



Health and Wellbeing Board 20 February 2015

Current activity to respond to local drug and alcohol issues

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1. Summary

Tackling drug and alcohol misuse requires a co-ordinated approach across a wide range of partnerships and organisations to utilise the resources available effectively and reduce duplication. Underpinned by national strategies the work of the Drug and Alcohol Action Team is responsible for developing and co-ordinating a local response across three specific themes prevention, enforcement and treatment to reduce harm.

Both locally and nationally the landscape of drug and alcohol misuse is changing. These changes bring with them new challenges requiring different responses. This report will summarise current activity and services to support delivery of local and national strategies as well as proposing solutions to respond effectively to current issues.

2. Recommendations

It is recommended the Health and Well-Being Board:

- a) Note the local response to drug and alcohol misuse and how this is changing through current work and initiatives.
- b) Discuss the areas of development as proposed in 3.9 to respond to Novel Psychoactive Substances and treatment resistant drinkers.
- c) Consider drug and alcohol misuse as a key priority for the Health and Well Being Board

REPORT

3. Risk Assessment and Opportunities Appraisal

- 3.1 Following the transfer of the Public Health function in April 2013 the local authority became the lead partner for the commissioning of drug and alcohol treatment services. Prior to this the work of the Drug & Alcohol Action Team had spanned the two main partners, the Primary Care Trust, responsible for commissioning of treatment services and the Local Authority responsible for the co-ordination of activity and development of local policies and strategies.
- 3.2 Primarily accountable to the Safer Stronger Communities Board the cross-cutting nature of substance misuse means there are also strategic links to the Children's Trust and Shropshire Safeguarding Children's Board. To support the implementation of the local agenda a small number of working groups exist (see Appendix A).

- 3.3 At the national level responsibility for the drug and alcohol strategies is with Public Health England, although due to its cross cutting nature the Department of Health, the Home Office (HO), and Department for Work and Pensions (DWP) all have a role in tackling drug and alcohol misuse. This alliance is filtered through the National Drug Strategy 2010 and the Governments Alcohol Strategy of 2012, along with other national initiatives and guidance. This cross departmental working provides the impetus at the local level to work collectively.
- 3.4 Initially Drug Action Teams were established to tackle the harms posed in society through what is now referred to, as the heroin epidemic of the late 1980's and 1990s. Following the establishment of the National Treatment Agency (NTA) in 2001 and the national investment to expand services to meet need, many local drug partnerships included alcohol within its remit to respond to local issues. This was the case in Shropshire and since 2003 tackling local alcohol related issues through co-ordination of local activity and the commissioning of treatment services has been the responsibility of the Drug & Alcohol Action Team.
- 3.5 At the national level as demand for opiate based treatment services has reduced, the demand and problematic use of other substances have come to the fore. A growing number of people are becoming addicted to prescribed and over the counter medications, the common use of new psychoactive substances (also known as legal highs), increased injecting steroid use and an ageing opiate using population pose new challenges to the current system. Similarly, the ease of availability of alcohol through extended licensing hours and untraditional outlets, and its relative cheapness mean more people are drinking at harmful levels. People at much younger ages are presenting to services with entrenched drinking behaviour and associated health issues, such as liver cirrhosis.
- 3.6 Although the national trend suggest a reduction in the number of people accessing opiate based treatment services this has not been the case in Shropshire. People requiring treatment for opiate use remains fairly static whilst demand for support with other problematic substances is in line with the national trend.
- 3.7 The issues associated with problematic drug and alcohol use affect everyone from enforcement and environmental agencies, health services to the community, individuals and their families affected by their substance misuse. It is recognised no-one organisation or department can tackle the problem hence why the work of the DAAT is through partnership arrangements. However, the recent restructure of many of the key partners has fractured the local response as people's roles and remits have changed. The local response needs re-strengthening through improved partnership working, integrated care planning and pathways. This will enhance the local response, whilst utilising resources appropriately and reducing duplication of activity.
- 3.8 As well as implementing activity under the local strategies a major work stream for 2015 is the retender of the community substance misuse services. This will be achieved through an outcome based commissioning process and will bring together drug and alcohol services. Underpinned by key values and principles this exercise will move treatment services further towards a recovery orientated system and respond more flexibly to individual and family needs.
- 3.9 Two further areas for development need consideration for 2015. Both require a multi-agency response and if implemented will improve not only the local response to the issue but potentially reduce demand on already stretched services.
- a) **Increasing use of Novel Psychoactive Substances (legal highs).** This provides an opportunity to develop a local response that reduces demand, restricts supply

and provides treatment to those experiencing problems. There are pockets of work going on within the county but this needs a multiagency response with clear strategic buy –in and resources to support it. Undertaking enforcement activity without stemming demand will not resolve the problem. The use of the internet within the supply of these substances means a different approach is required. Whilst the common belief is these substances are used mainly by young people, the outcome of a major Police operation in the North West on an internet based company, found the average age of customers was 40 years, from all types of backgrounds.

