

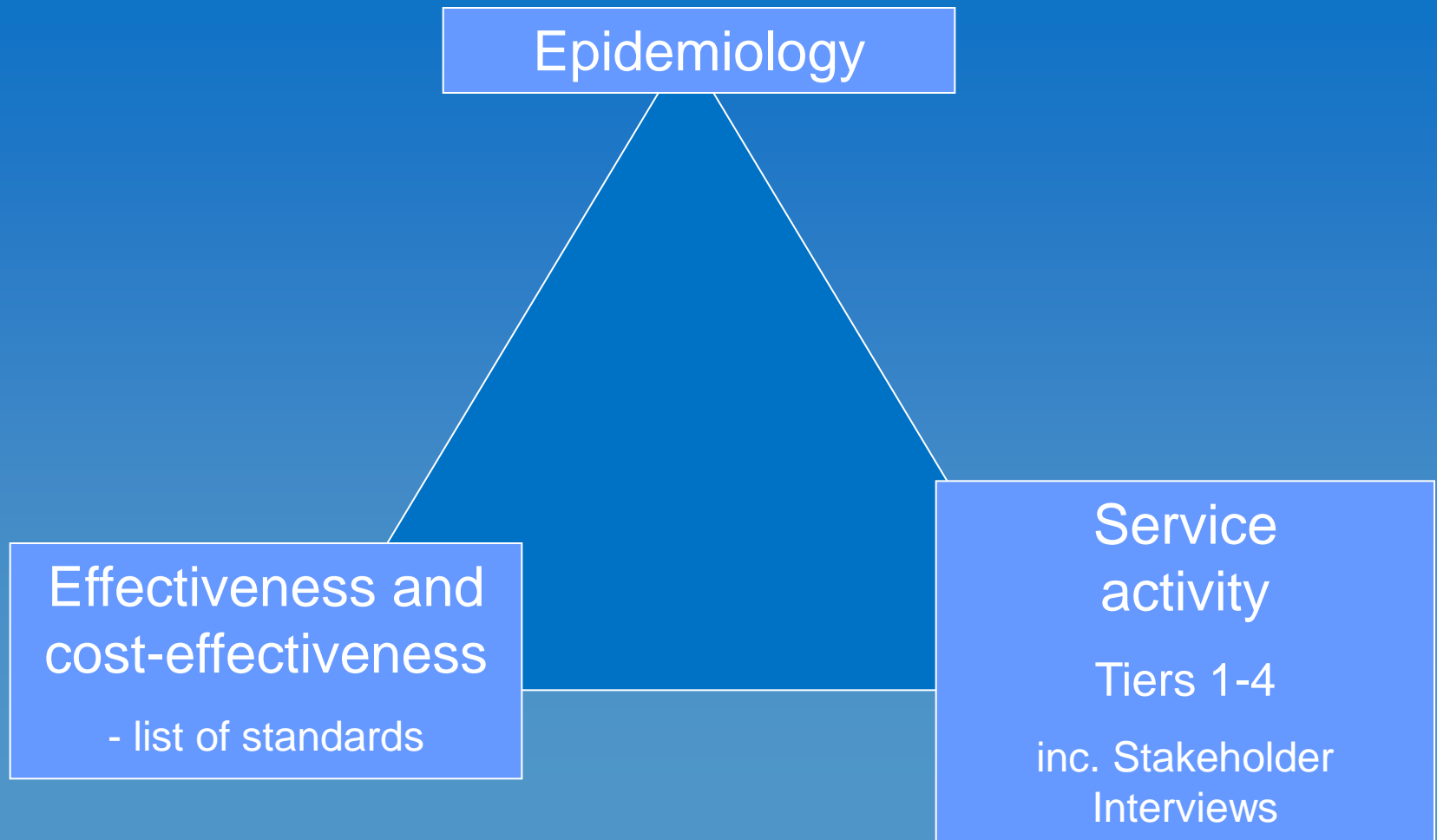
# **Substance Misuse Needs Assessment 2011/12**

Key findings and recommendations

Public Health  
NHS Lambeth  
Safer Lambeth Partnership

# Methods

- population approach
- lifecourse
- equalities/equity
- evidence-based & standards



