

EALING JSNA 'Focus on' Drugs and Alcohol JUNE 2019

The Joint Strategic Needs Assessment (JSNA) is a statutory document published by the London Borough of Ealing and NHS Ealing Clinical Commissioning Group, which describes the health and social care needs of the population. The JSNA contains topic and theme-based chapters, which are updated on a rolling basis. The 'Focus on' series provides succinct chapter summaries from the JSNA.

Navigate by scrolling each slide or clicking on the section buttons on the bottom of each slide

Sections may contain more than one slide

EALING JSNA 'Focus on'

Drugs & Alcohol

Key facts

June 2019

The use of illicit drugs (particularly drugs like heroin, cocaine and methamphetamine) is associated with a range of physical, psychological and social harms. Not all illicit drugs are equally harmful and the extent of harm varies between individuals and depends on the level, the setting, method, pattern of drug use, as well as the pharmacological properties of each drug and the combination of drugs including alcohol.

Over 10 million people drink at levels that increase their risk of health harm. Alcohol is now the leading risk factor for ill-health, early mortality and disability in 15 to 49 year olds in England. Annually, there are now over 1 million hospital admissions relating to alcohol, half of which occur in the lowest three socio-economic deciles.

Facts and figures

- Ealing has an estimated 2,419 opiate and crack users; 2,099 opiate users and 1,441 crack users
- Ealing's latest estimated number of dependent drinkers is 3,387.
- Ealing has an unmet alcohol need rate of 82% comparable to the National rate.
- Ealing has an unmet need rate of 64% for opiates & 67% for crack

Reducing inequalities

- Four main **enablers for recovery which reduce inequalities**. Treatment builds on people's strengths to enhance stability and freedom from dependence by focusing on:
- **Human capital:** health & wellbeing, knowledge, skills and experience
 - **Social capital:** family, friends & relationships
 - **Cultural capital:** a sense of identity and values that link to social integration
 - **Physical and economic capital:** housing, money, education, training and employment.

Population groups

- higher prevalence amongst vulnerable young people: co-existing mental health; safeguarding needs; those Not in Employment, Education or Training (NEET); and young offenders
- Risk factors for adult substance misuse include: Adverse Childhood Experiences (such as experiencing abuse and neglect, or parenting substance misuse); prison; homelessness
- Socioeconomic groups: substance misuse disproportionately affects those living in the most deprived neighbourhoods

National and local strategies

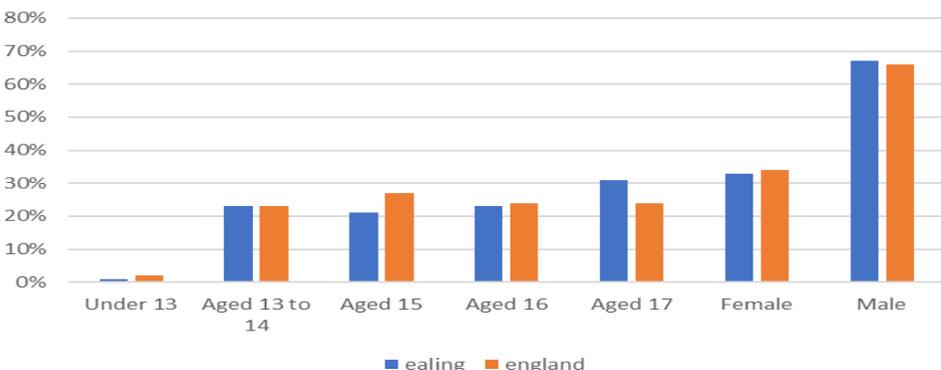
- Government's Drug Strategy 2017
- Dame Carol Black Review – links between work & addiction 2016
- Government Alcohol Strategy 2012 (England)
- Government Modern Crime Prevention Strategy 2016
- Government Rough Sleeping Strategy 2018
- Ealing Health & Wellbeing Strategy 2016-2021
- Safer Ealing Strategy 2017-2021

