

EALING JSNA 'Focus on' Drugs and Alcohol January 2023

The Joint Strategic Needs Assessment (JSNA) is a statutory document published by the London Borough of Ealing and NHS Ealing borough-based partnership, 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 and Alcohol

Key facts

January 2023

The use of illicit drugs (particularly heroin, cocaine and methamphetamine) is associated with a range of physical, psychological and social harms. Ealing has seen a drop in opiate users coming into treatment, but the prevalence rates remain high. Ealing has a low conversion rate for all referrals into treatment – 1 in 3 or a third. Alcohol is now the leading risk factor for ill-health, early mortality and disability in 15- to 49-year-olds in England. Ealing has the highest rate of alcohol related hospital admissions in London and the treatment system needs to identify alcohol users at an earlier stage in their treatment journey in places which feel less stigmatised such as primary care.

Facts and figures

- Ealing has an estimated 2,419 opiate and crack users; 2,099 opiate users and 1,441 crack users (2016/17 prevalence data)
- Ealing's latest estimated number of dependent drinkers is 3,639. Ealing is not seeing 82% of the estimated people requiring alcohol treatment. This is comparable to the National rate
- 66% of opiates & 70% of crack users in Ealing are not in treatment

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 and wellbeing, knowledge, skills and experience
 - **social capital:** family, friends and 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 parental 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 2022: From Harm to Hope
- Dame Carol Black Review 2020: independent review of drugs
- government Alcohol Strategy 2012 (England)
- government Ending Rough Sleeping For Good Strategy 2022
- Ealing Health and Wellbeing Strategy 2023-2028
- Safer Ealing Strategy 2023-2028
- Ealing Youth Plan 2022-2026

Setting the scene: Adolescent Drug and Alcohol Use

- the Dame Carol Black review reiterated that preventing drug use is more cost-effective and socially desirable than dealing with its consequences and one of the priorities within the new national drug strategy focuses on preventing the onset of substance misuse in young people
- evidence suggests certain groups of young people, particularly those who have suffered adverse childhood experiences (known as ACEs), are more likely to develop drug and alcohol problems that will accompany them into adulthood. These include using multiple substances (poly-drug use); having a mental health treatment need; being a Looked After Child (LAC); and not being in education, employment, or training (NEET) Other wider risk factors can also affect or be associated with young people's substance use, such as Self-harming behaviour; sexual exploitation; offending and affected by domestic abuse
- the latest Smoking, drinking and drug use among young people survey (published September 2022) suggests nationally:
 - there has been a decrease in the prevalence of smoking cigarettes
 - current e-cigarette (vaping) has increased to 9% up from 6% in 2018
 - 40% of pupils said they had ever had an alcoholic drink
 - 6% of all pupils said they usually drank alcohol at least once per week, the same as in 2018
 - fall in prevalence of lifetime and illicit drug use
- there is little evidence that drug and alcohol education consisting solely of information giving can affect behaviour, however it is nationally recognised that good quality interventions designed to build confidence, resilience and effective decision-making skills can have a preventative impact

- specialist substance misuse services play a vital role in supporting young people who have developed substance misuse problems alongside a range of other problems, and these specialist services should constitute a core part of a multi-agency approach to ensure that all presenting needs are identified and responded to

Early intervention and prevention

- the evidence base for how to prevent drug use among children and young people is more developed than it is for adult users, and we know a focus on risk and resilience factors is important
- good outcomes can be achieved by :
 - building resilience through delivering school-based prevention and early intervention – delivering and evaluating mandatory Personal Health and Social Education (PHSE) to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school
 - offering multi-component programmes involving parenting interventions and support for individuals and families
 - services need to be trauma-informed, and treatment should be family-based, if necessary, particularly for those whose parents are themselves dependent on drugs or alcohol
 - universal and targeted services have a role to play in building resilience and providing substance misuse advice and support at the earliest opportunity

Young people's substance misuse treatment services

- specialist treatment services should be provided to those whose use has escalated and/or is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and

Setting the scene: Adolescent Drug and Alcohol Use

age-appropriate care should be available for all young people in specialist services. Specialist substance misuse treatment (known as a targeted intervention) typically consist of psychosocial and harm reduction support in a community setting. A small number of young people receive interventions in other settings, such as at home, in residential rehab, or in an inpatient unit.

The need for partnership working

Specialist substance misuse services play a vital role in supporting young people who have developed substance misuse problems alongside a range of other problems, and these specialist services should constitute a core part of a multi-agency approach to ensure that all presenting needs are identified and responded to. A PHE report **Specialist substance misuse services for young people: A rapid mixed methods evidence review of current provision and main principles for commissioning** published in 2017 cites the importance of multi-agency working so that wider needs can be met, beyond their substance misuse. Useful partnerships can include those between CAMHS, child sexual exploitation and abuse support services, youth offending teams and sexual health services.

Drug use prevalence and consumption in young people (under 18) in England

There is a raft of data available to build a picture of use of substances in the wider under 18 population that does not reach the threshold of needing specialist treatment. One of these is the biennial **Smoking, drinking and drug use among young people survey** which provides information about these behaviours. The anonymous survey is carried out in secondary schools across England in Years 7-11 (mostly aged 11-15). The latest data (summarised here) was collected in 2021 (delayed by Covid-19) and published in September 2022.

Key findings based on the 2021 Survey:

- **there has been a decrease in the prevalence of smoking cigarettes**
 - 12% of pupils had ever smoked (16% in 2018)
 - 3% were current smokers (5% in 2018)
 - 1% were regular smokers (2% in 2018)
- **current e-cigarette (vaping) has increased to 9% up from 6% in 2018**
 - around 1 in 5 (21%) 15-year-old girls were classified as current e-cigarette users
- **40% of pupils said they had ever had an alcoholic drink**
 - prevalence increases with age, from 13% of 11-year-olds to 65% of 15-year-olds
- **6% of all pupils said they usually drank alcohol at least once per week, the same as in 2018**
 - the proportion increases with age, from 1% of 11-year-olds to 14% of 15-year-olds
- **fall in prevalence of lifetime and illicit drug use**
 - 18% of pupils reported they had ever taken drugs (24% in 2018)
 - 12% had taken drugs in the last year (17% in 2018)
 - 6% in the last month (9% in 2018)

Key findings from Ealing's 2021 Survey and comparison to 2019 Survey findings where the same questions were asked:

Smoking:

- 95% of pupils have never smoked (94% in 2019)
- 0% of Year 10 (14–15-year-olds) reported that they smoke occasionally or regularly (2% in 2019)
- 7% of Year 10 pupils have tried e-cigarettes once or twice (6% in 2019)
- 1% of Year 10 pupils said they used to smoke them but don't now (1% in 2019)
- 1% use them regularly (1% in 2019)

Setting the scene: Adolescent Drug and Alcohol Use

Alcohol:

- 3% of pupils (12-13 Year 8 and 14-15 Year 10) has at least one alcoholic drink in the week before the survey (3% in 2019 survey)
- if they were struggling/felt bad or stressed, 4 % of year 10 pupils said they would drink alcohol at least 'sometimes'

Drugs:

- 13% of pupils are 'fairly sure' or 'certain' that they know someone who takes drugs to get high (13% in 2019 survey)
- 9% (14% in 2019) of Year 10 boys and 11% (12% in 2019) of Year 10 girls have been offered drugs
- 2% (3% in 2019) of Year 10 pupils said they had taken at least one of the drugs listed in the questionnaire at some point
- 1% (2% in 2019) of Year 10 pupils said that they know where to get help to stop taking drugs
- 9% of Year 8 pupils and 17% of Year 10 pupils said that they thought cannabis leaf, resin or oil was safe if used properly
- if they were struggling/felt bad or stressed, 2% of Year 10 pupils said they would take drugs at least 'sometimes'

Ealing Adolescent Drug and Alcohol Service: EASY

The size of EASY's treatment team shrank during austerity, and in April 2020, Ealing changed the configuration of the service and the referral pathways in response to the recommendations from the previous JSNA. EASY had 2 structured treatment workers and decided to place them in the Youth Justice Service and the Adolescent Multi-Agency Support Team, for young people at the edge of care to focus a limited resource on the most vulnerable young people. However, this did not lead to the number of

expected referrals because often these young people were not ready to address their drug and alcohol use and prioritised other needs/work.

Earlier intervention and prevention was limited to one targeted worker, using intelligence from the integrated youth service to focus interventions on schools where there were concerns around drug and alcohol issues. Increased funding means the service can expand again, increasing referral pathways, and commissioners are expecting to see structured treatment numbers rise with referrals coming from education, A & E, self-referrals, CAMHS etc. It is still a small team, but it now has a dedicated team leader again and 3 treatment workers as well as the targeted worker.

