

Health Needs Assessment for Drug and Alcohol use in RBWM

April 2021



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This Health Needs Assessment aims to

Provide a summary of the evidence base for commissioning interventions for the prevention, treatment and recovery for alcohol and drug issues, that best-meet the needs of the adult population in RBWM

Although prevention starts in the early years of life, early-years prevention work is commissioned separately for children & young people in RBWM (through Achieving for Children)

A single health needs assessment for alcohol and drug use due to likely shared needs and opportunities for intervention

Drugs and alcohol may be considered separately in this work where relevant to do so

Alcohol and drug use in England



Alcohol problems in England are common

- Estimates show **10.4 million** adults drink at levels that increase their risk of harm to health
- Of these, **595,000** adults may need treatment for alcohol dependence
- **120,000** adults are living with children (200,000 children in these households)
- The UK Chief Medical Officers recommend men and women should not regularly (defined as most weeks) drink more than **14 units a week**

Lower risk drinking:
14 units or less a week

Higher risk drinking:

more than 35 units a week for women
and 50 units a week for men



Increased risk drinking:
more than 14 units a week

COULD YOUR DRINKING BE PUTTING YOUR HEALTH AT RISK?

NHS

www.rbwm.gov.uk

Royal Borough
of Windsor &
Maidenhead



PINT OF
LAGER
4% ABV

2.3 UNITS



PINT OF
BITTER
5% ABV

2.8 UNITS



PINT OF STRONG
BEER/LAGER/CIDER
5.2% ABV

3 UNITS



500ml
CAN OF LAGER
3.8% ABV

1.9 UNITS



750ml BOTTLE
OF WINE
13.5% ABV

10 UNITS



175ml GLASS OF
RED OR WHITE WINE
13% ABV

2.3 UNITS



250ml GLASS OF
RED OR WHITE WINE
13% ABV

3.3 UNITS



50ml GLASS OF
FORTIFIED WINE
(E.G. SHERRY) 20% ABV

1 UNIT



25ml SINGLE SPIRIT
AND MIXER
40% ABV

1 UNIT



50ml DOUBLE SPIRIT
AND MIXER
40% ABV

2 UNITS



275ml BOTTLE
OF ALCO-POP
5% ABV

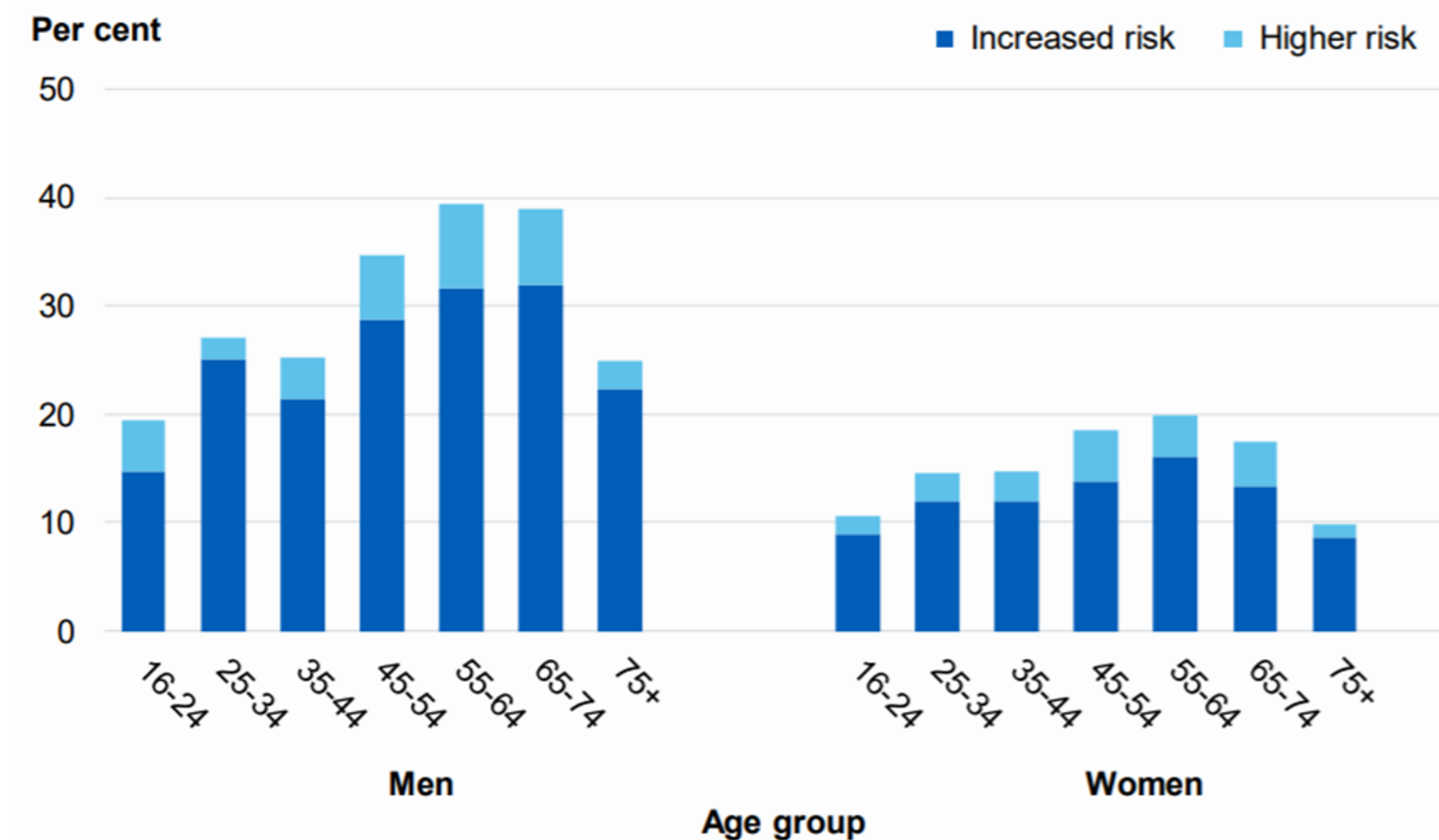
1.4 UNITS



50ml DOUBLE IRISH
CREAM LIQUEUR
20% ABV

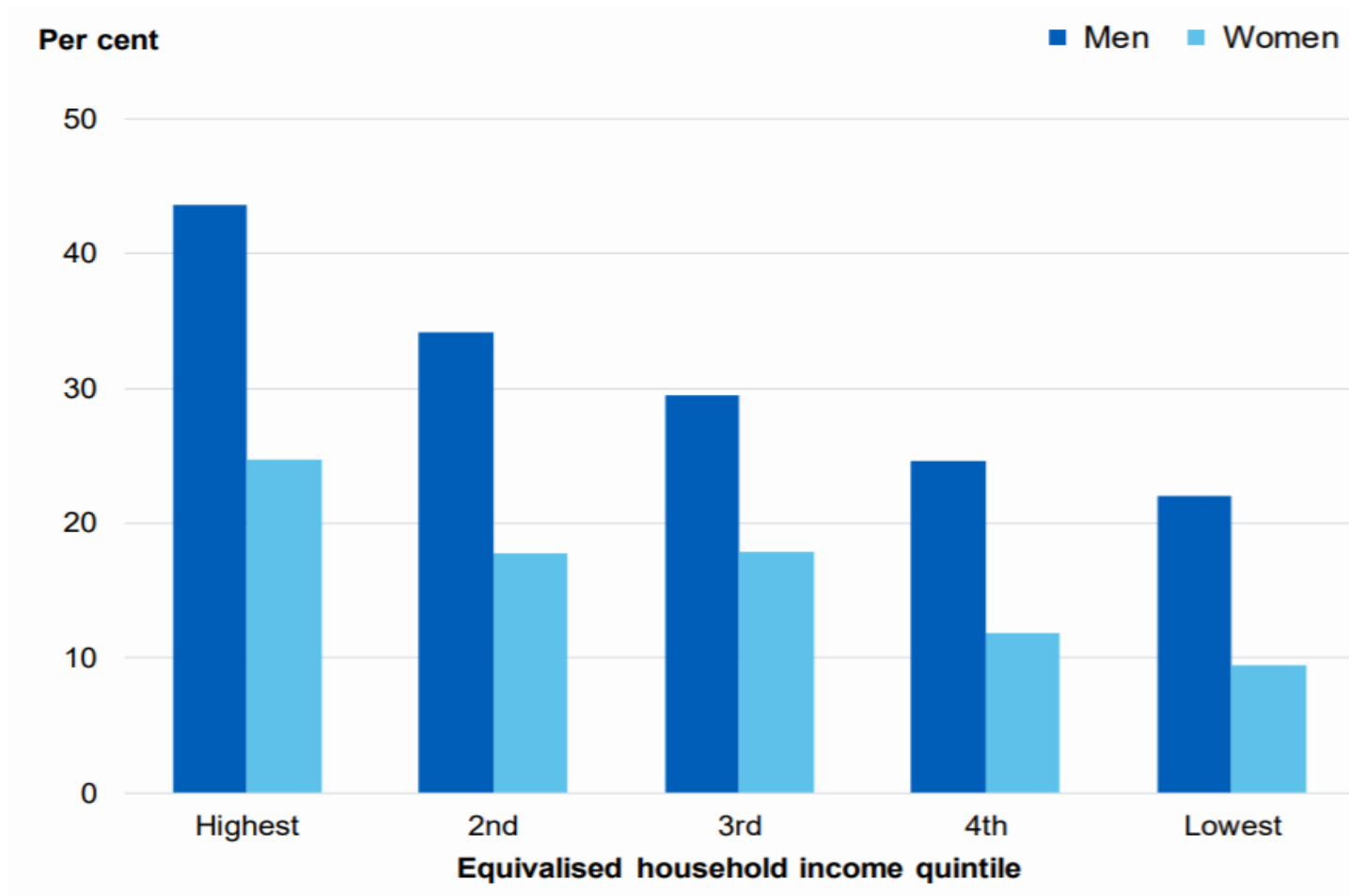
1 UNIT

In England more men than women drink at increased and higher risk levels



Proportion of adults drinking over 14 units a week (at increased or higher risk of harm), by age and sex.
(Source: Health Survey for England, 2019)

In England drinking at increased risk levels is associated with increased household income



Proportion of adults drinking over 14 units a week (at increased or higher risk of harm), by equivalised household income and sex (Source: Health Survey for England, 2019)

Alcohol deaths have risen significantly

There were **5,460 deaths** related to alcohol-specific causes registered in England and Wales between Jan to Sept 2020, a **16.4% increase** compared with the same period in 2019



Rates of **male alcohol-specific deaths are consistently twice those of females**; with rates ranging between 17.3 and 17.8 deaths per 100,000 males in 2020 compared with between 8.0 and 8.6 deaths per 100,000 females



