Preventing Harm Improving Outcomes
Gateshead's Substance Misuse Strategy 2016-21

Foreword

Gateshead's Substance Misuse Strategy, **Preventing Harm, Improving Outcomes,** comes at an economically challenging time for all stakeholders and 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** (see p. xx) are needed to address several determinants of substance misuse related harm, such **as supply, availability, pricing, education, employment, and aspirations**. 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 a 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.

Governance

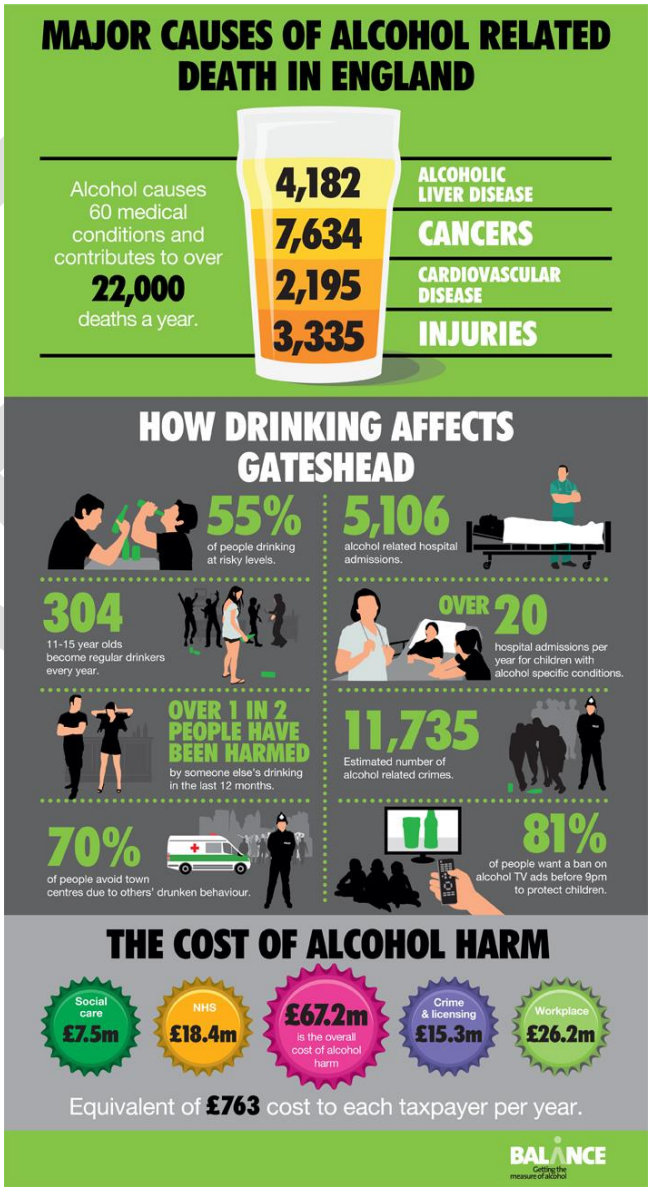
The Health and Wellbeing Board and the Community Safety Board are accountable for the delivery of this strategy, this will be coordinated through the Substance Misuse Strategy, which is chaired by the Director of Public Health and co-chaired by Community Rehabilitation Company. The membership comprises key partners and stakeholders, as outlined in Appendix ?, It is each members' responsibility to ensure that as the Strategy develops, they engage and liaise with their organisation, community and peers to ensure wide cascade and ownership of the Strategy. The strategy and action plans will complement other areas of work where alcohol is a significant issue, including:

- Health and Wellbeing Strategy
- Community Safety Partnership Plan
- Drug Related Deaths Annual Report
- Dual Diagnosis Action Plan

Vision

Our vision is to reduce the harms caused by substance misuse and make Gateshead a safer and healthier place where less alcohol and no 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



High Level/Strategic Objectives

Challenges

- Low aspirations for good health
- Cultural acceptance of lifestyle risk taking behaviour
- High levels of deprivation and unemployment
- Historic high drinking levels
- Historic drug use
- Economy promoting move night time activities
- Complexities of addiction

Priority Actions:

Reduce demand:

