

JSNA Review - Prioritisation Tool

Priority Topic: Alcohol/Substance Misuse

| | Score | High | Medium | Low | Zero | Score | Weighting | What's the evidence? |
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| | Criteria | 10 points | 5 points | 1 point | 0 points | | | |
| Estimated Level of Need | Level of need – Volume | Topic covers an estimated <u>large 'in need' population</u> (>25,000 people). | Topic covers an estimated <u>medium sized 'in need' population</u> (10,000 – 24,999). | Topic covers an estimated <u>small 'in need' population</u> (<10,000). | - | Medium - 5 points | 1.5 | <p>Alcohol: It is estimated that approximately 26.2% of Warwickshire adults are drinking above low risk levels, which equates to 114,259 people. 5.3% or 23,113 are drinking at harmful levels and 3.6% or 15,700 are dependent on alcohol. This means that 35.2% of Warwickshire adults, or 153,072 people are drinking at 'risky' levels (DAAT Needs Assessment 2014).</p> <p>Substance Misuse: It is estimated that 6.3 people per 1,000 Warwickshire residents aged 15-64 are dependent on crack or heroin, which equates to just under 2,500 residents. Approximately 47.5% of these are in treatment (Source: Q4 DOMES). As well as those dependent on opiates or crack, there are also a range of other users who could be considered as being 'recreational' and use 'party' drugs such as cocaine or ecstasy, or other chronic or occasional users of drugs such as cannabis. It is more difficult to obtain local estimates of the number of people in Warwickshire engaging in such activity.</p> |
| | Level of need – Severity | The population concerned have <u>'severe' needs.</u> | The population concerned have <u>'considerable' needs.</u> | The population concerned have <u>'moderate' needs.</u> | - | Medium - 5 points | 1.5 | <p>Alcohol: A spectrum of need exists, ranging from low level support for those with 'harmful drinking' issues to acute medical and social care for those with alcohol dependency.</p> <p>Substance Misuse: There are a multitude of risk factors associated with being dependent on drugs, which result in people having severe needs. The associated physical health conditions include the risk of overdose, blood-borne infections including hepatitis b and c and HIV, associated infections such as TB, poor mental health, general poor physical health, poor dental health and injection site wounds. There are also wider personal needs that could be considered severe and a burden on society, including those around housing, employment and relationships.</p> |

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| | <p>Level of need – Trend</p> | <p>Available evidence suggests <u>rapidly worsening</u> situation over time.</p> | <p>Available evidence suggests <u>worsening</u> situation over time.</p> | <p>Available evidence suggests situation has remained <u>stable</u> over time.</p> | <p>Available evidence suggests <u>improving</u> situation over time.</p> | <p>Low - 1 points</p> | <p>1</p> | <p>Alcohol: The proportion of men consuming more than four units on the heaviest day's drinking in the last week did not show substantial change between 2006 and 2012. Similarly the proportion of men that drank more than twice the recommended amount showed little change over the period. Among women there was a decrease between 2006 and 2012, both in the proportion consuming more than three units on the heaviest day's drinking last week (from 33% to 28%) and in the proportion drinking more than twice the recommended amount (16% to 13%) although these proportion have remained unchanged for the last two years (Source: DAAT Needs Assessment).</p> <p>Substance Misuse: From 2009-2010 to 2010-2011, it estimated the number of Warwickshire residents who are addicted to heroin or crack has increased by approximately 100 (Source: Q4 DOMES). According to the Public Health Outcomes Framework (PHOF), the number of successful completions of drug treatment declined by 1% for opiate clients and declined by 27% for non-opiate clients (Source: Q4 DOMES) from 2011-2012 to 2012-2013.</p> |
| | <p>Level of need – Benchmarks</p> | <p>Available evidence suggests <u>very high</u> prevalence relative to comparator areas (the County is a clear statistical outlier).</p> | <p>Available evidence suggests <u>above average</u> prevalence relative to comparator areas.</p> | <p>Available evidence suggests prevalence <u>in-line</u> with comparator areas.</p> | <p>Available evidence suggests <u>relatively low</u> prevalence relative to comparator areas.</p> | <p>Low - 1 points</p> | <p>1</p> | <p>Alcohol: According to the Local Alcohol Profiles, no areas in Warwickshire rank within the worst performing areas nationally¹. According to the PHOF, Warwickshire performs better than the national average in terms of alcohol-related admissions². However, according to the DAAT needs assessment, Warwick District and Stratford-on-Avon District have the highest proportions of increasing risk drinkers (consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females) and higher risk drinkers in the county and these proportions are higher than the equivalent regional and national figures. This indicates that whilst alcohol dependency is less of an issue when compared with benchmarks, higher risk drinking is a potential issue within some areas in Warwickshire.</p> <p>Substance Misuse: When compared with the national rate, Warwickshire has a lower rate for opiate and/or crack dependency prevalence (6.3 per 1,000 compared with 8.7 per 1,000)</p> |

