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Substance Misuse Health Needs Assessment Executive Summary

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Substance Misuse Health Needs Assessment Executive Summary 2015/16

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1 Executive Summary

Overview

1. The Substance Misuse Health Needs Assessment (HNA) has been compiled using a variety of local and national data sets and information sources, to assess the prevalence of substance misuse within the county, and evaluate current specialist substance misuse service provision and recovery services.

2. The aim of this HNA is to provide insight into the population impact of drug and alcohol use within Derbyshire that will inform the Substance Misuse Strategic Plan, including prevention activity and the 2017 re-procurement of specialist drug and alcohol services, to meet the needs of Derbyshire residents.

3. Addiction to drugs and alcohol can have a profoundly damaging impact on individuals, their families, the community and the economy, often leading to family breakdown, poverty and crime.[1,2,3] Partnership working is essential for effective prevention, early intervention, treatment and support into recovery in order to improve the health, wellbeing and future prospects of those misusing drugs and/or alcohol, and their families.

4. Derbyshire Admin County has a population of approximately 780,000 people and is largely rural in nature, with no major urban centres. The most densely populated areas are generally along the eastern border of the county, with higher levels of deprivation within the north east region.[4] Whilst Derbyshire performs well against a number of health and wellbeing indicators, when compared to the England average alcohol related harm is one area in which Derbyshire rates are significantly higher.[5]

Alcohol and Drug Use

5. Drinking within the East Midlands is in line with the national average, with approximately 1 in 10 people in the region drinking on five or more days in the week prior to interview.[6] The risk of alcohol related disease increases with higher risk drinking[a], with synthetic estimates suggesting that approximately 36,000[b] Derbyshire residents are drinking at higher risk levels, and a further 108,000[c] at increasing risk[d] levels.[7]

[a] **defined as usual consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females**

[b] **Lower confidence interval 12,719 Upper confidence interval 115,914 (95%CI)**

[c] **Lower confidence interval 58,355 Upper confidence interval 208,566)**

[d] **defined as usual consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females**

6. Survey findings indicate that nationally the proportion of people drinking[e] is reducing; young adults in the main are responsible for this reduction, whilst those in the higher age brackets account for the highest percentage of those that drank in the week prior to interview.[8,9]

7. In relation to drug use, it is reported nationally that a third of adults have taken a drug during their lifetime, with one in 11 adults (16-59yrs) having taken an illicit drug in the last year.[10]

8. Those in the younger age groups (16-24yrs) are more likely to have taken a drug in the last year, with use of cocaine, ecstasy, LSD and ketamine by 16-59yr olds increasing during 2013/14.[11]

9. As regards Opiate and Crack Users (OCU) there is a lower prevalence locally than seen nationally, but a higher reported rate of injecting.[12]

10. OCUs within Derbyshire are slightly younger than seen nationally, albeit age has been increasing over recent years; this has implications for health and social care resources in coming years due to the declining health of this cohort. [xii]

11. Within society there are some groups that are more vulnerable as regards drug and alcohol misuse than others, including homeless people, those with mental health issues, offenders, the LGBT (Lesbian, Gay, Bisexual and Transgender) community, those with a lower socioeconomic status, and the children of substance misusing parents.

Health Harms and Impact on others

12. Derbyshire has alcohol hospital admissions rates significantly worse than the England average and has seen increases in rates for all of these indicators when compared to the previous 12 month period; Chesterfield Borough has the highest admissions rates within the county.[13]

13. The breakdown of alcohol related hospital admissions evidences that Derbyshire has significantly higher rates of admissions than the England average for cancer, mental and behavioural disorders, unintentional injuries and unintentional self-poisoning; Derbyshire has the highest rate within the East Midlands region for intentional self-poisoning (all persons).[14]

14. A 19% increase in alcohol related deaths has been seen nationally from 2001-2012, with alcoholic liver disease accounting for just under two thirds of all alcohol related deaths in 2012.[15]

[e] **in the week prior to interview**

15. As regards mortality, Derbyshire has a similar rate to England for all indicators, however Erewash is the main area of concern within the county; rates there are significantly higher than the England average for alcohol-specific mortality and mortality from chronic liver disease for females.[16]