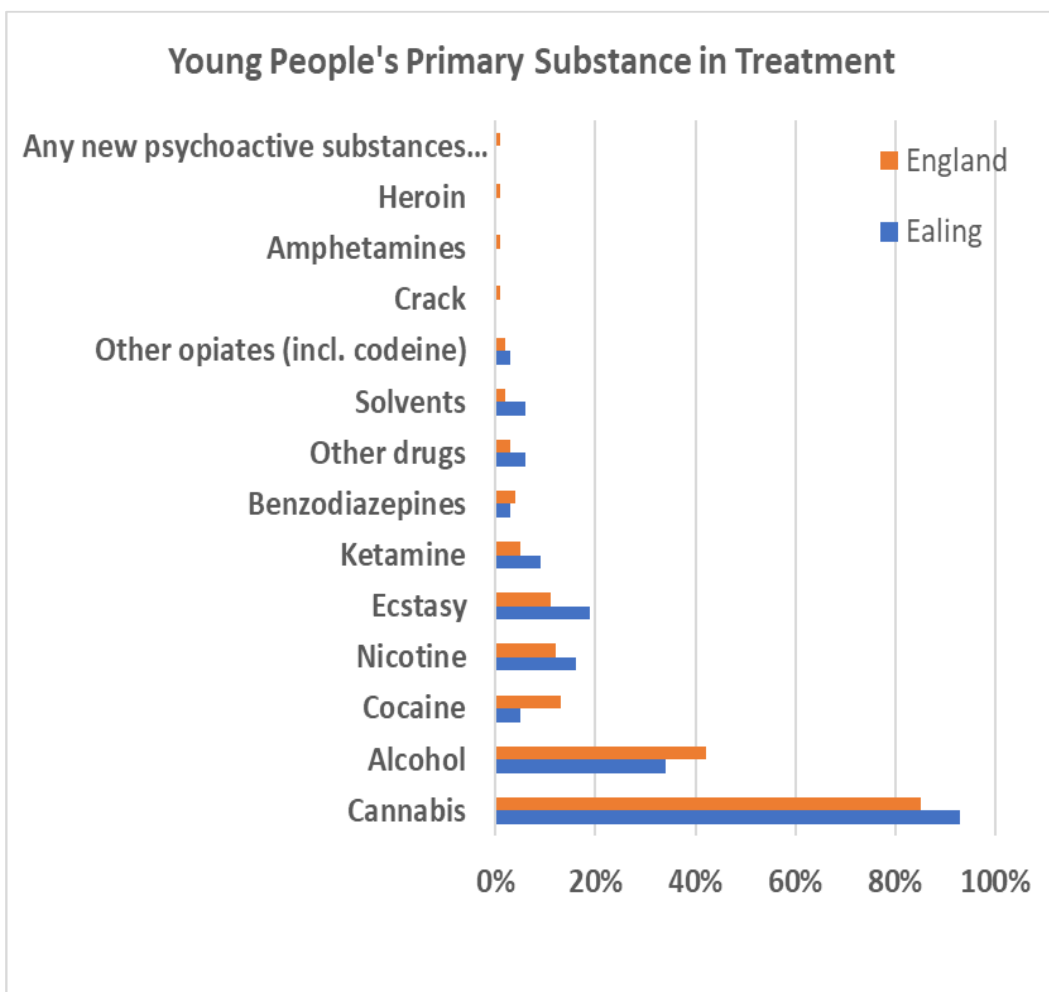
Adolescent Drug and Alcohol Use

The most common primary substance cited is Cannabis, then Alcohol, then Ecstasy, although young people are less likely to present with alcohol in Ealing (39%) versus 49% nationally.

There has been no significant shift in used substances cited since 2017/18 with cannabis and alcohol the most reported, although nicotine was the third most cited substance 5 years ago (20%) compared with 14% in 2021/22. Both Ealing's and England's tobacco use are on a downward trajectory, but Ealing's use amongst young people in treatment has been consistently higher than England's each year.

Setting the scene: Ealing

Drugs & Alcohol



- less than 5 people were using opiates in Ealing's young people's drug and alcohol service (EASY), and no one was using Crack or NPS
- in 2020/21 6% of the 213 Looked After Children were identified as having a substance misuse problem compared with 3% nationally
- between 2017/18-2019/20 the rate of substance misuse related hospital admissions in under 18s was 51 (per 100,000) considerably below that of England (85 per 100,000)
- admission episodes for alcohol-specific conditions in under 18s was 10/100,000 also considerably lower than the England average of 31/100,000
- Ealing's hospital admissions due to substance misuse (15–24-year-olds) are lower than England, but similar to London
- trend data back to 2017/18 suggests a fluctuation in numbers of young people and young adults in specialist substance misuse services, on a downwards trajectory since 2019/20, a trend mirrored in new presentations
- of the young people referred to specialist young people's substance misuse service in 2021/22 just over a third (34%) were White recognising the diverse multicultural nature of the borough; this diverges from the national picture where it is 77%
- the gender split is 61% male and 39% female, which is similar to the rest of England: 63%: 37%. More girls have come into treatment in the past 5 years shifting the ratio from 33% to 39%, which is positive
- of the 64 young people in specialist treatment, over half (53%) are aged 15-16 yet 19% are aged 13-14. There is no divergence in Ealing age trends from the national picture

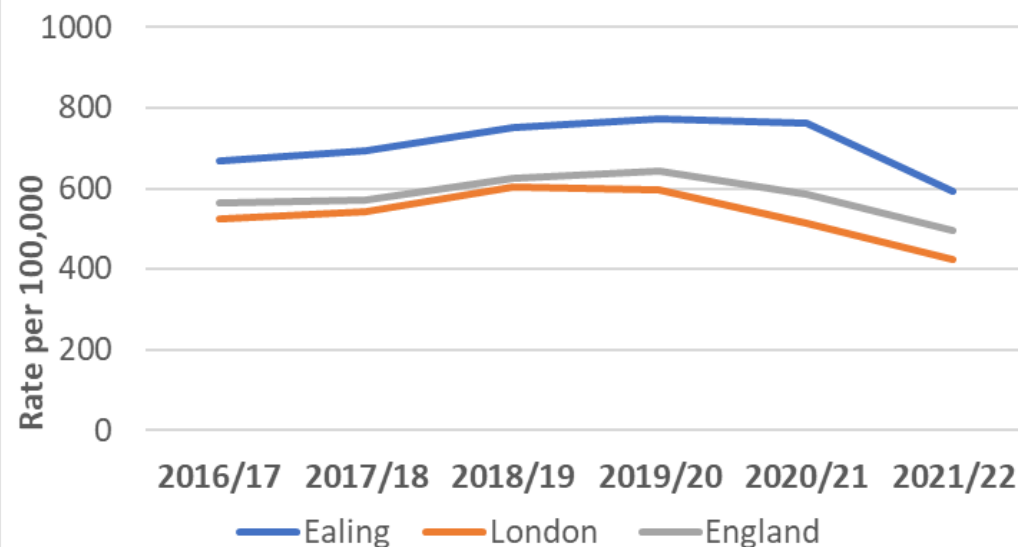
Setting the scene: Ealing

Drugs and Alcohol

Adult Substance Misuse

- there were 1,532 Ealing residents in treatment at the end of 2021/22, with 707 starting treatment during the year. Since 2017/18, numbers in treatment have increased across all substance types apart from Opiates with a significant 24% decrease
- there has been a significant increase in the number of clients citing cannabis use only (+50%) and those using it alongside alcohol (+63%) and opiates (+61%)
- those presenting with opiate and crack use have increased since 2017/18 by 13% (304 to 344)
- those citing sole cocaine use have remained steady from (n=38) in 2017/18 to (n=41) in 2021/22, but those using it adjunctively to alcohol has increased by 66% (n=60 to 100) in the past 5 years. Ealing is slowly increasing the number of non-opiate users accessing treatment through the recruitment of a specialist non-opiate worker and the development of dedicated referral pathways
- there is a 6.7% increase in the number of clients reporting alcohol use (all clients) since 2017/18 and an increase in units consumed with 30.8% reporting drinking 400 units+ in the month before they accessed treatment in 2021/22 compared with 18.5% in 2017/18. There has been a significant increase (3.2% to 9.4%) in the proportion drinking 1000+ units
- admission episodes for alcohol specific conditions have been increasing locally and getting worse since 2014/15. At 761/100,00 it is considerably higher than the England average of 587/100,000 and the London average (515/100,000). It is the 2nd highest rate in London

Admission Episodes for alcohol specific conditions in Ealing, London & England 2016/17 - 2021/22



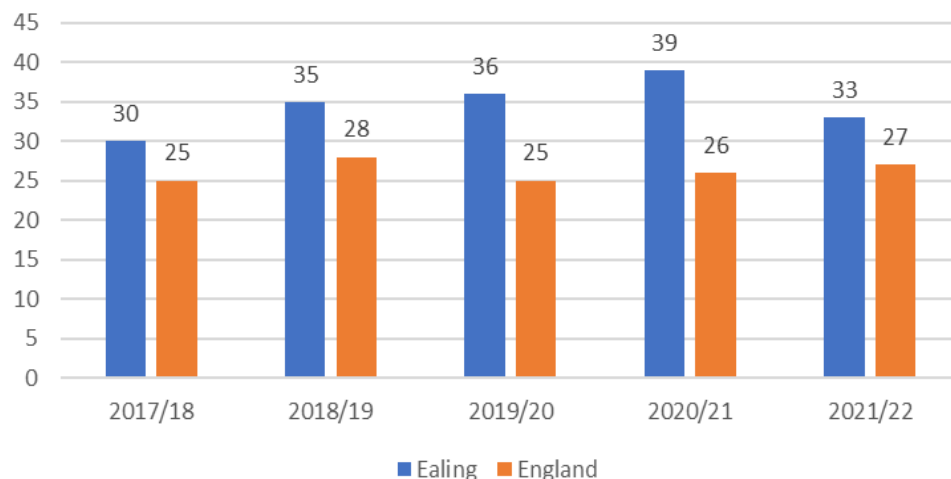
- the proportion of adult substance misusers identified as smoking tobacco at the start of treatment in Ealing is higher than the national rate across all substances
- the ethnicity data suggests the borough profile matches the treatment profile and no groups appear to be under-represented
- in 2021/22, 41% of the drug treatment population are under 40 in both Ealing and England
- the majority of substance misuse clients in Ealing were not parents (43%) compared with 25% nationally

Setting the scene: Ealing's treatment population Drugs and Alcohol

Adult Substance Misuse

- **treatment Population:** Despite the reduction in new opiate users, Ealing is still a predominantly opiate based treatment system, accounting for just over half (51%) of the treatment population, with alcohol only users making up 28% of the treatment population
- **co-occurring mental health and substance misuse:** In 2021/22, mental health treatment need was identified in 59% of all service users in drug and alcohol treatment, compared with 69% nationally. Of these, 33% were not receiving mental health treatment, compared with 27% nationally

Proportion of clients in substance misuse treatment in Ealing & England with mental health need not receiving treatment



