Alcohol and multiple disadvantage

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Introduction

Substance misuse is one of the primary issues for many people experiencing multiple disadvantage. We know the harm that alcohol and other drugs can cause individuals, in terms of physical and mental health but also in terms of social connections, involvement in the criminal justice system and exploitation.

Recently, there has been much focus on drug treatment, with additional funding allocated for substance misuse treatment services in 2020/21 and the publication of Dame Carol Black's review on drugs. However, when discussing substance use among people experiencing multiple disadvantage there has been a tendency to focus on drugs, with alcohol given less attention despite the prevalence of its use.

Unfortunately, it is clear from discussions with individuals across the MEAM Approach and Fulfilling Lives networks that people facing multiple disadvantage experience significant barriers to accessing support for alcohol problems. Therefore, this briefing will focus specifically on alcohol and access to appropriate support and treatment.

To reduce alcohol related harm to this group it is important to understand both the reasons for high rates of consumption and the barriers to support.[1] In this document we:

1. Examine the level of alcohol consumption among people experiencing multiple disadvantage
2. Explore the types of alcohol related harm caused by alcohol consumption
3. Consider the role of treatment and recovery support in tackling alcohol harms
4. Investigate the barriers to support that people face
5. Consider the impact of Covid 19
6. Examine ways in which effective alcohol support can be provided.

To inform this briefing, we surveyed and interviewed MEAM Approach and Fulfilling Lives areas, carried out in-depth discussions with experts around alcohol support and analysed a range of government statistics and academic reports.

[1] Although we focus on alcohol within this document we appreciate that a significant proportion of the findings and analysis will be relevant to other drugs.

We hope this document will help demonstrate that alcohol use and appropriate support to tackle it should not be forgotten in the government's plans to improve the nation's health and in work to support people experiencing multiple disadvantage.

1. Prevalence of alcohol issues

Individuals are generally deemed to have an issue with alcohol if their drinking is 'harmful drinking'[2], which is defined as a pattern of alcohol consumption causing health problems directly related to alcohol. In England in 2018/19, there were 358,000 hospital admissions where the main reason was attributable to alcohol.[3]

The latest UK guidance defines drinking up to 14 units per week as 'low risk' for developing alcohol related health problems. This is equal to around 6 pints of regular strength beer, a bottle and a half of wine, or 7 large measures of spirts.[4] The Chief Medical Officer advises that men should not regularly drink more than 14-50 units per week, and women should not regularly drink more than 14-35 units per week. Men who regularly drink more than 50 units a week and women more than 35 units are described as 'higher risk drinkers' and are considered to be at particular risk of alcohol-related health problems.

Research has shown the extent of alcohol issues within certain vulnerable groups of people, many of whom will be facing multiple disadvantage. Research conducted in 2015 found that people who sleep rough consume far higher amounts of alcohol than the general population, with homeless individuals consuming 97.1% (males) and 222.1% (females) more units per week than the general population. Over half of the respondents who were homeless were categorised as 'higher risk' drinkers compared to only 4% of men and 3% of women in the wider population[5]. In addition, a 2010 study in Scotland found that 73% of prisoners assessed for alcohol issues indicated a degree of alcohol problems, with nearly two-thirds of sentenced male prisoners (63%) and two-fifths of female sentenced prisoners (39%) admitting to hazardous drinking prior to imprisonment. Of these, about half had a severe alcohol dependency[6]. The prevalence of alcohol dependence among people with psychiatric

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[2] The Alcohol Use Disorders Identification Test (AUDIT) is the one most frequently used tools. It separates hazardous and harmful drinking and indicates if someone is likely to be showing signs of possible dependence.
[3] https://files.digital.nhs.uk/D4/93337C/HSE19-Adult-health-behaviours-rep.pdf
[4] https://files.digital.nhs.uk/D4/93337C/HSE19-Adult-health-behaviours-rep.pdf
[5] *Understanding the alcohol harm paradox in order to focus the development of interventions*, Centre for Public Health, Faculty of Education, Health & Community, Liverpool John Moores University, 2015
[6] http://www.ohrn.nhs.uk/resource/policy/PrisonHealthNeedsAssessmentAlcohol.pdf

disorders is almost twice as high as in the general population. People with severe and enduring mental illnesses such as schizophrenia, are at least three times as likely to be alcohol dependant as the general population.[7]

Therefore, from the information that is available it is clear that it is extremely common for people experiencing issues related to multiple disadvantage to be engaged in harmful drinking.

Our survey of the MEAM Approach and Fulfilling Lives networks received responses from 30 areas. On average, they estimated that over 50% of the clients they are working with had significant alcohol issues. Approximately 10 areas said that the proportion was greater than 80%, with one stating it was over 95%.[8]

This survey was followed up by interviews with frontline professionals in 15 local areas across the MEAM Approach and Fulfilling Lives networks. The people we spoke to were frontline coordinators working intensively with clients and with an excellent knowledge of their circumstances. They stated that levels of alcohol consumption among individuals experiencing problems with alcohol were exceptionally high - more than 20 units daily, with repeated examples of people drinking upwards of 60-80 units a day in order to sustain themselves.

