

Alcohol and Drugs Joint Strategic Needs Assessment (JSNA)

To: Health and Wellbeing Board

From: Val Thomas, Consultant in Public Health

Date: 2nd July 2015

Re: Scope of the Alcohol and Drugs Joint Strategic Needs Assessment

1.0 PURPOSE

The purpose of this paper is to present the proposed scope of the Alcohol and Drugs Joint Strategic Needs Assessment (JSNA). It is a broad subject that includes prevention, treatment, legal and illegal drug use along with a number of cross cutting themes.

The paper describes the context of the JSNA and the scoping process that led to the identification of the areas to be included in the JSNA. The proposed areas for inclusion are described along with the rationale for their inclusion and the process for its development. The Board is asked to consider the proposed scope and approach for the development of the JSNA.

2.0 CONTEXT

In January 2015 the Health and Wellbeing Board requested a JSNA for Alcohol and Drugs to be undertaken in 2015/16. The proposal to undertake the Alcohol and Drugs JSNA was in response to the Health and Wellbeing Board receiving concerns about an upsurge in alcohol misuse by women, the surge in the use of legal highs, prescription medication and the increasing strength of drugs.

In addition preventing the harmful misuse of drugs and alcohol is embedded into the Cambridgeshire Health and Wellbeing Strategy (2012 – 2017). There is a particular focus in Priority 3, i.e.

“Encourage healthy lifestyles and behaviours in all actions and activities while respecting people’s personal choices.Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.”

and Priority 4:‘Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing.

The prevention and treatment needs of those who misuse drugs and alcohol are complex with wide ranging impacts that cut across different demographics and agencies. There are a number of cross cutting themes and issues especially in relation to mental health and criminal justice. An additional complexity is when both legal and illegal misuse of drugs is considered. The former includes prescription and over the counter drugs along with “legal highs”. Legal highs or novel psychoactive substances contain one or more chemicals that produce similar effects as illegal drugs (like cocaine, cannabis and ecstasy).

Public Health England (PHE) ¹ in 2014 estimated that there were 2.7 million people using an illegal drug with 300,000 people in England dependent on heroin or crack cocaine. It found that 40% of prisoners have used heroin and that there 1.2 million families affected by drug addiction mostly in poor communities.²

The Health and Social Care Information Centre³ (Statistics of Drug Misuse England 2014) found that around 1 in 11 adults aged 16 to 59 (8.8%) had taken an illicit drug in the last year. However, this proportion more than doubled when looking at the age subgroup of 16 to 24 year-olds (18.9%). These figures are an increase from 2012/13 when 8.1 per cent of 16 to 59 year-olds and 16.2 per cent of 16 to 24 year-olds had taken an illicit drug in the last year. The same report found that amongst children aged 11-15 years 16 % of pupils had ever taken drugs, 11 % had taken them in the last year and 6 % had taken them in the last month. This is similar to the levels of drug use recorded in 2011 and 2012.

Drug use in Cambridgeshire is lower than the national figures with the estimated rate of Class A misuse being 5.3 per thousand which is less than the national average.⁴ There has been over the past ten years a small increase in the use of opiates, crack cocaine and cocaine with cannabis showing a more recent steep increase.

The 2014 PHE Report ⁵ estimated that there are 9 million adults in England that drink at levels harmful to their health and that of these 1.6 million are dependent. The Health and Social Care Information Centre found that between 2005 and 2012⁶ the proportion of men who drank alcohol fell from 72% to 64%, and the proportion of women fell from 57% to 52%. However among adults who had drunk alcohol in the last week, 55% of men and 53% of women drank more than the recommended daily amounts. In England In 2012, 43% of school pupils (aged 11-15) said that they had drunk alcohol at least once.

In real terms, between 2009 and 2012 household spending on alcoholic drinks in the UK increased by 1.3%, whilst that bought for consumption outside the home fell by 9.8%.

¹ Public Health England; Alcohol and drugs prevention, treatment and recovery :why invest: 2014

² Association of Public Health Observatories; Indicators for Public Health in the English Regions; 2007

³ Health and Social Care Information Centre, Statistics on Drug Misuse:2014

⁴Public Health England,Diagnostic Outcomes Monitoring Executive Summary: Quarter 4 2013/14

⁵Public Health England; Alcohol and drugs prevention, treatment and recovery :why invest: 2014

⁶ Health and Social Care Information Centre, Statistics on Alcohol England: 2014

For Cambridgeshire the latest synthetic estimates for high risk alcohol drinking date back to mid-2009 and refer to those aged 16 years and over who report engaging in higher risk. These figures are at district level with Cambridge City having the highest percentage at 7.91% and South Cambridgeshire having the lowest at 6.34% compared to the national figure of 6.75%⁷.