16. In relation to drug use in England, between 2003/04 and 2013/14, a 77% increase was seen for hospital admissions with a primary diagnosis of 'poisoning by illicit drugs.' Whilst rates locally are lower than the England average for admissions due to 'mental and behavioural disorders,' Derbyshire has a higher rate of admissions due to 'poisoning by illicit drugs' than both the region and nationally.[17],[18]

17. Analysis of emergency department presentations[f] for 'drug abuse/dependency' evidenced that NPS (New Psychoactive Substances), followed by heroin, amphetamine and MCAT (mephedrone) were the most cited drugs on presentation; three quarters of presentations were male, the median age was 26 and NPS was generally taken on its own rather than alongside another substance.[19]

18. Recent national increases have been seen in deaths due to the misuse of illicit drugs, with heroin/morphine being the most cited drugs involved in death.[20] Locally drug related deaths remain sporadic and echo national findings; heroin is the most regularly cited substance in toxicology or implicated at the scene. Treatment continues to be reported as a protective factor against drug related deaths nationally.[21]

19. As regards the perceptions of the general public, findings from Derbyshire's Citizen's Panel indicated that approximately 1 in 10 respondents felt that being drunk or rowdy in a public place was a problem and approximately 1 in 5 respondents felt that using or dealing drugs was a problem.[22] Additionally, whilst rates of alcohol related crime have decreased slightly 2012/13-2014/15, drug related crime has remained relatively static.[g]

20. Just over a third of alcohol related crimes and just under 5% of drug related crimes were domestic violence related,[g] and whilst locally alcohol is noted as not being the cause of domestic violence, it is reported to be frequently present.

21. In relation to hidden harm, if national percentages are applied to the local Derbyshire population there could be between 2,702 - 4,052 children of problem drug users within the Admin County.[23] As regards substance misuse services, approximately 1 in 5 clients in structured alcohol treatment and 1 in 4 clients in structured drug treatment are living with children.[24]

[f] **To Chesterfield Royal Hospital**

[g] **Derbyshire Constabulary – recorded crime data**

Service Intervention Activity and Outcomes

22. It is apparent that there are a variety of organisations and frontline staff that could assist with the identification and signposting of people to relevant services to address substance misuse issues.

Tier 1[h] - Prevention

23. The knowledge base and confidence of frontline health and other workers in addressing substance use is key to effective prevention and early intervention activities within Derbyshire. Work is ongoing within the county to strengthen and maximise these opportunities through programmes such as 'Healthy Workplaces Derbyshire,' MECC (Making Every Contact County), IBA (Identification and Brief Advice) training, Hospital Liaison teams, joint working with CCGs (Clinical Commissioning Groups) and Health Check programmes for 40-70 year olds delivered in primary care.

24. Public Health is a responsible authority for licensing, which affords the opportunity to take a more proactive role in addressing health harms. In addition a considerable amount of work is ongoing to train staff at licensed premises as regards responsible serving and recognising when someone is intoxicated. The 'Intoxicated' brand is used throughout Derbyshire in on-license premises, focussing primarily on prevention activity.

25. Whilst the great majority of people that drink alcohol do not need to access treatment services, the delivery of IBA where relevant could have considerable health benefits if it motivates a person to be more aware of and reduce their level of drinking.

Young People's Specialist Substance Misuse Service

26. As regards Young People's Substance Misuse Specialist Services, it is apparent from the latest reporting that in the main substances cited are cannabis, followed by mephedrone and alcohol.[25]

[h] **Information and advice, screening and referral to specialist treatment services by non-substance misuse specialists (NTA definition)**

Tier 2[i] and Tier 3[j] / Structured Alcohol Treatment[26,27,28,29]

27. Referrals into Tier 2 alcohol treatment (there were just under 2,800 during 2014/15) are spread across Derbyshire, with a number of geographical areas having higher rates of referrals into the service, particularly in the north east and north west areas of the county.

28. During the 2014/15 period approximately a third of Tier 2 referrals were referred on at triage to the Tier 3 service, who received in total just under 1,300 referrals during 2014/15.

