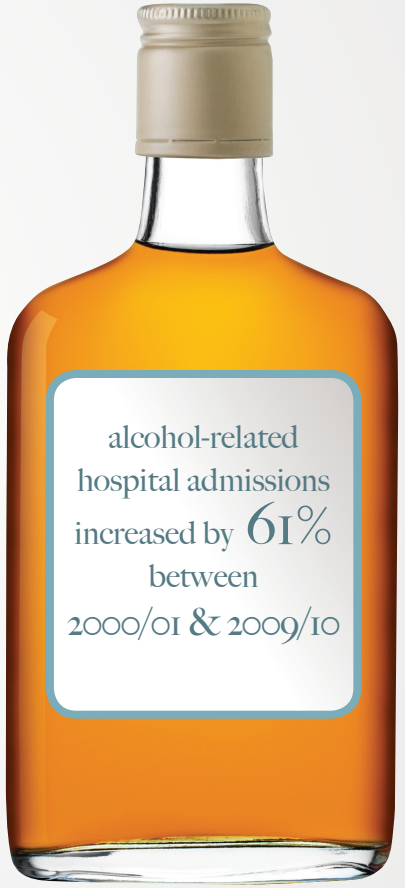
To ensure that every contact counts, however, a fundamental redesign of alcohol treatment services is needed. Only by investing in targeted screening, brief interventions and treatment, particularly within the primary care setting, can we begin to achieve changes in outcomes for those who are drinking hazardously or harmfully and are mildly dependent. This will help to ensure that problems are identified and dealt with before people become moderately to severely dependent on alcohol. It is, however, important to emphasise that a redesign of alcohol treatment services should not be at the expense of the community and voluntary sector and it in fact should look to complement statutory and community and voluntary service providers.

Urgent joined-up action is needed across a range of government departments, with the aim not only to ensure that people with alcohol dependence are able to access the help they need, but also to address the huge impact that this illness has on families, communities, and wider society. There should, therefore, be a commitment to increase the rate of access to alcohol treatment within the statutory sector, across all groups of dependent drinkers, to 15% by the time of the Northern Ireland Assembly Election in 2016.

The findings of this report were informed by interviews conducted between December 2013 and July 2014. Those interviewed are involved in the treatment of alcohol misuse. Extensive desk research was also undertaken.

Alcohol misuse has a devastating impact on our society – first and foremost on the individuals directly affected and their families and communities

To ensure that every contact counts, however, a **fundamental redesign of alcohol treatment services is needed**



ALCOHOL DEPENDENCE & THE BURDEN IT CREATES

Alcohol dependence and misuse impose a considerable burden not just on the health and quality of life of individuals and their families, but also on public health, the Health and Social Care sector, society and the wider economy. At a time when public service finances are under pressure, it is crucial that adequate investment is made in improving access to alcohol treatment. Such investment can help to ease budgetary pressures by ensuring that people not only stay well but are also able to stay in work and contribute to the economic recovery.

WHAT IS ALCOHOL DEPENDENCE?

According to NICE, alcohol dependence is "characterised by craving, tolerance, a preoccupation with alcohol and continued drinking in spite of harmful consequences (for example, liver disease or depression caused by drinking)".[18] NICE also explains that alcohol dependence may be diagnosed as mild, moderate or severe. For example, most hazardous drinkers will show some evidence of alcohol dependence with the level defined as 'mild'.[19] Genetic and environmental factors are both important in the development of alcohol dependence. The former accounts for an estimated 60% of the risk of developing the disorder.[20]

The term 'alcohol misuse' can include the drinking habits of people with alcohol dependence as well as those who are not dependent but consistently drink more than recommended limits.[21] The consumption of over 60g (7.5 units) of alcohol per day in men and over 40g (5 units) per day in women is regarded as a 'high risk' level of drinking[22] or 'heavy drinking'.[23]

A WIDE-RANGING BURDEN

Burden on public health

The World Health Organization points out that alcohol is toxic to most of the body's organs, as well as being a causal factor in more than 60 types of disease and injury.[24] Alcohol misuse has been linked to a wide range of disorders including high blood pressure, heart disease, liver disease, stroke, depression and some cancers. In the Republic of Ireland, for example, 4.7% of male and 4.2% of female invasive cancer diagnoses between 2001 and 2010 were attributable to alcohol.[25] According to the Chief Medical Officer for Northern Ireland, alcohol misuse is "a huge public health issue"[26] that "causes real harm". He points to the increased "risk of developing cancer and cardiovascular disease" as well as "developing dependence and poor mental health".[27]

The number of alcohol-related deaths has more than doubled in Northern Ireland since 1994.[28] Two hundred and seventy people died of alcohol-related causes in 2012, compared to 110 deaths from drug-related causes in the same year.[29] However, the Chief Medical Officer thinks it is likely that many more deaths relating to alcohol misuse have not been recorded, and that the mortality rate could in fact be much higher.[26] Alcohol is "strongly linked to health inequalities".[30] People living in the most deprived areas of Northern Ireland are around four times as likely to die from alcohol-related causes as those living in the least deprived areas.[13] Alcohol misuse also features in 60% of suicides and appears to have become more common. Alcohol dependence was the most common clinical diagnosis (52%) in patients convicted of homicide and, in homicide generally, alcohol misuse was a more common feature in Northern Ireland than in the other parts of the UK.[31]

Alcohol misuse is estimated to cost the Health and Social Care sector around **£250 million annually**

