

Drugs and Alcohol Needs Assessment for Cambridgeshire and Peterborough: summary report

Cambridgeshire and Peterborough Public Health Intelligence Team, March 2023

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Introduction

Drug and alcohol use and the impacts on health and wider society are a topic of perennial interest to many working in the public sector. The impacts are considerable, both in terms of the cost to public finances but also in terms of the impact on the lives, health and wellbeing of individuals and their families. Services to support drug and alcohol users are commissioned by local authority public health teams who must use limited budgets in the best possible ways to meet need, with an emphasis on evidence-based practice and reducing inequalities in health.

This report is a summary of the current data on drug and alcohol use, the estimated need for services, and service use across Cambridgeshire and Peterborough. It is intended to be an accessible and engaging overview of what we currently know about the issue across the area. It brings together two strands of work: the first is a look at the numeric data available and the second is engagement work with people who have lived experience of drug and alcohol use and people who work in this field locally. There is further data and information available in the accompanying slide pack, which is referred to throughout, and in the summary of interview and engagement work.

This report is aimed at a wide range of readers: people working to commission and design drug and alcohol services, people who work in these services, people working across the wider public or voluntary sector (including health) who have a professional need to understand the local picture, and finally the general public including people who use drugs and alcohol and their families. It has been produced by the Public Health Intelligence Team who are part of the Public Health Directorate working across Cambridgeshire County Council and Peterborough City Council. However, it draws considerably from a report that was commissioned from an external agency (TONIC) and we acknowledge the work and effort that has contributed to this summary, both in terms of staff time and also the stakeholder and service user contributions to that work.

Alcohol

The impact of alcohol use (health and health services)

The harmful use of alcohol ranks among the top five risk factors for disease, disability and injury throughout the world. These harms include the direct costs to the public sector, the indirect costs such as lost productivity or lost earnings or working years, and the intangible costs such as quality of life, poor health, and the impact on families. While the harms of alcohol increase with volume and frequency, several factors will influence the harm experienced by an individual. For example, children and young people are more vulnerable, as are women (slide 5).

The ultimate harm from alcohol is visible in the mortality data (slide 26) where we can see that although Cambridgeshire and Peterborough have similar or slightly better alcohol-related mortality rates to England as a whole, our area still experienced 273 alcohol-related deaths in 2021, with a notable skew to male deaths (similar to the England pattern). National data shows a clear link between increasing deprivation and increasing alcohol-related mortality.

The slide pack presents data on hospital admissions where the primary diagnosis is alcohol-related in Cambridgeshire and Peterborough (slide 8). The most recent data is from 2021/22 – overall 0.4% of the whole adult population was admitted with one of these diagnoses in that year. This rate shows little change compared to the previous year. In line with the national pattern, men are much more likely to be admitted than women, and older people more likely to be admitted than younger people. Generally, rates of admission are lower or similar to the England average but Fenland has high rates in 40 to 64 year olds and Cambridge City has high rates in 65+ year olds. Other slides give more information about hospital admissions and cancer related to alcohol – while these figures for our local area are usually better than or close to the England average it is important to note that this still represents considerable harm and cost to our population and systems, and these harms are felt more by men and people living in more deprived areas (see slides 9, 10, 11, 25).

Patterns of alcohol use

The current guidance on alcohol consumption from England's Chief Medical Officer is that adults should not drink more than 14 units of alcohol per week to keep to a low risk of alcohol-related harm. National estimates are that 23% of the adult population drink above this level, with estimates higher in Cambridgeshire (29%) and similar in Peterborough (25%), but this does not mean immediate harm is likely to all these individuals. In Cambridgeshire, there are an estimated 5,775 residents who drink at levels that would require specialist alcohol treatment and in Peterborough there are 2,284 residents. The numbers in treatment are considerably lower and so we estimate that 80% of people in need of services in Cambridgeshire are not accessing them, and in Peterborough this is slightly lower at 76% (slide 7).

