

Warwickshire Adult Alcohol Treatment Services Needs Assessment 2011/12



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Introduction

This needs assessment focuses on the alcohol related issues concerning the adult population in Warwickshire. It covers:

- The current picture across a range of alcohol related issues including health and crime and disorder.
- Areas for further exploration including an analysis of the recovery needs of treatment clients in Warwickshire (conducted via a survey to treatment providers and practitioners).
- Conclusions and recommendations for future action.

Reducing alcohol related harm is a priority for both health and community safety partners in Warwickshire and the findings of this assessment will help inform the future development of the Warwickshire Alcohol Implementation Plan. The assessment also forms part of the Joint Strategic Needs Assessment, the purpose of which is to analyse and examine 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 and the Warwickshire Observatory would like to thank the partners and providers who have contributed to the production of this needs assessment.



N&B – Nuneaton & Bedworth

1.0 Executive Summary

Key Findings

- A new national drug strategy was launched in December 2010 which signals a major change to government policy and sets out a fundamentally different approach to preventing drug use in our communities, and in supporting recovery from drug and alcohol dependence. A new national alcohol strategy is due to be published in early 2012. A new treatment service ('The Recovery Partnership') has been commissioned across Coventry and Warwickshire to help implement the recovery agenda locally.
- Until 30th November 2011, Swanswell provided the majority of community based alcohol treatment services in Warwickshire. They received a total of 1,384 referrals in 2010/11 and 957 people commenced treatment. These referrals were from a variety of sources with the most common referral sources being self referrals, self/GP referrals, Probation referrals and GP referrals. The commencements figure represents an increase of 10% on 2009/10 figures.
- This assessment has looked in depth at hospital admissions data relating to alcohol for the first time. In all age groups, except those aged 18-24 years, alcohol attributable admissions have risen over the past year. This is of particular concern when looking at those aged 45-54 years old who have seen a 37% rise over the past year alone, and a 57% rise from 2008/9 to 2010/11.
- 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 use and also use it to help raise awareness of The Recovery Partnership's services.
- Consultation with treatment providers revealed that alcohol 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 alcohol misuse in the county. The areas of concern include nights out both drinking alcohol and using cocaine which are increasingly being seen as the 'norm'; an increase in clients with compromised liver functionality presenting at hospital; and the fact that many users are in long-term unemployment, with some young users having either never worked or seeing no prospect of working in the future.
- The findings from the consultation should be considered alongside the results for the drug treatment needs assessment consultation as there are some common issues that may benefit from a coordinated response.

Recommendations

- 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.
- 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.
- Warwickshire Drug and Alcohol Action Team to use the findings from the Mosaic analysis to work with partners to effectively target messages in relation to alcohol use and help raise awareness of the new treatment service.
- 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.
- Commissioners and The Recovery Partnership to take into consideration the results from the treatment provider survey when implementing the new recovery focused service. A follow-up survey should be carried out next year to see how / if things have improved.
- 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.
- 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.
- Commissioners and The Recovery Partnership to take into consideration the feedback from the practitioner survey when implementing the new recovery focused service. A follow-up survey should be carried out next year to see how / if things have improved.
- 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.
- 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.
- 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.

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 has a two-tier local authority structure and comprises five District/Borough areas: North Warwickshire Borough; Nuneaton and Bedworth Borough; Rugby Borough; Stratford-on-Avon District and Warwick District. At the most recent general election in 2010, new parliamentary boundaries came into effect in Warwickshire, moving from five to six constituencies: North Warwickshire; Nuneaton; Rugby; Kenilworth and Southam; Warwick and Leamington and Stratford-on-Avon.

Current Population

The latest estimates¹, for mid-year 2010, suggest Warwickshire is home to 536,000 people. Warwickshire's population has been growing for the past four decades and the county is now home to 78,000 (17%) more people than at the start of the 1970s. Growth has been particularly rapid in recent years, with continued in-migration from the urban areas of Coventry and Birmingham a key factor behind this trend. However, growth has not been consistent across Warwickshire's five districts. From the 2010 mid-year population estimates, the combined population of Rugby Borough and South

¹ Population is only measured at ten year intervals, by means of the Census. In intervening years, the Office for National Statistics makes estimations of population development.

Warwickshire (Stratford-on-Avon and Warwick Districts) was estimated to have increased by 8.3% since the 2001 Census, compared to 1.7% in North Warwickshire and Nuneaton and Bedworth Boroughs combined.

Population change, 1971-2010

Population ('000s)						Change	Change
	1971	1981	1991	2001	2010	1971 – 2001	2001 – 2010
North Warwickshire	58.4	60.0	61.0	61.8	61.9	6.0%	0.2%
Nuneaton & Bedworth	107.9	113.9	117.5	119.2	122.2	13.1%	2.5%
Rugby	84.5	87.5	85.0	87.5	94.2	10.4%	7.7%
Stratford-on-Avon	95.6	100.7	105.4	111.5	119.0	24.4%	6.7%
Warwick	111.7	115.5	118.1	126.1	138.8	24.4%	10.1%
Warwickshire	458.1	477.2	487.1	506.2	536.0	16.8%	5.9%
Coventry	339	319	304	303	316	-7.7%	4.3%
Solihull	192	199	200	200	206	6.9%	3.0%
West Midlands	5,146	5,186	5,230	5,281	5,455	5.5%	3.3%
UK	55,928	56,357	57,439	59,113	62,261	10.5%	5.3%

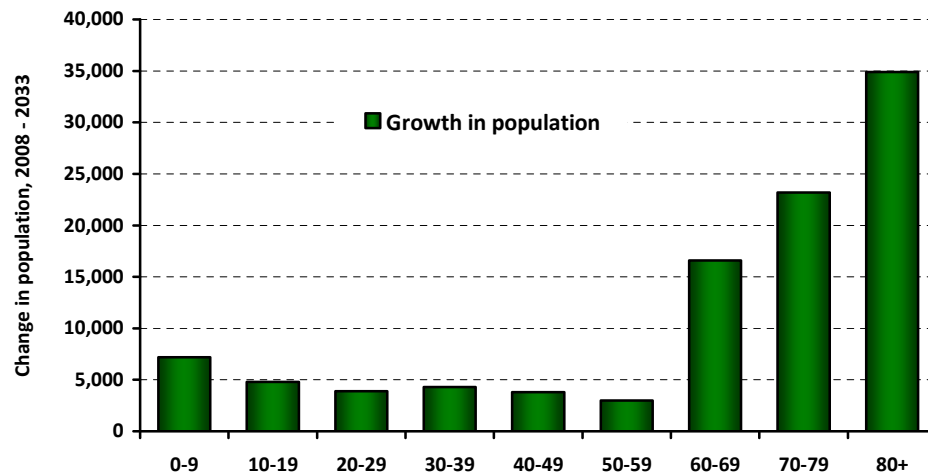
Source: National Statistics (www.statistics.gov.uk) © Crown Copyright 2010.

The population of Warwickshire is projected to reach a total of 634,900 by 2033 – an increase of 101,700 people or 19.1% on the 2008 ONS mid-year estimate. This increase over the 25 year period is higher than the projected regional and national population growth rates of 14% and 18% respectively.

Within Warwickshire, the south of the county is expected to experience the highest rates of population growth. Growth will continue to be most rapid in Warwick District with an overall increase of 24.7% between 2008 and 2033, bringing the total population in the district to 172,400.

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 oldest age group (those aged 85 and over) projected to almost treble in size (from 12,000 to 35,000) by 2033. This trend is reflected across all the Districts and Boroughs.

Projected population change in Warwickshire by age group, 2008-2033

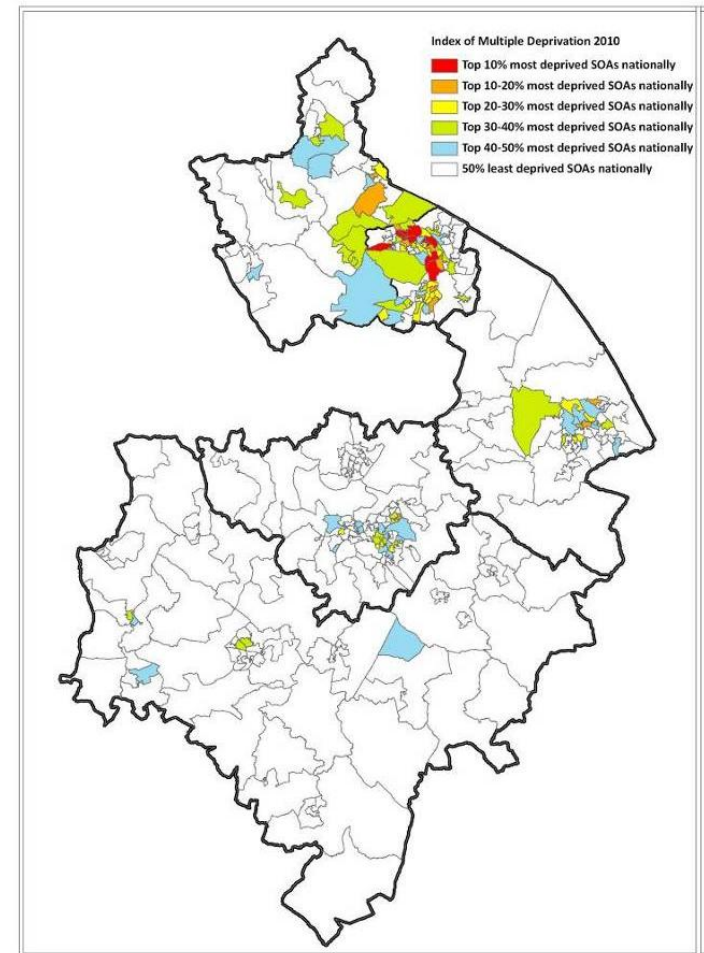


Source: 2008-based Sub-National Population Projections, National Statistics (www.statistics.gov.uk) © Crown Copyright 2010.