Burden on HSC

Alcohol misuse is estimated to cost the Health and Social Care sector around £250 million annually.[3] According to the Chief Medical Officer, this could cover the combined spend of all the HSC Trusts on mental health services.[26] However, the Public Health Agency and the HSC Board believe that the true costs may be significantly higher, as alcohol-related harm contributes to many hospital attendances and admissions but is often undetected.[3] The Minister of Health, Social Services and Public Safety has also highlighted the problem, pointing to the additional pressures on our emergency departments, where eight out of ten attendances are due to alcohol-related injuries or problems.[15]

Around 75% of the cost to the HSC sector of alcohol misuse is incurred in the hospital setting.[3] The annual number of hospital admissions due to alcohol-related illness rose by 61% between 2000/01 and 2009/10,[13] and has shown little sign of decreasing since then. In 2012/13, there were over 12,000 such admissions.[16] Meanwhile, there are indications of an average 9% annual increase in the healthcare cost of alcohol to the HSC sector.[5]

With regard to specific diagnoses, the rate of admissions for mental or behavioural disorders due to alcohol rose by 53% between 1999/00 and 2009/10, whilst the rate of admissions for alcoholic liver disease increased by 89% during the same period.[13] To provide an illustration of the public health impact, 62% of alcohol-related deaths in Scotland are due to alcoholic liver disease.[32] The number of admissions for alcoholic liver disease continues to rise[16] and in 2011/12 treating the disease cost HSC Trusts almost £4.5 million for care provided by hospital consultants alone.[16]

Burden on society and communities

The Department of Health, Social Services and Public Safety estimates that alcohol-related harm costs society up to £900 million annually,[1] which equates to "around one tenth of the entire block grant from Westminster".[2]

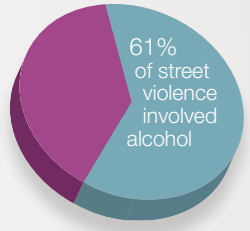
Alcohol misuse can result in people causing or being involved in accidents, as well as increasing the risk of involvement in, or being a victim of, violence or assaults.[27] In response to a 2011 survey in the Republic of Ireland, one in 11 people said that in the past year they or a family member had been assaulted by someone under the influence of alcohol.[33] Nineteen per cent of all recorded crime in Northern Ireland between 1 April – 19 November 2012 was alcohol related, and alcohol was involved in over half (54.4%) of non-domestic violence during the same period.[34]

In 2013, the then Chief Constable of the Police Service of Northern Ireland (PSNI) noted that one in five crimes in Northern Ireland was alcohol related, with 61% of street violence involving alcohol.[35] In addition, alcohol misuse has been found to be a more common feature in homicide in Northern Ireland than in any other part of the UK,[31] and over half of mental health patients convicted of homicide are known to have alcohol dependence prior to conviction.[4]

Alcohol has been identified as playing a major role in a range of violent offences, including physical and sexual assault. However, in the absence of specific quality data in the area of 'crimes recorded with an association with alcohol misuse' (as indicated by the PSNI),[12] it is difficult to get a clear picture.

2013

One in **five** crimes in Northern Ireland was alcohol related



alcohol dependence has considerable **adverse effects** on **family members**

In Northern Ireland, **alcohol was involved in 59.6% of domestic violence** with injury cases between 1 April and 19 November 2012

It is estimated that the estimated cost to fire and police services in Northern Ireland is £223.6m.[12] Of this, court costs for violent crime related to alcohol are estimated at £2.5m, while court costs for other crime related to alcohol is £16.6m.[36]

The considerable burden on society and communities is pertinent to the Department of Justice Community Safety Strategy for Northern Ireland, which aims to reduce alcohol-related crime by supporting people with alcohol misuse.[37] The Strategy promotes the Northern Ireland Executive's Programme for Government priority to "Create safer communities".[38] It also aligns with a wide range of NI Executive policies, which include addressing alcohol and drugs problems, focusing on early interventions around community safety and promoting partnership in addressing alcohol misuse. The Department of Justice has pledged to contribute to the DHSSPS-led New Strategic Direction for Alcohol and Drugs in addressing issues of alcohol misuse. This includes a commitment to "promote schemes locally to reduce alcohol related offending and anti-social behaviour" and "work in partnership to develop initiatives to reduce alcohol related crime".[38] A good example of this collaborative approach is the joint working between the Department of Justice, DHSSPS, the Public Health Agency and the Police Service for Northern Ireland to implement the Drug and Alcohol Monitoring Information System (DAMIS).

In 2012-13, the Department of the Environment engaged with stakeholders around the issue of alcohol consumption on buses. Stakeholders included a number of local councils, the PSNI, NI Drinks Industry Group and Disability Action. This consultation informed a multi-stranded approach designed to improve understanding of the risks, to make service providers more responsible and willing to engage with other departments as part of the wider strategic approach to dealing with issues relating to alcohol.[39]

The Department for Social Development funds a range of housing-related support services for vulnerable people, including those "with alcohol and drug problems".[40] This involves working with DHSSPS in providing support to the most vulnerable in society. Alcohol misuse can be related to homelessness and whilst there are community-based alcohol and drug services, these may not be accessible to homeless people. It is often the case that homeless people who have alcohol misuse problems also suffer from other issues, such as mental ill health. In such cases, the housing-related support service will work jointly with health and social services, to ensure that a holistic approach is used to meet individual needs.[41]

Burden on families

NICE recognises that alcohol dependence has considerable adverse effects on family members.[17] It is important that support services are provided for those affected by a family member's alcohol dependence. In Northern Ireland, alcohol was involved in well over half (59.6%) of domestic violence with injury cases between 1 April and 19 November 2012.[34] Furthermore, it is estimated that around 40,000 children are living with parental alcohol misuse.[3] The potential impact on babies and children of parental alcohol misuse is wide-ranging. It can include physical, behavioural and emotional effects, and the impact may be evident into adulthood.[42]

important that employers are trained in being able to **spot the signs early**

Many of those who are involved in providing services to those who are misusing alcohol are also dealing with the fact that the person's family has completely broken down. Kim McGarry, an alcohol housing support worker with social justice charity Extern, deals with these cases on a regular basis and states it becomes much harder to rehabilitate people without a stable environment and family support network.

