

**DRUGS AND ALCOHOL JOINT STRATEGIC NEEDS ASSESSMENT**

To: Health and Wellbeing Board

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**1.0 PURPOSE**

1.1 The purpose of this paper is to present to the Board the key findings and recommendations of the Drugs and Alcohol Joint Strategic Needs Assessment.

**2.0 BACKGROUND**

2.1 The Health and Well Being Board requested the Drugs and Alcohol Joint Strategic Needs Assessment (JSNA) in January 2015 and it approved the scope in July 2015. The scale of the JSNA is very broad and addresses needs across the life course from prevention through to treatment. It also includes the emerging issues of the misuse of prescription drugs and Novel Psychoactive Drugs (NPS). The cross cutting themes of mental health, the criminal justice system and housing are also considered in the JSNA.

2.2 The development of the JSNA was overseen by a Steering Group that included Cambridgeshire County Council staff, service providers and voluntary sector representation. Its development was informed by a number of consultative activities with a wide range of stakeholders. An initial scoping workshop was held to establish the scope in June 2015. Then over the subsequent months a number of activities were undertaken with commissioners, current and ex service users, staff from various services including the voluntary sector and stakeholders from relevant organisations. This included service user focus groups held around the county along with a survey to secure staff and user views. A final event was held in July 2016 where initial key findings were tested and discussed with commissioners, providers and clinicians from the statutory and voluntary sectors along with service users for accuracy and resonance. This meeting shaped the formation of the recommendations found in the JSNA.

2.3 The JSNA is organised into the following chapters.

1. Scope and Themes
2. The National Picture for Drugs and Alcohol
3. Investing in the Prevention and Treatment of Drug and Alcohol Misuse
4. Prevention
5. Substance misuse across the life course:
  - Children and Young People
  - Adults
  - Older People

## 6. Changing Patterns of Substance Misuse and Emerging Issues

### Changing patterns of drug misuse

- Novel Psychoactive Substances
- Prescribed Drugs

### Emerging Issues

- Alcohol Related Brain Damage
- Complex Cases

## 7. Dual Diagnosis

## 8. Criminal Justice System

## 9. Housing and Homelessness

### **3.0 SUPPORTING PARAGRAPHS**

- 3.1 The scale of this JSNA is broad but there are a number of key themes that are embedded throughout the different sections. These themes informed and are reflected in the specific recommendations that are detailed in the Executive Summary attached as Appendix 1 and are described below. The full JSNA will be available on the Cambridgeshire Insight website. <http://cambridgeshireinsight.org.uk/>
- 3.2 The misuse of drugs and alcohol has wide ranging negative effects on physical and mental health which impact upon families, communities and wider aspects of their lives. These are associated with socio-economic costs to society which includes health services, social care, the criminal justice system, employers and housing services. However there are also preventative and treatment interventions that are well evidenced and associated with cost benefits to different organisations.
- 3.3 Cambridgeshire has a consistent record of having relatively good health and well being but with pockets of poorer outcomes associated with areas of deprivation. This picture is replicated when looking at the misuse of drugs and alcohol where most indicators demonstrate that as a county Cambridgeshire is either similar or better than national or comparator areas. In addition the usual patterns of intra-county variation are found across many of the indicators with poorer outcomes generally being found in Fenland and Cambridge City. However there are a substantial number of people in Cambridgeshire who are starting to or continuing to misuse substances and consequently will have a range of treatment and wider needs. This ongoing level of need calls for sustained prevention interventions across the life course.
- 3.4 There is a clear message throughout the JSNA that there are areas and certain groups that have a higher risk for misusing substances. For example children of substance misusing parents/carers or looked after children face particular challenges that may make them more susceptible to drug or alcohol misuse. Some individuals who find themselves in the criminal justice system or who have mental health concerns have the potential to be at risk of misusing substances. The risks of substance misuse especially alcohol in older people are becoming more apparent and their prevention and treatment needs require a more flexible approach. Homelessness is a particular high risk factor that can have a negative effect on treatment outcomes as well as creating risks for misuse.

The approach that is embedded both in prevention and treatment interventions is the risk and resilience concepts. These focus upon reducing the risks that individuals have for misusing substances and increasing their resilience through strengthening personal assets such as self-esteem and securing resources such as employment opportunities. This poses opportunities especially for prevention, using both universal population and targeted approaches for building on existing work to support those most at risk.

- 3.5 The widely accepted aim of treatment is abstinence at six months, yet this is challenged by data both at national and local levels. For example in 2014/15, of clients being treated in the Cambridgeshire service for drug misuse, 46% had been in treatment for over two years with the figure for opiate users rising to 60%.

The analysis of the treatment service data indicated that a substantial number of their clients being treated for drug misuse were over 50 years of age and had been in and out of treatment for many years. This data does require further analysis but there is a clear pattern to the age profile of clients in treatment.

