Preventing Harm Improving Outcomes

Gateshead's Substance Misuse Strategy 2017-22

Contents

Foreword

Gateshead's Substance Misuse Strategy, Preventing Harm, Improving Outcomes, comes at an economically challenging time for all stakeholders. This strategy places its focus on the added value we can bring by working together to deliver on key priority areas.

National policy implementation and overarching strategic objectives are needed to address several determinants of substance misuse related harm, such as supply, availability, pricing, education, and employment. However, there is much that can be done locally to improve the health, safety and wellbeing of our population.

This strategy aims to galvanise partners to collectively reduce the harms of substance misuse. To do this we need a range of measures, which together provide a template for an integrated and comprehensive approach to tackling the harm associated with both drugs and alcohol, addressing short term and long term outcomes.

This strategy will build on and extend current work and outline ambitious strategic aims. The most important aspect of this strategy is to have dynamic and responsive action that reflect our local need and assets. Such an approach, which is built upon existing partnerships and local engagement, will enable local plans to evolve as new data, research and intelligence emerge.

We would like to acknowledge all those whose efforts have been successful in introducing effective programmes of work and policy implementation. We intend that this strategy will go above and beyond the excellent work that we have already progressed across Gateshead. Our focus is to reinforce the strong partnerships and collaborative working that we have here in Gateshead empowering our local population to make decisions and to take control of their own lives, therefore impacting on long term prevention.

Vision

Our vision is to reduce the harms caused by substance misuse and make Gateshead a safer and healthier place, where less alcohol and fewer substances are consumed, and where:

- professionals are confident and well-equipped to challenge behaviour and support change
- recovery is visible bringing about enduring change to local communities
- substances are no longer a driver of crime and disorder
- reduction in the health inequalities between socio-economic groups are reduced
- we all work in partnership to identify gaps and work to resolve these
- an integrated and comprehensive approach to tackling harm is employed
- possibilities of pooled budgets and joint commissioning a re-explored

Councillor John McElroy
Chair of Community Safety Board

Councillor Lynne Caffrey
Chair of Health and Wellbeing Board

Governance

Alcohol and drug misuse remain a cross-cutting theme that requires an on-going, joined-up partnership response. The delivery of the Substance Misuse Strategy is the responsibility of the Substance Misuse Strategy Group and will be supported, from an operational perspective, by the Substance Misuse Sub Group.

The Strategy Group is accountable to the Community Safety Board, but will also work closely with the other statutory partnerships within Gateshead.

A multi-agency Implementation Plan will sit underneath the Substance Misuse Strategy and provide a detailed breakdown of the actions that partners will undertake to deliver the strategy.

The Strategy Group will be required to present quarterly reports to the Community Safety Board in order to track progress against the outcomes and indicators set out in this strategy, with remedial action being taken by partners in areas where there is under-performance or blockages.

ALCOHOL

Introduction

The consumption of alcohol is an established part of life in the UK today. Perhaps contrary to common belief, nationally alcohol sales per head have actually declined since 2004. However, it still leaves them at roughly twice the level of the 1950s; the UK now having one of the highest levels of alcohol consumption in Europe.

It has been suggested that even if everybody stopped drinking above recommended levels tomorrow, demands on hospitals would remain relatively high for a further decade.

The harms caused by drinking are as complex as our relationship with alcohol. Alcohol may cause or exacerbate problems, its harms may be acute or chronic and issues may arise from individuals' binge drinking or addiction.

While many chronic health harms caused by drinking alcohol increase with the level of consumption and often over a period of many years, other harms – such as accidents, crime and the loss of productivity - are associated with other patterns of consumption including binge drinking.

The evidence base is growing:

- **For individuals**, regular drinking increases the risks of a future burdened by illnesses including cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence.
- **For families**, alcohol misuse and dependence can lead to relationship breakdown, domestic violence and impoverishment.
- **For communities**, alcohol misuse can fuel crime and disorder and transform town centres into no-go areas.
- **For society** as a whole, the costs of alcohol consumption include both the direct costs to public services and the substantial impact of alcohol-related absenteeism on productivity and earnings. Indeed, it can be a barrier to achieving the outcomes we wish for our local community.

Figure1: Passive Drinking - the harm arising from alcohol

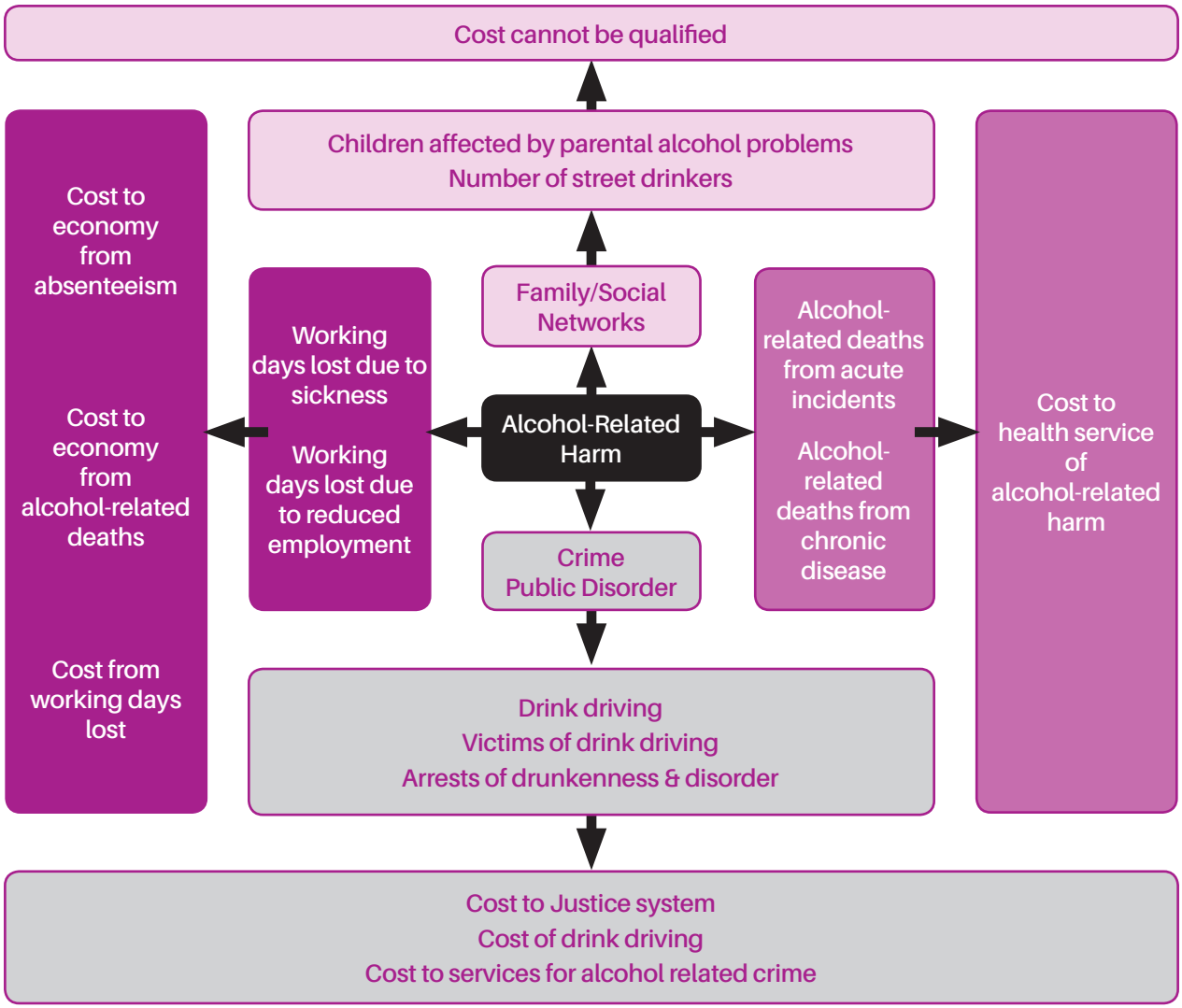
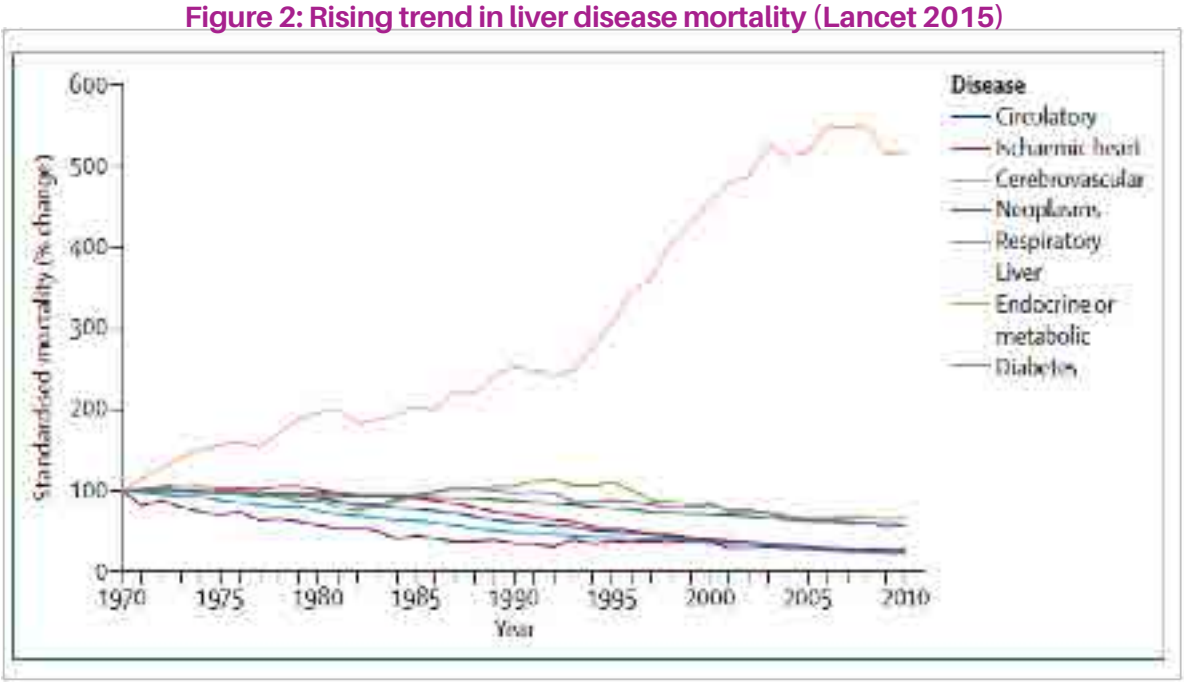