- Work tirelessly to improve aspirations for good health
- Address underlying social, health and economic determinants of use
- Increased dissatisfaction amongst residents regarding price & availability of alcohol
- Promotion of alcohol-free events and provide social alternatives
- Support & develop alternative advertising, as lucrative as alcohol
- Place restrictions on promotion by regulating the promotion of and exposure to drug paraphernalia
- Ensure diversion from the criminal justice system to treatment services
- Ensure drugs awareness is statutory in education from 10 years of age

Restricting supply:

- Ensure drug supply is a key issue for the Home Office and Public Health England
- Disrupt and dismantle criminal groups involved in production, trafficking and supply of drugs
- Lobby regionally and nationally for increased taxation on alcohol.
- Lobby regionally and nationally for minimum unit price for alcohol.
- Create control on the proliferation of alcohol outlets
- Public Health work effectively leading/contributing to licensing review and Responsible Authorities Group
- Encourage and challenge the Council to model behaviour e.g. alcohol endorsed events/ advertising
- Educate local residents on the real impact of minimum unit price

Build recovery

- Facilitate, support and commission treatment services and support groups and events to ensure recovery is visible in Gateshead
- Utilise opportunities for Asset Based Community Development to instill change in our communities
- Build support for this agenda within Economic Development and Vision 2030

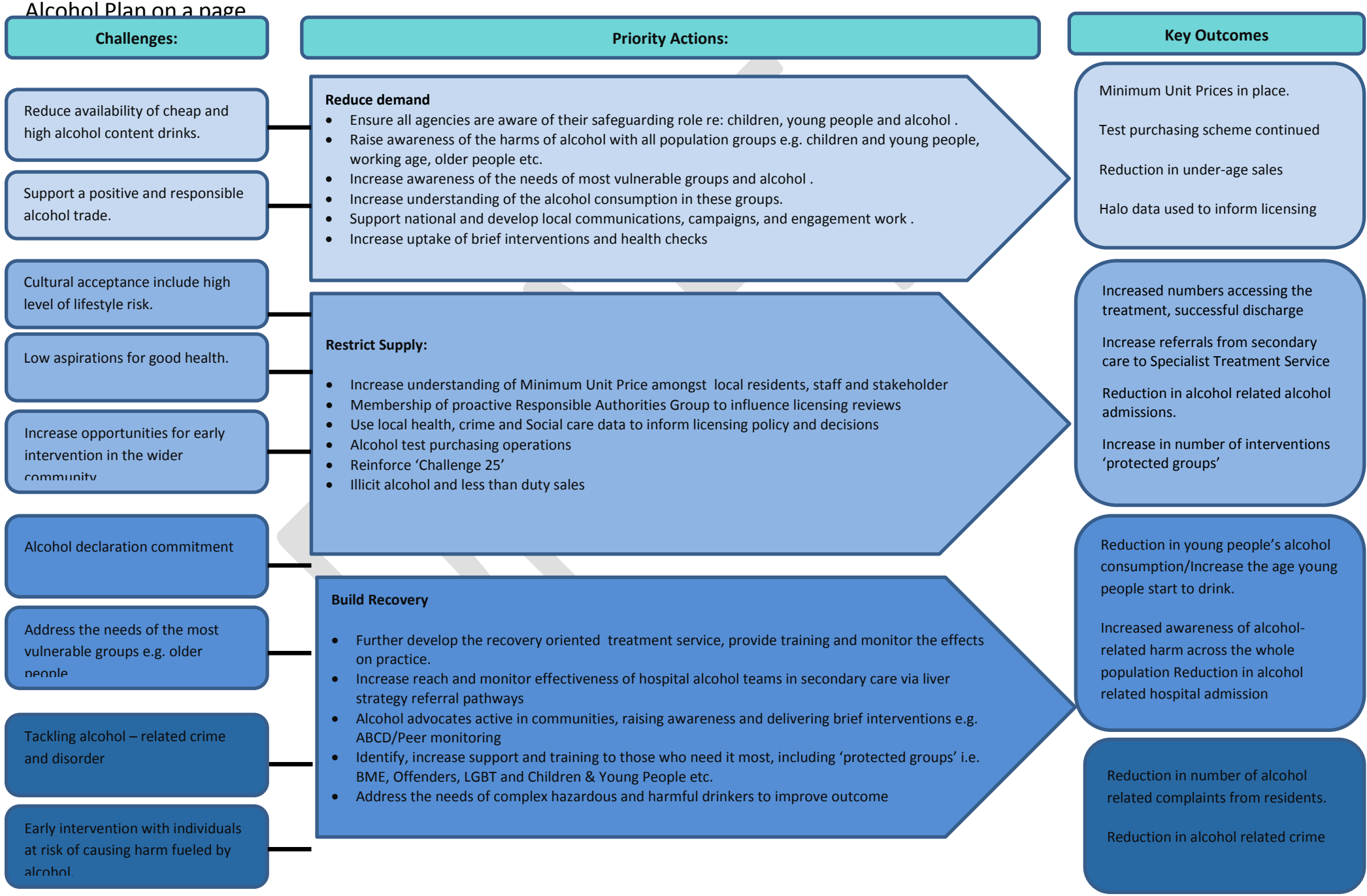
Key Outcomes:

To be add

To be add

DRAFT Alcohol Strategy

Alcohol Plan on a page



1. 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[1], 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[Error! Bookmark not defined.]. 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.

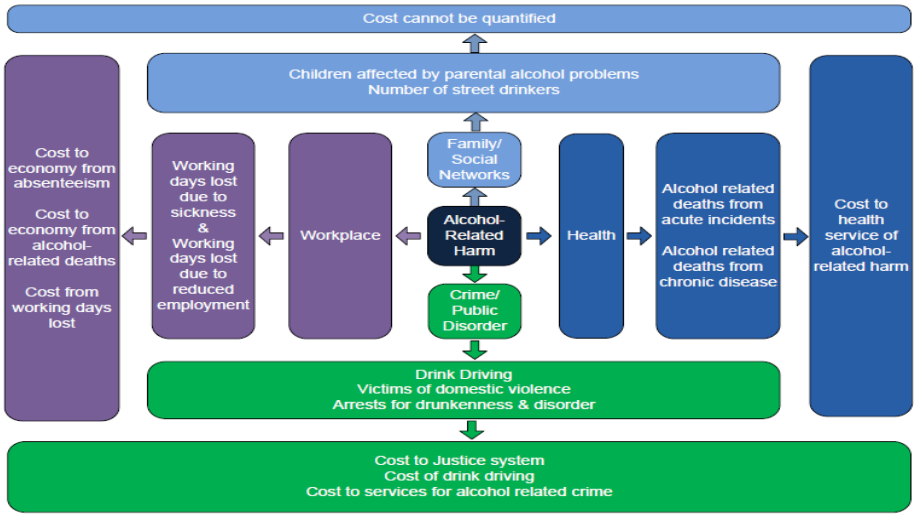
The harms caused by drinking are as complex as our relationship with alcohol. Alcohol may cause or exacerbate problems, its harms may be acute or chronic and issues may arise from individuals' binge drinking or addiction.

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.

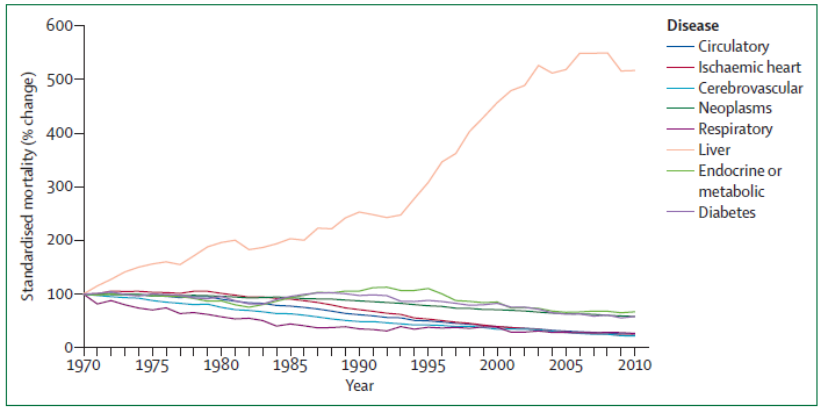
The evidence base is growing:

- **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.

