

PROPOSAL FOR DRUG AND ALCOHOL REPORTING

SUMMARY

The purpose of this paper is to propose a new format for the reporting of drug and alcohol data to Safer Stockton Partnership.

RECOMMENDATIONS

The Safer Stockton Partnership is asked to consider the proposed format and frequency of report to ensure it meets the needs of the Partnership.

DETAIL

Context

1. Drug and alcohol misuse and dependency is associated with a range of harms including poor physical and mental health, unemployment, homelessness, family breakdown, domestic abuse, hospital admissions and criminal activity. It is widely acknowledged that investment in treatment and support can substantially reduce the economic and social costs of drug and alcohol related harm and studies have shown that the benefits of treatment far outweigh the costs, with the most recent evidence estimating a benefit-cost ratio of 2.5:1.
2. National policy objectives influencing the focus and resourcing of drug and alcohol prevention, treatment and support have evolved over time, and include crime reduction, health protection and harm minimisation with a recent and renewed aspiration to promote recovery from dependence to individuals living a productive and meaningful life.
3. Public Health England estimates that there are 1,898 people living in Stockton who misuse opiate and/or crack (1491 opiate alone) and estimates that 46% of those are not currently in receipt of drug treatment. At the same time Stockton has a higher rate of hospital admissions due to drug poisoning (overdose) and drug related death, compared to similar areas and national average.
4. Similarly alcohol consumption across the population is high with 36.7% of the population drinking more than the recommended amount compared to national average of 25.7%. Public Health England estimates that there are 2,261 people living in Stockton who drink or drink and use other non-opioid drugs concurrently. 76% of those do not currently access any treatment service. Alcohol related harm such as chronic liver disease, and alcohol related injuries, illness and deaths are high compared to similar areas and national average.
5. Treatment for drug and alcohol misuse in adults, preventing and reducing harm from drug and alcohol misuse, and specialist treatment for young people are non-mandated functions of the Public Health grant allocation to local authorities. Although non-mandated, conditions of the grant specify that local authorities must have regard to improving the take up of and outcomes from drug and alcohol treatment services.
6. Drug and alcohol treatment services in Stockton-on-Tees are currently commissioned to support prescribing and dispensing of medication, harm minimisation, the promotion of recovery, shared care with GPs and support to family and carers.

7. In addition to the commissioning of services, Public Health works with a range of partners to build resilience in individuals, families and communities to prevent drug and alcohol misuse, reduce drug related deaths and act as a licencing responsible authority.
8. Public Health England provides a range of validated data to support Local Authorities in understanding how their drug and alcohol system is managing the recovery of service users, alongside any specific local issues and challenges. This allows each area to have a detailed understanding of the impact of drugs and alcohol on the health of its population and an understanding of the profile of clients within the treatment system, together with national data for comparison. It is proposed that a summary of this data is provided to Safer Stockton Partnership on a 6 monthly basis. This is intended to coincide with national data release with reports scheduled for September and March publication, which could then be reported on in October and April.
9. An example summary of data has been included within Appendix One and includes data from with drug, alcohol and young people's services. This will provide the Partnership with an overview of key indicators which will support and inform the development of community safety strategy and approaches.

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Appendix One

Proposed Drug and Alcohol Report (to be presented bi-annually)

Adults

1. Estimated prevalence of opiate and crack users.
2. Proportion of adults who drink more than 14 units per week
3. Summary Trend Report of Successful Completions by Opiate, Non Opiate, Alcohol, and Alcohol and Non-Opiate
4. Summary Trend Report of Re-presentations by Opiate, Non Opiate, Alcohol, and Alcohol and Non-Opiate
5. Successful Completions as a proportion of all in treatment by Opiate, Non Opiate, Alcohol, and Alcohol and Non-Opiate
6. Representations as a proportion who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months
7. Number in treatment over rolling 12 month period by Opiate, Non Opiate, Alcohol, and Alcohol and Non-Opiate
8. Rate of Drug related deaths per 100,000 (only to be reported annually in October)
9. Rate of Hospital Admissions due to Drug Poisoning per 100,000 (only to be reported annually in October)
10. Rate of Hospital Admissions due to alcohol related conditions per 100,000 (only to be reported annually in October)

Young People

11. Number in treatment over 12 month rolling period
12. % of young people who were using a substance at the start of and exit from treatment – by substance.