# Epidemiology

## Prevalence of drug and alcohol misuse

2,227 opiate and/or crack users in Lambeth (10.43 per 1000 population aged 15-64)

- Lambeth ranked 13<sup>th</sup> highest borough in London for OCU
- 1,960 opiate users and 2,327 crack users (1<sup>st</sup> in London)
- 781 injecting drug users in Lambeth (3<sup>rd</sup> in London)

### Alcohol

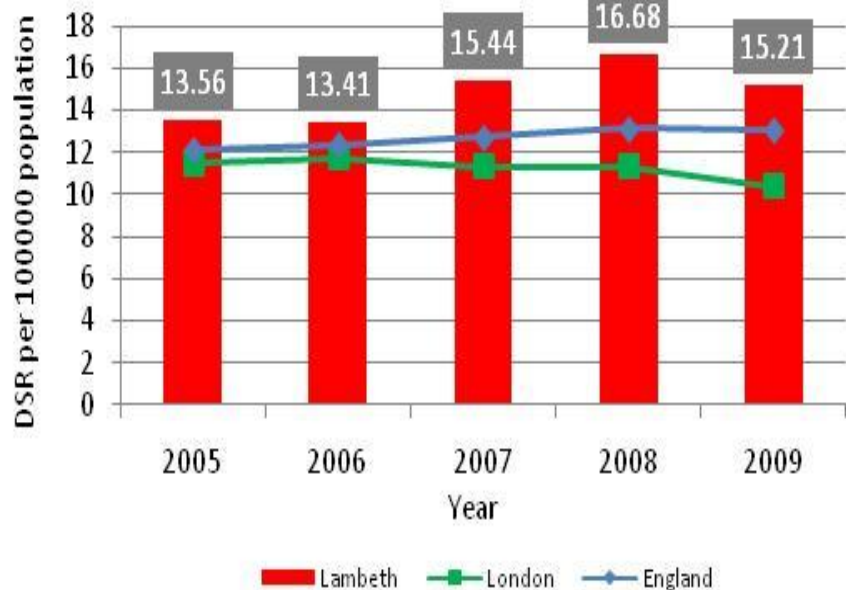
- 20% of the population reported to be binge drinkers (London is 14%)
- Lower risk and abstinent: 70.7% (69.1%)
- Increasing risk: 21.7% (20.9%)
- Higher risk : 7.6% (10%)  
(dependent drinkers about 3%)

# Epidemiology – Substance misuse mortality

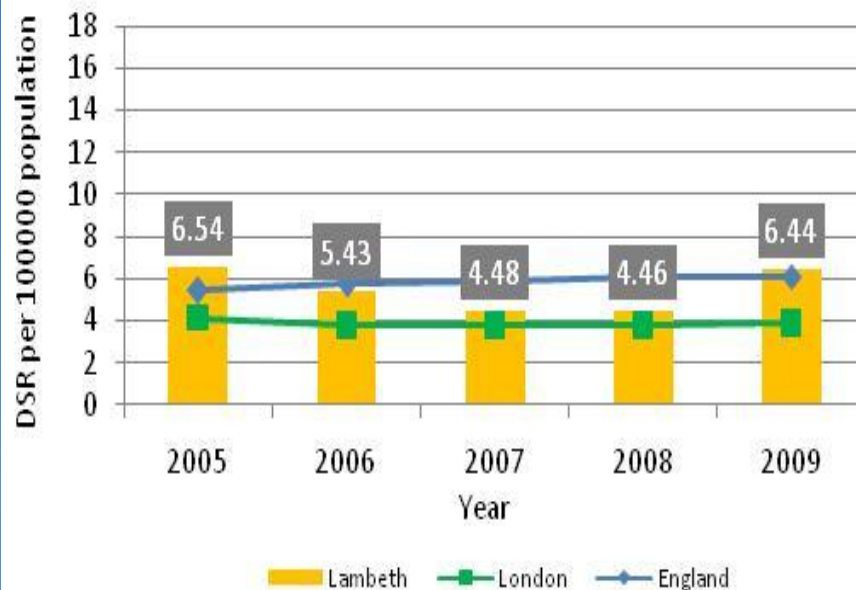
## *Lambeth (np-sad):*

- 20 drug-related deaths in 2009 (9 per 100,000 population)
- London (3.7), T/Hamlets (4.7), Hackney (9)

