

SUBSTANCE MISUSE IN ISLINGTON

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Key areas

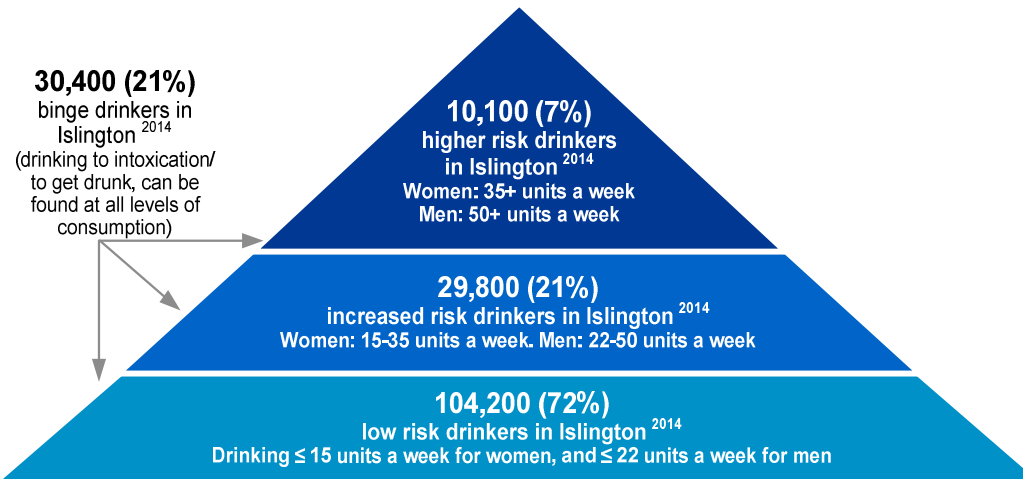
- § What is the size of the problem?
- § The impacts on Islington
- § Substance misuse treatment model
- § Drug and alcohol treatment outcomes
- § Next steps: cross cutting themes
- § Service redesign: current & future plans
- § Challenges ahead





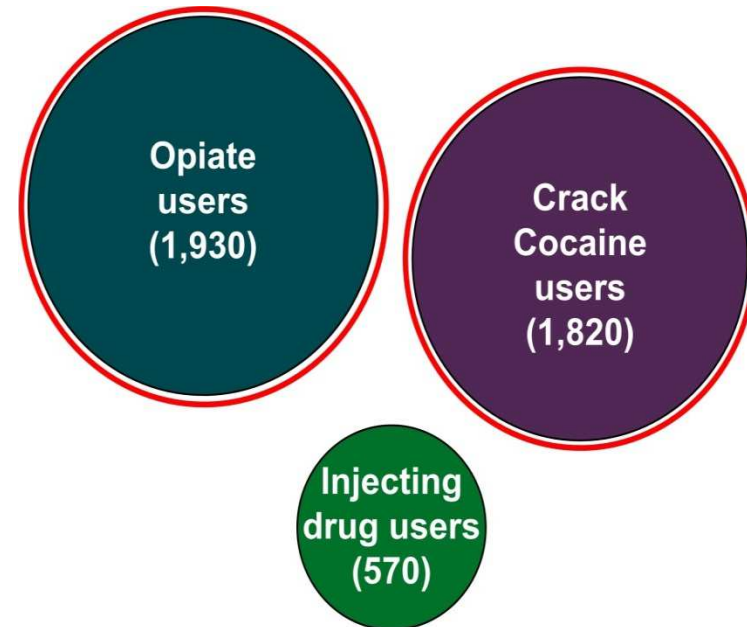
Prevalence of alcohol and drug misuse

Alcohol misuse



Note: Prevalence estimates have been made using the Office of National Statistics' population estimates for Islington, prevalence of drinking behaviours from the Local Alcohol Profile for Islington (2014).

Drug misuse



Significantly higher prevalence than cluster of local authorities with similar needs

Note: The groups are not mutually exclusive and may overlap. **Source:** JSNA, 2013-14

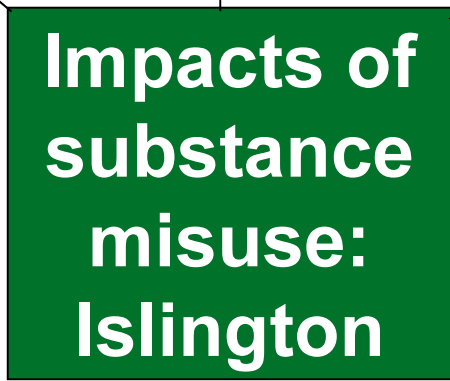
Source: Substance Misuse Needs Assessment, 2014





£ TOTAL COSTS

Estimates suggest costs to the system exceed **£230m**



 CRIME & ANTI-SOCIAL BEHAVIOUR

1,285 alcohol related offences in Islington in 2013.

