Meeting: Adult Social Care Health and Wellbeing Sub Committee

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Title of report: Specialist Drug and Alcohol Treatment Services

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1. Introduction

The purpose of this report is to provide an overview of the specialist drug and alcohol treatment services in North Tyneside.

Both substance abuse/misuse and harmful alcohol consumption are considered public health issues due to the preventable nature of some of the harms, the effects on the health of the individuals involved and the impacts on their family and society as a whole. Concerns linked to both issues are increasing and there are high levels of unmet need and socio-economic and geographic inequalities, meaning that some populations are more likely to be impacted than others, and many of these are groups who are also facing other disadvantages.

Drug misuse is estimated to cost society around £20 billion a year (Black Review of Drugs Part 1 2020). Only a small proportion of this is spent on treatment and prevention, the majority of the costs are associated with the wider costs to society such as lost productivity and drug-related crime (including crime associated with the drugs market itself and acquisitive crime in order to fund users' habits). Drug related crime is becoming increasingly violent and the scale of the issue ranges from international activity to organised crime groups to local dealers.

The most commonly used substance in England is cannabis, followed by cocaine and ecstasy. Opioids such as heroin are used less commonly but present the most significant health problems (National Institute for Health and Care Excellence (NICE)2012). There are a range of health issues associated with drug misuse, including the risk of death from overdose and an increased risk of harm from blood-borne viruses and other physical and mental health conditions.

The cost to society from harmful drinking is estimated to be in excess of £20 billion a year due to the costs of alcohol related crime, lost productivity and costs to the NHS (Public Health England (PHE) 2016). Harmful drinking is defined as a pattern of alcohol consumption causing health problems directly related to alcohol, including psychological problems, alcohol-related accidents or physical illnesses (NICE 2011). Alcohol dependence is characterised by craving, tolerance and continued drinking in spite of the harmful consequences, and can also be associated with increased criminal activity, domestic violence and an increased rate of mental and physical disorders. Dependence exists on a continuum of severity, ranging from mild dependence where assisted withdrawal is not usually required to moderate dependence where assisted withdrawal can typically be managed in a community setting, to people who are severely alcohol dependent and will need assisted withdrawal in an inpatient or residential setting.

Whilst there is a requirement for local authorities to commission specialist drug and alcohol treatment services, there is also a broader public health approach to reducing the harms from drugs and alcohol. Services and organisations that adopt a primary prevention approach try to stop people from using drugs before they have started using them and services with a secondary prevention approach work to reduce the harm where people are already using drugs or alcohol. Tertiary prevention usually refers to providing support to people who are dependent on drugs or alcohol and already experiencing harm as a result of this (i.e. the specialist drug and alcohol treatment services).

There are a wide range of services in place across the borough to reduce the harms from drugs and alcohol, ranging from awareness raising in schools and early intervention support via GP practices and secondary care settings to acute medical care for the physical and mental health consequences of the issues. The specialist services commissioned by North Tyneside Council provide support and evidence-based treatments to people who are dependent or experiencing other problems with drugs and/or alcohol, and other services are in place to support family members/carers (PROPS). There are also a range of other voluntary and community services, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Well Together and others who work with people who self-refer or are signposted by professionals.

In addition to commissioning high quality specialist drug and alcohol services, Local Authorities are also required to have effective quality governance arrangements in place for services that are commissioned using the public heath grant. Drug and alcohol service providers are ultimately accountable for the quality of care delivered in their services (i.e. that it is safe and delivered in line with the evidence base etc), but local authority commissioners are responsible for meeting the drug and alcohol treatment needs of the population and ensuring that high quality services are commissioned. Systems are in place to enable us to seek assurances around the safety and quality of services and whether the needs of some of our most vulnerable residents are being met through regular contract-monitoring meetings and other processes.

Providing treatment for drug and alcohol dependency reduces the burden on other local authority services. Dame Carol Black's independent review of drugs in 2020 estimates the costs of drug use to social care at £630 million a year noting that treatment for dependent drug users can reduce the cost of drug related social care by 31%. Being in treatment also reduces offending behaviour, drug and alcohol related deaths and the spread of blood borne diseases such as Hepatitis C.

2. Key facts about drugs and alcohol

- The harms from drug misuse cost society £19.3 billion per year, 85% of which is attributable to the health and crime related costs of the heroin and crack cocaine markets (*Dame Carol Black Review 2020*)

- In 2019/20 approximately 3 million adults in England and Wales used illegal drugs. Of these, over half a million (588,000) reported drug use at least once a week (*ONS 2020*)

- Drug use by children aged 11-15 has increased by over 40% since 2014, following a long-term downward trend. Two in five (38%) of 15 year olds report having taken drugs at least once in their lives. 22% of 15 year olds reported having been drunk at least once in the last four weeks, and of these a quarter (23%) had vomited (*NHS Digital - Smoking, Drinking and Drug Misuse among Young People in England 2018*)

- There were 160,000 adults receiving treatment for drug problems in local authority commissioned services between April 2019 and March 2020. Of these 141,000 were

being treated for opiate problems. 105,000 people with alcohol problems were receiving treatment in local authority commissioned services last year, of whom 30,000 had non-opiate drug problems alongside their alcohol issues (*PHE - Substance misuse treatment for adults: statistics 2019 to 2020*)

- Half of adults starting drug treatment are parents – while many don't currently live with their children there were 19,000 children living with adults who started drug treatment last year. Half of those starting alcohol treatment last year were parents, while many don't currently live with their children, there were 31,000 children living with an adult who started alcohol treatment last year (*PHE - Substance misuse treatment for adults: statistics 2019 to 2020*)

- There were over 14,000 young people under the age of 18 years in contact with alcohol and drug services between April 2019 and March 2020. This is a 3% reduction on the number the previous year and a 42% reduction on the number in treatment since 2008 to 2009 *(PHE - Young People's substance misuse treatment statistics 2019 to 2020)*

