CAMBRIDGESHIRE DRUG AND ALCOHOL JOINT STRATEGIC NEEDS ASSESSMENT 2016

EXECUTIVE SUMMARY

ACKNOWLEDGEMENTS

There have been wide ranging stakeholder contributions to this Joint Strategic Needs Assessment (JSNA). It has been through a number of consultation events initially to discuss the scope and towards the end of its development to discuss key findings, and a survey has been completed by service users and staff from relevant organisations. A number of information gathering events were held with current and ex-service users. The development was overseen by a Steering Group that had stakeholder representation.

1. INTRODUCTION

The scope of this JSNA is broad, capturing the needs of children, young people, adults and older people in relation to the misuse of both legal and illegal substances. It addresses prevention, treatment and recovery, presenting a wide range of data that incudes local service information. This information is considered alongside the perceptions of local stakeholders regarding their views on needs and how they are being addressed. Misuse of drugs and alcohol is closely associated with mental health, the criminal justice system, housing and other socio-economic factors. The interface between these factors, the complex needs that they create and the challenges in addressing them are reflected in the document. Also factored in the assessment are the wider social and economic factors which play an important part in prevention, effective treatment and recovery. The inequalities associated with substance misuse are described which often reflect the multiple disadvantages experienced by those misusing substances.

The overarching aim of the JSNA is to provide an overview of the current drug and alcohol misuse needs in Cambridgeshire with the following specific objectives.

- Identify the preventative and treatment services and pathways throughout the life course.
- Identify how the pathways, treatment and recovery options in Cambridgeshire are addressing needs in Cambridgeshire.
- Describe the changing patterns of drug misuse and emerging issues along with their implications for services.
- Describe how mental health, the criminal justice system and housing interface with substance misuse and the challenges and opportunities that this presents.
- Present an overview of the evidence and economic evidence for supporting the prevention and treatment of drug and alcohol misuse

The document is divided into separate chapters. Some of the chapters where there is substantial robust quantitative data have headlines and data detail sections. Other chapters are more descriptive and use locally collected data. There is some duplication of the data because of the cross cutting themes in the JSNA.

Each individual chapter also provides evidence for interventions and where appropriate case studies are included to illustrate any issues. Each chapter concludes with “What is this telling us” which summarises the key issues and implications.

The executive summary provides an overview of the issues and presents a number of strategic and action based recommendations for specific areas in the JSNA.

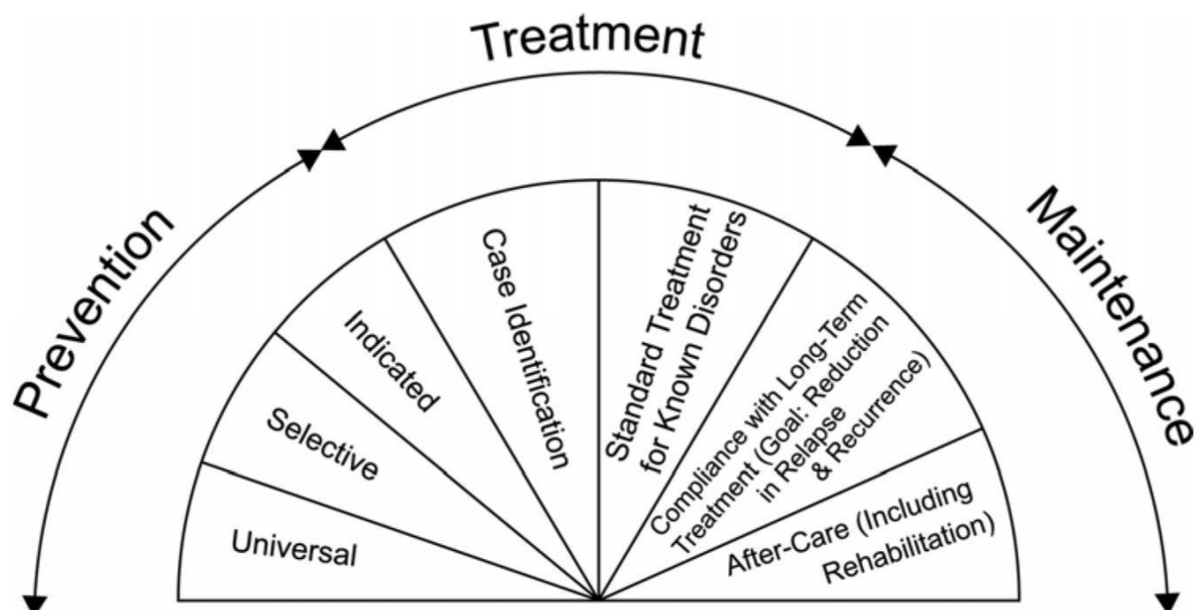
2. Key Themes and Concepts in Scope

The scope of this JSNA is broad and some key concepts are used to indicate how the prevention and treatment of substance misuse is understood and addressed.

Classification of Substance Misuse Interventions

Figure 1 is the United States Institute of Medicine's prevention classification system[1], validated in 2009 and it is used here to capture the scope and complexity of this JSNA. It has been applied [2] to the substance misuse field to illustrate the continuum of services/interventions between prevention, treatment, recovery and harm reduction and is a useful tool for describing a conceptually unified and evidence-based continuum of services. This taxonomy also provides a common language to describe prevention and assist in the planning, delivery, and evaluation of activities.

Figure 1: The Institute of Medicine model of prevention (1994; 2009)



The JSNA addresses prevention through universal interventions which includes media campaigns through to environmental interventions such as licensing regulations.

[1] Institute of Medicine (1994) Reducing the Risks for Mental Disorders: Frontiers for Preventative Intervention Research. In Meazak PJ, Haggerty RJ, editors. Committee on Prevention of Mental Disorder, Division of Biobehavioural Sciences and Mental Disorders. Washington DC. National Academy Press

[2] Advisory Council on the Misuse of Drugs. Prevention of drug and alcohol dependence. 2015

The terms selective and indicated are terms now increasingly applied to substance misuse and are explained more fully in the prevention section. They, to some extent, reflect the traditional models of prevention: primary, secondary and tertiary. However selective refers to the targeting of those at risk and indicated to those who are misusing substances but not yet dependent.