2. Alcohol related harm

Alcohol causes substantial harm to individuals and communities across the country. Below we highlight some of the main impacts it has on the lives of people facing multiple disadvantage.

- Trauma

Many people who develop issues with alcohol do so as a result of past traumatic experiences. Alcohol is often used as a maladaptive coping mechanism and a means of temporarily suppressing past traumas, mental health problems and as a way to get through days and nights spent rough sleeping.[9] For others alcohol may have been the cause of these additional issues. Regardless of the cause, high levels

[7] https://www.drugsandalcohol.ie/15771/1/cheers_report%5B1%5D.pdf
[8] A large number of these individuals were also thought to have additional issues with other drugs.
[9] *Knocked back: Failing to support people sleeping rough with drug and alcohol problems is costing lives*, St Mungos, 2020

of alcohol consumption negatively impacts mental health and risks prolonging trauma.[10]

- Physical health

Harmful levels of alcohol consumption have a direct negative impact on the health and wellbeing of people facing multiple disadvantage. Drinking high levels of alcohol seriously damages physical health, causing considerable impairment to the liver and other vital organs, drastically reducing healthy life expectancy.

It can lead to numerous medical complications that require regular medical care. Evidence suggests that alcohol related brain injury is present in a far greater proportion of drinkers (35% of dependent drinkers post mortem) than previously considered.[11] Furthermore, regularly drinking alcohol above weekly-recommended amount (14 units) increases the risk of high blood pressure, a leading cause of heart attacks and strokes. It is also associated with the onset of alcohol-related brain damage (ARBD), including 'alcohol-related dementia'[12]

Unfortunately, people experiencing multiple disadvantage often have poor access to primary and secondary healthcare, such as GPs and hospital services. Due to a lack of flexibility within healthcare services they may struggle to receive treatment for health conditions, meaning that for some they only receive care around alcohol related harm when things are critical, with access often through emergency services. Consequently, as people develop alcohol related health issues they may over time become chronic and deteriorate rapidly. Unfortunately, this can often result in premature death. There are no specific figures for people facing multiple disadvantage, but data for England and Wales show there were 7,423 deaths from alcohol-specific causes registered in 2020, a 19.6% increase compared with 2019 and the highest annual total since 2001.[13]

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[10] https://www.drugsandalcohol.ie/15771/1/cheers_report%5B1%5D.pdf
[11] https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/The-Blue-Light-Manual.pdf
[12] https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/images/Womens_Health_Strategy_Alcohol_Change_UK_June_2021.pdf
[13] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/quarterlyalcoholspecificdeathsinenglandandwales/2001to2019registrationsandquarter1jantomartoquarter4octtodec2020provisionalregistrations

- Seeking support

Professionals we spoke with repeatedly told us that for individuals experiencing multiple disadvantage, use of alcohol and/or alcohol dependence can create barriers to addressing other issues in people's lives, such as housing. For many, obtaining and consuming alcohol is the primary focus of their day, similar to dependency on other drugs. For people who are alcohol dependent, their need to consume alcohol often starts from the moment they wake up as they will soon begin to feel physically unwell. For many, alcohol addiction may not just be a psychological issue, their bodies may have become physically dependent on the substance and without it will react violently and begin to shut down, giving context to why people might go to certain lengths to acquire it. At its worst, alcohol withdrawal can be fatal.

Alcohol consumption can also be the reason why social contacts are reduced and why people struggle to proactively seek support. Often, services are not appropriately set up to engage people with alcohol support needs. For example, people under the influence of alcohol may present with challenging behaviour, and if services have not received the necessary training to respond appropriately, people may find themselves excluded from those services. We regularly see such exclusion across the local areas we support.[14]

- Criminal justice

It is extremely common for individuals facing multiple disadvantage with alcohol specific issues to be in contact with the criminal justice system.[15] Respondents reported that people can resort to theft, sex work or other activity that may result in police-enforcement in order to obtain alcohol. Similarly, we heard that people can miss probation appointments due to their alcohol consumption and people's behaviour may become more erratic to such an extent that they are recalled to prison.

[14] We are currently working on a specific piece of work focused on dual diagnosis and the exclusion from services which often results from this.
[15] https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2018-to-2019/alcohol-and-drug-treatment-in-secure-settings-2018-to-2019-report

3. Treatment options to tackle alcohol use

Support for people facing alcohol addiction can take many forms, from peer support and mutual aid to a range of psychosocial interventions. Some of these are delivered in the community, while others require a residential setting.

- *Community-based treatment*

Depending on an individual's needs, community-based alcohol support services may offer one-to-one counselling or group counselling. More structured therapy can also help some people to address their alcohol use and in some cases, people will be offered medication to support their treatment. Community-based treatment offers people with an alcohol dependency the opportunity to address their needs in a flexible way with the help of their key worker – for some people this will involve stopping drinking altogether, while for others it will mean developing a healthier approach to their drinking and its harmful effects.