- There are around 10 million adults in England who drink above the UK Chief Medical Officers' low risk guidelines, including more than 2 million who drink at higher risk and an estimated 587,000 who are dependent on alcohol

- The 4% of the population who drink the most heavily are estimated to drink a third of all alcohol consumed in England. Their drinking is estimated to contribute to 23% of all the alcohol industry's revenue *(Bhattacharya A, et al - How dependent is the alcohol industry on heavy drinking in England? Addiction. 2018 Dec)*

- There were 358,000 hospital admissions in 2018/19 where the primary diagnosis was a condition related to alcohol consumption, including 22,000 for alcohol liver disease and 41,000 for mental and behavioural disorders *(NHS Digital – Statistics on Alcohol, England 2020)*

- The median drinker in treatment was consuming 400 – 599 units in the four weeks prior to starting treatment – this is the equivalent of between 10 and 15 litres of vodka. One in 10 drank over 1,000 units in the four weeks before they started treatment

3. Policy Context

3.1 National

The responsibility for the drug misuse agenda at national level currently spans multiple government departments primarily the Home Office and Ministry for Justice and the Department of Health and Social Care but also includes the Department for Local Government and Housing and the Department for Work and Pensions. This arrangement is currently undergoing a period of transformation following the publication of Dame Carol Black's comprehensive two-part independent review of drugs and the Government's initial response published in July 2021 . (GOV.UK July 2021)

The Black review contained 32 recommendations one of which was the reform of central government leadership and in July this year a new Joint Combating Drugs Unit was launched to link up all programmes aimed at driving down drug misuse across Government.

In addition, the current Drug Strategy published in 2017 will be replaced with a new long-term strategy outlining a whole-of-government response. The new strategy is expected at the end of 2021 and will focus on three priorities, supply, treatment and reducing demand/shifting behaviour

and attitudes that fuel illegal drug markets. There is also a commitment to lay an annual report before Parliament commencing in 2022, a year after publication of the new drug strategy. This will be able to report upon progress against a national outcomes framework which is currently in draft and will outline a clear set of measurable goals for the combating drugs programme across government.

The current national Alcohol Strategy was published in March 2012 and whilst the Chief Medical Officer provided new guidelines in 2016 and resources to help tackle harmful drinking are available, many in the field are calling for a similar new cross-government national Alcohol Strategy.

3.2 Local

Local accountability for taking forward the drug agenda has been strengthened following the public health reform programme. Responsibilities have been transferred from Public Health England to the newly created Office for Health Improvement and Disparities (OHID) (GOV.UK March 2021) At a regional level OHID works closely with Directors of Public Health in Local Authorities.

Local Authorities have a duty to reduce health inequalities and improve the health of their local population. Drug and alcohol treatment services make a significant contribution to this duty by increasing life expectancy, improving the health and wellbeing of families and reducing crime and disorder in local communities.

Drug and Alcohol services are not a mandated service under the provisions of the Health and Social Care Act 2012 but it is a condition of the Public Health Grant, which the Authority receives from the Department of Health and Social Care to deliver its public health functions, that local authorities improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

In North Tyneside the Director of Public Health and her team with support from the Commissioning and Asset Management Team commission and contract manage the specialist drug and alcohol treatment service. This work directly links to the Our North Tyneside Plan 'People' Theme and to the priorities of 'Our people will be cared for, protected and supported if they become vulnerable including if they become homeless'.

4. Assessing the need for treatment

4.1 Prevalence and unmet need

It is estimated that 3 million people in England and Wales took drugs last year.

OHID estimates that there are over 310,000 adults who are dependent on opiates (mainly heroin) and crack cocaine, and about 600,000 who are dependent on alcohol. Most are not being treated for their addiction with about half of opiate and crack users (OCUs) and only one in five dependent drinkers receiving treatment.

The North East and North West have the highest rates of illicit drug use in the country and the North East has seen a sustained increase in illicit opiate and/or crack use over the past 15 years.

The prevalence and unmet need in North Tyneside compared to England is set out below. About one-third of opiate and crack users and almost one in every 3 dependent drinkers are not being treated for their addiction.

	North Tyneside		National	
	Prevalence	Rate – Unmet Need	Prevalence	Rate – Unmet Need
Opiates and/or crack cocaine	1,030	38.4%	313,971	53.3%
• Opiates only	886	33.6%	261,294	46.6%
• Crack only	368	62.5%	108,748	57.4%
Alcohol	2,685	71.8%	602,391	80.8%

There are high levels of unmet need in the North East, with only around 1 in 5 people who in need of treatment actually accessing it.

Nationally, over 10 million adults are drinking at levels that pose some risk to their health and over 1.5 million have some level of alcohol dependence, although not all need specialist treatment. We know that the North East has one of the highest rates of alcohol consumption and rates of alcohol-specific deaths, and we saw an increase in the level of harm from alcohol during the COVID-19 pandemic.

It is estimated that in 2018/19 there were between 835-913 children in North Tyneside living with at least one adult with alcohol dependence. This is a rate of 20-22 per 1,000 population - a higher rate than for England (16-17 per 1,000 population)

Figures for the number of children in North Tyneside living with an opiate dependent adult are not available but it was estimated that there were 272 opiate dependant adults living with children in 2014/15. The rate for North Tyneside and England is 2 per 1,000 population.

4.2 Drug Related Hospital Admissions

The most recent data (2019/20) suggests that nationally there were over 7,000 hospital admissions for drug-related mental and behavioural disorders in the year before the COVID-19 pandemic, which is a slight decrease from the previous year but considerably higher than a decade earlier. (NHS Digital 2021). In North Tyneside the rate of admissions for drug related mental and behavioural disorders per 100,000 population is higher than the North East and England but the trend has been decreasing since 2017/18 in all areas.