Figure 2: Rising trend in liver disease mortality (Lancet 2015)



Lancet Commission - Liver Disease The Lancet, Vol. 384, No. 9958, p1953–1997

National context

Policy and evidence

The recent Chief Medical Officers' guidelines (2016) for both men and women are as follows:

- **14 units per week**, to keep health risks from drinking alcohol to a low level it is safest for men and women not to drink more than 14 units a week on a regular basis.
- **Alcohol free days**, it is best to spread this evenly over three days or more and have several alcohol-free days each week. One or two heavy drinking sessions increases the risks of death from long term illnesses and from accidents and injuries.
- **No alcohol during pregnancy**

The National Institute for Health and Care Excellence (NICE) has produced five key evidence guidelines that relate to alcohol:

- Alcohol Use Disorders: Preventing harmful drinking (PH Guidance 24, 2010)
- Alcohol Dependence and harmful alcohol use (G 115, 2011)
- Alcohol use disorders: diagnosis and clinical management of alcohol-related physical complications (CG 100, 2010)
- School-based interventions on alcohol (PH Guidance 7, 2007)
- Behaviour change: individual approaches (PH Guidance 49, 2014)

NICE describe two approaches to reducing alcohol related harm:

1. **Population-level approaches** are important because they the can help reduce the aggregate level of alcohol consumed. They can help those who are not in regular contact with the relevant services; and those who have been specifically advised to reduce their alcohol intake, by creating an environment that supports lower-risk drinking.
2. **Individual-level interventions** can help make people aware of the potential risks they are taking (or harm they are doing) at an early stage.

NICE evidence based activity focuses on:

- Prevention and education - availability, licensing and education
- Early identification and harm minimisation - whole system approach, community, primary and secondary care especially targeting vulnerable groups
- Treatment and rehabilitation - provision, promotion and referral pathways

The evidence shows that individuals drinking at increasing and higher risk level (but not dependent) benefit from brief intervention, while those drinking at dependent levels are best supported by specialist alcohol services.

The strategy resulting action plans will also incorporate recommendations from the following newly published papers:

- The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies (PHE 2017)
- An independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity (Dame Carol Black 2016)

Local context

Current position

Current methods for estimating levels of alcohol consumption rely on self-reported surveys. Recent research suggests these underestimate the amount we drink, and therefore underestimates the size of the population at risk of alcohol-related harms, which often cannot be further segmented by different population groups, such as ethnicity.

We know that nationally:

- 83% of those who regularly drink above the guidelines do not think their drinking is putting their long term health at risk.
- Only 18% of people who drink above the lower-risk guidelines say they actually wish to change their behaviour.
- External and environmental factors can hugely influence both positively and negatively, the amounts that individuals or groups of the population drink and the ways they drink.

Health related harms in Gateshead are worse than the England and regional average, though there are some positive trends developing including a decline in young people's drinking and resulting hospital admissions.

Under 18s

For young people the rate of admissions has decreased by 54% to 58.8 per 100,000 since 2006/07. However, the rate of admissions is still significantly higher than the England value 36.6 per 100,000.

Alcohol consumption by under 18's continues to fall, however, evidence suggests that though fewer young people are drinking, those who do drink, drink at excessive and harmful levels.

Alcohol related hospital admissions (persons)

Gateshead currently has the 3rd highest rate of alcohol related admissions (2015/16 persons, narrow definition) to hospital in England

Gateshead has the highest rate for alcohol related hospital admissions for males in the North East (2015/16)The rate of admissions to hospital for alcohol related conditions has increased by 23.63% Since 2008/09For women the rate of admissions to hospital for alcohol related conditions has increased by 34.33% Since 2008/09.

For older people (65 and over), the number of alcohol related hospital admissions has more than doubled in the recent years - 197,000 to 461,000 between 2002-2010. (NHS Information Centre, 2011).

Emerging trends

A number of clear national trends have emerged in recent years, which require a response from local agencies and are addressed in this strategy:

- An increase in the number of women and mid- and older age people drinking to excess
- A rise in consumption of alcohol within the home
- An increase in the mortality rate from liver disease

Cross cutting priority groups

Health inequalities

"There is a social gradient in the harms from alcohol consumption but not in alcohol consumption itself."

Evidence suggests that while drinking is most common among many of our more affluent communities, those who drink at the greatest levels (and suffer the greatest health harms) live in some of the borough's most deprived neighbourhoods.

Alcohol and its impact on Children and Young People

"The drinking behaviours of our children are some of the worst in Europe, the health consequences are alarming and this is a situation that must change."

National guidance recommends that no alcohol at all should be consumed before the age of 15. Drinking at age 15-17 should be confined to no more than one day a week and strictly supervised, as binge drinking at this age may lead to violent behaviour, risky sexual activity, low educational attainment and a drift into crime and drugs.

40% of 13 year olds and 58% of 15 year olds who have drunk alcohol have had a negative experience including taking drugs/having unprotected sex.

It is imperative that we continue to support children and young people to reduce their levels of alcohol consumption, delay the age at which they may choose to start drinking alcohol and support venues to be alcohol free for those young people who choose not to consume alcohol and, provide a family approach to understanding the risks from alcohol consumption.

The issue of parental responsibility also needs to be addressed, with evidence suggesting that most young people do not buy alcohol illegally; they get it from their parents and/or older siblings, often within the home and sometimes without their parents realising.

Further, there is a considerable body of evidence which indicates that parental alcohol issues can lead to risky attitudes among young people and, in turn, risky behaviours can lead to problematic consumption in later adult life.

Children and young people's perceptions of their parents' attitudes to their drinking is strongly related to whether or not they have drunk alcohol; if their parents would disapprove, they were less likely to consume alcohol.

