



Yorkshire & Humber Improvement Partnership



Offender Health and Social Care
Yorkshire and Humber

Improving Health, Social Care & Supporting Justice



*National Treatment Agency
for Substance Misuse*



GOVERNMENT OFFICE
FOR YORKSHIRE AND THE HUMBER

Executive Summary

Alcohol and Offenders Project Yorkshire and Humber Region



Julia Fazackerley, April 2009



Strategic context:

1. The cost to the Government in relation to alcohol related ill-health and crime and disorder is estimated to be around 20 billion pounds a year. Lord Darzi's recent review of the NHS set out tackling alcohol related harm as a key priority for the NHS. On a regional level, the Yorkshire Humberside NHS Healthy Ambitions report set out five key priorities for PCT's in relation to tackling alcohol misuse, including the increased use of brief interventions, more effective screening, and the commissioning of a range of tiered services for alcohol users.
2. The links between alcohol misuse and offending are well documented. Several recent key studies have evidenced the economic and health benefits of investing in treatment to support alcohol misusers, in both Criminal Justice and Health settings.
3. The studies support the wide use of identification, screening, brief interventions and advice for the high numbers of harmful and hazardous drinkers, and more specialist interventions for the smaller number of dependant drinkers. Also, that such Interventions should be provided across a wide range of settings, enabling the most effective use of the opportunities available to those services that regularly come into contact with problem drinkers.
4. The current national Alcohol Strategy (Safe Sensible Social, DH & HO, 2007) outlines the key opportunities within the Criminal Justice System for providing interventions to alcohol misusing offenders. These include Alcohol Arrest Referral schemes in police custody suites aimed at those arrested for alcohol related offences, Probation requirements and programmes for those offenders under Supervision for alcohol related offending, and Prison Service substance misuse services providing interventions to alcohol misusers in their care.

Project context:

5. The project was commissioned by the regional Government office, to be delivered through the Yorkshire and Humber Improvement Partnership (YHIP), Offender Health and Social Care Programme to:

- Scope the treatment needs of alcohol misusing offenders across the region.
- Map the current service provision available to alcohol misusers within Criminal Justice and Health services.
- Provide a list of current alcohol treatment providers, and the provision offered as per locality.
- Outline what alcohol treatment is currently being commissioned in each locality.
- Examine different definitions and interpretation of 'treatment', 'tiers', 'dependency' and 'assessment' across health and justice services, with reference to the Models of Care for Alcohol Misusers guidance.
- Outline recommendations for change to an integrated model of treatment for those with alcohol problems coming into contact with the Criminal Justice System within the region.

6. The main Project methods used were examination of key data sources and literature, questionnaires, service user focus groups, interviews and meetings.

Main findings:

7. Probation OASys data indicates that 50% of offenders in the community and 37% of offenders in prison serving over 12 months have alcohol misuse issues.
8. Sample data shows that 87% of prisoners drank at hazardous or dependant levels (two thirds drank over 25 units in a drinking session). 63% of these were in prison for less than a year or on remand. Patterns were similar for male and female prisoners.
9. Approximately 10% of the prison population receives medically assisted clinical withdrawal / detoxification when entering custody.
10. The main offences being committed by offenders with alcohol issues are violence, robbery, burglary and criminal damage. The main age group of these offenders is 18 to 25 years, and they are predominantly male and White British.

11. There are significant levels of home-brewed and labeled alcohol being found in prisons.
12. 20% of residents in Probation Approved Premises have alcohol misuse problems, and 85% of residents are on licence from prison, having served over 12 months.
13. Over half of the women accessing community offenders' projects have alcohol misuse problems. The main age group of these women is 26-35 years, and the main offences being committed are assault, driving offences and theft. A high proportion of women have both alcohol and mental health problems, and / or alcohol and domestic violence issues.
14. Sample A&E data shows that 32% of presentations related to violence were linked to alcohol use, and were mainly male, aged 18-25 years.
15. National Treatment Agency data shows that 9% of referrals to alcohol treatment are from Criminal Justice services. The main age group *not* accessing services is 18 to 24 years, which is actually the main age group of offenders with problematic use.
16. An audit of provision and commissioning shows that there are significant differences across the region in the commissioning and co-ordination of responses to alcohol misusing offenders. Whilst interventions are being increasingly provided in various Criminal Justice settings, the provision, and the pathways between Justice and Health services, is not standard across the region.
17. There is a significant barrier and lack of continuity for alcohol only misusing offenders entering and leaving prison, as well as a lack of interventions being provided in the prisons.
18. There is a similar interpretation by both Health and Justice services in relation to MoCAM's definitions of treatment, tiers, dependency and assessment. However, there is a lack of standardised assessment tools in some areas leading to duplication and an ineffective sharing and use of information.

Key Recommendations:

19. Examine how the NHS commissioned alcohol pathways in each locality are currently meeting the recommendations under Healthy Ambitions, as well as the specific population needs identified in this report, and consider investment targeted around those areas of need.
20. Examine further the local alcohol strategies, resources, contract arrangements, joint structures and commissioning in each locality, with a view to determining a best practice joint Health and Justice commissioning model for offenders with alcohol misuse problems.
21. Promote increased flexibility within budgets to reduce the separation between drug and alcohol problems and services, and allow flexibility within services providing tier 2 interventions.
22. Increase Service Capacity for those offenders with alcohol related offending to access treatment provision, including increased provision of Probation requirements, Alcohol Arrest Referral schemes, and psycho-social interventions in prisons.
23. Increase capacity within Health services, to provide the health component of alcohol treatment, to match any increase in Criminal Justice interventions.
24. Increase the provision of alcohol identification and brief advice across generic Criminal Justice, Social Care and Health settings.
25. Maintain a directory of the Health and Justice services available to offenders with alcohol misuse problems.
26. Ensure, where appropriate, standardised assessment tools, terminology, resources, and monitoring tools across the region and within different settings.
27. More effective information sharing between key partners in relation to the reducing alcohol related harm and crime reduction agendas.
28. Share good practice and outcome evidence of initiatives between localities.
29. Promote self-help support, services for carers, and service user involvement.
30. Develop a regional workforce development strategy.