The local prevention and treatment services are described along with any supporting evidence. The current thinking on abstinence, recovery and harm reduction alongside the long term management of substance misuse is described.

How the cross cutting themes of mental health, the criminal justice system and housing impact on the prevention and treatment outcomes is considered

Life Course Approach

Throughout the JSNA the impact of substance misuse is addressed throughout the life course. This allows consideration of key transition periods for prevention and treatment.

Drug prevention and treatment are commonly thought of as being most relevant to young people and most research and activity is concentrated on this age group. However, prevention is relevant across the lifespan, for example, in reducing prescription drug misuse or alcohol use in older adults.

There are many factors associated with an increased risk of the misuse of drugs and alcohol among young people and adults. These factors often lead to risk taking behaviours and poor health outcomes such as mental health problems and offending. The aim of preventative interventions is to tackle risk factors and build resilience to developing drug and alcohol problems

Risk and Resilience

Intervention, whether preventative or treatment, focuses on reducing risk and building resilience in individuals and communities, especially those most at risk. Developed primarily for use with children and young people but applicable to all ages the approach is based on risk and resilience theory.

Resiliency Theory[3] provides a conceptual framework for considering a strengths-based approach to understanding child and adolescent development and informing intervention design. It provides a conceptual framework for studying and understanding why some young people grow up to be healthy adults in spite of risks exposure. Resilience focuses attention on positive contextual, social, and individual variables that interfere or disrupt development from risk to problem behaviors, mental distress, and poor health outcomes. These positive contextual, social, and individual variables work in opposition to risk factors, and help young people overcome any negative effects of risk exposure. The objective is to identify the assets and resources which are positive factors. Assets include for example self-efficacy and self-esteem. Resources refer to factors outside individuals such as parental support and programmes that provide opportunities to learn and practice skills.

The children and young people section includes discussion of those individuals who are less likely to have the assets and resources to develop resilience. The theory and concepts can also be applied to adults and older people.

---

[3] Zimmerman M, Resiliency Theory: A Strengths-Based Approach to Research and Practice for Adolescent Health Health Education Behaviour 2013 Aug 40(4) 381-383

3. KEY FINDINGS AND RECOMMENDATIONS

The aim of this JSNA is to provide an overview of legal and illicit drug and alcohol misuse needs in the Cambridgeshire population. It is a complex area and consequently the scope and scale of the document is substantial. It includes prevention and treatment throughout the life course.

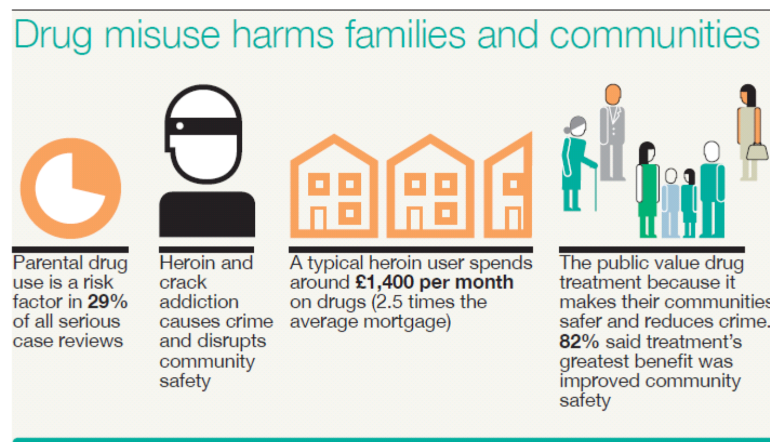
However, it is possible to identify some key themes throughout the different sections of the document that demonstrate the interconnectivity of the needs and interventions relating to drug and alcohol misuse. These are described below along with a number of recommendations for each section that reflect these key themes.

The cost of drug and alcohol misuse

There are far ranging effects upon the physical and mental health of those who misuse drugs and alcohol which impact upon their families and communities and across wider aspects of their lives that are captured in Figures 2 and 3.

Figure2: Alcohol harms for families and communities

Figure 3: Drug misuse harms for families and communities



There are socio-economic costs to society and services which includes health services, social care, the criminal justice system, employers and housing services. The harms of drug and alcohol misuse have been modelled to show the costs of treating and addressing them. (Figures 4 and 5)

Figure 4: Annual cost of alcohol to society

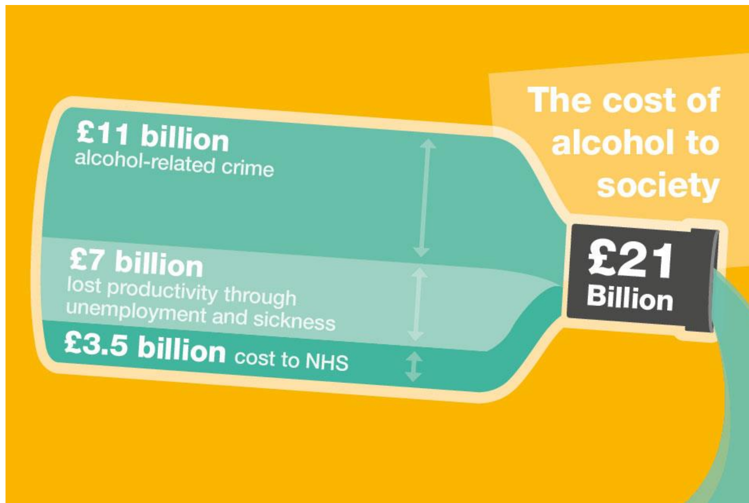
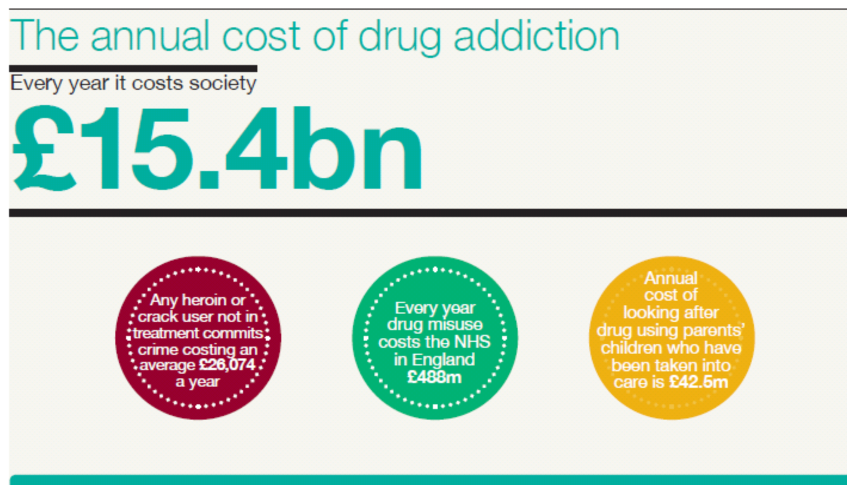