The alcohol-specific death rate reached its **highest peak** since the data time series began in 2001, of **12.8 deaths per 100,000 people** in Jan to September 2020.



Drug use in England



1 in 11 adults aged 16-59 took an illicit drug in the last year (9.4% adults)

Drug use was more common in young people;
1 in 5 people aged 16-24 (21%) reported use in the last year

The most harmful drugs – opiates and crack cocaine – were taken by approx. **300,000** people last year

Cannabis is consistently the most used drug;
7.8% adults reported use in the last year

2.8% adults used powder cocaine in the last year

Synthetic drugs & new psychoactive substances were taken by
0.3% adults and **1.3%** young adults

Impact of COVID-19 on alcohol and drug use in England



The impact of COVID-19 on alcohol and drug use is a mixed picture

PHE found the proportion of non-drinkers and higher risk drinkers both rose by about 25% between April and September 2020.

50% of people surveyed reported no change to their drinking patterns

Younger adults aged 18 to 34 were more likely to drink less compared to before social restrictions were introduced, whereas adults aged 35 to 54 are more likely to have increased the amount they drink



The Global Drug Survey (GDS) found increased drug use for certain drugs during the pandemic: cannabis (44% increase), prescription benzodiazepines (34% increase) and prescription opioids (28% increase)

The GDS also found reduced use of drugs linked to the night-time economy; 52% reduction in powder cocaine, 50% reduction in MDMA and 45% reduction in ketamine use



Estimated alcohol and drug use in RBWM



Estimates of alcohol consumption in RBWM

25.7% adults in England are estimated to regularly drink more than 14 units of alcohol a week according to modelling undertaken by Public Health England in 2019.



In the RBWM adult population, the estimate is much higher—between **38.7% and 64.3%** adults (46,709 to 77,607) may regularly drink more than 14 units of alcohol a week (average estimate 51%) and are at increased risk of harm to health

Of these higher risk drinkers, estimates suggest between **875 and 1068** adults in RBWM may require treatment for alcohol dependence

291 residents are known to have accessed treatment for alcohol use through the commissioned drug and alcohol service (Cranstoun) in 2019/20



Insight on alcohol use from the voluntary sector



Alcoholics Anonymous

- Calls to the AA helpline from across the UK rose 28% in 2020.
- In 2020 AA received on average 40 calls a month from people living in the Chiltern and Thames area.
- A total of 63 AA meetings would usually be held in the Chiltern and Thames area each week; most have continued online during the pandemic.
- Attendance at 'local' online meetings has increased compared to before the pandemic; average attendances has risen from 25 people to 40 people per meeting.

