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Public Health & Social Research Unit

West Sussex Substance Misuse Health Needs Assessment

2021 – Executive Summary

Public Health and Social Research Unit

West Sussex County Council

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1.1 Synopsis

The misuse (or excessive use) of drugs and alcohol have been linked to a range of negative impacts for individuals, families and communities, including early death, long term health conditions, reduced quality of life and economic opportunities, and increased social issues, including homelessness, violence and exploitation, requiring interventions from state and community-level service provision. National guidance and government policies outline potential actions for improving outcomes related to substance misuse. A necessary component for such action is a local-level examination of the facts, in the form of this health needs assessment.

This report is a part of the Joint Strategic Needs Assessment for West Sussex so contains information for system-wide plans, including CCG commissioners, partnership leads, and all those concerned with drug and alcohol use, community safeguarding, population health, policing and adult and children's social care. Its purpose is to provide an up to date summary of substance misuse issues in West Sussex, including figures on vulnerable populations and health-outcomes, particularly pertaining to wider social determinants and other drivers of poor health seen in the literature, and has been requested by local substance misuse commissioners to support decisions taken in the planning, commissioning, and provision of services.

The report covers a number of sections and it may not be necessary for the reader to review all these. For ease of reading the sections and main sub-heading are included below. Each section includes at its end a summary box of key issues and these key issues are included in this executive summary; further context and detail are included in the main document.

Section 2 – Background and information

The first section introduces the national context, relevant government/select committee priorities and NHS plans for substance misuse issues, as well as how this work fits in with local priorities. It also sets out the purpose and structure of the needs assessment for the reader.

- 2.1 National policy
- 2.2 Local priorities
- 2.3 Aims and objectives

Section 3 - Local population

This first data section describes the local population characteristics relevant to the rest of the document, where county and district-level data are often used. Relating later sections back to this population summary should give a clearer picture of how issues can affect some communities or cohorts more than others and aid local targeted approaches.

- 3.1 Population and geography
- 3.2 Population demographics
- 3.3 Multiple Deprivation and local inequalities

Section 4 - Prevalence in the community and higher risk groups

This section covers the local scale of alcohol and substance misuse in West Sussex and using a range of data sources these includes both estimates and observed incidence.

- 4.1 Alcohol misuse in the general population
- 4.2 Drug misuse in the general population
- 4.3 Families and substance misuse
- 4.4 Young people and substance misuse
- 4.5 Substance misuse amongst sex workers
- 4.6 Exploitation through county lines and modern slavery
- 4.7 Homelessness and housing issues
- 4.8 Learning disabilities

Section 5 – Community level impacts of substance misuse

This section covers the main health-related outcomes related to substance misuse and how those from vulnerable groups identified in previous sections may be more affected in these outcomes.

- 5.1 Mental health conditions
- 5.2 Smoking and Chronic Obstructive Pulmonary Disease
- 5.3 Sexual health
- 5.4 Blood-borne viruses (BBV)
- 5.5 Alcohol related hospital admissions
- 5.6 Deaths related to drug and alcohol use
- 5.7 Alcohol and drug-related crime

Section 6 - Alcohol and drug treatment service users and unmet needs

This section covers the data relating to residents using drug and alcohol services in the community. Understanding how these locally commissioned treatment services are supporting local residents can help commissioners and providers to adapt and refine service provision, as well as expanding partnership opportunities. Much of this data is taken from the National Drug Treatment Monitoring System (NDTMS).