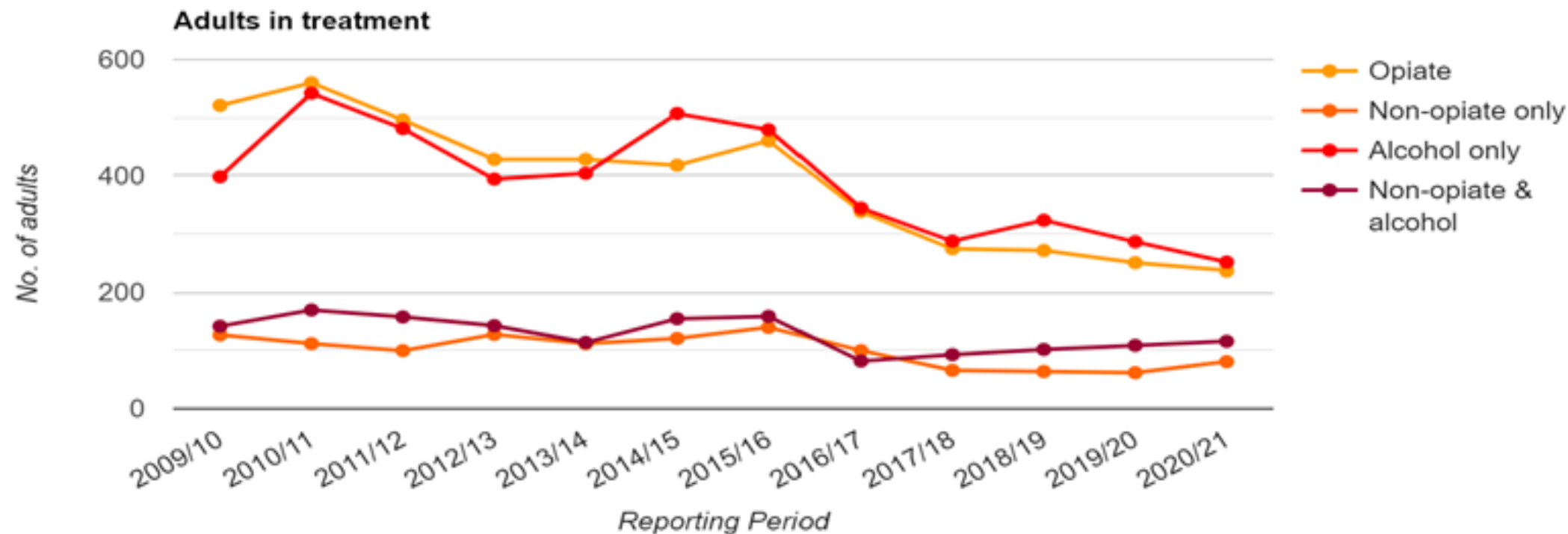
Adult Substance Misuse

- **women in treatment:** There is an historic under-representation of female service users in Ealing's treatment system, and women with higher levels of need and trauma have struggled to achieve and sustain outcomes in the generic service setting. This led to commissioning the Women's Wellness Zone, a complex needs service for women with: mental health; substance misuse; offending behaviour; sex working or trafficked; and domestic abuse/sexual violence support needs. The service operates from a women only setting and has a multi-disciplinary team working with smaller caseloads to deliver a more individualised and bespoke service in a one stop shop model to reduce drop-outs with support provided primarily through the team
- **housing:** 36 clients were No Fixed Abode (NFA) with urgent housing problems (5%) matching the national rate, and a further 67 (10%) had housing problems comparable with 11% nationally. The majority (83%) of new clients in 2021/22 did not have a housing problem
- **employment:** Whilst nearly a third (32%) of the treatment population were in regular employment, similar to the national picture (30%), 46% were unemployed- seeking/not seeking work, a figure that has got progressively higher since 2017/18 when it was 24%

Setting the scene: Ealing's treatment population Drugs and Alcohol

Adult Substance Misuse

- **new presentations to treatment** have been declining across the alcohol and opiate cohorts and the treatment system has felt the impact from previous funding reductions, and increased pressure on the system during COVID lockdowns. The data below is taken from the National Drug Treatment Monitoring System (NDTMS). Ealing's treatment system has high levels of unmet need when looking at the prevalence data in comparison to the numbers receiving treatment locally. The new funding coming into Ealing offers a real opportunity to arrest this decline and increase numbers accessing treatment, particularly with increased numbers of staff working peripatetically and able to engage with service users outside of the 2 main treatment hubs

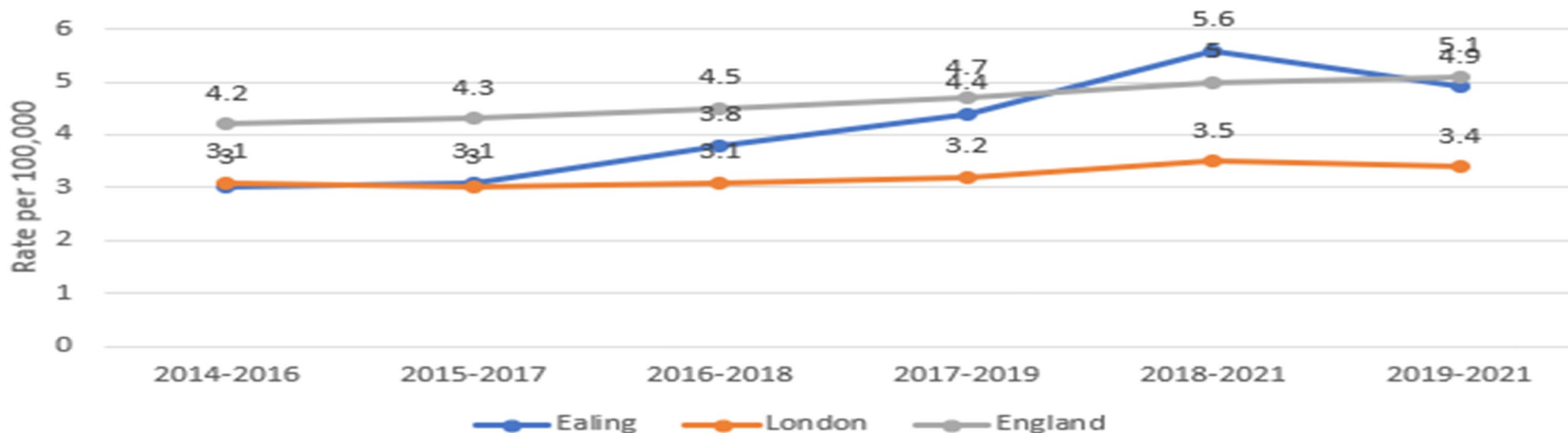


- **referrals into treatment:** Majority are self-referral (42%), followed by GP (17.5%), and Community based care (12%). Referrals come in from a broad variety of sectors (Hospital/ Housing etc) at a similar or better rate than the rest of England

Setting the scene: Ealing's treatment population Drugs and Alcohol

Adult Substance Misuse

- drug related deaths:** There is an upward trend (ONS data) in drug related deaths across Ealing, London and England with highest rates recorded across the country since records began, although Ealing and London have come down slightly in the last reporting period. There has been an 80% increase in drug related deaths since 2012, with the number of heroin-related deaths doubling in that time. The opiate population is ageing and has 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



- the rate of **alcohol related mortality** in Ealing is 36.8/100,00, the 5th highest rate in London. Rates for alcohol related mortality in Ealing have fluctuated (unlike the regional and national rates) and in 2019 and 2020 were similar to the England average
- effect of Covid-19 on alcohol consumption:** Figures based on YouGov surveys show 18.1% of adults in England were drinking at “increasing or higher risk” in the three months to the end of October 2021, which equates to 8 million people. This is much higher than in February 2020, before the pandemic, when 12.4% or about 6 million people drank at these levels
- across London, consumption data suggests that higher risk drinking increased significantly during the pandemic, and alcohol-specific deaths rose by 23% in London in 2020

Setting the scene: Ealing's treatment population Drugs and Alcohol

Adult Substance Misuse

▪ frequent hospital admissions 2020/21 in Ealing

The data set below describes what is known as High Impact users, individuals often drinking chaotically/and/or dependently and being admitted to A&E multiple times in a year, often not engaging with support services. The table below shows, for those individuals who had an alcohol specific hospital admission in 2020/21, the number of previous alcohol-specific admissions they had in the preceding 24 months.

All of the rates in Ealing are in excess of national rates and these individuals will be complex, vulnerable individuals placing a burden on local A&E resources

Type	Ealing number	Ealing rate per 100,000	England rate per 100,000
No prior admission	705	273	228
1 prior admission	240	93	69
2 prior admission	120	46	36
3 prior admission	280	108	86