29. Whilst referral data appears to correlate with morbidity and mortality data, there are some geographical areas of the county that are underrepresented as regards referrals into treatment (e.g. Bolsover and North East Derbyshire).

30. Just under 50% of referrals to the Tier 2 service are self-referrals, with just over a third of referrals being female and 35-54yrs being the peak age of those accessing services (albeit males appear to access the service at a younger age than females). Younger age groups and those aged 60yrs+ make up a much smaller percentage of the treatment population, and could indicate areas of unmet need within the county. Additionally the vast majority of referrals are 'white British' which again could indicate an area of unmet need for certain populations within the county.

31. Once a referral has been made clients are able to access alcohol treatment quickly[k]. However, locally the average (median) time in structured alcohol treatment is much shorter than seen nationally, and there is a higher percentage of clients leaving in an unplanned way within 12 weeks; as successful completion rates reduce with an increased number of treatment journeys this is an area that needs to be addressed in order to ensure clients are given the best possible chance of completing treatment in a successful way.

32. Particularly high levels of drinking are reported anecdotally via the Tier 2 service and via national data sources for structured alcohol treatment, which evidences the complexity of some alcohol clients locally. However as regards polysubstance misuse fewer service users locally report using other substances in addition to alcohol, and fewer drug treatment clients cite additional problematic alcohol use than is seen nationally.

33. Successful completions from structured alcohol treatment are generally in line with national reporting, which would indicate that the shorter length of time in treatment

[i] **Information and advice by specialist services, triage assessment, referral to structured treatment, brief psychosocial interventions, harm reduction services and aftercare (NTA definition)**

[j] **Community based assessment and structured treatment (including community prescribing, psychosocial interventions and day programmes (NTA definition)**

[k] **National 15 day wait time target**

noted above is not having a detrimental impact on outcomes and the service is cost effective. However if this were to be addressed along with the number of unplanned exits within 12 weeks from commencement of treatment, there is the possibility that successful completions from treatment in the future could exceed current reported performance.

34. Geography and travel were noted as hindering access to treatment in some instances, along with lack of access to buildings. Consultation with service users indicated that more options as regards mutual aid and weekend/evening availability could also improve the alcohol service offered to clients.

Tier 3 / Structured Drug Treatment[30,31,32,33,34]

35. Prevalence estimates (2011/12) and numbers in treatment indicate a 54% penetration level of drug treatment services within Derbyshire for OCUs, which is in line with national performance. Locally this percentage is thought to be too low by both commissioners and providers (however the confidence intervals for prevalence estimates allow for variation in this reported percentage[l]). During the 2014/15 period there were 2,244 adults effectively engaged in structured drug treatment (83% of which were opiate clients).

36. Whilst the majority of service users accessing structured drug treatment are opiate clients, there has been large percentage increases seen over the past few years of non-opiate clients in service of which Derbyshire has a higher percentage in contact with the criminal justice system than is seen nationally. In relation to club drugs, mephedrone is the most cited substance by service users.

37. Only a small percentage of service users in treatment cite use of prescription only medicines/over the counter medicines (POM/OTC), and from national reporting it is felt that this is an area of unmet need as regards substance misuse service provision.[35]

38. There is a much higher rate than the county average of referrals from Chesterfield into drug treatment services, with the mapping of clients in drug treatment evidencing a concentration in the north east of the county.

39. As with alcohol treatment approximately half of all referrals into treatment are self-referrals, with the majority of service users able to access treatment quickly from point of referral. A quarter of services users in treatment are female, and as regards age of service users those under 24yrs and over 50yrs make up a very small percentage of the treatment population.

[l] **From the upper and lower confidence intervals provided this could in reality be between 72%-43%**

40. A higher percentage of opiate clients are retained in effective treatment than non-opiate clients. There are many service users within drug treatment that have had more than one treatment journey, and for those that are reported to be treatment naïve (on their first treatment journey) almost two thirds of these have been in treatment in excess of 6 years.

