## South Gloucestershire Substance Misuse Needs Assessment
### January 2016

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Executive summary

Drug and alcohol misuse amongst children, young people and adults within South Gloucestershire causes harm to individuals, their families and carers and to the wider population.

For the first time in South Gloucestershire this needs assessment looks at the whole picture in relation to both alcohol and drug misuse and the harm caused to children, young people and adults.

Common themes have been identified across drug and alcohol misuse amongst children, young people and adults within South Gloucestershire and these relate to:

- Demographics and emerging trends
- At risk groups and inequalities
- Accessibility
- Monitoring

Demographics and emerging trends

Data projections indicate increasing prevalence of both drug and alcohol use in future years, although it is anticipated that drug increases will primarily be linked to non-opiates. There is an emerging trend of increasing steroid and performance and image-enhancing drug use in the local area. In South Gloucestershire, the percentage of service users in treatment citing use of prescription or over-the-counter medication (no illicit use declared by the patients) has been an increasing trend since 2010; with benzodiazepines and prescribed opioid usage increasing annually. There has also been a resurgence of Novel Psychoactive Substances (NPS), or ‘legal highs’.

The age profile of the drug treatment population has remained relatively consistent over the past few years with the largest cohort of clients being aged between 35-39 years of age. The most common age ranges of alcohol service users were 40-49 years for female service users and 50-59 years for male service users. Young adults are considered an emerging cohort in relation to substance misuse in South Gloucestershire.

South Gloucestershire has a higher percentage of young people using cannabis, amphetamine and cocaine than nationally. 94% of those within treatment in 2014-15 used cannabis problematically and 52% used alcohol problematically. Cocaine and alcohol clients in South Gloucestershire appear to move towards abstinence more slowly than those using other substances or the same substances when compared with national data.

In South Gloucestershire, between 2010 and 2012, the average number of years of life lost in people aged under 75 from liver disease was 19 per 10,000 persons. This compares to 25 for breast cancer, 13 for stroke and 11 for road traffic accidents. Alcohol related mortality within South Gloucestershire has been below both South West and England averages for the five years 2008-2013. Since 2011, this figure has been rising, and although there has been a small rise in the male alcohol related mortality, the female trend shows a sharper rise.

Despite alcohol specific admissions (planned and emergency) declining between 2009/10 and 2012/13 a significant rise in the most recent years’ data is evident. Alcohol related hospital admissions for 10-19 year olds have risen from 37 per 10,000 in 2012-13 to 61 in
2014-15. Substance use related admissions for this age group have risen from 25 to 53 per 10,000.

**Recommendations**
- ensure information regarding alcohol and drug misuse and the recognition of problematic use is promoted to all age groups via appropriate settings such as schools.
- whole system pathway planning and commissioning via the Alcohol Stakeholder Group should be continued to promote best practice service models, encourage partnership working, review latest trend data and deliver services to prevent admissions where appropriate.
- improved intelligence in relation to usage and outcomes is required, for example analysis of the extent to which young people are experimenting with prescription medication is required.

**At risk groups and inequalities**
There are clear health inequalities attributable to harmful alcohol use which has a steep social gradient: 2-3 times greater loss of life, 3-5 times greater mortality, and 2-5 times more hospital admissions in the most deprived areas compared to the most affluent.

All Priority Neighbourhood area forums in South Gloucestershire (Kingswood, Yate and Doddington, Filton, Staple Hill, Cadbury Heath, and Patchway) have listed drug and alcohol issues as an area of concern, particularly Kingswood. At present, there is a lack of local level analysis to aid the Priority Neighbourhood forums in understanding the scale of substance misuse in their local areas. However, ward level data has identified that there is an under representation within some priority neighbourhoods of young people accessing treatment.

A quarter of alcohol service users are in regular employment but almost two fifths (37%) classify themselves as long term sick or disabled, with a third (33%) of service users who stated that they were unemployed or economically inactive.

Based on South Gloucestershire Multi Agency Risk Assessment Conference (MARAC) domestic abuse referrals 14% of victims and 64% of perpetrators were identified as having a current substance misuse problem during 2014/15. It is noted that the prevalence of substance misuse in victims appears to be reducing by 1% each year but has increased by 2% and 4% in perpetrators over the last two years.

Dual diagnosis for substance misuse clients could be significantly under reported due to the National Drug Treatment Monitoring Service (NDTMS) business definitions for data collection. Currently they only record service users who are receiving treatment from mental health services for issues other than substance use.

Vaccinating those individuals against Hepatitis B is important to prevent harm and onward transmission. It can be difficult to implement and record as the clients may not be able to complete a course of three injections in one setting and may have to attend alternative settings.

Criminal justice clients have a lower rate of successful completions of treatment, both locally and nationally.

NDTMS treatment data has identified that there is a high percentage (31%) of young people who self-harm. In South Gloucestershire this has been higher than the national average for a
number of years. Other vulnerabilities such as being looked after or experiencing mental, physical or emotional difficulties increase the likelihood of substance misuse.

Recommendations:

- ensure at risk groups are offered targeted support by drug and alcohol services.
- providers should agree local dual diagnosis data collection criteria to enable appropriate onward referral, for example to LIFT psychology services.
- skills, knowledge and resources within YPDAS should be developed to support young people with substance misuse issues and mental health needs.

Accessibility

Based on evidence of good practice a priority for the re-procurement process for South Gloucestershire substance misuse services is to address accessibility issues to the treatment centres by considering greater use of venues such as local pharmacies and GP surgeries.

As noted in previous years the majority of clients enter drug treatment through a self-referral process. The second highest specified referral source is via GPs. The level of GP referrals supports the continuation of the GP nurse pilot posts (although these currently relate to alcohol clients only) which enable GPs to refer to in-house substance misuse support.

Feedback from residents emphasises the need to improve the awareness of substance misuse services available for the South Gloucestershire population.

Recommendations:

- develop services and targeted evidence-based interventions within appropriate settings. The choice of settings should address geographical and other accessibility issues faced by service users in accessing the existing treatment centres and improve availability of and accessibility to appropriate services in the right place at the right time. Examples include primary care drop-in services for young people and hospital based services in acute settings e.g. Emergency Department.
- best practice and new research should be disseminated rapidly across providers.
- brief intervention training and resources (including screening & referral) should be developed for practitioners working with young people engaged in risky behaviour.
- concerns expressed around transition pathways from child to adult should be explored and recommendations made around integration as part of the DAAT re-procurement process.

Service Monitoring

Work is required to improve data recording and tracking of individuals through the system and between service providers.

Recommendations:

- ensure accurate recording of primary substance of abuse.
- further investigation of the primary substances for those non opiate clients who have been in treatment for 2 years should identify the need for specific service adaptations to assist in the recovery of this cohort.
• regular care plan reviews should be carried out and services for non-opiate clients tailored according to the client and substance.
• alcohol re-presentation rates should be reviewed. Monitoring of all indicators should be improved.
1. Introduction

The South Gloucestershire Substance Misuse Needs Assessment will provide a comprehensive analysis of the needs of the local population and the commissioned and voluntary services currently available to support those at risk of substance misuse in South Gloucestershire. The needs assessment will collate data and evidence with the experience and views of children, young people and adults, as well as health professionals. It will inform the substance misuse re-procurement and treatment planning process and development of a substance misuse strategy to target areas of unmet need and ensure equity of access to appropriate services in South Gloucestershire ranging from prevention through to treatment and rehabilitation.

For the first time in South Gloucestershire this needs assessment brings together data on alcohol and drug misuse amongst children, young people and adults. The needs assessment covers data on alcohol, drugs, children and young people and adults in separate sections but the themes and recommendations identified are based on an overall analysis.

1.1 Definitions

Substance misuse, also referred to as substance abuse, is defined by the World Health Organization (WHO) as: ¹

“…the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs … [which] can lead to dependence syndrome.”

In contrast, the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, defines substance abuse as a:²

“...maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.”

Substance abuse is distinguished as a separate condition from substance dependence, the latter of which results in an ever-greater need for larger amounts of the substance to achieve a desirable effect, and an obsession with securing and using the substance despite significant negative physical and mental health effects.³

Drinking levels are defined in three levels and range from lower to increasing and then to higher risk level.

Lower risk⁴

Lower risk drinkers are defined as:

- Men who do not regularly exceed 3-4 units of alcohol a day (equivalent to a pint and a half of 4% beer)
- Women who do not regularly exceed 2-3 units of alcohol a day (equivalent to a 175 ml glass of wine).

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³ Ibid.
⁴ https://www.drinkaware.co.uk/understand-your-drinking/is-your-drinking-a-problem/your-drinking-risk-level
Regularly means every day or almost every day. If your typical drinking falls within the lower risk guidelines, you run a fairly low risk of contracting an alcohol-related illness. No level of drinking is considered risk free, so the advice is always to consider individual circumstances.

Increasing risk

- If you are regularly exceeding the lower risk guidelines, you start to risk longer-term harm to your health. Alcohol-related illnesses include liver and heart diseases, various cancers and stroke.

Increasing risk drinkers are:

- Men who regularly drink more than 3-4 units a day (equivalent to a pint and a half of 4% beer) but less than twice this amount.
- Women who regularly drink more than 2-3 units a day (equivalent to a 175ml glass of 13% wine) but less than twice this amount.

Information from the NHS states that if you regularly drink above the lower risk guidelines, your risk of developing illness is higher than non-drinkers:

- Men are 1.8 to 2.5 times as likely to get cancer of the mouth, neck and throat, and women are 1.2 to 1.7 times as likely.\(^5\)
- Women are 1.2 times as likely to get breast cancer.
- Men are twice as likely to develop liver cirrhosis, and women are 1.7 times as likely.
- Men are 1.8 times as likely to develop high blood pressure, and women are 1.3 times as likely.
- Even if you’re not out on the town every night and simply enjoy a few drinks at home, you may still be drinking too much. Cutting back and drinking within the guidelines combined with regular alcohol-free days can help you avoid health problems and keep you looking and feeling your best.

Higher risk

- If you regularly consume more than double the upper limit of the lower risk guidelines your health will almost certainly be harmed. Compared to non-drinkers you’re at a much higher risk of developing serious illness and it is time to take a serious look at how you can cut back.

Higher risk drinkers are:

- Men who regularly drink more than eight units a day (equivalent to four pints of 4% beer) or 50 units a week
- Women who regularly drink more than six units a day (equivalent to three 175ml glasses of 13% wine) or 35 units a week
- Information from the NHS\(^5\) states that if you regularly drink above higher risk levels, your risk of developing illness is a lot higher than non-drinkers:
  - You could be 3 to 5 times more likely to get cancer of the mouth, neck and throat.
  - You could be 3 to 10 times more likely to develop liver cirrhosis.
  - Men could have four times the risk of having high blood pressure, and women are at least twice as likely to develop it.
  - You could be twice as likely to have an irregular heartbeat.
  - Women are around 1.5 times as likely to get breast cancer.\(^2\)
  - The more you drink above the higher risk threshold, the greater the health risks.

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\(^5\) [http://www.nhs.uk/Livewell/alcohol/Pages/Effectsofalcohol.aspx](http://www.nhs.uk/Livewell/alcohol/Pages/Effectsofalcohol.aspx)
The fall in binge drinking over the period was partly because fewer adults chose to drink alcohol and partly because when people did drink they drank less.\(^6\)

### 1.2 The impact of substance misuse

Alcohol consumption is the third highest risk factor for avoidable ill health in England and the harm from alcohol cuts across a range of public health priorities. It is estimated that 2.2 million people in England are drinking at harmful levels (i.e. in excess of 35 /50 units per week for women and men respectively). Alcohol consumption at these levels increases the risk to many physical and mental health comorbidities, including circulatory and digestive diseases, liver disease, depression and anxiety disorders and ultimately premature death. Increasing risk drinkers (those regularly exceeding the lower risk guidelines) can also be at risk of developing some of these conditions. Binge drinking can also lead to injuries, antisocial behaviour and other societal harm. \(^7\)

Table 1 below shows the alcohol-related increased risk of developing certain health conditions.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men (increased risk)</th>
<th>Women (increased risk)</th>
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<tr>
<td>Hypertension (high blood pressure)</td>
<td>Four times</td>
<td>Double</td>
</tr>
<tr>
<td>Stroke</td>
<td>Double</td>
<td>Four times</td>
</tr>
<tr>
<td>Coronary heart disease (CHD)</td>
<td>1.7 times</td>
<td>1.3 times</td>
</tr>
<tr>
<td>Pancreatitis (inflammation of the pancreas)</td>
<td>Triple</td>
<td>Double</td>
</tr>
<tr>
<td>Liver disease</td>
<td>13 times</td>
<td>13 times</td>
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*Table 1 - Increased risk of morbidity in harmful drinkers (from DoH Signs for improvement – commissioning interventions to reduce alcohol-related harm)*

Alcohol can impact not only the individual but the society and social network around them. Parental alcohol misuse can have a considerable negative effect on children, young people and the family. Children growing up in households where alcohol use is problematic often do not achieve their full potential in life. They may have low self-esteem, feel unsafe and find it difficult to engage in relationships, illustrating a lack of trust often into adulthood. Such profound effects may impact on the five outcomes of the Every Child Matters framework.

In addition, alcohol misuse is often hidden by parents, by family members and by children themselves. This can have serious consequences for children, including (but not limited to) poor educational attainment, emotional difficulties, neglect, abuse and taking on inappropriate caring responsibilities. Alcohol misuse is also linked with family disharmony and violence. There are also clear health inequalities attributable to harmful alcohol use with 2-3 times greater loss of life, 3-5 times greater mortality, and 2-5 times more hospital admissions in the most deprived areas compared to the most affluent. \(^8\)

Drug misuse is a complex issue. The number of people with a serious drug dependency is relatively small but the impact of someone's misuse and dependency affects everybody around them, including their families, friends, communities and society. Furthermore, the

\(^6\) [www.ons.gov.uk/ons/dcp171778_395191.pdf](http://www.ons.gov.uk/ons/dcp171778_395191.pdf)


misuse of substances can result in the development of a range of adverse outcomes and risky behaviours, including disease transmission through sharing needles, poor mental health, and risky sexual behaviours. There are also clear links between drug misuse and crime, particularly acquisitive crimes, which has historically been linked to the opiate and crack using (OCU) cohort but offending is now becoming apparent with those using emerging substances such as NPS. The Home office Priority and Prolific offender scheme indicates that approximately 50% of all crime is attributable to prolific (repeat) offenders and it is estimated that approximately 85% of these prolific offenders are also likely to be using substances.

It is estimated that there are 293,879 Opiate and Crack users in the UK and whilst this figure is in decline nationally, being replaced with alternative substances, South Gloucestershire continues to see increasing presentations to treatment from the OCU cohort.

Effective treatment and early intervention is the best way of tackling the harm that substance misuse can cause. It offers individuals the opportunity to manage and address their substance misuse and its root causes, as well as providing support and access to additional recovery oriented services such as housing support, education and training to enable service users to sustain long-term abstinence and re-integration into the community.

We know that addressing the needs of our population can be effective in ensuring better public health outcomes, preventing wider damage to the community and instilling community confidence in South Gloucestershire as a great area in which to live and work.

1.3 The cost of substance misuse

In addition to the social implications, substance misuse carries with it a substantial price tag. Alcohol is the most widely abused substance in the UK, resulting in significant social harms and economic impacts with an annual cost of £21 billion. Liver disease has now become one of the 'Big Five Killers', with alcohol-related deaths in the UK doubling since 1991. This is leading to increased pressure and financial burden for the health service in terms of treatment costs and hospital admissions.

The cost of illicit drugs is slightly lower at £15 billion per year; however, with an increase in opiate substitute prescriptions, the prescribing-based system alone costs £730 million per year.

In South Gloucestershire, drug use is widespread but addiction is concentrated. 10% of the drug using population, particularly opiate and crack users, commit 90% of the acquisitive crime in the local area. Serious acquisitive crime is in steady decline, due in part to reductions in drug misuse and a multi-agency focus on the criminogenic factors that are most commonly linked to their offending - relationships, thinking and behaviour, alcohol and drug misuse, and improvements in the management of prolific offenders. Without these systems in place, the estimated costs in South Gloucestershire if no opiate and/or crack cocaine users were treated for their addiction is £12.8m, which range from shoplifting and

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10 Nta.nhs.uk/facts.aspx
theft, to drug dealing and prostitution, along with negative public perceptions of the area as a place to live and work.

The PHE Value for Money calculations (2013) indicate that for every £1 spent on substance misuse in South Gloucestershire it will derive £8.34 of benefit in terms of crime reduction and increased health and wellbeing. The benefit is four times above the national average of £2. The estimated costs in South Gloucestershire if no opiate and/or crack cocaine users were treated for their addiction is £12.8m.

1.4 National strategy

In addition to national guidelines published by the National Institute for Health and Care Excellence (NICE), the key national strategies driving the current push for greater prevention and early intervention substance misuse services are:

- HM Government’s Drug Strategy (2010) – Aims to reduce illicit and other harmful drug use and increase the numbers recovering from their dependence by reducing demand, restricting supply, and building recovery in communities. It considers dependence on all drugs, including prescription and over-the-counter medicines, and where appropriate considers severe alcohol dependency due to the similarities in the issues it raises, and the treatment providers.

- HM Government’s Alcohol Strategy (2012) - Introduces a change in approach that focuses on reducing irresponsible drinking, including universal measures to end the availability of cheap alcohol, as well as empowering local agencies to tackle violent and anti-social behaviour, and supporting and advising individuals to develop healthier and more responsible drinking habits.

It is also important to note the role of the Police and Crime Commissioner and related regional priorities.

1.5 Local strategy

The response to substance misuse in South Gloucestershire has been guided by a range of strategic documents, including:

- South Gloucestershire Alcohol Needs Assessment 2013
- South Gloucestershire Alcohol Harm Reduction Strategy 2014-2017
- South Gloucestershire Safer and Stronger Communities Partnership Strategy 2014-2017
- South Gloucestershire Multi-Agency Risk Assessment Conference (MARAC) Annual Report 2012
- South Gloucestershire Joint Strategic Assessment for Crime and Disorder 2015-16 (currently being refreshed)
- South Gloucestershire Joint Strategic Needs Assessment 2013-2016 (currently being refreshed)
- South Gloucestershire Joint Health and Wellbeing Strategy 2013-2016 (currently being refreshed)
2. Prevalence

2.1 National prevalence
In England alone, it is reported that one in 20 adults, approximately 1.6 million, is alcohol dependent, with one in 100 in the UK, approximately 380,000, addicted to heroin or crack cocaine. 12

The Office for National Statistics (ONS) completed a survey in 2012 and found nationally that13 58% of adults had drunk alcohol in the week prior to the ONS interview, this figure has dropped from 64% in 2005. People aged 65 years or over were more likely to drink 5 days a week or more than any other age group. With 18% of adults aged 65 years or over drinking 5 times a week or more compared to 3% of 16-24 year olds. Age groups vary as do the gender in relation to quantities consumed.

