

Warwickshire Drug and Alcohol Treatment Needs Assessment 2012/13

Recovery

**TACKLING
DRUGS
& ALCOHOL
CHANGING
LIVES
IN WARWICKSHIRE**
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*Working for
Warwickshire*

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Introduction

This needs assessment focuses on alcohol and drug use among adults in Warwickshire. It presents:

- The current picture in terms of the drinking and drug using population in the County and considers a broad range of alcohol and drug related issues including treatment services, health, crime and wraparound and recovery services.
- The recovery needs and gaps including outcomes from the analysis of the recovery needs of treatment clients in Warwickshire (conducted through a survey with treatment providers and practitioners).
- An analysis using the recovery assets approach to drugs and alcohol which considers the assets within a community rather than the needs or gaps in services.
- Emerging issues from the consultation and areas for further exploration
- Conclusions and recommendations

This assessment is designed to inform the Warwickshire Alcohol and Drugs Implementation Plans and assist the Drugs and Alcohol Management Group in future targeting and planning.

The assessment also forms part of the Joint Strategic Needs Assessment, which examines the current and future health and well-being needs of the local population, to inform and guide the commissioning of health, well-being and social care services.

Warwickshire Drug and Alcohol Action Team (DAAT) and the Warwickshire Observatory would like to thank the partners and providers who have contributed to the production of this needs assessment.

Background

The national drugs strategy was launched in December 2010 and set out a fundamentally different approach to preventing drug use and supporting recovery from drug and alcohol dependence. A new national alcohol strategy was then published in March 2012. This strategy sets out the Government's ambition to tackle the problems caused by binge drinking and radically reshape our approach to alcohol.

To deliver the key themes set out within the national strategies at a local level, partners in Warwickshire have developed and agreed comprehensive implementation plans for both drugs and alcohol. These plans both cover three key areas designed to tackle the problems caused by drugs and alcohol to individuals and the community;

- education and prevention;
- treatment and recovery; and
- enforcement.

Following a significant re-commissioning exercise in 2011, partners in Warwickshire are now well placed to implement the recovery agenda locally. All community drug and alcohol treatment services for adults across Coventry and Warwickshire are now provided by The Recovery Partnership, a consortium of two national substance misuse charities – Addaction and Cranstoun.

A new service user involvement, peer mentoring and family support service for those affected by drugs or alcohol across Warwickshire was also commissioned during 2011/12 and commenced on 1st April 2012. This service is provided by ESH Works.

1.0 Executive Summary

Key Findings

- The national drug strategy was launched in December 2010 and the national alcohol strategy in March 2012 (which is currently out for consultation until February 2013). Both strategies signal changes to government policy and sets out a fundamentally different approach to preventing alcohol and drug use in our communities, and in supporting recovery from drug and alcohol dependence. The Recovery Partnership has been in place for 13 months (at the time of writing) and is striving to implement the recovery agenda across the County.
- In 2011/12, there were 917 clients in treatment in Warwickshire where alcohol was their primary drug. This is down from 1,131 clients for the equivalent 2010/11 period, a reduction of 17.7%. There were 656 new presentations to treatment during the year, which represents 72% of the total treatment population.
- In the period April 2011 to March 2012, there were 994 recorded Opiate and/or Crack Cocaine Users (OCUs) in effective treatment in Warwickshire and a total of 1,062 adults in effective treatment in the County. The 994 OCUs recorded in the latest period is down 9.9% or 109 clients from the previous year, mirroring the trend seen both regionally and nationally.
- Cannabis remains the most popular drug at the 2012 Global Gathering festival in Stratford-on-Avon District, with 127 people listing this as their drug of choice in 2012. Cocaine and MDMA/Ecstasy are also high on the list (104 individuals highlighted cocaine and 75 individuals mentioned MDMA/Ecstasy). Use of both amphetamine and ketamine has fallen from peaks in 2009. The prevalence of cocaine at the festival has increased dramatically over the last year, from 11 individuals in 2011 to 104 in 2012 (although this is worth bearing in mind in the context of increased numbers generally at this year's festival). Many more drug variations have been discovered at the festival in 2012 with those asked admitting to using legal highs and methamphetamine.
- The headline indicator used to assess performance in reducing alcohol related harm is alcohol related hospital admissions. The County has seen a 1% fall in admissions in 2011/12 and within the County, Stratford-on-Avon and Warwick Districts have seen considerable falls from 2010/11 (7% and 3% reductions respectively). Nuneaton and Bedworth Borough continues to have the highest rate of alcohol related hospital admissions in the County and has seen a percentage increase over the past year in line with the regional and national averages.
- Mosaic is a customer insight tool which gives a comprehensive view of consumer demographic data. Warwickshire Drug and Alcohol Action Team can use the findings from the Mosaic analysis to effectively target messages in relation to alcohol and drug use and also use it to help raise awareness of The Recovery Partnership's services. A common feature of the households identified is the increased risk experienced by young people generally. Moreover, this risk appears evident among groups with different income levels. This would suggest that a more general message emerging from this analysis is the involvement of young people in the sort of behaviours which place them at greater risk from issues relating to drugs and alcohol.

- Consultation with treatment providers revealed that alcohol and drug treatment service users face barriers to successful recovery, with the highest concerns being the lack of affordable accommodation and the lack of suitable employment opportunities.
- Consultation with practitioners revealed a number of emerging issues relating to drug and alcohol misuse in the county. Significant areas of concern include alcohol pre-loading, increased methadone dependence, a significant rise in anti-social behaviour and domestic abuse caused by substance misuse and linking the increase in substance misuse to licensing times. However, these may have been as a result of the timing of the survey, as it was within six months of the new service commencing. These concerns will be monitored and the consultation should be re-run annually to see if attitudes and opinions have changed as the service has embedded. This will also allow subsequent issues (if applicable) to be raised.
- The needs assessment considered the asset based approach for the first time to explore recovery assets and capital with service users. The group suggested that in order to increase recovery capital and assets within the community, more people need to be encouraged to have some sort of peer relationship particularly in the early stages of recovery. Education and knowledge regarding relapse, triggers and cravings was viewed as essential but more importantly, increased self awareness was seen as paramount in a successful recovery journey. Practical issues such as 'keeping themselves busy' and motivated with work, voluntary placements, groups, meetings etc was an important element of recovery capital.

Recommendations

Treatment/Recovery

- The Recovery Partnership to undertake appropriate treatment interventions to increase the proportion of clients successfully completing drug treatment.
- The Recovery Partnership to undertake data recording improvements to ensure that interventions to increase the proportion of clients successfully completing drug treatment are accurately reported to NDTMS.
- The Recovery Partnership to continue to take appropriate action to reduce the length of time clients spend in treatment by providing support to enable them to complete their recovery journey.
- Warwickshire treatment services to work towards Strang compliance.
- The Recovery Partnership to build closer links with, and provide advice on appropriate prescribing to, non Shared Care GPs who prescribe opioid substitutes, starting with the practices in rural Stratford-on-Avon that prescribed the highest numbers in 2011/12. The Shared Care scheme to be promoted to these practices wherever possible.
- The Recovery Partnership to continue to establish outreach locations in suitable venues around the county, to ensure treatment services are accessible to as many residents as possible.
- The Recovery Partnership and ESH Works to continue to encourage service users to set up and improve existing recovery networks across Warwickshire, particularly in the north of the county.
- All partners to take into consideration feedback from the provider and practitioner surveys and barriers identified to the implementation of the recovery agenda that are relevant to their service.

- Note issues and barriers raised in the practitioner survey and undertake a follow up survey next year to see how or if things have improved.
- Recovery Asset thinking to be part of Warwickshire's approach to client work going forward.

Communications

- Warwickshire DAAT and partners to focus the delivery of key messages about alcohol, including information about safe drinking and treatment services, towards target audiences across the County.
- Warwickshire DAAT and the Recovery Partnership to undertake further activity raising awareness of the potential harm that can be caused by legal highs.
- Warwickshire DAAT and partners to develop appropriate delivery mechanisms to promote treatment services to a wider audience.
- The Recovery Forum to develop an action plan to take forward the messages from the service user consultation.
- Warwickshire DAAT to use the Mosaic analysis to target preventative messages to young people/adults in the County.
- Warwickshire DAAT to also use the previous Mosaic analysis carried out for the 2011/12 needs assessment to work with partners to effectively target messages in relation to alcohol use and help raise awareness of the new treatment service.
- Warwickshire DAAT to explore the possibility of assessing the client profile of the Recovery Partnership using Mosaic to enable messages about treatment services to be targeted more effectively.
- The Recovery Partnership and ESH Works to promote activities shown to aid recovery to all service users.

Wraparound Services

- Warwickshire DAAT to work with the University of Warwick Students' Union to promote safe drinking messages to students, utilising appropriate delivery mechanisms.
- Warwickshire DAAT to pursue the survey of employers to better understand their needs and views on the subject of substance misuse in the workplace and employing ex-service users.
- The Recovery Partnership and Jobcentre Plus to review their joint working arrangements, with the aim of improving employment outcomes for drug and alcohol service users.
- Warwickshire DAAT to undertake or commission a detailed analysis of the barriers to accessing housing provision experienced by drug and alcohol treatment service users (similar in scope to the employment analysis undertaken in 2012).

2.0 About Warwickshire

Warwickshire lies to the south and east of the West Midlands conurbation, and has established links with Coventry, Birmingham and Solihull in the West Midlands region, but also with the South East. Despite the focus of population within the main towns of the county, a significant part of Warwickshire is rural in nature. Warwickshire lies at the heart of Britain's transport network and several key strategic routes pass through the county.

Warwickshire is a two-tier local authority and comprises five district/borough areas:

- North Warwickshire Borough
- Nuneaton and Bedworth Borough
- Rugby Borough
- Stratford-on-Avon District
- Warwick District

Current Population

The latest population figures from the mid-2011 population estimates (based on the 2011 Census) reveal that Warwickshire is home to 546,600 people. This has increased by 1,300 people (0.2 per cent) between the 2011 Census day (27 March) and the mid-year point (30 June). The latest 2011 figure has risen by 40,400 people (8.0%) from the equivalent figure in 2001.

Warwickshire's population has been growing for the past four decades with continued in-migration acting as a key factor behind this trend. However, growth has not been consistent across Warwickshire's five districts. Since 2001, Rugby Borough has seen the largest increase in population, up 14.9%

on 2001. The population in Rugby is now reported as 100,500, a growth of 13,000 people. The area with the lowest population change is North Warwickshire Borough, up just 0.5% on 2001.

Figure 1: Population change, 1981 to 2011

Population ('000s)	1981	1991	2001	2011	Change 2001 – 2011
North Warwickshire	60.0	61.0	61.8	62.1	0.5%
Nuneaton & Bedworth	113.9	117.5	119.2	125.4	5.2%
Rugby	87.5	85.0	87.5	100.5	14.9%
Stratford	100.6	105.4	111.6	120.8	8.2%
Warwick	115.3	118.1	126.1	137.7	9.2%
Warwickshire	477.2	487.1	506.2	546.6	8.0%
<i>West Midlands</i>	<i>5,187</i>	<i>5,230</i>	<i>5,281</i>	<i>5,609</i>	<i>6.2%</i>
<i>England and Wales</i>	<i>49,634</i>	<i>50,748</i>	<i>52,360</i>	<i>56,171</i>	<i>7.3%</i>

Sources: 2011 Mid-Year Estimates and previous MYEs. Office for National Statistics (www.statistics.gov.uk) © Crown Copyright 2012

Projected Population

The Office for National Statistics (ONS) publishes long-term sub-national population projections. The current set use 2010 as the base year and provide an indication of expected levels of population growth for the period 2010 to 2035. The projections are trend-based, making assumptions about future levels of fertility, mortality and migration based on levels observed over a five-year reference period. Therefore, they give an indication of what the future population, by age and sex structure, might be if recent trends continue, and take no account of policy or development aims in local authorities.

Figure 2: Population projections, 2010 to 2035

Projected Population ('000s)	2010	2015	2025	2035	Change 2010 - 2025	Change 2010 - 2035
North Warwickshire	62.2	63.2	66.2	69.0	6.4%	10.9%
Nuneaton & Bedworth	122.9	127.5	137.5	146.0	11.9%	18.8%
Rugby	95.9	102.2	114.9	124.7	19.8%	30.0%
Stratford	120.2	126.9	139.5	149.1	16.1%	24.0%
Warwick	137.8	144.9	158.1	170.0	14.7%	23.4%
Warwickshire	538.9	564.7	616.2	658.9	14.3%	22.3%
Coventry	321.7	348.5	396.6	438.6	23.3%	36.3%
Solihull	205.9	212.6	228.5	243.0	11.0%	18.0%
West Midlands	5,479	5,698	6,119	6,475	11.7%	18.2%
England	52,213	54,468	58,607	62,078	12.2%	18.9%

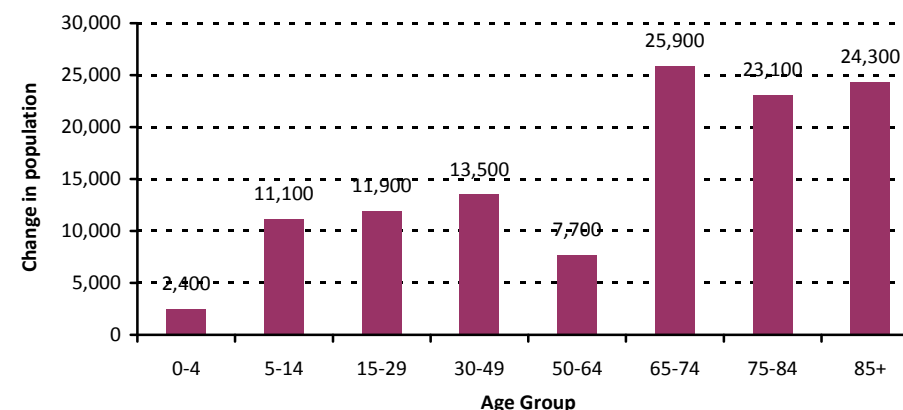
Source: 2010-based Sub-National Population Projections, National Statistics (www.statistics.gov.uk) © Crown Copyright 2012

The population of Warwickshire is projected to reach a total of 658,900 by 2035 – an increase of 115,100 people or 21% on the 2011 Census population figure (543,800). Within Warwickshire, Rugby Borough is expected to experience the highest rates of population growth, with a 30% increase between 2010 and 2035.

Across Warwickshire as a whole, the highest rates of projected population growth are in the groups aged 65 and over. The rate of growth increases with age with the eldest age group, those aged 85 and over, projected to increase by more than 190% between 2010 and 2035. The population of those aged over 65 accounted for just over 18% of the total population in 2010. This is projected to increase to over a quarter of the population (26%) by 2035.

Population projections help inform the planning of services and decisions about the future allocation of resources. An ageing population has implications for the future provision of many services linked to older age groups. Population projections also inform household projections, which are used to estimate the future demand for housing.

Figure 3: Projected population change in Warwickshire by age group, 2010-2035



Source: 2010-based Sub-National Population Projections, National Statistics (www.statistics.gov.uk) © Crown Copyright 2012

Ethnicity

The most recent population estimates by ethnic group (mid-2009) suggest that non-‘White British’ groups make up approximately 12% of Warwickshire’s total population, an increase from 7% in 2001. In volume terms, the ‘Asian Indian’ and ‘Other White’ ethnic groups are the largest non-‘White British’ groups in the county.

At district level, Warwick District is estimated to have the highest proportion of non-‘White British’ residents, at 15%, and North Warwickshire Borough has the lowest proportion, at 7%.

Mosaic Groups

Mosaic is a tool for understanding household and customer types, and allocates every household in the county to one of 69 categories. It is built from Experian’s *UK Consumer Dynamics Database* and uses a total of 400 data variables. It includes the edited Electoral Roll, Experian Lifestyle Survey information, Consumer Credit Activity, self-reported demographics and consumer behaviour alongside the Post Office Address File, Shareholders Register, House Price and Council Tax information and ONS local area statistics. All of this information is updated annually and used to replenish the classification each year.

Mosaic operates at two levels – Groups and Types. There are 15 Groups, which are then sub-divided into 69 Types. Figure 1.5 presents the distribution of Warwickshire’s households across the Groups, and clearly illustrates the county’s diversity. Mosaic can be joined to customer data to add value and help develop a stronger understanding of our customers’ behaviours, needs and preferences. For example, Mosaic can give information on a household’s propensity to use certain channel types, their likely demographics, economic status, household size, health and interests. This data is being used to support the County Council’s customer insight research.

Source: National Statistics (www.statistics.gov.uk) © Crown Copyright 2009
Notes: Rows and columns may not sum to totals due to rounding; Population estimates by Ethnic Group are experimental statistics. This means that they have not yet been shown to meet all the quality criteria for National Statistics.

