Nottinghamshire County Council

Report to Health and Wellbeing Board

9th November 2011

Agenda Item:4

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

TACKLING SUBSTANCE MISUSE IN NOTTINGHAMSHIRE

Purpose of the Report

1. This report provides background information about substance misuse. It includes local data, information on policy drivers, an overview of current service provision as well as highlighting what further actions are required to effectively tackle this important issue.

Information and Advice

2. In the context of this report, the term 'Substance Misuse' is used to refer to alcohol and/or drug misuse. The term 'drugs' extends beyond illegal drugs such as heroin, cocaine, amphetamines, to the misuse of other drugs, prescription only medicines (POM) such as anabolic steroids and benzodiazepines, over the counter medicines (OTC) such as preparations containing codeine.

3. In December 2008, the Department of Health issued new guidance on the classification of alcohol misuse based on the associated level of risk. This replaces the medically defined terms of 'hazardous' and 'harmful' drinking used extensively in scientific literature. The new classification is summarised in the table below.

Table 1: Alcohol, levels of risk

Low Risk	Occasional or regular moderate drinking within the recommended limits which are for women 14 units[1] per week, and men 21.
Increasing Risk	Previously known as hazardous drinking, covers people who drink at levels above the recommended limits either through regular excessive drinking or less frequent binge drinking. This group has not yet developed any alcohol related health problems but people are at a greater risk of alcohol morbidity and alcohol related harm.
Binge drinking	Consuming, on any one occasion, more than 6 units for women and more than 8 units for men.
High Risk (previously known as Harmful drinkers)	These are people who regularly consume above the recommended limits at a much higher level than Increasing Risk drinkers. They may have signs or symptoms of alcohol related problems they have not yet recognised, associated with their levels of alcohol consumption.

[1] A unit is the equivalent of half a pint of ordinary strength beer.

Dependant drinkers	Can be moderately or severely dependant. Moderately dependant drinkers have an increased drive to consume alcohol and difficulty controlling it; they tend to recognise they have an issue with alcohol. Severe dependant drinkers have serious and long term problems and will experience alcohol withdrawal symptoms if they attempt to stop drinking alcohol.

4. The term Problematic Drug User (PDU) refers to someone who uses opiates (e.g. heroin, morphine, codeine) and/or crack cocaine. This definition does not include people who *only* use other types of drug, such as powder cocaine, amphetamines, ecstasy, hallucinogens, cannabis or volatile substances such as aerosol propellants, butane, solvents and glues.

Why substance misuse is an issue

5. People who misuse substances can develop a range of health and social problems. These can be physical health problems, e.g. cancer, liver disease, and for those who inject drugs there is a risk of Blood Borne Viruses (BBV) such as hepatitis B and C. Aside from physical health issues there may be mental health problems too e.g. depression, anxiety, paranoia, suicidal thoughts. As a direct result of substance misuse, individuals may also struggle to retain employment. However, the impact of substance misuse often goes beyond the mis-user themselves, and is implicated in relationship breakdown, domestic violence and poor parenting, including child neglect and abuse. Wider societal impacts can include criminal justice problems. According to a Home Office report, offenders who use heroin, cocaine or crack cocaine are estimated to commit between a third and a half of all acquisitive crime. National estimates suggest that 3-5% of absences from work are alcohol related.

6. At a county level the impact of substance misuse on the population (as defined by hospital stays for alcohol related harm or drugs misuse) is very similar to the national average. However, once considered at a sub county level the differences or inequalities become apparent. Using alcohol as an example, the most deprived fifth of the population suffer three to five times greater mortality due to alcohol specific causes; and two to five times more admissions to hospital because of alcohol than affluent areas.

Causal Factors

Alcohol

7. There is no single factor that accounts for the variation in individual risk of developing alcohol use disorders. Evidence[2] suggests a wide range of factors some of which interact with each other to increase the risk. For example, in general, children of parents with alcohol dependence are four times more likely to develop alcohol dependency. People can also learn from families and peer groups through a process of modelling pattern of drinking and beliefs about the effects of alcohol.

[2] National Institute of Health and Clinical Excellence (February 2011) Alcohol dependence and harmful alcohol use, clinical guideline 115

Drugs

8. Evidence highlights[3] peer drug use, availability of drugs and elements of family interaction, including parental discipline and family cohesion as significant risk factors. Traumatic family experiences such as childhood neglect, homelessness or abuse increase the likelihood that an individual will develop drug problems later in life.

National and Local Drivers

Alcohol, National Drivers

9. The coalition government plans to publish a comprehensive alcohol strategy later this year. In the interim we are guided by previous government policy.