Setting the scene: Ealing

Drugs & Alcohol

Adolescent Drug & Alcohol Use

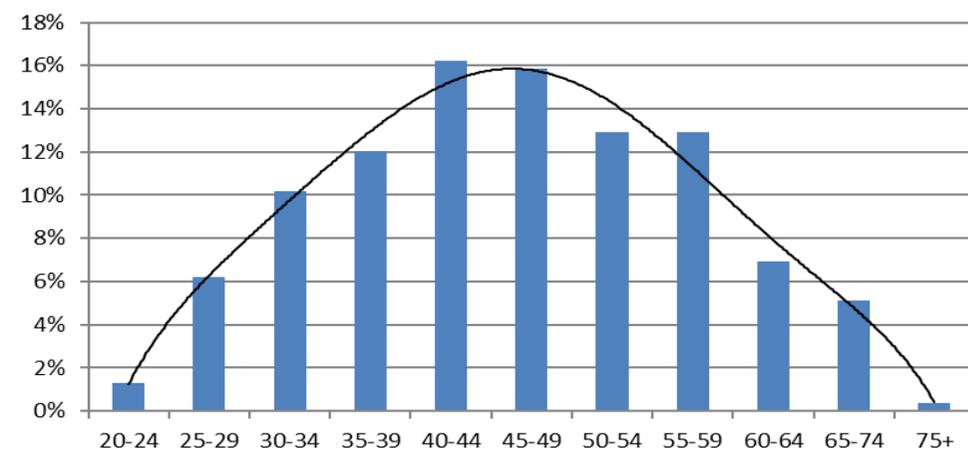
- What About Youth (WAY) survey 2015: 40% of 15 year olds in Ealing report ever having a drink, 7% have been drunk in the last month, and 2% report drinking regularly
- 8% of 15 year olds in Ealing report having tried cannabis, 3.7% have tried cannabis in the last month, and 1.2% have taken drugs other than cannabis in the last month: WAY
- 86% of Ealing's young people's treatment population use Cannabis, similar to the England average (88%). 42% use alcohol compared to 47% in England
- Profile of Ealing's young people's treatment population in 2017/18 is similar to the National picture, although there tends to be an older cohort in Ealing (more 17 year olds, compared to 15/16 year olds)



- Ealing's alcohol hospital admissions for alcohol-specific episodes in under 18s are reducing & lower than England but similar to London's rates
- Ealing's hospital admissions due to substance misuse (15-24 year olds) are lower than England, but similar to London

Adult Substance Misuse

- London has seen a significant change in the prevalence of both opiate and crack users: the number of opiate users is increasing, and the number of crack users is decreasing. This change is reflected in Ealing's prevalence data
- Treatment Population:** The age profile of Ealing's alcohol treatment population is relatively old, with almost three in five (58%) aged 40-59. Most alcohol users are in the 40-49 age group, making up nearly a third (32%) of all alcohol users in treatment



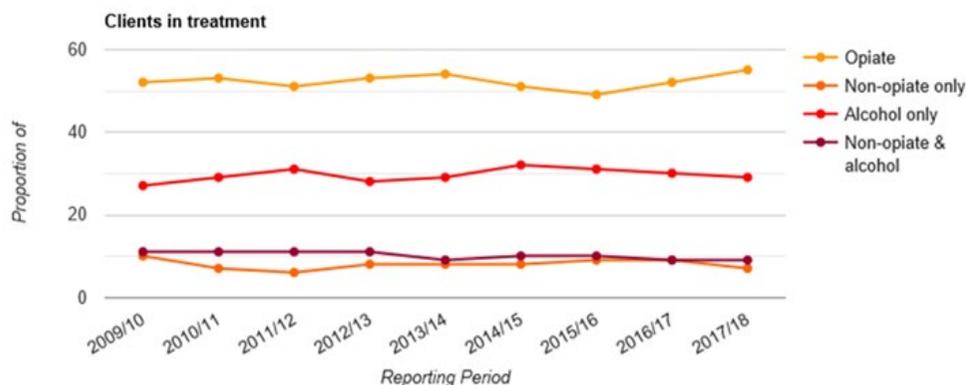
- Non-opiate Users:** Ealing's treatment system has struggled to attract non-opiate users into treatment and the numbers have remained small. Non-opiate numbers in treatment have been dropping: 140 in 15/16; 100 in 16/17; & 66 in 17/18. Successful completion numbers have also been low when compared with other treatment systems: 58 in 15/16 (31%); 66 in 16/17 (34%); & 35 in 17/18 (31%)

Setting the scene: Ealing

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Adult Substance Misuse

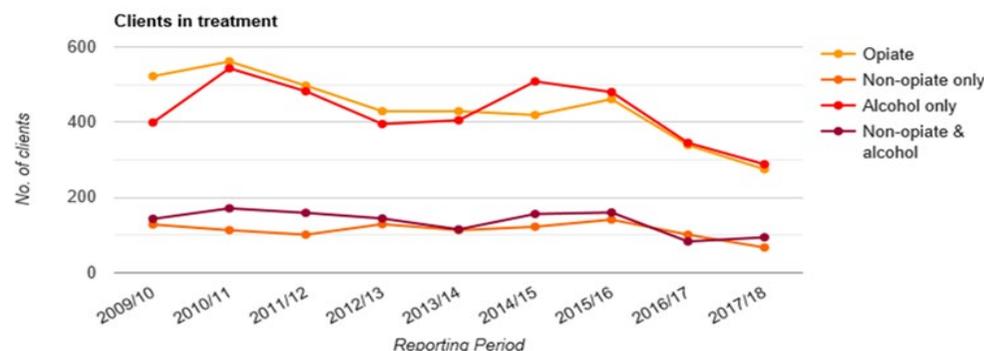
- **Treatment Population:** Ealing is still a predominantly opiate based treatment system, accounting for over 50% of the treatment population with alcohol only users making up for 30% of the treatment population