**we are
withyou**

(charity providing support with drugs, alcohol & mental health)

- The We Are With You website content visited most often by people in Windsor in the last year was '[Advice on Reducing How Much Alcohol You Drink](#)'
 - For people in the Maidenhead area, the page visited most often was '[Advice on How to Handle Cravings](#)'
 - The most discussed topics in the drug and alcohol webchat by people from Windsor & Maidenhead in the last 3 years were (in order of frequency): Alcohol, Gin, Vodka, Wine, followed by drug-related topics.
-
-

Drug use in RBWM

Predictive modelling undertaken by PHE in 2019 indicates between **397 and 729** people in RBWM are users of opiates and/or crack cocaine (average = 525). The estimated rate of unmet need is 48% according to PHE.

Local data in RBWM indicates that the number of people using opiates and/or crack cocaine is lower than the PHE estimates. Approximately **200** clients are engaged in treatment for opiate use in RBWM. This cohort are well-known to the local service due to regular attendance and engagement with psychosocial and opiate-substitution therapy treatment.

6 RBWM residents attended drug treatment services for use of 'club drugs' in 2019/20. None of these residents reported also using opiate drugs

The rate of hospital admissions for drug poisoning in RBWM in 2019/20 was **29.7 per 100,000** population, lower than the national rate of 53.8 per 100,000 in England

Impact of drug and alcohol use on families in RBWM



Drug and alcohol treatment data (2019/20)

25% new presentations for alcohol treatment were living with children (n=31) and a further 22% were parents not living with their children (n=27)

8% new presentations for drug treatment were living with children (n=13) and a further 31% were parents not living with their children (n=52)

Children's social care data April 2020 – Jan 2021

Concerns about parental drug and alcohol use consistently appear in the top 3 concerns raised by RBWM children's social care workers

530 child cases recorded parental drug and alcohol use as the primary concern

In many of these cases, there are also concerns regarding parental mental ill health and domestic abuse (the toxic trio)

The toxic trio

The term 'Toxic Trio' used to describe the issues of substance use, mental ill-health and domestic abuse. These are indicators of **increased risk of harm** to children and young people.

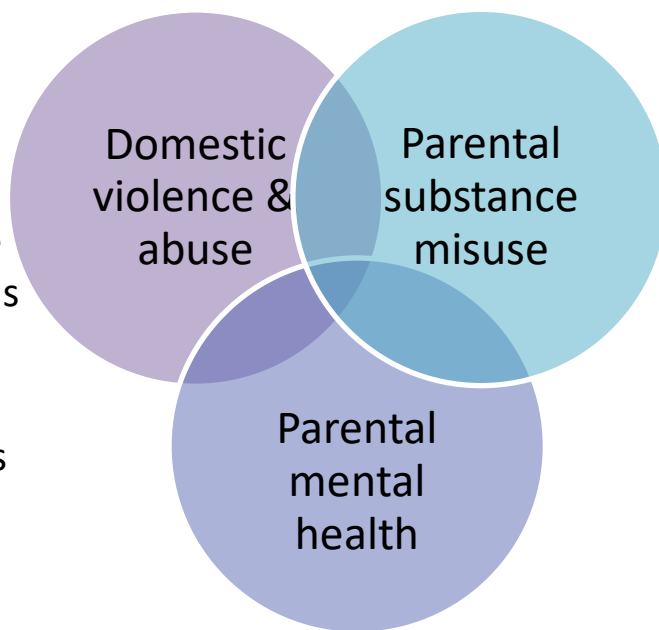
In RBWM from April to December 2020:

2,178 domestic abuse incidents were reported to the Police; an 8% increase compared to the same period in 2019*

195 children were in households with a referral made for multi-agency risk assessment conference after a domestic abuse incident was reported to police.

18% of children's social care cases were due to a primary reason of domestic abuse

89 referrals a month on average made to The DASH (Domestic Abuse Stops Here) Charity in RBWM



Between April 2020 and Jan 2021, **530** children's social care cases recorded substance misuse as the primary concern

In RBWM it is estimated that **12.7% (15,328)** residents aged 16 or over have a common mental health disorder.

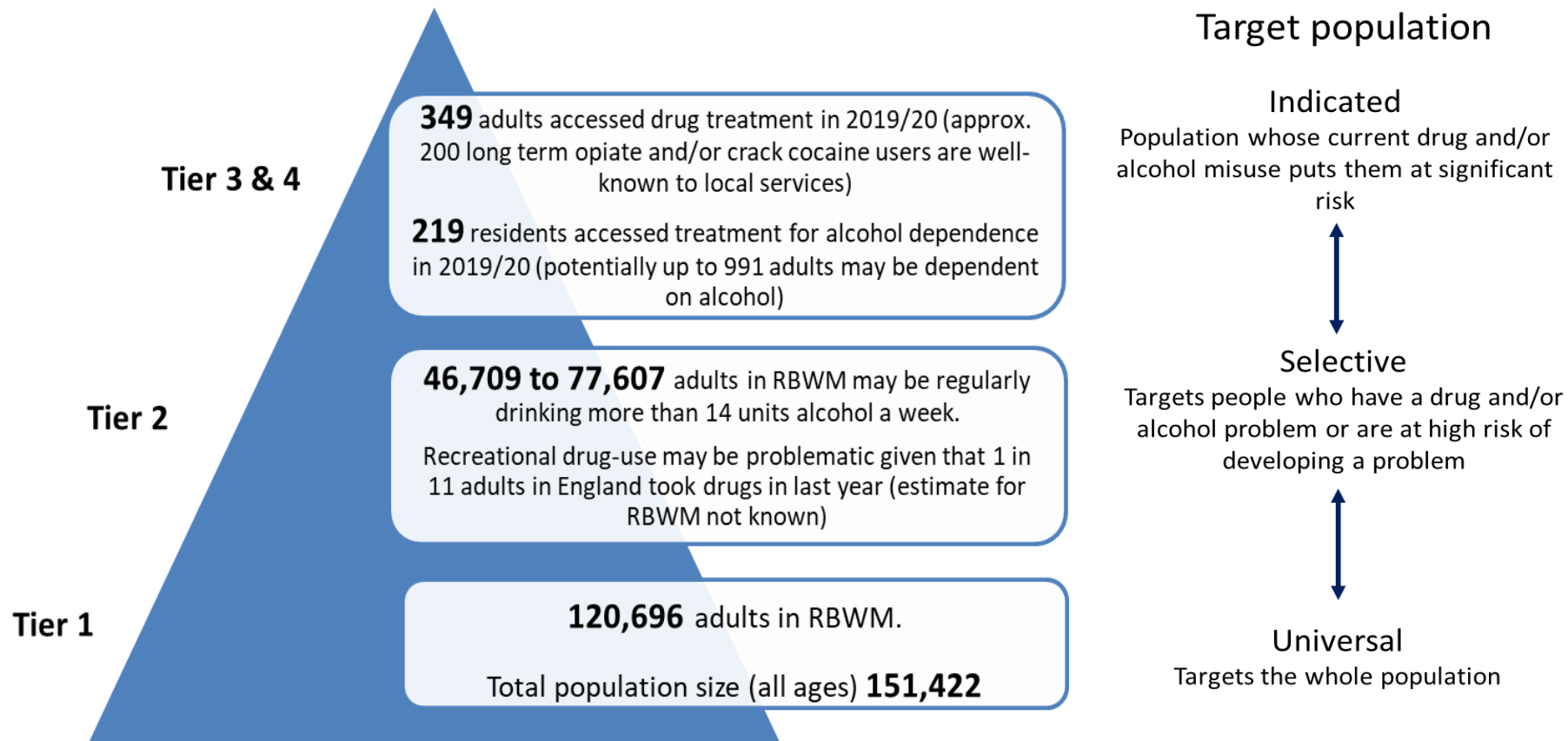
In the UK, approximately 68% women and 57% men with mental health problems are parents.

