

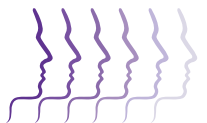


drugs & alcohol

Partnership Strategic Assessment 2009

Evidence for a Safer Leicestershire

Leicestershire Safer
Communities Strategy
Board



Making Leicestershire Safer

Reader Information

Document Title	Drugs & Alcohol Partnership Strategic Assessment 2009
Document Context	<p>This report forms part of a suite of reports which constitute the Partnership Strategic Assessment 2009 for the county of Leicestershire.</p> <p>The full Partnership Strategic Assessment 2009 is made up of seven theme based reports</p> <ul style="list-style-type: none"> • Crime & Disorder • Domestic Abuse • Hate Incidents • Offender Management • Victimisation • Drugs and Alcohol • Community Safety Perceptions <p>And a place based report</p> <ul style="list-style-type: none"> • Places Summary <p>This place based report summarises</p> <ul style="list-style-type: none"> - community safety issues in the Community/Area Forums of Leicestershire - community safety issues in the Town Centres of Leicestershire - Community safety issues in the Priority Neighbourhoods of Leicestershire <p>Findings from these reports are summarised for the County and each District</p>

Document Description	The document presents current information about drug & alcohol misuse and treatment service provision across Leicestershire.									
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Contents

- i Reader Information
- ii Contents

DRUGS		Page	ALCOHOL		Page
I.0	Strategic Priorities - Drug Misuse	1	2.0	Strategic Priorities - Alcohol	8
I.1	Problematic Drug Users in Effective Treatment (NI 40)	2	2.1	Hospital Admissions for Alcohol Related Harm (NI 39)	8
I.2	Performance Comparison against Most Similar LAs	3	2.2	Alcohol Related Mortality	9
I.3	Criminal Justice - Drug Intervention Programme (DIP)	4	2.3	Prevalence	10
I.4	Recorded Drug Offences	5	2.4	Alcohol Perceptions	11
I.5	Drug Treatment Outcomes	6	2.5	Alcohol Related Crime	12
I.6	DAAT Drug	6	2.6	Alcohol Treatment Provision in Leicestershire	13

I.0 Strategic Priorities - Drug Misuse

Drug misuse is damaging to communities, it ruins lives, destroys families, and is linked to a range of criminal activity including burglary and robbery at a local level, and at an international level the drug trade is linked to the trafficking of firearms and people. The crime and health costs Nationally are approximately £15.4 billion a year for the most dangerous drugs, including crack cocaine and heroin.

The use of illegal drugs often affects the most vulnerable and socially excluded individuals in our communities the greatest. It is therefore a Government priority to continue to do everything it can, internationally, nationally and locally, to reduce the harm caused by drugs. The complexities of the drug trade and drug misuse can only be tackled by close working between a wide range of partners including local communities.

The Leicestershire Drug & Alcohol Action Team (DAAT) are responsible for overseeing the delivery of the National Drug Strategy within Leicestershire. The Government's 10 year strategy 2008 – 2018 builds on the successes of its predecessor and focuses on reducing overall levels of drug use, expanding and improving the treatment system and reducing drug related crime. It has also placed community reintegration at the centre of work aiming to reduce the harm problematic drug use causes to individuals, their families and the wider local community through three key themes, briefly these comprise of;

Enforcement

- Prosecuting drug dealers and those committing crime to fund their addiction.
- Using neighbourhood policing to gather community intelligence.
- Backing parents and communities who want to take action through anonymity.

Treatment

- Clearly prioritising those who are causing the most harm to communities and families and engaging them into effective treatment.

- Using all available evidence ensure treatment is effective, targeted at the right users to work and reduce harm and crime.
- Involve families and carers in the planning and processes of treatment.

Prevention

- Expanding focus on young people and families before problems have arisen.
- Taking a wider preventative view that is not purely focussed on illegal drugs, but on all substances and the risk factors that can lead to drug use, such as alcohol misuse.
- Expanding services offered to families/carers of substance misusers, taking into account family and community needs.

It is the strategic objective of Leicestershire DAAT to increase the number of problematic drug users (PDU) and all adult drug users recorded in effective treatment by March 2010.

Information about the number of problematic drug users is a key element used to formulate policy and inform service provision and provides a context in which to understand the impact of interventions to reduce drug related harm.

A number of research methodologies have been applied Nationally to estimate the prevalence of problem drug use in England; these are: the capture-recapture method and the multiple indicator method (also called the multivariate indicator method or MIM).

Both methods have been used in a number of settings in the United Kingdom to estimate the prevalence of problem drug use at the local (e.g. DAAT area) level and Nationally. Previously, the Home Office commissioned a series of feasibility studies that used the same two methods to estimate problem drug use prevalence in 2000/01 (Frischer et al, 2004; Hickman et al, 2004; Millar et al, 2004). The reports from those studies comprehensively describe the methods.

Table I.0a below displays the estimates of problematic drug users across the East Midlands using the before mentioned methodologies

Table I.0a : Estimated number of problem drug users by DAAT area (East Midlands)

DAT Area	Problem			Opiate		
	Estimate	95% CI		Estimate	95% CI	
Derby	2,650	2,363	3,053	2,554	2,277	2,958
Derbyshire	2,677	2,496	2,983	2,584	2,409	2,875
Leicester	2,798	2,506	3,339	2,527	2,261	2,991
Leicestershire	1,772	1,531	2,271	1,597	1,396	2,030
Lincolnshire	2,840	2,531	3,260	2,564	2,335	2,961
Northamptonshire	2,723	2,476	3,222	2,423	2,186	2,806
Nottingham	3,977	3,537	4,731	3,379	3,167	4,338
Nottinghamshire	3,674	3,309	5,352	3,536	3,260	4,042
Rutland	31	15	124	77	15	155
East Midlands	23,142	22,516	25,442	21,241	20,815	22,813

Note: The shaded DAT estimates were produced using MIM analysis and the unshaded ones were produced using capture-recapture.

