

7 September 2022**Agenda Item: 6**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: SUBSTANCE MISUSE

Purpose of the Report

1. To request that the Health and Wellbeing Board approve the refreshed Substance Misuse Joint Strategic Needs Assessment (JSNA) Chapter.

Information

Health and Social Context

2. Substance misuse (drugs and/or alcohol) is associated with a wide range of health and social issues and has enormous health and social care financial costs. Dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health, education, training, employment and housing and with anti-social and criminal activity that adversely affects individuals, families and communities.
3. Alcohol alone contributes to more than 60 diseases and health conditions and represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors with smoking and obesity. The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol and drug use.
4. Anyone could be at risk of developing a substance misuse problem during their lives. Everyone has the potential to develop an addiction to a health harming behaviour. Specifically, addiction occurs when a behaviour that a person finds temporary pleasure, escape or relief in starts to cause negative consequences, but the person cannot give that behaviour up despite those negative consequences. The behaviour will be acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.
5. There are recognised risk and protective factors at different stages of life, and these are inextricably linked to the family and community environment. Certain populations are particularly at risk. Resilience is an important personal factor and deprivation is an important social factor in the likelihood of substance misuse issues occurring.
6. Substance misuse does not exist in isolation. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health: the social, economic and environmental factors that impact on peoples' health.

7. Trauma and adversity (particularly in childhood) can also significantly increase the likelihood of an individual developing risk taking behaviour and it is commonly a factor in the development of substance misuse dependence and other health harming behaviours.
8. There is strong evidence of the effectiveness of substance misuse treatment and recovery-orientated interventions, and effective substance misuse services contribute towards many other public health outcomes.

National Context

9. Substance misuse remains a significant national challenge. Over 10 million people in the UK consume alcohol at levels that can adversely affect their health, with 8.5 million drinking at increasing risk levels and 7.3 million people are estimated to binge drink. It is estimated that 2 million people are dependent on substances. There are approximately 814,000 alcohol-related hospital admissions in England 2020-21. It is estimated that 4.5% of pregnant women are substance misusers, equating to 30,200 births. Deaths from substance misuse are rising across England.
10. The Covid-19 pandemic does not appear to have significantly changed drug usage levels but for those who drink alcohol, increased consumption has been reported. There was a 58.6% increase in people reporting that they were drinking at increasing and higher risk levels when comparing March 2020 and 2021. Alcohol-specific deaths increased nationally during the pandemic, thought to be related to the increased heavy drinking habits, and those requiring alcohol treatment are presenting with more complex needs than prior to the pandemic.
11. The new 10-year National Drug Strategy 2021, [‘From Harm to Hope: A 10 Year drugs plan to cut crime and save lives’](#) is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm and overall drug use, deter the use of recreational drugs and work to prevent young people from taking drugs. The three strategic ambitions of the strategy are:
 - A. Break drug supply chains
 - B. Deliver a world-class treatment and recovery system
 - C. Achieve a generational shift in demand for drugs
12. [The National Alcohol Strategy 2012](#) focussed on reducing the number of people drinking excessively and making ‘less risky’ drinking the norm. There has been no updated national Alcohol Strategy since 2012.
13. As highlighted in the Combating Substance Misuse Partnership report (**Item 5**) there is a requirement for local partnerships to undertake a joint needs assessment across all three strategic ambitions of the national strategy. The content of this substance misuse JSNA chapter will contribute to this needs assessment, notably for ambitions B and C, with the Office of the Police and Crime Commissioner leading on the data analysis for ambition A.