41. In addition to just under a third of the opiate treatment population being in treatment in excess of 6 years, Derbyshire also has a higher percentage of clients that are recorded as being of 'high' or 'very high' complexity which again will impact upon successful completions from treatment.[m]

42. 1 in 3 opiate clients in treatment has had a drug taking career in excess of 18 years, evidencing the increasing age profile of this client group. Whilst this percentage is lower than that seen nationally, this local percentage will continue to increase in the future and there is an expectation that there will be a corresponding increase in the additional health problems that co-exist with an ageing opiate using population. During 2010/11 sixteen per cent of drug treatment clients were aged 40yrs+; in 2013/14 this increased to just over a quarter.

43. Whilst successful completions from treatment were in line with national performance 2013/14, reductions were seen during 2014/15. This has been addressed with the service provider and improvements in this area of treatment are now being seen.

44. A range of responses were obtained as regards how drug treatment services could be improved, including a reduced focus on prescribing, consistency of key worker, positive promotion of the service, outreach and flexibility and reduced travel distance to access services.

45. Positive feedback was received for the family and carer service,[n] with excellent evidence of improved strategies and coping skills.

Harm Reduction and Pharmacy Enhanced Services[36,37,38,39,40, 41]

46. Whilst it is reported that there is a higher prevalence of injecting within Derbyshire than is seen nationally rates for HBV (Hepatitis B Virus) and HCV (Hepatitis C Virus) under 75yrs mortality for end stage liver disease/ hepatocellular carcinoma are similar to the England average. In addition the county is deemed to be a 'low prevalence area' as regards HCV, and HIV (Human Immunodeficiency Virus) prevalence is also low.

[m] **Complexity is assigned by PHE utilising 12 defined complexity items regarding substance use and previous unplanned exits from treatment**

[n] **Parents and carers of drug users**

47. Local performance as regards HBV vaccination and HCV testing within drug treatment services is below the national average and work is ongoing with the treatment provider to address this issue.

48. HCV is reported to be a major problem amongst injecting drug users (Public Health England), yet whilst the majority of infections have been due to injecting drug use, 50% of those that inject and are infected are undiagnosed. Considerable work has been ongoing within the county to increase testing, however there is concern as regards the robustness of treatment pathways for those that test positive.

49. Bacterial infections still remain a problem (Public Health England), with NSPs (Needle and Syringe Programmes) key to identifying these in those people who inject drugs but do not engage with other healthcare services or substance misuse services.

50. In relation to overdose prevention naloxone is now available throughout the county for service users currently accessing drug treatment services and their family and friends.

51. The extent and use of nalmefene which is now available within the county will also be monitored and reviewed by commissioners now that it has been approved in the treatment of alcohol dependence.

52. Smoking prevalence is reported to be high amongst substance misuse service users, therefore smoking cessation provision for this client group is key in reducing future health harms.

53. DSC (Daily Supervised Consumption) is currently provided at 136 pharmacies across the county, and NSP at 78. Pharmacies have a key role to play in reducing harm for those misusing substances, making them a key partner as regards prevention and intervention activity.

Mental Health - Dual Diagnosis[o]

54. Dual diagnosis clients often experience a number of negative aspects to their service provision, with it being reported locally that a lack of clear and accessible dual diagnosis pathways are the single biggest problem that a client faces.

55. CCG-led work is taking place to address the need for a Dual Diagnosis Plan to sit underneath the Derbyshire Mental Health Strategy.

[o] A person is said to have a 'dual diagnosis' if they have a mental illness along with a substance misuse problem.

Probation

56. Significant changes have taken place within probation. Derbyshire Probation Trust has been replaced by the National Probation Service and a Community Rehabilitation Company (CRC), and the Offender Rehabilitation Act (ORA) 2014 has brought about changes that may impact on pathways to substance misuse services.

Tier 4[p] - Inpatient Detoxification and Residential Rehabilitation

57. Inpatient detoxification is necessary for people who are dependent on drugs or alcohol and are unable to withdraw from them in a community setting. To allow for a choice of service (dependent on client need), four facilities are now part of a framework contract.