Alcohol and families

Alcohol is a teratogen (an agent which causes malformation of an embryo) that freely crosses the placenta. Drinking during pregnancy can cause premature birth, low birth weight, damage to the central nervous system, physical abnormalities and the difficult to diagnose condition Foetal Alcohol Spectrum Disorder (FASD). In turn, this condition may not be identified in future diagnosis including Attention Deficit Hyperactivity Disorder (ADHD) and dyspraxia.

Nationally, it is estimated that only 7% of babies with FASD are diagnosed at birth, the average age of diagnosis being 3.3 years. Earlier diagnosis would help prevent this condition in future siblings. Diagnosis is improving and Gateshead has been a regional leader in this area, but there is much to be done to address the knowledge and skills regarding this disorder and the health and social care system and the stigma associated with this neuro developmental disorder.

Children of parents who drink excessive amounts, i.e. above the recommended limit, may suffer a lack of supportive and consistent parenting, and even be thrust into the role of carer themselves, often without anyone knowing, the so-called 'silent carers', for parents and younger siblings.

Growing up amid the conflict and disharmony associated with alcohol misuse can result in children and young people having increased:

- Anti-social behaviour such as aggression, hyperactivity
- Emotional problems such as bed-wetting, depression
- Problems at school such as learning difficulties, truancy

Alcohol and older people

"Between 2001 and 2031, there is projected to be a 50% increase in the number of older people in the UK. The percentage of men and women drinking more than the weekly recommended limits has also risen, by 60% in men and 100% in women between 1990 and 2006" (NHS Information Centre, 2009a).

Given the likely impact of these two factors on health and social care services, there is now a pressing need to address substance misuse in older people and to understand the picture locally.

As we get older, the negative impact of alcohol on our physical and mental health increases. Ageing slows down the body's ability to break down alcohol and so alcohol remains in the system for longer. This in turn results in the older person reacting more slowly and they tend to lose balance more easily and lead to an increased risk of falls and other accidents, leading to long term injury and can be a cause for residential care.

It may also cause serious complications with any medication(s) the individuals may be taking. Data on numbers of falls and their association with alcohol is limited and further research is needed regarding this.

About a third of older people with alcohol problems develop them for the first time in later life. Bereavement, physical ill-health, becoming a carer, loneliness, difficulty in getting around, unhappiness and depression can all lead to increased alcohol consumption. Social isolation can result from a loss of contact with family members, loss of partners, loss of mobility, less contact with friends and less involvement with, and action in, the community.

The Community Mental Health Survey (2011) found that older adults are one group that is least likely to be asked about their alcohol use, especially older women. Increased alcohol intake is often hidden in the older population and not always identified because:

- Older people do not talk about it, possibly because of the perception of shame, stigma or embarrassment
- Alcohol problem can be mistaken for physical or mental health problem
- Assumed not to be a problem for this population group
- Older people have a poor awareness of lower risk drinking limits

Alcohol across the life course

The life-course approach must be adopted to stop the negative impact of alcohol on children and link with other strategies and developments in addition to alcohol alone.

Due to the complexity of this issue it is important that interventions take a multi-agency and whole-family approach. The relationships between universal and specialist services, adult/child and family services, and drug/alcohol treatment services is crucial as well as the relationship with other activity areas, including health and wellbeing, crime and disorder, and planning and licensing.

Early intervention and prevention

There are real opportunities, often under-exploited, for health services to identify those at risk and provide advice and support to those who need it, whether via regular contact with NHS staff, or in particular settings such as A&E and Gastroenterology departments, through well evidenced brief interventions. Identification and Brief Advice (IBA) is a simple, evidence based intervention aimed at individuals who are at risk through drinking above the guidelines, but not typically seeking help for an alcohol problem.

Have a word and making every contact count

Making every contact count, is a train the trainer approach which enables health improving conversations to be delivered at scale, as part of existing job roles across many organisations, facilitating the reach of very brief alcohol interventions. Have a Word is one tool that can be used to support workforce development enabling intervention in a teachable moment.

NHS health checks

Since April 2013, the Department of Health has included alcohol identification and any subsequent brief advice needed within the NHS Health Checks for any adults aged 35-75 years.

A&E departments

A&E departments can be a particular flashpoint for those who have drunk to excess, causing fear and distress to others awaiting and administering treatment. The NHS does not tolerate any violence or disorder in hospitals to its staff and to those waiting for medical attention, which is often fuelled by alcohol consumption. Locally, there is an agreed referral pathway with the commissioned service's outreach worker who works out of the Acute Trust (A and E and Gastroenterology) three times a week.

Alcohol-related assault data

Cardiff Model data is an excellent opportunity to understand the local picture more, and to identify hotspots for violence and excessive alcohol consumption, whether it is a personal home address or, a licensed premise. Work is underway to improve the collection and sharing of this data.

Recovery Orientated Treatment Service

The continued development and promotion of a Recovery Orientated Treatment Service is a positive approach within Gateshead. This puts the person who requests help at the centre, surrounding them with options and choices so that they can design their own support and recovery journey.

People who have experienced alcohol problems and service users themselves have made it clear that recovery is best supported by peers and allies who are trained, competent, and supervised: mutual support and mutual aid groups including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Those in recovery are 'assets' who contribute to community developments.

Dual diagnosis

Gateshead is currently developing a strategy and action plan in response to the NICE Guidance 58 co existing severe mental illness and substance abuse; community health and social care services, this guidance proposes ways to address the need of co-existing mental health and substance misuse.

Carers

Gateshead has a strong history of understanding and seeking to support the carers of those with an addiction to substances, by commissioning services reflecting this priority. Carers are defined as *'a person who provides, or intends to provide, care for another adult'*.

Like someone with a drug or alcohol problem, those affected also find themselves on a journey which may require different types of support at each stage. Typically, carers first access services at a time of crisis or after stress and strain has been building for some time. Allowing them time to simply talk, express their feelings and be heard in a supportive, non-judgemental environment is important.

Specific information, programmes or interventions, signposting and referring to additional support services (eg debt advice, counselling and support groups) may be offered alongside but it is important to recognise that individuals experiencing high levels of stress may struggle to engage immediately. Feeling heard, learning they are 'not the only one', receiving basic information and perhaps meeting others in similar circumstances all help to provide a level of support and reduce stress so that family members can benefit from other programmes or types of support.

Protected characteristics

It is well recognised that there is often a lack of information available concerning specific groups, e.g. older people, the Jewish Community, those suffering from mental ill health; unfortunately this is sometimes most pronounced in the protected groups, although not exclusive.

Through the development and refinement of the local action plans, we aim to gain intelligence around such barriers and challenges, identifying gaps and opportunities. We must build upon local intelligence and contribute to the refresh of the Joint Strategic Needs Assessment when relevant.

Crime and Disorder

Alcohol misuse places a profound burden on the social fabric of the UK. In addition to the extensive healthcare costs, lost productivity and premature deaths, there are a range of crime and disorder problems associated with excessive consumption of alcohol. This includes alcohol-specific crime, such as being drunk and disorderly in public, criminal damage and, drink-driving.

Many other offences can take place under the influence of alcohol, such as alcohol related violence, anti-social behaviour, domestic violence, property damage and arson. It is well evidenced that alcohol consumption is a risk factor for many types of violence, including child abuse, youth violence, intimate partner violence and elder abuse.

Individuals who start drinking at an earlier age, who drink frequently and who drink in greater quantities, are at increased risk of involvement in violence as both victims and perpetrators (World Health Organization, 2012).

In its report "Alcohol misuse: tackling the UK epidemic" the British Medical Association outlined the extent and impact of alcohol-related crimes and behaviours in the UK:

- Among victims of violent crimes in England and Wales 44% perceived the offender as under the influence of alcohol at the time of the crime.
- Alcohol consumption is strongly associated with anti-social behaviour such as nuisance and rowdy behaviour, noise disturbance, littering, and harassment.
- Nearly half of domestic violence offenders were under the influence of alcohol at the time of their offence, and alcohol-fuelled domestic violence is more likely to result in victim injury and the need for medical care.

Domestic abuse is a priority for the borough; the number of reported incidents of domestic violence has increased to 4,476. A total of 1,558 crimes were generated from these incidents. 677 crimes involved alcohol (43% of domestic abuse crimes).