- 6.1 Numbers of service users in treatment services
- 6.2 Characteristics of service users in alcohol treatment services
- 6.3 Characteristics of individuals in drug treatment services
- 6.4 Harm reduction interventions
- 6.5 Meeting estimated need for alcohol and drug users
- 6.6 Referral routes into treatment and waiting times
- 6.7 Treatment settings
- 6.8 Length of treatment and retention
- 6.9 Successful and unsuccessful treatments

Section 7 - Mental health and pathways for co-existing conditions

- 7.1 National recommendations for co-occurring conditions
- 7.2 Coexisting mental health and substance misuse conditions in West Sussex
- 7.3 Investment for the future

Section 8 - COVID-19 response and new ways of working

Due to the 2020 global outbreak of the disease Covid-19, in Spring 2020, providers of substance misuse prevention and treatment services have been developing new ways of working, particularly in the context of government mandated 'lockdowns' and a reduction of person-to-person contact in some, - but not all, - community settings. This section documents the changes to service provision during this time and also attempts to learn from new ways of working.

- 8.1. Service planning and the public health context
- 8.2 Effects of the lockdown on service outcomes
- 8.3 Lessons learned for the future

Section 9 – Reflections and partnership feedback

This summary to this needs assessment (Section 1) was drafted in late-2020 and shared with West Sussex Community Safety Managers, public health leads, several members of the Safer West Sussex Partnership executive board and key community partners involved in supporting those with substance misuse issues. These stakeholders were asked to provide feedback on the content, approach, and findings of the needs assessment, as well as recommending key areas of future activity.

- 9.1 Feedback on the needs assessment
- 9.2 Core areas of focus for the future
- 9.3 Known gaps in knowledge or ability to improve services
- 9.4 Suggested priority actions

Section 10 – Recommendations and gaps in knowledge

This section contains the final recommendations from the needs assessment, as well as acknowledgements of the need for future work to fill gaps in knowledge. (See Section 1.3 below for details).

1.2 Key points

Section 2 - Background and introduction

In 2019, the UK Health and Social Care Committee, recommended a radical change in UK drugs policy moving from a criminal justice to a health approach, where responsibility for drugs policy rests with the Department of Health and Social Care and not the Home Office.[1]

The Committee recommended a comprehensive approach to drugs, including improving treatment services, introducing harm reduction interventions, and better education, prevention and social support. The Committee noted that while evidence-based guidelines for treating people with drug dependency do exist, there is an unacceptable gap between best practice and what services are actually able to deliver to people. The committee also noted wide variation in the level and quality of services provided. They called on the government to direct significant investment into substance misuse treatment services.

In 2017, the UK government launched the national drug strategy, in which they estimated the social and economic cost of drug supply in England and Wales to be £10.7 billion per year.[2] The strategy was framed around several themes, including: Reducing demand; Restricting supply; Building recovery; and Global action. There is no current national alcohol strategy, but in the previous strategy (which ran to 2015) the government anticipated that work to tackle harmful alcohol use be led by local authority Public Health departments, Health and Wellbeing Boards and Police and Crime Commissioners. They also cited the need for multi-agency working and the clear link between harmful alcohol use and poor mental health.

At a local level, alcohol and drug use is mentioned throughout the West Sussex Joint Health and Wellbeing Strategy in the context of improving health behaviours and reducing inequalities; at start of life, for children living in households of harmful alcohol and drug use; and for living well, in terms of health behaviours which may have contributed to the stall in increase in life expectancy.[3]

The Safer West Sussex Partnership has a series of priorities for the year 2020/21 in the refreshed Safer West Sussex Partnership Community Safety Agreement 2016-2020, including this needs assessment; a multi-agency Reducing Drug Related Death action plan, building on the findings of the Drug Related Death Audit; expanding the provision of Naloxone; supporting those with homelessness/housing issues to improve health outcomes; supporting those with co-existing

[1] UK Parliament, Health and Social Care Committee (2019)
[2] UK Home Office, Drug Strategy 2017 (2017)
[3] West Sussex Health and Wellbeing Board, Start Well, Live Well, Age Well: West Sussex Joint Health and Wellbeing Strategy, 2019-2024 (2019)

mental health and substance misuse issues; and to carry out analysis of the size and scale of the illegal drugs market in a local town in order to better understand the demand and supply.

This needs assessment, via a range of methods and data sources, aims to provide service commissioning leads, executive boards, and providers with the detailed analysis they require to continue to support those with substance misuse issues, both directly and indirectly.