According to Ms McGarry, a major issue is the lack of consistency in how services are provided. Some focus solely on the individual problem alone, whereas other services address the wider issues and how this impacts on the individual, this could include accommodation, financial issues, mental and physical health issues and support to families as part of the individual's care pathway. One reason for this, which was cited by a number of people interviewed for this report, is cost. It is not financially feasible to treat, for example, up to ten family members.

Ensuring that treatment services are supported and encouraged to take a family-orientated approach to provision is a priority objective in the New Strategic Direction for Alcohol and Drugs 2011-2016.[1] According to a number of interviewees however many of those in need cannot access family support services in their HSC Trust area.

The focus on families cannot be underestimated, "if interventions are offered to family members in their own right (e.g. to help them cope better, or help them develop improved social networks), there are significant effects in terms of reduced symptoms and altered coping mechanisms which in turn impact on the drinker's behaviour".[43]

Burden on the workforce

The impact of alcohol also costs industry in our region mainly in terms of lost productivity, premature deaths among the workforce, and unemployment.[44] Such costs are estimated at up to £258.2 million per year in Northern Ireland.[12] It is thought that some 3.64 million working hours' worth of output are lost per year as a result of 'presenteeism' (i.e. reduced efficiency among employees who work while under the effects of alcohol). The cost to Northern Ireland's wider economy of presenteeism is estimated at up to £96.9 million per year, whilst absenteeism from work due to excessive alcohol consumption is thought to cost up to £47.7 million.[12]

Addiction NI's Thelma Abernethy says that alcohol in the workplace is a taboo subject that needs to be addressed. She adds that "alcohol misuse leads to employees coming into work in poor form, hung over, which can cause a reduction in productivity and increase risk of accidents in the work place".

Ms McGarry of Extern stresses that it is "important that employers are trained in being able to spot the signs early and offer support".

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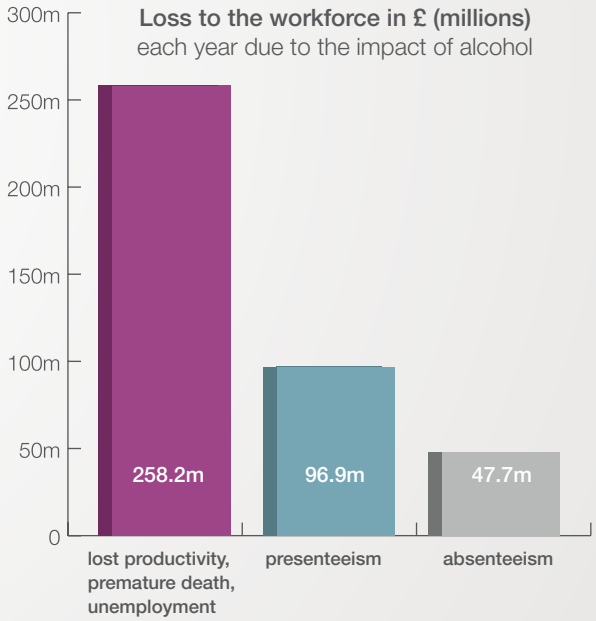
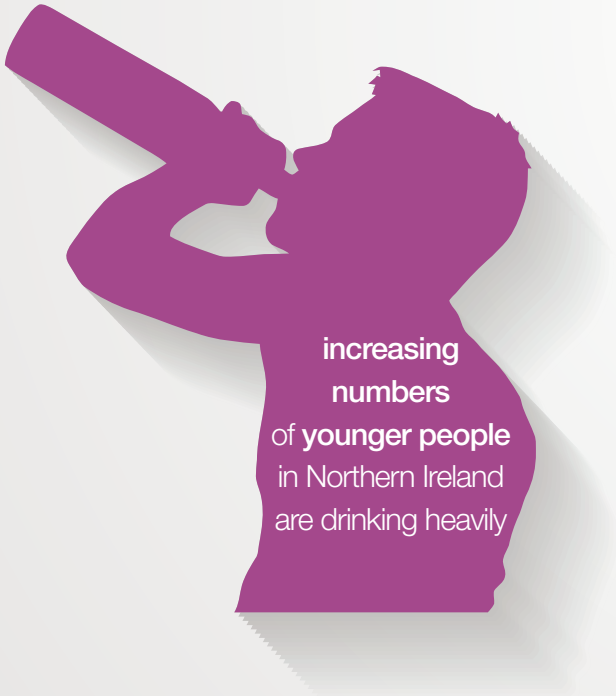


TREATMENTS AND TREATMENT RATES FOR ALCOHOL DEPENDENCE

There is a range of effective treatments that may be used to treat different types and severities of alcohol dependence



TREATMENTS AND INTERVENTIONS

It is essential to implement measures that will help prevent and reduce alcohol-related harm, and much has already been written on ways of doing so. However, the need for alcohol treatment services is likely to be even greater in future. For example, there are indications that increasing numbers of younger people in Northern Ireland are drinking heavily, with some patients in their twenties known to have died of alcoholic liver disease.[45] Also, in recent years there has been a growing focus on the issue of older people and their misuse of alcohol. The proportion of older people in the population in the UK is increasing rapidly, as is the number of older people with substance use issues.[46] Funding and commissioning of services for this age group have been limited in recent years and this needs to be addressed.

