



Northumberland

County Council

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

3RD DECEMBER 2019

Substance Misuse Update

Report of Executive Director of Adult Social Care and Children's Services

Cabinet Member: Councillor Veronica Jones, Adult Wellbeing and Health

Purpose of report

In 2018, the Committee received a report on opiate prescribing and asked for an annual substance misuse update to also include the work of the specialist substance misuse services. This report provides an update on the work undertaken during 2019/2020 to reduce the harm caused by substance misuse (which includes both drugs and alcohol). The main areas of work include:

- Activity to reduce the demand for drugs and alcohol
- Activity to reduce the supply of drugs
- The work of organisations working with people with substance misuse disorders.
- The work of specialist substance misuse services including the adult service Northumberland Recovery Partnership (NRP) and SORTED, the young people's service.

Recommendations

The committee are asked to:

- Note the ongoing work undertaken by partners to reduce the harms caused by drugs and alcohol during 2019/20.
- Note financial pressures on Northumberland Recovery Partnership.
- Comment on any areas of particular concern or interest.

Link to Corporate Plan

The activity described in this report directly contributes to the 'Living' priority, supporting people to feel safe in their communities, improving health and wellbeing and caring for those who need extra support.

Key issues

- The North East's (NE) rate of drug poisonings per 100,000 population are significantly higher than the England rate (NE 12.1, England 6.7).

Northumberland's rate is 10.6 which is significantly higher than England, but not significantly higher than the NE.

- 57% of drug poisonings in Northumberland are linked to substance misuse, compared to 71% in the NE and 67% in England.
- Since records began in 2001, there has been a 29% rise in drug poisoning deaths in England, a 75% rise in the NE and 68% in Northumberland. For the same period for drug misuse deaths, there has been a 50% rise in England, a 126% rise in the NE and a 54% rise in Northumberland. The North East and Northumberland have significantly higher numbers of drug poisoning and substance misuse deaths than England.
- Along with all NE areas, Northumberland has higher levels of alcohol related mortality, hospital admissions, consumption and alcohol related conditions than England. When compared with the NE, Northumberland has higher levels of alcohol related hospital admissions, intentional self poisonings linked to alcohol and volume of alcohol sold in the off-trade.
- There remains ongoing uncertainty about the future of the Public Health Ring Fenced Grant, which is currently the sole source of public funding for specialist substance misuse services,
- There are cost pressures on the specialist substance misuse services linked to increases in the cost of opiate assisted therapy, increasing referrals and complexity of service users.
- There is positive partnership working in Northumberland to reduce the harm caused by drugs and alcohol; including an active and well-attended Drug and Alcohol Steering group with committed partners, a caring and compassionate albeit stretched service and trialling of new approaches such as the Blue Light Project Group and Harm Reduction Information Sharing Network.

Background

A recent Public Health England (PHE) review into trends in mortality has found that an increase in mortality rates for people aged 20-44 from accidental poisoning has had a negative effect on life expectancy on both males and females. Data from ONS indicate that in this age group, over the whole period from 2011 to 2016, 70% of accidental poisonings were due to drug misuse and 10% to alcohol¹. National reports suggest that the reason for the increase in drug related deaths is linked to an ageing cohort of people who use drugs who are now experiencing the impact of cumulative physical and mental health conditions.

People who use drugs are more likely to experience respiratory disease or infections such as pneumonia and bronchopneumonia, acute pulmonary congestion or asthma and are also the least likely to receive treatment for these conditions. These conditions are further exacerbated when consuming central nervous system depressants such as alcohol and opiates. Research from Scotland suggests that the increases may be as a result of the inequalities of the 1980s and 90's² and research also links use of substances with the number and severity of adverse childhood experiences³. The biggest contributors to

¹ [A review of recent trends in mortality in England, Public Health England \(2018\)](#)

² [Drug related deaths in Scotland 1979 -2013: evidence of a vulnerable cohort of young men living in deprived areas J Parkinson et al BMC Public Health \(2018\)](#)

³ [Choi, N.G., DiNitto, D.M., Marti, C.N. and Choi, B.Y., 2017. Association of adverse childhood experiences with lifetime mental and substance use disorders among men and women aged 50+ years. *International psychogeriatrics*, 29\(3\), pp.359-372.](#)

excess deaths amongst people who use drugs is caused by long term conditions such as liver disease, chronic obstructive pulmonary disorders and cancer compounded by the fact that this group is less likely to access treatment than the general population⁴.

