

Lack of information on alcohol treatment makes it difficult to plan services based on demand. Roseanne Sweeney reveals LDAN's project to bring data based insight to alcohol service planning.

➤ Last year the Alcohol Harm Reduction Strategy for England highlighted the lack of information available on alcohol treatment and difficulties this causes when trying to assess the demand for and effectiveness of treatment. There is currently no overall body monitoring alcohol treatment, like the National Treatment Agency does with drug treatment, and no system like the National Drug Treatment Monitoring System (NDTMS) for collecting alcohol statistics centrally.

It was against this background that the London Alcohol Statistics Project was set up. Initiated by the London Drug and Alcohol Network (LDAN) a membership network for frontline substance misuse services in London, it set out to collect NDTMS type data from a range of alcohol service providers. It was hoped that the information collected would provide some insight into alcohol treatment in London, facilitate comparison with drug treatment statistics and explore the capacity of agencies to collect statistics. The project was supported by the Association of London Government and funded by the Kings Fund.

Initially 13 agencies agreed to take part in the project. These were chosen on the basis that they represented a cross section of alcohol services in London – in other words there were both statutory and voluntary sector agencies, large and small, and were based in inner and outer London. They were asked to provide information on clients using their services in 2004. This was then input to a database and analysed. In the event, seven organisations provided usable data within the timeframe requested.

Overall, statistics on almost 7,000 clients across 27 London boroughs was collected. This provided some useful information on the demographics, referral routes and waiting times of people using alcohol services. After comparing the statistics with drug treatment data for a comparable period supplied by the NTA, it also allowed some comparisons to be made with drug treatment services and clients.

Some of the project's main findings are:

- The average waiting time for the 3,774 clients whose waiting time was recorded was 37 days or 5.3 weeks. This compares with average waiting times for drug users in London during the last quarter of 2004, of 1.4 weeks to be treated by a GP and 2.8 weeks for inpatient treatment. Only four providers were able to supply data on waiting times and unlike with drug treatment the data collected did not differentiate between types of alcohol intervention. But the statistics still clearly indicate that alcohol misusers are waiting significantly longer for treatment than drug users.
 - Clients using alcohol services are most likely to be in the 36-50 age group, suggesting they are older than those in drug treatment. Men outnumber women by a ratio of 2 to 1 – much like in drug treatment, while of the over 5,000 clients whose ethnicity was recorded four fifths were white, a significantly higher figure than in drug treatment.
 - The most common means of referral was by GP (23 per cent) and self-referral (21.5 per cent). Referral source varied according to ethnicity with for example, Asian and Asian/British clients least likely to be referred by a substance misuse service while black clients and those of mixed ethnicity were most likely to be referred by probation. Overall, the figures suggest that alcohol misusers are

much less likely to self refer than drug users.

- Alcohol services struggle to keep on top of data collection. Most of the agencies that provided usable statistics struggled to do so in the format and timeframe required while participating agencies unable to provide statistics cited resource issues as the main reason. Despite the fact that information on alcohol treatment is not collected centrally, service providers still have to commit considerable resources to gathering information for both clinical purposes and to satisfy the requirements of commissioners of alcohol services. Most agencies have several funders and are required to provide different information to each of them adding to the workload.

As a result of the findings, the London Alcohol Statistics Project report made the following recommendations:

- More work needs to be done to explore why the wait for alcohol treatment appears significantly longer than for drug treatment, and to address resource issues arising. As report author Libby Ranzetta wrote, if fast access to treatment is a worthy goal then surely this should apply to people with alcohol problems as well as those with drug problems. The national audit of treatment services set in train by the Alcohol Harm Reduction Strategy is due to be published over the next month, and this should add substantially to our understanding of the extent to which the demand for services is being met.
- Commissioners and alcohol providers should agree and adopt a standardised minimum data set for alcohol treatment. With alcohol services stretched to cope with the volume of clients coming through their door, having to duplicate efforts by returning different statistical data to different commissioners appears a poor use of scarce staff time and resources.
- Data collection, although an onerous task particularly for smaller agencies, is important given the information it provides on problem drinkers and treatment. The London Drug and Alcohol Network will continue to make the case for data collection to its 200 plus members and work to ensure they have the tools, training and support to do this.

The report can be downloaded at www.ldan.org.uk

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Time's up for the alcohol data drought