Section 3 - Local population

West Sussex has roughly 860,000 residents and overall, the county has an older age profile than the national average. Crawley is an exception, with a younger age profile than England.

West Sussex has a lower Black, Asian and Minority Ethnic (BAME) population than the South East, with 88% of residents identifying as White British in 2011. Crawley is an exception, where 72% identify as White British. BAME residents are known to face different barriers to services and health inequalities have been documented.[4]

There are strong links between poverty, deprivation, inequalities, and substance misuse. Poverty and disadvantage can act to increase the risk of substance misuse, and substance misuse can lead to increased disadvantage. These inequalities can also lead to barriers in accessing services and poorer health outcomes. Each district and borough has some areas of higher deprivation, though these are more consistently focused in the urban areas of the coastal strip and in west Crawley.

Due to the range of social determinants, partnerships from a range of organisations are required to address drivers of substance misuse issues, from each unique angle.

Section 4 - Prevalence in the community and higher risk groups

Overall numbers and assumptions: From 2018 estimates, there are between 5,500-9,500 residents in West Sussex in need of treatment for alcohol dependence (point estimate of roughly 7,000).[5] Other research estimates that roughly a quarter of West Sussex adults (165,000 residents) drink above the recommended low-risk levels.[6] From 2018 estimates, there are between 1,200-3,200 residents using opiates and/or crack cocaine in West Sussex.[7] As it can be difficult for authorities and providers to identify or reach out to residents with substance misuse

[4] PHSRU, Black, Asian and Minority Ethnic Communities in West Sussex (2016)
[5] Estimates are calculated by the National Drug Treatment Monitoring System (NDTMS), based on modelled estimates of use in the population at the local authority level.
[6] Estimates are calculated by the Public Health England: Risk Factors Intelligence (RFI) team.
[7] Estimates are calculated by NDTMS, based on modelled estimates of use in the population at the local authority level.

problems in the community, it is necessary to focus on areas with proxy-indicators for drug use (i.e. economic inequalities) to increase the chances of engaging with these residents.

Environmental data: One way of monitoring local activity has been via working with local District Council environment and street cleaning departments. From their information roughly 3,500 pieces of drugs litter were identified in West Sussex from 2016-2020, and whilst data are incomplete, roughly half of these are needles, barrels or syringes. Use of Nitrous Oxide has been a recent priority in Worthing and Adur, and findings of used gas canisters there account for 89% of all recorded canisters county-wide.

Pregnancy: We also can target specific risk groups to tackle problems for example, heavy alcohol use during pregnancy can lead to foetal alcohol spectrum disorder, a term that encompasses a range of alcohol-related birth defects; affecting up to 3% of all children.

Children living with an adult with alcohol or drug dependency: PHE estimate that there are 2,700 children in West Sussex living with an adult with alcohol dependency, though only 375 children are known to live with an adult who entered alcohol treatment in 2019/20. Roughly half of alcohol service admissions are parents or live with children and 14% of these service users are also known to children's services. Over half of new drug service admissions are parents or live with children and 23% are also known to children's services.

Children's services: In West Sussex, children's services assessments have increased from roughly 7,400-10,500 from 2014-19. Of these, roughly 2,150 assessments (20%) made reference to adult substance misuse (either drugs or alcohol). Over 1,100 of these also made reference to co-occurring adult mental health problems (11% of all children's services assessments).

Young people: Risk factors for young people engaging with substance misuse include mental health issues; experience of domestic violence and sexual exploitation; not being in Education, Employment or Training; being exposed to parental substance misuse; being in care or a care leaver.