Figure 5: Annual cost of drug addiction to society



Key Themes

Against this context a number of key themes were identified in the JSNA which inform the recommendations found in the document.

What is the need?

Cambridgeshire has a consistent record of having relatively good health outcomes but with pockets of poorer health 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.

In terms of prevalence there has been a consistent fall in alcohol and drug misuse amongst young people. In 2014 the Cambridgeshire Health Related Behaviour Survey that is undertaken in secondary schools found that 36% of 15 years olds reported drinking alcohol in the past seven days. A drop from 50% in 2008. The 2014 Public Health England (PHE) Survey "What about YOUth" indicated that Cambridgeshire had similar rates of regular and "drunk in the last four weeks" as national and comparator areas. The same PHE Survey found 12.1% of 15 year olds in the county reported that they had tried cannabis, similar to national rates. The Health Related Behaviour Survey in 2014 found that nearly 17% of Year 10 pupils reported ever having taken drugs with a statistically significant higher rate in Cambridge City.

There is no recent data for adult alcohol misuse prevalence in Cambridgeshire but new figures are expected in 2016. The 2009 figures estimated that 85.8% of over 16 year olds in Cambridgeshire were estimated to be drinkers of alcohol. Of these 21% of drinkers (18% of all over 16s) were estimated to be increasing risk drinkers and 6.8% of drinkers (5.9% of all over 16s) are estimated to be higher risk drinkers. There was an estimated 32,190 people aged between 16-59 years who used illicit drugs in 2014, 8.6% of this age group, with 47% aged between 16 and 24 years.

These figures suggest that there are, despite comparing favourably with national and comparator figures, a substantial number of people in Cambridgeshire who are starting to or continuing to misuse these 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.

High Risk and High Treatment Need Groups

There is a clear message throughout the JSNA that there are certain groups that have a higher risk for misusing substances. Many of those in treatment have multiple complex needs in terms of misuse and vulnerabilities.

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. All ages who find themselves in the criminal justice system or who have mental health concerns have a higher risk. 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.

The relationship between substance misuse and mental ill-health leading to dual diagnosis is well established. It is a cyclical relationship with mental health issues presenting a risk for substance misuse and vice versa and it presents a complex treatment challenge. A similar relationship is found between those experiencing socio-economic pressures who have a higher risk of substance misuse and these issues also may undermine recovery. 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 on reducing the risks that individuals have for misusing substances by 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 to support known to be most at risk. Although the concepts are mostly used in terms of children and young people they also resonate with all ages.

Abstinence and Harm Reduction

The widely accepted aim of treatment of both drug and alcohol misuse is abstinence at six months, yet this is challenged by data both at national and local levels. Generally the age profile of people in treatment for drugs and alcohol is rising.

Nationally the overall numbers accessing treatment for alcohol have increased by 3% since 2009-10, however the number aged 40 and over accessing services has risen by 21% and the number aged 50 and over by 44%. This is reflected in the 2014/15 Cambridgeshire figures when 33% of those in treatment were aged between 40-49, 23% between 50-59 years and 12.1% were over 60 years.

Similarly nationally (2014/15) 44% people in treatment for opiates were aged 40 and over. This is an increase of 21% since 2009-10. Locally in the same period figures indicate for clients being treated for drug misuse 46% had been in treatment for over two years with the figure for opiate users rising to 60%.

The issues that this presents is that many of these people will have been drinking at high-risk levels or misusing drugs for some time and are likely to be experiencing complex health issues alongside long term dependence which makes abstinence at six month especially challenging.

In addition a recent analysis by Public Health England (2016) of current drug clients in treatment by Public Health England (2016) has identified the increasing complexity of their needs in terms of multiple drug misuse. For Cambridgeshire and Peterborough of the high complexity patients 83% had been in treatment previously compared to 27% of very low complexity patients. A similar index for alcohol was not available.

The current model of a successful six month abstinence treatment intervention is at variance with the complexity and length of treatment time along with clinical experience. 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.

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.

Integration

Every section references integration either through informal partnership arrangements, joint project working or more formal pathways envisioned in the Dual Diagnosis Strategy. 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. However evaluation information is very limited. Locally projects like the Blue Light initiative which is described in this document indicate a move toward more integrated working. However, the Cambridgeshire Blue Light model is not a formal partnership arrangement as it is in other areas but based on informal arrangements.

The varied and multiple needs of those at risk and those in treatment cannot be addressed by one organisation. For example, for effective working with at risk deprived vulnerable children a number of agencies that includes social and health care, schools and informal networks, are required to work collaboratively. Treatment services cannot just treat, for example with therapies, as a wider range of services that include employment and housing is critical for building resilience and ensuring recovery.

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. Any integration of services requires evaluation and monitoring for improvement in outcomes and patient experience.

Emerging Issues

The document describes the new patterns of drug misuse and other emerging challenges. Novel Psychoactive Substances and the misuse of prescribed and over the counter drugs have been emerging in recent years and presenting new challenges for 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 appropriate services for the management of Alcohol Related Brain Damage (ARBD)

Recommendations

Children and Young People

As indicated above overall substance misuse in Cambridgeshire amongst children is not dissimilar to national figures or its comparator areas. There has been a downward trend in substance misuse in recent years however there are still substantial numbers of children and young people starting and continuing to misuse substances.