Households or individuals that undergo an assessment of statutory homelessness need are also assessed for whether they have needs around alcohol dependency. In Cambridgeshire, 5.2% of households did and in Peterborough this was 3.7% (slide 16).

Data on how the COVID-19 pandemic affected consumption is not available at the local level, but services reported an increase in deaths among people known to services due to alcohol use (slide 6).

Alcohol services in Cambridgeshire and Peterborough

Please see slides 81-85 for a detailed list of the services for alcohol and drug users across the area.

Alcohol service users

In 2021/22 there were 889 people in treatment at specialist alcohol services in Cambridgeshire, and in Peterborough there were 375 in treatment, with rates higher in Peterborough than Cambridgeshire and England (Peterborough 231 per 100,000 population aged 18+ years, Cambridgeshire 163 per 100,000 and England 189 per 100,000). Numbers of people in treatment in both areas have fluctuated a little over time but have recently been broadly stable. However, the numbers of service users accessing inpatient detoxification services has fallen in recent years. Both Cambridgeshire and Peterborough were better than the national average for the proportion of clients waiting more than 3 weeks for alcohol treatment, with almost all clients seen within 3 weeks of referral (slide 12).

Slides 13, 14, 15, 17 and 18 describe the clients using alcohol treatment services in both areas; Peterborough has many more men than women in comparison to Cambridgeshire, and Peterborough also has more people reporting a housing problem than Cambridgeshire or England (the need for more support with housing came through strongly in engagement work with Peterborough service users). However in Peterborough there were fewer people identified with a mental health treatment need on entering alcohol treatment than in England or Cambridgeshire. A common theme emerging from the qualitative engagement work was around mental health support for service users, particularly those with 'dual diagnosis'.

The qualitative research added more detail to help understanding of the lives of drug and alcohol service users. In addition to the issues in the data pack, participants in the engagement work also often reported having experienced domestic abuse or other crime, and homelessness.

Service use

The England average length of time in alcohol treatment in 2021/22 was 194 days: in Cambridgeshire however treatment was quite a lot longer on average (252 days) while in Peterborough treatment duration was shorter (171 days; slide 21). Looking

at intervention type, nearly all people were seen within the community, with a very small number of inpatient or residential treatments in Cambridgeshire and Peterborough (no residential treatments in Peterborough were recorded; slide 20).

Alcohol service users were very likely to have self-referred to services, in both Cambridgeshire and Peterborough self-referrals were higher than the England rate (69% in Cambridgeshire and 73% in Peterborough; slide 19).

Service outcomes

Just over a third of clients successfully completed alcohol treatment in 2021 in Cambridgeshire and Peterborough, similar to the national average. However, for the three year time period 2018/19 to 2020/21 there were 40 deaths of people in alcohol treatment across Cambridgeshire and Peterborough with rates very close to the England figures (slide 12).

Many people who successfully complete treatment do re-present to the service within six months, but around a third do not re-present – close to the England average (slide 22). The majority of people making a planned exit from alcohol treatment were abstinent on exit, with the average number of drinking days before treatment and at planned exit decreasing, especially in Peterborough (slide 23).

User and stakeholder experiences and feedback on alcohol services in Cambridgeshire and Peterborough

Summarised findings from the engagement work on services are presented below for drug and alcohol services combined.

Drugs

The impact of drug use (health and health services and crime)

As with alcohol, the ultimate harm of drug use is visible in the mortality data. While rates of death from drug misuse are similar to the England average (Peterborough) or lower (Cambridgeshire), the area as a whole still sees around 28 deaths per year. England mortality rates are increasing overall, but the Peterborough rate has remained stable over the last few years and the Cambridgeshire rate is falling. As with alcohol, rates of drug misuse deaths are clearly linked to deprivation in the national data (slide 56).

Admissions to hospital as a result of drug poisoning have been falling nationally in recent years and we see the same pattern locally. Cambridgeshire's rates are lower than the England average and Peterborough's are similar to England (slide 35).

