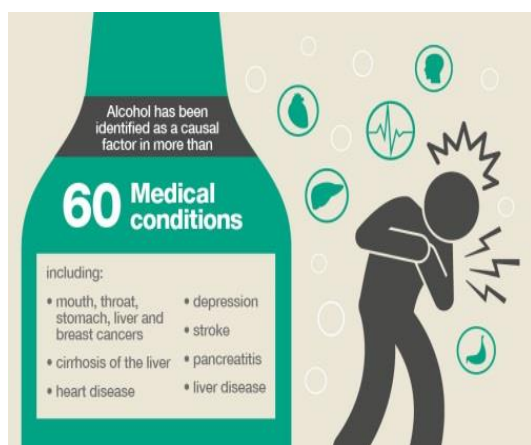


## Living Well: Drugs and alcohol

### Why is this important to Bradford District?

Alcohol and substance misuse are issues that are widespread throughout our society. Although the numbers misusing substances or drinking at dependent levels are low, their impacts are not, with drug and alcohol use contributing to around **11% of early deaths**.



The Chief Medical Officer (CMO) published [new alcohol guidelines](#) that state drinking any level of alcohol regularly carries a health risk for everyone. Men and women should limit their intake to no more than 14 units a week to keep the risk of illness like cancer and liver disease low. An analysis of 67 risk factors and risk factor clusters for death and disability found that **alcohol is the third leading risk factor for death and disability** after smoking and obesity. The new guideline on alcohol consumption produced by the CMO warns that drinking any level of alcohol increases the risk of a range of cancers.

Alcohol doesn't just have a direct impact on a person's health and wellbeing. A number of large epidemiological surveys demonstrate the high prevalence of co-morbidity in those attending **mental health** services, and both drug and alcohol treatment services. An estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year.

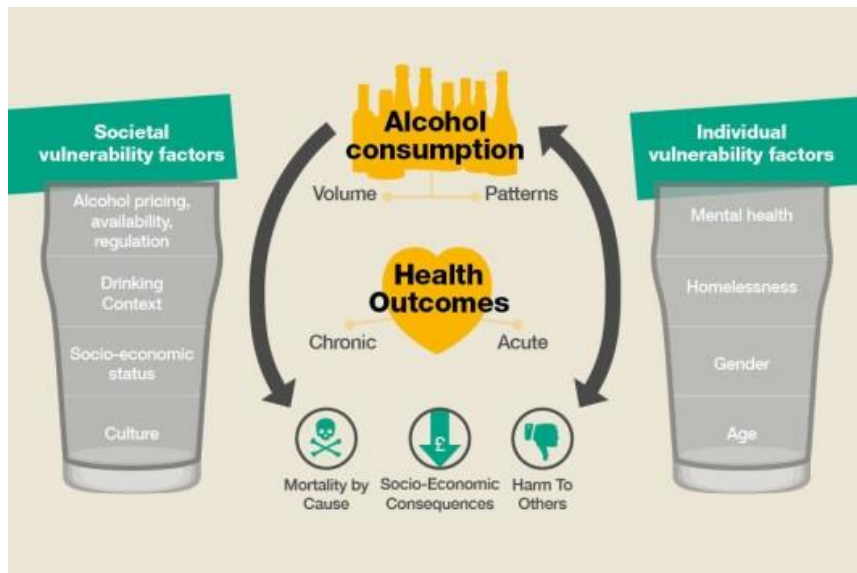
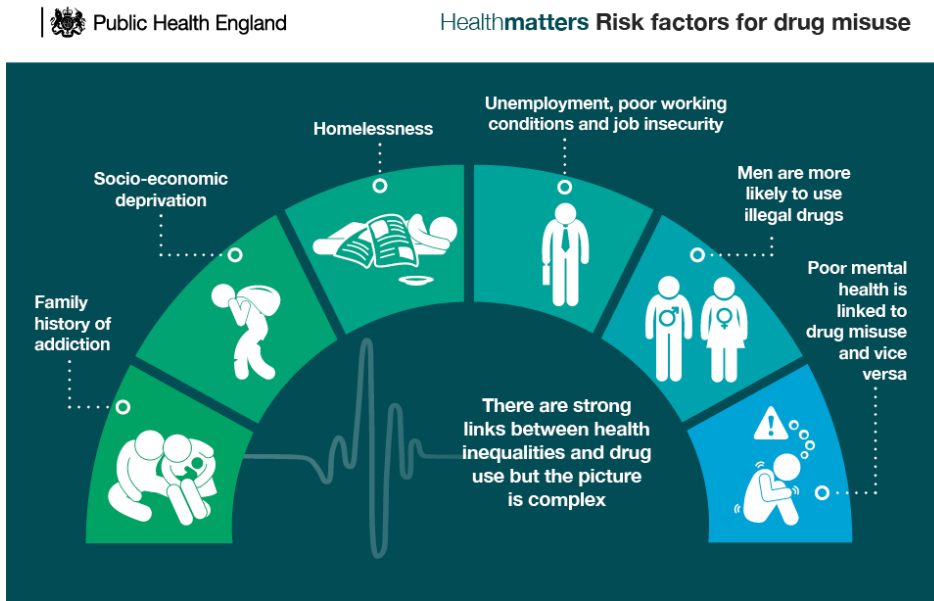
There is a strong association between **alcohol misuse and suicide**. The [National confidential inquiry into suicide and homicide by people with mental illness](#) found that there was a history of alcohol misuse in 45% of suicides among the patient population during period 2002 to 2011.