*Relates only to official reports of violence; real figure likely to be much higher

The different levels of need in RBWM













Hierarchy of need for alcohol and drugs in RBWM



Source: Diagram produced by RBWM Public Health team, using Public Health England 2019 prevalence estimates

Who are the Tier 1 population? (all RBWM adults)

Population 	Total: 151,442 Total adults: 120,696 (ONS, 2019)		18.8% are over 65 years (ONS, 2019)	13.9% are BAME of whom 9.6 are Asian/ Asian British (Census, 2011)	62.3% Christian (Census, 2011)	7370 residents are LGBTQ* 
Composition	11.9% one person household – all aged 65+ (Census, 2011)			Borough within 10% least deprived (IMD, 2019)		
Life Expectancy (PHOF)						
	Life Expectancy at birth 81.7 (male, 17-19) 	Inequality in Life expectancy at birth – 4.7 (16-18)	Inequality in health life expectancy at birth 6.7 (09-13) 	Life Expectancy at birth 85 (female, 17-19) 	Inequality in Life expectancy at birth – 3.8 (16-18)	Inequality in health life expectancy at birth 5.3 (09-13) 
Employment	80.8% working age adults in employment (ONS APS, June 2020) 			10% of working age adults were furloughed (similar to Eng av) (CJRS, Sept 2020) 		

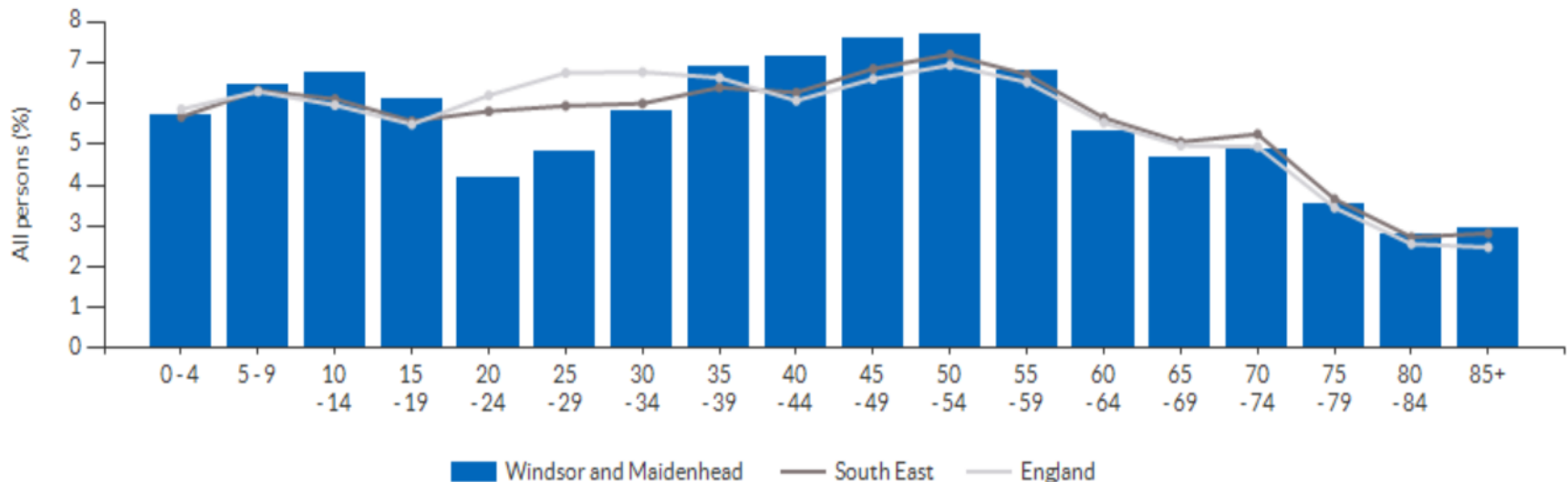
* National estimate applied to 2019 mid-year pop est.

Age profile of RBWM residents

The proportion of adults who regularly drink over 14 units in a week in England has been found to increase with age up to age 64 years

Taking recreational drugs is more common in young adults, aged 16-24

The majority of the RBWM population are aged 30 to 60 years, as shown in Figure 4



Date: 2019 Source: ONS

The proportion of RBWM population in each age category in 2019.

Who are the Tier 2 population?

Data from PHE indicates that potentially 38.7% to 64.3% adults in RBWM drink more than 14 units of alcohol per week and 1 in 11 adults may take illicit drugs. Characterising this large and diverse population is a challenge.

ACORN geodemographic segmentation data* has been used to gain further insight.

- ACORN segments the population into 4 groups (Health Challenges; At Risk; Caution; Healthy) and 25 types describing their health and wellbeing attributes. ACORN uses demographic, behavioural and consumer data to profile groups of the population to understand lifestyle behaviours and health status.
- ACORN data available to RBWM can also identify the geographic location of these groups (using postcode) and their preferences for shopping, marketing channels and healthcare usage.
- The findings on alcohol consumption are different for males and females in RBWM
- Findings are also described for 'club drug' users who may benefit from early interventions.

*Accessed through the Connected Care System Insights dashboard (developed by Frimley Health ICS Analytics Team).

Findings from ACORN on females who drink 6+ days a week ACORN summary descriptions of population types

ACORN Data redacted from this slide due to data sharing arrangements

Relishing Retirement

“Well educated retirees, detached houses, health relatively good, some cancers, high blood pressure, community focussed, good diets, low smoking.”

Five-a-day Greys

“Large detached houses, professional occupations, private pensions, living comfortably, private health plans, good health, healthy lifestyle.”