As with alcohol, the fact that the health harms from drugs locally are no worse overall than the England overall rates should not really be seen as reassuring. These deaths and hospital admissions are serious and avoidable harm, which will likely have come

at the end of a long period of poor health and suffering with consequences for others as well as the individual.

Considering the wider impact of drugs on society, drug-related crime is lower in Cambridgeshire than the England average but this varies across the area, with Cambridge City and Peterborough both experiencing higher than average rates but lower rates in our other district areas (slide 36).

Patterns of drug use

Survey work suggests that around 18.6% of young adults across England use any drug and 4.7% of this age group use class A drugs (slide 33). Nationally, use of ecstasy and use of nitrous oxide is falling. Groups that are likely to have higher levels of problematic drug use include those listed in slide 31. The Covid-19 pandemic impacted the drug market, causing local fluctuations to the availability and price of drugs. However, the overall supply of drugs was maintained.

When households and individuals undergo an assessment of whether the local authority has a duty of homelessness prevention or relief, they are also assessed for drug dependency support needs in the same way as for alcohol use. Overall, the proportion of those identified as having drug dependency support needs is similar to the England average, but is much higher in Cambridge City (slide 45).

Applying prevalence estimates to our local area suggests that Peterborough has a relatively high rate (compared to England) of opiate users, and that around half of opiate and/or crack users are not having their treatment needs met, which is similar to England as a whole (slide 34). These prevalence estimates are due to be updated but refreshed estimates were not available at the time of writing.

Drug services across Cambridgeshire and Peterborough

Please see slides 81-85 for a detailed list of the services for alcohol and drug users across the area.

Drug service users

In 2021/22 there were 1,672 adults in drug treatment in Cambridgeshire and 1,147 in Peterborough, with rates in Peterborough double that of Cambridgeshire (Peterborough 705 per 100,000 population aged 18+ years, Cambridgeshire 306 per 100,000 and England 457 per 100,000). Around two-thirds of adults in drug treatment in 2021/22 were due to opiates, the same as seen nationally (slide 36).

Overall numbers of people in drug treatment have decreased over the last ten years in both Peterborough and Cambridgeshire, but there was a trend in both areas of increases in the numbers of people in treatment for non-opiate use alongside alcohol, compared to 2012 and 2013 (slide 38).

In the most recent year's data for 2021/22, Cambridgeshire saw quite a large drop in the number of new presentations compared to the previous year (a reduction of 17.5%) with Peterborough seeing a much smaller reduction of 3.5% (slide 40). The pattern of drug use among new presentations was slightly different between the two areas, with Peterborough clients more likely to be presenting with opiate use (49% vs 40%; slide 40).

In terms of demographics, Peterborough's new presentations tended to be younger than the England average (slide 42) and Peterborough also saw a greater proportion of newly-presenting clients who declared a disability, compared to England (slide 42). It is notable that Peterborough clients starting treatment were more likely to be unemployed than the England average, and Cambridgeshire clients were more likely to report regular employment (slide 43). In slide 44, Peterborough new starters were more likely to say they had an urgent housing problem (in line with the findings on alcohol). Cambridgeshire clients were more likely to be living with children than the England average (slide 46).

Around 7 in 10 people who entered drug treatment in 2021/22 were identified as having a mental health treatment need in Cambridgeshire and Peterborough, close to the England average, and three-quarters were receiving mental health treatment, mostly from GPs (slide 48).

The qualitative research added more detail to help understanding of the lives of drug and alcohol service users. In addition to the issues in the data pack, participants in the engagement work also often reported having experienced domestic abuse or other crime, and homelessness.

Slide 41 presents data on the most commonly-cited problem substances for people starting treatment in Cambridgeshire, Peterborough and England, and it is clear that the common issues are alcohol, cannabis, cocaine and crack cocaine, and opiates. Other substances were rarely mentioned.

