



Yorkshire & Humber Improvement Partnership **YHIP**
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

Alcohol and Offenders Project

Yorkshire and Humber Region



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Alcohol and Offenders Project – Final Report

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Introduction

This project explores the treatment needs of alcohol misusing offenders within the Criminal Justice System within the Yorkshire Humber region.

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.

The report looks at the treatment needs of alcohol misusing offenders within key Criminal Justice settings, Probation, prisons, police, as well as other health and community settings, through an examination of available data and information in these areas (1). It maps the interventions and services, both within Criminal Justice and community services, available to alcohol misusing offenders, and in doing so, maps in part the provision available to the wider, non-offender, population. A full list / directory of alcohol services is provided on this basis (2). The report also outlines how these services are commissioned and provided within each locality (3). It then looks at how treatment, tiers, dependency and assessment are defined and understood within the different settings, with reference to the Models of Care for Alcohol Misusers guidance (Department of Health, 2006). Workforce training is also examined across the services and a training summary is provided. The report then explores existing treatment pathways for offenders with alcohol problems (6), and provides conclusions (7) and recommendations for change to an integrated model of treatment for those entering the Criminal Justice System (8).

The project takes account of the views of service users, service providers and commissioners throughout, and these views are considered when framing recommendations for change.

The report begins with a Foreword summary and a synopsis of national and regional strategy in relation to alcohol use and offenders. [A full Executive Summary is provided at Appendix 10.](#)

The report contains numerous acronyms and abbreviations – these are explained throughout the report, and there is also a reference list at the end of the report for ease of reference.

Foreword summary

A scope of the treatment needs of offenders with alcohol misuse problems has highlighted a significant level of need amongst the offender population. This has been shown to be the case across a range of settings within Criminal Justice and health, amongst different age groups and genders, and indicates that about half of offenders have alcohol misuse issues. The project has found a particularly high level of need, highlighted by greater alcohol consumption levels, amongst male offenders, aged between 18 and 25 years, serving short sentences in custody, and for offences related to violence. Significant levels of need are also evident amongst women offenders, both in custody and the community, where alcohol misuse often co-exists with other health and social problems. An examination of existing treatment provision, able to meet the needs of this population, shows that there are a range of services being provided within Criminal Justice and health, and a positive shift towards increasing the availability of interventions aimed at offenders. However, the provision is not consistent across the region and there are gaps in provision within certain settings, notably in prisons. The commissioning and co-ordination of services for offenders is shown to vary between localities, and the development of an integrated model of care based upon a regional strategy to better meet the treatment needs of alcohol misusing offenders is required.

Strategic context and background

National context

The links between alcohol use and offending are well documented, and there are several key documents relating to alcohol use, health and crime. The Government's **Alcohol Harm Reduction Strategy for England (PM Strategy Unit, 2004)** set out four main aims:

- improved and better targeted education and communication
- better identification and treatment of alcohol problems
- better co-ordination and enforcement of existing powers against crime and disorder
- encouraging the industry to continue promoting responsible drinking

The **Choosing Health White Paper (DH, 2004)** built on the above and outlined key steps to reduce alcohol-related harm and encourage sensible drinking, including a national campaign to tackle the problems of binge drinking, training for professionals, piloting screening and brief interventions in primary and secondary health settings (including Accident and Emergency), and similar pilots in Criminal Justice settings.

In 2007, the Department of Health set out **World Class Commissioning (DH, 2007)**, a statement of intent aimed at delivering outstanding performance in the way the NHS commission health and care services, which includes services for those with alcohol problems. It aims to have a direct impact on population health, and to significantly reduce inequalities between those areas with the worst health and the general population. The shift in focus is on increased partnerships, an evidence-based approach to commissioning, more patient choice, defining priorities, and focusing on changing needs.

In 2007, the Government reviewed progress and set out its next steps in the **National Alcohol Strategy in Safe.Sensible.Social (DH & HO, 2007)**. Key priorities in relation to alcohol-related crime and disorder are: “**sharpened criminal justice for criminal behaviour**”, with a focus on **18-24 year old binge drinkers**; the requirement of all CDRPs to have a joint strategy to tackle crime, including alcohol related disorder and misuse; earlier

identification, interventions and treatment of harmful drinking; and **concerted action to tackle alcohol-related offending.**

There has been progress in improving health and treatment services and combating alcohol-related crime since the 2004 Strategy, including:

- **Trailblazer research trails** to support harmful drinkers, through screening and brief advice, including in 24 Criminal Justice settings (due for evaluation in May 2009).
- A national assessment of the need for and availability of alcohol-related treatment (**The Alcohol Needs Assessment Research project, ANARP, 2007**), which found that investment in alcohol treatment did not relate to actual drinking levels in England.
- Guidance on the provision of effective alcohol treatment services in developing and implementing programmes, which includes some good practice examples of using brief interventions in Criminal Justice settings (**Alcohol Misuse Interventions: guidance on developing a local programme of improvement, DH, 2005**).
- Guidance and a framework for commissioning and providing interventions and treatment for adults affected by alcohol misuse (**Models of Care for Alcohol Misuse, DH & NTA, 2006**).
- A comprehensive review of the research in relation to alcohol treatment (**Review of the effectiveness of treatment for alcohol problems, NTA, 2006**). This showed that treatment *is* effective, and recommended the use of brief interventions for the large numbers of hazardous and harmful drinkers, including within Criminal Justice settings.
- New powers under the **Licensing Act 2003/5 and the Violent Crime Reduction Act 2006** to deal with irresponsible licensed premises and to reinforce collective responsibility to tackle alcohol related crime and disorder.
- A strategic approach to tackling alcohol misuse across correctional services. The Prison Service **Addressing Alcohol Misuse – A Prison Service Alcohol Strategy for Prisoners, HMPS, 2004**), and the Probation Service **Working with Alcohol Misusing Offenders – a strategy for delivery, NPS, 2006**) created a National Offender Management Service (NOMS) strategy to tackling alcohol misuse, which is more co-ordinated and consistent.

- Tackling alcohol-related violence through the **Tackling Violent Crime Programme (TVCP)** which involved the Home Office working with local areas with high levels of serious violent crime (32 of 373 CDPRs, which included Sheffield).
- **Alcohol and domestic violence** – research has shown alcohol use to be a ‘feature’ in two-thirds of domestic violence offences (Gilchrist et al, 2003). The Government has increased investment in tackling the problem. Progress has been the Domestic Violence, Crime and Victims Act 2004, and enforcement campaigns to improve police involvement.
- **Alcohol and sexual violence** – a high proportion of sexual assaults take place when the victim has used alcohol, perpetrators often drink prior to incidents or have drink problems, and victims often drink as a way to cope with violence and abuse. There have been two Government campaigns around this issue focusing on consent and vulnerability amongst women.
- **Parental alcohol use – Working Together to Safeguard Children document (DH, 2006)** recommended protocols for coordinating assessment and support between adult drug services and children’s services as well as collaboration with prison, Probation courts and health services etc.
- The availability of **local alcohol profiles** for England (LAPes) and by PCT areas, measured against national and regional averages, available on the North West Public Health Observatory website (NWPHO).

The Government’s current strategy to tackle alcohol-related offending emphasizes that there are opportunities at each stage of the Criminal Justice system to identify people who are misusing alcohol, and to provide appropriate interventions, including referral to specialist treatment and brief interventions, as well as the use of penalties.

Alcohol Arrest Referral (AAR) schemes and pilots have been introduced in some areas to provide brief advice, and referral on where necessary, to people arrested for alcohol-related offences. Four Home Office pilot schemes were established in October 2007 to be reviewed in March 2009, and a further nine were established in 2008 to run until 2010 (in Yorkshire and

Humberside this includes North East Lincolnshire, and several other non-funded initiatives, see part 3 of the report). The schemes will be evaluated to assess the effectiveness of identification and brief interventions in criminal justice settings in reducing offending, and in reducing levels of harmful and hazardous drinking. **The focus of AAR is on binge drinkers, rather than dependant drinkers, and on the 18-24 age-group.** Conditional Cautions were introduced under the Criminal Justice Act 2003, which allows offenders to be steered into appropriate treatment. For further information on [Alcohol Arrest Referral see Appendix 1.](#)

National Probation Service (NPS) interventions include attaching an Alcohol Treatment Requirement (ATR) to orders, which is targeted at dependent drinkers requiring intensive treatment. Supervision or activity requirements, including Stop Binge Drinking, can also be used to provide support and appropriate interventions to those with less serious problems, including brief interventions. Group work programmes to address alcohol related offending include Drink Impaired Drivers scheme (DID), and the Lower Intensity Alcohol Programme (LIAP) where alcohol related offending can be addressed along with other needs. For further information on [Probation options for offenders with alcohol issues see Appendix 2.](#)

Another available option for alcohol using offenders is **COVAID, 'Control Of Violence For Angry Impulsive Drinkers'**. This is an accredited intervention aimed at alcohol related violence, for non-dependant drinkers who become aggressive or violent when drunk. It provides a structured cognitive behavioural intervention through groups or individual format. COVAID can be delivered in both community or prison criminal justice settings, and can be delivered by a range of trained professionals. This is currently run within some Probation teams in the region (see part 3). [See Appendix 3 for more information on COVAID.](#)

The national **Prison Service Alcohol Strategy** (above) focuses on treatment and supply reduction. Interventions to support alcohol misusers include detoxification for dependant drinkers. This is provided under the Integrated Drug Treatment System (IDTS), which provides clinical and psycho-social support in relation to substance misuse. The Counselling, Assessment, Referral, Advice and Throughcare services (CARAT) provide non-clinical support to alcohol users if part of a wider drug problem. The Prison Service is also in the process of developing an accredited intensive alcohol treatment programme (the 'Alcohol

Free Good Life Programme', aimed at young male violent binge drinkers, was recently piloted at HMP Hull, one of several pilot sites, and this programme is under evaluation).

Revised Prison Service Healthcare Indicators now include, for the first time, measures to be achieved in relation to the provision of alcohol interventions. They set out a framework of provision ranging from brief interventions to specialist programmes for prisoners – at present most of the required provision is not in place. [See Appendix 4 for Health Indicators relating to Alcohol.](#)

The Alcohol Befriending Scheme was recently piloted in nine London prisons by Alcohol Concern and the Drug Strategy Team. This is a Prisoner Peer Support Training Module for prisoners with alcohol only problems, and involves training CARAT staff to run the scheme, training prisoners as befriending peer supporters, and facilitating SMART recovery groups for prisoners. SMART is a peer-support model based on a cognitive behavioural alternative to Alcoholics Anonymous (AA): the self-management and recovery training model.

The evidence base in relation to alcohol and crime is based on various pieces of research. **The British Crime Survey (BCS, 2007/08)** suggests that alcohol-related violent offences have decreased. However, the public perception is that alcohol is one of the major causes of crime (52%), and a significant number think that alcohol-related disorder is a problem. A study of under-age drinking (Offending, Crime and Justice Study, 2006) found that **18-24 year olds were more likely to binge drink than other age groups. This group also accounted for 30% of all offences and 24% of violent offences. The BCS also measured that 45% of offenders were perceived to be under the influence of alcohol in violent incidents (947,000 incidents in 07/08),** and 58% in cases of stranger violence.

In relation to health, alcohol consumption is increasingly a major cause of ill health. It is estimated that 18% of adults drink at hazardous levels, and 7% drink at harmful or dependant levels, increasing various health risks and diseases. Hospital admissions for liver disease, mental health disorders and acute intoxication rose to 207,788 in 2006/07 (doubling in 10 years). In 2006, there were 8,758 deaths from alcohol related causes (doubling in 15 years). Excessive alcohol consumption is related to 15,000-22,000 premature deaths each year. Department of Health and ONS data (Office of National Statistics) show that alcohol-related

deaths are about 45% higher in areas of high deprivation, three times higher for women and five times for men. The Government estimates that alcohol misuse costs over £20 billion a year in ill health and crime and disorder.

The Department of Health continues to emphasise the importance of public health measures around alcohol misuse, including in the **Choosing Health** document (above), in **Lord Darzi's review of the NHS, High Quality Care for All (2008)** and in Yorkshire and Humberside's **Healthy Ambitions** (see below). Excessive alcohol use is seen as a major burden on the NHS and tackling alcohol harm is set out as a priority in Darzi's Review:

"The NHS in the 21st century increasingly faces a burden determined by the choices people make: to smoke, **drink excessively**, eat poorly and not take enough exercise"... "Every primary care trust will commission comprehensive wellbeing and prevention services, in partnership with local authorities, with the services offered personalised to meet specific needs of their local populations. Our efforts must be focused on six key goals: tackling obesity, **reducing alcohol harm**, treating drug addiction, reducing smoking rates, improving sexual health and improving mental health"

The National Audit Office (NAO) recently carried out a study of the provision of health services for alcohol misuse (Reducing Alcohol Related Harm: health services in England for alcohol misuse, NAO, 2008). Some of the recommendations are very relevant to this project:

- The planning and commissioning of services to reduce alcohol harm needs to be more tailored to local needs, with more use of the national data systems on local patterns of alcohol misuse and additional information collected from local partners.
- Increased spending on identification and brief advice, which will lessen the need for more expensive services for longer-term harm. This includes the commissioning of brief advice for hazardous and harmful drinkers in general practice, A&E and other parts of the public sector.
- PCTs' to work more closely with police, probation and prison staff, to identify and help people who are misusing alcohol or whose health may be at risk. These organisations are

well placed to identify people who may not come into regular contact with the health service.

Regional perspective

In Yorkshire and Humberside the NHS set out a response to the Darzi review with its **Healthy Ambitions (2008)** report. The report highlights the need to tackle alcohol misuse in the region:

“Over a third of adults drink more than the recommended daily allowance. The third highest prevalence of ‘binge drinking’ – 22% compared to England average of 18.6%. Deaths from chronic liver disease have almost doubled in the region in the last decade. The highest percentage of people dependant on alcohol compared to the national average (3.6%)”.

The report sets out the recommendations of eight Clinical Pathway Groups (CPGs) which were asked to look at making improvements across the pathways. The Staying Healthy CPG identified alcohol as one of three biggest threats to the overall health of the region for the next decade. The Group also found that:

“When it comes to alcohol, people in Y&H have some of the highest levels of alcohol consumption in the country”....”Our focus groups demonstrated that these risks were not well understood – people saw alcohol as much less of a concern than being overweight”.

The report sets out the following key recommendations in relation to alcohol:

- The NHS in Yorkshire and Humber should improve screening and identification of people with alcohol use problems.
- PCT’s should commission the systematic use of brief interventions to “industrialise” their use across NHS services.

- PCT's should commission a range of "tiered" services to cope with people who present with different levels of dependency and ensure simple referral routes are accessible from screening points.
- PCT's should commission services separately from drugs misuse services as the evidence suggests that people with alcohol problems are more likely to use separate rather than shared services.
- The NHS should work harder with other organizations to reduce the accessibility of alcohol, including an increase in its price.

In terms of offenders and health:

"Improving the health and well-being of people in contact with the criminal justice system is an important element of the reducing health inequalities and reducing re-offending agendas".

Offenders are a component of the health and social care population and there is a need for strategies at a regional and local level to start redressing the gaps in commissioning and service provision to address these needs. This should lead to improved outcomes by facilitating the behavioral change in individuals, and bringing about a more positive health outlook with, and for, these offenders and those around them. Developing the structures and systems – from commissioning, to implementation, assessment and treatment, and review – for a comprehensive and integrated model of care for alcohol misusers in contact with the Criminal Justice System in this region will be vital.

This project contributes to **Yorkshire and Humberside's NHS Healthy Ambitions**, also to the **Regional Reducing Re-offending Action Plan** (2007-10). The work is also incorporated into the planning cycle of the **Regional Alcohol Strategy - Four Strand Approach** (2008), which will shortly launch regional alcohol commitments for 2009-2011. [Appendix 9 shows a diagram of the Regional Alcohol Strategy.](#)

Project objectives

The objectives and outcomes are set out in the Project Plan (final version) and were subsequently agreed by the Project Steering Group.

The overall objectives of the audit are to:

- Scope the level of alcohol treatment provision required for offenders in prisons and in the community (using the definitions of alcohol misuse and links to interventions required under the Department of Health, Models of Care for Alcohol Misusers).
- Map current service provision within the estates and the community.
- Produce an integrated care pathway, appropriate across the estate and community, to provide a seamless process.
- Identify any barriers of access for the offender population as per locality, and consider diversity issues.

The outcomes / products are:

1. Scoping of alcohol treatment needs across health and justice.
2. List of alcohol treatment providers, and the provision they offer as per locality, at present.
3. List of what alcohol treatment is currently being commissioned in each locality.
4. Examination of different definitions of treatment, tiers, dependency and assessment across health and justice (with reference to Models of Care for Alcohol Misusers)
5. Final report outlining recommendations for change management to an integrated model of treatment for those with alcohol problems coming into contact with the Criminal Justice System within the region.

The project is limited to adults, although there is some reference to young people.

The report has been structured and written up on the basis of the required outcomes above, but with reference to the overall objectives.

Methodology and project timescale

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. MSP (Managing Successful Programmes, Department of Commerce) was used to determine the agreed outcomes, the products, and the timeline. The timeline for the project was for six months, and there was full regional sign up and co-operation through the following governance structures – the Regional Alcohol Group (RAG), and the Expert Reference Group / Project Steering Group. The latter, in particular, steered the project throughout and checked its validity and progress on an ongoing bi-monthly basis.

The main project methods used were:

- Data collection
- Questionnaires
- Interviews
- Focus Groups
- Meetings

Data Collection (see part 1 for findings):

In order to determine the needs of alcohol misusing offenders, data and information was collated from various sources:

- NOMS (National Offender Management Service)
- Prison Service
- NTA (National Treatment Agency)
- Accident & Emergency departments
- Local women's projects
- Previous research reports / papers / audits
- Fire Service
- Ambulance Service (YAS)
- Police arrest referral schemes

Questionnaires:

In order to meet the project aims (which were to map service provision, determine commissioning arrangements, examine definitions, and provide recommendations for an integrated treatment model for offenders), questionnaires were used as the main source of information gathering. Three questionnaires were designed: one for community agencies, one for prisons, and one for Probation. The three questionnaires were similar in design except for slight adjustments to wording and questions to fit with the particular service. Qualitative questions were included in order to ascertain professionals' views on the subject under research. Questionnaires were sent by post, fax, or email.

The number of questionnaires sent was: community agencies (approximately 100), prisons (13 to prison healthcare managers) and Probation (4 to the regional leads). Due to a limited response in questionnaires being returned from prisons, a further set of questionnaires was sent to prison CARAT managers (13 sites). Also, due to a poor return rate from community agencies, it was decided that the questionnaires should also be sent to commissioners, members of the Project Steering Group and the Regional Alcohol Team. As a result of this, **interviews** were set up with the main commissioners of alcohol treatment in each locality to discuss the questionnaire, some of which were conducted with the Project Manager in person, and some via telephone (see Appendix 5 for example questionnaire form).

The overall return rate of questionnaires was as follows:

Recipient	%	No.
Community agencies	18%	18 of approx 100
Prison Healthcare leads	85%	11 of 13, 6 jointly with CARAT
Prison CARAT Managers	100%	13 of 13
Probation Area Leads	100%	4 of 4
Commissioners	100%	14
TOTAL	42%	55 of 130

Focus Groups:

In order to obtain the views of service users in relation to the issues being researched, several Focus Groups were set up, as follows:

- group of male prisoners with alcohol issues (or drug and alcohol) at HMP Hull (9 attended);
- group of women offenders with drug or alcohol issues in a community project at Together Women Project, Bradford (10 attended);
- discussion within the NTA regional Carers network meeting (11 carers of substance misusers and professionals in carers services were present);
- group of offenders resident in a Probation hostel in Leeds.

Unfortunately the latter group did not go ahead in February as planned due to the low number of residents in the hostel (including in other Leeds hostels) with alcohol specific issues. On the day the group was planned, there were only 3 residents with alcohol issues available for the group, so the decision was made to cancel the group – it was unable to arrange this at a later date due to lack of time and again low numbers. The findings of the groups that did take place are incorporated throughout the report. [See Appendix 6 for the themes discussed at the groups.](#)

A consultation meeting with workers in the field, to obtain views on improving pathways for offenders, was also being planned, but this did not go head due to lack of time to set up, although some discussions took place over the telephone in lieu of this.

Meetings:

Numerous meetings were also held with various providers, practitioners, managers, steering group members etc as part of the research, as well as attendance at key regional meetings, forums and national conferences. The Project Manager attended the Expert Reference Group / Project Steering Group and Regional Alcohol Group meetings throughout the duration of the Project.

Confidentiality:

Any responses from questionnaires and Focus Groups that have been included in the report have been included anonymously. The names of the participants in the Focus Groups were not made known to the researcher.

Timescale:

The Project ran for six months, from 1st October 2008 to end March 2009, for four days per week. The data collection was mainly undertaken in November and December. The questionnaires were circulated in November with a month return deadline. Due to the limited responses from community agencies, the interviews with commissioners (based on the questionnaires) were set up and took place in January and February. The three Focus Groups ran in January and February. The report write up was undertaken in February, with report amendments in March, and a final report and feedback by end of March 2009.

Yorkshire and Humberside Improvement Partnership (YHIP) Offender Health and Social Care is grateful to all providers, managers, service users and commissioners who found the time to complete the questionnaires or attend interviews with the researcher. Much of this work was undertaken during busy periods, around the Christmas and New Year holiday period, during tendering processes, and towards the end of the financial year.