2.1 The Effects of Alcohol and Drug Misuse

The impact of alcohol and substance misuse is experienced at the individual and population levels. It is associated with a range of acute and chronic health issues along with wider societal impacts.

Drug misuse is associated with cardiovascular and lung disease, liver damage, blood borne viruses among injectors, arthritis, overdose and drug poisoning. Data for drug misuse in England in 2013/14 estimates⁸ that deaths among heroin users are 10 times the rate in the general population. There were 13,917 admissions to hospital with a primary diagnosis of poisoning by illicit drugs. Overall there has been a 76.7 % (6,041) increase since 2003/04 when there were 7,876 such admissions. In 2013 there were 1,957 deaths related to misuse of illicit drugs, an increase of 321 from 2012 when there were 1,636 such deaths. This is contrary to the downward trend since 2008 when deaths peaked at 2,004.

Alcohol misuse is associated with heart disease, stroke, cancers, liver disease, high blood pressure, reduced fertility and can harm unborn babies. Figures for England⁹ indicate that in 2012, there were 6,490 alcohol-related deaths. This is a 19 per cent increase from 2001 (5,476) but a 4 per cent decrease from 2011 (6,771) deaths. In 2012-13, there were an estimated 1,008,850 admissions to hospital related to alcohol consumption where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis. Where alcohol was the primary diagnosis alone for admission the figure was estimated to be 325,870.

Mental health issues are strongly associated with both alcohol and drug misuse presenting as depression, anxiety, psychosis and personality issues. The Health and Social Care Information Centre (Statistics of Drug Misuse England 2014) found that there were 7,104 admissions to hospital with a primary diagnosis of a drug-related mental health and behavioural disorder. This is an 8.5 % (555) increase from 2012/13 when there were 6,549 such admissions.¹⁰

The impact of alcohol and drugs on communities and families is experienced widely. Alcohol has a strong relationship with violence with almost half of all violent assaults nationally linked with alcohol misuse. It is a factor in marital/relationship breakdown and domestic violence. 27% of social care serious

⁷ Local Alcohol Profiles for England (LAPE) 2009

⁸ Health and Social Care Information Centre, Statistics on Drug Misuse:2014

⁹ Health and Social Care Information Centre, Statistics on Alcohol England: 2014

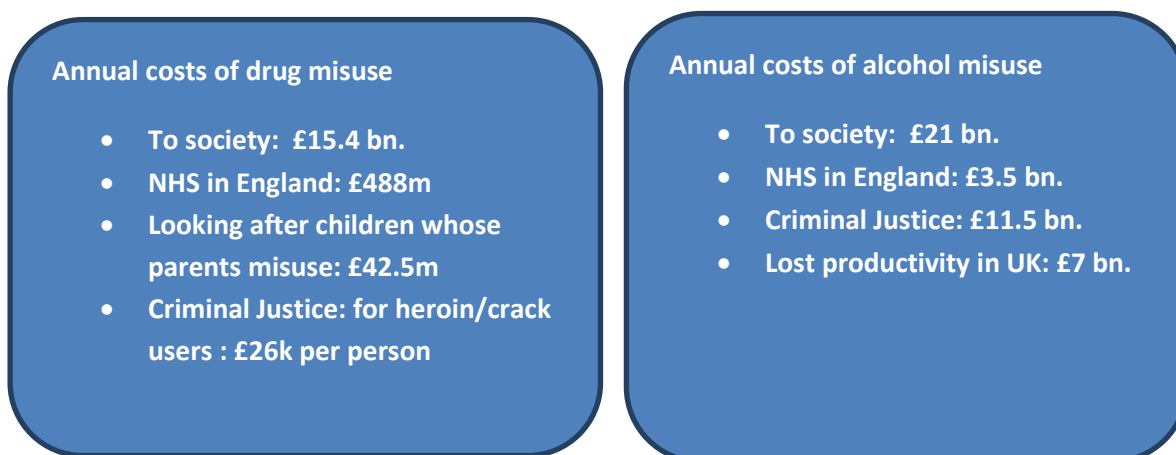
¹⁰ Health and Social Care Information Centre, Statistics on Drug Misuse:2014

case reviews mention alcohol misuse. There is increasing awareness of the impact of alcohol misuse upon the children of parents with alcohol issues which manifest in physical, psychological and behavioural problems. 13% of road fatalities are associated with alcohol. It has been estimated that the most deprived fifth of the population suffers two to three times greater loss of life attributable to alcohol; three to five times greater mortality due to alcohol-specific causes; and two to five times more admission to hospital because of alcohol than the more affluent areas.¹¹

There are similar impacts with drug misuse with parental drug misuse being a factor in 29% of all serious case reviews. Drug use creates financial pressures for those who use and their families. A typical heroin user spends around £1400 per month on drugs. A national survey found that 82% of the public value drug treatment as its greatest benefit was improved community safety.

