Worcestershire Health & Wellbeing Board

Strategic Drugs Plan

2014-17

Context

1. Drug misuse is a complex issue. Whilst the number of people with a serious problem is relatively small, someone's substance misuse and dependency affects all of those around them. Over the last few years there have been significant improvements to the drug treatment system at a local level. However ongoing improvements to the system are needed to enable drug users to work towards drug-free and productive lives

2. The approach now needs to develop to provide a focus on integration that runs throughout the treatment journey and beyond, to wider health, social care and community based support consolidating gains made through structured drug treatment

3. This strategy outlines some of the key issues for substance misuse and the action plan that will be developed to accompany it, will detail how we will work in partnership with agencies such as employment services, housing, police, communities, service users and their families in ensuring that flexible treatment and ongoing support is available to those affected by drug misuse

4. A separate Alcohol Plan has been developed as alcohol is one of the four Health & Wellbeing Board priorities.

Aims

5. The Worcestershire Health and Well-being Board vision is that

Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups whose health is currently poorest.

6. The Worcestershire Drug Strategy aims to:
    - Increase positive outcomes from drug treatment, enabling recovery
    - Reduce drug related deaths and ill health
    - Improve access to drug treatment and support
    - Reduce drug related crime and disorder

7. It is important that our services are based on sound evidence of local need; as such the strategy is informed by the current substance misuse needs assessment (2014), which was carried out as part of the re-commissioning process for substance misuse services in Worcestershire.

Governance

8. In order to develop and implement the aims of the strategy, a detailed action plan with clear tasks and lines of accountability will be developed.

9. Progress against the plan will be reported to the Worcestershire Health Improvement Group, Worcestershire Alcohol & Substance Misuse Strategic Commissioning Group, the Safer Communities Board and will be subject to consideration with the two Community Safety Partnerships

Enabling people in Worcestershire to live a drug free life.

10. Actions supporting the aims of the plan include:

1. Improve access to drug treatment and support

- Worcestershire County Council will strengthen a programme of prevention work
- ensure that opening hours and access to treatment services reflect the needs of clients
- raise awareness of available mutual aid and community support to professionals and those seeking help with drug issues
- provide signposting information for agencies who have contact with drug misusers
- review engagement with housing providers to ensure appropriate and safe accommodation is available at different points in a client's journey
- Link with Worcestershire Stronger Families Programme in supporting families and children who have drug issues
- maximise service user and local community involvement in service planning and review

2. Make sure early and self-help is easily accessible and effective

- prepare educational materials and promote their use in institutional settings including schools, prisons and residential care homes
- deliver targeted campaigns in the community, using a range of appropriate media to cover the full life course, to raise awareness of: harms caused by drug misuse, safety issues for drug users and the help available for those who need it.
- ensure training is available for front line staff across all appropriate settings so that they have the skills to deliver appropriate brief interventions and key messages to individuals, and thereby increase access into recovery services
- develop appropriate responses to emerging issues such as misuse of over the counter and prescription drugs and image and performance enhancing drugs
- work in partnership with primary care services specifically GP's and community pharmacists, to ensure a high quality and consistent service for problematic drug users
- Support the work of the Drug Related Deaths Group
- commission excellent recovery focussed prevention and treatment services which reach effectively to those who need them most
- encourage recovery for opiate users who have been in long term treatment
- review existing services against the Strang principles
- increase the numbers of people successfully completing treatment and not representing particularly 'low complexity' clients

- support the development of volunteering opportunities for people who have previously been drug misusers, including recovery champions
- support the development of activities that promote social capital[1] for people who have previously misused drugs, such as recovery communities
- ensure the wider determinants of health are considered for clients in treatment, and provide help for those seeking employment, housing, education and training

3. Reduce drug related crime and disorder

- work with the Police & Crime Commissioner and West Mercia Police to deliver the Warwickshire Police and West Mercia Police drug strategy 2013-16 and the Police and Crime Plan for West Mercia 2013-17
- strengthen existing links with prisons to ensure effective treatment and support for prisoners
- work with the Drug Intervention Programme to ensure opportunities to refer clients to treatment services are maximised
- ensure close working with the Safer Communities Board and Community Safety Partnerships across the county

Definition

11. For the purpose of this document the term 'drugs' is taken to mean those substances that are controlled under the Misuse of Drugs Act 1971 (MDA), and prescription and over the counter medicines, it also takes into account new psychoactive substances which may or may not be legal substances. This strategy does not include reference to alcohol or tobacco, although it is acknowledged that there should be an alignment of approaches to address all substance misuse.