Although they were less likely to drink 5 days a week, 16-24 year olds were more likely to have drunk heavily the week before interview, with 27% stating that they had and only 3% of 65 year olds and over stating that they had drunk heavily. Very heavy drinkers were five times more likely than other drinkers to have drunk strong beer/stout/lager/cider, and more than twice as likely to have drunk spirits or liqueurs, on their heaviest drinking day in the week before interview. Smokers were more than twice as likely as non-smokers to have drunk very heavily at least once in the last week, 25% of smokers and 11% of non-smokers.

PANSI data indicate a prevalence of alcohol dependence in the UK of 5.9% (8.7% of men, 3.3% of women). For men, the highest levels of dependence were identified in those between the ages of 25 and 34 (16.8%), for women in those between the ages of 16 and 24 (9.8%). Most recorded dependence was categorised as mild (5.4%), with relatively few adults reporting symptoms of moderate or severe dependence (0.4% and 0.1% respectively). Alcohol dependence was more common in white men and women than in those from minority ethnic groups. There were no significant variations in the prevalence of dependence by region or income.

Between 2005 and 2013 there was a small but gradual increase, from 19%-21%, in the proportion of adults who said that they do not drink alcohol at all (teetotallers). Binge drinking also fell over this period, from 18%-15%, although there has been little change since 2011.

An estimated 300,000 people in England are dependent on heroin and/or crack. There are also reports of more people having problems with other drugs, including new psychoactive substances (NPS previously known as ‘legal highs’), Performance and Image Enhancing Drugs (PIED), and growing concern about dependence on prescribed and over-the-counter medicines. Added to this, an individual's drug use or dependency can significantly impact the people around them, including their families, friends, communities and society.

Nationally women make up 27% of adults in drug treatment. Women presenting to treatment can often be experiencing poor mental health, domestic abuse and are more likely to be carers of children which may impact upon their recovery.

Cannabis continues to be the most commonly used drug throughout England and Wales with last year prevalence rates indicating it accounts for around three quarters of overall drug use\textsuperscript{14}. Cocaine is the second most commonly reported substance with last year prevalence at 2.4%. Conversely, there has been a notable decline in amphetamines over the last 18 years\textsuperscript{15}.

PANSI data indicate a UK prevalence of drug dependence of 3.4% (4.5% of men, 2.3% of women). Most dependence was on cannabis only (2.5%), rather than other drugs (0.9%). Symptoms of dependence were most commonly reported by adults aged between 16 and 24 (13.3% of men, 7.0% of women in this age group). The prevalence of drug dependence varied with ethnicity and income. In men, black men were most likely and South Asian men least likely to report symptoms of dependence; the same pattern was seen for women. The prevalence of drug dependence was greater in men and women from lower income groups. There were no significant differences between regions.

It is anticipated that the decline in prevalence of Opiate and Crack use will continue in future and in its place will be an increase in the use of Non Opiates, particularly NPS and a continued prevalence in the dependence of Opioid Analgesics. For NPS, it has been estimated that there are 14,135 NPS users in South Gloucestershire aged between 16 and 59, with 1343 users (9.5%) require intervention treatment.\textsuperscript{16} Given the 'silent' and ‘slow burning’ nature associated with the misuse of prescription drugs and the nature of some substances, it is difficult to accurately estimate the scale of the problem in South Gloucestershire. Nevertheless, we know that the percentage of clients in South Gloucestershire treatment citing prescription or over-the-counter drug misuse is the highest among other local authorities in the South West region, and six times higher than the South West average.\textsuperscript{17}

### 2.2 Local prevalence

At present there is no national model that estimates the prevalence of alcohol dependence reliably at a local level and best estimates of local need will be based on local intelligence. The Department of Health has commissioned Sheffield University to develop a model to estimate the number of people who would access specialist alcohol treatment services and require different treatment options in England each year at both national and local levels. The model will use national and local data to estimate the prevalence of dependent drinking.

\textsuperscript{14} Home Office, 2014b
in local populations by severity. Planners will be able to model changes in provision of effective treatment for each of these groups and the expected impact on health outcomes. PHE Centre teams will notify commissioners as soon as this model becomes available.\(^{18}\)

In the 2012 ONS survey, 50% of those living in the South West stated that they drank up to 4 units (male) and up to 3 units (female) in the week before interview, compared to 49% nationally. 29% stated that they had drunk more than 4 units and 3 units but not more than 8 units (male) and 6 units (female), compared to 26% nationally, and 11% of respondents stated that they had drunk more than 8 units (male) and 6 units (female) but not more the 12 units and 9 units respectively, compared with 12% nationally.\(^{19}\)

Local health profiles reveal that South Gloucestershire has a lower number of hospital stays for alcohol related harm at 519 per 100,000, compared to the average 645 per 100,000 in England. In people under the age of 18, the number of alcohol specific hospital stays is also lower than the England average at 26.9 per 100,000, compared to 40.1 per 100,000.

Although the reported numbers affected in South Gloucestershire are relatively small, they do not reveal the true picture of the social impact of substance misuse, which touches on multiple aspects of a person’s life, including educational attainment and employment, the breakdown of family life and personal relationships, crime, and homelessness.\(^{20}\) Alcohol, for example, is a recognised trigger for violent crime, with its misuse linked to reoffending\(^{21}\). However, the Joint Strategic Assessment for Crime and Disorder in South Gloucestershire has identified a reduction in alcohol attributed crime over the last year in the Authority resulting in the likely removal of alcohol as a priority and in it’s place focus on NPS due its cross cutting nature within the Crime and Disorder partnership i.e ASB, Police, Substance misuse services etc.

In South Gloucestershire, between 2010 and 2012, the average number of years of life lost in people aged under 75 from liver disease is 19 per 10,000 persons. This compares to 25 for breast cancer, 13 for stroke and 11 for road traffic accidents.

In South Gloucestershire the rate of premature mortality from liver disease between 2010 and 2012, is significantly lower than the England average for males and significantly lower than the England average for females.

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\(^{18}\) 2015 JSNA support pack
\(^{19}\) http://www.ons.gov.uk/ons/dcp171778_338863.pdf
The following charts are Public Health England data analysis and give an overview of hospital admissions as well as months of life lost due to alcohol related and/or alcohol specific reasons. The rate of alcohol specific hospital admissions in 2012/13 in South Gloucestershire is significantly lower than the England average for both males and females. The months of life lost due to alcohol for males in South Gloucestershire has remained below the national and South West average between 2006-08 through to 2011-13.

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**Figure 2 - Liver Disease Profile South Gloucestershire, PHE 2014**

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22 Months of life lost due to alcohol is an estimate of the increase in life expectancy at birth which would be expected if all alcohol-related deaths were prevented for those aged 75 years or less. Deaths from alcohol-related conditions (three years pooled) are based on underlying cause of death registered in the calendar year for those aged less than 75 years. All causes of deaths from Ethanol poisoning, Methanol poisoning and toxic effect of alcohol are included. Children aged less than 16 years were only included for alcohol-specific conditions and for low birth weight. For other conditions, alcohol-attributable fractions were not available for children.
The months of life lost due to alcohol for females in South Gloucestershire has remained below the national and South West average between 2007-09 through to 2011-13. Although it appears that there is a large increase, the rate is still considerably lower than the male – months of life lost due to alcohol, males 8.8 months compared to females 4.2 months.

Hospital admissions provide an additional insight into alcohol misuse, the effectiveness of alcohol services to prevent re-admissions and in some instances illustrate additional cohorts of patients who fall outside of commissioned treatment service provision. The data below illustrates the overall burden of alcohol on hospital admissions (including both emergency and planned admissions) along with the trends in emergency hospital admissions related to alcohol both for alcohol related (broad definition) and alcohol specific admissions.  

23 https://publichealthmatters.blog.gov.uk/2014/01/15/understanding-alcohol-related-hospital-admissions/
Alcohol related mortality within South Gloucestershire has been below both South West and England averages for the five years 2008-2013. Since 2011, this figure has been rising, and although there has been a small rise in the male alcohol related mortality, the female trend shows a sharper rise. This correlates with the previous needs assessment identification that females may be a higher risk group and services should be aware of this trend.

The chart below shows that despite alcohol specific admissions (planned and emergency) declining between 2009/10 and 2012/13 a significant rise in the most recent years data is evident, reinforcing the generally upward trend that has occurred over the last ten years. This data includes both planned and emergency admissions, and was completed by South Gloucestershire public health analysts, and will therefore include multiple admissions by single patients. It provides an indication of the total burden of alcohol on hospital admissions locally.
The chart above shows the alcohol specific hospital admissions for all persons (unplanned only) and illustrates that for the first time, South Gloucestershire residents are almost in line with the South West average and closing the gap to meet national averages. The increase in the 2012/13-2013/14 year was much greater than both the national and South West figures.

The following charts show that alcohol specific hospital admissions for females have risen above the National and South West rates for the first time and male admissions are the closest they have been in the previous five years to the national and South West average. The rate of increase is greater in comparison to previous years for both genders with male admissions increasing by 87.2 per 100,000 in 2012/13-2013/14 (the variance in the 2011/12-2012/13 year was 40 per 100,000 for male admissions) and female admissions increasing by 51.8 per 100,000 (the variance in the 2011/12-2012/13 year was 18.7 per 100,000 for female admissions).
Figure 9 – Alcohol-specific hospital admissions - male

Figure 10 – Alcohol-specific hospital admissions - female

Figure 11 – Alcohol-specific hospital admissions - broad
A narrow and a broad approach can be observed when trying to quantify hospital admissions. To calculate the broad indicators of alcohol-related hospital admissions, the list of International Classification of Diseases (ICD-version 10) codes is used to extract all episodes containing alcohol-related diagnoses from the Hospital Episode Statistics datasets. Sex and age specific alcohol-attributable fractions are then applied to each episode. To calculate the narrow figure only primary (alcohol specific) hospital codes are used. The narrow codes can be used to highlight trends specific to a health harm and can help direct action or interventions related to specific alcohol health harms, and the broad figure is used to measure any increase in hospital presentations. 24

The following charts shows a rise in alcohol specific mortality between 2010-12 and 2011-13 (pooled data).

![Graph showing alcohol-specific mortality over time](image)

**Figure 12 – Alcohol-specific mortality**

The gender specific mortality data below illustrates more consistent levels for men over the seven year period. Conversely the mortality rates for females significantly reduced from 2006 to 2010-12 and have since started to increase. Although it should be noted that the mortality rates for South Gloucestershire remain significantly below those for the South West and England.

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24 To calculate the broad indicators of alcohol-related hospital admissions, the list of International Classification of Diseases (version 10) codes (Appendix 1) is used to extract all episodes containing alcohol-related diagnoses from the Hospital Episode Statistics datasets. Sex and age specific alcohol-attributable fractions are then applied to each episode.
The data below has been extracted from the JSNA support pack for alcohol and shows that for the 2014/15 year, 170 service users were engaged in structured (tier 3) alcohol and of those 123 (72%) started their treatment journey in the same time period (i.e 47 service users had previously commenced treatment and continued to engage with services during 2014/15). The most common age range of service users were 40-49 year female service users and 50-59 year old male service users. South Gloucestershire is similar to the national average in the age range with the most service users being within the 40-49 year cohort. There is a need to review this data alongside tier 2 figures as it may be younger cohorts are accessing lower level tier services. 92% of clients starting their treatment journey in structured services are aged 30 years or over. The gender split for the 170 clients engaged in structured treatment is 58% male (n=99) to 42% female (n=71).
The data above indicates that 14% of service users stated that they were accessing mental health services for reasons other than substance misuse compared to 20% nationally. However, given the definition, this figure should be treated with caution as a far greater number of service users may have mental health issues which do not meet the threshold for mental health service provision.

The data below from PANSI estimates increasing prevalence of both drug and alcohol in future years.

<table>
<thead>
<tr>
<th>Local</th>
<th>National</th>
<th>% of all in treatment</th>
<th>% of all in treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>England</td>
<td>2014</td>
<td>1,437,675</td>
<td>1,443,887</td>
</tr>
<tr>
<td>South West</td>
<td>2014</td>
<td>138,243</td>
<td>138,600</td>
</tr>
<tr>
<td>South Glos</td>
<td>2014</td>
<td>7,195</td>
<td>7,238</td>
</tr>
</tbody>
</table>

| Females aged 18-64 predicted to have alcohol dependence | England | 548,889 | 550,470 | 556,931 | 560,21 | 561,211 |
| South West | 52,826 | 52,896 | 53,123 | 53,156 | 52,962 |
| South Glos | 2,709 | 2,719 | 2,769 | 2,812 | 2,821 |

| Total population aged 18-64 predicted to have alcohol dependence | England | 1,986,564 | 1,994,356 | 2,027,753 | 2,040,904 | 2,066,633 |
| South West | 191,069 | 191,405 | 193,028 | 193,818 | 194,189 |
| South Glos | 9,904 | 9,958 | 10,181 | 10,363 | 10,460 |

| Males aged 18-64 predicted to be dependent on drugs | England | 743,625 | 746,838 | 760,770 | 770,531 | 778,667 |
| South West | 71,505 | 71,690 | 72,365 | 72,756 | 73,049 |
| South Glos | 3,722 | 3,744 | 3,834 | 3,906 | 3,951 |

| Females aged 18-64 predicted to be dependent on drugs | England | 382,559 | 383,661 | 388,164 | 390,450 | 391,147 |
| South West | 36,818 | 36,867 | 37,025 | 37,048 | 36,913 |
| South Glos | 1,888 | 1,895 | 1,930 | 1,960 | 1,966 |

| Total population aged 18-64 predicted to be dependent on drugs | England | 1,126,184 | 1,130,499 | 1,148,934 | 1,160,981 | 1,169,814 |
| South West | 108,313 | 108,556 | 109,330 | 109,804 | 109,961 |
| South Glos | 5,610 | 5,639 | 5,764 | 5,866 | 5,927 |

**Figure 15 – JSNA support pack data for alcohol**

Source: 2015 JSNA support pack

The data above indicates that 14% of service users stated that they were accessing mental health services for reasons other than substance misuse compared to 20% nationally. However, given the definition, this figure should be treated with caution as a far greater number of service users may have mental health issues which do not meet the threshold for mental health service provision.

The data below from PANSI estimates increasing prevalence of both drug and alcohol in future years.

**Table 2 – PANSI prevalence estimates**

Source: PANSI
It is anticipated that there will be a continued decline in prevalence of Opiate and Crack use nationally and in its place will be an increase in the use of Non Opiates, particularly NPS and a continued prevalence in the dependence of Opioid Analgesics. However data for South Gloucestershire currently illustrates an increase in the Opiate cohort during 2014/15 despite local health profiles reveal that South Gloucestershire has a significantly lower prevalence rate of opiate and/or crack use at 5.2 per 1,000 population aged 15-64, compared to the England average of 8.4 per 1,000. The data above indicates increasing prevalence of both drug and alcohol in future years which illustrates that although Opiate use may decline, overall prevalence of substance misuse is likely to continue to rise.

The estimated number of opiate and/or crack users (OCU) and injectors in South Gloucestershire is set out below. Collectively, this cohort have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance.

![Figure 16 - Estimated number of opiate and/or crack users (OCU) and injectors in South Gloucestershire](image)

Source: 2015 JSNA support pack – Glasgow estimates

The most recent estimates (2011/12) of the numbers of OCUs indicate a prevalence of 896 people resident in South Gloucestershire (confidence interval 575-1212) with an injecting prevalence of 198 people.

The estimated prevalence of OCUs has declined in recent years as illustrated in the following table. This correlates with local data indicating changing trends in the last few years, with increased prevalence of non-opiate using clients.

![Table 3 – Estimated prevalence of OCUs](image)

Source: University of Glasgow estimates

**Drug related deaths**

Understanding and preventing drug related deaths is an important function of a recovery orientated drug treatment system.

The DAAT are notified of any deaths where a client is in service or it has been identified that drugs or alcohol were present at post mortem. A total of 15 cases were taken to the drug related death panel during 2014/15 with four deaths specifically caused solely by drug toxicity.
The PHE “Trends in drug misuse deaths document” cites that ONS reported a 21% increase in drug misuse deaths registered in England in 2013. It is also noted within the document that opiates are the substance most frequently mentioned in drug misuse deaths, with the most common opiates being heroin and methadone, with tramadol being the third most common. This correlates with local drug related death information which primarily link to heroin or methadone.

Alcohol was mentioned in many of our locally reported drug misuse deaths and is again noted within the PHE document to be recorded in around one-third of drug misuse deaths since 2011. Alcohol is noted as the most commonly mentioned substance in drug misuse deaths aside from opiates nationally.

Mentions of benzodiazepines, anti-depressants and z-drug deaths all appear to be increasing in recent years as do mentions of cocaine and amphetamines following a marked drop from a peak in 2007. In addition, there were at least 55 deaths in 2012 where new psychoactive substances were mentioned. This is around 4% of all drug misuse deaths in that year in the UK.

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26 PHE Trends in Drug Misuse Deaths 1999-2013
3. Risk and protective factors

In relation to substance misuse, risk factors include a wide range of individual characteristics and wider determinants. These include; age, gender, ethnicity, deprivation, educational attainment, housing status, contact with the criminal justice system, dual diagnosis, and mental health.

The recent refresh of the South Gloucestershire JSNA provides relevant data on these ‘at risk groups’ and wider determinants and some specific data is detailed below.

3.1 Alcohol-related Offences

Data from the Public Health England Local Alcohol Profiles for England (LAPE)\textsuperscript{27} show that South Gloucestershire have lower incidence, in comparison to national benchmarks, of violent crime (including sexual violence) hospital admissions and incidence of violent crime but in comparison to other authorities, youth offending first time entrants is an area that needs to be improved upon.

3.2 Blood-borne viruses

The data below shows the drug users in treatment in South Gloucestershire who have had a hepatitis B vaccination or current or past injectors who have been tested for hepatitis C. Drug users who share injecting equipment can spread blood-borne viruses. Providing methadone and sterile injecting equipment protects them and communities, and provides long-term health savings.

\textsuperscript{27} \url{http://fingertips.phe.org.uk/search/crime#page/0/gid/1/pat/6/par/E12000009/ati/102/are/E06000025}
Following up on those who accept the offer of testing / vaccinations has been an area South Gloucestershire have been monitoring and striving to improve for some time now. Significant improvements have been made in the testing of Hepatitis C following the introduction of dry blood spot testing by the providers which delivers instant results that can then be entered into the case management system and reported back to NDTMS.

The vaccination for those accepting an intervention for Hepatitis B has proved more difficult to implement and record due to the client having to attend alternative settings (i.e GP) for this to take place and on more than one occasion. It has been noted by DHI that clients often do not attend the appointment booked for their first vaccination / do not attend all three of the vaccinations. Previously issues have also been noted with obtaining the vaccination detail back from GPs to input into the NDTMS system, this has since been rectified and is collected as part of the Public Health Contracts (previously known as LES) reviews.

In South Gloucestershire in 2012/13, the proportion of people who inject drugs, who are in their latest treatment episode at specialist drug services, being offered a hepatitis C test is 59%.