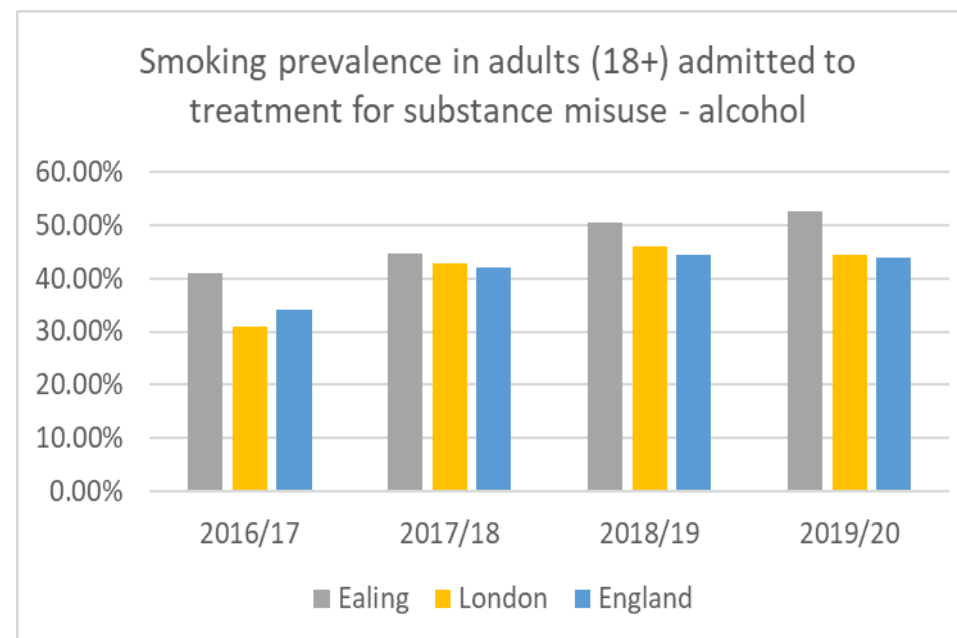
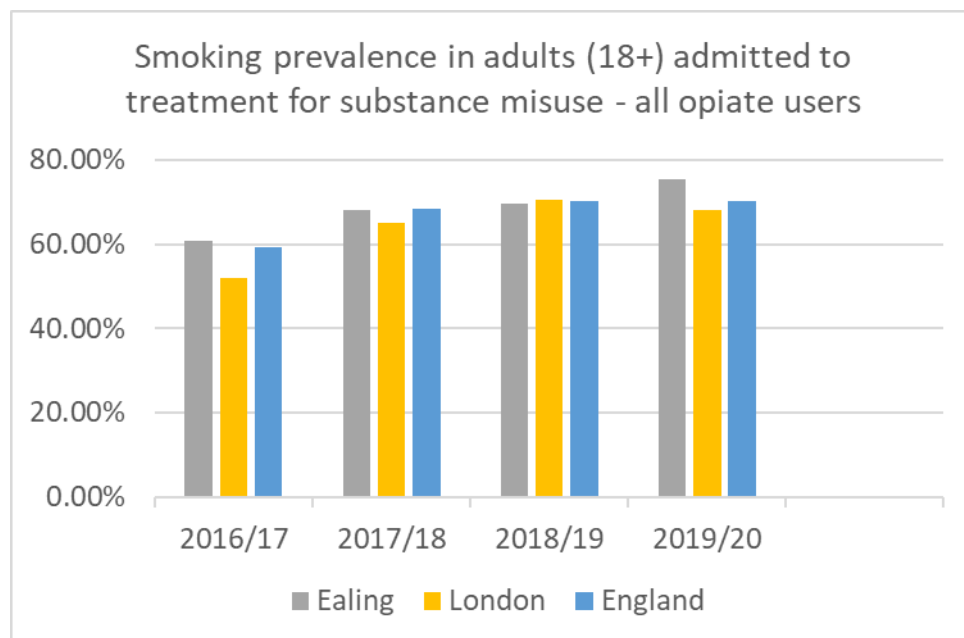
- Ealing has had consistently higher rates of alcohol related hospital admissions for the past 5 years. The NHS 10-year Plan published in 2019 cited the importance of Alcohol Care Teams (ACTs) to limit alcohol related hospital admissions and committed additional funding for areas such as Ealing, who are struggling to reduce their high levels of admissions In 2020, Ealing was identified within the 25% of worse affected hospitals in England eligible to receive funding

Future need

Drugs and Alcohol

High levels of smoking within the treatment population

- the proportion of adult substance misusers identified as smoking tobacco at the start of treatment in Ealing is higher than the national rate across all substances. The data below is taken from the OHID Tobacco Control Dashboard



- smoking and high-risk alcohol consumption are a major cause of several fatal diseases including cancer and cardiovascular disease. High-risk drinkers are substantially more likely to smoke and there is a positive association between the number of cigarettes smoked and alcohol consumption
- attempts to quit smoking are less successful among those with alcohol use disorder and episodes of alcohol consumption during an attempt to stop smoking are associated with a greater risk of relapse
- given the relatively high figures, services should offer (or be able to refer people into) stop smoking support (access to effective stop smoking products combined with behavioural support), and harm reduction approaches for people unable or unwilling to stop smoking in one step. Smokers who access this support are three times as likely to quit as those who try to quit unaided

Future need

Drugs and Alcohol

Residents addicted to pain medication

- there is a treatment need amongst 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
- prescribing rates for pregabalin and gabapentin are growing concerns. The dependency risks associated with these drugs weren't initially apparent and these drugs are treated differently now from when they were first being recommended for certain treatments
- public Health England completed a public health evidence review in 2019 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 reported in 2017/18, 1 in 4 adults in England were prescribed benzodiazepines, z-drugs, gabapentinoids, opioids for chronic non-cancer pain, or antidepressants. Prescriptions for antidepressants and gabapentinoids were increasing, but prescriptions for opioid pain medicines were decreasing, after rising for many years. Prescriptions for benzodiazepines continued to fall and those for z-drugs had started to fall during this period
- Ealing's treatment system did not have the capacity to address this growing need and the local drug and alcohol treatment hubs are not considered the most appropriate access point for this service user group. The local treatment psychiatrist offers specialist advice to GPs on reducing medication safely. With the recent increase in treatment funding, Ealing wants to explore running a pilot for a cohort of these patients who want to stop their prescribed pain medication through the support of a multi-disciplinary team with other alternative, non-prescribed support to manage the pain including social prescribing and CBT approaches to pain management
- the Integrated Care Partnership Board has been looking at prescribing patterns across the NW London boroughs and the 2 slides show Ealing in relation to the other boroughs and prescribing patterns across the Primary Care Networks across Ealing. This data is not able to separate out the cancer patients and their prescribing but gives a sense of recent prescribing patterns
- the impact of COVID and increases in the waiting times for operations such as hip and knee replacements will have had some impact on pain prescribing although there is no current data exploring this issue

Future need

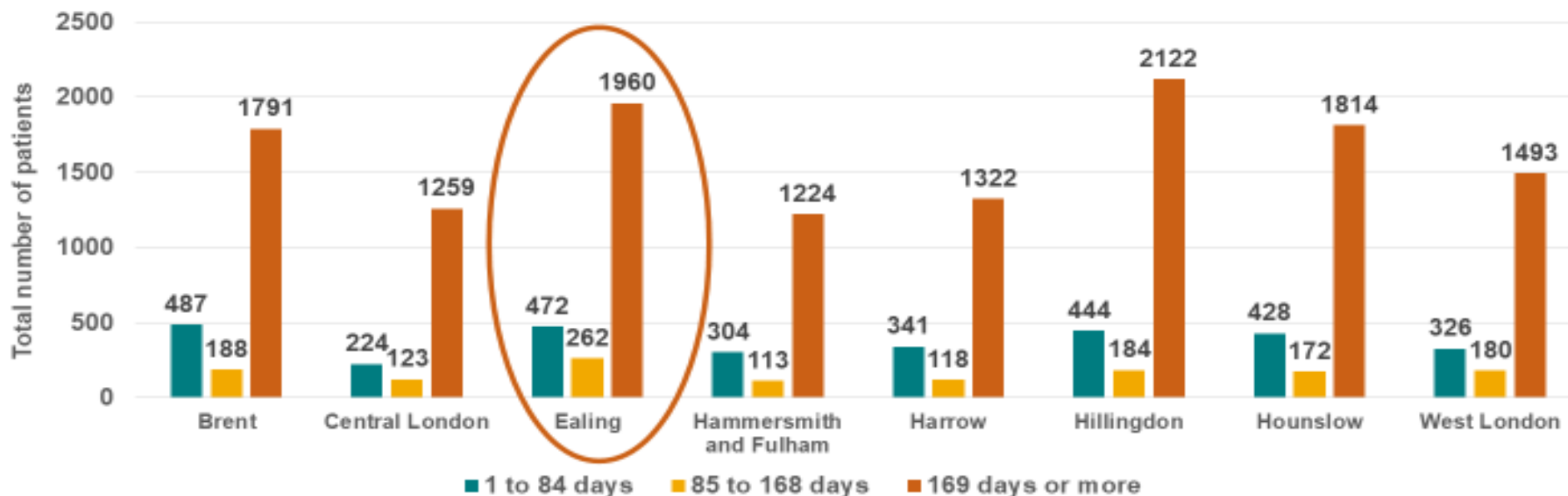
Drugs and Alcohol

- the slide below provides a snapshot (25th May to 21st June 2022) of the number of residents across the NW London ICS who have been prescribed opioid medication and the duration of the prescription. The data includes both cancer and non-cancer patients and shows prescribing at a borough level

Opioid Dashboard – short, medium & long term opioids



NW London Opioid Use by Duration(Absolute Numbers)
(25th May - 21st June 2022)



NB: Includes cancer and non-cancer patients

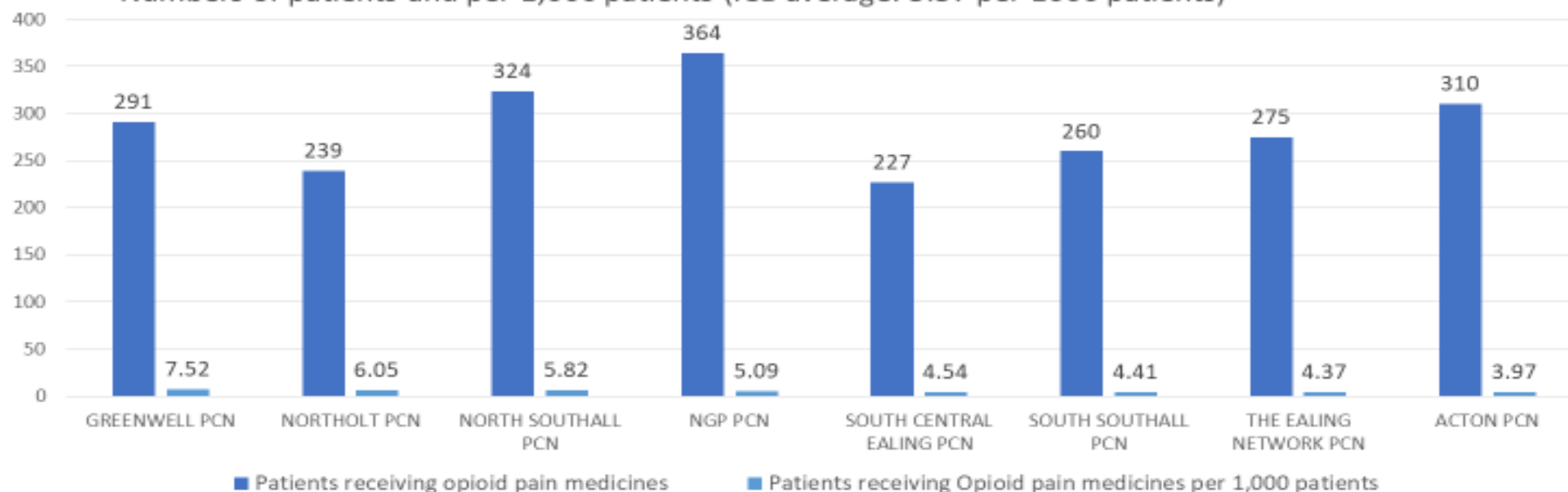
Future need

Drugs and Alcohol

- the slide below breaks down Ealing's opioid prescribing by Primary Care Network area and shows the data by the number of patients and per 1,000 patients. The Integrated Care Board average is 5.57 per 1,000 patients. Once again, the data includes both cancer and non-cancer patients