The extent of the issue

National Summary

12. The number of estimated opiate and/or crack cocaine users (OCUs) has fallen steadily since 2005-06, with a 10% fall in since 2004/05 from a total of 327,662 to 298,752 in 2010/11. This can partly be attributed to the success of treatment interventions. It should also be noted that the age profile of estimated OCUs shows a growing number of those in the 35-64 age bracket, and those estimated to be aged 15-24 now make up only half the number estimated in 2004-05.

13. Data from the National Drug Treatment Monitoring System (NDTMS) on the number of adults (18 and over) in contact with drug treatment providers and GPs in England in 2012-13 shows that:

[1] The definition of social capital used by ONS, taken from the Office for Economic Co-operation and Development (OECD), is 'networks together with shared norms, values and understandings that facilitate co-operation within or among groups'.

- Of the 193,575 clients aged 18 and over in treatment during 2012-13, 181,994 were in for 12 weeks or more or completed free of dependency before 12 weeks (94%).
- 29,025 (47%) of clients exiting treatment in 2012-13 completed, defined as having overcome their dependency.
- Clients' median age at their first point of contact in their latest treatment journey in 2012-13 was 35.
- 73% of clients in treatment were male.
- Most clients were white British (83%); the next most common ethnicity was 'white – other' (4%). No other ethnic groups accounted for more than 2%.
- Most clients in treatment were using heroin (80%). Cannabis was the primary drug for 8%, and powder cocaine for 5%.
- The most common routes into treatment for clients starting in 2012-13 were self-referrals (42%) and referrals from the criminal justice system (28%). Onward referrals from other drug services together accounted for 12%.
- Where reported, 9% of clients starting new journeys had no fixed abode on presenting for treatment, and a further 15% had other housing problems.
- The majority of young people accessing specialist drug interventions have problems with alcohol (37%) and cannabis (53%), requiring psychosocial, harm reduction and family interventions, rather than treatment for addiction, which most adults but only a small minority of young people require.
- Most young people need to engage with specialist drug interventions for a short period of time, often weeks, before continuing with further support elsewhere, within an integrated young people's care plan.