In the same period there were almost 17,000 admissions for poisoning due to drug misuse and almost 100,000 with a primary or secondary diagnosis of drug-related mental and behavioural disorders (NHS Digital 2021). North Tyneside has a higher rate of admissions for drug poisoning due to drug misuse per 100,000 population than both the North East and England and the trend since 2017/18 is increasing in contrast to the reducing trends in the North East and England.

For all indicators, admissions were much more likely in more deprived areas compared to the least deprived areas.

4.3 Alcohol-Related Hospital Admissions

Two measures for alcohol-related hospital admissions are used in the statistics:

1. Narrow measure – where the main reason for admission to hospital was attributable to alcohol.
2. Broad measure – where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol.

The narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions. These are admissions where an alcohol-related disease, injury or condition was the primary reason for a hospital admission or an alcohol-related external cause was recorded in a secondary diagnosis field.

The broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS.

In 2018/19 there were 358,000 thousand estimated admissions where the main reason for admission to hospital was attributable to alcohol (narrow measure). This is 6% higher than 2017/18 and 19% higher than 2008/09. In North Tyneside the rate of admissions for the narrow measure per 100,000 population is higher than the North East and England and since 2016/17 there has been an increasing trend in all areas with North Tyneside's upward trend noticeably steeper.

In the same period there were almost 1.3 million estimated admissions where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol, which is 8% higher than 2017/18 (broad measure). This represents 7.4% of all hospital admissions. In North Tyneside the rate of admissions for the broad measure per 100,000 population is higher than the North East and England and since 2016/17 there has been an increasing trend in all areas.

4.4 Drug and Alcohol-Related Deaths – Population

Nationally, drug deaths have reached an all-time high. Deaths relating to drug poisoning were higher in 2020 than any year since records began in 1993 and the rate has increased every year since 2012.

The North East continues to have the highest rate of deaths relating to drug misuse and is around twice the England average and three times the value for London.

Due to the small numbers, Local Authority-level data is grouped into 3 year periods. In 2018-2020 in the North East there were 9.9 per 100,000 and 6.4 per 100,000 in North Tyneside. This is the lowest rate in the region and a decrease from 2017-2019 where there were 7.4 deaths per 100,000 and 2016-2018 when there were 7.9. deaths per 100,000

Nationally, alcohol-specific deaths increased by 20% in 2020 and were considerably higher in the North East than other areas. In the period 2017/2019 the rate per 100,000 in North Tyneside is lower than the North East rate but higher than the England rate.

Like many indicators, alcohol-related harm is patterned by deprivation and people from more deprived areas typically experience higher rates of hospital admissions due to alcohol and alcohol-specific deaths, even when compared to less deprived areas with similar rates of consumption.

4.5 Deaths – Clients in Treatment

Between 1 April 2020 and 31 March 2021, 22 clients died whilst in treatment. 13 opiate clients, 8 alcohol clients and 1 alcohol & non-opiate client.

4.6 Consumption

Despite pubs and restaurants being closed during national lockdowns, the amount of alcohol released for sale during the pandemic was similar to pre-pandemic years, which suggests that

people were drinking more at home and studies suggest almost 25% more alcohol was sold by shops and supermarkets in 2020/2021. Those who typically bought the most alcohol pre-pandemic bought a lot more in lockdown and this is confirmed by several data sources and a confirmation that there was an increase in increasing and higher risk drinking following the first lockdown – this was maintained over much of 2020 but is showing some signs of returning towards previous levels.

5. Drug and Alcohol Treatment Services in North Tyneside

The current provider of drug and alcohol treatment in North Tyneside is the North Tyneside Recovery Partnership (NTRP). The service is an all-age service delivered through a formal partnership between Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), Turning Point and Changing Lives, two Voluntary, Community and Social Enterprises.

Located in the Wallsend Customer Services Centre NTRP provides a welcoming, easy to access, flexible and holistic service working to reduce the risk of harms, raise recovery orientated ambitions and facilitating service users progress towards their recovery goals.

The client group served by NTRP is particularly challenging and complex and require substantial support to achieve recovery. They are often individuals with entrenched dependencies and complex needs, including a history of trauma and long standing experiences of wider health and social inequalities. They are also often heavily stigmatised.

Many are ageing whilst in treatment and experiencing cumulative physical and mental health conditions. Relapse is common and more likely without support from partners across general healthcare services, social care providers in housing, education and employment as well as from criminal justice partners. NTRP has strong links and works collaboratively with a wide spectrum of local health and social care providers, criminal justice agencies, the third sector and other organisations who are involved in the promotion of recovery and rehabilitation.

NTRP provides the full range of services incorporating interventions in line with NICE Guidance and the Drug Treatment Clinical Guidelines and supports a variety of treatment goals to meet the needs of a highly complex client group. It offers full assessment and care planning across the four domains of drug and alcohol misuse, co-existing physical and mental health, social functioning and criminal involvement, evidence based psychosocial interventions, prescribing, supervision consumption alongside community pharmacists, opioid substitution maintenance programmes, detoxification, recovery support interventions for harm reduction and relapse prevention.

A needle exchange programme is also offered from a number of community pharmacies across the Borough.

In addition a ‘Recovery Centre’ based in Bedford Street North Shields offers a range of structured and un-structured interventions for people at all stages of their recovery journey providing an opportunity for clients to ‘step up' or 'step down' in their treatment phase. There is visible recovery in the Centre through the employment of Peer Support Workers and Peer Mentors and 12 Step Facilitation. Experience shows that this presence is a powerful inspiration for substance users to 'step up' to structured interventions to achieve abstinence. Conversely the centre offers a 'step down' into Recovery Support from structured interventions by providing a menu of un-structured interventions including relapse prevention, peer led support groups, gender specific groups and community based activities. The Centre also enables substance users to build recovery capital through volunteering opportunities, employment skills and housing support. The centre is also available for use by mutual aid groups such as AA, NA and SMART.