Deprivation

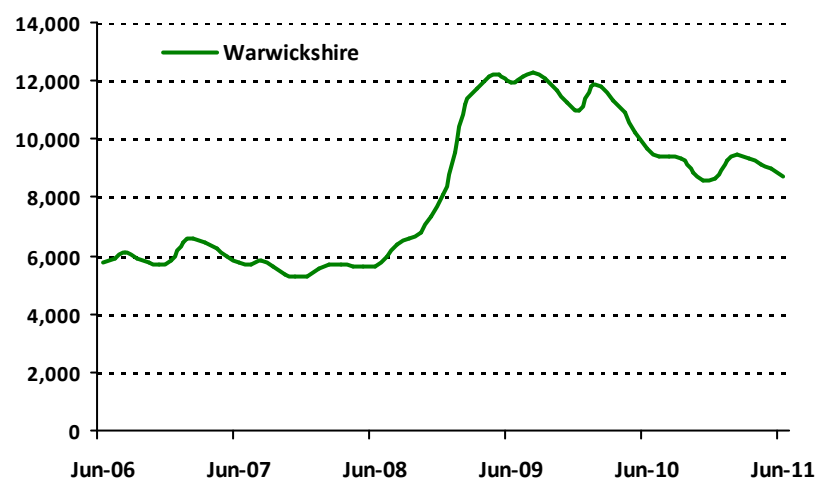
Nuneaton & Bedworth has the highest levels of deprivation in the county. The Borough ranks as the 108th most deprived Local Authority District (out of 326), and falls within the top third most deprived Local Authority Districts in England. Stratford-on-Avon District is the least deprived in Warwickshire with a national rank of 278th.

With data available for Lower Layer Super Output Areas, it is possible to identify pockets of high deprivation that may otherwise be hidden at a local authority district level. There are nine SOAs in Warwickshire ranked within the top 10% most deprived SOAs nationally on the overall Index of Multiple Deprivation in 2010. These are all located within Nuneaton & Bedworth Borough. This compares with six SOAs in IMD 2007.



Unemployment

The Job Seekers' Allowance (JSA) claimant count level in June 2011 was 8,736 in Warwickshire; a rate of 2.6% of the resident working age population. This represents a fall of 242 claimants or -2.7% from the previous month. The claimant rates during the same period were 3.7% across the United Kingdom and 4.6% across the West Midlands.



Mosaic

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. 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. The table presents the distribution

of Warwickshire's households across the Groups, and clearly illustrates the county's diversity.

Mosaic Groups 2010

Percentage of households in Mosaic Groups		Warwickshire
Total All Groups		237,829
A - Residents of isolated rural communities		4.7%
B - Residents of small and mid-sized towns with strong local roots		11.4%
C - Wealthy people living in the most sought after neighbourhoods		4.5%
D - Successful professionals living in suburban or semi-rural homes		15.3%
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		5.9%
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		6.6%
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		1.6%
O - Families in low-rise social housing with high levels of benefit need		2.5%

Source: Experian, Warwickshire Observatory, 2010

3.0 The Current Picture

3.1 Adult Drinking Population

According to the Office for National Statistics' mid-2010 population estimates there are 424,762 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.

	Percentage of Total	Number in Warwickshire
Adult Population	100%	424,762
Adults drinking above low risk levels	26.2%	111,288
Adults drinking at harmful levels	5.3%	22,512
Adults dependent on alcohol	3.6%	15,291

Source: Office for National Statistics mid year 2010 population estimates, Alcohol Learning Centre – Rush Model

Drinking Behaviour

A report titled 'Topography of Drinking Behaviours in England' (2011) has been published by the Department of Health and the North West Public Health Observatory. It presents new synthetic estimates of increasing risk

drinkers and higher risk drinkers at local authority level and also includes for the first time, estimates of the number of abstainers and lower risk drinkers. The table shows the estimates of reported drinking habits by district and borough.

There is little difference across the districts and boroughs of Warwickshire. Nuneaton and Bedworth Borough has the highest level of estimated abstainers of alcohol and the highest level of lower risk drinkers. Comparatively, North Warwickshire Borough has the lowest level of abstainers from alcohol and the highest level of increasing risk drinkers. Stratford District has the highest proportion of high risk drinkers.

Estimates of Reported Drinking Habits – Split by District/Borough 2011

District/Borough	Abstainers	Lower	Increasing	Higher
North Warwickshire	13.0%	63.1%	18.8%	5.0%
Nuneaton & Bedworth	15.7%	64.9%	14.0%	5.4%
Rugby	12.5%	63.9%	18.1%	5.5%
Stratford	14.0%	62.8%	16.8%	6.4%
Warwick	14.3%	62.9%	17.9%	4.9%
West Midlands	17.3%	63.5%	14.9%	4.3%

Source: Topography of Drinking Behaviours in England, 2011

This assessment has used the data further to compare Warwickshire districts and boroughs to fourteen authorities in their most similar family groups (as defined by IQanta). Each of the Warwickshire districts and boroughs rank between 2nd and 3rd for the highest level of abstainers, where 1st is the best performing. The authorities within Warwickshire's most similar family groups

reporting the highest levels of abstainers of alcohol are Wyre Forest (West Mercia), Havering (Metropolitan) and Bedford (Bedfordshire).

In relation to high risk drinkers, each of the districts and boroughs rank between 4th and 8th place amongst their most similar family groups, where 1st is the best performing. Stratford District ranks 8th with 6.4% of people believed to be high risk drinkers. The authorities within Warwickshire's most similar family groups reporting the highest level of high risk drinkers are Fylde (Lancashire), Wyre (Lancashire) and Havering (Metropolitan).

For the category of increasing risk drinkers, Warwickshire districts and boroughs rank between 2nd to 9th place amongst their most similar family groups, where 1st is the best performing. Warwick District reports the worst performance in relation to its family group, in 9th place. The authorities within Warwickshire's most similar family groups reporting the highest level of increasing risk drinkers are all in Lancashire (Wyre, Fylde and South Ribble).

District/Borough Rankings - Estimates of Reported Drinking Habits 2011

Ranking based upon IQuanta most similar family groups (1 – 15 where 1 is best, 15 is worst)

District/Borough	Abstainers (Rank)	Lower (Rank)	Increasing (Rank)	Higher (Rank)
North Warwickshire	2 nd	9 th	6 th	5 th
Nuneaton & Bedworth	3 rd	6 th	2 nd	6 th
Rugby	3 rd	6 th	5 th	7 th
Stratford	3 rd	8 th	6 th	8 th
Warwick	2 nd	7 th	9 th	4 th

Source: *Topography of Drinking Behaviours in England, 2011*

Stratford has the lowest levels of deprivation in the county, but the largest proportion of higher risk drinkers. It is therefore possible that those drinking at potentially harmful levels are professionals using alcohol to unwind at the end of the working day. Partnership key messages about alcohol were agreed by the Drugs and Alcohol Management Group in July 2011, and working professionals are one of the groups towards whom these messages will need be promoted during 2012.

Recommendation

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.

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). The estimates shown below were produced for the Association of Public Health Observatories. Using this definition, figures from the Local Alcohol Profiles (2007/8) show that one fifth of adults (aged 16 and over) in Warwickshire reported engaging in binge drinking (22.4%). This can be compared to a regional average of 18.8% of which Warwickshire is the joint highest worst performer for this measure alongside Stoke on Trent (22.4%). The area in the West Midlands reporting the lowest level of binge drinking is Walsall at 14.9%.

In Warwickshire, the areas reporting the highest levels of binge drinking are Rugby and North Warwickshire Boroughs. Rugby Borough reported 24.7% for the level of binge drinking and North Warwickshire recorded 24.5%. Nuneaton and Bedworth Borough reported the lowest level, which by comparison is 20.5%. This mirrors the findings within the Topography of Drinking Behaviours report, which estimates that Nuneaton and Bedworth Borough has the highest levels of abstainers from alcohol and lower risk drinkers in the county.

Consultation in Warwickshire

Warwickshire County Council conducted a Citizens' Panel Wave in November 2007 entitled 'Healthy Lifestyles'. In this consultation the questionnaire was distributed to all 1,042 members of the panel with a 54% response rate.

One of the questions was in relation to how much alcohol they drink in an average week. Although now a little outdated, the results showed that 9% of male respondents were exceeding the recommended weekly limit of 28 units and 5% of females were exceeding the recommended weekly limit of 21 units. For both males and females, the middle age group (45-64 year olds) were most likely to be exceeding the recommended limits.

3.2 Treatment Services

Until 30th November 2011, Swanswell provided the majority of community based alcohol treatment services in Warwickshire. They had bases in Rugby, Nuneaton and Leamington and also provided outreach around the county, largely within GP and Healthcare centres.

An Alcohol Arrest Referral Service was provided by Addaction and operated out of the two custody suites in the county (Nuneaton and Leamington). This service offered advice to individuals who had been in custody, and referrals into treatment as appropriate.

Tier 4 inpatient assessment, detoxification and stabilisation were available for alcohol users in Warwickshire (and the surrounding areas) at Woodleigh Beeches, based at Warwick Hospital and run by Coventry and Warwickshire Partnership Trust.

Following a competitive tendering process, The Recovery Partnership won the contract to provide support and recovery focused treatment for people affected by drug and alcohol misuse across Coventry and Warwickshire from 1st December 2011. This new service replaces the previous community, arrest referral and inpatient detoxification provision across the two areas.

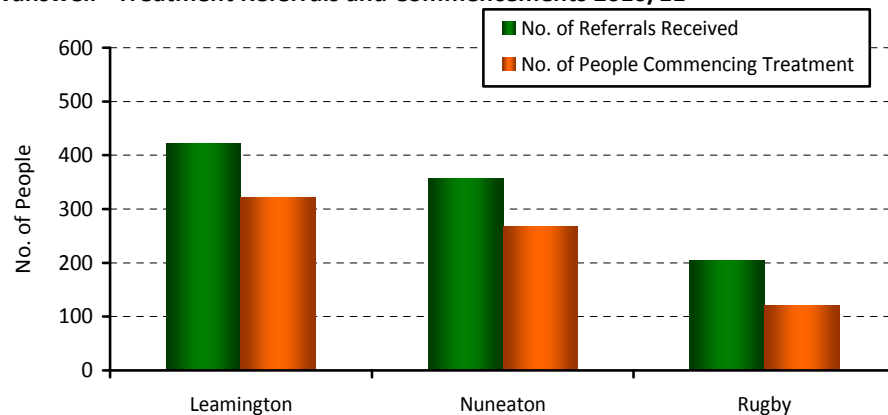
There are no residential rehabilitation centres in Warwickshire so clients go out of the county to access this treatment. Applications for funding are made via treatment providers and assessed by a Residential Rehabilitation Funding Panel, co-chaired by Commissioners from the Warwickshire Drug and Alcohol Action Team and 'People' Group at Warwickshire County Council.

Work is underway to replace the current spot purchase arrangements for residential rehabilitation with more formalised provision, potentially through a framework agreement.

Community Alcohol Services

Swanswell received a total of 1,384 referrals in 2010/11 and 957 people commenced treatment. These referrals were from a variety of sources with the most common referral sources being 'Self' (505 referrals), 'Self/GP' (121 referrals), 'Probation' (95 referrals) and 'GP' (70 referrals). The commencements figure represents an increase of 10% on 2009/10 figures (870). The chart below shows the split by area.

