



Public Health BERKSHIRE WEST

Berkshire West Drug and Alcohol Needs
Assessment, 2022

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Executive summary

This report is an assessment of the available data describing how the population of Berkshire West is affected by problem drug and alcohol use. This includes direct and wider harms. It provides the local Combatting Drugs Partnership (CDP) a quantitative baseline on which to develop a plan of action to reduce drug and alcohol-related harm. This is part of a continual, iterative process of review and improvement. Our process of intelligence gathering does not stop here. The CDP will take the findings of this report to encourage discussion amongst professionals and with those with lived experience, to produce the local insight that will improve lives and prevent further harms.

The national statistics around drug and alcohol-related harms are stark and this is a picture that is reflected to a greater or lesser extent across Berkshire West. There are an estimated 6,000 adults across Berkshire West who have problem drug or alcohol use with rates per population higher than the England average in Reading, particularly around opiate use. There is a large gap between those estimated to require treatment and those who are currently accessing. This is particularly true of those affected by problem alcohol use. We need work in partnership and in communication with our communities to improve access and to reduce stigma. We need to ensure that all who need help, get help.

The immediate and wider harms related to problem drug and alcohol use in Berkshire West are clear. Each year, around 150 deaths in Berkshire West are alcohol related and a further 20 are related to drugs. Each of these are lives cut short by potentially preventable causes. Approximately 2,500 hospital admissions are due to alcohol specific causes, poisoning by drug misuse, or drug related mental and behaviour disorders, placing heavy demands on hospital services. Reflecting the prevalence and pattern of problem drug and alcohol use, Reading sees a higher rate of deaths and admissions than the national average. Across Berkshire West there has been an increase in young people admitted to hospital due to substance misuse.

There is a strong association between problem drug use and violent crime. 30% of those suspected of a serious violent crime in the Thames Valley have previous history of drug use/supply and drug-related homicides are increasing. Rates of directly drug related crimes are higher than the England average in Reading. Potentially associated with targeted policing, the recording of crimes relating to the possession of cannabis and drug trafficking are on the rise.

We know of 375 children in Berkshire West who are living with adults who are in drug or alcohol treatment. The numbers living with an adult who has problem drug or alcohol use who are not accessing formal treatment will be much higher. We have a duty to ensure that every one of these children are protected from harm and can thrive.

We know little of those who are using drugs and alcohol to a problematic extent who are not yet in formal treatment. This is a knowledge gap that needs to be addressed. It means that we must rely on the characteristics and needs of the treatment population to identify patterns and translating this to the whole population should be done with caution so as not to push hidden need even further out of sight. The treatment population in Berkshire West

are most likely to be opiate users and analysis will be skewed towards to characteristics and needs of this group. Rates of people in drug treatment are increasing across Berkshire West, driven in by opiate users in treatment in Reading. Males are more likely to be in drug treatment than females though no gender difference is found amongst those in alcohol treatment. 20% of those in treatment report a disability and all but the Asian ethnic group are overrepresented in the treatment population.

We see an increase in cannabis use amongst the treatment population particularly in West Berkshire, and an increase in the use of cocaine amongst people living in West Berkshire and Wokingham. Use of alcohol and opiates/crack have remained more stable in comparison. This reflects the need to educate our communities about the dangers of “recreational” drug use and we should be doing this from a young age to prevent a further generation from harm. The rates of non-opiate users and young people in treatment in West Berkshire are worthy of further investigation to assess whether this is due to better access, potentially afforded by less demand in the system from opiate drug users, or due to underlying levels of problem non-opiate use in the population.

Early prevention and intervention should be the ultimate aim of any system but, for those who require drug and alcohol treatment, the summary measure of success is people who leave treatment free of dependency and who do not represent within six months. Annual successful completion rates for opiate users are around 3% of the total treatment population and for non-opiate users they are around 30%. Successful completions of treatment are lower in Reading compared to the England average for people who are non-opiate drug users and early unplanned exits are higher.

Abstinence rates at 6-month review are amongst in-treatment outcomes that are very good predictors of successful completion and non-representation. Abstinence rates from cocaine and, to a lesser extent, cannabis, have fallen in Berkshire West and abstinence rates from alcohol are lower than those for illegal substances. Coupled with the increase in the rate of these substances been reported as being used by the treatment population, this potentially indicates a growing need around treatment of non-opiate problem drug use.

We see very little shift in the numbers of people in drug and alcohol treatment who are in employment by 6-month review and employment is lowest amongst people in drug treatment. There is relatively more success when it comes to improving housing issues but more still needs to be done. These are both key wider issues that need to be addressed if we are to see an improvement in successful completion of treatment.

Given the fact that with the support of treatment services, many people successfully recover from drug and alcohol dependence only to later die of their untreated smoking dependence, the finding that 83% of adults living in Berkshire West starting drug treatment during 2020/21 were identified as smoking tobacco is of note and concern. Tobacco smoking is higher amongst the adult drug and alcohol treatment population in Berkshire West compared to the England average and there is a need to investigate the minimal number of smoking interventions offered through drug and alcohol treatment services.

57% of adults in drug treatment and 61% of adults starting alcohol treatment were identified as having a mental health treatment need at the start of treatment with 70% and 80% already accessing mental health support. Just 53% of young people identified with a mental health treatment need at the start of drug and/or alcohol treatment were accessing treatment. This serves to reinforce the call for integration between drug and alcohol services and mental health services.

This report shows clear differences in pattern of problem drug and alcohol use, and associated harms across the three local authority areas. These differences serve to highlight the importance of tailoring services across and within all levels of prevention to match population need.

In addition to gaining insight for those with lived experience, the needs assessment has identified additional data gaps around County Lines closures and measures of the quality of the support offered in drug and alcohol treatment services, particularly in relation to psychological interventions. Drug and alcohol markers within neighbourhood crime data are often not completed so it is not yet possible to quantify the impact of drug and alcohol on these incidents. Finally, there is a need to join up the findings of this needs assessment and subsequent strategic direction to wider analysis and workstreams around inequalities and vulnerable groups as well as the wider determinants of health including education.

The CDP will take these findings forward into the local Combatting Drugs Strategy. The CDP will also use this report and the strategy to outline how progress will be measured, answering the following key questions:

- How can we measure if our residents' lives are improving?
- How can we measure if specific services are being delivered well?
- How are we doing now on the most important of these metrics?
- Which partners have a key role to play in doing things between?
- What initiatives do we know work to improve things?

Acknowledgements

This needs assessment has drawn in information from several existing reports. These include:

- Wokingham's Mental Health Needs Assessment – Substance misuse chapter
- West Berkshire Building Communities Together Strategic Assessment
- Wokingham Community Safety Partnership (CSP) Strategic Assessment produced by Starby Consulting
- Reading CSP Strategic Assessment produced by Starby Consulting
- Thames Valley Violence Reduction Unit Strategic Needs Assessment

Background

Introduction

The report has been produced by the Berkshire West Combatting Drugs Partnership (CDP). This partnership is accountable for the local delivery of the National Combatting Drugs Outcomes Framework (Figure 1). The report represents an initial assessment of evidence and data to understand better the local issues and patterns of drug and alcohol-related harm. The report provides the basis on which the partnership will develop a local plan of action to reduce drug and alcohol-related harm.

Figure 1: National combatting drugs outcomes framework

National Combatting Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
What we will deliver for citizens (strategic outcomes)	Measured by:
 Reducing drug use	<ul style="list-style-type: none"> the proportion of the population reporting drug use in the last year (reported by age) prevalence of opiate and/or crack cocaine use
 Reducing drug-related crime	<ul style="list-style-type: none"> the number of drug-related homicides the number of neighbourhood crimes
 Reducing drug-related deaths and harm	<ul style="list-style-type: none"> deaths related to drug misuse hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	Measured by:
 Reducing drug supply	<ul style="list-style-type: none"> the number of county lines closed the number of moderate and major disruptions against organised criminals
 Increasing engagement in drug treatment	<ul style="list-style-type: none"> the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) continuity of care – engagement with treatment within three weeks of leaving prison
 Improving drug recovery outcomes	<ul style="list-style-type: none"> the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use <p>Key additional components integral to recovery include housing, mental health, and employment</p>

HM Government, *From harm to hope: guidance for local delivery partners*

The report covers the population of Reading, West Berkshire, and Wokingham local authorities which are collectively referred to as Berkshire West. Information for Berkshire West and its component local authorities is split into four main report sections, the first three look at:

- 1) People affected by problem drug use, and treatment for those aged 18 and over
- 2) People affected by problem alcohol use, and treatment for those aged 18 and over
- 3) Young people aged 14 to 18 affected by problem drug and/or alcohol use

The final section looks at drug and alcohol related crime in Berkshire West.

To avoid repetition, background information related to the measures used across these sections is detailed once in the first section (People affected by problem drug use, and treatment for those aged 18 and over). Therefore, it is recommended that this section of the report is referred to prior to, or in combination with, the latter two sections.

An epidemiological approach has been taken to understand the prevalence of problem drug and alcohol use and associated harm within Berkshire West. This is accompanied by a

comparative analysis of service provision and outcomes between different populations. Both elements have been benchmarked against comparator populations where possible.

The term "significant" is used throughout the report and refers to statistically significant changes or differences. Significance has been determined using the 95% confidence intervals, where instances of non-overlapping confidence intervals between figures indicate the difference is unlikely to have arisen from random fluctuation (or chance).

What is drug dependency?

A drug is a chemical substance that acts on the brain and nervous system, changing a person's mood, emotion, or state of consciousness. Drugs can be broadly divided into three categories based on their main effects. They may act solely as stimulants, as depressants or as hallucinogens (aka psychedelics). Dependency describes a compulsion to continue taking a drug to feel good or to avoid feeling bad. This can be either physical or psychological – or both.

Physical dependence: A physical condition caused by chronic use of a tolerance forming drug, in which abrupt or gradual drug withdrawal causes unpleasant physical symptoms. Physical dependence can develop from low-dose therapeutic use of certain medications such as benzodiazepines, opioids, antiepileptic's, and antidepressants, as well as the recreational misuse of drugs such as alcohol, opioids, amphetamines, and benzodiazepines. The higher the dose used, the greater the duration of use, and the earlier age use began are predictive of worsened physical dependence and thus more severe withdrawal syndromes. Acute withdrawal syndromes can last days, weeks or months.

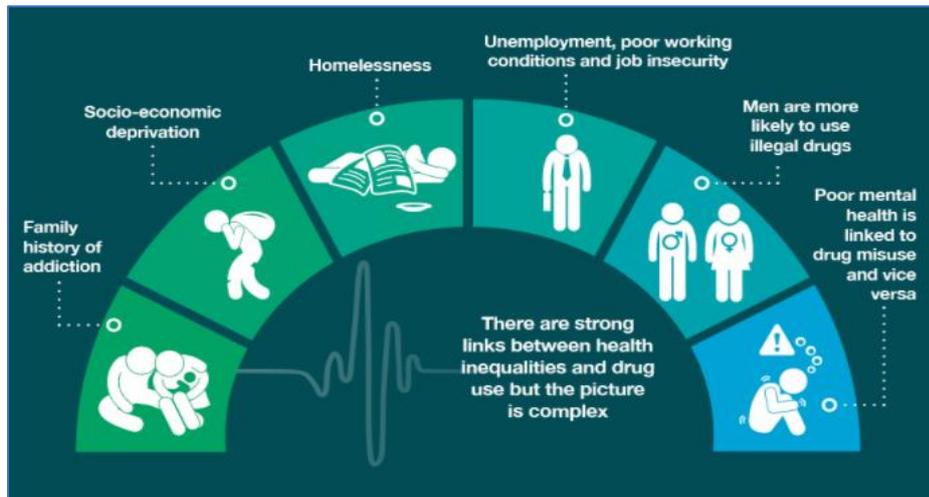
Psychological dependence: a state that involves emotional–motivational withdrawal symptoms, e.g., anxiety and anhedonia, upon cessation of drug use or certain behaviours. It develops through frequent exposure to a psychoactive substance or behaviour. Psychological dependence is not to be confused with physical dependence, which induces physical withdrawal symptoms upon discontinuation of use. However, they are not mutually exclusive.

Problem drug use risk factors

Problem drug use may cause social disadvantage and in turn, socioeconomic disadvantage can lead to drug problem drug use. Figure 2 shows the multiple risk factors that contribute to drug use, including:

- A family history of addiction
- Socio-economic deprivation
- Homelessness
- Unemployment, poor working conditions, and job insecurity
- Men are more likely to use illegal drugs
- Poor mental health is linked to drug use and vice versa

Figure 2: risk factors leading to drug use



Public Health England, Health Matters, 2017

The risk factors listed above are all adversely associated with health status and there is a complicated and reciprocal association between drug use, particularly illicit drug use, and social factors. For example, problem drug use is not always linked to homelessness, but levels of drug use are relatively high amongst the homeless population. Problem drug use can be part of a spiral that leads to homelessness whilst some individuals may develop a drug use problem as a way of coping with not having a stable home.

There are several further factors which can contribute to the risk of a person developing a problem with substances for example:

- Adverse childhood experiences, which include childhood physical abuse; household drug use; childhood sexual abuse; emotional neglect; parental imprisonment; and household mental illness
- Stressful life events
- Availability and opportunities to use illegal drugs
- Social influences such as drug use in an important peer group

There are population groups which are more prone to problem drug use. It is important to note that being within these groups does not automatically mean that a person will have dependency or use substances. These groups include (Advisory Council on the Misuse of Drugs, 2018):

- Vulnerable young people (including those not in education, employment, or training, those in care, young offenders).
- Offenders, particularly young offenders.
- Families with existing substance use e.g., those with parents' dependent on substances
- Perpetrators and victims of intimate partner violence and abuse.
- Sex workers.
- People who are homeless.

- Veterans.
- Older people

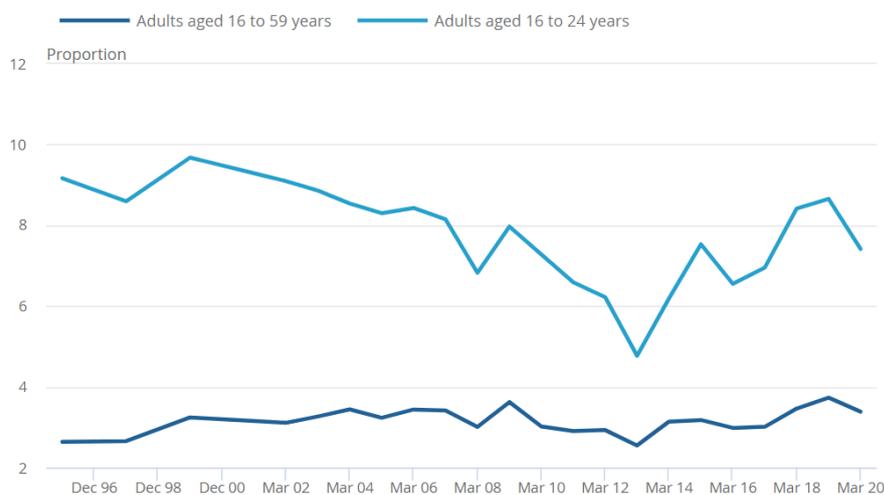
The UK Drug Policy Commission has also found that drug use among Lesbian, Gay, Bisexual and Transgender (LGBT) groups is higher than among their heterosexual counterparts, irrespective of gender or the different age distribution in the populations (UK Drug Policy Commission, 2010).

Prevalence of problem drug use

In England, an estimated 1 in 11 adults aged 16 to 59 had taken an illegal drug in 2020 and this increased to 1 in 5 in adults aged 16 to 24 (Office for National Statistics, 2020). Most adults who reported using drugs in the past year reported only taking them “once or twice”. 2.1% of adults aged 16 to 59 years old report being frequent drug users¹ rising to 4.3% of adults aged 16 to 24. Men (11.9%) are more likely than women (6.9%) to report taking any drug in the last year. Those with a lower household income were more likely to have taken drugs in the last year.

3.4% of adults aged 16 to 59 had used Class A² drugs rising to 7.4% of adults aged 16 to 24. There has been a recent increasing trend in Class A drug use mainly driven by the increase in 16- to 24-year-olds (Figure 3) which, in turn, was driven by changes in powder cocaine use amongst this group.

Figure 3: Adults using Class A drugs in the past year, England and Wales



Office for National Statistics, Drug Misuse in England and Wales

Cannabis continued to be the most common drug used. 7.8% of adults reported using cannabis in the past year. The next most prevalent drug was powder cocaine with 2.6% reporting use in the past year.

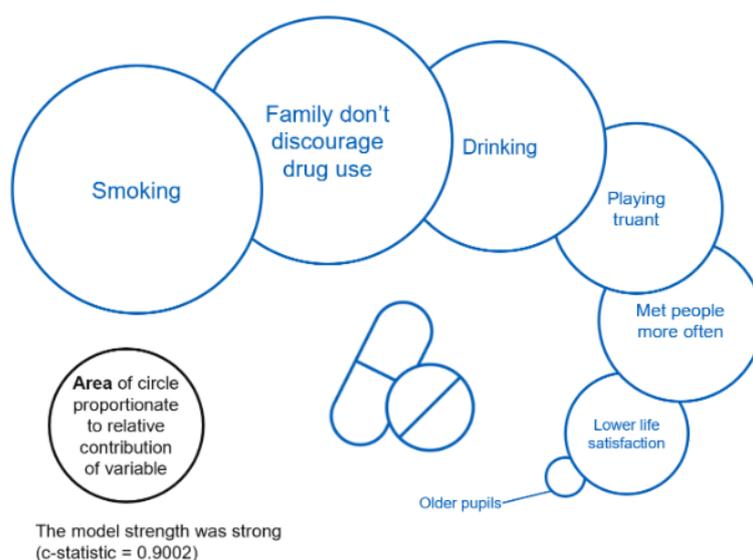
¹ A drug user is defined as frequent if they had taken the drug more than once a month in the last year

² Class A drugs comprise powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine

In their latest report into smoking, drinking, and drug use among young people in England (NHS Digital, 2022), referencing data from 2021, NHS Digital report that 18% of young people aged 11-15 have *ever taken drugs*, a decrease from 24% in 2016. There was no significant difference between boys and girls in the likelihood of them ever taking drugs. The likelihood of young people having ever taken drugs increases with age from 7% of 11-year-olds to 32% of 15-year-olds. 12% of young people reported having taken drugs *in the past year*, down from 17% in 2018. Cannabis was the drug that young people were most likely to have taken in the past year (6%). Just under 3% had taken a Class A drug. Again, there was no significant difference between boys and girls, and the likelihood of taking drugs in the past year increased with age from 3% of 11-year-olds to 24% of 15-year-olds.

Figure 4 illustrates the results of modelling characteristics that are associated with a young person having taken drugs in the past month. The diagram shows the 7 factors which had a significant association with having taken drugs in the past month, with the size of the circles referencing the strength of the association.

Figure 4: Factor significantly associated with young persons' use of drugs in the past month



NHS Digital, Smoking, drinking, and drug use amongst young people

31% of young people reported been offered at least one drug with the likelihood of having been offered a drug increasing with age to over half of 15-year-olds. Young people were twice as likely to have been offered cannabis than any other drug type.

The impact of problem drug use

Problem drug use costs society over £19 billion a year. It drives crime, damages health and wellbeing, and puts children and families at risk (HM Government, 2022). Drug treatment reflects a return on investment of £4 for every £1 invested (Figure 5), which increases to £21; and alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years over 10 years (Public Health England, 2018).

Figure 5: Alcohol and drug treatment return on investment



Public Health England, Alcohol and drug prevention, treatment and recovery: why invest?

Risks to health and wellbeing

As well as addiction, problem drug use has serious health risks and is associated with a wide range of conditions and complications. For example, cocaine can cause heart failure and heroin can cause respiratory failure (loss of normal lung function), both of which can be fatal.

Drug-related deaths

In England and Wales during 2021, there were 84.4 deaths due to drug poisoning³ registered per million people. This was 6.2% higher than the rate recorded in 2020 and an increase has been seen for both male and female deaths. Deaths are higher amongst males (115 per million) compared to females (54 per million). Half of drug poisoning deaths involve an opiate. Deaths involving cocaine are increasing and are now seven times the amount recorded a decade ago. This rise is likely to be a direct consequence in the increasing prevalence in cocaine use. There was also a significant increase in deaths involving methadone seen in 2021 with deaths 28.5% higher than those seen in 2020 at 11.7 deaths per million people.

53.2 deaths per million people were identified as drug misuse deaths⁴. The highest rate of drugs misuse deaths occurs amongst those born in the 1970s.

The reasons behind increases in drug-related deaths are complex and differ by drug type. Possible explanations include:

- An ageing cohort of drug users, likely to be suffering from the effects of long-term drug use

³ Deaths classified as drug poisoning must have an applicable International Classification of Disease code assigned as the underlying cause of death

⁴ Deaths classified as drug misuse must be a drug poisoning and meet either (or both) of the following conditions: the underlying cause is drug abuse or dependence, the substance controlled under the Misuse of Drugs Act 1971 are involved

- New trends in taking specific drugs, including gabapentinoids and benzodiazepines, alongside heroin or morphine, may increase overdose risk
- There may have been an increase in disengagement or noncompliance with opiate substitute therapy (Office of National Statistics, 2022).

Overdose and infection

As well as being a key issue to be addressed in themselves, admissions to hospital due to drug poisoning can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer from a future fatal overdose. During 2019/20⁵, there were 16,994 hospital admissions in England for poisoning by drug misuse (NHS Digital, 2021). This was 6% lower than 2018/19 (18,053), but 9% higher than 2012/13 (15,580). This corresponds to an admission rate of 31 per 100,000 population. Admission rates were similar for males (30 per 100,000) and females (31 per 100,000). Admissions were around 5 times more likely for people living in the most deprived areas compared to those living in the least deprived areas (Figure 6). Over half of admissions for drug poisoning were due to poisoning by “other opioids” which includes drugs such as codeine and morphine. Cocaine and Heroin accounted for the next highest proportion of admission (12% and 10% respectively).

Sharing injecting equipment can spread blood-borne viruses such as hepatitis and HIV. The estimated prevalence of chronic hepatitis C (HCV) infection in England has declined to around 81,000 in 2020. However, modelling suggests that 27% of these infections are in people with current or recent drug injecting risk, 62% are in those with a past drug injecting history but who are no longer injecting and 11% are in those with no history of injecting (UKHSA, 2022). Awareness and diagnosis of HCV, particularly amongst those with past risk factors for infection, therefore, remains a key public health priority with a redoubling of effort required to recover from the impact of the COVID-19 pandemic on HCV testing.

Crime

There are an estimated 1,716 Organised Crime Groups (OCGs) involved in supplying drugs in the UK. County lines are driving increased violence in the drugs market, as well as the exploitation of young people and vulnerable drug users.

The National Crime Agency define County Lines as, *“where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The ‘County Line’ is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend”*.

As can be seen in the above definition, a key feature of County Lines is the criminal exploitation of young and vulnerable people. People exploited in this way will quite often be exposed to physical, mental, and sexual abuse.

⁵ NHS Digital are due to publish data on hospital admissions due to drug misuse for 2020/21 and 2021/22 during 2022/23 but a publication date has yet to be confirmed

The addiction, harms and deaths, and the violence associated with the supply of heroin and crack cocaine results in most of the cost of illegal drug use to individuals, neighbourhoods, and society. Addiction to these drugs is thought to be linked to around half of all theft, burglary, and robbery. More than a third of people in prison are there due to crimes related to drug use (HM Government, 2021).

Detailed findings from the study, *The Impact of Drug Treatment on Reconviction* (National Treatment Agency for Substance Misuse, 2012), a study which was based on data from the National Drug Treatment Monitoring System (NDTMS) database in England, showed that:

- The individuals retained in treatment for the entire two-years (4,677) showed an average 47% reduction in convictions
- Those who completed treatment successfully after being retained in treatment for six months or more showed virtually the same average reduction (48%) as those retained in treatment for the full two years
- Those retained for the full period reduced their convictions by three times more than those who dropped out of treatment, who achieved just 15%
- For all those who both completed treatment successfully and did not return during the period, the observed reduction in convictions is 61%.
- Heroin and crack cocaine users were twice as likely to have convictions before treatment as other drug users

Multiple, complex needs

Many people will experience multiple and complex needs across drug-addiction, mental ill health, homelessness, and contact with the criminal justice system (HM Government, 2021). Young people affected by problem drug use often have complex needs involving poor mental health, self-harm, and sometimes experience of criminal or sexual exploitation. This requires a combination of specialist treatment and wider support from health and social care services (HM Government, 2021).

It is very common for people who experience problem alcohol/drug use to also have a mental health condition. This is commonly known as dual diagnosis which describes the co-occurrence of a mental (psychiatric) disorder alongside substance use. The National Institute for Health and Social Care Excellence (National Institute for Health and Care Excellence, 2016) describes it as having coexisting severe mental illness and substance use.

The relationship between substance misuse and mental illness is very complex and it is not always possible to establish a clear pathway between the two. The relationship is not static and can change over time as well as varying between people. It can also differ depending on the type of mental health issue experienced, the amount, and type of substance/s used.

Someone may have:

- A substance use problem that has led to a mental illness
- A mental illness that has led to substance use problem
- 2 initially unrelated disorders (a substance use problem and mental illness) that act together and exacerbate each other or other factors such as physical health

problems that are causing the substance use and mental illness problems (National Institute for Health and Care Excellence, 2016)

Existing evidence shows that up to 70% of people in drug services and 86% of alcohol service users experience mental health issues (Weaver, et al., 2003) (Delgadillo, Godfrey, Gilbody, & Payne, 2013). 41% of people entering community alcohol and drug treatment in 2017 to 2018 reported a co-occurring mental health treatment need (Public Health England, 2019).

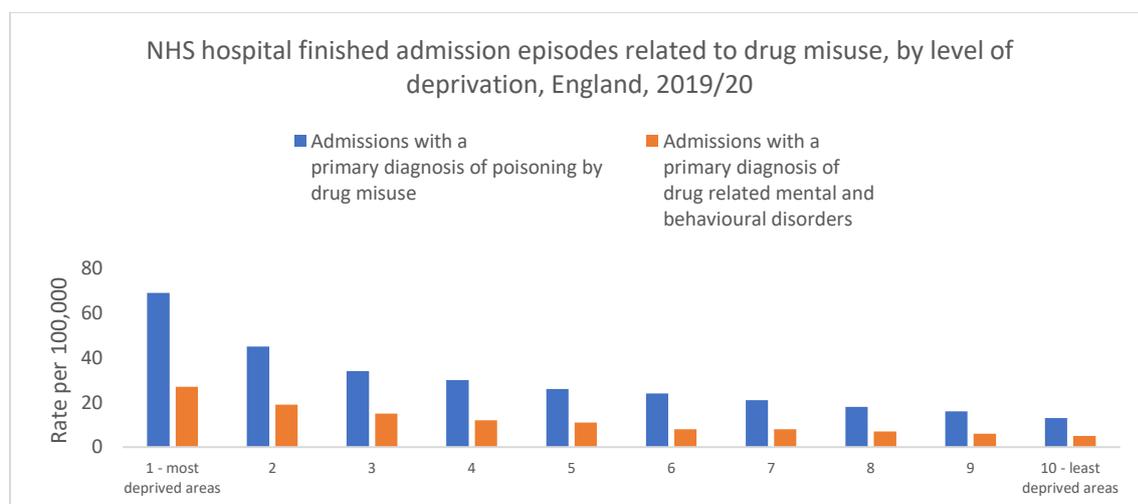
63% of UK adults starting treatment in 2020/21 said they had a mental health need. When looking at the 4 substance groups, the proportions of people reporting a mental health need were:

- 57% of people in the opiates group
- 64% of people in the non-opiate only group
- 64% of people in the alcohol only group
- 71% of people in the non-opiate and alcohol group

A quarter (25%) of people who had a mental health need were not receiving any treatment to meet this need. Of those receiving mental health treatment, over half (55%) received it in a primary care setting, such as a GP surgery.

During 2019/20 there were 7,027 hospital admissions in England with a primary diagnosis of drug-related mental and behavioural disorders and 99,782 admissions with a secondary diagnosis of drug-related mental and behavioural disorders (NHS Digital, 2021). This corresponds to admission rates of 12.5 and 180.5 per 100,000 respectively. Admissions for a primary diagnosis of drug-related mental and behavioural disorder were most common amongst those aged 25 to 34 (31% of all admissions) and half of disorders were due to “multiple drug use and use of other psychoactive substances”. Males are over twice as likely as females to be admitted with a diagnosis of drug-related mental and behavioural disorder and admissions increase along with levels of deprivation (Figure 6).

Figure 6: Hospital admissions related to drug misuse by deprivation, England



NHS Digital, Drug related hospital admissions: data tables

People with a serious mental health illness⁶ tend to live 15 to 20 years less than the rest of the population and this figure is 9-18 years less in those who have drug and alcohol use problems (Wahlbeck, Westman, Nordentoft, Gissler, & Laursen, 2011).

Death by suicide is also common, with a history of problem alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems (Public Health England, 2017). The [2017 National Confidential Inquiry into Suicide and Homicide by People with Mental Illness](#) found a history of alcohol misuse in 45% of suicides among people with mental health problems during period 2002 to 2011 (University of Manchester, 2017).

What is problem alcohol use?

Problem drinking is defined as regular consumption of alcohol above recommended levels (National Institute for Health and Care Excellence, 2018).

The term 'alcohol use disorders' encompasses (National Institute for Health and Care Excellence, 2018):

- Harmful drinking — defined as a pattern of alcohol consumption causing health problems directly related to alcohol. This could include psychological problems such as depression, alcohol-related accidents, or physical illness such as acute pancreatitis
- Alcohol dependence — characterised by craving, tolerance, a preoccupation with alcohol and continued drinking despite harmful consequences (for example, liver disease or depression caused by drinking).

Alcohol use is categorised in various ways that denote risk. These are as follows:

Categorisation by units per day (NHS, 2022): This uses 'daily limits' as an indicator of risk, with recommended maximum daily limits for alcohol intake are 3-4 units per day for men and 2-3 units for women. Based on this:

- Hazardous drinking- is above recommended limits but not yet experiencing harm (Alcohol Use Disorders Identification Test [AUDIT] score of between 8-15)
- Harmful drinking – is above recommended limits and experiencing harm (AUDIT score of between 16-19)
- Binge drinking – is drinking over double the daily recommended level in one day.
- Alcohol dependence - is drinking at a level that causes harm and symptoms of dependency (AUDIT score of 20+)

A unit of alcohol is 10 ml of pure alcohol. An average adult takes about one hour to process one unit resulting in no alcohol left in their bloodstream.

AUDIT (Alcohol Use Disorders Identification Test) (Public Health England, 2017) is the tool used by the World Health Organisation to screen and identify people who are at risk of developing alcohol problems.

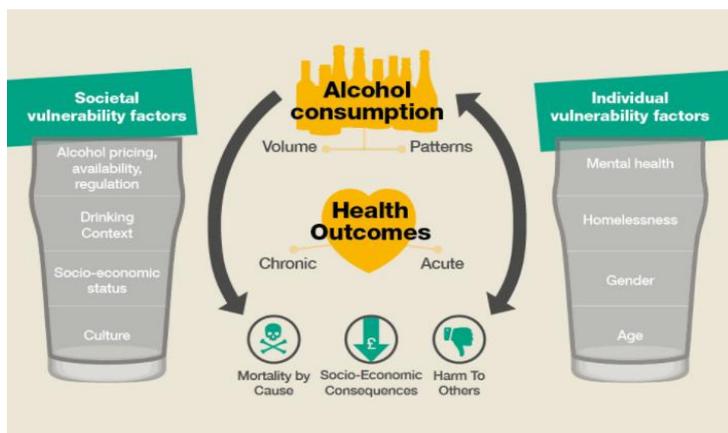
⁶ Serious (or severe) mental illness (SMI) is a term used to describe psychological conditions in people which can have a debilitating effect to the point where it impacts their ability to function as they normally would both in their personal and professional lives. Schizophrenia and bipolar disorder are often referred to as an SMI (Public Health England, 2018).

Of note is the issue that defining a person's units relies on self-report. Research indicates that both adults and young people tend to underestimate the amount of alcohol they have consumed, and what a unit comprises of (Boniface, 2013).

Figure 7 shows risk factors that influence someone's chance of having an issue with alcohol. These are split into societal vulnerability factors and individual vulnerability factors. Societal vulnerability factors include alcohol pricing, availability, and regulation, drinking context, socio-economic status, and culture. Individual vulnerability factors include someone's mental health, age, gender and if they are homeless.

In England, problem alcohol use is more common in men (6%) than in women (2%). The impact of harmful drinking is much larger for those experiencing the highest levels of deprivation and in the lowest income bracket. The reasoning for this pattern is not fully understood as those on a low income do not tend to consume more alcohol than those from higher socio-economic groups. This is referred to as the 'alcohol harm paradox'. The increased risk is possibly related to the effects of other problems which affect people in lower socio-economic groups. Higher risk factors are the same as those with drug use issues as well as parental alcohol use, and comorbid substance use (Deeken, Banaschewski, Kluge, & Rapp, 2020).

Figure 7: alcohol misuse risk factors



Office for Health Improvement and Disparities, Substance misuse treatment for adults 2020 to 2021

The impact of problem alcohol use

Consuming large amounts of alcohol is damaging to the brain, nervous system, heart, and the liver. Health effects can include heart disease, stroke, liver cirrhosis and cancer, high blood pressure, reduced fertility, cancers of the mouth, throat, oesophagus, breast cancer in women and harm to unborn babies.

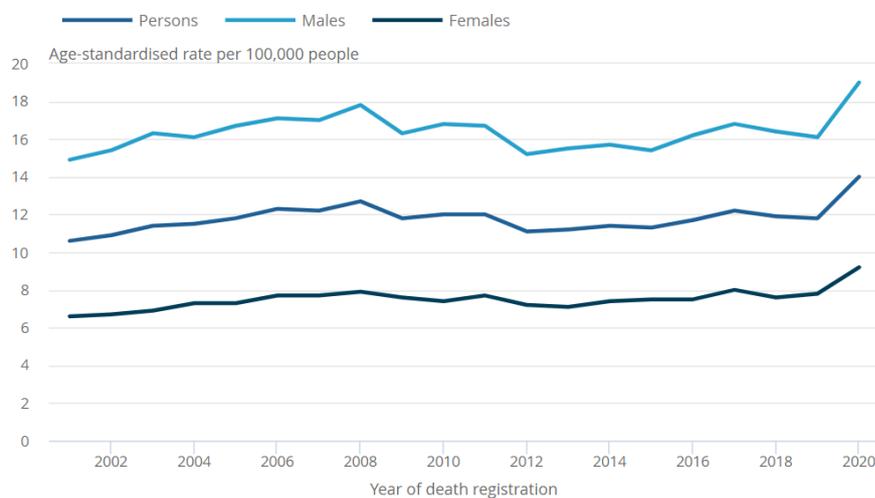
Every year thousands of deaths in the UK can be directly attributed to drinking – and in many more it plays a role. In hospitals, one in 14 admissions and one in 10 visits to accident and emergency (A&E) are because of alcohol. It is also a factor in family breakdown, domestic abuse, criminality, anti-social behaviour, and lost productivity. The overall cost to the economy has been placed at around £21.5 billion a year (Local Government Association,

2018). Thankfully there are some signs of progress. The number of people drinking to excess is falling in England. However, 28% of men and 14% of women are still drinking at levels that put them at increased risk (Local Government Association, 2018).

Research estimates that 9 million adults in England drink at levels that increase the risk of harm to their health. Of this number, 1.6 million show some kinds of alcohol dependence. This equates to alcohol being the third biggest risk factor for illness and death in this country (Public Health England, 2018).

In 2020, there were almost 9,000 deaths (14 per 100,000 people) from alcohol-specific conditions⁷ registered in the UK (Figure 8). This was an 18.6% increase compared with 2019 which was a statistically significant increase and the highest year-on-year increase since the data time series began in 2001. Rates for males are double the rate of that for females.

Figure 8: Alcohol-specific deaths in the UK

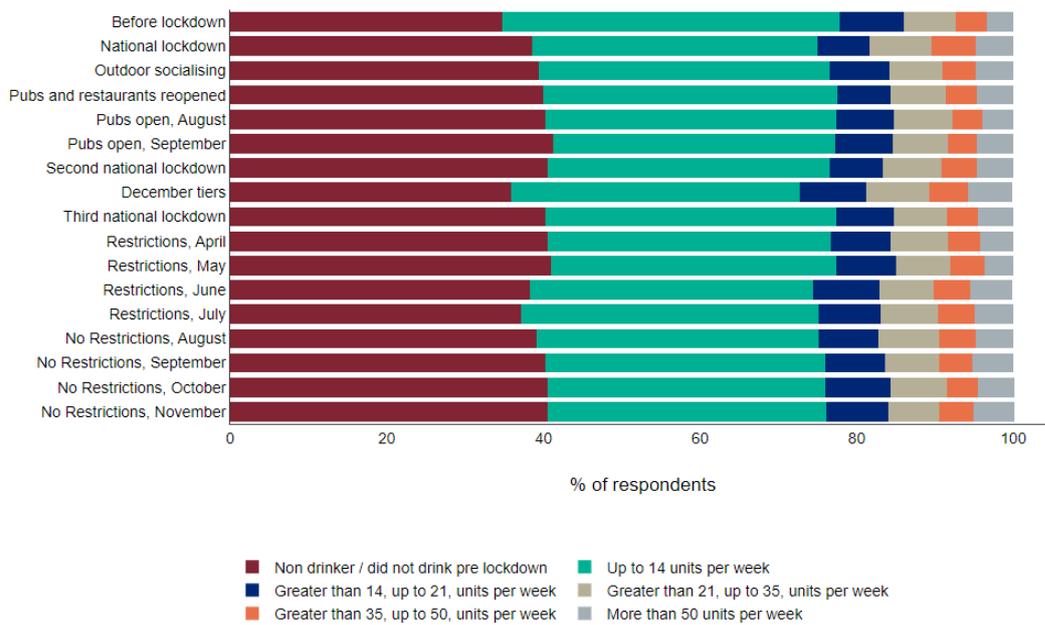


Office for National Statistics, Alcohol-specific deaths in the UK: registered in 2020

More than three-quarters of alcohol-specific deaths were caused by alcoholic liver disease (96.1%). Deaths peaked in the 55–59-year-old age group. There will be many complex factors leading to this increase and it may be some time before these are fully understood (Office for National Statistics, 2021). However, data from Public Health England shows that consumption patterns of alcohol have changed since the onset of the COVID-19 pandemic with the proportion drinking over 14 units per weeks highest during times of restrictions (Figure 9).

⁷ Alcohol specific conditions are those known to be exclusively caused by alcohol consumption

Figure 9: Alcohol consumption in England during COVID-19 pandemic



Office for Health Improvement and disparities, Wider Impacts of COVID-19 on Health (WICH) monitoring tool

During 2020, a further 20,500 people in England died from causes that were considered alcohol related⁸ (Office for Health Improvement and Disparities, 2021). This is a rate of 37.8 per 100,000. Those living in the most deprived half of all areas in England were significantly more likely to die from alcohol-related conditions with a death rate of 51 per 100,000 for people living in the most deprived 10% of the country. Males are over twice as likely to die from alcohol-related conditions (57 per 100,000 males compared to 21 per 100,000 females).

Hospital admissions for alcohol-specific conditions are increasing with a rate of 587 per 100,000 admissions in England during 2020/21 (Office for Health Improvement and Disparities, 2022). Males are twice as likely to be admitted as females (806 per 100,000 compared to 380 per 100,000). There is also a clear association with deprivation with those from more deprived areas more likely to be admitted.

National strategies, policies, and guidance

Dame Carol Black’s review

Professor Dame Carol Black led a 2-part independent review of drugs policy (Home Office, 2020 and 2021). The first part of the review looked at the evidence on illegal drugs supply, and the second reviewed evidence around the prevention of, the treatment of, and recovery from problem drug use. A summary of key findings is outlined below.

⁸ The proportion of disease attributable to alcohol (alcohol attributable fraction) is calculated using a relative risk (a fraction between 0 and 1) specific to each disease, age group and sex combined with the prevalence of alcohol consumption in the population. All mortality records are extracted that contain an attributable disease and the age and sex specific fraction applied.