- *Peer support*

Peer support is often another vital component of an individual's recovery journey. Mutual aid groups like Alcohol Anonymous are often hosted by treatment providers to run their group sessions, bringing together people with alcohol problems to share their experiences and find support from others on their journey.

Many people are able to find a healthier way forward through this support, but a significant number, particularly people facing multiple disadvantage, will need more intensive interventions, including detox and residential rehabilitation. However, years of disinvestment coupled with a fragmented approach to commissioning has left these highly effective, high-intensity, high-cost interventions out of reach for many in need.

- *Detox*

Detox describes the period an individual goes through when the alcohol is leaving their system and their bodies go into withdrawal. Individuals can be supported to carry out community detox, in which they detox with support of certain prescribed medications in their own homes with some support, or residential detox which takes place in a health-based facility with clinical supervision. Unmanaged withdrawal from alcohol can be particularly dangerous, and can prove fatal. Therefore, support and supervision during a detox period is required to reduce the risk of harm.

Many of the experts we spoke to said that individuals were consuming such high amounts of alcohol that it would be extremely difficult for them to focus on addressing other issues in their lives unless they reduced their alcohol intake. In order to do that safely, detox is necessary.

During our research with MEAM Approach and Fulfilling Lives areas it was repeatedly stated that for people facing multiple disadvantage it is preferential for alcohol detox to take place in a residential setting. Community detox was not seen as appropriate for most in this group. Respondents provided a range of reasons for these views.

Firstly, they pointed to the significant benefits to be gained from residential detox. Going to a residential detox ensures that medical supervision and appropriate wrap-around care are readily available. It also allows individuals to move away from their current surroundings and circumstances, which are often linked to their alcohol consumption. Residential detox provides individuals with the right environment in which they can begin the journey of addressing their alcohol consumption.

Conversely, respondents reflected on some of the major challenges to community detox for this group. This includes a lack of appropriate accommodation in which to undertake community detox, with people sleeping rough or living in inappropriate unsupportive accommodation particularly impacted. Withdrawal can be very painful and distressing, not something to be done while trying to struggle with tasks such as finding shelter or enough food to survive. Levels of medical supervision will also be less than in a residential detox setting.

In addition to this, support from family and friends is often important to help people get through detox in community settings. Unfortunately, a lot of people experiencing multiple disadvantage have lost that family support and connection in the past, or it never existed or has become fractured. In a residential detox setting the staff are able to provide some aspects of this personal support.

Finally, advice says that detox is made easier by occupying your mind with other positive things. For people facing multiple disadvantage this is likely to be easier in a residential setting rather than in community settings that can be unstable and often chaotic.

The detox process

Every person reacts to alcohol withdrawal differently, so there is no definitive timeline that applies to every situation. Stage I begins with the onset of detox and lasts between eight and 24 hours. During this period, the patient begins to experience symptoms such as anxiety, insomnia, and nausea. These are the first signs that the brain and body are trying to deal with less alcohol in the system.

Stage II is typified by more intense withdrawal symptoms including high blood pressure, increased body temperature, fever, and tremors.

Stage III begins with the peaking of withdrawal symptoms that may include seizures, agitation, and hallucinations. Once at peak, withdrawal symptoms gradually subside over the course of the next 3 to 6 days. Stage III is usually complete somewhere between day 7 and day 10.

- *Rehab*

Rehabilitation describes a period of support and treatment, which often takes place after detox. Residential rehabs are care facilities to support people experiencing addiction in a setting that allows them to focus on their physical and mental wellbeing. Some rehabs may even provide detox facilities themselves. Many people who choose to pursue residential treatment will have previously engaged in community interventions and come to a point where they feel they are ready to enter rehab.[16] Residential rehabs will vary in their particular approach. Many will be grounded in the 12-step programme or another mutual aid programme, but a broader therapeutic programme could also include counselling, group therapy, art and creative workshops, and helping the local community.

Similarly to detox, the experts we spoke to as part of our research believed that residential rehab was particularly important for people experiencing multiple disadvantage. The UK's clinical guidelines say that residential rehabs are *'especially*

[16] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

suitable for those with the most complex needs and for those who "have not benefited from previous community-based psychosocial treatment".[17]

Residential rehab provides individuals the space and time to confront issues and underlying causes that have led to their alcohol and other substance issues, often via 12-step programmes or mutual aid groups that help people to address broader life concerns such as relationships and wellbeing, as well as reduced substance use. It allows them the chance to focus predominantly on this and for a time not to worry about other issues, such as daily survival while sleeping rough. It also places them in a setting surrounded by others who will at the very least be somewhat similarly motivated to stop their harmful drinking, and away from others who are continuing to consume alcohol. It offers people a period of stability they may not have had for a considerable time and a chance to rebuild positive social connections.