In 2012 it is estimated that 37% of those people who inject drugs in South Gloucestershire have been infected with hepatitis C; with 0.11% of the population of South Gloucestershire estimated to be injecting heroin and/or crack cocaine (2011/12).

3.3 Domestic abuse

Based on South Gloucestershire Multi Agency Risk Assessment Conference (MARAC) referrals28 14% of victims and 64% of perpetrators were identified as having a current substance misuse problem during 2014/15. It is noted that the prevalence of substance misuse in victims appears to be reducing by 1% each year and perpetrators has increased by 2% and 4% respectively over the last three years.

54% of victims and 33% of perpetrators were identified as previously or currently engaging with substance misuse services which demonstrates an increase in both victims and perpetrators seeking support in comparison to previous years; which could be attributed to the high level of engagement by Substance Misuse services with MARAC and the multiagency working practices developed as a result of this.

In addition, the information from MARAC minutes indicates that some victims and perpetrators may be using prescription medication, specifically anti-depressants. However MARAC is not currently able to identify those who may be misusing such substances or therefore their links to domestic abuse. MARAC does however deal with cases where overdoses of OTC medication occurs but this data is not currently collated formally.

As in 2013/14 it was noted that victims were more likely to be misusing alcohol than drugs, with 51% of those with substance misuse issues citing alcohol use (7% of all victims). The number of victims identified as solely using drugs or those with dual use of alcohol and drugs continues to decrease annually.

Data on substance misuse is now regularly requested as part of the referral process to MARAC in attempts to continue the improvement in data collection in this area.

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28 MARAC annual report 2014/15
Partnership work with for example Safer, Stronger and NHS England exists due to shared commissioning responsibilities.

### 3.4 Sexual assault

Somerset & Avon Rape & Sexual Abuse Support (SARSAS) use the treatment centre in Yate on a weekly basis in order to meet with South Gloucestershire clients in a convenient location.

SARSAS provide counselling sessions for women who are affected by sexual assault or abuse. It is a free confidential service for service users who have been victims recently or historically and they do not have to have gone through any legal process to get support (many other providers give support mainly around the court and police process). Many of the drug and alcohol clients who access services have an abuse history, one which often has not been dealt with through any counselling and support, which may impact on their substance use.

In exchange for the DAAT providing the treatment centre for sessions SARSAS provide training to treatment centre staff. The service also run a sexual violence support champion scheme where professionals can attend a two day course and become a champion within their organisation. They have a survivor pathway website which helps professionals find out about pathways to supporting service users who have experienced sexual abuse. SARSAS also have a men and boys helpline and have started offering more support in this area.

### 3.5 Dual diagnosis

South Gloucestershire Adult drug and alcohol treatment services continue to have a Dual Diagnosis lead who strives to support this agenda. Although the figures for reported dual diagnosis are relatively low in South Gloucestershire, the business definition for how this is reported and recorded through NDTMS should be noted: “Is the client currently receiving care from mental health services for reasons other than substance misuse?” Therefore it is assumed that dual diagnosis for Substance misuse clients will be significantly under reported due to the Mental Health Service thresholds. Many service users would state that they suffer from mental health issues but the majority of these will not be diagnosed or meet the thresholds for treatment by the mental health services.

The quarter 4 partnership activity report indicates that 10.6% of new drug treatment entrants were recorded under the dual diagnosis category (mental health and substance misuse issues).

The data below indicates that 14% of alcohol service users stated that they were accessing mental health services for reasons other than substance misuse compared to 20% nationally. However, given the definition, this figure should be treated with caution as a far greater number of service users may have mental health issues which do not meet the threshold for mental health service provision.

<table>
<thead>
<tr>
<th>Client is currently receiving care from mental health services for reasons other than substance misuse</th>
<th>Local n</th>
<th>% of all in treatment</th>
<th>National n</th>
<th>% of all in treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>23</td>
<td>14%</td>
<td>17,866</td>
<td>20%</td>
</tr>
<tr>
<td>No</td>
<td>148</td>
<td>80%</td>
<td>65,261</td>
<td>73%</td>
</tr>
<tr>
<td>Incomplete data</td>
<td>1</td>
<td>1%</td>
<td>5,900</td>
<td>7%</td>
</tr>
</tbody>
</table>

29 NDTMS business definitions (CDS-L)
Figure 19 - Alcohol clients receiving care from mental health services:

Source: JSNA support pack 2015

Work to reinvigorate the relationship between substance misuse services and LIFT Psychology have recently been allocated within the JCG to ensure this service is working with substance misuse clients identified as having dual diagnoses.

Providers have locally been discussing ways in which to develop the dual diagnosis cohort visibility in South Gloucestershire whilst maintaining NDTMS data collection requirements. One suggestion for this has been to ask an additional question in relation to mental health, in line with those asked around disability e.g. do you feel that you have a mental health issue etc. This data could be collated locally in attempt to provide richer data in relation to this cohort.

3.6 Crime and drugs

Overall crime statistics indicate drug-related crime is reducing however it should be noted that there is emerging evidence suggesting crime could be being driven by substances other than opiates and cocaine.

NDTMS within the Prisons is somewhat behind the Community dataset structures and reporting and therefore following criminal justice clients in and out of treatment through NDTMS should be done with great caution as the data may not be reflective of actual practice.

As a result of reductions to the DIP main grant the structure of Criminal Justice services needed to be streamlined, whilst ensuring service continuity for this cohort. The Criminal Justice Intervention Team (CJIT) in South Gloucestershire disbanded and a Criminal Justice Liaison Worker (CJLW) post now sits within the Engagement team. The positioning of this post mirrors practice in other areas, particularly with regards to the Required Assessment (RA) Follow Up process linked with the AIRS team. The post should improve pick up from custody, assist in integrating this cohort into community treatment through improving engagement and retention and seeks to provide 1:1 and group work sessions targeted to this cohort.

The workload of this post will be monitored as part of half year and end of year review process.

The implementation of the Criminal Justice Liaison Worker within the Engagement team should assist in integrating criminal justice clients into community treatment and ensure effective pick up from custody.

The limited information on criminal justice clients presented within the quarterly NDTMS reports will be utilised to monitor this post alongside information from the provider which will reflect all activity, not just that reportable to NDTMS.

The quarter 4 Diagnostic Outcomes Monitoring Executive Summary (DOMES) report from NDTMS illustrates that 13.2% of clients using opiates within South Gloucestershire were either referred through a criminal justice route or taken on to a criminal justice caseload within 42 days of their earliest triage. For non-opiates 1.4% were linked to criminal justice and 1.8% to alcohol with 5% of the alcohol and non-opiate (poly use) cohort having contact with criminal justice services. These reported rates have remained consistent over the past two years with increases most notable for alcohol clients.

Criminal justice clients have a lower rate of successful completions, both locally and nationally which can be attributed to the additional factors affecting their treatment and recovery but also linked to the high proportion of drop outs following release from prison.
Again, the criminal justice post now sat within the engagement team should assist in improving the engagement, retention and successful completions of this cohort, which will be monitored over the next few months.

### 3.7 Drug related offences

Drug-related offences in South Gloucestershire increased by 31% in 2014/2015, compared to the previous year’s figure, as demonstrated by Figure 20 below. Despite the increase, this is the second lowest year for drug related crime during the six-year period since 2009/2010. Overall the trajectory indicates declining prevalence of drug related crime in South Gloucestershire. However it should be noted, as previously mentioned, that Police efforts have been focussed towards the Organised Crime Groups as opposed to seizures and therefore the number of possession offences will be lower than in previous years due to the resources being directed elsewhere within the force.

**Figure 20 - Drug-related Crime in South Gloucestershire, Trend between 2009/2010 and 2014/2015**

Figure 21 below shows the breakdown of the offences recorded as being drug related in South Gloucestershire:

**Figure 21 - Top Five Drug-related Crime in South Gloucestershire**

In particular:
• The possession of cannabis made up the largest group of offences in the drug offences category (70%), followed by cocaine, heroin, and mephedrone. Anecdotally we are aware that the equal levels of seizures for heroin and mephedrone are likely to be reflective of the local market.
• 16% of the overall offences (n=113) were related to domestic abuse cases, with six out of ten considered to be either medium or high risk cases.

Analysis into the demographics of the drug-related offenders in South Gloucestershire in 2013/2014 reveals the following patterns:

• There were 623 offenders that contributed to 716 drug-related offences in South Gloucestershire. Thus, 78 offenders (13%) committed repeat offences.
• The largest offending group is aged between 18 – 24 (35%), followed by 25 – 34 (29%). Altogether, six out of ten offenders came from the age group between 18 – 34.
• Nearly nine out of ten offenders (89%) were male and White British.
• Nearly two out of ten offenders (18%) came from the following wards: Patchway, Yate North, Kings Chase, Dodington, and Hanham.
• 17% of the offenders came from the Priority Neighbourhood Areas of South Gloucestershire, with both Kingswood and Yate and Dodington being the highest.
• It is also important to note that nearly five out of ten offenders (45%) are out-of-county offenders, which indicates cross-border offending.

3.8 Drug seizures

Drug seizure data for South Gloucestershire illustrates the volume of controlled drugs seized by the Police. The data therefore will not include 'legal highs' / NPS.

The highest volume of seizures continue to be noted in relation to cannabis in various forms, followed by Cocaine, Heroine and Mephedrone. Anecdotally we are aware that the equal levels of seizures for Heroin and Mephedrone are likely to be reflective of the local market. However, it is worth noting that the volume of seizures will fluctuate depending on the level of resource input into enforcement in this area. Police emphasis in the Authority and wider is currently focussed on the increasing prevalence of Organised Crime Groups from outside of the Avon and Somerset area who are supplying high purity Heroin and Crack to our local drug markets; resources therefore have not been as intensively targeted towards general drug seizures during this time.

3.9 Avon & Somerset Arrest, Intervention, and Referral Service (AIRS)

AIRS have been delivered in South Gloucestershire since 1st April 2014.

AIRS were initially based in the older police stations in the area such as Staple Hill but have now relocated within the new custody suite in Patchway which was opened on the 23rd September 2014.

During 2014/15 AIRS recorded just over 13,600 contacts in Police custody across the Avon and Somerset area and currently experience between 40-50% successful attendance rates following onward referral (this is noted to be higher in South Gloucestershire). In South Gloucestershire the service recorded 384 contacts with the offenders between April 2014 and March 2015 with 187 of these having a meaningful interaction with AIRS staff.

Between April 2014 and March 2015 88 people were referred from custody into treatment in the South Gloucestershire providers and the service continues to show an upward trend in referrals being made which will be monitored to ensure that more offenders are referred to treatment services.
3.10 Safeguarding

The data below shows the number of drug users in treatment who live with children; users who are parents but do not live with children; and users for whom there is incomplete data.

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>N</td>
</tr>
<tr>
<td>Living with children (own or other)</td>
<td>198</td>
<td>51,331</td>
</tr>
<tr>
<td>Parents not living with children</td>
<td>169</td>
<td>26,184</td>
</tr>
<tr>
<td>Not a parent/no child contact</td>
<td>379</td>
<td>86,250</td>
</tr>
<tr>
<td>Incomplete data</td>
<td>1</td>
<td>3,362</td>
</tr>
</tbody>
</table>

Source: JSNA support pack 2015

South Gloucestershire DAAT report this data to the local Safeguarding Children’s Board on a quarterly basis which forms part of the performance report for discussion at the meeting. Disseminating the data to wider sources in this way ensures that not only drug services but other agencies are aware of the cohort of clients who are engaging in treatment with childcare responsibilities. This in turn should assist provision being in place to support clients with their treatment attendance and support the needs of the children to reduce the likelihood of the consequences noted in research cited above.

A specific substance misuse protocol has been developed within South Gloucestershire Council in response to safeguarding requirements.
4. Substance misuse services

4.1 Alcohol misuse services

NICE guidance PH24 includes the recommendation that commissioners of alcohol service provision should ensure their plans include screening and brief interventions for people at risk of an alcohol-related problem (hazardous drinkers) and those whose health is being damaged by alcohol (harmful drinkers). Identification and brief advice sessions are provided at treatment centres and have recently been offered within pharmacy settings. Alcohol research UK published Delivering Alcohol IBA, Broadening the base from health to non-health contexts in July 2014 and the document states that, ‘There is a drive to encourage the delivery of alcohol IBA (Identification and Brief Advice) in a range of contexts beyond primary care and hospitals where the evidence for IBA is strongest.” South Gloucestershire services collect data of planned ACE and IBA courses that are held at the treatment centres and the number who attend, the number of IBA’s provided by the alcohol interface nurse and the nurses based in the GP surgeries, as well as the information gathered as part of the pharmacy pilot project; however the data collection could be improved upon in order to show the number of IBA’s delivered by practitioners on a one to one basis, rather than just group sessions.

Key alcohol misuse services within South Gloucestershire are as follows:

- **Alcohol Consequences & Effect Programme**: A two hour brief advice session to help service users assess whether they need to access further treatment. The staff will complete tools and assessments to ensure that they have access to any treatment that they need and will make appropriate referrals to treatment services if required.

- **4 week Alcohol Course (IBA course)**: Four weekly sessions, each with a different theme, thereby making it a rolling programme, that offer information to help service users deal with all alcohol related problems including triggers and managing cravings.

- **Care planned interventions**: An assigned key worker will help each individual to look at their problems and promote behaviour change. This is for as long as required and in the most appropriate setting.

- **Specialist services**: Medical treatment if required and key working session to offer the individual the most appropriate care for their needs. Access to psychological and other mental health treatments as well as treatment for pregnant service users is through the specialist team.

- **Inpatient services**: An inpatient ward for patients requiring detoxification or stabilisation. Medical staff will ensure that the necessary treatment and management of conditions lead to a successful outcome and the service user is discharged substance free.

- **Residential rehab placements**: Residential placements that offer time and support in addressing the causes of substance misuse. This can take up to 6 months.

- **Pharmacy Alcohol IBA (Pilot running in 3 pharmacies)** – Busy pharmacies are in a good position to offer accessible screening for patients who may be consuming alcohol at increasing or higher risk levels. The delivery of an episode of brief advice to patients screened using AUDIT-C has demonstrable outcomes in reducing levels of drinking.

The DAAT is currently working with three pharmacies within the Priority Neighbourhood areas of South Gloucestershire, namely JRW Billings in Kingswood, Tesco Pharmacy in Yate, and Jhoots Pharmacy in Patchway, to deliver this pilot project.
This pilot project will improve access to and choice of alcohol screening and intervention support services closer to peoples’ homes and will maximise the use of key engagement points in primary care services, providing quicker access to early assessment of potential alcohol-related harm. It will require the pharmacist or pharmacy staff to deliver IBA interventions, complete the AUDIT-C tool, and refer into specialist treatment via engagement at the point of dispensing in the pharmacy.

Patients will be identified via the agreed AUDIT Scratch card. A total of 2000 scratch cards will be available across the agreed IBA pharmacists. The card asks three questions about drinking habits with a score assigned to each answer. Depending on the final score, pharmacies will provide confidential one to one brief advice including identification of units of alcohol, identification of the harms associated with their level of drinking, and advice on the benefits of reducing levels of drinking, in order to motivate individuals to take positive actions and modify their drinking levels. The pharmacies will also signpost to specialist services for those whose drinking levels may indicate dependency.

- GP Alcohol Liaison Nurses (Currently piloted in 6 surgeries) to support GPs in managing alcohol clients and those identified as requiring intervention through completion of AUDIT screening.
- South Gloucestershire Public Health commission an Alcohol Interface Nurse who is based at Southmead Hospital and is able to assist in reducing re-admissions through early interventions and to prevent more entrenched alcohol use and the impact this can have on secondary care; circulatory, digestive and liver diseases illnesses etc. She works across wards and can provide IBA sessions as well as informing patients of the help they can get from local services and informing GP’s of any admissions in order to ensure that the patient has after care support if needed.

The alcohol services are accessed using the Single Point of Contact, where a triage team are able to take details and direct the service user to the appropriate services.

All of the data below unless otherwise stated relates to clients in structured (tier 3) treatment. Information on service users engaged in tier 2 treatment is provided on page 30.