While the Government is currently pushing for legislation to make the substance illegal this will not eradicate the problem, it will just send use underground with other illegal substances. A range of partners, including primary and secondary health services, children services, enforcement and treatment agencies need to work together to develop a strong local response to the problem. It is proposed the response needs to focus on four key areas:

- **Information Sharing** – understand prevalence and establish a local network for information sharing to respond to new substances as they appear.
- **Prevention** – once we understand the local issue we can target preventative resources appropriately.
- **Enforcement** – use the powers available through law to reduce supply.
- **Treatment** – Ensure the current workforce is competent to recognise, provide brief advice and treat people who are using the substances problematically.

b) **Management of treatment resistant drinkers.** In 2014 the SSCB supported Alcohol Concern in a national initiative called ‘the Blue Light Project’, to explore how services could manage dependent drinkers who seemed resistant to change despite numerous referrals to appropriate services.. The identified population are those whose drinking is at such chaotic levels they often have frequent contact with a range of public services; including accident and emergency, police, ambulance, hospital admissions, probation, housing, mental health, etc. According to the work undertaken by Alcohol Concern if managed correctly the impact of their chaotic lifestyles on public services can be reduced as well as improving their own health and well-being.

As part of Shropshire’s buy-in to the project Alcohol Concern worked with local A&E staff to refine the A&E pathway and supported the establishment of a local group to assist with implementation. The local group is supported by a Consultant from A&E, the CCG, and local treatment services. This group need further impetus at the strategic level if the benefits from the work are to be achieved.

It is proposed:

- The ‘Blue Light Project’ should be adopted strategically across the Partnerships;
- A training day, facilitated by Alcohol Concern should be used to inform local implementation;
- Following this, agreement should be sought across the key organisations as to how the project can be implemented.

4. Financial Implications

4.1 The costs to society due to drug and alcohol addiction is huge. National figures suggest drug addiction costs society £15.4bn annually within this figure is the cost of crime estimated to be £13.9bn. The cost to families and neighbourhoods is unknown. Findings from Home Office research suggest for every £1 spent on drug treatment saves £2.50 in

costs to society. The costs from alcohol related harm are even larger with a total cost to society estimated to be £21bn of which £3.4bn is spent within the NHS and lost productivity is estimated to cost society £7bn annually.

- 4.2 Funding to support treatment services is made available primarily through the Public Health Grant. The Police Crime Commissioner also provides funding to support criminal justice activity and the management of the night time economy. All other support is utilised through the resources made available through mainstream budgets.

5. Strategic Context

- 5.1 The 2010 National Drug Strategy (NDS) set out a fundamental change in substance misuse policy, with a greater emphasis on recovery. Building on previous policies and the prescriptive development of substance misuse services to increase capacity, local areas were charged with greater ambition to develop recovery orientated treatment systems with accountability to the Director of Public Health, Police Crime Commissioner and Health and Well Being Boards.
- 5.2 For the first time the NDS recognised a range of potentially problematic substances that needed tackling, including alcohol, novel psychoactive substances (NPS) and dependence on over the counter and prescription drugs. Implementation of the strategy required a different response from services to ensure they catered for the full breadth of needs, holistic in approach, person centred and able to support all elements of a person's life to achieve full recovery. As with former drug strategies there was also a requirement for local partnerships to co-ordinate activity across a range of initiatives to support the onset of problematic use through prevention and enforcement activity.
- 5.3 Local areas are expected to be working towards the outcomes that underpin the National Drug Strategy:
- Freedom of dependence on drugs and / or alcohol;
 - Prevention of drug related deaths and blood borne viruses;
 - A reduction in crime and re-offending
 - Sustained employment and the ability to access and sustain suitable accommodation;
 - Improvement in mental and physical health and wellbeing;
 - Improved relationships with family members, partners and friends;
 - The capacity to be an effective parent.
- 5.4 In 2012 the 'Governments Alcohol Strategy' which set out their ambition to reduce the number of people who drink excessively and to deliver the following outcomes:
- A change in behaviour so that people think it is not acceptable to drink in ways that cause harm to themselves or others.
 - A reduction in the amount of alcohol fuelled violent crime.
 - A reduction in the number of adults drinking above the NHS guidelines.
 - A reduction in the number of alcohol related deaths.
 - A sustained reduction in the number of 11-15 year olds drinking alcohol and the amounts consumed.
- 5.5 Tackling drug and alcohol misuse at the local level is also embedded within the Public Health Outcomes Framework 'Healthy Lives, Healthy People: Improving Outcomes and Supporting Transparency'. This framework sets out the desired outcomes for public health, concentrating on two high level outcomes:
- Increased healthy life expectancy.