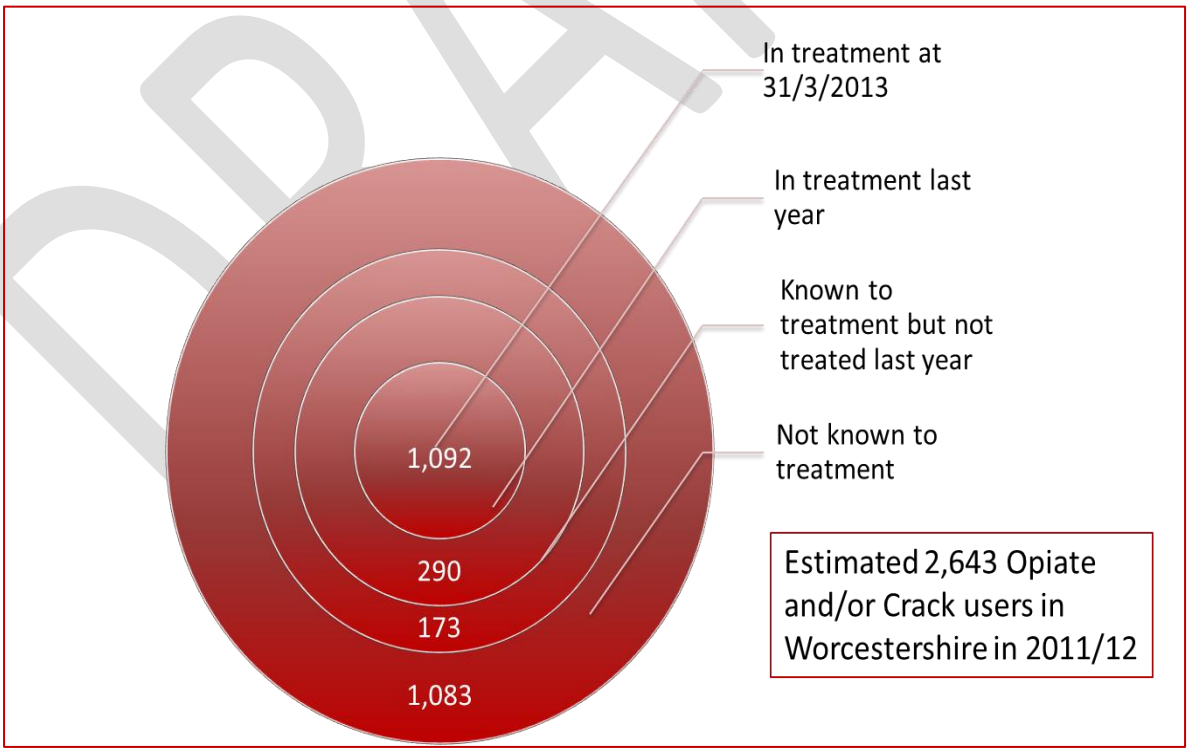
14. Despite the promising trend in the falling numbers of drug abusers, we should not be complacent. The pattern of drug use is constantly changing and there are new issues to consider. New psychoactive substances (legal highs) have become a particular concern in recent years with supply and demand increasing. The availability of these substances, especially over the internet and in 'head shops', has radically changed the nature of the drugs market (Department of Health, Home Office 2013). There is also concern about the misuse of prescription and over the counter drugs particularly amongst older people (RCP 2011) and the use of performance and image enhancing drugs (PHE 2013).

Worcestershire summary

15. A substance misuse needs assessment was recently undertaken to support the re-commissioning of substance misuse services. Some of the key issues from the needs assessment include:
    a) A large static population of people in treatment for opiate and/or crack cocaine usage
    b) Whilst numbers of young people accessing treatment services is falling, there a growing population of older drug users
    c) lack of information on new and emerging issues i.e. novel psychoactive substances
    d) lack of awareness amongst young people of the potential harms caused by cannabis use

16. Key issues for drug services;

- Latest synthetic estimates (see table below) based on information from the Glasgow Prevalence Estimates and information from the National Drug Treatment Service, show that there are 2,643 opiate and/or cocaine users (OCU's) in Worcestershire. This is an increase on the previous estimate of 2,218 in 2009/10, but below the 2008/09 estimate of 2,757.
- The number of opiate users in treatment has remained fairly stable, whilst the number of non-opiate users has fallen significantly since 2010-11.
- The percentage of clients referred into treatment from the Criminal Justice System is significantly lower than national average.
- There is an ageing population of drug users in treatment, with those from the 30-49 age groups accounting for over 70% of the treatment population in 2012/13 compared to around 45% in 2005/06.
- The percentage of opiate clients successfully completing treatment and not re-presenting is falling, and is now below national average and comparators.
- The percentage of non-opiate clients successfully completing treatment and not re-presenting has fallen significantly since 2010. It is now around half the national average and below that of Worcestershire's comparators.
- There were 83 young people in substance misuse treatment services during the 12-month period of April 2012 to March 2013. This is an increase on 72 clients in YP services for the 12-month period of April 2011 to March 2012. Latest figures for the second quarter of 2013-14 show 41 young people in treatment services in the first 6 months, although only 16 of these are new presentations to treatment.



Source: NDTMS figures and Glasgow Prevalence Estimates

What do Stakeholders in Worcestershire Think?

17. Consultation was carried out across the county to inform the substance misuse needs assessment 2014. Groups consulted included service providers, stakeholders such as housing associations, mutual aid groups, YMCA, support groups, service users, young people and the 'hidden population' i.e. substance misusers who may not be in treatment.