The table below gives an overview of routes into treatment. It is interesting to note the low referrals in comparison to national data from hospital and self. This could be attributed to the effectiveness of the pilots and the GP surgery’s ability to manage alcohol clients in house through the GP Alcohol Liaison nurse.

```
<table>
<thead>
<tr>
<th>Source of referral into treatment</th>
<th>Local</th>
<th>National</th>
<th>Proportion by gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M-F</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------</td>
<td>----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Self-referral</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23%</td>
<td>19% 27%</td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>36% 33% 39%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital/A&amp;E</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2% 2% 2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Services</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0% 0% 0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other referral sources</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>37% 42% 31%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11,223</td>
<td>18% 18% 18%</td>
<td></td>
</tr>
</tbody>
</table>

Figure 23 - Routes into treatment for alcohol clients

Source: JSNA support pack 2015
The length of time in treatment for South Gloucestershire service users averages at almost 178 days, with 82% of 87% of service users staying in service for under 9 months.

South Gloucestershire services were able to respond to 91% of referrals in under 3 weeks of the initial referrals, meaning that clients were able to access services promptly.

Over a quarter of service users had a child living with them (either their own or another) with the majority (38%) of those being female parents/carers.

The table below shows self-reported employment status at the start of treatment in 2014/15. A quarter of service users were in regular employment but almost two fifths (37%) classed themselves as long term sick or disabled, with a third (33%) of service users who stated that they were unemployed or economically inactive.
The graph above is calculated using Public Health England figures and shows that South Gloucestershire are above national average for successful completion of treatment for alcohol. Individuals achieving this outcome have a significant improvement in health and well-being in terms of increased longevity, improved parenting skills and improved physical and psychological health.

**Tier 2 data**

ACE and IBA courses are delivered regularly and it is encouraging to see a consistent number being delivered in each quarter. Monitoring for the ACE and IBA courses began in Q1 of the 2014/15 financial year and attendance figures are shown below. The number of attendees is positive as it means that the groups are remaining small, thereby allowing the service users to get their individual needs met at each session.
**Figure 29 – Number of sessions delivered – ACE and IBA**

**Figure 30 – Attendances to ACE Groups and IBA Courses**
Referrals to the specialist team are important to note and the pathways between the services appear to be working well as there is an increase in referrals although it should be monitored to make certain that the downward trend is not a constant but just a fluctuation.

4.2 Drug misuse services

South Gloucestershire substance misuse services aim to reduce addiction, address the wider determinants of drug or alcohol dependence and assist service users in re-integrating into the community to sustain long-term abstinence through recovery oriented services. We know that addressing the needs of our clients can be effective in ensuring better public health outcomes, preventing wider damage to the community and instilling community confidence in South Gloucestershire as a great area in which to live and work.

South Gloucestershire Drug and Alcohol Services offer advice, support and treatment to those experiencing difficulties with drug and / or alcohol use, or who are affected by someone else's drug use.

The table below illustrates the services provided by our current service providers. This excludes the OAD, NPS and other pilot projects although detail on these services is provided at the end of this section.
<table>
<thead>
<tr>
<th>Developing Health &amp; Independence (DHI)</th>
<th>South Gloucestershire Specialist Drug &amp; Alcohol Services (SGSDAS)</th>
<th>Battle Against Tranquilisers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage assessment (DHI is the single point of contact for all South Gloucestershire drug and alcohol services)</td>
<td>Specialist prescribing</td>
<td>BAT offer specialist help for addiction to prescription and over the counter medicines, for example Benzodiaepines and Z drugs.</td>
</tr>
<tr>
<td>Assessments and care planning</td>
<td>Stabilisation</td>
<td>Support groups</td>
</tr>
<tr>
<td>One to one working with a named member of staff</td>
<td>Detoxification (drugs &amp; alcohol)</td>
<td>Home visits</td>
</tr>
<tr>
<td>Health screening</td>
<td>Daily dispensing clinic</td>
<td>Advocacy</td>
</tr>
<tr>
<td>Structured day care</td>
<td>Specialist psychological interventions</td>
<td>Drop in sessions</td>
</tr>
<tr>
<td>Dedicated alcohol services</td>
<td>Blood borne virus testing and vaccination</td>
<td></td>
</tr>
<tr>
<td>Harm reduction advice and information</td>
<td>Maternity services</td>
<td></td>
</tr>
<tr>
<td>Blood borne virus testing and vaccination</td>
<td>Members of SPACED</td>
<td></td>
</tr>
<tr>
<td>Outreach and needle exchange service</td>
<td>Work with families and carers</td>
<td></td>
</tr>
<tr>
<td>Acupuncture and other holistic therapies</td>
<td>Peer mentoring project &amp; service user forum</td>
<td></td>
</tr>
<tr>
<td>Accommodation support</td>
<td>Hepatitis support group</td>
<td></td>
</tr>
<tr>
<td>Substitute prescribing</td>
<td>RAPID access service for clients leaving prison</td>
<td></td>
</tr>
<tr>
<td>Free first aid for overdose training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMART recovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for stimulant users</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members of SPACED (Stimulant Psychoactive Alternative Club and Experimental Drugs – multi agency support group for users of these types)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Justice Liaison service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young People’s Transition work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families Also Matter (FAM) - Families and carers service. Offering information sessions, assessments, 1:1 counselling, group sessions and family conferences</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 4 – Services provided by current service providers**

The Opiate Substitute Treatment (OST) Prescribing service delivered by DHI has been running in GP Surgeries as part of the ‘shared care’ approach for over a decade and seen significant benefits in terms of managing opiate users in a safe and controlled environment and allowing GPs to work more effectively with specialist substance misuse services.

To recognise the inevitable challenge of cross-border clients (i.e. those living in South Gloucestershire but registered with a Bristol GP), South Gloucestershire DAAT has entered into a Memorandum of Understanding (MoU) with Bristol Substance Misuse Team for the Maternity Drug Service and Specialist Prescribing (Shared Care) Services. This ensures that service users from Bristol and South Gloucestershire have access to appropriate antenatal substance misuse treatment programmes and substitute prescribing service, with psychosocial support. South Gloucestershire & Bristol will continue to promote each other’s services to future clients to ensure that they are aware of the right service and referral pathways into the local treatment system and promote the best use of resources in an efficient and effective way.

**Early interventions**

In addition to the structured NDTMS reportable treatment which formulates the majority of this needs assessment, South Gloucestershire DAAT also commission a multitude of Information and Brief Advice (IBA) and other ‘tier 2’ interventions which are not represented within NDTMS data.

These early intervention options are in place to provide a stepped care approach into treatment and where possible act as preventative services to reduce the burden on more specialised treatment.
South Gloucestershire Substance Misuse services are extremely focussed on early intervention and preventative measures to reduce the burden on higher intensity and expensive treatments such as residential placements etc.

As such an extensive range of treatment options are available at a Tier 2 level for both drug and alcohol clients. As these services are not care planned they are not reportable to NDTMS and therefore the data below has been provided directly by DHI.

Outreach activities to engage service users and increase professional referrals into treatment are outlined for the year period below:

![Outreach Activities](image)

**Figure 32 – Outreach Activities**

A total of 623 service users engaged in Tier 2 interventions during the period April 2013 – March 2014. Alcohol clients account for over half of the tier 2 referrals with 365 of the total 623 having alcohol recorded as their primary substance.

As with Tier 3 interventions a larger proportion of male clients were noted within this treatment population.

![Clients in Tier 1/2 treatment by gender](image)

**Figure 33 – Clients in Tier 1/2 treatment by gender**

The table below provides a breakdown of the primary substances cited for those engaging in Tier 1 and 2 interventions at DHI. Aside from alcohol a high prevalence of heroin users is apparent followed by Cocaine, Cannabis and Mephedrone all with higher than average prevalence.
The Heroin clients cited within the above data will likely be engaging in aftercare services etc. following completion of structured treatment to encourage reintegration into the community and continuation of abstinence.

**Table 5 - Breakdown of the primary substances cited for those engaging in Tier 1 and 2 interventions at DHI**

<table>
<thead>
<tr>
<th>Primary Substance</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unspecified</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Alcohol unspecified</td>
<td>229</td>
<td>136</td>
<td>365</td>
</tr>
<tr>
<td>Amphetamines unspecified</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Benzodiazepines unspecified</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Buprenorphine prescription</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Cannabis herbal</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Cannabis herbal (skunk)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Cannabis resin</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Cannabis unspecified</td>
<td>15</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Cocaine Freebase (crack)</td>
<td>19</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Cocaine unspecified</td>
<td>21</td>
<td>10</td>
<td>31</td>
</tr>
<tr>
<td>Diazepam</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Dihydrocodeine</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Heroin illicit</td>
<td>80</td>
<td>49</td>
<td>129</td>
</tr>
<tr>
<td>Ketamine</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Major Tranquillisers Unspecified</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>MDMA</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>12</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Methadone Mixture</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Methadone prescription</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Methadone unspecified</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>NPS Other – predominantly cannabis</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Zopiclone</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>402</strong></td>
<td><strong>221</strong></td>
<td><strong>623</strong></td>
</tr>
</tbody>
</table>

Needle exchange

There are ten pharmacies that are currently delivering Needle Exchange services across South Gloucestershire. In addition, mobile Needle Exchange and Outreach Services are provided; these services are flexible to ensure Authority-wide coverage.

The number of needle exchange clients steadily increased during 2014/15 which could be attributed to the increased prevalence of PIED users accessing these services. It is noted that the number of clients in service is likely to reduce initially during 2015/16 as the provider is currently undertaking some work to discharge any clients who haven’t accessed needle exchange services for 12 months or more.
In line with the overall increases in the number of needle exchange clients recorded in service, nearly all pharmacies saw an increase in the number of needle exchange packs distributed during 2014/15 in comparison to the previous year. Most notably Lloyds Pharmacy in Patchway saw an increase from 35 packs to 121 in 2014/15 when compared to the previous year and Boots Cadbury Heath increased from 54 to 190 during the same period. Conversely Boots Staple Hill saw a decrease from 481 to 352 between the two years.

With such drastic increases noted and the increasing prevalence of PIED users utilising the needle exchange services we need to ensure Pharmacies continue to feel well supported in managing this cohort.

There is an emerging trend of increasing steroid / Performance and Image Enhancing Drugs (PIED) use in the local area which is reflected in the request for service to alter the needle
exchange packs to include equipment for this purpose. The figures below indicate the number of new presentations at DHI for PIED needle exchange ‘separates’. DHI are currently looking into the costs associated with developing specific ‘sports packs’, the contents of which could be agreed with service users during consultation. Although the number of new presentations has declined in comparison to last year it is anticipated that the majority of the clients from the previous year will continue to access the service and therefore the figure can be deemed somewhat cumulative and therefore evidences increasing saturation of this cohort’s engagement with these services. It should also be noted that this relates only to the DHI needle exchange services as Pharmacies are not currently keeping information on the needle exchange packs specifically given for PIEDs; this should be recommended going forward to obtain a more accurate picture of the prevalence.

New presentations at DHI for PIED needle exchange separates:

2014/2015 =21
2013/2014 = 49
2012/2013 = 12

Source: DHI

The majority of steroid users are aged under 30, are using more than one substance at a time, are injecting twice a week, have not had a Hepatitis B vaccination and had at least one side effect as a result of their injecting behaviour, such as water retention, aggression, acne, erectile dysfunction, and high blood pressure.

Prescription only medicine / Over-the-counter medicine (POM/OTC)

People in treatment for prescription-only medicines (POM) or over-the-counter medicines (OTC) are presented below.

<table>
<thead>
<tr>
<th>Number of adults citing POM/OTC use</th>
<th>Local</th>
<th>Proportion of treatment population</th>
<th>National</th>
<th>Proportion of treatment population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>68</td>
<td>9%</td>
<td>26,266</td>
<td>13%</td>
</tr>
<tr>
<td>Non-illicit use</td>
<td>175</td>
<td>24%</td>
<td>6,173</td>
<td>3%</td>
</tr>
<tr>
<td>Illicit use</td>
<td>243</td>
<td>27%</td>
<td>22,139</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: 2015 JSNA support pack

In South Gloucestershire, the percentage of service users in treatment citing use of prescription or over-the-counter medication (no illicit use declared by the patients) has been an increasing trend since 2010; with benzodiazepines and prescribed opioid usage increasing annually.

South Gloucestershire has a higher recorded prevalence of POM/OTC which will in part be linked to the ongoing commissioning of the Battle Against Tranquilisers Service which specifically engages this cohort. However, it has also been identified through the implementation of the Opioid Analgesic Dependency (OAD) Pilot that the prevalence of POM/OTC use is notably higher in South Gloucestershire. Due to this prevalence South Gloucestershire has commissioned the first service in England and Wales that addresses dependency towards opioid medicines.

The Pilot Project aims to deliver a specialist service in primary care to support GPs in providing a range of interventions which emphasise the ‘whole system approach’ to tackle the dependency towards opioid medicines. The pilot will work alongside GPs and will
include, alongside many other interventions, the provision of pain management clinics and access to holistic therapies. It is anticipated that the OAD pilot will improve GP and patient knowledge of the range of community based supports, increase availability of early interventions and in turn reduce the number of people who may be misusing prescribed medication and reduce illness and deaths by helping people to reduce and manage pain through alternative therapies. Full details of the OAD pilot can be found on the South Gloucestershire website: http://www.southglos.gov.uk/health-and-social-care/staying-healthy/drugs-and-alcohol/drug-information-and-treatment/opioid-analgesics-dependency-oad-pilot-project/

NPS and Club Drugs

Novel Psychoactive Substances (NPS), or ‘legal highs’, are chemical substances that have been synthesised to cause similar reactions to those produced by taking conventional drugs, which are controlled under the Misuse of Drugs Act 1971.

The resurgence of NPS in the substance misuse field prompted a production of an NPS Profile in South Gloucestershire, which estimates that there are 14,135 NPS users in the authority, with an additional 1,343 users requiring treatment intervention.

To address this identified need South Gloucestershire DAAT implemented an NPS pilot project which has developed an IBA tool and treatment interventions, delivered satellite outreach initiatives, training sessions to professionals as well as producing a Stimulant, Psychoactive, Alternative, Club and Experimental Drugs (SPACED) website.

The data below covers the main ‘club’ drugs reported by new treatment entrants (via NDTMS) who are also using opiates (first table) or using club drugs and other drugs but not opiates (second table). Opiate users still dominate adult treatment, and generally face a more complex set of challenges and are much harder to treat. Non-opiate-using, adult club drug users typically have good personal resources – jobs, relationships, accommodation – that mean they are more likely to make the most of treatment and therefore more likely to successful complete their treatment journey.

![Figure 37 - Club drug (NPS) use](image)

Source: 2015 JSNA support pack

It should be noted that NDTMS only reports ‘tier 3’ structured interventions and a large proportion of the NPS pilot is delivering IBA and awareness training sessions. The full scope
of activity carried out by the pilot is illustrated in the table below utilising data from the service provider:

| Source: DHI |
| Support for Young Adults: |

Young adults are considered a prevalent and emerging cohort in South Gloucestershire particularly due to the Universities within the Authority. Discussions with Young People’s Drug and Alcohol Service (YPDAS) are ongoing to ensure that there is continuing support for those who are in transition from young people to adult services.

The data below illustrates a prevalence of 52 clients being aged between 18-25 at the date at which they commenced treatment (during 2014-15). The data relates to clients presenting to DHI and BAT during the period.

![Figure 38 – Age of clients at modality start rate](image)

![Figure 39 – Referral Routes](image)
In line with the overall profile for South Gloucestershire presentations to treatment, the majority of this cohort self-refer. Heroin and Mephedrone are the more prominent primary substances for this cohort and this correlates with data on the prevalence of these drug seizures within the local area.

The chart below illustrates the age at which these clients stated they started to use their primary drug of choice.

The majority had commenced use of the substance(s) prior to turning 18 and therefore could have effectively engaged in treatment with young people’s services prior to entering adult treatment. However, only two clients were identified as having had contact with young people’s services.

33% of the cohort had housing issues (including those with no fixed address) and 62% have never injected. The chart below illustrates a large proportion of this cohort remain in mainstream education or have voluntary work.
The discharges for this cohort remain relatively consistent with the overall treatment population with the majority leaving in a planned way, either drug free or occasionally using.

**Figure 42 – Discharges by primary drug**

**Treatment engagement**

When engaged in treatment, people use fewer illegal drugs, commit less crime, improve their health, and manage their lives better – which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue. The information below shows the proportion of adults in your area in 2014-15 who have been in treatment for three months or more – a measure for effective treatment engagement.

Overall, 99% of both opiate and non-opiate users are effectively engaged in the treatment system. This percentage has increased by 2% in each of the previous two years indicating improved engagement in services provided.
The growth in opiate clients as a proportion of our treatment population goes against the national trend of reducing opiate cohorts (-2% nationally). A decrease of 2% in also noted nationally for non-opiate client engagement, and South Gloucestershire are following this downward trend, although somewhat more significantly with a 6% reduction following drastic increases in engagement of this cohort in the previous year. A reduction is also noted both locally and nationally in the number of non-opiate and alcohol (poly use) clients in effective treatment, but again with the reduction in South Gloucestershire being much more significant (19% locally compared to 2% nationally).

As noted earlier within this assessment it is estimated that there are 896 opiate users in the local area (via Glasgow estimates). Similarly to last year, 55% of the estimated number of Opiate clients in South Gloucestershire were engaged in structured treatment (n=497), which is notably higher than the Avon & Somerset average of 46% but illustrates that some residents within the authority are not yet known to treatment and are not accessing services. That said it should also be considered that this is an estimate of prevalence with wide confidence intervals and therefore if we were to take the lower estimate into account (575) then the engagement of the treatment population increases significantly to 86%.

Data from the quarter 4 Partnership Activity report indicates that 7.4% (28/377) of new treatment entrants were currently injecting with a further 13% (49 / 377) who had previously injected but were no currently. The majority of clients accessing treatment therefore do not inject. In comparison to data within last year’s needs assessment the prevalence of injecting (either previously or currently) has reduced from 28% to 20.4%. Although prevalence of injecting has declined in recent years, work still needs to be done to address the needs of this cohort, particularly around harm reduction and the offering of Hep B and C testing.

Demographics

The demographic data below has been extracted from the quarter 4 Partnership Activity Report. As with previous years it is noted that the treatment population consists of a higher proportion of male clients and with regards to ethnicity, in line with the demographic profile of the authority the majority of clients are from White British background (table x below provides a full breakdown of all ethnicities recorded for our in treatment populations).
The age profile of the treatment population has remained relatively consistent over the past few years with the largest cohort of clients being aged between 35-39 years of age.

All Priority Neighbourhood area forums in South Gloucestershire (Kingswood, Yate and Doddington, Filton, Staple Hill, Cadbury Heath, and Patchway) have listed drug and alcohol issues as an area of concern, particularly Kingswood.

At present, there is a lack of local level analysis to aid the Priority Neighbourhood forums in understanding the scale of substance misuse in their local areas. It will be recommended that such analyses are made available in the future.

**Drug profiles**

The full drug profile below has been extracted from the Quarter 4 Partnership activity report and provides a more detailed insight into the non-opiate substances used by clients.
Alcohol appears to be most frequently used alongside Cocaine and Cannabis. Benzos are the most frequently cited non opiate substance in South Gloucestershire; this may in part be related to the specific service we have in place for those using this substance but nevertheless this is remarkably high in comparison to other non-opiate substances.

Referral routes

The table below shows the routes into drug treatment. These give an indication of the levels of referrals from criminal justice and other sources into specialist treatment. ‘Referred through CJS’ means referred through an arrest referral scheme or via a Drug Rehabilitation Requirement (DRR), prison or the probation service. Other referral sources will include Mental Health services etc.

![Diagram of referral sources]

**Figure 46 – Source of referral into treatment**

Source: JSNA support pack 2015