Cultural Concerns

“Ethnically mixed, urban and metropolitan, well educated, few children, low smoking, good health, depression and anxiety, fried food, low engagement

The table shows the population segments ranked by their index on ‘females drinking 6+ days a week.’

The highest proportion of these individuals fall within the Relishing Retirement category. Findings indicate that for females in RBWM, frequent consumption of alcohol is a feature of individuals typically characterised as healthy and relatively affluent.

Findings from ACORN on RBWM males who drink 6+ days a week

ACORN Data redacted from this slide due to data sharing arrangements

Limited living

“Health challenges, oldest people, prescribed medicines, high blood pressure, diabetes, heart problems and asthma, smokers, social renting, routine occupations.”

Five-a-day Greys

“Large detached houses, professional occupations, private pensions, living comfortably, private health plans, good health, healthy lifestyle.”

Cultural Concerns

“Ethnically mixed, urban and metropolitan, well educated, few children, low smoking, good health, depression and anxiety, fried food, low engagement with health service.”

The table shows the population segments ranked by their index on ‘males drinking 6+ days a week.’ The highest proportion of these individuals fall within the Limited Living category. Findings indicate that drinking regularly is a feature of males characterised by a range of health challenges. Further ACORN data, not shown here, indicates these individuals are less affluent and experience relative deprivation.

Five-a-day Greys and Cultural Concern groups also consume alcohol frequently. Together these top three population segments capture a broad population of men

Findings for RBWM on users of recreational drugs

- ACORN does not capture data on drug use. However, it does capture data on the population defined as 'Regular revellers,' defined as being from: *'Well educated, professional occupations, ethnically diverse, renting privately, low illness, asthma, very high alcohol.'*
- This group could be used as a proxy indicator of residents more likely to take recreational drugs, particularly 'club drugs' such as ecstasy or amphetamines.
- ACORN data indicates that RBWM has a population of 10,173 individuals fitting the Regular Reveller profile. Further insight on their geographic distribution, health behaviours and marketing preferences is available through ACORN.

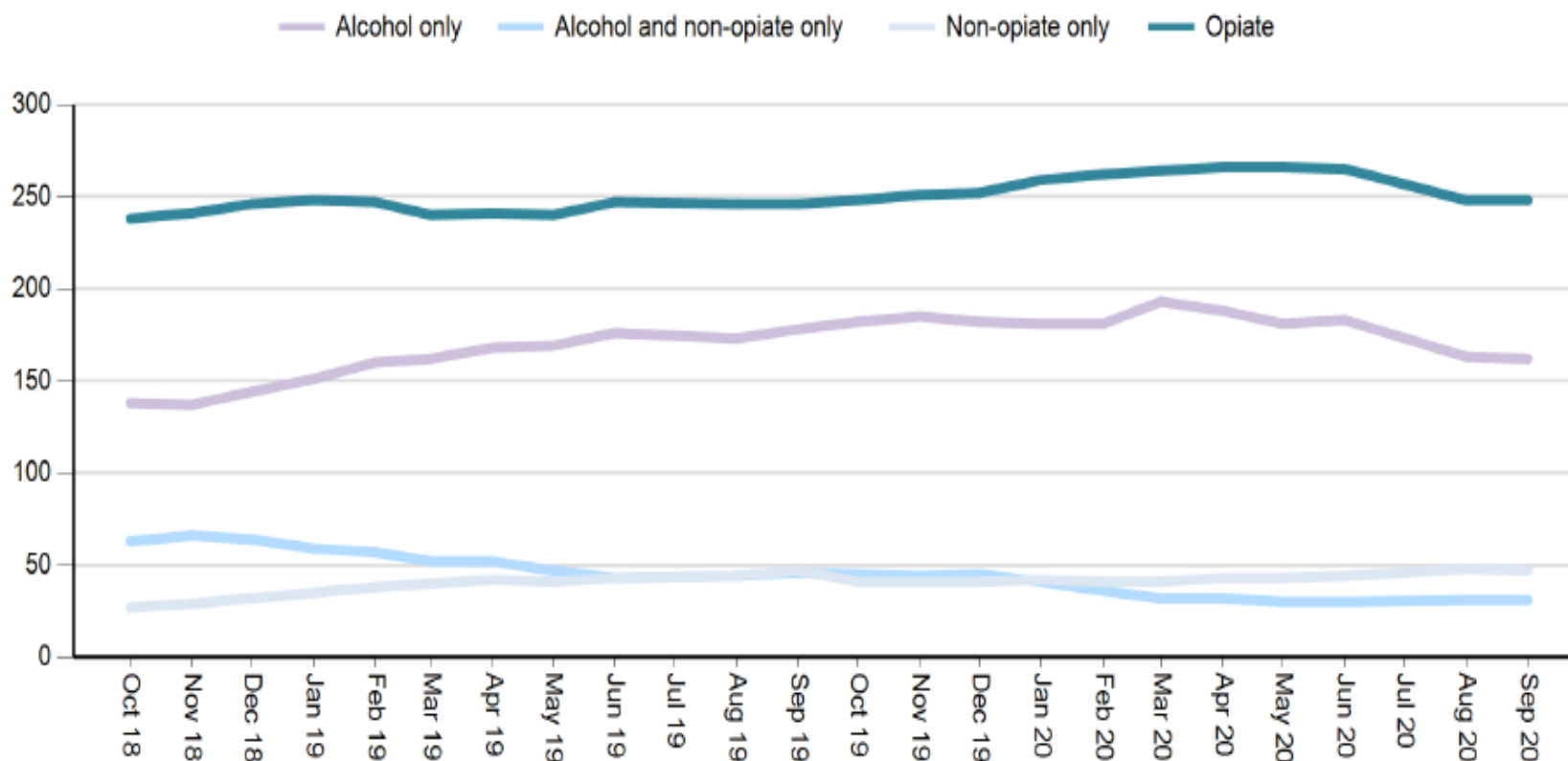
Who are the Tier 3 & 4 population?

Residents requiring treatment for drug and alcohol issues in the community (Tier 3) or in residential settings (Tier 4) are those most at risk of health issues as a result of their substance use behaviours. Tier 3 and Tier 4 are grouped together for the purpose of this analysis since in recent years it has been rare for RBWM residents to meet the criteria for Tier 4 treatment.