Current data suggests that the Leicestershire Partnership is well positioned to perform well compared with other Partnerships within the region. Recruitment of all drug users and the sub cohort of problematic drug users (PDUs) are above the national average. Acceptable tolerances are plus or minus 5% about the national mean. Leicestershire DAATs Commissioning Strategy 2005-2008 was focussed on ensuring that 65% of the estimated PDU profile would be accessing treatment by March 2008, this has been achieved.

1.1 Problematic Drug Users in Effective Treatment

The term problematic drug user refers to someone who uses opiates (e.g. heroin, morphine, codeine) and/or crack cocaine. Opiates and/or crack cocaine may not be the primary drugs in use and those who also use other types of drugs in addition to opiates and crack cocaine will be included. This strategic objective to engage PDUs into treatment is Local Authority National Indicator NI40.

Table I.1a provides a breakdown of performance for Leicestershire, against the baseline year 2007/08 and the target for NI40.

Table I.1a: Number of problematic drug users and all adults recorded in effective treatment for financial year 2008/09

	Baseline	08/09 (Q1)	08/09 (Q2)	08/09 (Q3)	08/09 (Q4)	Target	+/- Target
Leicestershire PDUs	1,084	1,084	1,106	1,153	1,144	1,138	+ 0.5%
All Adults	1,160	1,160	1,189	1,230	1,231	1,241	- 0.8%

The performance target of 1,138 PDUs recorded in effective treatment for 2008/09 was met, exceeding the target by 0.5%. All adults recorded in effective treatment fell slightly short of the require target, however saw a significant increase against the baseline.

The number of problematic drug users recorded in effective treatment can be further broken down into district of residence, displayed in table I.1b

Table I.1b : Number of problematic drug users recorded in effective treatment for financial year 2008/09 broken down by District

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Leicestershire	1,084	1,106	1,153	1,144
Blaby	90	92	96	95
Charnwood	388	396	413	410
Harborough	128	131	136	135
Hinckley & Bosworth	165	168	175	174
Melton	104	106	111	110
NW Leicestershire	150	153	159	158
Oadby & Wigston	59	60	63	62

1.2 Performance Comparison against Most Similar Local Authorities

The National Treatment Agency (NTA) set a number of minimum standards for key indicators of successful engagement in drug treatment and provide comparable datasets by which most similar local authorities can be analysed. The primary areas for comparison are;

- Numbers recorded in effective treatment
- Waiting times
- Retention and successful discharge

Chart 1.2a displays the total number of PDUs recorded in effective treatment for Leicestershire, compared to the most similar local authorities.

Chart 1.2a : Number of problematic drug users recorded in effective treatment for financial year 2008/09 against most similar LAs

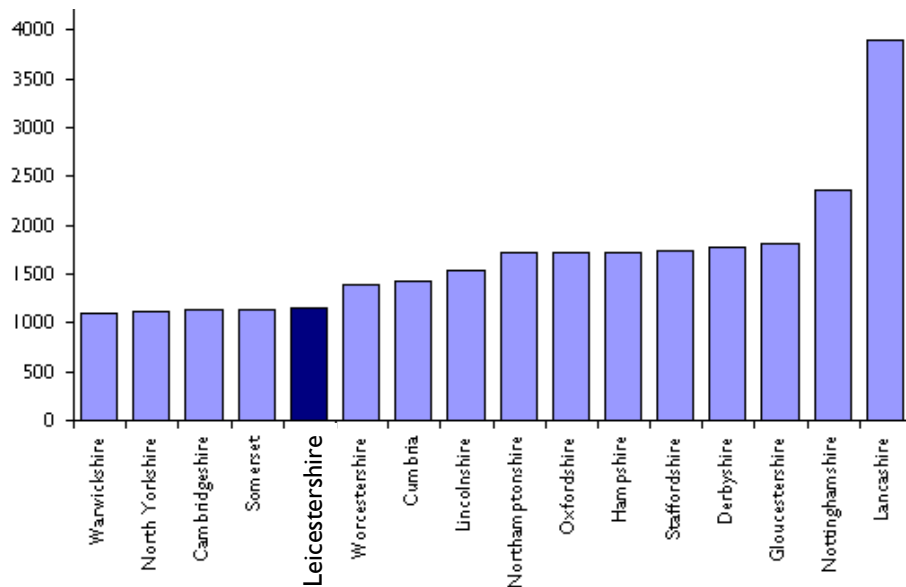
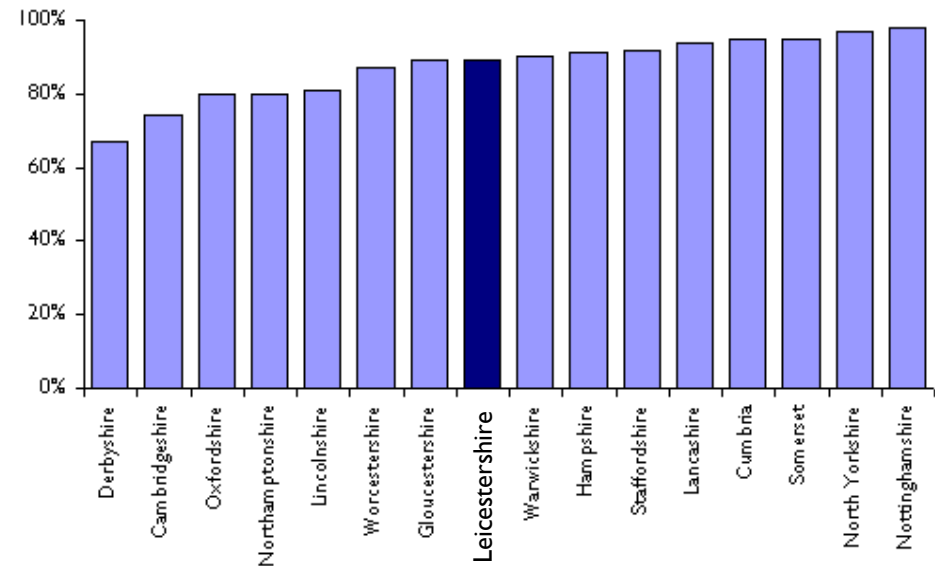


Chart 1.2b displays recorded waiting time performance for Leicestershire, compared to the most similar local authorities. The NTA target for waiting times for 2008/09 was for 80% of clients to be seen for their first treatment intervention within three weeks of initial contact.