Alcohol-Attributable Mortality: Males, all ages, DSR per 100000 population



Alcohol-Attributable Mortality: Females, all ages, DSR per 100000 population



# Epidemiology – Children and young people

## *Drugs*

- 335 of Lambeth's 34,200 population of 15 to 24 years olds are opiate and/or crack users.
- A third of primary school pupils have not had anyone speak to them about drugs
- A fifth of primary school pupils know someone who uses drugs
- 4% of secondary school pupils reported they had taken an illegal drug in the last month

## *Alcohol*

- 11% of primary school pupils and 23% of secondary school pupils had drunk at least one alcoholic drink in the past seven days.
- Lambeth Secondary pupils were significantly less likely to have drunk alcohol in the previous week compared with the wider sample.

## *UK*

- Alcohol is a factor in at least 33% of protection cases
- Drug and alcohol misuse is a factor in up to 70% of care proceedings
- Recent evidence suggests that the number of children living with substance misusing parents exceeds earlier estimates

# Epidemiology – MSM

*UK (taken from National Gay Men's Sex Survey 2007):*

- $\frac{3}{4}$  of men had ever used at least one drug other than alcohol
- Alcohol, amyl nitrite and cannabis commonest
- Half had used a 'harder' drug than the above
- Heroin, crack and crystal meth were the drugs most likely to cause concern
- Those who were concerned about their drug use were different from the overall survey sample – more likely:
  - to have never been tested for HIV
  - to be resident in Greater London

*Lambeth*

- MSM population account for 16% of the male population, nearly three times the London average of 5.3%
- 1 in 4 of the resident male population in the northern wards of Lambeth are gay men or MSM

# Epidemiology – Older people

## *Alcohol*

- 65-69 age group – 17 per 1000 population had mild alcohol dependence (ONS)
- 70-74 age group – 9 per 1000 population had mild alcohol dependence (ONS)
- Up to 30% of hospitalised older patients on general medical wards may be heavy alcohol users

## *Drugs*

- Among adults aged 50-59, the rate of current illicit drug use increased from 2.7% in 2002 to 4.4% in 2005 and is expected to rise further by 2020 (USA)

# Epidemiology – Intimate Partner Violence and Disability

## *Intimate Partner Violence*

- Around 60% of substance abusing men with intimate partners report at least one instance of intimate partner violence during the year prior to programme entry (compared to 14% in non-drinkers)

## *Disability*

USA-based research:

- Higher prevalence of substance misuse amongst those receiving benefits for disability than amongst those with no disability
- Prevalence rates of substance abuse in those with learning disabilities vary between 0.5-2% of that population

