



STAND TO EVALUATION REPORT

Derbyshire's dedicated Veterans Alcohol Support Service

A review and evaluation of the needs and effectiveness of a providing a dedicated alcohol support service in Derbyshire to Veterans affected by Alcohol Misuse

Executive Summary:

- *67% of men and 49% of women in the UK Armed Forces had an audit score representative of hazardous drinking compared to 38% of men and 16% of women in the general population. In both sexes, for all ages, the military have a higher prevalence of hazardous drinking. (Fear et al 2007/2010)* hazardous drinking was defined as a score of 8+ using the Alcohol Use Disorders Identification Test (AUDIT)*
- *Veterans historically do not engage effectively with generic support services because they feel that their needs and experiences are unique to having served within the Armed forces. Military veterans do not tend to do well in traditional treatment settings.(DDN, 2014)*
- *. *An estimated 50,000 ex-armed forces personnel are living in the county of Derbyshire, with around 60,000 family members. *Based on MOD figures : 4 million veterans – i.e. 8% of the adult population. There are additionally 5.4 million partners, spouses and family members*
- *In the LAPE (local alcohol profile England) tables Derbyshire has a larger number of alcohol related hospital admissions than the National average.*
- *Derbyshire takes seriously its commitment to ensure that those who have served their country and who have made sacrifices are recognised and provided with services and support which meet their specific needs. (DCC cabinet paper 2012)*
- **STAND TO** *is a Derbyshire project, developed in response to a recognised and evidenced need for a dedicated service for ex-armed forces personnel who are experiencing problems with alcohol misuse. STAND TO supports and is affiliated to the commitments as outlined within The British Military Covenant.*

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STAND TO Project Evaluation Report

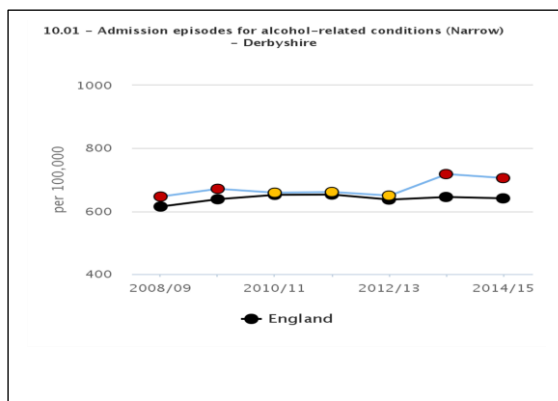
April 2015 – March 2016

Project title **STAND TO** - Alcohol support service for veterans of Armed Services

Rationale

Alcohol misuse costs the NHS an estimated £3.8bn a year, £145 for each UK household. One in three of all A&E admissions are alcohol related.

The evidence for the approach to establish a dedicated alcohol misuse support service for ex-Armed Forces in Derbyshire was derived from; studies utilising the current Derbyshire alcohol services database, knowledge of local provision and demographics together with the findings and recommendations identified within the 2012 Derbyshire Cabinet Report on meeting the needs of Ex-Armed Forces personnel within Derbyshire. In addition, Derbyshire has an increasing number of people admitted to hospital due to alcohol related problems, LAPE tables demonstrate an increasing trend which exceeds the England average number per 100,000 of alcohol related hospital admissions.



In screening Ex-Armed Forces personnel referred into Derbyshire alcohol services from 2012-2014. DAAS was able to identify the demographic spread within the localities of Derbyshire; Amber Valley, Bolsover, Chesterfield, Erewash, Derbyshire Dales, Glossop, High Peak, North East Derbyshire and South Derbyshire. Information gained from both National and local information sources strongly indicated, increasing numbers of veterans in Derbyshire (approx. 50,000) and given the identified link between alcohol misuse within the Armed Forces and Ex-Armed Forces communities, a need was identified to develop a specific project to support those veterans and their families affected by alcohol misuse.

