Worcestershire Health and Wellbeing Board

Drug and Alcohol Joint Strategic Needs Assessment (JSNA)

January 2020

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Date:	January 2020
Version:	1.0
Review Date:	January 2023

Contents

Executive Summary

- There have been significant improvements in outcomes for people engaging in treatment for substance misuse. More people are completing treatment and there has been improvement in links with other agencies to help maintain recovery.

- There is increasing evidence about the impact of harms relating to alcohol/drug misuse. This includes an association with rising violent crime including gangs as well as County Lines operations, which are particularly associated with the distribution of illegal drugs. There is also concern about rising death rates from drug misuse.

- The types of drugs being used are changing and varies between different groups of people.

- There is a significant financial gain to keeping people in treatment and recovery (SROI).

- Of all adults that are estimated to be drinking at levels that are harmful to their health, 20% of those are in treatment for alcohol misuse, 80% are not in treatment. There are increasing alcohol related hospital admissions in Redditch and Wyre Forest, hotspot areas for alcohol related indicators. There is also significant pressure on A&E due to alcohol- related admissions in these areas.

- Consideration needs to be given to the wider determinants of health, the complex nature of drug and alcohol misuse and the interplay of these factors when considering availability and co-location of treatment options.

- There are several groups that are particularly at risk: young people and their families where children are living with an adult dependent on drugs and/or alcohol. Young people themselves who have started using drugs and or alcohol at an early age and those contemplating using drugs. Additional risks can be due to individuals experiencing poor mental health in addition to substance misuse dependence.

- Stakeholder engagement identified several themes to be included in service provision including quality of care, recovery pathway, communication, demand management, co-occurring mental ill health and drug/alcohol dependence, partnership working, assertive outreach and engagement. Services that are working well included GP Shared care, mental health and drug and alcohol pathway, Blue Light Project as a model for partnership working. Areas that could be improved include having more recovery groups, greater integration with voluntary sector organisations and resolving issues about difficulties in contacting services.

Aims and Objectives

The overall aims of this Needs Assessment are to improve health and wellbeing and reduce health inequalities for the population of Worcestershire. It provides partners and stakeholders with an overview of the needs of individuals, families and communities affected by drug and alcohol misuse, especially those most at risk. Recommendations will inform the redesign of the new drug and alcohol service in the wider system.

This Needs Assessment will:

- Review national and local policy and statutory guidance
- Provide an overview of the population living in Worcestershire most at risk, including trends and needs
- Provide an overview of the wider determinants affecting outcomes for people, particularly those most at risk
- Provide an overview of current service provision and assessment of outcomes including gaps
- Make recommendations for future commissioning in the context of the changing landscape of health and social care delivery in Worcestershire

For the purposes of this Needs Assessment, the term “opiates” refers to heroin derivatives. The definition of “drugs” refers to illegal and legal substances used not in the way they were prescribed or purchased from a pharmacy. Class A drugs such as heroin and crack cocaine are widely regarded as the most harmful drugs of abuse.

Introduction and Background

Drug and alcohol use have the potential to cause increased risk of harm to individuals, those closest to them and wider society. A population based, public health approach needs to focus on prevention and minimising the impact of this harm for individuals, their family and the communities in which they live. The National Drug Strategy 2017 addresses the problems of drug and alcohol supply, use, prevention and recovery through system wide, partnership approaches at international and national levels. It makes policy recommendations for law and enforcement, health including drug and alcohol treatment, employment and housing interventions to become a part of the solution in achieving improved outcomes for people affected by problematic drug and alcohol use.

At a local level, Worcestershire County Council (WCC) has commissioned an integrated Drug and Alcohol specialist treatment service since 2015. This includes provision for young people and adults living in Worcestershire, in partnership with West Mercia Police and Crime Commissioner.

The Service Provider is central to the success of these partnerships, developing a network of referral pathways to ensure access to a safe, service delivery model for young people and adults with drug and alcohol problems at an early stage to prevent and help mitigate problems of dependence. The current service model is currently being recommissioned. This provides an opportunity to review what has been working well, identify gaps and areas for improvement to inform the design of the new service in the changing context of national and local government policy and community developments.

Policy and Financial Context

Statutory Duties

The local authority has a duty to ensure the availability of prevention and treatment for people with drug and alcohol dependence to ensure it meets requirements included in legislation: Health and Social Care Act 2012, Care Act 2014 and Section 17 of the Crime and Disorder Act 1998 as amended. Reducing harm from alcohol at all ages is one of 3 priorities in the strategic plan for the Health and Wellbeing Board 2016-21. West Mercia Police and Crime Commissioner (PCC) will continue to work in partnership with the Council in Worcestershire to commission drug and alcohol treatment services.

In addition, there is a requirement to use the Public Health Ring Fenced Grant (PHRFG) to provide a service to improve uptake and outcomes for adults, children and families affected by drug and alcohol dependence. Commissioning this provision in partnership is key to success, acknowledging that drugs and alcohol misuse adversely impacts individuals, safe communities, health and social care outcomes.

What are the relevant local and national strategies and policies informing the evidence base?

The following section indicates a summary of national and local guidance informing the evidence that underpins the development of the new service.

National Guidance

There is a raft of strategy documents and guidance to inform the development of Drug and Alcohol treatment services. Key documents include:

Drug Strategy Public Health England 2017:
https://www.gov.uk/government/publications/drug-strategy-2017

The four key themes are reducing demand, restricting supply, building recovery and global action. This strategy focusses on the need to deliver coordinated interventions to help people maintain their recovery from drugs and alcohol, ensuring that there are close links to physical and mental health care, housing and employment. The guidance recommends close co-operation between drug and alcohol services and the police in addressing the increasing harm posed by Novel Psychoactive Substances and County Lines drug dealing. It details evidence associated with harm for children affected by parental substance misuse, links with domestic violence and the need for close co-operation between local authority safeguarding, drug and alcohol services. There is also a recommendation to expand drug dependence treatment to include over the counter medication and prescription drugs.

Review of drugs: phase one report

https://www.gov.uk/government/publications/review-of-drugs-phase-one-report

An independent review of drugs by Dame Carol Black was commissioned by the Home Secretary to inform government response to help tackle the harm from drugs. In summary the report found that there has been an all-time high number of drug deaths in the UK and increasing violence within the drug market with the involvement of organized crime gangs, there is a change in the patterns of drug use, there is a younger generation of crack cocaine users. The use of new psychoactive substances by vulnerable populations such as rough sleepers and

prison inmates is a significant issue, including the availability of drugs in prisons. Other key points include government interventions to restrict supply have not had the desired impact or level of success that was anticipated. Reduction in budgets for community drug treatment services have all had an impact in tackling drug related harms. There is an apparent increase in children and young people who are involved in drugs supply and strong associations between child poverty, children in care and school exclusions.

National Troubled Families Programme entered its second phase in 2015. The programme will work with up to 400,000 additional families by 2020 with annual reporting until 2022. The second phase is targeting additional problems, including domestic violence, health, drug abuse, mental health and children at risk. The first annual report (April 2017) identified that the programme was driving service transformation in local authorities; changing structures and processes, strengthening partnership working and promoting 'whole-family' working[1]. The second annual report (2018) identified that the Troubled Families programme appears to have reduced demand for costly children's services compared to what would have happened if programme interventions had not taken place."[2]

Government's Serious Violence strategy 2018
https://www.gov.uk/government/publications/serious-violence-strategy sets out how the Government will address serious violence. It considers the recent increase in gun crime, knife crime and homicide as well as the impact of County Lines on exploitation of vulnerable young people and adults associated with procuring class A drugs.

NHS Long Term Plan 2018 https://www.longtermplan.nhs.uk/ sets out the key ambitions for the service over the next 10 years. A renewed NHS prevention programme will focus on maximising the role of the NHS in influencing behaviour change guided by the top 5 risk factors from the Global Burden of Disease study which includes smoking, alcohol and drug use. The plan makes a commitment to support the development of Alcohol Care Teams in acute hospitals to reduce alcohol related harm.

Key evidence from other national reports and guidance includes:

- concerns about the rise in drug related deaths and distribution of naloxone
- the rise in drug and alcohol related hospital admissions and benefit of a hospital alcohol liaison service
- problems associated with an ageing population who may have been using drug and/or alcohol for many years with associated physical and/or mental health problems
- the impact of Adverse Childhood Experiences (ACE) associated with escalating risks for drug/alcohol dependence
- impact on suicide prevention particularly for young people misusing drugs
- the adverse impact of drug and alcohol use on oral health
- the increase in gambling addiction including online games[3]

[1] Supporting disadvantaged families Troubled Families Programme 2015 – 2020: progress so far, DCLG, April 2017

[2] Supporting disadvantaged families: annual report of the Troubled Families Programme 2017 to 2018, MHCLG, March 2018, pp13-15

[3] Gambling is an addiction and is widely referenced in government addiction strategies as treatment using psychological behaviour change approaches is similar. There is a growing issue of young people and online gaming.

Local strategies and plans informing reducing drug and alcohol related harm commissioning:

Worcestershire Health and Wellbeing Board Strategy 2016-2021 overarching aim is that "Worcestershire residents are healthier, should live longer, and have a better quality of life, especially those communities and groups whose health is the poorest." Reducing alcohol related harm has been identified as one of three priorities for action in the strategy: http://www.worcestershire.gov.uk/downloads/file/7051/joint_health_and_well-being_strategy_2016_to_2021

The Police and Crime Commissioner has recently published a new Drug Strategy for West Mercia which includes three priorities to be delivered in partnership:

1) Reducing demand through early intervention

- Early intervention and prevention activity will need to be universal (utilising schools and other educational settings).
- Partnerships will also need to share information to identify those most at risk for the delivery of targeted prevention/early intervention activity
- Includes communication strategy and campaigns – impacts of substance misuse

2) Liaison and diversion – outreach to young people at risk and refer into a diversionary network

- Restricting supply and drug-related criminality
- There will need to be a partnership focus on tackling serious organised crime and the exploitation and violence associated with County Lines
- Further work should be undertaken by the force to understand current use of the drugs marker and raise awareness of the market with front-line officers.
- Includes drug education programme for first offence – develop and implement for first low-level offences as a pathway out of the Criminal Justice System

3) Building recovery to support the most vulnerable

- enhance and develop partnership arrangements for delivering the wide range of services required to build recovery
- Drug misuse and criminality must include support interventions and treatment for those in crisis or in the mature stages of their dependence
- Includes introducing Opioid Naloxone programme for first responders
- Continued funding of Drug Intervention Programmes (DIP's) and the Youth Offending team substance misuse programme https://www.westmercia-pcc.gov.uk/wp-content/uploads/2019/05/Drugs-Strategy-May-2019.pd

Evidence on What Works

Prevention/Early Intervention/Treatment

Children Young People and Families

Evidence to reduce drug and alcohol related harm point to the importance of prevention, early intervention and a whole systems approach to tackle the problem. This includes training professionals in mainstream and voluntary sector services to be able to assess drug/alcohol related harm, offer advice and brief interventions whenever they come into contact with an adult or child they think may be at risk.

Drug misuse overlaps with other vulnerabilities which can exacerbate risks of abuse and exploitation. In 2015-6, 17% of young people accessing specialist substance misuse services were not in education or training and 12% were Young People Looked After. Many young people who have developed substance misuse problems may be reluctant to disclose them or be aware that this may be a response to other underlying stress or health issue which requires treatment.

The Family Safeguarding Model https://www.gov.uk/government/publications/family-safeguarding-hertfordshire-an-evaluation approach is nationally recognised following successful implementation and positive evaluation in Hertfordshire (Family Safeguarding Hertfordshire (FSH)). The model is designed to transform approaches to working with children and their families.

The model includes co-locating professionals from substance misuse, mental health and domestic abuse services to be based in children's social care providing additional, immediate support for social work staff supporting joined up case management approaches.

Evidence from the FSH evaluation indicates that by enabling many more parents to seek help to change behaviours, improve their mental health and reduce alcohol or drug misuse, children's exposure to harmful parental behaviours can be drastically reduced.

Education and Prevention in Schools to Reduce Drug, Alcohol and Tobacco Use

Although the prevalence of drug and alcohol use appears to be decreasing in children and young people, they remain an important concern as the biggest impact is on those with the most vulnerabilities. About 80% of lifetime alcohol or cannabis use is initiated by young people under the age of 20 years, with the proportions initiating other illicit drugs in adolescence closer to 50%.

Once initiated, there is a strong likelihood use will continue into adult life, highlighting the importance of intervening early. Drug and alcohol interventions need be responsive and appropriate to the risks of drug use, vulnerability and delivered in an age appropriate way. Young people with substance misuse problems have a range of vulnerabilities which need to be addressed by collaborative work across local health, social care, family work, housing, youth justice, education and employment services.

Evidence indicates that intervening early works and is cost saving. The evidence for prevention of alcohol related harm suggests that improving awareness among young people can delay age of first usage.

The Alcohol and Drug Education and Prevention Information Service (ADEPIS) was established in 2013 by the charity Mentor UK to share information and resources with schools and

practitioners working in drug and alcohol prevention. ADEPIS is publicly acknowledged as the leading source of evidence-based information and tools for alcohol and drug education and prevention for schools and is funded by Public Health England and the Home Office. It was recognized in 2017 by UNESCO, UNODC and WHO as a “prime example” of best practice in alcohol and drug education.

The resources produced by ADEPIS draw on more than 20 years of work in the prevention field, including eight years of work with the Drug Education Forum, which supported local authorities and schools to implement best practice in drug education.