Nationally, domestic abuse was linked to almost 70% of all child protection cases and victims of domestic abuse are 15 times more likely to abuse alcohol.

Licensing

Nationally, in April 2012, Health was added to the list of 'responsible authorities' invited to comment upon licensing applications. Public Health departments have retained this responsibility since transferring to local government control in April 2013. Listed below are recommendations for licensing, devised by Public Health England:

- Ensure sufficient resources are available to prevent under-age sales, sales to people who are intoxicated, proxy sales (that is, illegal purchases for someone who is under-age or intoxicated), non-compliance with any other alcohol license condition and illegal imports of alcohol.
- Work in partnership with the appropriate authorities to identify and take action against premises that regularly sell alcohol to persons who are under-age, intoxicated or making illegal purchases for others.
- Undertake test purchases (using 'mystery' shoppers) to ensure compliance with the law on under-age sales. Test purchases should also be used to identify and take action against premises where sales are made to people who are intoxicated or to those illegally purchasing alcohol for others.
- Ensure sanctions are fully applied to businesses that break the law on under-age sales, sales to those who are intoxicated and proxy purchases. This includes fixed penalty and closure notices (the latter should be applied to establishments that persistently sell alcohol to children and young people).

Locally, we have recently revised Gateshead's Statement of Licensing Policy to increase the emphasis on the licensee to promote the licensing objectives and public health.

Gateshead has recently participated in the Public Health England, Health as a licensing objective pilot, building an analytical data tool and exploring the impact a public health objective might have in licensing representations and decisions.

Our response

Reduce demand/prevention across the life course

Aim: To ensure that a coordinated 'whole family' approach is taken for initiatives working with children, young people, working age, older people, individuals, families and communities, protecting those most affected by alcohol.

Restrict supply / protection and responsibility

Aim: To ensure all sections of the trade promote responsible retailing that supports a reduction in substance misuse related harm, to mitigate the role of alcohol in fuelling crime, anti-social behaviour, violence and domestic abuse.

Build recovery/health and wellbeing services

Aim: To ensure an evidence based 'health and wellbeing' focussed prevention, treatment and recovery approach is employed to address the needs of service users and their families experiencing substance misuse related issues.

THEME 1

Reducing Demand: Prevention across the life-course

To ensure that a coordinated 'whole family' and population approach is taken for initiatives that work with children, young people, working age and older people, families and communities, to lower the population's risk of alcohol-related harm.

What is known to be effective?

NICE Guidance (2013) and PHE Evidence Review (2017) state that population-level approaches are important because they can help reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol-related harm. They can help:

- Those who are not in regular contact with the relevant services.
- Those who have been specifically advised to reduce their alcohol intake, by creating an environment that supports lower-risk drinking.

A life course approach, from pre and early pregnancy through to older age, should be taken to address health and social consequences of alcohol use/misuse.

IBA has been proven to reduce drinking, leading to improved health and reduced calls on hospital services. At least one in eight 'at risk drinkers' reduce their drinking as a result of IBA.

The National Institute for Health and Clinical Excellence (NICE) recommends that NHS health professionals routinely carry out alcohol screening as an integral part of their practice, focusing on groups at increased risk.

Action needs to be taken to address this increasingly significant issue, such as developing the skills of frontline workers to be aware of the needs of the ageing population and to 'Make Every Contact Count' with this and every group. It must also be ensured that services are accessible for older people especially those with disabilities.

At the service delivery level, access to prevention and treatment should be enhanced by removing barriers, training of healthcare staff, use of valid screening instruments and developing closer working models – including innovative paradigms – between services at all levels.

In Gateshead we will:

Employ a population approach to address the needs and issues of all population groups by:

- Challenging drinking culture by increasing awareness of the harms of alcohol
- Communication/engagement activities, eg Dry January, FASD Day, Balance campaigns
- Further develop the Council's work supporting the Alcohol Declaration
- Ensure partner agencies are aware of their safeguarding responsibilities relating to alcohol
- Improve quality and increase access to low level interventions (further development of IBA, increased training and clear referral pathways to support)
- Routine enquiry (including NHS Health Checks)

Use a targeted approach to address the needs and issues of specific groups/ communities by:

- Supporting local people to understand the true long term health impact of alcohol

- Explore needs of various groups (Jewish Community, dual diagnosis, isolated older people)
- Empowering local people to understand the impact of alcohol misuse on their mental health and wellbeing, in particular those living in more disadvantaged areas
- Workforce development - raising awareness of the harms and the opportunities for alcohol brief interventions e.g. 'Have a Word'
- Address issues of intergenerational drinking and proxy purchasing by parents and siblings
- Introducing interventions to reduce the cycle of harm

THEME 2

Reducing Supply: Protection and Responsibility

To ensure all sections of the alcohol trade promote responsible retailing that supports a reduction in alcohol-related harm and to mitigate the role of alcohol in fuelling Crime, Anti-Social Behaviour, Violence and Domestic Abuse.

One of the biggest challenges that we face is the availability of the 'off trade' sales, i.e. the low cost sales within local supermarkets/local shops, which can be open 24 hours a day, as opposed to more controlled purchases through 'on-trade' sales, i.e. pubs/clubs.

Because alcohol is so cheaply available off-trade, and the strength of alcoholic drink products has increased over time, people are frequently drinking more units of alcohol at home, often without realising it.

The numbers of people drinking at home are increasing, which includes those who are pre-loading (where a person drinks large amounts of alcohol before going out for the evening).

Alcohol misuse is a risk factor for many types of violence including child abuse, violence in public settings, youth violence, sexual violence, intimate partner violence and elder abuse.

In England and Wales, alcohol is thought to play a part in approximately 1.2 million violent incidents per year - almost half of all violent crimes, with devastating health consequences for victims, their family, friends and the wider community.

While health, police and other public services deal with the consequences of alcohol-related violence, the same workers are also victims; for example, 116,000 NHS staff are assaulted each year, primarily by patients and relatives.

What is known to be effective?

Controls on price and availability have been identified by the World Health Organization (World Health Organization Europe, 2011) as the most effective measures that governments can implement to reduce the harm caused by alcohol. Minimum Unit Price for Alcohol (MUP) is considered the most effective approach to reduce the levels of consumption of very low cost alcohol.

Other initiatives have been found to have a positive impact on reducing the harm caused by low cost, high alcohol content drinks, i.e. reducing the strength.

There is evidence that initiatives which: prevent under-age sales and Challenge 25; sales to people who are intoxicated; proxy sales (i.e. illegal purchases for some-one who is under-age or intoxicated); non-compliance with any other alcohol license condition and preventing illegal imports of alcohol, are effective (NICE PH 24, 2010).

In Gateshead we will:

Ensure that there is commitment to address the problems associated with very cheap and high alcohol content drink; encouraging availability to be restricted in areas of most need by:

- Supporting and lobbying (locally, regionally and nationally) for a minimum unit price for alcohol (MUP).

- Exploring the opportunities to reduce the availability of super-strength alcohol that is on sale in Gateshead, focusing on the off-trade licensees, and learning from other areas.
- Reinforcing 'Challenge 25' as a whole system wide approach and, proxy sales messages.

Ensure that we continue to develop and implement robust systems and have procedures in place to support a positive and responsible alcohol trade by:

- Supporting the use of 'Challenge 25' policies.
- Working with Trading Standards to address the sale of illicit and below duty alcohol.
- Ensure robust proactive licensing procedures, utilising HALO data to reduce the impact of alcohol related harm for the public.
- Provide training to the Licensing Committee
- Explore the possibilities of implementing a Gateshead levy in partnership with the Community Safety and Health and Wellbeing Boards.
- Use tools and powers within the Criminal Justice System to take appropriate and robust action on those who cause harm.

THEME 3

Building Recovery: Health and Wellbeing Services

To ensure an evidence based 'health and wellbeing' focussed treatment and recovery approach is employed to address the needs of people and their families experiencing alcohol related misuse.

The complex and problematic behaviour associated with alcohol misuse impacts negatively on the lives of others, placing significant pressures to bear on their own family life, reducing their ability to function positively within society, and our public service provision. They also affect a range of provisions and increase demands faced by our accident and emergency departments, hospitals and other emergency services, families and wider communities.