Sex workers: A range of recommendations exist to support those engaged in sex work; work which can lead individuals to having considerable, mental and physical health problems.[8] Not having problematic drug use as a principal motivation for sex work is one of the most important factors for leaving sex work. Ceasing problematic drug use is seen as the 'key to freedom' from being trapped in multiple vulnerabilities.[9]

Modern slavery and county lines: In 2019/20 Sussex police recorded 250 incidences of trafficking controlled drugs and 150 incidences of modern slavery crime in West Sussex. Multiagency working

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[8] DrugScope and AVA, The Challenge of Change: Improving services for women involved in prostitution and substance use (2016)
[9] UK Home Office, Vulnerability and involvement in drug use and sex work (2003)

is important in tackling county lines. Those involved with county lines, particularly children and vulnerable adults can be considered both as victims and offenders and a balance in needed between safeguarding victims, disrupting criminal operations and prosecuting offenders.

Homelessness and housing: Those with housing or homelessness problems are at a greater risk of the harms of substance misuse and this is especially so for roughly sleepers (4 in 5 of which had taken drugs recreationally in the past year, locally in 2016). At the same time, substance misuse can be a factor leading to housing problems and homelessness.

Learning difficulties: Efforts should be made to understand the guidelines and advise for identifying and supporting those with learning difficulties who might be suffering from substance misuse issues, as current provision may not always be accessible or appropriate. Those with less visible difficulties are more likely to go unnoticed, which can reduce the success of community support.

Section 5 - Community level impacts of substance misuse

The occurrence of mental health conditions among people with substance misuse problems is very common and this two-way relationship is complex.

- Of new presentations to alcohol treatment in West Sussex in 2019/20, 54% were identified as having a mental health need. Of those, roughly 23% of males and 16% of females were not receiving any professional support for assessed mental health problems.

- Of the adults who entered drug treatment in 2019/20, 60% were assessed as having a mental health treatment need. Of these, roughly 32% of males and 21% of females were not receiving any professional support for assessed mental health problems.

Tobacco use is far higher amongst those with substance dependencies and many reasons exist for this increased use. A considerable number of those using services quit smoking during treatment, but many also take up smoking to offset the loss of the other substance.

Sexual health providers are working closer with substance misuse providers. This improved joint working, including opportunistic access to sexual health for drug and alcohol clients, and having substance misuse services on key stakeholder lists for the sexual health strategy group.

Preventable bacterial infections are increasing amongst people who inject drugs and the cause is likely to include the ageing populations within this group who can have poorer vein and skin health, changes in injection practices with recent increases in groin injections, increasing homelessness, and likely conditions of poorer general hygiene and more unsterile injecting. Use

of personal injecting kits is encouraged and despite low HIV levels, risks from HIV and Hepatitis B and C continue.[10]

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Locally, admission episodes for alcohol-related conditions have been increasing (from 500 to 585 per 100,000 residents in the last ten years) and there is a need to explore and address the inequalities in alcohol-related health outcomes and higher hospital admissions in the coastal towns of West Sussex, which are above national averages, and particularly so for females aged under 40 years.

Broadly speaking, alcohol-related deaths make up around 5% of all deaths nationally. Increasing alcohol-related mortality rates in West Sussex are now higher than regional averages, and in line with national averages. Drug use disorders are the third highest cause of death in the 15–49 age group in England.

Locally West Sussex has lower rates of drug death than the national average. A review into local drug-deaths identified a range of factors inhibiting successful recovery, including mental health issues; diagnosis, gatekeeping and systems issues creating barriers to accessing support; education around safe drug use (including medications); and complex individual lives making accessing or continuing in recovery more challenging.

Roughly three quarters of drug-related crime involves cannabis. Drug crime is more concentrated in Crawley, Worthing and Arun. West Sussex performs poorly compared to the South East region in engaging prison leavers in drug treatment within three weeks (roughly 20% compared to 34%, respectively).

Section 6 – Describing alcohol and drug treatment services and their users

Public Health England estimates that alcohol treatment reflects a return on investment of £3 for every £1 invested, which can increase to £26 over 10 years. Drug treatment provides a return on investment of £4 for every £1 invested, which can increase to £21 over 10 years.[11] Treatment can be enacted and expanded through a range of evidence-based mechanisms.