58. Whilst only a small percentage of drug and alcohol service users will access residential rehabilitation it is essential that they are prepared for this environment and that an establishment that meets the needs of the individual is identified in order to maximise the likelihood of a successful completion from treatment. A framework contract is now in place within Derbyshire consisting of 15 national providers.

Substance Misuse Services within Prison

59. Two in five people from Derbyshire entering prison with a substance misuse issue are not known to treatment services.[42]

60. In addition to pharmacological and pyschosocial interventions within substance misuse treatment, the value of Mutual Aid and recovery is acknowledged within Derbyshire prison estates, and work is ongoing to maximise opportunities for prisoners to engage with work in this area.

61. NPS are an emerging issue within prisons, and reporting indicates that compared to some other prisons within the East Midlands region there are higher levels of NPS use within the two Derbyshire estates.[q]

62. A very low percentage of prisoners at HMP Sudbury and HMP Foston are residents of Derbyshire, with HMP Nottingham being Derbyshire's main male remand and release prison. This highlights the need for joined up working with HMP Nottingham to ensure the prison, the prisoner and community substance misuse services work together where continuity of care is required upon release.

[p] **Residential Treatment (NTA definition)**
[q] **Mid 2015**

63. It was clear from engagement with prisoners at HMP Foston that there was a fear of relapse upon release. This evidences a need to address this with the prisoner prior to release, so that they feel equipped to deal with this effectively, alongside ensuring links are made with community substance misuse services.

Barriers to Accessing and Engaging with Services and Unmet Need

64. Barriers to accessing substance misuse treatment services are wide and varied, ranging from the physical environment, geography, readiness, fear/worry/shame to perceptions of what the service can do. Being identified as a substance misuse client and the negative impact this could have is a very real and significant concern.

65. In many instances the barriers to engaging with treatment were similar to those that stopped people initially accessing service provision. In particular for the drug treatment service an emphasis on prescribing and the medical model were barriers for some service users. In addition engagement with service users evidenced the importance of the physical environment of substance misuse services being accessible, amenable and recovery focussed.

66. In addressing the barriers to exiting treatment it is clear that having something to go to, e.g. recovery/Mutual Aid provision and aftercare could, for certain service users, allay some of the fears attached to exiting treatment services. Additionally for drug treatment clients, it was evident that a reliance on continued and long-term prescribing was a barrier to exiting treatment services.

67. Those at either end of the age spectrum (i.e. the very young and the old) were not engaging with treatment services, although staff at commissioned adult services believed there was an identified need in these age groups.

68. Derbyshire has a very small BME (Black and Minority Ethnic) population and from data capture from commissioned services, it appears that the vast majority of service users are recorded as ‘white British’. It is possible that there are some from minority communities within the county that would benefit from accessing treatment services.

69. Females accessing treatment services continues to be raised as regards unmet need; several suggestions were made by service users as regards female only clinics and more family focussed activity at treatment services to encourage women to seek treatment.

70. Derbyshire covers a large geographical area, with large rural spaces particularly to the west of the county. Geography and travel issues were noted as potential

barriers to accessing and engaging with treatment services by both staff and service users throughout the engagement process.

71. The perception of drug treatment services as an 'opiate service' can act as a barrier for many people misusing non-opiate drugs.

Mutual Aid and Recovery

72. Those that are already accessing Mutual Aid and recovery services in Derbyshire reported significant benefits and would experience negative impacts should these services no longer be available.

73. The importance of recovery and Mutual Aid provision being visible and available at all stages of a service user's treatment journey was evidenced during the consultation process, along with the need for recovery support services to actively work with commissioned substance misuse treatment services.

74. Recovery and Mutual Aid provision is concentrated within the Chesterfield and Ripley areas of the county, with limited availability in other geographical areas, particularly High Peak, Derbyshire Dales and South Derbyshire.

75. Nationally and locally it is deemed beneficial for service users to have the opportunity to be accompanied by a member of staff from commissioned services when first attending a recovery or Mutual Aid group. This is seen to increase the uptake of this provision and allay service user concerns.