Ealing Patients receiving opioid pain medicines by Primary Care Network
Numbers of patients and per 1,000 patients (ICB average: 5.57 per 1000 patients)

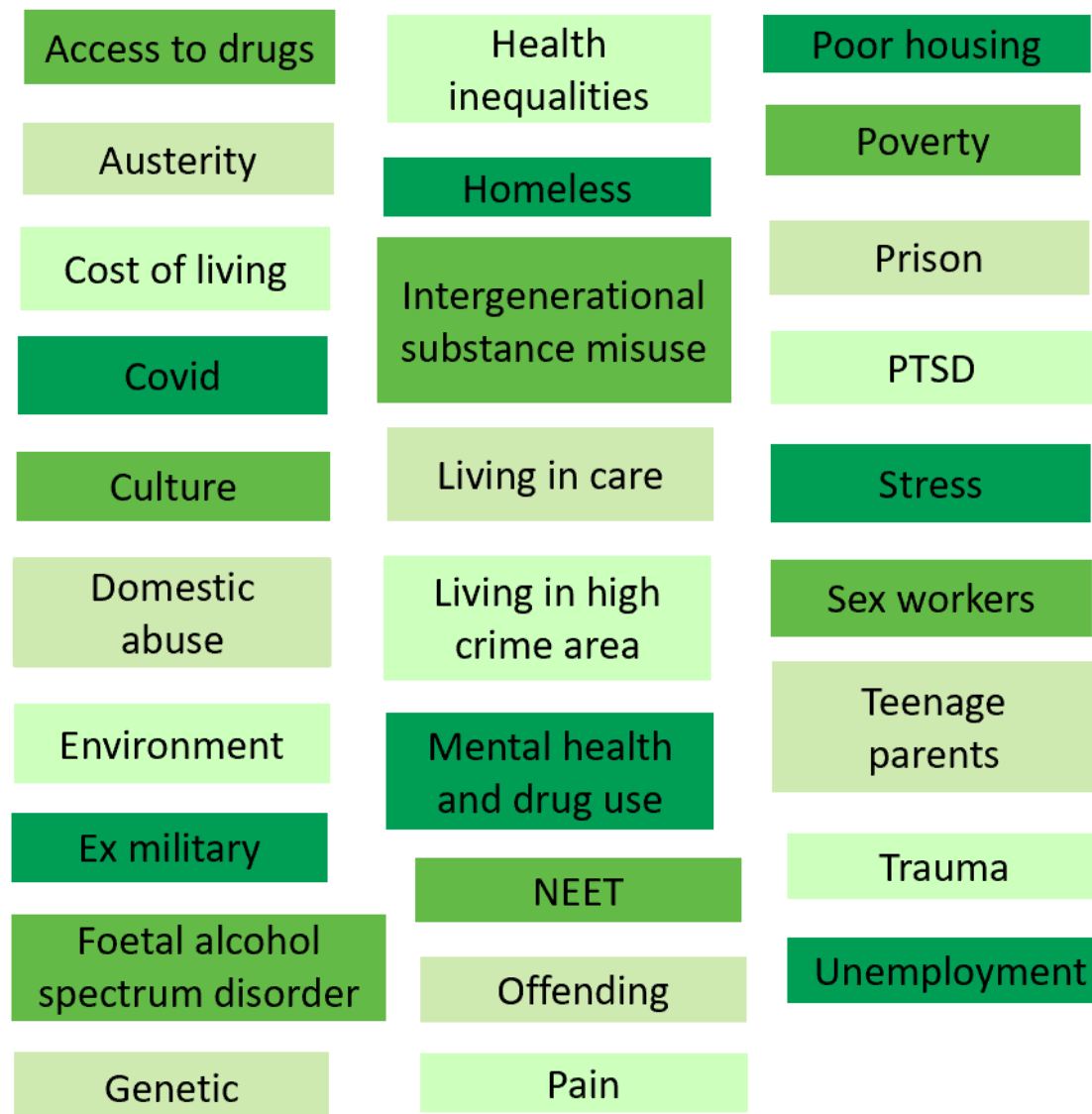


NB: Includes cancer and non-cancer patients

What influences this topic?

Drugs and Alcohol

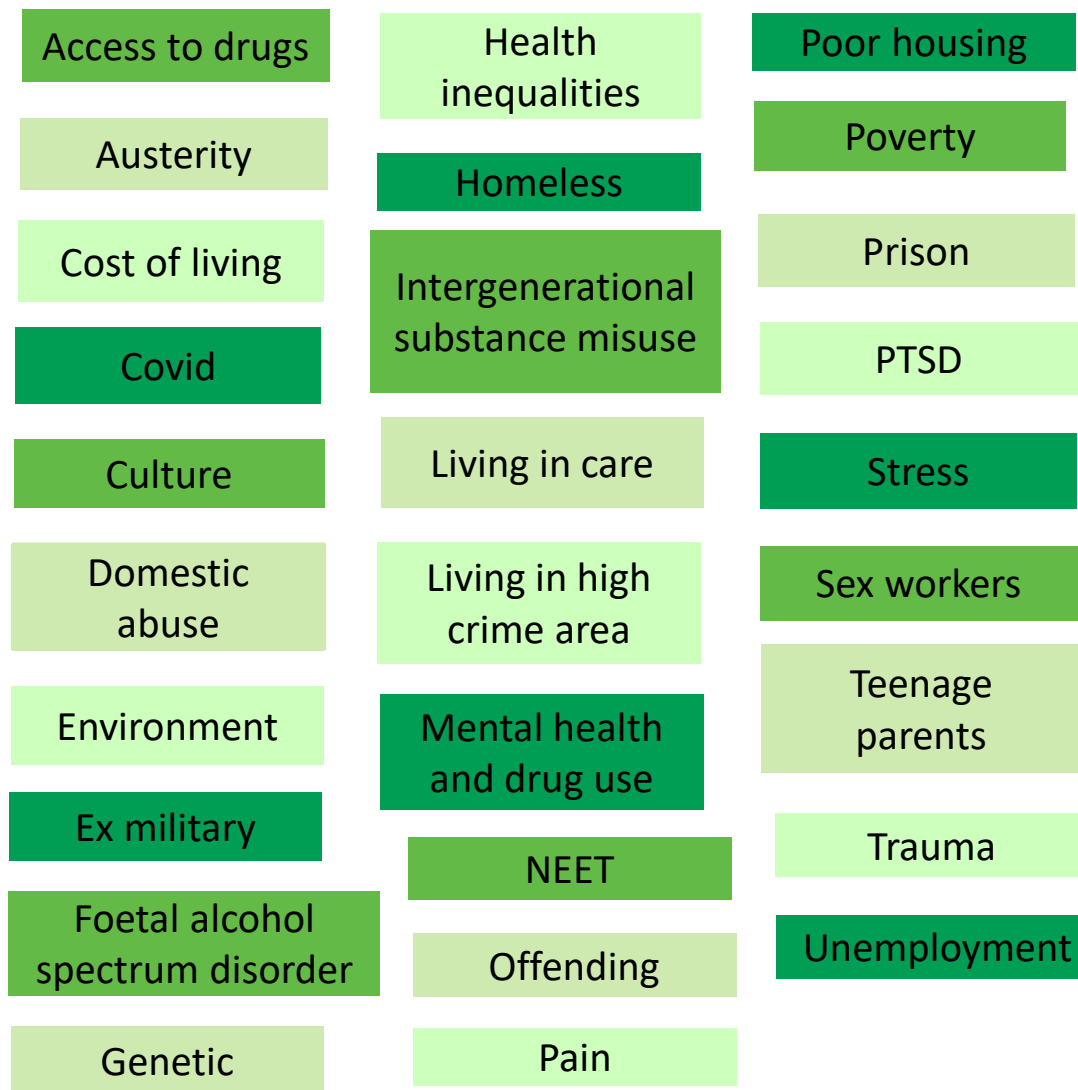
- early adverse experience, such as childhood sexual or physical abuse, have been associated with an increased vulnerability to drug use
- social Inequalities and austerity. The Marmot Review suggested that, in the UK, the likelihood of problematic drug use is related to socioeconomic status, noting a positive correlation between the prevalence of problematic drug users aged 15 to 64 years and deprivation. The COVID pandemic and the cost-of-living crisis further exacerbate inequalities
- 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 secure 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. Using drugs and alcohol to mask mental health, trauma and neurodiversity, providing a coping strategy



What influences this topic?

Drugs and Alcohol

- 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
- COVID: Across London, consumption data suggests that higher risk drinking increased significantly during the pandemic, and alcohol-specific deaths rose by 23% in London in 2020



What works?