2.2 Costs of Alcohol and Drugs Misuse

The pervasiveness of the effects of alcohol and drugs misuse ensures that the costs to society cut across a wide spectrum of public services.¹²



2.3 The Evidence

There is evidence for interventions that are effective in preventing and treating alcohol and drug misuse. Population wide interventions aim to reduce the aggregate amount of alcohol and alcohol consumed.¹³ For example there is evidence for the use of local licensing powers to reduce alcohol related harm. There is also evidence of effectiveness and cost savings for brief interventions that provide information and motivational interviewing for individual behaviour change.⁷

Robust treatment services are seen as essential for ensuring that those at risk of addiction or who are already addicted receive appropriate evidence based

¹¹ Public Health England; Alcohol and drugs prevention, treatment and recovery :why invest: 2014

¹² Public Health England; Alcohol and drugs prevention, treatment and recovery :why invest: 2014

¹³ NICE, Alcohol Use Disorders, Preventing Harmful Drinking PH Guidance 24 : 2010

services. For example recovery and rehabilitation services have been found to be essential in ensuring that patients/clients who have been treated for addiction do not return to misuse of drugs or alcohol¹⁴

3. SCOPING THE JSNA

The scoping of this JSNA has been shaped by previous JSNAs, Health and Wellbeing board input, the Drug and Alcohol Commissioning Group and the Stakeholder Scoping Workshop.

3.1 Aligned JSNAs

Previous JSNAs have referred to drugs and alcohol as a cross related theme but indicated that the subject area was not developed in the specific context of the JSNAs. It will be important to cross reference these JSNAs for any resonance of their findings and evidence for shared interrelated evidence based interventions.

- Children and Young People 2010 (refreshed)
- Mental Health of Children and Young People 2013
- Mental Health of Adults 2010 (refreshed)
- Prevention of Ill Health in Older People 2014
- Primary Prevention of Ill Health in Older People 2014
- Older Peoples Mental Health 2014
- Homelessness and the Risk of Homelessness 2010
- New Communities 2010

3.2 Health and Wellbeing Board

The Health and Wellbeing Board has acknowledged that Alcohol and Drugs is a cross cutting issue that impacts on social care, public health, the NHS and Criminal Justice. The Board has also expressed particular concern with the changing landscape of drugs with the increase in the number of “legal highs” and their impacts, the increase in the misuse of prescription drugs and the increased strength of illegal drugs and how this is affecting the health outcomes of drug users.

3.3 Stakeholder Workshop

In June 2015 a stakeholder event was held that brought together over 50 representatives from health (primary care, secondary care, drug and alcohol services and mental health services social care, criminal justice), social care, the Drug and Alcohol Action Team (DAAT), criminal justice, the police, probation service, housing, service user groups, Healthwatch and the voluntary sector.

The aim of the workshop was to elicit stakeholder views and experiences to inform the scope of the JSNA. This included confirming the common priority areas that

¹⁴NICE; Alcohol Disorders, diagnosis, treatment assessment and management of harmful drinking and alcohol dependency 2011

should be explored through the JSNA with the aim of informing the future strategic commissioning direction of alcohol and drug prevention and treatment services.

The Workshop addressed prevention and treatment and identified cross cutting themes. High level prevalence data outcomes were presented and workgroup discussion explored the overarching themes of prevention and treatment and their related cross cutting themes.

The Workshop confirmed a high level of commitment to improving prevention and treatment services. It identified some clear themes and areas where there was a high level of consensus for these being included within the scope of the JSNA.

4. PRIORITY AREAS FOR INCLUSION IN THE SCOPE OF THE ALCOHOL AND DRUGS JSNA

The following priorities are proposed for inclusion within the JSNA based on existing evidence and stakeholder intelligence. Figure 1 below summarises the scope of the JSNA which will include both prevention and treatment.

Shared Themes in the Priority Areas

The scoping for the JSNA has identified certain themes and each of these will be explored in all of the priority areas

- Life course approach: This acknowledges that alcohol and drugs misuse can be found in all age groups. However there are high risk groups e.g. children and young people or the homeless which require particular interrogation to understand their needs and implications for services.
- Cross cutting issues: The cross cutting issues require identification and their impact and effect on outcomes indicated where possible.
- Client/Patient Centred Pathways and Services: Consideration of patient/client pathways between different parts of a service and with related services. This will focus on service gaps, barriers and flexibility
- The emerging issues of “legal highs”, misuse of prescription drugs and the increasing strength of drugs will be included in the JSNA and the impact and effects.

Priority 1

Local and National Intelligence

This priority work stream will focus upon the large range of data sources relating to alcohol and drug misuse .Specific work areas will include:

- Secure and review all local and national data sources to identify gaps and potential new sources.
- Identification of health inequalities and service delivery inequities.