18. Key themes resulting from the consultation include:
    - Need for greater choice in the range of treatment options available and a greater focus on recovery
    - Lack of information available for young people on harms caused by drug usage
    - Need for greater partnership working looking at wider health determinants for complex substance misusers i.e. education, employment and housing
    - Lack of co-ordination and joint working between drug services and mental health
    - Access to treatment services is inconsistent with requirements of clients i.e. those who work and/or are in education

    The full report on this consultation is available in Worcestershire Substance Misuse Needs Assessment (2014).

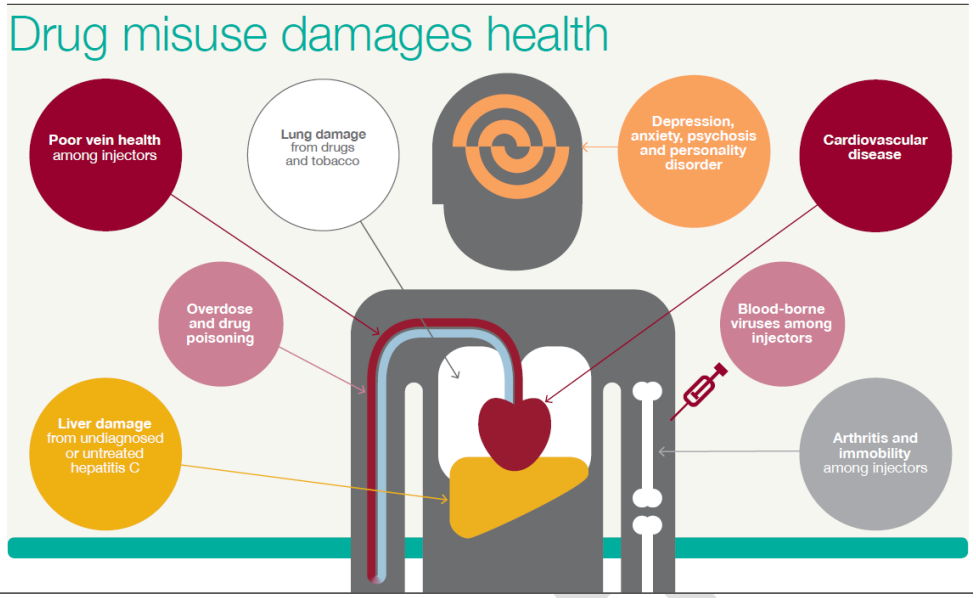
What impact does drug misuse have on health?

19. There are a number of public health harms associated with drug use, including overdose or unintentional injury, which might lead to premature drug-related death; and the spread of blood-borne viruses via injecting or sexual activity.

20. Prolonged use of cocaine can lead to mental health problems; crack cocaine users can experience high levels of anxiety, depression and paranoid ideation. Other symptoms, such as aggression and violence, are also associated with crack cocaine. Along with poor mortality rates and its relationship with blood borne viruses, heroin injection is associated with poor psychosocial functioning.

21. Prolonged cannabis use has been linked to psychosis, and studies have shown a link between use of marijuana and depression (NTA 2012). There is also an emerging concern that habitual smoking of cannabis may contribute to the development of chronic obstructive pulmonary disease, pneumothorax and respiratory infections, including tuberculosis and lung cancer (Royal College of Physicians, Edinburgh 2014).