10. In 2004, 'The Alcohol Harm Reduction Strategy for England[4]' was published; this identified the two distinct harms from alcohol: crime and anti-social behaviour, and damage to health from binge drinking. This strategy was updated 3 years later with *'Safe..Sensible..Social. The next steps in the National Alcohol Strategy'*[5]. This described the need to understand the burden on the NHS of alcohol-related harm and the need to improve health outcomes through cost effective prevention and treatment. A key part of the actions recommended was to monitor changes in drinking habits over time and to identify what factors are potentially contributing to the rising levels of consumption. At the end of 2009 the Department of Health published the Chief Medical Officer's (CMO) *'Guidance on Consumption of Alcohol by Children and Young People'* in response to the recommendations raised in the Youth Alcohol Action Plan (2008) around the problems of increasing levels of young people's alcohol consumption. He recommended that an alcohol-free childhood is the healthiest and best option, with no under 15 year olds drinking alcohol, and 15-17 year olds drinking only under parental guidance.

11. In recognition of the impact of alcohol on crime and disorder, Courts are able to sentence and apply an Alcohol Treatment Requirement (ATR). This provides access to treatment and support programmes for offenders where alcohol use is identified as a significant factor in offending. ATR's are also suitable for hazardous and harmful drinkers in certain circumstances; where alcohol is the dominant feature in the offending and the offender would benefit from treatment.

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[3] National Institute of Health and Clinical Excellence (July 2007) Drug misuse: psychosocial interventions', clinical guideline 51.

[4] Alcohol harm reduction strategy for England (2004) http://webarchive.nationalarchives.gov.uk/+/http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/caboffce%20alcoholhar.pdf accessed 29th September 2011

[5] Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218 accessed 29th September 2011.

Alcohol, Local Drivers

12. Across Nottinghamshire partners have worked together to produce an Alcohol Strategy. This 5 year strategy developed last year aims to "Make Nottinghamshire a safe and healthy place to live by encouraging lower levels of consumption of alcohol, reducing alcohol related crime and disorder and improving the health of those that live in the County". The strategy has 4 priorities:

    a. To reduce the harm caused by alcohol misuse to the individual, family and communities by reducing the average alcohol consumption.
    b. To reduce the harm to health from alcohol misuse through early identification, appropriate treatment, recovery and re-integration.
    c. To reduce the number of young people engaging in risky behaviours due to alcohol use through early intervention and improved access to specialist treatment.
    d. To reduce reported levels of alcohol related crime and disorder by effective management of the 'Night Time Economy' and public places.

Drugs, National Drivers

13. The coalition government published a National Drug Strategy in 2010. The strategy aims to reduce illicit and other harmful drug use, and increase the numbers recovering from their dependence. It is based on three themes: Reducing demand, Restricting supply and Building recovery in communities. Significant emphasis is placed on the recovery theme and this has more recently been subject to further consultation, with the aim of developing a new framework to provide better access to a complete range of services to support people in sustaining their recovery. The strategy sets out an ambition for all individuals to achieve recovery and ultimately the chance to lead a drug-free life. Importantly it places emphasis on providing a more holistic approach, by addressing other issues in addition to treatment to support people dependent on drugs or alcohol, such as offending, employment and housing. The strategy recognises that individuals with these problems can be subject to the criminal justice system, and so the strategy states that services provided in the community and in prison must be more integrated. There is also a clear recognition that severe alcohol dependence raises similar issues to drugs, and therefore where appropriate the strategy includes severe alcohol dependency, particularly with regard to the recovery agenda.

14. In a similar way to ATRs for alcohol, courts can use a Drug Rehabilitation Requirement (DRR). This is a community based penalty for people who have committed high levels of crime to support their drug use.

National Guidance

15. The National Institute for Health and Clinical Effectiveness (NICE) is a government funded independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. NICE produce different types of guidance: technology appraisal guidance, clinical guidelines, interventional procedure guidance, public health guidance and quality standards. Each type of guidance has implications for implementation. Since January 2002, the NHS has been legally obliged to provide funding and resources in England for medicines and treatments

recommended by NICE's technology appraisal guidance. This means that when NICE recommends a technology, the NHS must ensure it is available to those people it could help, normally within 3 months of the guidance being issued. NICE technology appraisal 115, 'Naltrexone for the management of opiod dependence' is an example of this type of guidance related to drug treatment. NICE has also produced clinical guidelines relevant to drugs and alcohol, e.g. 'Alcohol-use disorder: preventing the development of hazardous and harmful drinking, as well as 'Drug misuse: psychosocial interventions'. This type of guidance is used by commissioners to inform our local strategic approach, and so shapes the services that our patients receive. In general, doctors, nurses and other healthcare professionals in the NHS are expected to follow NICE's clinical guidelines. However, there will be times when the recommendations will not be suitable for someone because of his or her specific medical condition, general health, wishes or a combination of these.

Dual Diagnosis

16. This term covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently. The nature of the relationship between these two conditions is complex. Possible mechanisms include:

- A primary psychiatric illness precipitating or leading to substance misuse
- Substance misuse worsening or altering the course of a psychiatric illness
- Intoxication and/or substance dependence leading to psychological symptoms
- Substance misuse and/or withdrawal leading to psychiatric symptoms or illnesses.