In addition analysis of current clients in treatment by Public Health England (2016) has identified the complexity of their treatment needs in terms of the use of multiple substances. It appears that the current model of a successful six month abstinence treatment intervention is at variance with the complexity and length of treatment time. These indicate that although some individuals can be successfully treated within an acute care framework, many patients need multiple episodes of treatment over several years to achieve and sustain recovery. The progress of many patients is marked by cycles of recovery, relapse, and repeated treatments, often spanning many years before eventuating in stable recovery, permanent disability or death. A model of long-term, active care management for substance use disorders is comparable to the way treatments for other chronic conditions are managed in medicine. Further analysis of different service models and their costs would be beneficial.

- 3.6 A long term care approach to treatment is associated with harm reduction approaches. In their broadest sense, harm reduction policies, programmes, services and actions work to reduce the health, social and economic harms to individuals, communities and society that are associated with the use of drugs. It recognises that a valid aim of drug interventions is to reduce the relative risks associated with drug misuse. This is by a range of measures such as reducing the sharing of injecting equipment, providing support for stopping injecting, and providing substitution opioid drugs for heroin misusers as support for abstinence from illegal drugs.
- 3.7 Every section references integration through describing informal partnership arrangements, joint project working or more formal pathways. There is the acknowledgement across Cambridgeshire organisations that the varied and multiple needs of those at risk and those in treatment cannot be addressed by one organisation. Although there is limited academic evidence for the integration of drug and alcohol services or wider integration involving other services there are examples across the country where integration of services has been established. There is evidence that suggests that integration is most effective when it is system wide and all organisations are fully engaged strategically along with, where possible, joint commissioning arrangements. Further development of integrated of services should be considered in any service re-design. Although it would require evaluation and monitoring for improvement in costs, outcomes and patient experience.

3.8 The document describes new patterns of drug misuse and other emerging challenges. The misuse of new psychoactive substances and prescribed or over the counter drugs has been emerging in recent years and presents new challenges for prevention and service delivery. New approaches are required that will involve a greater understanding amongst the public and professionals to make them aware of the risks and their roles in preventing harm associated with their use. Another challenge identified by local stakeholders is the lack of identification of and appropriate services for the management of Alcohol Related Brain Damage (ARBD).

#### **4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

4.1 The JSNA is relevant to priorities 1, 2, 3, 4, and 6 the Health and Wellbeing Strategy 2012-17:

Priority 1: Ensure a positive start to life for children, young people and their families.

Priority 2: Support older people to be independent, safe and well.

Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.

Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.

Priority 6: Work together effectively.

#### **5.0 IMPLICATIONS**

5.1 The JSNA identifies evidence for the development of and different approaches to prevention, recovery and treatment. This will have implications for the planning and commissioning of services along with future working across the following key areas.

1. Broadening and developing universal and targeted prevention interventions. This will require support from a range of organisations and from policy makers and commissioners.
2. Increasing the focus upon areas and people most at risk of substance misuse. Services and interventions that are best positioned to identify those at risk will be important for implementing preventative approaches.
3. The changed needs and ageing profile of clients call for a long term care approach that will include the development of more harm reduction interventions. Commissioners should explore the feasibility of these approaches and learn from experiences in other areas.
4. Those who misuse substances have multiple needs that demand support from a wide range of organisations. Integrated approaches across policy, commissioning, pathways and care need further development and evaluation to ensure that resources are most effectively used with client experience and positive outcomes maximised.
5. Changing patterns of drug misuse in particular the growth of new psychoactive substances and prescription drugs along with the emerging issue of alcohol related

- brain disorders demand new approaches and ways of delivering support services.
6. The evidence of effectiveness and economic evidence calls for commissioners to review services to ensure that they are effective, offer value for money and address needs and produce positive outcomes.

## 6.0 RECOMMENDATION

- 6.1 The Health and Wellbeing Board is asked to approve the JSNA and to note the findings and the areas which are highlighted for further work.

## 7.0 SOURCE DOCUMENTS

### 7.1

Source Documents	Location
<p><b>The full JSNA contains a large number references. The following provides an example of some of main references.</b></p> <p>Advisory Council on the Misuse of Drugs. Prevention of drug and alcohol dependence. 2015.</p> <p>Advisory Council on the Misuse of Drugs: Recovery from drug and alcohol dependence: an overview of the evidence. 2012.</p> <p>Crime Survey for England 2014/15</p> <p>Health and Social care Information Centre. Statistics on Drug Misuse 2004/5 to 2014/15.</p> <p>Homeless Link: Annual review of homelessness services in England. 2014.</p> <p>Local Alcohol Profiles for England (LAPE).</p> <p>National Drug Treatment Monitoring System</p>	<p><a href="https://www.gov.uk/government/publications/prevention-of-drug-and-alcohol-dependence">https://www.gov.uk/government/publications/prevention-of-drug-and-alcohol-dependence</a></p> <p><a href="https://www.gov.uk/government/publications/acmd-recovery-from-drug-and-alcohol-dependence-an-overview-of-the-evidence-2012">https://www.gov.uk/government/publications/acmd-recovery-from-drug-and-alcohol-dependence-an-overview-of-the-evidence-2012</a></p> <p><a href="http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/2015-07-16">http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/2015-07-16</a></p> <p><a href="https://www.gov.uk/government/organisations/health-and-social-care-information-centre/about/statistics">https://www.gov.uk/government/organisations/health-and-social-care-information-centre/about/statistics</a></p> <p><a href="http://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england">http://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england</a></p> <p><a href="http://www.lape.org.uk/">http://www.lape.org.uk/</a></p> <p><a href="https://www.ndtms.net/default.aspx">https://www.ndtms.net/default.aspx</a></p> <p><a href="https://www.gov.uk/gover">https://www.gov.uk/gover</a></p>