Most importantly perhaps it allows a group of individuals and staff to build positive and trusting relationships. This can mean so much to people's ability to accept support and confront issues around their substance use, while also potentially impacting other aspects of their lives. As a result, individuals might feel more comfortable asking other agencies for support in the future.

4. Barriers to support

Despite alcohol treatment being particularly important for this group, it can at times be particularly difficult for individuals to get access to and receive this support. Research focused on the general population shows that just 1 in 5 adults who would benefit from alcohol support do so.[18] The number of people receiving alcohol support has also reduced over recent years.[19]

There is limited national data on the proportion of people accessing alcohol support who also experience multiple disadvantage.[20] Our research with the MEAM Approach and Fulfilling Lives networks found that 80% of areas reported that less than 20% of

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[17] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

[18] https://www.gov.uk/government/publications/alcohol-treatment-inquiry-summary-of-findings/phe-inquiry-into-the-fall-in-numbers-of-people-in-alcohol-treatment-findings

[19] https://www.gov.uk/government/publications/alcohol-treatment-inquiry-summary-of-findings/phe-inquiry-into-the-fall-in-numbers-of-people-in-alcohol-treatment-findings

[20] National data on individuals in alcohol treatment include information about other problems that people face, such as housing or mental health problems, but do not provide information on those who experience a range of problems simultaneously.

their clients who had alcohol issues were currently accessing support for it. This mirrored the feedback from professionals and experts by experience who we spoke with. Below we highlight the main barriers to support that we identified:

- *Secondary concern*

In 2018, Public Health England (now the Office for Health Improvement and Disparities) investigated the decreasing number of people receiving alcohol support. One of the potential reasons cited was a loss of focus on the specific needs of alcohol users and lack of alcohol specific treatment pathways within integrated substance misuse services. This was seen to be the result of commissioners merging contracts for alcohol-specific support into larger overall substance misuse treatment contracts over recent years, often primarily as a result of reduced budgets.[21] Research has found that that the national rise in alcohol-related hospital admissions may be fuelled by local authority funding cuts to specialist alcohol treatment.[22]

A substantial proportion of people experiencing multiple disadvantage with alcohol issues also use other substances, and in many cases will already be receiving some form of support such as opioid substitute treatment, although a large proportion will also not be in contact with treatment.

For those individuals who are accessing treatment, professionals we spoke with told us that alcohol can be viewed as the secondary problem, with other drug use, for example heroin, taking priority in the eyes of the substance misuse provider. As these other substances may present a greater risk to people's lives, services can understandably prioritise treating a person's drug issue, which can unfortunately result in their alcohol dependency and the harm that it causes, going unaddressed.

- *Lack of flexibility*

At times, often due to high caseloads, there can be a degree of inflexibility within substance misuse support services. This can lead to generic offers of support being made to individuals with limited consideration given to their personal circumstances. The frontline staff and people with lived experience that we spoke to felt this was

[21] https://www.gov.uk/government/publications/alcohol-treatment-inquiry-summary-of-findings/phe-inquiry-into-the-fall-in-numbers-of-people-in-alcohol-treatment-findings
[22] https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/relationship-between-alcoholrelated-hospital-admission-and-specialist-alcohol-treatment-provision-across-local-authorities-in-england-since-passage-of-the-health-and-social-care-act-2012/A27B20A94117D4933E0026EE96EC45A9

particularly the case for alcohol-specific support within wider substance misuse services. The offer of support around alcohol made to individuals facing multiple disadvantage was often the same as the offer made to the general population, with little appreciation of the chaotic nature of individuals' lives or the interplay between alcohol problems and other support needs. One example we were repeatedly told about was individuals being told to keep drink diaries, keeping a note of all the alcohol they consumed over a set period of time. This kind of task is far more difficult for people who may be experiencing issues such as mental health problems and homelessness.

Without time for support staff to build relationships and offer a more personalised support plan, some vulnerable drinkers facing multiple disadvantage find it difficult to comply with criteria set by some services for commencing and maintaining treatment support. They may not be in a position to keep appointments or follow all the set rules, and can therefore be discharged from services. Again, inflexible provision disproportionately impacts people facing multiple disadvantage.

Another example provided was the offer of alcohol support through group work. Many people thrive in those environments, appreciating the peer support that they offer. However, group settings can be very intimidating to people experiencing multiple disadvantage, who may not feel comfortable or in a position to share with others, finding it too traumatic and distressing. Furthermore, research has shown that there is a lack of services that provide alcohol treatment specifically for women, who may be fearful of accessing male-dominated group settings.[23] In many cases, in order to get more specific and structured alcohol or substance support an individual is required to attend a certain amount of group work sessions, which may deter individuals facing multiple disadvantage.