Recent national estimates suggest that use of opiates and amphetamines is on the increase and that these substances are stronger, more available, cheaper and more aggressively marketed by drug suppliers. The use of social media has also further widened the availability of substances⁵.

Drug and alcohol treatment services provide a positive return on investment: for every £1 invested in drug treatment there is social return of £4 which increases to £21 after 10 years. For alcohol the social return on investment is £3 for every £1 spend, increasing to £26 after ten years. Not only does successful drug and alcohol treatment improve the health and quality of life for individuals and their families, it also reduces crime and anti-social behaviour, improves neighbourhoods and reduces costs to adult and children's social care and NHS services⁶.

At the end of 2018, there were 473 people in treatment in Northumberland for an alcohol use disorder; 31% were in the 40-49 year age group and 28% were 50-59 years of age; 59% of service users were male and 41% were female. During this same period there were 1048 people in treatment for a drug use disorder; 37% were aged 30-39 and 33% 40-49 years of age; 70% were male and 30% were female. Over the last 12 months there has been a 25% increase in referrals to the service for alcohol and 19% for drugs. Last year approximately 220 people successfully completed treatment alcohol or drug free and did not represent again to treatment services for at least 6 months. This is one of the main indicators for service performance.

There are a range of services in Northumberland who, as part of their service delivery, will come into contact and support people who use drugs and alcohol problematically. This will include GP practices, health improvement and community health services, adult and children's social care, homelessness and housing services and acute services in secondary care and the criminal justice system. It is not clear how much is spent specifically in supporting people who use drugs and alcohol problematically via these services in Northumberland. During 19/20 the Public Health Grant has been used to commission/grant fund drug and alcohol services to the value of £3,466,452, a full breakdown is provided in Appendix 1.

Northumberland Substance Misuse Priorities

In Northumberland our work to reduce the harm caused by substances is framed under the main priorities of the National Drug Strategy (2017)⁷. Priorities include:

- Priority 1 - Reducing the demand for substances through early intervention and prevention.
- Priority 2 - Reducing the availability and supply of harmful substances

⁴ [Causes of hospital admission and mortality among 6683 people who use heroin: A cohort study comparing relative and absolute risks](#)

⁵ [Opiate and crack use estimates, Public Health Matters, Public Health England \(2019\)](#)

⁶ [Alcohol and drug prevention, treatment and recovery: why invest?](#)

⁷ [National Drug Strategy \(2017\)](#)

- Priority 3 - Protecting adults and children who are vulnerable to the harms of substances through targeted interventions.
- Priority 4 - Building and supporting recovery through good quality services, mutual aid and peer support.
- Priority 5 - Strengthening Leadership, Management and Governance.

We are currently awaiting a new National Alcohol Strategy.

There are many partners involved on a daily basis in the NHS, social care, voluntary sector, criminal justice system and housing supporting people with substance misuse issues and reducing the impact on communities. There are also volunteer led groups such as Alcoholics and Narcotics Anonymous, SMART (Self Management and Recovery Training) and families themselves working hard to support individuals. This report provides an overview of some of these activities undertaken over the last 12 months.

Priority 1 - Reducing the demand for substances through early intervention and prevention involves taking action to prevent the onset of drug use and early alcohol use and its escalation at all ages, through universal action combined with more targeted action for the most vulnerable. This includes placing a greater emphasis on building resilience and confidence among young people to prevent the range of risks they face.