- There has been substantial disinvestment in adult treatment with an even greater reduction in funding for young people’s specialist substance misuse service
 - A depleted workforce has resulted in loss of skills and capacity
 - Caseloads have grown too high reducing the quality of treatment
 - Drug workers are not always properly trained or supervised and 10% of them are volunteers
 - Disruption caused by frequent retendering of drug treatment services has made recruitment difficult and has caused many to leave, particularly professionally trained staff such as psychiatrists, psychologists, and nurses
 - There is a lack of specialist services including inpatient detox and residential rehab
 - There is an underfund of recovery support, including housing and employment support, and recovery communities
 - In many local areas psychosocial interventions are limited and their delivery is substandard, frequently amounting to little more than a chat with a drug worker
 - Young people coming into services have increasing complex needs and targeted early intervention of young people at risk needs to be strengthened
 - Links between mental, and physical health services and drug and alcohol services are too weak
 - There is an insufficient focus on drug and alcohol within NHS physical and mental health services
 - IAPT’s guide for people working with people who use drugs and alcohol and PHE’s guidance on commission and providing better care for people with co-occurring mental health, and alcohol and drug use conditions have both been poorly implemented
 - Both stress that there should be ‘no wrong door’ and this issue is ‘everyone’s business’
 - Currently local authority housing services do not systematically provide the support that is needed, and there are shortcomings in the availability of specialist housing support (for example ‘supported housing’, ‘recovery housing’ or ‘floating Support’) tailored to meet the specific needs of the population in drug treatment
 - [Housing First](#) has proved to be an effective evidence-based model for people with complex needs who sleep rough
 - Few people in treatment receive the employment support that they need
 - People in treatment and recovery face stigma with employers often wary of hiring people with histories of drug and alcohol misuse
 - Despite drug treatment’s impact on reducing repeat offending, referrals from the criminal justice system into drug treatment have fallen sharply
 - There is a lack of oversight and accountability at a local and national level
- These findings led to a series of recommendations around improving problem drug misuse prevention, treatment, and recovery.

From Harm to Hope

Taking forward Dame Carol Black's key recommendations, From Harm to Hope is the Government's 10-year plan to combat illegal drugs (HM Government, 2021). It consists of three priorities:

- 1) Break drug supply chains
- 2) Deliver a world-class treatment and recovery system
- 3) Achieve a generation shift in the demand for drugs

Further detail of these priorities is described below:

Break drug supply chains

Attacking all stages of the supply chain, reducing associated violence and exploitation, restricting supply of drugs into prisons. This priority aims to disrupt the supply chain from preventing drugs from reaching the country, to disrupting drug gang operations and rolling up county lines, to tackling the retail market. The latter so that police are better able to target local drug gangs and street dealing.

Deliver a world-class treatment and recovery system

This priority is built upon the recommendations developed under part 2 of the Dame Carol Black review and is based on the premise that problem drug use should be viewed as a chronic health condition.

This priority is to be delivered by rebuilding Local Authority commissioned substance misuse service and the substance misuse workforce to improve quality, capacity, and outcomes. Substance misuse services should provide evidence-based interventions to anyone experiencing substance addiction. Such interventions include:

- Naloxone provision
- Needle and syringe programmes
- Talking therapies and psychosocial interventions
- Medicines to reduce harm and support detox (e.g. buprenorphine)

Services should promote equality and meet the needs of all communities.

Services should embed peer-based recovery support service and communities of recovery into the drug treatment system. They should ensure that people are supported to use mutual aid organisations such as Al-Anon, and Narcotic Anonymous wherever possible and peer supporters and recovery coaches should be provided with appropriate training, pay and support. There should be an improvement in access to accommodation and employment opportunities during treatment including the rolling out of the Individual Placement and Support programme and peer mentor should be available via Jobcentre plus.

It is highlighted that young people who have drug problems with require a combination of specialist treatment and wider health and social care services. Services for young people should be trauma informed and family-based if necessary.

Integration should ensure that physical and mental health needs are addressed. The next phase of the Integrated Care System development should include leadership and drugs and alcohol to integrate physical and mental health care with substance misuse services.

There needs to be an increase in referrals into treatment in the criminal justice system with specialist drug workers to support treatment requirement as part of community sentences. Prisoners also need to remain engaged in treatment after release and the following actions are recommended:

- Provide support to engage in treatment ahead of release and increase the use of intensive drug rehabilitation requirements for those on community sentences
- Ensure that drug treatment, housing and employment support is available for every prisoner subject to probation supervision on release
- The probation service should work closely with healthcare services to make sure that offenders continue to access treatment
- Prisoners should be given the education and employment support they need when they move out of treatment

Achieve a generation shift in demand for drugs

To achieve and shift in the demand for drugs, there needs to be a change in the perceived acceptability of illegal drug use. The Government's ambition is to build a world-leading evidence base on how to tackle drug use amongst adults including how to change drug-related attitudes and behaviours. Adults need to be educated about the about the social and personal consequences of 'recreational' drug use, breaking the harmful cycle where drug use is normalised and there need to be a system of tougher penalties for recreational drug use.

School-based prevention and early intervention should be delivered through Relationships Education, Relationships and Sex Education (RSE) and Health Education as set out in statutory guidance to improve quality and consistency. There should be a clear expectation that all pupils will learn about the dangers of drugs and alcohol. Wider interventions include building the resilience of young people through the best start in life and the best education possible. There are a range of programmes in school to identify and support children with vulnerabilities.

Young people and families most at risk of substance abuse should be supported through programmes such as the Supporting Families Programme.

There is a National Outcomes Framework attached to the strategy against which national and local progress will be assessed (Figure 10).

Figure 10: From Harm to Hope National Outcomes Framework indicators

Our ambition: a safer, healthier and more productive society by combating illicit drugs

What we will deliver for citizens (strategic outcomes)	Measured by:
Reducing drug use	The proportion of the population reporting drug use in the last year (reported by age) Prevalence of opiate and/or crack cocaine use
Reducing drug-related crime	The number of drug-related homicides The number of neighbourhood crimes
Reducing drug-related deaths and harm	Deaths related to drug misuse Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	
Reducing drug supply	The number of county lines closed The number of moderate and major disruptions against organised criminals
Increasing engagement in drug treatment	The numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) Continuity of care - engagement with treatment within three weeks of leaving prison
Improving drug recovery outcomes	The proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use Key additional components integral to recovery include housing, mental health, and employment

Guidance for local delivery partners

Combating Drugs Partnerships (CDPs) are introduced in the From Harm to Hope Strategy as the strategy's Local multi-agency delivery partners who will be held to account through a local outcomes framework. Accompanying the From Harm to Hope Strategy is guidance for local delivery partners (Home Office, 2022). The guidance spans the whole national drugs strategy vision and sets out the requirement for a range of organisations to work together to tackle problem drug and alcohol use based on local needs

The guidance outlines the following principles that should be adopted by a CDP:

Table 1: Principles to be adopted by local Combatting Drugs Partnerships

Shared responsibility	All partners see reducing drug harm as an essential part of their role
Person-centred support	Plans and service delivery should be organised around the people that use them and there should be a specific focus on provided person-centred support. There is 'no wrong door' for someone seeking support
Genuine co-production	People who access treatment services and who have been affected by drug harm have input and involvement across all levels of organisation and decision making
Equality of access and quality	Everyone can access timely, appropriate support in a form that respects the full, interconnected nature of their needs, wishes and background
Joint planning	Members share data and analysis and co-ordinate resource allocation, to ensure service delivery is more effective and efficient
Co-ordinated delivery	The wider context of people's lives is reflected in the way that services are operated. There should be good communication, data sharing, and co-ordination between services. Where there are multiple needs, services should work together to assess needs and develop a shared care plan
Local visibility	The partnership is recognised by residents as a key forum and decision-making body and works to increase public confidence related to drug issues, reducing stigma and raising awareness of support. The partnership uses inclusive and accessible language in its discussions, products, and publications.
Flexibility	The local partnership responds to need, whether at the individual level or for a local area, tailoring the approach to different needs, resources, and cultures
Long-term strategic view	There is a long-term view with a careful, proactive, staged approach to delivering improvements to achieve system change in service design and delivery, and a generational shift in patterns of drug use

The work of the CDP should build on and work alongside existing programmes and structures including local integrated care strategies, serious violence and homicide profiles and strategies. Whilst the 10-year strategy focuses on the use and supply of illegal drugs, local partnerships should ensure that their plans sufficiently address alcohol dependence and wider alcohol-related harms

Commissioning quality standard

The Commissioning Quality Standard (CQS) for local authorities (Office for Health Improvement & Disparities, 2022) clarifies the commissioning process that local authorities should follow and specifies the treatment service that should be available in each local area based on the UK clinical guidelines on drug treatment. It is a high-level framework which should be used alongside:

- The drugs strategy guidance for local delivery partners
- any alcohol and drug workforce strategies and supporting products developed by OHID and Health Education England
- plans to improve integrated care for people with co-occurring mental or physical health problems

It is an ambitious standard against which to measure progress. It is not expected that all local areas will immediately fully meet the CQS. The CQS is accompanied by supporting documents including an auditable self-assessment tool. A summary of the standards and associated criteria is presented below.

1. Partnerships and governance	1.1 There is a strategic and commissioning partnership, with a shared purpose to improve the lives of people affected by problem alcohol and drug use	<ol style="list-style-type: none"> 1. Partnership structures that include relevant local organisations 2. Regular meetings, accompanied by commissioning and delivery plans 3. Partner's organisational delivery plans incorporates and complements the partnership's plan. Services are commissioned jointly where appropriate 4. A strategic and collaborative relationship with alcohol and drug treatment providers
	1.2 There is enough strategic and commissioning capacity and competence	<ol style="list-style-type: none"> 1. Sufficient capacity to co-ordinate strategy, and planning 2. Partnership representatives are actively involved in other relevant strategic groups 3. Strategic and commissioning leads are provided with protected learning time to maintain and develop knowledge 4. Access to specialist training and support is available
2. Commissioning cycle	2.1 There is a shared understanding of local need	<ol style="list-style-type: none"> 1. Co-produced needs assessment considering strategic partner data and intelligence and including equality impact assessment processes, and the views of people who may benefit from support for problem drug and alcohol use 2. Processes are in place to quickly review relevant alcohol and drug related deaths and near misses
	2.2 There is a strategy developed and championed that is in line with need	<ol style="list-style-type: none"> 1. A strategy outlining local priorities 2. The strategy is a whole partnership one with mechanisms for monitoring and ensuring all partners are contributing to actions 3. There is regular undertaking of equality impact assessment 4. There is a plan to respond to equality impact assessment 5. There is a plan to reduce alcohol and drug related deaths 6. Plans include a range of primary, secondary, and tertiary prevention responses
	2.3 There is a well-thought-out and include approach to designing and contracting treatment and recovery support	<ol style="list-style-type: none"> 1. Treatment system quality and stability is prioritised 2. Service specifications make it clear that treatment services need to integrate with other services 3. Commissioning plans are appropriately financed to provide accessible, good quality services 4. Commissioners proactively seek partner's engagement in decision making and consider opportunities for joint or integrated commissioning 5. Competitive tendering is only used, if necessary, to avoid instability in treatment provision
	2.4 Quality and performance are regularly reviewed against agreed outcomes	<ol style="list-style-type: none"> 1. Priorities are agreed and publicised and mechanisms are in place for monitoring of, and reporting on, progress 2. There is a system for monitoring, evaluation, and reporting treatment performance and quality 3. Services have transparent and accessible complaint procedures 4. Monitoring systems are co-produced with people who use the service and action is taken based on their contributions
3. Whole and integrated system approaches	3.1 Relevant services are engaged to identify and respond to the support needs of people affected by problem alcohol or drug use	<ol style="list-style-type: none"> 1. Pathways are developed to meet identified local need 2. Pathways into treatment reflect broader strategic health and social care objectives 3. Pathways and available support are publicised 4. Accessibility, pathways, and continuity of care are improved for people who are from vulnerable groups 5. People working in other services are offered training to provide services to people affected by problem drug or alcohol use 6. Transition pathways between young people and adult services are developed in partnership between both services 7. Care pathways and joint protocols are agreed between treatment service and the wider health and social care system 8. Harm reduction services are available to everyone is accessible locations 9. Services are targeted and located together

	3.2 Joined-up care for people with co-morbidities or complex needs are enabled and championed	<ol style="list-style-type: none"> 1. Accessibility, pathways, services, and continuity of care for people with co-morbidities or complex needs are improved 2. Local care pathways are integrated across all relevant providers 3. Integrate criminal just pathways and care 4. Intelligence is shared between partners of how people make use of drug and alcohol services
	3.3 Recovery-orientated systems of care are enabled and promoted	<ol style="list-style-type: none"> 1. Promotion of support that make recovery more visible and increasing recovery opportunities. 2. Systems of care integrate recovery and harm reduction approaches 3. Visible recovery is a strong focus for treatment services 4. At a minimum recovery planning includes: housing; learning and employment; people's social connections; meaningful activity and connections with people in recovery 5. The intensity of support after treatment is tailored and incorporates the needs of families, carers, and dependents 6. The treatment system is part of a wider recovery-orientated system of care 7. Organisations that provide care engage treatment and recovery providers to ensure that people are supported to build and maintain their recovery capital 8. There is rapid and supported re-entry to treatment for people who have relapsed
4. High quality treatment system	4.1 The workforce is skilled and supported to provide treatment to meet the needs of the population	<ol style="list-style-type: none"> 1. Treatment services employ a multi-disciplinary workforce who are competent to treat and support the population including people with co-morbidities 2. Caseloads are clinically safe and appropriate 3. Service specifications and contracts make sure that service providers comply with treatment workforce standards 4. Skill gaps are identified by a training needs analysis 5. Entry level roles are incorporated into workforce strategies with clear career progression routes available 6. Regular supervision, including clinical supervision is provided 7. Opportunities to exchange staff between partners organisations and supported 8. There is a long-term local treatment and recovery workforce strategy
	4.2 Treatment services are structured to provide dedicated support for children and young people, adults affected by problem alcohol use and adults affected by problem drug use	<ol style="list-style-type: none"> 1. Commissioning plans and service specifications outline dedicated provision to deliver specialist young people's treatment services 2. Age-appropriate specialist services are available for young people 3. Commissioning plans and service specifications outline dedicated provision for adults affected by problem alcohol use and adults affected by problem drug use 4. Where adult treatment is provided as part of an integrated service provision, commissioners and providers take steps to safeguard proportionate funding and service provision for people affected by problem alcohol use 5. Treatment services are contracted to offer tailored responses to under-represented groups 6. Specialist and targeted provision for groups with protected characteristics or who are under-represented 7. Family members and carers directly affected by another person's problem drug or alcohol use can access support
	4.3 A full range of evidence-based alcohol and drug support is available to keep children, young people, and adults safe, improve their physical and mental health and wellbeing and support recovery	<ol style="list-style-type: none"> 1. The partnership develops commissioning plans, delivery plans and service specifications in line with clinical guidelines, to ensure that people are assessed within agreed waiting times and have swift access to the type of treatment that would most benefit them 2. Coordinated packages of treatment and care identify support needs to improve personal safety, health, and wellbeing 3. Treatment services offer high quality information and advice and appropriate support to people directly affected by another person's problem drug or alcohol use. Relatives are actively engaged in the treatment of a family member if appropriate. 4. Treatment services are structured to ensure business continuity and enable staff to continue to offer support through unexpected challenges

Professional Guidance on problem drug and alcohol use prevention and treatment including those referred to within this report can be found in the appendix.

Local strategies

Council corporate plans/Council Vision

Reading

Reading's [Corporate Plan](#) outlines the council's vision and priorities for Reading over the years between 2022 and 2025. The plan is grouped into three themes: healthy environment; thriving communities; inclusive economy. Reading Borough Council is committed to tackling inequality to ensure that everyone has an equal chance to thrive. There is a focus on prioritising the needs of the most marginalised and vulnerable children and adults and on investing in voluntary and community organisations to strengthen the capacity and resilience. Reading's Housing Strategy will provide access to good quality housing, reducing the housing waiting list and providing affordable rental properties to residents. There is further investment in temporary modular housing allowing rehousing of people who have been found sleeping rough, giving them the opportunity to rebuild their lives and receive essential support. The council are working with Reading UK CIC to deliver to 'Powered by People' economic recovery strategy. The council is seeking to provide more training opportunities and building employment skills through programmes such as Skills and Employment Youth Hub.

West Berkshire

The [West Berkshire Vision to 2036](#) outlines four aims for the district: where everybody has what they need to fulfil their potential; a housing mix with something for everybody; good health and wellbeing of residents of all ages and backgrounds; beautiful, historic, and diverse landscapes and a strong cultural offering; business, enterprise and industry welcomed into a growing and dynamic local economy.

In response to the upward trend in crime and the increasing significance of child exploitation and modern slavery, there is an aim to educate residents as to how they can spot, prevent, and discourage these crimes as well as taking the necessary action when they do occur. In specific reference to drug and alcohol misuse, the Council aims to work with partners to confront the root cause of this to promote better outcomes. The Council will continue to work together to alleviate rough sleeping as soon as possible and to eliminate it within the timeframes laid out nationally.

West Berkshire Council seeks to empower individuals and communities to take greater responsibility for their health and provide support for those who need it. They will work with children, families, schools, and nurseries to support every child to have the best start in life so that they become healthy, resilient adults. Recognising mental health problems as the most significant single cause of disability within the district, there is a drive towards a stigma-free community where people have the tools that they need to manage their mental wellbeing, while ensuring high quality services are there to help those who need more support. There is a commitment to reducing health inequalities and the delivery of interventions that reach everybody.

The six [Council priorities for 2019 to 2023](#) attached to this vision are:

- 1) Ensure our vulnerable children and adults achieve better outcomes. Future focus included under this priority is: continuing to support vulnerable residents at an earlier stage, and supporting more vulnerable young adults into employment
- 2) Support everyone to reach their full potential. Future focus included under this priority is: supporting everyone in their learning journey; improving the physical and mental wellbeing of residents; enabling residents and communities to help themselves and others
- 3) Support businesses to start, develop and thrive
- 4) Develop local infrastructure, including housing to support and grow the local economy
- 5) Maintain a green district
- 6) Ensure sustainable services through innovation and partnerships

Wokingham

[Wokingham Borough Council Plan for 2022-24](#) contains seven strategic priorities:

- 1) Enriching lives
- 2) Providing safe, strong communities
- 3) Enjoying a clean and green Borough
- 4) Delivering the right homes in the right places
- 5) Keeping the Borough moving
- 6) Changing the way we work for you
- 7) Being the best we can be

The plan also lays out the council's commitment to equality with the theme of inclusivity running through the plan and its supporting strategies. As part of this, new projects, policies, strategies, and service changes will consider the needs of all users, and there is a commitment to increase understanding of communities to inform decisions that are made.

Included under the priority of enriching lives, Wokingham Borough Council will work with their partners to: champion excellent education; support residents to lead happy, healthy lives including the delivery of the health and wellbeing strategy; provide excellent adult education and training. They will support and challenge all schools to provide the right environment for learning and good emotional wellbeing.

Under the priority of providing safe, strong communities, Wokingham Borough Council will work with their partners to: protect and safeguard children, young and vulnerable people; offer quality care and support at the right time; nurture its communities and ensure that the Borough remains safe for all; better integrate local health and social care; tackle anti-social behaviour. They will maintain a focus on safeguarding; work together to shape services around needs; plan, commission, and monitor high quality services; work with residents and providers in an inclusive manner to ensure sustainable local provision of care services and a thriving voluntary sector; work with families and young people to ensure planned transitions for children to adult services.

Included under the priority of delivering the right homes in the right places, Wokingham Borough Council will work with their partners to: provide housing support where it is needed the most; maximise the delivery of affordable housing; deliver a variety of housing options to meet the needs of vulnerable and disabled residents.

The Council seeks to work with partners to provide efficient, effective, joined-up services and to communicate better with customers, updating on progress and responding appropriately. They strive to strengthen understanding of current and future needs and to listen to community voices to shape service delivery.

Berkshire West Health and Wellbeing Strategy

The [Berkshire West Health and Wellbeing Strategy](#) is a joint strategy owned by Reading Borough Council, West Berkshire Council, and Wokingham Council Health and Wellbeing Boards and the Berkshire West NHS Integrated Care Board (ICB). The three Health and Wellbeing Boards for Reading, West Berkshire, and Wokingham work both alongside and within the Berkshire West Integrated Care Partnership (BWICP), allowing collaboration between health and social care organisations to improve all services for residents.

The vision is for residents to live longer, healthier, and richer lives with an emphasis on reducing the differences in health outcomes that persist between the richest and poorest parts of Berkshire West. The three Health and Wellbeing Boards and the ICB work under the principles of: “building back fairer” through wider recovery from COVID-19; listening, and responding to the voice of local residents through engagement structures and processes; moving away from treating ill-health towards preventing ill-health; empowering people to make decisions about their own wellbeing and care; embracing the opportunities brought about by digital transformation whilst ensure services are available for those who prefer not to, or are unable to access them digitally; recognising community assets; whole-system integrated care; continuous learning.

The priorities of the strategy are:

- 1) Reduce the differences in health between different groups of people
- 2) Support individuals at high risk of bad health outcomes to live healthy lives with the following groups identified as priority
 - a. Those living with dementia
 - b. People with learning disabilities
 - c. Unpaid carers
 - d. Rough sleepers
 - e. People who have experienced domestic abuse
- 3) Help families and children in early years
- 4) Promote good health and wellbeing for all children and young people
- 5) Promote good health and wellbeing for all adults

Reducing avoidable difference in health (priority 1) acts as a pillar, underpinning all work that takes place under the remaining four priority areas. To reduce avoidable differences in health, there is a continuation of the already significant efforts in Berkshire West to reduce

health inequalities. Information and intelligence are used to identify those most at need and those more impacted by COVID-19. A Health in All Policies approach is adopted which embeds health across all policies and services. Those who are often underrepresented will be actively engaged in service planning to ensure their voices are heard and services and support will be made as accessible as possible to those most in need.

To promote good health and wellbeing for all children and young people, the aim is to help build their resilience to overcome life challenges and to identify those in greatest need of developing a mental health condition early. Local Authorities will proactively support the mental health and wellbeing of looked after children and care leavers. A trauma-informed approach will be expanded across service providers. There is an emphasis on improving the transition from young person to adult mental health services.

To promote good health and wellbeing for all adults, the underlying aim is to tackle the social factors which create risks to mental health such as unemployment and insecure housing. An informed, tolerant, and supporting culture is promoted by working with local communities, voluntary sectors, and diverse groups. There will be improved access and quality of services available to all who need them and improved access to support for mental health crisis.

The Thames Valley Police and Criminal Justice Plan

[The Thames Valley Police and Criminal Justice Plan](#) runs from 2021 to 2025 and sets out five areas of future work:

- 1) Strong local policing
- 2) Fighting serious organised crime
- 3) Fighting cyber-crime and fraud
- 4) Improving the criminal justice system
- 5) Tackling illegal encampments

Included under the area of strong local policing are outcomes relating to crime prevention; reducing levels of serious violence, neighbourhood crime antisocial behaviour; and working with the NHS and others to support the police in working with people with mental health issues.

Key to fighting serious organised crime is cracking down on the threat from County Lines drugs gangs and tackling the demand for, as well as the supply of illegal drugs. It is recognised that when dealing with organised crime involving young people there is often a fine line between being a perpetrator and victim and protection for young vulnerable victims is vital. The Thames Valley already takes a regional lead on organised crime through the South East Regional Organised Crime Unit (SEROCU).

There is a commitment to continuing to develop the Thames Valley Violence Reduction Unit, identifying potential perpetrators and victims, and enabling multi-agency interventions. Other outcomes include increasing the number of disruption and prosecutions for serious organised crime; ensuring focus on SOC groups involved with acquisitive crime and

exploitation; and supporting early intervention work to prevent young people becoming either perpetrators or victims of crime.

From The Thames Valley Police and Criminal Justice Plan, Thames Valley Police produce an annual strategic plan. Priority operational outcomes for 2022/23 are: reduce crime and incidents; bring more offenders to justice; protect the vulnerable and tackle violence against women and girls; improve victim service and public confidence.

The Thames Valley Violence Reduction Unit

The [Thames Valley Violence Reduction Unit \(VRU\)](#) was established in 2019 with the aim of reducing the number of people affected by serious violence across the Thames Valley. The function of the VRU is to support and co-ordinate the local response to serious violence and to embed public health approaches which tackle the root causes of violence through earlier intervention and prevention. The VRU works with Reading and Wokingham's Community Safety Partnership and West Berkshire's Building Communities Together Partnership.

The VRU has five workstreams: data and targeting; County Lines and the Misuse of Drugs; Early intervention and prevention; communities and partnerships; law enforcement and criminal justice.

The County Lines and the Misuse of Drugs workstream has developed new safeguarding processes within the police to put protective actions in place around young people and has delivered one of the first comprehensive diversion schemes to help those with drug misuse issues to access education and health support.

The Early Intervention & Prevention workstream is driving a shift in focus toward earlier interventions which provide education, support, build social skills and aid decision-making, and help to build resilience and change behaviours. This includes working with the PHSE Association to produce quality assured PHSE resources for school on key topics such as substance misuse and violence, and the provision of trauma informed drugs awareness input for Police Officers in training.

The communities and partnerships workstream build capacity with local communities, community groups, and the wider voluntary sector. An example of this is the Redeeming our Communities (ROC) project which aims to bring about community transformation by creating strategic partnerships that, in turn, address a variety of social needs.

The law enforcement and criminal justice workstream is led by Police Officers and is focused on co-ordinating the effective and robust policing response to serious violence and knife crime. The Law Enforcement strand coordinates the use of Home Office funding to deliver additional policing activity across the force area to target serious violence. This includes running weeks of intensive action to tackle knife crime, county drug lines, exploitation and supporting similar national enforcement initiatives. The Criminal Justice strand of the workstream supports the development of effective processes and disposals. This has included Out of Court Disposal routes into programmes of education and support, developing focussed deterrence programmes and initiatives such as mentors in custody suites.

Safeguarding strategies

The Local Authority areas of Reading, West Berkshire, and Wokingham are covered by the West of Berkshire Safeguarding Adults Board. The Board has a [three-year strategy running from 2021 to 2024](#). Within the strategy are four priority areas:

- 1) Expand on learning regarding self-neglect
- 2) To seek assurance that quality of health and social care services in the West of Berkshire or those commissioned out of area for West of Berkshire residents are monitored effectively and that there is a proportionate response to concerns
- 3) To review the Boars' Safeguarding Adults Review process, to ensure that it is timely and good value for moment
- 4) Continue business as usual tasks to comply with statutory obligations including maintaining [pan-Berkshire safeguarding Adults Policies and Procedures](#)

The Berkshire West Safeguarding Children Partnership comprises the Directors of Children's services for Reading, West Berkshire, and Wokingham Councils; Berkshire West NHS representative; Thames Valley Police representative; and an Independent Scrutiny Representative. There are several local sub-groups including a pan-Berkshire Child Exploitation Group. Partnership priorities are:

- 1) Emerging safeguarding risks to young people
- 2) Intervening early to safeguard effectively
- 3) Engagement of children, families, and practitioners
- 4) Effectiveness of new partnership arrangements

Safeguarding Children Procedures are all accessed via a single pan-Berkshire [Safeguarding Children Procedures portal](#) and includes procedures around [Child Criminal Exploitation](#).

Homelessness strategies

Reading

[Reading's preventing homelessness strategy](#) sets out the borough's priorities and interventions to prevent and respond to homelessness in Reading. The strategy aims to shift the entire service approach towards earlier, and the earliest possible interventions for homelessness prevention. The three priorities of the strategy are:

- 1) Intervening early to prevent and reduce homelessness in Reading underpinned by core themes to have universal approach to everyone alongside targeted upstream interventions that identify and address potential risk factors for homelessness
- 2) Supporting people who are vulnerable to recurring homelessness underpinned by supported sustainment and pre-crisis interventions
- 3) Increasing access to decent, suitable accommodation underpinned by the provision of accommodation and crisis interventions

Reading's homelessness strategy will be delivered alongside their Housing strategy 2020-2025 which outlines the approach regarding enabling and building new homes of the quality, type, and size needed to meet the borough's needs.

Partnership working is a key principle which runs through the strategy's priorities specifically a recognition of the value that voluntary and community organisations bring.

Reading has a separate [rough sleeping strategy](#) which is underpinned by the principles of: knowing there is and long-term sustainable option for anyone sleeping rough; innovation; strategic local leadership; and partnership working. The Council's strategic priorities around rough sleeping are:

- 1) Early intervention and prevention
- 2) Recovery and community integration
- 3) Rapid intervention
- 4) United support and enforcement action in Reading Borough Council Provision of information and alternative ways to give

West Berkshire

West Berkshire Council's [Preventing Homelessness and Rough Sleeping Strategy 2020-25](#) contains five core priorities which are in line with prevention and early intervention:

- 1) Enhanced prevention and early intervention
- 2) Address rough sleeping
- 3) An increased range of housing options of residents of West Berkshire
- 4) Further enhanced partnership working
- 5) Enhanced communication for all client groups

Wokingham

Wokingham's [homelessness and rough sleeping strategy](#) runs from 2020 to 2024. The overarching vision is for all residents to access well-designed, affordable, and sustainable homes and effective support services. The strategy is structured around four themes:

- 1) Early intervention and prevention
- 2) Working towards ending rough sleeping and tackling hidden homelessness
- 3) Building more affordable homes
- 4) Supporting our vulnerable residents

People affected by problem drug and alcohol use are recognised as a key group within the strategy as are people with mental health problems and ex-offenders.

Further information about the aims of each of the homelessness strategy priorities can be found in Appendix 2: homelessness strategy action points and page 107.

Crime and Community safety strategies

Community Safety Partnerships (CSPs) work together to tackle crime and anti-social behaviour. They usually cover the area of one local authority and there are three CSPs in Berkshire West: one for each of Reading, West Berkshire, and Wokingham. The CSP function in West Berkshire is fulfilled by the Building Communities Together Partnership (BCT). The partnerships bring together the Council, Thames Valley Police, Royal Berkshire Fire and Rescue, the probation service and other organisation involved in the prevention of crime and disorder.

Reading CSP

Reading's [Community safety and serious violence strategy](#) opened for public consultation on the 25th July 2022 and closed on the 5th September 2022. Feedback on the consultation responses is expected on the 5th January 2023. The priorities proposed in the strategy are listed below:

- Community safety plan priorities
 - Reduce crime in the top crime-generating neighbourhoods
 - Improve the way the Community Safety Partnerships works with communities to tackle antisocial behaviour and hate crime
 - Reduce community-based drug related activity
- Serious violence plan priorities
 - Reduce knife violence, including the carrying blades and their use in crime
 - Tackle organised crime gangs transporting illegal drugs across Reading's borders, also known as 'county lines' offending
 - Improve safety to women in public places and reduce sexually focused crimes and anti-social behaviour
- Joint community safety and serious violence priority
 - Develop a strategy and plan to reduce persistent offending

Wokingham CSP

Wokingham's current [community safety priorities](#) run until 2024 and are divided into three strategic themes: listening to the needs and concerns of local residents and taking action; intervening early and preventing issues escalating; working together to protect vulnerable residents.

Specific aims are:

- Work with communities to deal with crime and anti-social behaviour hotspots
- Reduce harm caused by domestic abuse
- Reduce incidents of serious violence and knife crime
- Tackle exploitation of children, young people, and vulnerable adults
- Reduce incidents of residential burglary and theft from vehicles

Communities are placed at the heart of the approach, using problem-solving to help businesses and communities to address behaviour, incidents, and crimes including those

related to burglary, vehicle crime, and anti-social behaviour. Ensuring that residents especially children and young adults have access to range of support service will help ensure that issues are dealt with early and prevent escalation into anti-social behaviour, substance misuse, crime, and exploitation. Targeted activity is provided through the Supporting Families Initiative. Victims of crime and vulnerable residents including those at risk of exploitation will be supported through easy-to-access help, information, and advice. Support will be provided to families, children, and young people through the Integrated Early Help Service.

It is ensured that services reach all section of the community including those with additional barriers to access. There is a recognition of the wider social and economic factors influencing criminality such as those linked through housing, education, and health.

West Berkshire BCT

West Berkshire BCT works in partnership to ensure that West Berkshire continues to be a safe place to live, work, and learn. The objectives of the partnership are:

- To reduce and prevent crime
- To ensure that statutory responsibilities are fulfilled
- To identify and respond to changes in the nature, incidence, and severity of crime within West Berkshire
- To safeguard those who are vulnerable
- To help people and communities help each other and to engage with community safety related initiatives

Partnership priorities agreed in July 2022 are:

- Sexual offences
- Violence with/without injury
- Public order
- Hate crime
- Rural crime

Other partnership strategies aligned to these priorities with oversight from the BCT include the West Berkshire Serious Violence Reduction Plan; The Child Exploitation Strategic Plan; The Youth Justice Plan; and the Public Protection Partnership Plan.

Problem drug use, and treatment in Berkshire West – adults aged 18 and over

The most recently available data at the time of writing of this report is for 2020/21, a year that will have been impacted by the COVID-19 pandemic. Most drug services during the peak of the pandemic will have restricted face-to-face contacts which will have affected the types of interventions service users received. Testing and treatment for blood borne viruses was greatly reduced. It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to an increase in the number of service users who died while in treatment during 2020-21.

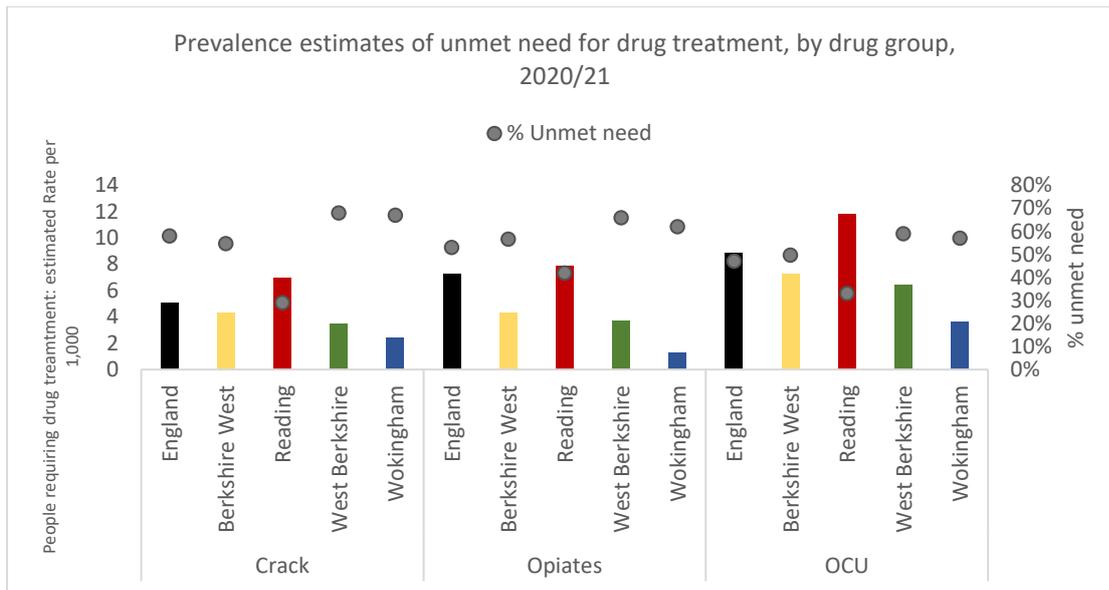
Where possible, data in this report has been presented for the years preceding the pandemic for comparison.

Prevalence of problem drug use and unmet need

Figure 11 shows the estimated count prevalence of drug users living in Berkshire West. It should be noted that there is a wide range of confidence around these estimates. There are an estimated 1,910 opiate users living in Berkshire West (LB = 1,383; UB = 2,581); and an estimated 1,378 crack cocaine users (LB = 931; UB = 2,644). An estimated 2,328 are opiate and/or crack users (OCUs) (LB = 1,623; UB = 3,246). Within Berkshire West, total estimated prevalence is higher in Reading Local Authority.

Figure 11 also shows the percentage of users who are not in treatment. Numbers in treatment during 2020/21 are used to calculate this based on 2016/17 prevalence estimates as more recent estimates are not yet available. This indicates that in Berkshire West 57% of opiate and 55% of crack users are not currently in treatment. The proportion not in treatment varies across local authority with higher numbers not in treatment in West Berkshire and Wokingham (approx. 64% of opiate users and 68% of crack users) compared to Reading (42% of opiate users and 29% of crack users).

Figure 11: Estimated prevalence of drug use and unmet need, Berkshire West

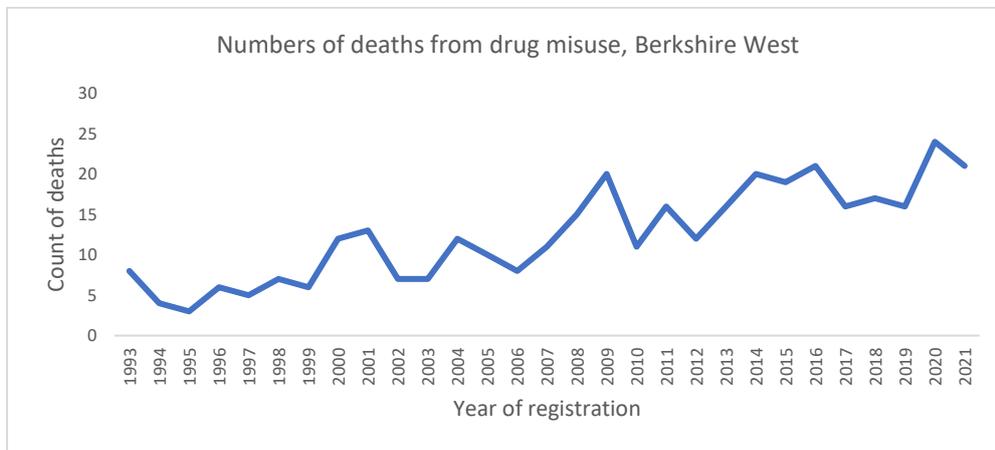


NDTMS, Viewit, Adult profiles [accessed 28/09/2022]

Drug-related deaths

There were 21 deaths across Berkshire West registered during 2021 that were related to drug misuse. There has been an increase in the number of deaths seen since 1993 (Figure 12).

Figure 12: Number of drug-related deaths, Berkshire West

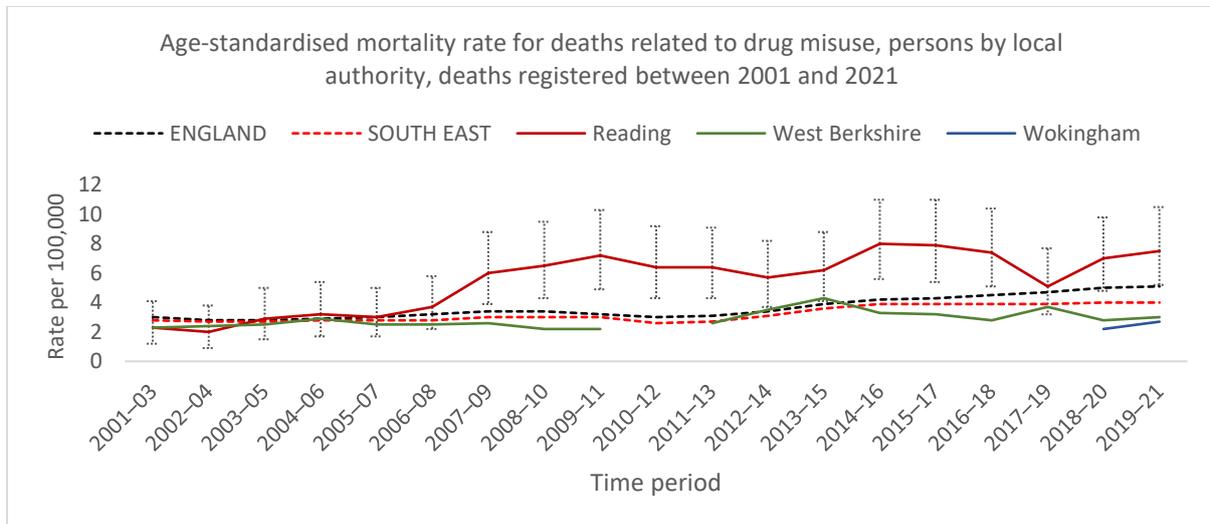


Office for National Statistics, Deaths related to drug poisoning in England and Wales

Deaths are highest in Reading Local Authority with an age standardised rate of 8 per 100,000 population compared to a rate of 3 per 100,000 in West Berkshire and Wokingham. Rates of deaths in Reading are higher than the national (non-statistically significant) and regional (statistically significant) rates of death as can be seen in Figure 13. As per the national picture, males are more likely to die from drug misuse at a rate of 12 per 100,000 in Reading and 5 per 100,000 in West Berkshire. Data is not available by gender in Wokingham due to small number suppression. Reading’s rate of male drug-related deaths has been

significantly higher than the national and regional averages across the latest two time periods of data.