- *Reduction in assertive outreach*

Individuals experiencing multiple disadvantage regularly have a lack of trust and faith in the system and services. This is often as a result of past experiences of support services or simply a sense of being let down repeatedly by those who were supposed to protect them. Therefore, they can be reluctant to come forward and ask for support in the same way that the general population might. Providing assertive outreach is vital, with staff going out into communities to engage directly with

[23] https://www.mappingthemaze.org.uk/wp/wp-content/uploads/2017/09/Mapping-the-Maze-executive-summary-for-publication.pdf

individuals and demonstrate to them the support they can offer and that they can be trusted.

There have been substantial cuts to substance misuse services over the past few years. In some places this reached up to 50% of their alcohol support budgets. This has resulted in cuts being made to service provision, with a significant impact on assertive outreach. The ability for staff to go out into communities and actively seek to engage with individuals in places that suit them best has been significantly reduced, ultimately having a disproportionate impact on those experiencing multiple disadvantage.

- *A lack of partnership working*

In the report referenced above, Public Health England stated that one of the reasons for the overall fall in the number of people in alcohol treatment was a reduction in referrals from other agencies and multiagency working. This is particularly concerning for people experiencing multiple disadvantage.

Partnership working between alcohol support services and other agencies is vital if people facing multiple disadvantage are to be able to access alcohol support and address the other issues they face simultaneously. Increased knowledge of and confidence in other local support services should increase referrals to alcohol support teams. For example, when someone leaves prison with an alcohol issue it is important that they access alcohol support as soon as possible. Improving the connection between the prison and the local alcohol treatment service will enhance the chances of the individual getting support on release.

- *Dual Diagnosis*

Very often, people experiencing multiple disadvantage and alcohol problems will also experience co-occurring mental health issues. The MEAM Approach and Fulfilling Lives networks regularly report that individuals experiencing substance issues struggle to access mental health support.[24] The inability or unwillingness of mental health services to support people in this situation has a negative impact on individuals and means that they can often struggle to engage with the alcohol or substance misuse support on offer.

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[24] Fulfilling Lives Evaluation, 'Improving access to mental health support for people experiencing multiple disadvantage', January 2020. For further information on these issues please see the Year 4 MEAM evaluation thematic report on statutory mental health services.

- *Outcome measurement*

Alcohol support contracts heavily based on key performance indicators can be detrimental to people experiencing multiple disadvantage. If a service is due to meet certain outcomes, such as a proportion of people engaging with services for a period of time and successfully addressing their alcohol issues, there is less of an incentive for commissioned services to work with individuals facing multiple disadvantage. There is an assumption that these individuals are less likely to stop consuming, and likely to take more time and resources to support than other individuals. Given the extremely wide range of people across the general public that consume alcohol and could benefit from support, this type of outcome measurement and the choices it incentivises services to make, can be particularly problematic for people facing multiple disadvantage.

- *Funding*

Spending on treatment has reduced significantly because local government budgets have been cut. Recent research found that local authority funding for drug and alcohol treatment services fell by 27 per cent between 2013 and 2019, removing £212 million from the system.[25] Locally, there is significant variation, with some local authorities having reduced treatment expenditure by 40%.[26]

In January 2021, the government announced an additional £80 million, as part of a broader crime package, to be invested in drug treatment services across England. In August, the second part of the Black Review on drugs made 32 recommendations to government, including recommending £1.78 billion new money over five years for drug and alcohol treatment services. The government subsequently announced the creation of a cross-government drug policy unit and long-term drugs strategy.[27] Whilst this is welcome and demonstrates the importance that government has placed on drug treatment, alcohol use should not be forgotten in the government's plans to improve the nation's health.[28]

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[25] https://onlinelibrary.wiley.com/doi/full/10.1111/dar.13307
[26] https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery
[27] https://www.gov.uk/government/publications/independent-review-of-drugs-by-dame-carol-black-government-response/government-response-to-the-independent-review-of-drugs-by-dame-carol-black
[28] http://meam.org.uk/wp-content/uploads/2021/10/MEAM-submission-to-Comprehensive-Spending-Review-September-2021.pdf

Barriers to detox and rehab support

As described above, detox and rehab services can be very important for individuals facing alcohol issues and multiple disadvantage. Unfortunately, respondents in our research indicated serious levels of concern about access to both community and residential detox and rehab, especially for people experiencing multiple disadvantage. The vast majority of the areas we spoke to (over 75%) said that less than 20% of people they supported with alcohol issues and multiple disadvantage had been offered detox in the last year. Over half said it was very difficult to get this group into detox and rehab services. There were concerns in some areas that residential detox facilities were essentially non-existent or next to impossible to access for this group. One of the most concerning responses was that 80% of areas said that it had become much more difficult to secure access to these services for their clients over the past five years.

These challenges reflect the broader trends around access to detox and residential rehab for anyone with a substance misuse problem – referrals into these services have dropped by two fifths since 2014/15.[29] Less than one per cent of England's in-treatment population is in a residential rehabilitation setting, against a European average of 11 per cent[30].