- **Population approaches** which address low cost, high strength alcohol and the advertising of alcohol are the most likely interventions to reduce excessive consumption of alcohol. It has been estimated that 6.8% of Northumberland's population drinks 38% of the alcohol consumed here and 49% of this alcohol is below 50p per unit. If a national 50p minimum unit price (MUP) was applied in Northumberland, the NHS would save an estimated £781,496 per year, alcohol related hospital admissions would fall by 296 per year, 204 deaths would be avoided (over 20 years). There would be 323 fewer crimes committed per year, the off-trade would see a substantial increase in revenue and the on-trade would see little change.⁸ The latest sales data since the introduction of MUP in Scotland indicates that sales have fallen by 3% in Scotland whereas in England they have risen by 2%. Research by Newcastle University comparing purchasing patterns on both sides of the border indicate that purchases in Scotland have reduced, but only in those households that purchased the most alcohol⁹.
- **Schools:** The introduction of a comprehensive personal, social, health and economic (PSHE) curriculum for schools has allowed us to work more closely with the education providers in Northumberland to recommend resources, training and age-appropriate topics for discussion with young people. Risk-taking behaviours, including alcohol consumption and substance use are a key part of this and will be provided to guide schools in their provision of specific lessons on this subject.
- **Campaigns:** Alcohol Awareness Week (AAW) and Dry January are promoted regionally and locally and partners are involved in deepening the reach into our communities. For example last year the Regional [“Alcohol Free Childhood”](#) campaign was promoted to parents via the children's centres, see [blog piece](#). Northumberland had the second highest volume of sign-ups in the NE and we hope to increase that this year. AAW 2019 focuses on the link between alcohol and

⁸ MUP Local, Sheffield University (2019)

⁹ [Immediate impact of minimum unit pricing on alcohol purchases in Scotland: controlled interrupted time series analysis for 2015-18](#)

cancer so we are working with colleagues from the CCG, Primary Care and the council to promote these messages. Dry January will be launched again in December with the aim to achieve the most electronic sign-ups in the NE.

- **Making Every Contact Count (MECC) & Identification and Brief Advice (IBA):** Working with the commissioned Integrated Wellbeing Service, we have combined MECC and IBA training to appeal to more staff. There is currently a quality improvement project involving 12 general practices in Northumberland using IBA with patients registered with hypertension and work is ongoing with the Fire & Rescue Service to incorporate IBA into the Safe and Well visits.
- **SORTED** deliver training to professionals working with young people to support them to identify why young people use substances, the signs and symptoms and how professionals address any issues.
- **Adverse Childhood Experiences (ACEs)/Best Start in Life** are features in the Northumberland Joint Health and Wellbeing Strategy and Children and Young People plan, requiring a strategic focus on both.

Priority 2 - Reducing the availability and supply of harmful substances by having a smarter approach to understanding changing trends in drug supply and taking a coordinated, partnership approach. The primary responsibility for addressing the supply of drugs lies with the police, Border Agency, the NE Regional Special Operations Unit and National Crime Agency. We have supported these efforts in the following ways:

- Establishing a Northern Area Harm Reduction Intelligence Network with Northumbria Police and North Tyneside Council to share information about changing drug supply and associated vulnerabilities. This network has identified the need for clearer understanding of the different routes to share information, need to harm reduction training and a consistent process for sharing drug warnings to front line staff.
- Worked with CCGs and NHS Providers to improve prescribing and deprescribing practice of medication which can be addictive such as benzodiazepines, z-drugs, gabapentin, pregabalin and opiate pain medicines. These actions include identifying unwarranted variation in prescribing, providing guidance on deprescribing and is likely to involve a comprehensive training program and patient information campaign.

Priority 3 - Protecting adults and children who are vulnerable to the harms of substances through targeted interventions.