As noted in previous years the majority of clients enter treatment through a self-referral process. The second highest specified referral source is via GPs and therefore it is imperative that the close working relationships with local practices continues to ensure that GPs are clear on how and when to make referrals to specialist drug treatment services and feel supported in doing this.

The prevalence of GP referrals also supports the continuation of the GP nurse posts (although these currently relate to alcohol clients only) which enables GPs to refer to in-house substance misuse support, a notion which could be expanded upon during the re-commissioning / service re-design period. Substitute prescribing services also have a presence within the majority of surgeries in South Gloucestershire and again, this service could potentially be expanded to work with clients using substances other than Heroin to provide support for both clients and GPs in managing these service users. An additional benefit of surgery based services is that they are likely to be more accessible than those provided at treatment centres in Yate and Warmley given the geographical / transport issues faced by many service users in this semi-rural Authority.

**Waiting times**

The data below shows the number of drug users who waited less than three or more than six weeks to start treatment. Service users need prompt help if they are to recover from dependence and keeping waiting times low will play a vital role in supporting recovery in local communities.

Local efforts to keep waiting times low mean that the national average waiting time is less than one week.

![Figure 47 – Average waiting times](source: JSNA support pack 2015)

South Gloucestershire has a locally set target for 85% of service users to wait less than three weeks to start treatment. As shown in the illustration above this is currently being exceeded with 97% of clients being seen within three weeks. Local analysis has shown that the proportion of clients waiting longer than three weeks is increasing (although remains above target) particularly within psychosocial services and as such a waiting time audit will be undertaken during quarter 3 of 2015/16 with providers to record reasons for extended waits. Anecdotal information illustrates that the majority of these cases are unavoidable and occur for example when service users have no fixed address and therefore it proves difficult for providers to record that an appointment has been offered. It is not therefore envisaged that extended waits are reflective of any service functionality issues.

**Interventions**

We know that the types of intervention delivered to service users will have an impact on their achievement of recovery outcomes. The table below shows in detail the treatment options carried out with South Gloucestershire service users and in what settings. The last item focuses on those who receive pharmacological interventions only, something not recommended in guidance. These seven clients will need to be closely monitored by providers to ensure facilitation of recovery options continue to be offered or where this is not being taken
up by the client, clear reasoning for the continuation of the prescribing is well documented and frequently reviewed.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Local high level interventions</th>
<th>Total individuals**</th>
<th>Proportion by gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td></td>
<td>281</td>
<td>61%</td>
<td>662</td>
</tr>
<tr>
<td>Inpatient unit</td>
<td>34</td>
<td>7%</td>
<td>30</td>
</tr>
<tr>
<td>Primary care</td>
<td>232</td>
<td>51%</td>
<td>87</td>
</tr>
<tr>
<td>Residential</td>
<td>10</td>
<td>2%</td>
<td>17</td>
</tr>
<tr>
<td>Recovery house</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Young person setting</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Total individuals*</td>
<td>458</td>
<td>72</td>
<td>391</td>
</tr>
</tbody>
</table>

* This is the total number of individuals receiving each intervention type and not a summation of the setting the intervention was delivered in.
** This is the total number of individuals receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns.

**Figure 48 – High level interventions**

Source: JSNA support pack 2015

Overall South Gloucestershire services appear to be ensuring service users accessing pharmacological intervention / substitute prescribing also receive psychosocial interventions to encourage recovery and abstinence.

The majority of South Gloucestershire treatment occurs within a community setting, with a small number of service users requiring higher intensity services such as inpatient or rehabilitation. The volume of service users utilising these higher end treatment options should continue to me monitored and taking into account during any service remodelling for recommissioning to ensure provision is adequately proportioned in terms of local need given the increased costs of these services.

Primary care closely follows community settings as the main forum for delivery of pharmacological interventions. Whilst this is unsurprising given the clinical aspect to this treatment intervention it is worth noting that services appear to be working well within this setting and could be expanded which could address some of the geographical challenges faced by service users in South Gloucestershire with the current treatment centre locations.

**Residential treatment**

The data below shows the number of adult drug users in South Gloucestershire who have been to residential rehabilitation during their latest period of treatment (as a proportion of the whole treatment population and against the national proportion). Drug treatment mostly takes place in the community, near to users’ families and support networks. Residential rehabilitation may be cost effective with someone who is ready for active change and a higher intensity treatment at any stage of their treatment, and local areas are encouraged to provide this option as part of an integrated recovery-orientated system.

**Figure 49 – Residential rehabilitation**

Source: JSNA support pack 2015

Having reviewed the NDTMS data above with our Community Care assessor we have identified that the figure above will include both residential and community rehab placements. Locally four clients have entered Residential treatment for drug use during 2014/15 and a
further five have attended placements within a ‘tier 4’ community rehabilitation service. A disparity between local and NDTMS reported figures remains even once community rehab placements have been included and therefore we must also take into account that NDTMS will record clients with a South Gloucestershire postcode who have self-funded their placements and those that may have entered other authorities for treatment (i.e Bristol) due to being on the border or registered with a Bristol GP etc. Clients who have no fixed address prior to entering rehab may also impact the figures as their DAAT of residence will fall to the authority in which the residential placement takes place. There may also be some data quality issues where rehab providers are reporting a different primary substance to that recorded locally where both alcohol and drugs are being used.

As such a disparity is continually evident between NDTMS and locally recorded residential treatment provision we will continue to use local data from the Community Care assessor to identify the number of South Gloucestershire funded placements and the outcomes for these service users.

Duration of treatment

Below is the proportion of adults who have been in treatment for more than two years. Research shows that the likelihood of clients completing treatment and not re-presenting decreases the longer they remain in treatment over 2 years. Overall South Gloucestershire have a lower proportion of clients (33%) remaining in treatment for these extended periods in comparison to the national profile (40%).

![Figure 50 – Adults in treatment for 2 years or more](source: JSNA support pack 2015)

This measure is monitored through quarterly reporting and data illustrates that the proportion of clients in treatment for two years or more is declining in line with the recovery agenda. However, the data above illustrates that South Gloucestershire has a higher proportion of opiate and particularly non opiate clients remaining in treatment for these longer durations. This could again relate to findings on page 17 (static opiate cohorts and services for non-opiates not being appropriately tailored to the substance and following the opiate 12 week intervention model).

South Gloucestershire also appear to have significantly lower proportions of non-opiate and alcohol (poly use) clients in treatment for longer durations.

Successful completions

The data below shows the proportion of drug users who complete their treatment free of dependence, the progress made on people successfully completing treatment, and those successfully completing who do not relapse and re-enter treatment. Helping people to overcome drug dependence is a core function of any local drug treatment system. Although many individuals will require a number of separate treatment episodes spread over many years, research indicates most individuals who complete successfully do so within two years of treatment entry.
Successful completions are in decline both locally and nationally although this decline overall has been less prevalent in South Gloucestershire due to the noted growth in successful completions for the non-opiate and alcohol (poly use) cohort.

Successful completions for opiate and non-opiate clients has reduced in comparison to the previous year, with reductions in non-opiate successful completions being significantly larger than the national profile (-16% locally and -3% nationally).

For opiate clients this is likely to be related to a relatively static treatment population. Although South Gloucestershire is noting increases in the treatment population it is nationally recognised that the opiate using population is in decline and therefore those in treatment are likely to be those who have been accessing services for some time, with more entrenched use who are less likely to complete treatment.

A lack of successful completions for non-opiate clients could occur if treatment options are not tailored to this cohort and follow the opiate model of a 12 week intervention. If this occurs non-opiate clients may drop out of treatment after accessing what they require from the service and therefore appear to depart treatment unsuccessfully, despite the fact they may have reduced their use and could be classified under the ‘treatment completed, occasional user’ code. Ensuring that regular care plan reviews take place and treatment options are tailored to individuals and their problem substance will ensure that completion of treatment can be agreed and amended with the key worker and service user to avoid unplanned departure of service.

Successful completions for drug treatment will form part of the Health Premium Incentive Scheme (HPIS) which is due to be introduced to incentivise local authorities across the UK to improve health. The scheme worth £5m will be piloted across local authorities using two indicators, namely successful completions of drug treatment and the NHS Health Checks. This will give extra motivation for local service providers to ensure that we are meeting the targets for successful completions, to ensure that we are entitled to receive the premium.

Representations

Representations figures have improved overall with reductions in the number of those successfully completing returning to treatment.
An exception to the above is the non-opiate and alcohol (poly use) cohort where re-presentation occurrences have increased by 5% in comparison to the previous year. Consolidating this with alcohol re-presentation rates will provide a clearer indication as to whether the representation is likely to occur due to the use of non-opiates or alcohol.

**Treatment outcomes**

The data below is drawn from the Treatment Outcomes Profile (TOP), which tracks the progress drug and alcohol users make in treatment. This includes information on rates of abstinence from drugs and statistically significant reductions in drug use and injecting, and those successfully leaving treatment with secure housing and in work. Data from NDTMS suggests that clients who stop using illicit opiates in the first six months of treatment are almost five times more likely to complete successfully than those that continue to use.

### Six month review outcomes

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>Abstinence</th>
<th>National</th>
<th>Significant reductions in use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proportion</td>
<td>Proportion by gender</td>
<td>Proportion</td>
<td>Proportion by gender</td>
</tr>
<tr>
<td>Opiate</td>
<td>n</td>
<td>M</td>
<td>F</td>
<td>n</td>
</tr>
<tr>
<td>Crack</td>
<td>43</td>
<td>41%</td>
<td>40%</td>
<td>43%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>28</td>
<td>51%</td>
<td>45%</td>
<td>47%</td>
</tr>
<tr>
<td>Alcohol (adjunctive)</td>
<td>10</td>
<td>15%</td>
<td>16%</td>
<td>14%</td>
</tr>
</tbody>
</table>

### Injecting, housing need and employment

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>Abstinence</th>
<th>National</th>
<th>Significant reductions in use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proportion</td>
<td>Proportion by gender</td>
<td>Proportion</td>
<td>Proportion by gender</td>
</tr>
<tr>
<td>Adults no longer injecting at six month review</td>
<td>n</td>
<td>M</td>
<td>F</td>
<td>n</td>
</tr>
<tr>
<td>Adults successfully completing treatment no longer reporting a housing need</td>
<td>21</td>
<td>86%</td>
<td>85%</td>
<td>100%</td>
</tr>
<tr>
<td>Adults working ten or more days in the month before successfully completing treatment</td>
<td>29</td>
<td>21%</td>
<td>28%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Source: JSNA support pack 2015

South Gloucestershire report a higher percentage of abstinence for clients in comparison to national figures for Crack, Amphetamines and Cannabis. However, abstinence at this point is greater nationally for Cocaine and Alcohol clients.

When reviewing significant reductions in use as opposed to abstinence rates at the six month review point South Gloucestershire perform better than nationally with regards to Crack, Cocaine, and Alcohol.

This indicates that both cocaine and alcohol clients in South Gloucestershire appear to move towards abstinence more slowly than those using other substance or the same substances nationally, or perhaps that clients using these substances aim to reduce their use of these substances rather than abstaining entirely. Further analysis into the engagement and
successful completions of these clients may provide additional information in relation to these cohorts.

It is also worth noting that the abstinence levels for the majority of substances are higher for female clients and the percentages of reductions in use are generally higher for male clients.

**Housing need**

The first data item below shows self-reported housing status of service users at the start of treatment. The second shows the overall number of homelessness decisions made in South Gloucestershire (unavailable for drug users only) to give a sense of housing need in the area.

![Figure 54 – Accommodation status](source: JSNA support pack 2015)

A safe, stable home environment enables people to sustain their recovery; insecure housing or homelessness threatens it. Addiction and homelessness do not exist in isolation. People experiencing both are likely to have a range of needs cutting across health and social care, substance use and criminal justice. The Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) can be used to identify and commission across these interdependencies. Engaging with local housing and homelessness agencies can help ensure that the full spectrum of homelessness is understood and picked up: from statutorily homeless; single homeless people, rough sleepers, to those at risk of homelessness.

Over three quarters of our treatment population have no housing problem which is a higher proportion than the national average. Of the remaining percentage 9% have an urgent problem with the remainder having some form of housing problem that doesn’t immediately cause concern and may even be related to support being required with utilities or debt etc as illustrated by some of the work activities of the Re-integration team outlined below. The TOP data on the previous page illustrates that 88% of our clients report no housing need upon exiting treatment.

The re-integration service in South Gloucestershire is commissioned to provide support for service users in terms of education, employment, training and housing, both during and following treatment to assist in promoting and maintaining recovery.
An overwhelming majority of the work of the team relates to housing support (see fig 56 below).

The re-integration service activities are consistently weighted towards housing support interventions and this should be taken into account during re-commissioning as service users could be signposted to organisations such as Job Centre Plus etc. for the additional remits to enable greater focus to be placed on the weighting towards housing support.

An additional breakdown of the service activities specifically related to housing interventions is provided below. As the majority of the service users had no housing problem, the housing interventions provided by the Reintegration team focus on maintaining occupancy, such as assistance with utilities, support with mortgage and rent arrears, and support with debts.
**Employment and benefits**

The first data item below shows self-reported employment status at the start of treatment in 2014-15. Improving job outcomes for our service users is key to sustaining recovery and requires improved multi-agency responses with Jobcentre Plus and Work Programme providers.

**Figure 58 – Employment status**

It is evident that service users in our local structured treatment system have a higher rate (23%) of regular employment compared to the national average (19%). However, the proportion of those classified as long term sick / disabled is also higher in South Gloucestershire (28%) than the national average (21%). Both of these proportions have increased in comparison to last year.

Although the actual numbers remain low, proportionally in South Gloucestershire our service users engage in unpaid voluntary work more so than noted nationally.

The data below shows the benefit profile of our in-treatment population on 31 March 2012 (from a match between NDTMS and DWP data). An updated data match is planned through PHE later in the year, following which more recent local authority data will be released.
The benefit profile of the drug treatment population above illustrates that 50% of service users in South Gloucestershire were recorded as being on benefits (of any type) compared to 61% nationally. The form of benefits where the disparity appears to be less between local and national figures is for Incapacity Benefit and Income Support. However, service users in South Gloucestershire seem to obtain these benefits for a shorter duration than noted nationally. That said, the fewer service users noted to be obtaining the other benefits listed appear to utilise these for longer than the national profile.
5. Spend

Alcohol and drug dependency leads to significant harms and places a financial burden on communities. Investment in prevention, treatment and recovery interventions reduces this burden. For example, alcohol and drug users commit fewer crimes and are less prone to blood-borne viruses and other illnesses when they access substance misuse services. Furthermore, treatment can not only improve the lives of the people receiving it, but also that of their family.\(^\text{30}\)

According to the Value for Money calculation (Public Health England, 2013), £1 spent on substance misuse in South Gloucestershire will derive £8.34 of benefit in terms of crime reduction and increased health and wellbeing. The benefit is four times above the national average of £2. The image below shows the prevented crime activities and health and wellbeing benefits accrued by the substance misuse system in South Gloucestershire:

The estimated harm in the South Gloucestershire area if no opiate and/or crack cocaine users were treated for their addiction is £12.8m.

Adult substance misuse funding now falls under the single Public Health Grant and as such is now seen as a primary health budget alongside all of the other Public Health priorities. In 2015/16 and for the following 2 years there will be significant reductions to the Public Health Grant due to Government and Local Authority savings plans, this will see reductions of between 20-40%. is this the case?

It is important at this time of change to maximise the opportunity to redesign services, align and integrate contracts and seek innovative ways of delivering interventions across the spectrum of health and wellbeing. With the landscape of substance misuse altering so rapidly services must ensure they prioritise emerging trends such as alcohol, prescribed medication and NPS.

The funding for 2015/16 and the future budget must try to achieve better value for money whilst addressing the priority areas. Historically funding has been heavily weighted towards Opiate and Crack use which at times has not targeted local need effectively. We have already seen a system shift towards more effective delivery of brief interventions and

\(^{30}\) JSNA support pack 2015
improved alcohol provision and we will see a further move towards this over the coming years with potential reductions in high cost specialist clinical provision.

Total substance misuse community funding 2015/16: £2,300,000; 2016/17: £2,150,000, 2017 onwards £2,000,000.

As we move forward services will no longer be segmented by drug and alcohol as the South Gloucestershire model is a an integrated substance misuse budget and covers all substances including alcohol and secondary substances such as over the counter, prescribed, cannabis, NPS etc.

A recent review indicated that alcohol funding had increased considerably over the last five year contracting period. Baseline funding for alcohol costs at the start of the current contracts equated to approximately £500,000. However in most recent years this has increased by almost 100% due to service redesign, contract alternations and pilot projects etc. with most recent indicative spends equating to almost £1,000,000.

All money spent on alcohol and drugs comes from the Public Health Grant and services are commissioned by the local authority.
6. Children and Young People

6.1 National context

The latest figures from ‘Smoking, Drinking & Drug Use Survey’ (2013) shows that 11-15 year olds are far less likely to use drugs and alcohol than they were a decade ago. The chart below illustrates the decline in substance use for 11 to 15 year olds since 2001.

![Figure 61 – Substance use for 11-15 year olds](image)

Alongside a reduction in drug & alcohol use is a fall in the average number of units consumed. For those aged 11 to 15 the average number of units consumed has fallen from 16 units by males in 2008 to 11 units and from 13 units by females to 9 units in 2014. There is also some positive data for older young people. The numbers of 16-24 year olds who drink on at least 5 days has fallen from 14% (males) & 8% (females) in 2001 to 2% (males & females) in 2013. This is a considerable reduction in the numbers drinking frequently.

Despite the positive trajectory of data the survey also highlights the increasing risk of substance use for some vulnerable groups such as those who have poor attendance or who are excluded from school. International research has also raised concerns around British children being more likely to get drunk than their European counterparts. The Crime Survey for England and Wales has shown an overall drop in substance use for 16-24yr olds although there is a spike from 2012-14.

![Figure 62 – Substance use 16-59 year olds](image)

A research programme on the ‘Social Attitudes of Young People’ has identified that not only is there a decline in substance use but a decline in other risky behaviours and negative outcomes such as youth crime, teenage pregnancy, smoking and suicide. There remains...
however some worrying trends for those with the most problematic behaviours, for example across the whole population, alcohol-related admissions to hospital in England have increased significantly in the 10 years to 2011/12 and ONS mortality data (HSCIC) show a rise in deaths from alcohol poisoning, despite declining overall alcohol consumption. Similarly, whilst the numbers of first time entrants to the Youth Justice System has declined dramatically in the last 10 years, those in the Youth Justice System are now more likely to re-offend. *Ministry of Justice (2014) Criminal Justice Statistics Quarterly Update to March 2014.*

Alongside the decline in some risky behaviours we are also seeing a rise in other behaviours such as self-harm & eating disorders, a lack of exercise and sleep for some groups of adolescents and the impact of digital immersion in areas such as pornography, online gaming and social media. Much of the research in these areas is still emerging but figures from Young Minds has identified:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time
- Nearly 80,000 children and young people suffer from severe depression
- Over 8,000 children aged under 10 years old suffer from severe depression
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society
- 95% of imprisoned young offenders have a mental health disorder. Many of them are struggling with more than one disorder
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s
- The proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999

It is important therefore that when looking at young people’s substance use within South Gloucestershire that we do so in the context of a range of other behaviours and vulnerabilities and gain a more complete picture of the challenges facing young people and those services that respond to them.