For some people experiencing multiple disadvantage the greatest likelihood of them going through detox is when entering prison or going into hospital for other health issues. The problem with this is that the detox is thrust upon the person, they are not prepared for it and in most cases there is no follow on rehabilitation.

Commissioning alcohol detox and rehab services

The way in which detox and rehab services are commissioned and funded across England is relatively complicated. In short each local authority allocates money from their substance misuse funding (through the Public Health Grant) towards paying for detox and rehab support. In some local areas commissioners retain responsibility for managing this budget and allocating detox and rehab spaces while in others this is commissioned out to the local substance misuse treatment provider.

[29] https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2019-to-2020

[30] https://www.emcdda.europa.eu/system/files/publications/813/TDAU14005ENN_475698.pdf

Some local authorities will pay to have specific detox provision allocated to them and their clients all year round, for example two bed spaces which they can constantly fill. Others will pay for detox on a more case-by-case basis through a variety of framework agreements, utilising a range of detox providers.

Residential rehab is provided for on a case-by-case basis with local authorities paying for individuals to stay in specific rehab centres, usually from a list of preferred providers, for set periods of time depending on their specific circumstances and needs.

Further resources about alcohol treatment commissioning practices can be accessed here.

- *Funding*

The provision of detox and rehabilitation is the responsibility of local authorities and has been impacted by the funding cuts described above. A wide range of respondents in our research discussed the impact these funding cuts had had on their ability to pay for alcohol detox and rehab placements. Some areas had seen cuts to their overall alcohol treatment support of up to 50% over the past five years. In some places this had led to their budget for detox and rehab being reduced by an equivalent amount and up to 80%.[31] Therefore, there simply isn't sufficient detox and rehab provision available. Nationally, there are currently only six NHS Inpatient Detox units in operation in the UK.[32] We repeatedly heard that decisions about rehab and detox were at times being made due to financial reasons and not purely clinical need.

As part of the government's recent £80m funding announcement referenced above, there was a commitment to direct a substantial portion of this new money towards detox provision, specifically medically managed inpatient detox. This is welcome and could make a significant difference to local availability. It is imperative that as this new funding is being allocated commissioners take into full consideration the needs of individuals facing multiple disadvantage, particularly those with the most complex needs.

[31] The number of inpatient detoxes delivered by local authority commissioned specialist alcohol and drug treatment services reduced from 17,740 in 2014/15 to 11,355 in 2018/19, a fall of 36%.
[32] https://www.nhsapa.org/ipn

- *Prioritisation and eligibility*

Reduced availability of detox and rehab has led to the introduction of stricter eligibility criteria being put in place in order for individuals to access detox. As bed spaces are limited, people may have to demonstrate motivation by attending several sessions before being entitled to apply for detox, which as noted above can be a particular barrier to access for people experiencing multiple disadvantage. We repeatedly heard that when funding is limited people facing multiple disadvantage were often likely to be towards the bottom of the list. Doctors and others making eligibility decisions will prioritise those who they see as being more likely to complete the detox and move on towards recovery. This means access to detox can be particularly difficult for people who have failed before or have a range of support needs. Many people facing multiple disadvantage and alcohol issues will be in this situation.

One respondent told us that to access detox and rehabilitation services in their area, people need to attend groups twice a week for two months to prove their willingness to engage in order to be eligible. Keeping regular appointments for that length of time can be very difficult for people experiencing multiple disadvantage. Something that we know from our work generally is that creating a competition for places, without specific safeguards, often means people facing multiple disadvantage lose out.

It is vital that the new additional government funding that is being earmarked to increase detox provision does not exclude individuals experiencing multiple disadvantage, that safeguards around eligibility processes are in place and that there is detox and rehab provision available that can support the needs of people facing multiple disadvantage.

- *Grant making process*

In some areas people still have to appear before a panel of professionals in order to receive funding for residential detox or rehab.[33] This process can involve individuals having to sit in front of a group of professionals and discuss why they want a

[33] Some members of the general population may be able to afford to pay for their own stay but not those experiencing multiple disadvantage.

placement, something we were told could be hugely traumatising for individuals. It can appear to individuals that the decision makers are pulling apart their circumstances and trying to determine whether or not they are '*worthy*' of a place. It makes people avoid the process, particularly if they think there is minimal chance of succeeding anyway.

Some of the professional experts we spoke to discussed losing faith in the process and '*not bothering*' putting some of their clients forward because they didn't believe they would get detox or rehab but would have their confidence shaken by the process.

- *Rehab and aftercare plans*

We spoke to a few areas in which the local substance treatment providers were very flexible and accommodating in terms of access to alcohol detox for people experiencing multiple disadvantage, which they were responsible for commissioning.

Some areas had proactively taken steps to reduce the demands on individuals for access to detox, such as attending group work or proving they had reduced their consumption by certain points.