Figure 4: Population estimates by ethnic group, 2009

	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick
Total All Groups	535,100	61,900	122,000	93,300	118,900	139,000
Total White	493,700	58,700	112,600	85,200	111,900	125,500
<i>of which:</i>						
British	472,500	57,300	109,400	81,000	106,800	118,100
Irish	6,500	600	1,100	1,300	1,300	2,300
Other White	14,700	800	2,100	2,900	3,800	5,100
Total BME	62,500	4,700	12,500	12,300	12,200	20,900
(inc. Irish & Other White)						
<i>of which:</i>						
Mixed	7,300	700	1,400	1,500	1,600	2,100
White & Black Caribbean	2,700	300	600	700	500	700
White & Black African	700	100	100	100	200	200
White & Asian	2,400	200	400	400	500	700
Other Mixed	1,500	100	300	300	400	500
Asian or Asian British	22,800	1,700	6,000	4,200	3,300	7,700
Indian	15,300	800	4,400	2,600	2,000	5,600
Pakistani	4,400	600	1,000	900	800	1,200
Bangladeshi	1,000	100	200	200	200	300
Other Asian	2,100	200	400	500	300	600
Black or Black British	6,000	500	1,100	1,600	1,100	1,600
Black Caribbean	2,800	300	500	800	500	700
Black African	2,800	200	500	700	500	800
Other Black	400	-	100	100	100	100
Chinese or Other Ethnic Group	5,200	400	800	800	1,100	2,100
Chinese	2,500	200	400	400	500	1,000
Other Ethnic Group	2,700	200	400	400	600	1,100

Figure 5: Mosaic Groups, 2011

	Warwickshire
Total All Groups	238,572
A - Residents of isolated rural communities	4.7%
B - Residents of small and mid-sized towns with strong local roots	11.5%
C - Wealthy people living in the most sought after neighbourhoods	4.5%
D - Successful professionals living in suburban or semi-rural homes	15.2%
E - Middle income families living in moderate suburban semis	11.6%
F - Couples with young children in comfortable modern housing	8.9%
G - Young, well-educated city dwellers	4.5%
H - Couples and young singles in small modern starter homes	6.0%
I - Lower income workers in urban terraces in often diverse areas	4.5%
J - Owner occupiers in older-style housing in ex-industrial areas	7.9%
K - Residents with sufficient incomes in right-to-buy social houses	6.5%
L - Active elderly people living in pleasant retirement locations	4.9%
M - Elderly people reliant on state support	5.1%
N - Young people renting flats in high density social housing	1.5%
O - Families in low-rise social housing with high levels of benefit need	2.5%

Source: Experian, Warwickshire Observatory, 2011

3.0 The Current Picture

3.1 The Drinking / Drug Using Population

Adult Drinking Population

According to the Office for National Statistics' mid-2011 population estimates based on the 2011 Census, there are 434,734 adults aged eighteen years and over living in Warwickshire.

The 'Rush Model' was developed in Canada in the 1990s and enables partners to estimate, based on the size of the population, the number of adults drinking at above low risk, harmful and dependent levels. The table below shows an estimate of the number of adult drinkers in Warwickshire for each of these categories.

Figure 6: Estimated prevalence of adult drinking in Warwickshire using Rush Model

	Percentage of Total	Number in Warwickshire
Adult Population	100%	434,734
Adults drinking above low risk levels	26.2%	113,900
Adults drinking at harmful levels	5.3%	23,041
Adults dependent on alcohol	3.6%	15,650

Source: Office for National Statistics mid year 2011 population estimates, Alcohol Learning Centre – Rush Model

Drinking behaviour among adults

The most recent national statistics on alcohol released in May 2012, show that there has been a long-term downward trend in the proportion of adults who reported drinking in the week prior to interview in England in 2010. In 1998 75% of men and 59% of women drank in the week prior to interview

compared to 68% of men and 54% of women in 2010. The average weekly alcohol consumption for all adults in 2010 was 15.9 units for men and 7.6 units for women.

The findings from a report titled 'Topography of Drinking Behaviours in England' (2011) were included in the 2011/12 needs assessment. This report has not been updated, however, the recently released 2012 Local Alcohol Profiles for England (LAPE) have produced new synthetic estimates relating to 2009 for increasing risk drinkers, higher risk drinkers, lower risk drinkers and abstainers. Whilst these figures present estimates for 2009, they still remain the most up-to-date available. The table below shows the estimates of reported drinking habits by district and borough.

Figure 7: Synthetic estimate of the percentage within the total population aged 16 years and over who report abstaining from drinking, lower, increasing and higher risk drinkers, 2009

District/Borough	Abstainers	Lower	Increasing	Higher
North Warwickshire	13.9	73.0	20.4	6.6
Nuneaton & Bedworth	15.5	73.8	19.6	6.6
Rugby	14.7	72.7	20.6	6.7
Stratford-on-Avon	13.5	72.3	20.9	6.8
Warwick	14.6	72.0	21.0	7.0
West Midlands	17.9	73.9	19.6	6.5
England	16.5	73.3	20.0	6.7

Source: LAPE profiles, 2012

Nuneaton and Bedworth Borough has the highest level of estimated abstainers of alcohol and the highest level of lower risk drinkers. The South of the County (Warwick District and Stratford-on-Avon) have the highest

proportions of increasing risk drinkers (consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females) and higher risk drinkers in the county and these proportions are higher than the equivalent regional and national figures. High risk drinkers are defined as men who drink more than 50 units of alcohol a week and women who drink more than 35.

Comparing the estimates from the 'Topography of Drinking Behaviours in England' (2011) report to the 2012 LAPE profiles produces some divergence from the messages in the previous needs assessment. While Nuneaton and Bedworth Borough continues to have the highest proportion of abstainers and lower risk drinkers, North Warwickshire did have the highest proportion of increasing risk drinkers however, when compared to the latest estimates, Warwick District has the highest proportion of increasing risk drinkers with North Warwickshire dropping to fourth place. Similarly, in the previous analysis, Warwick District had the lowest proportion of higher risk drinkers out of Warwickshire's Districts/Boroughs, however, according to the latest estimates, it now has the highest proportion of higher risk drinkers.

Recommendation

Warwickshire DAAT and partners to focus the delivery of key messages about alcohol, including information about safe drinking and treatment services, towards target audiences across the County.

Binge Drinking

Binge drinking can be defined as the consumption of at least twice the daily recommended amount of alcohol in a single drinking session (eight or more units for men and six or more units for women). Using this definition, synthetic estimates from the Local Alcohol Profiles show that Warwickshire's Districts/Boroughs have a higher prevalence of people who reported engaging in binge drinking in 2007/08 than the regional and national average (see Figure 8).

In Warwickshire, the areas reporting the highest levels of binge drinking are Warwick District (23.8%) and North Warwickshire Borough (22.7%). Nuneaton and Bedworth Borough reported the lowest level of those aged 16 or over engaging in binge drinking at 20.4%. This mirrors the findings shown in the previous table, which estimate that Nuneaton and Bedworth Borough has the highest levels of abstainers from alcohol and lower risk drinkers in the county and conversely Warwick District has the highest proportions of increasing and higher risk drinkers.

Figure 8: Synthetic estimate of the percentage of the population aged 16 years and over who report engaging in binge drinking

District/Borough	Percentage of the 16+ population who report engaging in binge drinking
North Warwickshire	22.7
Nuneaton & Bedworth	20.4
Rugby	20.7
Stratford-on-Avon	21.7
Warwick	23.8
West Midlands	18.8
England	20.1

Source: LAPE, 2012

Opiate and Crack Users (OCUs)

Studies undertaken by researchers at Glasgow University provide estimates of the prevalence of Opiate and Crack Cocaine (OCUs, formerly Problematic Drug Users or PDUs) use, for every Drug Action Team area.

The latest Glasgow University figures are for 2009/10 and estimate that there were 2,084 OCUs aged 15 to 64 years in Warwickshire (a rate of 5.97 per thousand population). Of these 2,084 OCUs, 1,803 (87%) were believed to use opiates and 985 (47%) used crack cocaine. Warwickshire has the lowest estimated rate of OCUs in the West Midlands and reports a rate of 5.97 per thousand population, compared to the West Midlands average of 9.74 per thousand population. OCUs figures have seen a general decline nationally.

Figure 9: Main and Second Drug of Choice Source: NTA Performance Report, 2012

Main drug	Second Drug													N/A	Total
	Heroin	Methadone	Other Opiates	Benzodiazepines	Amphetamines	Cocaine	Crack	Ecstasy	Cannabis	Alcohol	Other Drugs	Prescription Drugs			
Heroin		60	12	18	16	24	218	1	64	36			405	854	
Methadone	19		1	6					9	2			37	74	
Other Opiates	6	2					1		2	2			33	46	
Benzodiazepines												1	1	2	
Amphetamines	4					1		1	4	3			4	17	
Cocaine		1					1		3	6	1		10	22	
Crack	6			1		1		1	3	2			2	16	
Hallucinogens				1										1	
Cannabis	1					5	1	2		7			38	54	
Other Drugs						1							2	3	
Prescription Drugs	3						1		2					6	
Total	39	63	13	26	16	32	222	5	87	58	1	1	532	1,095	

Substances being used in Warwickshire

The table below from the National Treatment Agency (NTA) shows the primary and second drug of choice of clients in drug treatment in Warwickshire in 2011/12. Over three quarters (77%) of clients in treatment list heroin as their main drug and nearly half (47%) of heroin users do not use another drug. Over a quarter of clients who use heroin also use crack. In fact, crack is the most prevalent second drug with one in five adults in treatment listing it as their second drug.

Crime Survey for England and Wales 2011/12

The annual statistical release 'Drug Misuse Declared' examines the extent and trends in illicit drug use among a nationally representative sample of 16 to 59 year olds resident in households in England and Wales. The latest release is based on results from the 2011/12 Crime Survey for England and Wales (CSEW, formerly the British Crime Survey (BCS)) including trends since the 1996 survey. The Crime Survey estimates are weighted to ensure the figures reflect the age and sex distribution of the population. Estimates from

the 2011/12 survey show that over one in three adults aged 16 to 59 years in England and Wales (36%) have used illicit drugs in their lifetime (around 12 million people). Cannabis is the drug most likely to be used by 16 to 59 year olds, with approximately one in 15 adults (7%) admitting to taking the drug in 2011/12. However, cannabis use is falling over time after a rise between 1996 (9.5%) and 2002/3 (10.9%) to 6.9% in 2011/12.

2010/11 was the first time that the BCS asked respondents about their use of legal highs, specifically the drug mephedrone (which has now been made illicit). This drug has received significant media coverage over recent years. However, in 2011/12 usage fell to 1.1% of 16 to 59 year olds, from 1.4% in 2010/11. The reported use of mephedrone amongst 16-24 year olds in 2011/12 was at the same level as ecstasy (3.3%), but has fallen from the 4.4% figure reported in 2010/11.

Estimates for adults aged between 16 and 24 years reveal that around one in five had used one or more illicit drugs in the last year (19.3%). The survey does show that the use of illicit drugs has fallen among young people (aged 16 to 24 years) from 22.6% in the 2008/9 survey. It is thought that this decline is largely due to the reduction in the use of cannabis, although the use of Class A drugs has also reduced.

Global Gathering Festival

Drug treatment providers have supported the Police at the annual Global Gathering festival since 2007 and the Recovery Partnership attended for the first time in July 2012. The festival takes place over two days and attracts up to 40,000 people, mainly between the ages of 18 and 25 years old. Many more individuals were asked about drug and alcohol use in 2012 than in previous years (241 individuals in 2012 compared to 114 in 2011). As a

result, drug use numbers have been higher, however, the patterns of drug use remain similar including the use of cannabis and cocaine.

Cannabis remains the most popular drug at the venue with 127 people listing this as their drug of choice in 2012. Cocaine and MDMA/Ecstasy are also high on the list (104 individuals highlighted cocaine and 75 individuals mentioned MDMA/Ecstasy). Use of both amphetamine and ketamine has fallen from peaks in 2009.

The prevalence of cocaine at the festival has increased dramatically over the last year, from 11 individuals in 2011 to 104 in 2012 (although this is worth bearing in mind in the context of increased numbers generally at this year's festival).

Many more drug variations have been discovered at the festival in 2012 with those asked admitting to using legal highs* and methamphetamine. A concern from the festival raised by the Recovery Partnership is that individuals stating they were unsure of the legal high they were using and the effects it may have which raises concerns for providing harm reduction advice in these situations.

Recommendation

Warwickshire DAAT and the Recovery Partnership to undertake further activity raising awareness of the potential harm that can be caused by legal highs.

* Two previous legal highs, Black Mamba and Mexxy have now been reclassified as illegal since the Needs Assessment was written.

This year the Recovery Partnership asked individuals about their levels of drinking at the festival and found that, of the 121 individuals asked over the weekend, nearly half drank 2-3 times a week, and two in three drank between 6-10 or 11-15 units per time.

Feedback has also been provided from the Home Office Laboratory which was onsite during the Global Gathering festival.

Home Office On-site Drugs Laboratory at Global Gathering

The Centre for Applied Science and Technology (CAST) and LGC Forensics set up an on-site laboratory at the Global Gathering Festival in July 2012. The aim of the laboratory was to support the two day drugs operation being undertaken by Warwickshire Police and to obtain information on new psychoactive substances (NPS) being taken at the festival.

In total, 336 samples were analysed from either amnesty bins or possession and supply cases. Some samples contained more than one component which accounts for why the number of occurrences of each substance does not equal the total number of samples in the table overleaf.

Figure 10: Substances encountered & classification under the Misuse of Drugs Act

Substance	Occurrences	Classification
MDMA	156	A
Cocaine	57	A
PMA	1	A
PMMA	5	A
Methylphenidate	1	A
Amphetamine	5	B
4-MEC	30	B
Mephedrone (4-MMC)	19	B

Substance	Occurrences	Classification
MDPV	10	B
Butylone	3	B
n-ethylbuphedrone	4	B
Methylone	3	B
Alpha-PVP	2	B
Cannabis	2	B
Ketamine	24	C
BZP	11	C
TFMPP	9	C
MeOPP	5	C
DBZP	5	C
GBL	1	C
Methoxetamine	6	Controlled (TDCO) [‡]
Dimethocaine	2	Uncontrolled
Ethylphenidate	5	Uncontrolled
AMT/5-IT*	1	Uncontrolled
5/6 APB	6	Uncontrolled
MDAI	1	Uncontrolled
Benzocaine	10	Uncontrolled
Lidocaine	2	Uncontrolled
Caffeine	26	Uncontrolled
Paracetamol	3	Uncontrolled
Levamisole	6	Uncontrolled

*AMT/5-IT could not be distinguished on the GC-MS instrument.

‡ TDCO = Temporary Drugs Class Order

Class A, Class B, Class C, Methoxetamine (TDCO) and uncontrolled NPS were all encountered.

3.2 Treatment Services

Drug and Alcohol Treatment Services in Warwickshire

From December 2011, all community drug and alcohol treatment services across Coventry and Warwickshire are provided by The Recovery Partnership, a consortium of two national substance misuse charities – Addaction and Cranstoun.

The Recovery Partnership offers drug and alcohol advice, information, needle exchange services, a range of treatment options including prescribing, detoxification, one-to-one support, structured day programmes, aftercare and support for parents and carers. The service operates from five bases; Coventry; Leamington; Nuneaton; Rugby and Stratford, with outreach provision available across the area.

There are no inpatient detoxification services in Warwickshire, however clients can access a detox facility of their choice. Clients go out of the county to access treatment, predominantly in either Burton or Manchester. Suitability for inpatient detoxification is assessed by the Recovery Partnership. Detoxification in the community is also offered where appropriate. There are also no residential rehabilitation centres in Warwickshire. Applications for funding for residential rehabilitation are made by Recovery Partnership workers and assessed by a funding panel which is chaired and administered by the Drug and Alcohol Action Team (DAAT).

The Strang Report

In 2010, Professor John Strang was tasked by the Government to assemble an expert group “to provide guidance to clinicians about the more effective

provision of recovery-orientated opioid substitution and other drug treatments as part of broader personalised recovery plans”

This report acknowledges the contribution made by opiate substitution therapy to drug treatment and recognises that it still has an important part to play in recovery orientated treatment. However, it should also be noted that prescribing alone should not be considered to constitute the totality of treatment and the use of non-medical treatment interventions are crucial if we are to achieve greater successful completions from treatment.

The report makes twelve recommendations that the group consider to be of paramount importance when providing a recovery orientated treatment system, many of which were factored in as part of the revised services specification for Warwickshire’s treatment service, whilst subsequent action has been taken within The Recovery Partnership to ensure that the service is aligned to the philosophy and recommendations of Strang.

Strang Recommendations

1. Conduct an audit of the balance in your service between overcoming dependence and reducing harm to ensure that both objectives properly co-exist; and that individual clinicians understand and apply a personalised assessment for each patient, repeat it at regular intervals, and on the basis of its findings re-examine and adjust the treatment plan jointly with the patient.
2. Review all your patients to ensure they have achieved abstinence from their identified problem drug(s) or are working actively to achieve abstinence. Patients should also be offered the opportunity to come off medication after appropriate careful planning, when they are ready.

3. Consider whether to change the current balance between promoting overcoming of dependence and promoting reduction of harms, with the aim of actively encouraging more patients to take opportunities to recover. Although no clinician should take unwarranted risk, neither should they protect patients to the extent that they are not encouraged and enabled to get better. This must always be undertaken in a way that supports each patient to make an informed choice that is relevant to their personal situation and is based on an accurate description of the available options.
4. Ensure exits from treatment are visible to patients from the minute they walk through the door of your service. This means giving them enough information to understand what might comprise a treatment journey, even if their eventual exit appears to some way off. And make visible those people who have successfully exited by explicitly linking your service to a recovery community, or employing ex-service users or using them in a volunteer capacity as recovery mentors and coaches.
5. If agonist or antagonist medications are being prescribed, then review, jointly with each patient and with input, as appropriate, from relevant third parties, the extent of benefit still being obtained.
6. For patients who have achieved stability while on medication and who choose to reduce and/or stop the medication, ensure that support mechanisms are in place to support this transition, and also ensure that rapid re-capture avenues are in place and are understood and acceptable to the patient, in the event of failure of the transition.
7. Check that all treatment is optimised so patients are receiving the range and intensity of interventions that will give them the best chance of recovery. This may include optimised doses of appropriate medications; the reintroduction, reduction or dropping of supervised consumption as appropriate; active key working, including case management and psychosocial interventions that keyworkers are competent to provide; access to other psychosocial interventions requiring additional competences; etc. As a first step, audit the availability of key NICE-recommended psychosocial interventions⁵, using the audit tool in the NTA/BPS Toolkit⁶
8. Strengthen or develop patients' social networks, involving families where appropriate and facilitating access to mutual aid by, for example, providing information, transport, or premises for meetings, and by bringing local recovery champions into the service to meet patients.
9. Establish opportunities to accrue 'social capital' via work experience placements or employment, training opportunities, volunteer work, etc.
10. Ensure all keyworkers are trained and supervised to deliver psychosocial interventions of a type and intensity appropriate to their competence. Effective key working entails not only recovery care planning, case management, advocacy and risk management, but also collaborative interventions designed to raise the insight and awareness of patients and help them plan and build a new life. This will often involve attention to employment and housing.
11. Review the quality of your service's recovery care planning and take steps to improve it, wherever possible. Recovery care plans should be personally meaningful documents, developed over a period of

comprehensive assessment, and reviewed and adapted regularly, so that they are important to and owned by the patient.