Home Office research referenced in ADEPIS identifies key factors associated with increased drug taking for young people. These risk factors do not all carry equal weight and are inter-related. Although the risk factors do not have an independent effect, reducing those that are present may reduce the level of overall risk of harm.

Key Risk and Protective Factors to reduce drug related harm

Protective factors	Risk factors		
	Belonging to a vulnerable group	Social and Cultural Factors	Interpersonal and Individual Risk factors
• Positive temperament • Intellectual ability • Positive and supportive family environment • Social support system • Caring relationship with at least one adult • In education/ employment/ training	• Looked after children • School non-attenders • Mental health problems • Drug misuse by parents • Abuse within the family • Homeless • Young offenders • Young sex workers	• High levels of neighbourhood poverty and decay • High levels of neighbourhood crime • Easy drug availability • Widespread social acceptance of alcohol and drug use • Lack of knowledge and perception of drug-related risks	• Physiological and psychological factors • Family dysfunction • Behavioural difficulties • Academic problems • Association with peers who use alcohol and drugs • Early onset of tobacco smoking • Early onset of alcohol and drug use

Table 1: Risk and protective factors

Tobacco Use

It is estimated that approximately 207,000 children aged 11-15 start smoking tobacco each year in the UK, and 13% of young people aged 15 years in England reported being regular or occasional smokers in 2014.

Evidence suggests that a strong anti-smoking ethos in schools, the family and the wider community is important in preventing smoking uptake. The majority of smokers start while in their teenage years with very few new smokers beginning after the age of 20.

School-based programmes have been found to have some effect in reducing smoking uptake but they need to be wider than just based on educational approaches. Promoting a non-smoking community and reducing access to tobacco in those under the age of 18 are key to prevention.

Educational content implemented in learning environments ensures that young people understand the short and long-term health, economic and social consequences of tobacco use. This can be achieved within the school curriculum. Targeted peer mentoring programmes should be implemented in areas of greater need[4].

There is little evidence for the effectiveness of information and advice to reduce drug and alcohol harms and school-based alcohol education programmes without additional support[5]. NICE recommends that alcohol education should be delivered as part of a whole school approach to relationships education, relationships and sex education, health education or personal, social health and economic education[6]

Regulation and Taxation

Prevention initiatives including taxation and market regulation to reduce harm from alcohol can only be effectively implemented at national level. Tackling illegal drug use requires international and national co-operation to prevent drug trafficking. This is evidenced in County Lines operations in England and Wales outlined in the National Drug Strategy 2017.

NICE recommends that local authorities should monitor and regulate licensing including considering cumulative impact policies and working in partnership to target underage sales[7]. Community-based multi-component programmes, bringing together local authorities, communities and licensing, can be effective for addressing alcohol-related problems in the night-time environment[8]

The evidence does not currently support server training or removing the sale of high strength alcohol. Bans on drinking in public places can have a negative impact on the most marginalised groups in society, including the homeless[8] so should only be introduced if there are alternative strategies in place to address their needs.

Public Health Burden of Alcohol Evidence Review Department of Health 2018:

https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review reviews a range of evidence and evaluates the harmful impact of alcohol on hospital admissions, parental alcohol use and impact on the family, relationship between alcohol use

[4] Crome, I and Williams, R (2019) Substance Misuse and Young People: Critical Issues, CRC Press.

[5] Public Health England (2016) The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: an evidence review. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf (Accessed: 4th November 2019)

[6] National Institute for Health and Care Excellence (2019) (2) Alcohol interventions in secondary and further education. Available at: https://www.nice.org.uk/guidance/ng135/resources/alcohol-interventions-in-secondary-and-further-education-pdf-66141721030597 (Accessed: 20th November 2019)

[7] National Institute for Health and Care Excellence (2010) Alcohol-use disorders: prevention. Available at: https://www.nice.org.uk/guidance/ph24/resources/alcoholuse-disorders-prevention-pdf-1996237007557 (Accessed: 15th November 2019)

[8] Public Health England (2016) The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: an evidence review. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf (Accessed: 4th November 2019)

and crime, links with adverse childhood experiences, need for regulation, minimum pricing, campaigns and social marketing.

NICE recommends the use of screening and brief interventions for those at risk of an alcohol-related problem.[7] Identification and brief advice (IBA) have been shown to be effective in primary care; a review of seven systematic reviews found that IBA was effective in reducing the prevalence of excessive drinkers when compared to other strategies[8]

Alcohol consumption and substance misuse comprise a set of risk-taking behaviours, which cluster together, with shared risk factors (such as social deprivation) and shared consequences for ill health[9]. In addition, young people who misuse alcohol or drugs may be more likely to engage in risk taking (such as unprotected sex) and criminal behaviour.

Alcohol and Drug Misuse Prevention and Treatment Guidance Public Health England (PHE) 2017 - Updated 2019:

https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance for treatment providers in primary and secondary care. This includes guidance for professionals on the links between substance use and impact on general physical/mental health. It also describes potential for recovery associated support from wrap around services and family support. This guidance includes information about misuse of prescription drugs leading to dependence, preventing drug related deaths, preventing ill health from alcohol misuse in hospitals, alcohol and drug treatment in secure settings, professional roles and social return on investment tools.

The factors that are most important in providing effective treatment are:

- A communicated system wide approach to ensure referrals are managed into and out of treatment effectively by specialist and non-specialist services
- Rapid access to treatment and managing risk
- a whole person and family assessment including physical, mental, social, psychological, economic, housing, cultural and spiritual domains
- Review of treatment options to include harm reduction approach and abstinence-based treatments including options of community detoxification and residential rehabilitation
- Screening, prevention and treatment for associated Blood Borne Viruses
- Individual views on what they would like from treatment and a treatment plan to include wrap around services to support employment, benefit advice, housing, family support
- Appropriate referral to aligned specialist services
- Prescribing and psychosocial interventions offered in an accessible, joined up approach
- Access to recovery community via mutual aid

Harm from drugs is not limited to drugs bought illegally but can also be caused by inappropriate prescribing and long term prescribing of opiate derivatives and benzodiazepines prescribed to reduce chronic pain. This is considered in the guidance below:

Extension of the Problems of Drug Dependency to Including Over the Counter and Prescribed Medications PHE 2019

[9] Annual Report of the Chief Medical Officer 2012, Out Children Deserve Better

https://www.gov.uk/government/publications/prescribed-medicines-review-report/prescribed-medicines-review-summary a recently published evidence review considering the impact of scale, distribution and review of causes of prescribed drug dependence and makes recommendations to address it for professionals and commissioners.

Co-occurring Conditions PHE 2017 https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services highlights the necessity of a joint approach between mental health and addiction service providers and commissioners at strategic and operational levels to mitigate the impact of co-occurring mental health and substance misuse dependence. The focus is on reducing harm, improving health, enhancing recovery and preventing exclusion for adults and young people with complex associated conditions include mental health substance use dependence. Young people may not be aware that they have a mental health problem but are experiencing symptoms of anxiety and depression which can be alleviated with illicit drugs. This can provide temporary symptomatic relief but may lead to dependence or cause harm in the longer term.

Older adults with a formal diagnosis of mental ill health may continue to use illegal drugs and fall between gaps of mental health and substance misuse treatment services. The need for a joined up, non-stigmatised response to meet their needs, including wrap around services is vital including a shared response to managing assessment and treatment between substance misuse and mental health services.

The drug and alcohol treatment system at a national level has been subject to changes in government policy affecting strategy and funding allocation. This has led to the development of more localised responses driven by Public Health Ring Fenced Grant funding allocated to local authorities. There has also been a strategic shift from harm reduction to recovery approaches which have sometimes seemed in conflict in the way they are delivered locally by treatment providers. Treatment service providers include less NHS organisations as voluntary sector organisations have become very successful in winning contracts. This has influenced the availability and willingness of some NHS professionals to continue to be employed in drug and alcohol delivery due to different terms and conditions, impacting on future availability of the workforce and training.

Current national policy points to the need for a more integrated system model to inform the evidence base to improve recovery outcomes and overcome the recent increase in drug related deaths. This is likely to be driven by a national research institute providing continued evidence of what works in treatment to inform future commissioning at local level. Dr Ed Day, the national recovery champion 2019 and a consultant psychiatrist, emphasises that the key to enable further improvements in recovery and treatment is to tackle the stigma associated with drug use at national and local levels.

Working Together to Safeguard Children (2018)
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
highlights that children may be at greater risk of harm or in need of additional help in families where parents or carers experience mental health problems, misuse drugs or alcohol, are in a violent relationship, have complex needs or have learning difficulties. The report underlines the value of early help in promoting the welfare of children, managing risk and preventing problems from escalating. In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, rapid access to support for physical and mental health problems, responses to emerging thematic concerns in extra-familial contexts, and help for emerging problems relating to domestic abuse, drug or alcohol misuse by an adult or a child. Support and treatment aim to improve the overall function of the family and build resilience.

Return on Investment

A social return on investment tool was developed and released by Public Health England in 2016 to quantify some of the social benefits related to investing money in services[10]. The tool looks at several different areas where there are benefits to wider society, when drug and alcohol users are in treatment but also when they are in treatment and remain in recovery. The areas of benefit are as follows:

- NHS and Local Authority Gross Benefits: NHS care, Adult carers, needle and syringe programmes, housing and social care costs
- Crime Gross Benefits: Reduction in crime rates, reduction in crime related costs both social and economic return.
- Quality Adjusted Life Years (QALY) Benefit: A QALY estimates how many extra years of reasonable quality drug or alcohol users get from being in treatment and/or recovery. A financial value is assigned to a QALY to express the value that society places on a life.

Using the Public Health England Return on Investment Tool:

- For every £1 spent on Drug and Alcohol Treatment services in Worcestershire there would be a social return on investment of £6.10 for individuals in treatment, for individuals in treatment and recovery the return is £51.70 for each £1 spent. The gross benefit per person in treatment per person in £6,506 (in treatment) and long-term benefit per person is £55,088.
- For every £1 spent on Drug Treatment services in Worcestershire there would be a social return on investment of £7.00 for individuals in treatment, for individuals in treatment and recovery the return is £59.40 per £1 spent. The gross benefit per person in treatment per person in £8,205 (in treatment) and long-term benefit per person is £69,585.
- For every £1 spent on Alcohol Treatment services in Worcestershire there would be a social return on investment of £3.80 for individuals in treatment, for individuals in treatment and recovery the return is £32.00 per £1 spent. The gross benefit per person in treatment per person in £3,296 (in treatment) and long-term benefit per person is £27,713.

[10] Public Health England (2016) A guide to social return on investment for alcohol and drug treatment commissioners, [Online], Available from: https://www.gov.uk/government/publications/social-return-on-investment-of-alcohol-and-drug-treatment

Population Trends and Needs

Worcestershire is a two-tier authority, including County and six Districts where both tiers come together with partners and the wider economy to support children, young people and families.

It is an affluent rural county characterized by persistent inequalities. The population of Worcestershire is estimated to be 588,370. Of the six Worcestershire districts, Wychavon has the largest proportion of the population (21.3%) and Malvern Hills the smallest (13.5%). Worcester (18.4%) and Redditch (20%) districts have the greatest proportion of young people aged 0-15 years in Worcestershire, while Malvern Hills (27.6%) has the greatest proportion of over 65's.

The population is projected to increase by 7.4% compared to 9.0% for England by 2033. Over the same period, the population in the older age categories (65+ and 85+ years) is projected to increase steeply with the largest percentage change projected in the very oldest group (85+ years). There is a need to reduce reliance on statutory services by increasing better support to people to live more independent lives in their own homes and communities, living healthier for longer.

At County level the number of children aged 0-19 years is estimated to be 129,300 which is 22% of the total population. 2011 census data indicated that 10.3% children and young people (CYP) aged 0-19 were from the Black Asian and Minority Ethnic (BAME) population in Worcestershire, compared to 24.2% in England and Wales.

There are a higher proportion of people living in Worcestershire who identify as being White (95.7%) compared to the West Midlands (82.7%) and England (85.4%). 4.3 of the Worcestershire population are Black, Asian and Minority Ethnic (BAME) which is a lower proportion than observed in both the West Midlands (17.4%) and England (14.5%).

Adult Treatment

This section includes information about adults who have come into treatment for mainly class A drugs including heroin (opiates) and crack cocaine (crack) recorded on the National Drug Treatment Monitoring system database. A separate section includes **Substance Misuse Treatment and Outcomes for Young People (Under 18s)**Substance Misuse Treatment and Outcomes for Young People (Under 18s)

In 2018/19 in Worcestershire there were a total of 2,405 adults accessing treatment for alcohol and drugs in Worcestershire. This has increased from 2017/18, when 2,296 adults were accessing treatment (NDTMS, 2019)

Nearly half (49%) were in treatment for opiate use, which comparative to the percentage for England (52%); 36% were in treatment for alcohol only, which is higher than the percentage for England (28%) (NDTMS, 2019).

The treatment service sees a very high number of low complexity cases, in comparison to England. The service also deals with high number of highly complex cases compared to the national average. The service sees more service users from North Worcestershire in drug treatment and in South Worcestershire for alcohol treatment[11]

[11] Worcestershire County Council (2017) Scrutiny Report: Effectiveness of the Prevention and Recovery Drug and Alcohol Misuse Service. Available at:

Numbers in Treatment - Alcohol

In 2018/19 in Worcestershire there were 875 people in alcohol-only treatment. This is an increase of 14% from 765 in 2017/18. This is in comparison to large reductions in alcohol-only clients observed nationally. Between 2014/15 and 2018/19 at the national level there was a decrease in the number of clients of 18% from 91,651 to 75,555. People in treatment for alcohol-only currently make up 36% of clients in Worcestershire compared to 28% in England.