Criminal Justice Services in the region

The table below provides a summary of key Criminal Justice points within the region

PCT	Probation Offices	Approved Premises	Prisons	Police Custody Suites
Barnsley	Barnsley Court House, Barnsley Victoria Road	0	0	Barnsley Headquarters Churchfields
Bradford	Bradford City Courts, Bradford Fraternal House	0	0	Bradford South Nelson St
Bradford & Airedale PCT	Keighley Cavendish St	0	0	Keighley Royd Ings Ave
Calderdale	Spring Hall Lane Halifax	0	0	Richmond Close Halifax
Doncaster	Doncaster Bennetthorpe	Town Moor	HMP Doncaster p HMP Moorland (open & closed) HMP Lindholme	Doncaster Police Station College Road
Eastern Wakefield PCT	Pontefract Harropwell Lane	0	0	Pontefract Sessions Yard House
East Riding	Bridlington St Johns Ave, Goole Airmyn Rd	0	HMP Wolds p HMP Everthorpe HMP Full Sutton hs	Bridlington Police Station Ashville St
Hull Teaching	Hull Liberty House	Queen's Road	HMP Hull	Humberside Police Headquarters Priory Rd, Queens Gardens Police Station Priory Rd
Kirklees	Dewsbury Broadway House, Huddersfield St Johns Rd	Elm Bank (Cleckheaton) Albion Street (Dewsbury)	0	Aldams Rd Castlegate

Leeds	Leeds Waterloo House, Leeds York Road	Holbeck House Ripon House * v Cardigan House v St. John's Hostel v	HMP Leeds HMP Wealstun	Bridewell Oxford Row, Weetwood Otley Rd, Killingbeck Foundry Lane, Stainbeck Stainbeck Lane
North East Lincs	Grimsby Queen St	0	0	Grimsby Police Station Victoria St
North Lincs	Scunthorpe Park Square	Victoria House (Scunthorpe)	0	Scunthorpe Police Station Corporation Rd
North Yorkshire & York	Harrogate Haywra Crescent, Northallerton South Parade, Scarborough Falsgrove Rd, York Lowther St, Selby Union Lane, Skipton The Court House Bunkers Hill	Southview (York)	HMYOI Northallerton, HMP/YOI Askham Grange*	Harrogate County Police station North Park Rd, Northallerton County Police Office High St, Scarborough County Police Office Northway, York County Police Office Fulford Rd, Selby, no custody suite listed, custody facilities at Skipton
Rotherham	Rotherham Main St	Rookward	0	Rotherham Police Station Main St
Sheffield	West Bar	Norfolk Park	0	Moss Way Police Station Moss Way, Charge Office Bridge S, Attercliffe Police Station Attercliffe Common, Ecclesfield Police Station The Common
Wakefield	Wakefield Lawefield Lane	Westgate Project	HMYOI New Hall*, HMP Wakefield	Wood Street

Guide:

* female estate

p Privately run prisons

hs High Security (Category A) prison

v Voluntary managed by Third Sector (all other AP's managed by Probation Boards)

1 Scope of treatment need of alcohol using offenders (data findings)

In order to determine the treatment needs of alcohol misusing offenders it was necessary to examine various data sources relating to alcohol use and offenders, key sources being Probation and prisons, existing studies and other health and community settings. It was planned that data would be collected by each source and by PCT area, and that the various sources would collect similar data sets and demographics, thus allowing for meaningful comparisons to be made. However, in reality, the actual data collected has proved fairly limited in this respect, for example, different data sources record different data sets and demographics, some data relates to drug and alcohol use rather than alcohol only use, some data relates to the wider population and not specifically offenders, and levels of alcohol use (harmful, hazardous, dependant) are not uniformly recorded. Further, some data was not fully available at the time of data collection due to initiatives being fairly new or not yet evaluated, however, sample data sets have been used to provide illustrations as appropriate. Also, some data proved limited due to monitoring systems not being designed or able to fully capture alcohol indicators / situations, for example, fire service and ambulance call-out data.

However, against the limitations, some interesting and new data has been collected and will be presented below, making comparisons, and presented by PCT locality, as far as is able. Reference will be made to any specific limitations of the data sets. [See Appendix 7 for data matrix \(summary of data purposes, limitations etc\).](#)

Background data:

In order to better understand the data presented, it is useful to outline the regional population figures and geographical context. The earlier section, which outlines the Criminal Justice services in the region, is also useful in terms of context. The Healthy Ambitions document (NHS, 2008) provides a useful introductory section on the region's geography and the importance of understanding the population variances in order to better plan services and care.

The following table provides the regional population of persons by all ages, based upon mid-2007 estimates by Primary Care Organisation (ONS, Office of National Statistics):

England total	51,092,000 *
Yorkshire & the Humber total	5,177,200 (approx 5+ million)
Barnsley	224,600
Bradford & Airedale Teaching Trust	497,400
Calderdale	200,100
Doncaster	291,000
East Riding of Yorkshire	333,000
Hull Teaching	257,000
Kirklees	401,000
Leeds	791,100
North East Lincolnshire	159,800
North Lincolnshire	155,500
North Yorkshire & York	788,800
Rotherham	253,400
Sheffield	530,300
Wakefield District	321,600
Yorkshire & the Humber offender population (based on numbers below)	26, 715

* February 2009 figures show the current England population has now risen to 60,975,000 (ONS).

The region's population is about a tenth of England's population. The population varies within the region as it includes major cities, large towns, as well as rural areas and scattered populations. Distance to treatment services varies accordingly, along with variations in transport links between rural and major conurbations. There are also variations in ethnicity and age profiles within the region's population. All these factors present different areas with different challenges.

In terms of the regional offender population, Probation data indicates that there were 24,704 people under Probation Service supervision (at 31st March 2008):

- those being supervised in the community (14,225);
- those released on licence (3,465);
- those in custody serving over 12 months (7,172).

The total prison population (in September 2008) was 9,183 (including HMYOI Wetherby). The difference between 7,172 above and 9,183, provides an approximation of the additional **numbers in custody serving under 12 months or of remand status, which is 2,011.**

Overall then, this shows that there are **approximately 26,700 adult offenders** in the region and that approximately 0.5% of the population is an offender.

The table below shows the numbers in prisons, and provides a useful context for the following data section regarding prisons and alcohol users.

Prison establishment	Population (Sept 08)
Askham Grange	97
Doncaster	1,117
Everthorpe	683
Full Sutton	582
Hull	1,007
Leeds	946
Lindholme	1,090
Moorland	779
Moorland Open	250
New Hall	404
Northallerton	222
Wakefield	732
Wealstun	558
Wolds	377
Wetherby (at 21.11.09)	339

National Treatment Agency (NTA) data:

The NTA collates information provided through the NDTMS Core Data Set (National Drug Treatment Monitoring System), which is submitted on a monthly basis by substance misuse treatment agencies, in relation to clients who reach assessment stage when engaging with services providing tier 3 and above interventions. The NTA were therefore approached with a view to obtaining data and demographics in relation to people, specifically offenders, who have accessed treatment services, specifically alcohol services, where the primary substance misuse related to alcohol.

Scope of the data:

The available data has been able to provide some of this information; namely numbers and demographics of those accessing treatment services which provide alcohol services, and who have reported alcohol as their primary problem substance. However, the services recorded include both alcohol only services, as well as poly drug and alcohol services, and also include services for young people under 18 years. It was not possible to differentiate offenders from the wider population accessing services, although the sources of referral, including Criminal Justice referrals, have been collated. It must also be noted that it is not mandatory for services providing alcohol treatment to submit returns through NDTMS, so the findings should be read with caution (there are likely to be higher numbers accessing than that recorded).

The data is presented by: total numbers and gender accessing services by PCT area, compared against total populations (table 1), totals accessing services by referral source (table 2), ethnicity (table 3), and age of access to treatment (table 4). Gender is included in table 1 to demonstrate the higher numbers of males accessing services, although in some areas the differences are not far apart.

The data relates to April to December 2008, which is a nine-month period covering the first three quarters of 2008/2009. **The total number of people accessing treatment services for help with alcohol problems during this period, based on the NDTMS returns, was 6,019 (0.12% of the region's population).**

Table 1: Numbers of people accessing alcohol treatment services, by PCT area, as per NTA NDTMS returns:

PCT	Total number	Male	Female	% of region's population
Barnsley	470	309	161	0.21
Bradford & Airedale Teaching Trust	634	401	233	0.13
Calderdale	118	77	41	0.05
Doncaster	326	210	116	0.11
East Riding of Yorkshire	254	154	100	0.08
Hull Teaching	318	227	91	0.12
Kirklees	439	278	161	0.11
Leeds	890	579	311	0.11
North East Lincolnshire	136	95	41	0.09
North Lincolnshire	184	114	70	0.12
North Yorkshire & York	976	548	428	0.12
Rotherham	431	292	139	0.17
Sheffield	92	60	32	0.02
Wakefield District	496	319	177	0.15
Total	5764	3663	2101	
Out of area	255			

Table 2: Referral sources of people accessing alcohol treatment services, as per NTA NDTMS returns:

Source of referral	Number
Self	1957
GP	1480
Other	408
Drug service non-statutory	401
Drug service statutory	296
Social services	129
Psychiatry	135
General hospital	116
Relative	43
A&E	18
Arrest referral / DIP	101
Probation	435
CARAT / prison	10
DRR (Drug Rehabilitation Requirement)	4

Of the 6,019 people accessing services, approximately 550 (9%) were referred by criminal justice services (as highlighted above).

Table 3: Ethnicity of people accessing alcohol treatment services, as per NTA NDTMS returns:

Ethnic Group	Number	%
White British	5197	86.3%
White Irish	38	0.63%
Other white	37	0.61%
Mixed White / Caribbean	36	0.59%
Asian Indian	32	0.53%
Asian Pakistani	30	0.49%
Not reported	147	2.4%

Table 4: Age of first access to alcohol treatment services, as per NTA NDTMS returns:

Age group	Numbers accessing	%
- 18	497 (143 at 15 -17)	8
18-25	623	10
26-35	1452	24
36-45	1781	30
46-55	1147	19
55+	523	9

On examination, the main age groups of people first accessing treatment were: 15 to 17, and then 25 to 51, highest between 32 and 47, and peaking at age 37. These age groups generally matched between genders, and the peak (which was 270 people accessing at age 37) was the peak for both male and female genders. **Numbers accessing dropped significantly between 17 and 25 years, and also after 51 years. This is significant in that further data shows that the main age group actually in need of services / support is 18 to 25 years, yet this is the age range least accessing help.**

OASys / Probation data:

Data was also collected from this key source, via the area and national NOMS office (National Offender Management Service). National Probation Service (NPS) and HM Prison Service (HMPS) data on offender need is primarily collected through OASys ('offender assessment system'), which is a system to assess offenders' criminogenic needs and risk profiles (including alcohol misuse), to inform sentence plans and appropriate interventions.

OASys data is limited in that it is not representative of the entire offender population as assessments are not required for all offenders, specifically those sentenced to under 12 months in custody, and offenders in the community who are designated at below Offender Management tier 2.

When analysing OASys sentence plan data, it is also important to recognise that criminogenic needs may not be addressed for several reasons. It is likely that, in some instances, practitioners are restrained by the availability of suitable programmes, and, in other instances, they are prioritising other sentence requirements, criminogenic needs or risk of serious harm issues. It is also likely that, in certain cases, practitioners are taking into account further factors regarding the suitability of individual programmes, or are overriding scored criminogenic needs through their clinical judgements regarding links to offending behaviour.

The data collected relates to assessments produced between April 2007 and end March 2008 for NPS and HMPS, including initial start of sentence plan assessments, and also end of sentence assessments. The offenders covered in the two sets of assessments are not the same offenders - in relation to outcome assessments, a shadow measure is used to consider the effectiveness of sentence planning and the delivery of interventions to address criminogenic needs.

NPS assessments:

The overall sample of valid NPS assessments in the region was 8122 initial sentence plan assessments, and 3789 sentence plan outcome assessments. Table 1 below shows that **50% of offenders in the Yorkshire and Humberside community had a criminogenic need in relation to alcohol misuse**, a higher level of need than drug misuse. The table also shows that the level of need in the region is slightly higher than the national average at 48.6%

Nearly two-thirds (65%) of offenders with alcohol needs in Yorkshire and Humberside had a planned intervention in relation to their needs. This is the second highest proportion of other planned interventions in the community after drug misuse (67.5%). This trend replicates the national picture, and the proportion of planned alcohol interventions is similar to the national average. However, some interventions will address general substance misuse, so may be targeted at offenders who also have drug misuse issues.

Table 1: NPS Initial sentence plans:

Initial sentence plans	% with need			% of those with need with planned intervention in sentence plan		
	National	Yorkshire And Humber	Difference (percentage pts)	National	Yorkshire And Humber	Difference (percentage pts)
NPS data for Apr 07-Mar 08						
Drug Misuse	27.7%	31.0%	3.3%	67.4%	67.5%	0.1%
Alcohol misuse	48.6%	50.0%	1.4%	65.0%	64.9%	-0.1%

At Probation area level (see table 2), Humberside has the highest level of need in the region at 55%, with South Yorkshire having the lowest level of need at 44%.

The proportion of offenders who had an intervention recorded in their sentence plan is, however, similar across the Probation areas (approx 65%), with the exception of North Yorkshire (56%).

Table 2: NPS Alcohol misuse needs and initial sentence plan content, by Probation area:

Area/Region	Number of valid OASys assessments	Offenders with alcohol misuse need		Of those with alcohol misuse need and planned Intervention in sentence plan	
		Number	%	Number	%
Humberside	1205	663	55%	429	65%
North Yorkshire	1048	478	46%	267	56%
South Yorkshire	1575	695	44%	456	66%
West Yorkshire	4294	2228	52%	1485	67%
Yorkshire and Humberside	8122	4064	50%	2637	65%

For offenders assessed as having a need, alcohol misuse had the highest proportion of interventions recorded as fully achieved at 18% with a further 28% recorded as ongoing.

Table 3 below shows that drug misuse had a higher proportion of interventions recorded as fully achieved or ongoing at 50%.

Table 3: NPS Sentence plan outcomes:

Final sentence plans	% with need with intervention recorded as fully achieved or ongoing		
	National	Yorkshire and Humberside	Difference (% percentage Pts)
NPS data for Apr 07-08			
Drug misuse	49.2%	50.0%	0.8%
Alcohol misuse	47.0%	46.2%	-0.9%

At Probation area level (see table 4) Humberside has the highest level of interventions recorded as fully achieved or ongoing at 50%, with North Yorkshire having the lowest at 42%.

Table 4: NPS Alcohol misuse needs and sentence plan outcomes, by Probation area:

Area/Region	Number of valid OASys assessments*	Offenders with alcohol misuse need		Of those with alcohol misuse need, intervention recorded as fully achieved or ongoing	
		Number	%	Number	%
Humberside	659	336	51%	167	50%
North Yorkshire	609	260	43%	108	42%
South Yorkshire	1186	522	44%	238	46%
West Yorkshire	1335	656	49%	306	47%
Yorkshire and Humberside	3789	1774	47%	819	46%

Further analysis of OASys Probation assessments by gender, age and offence indicates that alcohol misuse needs are higher for males than females, for offenders aged 18 to 24 years, and offenders who had committed offences of violence, robbery, and criminal damage (highest three).

HM Prison Assessments:

The overall sample of valid assessments in Yorkshire and Humberside was 866 for initial sentence plan assessments, and 129 for the sentence plan outcome assessments.

Table 5 below shows that alcohol misuse is one of the least commonly identified needs in Yorkshire and Humberside prisons with just **37% of prisoners recorded as having a criminogenic need in relation to alcohol misuse**. The table also shows that the level of need in the prisons is only slightly higher than the national average of 36.3%. **The data indicates, therefore, that alcohol needs are more commonly identified by offenders in the community (50%) than those in prison. It must be reiterated, however, that OASys assessments are not routinely required for those serving under 12 months or those on remand.**

Table 5: HMPS Initial sentence plans:

Initial sentence plans	% with need			% of those with need, with Planned intervention		
	National	Yorkshire and Humberside	Difference (percentage pts)	National	Yorkshire and Humberside	Difference (percentage pts)
HMPS data for Apr 07-Mar 08						
Drug misuse	39.3%	47.6%	8.3%	83.9%	84.7%	0.8%
Alcohol misuse	36.3%	37.2%	0.9%	82.8%	80.1%	-2.7%

However for those offenders where a need was identified, 80% had a planned intervention to address it. This is the second highest proportion of planned interventions in the prisons after drug misuse (84.7%). This replicates the national picture, although the proportion of planned alcohol interventions in the region’s prisons is slightly lower than the national average.

For offenders assessed as having a need, alcohol misuse had the highest proportion of interventions recorded as fully achieved or ongoing at 55% (see table 6), although only 5% were recorded as fully achieved. The proportion of ongoing or fully achieved interventions was slightly below the national average for alcohol interventions, at 58.4%.

Table 6: HMPS Sentence plan outcomes:

Final sentence Plans	% with need, with intervention recorded as fully achieved or ongoing		
HMPS data for Apr 07-Mar 08	National	Yorkshire and Humber	Difference (percentage pts)
Drug misuse	59.5%	46.8%	-12.7%
Alcohol misuse	58.4%	54.9%	-3.5%

Further analysis of OASys prison assessments by gender, age and offence, indicates that alcohol misuse needs are higher for male prisoners than female, offenders aged 18 to 24 years (although at HMP Everthorpe this was 41+ years), and offenders who had committed offences violence, and robbery (highest two).

Alcohol questions:

A further analysis of the NPS and HMPS assessments was carried out as part of the research to specifically examine offenders' responses to questions relating to alcohol. **The standard questions ask offenders whether they have problems in relation to current use, binge drinking, past misuse and violent behaviour. The responses are scored as 0, 1, or 2 which correlates to 'no problems', 'some problems' or 'significant problems', and in relation to violence, 'yes' or 'no'.**

The data below (tables 7 and 8) relates to percentages of all NPS and HMPS assessments completed in 2007/08 in Yorkshire and Humberside by Probation area and prisons (not just those with alcohol needs).

Table 7: NPS assessments and alcohol questions:

	No problems	Some problems	Significant problems
Current use	59%	24%	17%
Binge drinking	60%	17%	24%
Past misuse	53%	20%	27%
Violent behaviour	61% (no)		39% (yes)

Table 8: HMPS assessments and alcohol questions:

	No problems	Some problems	Significant problems
Current use	75%	13%	12%
Binge drinking	77%	9%	15%
Past misuse	60%	17%	24%
Violent behaviour	67% (no)		33% (yes)
Averages	72%	13%	21%

The above data indicates that a higher percentage of offenders in prison give responses that correlate to 'no problems', than those in the community.

Prison Service CARAT data:

The previous OASys data showed that approximately 72% of prisoners assessed said they did not have problems around alcohol use. **The OASys data, as stated, is limited to only those prisoners serving over 12 months in custody. Additional information from Prison**

Service CARAT data shows different results in relation to offenders serving under 12 months or on remand, as well as those over 12 months. Whilst this data does only represent a small sample, approximately 100 prisoners over a two-month period (October and November 2008), it does provide a useful 'snap shot' of what this client group typically 'look' like.

Sample data was collected from each of the prisons CARAT teams in the region in relation to those prisoners with alcohol only issues. The CARAT service (Counselling, Assessment, Referral, Advice and Throughcare), works with drug users or poly drug and alcohol users providing non-clinical tier 2 and 3 interventions (there is more discussion of the service provision under part 3). The service is not contracted / funded to work with alcohol only users (where there is no drug use at all), and therefore, if alcohol only use is reported at initial assessment stage, the prisoner is exited from the service. The assessment used is the DIR (Drugs Interventions Record), also used by DIP teams. These prisoners will not normally then receive any further specific intervention for their alcohol use, unless through ad hoc services, such as Alcoholics Anonymous (AA), awareness courses or alcohol nurses where these are in place. Dependant drinkers may have been provided with medically assisted withdrawal / detoxification, however, not all the prisoners being assessed by CARAT are dependant. As such, for the purposes of this project, the demographics of those prisoners being exited from the CARAT service, due to alcohol only use at all levels, was collated over the two-month period. Note that no demographic data was received from HMPs Full Sutton or Wakefield (although summary data regarding Full Sutton is provided below).

The key findings from the sample data are presented below, and show that prisoners with alcohol only issues in the prison system are mainly male, have significant alcohol misuse (based on high level of units consumed), and with offences of violence, theft and burglary, and are not of PPO status.

Findings from Prison Service CARAT sample data:

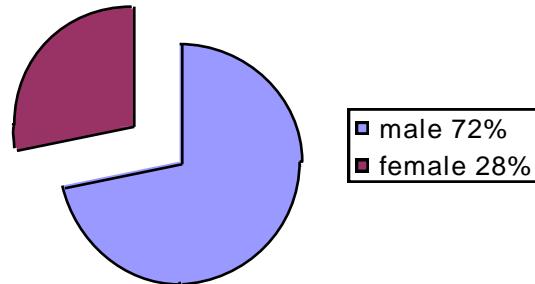
I. Areas of residence (n=98)

The areas of residence of the prisoners in the sample were as follows:

PCT area	October 2008	November 2008
Barnsley	2	1
Bradford & Airedale	2	3
Calderdale	5	0
Doncaster	4	0
East Riding of Yorkshire	2	1
Hull Teaching	10	11
Kirklees	2	1
Leeds	11	3
North East Lincolnshire	3	5
North Lincolnshire	1	1
North Yorkshire & York	2	4
Rotherham	1	1
Sheffield	2	0
Wakefield District	1	1
Out of area	13	5
Total	61	37

II. Gender (n=98)

70 prisoners in the sample were male, and 28 were female (71.4% and 28.5%).



III. Units of alcohol consumed (n=98)

The table shows the number of alcohol units the prisoners in the sample reported drinking on 'a typical drinking day':

Units	Number of prisoners	As a %	
1-5	3	3%	
6-10	0	0	
11-15	5	5.1%	Risk area of harmful and dependant drinking levels
16-24	15	15.3%	
25+	62	63.3%	
Not known/stated	13	13.3%	
Total	98	100%	

The Government advises that 'sensible' drinking is no more than 2-3 units a day for women, and 3-4 units a day for men, and that harmful drinking levels are over 6 units a day or over 35 a week for women, and over 8 units a day or 50 units a week for men, and binge drinking levels are over 6 units for women and 8 units for men (Safe. Sensible. Social, DH & HO, 2007)

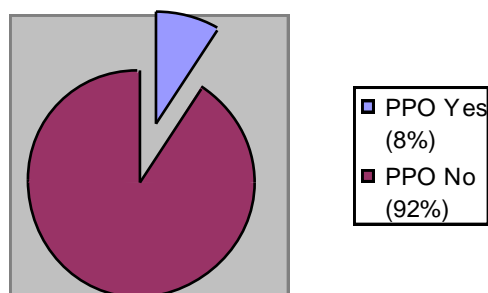
IV. Offences (n=98)

The offences that the prisoners in the sample had committed (or were awaiting trial for) were recorded. For some prisoners, two main offences were recorded, therefore the numbers shown are higher than the number of prisoners in the sample. For breach offences, the original offences were not provided.

Assault (common, ABH, Domestic Violence x 1)	15
Wounding	13
Theft (mainly shoplifting)	10
Burglary	10
Driving Offences	9
Robbery	6
Possess offence weapon or firearm	6
Criminal damage	3
Public disorder offences	3
Arson	3
Sexual offences	2
Others	12
Breaches (of licence, orders etc)	20
Total	112

V. Priority and Prolific Offenders (n=98)

The chart below shows the number of prisoners with alcohol only issues who were PPOs.