Significant negative health impacts can also arise as a result of unemployment. This impact worsens when it involves alcohol misuse. Studies from Europe and the US conclude that alcohol misuse is more likely to start or escalate after unemployment begins.

Alcohol misuse impacts not just on the drinker but also those around them. Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems. **Parental alcohol misuse is strongly associated with family conflict** and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer-term negative consequences.

Drug misuse and dependency can have a similar impact on mental health, employment and families. Drug misuse can lead to a range of harms including: poor physical and mental health and early death, unemployment, homelessness, family breakdown and criminal activity.

**Figure 1: Risk factors for drug and alcohol misuse**



Source: Public Health England

## Strategic context

**National Context:** In July 2017 the government published their [Drugs Strategy](#). The Strategy sets out an ambition to reduce illicit and other harmful drug use, and increase the rate of individuals recovering from their dependence.

In May 2018 the Government announced that they would be developing a new alcohol strategy for England. Part of this is likely to include a review of the evidence around minimum unit pricing. The previous strategy, published in 2012, had a strong focus on tackling binge drinking and the associated antisocial behaviour.

NICE have published extensively on the issue for alcohol use and drug misuse. A number of guidelines are available including:

- [Alcohol-use disorders: prevention](#)
- [Alcohol: school based interventions](#)
- [Alcohol use disorders – diagnosis, assessment and management of harmful drinking and alcohol dependence](#)
- [Alcohol use disorders: diagnosis and management of physical complications](#)
- [Needle and syringe programmes](#)
- [Drug misuse prevention: targeted interventions](#)
- [Drug misuse in over 16s – psychosocial interventions](#)
- [Drug misuse in over 16s opioid detoxification](#)
- [Coexisting severe mental illness and substance misuse: community health and social care services](#)
- [Coexisting severe mental illness \(psychosis\) and substance misuse: assessment and management in healthcare settings.](#)

**Local context:** The local authority is responsible for commissioning drug and alcohol treatment services. The current service was recently re-commissioned and commenced delivery in October 2017. In line with national policy and strategy, and in response to changing local needs, the service is recovery focused and includes a more comprehensive offer to address alcohol related harm. New Directions provide brief interventions in community and primary care settings. There are also dedicated workers in emergency departments and in acute hospital wards.

## What do we know?

**Alcohol:** It is estimated that around 10.4 million adults are drinking at levels that pose some risk to their health in England (Office of National Statistics, 2014). In Bradford District it is estimated that around **92,000 people** in the District are **drinking at hazardous levels** that may damage their health, with approximately 17,000 of those drinking at harmful levels. Many people drinking at harmful levels will also be alcohol dependent.