Oaktrees a 12 Step non-residential rehabilitation service provides interventions for substance users at all stages of their recovery journey. People are supported into abstinence and prepared for the programme through a pre-treatment element of the programme. On achieving abstinence the programme provides a 12 week structured day programme incorporating psychosocial interventions and mutual aid to develop skills to manage recovery and reduce risk of relapse. Graduates from the programme leave abstinent with a clear aftercare plan and are supported for up to one year through Continuing Care. (This is also available for those who have completed residential rehabilitation programmes and return to the community).

The current contract is valued at approx. £2m and is funded by the Ring Fenced Public Health Grant.

6. COVID-19 – Impact on Service Delivery and Performance

6.1 Service Delivery

People who misuse or are dependent on drugs and alcohol are at increased risk of becoming infected, and infecting others, with COVID-19. They are more vulnerable to poor health outcomes due to underlying physical and mental health conditions, which would have been exacerbated due to the pandemic. It was important therefore that drug and alcohol services remained open and operating during the pandemic to protect vulnerable people who are at greater risk from COVID-19 and to help reduce the burden on other healthcare services.

This was the case in North Tyneside where NTRP continued to provide a full service during the pandemic with some staff members rotating between office based and working from home in line with guidance to reduce the risk of spread of the virus. There was case by case discussion in relation to the suitability of face to face / telephone contact. Where face to face contact was necessary for any appointments staff were instructed to use well ventilated rooms, use PPE appropriately - gloves, aprons, masks, stay at least 3 steps (2m) away for a reduced amount of time 15-20mins and to wipe down all surfaces following each appointment and staff to wash hands.

New clients were accepted into treatment with a telephone assessment only unless the client was deemed to be high risk or if titration (as part of the detoxification process) was necessary. In these cases titration was carried out at Plummer Court in Newcastle as the base at Atkinson Terrace in Wallsend was not available due to the fire in January 2020 which had rendered the building unusable and a search for a suitable property within North Tyneside unsuccessful. However, the move to new permanent accommodation in Wallsend Customer First Centre in early 2021 facilitated more face to face appointments.

New assessments for Opioid Substitution Therapy (OST)/titration were considered for buprenorphine as first choice wherever possible and where methadone induction was required there was daily collection at a community pharmacy for the first week and then reviewed.

All service users who were prescribed OST were reviewed alongside risk with a view to removing the need for supervised consumption and/or to reduce the dispensing frequency of collections from pharmacies, where possible. The expectation was that most service users would be changed to weekly dispense unless deemed too high a risk in which case if the availability of provision allowed these service users continued with either their observed consumption instruction and/or their daily dispensing regime. If not the option of taking home daily dose of OST was considered. There was a daily meeting of an Escalation Group for advice if required. Changing dispensing instructions from observed consumption to OST take home was able to be carried out over the telephone (via the substance misuse service to the pharmacy) and new a prescription was not required.

Pharmacies were not permitted to relax the supervision request; the instruction must come from the treatment service. If it became known that a pharmacy was no longer supporting supervision or had removed the service user from supervision, an escalation process was in place to Associate Director (Addictions Governance) level within the Trust.

Service users were informed that if they were changed to unsupervised and/or multiple pick up of OST, that if they lose, drop, overuse/run out, or have medication taken from them even if reported stolen, this would not be replaced under any circumstances. All prescription changes were accompanied by an increase in contact with the service user via telephone, i.e. regular planned support calls and review of prescription.

The provision of a locked/safe storage box was also considered to reduce risk and Naloxone was increased where appropriate

The Service maintained the needle exchange giving out larger quantities to reduce footfall and had ready made up packs to minimise contact time, reducing the hours of operation, increasing telephone support with regular check in calls, postal service was considered but avoided where possible to decrease pressure on other services.

Alcohol service users were offered telephone follow up only. This included brief interventions, harm minimisation, gradual reduction, recovery support and signposting to digital, online and telephone support. Those with harmful use of alcohol or alcohol dependence were able to have a 3 month supply of Thiamine on first presentation with advice on controlled drinking and slow reduction, two guidance documents for these clients were produced.

The pandemic had a significant impact on how Changing Lives delivered community recovery groups as well as on the delivery of Oaktrees, the 12 week non-residential abstinence based rehab programme. The sudden closure of community buildings caused all group activity to cease impacting on the support clients were able to access. New ways of working were quickly adopted and interventions delivered digitally via alternative platforms such as Microsoft Teams and Zoom. Although not ideal, clients were supported to gain the skills and confidence required to access support online ensuring that their mental wellbeing and recovery was not too detrimentally affected. Those who had been reluctant to access groups in the community began to access groups online, and this appears to have led to growing confidence in accessing groups when restrictions started to lift. Within 1 week of the first pandemic restrictions, a full Oaktrees programme including counselling was being delivered online and a full timetable of community groups was also being delivered.

Some clients have struggled with the pandemic and its restrictions and reported a negative impact on their recovery and mental wellbeing. This is particularly true of those clients with data and equipment poverty. Those who did not have a phone, smart device or access to internet and data were supported through the provision of equipment, data packages and with information on where Wi-Fi could be accessed. However, as they were not able to identify everyone who needed support in this area they acknowledge that some clients did miss out on valuable support. On the other hand it was noticeable that other clients embraced digital support and services in a positive way and achieved recovery, despite all the difficulties.

6.2 Performance

Whilst usual expectations for local monitoring and reporting, contract and performance management were scaled back NTRP continued to submit 100% data to the National Drug Treatment Monitoring Service (NDTMS) Core Data set. However the England and North East

average is not 100% making any comparisons or contrasts at a national or local level unviable therefore the following data is purely a local snapshot.

