NHS Swindon and Swindon Borough Council

Executive Summary: Adult Alcohol Needs Assessment

Aim and scope

The aim of this needs assessment is to identify, through analysis and the involvement of key stakeholders, what Swindon's alcohol related health needs are and how well these are being met. This will in turn provide information to plan, negotiate and commission services that improve alcohol related health outcomes in Swindon.

The needs assessment is a *health* needs assessment, and so focuses on the health needs of adults using alcohol, though it does explore need in areas that link with health such as housing and community safety. All types of alcohol use are explored, with the focus being on preventing and reducing drinking that causes harm to the health and wellbeing of individuals, families and communities.

The national context

In England the vast majority of people drink alcohol. Although the majority of adults drink within the safe level of units, large numbers also drink above safe levels. According to the national alcohol needs assessment published in 2005[i], 38% of men and 16% of women (age 16–64 years) are drinking above the low-risk or sensible levels. This is equivalent to approximately 8.2 million people in England, and about one in four people aged 16-64 years having an alcohol-use disorder. In recent years there has been a small but steady increase in the amount of alcohol consumed by older adults, and a narrowing of the gender gap in drinking at excessive and harmful levels[ii].

Alcohol is often considered an important part of the cultural fabric of the UK. However in recent years, widespread public, media and political attention has been drawn to the range of problems associated with alcohol, and there is an emerging consensus that the UK has a major alcohol problem[iii].

Life lost from mortality due to alcohol is increasing, with alcohol-related deaths more than doubling since 1979, and more people are dying at a younger age. Alcohol is a major cause of disease and injury and contributes to increased morbidity, both from acute and chronic alcohol use. Alcohol is also associated with a broad range of social and economic problems, at individual, family and societal level (Klingemann and Gmel 2001[iv]). The annual societal cost of alcohol misuse in England is estimated to be £55.1 billion[v], and the cost to the NHS (in England) £2.7 billion[vi].

The extent of the problem in Swindon

In Swindon 20% of residents aged 16 years and over report engaging in hazardous drinking (22-50 units per week for males, 15-35 units per week for females), and 4.9% in harmful drinking (more than 50 units per week for males, more than 35 units for females). 16.1% of adults in Swindon also consume at least twice the daily recommended amount of alcohol in a single drinking session and so engage in binge drinking[vii]. Although these levels of drinking are not significantly higher than those reported in the South West or rest of England, they do indicate that high levels of harmful drinking are taking place.

Impacts on health and wellbeing in Swindon

Alcohol is having a detrimental impact on the health and wellbeing of Swindon's residents. Swindon's alcohol-attributable mortality rate was lower in 2007 than it was in 2001, but the alcohol-specific mortality rate was higher and has increased overall. Between 2005 and 2007, 48 deaths in Swindon occurred as a direct result of alcohol use, whilst in 2007 alone there were 44 deaths where alcohol was a contributory factor[viii].

Between April 2008 and July 2009 there were 746 alcohol-specific hospital admissions in Swindon, with the highest number of admissions being for middle aged residents, and particularly those in their late 30s, 40s and early 50's. In the same period there were 6,082 hospital admissions where alcohol was recorded as a contributory factor for admission.19% of emergency department attendances in Swindon relate to alcohol-use, increasing to 60% at peak times (i.e. Friday and Saturday nights).

As well as having an impact on the health and wellbeing of individual residents, alcohol has an impact on families and communities in Swindon. A large proportion of clients in contact with Swindon's adult treatment provider for alcohol misuse are parents, whose drinking behaviour impacts upon their children. Alcohol also affects community safety, with 1,594 recorded crimes being attributable to alcohol in 2008/09, a (statistically) significantly higher rate compared to the rest of the South West. Alcohol also affects some of the most vulnerable people in Swindon, with Swindon's Rough Sleeper Panel estimating that 95% of those sleeping rough misuse alcohol and drugs.

Local service provision and gaps: quantitative assessment

The range of tier 1 to 4 alcohol treatment services are being provided in Swindon. Tier 1 and 2 treatment services are being provided in a range of settings, though more could be done to develop and enhance provision in some settings; notably in pharmacy and domestic abuse service settings. Further exploration of the quality and range of service provision in settings such as primary care and social care would also be helpful in identifying further gaps in the provision of alcohol care and treatment. Tier 3 and 4 interventions are provided in a more limited number of settings, as would be expected with specialist provision, though opportunities to provide specialist treatment in further community and outreach settings should be explored.

There is a gap between the number of people needing tier 2 and tier 3 (specialist) treatment services and the numbers accessing treatment. The gap in Swindon is smaller than the English average, though the level of access and capacity is still low compared to need.

There is also likely to be under-representation of the following groups in tier 2 and 3 services; those aged over 50 years, some ethnic groups (e.g. Pakistani, Bangladeshi, Chinese communities), and residents from some wards, including those further away from specialist treatment services and two of the most deprived wards.