- In RBWM, data shows that residents attending for **drug treatment** or drug and alcohol combined, are predominantly White British (87%), male (74%) from the UK (91%)
- For new clients who started treatment within the last year, the gender split is more equal (47% male, 49% female) indicating that the longer term clients tend to be male
- Client age ranges from 18 to 69, with most clients in the age range of 30 to 50 years
- Residents attending services only for **alcohol treatment** are predominantly White British (86%)
- The gender split is more equal with 57% male and 43% female
- Client age ranges from 18 to 70 years, with most clients in the age range of 30 to 60 years

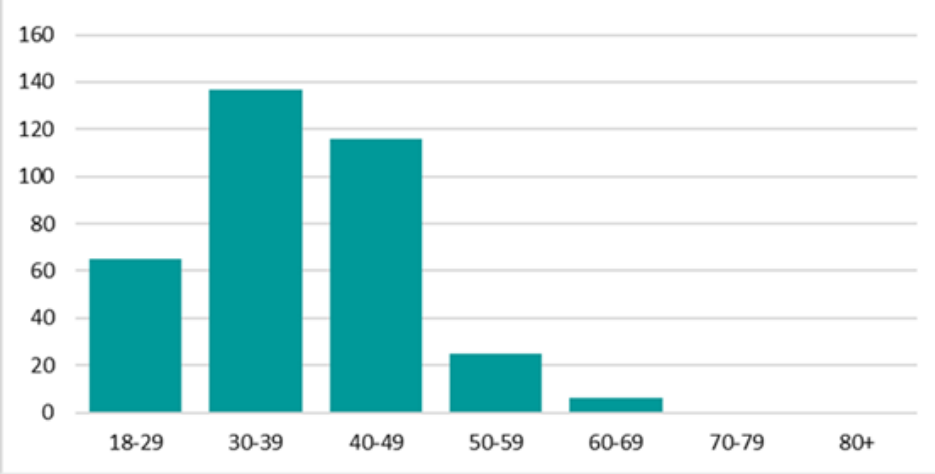
Number of people in drug and alcohol treatment (Oct 2018 – Sept 2020)

Number in Treatment (Rolling 12 months)

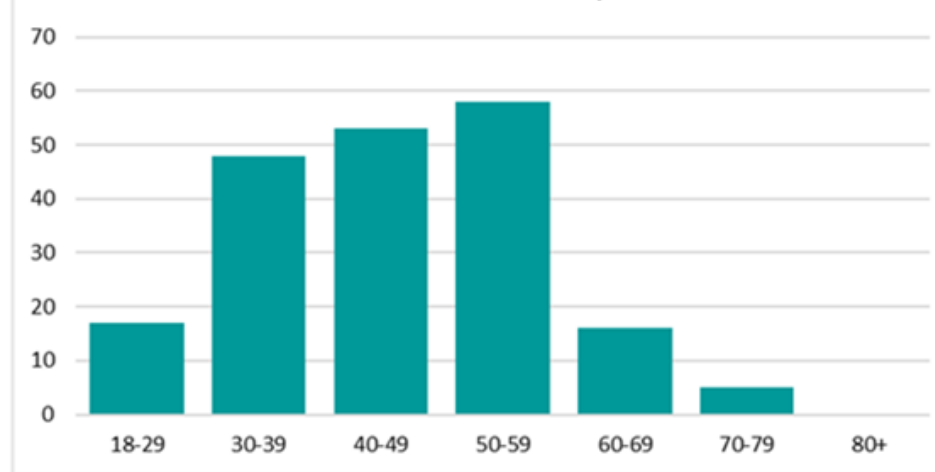


Age profile of Tier 3 & 4 population

Number of clients attending drug treatment, by age
Source: NDTMS 2019/20



Number of clients attending alcohol treatment, by age
Source: NDTMS 2019/20

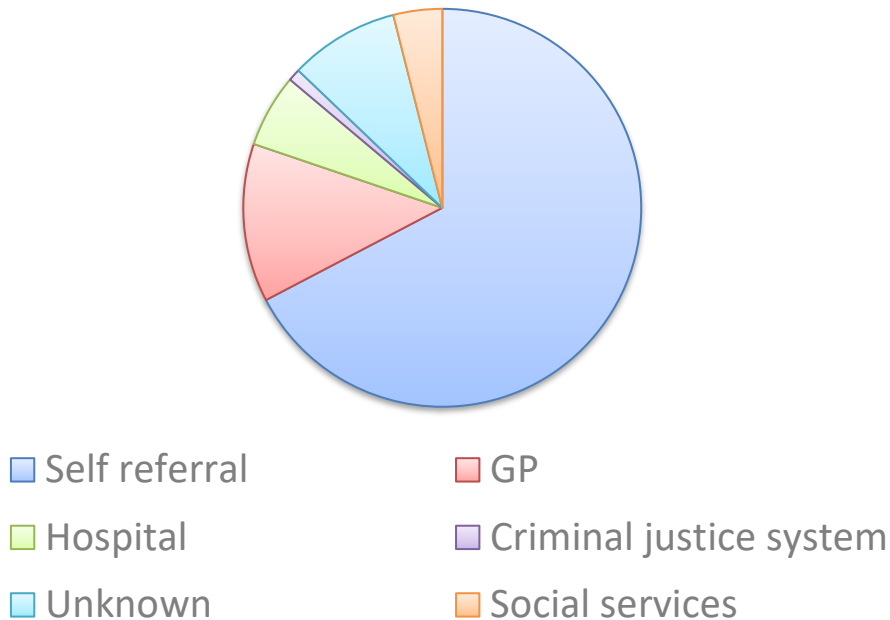


Age distribution of residents attending drug and alcohol services for treatment



Tier 3 & 4 – alcohol treatment clients

Source of referral for alcohol treatment 2019/20



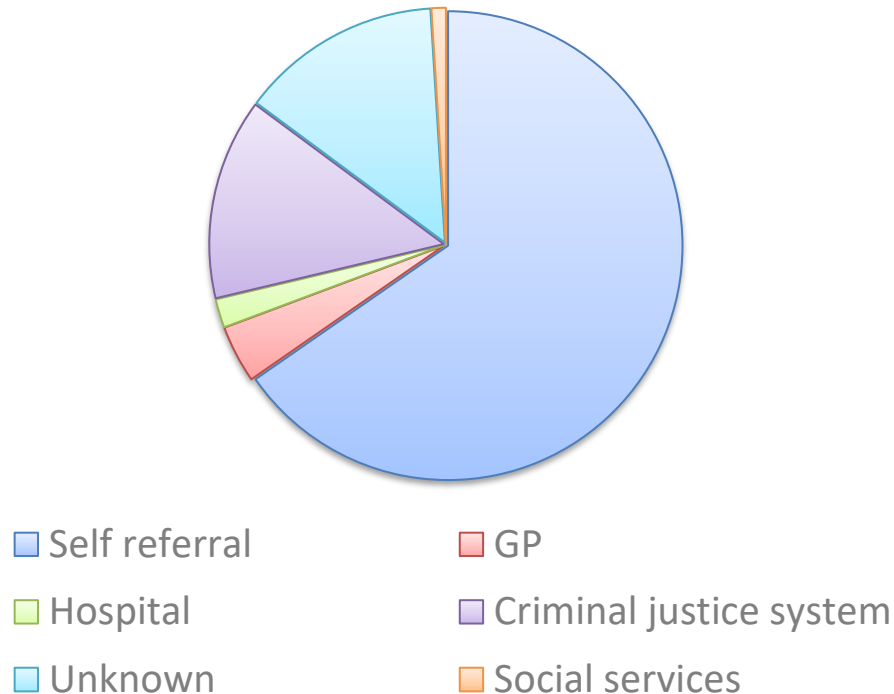
50% alcohol clients had a co-occurring mental health need, of whom 85% were already receiving mental health treatment from:

- community mental health team(24%)
- psychological therapy via the IAPT programme (8%)
- GP (45%)
- Other source (6%)⁹.