Priority 2

Review of Strategic Opportunities

Priority 2 work stream will address the opportunities and mechanisms for developing a shared strategic direction that supports commissioning, ensures services address need, are cost-effective and provide system wide cost savings. Specific work areas will include:

- Review and evaluate specific local and national strategies that relate to alcohol and drugs
- Review and evaluate cross-cutting strategies which impact upon drug and alcohol misuse
- Review the national evidence for policy and strategy relating to alcohol and drug misuse
- Identification of local gaps and opportunities for prevention and improving treatment

Priority 3

Prevention

Priority 3 work stream will focus upon identifying the current scope of prevention activities and the potential for developing evidence based interventions. Specific work areas will include:

- Identification of the prevention activities
- Evaluate their impact where possible.
- Provision of the evidence for prevention and identification of any commissioning implications.

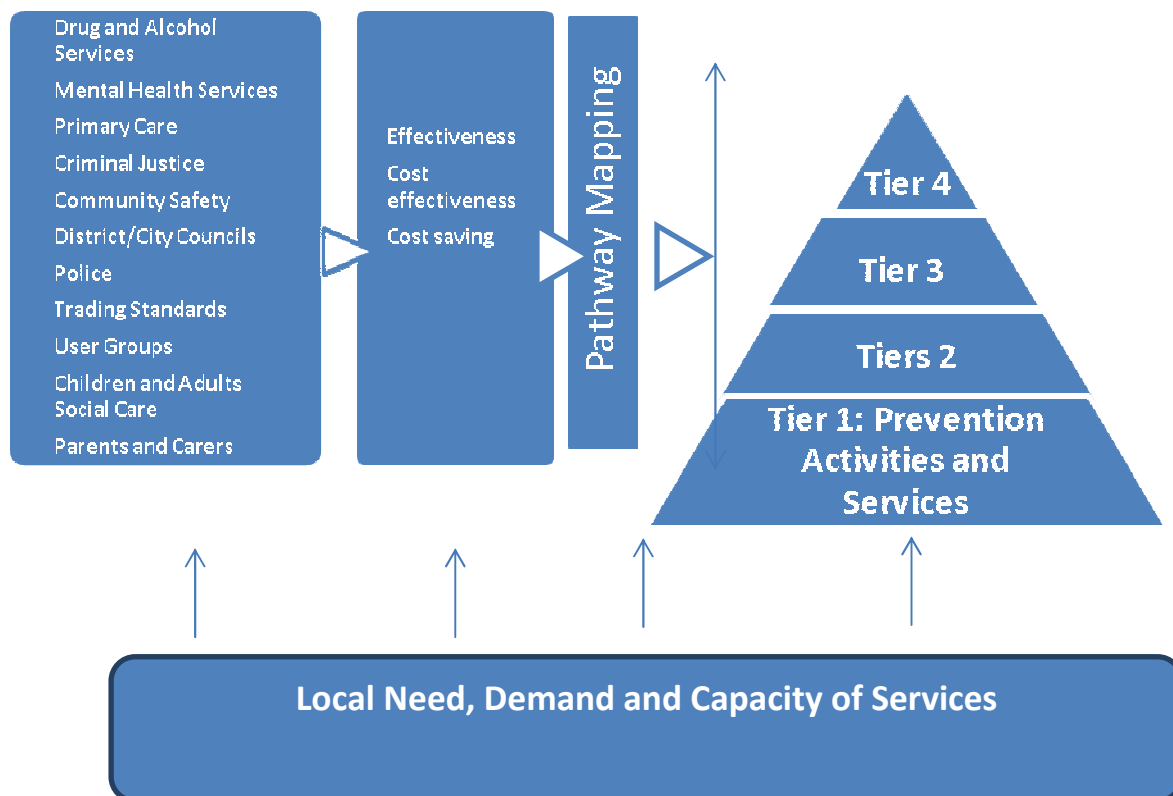
Priority 4

Treatment Services

Priority 4 work stream will review current treatment services in terms of them meeting need and supporting delivery of the required outcomes. Specific work areas will include:

- Review of demand and capacity of services.
- Mapping of pathways within and between services including any gaps and barriers to improving the patient/client journey/experience.
- Provision of the evidence base for effective and cost effective services for benchmarking local services and identifying gaps in services.

Figure 1: Summary Scoping Framework for the Alcohol and Drugs Joint Strategic Need Assessment



5 NEXT STEPS

Following approval of the scope of the JSNA by the Health and Wellbeing Board the work identified in the scope will continue along further consultation with stakeholders and a wider public consultation process that will inform the JSNA.

6. RECOMMENDATIONS

The Health and Wellbeing Board is asked to agree the proposed scope of the Alcohol and Drugs JSNA as outlined in Section 4 above and to make suggestions for improvements.

Source Documents	Location
Referenced throughout the report	Public Health, Shire Hall, Castle Hill, Cambridge CB30AP