76. The importance of housing and employment to recovery is key in assisting sustained recovery and improving the life prospects of service users. Compared to the general population a large percentage of substance misuse clients are in receipt of benefits, and whilst this provides an income, attaining employment (where a viable option) is much more beneficial. The higher percentage seen locally (when compared to the national average)[43] of service users in structured alcohol treatment claiming benefits could add to the complex case mix of clients accessing services locally, which can impact upon rates of successful completion from treatment.

77. A considerable amount of work is ongoing at a local level to increase training and employment opportunities for substance misuse service clients, and also to improve partnership working between DWP (Department for Work and Pensions), commissioners and service providers.

78. Stigma and marginalisation is significant for substance misuse clients, and tackling this to facilitate and optimise opportunities for recovery is essential. Whilst a large number of Mutual Aid and recovery services available are specifically for

substance misuse clients, there are increasing opportunities to interact and work with groups that are not specifically for ‘substance misuse’ clients, which affords the opportunity of tackling stigma and marginalisation for this client group.

2 Recommendations

Alcohol and Drug Use

1. Due to the lack of prevalence data at a local level for non-opiate substances and alcohol, review opportunities to undertake local data capture to ascertain prevalence within Derbyshire.

2. Local focus on redressing the balance between population prevalence and specialist treatment information to allow for an increased understanding of substance misuse at all levels in order to inform and direct effective prevention activity within the Derbyshire.

3. Opportunities for partnership working to be maximised across the county to inform work on prevalence.

4. Closer and improved working with CCGs to allow for more accurate assessment of prevalence of substance misuse and signposting to relevant services.

5. It is essential that prevention, intervention and treatment activity ensures equity of service to minimise the harm to health and wellbeing caused by substance misuse to all within Derbyshire.

Health Harms and Impact on Others

6. Consideration given to the forming of an alcohol related death group similar to drug related death group to assist in identifying effective prevention, intervention and lessons learned.

7. Scope more detailed analysis of alcohol admissions data within the county.

8. Focus on a partnership approach to prevention work for NPS (e.g. education, information).

9. Domestic Abuse service providers to offer perpetrators and victims of domestic abuse a client-led holistic health check that includes an assessment of alcohol and illegal drugs.

10. Improve pathways between domestic violence services and substance misuse services.

11. Address prevalence and impact of drug use on domestic violence.

12. Improve pathways, referrals and the joining of agendas between substance misuse services and social care in relation to a number of areas, including hidden harm, the Troubled Families and Thriving Communities Programmes.

Service Intervention Activity and Outcomes

13. Front line staff and substance misuse services need to be aware of alcohol use and the wide range of drugs being used by people within their community; utilising referral pathways to assist people in getting the help they need from a wide variety of organisations.

14. A clear understanding of the changing drug and alcohol trends, and the links with the night time economy is required to assist prevention activity, early intervention and treatment.

Tier 1

15. Strengthen MECC (Making Every Contact Count) training in relation to substance misuse and include both drugs and alcohol.

16. Improved working with CCGs to more effectively utilise Health Checks and offer a proactive preventative and early intervention approach within primary care to tackle substance misuse within the county.

17. Have more involvement in the substance misuse aspect of 'Healthy Workplaces Derbyshire.'

18. Public Health to utilise its standing as a responsible authority for licensing in taking a proactive role in reducing health harms linked to alcohol use.

19. Analysis of drug and alcohol use and the link with violent crime, including sexual violence in the NTE.

20. Focussed delivery of IBA training to ensure that key personnel are equipped with the skills to address substance misuse and signpost/make referrals where applicable.

Young People's Specialist Substance Misuse Service

21. Ensure clear pathways and supported transition for those in young people's substance misuse services who will make the transition to adult drug and alcohol services.

Tier 2 and Tier 3 / Structured Alcohol Treatment

22. Further liaison with the alcohol treatment provider regarding data capture of substance use in addition to alcohol use for alcohol clients will assist in ascertaining whether the difference in local and national reporting is due to data recording or prevalence.

23. Commissioners to work with Tier 3 alcohol treatment provider to address the high percentage of early unplanned exits from treatment.

24. Commissioners to work with alcohol service providers to address inequities in the geographical spread of referrals and those in treatment, especially where this is not in line with morbidity and mortality indicators.