### 6.2 Service provision within South Gloucestershire

Young people’s treatment and prevention services are delivered by the Young People’s Drug & Alcohol Service (based within Public Health & Well-being) and the Youth Offending Service. South Gloucestershire Council commission specialist provision from the Young People’s Substance Misuse Treatment Service in Bristol for a small number of young people who have complex substance use related health needs. Funding of £151,392 does this include YOS and yp contract?(2014-15) for young people’s substance use services was allocated from the Public Health Grant. Do we not have 15/16 figures?

Young people who receive a goal orientated, care-planned intervention that incorporates psychosocial interventions are termed to be in ‘treatment’. Young people who receive advice, information and targeted education around substance use are not defined as in ‘treatment’ and are not recorded on the National Drug Treatment Monitoring Database (NDTMS).
6.3 Evidence based guidance

CCQ Practice Standards for Young People (June 2012) have brought together evidence based guidance to set out a comprehensive approach to identifying, assessing & care planning a range of interventions that support young people. It includes the treatment of co-morbidity, integration between services and transfer of care.

NICE guidance ‘Interventions to reduce substance misuse among vulnerable young people’ (PH4), recommends the following:
- developing a local strategy
- using existing tools (including Single Assessment Form early help) to identify children and young people who are misusing or at risk of misusing substances
- family based programmes including therapy
- motivational interviewing for those who are misusing substances.

Young peoples’ treatment services within South Gloucestershire Council use these standards to benchmark and to develop service provision.

6.4 Prevalence of substance use within South Gloucestershire

Online Pupil Survey data - Substance Misuse

The South Gloucestershire Online Pupil Survey (OPS) questionnaire (2014) was developed following themes identified as key indicators in improving children's lives. The survey captured the responses of 2398 pupils in secondary and FE education, 3753 pupils in Primary Education and included questions pertaining to substance misuse. Questions specific to substance misuse were only answered by those in secondary education and further education. This consisted of 1132 children aged 11 to 12 (year 8), 794 children aged 14 to 15 (year 10) and 472 children aged 16 to 17 (year 12/FE).

![Figure 63 & 64 - Have you ever been offered illegal drugs?](image)

When asked, ‘have you ever been offered illegal drugs?’ 22.1% of respondents (516/2331) answered ‘Yes’. In Year 8, 8.7% of respondents (221/775) answered ‘Yes’. This proportion increased to 42.8% (200/467) of respondents in year 12.
When asked ‘Have you ever tried illegal drugs?’ 8.3% of respondents (194/2338) answered ‘Yes’. In year 8, 1.3% of respondents (14/1091) answered ‘Yes’. This proportion increased to 16.3% (76/391) of respondents in year 12.

Those who responded ‘Yes’ to having tried illegal drugs (n=194), were asked what drugs they had tried and how often they used them.

The chart below shows the drug use that was reported as ‘quite often/most days’ as a % of those who answered ‘yes’ to having tried illegal drugs.

Selecting ‘quite often’ and ‘most days’ best reflects the likelihood of problematic use within a drug using population. 26.3% of young people with this level of frequent use are using Cannabis, 18.2% using Nitrous Oxide and 7.6% using synthetic Cannabis. The percentages frequently using Nitrous Oxide and synthetic Cannabis are greater than anticipated and are not reflected in those young people receiving treatment for problematic substance use.

Cannabis use

The pie charts below identify the gender split between those males and females who reported use of Cannabis (n171).
Approximately 21% of males who use Cannabis do so in a way which may be problematic (quite often/most days) compared to approximately 31% of Cannabis using females. The demographic split reported within this data is not reflected within treatment data.

Cannabis use across year 8 is low with 13 students reporting that they use it. This figure increased to 92 students in year 10 and 467 in year 12. Within the 92 year 10s who indicated that they use Cannabis approximately 35% of them do so in a potentially problematic way. A much larger cohort of year 12s use Cannabis with approximately 18% doing so either ‘quite often’ or ‘most days’.

When asked ‘Have you ever been offered prescription drugs (medicine you can only get from a doctor) that are NOT your own, for fun or to feel good?’ 10.7% of respondents (249/2327) answered ‘Yes’. In Year 8, 10.4% of respondents (113/1088) answered ‘Yes’, and in year 10, 13% (101/775) answered ‘Yes’. This proportion decreased to 7.5% (35/464) of respondents in year 12. This indicates that respondents from younger age groups are more regularly offered prescription drugs than older respondents. This is in contrast to illegal drugs where exposure increases in older age groups.

When asked ‘Have you ever tried prescription drugs (medicine you can only get from a doctor) that are NOT your own?’ 8.5% of respondents (198/2318) answered ‘Yes’. In Year 8, 8.9% of respondents (91/1084) answered ‘Yes’, and in year 10, 10.5% (81/769) answered ‘Yes’. This proportion decreased to 4.3% (20/465) of respondents in year 12. This indicates the prevalence of prescription drugs is higher amongst the younger respondents. This is in contrast to the trends identified with illegal drugs, where older respondents show a higher prevalence of having tried illegal drugs.
Alcohol use

36.9% (147/398) of Year 12 respondents reported drinking alcohol ‘quite often/most days’ compared to 9.4% (65/694) of Year 10 respondents and 1.3% (13/1014) of Year 8 respondents.

Respondents who have indicated higher end use best reflect what might be deemed as problematic use. Weekly alcohol use may or may not be problematic and would be dependent on the number of units consumed.

Young people were asked about the frequency in which they may get drunk. The responses indicate that 36% of year 12s get drunk quite often (weekly/most days). A higher percentage of females than males reported (n263male n228female) that they get drunk ‘sometimes’ or ‘quite often’.

Treatment data

Definition of young people’s treatment:
“Young people’s specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person’s substance misuse.”
NTA 2008

The three main providers of treatment for young people are the Young People’s Drug & Alcohol Service (YPDAS), the Young People’s Substance Misuse Treatment Service (YPSMTS) and the Youth Offending Service (YOS). The YOS submit small numbers to NDTMS which is reflected in the demographic profile of young people. Locally held YOS data is also included alongside some analysis of how it contributes to the wider profile.
NDTMS data is presented at a partnership level and includes alongside the three main providers any other agency (outside South Gloucestershire’s commissioning arrangements) who are providing treatment to South Gloucestershire residents.

*NDTMS data is not submitted in July*

Numbers in treatment were 33% higher at the end of the 2014/15 financial year than at the outset. This is in contrast to the national trend which showed a 5% decline in numbers entering treatment for the year 2014/15. 5 of the young people (5%) were YOS clients that received an intervention with YPDAS. YPSMTS had 17 young people in treatment which is a significant increase.

32 young people received a non-treatment intervention from South Gloucestershire YOS. 24 young people who were referred to YPDAS between 1/4/14 & 31/3/15 received a non-treatment intervention. These interventions include drug and alcohol awareness & harm reduction advice.

The chart below represents new presentations into treatment by quarter. Q2 reflects the lower number received over school summer holidays. Q3 includes the 5 YOS clients supported by YPDAS and the increase in numbers within YPSMTS.
Education services remain the most prolific source of referrals for South Gloucestershire, increasing by 1% from the baseline year, to 49% in 2014/15. This is almost twice the proportion of referrals from education services that we see nationally and constitutes almost half of all referrals.

‘Children and Family Services’ have declined as a source of referrals in 2014/15 and are now below the national proportion of referrals from these sources.

In 2014/15 there has been a noticeable increase in referrals from ‘Youth Justice Services’ however these still remain significantly lower than the proportion observed at a national level. This reflects the number of YOS clients supported by YPDAS over quarter 3 and also needs to recognise the numbers of clients supported by the YOS who are not classified as ‘in treatment’ and therefore not included within these figures.

This includes young people receiving a tier 2 (advice and information) level of service alongside those receiving treatment.
Education (school/PRU) continue to be the largest referrer into treatment. It needs to be recognised however that often where there is a SAF it is the school that acts as the Lead Professional and coordinates access to other services. Often when referrals are received via First Point from a school there are other agencies involved but it is the school that is recorded as the referring agency and therefore the dominant referral source within NDTMS data.

Referrals into YPDAS from secondary schools are more consistent than in previous years with each school referring between 1 and 4 students. The two schools in Thornbury referred 14 between them which reflects the pro-active approach by the schools and the close working relationship between YPDAS staff and the school health nurses within these schools. Two schools did not make a referral.

The chart below represents across quarters the number of young people who received an intervention within 15 working days.

The drop in performance from 100% within Q4 represents 4 young people within one provider.
In 2014/15, the average treatment length was 24.32 weeks, almost 2 weeks longer than the national average. There were fewer (27%) shorter interventions (0-12 weeks) delivered within 2014/15 than the previous year and considerably fewer than the national average.

The chart below represents the treatment interventions delivered to young people.

The percentage of young people within treatment receiving harm reduction, psychosocial and multi-agency interventions has increased from the previous year and is higher than the national average. This shows that young people within South Gloucestershire who enter treatment receive these interventions and that these are being captured. In particular multi-agency working reflects the positive way in which the SAF process is working within South Gloucestershire and that it is an integral part of working towards positive outcomes.
Against the national figures, South Gloucestershire delivers a high number of planned exits. With as many planned exits, we might expect more outcome profiles to be completed. Outcome profiles (YPORs) offer a set of data that indicates behavioural change and improved health and well-being.

**Drug use of exits**

74% of young people exited treatment as occasional users which is higher than the previous year and significantly higher than the national average. South Gloucestershire has a higher percentage of Cannabis users and a larger cohort of 15 & 16 year olds. Many of these young people wish to use less and reduce the harm caused by frequent substance use but do not express to wishing to be ‘drug free’ as a treatment goal.
South Gloucestershire has a higher percentage of young people using cannabis, amphetamine and cocaine. YPDAS staff suspect that often young people believe they are taking cocaine but that the substances are likely to be unknown white powders. 94% of those within treatment in 2014-15 used Cannabis problematically and 52% used alcohol problematically.

61% of young people accessing treatment were male. The OPS data discussed earlier has identified that of those using cannabis (31% of females and 21% of males) reported to be doing so in a potentially problematic way. The gender split within the OPS data is very different to that within the treatment data with higher numbers of males (61%) receiving treatment.
2014/15 saw a drop in the percentage of young people aged 13-14 accessing treatment and an increase in the percentage of 16 year olds. There were significantly less 17 year olds in treatment in South Gloucestershire than nationally.

South Gloucestershire Youth Offending Service

Young people who enter the criminal justice system and where substance use has been identified (not necessarily related to the offence) receive an assessment and an education and harm reduction intervention. These young people differ from those YOS clients captured by NDTMS in that they are not entered into ‘treatment’. The chart below represents 32 young people, some of whom are using more than one substance. The cohort has a larger percentage of young people who are 17 and male (over half of the cohort) than those recorded as ‘in treatment’ (all providers) on NDTMS. Combining these figures significantly increases the percentage of 17 year old males accessing support for substance use within the local authority. 4 of these young people were identified as being NEET.

Figure 88 – Age of those accessing treatment

Figure 89 – Drug use by age and gender
The ethnicity profile of young people within treatment has identified that between 91% define themselves as White British. 3% defined themselves as Other White and 2% as Mixed other.

Ward data enables us to identify areas where there have been more or less referrals into treatment. The higher number of referrals from Thornbury North reflects the proactive referral pathway that is in place between the two Thornbury Secondary schools and YPDAS.

Dodington and Kings Chase are both Priority Neighbourhoods and have like Frenchay & Stoke Park are the wards with the highest level of referrals. Frenchay and Stoke Park border onto Filton connection with UWE?? which is a Priority Neighbourhood. Other Priority
Neighbourhoods (Staple Hill, Patchway and Cadbury Heath) have lower numbers of referrals in comparison which raises questions around unmet need.

**Education Employment and Training**

Numbers reported as not in education, employment or training (NEET) rose from 1% to 5% between 2013-14 to 2014-15 but continue to be under represented in comparison to the national average. 73% of young people fall within mainstream education.

**Accommodation Need**

South Gloucestershire has fewer young people (2%) who are in treatment who are living in supported housing than nationally but a higher number who are living in care (9%). 80% of young people within treatment are living with their parents.

**Substance specific vulnerabilities**

![Figure 91 – substance specific vulnerabilities](image)

Although there has been a decline from the baseline in Poly Drug Use it is still higher than that which is seen nationally. Opiate or crack use appears to have increased but this includes one young person within Vinney Green Secure Children’s Home. There is a decrease in the numbers of young people reporting high risk alcohol use.

**Wider Vulnerabilities**

Data around wider vulnerabilities show large fluctuations both from the baseline and the national average. As discussed previously there are lower numbers of young people who are NEET. There are also fewer young people who are affected by others’ substance use. South Gloucestershire has a higher number of young people within treatment who report self-harm & sexual exploitation compared to that reported nationally. There is a significant drop from the baseline in those reporting domestic abuse. The proportion of young people in care has fallen from 24% to 15% and those who are a Child in Need from 10% to 5%.
Young People’s Outcome Records

Of the 101 young people in treatment 33 completed a YPOR at both the start and finish of their treatment journey. The analysis below is therefore from a small cohort and may be reflective of those clients who made the most positive changes. There is currently no outcome data other than that collected by NDTMS for YOS clients.

Figure 92 – Wider vulnerabilities

Figure 93 - Average days of substance use at the start and exit of treatment
The trend across all substances is that South Gloucestershire young people enter treatment using more substances than nationally. Cannabis use drops from 20 days to 10 days of use between start and finish. Use declines across other substances, the greatest decline is found within ketamine, amphetamine, solvents and legal highs. Tobacco use increases which may be as a result of young people using less cannabis and using tobacco to manage cravings. Research (Co use of tobacco & cannabis evidence review) has identified the link between cannabis and tobacco and how either one may increase in use when the other declines.

**Cannabis use**

South Gloucestershire young people report more frequent use at the start of treatment than nationally however the quantity that they are using overall is less than that reported nationally.

![Figure 94 – Amount of cannabis used](image)

**Substance use during the week**

70% of young people within this cohort reported using a substance during the daytime and 97% during the evening on a weekday. At treatment exit, the percentage of those reported using a substance during the daytime on a weekday went down to 20%. This is lower than the national level of 33%. 97% reported using another substance during the daytime and 100% during the evening on a weekend. At treatment exit, the percentage of those reported using a substance during the evening on a weekend went down to 83%. This is higher than the national level of 69%. Young people therefore reduce their use more significantly during the daytime (weekday & weekend) than they do during the evening.

**Alcohol use**

On an average day of use South Gloucestershire young people within this cohort reported using 17.4 units which declined to 9.5 units at treatment exit.
In the 28 days before treatment started, the average use of alcohol was 4.5 days. At treatment exit this went down to 3.4 days. Out of those who reported drinking at the start of treatment, 8% reported drinking during the daytime and 36% during the evening on a weekday. The percentage of those who reported drinking at exit during the daytime on a weekday went down to 0%. This is lower than national level of 11% and demonstrates a considerable reduction in use. 48% reported drinking during the daytime and 96% during the evening on a weekend. At treatment exit, the percentage of those who reported drinking during the evening on a weekend went down to 91% which is higher than the national level of 88% but a greater reduction. Young people within this cohort therefore make good progress in reducing their drinking during the day time and at weekends but continue to drink during the evening at weekends. This pattern of drinking shows a generic shift from problematic to age-appropriate.

Health & wellbeing

Across the five indicators of health & wellbeing (Change in life Satisfaction, Anxiety Score, Feeling worthwhile, Happiness & Getting on with family/friends) South Gloucestershire young people within this cohort often reported a lower score at start of treatment than nationally but made more significant improvements.

Vulnerabilities

Self-harm

The Online Pupil Survey allows data to be filtered in order to identify and compare groups of young people with more than one vulnerability. The pie charts below represent the numbers of young people who responded to the questions ‘Have you ever tried illegal drugs?’ and ‘Have you ever self-harmed?’
5.9% (n108) of those who said ‘No’ to having self-harmed reported that they have also used illegal drugs compared to 19.8% (n70) of those who said ‘Yes’ to having self-harmed and illegal drugs use.

Figure 98 – Self harm and illegal drug use

Smoking

The pie charts below represent the numbers of young people who responded to the question ‘Have you ever used illegal drugs?’ and ‘Do you smoke?’ 5.3% (n115) of those who said Never/Not often or Sometimes to smoking reported that they have used illegal drugs compared to 51.6% (n65) of those who smoke quite often/most days. Young people within this cohort who are regular smokers are almost 50% more likely to also use drugs.

Figure 99 – Smoking and illegal drug use

Parental substance use

The organisation Young Carers run a specific project for children and young people who are affected by the substance use of their parents. Of the young people receiving support in 2014/15 alcohol was the most common substance impacting upon the family with the most referrals to the project being from adult treatment services followed by self-referral. The age of the young people being supported by the project ranged from 9 to 17.
**Families in Focus**

Families in Focus (FIF) is South Gloucestershire’s implementation of the national Troubled Families programme. The data below represents 99 young people who were in treatment for substance use between Sept ‘11 and Feb ‘15. It identifies the number and type of FIF criteria (other vulnerabilities) that co-existed within this cohort of young people. A family that meets 2 or more of the criteria qualify for FIF support. 80 clients met 2 or more of the criteria and 18 received FIF support.

**Hospital admissions**

The charts below show the rate of hospital admissions relating to alcohol and substance use over the last 5 years.
Alcohol related admissions have risen from 37 per 10,000 in 2012-13 to 61 in 2014-15.

Substance use related admissions have risen from 25 per 10,000 in 2012-13 to 53 in 2014-15.

Possible reasons for the rise in admissions across substances may be the increase in use & availability of Novel Psychoactive Substances (particularly synthetic cannabis and stimulant powders) & binge drinking.

Local Alcohol Profiles for England have identified alcohol related mortality & alcohol specific hospital admissions for adult females as having risen from considerably below the average for England and the South West to rising just above it. This data is useful in the context of the OPS data which has highlighted alcohol as an area for concern for year 12 girls.

There is currently a new intervention running in Bristol within the Emergency Departments of the Bristol Royal Infirmary for young people under 18 who are admitted where there is evidence of substances misuse. A referral is made to the Young People’s Substance Misuse Treatment Service (YPSMTS) who will phone and screen the young person with three possible outcomes:

- advice and information
- referral to Early intervention in Bristol
- referral to a treatment service
Looked after Children

112 young people aged 11-17 were looked after by South Gloucestershire Council and 48 were on a protection plan in the year 2014-15. NDTMS data has identified that 15% of young people within treatment were looked after and 7% were on a protection plan. Additional vulnerabilities such as self-harm, mental health issues, Child Sexual Exploitation and Domestic Abuse are particularly high for the cohort of young people who are either looked after or on a protection plan.
7. Stakeholder views

Feedback from service users, young people, providers and carers

Foster carers

Foster carers were asked to complete a questionnaire about their experiences of substance use and accessing support for it. Foster carers reported that when a young person uses substances within a placement it has a huge impact on the family in terms of challenging behaviour, theft, damage, poor decision making and lack of motivation to engage in positive activities & education.

Some Foster Carers described experiencing difficulty in having the education and training themselves to manage substance use within their home and in getting their young people to access support. Young people within care are vulnerable to substance use as a way of coping with the difficulties they are experiencing. Foster carers would benefit from having better access to support for themselves and their young people.

Young people

Three focus groups were carried out with a total of 16 young people within yr 10 (9 girls & 7 boys). The young people mentioned in a number of different contexts the fear that some young people have around admitting that they have a problem, seeking help and ensuring that parents and others don’t know about it. The young people felt that more adults should know about YPDAS and that there should be better awareness of services for young people through Social Media. The young people raised concerns around anonymity for drop-ins and suggested GP surgeries as a venue for accessing help.

Young people within treatment

18 young people completed a feedback form on finishing treatment with YPDAS. Some young people stated that when they first met a drugs worker they did not think that they needed to see someone. This suggests that some young people were not involved in the decision or were reluctant to see a drugs worker at the start. These same young people however did voluntarily continue to see a drug worker, work towards goals and make changes. Some young people felt slightly worried and one young person was very worried about seeing a drug worker; others felt that they did not receive enough information about the process. All young people were either definitely happy or mostly happy with the venue, the way in which the drug worker worked and the confidentiality policy. Two young people felt that the ending did not come at the right time and 3 felt that they needed to be referred on to another agency. Twelve young people stated that the sessions definitely provided them with what they needed and 6 said that they mostly did. Three young people stated that the support had not helped them change their behaviour by 15 stated that it had helped. The young people gave comments around how they were using less, had stopped using altogether, felt listened to, understood their behaviour and had improved outcomes such as less anxiety and better relationships. One young person felt that they had been ‘ordered’ to stop taking drugs.