Figure 13: Number of drug-related deaths – age standardised mortality rate, Berkshire West local authorities (missing data due to small number suppression)

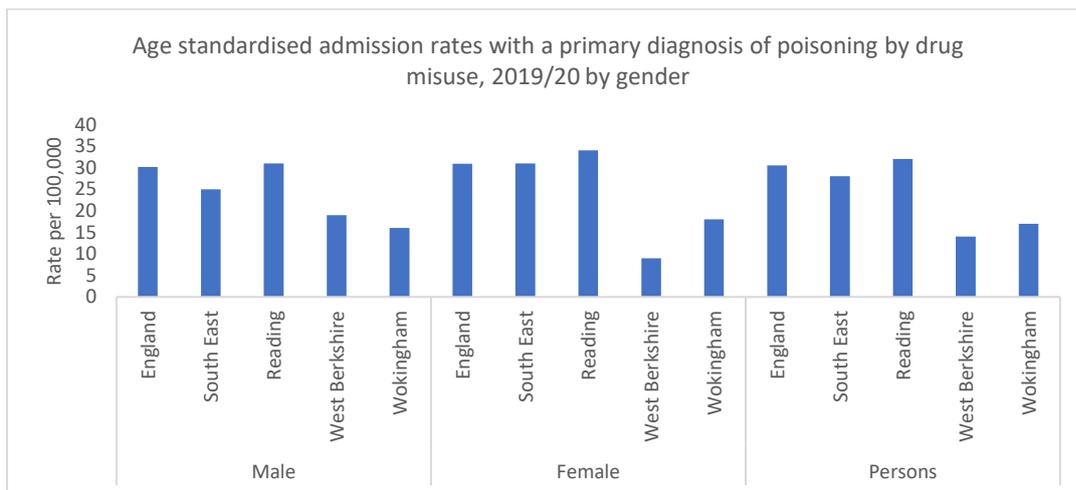


Office for National Statistics, Drugs related to drug poisoning in England and Wales

Drug misuse poisonings

During 2019/20, there were approximately 100 admission episodes to hospital with a primary diagnosis of poisoning by drug misuse for people living in Berkshire West. Just over half of these were amongst males and half were for people living in Reading. Figure 14 shows that admission rates are higher than national and regional averages for people living in Reading, and below these averages for people living in West Berkshire and Wokingham.

Figure 14: Drug misuse poisoning admissions to hospital, Berkshire West local authorities, 2019/20



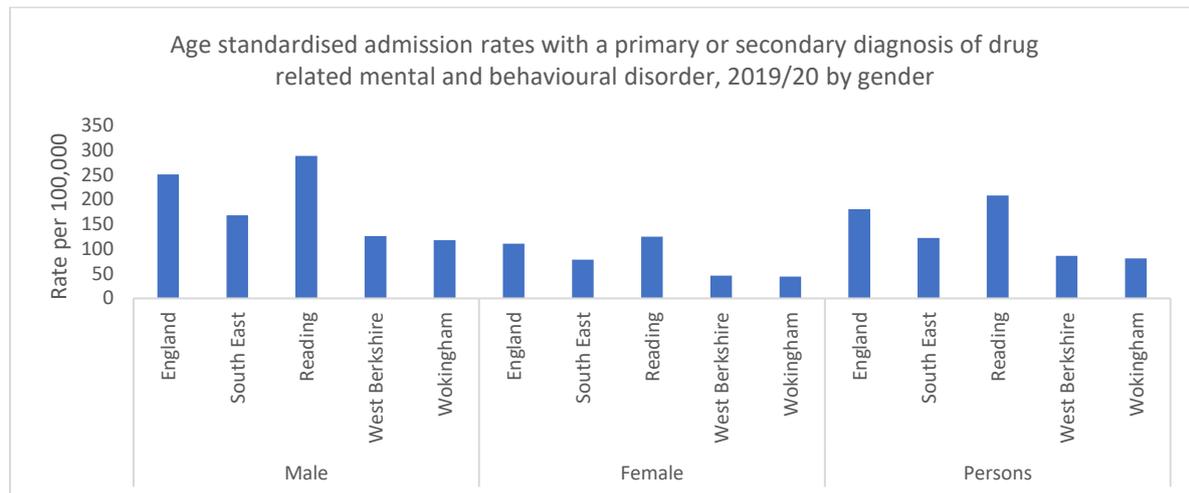
NHS Digital, Statistics on Drug Misuse in England

Mental and behavioural disorders

During 2019/20, there were approximately 600 admission episodes to hospital with a primary or secondary diagnosis of drug-related mental or behavioural disorders for people

living in Berkshire West. 70% of these were for males and 60% were for people living in Reading. Figure 15 shows that admission rates are higher than national and regional averages for people living in Reading, and below these averages for people resident in West Berkshire and Wokingham.

Figure 15: Admissions to hospital due to drug-related mental and behavioural disorders, Berkshire West local authorities, 2019/20

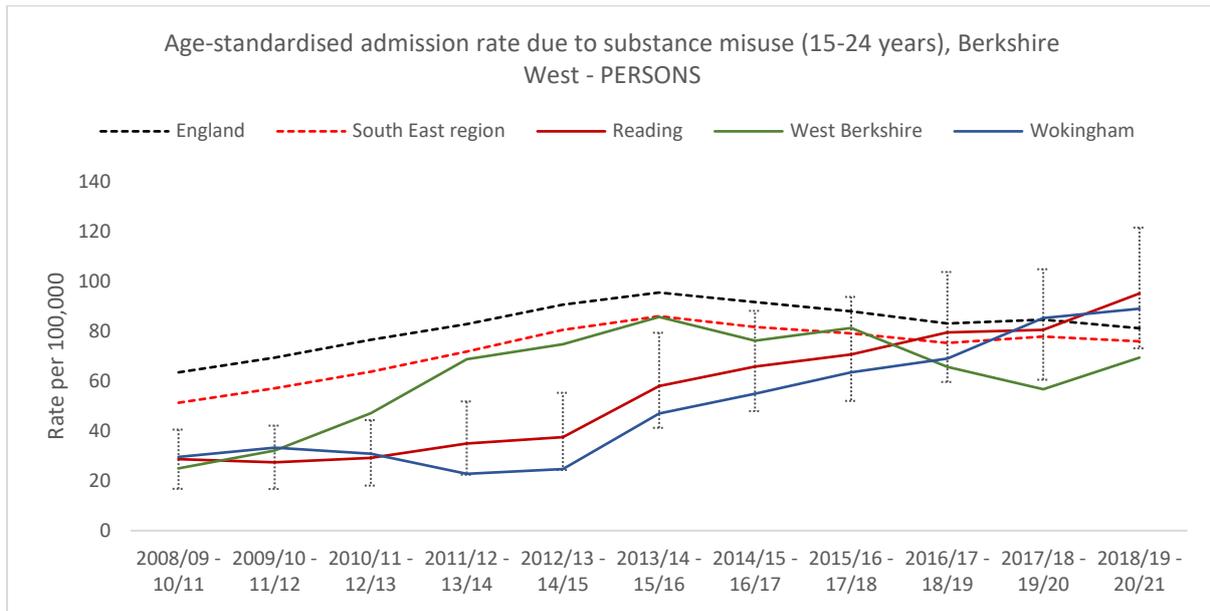


NHS Digital, Statistics on Drug Misuse in England

The Office for Health Improvement and Disparities (OHID) provide a measure of young people aged 15 to 24 who are admitted to hospital due to substance this use. This is defined as a primary diagnosis of a drug-related mental or behavioural disorder due to substance poisoning (OHID, 2022). Between 2018/19 and 2020/21, there were 145 admissions to hospital due to substance misuse for young people living in Berkshire West. 55% of these were for males and 45% were for young people living in Reading Local Authority. Rates of admission for both Reading and Wokingham local authority residents were above the national and regional averages during the 2018/19 to 2020/21 period although this difference was not great enough to be considered statistically significant (Figure 16).

Figure 16 also shows that admissions for people living in Berkshire West have been rising and this has been driven in the main by admissions of residents of Reading and Wokingham Local Authorities. This has been accompanied by a stalling and slight fall in admission rates nationally and regionally. This national and regional drop in admissions and accompanying rise in admissions in Reading and Wokingham has been seen more strongly for males (Figure 17) than females (Figure 18).

Figure 16: Admission to hospital due to substance misuse amongst young people, Berkshire West local authorities - PERSONS



Office for Health Improvement and Disparities, Fingertips: public health data

Figure 17: Admission to hospital due to substance misuse amongst young people, Berkshire West local authorities - MALES

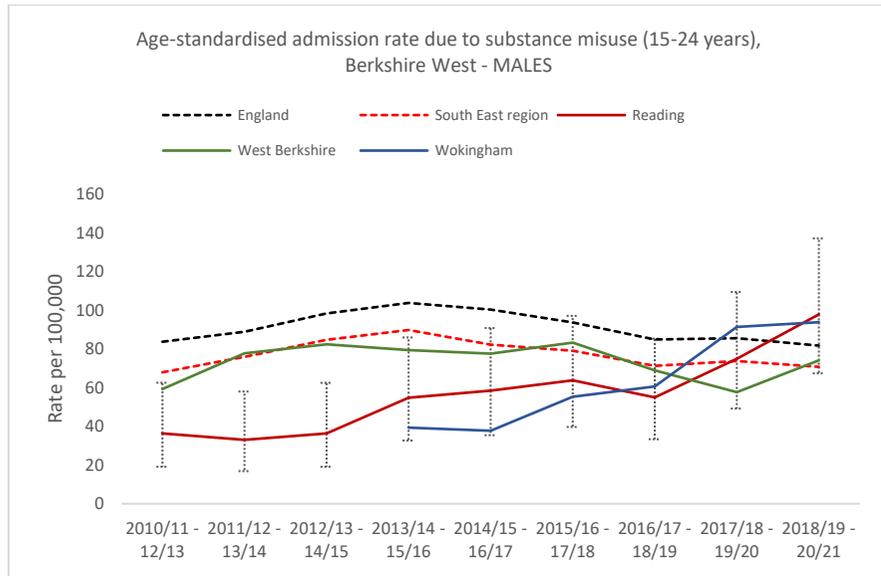
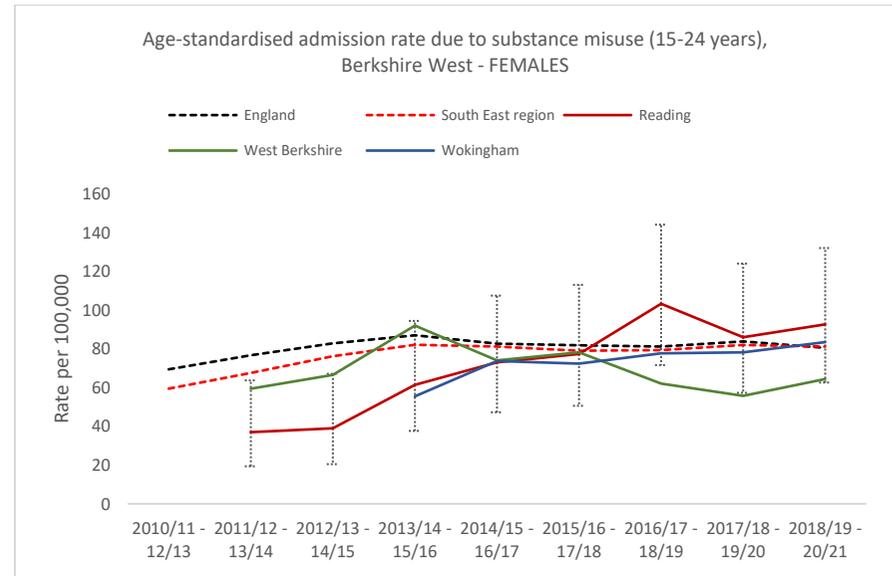


Figure 18: Admission to hospital due to substance misuse amongst young people, Berkshire West local authorities - FEMALES



Office for Health Improvement and Disparities, Fingertips: public health data

Drug treatment

The following data has been taken from The Office for Health Improvement and Disparities (OHID's) National Drug Treatment Monitoring System (NDTMS). This includes data taken from the restricted access sections of the system.

To protect confidentiality, values of less than five have been suppressed. Values which may lead to deductive disclosure of such counts have also been suppressed.

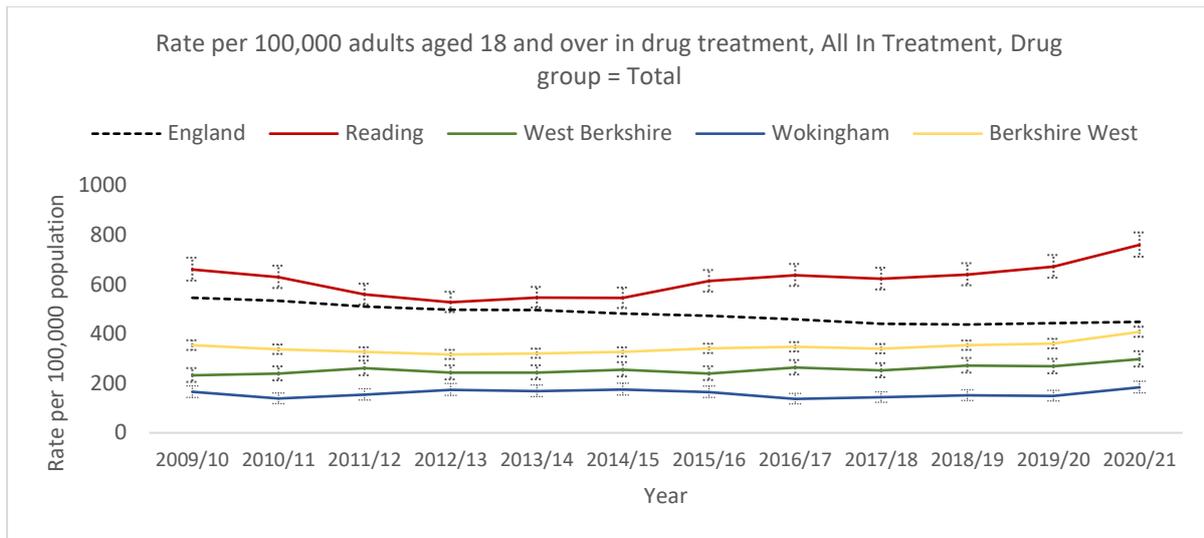
Some analysis is based on a relatively small number of individuals. Confidence intervals in the form of error bars have been provided around the data where possible to illustrate the size of potential error around calculations. Only when there is no overlap between these error bars and a comparator value can we say that a difference found is statistically significant.

Rates of people in drug treatment

During 2020/21, there were 1,545 adults living in Berkshire West who were in drug treatment. This equates to a rate of 408 per 100,000 which is significantly lower than the England rate of 448 per 100,000. However, whilst there has been a slight fall in the rate of adults in treatment in England, this has been accompanied by an increase in the rate of adults in treatment in Berkshire West. This increase has mainly been driven by increasing treatment rates for people living in Reading (Figure 19). The rate of adults in treatment in Reading has been significantly higher than the England average since 2014/15 and was at almost 760 per 100,000 during 2020/21 (935 adults).

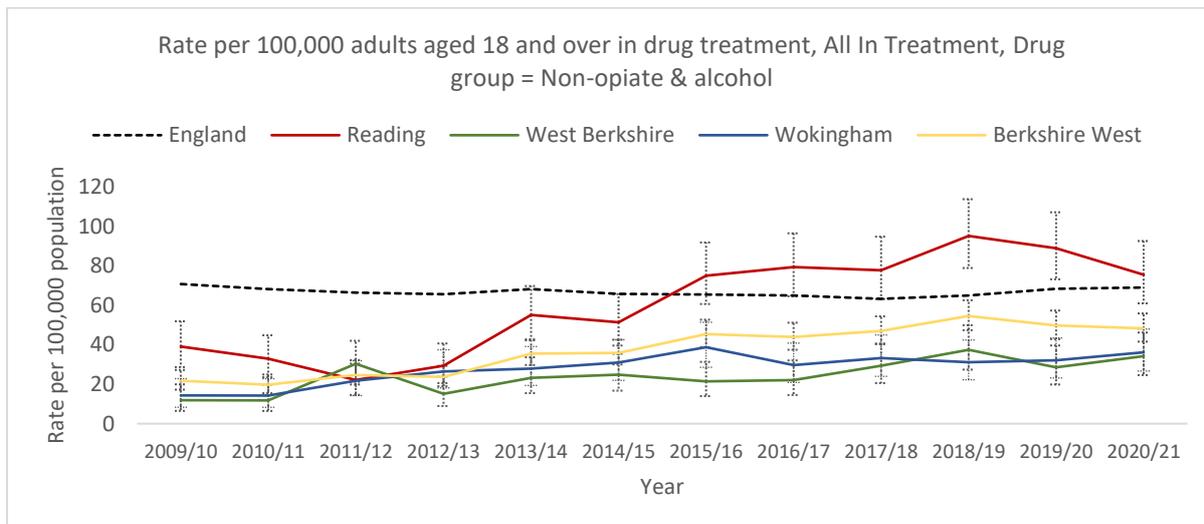
70% of those in drug treatment who live in Berkshire West are Opiate users (1,080 people). This is a rate of 285 per 100,000 population. The pattern in the rate of adults in treatment seen in Figure 19 is mirrored when looking at opiate users as a subset of all in treatment. Rates of opiate users in treatment highest and increasing for those living in Reading.

Figure 19: Rates of adults in drug treatment, all drug groups



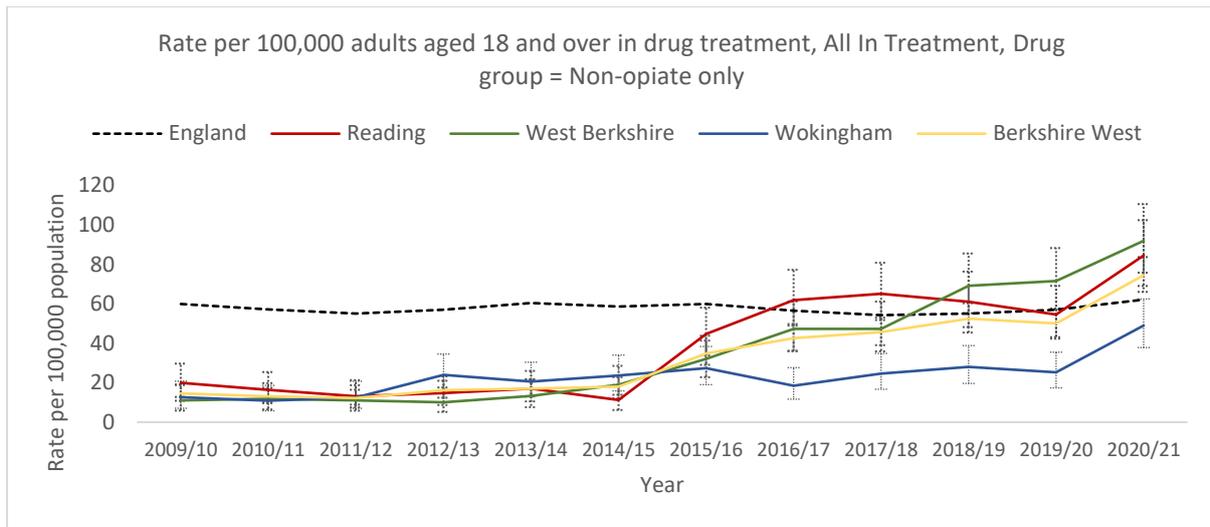
185 people living in Berkshire West are non-opiate and alcohol users in drug treatment. This is a rate of 48 per 100,000 and is significantly lower than the England rate of 69 per 100,000 (Figure 20). Although rates are higher for those living in Reading, they have seen a decline over the past three years and are no longer significantly higher than the England rate.

Figure 20: Rates of adults in drug treatment, non-opiate, and alcohol



When looking at non-opiate only users in drug treatment, the rate of people in treatment who live in Berkshire West (74 per 100,000) is significantly higher than the England rate of 62 per 100,000 (Figure 21). Rates for people living in West Berkshire and Reading have been steadily increasing over the past 7 to 9 years and are significantly higher than the England rate in 2020/21. There was also an increase seen in rates for people living in Wokingham between 2019/20 and 2020/21.

Figure 21: Rates of adults in drug treatment, non-opiate only



Client profile (new presentations)

Age and gender

In England, 70% of people starting drug treatment during 2020/21 were male. This figure is slightly higher for those in treatment for Opiate user (73%) and lower for those in treatment for non-opiate only treatment (68%). Figure 22 shows the proportion of adults starting drug treatment who are male by drug group and local authority. Overall, the proportion of adults in drug treatment living in Berkshire West local authorities who are male is like that of England and there is no significant variation when broken down by drug group.

Figure 22: Adults starting drug treatment who are male by drug group

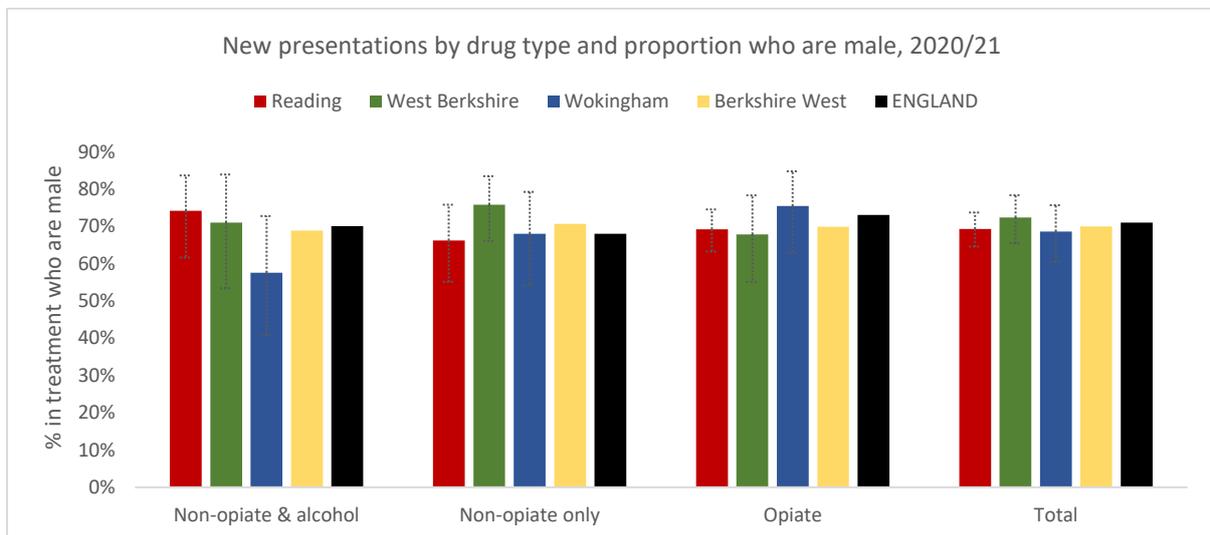


Figure 23 shows that in Berkshire West, there was a higher rate of both males and females starting drug treatment during 2020/21 when compared to the England rate. It also shows that:

- rates are higher in Berkshire West than the England average for Males aged 18-29 and for Females aged 18- 29

- rates are higher in Reading than the England average for Males aged 30-49 and Males aged 50+
- rates are higher in Reading than the England average for Females aged 18-29 and Females aged 30-49
- rates are higher in West Berkshire than the England average for Males aged 30-49

The highest rates seen in Berkshire West are for Reading males aged 30-49 followed by West Berkshire males aged 30-49

When we look at this analysis by drug group, the pattern seen in Figure 23 for Reading is largely driven by the pattern seen for opiate users in treatment. For West Berkshire, it is driven by non-opiate users in treatment (see Figure 24).

Figure 23: Rate of population starting drug treatment by age and gender, All drug groups

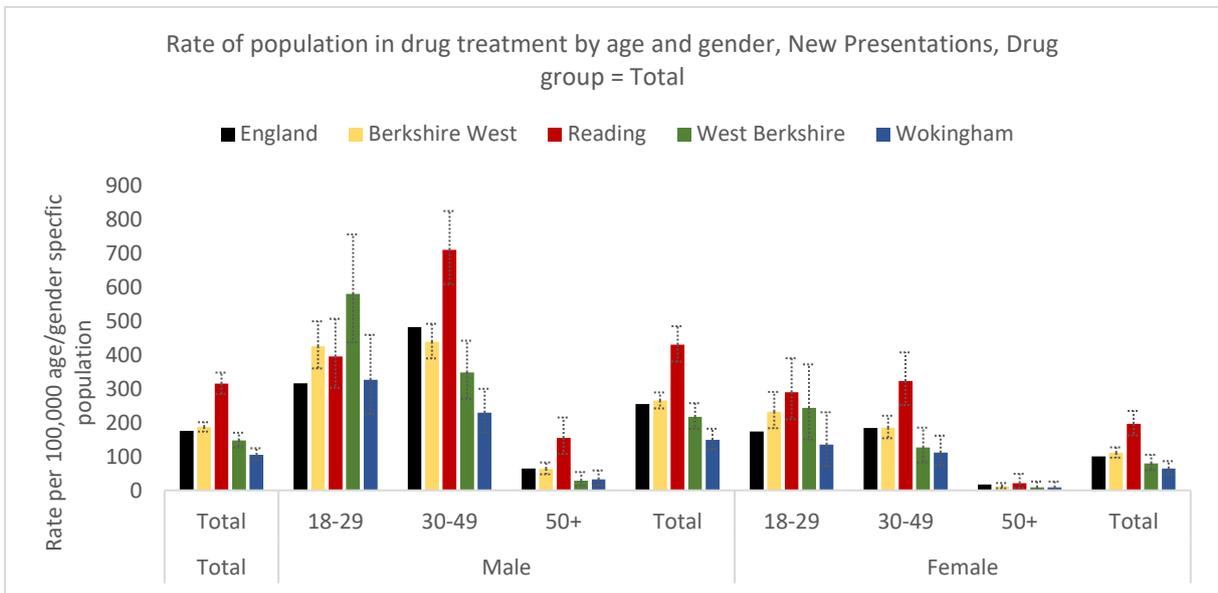
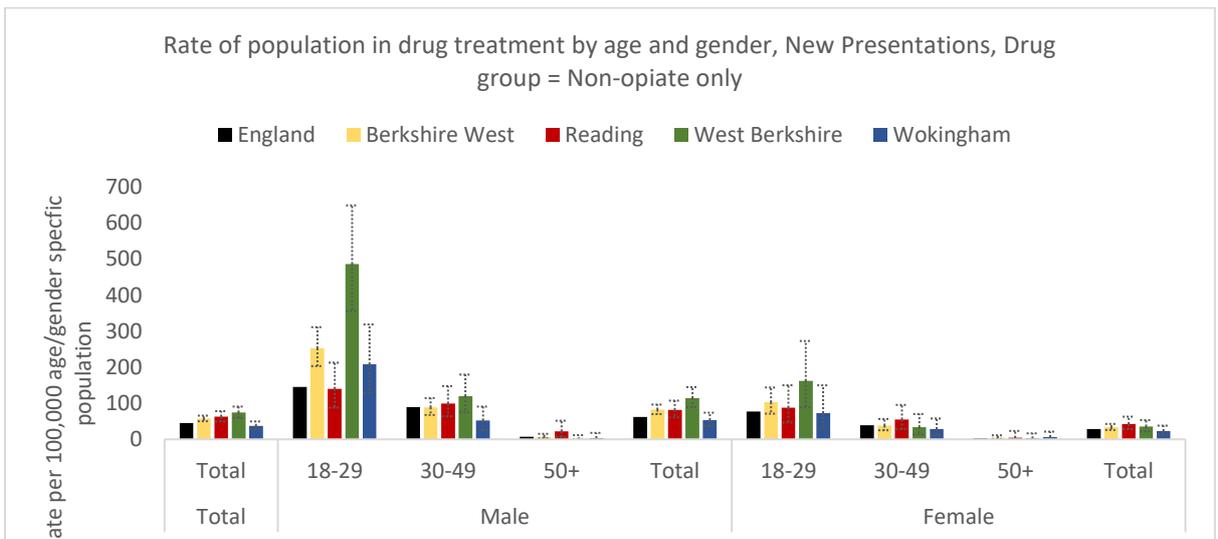


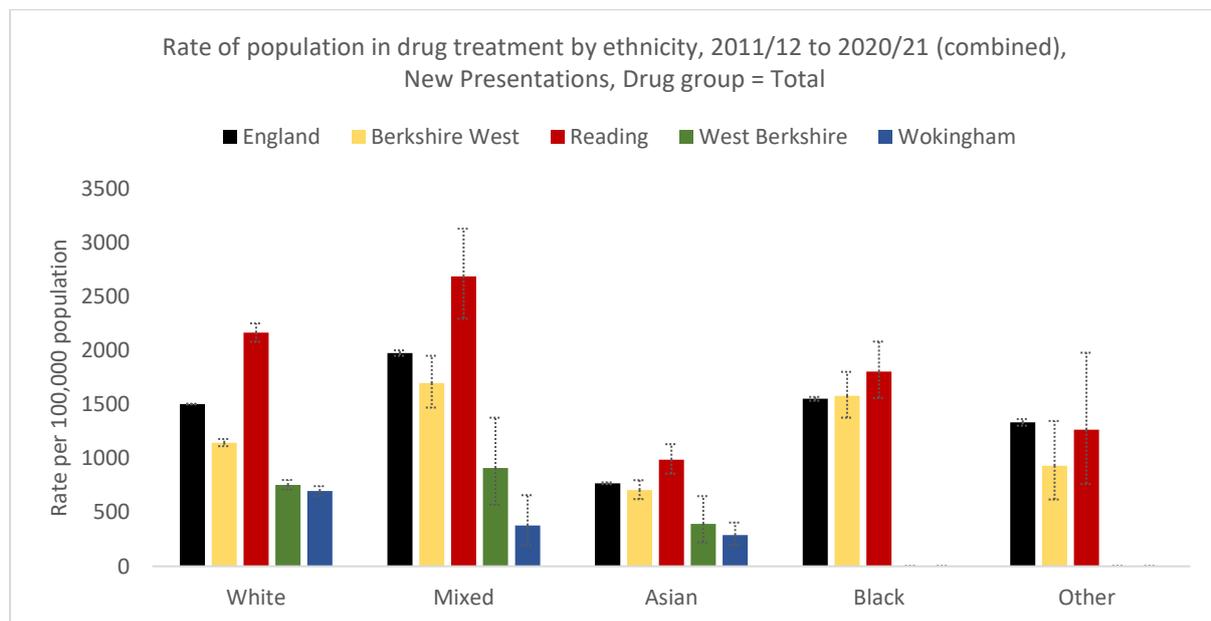
Figure 24: Rate of population starting drug treatment by age and gender, non-opiate only



Ethnicity

87% of people living in Berkshire West starting drug treatment during 2020/21 were white. This ranged from 81% of people living in Reading to 97% of people in West Berkshire. Until the results of the 2021 Census are published, the most recent estimates of population by ethnic group are taken from the 2011 Census. The resulting analysis shown in Figure 25, therefore, needs to be interpreted with some caution as there may have been an unequal increase in population size between ethnic groups since 2011. However, what Figure 25 does suggest is that those from white, mixed, and black ethnic groups are potentially overrepresented in the drug treatment population.

Figure 25: Rate of population starting drug treatment by ethnic group, all drug groups (missing values are suppressed for reasons of disclosure control)

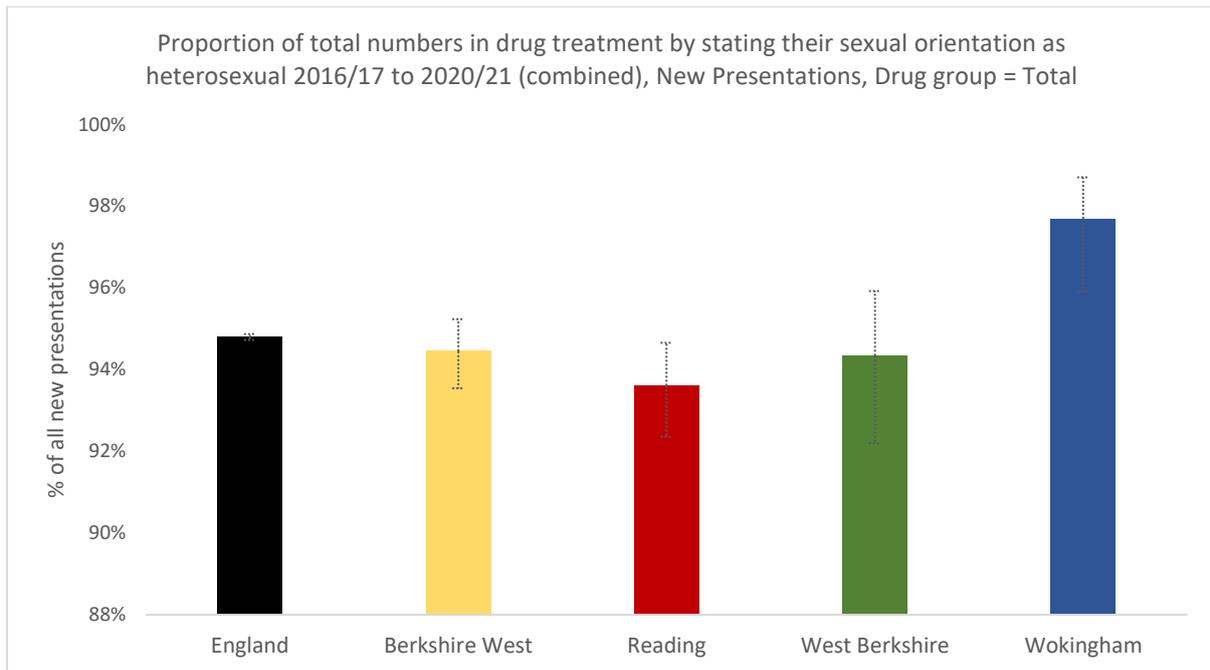


Religion, sexual orientation, and disability

The majority (63%) of people living in Berkshire West starting drug treatment between 2016/17 and 2020/21 stated that they had no religion, this is higher than the England average of 54%. 19% of people in Berkshire West stated their religion to be Christian and 4% Muslim.

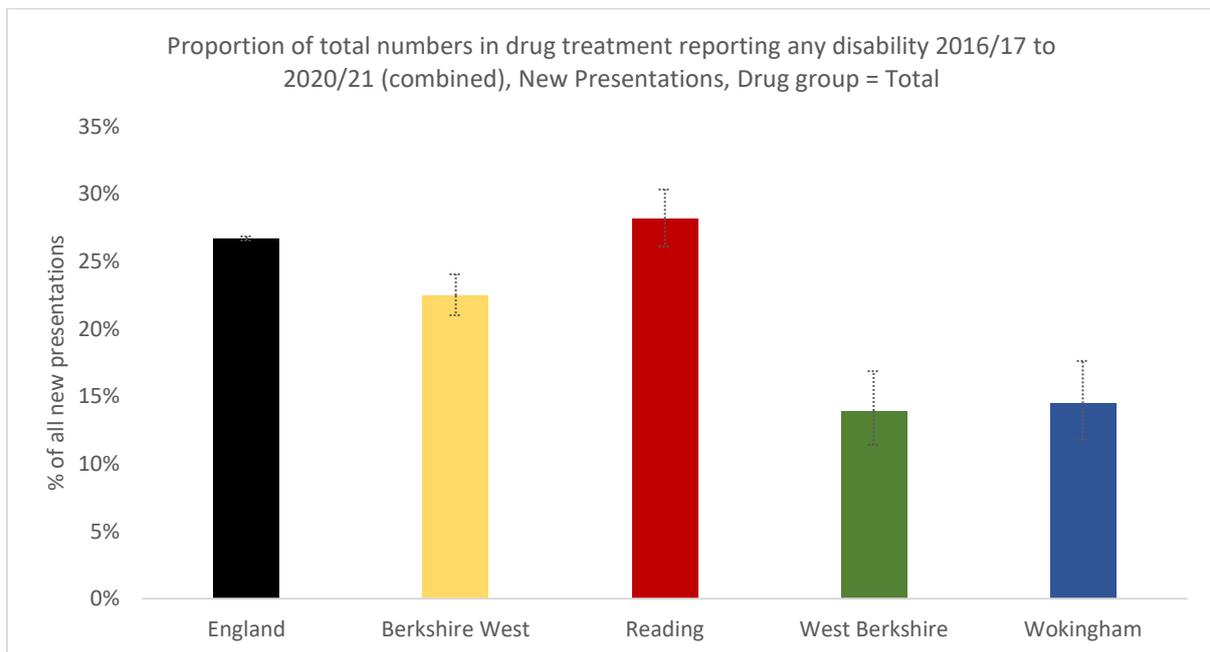
94% of people stated their sexual orientation as heterosexual ranging from 94% of people in Reading and West Berkshire to 98% of people in Wokingham (Figure 26).

Figure 26: Proportion of adults starting drug treatment stating their sexual orientation as heterosexual, all drug groups



22% reported having a disability, ranging from 14% in West Berkshire and Wokingham to 28% of people in Reading (Figure 27).

Figure 27: Proportion of adults starting drug treatment stating a disability, all drug groups



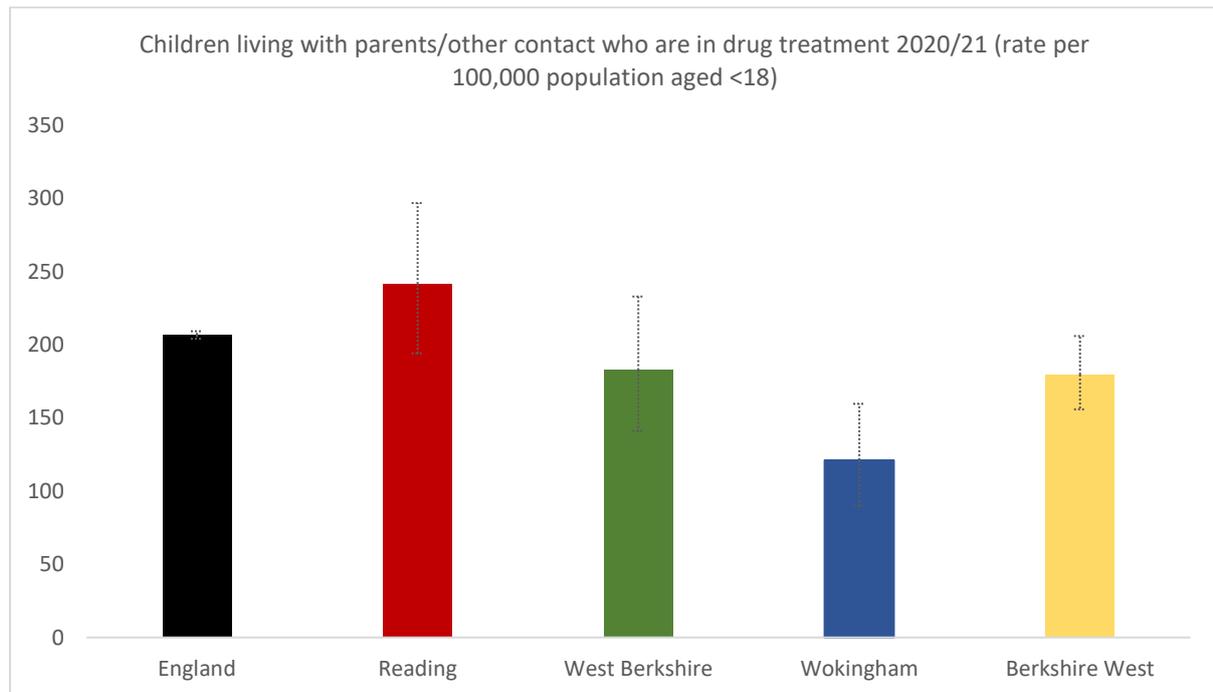
Parental status

13% of adults living in Berkshire West who started drug treatment during 2020/21 were parents living with children. This ranged from 8% of adults living in Reading to 20% of adults in Wokingham and is lower than the England rate of 15%. A further 21% of adults living in Berkshire West who started drug treatment during 2020/21 were parents who were living

separately to their children. This ranged from 8% in Wokingham to 26% in West Berkshire and compared to 24% in England.

Figure 28 looks at the number of children who are living with a parent or another contact who is in drug treatment as a rate per 100,000 population aged less than 18. In Berkshire West this equates to 180 per 100,000 children. There is variation between local authorities ranging from 121 per 100,000 in Wokingham 242 per 100,000 in Reading.

Figure 28: Rate of children living with parents or other contacts who are in drug treatment



In England, 5% of females were pregnant at the time that they started drug treatment. A similar proportion of females living in Berkshire West were pregnant at the start of drug treatment.

During 2020/21, 65% of children of people receiving drug treatment received no early help/contact with social care. This figure was 64% in Berkshire West ranging from 25% in Wokingham, 45% in West Berkshire, through to 77% in Reading.

Housing

A safe, stable home environment enables people to sustain their recovery. Engaging with local housing and homelessness agencies can help ensure that the full spectrum of homelessness is understood, from homelessness prevention to rough sleeping. 50 adults living in Berkshire West and starting drug treatment during 2020/21 had an urgent housing problem with a further 110 having housing needs. As a proportion of all starting treatment, this is like the England average. Over the past four years, the rate of people with an urgent housing problem has declined (Figure 29) and those with a housing problem has remained stable (Figure 30). Males living in Berkshire West starting drug treatment are more likely to have housing need than females (17% compared to 12%). Those aged 30-49 are most likely to have housing needs (17%) compared to those aged 18-19 (14%) and those aged 50+ (9%).