12. Ensure your service works with local housing and employment services and in partnership with commissioners, to ensure there is supported and integrated access to relevant provision.

Alcohol Treatment

Reports accessed via the National Drug Treatment Monitoring System (NDTMS) provide information on all clients in alcohol treatment in Warwickshire during 2011/12.

In 2011/12, there were 917 clients in treatment in Warwickshire where alcohol was their primary drug. This is down from 1,131 clients for the equivalent 2010/11 period, a reduction of 17.7%. There were 656 new presentations to treatment during the year, which represents 72% of the total treatment population. This is slightly higher than the same period last year (69%) and the equivalent national (67%) figure for 2011/12. Of the 656 new presentations to treatment in 2011/12, 33% (214 clients) had previously been in treatment and one in ten (66 clients) had two or more recorded alcohol treatment journeys.

Of the 663 clients with alcohol as the primary drug that exited treatment in Warwickshire in 2011/12, 68% completed their treatment successfully and were discharged, staying an average of 135 days in treatment. The rate of successfully completions compares favourably with the national (58%) figures for the same period.

In terms of further information on clients in alcohol treatment in Warwickshire in 2011/12, 64% of clients were male. The age of clients was spread across all age groups with the largest proportion of clients in the five year age groups 40-44 years and 45-49 years (16% of clients in each age group). Nine out of ten clients were classified as White British and nearly one in five (19%) clients had consumed between 200-399 units on average per month, with a further 19% consuming between 400-599 units of alcohol on average per month.

Drug Treatment

In the period April 2011 to March 2012, there were 994 recorded OCUs in effective treatment in Warwickshire and a total of 1,062 adults in effective treatment in the County. The 994 OCUs recorded in the latest period is down 9.9% or 109 clients from the previous year.

During the 2011/12 period, 299 people started a new treatment journey. Of these, 249 (83%) were problematic drug users. These figures represent a considerable reduction in numbers starting new treatment journeys compared to the last two years (2009/10 and 2010/11). This reflects the national picture, for example fewer than 200,000 people in England were being treated for drug use in 2011/12 compared with 210,815 in 2008/09. Of the adults who commenced new treatment journeys in Warwickshire in 2011/12, 80% (239) were retained for twelve weeks or more and were therefore considered to be engaged in effective treatment.

In 2011/12, 288 adults left the drug treatment system. Of these exits, 45% (129 clients) were planned exits and completed treatment. Overall, 11% of the total number of clients in treatment in 2011/12 successfully completed this treatment. There has been a 35% reduction in successful completions in Warwickshire since 2010/11, whereas successful completions have seen a 7% increase nationally over the period. Warwickshire's figures seem starkly different to the national trend however, a recent NDTMS training session has identified a number of data recording issues across Coventry and Warwickshire and there is work ongoing to resolve this data issue.

Recommendation

The Recovery Partnership to undertake both appropriate treatment interventions to increase the proportion of clients successfully completing drug treatment and data recording improvements to ensure that this is accurately reported to NDTMS.

Looking at re-presentations in 2011/12, 11% of those who had previously completed treatment re-presented in this period, this falls in line with the national figure of 10%.

The NTA also release figures on the length of time people spend in treatment and, in Warwickshire for the period 2011/12, 38% of people in treatment had been there for more than four years. Warwickshire drug treatment clients had been in treatment for an average of 3.5 years, up from 3.2 years during quarter 2 of 2011/12 and compared to a national average of 2.9 years. One of the recommendations from last year's report was to monitor the length of time spent in treatment by drug clients. Although initial analysis into the cohort that has been in treatment for more than three years has been undertaken by the Recovery Partnership, it appears that the average length

of time in treatment has continued to increase. This therefore remains a valid recommendation for the Recovery Partnership moving forward.

Recommendation

- **The Recovery Partnership to continue to take appropriate action to reduce the length of time clients spend in treatment by providing support to enable them to complete their recovery journey.**
- **Warwickshire treatment services to work towards Strang compliance.**

Information on the exit status of adults in different types of treatment in 2011/12 is shown in the table below. The data indicates that specialist prescribing and other structured treatments had the highest volumes of planned exits from drug treatment in 2011/12 although not necessarily the highest proportions of planned exits. Inpatient treatment detox and structured day programmes achieve 100% planned exits albeit based on very small numbers. Although again it is based on small numbers, the data shows that residential rehabilitation saw the smallest proportion of clients exiting in a planned fashion.

In terms of further information on clients in drug treatment in 2011/12, nearly three quarters (74%) were male. A large proportion (65%) of clients came from the 25-39 year old age group.

Figure 11: Exit status of clients in treatment, 2011/12

Treatment Type	Planned Exit		Unplanned Exit	Intervention withdrawn/ no exit status	Total*
	No.	%			
Inpatient drug treatment	-	0%	<5	<5	<5
Inpatient treatment detoxification	<5	100%	-	-	<5
Residential rehabilitation	<5	60%	<5	<5	5
Specialist prescribing	205	75%	65	<5	272
GP prescribing	16	89%	<5	-	18
Structured day programmes	<5	100%	-	-	<5
Structured psychosocial interventions	23	77%	7	-	30
Other structured treatments	156	84%	27	<5	185

Source: NTA, Partnership Adult Performance Report, 2012

*Total exits, in some cases, exceed the number of adults leaving the drug treatment system because individuals may have accessed and exited a particular treatment more than once during the twelve month period.

Residential Rehabilitation

In 2011/12, local data shows that ten clients entered residential rehabilitation for alcohol and ten clients for drug treatment. Nine out of the ten alcohol clients completed their stay and were discharged as planned. In terms of the ten drug clients in residential rehabilitation in 2011/12, four were discharged as planned, three were recorded as an unplanned discharge and three were still in treatment at March 2012 (although they have

subsequently successfully completed treatment). Where clients drop out of residential rehabilitation and return to Warwickshire, efforts are made by treatment providers to re-engage them in community drug treatment.

Treatment Outcomes Profile (TOP)

In 2008 the National Treatment Agency (NTA) introduced the Treatment Outcomes Profile (TOP) nationwide. The aim of the TOP was to discover the outcomes for those in drug treatment across a range of measures including substance use, health, housing, employment, crime and overall quality of life. The TOP form, a one page form that asks all the relevant questions, was circulated to all drug services nationwide and its use was made mandatory. TOP is used with all clients going through structured treatment (Tier 3 and 4) who are over the age of 16. TOP is completed at three stages of the client's journey:

- Stage One – when they start treatment (Start TOP)
- Stage Two – on an ongoing basis during treatment (Review TOP)
- Stage Three – when they complete treatment (Exit TOP)

Outcomes data is circulated to Drug and Alcohol Action Teams if providers achieve an 80% TOPs completion rate.

TOPs outcome data for 2011/12 was not available at the time of writing this assessment. However, it will be considered once it has been released to inform the recommendations and conclusions emerging from the needs assessment.

Drug Users Not Known to Treatment Services

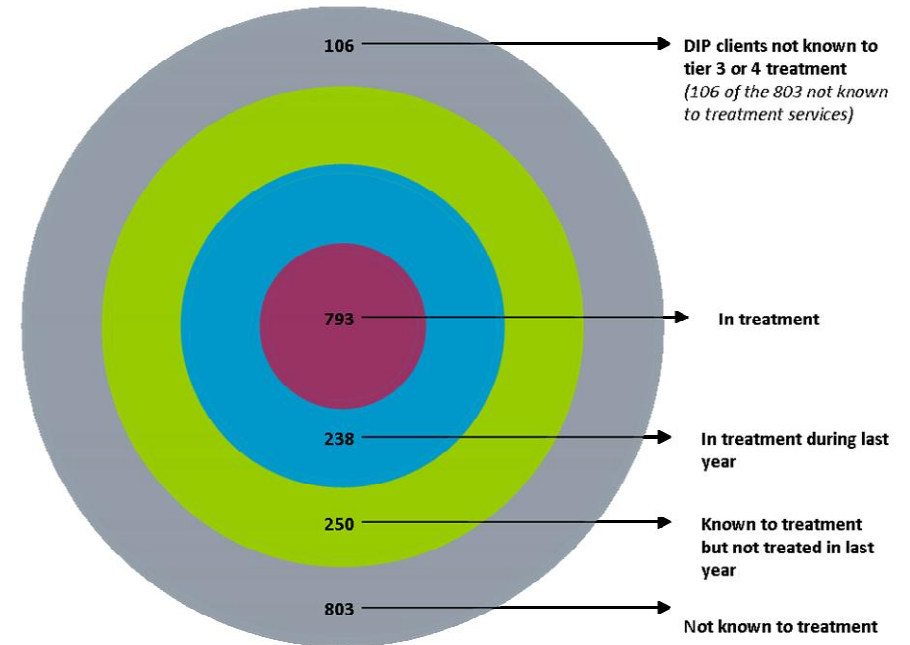
The latest Glasgow estimates suggest that there are 2,084 Opiate and/or Crack Cocaine Users (OCUs) in Warwickshire. Work has been undertaken by staff at the National Drug Treatment Monitoring System (NDTMS) to breakdown this figure down into individuals who, as of the 31st March 2012:

- Are in tier 3 or 4 treatment now
- Were in tier 3 or 4 treatment during the last year
- Are known to tier 3 or 4 treatment services, but were not in treatment during the last year
- Are not known to tier 3 or 4 treatment

These figures suggest that there are 803 heroin and/or crack cocaine users in Warwickshire who are not known to treatment services, as illustrated in the following bullseye diagram. This figure has increased since the last needs assessment where it was estimated that 718 OCUs were not known to treatment services.

The number of clients in contact with the Drug Intervention Programme but not the treatment system has increased by 34 clients between March 2011 and March 2012 to 106, although this remains lower than the 147 clients recorded in March 2010.

Figure 12: Drug Users Not Known to Treatment



Source: NDTMS

Health Protection Agency Survey

The Unlinked Anonymous Monitoring Survey carried out by the Health Protection Agency aims to measure the changing prevalence of HIV, hepatitis B and hepatitis C in people who inject drugs who are in contact with specialist drug agencies (for example, needle exchange services and treatment centres). The programme also monitors levels of risk and protective behaviours among people who inject drugs. The data are used to assess and develop appropriate preventative and health education campaigns, evaluate the impact of such interventions, and to assist in the provision of services for people who inject drugs in the United Kingdom.

The survey received 165 responses from people in drug treatment in the County in 2011. Over half of the Warwickshire respondents were under 35 years old and three out of four were male. Over one in three of the clients (35%) were under 20 years of age when they first injected drugs and 47% of drug treatment users asked had injected drugs in the last year while 34% had injected drugs within the last month.

In terms of detox regimes, over nine out of ten clients asked (93%) had been prescribed a detox or maintenance drug regime previously and 88% of these clients were currently being prescribed a detox or maintenance drug regime with the majority of treatment users being on the regime for over six months (87%).

The survey asked if the respondents had ever been homeless, living in a hostel, having no fixed abode or living on the streets. 71% of drug treatment users asked said that they had fallen into one of these categories before and 30% said they had been homeless during the last 12 months.

3.3 Health

Alcohol Related Hospital Admissions

The headline indicator used to assess performance in reducing alcohol related harm is alcohol related hospital admissions. Figures produced by the North West Public Health Observatory show that the rate of alcohol-related admissions in Warwickshire per 100,000 residents fell by 1% in 2011/12 compared to the previous year.

This is the first reduction seen since the current recording methodology began in 2002/03, and compares favourably to the regional and national picture (a 4% increase in admissions in each case).

Alcohol related hospital admissions at a District and Borough level are shown in the table below, comparing the percentage increases/reductions to 2010/11. The chart opposite highlights the trend in alcohol related hospital admissions over the last five years across Warwickshire’s Districts and Boroughs.

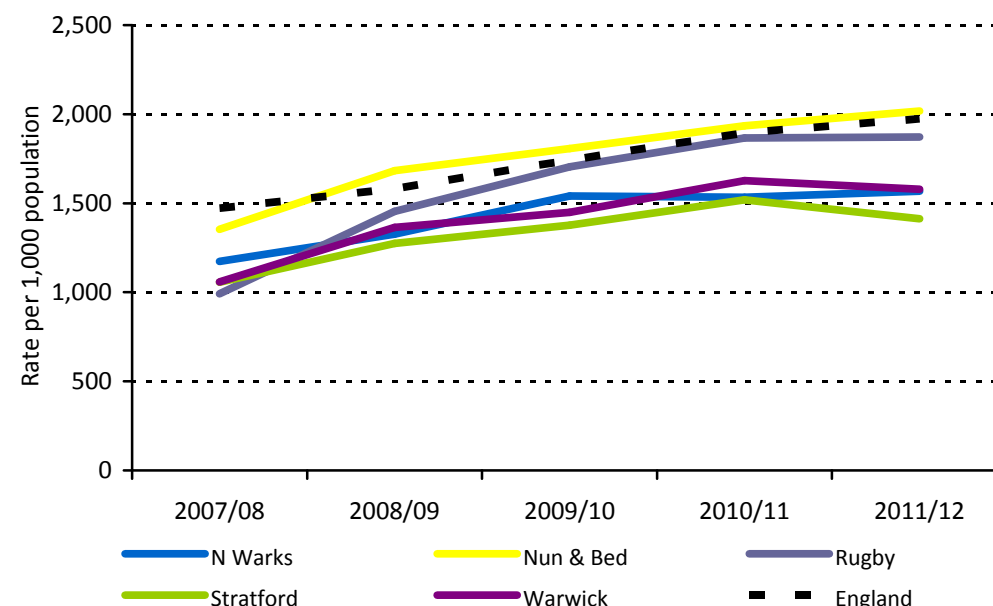
Figure 13: Alcohol Related Hospital Admissions, 2010/11 and 2011/12

	2010/11	2011/12	% Change
North Warwickshire	1,534	1,568	2%
Nuneaton & Bedworth	1,935	2,018	4%
Rugby	1,867	1,872	0%
Stratford-on-Avon	1,519	1,413	-7%
Warwick	1,627	1,578	-3%
Warwickshire	1,693	1,681	-1%
West Midlands	1,910	1,987	4%
England	1,895	1,974	4%

Source: North West Public Health Observatory



Figure 14: Alcohol Related Hospital Admissions, 2007/08 – 2011/12



Source: North West Public Health Observatory

Within the County, Stratford-on-Avon and Warwick Districts have seen considerable falls from 2010/11 (7% and 3% reductions respectively). Nuneaton and Bedworth Borough continues to have the highest rate of alcohol related hospital admissions in the County and has seen a percentage increase over the past year in line with the regional and national averages. In last year’s needs assessment, the increasing trend in the Borough was highlighted and it was agreed that the trend would be monitored in subsequent reports. It seems that the data for the Borough continues to suggest that those individuals who are engaged in higher risk drinking in Nuneaton and Bedworth are doing so at very high levels, leading to admission to hospital for alcohol related issues. Partners in Nuneaton and

Bedworth have acknowledged this trend and recently selected alcohol as one of their two health priorities for the Borough.

Alternatively, it may be that drinking patterns in the county are changing, and that the higher risk drinking currently reported in the south of the county will lead to an increased rate of hospital admissions in these areas in future years. The Mosaic analysis of those admitted to hospital for alcohol related hospital admissions undertaken in last year's alcohol needs assessment should help in targeting those most at risk across the County.

The Alcohol Harm mapping released by Alcohol Concern in October 2012 highlights the cost of alcohol related hospital contacts. In Warwickshire, the cost of alcohol related hospital contacts (including admissions, Accident and Emergency (A&E) attendances and outpatient appointments) in 2010/11 was £30.8 million, equating to £70 for every adult in Warwickshire. This compares to a regional average of £71.

Accident and Emergency Department (A&E) Presentations

A&E departments in Warwickshire record information on the presenting complaint of patients. Information on the number of people who presented with a complaint of 'poisoning' (including alcohol, but also illicit, over the counter and prescription drugs and household substances such as bleach) is available for 2011/12. The number of adult presentations was as follows:

- George Eliot Hospital, Nuneaton – 901
- Warwick Hospital – 530
- University Hospitals Coventry and Warwickshire (Rugby site) – 295.

Presentations with a complaint of poisoning have remained fairly consistent at George Eliot and Warwick Hospitals (up slightly from 895 and 508

respectively in 2010/11). However, the number of presentations to UHCW (Rugby) has almost doubled from 154 in 2010/11 to 295 in 2011/12.

Work is currently ongoing to improve the capture of specific alcohol-related information at A&E departments in Warwickshire's hospitals.

Assault Database – A&E Departments

The Accident and Emergency (A&E) assault database has been present in Warwickshire A&E departments for several years, although it is currently only being used by University Hospital Coventry and Warwickshire (Rugby St. Cross). The assault database is an incident reporting system which is designed to extract further information on the temporal and locational nature of alcohol-related violent offences and violent crime, significantly enhancing knowledge around hotspot locations and premises. The database was originally established to tackle the information gap linked to violent assault victims admitted to A&E not reporting the crime to police.

The database captures information where the victim admits they have been drinking alcohol at the time of the attack. However, it is important to note that this does not document whether the assailant had been drinking alcohol at the time the assault took place.