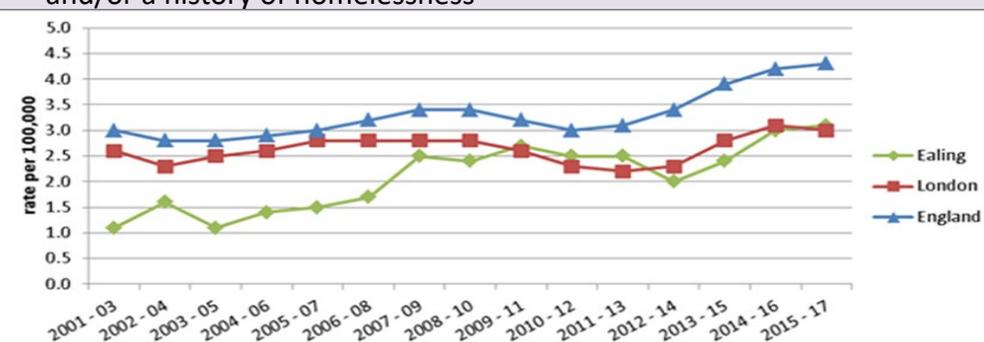
- **Co-occurring mental health and substance misuse:** In 2017/18, 46% of all new presentations to drug treatment were recorded as having a mental health need. Only 60% of these were receiving treatment for their mental health. In 2017/18, 48% of the alcohol treatment population were recorded as having a mental health need, 77% of these were receiving treatment for their mental health
- **Women in treatment:** Ealing's treatment system has had difficulties in engaging the levels of women seen in other London treatment systems - 80:20 male to female split, compared to 70:30 nationally. This led to the commissioning of the Women's Wellness Zone, a complex needs service for women with: mental health; substance misuse; offending behaviour; sex working/trafficking; and domestic abuse/sexual violence

Adult Substance Misuse

- **New presentations to treatment** have been declining across all cohorts. This is not because the need has reduced locally. It is a direct impact of the funding reductions. Consequently, Ealing's treatment system has high levels of unmet needs when looking at the prevalence data in comparison to the numbers receiving treatment locally. This is unlikely to change with reduced resources



- **Drug Related Deaths:** upward trend in drug related deaths across Ealing, London and England with highest rates across the country since records began. The opiate population is ageing and acquired some severe physical health co-morbidities because of long using histories; poverty; poor diet, exercise, and housing conditions; incarceration; and/or a history of homelessness

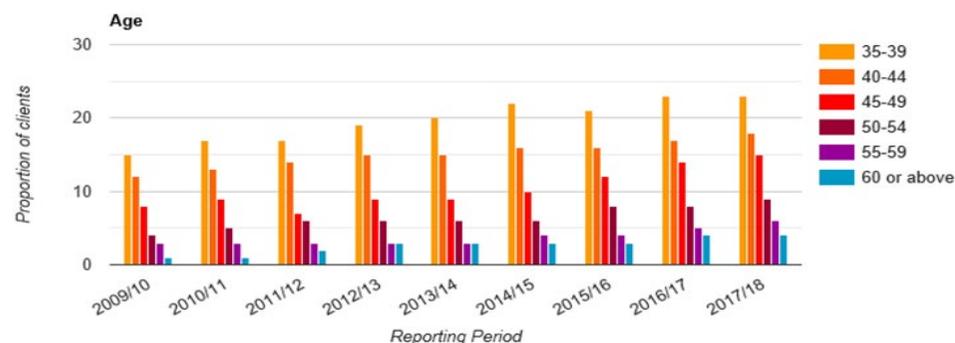


Future need

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Ageing Opiate Using Cohort dominating treatment

- Nationally the number of opiate users over 40 years old in treatment has increased from approximately 25,000 in 2006 to more than 75,000 in 2018*
- The number of opiate users in treatment under the age of 30 has decreased from approximately 60,000 to around 13,000 in the 12 years to 2017/18
- Ageing drug users have more physical health needs
- The death rate for opioid users increases the older the user
- This trend is replicated in Ealing's opiate using cohort



- Ealing's treatment population is still dominated by opiate users (50% in 2017/18) and people with other treatment needs (non-opiate and increased risk drinkers) are not accessing local treatment. The challenge is for the local treatment system to access these users in different settings but with a reduced overall budget