Local views on alcohol related needs: qualitative assessment

There was general optimism from professionals on Swindon's progress in preventing and reducing alcohol related harm, and in the last 18 months in particular. Many felt that alcohol was higher up the agenda, both nationally and locally. Key priorities for reducing alcohol related harm from professionals' perspective include improved inpatient detoxification facilities, improved treatment capacity in the community setting, improved referral pathways and joined up care for those with mental health and alcohol problems. With this a managed wet/dry house for those that are homeless and/or roofless was viewed as a key priority, as was strengthened partnership working with young people's services with a focus on "families".

Those service users that contributed to the needs assessment greatly appreciated the service provided by Swindon and Wiltshire Alcohol and Drugs Service (SWADS). The following themes emerged with regards to what they perceived to be the local needs and gaps in current service provision; the need to provide specialist treatment in services that they visit on a more "normal" basis (i.e. general practice), the need for joined up care and referral pathways between services, a one stop shop for information on alcohol, more support for families and carers, and more opportunities to engage in inexpensive social and leisure activities (as a way of avoiding drinking). Carers and family members of those that misuse alcohol also felt that there was a need for more rapid access to community and residential treatment, and that services should be deigned to meet people's multiple needs (i.e. not looking at alcohol in isolation).

What works in reducing alcohol related harm

A stepped-care approach to alcohol treatment is needed with screening to detect the type of drinker. The type of treatment depends on the type of alcohol-use disorder. Hazardous drinkers should be given information, advice, and counselling in primary care. Harmful drinkers should be given less intensive (than specialist) treatments in primary or specialist care. Problem drinkers should be referred to a specialist. There is no best treatment/intervention or "treatment of choice" for people with alcohol problems. Rather a range of effective treatments for different kinds of client in different settings is needed.

Securing clarity of drinking goal is important before starting treatment since abstinence and moderation goals call for different treatment approaches. It is also important to involve family and friends in treatment, which will improve the chances of successful treatment. It clear that diagnosing co-morbidity alongside alcohol-use disorders is crucial, as is the provision of the range of services to tackle associated problems.

Hazardous and harmful drinkers receiving brief interventions are twice as likely to moderate their drinking 6 to 12 months after an intervention when compared to drinkers receiving no intervention. Brief interventions also work for women, college students and attendees at Accident and Emergency Departments.

Most detoxifications can occur in the community but there residential care is needed for a small proportion of cases. Self-help and mutual aid approaches

can be of proven benefit to selected individuals.

Police targeting initiatives of the public order and associated problems linked with alcohol occurring in and around bars and clubs have been successful. Such schemes have led to improved bar management and a decline in binge drinking, intoxication, aggression, and violence without displacement of the problems elsewhere. The use of toughened or safety glasses in bars is helpful in reducing accidental and non-accidental glass injuries.

The reduction in drink-driving and subsequent injury and death that has been achieved in many areas of the developed world is one of the success stories of alcohol-harm control. There is reasonably strong evidence that restrictions on the availability of alcohol modestly reduce alcohol consumption, but have a greater impact on the short term harms (such as accidents and violence). Another approach to reducing population consumption is to increase the cost of alcohol, usually by increasing taxation. Strong evidence supports this as a way of reducing the consumption of alcohol within a target population.

Spending money spent on treating people with alcohol-use disorders is cost effective. Brief interventions for hazardous and harmful drinking cost approximately £1,300 per year of ill-health or premature death averted. For every £1 spent on treatment, the public sector saves £5. The provision of alcohol treatment to 10% of the dependent drinking population within the United Kingdom would reduce public sector resource costs by between £109m and £156m each year.

The National Treatment Agency for Substance Misuse (NTA) has published its ideal model of care. This is based on four tiers with a range of interventions in different settings in each tier.

Key recommendations

There are a number of recommendations that this needs assessment makes, and which are set out in Part 9 of this document. The recommendations that can be viewed as “key” recommendations, in that they address needs that were raised most consistently and frequently, are as follows:

Families and children:

- There should be a focus on reducing the impacts and harms of alcohol on the whole family, and especially where parents have children living with them.

Prevention and treatment services:

- An options appraisal should be undertaken to determine the most effective and efficient way of meeting resident’s detoxification needs, including consideration of inpatient and community detoxification facilities. Ideally, detoxification facilities should be provided locally so that people receive the treatment they need within their own community.
- Capacity to provide treatment in the community setting should be increased, which will help to meet the expected increase in demand for treatment (as more people are identified through brief interventions), and prevent and reduce acute and emergency (alcohol specific and related) admissions. Options for increasing treatment capacity in the community

setting should include building comprehensive and enhanced primary care provision, the provision of further specialist clinical community facilities, and further outreach services.
- Opportunities within existing general practice and pharmacy contracts to deliver (locally enhanced) alcohol services should be maximised.

Vulnerable adults with specific needs

- Delivery of services to people with mental health and alcohol problems should be reviewed to ensure that both their mental health and alcohol needs are managed in a coordinated and integrated way.
- As the establishment of a Wet House for street drinkers has been considered for some time, a formal decision should be made as to whether this should be supported or not.

Partnership work and roles and responsibilities

- Partnership work should be strengthened to ensure that alcohol prevention and reduction is embedded as core business in related health and social care services (and across different sectors).

References

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