Appendix Two

Drug and Alcohol Report – October 20

Adults

1. Estimated prevalence of opiate and crack users in Local Authority area (age 15-64 years, 2014-15 data)

Substance	Number
Opiate	1657
Crack	917

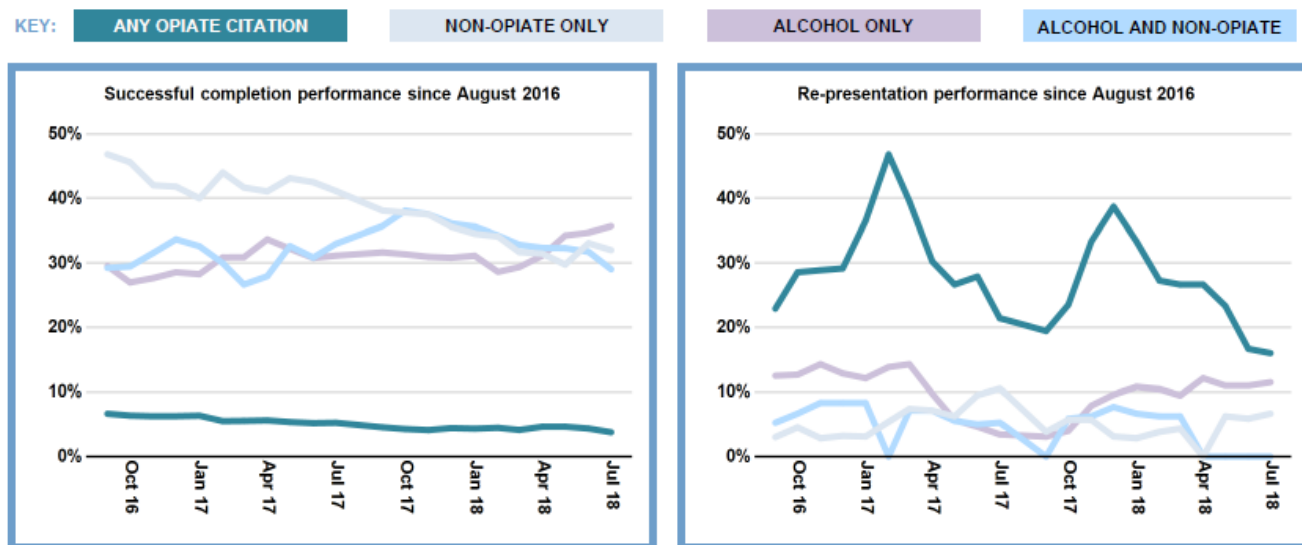
Prevalence estimates give an indication of the number of OCUs in your local area that are in need of specialist treatment and can be used to help inform commissioning and planning.

2. Proportion of adults who drink more than 14 units per week (2011 - 2014 Health Survey for England data)

	% of population
Stockton on Tees	36.7
National	25.7

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. There can be a considerable time lag between alcohol consumption and alcohol-related harms, particularly for chronic conditions where the lag can be many years. In January 2016 the Chief Medical Officer issued revised guidance on alcohol consumption, which advises that in order to keep to a low level of risk of alcohol-related harm, adults should drink no more than 14 units of alcohol a week. The data above therefore gives an indication of potential local need for some form of alcohol intervention and is a weighted estimate from the Health Survey for England.