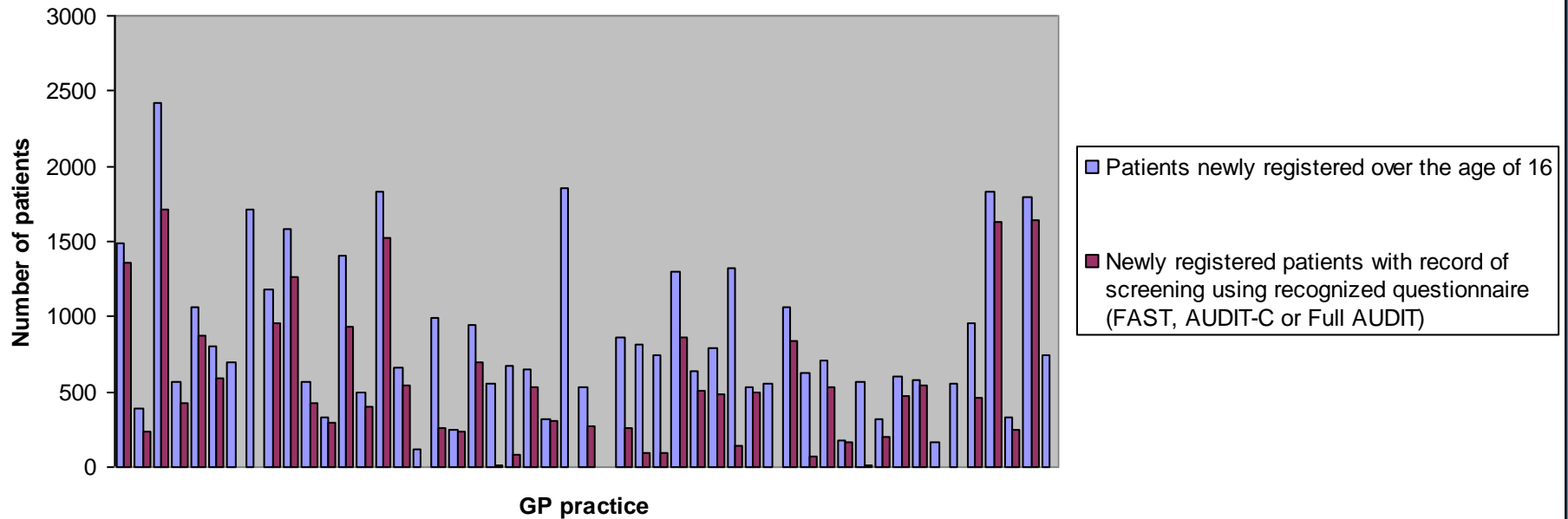


# Service Activity – Primary Care

## Alcohol DES

### Variation in GP practice screening of newly registered patients

Number of patients newly registered in 2010/11 and, of those, number who received screening according to GP practice



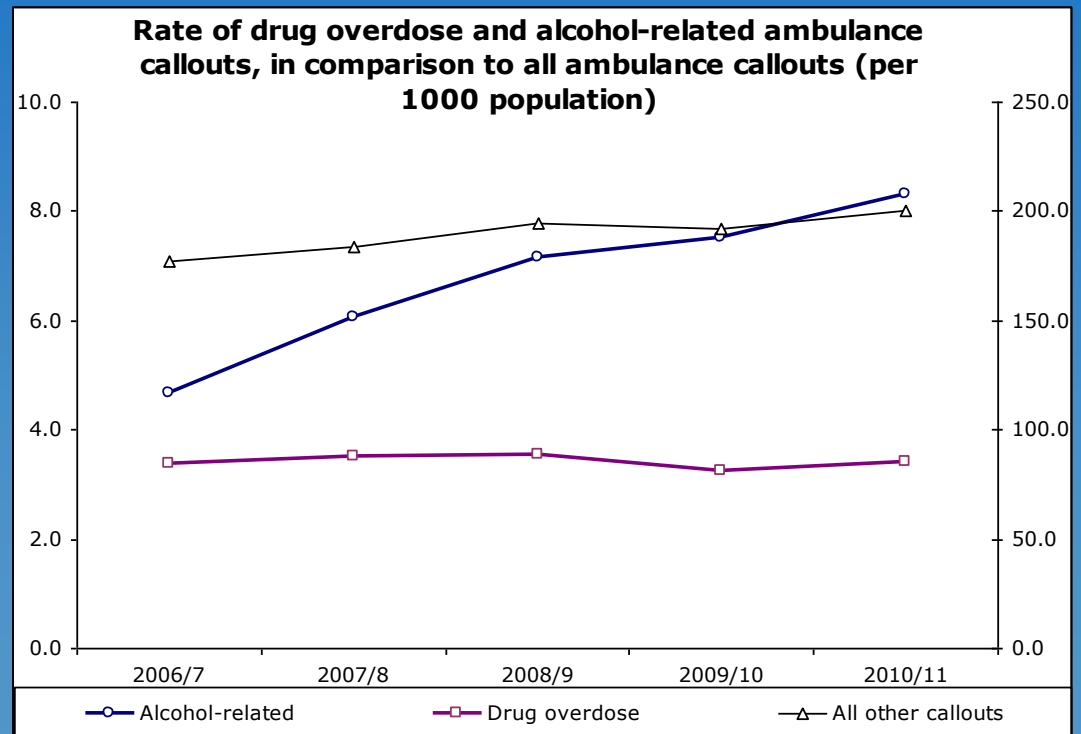
# Service Activity –

## London Ambulance Service

- Alcohol-related callouts have almost doubled from 4.7 per 1000 population in 2006/07 to 8.3 per 1000 population in 2010/11
- Drug-related callouts have remained stable at 3.4 per 1000 population