The STAND TO pilot represented an innovative approach in Derbyshire leading to a lack of local evidence which could be directly extrapolated to this project. However research into Ex-Armed Forces alcohol consumption has confirmed a strong correlation between alcohol misuse and the Armed Forces. Historically and currently alcohol has been used by the military to cope with the intense stress of battle but also as a way of mediating the transition from the heightened experience of combat to routine safety within the mess as a social means of interaction amongst comrades. Large numbers of service personnel leaving the Armed Forces have thus established drinking patterns and increased dependency on alcohol whilst in service, and find this not only difficult to change, but also continue to use high levels of alcohol as a means to support rehabilitation and adjustment problems and/or Mental Health issues including PTSD. In a 2014 report published by the Commons Defence Committee, concerns were raised that the long term support for Ex-Armed Forces is falling and highlighted the far reaching effects of alcohol misuse for veterans and their families.

Project Aim

The key aim of the pilot project was to improve the lives of Ex-Forces community affected by alcohol misuse in Derbyshire, through the provision of a dedicated response, reducing the harms incurred by alcohol use.

Specific Aims

- To enable Ex-Armed Forces personnel to improve their health and well-being through alcohol reduction/abstinence
- To increase Ex-Armed Forces personnel to improve their confidence, self-esteem and motivation
- To improve the quality of family life and relationships

Project Objectives

- To offer an information and advice service by telephone, drop in sessions, appointments and home visits on alcohol issues to Ex –Armed Forces community
- To provide a dedicated 1:1 key worker counselling provision
- To refer and signpost Ex-Armed Forces clients to external support services and networks

Demographics of the local health community

Given the demographic and health profile of the local population within Derbyshire, the management of alcohol support for ex-veteran clients is a priority and integral to core programmes focusing on self-management and health improvement.

The area has high levels of material deprivation and poor health - as a county Derbyshire ranks 100th out of 152 upper-tier local authorities with 45 of the county's Lower-layer Super Output Areas (LSOA) falling within the most deprived 10% across England.

Health deprivation and disability is one of Derbyshire most deprived domains with 87 of all 491 LSOAs within Derbyshire falling within the most deprived 20% nationally. Whilst all districts contain at least one of these 40% of LSOAs are within Chesterfield. (DCC Cabinet Report Nov 2015).

In 2012 The Derbyshire Ex-Armed Forces cabinet report estimated that there were 50,000 ex-personnel living in Derbyshire. Help for Heroes, PTSD referrals, plus recent overseas British Armed Forces involvement indicates that this number will now represent a significantly higher % of the population of Derbyshire.

Project Outline

STAND TO is a bespoke alcohol service dedicated to Derbyshire’s Ex-Forces community and their families. The project differs from DAAS generic alcohol service support by providing a bespoke longer-term support programme to Ex- Armed Forces clients in Derbyshire. Clients have the opportunity to access a dedicated worker who has experience of serving in the forces (with an awareness of the issues faced by armed forces and their families), increased 1:1 support and the resources for provision for Ex-Armed Forces clients to undertake additional interventions utilising and strengthening existing links with both local and National veteran support services.

Project planning and funding

Having submitted an outline pilot project proposal, DAAS approached Derbyshire County Council via a local funding application to deliver a pilot service to support;

- Derbyshire County residents and homeless people (excluding Derby City) aged 18 and over who have served in the Armed Forces and are misusing alcohol.

The STAND TO project supported 74 clients recruited according to the criteria above during the period April 2015 – March 2016

Client Engagement profiles:

Following analysis of data captured, the majority of clients supported by the service were found to be male (94.6%) and of white British ethnicity (98.64%). Their ages ranged from between 25yrs old to aged 60+ with the main group being aged 45 – 54 yrs. old (32.43%). Further findings also highlighted that the majority of clients stated they were single 35.13% and living alone (55.40%) with 2nd highest categories being those people married (21.62%) and living with partners (22.97%).

Residential Areas:

The chart below shows the areas across Derbyshire supported by the project with Chesterfield having the highest level of need which reflects the reported levels of known deprivation.