Drugs and Alcohol

Young People's Drug Education:

- there is little evidence that drug and alcohol education consisting solely of information giving can affect behaviour, however it is nationally recognised that good quality interventions designed to build confidence, resilience and effective decision-making skills such as school-based programmes within the PHSE curriculum can have a preventative impact
- **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, and emergency departments
- **treatment: Psychosocial and psychological therapies and mutual aid all support sustained recovery alongside pharmacological interventions**
- treatment system components include community, inpatient, and residential services; integrated pharmacological and psychosocial interventions (where appropriate); holistic, recovery focussed support; addressing family/parenting issues; and building support networks
- **harm reduction services** are essential components of the drug treatment system. Needle and syringe programmes and services to test for and treat blood borne viruses are evidence-based and reduce the risk of transmission. They can also act as a point of engagement with drug users where they can access pathways to other treatment and health services. Provision of naloxone can reduce the risk of death from opiate overdose. Engagement in treatment reduces the risk of drug related deaths
- **clinical guidelines on drug misuse and 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

What works?

Drugs and Alcohol

- range of **National Institute for Health and 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
- Office for Health Improvement and Disparities (OHID) has published a set of prompts for commissioners to guide them in planning for substance misuse harm prevention, treatment and recovery in adults, and 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 and 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 Change Grow Live; CNWL NHS Foundation Trust; and Build on Belief

Ealing Substance Misuse Team

- provide Care Act assessments and design residential placements for Ealing residents who require additional support

Women's Wellness Zone

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

Supported Housing

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

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

WDP's Individual Placement Support Project Substance Misuse

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

Mutual Aid

- local and London based AA, NA, and CA meetings and SMART Recovery

EACH

- counselling support in a range of languages
- Access to groups

Dual Diagnosis Anonymous

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

Cranston Men and Masculinities Programme

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

RISE's Treatment Model

Drugs and Alcohol

- medical reviews/assessments
- titration and Substitute Prescribing
- abstinence aiding medications
- detoxification
- smoking Cessation

Pharmacological

- CBT group work programmes
- relapse prevention
- recovery planning and reviews
- detox and Rehabilitation groups
- guided self-help
- psychodynamic counselling
- contingency management

Psychosocial

- service user led activities and groups
- mutual Aid: AA, CA, NA, CMA, DDA
- SMART recovery
- education, training and employment including IPS
- housing

Recovery

- wellbeing assessments
- blood Borne Virus Service
- lung Health Assessment
- fibroscan
- wound care assessment
- sexual health
- harm reduction interventions
- complementary therapies

Health and Wellbeing

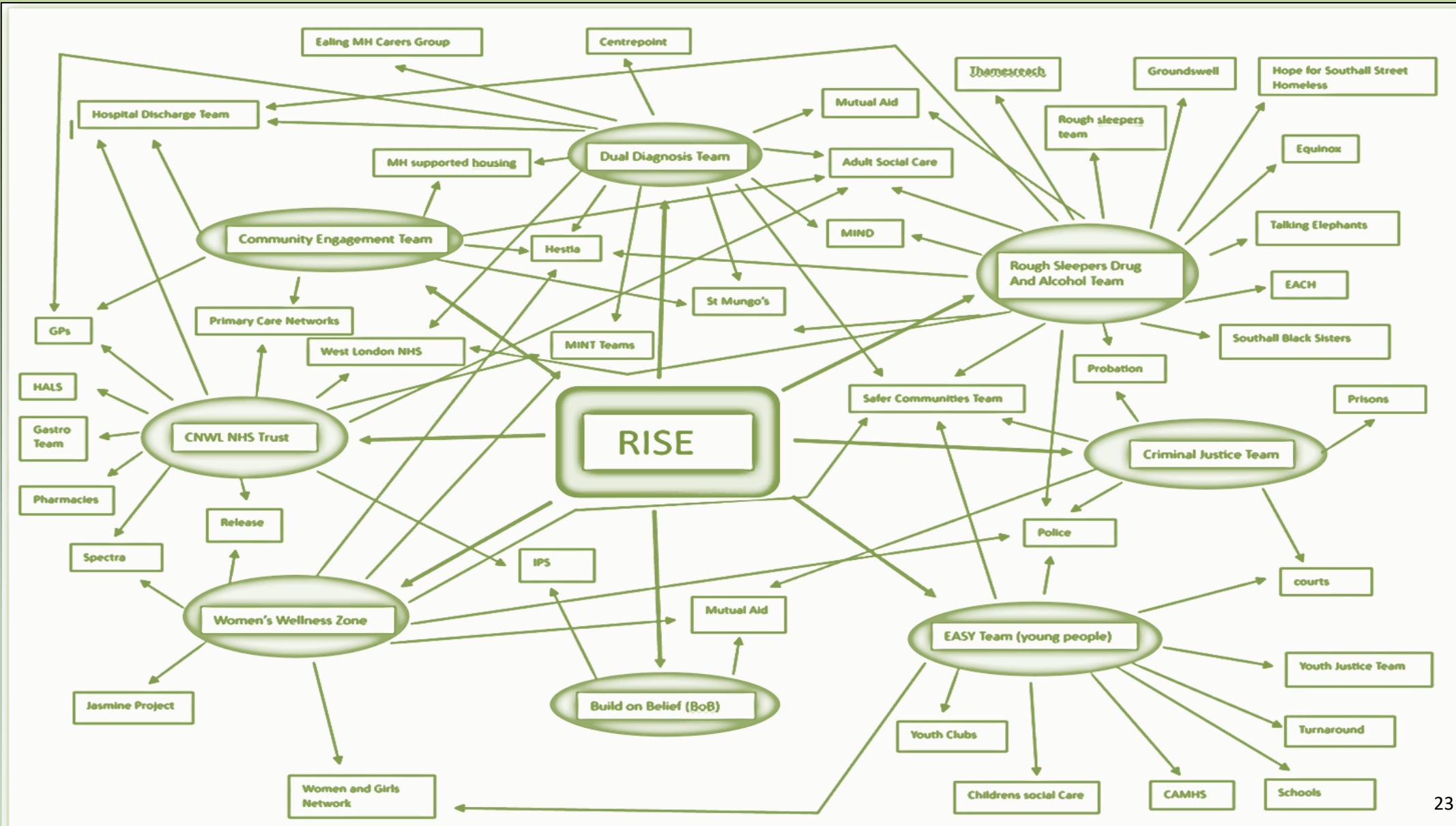
Ealing's drug and alcohol treatment teams across the wider system

Ealing's treatment system (RISE) comprises of several teams:

- EASY – the young people's service
- Rough Sleeper Drug and Alcohol Team (RSDAT)
- CNWL's clinical services covering RISE psychology; RISE's hospital alcohol liaison service at Ealing Hospital (HALS); RISE's GP shared care service in partnership with local GPs; and RISE's integrated neighbourhood team staff in Primary Care Networks
- Women's Wellness Zone (WWZ)
- Community Engagement Team including the group workers
- Criminal Justice Team
- Dual Diagnosis Team
- Build on Belief's peer recovery provision

The spider diagram on the next slide sets RISE and its different teams in the wider context of their relationships and connections with the other drug and alcohol related services outlined in slide 20 (Assets and Services) and the wider network of health, social care and criminal justice provision across Ealing. This is not an exhaustive list but covers the most frequently referenced teams and services the treatment system works closely with. Several RISE teams connect with the same providers/services for example children's and adult social care, but these are not always visually represented in the spider diagram to make it easier to read.

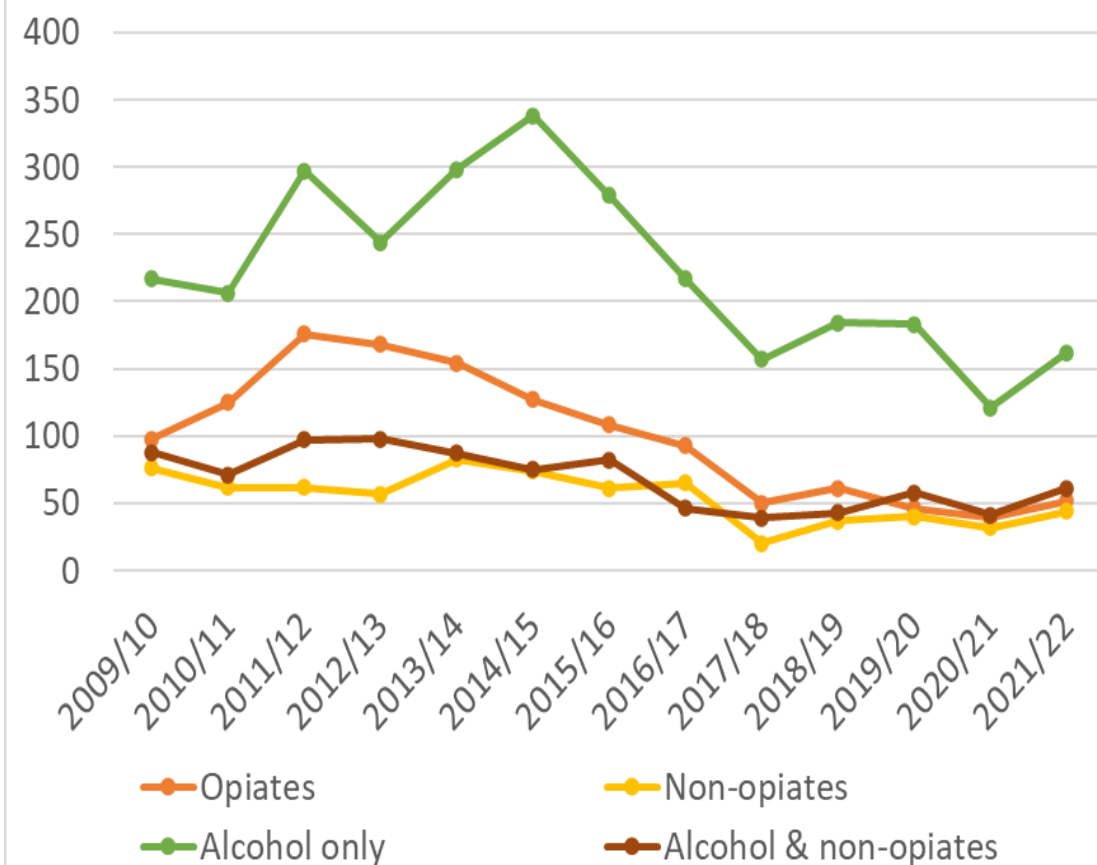
Ealing's drug and alcohol treatment teams across the wider system