Local Context

14. Local synthetic estimates suggest that there could be in the region of at least 175,600 individuals in Nottinghamshire who use substances frequently and could benefit from a

substance misuse intervention, with 12,800 dependent on substances. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

15. Nottinghamshire has a greater unmet need for alcohol compared to drugs. About one in ten of the years lost to death or disability in Nottinghamshire are attributable to drug or alcohol misuse (Global Burden of Disease 2019) and substance misuse represents a significant burden on the Nottinghamshire health and social care system. For example, alcohol-specific hospital admission rates are lower than the England average, but rates are higher than the England average in Mansfield and Ashfield. Adult alcohol-related hospital admission episodes are higher than the national average across all districts except Bassetlaw. Adult alcohol-related hospital admission episodes are higher than the England average for both males and females and across all age groups. There are more admission episodes overall in ages 40-64. The most female admission episodes are ages 40-64 and males over 65.
16. The rate of alcohol-specific mortality in Nottinghamshire is similar to the England rate, although Mansfield's rate is significantly higher. Nottinghamshire has slightly lower rates of alcohol-related mortality compared to the England rate, although Bassetlaw has a higher rate. Nottinghamshire and England deaths from drug misuse are rising. Nottinghamshire is lower than England, but Mansfield is higher.

Local Services

17. [Change Grow Live](#) (CGL) deliver an all-age substance misuse treatment and recovery-oriented service for individuals and families across all districts of Nottinghamshire. Levels of service activity broadly correlate with deprivation levels across the county. The service works with local partners to improve access to wider support for substance misusers such as sport and leisure, housing, welfare and debt advice, employment and education and opportunities to engage in mutual aid groups and other peer support activities.
18. CGL have approximately 4,500 Nottinghamshire residents in structured treatment at any one time, of which approximately 2,410 are new presentations within that year. 20% of residents leave the service drug and/or alcohol free, which is in line with the national average and Local Authority comparators. Those who successfully leave the service also report improvements in mental wellbeing, employment opportunities, improved housing situations and overall quality of life.
19. For those who are unlikely to leave treatment, benefits gained whilst in treatment are monitored, such as improved physical and mental health and improved social circumstances.

Local Governance

20. Addressing substance misuse is a priority within the Nottinghamshire Joint Health and Wellbeing Strategy 2022 – 2026 and for the Nottinghamshire Integrated Care System (ICS).
21. The Nottinghamshire Substance Misuse Framework for Action and the Nottinghamshire Substance Misuse Strategy Group are currently being reviewed in line with the requirements of the new national drug strategy From Harm to Hope (2021) to ensure local governance and partnership arrangements for tackling substance misuse in Nottinghamshire are fit for purpose to locally drive the delivery of the ambitions of the Drug Strategy across all three strategic

priorities. Ensuring the voices of those with lived experience of substance misuse issues are heard will be central to the new governance arrangements.

22. Alcohol Priorities are driven through the Nottingham and Nottinghamshire Alcohol Harm Reduction Group which reports to the ICS Health Inequalities Board. The Covid-19 pandemic slowed the pace of developments on the local alcohol agenda but momentum is now being built up again.

Unmet needs and service gaps – What we still need to improve

23. The prevalence of substance misuse in Nottinghamshire is difficult to establish, although synthetic modelling indicates that there is still substantial unmet need out there in terms of individuals who would benefit from a substance misuse intervention, particularly regarding alcohol. Alcohol represents the greatest need, particularly post-pandemic.
24. Little is known of substance misusers who come into contact with other services, such as hospital Emergency Departments, primary care, maternity services, mental health services, pharmacy services, fire and rescue services, criminal justice services, social security services, social care services, ambulatory services, homeless and housing services and community and voluntary sector services. Substance misuse data is not consistently or reliably collected due to historical reasons or recent infrastructure changes. An analysis of the sources of referrals to treatment may indicate that substance misusing individuals are not being identified and referred on as levels of self-referral are high.
25. There needs to be a stronger focus and a more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.
26. More needs to be done by local partners across Nottinghamshire to reduce the supply of substances in communities, such as influencing the Licensing process by using district level alcohol profiles to identify any cumulative impact arising from a high concentration of licensed premises in a defined geographical area.
27. Post-Covid, work is taking place to ensure pathways for certain cohorts of substance misusers are fit for purpose, particularly for those with mental health issues and those coming through the criminal justice system. Nottinghamshire also aims to build on the excellent co-ordinated partnership work that took place during Covid to support those individuals who suffer multiple disadvantages (including substance misuse, homelessness, mental health and domestic abuse).
28. There is no current systematic process for sharing existing data between partner agencies to provide an overview and basis for action to tackle substance misuse strategically.
29. Historically, there has been a strong focus on drug (in particular, opiate and/or crack) treatment services. A new focus is needed on preventing young people from taking drugs and breaking drug supply chains and a stronger focus is also needed on alcohol education, support and treatment across the system, particularly post-pandemic.