Performance for Leicestershire has remained above the 80% target throughout 2008/09 with an average of 89% of clients being seen within three weeks of initial contact.

Chart 1.2b : Recorded waiting time performance for 2008/09 for Leicestershire and most similar local authority areas



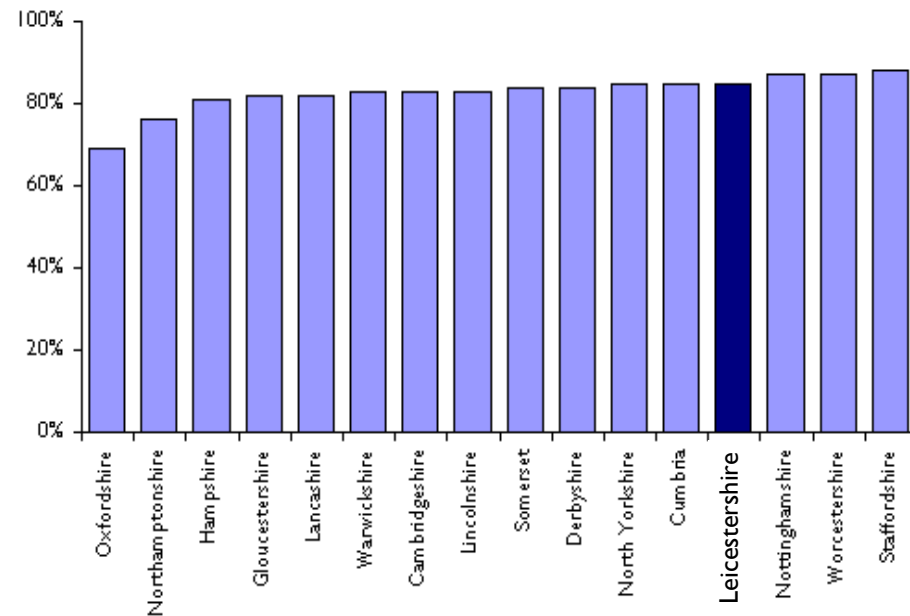
Leicestershire was placed mid-table during 2008/09 for waiting time performance with Nottinghamshire and South Yorkshire the best performing local authorities, exceeding the NTA target.

The NTA target for the 2009/10 has increased to a minimum of 90% of clients seen within three weeks, however Leicestershire are well position to achieve this target if performance remains stable.

Chart 1.2c displays the recorded percentage of clients retained in effective drug treatment for 12 weeks or successfully discharged from the treatment system (care planned discharge). The NTA target for retention and care planned discharges for 2008/09 was 84%. Retention in drug treatment is considered by the NTA to be the best available measure of treatment effectiveness

Performance for Leicestershire fell below the required target for the first 3 quarters of 2008/09, however achieved the target in the final quarter with 85%.

Chart 1.2c : Percentage of clients retained for 12 weeks or successfully care plan discharged 2008/09



Leicestershire is positioned fourth in comparison to the most similar local authorities, performing better than 12 other compatible areas. Staffordshire were identified as the best performing local authority for retention and care plan discharges.

1.3 Criminal Justice Interventions

Leicestershire DAAT recognise that there are strong links between crime and drugs and sees the delivery of effective drug treatment as integral in helping to meet crime reduction targets. The Adult Drug Treatment plan supports wider partnership objectives that build on positive and robust relationships with partners and drug treatment providers working to reduce the harm caused by substance misuse to users, their families and carers and the wider community.

The Drug Intervention Programme (DIP) is a key part of the Government's strategy for tackling drugs and reducing crime. Introduced in 2003, with new elements having been phased in each year since, the programme aims to get adult drug-misusing offenders out of crime and into treatment and other support.

Table 1.3a displays the number of individuals drug tested on arrest at the four DIP custody sites during 2008/09 with positive test outcomes.

Table 1.3a: Total number of individuals drug tested on arrest
(recorded at Euston Street, Keyham Lane, Beaumont Leys and Loughborough custody sites)

	Euston Street	Keyham Lane	Beaumont Leys	Lough	Total
Leicestershire					
Total Prisoners	8760	3322	5391	5015	22488
Persons Tested	2171	768	1525	1332	6338
Positive Tests	720	234	470	489	1913
% Positive Achieved	33.2%	30.5%	30.8%	36.7%	30.2%

During 2008/09 6,338 individuals were drug tested at the four DIP sites with a positive test rate of 30.2%.

During 2008/09 a total of 64 tests were missed and 57 tests refused or aborted. This represents a very small proportion against the overall testing rate.

Prior to April 2008 Leicestershire was a non-intensive Drug Intervention Programme area, relying on drug testing on arrest at sites within Leicester City. In April 2008 drug testing on arrest came on line at Loughborough police station which services districts in the north of the county.

Initial figures were in excess of predicted expectation however in more recent months there has been a levelling out of activity. A surprising development is the level of positive tests on arrest of individuals from the Melton area indicating a need in that area which is being addressed through the DAAT full treatment system review during 2009/10.

1.4 Recorded Drug Offences

The following section focuses on data obtained from Leicestershire Constabulary on recorded drug offences. The number of recorded drug offences is often a reflection of police activity, rather than a reflection of issues in a particular area. Similarly, the number of drug searches/warrants actioned will have a significant impact on the number of drug offences recorded.

Table 1.4a shows the number of drug offences recorded by Leicestershire Constabulary in the last five years within Leicestershire.

Table 1.4a : Number of recorded drug offences within Leicestershire 2004/05 to 2008/09

<u>Leicestershire</u>	<u>2004/05</u>	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>	<u>2008/09</u>
Recorded Drug Offences	939	1041	1311	1405	1446

There has been a 2.9% increase year on year in the number of recorded drug offences within Leicestershire. This is a reduction on the increases recorded in previous years (with an average increase of 14.6% across the previous three financial years).

A breakdown of recorded type of drug offences has identified that a significant proportion of drug offences are for possession of cannabis which may be discovered once an individual has been arrested for another offence.

Additional analysis at District level has highlighted that proportionally Charnwood records a higher level of drug offences compared to the other Leicestershire Districts.