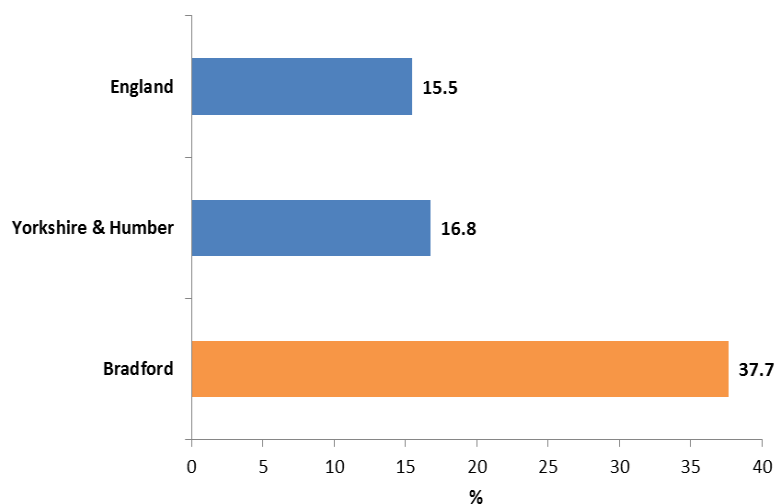
**Harmful Drinking (high risk drinking):** A pattern of alcohol consumption that is causing mental or physical damage. Consumption: Drinking 35 units a week or more for women and 50 units a week or more for men

**Hazardous Drinking (increasing risk drinking):** A pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences. Others would include social consequences. Consumption: Drinking more than 14 units but less than 25 units a week for women. Drinking more than 14 units but less than 50 units a week for men.

**Dependant Drinking:** A cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. Someone who is alcohol-dependent may persist in drinking, despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations.

Although these numbers appear high, estimates suggest that there are **fewer adults binge drinking** in Bradford District than nationally, and also compared to other parts of the region. Furthermore, latest available estimates suggest that **37.7%** of adults in the District **abstain** from drinking, one of the highest proportions in the region, and significantly higher than the England average (2011-14 data). This is most likely linked to the demographic makeup of the District's population, however, it should be noted that inequalities are likely to exist across the District.

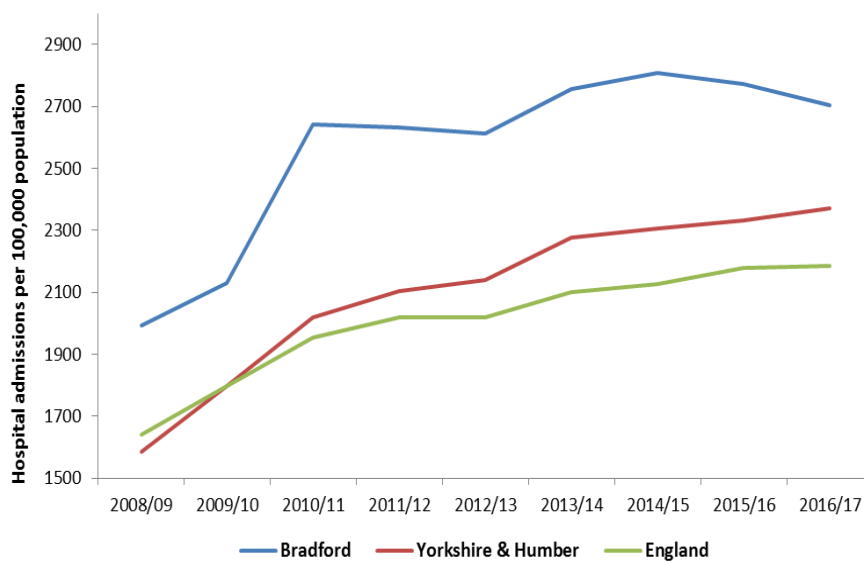
**Figure 2: Percentage of population that abstain from drinking alcohol**



Source: Public Health England

Although survey data suggests that alcohol misuse is not as prevalent in Bradford District as other parts of Yorkshire and the Humber, sales data describing the volume of alcohol sold as part of **off trade sales is amongst the highest in the region**. Furthermore, hospital admissions for alcohol related conditions are higher than the Yorkshire and the Humber and the England average. The number of individuals who had an alcohol specific hospital admission in 2014/15 was 2,294; of these 388 had 2 or more previous admissions.