VI. Ethnicity (n=98)

The ethnic groups of the prisoners with alcohol only presentations were:

Ethnic Group	Numbers
White British	90 (92%)
Asian or Asian British – other background	1
Mixed white & black African	1
Mixed white & black Caribbean	3
Mixed - other background	1
White – other background	1
Not stated / known	1
Total	98

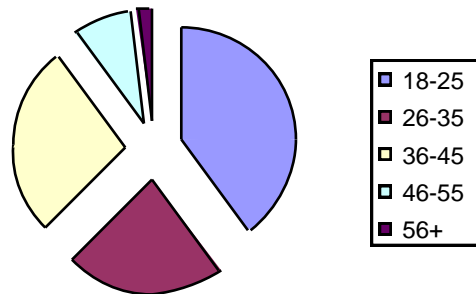
VII. Sentence status (n=98)

The sentence lengths / status of the sample group is shown below, and indicates that the vast majority of the prisoners with alcohol only issues were serving under 12 months or were of remand status.

Sentence status	Number of prisoners	As a %	
Remand	28	28.6%	68% are remand or < 12 months
Under 12 months	39	39.8%	
1 to 4 years	19	19.4 %	
4+ years	10	10.2 %	
Not stated	2	2 %	
Total	98	100 %	

VII. Ages (n=98)

The ages of the prisoners in the sample were as below, the main age group being 18-25 years:



Additional data - HMP Full Sutton:

As stated, CARAT 'alcohol only' data for Full Sutton is not included in the above, however, some key statistics were provided by the establishment as follows. A needs analysis completed in 2008 showed that **35% of the CARAT caseload were alcohol only users**. Of the full caseload of poly drug and alcohol users and alcohol only users,

- 30% reported drinking daily in the community,
- 20% of those reported drinking over 18 units,
- 40% reported being under the influence of alcohol at the time of their offence, and
- 40% reported being violent after drinking.

Additional data - HMP / YOI New Hall data:

The previous data from OASys and CARAT, provides both a large data set and a small sample of data. In addition, the audit has looked at a particular group as a further sub-set of this data, in relation to women prisoners in HMP/YOI New Hall. Again this sample relates to those serving under and over 12 months, and those on remand. The employment of a worker at the establishment to work with alcohol only clients has enabled this data to be collected.

The alcohol interventions worker is attached to CARAT, but works specifically with alcohol only offenders – the full details of this pilot are in part 3 of the report. The pilot began in June 2008, and the data below provides some useful information about the women who have accessed the service thus far.

Ethnicity	Of current caseload	Of released or transferred clients since start of pilot
White British	40 (93%)	56 (90%)
White Irish	0	2
White other	1	1
Mixed white black Caribbean	1	3
Asian Indian	1	0
Total	43	62

Where clients were released or transferred to	Number (since start of pilot)
Released out of region	13 (21%)
Died on release	1
Psychiatric hospital	1
Transferred to another prison	20 (32%) (2 to Askham Grange)
Released to areas in the region (& referred to a service in that area):	27 (44%)
Leeds	8
Sheffield	3
Hull	3
NE Lincs	2
Barnsley	2
Kirklees	1
Doncaster	1
Calderdale	1
Rotherham	1
Bradford	1

Age group	Of current caseload	Of released or transferred clients since start of pilot
18-25	17	24
26-35	8	15
36-45	13	15
46-55	4	8
56+	1	0
Total	43	62

Prison Service Healthcare/IDTS data:

Data was also collected from Healthcare teams in local prisons in relation to prisoners entering custody directly from the community who required assisted withdrawal / detoxification from alcohol. Data was collected from four prisons in this respect: HMPs Leeds, Hull, Doncaster, and HMYOI New Hall. The data shows the numbers (and percentages) of prisoners receiving detoxification (generally using Librium) against the overall reception numbers into prison, but does not provide any demographics of these offenders. In relation to the CARAT data above, approximately half of the sample had received clinical detoxification on entering custody. The clinical provision is set out under IDTS (Integrated Drug Treatment System) guidelines – the four sites from which data was collected are all IDTS sites. There is no detoxification at other prisons, as this should only apply at locals when prisoners enter custody from the courts.

It should be noted that there is no consistent provision for post detoxification support for the alcohol only users undergoing detoxification. HMP/YOI New Hall do, however, have regular access to a nurse from the community team for this purpose, and HMP Hull have recently recruited alcohol nurses, but there is no specified non-clinical follow on service in the prisons, and these prisoners cannot be referred back into the CARAT service for the reasons explained above.

Table 13: Alcohol detoxification in prisons

Sample month	HMP Doncaster (July – Dec 08)		HMP Leeds (March – Aug 08)			HMP Hull (July – November)		HMP/YOI New Hall (April – Sept 08)	
	Receptions	Alcohol detox	Receptions	Alcohol detox	Alcohol & drug detox	Receptions	Alcohol detox	Receptions	Alcohol detox
1	584	32 (5%)	371	27 (7%)	17	368	31 (8%)	131	13 (10%)
2	483	29 (6%)	396	35 (9%)	16	352	24 (7%)	167	13 (8%)
3	533	37 (7%)	405	40 (10%)	14	352	25 (7%)	136	10 (7%)
4	546	23 (4%)	360	30 (8%)	1	341	22 (6%)	170	12 (7%)
5	495	43 (9%)	407	34 (8%)	8	341	20 (6%)	143	21 (15%)
6	405	26 (6%)	381	52 (14%)	24	N/k	N/k	172	10 (6%)

The data indicates that about 10% of the region’s prison population are dependent drinkers and receive clinical detoxification on entering custody.

Prison Service Security data:

Data was obtained regarding the level of alcohol finds within prisons in the region. This relates to prisoners making their own alcohol (‘hooch’) or smuggling alcohol into establishments, and the amount found by security teams. Not all prisons record this data. Whilst HMP Lindholme did have findings, there is no data available. The researcher requested data relating to the strength of the alcohol found, but this information is not collected / available.

Askham Grange (York):

Month	Type of Alcohol	Quantity	Location
May 2008	Spirit	1/2 Litre	Outside
June 2008	Mixed spirits	1/3 Litre	Outside

HMP Everthorpe (East Riding):

Month	Type of Alcohol	Quantity	Location
April 2008	Hooch	41 Litres	Cells
May 2008	Hooch	N/K	Cells
June 2008	Hooch	35 Litres	Cells
July 2008	Hooch	28 Litres	Cells
Sept 2008	Hooch	47 Litres	Cells

HMP Leeds (Leeds): (there has been more hooch found outside these dates)

Month	Type of Alcohol	Quantity	Location
October 2008	Hooch	1 Litre	N/K

HMP/YOI Moorland closed (Doncaster):

Month	Type of Alcohol	Quantity	Location
April 2008	Hooch	5 Litres	Cells
May 2008	Hooch	10 Litres	Cells
June 2008	Hooch	14 Litres	Cells
July 2008	Hooch	5 Litres	Cells & VT catering
Aug 2008	Hooch	5 Litres	Cells
Sept 2008	Hooch	5 Litres	Cells
Oct 2008	Hooch	5 Litres	Cells

HMP / YOI Moorland open (Doncaster):

Month	Type of Alcohol	Quantity	Location
April 2008	Labeled Alcoholic Drinks	13 Litres	Outside & Recesses
May 2008	Labeled Alcoholic Drinks	13 Litres	Outside & Recesses
June 2008	Labeled Alcoholic Drinks	1/2 Litre	Visits Toilets
July 2008	Labeled Alcoholic Drinks	3 Litres	Cell, Recess
Sept 2008	Labeled Alcoholic Drinks	1 Litre	Outside

HMP / YOI New Hall (Wakefield):

Month	Type of Alcohol	Quantity	Location
July 2008	Hooch	20 Litres	Kitchen
Oct 2008	Hooch	1/2 Litre	Cell

HMYOI Northallerton (North Yorkshire):

Month	Type of Alcohol	Quantity	Location
July 2008	Hooch	1 Litre	Cell
Sept 2008	Hooch	1 Litre	Cell

HMP Wealstun (Leeds): (quantities not known)

Month	Type of Alcohol	Location
April 2008	Hooch	Wing/Cell
May 2008	Hooch	Wing/Cell
June 2008	Hooch	Wing/Cell
July 2008	Hooch	Wing/Cell
Aug 2008	Hooch	Wing/Cell
Sept 2008	Hooch	Wing/Cell

Probation Approved Premises data:

A health needs analysis of Approved Premises in the region was undertaken in 2008 by the Yorkshire and Humber Improvement Partnership (YHIP). The report looked at the health needs of Approved Premises residents, also GP registration issues and services in the Premises. Alcohol use featured in the analysis and the key findings are outlined below.

- **85% of Approved Premises residents were there due to a licence condition, having being released straight from prison. These are offenders who will have served sentences of 12 months or more. Residents are not necessarily normally resident in the Yorkshire Humber area.** Approved Premises now accommodate less bailees, and more high risk offenders as part of managing the risk of released prisoners. As such the health profile of residents has changed over time, and alcohol is now regarded as a bigger problem than drugs.
- 25% (39) of respondents were not registered with a GP before entering prison or moving to the Approved Premises, the highest level of non-registration was 16-24 year olds and 35 to 49 year olds. Nine of these reported ongoing health needs related to alcohol use.
- **Overall, 19.6% of respondents reported an ongoing alcohol related health problem,** which is significantly higher than a previous survey of the health needs of offenders subject to community supervisions, which reported 5.3% as having an alcohol related problem. Those with a drugs problem in the Approved premises analysis was also 19.6%.
- Two thirds of those with alcohol problems were resident in West Yorkshire Premises, half in the Leeds Premises.
- **21.5 (34) residents reported an alcohol abuse problem,** and 23 of those were receiving treatment as follows: medication (2), Counselling (14), AA meetings (2), detoxification (5).
- Residents were asked whether offending was linked to their health. Alcohol particularly, was seen as a key factor linked to offending.
- Residents were asked whether health staff could do more to improve health needs. Responses included the need for alcohol treatment.
- Premises managers and drug services providers also provided several comments about the limited provision for alcohol users in the hostels, the need for specialist workers or for workers to be able to work with drugs or alcohol, particularly in response to the changing demographics of hostel residents.

Women offenders' projects data:

The region has several projects that work with women who are offenders or who are at risk of offending. The projects were able to provide further analysis of a particular group of offenders with alcohol issues. The main projects are the Together Women Projects based in Leeds, Bradford, Doncaster and Keighley, and the Evolve project based in Calderdale and Kirklees. The key projects were approached for data and information relating to women and alcohol use, plus secondary issues such as children and families and domestic violence. The data findings provided by the projects are illustrated below. This shows a high correlation between alcohol misuse, women and other social issues.

Together Women Project - Bradford

Since the project opened in 2006 to November 2008, there have been 263 completed assessments. Of these, 190 **(72%) women were identified as having a need in relation to alcohol or drugs.** The referral sources into the project were:

Probation	82	(43%)
Other/self	67	(35%)
Substance misuse agencies	19	(10%)
DRR	14	(7%)
Prisons	8	(4%)

This shows effective links and referrals between Criminal Justice agencies and the women's projects.

At the time the data was collected (November 2008) there were 100 women on the caseload, 72% of these were assessed with alcohol or drug use needs.

The project reported high levels of drinking generally in cases where women have children in care, are domestic violence victims, or who are on the at risk register.

Together Women Project - Leeds

Statistics were provided in relation to the current caseload at the time of data collection (November 2008). These showed that there were 106 **(46%) women had an alcohol problem**. Also, that 86 (36%) had offences related to their alcohol problem.

In relation to Criminal Justice agency referrals, 14 women had been referred by Probation, 8 of which had needs around alcohol use. Also, 9 had been referred by prison (HMP/YOI New Hall), 5 of which had needs around alcohol.

Evolve Projects

The Evolve Project also provided useful data, which again shows high levels of alcohol misuse amongst women offenders **(45%)**, as well as a relationship between alcohol misuse and secondary issues, notably mental health **(38%)** and domestic violence **(20%)**. Again, the main referral source to the project is Probation.

Since July 2007 there have been a total of 162 referrals (from all referral sources). The data presented provides a breakdown of the live caseload at the time of data collection (2nd February 2008), which included 65 women.

Alcohol misuse issues (more than one issue may be recorded for each person)	Number	%
alcohol misuse	29	45%
alcohol & mental health	25	38%
alcohol & domestic violence issues	19	20%
alcohol & children living with mum	7	10%
referred to specialist alcohol agencies	17	26%
accessing alcohol support	10	16%

Referral source	Number	%
Probation	57	88%
Police domestic violence team	2	
Women centre domestic violence team	1	
Women Centre Calderdale	1	
Women Centre Kirklees	1	
Social Services	1	
Self	2	

Age range	Number	%
18-25	13	
26-35	27	42%
36-45	17	26%
46-55	6	
56-65	2	

Main offence types (highest six)	Number	%
Assault	6	9%
Driving offences (4 for drink driving)	6	9%
Theft	6	9%
Breach of court / Probation orders	3	
Drunk & disorderly	3	
Drunk in charge of child under 7	3	

Ethnicity	Number	%
White British	63	97%
White black Caribbean	1	
Black African	1	

Areas of residence	Number	%
Halifax	26	40%
Huddersfield	20	31%
Wakefield	2	
Bradford	2	

Accident and Emergency data:

The project also considered the use of A&E data in relation to numbers of people presenting at A&E where alcohol use was a factor. It was not possible to obtain data from all the region's A&E departments of total numbers presenting against the numbers where alcohol use was a factor, however, some 'snap shot' data was obtained from four hospitals in the West Yorkshire region.

The sample data that was collected for the purposes of this audit relates to levels of violence and assault presentations to A&E that are linked to alcohol use. Several hospitals in the region are involved in a crime reduction initiative to enhance violence prevention through A&E information sharing with the CDRPs. This includes developing data collection systems to collect and share information on alcohol-related violence and assault.

Data from four hospitals (Calderdale Royal Hospital, CRI; Huddersfield Royal Infirmary, HRI; Leeds General Infirmary, LGI; Leeds St. James University Hospital, SJUH) was collated over a two-month period (August 2008 to end October 2008). This shows the total numbers presenting to A&E who had been a victim of violence or assault, the number of those where the patient was intoxicated through alcohol, their gender and their age. **The findings show a high level of alcohol-related violence incidents (32%), particularly amongst the 18 to 25 age group, and predominantly amongst males.**

Calderdale Royal Hospital

Month	Total no. violence presentations	No. of those where alcohol use a factor	Male	Female	Age	
Sept 2008	86	30 (35%)	25	5	- 18	0
					18-25	14
					26-35	7
					36+	9
Oct 2008	104	28 (27%)	22	8	- 18	3
					18-25	13
					26-35	7
					36+	5

Huddersfield Royal Infirmary

Month	Total no. violence presentations	No. of those where alcohol use a factor	Male	Female	Age	
					- 18	18-25
Sept 2008	116	28 (24%)	23	5	18-25	9
					26-35	7
					36+	10
					- 18	2
Oct 2008	102	23 (22.5%)	19	4	18-25	9
					26-35	8
					36+	6
					- 18	0

St. James University Hospital Leeds

Month	Total no. violence presentations	No. of those where alcohol use a factor	Male	Female	Age	
					- 18	18-25
Sept 2008	116	32 (28%)	24	8	18-25	14
					26-35	7
					36+	11
					- 18	0
Oct 2008	107	37 (35%)	24	13	18-25	18
					26-35	6
					36+	12
					- 18	1

Leeds General Infirmary

Month	Total no. violence presentations	No. of those where alcohol use a factor	Male	Female	Age	
					- 18	18-35
Sept 2008	201	74 (37%)	58	16	- 18	0
					18-25	46
					26-35	11
					36+	17
Oct 2008	222	100 (45%)	82	18	- 18	0
					18-25	60
					26-35	21
					36+	19

It is useful to note a background study (Patton et al, EMY, 2007), undertaken in 2007, which surveyed all Accident and Emergency departments in England to determine whether they had adopted screening and brief interventions for hazardous and harmful drinkers, as recommended within the 2004 Alcohol Harm Reduction Strategy for England and the Choosing Health White Paper. This found that of the 191 departments surveyed, only 4 used formal screening tools, 4 asked general questions regarding alcohol consumption, 100 measured blood alcohol levels as required, 131 recorded alcohol related attendances, and 32 had access to an alcohol health worker or clinical nurse specialist. The general conclusion was that whilst departments were willing to address hazardous alcohol consumption, the low numbers using formal screening tools meant that those that may benefit from help and advice were not being detected. Part 3 of the report discusses where there is alcohol provision in A&E departments, such as specialist nurses, within the region.

Ambulance call-out data:

The Ambulance Service was also approached for any available data in relation to alcohol and offending. Unfortunately there is limited data available from this source; the reasons for this are outlined.

Yorkshire Ambulance Service (YAS) provides ambulance services to the region's population, covering almost 6000 square miles across urban and rural areas, including isolated moors and dales to large stretches of coastal towns. YAS responds to an emergency call on average once every minute, and provides over 1.8 million Patient Transport Service journeys to non-emergency calls every year. Demand for ambulance services continues to rise year on year between 5% and 7%.

A significant number of the emergency calls YAS receives are related to alcohol as either a primary or secondary problem. YAS employs an international call categorisation system to assess emergency calls to ensure patients receive the correct response level appropriate to their condition. The system does not currently record the use of alcohol in relation to the current incident. This is not an issue isolated to YAS, but one which all UK and International ambulance services have due to the governance of the triage system. The resulting factor is that robust data is currently unavailable around the correlation between YAS data and alcohol usage. **A pilot data exercise estimates that there is approximately 7% call volume directly related to incapacity due to alcohol use,** although the validation and variance around this cannot be confirmed. Ongoing work is underway to ensure a more systematic process of identification and collection of data in relation to alcohol, but any meaningful data is unlikely to be available for a period of time.

Patients who have no clinical need to travel to hospital for admission, but are intoxicated and unable to safely be left in the current environment, have to be transported to Accident and Emergency departments routinely. This is the only option available to clinical staff and has been exacerbated by episodes of death in Police custody suites.

Public health initiatives are being piloted with YAS staff at the current time to address the issue of alcohol, these include, but are not limited to: alcohol awareness training; sign-

posting, screening and brief interventions; alternative response models, including co-response units with local policing teams (e.g. pilot in Hull); high risk referrals to Fire and Rescue Services and pathways into treatment services.

Standardised methods of providing data to Crime and Disorder Reduction Partnerships and the inter-relation between alcohol and violence are also a key priority, including work streams around domestic violence.

Fire Service data:

The Project Manager also liaised with the Fire Service in order to obtain data relating to fires where alcohol use was a contributing factor. Unfortunately data from this source is also limited. Fire reports log, where known, the person responsible for the fire, and there is an option to record if the person was impaired through alcohol or drugs. Where there are accidental dwelling fires (usually in the home), a record will be made of any contributing factors, including alcohol use. In the case of fatalities, medical investigations will reveal the link post mortem. However, in relation to deliberate type fires, which often relate to anti-social behaviour, it is difficult to tie in who is responsible for the fire, or whether alcohol has been a factor or not, as the fire starter will not normally be at the scene. Investigations on scene often indicate and point to the fact that alcohol may have been used, but this has a degree of subjectivity. The Fire Service believes that there are higher numbers of alcohol-related fire incidents than the data shows, as these fires are not necessarily recorded as such.

However, some sample data was obtained from the West Yorkshire Fire Service, and collated (see table below) to highlight the total number of primary accidental or deliberate fires in West Yorkshire, and the number which were recorded as alcohol related.

Table shows the number of alcohol related fires in West Yorkshire over an 8 month period:

	No of fires	Alcohol related	No of injuries	Alcohol related	Area in West Yorks
Apr-08	394	3	37	0	Leeds 1, Bradford 1
May-08	488	9	31	3	Leeds 5, Bradford2, Halifax 1, Huddersfield 1
Jun-08	419	6	20	1	Leeds 3, Bradford 2, Wakefield 1
Jul-08	394	10	28	2	Leeds 4, Bradford 5, Wakefield 1
Aug-08	421	5	25	5	Leeds 1, Bradford 3, Wakefield 1
Sep-08	448	7	30	3	Leeds 1, Bradford 4, Wakefield 1, Halifax 1
Oct-08	428	10	28	2	Leeds 1, Bradford 1, Wakefield 2
Nov-08	431	4	25	0	Leeds 1, Wakefield 1

Service user views on the needs of offenders with alcohol problems:

In addition to the above data on the needs of alcohol misusing offenders, Focus Groups also provided valuable insight into the issues faced by offenders with alcohol problems.

Several members of the Focus Group of prisoners at HMP Hull talked about the use of alcohol and valium together, and linked alcohol and valium use to theft related offending, and solely alcohol use to violence related offending.

“use both for the effects, it’s cheaper, helps you chill out and sleep”...“you end up in trouble though”...“if you drink and take valies you get locked up”...“**it’s a walking charge sheet**”...“you think you’re invincible”...“wake up with a load of DVDs and cash and don’t know why”...“more violence with just alcohol” (male prisoners HMP Hull)

Discussions around why offenders drink:

“some people have mental health problems...they drink to feel normal, to socialize, confidence”...”for escapism”...”to fit in” (male prisoner HMP Hull)

One member described himself as a “proper alcoholic”...”10 litres of cider and 1 litre of vodka a day”...”I will do the same when I go out”...”to feel normal”... “what can they [services] do for you?” (male prisoner HMP Hull)

“people leave prison, go to that shop, get a few beers, for a treat”.