Data has also been extracted on the number of offences (all crime categories) committed under the influence of drugs. However it is important to note that this measure is the perception of the arresting officer or admission of the individual that they are under the influence of drugs so caution should be applied to the validity of these results.

Table 1.4b displays the number of offences recorded by Leicestershire Constabulary in the last five years committed under the influence of drugs.

Table 1.4b : Number of offences within Leicestershire 2004/05 to 2008/09 committed under the influence of drugs

<u>Leicestershire</u>	<u>2004/05</u>	<u>2005/06</u>	<u>2006/07</u>	<u>2007/08</u>	<u>2008/09</u>
Offences UIO Drugs	2111	1944	2116	2330	2237

2008/09 has recorded a 4.0% reduction in the number of offences committed under the influence of drugs from the available Leicestershire Constabulary data. Prior to this, with the exception of 2005/06, previous financial years have recorded an increase, with an average of 8.0%.

1.5 Drug Treatment Outcomes

The National Treatment Agency (NTA) had previously used process and proxy outcome measures – such as waiting times and retention – to indicate the effectiveness of drug treatment, however in 2007/08 they developed a treatment outcomes monitoring instrument known as (the Treatment Outcomes Profile or TOP) to be used at the start of treatment and in reviews and exit from treatment. This form based tool enabled practitioners to collate service user information on four key themes;

- Drug and alcohol use
- Physical and psychological health
- Social functioning
- Offending and criminal involvement.

It will be some time before the benefits of TOPs will become evident as at present service providers have been tasked with the implementation of TOPs into mainstream business. Performance for TOPs form submission has improved significantly over the past year and the NTA will begin to supply outcome data from the submissions once the Leicestershire DAAT Partnership has achieved a 80% submission rate for TOPs overall, identified as being the percentage required for statistically significant results.

The percentage of clients successfully exiting the treatment system through care planned discharge is a further proxy measure for the effectiveness of drug treatment. The target for overall care plan discharges is 45%. Table 1.5a below displays performance for Leicestershire for 2008/09.

Table 1.5a : Leicestershire care plan discharge performance 2008/09

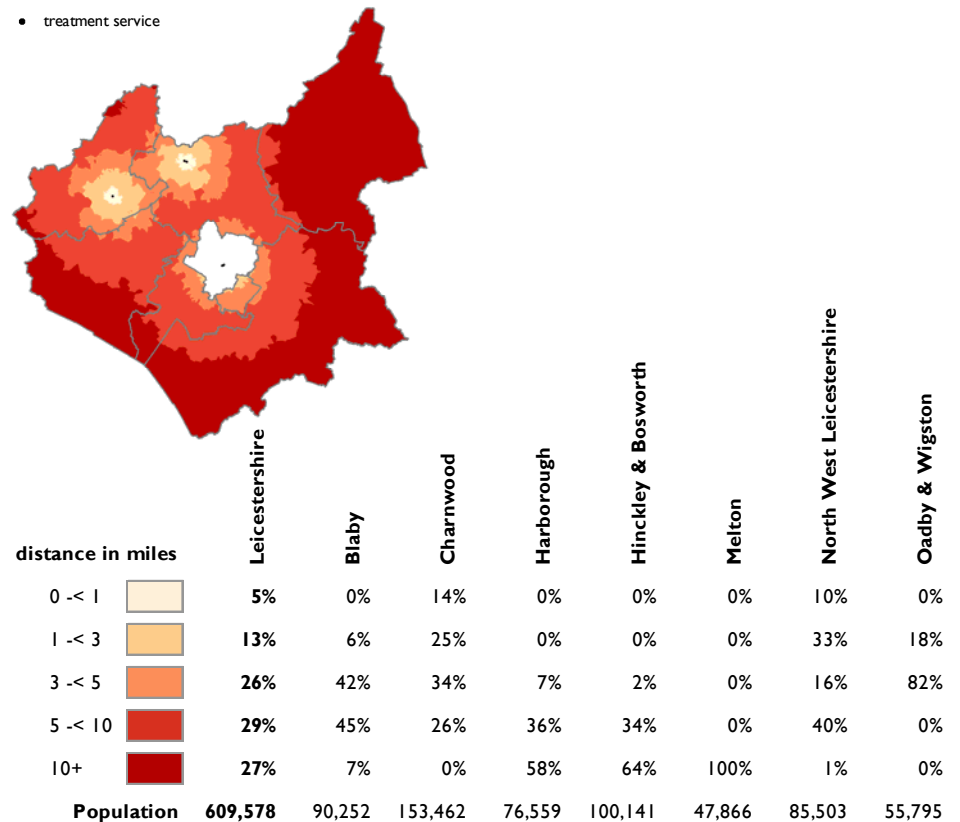
Leicestershire	08/09 (Q1)	08/09 (Q2)	08/09 (Q3)	08/09 (Q4)	Target	+/- Target
Care Plan Discharges	37.0%	37.0%	40.0%	46.0%	45.0%	1.0%
Unplanned Discharges	63.0%	63.0%	60.0%	54.0%	-	-

1.6 DAAT Drug Treatment Service Provision

A review is currently in progress by Leicestershire DAAT to determine the accessibility of drug treatment services for the population of Leicestershire. Accessibility is determined by the distance between where people live and their nearest drug treatment service.

Map 1.6a and Table 1.6b display the distance in miles to the nearest DAAT commissioned drug treatment service from each District area of Leicestershire. Distances are based on road distance (in miles) from each census output area.

Map 1.6a & Table 1.6b : Distance in miles to a DAAT commissioned drug treatment service



The largest proportion of the population of Leicestershire (29%) reside between 5 and 10 miles from the nearest DAAT commissioned drug treatment service.

Melton was identified as having the worst access to drug treatment services, with 100% of their population having to travel greater than 10 miles, although it is important to note that outreach services are not included, therefore service provision is greater than that represented in the geographical mapping. Melton, for example, have a number of outreach services operating from within the town centre for residents requiring access to treatment.

Map I.6c and Table I.6d display the distance in miles to the nearest needle exchange pharmacy/service from each District area of Leicestershire. Distances are based on road distance (in miles) from each census output area.