Resources

17. To date the funding of drugs and alcohol treatment has been separate. The two Primary Care Trusts in the County (NHS Bassetlaw and NHS Nottinghamshire County) use their mainstream NHS funding to commission the delivery of services to treat individuals who abuse alcohol. By contrast NHS Nottinghamshire County, the accountable body for the former Drug Action Team, receive several ring-fenced allocations to enable the commissioning of treatment services for adults who abuse drugs (treatment of their addiction rather than treatment of physical ill health associated with their addiction as this is met through mainstream NHS budgets). These funds come from the National Treatment Agency[6]. From April 2013 responsibility for the commissioning of services for substance misuse will reside with Public Health in the local authority. The resources to support this will be part of an overall Public Health ring-fenced budget which Nottinghamshire County Council will receive. It is estimated that just over £13 million pounds were spent on substance misuse treatment in 2010/11.

[6] Special Health Authority, established in 2001 by the UK government to increase the availability, capacity and effectiveness of drug treatment in England.

Health needs in Nottinghamshire

Children and Young People

18. National evidence suggests that there are some groups of children or young people that are more likely to be at higher risk of problematic substance misuse. The National Offending, Crime and Criminal Justice survey estimates that 28% of young people fall in to the category "vulnerable". According to estimates from 2010 the numbers are in the range of 16,500 young people aged 10-15 years, and 7,500 aged 16-18 years. In 2008/09, there were a total of 500 young people in specialist substance misuse treatment. Further information relating to children was included in the July 2011 report to the Board on Child and Adolescent Health Behaviours.

Alcohol

19. The map overleaf shows the local population most likely to be at risk of hazardous drinking (increasing risk) based on the following modelling. Both the General Household Survey (GHS) and Health Survey England (HSE) showed that males and both sexes in the 25-54 age groups were more likely to drink more frequently and exceed the recommended limits. The GHS provides a more detailed dataset so was therefore used to identify other 'risk' factors for higher alcohol consumption. From the GHS surveys the following groups were most likely to drink more frequently, and exceed daily or weekly recommended limits:

- males
- both sexes aged 25-44 years
- married and over 45 years (both sexes)
- those in managerial and professional households
- households with higher incomes (>£1,000/week)
- higher earners aged 16-64 years in employment (>£800/week).

20. Individuals drinking alcohol at hazardous levels will have a relatively higher risk of physical health problems. Figure 1 shows the rising trends in alcohol-related hospital admissions, whilst also showing the differences between the districts with the highest and lowest rates. The health consequences and associated costs will impact on the Clinical Commissioning Groups (CCGs). The CCGs will have cash limited budgets, so money spent on meeting the health care needs of substance mis-uers, is not available for other healthcare.

21. Ideally we would also consider attendances at Accident & Emergency services; however, as not all attendances associated with alcohol are flagged as such, this is a challenge. Nonetheless, there is some national evidence that a significant proportion of those attending A&E particularly late at night and in the early hours of the morning do so with alcohol as a contributory factor.

22. In terms of mortality, whilst the numbers remain relatively small, over a 3 year period (2007-2009), a total of 133 men and 82 women across the County died specifically due to alcohol.