Housing issues are not prevalent in clients attending treatment only for alcohol problems; 90% of clients cited no housing issues at the start of treatment

Tier 3 & 4 – drug treatment clients (incl. clients attending for both drug and alcohol treatment)

Source of referral for drug treatment
2019/20



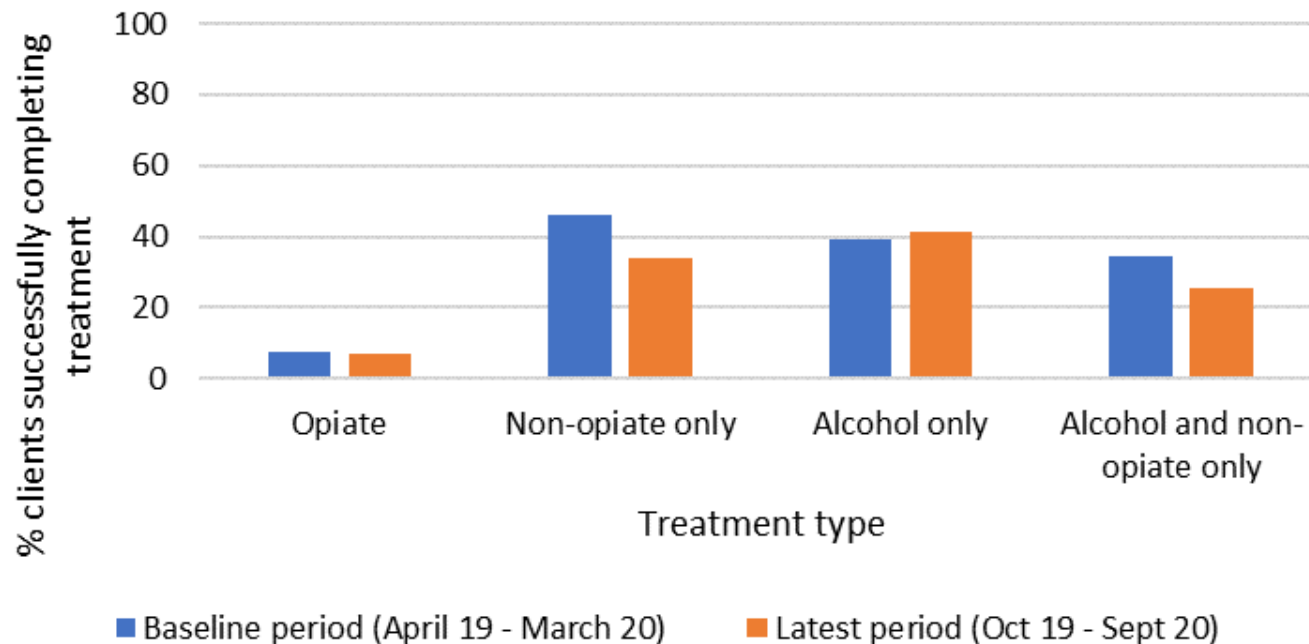
52% alcohol clients had a co-occurring mental health need, of whom 63% were already receiving mental health treatment from:

- community mental health team(17%)
- psychological therapy via the IAPT programme (10%)
- GP (36%)

Housing issues are relatively common; 17% clients report a housing problem and a further 19% report an urgent housing problem

Treatment Outcomes

For opiate users in treatment, the percentage of successful completions is low (less than 10%). Successful completion rates for non-opiate use only, alcohol use only and alcohol and non-opiate use only, are moderate (between 25-50%).



Percentage of total clients successfully completing treatment by treatment type in rolling 12 month period

Support needs are complex and multi-agency



Public services supporting residents with Tier 3/4 drug and alcohol misuse issues

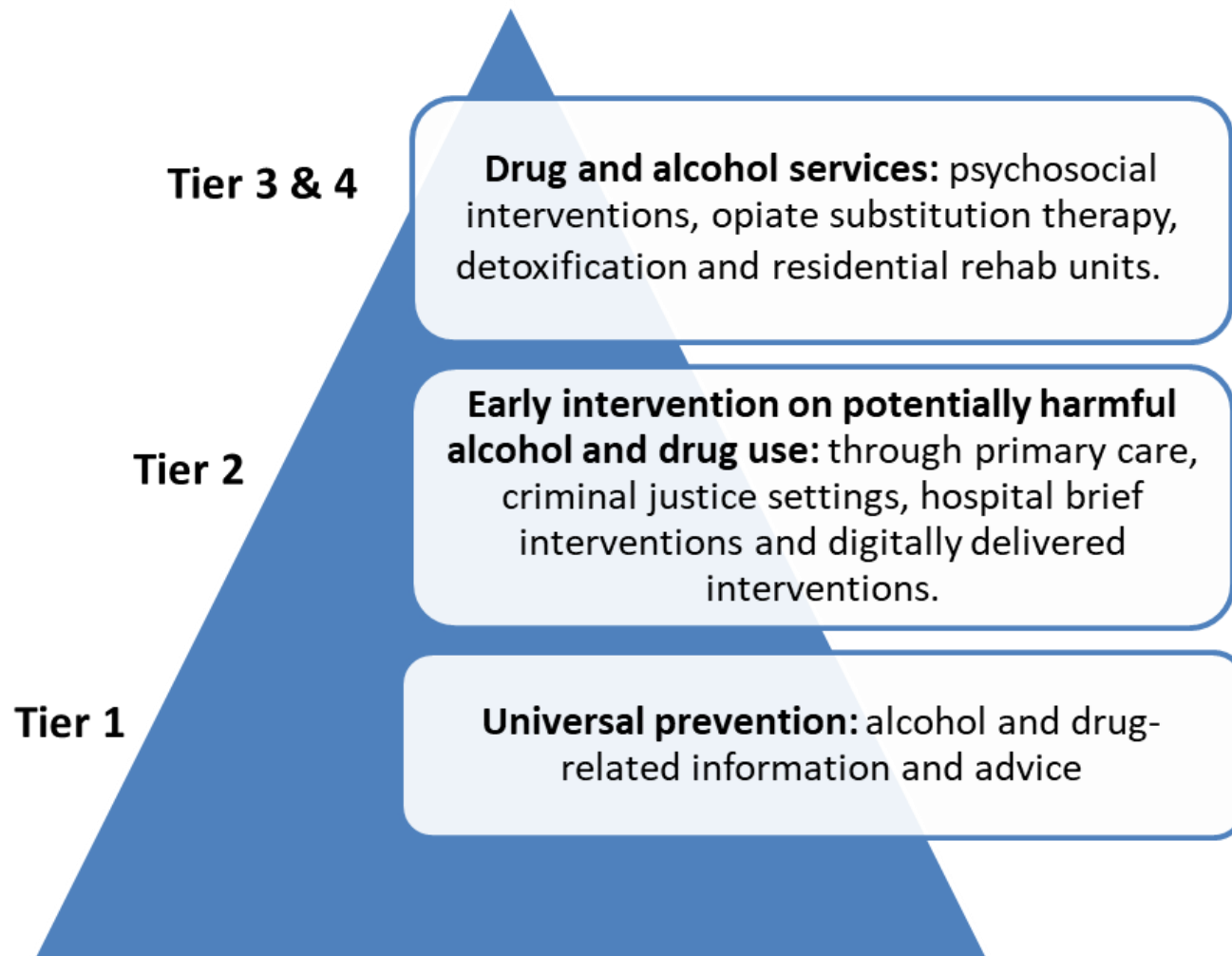
Multi-source data tells us:

- Individuals receiving Tier 3/4 level drug and alcohol treatment are a relatively small proportion of the RBWM population.
- They often have complex needs and receive concurrent support from multiple public services.
- However, is it unclear whether their needs are being fully met – given recovery rates are low to moderate.
- There are multiple 'touchpoints' across the range of services, that could be used as opportunities for interventions on drug and alcohol use.
- A dispersed model for drug and alcohol could potentially integrate across multiple service areas to support the holistic health and social care needs of this client group.

Interventions for the prevention and treatment of drug and alcohol problems

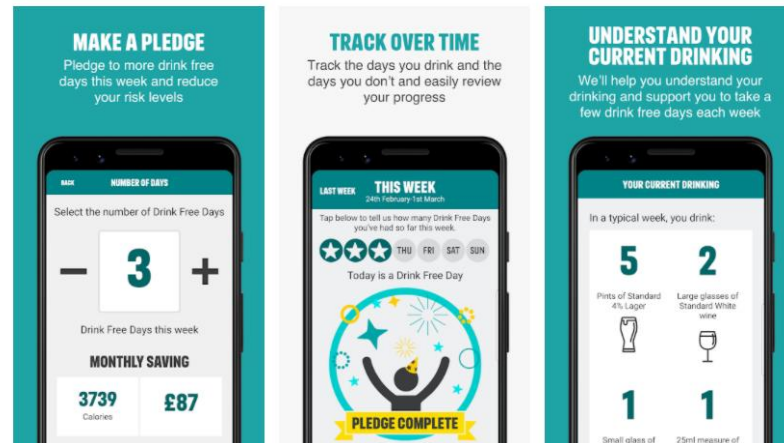


Hierarchy of prevention and treatment for drug and alcohol use



Universal prevention for the Tier 1 population

- Carried out nationally by PHE: alcohol and drug related information and advice
- [PHE One You campaign](#) – encourages a healthier diet, drinking less alcohol, quitting smoking and exercising more
- PHE encourages Local Authorities to utilise and share campaign resources
- Potential for RBWM to increase universal prevention messaging for alcohol & drugs (together with other lifestyle behaviours) , in collaboration with health and social care colleagues



Prevention & treatment for Tier 2 population

Self-help

Support groups

Brief interventions

Increasingly accessed online through websites, webchat or Apps



Alcoholics Anonymous
Great Britain

cranstoun 



drinkaware.co.uk
for the facts

**we are
withyou**



Narcotics Anonymous
United Kingdom

Treatment for Tier 3 & 4 population



Claremont & Holyport Practice



Psychosocial Interventions

- Brief intervention and signposting to online support for lower level needs (T2)
- Structured Psychosocial Treatment (T3)
- Coordination of Peer Support
- Access to Mutual Aid including Alcoholics and Narcotics Anonymous
- Medical Care including: Health & Wellbeing Checks, Needle Exchange, BBV testing, Hepatitis Vaccinations & Naloxone kits



Clinical Prescribing

Opiate substitution therapy



Pharmacy Services

- Needle exchange and supervised consumption for opiate substitution therapy
- Contract managed by RBWM Public Health Commissioner

Summary findings and recommendations



Key Findings – Alcohol use in RBWM

- Potentially in the region of 46,709 to 77,607 (38.7% to 64.3%) adults in RBWM regularly drinking at the increased level of risk
- Relatively small numbers attending treatment service for support reducing alcohol
- Little available data on the number of RBWM adults accessing self-help resources or mutual aid (such as Alcoholics Anonymous) for drinking, nor on the outcomes of these interventions.
- Potentially a significant number of adults in RBWM who are in need of support with reducing alcohol consumption.
- Potential to reduce risk of harm to health, families and the wider associated costs to the health system and society.



Key Findings – Drug use in RBWM

- RBWM commission a drug and alcohol treatment service (clinical & psychosocial) that primarily supports a relatively small population of long term opiate and/or crack cocaine users, with complex multi-agency health and welfare needs
- Drug and alcohol key workers and clinicians have strong local insight about the population using the most harmful drugs. The service provides robust data on clients and their outcomes to the National Drug Treatment Monitoring System.
- Few people attend the service for support with reducing recreational drug use.
- Based on the national prevalence figures for drug use, there could be significant number of adults, particularly young adults aged 16 to 24, regularly taking recreational drugs in RBWM.



Key Findings – Social Care

- Parental drug and alcohol use is a key concern for children's social care workers in RBWM.
- There is currently no dedicated substance misuse worker within the RBWM social care team.
- Parents with problematic alcohol or drug use are signposted to support from the drug and alcohol treatment service.



Recommendations

- Continue to commission a high quality, effective drug and alcohol treatment and recovery service for individuals, including psychosocial and prescribed therapy together with a provision for needle exchange, supervised consumption, and associated health checks for clients.
- Undertake further work to define the support needs of the adult population regularly drinking more than 14 units alcohol a week and those using recreational drugs (but not accessing the commissioned service). Participatory methods could be used to gather insight.
- Consider strengthening harm-prevention for children and young people affected by parental drug and alcohol use, through embedding a designated substance misuse worker within the children's social care team.
- Consider strengthening universal prevention for drug and alcohol use in RBWM through utilising existing marketing campaigns from PHE