Source of Referral and Waiting Times - Alcohol

In 2018/19 over half (59%) of all clients who accessed substance misuse treatment in Worcestershire did so following a self-referral.[12] This percentage is slightly lower than the national figure (62%).

Referrals from the criminal justice system accounted for 23% of all referrals in Worcestershire, which is higher than the 13% experienced nationally.[12] This could be interpreted as a result of strong links between the criminal justice system and the substance misuse service, or as a lack of early intervention work meaning people are getting to the point of committing crimes before accessing treatment.

In Worcestershire in 2018/19, 100% of all people waiting for treatment were seen in under three weeks of being referred. This was slightly higher than the national figure of 98%.[12]

Numbers in Adult Treatment - Drugs

In Worcestershire in 2018/19 there were 1,370 adults accessing drug treatment (opiates and non-opiates only). This represents a reduction of 13% since 2014/15, when 1,565 adults were accessing treatment. This exceeds the reduction observed reflected nationally where there has been a reduction of 8%, from 177,989 adults in 2014/15 to 164,098 clients in 2018/19.[12]

In Worcestershire, the most significant decrease in numbers in treatment has been from adults presenting with opiate dependence. The percentage of adults in treatment for opiates has decreased by 12% in the past five years, whereas the percentage of those reporting cocaine and opiate and crack cocaine use has increased.[12] Figure 1 shows how reported substances of use for individuals accessing adult drug treatment has varied since 2014/15 (this graph excludes alcohol).

Younger clients are more likely to use cannabis and crack cocaine than opiates. In 2018/19 37% of service users aged 18-24 reported using cannabis where only 15% reported opiate and crack cocaine use. The percentage of service users aged 18-24 reporting cannabis use in Worcestershire has increased from 21% in 2014/15 to 37% in 2018/19. Over the same time period national percentages of cannabis use among clients aged 18-29 have remained fairly stable, at about 40%.[12]

The percentage of service users in Worcestershire aged 18-24 reporting cocaine use has increased from 6% in 2014/15 to 23% in 2018/19[12]. There has not been a corresponding increase in cocaine use in either the 30-49 or 50+ age groups. There has been a smaller increase in cocaine use nationally, from 19% in 2014/15 to 27% in 2018/19.[12]

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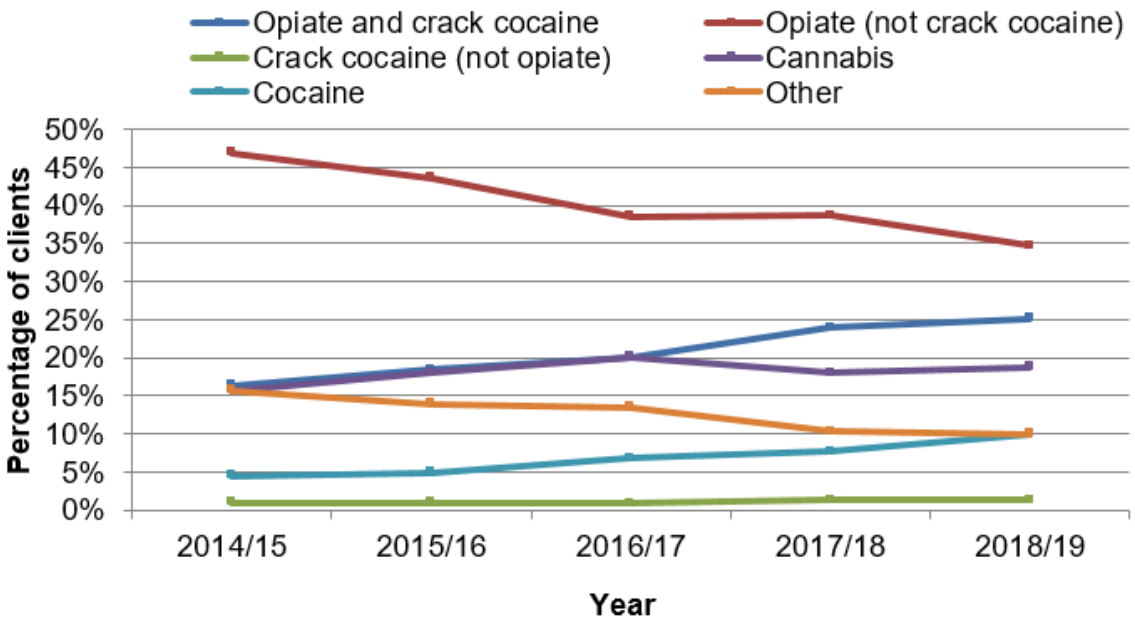
https://worcestershire.moderngov.co.uk/documents/b5944/Item%206%20Effectiveness%20of%20the%20Prevention%20and%20Recovery%20Drug%20and%20Alcohol%20Misuse%20Service%2026th-Jan-2017%20.pdf?T=9 (Accessed: 21st November 2019)

[12] National Drug Treatment Monitoring Service (2019) Adult profiles. Available here: https://www.ndtms.net/ViewIt/Adult (Accessed: 7th November 2019)

Adults can report a problem with up to three substances at the start of treatment so they may be included in more than one of the categories.

Figure 1: Substance use (percentage) for clients in Worcestershire, 2014-2019



Source: National Drug Treatment Monitoring Service (2019) Adult profiles: clients in treatment – Worcestershire – all in treatment. https://www.ndtms.net/ViewIt/Adult

Demographic Characteristics of People Accessing Treatment Services

There is a higher percentage of males than females accessing alcohol and drug treatment in Worcestershire and also in England and Wales.

The majority referred for treatment of alcohol dependence in Worcestershire are aged between 30-60 years. This is similar to England and Wales.

A higher percentage presenting for drug treatment in Worcestershire are aged between 30-39 years than in England and Wales.

There has been a reduction in the percentage of younger people (18-24) accessing substance misuse treatment services (all substances, including alcohol). In 2014/15 in Worcestershire, 19% of those accessing substance misuse treatment were aged 18-24 and by 2018/19 this had reduced to 14%. There has been an increase in those aged 50+ accessing treatment, with 14% aged 50+ in 2014/15 and 21% aged 50+ in 2018/19.[12]

Figure 2: Demographic Characteristics of individuals accessing treatment services 2018-19

	Gender			
	Worcestershire		England	
Service	Male	Female	Male	Female
Alcohol Treatment	62%	38%	60%	40%
Drug Treatment	73%	27%	73%	27%
Young People	65%	35%	66%	34%

	Alcohol Treatment		Drug Treatment	
Age Group	Worcestershire	England	Worcestershire	England
18-29	9%	9%	16%	17%
30-39	21%	22%	41%	35%
40-49	32%	30%	32%	32%
50-59	26%	27%	9%	13%
60-69	9%	10%	2%	2%
70-79	3%	2%	0%	0%
80+	0%	0%	0%	0%

Ethnicity	Alcohol Treatment	Drug Treatment
White British	63%	77%
Other White	2%	2%
Other Ethnicity	0%	3%
Missing / incomplete	34%	17%

Disability	Alcohol Treatment	Drug Treatment
% of individuals with at least one disability	11%	11%

Source: Public Health England, Adult – drugs commissioning support pack 2019/20: key data for Worcestershire, Adult – Alcohol commissioning support pack 2019/20: key data for Worcestershire and Young Peoples – drug and alcohol commissioning support pack 2019/20: key data for Worcestershire,

Age: Alcohol

The percentage of younger people in treatment for alcohol-only has been reducing in recent years.

In 2014/15 14% of the alcohol-only treatment population in Worcestershire was aged 18-29; by 2018/19, this had reduced to 9% (this is identical to the percentage for England).

There has been a change in the cohort of people accessing services. More people engaged with treatment are over 50 years and there has been a reduction in the younger age group under 18 years. In 2014/15, 32% of clients were aged over 50; by 2018/19 this figure had increased to 38%, which is similar to the England percentage of 39% (NDTMS, 2019).

Table 1: Percentage of alcohol users by age group in Worcestershire, 2014-2019[13]

Age Group	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)
18-29	14	12	9	8	9
30-49	55	52	52	52	53
50+	32	38	38	39	38

Source: National Drug Treatment Monitoring Service (2019)

Age: Drugs

Data indicates that the percentage of clients accessing opiate only adult drug treatment aged 18-29 has reduced from 16% in 2014/15 to 8% in 2018/19. The percentage of those aged 50+ has increased from 8% to 13% over the same time period.

Table 2: Percentage of opiate users by age group in Worcestershire, 2014-2019

Age Group	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)
18-29	16	14	13	9	8
30-49	76	76	78	80	79
50+	8	9	10	10	13

Source: National Drug Treatment Monitoring Service (2019)

The percentage of individuals accessing non-opiate adult drug treatment services aged 18-29 has also reduced, from 54% in 2014/15 to 48% in 2018/19.

Over the same time period there has been a 14% increase in those aged 30-49 accessing non-opiate only services (from 36% to 50%) and a decrease in those aged 50+ accessing services (from 8% to 3%).

Ethnicity and Complex Needs

A recent pilot project by West Mercia Women's Aid in 2018 reviewed local data from several service providers in relation to domestic abuse and associations between drug and alcohol use. They identified clients of Asian, Eastern European and Other White ethnicities were less likely to disclose alcohol or drug support needs, each accounting for 1% or less of each group, compared to 3% of White British referrals. Clients of Mixed Ethnicity were slightly more likely to disclose alcohol and drug support needs, accounting for 6% and 9% of mixed ethnicity referrals respectively. Clients of Asian, Eastern European and Other ethnicities were significantly less likely to disclose mental ill-health than White British clients. Gypsy/Roma/Traveller were more likely to disclose mental ill health needs.

WMWA have identified that people from BAME communities are less likely to engage in drug and alcohol treatment services. This is possibility associated with their expectation of treatment as well as stigmatization from within their own communities in relation to disclosing a drug or alcohol support need, driven by cultural and social norms. Awareness of the differing cultural

[13] Figures may not sum due to rounding.

and social norms within each community should be a consideration when delivering drug and alcohol treatment services.

Number of People with Unmet Need

It is important to consider gaps in the population accessing treatment services and the extent of unmet need to ensure this is considered when redesigning future services.

Unmet Need: Alcohol

It is estimated by PHE that there are 5,169 alcohol dependent adults living in Worcestershire and of those, only approximately 20% are in a structured alcohol treatment programme. 80% are not having their treatment needs met. This number is known as the level of unmet need. The level of unmet need in Worcestershire is similar to the England average (80% to 82% respectively).

In addition to addressing gaps in treatment provision, prevention is also important (e.g. drinking alcohol to excess or underage) but not classed as alcohol dependent. For example:

In 2011-14 30.2% of adults in Worcestershire were drinking over 14 units of alcohol per week, compared to 25.7% across England as a whole.[14]

In 2014/15, 70% of young people aged 15 years had had an alcoholic drink, which is higher than the percentages of 62.4% nationally and 56.3% across the West Midlands.[15]

Unmet Need: Drugs

In 2016/17 (the latest available data) it was estimated there were 2,298 people misusing opiate and/or crack, 2,118 people misusing opiates and 1,764 people misusing crack in Worcestershire.[12]

Table 3: Proportion of Unmet Need by Substance of Use

Substance (Unmet Need %)	**Unmet Need (No.)**	**Total Users (No.)**
	(2014-15 Est.)	**(2016-17 Est**Error! Bookmark not defined.**.)**
Opiate Crack Users (Worcestershire:55%,England:51%)	1264	2298
Opiate (Worcestershire:49%, England:46%)	1038	2118
Non-opiate (Worcestershire: 66%, England: 62%)	1164	1764
Total	**3466**	**6180**

[14] Public Health England (2019) (4) Local alcohol profiles for England. Available at: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938133118/pat/6/par/E12000005/ati/102/are/E10000034 (Accessed: 7th November 2019)

[15] Public Health England (2015) Public Health Profiles. Available at: https://fingertips.phe.org.uk/search/alcohol#page/3/gid/1/pat/6/par/E12000005/ati/202/are/E10000034/iid/91793/age/44/sex/4 (Accessed: 7th November 2019).

Treatment Outcomes

Treatment Outcomes: Alcohol

Time in treatment

In Worcestershire, in 2018/19, 94% of service users in alcohol-only treatment were in treatment for less than one year. 5% were in treatment for 1 to 2 years. This represents less time spent in treatment than for England as a whole, where 88% of clients were in treatment less than one year, 9% were in treatment 1-2 years, and 3% were in treatment 2-4 years[12]

Treatment exits

In Worcestershire, in 2018/19, 69.4% of service users left treatment due to successful completion. This has been rising from a percentage of 43.2% in 2014/15. 27.9% of service users dropped out in 2018/19, compared to 48.8% in 2014/15. Percentages of successful completion and drop outs for alcohol-only clients in Worcestershire and England.

Clients completing and not re-presenting

In 2018/19 41.8% of alcohol-only service users in Worcestershire completed treatment and did not re-present to services within six months. This is an improvement since 2014/15 when the percentage was 30.2% and is higher than the current England percentage of 37.6%[12]. In Worcestershire, a lower percentage of alcohol-only clients were recorded as attending a mutual aid meeting than other areas.

Treatment Outcomes: Drugs

Time in treatment

In Worcestershire the length of time in treatment for adults misusing opiates has remained fairly constant over the past five years. Nationally, in 2018/19, 35% of adults misusing opiates had been in treatment less than one year[12.] For non-opiates only, in 2018/19 all 185 service users had been in treatment for less than one year.