Table (i)

Area	No of Clients	%
Amber Valley	10	13.51
Bolsover	10	13.51
Chesterfield	15	20.27
Derbyshire Dales	7	9.45
Erewash	4	18.18
Glossop	3	4.05
High Peak	5	6.75
North East Derbyshire	8	10.81
South Derbyshire	10	13.51
Other	2	2.70

Employment Status:

Findings revealed that although the majority of clients (43.4%) were in receipt of benefits the 2nd highest group at risk were those clients either in employment or self –employed (31.08%).

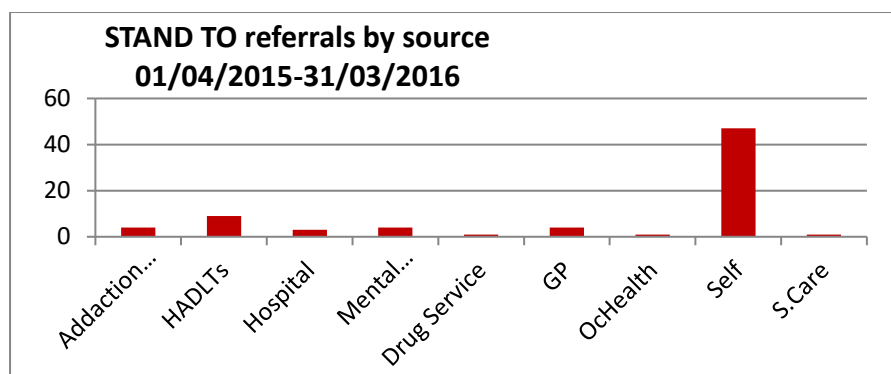
Table (ii)

Status	No of Clients	%
Receipt of benefits	32	43.24
JSA	1	1.35
Long-term sick/disabled	3	4.05
Employed (FT)	19	25.67
Employed (PT)	3	4.05
Self Employed	1	1.35
Retired	8	10.81
Receipt of pension	4	5.40
Not Known	3	4.05

Referrals

Findings confirmed the level of need for an independent open referral mechanism with the majority of referrals being received by individuals as shown by the diagram below.

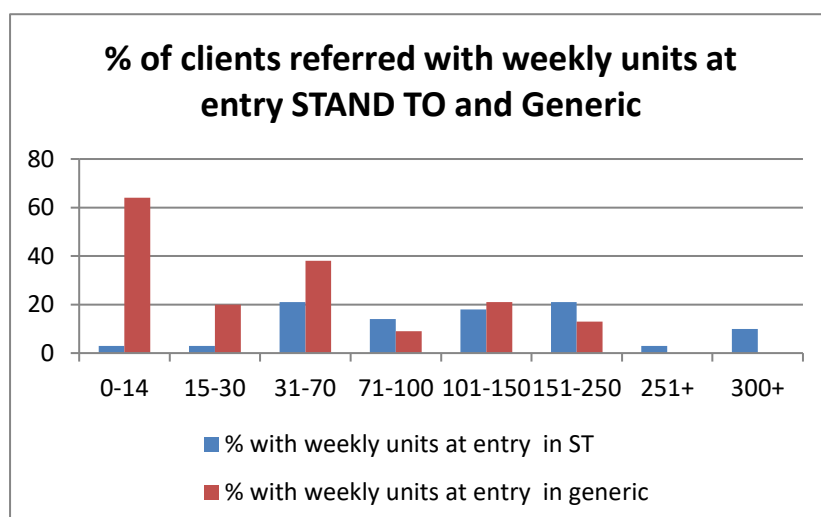
Chart (i)



Weekly alcohol units stated consumed at referral:

Information of weekly alcohol units recorded consumed by STAND TO clients in comparison to DAAS generic service client cohort at referral is shown below, highlighting the higher levels of unit consumption and increased level of risk attributable to Ex-Armed Forces personnel. ⁱ

Chart (ii)



1. *Current alcohol guidelines published by the Chief Medical Officer- PH.England advise that drinking at a level which exceeds 14 units of alcohol per week, places increased risk on physical and mental health, and is linked to a range of cancers. (reference)*