* Ageing Cohort of Drug Users: Advisory Council on the Misuse of Drugs (ACMD), June 2019

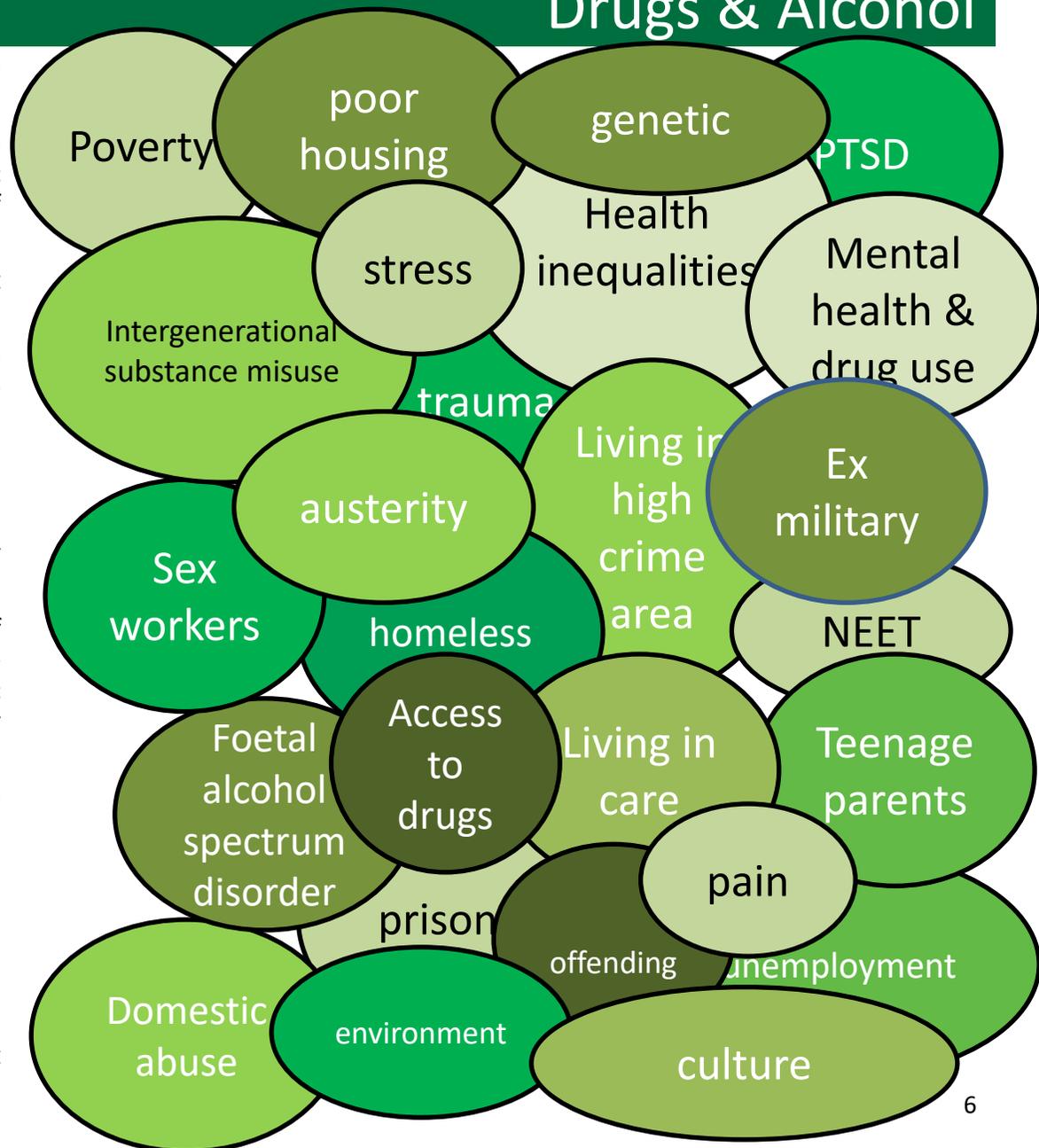
Residents addicted to pain medication

- Patients remaining on medication for long-term chronic pain conditions rather than for short periods to treat acute pain
- Research shows prescribing opiate and other pain medication for long-term chronic pain is counter-productive and is merely producing another group of dependent users
- Stakeholder concerns about local pain clinics with some patients leaving these specialist clinics (after referral from their GP) on higher levels of medication
- Prescribing rates for pregabalin and gabapentin are growing concerns. GPs initially didn't realise the dependency risks and were prescribing relatively freely until patients started to become dependent on these drugs
- Ealing's current treatment system does not have the capacity to address this growing need and the local drug and alcohol treatment hubs are not the most appropriate access point for this service user group. The local treatment psychiatrist offers specialist advice to GPs on reducing medication safely
- Public Health England is undertaking a public health evidence review of available data and published evidence on the problems associated with some prescribed medicines, including:
 - dependence
 - short term discontinuation syndrome
 - longer term withdrawal symptoms
- The review is expected to publish later in 2019

What influences this topic?