Due to wide estimates of prevalence, it is difficult to estimate how many residents need treatment, but are not receiving it; estimates range from hundreds to thousands.

Alcohol treatment service use in West Sussex has increased in recent years, from roughly 650 to 1,100 residents per year (roughly 60% males; 40% females). Approximately 40% of these were

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[10] PHE, Shooting Up: Infections among people who inject drugs in the UK (2019)

[11] PHE guidance, Alcohol and drug prevention, treatment and recovery: why invest?

in regular employment at start of treatment and 13% had housing problems. This highlights the considerable social and economic challenges people with substance misuses problem can face and the range of issues which services need to support people to overcome.

Opiate service use in West Sussex has remained relatively stable, around 1,150 residents each year, but numbers of non-opiate service users have doubled, from roughly 150 to 300 residents each year (roughly 70% males; 30% females). Regular employment may be an indicator for a higher likelihood of completing opiate treatment. Thirty one percent of people are employed at start of treatment. A recognised housing problem was recorded for one in three opiate service users.

In 2017, 17% of the national population used antidepressants and 13% used opiate pain medications. The Faculty of Pain Medicine estimate that 8-12% of long term prescribed opioid users would currently, or in the past, meet the criteria for an opioid use disorder.[12] In West Sussex, there were 85 residents in treatment for prescription-only medicines (POM) or over-the-counter medicines (OTC).

In line with national guidance, over 95% of opiate service users have been supplied with Naloxone by June 2020. Services have provided 500-900 residents a month with needles, syringes and other equipment used to prepare and take drugs.

Informal referral pathways for alcohol and drug services (i.e. self-referral, or by friends and family) have increased in the past decade from roughly half to nearly four in every five. It is assumed that this relative change is driven by both a decline in formal pathway referrals (i.e. criminal justice, or health services), and by expanded awareness in the community. The majority of service users were recorded as starting treatment within three weeks of their referral.

Nearly all of alcohol and drug treatment occurs in community settings, but from 2018-20 there were 103 residential placements for detoxification and rehabilitation treatments; 76% of service users completed their residential treatment.

Two thirds of successful alcohol treatments last under six months, but 8% last more than a year. Opiate treatments are most effective when completed within two years, but one in four service users in West Sussex have been in treatment for more than six years (in line with the national average). Decisions over how long an individual should ideally be in treatment often comes down to personal circumstances and safeguarding concerns.

Successful completions of treatment for alcohol services have fallen from highs of over 70% in 2014 to roughly 55% in 2019, with drop-out rates in the same period increasing from 15% to over 40%. In the same time, roughly 7% of those receiving opiate support died (from any cause)

[12] Faculty of Pain Medicine, Terminology and prevalence (2020)

whilst in treatment and drop-outs in West Sussex increased from around 20% to 45%. These are comparable with the national picture.

Public Health England benchmark the performance of treatment services by whether people complete treatment and do not represent to treatment within six months of completion. Of those receiving alcohol treatment in 2018/19, 35% completed their treatment and did not represent to the service within six months. Of those receiving opiate treatment and non-opiate treatment in 2018/19, 8% and 35% (respectively) were able to complete treatment and not return to services within six months, which was similar to national levels.

There is local provision of outreach support, but levels may be worth further exploration and review, in line with PHE recommended mechanisms for improving access and retention for services. For example, factors associated with increased service retention include being in education or employment, being in good physical health, and not drinking alcohol every day. Factors decreasing the likelihood of successful treatment include having housing problems, living in an area of higher deprivation, previously dropping out of treatment. Other outreach can include needle and syringe programmes, open sessions and sessions restricted to particular groups and issues, providing transport and childcare, and ensuring effective and supported pathways to treatment from prison.[13]

Changes in the service specifications in 2016/17 may explain the fluctuations in some performance and service indicators. This includes an expansion of services (particularly alcohol services) and may explain the increase the informal (self) referrals, which in turn may affect the successful outcomes or length in treatment. Closer examination may be required to the contexts and mechanisms behind outcomes seen.