- The Blue Light Project has been in operation for 6 months which brings together agencies working with people who are at high risk due to their substance misuse but who are not engaging with or benefiting from treatment. There are early signs that a more coordinated approach is supporting people to become abstinent or engage with treatment. What has become clear from this approach, is the reduced capacity for services to work assertively with people who are unable or unwilling to engage in treatment. We are exploring alternative sources of funding to build an invest to save case to demonstrate that working more assertively can not only improve outcomes but can release savings to social care and the NHS.
- Up to 82% of people who are potentially dependent on alcohol do not access treatment; for these individuals and their families it can be an isolating experience. Escape Family Support provide a vital service in Northumberland and support over 300 adults and young people. Due to the stigma and shame they feel, often these

carers do not feel able to access other carers support. Escape supports carers affected by bereavement from alcohol or drug related deaths, improves social integration, provides befriending, trains families in how best to respond to their loved one's substance use and recruits and develops peer mentors and volunteers.

Areas of future development

- Further develop the workforce in harm reduction approaches informed by the learning from substance misuse deaths.
- Further expand the Alcohol-free Childhood campaign into Children's Services and Education and to involve our young people to understand from their perspective, how alcohol is having an impact on their lives.

Priority 4 - Building and supporting recovery through good quality services, mutual aid and peer support. Public Health continue to commission via the Ring Fenced Public Health Grant specialist substance misuse treatment and recovery services for adults and children and young people and work closely with colleagues in the Clinical Commissioning Group and acute trust.

Northumberland Recovery Partnership

Since 2013, the Northumberland Recovery Partnership (NRP) has delivered specialist substance misuse services led by Northumberland Tyne and Wear NHS Foundation Trust (NTW) with Changing Lives and Turning Point completing the partnership. This service is for adults over the age of 18 who are resident in Northumberland. The partnership delivers clinical services, harm reduction interventions, structured day programs, psychosocial support, structured and informal groups, housing support and the coordination of a wider network of volunteers and peers who provide access to mutual aid.

Trends in drug use

- There is evidence of increased use of prescription medication following initial prescribing for physical health problems or through purchasing for illicit use. NRP has supported a Blyth GP practice in relation to prescribing and reduction regimes which has resulted in a marked reduction in use.
- There has been increased use of XANAX which is an anti-anxiety drug not available for use through the NHS but licensed in the UK and the service is currently working with Northumbria Police to improve an understanding of drug supply.
- The service is experiencing an increase in referrals from people experiencing difficulties with cocaine use which is a trend also being seen nationally¹⁰.
- The service also has an increasing cohort of an ageing population with alcohol use disorders and associated poor physical health. The service works closely with Northumbria Healthcare NHS Foundation Trust Alcohol Liaison Service to identify people with physical health issues linked to alcohol in order to support them to access NRP.

Over the last year NRP has been involved in the following quality improvement projects:

- Training to all mental health services, including inpatient services, community teams and crisis services, liaison services on harm reduction approaches.
- Improvement in prison discharge pathways.

¹⁰ [Increase in crack cocaine use inquiry: summary of findings Published 25 March 2019](#)

- Collaborative working and improved links with homelessness services and hostels.
- Improvement in carer involvement and strengthening links with Carers Northumberland and Escape.
- Reviewing referrals where there appears to be a pain management concern and liaising with GPs to refer to pain management services and reduction regimes.
- Improved links with community policing with a link officer for Berwick, Blyth and Ashington
- Hosting a Hepatitis Treatment Clinic every 4 weeks in Blyth. A separate clinic has been agreed for Berwick.
- NRP offers the Oaktrees Programme which is a 12-week, structured, programme which has traditionally required people to be abstinent from all substances prior to starting the program. NRP have been piloting widening the availability of the program to service users receiving Opiate Assisted Therapy.

