

# Alcohol and Drugs: Prevention, Treatment and Recovery

The role of the Essex Health and  
Wellbeing Board

# The scale of the issue - Prevalence

- Estimated prevalence for Essex
  - Opiate and/or Crack Users (OCU) – 5,463 (2014/15 – latest)
    - **Increased 26% since last estimates 2011/12**
    - Doesn't include Powder Cocaine, Novel Psychoactive Substances, Amphetamine, Cannabis and others
  - Dependent Drinkers (age 16+) – approx. 12,000 (2014 – latest) – believed to be an under estimate!!
    - Doesn't include the significant numbers drinking to Hazardous and Harmful levels or Binge Drinking

# The scale of the issue - Health

- Drug Related Deaths

• 2015/17 –	Essex	3.6 per 100,000 population
	East of England	3.6 per 100,000 population
	England	4.3 per 100,000 population

- Alcohol Related Mortality

• 2016/17 -	Essex	43.6 per 100,000 population
	East of England	41.9 per 100,000 population
	England	46 per 100,000 population

- Alcohol Related Hospital Admissions

• 2016/17 -	Essex	583 per 100,000 population
	East of England	579 per 100,000 population
	England	636 per 100,000 population

**THESE FINAL FIGURES MASK SOME PROBLEMMATIC LOCAL VARIATIONS**

# Alcohol Related Hospital Admissions – Local Detail

- The picture across Essex varies
- All but three localities are below regional (579) and/or national (636) averages
- However:
  - Colchester – 723 per 100,000 population
  - Harlow – 611 per 100,000 population
  - Tendring – 892 per 100,000 population
- The rate is increasing in line with National picture and faster in certain areas of Essex

## The scale of the issue – the impact on Families

- National Figures from Public Health England show:
  - 20% of Children “in need” are affected by Drug Misuse
  - 18% are affected by Alcohol Misuse
  - Drug Misuse is involved in 38% of Serious Case Reviews
  - Alcohol Misuse is involved in 37% of Serious Case Reviews
- Locally we have seen that Drugs and Alcohol are involved in significant numbers of Domestic Homicide Reviews

# Drug Related Crime

- Drug misuse is a significant contributory factor in a wide range of reported crime
- A key driver of the County Lines issue
- Clear links to:
  - Gangs, Violence and Vulnerability agenda – incl. County Lines
  - Criminal and Sexual Exploitation
  - Acquisitive crime (Shoplifting, Theft, Burglary, Robbery)
  - Domestic Abuse
- Acquisitive Crime levels are directly linked to the prevalence of Opiate and Crack users

# Crime

- 40% of victims of violence believe the perpetrator to be under the influence of alcohol
- Around 45% of acquisitive offences are committed by regular Opiate and/or Crack users
- 48% of convicted Domestic Abuse Perpetrators had a history of alcohol dependence
- 73% of Domestic Abuse Perpetrators consumed alcohol prior to the event
- Alcohol is a key driver of the problems associated with the Night Time Economy, associated violence and Anti-social Behaviour

## The links to employment

- Around 72% of people seeking alcohol treatment are not in paid employment
- Around 80% of people seeking drug treatment are not in paid employment
- Nationally £7bn in work productivity is lost due to alcohol misuse



## The links to Homelessness

- Around 39% of people accessing homelessness services said they take drugs or are recovering from a drug problem
- Around 27% of people accessing homelessness services said they have or are recovering from an alcohol problem
- Alcohol and drug problems are both a cause and a symptom of homelessness and Rough Sleeping has increased nationally by 134% since 2010

# The Costs

## Nationally

The annual cost of illicit drug misuse is **£10.7bn**

The annual cost of alcohol related harm to society is **£21.5bn**

These costs include lost productivity, crime, policing and NHS (they do not include the more difficult to calculate social care and wider societal costs)

# Public health approach to violence

- Popularised by the approach taken in Stratchclyde, a “public health approach” to the issues of violence, including knife crime has become widespread. This model involves expanding the traditional criminal justice approach to incorporate organisations such as health, education and social work sectors. This acknowledges that the issues of violence and vulnerability are complex and have a range of drivers that cannot be effectively met by enforcement alone.
- By viewing violence as a disease, this approach seeks to diagnose the problem, and contributory factors, and treat its cause.
- This approach is being pursued by the proposed multi-agency violence and vulnerability unit, supported by Home Office Early Intervention Youth fund. EIYF funding will also enable Essex to invest in outreach interventions and prevention programmes to stop local young people being exploited by criminal gangs.

