



A Joint Specific Needs Assessment: Drugs and Alcohol

Final Version 8th May 2012

Executive summary

Introduction

Leicester has a young (and getting younger), diverse population. The Safer Leicester Partnership oversees the implementation of national drugs and alcohol strategies at a local level, with action being implemented through the adult's drug treatment strategy, young person's substance misuse plan and alcohol harm reduction strategy.

Methods

This Joint Specific Needs Assessment systematically reviewed the health issues within Leicester city of those who misuse substances. It assesses the impact of drug and alcohol misuse across Leicester, maps the current services, reviews effectiveness and summarises these findings. This report uses both quantitative and qualitative analysis of the drugs and alcohol needs in Leicester City.

Key Findings

The self-reported drug use is lower than that nationally; however there are significantly more drug admissions than nationally, although there are differences across the city. Self-reported alcohol consumption is also lower than nationally, however there is a statistically significantly higher rate of hospital admissions, deaths for alcohol specific and related disease, as well as alcohol related crime and sexual

crime. This may reflect the high rates of alcohol consumption and admissions in the west of the city and low levels in the east. There is some evidence to suggest that behaviour around alcohol in the South Asian community, who are predominately based in the east of the city, may be changing.

Those that report misusing drugs and alcohol are likely to be male, White and 16-24. Additionally they are more likely to have poor mental health, diets and smoke, highlighting the importance of having more integrated interventions. There is a clear east/west split in substance misuse, with the west being higher than the east. The consequences of this are seen in hospital admissions and those in treatment, however with changing attitudes and behaviours in South Asian communities in relation to drugs and alcohol this picture may change.

There is a clear link between mental health problems and drug and alcohol misuse (dual-diagnosis), with many clients being seen in treatment that have been identified as having mental health problems. The Intercept project has started to identify more people within the criminal justice system, however further work is needed in the mental health and substance misuse treatment services to identify and treat these people.

Local Police data indicates that young people (16-24 years) are much more likely to have an alcohol and drug related offence, Black and other BME groups are more likely to have a alcohol and drug related offences, respectively. Asian groups show much lower lever rates. There is a small number of drug related and alcohol specific deaths each year, with the majority of drug related deaths being caused by opiate use.

Treatment services for adults and children, for both drugs and alcohol have recently been redeveloped and the data presented in this HNA covers the period before the reconfiguration in 2011. However the data does provide some indicators of the health issues relating to drugs and alcohol in Leicester.

For adults there are a relatively high number of referrals that come from the criminal justice system, compared to nationally and our comparator DAAT partnerships. Consequently there are a high proportion of those in treatment that are referred on, rather than exiting from the services. Successful completions as a proportion of all those in treatment is also lower than nationally, suggesting further work is needed to intervene at an earlier stage rather than when someone is picked up through the criminal justice system. This may reduce the proportion referred on and increase the proportion successfully completing. Some data indicates that health outcomes of those in treatment have improved, although much of the data is incomplete and improvements in initial assessment are required.

The picture is similar for substance misuse treatment for young people. There are a higher proportion of referrals coming from the criminal justice system, those in treatment appear to have a greater complexity of need when in treatment compared to nationally and comparator partnerships and therefore there is a lower proportion of successful exits from treatment. There have recently been an increasing number of young people in treatment, which may be a reflection of the improvement in access,, services meeting the need or an increasing need. This will need further exploration.

Alcohol consumption is reported to be lower than nationally, however Leicester has a higher rate of hospital admissions and deaths related to alcohol, and much greater rate in males. There also appears to be a greater proportion of males being admitted for alcohol specific mental health problems than England and East Midlands. There are longer waiting times for alcohol treatment and a lack of reporting of certain types of interventions compared to the national picture. There are a higher proportion of referrals from health and mental health services compared to nationally, with similar outcomes, although a lower complexity of clients than nationally. With all these services, there were a low proportion of self/family referrals, which in some aspects may reflect how clients can access services i.e. referral through healthcare or another service, or may indicate the lack of knowledge of the services in the local community or the feeling of a lack of access.

Within the Criminal justice system, much work has been undertaken over the past 3 years to fully integrate services to form a cohesive end to end specialist system of drug and alcohol treatment that meets the complex needs of offenders. Within the local prison (HMP Leicester) this has partly been achieved by joining up of what was previously known as the CARAT services within the community contract, yet the Clinical IDTS interventions remain outside of the integrated pathway. This causes a confused picture of treatment within the Prison with both services assessing need differently, having poor data compliance and a lack of co-ordination of interventions.

There are a range of 'wraparound' services providing support for those who misuse drugs and alcohol, with the QoL service pulling together some wraparound services and support families to support recovery; however there is not a coherent systematic process on identification and assessment of drug and alcohol misuse, nor a systematic collection of data from these services. Therefore some needs and opportunities to refer/signpost people into treatment are being missed.

For all services that provide support and treatment, improved data collection, assimilation, analysis and interpretation is needed to provide a comprehensive picture of the needs and emerging needs of those in Leicester with substance misuse problems and provide a strategic overview of the issues.