Further exploration is warranted to find out why local and national drop-outs and successful completions (particularly for opiate treatment) shifted after 2012. This may be for example, due to changes in pathways, with an increase in self-referrals, or due to a change in wider approaches.

Section 7 - Mental health and pathways for co-existing conditions

National policy and guidance clearly outline the need to address co-existing mental health and substance misuse problems and these combined are more complex than the existence of two separate issues. They have a heightened risk of other health problems and early death (a higher prevalence of smoking also contributes to this increased morbidity). Individuals with coexisting conditions are shown to frequently be excluded from mental health services when intoxicated and from substance misuse services when experiencing mental health crises.

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[13] Source: PHE, Health matters: preventing drug misuse deaths (2017)

PHE have published five priority recommendations to support these individuals, including:

- agreeing a care pathway that delivers collaborative care;
- ensuring every individual is assigned a named care coordinator;
- undertaking joint commissioning, enabling people to access the care they need;
- commissioning a '24 hour, 7 days a week' response to those experiencing mental health crisis, even when intoxicated;
- and ensuing individuals are helped to access a range of recovery support.

In West Sussex, roughly half of all those accessing alcohol or drug treatment services were identified as also having a mental health need. Of those with mental health needs, roughly 19% of alcohol treatment service users and 28% of drug treatment services users were not accessing any support for known mental health problems.

Nearly half (45%) of all those identified in a West Sussex rough sleeping/homelessness audit in Summer 2020 were identified as having both mental health and substance misuse needs.

In a three-year period (2015-17), 66% of those who died from drug misuse or other drug poisonings in West Sussex were identified as having mental health needs (60% of those who died specifically from substance misuse). Depressive illnesses and anxiety-related illnesses were the most common issues for those who died. The audit found evidence of local barriers similar to those described in PHE's national review.

There is recently new local investment into drug and alcohol and mental health services to address issues of coexisting conditions, but potential gaps in our understanding of these issues remain. To maximise the impact of this investment it is necessary to continue to explore the health needs of this vulnerable group of people. This will require cooperation across partnerships to deliver improved outcomes.

Section 8 - COVID-19 response and new ways of working

The nation-wide lockdown of March to July 2020 and the subsequent ongoing policies of reduced interpersonal proximity have led to significant challenges in service provision and wider support mechanisms. Workforce Management and the Staffing/Health and Safety/Governance concerns included an agreed organisational response to ensure consistent Risk Assessments are in place.

The main programme activities, i.e. Medication Assisted Treatment, Alcohol Offer, Harm Reduction activities, have remained in place. Some major providers have agreed to pause face-to-face meetings to assess new referrals, but digital/telecoms channels remained open. This has been kept under regular review. Some work still exists as face-to-face, such as those concerning homelessness support and those interventions for people with higher clinical need.

Some services have kept service users engaged, when they might have otherwise completed their treatment and been discharged as a safeguarding measure.

Contacts and check-ups with service users have switched to telephone contacts where possible and preliminary feedback suggests this may be a positive step, as it allows for more flexibility and less missed appointments than when service users are required to go to a central location. Implications for this should be reviewed with professionals and service users to assess the full extent of positive and negative impacts of this change in working.

For the first half of 2020 there was an increase, in relative and absolute terms, in service users receiving Medically Assisted Treatments who were not also using illicit drugs. It has been proposed that this was due in part to the reduction of illicit drugs caused by the national lockdown and this should be monitored long-term to see if this change is sustained.

Section 9 – Reflections and Partnership feedback

The summary to this needs assessment (Section 1) was shared in late-2020 with the West Sussex Community Safety Managers, several members of the Safer West Sussex Partnership executive board and key community partners involved in supporting those with substance misuse issues.

Overall, the partnership feedback was positive, and it was felt that the approach and format of the assessment was both clear and valid. Limitations included the lack of engagement work, meaning that context was missing from the explanation of some of the observed issues and barriers to improvements; this will need to be explored at a later date to continually grow the local evidence base.