Using data submitted by services to the national Core Data Set OHID have created ***'The Impact of COVID-19 on Treatment Activity Monitoring Report'***. This has enabled OHID and local areas to monitor monthly substance misuse treatment activity at a more granular level during the COVID-19 pandemic. This report is produced outside of the routine reports produced on a monthly and quarterly basis and uses different methodologies. Given its temporary status it is recommend that it is not used to monitor performance or set targets over a longer term period. It compares data from the period February 2020 to June 2021 with the average of the same period for the last two years i.e. the average of February 2018 to June 2019 and February 2019 to June 2020.

Whilst many people experience difficulties with, and receive treatment for, both drug and alcohol and they often share many similarities they also have clear differences so data is presented by four separate drug categories:

- **opiate** – people who are dependent on or have problems with opiates, mainly heroin
- **alcohol only** – people who are dependent on or have problems with alcohol but don't have problems with any other substances
- **non-opiate and alcohol** – people who are dependent on or have problems with both non-opiate drugs and alcohol
- **non-opiate** – people who are dependent on or have problems with non-opiate drugs, such as cannabis, cocaine, crack and ecstasy

A comparison of data from the period February 2020 to June 2021 with the average of the same period for the last two years i.e. the average of February 2018 to June 2019 and February 2019 to June 2020 show:

- 13% overall increase in numbers attending for treatment, particularly for non-opiate clients but the increase is seen across all drug categories. This could be viewed as a negative sign in terms of higher numbers of people requiring treatment, but it could be viewed as positive in terms of more people accessing support
- Referrals to treatment are up by two-thirds with the largest increase coming from the 'Other' category
    - A closer look at referral agencies reveals that referrals for opiate clients from Criminal Justice Agencies and Self, Friends, Family have reduced
    - Referrals for alcohol only, alcohol and non-opiate and non-opiate clients increased from all referral agencies
- New presentations for treatment increased by 67% across all drug categories but the largest proportion has been seen in non-opiate clients
    - New clients to treatment presenting with any housing need increased overall by 44% but fell for opiate users. The largest increase was in alcohol only clients
    - New clients with an urgent housing need increased by nearly one-fifth. Urgent housing need in opiate clients fell but increased in alcohol and non-opiate users
    - There has been little change in the parental status of newly presenting opiate clients
    - In all other drug types there is a change in the parental status of newly presenting clients in that there has been an increase in the Other Child Contact category i.e. living with a child but not the child's parent.
    - Newly presenting alcohol only clients who are parents but not living with their children has also increased significantly
- The number of overall exits from treatment increased by one-fifth (up to 1019 from 846) and 52% were classed as successful completions, a 7% increase in the rate of successful completions

    - Interestingly the only drug category where there was an increase in the rate of successful completions was in the alcohol only group suggesting perhaps that the pandemic forced individuals to address their drinking. The rate of successful completions fell in other drug categories suggesting that opiate and non-opiate users may have felt 'safer' in treatment during the pandemic
- Deaths of clients in treatment have risen from an average of 17 in the two previous years to 22 in the period February 2020 to June 2021. There was no change in the number of alcohol only deaths and an increase of 5 in opiate client deaths

More detailed information is available at Appendix A

7. Funding and Additional New Investment in Drug and Alcohol Treatment

The spend from the Public Health Grant for drug and alcohol treatment alone in North Tyneside is approx. £2m. Despite decreases in the value of the Grant in recent years a recognition of increasing harms and widening inequalities associated with the complex client group has seen the spend in North Tyneside remain consistent.

In February 2021, the Government provided an additional £80m to fund drug treatment in 2021/22, as part of a £148m national funding package for reducing crime. The £80m is new funding for 1 year only and is in addition to the money Local Authorities (LAs) already spend on substance misuse from the Public Health grant: It has been allocated to Local Authorities in three strands:

1. **Universal** (2021/22) – allocated to all LAs (except Accelerator areas). Total funding for the North East £4.7m over 1 year
2. **Inpatient detox** (2021/22) – allocated to all LAs/commissioning consortiums for medically managed inpatient detox beds for drugs and alcohol. Total funding for the North East £727K over 1 year
3. **Accelerator** (2021/23) - allocated to Middlesbrough £3.2m over 3 years and Newcastle £2.2m over 2 years

Universal Grant - North Tyneside Council has been awarded £322,000 (revenue) to support work on drug related crime reduction and drug related deaths. The funding is granted for specific interventions prescribed by OHID. (Please see Appendix B)

Inpatient Detox Grant - Funding of £195,000 (revenue and capital) has also been awarded to increase medically managed inpatient detoxification placements. Medically managed detox provision for individuals with the most complex and acute substance misuse, physical, mental health and behavioural issues who require 24-hour nursing care is delivered by the NHS and there are now only five NHS inpatient units (IPUs) operating in England, and none in London. NHS inpatient units are fundamentally different to all other detox and rehabilitation services in England. While there are other, non-NHS medically managed inpatient detox units, it is only the NHS inpatient units that are Consultant Psychiatrist-led, enabling them to manage the most complex patients that other lower-level detoxification service providers feel unable to support.

The funding is awarded for regional or sub-regional joint commissioning of medically managed inpatient detoxification with the aim of increasing capacity and stabilising this component of provision in the treatment system for drugs and alcohol. To increase capacity in the North East 3 commissioning consortia have been formed across the region. The 3 local authorities North of the Tyne have joined together in one consortium to jointly commission medically managed inpatient detox from CNTW as the shared provider of drug and alcohol treatment across all three areas. North Tyneside Council is the lead authority. (Please see Appendix C)

Whilst this is a challenging funding stream to implement due to issues with the North East infrastructure, COVID-19 bed pressures in Trusts and the short timeframes there is a strong commitment to support a regional approach if this funding becomes long term.

8. What's Next for the Drug and Alcohol Treatment Service

The current contract expires at the end of March 2023. A procurement exercise will commence in November with the development of a needs assessment and conclude by the end of March 2023.

9. Background Information

The following documents have been used in the compilation of this report and may be inspected at the offices of the author.