“it’s hard to stay off it [alcohol]...can’t hide from it...people need more support around staying off it” (women offender, TWP)

“often [alcoholics] childhoods are focused around sadness”...”problems start in care”...”abuse” (male prisoner HMP Hull)

“I was 10 or 11, my dad let me drink with him...I went out pinching to get money for my dad, started drinking at 12, started offending...got bad, half a litre of brandy a day...got like my dad, hiding it...dad stopped drinking, went to a rehab...he was buying beer for me, said it gets you through the hostel...he started drinking again...my dad died, so I stepped back then with my drinking, I kind of blame myself” (women offender, TWP)

The problems drinking has caused:

“all my offences are violence related, under the influence” (male prisoner HMP Hull)

An ex-prison Listener talked about issues women with alcohol problems had discussed with her: “attacking people...leaving children in the house...Social services involved...getting life sentences for a moment of madness...problems built up and drinking every day...it scares me, you see the change in people, violent, arguing” (female offender TWP)

“divorce”...“relationships”...“sacked”...“health”...“don’t think straight, don’t keep appointments”...“pay a bill or get whisky, it’s whisky”... (male prisoners HMP Hull)

The groups raised issues about drug substitution, from heroin use to alcohol use:

“a lot of people can go to alcohol after heroin detox” (female offender, TWP)

“drink is worse, swap [from drug] a habit to alcohol, but because alcohol is legal they [workers] accept it...they don’t give you help...but then they will still breach you” (male prisoner HMP Hull)

“people have sympathy for heroin users, not as much for alcohol” (female offender, TWP)

The groups talked about going to prison in order to get detox and lengthy waiting lists in the community:

“easier to get help in prison...than wait in the community...wanted to come to prison to do the detox”...“asked for a recall to get a detox, in the end committed an offence to get to prison...you lose faith” ...“these are the desperate lengths people go to to seek help (male prisoners HMP Hull)

“four months to wait...I was slummed in a park, homeless...went into prison to do detox, 7 days Librium at Low Newton...offended to get in to prison” (female offender, TWP)

2 List of current alcohol treatment providers

One of the main aims of the Project was to map the current service provision available for alcohol users (and specifically alcohol using offenders) within the region, across both Criminal Justice and Health services. The starting point for this mapping exercise was to produce an up to date and accurate **list of community alcohol services** and providers. A list was compiled (up to date as of March 09) using the following resources:

- the Alcohol Concern 'Alcohol Services Directory' (2007) (see www.alcoholconcern.org.uk).
- the current list of agencies held by the NTA (Yorkshire and Humberside) for NDTMS reporting purposes.
- confirmation of current services by commissioners of alcohol treatment, and members of the Project Steering Group.

Specific services provided for offenders within prison, Probation and police services are outlined in part 3 of the report.

The list of services includes the PCT area, the name of the service, the provider of the service, and the 'tier' of the intervention/s provided.

The MoCAM guidance (2006) outlines a four-tiered framework of provision for commissioning alcohol treatment as follows:

'Tier 1 interventions: alcohol-related information and advice; screening; simple brief interventions; and referral.

Tier 2 interventions: open access, non-care-planned, alcohol specific interventions.

Tier 3 interventions: community-based, structured, care-planned alcohol treatment.

Tier 4 interventions: alcohol specialist inpatient and residential rehabilitation.'

MoCAM emphasises that the tiers refer to the level of *interventions* provided, and not to the provider organizations themselves.

The majority of the community services listed provide tier 2 to 4 interventions. Only services providing tier 3 and 4 interventions report to the NTA via the NDTMS. It must be noted, therefore, that other services exist which provide tier 1 interventions within each locality, but which are not necessarily on the list provided. These provide a range of alcohol interventions within the context of their generic services (where the main focus is not alcohol treatment). Such services may include: primary healthcare, A&E departments, social services, homelessness services, 'Shared Care', criminal justice settings.

Part 3 of the report also outlines what interventions are actually being provided in each locality, by discussing the listed services and the interventions they provide in more detail, as well as the tier 1 interventions being provided.

[See Appendix 8 for a full list of services in the region.](#)

3 Alcohol treatment provision and commissioning as per locality

The following provides descriptions of the alcohol treatment provision and commissioning arrangements in each locality. The information is based on the returned questionnaires (Appendix 5) and individual discussions with the main commissioners for alcohol treatment.

1 Barnsley

General services:

As per the list above, there are several services providing treatment to alcohol users. The services generally work with drug users, or drug and alcohol users, where drug is the primary issue and alcohol is secondary. The services available in Barnsley provide a wide range of interventions, most of those recommended under the MoCAM, (see list within the questionnaire). The main services for alcohol users, which includes primary alcohol users, are:

- **Barnsley Alcohol and Drug Advisory Services (BADAS)** (a voluntary sector service). BADAS will act as the ‘first port of call’ for alcohol users, and will provide some interventions itself (mainly tier 2 and 3), or where specialist interventions (tier 4) are required, will refer on.
- **Barnsley PCT - Substance Misuse Team (SMT) Central** and **SMT Barnsley Community** are mainly prescribing services. The latter involves nursing, home visits etc. **Barnsley Substance Misuse Team Shared Care** is a multi-provider, involving a select number of trained GPs, supported by SMT nurses, who work with patients with substance misuse issues (drug and alcohol). **Barnsley Primary Care Clinic** is a specialist clinic run by a GP for people who do not have their own GP – there are a low number of alcohol users accessing this Clinic (mainly drug users).

Additional services for alcohol users include:

- **Inpatient unit**, which has one bed for alcohol dependant users requiring detoxification.
- **Structured day-care programme** provided by Phoenix Futures, which is a 12-step abstinence based programme for users pre and post treatment (one worker is commissioned by the DAAT/PCT).
- Specialist substance misuse maternity workers based at BHNFT.
- Ex-users project for alcohol users - Storm.
- Parents and carers project for carers of drug and alcohol users, mainly alcohol.

Specific services for offenders:

There are limited services for offenders and it is difficult to define them as a separate group within existing services. The services available are:

Probation services –

- Probation funds 50 **Alcohol Treatment Requirement (ATR)** places per annum, 9 sessions on average, provided through BADAS.
- Access to **ASRO** (Addressing Substance Related Offending programme for poly drug and alcohol users (22 sessions), and **DID** (Drink Impaired Drivers Programme) for alcohol only users (14 weeks/sessions).
- Provision of simple structured advice, tier 1 as required (average of 3 sessions).
- There are no Probation Approved Premises/Hostels in Barnsley.

Police station services –

The existing Drug Interventions Team (DIP), a team of 6 staff provided by Crime Reduction Initiatives (CRI), provides **Alcohol Arrest Referral (AAR)** services in the main police station in Barnsley. This initiative ran from November 2008 to the end of March 2009. The services offered include brief interventions, initial assessment and referral to alcohol services as required (to BADAS).

Prison services –

There is no prison in Barnsley. There is currently no specific funding to provide services to any of the prisons in the region that may release prisoners back into the locality. The local DIP team works alongside prison CARAT services (Counselling, Assessment, Referral, Aftercare, Throughcare), as per standard protocols, for drug users entering or being released from prisons. However, there are no specific pathways for *alcohol* offenders under this process. As there is no prison on the area, services may lose track of alcohol using offenders entering or leaving prison.

The questionnaire asked '**how well does existing provision meet the needs of alcohol using offenders?**'.

The overall response, from a range of options (excellent/very well/satisfactory/poor/very poor), was that provision is '**very poor**'.

Commissioning:

The Commissioner is responsible for the co-ordination and commissioning of alcohol services, employed within Barnsley DAAT. Barnsley DAAT consists of a team of 12, one responsible for alcohol, and others for data, admin, finance, commissioning etc. The team sits under the BMBC structure, and works closely with the PCT and Public Health. There are effective systems in place for data collating and providing the required NDTMS monitoring.

Alcohol services are funded through a combined Section 31 budget from the PCT and the Council via Partnership In Action. Additional funding has also been made available from Public Health and the Partnership Improvement Fund.

The agencies that are commissioned are:

- voluntary sector (BADAS)
- inpatient unit (1 bed for alcohol)
- community team (SMT)

- voluntary sector for young people (BARN) via Children & Young People's funding
- shared care (SMT Shared Care)

Numbers recorded in treatment for the first three quarters of the year 2008/09 was 877. In quarter one, the number was 602, broken down as follows: voluntary sector (268), inpatient unit (44), community team (160), shared care (120), primary care clinic (10).

Commissioners and treatment providers hold formal review meetings every three months, as well as less formal communication and involvement in between. Key standing agenda items at the review meetings are performance, difficulties relating to delivery, workforce and recruitment issues, and how services can be better delivered.

Gaps and barriers:

Under the current treatment provision and budget the following gaps are present:

- Harmful and hazardous drinkers are being missed in terms of treatment.
- Access problems - Barnsley is a Metropolitan Borough with mixture of rural and urbanized areas. Due to the transport network design some users face access difficulties and therefore diverse delivery is required.
- There are diversity issues relating to language in that there is a lack of provision for non-English speakers.

Needs assessment:

A thorough *needs assessment of alcohol* was undertaken 3 years ago. A current needs assessment has been commissioned from the University of York to review the previous needs assessment and identify gaps in current provision against need with recommendations as to future services.

Since April 2008 PCTs are required to undertake together with local authorities a formal need assessment (Joint Strategic Needs Assessment). For Bradford see

http://www.onebarnsley.com/pdf/summ_doc_2008+7.10.08.pdf). A Young Peoples Health Survey has also been undertaken and a 08/09 gap analysis. Extra activities are planned that include a young peoples resource teaching pack, a young people specific sexual health and wellbeing web site, a social marketing plan and campaign targeting young women, and training for tier 1 and 2 services around Identification and Brief Advice. Overall it is felt that the services provided have been structured to meet the needs defined in the earlier assessment, as far as possible and subject to the funding.

Future Developments:

- To strengthen links with families and carers of alcohol users.
- To develop an alcohol liaison team – more community interventions and GP's providing brief interventions – to try and reduce hospital admissions, and to also assist hospitals to have less repeat admissions.
- A reconfiguration of treatment services when contracts expire in 2010.
- Improve communication and messages (to share experiences on funding etc).
- To work towards changing individual and societal attitudes.
- To develop a commissioning structure in line with World Class Commissioning recommendations.

Key contact for Commissioning is: rosemaryclewer@barnsley.gov.uk

2 **Bradford**

General services:

There are a range of services in Bradford providing interventions to primary alcohol users and drug users with secondary alcohol problems. The main services for primary alcohol users only are: the **Piccadilly Project**, provided by Lifeline, a voluntary sector organisation; **Phoenix Medical Practice**, a partnership between Lifeline and a GP prescribing practice (time limited pilot project); and the **Community Alcohol Support Team**. There are several other specialist services which provide interventions to drug and/or alcohol users, including the **Airedale Community Drug and Alcohol Team (ACDT)**, **Bradford Community Drug and Alcohol Team (BCDT)**, **Caleb Alcohol and Drug Services**, **Project 6 in Keighley**, and **a floating support scheme for alcohol and drug users (provided by DISC, one year pilot)**.

Interventions for drug users who have a secondary alcohol problem are also provided by the Bridge Project and Ripple Drug Services.

Most of the range of interventions recommended under MoCAM are provided through the available services within the locality. Some interventions for adult alcohol only users are being commissioned at the time of writing, i.e.

- Extended brief interventions and treatment in Primary Care (tier 2) – anticipated number of service users is 900 to 1000 per annum.
- Structured Day Care Programme (tier 3) – anticipated number is up to 400 per annum.

In relation to **tier 4 interventions**, for in-patient detoxification or residential rehabilitation, referrals from agencies are managed by a panel made up of drug and alcohol clinical specialists and a manager from local authority adult social care services. Referrals generally come via ACDT or BCDT. (This process applies to drug and/or alcohol users and for non-offenders or offenders). In-patient detoxification beds (4) are available in the local Psychiatric Unit (Lynfield Mount Hospital). The approximate number being referred for tier 4 provision is currently 5-10 for residential rehabilitation and 30 for in-patient detoxification per year. A 12-bed residential unit is also currently being built by Caleb Alcohol and Drug Services, and

referrals would come via the specialist panel if PCT funding is required. This is due to open in June/July 2009, and will initially be an in-patient unit, although they may consider providing residential rehabilitation provision in the future.

There are also approximately 60 alcohol community detoxifications throughout the District each year, via the Bradford District Care Trust alcohol and drug teams (ACDT and BDCT), and GPs.

Tier 1 interventions – there has been an increase in the number of screening and brief interventions being provided to alcohol only users, mainly within primary care (GP) services. Under a local developed QOF, between April 2008 and July 2008, 12372 patients across the District were registered as drinking over the government’s recommended safe limits, and of these, 5223 were provided with brief interventions in primary care. Similarly, training has/is being provided to other professionals to provide tier one alcohol interventions, with a view to further increasing the provision of screening and brief interventions in wider health and social settings.

Additional services for alcohol users are listed in Part 2 above, which include supported housing services, gender specific services, outreach, maternity services and crisis/day support.

Also there is a Clinical Nurse Alcohol Specialist working at Bradford Royal Infirmary Hospital, as part of the Lifeline Piccadilly Project, providing in-reach sessions to increase the uptake of service provision for dependant drinkers and also carers.

Specific services for offenders:

The alcohol services are increasingly being linked to the needs of offenders by joining up services to the criminal justice system. Current provision for offenders is as follows:

Probation services-

There are plans for Probation **Alcohol Treatment Requirement** orders to be used to require alcohol using offenders to access treatment. The PCT are currently commissioning services to provide this intervention, anticipated to commence in April 2009.

Probation also fund:

- The **'Stop Binge Drinking'** requirement, which is a structured course delivered by one Probation worker and one Lifeline Piccadilly worker. This is aimed at offenders identified by Bradford Probation whose offending is related to binge drinking. The course is delivered by 8 x 2.5 hour sessions, and takes 10 participants at a time. The pilot has received positive outcomes to date.
- Access to **ASRO** (Addressing Substance Related Offending programme for poly drug and alcohol users (20 sessions).
- **DID** (Drink Impaired Drivers programme) for alcohol only users (14 weeks/sessions).
- Offender managers also provide brief interventions to alcohol only users.
- There are no Probation Approved Premises/Hostels in Bradford.

Police station services-

An **Alcohol Arrest Referral** (AAR) service is being provided using current DIP resources and this will shortly be supplemented with additional funding from the 'Working Neighbourhoods Fund' (WNF). DIP is provided by Compass, CRI and DISC (drug treatment providers). The AAR scheme began in mid December 2008 and provides brief interventions to alcohol users. There are 2 main custody suites in the district (Bradford and Keighley).

Prison services-

There is no prison in Bradford and no funding to provide services to any of the prisons in the region that release prisoners back into the locality. As per standard protocols, the DIP team works alongside prison CARAT services for drug users entering or being released from prisons, but not in relation to alcohol misusers who do not have an illegal drug problem.

Other-

The Structured Day Care Programme mentioned above (being commissioned) will also link in with DIP and the Criminal Justice System.

The **Together Women Project** (TWP) in Bradford and Keighley provides support to women who are offenders or at risk of offending. In-house services for women with alcohol issues include weekly sessions with a health trainer for physical health matters related to drinking, fortnightly drop-ins with an alcohol advisor from the Piccadilly project regarding own or others drinking, a drug and alcohol awareness course with Piccadilly and Project 6, one to one work with key-workers regarding safer drinking/effects on others/drink diaries etc.

TWP link with Sure Start which provides support for families experiencing alcohol related issues, Horton Housing which provides accommodation support for substance misusers, including alcohol, and SUPA Kids which provides support and activities to children of parents who drink, and support groups for their parents.

Similar interventions and signposting are provided at the TWPs in Leeds and Doncaster.

Provider assessment of provision - Questionnaires were sent to approximately 11 community service providers in the district.

The questionnaire asked **'how well does existing provision meet the needs of alcohol using offenders?'**.

The response, provided by 4 returned questionnaires, was:

Poor	1
Satisfactory	2
Very well	1

Commissioning:

Bradford and Airedale Teaching PCT is part of a multi-agency partnership which has developed a strategy to address alcohol problems, including combating alcohol related crime and improving health and treatment services. The alcohol strategy implementation group has

identified various priorities and funding has been allocated to tackling some of them. These include, as above, increasing detoxification places, training for staff, hospital workers, and alcohol workers based at GPs.

Overall, responsibility for the commissioning of alcohol services sits with the Bradford and Airedale PCT Substance Misuse Joint Commissioning Team. Funding comes via the PCT mainstream funding (3 years) and, for primary care services, via health equalities funding (5 years). Agencies also apply for additional funding from a number of streams.

Services commissioned by the PCT to provide treatment to primary alcohol misusers are:

- ACDT (Airedale Community Drug and Alcohol Team)
- BCDT (Bradford Community Drug and Alcohol Team)
- Lifeline Piccadilly Project (including Phoenix Medical Practice service)
- Project 6, Keighley
- Community Alcohol Support Team (Horton Housing)
- Clinical Nurse Specialist at BRI

The other services listed in part 2 are generally provided by the pooled treatment budget, voluntary/grants, Hospitals Trust etc. Alcohol services are not directly funded via the pooled treatment budget.

Commissioners and treatment providers hold quarterly review meetings in which standing agenda items include: performance against outcomes and targets, finance, capacity issues, new opportunities, and workforce issues.

Needs assessment:

Bradford undertook a comprehensive needs assessment in 2006, and there is an on going needs assessment group which sits quarterly, made up of alcohol and drug providers, commissioners and service users. A large service user consultation event was also held in October 2008, which included criminal justice service users. All this information is fed into the commissioning process. As described above, services are currently being commissioned

which will be more structured to meet the locally identified needs, including in relation to offenders.

Local strategy:

Safer Communities Bradford launched the Alcohol Harm Reduction Strategy for Bradford district in 2008. The ten aims of the Strategy are to:

A1 To reduce the number of people who drink alcohol above recommended limits, thus reducing the adverse health impact of alcohol.

A2 To reduce alcohol-related crime, disorder, intimidation, nuisance and anti-social behaviour, and ensure that everyone can enjoy all areas of the Bradford district without fear of alcohol-related violence and intimidation.

A3 To reduce the prevalence of harmful drinking by children and young people aged under 18.

A4 To develop a comprehensive range of effective treatment, support, rehabilitation and reintegration services for alcohol misusers, with easy access and clear care pathways.

A5 To reduce the harm caused by alcohol misuse within families and relationships, including domestic abuse and the “hidden harms” caused to the children of alcohol-misusing parents.

A6 To reduce the number of babies born with a disorder in the Foetal Alcohol Spectrum Disorder range, and to decrease the risk of related problems experienced by children born with one of these disorders.

A7 To reduce alcohol-related accidents and fires, thus reducing avoidable premature death, disability and less serious injuries.

A8 To reduce the economic costs of alcohol misuse.

A9 To ensure that information and services are accessible and welcoming to all sections of Bradford’s diverse population.

A10 To record and analyse the data necessary to measure our progress.

Key contacts for commissioning: hilary.mcmullen@bradford.nhs.uk (Planning Manager).

Key contact for policy and strategy issues is: nina.smith@bradford.gov.uk (Senior Policy Officer, alcohol and drugs).

3 Calderdale

General services:

Currently in Calderdale there are 3 main services that alcohol users can access. The services are generally for primary drug users or drug and alcohol users where alcohol is secondary, and some services for alcohol only users. The services (as listed in part 2) are: **Outlook (Lifeline); Dual Diagnosis Service (SWYMHT); and Substance Misuse Service (NHS Calderdale).**

The latter is the main service and provides Shared Care, DIP, DRR (Drug Rehabilitation requirement), Peri-natal and brief interventions services for substance misusers and is the current provider of a very small dedicated alcohol service providing tier 3. The service provides the majority of the interventions recommended under the MoCAM at tiers 1 to 3. The total number of primary alcohol users in the service is approximately 300 (at the time of writing). The services specifically for alcohol only users include:

- Brief interventions for hazardous and harmful drinkers (tier 1 and 2). Numbers who received brief interventions between April 2007 and December 2008 has been 988.
- Partnership/Shared Care with specialist alcohol treatment services (tier 2 and 3) (average 60 per month).
- Extended brief interventions and treatment – for those scoring between 16 and 20 on the AUDIT assessment tool (average 153 per month).
- Partnership/Shared Care with tier 3 and tier 4 provision – there are 2 GP surgeries with specific alcohol tier 3 provision, and whilst tier 4 is not directly provided, those requiring are referred on (average 60 per month).
- Access to mutual aid groups (eg. AA) – service users are signposted as required.
- Group-work – for alcohol only clients – commenced January 2009 (tier 3).
- Residential rehabilitation – there is a very limited budget for drug and alcohol users.
- In patient detoxification – patients access out of area dedicated alcohol detoxification units on a spot purchase basis.

Services that are not currently provided, reference the MoCAM guidance list, are structured day care, and specific interventions for minority groups.

Specific services for offenders:

Probation services -

- **Alcohol Treatment Requirement** orders (ATRs) are currently commencing via a local interim arrangement with a GP practice, pending completion of a procurement process for a specialist alcohol service.
- The SMS provides DRRs in partnership with Probation, which may work with drug and alcohol users, as well as drug users.
- Access to **ASRO** (Addressing Substance Related Offending programme for poly drug and alcohol users (22 sessions), **DID** (Drink Driving Programme) for alcohol only users (14 weeks/sessions), and the '**Stop Binge Drinking**' programme.
- Offender managers also provide brief interventions.
- There are no Probation Approved Premises/Hostels in the locality.

Police station services -

There is short term funding currently available to support police custody based screening, brief interventions and referral on, through **Alcohol Arrest Referral** work. This is currently being provided by the SMS DIP team, through their existing resources. The aim is to maintain this recurrently.

There is one custody suite in the area.

Prison services –

There is no prison in Calderdale or any specific funding to provide services in prisons. The local DIP team works with the prison CARAT teams as per standard protocols for drug or drug and alcohol users, but not in relation to alcohol only users.

The questionnaire asked '**how well does existing provision meet the needs of alcohol using offenders?**'. The response to this question from a range of options, from one questionnaire received back, was that provision was '**poor**'.

Commissioning:

Commissioning for alcohol treatment (for offenders and others) is the responsibility of the Calderdale Safer and Stronger Communities Partnership). Services are commissioned through the Joint Commissioning Process.

Services currently commissioned by the PCT are:

Outlook (Lifeline); Dual Diagnosis Service (SWYMHT); and Substance Misuse Service (NHS Calderdale).

Needs assessment – an alcohol needs assessment has been undertaken. A JSNA has also been completed which will include a summary regarding alcohol needs from the main alcohol assessment. Services are being commissioned to meet the needs identified in assessments.

At the time of writing, the PCT are commissioning additional services:

- Specialist tier 3 alcohol service for primary alcohol users (as referred to above),
- Social Rehabilitation Service which will focus on social care and after care for drug users and primary alcohol users, and will include housing, employment etc services.
- Community based recovery programme, from April 2009, for drug and alcohol users, based on the 12-step model.

Key contact for commissioning is: martin.mcgroarty@calderdale-pct.nhs.uk (Partnership and Strategy and Commissioning Manager (Substance Misuse)).

4 Doncaster

General services:

The main services for alcohol users are: **Doncaster Alcohol Services, Doncaster Alcohol Community Alcohol Team and Doncaster Inpatient Alcohol Service**. All these services work with people with alcohol only issues, and provide a range of interventions across tiers 1 to 4, as per MoCAM guidance.