Amongst young people admission to hospital for alcohol and drug misuse are statistically significantly lower than the national figures. However in line with national figures the number and rate of admissions have doubled over the last five years. The number of young people in treatment fell in 2014/15 to 200 from 245 in 2013/14 and over 90% of the planned exits from treatment did not re-present within six months. The majority of children and young people have one or more vulnerabilities, the most common being mental health and self-harming. Service data estimates that of the young people who re-present only 5% require treatment. In 2014/15 5% of young people in the service transitioned to adult services, the figure was 1% for 2015/16.

Treatment is provided by the Cambridgeshire Child and Adolescent Substance Use Service (CASUS - part of Cambridgeshire and Peterborough Foundation Trust). It provides a comprehensive treatment service and also capacity allowing, delivers prevention interventions in a number of settings and with different groups.

Prevention interventions are also provided by Cambridgeshire County Council Personal, Social and Health Education Service at PSHE which includes policy and other training or information giving interventions. Cambridgeshire County Council also undertakes checks for under age sales through its Trading Standards Department.

A key concern is the needs of children and young people in vulnerable groups who are at a higher risk of misusing substances for example looked after children and children who live with parents/carers who misuse. This includes those who have not started and those who are using but are not yet dependent on substances.

The numbers of children and young people estimated to be misusing substances and the multiple needs of many of the children and young people in the treatment services requires working across organizations to ensure that there are effective prevention activities and supportive pathways that can address their needs effectively.

Recommendations

1. Although Cambridgeshire compares well in terms of substance misuse in young people there are still substantial numbers who misuse substances. Prevention interventions need to be maintained and developed at a universal or population level and also more targeted interventions in high risk areas and with high risk groups.

2. Many of the children and young people in the treatment services have different vulnerabilities. Looked after children, those with mental ill-health or who are self-harming are examples of common vulnerabilities. There is evidence for early "selective" (targeted) and "indicated" (early interventions) for these groups. These could be more fully developed locally before children and young people enter the treatment services. Interventions for these groups need to be wide–ranging and focus upon developing resilience and resistance to risk factors for drug and alcohol misuse.

3. Children living with parents who are misusing are at high risk of poorer health and wellbeing outcomes. The work that is currently being piloted needs to be fully evaluated to identify learning that can be applied to all the vulnerable groups.

4. Local Safeguarding Children Boards (LSCB) are now the key for organisations to come together to agree on how they will co-operate with one another to safeguard and promote the welfare of children. They often encounter cases which involve an element of substance misuse in parents or carers. The lessons learned from these cases should be used more explicitly to improve interagency working.

5. Any targeted interventions need to be part of an integrated approach with different organisations supporting the development of resilience in children and young people most at risk of misusing substances. This includes the small number of those who transition into adult services.

Adults

As indicated above prevalence relating to alcohol and drug misuse in Cambridgeshire is generally similar to national and comparator areas. However as with children and young people there are still substantial numbers starting and continuing to misuse substances.

Overall in line with national figures hospital admissions for conditions totally attributable to alcohol (specific) and related conditions have increased and they fall within the top 25% of local authorities. In 2013/14 1,890 people in Cambridgeshire were admitted to hospital for conditions totally attributable (specific) to alcohol. In the same year there were around 6,650 people who were admitted to hospital for alcohol related conditions. Taking into account that a person may be admitted to hospital on multiple occasions there were around 12,200 alcohol related admissions in the same time period. Hospital admission rates are generally higher in Fenland and Cambridge. In 2014/15 there were 2,125 hospital admissions due to alcohol related mental and behavioural disorders in Cambridgeshire. Generally these rates are lower than national figures but are

statistically significantly higher in Cambridge along with an apparent increasing trend more widely among men.

There were 211 deaths in Cambridgeshire due to alcohol related causes in 2014. Alcohol specific mortality rates are generally higher in the more disadvantaged areas and average life expectancy is reduced from alcohol related conditions in Fenland. The rate of alcohol related liver disease has increased amongst women in 2012/14 to a level similar to the national figure.

The number of adults in alcohol treatment increased in 2014/15 to 841 from 571 in 2013/14 with most clients being between the ages of 30 and 59 years. The total number in treatment represents 3.8% of the estimated number of high risk drinkers. This is higher that the comparator area (Oxfordshire) but lower than the national figure. 36% of clients completed alcohol treatment and did not re-present within six months, similar to national and comparator figures. The percentage of those in treatment that were also receiving mental health care was 6%, this is lower than the national figure (20%) and lower than the comparator area (15%). There were 36% unemployed or economically inactive and 5% had a known housing problem. These figures refer to those treated by the Cambridgeshire County Council countywide commissioned service Inclusion and exclude the numbers treated by the Gainsborough Foundation (the Service commissioned by GPs for the Huntingdonshire area. Data for this service is not comparable).

In terms of illicit drugs there were 143 hospital admissions with a primary diagnosis of illicit drug poisoning, with rates lower in men and similar in women to national figures. 732 admissions were with a primary or secondary diagnosis of drug-related mental health and behavioral disorders. In Cambridgeshire the annual rate of drug related deaths has been stable for over the past 10 years but they are statistically significantly higher in the more deprived wards.

In 2014/15 there were 1,564 clients who received treatment for drug misuse; nearly 75% were opiate users. Those using opiates spent a longer time in treatment with 60%, higher than the national figure, remaining there for over two years compared with non-opiate users where the figure was 46%. Treatment completion for non-opiates is 34.4% compared to 7% for opiate users, with rates of abstinence for most types of drugs being lower than the national figure. Of those in treatment 23% of newly presenting patients (126 individuals) were also receiving treatment from mental health services. This is higher than the national level of 21%. In addition 63% were known to be unemployed higher than the national and comparator figures. In terms of housing 29% had problems compared to 23% nationally and 35% for the comparator area.