Swanswell - Treatment Referrals and Commencements 2010/11



Source: Swanswell Full Year Report 2010/11

Swanswell reported a total of 969 closures in 2010/11. Of these closures:

- 571 closures (59%) were recorded as treatment completed, either alcohol free or as an occasional user. This is a 27 percentage points

increase on 2009/10 where 32% of closures were recorded as treatment completed, either alcohol free or as an occasional user.

- 298 (31%) closures were recorded as incomplete because the client declined treatment, dropped out, was retained in custody, died or the treatment provision was withdrawn.
- 33 cases were closed and transferred to another treatment provider.

Alcohol Treatment Requirements

During 2010/11, Swanswell worked with Warwickshire Probation Trust to provide Alcohol Treatment Requirements (ATRs). An ATR can be imposed by the courts as a requirement of a Community Order. The court does not have to be satisfied that the offender's dependency on alcohol caused or contributed to the offence for which they have been convicted to impose the ATR. However, they must be satisfied that the offender is dependent on alcohol and has expressed a willingness to comply with the treatment requirements of the order.

In 2010/11, 61 people commenced ATRs in Warwickshire and 35 completed ATRs in the period (against a completion target of 25). Further analysis reveals that:

- 69% completed with reduced alcohol use.
- 31% completed with the same alcohol use.
- 0% had increased alcohol use.

Treatment Statistics

The National Treatment Agency (NTA) for substance misuse has released final quarter figures up to March 2011. This covers everyone in treatment for alcohol in Warwickshire during 2010/11 (not just those with Swanswell but people referred straight to Woodleigh Beeches from other sources, such as a GP).

At March 2011, there were 1,131 clients in treatment in Warwickshire where alcohol was their primary drug. There were 783 new presentations to treatment during the year, which represents 69.2% of the total treatment population. This is higher than the equivalent regional (67.3%) and national (63.9%) figures. These figures differ to those reported by Swanswell as the NTA count the number of clients, whereas Swanswell count commencements and will count people more than once if they commence treatment two or more times in a year. Of the 808 clients that exited treatment in Warwickshire in 2010/11, 63% (or 510 clients) completed their treatment and were discharged. This compares favourably with the regional (54%) and national (56%) figures for the quarter.

3.3 Health

Alcohol Related Hospital Admissions

The headline indicator used to assess performance in reducing alcohol related harm is alcohol related hospital admissions (formerly National Indicator 39). Figures produced by the North West Public Health Observatory show that the rate of admissions in Warwickshire has increased year on year since 2002/03, rising from 689 per 100,000 residents in 2002/03 to 1,693 per 100,000 in 2010/11 (provisional data).

The rate of increase in Warwickshire when comparing 2010/11 figures to those for 2009/10 was 8%. This was consistent with increases seen across the West Midlands and England as a whole. Although the admissions rate has continued to increase, the rate of increase has slowed slightly, from 10% in 2009/10 to 8% in 2010/11.

Within the county, the rate of increase was highest in Warwick District (12%). North Warwickshire Borough saw a very slight reduction in the rate of admissions.

Alcohol Related Hospital Admissions – Provisional Data

Percentage Change Information (rates per 100,000 population)

Area	2009/10	2010/11	% Change
North Warwickshire	1,541	1,534	0%
Nuneaton & Bedworth	1,807	1,935	7%
Rugby	1,704	1,867	10%
Stratford	1,376	1,519	10%
Warwick	1,449	1,627	12%
Warwickshire	1,562	1,693	8%
West Midlands	1,774	1,910	8%
England	1,743	1,884	8%

Source: North West Public Health Observatory

The analysis in section 3.1 above shows that Nuneaton and Bedworth Borough has the lowest reported level of binge drinking in the county and the highest levels of abstainers from alcohol and lower risk drinkers. However, this Borough also has the highest rate of hospital admissions related to alcohol. Further analysis would be required to fully understand this, but it may suggest that those individuals who are engaged in higher risk

drinking in Nuneaton and Bedworth are doing so at very high levels, leading to longer term health problems. 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. This trend will be monitored in future needs assessments to enable appropriate action to be taken.

Alcohol Attributable Hospital Admissions

As part of the alcohol needs assessment, Warwickshire's Public Health Intelligence Team have provided data on hospital admissions for those aged 18 years and over for admissions that were 100% attributable to alcohol for the last three years from 2008/9 to 2010/11.

Whilst the North West Public Health Observatory information shown above includes data (based on attributable fractions) for all hospital admissions where alcohol had some impact, this section of the assessment focuses on those conditions where alcohol is causally implicated in *all* cases of the condition; for example, alcohol-induced behavioural disorders and alcoholic liver cirrhosis.

The following table highlights that the number of alcohol attributable hospital admissions over the past three years is highest for those aged between 35 - 64 years, accounting for over three in five (65%) admissions in Warwickshire over the period. The table also shows the age groups that have an index value of over 100 and have a greater propensity to be admitted to hospital for an alcohol attributable condition. Those groups that have an index value of below 100 are less likely to be admitted for an alcohol-related condition.

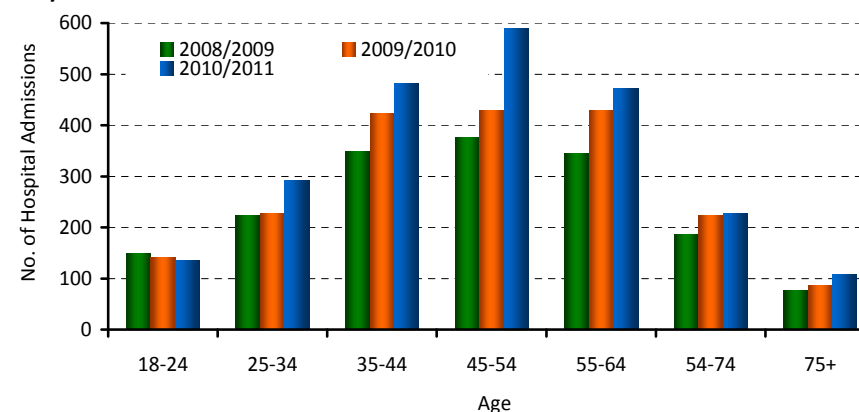
Warwickshire 18+ Alcohol Attributable Admissions for the period 2008/9– 2010/11

Age	2008/2009	2009/2010	2010/2011	2008/9–2010/11	% Total	Age gp as proportion of Wks Popul.	Index
18-24	149	142	135	426	7.1%	10.2%	70
25-34	223	227	291	741	12.4%	14.3%	87
35-44	348	423	482	1,253	21.0%	17.9%	117
45-54	376	430	590	1,396	23.4%	18.1%	129
55-64	345	430	471	1,246	20.9%	16.5%	127
65-74	188	224	228	640	10.7%	12.5%	86
75+	76	87	108	271	4.5%	10.6%	42
Total	1,705	1,963	2,305	5,973	100.0%	100.0%	

Source: Warwickshire Public Health Intelligence Team, Warwickshire PCT
Pop: Population

In all age groups, except those aged 18-24 years, alcohol attributable admissions have risen over the past year. This is particularly striking when looking at those aged 45-54 years old who have seen a 37% rise over the past year alone, and a 57% rise from 2008/9 to 2010/11.

Alcohol Attributable Admissions, Aged 18 and over for the period 2008/9 – 2010/11



Source: Warwickshire Public Health Intelligence Team, Warwickshire PCT

We were also provided with alcohol attributable admissions at ward level for the past three years and the table below highlights the five wards with the highest levels of admissions over the period.

Alcohol Attributable Admissions by ward for the period 2008/9 – 2010/11

Ward	District/Borough	Alcohol Attributable Admissions
Newbold	Rugby	214
Abbey	Nuneaton & Bedworth	203
Warwick West	Warwick	187
Wembrook	Nuneaton & Bedworth	157
Brunswick	Warwick	152

Source: Warwickshire Public Health Intelligence Team, Warwickshire PCT

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 2010/11. The number of adult presentations was as follows:

- George Eliot Hospital, Nuneaton – 895
- Warwick Hospital – 508
- University Hospitals Coventry and Warwickshire (Rugby site) – 154.

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 assault database has been present in Warwickshire A&E departments for several years now, although it is currently only being utilised by University Hospital Coventry and Warwickshire (Rugby St. Cross). The assault database is an incident reporting system which includes an Access database and training manuals for use by A&E department staff. The database 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. It was originally put in place to tackle the information gap that exists where people that attend A&E as a victim of a violent assault do not report 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 capture whether the assailant had been drinking alcohol at the time the assault took place. The recent 'Rugby A&E Assault Database Quarterly Update' report reveals that, for the period of April to June 2011, of the 43 Rugby Borough assault victims that presented at A&E, 47% (20) can be directly linked to alcohol where the victim has admitted they had been drinking at the time of the attack. Please note that this does not mean that the victim was intoxicated at the time of the assault.

The report also reveals that 30% (6) of the alcohol related assault victims advised they were attacked inside named licensed premises. A further 35% (7) of the alcohol related assault victims advised they were attacked 'on the street'.

Source: Rugby A&E Assault Database Quarterly Update – April to June 2011 (Warwickshire Observatory)

3.4 Crime & Disorder, Fire and Enforcement

Crime

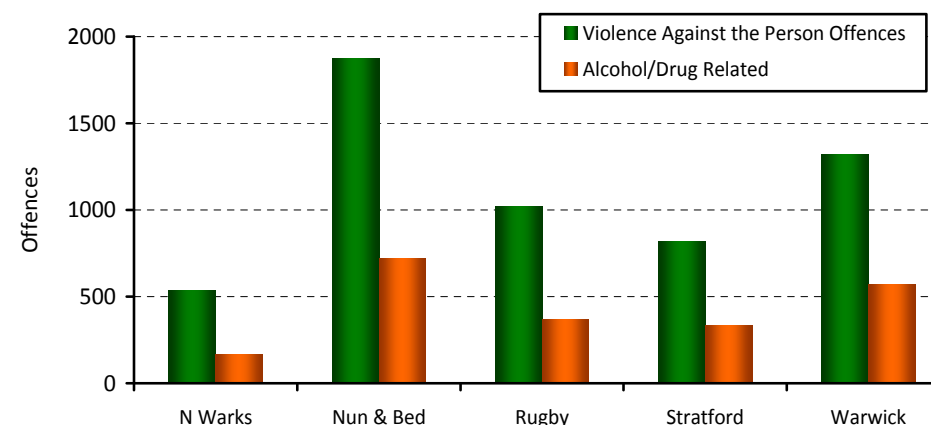
Of the crime recorded in Warwickshire, approximately 9% is linked to alcohol and drugs of which the majority are violent crime and harassment offences.