36% of offenders arrested that were tested for drugs, tested positive for cocaine and opiates.

70% of youth offenders have at least some association with substance misuse; including 12% who are strongly associated.

 HOUSING

320 people who accessed supporting people accommodation services in the last year had alcohol or drugs as a primary or secondary problem.

 PRODUCTIVITY & ECONOMIC IMPACTS

3rd highest rate of claimants of incapacity benefits whose main medical reason is alcoholism in London.

3,059 alcohol-related hospital admission episodes (2012/13).

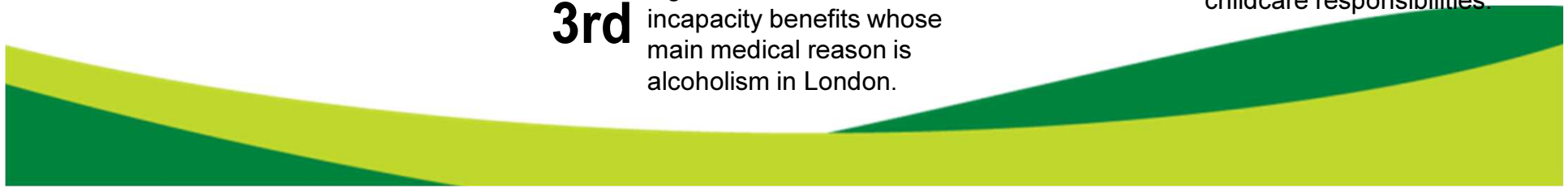
20% increase in alcohol related hospital admissions over the last five years in Islington.

2,700 ambulance call-outs as a result of alcohol in 2013/14 – a 5% increase since 2008-09.

 FAMILIES & DOMESTIC VIOLENCE

13% of alcohol related crime was categorised as domestic violence in 2013.

20% of child protection cases had drugs as a contributory factor. A third of all adults in drug treatment have childcare responsibilities.



Substance misuse treatment model

Objective: *Impact positively on health, social and economic outcomes across the borough through sustained individual recovery*

Prevention:

- Behaviour change
- Awareness
- Training
- Environment
- Regulation

Treatment:

- Counselling/therapy
- Substitute prescribing
- Detoxification
- Rehabilitation
- Harm minimisation

Recovery:

- Maintain change
- Housing
- Support
- Employment
- Mutual Aid
- Family support

Integration with other services:

Council: Social Care; Housing; Community Safety

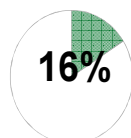
External: Police; Health; Justice; Probation

Drug and Alcohol Treatment Outcomes

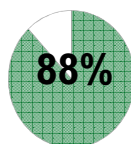


Drug outcomes

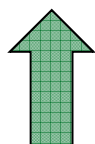
1,287 adults are effectively engaged in drug treatment in 2013-14.



of service users successfully completed drug treatment (2013-14), compared to 15% nationally.



of those that successful completed did not return within 6 months (2013-14).



Completions for non-opiate users has increased by 14% from 2012-13 to 2013-14.

300

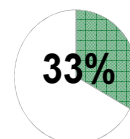
substance misusers were supported back into work and training in the last year in Islington.

£

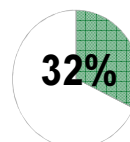
For ever £1 spent on drug treatment, £2.50 is saved in costs to society. Young people's drug & alcohol intervention

Alcohol outcomes

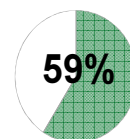
916 adults are in alcohol treatment in 2013-14.



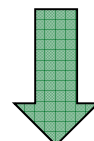
of service users left alcohol treatment successfully (2013-14) compared to 38% nationally.



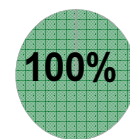
of individuals in alcohol treatment left successfully and did not return within 6 months (2013-14).



of individuals that left alcohol treatment became abstinent.



5% reported a housing problem when leaving alcohol treatment compared to 15% when entering treatment.



of individuals who reported offending linked to key offences (shoplifting, assault, other theft, drug selling) at the start of treatment had ceased offending by treatment exit.

For every **£1** spent on drug treatment saves **£2.50** in costs to society, with an even greater return on investment for young people's drug and alcohol services - **£5-£8**

Next steps

1. Embedding initiatives already underway

- Awareness raising training for council staff & partners: developing skills for identifying issues related to alcohol harm.
- Housing key to rehabilitation: Closer collaboration between those working across the spectrum of housing provision, treatment and recovery providers - ensuring appropriate support provided.

2. Better integration of existing services

- Strengthen joint working & embed treatment services more firmly within criminal justice pathways.
- More effective response to dual diagnosis; holistic & multi-disciplinary approach
- Employment: focus on scale and accessibility of specialist & generic employment support. Strengthening relationships with Working Capital, IWork and treatment services.