Service use

Nearly all drug service clients were seen within 3 weeks of referral. Around three in five service users were self-referrals, around one in five were referred through the criminal justice system, with other referral routes being rarer (slide 48).

Cambridgeshire and Peterborough both saw good rates of engagement with drug treatment services after release from prison (compared with the national average; slide 50 and 55).

Almost all adults in treatment are seen within a community setting, and for all types of intervention. Peterborough had just 12 people seen as inpatients, and Cambridgeshire had 28 inpatients and 17 in residential (slide 51).

Cambridgeshire had a higher proportion of methadone interventions than seen nationally, and a higher proportion of unsupervised interventions. Peterborough was more similar to the national pattern (slide 51).

Harm reduction efforts in Cambridgeshire and Peterborough showed good results overall (slide 52), with relatively high rates of naloxone kit issue in Cambridgeshire. Injecting drugs was rarer in Peterborough than in Cambridgeshire, where 32% of opioid/crack users engaged with treatment were currently injecting (compared to 10% in Peterborough and England).

Service outcomes

Rates of successful completion of drug treatment are very low (below 5%) for opiate users in both Cambridgeshire and Peterborough, as they are across England. All areas, including England, are experiencing decreasing rates of successfully completed opiate treatments. Successful completion rates for non-opiate use are better, at around a third of clients (slide 55).

Service users in Peterborough were more likely to drop out of treatment early ('early unplanned exit') compared to England, whereas Cambridgeshire's rates were similar to England (slide 53).

Adults were in treatment for less time for opiates in Peterborough compared to Cambridgeshire and England (49% Peterborough, 41% Cambridgeshire and 42% England were in treatment for less than 2 years) (slide 54).

User and stakeholder experiences and feedback on drug and alcohol services in Cambridgeshire and Peterborough

This section summarises the feedback from the engagement work conducted with professionals and service users. Ideally these findings would be clearly linked in with the summarised data above, however it was usually not possible to separate the comments of people using the services for alcohol support from those with drug support needs (and many people of course would have both types of need). It is important to bear in mind that the sample of participants is likely to have missed out people who were not engaged with services or whose experience of services was poor.

In both Cambridgeshire and Peterborough, drug and alcohol service user satisfaction rates were good. In Cambridgeshire around two thirds of people surveyed were satisfied with referral, assessment and treatment, and in Peterborough these rates were a little higher at around three-quarters.

The engagement work explored barriers to service access and engagement with both alcohol and drug service users, and identified many areas for consideration and opportunities to promote the service and improve the experience and speed of assessments. The engagement work also gathered considerable feedback on the

way in which support was delivered, with desire expressed for an increased one-to-one offer rather than group work (this of course has cost implications) and there were useful suggestions on how to improve and extend the group work offer to service users. Mental health support and counselling was identified as an unmet need in the support currently available through the services, as was housing support especially in Peterborough. Staff identified a lack of residential rehabilitation and inpatient detoxification places, and highlighted that these programmes require 'pre-rehab' and aftercare support as well to increase the chances of success. There were other themes emerging from the engagement work around how to expand the offer and gather and act on feedback from service users to drive improvement. Joint working with other organisations was seen as an area where there is some excellent work and also opportunities for learning and improvement.

Harm reduction was seen as a key strength in Cambridgeshire and Peterborough though prescribing and dispensing capacity was felt to be an area for development.

Children's support has different models in Cambridgeshire and Peterborough; the CASUS service in Cambridgeshire had good feedback from young people and professionals alike but there was little input from Peterborough to the engagement work. There may be some more work required in this area to recommend combining different strengths to ensure a holistic child-centred approach in both areas that does not just focus on substance misuse.

Staff recruitment and retention is a challenge for services in both Peterborough and Cambridgeshire and there were thoughtful suggestions on how to boost morale and make the work more rewarding for staff. The short-term nature of some project funding was highlighted as an issue for stability and staffing (although much of this is a result of central government funding mechanisms).