- Reduced differences in life expectancy and healthy life expectancy between communities.

5.6 In response to the national strategies the Safer Stronger Communities Board developed and published the local alcohol strategy in April 2014 building on four key themes:

- Promoting Safer Communities
- Improving the Health and Wellbeing of those affected by alcohol misuse;
- Promote sensible drinking;
- Protecting young people from alcohol related harm.

5.7 The response to local drug misuse is included within the wider Crime Reduction and Community Safety Strategy 2014 -2017 the key priorities are to:

- Reduce Demand
- Restrict Supply
- Build recovery

5.8 The work of the DAAT supports the delivery of the Health & Well-Being outcomes to reduce inequalities, promote health and well-being and provide accessible services and initiatives that allow people affected by drug and alcohol problems to recover and make a positive contribution.

6. Needs, local activity and treatment service provision

6.1 The prevalence of drug use in the county is relatively small with less than 1 % of the population using substances problematically. This is very different to the estimates for people using alcohol at levels that will start to impact on their health and well-being. The table below provides synthetic estimates from 2012 on the proportion of drinkers in the County and the level of higher risk and risky drinking behaviour.

Table 1: Local Alcohol Profile 2012 – Synthetic Estimates of Low, Increasing and Higher Risk Drinking

Drinking Type	Shropshire (%)	West Midlands (%)	England (%)
Abstainer (aged 16 years and over)	13.8%	17.9%	16.5%
Total Drinking Population (aged 16 years and over)	86.2%	82.1%	83.5%
Lower Risk Drinkers (% of total drinkers aged 16 years and over)	72.3%	73.9%	73.2%
Increasing Risk Drinkers (% of total drinkers aged 16 years and over)	20.8%	19.6%	20.0%
Higher Risk Drinkers (% of total drinkers aged 16 years and over)	6.8%	6.5%	7.1%
Binge Drinkers (aged 16 years and over)	20.0%	18.8%	20.1%

6.2 In 2013 -2014 the numbers of people accessing drug treatment was 744 whilst the numbers accessing alcohol services stood at 841. Penetration rates for the drug treatment services are fairly good with people able to access support within three weeks of referral. Demand for alcohol services is growing and whilst the expected access to treatment from referral is within three weeks, in some areas this is not achieved due to demand and the resources available.

6.3 To implement the local strategy there are a number of key work streams:

- Hidden Harm – Parental substance misuse
- Employability – Supporting people back into work

- Meadow Place – Recovery community project.
- Oswestry Night-Time Economy Project – tackling issues within the night time economy
- Oswestry Recovery Project- facilitated mutual aid.
- Needs Assessment
- Review of Needle Exchange

- 6.4 **Hidden Harm.** Parental substance misuse can have a negative impact on the lives of the children and young people they care for. Children and young people can often undertake caring roles beyond their years missing out on the freedom for activities their peers may have. To ensure children and young people affected by parental substance misuse have the help and support they need a joint working protocol has been developed between children and family services and substance misuse services as part of the Shropshire Safeguarding Children’s Board safeguarding policies. This is monitored and is currently undergoing a refresh.
- 6.5 **Employability.** Part of a national initiative and in partnership with Telford & Wrekin this group is tasked with improving communication between drug and alcohol services, benefit claimants and Job Centre Plus to support service users into treatment where their drug or alcohol use is a barrier to work. Then working together to support sustained treatment and recovery to gain meaningful work. A pilot project is currently underway with Job Centre Plus and the local recovery services to test how a treatment presence can enhance strengthening local pathways between the two services.
- 6.6 **Meadow Place.** A local project that provides four units of support for people in recovery. Based on a community rehabilitation model the residents of the units are required to undertake a range of therapeutic groups and tasks to support them in the recovery.
- 6.7 **Oswestry Night Time Economy Group.** A multi-agency task and finish group consisting of West Mercia police, Licensing and Public Health tasked with developing a sustainable response to some of the issues within the night-time economy.
- 6.8 **Oswestry Recovery Project.** A pilot project to support facilitated mutual aid alongside treatment. The evidence base has found people who are engaged in mutual aid and drug or alcohol treatment have better outcomes than those who are only accessing treatment. Since 2010 Shropshire has offered the SMART recovery mutual aid to service users through the NACRO provision, this is now been extended and service users are been encouraged to try other forms of mutual aid such as Alcohol Anonymous (AA) and Narcotics Anonymous (NA).
- 6.9 **Needs Assessment.** The Public Health Intelligence Team is in the process of undertaking a needs assessment for substance misuse services. This work will inform the Joint Strategic Needs Assessment (JSNA) and planning of future services and initiatives to respond to local harms.
- 6.10 **Review of Needle Exchange.** Due to start a review of needle exchange schemes within the community.