Figure 1. Passive Drinking – the harms arising from alcohol misuse



Rising trend in Liver Disease



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

2. Current Position – Outlining the need

Current methods for estimating levels of alcohol consumption rely on self-reported surveys, and recent research [2]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 admission.

Under 18's

- **For ypung 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 7th highest rate** of alcohol related admission to hospital in England. Though figures show **an early indication of a positive downward trend,** 927 per 100,000 in 2014/15 a decrease of 3.03% on the previous year.
- **For women,** the rate of admissions to hospital for alcohol related conditions for females has i**ncreased by 30.27%, 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

3. Policy and Evidence

The recent Chief Medical Officers' guideline for both men and women is that:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

If you are pregnant or planning a pregnancy:

- The safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

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:

- 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.
- 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.

4. 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.

REDUCE 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 fueling 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.

Cross-cutting priority groups

Health Inequalities

"There is a social gradient in the <u>harms</u> 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 city'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."[3]

National guidance recommends that no alcohol at all should be consumed before the age of 15[3]. 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[4], 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**. Pupils' perceptions of their parents' attitudes to their drinking is strongly related to whether or not they have drunk alcohol; if their parents would disapprove, pupils 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[5]:

- 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, 2009*a*). 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"[6] 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[7]. 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.

Identification and Brief Advice
There are real opportunities, often under-exploited, for health services to identify those at risk and provide advice and support to those that 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..

Wellbeing Service
LiveWell Gateshead brings together a wide range of services into one single access point to make getting help easier. The service seeks to address some of the wider determinants of health which impact upon lifestyle and health and support people to make changes to improve health and access appropriate services. This service will communicate the health harms of drinking above the lower-risk guidelines and provide a range of tips and tools to encourage people to drink responsibly.

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 Evolve'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,this 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.

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 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 JSNA 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,"[8] 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 XXXX. 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.

Reducing Demand:
Prevention across the life-course

Aim

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

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.

NICE Guidance, 2013.

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'[9] 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.

What we will do

1. A population approach will address the needs and issues of all population groups by:
    i. Communication and engagement activities, eg Dry January, FASD Day, Balance Alcohol Campaigns
    ii. Low level interventions (further development of IBA, increased training and clear referral pathways to support).
    iii. Routine enquiry (including NHS Health Checks).

2. A targeted approach will address the needs and issues of specific groups/communities by:
    i. Supporting local people to understand the true long term health impact of alcohol.
    ii. Explore the needs of various groups eg, Jewish Community, dual diagnosis, older people living in isolation.
    iii. Empowering local people to understand the impact of alcohol misuse on their mental health and wellbeing, in particular those living in more disadvantaged areas.
    iv. Workforce development – raising awareness of the harms

Reducing Supply: Protection and Responsibility Aim

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[1]' 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[12] 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. Whilst 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

[1] On Sales refers to alcohol purchased in pubs or clubs

[2]

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).

What we will do

1. 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:
   a) Supporting and lobbying for a minimum unit price for alcohol (MUP).
   b) 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.
   c) Reinforcing 'Challenge 25' at a whole system wide approach and, proxy sales messages.
2. We will ensure that we continue to develop and implement robust systems and have procedures in place to support a positive and responsible alcohol trade by:
   a) Supporting the use of 'Challenge 25' policies.
   b) Working with Trading Standards to address the sale of illicit and below duty alcohol.
   c) Ensuring robust licensing procedures , utilising HALO data to reduce the impact of alcohol related harm for the public.

Building Recovery: Health and Wellbeing Services

Aim

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, significant pressures to bear on their own family life, 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.

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. 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 we will do

1. 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.
2. Continued monitoring and development of the hospital alcohol team+ including on-going opportunities to enhance outcomes, including working collaboratively with community treatment services.
3. 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.