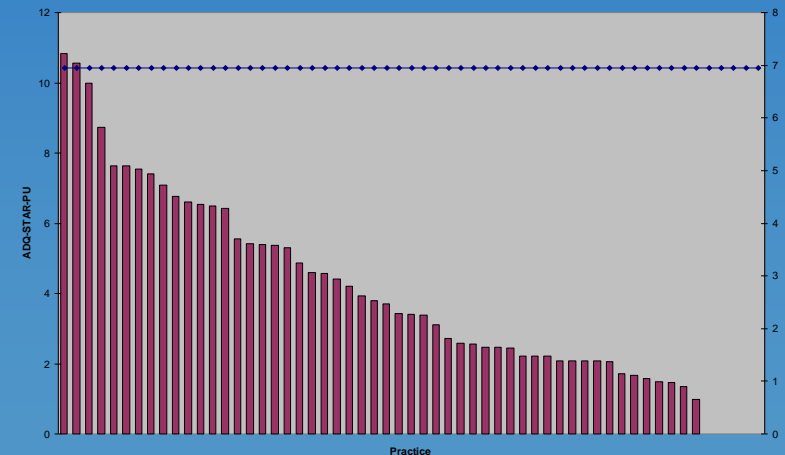
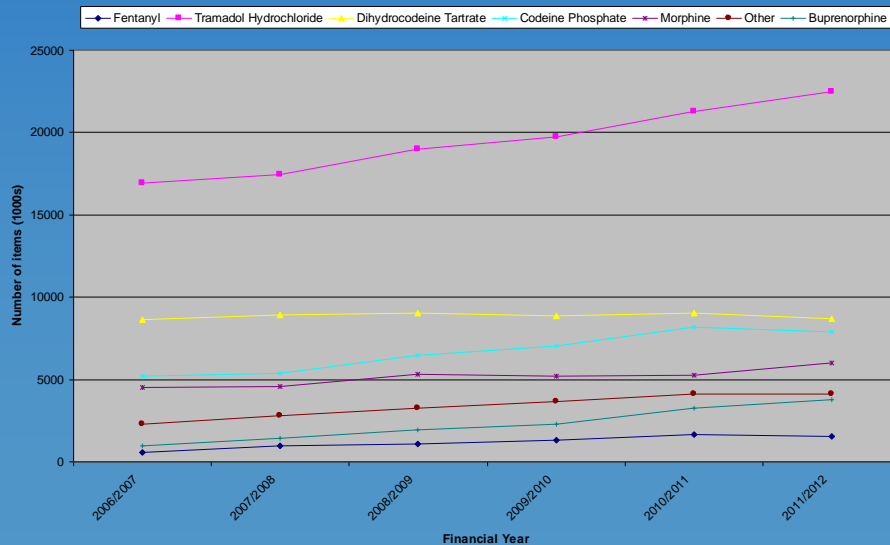
## A&E

- 65% of A&E attendances not coded
- ? real picture



# Service Activity – Prescription of opioids, benzodiazepines and z-drugs

- Increasing number of opioid analgesics prescribed since 2006
- Decreasing number of hypnotic and anxiolytic analgesics prescribed since 2006
- 6 patients presented to treatment in 2010/11 with a prescription drug as a primary problem
- Variation in GP prescribing of benzodiazepines between practices



# Service activity – Needle exchange and HPA IDU Anonymous Survey

## *Needle exchange*

- Number of face-to-face contacts and total number of items dispensed is decreasing

## *HPA IDU Anonymous Survey*

- Rate of sharing has increased from 15% in 2008 to 40% in 2010
- BBV vaccination coverage remains unchanged
- Rates of positive BBV samples have increased

	2008	2009	2010
Number of test packs received	112	84	91
Number of packs eligible for testing	111	73	88
Rate of sharing	15%	26%	40%
anti-HIV positive	8%	7%	9%
anti-HBc positive	26%	37%	32%
anti-HcV positive	71%	70%	73%