Testing and vaccinating for blood borne viruses is an important element of harm reduction. However in Cambridgeshire the levels of testing and vaccination for blood borne viruses compares particularly unfavourably with national and comparator areas.

As indicated above, there is evidence that the complexity and age profile of people using drug treatment services is changing. A recent report by Public Health England indicates that that nearly one third of clients in treatment have complex treatment needs with over 80% of them having had previous treatment episodes. In addition Treatment service data has also highlighted the ageing opiate user clients with around 270 clients in the Tier 3 services (more complex clients) being over the age of 50. This mirrors the national trend.

This picture of the long term use of drugs with multiple treatment attempts and an aging profile also suggest that there is a higher risk of wider health issues that substance misuse could exacerbate. Poor mental health is often a key challenge for those misusing substances along with housing and other wider socio-economic factors that are associated with substance misuse.

Recommendations

Prevention

1. There is evidence for environmental interventions for alcohol misuse. These include outlet density, reduced licensing hours and minimum pricing; the latter has the strongest cost-effectiveness evidence. Local authorities have the potential to develop local policies that would affect both prevention and treatment outcomes.

2. Formalise and expand identification, brief and extended interventions for alcohol misuse that are evidence based and have cost benefits. Target those who are not dependent and focus on these with high risks e.g. unemployed, those with mental health issues, poor housing or homeless.

3. Identify options for funding brief and extended interventions in areas where they are most effective and have the greatest cost benefits i.e. primary care and Accident and Emergency Departments.

4. Cambridgeshire's low uptake and incomplete vaccination for Hepatitis B and low testing for Hepatitis C will require an innovative approach. There are a number of innovative approaches being utilised across the country that for example provide incentives to clients, these require evaluation. A different commissioning approach could be utilised where incentives are used for providers to increase uptake rates.

Service improvements

1. Hospital liaison services have evaluated well nationally. In Cambridgeshire only Cambridgeshire University Hospitals has a Hospital Liaison Service. Hinchingbrooke Hospital does not have any formalised system for supporting those who are misusing substances who present at the hospital. Some preliminary data indicates that there is a cohort of people who present on numerous occasions i.e. 'frequent fliers'. More investigation is required to identify who these are and the most appropriate intervention. A cost-effective approach would be the development of joint mental health and substance misuse interventions at centres where individuals are presenting.

2. Community detoxification is effective and cost effective. The expansion of provision through greater engagement of GP practices would enable this to increase. Although not all patients are suitable for community detoxification.

3. Develop and expand recovery services that strengthen support from the community and address the complex socio-economic issues with the aim of securing a sustained recovery. This could include expanding the length of time that a person receives recovery support to reflect client need with the objective of reducing the high number of re-presentations within six months.

4. A very common and frequent opinion amongst users and recovery workers who took part in the consultation was that there is limited support during times of crisis especially when they occur outside of service hours. Further development would help prevent relapses or presentations at Accident and Emergency departments. There was a strongly held view that a crisis telephone triage line, similar to that established for mental health services could prevent many relapses. The option of developing a shared crisis management service for mental health and substance misuse could be explored in terms of effectiveness and cost benefits.

5. Maintain the aim of abstinence but acknowledge that many clients require multiple courses of treatment to achieve recovery and may never achieve abstinence, and adopt a model of long-term, active care management for substance misuse.

6. A long-term model of care would require both strengthened recovery services and an increase in harm reduction approaches. Existing schemes such as supervised consumption and needle exchange schemes would require further development and expansion. New commissioning approaches are required to engage more community pharmacists and GPs to undertake shared care. Greater GP involvement would assist in the management also of any physical health co-morbidities.

7. The complex needs of substance misuse clients require an integrated approach with clear pathways to support from a range of different services. Many of these exist and there are some examples of good practice but some client needs are not fully addressed and this undermines treatment outcomes or care management. A more strategic approach to the development of pathways is required that would use resources more efficiently and could involve joint commissioning approaches. There are particular opportunities for integrating elements of the mental health and substance misuse pathways but in addition with criminal justice and housing services (see later). Any integration of services should include evaluation of patient outcomes, experience and cost benefits in the absence of academic and high quality evaluations.

Services and cost benefits

The JSNA provides information about the evidence of effectiveness and also the cost benefits of interventions. The headline figures are as follows and sourced from Public Health England (Alcohol and drugs prevention, treatment and recovery: Why invest? 2014)

- Every £1 spent on interventions on young people's drug and alcohol services brings benefits of £5-£8.
- For every 100 alcohol dependent people treated at a cost of £40,000, £60,000 is saved on 18 Accident & Emergency visits and 22 hospital admissions.
- Every 5,000 patients screened in primary care may prevent 67 Accident and Emergency visits and 61 hospital admissions - costs of £25,000 save £90,000.
- One alcohol liaison nurse can prevent 97 Accident & Emergency visits and 57 hospital admissions so costs of £60,000 saves £90,000.
- For every £1 spent on drug treatment £2.50 is saved through averting costs to society.
- Drug treatment prevents an estimated 4.9 million crimes every year.
- Treatment saves an estimated £960 million of costs to the public, businesses, criminal justice and the NHS.

Through analysis using Public Health England's Spend and Outcome Tool (SPOT) it is possible to compare Cambridgeshire's spend on drug and alcohol services and a range of outcomes found in the Public Health Outcomes Framework against other areas. Both Cambridgeshire's spend and outcomes are below the mean, as is overall public health spend in Cambridgeshire.

Recommendations

1. The SPOT tool does not assess the relative cost-effectiveness of different interventions or assess how to get the best value for money.

2. The SPOT analysis can be considered alongside evidence from the alcohol and drugs Value for Money tools (the Commissioning Tool) and with the evidence that investment in treatment is associated with immediate and long-term savings.

3. It would be useful to apply the Commissioning Tool to identify the spend and outcomes of different types of treatments accessed by opiate users, non-opiate users and alcohol only for the development of evidence based services that are cost-effective and cost saving.

Older People and Substance Misuse

There is an increasing awareness that substance misuse, especially alcohol, is more prevalent in the older population (greater than 65 years) than previously thought. Many of those who misuse alcohol may have started earlier in life but some commence in response to traumatic life events such as loss of a partner. Key factors are loneliness and life changes. In addition professionals often find it difficult to ask 'embarrassing' questions of older people but there are warning signs.