Doncaster Alcohol Services provides tier 1 to 4 services, including Counselling (approximately 130 sessions a month), brief interventions, comprehensive assessment and care planning (approximately 30 a month each), care co-ordination, day services, Floating Support and training in alcohol issues.

The day services include a structured day programme, providing tier 2 and 3 interventions, which delivers 5 sessions a week for 20-25 clients a day. Group-work based on creative activities (tier 2) is delivered as part of this.

The Service also runs a **Residential Project**, with 12 bed spaces, providing tier 3 and 4 interventions for people aiming at abstinence.

Alcoholics Anonymous meetings are also held regularly on the premises to facilitate access. The Service also liaises closely with the Doncaster Alcohol Team (below). Clients who are referred to the Alcohol Team for detoxification are care co-ordinated by the Alcohol Service in order to maximize their uptake of services post detoxification. There are approximately 12 referrals a month to the Alcohol Team.

Doncaster Alcohol Team provides tier 3 interventions to alcohol users, including community detoxification and other medical interventions. The Team arranges referrals for in-patient detoxification.

Doncaster Inpatient Alcohol Service (tier 4) – there is one bed space for alcohol detoxification at St. Catherine's Hospital in Doncaster.

Services for offenders:

Probation services-

- Doncaster Alcohol Services has a contract with Probation to provide **Alcohol Treatment Requirement orders (ATRs)**, including assessment and Counselling, currently providing 24 ATRs per year, 9 sessions on average.
- Probation also delivers **ASRO** (Addressing Substance Related Offending programme) for drug or poly drug and alcohol users (22 sessions), and **DID** (Drink Driving Programme) for alcohol only offenders (14 weeks, 2 hour sessions).
- Probation also provide structured advice to offenders under supervision who have alcohol issues (tier 1, usually 3 short sessions).
- There is one Probation / Approved Premises Hostel in Doncaster - Town Moor.

Police station services-

Doncaster Alcohol Services has a contract with the PCT to provide interventions as part of an **Alcohol Conditional Cautioning Scheme**, for people arrested for alcohol related offences. This began in October 2008, within which the existing DIP team (provided by the PCT) and the police provide screening, brief interventions and referral. People arrested for alcohol related offences are referred to the Alcohol Service on a mandatory basis. In some cases, offenders can choose whether to be fined for their offence or to attend two sessions on alcohol awareness at the Alcohol Service in lieu of a fine.

Prison services-

There are **three prisons** in the locality: HMPs Moorland, Lindholme and Doncaster. The latter is a large local remand prison. The main services provided in the establishments for alcohol misusing offenders are:

- CARAT services providing non-clinical support, signposting, and low-threshold interventions to poly drug and alcohol users, or drug users. The service is not contracted to work with alcohol only users. The only available interventions for alcohol only users are brief alcohol awareness advice at initial assessment stage, and signposting to an external agency (via DIP or independently).

- All three establishments are IDTS (Integrated Drug Treatment System) sites, i.e. providing clinical and psycho-social interventions to substance misusers. Under the IDTS, HMPs Moorland and Doncaster are funded to provide both clinical and CARAT interventions, whilst HMP Lindholme is only funded to provide the clinical interventions. CARAT interventions for prisoners with alcohol only use is limited, even under IDTS provision.
- Under IDTS, HMP Doncaster Healthcare provides medically assisted withdrawal / detoxification for dependant alcohol users entering custody.
- CARAT IDTS Alcohol Awareness group (tier 2/3) for poly drug and alcohol users at each site (but not Moorland open), approximately one per month is delivered.
- Pathways for those with alcohol dual diagnosis needs (at HMP Doncaster this is approximately 5 referrals a month).
- Access to the Breakthrough service at HMP Doncaster (for BME poly drug and alcohol users).
- Alcohol liaison nurse commissioned by the PCT at HMP Moorland.
- Two week Drug and Alcohol Awareness group run by Education at HMPs Lindholme and Moorland open and closed sites.
- Regular Alcoholics Anonymous (AA) meetings in the establishments (HMPs Lindholme and Moorland open and closed sites).
- Alcohol related posters and information provided in Healthcare and other areas.
- Doncaster Alcohol Services have a contract with the PCT for two alcohol workers to work in the prisons four days per week to provide Counselling, brief interventions and assessment.
- Accredited Drug Treatment Programmes which may be accessed by poly drug and alcohol users are: PASRO (Prisons Addressing Substance Related Offending) at HMPs Lindholme and Moorland, and the SDP (Short Duration Programme) at HMP Doncaster.

The **Together Women Project** (TWP) in Doncaster provides support to women who are offenders or at risk of offending on a similar basis to the services provided at the Bradford and Leeds projects (see Bradford above).

Commissioning:

The PCT commission the three alcohol services in Doncaster.

The Doncaster Alcohol Team is funded by various sources, including the PCT and Doncaster MBC.

The prison Counselling service and police Alcohol Conditional Cautioning scheme pilot (through PCT and Alcohol Service contracts), have ongoing funding attached.

Probation fund the ATR provision, this is negotiated annually.

Commissioners and providers meet quarterly to review contract activity, difficulties arising and partnership working.

Needs assessment – An Alcohol Needs Assessment has been completed which identified that increased services for offenders are needed. Limited capacity means that the needs identified by the assessment are not being fully met, although there are service structures and pathways in place to enable development.

Key contact for commissioning is: gail.stafford@doncasterpct.nhs.uk

5 East Riding of Yorkshire

General services:

There is a range of services for alcohol users in the East Riding area. Services which deal with primary alcohol users are: **East Riding Community Alcohol Team, Alcohol Withdrawal Programme** (also works with drug users), **Kick Start, and Bartholomew House.**

Services which work with drug and alcohol users, usually where generally drug use is primary and alcohol use is secondary, are: **East Riding Partnerships Goole and Bridlington, a specialist substance misuse social worker, and a Floating Support Tenancy scheme.**

Most of the range of services recommended under MoCAM are provided for within the locality. Specifically the services provided are as follows:

The East Riding Partnership provides Shared Care, structured Counselling, brief intervention and screening. Interventions for alcohol only clients include:

- Referral to specialized alcohol treatment (approximately 20 service users per month);
- Partnership/Shared Care with specialised alcohol treatment services;
- Alcohol-specific information and advice (approximately 60 per month);
- Extended brief interventions and treatment (approximately 13 per month);
- Partnership/Shared Care with tier 3 and 4 provision (link with East Riding Community Alcohol Team);
- Signposting to mutual aid groups (eg.AA);
- Community prescribing – referral to East Riding Community Alcohol Team (approximately 20 per month);
- Residential rehabilitation – referral to Customer Care for assessment (approximately 20 per month). There is no rehabilitation unit in the locality – users are referred out of area.

The Substance Misuse Social Worker – undertakes Community Care Assessments for users referred for detoxification or residential rehabilitation. Assessments take place over a number

of weeks and also preparation work (tier 3) with service users for residential rehabilitation. The worker also provides aftercare for those leaving rehabilitation or detoxification.

Boston Mayflower Floating Support (Tenancy) – provides tier 1 interventions within 3 projects: offenders, substance misuse and generic. There are alcohol only service users (and drug and alcohol users) in all the projects.

East Riding Community Alcohol Team – this is a new tier 3 service for primary alcohol users, which is currently staffed by 3 nurses, and which is due for expansion in the future.

Alcohol Withdrawal Programme –works with alcohol only users within the Specialist Drug Service in Hull. The service provides community detoxification support (tier 3), 5 sessions over a week, then further weekly attendance for abstinence/aftercare support over 6 weeks. Interventions include group-work, key-working and one to one support. People who have undertaken detoxification elsewhere can access the aftercare element of the service.

St. Bartholomew's House – is a detoxification / prescribing unit for alcohol only users (tier 4). This involves a one-week inpatient stay.

Kick Start – is a voluntary peer-led abstinence based support service for alcohol only users. The service is user led and supported by a service user involvement officer.

Specific services for offenders:

Probation services –

- There is no formal Alcohol Treatment Requirement provision at present.
- There is access to **DID** (Drink Impaired Drivers programme) for alcohol only users - 14 weeks/sessions, delivered by Trust staff.
- Also, access to **COVAID** in Grimsby (alcohol and violence programme, see Appendix 3).
- Brief advice is delivered by Offender Managers (1 or more short sessions), and specified activity requirements for those with AUDIT scores 16-19.
- There are no Probation Approved Premises/Hostels in the area.

Police station services –

There are 2 main custody suites in the locality. The DIP Arrest Referral Team (provided by Compass) provides **Alcohol Arrest Referral** services.

The team prioritises PPOs (Priority and Prolific Offenders) who are alcohol users. Alcohol users identified at this stage are signposted to tier 3 alcohol services (the East Riding Partnership) as required.

Prison services -

There are **three prisons** in the area: HMPs Full Sutton, Everthorpe and Wolds. Provision for alcohol users in the establishments is as follows:

- All establishments have a CARAT service which provides non-clinical support, signposting, and low-threshold interventions to poly drug and alcohol users, or drug users. The service is not contracted to work with alcohol only users. The only available interventions are one-off alcohol awareness advice at initial assessment stage, and signposting to an external agency (via DIP or independently).
- Alcohol Awareness short courses are provided at each establishment via Education or as part of the Integrated Drug Treatment System (IDTS) for alcohol only or poly users.
- At HMP Full Sutton there is also an alcohol 6 session package, 2 sessions are awareness and 4 are interventions.
- Both HMPs Everthorpe and Wolds are IDTS establishments. However, clinical detoxification for dependant alcohol use will not be provided at these sites as this will have been provided earlier at the local prisons where necessary.
- Alcoholics Anonymous groups run in each prison on regular basis (fortnightly at HMPs Everthorpe and Wolds, weekly at HMP Full Sutton).
- Prisoners with dual alcohol and mental health problems are referred for specialist mental health interventions.
- Available Accredited Drug Treatment Programmes (for poly drug and alcohol users) are: Prisons Addressing Substance Related Offending (PASRO), and Rehabilitation for Addicted Prisoners Trust (RAPt), both at HMP Everthorpe, also the FOCUS programme at HMP Full Sutton.

- HMP Everthorpe has a community family worker available in the Visitors' Centre who can signpost families to available services.
- Healthcare teams can undertake Liver Function Tests (LFTs) for prisoners requesting Antabuse treatment on release.
- HMP Everthorpe healthcare team provides brief interventions to alcohol users.

How well does existing provision meet the needs of alcohol using offenders?

The responses to this question, from the questionnaires returned from prisons and community agencies (11), were as follows:

Very poor	3 (prisons)
Poor	2
Satisfactory	2 (1 prison)
Very well	2
Not answered	2

Commissioning:

The services in East Riding are commissioned / provided as follows:

- East Riding Partnership – commissioned by the PCT and Safer Communities, funding comes from the NTA, PCT and budgets are projected and set annually.
- Alcohol Withdrawal Programme – commissioned by Hull PCT, provided by Hull Mental Health Trust.
- Tenancy Support – funded by Supporting People.
- DIP/Arrest Referral – funded by Home Office and Pooled Treatment Budget.
- Specialist Social Worker – permanently funded by the East Riding Yorkshire Council, commissioned by the Local Strategic Partnership
- Bartholomew House – commissioned/funded by the PCT, provided by Hull Mental Health Trust.

- Kick Start – funded through CDRP grants.

Meetings are held between commissioners and treatment providers on a quarterly basis. Key agenda items are: monitoring reports, referrals, demographic trends in assessments, treatment provision.

Needs assessment – this is conducted annually and service developments are informed by the assessments.

Key contact for commissioning is: fiona.conyers@eastriding.gov.uk

6 Hull

General Services:

The main alcohol treatment services in Hull are **Alcohol and Drugs Services (ADS), and the Community Alcohol Team, including the Alcohol Withdrawal Project (AWD)**. There are several other services which mainly provide services to drug users, but which also provide some services to alcohol users. The main services providing interventions to alcohol users are:

ADS - provides mainly tier 2 interventions and some tier 3 interventions to higher level harmful and hazardous drinkers who do not require detoxification or for post detoxification support. They also provide a drop-in (tier 2), Counselling (tier 3) and Criminal Justice interventions (tier 3) (see below).

The Community Alcohol Team provides additional clinical services (tier 3 and 4) to alcohol misusers, including interventions and preparation for people working up to detoxification and stabilization.

The Alcohol Withdrawal Project (AWP), which is a project within a specialist drugs service, provides tier 3 alcohol detoxification and group-work interventions. (The alcohol services are also referred to as the Baker Street Treatment Centre). In-patient detoxification (tier 4) for alcohol only is provided at **Bartholomew House**.

Other services include **The Bridges** in Hull provided by RAPt. This is a Residential rehabilitation tier 4 provision, which takes drug users or poly drug and alcohol users or occasionally those with alcohol only problems. Places are funded through spot purchasing.

Also, **West Hull PCT Shared Care and Central** services are services for drug users but which occasionally deal with alcohol only users.

There are also a number of hostels which provide supported abstinence based accommodation for either drug or alcohol users, including **The Ozone, Terry Street Hostel, William Booth (Salvation) Hostel.**

Other / gaps -

There is little provision for carers of alcohol users; carers services mainly deal with drug use. There is no specific structured day care programme for alcohol only users, although this provision will be commissioned in future.

There is access to self-help, through referrals to AA.

There is access to a dual diagnosis service within the Humber, which alcohol services can signpost to. In relation to mental health, there is also the Crisis Resolution Team which will identify those people with mental health problems who also have alcohol issues.

Services for offenders:

Probation services-

- Probation provide the **COVAID** programme to offenders with anger / violence and alcohol issues (See Appendix 8).
- **Alcohol Treatment Requirement orders (ATRs)** are delivered in partnership with ADS.
- Probation also deliver the accredited **DID** programme (Drink Impaired Drivers programme).
- Brief advice is provided by Offender Managers (usually 1 or 2 short sessions).
- There is one Probation / Approved Premises in Hull - Queens Road.

Police station services-

There is no alcohol arrest referral scheme in Hull, although DIP provides drug arrest referral services, as standard, to poly drug and alcohol users.

Prison services-

Services for offenders with alcohol misuse problems in HMP Hull include:

- Two recently appointed full time alcohol nurses, focusing on pre-release work and detoxification, to complement the prison's Integrated Drug Treatment Service (IDTS) for substance misusers.
- CARAT services available to poly alcohol and drug users, or basic signposting and advice to alcohol only users.
- CARAT IDTS Alcohol Awareness groups.
- Clinically managed alcohol detoxification / withdrawal through the Healthcare / IDTS team.
- ADS provide in-reach services to prisoners with alcohol only issues – this is a recent pilot project in its early stages.
- An accredited programme for alcohol users, the 'Alcohol free Good Life Programme' (AFGLP) was piloted at HMP Hull in 2008, aimed at young male binge drinkers, and evaluations showed positive take up and results – the programme (or a similar format) may roll out in future in certain prisons.
- Education run alcohol awareness courses.
- The Accredited Drug Treatment Programme, SDP (Short Duration Programme), is delivered for drug users and may be accessed by poly drug and alcohol users.

The alcohol nurses and ADS service will meet the needs of those prisoners that CARATs are unable to work with, and are positive steps forward for custodial based interventions for alcohol users in prisons.

The questionnaire response to how well existing services meet the needs of alcohol using offenders was that provision was between 'satisfactory and poor'.

Commissioning:

Services are commissioned / funded as follows:

ADS – by the PCT and Probation.

AWP – by the PCT.

West Hull PCT Shared Care – through the Pooled Treatment Budget.

West Hull PCT Central – as above and the PCT.

The Bridges – spot purchasing.

Hostel provision – through Supporting People

In-patient detoxification – by the PCT.

The PCT and the CDRP, as part of the DAAT, are responsible for commissioning services for alcohol users, through the Substance Misuse Joint Commissioning Group. Most contracts are for three year periods, and the PCT have a five year plan.

Review meetings between commissioners and providers take place quarterly and focus on performance management, targets, quality, governance, risk, service users involvement etc.

Needs assessment – an extensive alcohol specific assessment was completed in 2007, and has been used to plan services. A JSNA has also been included which includes perceptions around alcohol use.

Future provision will also look at alcohol services in hospitals, day-care and family needs.

Key contact for commissioning is: vicky.harris@hullcc.gov.uk

7 Kirklees

General services:

The main services in Kirklees that provide services to alcohol users are **Lifeline Dewsbury, Lifeline Huddersfield, and Kirklees Alcohol Advisory Service (KAAS).**

The Lifeline Alcohol Service provides tier 2 and 4 interventions to alcohol only users. The service currently sits within the drugs service but is a discrete team with identifiable workers. This has recently been subject to tender with plans for separately located services and a specialist community alcohol service. The drugs service also works with poly drug and alcohol users, and joint work by the drug and alcohol teams is delivered where appropriate.

The numbers accessing tier 3 provision in 2008/09 were 121 in quarter one and 244 in quarter two, plus 127 accessing tier 2 provision in quarter two, and 232 people were screened and given simple structured advice in quarter two. The Service delivered 244 comprehensive assessments in quarter two. Also, there were 14 community detoxifications delivered via the specialist service in quarter one, and 12 in quarter two. Nineteen people accessed the Counselling service in quarter two.

Full assessments, community care assessments, case management and care-coordination are also completed by providers of tier 4 treatment, Shared Care, and Probation.

The specialist service also provides a day service which includes support on ETE, complimentary therapies, diversionary activities, skills promotion etc. Numbers accessing are approximately 90 per quarter.

Alcohol DES (Directed Enhanced Services) is available which provide tier 1 alcohol screening, also alcohol LES (Locally Enhanced Services), which provide tier 2 screening and extended brief interventions (SBI). These services are available via health centers and GP practices, with 36 practices of 76 signed up. Alcohol Shared Care LES (tier 3), a partnership

between the specialist service and GP practices, is also being rolled out, with plans to extend (in November there were 8 practices involved). The Shared Care provision is aimed at non-complex dependant drinkers.

In relation to **tier 4 provision**, in-patient treatment for detoxification is commissioned under a block contract (out of area), and residential rehabilitation is spot purchased (again subject to tender for a preferred provider). The specialist service provides assessment and referral for tier 4, and there is close working between the specialist service and the in-patient provider. Between April and November 2008, eighteen placement applications were approved for alcohol only in-patient treatment, two of these were for combined drugs and alcohol treatment (58 days). In quarter two, five alcohol users accessed residential rehabilitation.

Alcohol services in the local A&E and wider acute hospital are being developed to deliver screening, referral, and specialist advice on alcohol treatment for patients on the wards.

For alcohol users with co-existing mental health problems, there are pathways in place between the key alcohol services and the mental health trust. Similarly, there are pathways with other social care providers where such services are required. In relation to housing support, there is a range of supporting people providers including several floating support services who can work with drug and alcohol users. One floating support service works with alcohol only users specifically. Another service provides 11 units of supported accommodation across Calderdale and Kirklees, aimed primarily at people leaving prison or residential rehabilitation.

KAAS is a charity service which provides tier 2 interventions including weekly sessions in the north and south of the area, and a women's only group. The numbers accessing are approximately 12 to 30 per group.

Services for offenders:

Probation services-

- Probation delivers **Alcohol Treatment Requirement** orders (ATRs) in partnership with Lifeline. This began in December 2008. The service undertakes assessment and part of the delivery of the order. ATRs are aimed at dependant drinkers.
- Offender managers are also trained to deliver screening (tier 1 and 2).
- In West Yorkshire, Probation also delivers **ASRO** (Addressing Substance Related Offending) for drug or poly drug and alcohol users, **DID** (Drink Driving Programme), and the '**Stop Binge Drinking**' programme.
- There are two Probation / Approved Premises in Kirklees – Elm Bank and Albion Street.

Police station services-

There is an **Alcohol Arrest Referral** service in Kirklees, delivered in partnership with the police, the PCT and Lifeline, who provide the DIP service. This is a new scheme based on a needs assessment undertaken in 2008. The team work with people arrested for specific alcohol related offences and engagement is voluntary. An alcohol information pack has been developed for use in the cells, which includes a self-assessment, information regarding services etc., and which is useful for out of hours when workers are not available.

Prison services-

There is no prison in the area. The DIP team works with the prison CARAT teams, as standard, in relation to drug or poly drug and alcohol users entering and leaving prison.

Commissioning:

The DAAT within the PCT in partnership with Probation hold the responsibility for commissioning of alcohol treatment for offenders (and others). The vast majority of the funding for services comes from the PCT. The above services are contracted by the PCT except for supporting people and the residential rehabilitation provision.

Commissioners and providers meet quarterly for formal review meetings. The meetings vary slightly between the services, but all cover performance, demographics, a focus on health inequalities, service developments, new developments (local and national), clinical governance, gaps / needs etc.

Needs assessment – a mapping exercise was undertaken with partners to directly inform the development of Kirklees Partnership’s Alcohol Strategy. The JSNA has directly informed the development of services, in particular by targeting areas of inequality through the roll out of the Screening and Brief Intervention LES and alcohol Shared Care. Furthermore, information from PBC plans and a survey of practices have informed the development of Shared Care. A needs assessment was undertaken prior to the development of the Alcohol Arrest Referral scheme (as above). A needs assessment is also being completed in relation to street drinkers.

Key contact for commissioning is : jo-hilton-jones@kirkleespct.nhs.uk

8 Leeds

General services:

The main services in Leeds that work with alcohol users are:

Addiction and Dependency Solutions (ADS), St. Anne's Alcohol Service, St. George's Crypt Regent Terrace and Faith Lodge (hostels) and Carr Beck Women's Project (hostel). ADS also provide interventions to drug users and St. Anne's have one detoxification place for alcohol and methadone use, for detoxification from the alcohol. Also, other services which see alcohol and / or drug users are: **Leeds Addiction Unit (LAU), NFA Primary Care Team, St. Martin's Practice, Multiple Choice, and Community Drug Treatment Services (in 3 areas).**

The available services provide most of the interventions recommended under MoCAM, across the four tiers.

ADS – provides tier 1-3 interventions for alcohol only clients, including:

- Alcohol advice and information (approximately 40 attendees per month),
- Brief interventions (in primary care) for hazardous and harmful drinkers (approximately 120 attendees per month),
- Extended brief interventions and treatment (approximately 120 per month),
- Triage assessment (approximately 60 per month),
- Structured day-care / Community Rehabilitation Programme (12 members, 18 meetings a month).

St. Anne's – is a tier 4 intervention providing residential in-patient detoxification and rehabilitation. They also have floating housing tenancy support service, and a dual diagnosis development worker.