Areas to focus on in the future included co-existing mental health issues; supporting people holistically, to take account of individual complexities; an understanding of how the local community interacts with vulnerable groups; strengthening partnerships to support younger people; refocussing on prison leavers; and a need to better employ local data to enable workstreams and partnerships.

Known gaps in knowledge or ability to improve services included how best to support those with coexisting mental health conditions, as well as those in vulnerable groups, particularly homelessness, in light of the community impact of Covid-restrictions. Also highlighted was the need for psychologically informed environments and for a balance between clinical treatments and psycho-social support and asset-based approaches. How these might be incorporated and commissioned was unknown. The question of how to engage and develop the local partnerships to work together in new ways was also raised; as was the opportunity to review probation service data to help inform what could be done to improve outcomes for ex-offenders. Further detail was also requested on young people's involvement and use of drugs, alcohol and possible unregulated use of prescription medications, and how these might link to crime or exploitation.

Many priority actions were suggested by our partners. These included:

- Better joined up systems;
- Wellness in the community to reduce self-medicating with substances;
- Tighten relationships within related systems;
- Provide a rolling programme of drug and alcohol training to upskill the wider partnership workforce;
- Increasing engagement and ease of travel through referral pathways;
- Developing and improving early intervention;
- Opportunities to work alongside primary care nurses and GP based paramedics;
- Improve prevention and end-of-treatment strategies;
- A specific focus on the consumption and supply of cannabis;
- Maintaining service engagement and reducing unplanned exits;
- Developing practice around coexisting conditions;
- A regular review of the impact of Covid 19;
- Sustained positive outcomes for prison leavers;
- An expansion of community recovery coaches;
- The provision of an assertive outreach by local drug and alcohol services;
- Education and awareness in the community.

1.3 Recommendations and gaps in knowledge

i) Co-existing mental health problems

There remains a deep-rooted problem centred on 'dual diagnosis'. People with co-occurring substance misuse and mental health problems, at all levels of severity, face additional barriers in the access, take-up and outcome of treatment and support services. This is a complex issue. There is consensus on the importance of integration and closer multi-disciplinary working to tackle it, as well as an acknowledged difference in reporting/case management systems that services should communicate effectively so that any reporting differences do not create a barrier to communication.

Recommendations

1) Whilst there is broad consensus that there should be an integrated response to dual diagnosis, this needs to be explicitly and clearly articulated by senior managers; for example whether the ambition is the use of common assessment tools, common risk management, shared data systems, co-location of staff and agreed referral systems.

2) The importance of staff training and organisational cultures, across services and within a local area, has been emphasised by a number of partners. Services should be equipped and ready to respond pre-emptively, and not only to presenting issues.

3) A reemphasis on the important principles of a 'No Wrong Door' policy, and 'Making Every Contact Count'; that people with co-existing conditions can access support services (e.g. assessment, information, advice) which addresses their mental health and substance misuse needs in both alcohol/drug and mental health services. This also includes other drivers of morbidity and mortality, such as offering advice on smoking.

4) Use of diagnosis/es as exclusion criteria should be avoided and service redesign should be considered as an alternative to exclusion.

Known gaps in knowledge

1) Nationally (e.g. NICE NG58) we recognise that people with co-existing conditions are at higher risk of not using or losing contact with services. The number of individuals who have not been able to access or maintain engagement with local services for their needs, due to these reasons is unknown.

2) It is likely that persons within this cohort are at greater risk, due to further issues such as homelessness or abuse. Efforts are required to establish how we investigate and respond this. This will also aid our understanding of how co-existing conditions vary between and across groups and how vulnerabilities can be addressed.

3) Resultant demand across the system by this cohort is not locally known, for example the increased demand on emergency services, urgent care and criminal justice.

ii) Cumulative Problems and Holistic Approaches

The problem of less severe but cumulative problems, means that people can fall between services at an early stage. There is strong consensus that the needs of individuals should be addressed holistically. Our partners also raised issues in relation to some specific higher risk groups, such as younger adults, ex-offenders, and vulnerable groups such as those with a learning disability. The earlier problems can be identified the better, and a number of suggestions were made in relation to prevention and early identification.