Children and young people

The impact of drug and alcohol use

Harm from drug and alcohol use shows up in hospital admission data. Nationally, rates of hospital admission for alcohol-specific conditions in under-18s have been trending downwards for some time (slide 60) and Cambridgeshire's rates are similar to the national pattern. Peterborough has lower admission rates than the national average, which corresponds to the lower rates of Y10 drinking seen in survey work. Overall, there were 155 under-18 admissions per year in the most recent data across Cambridgeshire and Peterborough.

Admissions due to substance misuse are not directly comparable to alcohol admissions as they are based on young people aged 15-24, but in this group there were 195 admissions from Cambridgeshire and Peterborough per year (between 0.05% and 0.07% of this age group; slide 63). Rates in both areas are lower than the England average, and have remained steady in Cambridgeshire, but in

Peterborough have reduced considerably from a high point in 2014/15-2016/17 (slide 63).

Harm from drug and alcohol use is also seen in some of the available education data, with 92 school suspensions in Cambridgeshire relating to drugs and alcohol in the latest year's data, and 69 suspensions in Peterborough (slide 65).

Patterns of drug and alcohol use in young people

Relatively few children and young people are in contact with drug and alcohol services or present to health services as a result of alcohol or substance use. However, survey research in schools shows that 30% of year 10 pupils (age 14/15) in Cambridgeshire had an alcoholic drink in the week before the survey. In Peterborough this was much lower at 16 (slide 59). Some younger children in Y8 (age 12/13) also reported an alcoholic drink in the previous week – 16% in Cambridgeshire and 10% in Peterborough. Over a quarter (26%) of Y10 pupils in both Cambridgeshire and Peterborough had been offered cannabis and 11% in both areas said they had taken drugs (including cannabis) to get high (slides 61 and 62).

Young people using specialist services

Children and young people's substance misuse services are quite dissimilar in Cambridgeshire and Peterborough, and the data here highlights some ways in which the services are designed differently, but may also reflect different patterns of need in the two areas. Slides 81-85 detail the services currently in place across Cambridgeshire and Peterborough.

Services in Cambridgeshire saw 111 children and young people in the most recent year, and Peterborough's services saw a higher number at 139 despite having a smaller population overall. A small number using our services are over 18, though this was very rare in Peterborough, and Cambridgeshire had some over-18s but a much lower proportion of 18-24 year old users compared to the England figures. There was a notable difference in age profiles between the two areas; Peterborough had a higher proportion of service users under 16 than Cambridgeshire (slide 66). Mental health treatment need appeared to be higher in Cambridgeshire than Peterborough for under-18s entering drug treatment but in both areas, where a need had been identified, most of these children were receiving some form of treatment (slide 73). There were high rates of self-harm in under-18 service users in both Cambridgeshire and Peterborough; see slide 78 which also lays out the wide range of other vulnerabilities that service users experienced.

There were a range of routes into treatment for those service users aged under 18; in Peterborough almost half were from education whereas in Cambridgeshire this was less than a fifth, and health services referrals and social care referrals were more common in Cambridgeshire than in Peterborough (slide 72).

Most people using the youth services were there due to cannabis use, with 23% in Cambridgeshire and 10% in Peterborough in treatment for alcohol use. Other drug use was rare (slide 68). Among the under-18 service users, most had started substance use before the age of 15; higher than the national average (slide 77). Very few were classed as high risk alcohol users or were opiate/crack users, or were injecting (slide 77).

Service outcomes for children and young people

Duration of treatment for children aged under 18 tended to be longer in Cambridgeshire than in Peterborough, with nearly half of Peterborough service users exiting treatment within 13 weeks. All children in both areas received psychosocial interventions and in Peterborough nearly all had harm reduction interventions, though in Cambridgeshire just 35% had this (slide 76).

The service in Peterborough had very good rates of successful treatment completion at 94%, higher than the England average (85%), whereas Cambridgeshire's successful completion rate was lower at 84% (slide 79).