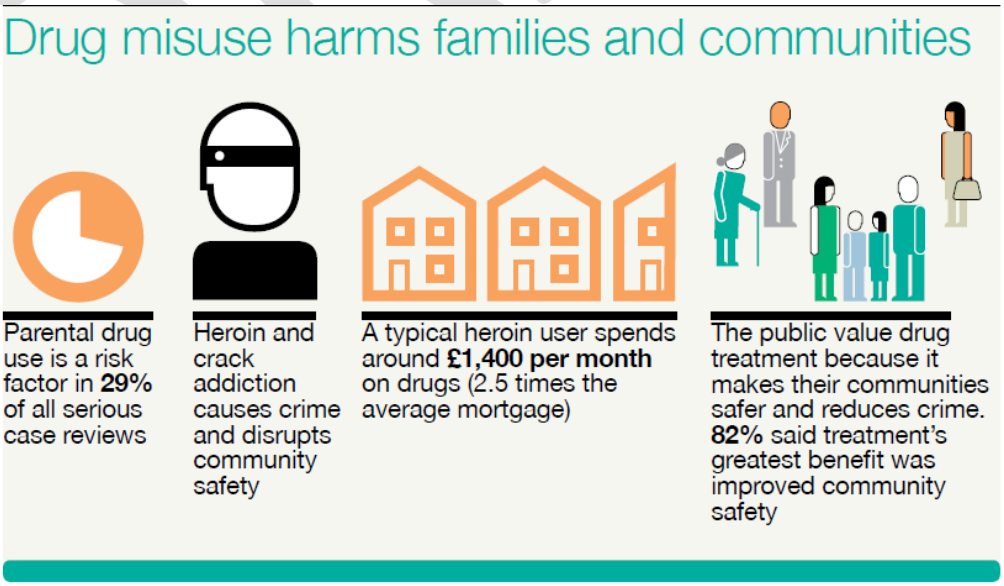
22. Many drug users are older, have entrenched problems and have failing health (PHE 2013). A recent study found that the lifetime use of cannabis, amphetamine, cocaine and LSD in 50-64 year olds has significantly increased since 1993 and is much higher than lifetime use in adults aged over 65, highlighting that prevalence may rise as populations for whom illicit drug use has been more common and acceptable become older (Institute of Psychiatry, Kings College, London 2012).



The table above outlines the key health problems experienced by people who misuse drugs (PHE 2013)

What impact does drug misuse have on families and communities?

23. Parental or carer drug use can reduce the capacity for effective parenting. In particular the children of parents or carers who are dependent on drugs are more likely to develop behaviour problems, experience low educational attainment, and be vulnerable to developing substance misuse problems themselves. This will potentially raise safeguarding issues, and some children's health or development may be impaired to the extent that they are suffering or likely to suffer significant harm (PHE 2103).



The diagram above shows the effect on families and communities of drug misuse. Source PHE (2013)

What impact does drug misuse have on Crime?

24. Drug use does not necessarily result in crime, some drug users committed crime prior to their drug use, some clients will commit crime which isn't a result of drug use, and others do not commit crime at all. However, the Home Office estimates that drug related crime at a national level costs £13.9bn per year and that offenders who use heroin, cocaine or crack cocaine commit between a third and a half of all acquisitive crimes (National Treatment Agency (NTA) 2012. The NTA estimates that, for every £1m taken out of the system there could be an increase of approximately 9,860 drug-related crimes per year at an estimated cost to society of over £1.8m (NTA 2012). The Government's Drug Strategy (2010) recognises the value of treatment for offenders, and aims to ensure that offenders are encouraged to seek help for their dependence both in prison and in the community (HM Gvt. 2010). In Worcestershire there is a key role for strategic working between the community safety partnership agencies and the Police and Crime Commissioner to tackle the impact and harm of drugs

The above diagram outlines the cost of drug addiction and crime Source: PHE (2013)