The World Health Organization has highlighted evidence that treatment can reduce the health burden caused by alcohol, and potentially the amount of alcohol consumed, even though it may not fully solve alcohol problems.[47]

There is a range of effective treatments that may be used to treat different types and severities of alcohol dependence. For example, assisted withdrawal may be managed in the community, whilst people who are severely dependent may be treated as inpatients or in a residential setting. Psychological and psychosocial interventions could include cognitive behavioural therapy (CBT) that focuses on alcohol misuse. Pharmacological interventions may also be prescribed, with the aim of helping patients to reduce their drinking, achieve and maintain abstinence, and avoid relapsing. In primary care, treatment may include the provision of brief interventions and prescribing interventions.

Abstinence and reduction goals should both be considered as part of a comprehensive treatment approach for alcohol dependent patients.[48] Research has shown that if patients are offered the option of reduced-risk drinking, not only is treatment acceptable to those who would otherwise not wish to receive it, but treatment can also be provided at an early stage of their illness.[49] Furthermore, the British Liver Trust notes that offering the option of reduced drinking may lead to less severely dependent problem drinkers, who may not want to access abstinence-focused services, being recruited into treatment.[50] Moreover, those with severe dependence also benefit from having access to a range of options. Offering a choice of treatment goals could, therefore, help to increase treatment rates in Northern Ireland.

While collated data on the numbers of people receiving different types of treatment/interventions is published by Public Health England,[51] it is not as consistently available in Northern Ireland. Data is currently collated for the Drug Misuse Database on an annual basis, contributed to by all treatment agencies.

The Department of Health, Social Services and Public Safety does, however, produce a 'Census of Drug and Alcohol Treatment Services in NI,[52] which was last published in 2012. It should be noted, however, that this census represents a 'snapshot' at a particular time (March 2010). Individuals can be in contact with more than one service, of which not all are

It is estimated that only "about **9% of the in-need** population are treated for alcohol problems" in Northern Ireland

collated. It should also be noted that these statistics relate only to treatment within the statutory sector and therefore do not reflect treatment statistics within the community and voluntary sectors, which are not widely available.

Key findings of the 2012 census include:

- There were 5916 individuals in treatment for drug and/or alcohol misuse
- Approximately 69% of individuals in treatment were male; 31% were female
- Almost all (98%) of those in treatment on 1 March 2012 were attending non-residential treatment services[52]

Low treatment rates

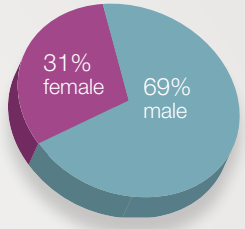
It is estimated that only "about 9% of the in-need population are treated for alcohol problems" in Northern Ireland.[3] It should be noted, however, that this does not suggest that the other 91% are being refused treatment. In many cases those who need help are not actively seeking treatment. The actual figure could be even lower, as it is based on the estimated 47,000 people aged 18+ drinking at harmful levels in Northern Ireland. It does not take into account around 170,000 adults drinking at hazardous levels, some of whom could be mildly dependent on alcohol. In England, for example, it is estimated that only 6% of dependent drinkers receive treatment.[6]

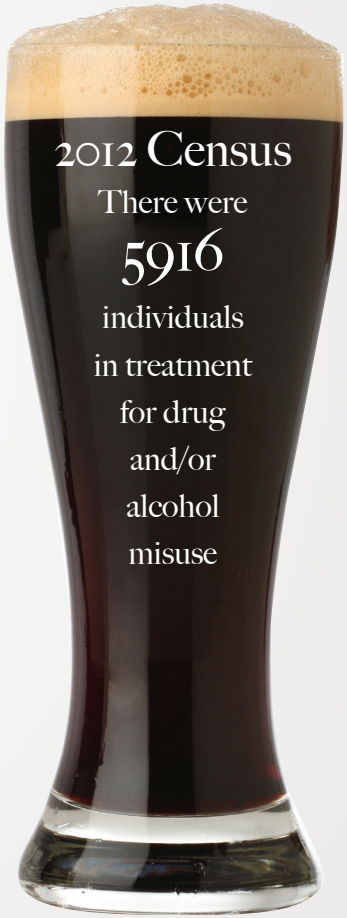
Between 2010 and 2012, there was a slight decrease in the total number of people in treatment for alcohol, or for alcohol and drugs, in Northern Ireland. Meanwhile, HSC Trust Community Addiction Teams are receiving increasing numbers of alcohol referrals every year.[3] Anecdotal evidence from those interviewed for this report indicates that uptake of treatment is an issue across the region within the statutory sector. There is clearly a need for more adequate follow-up by those doing the referring and signposting to ensure people are accessing the treatment they need.

Again, it should be noted that these figures largely omit statistics from services within the community and voluntary sector. Some of the above services are being picked up by the community and voluntary sector, but with no consistent collation of data it is difficult to identify where and by which organisations.

2012 Census

69% of individuals in treatment were male; 31% were female





WHY ARE TREATMENT RATES LOW?