Areas where data was lacking

There was no data or engagement work with people who use steroids or other performance-enhancing substances; while these substances can lead to significant health problems, it is an under-researched area. Users are able to access steroid injecting kits and sharps bins through harm reduction schemes in both Peterborough and Cambridgeshire. This may be an area for future research to explore.

Engagement work with service staff and users was comprehensive but was not able to engage with young peoples' services in Peterborough. It was also hard to distinguish replies from service users receiving treatment for drug use from those with alcohol issues.

Recommendations

Viewing the evidence base as a whole, we would make the following recommendations. The summary of the engagement work (a separate document) has some additional detail and should also be considered, but most of the main recommendations from that work are repeated here. The recommendations each have an estimated timescale; short term (within six months) medium term (one to two years) and longer term (three years or more).

Prevention

1. The engagement work highlighted a perceived need for more GP use of quick risk assessment tools and brief advice around alcohol. Cambridge City and Fenland show high rates of alcohol-related hospital admissions, and Cambridgeshire also has high rates of alcohol use in children. There may be scope for considering improving the early identification of problematic alcohol use across the patch, but particularly in these areas. (*Medium term recommendation*).
2. Alcohol usage is higher in Cambridgeshire pupils than in Peterborough, particularly Y10 girls. An evidence review would help to inform ways to target and reduce the use of alcohol in under-18s; school-based interventions may not be the most effective approach and school lesson content is outside local government's control. (*Medium term recommendation*).

Service design, access and delivery

3. There was a notable drop in new presentations to treatment services in the latest year of data in Cambridgeshire and less so in Peterborough. There also appears to be considerable unmet need for alcohol treatment, and numbers in both types of treatment have fluctuated in recent years. A system-wide response is indicated to increase the numbers of people identified and referred to treatment – while being mindful of financial limitations.

Engagement work described a wide range of barriers to service access and engagement (see the full report for details). The services should review these and consider solutions (including input from service users) and an Equality Impact Assessment would be a useful tool to apply here. (*Medium term recommendation*).

4. There is potential to improve joint working and communication across the multiple organisations working with this client group and increase awareness amongst external partners and the public to drive direct referrals. In particular,

focus on GPs, schools and Universities. Continue working with police and across homeless and rough sleeper and sex worker services across Cambridgeshire and Peterborough, sharing learning across the two areas. *(Medium term recommendation).*

5. Use of inpatient detoxification is low in Cambridgeshire and Peterborough, and residential rehab is very low in Peterborough, and this was reflected in the engagement work where staff highlighted the low provision. There may be scope to increase local provision – particularly for rough sleepers - but it would need to also include ‘pre-rehab’ and follow up support to increase chances of success. Commissioners should consider options bearing in mind financial constraints and cost-effectiveness, including a re-design of community detox practice, and an evidence review of residential rehabilitation programmes. *(Longer term recommendation).*
6. Review the experience of accessing services (triage and assessment) with a view to reducing the wait before support is received and reducing duplication and the need to ‘tell your story’ several times. Consider assigning a ‘lead practitioner’ for people with multiple needs. Ensure that early discussions with service users include an explanation of possible pathways and services and a discussion of their expectations. *(Short term recommendation).*
7. Review the one-to-one offer for adults, bearing in mind the additional financial costs of this, and consider increasing the availability of such sessions to people who are not able to engage with or benefit from group work. *(Medium term recommendation).*
8. Services and commissioners should consider ways to ensure the quality of group work across both Cambridgeshire and Peterborough, with Peterborough taking learning from the psychology resource in Cambridgeshire where possible. *(Short term recommendation).*
9. The Cambridgeshire service has a good route in for the voices of people with lived experience, through the SUN Network. The Network does not cover Peterborough however, and there is scope to consider how best to feed in user experience into service design and delivery in Peterborough. *(Short term recommendation).*

Treatment outcomes

10. Length of time in treatment is considerably shorter in Peterborough than Cambridgeshire across all three elements; alcohol, drugs and young people’s services. Treatment success for adults’ alcohol treatment and drug treatment was similar in the two areas. We would suggest that there is shared learning

undertaken across the system to explore the reasons behind this and potential solutions to improve user experience. *(Medium term recommendation)*.