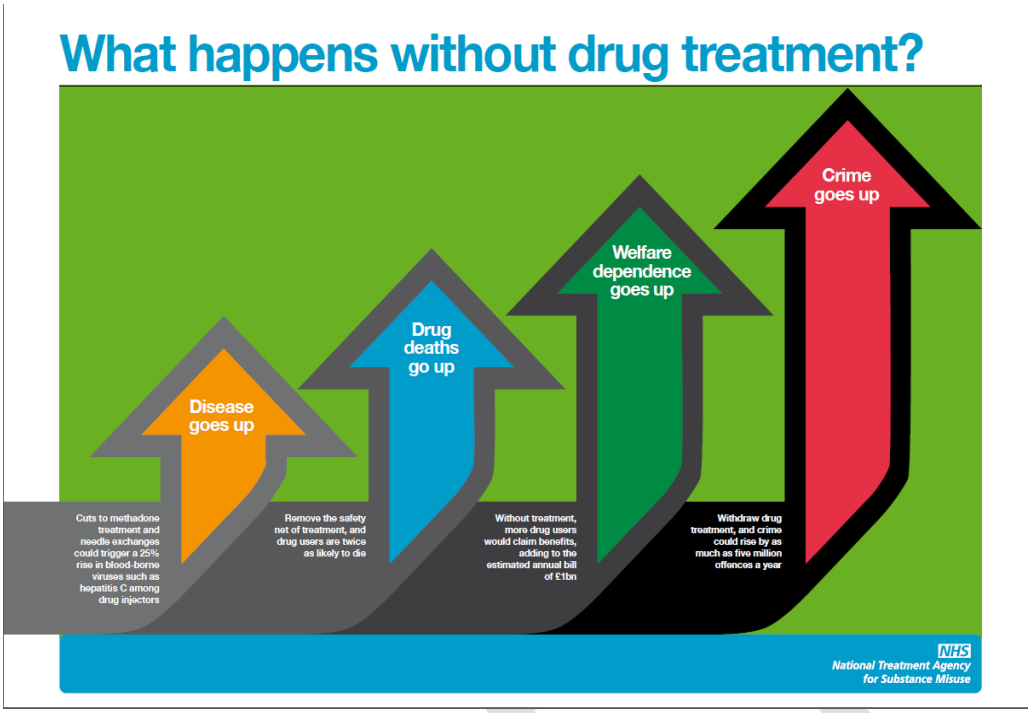
(Please note that this tool is based on a number of assumptions. This means that many of the figures produced by the tool are estimates and are indicative only. Local areas should use this information with caution and use it as a rough guide only).

Why Spend on Drug Treatment?

25. The diagram above highlights that money spent on Drug treatment benefits not only the person involved but their families, children and communities. It also benefits society as a whole in terms of fear of drug related crime and anti-social behaviour increasing confidence that these issues are effectively managed[2].

26. Without drug treatment there is greater risk of infection from blood borne viruses and death from overdose, more cost to the benefit system from addicts who cannot work and higher crime rates caused by those committing crime to fund their addiction.

[2] Warwickshire and west Mercia Police 2013-2016 Drug Strategy



Tacking the problem nationally – what does the evidence say?

27. In order to meet the ambition of the Drug Strategy 2010 'to help more heroin users to recover and break free from dependence', Professor John Strang's report, Medications in recovery, re-orienting drug dependence treatment (2012) outlines principles and features of recovery orientated drug treatment and how to test whether they are being achieved. This includes recommendations that treatment should:

    - incorporate wider social interventions as well as medication to support recovery outcomes
    - include considered provision of medications including opiate substitution treatment to gain maximum benefit
    - guard against incorrect provision or unnecessary drift into long-term maintenance on substitute prescriptions
    - regularly review care plans in order to measure and evaluate progress towards treatment goals and set new goals to move individuals along their recovery journey

28. **Putting Full Recovery first** (Home Office, updated March 2013) outlines key considerations for reducing the number of people misusing illegal drugs and other harmful drugs and increasing the number of people who successfully recover from dependence on these drugs.

    Key policy areas are:

    - Preventing young people from becoming drug misusers - It is important that we encourage young people to live healthy lives and that they know the dangers of misusing drugs. We also need drug services to help young people as soon as possible if they have a problem
    - Helping people recover from drug dependence **-** We want people who are dependent on drugs to be free of drugs for good. We also want treatment to include help with problems that might encourage people to start misusing drugs again after they are drug free.

- Helping offenders who misuse drugs get treatment **-** Prison isn't always the best place for offenders who misuse drugs. The Drugs Intervention Programme refers offenders to treatment services as early as possible in their contact with the criminal justice system.
- Providing information on what works best **-** local councils, supported by Public Health England (PHE), have responsibility for helping people to live a drug-free life. They are able to create information, support and treatment services that meet the needs of their local communities**.**
- Restricting the supply of illegal drugs **-** Restrict the supply of illegal drugs by classifying and controlling drugs, including new psychoactive substances (known as 'legal highs'), (DoH, HO 2013).