3. Service redesign

- Redesign & re-commissioning of local substance misuse services will focus on substance misuse being a cross-cutting theme - a service pathway that maximises integration.

Substance misuse transformation programme

Ensure treatment pathway is able to meet the needs of changing population of drug and alcohol users

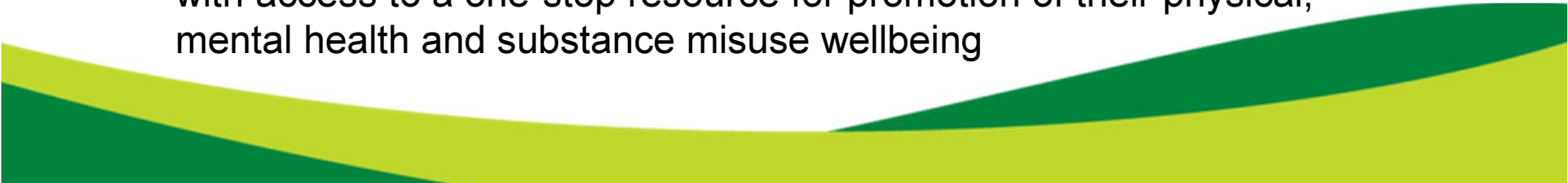
Key challenges:

- 1. Supporting clients with different patterns of drug and alcohol use**
- 2. Increase uptake of treatment for under represented groups, including young people who misuse drugs and alcohol**
- 3. Support the treatment system to improve recovery outcomes in the opiate using population**

Addressed through Public Health transformation programme:

- Full review of treatment pathway, including service redesign & review of ways of working
- Designed to improve outcomes in drug and alcohol services, deliver substantial efficiencies and maximise value for money
- Project plan developed to review all services within the drug treatment system and a clear forward plan is in place.
- Need to ensure effective, evidence-based treatment services available in Islington that can demonstrate value for money

Service redesign: specialist treatment & community treatment services

- § Procurement of a complex needs drug service:
 - A specialist treatment service for people with drug and/or alcohol problems who have additional complex needs around mental health, offending or other health issues
 - New service to be in place by April 2016
 - § Remodelling of primary care based drug and alcohol services (PCADS provided by Whittington Health)
 - Aiming to integrate PCADS with the developing Primary Care Mental Health Team (provided by Camden & Islington NHS Foundation Trust) to jointly providing specialist substance misuse and mental health support.
 - Remodelled service will deliver: streamlined assessment of patients with mental health / substance misuse profiles within primary care settings with access to a one-stop resource for promotion of their physical, mental health and substance misuse wellbeing
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Service redesign: Procurement of residential detoxification & residential rehabilitation services

- Services are for clients who experience a number of complex issues that make achieving abstinence through community based support challenging
- Proposed joint procurement with London Borough of Camden
- Plan is to deliver service through a framework which will be in place by April 2016. This is an overarching contract setting out a clear and robust expectation for quality and outcomes and a set price for the interventions delivered
- Improve quality, outcomes, choice and value for money



Service redesign: review of local day programmes for substance misuse

- § Current services provided through CASA and Cranstoun – contracts due to end in 2016
- § Need to ensure future provision is well integrated to the redesign of local treatment services and in line with local need
- § Currently undertaking a wide ranging strategic review of local day programmes services which includes:
 - Understanding the services' effectiveness within the wider substance misuse treatment system
 - Scoping service design options in addressing current unmet need:
 - eg: approaches elsewhere, no duplication (with substance misuse and wider provision), maximising use of universal services, services for young people/addressing needs around transition
 - Output will be a new approach to service delivery with clearly specified outcomes, that support sustained recovery



Challenges ahead

- § Recognising that those in treatment services are the ‘tip of the iceberg’ (especially alcohol) – how do we intervene earlier & ensure easy access?
 - § Early intervention – important we look across all council services to identify opportunities for heading off problems before they escalate – across the lifecourse, including children’s services and YOS
 - § Recognising that not all those affected by substance use will be dependent on drugs or alcohol - often individuals/families at risk of harm are ‘invisible’: how do we support others?
 - § Ensuring a sustained recovery e.g. employment, reducing social isolation
 - § Overlap with mental health – substantial opportunities for working collaboratively with a cohort of individuals
 - § Work with NHS: substance misuse is a major risk factor for long terms condition, including hospital admission and readmission.
 - § Central government/pan London initiatives: explore how we can ensure impacts of substance misuse are acknowledged and included e.g. employment support
 - § How do we better quantify cross-over of service use in Islington? Can we apply an approach similar to that used to look at youth offending to understand and model through a cohort to quantify what services they are coming into contact with?
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