Provider feedback (young people)

The Young People’s Substance Misuse Treatment Service is commissioned to provide a service to those young people within South Gloucestershire who have complex substance use and mental health needs. The service were interviewed as a team and asked to comment on current strengths, referral pathways, transition, challenges, opportunities and
emerging needs. The following paragraphs aim to summarise the views & opinions expressed.

**The strengths of current service provision and what is working well**

There is a positive relationship that exists between YPSMTS and YPDAS and other South Gloucestershire services which results in young people receiving a good service and being prepared for working with YPSMTS. In house services within South Gloucestershire Council such as YISS & FISS feel robust and provide good wrap around care for young people.

The family work that has been delivered by YPSMTS has been positive with good feedback from service users.

YPSMTS offer outreach which enables young people to be seen within the community.

Joint assessments between YPDAS & YPSMTS & regular attendance at YPSMTS team meetings by the YPDAS team leader has been positive in facilitating joined up working.

YPSMTS are continually developing specialisms within their team which promote a range of treatment interventions e.g. NVR (non-violent resistance), solution focused work and CBIT (cognitive & behavioural treatment model).

Young people report that they like having both their substance use and mental health needs met within one team.

**Referral pathways/transition**

Young people are able to get a CAMHS level of service from YPSMTS with easy and quick access.

The pathway between YPDAS & YPSMTS works well although there are still some attempts by staff within South Gloucestershire CAMHS to refer straight to YPSMTS rather than go through YPDAS.

Transition for Bristol clients is more positive than for South Gloucestershire clients. Bristol clients move from YPSMTS to a specific transition worker who works with young adults whereas South Gloucestershire young people transition directly to adult services. Engagement by young people into adult services is challenging and unsuccessful engagement can lead to young people dropping out of services.

**Challenges**

South Gloucestershire is a large geographical area which requires additional travel time to that needed for Bristol clients.

South Gloucestershire services are less familiar to staff than Bristol teams.

Lack of capacity/resources/waiting list within South Gloucestershire CAMHS can impact negatively on YPSMTS.

A small contract makes managing resources and the number of young people receiving a service difficult. If this continues to be a pressure there could be implications for the scope of service that young people receive.
Bristol clients are often referred earlier which gives more opportunity to do preventative work. South Gloucestershire young people are sometimes referred at a later stage and therefore their needs are acute/more complex and they stay in service longer.

There is quite a gap in the level/type of service provided by YPDAS and that delivered by YPSMTS, more in between interventions that cross that gap would be positive.

**Opportunities for service development**

Currently the service delivered within YPSMTS is very child focused and there may be benefits towards moving towards systemic practice.

It would be useful to look to start conversations about young people moving from YPDAS to YPSMTS earlier and to reduce the length of time some clients are with YPSMTS.

It would be beneficial for YPDAS & YPSMTS teams to spend time together and have some opportunities to share and look at treatment models.

Developing more understanding/knowledge of substance use within South Gloucestershire CAMHS may ease some of the pressures of having a small contract with YPSMTS.

**Emerging needs within the population**

New Psychoactive Substance (NPS) are prevalent among young people and Ketamine was about 8 months ago. Young people are also taking strong stimulants and some hallucinogens.

There have been a number of CSE cases and parental alcohol use.

South Gloucestershire is a large and growing population and there are issues for young people around employment and independent living.

**Stakeholder views (adults)**

South Gloucestershire council run a citizen consultation panel, called Viewpoint, which is made up of residents who respond to surveys on a range of issues.

The panel is consulted up to six times a year by online or postal surveys.

In February 2014, all 1,619 panel members who had signed up to were sent a postal survey. In total, 887 questionnaires were returned and this represents a response rate of 55%.

Asked if they knew where to access help for the following, respondents gave the answers below. Nearly a fifth of respondents did not know where to access help for drug and alcohol problems.
Figures 105 – Where to access help

Asked ‘In your local area, how much of a problem do you think there is with the following regarding alcohol and drug consumption?’ respondents gave the following comments.

At least two in five respondents feel each issue included in the survey is a problem in their local area, whether this is a big problem or small problem. More than half (53%) of respondents indicate that underage drinking is a problem in their local area. Beneath this, approaching half (48%) of respondents feel that drinking in public is a problem, while 46% feel that excessive alcohol consumption and drug taking is a problem in their local area.

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**Figure 105 - In your local area, how much of a problem do you think there is with the following regarding alcohol and drug consumption?**
Respondents were next asked: ‘How satisfied are you with the way the Council and other public health providers are tackling these alcohol and drug consumption issues in your local area?’

Approaching one in three (32%) respondents indicate that they are satisfied with the way in which drinking in public is being tackled, while one in four (24%) are satisfied with how excessive alcohol consumption is being addressed. One in five (21%) indicate that they are satisfied with how underage alcohol sales are being tackled, while approaching one in five (17%) are satisfied with how underage drinking is being approached.

Figure 107 - How satisfied are you with the way the Council and other public health providers are tackling these alcohol and drug consumption issues in your local area?

Figure 108 - How satisfied are you with the way South Gloucestershire Council addresses drinking behaviours of the following age groups?
One in five respondents (21%) express satisfaction with the way in which South Gloucestershire Council addresses the drinking behaviours of older people and this proportion shows no significant variation by age or area. The proportion of respondents who express satisfaction is however significantly higher among male respondents (25%) than among female respondents (16%).

A further one in five (20%) respondents are satisfied with the way in which the Council is addressing the drinking behaviours of working age people. Again, this proportion shows no significant variation by age or area, however a significantly higher proportion of males express satisfaction than females (25% cf. 15%).

Just 15% of respondents express satisfaction with the work that the Council does to address the drinking behaviours of young people. One in five (18%) express dissatisfaction and whilst this proportion shows no significant variation by age, looking by area, the proportion of respondents who express dissatisfaction is significantly higher among those from Severnvale (22%) and Yate (19%) compared with those from Kingswood (13%).

Respondents were also asked: ‘How would you most like to be able to access help and information on the following support services if you required them? – Alcohol and drug misuse’

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**Figure 108** - How would you most like to be able to access help and information on the following support services if you required them?

When thinking about how they would prefer to access help and information about alcohol and drug misuse, one in four (26%) indicate that they would prefer to do so through their GP. Beneath this, one in eight (12%) would prefer to access help and information about alcohol and drug misuse online, while a further 11% would like to access this information via local support groups.
Approaching two in five (38%) respondents indicate that alcohol and drug misuse support is not applicable to them.31

Service User views and Family and Carer involvement

South Gloucestershire DAAT encourage service user feedback through the Service User Voice group and the service user rolling comments. This group enables monthly feedback to be communicated to commissioners which is addressed accordingly throughout the year. This forum, alongside the Families Also matter (FAM) service provides access to service users willing to engage in consultation with regards to needs assessments and service re-design.

The data below illustrates the number of active FAM members engaged in service against the contractual target alongside the FAM service activities:

The decline in engagement with FAM services is attributed to the vacancy of the FAM Coordinator post and temporary staffing measures. The engagement in the service has

31 South Gloucestershire Viewpoint Survey May 2014
increased again during 2015/16 following recruitment and extended publicity and invigoration of the services in engaging new family members and utilising guest speakers etc.

Consultation

The DAAT regularly undertakes consultation with service users, partners and stakeholders and this will be increased during the period of recommissioning through:

- Pre-consultation Engagement
- Full consultation in line with COMPACT
- Roadshows
- Attendance at stakeholder meetings

A full service user consultation report has been developed to support recommissioning which has been formulated using the rolling comments feedback from providers. Below is an introduction to this report and initial findings.

Consultation with our service users allows us to:

- Provide opportunities for the service users and their families and carers to influence the changing landscape of the commissioning decisions
- Foster a sense of ownership and trust of the service users towards their recovery journey within the treatment system. The service users’ involvement is seen as a means of empowering them to make choices and have control over their lives.
- Legitimise unpopular decisions, particularly during the times where service redesigning or de-commissioning is critical, based on the lived experience and knowledge.  

A qualitative analysis on the service users’ feedback of the adult Substance Misuse Services in South Gloucestershire, collected through a written medium called, ‘Rolling Comments’, has been undertaken to understand the level of engagement of service users with the treatment system, and to determine the common themes of issues raised by them, at a strategic level.

Often, the service users’ feedback is collected on a piecemeal basis, where the comments are addressed as and when they are being made, by which the thematic trends across the system can be missed. Therefore, this report provides a systematic and strategic analysis on the service users’ feedback on the local substance misuse system in South Gloucestershire, which is particularly vital in assisting the DAAT with the re-commissioning of the substance misuse services in 2016.

Some of the findings from the report include:

- Development of a glossary / handbook for those new to treatment to understand some of the terms / jargon
- Proactive links between prison and community treatment services
- The need for publicity
- Suggestions for incentivisation schemes

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In addition to the above the service user rolling comments feedback additional feedback through other consultation exercises that have already taken place with the public will be taken into account during service redesign.

The Council Viewpoint Survey 2014 collated feedback from 887 residential questionnaires and emphasised a continued need to better publicity of Substance Misuse Services as only 37% of respondents felt they knew where to access help regarding drug or alcohol related problems. It was also noted that three in ten respondents ‘don’t know’ whether they are satisfied or dissatisfied with the way in which the Council and other public health provers are tackling alcohol and drug consumption issues, indicating a lack of awareness of the work that the Council does to address these issues.33 The survey also provided details on public perceptions of Substance Misuse within the authority as well as views on what interventions would assist clients in reducing their use of alcohol for example; the most popular suggestions included encouragement from family and friends (evidencing the need for services such as FAM), further restrictions on where people can smoke or consume alcohol and having access to support groups etc. Full details are provided below:

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>SMOKER</th>
<th>DRINKER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Increasing the cost of products</td>
<td>23%</td>
<td>12%</td>
<td>24%</td>
</tr>
<tr>
<td>Awareness of support to stop or reduce consumption</td>
<td>14%</td>
<td>24%</td>
<td>14%</td>
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<tr>
<td>Availability of support to stop or reduce consumption</td>
<td>19%</td>
<td>32%</td>
<td>19%</td>
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<tr>
<td>Encouragement from family and friends</td>
<td>44%</td>
<td>19%</td>
<td>46%</td>
</tr>
<tr>
<td>Having access to a support group</td>
<td>30%</td>
<td>27%</td>
<td>31%</td>
</tr>
<tr>
<td>Warning of health risks on products</td>
<td>13%</td>
<td>6%</td>
<td>14%</td>
</tr>
<tr>
<td>Further restrictions of the sale of products</td>
<td>27%</td>
<td>11%</td>
<td>29%</td>
</tr>
<tr>
<td>Further restrictions on where people can smoke or consume alcohol</td>
<td>32%</td>
<td>21%</td>
<td>33%</td>
</tr>
<tr>
<td>Understanding the impact on your own health</td>
<td>26%</td>
<td>21%</td>
<td>27%</td>
</tr>
<tr>
<td>Understanding the impact on other people's health</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
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<tr>
<td>Unweighted Bases</td>
<td>887</td>
<td>49</td>
<td>742</td>
</tr>
</tbody>
</table>

| Table 10 - How much of an impact do you think the following would have on encouraging people to stop smoking and/or drinking? |

33 BMG research Viewpoint Survey for South Gloucestershire 2014.
8. Review of evidence of good practice

The following rapid literature review builds on the high-level literature search conducted by Solutions for Public Health on behalf of Hackney and City of London for their substance misuse health needs assessment. The literature search identifies high-level evidence in terms of systematic reviews and/or meta-analyses and health technology assessments for the effectiveness and cost-effectiveness of primary prevention interventions for substance misuse (drugs and alcohol) in children and adults. The literature search addresses the following question:

*In children and adults at risk of substance misuse (drugs and alcohol), what primary prevention interventions are effective and cost-effective?*

In addition to the high-level evidence, the relevant NICE guidance is listed below with its key prevention recommendations. Following this, the results of the literature search are provided, with a discussion of the findings combined with those from the Solutions for Public Health evidence review.

The guidelines below have all been created and published by NICE, focusing on prevention.

<table>
<thead>
<tr>
<th>Guidance</th>
<th>Recommended prevention interventions</th>
<th>Recommendations relate to:</th>
</tr>
</thead>
</table>
| Substance misuse interventions for vulnerable under 25s PH4 (2007) 35 | • Identify vulnerable and disadvantaged children and young people who are misusing/at risk of misusing substances  
• Joint working with parents/carers, education welfare services, children's trusts, CAMHS, school drug advisers  
• Offer family-based programmes of structured support over 2+ years  
• Offer group-based behavioural therapy over 1-2 years, before and during the transition to secondary school  
• Offer parents/carers group-based training in parental skills  
• Offer 1+ motivational interviews according to young person's needs | Children/Young people (<25 years) | Adults (25 years +) |
| Alcohol: school-based interventions | • Ensure alcohol education is an integral part of the national science and PSHE education curricula  
• Ensure alcohol education is tailored for different age groups and takes different learning needs into account | Yes | No |

35 NICE (2007) Substance misuse interventions for vulnerable under 25s (PH4). Available at: https://www.nice.org.uk/guidance/ph4
Introduce a ‘whole school’ approach to alcohol involving staff, parents and pupils
Offer parents/carers information about where they can get help to develop their parenting skills
Offer brief, one-to-one advice on the harmful effects of alcohol use, how to reduce the risks and where to find sources of support
Maintain and develop partnerships

Review licensing policy to reduce availability of alcohol, especially in hotspots of concern
Ensure sanctions are fully applied to businesses that break the law on under-age sales, sales to those who are intoxicated and proxy purchases
Improve and strengthen resources for screening and brief interventions
Support children and young people aged 10-15 years – assess their ability to consent, judge their alcohol use, discuss referral to specialist services, if required
Identify and offer young people aged 16-17 motivational support or referral
Identify adults through screening, and offer brief advice, motivational support or referral.

<table>
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</thead>
<tbody>
<tr>
<td>• Introduce a ‘whole school’ approach to alcohol involving staff, parents and pupils</td>
<td>• Review licensing policy to reduce availability of alcohol, especially in hotspots of concern</td>
</tr>
<tr>
<td>• Offer parents/carers information about where they can get help to develop their parenting skills</td>
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</tr>
<tr>
<td>• Offer brief, one-to-one advice on the harmful effects of alcohol use, how to reduce the risks and where to find sources of support</td>
<td>• Improve and strengthen resources for screening and brief interventions</td>
</tr>
<tr>
<td>• Maintain and develop partnerships</td>
<td>• Support children and young people aged 10-15 years – assess their ability to consent, judge their alcohol use, discuss referral to specialist services, if required</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Identify adults through screening, and offer brief advice, motivational support or referral.</td>
</tr>
</tbody>
</table>

Yes | Yes

The literature review identified 9 additional systematic reviews and meta-analyses to the 11 identified in the Hackney and City of London Substance Misuse Health Needs Assessment. Six studies reviewed primary prevention strategies for children and adolescents, two reviewed strategies in young people, and one reviewed prevention interventions in all

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ages. Interventions for children and adolescents included universal school-based, computer-based, family-based, community-based, primary care, and parental interventions. For young people they included college-based interventions. The all ages review assessed computer-based interventions.

**Children and adolescents**

Faggiano *et al.* 2014 conducted a Cochrane systematic review to evaluate the effectiveness of universal school-based interventions in reducing drug use compared to usual curricular activities or no intervention. The results identified that school programmes combining social competence and social influence approaches show small but consistent protective effects in preventing drug use, even though some outcomes were not statistically significant. Some interventions based on the social competence approach also showed protective effects for some outcomes. The authors concluded that, as the effects of school-based programmes are small, they should form part of more comprehensive drug use prevention strategies to achieve population-level impact. The included studies were assessed to be of moderate to high quality for certain outcomes, although most reported the way in which the study was conducted inadequately. Furthermore, heterogeneity in many of the study results restricted their combined analysis.

Carney *et al.*’s 2014 Cochrane systematic review aimed to evaluate the effectiveness of brief school-based interventions on reducing substance use and other behavioural outcomes among adolescents compared to other interventions or assessment-only conditions. There were conflicting results as some studies found that brief interventions had no effect on substance use, while others found that brief interventions significantly reduced substance use and other problem behaviours. By and large, the results suggest that those receiving brief interventions generally succeeded in reducing their substance use compared to those receiving no intervention. However, those receiving brief interventions did no better in reducing their substance use than participants who received information only interventions. The authors urge caution when interpreting the results as the beneficial outcomes for reducing substance use (especially cannabis, and less so for alcohol) were from low quality evidence.

The study by Cairns *et al.* 2015 aims to map and identify evidence for the effective components of combined school and family alcohol education interventions to reduce alcohol misuse by young people aged 11-18 years. The evidence from 35 studies reporting on 25 interventions were included, with 60% rated as having convincing effects, 24% with equivocal positive effects, and 16% with no effect on alcohol behaviours. The review identified small positive effects for interventions delivered over short and longer term durations, and with low and higher levels of direct contact with students and families. Components of family-based interventions that had positive effects were targeting information and skills development, family communication, and stricter parental attitudes to alcohol misuse. Successful school-

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based components associated with reduced risk behaviours included life skills and social norms approaches. Evidence from weaker studies found that peer-led programmes, external delivery agents, and linkages of school-based components to community-level change may further enhance the benefits of combined school and family intervention programmes.

A systematic review by Patnode et al. 2014 evaluated the benefits and harms of primary care relevant interventions designed to prevent or reduce illicit drug use or non-medical use of prescription drugs among children and adolescents less than 18 years old. Six trials were included, with most of the primary care based interventions including a single brief counselling session with a health professional. All of the trials also included a self-administered educational component. Some trials were exclusively computer-based and used the same interventions for mothers and daughters, who worked together to complete nine to 11 weekly 45-minute interactive sessions in their homes. There was limited evidence for the effectiveness of primary care behavioural interventions in reducing drug use among adolescents. Only one of three primary care based interventions found a reduced risk of marijuana use at 12 months. Three studies of computer-based interventions found statistically significant effects favouring the intervention in terms of reductions in self-reported marijuana use and use of prescription drugs for non-medical purposes. The authors concluded that the available evidence offers little direction for primary care providers seeking to prevent the progression of drug-use disorders in adolescents.

Emmers et al. 2015 provide an overview of systematic reviews to summarise the evidence for the effectiveness of prevention strategies targeting adolescents misusing alcohol and/or drugs. They included studies with participants aged 12-18. A total of 21 systematic reviews were identified, 10 of which were rated high quality. School-based prevention programmes were the most promising, with community-based, family-based and multifactorial programmes less convincing.

Finally, Rodriguez et al.’s 2014 systematic review explored the effectiveness of serious computer-based educational games for students aged 10-18 years old, targeting alcohol and/or other drugs. The results of this study revealed that those games with an educational approach (six studies) led to an increase in contact knowledge in students after playing the game. Two games were associated with an increase in negative attitudes towards the targeted drugs. Those games adopting a social influence approach (two studies) found that one was associated with retention of content knowledge, as well as a significant reduction in frequency of smoking, drinking and marijuana use. The other study found that the game appeared to significantly increase participants’ perception of the harm caused by alcohol, as well as increased assertiveness skills.