**Figure 3: Hospital admissions for alcohol related conditions**

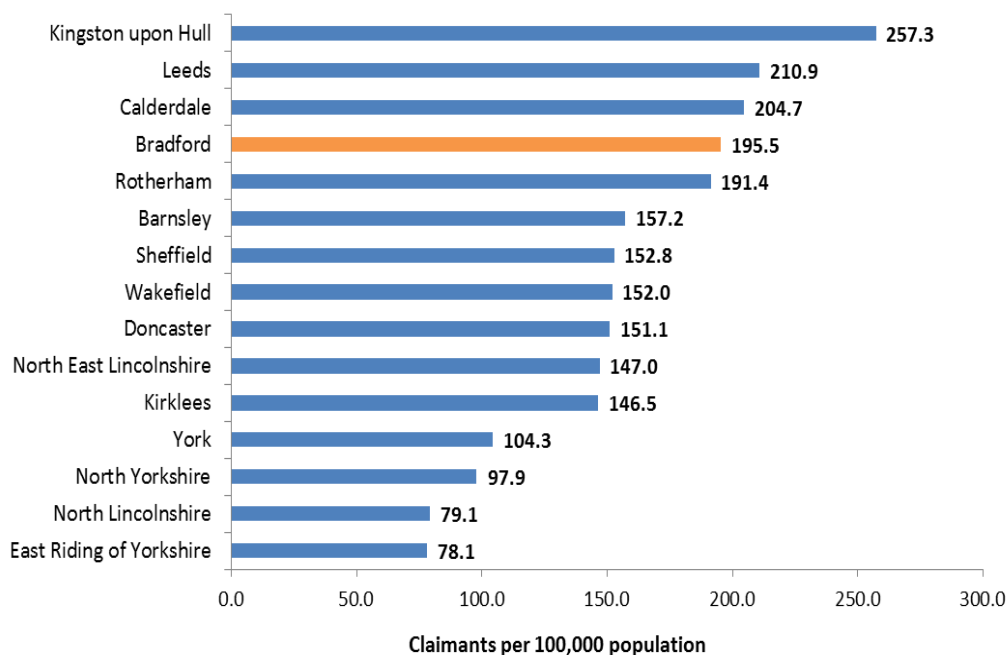


Source: Public Health England

In 2016, 630 people were claiming welfare benefits as a result of alcoholism (equivalent to 195.5 per 100,000 population); this is the fourth highest in Yorkshire and the Humber.

In 2017/18, 877 people were seen in treatment services for alcohol related issues (714 for alcohol related issues, and 163 for alcohol and non-opiate use). Of those 31.5% successfully completed structured treatment. Our successful treatment completion rates are in line with the average for the region.

**Figure 3: Claimants of incapacity benefit allowance or employment and support allowance with alcohol misuse as the main disabling condition**



Source: Public Health England

**Public Health England published a range of data on alcohol as part of the local alcohol profiles. These can be accessed at: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0/gid/1938133118/pat/6/par/E12000003/ati/102/are/E08000032/iid/92774/age/168/sex/4>**

**Substance misuse:** The National Drug Treatment Monitoring System routinely publishes prevalence estimates for drug misuse. Latest estimates for 2014/15 suggest that there are around **4,785 opiate and crack cocaine users** in the District. This is a slightly higher prevalence than nationally.

Latest available data from 2015/16 suggests that less than **1% of 16-59 year olds** in the District have **used a new psychoactive substance** in the last year (0.7% of the population). There remains, however, a lack of clear prevalence information on new psychoactive substance use compared to, for example opiate and crack use; any information is anecdotal, however, the local authority monitors the situation through effective information sharing with partner agencies.