Map 1: Adults Likely to drink Hazardous amounts of alcohol

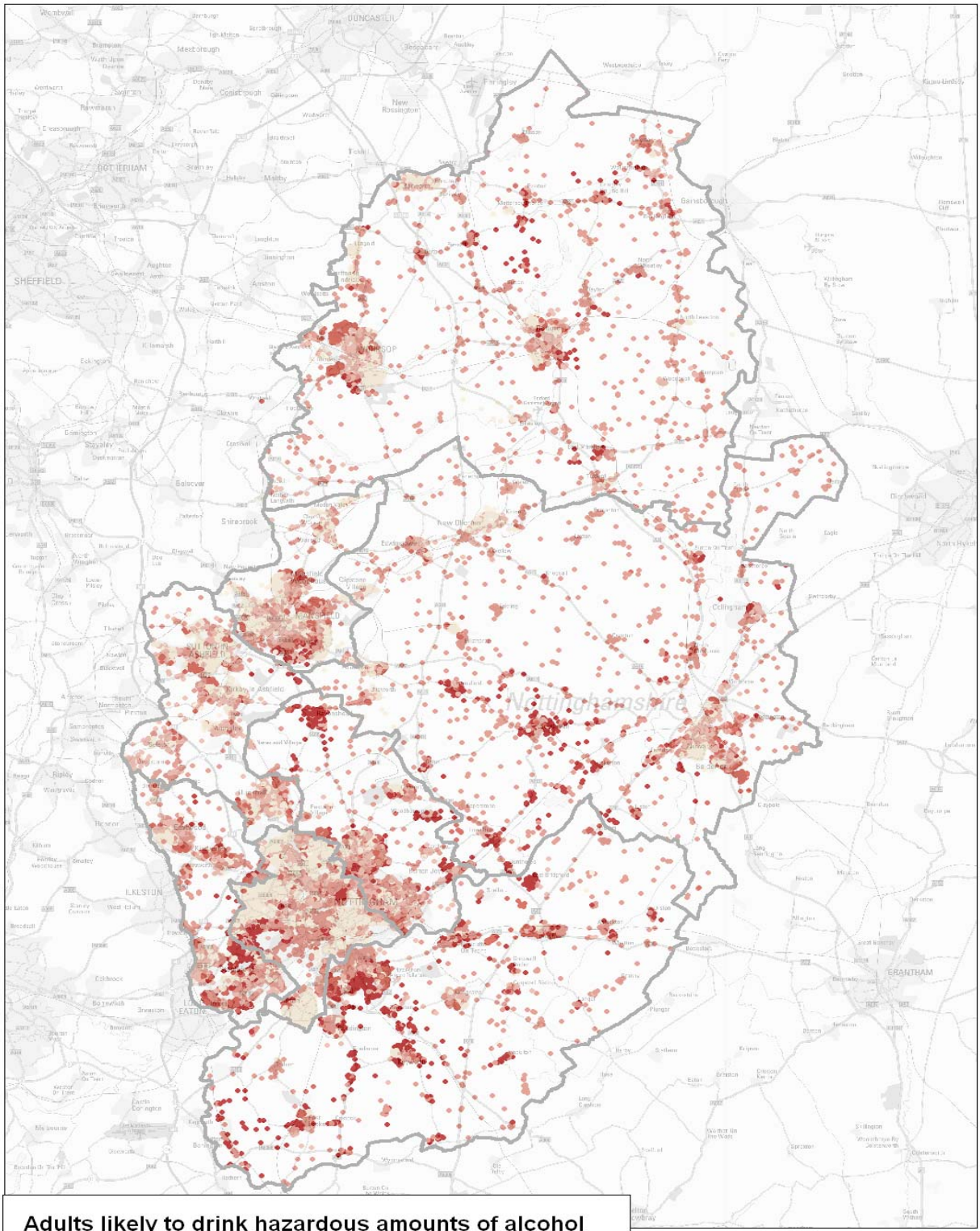
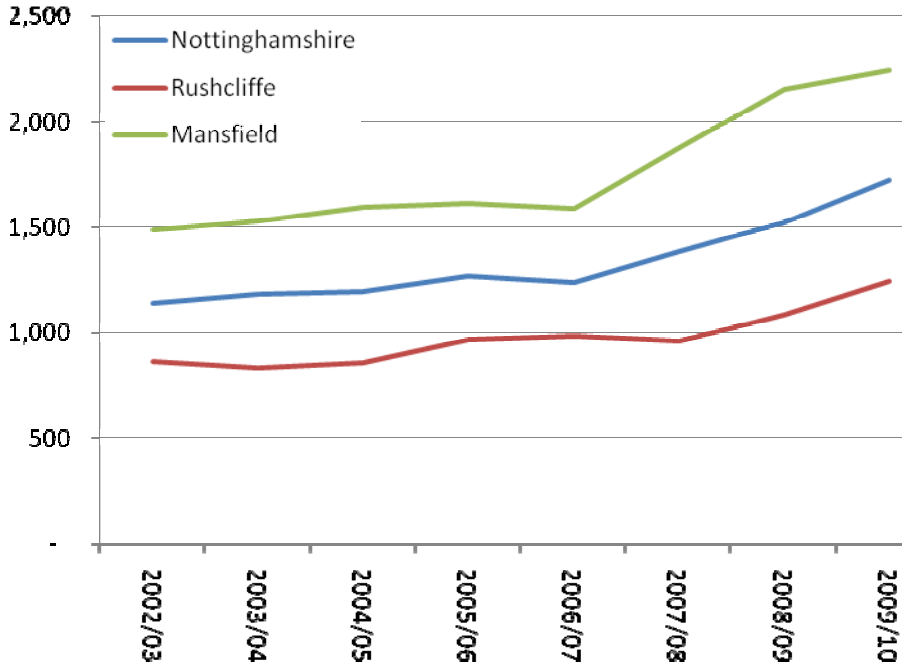