A number of factors contribute to the fact that alcohol treatment rates in Northern Ireland remain low. The idea that drinking hazardously or harmfully has become the cultural norm needs to be challenged. More needs to be done to raise public awareness of the damaging impact of alcohol, not only on the individual, but on their families and the wider community also.

Furthermore, there is no universal screening programme for alcohol misuse in Northern Ireland. Consequently, people with dependency issues are not routinely identified at an early stage and offered brief interventions when, for example, they present in primary care practices or A&E departments. However, there has been some initial screening undertaken in GP practices in NI. The most recent screening service introduced, the Northern Ireland Local Enhanced Service (NI LES) is aimed at building on work already undertaken by GP practices under the ICP engagement and addresses proactive care management of patients with complex needs.

There is a further commitment by the Health Minister and his Department to establish substance misuse liaison services in acute settings by 2014/15. This priority is to reduce inequalities and focus on prevention to improve health and well-being. It commits that "by March 2015, services should be commissioned and in place that provide seven day integrated and coordinated substance misuse liaison services within all appropriate HSC acute hospital settings undertaking regionally agreed structured Brief Advice or Intervention programmes".[53]

Anecdotal evidence from those interviewed indicates that people with lower levels of alcohol dependence are not being identified or seeking help. This suggests that more needs to be done to ensure that people are offered help before they become moderately or severely dependent. This observation is supported by the 2013 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) review of patients who died with alcohol-related liver disease, including those in Northern Ireland. It found that there may be opportunities for intervention at an earlier stage, such as offering support and advice to patients, whatever the hospital speciality under which they are admitted; such interventions have the potential to prevent people from developing more serious problems.[54]

An example of an initiative through which these issues are being addressed is the 'Alcohol and You' project, a joint venture between Addiction NI, FASA and ASCERT in the South Eastern Trust, which targets those who are at the lower level of dependence. That this is not being carried out across the board, however, continues to be a concern.

The Department of Health, Social Services and Public Safety and HSC Commissioners need to urgently address the supply-side barriers to increasing treatment rates, including under-resourcing for early intervention initiatives, and the demand-side barriers, including societal acceptance of alcohol.

Treatment access issues for some groups

In order to increase the treatment rate within the statutory sector to 15%, it is important to understand who may need treatment but is not accessing it. The collation and evaluation of data on those in treatment is essential, as is a detailed understanding of the in-need population. Alcohol treatment services can only

More needs to be done to raise public awareness of the **damaging impact of alcohol**

be properly designed if the right data is available on which to base decisions and ensure that those who need help receive it. Nonetheless, there are already some indications as to which groups of people may not be accessing treatment.

Some of those interviewed for this report believe that people in rural and remote areas may experience particular difficulties in accessing alcohol treatment due to limited public transport provision. They indicate that treatment uptake would be higher if it were provided closer to where people live, for example, in a primary care setting. Others interviewed highlighted the fear some people (in particular, women) have that seeking treatment could affect the care of their children, for example, by prompting the involvement of social services. This presented a barrier to treatment. NICE guidance notes the need for treatment services to be "sensitive to the particular needs of women".[18]

Ms McGarry of Extern's Alcohol and Homeless Support team stressed that many of their clients are "mainly chaotic drinkers who are less likely to access treatment because they feel helpless, both physically and emotionally, they find it difficult to make appointments and to keep regular contact with services because of their complex needs"

Older people's access to alcohol treatment services also needs to be addressed, given growing concerns around the increasing numbers of them misusing alcohol and drugs.[55] In Northern Ireland, 7% of people aged over 65 (and 13% of men over 65) drink above sensible levels and a further 1% (2% of men over 65) drink at dangerous levels.[56]

Alcohol misuse is a hidden problem for many older people. Dr Scott Payne, a consultant psychiatrist with the Western Health and Social Care Trust, explains that "there's an issue around older people talking about their alcohol use, and GPs and healthcare providers asking about it".

This reluctance among older people to talk about alcohol problems may be due to a perception of shame, stigma or embarrassment. The issue is compounded by the fact that health and social care professionals may not always spot heavy drinking in older people because the effects of alcohol misuse are sometimes mistaken for a physical or mental health problem. In fact, older people are often assumed to have no problem with alcohol, and therefore are not asked questions about their alcohol use.[57] As one GP specialising in addiction puts it, "there is a denial within society that older people have a problem with addiction".

There are still many barriers to older people getting help for alcohol misuse, including "a myth that older people are not capable of changing their alcohol use", according to Ms McGarry. One interviewee referred to an alcohol treatment service that would not see anyone over the age of 65, referring anyone above that age on to older people's services.

Research has shown that this group can also be socially isolated and find it hard to access support services generally. Some of those interviewed for this report highlighted that physical barriers, such as restricted mobility, may be an issue for older people, who do not always have family or friends to take them to appointments or the money to pay for a taxi. Older people are also less likely to be able to access other sources of information and help, such as those available online.

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alcohol treatment has been underfunded in Northern Ireland in comparison with drug treatment

there is a **limited 'window of opportunity'** when people are motivated to engage in treatment

Ms McGarry suggests that a lot of men in their 60s started drinking heavily because of the pressures that resulted from the Troubles in Northern Ireland and that this, in some cases, has led to homelessness through trauma and family breakdown. She adds that loneliness and desperation are factors for older people who have been bereaved and sometimes cannot accept that they have a drinking problem.