Treatment exits

In Worcestershire in 2018/19, 40.4% of adults misusing opiates were recorded successfully completing treatment at exit. This has increased from 18.2% in 2014/15 and is substantially higher than in England (24.6%). 36.2% dropped out of treatment (better than the England percentage of 41%), 19.2% transferred, and 4.3% died.[12]

There have been improvements in successful completions in Worcestershire for adults misusing opiates in recent years, but this rate is still lower than in England. In 2018/19 53.6% adults exited treatment due to successful completion, slightly lower than the national percentage of 54.7%. However, this represents a substantial increase from 40.7% in 2014/15.

39.3% dropped out of treatment, a reduction from a percentage of 55.6% in 2014/15. This is slightly higher than the national percentage of 37.2%. The remaining clients exited due to transfer[12.]

Service users completing and not re-presenting to treatment

In 2018/19 8.09% of adults misusing opiates in Worcestershire completed treatment and did not re-present to services within six months. This rate has been improving steadily since 2014/15

when only 35% of non-opiate only clients completed treatment and did not represent to services within six months[12].

Treatment services also include an offer of attending referral to mutual aid groups to assist recovery. In Worcestershire, lower numbers are recorded attending than in other areas which may be due to differences in recording. Even if the comparisons are not entirely reliable, the percentage for Worcestershire is still extremely low.

Substance Misuse Treatment and Outcomes for Young People (Under 18s)

Numbers in treatment

In 2017-18 there were 129 young people under 18 in specialist substance misuse services in Worcestershire[16]. 68% of these were in services in the community, 28% in young people specialist services in the community (aged 18-24) and 2% were in services within the secure estate.

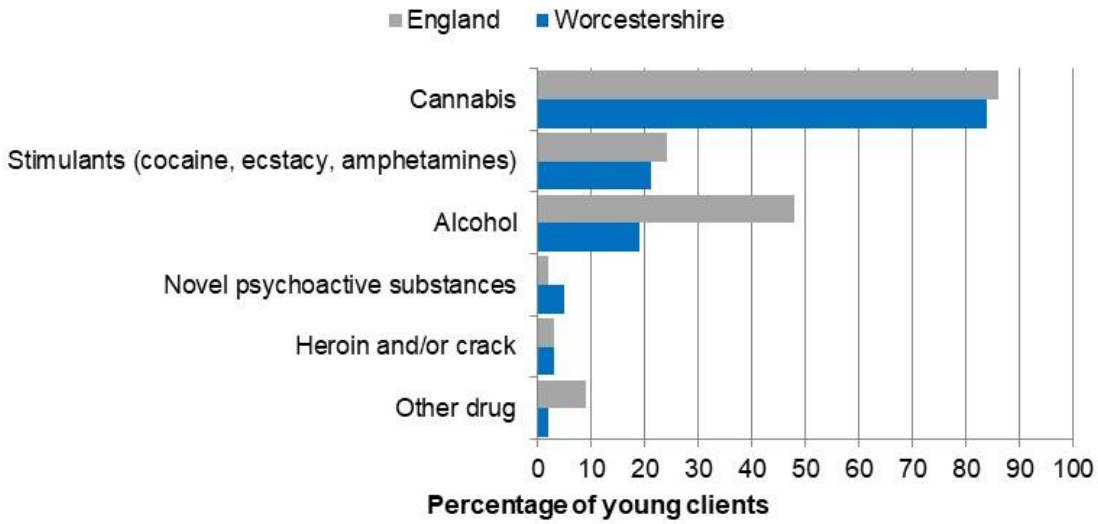
Source of referral

The highest percentages of referrals for younger people into drug and alcohol treatment services are via health and mental health services (30%); this is almost three times higher than the national percentage (9%).[16] Worcestershire has a lower percentage of referrals from education services (23%) in comparison to the national percentage (31%), children's and family services (12%) compared to the national percentage (16% nationally) and a lower percentage of referrals from self, family and friends (8%) compared to nationally (11%).

Which substances are being misused?

Worcestershire has a higher percentage of young people who are in treatment for cannabis than other drugs, this is similar to England. In Worcestershire, there are a lower percentage of young people in treatment for alcohol dependence.

Figure 3: Percentage of Under 18s reporting problematic substance misuse by substance (2018-19



[16] Public Health England (2018) (5) Young people – substance misuse commissioning support pack 2019-20: key data

Characteristics of those in treatment

When compared to England the proportion of young people under 18 years in treatment with vulnerabilities is lower than proportions for England. No service users in 2018-19 were requesting treatment for dependence on opiates and/or crack cocaine. 8% were Children Looked After, compared to 10% in England. The proportion subject to a child protection plan in Worcestershire was half that of the national rate at 4% compared to 8% nationally. There is a significant difference between service users in Worcestershire identified as having a mental health treatment need were receiving treatment for that need – just 28% of young people were receiving treatment, compared to 70% nationally.

There are also variations by gender. In Worcestershire, 27% of males were NEET, this is higher in comparison to England at 17%. A higher proportion of females were aged under 15 when accessing treatment at 68% compared to 58% in England.

Table 4: Percentage of young people with each risk factor/vulnerability in Worcestershire and England (2018-19)[16]

Wider vulnerabilities	Worcestershire	England
Looked after child	8%	10%
Child in need	10%	10%
Affected by domestic abuse	21%	21%
Identified as having a mental health treatment need	35%	33%
Affected by sexual exploitation	0%	4%
Involved in self-harm	15%	17%
Not in education, employment or training (NEET)	21%	15%
NFA/unsettled housing	0%	1%
Involved in offending/antisocial behaviour	23%	30%
Pregnant and/or parent	2%	2%
Subject to a child protection plan	4%	8%
Affected by others' substance misuse	12%	23%
Co-occurring substance misuse and mental health issues		
Identified as having a mental health treatment need	35%	33%
Receiving treatment for their mental health need(s)	28%	70%

Source: Public Health England (2019), Young people - substance misuse commissioning support pack 2020-21: key data

Time in treatment and treatment outcomes

Young people in Worcestershire spend less time in specialist drug and alcohol treatment services than in England. 51% of under 18s in specialist services in England spent 0-12 weeks in the service, compared to 43% in England[16]

Worcestershire has shown improvement in the proportion of young people who are exiting treatment services in a planned way from 65% in 2015-16 to 80% in 2017-18, which is the same as the national percentage.

6% of young people leaving specialist substance misuse interventions in a planned way re-present to services within six months – this is slightly higher than the national percentage of 5%.

Outcomes for the wider population affected by drugs and alcohol

The following section explores the impact of drugs and alcohol on the health of the population in Worcestershire by referring to admission data from acute services and reviewing trends in mortality data associated with drugs and alcohol.

There have been significant improvements in outcomes achieved by the current service provider since the service was commissioned in 2015 compared with local and national comparators, as reported to the Health and Wellbeing Board in 2018. There has been an increase in numbers of adults and young people entering and completing treatment for drug and alcohol dependence and becoming abstinent. Time in treatment is reducing, associated with more effective links to wrap around services including employment, housing and volunteer recovery champions. There is positive engagement with primary care and mental health services which also enables service users to receive treatment for associated physical and mental health problems, in addition to drug and alcohol dependence thus improving health outcomes.

There has been a reduction in alcohol-specific mortality overall in Worcestershire compared to England, but this varies across the County. There is an increase in alcohol-related liver disease significantly above the England average and alcohol-related hospital admissions are increasing in certain parts of the County.

There are close associations between family safeguarding and drug and alcohol misuse impacting on outcomes for young people and parents, particularly associated with trauma requiring a specialised multi agency response. There is an association between child protection, Young People Looked After, drug and alcohol use.

In addition, demographics indicate an ageing cohort of people with complexity associated with drug and alcohol which will impact in the future on health and social care.

Accident and Emergency Admissions

Public Health England analysed data on use of Accident and Emergency services for a group of Worcestershire patients that had an alcohol specific admission in 2015/16. All A&E attendances by this group of patients were then looked at over a 3 year period (2014/15 – 2016/17). It is important to note that these attendances may or may not be linked to alcohol.

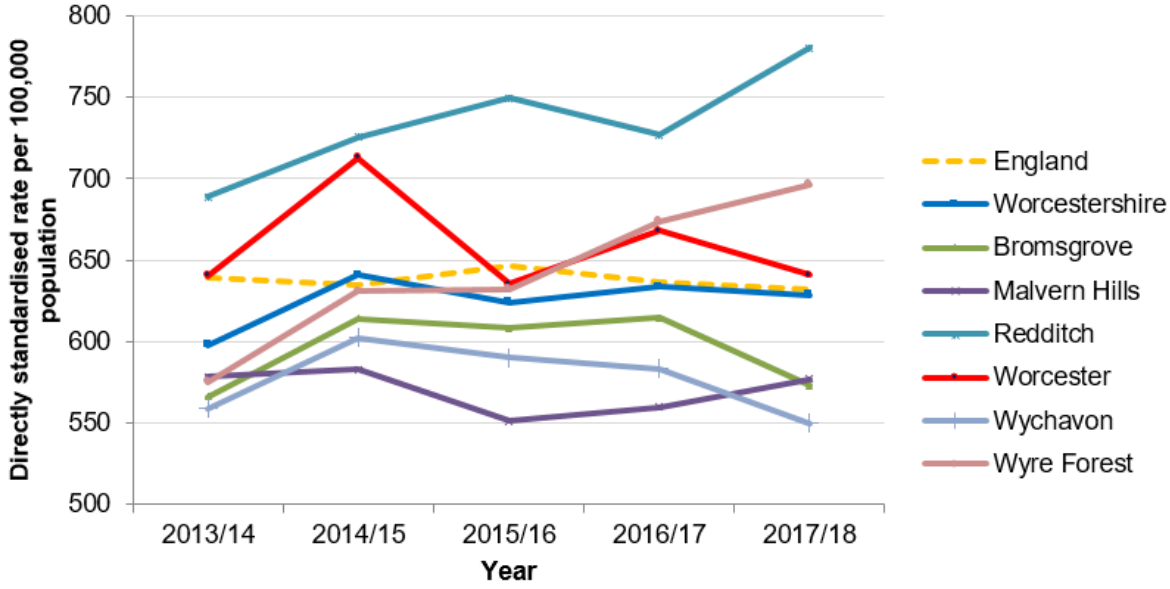
In Worcestershire, there were 1,621 patients within this cohort, of those 1,470 patients (90.7%) had visited A&E in the preceding year. This is compared with 47.5% of all patients having an A&E visit in the preceding year. This averages as 3.0 A&E visits per year for each patient in the 2015/16 alcohol-admitted cohort (compared to 0.9 A&E visits of all patients). In comparison, over the financial period 2015/16 there were 178,066 A&E visits by Worcestershire residents. This averages out as 0.3 A&E visits per year for each Worcestershire resident.

From this alcohol-admitted cohort 62 patients visited A&E more than 20 times in the preceding year. Combined, these 62 patients visited A&E a total of 1,814 times. Over two-thirds of patients from the alcohol cohort had arrived at A&E by ambulance, in comparison less than a quarter of A&E attendances by Worcestershire residents during the same time period had arrived by ambulance.

Alcohol-Related Hospital Admissions

Admissions for alcohol-related conditions (narrow) can be interpreted as any admission where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause. As shown in Figure 4, the rate of admission episodes for alcohol related conditions (narrow) in Worcestershire is similar to the national rate. However, there is considerable variation across the districts; rates are highest (and significantly higher than the England rate) in Redditch and Wyre Forest. The rate has been consistently high in Redditch and continues to rise.[17]

Figure 4: Admission episodes for alcohol-related conditions (narrow) by district/year (2013 - 2018)



Source: Public Health England, Local Alcohol Profiles for England - admission episodes for alcohol-related conditions (Narrow)

Admissions for alcohol-related conditions (broad) can be interpreted as admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an 'alcohol attributable code'. This is a better indicator for the totality of alcohol harm.

Rates of hospital admissions for alcohol-related conditions (broad) in Worcestershire are significantly lower than the England average, however, similarly to previous observations, there are variations across the six districts. This has increased considerably since 2008/09, and at a faster rate than in England. In Redditch, the rates of alcohol related admissions are now significantly higher than the national average. Rates are also increasing in Wyre Forest, although, they remain similar to the England average.

[17] Public Health England (2018) (6) Public Health Profiles – admission episodes for alcohol related conditions (narrow). Available at: https://fingertips.phe.org.uk/search/alcohol%20admissions#page/4/gid/1/pat/202/par/E10000034/ati/201/are/E07000239/iid/91414/age/1/sex/4 (Accessed: 21st November 2019).

The increasing hospital admission rates in Redditch requires further investigation in order to fully understand causation.

Alcohol Specific Hospital Admissions

An admission for an alcohol specific condition indicates admission to hospital where the primary or secondary diagnosis is a condition wholly attributable to alcohol. Admission episodes for alcohol specific conditions in Worcestershire are 391 per 100,000 population compared to the England rate of 570 per 100,000 population. Rates in Worcestershire have been below the England average since 2008/09 and the gap between the rate in England and the rate in Worcestershire has been widening.[17]

Drug Related Hospital Admissions

In 2017/18 the local rate of hospital admission for drug poisoning was 43.2 per 100,000 population, compared to 54.2 nationally.[18]

In 2016/17 (most recent data) in Worcestershire there were 20 hospital admissions where there was a primary diagnosis of drug related mental health and behavioural disorders[19]. This represents a rate of 4 per 100,000 population which is lower than the rate of 13 per 100,000 population nationally. It is also the lowest rate across all local authorities in the West Midlands.