DRAFT Alcohol Strategy

Plan on a page

Challenges:	Priority Actions:	Key Outcomes
Inequality/deprivation	**Strategic Priority 1: Reducing harm / prevention across the life course** •	Reduction in Drug Related Deaths Reduction in overdoses The number of people who think drug dealing is an issue Reduction in number of young people presenting with complex issues Number of young people
	Strategic Priority 2: Reducing Supply/availability •	Decrease in drug related crime Offending/reoffending linked with drugs Number of serious and organised crime groups linked to drugs
Dual Diagnosis	**Strategic Priority 3: Building Recovery** • Recovery orientated workforce • Commitment to substance misuse awareness for all frontline staff • Tackle dual diagnosis	Number of people in treatment Number of people leaving treatment and not representing Increase in number of young people leaving treatment

Infographic

Annual cost of drug addiction to UK

- Overall annual cost to society £15.4bn
- Annual cost of drug-related crime £13.9bn
- Annual cost of deaths related to substance misuse £2.4bn
- Annual cost to NHS £488m

Parental drug use is a risk factor in 29% of all serious case reviews

A typical heroin user spends around £1400 per month on drugs (2.5 times the average mortgage)

2014/15

British Crime Survey

- Last year among 16-59 year olds 2.8 million adults used illicit drugs
    - 6.7% used cannabis
    - 2.3% used powder cocaine
    - 1.7% used ecstasy
- 279,000 adults used a NPS in the last year
- Young people are more likely to take drugs than older people
- 39% 16-24 year olds
- 21% 25-34 year olds
- 11% 35-69 year olds
- Men are more likely to use drugs than women 11.9% men 5.4% women
- Drug use is lower than 10 years ago
- 6.6% in 2014/15 vs 11.2% in 2004/05
- Young people are more likely to take drugs than older people

Gateshead 15/16

18 Drug Related Deaths

145 young people in treatment

Cannabis main substance

1989 adults in treatment

Opiates were the main substance

Average of 300 visits each month to the needle exchange

4% crime was drug related

80% of drug offences were possession

Young people – national

Fewer young people in treatment (18,349) 1 April 2014 to 31 March 2015

Most common drug is cannabis

1. 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. Drug misuse is an issue 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.

2. Current Position

Young people's statistics from the National Drug Treatment Monitoring System (NDTMS) 14/15

There continues to be a downward trend of young people in treatment 18,349, a drop of 777 compared to 13/14. The most common drug that young people need help with is cannabis. The number of young people using NPS remains relatively small and lower than most other problem drug.

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.

The majority of young people in specialist substance misuse services have a range of problems or vulnerabilities related to their substance use (such as poly drug use and drinking alcohol daily) or wider factors that can impact on their substance use (such as self-harming, offending or domestic abuse). Therefore, specialist services need to be able to work with a range of other agencies to ensure that all a young person's needs are met. Girls are more likely to report mental health problems and self-harming while boys are more likely to be involved in antisocial behaviour and not be in education, employment of training (NEET).

This year, for the first time, data on sexual exploitation is being reported since this is an area of concern. Five per cent (5%) of young people presenting to treatment services in 2014-15 reported sexual exploitation. This proportion was higher among females (12%) than males (just over 1%).

Waiting times to start treatment were short (average (mean) wait two days and outcomes were good, of the 12,074 young people leaving services in 2014-15, 80% did so in a planned way, no longer requiring specialist treatment. This suggests that specialist substance misuse services in England are responding well to the needs of young people who have alcohol and drug problems, and are helping young people to overcome their substance misuse problems.

Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 14/15

In all, 295,224 individuals were in contact with drug and alcohol services in 2014-15.

The age profile of people in treatment is rising. This ageing cohort is often in poor health, with a range of vulnerabilities associated with long-term drug use. These people require a wide range of support, including social care. When considering all ages, presentations to treatment for opiates have been falling over the last six years (55,494 to 44,356), reflecting the downward trend in prevalence of heroin use.

The majority of younger people (18-24) presenting to treatment in 2014-15 cited problems with either cannabis (52%) or cocaine (23%). Most presentations for new psychoactive substances (NPS) are also in the younger age groups, though the total number accessing treatment for NPS remains relatively low (1,370, 0.5%). Overall, the number of under-25s accessing treatment has fallen by 33% since 2009-10, with the largest decrease in opiates (mainly heroin) where the numbers presenting to treatment have fallen by 60%. This reflects a shift in the type of drug use among young adults.