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 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 2010 to June 2011 there were 5,564 violence against the person offences recorded by police in Warwickshire, with 39% flagged as alcohol/drug related. This figure is largely unchanged since the last needs assessment where 40% of violence against the person offences were flagged as alcohol/drug related (April 2009 to March 2010 figures).

The following chart shows that the highest volume of violence against the person offences were recorded in Nuneaton and Bedworth Borough, however the highest proportion of violence against the person offences that were alcohol/drug related occurred within Warwick District (43%). This can be compared to North Warwickshire Borough where the lowest proportion of violence against the person offences that were alcohol/drug related (31%) were reported.

Violence Against the Person Offences with an alcohol/drugs flag – July 2010 to June 2011, split by district/borough



Source: Crime Information System, Warwickshire Police

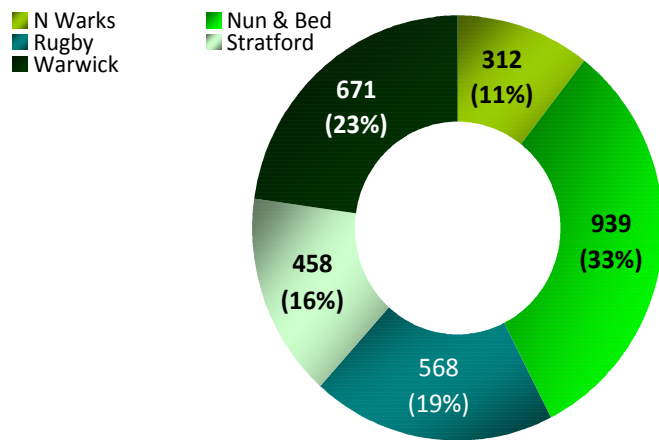
As well as having the highest volume of alcohol/drug related violence against the person offences, Nuneaton and Bedworth Borough also had the highest rate of offences at 5.9 per thousand population. The lowest rate of offences (2.7 per thousand population) was seen in the area that also had the lowest volume of offences, North Warwickshire Borough. The overall rate for the county was 4 alcohol/drug related violence offences per thousand population.

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/borough level. 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 7.7 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 below shows that Nuneaton and Bedworth Borough (33%) has the highest level of alcohol attributed recorded crime in Warwickshire. Warwick District follows with 23% and Rugby Borough 19%.

Number of Alcohol Attributed Recorded Crimes – April 2010 to March 2011, split by district/borough



Source: Local Alcohol Profiles, North West Public Health Observatory

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 but are not able to determine which may be either alcohol or drug related. The FPN's have an 'alcohol/drug' marker which combine the two.

In the twelve month period July 2010 to June 2011, 466 FPNs were issued in Warwickshire of which 30% (139) were alcohol/drug related. This has reduced by over one third when compared to the alcohol/drug related FPN's issued in the period April 2009 to March 2010.

Of the types of offences that alcohol/drug related FPNs have been issued for, the top three are listed below:

- Public fear, alarm and distress (48%)
- Possession of drugs – Cannabis (28%)
- Shoplifting (11%)

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

Anti-Social Behaviour

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'.

For the purposes of the assessment, this is the last time that we can feature ASB incidents broken down into fifteen different categories. April 2011 has seen a change to the Police incident reporting system and there will now only be three categories available. However, for the purposes of this assessment we can still focus on the fifteen categories, allowing us to report on levels of 'street drinking' as a category of anti-social behaviour.

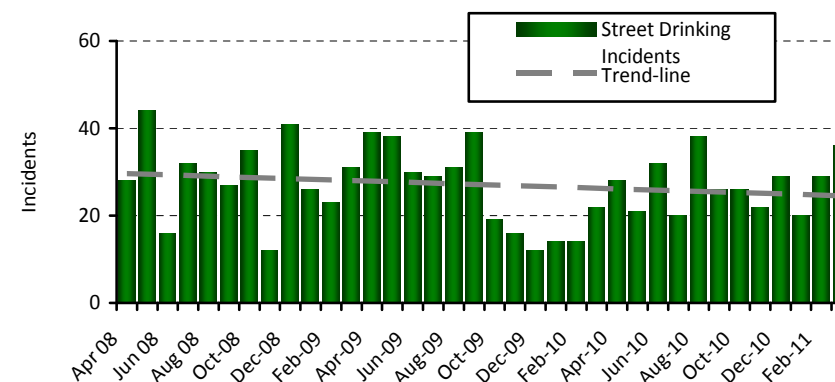
ASB incidents reported to Warwickshire Police reduced by 1.4% when comparing the period April 2010 to March 2011 to the corresponding period of 2009/10. There are on average 70 reports of ASB per day in Warwickshire.

'Street drinking' sits as a category beneath the greater ASB code and can be used to give an idea of how many incidents are directly linked to alcohol. It is important to note here that many of the calls categorised as 'Rowdy/Nuisance behaviour' (the largest proportion of the ASB calls to Police) may also be alcohol related but this cannot always be determined based upon the available information at the time of the call.

Last year's needs assessment reported a reduction in the number of street drinking incidents in Warwickshire but for the most recent period of April 2010 to March 2011, levels have increased again. Looking at a three year trend, shown on the chart below, levels have been reducing.

The chart reveals that the level of recorded street drinking incidents has reduced by 5% when comparing the period April 2010 to March 2011 to the corresponding period of 2008/9.

Street Drinking ASB Incidents – April 2008 March 2011



Source: STORM Incident System, Warwickshire Police

Interesting figures emerge when breaking this down to a district and borough level. Stratford and Warwick Districts have seen the largest changes over the three year period in relation to the proportion of street drinking incidents that have been reported. North Warwickshire Borough, Nuneaton and Bedworth Borough and Rugby Borough have all seen little change (between zero to four percent).

Warwick District has seen the largest increase in the proportion of street drinking incidents. In the period April 2008 to March 2009, 29% of the total incidents reported in Warwickshire were in Warwick District. By 2010/11 this had increased to 37%. Stratford District, however, saw the opposite and saw a reduction in the proportion of street drinking incidents reported. In the period April 2008 to March 2009, 21% of the total incidents reported in Warwickshire were in Stratford District, this reduced to 15% in 2010/11. Further investigation may be required to understand whether these statistics reflect a change in reporting patterns to the Police or a real change in street drinking behaviour across the two areas.

Recommendation

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.

Warwickshire County Council conducted a Citizens' Panel Wave in February 2008 which also included some questions around alcohol use. The questionnaire was distributed to 1,031 members of the panel with a 55% response rate. Respondents were asked how much of a problem a number of alcohol related issues are in their local town centre.

The table below shows the results split by district and borough. The highest figure is for the percentage of respondents that believe 'noise and disturbance in the streets being fuelled by alcohol' is a problem in their local town centre (59%). Rugby Borough and Nuneaton and Bedworth Borough saw the highest levels for all three alcohol related issues with respondents feeling that people driving under the influence of alcohol, violence being fuelled by alcohol and also noise and disturbance in the streets being fuelled by alcohol are all a problem in their town centres.

Percentage of respondents who believe alcohol and drug issues are a problem in their local town centre, by district/borough

Question	NW	N&B	RUG	STR	WAR	WKS
People driving while under the influence of alcohol	38%	59%	62%	34%	39%	45%
Violence in the streets / neighbourhood fuelled by alcohol	44%	65%	70%	46%	47%	53%

Question	NW	N&B	RUG	STR	WAR	WKS
Noise and disturbance in the streets fuelled by alcohol	51%	73%	71%	48%	56%	59%

Source: Citizens' Panel Wave Results – February 2008

Accidental Dwelling Fires

Accidental dwelling fires (ADFs), reported to Warwickshire Fire and Rescue Service, 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.

Overall, Warwickshire has seen a 13.5% reduction in the number of ADFs reported when comparing the period January to December 2010 to the same period of 2009. Warwickshire Fire and Rescue Service attended 455 ADFs in Warwickshire over the two year period of 1st January 2009 to 31st December 2010.

The Warwickshire Fire and Rescue Strategic Assessment for 2011/12 conducted analysis into the area of drugs and alcohol. The assessment reveals that in Warwickshire, 31 ADF incidents were recorded as suspected 'Drink/Drug' related over the two year period. At district and borough level, 26% of these drink/drug related incidents occurred in Warwick District, 26% in Nuneaton and Bedworth Borough, 26% in Rugby Borough, 16% in Stratford District and 6% in North Warwickshire Borough.

It is important to note 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. Tackling alcohol and drug related ADFs is considered to be a key aim in assisting the reduction of the most serious accidental dwelling fires in Warwickshire.

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 being more likely to purchase alcohol locally from shops and off-licences instead of going into the 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.

The Warwickshire Drug and Alcohol Action Team have been working closely with Warwickshire Fire and Rescue Service to produce a 'Reducing Fire-Related Risk' protocol. The document recognises that alcohol is a key driver in accidental dwelling fires and as a result, alcohol has now been identified as a cross cutting issue for Warwickshire Fire and Rescue Service. Alcohol underpins many incidents relating to accidental dwelling fires, deliberate small fires and road traffic collisions.

For more information, see the document titled 'Reducing Fire-Related Risk Warwickshire Protocol 2009/10'.

3.5 Wraparound and Recovery Services

Alcohol and Domestic Abuse

Until 30th November 2011, Swanswell also provided a specialist service for victims and perpetrators of domestic abuse where alcohol was a factor. Information on this provision for 2010/11 is shown in the table below.

	Victims	Perpetrators
Number commencing treatment	60	85
Number retained for 6 weeks or more	37	52
Number completing treatment	72	111

Source: Swanswell – Full Year Report 2010/11

The number of victims and perpetrators that Swanswell dealt with in 2010/11 reduced when compared to 2009/10 figures. For victims, in 2009/10, 98 commenced treatment with Swanswell and in 2010/11 this had reduced to 60 victims. For perpetrators, in 2009/10 144 commenced treatment and in 2010/11 this had reduced to 85.

In 2009/10, 33% (19/58) of victims and 47% (41/88) of perpetrators completed with a reduced christo score, this is a way of measuring treatment effectiveness. By 2010/11, 49% (35/72) of victims and 61% (68/111) of perpetrators completed with a reduced christo score. So for both victims and perpetrators, the number completing treatment and their outcomes improved when comparing 2010/11 to 2009/10.

Alcohol Arrest Referral Service

Arrest referral services in Warwickshire (for both drugs and alcohol) were provided by Addaction. Workers were based in the two custody suites across the county and offered advice and referrals into treatment as appropriate. The table shows the 2010/11 performance for the alcohol arrest referral service and compares this with data from 2009/10.