- Early adverse experience, such as childhood sexual or physical abuse, have been associated with an increased vulnerability to drug use
- Social Inequalities & austerity. The Marmot Review suggested that, in the UK, the likelihood of problematic drug use is related to socioeconomic status, noting a positive correlation between the prevalence of problematic drug users aged 15 to 64 years and deprivation
- Deprivation and social exclusion are likely to make a significant contribution to the maintenance of drug misuse
- Environmental: living in the most deprived neighbourhoods; high crime areas; homelessness; poor and overcrowded housing; lack of access to outside space
- High levels of unemployment and inter-generational unemployment
- Alcohol: affordability; legality; availability; acceptability
- Self-medicating aspect of substance misuse: sensations of pleasure or relief from pain
- Parental alcohol and drug dependence significantly harms the wellbeing of children. Drug and alcohol misuse can be part of a complex set of co-existing health and social problems within families including: domestic abuse; mental health; unemployment; offending; homelessness or insecure housing; poverty
- Driver for offending: Approximately 45% of acquisitive offences are committed by regular heroin/crack users
- Societal acceptance: music links, positive media representation. Pressure is a major influence on experimental use and is also likely to affect a move towards regular use
- Earlier initiation of drug use increases the likelihood of daily use, which in turn results in a greater likelihood of dependence
- A relapsing and remitting condition often involving numerous treatment episodes over several years

Drugs & Alcohol



What works?

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- **Identification and Brief Advice (IBA)**
- Good evidence for the effectiveness of IBA in reducing increasing and higher risk consumption and other harms. Research covers IBA in different settings: GP practices, criminal justice, workplace, & emergency departments
- **Treatment: Psychosocial and psychological therapies and mutual aid all support sustained recovery alongside pharmacological interventions**
- Clinical guidelines on drug misuse & dependence, updated 2017: The guidelines are for UK clinicians providing drug treatment for people who misuse drugs or are dependent on drugs. They are based on current evidence and professional consensus on how to provide treatment for most service users, in most instances
- Range of National Institute for Health & Clinical Excellence (NICE) guidance which define best practice in relation to prevention, harm reduction and treatment related to substance misuse across various topics
- New and emerging drugs: NEPTUNE Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances
- Public Health England has published a set of prompts for commissioners to guide them in planning for substance misuse harm prevention, treatment and recovery in adults
- Public Health England has published a set of prompts for commissioners to guide them in commissioning universal and targeted drug, alcohol and tobacco prevention interventions for young people, and specialist interventions for young people already experiencing harms
- **Secondary care alcohol specialist services**
- There is a strong evidence base for a number of alcohol secondary care specialist services which include nurse-led liaison teams, alcohol outreach teams, and intensive assertive outreach support to patients who frequently attend hospital. Their aim is to prevent the rate of hospital admissions and encourage engagement with community services or the reduction of harm within the community. The NHS long-term plan acknowledges the important contribution of alcohol care teams: ***over the next five years, those hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish ACTs using funding from their clinical commissioning groups (CCGs) health inequalities funding supplement, working in partnership with local authority commissioners of drug and alcohol services. Delivered in the 25% of worst affected hospitals, this could prevent 50,000 admissions over five years***

Assets and services

Drugs & Alcohol

Recovery Intervention Service Ealing (RISE)

- Community drug and alcohol treatment service for Ealing residents over 18 who are having problems with their drug and alcohol use
- Provides a range of intensive community-based support, clinical treatment and rehabilitation services that are designed to meet residents' needs and support their family and friends
- Evidence based specialist treatment is NICE compliant and adheres to the UK guidelines on clinical management of drug misuse and dependence
- Consortium of Cgl; CNWL; Build on Belief; & Intuitive Thinking Skills

EASY

- Service for young people using drugs and/or alcohol aged 18 and under providing early intervention, prevention and targeted education, advice, assessment and treatment

Ealing Substance Misuse Team

- Provide Care Act assessments & design residential placements for residents who require additional support

Women's Wellness Zone

- Women's multi-agency complex needs service: domestic abuse; substance misuse; offending behaviour; sex working; & mental health
- Empowering women to make healthy choices and achieve positive outcomes.
- Women only environment
- Individual & group work support

Supported Housing

- Equinox's Churchfield Road & Cherington Road: 2 substance misuse specific projects for those in the early phase of treatment and those who are abstinent
- Other supported housing & floating support projects working with substance misusers provided by St Mungo's, YMCA, & EACH

WDP's Individual Placement Support Project

- Employment specialist providing access to employment and intensive support to maintain the job

RISE's treatment model



EACH

- Counselling support in a range of languages
- Abstinence group programme through spot purchasing

Dual Diagnosis Anonymous

- A self-help organisation for people with co-occurring mental illness and substance misuse issues

Cranston Men & Masculinities Programme

- Group for men who are aware that their relationships have become distressing and damaged by their behaviour.