The hostel projects above are for people with alcohol issues and include a male 'wet house', a male 'dry house', and a women's 'wet house'.

LAU provides prescribing and interventions for drug/poly drug and alcohol/alcohol only users, in more complex cases, and provides assessment clinics in ADS (4 per month, approximately 12 people). They also have a maternity team and specialists in child protection. There is also a substance misuse liaison nurse based across two Leeds hospitals.

Also, whilst there is no formal Shared Care service, ADS staff work in GP practices and take referrals – this work is due to be expanded in the future.

The other services, which are generally for primary drug users, provide tier 2 and 3 interventions, including community prescribing, GP practices, assessments for tier 4 (Multiple Choice), referral to Al-Anon etc.

Specific services for offenders:

Probation services -

- Probation, in partnership with ADS, will provide **Alcohol Treatment Requirement** orders (**ATRs**) from April 2009, 50 per annum. Offenders will be assessed for their suitability for ATRs or DRR, dependent on needs.
- Probation also delivers **ASRO** (Addressing Substance Related Offending) for drug or poly drug and alcohol users, **DID** (Drink Impaired Drivers programme), and the '**Stop Binge Drinking**' programme.
- Brief interventions are provided by Offender Managers.
- There are four Probation Hostels in Leeds – Holbeck House, Ripon House (female), Cardigan House, St. John's Hostel

Police station services -

Leeds was successful in securing European Union funding for 3 years to provide an **Alcohol Arrest Referral service** (AAR). This is due to commence in March 2009 and will increase the existing DIP team (provided by CRI) by 2/3 staff, to provide alcohol interventions and referral on to ADS. The aim will be to move alcohol misusing offenders into treatment. The AAR service may have a coercive element to treatment, such as using Conditional Cautioning.

Prison services -

There are **two prisons** in the locality: HMPs Leeds and Wealstun (also HMYOI Wetherby for offenders aged 15-18 years).

Services provided for alcohol only users are as follows:

- Clinical alcohol withdrawal / detoxification (chlordiazepoxide) for dependant drinkers entering custody, under the Integrated Drug Treatment System (IDTS) at HMP Leeds. HMP Wealstun is also an IDTS site but there is no detoxification undertaken at this stage.
- At HMP Leeds, the IDTS is clinical only, with no extra funding to expand non-clinical CARAT psycho-social services, whereas HMP Wealstun is both a clinical and CARAT funded IDTS site.
- Standard non-clinical CARAT services are provided for poly drug and alcohol users, or drug users, but not for alcohol only users.
- Prescribing of Antabuse for release (in limited cases).
- Referral to Mental Health In-Reach Teams (MHIRT) for dual alcohol and mental health issues.
- Alcohol Awareness groups (from the IDTS resource pack) at HMP Leeds (2 per month delivered), for drug or poly drug and alcohol users.
- Alcohol Awareness - OCN level 1 and 2, 5 week courses, 2 run simultaneously, 10 prisoners per group - delivered by Education at HMP Wealstun, also short Alcohol Awareness course run through Education at HMP Leeds.
- Alcohol information posters and leaflets in Visitors Centres and Education.
- Alcohol Anonymous run groups in the prisons.
- Available Accredited Drug Treatment Programmes for drug or poly drug and alcohol users are: the Short Duration Programme (SDP) at HMP Leeds, and PASRO (Prisons Addressing Substance Related Offending) and STOP (Substance Treatment and Offending Programme) at HMP Wealstun.

For information purposes, HMYOI Wetherby Young Persons Substance Misuse Service assesses all trainees for substance misuse issues (this is mandatory). Where necessary, one to one and/or group-work is provided. The team runs a tier 2 one-day alcohol and cannabis

harm reduction course, and for problematic alcohol users, a 5-day alcohol and lifestyle course.

The **Together Women Project** (TWP) in Leeds provides support to women who are offenders or at risk of offending. In-house services for women with alcohol issues include one to one support with key-workers, outreach support, drug and alcohol courses delivered by partner agencies at the centre, a specialist substance misuse key-worker, signposting to support agencies and PCT services.

How well does existing provision meet the needs of alcohol using offenders?

The responses to this question taken from the questionnaires completed by prisons, community agencies, and commissioners, was as follows:

Poor	3 (prison provider x 2, commissioners x 1)
Excellent	1 (Community provider)

Commissioning -

The Leeds Alcohol Strategy 2007-10 is based on 3 themes: prevention, control and treatment; each has its own strategic aim and set of objectives. The 'Alcohol Management Board', chaired by Safer Leeds, manages these sub-groups. Commissioning is then divided between the PCT, Safer Leeds, Supporting People and Adult Social Care. There are two main PCT commissioners: one for Offender Health and one for drugs and alcohol. Funding is generally agreed for 3 years.

Commissioners and providers hold review meetings on a quarterly basis and standard items around performance management, current issues, and planning are discussed.

Needs assessment: A JSNA has been completed. An alcohol specific needs assessment has also recently been completed (in draft at time of writing). Services will then be planned around the needs identified.

Services are commissioned as follows:

- St. Anne's – in-patient detoxification by PCT, residential rehabilitation by Adult Social Care, Floating Support by Supporting People.
- LAU – hospital liaison nurse by PCT and Safer Leeds jointly, drug services by Safer Leeds, alcohol services by PCT and Safer Leeds.
- NFA Team – jointly by PCT, Pooled Treatment Budget Safer Leeds, NHS Leeds (service not officially commissioned for alcohol).
- Multiple Choice – by Safer Leeds
- ADS – mainly by PCT, partly by Safer Leeds (including workers in GP services – PCT)
- CDTS – by Safer Leeds (Pooled Treatment Budget)
- Hostels – by Supporting People

Lead contacts for commissioning are (PCT): luke.turnbull@nhsleeds.nhs.uk and charlotte.coles@nhsleeds.uk

9 North Lincolnshire

General services:

There are limited services for alcohol users in North Lincolnshire. The main service which deals with primary alcohol problems (or drugs and alcohol) is **The Junction in Scunthorpe**, a tier 3 service provided by RDaSH (Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust) and ADS. There are currently 120 primary alcohol clients accessing the Junction service.

As a specialist service, The Junction is commissioned to provide counselling-based interventions and medically assisted detoxification (community and in-patient) with subsequent relapse prevention support by means of one-to-one work through the Structured Day Programme. It is not currently commissioned to provide brief interventions, extended treatment, a crisis centre or specific supported housing for alcohol users. Statistics show that self-referrers score high on the AUDIT assessment tool.

In terms of liaison with other social care services, The Junction refers on to available services: i.e. housing, where there is also representation at the 'hard to house' meeting, to childcare services and representation at the local Safeguarding meeting, and to other health services. The Junction is part of RDaSH (Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust), who are a mental foundation health trust, so there is effective liaison in this area.

Other services are:

A prescribing clinic and four GP Shared Care services, but these mainly deal with drug issues, or drug and alcohol where alcohol is secondary. These services will signpost people to The Junction if the main issue is alcohol.

The local DIP team offers an open access service, which means that non-offenders who access can be referred to The Junction.

A separate Floating Support Scheme for substance misusers in tenancy support.

Access to mutual aid groups, AA, but relationships could be strengthened.

For **tier 4 specialist provision**, there is access to 1 bed for in-patient detoxification in Scunthorpe, or service users may attend units out of the area. This also applies to residential rehabilitation.

Specific services for offenders:

Probation services -

- Probation has recently begun to fund **Alcohol Treatment Requirement** orders (ATR) in partnership with The Junction. This is for a maximum of 15 service users at any one time.
- Addaction also provide the DRR service in partnership with Probation - this is aimed primarily at drug users, but may also work with poly drug and alcohol users. Where a service user is subject to a DRR and requires an alcohol detoxification, their care is transferred to The Junction for the duration of the detoxification.
- There is one Probation Approved Premises/Hostel in Scunthorpe - Victoria House.

Police station services -

Although there is no formal arrangement / funding to provide **Alcohol Arrest Referral**, the existing DIP team provide brief interventions and signposting to alcohol users in custody suites. There is one custody suite in the locality. The DIP team is provided by CRI.

Prison services –

There is no prison in the area and no provision/funding to any of the prisons in the region. The DIP team works with the prison CARAT teams, as standard, in relation to drug, or poly drug and alcohol users, entering /leaving prison, but not with alcohol only users.

The overall view as to **how well the available provision meets the needs of alcohol using offenders**, from the questionnaire responses is that provision is 'poor', on the basis of limited funding.

Commissioning / Funding:

The Substance Misuse (Joint) Commissioning Group is responsible for the commissioning of alcohol treatment for offenders (and non-offenders). Funding is provided by the local council - Social Services (60K pa), for services for alcohol only users (as opposed to drug misusers who also misuse alcohol), and by Probation for the ATR provision (16K). The PCT do not directly commission or fund any other dedicated alcohol services. The Junction is also funded by the Pooled Treatment Budget in relation to its drug service. Commissioners and providers meet quarterly for review meetings. The meetings generally relate to progress and finance in relation to drug services although there is some discussion re alcohol provision / issues.

Needs assessment - a thorough needs assessment of alcohol misuse was undertaken by Public Health in 2004. There are annual needs assessments completed in relation to drugs but not for alcohol per se.

Early Implementers Programme:

North Lincolnshire PCT was successful in applying to be an Early Implementer PCT under the new Alcohol Improvement and Early Implementers Programme (AIP). Twenty PCTs / NHS trusts were chosen, including one other in the region (North East Lincolnshire Trust Plus). The Programme, under the Department of Health, will support those PCTs with high rates of A&E attendance due to alcohol consumption, and will help them to deliver against NI39 to reduce the rate of increase in alcohol related hospital admissions (measured against Hospital Episodes Statistics data).

£150K will be provided to North Lincolnshire in year one, with the possibility of extra funding for years two and three. The plan is for a Community Alcohol Team (made up of a nurse, a senior practitioner, two practitioners and admin support), to try to enhance the services currently being delivered and increase the provision of brief interventions within primary care settings and A&E to reduce the number of hospital admissions.

Gaps in provision – there is currently no provision in A&E. In relation to interventions for harmful and hazardous drinkers there is insufficient provision – the 2004 needs assessment

estimated that there were over five thousand alcohol users in the area. The Junction's services are currently more directed towards dependant drinkers. The recent AAR work and ATR provision is likely to lead to more referrals into tier 3 services, and as capacity is reached, the numbers may have to be capped in order to prioritize the drug users for which the current and majority of funding is for. Further there are likely to be more referrals from GPs under the Directed Enhanced Services (DES).

Carers – there is a carers service based in Scunthorpe called Empathy. The service is experiencing a lot more contact in relation to alcohol issues or combined poly use.

Key contact for commissioning is: ian.Cameron@northlincs.gov.uk

10 North East Lincolnshire

General services:

Services providing interventions to alcohol users (and poly drug and alcohol users or drug users) are **The Junction Specialist Service, Community Drug Service, Community Alcohol Team, Addaction Structured Day Programme and Birkwood Surgery, all in Grimsby**. The Junction, Community Alcohol Team and Community Drug service are all provided by ADS and RDaSH.

- The Junction is the main service for alcohol users. This has a specialist alcohol service providing tier 3 interventions to alcohol users, as well as a specialist drug service for poly users or drug users. The alcohol service includes community detoxification.
- The Community Alcohol Team is part of the above and provides tier 1-2 services within A&E and GP services to alcohol only clients. This team is also providing training to GP practices so that they can provide tier 1 and 2 services themselves, and is working with those practices implementing DES.
- The Community Drug Service NEL provides tier 3 services to poly drug and alcohol users, drug users or alcohol users.
- From April, the plan is for alcohol services currently run by ADS and RDaSH to be separated from drug services and be located together in a separate building (this will include The Junction specialist alcohol service, the Community Alcohol Team, and the service to alcohol users currently within the Community Drug Service).
- Addaction provides tier 1 to 3 interventions including a Structured Day Programme for alcohol and/or drug users, a weekly alcohol specific group.

Additional services –

- For complex issues such as mental health or pregnancy, services will refer into appropriate available services.
- Signposting to self-help groups, including the Roundabout service users group for drug and/or alcohol users.

- 'Smart scheme' – provides support to people in tenancies who are drug users, alcohol users and offenders. The service employs several generic housing support workers and one dedicated substance misuse worker whose role is to link the service users to drug and/or alcohol services.
- There is no specific carers service at present, but one due to start in April 2009.
- **Tier 4** Residential rehabilitation and in-patient detoxification is 'spot purchased' out of area by a DAAT panel as there is no local provision.

Services for offenders:

Probation services -

- **Alcohol Treatment Requirement orders (ATRs)** are delivered by the Junction and Probation (funded by the DAAT and Probation), to provide 50 per year.
- Probation also funds and delivers **COVAID** (alcohol and violence programme, see Appendix 8)
- There is one Probation Approved Premises / Hostel in North East Lincolnshire – Queen Street, Grimsby.

Police custody services (led by Care Trust Plus and multi-agency) -

North East Lincolnshire is one of the nine **Alcohol Arrest Referral pilot areas funded by the Home Office**. The pilot started in November 2008 and is funded until April 2010. The service has been built on the existing DIP infrastructure (provided by the Care Trust Plus), using local money and the Home Office grant. The service is targeted to see 70 referrals completing interventions per month, which has been met to date. The service provides brief and extended interventions and referral to further services if necessary, although the focus is on Criminal Justice brief and extended interventions rather than treatment. Conditional Cautioning is used.

Prison services –

There is no prison in the area. The DIP and local CARAT teams liaise as per standard protocols in relation to poly drug and alcohol or drug users entering or leaving custody.

The questionnaire asked **'how well do you think the provision available meets the needs of alcohol using offenders?'** Two respondents said provision was 'satisfactory', and that whilst systems were good, there are capacity issues.

Commissioning:

Responsibility for commissioning alcohol treatment for offenders (and others) has been passed to the DAAT, and through the Joint Substance Misuse Commissioning Group. In the main, funding for alcohol services comes from the Care Trust Plus (CTP), and the Department of Health.

The services listed above are mainly commissioned by the DAAT.

The 'Smart scheme' is funded by Supporting People and the DAAT but commissioned by Supporting People.

DIP is commissioned by the DAAT from the CTP.

The Birkwood Surgery is a group GP practice. It has a drug service funded partly by the DAAT. The alcohol service is funded through the CTP as a SIP. 12 other GP practices are signed up to the DES and are receiving training from the ADS/RDaSH Community Alcohol Team on FAST and AUDIT assessments. These tools are used throughout the system.

Providers and commissioners hold formal review meetings quarterly and discuss performance, capacity and standards etc.

An alcohol **needs assessment** has been undertaken by Public Health. There is also an Alcohol Strategy and action plan in place.

Early Implementers Programme:

North East Lincolnshire Trust Plus was also successful in applying to be an Early Implementer PCT under the new Alcohol Improvement and Early Implementers Programme. See further information above under North Lincolnshire, the other chosen site in the region.

£150K will be provided to North Lincolnshire in year one, with the possibility of extra funding for years two and three. The additional funding will be used to increase capacity of the system at all tiers.

Lead contact for commissioning: quentin.dowse@nelctp.nhs.uk

11 North Yorkshire and York

General services:

There is a range of services and interventions for alcohol users in North Yorkshire and York. The list of services is at [Appendix 8](#). Services are currently being re-tendered and as such detailed descriptions of current services have not been provided.

Services for offenders:

Probation services-

- **Alcohol Treatment Requirements (ATRs)** are currently being delivered in partnership with Probation and six partner agencies (York Alcohol Advisory Service, Cambridge Centre, Harrogate Alcohol and Drug Agency, Hambleton and Richmondshire Community Addictions Service, Craven Organization for Drugs and Alcohol, DAS). This is a total of 192 ATRs per year (2008/09). The ATR consists of 12 one-hour sessions delivered once a week by the agency Link Worker, alongside a 6 months Supervision Requirement delivered by the Offender Manager.
- Additionally, three of the services (YAAS, CC, HADA) have been commissioned to co-tutor with Probation tutors on the Drink Impaired Driver's Programme (**DID**) and the Low Intensity Alcohol Programme (**LIAP**), in York/Selby, Scarborough and Harrogate.
- Offender Managers also provide alcohol advice and information to offenders as necessary.
- There is one Probation / Approved Premises in York - Southview.

Police stations services-

Pilot **Arrest Referral Schemes** have run since December 2008 in Selby and Scarborough.

Prison services-

There are two prisons in the areas – HMYOI Northallerton and HMP/YOI Askham Grange (women). Services available to alcohol users in these sites are:

- CARAT services for poly alcohol and drug users, or drug users, as standard.
- HMYOI Northallerton is an Integrated Drug Treatment Service (IDTS) clinically funded site.

- The Education department delivers a two week, 10 session Alcohol Awareness course, 16 offenders per month, at HMYOI Northallerton.
- At HMP/YOI Askham Grange there is a low intensity alcohol programme available, delivered over 26 sessions.
- CARAT Alcohol Awareness group (from IDTS resource pack) is delivered at HMP/YOI Askham Grange (one session for alcohol or poly drug and alcohol users)
- Alcohol awareness / health promotion through notice boards, displays.
- Informal one to one sessions regarding alcohol issues with nurse or GP at HMYOI Northallerton.
- AA groups in the prison at HMP/YOI Askham Grange.
- An Accredited Drug Treatment Programme is provided for drug or poly drug and alcohol users at HMYOI Northallerton - the SDP (Short Duration Programme).

Needs assessment – a needs assessment was undertaken by NYYPCT in 2007. A further needs assessment is being completed by NYY DAAT.

12 Rotherham

General services:

The main treatment services for alcohol users are **Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH), Specialist Alcohol Service, NHS Rotherham Community Alcohol Team, Rotherham Primary Care Alcohol Service, and Turning Point Rotherham Alcohol and Drug Service.**

Other services, which are mainly for primary drug users, are Rotherham Community Drugs Team and Shared Care services (part of RDaSH).

RDaSH provides tier 3 interventions and treatment services to alcohol users, including community detoxification. For tier 4 provision, there are 2 beds available to alcohol users for in-patient detoxification, based within the mental health unit (there are 2 other beds for drug use detoxification). RDaSH undertakes the assessments for tier 4 provision, as necessary. The Service's focus is on dependant drinkers, rather than harmful or hazardous.

The Primary Care Service provides tier 2 and 3 interventions to alcohol users. This includes 21 GPs within the area providing screening for alcohol use and referral to an alcohol worker as required.

The Turning Point Service provides tier 2 interventions to alcohol users (approximately 122 contacts across the board per month).

Additional services include a relapse prevention programme, referral processes into Alcohol Anonymous, and a re-integration programme planned for 2009/10. Whilst many of the recommended services under MoCAM are provided, there is currently limited provision of structured day-care, group-work, supported housing, dual diagnosis nurses. To address the limited provision, and to provide more robust and effective alcohol tier 2 provision, Rotherham PCT, Probation and Social Services are in the process of tendering a joint tier 2 alcohol service.

Specific services for offenders:

Probation services –

- Probation provides / funds **Alcohol Treatment Requirement** orders (ATRs), 50 per annum. This is currently delivered by Turning Point.
- Access to **ASRO** (Addressing Substance Related Offending programme for poly drug and alcohol users (22 sessions),
- **DID** (Drink Impaired Drivers programme) for alcohol only users (14 weeks/sessions).
- Probation also provides simple structured advice to alcohol users as necessary (average 3 short sessions).
- There are also plans for a drop-in at Probation for alcohol using offenders, and also a worker in a hostel.
- There is one Probation Approved Premises in the area - Rookward Hostel.

Police services –

An **Alcohol Arrest Referral** service is delivered by the existing DIP team, which is provided by RDaSH. A pilot ran from December 2007 to April 2008 for arrest referral brief interventions and referral to tier 2 services within Turning Point. During this period 250 arrestees were seen. Currently, now that the additional funding has ceased, the service provides identification, brief advice, and signposting, but not a dedicated tier 2 referral service as before.

Prison services -

There are no prison establishments in the locality and no funding / provision for work in prisons for alcohol users. The DIP team works with the prison CARAT teams as standard in relation to drug or poly drug and alcohol users who are entering and leaving custody.

How well does provision meet the needs if alcohol misusing offenders?

Based on two questionnaire responses (two community agencies), the available provision is described as 'very well' x 1, and 'satisfactory' x 1.

Commissioning:

The services are commissioned as follows:

RDASH – by the PCT.

RMBC fund a specialist Social Worker to work with alcohol users.

Primary Alcohol Service – commissioned by the PCT.

Turning Point – services commissioned separately by the PCT, the RMBC and South Yorkshire Probation (for ATRs). All contracts are for one year and run to the end of March.

The PCT and the RMBC (Local Authority) hold joint responsibility for commissioning – the PCT and Local Authority jointly commission services on behalf of the Partnership.

Commissioners and RDASH meet monthly for review meetings and discuss targets performance, quality and service development. Turning Point providers meet the PCT monthly and Probation and the RMBC quarterly regarding the same.

Needs assessment: there is no alcohol specific needs assessment. There has been a JSNA which includes alcohol.

Lead contact for commissioning is: mel.howard@rotherhampct.nhs.uk

13 Sheffield

General services:

The main services which deal with primary alcohol users are:

Sheffield Alcohol Advisory Service (SAAS), a non-clinical, voluntary service providing tier 2 to 4 interventions, and **Sheffield Health and Social Care NHS Trust Substance Misuse Service** (deals with drug or alcohol), which provides mainly tier 3 clinical interventions, dual diagnosis services, and referral into tier 4.

The services are currently in transition. From April 2009, SAAS will be the main entry point into alcohol treatment and will provide brief interventions, extended brief interventions, tier 2 drop in, and tier 3 PSI treatment. Most of the interventions recommended in MoCAM will then be provided by SAAS or Sheffield Health and Social care NHS Trust SMS, as well as other services providing tier 1 and 2 services.

Tier 4 interventions: SAAS provides **residential rehabilitation** for alcohol users at **Priory Road** with six bed spaces.

For **in-patient detoxification**, there are 5 beds on a Mental Health Ward, for drug or alcohol users (or poly) – access is through Sheffield Health and Social Care NHS SMS.

Additional services include:

- **Alcohol Outreach Worker** within the Turning Point Adult Treatment service (which locally mainly provide for drug users),
- **Floating Support tenancy worker** within SAAS, who works in hostels and provides support to families, in relation to alcohol only clients.
- **Shared care and primary care in GP practices** (15 practices out of 96) – providing specialist services for drug users but which also includes some drug and alcohol interventions. These services will be developed from April onwards; there will be a

Shared Care Alcohol support Team provided by Sheffield Health and Social Care NHS Trust.