# Service Activity – NDMTS

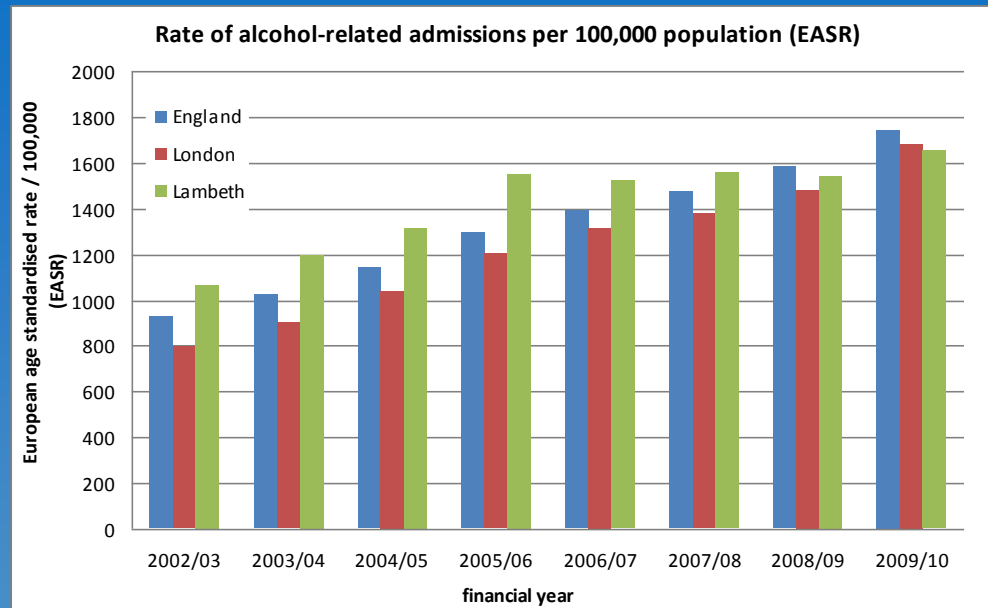
- Proportion of clients aged 25-34 is increasing
- Proportion of clients aged 40-49 is decreasing
- Numbers in treatment are declining:
  - **2010/11 – 2,379**
  - **2009/10 – 2,665**
  - **2008/09 – 3,787**
- Increasing proportions of Polish clients
- Primary problem drug:
  - **Alcohol 30% ↑**
  - **Heroin 39% ↔**
  - **Crack cocaine 13% ↓**
- Increased referrals from criminal justice and health sources
- Fewer clients are currently injecting (13% of total)

# Service Activity – Mental Health Team

- 8% (874/10,941) have a mental and behavioural disorder attributable to substance use (2010/11)
- but (literature)...44% of MH service users reported drug use and/or were assessed to have used alcohol at hazardous or harmful levels in the past year

# Service Activity – admissions

- Number of alcohol-related hospital admissions is increasing



- Alcohol-specific hospital admissions in under 18s is significantly better than the England average

# Service Activity...

## Health visiting and school nursing

- 14.5% of families receiving enhanced health visiting or school nursing are identified as having underlying drug and/or alcohol issues

## Social care

1,080 case conferences held in 2010/11

- 23% (n=249) had alcohol misuse as a contributory factor
- 30% (n=319) had drug misuse as a contributory factor

## Mortality (SUS data)

- 176 drug and alcohol specific deaths between 2008 and 2010 (81% male)



# Qualitative work

## Aim:

- To carry out qualitative research to inform the substance misuse needs assessment

## Consulting key stakeholders

- Focus Groups
- Interviews (telephone & face-to-face)
- Notes taken & sessions recorded (except telephone interviews)
- 78 consulted from across care pathway
- Key themes identified

# Findings: Substances

- Main problematic substances: alcohol, crack-cocaine and cannabis
- Emerging problematic substances : GBL, Benzos, Ketamine.
- New pathways into treatment for GBL misuse - established
- Access to alcohol treatment for most at need - difficult & in some cases not working.
- ? Service improvement required to better meet the needs of crack or cocaine users in the borough (consultation, SU audit & TP NA)
- Recreational use becoming problematic and impacting on Lambeth's A&E and CJ services.