Outcome	Number 2009/10	Number 2010/11
Number of PACE (Police and Criminal Evidence Act) arrests	8,475	8,040
Number offered service	2,836	2,219
People given info and advice	376	198
Number assessed	138	150
Number offered treatment	138	148
Number accepted treatment and referred to Community Alcohol Service	89	83
Number referred to prison CARAT teams – out of area	15	4
Number who did not engage with treatment at the time	43	52

Source: Addaction

The table shows that although the number of PACE arrests and consequently the number of clients fell in 2010/11, there were still increases in the number of people assessed by the workers and offered treatment.

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

Housing and Employment

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

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.

Currently, in Warwickshire, the majority of housing related support services for offenders and substance misusers is provided by floating support. Floating support accounts for 69.3% of the total housing related support provided by Warwickshire.

Client record data shows that, in 2010/11, 13 new service users entered floating support services for people with alcohol problems (compared to 43 in 2009/10). Supporting People advise that this data is inconsistent with other data available about this service and should therefore be treated with caution.

The data shows that the majority of referrals were for the 40 to 49 and 50 to 59 age bands and predominantly from male clients. Where ethnicity was recorded, 92% of service users were White British. Although the numbers of new clients in the service significantly decreased for 2010-2011, the age and gender demographic was similar to 2009-2010.

Supporting People does not commission any accommodation-based services for people with a primary need of substance misuse problems in the county. There is, however, one single homeless accommodation-based service (based in Rugby Borough) that has a secondary client group of alcohol misuse. Other accommodation-based services will assess referrals on an individual basis and may accept people with substance misuse issues. However, direct access accommodation for service users with an immediate housing need is in very short supply.

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 July 2010 to June 2011, the teams in Warwickshire referred 62 clients to treatment that advised they had a problem with alcohol. 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. Of the 62 clients that were referred to an alcohol treatment provider, 29% were registered at the Nuneaton and Bedworth office, 29% at Stratford, 26% at Warwick, 8% at Rugby and 8% at the North Warwickshire office. These figures must however be treated with caution as even though clients were referred to treatment providers it does not mean that they actually commenced treatment.

Swanswell recorded just a single commencement following a referral from JCP in 2010/11. A joint working protocol between JCP and drug and alcohol treatment providers was implemented nationally in early 2011 and it is hoped that this will formalise referral routes and links between the agencies. By the time of the next needs assessment, data should be available to measure how successfully this protocol has been implemented in Warwickshire.

Further Support to Alcohol Users

Warwickshire currently offers support to alcohol service users and their friends and family through Voices 4 Choices and ESH Works. A process is underway to commission an integrated user and carer service and this service is due to commence on 1st April 2012.

Voices 4 Choices are currently operating in Warwickshire as a user led service set up for users and ex-service users of substance misuse and supporting people services. The purpose of the service is to encourage and enable people to become involved in the way alcohol and substance misuse services are planned, commissioned, delivered and evaluated. They also coordinate a peer mentoring scheme, enabling people in recovery to provide support to drug and alcohol treatment service users.

The Voices 4 Choices peer mentoring scheme was implemented in 2010/11. During its first year, the service provided training to enable 15 volunteers to become peer mentors. A total of 55 individuals were referred to the service for peer mentoring. Of these, 25% successfully completed drug or alcohol treatment, 22% were receiving ongoing mentoring (as at March 2011) and 20% were waiting to start on the scheme. The majority of early volunteers to

become peer mentors were in the south of the county, but this geographical split has become more balanced in recent months.

ESH Works is an independent not-for-profit Social Enterprise organisation providing care, support and involvement opportunities for those affected by alcohol, drugs or other dependencies in Warwickshire. They provide a range of services including running a number of support groups for family members and carers of those with drug and alcohol problems.

4.0 Mosaic Analysis

Mosaic is a tool for understanding household and customer types, and allocates every household in the Country to one of 69 categories. It is built from Experian's UK Consumer Dynamics Database and uses a total of 400 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. Mosaic can be joined to customer/patient data to add value and help develop a stronger understanding of residents' behaviours, needs and preferences.

Alcohol misuse has health and social consequences borne by individuals, their families and the wider community. This analysis is intended to inform and support local alcohol policies by providing a greater understanding of people admitted to hospital with alcohol attributable conditions. For the purposes of this analysis, we have used inpatient admissions for diagnoses with high and entirely alcohol attributable fractions (an alcohol-attributable fraction of 0.5 or above). Therefore, alcohol is casually implicated in 50% or more of the condition; for example, this may include hypertensive diseases, various cancers and falls.

NHS Warwickshire Caldicott Guardian approval was required due to the need to use patient identifiable address data in the initial stages of this piece of work. Detailed address level information was needed to accurately join a Mosaic group and type to each individual record. This matching exercise was carried out within the NHS Warwickshire Public Health Department to ensure patient confidentiality. This enabled a profile of the various socio-

demographic groups getting admitted for alcohol attributable conditions to be generated. Only this aggregated profile data was then passed on to the Observatory.

The data provided from Warwickshire PCT is for three full financial years (April – March 2008/09, 2009/10, 2010/11). The data relates to hospital admissions therefore, if someone re-entered treatment during the year they will be recorded twice (or three times etc.) and this will be reflected in the analysis below.

Of the 4,044 addresses provided, 2,993 were matched to Mosaic (74.5%) and the profile is shown below.

The table illustrates the *propensity* or likelihood for each Mosaic Group in Warwickshire to be admitted to hospital for alcohol attributable conditions, based on index values. An index value above 100 means that the Mosaic Group is more likely than 'average' to be admitted for an alcohol attributable condition, i.e. the percentage of existing alcohol-related admissions in this Group is more than the percentage in the overall Warwickshire population. Conversely, a value below 100 means that this Mosaic Group is less likely than 'average' to be admitted to hospital with an alcohol attributable condition. We can see that Mosaic Groups O and K have the highest propensity to be admitted to hospital for an alcohol-related condition (index values of 268 and 220). A Group O resident is over five times more likely to be admitted to hospital for an alcohol-related condition than a Group L resident.

Propensity to be admitted for alcohol related conditions

		Alcohol admissions %	Warks %	Index
A	A - Residents of isolated rural communities	2.3	4.7	49
B	B - Residents of small and mid-sized towns with strong local roots	11.5	11.4	101
C	C - Wealthy people living in the most sought after neighbourhoods	3.0	4.5	67
D	D - Successful professionals living in suburban or semi-rural homes	8.2	15.3	54
E	E - Middle income families living in moderate suburban semis	15.4	11.6	133
F	F - Couples with young children in comfortable modern housing	6.2	8.9	70
G	G - Young, well-educated city dwellers	2.9	4.5	64
H	H - Couples and young singles in small modern starter homes	4.2	5.9	71
I	I - Lower income workers in urban terraces in often diverse areas	7.3	4.5	162
J	J - Owner occupiers in older-style housing in ex-industrial areas	9.6	7.9	122
K	K - Residents with sufficient incomes in right-to-buy social houses	14.5	6.6	220
L	L - Active elderly people living in pleasant retirement locations	2.3	4.9	47
M	M - Elderly people reliant on state support	3.2	5.1	63
N	N - Young people renting flats in high density social housing	2.6	1.6	163
O	O - Families in low-rise social housing with high levels of benefit need	6.7	2.5	268

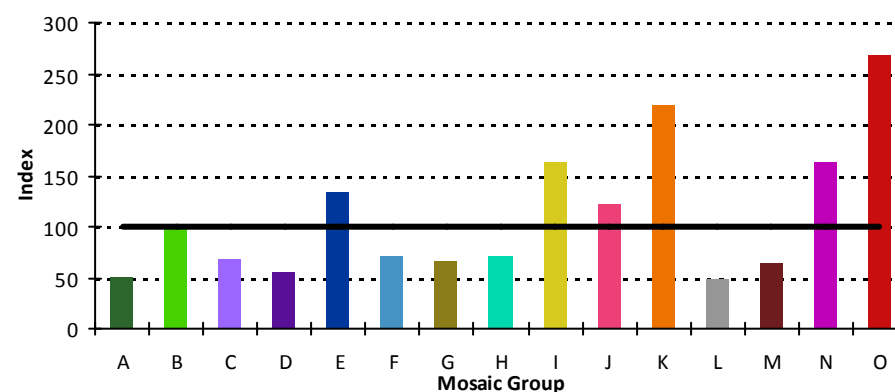
Source: Experian, 2010 (percentage figures may not sum due to rounding)

Targeting volume or risk?

There is a choice to be made whether to target volume in terms of the groups and types with the greatest number of people admitted to hospital or those most *at risk* of being admitted for alcohol-related conditions. With increasingly limited resources it seems sensible to target the most vulnerable.

The following chart shows those Mosaic groups that fall above the line and therefore have an index value of over 100 and have a greater propensity to be admitted to hospital for an alcohol attributable condition. Conversely, those groups that fall below the line are less likely to be admitted for an alcohol-related condition.

Chart showing the risk of being admitted to hospital with an alcohol-related condition by Mosaic Group



The benefit of the data being extracted at address level is that we can more accurately match it to the more detailed Mosaic Types as well as Groups. The table below shows the top five types in terms of the volume of alcohol related hospital admissions and the top five types for those most at risk of being admitted to hospital for alcohol related admissions.

VOLUME		RISK
K50, E21, K51, J47, B05	Types	O69, K50, K51, E20, O68
26%	% of alcohol-related admissions	18%
16%	% of all households	7%

Source: Mosaic 2010

In other words, by targeting just 7% of households in the county, we are likely to reach the 18% of the population in the groups most at risk of alcohol related hospital admissions.