The most recent analysis of the data reveals that, for the period July 2011 to June 2012, 66% (121) of the 182 Rugby Borough assault victims that presented at A&E can be directly linked to alcohol, where the victim has admitted they had been drinking at the time of the attack. However, it is worth noting that this does not necessarily mean that the victim was intoxicated at the time of the assault.

The analysis also reveals that 17% (20) of the alcohol-related assault victims advised they were attacked inside named licensed premises with a further 7% (8) of the victims informing A&E departments they were attacked outside named licensed premises, directly linking the assaults to the night-time economy. A further 49% (59) of the alcohol-related assault victims said they were attacked 'on the street'. The data remains a valuable source of information as one third of assault victims that presented at A&E confirmed that they did not intend to report the assault to police.

Shared Care and Opioid Substitute Prescribing

Shared Care enables service users to receive treatment for drug and/or alcohol in a primary care setting (for example a GP Practice) with support from specialist treatment services. In 2011/12, 15 GP practices provide shared care for drug users, a number unchanged from the previous year (two in North Warwickshire Borough, one in Nuneaton and Bedworth Borough, five in Rugby Borough, four in Stratford-on-Avon District and three in Warwick District).

As a result of last year's assessment, one of the recommendations was for Warwickshire DAAT and The Recovery Partnership to undertake a strategic mapping exercise of needle exchange outlets and GPs prescribing opioid substitutes to identify any geographical gaps in provision and enable treatment outreach services to be established in the most suitable locations.

NHS Warwickshire data reveals that opioid substitutes were prescribed by 47 GP practices in 2011/12. The first map overleaf shows the location of all GP practices who prescribed opioid substitutes in 2011/12, clients receiving prescription interventions from the Recovery Partnership and the location of outreach locations as well as needle exchanges. The second map provides

stand alone information on the location of Recovery Partnership outreach bases across Coventry and Warwickshire.

The majority (88%) of opioid substitutes were prescribed by the 15 GP practices signed up to the Shared Care scheme. This percentage is slightly down on last year (92%) and therefore continues to highlight a growing number of practices who prescribed relatively high numbers of opioid substitutes but who are not signed up to Shared Care, particularly in areas such as Bidford-on-Avon, Fenny Compton, Southam and some areas of Bedworth and Leamington Spa. The table highlights the issue, with nearly three in five prescriptions by Non Shared Care GPs issued in Stratford-on-Avon District in 2011/12.

Figure 15: Prescriptions by Non Shared Care GP Practices, 2011/12

District / Borough	Number of prescriptions by Non Shared Care GP Practices by District/Borough	% of total prescriptions by Non Shared Care GPs
North Warwickshire	4	1%
Nuneaton & Bedworth	91	23%
Rugby	7	2%
Stratford-on-Avon	232	59%
Warwick	56	14%
Warwickshire	390	100%

Source: NHS Warwickshire

The prescribing of opioid substitutes by non shared care GPs does raise some concerns, most notably relating to clinical governance and training for the GPs involved. It suggests the need for ongoing dialogue between drug treatment providers and these GPs to ensure prescribing is appropriate in all cases.

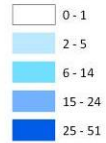
Warwickshire DAAT
Harm Reduction Mapping, July 2012

Non Shared Care GPs

Number of prescriptions issued 11/12

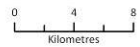
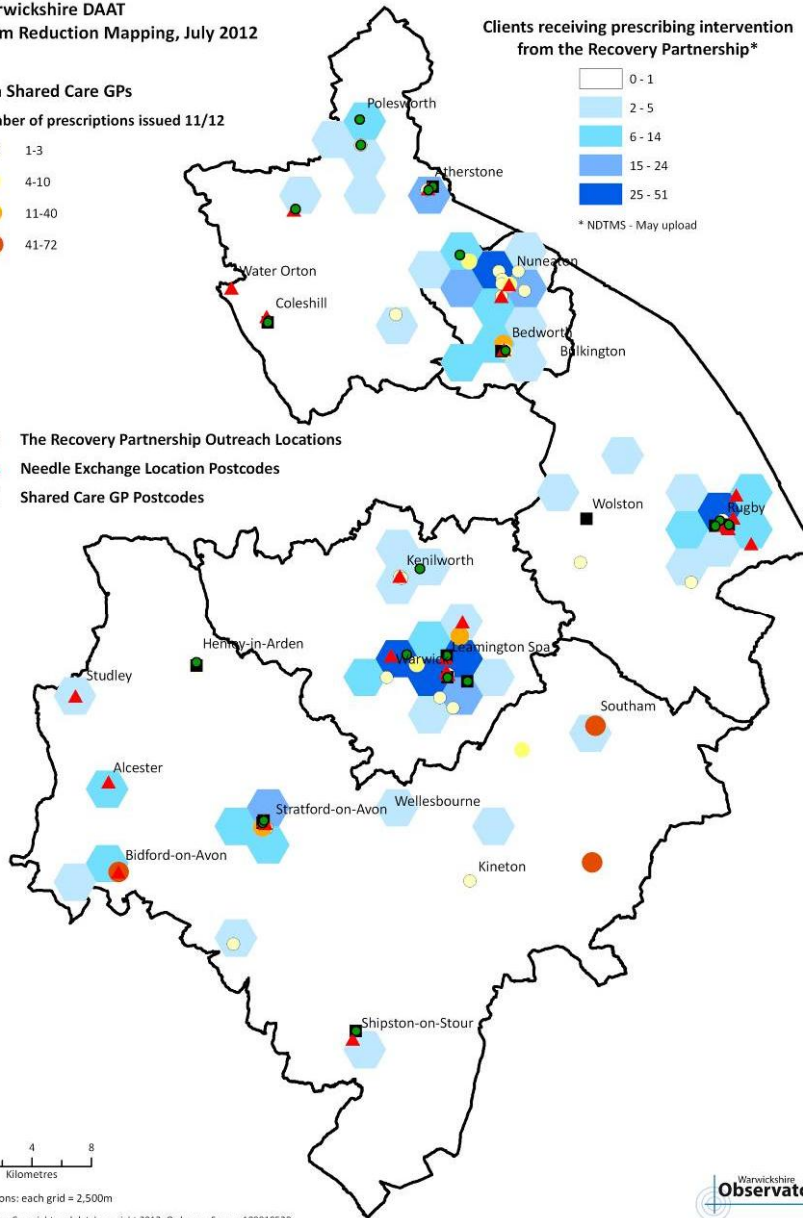


Clients receiving prescribing intervention
from the Recovery Partnership*



* NDTMS - May upload

- The Recovery Partnership Outreach Locations
- ▲ Needle Exchange Location Postcodes
- Shared Care GP Postcodes



Hexagons: each grid = 2,500m

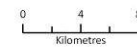
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The Recovery Partnership
Outreach Locations

(includes Shared Care GPs)

2 locations at this postcode



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Recommendations

- The Recovery Partnership to build closer links with, and provide advice on appropriate prescribing to, non Shared Care GPs who prescribe opioid substitutes, starting with the practices in rural Stratford-on-Avon that prescribed the highest numbers in 2011/12. The Shared Care scheme to be promoted to these practices wherever possible.
- The Recovery Partnership to continue to establish outreach locations in suitable venues around the county, to ensure treatment services are accessible to as many residents as possible.

Needle Exchange

Warwickshire operates a needle exchange scheme from a range of outlets around the county. These include pharmacies, drug treatment providers and a hospital Accident and Emergency department. The location of all needle exchanges is shown in the map above.

Although specific data from each needle exchange is not available this year due to the change in treatment provider, some data is available from the Unlinked Anonymous Monitoring Survey carried out by the Health Protection Agency across the County in 2011. This revealed that 146 respondents (90%) had used a needle exchange while nearly 80% of respondents said they had received used needles or syringes.

3.4 Crime and Disorder, Fire and Enforcement

Crime

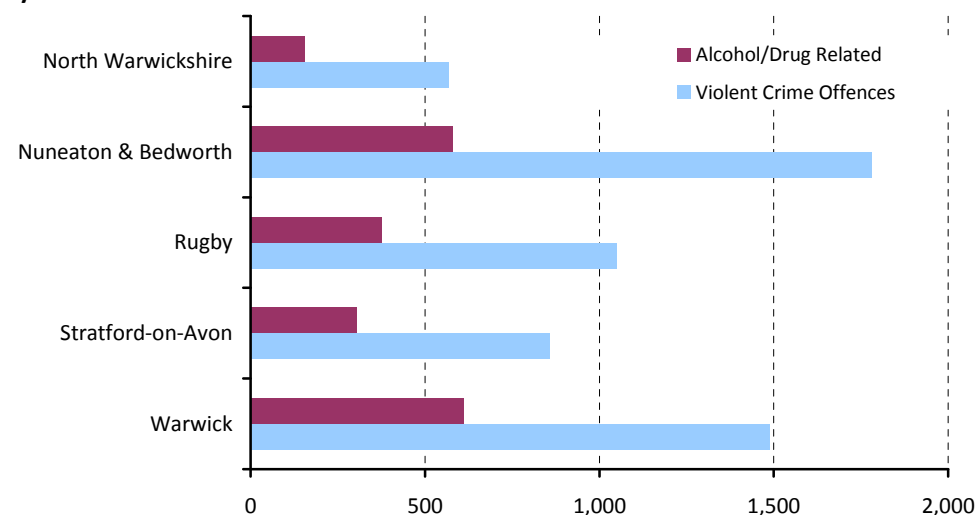
Of the crime recorded in Warwickshire, approximately 10% is linked to alcohol and drugs, with the majority being violent crime and harassment offences. This represents a slight increase compared to last year's report (one percentage point).

A large proportion of violent crime can be attributed to alcohol. When a crime is reported to police there is the option to mark it with an 'alcohol/drug' marker. Unfortunately it is not possible to distinguish between the proportion that are alcohol related and those that are drug related but it is believed that the majority are alcohol related and linked to the night-time economy. In the twelve month period July 2011 to June 2012 there were 5,745 violence crimes recorded by police in Warwickshire, with 35% flagged as alcohol/drug related.

The chart below shows that the highest volume of violent crimes were recorded in Nuneaton and Bedworth Borough, however the highest proportion of violent crimes that were alcohol/drug related occurred in Warwick District (41%). This can be compared to North Warwickshire Borough where the lowest proportion of violent crimes that were alcohol/drug related (28%) were reported.

Both Rugby Borough and Stratford-on-Avon District reported that 36% of violent crimes were alcohol/drug related compared to Nuneaton and Bedworth Borough which reported 32%.

Figure 16: Violent Crimes with an alcohol/drug flag – July 2011 to June 2012, split by district



Source: Crime Information System, Warwickshire Police

Warwick District reported the highest volume of alcohol/drug related violent crimes in the period July 2011 to June 2012. The District experienced a 5% increase in violent crime offences when comparing July 2011 to June 2012 to the same period of 2010/11 compared to Nuneaton and Bedworth Borough which in contrast, reported a reduction of 13%. Despite having the highest volume of violent crimes, there has been a significant reduction reported in Nuneaton and Bedworth Borough, in particular around the town centre and associated with the night-time economy.

Previous assessments have looked at the level of violence against the person offences that are reported to Warwickshire Police. This assessment focuses on all violent crime that is recorded by the Police, as focusing on only violence against the person offences means that only 87% of violent crime is

taken into account. There is still an element of the remaining 13% that may be alcohol related.

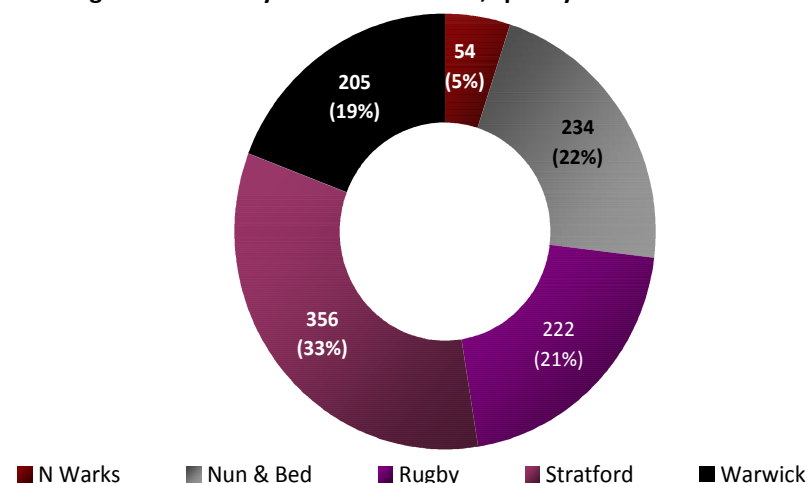
Drug Offences in Warwickshire

There were a total of 1,071 drug offences in Warwickshire recorded for the period July 2011 to June 2012. Over half (56%) of these offences were for the possession of cannabis. It is important to note that these figures are directly influenced by pro-active Police operations and also large scale events that take place in the county such as Global Gathering and the Bulldog Bash (both in Stratford –on-Avon District).

The following chart shows the split of drug offences by district and it clearly shows that Stratford District recorded the highest level of offences between July 2011 and June 2012. The district reported the highest proportion of possession offences (33%), with a large number being the result of Police operations at the Global Gathering and Bulldog Bash annual events. Over three-quarters (76%) of the total drug offences recorded for Stratford District were recorded in the months of July/August when the events are held.

Throughout 2011 and 2012, Warwickshire Police have been working on Operation Laser which has represented the Police’s biggest ever operation to tackle serious organised crime, in particular focusing on the supply of drugs. In July 2012 the 61st arrest took place as part of the countywide operation and its success has seen prison sentences totalling 160 years for the offenders arrested to date.

Figure 17: Drug Offences – July 2011 to June 2012, split by District



Source: Crime Information System, Warwickshire Police

Trigger Offences

Offences with strong links to drug use are often classified as ‘trigger’ offences. These are primarily acquisitive crimes where the offender may acquire property or goods to sell or exchange for drugs. Begging and possession of/intent to supply specified Class A drugs are also trigger offences.

In the period April 2011 to March 2012, there were 20,650 trigger offences committed in Warwickshire. This is up by over 2,200 offences from 2010/11, a percentage increase of 12.2%. All Warwickshire’s Districts/Boroughs have seen an increase in trigger offences over the past year. Although this masks variation at District/Borough level, Stratford-on-Avon has seen a 16.6% increase since 2010/11 compared to an 8.3% increase in Rugby Borough.

Figure 18: Trigger Offences, 2010/11 and 2011/12

District / Borough	Trigger Offences 2010/11		Trigger Offences 2011/12		Change 2010/11 – 2011/12	
	Number	Rate*	Number	Rate*	Number	%
North Warwickshire	2,168	35.0	2,386	38.6	218	10.1%
Nuneaton & Bedworth	4,903	40.1	5,558	45.5	655	13.4%
Rugby	3,191	33.9	3,455	36.7	264	8.3%
Stratford-on-Avon	3,417	28.7	3,983	33.5	566	16.6%
Warwick	4,723	34.0	5,268	38.0	545	11.5%
Warwickshire	18,402	34.3	20,650	38.5	2,248	12.2%

Source: Warwickshire Police, 2012

* Rate per 1,000 population

Global Gathering Festival

In Warwickshire, Stratford-on-Avon District (Long Marston Airfield) plays host to the annual Global Gathering music festival. This festival is the primary reason behind the high drug offence figures recorded for Stratford-on-Avon every July. In July 2012, 163 people were cautioned for drug possession and four people were dealt with for drug supply. This is down on previous years as can be seen in Figure 19. In 2011, 244 people were cautioned for drug possession and 13 people dealt with for drug supply (a fall in cautions of a third over the past year).

Possible reasons for this decline in police cautions in 2012 could include:

- Lower tickets sales than in previous years
- Awareness of the police searches and bringing drugs into the event in other ways (for example, returning to their vehicles to take drugs)
- Issues with police staffing at the 2012 event due to traffic delays

- VIP ticket holders did not get searched by the police
- Substances may have been more readily available at the venue itself and therefore there's less of a need to bring drugs into the event

Figure 19: Number of people cautioned by Police for drug offences at Global Gathering Festival, 2008 - 2012



Source: Warwickshire Police, 2012

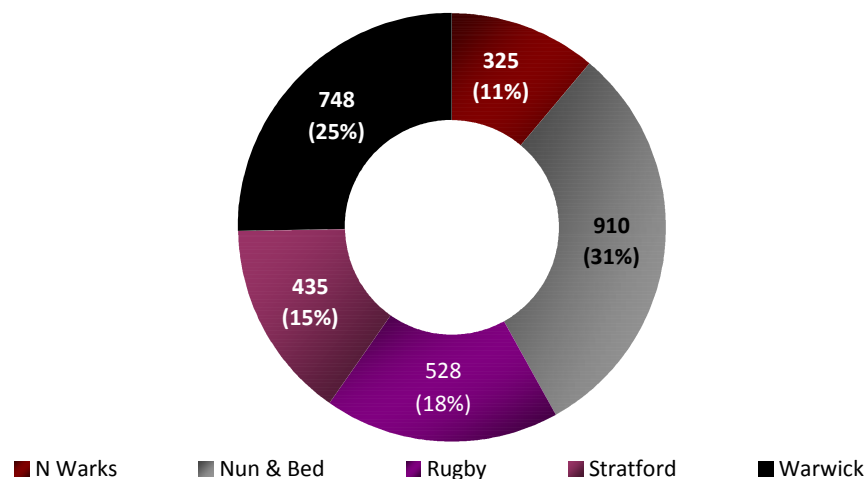
Alcohol Related Crime

The Local Alcohol Profiles, produced by the North West Public Health Observatory, provide local information on alcohol related crime. The profiles provide information at both a county and district level for the period April 2011 to March 2012. The profiles advise the level of alcohol attributed recorded crimes as a rate per thousand population. This is calculated by applying attributing fractions for alcohol for each crime category, based upon survey data on arrestees who tested positive for alcohol.