Health matters: harmful drinking and alcohol dependence - GOV.UK (www.gov.uk)
Introduction | Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence | Guidance | NICE
Black Review of Drugs Part 1 Summary
Introduction and overview | Drug use disorders in adults | Quality standards | NICE
Government Initial Response to the Independent Review of Drugs by Dame Carol Black
Transforming the public-health system: Reforming the public health system for the challenges of our times
ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/drugmisuseinenglandandwalesappendixtable
Smoking, drinking and drug use among young people in England 2018
Substance misuse treatment for adults statistics 2019 to 2020
Substance misuse treatment for young people statistics 2019 to 2020
How dependent is the Alcohol Industry on heavy drinking in the UK?
Statistics on Alcohol, England 2020
Drug misuse | Topic | NICE
NICE guidance – drug misuse
Drug Misuse and Dependence UK Guidelines on Clinical Management
NHS Digital - Hospital Admissions related to drug misuse

10. Appendices

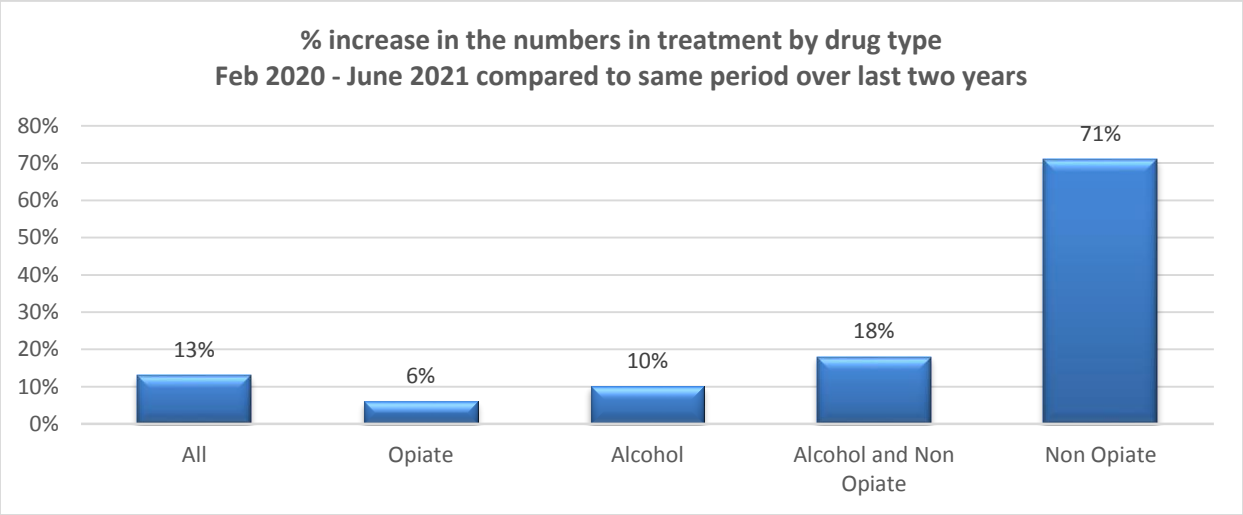
Appendix A	Impact of COVID-19 - data charts
Appendix B	Universal Grant Interventions
Appendix C	Inpatient Detox Grant – Update

Number of people in Treatment

There has been a 13% overall increase in the number of people in treatment - up to 778 in the period February 2020 to June 2021 from an average of 686 in the two previous years.

The increase is noted across all drug categories but is particularly noticeable in the non-opiate drug category with an increase of 71% (up from 52 to 90)

Drug Type	Increase in numbers	Percentage Increase
Opiate	26	7%
Alcohol Only	17	10%
Non Opiate and Alcohol	11	18%
Non Opiate	38	71%
All	92	13%

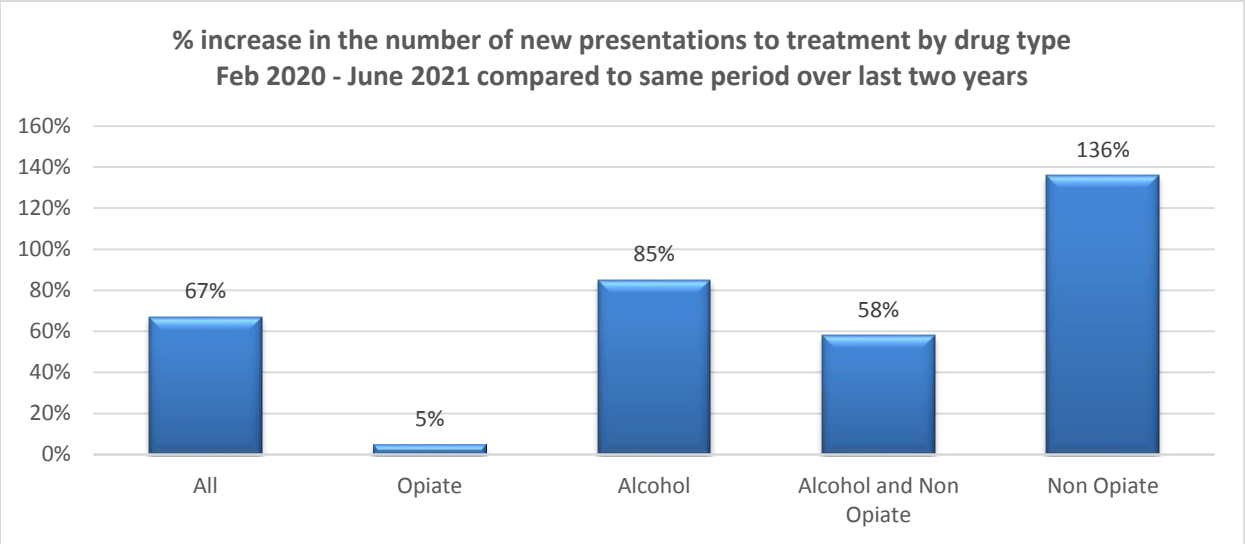


New Presentations to Treatment

The number of new presentations to treatment in the period February 2020 to June 2021 was 1,112 up from 667 from the average of the two previous years (67% increase).