Explanation of Groups

- O69 - Vulnerable young parents needing substantial state support
- K50 - Older families in low value housing in traditional industrial areas
- K51 - Often indebted families living in low rise estates
- E20 - Upwardly mobile South Asian families living in inter war suburbs
- O68 - Families with varied structures living on low rise social housing estates

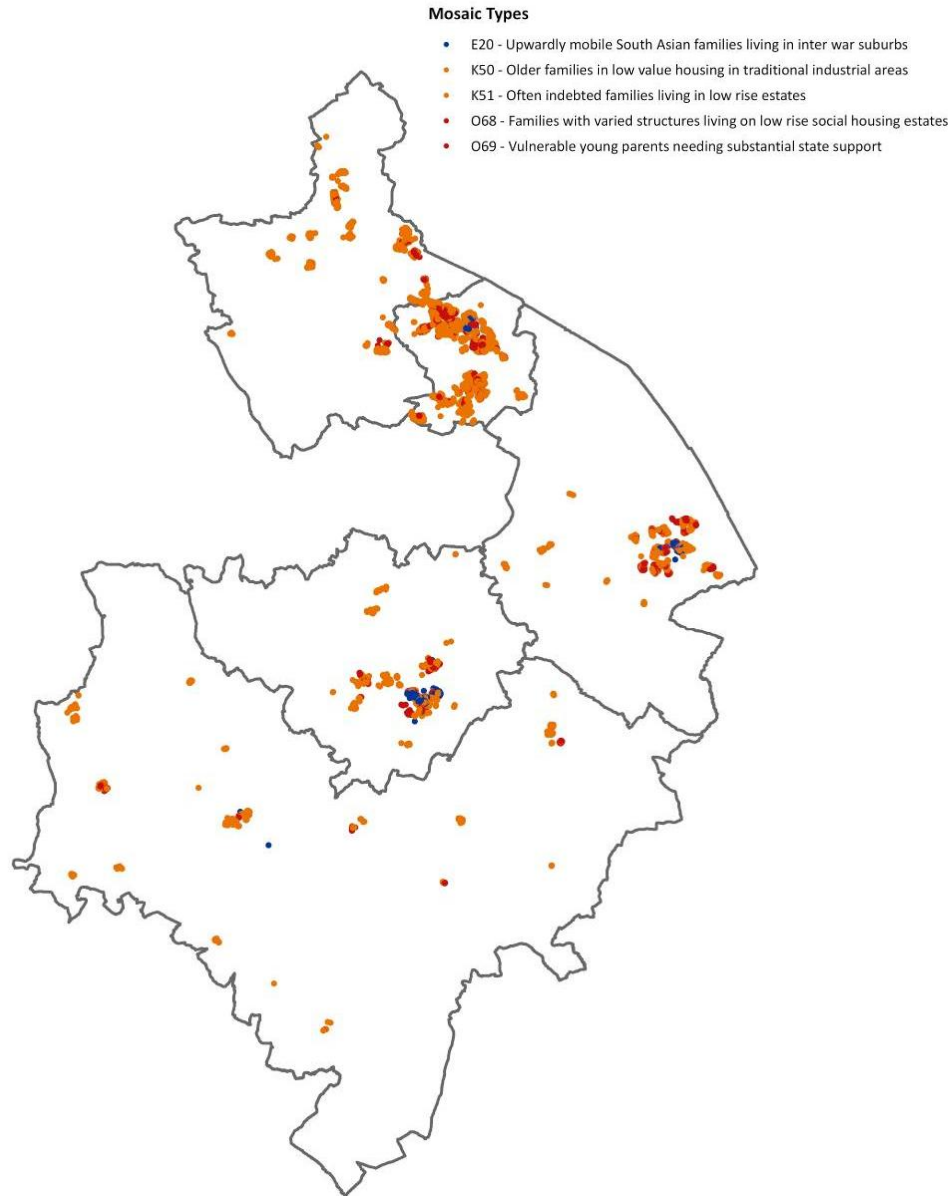
Table showing the top five wards with the highest number of households with the Mosaic types identified most 'at risk' of being admitted for alcohol-related conditions (Types O69, K50, K51, E20 and O68)

Ward	District/Borough	Number of potential 'at risk' households
Camp Hill	Nuneaton & Bedworth	1,368
Wembrook	Nuneaton & Bedworth	1,106
Heath	Nuneaton & Bedworth	788
Brunswick	Warwick	786
Bar Pool	Nuneaton & Bedworth	727

Analysis at a ward level may mask variation at a lower geographical level. The table below highlights the top five Super Output Areas (SOAs) which shows Brownsover South Lake District North SOA with 487 potential households to target.

Table showing the top five SOAs with the highest number of households with the Mosaic types identified most 'at risk' of being admitted for alcohol-related conditions (Types O69, K50, K51, E20 and O68)

SOA	District/Borough	Number of potential 'at risk' households
Brownsover South Lake District North	Rugby	487
Camp Hill Village Centre	Nuneaton & Bedworth	456
Camp Hill West & Quarry	Nuneaton & Bedworth	406
Bede East	Nuneaton & Bedworth	392
Middlemarch & Swimming Pool	Nuneaton & Bedworth	378



Communication Messages

The types of households that are most likely to be admitted for alcohol-related conditions are also the type of households that are most likely to have the following characteristics:

Council/housing association

Low household income

claim benefits

high levels of deprivation

Have children 0-4 years old

Low qualifications

Poor health – smoker, obesity, teenage pregnancy

Terraced

High expenditure on alcohol/tobacco/narcotics

The table below describes some of the characteristics of these patients and there are some emerging trends:

- Deprivation levels are high. This will mean there is likely to be some dependence on the public sector for services.
- In terms of engaging with people from these groups, there are some clear messages from the Mosaic data. Internet-based publicity would, generally, not be effective, neither would telephone or post communication in terms of service channels. The channel that would engage these residents is face-to-face communication.
- For the five target groups, the preference for accessing information (which is different to service delivery channels) is SMS text and national and local newspapers.

Summary Table for Five Target Mosaic Types

* Likelihood to self-serve when accessing services

Source: Mosaic 2010

Group		Life Stage	Deprivation	Connected to Internet	Likelihood to self-serve*	Receptive to...	Unreceptive to...
069	Vulnerable young parents needing substantial state support	Young people, single parents	High	Below average	Very low	Face-to-face	Internet, telephone, mobile phone, post
K50	Older families in low value housing in traditional industrial areas	Middle aged couples, older children	High	Below average	Very low	Face-to-face	Internet, telephone, mobile phone, post
K51	Often indebted families living in low rise estates	Large families	Above average	Average	Average	Face-to-face	Post
E20	Upwardly mobile South Asian families living in inter war suburbs	Large households, extended families	High	Average	Average	None significant	Mobile phone
068	Families with varied structures living on low rise social housing estates	Single parents, many children	High	Above average	Very low	Face-to-face	Internet, mobile phone, post

Recommendation

Warwickshire Drug and Alcohol Action Team to use the findings from the Mosaic analysis to work with partners to effectively target messages in relation to alcohol use and help raise awareness of the new treatment service.

5.0 Areas for Further Exploration

5.1 Consultation – Treatment Providers and their views on Recovery Needs

In July 2011, a survey was issued to all Warwickshire drug and alcohol treatment providers for completion by keyworkers and managers. This survey was primarily focused on identifying the housing and employment needs of drug and alcohol clients and closed with 29 respondents. The findings relating to responses for those members of staff working with alcohol clients (19 respondents) will be discussed further in this section.

Housing Needs

Providers were asked whether they work with clients that have housing needs and 95% advised 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.

Barrier	Number of Respondents	% of Total Respondents
Lack of affordable accommodation	14	78%
Clients don't know where to go for help in securing housing	11	61%
Attitudes of landlords/ housing providers	6	33%
Landlords/housing providers not accepting housing benefit	3	17%

Source: Treatment Provider Survey, Survey Monkey, August 2011

The lack of affordable accommodation came out as the main barrier that clients encounter when trying to secure stable accommodation. Over three-

quarters of respondents (78%) felt this was a problem. There were also further barriers highlighted by respondents in the survey which included clients:

- Having no finances to assist with a deposit to rent privately.
- Having significant debt to their name.
- Lacking skills to keep hold of accommodation.
- Not being stable enough to attend appointments.

Providers were also asked what type of housing their clients are most likely to be looking for. All clients are looking for council/social housing (100%) and two thirds are looking for supported housing (67%). Also, the majority of clients (94%) are looking to stay in the same geographical area with only one respondent advising they deal with clients looking to move to a different geographical area.

Employment Needs

Providers were asked whether they work with clients that are actively seeking employment and 95% of respondents advise that they do. They were also asked to comment on the barriers that clients face when attempting to seek employment. The table shows the main barriers and reveals that a lack of suitable vacancies is a key problem for clients. There is also an issue where the jobs available to clients are not in accessible locations and may not be reached easily by public transport.

Barrier	Number of Respondents	% of Total Respondents
Lack of suitable vacancies	15	83%
Jobs available are not in	12	67%

Barrier	Number of Respondents	% of Total Respondents
accessible locations		
Attitudes of employers	5	28%
Hours of jobs available do not fit with other commitments	2	11%

Source: Treatment Provider Survey, Survey Monkey, August 2011

Other comments that providers made regarding barriers to employment needs were that:

- The benefits system is too complex.
- Clients may be of 'no fixed abode' and this will not help them to get a job.
- Clients may lose their benefits if they are working.
- Some clients have never worked and do not have the relevant skills.

The survey also asked what types of jobs clients are most likely to be looking for. A large proportion of respondents (89%) advised that clients are usually looking for jobs in manual labour. Also retail jobs (56%) and skilled trade jobs (44%) are favoured by clients.

In the period of consultation, an information gap was identified in relation to employers and how they could be targeted to promote the benefits of employing (ex) service users. It has been recognised that we do not fully understand what information employers would like to receive about drug and alcohol treatment and the recovery journey undertaken by service users. It is recommended that face to face interviews and/or focus groups be conducted with employers to determine their views about how they would like to be communicated with and what sort of messages they would find most impactful.

Recommendation

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.

Childcare Needs

A further section in the provider survey asked whether they thought clients with children had to overcome different barriers to accessing treatment to those without children. Every respondent believed this to be the case.

Four-fifths of respondents (79%) advised that their clients have to overcome childcare problems as a barrier to accessing treatment. Unsurprisingly, all of the respondents feel that clients worry about 'Social Services' becoming involved in their situation. Keyworkers also suggest that the following provide barriers to accessing treatment when a client has children:

- Fear of being judged by others.
- Lack of awareness of what treatment entails.
- Other family members do not want people to know.
- No family support.

Emerging Substance Misuse Issues



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

- Nights out drinking alcohol and using cocaine are being seen as the 'norm' and appear to be becoming more socially acceptable.
- Increase in clients with compromised liver functionality.
- There is only one bed available in Warwickshire for the homeless therefore clients have no option but to sleep on the streets if they have no-where to go.
- Many users are in long-term unemployment and young users have either never worked or see no prospect of working in the future.

"We have developed a culture that suggests you have to drink alcohol to have fun. It's very rare that a social function will take place that doesn't involve alcohol, and most children grow up in this environment learning that drinking is the best way to have a good time"

D Dhillon, Swanswell

Barriers to Fully Implementing the Recovery Agenda in Warwickshire

Finally, providers were asked if they are aware of any barriers in fully implementing the recovery agenda in Warwickshire. A number of key issues were raised:

- No encouragement for family participation in the recovery plan with family needs not being considered. Families are also very often not aware what services they can access for themselves.
- Resources are limited in Warwickshire, funding issues are a concern and geographically the area to cover is very wide.
- A need for dry-houses in Warwickshire.