Project outputs

- 74 clients received information and advice service by telephone, drop in sessions, appointments and home visits on alcohol issues to Ex –Armed Forces community
- 47 clients received a 1:1 casework service receiving between six and twenty interventions sessions.
- 32 referrals and signposts for clients to external support services and social networks

Project Outcomes (measured by National tool Alcohol Outcome Star and TOPS)

- **Effective Advice/counselling sessions delivered to Ex-Armed Forces Personnel**
- **Reduction in weekly alcohol units consumed**
- **Reduction in alcohol dependency levels**
- **Improved physical and mental well being**
- **Improved access to social networks**
- **Reduction in re-referrals to the service**
- **Sustained employment**

Alcohol reduction at discharge:

Data analysed on discharge shows the success of the pilot and that 20% of clients were abstinent and of the remaining clients 49% had reduced their weekly alcohol unit consumption rate by half.

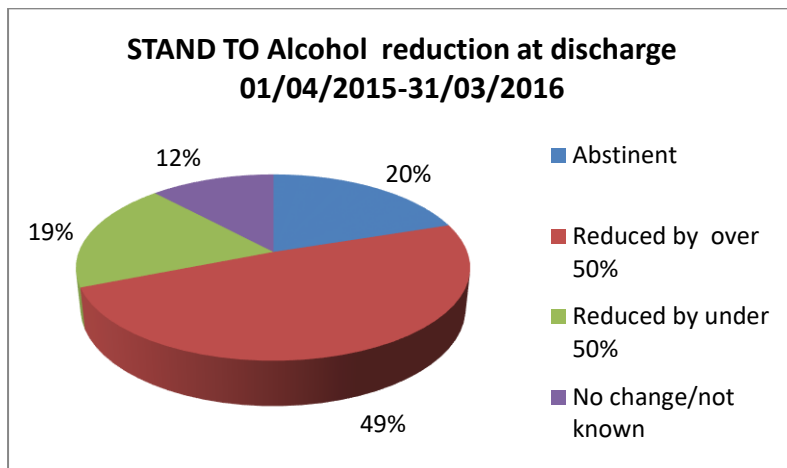


Chart (iii)

Client drinking status at discharge:

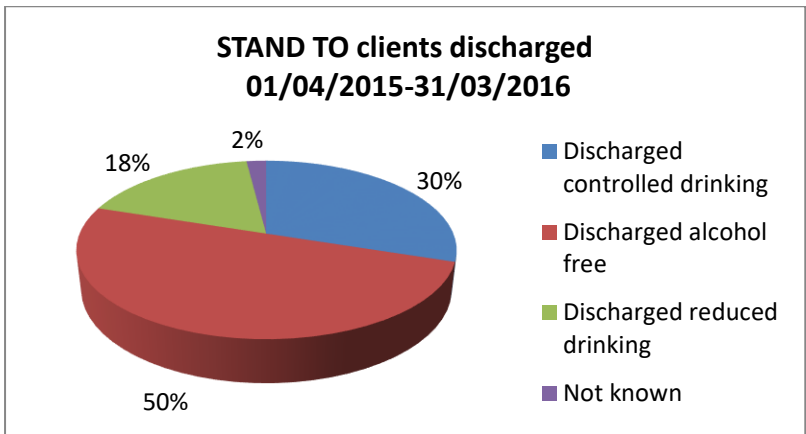


Chart (iv)

Health & Well-being at discharge:

When asked upon discharge in addition to benefiting from support with their alcohol issues over 50% of clients stated to having felt an improvement in their physical and mental well-being and 43% stated to having improved access to support services and social networks. Alcohol Star (nationally recognised monitoring tool) results see diagram (vi) below show clear improvements at exit across key health, well-being, financial and social indicator areas.

