Subject:	The evidence supporting drug and alcohol services
Reason for briefing note:	To present evidence demonstrating the benefit of providing drug and alcohol services.
Responsible officer(s):	Teresa Salami-Oru, Consultant in Public Health
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy & Commissioning
Date:	13th March 2018

www.rbwm.gov.uk

Royal Borough of Windsor & Maidenhead

SUMMARY

Estimates from Alcohol Concern (2016) indicate that 21% of people in the Royal Borough drink at a level which increases the risk of damaging their health, which is over 20,800 people. Lifestyle risk behaviours, such as excessive alcohol intake, are important contributors to morbidity and mortality. The Crime Survey for England (2015/16) indicated that 1 in 12 adults aged 16 to 59 had taken an illicit drug in the previous year, which would equate to nearly 7,000 people in the Royal Borough. Providing well-funded drug and alcohol services is good value for money because it contributes to crime prevention, improves health, and supports individuals and families on the road to recovery. The Royal Borough commissions a drug and alcohol service for residents in need of drug and alcohol support. The service also referred to as Resilience was re launched by the Prime Minister in October 2017.

1. BACKGROUND

1.1 Lifestyle risk behaviours, such as excessive alcohol intake, are important contributors to morbidity and mortality. The World Health Organisation has identified that excessive alcohol intake, poor diet and physical inactivity are responsible for 29% of the disease burden in the most industrialised countries .These risk behaviours consistently cluster among certain population subgroups, such as those with lower socioeconomic status. They are unequally distributed in the population and are impacted upon by the wider social determinants of health.

1.2 The Royal Borough has commissioned a drug and alcohol service for residents since 2013. The service, also referred to as Resilience, was launched by the Prime Minister in October 2017. The service offers a range of support services to residents requiring help to safely reduce or stop alcohol and/or drug use.

2. DETAILS

2.1 The Royal Borough commissions a structured treatment service for substance misusers and a substitute prescribing service, see table 1 for 2017-2018 performance to date. Plans are currently being developed by commissioners and providers to address the downward trend in opiate treatment completions.

Table 1: 2017-2018 service performance

Q1	Successful Completions	Re-presentations	Numbers in treatment	Completion Target
Opiates	9.50%	20%	159	10%
Non-opiates	47.20%	8.30%	15	40%
Alcohol	40.70%	5.10%	66	38%
Q2				
Opiates	7.80%	7.10%	177	10%
Non-opiates	48.30%	11.10%	16	40%
Alcohol	41.10%	15.20%	83	38%
Q3				
Opiates	6.20%	10%	202	10%
Non-opiates	41.70%	0%	18	40%
Alcohol	37.40%	7.40%	110	38%

2.2 Evidence relating to the effectiveness of interventions is at appendix 1. The evidence shows that drug and alcohol interventions are cost effective; however, drug/alcohol treatment alone is often not enough. Social factors are important influences on treatment effectiveness. Those in decent housing, employment and with good social networks are more likely to recover and remain drug-free. Effective integrated services are therefore very important.

Alcohol

2.3 Estimates from Alcohol Concern (2016) indicate that 21% of people in the Royal Borough drink at a level which increases the risk of damaging their health, which is over 20,800 people. Within this proportion there are over 6,600 people who drink at a very heavy level who have significantly increased the risk of damaging their health and may have already caused some harm to their health.

2.4 A total of 175 people in RBWM attended treatment for alcohol misuse in 2015. 45% of these people left treatment free of alcohol dependence and did not re-present again within a six month period. This was similar to the national treatment success rate of 38%.

2.5 In 2015/16, there were 696 alcohol-related hospital admissions for Royal Borough residents, which equates to 490 admissions per 100,000 population. The local rate has remained significantly lower than the national average since 2008/09, although it has slightly increased over this time. There are significant differences between the admission rate for men and women in the Royal Borough, at 642 and 357 per 100,000 population respectively. This is in line with the national picture.

2.6 A total of 52 deaths in RBWM were alcohol-related in 2015, at a rate of 35.9 per 100,000 population. This was similar to the national rate of 46.1 per 100,000 (PHE, Local Alcohol Profiles).

Drugs

2.7 The Crime Survey for England (2015/16) indicated that one in 12 adults aged 16 to 59 had taken an illicit drug in the previous year, which would equate to nearly 7,000 people in the borough. The prevalence of drug use in young people is higher; with approximately one in five people aged 16 to 24 having taken an illicit drug. This would equate to over 2,500 young people in the borough (NHS Digital 2017).

2.8 Men are more than twice as likely to have used cannabis in the last year as women, and more than three times as likely to have taken powder cocaine and ecstasy.

2.9 Approximately 229 people in the borough attended treatment for opiate drug use in 2015. 8.7% of these people left treatment free of drug dependence and did not re-present again within a six month period. This was similar to the national treatment success rate of 6.7%. 127 people in RBWM attended treatment for non-opiate drug use in 2015. 44.1% of these people left treatment free of drug dependence and did not re-present again within a six month period. This was also similar to the national treatment success rate of 37.3% (Public Health England (2017 Public Health Outcomes Framework Fingertips tool).

APPENDIX 1: EVIDENCE TABLE

Target Group	Evidence sources	Comments
All population groups	(1) Godfrey C, Morton V, Coulton S, Parrott S, (2005) Effectiveness of treatment for alcohol problems: findings of the randomised UK alcohol treatment trial (UKATT). British Medical Journal; 331(7516): 541-544 (2) National Institute for Health and Care Excellence (2010) Alcohol use disorders: preventing harmful drinking. NICE public health guidance 24. (3) National Institute for Health and Care Excellence (2011) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guidance 115. (4) National Institute for Health and Care Excellence (2015) Alcohol: preventing harmful use in the community. NICE quality standard 83. (5) National Institute for Health and Care Excellence (2014) Behaviour change: individual approaches. NICE public health guidance 49. (6) Moyer, A., Finney, J., Swearingen, C. and Vergun, P. (2002) Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment - seeking and non-treatment seeking populations, Addiction, 97, 279-292. (7) Wilk, A.I., Jensen, N.M. and Havighurst, T.C. (1997) Meta-analysis of randomized control trials addressing brief interventions in heavy alcohol drinkers, Journal of General Internal Medicine, 12, 274-283.	• Improved early identification and intervention in primary care has been shown to avert both alcohol-related admissions and A&E attendances (1). • Identification, Brief Advice and Extended Brief Interventions (EBIs) have a high degree of efficacy and cost-effectiveness and should be delivered by health and social care professionals in primary care, secondary care and in the community (2, 3, 5, 5). • 1 in 8 people drinking above recommended levels who receive simple alcohol advice will reduce their drinking to within lower risk levels (6). Higher risk and increasing risk drinkers who receive IBA are twice as likely to moderate their drinking 6 to 12 months after an intervention when compared to drinkers receiving no intervention (7).
Relevant to all target groups and general population	Alcohol and drug prevention, treatment and recovery: why invest	Estimates show that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £10.7bn. These include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity. Providing well-funded drug and alcohol services is good value for money because it cuts crime, improves health, and can support individuals and families on the road to recovery.