- **A&E link nurse**, provided by Sheffield Teaching Hospitals Trust, from April, providing screening, brief interventions and referral in alcohol only cases.
- **The Greens (SAFAR) hostel** provides accommodation and wraparound support services to alcohol users (men and women).
- **Pregnancy Clinic** – hosted by Primary Care Addiction Service, for drug and alcohol users, which includes a specialist midwife.
- **Women's group** – provided by SAAS.

There are other services that provide support to primary drug users (or drug users with secondary alcohol, or either), including Breakthrough (a multi ethnicity development service providing tier 2), Kickstart (structured day-care, mainly for drug users), Primary Care Addiction Service, Phoenix Futures Services which additionally provide tier 3 support to St. Anne's and Salvation Army hostels, and crisis centres (Ben's Centre and the Archer project at Sheffield Cathedral).

Specific services for offenders:

Probation services –

- **Alcohol Treatment Requirement** orders (ATRs) are provided by Probation in partnership with SAAS. There are 110 commissioned commencements per year. Intention is to widen ATR out to other offenders who have alcohol issues but are not on ATR.
- **ASRO** is also provided, where relevant, to drug users or poly drug and alcohol users.
- There is one Probation Approved Premises / Hostel in Sheffield - Norfolk Park.

Police station services –

There is no formal provision to provide **Alcohol Arrest Referral** work in custody suites. The DIP team, provided by Addaction, provides arrest referral services to poly drug and alcohol users, but in relation to alcohol only users they will only intervene and signpost if arrestees self-refer and there is capacity. There are 4 custody suites in Sheffield (3 outer, 1 inner); comparably more than other localities.

Prisons –

There is no prison in Sheffield and no funding to provide services in prisons. The local DIP team work alongside the CARAT teams under usual protocols for drug or poly drug and alcohol users entering/leaving prison, but not alcohol only users.

Most Sheffield offenders will pass through HMP Doncaster for men or New Hall for women. Around 80% of offenders will remain in the South Yorkshire prisons.

New alcohol treatment pathway – includes Criminal Justice element –

From April 2009 the model will be based on SEAP (Single Entry Assessment Point), and will be run by SAAS. The service will take referrals from services providing tier 1, tier 2, open access/self referral, and Criminal Justice services including prisons. SAAS will undertake triage assessments and then refer to the most appropriate treatment provide (SAAS, Shared Care hospital liver ward, Sheffield Health and Social Care NHS Trust etc).

In relation to offenders, following referral, they will be assessed for treatment needs, including ATR or ASRO as relevant. They will be fast tracked into services if they score 4 or above on the OASys in relation to alcohol related offending. For offenders leaving custody, Probation Offender Managers will be able to make referrals from prison to SAAS. Under the new system, it should be possible for prison leavers to have an appointment with SEAP on the first day of release.

How well does provision meet the needs of offenders?

The response, from one completed questionnaire, was that provision was currently '**poor**', but from April the provision will be '**satisfactory**', which is a positive move forward in terms of provision for offenders.

Commissioning –

Services are commissioned by the Sheffield DAAT, through the Joint Commissioning Group - drugs services are commissioned by the DAAT, and alcohol services on behalf of the PCT. A new model for alcohol commissioning is being implemented from April 2009, including the new treatment pathway above.

Services are commissioned as follows:

Health and Social Care SMS and SAAS – by PCT, from April 2009 by DAAT

SAAS – PCT, from April DAAT

DAAT Pooled Adult Treatment Budget – Primary Care Addiction Service, Phoenix Futures, Kickstart, Turning Point (including outreach worker), Breakthrough

The Green's (SAFAR) - by Supporting People

SAAS tier 4 – by Community Care Budget

Floating Support tenancy worker – Supporting People

Commissioners and providers meet quarterly and discuss, as standard, performance management, targets, finance.

Needs assessment: an alcohol needs assessment is currently being undertaken. An Alcohol Strategy is in place which focuses on treatment, education etc. Treatment Plans are also prepared annually for the NTA (National Treatment Agency), but mainly in relation to drug treatment. Services will be re-structured in line with the outcome of needs assessments.

The CDRP oversees multi-agency working arrangements for alcohol treatment. An Alcohol Clinical Group is now in place, and Criminal Justice links should be included with this group. The DAAT also has a Criminal Justice task group, which relevant service providers attend.

Key contact for commissioning is: simon.finney@sheffieldpct.nhs.uk (DAAT)

14 Wakefield

General services:

There is one main service for primary alcohol users that covers all of the district – **Wakefield District Alcohol Team (WDAT)**. Although the team is based in Wakefield, the team uses other locations across the district to provide services (e.g. other primary care or Shared Care services). Previously, alcohol workers were part of the community drug teams, but there is now a separate alcohol service.

The service provides tier 1 to 4 interventions to alcohol only clients, covering most of the recommended range of interventions under MoCAM. The only services not provided directly by WDAT are group-work, and supported housing. Key interventions for alcohol only users include:

- Alcohol interventions to 12 GP practices
- Community service offering community detoxification
- Referral to Turning Point Structured day-care
- Specialist mid-wife and Health Visitor
- Access to nurse consultant (for dual diagnosis issues)
- Links with Social Services and family services
- Worker who acts as a BME Champion within the team
- Signposting to AA

WDAT see approximately 280 new referrals per quarter. In quarter 2, 2008/09, of 265 new assessments, 171 were male and 94 were female. Main referral sources were GPs (176), drug services (24), Probation (17), HMYOI New Hall (17), concerned others (11). This highlights effective referral links with Criminal Justice services.

Additional services in the area also include:

- **An Alcohol Community Development Worker** - funded by Wakefield & District Housing and part of the community development team at the PCT – works in Ferry Fryston & Airedale. Progress to date has been very successful and therefore looking to roll out into other parts of the district.
- **Turning Point drug services** in 3 areas, which work with primary drug users, or where alcohol issues exist will refer to/work jointly with WDAT.
- **GASPED** – a Parents and Carers service for those affected by others alcohol or drug use.

Tier 4 interventions:

WDAT identify and target for tier 4 interventions. There are no local in-patient detoxification beds or residential rehabilitation in the area. A residential rehabilitation panel will process referrals and applications are made to facilities out of the area.

Specific services for offenders:

Probation services -

- WDAT, in partnership with Probation, deliver **Alcohol Treatment Requirement** orders (ATR). There is a high demand for this intervention. The interventions are delivered by one Probation worker and two ATR Turning Point workers, co-located with the Probation service. The aim is to carry out 135 assessments in 2008/09. There are plans to introduce a third worker to work with prisoners on remand and those released on licence.
- Access to **ASRO** (Addressing Substance Related Offending programme)
- DRR for drug or poly drug and alcohol users
- **DID** (Drink Impaired Drivers programme) for alcohol only users (14 weeks/sessions).
- **'Stop Binge Drinking'** programme.
- Offender managers also provide brief interventions.
- There is one Probation Approved Premises/Hostel in Wakefield – Westgate Project.

Police services -

Alcohol Arrest Referral services have been provided since September 2008, by the DIP team (Turning Point) and detention officers, using existing resources (no additional funding). The service offers verbal screening, brief interventions, and referral to WDAT as necessary, where attendance is then voluntary. In the first 2 months of operation, approximately 45 arrestees were screened.

Plans to commission a dedicated Alcohol Arrest Referral service in 2009/10 through PCT commissioning intentions.

Prison services –

There are two prisons in Wakefield, HMP Wakefield (male) and HMPYOI New Hall (female). The services provided are as follows:

HMP Wakefield – the CARAT service provides non-clinical services to drug users or drug and alcohol users. This includes alcohol awareness sessions. There is an Accredited Drug Treatment Programme called FOCUS for drug or poly drug and alcohol users. Education also offers an alcohol awareness course. Healthcare interventions for alcohol users are limited as this is a long-term prison with low need for alcohol provision. HMP Wakefield is not an Integrated Drug Treatment System (IDTS) site.

HMP/YOI New Hall –

- Healthcare assessment and medically assisted withdrawal for dependant drinkers entering custody (using Librium detoxification). New Hall is an IDTS clinical site, although no extra funding was made available to enhance non-clinical CARAT psycho-social services.
- An Alcohol nurse from the community team (WDAT) attends HMP/YOI New Hall once a week – deals with complex needs and takes referrals from healthcare in relation to post detoxifications.
- A dual diagnosis worker employed through South West Yorkshire Mental Health NHS Trust (SWYT) works in the prison within the Mental Health In-Reach Team (MHIRT), this is for both drug and alcohol users.
- A Nurse consultant in dual diagnosis is also accessible through the Wakefield Integrated Substance Misuse Team (WISMS) for complex cases.

- Standard CARAT services to poly drug and alcohol users (non-clinical support).
- The Education department delivers a 5-day Drug and Alcohol Awareness OCN course.
- Access to Accredited Drug Treatment Programmes for drug users or poly drug and alcohol users: Short Duration Programme (SDP) at HMP/YOI New Hall, or referral to PASRO at Low Newton, or Therapeutic Communities (TCs) at Drake Hall or Send. The Democratic TC at HMP Send is available to women with alcohol only issues (as well as drug users), although the criteria and location (South) means limited referrals are made.

Prison Alcohol Interventions Worker Pilot –

- The prison have a full-time, non-clinical alcohol worker, working as part of the CARAT team, but who works specifically with alcohol only users, This is a 12-month pilot, agreed between the establishment, Prison Service Area Office, Lifeline Project (CARAT provider), and NOMS, and began in June 2008.
- The worker is able to provide: Initial assessment, AUDIT/FAST screening, alcohol advice and information, care planning, group-work (Alcohol Awareness from IDTS resource pack), one-to-one structured sessions including set exercises and workbooks, referrals to other services internally and externally, and release planning.
- These services are not available to alcohol only users in other prisons as currently there are no other non-clinical ‘alcohol only’ workers in the region’s prisons, and the CARAT service are not contracted to work with alcohol only users. (In the North West region, a similar scheme has started in one of their prisons). As such, most prisoners with alcohol only issues will not receive psycho-social interventions, and more importantly, will not be referred to treatment services on release, which represents an entirely different service to that which is available to drug users or poly drug and alcohol users.
- The pilot is due for evaluation in May/June 2009. To date, the programme has seen positive outcomes in terms of numbers and range of interventions being provided to alcohol only women, referrals to community treatment services on release, and regular referrals and uptake of the service. The average monthly caseload is 50, and due to the

limited resource (1 worker), interventions are having to be capped and prioritized. See part 1 of the report for data breakdown.

How well does provision meet the needs of offenders? The response, from five completed questionnaires, was that provision was:

Poor	2 (prisons)
Satisfactory	1 (prison)
Very well	2 (community, commissioner)

Commissioning:

The PCT is the lead commissioner on behalf of the DAAT. There are two service specifications that cover all the alcohol treatment in Wakefield: a contract with Turning Point and a service specification with the PCT Providers (with the Clinical Director for Prisons and WISMS).

The WDAT (Turning Point and PCT Provider) is commissioned by the PCT on behalf of the partnership. This funding was agreed for three years, currently in year two.

The other services are commissioned as follows:

Alcohol tenancy worker – by Wakefield District Housing,

Turning Point drug services – by the PCT on behalf of the partnership.

Prisons - commissioning of treatment (health) for offenders in prisons is the responsibility of the PCT, and services are commissioned through the Substance Misuse Joint Commissioning Group (DAAT) and prison health joint commissioning board.

Commissioners and providers meet quarterly for performance management meetings, although there are less formal meetings on a regular basis. Issues discussed include performance management, finance, adherence to the contract and service specification.

Needs assessment: An alcohol needs assessment has been undertaken by PCT Public Health. An alcohol strategy is under development. A JSNA has been completed, which

includes some assessment regarding alcohol. The intention is to complete treatment plans for alcohol in the same way that they are completed annually for drug treatment (for the NTA).

Lead contact for commissioning is: caroline.abbott@wdpct.nhs.uk (drug and alcohol commissioning on behalf of CDRP).

15 Service user views on services for offenders with alcohol problems:

The Focus Groups with women offenders and male prisoners provided valuable insight into service users views about service provision. Main points raised were:

- Lack of services for alcohol users, much more for heroin users (both groups referred to this).
- Lack of awareness of services, including for carers / families, although main local services were known (both groups).
- Reasonable awareness of alcohol services in prison (prison group).
- Not having money or transport to get to services, and problems having to go to more than one service for different issues (both groups).

“TWP is good because you get help for everything, in one place, help with all sorts of problems”.

- Being “passed from pillar to post” by Probation (prison group).
- Wanting detoxification but waiting lists (both groups).
- Prison good for detoxification as it happens straight away and there is no alcohol available in prisons (although there were different views on this) (both groups).

“when you need a detox, you don’t want to talk about it, you need it straight away”...”have to manipulate the system to get a detox, can get it through the hospital”.

- Lack of support post-detoxification in prison (both groups).
- Inconsistent prescribing of diazepam for detoxification and post-detoxification in prison - prisoners want to stay on diazepam for longer and when back in the community to help ‘cope’ (prison group).
- Aware of services in police cells (prison group).

“I got assessed and advice but it wasn’t continued because I went to prison”

- Critical of AA because people still drinking (prison group).

The Focus Group with the Carers network group also raised issues about service provision:

- Lack of services for carers of alcohol users (services are focused towards drug users).
- Lack of awareness of services for alcohol users and carers (see recommendations on page 136 for the Group's views on how this could be addressed).
- Carers can get alcohol problems themselves due to dealing with the problems and being unable to cope, services need to be able to respond to this.
- GP's may not provide the best support to carers who are unable to cope (eg. prescribing anti-depressants).
- Al-Anon not promoted enough.

4 Definitions of treatment, tiers, dependency and assessment

The project also examined, through the use of questionnaires and interviews, how different services define and understand treatment, tiers, dependency and assessment, and particularly whether there were differences between health and Criminal Justice services, and whether structures are in line with recommended guidance.

What does the guidance say?

MoCAM identifies four main categories of alcohol users who may benefit from interventions: hazardous, harmful, moderately dependent and severely dependent.

These categories allow a broad mapping across levels of need and assist the range of provision required for an area. The World Health Organisation (WHO) provides definitions of the four categories.

For harmful and hazardous drinkers, advice and brief interventions are recommended as appropriate interventions for these groups. Also, that simple identification tools, particularly the alcohol use disorders identification test (FAST), and its fast alcohol screening test (FAST), can be used to identify these groups of drinkers.

For dependent drinkers, MoCAM recommends comprehensive assessments to determine appropriate treatment interventions, which may include specialist treatment or community detoxification, or for severely dependant drinkers, further risk assessment, intensive care-planning, community or inpatient detoxification, or residential rehabilitation.

Some drinkers may have complex problems including mental health problems, learning disabilities, co-drug misuse, social and housing problems, and may require more targeted, intensive or prolonged interventions, even if alcohol use is at the lower end of dependency. Alcohol-misusing offenders may require various assessments, referrals or treatments, in prison or community settings as appropriate. Commissioners and providers should give particular consideration to these locally identified groups.

MoCAM outlines the different levels of assessment as screening, triage, initial care-plan, comprehensive and risk assessment. Brief intervention may be provided at the screening stage. Validated alcohol misuse screening and assessment tools are available, and locally agreed standardised screening and assessment procedures should be used across all relevant agencies.

Recommended screening and assessment tools include:

- AUDIT
- FAST (validated in primary care and A&E settings)
- Paddington alcohol test (useful in identifying hazardous and harmful drinkers in A&E)
- T-ACE and TWEAK (useful in detecting alcohol misuse in pregnant women).
- Severity of Alcohol Dependence questionnaire (SADQ)
- Alcohol Dependence Scale (ADS) (more used in US)
- Leeds Dependence Questionnaire (LDQ) (generic ten item measurement of dependence of any substance, also useful to measure drinkers with mental illness)

(MoCAM, 2006; Review of the effectiveness of the treatment for alcohol problems, NTA, 2006).

MoCAM also recommends local areas to have an up to date directory of alcohol treatment and interventions available, which should include a range of treatments to meet a range of goals (abstinence, moderate drinking etc), and clear referral criteria for each treatment. MoCAM also recommends a ‘stepped care model’ of treatment, based on brief interventions or treatment interventions, depending on needs and success at each treatment level.

Finally, in relation to ‘tiers’, MoCAM sets out a four-tiered framework of provision of treatment for alcohol users. This is outlined in part 2 of the report. The framework is based on the earlier Models of care for the treatment of drug misusers (MoCDM, NTA, 2002). MoCAM (p. 20-24) sets out what provision should be commissioned in local alcohol treatment systems, within each tier of intervention.

Findings:

I Knowledge of MoCAM:

The questionnaires, completed by Probation leads, community agencies, commissioners, and prisons, asked:

‘How highly would you (or other staff/managers) value further information about the DH Models of Care for Alcohol Misusers, and the four tier of interventions it sets out?’,

Of 41 respondents who answered this question (12 left this blank) responses were as follows, which showed that further information / training about MoCAM would be beneficial, and that prisons would value this training mostly.

	1 (highest)	2	3	4	5 (lowest)
Total	14 (34%)	11 (27%)	11 (27%)	2 (5%)	3 (7%)

Probation views	1		3		
Commissioners views	1	4	3	1	
Community agencies	1	2	3	1	2
Prisons	11 (27%)	5	2		1

II Understanding of ‘tiers’:

- **In general, services are using the tiered framework to define interventions and structure services. However, this is not the case in prisons, in relation to non-clinical support for alcohol users, where interventions are ad hoc and not part of a structured alcohol treatment system.**
- Some services referred to services by the tier (eg. ‘a tier 2 service’) rather than to the level of interventions provided by the service.

- **Most of the range of interventions recommended in MoCAM are being provided within areas, however there were gaps in more than one area in the provision of: tier one interventions in wider generic settings, brief interventions to harmful or hazardous drinkers, shared care, mutual aid groups (eg. AA), structured day-care programmes, residential units or inpatient detoxification units, and services for specific groups.**
- There was some misunderstanding about which tier certain interventions are, particularly in relation to interventions being delivered in generic settings (such as supported housing work). Also, whether certain interventions were classed as alcohol treatment or not.
- Further there was a view that sometimes providers still thought along the lines of the drug model tiers in relation to alcohol treatment, but whilst the tiering is the same, the interventions are quite different.

III Definitions of dependency:

In relation to definitions around dependency, all services appear to use the categories of harmful, hazardous, and dependent, in line with MoCAM and WHO. However, again, in relation to non-clinical services in prisons, this is less clear due to the lack of structured alcohol treatment system; there are no clear referral routes for a particular level of drinker to a particular intervention.

IV Use of Assessment tools:

In relation to screening and assessment, various tools are being used across the region, within health and Criminal Justice services (see following table).

The information below is based on the information provided to the Project Manager; in reality areas will be using additional tools not necessarily recorded here.

	MAIN ASSESSMENT TOOLS BEING USED											
	AUDIT	FAST	SADQ	LDQ	DIR / SMTA -prison	Christo	Local CAT	Risk docs	NHS ass't for alc use	Compreh ensive	Alc with- drawal scale	ADS
Barnsley	√ (PC)											
Bradford	√	√ (PC)	√				√	√	√			
Calderdale	√									√		
Doncaster	√				√						√	
East Riding	√		√		√		√ +Hull					√
Hull	√		√		√	√	√ +ER	√				
Kirklees	√ (PC)											
Leeds	√ (PC)			√	√	√	√					
North Lincs	√	√ (A&E)										
North East Lincs	√	√										
NY & Yorks	√		√		√		√					
Rotherham	√	√	√				√					
Sheffield	√ (GP)						√					
Wakefield	√		√		√							√

Issues re assessment tools:

As the table shows, all areas are using the AUDIT form, across health and justice settings, and there is a push for this to be used in all services and within primary care and other settings.

In Probation services, the AUDIT is increasingly being used as the preferred tool where offenders score over 4 on the OASys in relation to alcohol and offending. Probation services also use other assessment tools for suitability for ATR or LIAP for those scoring over 20 or 9-19 respectively.

Whilst the use of AUDIT is fairly consistent across services, the use of additional assessments varies and can result in duplication or not sharing useful information between services.

For example, in police station Alcohol Arrest Referral schemes, whilst AUDIT is being used across the region, different or no additional assessment tools are being used. **The Home Office recommends, for non-funded schemes, the use of AUDIT, and for those that score over 20, further assessment of alcohol dependence and treatment. Currently, there is no standard assessment form being used for this purpose across the region.** Where arrestees are assessed in police custody and are then transferred to a prison, the assessment information is not shared with the prison. However, if the arrestee is released from police custody and is referred to a community alcohol service, the assessment information is passed on as necessary.

Those offenders that enter prison are likely to then be re-assessed by the CARAT team in relation to their substance misuse. The form used by the CARAT team is the Drugs Intervention Record (DIR), which is the same form used by DIP teams in the community and by Drug Arrest Referral workers in police stations. For drug using offenders or poly drug and alcohol users, part of the DIR is completed in the police station and is then passed to the local prison CARAT team for the purposes of continuity, referral and to avoid duplication (in practice DIRs are not always received at local prisons and duplication does happen). **For alcohol only users, a DIR is not completed, and any additional alcohol assessment information completed (as above) is not passed on to the prison – there is no single contact or service to pass information on to.** Therefore, the CARAT team will re-assess

prisoners using the first part of the DIR – the SMTA (Substance Misuse Triage Assessment) which screens suitability for the CARAT service and the need for further assessment. **In relation to alcohol only users in prisons, the SMTA will be completed to a certain point (section 8) and they will then be ‘exited’ from the service as they are not drug users or poly drug and alcohol users (ie. not suitable for the service).** The information collected to the point of exit is then stored in the prison and is not used again or passed onto internal or external agencies. **The information includes eight questions about alcohol use: frequency, units, age of first use, how long been drinking, type of alcohol drunk etc, however, this useful information is not then used for any meaningful purpose.**

Instead, the main assessment of prisoners’ alcohol use is the Probation OASys tool. However, as highlighted earlier in the report, the OASys is limited in that it does not assess remand prisoners or those under 12 months (which the report has shown to be the highest risk group in terms of alcohol use and offending), and the questions it uses are limited and based on a loose scoring system (see page 28 onwards).

The OASys Data Evaluation team recently carried out research on the validity and reliability of OASys as an evidence based assessment. This found concerns regarding the reliability of the tool, which included issues in relation to the questions it asks around alcohol use.