Tier 3 / Structured Drug Treatment

25. Further liaison with the drug treatment provider regarding data capture to assist in ascertaining whether the difference in local and national reporting on additional problematic alcohol use is due to data recording or prevalence of alcohol use in the drug using treatment population.

26. Commissioners to review the retention of non-opiate clients in treatment with the treatment provider.

27. Ascertain further detail from service provider on the overall service provision for non-opiate clients.

28. With the considerable increase in non-opiate clients, and the potential for much younger drug users needing to access treatment services, commissioners and service providers need to address service provision and the workforce skillset to ensure it meets the needs of the evolving drug treatment client population of Derbyshire.

29. As the successful completion rate reduces with an increased number of treatment journeys, resource and time needs to be focused on these service users to optimise opportunities for recovery.

30. Robust exit planning is essential in order to minimise the risk of the client relapsing and needing to re-enter treatment (however a client would always be encouraged to access treatment if relapse did occur).

31. Ensure that the 2017 commissioned treatment model is adaptable and allows for flexibility in available treatment interventions for an evolving drug treatment population.

32. Obtain outcomes of family and carer support within Derbyshire

Harm Reduction and Pharmacy Enhanced Services

33. Data capture on the rollout, distribution and use of naloxone within the county.

34. Smoking cessation services to be promoted and made available within substance misuse services.

35. Continuance of work with the drug treatment provider to increase uptake of HBV vaccination and HCV testing within treatment services.

36. Work with CCGs to improve treatment pathways for HCV positive service users.

Mental Health – Dual Diagnosis

37. Ensure that work is carried out to enable an understanding of the dual diagnosis population within specialist substance misuse services, as whilst assumptions can be made there are no definite figures available to steer activity.

38. Continued work to improve the accuracy of recording of dual diagnosis in order to assess current prevalence within substance misuse services.

39. Address need in relation to workforce development, ensuring that specialist substance misuse staff are comfortable and effective in working with dual diagnosis service users.

Probation

40. Review of the Criminal Justice substance misuse pathway by commissioners, community and custody providers, National Probation Service and DLNR (Derbyshire, Leicestershire, Nottinghamshire and Rutland) CRC.

41. It is imperative that close liaison with National Probation Service and CRCs take place to ensure that changes in working practices that could affect service delivery, resources within substance misuse services and outcomes are identified and dealt with promptly and proactively.

Substance Misuse Services within Prison

42. Review of available performance data for prison establishments and uptake of treatment and recovery services within the community upon release.

43. As HMP Nottingham is Derbyshire's main remand and release prison it is essential that commissioners work with that establishment to ensure joined up working between the prison, the prisoner and community substance misuse treatment services where continuity of care is required upon release.

Barriers to Accessing and Engaging with Services and Unmet Need

44. Review methodology of service user engagement to optimise opportunities to engage with those no longer in treatment services, or those that have never engaged with treatment but would benefit from doing so. Liaison with key partners may increase the likelihood of capturing valuable information from this group.

45. Address issues with the physical environment of commissioned service buildings in the re-commissioning process, in order to ensure that they are recovery focussed and accessible to all who would benefit from accessing treatment.

46. Review with commissioned services innovative ways of engaging with hard to reach groups within the community who would benefit from accessing substance misuse treatment services.

47. Develop ways of working that increase ease of access, acknowledging the geography of the county and its role in acting as a barrier to accessing and engaging with treatment services.

48. Ensure that within the recommissioning process the flexibility of substance misuse services is emphasised, to ensure that the needs of those within substance misuse issues are met in light of evolving drug use trends.

49. Commissioners and substance misuse commissioned services to proactively tackle the negative perceptions of treatment services, addressing the fears and concerns service users and staff have reported.

50. Drug use is ever-evolving, and it is essential that substance misuse services ensure they are equipped to adapt to current need.

Mutual Aid and Recovery

51. Promotion of other groups not specifically aimed at substance misuse service clients (e.g. mental health groups, art groups) within the county that could be accessed by substance misuse service clients in recovery.

52. Outcomes for substance misuse clients are clearly evidenced for organisations undertaking activities through the Recovery Communities small grant funding scheme.