- A need for more one-to-one support for clients and also for greater multi-agency working.
- Lack of emergency housing available.
- Fear of change in relation to the way that staff have always worked (referring to the harm minimisation approach).
- Having long term treatment in place to aid recovery. Recognising that recovery is a life long commitment for a service user.
- Attitudes of staff – they need to be committed to the recovery agenda.

Whilst the new treatment service will provide greater support for service users through their recovery journey, both the information provided by key workers and that presented in section 3.5 above shows that there are gaps in key elements of provision that are required for service users to fully re-integrate into society. At present, it is felt that these gaps in provision and the wishes of service users are not fully understood. All partners involved in the recovery agenda need to work closely together to assess these gaps and ensure appropriate provision is in place to meet the needs of service users.

Recommendation

Commissioners and The Recovery Partnership to take into consideration the results from the treatment provider survey when implementing the new recovery focused service. A follow-up survey should be carried out next year to see how / if things have improved.

5.2 Consultation – Practitioners and their views on Recovery Needs

A second survey was issued in July 2011, for completion by drug and alcohol practitioners in Warwickshire. This survey was primarily focused on identifying what drugs clients are using and the patterns that practitioners are seeing locally, including any emerging substance misuse issues.

The survey closed with 95 responses from practitioners that work with clients aged 18 years and over in Warwickshire. Of the 95 respondents, 88 work with people that use drugs and/or alcohol. Of these respondents, 94% (83) advise that one of the substances their clients are most likely to be using is alcohol.

Respondents were also asked whether they feel the use of drugs and/or alcohol is more prevalent amongst clients than it was three years ago. The largest number feel that levels are about the same (43%) but 24% of respondents feel that the use of drugs and/or alcohol is more prevalent now. A further 25% are unsure.

Respondents were asked to comment on what they see of patterns in alcohol use amongst their clients. Feedback included:

- Drug and alcohol abuse appearing to run in families. Concerns that there may be a link between the beliefs and morals that are taught to a child at a young age and then the behaviour of that child in teenage years and in their early twenties.
- Young females binge drinking on alcohol.
- People not getting adequate support for mental health issues, thus increasing their need to misuse drugs and alcohol.

- Substance misuse as a result of spiralling debts and unemployment.
- More visible physical addiction to alcohol and binge drinking.
- An increase in the numbers of young adults with liver cirrhosis, predominantly from drinking alcohol.
- An increase in the number of referrals to Children's Centres for support.

The survey also asked practitioners whether they were confident that they knew where to refer clients to for the appropriate specialist services. Over two thirds (77%) advised they are confident in referring clients but 13% (11) advised that they are not confident that they know which specialist service to refer them to.

Recommendation

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.

The survey also focused on the recovery agenda and asked whether practitioners saw any barriers to implementing the agenda in Warwickshire. Of the people that answered this question, only one fifth of respondents (22%) said that they do not see any barriers but a further 43% said they were 'unsure' and 34% think there will be barriers to implementing the agenda. There were a number of barriers that respondents identified:

- Lack of supported housing for those in recovery.

- Lack of funding available to agencies.
- Lack of information sharing between agencies.
- Lack of coordinated diversionary activities.
- Lack of involvement by named responsible authorities e.g. Health. Not all agencies are working together.
- Difficulties in trying to secure mental health support.
- Client/user's lack of self-respect and interest in achieving a higher standard of living.
- Permanent exclusion from school for young people – it is feared this is rarely a wake up call.
- Cuts to youth services will lead to limited forums to discuss issues with young people. PSHE (Personal, Social and Health Education) classes are also planned to be scaled back by schools.
- Workers to focus on the family and children not just on the user/client.
- Inconsistencies exist across Warwickshire in relation to access to treatment and prevention services. Reasons for this include demographics, rural areas and transport issues.
- Lack of outreach services in rural areas.
- Issues with the volume of clients and local staffing which can mean that appointments are inflexible. There can be a lack of available appointments, frequent change of key workers and a lack of enforcement.
- Problems in accessing resources, such as counselling.
- Treatment providers not being challenging and proactive in emphasising the benefits of integration back into society via employment.

A final question asked in the survey was in relation to whether the practitioners were seeing any emerging substance misuse issues across the

county. A number of issues are being seen by practitioners and have been flagged to the Warwickshire Drugs and Alcohol Action Team as a concern:

- Mental health issues that are being masked by drugs and alcohol.
- Alcohol dependency, people opting to drink more at home rather than visit licensed premises.
- An over-use (perhaps addiction) to energy drinks.
- Mixing of drugs and alcohol.
- Gradual increase of drugs and alcohol misuse in pockets of 'affordable housing' around the county.
- Children as young as ten drinking alcohol and smoking cannabis.

Recommendations

- 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.
- Commissioners and The Recovery Partnership to take into consideration the feedback from the practitioner survey when implementing the new recovery focused service. A follow-up survey should be carried out next year to see how / if things have improved.
- 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.
- 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.

5.3 Voices 4 Choices Consultation – Why people in Warwickshire choose not to engage in alcohol treatment

This research was requested by the Warwickshire Drug and Alcohol Action Team with the aim of seeking the opinions and experiences of Warwickshire substance misuse service users and the general drinking public, to help assess attitudes and barriers to accessing alcohol services. The reason for focusing on this area was originally due to reports that less than 10% of dependent drinkers are engaging in treatment and while alcohol problems appear to be increasing, numbers in treatment are not.

The research draws upon the views of Warwickshire adults that are drinking at all levels, from less than 35 units per week to more than 200 units per week. The research asked about peoples' drinking levels, their previous experiences with alcohol services (if any), their opinions regarding treatment and what their perceived barriers to accessing services were. A total of one hundred people took part in the research (via questionnaire) over the period March to July 2011. The people came from a variety of fixed settings including Warwick Hospital, Woodleigh Beeches, Swanswell offices, Addaction, police stations and street events.

Key findings from the research

- The primary reason for dependent drinker's own problems may not always be recognised unless they are encouraged to explore the impact of alcohol on other aspects of their lives. For example, drinking may lead to hangovers/lack of sleep resulting in irritability and having a direct impact on relationships/arguments. Problems such as this may not be attributed to alcohol by a lot of individuals as there is a causal chain of

effect between drinking and the resultant problem. People tend to define their alcohol use as problematic when it has had a considerable negative impact on their quality of life, therefore it is important to increase general levels of education and awareness.

- People are living with alcohol problems for a long time (often decades) and recognise the negative impact it has on their lives. We can speculate that many people have suffered greatly through alcohol misuse before they walk through the doors of a treatment service. It is imperative therefore that services understand and appreciate what has brought the individual to them.
- Importance lies in having the right help at the right time. For some, friends and family were the main source of help, thus it is important for them to be supported equally and at the same time.
- 16% of the sample felt that alcohol had been problematic in their lives but had not accessed treatment.
- The majority (76.5%) of individuals who have received alcohol treatment have received it from community alcohol services.
- Many comments, although positive about the actual service, referenced people's fearful and negative feelings of entering the service for the first time. Feelings of nervousness, apprehension, embarrassment, feeling alone and of it being daunting were all experienced by people upon entering services. These emotions could easily prove to be a barrier to people drinking at harmful levels that have not accessed treatment and service providers need to look at ways to reduce these feelings by reassuring and preparing them before they even enter the service for the first time.

As a result of the findings of the research, the report puts forward a number of recommendations to the Drug and Alcohol Action Team to help improve engagement rates in the county. These recommendations can be found in the Appendix – Section 7.2.

Recommendation

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.

6.0 Conclusion

6.1 Summary

The Warwickshire picture of alcohol treatment needs has not changed significantly from the last assessment which was conducted in autumn 2010. However, Warwickshire is entering into a new era with the commissioning of a new treatment provider, The Recovery Partnership, that will service both drug and alcohol treatment across the county, with an enhanced focus on recovery. It will be interesting to see how this develops over the next twelve months and the impact it has on the alcohol treatment community. The next alcohol needs assessment will assess the impact of the new treatment provider on both clients and the wider practitioner community.

6.2 Update on Recommendations in 2010/11 Needs Assessment

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
IBA Tool NHS Warwickshire and DAAT to work with providers to improve the capture of screening and IBA information.	Specific IBA tool to be introduced for midwives during 2011/12, to identify alcohol issues amongst pregnant women and ensure that alcohol use during pregnancy is more thoroughly assessed and appropriately treated. Rollout of IBA in hospital and primary care settings began in March 2011.
Ambulance Data Work with West Midlands Ambulance Service to establish what additional data can be provided to enable: - specific information relating to alcohol to be extracted and - the cross referencing of cases seen by the ambulance service with those known to treatment providers.	<p>Ambulance recording systems will not allow specific data relating to alcohol to be extracted on a regular basis. However, a one off exercise was undertaken in July 2008 to identify the proportion of poisoning incidents relating to alcohol, and this can be used as a proxy measure with all subsequent data.</p> <p>Ambulance service regionally are very reluctant to share data as they feel that individuals or their friends and family will not call the next time they need an ambulance if their information is shared without their knowledge / agreement. Advice from the NTA is that we would be better off pursuing this information sharing angle with A&E departments.</p>

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
A&E Data Recording NHS Warwickshire to explore the possibility of establishing recording systems which enable alcohol related A&E presentations to be reliably identified.	PCT data comes from a national data set with specific codes in place. It is not currently possible to identify alcohol more specifically. Providers may have broken the data down previously, and it may be worth revisiting this with them. Also, work ongoing within NHS Warwickshire and WCC Community Safety to improve recording of alcohol and assault data within A&E databases.
Police Data Recording Warwickshire Police to explore the possibility of establishing recording systems which enable alcohol and drug related offences to be separated.	<p>This has been explored before and it's not something the Police can do, as the whole process of recording crime is not set to be able to differentiate, not just the crime recording system.</p> <p>The way it could be done is for the forms to change and all systems relating to the recording of crime to change. But there could be a significant cost involved, so the case to do this would have to be strong. If these changes were agreed they would not be able to be backdated and applied to old crimes, as a resource would have to be allocated to manually make the amendment or make a judgement call.</p>

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
Job Centre Plus Data Recording Job Centre Plus to explore the possibility of setting up systems to enable the numbers of customers provided with brief intervention and advice and referred into treatment to be recorded.	A process is already in place for referring and recording customers for a discussion with Swanswell. Since April last year Job Centre Plus have referred 35 customers. (Information accurate as at April 2011, up to date information provided as part of the needs assessment data gathering process).
Drinking Habits All partners to consider what further work can be undertaken to highlight the dangers associated with increased drinking to the wider population, and specific target groups within this population.	Alcohol key messages agreed at Drugs and Alcohol Management Group in July. Drugs key messages presented to DAMG in October, with combined drug and alcohol communications plan to be presented in January 2012 (to be developed with input from WCC communications team).
Conditional Cautions Warwickshire Police to investigate opportunities to deliver conditional cautioning across the county.	Recommendation being explored through the Offender Management County Steering Group. Results of Ministry of Justice 'Breaking the Cycle' consultation now known – the government will be creating a clear national framework for dealing with offences out of court, to be published later this year. Police will be given power to authorise conditional cautions without referral to CPS. Action to be progressed once national framework is available.