Figure 29: Adults starting drug treatment with an urgent housing need

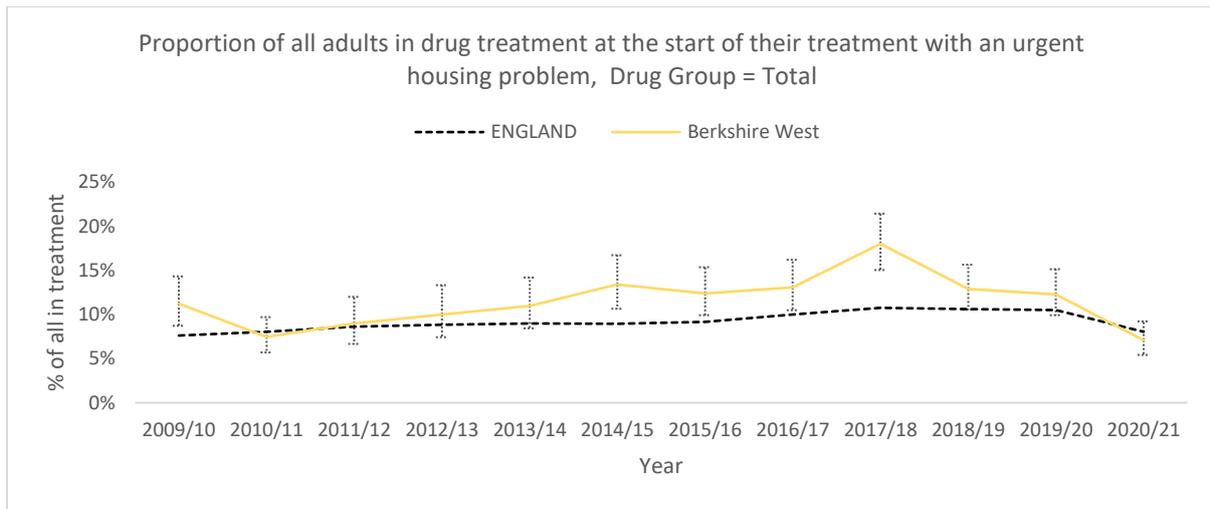
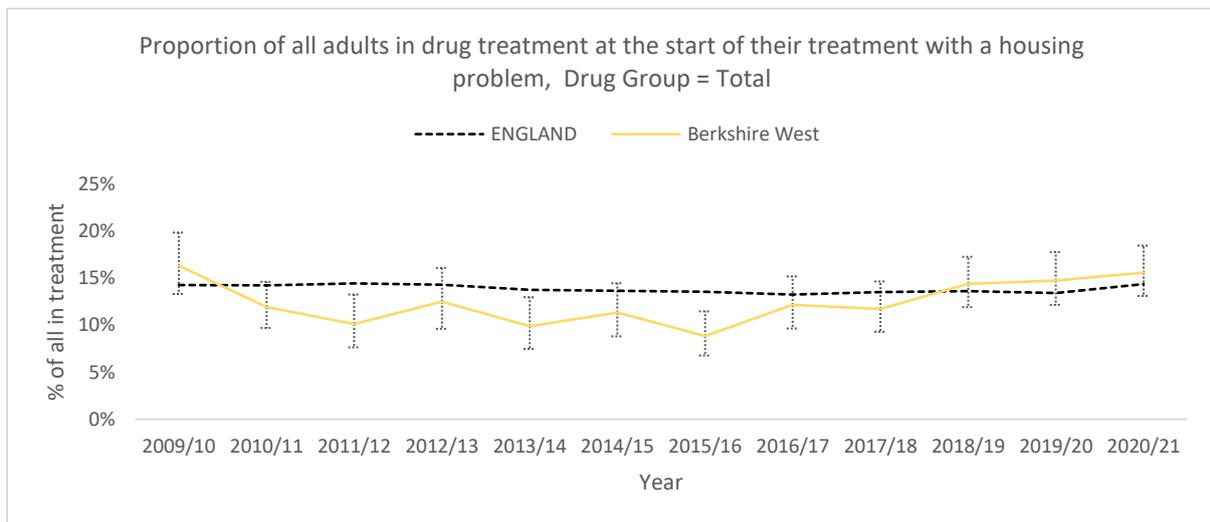


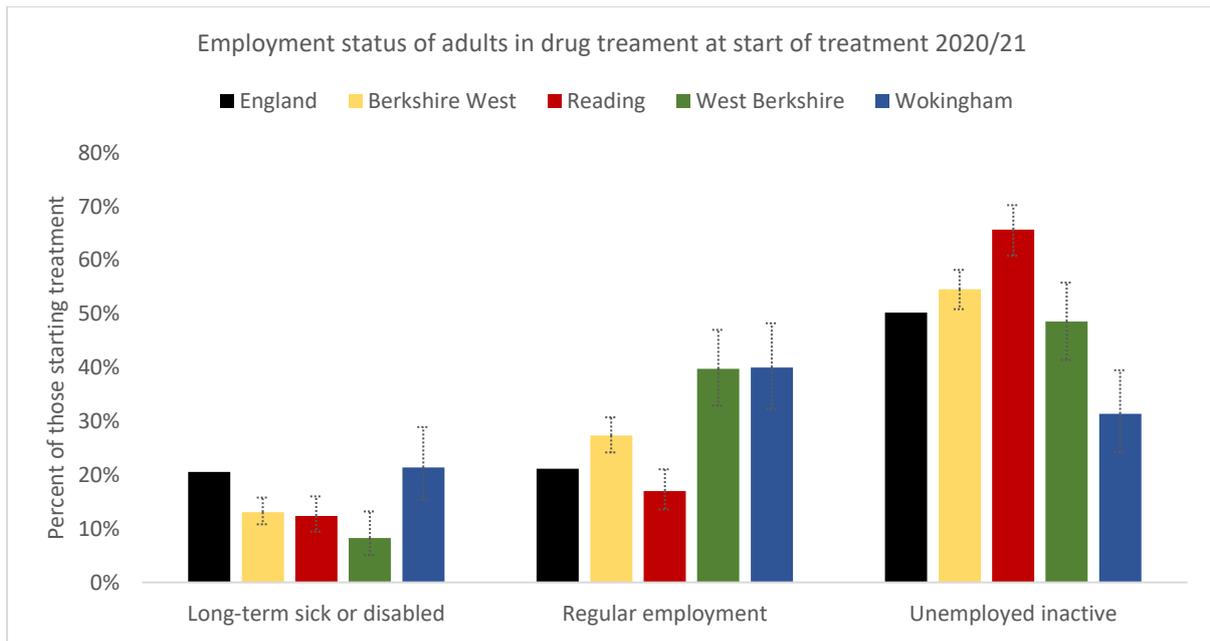
Figure 30: Adults starting drug treatment with a housing problem



Employment

27% of adults living in Berkshire West and starting drug treatment during 2020/21 were in regular employment which is significantly higher than the England figure of 21% (Figure 31). However, there is variation within Berkshire West with 17% of adults living in Reading and starting drug treatment in employment which is significantly lower than the England figure. Around 40% of people in West Berkshire and Wokingham were in employment when starting drug treatment. People living in Berkshire West starting drug treatment are less likely than the England average to be long-term sick or disabled and are more likely to be ‘unemployed inactive’ meaning that they are not in employment and have not been seeking work within the last 4 weeks. Improving job outcomes is key to sustaining recovery and requires improved multi-agency responses with Jobcentre Plus and Work and Health Programme providers.

Figure 31: Employment status of adults at start of drug treatment



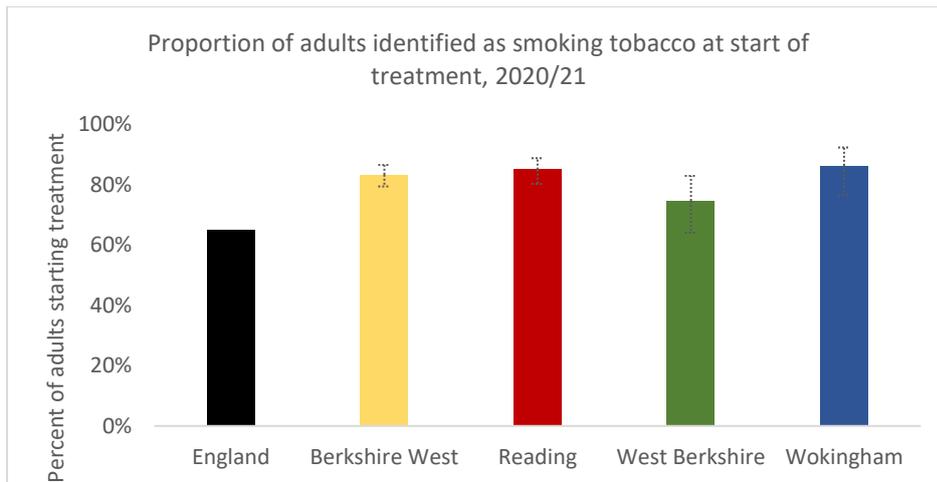
Tobacco use

With the support of treatment services, many people successfully recover from drug and alcohol dependence only to later die of their untreated smoking dependence. Services should offer (or be able to refer people into) stop smoking support (access to effective stop smoking products combined with behavioural support), and harm reduction approaches for people unable or unwilling to stop smoking in one step. Smokers who access this support are three times as likely to quit as those who try to quit unaided. 83% of adults living in Berkshire West starting drug treatment during 2020/21 were identified as smoking tobacco. This is significantly higher than the average for England (Figure 32) and much higher than the rate of smoking in the general population with smoking rate in the gender population now below 14% in England.

During 2020/21, for people in drug treatment living in Reading, 10% of those identified as smokers at the start of treatment, were abstinent from tobacco at their treatment outcome review. 40% of those living in West Berkshire were abstinent, and 35% of those living in Wokingham were abstinent. The England rate was 23%. There were no smoking cessation treatment interventions offered to people in drug treatment living in Berkshire West during 2020/21.

Often smoking can be seen as the more difficult addiction to break. However, we know that around 60% of smokers say that they would like to quit, and around 40% try to do so each year. By offering support from trained professionals, combined with access to the latest evidence-based stop smoking products (including electronic cigarettes), we can increase the proportion of smokers making a quality quit attempt and successfully quitting.

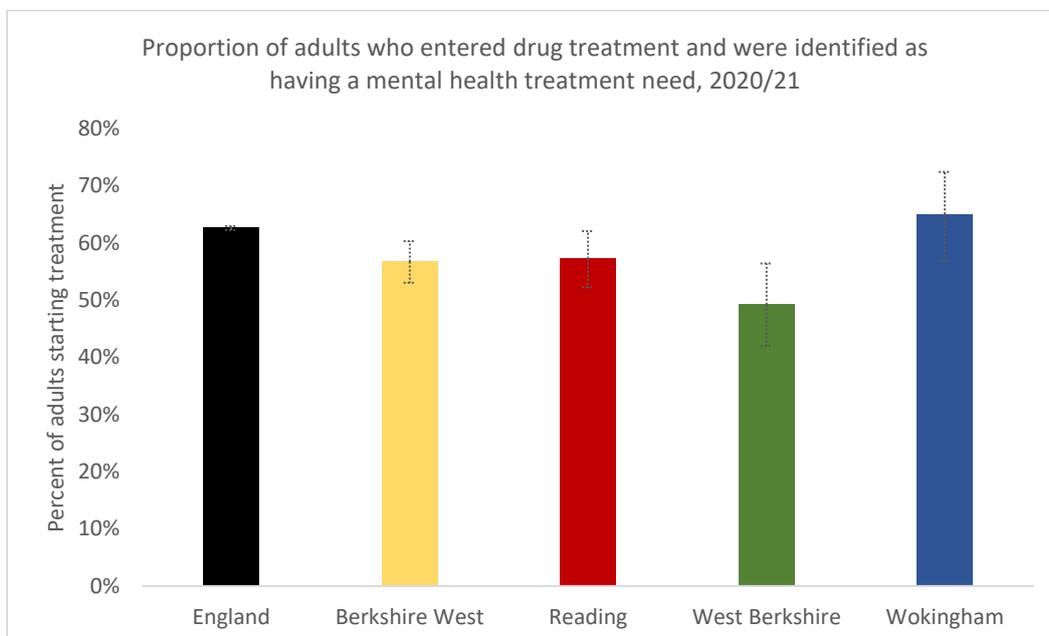
Figure 32: Adults identified as smokers at start of drug treatment



Mental health

57% of people living in Berkshire West and starting drug treatment during 2020/21 had a mental health treatment need (Figure 33). Although less than the England average, this still reflects a substantial number of those in treatment and is much higher than the need we would see in the general population. 65% of adults in Wokingham starting treatment had a mental health treatment need which is the same as the England average and the highest of the three Berkshire West local authorities. 70% of those identified as having a mental health treatment need in Berkshire West were receiving treatment. This figure for the three local authorities was 66% for Reading, 67% for West Berkshire, and 78% for Wokingham.

Figure 33: Adults identified as having a mental health treatment need at the start of drug treatment



Substance profile (new presentations)

Table 2 shows the number and proportion of times a particular substance was cited as been used by adults entering drug treatment during 2020/21. The top ten substances cited are shown. It is important to note that the percentages shown are taken as a proportion of all

those in treatment and higher percentages do not necessarily indicate a higher underlying substance use within the wider population. Everyone may cite more than one substance, and these are all included in the table below.

For those living in Berkshire West and starting drug treatment, cannabis is cited the most often (37% of all citations). This is like the England average of 35%. However, there is variation between Berkshire West local authorities ranging from 30% of citations of cannabis by people living in Reading to 53% of people living in West Berkshire. In contrast, 48% of people living in Reading and starting drug treatment cite the use of opiates and crack compared to 13% of people living in West Berkshire and 22% of people living in Wokingham. Alcohol is cited in similar proportions to the England average (34%) by people living in Wokingham (34%) but less than average by people living in Reading (26%) and West Berkshire (19%). Cocaine is cited more often by people in drug treatment living in Wokingham (32%) than the England average (25%).

Table 2: Top 10 substance types cited as being used by adults when entering drug treatment (any citation), 2020/21

Substance	Reading		West Berkshire		Wokingham		Berkshire West		ENGLAND	
	Count	Proportion of treatment population	Count	Proportion of treatment population	Count	Proportion of treatment population	Count	Proportion of treatment population	Count	Proportion of treatment population
Cannabis	117	30%	96	53%	46	33%	259	37%	27304	35%
Opiates and crack	188	48%	24	13%	31	22%	243	34%	21308	27%
Alcohol	100	26%	35	19%	48	34%	183	26%	26461	34%
Cocaine	52	13%	46	25%	45	32%	143	20%	19209	25%
Opiates, not crack	65	17%	35	19%	26	19%	126	18%	16132	21%
Benzodiazepines	20	5%	13	7%	6	4%	39	6%	4321	6%
Crack, not opiates	22	6%	9	5%	9	6%	40	6%	4545	6%
Any club drug	16	4%	13	7%	7	5%	36	5%	4030	5%
Amphetamines	8	2%	*	-	*	-	15	2%	2647	3%
Other drugs	7	2%	*	-	*	-	12	2%	1973	3%

Figure 34 to Figure 37 looks at the trend in citations of selected substance use when entering drug treatment for people living in Berkshire West and its three constituent Local Authorities. Data is shown for cannabis, opiates and crack, alcohol, and cocaine. Underlying numbers are small, so these trends need to be interpreted with caution. To aid readability of the charts, error bars are only shown around Wokingham data to give a sense of the statistical error around the figures.

Allowing for some fluctuation over time, the proportion of citations of opiates and crack (Figure 35), and alcohol (Figure 36) have remained relative stable or have declined. There was an increase in citations of opiate and crack use for those living in Reading seen between 2012/13 and 20214/15 which has not since declined.

There has been an increase in the proportion of citations of cannabis for people living in West Berkshire starting drug treatment and across Berkshire West as a whole (Figure 34).

There has also been an increase in the proportion of citations of cocaine use for people living in Berkshire West starting drug treatment (Figure 37). Whilst this increase has slowed for those living in Reading and West Berkshire over the past 2 time periods, it is above the England average for those living in Wokingham.

Figure 34: Citations of cannabis use at start of drug treatment (proportion of new presentations to treatment)

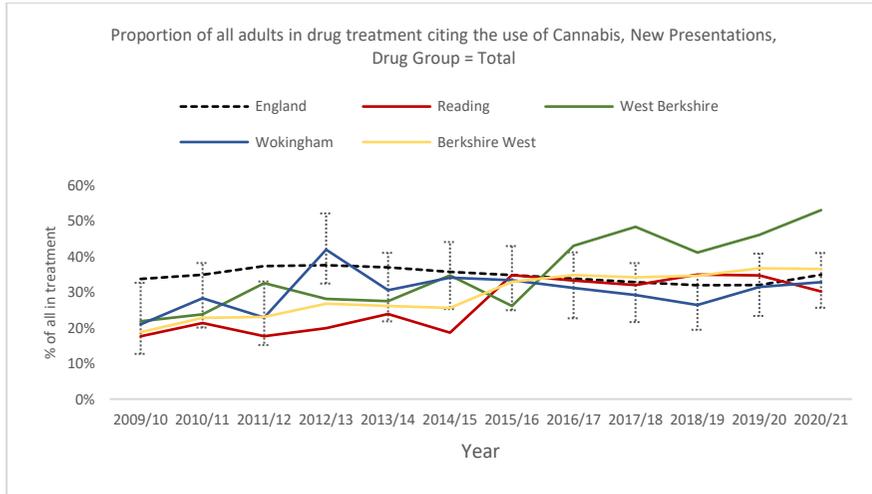


Figure 36: Citations of alcohol use at start of drug treatment (proportion of new presentations to treatment)

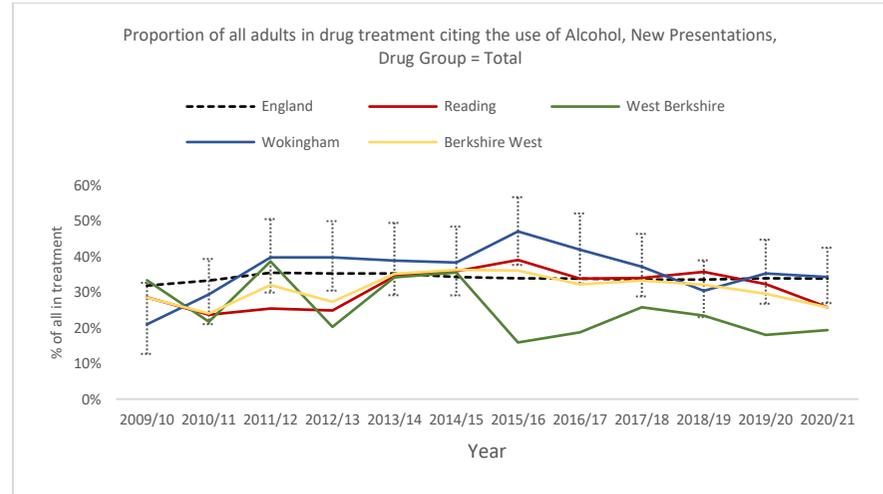


Figure 35: Citations of opiate and crack use at start of drug treatment (proportion of new presentations to treatment)

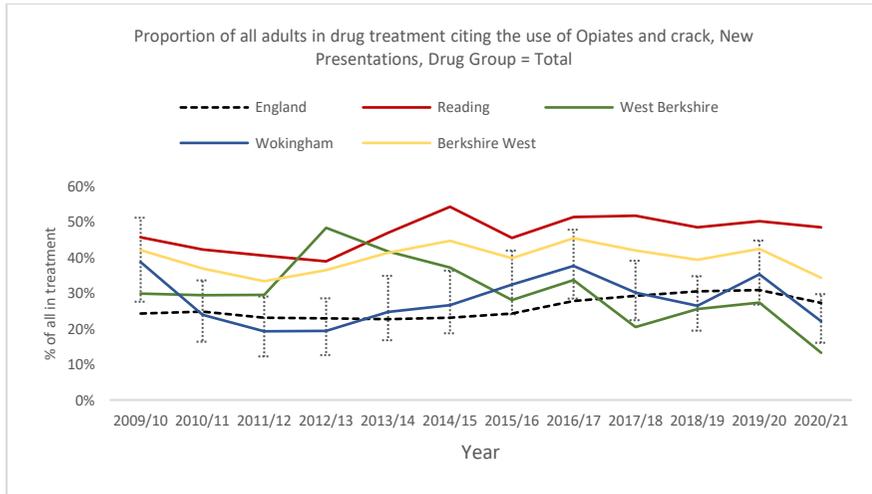
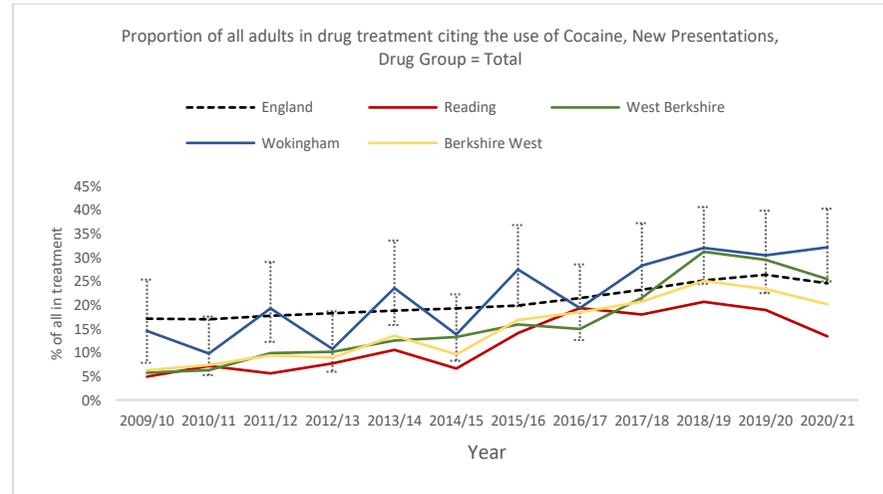


Figure 37: Citations of cocaine use at start of drug treatment (proportion of new presentations to treatment)



As mentioned previously, higher percentages of citations of a specific substance in relation to the treatment population, do not necessarily indicate a higher underlying substance use within the wider population. Therefore, analysis has been performed to look at the number of citations of substances at treatment start as a proportion of the total resident population (Figure 38 to Figure 41). This shows by substance type:

- Cannabis – there is higher use in Reading when compared to the England average, use has flattened off since a sharp rise in 2015/16. Rates of use have slowly been increasing in West Berkshire and are now (non-significantly) higher than the England rate
- Opiate and crack – higher use in Reading when compared to the England average with rates steadily increasing since a low in 2012/13
- Alcohol – rates lower than the England average for Wokingham and West Berkshire; higher than average in Reading remaining fairly flat since a peak in 2015/16
- Cocaine – increasing in line with the England average across Berkshire West; drop off in rates seen in Reading over the past two years

Overall trends in rates by substance type shows:

- A levelling off in the increase seen in rates of people in treatment citing used of opiates and crack after an initial jump between 2012/13 and 2014/15
- Continuing increase in rates of people in treatment citing the used of cannabis (overtaking opiates and crack in 2020/21)
- Relatively stable rates of people in treatment citing alcohol after an initial increase seen between 2012/13 and 2015/16
- Steady climb in rate of people citing cocaine, though with a drop between 2018/19 and 2020/21

Figure 38: Citations of cannabis use at start of drug treatment (rate of population)

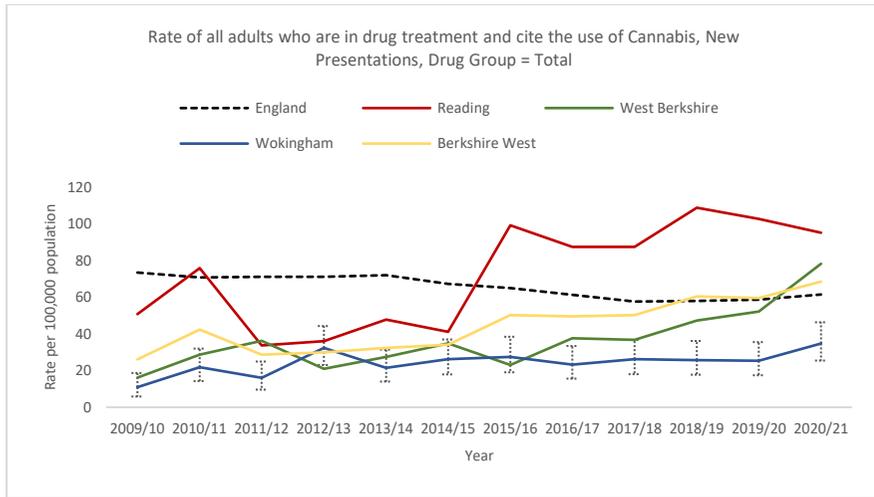


Figure 40: Citations of alcohol use at start of drug treatment (rate of population)

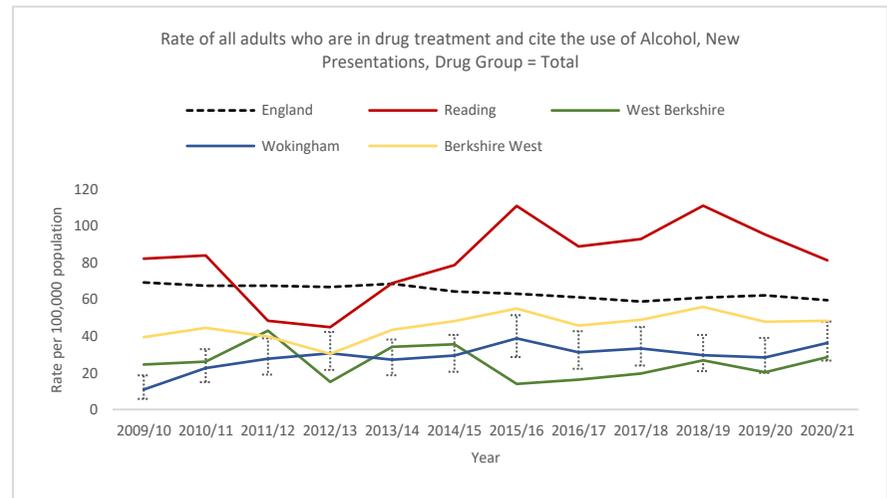


Figure 39: Citations of opiate and crack use at start of drug (rate of population)

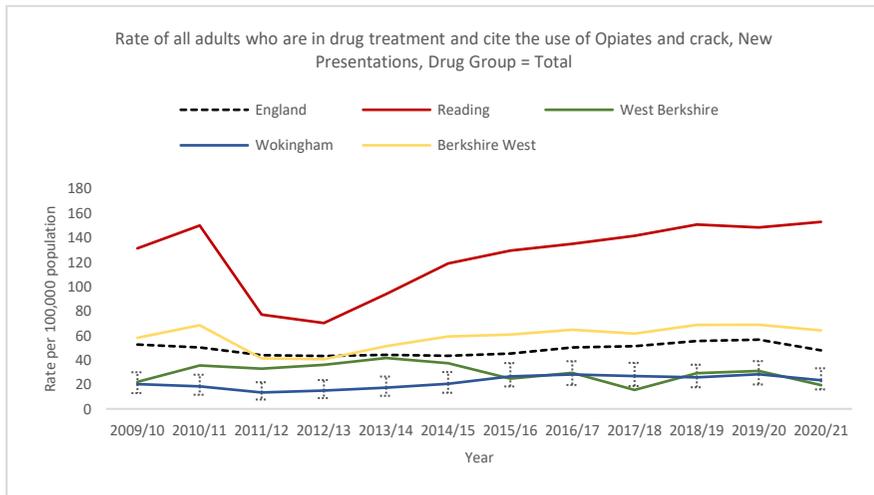
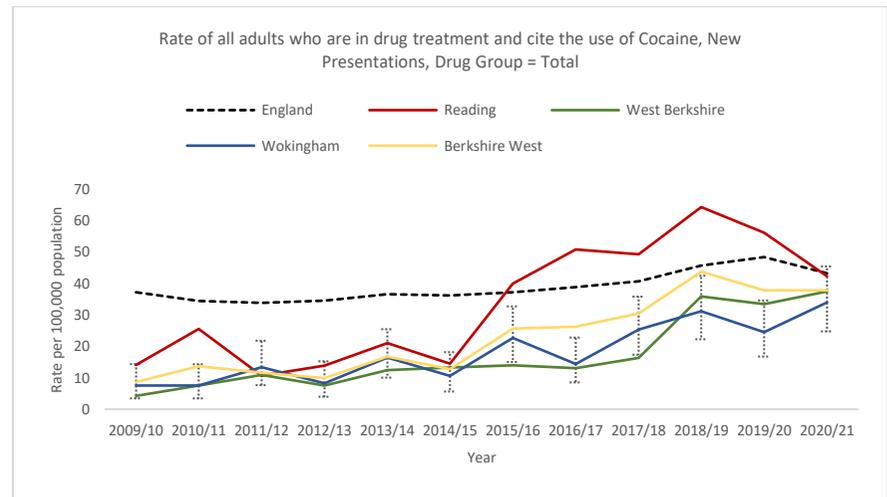


Figure 41: Citations of cocaine use at start of drug treatment (rate of population)



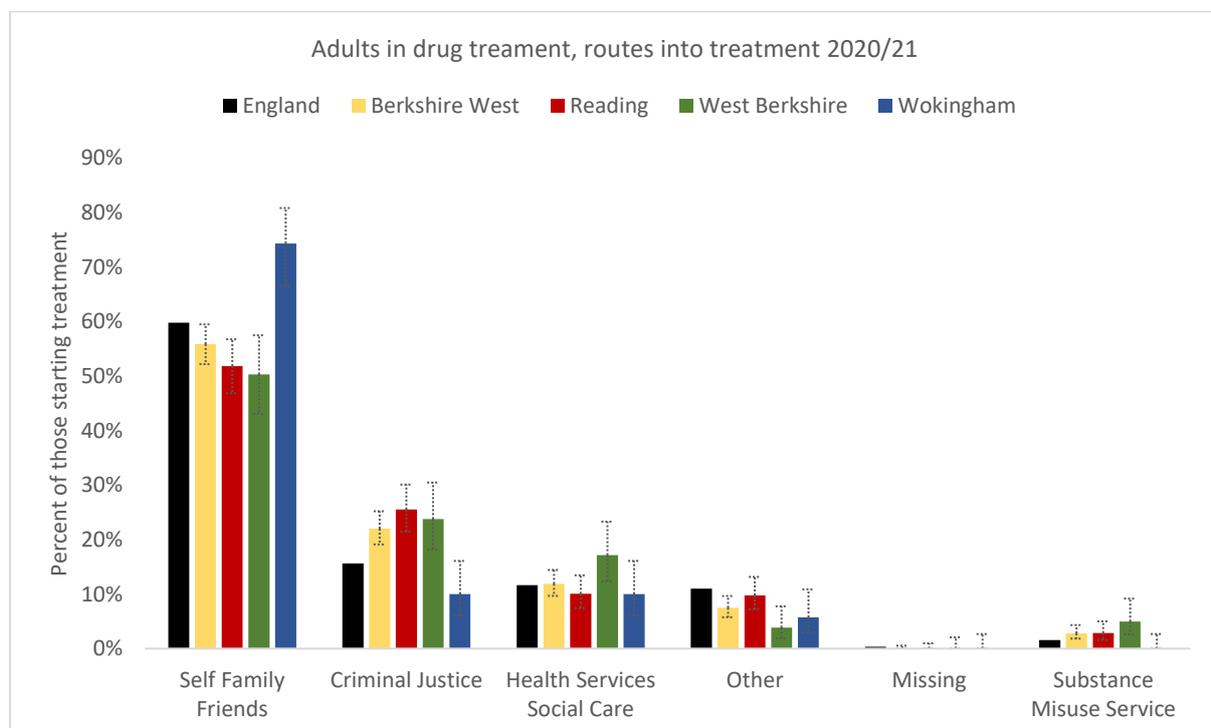
Referral source (new presentations)

People affected by problem drug use need prompt help if they are to recover from dependence. The average national waiting time is currently less than one week and keeping waiting times low will play a pivotal role in supporting recovery in local communities. 99% of people referred to drug treatment services in Berkshire West are seen within 3 weeks or less. This is the same as the England average and have remained between 97% and 99% since 2013/14.

56% of adults living in Berkshire West who start drug treatments have been referred by themselves, or by family or friends. This ranges from 50% of people living in West Berkshire to 74% of people living in Wokingham. 22% of adults living in Berkshire West are referred by the Criminal Justice System (CJS)⁹.

Figure 42 shows that, when compared to the England average, adults living in Berkshire West who are referred to drug treatment are less likely to be referred by themselves, or their families and friends. They are more likely to be referred via the CJS. There are some exceptions by local authority with those living in Wokingham more likely to be referred by themselves, or their families and friends. They are less likely to be referred via the CJS. In addition to being more likely than the England average of being referred via the CJS, people living in West Berkshire are more likely to be referred via health services or social care, and via substance misuse services.

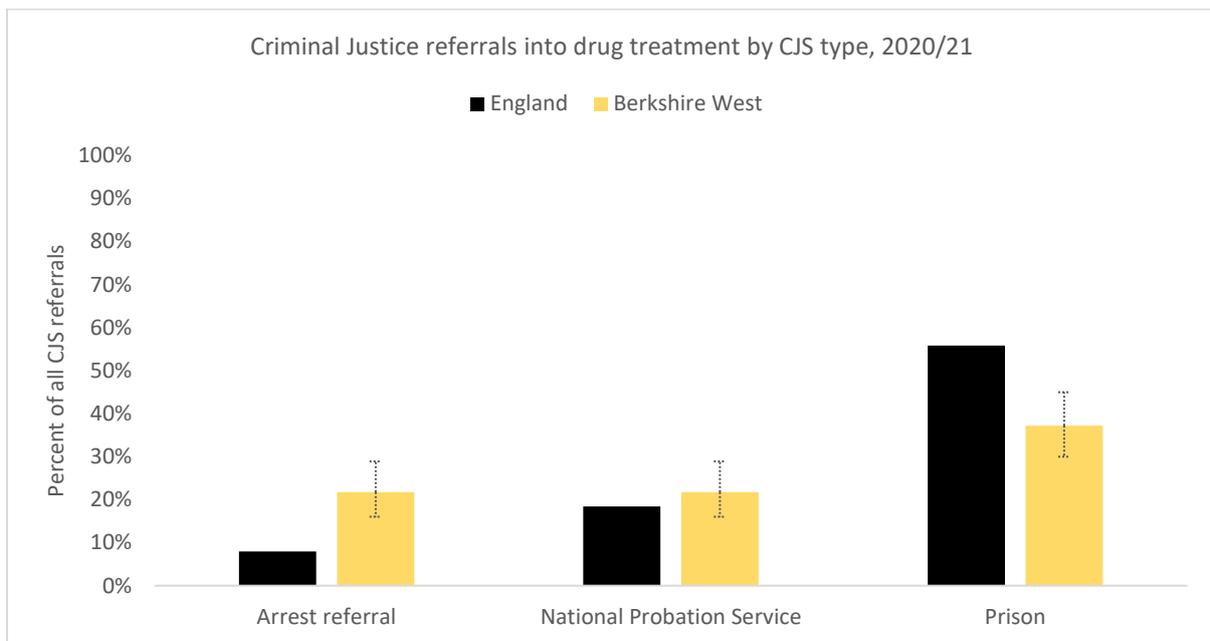
Figure 42: Routes into drug treatment



⁹ Referred through a police custody or court based referral scheme, prison, or National Probation Service/Community Rehabilitation Company

In England during 2020/21, 56% of CJS referrals to drug treatment were made by the prison service; a further 18% were via the national probation service; and 8% were an arrest referral. Figure 43 shows that fewer CJS referrals for people living in Berkshire West (37% of all CJS referrals) come via the Prison Service than the England average. Proportionally more come via arrest referrals for people living in Berkshire West compared to the England average.

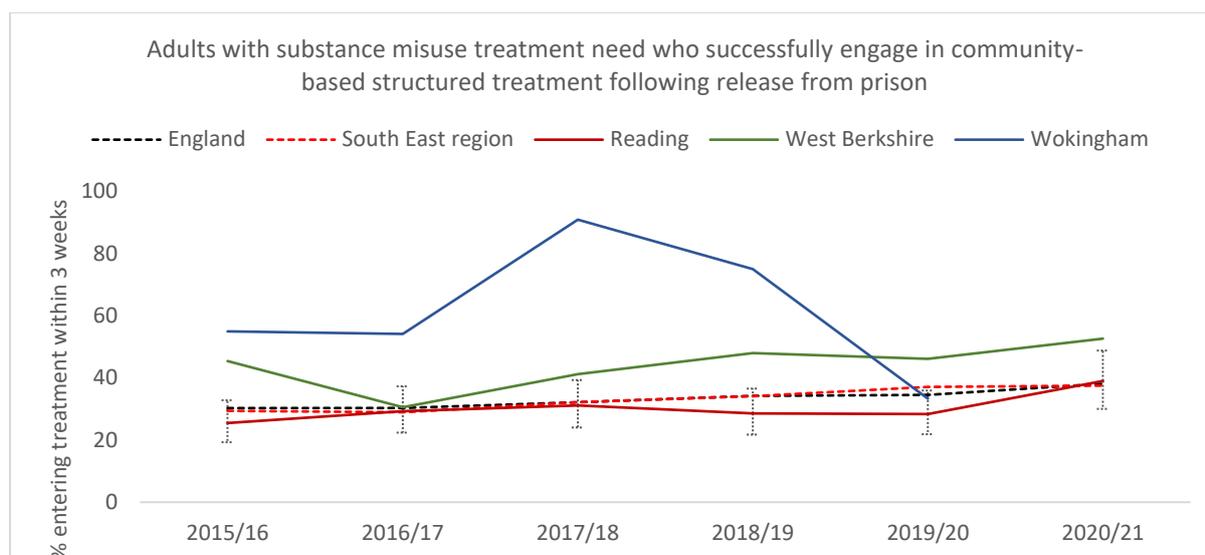
Figure 43: CJS referrals by CJS referral type



Leaving prison engaged in treatment

Around 180 adults in Berkshire West will leave prison with an ongoing substance misuse treatment need each year. During 2020/21, 42% of Berkshire West adults leaving prison with a substance misuse treatment need went on to engage in structured treatment interventions in the community within 3 weeks of release. This is like the England rate of 40%. Numbers are too small to detect any significant variation at a local authority level (Figure 44). Most prison referrals into community substance misuse services within Berkshire West come from HMP Bullingdon. Nationally, around 8% of those entering community substance misuse services will re-present to prison-based treatment within 3 weeks.

Figure 44: Adults released from prison and engaging in substance misuse treatment



Office for Health Improvement and Disparities, Public Health Outcomes Framework

Interventions, overdose prevention, and blood borne viruses

Table 3 shows that almost all (99%) of Berkshire West adults in drug treatment during 2020/21 received psychological support and all of those in non-opiate drug groups received psychological support. This is like the pattern seen in England overall. Over two-thirds received pharmacological support, driven by high rates of pharmacological support for opiate users. Again, like the overall pattern in England. A greater proportion of people in Berkshire West received recovery support compared to the average for England and 90% compared to 80% with 93% of opiate users in Berkshire West receiving this support.

99% of people receiving interventions in Berkshire West received at least one intervention which was delivered in the community.

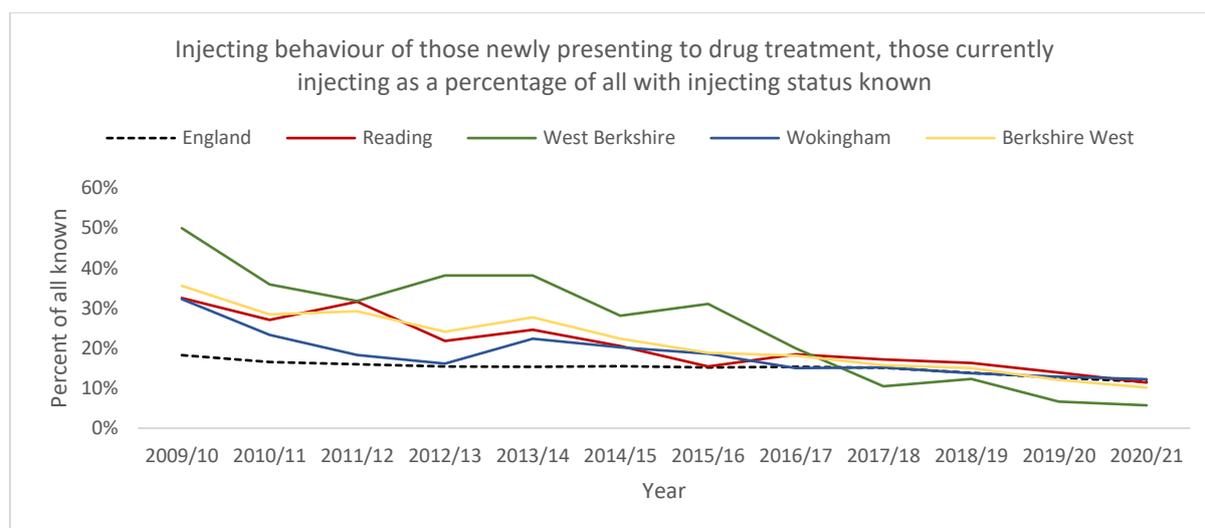
Table 3: Type of intervention received by those in drug treatment 2020/21

Drug group	Pharmacological		Psychological		Recovery Support	
	Berkshire West	England	Berkshire West	England	Berkshire West	England
Opiate	94%	95%	98%	98%	93%	81%
Non-opiate & alcohol	7%	12%	99%	100%	84%	81%
Non-opiate only	3%	6%	100%	100%	83%	77%
Total	68%	70%	99%	98%	90%	80%

Sharing injecting equipment can spread blood-borne viruses. Providing opioid substitution treatment (OST), sterile injecting equipment and antiviral treatments protects people who use drugs, and communities, and provides long-term health savings.