The challenges faced by the service include:

- Difficulty in recruiting and retaining the drug and alcohol workforce with rurality posing additional issues. The service has maintained an ongoing focus on this to ensure staff are appropriately trained, supervised and supported.
- The increasing numbers of referrals and demands on the service leading to higher caseloads and frequency of contact. There is also a notable increase in the referrals of service users with complex presentations, multiple risk factors and safeguarding concerns. The service continues to adapt and flex to meet the needs of these service users and their families despite the challenges, working collaboratively with social care, the police, and other agencies.
- The unpredictability and rising cost of medication used in drug and alcohol treatment predominantly arising from a 500% increase in buprenorphine.
- An increasingly sophisticated and complex drugs market requiring the service to work collaboratively with agencies to share information and jointly plan and risk manage complex issues.
- The service covers a large and diverse geographical area and attempts to adapt the service to ensure that all service users cross the county can access support. Through working with GP surgeries and community pharmacies, NRP can meet with patients in community venues offering one to one key worker sessions, psychosocial support groups. There has also been a peripatetic Oaktrees in Berwick and Hexham and it is hoped Oaktrees can be taken to Alnwick in the next year.

Areas for further development

- Seek additional funding to expand the capacity of the service to work more assertively to build trusting relationships with a harder to reach service users.
- Specific staff have been trained to monitor basic physical health needs of all patients. This is of great benefit, especially for service users not accessing primary care, but does place pressure on the service in terms of capacity.
- Widening the distribution of naloxone which temporarily reverses the effects of an overdose whilst emergency services arrive.
- Employing specialist social workers in adult social care to work with NRP.

Local Pharmacy Services

Community Pharmacies also deliver needle exchange services and supervise people as they take their opiate assisted therapy in accordance with their treatment plan. Challenges remain in providing sufficient coverage across Northumberland particularly if pharmacies decide to exclude service users for challenging behaviour.

SORTED young people's specialist substance misuse service

SORTED is a specialist substance misuse service for young people who provide harm reduction and specialist interventions to young people who have complex needs with regard to their substance use. SORTED also provide advice, training and support to professionals to raise awareness and reduce the associated risks from substance misuse with young people whom they work. SORTED works in a multi agency way, sits within the Northumberland Adolescent Service (NAS) and is part of a wider team which encompasses 14+ social work, the care leaver service, Youth Offending and the Northumberland Youth Service.

Between April 2018 and March 2019 SORTED received 175 referrals with an average of 80 active cases at any one time. During this period 68 referrals were for females and 106 were male (one not identified). The majority of referrals were for young people aged 14 - 15 years old (98 young people). The main primary substance identified at the point of referral is cannabis (54%); 20% of young people present with alcohol use; 5% with MDMA (Ecstasy) and 5% with cocaine concerns.

The young people in contact with SORTED follow the national trend with the two main primary substances used being cannabis and alcohol. There has been an increase in MDMA (Ecstasy) and cocaine use reported and a significant decrease in New psychoactive substances (NPS), formerly known as 'legal highs'. We currently have no young people in treatment disclosing heroin use, however there have been concerns regarding opiate based medication. Although young people may initially present with cannabis or alcohol issues, deeper assessment uncovers that young people are using more than one substance and are also combining alcohol with other substances. There are also concerns that young people are not fully disclosing their use which may highlight an underrepresentation of some substances.

SORTED try to work with a young person so that they enter a period of "structured" treatment. Due to the complex nature of the young people this is not always possible and support is also offered in an "unstructured" way. Of the 177 referrals received in 2018/19, 56% entered structured treatment. SORTED recognise that some young people may need additional support to engage with services so work closely with families and other agencies to support them to offer harm reduction advice. SORTED also provide assessment, one to one and group interventions within Kyloe House. SORTED work closely with children's services to address any concerns related to Looked After Children and have pathways with Onecall, Early Help, A&E and school exclusion services.

SORTED are a small team covering a large area and currently have a core team of three substance misuse workers. There are developments to expand this by adding one further substance misuse worker and nurse.

Priority 5 - Strengthening leadership, management and governance is concerned with how well partners work together and how clear they understand the issues and priorities for substance misuse.