Men made up 70% of the entire treatment population in 2014-15. The gender split varied depending on the presenting substances – 73% of people using drugs were male compared to 62% presenting with alcohol only. Individuals recorded as white British made up the largest ethnic group in treatment, (85%, 245,380) with a further 4% from other white groups.

Since 2013 the overall rate of people exiting treatment successfully has slowed. This is mainly because the rate of opiate clients successfully completing treatment has fallen, which is likely to be a result of those now in treatment having more entrenched drug use and long-standing and complex problems.

In all, 130,609 people exited the drug and alcohol treatment system in 2014-15, with 52% (67,788) having successfully completed their treatment free of dependence. Non-opiate-only clients had the highest rates of successful exits with almost two thirds (64%) completing treatment, followed by 61% of alcohol clients. Opiate clients had a completion rate of 30%. The recovery rates for non-opiates and alcohol have remained higher and stable largely because users of these substances are more likely to have access to the personal and social resources that can aid recovery, such as employment and stable housing.

Key Local Features

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 act

NPS use continues to be low. Whilst 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.

Schools survey 2012

Survey of 751 year 8 and year 10s showed that 6% had taken drugs – the majority had used cannabis. 15% had been offered cannabis

Drugs

A total of 2756 pupils took part in 43 primary schools and 5 secondary and short stay schools

- q 40% of Year 5 and 44% of Year 6 pupils reported that their parents had talked to them about drugs. 20% of Year 5 and 29% of Year 6 pupils said that their teachers had.
- q 12% say they are 'fairly sure' or 'certain' they know a user of drugs (not medicines).
- q 3% of pupils said that they had been offered cannabis. 2% also said they had been offered other drugs. When asked what drugs these were, crack and solvents used as drugs were mentioned.

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 (xx%).
Age profile (xx).

The primary referral source in 15/16 was Self, Family & 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 & 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 Novel 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. This is 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.

3. Evidence base

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

Why do we need the strategy?

The Cost to Society

The economic costs to society from drug misuse are high and there is a strong invest-to-save argument for providing drug treatment.

Annual cost of drug addiction to UK

- Overall annual cost to society £15.4bn
- Annual cost of drug-related crime £13.9bn
- Annual cost of deaths related to substance misuse £2.4bn
- Annual cost to NHS £488m

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.

Drug misuse harms families and communities

Parental drug use is a risk factor in 29% of all serious case reviews

Heroin and crack addition causes crime and disrupts community safety

A typical heroin user spends around £1400 per month on drugs (2.5 times the average mortgage)

The public value drug treatment because it makes their communities safer and reduces crime. 82% said treatment's greatest benefit was improved community safety

The focus on recovery sits comfortably alongside other local policy goals, such as asset-based community development and community integration.

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

4. Our Response

THEME 1: Reducing harm / prevention across the life course

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:

- *Take a whole systems approach, and challenge individuals in treatment on a range of issues including training, employment, housing, family relationships, etc.*
- *Provide education and information for targeted groups, e.g. Troubled Families, offenders, Looked After Child, in an effort to reduce, divert or stop potential drug use*
- *Support schools in their efforts to challenge young people's attitudes to drugs*
- *Recognise the importance of early intervention and intensive support for young people 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*
- *Encourage agencies, staff and managers to have a 'dare to share' ethos, so they are willing to positively work with other agencies and share information, thereby improving experiences and services for individuals, e.g. by reducing the need for repeat assessments*
- *Ensure that long-term support is there for those who require on-going help, e.g. on-going psychological help or counselling to help individuals with childhood trauma*
- *Review of shared care model*
- *Early intervention and clear pathways to services*
- *Increase public reassurance and reduce the fear of drug related crime*
- *Deliver targeted social marketing campaigns*
- *Discussion/forum around decriminalise or greater sanctions for drug use*
- *Harm reduction*
- *Ensure delivery of the drug related death action plan*
- *Take a tough stance on shops that are selling drug paraphernalia*
-