29. **Public Health England** recommends the following key things to be done to reduce drug-related harm:
    - Encourage protective factors that support young people's resilience
    - Provide packages of support – treatment, housing, employment, positive social networks – to help people recover and rebuild families and communities
    - Treat the growing numbers of older drug users, many of whom have serious addiction and health problems
    - Develop effective interventions for the harms of emerging drugs such as new psychoactive substances or so-called "legal highs"
    - Help people who are addicted to medicines (i.e. prescription only and over the counter medicines)

30. **NICE clinical guidelines** (CG51) make recommendations for the use of psychosocial interventions for people who misuse opioids, stimulants and cannabis in the healthcare and criminal justice systems. The guidance advises that care planning for individuals should consider the following when any treatment or management plan is developed:
    - type and pattern of use
    - level of dependence
    - comorbid mental and physical health problems
    - setting
    - age and gender
    - service users aspirations and expectations.

    The guidance stresses that no single treatment is appropriate for all individuals; treatments should be readily available and begin when the service user presents, and there should be the capacity to address multiple needs. For most people in long-term treatment, that is those with opioid dependence, substitute medications, such as methadone and buprenorphine, are important elements of care. Services
    also need to address coexisting problems, such as mental health and physical health problems, alongside the drug misuse. (NICE 2008)

National Policy Framework

31. Healthy Lives, Healthy People: Our plan for public health in England. (Department of Health 2010) sets out the new framework for public health, which gives local government the freedom, responsibility and funding to innovate and develop their own ways of improving public health in their area. This approach reaches across and reaches out – addressing the root causes of poor health and wellbeing, reaching out to the individuals and families who need the most support – and be:

    - **responsive** – owned by communities and shaped by their needs;
    - **resourced** – with ring-fenced funding and incentives to improve;
    - **rigorous** – professionally-led and focused on evidence; efficient and effective;
    - **Resilient** – strengthening protection against current and future threats to health.

32. The government's Drug Strategy (2010), 'Reducing Demand, Restricting Supply and Building Recovery: Supporting People to Live a Drug Free Life', aims to restrict the supply of illegal drugs and reduce the demand for them. It focuses on protecting families and strengthening communities and emphasizes supporting people, building recovery to lead drug free lives.

33. The three strands of work within the strategy are:
    - Restricting Supply
    - Reducing Demand
    - Building Recovery in Communities

34. In May 2012 the Government reviewed its progress in meeting its commitments and established its priority to ensure existing public health and criminal justice reforms deliver the envisaged benefits, and that the needs of drug users are embedded in transformational reforms of the probation and employment landscapes.

Local Policy framework

Worcestershire Joint Health & Wellbeing Strategy 2013-16

35. The key principles of the Strategy are:

    i. Partnership. We will facilitate partnership and ensure that organisations work together across the public, voluntary and private sectors to maximise their contribution to health and well-being.

    ii. Empowerment. We will encourage and enable individuals and families to take responsibility and improve their own health and well-being. We will also ensure that targeted support is available where necessary to increase individual, family and community resilience and self-reliance.

    iii. Local action. We will recognise local assets and strengthen the ability of communities to develop local solutions to local issues.

    iv. Rigour. We will draw on the evidence of what works when developing strategies and plans for action.

v. Involvement: We will respect the views of the public, patients, service users and carers and ensure that they have an opportunity to shape how services are organised and provided.

vi. Transparency and accountability. We will be clear about the impact we expect from investment and action to improve health and well-being, and open about the progress we are making.

What services are available in Worcestershire?