Map I.6c: Distance in miles to the nearest needle exchange pharmacy/or service

- needle exchange

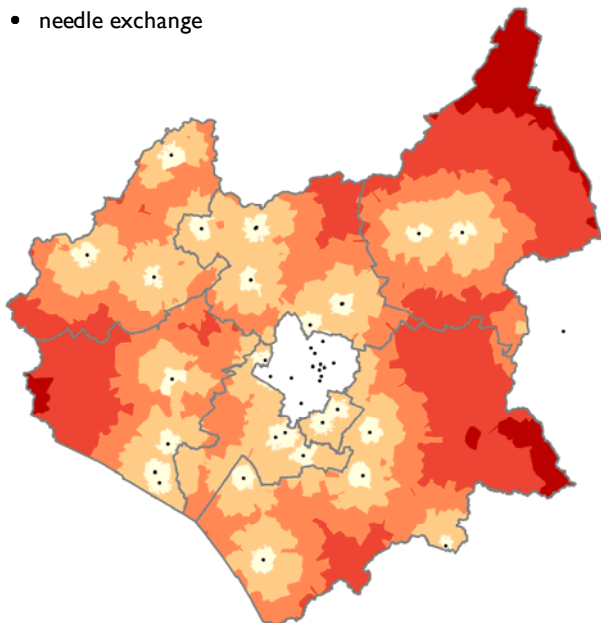


Table I.6d: The proportion of the resident population within each Leicestershire district showing the proximity in miles to the nearest needle exchange pharmacy/or service

distance in miles	Leicestershire	Blaby	Charnwood	Harborough	Hinckley & Bosworth	Melton	North West Leicestershire	Oadby & Wigston
0 -< 1	34%	33%	36%	29%	36%	26%	24%	59%
1 -< 3	46%	63%	44%	45%	41%	38%	47%	41%
3 -< 5	14%	4%	19%	17%	15%	8%	26%	0%
5 -< 10	4%	0%	1%	8%	8%	19%	3%	0%
10+	1%	0%	0%	1%	0%	9%	0%	0%
Population	609,578	90,252	153,462	76,559	100,141	47,866	85,503	55,795

The largest proportion of the population of Leicestershire (46%) reside between 1 and 3 miles from the nearest needle exchange pharmacy or service. Melton were again highlighted as an area with weaker provision with 19% of their population further than 5 miles from the nearest needle exchange.

A systems coverage exercise completed by Leicestershire DAAT in 2008 indicated reasonable coverage of needle exchange across the county either through specialist or pharmacy based provisions. This was borne out by the review of needle exchange undertaken in 2007. The Healthcare commission review into Harm Reduction initiatives did highlight a lack of out of hour's provision particularly at weekends and exploration of methods to rectifying this is already underway. There is also a need for equity of kit distributed by the different services across the County.

2.0 Strategic Priorities - Alcohol

The misuse of alcohol can have a significant impact on individuals, families and communities. Alcohol misuse has adverse consequences, contributing to social problems, economic costs, health issues and crime. Local research indicates that alcohol misuse is directly linked to violent crime, domestic violence, anti-social behaviour, youth offending, fatal fires, increased hospital admissions, premature deaths, family breakdown and costs to the economy.

Reducing these alcohol related harms requires commitment and effort and is a strategic priority for Leicestershire DAAT and its partners. The Leicestershire Alcohol Harm Reduction Strategy “Sensible Measures” is the first of its type that brings together all these partners in a coordinated way. It sets out a long-term aim to reduce alcohol related harms to the communities of Leicestershire, and for the first time, links the individual strategies of partner agencies into one overarching document.

The action plans associated with the key activities identified in “Sensible Measures” focus on a number of key areas. These include:

- Reducing alcohol related rowdy and anti social behaviour
- Reducing children and young people’s access to alcohol through illegal under age sales and proxy purchasing
- Reducing alcohol related violent crime
- Improved treatment provision and increased take up
- Increasing public awareness of sensible drinking

Leicestershire DAAT aims to ensure that the key areas identified above will be effectively responded to and acted upon.

The reduction of harm caused by alcohol misuse is identified as a priority outcome within the Leicestershire Sustainable Community Strategy. Within the Local Area Agreement for Leicestershire 2008-11 there is no direct measures to monitor the extent of alcohol related harm across the County, however a number of proxy measures have been adopted as a measure of alcohol-related harm.; these include;

- NI 20: Assault with less serious injury
- NI 39: The number of alcohol attributable hospital admissions
- NI41: The perceptions of drunk or rowdy behaviour

2.1 Hospital Admissions for Alcohol Related Harm

Leicestershire has an average hospital admissions rate for alcohol related harm similar to that of local PCTs, with the exception of Leicester City PCT, which in 2008 recorded the greatest number of hospital admissions in the East Midlands and was ranked 9th in the Country for alcohol related admissions out of 158 local authority areas.

Chart 2.1a below displays hospital admission rates per 100,000 population for Leicestershire & Rutland PCT, compared to other local PCT areas

Chart 2.1a: NI 39 Hospital admissions for alcohol related harm for Leicestershire & Rutland PCT (rate per 100,000 population)

Data obtainable from the Local Alcohol Profile for the East displays NI 39 submissions for 2006/07 (displayed in chart 2.1a), however , current local data has identified that Leicestershire 2008/09 recorded a 7.7% increase in hospital admissions for alcohol related harm compared to the previous year.

The rate for Leicestershire is approximately 10.0% lower than the rate for England and the East Midlands, however varies considerably across Leicestershire Districts.

Table 2.1b overleaf displays the rates of alcohol specific and attributable hospital admissions for Leicestershire.