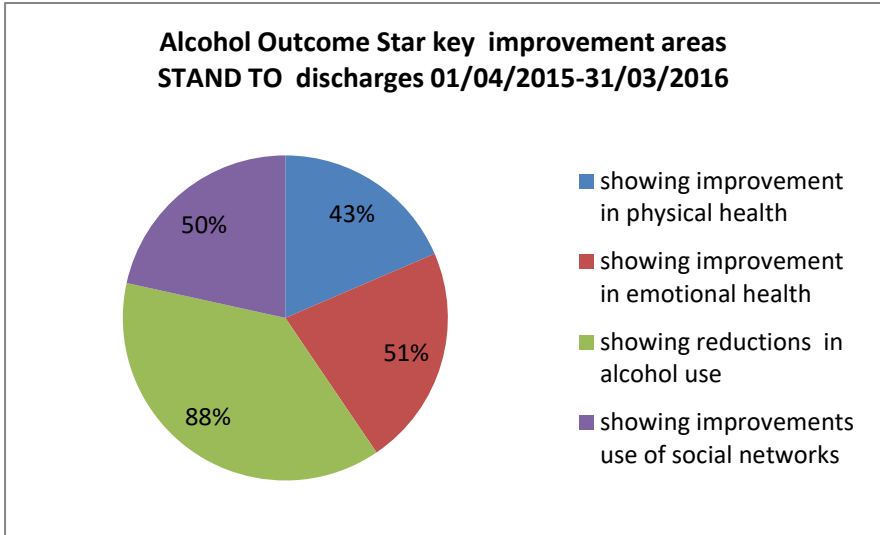
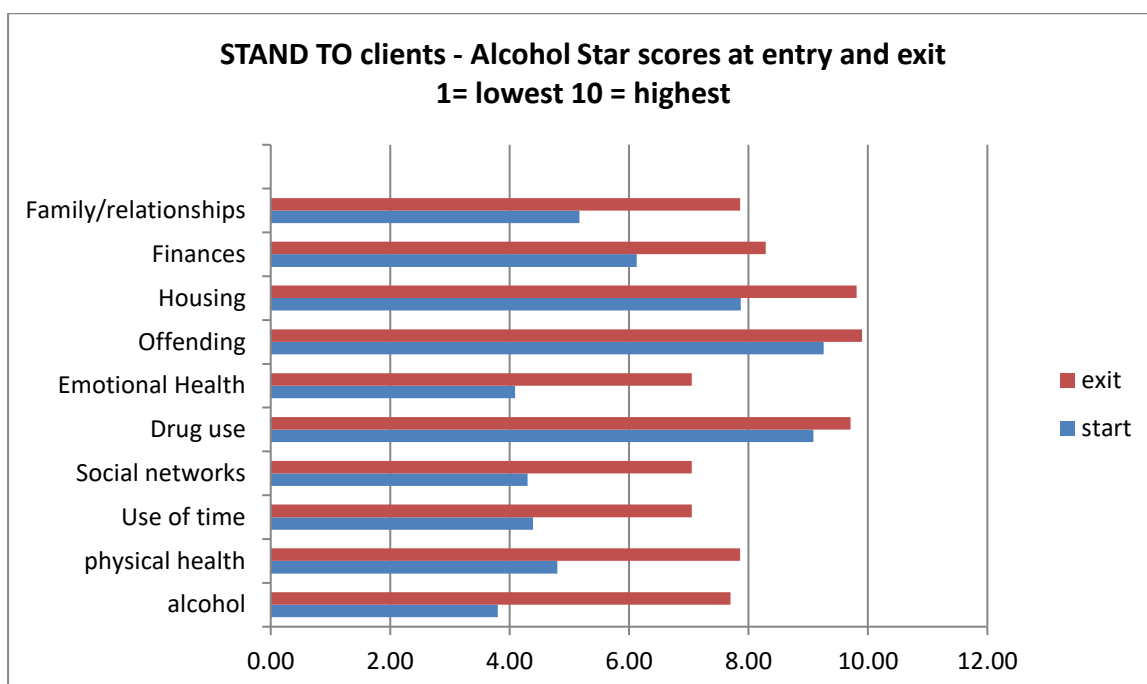


Chart (v)

Chart (vi)



Summary

The majority of referrals were male with clients aged between 45 – 54, over 60% were self-referrals by clients either visiting one of our drops in centres or calling our Single Point of Contact which is consistent with our generic client cohort. Trends identified indicate that being single (35%) and living alone (55%) are common factors within both STAND TO and generic cohort. However significant differences within the STAND TO client group were seen in the higher levels of weekly units consumed at entry to Service. STAND TO clients typically presented drinking between 31 – 70 units weekly with a small % of clients consuming over 300+. A much higher level than within the generic cohort.