Approximately 70 people living in Berkshire West who started drug treatment during 2020/21 were known to be currently injecting drugs with a further 130 known to have previously injected. The proportion of people entering treatment who are currently (Figure 45) or have previously injected have declined to 10% in 2020/21 (6% in West Berkshire).

Figure 45: Injecting behaviour of those starting drug treatment



Naloxone is the emergency antidote for overdoses case by heroin and other opiates. Naloxone blocks the effect of opiates of slowing down and stopping breathing. Drug services can supply Naloxone without a prescription, and anyone can use it to save a life in an emergency (Department of Health and Social Care, 2019). Table 3 shows that, during 2020/21, 28% of eligible adults in England were issued with Naloxone. The rate in Berkshire West is higher at 33% and ranges from 26% of eligible adults in West Berkshire to 40% of eligible adults in Reading. The proportion of adults administered Naloxone in Berkshire West is like the England average of 3%.

Table 4: Naloxone use 2020/21

Area	Naloxone issued	Naloxone administered
	Proportion of eligible adults	Proportion of eligible adults
ENGLAND	28%	3%
Reading	40%	6%
West Berkshire	26%	7%
Wokingham	34%	4%
Berkshire West	33%	6%

Table 5 shows that a greater proportion of people in drug treatment in Berkshire West who were eligible for an HBV vaccination during 2020/21 accepted one (41%) when compared to the average for England (29%). Acceptance rates were lower in West Berkshire at 20%. Just over half of those who excepted a vaccination in Berkshire West had either started or completed a course during 2020/21.

Table 5: Hepatitis B vaccination and treatment 2020/21

Area	England	Berkshire West	Reading	West Berkshire	Wokingham
Adults eligible for an HBV vaccination who accepted one	29%	41%	52%	20%	50%
Adults eligible for an HBV vaccination who accepted and COMPLETED a course of vaccination	9%	13%	29%	3%	6%
Adults in treatment who accepted and STARTED a course of vaccination	6%	8%	10%	12%	2%

Eliminating hepatitis C as a major public health threat requires the identification and treatment of many more infected people who use drugs. Table 6 shows the proportion of people in drug treatment living in Berkshire West who are eligible for a HCV test, who accepted a test and the proportion of those tested who were positive for HCV antibodies. As Hepatitis C virus (HCV) testing and referral data will vary from area to area depending on local systems and pathways, the availability of test results to providers and where/how hepatitis C treatment is provided, national figures are not provided for comparison as this may be misleading. Within Berkshire West, test acceptances is lower in Wokingham (13%) and higher in Reading (69%). Positivity is similar across all areas.

Table 6: Hepatitis C testing and positivity 2020/21

Area	Berkshire West	Reading	West Berkshire	Wokingham
Adults eligible for an HCV test who accepted one	38%	69%	33%	13%
Adults who have a positive HCV antibody test (as a proportion of those for whom either a positive or negative result is recorded)	21%	22%	23%	19%

Treatment exits

Length in treatment

Adults that have been in treatment for long periods of time (six years or over for adults with opiate problems and over two years for adults with non-opiate problems) will usually find it harder to successfully complete treatment. Current data shows that adults with opiate problems who successfully complete within two years of first starting treatment have a higher likelihood of achieving sustained recovery.

Figure 46 shows that 54% of opiate users in drug treatment had been in drug treatment for 2 or more years (as a proportion of all in treatment). For those living in Berkshire West, this proportion is significantly lower at 43%. It is significantly lower still for those living in Wokingham (29%). This is mainly due to lower proportions who are in treatment for 6 or more years (16% in Berkshire West compared to 27% in England).

Figure 46: Opiate users in treatment for 2 or more years

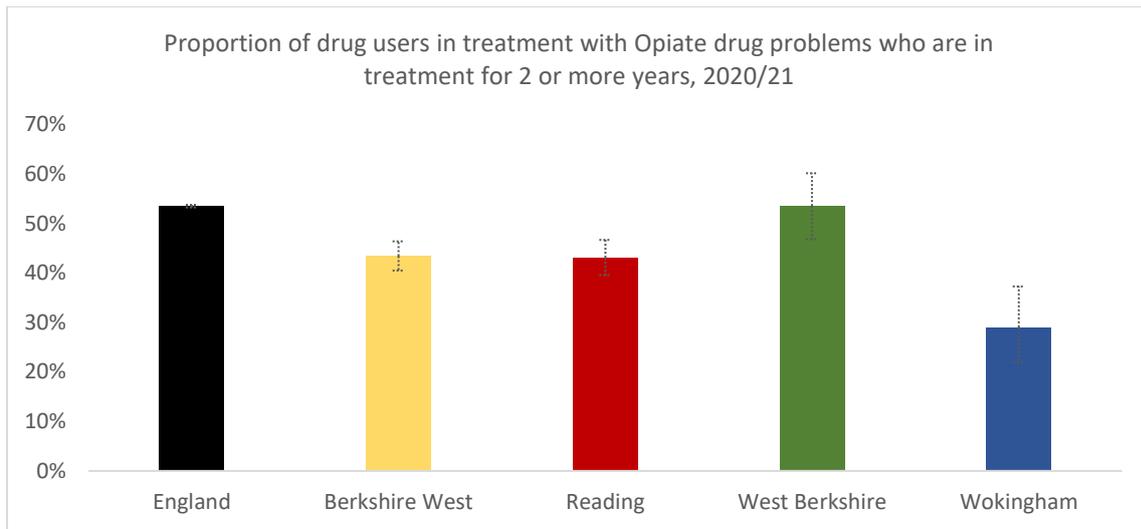
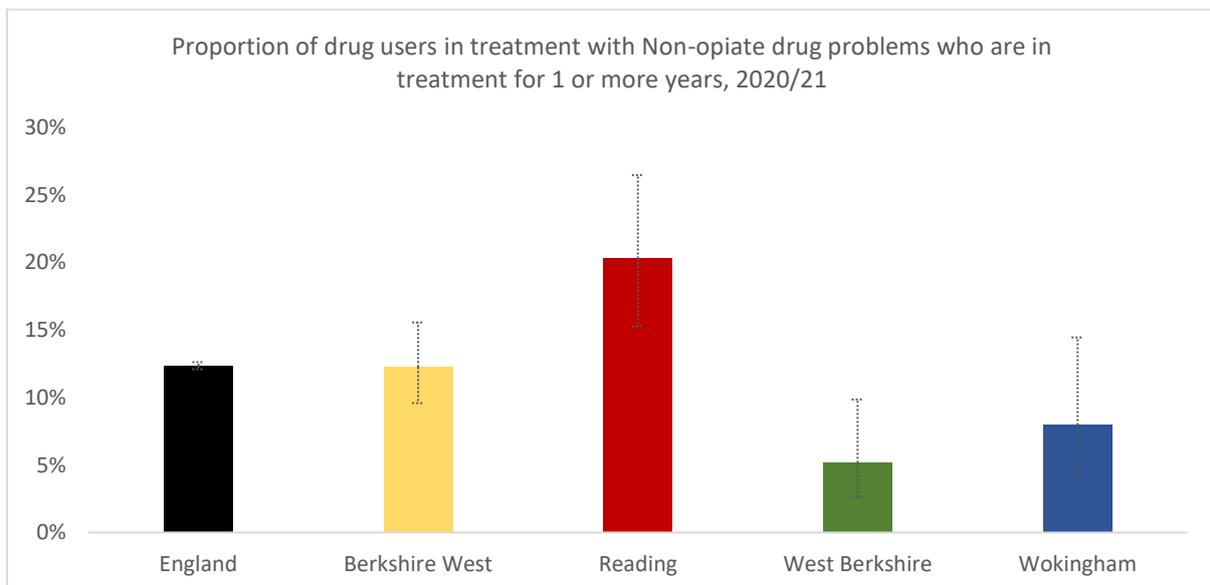


Figure 47 looks at the proportion of non-opiate users in drug treatment at the 31st of March 2021 who had been in treatment for one year or more. 12% of people in drug treatment in England had been in drug treatment for one year or more with the proportion for those living in Berkshire West also at 12%. There was variation between people living in the three local authorities within Berkshire West as can be seen in Figure 47. 20% of people living in Reading who are in drug treatment for non-opiate drug use had been in treatment for one year or more, a figure that is significantly above the England rate. In contrast the rate for people living in West Berkshire (5%) and Wokingham (8%) is significantly below the England rate.

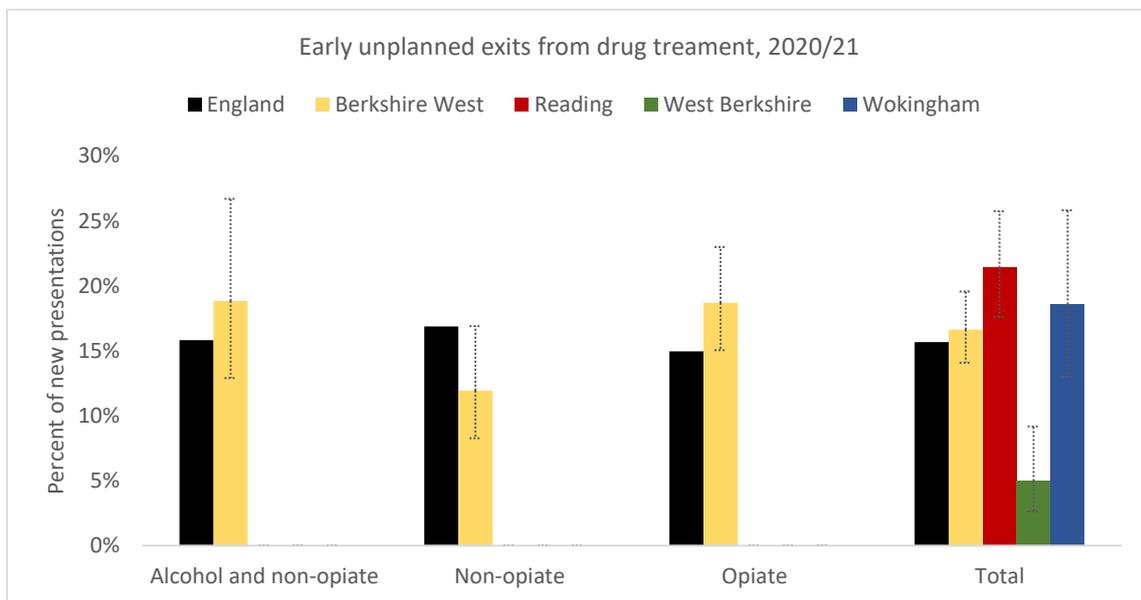
Figure 47: non-opiate users in treatment for 2 or more years



When engaged in treatment, people use fewer illegal drugs, commit less crime, improve their health, and manage their lives better - which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their

families and their community start to accrue. Figure 48 shows the proportion of new presentations to drug treatment that end in an early, unplanned exit¹⁰. Data is only shown by drug groups for Berkshire West and England due to small numbers at local authority level. Looking at all new presentations to drug treatment in England, 16% resulted in an early, unplanned exit. This figure is similar for those living in Berkshire West (17%). Variation can be seen by local authority which is large enough to be considered statistically significant. People living in Reading have a higher likelihood of early, unplanned exit from drug treatment (21%) with people living in West Berkshire having a lower likelihood of early, unplanned exit from drug treatment (5%). In Berkshire West, those in the non-opiate drug group are least likely to have an early, unplanned exit. This pattern differs to the average pattern in England where non-opiate drug groups having a slightly higher rate of early, unplanned exits. Those in the opiate drug group in Berkshire West are significantly more likely to have an early, unplanned exit than their counterparts across England.

Figure 48: Early, unplanned exits



¹⁰ People who leave treatment in an unplanned way before 12 weeks of treatment

Problem drug use is a significant cause of premature mortality. The quality and accessibility of drug services and how deaths are investigated and responded to has an impact on drug misuse death rates. In 2020/21, there was a 18% increase at a national level in the number of people recorded as having died while in treatment for drug misuse, with wide local variation. It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to this increase. During 2020/21, 11 people in Berkshire West died whilst in drug treatment. Almost all of these were in drug treatment for opiate use and equates to 0.6% of the total treatment population which is significantly lower than the rate for England (1.8%).

Successful completions

Helping people to overcome drug dependence is a core function of any local drug treatment system. Although many individuals will require several separate treatment episodes spread over many years, most individuals who complete successfully do so within two years of treatment entry. The data below shows the proportion of drug users who complete their treatment free of dependence, and who do not relapse and re-enter treatment. Error bars are shown only for Wokingham to give a sense of the range of error around the data whilst maintaining readability of the charts.

During 2020/21, 3.1% of opiate users in drug treatment in Berkshire West successfully completed treatment and did not re-present within 6 months (Figure 49). This is like the England average. Completion rates were highest in Wokingham (6%). There has been a decline in successful completion in England since 2022/12 with completion rates in Berkshire West roughly following trend. As seen in Figure 50, completion rates for non-opiate users are much higher (27% in Berkshire West in 2020/21). They remain on, or around the England average across Berkshire West and within West Berkshire and Wokingham. They dropped below the England average in Reading during 2020/21.

Figure 49: Successful drug treatment completions – opiate users

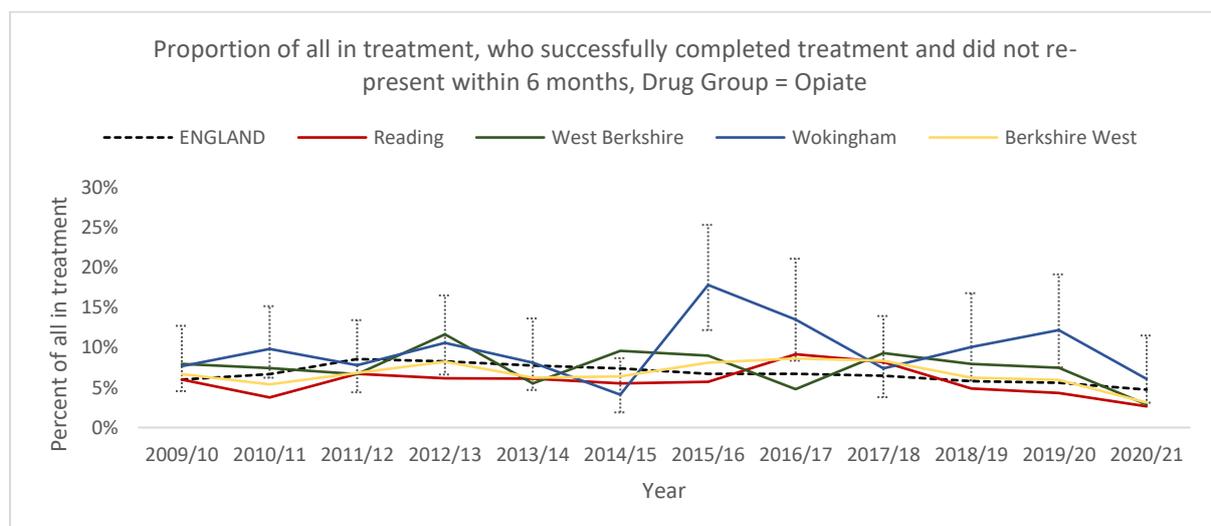
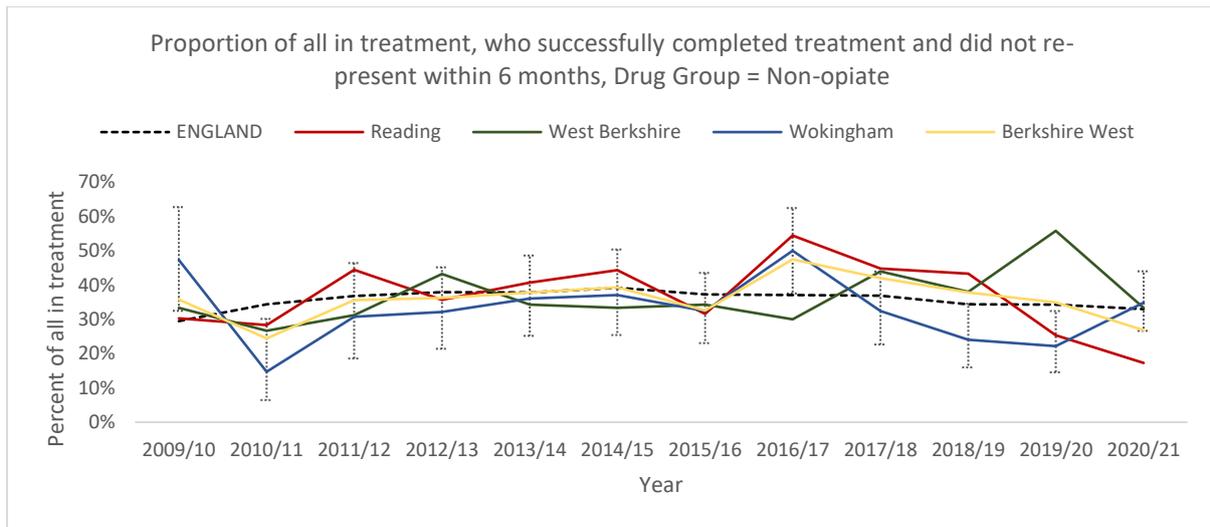


Figure 50: Successful drug treatment completions – non-opiate users



Representations

18 adults entering drug treatment in Berkshire West during 2020/21 had previously been in treatment within the last six months. This is around 2% of the total treatment population and is like the England rate of representation.

Treatment outcomes

The treatment outcomes described below are outcomes during a person's time in treatment which are demonstrated to be very good predictors of successful completion and non-representation. Alcohol treatment outcomes are included alongside drug treatment outcomes.

Figure 51 to Figure 55 show, for each drug group, the percent of the treatment population who were abstinent from the specified substance at their 6-month review date. The rate of people in treatment abstinent from opiates, crack, and cannabis at 6 months sits around 40% although there has been an increase in the rate abstinent from opiates and crack. Rates abstinent from cocaine have dropped from 100% in 2017/18 to 40% in 2020/21. Rates of abstinence from alcohol is lower than the rates of abstinence from illegal drugs at 30% and this has remained static over the past six years.

Figure 51: Change in opiate use

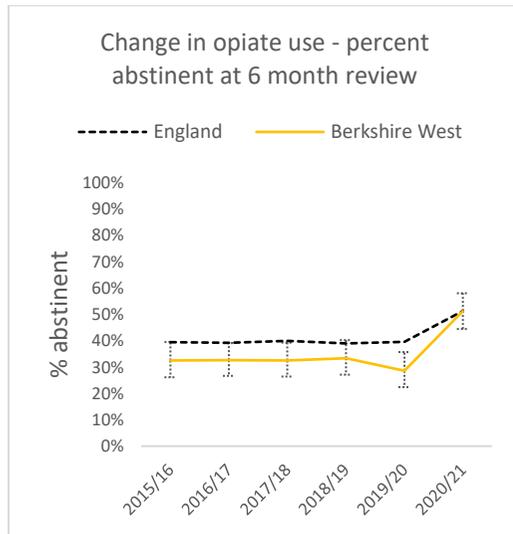


Figure 53: Change in cocaine use

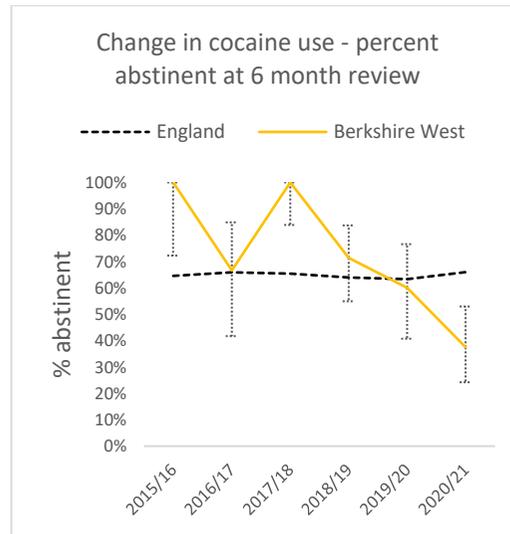


Figure 55: Change in alcohol use

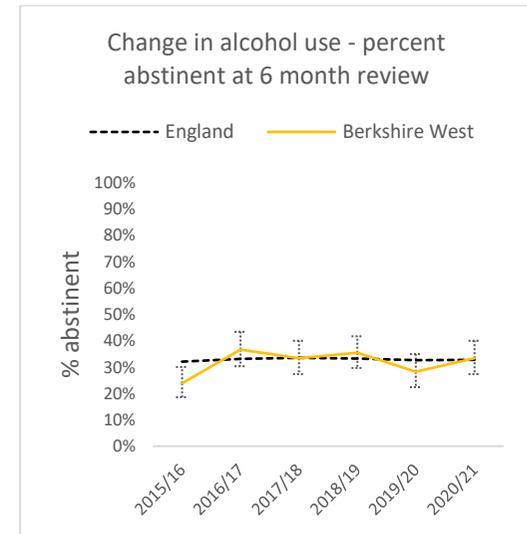


Figure 52: Change in crack use

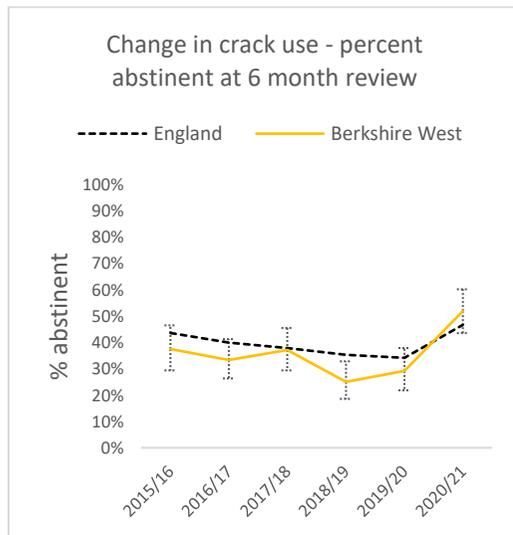
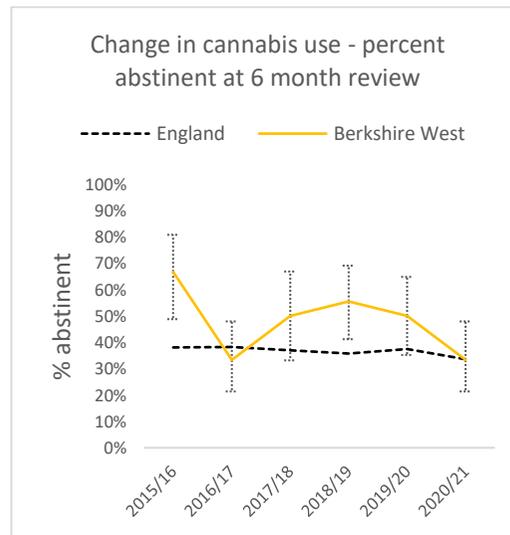
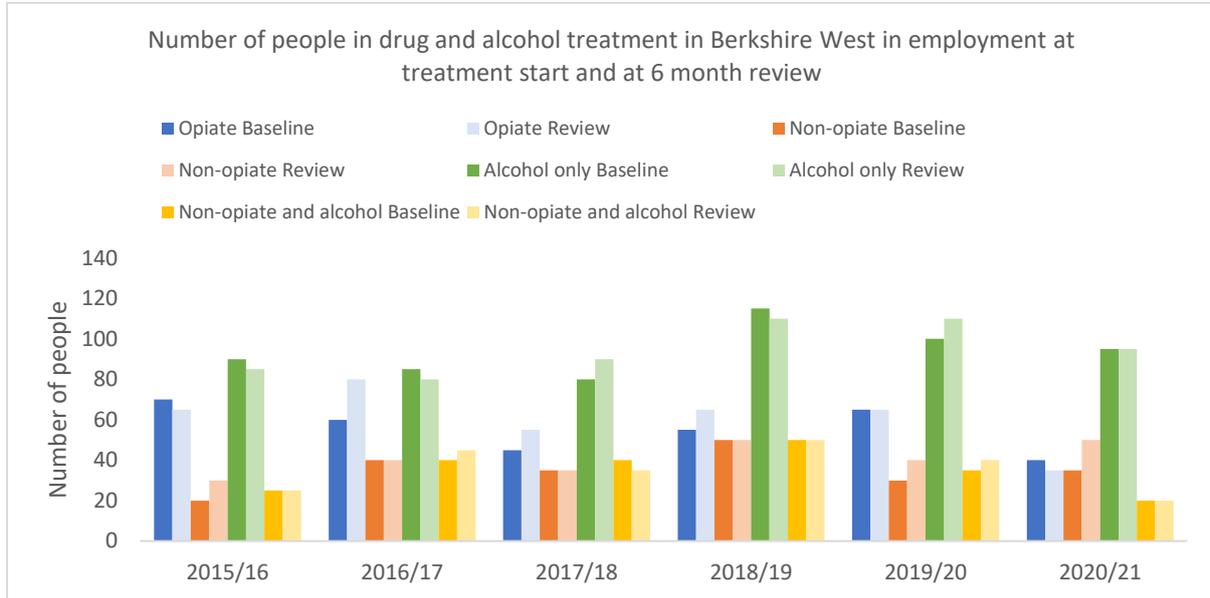


Figure 54: Change in cannabis use



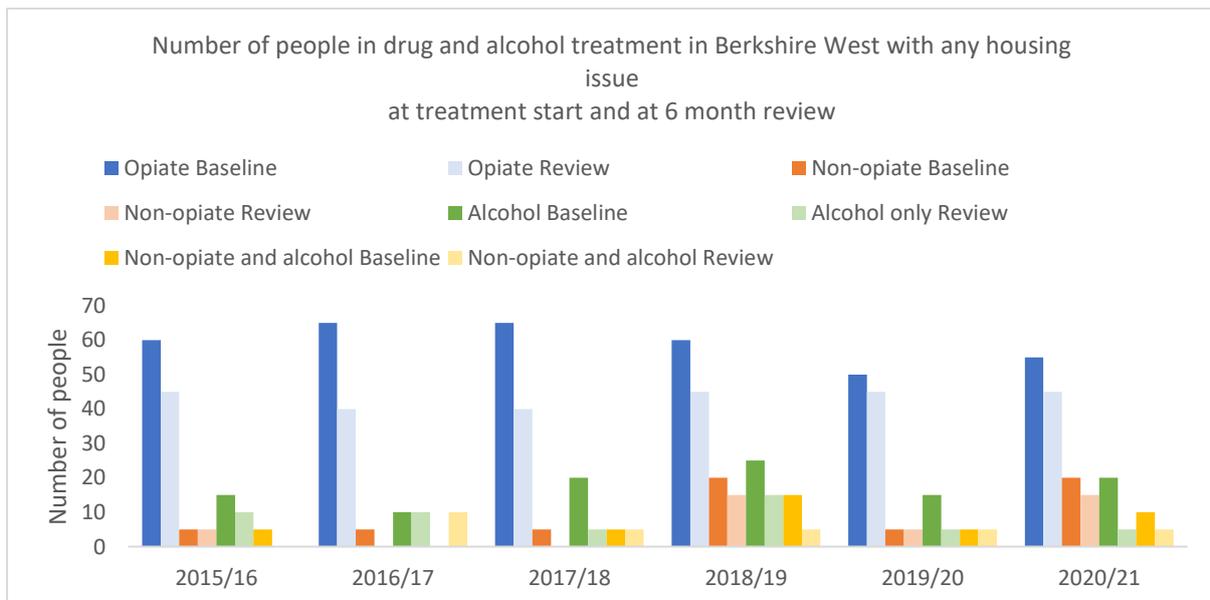
The number of people in treatment who are in employment by the time of their 6-month treatment review shows little shift from baseline (Figure 56) and this is true across all drug groups.

Figure 56: employment change during treatment



There is relatively more success when it comes to improving housing issues (Figure 57). Opiate users require the most support with housing issues and see the most improvement by their 6-month review. However, the proportion of opiate users who have had their housing situation improved has been decreasing.

Figure 57: changes in housing issues



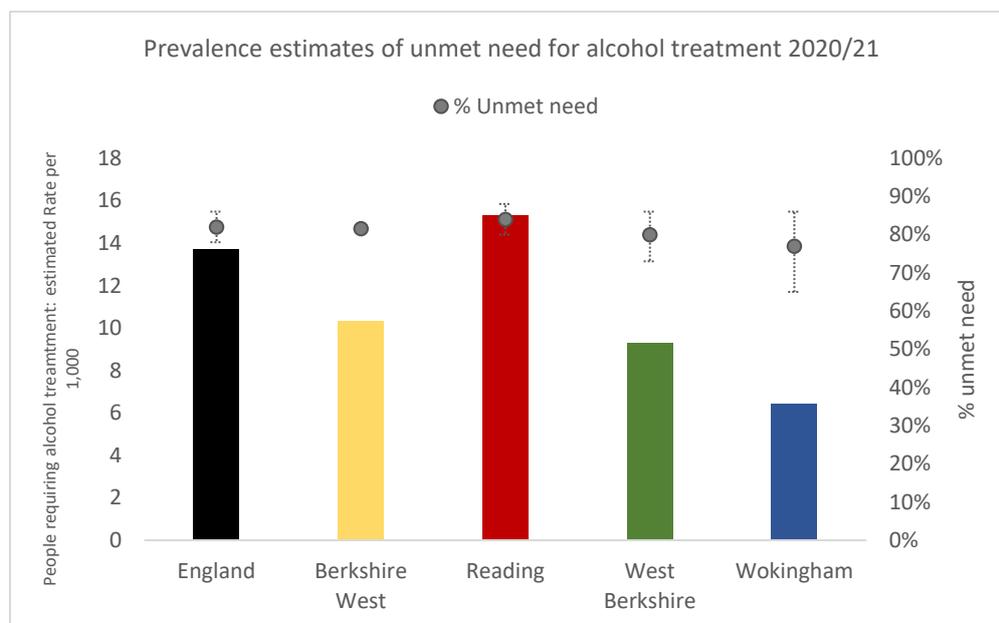
Problem alcohol use, and treatment in Berkshire West – adults aged 18 and over

Prevalence of problem alcohol use and unmet need

Figure 58 shows the estimated count prevalence of people requiring treatment for problem alcohol use living in Berkshire West. It should be noted that there is a wide range of confidence around these estimates. There are an estimated 3,887 people misusing alcohol and requiring treatment living in Berkshire West. This is a rate of 10 per 1,000 people. Within Berkshire West, total estimated prevalence is higher in Reading Local Authority (15 per 1,000).

Figure 58 also shows the percentage of those who require treatment by who are not in treatment. This indicates that in Berkshire West 82% of people who require treatment are not in treatment. The proportion not in treatment is similar between Berkshire West Local Authorities.

Figure 58: Estimated prevalence of alcohol misuse and unmet need, Berkshire West

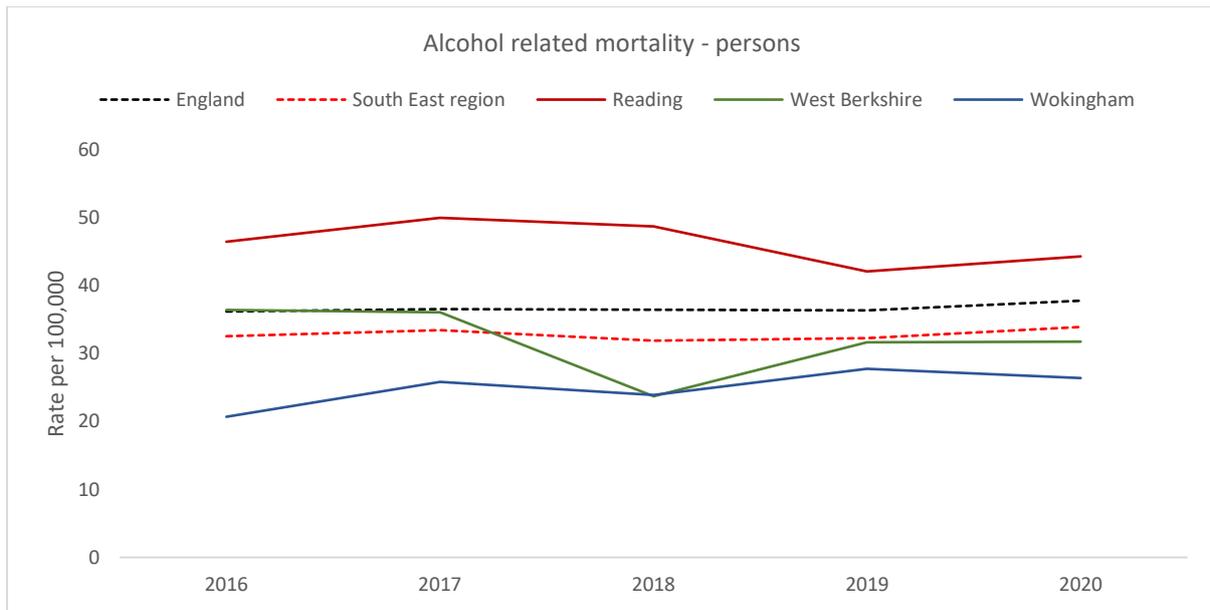


NDTMS, Viewit, Adult profiles [accessed 28/09/2022]

Alcohol-related deaths

There were 150 deaths across Berkshire West registered during 2020 that were related to alcohol. Rates of deaths were highest for people living in Reading (44 per 100,000). Although higher than the national average of 38 per 100,000, this is not a statistically significant difference (Figure 59). In Berkshire West, 66% of alcohol-related deaths were male deaths. However, there was some variation between local authority with just 54% of deaths for people living in West Berkshire being male deaths compared to 67% in Reading and 66% in Wokingham. 40 deaths in Berkshire West during 2020 were due to alcohol specific causes which equates to 32% of all alcohol-related deaths.

Figure 59: Alcohol related mortality



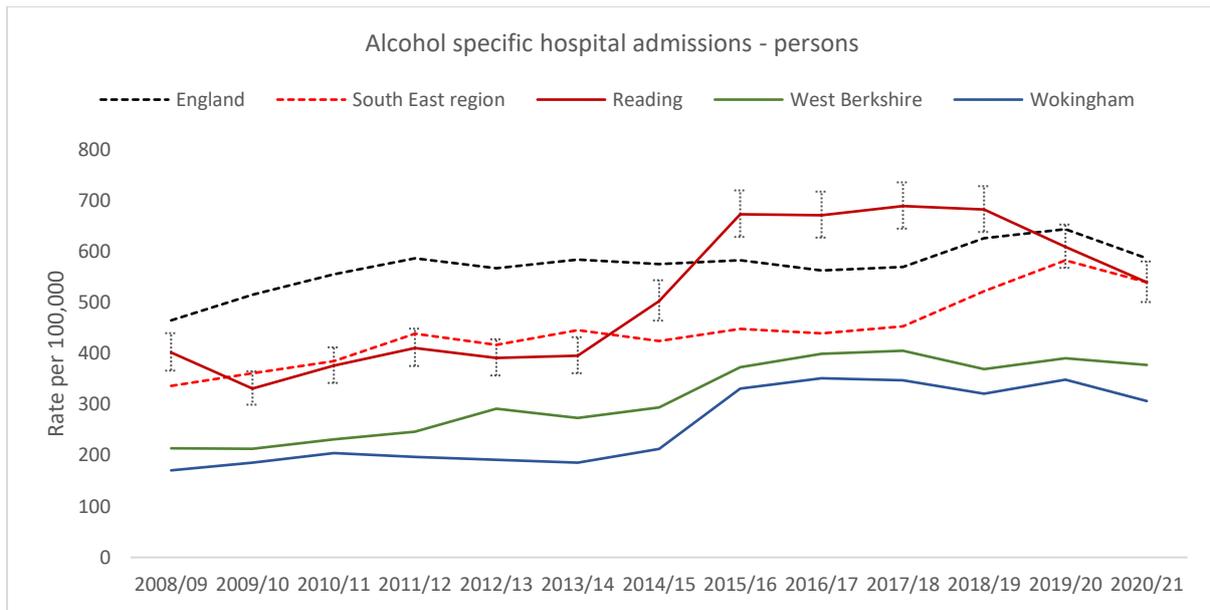
Office for Health Improvement and Disparities, *Fingertips: Public Health Data*

Hospital admissions

During 2020/21, there were 1,865 admissions to hospital for alcohol-specific causes for people living in Berkshire West. During 2018/19, the last year not affected by the COVID-19 pandemic, this figure was 2,050. Admission rates for people living in Reading are highest although were no longer significantly higher than the England and South East average during 2019/20 and 2020/21 (Figure 60). It is important to note that coding that attributes an admission to an alcohol specific cause can differ between hospitals. Sometimes increases in admission rates that are seen locally but not reflected in national averages may reflect a change in coding practices within a specific hospital trust.

64% of alcohol specific admissions during 2020/21 for people living in Berkshire West were male admissions. This pattern is reflected across the three local authorities.

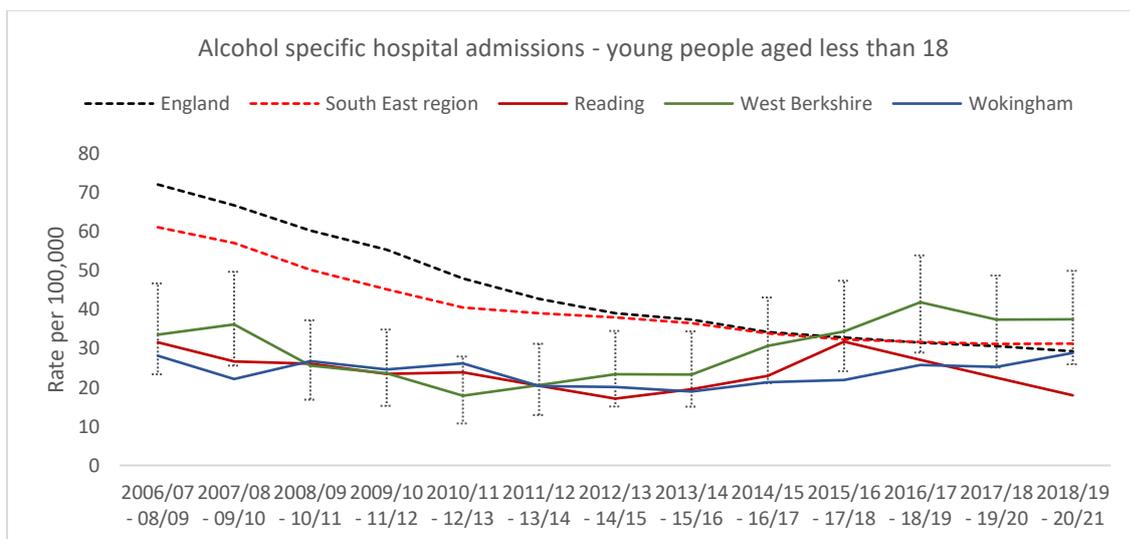
Figure 60: Admissions to hospital due to alcohol-specific causes



Office for Health Improvement and Disparities, Fingertips: Public Health Data

Figure 61 shows the rates of hospital admissions for alcohol-specific causes for young people aged under the age of 18. Due to small underlying numbers, 3 years' data is pooled to calculate the rates. In the three years up to and including 2020/21, 95 young people living in Berkshire West were admitted to hospital. Rates are highest for young people living in West Berkshire and have shown some past rise during a corresponding fall in admissions for England and the South East. However, rates in West Berkshire have not risen since 2016 and remained like that of England and the South East during 2018/19-2020/21. In Berkshire West, 37% of admissions were male admissions ranging from 29% of admissions in Wokingham, 38% of admissions in West Berkshire, and 50% of admissions in Reading.