¹ <http://www.lape.org.uk/data.html>

² <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E12000005/are/E10000031>

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| | <p>What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit?</p> | <p><u>Large</u> potential health benefits to be gained.</p> | <p><u>Medium</u> potential health benefits to be gained.</p> | <p><u>Small</u> potential health benefits to be gained.</p> | <p>-</p> | <p>High - 10 points</p> | <p>1</p> | <p>Alcohol: Alcohol abuse can lead to a number of harmful physical and psychological effects. There is a spectrum of alcohol misuse, ranging from increased-risk drinking, to higher risk and then dependent drinking, each of which has associated physical effects. Increased risk drinking may not present with any alcohol-related health problems immediately, but can result in an increased risk of experiencing problems in the future. Harmful drinking can cause health problems directly related to alcohol, including depression, an alcohol-related accident, such as a head injury or acute pancreatitis (inflammation of the pancreas). Furthermore, many health problems that occur as a result of harmful drinking don't cause any symptoms until they reach their most serious stages. These include heart disease, high blood pressure, cirrhosis and some types of cancer, such as mouth cancer and bowel cancer. This means it can be easy to underestimate levels of physical damage caused by harmful drinking. Depending on level of dependence, users may experience withdrawal symptoms if they suddenly stop drinking alcohol. These can be both physical and psychological. Physical withdrawal symptoms include hand tremors, sweating, nausea, visual hallucinations and seizures. Psychological withdrawal symptoms include depression, anxiety, irritability, restlessness and insomnia.</p> <p>Substance Misuse: Drug dependency is a health disorder with social causes and consequences. In medical terms, it is a chronic condition characterised by relapse and remission. Dependent drug users are vulnerable to overdoses, blood-borne viruses and general poor physical and mental health.</p> |
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| Early Intervention | <p>Does the topic have early intervention implications? Is it any emerging issue which is likely to cause further problems in the future?</p> | <p><u>Clear, demonstrable evidence</u> that there is a <u>strong case</u> for early intervention.</p> | <p><u>Some evidence</u> which highlights areas suitable early intervention.</p> | <p><u>Weak evidence</u> that the topic has areas suitable early intervention.</p> | <p><u>No evidence</u> to suggest that the topic contains areas suitable early intervention.</p> | <p>High - 10 points</p> | <p>1</p> | <p>Alcohol: Interventions aimed at individuals can help make people aware of the potential risks they are taking (or harm they may be doing) at an early stage. This is important, as they are most likely to change their behaviour if it is tackled early. In addition, an early intervention could prevent extensive damage³.</p> <p>According to NICE, both population-wide and individual interventions are needed as part of a combined approach to reducing alcohol-related harm that will benefit society as a whole. Population-level approaches are very important because they can help reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol-related harm. They can help those not in regular contact with relevant services. They can also help reduce the number of people who start drinking harmful or hazardous amounts in the first place. In addition, they may help those who have been specifically advised to reduce their alcohol intake, by creating an environment that supports lower risk drinking.</p> <p>In order to effectively reduce the risk of young people developing alcohol problems we must focus on supporting young people in the key risk groups. This means not only providing specialist drug and alcohol treatment provision but also ensuring that children and young people's services are fully committed to identifying and intervening in order to tackle drug misuse problems before they become acute.</p> <p>Substance Misuse: Many rough sleepers are drug users, for example, but their drug use usually reduces significantly when their housing problems are solved. Mental illness is also linked to drug use, and users are more likely to recover when treatment and mental health services work together.</p> <p>Intervening should result in economic, social and health benefits. See 'wider impact' and 'cost implications' for more information.</p> |
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³ <http://www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf>