Recommendations

1) Substance misuse difficulties and dependencies are not just an individual choice and issue to address, but part of a much wider social issue that requires a wider social (community) response.

At the community and population level, within local areas, further work is needed to challenge social/group norms relating to self-medicating with substances. This is vital to promote a healthier psychological environment, which acts to prevent problems developing and sustain recovery following treatment. This should include ongoing work to tackle denial, and stigma from engaging with support services.

2) Explore the development of early warning indicators (at an individual level) to identify escalating issues.

3) Strengthen working with the criminal justice system to ensure that pre-release interventions are in place; strengthening of prison to community protocols/procedures.

4) To take a holistic approach to individual circumstances, close working is needed at a local level, notably with children's social care, welfare benefit services, and housing providers. This was demonstrated by the positive feedback concerning close working across partnership as part of COVID homeless response. Links to the social prescribing workforce within primary care could also be explored.

5) Of note housing has been identified as a specific and rising concern (rising due to the predicted impact of Covid restrictions). The funding of specialist or dedicated housing advice staff should be considered.

Known gaps in Knowledge

1) Which local cohorts, beyond broad-level demographics, are driving the increase in alcohol related admissions/episodes? What are the options to tackle the chronic problem of people ending up in hospital from alcohol related problems? How do we understand and address escalating episodes from some residents, with reference to referral pathways into and from hospital settings?

2) What can health service commissioners and adult social care offer each other in terms of supporting older residents drinking at higher risk levels?

3) What are the patterns and volume of service delivery around alcohol brief-interventions and onward referrals, e.g. to treatment services? What are pros and cons in investigating how we might target evidence-based interventions - for example, where there are areas of high/higher hospital admissions?

4) What are the ongoing impacts for parents after planned exits, in terms of supporting them and their families?

iii) Improving Engagement with Service Users and Shared Decision Making

Whilst not higher than national levels, there are still significant numbers of unplanned exits from our services and deaths (from any cause) of those whilst engaged. On the other hand, many are spending six years or more engaged with opiate support services, and whilst this may be appropriate for those individuals, it is prudent to recommend a concerted effort for engagement to evidence improvements here and for elsewhere (i.e. in addressing co-existing conditions and better supporting those with housing problems or other vulnerabilities).

A number of comments were made by our partners which stressed the importance of working with people at different levels:

- at the individual level, in relation to promoting shared decision making between professional and service user;
- the importance of engagement with service users, individually and collectively to inform the development and delivery of services;
- and the need to work using strength-based and asset-driven approach within communities.

Recommendations

1) A commitment be made by local leaders to form a joint engagement plan, and to pursue, document and address the findings of different lines of engagement. This will include efforts to understand individual-level contexts and the personal or systemic drivers which lead to the observed outcomes; be they, for example, unplanned exits, increased vulnerabilities, or an unwillingness/inability to initially engage with services.

2) In addressing the findings of these lines of engagement local leaders should evidence how such knowledge has informed their activity at the service level, and our policies at the wider systems level.

3) Shared decision making should be captured and used by services and more widely in ongoing policy reviews to understand how such practices have impacted on outcomes, particularly in terms of harm reduction and longer-term recovery.

Known gaps in Knowledge

1) Addressing the above will require establishing how to locally balance solutions between psycho-social and clinical ways of working.

2) This will require a comprehensive understanding of community assets and how they have shifted (particularly in the near future), due to the impact of Covid-19 on vulnerable residents. Reviewing community level assets for individuals on a personal basis and checking these, over time will help us to understand the trends and current position.

3) It is important to utilise avenues from all partners; for example, in criminal justice or children's social care, to help fill in the gaps in knowledge for how to better proactively support those later identified in the statistics contained in this report.