Feedback has confirmed that given the choice, ex-armed forces will respond more favourably and are more likely to engage if services are provided by alcohol workers who are ex-service personnel. In addition, by introducing less formal venues in which to see clients and by including the provision of home visits for ex-services clients (due to confidentiality and stigma issues) clients' engagement with the service has been strengthened and is significantly higher than with the generic client cohort.

Our statically data has supported earlier mentioned research which indicated that a higher level of alcohol dependency exists within ex armed forces clients than within the general population and indeed within the DAAS generic client cohort. Developing a robust process for alcohol detoxification and managed withdrawal therefore for dependent drinkers within STAND TO was paramount to ensure client safety whilst withdrawing or reducing alcohol intake. In the current Derbyshire tiered alcohol treatment model, generic clients are referred following assessment and six brief sessions to a tier 3 alcohol practioner for managed withdrawal and nurse prescribing assessment, for those who are drinking to dependent levels. This can lead to disengagement, over assessment and a lack of continuity of care.

The STAND TO project protocol was developed to provide consistency for clients who are physically dependent, with their STAND TO worker having the required skill level to support them during their referral for managed withdrawal and the resources to continue to work with them during the period where prescribing interventions are being provided. Feedback has confirmed that ex-armed services clients respond more favourably to having one allocated consistent key worker to support the process and to link directly with GP or tier 3 Service for any required medical withdrawal assistance. STAND TO clients have attended more regular one-one sessions with their dedicated worker, engaged with the service longer, and had fewer DNA sessions than within the generic client group. The majority of STAND TO clients have accessed at least twelve sessions before being discharged.

Impact

The project has shown to effectively identify, support and signpost ex armed forces alcohol misusers to appropriate services that will meet their current and ongoing needs. As a result this has effectively contributed to high levels of improved; physical and mental well-being but also the wider impact of improving social and family functioning and improved lifestyle and financial management. Providing earlier interventions with those clients who are working, contributes to improving work performance reducing numbers of lost working days, sustaining employment progression promoting personal self-esteem in maintaining contribution to the local economy. The project pilot period was too short (12 months) in order for us to gather reliable longer term outcomes data to demonstrate reduced usage of primary and secondary care. However, it is envisaged that the project long-term will have contributed to a reduction in;

- clients requiring Tier 3 prescribing and managed withdrawal treatment,
- mortalities due to alcohol related harm
- GP and hospital attendance for alcohol related problems
- reductions in alcohol related crime and anti-social behaviour incidents

The above outcomes, relieving demand on local health related services and enabling cost savings for local authorities.

Acknowledgements - The project was part funded by Derbyshire County Council and Derbyshire Alcohol Advice Service Charity.

References

Derbyshire County Council Health and Well-Being Board paper 2012

Public Health England

Derbyshire County Council Cabinet paper 2015

Derbyshire Healthcare Strategic Plan Document 2014-2019

Armed Forces Covenant

Help for Heroes

Combat Stress

Change factors and footnotes:

Current changes in the commissioning of Substance Misuse Treatment Services in Derbyshire from April 2017 will mean reductions in funding to support people in Derbyshire with alcohol problems. A fully integrated Drug and Alcohol Treatment Service will be commissioned which will mean shorter term contact with clients, amalgamated substance misuse provision, increased group work and decreased numbers of clinical one-one sessions. This model will make it even harder for Veterans to receive a one-one alcohol focused support service. Thus the need for this project moving forward is paramount in order to ensure that DAAS- STAND TO can continue to grow and develop, honouring our commitment to ensure that those who have served their country can gain access to services and support which recognise and address their specific needs.

Appendix One:

Client story : Letter received from Veteran STAND TO service user

I write this letter to you to express my sincere gratitude to you and the Stand To project as a whole.