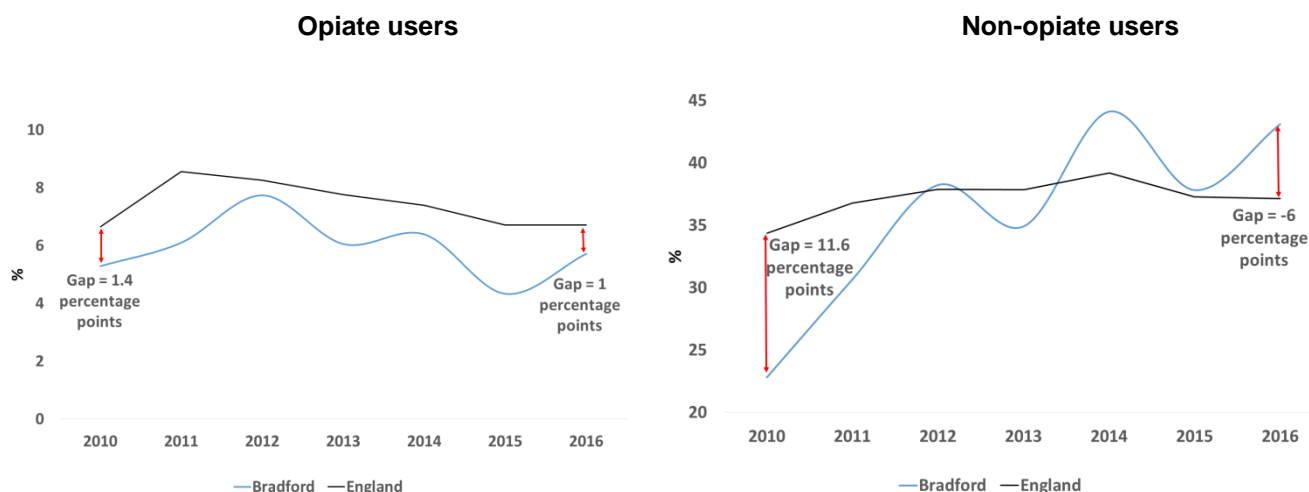
Most data on those misusing drugs comes from treatment services. The national picture shows that the number of people misusing opiates and crack cocaine is reducing. **The population using opiates and crack cocaine is ageing**; younger people are not presenting with opiate/crack cocaine related issues.

**Opiate users still make up the largest proportion of people in treatment services.** In 2017/18, 2,775 people were in structured treatment, of which 2,208 were opiate users (80%). Similar with the national picture, a high proportion of people accessing treatment services continue to misuse substances. This is supported by data from our needle exchange services. In 2017/18 2,067 people using local needle exchange services reported opiate use, of which 63% also reported engaging with structured treatment services.

The number of people successfully completing treatment is relatively low compared to the overall number of people misusing drugs. Around **140 opiate users and 330 non-opiate users successfully complete treatment each year in the District.** Successful treatment completion is defined as the number of users of non-opiates/opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.

Overall 6.3% of people receiving treatment for opiate use successfully completed treatment in 2017, a figure which has increased over the last two years, and which is now in line with the England average (6.5%). 49.8% of people receiving treatment for non-opiate use successfully completed treatment in 2017, a figure which has increased over the last seven years, and which is now significantly higher than both the regional and nation averages (37.7% and 36.9% respectively).

**Figure 4: Successful completion of drug treatment**



Source: Public Health England

A key challenge locally is the number of people who are **remain in treatment** programmes on a **long term basis**. Bradford District has a higher proportion of individuals who have been in treatment over 6 years; the average length of time an opiate user is in treatment in Bradford District is 5.8 years compared to the national average of 5 years.