Local Authorities, Clinical Commissioning Groups, the wider NHS, the Police and other statutory bodies and the voluntary, faith and community sector must work together to address local needs.

Treatment services which take a recovery orientated approach are already being commissioned in Gateshead and excellent services are provided.

Furthermore, interventions aimed at individuals can help make people aware of the potential risks they are taking (or harm they may be doing) at an early stage. This is important, as they are most likely to change their behaviour if tackled early. In addition, an early intervention could prevent extensive damage.

Involvement in service planning and delivery by people who are able to contribute to the growth of innovative recovery focussed projects that are developed and underpinned by volunteer advocates is crucial. This ensures positive influence and role model opportunities to contribute to the on-going support needs of others, many of whom place high demands on their families, communities, hospitals, the criminal justice system and other universal services.

Recovery orientated community support which goes beyond addressing the medical or mental health complexities associated with alcohol related behaviours also needs to be promoted.

By reinforcing responsibility and resilience among recovery focussed networks we should promote awareness, information and advice within communities to ensure improved outcomes for all.

The extension of alcohol screening involves identifying people who are not seeking treatment for alcohol problems but who may have an alcohol-use disorder; the scope for delivering these brief (and often low level) interventions is vast, for example, community pharmacists, wellbeing services, community assets.

What is known to be effective?

Promoting and enabling the delivery of effective specialised treatment and recovery services is important to improve public health and social outcomes.

In Gateshead we will:

- Ensure that we have high quality services for individuals and families, developed in partnership, with service user representation and volunteer advocates, which enhance the wider developing recovery system of support that is asset based.
- Continue to develop and increase the effectiveness of the drug and alcohol treatment and recovery services including on-going opportunities to enhance outcomes, including working collaboratively with community treatment services.
- Address the needs of complex, hazardous and harmful drinkers to improve outcomes.
- Support and champion the development of knowledgeable Health and Wellbeing services that promote and deliver prevention, sensible drinking and abstinence programmes as their core business, as appropriate.
- Ensure the involvement and support of carers in the treatment and recovery process.
- Work with emergency services to encourage alcohol screening and brief interventions and referrals to reduce the risk within alcohol abusing client's homes.
- Continue to the development of the Dual Diagnosis strategy and Action Plan

Outcome and Indicators

The overall success of this strategy will be measured through the achievement of a number of high-level performance indicators including:

- Reduction in young people's alcohol consumption/Increase the age young people start to drink (Balance surveys)
- Increased awareness of alcohol-related harm across the whole population (Balance surveys)
- Reduction in alcohol related hospital admissions
- Minimum Unit Prices in place
- Test purchasing scheme continued
- Reduction in under-age sales
- HALO data used to inform licensing
- Reduction in number of alcohol related complaints from residents.
- Reduction in alcohol related crime
- Increased numbers accessing the treatment, successful discharge
- Increase referrals from secondary care to Specialist Recovery and Treatment Service
- Increase in number of interventions 'protected groups'

Public Health Outcome Framework

- Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population.
- Number of alcohol only clients that left substance misuse treatment successfully who do not then re-present to treatment within 6 months as a proportion of the total number of alcohol only clients in treatment.
- Age-standardised rate of mortality from liver disease in persons less than 75 years of age per 100,000 population.
- Age-standardised rate of mortality that is considered preventable from liver disease in persons less than 75 years of age per 100,000 population.

The Multi-Agency Substance Misuse Strategy Group will monitor performance against outcomes and take remedial action where improvement is needed.

Effects of **ALCOHOL** abuse in the UK

Alcohol causes **60** medical conditions and contributes to over **22,000** deaths a year

4,182
Alcoholic liver disease

7,634
Cancers

2,195
Cardiovascular disease

3,335
Injuries

£67.2m
Overall cost of alcohol harm

- Social care **£7.5m**
- NHS **£18.4m**
- Crime and licensing **£15.3m**
- Workplace **£26.2m**

Equivalent to **£763** cost to each taxpayer per year

How **drinking** affects Gateshead

Over **1 in 2** people have been harmed by someone else's drinking in the last 12 months

55%
residents drink at increasing and high risk levels

304
11-15 year olds become regular drinkers every year

5,106
alcohol related hospital admissions – over 20 are children with alcohol specific conditions

11,735
estimated number of alcohol related crimes

Figs courtesy of BALANCE

Challenges	Priority Actions	Key Outcomes
Cultural acceptance include high level of lifestyle risk Low aspirations for good health behaviour Historic high drinking levels	**Reduce demand** • Ensure all agencies are aware of their safeguarding role re: children, young people and alcohol • Raise awareness of the harms of alcohol with all population groups • Increase awareness of the needs of most vulnerable groups and alcohol • Increase understanding of the alcohol consumption in these groups • Support national and develop local communications, campaigns, and engagement work • Increase the quality/effectiveness/uptake of brief interventions in all settings • Lobby locally, regionally and nationally for minimum unit price (MUP) and increased health information on labels eg units, calories, no drinking in pregnancy • Increased dissatisfaction amongst residents regarding price and availability of alcohol	Reduction in young people's alcohol consumption Increase the age young people start to drink Increased awareness of alcohol related harm across population Reduction in alcohol related morbidity and mortality
Increase opportunities for early interventions in the wider community The industry: eg advertising and cheap sales Reduce availability of cheap and high alcohol drinks	**Restrict Supply** • Support Balance as a regional and national leader to build appetite and understanding for MUP and increased taxasion on alcohol • Membership of proactive Responsible Authorities Group to influence licensing reviews • Training to Licensing Committee to increase use of alcohol related harm data in licensing hearings • Use local health, crime and social care data to inform licensing policy and decisions • Undertake and extend alcohol test purchasing operations • Reinforce 'Challenge 25' • Target and prosecute sellers of Illicit alcohol and less than duty sales • Explore the possibilities of implementing a Gateshead levy • Use tools/powers within the Criminal Justice System to take appropriate and robust action on those who cause harm • Encourage and challenge the council to model behaviour eg alcohol endorsed events/advertising via alcohol declaration • (Facilitate, support and commission recovery services/support groups including mutual aid)	Minimum Unit Price in place regionally and/or nationally Test purchasing scheme continued Reduction in under-age sales Increase in use of HALO data to inform licensing Reduction in number of alcohol related complaints from residents. Reduction in alcohol related crime and disorder
Alcohol declaration commitment Address the needs of the most vulnerable groups e.g. older people Historic high drinking levels Complexities of addiction	**Build Recovery** • Challenge developing drinking culture within Gateshead • Further more develop the recovery oriented treatment service for all population groups, provide training and monitor the effects on practice. • Increase reach and monitor effectiveness of drug and alcohol treatment and recovery services in secondary care and ensure referral pathways are effective • Alcohol advocates active in communities, raising awareness and delivering brief interventions Identify and increase support and training to those who need it most, including 'protected groups' i.e. offenders, Jewish community and children and young people etc. • Ensure support and involvement of carers in recovery process • Work with emergency services to encourage alcohol screening and brief interventions and referrals to reduce the risk within alcohol abusing clients homes • Promote activities and events to ensure recovery is visible in Gateshead	Increased numbers accessing and successfully completing treatment Increase referrals from secondary care to Specialist Treatment & Recovery Service Reduction in alcohol related alcohol admissions. Increase in number of interventions 'protected groups'

DRUGS

Introduction

Drug misuse is a significant issue for individuals, families and communities alike. The estimated annual cost of drug-related harm in England is estimated to be around £15.4 billion.

While most people do not use drugs, drug misuse can be found across all communities in society. From heroin and crack use among adults, to cannabis use amongst young people, to the use of novel psychoactive substances ('legal highs') used by the most vulnerable, drugs are available and misused by a wide range of people.

The harms caused by drugs are wide-ranging. Drug misuse may cause or exacerbate existing problems, its harms may be acute or chronic, and issues may arise from recreational use as well as dependency or problematic use.

Drug misuse is strongly related to crime, but harms are not just related to crime. Substance misuse can be found amongst homeless populations and those with mental health problems.

Problematic drug use is associated with unemployment, domestic abuse, poor living conditions, ill-health and safeguarding concerns.