11. Peterborough has a high proportion of early unplanned exits from treatment, across all drug groups. It would be good to audit reasons behind this and take forward appropriate actions to inform adherence to treatment and to improve successful completions. *(Medium term recommendation)*.
12. Review longer term recovery support available to service users in both Cambridgeshire and Peterborough, with consideration of increasing the number of SMART recovery group and 'Free Flow Friday' sessions. *(Medium term recommendation)*.
13. Criminal justice teams within the commissioned services should continue efforts currently being made to ensure effective joint working with other agencies in the criminal justice system, including improving working with Peterborough prison and associated agencies including the RECONNECT programme. *(Short term recommendation)*.
14. On leaving prison, people are at high risk of relapse into substance misuse and overdose deaths. Criminal justice teams within the commissioned services should review their support offer to prison releases who are not scripted, to ensure they are able to continue to access support in the community should they wish to do so, or be mandated to via licence conditions, and facilitating their access to naloxone kits where appropriate. Services should also explore expanding their 'prison in reach worker' roles so that individuals are supported 'through the gate' by a consistent worker who is involved during their time in prison and is able to assist with conducting pre-release work. *(Medium term recommendation)*.

Working with other services

15. Stakeholder engagement work highlighted some challenges around prescriptions for service users who require this support. The services and commissioners should explore ways to increase prescribing capacity within the services, and to increase the capacity in local pharmacy services to dispense treatment, as well as revisiting shared care arrangements with GPs. *(Medium term recommendation)*.
16. The engagement work found that service users felt there was poor access to sufficient mental health support, and this should be a focus for service design review. The feedback suggested that the pathways between substance misuse services and mental health services are not working well to deliver the

appropriate support to patients. Reviewing the definitions, pathway, joint working agreements and protocols would identify areas for improvement. (*Short term recommendation*).

17. In Peterborough there was also clear demand for improved housing support from the engagement work. Services should review and extend provision of this type of support, in particular exploring the possibility of work with housing providers to establish 'dry' and 'transitional' accommodation. (*Medium term recommendation*).

18. The expertise and knowledge within the drug and alcohol services in Cambridgeshire and Peterborough is considerable, and some stakeholders felt that there should be more training on substance misuse and harm reduction delivered to other healthcare professionals such as GPs, hospital staff and other colleagues. (*Medium term recommendation*).

Other recommendations

19. The engagement work highlighted issues with staff recruitment and retention across Cambridgeshire and Peterborough. This work reflected several good suggestions for approaches to improve this, which would support a more experienced workforce with reduced caseloads, and improve the quality and quantity of support to clients. This is a key issue for the service and the suggested approaches should be explored further. (*Short term recommendation*).

20. The engagement work also identified suggestions from staff and stakeholders that there would be benefits to a single adult substance misuse service across both areas, Cambridgeshire and Peterborough. The feasibility of this, and the risks and opportunities should be explored further at the appropriate point in the commissioning cycle. (*Long term recommendation*).

21. Children's support has different models in Cambridgeshire and Peterborough; the CASUS service in Cambridgeshire had good feedback from young people and professionals alike but there was little input from Peterborough to this research. There may be some more work required in this area to recommend combining different strengths to ensure a holistic child-centred approach in both areas that does not just focus on substance misuse. Services should also review their offer to young people aged 18-24 as very few users of children and young people's services are in the age bracket, in contrast to England as a whole. (*Medium term recommendation*).

22. Services should be mindful of the Drugs Market Profile produced by Cambridgeshire Constabulary when considering how to design services and moderate demand for drugs. Reducing supply requires a collaborative approach to addressing county lines and exploitative cuckooing. (*Medium term recommendation*).

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