Mortality

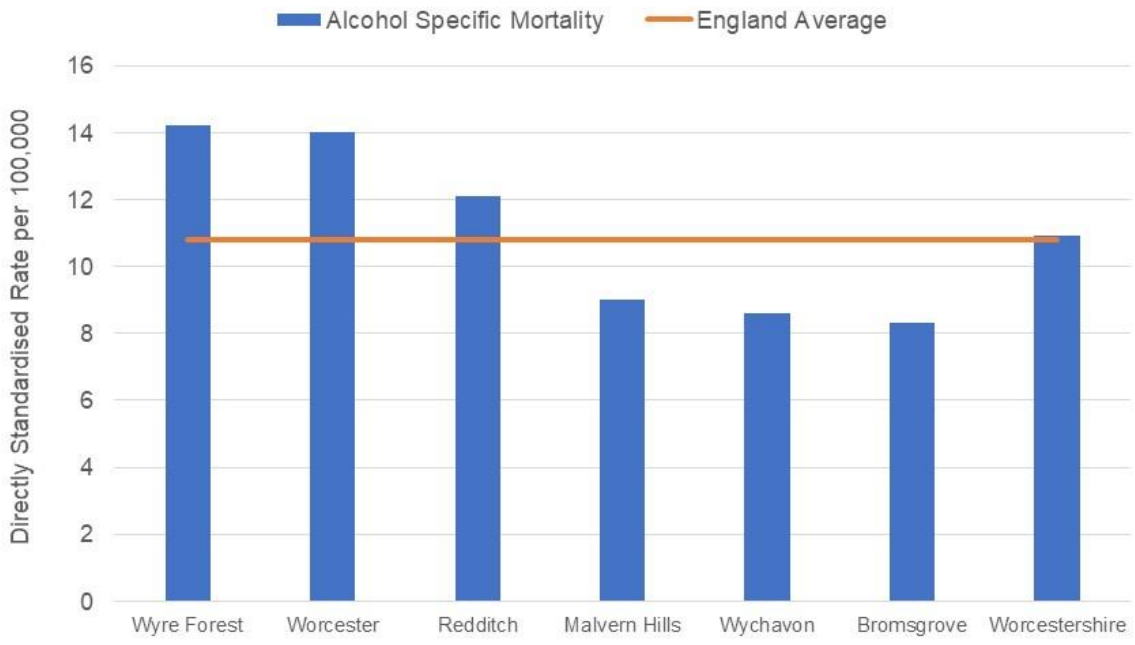
Alcohol Specific Mortality

Alcohol specific mortality data show those deaths that are wholly attributable to alcohol consumption. Figure 5 shows alcohol specific mortality in Worcestershire in 2016-18 (10.9 per 100,000).

Figure 5: Alcohol Specific Mortality Rate (Persons) by District, Worcestershire and England average (2016-18)

[18] Public Health England (2018) (3) Adult – drugs commissioning support pack 2019/20: key data for Worcestershire

[19] NHS Digital (2018) Statistics on Drug Misuse: England, 2018. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2018 (Accessed: 18 November 2019)



Source: Public Health England Local Alcohol Profiles for England (Worcestershire) – Alcohol specific mortality. https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/3/gid/1938132984/pat/102/par/E10000034/ati/101/are/E07000237/iid/91380/age/1/sex/4

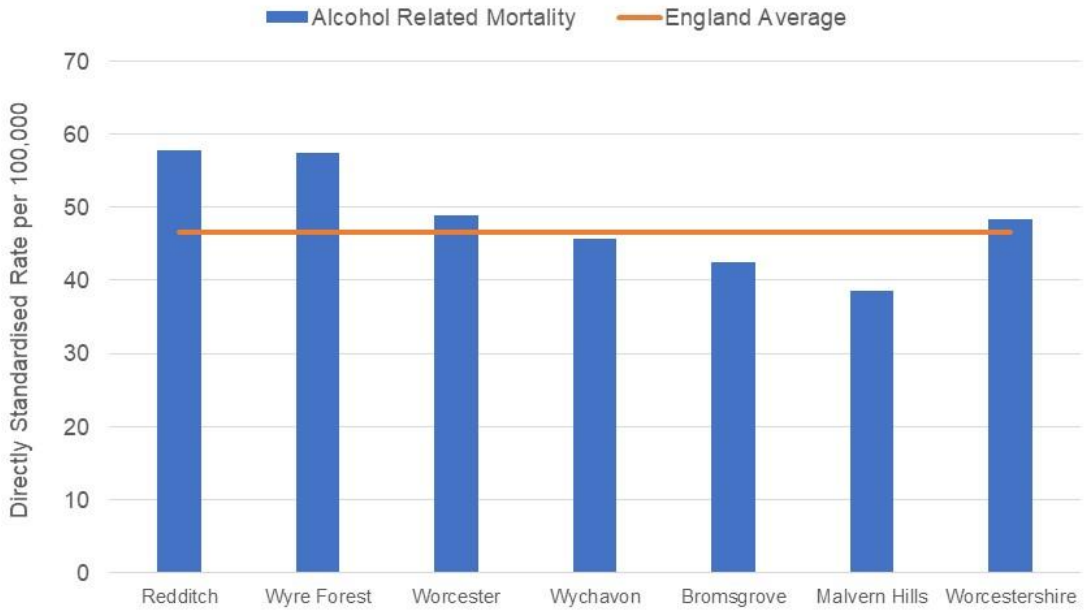
The rate varies across the districts, with higher rates than England in Worcester, Redditch and Wyre Forest. The rate for Worcestershire as a whole has remained similar to the England rate since 2006-08 – the current rate is 10.9 per 100,000 population, compared to 10.8 for England.

Alcohol Related Mortality

Alcohol-related mortality indicates deaths from diseases where there is evidence that alcohol plays a contributory part. These include where alcohol is a direct cause (such as alcoholic liver disease) but also deaths from diseases where alcohol is causally linked to the condition such as cancers of the mouth, oesophagus and liver.

Figure 6 shows that the rate of alcohol related mortality in Worcestershire (48.4) is similar to the England (46.5) Again, there is considerable variation both across districts and over time. Rates are highest in Redditch and Wyre Forest. Alcohol-related mortality rates for Worcestershire have remained similar to the England rate since 2008.

Figure 6 : Alcohol Related Mortality Rate (Persons) by District, Worcestershire and England average (2016-18)



Source: Public Health England Local Alcohol Profiles (Worcestershire) – Alcohol-related mortality. https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/6/par/E12000005/ati/102/are/E10000034/iid/91382/age/1/sex/4

Drug Related Mortality

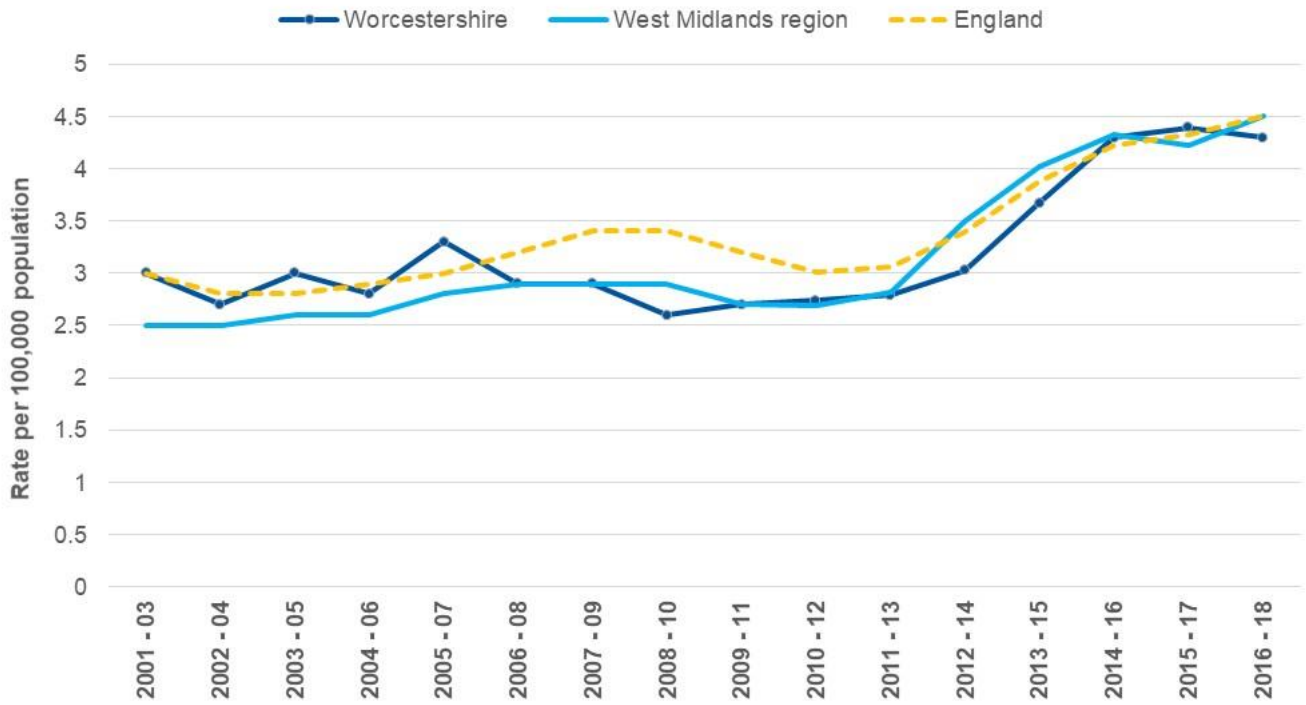
In Worcestershire, there were a total of 72 deaths from drug misuse in 2016-18. The rate of drug related deaths are over two times higher in males (6.1) than in females (2.6). In 2016-18, the highest number of deaths from drug misuse was in the districts of Worcester (17) and Wyre Forest (17).

In 2016-18 the rate of drug misuse deaths was 4.3 per 100,000. This is not statistically significant in comparison to the national level of 4.5 per 100,000.

The number and rate of deaths has been increasing over time both nationally and in Worcestershire. Between 2011-13 and 2016-18 the number of deaths from drug misuse has increased by 60% in Worcestershire, compared to a 51% increase in England (the difference between these two values is not statistically significant).

The rate and numbers have shown little change in Worcestershire between 2014-16 and 2016-18, in comparison to a small national increase. Given that these two time periods have an overlapping year, it is too early to say if this represents a slowdown in long term trends (see additional information table).

Figure: Drug misuse mortality rate (standardised rate per 100,000 population)



Wider Determinants

This section considers the impact of wider determinants on health which can have a significant impact on individuals and families affected by drug and alcohol misuse. These include social inequalities, education, housing and homelessness, employment and crime. These factors are considered below:

1. Social Inequalities

Variation in the experience of wider determinants of health (social inequalities) is considered the fundamental cause of health inequalities. Unemployment and homelessness are contributary factors.

A complex relationship exists between socio-economic status and alcohol consumption and is commonly termed the alcohol harm paradox. Various studies have shown that although there is little difference in alcohol consumption between affluent and deprived communities, alcohol related ill-health is significantly more common in the latter. Bellis *et al* (2016) hypothesized that this variation in ill-health could be related to a range of other contributing factors including smoking and poor diet.

There is a socioeconomic element to patterns of drug misuse and a relationship with levels of deprivation. Drug use and misuse tends to be clustered; areas of relatively high social deprivation have a higher prevalence of illicit opiate and crack cocaine use including more people in treatment for class A drug dependence e.g. Liverpool and North West region. However, it is important to note that this association can depend on the types of drugs that are studied, community and family resilience. The availability of community support, adequate income, employment and housing are identified as protective factors. Further information on Health Inequalities in Worcestershire is available in the following JSNA Briefing on health inequalities.

2. Education

Statutory safeguarding guidance for schools and colleges is described in “Keeping Children Safe in Education” which recommends work in schools and community settings to improve life skills and resilience. Evidence suggests this type of approach can have lasting impact on children and young people, supporting the development and sustainment of positive habits and behaviours.

Many young people receiving specialist interventions for drug and alcohol problems have a range of vulnerabilities. Examples of the types of risks young people report at the start of treatment include: not in education, employment or training (NEET), in contact with the youth justice system, experience of domestic abuse and sexual exploitation.

We know that outside of mainstream education, i.e. in Pupil Referral Units and Alternative Education Provision. There is a current gap in the system. This is as a result of Children and Young People being permanently excluded from schools or their mental health/anxiety/autism (mostly) meaning that mainstream education is no longer suitable for them.

Alcohol and drug use can be associated with early sexual initiation and other risky sexual behaviours. Universal and targeted services have a role to play in building resilience and providing advice and support to prevent harm to students through drug and alcohol use at the earliest opportunity. It is important to ensure clear referral routes to specialist services for young people whose use has escalated and/or is causing them harm.

3. Housing and Homelessness

Homelessness is an important factor to consider when assessing the wider harmful impact of drug and alcohol upon society. Access to health services is an issue nationally and locally with significant numbers of homeless people facing barriers to access and/or insufficient treatment for drug and alcohol problems, physical and mental health. Housing and support to maintain a tenancy can play a key role in helping people to tackle their substance misuse. Domestic abuse and breakdown in family relationships are also associated with poor outcomes from recovery for drug and alcohol problems and there is a strong association between drugs and alcohol and family violence.

Homeless people are at increased risk of a wide range of health problems related to physical health, mental health and substance misuse (usage of illegal and prescribed drugs, and of tobacco and alcohol). Physical health problems can include infectious diseases notably TB, Hepatitis B and C, HIV, circulatory and respiratory conditions, and poor oral health. Many homeless people also experience chronic pain and vulnerability to long term poor health.