Whilst drug dependence can affect anyone, we know that those in our society with a background of childhood abuse, neglect, trauma or poverty are disproportionately likely to be affected. In turn, the children of those dependent on drugs have to cope with the impact on their own lives and some may end up in care.

Some drug concerns are familiar and long-standing - for example inter-generational substance misuse and the negative impact of parental drug use on children. However, there are new concerns as well, especially around young adults and the purchasing of drugs over the internet.

Finally, a number of trends have emerged in recent years, which require a response from local agencies:

- An ageing opiate population with chronic health and social care needs
- A secret/undisclosed addiction
- A slowly growing market of novel psychoactive substances (NPS) sometimes known as 'legal highs'
- An increase in the number of people misusing medicines such as Gabapentin and Pregabalin
- An increase in drug related deaths
- Dual diagnosis – patients who have both substance misuse and mental health problems

National context

Policy and evidence

Public Health England took responsibility of drug and alcohol treatment in 2012 and their work builds on the work of the National Treatment Agency, which spent ten years building the evidence base for treatment in the UK.

With data collected via the National Drug Treatment Monitoring System (NDTMS), the UK now has a robust evidence base for treatment and interventions.

Treatment in the UK is underpinned by clinical advice and quality standards provided by **NICE (National Institute for Health and Care Excellence)** in a number of key documents:

- Drug misuse: psychosocial interventions (CG51) 2007
- Drug misuse: opioid detoxification (CG52) 2014
- Interventions to reduce substance misuse among vulnerable young people (PH4) 2007
- Needle and syringe programmes (PH52) 2009
- Drug misuse – naltrexone (TA115) 2007
- Drug misuse – methadone and buprenorphine (TA114) 2007
- Drug use disorders (QS23) 2012
- Coexisting server mental illness and substance misuse : Community health & social care services (NG58)

Drug misuse and dependency can lead to a range of harms for the user including:

- Poor physical and mental health
- Unemployment
- Homelessness
- Family breakdown
- Criminal activity

But drug misuse also impacts on all those around the user and the wider society.

The National Drug Strategy, published in 2010, outlined the ambition to provide recovery-focused treatment in the UK rather than a maintenance programme focused on harm minimisation as previously advocated. It also strengthened the focus on families, carers and communities.

The cost to society

The Home Office estimated in 2010-11 that the cost of illicit drug use in the UK is £10.7bn per year, this figure includes:

- 8% health service use
- 10% enforcement
- 28% deaths linked to eight illicit substances
- 54% drug related crime

The annual cost to family members and carers of heroin and/or crack cocaine users is estimated to be £2bn.

The economic costs to society from drug misuse are high and there is a strong invest-to-save argument for providing drug treatment. Research has shown that for every £1 invested in drug treatment results in a £2.50 benefit to society.

The changing treatment population and its impact on outcomes

Around 75% of people in drug treatment in England are receiving help for problems related to the use of opiates, mainly heroin. Public Health England estimates that the proportion of people in treatment with entrenched dependence and complex needs will increase, and the proportion who successfully complete treatment, will therefore continue to fall.

The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to

continue to rise. An ageing cohort of heroin users (many of whom started to use heroin in the 1980s and 1990s) is now experiencing cumulative physical and mental health conditions. Older heroin users are also more susceptible to overdose.

Drug misuse harms families and communities

Risk factors are all negatively associated with health status and there is a complex and reciprocal association between social factors and illicit substance misuse. Homelessness, for example, is a complex problem that occurs for many different reasons. Some individuals may later turn to addiction as a means of coping with their lack of a fixed home.

There have also been recent increases in the number of people rough sleeping, the number of statutory homeless applications accepted and the number of households in temporary accommodation.

Drug misuse can cause social disadvantage and socioeconomic disadvantage may lead to drug use and dependence. In addition, risk factors associations with dug misuse often lead to other adverse outcomes such as poor physical or mental health, often offending or risky behaviour.

- Parental drug use is a risk factor in 29% of all serious case reviews.
- Heroin and crack addiction causes crime and disrupts community safety.
- A typical heroin user spends around £1,400/ month on drugs (2.5 times the average mortgage).

Drug related deaths

The drug related death rate in England is substantially higher than elsewhere in Europe. The number of drug misuse deaths has increased over the past 20 years, with a significant rise in the last three years, to the highest number on record. In the next four years, PHE estimates that there will be an increase in the proportion of people in treatment for opiate dependence who die from long-term health conditions and overdose.

Drug use and drug dependence are known causes of premature mortality. There were 3,674 drug poisoning deaths involving both legal and illegal drugs registered in England and Wales in 2015, the highest since comparable records began in 1993. Of these, 2,479 (or 67%) were drug misuse deaths involving illegal drugs only. The mortality rate from drug misuse was the highest ever recorded, at 43.8 deaths per million population.

Males were almost three times more likely to die from drug misuse than females (65.5 and 22.4 deaths per million population, for males and females respectively). Deaths involving heroin and/or morphine doubled in the last 3 years to 1,201 in 2015, and are now the highest on record. Deaths involving cocaine reached an all-time high in 2015 when there were 320 deaths - up from 247 in 2014.

People aged 30 to 39 had the highest mortality rate from drug misuse (98.4 deaths per million population), followed by people aged 40 to 49 (95.1 deaths per million).

Within England, the North East had the highest mortality rate from drug misuse in 2015 for the third year running (68.2 deaths per million population), while the East Midlands had the lowest (29.8 deaths per million).

The overall increase in drug-related deaths is largely made up of the increase in deaths among older drug users, with significant rises seen in those aged 30-70. It is likely that many of these deaths occurred in people who were long-term users of heroin and are more susceptible to the risk of a drug overdose because of their poor health.

Public Health England recently published the findings of an inquiry into the recent increases in drug-related death and concluded that the factors responsible are multiple and complex. The most notable factor was the ageing cohort of heroin users experiencing cumulative physical and mental health conditions that make them more susceptible to overdose.

Other factors included increasing suicides, increasing deaths among women, improved reporting, an increase in poly-drug and alcohol use, and an increase in the prescribing of some medicines.

Novel Psychoactive Substances

The number of individuals presenting with problematic use of NPS or a so-called 'club drug' has dramatically increased in recent years (below 500 presentations in 2013/14 to more than 2000 in 15/16). Robust data on the prevalence of NPS use in England is limited, as is evidence on long-term harms.

There is increasing evidence that NPS are being used by increasingly diverse groups, many of who are from vulnerable groups, including the homeless and people with coexisting mental health problems. NPS have also been identified as a significant issue in some prisons and attributed to significant mental health and behavioural reactions among users.

Synthetic cannabinoids (which mimic the effects of cannabis) are increasingly prevalent in England, with widespread reports of severe mental and physical health problems associated with its use. There is evidence that they are increasingly used by vulnerable groups, particularly the homeless and prison populations. Prison staff consistently express concern about high rates of synthetic cannabinoid use, including by prisoners without a prior history of drug misuse. Controlling the availability of NPS in prisons is a significant challenge.

The number of people recorded by NDTMS who have reported problems with NPS increased significantly in 2015-2016. Mephedrone is the mostly widely used NPS among those presenting for drug treatment. The number of presentations for treatment for ecstasy-related problems has been falling since 2009-2010. Though this partly reflects an increase in use of these substances, it is also because new reporting codes for NPS were introduced in the previous year.

There are also concerns that some NPS are injected. This appears to be linked to members of three distinct populations: those who only use NPS but do so frequently; older drug users who appear to be supplementing or switching from established drugs that are prepared for injection; and those engaging in 'chemsex'.

A frequent pattern of NPS injecting among all these groups represents a significant concern for BBV transmission and health damage.

Prescription and over-the-counter medicines

Problems of misuse and dependency of some prescribed medicines (principally benzodiazepines), have been reported in England since at least the 1980s. Drug treatment services and primary healthcare have developed interventions to meet local need but self-help and patient-led groups have also provided specialist support. Drug related deaths from prescription and over the counter medicines have increased in the past few years.

Statistics from the National Drug Treatment Monitoring System (NDTMS) 15/16

In all, 288,843 individuals were in contact with drug and alcohol services in 2015-16; this is a 2% reduction on last year. Of these, 138,081 commenced their treatment during the year, with the vast majority (97%) waiting three weeks or less to do so.