Recommendations

1. Integrate substance misuse amongst older people into the wider work relating to prevention interventions and the development of older people's services.
2. Raise awareness/education about substance misuse amongst older people with statutory and voluntary sector older people's services.
3. Align local clinical pathways for the identification and diagnosis of substance misuse in older people to reflect national guidelines.
4. Scope the service options for developing substance misuse services for older people that will integrate their care into other older people's services to improve identification and management.
5. There are opportunities to adopt a harm reduction approach by addressing their wider issues of isolation, mental and physical health issues.

Changing Patterns of Substance Misuse and Emerging issues

Novel Psychoactive Substances (NPS)

It is estimated that there are nearly 3,400 (aged 16-59) users of NPS in the local population. These are mostly (63%) in the younger age group (16-24 years). 83% of those who have used NPS have previously used illicit drugs.

Recommendations

1. More publicity about the harms associated with the use of NPS that targets high risk young people and those known to have used illicit drugs.
2. Provide statutory and voluntary organisations with information for their staff to provide information and advice both for young people but also parents/carers.

Prescription drugs and over the counter drugs

The broadest definition of this type of substance misuse is the “use of medications for other purposes or ways prescribed or intended”. This includes prescription-only medicines (POMs), Over the Counter (OTCs) and pharmacy only medicines for sale under the supervision of a pharmacist.

Based on national prevalence estimates in 2014, 20,212 people in Cambridgeshire aged 16-59 are misusing prescription only painkillers (5.4% of this population). 27% were aged 16-24 years. 25% of those misusing prescription only painkillers reported using an illicit drug in the last year.

It has been found to be more generally spread across the population than illicit drugs. Those at risk of misusing include those using painkillers especially those in the older age groups and those with long standing illness or disability.

Recommendations

There are national guidelines produced by the Royal College of General Practitioners that include the following recommendations for reducing the misuse of POMs and OTCs.

1. Better training of staff across all agencies especially GPs for the identification and management of the misuse.

2. Close working between GPs and substance misuse services to provide GPs with expert advice and support.

3. Further develop the work undertaken by the Cambridgeshire and Peterborough Clinical Commissioning Group Medicines Management Team that undertake audits to identify potential misuse.

4. Ensure local prescribers, pharmacists and dispensers have undertaken training available for their professional bodies and to establish a structured pathway or care approach for identifying and managing POM and OTC misuse. In some areas, community pharmacists are commissioned to proactively work with patients to identify and work with patients to address their misuse.

Alcohol related brain damage (ARBD)

ARBD is an umbrella term for the alcohol related conditions that affects brain function. This includes Wernicke-Korsakoff syndrome, alcohol related dementia and other forms of cognitive impairment. It has been raised by clinicians as an area of concern as there are no local services or pathways in place to manage people with the condition. Case studies and information from the voluntary sector support this picture.

There is no clear picture of the numbers affected in Cambridgeshire. In other parts of the country there have been scoping studies and most notably a specific service has been established on The Wirral.

Recommendations

1. More information should be collected relating to need and current local provision of services to understand how ARBD could be addressed locally.

2. This would include identifying service gaps in terms of pathways and referrals and in the eligibility criteria for third sector provision and the opportunities within existing services for further support.

Dual diagnosis

The term dual diagnosis is generally used to describe individuals who have co-existing substance misuse and mental illness, although the severity of these conditions may vary and the point at which a dual diagnosis is made will vary. Locally the Dual Diagnosis Strategy specifically refers to those individuals who have severe mental illness and who also experience a high level of problematic substance misuse. In 2014/15, 23% of newly presenting clients in substance misuse services were also in contact with mental health services and of those in alcohol treatment 51 (6%) were also receiving care from mental health services. The most common vulnerabilities in children and young people in treatment are mental health problems and involvement in self-harm. This may be underestimated as it is does not include those not in treatment and stigma may prevent clients from disclosing this information.

As indicated above In 2013/14 there were 732 hospital admissions where there was a secondary or primary diagnosis of drug related mental health and behavioural disorders and in 2014/15 2,125 hospital admissions due to alcohol related mental or behavioural disorders in Cambridgeshire. The percentage of those in alcohol treatment that were also receiving mental health care was 6% (51 individuals) this is lower than the national figure (20%) and lower than the comparator area (15%). Of those in drug treatment 23% of newly presenting patients (126 individuals) were also receiving treatment from mental health services. This is higher than the national level of 21%.

In addition, suicide is associated with dual diagnosis, as indicated by national studies. A current audit of suicides in Cambridgeshire and Peterborough is also identifying dual diagnosis in some of the reviewed suicide cases.

The management of dual diagnosis is challenging as it requires an integrated approach across different treatment services. The academic evidence for integrating substance misuse and mental health services is limited but there are examples of integrated services across the country each with their own model of service delivery and differing levels of integration. However there are few evaluations of these services.

In Cambridgeshire in both adult and children and young people services there is some joint working but issues identified by providers are as follows.

- Lack of data sharing that prohibits a good understanding of the extent of dual diagnosis.
- The Improving Access to Psychology Therapies (IAPT) service is for those with mild to moderate mental health issues. It will accept those who misuse substances but not those who have moderate to severe substance misuse problems. There is also a waiting list to access these services. Similarly the personality disorder service that treats clients with both personality disorders and substance misuse has a long waiting list which can impact on an individual's care plan.
- Children and Young People's Mental Health Services (CAMHS) cite transition between services as being problematic as Child and Adolescent Mental Health Services work with those aged under 17 and CASUS with those under 18. There is not any follow on service for discharged clients who have their substance misuse issues under control but whose mental health issues are not managed.
- The rural areas have poor transport links and although CASUS offers home visits the time involved impacts on capacity. CASUS and the Youth Offending Service have found difficulties with academies engaging with the services.
- The Dual Diagnosis Strategy was developed to enhance joint working and enable the efficient and effective use of resources. However there is a lack of awareness of the strategy and there has been little demand for the training.