# Findings: Health

Mental health – stressed by almost all stakeholders

- perceived on the increase, either no changes/deteriorating cases
- Interface between MH & addiction
- Vulnerable women, especially sex-workers
- emerging trends of MH amongst young people/adults.

HIV - Increased concerns

- risky sexual behaviour due to GBL use amongst male gay community & sharing of needles in hostels

Late diagnosis of cancers – also in comparative boroughs due to ageing drug users

Respiratory problems, malnutrition, sleep deprivation & concerning levels of depression and anxiety

# Findings: Safeguarding

- Safeguarding of children well established
- New trends that fewer women with children -accessing treatment services
- Safeguarding needs of vulnerable adults not given same priority e.g. some groups identified are currently not engaging or being retained in treatment services and their health needs deteriorating
- Many of the individuals fell in the following vulnerable groups:
  - Young adults and young people, especially care leavers
  - Women; with children, sex-workers & victims of DV
  - Individuals with mental ill-health/dual diagnosis
  - Homeless contingency/rough sleepers
  - individuals living in hostels
  - Substance misusing offenders
  - Learning difficulties/disabilities
  - Carers

# Findings...

## What works:

- Consortium and shared care
- service user involvement/peer support service
- group-work programme (especially women's group) /services for those affected – families and children

## What to improve:

- Hostels “high risk” and training staff
- Workforce under pressure
  - limited time with clients
  - no keyworking
  - too many screening tools taking priority
  - low morale of workforce
  - therapeutic alliance/rapport, advocacy/case management
- Communication and joint-working especially between MH & substance misuse services (assessment process)

# What to improve:

- Effectiveness of treatment:
  - ?loss of basic harm min support
  - post 12-week sessions
  - ?support for most vulnerable and chaotic users, carers, substance misusing offenders and homeless clients,
  - ?support for abstinent individuals & long-term aftercare
  - Drug services “holding on”
  - Liaison between SM services and mental health
- Community engagement esp voluntary sector
- Support with literacy/learning difficulties as well as life/social skills
- Limitations to the effectiveness of treatment, mostly due to follow-up once client referred by tier 1 services, often feeling little improvement years later

# PHNA Recommendations

## Health promotion and engagement with the public

- A social marketing strategy for drugs and alcohol needed for:
  - Recreational drugs including MSM, Young People and Sexual health services
  - Alcohol misuse (specific groups)
  - General service information to improve awareness, access etc
- Community Engagement: mapping and development of community groups to address vulnerable groups

## Safeguarding

- Review procedures for vulnerable adults such as leaving care, mental ill-health living in hostels, learning disabilities, DV, carers etc
- Hostels: identify ways to improve health, treatment and recovery
- Better links: treatment with adult learning disabilities, DV and carers

## Physical health of substance misusers

- Mortality is worse than expected – “young olds” – need to develop initiative to address this
- Improve links with public health initiatives e.g. breast cancer screening

# Recommendations...

Communication and information exchange: help improve awareness and integration of care between services: acute and community; mental health and addiction services

Training for wider workforce e.g. shared care workers, housing, GPs etc

- To do a training needs assessment for workforce and develop programmes to tackle:
  - 1) newer concerns like recreational drugs and prescription addiction
  - 2) wider workforce awareness of substance misuse and services e.g. SH team, pharmacists

## Service Provision

- Audit programmes – jointly agree areas
- Review opening times to improve access
- Increase capacity for alcohol services across all tiers
- Develop capacity of shared care to provide crack services



# Recommendations...

## Information, monitoring and performance management

- Improve data collection in primary care
- CQUIN in contracts (SH, Health visiting, acutes)
- Establish cross-service data collection tool to provide accurate BBV prevalence
- Improve A&E coding – include ‘alcohol flag’
- Further audit of POM/OTC problems
- Needle exchange services to improve health promotion, brief interventions and signposting

## Mental health & SM interface

- Further work to assess true prevalence of dual diagnosis in Lambeth
- Improve services to better join up SM and MH care.

## Licensing and enforcement

- Review applications and use health evidence
- Reduce number of outlets selling alcohol in given area