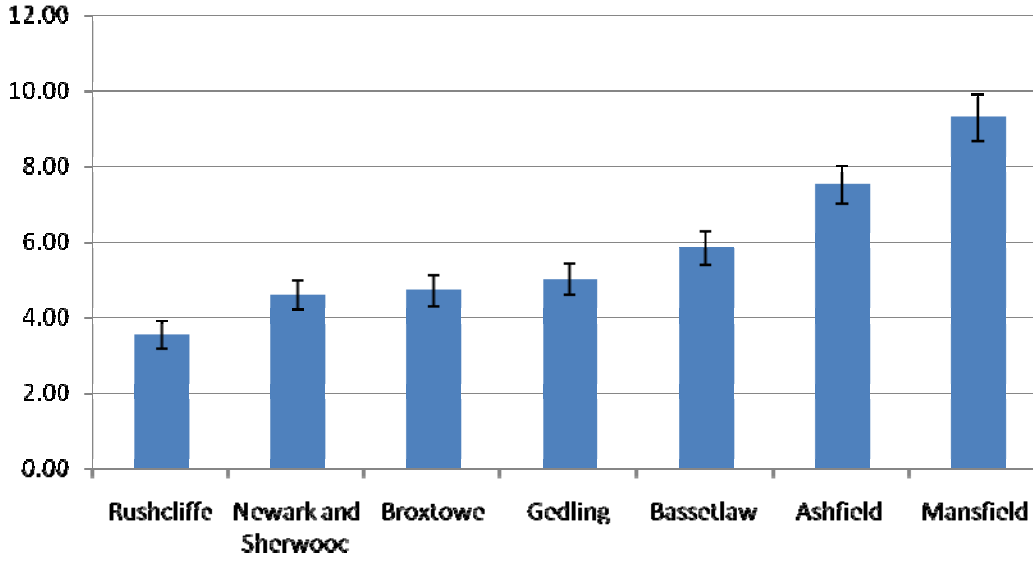
Figure 1: Trends in Rate of alcohol-related hospital admissions per 100,000 population for Nottinghamshire County, Rushcliffe and Mansfield (Districts with lowest and highest rates)



Source: North West Public Health Observatory, Local Alcohol profiles

23. The impact of alcohol on crime and disorder is widely acknowledged. Figure 2 shows the differential impact across the County. Within the County, Mansfield has the highest rate of recorded crime attributable to alcohol; it also has the highest rate of alcohol-related hospital admissions. Further District level is available through the Local Alcohol profiles[7].

Figure 2: By District, Recorded crime attributable to alcohol, all persons, all ages, crude rate per 1,000 population (2010/11)



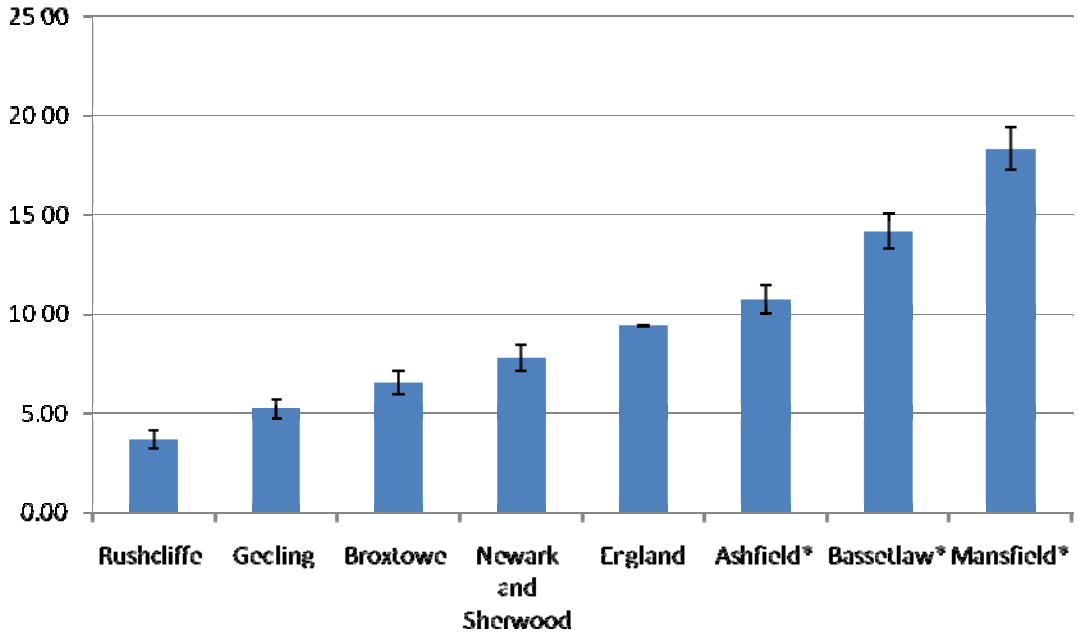
Source: North West Public Health Observatory, Local Alcohol profiles - Error bars indicate 95% confidence intervals.

[7] Local Health Profiles 2011, http://www.lape.org.uk/

Drugs

24. The NTA have recently published national data for 2009/10 which shows a reduction in prevalence of Problematic Drug Users. However, as this data is not yet available at local authority level, the information below relates to the most recent data available at local authority level, i.e. 2008/9. The three Districts marked with * have rates significantly higher than England's. All three are areas with high multiple deprivation.

Figure 3: By District with England comparator, estimated Problem Drug Users using crack and/or opiates, crude rate per 1,000 population aged 15-64 2008/09.



Source: Association of Public Health Observatories, Local health profiles. Error bars indicate 95% confidence intervals.