Recommendations

1. Collaboration between services – there is currently no strong evidence base for the integration of services or a particular model that is favoured, but collaboration between substance misuse and mental health services is clearly a strong theme. There is an on-going need to build collaboration and overcome the organisational challenges between services. Integrated service models that other areas are implementing have not been evaluated in terms of outcomes and cost-benefits.

2. Data collection and sharing are two areas that could benefit from increased collaboration. Sharing data held by substance misuse and mental health service providers could usefully help in estimating the number of people with a dual diagnosis in services. Establishing a standardised practice for collecting data across all services would ensure there is greater recording of dual diagnosis, as well as greater consistency in how this is recorded.

3. One of the key gaps identified is in terms of service provision for those with moderate to severe substance misuse problems and mild to moderate mental health problems. Currently there is not a statutory service that these individuals can access to address their mental health needs. The service pathway and options for addressing this gap need consideration.

4. The Cambridgeshire & Peterborough Suicide Audit will be published in autumn 2016 and it is clear that substance misuse will be highlighted as part of this work. It will be important for the local suicide prevention work to recognise the role of substance misuse as a risk factor locally, and consider the local action plan in light of this.

5. It is important to recognise the importance of engaging the education system in drug and alcohol issues as a whole as initial signs from those working with schools suggest that attitudes are changing as schools change.

6. In terms of dual diagnosis training, it is important to ensure that new or changing services are accessing the training.

7. There is a clear need for more research specific to dual diagnosis including service models, particularly in adolescents. Currently it is difficult to say which interventions are better than mainstream treatment for those with multiple needs. This should be a consideration when looking at local service models, ensuring that there is adequate evaluation in place, which may require consideration of data sharing agreements.

8. The Dual Diagnosis Strategy addresses some of the challenges for the identification and management of this condition. However, there are still many areas that require implementation. This could be accelerated through a dedicated resource to identify and progress the practical steps that need to be undertaken to establish the required changes.

Substance misuse and the criminal justice system

There is a significant relationship between substance misuse and the criminal justice system. Drug or alcohol addiction may fuel or exacerbate criminal activity, for example through theft to meet the cost of purchasing supplies. Managing the care of those who misuse substances and are involved in the criminal justice system presents a challenge similar to that of dual diagnosis, in that it calls for effective working across different organisation. There is also a tension between the needs of the criminal justice system to ensure that the appropriate penalties are enforced that might include a requirement to involvement in treatment, with the ethos of the treatment services where issues like confidentiality are central to care. There is however evidence that it is important to identify individuals misusing substances in the Criminal Justice System and provide treatment in terms of the prevention of further criminal activity and an opportunity to treat the misuse.

Drug users are estimated to be responsible for between a third and a half of acquisitive crime. According to the 2013/14 Crime Survey for England, 53% of violent incidents were alcohol-related. Alcohol and drug misuse related offences are associated with driving with excess alcohol, assault or criminal damage and partner abuse.

Substance misuse is known to be particularly prevalent amongst the prison population. HM Chief Inspectorate Annual Report for 2014-15 surveyed samples from 49 adult prisons found that on arrival at prison 41% of women and 28% of men had problems with drugs and for alcohol the figures were 30% and 19%.

There are difficulties with data collection in these areas both nationally and locally and under-reporting is considered to be an issue. There are local studies and for example data collected between 2011 and 2013 in Cambridge City found that of the 100 crimes studied over 50% were linked with alcohol misuse.

In December 2015, in Cambridgeshire the Criminal Justice Intervention Team had 149 clients on its caseload with the majority being in structured treatment. Of the 149 clients in the caseload, 123 were using opiates, 20 a combination of alcohol and non-opiates and six were using alcohol. Being in treatment and on release transferring to the care of the local treatment service is considered to be important in terms of crime prevention. In Cambridgeshire 43% of users transfer to external services on release compared to 29% nationally.

In addition, it is recognised that there is a high percentage of prisoners who have mental health issues with studies indicating the figure to be as high as 90%. A large proportion of these will also have substance misuse issues especially drug abuse.

There are various pathways in the Criminal Justice System with the route taken dependent on the severity of the crime, whether a community sentence or custodial sentence is imposed and which services are accessed on release from prison.

Substance misuse services within prisons are commissioned by NHS England and delivered by prison in-reach teams. The local Drug and Alcohol Treatment Service, Inclusion, provides the Substance Treatment Action and Recovery Team (START) which provides support to substance misusers on release from prison. For those who misuse substances that are identified within the prison setting,

there is a requirement for those working within the prisons to notify the local START team of clients prior to release. The key concerns are that prisons are only required to inform START of the release of prisoners who misuse opiates and that there is a need to increase engagement and with prisoners prior to release and improving the general level of communication.

In addition there are schemes that focus upon those with complex needs which often includes substance misuse. There is the Integrated Offender Management team where the most problematic offenders are identified and jointly managed by partner agencies working together with the aim of ensuring the most effective release from prison. The Chronically Excluded Adult Services caters for particularly chaotic high need individuals, with a high proportion having links to the criminal justice system. This has evaluated well and found to be cost-effective, demonstrating a fall in arrests and contact with the criminal justice system post intervention. Liaison and Diversion Services are now in place that focus ensuring that those with mental health problems have appropriate support on discharge from prison.

The Cambridgeshire County Council Youth Offending (YOS) Substance Misuse Team delivers substance misuse interventions to young people (10-18 years). The Substance Misuse Team that is part of Cambridgeshire County Council delivers Tier 3 (for those with higher misuse issues) interventions and advises YOS Officers on their delivery of Tier 1 and 2 interventions (less complex clients). Individuals that require higher level Tier 3 interventions and complex cases are referred to the Cambridgeshire Child and Adolescent Substance Use Service (CASUS), which is part of the Cambridgeshire and Peterborough Foundation Trust.