In Worcestershire, the rate of statutory homelessness is 2.7 per 1,000 households. This is higher than the England average of 2.4 per 1,000 households. Worcester City has the highest rate of statutory homelessness at 4.1 per 1,000 households, this is significantly higher than the England average. Wyre Forest also has a significantly higher rate of statutory homelessness, in comparison to the England average at 3.4 per 1,000 households. Further information about Homelessness in Worcestershire is available in the following JSNA Profile on Homelessness.

Housing and Alcohol

In 2018/19, 6% of new presentations to alcohol-only services in Worcestershire had a housing problem and 2% had an urgent housing problem[12.] This is similar to the England percentages of 7% and 3%.

Housing and Drugs

People misusing illicit drugs are seven times more likely to be homeless than the general population, and research suggests that two thirds of individuals report increasing problems with drugs and alcohol after becoming homeless.[20]

In Worcestershire in 2018/19, approximately 22% of opiate users who were new presentations to adult substance misuse services reported having an urgent housing problem. This exceeded the percentage for 2017/18 (17%) and for 2016/17 (15%). It is also higher than the percentage for England, which is 16%.

16% of people misusing opiates also reported a housing problem – this percentage has remained very similar since 2014/15. 4% people misusing non-opiate drugs experienced an urgent housing problem, an increase from 0% on 2017/18. 11% had a housing problem, and again, this has remained stable since 2014/15.[12] Further information about Housing and Health in Worcestershire is available in the following JSNA Briefing on Housing and Health.

[20] Alcohol Research UK (2017) The Sandwell multi-agency management group for high income problem drinkers: interim evaluation. Available at: https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/AlcoholInsight_0144.pdf?mtime=20181110133904 (Accessed: 21st November 2019).

4. Employment

The Government's Drug Strategy (2017) and Alcohol Strategy (2012) highlighted the need for a co-ordinated partnership approach between local authorities, health providers, employment, housing and criminal justice providers, in responding to the challenges of substance misuse. Employment and can have a health protecting effect. It is critical to ensure that individuals are supported as far as possible to remain in employment alongside treatment for their drug or alcohol problems to help sustain recovery.

Employment and Alcohol

In 2018-19 Worcestershire reported a higher percentage of clients in regular employment who also commenced structured alcohol treatment than in England (41% compared to 35%).

However, a higher percentage of clients starting treatment were unemployed or economically inactive – 40% compared to 36%. There was a much lower percentage of Worcestershire clients (7%) who were long-term sick or disabled compared to the percentage for England (22%).

Employment and Drugs

In 2018-19 26% of clients presenting for structured drug treatment in Worcestershire were in regular employment, which is higher than the 23% reported nationally. Only 9% were long term sick or disabled, which is much lower than the percentage reported nationally (26%).[21]

5. Crime

When engaged in treatment for drug and alcohol problems, people use alcohol and illegal drugs less, commit less crime, improve their health, and manage their lives better.

Crime and Alcohol

Crimes in Worcestershire are recorded with the use of markers to identify whether different types of crimes have one or more contributory factors. The data presented in the following section shows the rate of recorded crimes that have been given a marker of 'Alcohol related'[22].

In 2016-17, Worcester City had the highest rate of alcohol related crime at 15.6 per 1,000 population. This was significantly higher than the Worcestershire average of 8.9 per 1,000 population. The rate of Alcohol Related Crime in Wyre Forest was also significantly higher than

[21] Public Health England (2018) An evidence review of the outcomes that can be expected of drug misuse treatment in England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf (Accessed: 4th November 2019)

[22] The following caveats apply to this data. The markers are recorded by the reporting officer and as such are a subjective opinion. Data has only been reported for 2014-15, 2015-16 and 2016-17 because changes were made to the system used to record data and data for 2017-18 and 2018-19 has data quality issues. As such, this data has been removed while issues are being rectified. It is anticipated that 2019-20 data will be back to the data quality standard.

the Worcestershire average at 10.6 per 1,000 population. It is likely that the night-time economy is a contributory factor to districts with higher rates of Alcohol Related Crime.

Across all Worcestershire districts it would appear there has been an increase in recorded crimes of this type. However, it should be noted that this might be due to improvement or modifications in recording processes, as opposed to an actual increase in Alcohol Related Crime.

Crime and Drugs

The national Drug Strategy (2017), stated that approximately 45% of acquisitive crime is committed by people regularly misusing heroin or crack cocaine. It is therefore important that there is close co-operation between criminal justice agencies and drug treatment services to prevent this escalating further and ensure people have access to appropriate support and help.

In Worcestershire, there has been increasing activity by County Lines operating across the region. County Lines is a term used to describe gangs or organized criminal networks involved in exporting illegal drugs in to one or more importing areas (within the UK). They use dedicated mobile phone lines or other form of "deal line" to exploit children and vulnerable adults to move and store the drugs and money. They will often use coercion, intimidation, violence (including sexual violence) and weapons[23]. Male and female young people aged between 15-17 years are among the highest proportion of vulnerable people identified in this form of drug trafficking. Gangs and County Lines associated with serious organised violence and exploitation require different solutions to traditional treatment approaches for people requiring drugs and alcohol treatment in partnership with the police, criminal justice and other agencies.

Crimes in Worcestershire are recorded with the use of markers to identify whether different types of crimes have one or more contributory factors. The data presented in the following section shows the rate of recorded crimes that have been given a marker of drug-related[24].

In 2016-17, Worcester City had the highest rate of drug related crime at 6.3 per 1,000 population, this was significantly higher than the Worcestershire average of 4.0 per 1,000 population. In both Redditch and Wyre Forest, there has been an increase in the rate of drug-related crime being recorded, whilst the other district areas have seen rates fall from 2015-16 to 2016-17. However, this could be due to various reasons, including improvements in recording, affecting the reliability of the data.

[23] PNLD (2019) County Lines, [Online] Available from: https://www.pnld.co.uk/county-lines/

[24] The following caveats apply to this data. The markers are recorded by the reporting officer and as such are a subjective opinion. Data has only been reported for 2014-15, 2015-16 and 2016-17 because changes were made to the system used to record data and data for 2017-18 and 2018-19 has data quality issues. As such, this data has been removed while issues are being rectified. It is anticipated that 2019-20 data will be back to the data quality standard.

At Risk Groups

Young People and Families

Effective treatment of the parents' substance misuse problems is one of the most likely ways to enhance parenting capacity. Drug and alcohol treatment services in partnership with other agencies must carry out a whole family assessment, ensuring responsibility for the child's well-being.

The views and wishes of a child should be central to multi-agency family assessment and intervention services. Substance misuse services need to be family focused and child/young person friendly. Health services, social services, education services, voluntary sector and the criminal justice system need to work together, sharing data and information appropriately at all stages from referral through the treatment journey to manage risk and improve outcomes.

Further information about Children and Young People in Worcestershire is available in the following JSNA Early Help Needs Assessment.

Parental alcohol and drug use: understanding the problem (Public Health England)

The tool used the findings from a rapid evidence review carried out by Newcastle University which assessed the prevalence of parents' non-dependent alcohol and drug use and the impact on their children and evaluated interventions for parents and children in these circumstances. More information, and a copy of the evidence review, is available on this Newcastle University blog.

Parent Substance Misuse - Alcohol

There are an estimated 1,157 adults with an alcohol dependency who live with children in Worcestershire. A quarter of adults (25%) with an alcohol dependency are estimated to be in treatment, this is higher than the national average (21%)[6]. In 2016-17, 17.2% of cases identified alcohol as a risk factor in children in need assessments this was lower than the regional (19.6%) and national average (18.0%)[25].

Parental Substance Misuse - Drugs

It is acknowledged that children living with parents who misuse alcohol or drugs can be at greater risk of harm.

There are an estimated 643 adults with an opiate dependency who live with children in Worcestershire. Approximately 52% of adults with an opiate dependency are estimated to be in treatment, this is the same to the national average (52%).

In Worcestershire, drug misuse episodes were identified in 14.9% of children in need assessments in Worcestershire, this was lower than the regional average (21.2%) and national average (19.7%)[25]

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. This might include abuse, neglect, household dysfunction, such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and

[25] Public Health England (2018) Parental alcohol and drug use: Understanding the problem: Parental drug and alcohol use toolkit for local authorities, [Online], Available from: https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem Accessed 07/09/2018

prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

An accumulation of ACEs can have an increasing negative impact on child development, relationships with others, engagement in health harming behaviours, and can lead to poorer mental and physical health and social outcomes in adulthood. This in turn, can represent ACE risk for the next generation. Although, not all young people who experience adversity or trauma go on to develop mental or physical health and social problems. More detail about ACEs can be found here 2018 Briefing on Adverse Childhood Experiences

Mental Health

Many adults and young people experience problems with their mental health and alcohol/drug use (co-occurring conditions). This is because self-medication with drugs and alcohol can be used to ameliorate symptoms of depression and anxiety. It is estimated that mental health problems are experienced by 86% of people misusing alcohol and 70% of people misusing drugs who access substance misuse services. There is a clear association between physical health problems and early death and alcohol/drug use and mental ill-health. Smoking tobacco, which is particularly prevalent amongst this group, is considered a significant contributor to poor physical health particularly COPD. Many people with substance misuse problems have existing 'multiple needs', including experience of trauma and abuse, homelessness, lack of meaningful activity, and a history of offending. Psychiatric conditions such as anxiety, depression, post-traumatic stress disorder, drug-induced psychosis, schizophrenia, delirium and dementia can be associated with or coincide with illicit drug misuse. Social isolation and loneliness are also significant factors. A Needs assessment about Loneliness is available in the following JSNA Loneliness Needs Assessment. Further information about Mental Health in Worcestershire is available in the following JSNA Mental Health Profile. A domestic abuse needs assessment is currently being undertaken and will be published later in the year.

There can be different presenting needs for mental health and drug addiction treatment depending on whether individuals are using alcohol or drugs in addition to experiencing symptoms of mental ill health. This can make it difficult to form a correct diagnosis on assessment leading to a problem for which is the most appropriate service to provide treatment.

National guidance for co-occurring conditions promotes improved joined-up working between substance misuse and mental health services underpinned by two key principles:

- Everyone's job – Services should work together to meet the needs of individuals with co-occurring conditions
- No wrong door – Treatment for any of the co-occurring conditions is available through every contact point

Mental Health: Alcohol

In 2018-19, 40% of people presenting for structured alcohol treatment in Worcestershire were identified as having a mental health treatment need. This was lower than the national average of 49%. A lower proportion of people in Worcestershire were engaged with a community mental health team (15%) in comparison to the England average (18%). A lower proportion of individuals were receiving support or treatment from their GP for mental health problems (44%) in comparison to the England average (59%). Overall, under two thirds (59%) of all people seeking treatment for alcohol misuse in Worcestershire were also receiving treatment for mental health problems, compared to 80% in England.

Mental Health: Drugs

In 2018-19, 44% of people presenting for structured drug treatment in Worcestershire were identified as having a mental health treatment need. This was lower than the national average of 53%. A lower proportion of people in Worcestershire were engaged with a community mental health team (13%) in comparison to the England average (20%). A lower proportion of individuals were receiving support from their GP for Mental Health (39%) in comparison to the England average (48%). Overall, 53% of all people seeking treatment for drug problems in Worcestershire were receiving mental health treatment, compared to almost 71% nationally.

The Drug and Alcohol Treatment Service in Context April 2015-March 2020

This section considers the provision of drug and alcohol treatment for adults and young people between 2015 and March 2020. It also includes information on the numbers in treatment and the outcomes achieved following treatment for drug and alcohol dependence.

In Worcestershire, the Drug and Alcohol Treatment Service is commissioned by Public Health in partnership with the Police and Crime Commissioner and offers abstinence based and harm reduction treatment for adults and young people dependent on drugs and alcohol. The service is primarily focused on providing specialist treatment and access to recovery support. Significant resource is spent on treating individuals using class A drugs associated with the most serious harm particularly heroin (opiates) and crack cocaine. The service links closely with other core services for adults and young people including acute and mental health services in a network of referral pathways through the treatment system. Prevention services are mainly located in mainstream adult and young people services commissioned by Public Health, local authority and NHS and VCS providers.

Drug and alcohol services are delivered from GP practices, specialist locality hubs serving Kidderminster, Redditch, Worcester, Evesham and partner agencies. The Provider employs doctors, nurses, substance misuse workers, peer mentors and volunteers. Partnerships with criminal justice services facilitate drug treatment and testing orders in the community and prison in-reach. Close working with housing and employment providers help sustain recovery alongside drug and alcohol treatment interventions. In addition, the Service works closely with Worcestershire Children First and Adult Social Care to ensure safeguarding and improved outcomes for children and families affected by problems associated by drug and alcohol dependence.

The Provider sub-contracts elements of delivery, which include GP shared care[26] and pharmacy services to deliver community prescribing, community detoxification, needle exchange and residential rehabilitation. The CQC rated the current services as good in their recent inspections earlier this year.

The service also provides:

- harm reduction,
- health promotion,
- needle exchange,
- testing for blood-borne viruses,
- vaccinations for Hepatitis B,
- prescribing substitute medication for opiate dependence,
- community home detoxification,
- GP shared care,
- action planning,

[26] Shared care is where a substance misuse worker and a GP work together to share the care of patient, making care more accessible and holistic

- care co-ordination and key working,
- group work,
- referral and assessment for residential rehabilitation and detoxification,
- supporting alcohol and substance users involved in the criminal justice system,
- harm reduction and abstinence-based treatment,
- debt and housing advice, and
- health engagement and life skills.