Warwickshire is performing well compared to the regional average. West Midlands reported a rate per thousand population of 6.8 for alcohol attributed recorded crimes, compared to 5.5 for Warwickshire.

As well as providing data based on rates per thousand population, the profiles also provide information on the number of alcohol attributed crimes. The chart shows that Nuneaton and Bedworth Borough has the highest level of alcohol attributed recorded crime in Warwickshire, which is 33% of the Warwickshire total. Warwick District follows with 25%, which is a slight increase in the proportion reported last year (23%).

Figure 20: Number of Alcohol Attributed Recorded Crimes – April 2011 to March 2012, split by district



Source: Local Alcohol Profiles, North West Public Health Observatory, 2011/12

Arrest Referral Service

Domestic abuse and arrest referral services are now provided across Coventry and Warwickshire by The Recovery Partnership. The data period

available is the nine months from when the service started in December 2011 to August 2012.

There were 2,164 referrals between December 2011 and August 2012 and the table below shows the method of contact with the individuals.

Figure 21: Arrest Referrals, December 2011 – August 2012

	Face to Face	Contact made (advice and info)	Assessed drugs	Accessed alcohol
December 2011	144	21	<5	<5
January 2012	186	21	<5	<5
February 2012	162	25	<5	13
March 2012	108	21	14	<5
April 2012	157	37	12	7
May 2012	369	43	17	17
June 2012	376	51	18	8
July 2012	304	61	8	7
August 2012	358	71	13	6
Total (Dec 11 – Aug 12)	2,164	351	88	67

Source: Recovery Partnership, 2012

Fixed Penalty Notices

Fixed Penalty Notices (FPNs) are used by Police to deal with low level offences on the spot. Warwickshire Police record this information by offence type and are able to say how many of these are alcohol or drug related. In the twelve month period July 2011 to June 2012, 494 FPNs were issued in Warwickshire of which 26% (127) were alcohol or drug related. This has reduced by 26 FPNs (17%) when compared to the alcohol or drug related FPNs issued in the period July 2010 to June 2011 (153 FPNs).

The top five types of offences that alcohol or drug related FPNs have been issued for are listed below:

- Public fear, alarm and distress (36%)
- Possession of drugs – Cannabis (36%)
- Shoplifting (9%)
- Other offences against the State or public order (7%)
- Criminal damage to a building other than a dwelling (5%)

Over one third of the offences saw FPNs issued for public fear, alarm and distress. This type of offence will most likely include offences that have occurred in the night-time economy and also offences linked to domestic abuse.

Anti-Social Behaviour

In previous assessments, we have been able to consider anti social behaviour (ASB) incidents linked to alcohol using the street drinking ASB code. However, post-2011 this option is no longer available due to the changes in coding. Anecdotally though, ASB and particularly ASB that takes place in town centres is often linked to alcohol, street drinking and the night time economy. Anti-social behaviour (ASB) is defined as any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life. ASB is legally defined as someone acting 'in a manner that caused, or was likely to cause, harassment, alarm or distress to one or more persons not of the same household as himself'.

There are three categories of anti-social behaviour available on the Police incident reporting system; Environmental, Nuisance and Personal. These categories reflect a case management approach and help identify vulnerable individuals, communities and environments most at risk. The codes were

implemented in April 2011 therefore the period 2011/12 has been used as a baseline year. Unfortunately this means that there is no trend data available.

Over two thirds of incidents (71%) are classified as nuisance anti-social behaviour incidents, which are incidents where an act or person causes trouble, annoyance, inconvenience, offence or suffering to the local community in general rather than individual victims. A further 23% of incidents were classified as personal incidents and 6% as environmental incidents.

The highest level of anti-social behaviour incidents are reported in Nuneaton and Bedworth Borough. The area reports a rate of 54 incidents per year for every thousand residents and remains significantly above the county average of 38. There are, on average, 19 ASB incidents reported per day in the borough, with 32% of the total ASB incidents in Warwickshire reported in this borough alone. Nuneaton and Bedworth also reports the highest volume for all three category types; environmental, nuisance and personal.

The area reporting the lowest level of anti-social behaviour is Stratford-on-Avon District with a rate of 27 incidents per year for every 1,000 residents.

Figure 22: Recorded ASB incident numbers and rates, by district, 2011/12

ASB Type	North Warks	Nun & Bed	Rugby	Stratford	Warwick	Warks	% of Total
Environmental	178	427	224	179	288	1,296	6%
Nuisance	1,541	4,794	2,606	2,274	3,640	14,855	71%
Personal	511	1,542	855	785	1,030	4,723	23%
Total	2,230	6,763	3,685	3,238	4,958	20,874	100%
Rate Per 1,000 Residents	35.97	53.97	36.81	26.87	36.46	38.39	-

Source: Warwickshire Police STORM Incident System, National Statistics (www.statistics.gov.uk) © Crown Copyright 2012

A pilot project has been established in Warwickshire in response to a local review conducted by the HM Inspectorate of Constabulary. The pilot is dealing with concerns around the ability to identify repeat and vulnerable victims, the improvement of information sharing, finding a suitable IT system to record the information and having a standard Warwickshire wide ASB process. All agencies dealing with ASB are now required to complete a Risk Assessment Matrix (RAM) for the caller or victim.

Another initiative that will help to address some of the causes of ASB is the Troubled Families agenda. This is a national multi-agency initiative, being led locally by Warwickshire County Council. ASB is often a trigger for intervention (sometimes with links to alcohol), and the issues facing families in Warwickshire will be addressed through this programme which is designed to turn around the lives of the most troubled families. It is widely recognised that anti-social behaviour will only be reduced by partner agencies working together to take action.

Citizen's Panel Results

A Citizens' Panel Wave was conducted by Warwickshire County Council in September 2011. The survey saw 575 Warwickshire residents respond. Respondents were asked what they thought was the most important factor in making somewhere a good place to live. 63% of respondents said that the level of crime is one of the five most important factors.

The survey asked how respondents felt about a number of key anti-social behaviour issues including alcohol and drugs. In relation to the problem of people being drunk and rowdy in public places in their local area, 19% of people felt that it was a problem although over three quarters (76%) of respondents felt that it was not a problem. The results are similar for the percentage of respondents that feel that people using or dealing drugs in their local area is a problem, where 18% felt that it was a problem compared to 71% that did not.

Figure 23: How much of a problem do you think each of the following are?

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	No opinion
People using or dealing drugs	5%	13%	33%	38%	10%
People being drunk or rowdy in public places	6%	13%	44%	32%	4%

Source: Warwickshire County Council, Citizens' Panel Wave 33, September 2011

Accidental Dwelling Fires

Accidental dwelling fires (ADFs) are fires in domestic properties that are not considered to have been started deliberately. Domestic properties are classified as houses, flats, bungalows and care homes as well as houseboats and caravans that are used on a permanent basis as a place of dwelling.

Warwickshire has seen a 13% (28) reduction in the number of ADFs reported when comparing the period January to December 2011 (180) to the same period of 2010 (208). Warwickshire Fire and Rescue Service (WFRS) attended 388 ADFs in Warwickshire over the two year period of 1st January 2010 to 31st December 2011. In 2011, the highest proportion of ADFs attended were in the Nuneaton and Bedworth cluster (31%), Warwick cluster (24%) and Rugby cluster (20%). There was a slight reduction in the proportion of ADFs reported in Warwick cluster, from 25% of the county total in 2010 to 24% in 2011.

Previous analysis, conducted in the Warwickshire Fire and Rescue Strategic Assessment for 2011/12, has revealed that although the actual number of ADFs directly linked to drugs and alcohol is low, it is likely that the figures hide the true extent of the problem due to current recording practices. For the period January 2009 to December 2010, 7% of ADFs were recorded as suspected drink/drug related.

Last year the Fire and Rescue Strategic Assessment raised a concern that the ongoing economic situation might have an effect on the trade of the night-time economy with people more likely to purchase alcohol locally from shops and off-licences instead of going into town centres. It was thought this may lead to further increases in the number of ADFs as people consume more alcohol at home. As an overall reduction in ADFs has been reported, this appears not to have transpired.

Offender Management

Drug-Related Re-Offending

The Ministry of Justice release quarterly statistics on proven re-offending in Warwickshire. Proven re-offending is defined as any offence committed in a one year follow-up period and receiving a court conviction, caution, reprimand or warning in the one year follow-up. Following this one year period, a further six month waiting period is allowed for cases to progress through the courts. The table below shows the proven re-offending rate for Warwickshire for drug mis-using offenders who are managed by Drug Action Teams. In Warwickshire, the proportion of drug using offenders that re-offend is 56.4% in September 2010, which is a reduction of 8.2% when comparing the result to 2009 figures. The table shows that re-offending has been reducing in this area since 2008.

Figure 24: Proven Re-offending in Warwickshire, 2008 to September 2010

	Jan to Dec 2008	Jan to Dec 2009	Oct 2009 to Sept 2010	Progress Since 2009	RAG
Drug Using Offender by Drug Action Team (DAT)					
Proportion of offenders who re-offend (%)	65.4	64.6	56.4	- 8.2%	
Average no. of re-offences per offender	2.87	2.44	2.62	-	-
Number of offenders	182	181	133	-	-
Average no. of previous offences per offender	39.30	35.91	35.05	-	-

Source : Ministry of Justice

Integrated Offender Management Scheme

Integrated Offender Management (IOM) has now been established across the county. The framework brings together agencies to prioritise interventions with offenders that cause crime in their areas. The framework assists in targeting those offenders of most concern to agencies in Warwickshire and ensures joint working to ensure the best use of local resources. Analysis was conducted by Warwickshire Observatory to evaluate the Prolific and Priority Offender scheme, a key element of the IOM framework. Part of this analysis focused on the drug habits of the offenders on the scheme. 41% (39 offenders) were believed to be current drug users (predominantly using Class A drugs or cannabis) and a further 28% (26) were believed to be past drug users.

The analysis also focused on alcohol use by offenders. Almost one third (30%) of the offenders on the scheme drink alcohol, with one offender dependent on alcohol and four classified as habitual drinkers. A further 13% were past drinkers of alcohol and not believed to be currently drinking.

Data has also been captured on the mental health needs of these offenders. At least 7% (7 offenders) are believed to self-harm or be suicidal and several have made suicide attempts. There were also a number of individuals where mental health problems were suspected but were likely to be undiagnosed. It is likely that these issues could link to their use of drugs and/or alcohol.

Drug Intervention Programme (DIP) Client Information

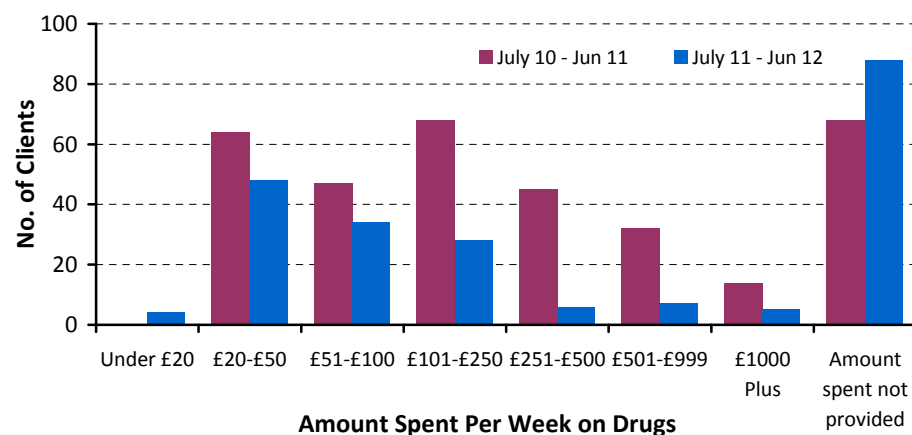
The Warwickshire Drug Intervention Programme (DIP) aims to develop measures to integrate and direct adult drug-misusing offenders into treatment and reduce re-offending behaviour. The programme was carried out by Addaction and the Probation Trust until 30th November 2011 and is now run by The Recovery Partnership.

Data from the DIP Coordinator reveals that for the period July 2011 to June 2012 there were 221 clients on the programme in Warwickshire. This represents a fall of 22% on the corresponding period of 2010/11 when there were 283 clients on the programme. This reduction suggests that there may have been some success in getting users into treatment. However, this is not supported by the bullseye data which suggests that the number of clients known to the DIP service but not treatment providers has risen over the past year. The number of clients in contact with the DIP but not the treatment system at March 2012 was 106 compared to 72 at March 2011. Nevertheless this still represents a reduction on the 147 clients recorded at March 2010.

The data reveals that over one third of clients on the DIP scheme between July 2011 and June 2012 were aged between twelve and sixteen years when they first started taking illegal drugs (38%). The age that saw the highest number of clients first take drugs is sixteen years. In fact, nearly half (48%) of clients started taking drugs aged nine to seventeen years which highlights the importance of educating young people about the risks of drug use from an early age.

Clients on the DIP scheme were typically arrested for violent crime or drug offences, followed by domestic burglary, theft (shoplifting) and theft (other). There has been a shift in the weekly spend of clients on drugs, with the highest number advising they spend approximately £20 to £50 per week to support their habit (22%). Fewer clients admit to spending more than £50 per week than was reported in last year's assessment. It is important to note that it is difficult to conduct robust analysis on weekly spend when 40% (88) of clients have not given this information. It is also possible that clients may not be honest when entering this information.

Figure 25: Weekly Spend on Drugs – DIP Clients



Source: Drug Intervention Programme

Since the inception of the Drug Intervention Programme in Warwickshire in 2005, 1,581 individuals have engaged in the programme. An evaluation of the DIP, based on 100 individuals who have been through the scheme selected at random, highlights that the programme has had a 45% success rate in preventing re-offending and related drug use. Before engagement in DIP, individuals were spending on average £348 per week on drugs and were arrested an average of 3.6 times. The 55% of individuals who did go on to re-offend after engagement with the DIP reduced their criminality and drug use, with the average spend amongst the 24 individuals re-seen *and* still using a drug reducing to £137 per week.

3.5 Wraparound and Recovery Services

A range of additional services are available for people in alcohol and drug treatment and the availability of effective wraparound provision will be a key component of the successful implementation of the recovery agenda.

Employment

Employment is a key factor in achieving sustainable recovery from drug or alcohol misuse. There are also wider benefits to society from reduced costs to the welfare system and associated public health and crime costs.

However, future options around employability for drug and alcohol service users can be complex, as they often have drug or alcohol-related offending histories and limited skills or employment experience.

In 2011/12, the Warwickshire DAAT drug and alcohol needs assessments recommended that a detailed analysis be undertaken into this issue culminating in a set of recommendations for how employment outcomes for drug and alcohol service users might be improved. This analysis has now been undertaken, and the key findings are set out below.

In Warwickshire, the commissioned treatment services supported 917 adults with an alcohol dependency (in 2011/12) and 1,098 with a drug dependency (in 2011). Research undertaken nationally by the Department for Work and Pensions (DWP) in 2010 found that:

- 71% (of those in drug treatment) have less than 1 years' work experience
- 77% have criminal records
- 52% have no qualifications

- 20% have unstable accommodation

If these statistics were applied locally, this would mean that:

- 780 (of people currently in drug treatment) have less than 1 years' work experience
- 845 have criminal records
- 571 have no qualifications
- 220 have unstable accommodation

With alcohol included these numbers would increase further. In addition, these are only numbers of people in treatment – consideration also needs to be given to those who have left treatment and those who are treatment naïve. In 2011/12, 288 people completed drug treatment and 663 completed an alcohol treatment programme.

The main routes to employment for Warwickshire service users are through Jobcentre Plus (JCP) and the Work Programme. Job Centre Plus (JCP) provide a wide range of information and services to clients in Warwickshire including information on benefits, loans and grants and help with finding a job. As part of their service they assist with referring clients to a treatment provider.

For the period June 2011 to April 2012 (data provided for the Employability Review), JCP teams in Warwickshire referred 41 clients that advised they had a problem with alcohol or drugs to treatment. It must be noted that the figures can vary around the county as it can be dependent on whether the advisor approaches the subject with the client and how willing they are to talk about it. Stratford JCP referred the largest number of clients (24) in the June 2011 – April 2012 period.

Figure 26: JCP drug and alcohol statistics June 2011 – April 2012

Jobcentre	No. of discussions	No. of referrals	No. of individuals that attended a treatment appointment
Atherstone	1	1	0
Bedworth	3	0	0
Leamington	25	2	0
Nuneaton	9	5	0
Rugby	14	9	1
Stratford	23	24	11
Warwickshire	75	41	12

Source: Warwickshire DAAT Employability Review, July 2012

One of the recommendations to emerge from the Employability Review completed in July 2012, was for the Recovery Partnership and JCP to review their joint working arrangements to ultimately improve referrals from both sides. As part of the scope of the review, focus groups with employers or an employers survey to determine what information they would like to receive about employing (ex) service users was due to take place. This aspect of the research has yet to be completed and therefore remains a recommendation in this year’s needs assessment.

Recommendations

- Warwickshire DAAT to pursue the survey of employers to better understand their needs and views on the subject of substance misuse in the workplace and employing ex-service users.
- The Recovery Partnership and Jobcentre Plus to review their joint working arrangements, with the aim of improving employment outcomes for drug and alcohol service users.

Housing

Housing support for offenders and substance misusers is commissioned by Supporting People. The two main types of housing related support are:

- **Accommodation Based Support:** The accommodation and support are linked as part of the service. An accommodation-based service can include shared housing and self-contained flats or houses.
- **Floating Support:** With this type of support, the support worker travels to the person’s home to provide housing related support and it can be provided in any tenure of accommodation. If the person moves home then the support worker can visit them at their new home.