Alcohol and Drug Treatment System

- 6.11 The current drug and alcohol treatment system in Shropshire has been integrated through the commissioning process to provide a countywide hub and spoke model of service delivery. This works well in practice with all providers working together on agreed pathways of care to ensure people receive the right level of provision to meet their needs.

- 6.12 Alcohol treatment is provided by Aquarius and is accessed through a Single Point of Contact (SPoC). All referrals go through the SPOC where a triage is initially undertaken. Depending on the outcome of the triage the individual will either have their needs met within the provider service, or where there is a medical need, higher levels of complexity or safeguarding issues will be referred into the Community Substance Misuse Team.
- 6.13 The Community Substance Misuse Team provide a range of community based interventions to support people with drug and alcohol dependence, including opioid substitute prescribing, psychosocial interventions, community assisted withdrawal and needle exchange. All people entering treatment receive a comprehensive needs assessment from which the appropriate intervention based on need is agreed. When a person requires assisted withdrawal the key worker will decide whether this needs to be provided within a medically manned inpatient unit or can be managed through community provision.
- 6.14 The integrated community substance misuse team comprises of staff from both Shropshire Community Health Trust and the Local Authority. There is a doctor permanently situated within the team supported by two further doctors who provide clinical support on a sessional basis. The lead doctor provides clinical support to the Shared Care GPs.
- 6.15 Recovery support is delivered by NACRO, a national voluntary sector organisation. NACRO deliver a 'day support service' to service users in treatment and active recovery providing daily structured support through group activities which addresses living without dependence, tools to reduce relapse, day to day living. Mutual aid is also provided through this service using the SMART Recovery model. People accessing this service are referred through their drug worker. NACRO also provide support to carers and other adult family members affected by substance misuse.
- 6.16 Willowdene Farm is a local residential rehabilitation centre. It currently provides a seven week residential programme for people who require more intensive support than can be received in the community. This is a pilot project and is subject to independent evaluation.
- 6.17 A small number of GPs currently provide a shared care service for drug using clients who are stable. This is a joint working arrangement with the substance misuse service that provide the psychosocial and recovery support to the individuals engaged.
- 6.18 Arrangements for alcohol shared care are slightly different. Under these arrangements the Drug and Alcohol Action Team identified areas where alcohol harm was more prevalent and negotiated services with practices within the area. Shared care for alcohol also has a floating support component which means the Aquarius service enter into 'shared' arrangement with local GPs on the treatment of patients dependent on need.
- 6.19 The provision of needle exchange and supervised consumption has been undertaken by a number of pharmacies across the county who have entered into service level arrangements to provide the service. As with the issue of GP shared care there are some areas within the county where needle exchange is not easily accessible.
- 6.20 Inpatient assisted withdrawal is currently provided through a block contract with South Staffordshire and Shropshire Mental Health Trust. Shropshire currently block purchases four inpatient beds for drug and alcohol assisted withdrawal. Accessing this provision is only available through engagement with the Community Substance Misuse Team.
- 6.21 Provision of residential rehabilitation is facilitated through the community substance misuse team, based on need and client choice. Service users are prepared for entry through needs led psychosocial and pharmacological support. An alternative to residential

rehabilitation is the community recovery housing project at Meadow Place. The project provides a semi-residential experience within the community to support people to recover from drug or alcohol dependency.

7. Conclusions

Delivering a co-ordinated response to drug and alcohol issues requires a Partnership approach. This has worked well in Shropshire and should be supported to maintain and improve the good work and contributions partners have made to date.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Shropshire Alcohol Strategy

Cabinet Member (Portfolio Holder) Cllr Karen Calder
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Local Member

Appendices Governance Structure
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