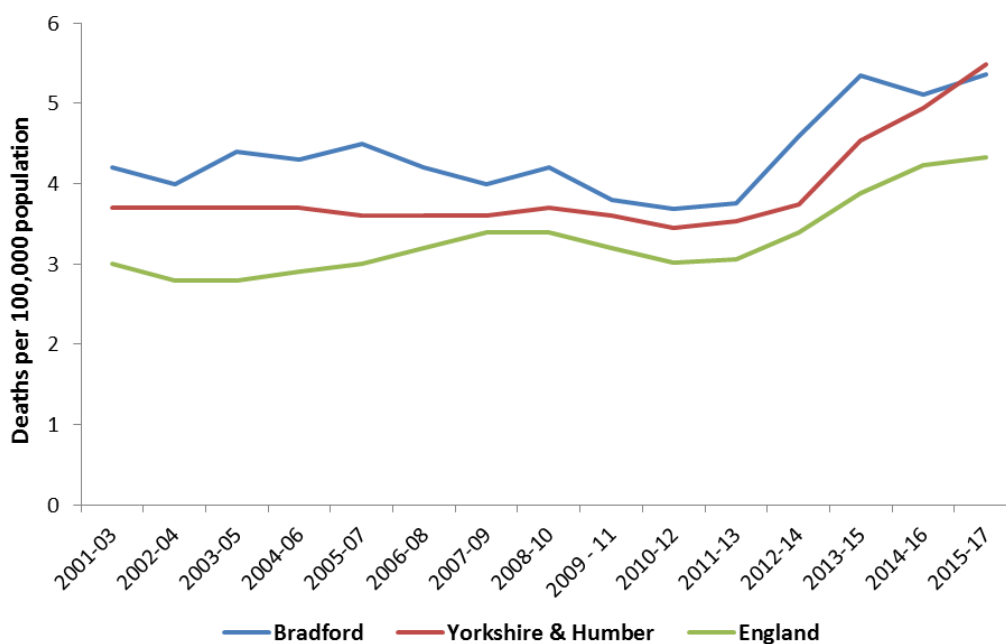
**Table 1: Time in treatment for opiate and non-opiate only clients 2017/18**

	Bradford District %	National %
Opiate clients: under 2 years	32.9	40.6%
Opiate clients: 6 or more years	38.6	32.3%
Non opiate only clients: 2 or more years	9.9	5.5%

Source: Public Health England

Drug misuse is an important **cause of early death** in the UK, and is one of the main causes of death nationally in people aged 15-49 years. Between 2015 and 2017 there were 81 deaths due to drug misuse in the District, equivalent to 5.4 per 100,000 population over the three year period (after adjusting for age). This is similar to the Yorkshire and Humber average. After being relatively static for a number of years, there has been a **small increase** in recent years.

**Figure 5: Deaths due to drug misuse**



Source: Public Health England

**Drug tests in custody:** Acquisitive crime such as theft and burglary are directly linked to substance misuse and has been part of Home Office initiative to reduce offending and increase the number of individuals accessing appropriate treatment interventions. Adult offenders are drug tested in police custody, and any who test positive for opiate, crack cocaine or cocaine use are then assessed by cell based drug workers who then provide access to treatment access in the community.

The total **number of drug tests conducted in police custody continues to improve** following a further change to the local drug testing criteria. The total number of tests carried out in 2017/18

was 1,669 compared to 890 in 2014/15. There is now a more **targeted approach** to drug testing and this is reflected in the **positive testing rate of 58%**. The individuals testing positive are then assessed by drugs workers from the New Directions Service and then referred into drug treatment where appropriate.

## What Assets do we have?

Drugs and alcohol education and awareness contributes to the reduction of drug and alcohol use, utilising health promotion initiatives relevant to drugs and alcohol. The Alcohol Drugs Education Prevention Team (ADEPT) deliver training and group work programmes to young people, parents, carers and professionals. They also deliver targeted programmes to vulnerable young people requiring additional support.

The new Substance Misuse Recovery Service (New Directions) provides **brief interventions** to people at GP surgeries, A & E and general wards at both BRI and AGH. The service also provides intensive structured treatment to Opiate users with the aim of recovery and reducing the overall time in treatment. New Directions also delivers the Change programme in Community settings for individuals who have alcohol, prescribed medication, over the counter medication, new psychoactive substances (NPS) such as spice. Risk factors are all negatively associated with health status and there is a complex and reciprocal association between social factors and illicit drug use. Drug misuse can cause social disadvantage, and socioeconomic disadvantage may lead to drug use and dependence.

There is a thriving **mutual aid** community in Bradford consisting of organisations like Narcotics Anonymous, Alcoholics Anonymous and SMART Recovery. These user led organisations provide a network of peer support and have established strong pathways with the commissioned treatment services

## Gaps / challenges / opportunities

The review of the substance misuse treatment system in 2015 included a full consultation taking into account the views of all stakeholders, including service users, carer, providers, healthcare professionals and the general public.