Client record data shows that, in 2011/12, 30 new service users entered into specialist housing related support services for people with drug problems (compared to 42 in 2010/11). There were 46 clients entering specialist housing related support services for alcohol problems in 2011/12 (no change from 2010/11).

Figure 27: New clients into specialist housing related support service for people with drug problems; 2010/2011 and 2011/2012

New Client Data	Numbers (2011-2012)	Numbers (2010-2011)
Total new clients	30	42
Male	21	32
Female	9	10
White British	93%	83%
Deemed not homeless	60%	55%
Housing Association or Registered Provider tenants	66%	45%

Source: Provider Performance Indicator returns 2010-2011 and 2011-2012

Figure 28: New clients into specialist housing related support service for people with alcohol problems; 2010-2011 and 2011-2012

New Client Data	Numbers (2011-2012)	Numbers (2010-2011)
Total new clients	46	46
Male	28	28
Female	18	18
White British	44	44
Deemed not homeless	98%	98%
Housing Association or Registered Provider tenants	57%	57%

Source: Provider Performance Indicator returns 2010-2011 and 2011-2012

The data highlights that the majority of new clients requiring specialist housing related support services with alcohol problems are aged between 35 and 54 years (79% of new clients). The majority of new clients with drug misuse issues accessing services are aged between 25-34 years (55% of new clients).

Consultation by Supporting People with a range of stakeholders including service users highlighted a lack of floating support generally for service users with substance misuse needs. Issues raised also included the suitability of accommodation based services for users with substance misuse problems at different stages of their recovery journey and the need for improved access to information and advice regarding housing related support.

The impact of the Welfare Reform Act was also felt to be an emerging issue for people with substance misuse problems. A number of changes to the provision and administration of welfare payments have been made under the Welfare Reform Act. Some, like the cap on Local Housing Allowance were implemented in April 2011 and others, like the move to Universal Credit will not be fully completed until April 2017. Whilst the impact of the full range of these changes has not yet been clearly quantified, concern has been

expressed by a number of agencies that there may be an increase in homelessness; increased debt experienced by individuals and families; increased pressure on available accommodation and increased need for debt support services.

Within this context, it is crucial that any newly commissioned service for substance misusers is able to offer robust tenancy related support, alongside support to develop the skills needed to gain and maintain paid employment. This will give service users the best opportunity to reduce their reliance on welfare benefits and maintain the stable housing that is so crucial to their sustained recovery.

Recovery Networks

Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) groups enable recovering alcohol and drug users to support each other in recovery. In Warwickshire, there are currently NA meetings in Rugby and Leamington Spa. AA meetings are more spread across Warwickshire (see map).

In last year's needs assessment, one of the recommendations linked to drugs was for the Recovery Partnership and Voices 4 Choices to encourage service users to set up recovery networks in the north of the county. Progress with this is ongoing but as can be seen from the map, there remains a gap in provision for residents of North Warwickshire Borough and for former drug users in recovery across the North of the County and Stratford-on-Avon District.

The gaps in recovery networks in the north of the county identified during the last needs assessment are still apparent, although a local resident has expressed an interest in establishing a recovery support group based in

Mancetter. Recovery Champions within the Recovery Partnership will raise the need to encourage service users to set up recovery networks through team meetings.

Recommendation

The Recovery Partnership and ESH Works to continue to encourage service users to set up and improve existing recovery networks across Warwickshire, particularly in the north of the county.

Service User and Family Support

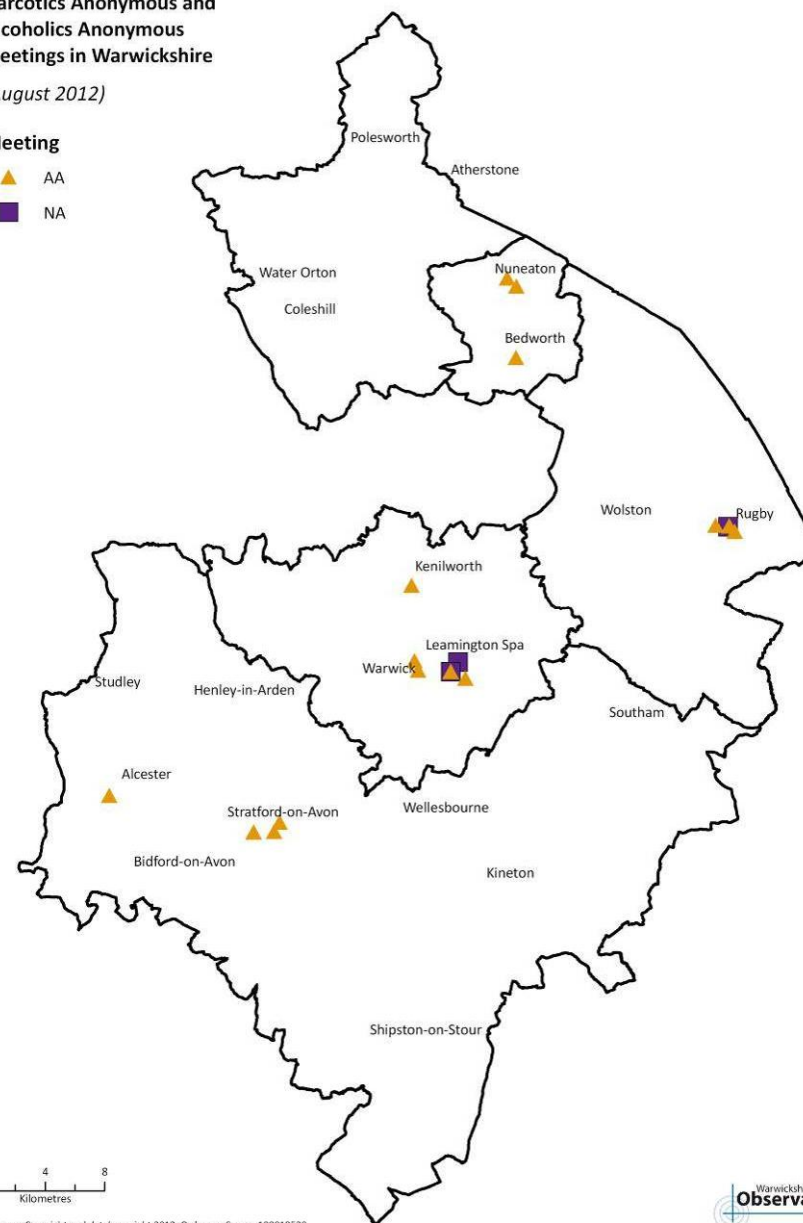
Previously, support for service users and, particularly, their friends and family was patchy and inconsistent around the county. To fill this gap, a new service user involvement, peer mentoring and family support service for those affected by drugs or alcohol across Warwickshire was commissioned during 2011/12 and commenced on 1st April 2012. This service is provided by ESH Works. Mutual support groups and drop-in sessions are offered in Leamington, Nuneaton, Rugby and Stratford.

Narcotics Anonymous and Alcoholics Anonymous meetings in Warwickshire

(August 2012)

Meeting

- ▲ AA
- NA



3.6 Local Alcohol and Drugs Initiatives

Community Safety Partnerships (CSPs) co-ordinate many multi-agency initiatives designed to reduce the harm caused by alcohol and drugs. Some examples of successful projects are set out below.

'Your Town, Your Choice'

'Your Town Your Choice' event is an alcohol initiative that takes place in South Warwickshire (Leamington Spa and Stratford-upon-Avon) in the town centres, the hubs of the late night economy and usually the hotspots for violence and anti-social behaviour.

The purpose of the events is:

- **Education and Engagement**
- **Prevention**
- **Enforcement**

A number of public, private and voluntary organisations come together to make the events a success: Warwickshire Police, Stratford on Avon and Warwick District Councils, NHS Warwickshire Public Health, Warwickshire County Council (Drug and Alcohol Action Team and Community Safety Team), Warwickshire Fire & Rescue, St John Ambulance, the Recovery Partnership, Stratford BID Town Hosts, Street Pastors and local District and Town councillors.

Key findings and observations from a recent event in Stratford included:

- Pre loading with alcohol before coming into town (45% usually/always do) drinking an average of: 2.3 glasses of wine; 4 pints; 6 shots.

- Amount of alcohol consumed in town – 6.3 glasses of wine; 10 pints; 12 shots.
- Most thought they drank more than the governments recommended limits on alcohol, but almost two-thirds didn't know what the recommended limits are.
- The night time economy in Stratford consists of a mixed age group. One third of those surveyed were over 30.
- Two thirds of people arrive in town before 9pm
- 42% leave town after 2am (13% after 3am)
- 42% go home by taxi
- 62% drink twice a week or less (younger ones tend to drink more alcohol less often, older ones tend to drink less but more often)
- Two thirds come out once a week or less
- 71% never or rarely carry condoms (giving reasons such as in a relationship and not going out for sex), 30% usually do carry condoms.
- Being with friends/in a group and police/uniformed presence were the main reasons for feeling safe.
- The safest and most unsafe pubs were identified.

Alcohol Awareness Week Evaluation

A review of Alcohol Awareness Week was commissioned by the Nuneaton and Bedworth Safer Communities Partnership (NABSCOP) to identify and evaluate the outcomes of the multi-agency partnership work carried out in Nuneaton and Bedworth.

Alcohol Awareness Week took place between 14th and 20th November 2011 with the theme 'The impact your drinking has on others,' with the aim to raise awareness amongst parents, young people and the general public of the effects of alcohol. During this week, various interventions and activities

were put in place by partner agencies across Nuneaton and Bedworth Borough.

Focusing on the month Alcohol Awareness week took place in November, and the subsequent month, alcohol related violent offences had reduced in November and December in 2011/12, when compared to the previous two years from 128 in 2009/10 to 84 in 2011/12.

In the month of November alone, offences showed a reduction each year with 58 alcohol related violent offences in 2009/10, 41 in 2010/11 and 40 in 2011/12. December figures show a decrease also. In 2009/10 there were 70 alcohol related violent offences, 57 in 2010/11 and 44 in 2011/12.

The aim of Alcohol Awareness week was to raise awareness amongst parents, young people and the general public of the effects of alcohol. Due to all of the partnership engagement during the week, it is expected that it will have raised awareness of the effects of alcohol in the borough. Unfortunately it is not possible at this stage to identify whether this activity has directly led people to change their behaviour.

'Last Orders' Theatre Production

North Warwickshire CSP has commissioned theatre companies for a number of years to run workshops for secondary school students highlighting the potential dangers and risks associated with excessive alcohol consumption.

In 2012, a total of 739 Year 8 and 9 students in the Borough participated in the 'Last Orders' theatre production and workshops run by Solomon. Immediately after the performance:

- 93% of students understand more about how alcohol effects their decisions

- 90% of students learned more about how drinking alcohol puts your personal safety at risk
- 76% of students felt more confident that they could say 'no' if someone pressured them to drink alcohol
- 77% of students stated they are responsible for their actions after they have drunk alcohol
- 61% of students understood the effects of alcohol on their health
- 67% of students understood more about the physical dangers of drinking alcohol

Many partners and teachers attended the presentations:

- 100% thought the presentation was beneficial to the students
- 100% thought the presentation encouraged students to consider how their actions affect other people
- 100% thought the presentation has made students more aware of dangers of alcohol and unprotected sex
- 100% thought the presentation has made students more aware of the dangers of alcohol

Evaluation data was also collected 4 months after the performance and 91% of respondents remembered the workshop, with 69% now considering their personal safety and how alcohol can affect this and 46% stating that watching the presentation helped them to say no when pressured to drink alcohol.

For the first time in 2012, North Warwickshire CSP also attempted to raise parental awareness around alcohol issues. Two parents' evenings were set up, providing parents with the opportunity to see the 'Last Orders' production and talk to a range of agencies about alcohol and its dangers. Unfortunately, despite widespread publicity, attendance at these events was

poor and partners are now considering alternative ways of engaging with both parents and the general public.

Drug testing in licensed premises

A pilot project has been implemented in Rugby, enabling licensees to conduct their own sweeps for illegal drugs in their premises (for example, cocaine residue in toilets). If any issues with illegal drugs are discovered, licensees can request support from the Police and other partners to tackle the problem. Initial feedback from the pilot is positive, and this will be evaluated in due course.

4.0 Recovery Needs and Gaps

4.1 Outcomes from the Provider Survey

In June 2012, the Observatory sent out a survey to treatment and recovery workers in Warwickshire’s drug and alcohol providers (The Recovery Partnership and ESH Works). The survey primarily focuses on identifying the needs of the drug and alcohol clients in the County (including housing needs, employment needs, family needs and mental health needs). There were 24 completed responses to the survey.

Providers were asked if they felt current alcohol and drug treatment provision is sufficient to meet the demand/need they see. Two in five respondents said they did not feel the provision was sufficient and a third of providers were unsure (perhaps reflecting the relatively short time the new commissioning arrangements have been in place). Providers commented on the lack of aftercare provision and detox treatment. Comments and issues also highlighted included an increased demand for alcohol treatment, the provision for lower level drug users and staff workloads.

Housing Needs

Providers were asked whether they work with clients that have housing needs and 92% said that they do have clients with these needs. The table below shows a number of barriers identified that clients encounter when they are trying to secure stable accommodation.

Overall, 85% of respondents find the lack of affordable housing to be the main barrier in securing accommodation for their clients (up from 78% last year) while 40% consider that the attitudes of landlords and/or housing providers act as a significant obstacle when trying to secure accommodation.

Survey participants highlighted additional barriers which included clients having significant housing debt and an insufficient housing stock to account for current demand.

Barrier	Number of respondents	% of respondents
Lack of affordable accommodation	17	85%
Attitude of landlords/housing providers	8	40%
Landlords/housing providers not accepting Housing Benefit	6	30%
Clients don’t know where to go for help in securing housing	5	25%

Source: Treatment provider Survey, Survey Monkey, 2012

When asked what type of housing is preferred by their clients, providers declared that 95% of clients are looking for council/social housing and over one in two are looking for supported housing (57%) or private rented accommodation (52%). All clients wish to remain in the same geographical area, with one respondent advising that they are dealing with a client willing to relocate if housing becomes available. According to the providers asked, over the last 12 months, the housing needs of alcohol and/or drug users has either ‘changed for the worse’ (50%) or ‘stayed the same’ (50%).

Employment Needs

The survey asked if providers work with clients that are actively seeking employment and 87% of respondents said that they do (down from 94% in 2011). They were also asked to comment on the barriers that clients face when attempting to secure employment. The table below highlights the main barriers to employment and reveals that having a criminal record is a significant problem for clients.

Barrier	Number of respondents	% of respondents
Having a criminal record	18	90%
Lack of relevant experience/skills	15	75%
Lack of suitable vacancies	12	60%
Impact on benefits	12	60%
Attitude of employers	7	35%
Jobs available are not in accessible locations	4	20%
Hours of job available do not fit in with other commitments	2	10%

Source: Treatment provider Survey, Survey Monkey, 2012

There is also an issue where clients lack the relevant experience/skills, therefore restricting access to suitable job vacancies. Three in five clients see the impact on benefits as a deterrent from seeking employment. Other provider suggestions refer to the essential support formerly provided by the Progress2Work scheme and similar agencies in dealing with employment advice.

The survey also asked what types of jobs clients are most likely to be looking for. The majority of respondents (90%) said that clients are usually looking for jobs in manual labour. Retail jobs (40%) and office and administration jobs (35%) are also favoured by clients. All providers asked use Jobcentre Plus to refer their clients for employment support and advice and nearly 40% use the Volunteer Centre and 22% the Work Programme provider. In a similar way to housing needs, when asked how the employment needs of their clients had changed over the past 12 months, 58% said they felt they had changed for the worse, while 37% said they'd stayed the same.

Family Needs

A further section in the survey asked whether they thought clients with children had to overcome different barriers to accessing treatment compared to those without children. The majority of respondents (96%) believed this was the case.

Unsurprisingly, 95% of providers feel that clients worry about social services becoming involved in their situation, although when asked, over three quarters of providers felt that social care services were very supportive or fairly supportive when dealing with child protection and safeguarding issues involving their clients. Key workers also suggest that the following provide barriers to accessing treatment when a client has children:

- Fear of being judged by others
- Lack of confidentiality
- Access services with children
- Problems with childcare provision

However, 86% of respondents believe the family needs of their client/s have stayed the same over the past twelve months, whilst some cases have changed for the worse (10%).

Mental Health

The majority of respondents stated that they are working with clients who require support from mental health services (96%), although 60% of respondents went onto say that mental health services were fairly unsupportive or very unsupportive in dealing with their clients. If providers refer their clients to mental health services, they are usually advised that their clients need to stop using substances before being assessed. Providers raised the following issues and/or comments:

- The mental health criteria for working with people with drug and/or alcohol issues is limited
- Dual diagnosis issue
- The ongoing relationship with mental health services and referral routes since the Recovery Partnership came into effect
- Issues when a client is suicidal and how this relates to their drug/alcohol use in terms of treatment

Barriers to Fully Implementing the Recovery Agenda in Warwickshire

Providers were also asked in the survey if they are seeing any emerging substance misuse issues in Warwickshire. A number of key issues have emerged based on their responses:

- A rise in the number of clients driving under the influence of drugs and/or alcohol
- Increases in the use of legal highs (including black mamba*) and prescription drugs (including diazepam, zopiclone and steroids)
- Movement from drug dependency to hazardous alcohol use
- Higher numbers of clients relapsing after treatment/ rehab/ detox
- Increases in the volume of crack cocaine users accessing the service and reductions in reported heroin use
- Differentiation between drug users and alcohol users in terms of access to services (housing and medication)

Recommendations

When asked what are the most useful interventions/support to help drug and alcohol users recover, providers stated that peer support and introducing clients to mutual support groups is beneficial. Individual recovery

plans, structured interventions and more frequent one on one sessions are key, while holistic approaches like acupuncture were also mentioned. Providers highlighted walk in services and prescribing services as useful as well as building recovery capital including housing, benefit and debt management advice and help to offer a better package to clients and their families.