THEME 2: Restrict Supply/reduce availability

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 and re-offending
- *Take an early intervention approach to divert those at risk of becoming involved with drug-related crime*
- *Work with primary care to ensure that prescription drugs and over-the-counter medicines are not misused or causing patients problems*
- *Engage with communities to build strength and resilience at a local level, supporting those who are trying to keep their neighbourhoods healthy and drug free*
- *Protect vulnerable residents by providing local housing which is safe and drug-free*
- *Share intelligence and analysis in order to better target services or schemes, focusing on those in greatest need*
- *Work in partnership to tackle supply and drug-dealing in Gateshead*
- *Tackle criminal gangs and drug-dealing, especially in priority areas, and undertake robust offender management of those who have committed drug-related crime*
- There is a tougher local stance around drug supply (from small dealers to serious and organised crime)
- *Housing providers – take appropriate action* Housing providers actively take action when drugs are sold/cultivated in their properties
- Review of prescribing arrangements and overdoses in Gateshead (including take home methadone policy)

Build recovery

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

People in drug treatment are given information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.
People with drug use disorders have a better chance of recovery and reintegration, and maintaining recovery in the longer term, if they are supported to access services that promote recovery.
Continued treatment and support is designed to help an individual's chances of recovery by maintaining abstinence and reducing the risk of adverse outcomes (including death). A lack of support may lead people with drug use disorders to relapse.

In Gateshead we will:

- *Support the development of a recovery-orientated workforce that is focused on all elements of recovery - housing, employment, mental health, family life - and not just medical treatment*
- *Build skills among frontline workers so that any professional can have a conversation about drugs with a resident*
- *Involve (ex)service users as to what services and interventions they find helpful or useful, utilising the Recovery Forum, feedback forms and individual comments*
- *Tackle dual diagnosis - patients who have both substance misuse and mental health problems, working in partnership with new services*
- *Encourage all providers and staff to make best use of local services, both statutory and voluntary agencies, as well as community groups and faith organisations, so that individuals are aware of and can access a full range of local support*
- *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*

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 ('proportionate universalism').

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).

Because 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 (18 – 24)

Governance

Drugs and substance misuse remains 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 Strategic Implementation Group

The group is accountable to the Community Safety Board and the Health and Wellbeing Board, but also works closely with the xxx

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. This plan will be the work plan of the Substance Misuse sub-group of the Implementation Group.

Quarterly reporting will track progress against outcomes and indicators with remedial action being taken by partners in areas where there is under-performance or blockages.

Outcomes

The public health outcomes framework contains a number of indicators which will reflect progress made in addressing drug misuse.

A performance dashboard has been developed to monitor the impact of this strategy, and include the following measures:

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 proportion of adult opiate & crack users exiting treatment successfully without representing (Public Health Outcomes Framework)
- Increase in proportion of adult non-opiate and crack users exiting treatment successfully and not representing (Public Health Outcomes Framework)
- Decrease in number of burglary (dwellings)

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

Contact details

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:

Website:

Email:

Completion: September 2016

Reduce demand **Prevention across life course**	Dry January Balance Campaigns LiveWell Gateshead
Reduce Supply	Minimum Unit Pricing Challenge 25 Endorsement of national campaigns (e.g. pre-Christmas, World Cup, Domestic Violence awareness)
Build Recovery / Recovery focussed treatment services	Training, clear, accessible referral pathways Promotion of support and services

Appendix B

How we will deliver: local response

Intrinsic to the success of this strategy is the associated communications and engagement work. Communication campaigns have been aligned to each of the priority areas which will utilise various forms of media, targeting different population groups and the various aspects of alcohol related use and abuse, as the local action plans develop. These campaigns will also seek to reflect and amplify national campaign messages where appropriate. These are outlined below:

Links to strategic priorities

There are a number of strategic priorities that are driving forward this Strategy[Error! Bookmark not defined.], including:

- Reduce the overall alcohol consumption in the population
- Reduce the incidence of alcohol related illness, injuries and deaths
- Reduce the incidence of alcohol-related disorder, anti-social behaviour, violence and crime

The nationally produced Public Health Outcomes Framework[10] provides a model from which our outcomes are developed:

Domain 2: Health improvement

i. Reduction in alcohol-related admissions to hospital.
ii. Reduction in the people entering prison with substance dependence issues who are previously not known to community treatment.
iii. Increased take up of the NHS Health Check programme for those eligible, which now incorporates alcohol consumption levels

Domain 4: Healthcare public health and preventing premature mortality

I. Reduction in mortality from liver disease.

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