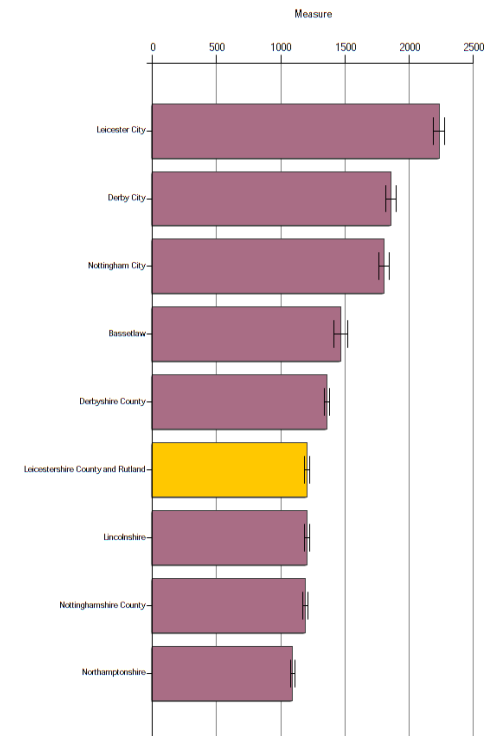


Table 2.1b: Alcohol specific and attributable hospital admissions 2007/08 by Leicestershire District

	Charnwood	Blaby	Harborough	Hinckley & Bosworth	Melton	North West Leicestershire	Oadby & Wigston
Alcohol-specific hospital admission - under 18s		↑		↑		↑	↑
Alcohol-specific hospital admission – males							
Alcohol-specific hospital admission – females	↑	↑				↑	↓
Alcohol-attributable hospital admission - males							
Alcohol-attributable hospital admission - females	↑	↑				↑	↓
	Significantly <u>better</u> than England						
	Significantly <u>worse</u> than England						
	↑ Better, but not significantly better than England						
	↓ Worse, but not significantly worse than England						

Rates of Alcohol specific and attributable hospital admission rates for females are better but not significantly so in Charnwood, Blaby and NW Leicestershire and worse than average in Oadby and Wigston. The indicators point to significantly better outcomes in terms of hospital admissions for men in all the indicators in Leicestershire.

Alcohol specific hospital admissions for under 18s in Blaby, Hinckley and Bosworth, NW Leicestershire and Oadby and Wigston are better but not statistically so.

2.2 Alcohol Related Mortality

Alcohol specific mortality for males is above the national average in Charnwood, Blaby, Harborough and Hinckley and Bosworth. Harborough and Hinckley and Bosworth also fair better in terms of male rates of mortality due to chronic liver disease. Table 2.2a below displays alcohol related mortality in Leicestershire for 2007/08.

Table 2.2a: Alcohol related mortality 2007/08 by Leicestershire District

	Charnwood	Blaby	Harborough	Hinckley & Bosworth	Melton	North West Leicestershire	Oadby & Wigston
Alcohol-specific mortality – males					↑	↑	↑
Alcohol-specific mortality – females	↓	↑	↑	↑	↓	↓	↑
Mortality from chronic liver disease – males	↓	↑	↑			↑	↑
Mortality from chronic liver disease – females	↓	↑	↓	↑	↓	↑	↓
Alcohol-attributable mortality – males	↓	↑	↑		↑	↑	↑
Alcohol-attributable mortality – females	↓	↑	↓	↓	↑	↑	↓
	Significantly <u>better</u> than England						
	Significantly <u>worse</u> than England						
	↑ Better, but not significantly better than England						
	↓ Worse, but not significantly worse than England						

2.3 Prevalence

The estimated population of Leicestershire between the ages of 16 and 65 that consume alcohol is 500,000. According to the National Alcohol Needs Assessment Research Project (ANARP) the East Midlands has the fourth highest level of hazardous and harmful drinking in the UK (out of 9 regions).

Leicestershire is currently performing at the rate of the national average with 20% of the population identified as hazardous and harmful drinkers; this equates to approximately 22,000 drinkers.

Table 2.3a, below, provides synthetic estimates of recorded 'binge' drinkers in Leicestershire and the East Midlands. The term 'binge' drinker relates to the percentage of adults who drank over 8 (men) or 6 (women) units of alcohol on the heaviest drinking day during one week.

Table 2.3a: Estimated prevalence of 'binge' drinkers in Leicestershire

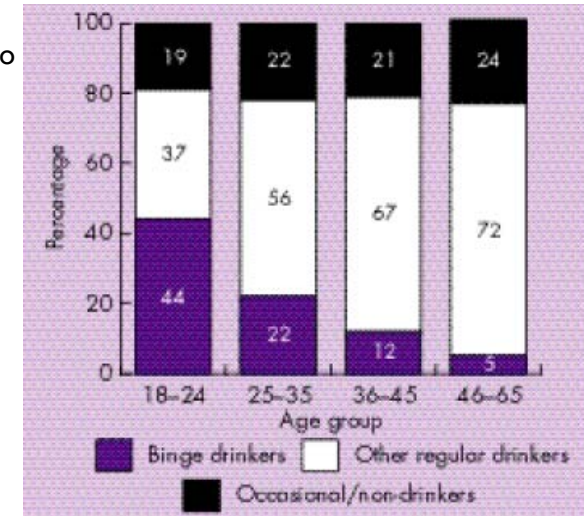
Estimated prevalence of 'binge' drinkers in Leicestershire		
Local Authority	Rank	Prevalence
Oadby and Wigston	60	13.67
Blaby	130	15.27
Harborough	164	16.01
Melton	174	16.16
Hinckley and Bosworth	175	16.20
North West Leicestershire	185	16.35
Chamwood	207	16.73
East Midlands		17.80
	Significantly better than East Midlands	
	Consistent with average for East Midlands	

Leicestershire districts have an estimated prevalence consistent with the average for the East Midlands. There is very little local data available breaking down the age profile of binge drinkers, however national data suggests that

amongst adults aged 18 to 65 years, those aged between 18 and 24 years were the more likely (44%) to binge drink. Chart 2.3b, below, illustrates the drinking profile by age identified through the ANARP.

Table 2.3b: National drinking profile by age

The 18 to 24 year old group are the most likely to binge drink (44%) and are twice as likely to do so as the 25 to 35 year olds (22%). They are also the only age group where the proportion of binge drinkers outweighed the other regular drinkers. Across all the age groups, males are consistently more likely to binge drink. The definitions of the drinking types are as follows;



- Binge drinkers – those who drink at least once a month and reported feeling very drunk at least once a month in the past 12 months.
- Other regular drinkers – those who drink at least once a month but reported feeling very drunk less than once a month or not at all in the past 12 months.
- Occasional/non-drinkers – those who drink alcohol less than once a month and those who have never drunk alcohol.

