

HAMPSHIRE DRUG & ALCOHOL PARTNERSHIP

HAMPSHIRE SUBSTANCE MISUSE STRATEGY

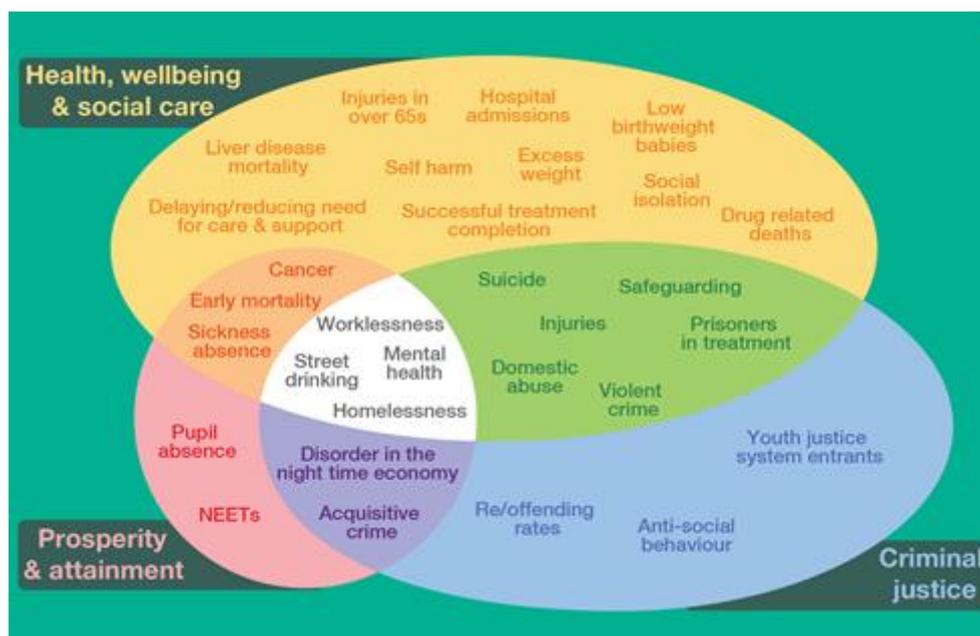
2018-2023

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HAMPSHIRE SUBSTANCE MISUSE STRATEGY 2018– 2023

1. Context

Substance misuse contributes considerably to the overall burden of disease and social need in the UK, such as communicable diseases, mental health issues, physical health, accidental harms and the associated service pressures. Substance misuse is a complex issue that touches young people, adults, families, communities and society, affecting a wide range of health and social outcomes.



Dependency on and engagement with drugs and / or alcohol affects all aspects of an individual and community: relationships, meaningful activities and employment, family life, parenting, educational attainment, housing opportunities, criminal and anti-social behaviour.

Substance misuse interventions, treatment and enforcement lead to improved public health outcomes, benefiting the wider determinants of health, health improvement, health protection and preventing premature mortality.

This strategy has been developed by Hampshire’s multi-agency Strategic Drug & Alcohol Partnership. It is recognised that there is a joint responsibility from a range of partners to reduce the harms associated with substance misuse, which includes health and social care, housing services, employment support providers and criminal justice partners. The Partnership will oversee the delivery and implementation of this strategy.

2. Our Vision for Hampshire

The vision is to:

Prevent and reduce the harm associated with substance misuse (to individuals, their families and communities) and increase the opportunities for recovery for those dependant on drugs / alcohol.

2.1 Prevention, early intervention and behaviour change

Utilise behaviour change approaches for those people who are using substances at harmful levels or where the impact of their substance abuse significantly increases the risk of harm to others. Build confidence and resilience among children and young people to prevent substance misuse. Use targeted interventions for children, young people and adults who vulnerable to substance misuse. Intervene early with those groups who are already misusing substances to prevent escalation of use. Evidence has shown that intervening early (through prevention and education) works and saves money.

2.2 Collaborating to keep communities safe

Working together to protect those vulnerable to drug and alcohol related harm through individual use or those becoming victims of substance misusers' behaviours. Acquisitive crime, violent crime and domestic abuse are particularly associated with drug and alcohol misuse. Drug users are estimated to be responsible for between a third and a half of acquisitive crime and treatment can cut the level of crime they commit by about half.¹ Ensure that those within the criminal justice system, that are misusing substances, have access to treatment and support.