Figure 61: Alcohol-specific hospital admissions amongst young people



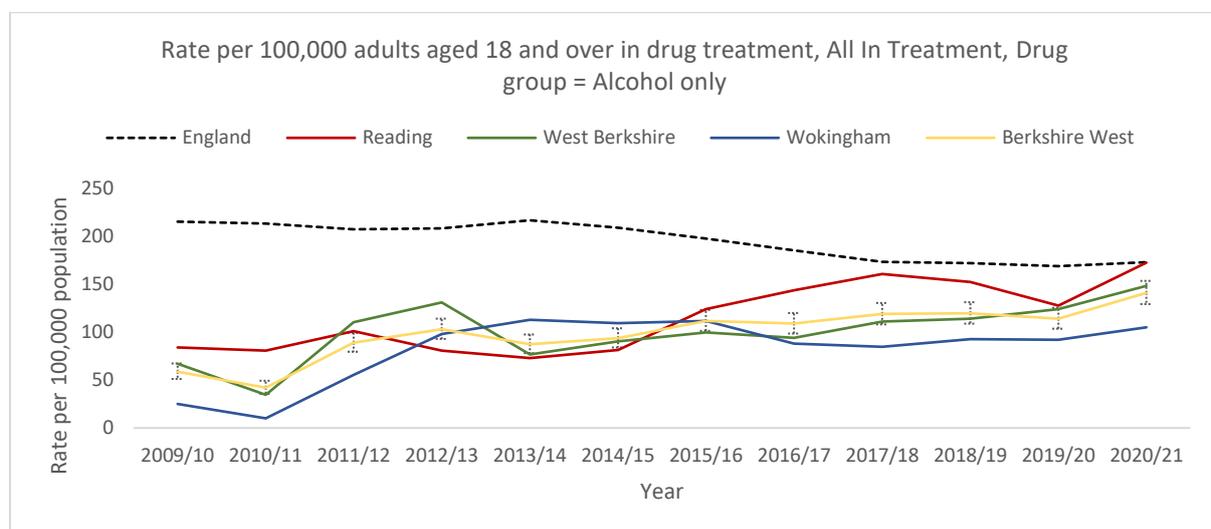
Office for Health Improvement and Disparities, Fingertips: public health data

Alcohol treatment

Rates of people in alcohol treatment

During 2020/21, there were 533 adults living in Berkshire West who were in alcohol treatment. This equates to a rate of 141 per 100,000 which is significantly lower than the England rate of 173 per 100,000 (Figure 62). However, over the past decade, rates of people in treatment in Berkshire West have been increasing, accompanied by a slight decline in rates of people in treatment in England, thus closing the gap in treatment rate between Berkshire West and England. As per total rates of people in drug treatment, Reading has the highest rate of residents who are in alcohol treatment. However, the gap between treatment rates in Reading and the Berkshire West average is much smaller when looking at those in alcohol treatment compared to other drug groups. Wokingham has a rate of people in alcohol treatment that is significantly lower than the England average.

Figure 62: Rates of adults in drug treatment, alcohol only group



Client profile (new presentations)

Age and gender

In England, 58% of people starting drug treatment during 2020/21 were male. Overall, the proportion of adults in drug treatment living in Berkshire West local authorities who are male is like that of England (55%) and there is little variation between individual local authorities. Rates of males in treatment in Berkshire West (108 per 100,000) are below the England average (138 per 100,000). They have increased steadily from 43 per 100,000 in 2009/10 with this increase mirrored across the three local authorities. Rates of females in treatment in Berkshire West (87 per 100,000) are like that of England (97 per 100,000). They have also increased from 27 per 100,000 in 2009/10. They saw the largest annual increase between 2019/20 and 2020/21 (Figure 63). Prior to 2020/21 rates in Berkshire West remained significantly below the England rate.

Figure 63: Rates of females starting drug treatment, alcohol only group

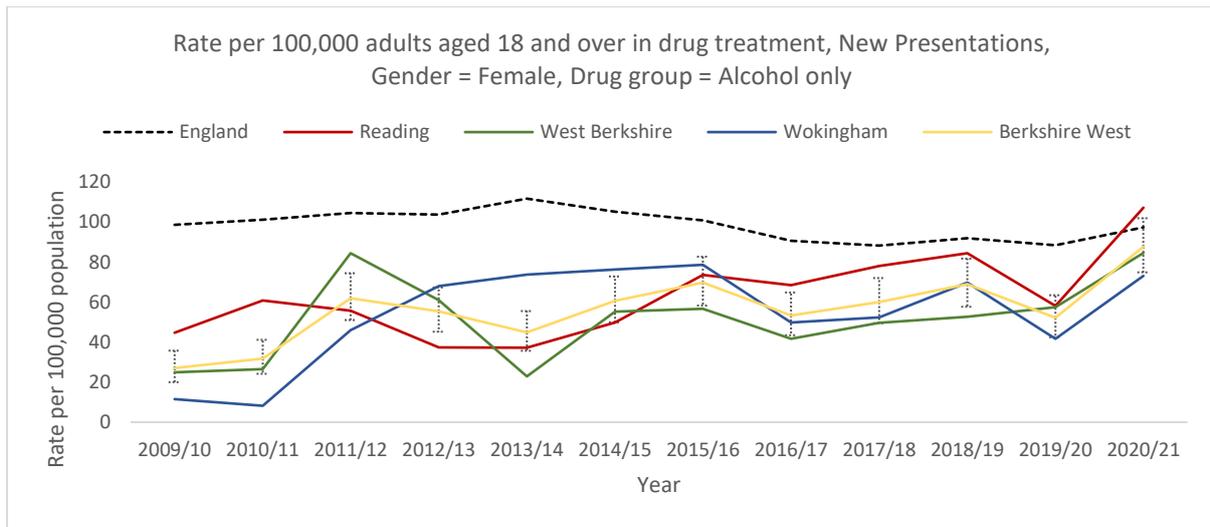
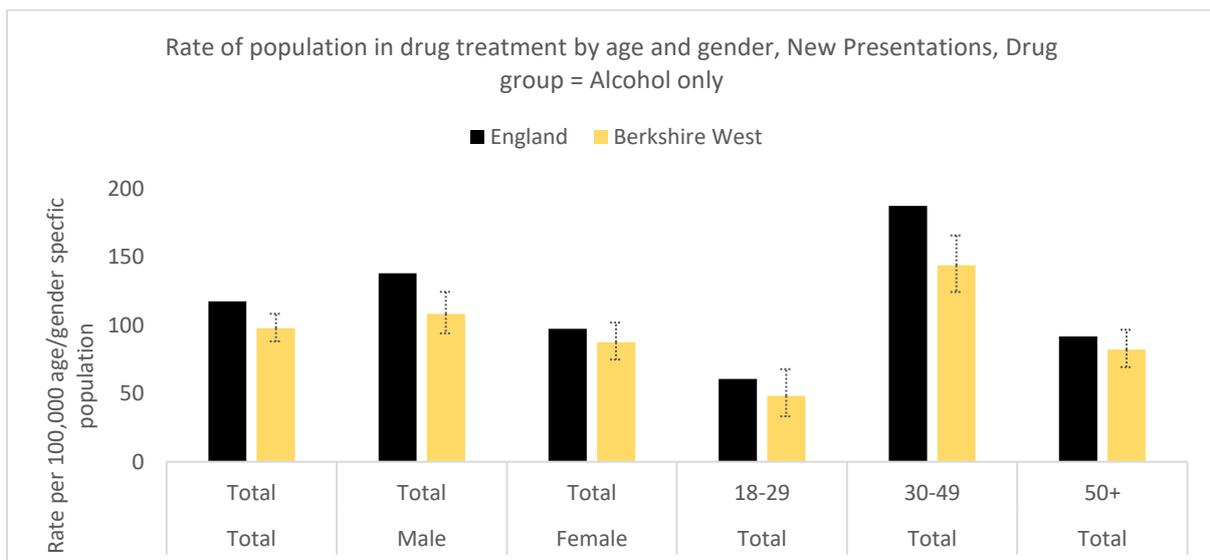


Figure 64 shows that the rate of people aged 30-49 in Berkshire West who are in alcohol treatment is significantly lower than the rate for England. The rates for the 18-29 and 50+ age group are like the rate for England.

Figure 64: Rate of population starting drug treatment by age and gender, alcohol only group



Ethnicity

93% of people living in Berkshire West starting drug treatment during 2020/21 were white. This ranged from 87% of people living in Reading to 98% of people in West Berkshire. When using the 2011 census data as a base, the white population and the black population are both overrepresented in the alcohol treatment population.

Religion, sexual orientation, and disability

The majority (60%) of people living in Berkshire West starting alcohol treatment between 2016/17 and 2020/21 stated that they had no religion, this is higher than the England average of 50%. 29% of people in Berkshire West stated their religion to be Christian.

96% of people stated their sexual orientation as heterosexual ranging from 95% of people in Reading, 96% of people in West Berkshire to 98% of people in Wokingham.

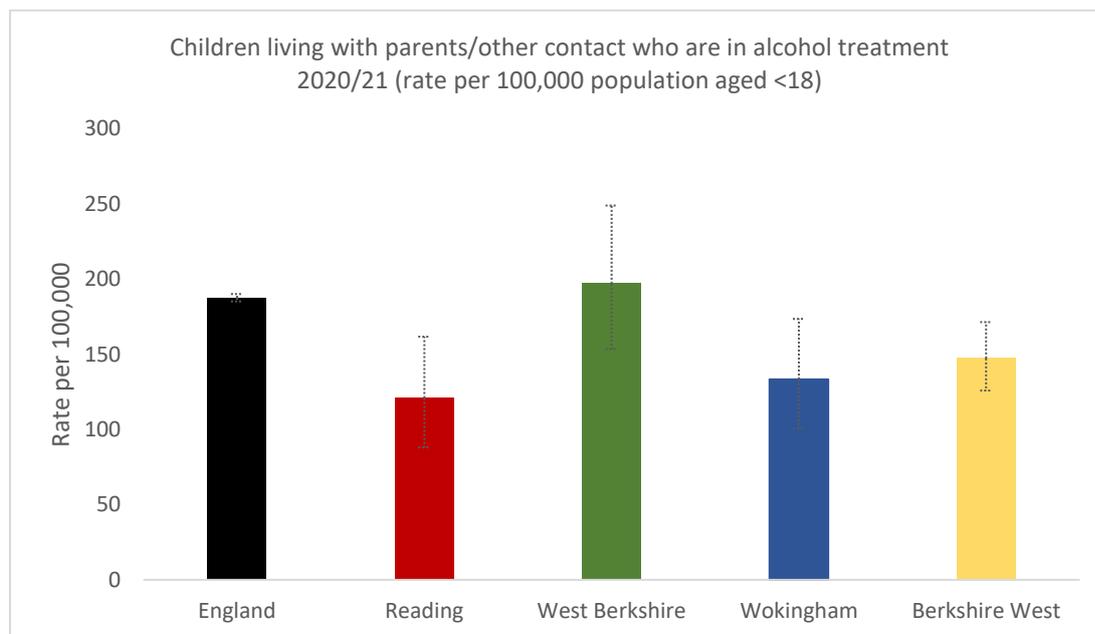
20% reported having a disability, ranging from 11% Wokingham, 19% in West Berkshire and to 26% of people in Reading.

Parental status

26% of adults living in Berkshire West who started alcohol treatment during 2020/21 were parents living with children. This ranged from 19% of adults living in Reading to 33% of adults in West Berkshire and is slightly higher than the England rate of 23%. A further 13% of adults living in Berkshire West who started alcohol treatment during 2020/21 were parents who were living separately to their children.

Figure 28 looks at the number of children who are living with a parent or another contact who is in alcohol treatment as a rate per 100,000 population aged less than 18. In Berkshire West this equates to 147 per 100,000 children. There is variation between local authorities ranging from 121 per 100,000 in Reading to 197 per 100,000 in West Berkshire.

Figure 65: Rate of children living with parents or other contacts who are in alcohol treatment



In England, 5% of females were pregnant at the time that they started alcohol treatment. A similar proportion of females living in Berkshire West were pregnant at the start of alcohol treatment.

During 2020/21, 70% of children of people receiving alcohol treatment in England received no early help/contact with social care. This figure was 65% in Berkshire West ranging from 50% in West Berkshire, 70% in Wokingham, through to 75% in Reading.

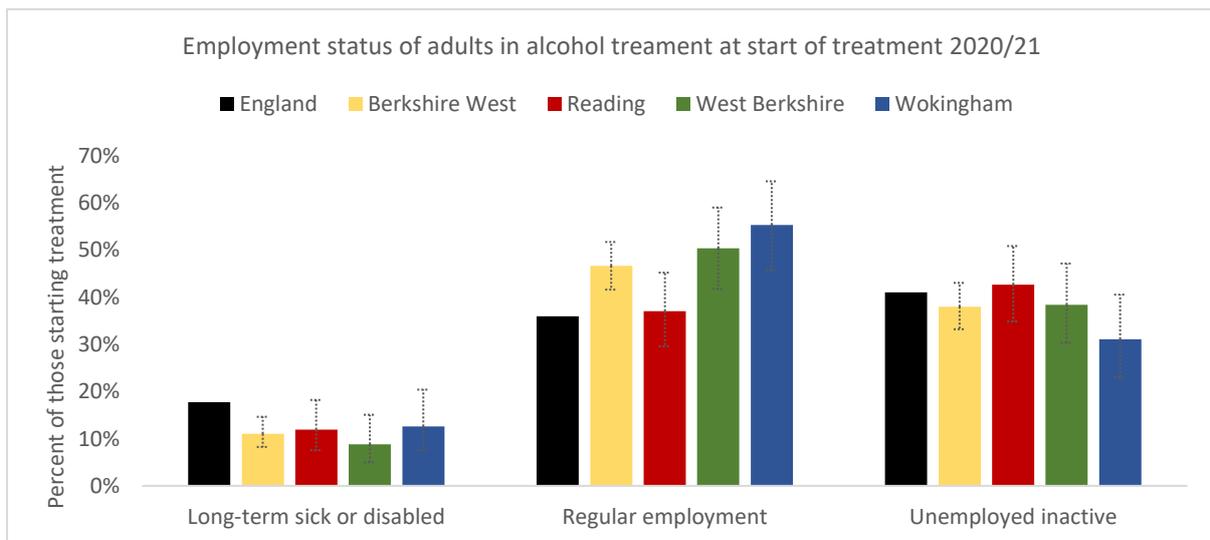
Housing

31 adults living in Berkshire West and starting alcohol treatment during 2020/21 had a housing problem. As a proportion of all starting treatment (8%), this is like the England average (9%). Numbers are too small to detect any significant changes overtime.

Employment

47% of adults living in Berkshire West and starting alcohol treatment during 2020/21 were in regular employment which is significantly higher than the England figure of 36% (Figure 66). However, there is variation within Berkshire West with 37% of adults living in Reading and starting alcohol treatment in employment rising to 55% of people living in Wokingham. People living in Berkshire West starting alcohol treatment are significantly less likely than the England average to be long-term sick or disabled. They are also less likely to be 'unemployed inactive' meaning that they are not in employment and have not been seeking work within the last 4 weeks though this is not statistically significant.

Figure 66: Employment status of adults at start of alcohol treatment

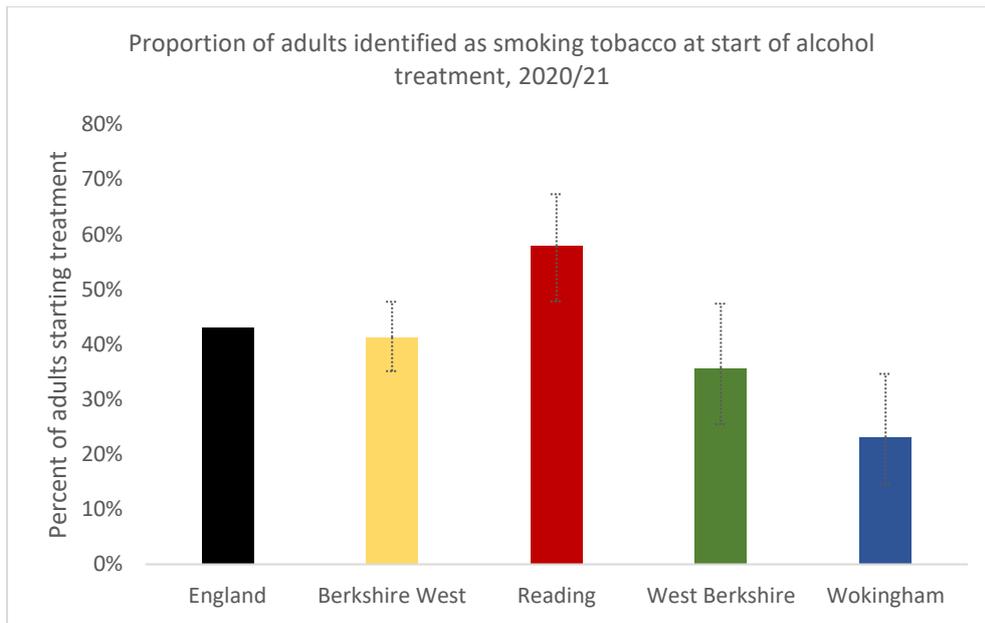


Tobacco use

41% of adults living in Berkshire West starting alcohol treatment during 2020/21 were identified as smoking tobacco. This is like the average for England (Figure 67) though higher than the rate of smoking in the general population with smoking rate in the gender population now below 14% in England.

During 2020/21, for people in alcohol treatment living in Reading, 35% of those identified as smokers at the start of treatment, were abstinent from tobacco at their treatment outcome review. 25% of those living in West Berkshire were abstinent, and 40% of those living in Wokingham were abstinent. The England rate was 30%. There were less than 5 smoking cessation treatment interventions offered to people in alcohol treatment living in Berkshire West during 2020/21.

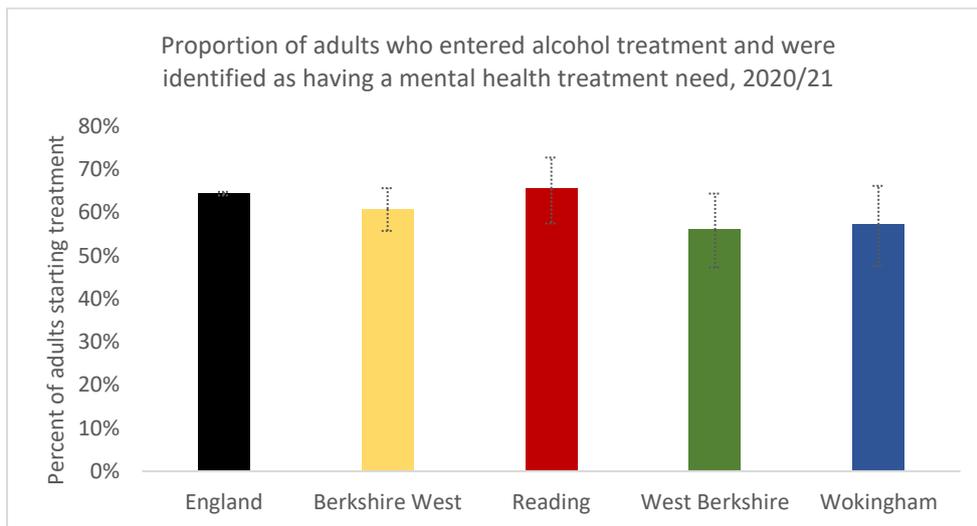
Figure 67: Adults identified as smokers at start of alcohol treatment



Mental health

61% of people living in Berkshire West and starting alcohol treatment during 2020/21 had a mental health treatment need (Figure 68). This is like the England average. 80% of those identified as having a mental health treatment need in Berkshire West were receiving treatment. This figure for the three local authorities was 79% for Reading, 71% for West Berkshire, and 92% for Wokingham.

Figure 68: Adults identified as having a mental health treatment need at the start of alcohol treatment



Alcohol units (new presentations)

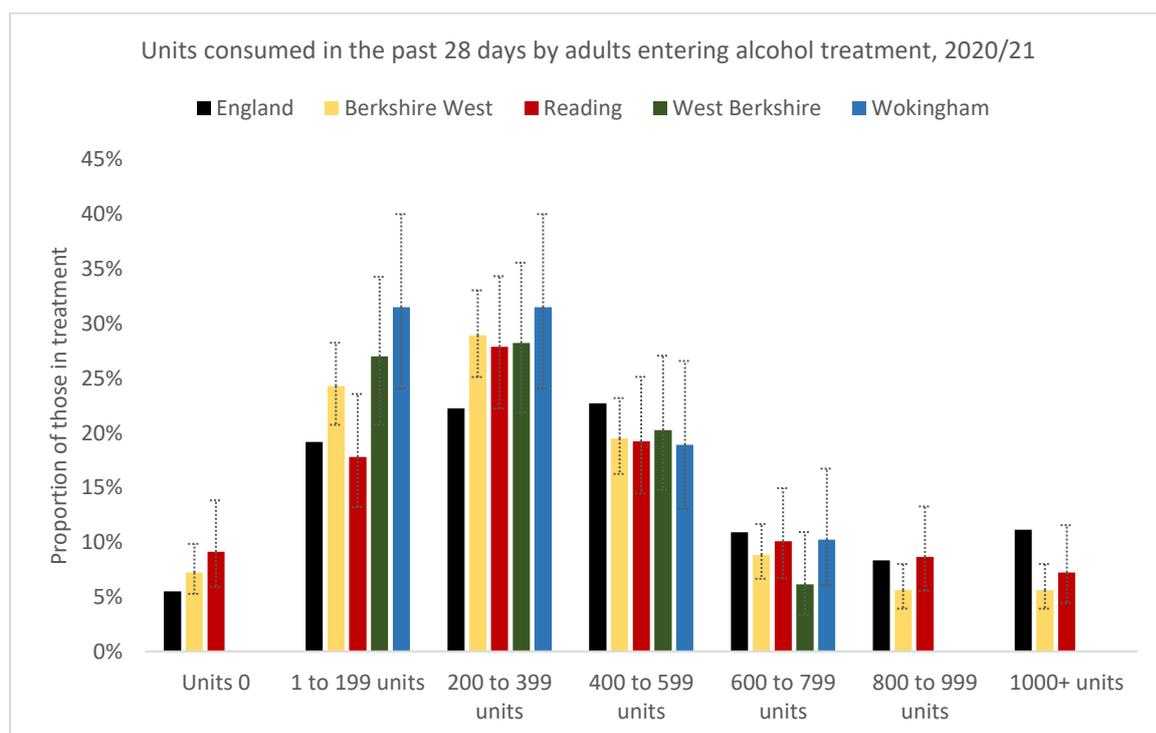
Figure 69 shows the units of alcohol consumed in the prior 28 days by people entering alcohol treatment as a proportion of all entering treatment. Most people who require structured treatment for alcohol dependence will be drinking at higher risk levels. Drinking levels can be used as a rough proxy for level of dependence and levels of alcohol health risk.

An indication of drinking levels in treatment may be useful in understanding which groups of adults are receiving treatment and whether those with the highest levels of harm are receiving effective interventions.

Whilst there is a strong association between levels of consumption and severity of dependence, but they are not equivalent. For example, women are likely to become dependent at lower levels of consumption than men.

Consumption is based on drinking levels over the 28 days prior to assessment. There will be some moderately or severely dependent adults who have stopped or reduced consumption prior to treatment (for example in hospital or prison) so will appear in the lowest category even though they are alcohol dependent and will require treatment. 29% of those entering treatment living in Berkshire West are consuming 200 to 399 units. Generally, people entering treatment in Berkshire West are consuming smaller amounts of alcohol than the average for England. The pattern between Berkshire West Local Authorities is roughly similar. However, people living in Reading are less likely than the Berkshire West average to be consuming 1 to 199 units and more likely to be consuming 800-999 units.

Figure 69: Alcohol units consumed at the start of alcohol treatment (missing values due to small number suppressed)



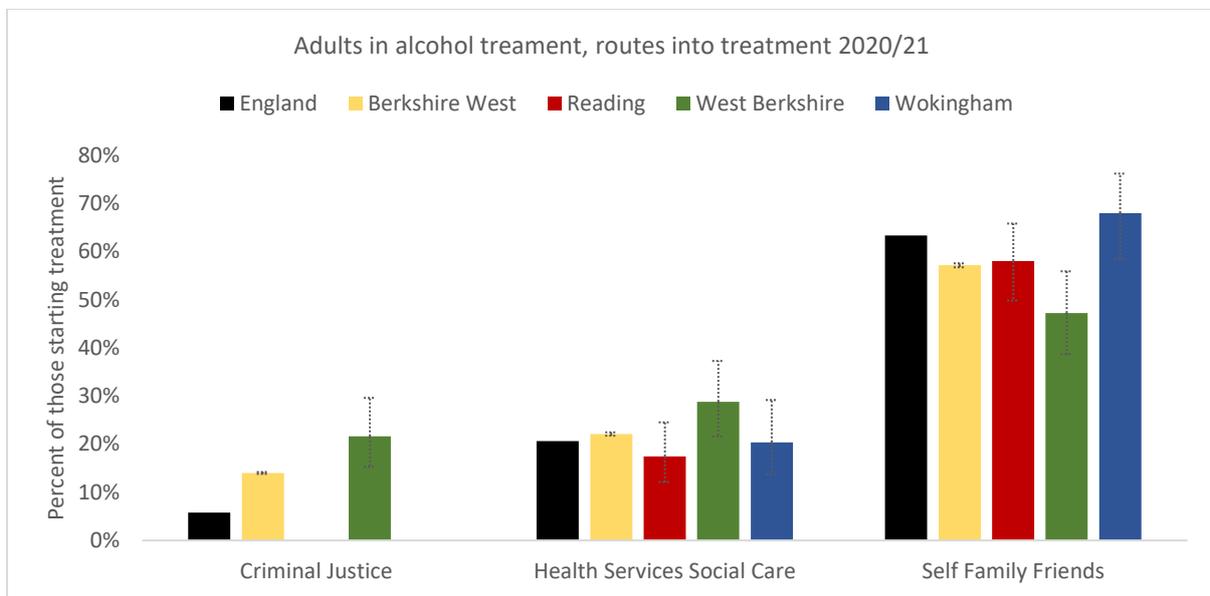
Referral source (new presentations)

People who need alcohol treatment need prompt help if they are to engage in treatment and recover from dependence. Keeping waiting times short will play a vital role in supporting recovery from alcohol dependence. 99% of people referred to alcohol treatment services in Berkshire West are seen within 3 weeks or less. This is the same as the England average and, except for a drop to 93% in 2029/20, has been around 100% since 2013/14.

57% of adults living in Berkshire West who start alcohol treatment have been referred by themselves, or by family or friends. This ranges from 47% of people living in West Berkshire to 68% of people living in Wokingham. 14% of adults living in Berkshire West are referred by the Criminal Justice System (CJS)¹¹.

Figure 70 shows that, when compared to the England average, adults living in Berkshire West who are referred to alcohol treatment are less likely to be referred by themselves, or their families and friends. This is partly driven by lower proportions of referrals coming via self/family referrals for people living in West Berkshire. People living in Berkshire West are more likely to be referred via the CJS with proportions of referrals made via the CJS highest in West Berkshire. People living in Berkshire West are also more likely to be referred by health or social care services, again with highest proportions of referrals via this route for people living in West Berkshire. In Wokingham, the pattern is different: with lower proportions of referrals via the CJS and a higher proportion of self/family referrals.

Figure 70: Routes into alcohol treatment (missing values due to small number suppression)



Interventions

100% of people living in Berkshire West receiving alcohol treatment interventions during 2020/21 received psychological interventions. 93% also received recovery support, this is higher than the England average of 80%. 10% of people in Berkshire West received a pharmacological intervention ranging from 0% of people in Wokingham to 18% of people living in Reading.

Almost all alcohol treatment interventions in Berkshire West were delivered in the community with 1% of people receiving interventions in residential rehab.

¹¹ Referred through a police custody or court based referral scheme, prison, or National Probation Service/Community Rehabilitation Company

Treatment exits

Length in treatment

NICE Clinical Guideline CG115 recommends that mildly dependent and some higher risk drinkers receive a treatment intervention lasting three months, those with moderate and severe dependence should usually receive treatment for a minimum of six months while those with higher or complex needs may need longer in specialist treatment. The optimum time in treatment will be agreed based on individual assessment of adult need.

The length of a typical treatment period is just over 6 months, although nationally 12% of adults remained in treatment for at least a year. Retaining adults for their full course of treatment is important to increase the chances of recovery and reduce rates of early treatment drop out. Conversely, having a high proportion of adults in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment system.

Figure 71 shows that 14% of people living in Berkshire West who are in alcohol treatment had been so for one year or more (as a proportion of all in treatment). This is like the rate for England. People living in Reading are more likely than the Berkshire West average to have been in treatment for one year or more. 17% of people from Reading had been in treatment for 1 to 2 years and 5% for 2 to 4 years.

Figure 71: Adults in alcohol treatment for 1 or more years

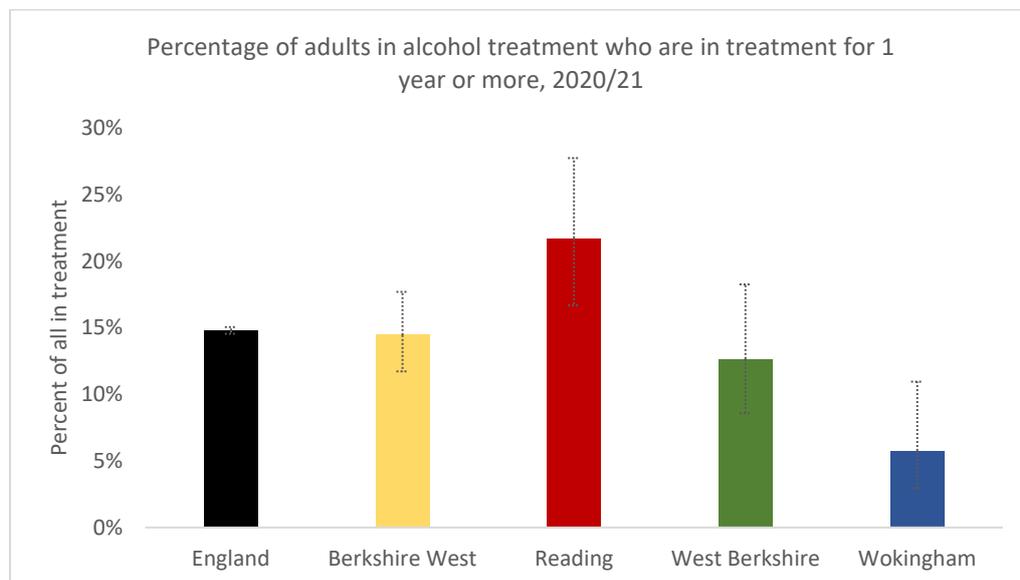
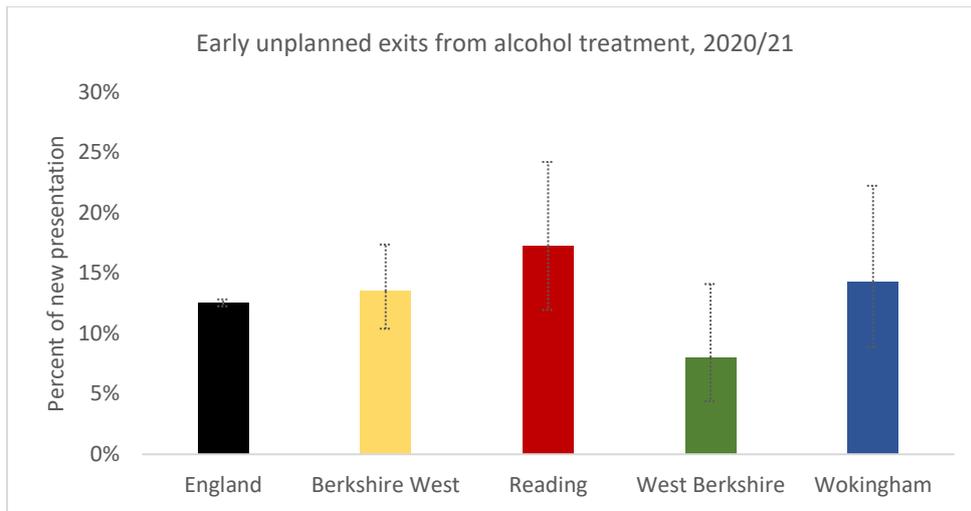


Figure 72 shows the proportion of new presentations to alcohol treatment that end in an early, unplanned exit¹². Looking at all new presentations to alcohol treatment in England, 13% resulted in an early, unplanned exit. This figure is similar for those living in Berkshire West (14%). Variation can be seen by local authority but, due to small underlying numbers creating a large range of potential error within the calculations, this is not large enough to be considered statistically significant.

¹² People who leave treatment in an unplanned way before 12 weeks of treatment

Figure 72: Early, unplanned exits – alcohol treatment



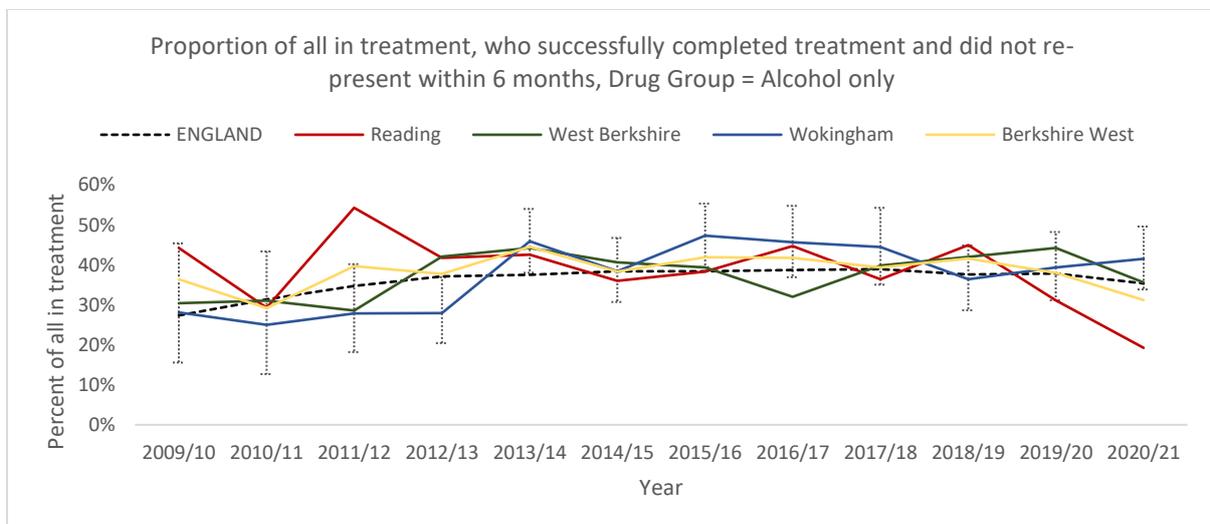
During 2020/21, 8 people in Berkshire West died whilst in alcohol treatment. This equates to 1.5% of the total treatment population which is like the rate for England (1.4%).

Successful completions

The data below shows the proportion of alcohol users who complete their treatment free of dependence, and who do not relapse and re-enter treatment. Error bars are shown only for Wokingham to give a sense of the range of error around the data whilst maintaining readability of the charts.

During 2020/21, 31% of those in alcohol treatment in Berkshire West successfully completed treatment and did not represent within 6 months (Figure 73). This is like the England average. Completion rates were highest in Wokingham (41%). Completion rates in Berkshire West have generally followed the England trend. However, for the years 2019/20 and 2020/21, completion rates in Reading have dropped below the England average (significantly so in 2020/21).

Figure 73: Successful alcohol treatment completions



Representations

10 adults entering alcohol treatment in Berkshire West during 2020/21 had previously been in treatment within the last six months. This is around 2% of the total treatment population and is like the England rate of representation.

Treatment outcomes

Outcomes around abstinence, employment, and housing for people during treatment can be found under the drug treatment section on page 65.

Young person's drug and alcohol treatment in Berkshire West

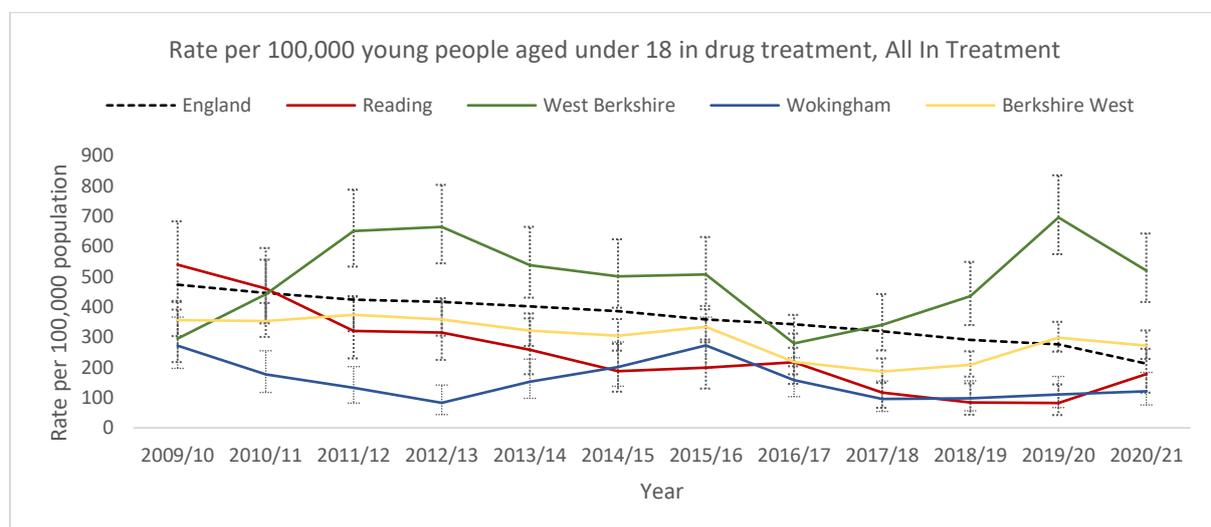
While most young people do not use drugs, and most of those who do are not dependent, substance misuse can have a major impact on young people's health, their education, their families and their long-term chances in life.

Treatment

Rates of young people in treatment

During 2020/21, there were 134 young people living in Berkshire West who were in drug and alcohol treatment. This equates to a rate of 272 per 100,000 which is significantly higher than the England rate of 212 per 100,000 (Figure 74). Rates are significantly higher for young people living in West Berkshire and have been so for the past three time periods. They appeared to be on an upwards trajectory prior to 2020/21 and we are yet to see if the subsequent drop was due to an impact of COVID-19 on treatment access.

Figure 74: Rates of young people in drug and alcohol treatment



Client profile (new presentations)

Age and gender

In England, 66% of young people starting drug and alcohol treatment during 2020/21 were male. Overall, the proportion of young people starting in drug and alcohol treatment living in Berkshire West local authorities who are male (72%) is higher than that of England and ranges from 62% in Reading; 68% in Wokingham; and 76% in West Berkshire. There has

been an increase in rates of males starting drug and alcohol since 2017/18 with this been most pronounced in West Berkshire (Figure 75).

Figure 75: Rates of young males in drug and alcohol treatment – new presentations (missing values due to small number suppression)

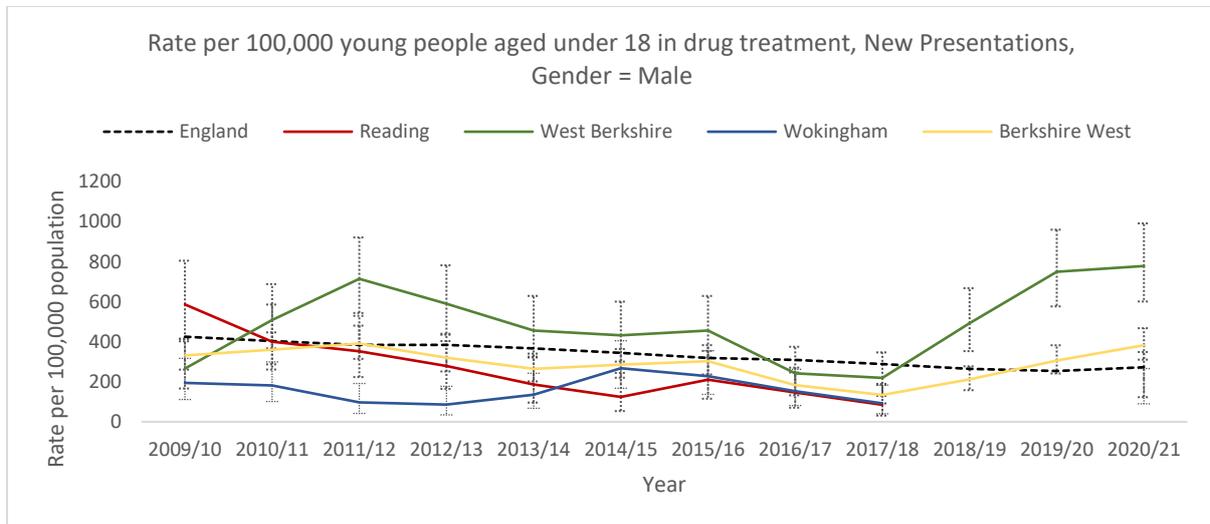
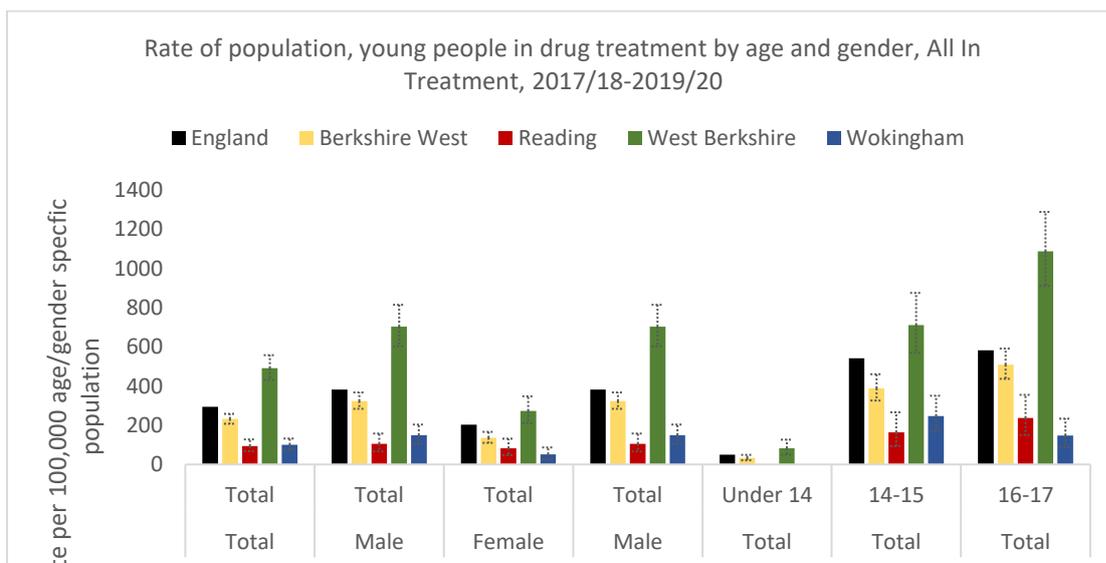


Figure 76 looks at the age/gender specific rates of the young person population who were in drug and alcohol treatment between 2017/18 and 2019/20¹³ (combined). This shows that males are significantly more likely to be in treatment in England and Berkshire West as are those aged 16-17. Within Berkshire West, across all age/gender categories, rates in treatment are highest in West Berkshire with the pattern in age/gender specific rates in West Berkshire following the overall pattern (i.e., highest rates in males and those aged 16-17).