IMPROVING TREATMENT RATES: SUPPLY-SIDE BARRIERS

Underfunding of alcohol treatment services

Despite the fact that drug use is "low in comparison to alcohol misuse"[3] and mortality and morbidity from alcohol are much higher, alcohol treatment has been underfunded in Northern Ireland in comparison with drug treatment.[44] It is essential that investment in alcohol services is not just comparable with drug services, but also sufficient to tackle the huge burden of alcohol dependence outlined in this report. Increased funding is needed to save both money and lives.

That the Public Health Agency and HSC Board's draft Alcohol and Drug Commissioning Framework recognises that "it is important that all directorates within Health and Social Care invest in services to reduce the impact of alcohol related harm" is, therefore, to be welcomed.[3] Levels of funding also need to be equitable between HSC Trust areas; taking population profiles into account, for example, could help in this regard. Funding should also be provided on a sustained basis, so that services can offer longer-term interventions, capable of addressing complex needs.

Inconsistent provision of alcohol treatment services

The Public Health Agency and the HSC Board have referred to the "disparity in access to particular services" in Northern Ireland.[3] Whilst most interviewees indicated that a range of treatments are offered in their HSC Trust area, some service provision issues were raised. For example, according to one interviewee, Tier 2 services are not sufficiently developed, which impacts on the availability of earlier intervention.

It is positive that the draft Alcohol and Drug Commissioning Framework aims to improve consistency of service provision across HSC Trust areas.[3] As the Framework is implemented, it will be essential that variation is reduced at all levels of alcohol service provision. This includes early screening, brief interventions and treatment in primary care.

Waiting times

A number of those interviewed considered waiting times between referral for alcohol treatment and the first appointment to be a problem, primarily because there is a limited 'window of opportunity' when people are motivated to engage in treatment. Indeed, the Public Health Agency and the HSC Board have referred to the importance of prompt intervention at the 'treatable moment', i.e. when someone is identified as being a harmful or dependent drinker. It is at this point that the patient may be particularly motivated to accept advice and change their behaviour.[3] An integrated care pathway with guidelines for treatment in primary care may help to maximise this opportunity by facilitating the swift provision of treatment.

Service integration issues
The importance of integrated care, which features heavily in the draft Alcohol and Drug Commissioning Framework, cannot be over-emphasised, not least because people with alcohol problems may have a variety of needs that need to be met by different services during their care journey. For example, one interviewee estimated that around 80% of clients seen by their service have a mental health co-morbidity. And yet, according to the Simon Community Northern Ireland, a voluntary organisation supporting homeless people, "mental health treatment services will often not deal with service users with substance use issues".[58]

There is a need for a cross-sectoral pathway between the statutory and community and voluntary sectors. This needs to involve referrals when needed and a joint pathway through which the client can be referred to and from particular services as their as their needs change / progress.

On this point, Extern has identified an issue with those who do not see a correlation between addiction and mental ill health, and maintain instead that addiction should be dealt with by a specialist and mental health by a mental health nurse.

It is essential that all relevant services – in the statutory, community and voluntary sectors – take a joined-up approach to helping people to access the care they require; it is also vital that all those involved in support provision clearly understand their responsibilities at each stage in the process, from identifying alcohol problems through to providing integrated care.

"We need a seamless service so that patients have 'no wrong door' to get the help they need," explains Yvonne McWhirter, Head of Primary Care Liaison and Specialist Services with the Western HSC Trust.

IMPROVING TREATMENT RATES: DEMAND-SIDE BARRIERS

Limited identification of those with an alcohol problem
"To increase treatment rates, screening should be increased," explains Dr Helen Toal, Consultant Psychiatrist with the Belfast HSC Trust. GPs have a key role to play in detecting alcohol problems, as indicated by the HSC Board's introduction of a Clinical Priority for the delivery of 'Structured Brief Advice for Alcohol within Primary Care'.[27] However, anecdotal evidence from expert interviewees indicates that uptake of the Local Enhanced Service for delivering the structured brief advice could be higher. As of May 2014 151 GP practices in Northern Ireland had taken part in the Local Enhanced Service (LES) 'Structured Brief Advice for Alcohol / Screening for Brief Advice for Alcohol / Screening for Alcohol Misuse'. The total expenditure on the NI Local Enhanced Service for 'Structured Brief Advice for Alcohol' in Northern Ireland (2012/13) was £192,000.[59]

Furthermore, a range of professionals from within health and social care and other services could contribute to identifying those with alcohol problems. Indeed, the draft Alcohol and Drug Commissioning Framework states that "Given levels of hazardous/harmful alcohol and/or illicit drug consumption [...], there is a clear need to markedly enhance the level of

need for a cross-sectoral pathway between the statutory and community and voluntary sectors

the stigma associated with seeking help for alcohol dependence is a major barrier that results in low access to alcohol treatment

population-based early identification initiatives across both HSC (e.g. primary care) and other settings."[3] Furthermore, as the Minister of Health, Social Services and Public Safety notes, "we need to re-orientate services to ensure that we improve capacity at Tiers 1 to 3".[60]

It is of paramount importance that all relevant services have clear responsibility, and capability, for identifying and addressing alcohol problems as early as possible, and that progress is made within definitive timescales.

One theme to emerge from a number of interviews is the lack of consistency in the monitoring process. When organisations receive funding to deliver a service from the Public Health Agency, for example, they are often expected to report on the number of people treated, rather than the client outcomes. This does not provide the most consistent results, especially with different agencies using different forms of evaluation.