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
Projects Community Safety partners to implement projects to tackle alcohol related crime and anti-social behaviour in the priority areas of Nuneaton and Bedworth and Warwick.	<p>Work undertaken in Warwick includes:</p> <p>Dec 2010 - Licensing Seminar</p> <p>Jan 2011 - Home Office Alcohol Strategy Unit Visit</p> <p>Feb 2011 - Home Office Alcohol Strategy Unit Visit - action planning.</p> <p>Hope to host a training event for Cllrs on Licensing Panels. Currently working on Going Out n Staying Safe messages and aligning key messages to students. Messages for parents around staying safe and safe drinking provided in summer edition of Warwick residents newsletter.</p> <p>Work undertaken in Nuneaton and Bedworth in 2009-10 to reduce alcohol related violence, funded through a Home Office grant. Some of this work should have a positive impact in the longer term e.g. training for Designated Premise Supervisors, Alcohol Liaison Service in George Eliot Hospital. Alcohol related violence is a priority within the N&B local delivery plan for 2011-12.</p> <p>Multi-agency operation took place in Wembrook and Poplar wards during two weeks in September. Alcohol awareness messages and information delivered to residents during community safety days.</p> <p>Work ongoing with the Nuneaton Academy to promote Teen LifeCheck, which covers a range of health issues.</p>

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
	Alcohol awareness assembly held in the autumn term.
Alcohol Treatment Requirement Swanswell and Warwickshire Probation Trust to investigate why the completion rate for ATRs is significantly lower in Rugby and implement measures to improve this.	Further investigation showed that Swanswell and Probation figures for ATR commencements and completions were different. Work has now been undertaken to rectify this and accurate figures are available for 2010/11, with completion rates not being significantly lower in Rugby. ATR commencements are lower than in previous years, but clients are now being referred for alternative programmes or services where these are more appropriate, including the Low Intensity Alcohol Programme, Brief Intervention or generic alcohol treatment services.

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
Working with GPs NHS Warwickshire to work with GPs to: <ul style="list-style-type: none"> - assess the training needs of GPs around assessing alcohol use and providing brief advice and intervention - increase the number of newly registered patients screened through the DES - increase the number of patients who test positive on the audit tools who then go on to receive brief advice and intervention. 	All practices were signed up to the DES as at March 2011, however it is currently being under utilised. Reasons for this have been explored. Before further work is undertaken we await a decision on whether national funding for the DES will continue.
A&E Signposting A&E departments to signpost individuals who present with alcohol related conditions to treatment services and, where relevant, wider support provision.	Work is ongoing with A&E departments to improve data collection around both alcohol and assaults. This recommendation could potentially be built into this work.
Shared Care DAAT to explore the feasibility of expanding Shared Care to include treatment for alcohol problems.	It is unlikely that the Shared Care scheme can be expanded to include alcohol unless the DAAT has the budget to manage. Meeting between DAAT and NHS Warwickshire to take transfer of budgets forward held in mid September.

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
Licensing - Information Sharing Licensing and responsible authorities to explore opportunities for greater sharing of information, best practice and services across agencies and the county.	Recommendation being taken forward through the Safer Warwickshire Strategic Group. Placed on hold as licensing legislation was amended within the Police Reform and Social Responsibility Bill. Recommendation will be taken forward now these amendments have passed into legislation.
Residential Rehabilitation All partners to consider whether greater opportunities to enter residential treatment, or suitable alternatives, should be made available to alcohol service users in Warwickshire.	<p>Opportunities for residential rehab are available for alcohol treatment service users, and decisions on funding rehab places are made by a multi-agency panel. Where a decision is made not to fund rehab places, this is made based on suitability rather than lack of finance.</p> <p>Work underway to replace the current spot purchase arrangements for residential rehabilitation with more formalised provision, potentially through a framework agreement.</p>
Feedback DAAT Commissioners to take feedback from providers and service user representatives into account when developing the specification for the service modernisation process.	Feedback and recovery focussed outcomes built into the specification. New service commenced on 1 st December 2011.

Recommendation from 2010/11 Needs Assessment	Progress on Recommendation
Educational Campaigns DAAT and treatment providers to increase promotion of alcohol education campaigns and alcohol treatment services, with a focus on the north of the county and Rugby.	Still work to do on this recommendation. New integrated treatment service will be heavily publicised following its launch on 1 st December 2011.
Research All partners to consider what additional research into unmet needs and barriers to treatment would prove useful, and commission this as appropriate for inclusion in future needs assessments.	Voices 4 Choices undertook research on behalf of the DAAT, looking at experiences of, and barriers to, alcohol treatment amongst harmful and dependent drinkers. Research findings incorporated into this year's needs assessments.

7.0 Appendix

7.1 Sources

Addaction

A&E Assault Database for Warwickshire

Alcohol Learning Centre – RUSH model

Citizens' Panel Wave – November 2007 'Healthy Lifestyles'

Citizens' Panel Wave – February 2008 'Wave 27 – Crime and Community Safety'

Job Centre Plus

National Statistics (www.statistics.gov.uk)

National Treatment Agency

NHS Warwickshire – A&E Data

North West Public Health Observatory – Alcohol Related Hospital Admissions Data

Reducing Fire Related Risk – Warwickshire Protocol 2009/10

Supporting People

Swanswell

Topography of Drinking Behaviours – Department of Health and North West

Public Health Observatory

Warwickshire Fire and Rescue Strategic Assessment

Warwickshire HALO Database

Warwickshire Local Alcohol Profiles – Association of Public Health Observatories

Warwickshire Observatory - Warwickshire Quality of Life 2011, Mosaic Analysis Experian

Warwickshire Police, Crime Information System, Fixed Penalty Notices, STORM Incident system

Warwickshire Public Health Intelligence Team – Alcohol Related Admissions

Voices 4 Choices – 'Why people in Warwickshire choose not to engage in alcohol treatment,' Peer Mentoring data

7.2 Recommendations from Voices 4 Choices Research

Voices 4 Choices were asked by Warwickshire Drug and Alcohol Action Team to explore why people in Warwickshire choose not to engage with alcohol services. They devised a questionnaire to understand the attitudes and barriers to accessing services perceived by the Warwickshire public, particularly aiming to include the views of people drinking at high or dependent levels. The recommendations from the research are as follows.

INCREASED PUBLIC AWARENESS

- **Robust advertising and publicity strategy**
To include internet, social networking links, adverts in paper, information in police stations and on the streets, GP surgeries, information in pubs, offices, supermarkets and on TV and radio.
- **Raising service profile to those who are not ready to engage.**
Services to be easily available and attractive to people who feel they don't need to stop drinking or who are not ready to stop.
- **Promotional Harm Reduction Campaign**
Alongside service promotion, a campaign is required to increase awareness of the harms caused by alcohol misuse. This serves to educate and acts as a preventative measure by increasing awareness around the risks of drinking at high levels.
- **Information should be widely available and *updated regularly*.**

CLOSE PARTNERSHIP WORKING

- **Close partnership working**
Alcohol services need to ensure they keep partners up to date on their work and how to refer to them, as well as offer educational training and awareness to professionals.
- **Close work with GPs**
Links with doctors need to be strong as service users, services and GPs will all benefit from improved communication. There should be clear referral pathways, surgery out reach and consistent GPs support and training.
- **Close work with Family Intervention Services**
Children and family members of those who drink at harmful levels may need support before, during and after an individual has engaged with alcohol services. Family counselling should be considered as an option and be a responsibility of both organisations.
- **Links with mental health services**
This is essential in order to effectively support service users with multiple needs.
- **Ensuring all relevant agencies are signed up to and are using Warwickshire's information sharing protocol**

STAFF TRAINING & CONDUCT

- **Service User led training for staff**
All staff should have the opportunity to receive service user led training which specifically addresses their experiences throughout their entire journey
- **A welcoming reception and receptionist**

The importance of first impressions often determines whether or not someone will return to a service.

- **Staff members should continue to be friendly, welcoming and non-judgmental.**

HELP FOR FAMILIES AND FRIENDS

- **Advice & Information made widely available in order to reach friends and family.**
- **Family Support to be made available**
- **Work with children**
We often aim to raise awareness of the importance of supporting family however; children can often go unnoticed within this. Joint working protocol with family intervention services should be actively promoted to ensure both child and parent get help together.

SERVICE REQUIREMENTS

- **Flexible service and rapid response**
- **Flexible approach to treatment**
It is important to have a flexible and individual approach to treatment and a menu of treatment options. Services need to provide a menu of support they can offer alongside signposting options to enable a service user led approach to treatment.
- **Promote aftercare**
Services should promote the benefits and importance of ongoing support.
- **Provide open access, community engagement and outreach to optimise accessibility.**

- **Consistent and sensitive approach with regards to initial contact**
- **Appointments need to be reliable and timely.**

FOR INCLUSION IN TREATMENT JOURNEY

- **Explore relapse and disengagement at the beginning of the treatment journey**
Relapse and disengagement are often features of the treatment journey and should be realistically discussed during induction. Planned exits can reduce service users' experience of shame or sense of failure – both of which can act as barriers for a future return to services.
- **Discuss relapse prevention & awareness**
Relapse prevention techniques should be taught & discussed. Peer education is a valuable way to get this message across to service users.
- **Prepare people to recognise and cope with triggers**
Education about recovery is needed during the treatment process. To reduce the number of people dropping out of treatment due to a false sense of recovery, the service needs to explore the individual's triggers, cravings and bad days and prompt a thorough and ongoing plan to cope with them.
- **Preparation/Support for the recovery journey**
Emphasis should be placed on preparing people for treatment and for different stages within treatment. By investing into relapse prevention and educating individuals on their own triggers, the service can increase planned exits and reduce unexpected relapse at a later date.
- **Booklet signposting to supporting services.**

A booklet should be developed which includes details of all local and national services and be made available online and in waiting areas.

- **Education around the use and impact of other/secondary substances**

PEER INVOLVEMENT

- **Use of peers as researchers.**
- **Peer education**
- **Recognise the importance of mutual aid groups and have robust links into them**