As part of a review (2015) into the provision of specialist substance misuse treatment in Cambridgeshire YOS and CASUS the following data was captured:

- 1/3 of young people working with the YOS have substance misuse issues requiring Tier 3 support from the specialist team.
- 1/3 had substance misuse issues that require Tier 1 and 2 interventions that are delivered by YOS Officers supported by the specialist team.
- 1/3 did not present with substance misuse issues, but at any point, this could become evident.

Between 1 January and 30 June 2015, 176 young people started interventions with the YOS, 35% (62) of these young people were referred to the substance misuse team. Of these individuals 41 required Tier 3 (specialist substance misuse) treatment, 10 required Tier 2 (targeted) treatment and 11 required no further action. There are issues however in particular confidentiality and timeliness, related to the data sharing between the YOS Substance Misuse Service and CASUS that affects the overall management of the clients.

Other issues were identified.

- Some individuals may have a short court order which means that their time in the YOS or prison is limited but they may have complex needs. Linking the individual to community services within the short timeframe can be challenging.

- There can be challenges in sharing information between services. For example some children that are looked after by the local authority may come into contact with a number of services and find themselves relaying information to each organisation.
- Schools: A challenge identified by both CASUS and the YOS Substance Misuse Team was working with different school policies. Both services identified that increasingly schools were implementing zero tolerance policies where a pupil that was found to be in possession of drugs is automatically excluded. This type of action could be considered to be detrimental to the motivation of an individual academically. Both providers reported there was an increase in this type of policy or that schools were becoming increasingly less engaged in substance misuse support as there was a change towards academy status.

Recommendations

1. There are a number of challenges relating to communication or information sharing barriers. In particular in relation to the START team receiving timely notification of potential clients prior to release from prison, and widening these notifications beyond opioid users. There is also a challenge in terms of communication between the YOS and CASUS with issues of confidentiality and timeliness adding barriers. A formal information sharing agreement may help with this process.

2. There is a need to ensure that there are effective pathways between services. The criminal justice system is an area where there are multiple stages and organisations involved, with care being commissioned and provided by different organisations along the pathway.

3. There is little evidence of effective interventions for those beyond that of mainstream services for those in contact with the criminal justice system. A lot of the research that is available is American based and often prison based too, therefore it is important to ensure that local interventions are evaluated in terms of outcomes, patient experience and cost effectiveness where possible to contribute to the growing evidence base.

4. It is important to recognise the importance of engaging the education system as initial signs from those working with schools suggest that attitudes are changing as schools change. It is important to consider this issue as a whole in terms of drugs and alcohol, not just those with a dual diagnosis or engaging with the criminal justice system. This will require engagement with schools to understand the best way to address this issue.

5. It was not possible to access data for the county that identified alcohol misuse hotspots. This information is developed through pooling hospital, ambulance, police and licensing authority information. This information could help understand the causes and shape prevention interventions

Housing and Homelessness

There is well documented evidence of the impact of inappropriate housing and homelessness on mental health and substance misuse. Many people may be misusing substances and will not experience any housing issues. However, vulnerable people who become homeless may be exposed to drug and alcohol cultures that can lead to starting to misuse substances. Substance misuse can increase the risk of homelessness that reflects unemployment, relationship breakdown and other socio-economic issues. It is a cyclical issue, with appropriate housing, support and the avoidance of rough sleeping both preventing substance misuse and improving treatment outcomes.

Cambridgeshire was the fastest growing county authority between 2001 and 2011 and is expected to continue to grow and this growth has created pressures on the housing market. In particular affordability and consequent homelessness are concerns with the most acute pressures in the south of the county. The rates of statutory homeless are statistically higher in Cambridge City and Huntingdon than the figure for England, and have increased since 2010/11 when the situation was relatively stable.

Recent surveys (of homeless people) indicate that around a third of homeless people reported misuse of drug and alcohol. In one audit 39% of participants said they take drugs or are recovering from a drug problem, and 36% had taken drugs in the month before completing the audit. By comparison, national figures at that time indicated that only 5% of the general public took drugs in the past month. Cannabis appears to be the most commonly used drug however 25% of survey respondents said they had used heroin prescription drugs not prescribed for them.

27% of homeless people taking part in the same audit reported that they have or are recovering from an alcohol problem. 39% of homeless men and 25% of women drink twice or more a week, and around two-thirds of homeless men and women drink more than the recommended amount each time they drink. By comparison, one-third of the general public drink more than the recommended amount on at least one day each week.

There are barriers to accessing housing. Feedback from District Council Housing leads and housing providers indicate that throughout the county there are issues related to homelessness and substance misuse along with the level of support that people involved in misusing substances receive. The issues differ to some degree across the county and there is concern that changes to housing benefits will exacerbate the issues.

There is a range of accommodation options in Cambridgeshire for the homeless. Some of these offer additional support for substance misuse and/or mental health issues. There are examples where services are trying innovative approaches that range from abstinence projects and interventions to prevent street drinking, through to projects which focus on addressing the wider socio-economic issues experienced by these clients.

Data from many of the accommodation providers and projects for the homeless is not consistent but that which is available - and reports from staff - clearly reflect that their clients have substance misuse and often dual diagnoses. Staff expressed concern about the need for increased support for the wide range of needs, more joint working and collaboration across the services.

Recommendations

1. The accommodation options for the homeless report that a large proportion of their clients have a known substance misuse issue. However there is limited and varied data collection or capacity to collect information and an associated possible under reporting of the issues. Improvement and standardisation of data collecting across many providers could improve the strategic planning of services.

2. In Cambridgeshire there is a range of housing options available including additional support from different services including Inclusion. Support plays an important part in preventing relapse, promoting recovery and tenancy sustainment. This approach could be further bolstered with clear pathways and referral criteria.

3. There are a number of innovative partnership projects across the county that should be evaluated and inform on-going service development. The impact of these interventions on treatment outcomes, mental health services, Accident & Emergency attendances and involvement in the criminal justice system needs to be captured and cost benefits identified.

4. There is an on-going pressure on the available housing/hostels available for those with substance misuse issues. There are barriers that prevent many clients securing accommodation from housing providers including the definition of statutory homeless. These require further exploration working with statutory and voluntary sector providers and commissioners, substance misuse services, mental health services and the criminal justice system.