

Appendix 3 Briefing for the Healthy Communities Scrutiny Update on our drugs and alcohol work

Last updated 1 November 2017

SUMMARY OF POPULATION NEEDS

Like other inner London boroughs, Southwark residents face the challenges of addiction – whether through drug or alcohol misuse. These are problems that affect some of our most vulnerable residents as well as some of our most affluent.

Drug related deaths – a proxy indicator of underlying need – have risen over recent years in Southwark, but remain similar to the national rate. There were 35 deaths registered in Southwark over the 2013-15 period with an underlying cause of drug misuse, equating to approximately 12 cases each year.

Based on national prevalence levels, an estimated 25,750 residents in Southwark would have used a drug in the last year and 13,190 residents would have taken a drug in the past month. The proportion of individuals taking drugs is higher among young people, with approximately 18% of 16-24 year olds reported using a drug in the last year, equivalent to 6,600 young people in Southwark. There are approximately 7,200 frequent drug users across the borough.

Like many other areas, we are observing an increasingly old cohort of people who inject drugs – who are now suffering from diseases of older age. As a result their needs are changing. There are fewer younger people injecting heroin and other opiates – considered as being the ‘harder’ end of the substance misuse spectrum. In 2015/16, 65% of Southwark’s treatment caseload were aged 40 or over.

While drug use at population level has declined over the last twenty years, the types of drugs and the overlap with other conditions has changed. Today we see a rise in novel psychoactive substances – a highly varied set of drugs associated with younger people and the club scene. Until recently many of these were legal – so-called legal highs. Cannabis too continues to be used frequently in Southwark. Another emerging trend is addiction to prescription drugs, although the scale and nature of the problem is still to be fully understood.

Substance misuse is often associated with other mental health problems – whether diagnosed or not diagnosed. This area is termed ‘dual diagnosis’. We also see other health risks that are driven by substance misuse: for example injecting drugs increases the risks of blood borne infections such as HIV, Hepatitis B and Hepatitis C. In Southwark it is estimated 2,900 residents are infected with Hepatitis C.

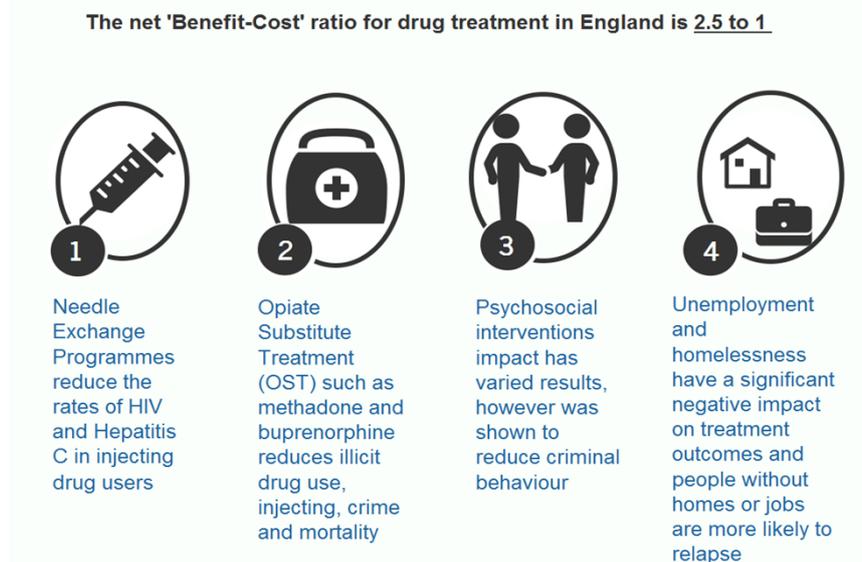
Alcohol remains a major challenge in Southwark. It is estimated that there are approximately 20,000 hazardous drinkers and just over 30,000 binge-drinkers across the borough. Alcohol related admissions in Southwark, while declining, remain significantly higher than regional averages. Additionally, compared to both national and regional comparators, Southwark has much higher mortality rates attributable to alcohol overconsumption. Southwark has historically been faced with alcohol in the context of deprivation: 80% of our homeless population report a substance misuse or mental health problem. Yet the regeneration of the borough presents challenges too. More affluent residents tend to consume more alcohol. The bustling night time economy in Southwark also draws in alcohol related problems from other parts of London and the country. As such, alcohol related harm including violence, crime and disorder represent a significant burden on local night-time economy services

In summary, addictions and alcohol-related harms are changing. This necessitates timely needs assessment from Public Health and the Drug and Alcohol Action Team – the results of which inform our commissioning decisions and public health actions that we take.

EVIDENCE OF WHAT WORKS

In 2015 the Department of Health commissioned Public Health England to review the evidence on the outcomes of drug and alcohol treatment to inform policy.