Targets and outcomes

Drugs and Alcohol

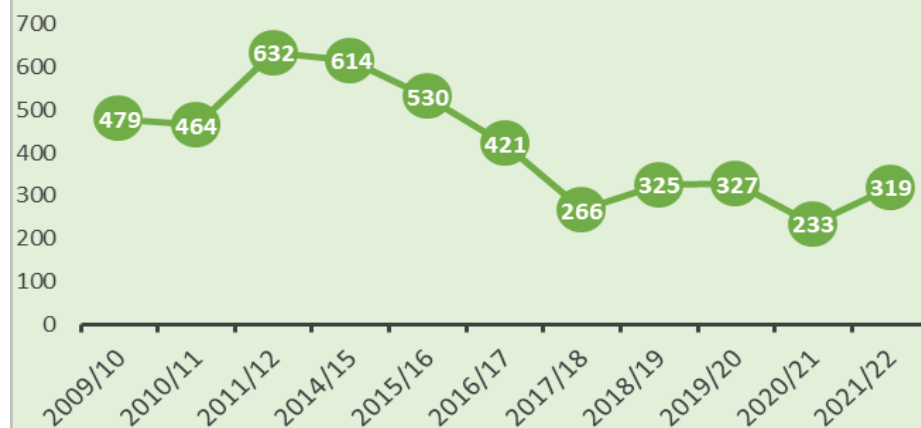
Ealing Successful Completions



Ealing's successful completions

- Ealing's treatment system has been measured by the rate of successful completions
- the funding reductions from 2015/16 had an impact on the treatment system but Ealing has started to see a slight increase in the numbers of completions achieved over the last year across all cohorts. This is easier to see in the graph below which collates all successful completions for each year. All data is from NDTMS
- the new outcome framework will be more nuanced and measure people's progress throughout their treatment journeys

Successful completions across all substances



The voice: Key themes from Local People's feedback on drug and alcohol treatment

Collated from Service User interviews

Bob is a safe space and really supportive. Open Bob for more sessions so there's something on offer every day

What's App referral routes into EASY

Increase Polish and Punjabi speaking peer mentors and volunteers

Provide a fuller range of complementary therapies to support recovery

Health and Wellness clinics in supported accommodation

Increased access to counselling

Increase access to housing, benefit and legal advice

Reduce the staff caseloads so they can spend more time delivering key working sessions

Improved access to dentistry

Increase in exercise groups and gym sessions

Easy more visible in schools with drop-ins

More unstructured groups, and women only sessions

Access to washing and laundry facilities

Increase access to IT and have onsite support to help make the most of using the computers

Provide travel reimbursement for attending treatment sessions

Increase aftercare provision and keep service users on caseloads after abstinence to provide more aftercare support

Gaps and unmet needs

Drugs and Alcohol

Rebuilding the local treatment system:

- since 2015/16, Ealing had reduced capacity in the treatment system due to austerity-related cuts. Delivery was predominantly focused on the 2 treatment hubs in West Ealing and Southall. The reduced infrastructure resulted in staff working with higher caseloads, and fewer staff resulted in less flexibility to deliver treatment from other sites, out on the streets or at home for service users with reduced mobility. The new money accompanying the Government's Drug Strategy has primarily been used to increase the workforce, improving access to treatment, and to bring down the caseload numbers to improve the quality of the treatment offer
- **outreach and community engagement work** was scaled back due to fewer staff across the treatment system with a direct impact on engaging more hidden drug and alcohol users. This meant users outside the treatment system, who are most at risk, were not seeing outreach workers as regularly as they used to for initial engagement and vital harm reduction work, including overdose prevention. The new criminal justice and rough sleeper treatment related money has started to increase the levels of assertive outreach across the treatment system
- there has been a challenge in meeting the demand for treatment while still delivering quality treatment interventions by a comprehensively trained staff team with enough time for effective professional development. This needs to be addressed with enhanced training and development for existing and new staff across the different disciplines in the treatment system and coordinated by a workforce development team leader. This role will also include recruiting and supporting local apprenticeships from Ealing
- there has been a loss of **prevention and early intervention capacity** as the treatment system had to target limited resources on delivering specialist treatment to dependent and complex users. This needs addressing with a range of interventions including a partnership-wide comprehensive alcohol identification and brief advice programme, work in primary care, increased capacity through volunteers, peer mentors and apprenticeships, and work to address the stigma associated with drug and alcohol problems
- the focus on the two treatment hubs had a detrimental impact on engaging those drinking at increased risk, who often felt alienated by the 2 chaotic treatment hubs. RISE is piloting workers in 2 Primary Care Networks, working as part of the **integrated neighbourhood teams**, engaging with residents through their GP setting to improve earlier treatment engagement before problematic alcohol use causes greater damage to family, work and relationships
- more effective joint work between treatment and children's services to address **hidden harm** will improve treatment outcomes for parents, parenting outcomes for children, and keep more families together saving the local authority valuable resources. Ealing requires specialist training from EASY and RISE to better equip the local workforce around patterns of drug and alcohol use, the local treatment offer and how to effectively screen for substance misuse. The treatment pathway into RISE and EASY for parents and young people requires strengthening, including resilience building and preventative support for non-using children in families affected by hidden harm

Gaps and unmet needs

Drugs and Alcohol

Strengthening or developing interventions:

- RISE wants to re-launch an **opiate community detox pathway**, taking into account the barriers and issues raised by opiate service users and staff which prevent the successful take-up of different opiate treatment options and community detoxification. The pathway needs to address the following issues/needs:
 - a belief there is limited aspiration (amongst staff) for detox and rehab for opiate clients and address this through training and support
 - incorporate the management and interventions for crack use from treatment start
 - more 1:1 support from keyworkers using effective therapeutic engagement tools
 - support to address underlying trauma as service users reduce and detox, including culturally appropriate therapeutic options
 - develop and implement a behavioural approach to enhance adherence and engagement during and after the titration process
- **counselling support:** RISE had very limited psychologist support across the treatment system, and delivering counselling support was a challenge. Ealing has started to re-build the psychology team at RISE and now needs to increase access to on-going therapeutic support for residents who have histories of trauma. RISE needs to agree a model which will offer culturally sensitive approaches acknowledging Ealing's diverse communities and the need to deliver a service in multiple languages
- **carers' support:** RISE does not have a carers' offer as part of the treatment system. There are pieces of work RISE is involved in (the dual diagnosis carers' group with MIND, and work with Dual Diagnosis Anonymous) but these are not positioned as part of an overall model and approach. Carers are able to access the generic carers' service in Ealing, but there are specific issues connected to caring for someone with drug and alcohol treatment needs including addressing the stigma, and perceived shame as well as the illegality connected to drug use
- **older people's treatment service:** RISE struggled to provide support for older, often house-bound residents, when the funding was reduced. This is an area of work the treatment system needs to develop and decide on the most effective model to meet local needs and establish integrated care pathways. There are challenges for other treatment modalities with this service user group as many inpatient residential rehabilitation services struggle to accommodate over 65s with co-occurring physical care needs
- **change resistant and cognitively impaired dependent drinkers:** Ealing has struggled to offer a service to residents with these needs and the treatment system wants to develop bespoke pathways and a clear service offer, working closely with adult social care and the local integrated care system. The defined model will draw on Change UK's recent work around identifying and addressing cognitive impairment in dependent drinkers (Ealing invested in the project with other Local Authorities) and previous Blue Light project guidance

Recommendations for Local Authority Commissioners

Drugs and Alcohol

PREVENTION AND 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 use this data to improve performance around alcohol screening and monitor uptake of referrals into treatment, but to also target future areas for co-located treatment workers
- start 2 new pilots to test out different models for delivering primary care drug and alcohol clinics within the Primary Care Networks with a view to rolling these out across more PCNs in the future. These will target patients drinking at increase risk as well as frequent hospital and primary care attenders
- enhance the treatment offer across primary care through the appointment of a Band 7 nurse led to support the GP Shared Care workers and new PCN roles in South Southall and Northolt

2. Deliver training in drugs and alcohol for other professionals, faith and community groups in Ealing

- employ a dedicated Partnership Training Manager to deliver a range of training packages to partner agencies (including criminal justice, children's service providers, adult social care, social prescribers, community champions) and community groups covering information about specific drugs and their effects, MECC delivery, alcohol IBA training, and increasing knowledge and understanding of what treatment is and what it can deliver. They will also promote drug and alcohol e-learning packages and resources across the partnership
- the Training Manager will also support a wider programme of work tackling the stigma which often prevents people accessing treatment earlier
- design and deliver a rolling programme of training around drug and alcohol use, treatment options and harm reduction for those working with young people and/or adults. This will draw on expertise across the treatment system
- increase the capacity to deliver workshops, and assemblies in Ealing's schools with the EASY project's increased staff team and explore the possibility of apprenticeships within the team to support this work

STRENGTHENING THE SKILLS, CAPACITY and FLEXIBILITY OF THE WORKFORCE

- appoint a **workforce development lead** to plan and oversee all the induction training and workforce development for the drug and alcohol treatment staff, drawing on resources within the local treatment system as well as CLG, CNWL and National support. This will include the core training offer as well as organising bespoke training on specific issues or interventions and quality assuring any delivery

Recommendations for Local Authority Commissioners

Drugs and Alcohol

STRENGTHENING THE SKILLS, CAPACITY and FLEXIBILITY OF THE WORKFORCE cont.