Although 83% of respondents feel they have sufficient information to enable their clients' to access wider services to help with their treatment and recovery, a significant proportion of providers (17%) consider they need more training on alcohol and drug abuse, support from wider services and advice on dealing with high risk patients.

We need housing agencies that can offer tenancies, employment agencies that can offer employment or training opportunities, we need the cost of educational courses to be met by other agencies. We need childcare for clients with families. We need recovery meetings to be well publicised (and to actually be taking place). We need people in recovery to work (be highly visible) either paid or unpaid in services - especially in the early stages of new client's recovery.

Source: Treatment Provider Survey, 2012

4.2 Outcomes from the Practitioner Survey

A second survey was sent out to wider practitioners working with people who may use drugs or alcohol in the county in July 2012. This survey was primarily focused on identifying what substances clients are using and the patterns that practitioners are seeing locally, including any emerging substance misuse issues.

* Two previous legal highs, Black Mamba and Mexxy have now been reclassified as illegal since the Needs Assessment was written.

The survey closed with 70 responses from Warwickshire practitioners that work with clients aged 18 years and over in Warwickshire. A separate analysis has considered the recovery needs and views from practitioners that work with young people (those under 18 years old).

Overall, 99% of respondents said that they work with clients who are drugs and/or alcohol users. Practitioners were also asked what substances are most likely to be used by their clients and, similar to last year, the top four drugs mentioned were alcohol (93%), cannabis (92%), heroin (47%) and methadone (37%).

Substance	Number of respondents	% of respondents
Alcohol	56	93.3%
Cannabis	55	91.7%
Heroin	28	46.7%
Methadone	22	36.7%
Amphetamines	21	35.0%
Powder Cocaine	19	31.7%
Crack Cocaine	16	26.7%
Ecstasy	13	21.7%
Legal Highs	13	21.7%
Solvents	10	16.7%

Source: Practitioner Survey, Survey Monkey, 2012

The proportion of practitioners reporting crack cocaine as a drug their clients are using has fallen this year from 40% in 2011 to 27%, whilst legal highs and solvents have seen an increase (legal highs have risen from 9% to 22% and solvents from 10% to 17%). Along with the substances highlighted in the table above, practitioners remarked on other drugs being used by their clients. These included:

- Prescription drugs for example, codeine, zopiclone, diazepam, methadone
- Sleeping tablets and anti-depressants (prescribed and non-prescribed)
- Legal highs such as black mamba*
- Combining ketamine and prescribed Valium
- A rise in the use of energy drinks including mixing them with alcohol
- Clients not fully disclosing the extent of their drug use, particularly heavier drugs they may be using

In the 2011 consultation with practitioners, ketamine and prescription drugs emerged as issues however, the majority of respondents (79% for ketamine and 61% for prescription drugs) said that they had not seen these two issues materialise over the last 12 months.

Eleven percent (6 responses) of respondents advised that their clients are using drugs they were not aware of 12 months ago. Several have clients using the legal high, black mamba*. Others mentioned included benzoylecgonine and caffeinated energy drinks mixed with other substances. Black mamba is a synthetic cannabinoid which imitates the effects of cannabis.

When asked if they feel that the use of drugs and/or alcohol is more prevalent than 12 months ago among their clients, over half (55%) of respondents noted that the situation remains the same for most of their clients, whilst 18% of practitioners asked consider substance use has become more widespread in the last twelve months, particularly with cannabis and alcohol.

* Two previous legal highs, Black Mamba and Mexxy have now been reclassified as illegal since the Needs Assessment was written.

A quarter of practitioners are not confident to refer their clients to appropriate specialist services, predominantly due to confusion as to who the necessary lead organisation is and advertising of appropriate referral routes and post-referral practices as well as clients refusing to acknowledge their own dependence. 89% of respondents feel confident in raising the issue of drugs and/or alcohol with their clients, and 11% advised that further training and information as well as support from specialised teams would support practitioners in dealing with their clients. Practitioners highlight the risk of harming the relationship built with families or potentially losing contact with families if they raise drugs or alcohol as an issue.

The survey also asked practitioners for their opinion on the national drug strategy and whether they feel the recovery agenda is being successfully implemented in Warwickshire. 70% of respondents are unsure at this stage about the progress made at a county level and over one in five (21%) believe the recovery agenda is not being successfully implemented. Concerns included:

- Insufficient resource to implement the agenda
- High levels of change within Warwickshire County Council
- Poor communication to GPs as well as others about the Recovery Partnership and the Recovery Agenda
- Lack of funding for training and development for practitioners
- Clients on long waiting lists to access treatment
- Services are not joined up and have different priorities and targets, examples include Job Centre Plus and housing services
- More access to in-patient options and psychological services previously provided by the NHS.
- Clients' refusal to admit substance use and their own commitment to change

- Lack of assertive out reach in terms of hard to reach users/client groups. Inflexible services warehoused rather than responding to need/risk.
- Many people are worried about having their children removed and placed in local authority care and as a result do not want to admit they have a problem. Often when they do enter recovery they are at crisis point and Children's Social Care are already involved with the family.
- Lack of awareness campaigns about the long term effects of alcohol and/or drug abuse
- Lack of innovative approaches towards the underlying causes of alcohol and/or drug abuse

The final question in the survey asked if practitioners were seeing any emerging substance misuse issues in Warwickshire. A number of key issues have emerged based on their responses, relating to alcohol and/or drug use:

- Alcohol pre-loading before a night out
- Young people becoming more secretive about drug use as the anti-social behaviour (ASB) agenda has intensified
- Methadone dependence use has increased in the past twelve months often with no target end date
- Anti-social behaviour and domestic abuse caused by substance misuse have significantly increased
- The potential for dedicated workers in areas of high alcohol or drug usage
- Sharp rise in the number of alcohol and cannabis users, particularly amongst young women
- The increase in the misuse of alcohol is linked to licensing times
- The needs of children in households as a priority where there are drug and/or alcohol users
- Prevalent use of solvents in social groups of young people rather than solitary use

- Cannabis use is very high in North Warwickshire

Drug and Alcohol Action Team response

Some of the concerns and issues highlighted as part of the provider and practitioner surveys have been responded to below by the Warwickshire DAAT:

1. Drug and alcohol services across Warwickshire have undergone enormous transition over the last 12 months and the uncertainty that change can bring appears to be reflected in some of the comments.
2. Additional measures to tackle people's skills gaps and help them in to work have been built in to the new service provision and there is now greater capacity to help people towards achieving recovery through community and residential detox and residential rehabilitation.
3. In recent months we have also seen the introduction of a joint service user, carer and peer mentoring service, which will further enhance the treatment system and enable drug and alcohol users and their families and friends to be supported before, during and after their treatment journey.
4. From April 1st 2013 we will also be implementing a new integrated living service, offering a range of employment and floating housing support.

Recommendations

- All partners to take into consideration feedback from the provider and practitioner surveys and barriers identified to the implementation of the recovery agenda that are relevant to their service.
- Note issues and barriers raised in the practitioner survey and undertake a follow up survey next year to see how or if things have improved.
- Warwickshire DAAT to undertake or commission a detailed analysis of the barriers to accessing housing provision experienced by drug and alcohol treatment service users (similar in scope to the employment analysis undertaken in 2012).

4.3 Outcomes from Service User Consultation

On 24th August ESH Works facilitated a Recovery forum whereby service users and carers were encouraged and supported to give their views on gaps in current provision. ESH Works also consulted with those who attended about Recovery Assets within their communities.

ESH Works facilitated another Recovery forum on 28th September with the aim of clarifying point from the previous forum and also looking at practical ways of implementing some of the suggestions from a service user/carer perspective on looking at what helped people in their recovery.

Outcomes from Recovery Forums

ESH Works asked the 11 service user/family attendees who attended the first Recovery forum what they felt was missing terms of accessing/availability of provision in Warwickshire and the main theme was either 'people not knowing services exist' or 'not knowing how to access them or what to expect'.

The forum then explored what could be done to encourage this awareness and the suggestions were as follows:

- Bus adverts
- Doctors surgeries – Clear, brief and up to date information to be displayed
- Radio Adverts – all local stations
- Pubs/Clubs – Adverts in toilets/Above urinals/ Main doors/Beer mats
- Train stations

- Online forums – people often go for help on line/It's usually the first step
- Facebook/Twitter
- Church halls/Parish Centres
- Hostels – Outreach
- Soup Kitchens/Food bank schemes
- Supermarket notice boards
- Links with community organisations and youth clubs

Although the forum understand that advertising to this scale can be difficult and very time consuming; it is not unachievable. The group suggested that one key person should take responsibility for implementing a marketing/advertising/awareness strategy and make use of volunteers who would be happy to help and benefit from working as part of a team with a purpose.

Recommendation

Warwickshire DAAT and partners to develop appropriate delivery mechanisms to promote treatment services to a wider audience.

During the forum the group also explored what was missing in terms of treatment provision after people had initially accessed the services in Warwickshire, some of the suggestions are as follows:

- Early case closures or limited number of appointments – the general consensus was that many people do not feel assertive enough to ask for more appointments when their key worker is suggesting their case be

closed. It was agreed that most key workers are fantastic at what they do however it was suggested that if a client should be closed and still need support, they be signposted to other services that can help them.

- A process should be put in place for appointments that are cancelled and cancelled appointments should be monitored by commissioners.
- Improved links with mental health services
- Improved links with hospitals
- Project workers ability to identify other issues such as mental health and domestic violence and sign post to a relevant organisation
- Links with young people's services – not only young people's drug and alcohol services but also young carers (as affected family members).
- Improved links with mutual support services i.e. AA, NA, CA
- Lack of people in recovery to work with people when they are entering treatment
- Limited appointment times
- Regular changes in project workers and the changes not being communicated
- A waiting list for detox/rehab and lack of preparation for detox/rehab
- Family member not being supported when a loved one is in treatment or when preparing to help with community/home detox.
- GOOD aftercare - ESH had some feedback about the current aftercare programme and it was suggested that it wasn't engaging or practical

thus it would be beneficial if service user had the opportunity to suggest what would or wouldn't work in terms of aftercare.

- A clear indication of what aftercare means and what service users can expect.
- Robust aftercare package for when people come out of detox/rehab

Recommendation

The Recovery Forum to develop an action plan to take forward the messages from the service user consultation.

5.0 Mosaic Analysis

Introduction

The Mosaic dataset has been used in this year's assessment to identify Mosaic household types which may be at a higher risk of experiencing problems with alcohol or drugs or be engaged in behaviour likely to lead to problems in the future. As a consequence the household types identified in the analysis are a likely target audience for preventative messages relating to drug and alcohol.

Background to Mosaic

Mosaic is a customer insight tool used for understanding household and customer types. Mosaic allocates each household in the country to one of 15 Groups and 69 household 'types' according to certain common characteristics. It does this using demographic information and data on economic status, health, lifestyles, attitudes, interests and other themes.

For more general information on Mosaic, please visit the Observatory's blog (<http://warkobservatory.wordpress.com>) or the 'About Warwickshire' section in the needs assessment provides a mosaic profile for the County.

Methodology

For the purposes of this analysis, Mosaic's Grand Index of variables was examined to see if certain household characteristics could be identified which would point to households at higher risk of experiencing problems with alcohol and or drugs.

The Grand Index is produced by Experian and updated periodically. It contains a large number of national datasets that have been coded against

Mosaic's household classifications. This makes it possible to identify which household groups and types are more likely than others to display certain characteristics including demographics, attitudes and lifestyles. It can be assumed that if nationally certain Mosaic groups and types display certain behaviour this will be replicated in Warwickshire.

The propensity or risk of a household containing a certain characteristic is set against a national average which gives a value for the likelihood of any household to display that characteristic. The two values can then be compared to identify whether a household group or type is more or less likely than the national average to display a certain characteristic. To assist with this process, Mosaic translates these comparisons into index values, where the national average is equal to 100. A household with an index value of 200, for example, would be twice as likely as the national average to contain that variable, a value of 1,000 would indicate a propensity ten times the national average and so on. In short, the higher the index value the greater the propensity of that household group or type to contain the characteristic in question.

Although it is possible to identify households with a higher propensity to display certain characteristics by using index values, some caution is needed. If the national average for a characteristic or variable is low, even a household several times more likely to display that characteristic may still be low in terms of the likely proportion of households involved.

On some occasions, therefore, it is also important to consider what proportion of a household group or type is likely to display a selected behaviour or characteristic and to further assess how worthwhile targeting a particular group or type might be. This is the approach adopted in the

analysis below as national averages for the variables identified tend to be low making selection by index value alone less clear cut.

Once specific household groups or types have been identified, it is possible to find out how many of those households are in Warwickshire and where in the county they are located. It is also possible to identify other characteristics about that household group or type including their preferred communication channels and this can be used to more effectively target information.

In the following analysis, three variables from Mosaic’s Grand Index 2009 and 2012 were selected as potentially useful in identifying households more at risk of experiencing problems with drugs and alcohol. These are:

- **Households likely to experience health problems with drugs and or alcohol**
- **Households with a propensity to make visits to pubs, clubs and bars almost every day**
- **Households where the number of drinks in the last 7 days is 8 or more**

While these variables may not directly indicate a problem with drugs and/or alcohol that will require immediate treatment or intervention, they were identified because they may expose people in the longer term to greater risks and, therefore, these households may be a potential audience for preventative messages relating to drugs and alcohol. Target Mosaic household types, including communication preferences are summarised at the end of the analysis since some household types feature in more than one variable.

**1. Mosaic Grand Index Variable:
‘Experiencing Health Problems with drugs and alcohol’**

The national mean for this variable is very low at 0.46%. This means that it could be expected that 0.46% of all households nationally may experience health problems associated with drugs or alcohol. As noted above, on this occasion it is also relevant to consider the proportion of households in any one group or type likely to experience health problems with drugs or alcohol and identify those large enough to warrant further scrutiny.

Figure 29: Propensity to experience health problems with drugs or alcohol

Mosaic Type	Description	No. of households in Warks.	% likely to experience health problem	Index Value
N62	Young renters in flats with a cosmopolitan mix	23	9.9%	2,139
N66	Childless, low income tenants in high rise flats	547	5.0%	1,087
H36	Young singles and sharers renting purpose built flats	2,245	3.8%	826
G32	Students and other transient singles in multi-let houses	2,017	3.0%	616
National Average	All households	239,217	0.5%	100

Source: Mosaic, Experian

The background risk of the household types highlighted in the table is still quite low even though the types identified are between six and 20 times more likely to experience problems than the national average. Moreover, the

prevalence of those household types in Warwickshire is relatively low, especially those most at risk. Nevertheless, for this variable these household types do present with an increased propensity to experience health problems relating to alcohol and drugs. As such they are likely to be a more relevant audience for preventative messages and public health campaigns relating to drugs and alcohol than simply trying to reach ‘the public’ in general. One interesting commonality shared by these households is the increased risk which appears to be experienced by households containing young people regardless of their income or deprivation levels.

2. Mosaic Grand Index Variable:

‘Visits to pubs and wine bars almost every day’

Nationally, according to Mosaic, 2.8% of all households are estimated to visit pubs and wine bars almost every day. For this analysis, household types where the likelihood was above 5% were identified although it is acknowledged while this translates into double the likelihood of average households, the proportions involved are still quite low.

The household types identified all come from Mosaic Group G ‘Young, well educated city dwellers.’

Figure 30: Propensity to visit pubs and wine bars almost everyday

Mosaic Type	Description	No. of households in Warks.	% estimated to ‘visit pubs/wine bars almost everyday’	Index Value
G26	Well educated singles living in purpose built flats	3,227	5.5%	200
G32	Students and other transient singles living in purpose built flats	2,016	5.6%	200
G34	Students involved in college/university communities	840	23.3%	840
All Households	National Average	239,217	2.8%	100

Source: Mosaic, Experian

Clearly, household type G34 ‘Students involved in college and university communities’ have the highest propensity to make visits to pubs and wine bars almost everyday’ with nearly a quarter (23.3%) of households estimated to do this. Although less prevalent in number, there can be greater confidence that household type G34 engage in this type of activity and that health messages relating to this activity targeted at this group are likely to be relevant to about 1 in 4 of these households. Again, as with the previous variable, household types involving young people are a shared characteristic of those households identified as more likely to engage in this type of activity.

Mosaic Grand Index Variable:**Number of drinks in the last seven days: 8+****Figure 31: Households with a propensity to drink 8+ in last seven days**

Mosaic Type	Description	No. of households in Warks.	% estimated to drink 8+ in last 7 days	Index Value
F25	Personnel reliant on Ministry of Defence for public services	454	33.5%	191
G32	Students and other transient singles living in purpose built flats	2,016	29.0%	165
N66	Childless, low income tenants in high rise flats	547	26.8%	153
All Households	National Average	239,217	17.5%	100

Source: Mosaic, Experian

Households with a higher propensity to contain people having more than eight drinks in the last seven days include types F25, G32 and N66. F25 households are nearly twice as likely to be drinking 8+ in the previous seven days as the national average with an estimated one in three households of this type likely to be engaged in this sort of drinking behaviour. Although less prevalent in number compared with other household types, it could be reasonably assumed that material relating to higher drinking levels targeted at these households is likely to be relevant to around a third of them according to Mosaic.

Summary

A number of Mosaic household types have been identified using the variables above. Some of those with the highest propensity to contain the variable in question are not extensive in terms of their numbers in the county. However, as noted there can be greater confidence that messages relating to those characteristics or activities are more likely to be relevant and therefore more effective in terms of resources. A summary of the key features and preferred communication channels of the household types is given below.

A common feature of the households identified by using the three separate variables above is the increased risk experienced by young people generally. Moreover, this risk appears evident among groups with different income levels. This would suggest that a more general message emerging from this analysis is the involvement of young people in the sort of behaviours identified above which place them at greater risk from issues relating to drugs and alcohol.