25. The National Drugs Strategy is clear that an effective strategic response is required to drug misuse, regardless of whether the drugs are illicit or not. Estimates of prevalence have so far focused on illicit drug use. So the numbers in the table below relate to the estimated number of adults using illicit drugs in 3 categories. Our local service providers do capture information relating to main and second drug choices for those currently in drug treatment. Heroin was the main drug choice (80%) of those in drug treatment.

Table 2: Estimated number of Illicit Drug Users aged 15-64, by category 2008/9

	Numbers	**95% Confidence Intervals[8]** (95 % likelihood that the actual number of illicit drug users will fall between the two values)	
Problematic Drug Users	4,765	3,765	5,785
Opiate Users	4,064	3,362	4,820
Crack Users	2,373	1,454	3,398

Source: National Treatment Agency

[8] A confidence interval gives an estimated range of values which is likely to include an unknown population parameter i.e. the probability that a population parameter will fall between two set values.

26. If an individual is arrested for a 'trigger offence', the Police will test for the presence of Class A[9] drugs. Trigger offences include: theft, robbery, burglary, motor vehicle-theft, handling stolen goods, possession of an illegal drug and possession of an illegal drug with intent to supply. In 2010/11, approximately 23% (source, Police Bridgit database) of all tests undertaken in the County for these trigger offences were positive to Class A drugs.

27. Approximately 27% of those in drug treatment are currently injecting, and so at risk of Hepatitis B and C. Service providers are working with clients to encourage uptake of the respective vaccination programmes, there are still a significant proportion of individuals being offered a vaccination, but refusing; 28% for Hepatitis B, and 41% for Hepatitis C.

Substance Misuse in the Nottinghamshire Prison Population

28. From April 2012 the responsibility for commissioning substance misuse services in prison will reside with the Primary Care Trusts. In order to take on this responsibility, a substance misuse needs assessment has been completed for each of the 3 prisons in the County. The strong relationship between drug misuse and crime is demonstrated in the data. Within the East Midlands (2009/10), HMP Ranby has the highest percentage of offenders with a drug misuse issue (55%), with HMP Whatton rating the lowest, (10%). For HMP Lowdham Grange (30%) of prisoners had drug misuse needs.

Dual Diagnosis

29. Approximately 22-44% of adult psychiatric inpatients[10] also have a substance misuse problem.

Social Impacts

- Approximately 25% of all those in drug treatment have children or childcare responsibilities.
- Approximately 24% of all those in drug treatment have housing problems. This is likely to have an impact on the individuals 'recovery'.

Work planned or in Progress

30. Drugs and alcohol is an explicit, planned component of Personal, Social and Health Education (PSHE). Aspects of drug, alcohol and tobacco education are included in the statutory teaching requirements for science in our schools.

31. Social marketing techniques are beginning to be used to reduce alcohol-related hospital admissions by seeking to influence those drinking at higher risk to reduce their use of alcohol to within lower risk levels.

[9] Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms, amphetamines (if prepared for injection).
[10] Dual Diagnosis: National Service framework for mental health, Care Service Improvement Partnership 2007.

32. Work has begun to review Workplace policies, in order to develop an alcohol and substance misuse policy (or separate policies), in consultation with staff, that are not solely disciplinary.

33. An effective way of reducing alcohol related harm is to make it less easy to buy alcohol. In Nottinghamshire, District Council licensing officers, Trading Standards, along with the Police, are taking this forward.

34. Targeting those young people aged 10 to 15 years who are thought to be at risk from substance misuse. This is achieved through outreach programme into crime and Anti-Social Behaviour hot-spots, diversion and brief intervention within the Targeted Support Service.

35. Screening and brief interventions for people at risk of alcohol related problems and those whose health is already being damaged by alcohol. Already over 400 staff from across the County have been trained in alcohol awareness and brief advice. All new adult patients registering with a GP are asked about alcohol consumption. Over 13,000 patients attending A&E are asked about alcohol consumption. Hospital Liaison services work in our major hospitals to identify patients early and either signpost or get them into treatment services.

36. For those with substance misuse (young people and adults), treatment and recovery services are available, both in the community and as an in-patient (please see **Appendix 1** for further details). In recognition of the added complexity of those with dual diagnosis, specialist services are available. An equity audit is planned; this will enable us to systematically review equitable access to effective treatment services and their outcomes.

37. Work to reduce drug related harm includes taking forward learning point from drug related deaths, increasing testing for Blood Borne Viruses and vaccinating as appropriate, and continuing to commission a Specialist Needle and Syringe Programme.

38. Work with Nottinghamshire County Council to explore how self directed support could work with people with substance misuse problems, learning from pilots undertaken in other areas of the Country.

39. All of the work outlined above is taken forward in the context of enforcement issues which Police lead on.

Statutory and Policy Implications

40. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

1) It is recommended that the Health and Wellbeing Board support and endorse the comments of the report.
2) Links with the Nottingham City substance misuse partnerships should be pursued to ensure the agenda is joined up as far as possible across the County/City boundary
3) All members of the Health and Wellbeing Board should consider what actions they could take to address the issues raised in the report.
4) The Clinical Commissioning Groups and the County, Borough and District local authorities, should actively consider how they could commission services differently to address the substance misuse needs of local residents
5) District and Borough local authorities should consider how they could use licensing regulations to address the issues raised in the report.