Partners working to reduce the harm caused by substances meet regularly via a Steering Group which is thematic sub-group of the Safer Northumberland Partnership and has also provided updates to the Health and Wellbeing Board. This Steering Group has a fluid membership of interested parties and provides a regular opportunity to highlight new challenges, opportunities, intelligence and good practice.

Over the last year, this group have:

- Overseen a review of its membership and provided regular reports to the Safer Northumberland Partnership Board.
- Overseen the development of coexisting mental health and substance misuse healthcare needs assessment which made recommendations for both NRP and community mental health services.
- Established the Blue Light Project Group.
- Established a real time drug and alcohol related death alert process with Northumbria Police.
- Are in the process of overseeing a substance misuse health needs assessment which will inform priorities from 2020 onwards.

Implications

Policy	Under the Health and Social Care Act 2012, local authorities must, in using the Public Health Grant, have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services. The current arrangements are in accordance with NICE guidance and UK Clinical Guidelines. This report is not proposing any change to this approach.
Finance and value for money	No direct implications for the Council, other than noting the financial pressures on Northumberland Recovery Partnership which are currently being managed from existing resources.
Legal	The provision of a specialist substance misuse service ensures that the local authority complies with the provisions of the Health and Social Care Act 2012.
Procurement	The current adult specialist substance misuse service is commissioned by the Public Health team. The young people's services are delivered by the LA and governed by a Memorandum of Understanding.
Human Resources	There are no specific issues
Property	There are no specific issues

Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	All services involved have processes in place to comply with Equality Duties.
Risk Assessment	The risks identified in this report are flagged on relevant risk registers.
Crime & Disorder	The links between excessive alcohol consumption/drug use and crime and disorder are well known. Providing people with access to good quality treatment reduces crime and disorder.
Customer Consideration	The drug and alcohol service have a range of activities to ensure the involvement of service users including individual jointly owned care plans, a dedicated service user involvement officer, regular forums, an annual service user survey and 'Points of You'.
Carbon reduction	No specific implications.
Health and Wellbeing	The use of drugs and alcohol have a significant impact on health, wellbeing and NHS and social care services.
Wards	All wards

Background papers:

Northumberland Coexisting Substance Misuse and Mental Health Needs Assessment
 Drug and Alcohol Steering Group Plan on a Page
 See footnotes for further background documents

Report sign off.

Authors must ensure that officers and members have agreed the content of the report:

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Appendix 1 - Breakdown of Public Health Grant funded services to support people who use drugs and alcohol problematically.

Service	Activity	Budget 19/20
Northumberland Recovery Partnership Adult Treatment and Recovery Service (Comprising NTW, Changing Lives and Turning Point)	Medically assisted treatment Psychosocial support Recovery Support Needle Exchange Service Peer support/mentoring and volunteering	£2,674,520
SORTED Young Persons Treatment and Recovery Service (Operated as an internal service by NCC)	Training to professionals Harm Reduction Advice Specialist substance misuse interventions	£315,000
Community Pharmacy Needle Exchange Service (Delivered by a proportion of community pharmacies across the County)	Confidential needle exchange and harm reduction advice.	£80,000
Community Pharmacy Medically Assisted Treatment Supervision (Delivered by a proportion of community pharmacies across the County)	Supervise the consumption of medication as directed by NRP	£226,000
Contribution to Escape Family Support (non recurring) (Private Company limited by guarantee)	To provide carers support, specialist training to families and bereavement support to families affected by substance misuse	£40,000 (non recurring)
Balance Programme (commissioned for 7 LAs via Durham County Council)	LA contribution to the North East Alcohol Office	£93,432
Alcohol Brief Intervention Workers (operated as part of Alcohol Care Team at Northumbria NHS Foundation Trust)	Brief Intervention Workers who deliver opportunistic alcohol screening and brief interventions in A&E and specific wards	£37,500
	Total	£3,466,452