# Key Essex initiatives

- An effective and accessible integrated all age specialist treatment and recovery system
- Hospital Based support teams (A&E Liaison/Alcohol Liaison Nurse Services)
- Parental Substance Misuse Support workers embedded in Children's Social Care Teams
- Integrated Health and Justice System – substance misuse, MH, and other complex presenting needs in Criminal Justice System
- Developing the Gangs, Violence and Vulnerability Strategic Framework - addressing the County Lines, Vulnerability, Violence and exploitation agendas
- Risk Avert – schools based behaviour change programme
- Futures in Mind – Peer Support, Mutual Aid, Befriending and community development service (MH and Substance Misuse)
- Horizons Project (Basildon, Chelmsford, Tendring) addressing Significant Multiple Disadvantage – SM, Offending and Homelessness

# The Benefits of Engagement

Local Partners and Communities WILL benefit

# The benefits of engagement - Crime

- Analysis of the Ministry of Justice offending data and PHE drug and alcohol treatment data shows that:
  - Effective Drug and Alcohol treatment resulted in 4.4 million crimes nationally
  - 44% reduction in the number of dependent individuals re-offending
  - 33% reduction in the number of offences committed
- Therefore:
  - Fewer victims
  - Safer communities

# The benefits of engagement– Young People

- Specialist interventions contribute to:
  - Improvements in Health and Wellbeing
  - Improvements in educational attainment
  - Reduced absence from school or training
  - Reduced risk taking behaviours
- Specialist interventions result in £4.3m Health savings and £100m Crime benefits nationally
- £1 invested in specialist Young People's interventions realises between £5 - £8 benefits

# The benefits of engagement - Alcohol

- Identification and Brief Advice (IBA) in Primary Care can save the NHS £27 per patient per year
  - In Essex we have invested in Don't Bottle it Up – an online, evidence based IBA tool which can be used in Primary Care as well as many other settings thereby increasing savings – more needs to be done to promote its use
- Hospital Alcohol Care Teams reduce the demand for hospital services. The return on investment can be £3.85 for every £1 invested.
  - Essex CC commissioners fund A&E Liaison and Alcohol Liaison Nurse Services in all acute settings across Essex. However, investment is at the lowest possible level and demand outstrips available resources



# The benefits of engagement – Harm Reduction

- Needle and Syringe programmes cost around £200 per injector per year and can deliver the following savings:
  - £22,000 to £41,000 a year for every prevented case of Hepatitis C treatment
  - £10,000 to £42,000 a year for every prevented case of HIV treatment
  - Reduced spending on A&E attendance and hospital stays for injecting site injuries and infections

# Alcohol and Drug Misuse impacts on a wide range of local priorities



# The Board's involvement and engagement

- Promotion of the existing systems of treatment and support
  - ECC PH invest significant resources in the development and provision of evidence based treatment, care and support
- Promotion of existing evidence based prevention and early intervention provision
  - Don't Bottle it Up – online IBA provision – its FREE
  - Risk Avert – school based, evidence based, behavioural change programme again FREE to schools in Essex
- Supporting the development and implementation of treatment and care pathways
  - Many exist (ambulatory Care Pathway for Hospital to community discharge for detoxification, Primary Care management of Opiate dependent patients) but are not widely implemented
- Supporting effective integration of services providing to the variety of non-specialist presenting needs
  - Primary Care, Housing, Employment, Education

AND

## The Board's involvement and engagement (2)

- Invest to save
  - Hospital Based resources – building on the current resource funded by ECC
  - Community Based Specialist Interventions – the system in Essex is good, outcomes are positive and we have developed innovative approaches to Peer Support and Mutual Aid and Community Based Solutions but we are only seeing about 45% of the predicted numbers of OCUs and 15% of Alcohol Dependent individuals. Demand is outstripping supply!
  - Specialist Liaison Services – Parental Substance Misuse Specialists in Children's Social Care, Older Adults Liaison support. Some provision is funded from PH monies but there is no scope for further investment from existing sources