CHRIS KENNY
Director of Public Health

For any enquiries about this report please contact:
Barbara Brady
Consultant in Public Health

Constitutional Comments (LMc 03/10/2011)

41. The report is for noting only.

Financial Comments (RWK 20/10/11)

42. None.

Background Papers

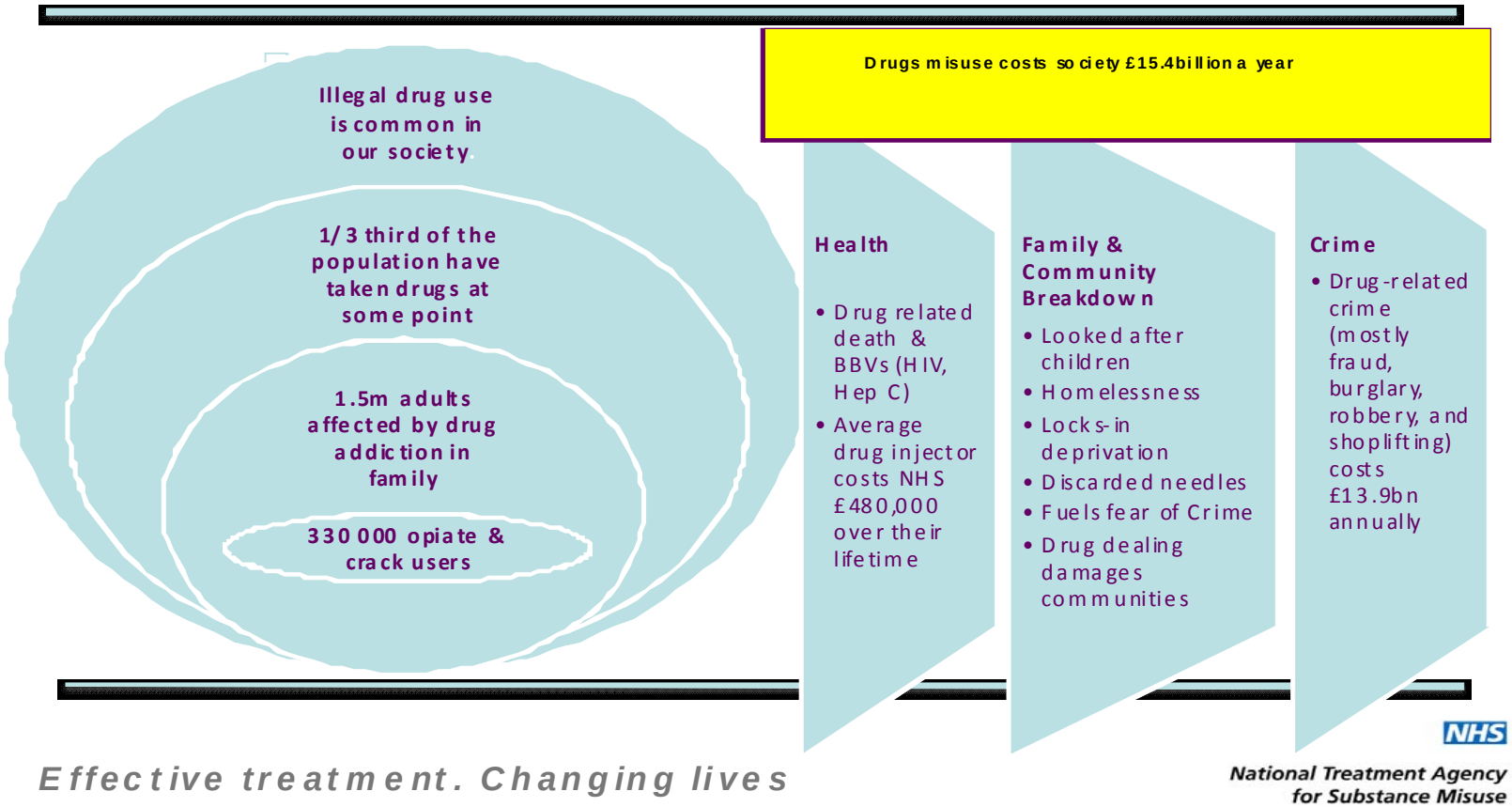
None.

Electoral Division(s) and Member(s) Affected

All.

HWB18

Small group, big impact...



Effective treatment. Changing lives

NHS
National Treatment Agency for Substance Misuse

Every penny counts, so why continue to invest in drug treatment ?