36. County-wide, a range of initiatives and services to prevent and treat substance abuse are in place, and a number of different agencies contribute to this. Examples of providers and interventions include:

Commissioner	Agency	Intervention
Worcestershire County Council	CRI Pathways to Recovery	Specialist drug community treatment service offering specialist advice and information, medical and psychological treatment and access to residential rehabilitation. Drug Intervention Programme, Encouraging offenders to seek treatment and access recovery focussed services SPACE provide targeted bespoke training for those services working with Children and young people who are deemed vulnerable to substance misuse, with the aim of improving targeted support and early intervention.
NHS England	Pharmacies	Awareness raising, harm reduction, dispensing
WCC, CCG	Hospital services	Hospital treatment for drug related conditions is provided by the Acute Hospitals NHS Trust
WCC NHS England	GPs	Screening, brief interventions, referral to specialist treatment services, supervision of community detoxification and prescription of alternative medication for Heroin users
	Youth offending services	Interventions to address offending related to substance misuse
District Councils	Regulatory services	Licensing and enforcement to support responsible trading i.e. 'Head Shops'
WCC on behalf of NHS England	Worcestershire Health & Care NHS Trust	Recovery and outcome focused substance misuse service Service HMP Hewell & HMP Long Lartin
	Probation Service	Probation supervision, offending behaviour programmes and specialist support services

WCC	Worcestershire County Council, Public Health	Specialist training front line staff, campaigns, commissioning and performance management of community adult and young person's drug treatment services, interventions and projects to address drug related harm, service user engagement
PCC	Warwickshire and West Mercia Police	Police and Crime Plan - Objective 4 - 'To reduce the harm caused by drugs with a focus on treatment, and targeting those that cause the most harm'.
WCC, District Councils	Community Safety Partnerships	Working in partnership reduce the harm that drugs cause to individuals, families and communities in Worcestershire
CCG	Worcestershire Acute Hospitals Trust	Training for front line staff, social marketing, Specialist Midwives tasked with working with vulnerable women including those that misuse drugs, brief interventions delivered through the NHS health checks programme
Various	VCS organisations	Self-help support groups, advocacy, crisis and supported housing for people who misuse drugs

Key Performance Indications

37. The Public Health Outcomes Framework (PHOF) concentrates on:

- increased healthy life expectancy
- reduced differences in life expectancy
- healthy life expectancy between communities

38. The PHOF key performance indicator for drugs is:

2.15 - Number of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment, presented for all adults and further segmented by opiate and non-opiate users

Next Steps

39. An action plan will be developed with partners outlining milestones to be achieved over the next three years. This plan will be reviewed on an annual basis and updated according to any new evidence, policy developments or changes in legislation

40. The financial position of the council and the current economic climate, will be taken into account when drafting and implementing the action plan

Appendix 1

Legislation

Misuse of Drugs Act 1971 - The Misuse of Drugs Act 1971 is the main law to control and classify drugs that are 'dangerous or otherwise harmful' when misused.

The act lists all illegal (or controlled) drugs in the UK and divides them into one of 3 'classes' – A, B and C – based on the harm they cause to individuals and society. Class A drugs are considered the most harmful.

The act and its associated regulations also enable organisations to carry out legitimate activities involving controlled (illegal) drugs, many of which are used in healthcare.

Since 2010, the Misuse of Drugs Act 1971 has been amended to control new drugs, including a number of new psychoactive substances. On 10 June 2013, a temporary class drug order was made on two groups of new psychoactive substances (or 'legal highs') - NBOMe and benzofuran compounds, making them illegal for 12 months.

Misuse of Drugs Regulations 2001 - The Misuse of Drugs Regulations 2001 allow for the lawful possession and supply of controlled (illegal) drugs for legitimate purposes. They cover prescribing, administering, safe custody, dispensing, record keeping, destruction and disposal of controlled drugs to prevent diversion for misuse.

The Localism Act (2011) encourages local authorities to use the new freedoms in the act to target social housing on those who genuinely need it most for as long as they need it, the Chartered Institute of Housing has also produced a guide for landlords, helping them to support tenants in recovery (Chartered Institute of Housing 2013)

The forthcoming **Care Bill** and **Children and Families Bill** will expand and make concrete the rights of carers living in Great Britain. This will include the 1.5million people who are '*significantly affected*' by a relative's drug use, and who subsequently assume caring roles. Carers of drug users will have the same rights to a needs-assessment and access to support (if appropriate) as, for example, carers for those with mental illnesses, disabilities and the elderly (Adfam 2014)

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