3. Summary Trend Report of Successful Completions and Representation by Opiate, Non Opiate, Alcohol, and Alcohol and Non-Opiate (National Drug Treatment and Monitoring System data 2018)



4. Successful Completions as a proportion of all in treatment by Opiate, Non Opiate, Alcohol, and Alcohol and Non-Opiate

Baseline Period 2017-18. D.O.T = Direction of Travel.

	Baseline period		D.O.T	Latest period	
	(%)	(n)		(%)	(n)
Opiate	4.7%	47 / 1010	▼	3.8%	38 / 1004
Non-opiate	31.5%	39 / 124	▲	32.0%	40 / 125
Alcohol	31.2%	144 / 462	▲	35.7%	172 / 482
Alcohol and non-opiate	32.4%	22 / 68	▼	29.0%	18 / 62

5. Representations as a proportion who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months

Baseline Period 2017-18. D.O.T = Direction of Travel.

	Baseline period		D.O.T	Latest period	
	(%)	(n)		B	(%)
Opiate	26.7%	8 / 30	▲	16.0%	4 / 25
Non-opiate	0.0%	0 / 17	▼	6.7%	1 / 15
Alcohol	12.1%	8 / 66	▲	11.5%	10 / 87
Alcohol and non-opiate	0.0%	0 / 15	▬	0.0%	0 / 12

6. Number in treatment over rolling 12 month period by Opiate, Non Opiate, Alcohol, and Alcohol and Non-Opiate

Substance	2017-18		
	No. in Treatment	No. of Successful Completion	Successful Completion as % of all in treatment
Opiate	1004	38	3.78%
Non Opiate	125	40	32%
Alcohol	482	172	35.68%
Alcohol and Non Opiate	62	18	29.03%
Total	1673	268	16.02%

7. Rate of Drug related deaths per 100,000 (All persons, 2015-17, published by Office for National Statistics 2018)

	Rate per 100,000
Stockton on Tees	10.5
National	4.3

Understanding and preventing drug-related deaths (DRDs) is an important function of a recovery-orientated drug treatment system. This is even more pressing in the light of recent increases in such deaths. Concern about this has led drug misuse deaths to be included in the Public Health Outcomes Framework. The 4 Tees Public Health departments fund a Tees Preventing Drug Related Deaths Coordinator to undertake lessons learned reviews from recent deaths and near-misses to support changes in policy and practice across the drug treatment system and with wider partners.

8. Rate of Hospital Admissions due to Drug Poisoning per 100,000 (All persons, 2017-18, primary or secondary diagnosis, Hospital Episode Statistics and Office for National Statistics 2018)

	Rate per 100,000
Stockton on Tees	99.7
National	54.2

As well as being a key issue to be addressed in themselves, poisoning admissions can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer a future fatal overdose. Stockton's Recovery Service is involved in the assessment and management of overdose (including suicide) risks.

9. Rate of Hospital Admissions due to alcohol related conditions per 100,000 (narrow definition, 2016-17)

	Rate per 100,000
Stockton on Tees	901
National	636

Admission episodes for alcohol-related conditions was developed as a measure of pressures from alcohol on health systems. Within this there are two types of measure; broad and narrow. 'Broad' is an indication of the totality of alcohol health harm in the local adult population. 'Narrow' shows the number of admissions where an alcohol-related illness was the main reason for admission or was identified as an external cause. This definition is more responsive to change resulting from local action on alcohol and is included as an indicator in the Public Health Outcomes Framework, therefore this measure has been included within this report.

Young People

10. Number in treatment over 12 month rolling period 2017-18

Number of young people (aged under 18) in specialist services in the community = 70

11. % of young people who were using a substance at the start of and exit from treatment – by substance

Data presented based upon 44 clients in treatment at end of Quarter 1 2018/19

Substance	No & % using at start	No & % using at exit
Cannabis	36 (82%)	15 (34%)
Tobacco	22 (50%)	5 (11%)
Crack	1 (2%)	0
Cocaine	6 (14%)	0
Ecstasy	8 (18%)	0
Amphetamine	2 (5%)	0
Solvents	1 (2%)	0