2.3 Better recovery

Ensuring there is a robust drug / alcohol treatment system in place to achieve better outcomes for those in recovery through new service models. Considering the impact of the wider determinants of health on an individual's recovery, particularly ensuring adequate support is available for housing and employment and families.

2.4 Mental Health & Wellbeing

It is very common for people to experience problems with their mental health and alcohol/drug use (co-occurring conditions) at the same time. Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment. Death by suicide is also common, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems.

Adverse Childhood Experiences (ACEs) are events that have a traumatic and lasting effect on a person's mental health. Children, who experience four or more adversities, are twice as likely to binge drink, and eleven times more likely to go on to use crack cocaine or heroin. Some young people misuse substances to address the traumatic stress they have experienced, which continues into adulthood.²

Other evidence tells us that people with co-occurring conditions have a heightened risk of other health problems and early death. We also know that despite the shared responsibility that NHS and local authority commissioners have to provide treatment, care and support, people with co-occurring conditions are often excluded from services.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/426676/Supporting_CO_Treatment_Reqs.pdf.

² <https://youngminds.org.uk/media/1547/ym-addaction-briefing.pdf>.

Therefore mental health and wellbeing is a key strand of this strategy which supports all 3 priority areas.

3. What is the impact of substance misuse in Hampshire?

3.1 Prevalence

Whilst Hampshire is a relatively affluent county, and generally has good health outcomes (compared to England), substance misuse can be seen in different populations. In Hampshire:

Alcohol problems are widespread:

- a recent survey of school children aged 11-15 years in Hampshire reported that 49% of young people had consumed alcohol compared to 38% nationally.
- 50% of young people (who accessed specialist young people's substance misuse services) started using their problem substance by age 15 years³.
- 81% of children and young people accessing substance misuse services use two or more substances (including alcohol) compared to 60% nationally⁴.
- Approximately 27% of the Hampshire adult population have increased risk of harm through consuming more than the recommended levels of alcohol (over 14 units a week). Above this level is considered to be 'increased risk', for men this is now above 14 units and up to 50 units, and for women over 14 units and up to 35 units per week. Men who regularly drink more than 50 units a week and women more than 35 units, are described as 'higher risk drinkers' and are considered to be at particular risk of alcohol-related health problems.
- Admissions to hospital for alcohol related conditions have steadily increased in Hampshire over the last few years, particularly for women. In 2015/16 there were 23,000 admissions to hospital where alcohol either a direct or contributory factor. Admissions for alcoholic liver disease and incidences of alcohol-related cancer are also increasing in Hampshire. There are higher than expected alcohol-related admission to hospital for young people under 18 years compared to comparable areas⁵.
- It is estimated that there are 9,980 dependant drinkers in Hampshire⁶. 90% of dependant drinkers are not currently in treatment

Drug use is common but dependence is concentrated:

- 8.7% of young people (aged 11 – 15 years) in Hampshire reported having ever taken cannabis and 3.2% psychoactive substances.
- There are approximately 4,043 opiate / and or crack cocaine users in Hampshire.⁷ It is estimated that 1,603 people inject opiates.

³ National Drug Treatment Monitoring System (NDTMS)

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⁵ <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0>.

⁶ <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>.

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- It is estimated that there are approximately 35% of opiate users are not accessing substance misuse services.
- There has been a significant increase in drug related deaths in Hampshire over the last few years. There were 143 deaths from drug misuse between 2014-2016. Over half of these deaths were due to opiates.

3.2 What is the impact of substance misuse in Hampshire?

- In 2016/17, 3,088 adults and 263 young people (under 18 years) accessed substance misuse treatment services in Hampshire for alcohol, opiate and non-opiate use.
- The impact of substance misuse is greatest in deprived areas in Hampshire e.g. Gosport, Rushmoor, Havant.
- Parental substance misuse can negatively affect children. It is estimated that around 20% of Children in Need are affected by drug misuse and 18% by alcohol misuse. A quarter of cases on the Child Protection register are related to parental substance misuse.
- Acquisitive crime, violent crime and domestic abuse are particularly associated with drug and alcohol misuse. It is estimated that 45% of acquisitive is committed by regular crack / heroin users. 48% of domestic abuse perpetrators had a history of alcohol dependence; 73% had consumed alcohol prior to the event.
- Over 80% of homeless people in Hampshire who were provided support by street outreach services (August 2017) were identified as having a substance misuse support need.
- There are approximately 500 people in Hampshire who are claimants of Incapacity Benefit/Severe Disablement Allowance or Employment and Support Allowance with alcohol misuse as the main disabling condition.
- It is estimated that the economic and social savings generated from people drug and alcohol treatment equate to over £22 million per year in Hampshire.