The increase is seen across all drug categories with the largest increase in numbers in the alcohol only category (up to 501 from an average of 271). The biggest proportional increase is seen in the non-opiate category – up to 240 from an average of 102 (135% increase)

Drug Type	Increase in numbers	Percentage Increase
Opiate	9	5%
Alcohol Only	230	85%
Alcohol and Non Opiate	68	58%
Non Opiate	138	135%
All	667	13%



Referrals to Treatment

The number of referrals to NTRP during the period February 2020 to June 2021 was 1,110 up 443 from the average of 667 from the same period over the previous two years, a 66% increase.

The increase was noted across all referring agencies but particularly noticeable is the increase from the 'Other ' category and the small, in comparison, increase from Criminal Justice agencies.

All				
	Referrals Feb 2020 to June 2021	Average referrals in same period over the last two years	Number Increase	% Change
Criminal justice	106	97	9	9%
Health and social care	217	77	140	182%
Self, family and friends	676	469	207	44%
Other	111	24	87	363%
	1110	667	443	66%

Referrals by Agency and Drug Category

The tables below show referrals from individual agencies by drug category and the % change from the average of the same period over the last two years.

All referral agencies have seen an increase in the number of referrals they have made.

- Criminal Justice Agencies have seen the largest increase in alcohol only clients
- Health and Social Care Agencies have seen the largest increase in non-opiate clients
- Self, Family and Friends have seen the largest increase in non-opiate clients
- Other has seen the largest increase in non-opiate clients

In all cases the largest number of referrals are for alcohol only clients

Criminal justice				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	55	64	-9	-14%
Alcohol Only	27	12	15	125%
Alcohol and Non Opiate	15	14	1	7%
Non Opiate	9	8	1	13%
Total	106	97	9	9%

Health and Social Care				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	19	8	11	138%
Alcohol Only	115	42	73	174%
Alcohol and Non Opiate	30	15	15	100%
Non Opiate	53	13	40	308%
Total	217	77	140	182%

Self, Family and Friends				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	88	102	-14	-14%
Alcohol Only	327	209	118	56%
Alcohol and Non Opiate	115	83	32	39%
Non Opiate	146	76	70	92%
Total	676	469	207	44%

Other				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	22	4	18	450%
Alcohol Only	32	9	23	256%
Alcohol and Non Opiate	26	7	19	271%
Non Opiate	31	6	25	417%
Total	111	24	87	363%

New Presentations by Housing Need

Data on housing need is presented by those whose need is considered urgent and those who have reported a housing need. Overall there was a 44% change between February 2020 to June 2021 and the average of the two previous years. 121 new clients reported any housing need up from 84 from the previous two years.

The average number of opiate clients presenting with a housing need fell but there is an increase across all other drug types with a 121% increase in the number of alcohol only clients presenting with a housing need

Any Housing Need				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	40	41	-1	-2%
Alcohol Only	42	19	23	121%
Alcohol and Non Opiate	26	16	10	63%
Non Opiate	13	10	3	30%
Total	121	84	37	44%

42 presented with an **urgent housing need** (4% of all new presentations). This is 17% higher than the two previous years when on average 36 new clients presented with an urgent housing need. (5% of total new presentations). The increase is evident across all drug types particularly alcohol and non-opiate clients which had the highest increase (up to 13 from 6), a 117% increase when compared with the average of the two previous years with the exception of opiate clients where numbers have dropped from 19 to 12 (-37%).

Urgent Housing Need				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	12	19	-7	-37%
Alcohol Only	12	9	3	33%
Alcohol and Non Opiate	13	6	7	117%
Non Opiate	5	3	2	67%
Total	42	36	6	17%

79 new clients presented with a **housing need** in the period February 2020 to June 2021 (7% of all new presentations). This is 65% higher than the two previous years when on average 48 new clients presented with a housing need. (7% of total new presentations).

The increase is evident across all drug types compared with the average of the two previous years and particularly evident with alcohol only clients which had the highest increase up to 30 from an average of 10 in the previous two years (216% increase)

Housing Need

	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Opiate	28	22	6	27%
Alcohol Only	30	10	20	200%
Alcohol and Non Opiate	13	10	3	30%
Non Opiate	8	7	1	14%
Total	79	48	31	65%

New Presentations by Parental Status

169 newly presenting clients in the period February 2020 to June 2021 were parents living with children (15% of all new presentations). This is 97% higher than the two previous years when on average 86 newly presenting clients presented as parents living with children. (13% of total new presentations). However, although smaller numbers, the largest percentage increase is noticed where the client has Other Child Contact i.e. living with a child but not the child's parent.

Other parental status categories are set out in the table below.

Parental status – All Drug Types				
	New Presentations Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Parent living with children	169	86	83	97%
Other child contact – living with children	33	8	25	313%
Other child contact – parent not living with children	567	322	245	76%
Not a parent OR no child contact	339	252	87	35%
Total	1108	668	440	66%

When looking at parental status by drug type:
Opiate clients newly presenting to treatment - the largest percentage increase is noticed where the client has Other Child Contact i.e. living with a child but not the child's parent (numbers are small) but there is also an increase in the numbers who are living with their own children but overall there is little change in the parental status of newly presenting clients.