Unfortunately, however, these areas were still not willing to grant detox access to people unless there was adequate aftercare provision and support in place for when the person came out of detox. This might be provided through residential rehab, social care plans, Housing First provision or the provision of other local intensive support. The concern is that the individuals requiring detox have a range of additional issues and support needs and that the detox would prove unsuccessful even in the very short term without the aftercare support. The local areas felt they couldn't justify spending the money on the individual and potentially preventing someone else from accessing the detox space if follow on aftercare or rehab wasn't available.

Covid, alcohol and multiple disadvantage

Our research suggests that Covid has highlighted to a larger group of people the extent of alcohol issues for people experiencing multiple disadvantage and the knock on impact this has for their wellbeing and of those around them.

During the early stages of the pandemic, we were frequently told by local areas across the MEAM Approach and Fulfilling Lives networks that one of the main

concerns for the individuals placed in temporary accommodation as part of the 'Everyone In' strategy, was that they would not be able to social distance or self-isolate because of issues around alcohol consumption. This was particularly the case for people facing multiple disadvantage. It was felt that individuals would not be able to go any length of time without consuming alcohol. This meant they would have to go out regularly, putting themselves and others at risk, and potentially leading to challenging behaviour when under the influence of the alcohol.

This became quickly apparent across the country, with some areas being better prepared and trained to deal with it than others. In some locations, proactive steps were taken to ensure alcohol support was provided within the temporary accommodation settings. Links were developed between those providing the housing support and local substance misuse treatment providers in many places, some of which were well established prior to the crisis making things considerably more straightforward. There was an appreciation that there was an opportunity to try and engage with people who they may have been unsuccessful with in the past. Flexibilities were developed around alcohol support so that assessments could be carried out rapidly and support provided online quickly, with regular contact with support workers.

For some people with alcohol issues there was an increased incentive to try and address their alcohol consumption, as they were more concerned about their health and wellbeing. It might also have been the first period in a substantial length of time that they were in stable and appropriate accommodation.

However, this was also a particularly anxious time for people generally, especially those experiencing multiple disadvantage. Individuals' housing may have changed rapidly, their support structures were removed from them and many had concerns about the virus due to underlying existing medical conditions. This might have led to people turning more to alcohol as a coping mechanism. There is also the possibility that with drug supplies being disrupted more people turned to alcohol.

5. Providing effective alcohol support

There is growing evidence of what works for engaging people experiencing multiple disadvantage and alcohol issues with support services. The work of Mike Ward and Mark Holmes and their development of Blue Light[34] has been exceptionally valuable.

[34] https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project

It has demonstrated that with concerted effort local areas can provide effective support to 'change resistant' drinkers, who frequently experience multiple disadvantage. Blue Light programmes have been implemented in a wide range of local areas. Their impact on the wellbeing and health of individuals has helped improve knowledge of what works to support people and to influence change across entire local support systems.

Specific projects have also been established in different parts of the country to work with individuals with alcohol issues who are likely to be experiencing multiple disadvantage. One example is the We Are With You Cornwall social impact bond,[35] which is focused on people who frequently attend A&E as a result of alcohol issues, with the majority experiencing multiple other issues alongside alcohol. Another illustration is Salford's alcohol assertive outreach team for frequent hospital attenders.[36] It is composed of medical, psychiatric, substance misuse, psychology, and nursing and social work specialists.

An analysis of these projects along with the views of alcohol experts and respondents from the MEAM Approach and Fulfilling Lives networks suggest there are key things that need to be in place for the provision of effective alcohol support for individuals experiencing multiple disadvantage.

Below we highlight some of the key practices and steps that can be taken by government, commissioners and local treatment providers to make the most of this opportunity to provide effective alcohol support.

- *Multi-agency*

Providing support around alcohol for people facing multiple disadvantage can't simply be left to the local substance misuse treatment provider. There needs to be a multi-agency response, with other organisations involved to simultaneously support other co-occurring issues such as mental health. Local agencies must offer a coordinated response to ensure they respond appropriately when dealing with an individual, for example the police reacting in an informed way to individuals who might otherwise be deemed to be involved in anti-social behaviour. The development of clear pathways of alcohol support and training on alcohol and multiple disadvantage should be prioritised for local systems.

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[35] https://images.bigissueinvest.com/2020/12/OIF-Report.pdf
[36] https://fg.bmj.com/content/4/2/130

- *Building trust*

People facing multiple disadvantage may have struggled to access support in the past. They may have been repeatedly knocked back, excluded or ignored by those services meant to help and protect them. Creating relationships with key workers and developing trust and confidence is vital to break this down and provide effective support. Simple changes, such as making sure that people see the same worker every time, aren't passed from one member of staff to another, and are given additional time to become comfortable with workers can make a big difference.

- *Trauma informed*

Staff supporting people experiencing multiple disadvantage need to understand and appreciate that individuals may be consuming alcohol as a response to previous traumas. Services need to offer a trauma-informed response, shaping support appropriately and responding to any challenging behaviour from individuals in a trauma informed manner.

