5.1.02 Drugs and Alcohol Misuse

Introduction: why is this important?

In October 2014 a review of drug and alcohol commissioning was published, which had been jointly conducted by Public Health England (PHE) and the Association of Directors of Public Health. The key themes reported within this review demonstrated that:

- for many areas 2015-16 will see a focus on reassessing current service provision with the view to recommissioning services
- there were planned realignments of resources between alcohol and drug services – with alcohol assessed as the greater need
- there was a focus on improving outcomes
- continuing the move to a recovery model
- improved delivery and performance by providers was a clear aim in all recommissioning, with a focus on improving treatment completions
- there were concerns regarding the volatility of funding during this time of change, the continuous drive to reassess and retender services, and the need for commissioners to understand the impact frequent tendering processes have on providers
- the Association of Chief Police Officers emphasised the value it places on the importance of effective drug treatment services to the criminal justice agenda and the need to ensure any reductions in investment or changes to current provision do not reduce the effectiveness of services, as this could prejudice the crime-reduction benefits of the current approach

The commissioning of the local drug and alcohol treatment services is the responsibility of the Local Authority. Prevalence of opiate and / or crack cocaine use (OCU) and injectors collectively have a significant impact on crime, unemployment, safeguarding children and long term benefit reliance and the use of drugs and alcohol has changed dramatically over the past 10 years but the local system has struggled to keep up with these changes. Improvements have been made and there have been developments in services to try and meet the changing needs of those requiring help and support.

Where funding has been made available, additional services have been commissioned to increase capacity, provide targeted interventions and attempt to improve outcomes. Some of these changes have brought improvements and success for both services and service users, but some have not.

It is clear that commissioning in isolation and providing solutions which have not always linked in effectively with existing infrastructure will not provide long term gains for our drug and alcohol using population. There are some very high quality services working within the district to provide comprehensive services to our local population. These services are highly regarded by service users and professionals alike.

What do the facts and figures tell us?

Opiate and / or crack cocaine users

The research used to estimate the prevalence of opiate and/or crack cocaine users (OCUs) is based on National Drug Treatment Monitoring System (NDTMS) data sources from Bradford and England. Based on these estimates the prevalence of OCUs in Bradford is 4,441, with 2,674 (60%) of these users engaging in treatment during 2014-15.

National evidence shows a sizeable proportion of clients still use their presenting substances whilst in treatment. This includes a substantial number who use on top of their substitute medication. Locally, data from treatment services and the needle exchange show that there are high proportions of people currently in treatment still using heroin and crack cocaine, many of whom are still injecting drug users.

The number of opiate users who successful completed treatment is low and below the national average whereas the successful completions of Alcohol and Non-Opiate clients are higher than the national averages.

Successful completions as a proportion of all in treatment in period 01/04/14 to 31/03/15

	%	N
Opiate clients	6.0%	150/2,519
Non-opiate clients	46.0%	217/472
Alcohol	37.0%	459/1,240
Alcohol and non-opiate clients	38.5%	112/291

Over a third of those in treatment for opiate issues in Bradford have been in treatment for 6 years or more. This supports the view that a high proportion of individuals in treatment for opiate use are not moving out of the system into recovery.

Time in treatment for opiate and non-opiate only clients, 2014-15

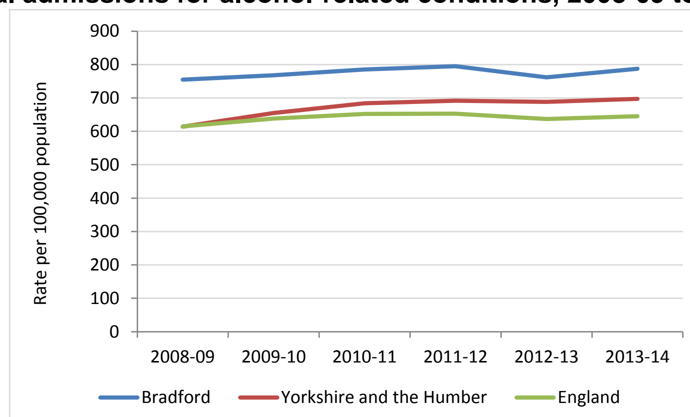
	2014-15		National average
	%	n	%
Opiate clients, under 2 years	35.5%	698/1,965	40.1%
Opiate clients, 6 or more years	38.4%	755/1,965	31.3%
Non opiate only clients, 2 or more years	7.6%	13/171	8.0%

Alcohol

The Alcohol Health Needs Assessment carried out in 2010 for the Bradford District estimated that there were 92,000 people in Bradford District drinking at hazardous levels that may damage their health. This places nearly a fifth of the population at risk of adverse health effects. Approximately 17,000 of those are drinking at harmful levels that will result in physical or psychological harm. Many people drinking at harmful levels will also be alcohol dependent.

Admissions due to alcohol related conditions has been identified within the Public Health Outcomes Framework as one of the key contributions by the Government (and the Department of Health) to promote measurable, evidence based prevention activities at a local level, and supports the national ambitions to reduce harm set out in the Government's Alcohol Strategy.

Hospital admissions for alcohol-related conditions, 2008-09 to 2013-14



Source: Public Health Outcomes Framework

Bradford has the third highest admission rate for alcohol-related conditions within Yorkshire and the Humber, with rates being constantly above the average for England. In 2013-14 there were 3,700 admissions to hospital for alcohol-related conditions in the District, with a rate of 787 per 100,000 population, compared to 645 per 100,000 population for England.