Summary of Target Households Types and Communication Channel Preferences

N66: Childless, low income tenants in high rise flats

Key Features

- Young singles, no children
- Low educational attainment
- Unemployment
- High rise blocks
- High levels of deprivation
- TV
- Charity shops
- State benefits



H36: Young singles and sharers renting small purpose built flats

Key Features

- Private rented flats
- Inner city
- Young singles and home sharers
- Good transport links
- Transient
- Like entertainment
- Premium on convenience
- Brand new purchases
- Ethnically diverse
- Often away from home



G32: Students and other transient singles in multi-let houses

Key Features

- Groups of students
- Renting houses
- University towns
- Low incomes
- Poor upkeep
- Transient
- Public Transport
- Ethical Products
- Local shops
- Personal computers, iPods



G34: Students involved in college and university communities

Key Features

- Students
- Halls of residence
- Cultural interest
- Low incomes
- Students loans
- Pubs and cafes
- Green
- Musical events
- Mobiles Phones



F25: Personnel reliant on the Ministry of Defence for public services

Key Features

- Renting from MOD
- Good incomes
- Transient
- Far from town centres
- Independent minded
- Heavy internet users
- Young children
- Recently moved in
- Military employees



Recommendations

- Warwickshire DAAT to use the Mosaic analysis to target preventative messages to young people/adults in the County.
- Warwickshire DAAT to also use the previous Mosaic analysis carried out for the 2011/12 needs assessment to work with partners to effectively target messages in relation to alcohol use and help raise awareness of the new treatment service.
- Warwickshire DAAT to explore the possibility of assessing the client profile of the Recovery Partnership using Mosaic to enable messages about treatment services to be targeted more effectively.

Figure 32: Communication preferences for target Mosaic Types

Mosaic Household Type	Description	Likelihood to self-serve*	Preference for accessing information		Preference for service delivery	
			Receptive to...	Unreceptive to....	Receptive to...	Unreceptive to....
N66	Childless, low income tenants in high rise flats	Very Low	Face to face, National Papers	Internet, telephone	Face to face	Internet, telephone, mobile phone, pose
G32	Students and other transient singles in multi-let houses	High	National papers, SMS text, Internet	Local papers	Mobile phone, internet	Face to face
H36	Young singles and sharers renting small purpose built flats	High	SMS text, National papers	Local papers, face to face	Mobile phone	Face to face
G34	Students involved in college and university communities	Average	Internet, SMS text, National papers, Magazines	Telephone, Local papers	None significant	Face to face
F25	Personnel reliant on the Ministry of Defence for public services	Very High	Internet, telephone,	Face to face, Local papers, Magazines	Internet, telephone, mobile phone	Face to face

* Likelihood to self-serve when accessing services

6.0 Recovery Assets

Outcomes of ESH Works Recovery Forums – Recovery Assets

The primary focus of ESH Works' second recovery forum with nine service users/family attendees was to look at recovery assets and recovery capital and to explore how to increase the levels of both for drug and alcohol service users.

The key findings from the forum can be summarised as follows:

“Recovery is about relationships, not buildings”

When asked what worked for them when the service users were/are in treatment and also what worked for carers, the following was discussed:

- Peers relationships – Though mutual aid, phone numbers were given/exchanged. Users have found this to be particularly helpful when they are feeling low. The opportunity to pick the phone and call someone at anytime was seen as helping them get through difficult periods where they felt vulnerable to relapse.
- Peer relationships – The relationship between two people where the users felt that another person could identify personally with what they were experiencing was viewed as essential in the early stages of recovery. The development of a genuine relationship whereby both people can exchange information/experiences and support each other through difficult times. Those who had this form of support felt that they could trust peers to be open and honest and also that they genuinely cared.

- The majority of people found peer support at both mutual aid groups and ESH Works.
- In terms of assets, building and forming new relationship/friendship circles was viewed as essential in people's recovery.
- Keeping busy with voluntary work, groups, appointments etc increased recovery capital for service users in the early days.
- Family support was seen as particularly helpful during recovery however 'only if the family member have an understanding of recovery'. All attendees agreed that separate family support was paramount for the family member to gain and insight and understanding of a service user's recovery and also of their own.
- The group felt that having knowledge of recovery, triggers, craving etc was an asset in itself and increased recovery capital.
- Self awareness was also something that was felt to be an asset. Developing knowledge and gaining an understanding of yourself and your behaviours increased users and carers personal recovery capital.
- Rehab was also suggested as an asset.

To conclude, it was suggested by the group that in order to increase people's recovery capital and assets within the community, more people need to be encouraged to have some sort of peer relationship particularly in the early stages of recovery.

Education and knowledge regarding relapse, triggers and cravings was viewed as essential but more importantly, increased self awareness was seen as paramount in a successful recovery journey.

Practical issues such as 'keeping themselves busy' and motivated with work, voluntary placements, groups, meetings etc was an important element of recovery capital.

Recommendation

- The Recovery Partnership and ESH Works to promote activities shown to aid recovery to all service users.
- Recovery Asset thinking to be part of Warwickshire's approach to client work going forward.

7.0 Emerging Issues

Students

During consultation with partners ahead of the production of the assets and needs assessment, the issue of drinking amongst students emerged as an issue of potential concern. This concern is supported in the findings from the Mosaic analysis in section five of this assessment and is of particular relevance in Warwickshire, as a large number of University of Warwick students live in Leamington Spa.

A positive meeting took place between representatives from the Warwickshire DAAT and the University of Warwick Students' Union in August 2012. This revealed that alcohol is also an issue of concern for the Students' Union and a number of potential ways of delivering key messages to students were discussed including; via social media networks; online forums; video podcasts and concertina style z cards. The idea of running a test with students to check liver functioning was also discussed.

Information on staying safe whilst out in the evening, safe drinking and reducing the risk of drink spiking was distributed to University of Warwick students during Fresher's week in September 2012. Further partnership activity is now required to take forward the other ideas discussed at the meeting in August.

Recommendation

Warwickshire DAAT to work with the University of Warwick Students' Union to promote safe drinking messages to students, utilising appropriate delivery mechanisms.

Cross Border Treatment Data

During consultation with partners ahead of the production of the assets and needs assessment, the issue of access to treatment services for people who live on Warwickshire's county borders emerged as an issue of potential concern.

If large numbers of people were accessing treatment in a different DAAT area to the one in which they lived, this may demonstrate a need for outreach services in specific areas and / or stronger relationships with neighbouring DAATs to share information and ensure appropriate provision is available for all clients regardless of their home address.

To fully understand this issue, information on Warwickshire residents accessing drug treatment elsewhere and residents from other areas accessing drug treatment in Warwickshire in 2011/12 was accessed through the National Drug Treatment Monitoring System (NDTMS) database.

A total of 49 treatment episodes were recorded in 2011/12 for drug treatment clients with a Warwickshire address but accessing treatment elsewhere. These clients accessed treatment in 16 different DAAT areas around the country. In only 2 of these areas were more than 5 treatment episodes recorded. These were Coventry and Manchester, with 13 episodes each.

Only 7 treatment episodes were recorded for drug treatment clients living outside Warwickshire but accessing treatment in the county. 6 of these involved clients living in Coventry.

The available information does not suggest an urgent need for any cross border treatment protocols or agreements with neighbouring DAATs. The only neighbouring DAAT treating a significant number of Warwickshire

residents is Coventry, with whom a treatment service is already shared (The Recovery Partnership). The data also shows a significant number of episodes involving Warwickshire residents in treatment in Manchester. However, it is believed by Commissioners that this is due to some confusion over recording mechanisms between the Recovery Partnership and a detoxification unit in Manchester when the new service commenced in December 2011. This issue has now been resolved.

Whilst the available data does not suggest that there are any significant gaps in treatment provision for Warwickshire residents who live on the county borders, it is important to note that this analysis is based solely on information about people who are accessing treatment somewhere in the country. It does not cover anyone not known to treatment services. Partners may wish to consider whether further analysis to explore any barriers experienced by Warwickshire drug users who live on the county borders and have not accessed treatment services is required.

8.0 Appendices

8.1 Update on recommendations from 2011/12

Needs Assessment	Recommendation	Progress
Drugs	The Recovery Partnership to assess the alcohol and cannabis use of drug treatment service users at Review and Exit TOP and provide suitable treatment interventions where required.	The Recovery Partnership now provides an integrated drug and alcohol treatment service and will discuss alcohol and cannabis use with clients as a matter of course, with treatment interventions initiated where required.
Drugs	The Recovery Partnership to monitor the length of time clients spend in treatment and take appropriate action to reduce this by providing support to enable them to complete their recovery journey.	In-depth piece of work undertaken to identify clients who have been in treatment for longer than three years. Recovery Partnership team leaders now developing intervention packages for these individuals. Potential for NTA Recovery Champion to run a session with these individuals also being explored.
Drugs	The Recovery Partnership to build closer links with, and provide advice on appropriate prescribing to, GPs who prescribe opioid substitutes.	Ongoing. Mapping exercise undertaken to identify non Shared Care GPs who prescribed opioid substitutes in 2011/12. Outreach work now being undertaken at one GP practice in South Warwickshire that regularly prescribes opioid substitutes.
Drugs	NHS Warwickshire to pursue transfer of funding for Shared Care to Warwickshire Drug and Alcohol Action Team and work with GPs to increase the rollout of Shared Care across the county, starting with practices with 10 or more clients in drug treatment and those who prescribed significant numbers of opioid substitutes in 2010/11.	Funding has not been transferred due to an issue with GP pensionable pay which means that Shared Care payments need to be made from an NHS bank account, or costs will increase significantly. Invoices will therefore still be paid by NHS Warwickshire, with Addaction recharged later in the financial year. No new Shared Care GPs recruited in 2011/12. Shared Care Conference held in March 2012 to encourage non Shared Care GP's to join the scheme.

<p>Drugs</p>	<p>Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to undertake a strategic mapping exercise of needle exchange outlets and GPs prescribing opioid substitutes to identify any geographical gaps in provision and enable treatment outreach services to be established in the most suitable locations.</p>	<p>Mapping exercise completed. The map also included information about prescribing by the Recovery Partnership.</p> <p>The Recovery Partnership will now look to establish needle exchanges and outreach provision in areas with geographical gaps in provision.</p> <p>Mapping exercise to be repeated at the end of 2012/13 to track progress.</p>
<p>Drugs</p>	<p>The Recovery Partnership and Voices 4 Choices to encourage service users to set up recovery networks in the north of the county.</p>	<p>Action ongoing and now being taken forward by the Recovery Partnership and ESH Works.</p> <p>ESH mutual support group and drop in sessions running in Nuneaton. AA meetings running in Nuneaton and Bedworth but gaps remain in provision for residents of North Warwickshire Borough, and for former drug users in recovery across the north of the county.</p> <p>Local resident has expressed an interest in establishing a recovery support group based in Mancetter.</p> <p>Recovery Champions within the Recovery Partnership will raise the need to encourage service users to set up recovery networks through team meetings.</p>
<p>Drugs and Alcohol</p>	<p>Warwickshire Drug and Alcohol Action Team to use the Mosaic analysis to work with partners to effectively target messages in relation to drugs in the community and alcohol use and help raise awareness of The Recovery Partnership's services.</p>	<p>Key locations, target groups and most effective methods of communication identified. The target groups prefer to be engaged with face-to-face, so work now needs to be undertaken to identify partner agencies who are already working in these locations and may be able to provide information about drugs and alcohol. Potential to link into the Making Every Contact Counts work being rolled out by NHS Warwickshire.</p>

Drugs	The Recovery Partnership to monitor the number of people entering treatment services for mephedrone and MDMA use.	The Recovery Partnership is seeing very few people entering treatment for mephedrone or MDMA use, but will continue to monitor the situation.
Drugs	Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to publicise treatment services to people likely to be using these mephedrone and MDMA e.g. clubbers and young people. Regular campaigns aimed at this group promoting harm reduction messages and highlighting the dangers involved in using these substances should also be implemented.	<p>Information about treatment services provided to college students at Fresher's Fairs in September. Messages about safe drinking promoted to young adults in town centres in South Warwickshire on Saturday evenings through the Your Town, Your Choice initiative, with information about treatment services provided where drinking or drug use emerges as an issue of concern.</p> <p>Joint working and provision of information about drugs and safe drinking to university students being taken forward with the University of Warwick Students' Union.</p>
Drugs and Alcohol	Warwickshire Drug and Alcohol Action Team to undertake a detailed analysis of employment opportunities and barriers for service users. This should include an evaluation of the employment, training and apprenticeship options currently available, an assessment of the partnership links between treatment providers and JobCentre Plus, focus groups with employers to determine what information they would like to receive about employing (ex) service users and discussions with service users to establish the barriers to employment they face and how these can be overcome.	Detailed analysis undertaken by the DAAT Assistant Joint Commissioning Manager and presented to the Drugs and Alcohol Management Group in July 2012. The recommendations arising from the research will now be progressed and monitored by this group.
Drugs and Alcohol	Warwickshire Drug and Alcohol Action Team to establish a Recovery Forum consisting of Commissioners, drug and alcohol treatment providers, partners in the recovery agenda and service user/carer representatives. Key issues of concern for the Forum should be housing, employment, health and wellbeing and support available for family members and carers of those with drug and alcohol problems.	Recovery Forum established in February 2012 and will now meet quarterly.

<p>Drugs and Alcohol</p>	<p>Commissioners and The Recovery Partnership to take into consideration the results from the treatment provider and practitioner surveys when implementing the new recovery focused service. A follow-up survey should be carried out next year to see how and if things have improved.</p>	<p>Results taken into consideration by The Recovery Partnership. ESH Works is also now in place and providing recovery focused support to service users and their family and friends. Many of the issues raised through the survey cannot be resolved by treatment services alone (e.g. housing and employment opportunities) and need to remain the focus of attention and activity by all partners.</p>
<p>Drugs and Alcohol</p>	<p>Warwickshire Drug and Alcohol Action Team to extensively promote the new treatment service to all partners, to ensure practitioners are aware of referral routes for clients requiring specialist support.</p>	<p>Service promoted through general press releases and targeted messages delivered to key partners (GPs, pharmacies etc). Service launch held in June 2012 and attended by approximately 160 representatives from partner agencies, plus a good number of service users. Site specific Recovery Partnership and ESH open days held during July 2012.</p>
<p>Drugs and Alcohol</p>	<p>All partners to take into consideration feedback from the practitioner survey and barriers identified to the implementation of the recovery agenda that are relevant to their service.</p>	<p>Work undertaken by the DAAT to ensure the issues raised through the surveys remain high on the partnership agenda e.g. through the in-depth employability research.</p>
<p>Drugs and Alcohol</p>	<p>The Recovery Partnership to look to identify cases where alcohol and drug use is becoming intergenerational across families and liaise with relevant services to ensure that all family members are appropriately supported.</p>	<p>Lottery funding applied for by Addaction to bring innovative 'Breaking the Cycle' work with families into Coventry and Warwickshire. Family Intervention Project and Family and Parenting Support workers ran a training and information session for Recovery Partnership workers in June 2012.</p> <p>Links into emerging Troubled Families agenda being made.</p> <p>Individual cases are picked up as core business, and ESH Works is now in place to provide support to family members and friends of service users.</p>

Drugs	Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to address the key findings and recommendations emerging from the Voices 4 Choices research through the development of an action plan aimed at removing barriers to drug treatment for women with children.	Barriers to be addressed through the Recovery Forum. Action plan will be developed through this group.
Drugs	Warwickshire Drug and Alcohol Action Team to undertake/commission further investigative work into the area of prescribed medication addiction.	This has not emerged as an issue of concern during 2012. Six clients received treatment for addiction to prescription medication in Warwickshire in 2011/12.
Drugs	All partners to monitor the use of Ketamine amongst their clients and report this to the Drug and Alcohol Action Team.	No reports of Ketamine use have been reported to the DAAT in 2012. Nationally, levels of Ketamine use have shown little change over the past four years.
Drugs	Warwickshire Drug and Alcohol Action Team to undertake/commission research into the nature and extent of sex working in the county.	Research commissioned and is being undertaken by the Terrence Higgins Trust. Findings due to be reported in March 2013.
Alcohol	All partners to look to promote key messages about alcohol and safe drinking levels to working professionals. A communications plan targeting this audience and other priority groups to be developed and co-ordinated through the Drugs and Alcohol Management Group.	<p>Joint drugs and alcohol communications toolkit, including key messages, developed and approved by the Drugs and Alcohol Management Group in January 2012. Consideration now needs to be given to the development of a co-ordinated communications plan, to enable appropriate communication channels to be used to deliver messages to target audiences, including working professionals.</p> <p>All opportunities to promote treatment services and safe drinking messages to all residents utilised, for example through District and Borough Council quarterly magazines.</p>
Alcohol	South Warwickshire Community Safety Partnership to consider undertaking further investigation and analysis of street drinking patterns in Warwick and Stratford Districts to enable appropriate action to be taken.	Local intelligence suggests that street drinking is primarily a Leamington town centre problem, although issues do occasionally arise in Stratford. Begging (sometimes involving injecting drug users) is a bigger problem at the current time in Warwick District. Work is being undertaken by the

		<p>Community Safety Partnership, in partnership with Leamington Churches Together, to look at ways of resolving this.</p> <p>Police utilise powers available through Designated Public Places Orders (DPPOs) in both Stratford and Warwick Districts to deal with street drinking issues as they arise.</p>
Alcohol	Warwickshire Drug and Alcohol Action Team and The Recovery Partnership to develop an action plan to address the key findings and recommendations emerging from the Voices 4 Choices research.	Action plan developed through the Recovery Forum, and being monitored by this group. In-depth discussion about all actions held during the Recovery Forum meeting in June 2012.