Recommendations for consideration

30. These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.
31. Responsibility for the delivery of the recommendations will be established within the new local substance misuse governance arrangements in line with the requirements of the new national Drug Strategy 'From Harm to Hope' (2021). It is anticipated that overall responsibility will sit with the new local Nottinghamshire Combating Substance Misuse Partnership Board, with alcohol specific actions sitting with the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group.

Governance	
1	Establish a Nottinghamshire Combating Substance Misuse Partnership Board that will deliver the ambitions of the new national Drug Strategy 'From Harm to Hope' and will be led by the relevant partner organisations. This should be co-ordinated and make use of the best available up-to-date evidence. The Board will ensure that local views and the views of those with lived experience are incorporated into its work.
2	Implement locally the new national Drug Strategy, in particular the development of commissioning plans, implementation of commissioning standards, health needs assessments for drugs and alcohol and ensuring capacity in the system for both commissioning and delivery of services.
Commissioning and Service Delivery	
3	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
4	Commissioners and providers of mental health and substance misuse services should continue to implement and build upon the new Mental Health/Substance Misuse Pathway, including a process for reviewing the effectiveness of the pathway.
5	The new substance misuse criminal justice pathway should be formally evaluated to monitor the impact on treatment outcomes for this cohort.
6	Evidence based trauma programmes and interventions should continue to be implemented across the system to ensure trauma informed local services, including formal evaluation of these programmes and interventions (e.g., Route Enquiry into Adverse Childhood Programme (REACH)).
7	Those who have been in substance misuse treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
Alcohol	
8	In line with the ICS Health Inequalities Strategy priorities, implement targeted interventions to address the significant impacts of alcohol and liver disease, such as

	systematically offering Identification and Brief Advice (IBA) to individuals who are drinking at increasing risk or high-risk levels and improving alcohol interventions in both primary care and secondary care (including hospital Emergency Departments). Where possible, this work should be aligned with the Making Every Contact Count (MECC) workstream.
9	Through the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group, explore why Nottinghamshire and some of its districts are still doing significantly worse than England for certain types of alcohol-related hospital admissions and develop partnership plans to address this. This will require system mapping of the impact of the Covid pandemic on alcohol consumption at the local level, the need (post-Covid pandemic) and existing services available to inform future commissioning.
10	In line with the local Alcohol Plan, District/Borough Councils should consider data presented in their local alcohol profile to inform future alcohol licensing policy and decision making.
Prevention and Early Intervention	
11	Resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance misuse issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
12	Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
13	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance misuse problem, seek help and successfully address it.
14	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Data	
15	Explore the barriers and challenges to collecting and sharing data across public sector services regarding substance misusers that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
16	Along with improved data collection and sharing, identify the most effective governance structure to enable a more complete picture and strategic overview of substance misusers who come into contact with public sector services, to enable strategic and targeted action.

Other Options Considered

32. The recommendations are based on the current evidence available and will be used to inform decision making processes.

Reason/s for Recommendation/s

33. The chapter has been written to reflect current local issues.

Statutory and Policy Implications

34. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

35. There are none arising from this report.

RECOMMENDATIONS

The Health and Wellbeing Board is asked-

- 1) To approve the Substance Misuse (JSNA) chapter that is provided in Appendix 1.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For any enquiries about this report please contact:

Sarah Quilty
Senior Public Health and Commissioning Manager
E: sarah.quilty@nottscc.gov.uk

Tristan Snowdon-Poole
Public Health and Commissioning Manager
E: tristan.snowdon-poole@nottscc.gov.uk

Constitutional Comments (GMG 15/08/22)

36. This report falls within the remit of the Health and Wellbeing Board for decision (see Section 7, Part 2, paragraph 8 on page 117 of the Council's Constitution where the Board's Terms of Reference are set out).

Financial Comments (DG 15/08/22)

37. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All