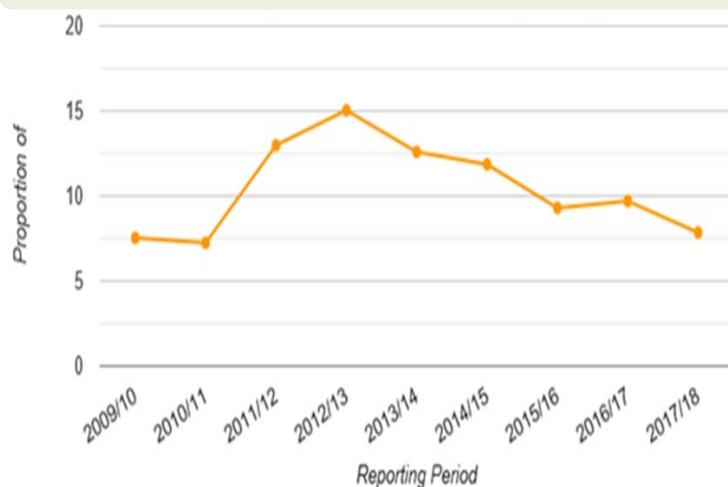
Mutual Aid

- Local & London based AA, NA, & CA meetings

Targets and outcomes

Drugs & Alcohol

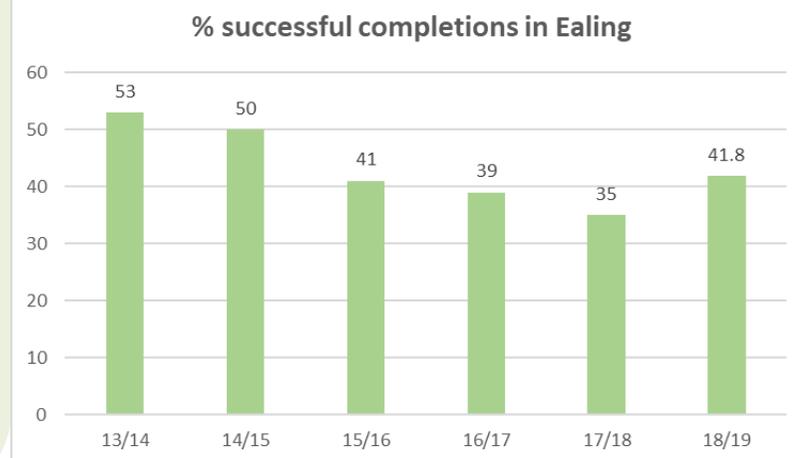
Ealing Opiate Successful Completions



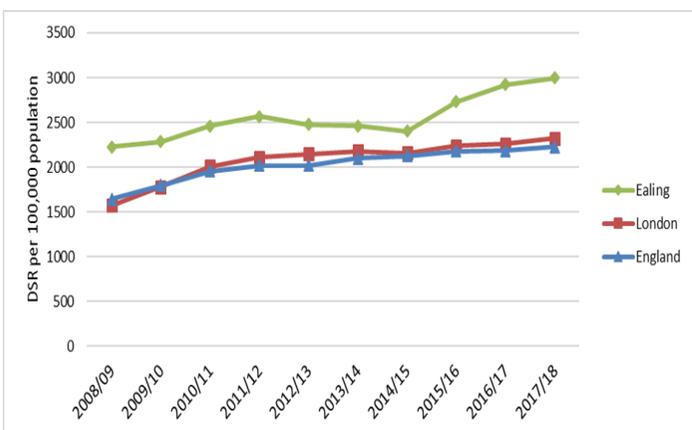
Ealing's successful completions

- Ealing's treatment system is measured by the rate of successful completions
- The funding reductions from 2016/17 had an impact on the treatment system but in 18/19 both Ealing's alcohol (41.8%) & opiate (8%) successful completion rates are higher than the National average of 39.1% & 6% respectively

