2017

Adult substance Misuse Health Needs Assessment

DR AALAA JAWAD

SUPERVISED BY AMANDA KILLORAN

LBM | London Borough of Merton Public Health

1. EXECUTIVE SUMMARY

Aims

The adult substance misuse Health Needs Assessment (SMHNA) aims to provide analysis of current adult substance misuse needs and identify health inequalities and unmet needs to inform a strategic framework to redesign and develop substance misuse services for adults in Merton.

Methodology

Local, regional and national data was analysed for trends and summarised alongside national policy documents. Stakeholder engagement with service providers and partners was conducted through a multidisciplinary workshop and service user engagement was instigated through a focus group at a local community substance misuse service.

Merton patterns of alcohol consumption

The Chief Medical Officer (CMO) recommends drinking a maximum of 14 units a week, spread evenly over a few days with drink free days included in the week. Local prevalence estimates taken from the national Health Survey for England (HSE) found over half (59%) of the population are drinking at lower risk, consuming <14 units a week, however this is likely to be an underestimate. Almost a quarter of the population, are estimated to be drinking at increasing or higher risk and a study using Adult Psychiatric Morbidity Survey (AMPS) data from 2014 provided a refined estimate that 1,837 individuals in Merton are dependant drinkers in need of specialist assessment and treatment. The survey also found significant differences between the genders when looking at patterns in age with a consistently higher proportion of men drinking more than 14 units of alcohol per week in comparison to females throughout their lifetime. In both genders, the highest proportion of drinking above the recommended limit is in the 50's to early 70's, and is in line with local treatment population data that shows oldest age distribution among alcohol clients. This is alarming as they have potential increased health harms due to the likely accumulated medical conditions.

Although the less deprived tend to drinking more units of alcohol, more health harms and mortality are experienced by the more deprived, who tend to consume less units. This is commonly referred to as the alcohol harm paradox and a local survey result based on market system software in Merton clearly showed increased burden for health harms or disabilities related to alcohol or drugs in the east more deprived areas than in the less deprived west, highlighting the health inequality across the borough.

Alcohol related harm in Merton

Alcohol misuse has considerable health harms as measured by hospital admissions which may be directly caused by alcohol and are alcohol-specific, or where alcohol plays a role and is alcohol-related. The way the above harms are categorised may be broad, in that the primary or secondary diagnosis was recorded as an alcohol-related disease; or narrow where the primary diagnosis is alcohol-related disease, injury or condition, or the secondary diagnosis is an alcohol related external cause. Compared to neighbouring groups (15 other similar areas) PHE data found there are increased harms from narrow definitions of alcohol-specific and alcohol-related hospital admissions locally. Alcohol specific mortality in Merton was worse than the London average, and given the

paradox describe above it is likely worse in the east of the borough, identifying a need for increased resources in the east to overcome this.

Gender disparities were found in comparison to neighbouring groups where men in Merton experienced the highest amount of harm for alcohol admissions for mental and behavioural disorders, and admissions for intentional self-poisoning, whereas females experienced the highest amount of harm for admissions of alcoholic liver disease conditions (broad) and alcohol related cancer incidence, showing the need for more targeted mental health services for males, and a more medical prevention for females.

The negative impact of crime is also a measure of harm. Alcohol is implicated in both violent and impulsive crime as well as less serious crime such as noise disturbance, littering and anti-social behaviour that may impact an area significantly. The Crime Survey for England and Wales (CSEW) 2016 found that 40% of violent incidents the victim believed the offender(s) to be under the influence of alcohol, which amounts to 5,300 alcohol related crimes in Merton in the same year, a likely underestimate due to the exclusion of non-violent crime and underreporting of more minor crimes. To some extent this can be controlled through premises licensing and the creation of a cumulative impact zones in saturated areas to limit the number, and opening times, of drinking establishments present.

Merton patterns of drug misuse

Estimates of drug misuse from the CSEW found over a third of the 16-59 year old population have taken drugs at some point in their lifetime with cannabis being the most popular substance. An estimated 5,548 adults in Merton are more frequent users who have taken drugs in the last month. Of the 207 opiate clients in treatment most commonly presenting with crack cocaine (45%) as an adjunctive substance. The treatment population in Merton have larger proportion of opiate clients who use cocaine as an adjunct than nationally, as well as having a larger proportion of non-opiate clients using cocaine than in London or nationally. The high local popularity of cocaine both as an adjunct, in addition to as the primary substance being misused, shows a need for services to be aware of and have a strong pathway for treatment.