Individuals that had presented with a dependency on opiates made up the largest proportion of the total numbers in treatment in 2015-16 (149,807, 52%). This is a fall of 2% in the number since last year and substantial reduction (12%) since a peak in 2009-10, when there were 170,032 opiate clients in treatment.

The decrease in opiate clients in treatment is most pronounced in the younger age groups with the number of individuals aged 18-24 starting treatment for opiates having reduced substantially from 11,351 in 2005-06 to 2,367 now, a decrease of 79%.

Alcohol presentations make up the second largest group in treatment, with a total of 144,908 individuals exhibiting problematic or dependent drinking. Of these, 85,035 were treated for alcohol treatment only and 59,873 for alcohol problems alongside other substances.

Specialist substance misuse services saw fewer young people in 2015-16 than in the previous year (17,077, a drop of 1,272 or 7% compared to 2014-15). This continues a downward trend, year-on-year, since a peak of 24,053 in 2008-09.

Just under two-thirds of the young people accessing specialist substance misuse services were male (65%), and just over half (52%) of all persons were aged 16 or over. Females in treatment had a lower median age (15) than males (16), with 26% of females under the age of 15 compared to 20% of males.

The most common drug that young people presented to treatment with continued to be cannabis. More than four-fifths (87%) of young people in specialist services said they have a problem with this drug compared to 86% in 2014-15. The numbers in treatment for cannabis as a primary substance have been on an upward trend since 2005-06, although numbers have dipped slightly in the last two years. Alcohol is the next most commonly cited problematic substance with just under half the young people in treatment (48%) seeking help for its misuse during 2015-16.

Alongside cannabis and alcohol, young people in specialist substance misuse services used a range of substances. Of those who were in contact with services, 1,605 cited problematic ecstasy use (9%), 1,477 cocaine use (9%), 1,152 amphetamine use (7%), and 1,056 (6%) with concerns around the use of new psychoactive substances (NPS).

Although the proportion of young people reported by specialist services as having problems with NPS rose for the second year (from 5% in 2014-15 to 6% in 2015-16), it is still relatively small. Specialist services will want to remain alert to the possibility that young people may develop problematic use of NPS in the future and ensure that services continue to be accessible and relevant to their needs.

Local context

Young people

There were 145 young people in treatment in 15/16, 117 of these were new presentations.

- The majority were male (66%).
- 75% of young people in treatment were classed as living with parents or other relatives.

Alcohol and cannabis were joint highest substances with 71% of young people listing these as the primary substance they need help with.

In terms of vulnerabilities disclosed at first assessment:

- 12% were Looked after Children
- 29% disclosed domestic abuse
- 31% disclosed self-harm
- 20% disclose NEET
- 35% disclose anti-social behaviour or criminal acts

NPS use continues to be low. While wider services cite the increase in the use of NPS in young people there were only eight referrals into the service in 15/16 where NPS were disclosed as one of the misused drugs.

The 2015 Health Related Behaviour Survey was completed by 11 primary schools. It had the following key drug related indicators:

- 42% of pupils said their parents have talked with them about drugs; 29% said their teacher has talked with them in school lessons.
- 11% of pupils responded that they are 'fairly sure' or 'certain' that they know someone who uses drugs (not as medicines).
- 1% of pupils responded that they have been offered cannabis. 8% said they 'don't know' if they have been.
- 3% of pupils responded that they have been offered other drugs (not cannabis). 4% said they 'don't know' if they have been.

Adults

The number of people in treatment in Gateshead is increasing, there were 1989 clients in treatment in 15/16 compared to 1826 in 2014/15. The majority are male (69.6%), aged between 30-34 (19.8%).

The primary referral source in 15/16 was self, family and friends with 55.2% of all new presentations to treatment coming from this referral source compared to 2014/15 where it was 50.4% of all new presentations from self, family and friends.

There has been a notable shift in the main substances that people seek help for. In 15/16 alcohol was the main reason for treatment (54.1%) compared to 53.2% in 14/15. In 15/16 47.1% of clients cited opiates compared to 51.6% in 14/15. 16.8% of people sought help for Cannabis in 15/16.

In 15/16 New Psychoactive Substances accounted for only 1.2% of the substances cited for treatment; however since Q4 14/15 this rate has gone up from 0.7% to 1.2% (12 clients to 22 clients). This rate has increased by 84% in the percentage of clients citing this type of substance as one of the reasons for being in treatment over the last 3 quarters.

In contrast to the national picture where only 0.8% of all users cited these as their reason for treatment. This is the highest overall percentage increase of any of the substances cited as a reason for treatment.

Drug related deaths

The local picture is reflective of the national picture. Deaths in Gateshead have more than tripled since 2012.

The characteristics of the deceased remain similar – with the majority of deaths continuing to be male, white, aged 25-34yrs and male. A number of other trends have also been identified:

- Living alone
- Single
- Unemployed
- In substance misuse treatment
- Using a cocktail of drugs
- Involvement with mental health services
- Previous overdoses
- Complex/chaotic lifestyle

Gateshead's Drug Related Death annual report 2016 gives additional information.

Cross cutting priority groups

While efforts to reduce the harms caused by drug use must be delivered across the whole population, interventions must be targeted on those who need it most.

Intervening early, with at-risk groups and when people are in greatest need of support is critical. 'At risk' groups include a diverse range of individuals who are particularly susceptible to drug use and are more likely than others to experience adverse outcomes and would include:

- Children from households where there is drug use;
- Looked After Children;
- Offenders;
- People with mental health problems; and
- People from deprived neighborhoods.

It is well-known that while drug use can affect anyone, problematic heroin and opiate use is concentrated in areas of deprivation, where residents tend to have lower levels of recovery capital (supportive friends, family, educational qualifications, mental strength, money, employment, and so on).

In light of this, the following main groups will be prioritised across all three of the strategy's priority themes:

- Children and young people
- Opiate and crack users
- Residents of priority (most deprived) neighbourhoods
- Families involved in the 'Troubled Families' programme

In addition to the above, Gateshead will also look to focus efforts and resources to the following:

- Adults with complex health and social problems
- Dual diagnosis patients (mental health problems and substance misuse problems)
- Offenders
- Vulnerable individuals, including rough sleepers and the homeless
- Young adults (16-24)

Our response

Reduce Demand

Aim: To create an environment where people who have never taken drugs continue to resist any pressures to do so and fewer people are using drugs at levels or patterns that are damaging to themselves or others

Restrict Supply

Aim: To ensure a joined up approach to disrupt the drugs trade by targeting activity along the entire supply chain, from organised crime groups that import drugs from source to the dealers that sell drugs in our communities.

Build Recovery

Aim: To support people who wish to tackle their dependency on drugs and/or alcohol and achieve lives free from substance dependence.

THEME 1

Reduce Demand

To create an environment where people who have never taken drugs continue to resist any pressures to do so and fewer people are using drugs at levels or patterns that are damaging to themselves or others.

In Gateshead we will:

- Provide specific education and information for targeted groups e.g. Troubled Families, Looked After Children, in an effort to divert or stop potential drug use.
- Take a whole system approach and support individuals in treatment on a range of issues including training, employment, housing, family relationships.
- Support schools and other youth settings in their efforts to challenge young people's attitudes to drugs.
- Recognise the importance of early intervention and intensive support for young people, those at risk of becoming involved with crime and families where there is drug misuse, and provide appropriate support and help to those who need it, in times and places which suit individuals.
- Establish and promote clear pathways into services to ensure those using substances receive the most appropriate support.
- Raise awareness about the harms of drugs and encourage agencies to put measures in place to support those individuals at risk.
- Implement approaches to modify risky behaviours amongst high prevalence or high risk groups.
- Gain a better understanding of prescription and non-prescription medication.
- Provide effective substance misuse treatment in the criminal justice system including prisons, and ensure that support is in place to reduce the chances of re-offending and encourage a successful reintegration into society.

THEME 2

Restrict Supply

To ensure a joined up approach to disrupt the drugs trade by targeting activity along the entire supply chain, from organised crime groups that import drugs from source to the dealers that sell drugs in our communities.