Ealing Alcohol Successful Completions



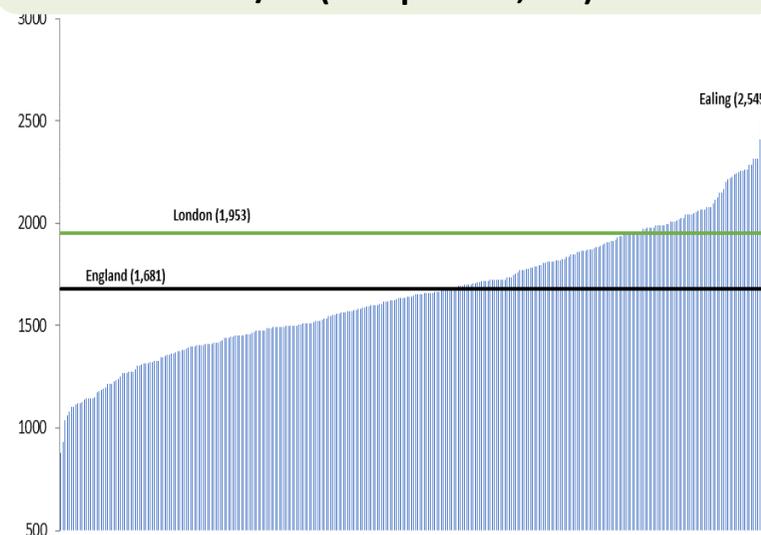
Ealing Hospital admissions for alcohol related conditions (Broad)



Ealing's alcohol related hospital admissions

- Reducing Ealing's alcohol related hospital admissions remains a Local Authority and CCG target
- They continue to rise & remain higher than the London and England rate
- In 2018, Ealing had the highest rate of hospital admissions due to alcohol-related cardiovascular disease in the whole of England

Ealing's hospital admissions for alcohol related cardiovascular disease (broad) males all ages 2017/18 (DSR per 100,000)



The voice: Local People's feedback on drug & alcohol treatment

- Taken from Healthwatch Service User Feedback

It's very supportive, helpful and caring. My key worker, she is very nice and the support is really good. You just need to take all advice on board.

My experience so far has been positive, it's a service that is really important to have it. It has helped me through my drug addiction.

I have been using the service for a while and have relapsed a few times. The advice is there but the key worker keeps changing

It's excellent service, I have used similar service elsewhere but this is the best. The staff are nice, helpful, well-equipped and with many resources.

Today is my first visit and it took me 2 months to get this

The reason I gave 3 is because there is no consistency with the key worker. One day you explain your situation with one key worker the next time you have a different and you keep repeating yourself again and again. They don't know you, so they can't build a

It's very supportive, helpful and caring. My key worker, she is very nice and the support is really good. You just need to take all advice on board.

Gaps and unmet needs

Drugs & Alcohol

Impact of cuts on local treatment delivery:

- Decline in numbers accessing alcohol treatment with the loss of the abstinence based day programme & residents drinking at increased risk feeling alienated by the 2 chaotic treatment hubs
- Reduced service capacity resulting in higher caseloads & less flexibility to deliver treatment from other sites via satellites or at home for service users with reduced mobility
- Outreach and community engagement work scaled back due to fewer staff across the treatment system; direct impact on engaging more hidden drug and alcohol users. This can mean users outside the treatment system, who are most at risk, are not seeing outreach workers as regularly as they used to for initial engagement and vital harm reduction work, including overdose prevention
- Challenge in meeting the demand for treatment and still delivering quality treatment interventions
- Loss of prevention and early intervention capacity as the treatment system has to target limited resources on delivering specialist treatment to dependent and complex users.

Strengthen hidden harm work locally:

- Data from the PHE parental substance misuse toolkit, shows Ealing identifying fewer risk factors associated with problematic drug and alcohol use at children in need assessments than the London and National average
- Ealing needs a joint working protocol between children's services and adult treatment to improve and consolidate proposed joint working through more effective information sharing and improved understanding of each other's working practices
- More effective joint work between treatment and children's services will improve treatment outcomes for parents, parenting outcomes for children, and keep more families together saving the local authority valuable resources

Early intervention and prevention capacity – need to reinvest:

- With reduced funding, Ealing's treatment system is currently unable to provide the previous level of community engagement, early intervention and prevention. Most of the money is focused on delivering specialist treatment support for those with alcohol dependency and entrenched poly-substance misuse
- This has resulted in the loss of a comprehensive alcohol identification and brief advice programme across the partnership beyond GPs' offer for new registrations and those eligible for Health Checks. There is reduced early intervention work with criminal justice agencies, pharmacies and community groups to address non-dependent problematic alcohol use
- The young people's treatment service is limited to 2 staff and the current model does not use their time to maximum effect

Alcohol Pathway:

- Less coherent alcohol specific pathways into local treatment since the treatment system became integrated to work with both drugs and alcohol, and funding cuts resulted in the loss of the specialist alcohol partner from the RISE consortium
- The impact of losing an abstinence based structured day programme on the number of alcohol successful completions during 2016/17 & 2017/18. This direction of travel has been arrested in 2018/19 but the service is still not attracting binge drinkers and those drinking at increased risk, preventing them becoming the next cohort of dependent drinkers
- Low uptake with RISE's in-reach alcohol treatment in Primary Care – need to change the model and to consider how to work more effectively with the new Primary Care Networks to provide better coverage across the borough
- Reduced capacity within the RISE alcohol hospital liaison team resulting in the loss of a 7 day week service and no reductions in Ealing's alcohol related hospital admissions

Recommendations for commissioners

Drugs & Alcohol

■ PREVENTION & EARLY INTERVENTION

1. To enhance substance misuse work within Ealing's Primary Care setting

- Monitor data on the level of AUDIT screening within Ealing NHS Health Checks, and data on alcohol screening of new patients in primary care
- Use this data to inform where to target future primary care alcohol clinics within the Primary Care Networks, provided by the drug & alcohol service and to improve performance around alcohol screening for new patients and Health Checks in line with the Primary Care Standard
- Provide dedicated alcohol workers within the treatment service to increase alcohol related early intervention capacity targeting those drinking at increased risk

2. Deliver alcohol IBA training beyond primary care in Ealing

- Explore all options including the NW London CCG prevention programme & Ealing MECC delivery to develop local alcohol IBA training to incorporate other partner agencies including pharmacies, criminal justice agencies and community groups

■ EFFECTIVE & QUALITY TREATMENT PROVISION

3. Adjust the current treatment system to increase positive outcomes and movement through the system

- Commission the new drug and alcohol treatment system with a long contract to support stability, as well as a service specification that is informed by this JSNA
- Incorporate the 2 young people's substance misuse staff into the Adolescent MAST & Integrated Youth Service teams to increase their capacity
- Incorporate smoking cessation work into the new drug and alcohol treatment contract to improve treatment outcomes and overall physical health outcomes for Ealing residents with drug and alcohol problems
- Work with the CCG to address the lack of an appropriate intervention for primary care patients with dependency to pain medication, initially prescribed for chronic pain relief

4. Strengthen local partnership work to prevent drug and alcohol related deaths

- Continue to monitor Ealing's alcohol and drug related deaths and develop joint investigations where individuals are known to both substance misuse and mental health services
- Develop a fentanyl action plan to protect vulnerable service users and reduce the risks of overdose and drug-related deaths should fentanyl appear in the local drug market supply chain

Recommendations for commissioners

Drugs & Alcohol

■ EFFECTIVE & QUALITY TREATMENT PROVISION CONTINUED

5. Strengthen local partnership working to improve outcomes for people with drug and alcohol problems

- Address gaps in local partnership working to more effectively support residents with co-existing mental health & substance use through: mutual access to case management systems; multi-disciplinary team attendance; increased IAPT access; and attendance at SM & MH steering group meetings
- Improve the communication and joint working between children’s services and the drug & alcohol treatment system by: developing a hidden harm joint working protocol; placing a treatment worker in children’s services; substance misuse training as part of Ealing’s Safeguarding Children’s Board’s training programme; weekly safeguarding surgeries in the treatment service; home visit training for treatment staff; treatment service attendance at MASH hub
- Integrate new partnerships into the treatment system: WDP’s integrated placement support employment service for substance misusers; and Cranstoun’s Men & Masculinities’ Programme for men who perpetrate abuse in their relationships

■ ENFORCEMENT & REGULATION

6. Strengthen partnership work with licensing

- Develop Public Health’s partnership work with licensing with a specific focus on off licenses and saturation in neighbourhoods adversely affected by health inequalities linked to poverty and exacerbated by alcohol misuse
- Engage in the development of Ealing’s Night Time Economy Strategy to ensure there are alternative options available to local people wanting to socialise and enjoy what Ealing has to offer without alcohol

7. Strengthen partnership working with criminal justice agencies

- Improve partnership engagement from criminal justice agencies to support treatment outcomes. This will include improving use of community orders and developing pathways into treatment through conditional cautioning

Further information

Drugs & Alcohol

Further Information on Drugs & Alcohol

- The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies; an evidence review (2016) Public Health England

<https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

- An evidence review of the outcomes that can be expected of drug misuse treatment in England (2017) Public Health England

<https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes>

- Ealing Local Alcohol Profile for England

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0/gid/1938132984/pat/6/par/E12000007/ati/102/are/E09000009>

- Public Health England's alcohol and drug misuse prevention and treatment guidance

<https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance>

- NHS Digital: Statistics on Drugs Misuse England

<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/november-2018-update>