The review found the following outcomes for drug treatment in England:



The evidence for substance misuse prevention and treatment is strong. A more recent review by Public Health England in January 2017 issues the following advice:

- Ensure drug treatment continues to address a broad range of outcomes, including harm reduction, social integration and recovery, through integrated treatment and recovery support systems;
- Review how outcomes of success in treatment is measured;
- Deliver treatment to support a predicted ageing population, with the ability to support the complex and multiple health and social issues this cohort may present with, in addition to adopting a realistic recovery ambition for a group that are less likely to successfully complete treatment;
- Provide long term and effective housing and employment support to help service users gain and maintain appropriate housing and jobs;
- And develop strategies to address the recent increase on drug related deaths throughout the nation.

Also this year, the Department of Health published updated clinical management guidelines suggesting the following best practice:

- Assessment of drug misusers must be holistic in nature, and consider at least drug and/or alcohol misuse, health, social functioning and criminal involvement
- All service users must consent to treatment, have a consistent and named keyworker, and a mutually agreed recovery plan which is reviewed regularly
- Prescribed interventions must always be complimented with psycho-social interventions
- Effective partnerships with primary and secondary health care providers is increasingly important to respond to general healthcare needs
- Services must have a flexible outlook on treatment, responding to the ever changing needs of the service users and should include individuals, families and carers in service development
- Aftercare or rapid re-engagement is important to reduce the risk of relapse and/or harm

CHALLENGES & RESPONSE

The Southwark Community Safety Partnership Rolling Plan 2017-20 and the draft Alcohol Action Plan have and been and continue to be impacted by the financial challenges faced by the key stakeholders: local authorities, criminal justice, policing, health and voluntary sector partners.

On an individual level too, austerity has seen mitigation and support withdrawn: employment and housing support make recovery more challenging. Treatment and recovery are best achieved as part of a wider response.

Southwark Council has committed to the Drug and Alcohol Action Team and Public Health resource as a means to mitigate these challenges. The capability to continue to engage and support partners is critical to developing and sustaining a system of support for some of our most vulnerable residents. The resources also enable us to undertake needs assessment, identify relevant priorities (as the need changes) and commission effective and consistent services.

WHAT WE'RE DELIVERING

Partnership Working and Strategy

Southwark Council is undertaking detailed needs assessments to better identify unmet need as the epidemiology and burden of substance misuse changes. An alcohol needs assessment has been published and a Joint Strategic Needs Assessment on club drugs is underway and a further programme of JSNA is in development.

Southwark has also recently convened a Drug Related Deaths (DRD) Overview Panel which meets regularly to drive quality improvement through the treatment system. Chaired by the Drug and Alcohol Action Team, the DRD has brought together service providers and other clinicians to strengthen accountability and clinical quality. The group is now working with HM Coroner to identify opportunities to share information in a more effective and timely manner.

The teams are also seizing the opportunities for more joined-up working. More coordination with health partners has resulted in opportunities to improve the continuity of care for those with mental health problems and substance misuse issues. Our recent award of an integrated contract for children and young people that spans sexual health and substance misuse is another example of more integrated working.

The Alcohol Prevention Group was established in 2016 and brings together a large number of statutory and non-statutory partners – from regulatory services and licensing through to hospital clinicians. The group has built upon joint working in alcohol licensing and has completed a number of work packages including a nationally-recognised alcohol policy and practice self-audit.

Commissioned Services

In Southwark we commission a range of services (approximately £5.0m per year) to both prevent and treat substance misuse.

Tier	What is it?	Where does it happen?
1	Information, screening, advice and referral in generalist settings (such as IBA)	Via NHS General Practice, Schools and others
2	Similar to Tier 1, but provided in outreach or more specialist settings and can target 'at risk' individuals for problematic drug and/or alcohol use	Through the Adult Integrated Drug and Alcohol Treatment System and other providers including Recovery Support; a separate integrated service with sexual health is in the process of being launched for children and young people. We also have provision in other locations such as supervised dispensing and administration in pharmacies and needle exchange services.
3	More intensive support provided by specialists involving personal / group therapy. The treatment is structured in nature. Includes pharmacological interventions such as Opiate Substitute Treatment	
4	Residential Treatment, such as inpatient detoxification facilities and rehabilitation centres	Specialist providers

The last three years has seen significant changes to commissioning arrangements with almost all the services transferred from a series of grants into more transparent and accountable contracts. Our new

integrated adult treatment system provider CGL has attracted praise from local general practitioners who've observed improvements in continuity and quality of substance misuse support. At the same time, the philosophy underpinning treatment has also shifted from more medically-centric models to a theme of recovery – in-line with national guidance and best practice. At present there is a recommissioning underway of the Tier 4 services for residential and non-residential rehabilitation.

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