In Gateshead we will:

- Improve the quality of data collection to understand the full impact of drugs on crime, health, offending, re-offending and the community.
- Improve our ability to develop and share data/ intelligence to support evidence informed approaches to drug misuse and better target services or schemes, focussing on those in greatest need.
- Work with primary care to ensure that prescription drugs and over the counter medication are not misused or causing patient's problems.
- Protect vulnerable residents by providing local housing which is safe and drug free.
- Lobby for change and work in partnership to tackle supply and drug dealing in Gateshead, ensuring a tough local stance.
- Tackle organised crime groups and drug dealing and undertake robust offender management to those who have committed drug related crime, making best use of positive disposals/requirements.
- Encourage housing providers to take appropriate action when drugs are sold/ cultivated in their properties.
- Undertake clinical audit of prescribing arrangements in Gateshead.

THEME 3

Build Recovery

To support people who wish to tackle their dependency on drugs and/or alcohol and achieve lives free from substance dependence.

Research literature suggests that investment in drug treatment is likely to substantially reduce social costs associated with drug misuse and dependence.

Social factors are important influences on treatment effectiveness. Drug use and misuse tend to be clustered; for example, areas of relatively high social deprivation have a higher prevalence of illicit opiate and crack cocaine use and larger numbers of people in treatment.

Unemployment and housing problems have a marked negative impact on treatment outcomes and exacerbate the risk that someone will relapse after treatment. Alongside other benefits, employment support and achieving good employment may lead to improvements in treatment outcomes and reduced relapse.

Today, drug misuse and dependency is associated with a range of harms including poor physical and mental health, unemployment, homelessness, family breakdown and criminal activity. The health and wellbeing of family members and carers can also be affected. Heroin and cocaine are associated with the majority of social costs associated with drug misuse and heroin dependence continues to be the most common problem treated in England. People with heroin dependence usually develop a tolerance through daily use, which can result in an expensive addiction and a motivation to commit crime.

In Gateshead we will:

- Commission effective, accessible treatment and support services for drug users, carers and families.
- Further develop recovery orientated treatment services and workforce that is focussed on all aspects of recovery - housing, employment, mental health, family life - and not just medical treatment.
- Make a commitment to the roll out of substance misuse awareness and overdose awareness training for frontline staff, partner agencies, carers and family members.
- Tackle dual-diagnosis to ensure those who mental health and substance misuse issues receive the most appropriate and effective treatment.
- Increase the visibility of, and access to, a wide range of recovery communities across the borough.
- Facilitate peer support and mutual aid networks so communities become empowered and individuals who have exited services can continue to receive support that enables them to sustain their recovery.
- Establish a recording, monitoring and referral pathway to reduce the number of overdoses.

Outcomes and indicators

The overall success of this strategy will be measured through the achievement of a number of high-level performance indicators, including:

- Increases in number of young people leaving treatment with reduced drug use or drug free
- Increase in number of young people leaving treatment with reduced risky behaviours
- Increase in the number of people leaving treatment and not representing
- Reduction in number of young people presenting with complex issues
- Increase in proportion of adult opiate & crack users exiting treatment successfully
- Increase in the number of new referrals into treatment services
- Decrease in the number of those offending/re-offending linked with drugs
- Increase in number of people in treatment
- Decrease the number of people who think drug dealing is an issue

Public Health Outcome Framework

- Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number of opiate users in treatment.
- Number of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number of non-opiate users in treatment.
- The rate of drug misuse deaths per million population over a three year period.
- Adults with a substance misuse treatment need who successfully engage in community-based structured treatment following release from prison'.

The multi-agency Substance Misuse Strategy Group will monitor performance against outcomes and take remedial action where improvement is needed.

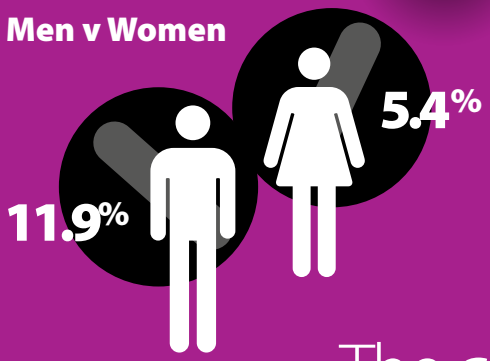
Effects of **DRUG** harm in the UK

In one year **2.8m** people aged 16-59 used illicit drugs:

6.7% cannabis
2.3% powder cocaine
1.7% ecstasy

279,000 adults used a NPS **('Legal highs')**

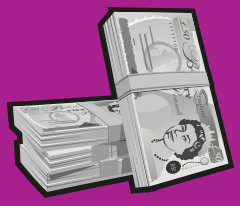
Men v Women



Young people are more likely to take drugs

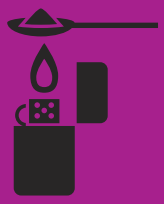
The **cost** of drug harm in UK

Overall cost of drug harm **£15.4bn**



NHS **£488m**
Crime **£13.9bn**
Annual cost of deaths **£2.4bn**

A typical heroin user spends around **£1,400** per month on drugs (2.5 times the average mortgage)



of crime was drug related

How **drug harm** affects Gateshead

Average of **300** visits each month to needle exchange

80% of drug offences were possession

18 drug related deaths
145 young people in treatment
1,989 adults in treatment

Challenges	Priority Actions	Key Outcomes
Inequality and deprivation Low aspirations for good health behaviour Unemployment and rise in homelessness	**Reduce demand** • Target specific education/information in an effort to divert/stop potential drug use • Take a whole system approach and support individuals in treatment on a range of issues • Support schools/youth settings to challenge young people's attitudes to drugs • Recognise importance of early intervention/intensive support for young people, those at risk of becoming involved with crime and families where there is drug misuse, providing appropriate support • Establish and promote clear pathways into services so users receive support • Raise awareness about drugs and encourage agencies to put measures in place • Implement approaches to modify risky behaviours in high prevalence/high risk groups • Gain a better understanding of prescription and non-prescription medication • Provide effective substance misuse treatment in the criminal justice system including prisons with support in place to reduce chances of re-offending and encourage successful reintegration into society	Reduction in Drug Related Deaths Reduction in overdoses Reduction in number of young people presenting with complex issues Increase in the number of people presenting for treatment
Recent spike in drug related deaths Ageing population of drug users Availability of drugs and diversion of prescription	**Restrict Supply** • Improve the quality of data collection to understand the full impact of drugs on crime, health, offending, re-offending and the community • Improve development/sharing of data/intelligence to support evidence informed approaches to drug misuse and better target services/schemes, focussing on those in greatest need • Work with primary care to ensure that prescription drugs and over the counter medication are not misused or causing patients problems • Protect vulnerable residents by providing local housing which is safe and drug free • Lobby for change working in partnership to tackle supply/drug dealing, ensuring a tough local stance • Tackle organised crime groups and drug dealing and undertake robust offender management making best use of positive disposals/ requirements • Encourage housing providers to take action when drugs are sold/ cultivated in their properties • Undertake clinical audit of prescribing arrangements in Gateshead	Decrease in the number of those offending/re-offending linked with drugs Increase in drug seizures Decrease the number of people who think drug dealing is an issue
Dual diagnosis and healthcare system issues Complex and chaotic lifestyles Under developed recovery community Secret / undisclosed addiction	**Build Recovery** • Commission effective, accessible treatment and support services for drug users, carers and families • Further develop recovery orientated treatment services/workforce focussed on all aspects of recovery • Commit to roll out of awareness training for frontline staff, partners/ carers/family members • Tackle dual-diagnosis to ensure those with mental health and substance misuse issues receive the most appropriate and effective treatment • Increase visibility of and access to a wide range of recovery communities across Gateshead • Facilitate peer support and mutual aid networks to empower communities/individuals who have exited services so they can continue to receive support that enables them to sustain their recovery • Establish a recording, monitoring and referral pathway to reduce the number of overdoses	Increase in number of people in treatment Increase in the number of people leaving treatment Increase in number of young

Contact information

If you require further information of Gateshead's Substance Misuse Strategy, please contact Gateshead Council on the contact details below.

Public Health
Gateshead Council
Telephone: 0191 433 2421

Community Safety
Telephone: 0191 433 3910

Website: www.gateshead.gov.uk

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