4. Priority areas

Aim 1: Prevention, early intervention and behaviour change

Guiding principles:

A holistic, life-course, population approach to prevention, targeting those most vulnerable to substance misuse, including support in early years and increasing confidence and resilience for young people. Intervene early to prevent escalation of substance misuse.

What works?

- Evidence has shown that intervening early (through prevention and education) works and saves money.
- Universal approaches to effective and evidence based approaches to drug and alcohol misuse prevention that helps to build resilience to risk. This includes exploring the offer for families and 0-19 years; for young people a comprehensive Personal Social Health Education programme in schools that helps manage risk and build confidence.

⁷ <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>.

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- Education-only approaches to drug and alcohol prevention, including those that focus on scare tactics, mass media campaigns, the use of ex-users and police in schools are not effective on their own at reducing drug use and harm
- Population level approaches that build on awareness raising and reducing risk.
- Targeted approaches for high priority vulnerable groups such as those with mental health problems; people who are lesbian, gay, bisexual or transgender; young offenders; young carers; children and young people whose carers or families use drugs; homeless. ⁸
- Intervening early to prevent those at risk of losing housing tenancy

Outcomes:

- Reducing the harms associated with substance misuse, particularly for those who are most vulnerable.
- Preventing the escalation of use and harm within young people, including stopping young people from becoming drug or alcohol dependent adults
- Increased awareness of substance misuse in the population and where to get help if required.

What are we going to do?

	What
Behaviour change campaigns & health messages	<p>Utilise digital technology and social media to increase awareness of health risks associated with substance misuse to enable people to make informed choices about their lifestyle.</p> <p>Promote campaigns and resources jointly with partners.</p> <p>Assess behaviours and perceptions of young people on substance use in Hampshire Schools (through 2018 schools survey) and develop / tailor interventions where appropriate.</p>
Awareness and Brief Advice	<p>Embed Making Every Contact Count into services to ensure that front line staff are able to deliver evidence-based messages about the health risks associated with substance misuse.</p> <p>Embed alcohol brief interventions into a wide range of different workforces, including criminal justice, primary care, those working with families and the early years and older people to reduce the impact of alcohol on health.</p>
Population prevention	<p>Provide the best start in life through universal services. Review parenting pathway and how support can be provided to build resilience in families.</p> <p>Young people receive substance misuse advice, information and support in universal settings, which promotes healthy choices, builds resilience, raises aspirations and promotes drug/ alcohol-free environments.</p>
Early Intervention	<p>Early intervention and signposting for families (accessing Early Help Hubs and / or Supporting Families programme) through the use of the joint Hampshire Family Assessment and Plan. Support can be offered in a variety of formats through the intensive or non-intensive family support</p>

⁸ <https://www.nice.org.uk/guidance/NG64/chapter/recommendations#groups-at-risk>.

	<p>services with clear referral process to substance misuse services.</p> <p>Where families are identified with multiple needs, including domestic abuse, substance misuse and mental health, referrals are made to appropriate services and treatment / support delivered concurrently.</p> <p>Early intervention and targeted support to prevent people at risk of losing their housing tenancy through effective partnerships with District and Borough Housing Options services.</p>
Targeted prevention for groups vulnerable to substance misuse	<p>Provide targeted interventions preventing the escalation of use and harm to young people or vulnerable adults with multiple vulnerabilities or a high risk of substance misuse-related harm.</p> <p>Risk factors include: mental health; learning disabilities; exploitation (criminal and sexual exploitation); experience of domestic abuse; involvement in commercial sex work; people who are lesbian, gay, bisexual or transgender; exclusion from school or regularly going missing; carers or families that use drugs; looked after children or care leavers; young offenders; homelessness.</p> <p>Provide targeted prevention at key points in the criminal justice system for those misusing substances. This could include assessment as part of a pre-court disposal, referral to the mental health diversion scheme, probation accredited or non-accredited programmes, IOM input etc.</p> <p>Targeted approach includes assessing vulnerability for substance misuse and providing information, advice and signposting to local services.</p> <p>Targeted support for those children and young people vulnerable to substance misuse, including access to skills based training delivered as part of activities to increase resilience and reduce risk. Ensure that the support provided captures safeguarding; harm minimisation and hidden harm relating to the whole family approach.</p>
Workforce	<p>A skilled wider workforce who feels confident and supported in being able to deliver consistent and well-informed prevention and education messages on substance misuse. This will allow the wider workforce to identify, assess and intervene earlier with vulnerable adults, families and young people with a lower-level substance misuse need.</p>