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| Consultation & Engagement | What level of qualitative information do we have on the issue? | <u>Consistent evidence of strong views</u> from stakeholders, patients, residents and/or service users. | <u>Some evidence of strong views</u> from stakeholders, patients, residents and/or service users. | <u>Weak evidence of views</u> from stakeholders, patients, residents and/or service users. | <u>No evidence of views</u> from stakeholders, patients, residents and/or service users. | Low - 1 points | 1 | <p>Alcohol: Some anecdotal evidence from local stakeholders. Providers were asked if they felt current alcohol and drug treatment provision is sufficient to meet the demand/need they see. Equal numbers (12) of respondents felt that provision was sufficient to meet need as felt it wasn't with a minority being unsure. Providers commented on capacity issues around caseloads and resources generally to meet demand as well as the need for more outreach or community based services which would better suit some service users. <i>A feeling that services were sometimes still treatment rather than recovery focused was also evident.</i></p> <p>Substance Misuse: National surveys indicate that 75% of people believe drug treatment is a good use of money; 80% think it makes society better and safer; and 66% fear without it crime would rise .</p> |
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| Inequalities | What is the scale of inequality? | <u>Persistent, wide scale geographic and population-based inequalities</u> are clearly apparent. | <u>Some notable geographic or population-based inequalities</u> are apparent. | <u>Some minor inequalities</u> exist. | <u>Little or no evidence</u> of inequalities. | Medium - 5 points | 1 | <p>Alcohol:</p> <p>There is variation across Warwickshire. In terms of raw numbers of people affected by alcohol dependence; North Warwickshire Borough and Stratford-on-Avon have the lowest figures, with Nuneaton and Bedworth Borough followed by Warwick District the highest figures⁴. In terms of increased risk or higher risk drinking, the highest levels are seen in Warwick, followed by Stratford-on-Avon. The lowest levels are seen in Nuneaton and Bedworth and North Warwickshire. There is some geographical variation in the prevalence of binge drinkers; Warwick and North Warwickshire are estimated to have the highest number of binge drinkers, with Nuneaton and Bedworth the lowest numbers; the variation between the areas with the highest and lowest is 77 people. The highest level of alcohol-related recorded crime is in Nuneaton and Bedworth and the lowest is in Stratford-on-Avon, with a range of 213 crimes. The same pattern is seen for alcohol-related sexual offences, with a range of 211 offences⁵. The differing trends highlight the complexities of needs around alcohol.</p> <p>Managers and other professionals self-report that they consume the most alcohol (an average of 19.9 units (160 g) a week compared with 16.7 units (134 g) a week for people in routine and manual groups). However, the adverse effects of alcohol are exacerbated among those from lower socioeconomic groups, as they are more likely to experience its negative consequences. (This is not necessarily as a result of drinking themselves, but can be due to other people's drinking.) In addition, factors such as a poor diet and a general lack of money mean that people in lower socioeconomic groups who do drink heavily cannot protect themselves as well as those in more affluent groups against the negative health and social consequences.</p> <p>Compared with those living in more affluent areas, people in the most deprived fifth of the country are: two to three times more likely to die of causes influenced, in part, by alcohol; three to five times more likely to die of an alcohol-specific cause; two to five times more likely to be admitted to hospital because of an alcohol-use disorder.</p> <p>Substance Misuse:</p> <p>In 2009-2010 and 2010-2011 the largest proportion of crack or opiate users in Warwickshire were aged 35-64. However, in 2011-2012, the largest proportion were aged 25-43. The 15-24 year old age group have made up the smallest proportion of crack and heroin users for the last three time periods.</p> <p>It is difficult to obtain data on drug usage by geographical location. The DAAT collect data on treatment referrals and the majority for March 2014 were in Nuneaton, followed by Leamington. Those undergoing treatment are advised to use the service most convenient for them, so it can be assumed that the drug and alcohol problem is most pronounced in Nuneaton and Bedworth/the North and Leamington Spa and surrounding areas.</p> |
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⁴ <http://www.lape.org.uk/data.html>

⁵ <http://www.lape.org.uk/data.html>

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| Wider Impact | What broader impact does the topic have on the local population? | A number of <u>significant, clear and obvious direct impacts.</u> | A <u>moderate direct and/or indirect impact.</u> | A <u>minor indirect impact.</u> | <u>Unclear, little or no impact.</u> | Medium - 5 points | 1 | <p>Alcohol: Alcohol misuse can result in an inability to work and socialise and destructive behaviours, such as drink-driving, being involved in an accident, becoming involved in an argument or fight or taking part in risky or illegal behaviour while drunk, such as having unprotected sex. Harmful drinking can also cause social problems, such as relationship difficulties with a partner or family and friends, as well as problems at work or college. As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness.</p> <p>The impact on other family members can be profound, leading to feelings of anxiety, worry, depression, helplessness, anger and guilt. For example, it can lead to financial worries and concern about the user's state of physical and mental health, as well as their behaviour. It can also affect the family's social life and make it difficult for family members to communicate.⁶</p> <p>Substance Misuse: Negative personal outcomes include declined employability, distress to family and friends, neglect to children. Further negative outcomes for the wider community include crime and drug litter. While heroin and crack addicts are in treatment they use fewer illegal drugs and commit less crime to fund the purchase of drugs from street dealers. Less injecting, drug litter and blood-borne viruses also mean a reduced risk to public health.</p> |
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⁶ <http://www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf>

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| Cost Implications | Estimated economic cost associated with tackling the topic in Warwickshire | High levels (multi-millions of £s) of both direct and indirect estimated economic costs both now and in the future. | Medium levels (c. £5 million) of direct and/or indirect estimated economic costs both now and in the future. | Low levels (<£1 million) of estimated economic costs either now/and or in the future. | - | High - 10 points | 1.5 | <p>Alcohol: Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually⁷. Very limited local evidence around the cost savings associated with reducing alcohol usage. Some research suggests that alcohol usage creates more revenue than it costs to society.</p> <p>Substance Misuse: According to the National Treatment Agency, for every £1 spent on drug treatment, £2.50 is saved in reduced crime and lower costs to the NHS. The Home office estimates that drug-related crime costs society £13.9bn a year; NICE estimates the lifetime crime and health bill for every injecting drug user is £480,000. In Warwickshire, for every £1.00 spent on the local treatment system in 2012-13, £3.23 was gained in benefits (Source: VFM Summary).</p> |
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Total Score = 63

Maximum points available: 115

⁷ <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000005/are/E10000031>