Locally, there is disparity between the identified prevalence of alcohol misuse and the existence of local services to effectively deal with the identified issues. The provision of alcohol services is covered in section 2.6.

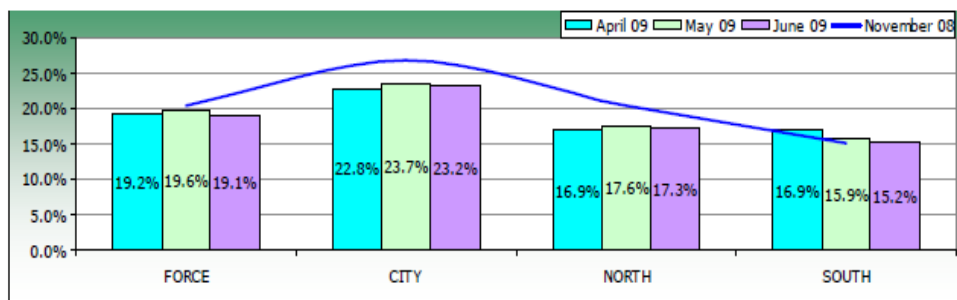
2.4 Alcohol Perceptions

The CRAVE survey, commissioned by Leicestershire Constabulary, has been used to gauge public perceptions of crime and anti-social behaviour. Respondents to the CRAVE (Confidence, Reassurance, Accessibility and Visibility) survey were asked whether people being drunk or rowdy is a problem in their local area. This is National Indicator NI 41.

April 2009 saw Leicestershire Constabulary increase the frequency and volume of CRAVE Surveys from six monthly to monthly. By March 2010 results will be statistically significant down to District area level. Over the past year the questionnaire has been developed to include questions which are comparable to the British Crime Survey and Place Survey.

Chart 2.4a below displays month on month performance for the recorded % of respondents who perceive the level of drunk and rowdy behaviour in their area to be high.

Chart 2.4a: CRAVE Perceptions of drunk & rowdy behaviour



The overall perception of drunk and rowdy behaviour being high has recorded a reduction month on month during 2009, with all areas improving. The south policing area (encompassing Blaby, Hinckley & Bosworth, Harborough and Oadby & Wigston) has recorded a consistent improvement for the perception of drunk and rowdy behaviour. Respondents consistently ranked the problem of people being drunk or rowdy in a public place below that of the other categories surveyed, such as speeding vehicles, vandalism and anti-social behaviour.

The Tellus3 survey was conducted in Spring 2008 and surveyed children and young people across England and Wales. A Leicestershire Local Authority summary was published in September 2008 and summarised the two specific questions raised in relation to alcohol; the young people were asked “have you ever had alcohol” and “What do you think of the information and advice you get on alcohol”. Table 2.3b and Table 2.3c displays the responses to these questions for Leicestershire compared to the national average

Table 2.4b: Leicestershire Tellus3 results “have you ever had alcohol”, compared to national findings

Have you ever had alcohol? (Tick one option only)		
	LA All (%)	NAT All (%)
I have never had an alcoholic drink	18%	25%
I have never been drunk	34%	35%
I have been drunk but only once or twice	22%	17%
I have been drunk once within the last four weeks	7%	6%
I have been drunk twice within the last four weeks	6%	4%
I have been drunk three or more times in the last four weeks	7%	6%
Prefer not to say	6%	8%

Table 2.4c: Leicestershire Tellus3 results “what do you think of the information and advice you get on alcohol”, compared to national findings

What do you think of the information and advice you get on alcohol (Tick one option only)		
	LA All (%)	NAT All (%)
Its good enough	71%	67%
Need better information and advice	21%	25%
Don't know	8%	7%

Figures with a traffic-lighted background indicate that the local authority figure is significantly different from the national average.

2.5 Alcohol Related Crime

National studies have identified that alcohol plays a significant role in criminal behaviour. Over a third (37%) of all offenders nationally have been found to have a current problem with alcohol use. Locally, the figure is greater with six out of seven Districts recording over 40%. Offenders in Charnwood and Melton have the highest recorded rates of problem alcohol use, whereas Harborough is the only area to record figures lower than Leicestershire and the national average.

Table 2.4a, below, displays criminogenic needs for Leicestershire, broken down by District.

Table 2.5a: Criminogenic needs by Local Authority 2007/08

% of offenders with the following criminogenic need	
Leicestershire	Alcohol misuse
Blaby	40.2%
Charnwood	47.4%
Harborough	30.0%
Hinckley and Bosworth	43.4%
Melton	46.4%
North West Leicestershire	43.9%
Oadby and Wigston	40.8%

The 2008/09 DAAT Alcohol Needs Assessment identified that alcohol is more of an influence in the offending behaviour of men than of women with little difference across age groups. A much higher proportion of offending (linked to alcohol) was recorded amongst white offenders than for any other ethnic group. Chart 2.5b and Chart 2.5c shows how each of the seven districts within Leicestershire compare to the County recorded crime rate and violent crime rate attributable to alcohol and the regional and national rates per 1000 population.

Steps are being taken to address alcohol related crime with the introduction of the Alcohol Arrest Referral (AAR) Scheme and Alcohol Treatment Requirements (ATR) that aim to compliment the raft of enforcement measures implemented across Leicestershire.