Many of the issues identified within the quantitative aspect of the report were echoed in the qualitative findings. The strengths included; that there were links across services and a range of interventions offered to clients, however engaging with specific groups e.g. South Asian populations, funding for dual-diagnosis and access to residential rehabilitation were seen as weaknesses. Proposed opportunities included better joint working across Leicester, involvement of families and targeted work in specific groups/communities.

There are a range of effective and cost effective prevention and treatment options for drug and alcohol misuse. To increase the chances of recovery for someone who is receiving treatment, a model that focuses on support from the community and the family and assesses the wider context should be implemented. This would include care coordination for the individual and support from 'wraparound' services to aid recovery. The majority of young people do not need prescribed substitute drugs,

and as with adults, a holistic approach to the individual is needed to support them in their recovery. This should be implemented in a partnership way across the city.

There are some areas of substance misuse which this report does not cover, these include; families with multiple problems, the needs of children whose parents misuse substances, offending and substance misuse, the role of substance misuse and domestic violence, novel drugs, mapping strengths and services location of services in relation to need, the needs of the student population, homeless population and comparative spend on treatment services. These areas would need further investigation in the future to understand their needs.

Recommendations

Leicester wide recommendations

1. A clear systematic approach to collating, analysing and interpreting data (and softer intelligence) for all tiers of treatment and broader action on drugs and alcohol misuse on a regular basis in one location locally is required to better understand the issues relating the substance misuse. For example from 'wraparound' services (inc. 3rd sector), hospital, treatment services, police, social care, other LA, UHL (including; A&E assessment, and midwifery) and other healthcare data i.e. ASSIST. It is recommended to implement a system which reports into the appropriate structures i.e. the Safer Leicester Partnership.
2. Ensure that partnership working between health services, drug and alcohol treatment services and wider 'wraparound' services for both adults and young people is developed to better meet the needs of drug and alcohol users, which can include multi-disciplinary treatment and greater understanding of different pathways. Improved coordination, assessment/screening, referral between teams and flexible delivery of services i.e. the development of a care pathway (including support post treatment), improved data collection and collation with shared data agreements and training/development of staff is required to ensure there is efficient use of resources and increase successful completions/recovery.
3. There are some signs of changing behaviour in South Asian communities around substances., There is also an overall change in the type of drug misuse i.e. poly-misuse and use of legal-highs. Local services need to be able to understand (i.e. undertake specific research in communities such as South Asian and Somalis, the use of legal highs and Khat), be compliant with diversity requirements, adapt to changing demand, and engage with those groups not readily accessing services to ensure needs are being met. Additionally we need to further understand if we are providing services to the right people, at the right place, at the right time i.e. through health equity audits.
4. The relatively low proportion of those with dual-diagnosis in the treatment system (compared to national figures) and low proportion of referrals from mental health teams across the city for drugs indicates that there may be a

number of clients in the mental health system and/or the drug/alcohol treatment system and wraparound services that are not being picked up with dual-diagnosis. Building on current practice, further screening, assessment, and collaborative working for dual-diagnosis with further exploration of the issue is required.

5. There are a low proportion of referrals into services from self or family and friends, which may be a reflection on the current treatment system set up. However there appears to be a lack of knowledge of services in the community. A clear communications strategy across the whole of Leicester will help partnership working between services, improve education across the community, discourage substance uptake, aid access and encourage uptake of services to those in need.
6. Of those in the drug treatment system, 23% had a child living with them. Further work is needed to explore the needs of the children whose parents misuse substances (alcohol and drugs) to enable holistic support for the family i.e. further exploration of the whole family needs and families with multiple problems.
7. Access to support and information at times of crises was expressed as a concern within the service user and parent/carer groups, as well some CJS services. This needs further exploration. It may be that extension of peer-mentoring across family groups and services users, as well as raising awareness of national or local support helplines, could help to address some of this need rather than opening local services out of hours.
8. It is important for clients to be seen quickly for treatment as it improves their chances of recovery. From the 2010-11 data, Leicester has a relatively lower proportion seen within three weeks of referral (compared to nationally) and there have been long waits for psychosocial treatment and residential rehabilitation. Having low waiting times is important to aid recovery and should be a priority.
9. Coding of services in the NDTMS and NATMS do not reflect the work that the treatment agencies are currently delivering both in adult and young people's services i.e. community detoxification and tier 2 work. Proposed changes in the national systems provide an opportunity for greater insight into treatment regimes, completeness and reporting of data from services across the city so a better understanding of the need and therefore action is provided.
10. Substance misuse treatment services for offenders have undergone much development over the past few years. There is a robust treatment pathway for both drug and alcohol misusing offenders that spans first Criminal justice contact through to community reengagement following sentence finishing. However there is still a mixed picture of provision within HMP Leicester with psychosocial and clinical interventions being delivered separately. There appears to be a duplication of effort, poor data quality and an unclear care coordination process. To ensure that substance misusing offenders receive the best available chance at recovery a fully integrated pathway within the

prison should be developed with clear leadership, defined roles and responsibilities and data capture.