Aim 2: Collaborating to keep communities safe

Guiding principles:

Working in partnership to share intelligence in order to identify those at risk of drug / alcohol related harm & exploitation and to provide safeguarding and intensive support.

What works?

- Adopting a multi-agency approach to supporting children, young people and vulnerable adults at risk of drug and alcohol related harm.

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- Established police-led programme and branding (Fortress) to drive consistency of approach to tackling drug related harm in Hampshire communities.
- Offenders who successfully completed treatment or still engaged in treatment are less likely to re-offend.⁹
- Responsible authorities exercising Licensing and Trading Standards powers fully to help manage and regulate the supply of alcohol.

Outcomes:

- Reduction in the impact of drug / alcohol related harm for individuals, particularly young people and vulnerable adults and ensure that they are supported and protected.
- Safer communities with less crime that is driven by substance misuse

What are we going to do?

	What
Safeguarding	<p>Safeguarding those vulnerable (both adults and young people) to drug related harm.</p> <p>Intensive support for young people / vulnerable adults identified at risk of exploitation and drug related harm.</p>
Drug Related Harm	<p>Partnership working to facilitate information sharing to identify those who are vulnerable from county lines activity such as cuckooing and criminal / sexual exploitation and disrupt supply of drugs to local communities.</p> <p>Raising awareness of County lines to front line practitioners to recognise signs of criminal exploitation (for children and vulnerable adults) and respond appropriately.</p> <p>Consideration for National Referral Mechanism (NRM) process for children identified as involved in county lines and Duty to Notify referrals for adults if they are not willing to access the NRM process and are being moved (trafficked) as part of county lines activity.</p>
Alcohol Licensing	<p>All responsible authorities to work in partnership to exercise Licensing & Trading Standards powers fully to help manage and regulate the supply of alcohol in on and off licensed premises, to address local objectives to prevent crime and disorder, ensure public safety, prevent public nuisance and protect children from harm.</p> <p>Promote health and wellbeing of communities through alcohol licensing policies, applications and test purchasing.</p> <p>Trading Standards will engage with premise licence holders and other Responsible Authorities to ensure the conditions of their premise licence are adhered to and carry out a targeted programme of test purchases to ensure that alcohol is not sold to young people under the age of eighteen.</p>

⁹ <https://www.gov.uk/government/publications/the-effect-of-drug-and-alcohol-treatment-on-re-offending>.

<p>Offenders</p>	<p>Ensure that both adults and young people who come into contact with the Criminal Justice System have access to appropriate substance misuse support and treatment.</p> <p>Where there is a treatment order, working arrangements are in place with key agencies to ensure that the offender is supported to complete treatment.</p> <p>Ensuring there are robust pathways from Prisons to community substance misuse services.</p> <p>Continue to work in partnership to deliver Integrated Offender Management programme.</p>
<p>Community Safety Partnerships</p>	<p>Facilitate multi-agency or partnership forums (Partnership Action Groups & Homelessness Action Group in Gosport) by which intelligence will be shared to identify individuals (or locations) which are vulnerable, street-homeless or committing Anti-Social Behaviour. Partners will problem-solve to co-ordinate support alongside these issues.</p>

Aim 3: Better recovery

Guiding principles:

Effective substance misuse treatment is accessible for those who need it and has a focus on co-morbidity and social determinants (e.g. mental health and wellbeing, housing, employment) for those people misusing substances to enable sustained recovery.

What works?