- develop a rolling programme of **apprenticeships** (target of 6 apprenticeships per year) for local residents overseen by the workforce development lead. This will ensure the treatment system 'grows its own workforce' and they reflect Ealing's diverse population.
- train staff across the treatment system to support the delivery of Trauma Informed Interventions for all RISE service users delivered by the enhanced psychology team. **Trauma Informed Care training** for all staff will deliver routine enquiry in assessment, key working/clinical interventions and care planning, increasing access to trauma focused psychological therapies and delivering treatment in physical environments that are welcoming, safe and therapeutic spaces
- develop **peer coaching and mentoring** capacity within RISE's different teams to improve the consistency of the service delivery.
- increase the overall number of recovery workers across the treatment system to boost capacity and reduce the caseloads, increasing the time recovery workers can dedicate to each service user and improving the quality of the treatment offer
- create a more flexible treatment system by increasing the number and mix of staff able to deliver treatment through assertive outreach and in-reach to Ealing's diverse communities across a range of settings with the expansion of the rough sleeper drug and alcohol treatment team, the criminal justice, dual diagnosis, primary care and community engagement teams
- increase the capacity and reach of **EASY** through the recruitment of an additional worker and dedicated team leader. These additional staff will enable the service to re-open referral routes from education, CAMHS and self-referrals, ensuring the service is able to reach more young people. Additional capacity will arrive with increased funding from 24/25 onwards and through the use of apprenticeships

BETTER INTEGRATION OF SERVICES

- establish a sub-group to support the effective integration between RISE and physical healthcare and adult social care, which will feed into the Drug and Alcohol Recovery Board as well as the Borough Based Partnership workstreams
- establish a robust pathway between RISE and Ealing Hospital **respiratory services** to support residents identified as at risk to respiratory issues due to their smoking habit and addictions. RISE will run a smoking cessation pilot aimed at service users in treatment with a range of respiratory concerns including asthma, and COPD with funding from the supplemental treatment grant
- strengthen the treatment system's work tackling **blood borne viruses** by appointing a lead BBV nurse to drive the work locally and help Ealing achieve and maintain micro-elimination of Hepatitis C amongst the treatment population. including those not currently accessing structured treatment. All service users will have a minimum of yearly BBV screening and vaccinations. The BBV lead will draw all local work together into a comprehensive BBV action plan, with progress reviewed regularly at different partnership boards

Recommendations for Local Authority Commissioners

Drugs and Alcohol

BETTER INTEGRATION OF SERVICES cont.

- recruit a **dietician** to support vulnerable service users across the treatment system and deliver both preventative and active interventions for identified high risk patients especially those with alcohol problems, Hep C/HIV, with low BMI, pregnant women, rough sleepers, on opioid substitution treatment plus multiple relevant comorbid conditions
- increase support to **families affected by hidden harm** to ensure better identification at the front door. The co-located team in children's services will increase and consist of a social worker and senior recovery worker. Ealing also needs to increase support to children affected by parental and/or a sibling's problematic drug and alcohol use and recruit a hidden harm worker to boost the resilience of these affected children and young people
- increase partnership working and support to those living with **co-existing drug and alcohol treatment needs and mental health** by expanding the dual diagnosis team to deliver acute ward liaison and assertive in-reach to embed a timely and direct pathway from inpatient to community drug and alcohol treatment, including pre-discharge RISE assessments on the ward and pre-treatment preparation and engagement
- RISE and West London NHS Trust to drive forward the joint areas of work discussed as part of the stakeholder discussions for this JSNA and delivered through the 'Bridging the Chasm' monthly working group with membership of senior clinicians and managers across both organisations and the 2 lead commissioners. This work includes developing a virtual consultation liaison model; further development of the IAPT and RISE pathway; joint training, seminars, secondment and shadowing opportunities; developing an escalation protocol; and develop addiction resources/courses for the recovery college
- to agree a model for **counselling** which can provide therapeutic support to those in treatment and meet the cultural needs of Ealing's diverse community. This will need to be costed into service development initiatives
- to design specialist **Carers' support** across the treatment system which will include developing a Punjabi speaking dual diagnosis carers' group in partnership with MIND and address the need for specialist support to help carers navigate the treatment system
- to work in partnership with the Integrated Care Partnership to support the delivery of an **Opiate pain prescribing pilot** and to agree how treatment staff can be part of a multi-disciplinary approach to supporting residents who want to stop their prescription
- to use outreach staff to strengthen engagement with service users accessing the **Pharmacy needle exchanges** to increase treatment engagement, deliver harm reduction initiatives (including BBV testing and vaccination and onward referral to Hep C treatment), and increase uptake of needle and syringe returns

Recommendations for Local Authority Commissioners

Drugs and Alcohol

BETTER INTEGRATION OF SERVICES cont.

- set up a working group to agree and develop a model for supporting **older people** with drug and alcohol treatment needs. This will include partnership working with adult social care and taking decisions about how to use future funding to realise the model
- to improve service delivery and treatment pathways for **alcohol users** who are resistant to change and may have alcohol related cognitive impairment. This work will draw upon recommendations from Alcohol Change UK's Blue Light and alcohol cognitive impairment projects
- to increase the referral pathways into **EASY** alongside the expansion of the staff team. This will include re-introducing referrals from education, self-referrals, CAMHS, wider children's social care beyond MAST, and Ealing Hospital
- explore the possibility of using one of RISE's **apprenticeship roles** to expand the treatment team at **EASY** and consider how a placement on the Horizons Pathway Programme for Ealing Care Leavers could be included in the apprenticeship pathway at EASY

CRIMINAL JUSTICE

- to strengthen the data quality from the **continuity of care pathway** for Ealing residents leaving prison and requiring treatment support back in the community. This will involve auditing the data from the prison list every month and ensuring the prison and community data matches and any discrepancies with service users' details are corrected
- to recruit the **female prison link worker** to establish strong working relationships between the female estate, RISE and the Women's Wellness Zone, ensuring women are linked in with a treatment worker before their release back to Ealing
- to increase the number of non-opiate / unscripted service users attending RISE following release from both the male and female estate as continuity of care is about more than the opiate using cohort
- to continue to build the partnership work between the police and RISE's criminal justice team to assertively engage drug users into treatment after the police have disrupted local supply lines
- to address the needs of **neurodiverse service users** in the criminal justice pathway, working alongside other colleagues in the criminal justice sub-group of the autism board to develop a pathway

ROUGH SLEEPERS

- to enhance the current pathway for **Polish service users** with the development of an abstinence based Polish speaking group, building ESOL classes into recovery plans and increasing the counselling offer. This will be added to the current Polish groups and drop-ins, and 1:1 counselling support sessions

Recommendations for Local Authority Commissioners

Drugs and Alcohol

ROUGH SLEEPERS cont.

- to deliver a programme of **one stop health-shops** for homeless service users to improve health outcomes, bringing together a range of disciplines including chiropody, BBV testing, vaccination and Hep C treatment along with use of the fibroscan, dentistry, dietician, mental health support and respiratory diagnosis alongside access to legal, housing and benefit advice
- to develop a comprehensive treatment, offer for **homeless women including sex workers**, using the Women's Wellness Zone as a base for outreach and encouraging engagement into treatment through the women only space with access to clean clothing, showers and food
- increase the outreach across different geographical areas and through in-reach in hostels and supported housing to reach treatment naïve and hidden cohorts, improving treatment engagement and supporting disenfranchised service users back into treatment
- improve learning from deaths in treatment and strengthen partnership working with the homeless cohort by implementing a Tier 2 Serious Incident Panel to investigate the deaths of those not in structured treatment but known to the outreach workers across the borough. This will feed into Ealing's Serious Incident Panel, a multi-agency group which examines the deaths of service users currently or previously known to RISE's structured treatment service
- increase and improve psychological interventions to the rough sleeping cohort through weekly reflective practice and bespoke training for the team and other organisations working across the rough sleeper partnership delivered by RISE's psychology team

RECOVERY

- further strengthen the peer recovery part of RISE through increasing the staff team at Build on Belief so they're able to increase the provision. This will include:
 - developing an **Ealing service user forum** supported by Build on Belief with identified service representatives who feedback user views from surgeries across the treatment system. The forum will meet regularly with commissioners and service managers to work on service design and improvement and feed into other treatment working groups
 - continuing to deliver the **Bob Aftercare Programme** and strengthening the peer recovery offer locally through increased access to Bob across RISE's treatment hubs and through the online groups and associated recovery community
- increase the **mutual aid** offer from RISE's treatment buildings
- ensure Bob has adequate space in the new treatment building, with computer access and support, showers and washing facilities for homeless service users, and a communal kitchen/café space

RECOVERY cont.

- strengthen the volunteer and peer mentor programme with targeted work to increase the number of Polish and Punjabi speaking volunteers and peer mentors to complement the targeted recruitment for staff from these communities

STRENGTHEN LOCAL PARTNERSHIP WORK TO PREVENT DRUG AND ALCOHOL RELATED DEATHS

- continue to monitor Ealing's alcohol and drug related deaths through the Serious Incident Panel and identify lessons learnt, embedding recommendations for improved joint working across the partnership
- develop a process for joint investigations where individuals are known to both substance misuse and mental health services in partnership with West London NHS Trust
- review the additional Serious Incident Panel for outreach/Tier 2 service users to investigate the deaths of those not in structured treatment but known to the outreach workers across the borough to ensure robust partnership working and risk management

Further information

Drugs and Alcohol

Further Information on Drugs and Alcohol

- From Harm to Hope: a 10 years drug plan to cut crime and save lives (Dec 2021)

<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives#chapter-3--delivering-a-world-class-treatment-and-recovery-system>

- Independent review of drugs by Dame Carol Black (2020)

<https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

- Alcohol and drug prevention, treatment and recovery: why invest? (2018)

<https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

- 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>

- Specialist substance misuse services for young people: A rapid mixed methods evidence review of current provision and main principles for commissioning

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/583218/Specialist_substance_misuse_services_for_young_people.pdf