Lack of clarity and understanding around definitions of dependence

Variations in the way the term 'alcohol dependence', and alcohol problems more broadly, are defined could also have an impact on alcohol treatment rates. Interviews conducted for this report, for example, indicated that there is room for greater consistency in the official definitions of key terms, and more clarity with regard to the definitions used by referring agents. A number of GPs use the 'International Classification of Diseases' diagnostic criteria and have been trained to access this tool, but it is not consistently applied. Other GPs use various American versions. In addition, some interviewees highlighted the public lacks a clear understanding about what are excessive levels of alcohol consumption, which may be a barrier to people seeking help.

Stigma and societal acceptance of alcohol

Interviews conducted for this report indicate that the stigma associated with seeking help for alcohol dependence is a major barrier that results in low access to alcohol treatment. For example, people may find it stigmatising to attend appointments in mental health centres, or they may not want to be seen at an addictions clinic. Anecdotal evidence from a pilot scheme indicated that receiving treatment in primary care would have a de-stigmatising effect, although some interviewees indicated that there may be a stigma associated with accessing treatment through GPs in communities where everyone knows each other.

Stigma around seeking help for alcohol problems may also be related to the high degree of societal acceptance of alcohol in Northern Ireland, which was highlighted by a number of those interviewed. Kevin Morton, Acting Addiction Network Coordinator with the Southern Health and Social Care Trust, notes that, "In particular, males are seen as wimps if they seek help, because they are supposed to be able to hold their drink." At the same time, interviews indicated that the fact that drinking is not seen as a problem in Northern Ireland is in itself a barrier to treatment.

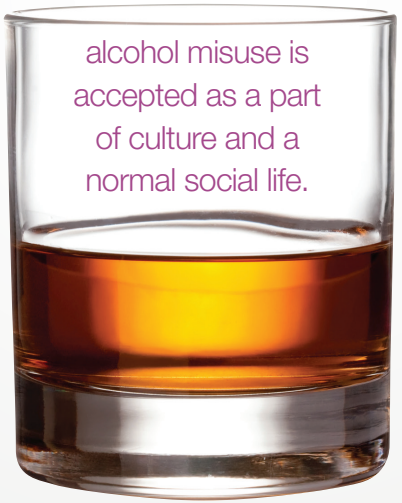
A Public Health Agency report on substance misuse among those aged over 55 notes that alcohol misuse is accepted as "a part of culture and a normal social life. As such, unless the problem is severe it is hard for people to realise they have a problem".[61] From a public health perspective, greater societal recognition and understanding of problematic levels of drinking are essential not only for assisting people to access the help they need at an early stage, but also for preventing people from needing treatment in the first place. Healthcare professionals and the wider society need a better understanding of alcohol and its impact.

Motivation and readiness for treatment
Interviews indicate that the motivation of potential service users to change is crucial to successful recovery, and that a lack of motivation could be a barrier to treatment. Whilst it is positive that the draft Alcohol and Drug Commissioning Framework has identified motivational interviewing training as a workforce development need,[3] the importance of engaging with service users through conversation from the very start of the process when they are referred for treatment, should also be considered.

A 'readiness to change' questionnaire should become standard during all assessments, as an individual needs to be ready to take the step before treatment can be properly utilised. This practice also supports the commitment to use resources better and more efficiently, by ensuring that services are used only when they will make a difference to the individual.

Ensuring that families have the support they need to help their loved ones could assist in improving treatment rates. For example, the Public Health Agency and the HSC Board have referred to "emerging evidence that support for the carers of substance users has an impact upon the substance user. This includes getting reluctant users into treatment, reducing their substance use and making better progress through treatment."[3] Actions to support families in the draft Alcohol and Drug Commissioning Framework should therefore be implemented without delay and within defined timescales.[3]

high degree of societal acceptance of alcohol in Northern Ireland



there is emerging evidence that support for the carers of substance users has an impact upon the substance user

WHY SHOULD TREATMENT RATES BE INCREASED?

It goes without saying that if there was more access at an earlier stage, that would prevent harm

Evidence shows that £5 is saved on health, welfare and crime costs for every £1 invested in specialist alcohol treatment

Alcohol dependence imposes considerable burdens not only on public health, but also on the lives of individuals and families, communities, the workforce and the HSC sector. Improving treatment rates for alcohol dependence could, therefore, make a positive difference in a wide range of areas.

Evidence shows that £5 is saved on health, welfare and crime costs for every £1 invested in specialist alcohol treatment.[11] It follows that improvements in the identification of alcohol problems and more and better access to alcohol treatment should lead to greater savings and benefits across many areas of government, including health, justice, employment and education.

The potential positive impact of improving alcohol treatment rates means that doing nothing is an option we simply cannot afford. If treatment rates were allowed to remain low, or even to worsen, it would be a missed opportunity to improve the lives of individuals, families and communities affected by alcohol dependence, and to address the associated economic and societal burdens.

Benefit to public health

Research demonstrates that treatment for alcohol dependence "not only helps the individuals affected, but also substantially improves public health in general".[23] Likewise, NICE notes that commissioning high-quality alcohol services using an integrated, whole-system approach can increase access to evidence-based interventions, which could lead to improved outcomes for individuals, such as better health, wellbeing and relationships.[62] And with demand for liver transplants exceeding the supply of donated organs,[63] any intervention that diminished this demand would reduce the burden of need.

"It goes without saying that if there was more access at an earlier stage, that would prevent harm," explains Kathy Goumas, Head of Addiction and Quality Assurance with the Northern HSC Trust. The DHSSPS has also noted that, "The earlier intervention / treatment services are provided to someone who is misusing alcohol or drugs the more likely it becomes that the harm associated with such use can be minimised."