A Memorandum of Understanding has been developed between substance misuse services and mental health services. This ensures that direct referrals can be made between the drug and alcohol treatment services and NHS mental health providers. The aim is to prevent service users having to wait for assessment if they are experiencing symptoms of mental ill health and substance use dependence and receive a coordinated treatment plan. Provision also includes joint training and case discussions between services where appropriate.

The current drug and alcohol service provision model includes:

- Specialist clinics at various locations across Worcestershire
- Separate service for young people and families
- Shared care in GP settings, including 50% of GP practices in Worcestershire and additional locality based prescribing services in primary care.
- Pharmacy dispensing across 62 locations and a needle syringe programme through up to 49 pharmacies and four fixed base sites
- Distribution of naloxone to help prevent accidental overdose
- Services delivered with criminal justice partners in HM prisons, courts, custody suites and probation settings
- Partnership working providing outreach services to venues including hospitals, schools, prisons, job centres, homeless centres, street patrols, mental health residential settings and children's centres. It has conducted a pilot known as the Blue Light Project which works in partnership with other agencies to provide interventions to people with alcohol problems.
- Home visits based on individual needs
- Volunteer and peer support, helping to develop employment opportunities for volunteers
- Infection control provision via needle exchange and immunisation to prevent the increase of blood borne viruses.
- Referral to mutual aid groups

Substance Misuse Related Services in Worcestershire

It is important to acknowledge some specific organisations in the wider system which contribute to prevention and early intervention. They are in a unique position to influence the prevention agenda through their contact with children, parents and families providing low threshold information and advice about drugs and alcohol, supporting the management of risk and referring appropriately to the treatment provider.

Prevention and Early Intervention

0-19 Starting Well Service

Worcestershire County Council has commissioned Starting Well, an approach to prevention and early intervention for children, young people and their families. This contract has recently been re-tendered and from April 2020 a new integrated service will be delivered by Worcestershire Health and Care NHS Trust as lead provider in partnership with other voluntary sector services. The service is funded by the Public Health Ring Fenced Grant and delivered by the Worcestershire Health and Care NHS Trust working in close partnership with organisations from the voluntary sector to deliver a range of support, interventions and develop community capacity.

Public health nurses will lead an integrated system approach linking with every child and their family from before birth until they are 19 or older if they have special needs. The all-age service will be delivered by Starting Well teams aligned to the six Districts in Worcestershire, led by Public Health nurses and focusing on Starting Well Family hubs. This service includes:

- Direct links to ante-natal services and the Local Maternity System Plan
- The delivery of the full Healthy Child Programme including universal health and development reviews, intensive home visiting, infant feeding support, additional or targeted support, additional support working within multi-agency teams, safeguarding activity. These are a statutory duty of the County Council, under the leadership of the Director of Public Health.
- Delivery of evidence-based parenting support programmes and other targeted provision for those identified by the universal service.
- Interventions and support including ante-natal support for parents, children and young people of nursery and school age
- A scaling up of building community capacity including developing and sustaining community activities, role of community connectors, information and advice, community parenting and peer support roles in schools for young people and parents.
- Digital offer including an integrated well-being website launch in 2020 and a social media strategy

Worcestershire Children First (WCF)

Cabinet agreed the development of a wholly owned council company to deliver children's social care in response to statutory direction published in September 2017. The company,

Worcestershire Children First (WCF) commenced in shadow form from April 2019 with formal launch in October 2019. WCF, working on behalf of Worcestershire County Council, was created to provide Worcestershire's children's services with the platform and further opportunity to deliver high quality services and improve outcomes for children, young people and families. The aim is to improve outcomes for all children in Worcestershire, by addressing their needs holistically through excellent early help and prevention, education provision and social care.

The decision to bring Early Help, Education and Social Care services together within WCF supports the integration of services so that they are delivered as part of one seamless organisation. This will help children, young people and families to feel valued, heard, and that colleagues are responsive to their needs across a variety of services within the system. All WCF colleagues will work together towards the same goals, dedicated to improving outcomes for those in need of services.

Worcestershire Alcohol Liaison Nurse Service

Worcestershire has an Alcohol Liaison Nurse Service consisting of two specialist nurses based in two Acute Hospital Settings. The job of Alcohol Liaison Nurses is to help patients across the spectrum of alcohol disorders and prevent further exacerbation of the condition.

Work includes:

- Provision and co-ordination of screening, case identification, brief intervention and referral to treatment for people on the alcohol use disorders spectrum
- Case management for the multi-disciplinary teams engaged in provision of care to alcohol users
- Developing Ambulatory Detox facilities to improve patient experience and patient flow
- Provision of educational support in clinical and classroom settings to the multi-disciplinary teams in case management of alcohol using patients
- Raising awareness of alcohol related health and social harm and treatment options available to reduce those harms
- Advocacy and support for alcohol using patients whilst undergoing treatment in hospital
- Training and development of non-specialist staff to provide screening, brief intervention and referral to treatment
- Liaison between services delivering care to patients with alcohol related health and social issues, and their carers

In 2017-18, there were 857 referrals to the Alcohol Liaison Service. 655 brief interventions were delivered (71.4%), 247 individuals had a medically assisted withdrawal (26.9%) and 162 (17.7%) individuals had an onward referral to Drug and Alcohol Treatment Services (Worcestershire County Council, 2018).

Blue Light

Blue Light is an approach to working with individuals with complex needs who are alcohol dependent. The Blue Light project, developed by Alcohol Concern (now Alcohol Change), is an initiative to develop alternative approaches and care pathways for treatment resistant drinkers who place a burden on public services. Worcestershire's Blue Light project includes evidence-

based interventions and training for professionals, it aims to provide support to people who have entrenched problems with alcohol. This approach is now well established in both Worcester City and Redditch and is currently being evaluated. More information is available at: https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project

Criminal Justice Services

The West Mercia Police and Crime Commissioner (PCC) have three priorities for reducing crime and harm caused by drugs to Reduce demand through early intervention, restricting supply and drug related criminality and building recovery to support the most vulnerable.

The Police and Crime Commissioner directly commissions the following services

- **Worcestershire County Council Public Health - Arrest Referral Service** which provides offenders the opportunity to break the cycle of crime and substance use. Teams work within the custody suites of West Midlands Police offering advice, information and referrals to further treatment.
- **West Mercia Youth Justice Service, Substance Misuse Project,** which has funding to provide timely and effective specialist substance misuse assessments and interventions to young people in the criminal justice system or who are at risk of entering the youth justice system. The aim is to reduce the harm caused by substance misuse, assist young people to recovery and reduce the likelihood of offending and re-offending.
- **Willowdene, West Mercia Women's LINC project.** This supports the residential capacity for women being diverted from custody and/or requiring intervention to reduce offending. The project provides one-to-one trauma informed therapy and an intensive substance misuse recovery service. The women exit the programme via a Single Point of Contact supported by a Care and Recovery Plan (CARP). This is inclusive of community and residential interventions empowering positive integration and rehabilitation in their respective communities.

Full details of the West Mercia Police and Crime Commissioner Drugs Strategy is available at: https://www.westmercia-pcc.gov.uk/wp-content/uploads/2019/03/DRAFT-Drugs-Strategy-for-Consultation.pdf?x56105

Oral Health

In Worcestershire, community dental services have worked closely with the provider of substance misuse services to ensure support is accessible.

Dental problems have a damaging impact on people's quality of life. Dental pain can be very severe causing problems with eating, drinking and communication. This is exacerbated by poor diet and other lifestyle factors like tobacco smoking, alcohol use, and also lack of access to dental products, like toothbrushes and toothpaste. Adults who misuse substances and heavy drinkers were identified as specific risk groups in Worcestershire Oral Health Needs Assessment 2017.

Universal Services Delivering Making Every Contact Count

Worcestershire's public health team offer training in Making Every Contact Count (MECC) which is an evidence-based approach to improving people's health and wellbeing by helping them change their behavior[27]. MECC uses brief and very brief interventions delivered when the opportunity arises to encourage people to think about change and offer help such as a referral or more information. This includes a focus on helping people to reduce their alcohol consumption.

Yellow Scarf

http://www.yellowscarf.org.uk/#

Yellow Scarf is an organisation that helps individuals across many nationalities with alcohol dependency and socially excluded/destitute or homeless people. The service targets mainly Eastern European immigrants who struggle with accessing main-stream service provision.

Meetings can be usually divided into therapeutic sessions based largely on the AA model, and meetings with people at risk of job loss, homelessness, depression and other mental health issues. Not all participants/service users are necessarily dependent on substances. Some participants, often due to their difficult material circumstances and mental health issues, can be classified as high-risk persons. The organization also engages very closely with their relatives.

The group coordinator and volunteers are fully bilingual and have also a good grasp of several Eastern European languages. This makes a crucial difference in terms of reaching the most vulnerable people who would otherwise find limited or no support to their complex problems.

Domestic Abuse Services

In Worcestershire there has been specialist provision for Domestic Abuse for over 30 years. Worcestershire County Council currently commissions West Mercia Women's Aid, who work in partnership with Rooftop Housing Association, to provide specialist Domestic Abuse Advice and Support Services (DAASS) county-wide in Worcestershire.

The Domestic Abuse Advice & Support Services include residential provision in refuges and six individual supported accommodation units dispersed across the county. This is in addition to 1:1 and group programme support for adult female and male victims, survivors and their children.

Entry to the service is based on a 'no wrong door' approach but there is also a Single Point of Contact, currently a 24-hour help line managed by West Mercia Women's Aid (WMWA) across West Mercia, in addition to support from specialist Independent Domestic Violence Advisors funded by the PCC.

Accommodation provided as part of the Worcestershire Domestic Abuse Advice & Support Service contract includes 16 adult bed spaces in 2 refuges with accommodation for children with a range of ages with each adult resident, and 6 safe house units which totals 22 units of dispersed, supported accommodation.

[27] Public Health England (2019) (3) Public health dashboard: Worcestershire. Available at: https://healthierlives.phe.org.uk/topic/public-health-dashboard/area-details#par/nn-1-E10000034/ati/102/iid//sexId//gid/1938133155/pat/102/are/E10000034/sim/nn-1-E10000034 (Accessed: 7th November 2019)

Worcestershire Community Trust (WCT)

Worcestershire Community Trust (WCT) is a registered charity that runs Six Community Centres in the City of Worcester providing crucial facilities for community use, activities & services empowering people of all ages, the socially isolated, the lonely, victims of domestic abuse and the wider community. WCT runs the Domestic Abuse Working Network (DAWN). This is a free, confidential and non-judgmental service for women in Worcester City who are experiencing or have experienced domestic abuse. The project offers individual face to face support and group work sessions aimed at improving awareness and safety, building confidence and self-esteem.

Stakeholder Engagement

This section reviews information collected from a stakeholder engagement survey in 2019 and focus groups with service users, service providers and stakeholders across the County.

The stakeholder survey was completed by 163 respondents representing a wide range of organisations, including health services, children's service, homelessness prevention services and adult social care.

Focus groups and 1:1 interviews were held with service providers, service users and stakeholders. Focus groups were also held with service users within the wider drug and alcohol services support systems, for example probation.

Analysis of the focus groups and interview text, supplemented by the qualitative feedback received through the stakeholder survey, has identified seven emergent themes:

- **Quality of care**. Many service users described the service they received as being delivered in a manner that was empathetic, understanding, supportive and non-judgemental with a particular focus on goal-setting. A recurring theme from staff was that service delivery prioritised harm reduction and keeping service users safe. Feedback regarding the delivery of GP Shared care was positive from the perspective of primary care and substance misuse staff. The benefits articulated included reduced likelihood of disengagement and importance of wrap around support and focus on physical health.

- **Recovery**. Service users were positive about their experience of attending recovery groups and the supportive role they played in supporting them to achieve and sustain recovery. Despite this, it was echoed by many that there should be greater availability of recovery groups across Worcestershire. The benefits of having a well-developed recovery community was discussed often and many commented that an increased availability of recovery activities would be valuable. Further, it was felt that the volunteer service offer should further integrate within the service delivery model and work with service users to access wider support services.

- **Communication**. Stakeholders and service users expressed some concern regarding the ease of contacting the service. This concern repeatedly centred around the telephone system in particular. A number of service users suggested that the addition and availability of ad-hoc support at a time when they were struggling, for example at weekends or on special occasions, would be supportive.

- **Demand management**. It was acknowledged that the number and complexity of individuals requiring support from drug and alcohol services was increasing. It was considered to be important that any future service design is ensures that this rising demand is met both safely and effectively.

- **Co-occurring mental health and drug/alcohol use conditions**. Improving the support for those individuals with co-occurring mental health and drug/alcohol use conditions was discussed repeatedly by large proportion of those who were consulted. While the

development of a more efficient pathway for service users was considered to be a priority, it was also recognised that work to improve these pathways had taken place and that relationships between drug and alcohol and mental health services had improved in recent years.

- **Partnership working**. Stakeholder and staff alike discussed the value and important of existing partnership arrangements across a range of services including, the criminal justice sector, mental health, children's services and the hospitals. A common response to enquiries about partnership working was that the delivery regarding drug and alcohol services and brief intervention had been well received. The delivery of training was considered helpful by all parties and something that might helpfully be scaled up to ensure more systematic coverage amongst health and social care services.

- **Assertive outreach and engagement**. The value of assertive outreach and engagement, which focuses on supporting the most complex and chaotic service users, was largely recognised as being something that could be expanded. Those stakeholders who had been involved in the delivery of Blue Light indicated that this was a good example of effective partnership working, assertive outreach and engagement, although it was also noted that this model could be expanded more widely across Worcestershire.