The emerging themes from the consultation and review have directly led to the commission of a completely new substance misuse recovery service which commenced in October 2017. The outcomes for the District will improve as the new service is embedded, and will allow for stakeholders to be involved in the continued development of services.

The new Substance Misuse Recovery Service is called New Directions and is delivered by a large experienced Substance Misuse service, Change, Grow; Live (CGL) in partnership with 2 locally established Organisations of Bridge and Project 6. New Directions is committed to delivering an integrated recovery focused service across Bradford and Airedale that meets the needs of service users, concerned others and reflects the recommendations from the 2015 review. The service provides a single point of access for any adult with drug or alcohol issues and will work with individuals across a number of community locations across the District including GP practices.

There are significant challenges with the change from a number of separate services to a single service with a **focus on recovery**. Workforce development is key to this change and it is anticipated that positive outcomes will be visible once the service is established.

Other key challenges for the service include responding to **changing patterns of drug use**, for example new psychoactive substances, the ageing population of people in treatment services, and the length of time that people are retained in treatment services.



There are often misconceptions about excessive alcohol use as an important determinant of health and wellbeing in the District. Whilst survey data suggests that fewer people drink at harmful and hazardous levels in the District than other parts of the region, other data sources appear to challenge this view. Accordingly, a key challenge is to better understand what all of the data is telling us about alcohol use in the District, and in particular understand sub-District trends and inequalities between population groups and geographical parts of the District that District level data masks. This is essential if we are to address excessive alcohol use, and reduce the impact of it on the health and wellbeing of people in Bradford District, and its impact on health and care services.

It is very common for individuals to experience problems with their mental health and alcohol/drug use at the same time. Research shows that mental health problems are experienced by the majority of drug and alcohol users in community substance misuse treatment. The prevalence of co-occurring conditions in mental health and alcohol/drug settings is sufficiently high to make it vital for all services to be competent to respond to these needs. Individuals who have a severe mental illness and a Substance misuse problem will be referred to the appropriate mental health service and substance misuse support provided by the new service with jointly agreed and owned care pathways.

## **What are we doing about it and what does the information presented mean for commissioners?**

As a partnership we need to ensure that the new Substance Misuse Recovery Service is recovery focussed and is efficient and effective in preventing, reducing and treating Substance misuse and its associated harms for Individuals, Concerned Others, families and communities resulting in Better Health and Better Lives.

The priorities for the district, in relation to substance misuse, will be to:

- Increase successful completion of drug treatment and reducing drug related deaths
- Reduce Alcohol related admissions to hospital;
- Reduce re-offending;
- Reduce premature mortality from the major causes of death;
- Reduce deaths in babies and young children;
- Enhance quality of life for carers (Concerned Others);
- Improve access to primary care services

The partnership needs to be vigilant and responsive to the **constantly changing landscape** of substance misuse and respond accordingly by ensuring the most appropriate services are available to all residents of the District. The use of drugs and alcohol has changed dramatically over the past 10 years, for example, both nationally and locally there has been a reduction in the numbers of individuals who are new to treatment in respect of opiate and crack cocaine use. The **opiate using population is older and smaller** however the significant challenge for the District are opiate users who remain in treatment over four years which is significantly higher than seen nationally.

There has been a use of novel psychoactive substances (NPS), prescription only medications (POM) and over the counter medications (OTC).

NPS use such as spice is monitored across the District through our treatment services and the wider Community Safety Partnership. There is anecdotal evidence of use particularly amongst the homeless population, however, very few individuals are presenting at services. The scale of the problem is not known as use is largely hidden but the District has services that are capable of responding to issues arising from misuse.

## Supporting resources

- <https://www.gov.uk/government/publications/drug-strategy-2017>
- <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>
- <https://www.bradford.gov.uk/media/3273/bradford-council-plan-2016-2020.pdf>
- <https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017>
- <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>
- Long-term benzodiazepine and Z-drugs use in England: a survey of general practice: <https://bjgp.org/content/67/662/e609>
- 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](http://www.ndtms.net)