Chart 2.5b: Recorded Crime rate attributable to alcohol per 1000 population

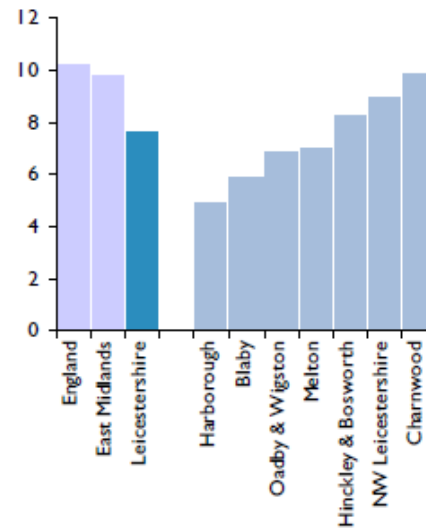
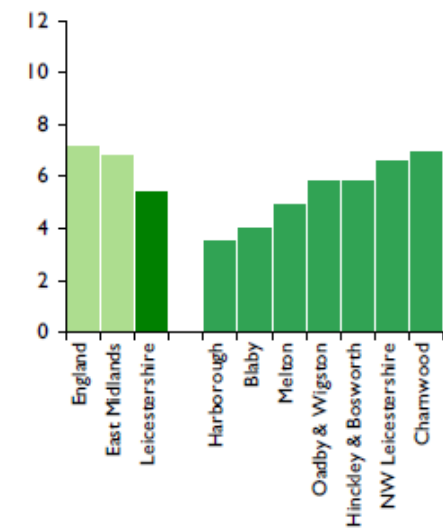


Chart 2.5c: Violent crime rate attributable to alcohol per 1000 population



Both the rates of recorded crime and violent crime attributable to alcohol for Leicestershire are below the regional and national average.

Approximately 8% of all recorded offences within Leicestershire were committed under the influence of alcohol during 2008/09. This proportion rises to over one quarter of all violence against the person offences (27%) and one-third of serious violent crimes.

In the East Midlands, in 45% of recorded violent crime incidents the offender was identified as being under the influence of alcohol. Locally in 2008 Leicester City recorded the greatest number of alcohol related violent crime incidents in the East Midlands and ranked 5th in the Country for alcohol fuelled violent crime out of 158 local authority areas. Charnwood was the worst performing Leicestershire district ranked 13th out of 40 local authority areas for alcohol fuelled violent crime per 1000 population.

2.6 Alcohol Treatment Provision in Leicestershire

Of the nine regions of England, the East Midlands had the fourth highest level of hazardous/ harmful alcohol use but the lowest number of alcohol treatment agencies. ANARP identified around 30 treatment services, which is approximately a third of the national average. A disparity exists between the size of the alcohol problem and the existence of local services to be able to effectively deal with it. An LLR alcohol process mapping exercise conducted by the Alcohol Harm Reduction Forum highlighted a number of gaps in service provision in all the treatment tiers.

Table 2.6a assesses the estimated level of service demand in Leicestershire and identify any gap in the level of services provision appropriate to those needs. The table also shows the estimated current capacity for specialist alcohol treatment services in Leicestershire, based on the existing capacity (at tier two and three) of the Community Alcohol Team (CAT), Turning Point Leicestershire, Leicestershire & Rutland Probation Trust, Leicestershire Community Projects Trust (LCPT).

Table 2.6a: Access to specialist alcohol treatment services

Source of demand	Estimated demand	Estimated current capacity for Leicestershire	Shortfall in capacity to meet ANARP access indicators
Harmful drinkers	22,000		
Dependent drinkers	8,152		
Total	30,152		
If low access (10% of total)	3,105	650	2,455
If high access (20% of total)	6,030	650	5,380

- current capacity estimate based upon numbers in treatment and/or capacity levels of the following treatment providers;
 - Community Alcohol Team (CAT)
 - Turning Point Leicestershire
 - Leicestershire & Rutland Probation Trust
 - Leicestershire Community Projects Trust (LCPT)

Due to the complex nature of demand for alcohol treatment services it is difficult to estimate how many individuals will access services. Table 2.6a shows two scenarios based on 'low access' and 'high access' to services, to help quantify the potential gap in service provision based on different levels of demand.

Based on a 'low' level of demand, 10% of harmful and dependent drinkers accessing treatment services, the shortfall in capacity leaves unmet demand from 2,115 individuals. Based on a 'high' level of demand, 20% of harmful and dependent drinkers accessing treatment services, the shortfall in capacity leaves unmet demand from 5,130 individuals.

Based on the estimates shown within table 2.6a there are serious shortfalls in the capacity of specialist alcohol treatment services within Leicestershire.

Table 2.6b below displays the distance in miles to the nearest alcohol treatment service from each District area of Leicestershire. Distances are based on road distance (in miles) from each census output area.

Table 2.6b: Distance in miles to the nearest alcohol treatment service from each Leicestershire district

distance in miles	Leicestershire	Blaby	Charnwood	Harborough	Hinckley & Bosworth	Melton	North West Leicestershire	Oadby & Wigston
0 -< 1	5%	0%	14%	0%	0%	0%	10%	0%
1 -< 3	13%	6%	25%	0%	0%	0%	33%	18%
3 -< 5	26%	42%	34%	7%	2%	0%	16%	82%
5 -< 10	29%	45%	26%	36%	34%	0%	40%	0%
10+	27%	7%	0%	58%	64%	100%	1%	0%
Population	609,578	90,252	153,462	76,559	100,141	47,866	85,503	55,795

A process mapping exercise conducted by the DAAT and its partners has highlighted a number of gaps in service provision in all the treatment tiers. The distance travelled to services is variable and there are significant system coverage gaps across the districts. Some key issues are highlighted below:

- There are at present no Locally Enhanced Services (LES) GP services for alcohol and no structured day programmes in the districts areas.
- There is a lack of open access services across the districts offering advice and support for people who are concerned about their alcohol use across Leicestershire.
- In the criminal justice system there is limited capacity to carry out the Alcohol Treatment Requirements and very little support for alcohol treatment on release from custody.

The DAAT and its partners are undertaking an in depth drug and alcohol treatment review and are currently assessing the strengths and weakness of the whole treatment system with a view to reconfiguring it in the future. For more information on the treatment system please refer to the DAAT Alcohol Needs Assessment Document.

If you require information contained in this publication in another version eg large print, Braille, tape or an alternative language please call Jeff Hardy 0116 305 74342 or email jefferson.hardy@leics.gov.uk

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 7342 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા યત્ન કરીશું.

નેવર ડુવાઈ ઇસ નાસકારી ઠું સમજત વિચ વ્રષ મદદ ચાલીલી હૈ તાં વિરપા કરકે 0116 305 7342 નંબર કે ફોન કરે અરે અરે અસી ડુવાઈ મદદ લઈ વિસે હા પૂરવ કર દલાંગી.

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 7342 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں
0116 305 7342 اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 7342，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 7342, a my Ci pomożemy.