Respondents were asked to rate how well they felt particular functions of the current drug and alcohol service worked, including elements such as referral processes, communication and waiting times. Full details about stakeholder engagement is included in Appendix 1.

Recommendations

Recommendations from the needs assessment and stakeholder engagement focus on reducing harm and a managed pathway to recovery. These include:

- Specialist upskilling of the wider public health and social care workforce
- Closer working with maternity, prevention and early intervention services for children, young people and families to identify and reduce harm for children and families at an early stage
- A dedicated service for young people and their families targeting support to reduce harm when problems have been identified
- Close working with children and adults safeguarding to improve safety and reduce harms associated with drug and alcohol dependency using a trauma informed approach in a Family Safeguarding Model
- Continued availability of GP shared care and pharmacy services across Worcestershire for community detoxification and harm reduction
- Opiate substitution therapy to include specialist prescribing and psychological interventions
- Blood borne virus screening, treatment and referral for drug and alcohol related conditions
- More work on prevention of alcohol related harm, engaging and retaining in treatment people with alcohol dependence
- Close working with the criminal justice system and police including alternative to custody and diversion
- Close working with acute hospitals, midwifery and primary care networks – drug and alcohol liaison
- Close working with mental health services for young people and adults with co-occurring mental health and substance use dependence
- Targeted outreach to “at risk” populations using multi-agency approaches including Blue Light, homelessness prevention services, prison in-reach, primary care, social care, work with veterans
- Work on a range of addictions including gambling, smoking and on-line gaming
- Peer-to-peer naloxone to help reduce the incidence of drug related deaths
- Upscaling of peer mentors and volunteers at an earlier stage in the treatment journey in addition to recovery, to support pathways to education, training and employment
- Close working with housing providers to support access to emergency and move on accommodation
- The treatment offer from services needs to be culturally sensitive to engage people from BAME communities and offer a range of specific treatments to deliver the best outcomes

Conclusions

During the last five years the County has made progress in harm reduction and improving recovery outcomes for people dependent on drugs and alcohol. There has been an increase in the numbers of young people and adults entering and completing treatment. Time in treatment is reducing, associated with more effective links to wrap around services including employment, housing and volunteer recovery champions. There is positive engagement with primary care and mental health services which also enables service users to receive treatment for associated physical and mental health problems.

National and local evidence indicates that early years interventions are key in reducing risk factors and building resilience which can lessen the likelihood of young people developing drug and alcohol problems later in life. In addition, children living with their parents who are dependent on alcohol and drugs are at risk of lower health and social outcomes and a whole family approach to support and treatment is essential.

The physical and mental health harms for some people associated with patterns of drug / alcohol use are likely to increase over time leading to a growing population of older adults requiring different solutions to reduce associated pressures on health and social care providers. Worcestershire includes a rural and urban population requiring different solutions to improve community resilience, reduce harm and maintain recovery from drug and alcohol dependence.

The Worcestershire population includes higher rates of adults dependent on opiates and cocaine compared with comparator areas. Links to gangs and County Lines associated with serious organised crime and exploitation of vulnerable people require different solutions to traditional treatment approaches in partnership with the police, criminal justice and other agencies. Evidence also indicates that there are gaps in the population requiring advice and support who can engage in treatment. There is also an increase in mortality associated with illegal drug use.

The recommendations suggested reflect the need to continue delivering a range of harm reduction and recovery focussed interventions to minimise risk and improve outcomes for people in treatment for drug and alcohol problems. There needs to be a renewed focus on outreach to engage vulnerable people, particularly those with co-occurring mental and physical health problems associated with problematic drug and alcohol use and opportunistic contacts to offer the whole range of care and support.

Prevention and engagement with young people is paramount and will inform the development of family focussed and young people interventions in schools and Family hubs. Looking to the future, it is important that the new service takes into account the changing nature of addictions and patterns of drug use to be able to deal with dependence on gambling, on line gaming and new drugs of abuse, providing education and training to frontline workers to expand the potential for improving health outcomes. The service will also need to ensure communication and engagement with social media and the Worcestershire integrated wellbeing website to maximize their offer.

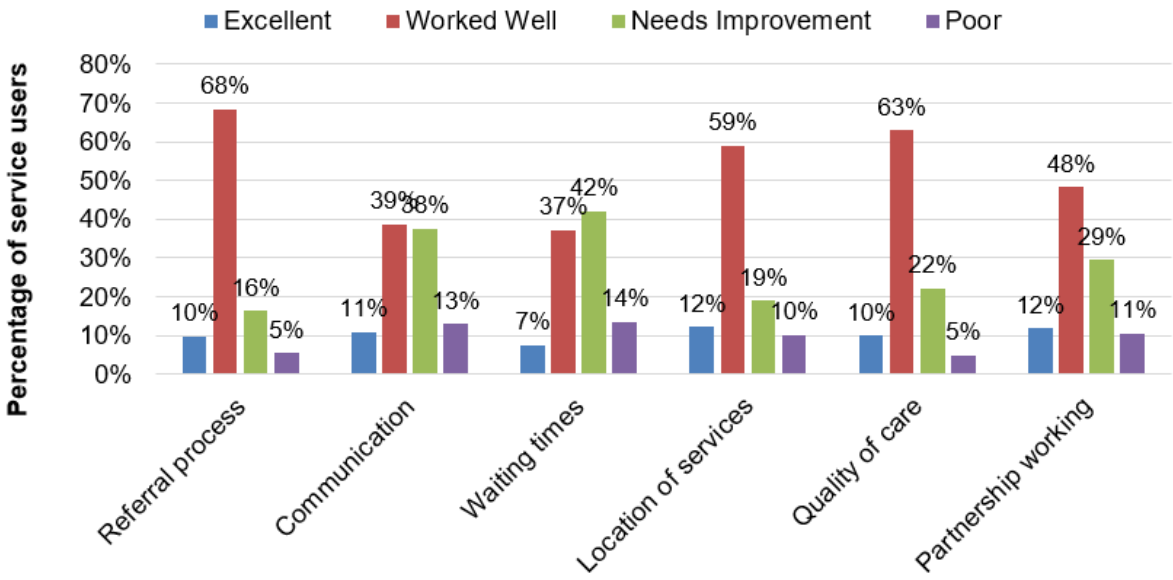
Appendix 1

Results from Stakeholder Engagement

Service Functionality

It is noticeable that a large proportion of respondents felt referral processes (78%), service location (71%), quality of care (73%) and partnership working (60%) was either excellent or worked well.

Figure 7: Stakeholder feedback on drug and alcohol service functionality



The qualitative feedback received supported these responses, including:

"Referrals are easy because we can book them straight in, usually in next available slot. It works very well."

"*The system works well with no waiting lists, good communication and quality of care",*

"…where possible partnership working is excellent, great communication and joint working" and *"great communication from SMW, easy to arrange appointments."*

Conversely, a lower proportion of respondents' felt communication (50%) or waiting times (44%) worked well or excellently. Further feedback received regarding communication in particular indicated some of the contributing factors to these scores

"No communication, no information for signposting users for help"

" …no feedback or communication to advise of progress / engagement of client"

"Infrequent contact. Lack of communication. Lack of multi-agency approach. Long waiting list"

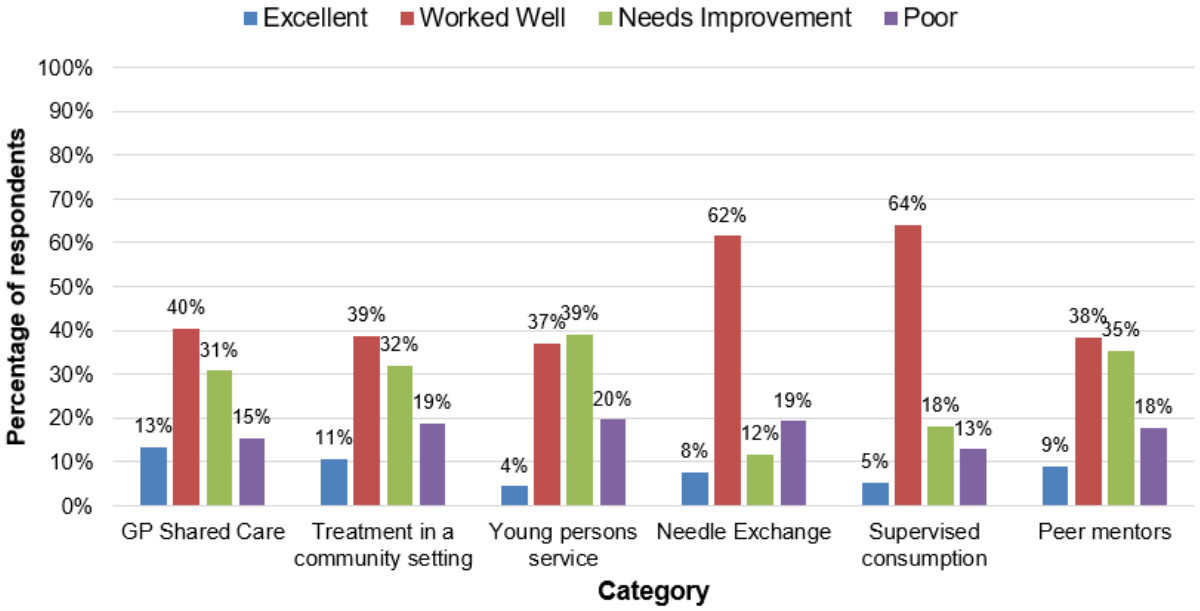
"…no response numerous times on telephone (main number), no response to messages left".

Delivery of Drug and Alcohol Service

The survey asked respondents to rate and comment on more specific elements of service delivery. A summary of responses is shown in Figure 8.

Responses regarding needle exchange and supervised consumption were particularly positive however feedback regarding each of the remaining elements was mixed.

Figure 8: Stakeholder feedback on the delivery of the drug and alcohol service



The comments received regarding GP shared care were unanimously positive; particularly, it appears, from the perspective of individuals working within a primary care setting.

"Providing drug treatment within general practice is the future of drug treatment but every surgery needs to be involved to prevent stigma from some surgeries"

"Excellent substance misuse worker in shared care setting"

"…team member visiting each of our 2 surgeries each week…she is approachable, flexible, helpful"

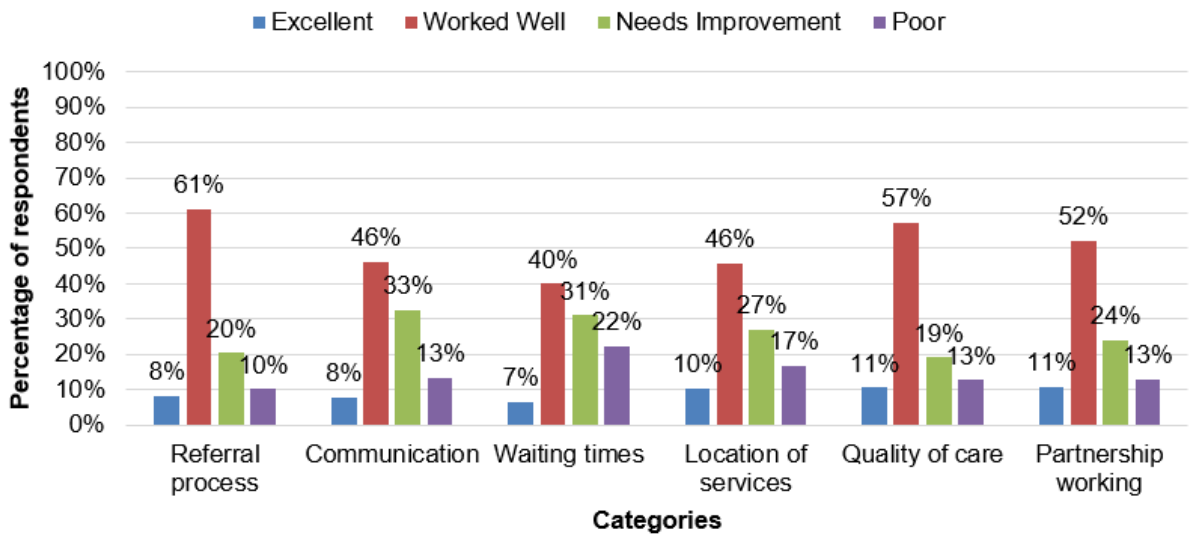
"…incredibly supportive of our vulnerable patients and as a result we have had far greater successes in the last 2-3 years than before".

Young Persons Drug and Alcohol Service

Figure 9 gives an overview of stakeholder feedback regarding the young person's element of the drug and alcohol service. Of those completing the survey only 51% were aware of the young person's service.

The graph shows that stakeholders were broadly satisfied with service provision, as feedback suggested services were excellent or worked well.

Figure 9: Stakeholder feedback on the delivery of the young person's drug and alcohol service



Further Information and Feedback

This report has been written by Worcestershire County Council's Public Health Team with guidance and support from the Joint Strategic Needs Assessment Working Group.

We welcome your comments and questions - please do contact us.

Organisations who carried out the original collection and analysis of the data bear no responsibility for its further analysis or interpretation.

This document can be provided in alternative formats such as large print, audio recording or Braille.

Contact for comments, questions and alternative formats: Janette Fulton, Tel: 01905 843359, Email: jfulton@worcestershire.gov.uk

If you or someone you know are affected by the issues raised in this publication, the following organisations may be able to offer advice and support:

Cranstoun Worcestershire

https://www.cranstoun.org/services/substance-misuse/cranstoun-worcestershire/