Benefit to HSC

The Bamford Review of Mental Health and Learning Disability Northern Ireland found that investing in alcohol treatment was likely to result in significant cost benefits for health services.[44] Similarly, NICE predicts that "investing in cost-effective interventions will probably generate sufficient savings to outweigh the additional costs of increasing the number of people that access services".[65] A reduction in disease burden, for example, could result in considerable potential savings.

According to Kevin Morton, Addiction Network Coordinator with the Southern HSC Trust, improving treatment rates "would cut down the significant impact on general hospitals, because there would be fewer admissions."

There is certainly evidence that initiatives focussed on early identification of hazardous/harmful alcohol consumption lead to substantial savings due to reduced hospital admissions. For example, it is estimated that for every £1 million invested in substance misuse liaison services, up to 1,200 alcohol-related hospital admissions could be averted.[3] This is equivalent to savings of £1.7million or £0.7million net.[3] The introduction of an alcohol liaison nurse in the Mater Hospital, for example, is estimated to have saved £237,115 through reduced bed days in one year.[66]

effective rehabilitation for alcoholics has direct positive economic benefits

average monthly family costs which were directly related to a family member's alcoholism fell from **£529.91** to **£113.90**

Benefit to society and communities
Ed Sipler, Health Development Specialist in Alcohol and Drugs with the South Eastern HSC Trust, explains that with improved alcohol treatment rates, "You would have people drinking less, which in turn would mean that problems across communities and families would be reduced."

The National Audit Office has pointed to the cost-effectiveness of many interventions for alcohol misuse, noting that the cost of providing the interventions is outweighed by 'full social cost' savings resulting from lower alcohol consumption, such as lower criminal justice system costs due to reduced alcohol-related crime and disorder.[67] Similarly, NICE has highlighted a US study which examined social costs associated with health care, arrests and motor vehicle accidents[68] and showed that the use of alcohol treatment for dependent drinkers leads to reduced social costs.

Improved treatment rates could also lead to other community safety benefits. According to NICE, commissioning high-quality alcohol services using an integrated, whole-system approach could improve "quality of life for the community by reducing alcohol-related crime and anti-social behaviour".[62] The potential benefits for communities are of particular relevance to the DOJ's Community Safety Strategy for Northern Ireland.

Benefit to families
Evidence suggests that improved alcohol treatment rates have a positive impact on the families of dependent drinkers. NICE maintains that family breakdown could be prevented by commissioning high-quality alcohol services using an integrated, whole-system approach.[62] The potential benefits for families are relevant to the HSCB, both in terms of the impact on the health of family members and the provision of social services.

Furthermore, a German study has concluded that alcohol treatment can lead to improved family finances. The study showed that average monthly family costs which were directly related to a family member's alcoholism fell from £529.91 to £113.90 after twelve months of treatment, equating to a drop from 20.2% to 4.3% of total pre-tax family income. There was also a reduction in the time spent per month caring for the family member with alcohol dependence, from an average of 32.2 hours to 8.2 hours.[69]

Benefits to the workforce
The regional and local economy in Northern Ireland may also benefit from increasing alcohol treatment rates, for example, through improved productivity and employee retention. Research on preventative spending concludes that "effective rehabilitation for alcoholics" has "direct positive economic benefits such as maintaining a steady job and paying taxes to the government."[70] Similarly, implementing the NICE guideline on alcohol related disorders would reduce absenteeism associated with harmful alcohol use.[18] Moreover, the Chartered Institute of Personnel Development (CIPD) has found that where people with alcohol and/or drug problems are helped by their employers with referral to specialist treatment or rehabilitation support, over 60% continue working for the employer after overcoming their problems.[71]

It is essential, therefore, that those in a work environment are able to identify the signs of a colleague in need early. If we are not able to spot the signs we are not able to help motivate them to get the help they need. Providing more of a focus on the workplace and facilitating training designed to develop the knowledge and experience required to identify need is vital. This then provides the capacity to motivate those to access the services they need.

for every **£1 million invested in substance misuse liaison services**, up to **1,200 alcohol related hospital admissions could be averted**

APPENDIX 1 TIERS OF ALCOHOL TREATMENT

The four tiers of alcohol services outlined below are drawn from the draft Alcohol and Drug Commissioning Framework. This stepped-care model as proposed in the Commissioning Framework describes services provided for people aged over 18 years.

STEP 1
Universal health and well-being/self-help.

STEP 2
Targeted Intervention

This involves early detection and provision of preventative support to people and their families in need. Intervention at this step is provided to those people who are experiencing substance misuse difficulties with or without mental health/ emotional difficulties, which are impacting the person's and/or the family's psychological/social/educational functioning. At this step structured self-help approaches, behavioural, and/or family support are provided to reduce the impact of such issues and prevent their escalation to greater/more significant difficulties.

STEP 3
Specialist Community Intervention

This involves specialist diagnostic assessment and the provision of psychological, and/or pharmacology therapy. Intervention at this step is provided to those experiencing moderate to severe substance misuse which is having a significant impact on daily psychological /social/educational functioning. Intervention at this step is normally provided through specialist/specific multidisciplinary teams with some psychological interventions provided by community/voluntary as well as statutory services.

STEP 4
Specialist Inpatient (detoxification)

Care at this step is provided for those who are experiencing highly complex physical issues associated with their alcohol and/or drug misuse and require inpatient, medically managed assisted withdrawal. At this level the person will require the input of community psychological interventions to continue post inpatient discharge.

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