53. Continue to map Mutual Aid and recovery services provision across the county, with a focus on equity of access.

54. Ensure that information on recovery and Mutual Aid groups is readily accessible to both staff and service users within treatment services, with the opportunity for staff to attend groups to increase their knowledge.

55. Scope the possibility of staff from commissioned services accompanying service users when they first attend a recovery group/Mutual Aid to help allay any concerns or fears they may have.

56. Commissioners to continue to review and assess referrals to recovery and Mutual Aid by commissioned services.

57. Focus on broader partnership working and building relationships with a wider group of organisations across the county to maximise opportunities for substance misuse clients across all stages of the recovery journey.

58. Liaise with DWP to gain further insight into the higher percentage of Derbyshire alcohol service users than is seen nationally registered as 'long term sick' or disabled

59. Continued identification, training and support of service users to become peer mentors and volunteers.

60. Continue in the identification of opportunities to build sustainable recovery services within Derbyshire, including a focus on sustainable training and employment opportunities

61. Continue to identify opportunities to engage with regional and national recovery activity to raise the profile of recovery within Derbyshire both locally and on a larger scale.

62. Make recovery more visible within the local community, addressing stigma and increasing positive community cohesion for individuals with substance misuse issues and their families.

3 Conclusion

In compiling this HNA it has become apparent that whilst there is a considerable amount of information regarding prevalence of drug and alcohol use at a national level, there is limited data locally. Hospital admissions provide insight at a local level, particularly in relation to alcohol related harm via LAPE; however whilst nationally alcohol consumption is reported to be reducing (particularly in the younger age groups), hospital admissions within Derbyshire have all increased during 2013/14,[r] with some geographical areas within the county having higher mortality rates than seen nationally. Whilst it may be that recent reductions in consumption won't be evidenced in reduced hospital admissions for a number of years, identifying potential local solutions to assess prevalence of use would be beneficial in informing commissioners, services providers and partners, both for alcohol and non-opiate drugs.

Vulnerable groups and identified unmet need provide a focus in discovering innovative approaches to engaging with those within the community that would benefit from targeted prevention, early intervention and treatment services, whilst also improving identification of hidden harm. For those that do require treatment current performance reporting indicates that in the main services are performing well, and where there are areas of service provision that require improvement, this is being addressed by commissioners.

Rates of referrals into treatment and clients already in treatment indicate that there is a concentration of people accessing services in the north east of the county, and for alcohol (particularly Tier 2 referrals) the north west of the county (High Peak Borough). Equity of access throughout Derbyshire is vital in ensuring that all those that require treatment are able to do so with ease and in a timely manner; for those in the more rural areas of the county new ways of working may be required to ensure that this is attained. In addition, ensuring that community treatment services engage with the prison estate and offenders due for release is vital in ensuring continuity of care.

Partnership working is fundamental, both to improve prevention and early intervention, and in ensuring joined up service provision for those that are experiencing a range of health harms caused by long term drug and alcohol use; palliative care is likely to have an increased focus in the near future particularly with an ageing opiate population. Crucially, improved dual diagnosis pathways need to be a priority for CCGs and substance misuse commissioners in ensuring that necessary interventions and joined up working between mental health and substance misuse staff is available; allowing for the best possible treatment outcomes.

A continued focus on harm reduction is vital, and continued efforts to increase uptake of vaccinations and testing is key in ensuring that prevalence of BBV within the county remains low, which also provides an emphasis on ensuring pathways are in place for

[r] **when compared to the previous 12 month period**

those that require treatment. As not all who are injecting drugs are accessing treatment services, there is a reliance on other partners and healthcare (e.g. pharmacies) in identifying those at risk of BBV and bacterial infections, to provide appropriate advice and signposting.

Continuing to build recovery and mutual aid within the county is pivotal in maximising opportunities for service users to exit specialist treatment services successfully, improving long term prospects as regards social capital, employment and housing. Enabling service users (where possible) to exit services drug and/or alcohol free is a significant focus both nationally and locally; building recovery will allow for this to be a long-term prospect for many.

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