Young people

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A Cochrane systematic review by Foxcroft et al. 2015 53 aimed to determine whether social norms interventions reduce alcohol-related negative consequences, alcohol misuse or alcohol consumption when compared with a control (ranging from assessment only/no intervention to other educational or psychosocial interventions) among university and college students. Interventions included were universal personalised normative feedback, targeted interventions focused on members of a particular group, and social norms marketing campaigns. The results identified small effects at four or more months for web feedback and individual face-to-face feedback on the outcomes of alcohol-related problems, binge drinking quantity of alcohol consumed, frequency of alcohol consumed, and peak blood alcohol concentration. There were no effects for mailed feedback on the outcomes of alcohol-related problems and group face-to-face feedback, or for marketing campaigns on frequency of alcohol consumed and typical blood alcohol concentration. The authors concluded that, whilst there were significant findings, these were small in nature, and therefore unlikely to provide any great advantage in practice.

Scott-Sheldon et al.’s 2014 54 meta-analysis evaluates the efficacy of interventions to prevent alcohol misuse by first-year college students (18-29 year olds). The study considered any individual or group-based interventions designed to prevent alcohol misuse by first-year college students. The results of the meta-analysis found that targeted individual- and group-based alcohol interventions for first-year college students reduce alcohol consumption and alcohol-related problems for up to four years post-intervention. Whilst effect sizes were small when compared with all controls (including active comparison interventions), they became greater when compared to assessment controls only. The results also revealed that several intervention components help first-year students reduce their quantity and frequency of alcohol use, such as providing individuals with personalised feedback on consumption, problems and risks.

All ages

A systematic review by Wood et al. 2014 55 aims to assess the effectiveness of computer-based programmes to reduce recreational drug use. The review included studies of children and adults of any age, but specifically excluded pregnant/postpartum women and dependent substance users. The results identified that universal computer-based drug prevention programmes effectively reduced the frequency of recreational drug use up to 12-months, but not immediately post-intervention. The authors concluded that evaluations of the longer term benefits of computer-based interventions need to be conducted.

The evidence review identified two studies relating to the cost-effectiveness of alcohol interventions.

Angus et al. 2014 56 conducted a systematic review of the implications for policy makers on the cost-effectiveness of screening and brief interventions for alcohol misuse in primary care.

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This study provides strong evidence for the cost-effectiveness of screening and brief interventions for adults and children aged >10 years in primary care settings in high-income countries. The authors report that it is unclear whether the intervention duration, or staff used to deliver it, changes the final conclusion.

Holm et al. 2014 assess the cost-effectiveness of prevention interventions to reduce alcohol consumption in Denmark. The study analyses six interventions to prevent alcohol abuse in the adult Danish population aged 16 and above. The interventions are: 30% increased taxation; increased minimum legal drinking age; advertisement bans; limited hours of retail sales; brief individual interventions; and, longer individual interventions. The results identified that taxation, advertising bans, and limited hours of retail sales were each cost-saving, while the remaining three interventions were each cost-effective. The range in net costs varied from €17 million per annum for advertisement bans to €8 million per annum for longer individual interventions, whilst effectiveness varied from 115 disability-adjusted life years (DALYs) for increasing the minimum legal drinking age to 2,900 DALYs for advertisement bans. The authors estimated that the total annual effect of implementing all six interventions in Denmark would be 7,300 DALYs, and a net cost of €30 million.

The evidence identified in this rapid review represents high-quality secondary research study designs in the shape of systematic reviews and meta-analyses. In addition to this is an economic evaluation. On the whole, the quality of the studies identified is good to high, with most methodologies reported transparently and according to clear inclusion/exclusion criteria. A key limitation to note is the quality of the studies included within the systematic reviews, which varied from poor to high, and may negatively impact on the reliability of the results produced. Some systematic reviews excluded the poorest quality papers from the analysis. Another limitation was the heterogeneity of the interventions, participants and outcomes that affected the ability to meaningfully synthesise the data.

The overwhelming finding is that there are few convincingly effective prevention interventions for any age groups. Whilst there are interventions displaying statistical significance, the effect sizes are generally very small. Furthermore, the long-term benefits (>12 months) of the vast majority of these interventions is unknown. With any prevention strategy adopted, ensure that it is robustly evaluated, and includes an economic evaluation. Support for this will be provided by the new Graduate Evaluation Assistant and Health Economist roles in South Gloucestershire. Below is a discussion of the key findings according to age group, and some recommendations for South Gloucestershire’s substance misuse service commissioners to consider.

Children and adolescents

The prevention interventions for children and adolescents that held the most promise were those that combined approaches, particularly school-based and family interventions. This was also a finding noted by Solutions for Public Health in their literature review. Individually, there were no stand-out interventions and, surprisingly, the evidence for brief interventions in school and primary care settings was not very strong, especially when considering the evidence of cost-effectiveness of screening and brief interventions delivered to adults and children >10 years old in primary care. Computer-based interventions did show promise, however. There was evidence that school-based settings appeared to deliver the most effective interventions.

Young people
There was very limited evidence of effective prevention interventions in young people. Both studies identified looked specifically at preventing alcohol-related harm. The first found small but significant effects for the role of college/university-based social norms interventions, including web feedback and individual face-to-face feedback, the latter of which is supported by the findings of the second study. There was conflicting evidence between the studies for the role of group interventions and feedback. Drawing on the findings identified by Solutions for Public Health, there is also inconclusive evidence for the effectiveness of mass media campaigns, which is further supported by one of the studies identified in the current review. The Solutions for Public Health review also found that multi-modal programmes may be useful in reducing cannabis use in young people, but that non-school/college-based interventions were ineffective.

All ages

The review only identified one study that evaluated prevention interventions in all ages. Computer-based interventions to reduce recreational drug use were assessed in children and adults of any age, and found to reduce drug use up to 12-months. Their longer term benefit still requires evaluation. The Solutions for Public Health review also found that interventions to prevent alcohol-related harms in nightclub settings were effective.

Cost-effectiveness

Two studies relating to the cost-effectiveness of prevention interventions for substance misuse were identified. As mentioned above, the finding that screening and brief interventions delivered in primary care to adults and children aged 10 and above is very cost-effective does not corroborate the finding that brief interventions in school and primary care settings was not strongly effective in children and young people. It is possible that brief interventions are more effective in adults, which has skewed the cost-effectiveness findings, but the review has not identified any evidence to this effect.
9. Re-procurement

Given the recommendations within this needs assessment the newly commissioned service should seek to embed a Shared Care philosophy which will see 'specialised' substance misuse services integrated into primary care settings which will maximise co-commissioning opportunities and build effective collaborative partnerships through whole system incentivisation.

This approach has previously yielded benefits in more ways than just safely managing a vulnerable group, it has allowed GPs to work more effectively with specialist substance misuse services, built trusted relationships and confidence and primarily reduced the burden in terms of costs and capacity.

This setting for service delivery will also assist in overcoming some of the challenges faced by service users, given the semi-rural nature of our authority and the location of the treatment centres which can cause issues in relation to accessibility.

In a recent procurement process, it was identified that delivering shared care via primary care settings saved approximately 66% in terms of running a similar services through third sector providers as well as the many other benefits in terms of removing stigmatisation and enabling better access.

Shared care offers a non-judgmental universal access point to all patients and works especially well in South Gloucestershire because of the wide geographical area covered. Being a semi-rural authority some clients struggle to reach the treatment centres on public transport but many can access their local GP surgery and the services delivered within them more easily than the current model. We therefore anticipate that with the new and emerging landscape of substance misuse that the shared care model is well equipped to more appropriately target and address the needs of a wider group of service users, including alcohol not just those traditionally seen through Opiate Substitution Therapy (OST) Shared Care services.

An additional area of focus for re-procurement should also be the effective transfer of young people into adult treatment and the management of younger adults (18-25) within adult drug treatment services; as data within this needs assessment illustrates increasing prevalence of this cohort particularly in relation to NPS and the need for earlier engagement of young people given the ages at which service users state they commence use of substances. In particular stakeholder feedback around transition for the most vulnerable and complex young people within the treatment system has identified issues of sustained engagement.
10. Key findings and recommendations

The following key findings and recommendations have been grouped into 4 emerging themes which aim to consolidate findings and recommendations across young people and adult alcohol and drug misuse.

Demographics and emerging trends

The age profile of the drug treatment population has remained relatively consistent over the past few years with the largest cohort of clients being aged between 35-39 years of age. The most common age ranges of alcohol service users were 40-49 year female service users and 50-59 year old male service users. Young adults are considered a prevalent and emerging cohort in relation to substance misuse in South Gloucestershire. Data indicates a rise in drug related deaths. This is reflected locally and alcohol consistently is attributed in many cases, either in isolation or in conjunction with other substances.

In South Gloucestershire, between 2010 and 2012, the average number of years of life lost in people aged under 75 from liver disease is 19 per 10,000 persons. This compares to 25 for breast cancer, 13 for stroke and 11 for road traffic accidents. Alcohol related mortality within South Gloucestershire has been below both South West and England averages for the five years 2008-2013. Since 2011, this figure has been rising, and although there has been a small rise in the male alcohol related mortality, the female trend shows a sharper rise.

Despite alcohol specific admissions (planned and emergency) declining between 2009/10 and 2012/13 a significant rise in the most recent years data is evident, reinforcing the generally upward trend that has occurred over the last ten years. Alcohol related hospital admissions for 10-19 year olds have risen from 37 per 10,000 in 2012-13 to 61 in 2014-15. Substance use related admissions for this age group have risen from 25 to 53 per 10,000.

Data projections indicate increasing prevalence of both drug and alcohol use in future years, although it is anticipated that drug increases will primarily be linked to non-opiates. There is an emerging trend of increasing steroid / PIED use in the local area. In South Gloucestershire, the percentage of service users in treatment citing use of prescription or over-the-counter medication (no illicit use declared by the patients) has been increasing trend since 2010; with benzodiazepines and prescribed opioid usage increasing annually. There has been a resurgence of Novel Psychoactive Substances (NPS), or ‘legal highs’.

South Gloucestershire has a higher percentage of young people using Cannabis, Amphetamine and Cocaine than nationally. 94% of those within treatment in 2014-15 used Cannabis problematically and 52% used alcohol problematically. Cocaine and Alcohol clients in South Gloucestershire appear to move towards abstinence more slowly than those using other substances or the same substances nationally.

Recommendations:

Ensure information regarding alcohol and drug misuse and the recognition of problematic use is promoted to all age groups, notably younger age groups and ensure young people are encouraged into treatment in an appropriate setting as early as possible to avoid substance misuse becoming more entrenched. Schools and colleges in South Gloucestershire require appropriate materials to provide young people with the health messages associated with alcohol and drugs such as NPS.
Continuation of whole system pathway planning and commissioning via the Alcohol Stakeholder Group to promote best practice service models, encourage partnership working, review latest trend data and deliver services to prevent admissions where appropriate.

Analysis of the extent to which young people are experimenting with prescription medication is required.

Improved intelligence is required, for example via pharmacies, on the number of clients accessing needle exchange for Steroid/PIED use to increase clarity on the prevalence of this and other emerging trends such as prescription medication and Novel Psychoactive Substances.

There is a need to monitor outcomes of cocaine and alcohol clients to identify if discharge reasons indicate abstinence or reduced use.

At risk groups and inequalities

There are clear health inequalities attributable to harmful alcohol use with 2-3 times greater loss of life, 3-5 times greater mortality, and 2-5 times more hospital admissions in the most deprived areas compared to the most affluent.

All Priority Neighbourhood area forums in South Gloucestershire (Kingswood, Yate and Doddington, Filton, Staple Hill, Cadbury Heath, and Patchway) have listed drug and alcohol issues as an area of concern, particularly Kingswood. At present, there is a lack of local level analysis to aid the Priority Neighbourhood forums in understanding the scale of substance misuse in their local areas. Available ward data has identified that there is an under representation within some priority neighbourhoods of young people accessing treatment.

A quarter of alcohol service users are in regular employment but almost two fifths (37%) classify themselves as long term sick or disabled, with a third (33%) of service users who stated that they were unemployed or economically inactive.

Based on South Gloucestershire Multi Agency Risk Assessment Conference (MARAC) domestic abuse referrals 14% of victims and 64% of perpetrators were identified as having a current substance misuse problem during 2014/15. It is noted that the prevalence of substance misuse in victims appears to be reducing by 1% each year and perpetrators has increased by 2% and 4% respectively over the last three years. Any info’ on those clients that just miss the threshold

Dual diagnosis for substance misuse clients could be significantly under reported due to the NDTMS business definitions for data collection (only recording service users who are receiving treatment from mental health services for issues other than substance use) and the corresponding Mental Health Service thresholds that would have to be met in order to receive interventions.

Vaccinating those individuals accepting an intervention for Hepatitis B is difficult to implement and record due to the clients having to attend alternative settings.

Criminal justice clients have a lower rate of successful completions, both locally and nationally.

NDTMS treatment data has identified that there are a high percentage (31%) of young people who self-harm, this has been higher than the national average for a number of years. Other
vulnerabilities such as being looked after or experiencing mental, physical or emotional difficulties increase the likelihood of substance misuse.

**Recommendations:**

Ensure targeted support for Priority Neighbourhoods in relation to information and service provision. Ensure a detailed analysis of need at Priority Neighbourhood level is carried out.

Ensure that alcohol treatment providers are able to refer to support services such as Jobcentre Plus.

Ensure at risk groups are offered targeted support by drug and alcohol services requiring partnership working and training – for example maintain attendance at MARAC and provide MARAC process refresher training for all substance misuse providers.

Providers to agree local Dual Diagnosis data collection criteria to enable appropriate onward referral, for example to LIFT psychology services.

Ensure that the pathways for treatment of Hepatitis B are promoted and accessible.

Develop targeted evidence-based interventions for young people who are vulnerable and at risk of substance misuse.

Consider how YPDAS can develop knowledge, skills and resources to support young people with substance misuse issues and mental health needs.

**Accessibility**

Based on evidence of good practice a priority of the re-procurement process for South Gloucestershire substance misuse services is to address accessibility issues to the treatment centres through considering greater use of venues such as local pharmacies and GP surgeries.

As noted in previous years the majority of clients enter drug treatment through a self-referral process. The second highest specified referral source is via GPs. The prevalence of GP referrals supports the continuation of the GP nurse posts (although these currently relate to alcohol clients only) which enables GPs to refer to in-house substance misuse support.

Feedback from residents emphasises the need to improve the awareness of substance misuse services available for the South Gloucestershire population.

The following recommendations will be taken into consideration during the re-procurement process.

**Recommendations:**

Consider further development of services within a primary care setting for service delivery where viable to address geographical issues faced by service users in accessing the treatment centres. Consider drop-in services for young people and the expansion of substance misuse service provision.

Promote the service availability of drug and alcohol teams in GP surgeries, local schools and youth clubs.
Identify specific interventions that will target females (particularly 16+) who are using cannabis & alcohol frequently.

Improve publicity of substance misuse services and the actions being undertaken by the Council to address alcohol and drug consumption.

Continue to commission and evaluate the Alcohol Interface Nurse post at North Bristol Trust in order to improve the accessibility of services for those admitted to hospital due to alcohol related conditions. Promote alcohol services more widely to hospital settings and ensure that pathways are tracked. Do we also need to mention GP alcohol nurses and the service they provide?

Collate the data from the pilot pharmacy project to evaluate whether the delivery of Identification and Brief Advice in this setting would be beneficial in other pharmacies.

Work with the Youth Offending Service to ensure that they have resources to address young people entering the system due to alcohol related offences.

Monitor use of ‘tier 4’ treatment options to ascertain levels / funding required for re-commissioning.

Improve and clarify the referral pathway between YPDAS and Families in Focus.

Disseminate research across providers which states benefit of simultaneous tobacco and cannabis cessation.

Develop Brief Intervention training and resources (including screening & referral) for practitioners working with young people engaged in risky behaviour.

Further explore concerns expressed around transition pathways and make further recommendations as part of the DAAT re-procurement process.

**Monitoring**

At present there is no national model that estimates the prevalence of alcohol dependence reliably at a local level and best estimates of local need will be based on local intelligence.

The data within the document has been extracted from the JSNA support pack for alcohol and shows that for the 2014/15 year, 170 service users were engaged in structured (tier 3) alcohol. The most common age range of service users were 40-49 year female service users and 50-59 year old male service users. 92% of clients starting their treatment journey in structured services are aged 30 years or over. The gender split for the 170 clients engaged in structured treatment is 58% male (n=99) to 42% female (n=71).

There is a need to review this data alongside tier 2 figures as it may be younger cohorts are accessing lower level tier services.

Alcohol was mentioned in many of our locally reported drug misuse deaths and is again noted within the PHE document to be recorded in around one-third of drug misuse deaths since 2011. Alcohol is noted as the most commonly mentioned substance in drug misuse deaths aside from opiates nationally.

ACE and IBA courses are delivered regularly and it is encouraging to see a consistent number being delivered in each quarter. Monitoring for the ACE and IBA courses began in
Q1 of the 2014/15 financial year and attendance figures are shown below. The number of attendees is positive as it means that the groups are remaining small, thereby allowing the service users to get their individual needs met at each session.

Disparity is evident between NDTMS and locally recorded residential treatment provision (potentially due to self-funded placements, cross border clients or those with no fixed abode).

Nineteen percent of non-opiate service users in South Gloucestershire have been in treatment for two years or more which is much higher than the national average of 3%.

Successful completions for opiate and non-opiate clients has reduced in comparison to the previous year, with reductions in non-opiate successful completions being significantly larger than the national profile (-16% locally and -3% nationally).

Fourteen percent of drug clients had no information relating to their employment status recorded compared to 8% of records missing this information nationally.

Recommendations:

Ensure residential service providers are accurately recording primary substance (alcohol / drug) to ensure NDTMS reporting is accurate for this cohort.

Further investigate the primary substances for those non opiate clients who have been in treatment for 2 years to identify patterns / need for specific service adaptations to assist in the recovery of this cohort.

Ensure regular care plan reviews are carried out and services for non-opiate clients are tailored according to the client and substance to reduced unplanned exits for this cohort and ensure HPIS entitlements are obtained.

Review alcohol re-presentation rates to identify if the use of alcohol impacts likelihood of re-presentation in drug treatment services.

Improve monitoring of indicators such as: improve recording of employment status for drug and alcohol clients; identify across providers why YPOR exit completion is low and implement changes to improve; identify across providers the percentages of young people who are drug free and how this may vary; work with the YOS to capture outcome data for those young people not entered onto NDTMS.

Feedback comments around transition to the DAAT as part of the current re-procurement consultation.

Develop staff teams within YPDAS & YPSMTS by sharing treatment models and joint meetings.
11. Next steps

This needs assessment will be taken to the South Gloucestershire Alcohol Stakeholder Group (ASG) in January 2016 in order to agree the final document to be consulted upon. The recommendations will then be used to refresh the ASG strategy and action plan, reported to the Joint Commissioning Group and will inform the re-procurement process.

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