- **Recovery orientated substance misuse treatment services** - Investing in treatment services to reduce substance misuse and dependency will not only help to save lives but will also substantially reduce the economic and social costs of drug-related harm.
- **Employment and volunteering** - Access to employment and meaningful activity is a critical element of recovering from substance misuse and dependence and sustaining recovery, and recovery is a key step in supporting individuals into employment.
- **Housing** - Stable and appropriate housing is crucial to enabling sustained recovery from substance misuse; and sustained recovery is essential to an individual's ability to maintain stable accommodation
- **Families** - Parental substance misuse can have a significant impact on children's safeguarding and outcomes. Families and carers can play a key role in supporting recovery, which is often unrecognised, and can enhance outcomes. Integrated and joined up support for families by treatment service and social care.
- **Co-occurring mental health and substance misuse** – Pathways of care which ensure that an integrated package of care is delivered alongside mental health services. There is no “wrong door”.
- **Access to health services** - for those in treatment to improve physical health. This includes access to primary care, smoking cessation, dentistry etc.
- **Availability of Naloxone** – to prevent avoidable drug overdoses

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Outcomes:

- Increased access to substance misuse services, particularly for those vulnerable groups who do not traditionally access services.
- Better outcomes for families where there is parental substance misuse.
- Better health and wellbeing outcomes for those who misuse substances. Improved outcomes for individuals with co-existing mental health problems

What are we going to do?

	What
Access	Accessible treatment provision available to those who need it through innovative service delivery. Target those who are not already engaged in treatment.
Families	Embedding a whole family approach when assessing and responding to the recovery needs where parental substance misuse is a factor. Develop joint working arrangements, which could include co-location, with children's social care and substance misuse services to ensure that the needs of the whole family are identified and met which includes other significant compounding factors such as domestic abuse and mental health.
Access to employment and benefits	<p>Ensure financial safeguarding of vulnerable adults. Work strategically with Department of Work & Pensions to ensure that front line service personnel are aware of the safeguards within the benefit system that could serve to protect service users and support recovery programmes.</p> <p>Capitalise on the opportunities for the DWP and substance misuse services to work jointly together to maximise access into treatment.</p>
Co-occurring mental health and substance misuse	Providers in alcohol and drug, mental health and other services have an open door policy for individuals with co-occurring conditions, and make every contact count. Treatment for any of the co-occurring conditions is available through every contact point.
Housing	<p>Access to appropriate housing and on-going support to maintain tenancy. Develop robust partnerships with local housing options services to meet requirements outlined in the Homelessness Reduction Act 2017.</p> <p>Work collaboratively to reduce street homeless.</p>
Drug-related deaths	<p>Increase the availability of naloxone.</p> <p>Have a co-ordinated response plan and incident planning for responding to potent opioids incidents.</p> <p>Ensure there is a robust local drug information system (LDIS) in place for cascading information.</p>

4. How will we measure success

The following indicators will be used to measure success;

Indicator		
Prevention	1	Admission episodes for alcohol-specific conditions (Under 18s)
	2	Admission episodes for alcohol-related conditions (Narrow)
	3	Adults drinking over 14 units of alcohol per week
	4	Those who are increasing and higher risk drinkers (aged 16+ - estimate)
	5	Hospital admissions due to substance misuse (15-24 years)
	6	Reduction of Children in Care where parental substance misuse identified
	7	Children (aged 11- 15) who report they have ever had an alcoholic drink
	8	Children (aged 11-15) who report they have ever taken cannabis
Keeping Communities Safe	9	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison.
	10	Number with Drug Rehabilitation and Alcohol Treatment Requirements successfully completing treatment
	11	Increase in safeguarding support for those vulnerable to exploitation through county lines
	12	Crime and re-offending rates for those who are misusing substances
	13	Volume of pure alcohol sold through the off trade - all alcohol
	14	Number of tested premises selling alcohol to those under age

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Better Recovery	15	Successful completion of drug treatment - opiate users
	16	Successful completion of drug treatment - non-opiate users
	17	Successful completion of drug treatment - alcohol users
	18	Reduction in the unmet need of people with an opiate problem not accessing treatment (aged 15-64 – estimated)
	19	Reduction in the number of dependent drinkers not accessing treatment (adults –estimated)
	20	Better outcomes for families - reduced number of children on Child Protection Plans and reduction in cases escalated from early help to a Child In Need plan where parental substance misuse was a factor
	21	Deaths from Drug Misuse
	22	Concurrent contact with mental health services and substance misuse services for alcohol misuse
	23	Concurrent contact with mental health services and substance misuse services for drug misuse
	24	Increase in engagement with substance misuse services for people with a housing need (no fixed abode, those residing in temporary accommodation, homeless hostels and other supported living accommodation)