Figure 76: Rates of young people in drug and alcohol treatment by age and gender (missing values due to small number suppression)



¹³ 2019/20 is the latest data available in the NDTMS ViewIt platform

Ethnicity

84% of young people living in Berkshire West starting drug and alcohol treatment during 2020/21 were white. This is higher than the England average of 73% and ranged from 73% of young people living in Reading to 91% of young people living in Wokingham. 23% of young people starting drug and alcohol treatment and living in Reading were from mixed white and black Caribbean backgrounds.

Housing

Between 2017/18 and 2019/20, 84% of young people in England starting drug and alcohol treatment were living with their parents. Over the same period, 86% of young people in Berkshire West starting drug and alcohol treatment were living with their parents. 7% of young people in Berkshire West starting drug and alcohol treatment were in care. Accommodation patterns were like the England average.

Employment

60% of young living in Berkshire West and starting drug and alcohol treatment between 2017/18 and 2019/20 were in mainstream education which is like the England figure of 56%. A lower proportion of those from Reading were in mainstream education when compared to the Berkshire West average with a higher proportion of young people from Reading in alternative education. 10% of young people from Berkshire West in drug and alcohol treatment were not in employment, education, or training (NEET). Being NEET can have adverse effects on young people's wellbeing and life chances.

Tobacco use

Surveys of school pupils show rates of smoking that have strongly decreased over the last two decades, with 16% of pupils aged 11-15 having ever smoked (2018 data). However, that survey also showed that pupils who misuse substances are more likely to smoke as well; a quarter of those who recently used alcohol also recently smoked, and a third of those who recently took drugs also recently smoked.

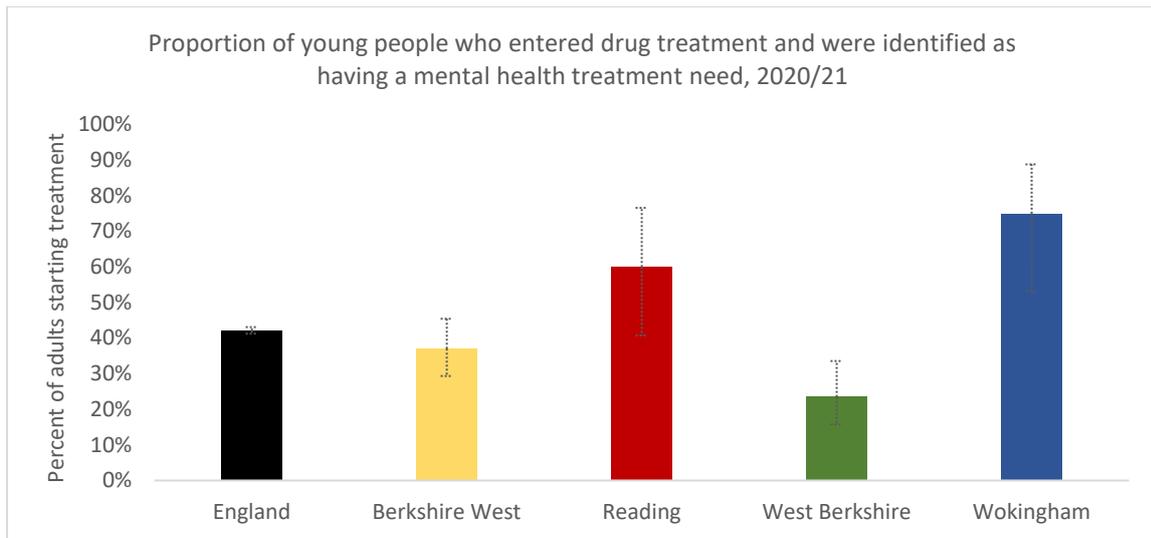
15% of young people living in Berkshire West starting drug and alcohol treatment during 2020/21 were identified as smoking tobacco. This is significantly lower than the average for England (27%).

There were no smoking cessation treatment interventions offered to young people in drug and alcohol treatment living in Berkshire West during 2020/21.

Mental health

37% of young people living in Berkshire West and starting drug and alcohol treatment during 2020/21 had a mental health treatment need (Figure 77). This is like the England average. 53% of those identified as having a mental health treatment need in Berkshire West were receiving treatment. This figure for the three local authorities was 67% for Reading, 48% for West Berkshire, and 46% for Wokingham.

Figure 77: Young people identified as having a mental health treatment need at the start of drug and alcohol treatment



Vulnerabilities

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. Examples of the types of vulnerabilities / risks young people report having at the start of treatment include not in education, employment, or training (NEET), in contact with the youth justice system, experience of domestic abuse and sexual exploitation.

Universal and targeted services have a role to play in building resilience and providing substance misuse advice and support at the earliest opportunity. Specialist services should be provided to those whose use has escalated and/or is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and age-appropriate care should be available for all young people in specialist services.

98 young people from Berkshire West were identified as having a particular vulnerability when starting drug and alcohol treatment during 2020/21. The most common vulnerability (16%) was being affected by an others' substance abuse; followed by being affected by domestic abuse (15%); being involved in self-harm (14%); and antisocial behaviour (13%). Those in Reading were more likely to be affected by all these vulnerabilities except for an other's substance abuse.

Nationally, the presenting needs of girls seem to differ from boys when entering specialist services. Therefore, substance misuse services for young people may need to consider sex differences in the treatment population.

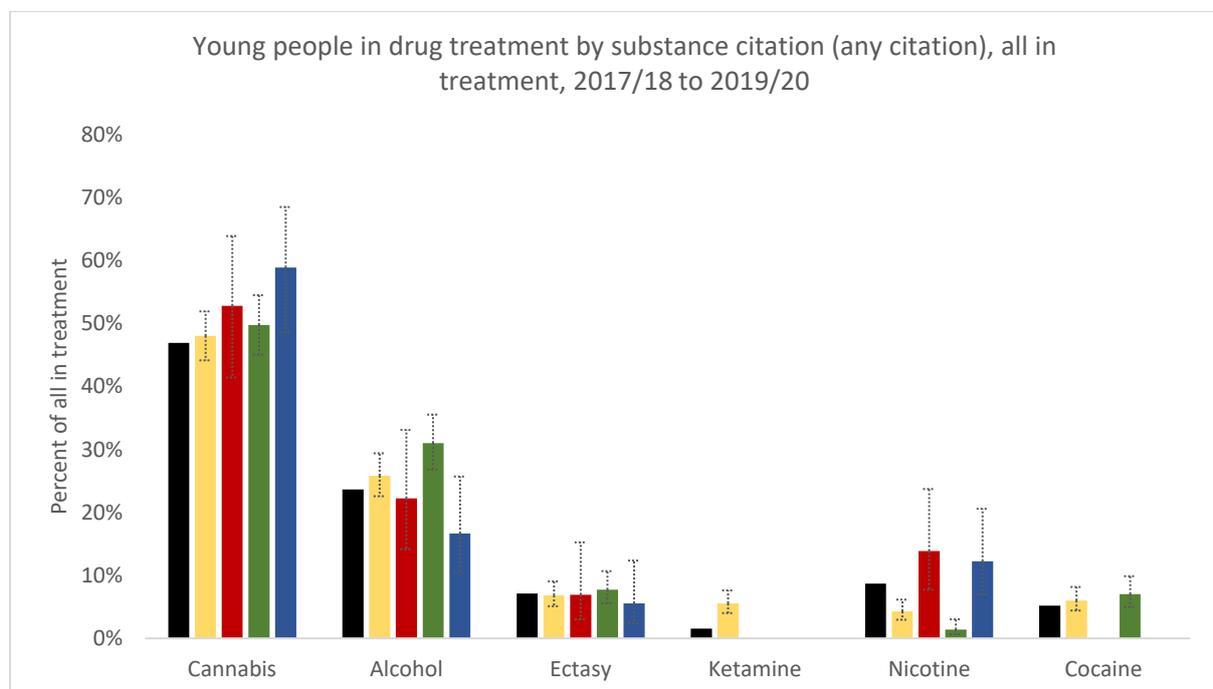
Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support with clear referral pathways and joint working protocols.

Substance profile (all in treatment)

Cannabis is typically the most common substance for young people's substance misuse, followed by alcohol. Service planning should take account of other substances, including educating young people about their dangers, and planning for some young people requiring prescribing as part of their substance misuse treatment.

Figure 78 shows the number and proportion of times a particular substance was cited as been used by young people entering drug and alcohol treatment between 2017/18 and 2019/20. The top six substances cited are shown. It is important to note that the percentages shown are taken as a proportion of all those in treatment and higher percentages do not necessarily indicate a higher underlying substance use within the wider population. Everyone may cite more than one substance, and these are all included in the chart below. The most often cited substance was cannabis with almost half of drug citations by young people living in Berkshire West being for cannabis. Cannabis was cited significantly more times by young people living in Wokingham than the England average. Alcohol was cited in 26% of instances by young people living in Berkshire West and it was cited significantly more times by young people living in West Berkshire. Ketamine was cited significantly more often by people living in Berkshire West and most of these citations were by young people living in West Berkshire although the value has been removed from the chart to prevent deductive disclosure of small numbers within Reading and Wokingham. Nicotine was cited more often than the England average by young people living in Reading.

Figure 78: Substance cited by young people in drug and alcohol (missing values due to small number suppression)



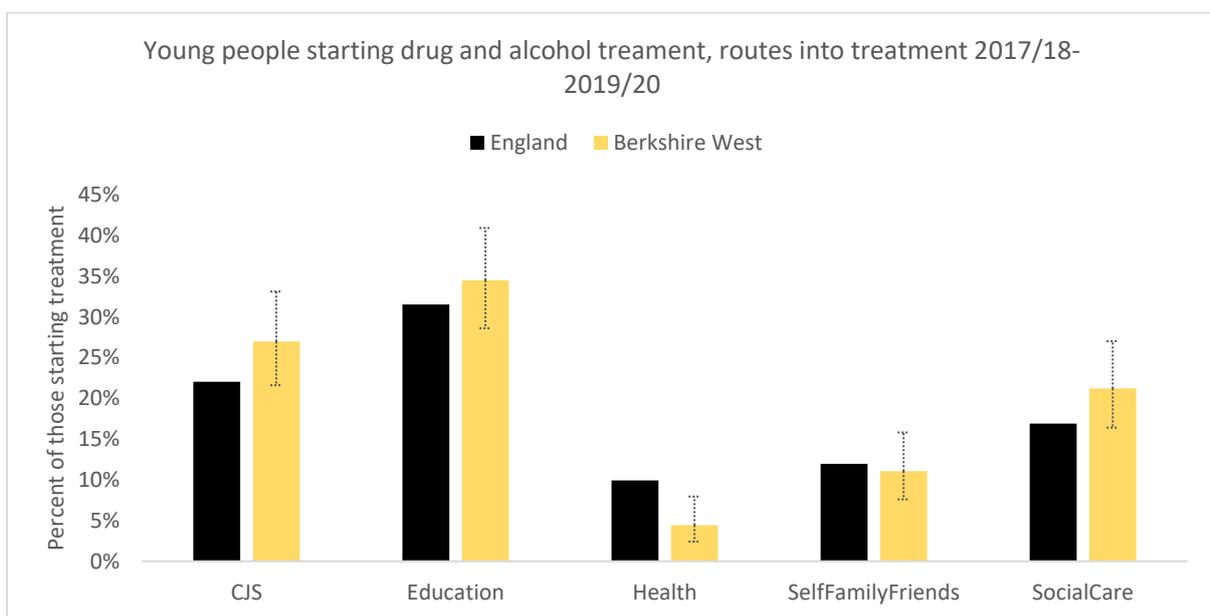
Referral source (new presentations)

Young people come to specialist services from various routes but are typically referred by education, youth justice, children and family services and self, family, and friends. Changes in universal and targeted young people's services may affect screening, referrals, and

demand for specialist interventions. There should be clear pathways between targeted and specialist young people’s services, supported by joint working protocols and good communication.

35% of young people living in Berkshire West are referred via education which is like the England average. Referrals from education are most common for those living in Wokingham. A non-significantly higher proportion of referrals in Berkshire West come through the CJS when compared to England and this is mainly driven by higher proportions of referrals via to CJS in West Berkshire. There is also a non-significantly higher proportion of referrals in Berkshire West coming through Social Care when compared to England and this is mainly driven by higher proportions of referrals via to CJS in Reading.

Figure 79: Young people’s routes into drug and alcohol treatment



Interventions

We know that the types of intervention delivered to service users will have an impact on their achievement of recovery outcomes. Young people have better outcomes when they receive a range of interventions as part of their package of care. If a pharmacological intervention is required, it should always be delivered alongside appropriate psychosocial support.

Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. In the below table, psychosocial interventions include family interventions and harm reduction as well as other specific psychosocial intervention types. Harm reduction interventions are also shown broken out.

100% of young people living in Berkshire West receiving drug and alcohol treatment interventions during 2020/21 received psychosocial interventions. 46% also received harm reduction interventions, this is lower than the England average of 66% but there is variation between local authorities with 73% from West Berkshire receiving harm reduction interventions.

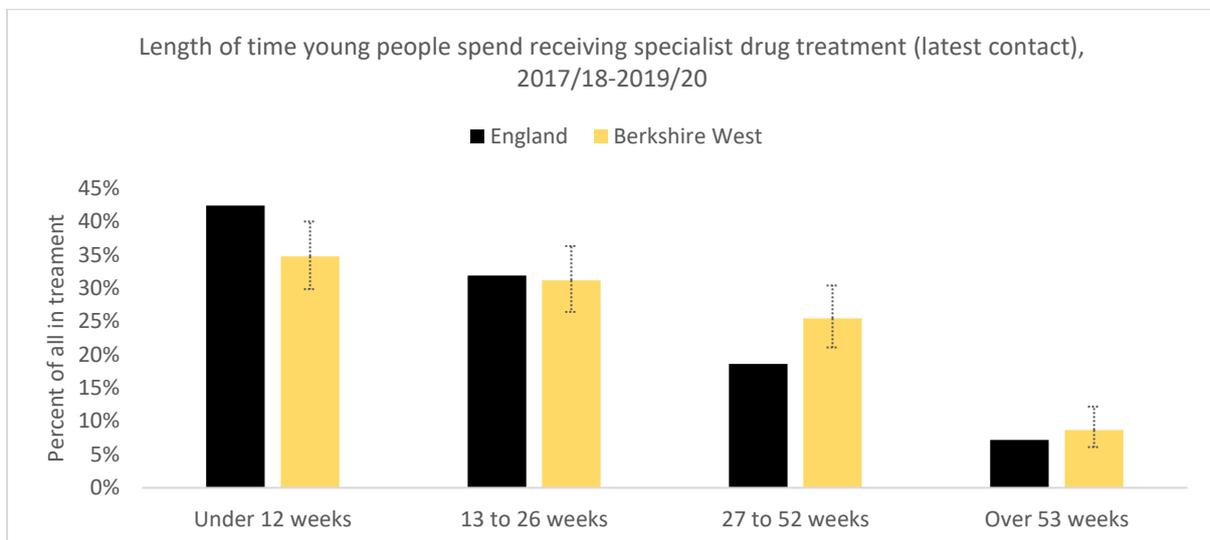
Almost all young person treatment interventions in Berkshire West were delivered in the community.

Treatment exits

Length in treatment

Young people generally spend less time in specialist interventions than adults because their substance misuse is not as entrenched. However, those with complex care needs often require support for longer. Figure 80 shows that, as an average across 3 years, the majority (35%) of young people in Berkshire West who are in drug and alcohol treatment are in treatment for less than 12 weeks. This is significantly fewer than the England average with more young people in treatment for 27 to 52 weeks and more in treatment for over a year. Young people from Reading and West Berkshire are significantly more likely to be in treatment for 27 to 52 weeks and young people from West Berkshire are significantly more likely to be in treatment for over a year.

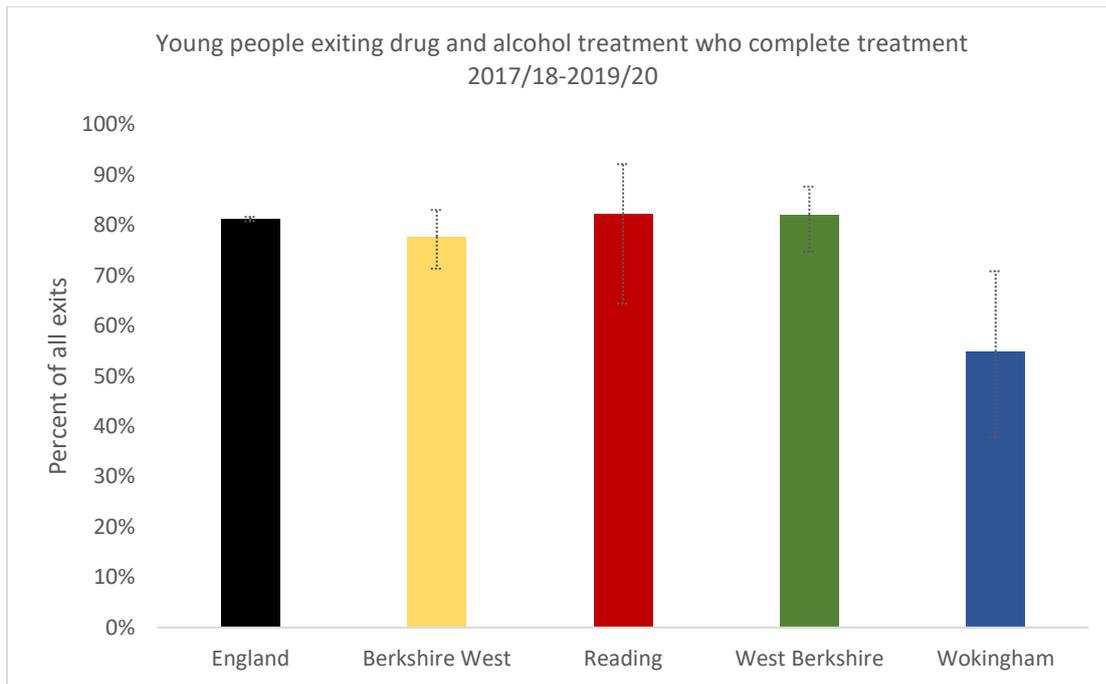
Figure 80: Length of time in drug and alcohol treatment for young people



Completions

The data below shows the proportion of young people exiting treatment who have completed treatment. Data is pooled for the years 2017/18 to 2019/20 due to small numbers at a local authority level. In Berkshire West, almost 80% of young people exiting treatment have completed treatment which is like the England average. Within Berkshire West, this figure is lowest in Wokingham at 55%, which is significantly lower than the England average. Of those who exit without completing treatment in Berkshire West, the majority (18% of all exits) drop-out of treatment. 39% of treatment exits for young people in Wokingham were due to drop-outs. This can be compared to a drop-out rate of 12% on average in England. Overall number of exits in Wokingham are low (31 over the three-year period) so these differences should be interpreted with some caution.

Figure 81: Young person treatment completions

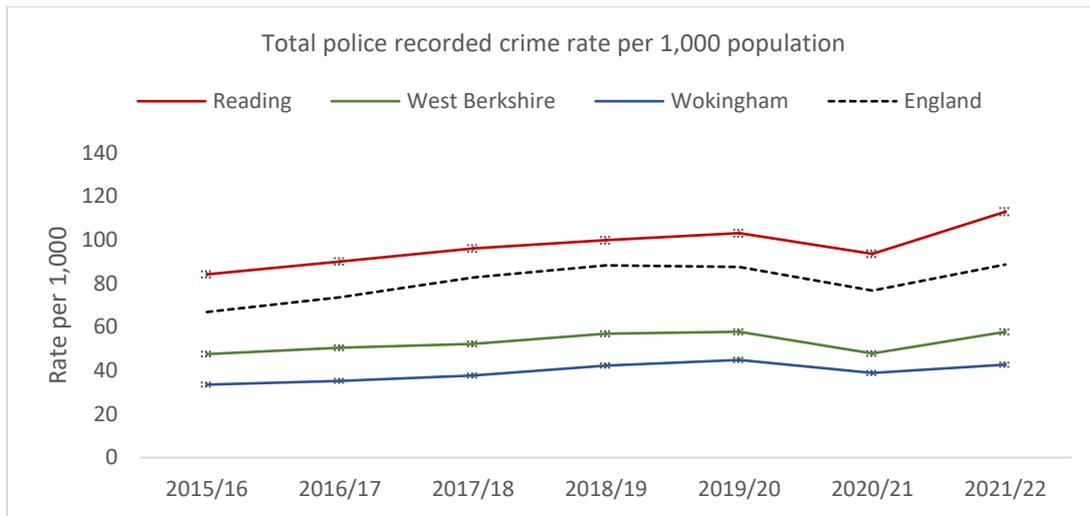


Drug and alcohol related crime in Berkshire West

All police recorded crime

Figure 82 shows the crime rate per population for the three Berkshire West local authorities against England. Reading's crime rate is higher than that of England at 113 per 1,000 in 2020/21. Crime rates are lower in West Berkshire (58 per 1,000) and Wokingham (42 per 1,000). The effect of the pandemic can be seen during 2020/21 when there was a drop in police recorded crimes. Since this drop, crime rates in Reading have rebounded and continue to increase year on year. Crime rates in West Berkshire have also shown a slower but still apparent increase year on year and returned to 2019/20 levels after the dip in 2020/21. A similar pattern can be seen in Wokingham, but crime rates here have not quite shown the same return to 2019/20 levels since the 2020/21 dip.

Figure 82: Crime rate per 1,000 population – all crimes



Home Office, Police recorded crime and outcomes open data tables

Table 7 shows crime rates by crime group across Berkshire West since 2015/16. The second to last column shows whether the crime group specific crime rates are significantly higher or lower than the England average in each local authority. The final column shows the percentage increase in rate seen between 2015/16 and 2021/22. It should be noted that an increase in rate may be reflective of policing policy as well as a true underlying increase in criminal behaviour.

39% of police recorded crimes in England during 2021/22 were “violence against the person” offences. This is reflected across the three Berkshire West local authorities. These and “theft offences” make up over two thirds of all police recorded crime. There has been a large increase in “Public order offences¹⁴” seen since 2015/16 although the overall contribution to the total crime rate due to these offences remains low (around 13%). Since 2015/16 “violence against the person offences” have doubled in England and across Berkshire West. “Theft offences” have decreased by around 20%. It is important to note that other factors aside from the occurrence of crime such as increased crime detection will impact trends in police recorded crimes.

Except for “possessions of offensive weapons”, “robbery”, and “miscellaneous crimes”, the crime rate in Reading is higher than the England average. It is lower than the England average across all crime groups in Wokingham and West Berkshire. The largest gap between England and Reading related to public order offences (around 60% higher in Reading) and to theft (around 35% higher in Reading).

¹⁴ These include breach of COVID-19 rules

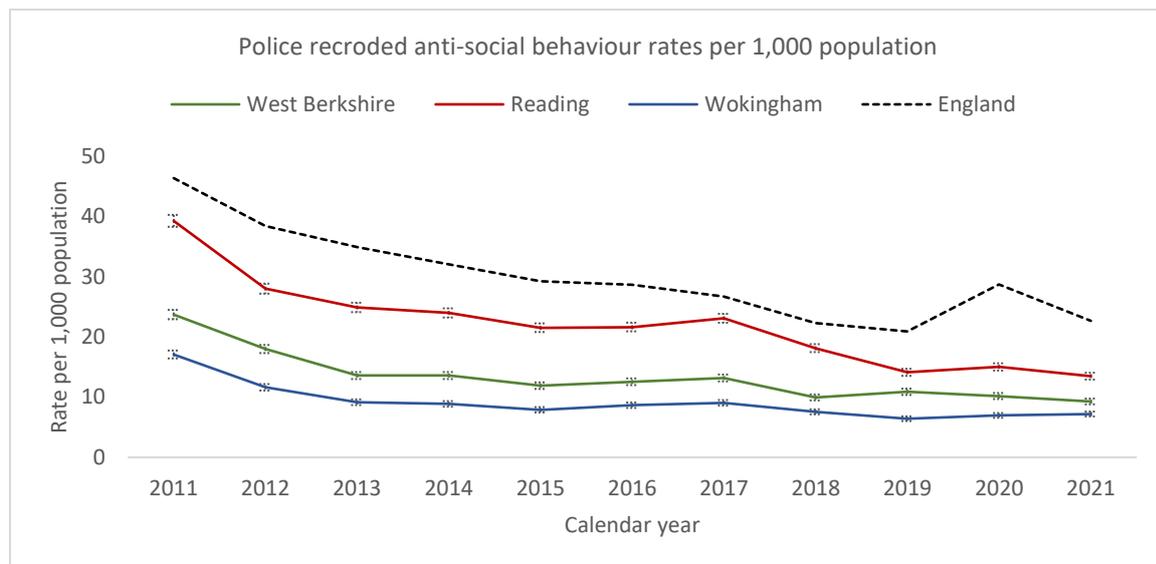
Table 7: Crime rates by crime group (Home Office, Police recorded crime and outcomes open data tables)

Crime group	Area	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2020/21 Compared to England	% Increase 2015/16 to 2021/22
		Crimes	Rate														
Criminal damage and arson	Reading	1,661	10.27	1,816	11.16	1,824	11.19	1,829	11.21	1,815	11.22	1,424	8.88	1,566	9.77	High	-5%
	West Berkshire	1,151	7.31	1,324	8.35	1,364	8.61	1,363	8.60	1,368	8.63	971	6.13	1,014	6.40	Low	-12%
	Wokingham	789	4.89	822	5.04	1,050	6.36	1,006	5.99	1,051	6.14	810	4.66	761	4.37	Low	-11%
	ENGLAND	503,884	9.20	527,339	9.54	549,996	9.89	533,017	9.52	497,458	8.84	435,868	7.71	493,117	8.72		-5%
Drug offences	Reading	479	2.96	486	2.99	571	3.50	550	3.37	581	3.59	730	4.55	616	3.84	High	30%
	West Berkshire	432	2.74	502	3.17	428	2.70	388	2.45	415	2.62	456	2.88	359	2.27	Low	-17%
	Wokingham	191	1.18	173	1.06	133	0.81	174	1.04	268	1.57	306	1.76	262	1.51	Low	27%
	ENGLAND	138,456	2.53	129,444	2.34	128,801	2.32	142,929	2.55	170,863	3.04	195,356	3.45	166,251	2.94		16%
Possession of weapons offences	Reading	85	0.53	135	0.83	123	0.75	184	1.13	147	0.91	168	1.05	122	0.76	Same	45%
	West Berkshire	52	0.33	40	0.25	57	0.36	67	0.42	83	0.52	69	0.44	45	0.28	Low	-14%
	Wokingham	22	0.14	28	0.17	30	0.18	36	0.21	37	0.22	51	0.29	41	0.24	Low	73%
	ENGLAND	24,472	0.45	29,892	0.54	37,221	0.67	43,847	0.78	44,852	0.80	42,249	0.75	46,912	0.83		86%
Public order offences	Reading	465	2.88	419	2.58	446	2.73	751	4.60	931	5.75	1,325	8.26	2,574	16.05	High	458%
	West Berkshire	251	1.59	259	1.63	257	1.62	362	2.28	407	2.57	685	4.32	1,425	8.99	Low	464%
	Wokingham	132	0.82	158	0.97	186	1.13	288	1.71	347	2.03	539	3.10	958	5.51	Low	573%
	ENGLAND	187,057	3.41	262,256	4.75	356,493	6.41	410,617	7.34	417,956	7.43	446,014	7.89	551,269	9.75		186%
Sexual offences	Reading	418	2.59	441	2.71	505	3.10	525	3.22	640	3.96	540	3.37	657	4.10	High	59%
	West Berkshire	219	1.39	265	1.67	260	1.64	264	1.67	288	1.82	281	1.77	352	2.22	Low	60%
	Wokingham	207	1.28	151	0.93	168	1.02	261	1.55	243	1.42	224	1.29	255	1.47	Low	14%
	ENGLAND	100,586	1.84	114,923	2.08	141,990	2.55	153,154	2.74	151,277	2.69	139,794	2.47	183,114	3.24		76%
Theft offences	Reading	6,837	42.28	7,702	47.34	8,139	49.91	7,051	43.20	6,509	40.23	5,035	31.40	5,573	34.76	High	-18%
	West Berkshire	3,583	22.75	3,759	23.70	3,992	25.19	3,905	24.63	3,736	23.58	2,171	13.70	2,527	15.95	Low	-30%
	Wokingham	2,817	17.48	3,184	19.52	3,285	19.91	3,257	19.39	3,085	18.03	2,194	12.61	2,189	12.58	Low	-28%
	ENGLAND	1,667,062	30.43	1,782,290	32.25	1,907,972	34.30	1,909,620	34.11	1,812,246	32.20	1,241,715	21.96	1,428,458	25.26		-17%
Violence against the person	Reading	3,339	20.65	3,284	20.18	3,626	22.24	4,875	29.87	5,492	33.95	5,333	33.26	6,578	41.03	High	99%
	West Berkshire	1,634	10.38	1,660	10.47	1,734	10.94	2,414	15.23	2,642	16.67	2,717	17.15	3,265	20.60	Low	99%
	Wokingham	1,138	7.06	1,129	6.92	1,231	7.46	1,914	11.39	2,458	14.36	2,444	14.05	2,813	16.17	Low	129%
	ENGLAND	935,163	17.07	1,095,463	19.82	1,312,802	23.60	1,569,018	28.03	1,648,599	29.29	1,673,786	29.60	1,976,398	34.95		105%
Robbery	Reading	139	0.86	176	1.08	241	1.48	257	1.57	269	1.66	172	1.07	154	0.96	Low	12%
	West Berkshire	47	0.30	31	0.20	31	0.20	53	0.33	43	0.27	56	0.35	25	0.16	Low	-47%
	Wokingham	25	0.16	24	0.15	37	0.22	49	0.29	63	0.37	42	0.24	34	0.20	Low	26%
	ENGLAND	50,138	0.92	58,306	1.05	75,727	1.36	84,086	1.50	87,401	1.55	57,990	1.03	64,205	1.14		24%
Miscellaneous crimes	Reading	194	1.20	211	1.30	198	1.21	276	1.69	294	1.82	287	1.79	277	1.73	Same	44%
	West Berkshire	121	0.77	162	1.02	161	1.02	209	1.32	177	1.12	173	1.09	149	0.94	Low	22%
	Wokingham	87	0.54	86	0.53	98	0.59	121	0.72	129	0.75	154	0.89	115	0.66	Low	22%
	ENGLAND	59,485	1.09	74,180	1.34	88,862	1.60	98,724	1.76	99,423	1.77	105,267	1.86	107,523	1.90		75%

All police recorded anti-social behaviour

Rates of anti-social behaviour in the three Berkshire West local authorities have declined over time in line with the declining rates across England (Figure 83). Out of the three local authorities, they are highest in Reading. However, there was a sharp decline in antisocial behaviour in Reading between 2017 and 2019 which brought rates more in line with West Berkshire and Wokingham.

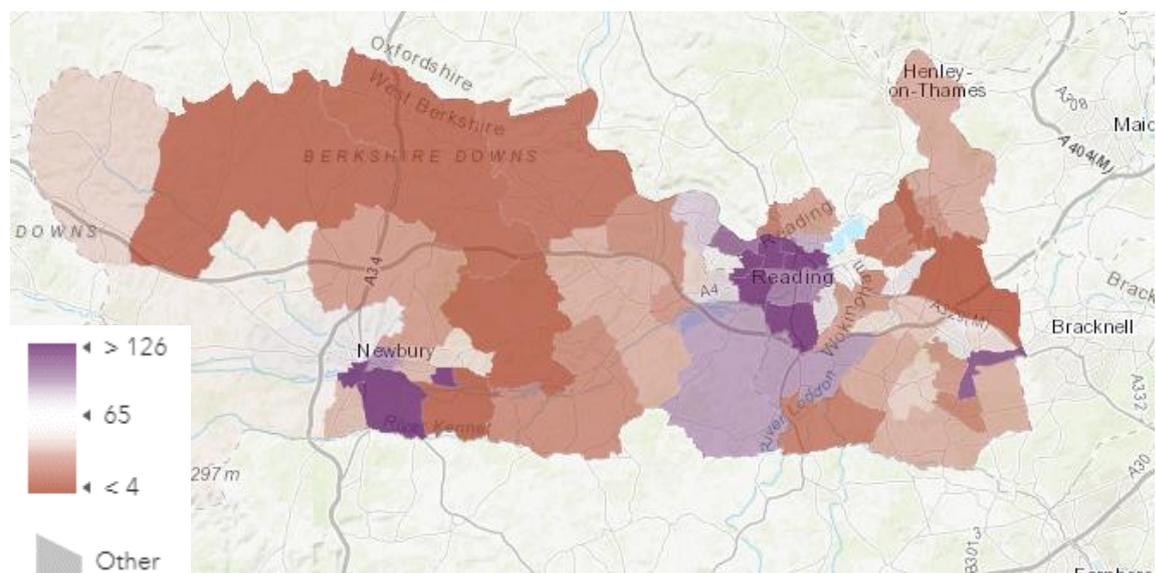
Figure 83: Anti-social behaviour rate



Data.Police.uk, accessed via the Berkshire West Observatory [27/09/2022]

Within Berkshire West Electoral Wards, rates of police recorded anti-social behaviour occur at the highest rate in Southcote (26 per 1,000) and Abbey (23 per 1,000) in Reading, and in Newbury Central (22 per 1,000) in West Berkshire. Within Wokingham, the highest rates of anti-social behaviour occur in Westcott Ward (17 per 1,000). See Figure 84.

Figure 84: Anti-social behaviour rate – Berkshire West Electoral Wards September 2021 to August 2022

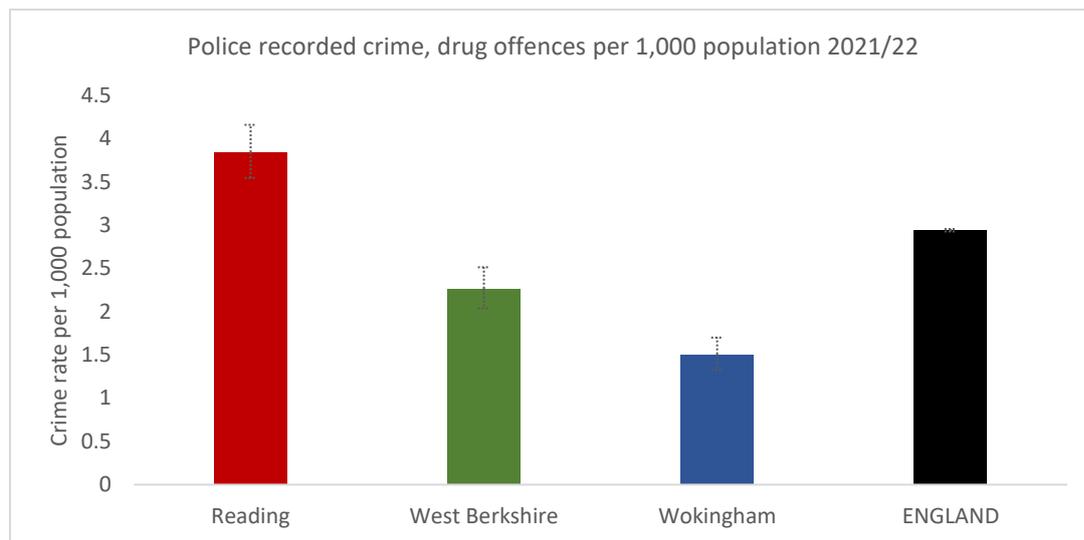


Data.Police.uk, accessed via the Berkshire West Observatory [27/09/2022]

Police recorded crime – drug offences

During 2021/22, offences directly related to drugs accounted for 4% of total police recorded crimes in England. This is a similar proportion to that seen across Berkshire West. The drug offence rate in England during 2021/22 was 3 per 1,000 population. The rate in Reading was significantly higher at 4 per 1,000 and the rate was significantly lower in West Berkshire (2.3) and Wokingham (1.5) (Figure 85).

Figure 85: Drug offence rate



Home Office, Police recorded crime and outcomes open data tables

60% of police recorded drug offences in England during 2021/22 were for possession of cannabis. In Reading and West Berkshire, a lower proportion of offences related to the possession of cannabis (43% and 54% respectively). In Reading, a higher proportion of offences related to the trafficking of controlled drugs (35% compared to 22% in England); and to possession of controlled drugs excluding cannabis (22% compared to 17% in England).

Recorded drug offences relating to the possession of cannabis increased in England between 2017/18 and 2021/22 (Figure 86); they fell again between 2020/21 and 2021/22 but are still above levels seen in 2017/18. A similar pattern can be seen in Reading. It can also be seen to some extent in West Berkshire although rates in 2021/22 fell slightly more. In Wokingham, rates also increased from 2017/18, plateauing between 2019/20 and 2021/22.

Recorded drug offences relating to the possession of other controlled drugs, excluding cannabis have remained more stable over the past seven years (Figure 87). Rates are higher than the England average in Reading at 0.85 per 1,000 compared to 0.5 per 1,000. They are significantly lower than the England average in Wokingham and are like the England average in West Berkshire having been higher up until 2018/19.