Drug related harm in Merton

Drug harms can range from death due to an overdose, a particular risk in opiate users, or preventable conditions such as bloodbourne infections. Nationally, there has been significant concern for the rising number of deaths in treatment, especially for opiate users, and a call to make the opiate antidote medicine naloxone more widely available as a preventative measure. Although the numbers of drug related deaths locally have previously fluctuated and numbers remain small, 2015-16 was the first year that they surpassed 1% of all deaths in the treatment, raising concerns that preventative measures such as naloxone need to be more widely adopted.

Harm reduction policies such as needle and syringe exchange programmes and vaccination can reduce the spread of bloodbourne infections. The proportion of new clients to treatment being vaccinated for blood borne viruses is poorer in Merton than nationally with less than a quarter (22%) of eligible clients accepting Hepatitis B Vaccination (HBV) and less than half completing the course. Similarly, over a quarter of previous, or currently injecting, clients in treatment eligible for the hepatitis C vaccination (HCV) did not received one indicating a lost opportunity for harm reduction.

Drug related harm from crime can be categorised as drug offences or acquisitive crime to fund substance misuse. The CSEW estimates 2,518 drug related crimes are committed annually in Merton

where in 19% of violent incidents the victim believed the offender(s) to be under the influence of drugs. Engaging offenders in treatment services is vital to prevent reoffending and potentially reduce crime rates.

Merton substance misuse treatment population

Nationally opiate clients form the largest group in treatment, although alcohol only clients form the largest group in Merton. The Merton treatment population consist of significantly fewer number of clients than the estimated population of alcohol and drug users presented and reasons for the poor penetration of treatment services into the substance misuse population may be due to limitations in accessibility or approachability of the service.

Consultations with service users identified that "*word-of-mouth*" remained the main way of finding out about services and more efforts can be made to inform and advertise about services. Stakeholders identified that the normal working hours services operated in were not reflective of their target population and they also emphasised the lack of targeted approach to ethnic minorities to cater for language and cultural differences.

Service users also argued the lack of childcare facilities limit mothers access to services and more effort to engage families is necessary. A PHE workshop held to discuss the roles of families in substance misuse highlighted that outcomes deteriorate when children are taken away. They reported although *"family member's lives are disrupted"* children are not represented in services and children may be exposed to potentially traumatic events early on or take on carer roles at a young age.

The main route by which referrals are made to treatment services were recorded as 'self, family and friends', and of great concern there has been a reduction in referrals from the criminal justice system for all substance groups. Merton refers a lower proportion of drug and alcohol clients from most criminal justice system referral pathways compared to the rest of London, which may result in an increased likelihood of untreated clients reoffending. Moreover, of the 66 substance misuse clients leaving prison in the Merton treatment population, only 9% successfully engaged in community-based structured treatment following release, and consultation with stakeholders revealed a perceived fragmentation of the criminal justice system leaving gaps in referrals and follow up.

Recovery factors

Housing, education, employment, and training are key factors in promoting and maintaining recovery. In Merton opiate users tend to report the highest percentage of urgent housing problems, which has implications on treatment outcomes and access to services without a fixed address.

Employment has been found to moderate drug use, whilst successful drug treatment improves the likelihood of achieving positive employment outcomes. In Merton over half of new presentations to drug services are unemployed or economically inactive clients, higher than the national proportion, and this is worse at treatment exit stressing an acute need to align treatment with opportunities to increase employment.

Consultation with service users about training during treatment highlighted the challenges faced by users who report they "*need to get the self-esteem to get out there and do stuff"* and a reliance on peer support to develop day to day functionality in the initial stages of recovery. 'Recovery champions' who have completed treatment and now work as recovery supporters were identified as a protective factor for individuals who report "*for my recovery I feel I need to help others*", whilst providing an aspiration for those in the earlier stages of treatment.

18. RECOMMENDATIONS

Recommendations to promote a partnership approach

1. Create a partnership approach with commitment and accountability to prioritise substance misuse across organisations
2. Ensure recovery champions have a voice in all partnership organisations
3. Develop a coordinated licensing approach by the responsible authorities
4. Strengthen links between substance misuse services, the criminal justice system, and mental health services
5. Develop links between substance misuse services and primary care

Recommendations to improve access to services

6. Improve outreach and accessibility of services for all potential or current substance misusers including users families and ethnic minorities
7. Promote the presence and involvement of recovery champions across services
8. Create a safety net for clients leaving prison to ensure continuity of care

Recommendations to reduce harms from alcohol and improve recovery from drugs

9. Improve awareness of alcohol misuse in all frontline services by providing adequate training in Identification and Brief Advice (IBA)
10. Engage health promotion dialogue about substance misuse
11. Ensure resources are adequately distributed to account for specific alcohol misuser needs
12. Increase uptake of harm prevention for bloodbourne infections in drug misuse clients
13. Promote client recovery though holistic treatment services that address employment and housing concerns