I joined the Royal Navy at the age of 17 (almost 18) and I would say I had developed a drink problem before my 20th birthday. As you know, the peer pressure within the mess deck to drink and to drink heavily and regularly is immense. I have to be honest, I wasn't being dragged along kicking and screaming. I probably dragged my fair share of people along with me and they may well be suffering the same after effects as I am now. I enjoyed and embraced the lifestyle which only lasted for 4.5 years before I left the forces.

However, I have not enjoyed in any way, shape or form my attitude to drinking that lasted for the next 13 years of my life. I have managed to maintain a 'normal' lifestyle and most people that know me will have no idea how drink had a hold over me.

I prioritised it over pretty much everything else important in my life. I don't wish to go into details here but safe to say, I am ashamed of some of the decisions I have made in the past where I have chosen alcohol over my loved ones.

I have been trying to pluck up the courage to ask for help for years but was terrified it would be disclosed to my employers and that any counsellor would have unrealistic expectations of me i.e total abstinence. I was also terribly embarrassed to admit to anyone I had a drink problem.

Out of desperation, I eventually contacted DAAS who were incredible reassuring, helpful and discreet. I couldn't begin to put a number on the amount of times I picked up a leaflet, looked for help online etc just to lose my nerve at the last minute. I've even dialled telephone numbers and hung up before anyone answered.

Thankfully I found the courage and DAAS informed me I may be suitable to be referred to the Stand To scheme. This is basically the moment my life started to change for the better. I met your good self for the first time in Jun 2015.

At this point I'd like to add that having an ex-serviceman as my counsellor was invaluable. It is such a unique lifestyle that it is only possible to truly understand it from first hand experience. This is where the Stand To project comes into its own and I hope many, many ex servicemen/women benefit from its services, long may it continue.

You have helped me in so many ways, I couldn't list them all here. You were extremely supportive throughout and you held a mirror up for me to really see how my drinking was impacting upon my entire life and the lives of my family. I needed someone external and impartial to point out the ugly truth for me to finally take notice.

My aim was to be able to drink socially (on occasions) and stop my very excessive drinking alone at home. You empowered me to take control of my own recovery, allowing me to set my goals and preparing me for how to react to any hiccups along the way.

It hasn't all been plain sailing, my Dad passed away 4 months after our first visit and I ran the serious risk of self destructing. Thankfully, by this time I already had a small toolbox of coping strategies available to me and despite having a wobble, the stabilisers kept me on the right track. I'm actually using my Dads death as a positive motivator, he was one of the few people who knew about my drinking problem. In the weeks before he died he told me how pleased he was that I was getting help as his Dad died through alcoholism.

I have no idea just how many units I drank before meeting you got the first time. In the first 6 months of seeing you I had reduced it to 957.1. In the past 4 months (128 days) I have drank 131.6 units on 13 separate occasions and have had 115 alcohol free days.

This covers all of December with Christmas and New Year and a weekend trip to Dublin thrown in. These units are almost entirely made up of social drinking with my wife or friends and are at a level I am happy with.

I feel like a new man. My health has improved and I have more energy which I am focusing on my family. I feel proud of myself and this is a feeling I haven't had for a number of years. My wife no longer asks if I'm drinking that night, the assumption is that I'm not. I feel liberated. I no longer have minute to minute, hour to hour internal arguments with myself, trying to decided whether or not I'm drinking that night or more accurately, how much I am going to drink that night.

I could not have come this far without you.

I am acutely aware that I could slip into my old habits and I have put strategies in place to identify if I do. If this happens i know I can put into place everything you have taught me and come out the other side. I also know there is nothing to fear in picking up the phone and asking for help should I need it and there is something very reassuring knowing that safety net is there.

In short this letter is a resounding endorsement of not only your qualities as a counsellor but as a kind and caring human being. I know you'll be reading this, shrugging your shoulders and thinking, "I'm only doing my job". However, you must never underestimate the huge positive changes you have made in people's lives, have made in my life and will tomorrow, make in someone else's. I thank you from the bottom of my heart.

Kindest regards,

Tom C