Safeguards public health: fewer drug-related deaths; blood borne viruses (HIV, Hep C and TB) which reduces burden on the NHS

Make local communities safer: less drugs on the streets and litter / more children protected from the harms of drug addiction in families

Every £1 invested generates £2.50 of benefits to society

Enables individuals to overcome addiction – since 2006 255, 000 adults were treated for drug addiction in England;72,000 adults (28%) overcame their addiction and 84, 000 (33%) still receive treatment

Has public support: ¾ of the general public believes treatment is a sensible use of public money; they particularly value its contribution to fighting crime and anti-social behaviour

Effective treatment. Changing lives

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Value for money in Nottinghamshire...

1. The estimated total amount of **harm** (costs to public services) during the Spending Review Period if no problem drug users were treated for their addiction in real terms (2010-11 baseline year) **£0.5bn**
2. The total estimated **spend** in Nottinghamshire during the Spending Review Period in real terms (discounted and adjusted for market forces) **£27.7m**
3. Below are the break downs in terms of crime and health benefits:

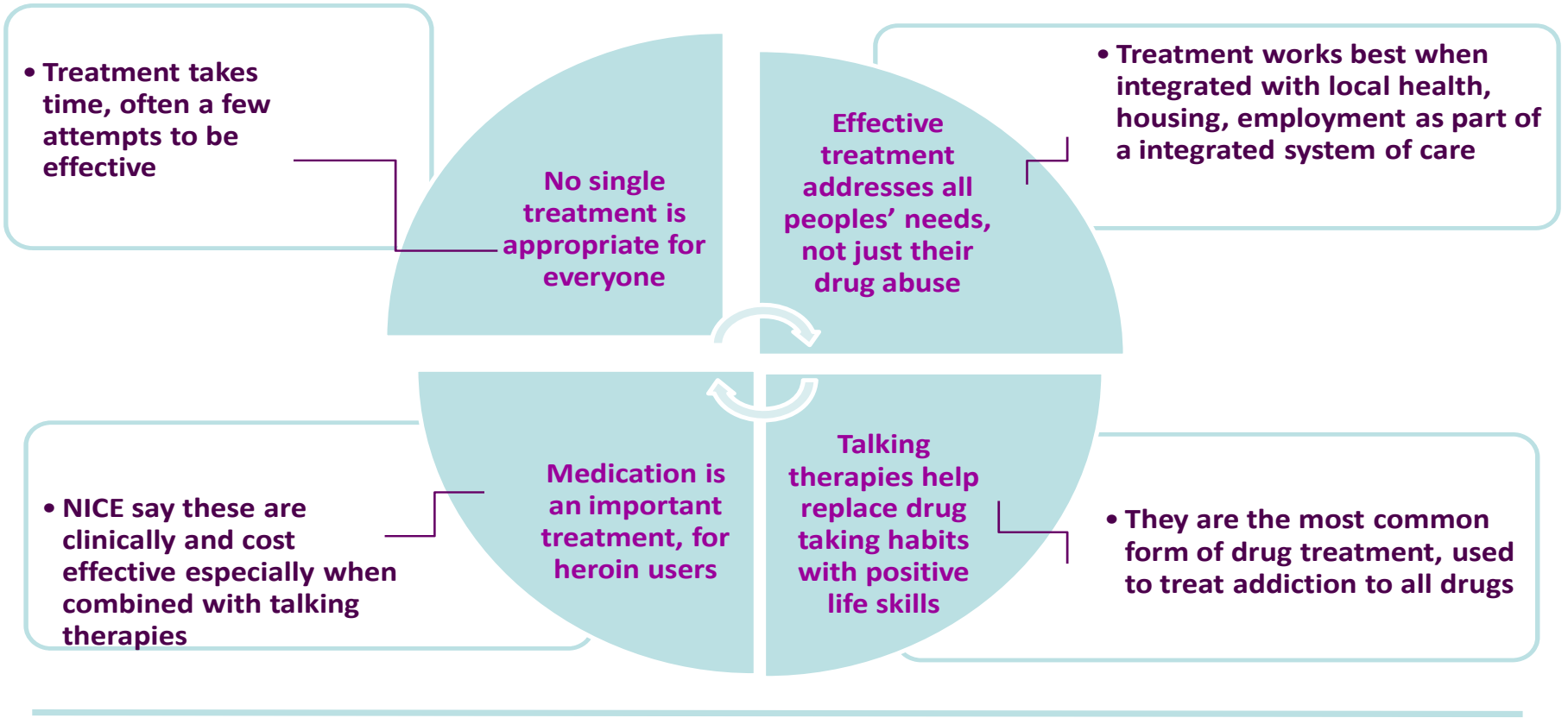
Estimated **crime** cost savings and natural benefits in real terms	**£83.5m**
Estimated **health** cost savings and natural benefits in real terms	**£83.0m**
The total **benefits** accrued for this period are:	**£166.5m**

4. Thus the total **net benefit** in real terms (Net benefit = Total benefit - Spend) **£138.9m**

5. *In other words, for every **£1.00** spent on the Nottinghamshire treatment system **£6.02** is gained in total*

6. **616** more crimes for every £100,000 disinvested in the Nottinghamshire treatment system.

What is recovery orientated treatment?



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