Figure 86: Police recorded crime rate – possession of cannabis

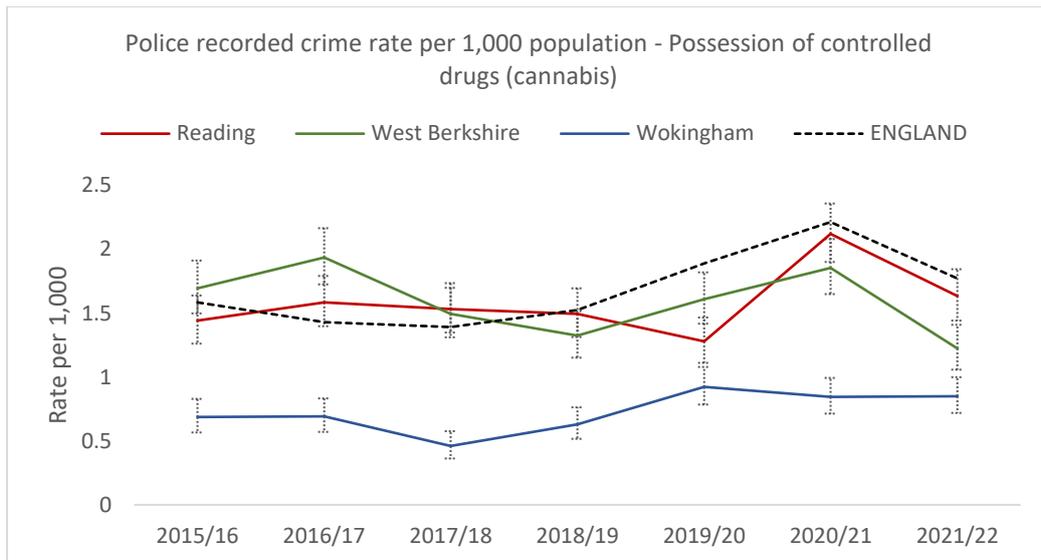
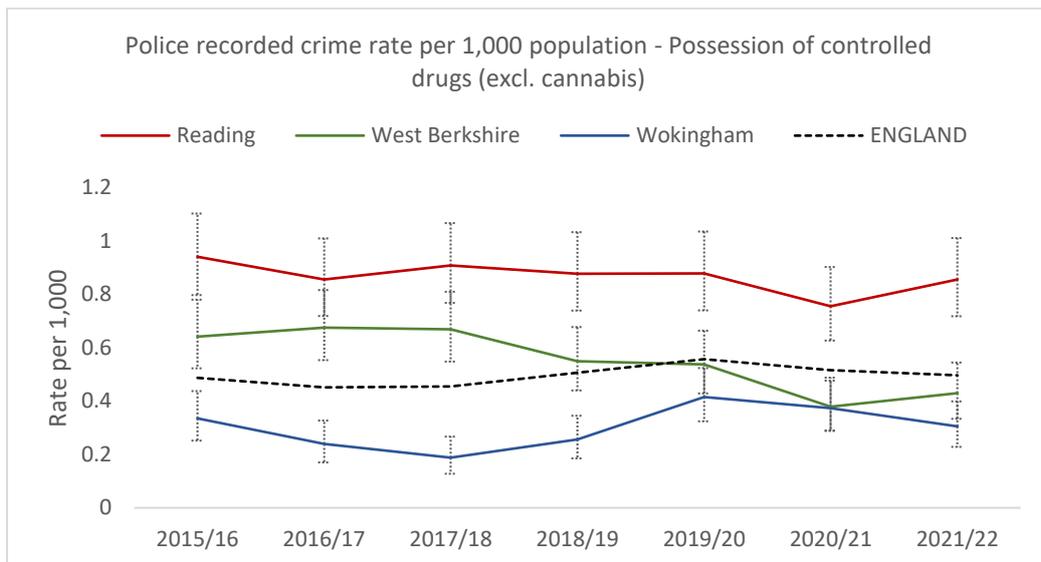


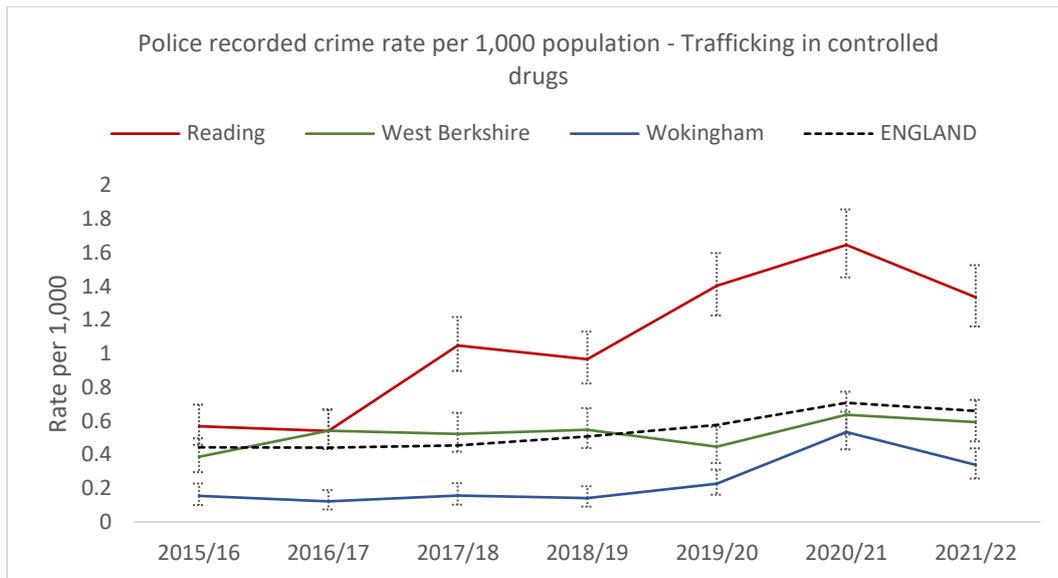
Figure 87: Police recorded crime rate – possession of controlled drugs, excluding cannabis



Home Office, Police recorded crime and outcomes open data tables

Figure 88 shows the increase in police recorded crimes related to the trafficking in controlled drugs seen in Reading since 2016/17. Despite a slight fall in rate between 2020/21 and 2021/21, rates still sit at almost double the England rate at 1.3 per 1,000 compared to 7 per 1,000.

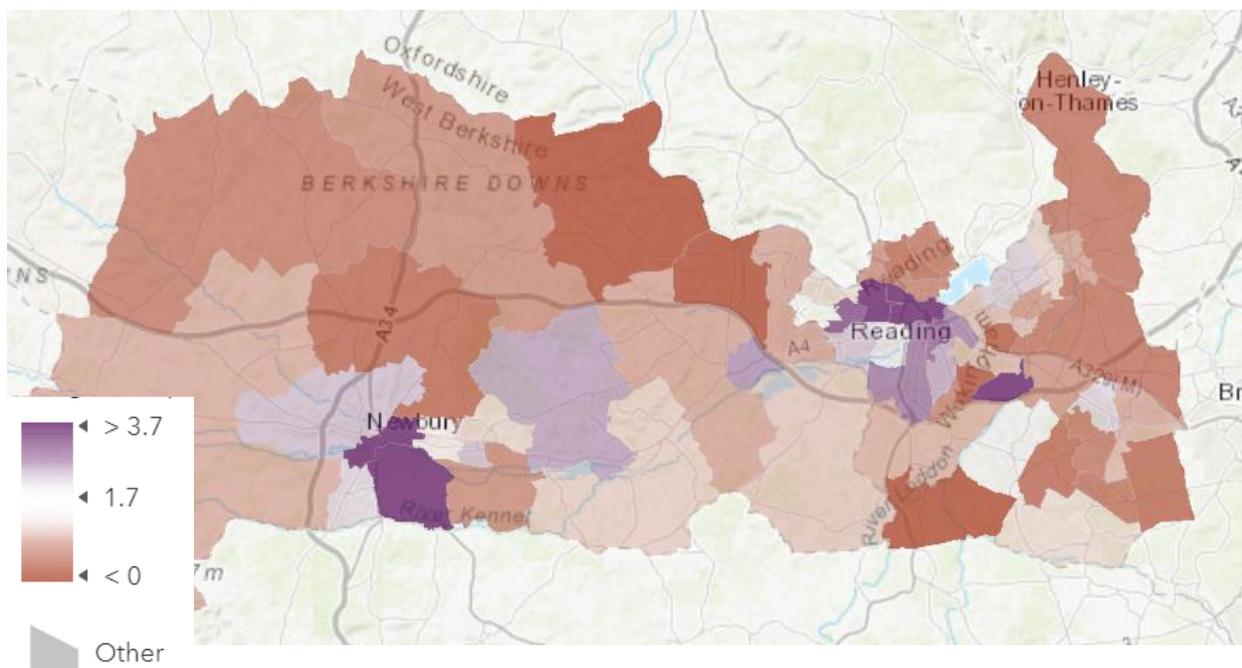
Figure 88: Police recorded crime rate – trafficking in controlled drugs



Home Office, Police recorded crime and outcomes open data tables

Figure 89 shows the total police recorded drug offence rates by Berkshire West Electoral Wards. Rates relate to rolling 12-month rates between September 2021 and August 2022. Rates in Abbey Ward in Reading (13 per 1,000) and Newbury Central Ward in West Berkshire (9 per 1,000) are outliers. Within Wokingham, the highest rates are recorded in Hawkedon (4 per 1,000).

Figure 89: Drug offence rate per 1,000 population by Berkshire West Electoral Wards

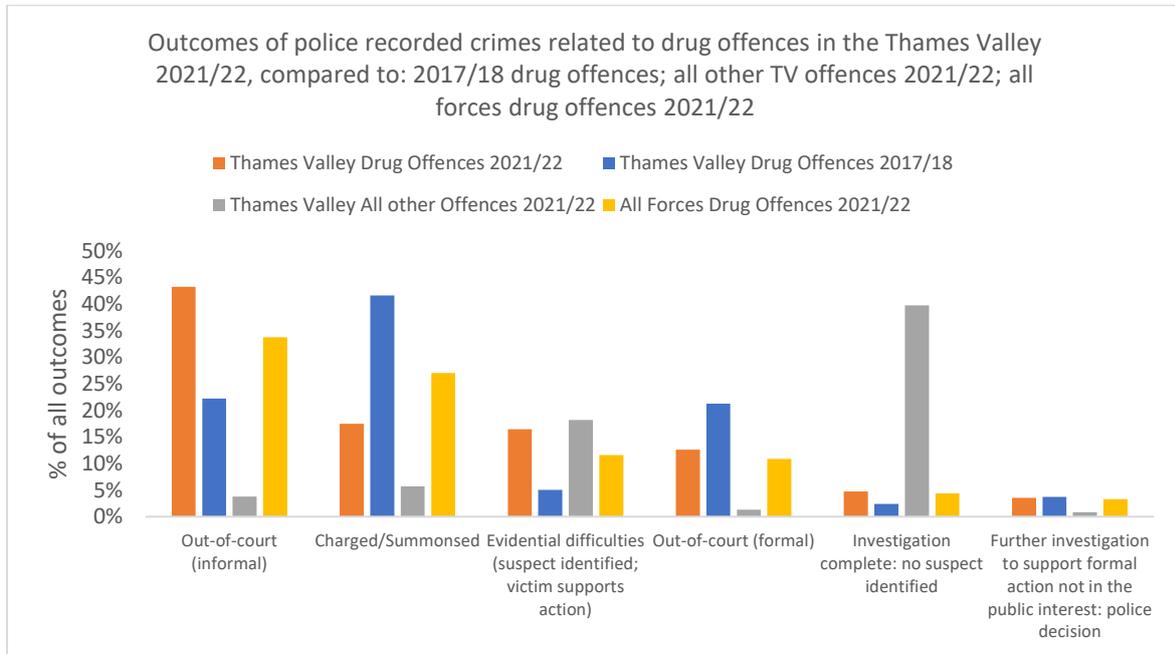


Data.Police.uk, accessed via the Berkshire West Observatory [27/09/2022]

Figure 90: Outcomes of police recorded drug offences. Figure 90 shows that the majority (43%) of drug offences recorded by Thames Valley Police in 2021/21 results in an informal

out-of-court resolution. This is twice the proportion that was seen in 2017/18 and is higher than the proportion on average across all police forces during 2021/22 (22%). 18% of drug offence investigations by Thames Valley Police resulted in the alleged perpetrator being charged/summonsed compared to 42% of Thames Valley Police drug investigations during 2017/18 and 27% of all police force drug investigations during 2021/22.

Figure 90: Outcomes of police recorded drug offences

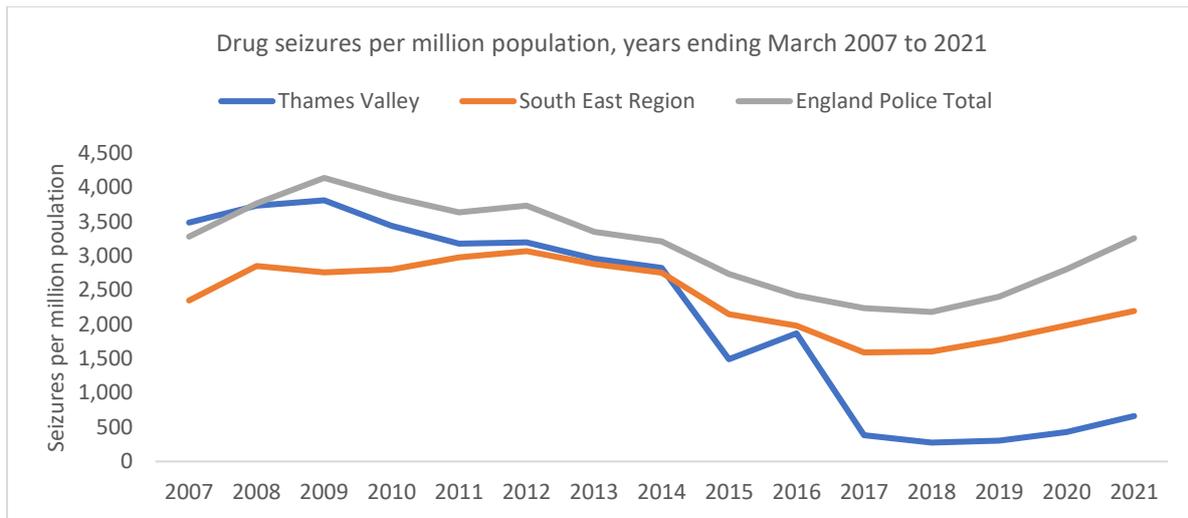


Home Office, Police recorded crime and outcomes open data tables

Seizures of drugs

Figure 91 shows the total number of seizures of controlled drugs carried out by Thames Valley Police, data is presented per million population and compared to all South East forces and all forces in England. The rate of drug seizures in the Thames Valley in 2021 was 661 per million population (1,608 seizures). This is lower than the rate from England and the South East but is a rise on 2020. There was a fall in drug seizures from 2009 in the Thames Valley which is reflective of the fall in England and the South East seizures overall.

Figure 91: Total drug seizures



Home Office, Seizures of drugs in England and Wales statistics

The majority (83%) of seizures of controlled drugs carried out by Thames Valley Police during 2021/22 included Class B drugs; 20% included Class A; 1% included Class C¹⁵. When broken down by drug substance:

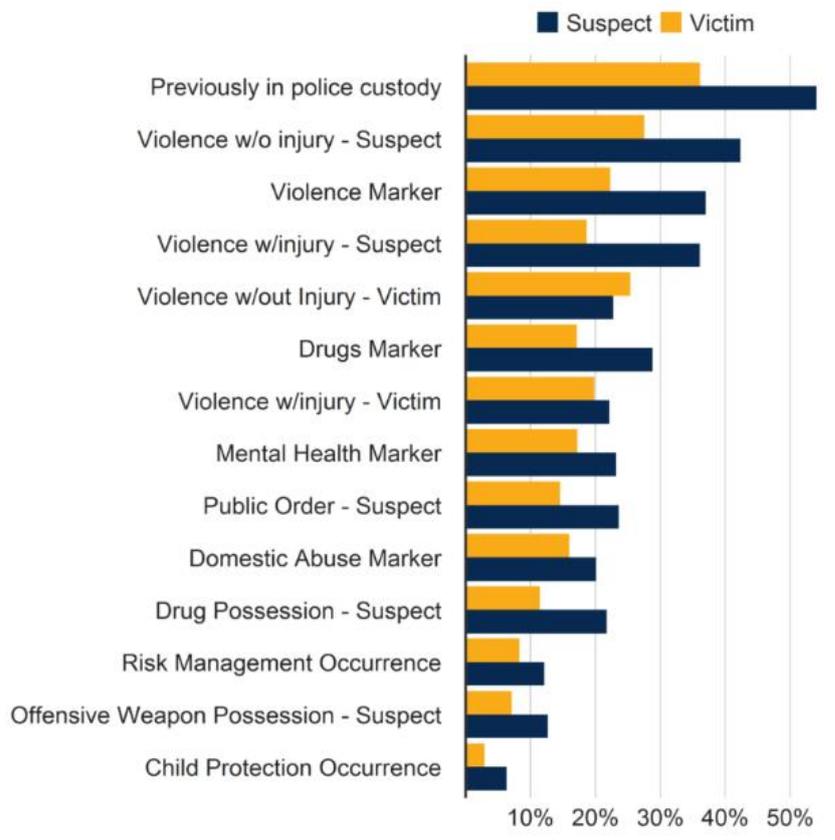
- 81% included cannabis (98% of all Class B drug seizures)
- 9% included cocaine (45% of all Class A drug seizures)
- 5% included crack (23% of all Class A drug seizures)
- benzodiazepines accounted for just 1% of total drug seizures but this equated to 98% of all Class C drug seizures.

Drug and alcohol related crimes

Data presented so far in this report has looked at crimes that are directly related to drug misuse. However, many more crimes will be related to the use of drugs. The Thames Valley Violence Reduction Unit report that over half of all suspects in serious violence during 2021 had previously been through police custody in the Thames Valley. Nearly 30% of all suspects in serious violence had a previous marker for drug use/supply, and over 20% had prior history as a suspect in drug possession (Thames Valley Violence Reduction Unit, 2021). See Figure 92.

¹⁵ As a seizure can involve more than one drug, figures for individual drugs and drug classes cannot be added together to produce totals and percentages will add up to over 100%

Figure 92: Prevalence of prior history/risk factors for individuals involved in serious violence in the Thames Valley, 2021

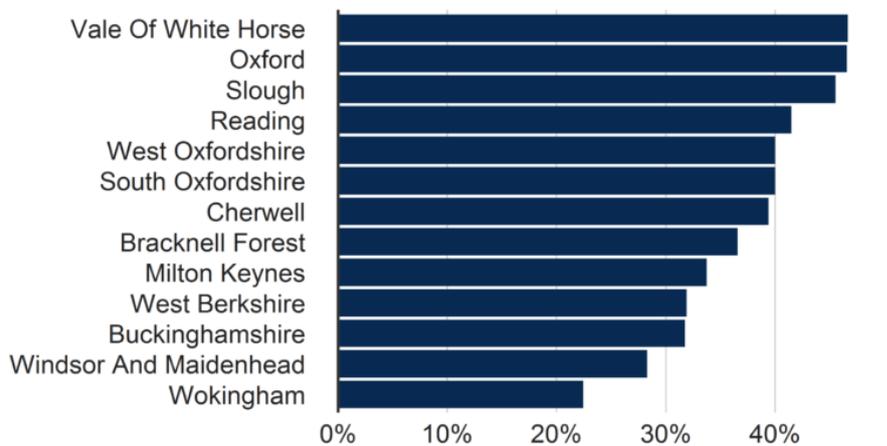


Source: Thames Valley VRU

Figure 92 also shows that around 18% of victims of serious violence had a previous marked for drugs and around 12% had prior history as a suspect in drug possession. Research using the Crime Survey for England found that the prevalence of any drug use in the last year was higher among victims of violent crime (14.3%) compared with non-victims (6.3%). Being a victim of violent crime was associated with more than twice the odds of reporting any drug use in the last year. However, after adjusting for age and sex, the strength of the association was reduced and was no longer significant (Office for National Statistics, 2022).

There is significant variation across Community Safety Partnership (CSP) area in terms suspects with drugs markers/previous possession offences. Within Berkshire West, this figure ranges from around 40% in Reading and West Berkshire to around 23% in Wokingham (Figure 93).

Figure 93: Prevalence of drug marker/possession offences amongst suspects in serious violence offences by Thames Valley CSP area, 2021



Source: Thames Valley VRU

In the last three year in England and Wales almost a third of homicide victims were thought to be under the influence of alcohol and/or drugs: 18% had been drinking alcohol; 6% had been taking an illicit drug; 8% were under the influence of both. The figures for suspects were like that for victims. Over a quarter of homicide suspects were recorded as being under the influence of alcohol and/or drugs: 15% had been drinking alcohol; 5% had been taking an illicit drug; 10% were under the influence of both. Almost a third of homicide victims were known drug users and 15% were drug dealers. 45% of homicide suspects were drug users and 29% were drug dealers. The proportion of homicides involving drug users or dealers, or that have been related to drugs in any way, have increase over the last decade (Office for National Statistics, 2022).

Drugs are becoming a more common factor in homicides in the Thames Valley. Whilst they represent less than a third of total homicides, the proportion has increased over time (Thames Valley Violence Reduction Unit, 2021).

An analysis was undertaken to look at the proportion of neighbourhood crimes¹⁶ that were related to drugs and or/alcohol. However, in most cases this marker was either not completed or was completed as 'unknown' on the crime record so any analysis based on this data was deemed unreliable.

Criminal exploitation and County Lines

There was a total of 10 County Lines known to be in operation in Berkshire West as of 24th October 2022. 9 of these are in Reading, and 1 in Wokingham. Lines are known to be running out of Reading, London, Slough, and Bracknell (Thames Valley Police, 2022).

Thames Valley Police have provided this statement around data relating to County Lines closures, *"Efforts are ongoing to gather an accurate data picture of the number of County Lines closures across the Thames Valley, it has been identified that while this is recorded by some teams/departments across the force area, there is work to do to enhance the full*

¹⁶ Burglary, drug offences, robbery, and theft

picture to provide a more accurate understanding due to matters including the exporter/importer dynamics across the force. This is under review in TVP to seek to provide a more accurate picture that will inform progress against the National Outcomes Framework.”

The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Criminal exploitation is a form of modern slavery and County Lines are one form of Criminal Exploitation. Between October and December 2021 there were 24 NRM referrals related to people covered by the Local Policing Areas of Reading, West Berkshire, and Wokingham/Bracknell. There were a further 10 Duty to Notify submissions¹⁷. 14 NRM referrals were potential cases of criminal exploitation (Thames Valley Police, 2022).

Community Safety Partnership Strategic Assessments

Each Community Safety Partnership (in West Berkshire, Building Communities Together Partnership) produces a strategy based on a local strategic assessment and containing priorities in relation to community safety, and serious violence. Below is a summary of the information contained in the three local strategic assessments/strategies focussing on drug-related crime.

Reading Community Safety Partnership

Data relates to 2020/21 so will have been impacted by the COVID-19 pandemic and is a year older than the data shown in Figure 82 to Figure 91.

Public disorder and drug offences were the only types of crime that increased in Reading during lockdown restrictions. Knife crime also increased.

Both Probation and Integrated Offender Management (IOM) assessments have highlighted Substance Misuse, Accommodation, and Education, Training and Employment as priority offending needs for persistent offenders, and there is a growing recognition of the importance of other factors such as gender and mental health needs, and their impact on how interventions could be delivered.

Alcohol & Drugs are the highest scoring offending need for IOM nominals and although police recorded crimes with an alcohol flag are declining, they remain strongly associated with suspects of violence and victims of sexual offences.

The most prevalent support needs for those experiencing homelessness are mental health needs and drug dependency, highlighting the association these two risk factors have with each other and with challenges in maintaining tenancies, with service users more likely to be victims than offenders.

Reading's top location for police-recorded crime continues to be the town centre. The night-time economy crime consists primarily of violence and ASB and is associated with alcohol and drug use, particularly in the early morning, although female victimization peaks late

¹⁷ The difference between a NRM and decision to notify referral relates to the consent of the adult involved. Consent must be obtained from a person aged 18 or over for them to be referred to the NRM. If consent is not obtained, then a Duty to Notify is submitted. If the potential victim is (or may be) under 18, a NRM referral must be made

evening. Although serious violence within the night-time economy has not increased, there are worrying trends in recorded knife crime with increased use in ABH and Assault without Injury. Hotspots within the town centre move according to venue closing time, which could have implications for licensing.

The most common type of ASB reported to Reading Borough Council relates to intimidating behaviour and drug use or dealing. Drug use was indicated in 556 antisocial behaviour incidents and alcohol use in 151 which relates to 22% and 6% of all ASB incidents respectively.

There were 8 complaints to trading standards relating to the sale of alcohol to persons under 18 and there were 39 police reported ASB incidents relating to underage drinking.

Drugs were identified as the top issue for residents in Reading Borough Council's community safety survey. The second highest ASB issue identified was people using or dealing drugs with residents in 15 out of 16 Electoral wards identifying this in their top 3 issues. The most common problems relating to alcohol were alcohol-related litter; teenagers hanging around; and young people drinking or being drunk in public spaces.

In 2020/21, 58 young people were identified and referred to the Exploitation Team due to concerns of risk of exploitation, an increase from 50 in 2019/20. For 25 (43%), there was no direct evidence of exploitation but there were concerns relating to youth violence. Of the 58 young people referred, 32 were assessed as at risk of exploitation, an increase from 28 in 2019/20. For most, 20 (63%), the concerns were due to drug related criminal exploitation, in line with intelligence that organized criminal gang activity in Reading is primarily drug related.

The age profile of recorded suspects in Reading has changed over the last 3 years, with increases in younger suspects of crime (aged 13-21). There has been an increase in the number of offences attributed to younger suspects, although a decrease in the number of young people receiving a substantive outcome. Reading Youth Offending Service has higher than average number of first-time entrants into the Youth Justice System and their associated offences are more serious. In response, multiple interventions are in place and the YOS work closely with schools to embed trauma-informed policies to prevent school exclusions that are a strong indicator of offending.

West Berkshire Building Communities Together Partnership

Data relates to the period 1st September 2020 to 31st of August 2021 so will have been impacted by the COVID-19 pandemic and is a year older than the data shown in Figure 82 to Figure 91.

There was a slight increase seen in drug related offences compared to the previous needs assessment period which included a 35% increase in trafficking offences (from 78 to 105) but a decrease in possession offences (340 compared to 320). There were 461 drug related stop and searches which was a 6% increase from the previous assessment period. The increase seen in trafficking offences is considered due to good local intelligence supporting targeted policing activities.

40 children were referred to West Berkshire's Exploited and Missing Risk Assessment Conference (EMRAC) due to concerns regarding criminal exploitation. The average age for criminal exploitation was 15.4 years. The majority were White British, and all were not previously known to services.

141 young people were engaged with the Youth Offending Team with 20% of offences relating to drugs. 141 is the highest since 2017 and there has been a 33% increase in violence against the person offences. The ratio of girls to boys in the total youth offending cohort has increased with 76% of the cohort being male. Drug offences remain high for boys and comprise 24% of male offending. 34% of the total youth offending cohort had experienced parental substance abuse; 86% had used drugs themselves and 45% engaged in problem drinking.

Wokingham Community Safety Partnership

Data relates to 2020/21 so will have been impacted by the COVID-19 pandemic and is a year older than the data shown in Figure 82 to Figure 91.

Possession of drugs with intent to supply by those aged 25 and under (included in the VRU serious violence definition) are increasing, as are all drug-related offences across all ages. However, these may be more reflective of police activity than actual trends. The number of total crimes with multiple suspects identified has decreased, although drugs offences and violence with injury are most likely to be perpetrated in groups.

Alcohol & Drugs are one of the highest scoring pathway needs at assessment for IOM nominals indicating the strong association that substance misuse has with serious and persistent offending, although the causal relationship cannot be confirmed. Alcohol & Drugs are also one of the highest scoring pathway needs at exit for IOM nominals indicating that resolution in this area is not a pre-requisite for desistance from re-offending if other pathway needs are resolved.

A key-word search performed by Thames Valley Police indicates that 21% of ASB complaints received in 2020/21 were related to complaints about drugs. 6% were related to alcohol. In 2020/21, neighbours, particularly where noise or drugs are involved, were the most frequently reported ASB in Wokingham. Youth-related anti-social behaviour is the next most common type of ASB reported in Wokingham. Drugs-related anti-social behaviour is most likely to be reported in early afternoon, 2-4pm, while Youth-related ASB and Noise complaints are more likely to occur after 9pm. Shinfield South, Emmbrook, Wokingham Without, and Bulmershe and Whitegates are the top four locations for each of these types of ASB, although Youth-related ASB is higher in Winnersh and Wescott.

The number of young people starting an intervention with the YOS each year has significantly increased over the past 3 years (A total of 272 young people were engaged with the Youth Offending Service (YOS) in Wokingham between April 2019 and March 2022). Almost half of YOS cases (49%) were convicted of a violent offence, and 18% were convicted of an offence considered as serious violence. 33 cases (13%) were convicted of a possession of controlled drug offences.

16 children were referred to Wokingham's Exploited and Missing Risk Assessment Conference (EMRAC) due to concerns regarding criminal exploitation. This compares to 25 children in 2020/21 and 33 in 2019/20. Although the number of referrals to EMRAC have declined over the past 3 years, Child Criminal Exploitation remains the most common concern for the borough, representing more than half of referrals each year. Cases of suspected sexual exploitation have not declined at the same rate as other concerns.

Drug treatment services

Detailed information on clients accessing drug and alcohol treatment services has been provided earlier in the report under Drug treatment; Alcohol treatment; and Young person’s drug and alcohol treatment in Berkshire West. Information on the providers of these services are described in Table 8

Table 8: Community drug and alcohol treatment providers in Berkshire West

Local Authority	Provider	Address	Description	CQC	What people who use the service say (taken from CQC report)
Reading	Change Grow Live	127 Oxford Road, RG1 7UR	Adult drug and alcohol service	GOOD (latest inspection 2 nd)	<i>We spoke to two clients who use the service via a video call. Clients told us that the service had improved following feedback from the service user forum. For example, early in the COVID-19 pandemic clients had been unable to fully access the service due to lockdown restrictions but the service had listened to this feedback and client’s regular contact was reinstated. The service made adaptations to ensure it was as accessible as possible whilst adhering to government guidance. Clients spoke highly of staff and the care and treatment they had received to date.</i>
Reading	SOURCE, Brighter Futures for Children	Bridge Street, RG1 2LU	Young person’s drug and alcohol service		
West Berkshire	Westminster Drug Project	1 Station Road, RG14 7LP	Adult drug and alcohol service	Inspection reports not yet available	
West Berkshire	The Edge, Westminster Drug Project	1 Station Road, RG14 7LP	Young person’s drug and alcohol service		
Wokingham	Cranstoun	38 Station Road, RG40 2AE	Adult drug and alcohol service	GOOD (latest inspection 23 rd March 2022)	<i>People who use the service all gave excellent feedback about the care and treatment they received. They told us what a positive impact the service had on their lives and their recovery. They told us that staff were kind, compassionate, caring and always made time for them.</i>
Wokingham	Here4YOUth, Cranstoun	38 Station Road, RG40 2AE	Young person’s drug and alcohol service		

Summary of findings

- There are an estimated 6,000 adults across Berkshire West who have problem drug or alcohol use
 - Rates per population higher than the England average in Reading, particularly around opiate use.
- There is a large gap between those estimated to require treatment and those who are currently accessing.
 - This is particularly true of those affected by problem alcohol use.
- Each year, around 150 deaths in Berkshire West are alcohol related and a further 20 are related to drugs.
- Approximately 2,500 hospital admissions are due to alcohol specific causes, poisoning by drug misuse, or drug related mental and behaviour disorders.
 - Reflecting the prevalence and pattern of problem drug and alcohol use, Reading sees a higher rate of deaths and admissions than the national average.
 - Across Berkshire West there has been an increase in young people admitted to hospital due to substance misuse.
- There is a strong association between problem drug use and violent crime. 30% of those suspected of a serious violent crime in the Thames Valley have previous history of drug use/supply and drug-related homicides are increasing.
- Rates of directly drug related crimes are higher than the England average in Reading.
- Potentially associated with targeted policing, the recording of crimes relating to the possession of cannabis and drug trafficking are on the rise.
- 375 children in Berkshire West are living with adults who are in drug or alcohol treatment.
- The treatment population in Berkshire West are most likely to be opiate users.
- Rates of people in drug treatment are increasing across Berkshire West, driven in by opiate users in treatment in Reading.
- Males are more likely to be in drug treatment than females though no gender difference is found amongst those in alcohol treatment.
- 20% of those in treatment report a disability and all but the Asian ethnic group are overrepresented in the treatment population.
- There is an increase in cannabis use amongst the treatment population particularly in West Berkshire, and an increase in the use of cocaine amongst people living in West Berkshire and Wokingham. Use of alcohol and opiates/crack have remained more stable in comparison.
- There are differences in pattern of problem drug and alcohol use, and associated harms across the three local authority areas.
- Annual successful completion rates for opiate users are around 3% and for non-opiate users 30% of the total treatment population.

- Successful completions of treatment lower in Reading compared to the England average for people who are non-opiate drug users and early unplanned exits are higher.
- 6-month abstinence rates from cocaine and, to a lesser extent, cannabis, have fallen in Berkshire West and abstinence rates from alcohol are lower than those for illegal substances.
- There is very little shift in the numbers of people in drug and alcohol treatment who are in employment by their 6-month review and employment is lowest amongst people in drug treatment. There is relatively more success when it comes to improving housing issues.
- 83% of adults living in Berkshire West starting drug treatment during 2020/21 were identified as smoking tobacco.
 - Tobacco smoking is higher amongst the adult drug and alcohol treatment population in Berkshire West compared to the England average
 - There were no smoking interventions offered through drug and alcohol treatment services during 2020/21.
- 57% of adults in drug treatment and 61% of adults starting alcohol treatment were identified as having a mental health treatment need at the start of treatment with 70% and 80% already accessing mental health support.
- Just 53% of young people identified with a mental health treatment need at the start of drug and/or alcohol treatment were accessing treatment.

Gaps in data/areas for further analysis

- This report does not assess the qualitative evidence of people with lived experience. This is the key gap that needs to be addressed.
- This report does not cover those in the local population who are using drugs and alcohol to a problematic extent who are not yet in formal treatment.
- The rates of non-opiate users and young people in treatment in West Berkshire are worthy of further investigation to assess whether this is due to better access, potentially afforded by less demand in the system from opiate drug users, or due to underlying levels of problem non-opiate use in the population.
- County Lines closures data is not currently available
- The report does not directly measure the quality of the support offered in drug and alcohol treatment services, particularly in relation to psychological interventions.
- Drug and alcohol markers within neighbourhood crime data are often not completed so it is not yet possible to quantify the impact of drug and alcohol on these incidents.
- There is a need to join up the findings of this needs assessment to wider analysis and workstreams around inequalities and vulnerable groups as well as the wider determinants including education.

Appendix 1: guidance for professionals

Problem alcohol use	Problem drug use		Co-occurring conditions and complex needs		Wider issues	Education, prevention, and early intervention
https://www.nice.org.uk/guidance/ng135 - alcohol interventions in secondary and further education	https://www.nice.org.uk/guidance/ph52 - needle and syringe programmes	https://www.nice.org.uk/guidance/ta115 - naltrexone for the management of opioid dependence	https://www.nice.org.uk/guidance/cg120 - coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings	Substance misuse and people with learning disabilities	Individual Placement and Support (IPS) helps people accessing health services find work to aid their recovery	https://www.nice.org.uk/guidance/ng64 - drug misuse prevention: targeted interventions
https://www.nice.org.uk/guidance/cg100 - alcohol-use disorders: diagnosis and management of physical complications	https://www.nice.org.uk/guidance/cg52 - drug misuse in over 16s: opioid detoxification	Wound aware: a resource for commissioners and providers of drug services	https://www.nice.org.uk/guidance/ng58 - coexisting severe mental illness and substance misuse: community health and social care services	Health matters: rough sleeping	Supporting Families Programme guidance 2022 to 2025	https://www.nice.org.uk/guidance/ph24 - alcohol-use disorders: prevention
https://www.nice.org.uk/guidance/ta325 - Nalmefene for reducing alcohol consumption in people with alcohol dependence	https://www.nice.org.uk/guidance/cg51 - drug misuse in over 16s: psychosocial interventions	Opioid substitution treatment: service self-assessment tool	IAPT positive practice guide for working with people who use drugs and alcohol	Tuberculosis (TB) and substance misuse	Developing local substance misuse safeguarding protocols	Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory guidance
https://www.nice.org.uk/guidance/cg115 - alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence	https://www.nice.org.uk/guidance/ta114 - methadone and buprenorphine for the management of opioid dependence	Misuse of illicit drugs and medicines: applying All Our Health	Better care for people with co-occurring mental health, and alcohol and drug use conditions		County lines exploitation: applying All Our Health	ASSIST-Lite screening tool: how to use
	People who inject drugs: infection risks, guidance and data	Injectable opioid treatment: commissioning and providing services	Housing First: an effective evidence-based model for people with complex needs who sleep rough		County lines and criminal exploitation toolkit	
	Opioid substitution treatment: guide for keyworkers	Health matters: preventing drug misuse deaths	Changing Futures aims to improve outcomes for adults experiencing multiple disadvantage		Guidance for frontline professionals on dealing with county lines, part of the government's approach	

Problem alcohol use	Problem drug use		Co-occurring conditions and complex needs		Wider issues	Education, prevention, and early intervention
					to ending gang violence and exploitation	
	Substance misuse: providing remote and in-person interventions				Disruption tactics for those working to safeguard children and young people under the age of 18 from sexual and criminal exploitation	
					Tackling child exploitation: resources pack	

Appendix 2: homelessness strategy action points

Reading

- 1) Intervening early to prevent and reduce homelessness in Reading underpinned by core themes to have universal approach to everyone alongside targeted upstream interventions that identify and address potential risk factors for homelessness
 - a. Creating and adopting and full communications plan to promote the homelessness prevention service
 - b. Maximising access to the homelessness prevention service
 - c. Delivering general and bespoke training to upskill and educate statutory sector, faith, voluntary, and community partners around homelessness
 - d. Supporting primary healthcare partners to identify homelessness risk and refer into the service
 - e. Improve exiting partnership and joint working with admittance and discharge team the Royal Berkshire Hospital and Prospect Park Hospital
 - f. Continuing to commission the Policy in Practice Low Income Family Tracker dashboard
 - g. Reframing analysis away from the most recent reason that someone lost their home to considering the wider factors along their pathway to homelessness
 - h. Continuing to provide homelessness advice and information within community and homelessness sector setting through outreach and in-reach
 - i. Continuing to support vulnerable households with moving to Universal Credit
 - j. Piloting awareness session in school, colleges, universities and youth services about factors that can lead to homelessness, its impact, and what can be done to prevent it
- 2) Supporting people who are vulnerable to recurring homelessness underpinned by supported sustainment and pre-crisis interventions
 - a. Continuing existing, well established preventative practices under our Homelessness Reduction Act prevention duties
 - b. Promoting planned move-on options for those vulnerable to friend and family evictions
 - c. Better understanding the reasons behind relationship breakdown
 - d. Continuing to respond to homelessness from the private rented sector
 - e. Supporting social landlords to identify early risks of homelessness with tenants and with signposting to the Council or support services
 - f. Improving communication when enforcement action is planned or imminent
 - g. Exploring and promoting employment opportunities for those at risk of homelessness
 - h. Embedding universal trauma informed approaches for assessing and supporting complex and higher need households that may be experiencing multiple disadvantage
- 3) Increasing access to decent, suitable accommodation underpinned by the provision of accommodation and crisis interventions
 - a. Advocating that resolving homelessness is not just about the provision of 'bricks and mortar'
 - b. Continuing existing, well-established practices under our Homelessness Reduction Act relief duties
 - c. Ensuring that the provision of temporary accommodation is adequate in meeting the needs of any growing pressures

- d. Regularly reviewing how we procure enough private sector housing for homeless households
- e. Continuing to provide information, advice, and support for landlords
- f. Continuing to make developing more affordable housing a priority for the Council
- g. Implementing our revised Allocations Scheme by 2021/22
- h. Reviewing and developing accommodation and support for those aged 16 – 24
- i. Scoping and implementing a permanent site/pitch for the gypsy and traveller community
- j. Maximising opportunities to support and signpost homeless households without recourse to public funds

West Berkshire

- 1) Enhanced prevention and early intervention
 - a. Review of the points-based Housing Register system
 - b. Performance monitoring
 - c. Maintaining tenancies
 - d. Early intervention
- 2) Address rough sleeping
 - a. Targeted support and accommodation services
 - b. Innovative solutions to assist entrenched rough sleepers to leave the streets
 - c. Improving health and wellbeing of rough sleepers
 - d. Preventing residents at risk of rough sleeping from needing to sleep rough
 - e. Tackling negative public perceptions around rough sleeping
- 3) An increased range of housing options of residents of West Berkshire
 - a. To maintain and increase Housing First accommodation
 - b. Decrease the use of temporary accommodation
 - c. Improve access to Houses in Multiple Occupation
 - d. Review of supported lodgings
 - e. Increase affordable housing stock
 - f. Increase the type of accommodation available to people with complex needs
 - g. Bring empty homes back into use
 - h. Provision of Gypsy, Traveller, and Show Person accommodation
- 4) Further enhanced partnership working
 - a. Development of the Homelessness Strategy Group
 - b. Bid funding
 - c. Building local partnerships
 - d. Multi-agency working strategy
 - e. Enhanced internal partnership working
 - f. Introduce a 'planned process' for move-on accommodation
- 5) Enhanced communication for all client groups
 - a. Improve communication of key preventative measures
 - b. Improve accessibility to information and support

Wokingham

- 1) Early intervention and prevention

- a. Provide affective housing advice to those experiencing crisis
 - b. Focus on early intervention and prevention
 - c. Work with partners to tackle homelessness and crisis
 - d. Support private rented sector residents
 - e. Reduce the use of temporary and emergency accommodation
 - f. Embed a clear housing pathway for key groups
- 2) Working towards ending rough sleeping and tackling hidden homelessness
- a. Explore options for the development of a night shelter
 - b. Carry out targeted work with entrenched rough sleepers
 - c. Develop understanding of the hidden homeless
 - d. Explore the feasibility of a pilot Housing First (or similar) scheme
 - e. Hold regular rough sleeping meetings with partners
 - f. Work to address the root causes of homelessness
- 3) Building more affordable homes
- a. Ensure that the right homes are built in the right locations for those most in need
 - b. Develop specialist housing that meets demand
 - c. Adopt a refreshed allocations policy
 - d. Continue to negotiate with developers to provide new build homes for social rent
 - e. Maximise opportunities to provide homes for key groups
- 4) Supporting our vulnerable residents
- a. Ensure that vulnerable residents have access to tailored advice and support
 - b. Continue to work in partnership
 - c. Enable provision and training for residents on key topics including budgeting, wellbeing and independent living skills
 - d. Collaborate with residents to improve services based on feedback

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