<p>National Offender Management Service. Healthcare for Offenders. 2015.</p>	<p><a href="http://www.nice.org.uk/guidance/ph24?unlid=145257323201672805923">nment/organisations/national-offender-management-service</a></p>
<p>NICE Clinical Guidelines 110 Guidance on Pregnancy and Complex Social Factors. 2010.</p>	<p><a href="https://www.nice.org.uk/guidance/ph24?unlid=145257323201672805923">https://www.nice.org.uk/guidance/ph24?unlid=145257323201672805923</a></p>
<p>NICE Clinical Guidance (CG115) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. 2011.</p>	<p><a href="https://www.nice.org.uk/guidance/cg115?unlid=1046778437201662757">https://www.nice.org.uk/guidance/cg115?unlid=1046778437201662757</a></p>
<p>Public Health England: Health matters: harmful drinking and alcohol dependence. 2016</p>	<p><a href="https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence">https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence</a></p>
<p>Public Health England: Alcohol and drugs prevention, treatment and recovery: Why invest? 2014.</p>	<p><a href="http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf">http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf</a></p>
<p>Public Health England: Spend and Outcome Tool</p>	<p><a href="http://www.yhpho.org.uk/default.aspx?RID=49488">http://www.yhpho.org.uk/default.aspx?RID=49488</a></p>
<p>Public Health England. The international evidence on the prevention of drug and alcohol misuse. 2015.</p>	<p><a href="http://www.nta.nhs.uk/uploads/unodc-prevention-guide.pdf">http://www.nta.nhs.uk/uploads/unodc-prevention-guide.pdf</a></p>
<p>Public Health England. Alcohol data: JSNA Support Pack- Key data to support planning for effective alcohol harm prevention, treatment and recovery in 2016/17. Cambridgeshire.</p>	<p><a href="http://www.nta.nhs.uk/uploads/jsnasupportpackpromptsadulturalcohol2016-17.pdf">http://www.nta.nhs.uk/uploads/jsnasupportpackpromptsadulturalcohol2016-17.pdf</a></p>
<p>Public Health England: Commissioning treatment for dependence on prescription and over the counter medicines: a guide for NHS and local authority commissioners. 2013.</p>	<p><a href="http://www.nta.nhs.uk/uploads/pheatmcommissioningguide.pdf">http://www.nta.nhs.uk/uploads/pheatmcommissioningguide.pdf</a></p>
<p>Royal College of Psychiatrists: Older Person's Substance Misuse Working Group. Cross Faculty Report. Substance Misuse in Older People: an information guide. 2015</p>	<p><a href="http://ageing.oxfordjournals.org/content/early/2015/08/13/ageing.afv105.full">http://ageing.oxfordjournals.org/content/early/2015/08/13/ageing.afv105.full</a></p>
<p>Royal College of Psychiatrists. Mental Illness, Offending and Substance Misuse. 2012.</p>	<p><a href="http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/mentalillness,offending.aspx">http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/mentalillness,offending.aspx</a></p>
<p>Sheffield School of Health and Related Research (SchHARR) in NICE Interventions on the control of Alcohol Price, Promotion and Availability for Prevention of Alcohol Use Disorders in Adults and Young People 2010.</p>	<p><a href="https://www.nice.org.uk/guidance/ph24/documents/review-1-macrolevel-interventions-for-alcohol-use-disorders-effectiveness-review2">https://www.nice.org.uk/guidance/ph24/documents/review-1-macrolevel-interventions-for-alcohol-use-disorders-effectiveness-review2</a></p>

Wadd S., Galvani S. The Forgotten People: Drug Problems in Later Life

[https://www.google.co.uk/url?url=https://www.biglotteryfund.org.uk/-/media/Files/Research%20Documents/Older%20People/the\\_forbidden\\_people.pdf&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwje1IPsj\\_nOAhWEBcAKHe33Cl4QFggUMA&usg=AFQjCNFoCoyVBubEJ8pxqW7g9bu4HxE8Ug](https://www.google.co.uk/url?url=https://www.biglotteryfund.org.uk/-/media/Files/Research%20Documents/Older%20People/the_forbidden_people.pdf&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwje1IPsj_nOAhWEBcAKHe33Cl4QFggUMA&usg=AFQjCNFoCoyVBubEJ8pxqW7g9bu4HxE8Ug)