5 Training

The project also examined the training that workers who provide interventions to alcohol users had undertaken. The following table is a summary based on feedback from questionnaires and interviews. MoCAM outlines the knowledge and skills required by staff working in alcohol services, and refers to NHS KSF, DANOS (Drug and Alcohol Occupational Standards), RCGP (Royal College of General Practitioners), Social Care standards, and QuADS (Quality in Alcohol and Drug Services), as key frameworks that should be considered when commissioning for a competent workforce. Again, the summary below is based on information provided to the Project Manager, and there will no doubt be other training that is not recorded here.

PCT	Training summary
Barnsley	Training has/is being provided equivalent to DANOS standards, however more alcohol specific training needed for those working with alcohol users. Specialist alcohol workers are specifically trained. Training provided by the service providers.
Bradford	A training package on identification, screening, brief interventions, bought in to be delivered to a range of workers providing tier one interventions. Includes training to health providers (practice nurses, health visitors etc) – 400 trained. Also, identification and brief advice training provided to approximately 200-300 tier 1 workers, including DIP, social workers, housing staff, and further training being provided for Primary Care staff, eg. GPs, Dentists, Pharmacists. Tier 1 training was funded by a grant from the Bradford District Strategic Health Improvement Partnership (now the Health and Well-being Partnership). Other training completed by staff in community agencies, includes: Caleb - higher education, NVQ level 3, targeted short courses. Adult Drug and Alcohol Service/Dual Diagnosis Team – RGM diploma and degree status.
Calderdale	SMS staff have completed mandatory training and further training to minimum NVQ level 3.
Doncaster	Counselling in Cognitive Behavioural Therapy training, other in-house training. Prisons -

	Alcohol Awareness, group-work training.
East Riding	Services have completed various training: ER Partnership – motivational interviewing, cognitive behavioural therapy, extended brief interventions, brief interventions; Social Worker – Social Work training, specialist substance misuse training; DIP/Arrest Referral – alcohol screening, COVAID and ATR training; Tenancy support – brief advice and identification; CARAT – no alcohol specific training, working towards NVQ level 3; Prison healthcare – brief intervention (1 nurse), tier 1 Alcohol Awareness (through the PCT); Kick Start - user involvement training.
Hull	Staff have completed general competency and skills training. Training provided to workers in screening and signposting, looking to roll out training in brief interventions across Probation and health.
Kirklees	Various courses provided by Lifeline and other, staff working towards DANOS competencies. Staff delivering SBI LES have completed a PCT developed course, also DES and arrest referral staff access PCT ScreenPLUS training. RCGP training for Shared Care staff. Further needs led training for other staff.
Leeds	Services have completed various training: ADS - training re ASRO, prison CARATs – no alcohol specific training, working towards NVQ level 3, other community services – staff working towards level 3. LAU Training Department provides specialist substance misuse training at various levels which some professionals in the field have accessed. Training on tier 1 screening and brief interventions for workers in generic services being planned for the future.
North Lincs	General alcohol training provided through RDaSH to staff delivering alcohol interventions.
North East Lincs	Community Alcohol Team have trained front-line staff (GPs, hospital staff etc) in use of AUDIT and FAST. Addaction staff trained to DANOS compliancy.
North Yorks & York	Various training undertaken - Alcohol Awareness courses, Counselling diplomas, level 1-3 substance misuse course, higher education qualifications.
Rotherham	Staff in Turning Point service all have qualifications equivalent to NVQ level 3 mapped to

	DANOS. RDaSH - specific training sessions delivered to DIP arrest referral workers. Staff providing tier 3 services have specialist diploma level (4) qualifications in the management of clients who are substance misusers.
Sheffield	Sheffield Health and Social Care SMS clinically trained - specialist training, psychiatric etc. SAAS – staff are trained to (or working towards) level 4 and in Counselling. Other services/providers are trained (or working towards) level 3 OCN, and Managers towards level 4. There has been a clear focus and investment in training recently. Tier 1 interventions training is currently being delivered to Probation staff and healthcare professionals, as part of the new treatment pathway.
Wakefield	Services have had various training: Prisons – Wakefield CARAT team trained (by NHS) in tier 1 alcohol awareness, New Hall CARAT team – no specific alcohol training but working towards NVQ level 3, alcohol interventions worker completed alcohol skills course via Alcohol Concern. Prison staff who complete RCGP advanced secure training complete a session on alcohol detoxification. GPs trained in medically assisted withdrawal. Wakefield District Alcohol Team – range of training including CBT, MET, self-help, Counselling, nursing skills, evidence based screening and brief interventions. Commissioners have invested in the workforce, training is high on the agenda on the workforce strategy.
Probation	Humberside - Training in AUDIT and brief intervention, interventions staff trained on ATR by ADS specialists. South Yorkshire – brief intervention training being rolled out (Barnsley post April). West Yorkshire – use of alcohol material national and locally developed, some PCTs/Providers have provided some training but no single approach. North Yorkshire – LIAP and DIP training for tutors, staff in local agencies also trained in these and co-deliver, all Probation staff receive alcohol awareness training.

6 Improving treatment pathways for offenders

The project examined treatment pathways for alcohol using offenders, looking at partnership working and pathways that currently exist between Criminal Justice and other services, continuity of care issues for offenders leaving or entering Criminal Justice services, and gaps in provision and how provision for offenders could be improved. The findings below are based on responses from questionnaires and interviews with providers and commissioners.

What partnership working currently exists?

There is a great deal of partnership work between **Probation** and voluntary or PCT community services to provide alcohol specific interventions for offenders. Most areas are providing Alcohol Treatment Requirements (ATR), with some areas due to commence in April 2009. Other programmes being delivered by services in partnership with Probation include LIAP, DID, COVAID, DRR, ASRO (the latter two for drug or poly use). There is variation in the number of ATR sessions being provided by partner agencies. Most agencies report strong links with Probation. Sheffield has a jointly commissioned integrated system (due to start in April), which will provide assessment and treatment for ATR and also fast-track access to specialist services for offenders not on ATR. Rotherham are also tendering for an integrated service. The integrated services will create pathways for offenders across all tiers of provision.

Partnerships also exist between the **police** and DIP teams (provided by voluntary or PCT services) in the provision of Alcohol Arrest Referral work (AAR). There is only one Home Office funded pilot (North East Lincolnshire) and one EU funded scheme (Leeds), all other schemes are being provided, in the main, using existing resources. Some areas do not deliver AAR, and in several areas provision is there but is limited.

Other partnerships exist between Probation and community services with health services, Social Services, prison CARAT teams (for poly drug and alcohol users), MARAC for domestic violence cases, and others.

There is little partnership work, in relation to alcohol only users, between community alcohol agencies and **prisons**, and Probation and prisons, and vice versa. There is good inter-agency work inside prisons between the CARAT, Healthcare and IDTS services and other resettlement services, but mainly regarding provision to poly drug and alcohol users. Some partnership examples do exist, including the community alcohol worker working in HMP/YOI New Hall, full time alcohol nurses in HMP Hull funded by the PCT to complement IDTS, and ADS Hull planning to provide in-reach and release planning with alcohol only prisoners in liaison with CARAT, Healthcare and resettlement.

What pathways currently exist?

Where partnership work exists, as above, then local pathways are generally in place. However, most areas reported a lack of pathways and the need for more integrated services (Criminal Justice and health) to enable easier access to health services. **The pathway that was considered to be most lacking was in relation to alcohol only prisoners entering or leaving custody and risks at the point of release, but also regarding access to tier four provision (mainly in-patient detoxification), between prisons and agencies and Approved Premises, and between police custody and prisons.**

What are the continuity of care issues and missed opportunities for offenders moving between services?

Issues were highlighted in relation to **waiting lists** for treatment in community agencies, for example, offenders leaving prison wanting to access psycho-social treatment via community agencies, for prisoners moving to Approved Premises regarding the same, or for offenders who need ongoing treatment after the set number of ATR sessions.

As **AAR is not being delivered across the board**, many offenders are being missed at this point, losing the opportunity to make contact with services and provide brief interventions. Where offenders move from police custody to prisons, there is no continuity or sharing of information between the two services. Where AAR is in place, it is hoped that evaluations will help identify gaps and capacity issues.

There is **no single point of contact in prisons for the continuation of treatment**. In local prisons, Healthcare can screen and provide clinical support to alcohol users, and CARAT can signpost to community agencies but cannot provide structured interventions or release planning, and there is little follow up or in-reach then available (although see examples above).

What improvements could be made to address the gaps and improve pathways?

(these are the views of providers, managers, commissioners, and service users)

Probation:

- More use of Probation interventions, specifically ATR and also DID, COVAID.
- ATR to be more flexible, such as access to specialist assessment and tier four as part of longer ATRs for those needing more intervention.
- The provision of tier 2 or 3 interventions for offenders with alcohol problems who are not on ATR, particularly those on licence leaving prisons.

Police:

- Expansion of AAR, for increased identification and brief intervention at this point, with follow up provision.

Approved Premises:

- Development of integrated services for Approved Premises.
- Increase skills in relation to alcohol for Approved Premises staff.

Prisons:

- The need to replicate CARAT (or similar) for offenders in prison with alcohol problems and develop pathways into local provision.

- More prison in-reach / community workers in prisons.
- Accredited offender behaviour programmes in prisons for alcohol only offenders, focusing on coping skills, relapse, anger, preparation for release etc.
- Training to prison staff (including CARAT) on MoCAM, brief interventions, alcohol awareness, and awareness of community provision.

Other:

- More links with and use of self-help support.
- More focus by alcohol services on overarching family issues – family needs and impact on children.
- Need to share best practice across the region in relation to process, service delivery, and evidence of outcomes.
- Services to match increasing demand as a result of increased criminal justice interventions (ATR and AAR has highlighted gaps at tiers 2/3).
- Increase the effectiveness of current and future expenditure through joint commissioning (health and justice), better co-ordination of services, pooled budgets.
- Integrate responses to drug and alcohol misuse to provide comprehensive substance misuse services, ensuring the needs of diverse populations are met, including provision for all levels of alcohol misuse.

Service user views on improving pathways for offenders with alcohol issues:

“Alcohol users need the same services as with drugs, there are the same reasons for drinking and using drugs, life events, abuse, so need the same services and help, equal treatment”
(prisoner, HMP Hull)

”something like IDTS for alcoholics” (prisoner, HMP Hull)

“Build centres for people coming off alcohol where there can work and get used to work”

(female offender, TWP)

“services and aftercare to help with mental health problems – depression, anxiety, paranoia”
...”self-esteem work” (prisoners, HMP Hull)

Both the women’s group and the prisoners’ group felt that services needed to address why people were drinking, “need to get to the root of the problem why someone is drinking”.

The women’s group wanted “monthly goals”...”rewards”... “certificates – written by people in authority, to show people”

“the court should make you go as an order, like with drugs, be breathalysed” (female offender, TWP)

Services users at both groups felt there was a need for better advertising of services and awareness, in the community and in prisons.

Similarly, carers at the carers network meeting felt there was a real need for carers services and alcohol services to be better advertised. They suggested a leaflet that could be given to carers. Advertising could happen in GP surgeries and in drugs services. Carers services also wanted more information on what alcohol services were available to they could better advise carers. Also that services for carers should be accessible around work and child-care times.

7 Conclusions and summary points

Conclusions based on the original project objectives and outcomes:

Scope the level of alcohol treatment provision required for offenders in prisons and in the community.

Part 1 provided an assessment of treatment needs, focusing on data from various sources within Criminal Justice, health and other settings. The data shows a high level of need amongst offenders in the community and in prisons.

- OASys data showed that 50% of offenders in the community, and 37% of those in prison serving over 12 months, had needs in relation to alcohol misuse, and 65% and 80% of these respectively were receiving interventions.
- OASys data showed that offenders with alcohol needs, in the community and in prison serving over 12 months, were mainly male, aged 18-24, and committing offences of violence, robbery and criminal damage (high cost offences to the community and individuals).
- OASys data showed that two thirds to a half of offenders in the community had some or significant problems relating to current alcohol use, binge drinking, past use and violent behaviour, but less so for offenders in prison serving over 12 months.
- Sample data from prisons showed that 87% of prisoners with alcohol only use drank over 11 units in a typical drinking day, and 63% of these drank over 25 units (the guide on harmful drinking is 6 units). These prisoners were mainly white British, aged 18-25 years, in prison for less than a year or on remand (63%) and were in custody for breach offences, assault, wounding, theft or burglary. Specific data from New Hall prison showed similar patterns, although the age group of these women alcohol only users was generally higher, 25-35 years.
- Prison data on numbers receiving clinical withdrawal /detoxification when entering custody showed that about 10% of the prison population (in locals) receive this intervention, including remands, and those serving less or more than 12 months.

- Prison security data showed high levels of home-brewed alcohol finds, and in the open site, high quantities of bought in alcohol.
- The Approved Premises data showed that about 20% of residents had alcohol misuse problems, and that 85% of Approved Premises residents are on licence from prisons, having served over 12 months.
- Data from women offenders' projects showed that a high proportion of those accessing services had alcohol misuse problems (72%, 46%, and 45%). The main age group was 26-35 years (which matches the New Hall data) and main offences were assault, driving offences and theft. A high proportion of women had both alcohol and mental health problems.
- The A&E violence data, showed that, on average, 32% of presentations related to violence were linked to alcohol use. These were mainly male, and aged 18-25 years.
- The NTA NDTMS data showed that only 9% of referrals to alcohol treatment were from criminal justice services. The main age group *not* accessing services was 18 to 24 years, which is the main age group of offenders with problematic use in the data samples, and in A&E presentations, and within national data.

Map current service provision within the estates and the community. List of alcohol treatment providers, and the provision they offer as per locality. List of what alcohol treatment is being commissioned in each locality. Identify any barriers of access for the offender population as per locality, and consider diversity issues.

Parts 2 and 3 provided a list of services, descriptions of provision in health and justice, and what is being commissioned in each locality. There are significant differences across the region in the commissioning and co-ordination of responses to alcohol misusing offenders. It is a key challenge for all areas to co-ordinate provision of services across all tiers to meet the needs of this group.

Part 6 (and 2 and 3) summarized the gaps and barriers for offenders, including continuity of care issues and missed opportunities within the criminal justice system. The main barrier for alcohol only using offenders was a lack of continuity if entering and leaving prison, and a lack of interventions whilst in prison.

Examination of different definitions of treatment, tiers, dependency and assessment across health and justice.

Part 4 provided a synopsis of how different services interpreted the MoCAM definitions, and found that, in the main, there were locally agreed assessment procedures (although not regional), the same definitions of levels of alcohol use were being used in line with WHO, and that services were structured using the four-tier framework although there was some confusion over tiers and interventions. The audit found that some services, especially prisons, would benefit from training on the MoCAM. An examination of the different assessment tools being used has shown that there is the need for more standardised assessment forms in certain settings (eg. police AAR), the need to share information between settings more effectively (eg. AAR to prisons) and to make better use of information that is collected (eg. information collected by CARAT teams). An examination of the training undertaken by the workforce across the region, showed that whilst many professionals had received appropriate training, this was inconsistent regionally and, in some areas, locally.

Final report outlining recommendations for change management to an integrated model of treatment for those with alcohol problems coming into contact with the Criminal Justice System within the region.

Part 6 looked at improving pathways for offenders, and summarized the views and recommendations of commissioners, providers and service users in relation to existing partnership working and pathways, gaps and improvements. All areas within Yorkshire and the Humber provide a range of interventions and responses that aim to address the need of alcohol misusing offenders. This report identifies clearly a need to better co-ordinate the response in each area and across the region. The recommendations for change management to an integrated model of treatment for alcohol users follow.

8 Recommendations

The key elements of an integrated response will be to:

1. Examine how the NHS commissioned alcohol pathways in each locality are currently meeting the specific population needs identified in this report.
2. Examine further the local strategies, resources, contract arrangements, joint structures and commissioning in each locality.
3. Examine how PCTs have/are responding to the five recommendations around alcohol as set out in the NHS Healthy Ambitions report (which should include offenders as a component of the population).
4. Consider an appropriate regional or local joint Health and Criminal Justice commissioning model/s for offenders with alcohol misuse problems both in the community and in prisons, also to consider the pooling of budgets.
5. Consider investment targeted around areas of access and engagement with certain groups, including the 18-25 population, the male population and those serving less than 12 months/or on remand in custody, based on the findings of this report.
6. Aspire to high level service specifications for alcohol services for the region's population, including the offender population (prisons and community).
7. Link the Regional Offender Health Commissioning Group (ROHCG) with the Regional Alcohol Group, to advise joint and co-commissioning.
8. Promote increased flexibility within budgets to reduce the separation between drug and alcohol problems and services, and allow flexibility within services for professionals providing tier 2 interventions.
9. The recommendations, once widely consulted on and agreed, will form a key component of the Business Change Plan imbedded in the Regional Alcohol Strategy (Appendix 10 diagram).

Commission:

10. Increased Service Capacity for offenders to access treatment provision, specifically to deliver Alcohol Treatment Requirements (ATRs) for dependant drinkers, and other interventions and programmes for alcohol misusing offenders not subject to ATRs, including those on licence.
11. Increased Alcohol Arrest Referral (AAR) provision to enable all those arrested for alcohol related offences to have access to brief interventions and signposting, and consider the increased use of Conditional Cautioning (within CJS agencies).
12. Increased psycho-social interventions for offenders with alcohol only issues in prisons (focused on alcohol awareness, coping strategies, release planning and continuity of services).
13. The required interventions and services as set out in the 2008 Prison Health and Performance and Quality Indicators for alcohol (Appendix 4), following further review of existing provision.
14. Capacity within Health services, to provide the health component of alcohol treatment, to match any increase in Criminal Justice interventions, to meet increased demand where follow on work is required, and in terms of resettlement.
15. Increased provision of identification and brief advice across generic Criminal Justice, social care and health settings, including in A&E departments.
16. Increased services for Carers of alcohol misusers.

Information sharing:

17. Between key partners in relation to reducing alcohol related crime reduction and harm (police, fire services, YAS, A&E, CDRPs), on a local and regional basis, and reminding partners of their joint responsibilities in this area.
18. A regional workforce development strategy to be developed based on appropriate training requirements and DANOS competencies for professionals providing interventions at the different tiers.
19. Maintain a directory of services (Health and Criminal Justice) for alcohol using offenders, which includes referral criteria and pathways.

20. Use of common assessment tools, terminology, resources, monitoring tools in relation to working with alcohol misusing offenders, designing standard tools where required.
21. Sharing of good practice and outcome evidence between localities, and use of regional and national sources of information to assist planning of services.
22. Service user involvement of offenders with alcohol misuse issues – feedback to inform commissioning and service design.
23. Promotion of self-help / peer support groups.

These recommendations will also be translated further into a new YHIP Alcohol and Offenders Project Plan, and Business Plan for 2009/2010 to enable the findings and recommendations from this Project to be actively implemented.

9 Sources

Addressing Alcohol Misuse – A Prison Service Alcohol Strategy for Prisoners (HMPS, 2004)

Alcohol Harm Reduction Strategy for England (PM Strategy Unit, 2004)

Alcohol Misuse Interventions: guidance on developing a local programme of improvement (DH, 2005)

Alcohol Services Directory (Alcohol Concern 2007)

Choosing Health White Paper (DH, 2004)

Gilchrist E. et al (2003)

Healthy Ambitions (Yorkshire & Humberside NHS, 2008)

High Quality Care for All (Lord Darzi, NHS, 2008)

Models of Care for Alcohol Misuse (DH & NTA, 2006)

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Working with alcohol Misusing Offenders – a strategy for delivery (NPS, 2006)

World Class Commissioning (DH, 2007)

10 List of acronyms

AA	Alcoholics Anonymous
AAR	Alcohol Arrest Referral
ADS	Alcohol Dependency Scale (Assessment tool)
AIP	Alcohol Improvement Programme (national) Alcohol Intervention Programme
ASRO / PASRO	Addressing Substance Related Offending / Prisons Addressing Substance Related Offending
ATR	Alcohol Treatment Requirement (Probation Programme)
AUDIT	Alcohol Use Disorders Identification (Screening tool)
CARAT	Counselling Assessment Referral Advice Throughcare (Prisons)
CAT	Common Assessment Tool
CBT	Cognitive Behavioural Therapy
CDRP	Crime and Disorder Reduction Partnership
COVAID	Control Of Violence For Angry Impulsive Drinkers
CPGs	Clinical Pathway Group (part of Healthy Ambitions NHS YH)
DAAT	Drug and Alcohol Action Team
DANOS	Drug and Alcohol National Occupational Standards
DES	Directed Enhanced Service (Directions to PCTs)
DID	Drink Impaired Drivers (Probation Programme)
DIP	Drug Interventions Programme
DIR / SMTA	Drug Interventions Record / Substance Misuse Triage Assessment
DRR	Drug Rehabilitation Requirement (Probation Programme)
FAST	Fast Alcohol Screen Test (Screening tool)
HMPS	Her Majesty's Prison Service
HMYOI	Her Majesty's Young Offender Institute
IDTS	Integrated Drug Treatment System (Prisons)
JSNA	Joint Strategic Needs Assessment
KSF	Knowledge and Skills Framework (NHS)
LAPE	Local Alcohol Profiles for England (see NWPHO website)

LDQ	Leeds Dependence Questionnaire (Assessment tool)
LES	Local Enhanced Service (Extended GP Practice)
LIAP/M	Lower Intensity Alcohol Programme/Module (Probation Programme)
MARAC	Multi-agency risk assessment conference (domestic violence cases)
MET	Motivational Enhancement Therapy
MSP	Managing Successful Projects
NDTMS	National Drug Treatment Monitoring System (NTA)
NPS	National Probation Service
NTA	National Treatment Agency
NVQ	National Vocational Qualification
OASys	Offender Assessment System (Probation)
OCN	Open College Network
PPO	Prolific Priority Offender
QOF	Quality and Outcomes Framework (DH)
RAG	Regional Alcohol Group (YH)
RAPt	Rehabilitation of Addicted Prisoners Trust
RCGP	Royal College of General Practitioners
SADQ	Severity of Alcohol Dependency Questionnaire (Screening tool)
SDP	Short Duration Programme (Prison Drug Treatment Programme) Structured Day Care (Community Programmes)
SWYMHT	South West Yorkshire Mental Health Trust
TVCP	Tackling Violent Crime Programme
TWEAK	Tolerance, Worried, Eye-opener, Amnesia, K/Cut down (Screening tool for pregnant women)
TWP	Together Women Project
WHO	World Health Organisation
YAS	Yorkshire Ambulance Service
YHIP	Yorkshire and Humber Improvement Partnership

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