This is not true for all other drug types where there is a large percentage change in the parental status of newly presenting users – this is again predominately seen in the Other Child Contact i.e. living with a child but not the child's parent but alcohol only users who are parents but not living with their children has also increased significantly

Parental status – Opiate				
	New Presentations	Average of the same	Number +/-	% +/-

	Feb 2020 to June 2021	period over the last two years		
Parent living with children	15	7	8	114%
Other child contact – living with children	5	1	4	400%
Other child contact – parent not living with children	96	101	-5	-5%
Not a parent OR no child contact	68	68	0	0%
Total	184	177	7	4%

Parental Status - Alcohol Only				
	New Presentations Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Parent living with children	83	52	31	60%
Other child contact – living with children	4	2	2	100%
Other child contact – parent not living with children	248	115	133	116%
Not a parent OR no child contact	165	103	62	60%
Total	500	272	228	84%

Parental Status – Alcohol and Non-Opiate				
	New Presentations Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Parent living with children	29	11	18	164%
Other child contact – living with children	7	2	5	250%
Other child contact – parent not living with children	101	62	39	63%
Not a parent OR no child contact	47	43	4	9%
Total	184	118	66	56%

Parental Status – Non-Opiate				
	New Presentations Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Parent living with children	42	16	26	163%
Other child contact – living with children	17	3	14	467%
Other child contact – parent not living with children	122	45	77	171%
Not a parent OR no child contact	59	39	20	51%
Total	240	103	137	133%

Exits from Treatment and Successful Completions

Of the 1019 exits from treatment in the period February 2020 to June 2021 52% had a successful outcome and this is a 7% increase when compared with the average of the same period over the

last two years. When looking at drug type alcohol only clients were the only group where the proportion of successful outcomes rose from the average of the same period over the last two years.

	Exits	Successful Outcome	% Successful Outcome	% change From average of two previous periods
Opiate	181	26	14%	-9%
Alcohol	432	264	61%	9%
Alcohol and Non Opiate	185	86	46%	-2%
Non Opiate	221	152	69%	-34%
All	1019	528	52%	7%

Deaths in Treatment

There was a 29% increase in deaths in treatment during the period February 2020 to June 2021 when compared with the average of the same period over the last two years. The biggest percentage increase by drug type is noted in the opiate client group where deaths increased to 14 from 9 (56%). Deaths in the alcohol only client groups remained static at 7 for each period.

Deaths in Treatment				
	Deaths in Treatment Feb 2020 to June 2021	Average deaths in treatment for the same period over the last two years	Number +/-	% +/-
Opiate	22	17	5	56%
Alcohol Only	7	7	-	-
Alcohol and Non-Opiate	1	2	-1	-50%
Non-Opiate	0	0	0	0

Area	Action	Additional spend in 2021-22 from universal grant
Enhance harm reduction provision	Expand the current Needle exchange Service to offer a more robust physical health care offer, alongside the ability to provide a brief intervention case holding role to divert from triage in NTRP for quick throughput. Increase the workforce by 1.5 WTE additional staff - 0.5 WTE qualified Band 6 Nurse and 1 WTE harm reduction worker	£49,000
	Introduce 100 Nasal Naloxone kits into the current offer to prevent drug related death	£3,600
Increase treatment options	Pilot 10 people on Buvidal (novel long-acting OST) for 12 months @ £239 per month	£28,680
	Increase access to residential rehab places (5 @ £8400 per stay)	£42,000
Increase integration and improved care pathways between criminal justice, wider partners and drug treatment	Recruit an additional 4.5 full time criminal justice/outreach/physical health workers. This will increase treatment service capacity to ensure improved engagement with criminal justice agencies through: • Single Point of Contact • A dedicated pathway for referrals, enquiries and support • Court/Custody and NPS liaison • Structured PSI recovery focused interventions for those on DRRs • Prison in-reach and Through the Gate Support • work assertively in the community targeting those most at risk of harm when they are identified as being at risk of disengaging from NTRP, recently been arrested or released from prison • Comprehensive assessment in the community • fast track clients into treatment with support during initial engagement with NTRP • Train workers in HMOs and the police in Harm reduction and overdose management • provide naloxone to pharmacies in the area that deliver the needle exchange provision	£165,360
Enhance recovery support	Recruit an additional 0.6 WTE counsellor Purchase licence for access to 'Breaking Free Online' – a digital treatment and recovery platform to enhance the recovery offer in North Tyneside.	£33,360
Totals		£322,000

Description of Medically Managed Inpatient Detox Grant Funding Proposal

The geographical coverage for the LA3 proposal is the North of Tyne (NoT) i.e., the Local Authorities of Newcastle, North Tyneside and Northumberland.

The vision was for the shared clinical provider - Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW) to provide a bed for detoxification within one of its existing units with a clinical specialist to co-ordinate the provision. This has been achieved with a bed (suitable for both male and female clients) available in St. Nicholas Hospital and the appointment of a clinical specialist and prescriber to co-ordinate provision and to work alongside clinical leads and specialist staff within the local authorities' commissioned services.

The post is case holding role and is based on the ward to support the ward manager. It is governed under the existing treatment system arrangements including supervision, reflective practice and clinical support

The postholder is responsible for:

- developing care pathways for assisted withdrawal for both alcohol and drugs and for a combination of alcohol and drugs (including comorbidity of mental illness, physical illness and other high-risk presentations)
- protocols, policies and procedures as well as proposals for service development across the NoT and
- Securing additional capacity via spot purchase at the Chapman Barker Unit in Manchester (one of the five remaining specialist centres in the UK)

27 placements across NoT based on £5k average per detox are estimated. The length of placement will be variable but is expected to be between 5 and 10 days/nights.

	Annual Budget
Income	£ 195,000.00
Total Income	**£ 195,000.00**
CNTW	
Co-ordinator	£ 55,900.00
Capital Costs	£ 5,833.00
Sub total	£ 60,000.00
Spot Purchase	
Detox Places	£ 32,000.00
	£ 32,000.00
North Tyneside Council	
Detox Places	£ 18,383.00
Sub Total	£ 18,383.00
Northumberland	
Detox Places	£ 31,587.00
Sub Total	£ 31,587.00
Newcastle	
Detox Places	£ 51,297.00
Sub Total	**£ 51,297.00**
	£ 195,000.00