Novel Psychoactive Substances
In 2012 it was reported that approximately 1 million adults used club drugs and Novel Psychoactive Substances (NPS) / legal highs each year and at the same time it was reported that, on average, one new NPS was being made available for sale each week in the European on-line market. Over the past 2 years this trend has worsened, with the UK seeing a continuing increase in reported use of club drugs and NPS and having a reported prevalence of NPS use among 15-24 year olds of approximately 10%.

There is a lack of clear prevalence information on NPS use and any information is anecdotal, however there are a number of information sources which Local Authorities are encouraged to utilise to improve the sharing of intelligence.

An analysis of hospital inpatient admission data over a 5 year period from April 2009 to March 2014 relating to potential NPS use was carried out which identified a relatively small increase year on year from 162 in 2009-10 to 183 in 2013-14.

Although there are very few referrals to treatment services, the longer term health implications are, as yet, unknown. There is an impact to community safety with an increase upon anti-social and aggressive behaviour displayed by individuals taking these substances.

Drug tests in custody
The reduction in the number of drug tests in custody and the 'discretionary' testing of offenders continues to have a significant impact upon Criminal Justice Services which are currently delivered. The reduction in the number of drug tests continues to decrease. In 2014-15 a total of 1,904 were conducted, 32% less than 2013-14, and a 9% reduction in the number of positive tests (890 in 2014-15 compared to 1,076 in 2013-14). The reduction in the number of drug tests relates to a change in testing criteria within Police Custody in an effort to reduce the number of negative and unnecessary drug tests.

What strategies, policies and best practice have been developed locally and nationally?

The majority of services within Bradford District were initially commissioned some time ago and the original commissioning reflected earlier priorities from the National Drug and Alcohol Strategy. These aims included increasing the number of individuals in treatment and retaining people in treatment as this was seen to provide the best outcomes.

More recently the National Drug Strategy 2010: Supporting People to Live a Drug-Free Life moved the focus of treatment to recovery from addiction and exit from treatment services. This strategy is further supported by the 2015 update Drug Strategy Annual Review 2015 - `A Balanced Approach`
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The National Alcohol Strategy 2012 introduced a new approach to alcohol use and treatment for those that require it. It champions a change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others.

What challenges have been identified in a local context?

The local system, originally based on a pharmacological model of delivery, no longer reflects the national model as advocated by the National Drug Strategy. Whilst Public Health England (PHE) state that drug treatment continues to head in the right direction in England, there is recognition that the original pool of opiate and crack users is shrinking and there is a shift within the treatment population profile. There are now fewer young users of opiates and crack cocaine, and increased numbers of older users, a high proportion of whom have been in treatment for many years and may have had several treatment episodes. The new contract will ensure that the new service is a person centred recovery system, which integrates the principles of the `New Deal` for the Bradford District. The provider will design and implement evidence based recovery pathways, which include treatment, health and wellbeing interventions and community integration

The evidence from data collected also indicates that our current substance misuse system has a higher proportion of service users in treatment over a long period of time who continue to use illicit drugs.

There is evidence of a rapidly changing landscape of substance misuse. For example, the increased use NPS, Prescription Only Medications (POM) and Over the Counter Medications (OTC). The current system was not developed to meet the needs of these groups of service users.

Alcohol services need to be responsive to changes in drinking behaviours within the District and have a focus on both prevention of harmful drinking and recovery from dependency. These factors identify an opportunity to make improvement in prevention, access, treatment and recovery alongside key partners such as GPs, Community Groups and the Voluntary Sector.

What do our stakeholders tell us?

A full public consultation exercise took place during May 2015 and was intended to obtain the views of all stakeholders including service users, carer, providers, health care professionals and the general public.

The consultation aimed to gain an understanding on how people feel the recovery system is working and what is important for those supported by the system. Three main themes emerged from the consultation:

- for many areas 2015-16 will see a focus on reassessing current service provision with the view to recommissioning services
- the desire for a clear consistent approach to the delivery of services
- it was identified that a key strength to the system are those who deliver the treatment and recovery services
- more information to be made available about the Recovery System

Recommendations: What do we need to do? How do we ensure this remains a priority?

A joint review of the whole recovery system was carried out by the Public Health Department and local Clinical Commissioning Groups (CCG`s) and was completed in October 2015. Following this review, it was recommended and approved that there should be a fundamental change to the commissioning strategy for the District, based on genuine joined up commissioning across health and social care.

This will be made possible by the formation of a new Joint Commissioning Group bringing together the CCG’s, Local Authority and other key stakeholders who will have the responsibility of commissioning a simpler and more effective recovery system for the population of Bradford District.

The key recommendation was that a Joint Commissioning Group should be formed from key members of the three local CCG’s, Public Health and other key stakeholders, to jointly commission a new substance misuse system.

A new joint commissioning group will be tasked with procuring a new evidence based substance misuse system for the district in a way which successfully tackles the issues raised within the review. The intention is that a new system will be live by October 2017.

References

https://www.gov.uk/government/policies/drug-misuse-and-dependency

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf

http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf

http://www.nta.nhs.uk/uploads/review-of-drug-and-alcohol-commissioning-2014.pdf

https://www.gov.uk/government/publications/drug-strategy-annual-review-2014-to-2015

Public Health England – Drug data JSNA Support pack. Key data to support planning for effective drugs prevention, treatment and recovery in 2016-17. National Drug Treatment Monitoring System (NDTMS) Drug and Alcohol JSNA supporting data – www.ndtms.net