11. There was a reported lack of housing support for those leaving custody, and lack of detailed information of no formal abode cases, although the QoL services provides some support. This should be considered a priority area in terms of helping to facilitate a stable and secure environment. To aid this, links between the CJS and specialist housing support should be strengthened.
12. Riased in the qualitative interviews, when commissioning services the DAAT team should strive to mitigate any negative effects of the commissioning cycle, by working with services across the city to ensure a continuation of high quality service provision.
13. Local Police data suggests that younger populations (16-34 year) and Black ethnic groups are more likely to have an alcohol and drugs related offence. Further investigation of why this might be is required.
14. The report does not cover families with multiple problems, the needs of children whose parents misuse substances, offending and substance misuse, the role of substance misuse and domestic violence, novel drugs, mapping strengths and services, location of services in relation to need, the needs of the student population, homeless population and comparative spend on treatment services. These areas would need further investigation in the future to understand their needs.

Drug recommendations

15. Leicester has the highest proportion of referrals into drug treatment from the criminal justice system, a high proportion of those in treatment referred on and a relatively low proportion of successful completions. Further work is needed to understand why this is i.e. is it eligibility criteria or awareness of services and what mechanisms there are to gain a higher proportion of referrals into treatment from community based services before they enter the criminal justice system. This may have an impact on successful exits from treatment. This will require an on-going review and appropriate plans in place to improve the outcomes.
16. Those injecting drugs and sharing needles have a high chance of acquiring blood borne viruses. Building on improvements in the coverage and treatment of those being offered and taking up vaccination to reduce the spread of blood borne viruses is required.
17. Emerging drug trends such as legal highs and steroid users are putting pressure on certain aspects of the treatment system, gaining better insights into the attitudes and behaviours of those at highest risk will need further exploration.

18. Outcomes of drug treatment are recorded through the TOP system. Low compliance at initial assessment has prohibited meaningful analysis of the outcomes of treatment. An increase in compliance of TOP starts is required.
19. Leicester has an average proportion of those in treatment who have problematic use of prescription and over-the-counter drugs. Leicester partnership should continue to develop services to ensure that all people, including those who develop addiction or substance dependence problems with prescription only and over the counter medicines, can achieve recovery.

Alcohol recommendations

20. There is a low level of reported drinking in the city (through survey data), yet there is a high rate of admissions to hospital and deaths. This may reflect the high rates of consumption and admissions in the west of the city and low levels in the east and the potential intervention coming when substance alcohol problems are deep-rooted. This need for alcohol treatment should be investigated further.
21. Within the alcohol-related admissions, Leicester has a much higher proportion of alcohol specific mental health admissions for males, a statistically higher rate of alcohol related recorded violent and sexual crimes and higher proportion of hospital admissions for violence. The reasons for this high proportion needs further investigation.
22. There are a much lower proportion of referrals for alcohol treatment that come from self-referral in Leicester compared to nationally and a higher proportion coming from health and mental health services. The complexity of clients in alcohol treatment also appears to be lower than nationally, although with similar outcomes from treatment. This may reflect current referral pathways, stigma attached to accessing treatment or how the services are marketed. Education, marketing i.e. using Mosaic, outreach and a review of access to services would be required to increase the proportion of those who self-refer.
23. The proportion of those in alcohol treatment services (roughly 6%) is much lower than the estimated national proportion of dependent drinkers and the aspiration set out by the Department of Health (15%). Understanding why this is needs further exploration.
24. Those in alcohol treatment had relatively higher proportion of 3+ treatment journeys compared to our peers, which are shorter, with a higher proportion of clients waiting longer for treatment and similar outcomes. An understanding of why there are more treatment journeys in Leicester treatment system would need further investigation.

Young people recommendations

25. There appears to be an increased number of young people coming into treatment, which could be a reflection of the improvement of access. Targeting the younger population of Leicester needs to be continued.

26. As with adults, a high proportion of referrals come through the criminal justice system. Leicester has a relatively high proportion of younger people in treatment with complex issues and as with adults' further work is needed to understand why is this and the mechanisms to gain a higher proportion of referrals into treatment from community based services before they enter the criminal justice system. The relatively high levels of need recorded at treatment entry also suggest the need to continue to target services that work with at risk groups of young people-for instance those who are NEET and with mental health difficulties.
27. Four wards (Braunstone/Rowley Fields, Beaumont Leys, Eyres Monsell and New Parks) in the city have a high number of young people in treatment and in treatment with the criminal justice team. Targeted work may be needed in these wards in order to prevent drug and alcohol related offending with young people.
28. There is limited local evidence on issues related to the transition of young people moving from young people's services to adult services. Further investigation of this is required to consider whether a young adults' service could be implemented for 16-25 year old.
29. There is an indication of the changing drug use, particularly with young people. Understanding the attitude and behaviours will need further investigation to help develop and adapt services for young people in the future.