- *Commissioning*

All alcohol support contracts must have specific assertive outreach support built into them. Commissioners should be obliged to include this into all future tenders and contracts. All substance misuse treatment contracts should also be designed with individuals with direct experience of alcohol and multiple disadvantage and seek to provide more personalised support for this group. Individuals should not be forced to partake in group work sessions, particularly as a demonstration of motivation before being able to access structured alcohol support programmes.

- *Flexible support*

The alcohol support offered should not be rigid but adaptable to an individual's specific circumstances. That means exceptions must be made, such as allowing people to miss appointments without removing them from the service. It also means personalising support and avoiding routine offers such as drinks diaries and group work, as noted earlier in this report.

- *Strengths-based and coproduced*

The support provided needs to be designed and coproduced with the individual, not simply seen as something given to them. People need to be involved in deciding how they are going to address their alcohol consumption. Support should be focusing on individual's strengths and ambitions and not just their weaknesses or needs.

- *Every opportunity counts*

Individuals facing multiple disadvantage and with alcohol problems will need numerous opportunities to engage with support. They may disengage from services, they may refuse support at times or return to high levels of consumption. Support needs to be offered regularly and as frequently as possible, and is particularly important when individuals come into contact with the local support system, such as healthcare and criminal justice settings.

- *Funding*

The recent government funding announcements include specific provision to increase detox and rehab provision across the country. As noted above, it is vital that there is investment across all substances, including alcohol and that commissioners take into full consideration the needs of people experiencing multiple disadvantage as funding is allocated. It is particularly important that the new funding does not exclude individuals experiencing multiple disadvantage, that safeguards around eligibility processes are in place and that there is specific detox and rehab provision available that can support the needs of people facing multiple disadvantage. There should be a review of the barriers that people experiencing multiple disadvantage face in accessing detox and rehab support, and a clear plan in place to address these.

- *Gender and race specific services*

Research has shown that there are particular gaps in services that provide alcohol treatment for specific groups, including women and Black and racially minoritised people. Less than half of local authorities in England currently provide substance misuse services specifically for women, with a tiny number of these being specifically for Black and racially minitorised women experiencing multiple disadvantage.[37] Services need to offer support that meets the needs of specific groups rather than generic services.

- *Effective links with criminal justice interventions*

As mentioned above, people facing multiple disadvantage often come into contact with the criminal justice system as a result of alcohol issues. They may commit minor

[37] https://weareagenda.org/wp-content/uploads/2017/10/Mapping-the-Maze-final-report-for-publication.pdf

offences as a result of their alcohol consumption or breach license conditions leading to the potential for imprisonment.

Diverting these individuals away from the criminal justice system and towards treatment has been proven to have significant benefits for the individual and reduce the potential for future reoffending.[38] Additionally, increasing the use of community sentence treatment requirements (CSTRs), which aim to reduce reoffending by addressing the mental health, substance and alcohol misuse issues for people in contact with the criminal justice system, has proven to have similar benefits. There is a general commitment in the government's sentencing white paper to increase the use of CSTRs alongside £2.5 million in funding being allocated to the programme in the Mental Health Recovery Programme (announced earlier this year), indicating a continued investment from the government.[39] Furthermore, Dame Black's recently published review of drugs made compelling recommendations regarding the expansion of CSTRs across the entire country allowing for more individuals struggling with substance issues to be diverted from the criminal justice system.[40] Although CSTRs have been underused to date, there is a continued and welcomed commitment from the government to increase their usage and to ensure that individuals in need of support are able to access it.

When individuals are in prison or under probation supervision every opportunity should be used to ensure they are accessing support for their alcohol issues. There have been a range of announcements over recent years about the use of sobriety tags for certain offending behaviour related to alcohol.[41] It's vital that these are only applied to people facing multiple disadvantage after consultation with them and alongside alcohol treatment.

Conclusion

Alcohol is a significant issue for many people experiencing multiple disadvantage. There is some excellent work happening to support these individuals to address their levels of consumption, to help them stabilise and to begin living less chaotic lives.

However, not enough people experiencing multiple disadvantage are able to access

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[38] https://justiceinnovation.org/sites/default/files/media/documents/2019-06/cji_pre-court_diversion_d.pdf
[39] https://www.gov.uk/government/news/mental-health-recovery-plan-backed-by-500-million
[40] https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#improvements-to-research-and-how-science-informs-policy-commissioning-and-practice
[41] https://www.gov.uk/government/news/sobriety-tags-launched-in-england-to-tackle-alcohol-fuelled-crime

alcohol support, and there are still numerous barriers in their way. The recent government funding announcements offer an excellent opportunity to address these issues, but this will require a specific focus on multiple disadvantage.

In the meantime, local MEAM Approach and Fulfilling Lives areas wishing to discuss alcohol-related issues further should contact their MEAM partnership manager. For policy enquiries, or further information about this briefing please contact Jacob.foreman@meam.org.uk