

Tackling drugs and alcohol

Local government's new public health role



Public health will become the responsibility of local government when it transfers from the NHS to local authorities in April 2013. This briefing for councillors and officers explains the challenges facing councils and the opportunities they have to tackle drug and alcohol problems and reduce health inequalities in local communities.

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Introduction – drug and alcohol misuse explained

Drug and alcohol dependency is a complex health disorder with social causes and consequences. No single factor can predict whether or not a person will become addicted.

Risk of addiction is influenced by a person's personality, social environment, biology and age or stage of development. The more risk factors an individual has, the greater the chance that taking drugs or harmful drinking can lead to addiction.

And that, of course, has a host of consequences for an individual's health. Drug use is linked to everything from heart and respiratory problems to psychosis and seizures, while heavy drinking is known as a causal factor in more than 60 medical conditions. Added to that is the increased likelihood of suffering violence and having unprotected sex that is seen among heavy drinkers.

Of course, consuming alcohol and – to a lesser extent – using drugs is something many people have done. Over three quarters of adults drink regularly, while about a third of the population admit to taking drugs at some stage in their lives.

Even among children, the numbers are significant. The most recent Information Centre for Health and Social Care survey of 11 to 15-year-olds found nearly half had drunk alcohol in their lifetime, while 17 per cent had tried drugs.

But not all drinkers and drug users go on to develop addiction problems. There are just over 306,000 adult heroin and crack cocaine users in England with more than half receiving treatment in the community or prisons. Overall numbers have fallen gradually in recent years.

Among children, addiction problems are also decreasing. Just over 20,000 under 18s accessed substance misuse services last year – the overwhelming majority for cannabis or alcohol problems – a fall of six per cent in a year. This success in reducing drug use among both adults and children has been widely welcomed, although campaigners want to see further falls.

Experts agree it is hard to say exactly what has prompted the trend. It is likely to be a combination of factors from better access to treatment and health promotion campaigns to a wider cultural shift away from traditional drug use. However, as this has happened there has begun to be growing concern about the use of so-called legal highs – substances that mimic the effect of banned drugs, such as cathinones.

By comparison, alcohol-related problems among adults have been getting worse on many measures. Both hospital admissions and deaths linked to drinking have increased since the early 1990s. Overall it is estimated over 1m people in England have mild, moderate or severe alcohol dependence. About a third of these will face challenges that are similar to those people who are dependent on drugs.

The policy context

Both alcohol and drug misuse cut across several areas of government from the Department of Health and Department for Education to the Ministry of Justice and Department of Work and Pensions. This reflects the complex nature of the problems.

In terms of policy, the Home Office has taken the lead in drawing up government strategy. The most recent publication was the government's alcohol strategy which was published in March 2012.

This will probably be best remembered for proposing a minimum price for alcohol. But the strategy also included changes to the licensing regime, including tighter controls on opening hours and licensing rules.

These measures were part of a drive, the strategy said, to give local communities – and local authorities in particular – the tools to tackle alcohol-related problems. It said alongside their licensing powers, local authorities, in collaboration with their partners, can influence alcohol consumption through enforcing laws on underage sales, promoting and advising people about sensible drinking and by commissioning alcohol prevention and specialist treatment.

Alcohol also featured in the drugs strategy, which was published in December 2010. The document, 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life', was primarily focussed on drugs but said alcohol services should be closely linked and where appropriate incorporated with drug services as many of the people with the most severe problems struggled with both.

At the time ministers said the strategy signified a “fundamentally different approach” to preventing drug use, putting more responsibility on individuals to seek help and calling on those involved in tackling the issue to look at wider issues such as employment, offending and housing.

It said while in the past the focus has been on reducing harm through schemes such as needle exchanges, the new approach would place more emphasis on offering “every support to people to choose recovery” in an attempt to break the cycle of dependency. As well as addressing traditional drug use, it also warned about dependency on prescription drugs and legal highs. The strategy promised to put power in local hands saying locally-led and owned approaches were the key to tackling the issue.

Newly-elected police and crime commissioners will also be expected to play a full role in tackling drug and alcohol problems. As well as holding local forces to account, they have been tasked with improving partnership working with other local agencies, such as councils and the NHS, to ensure a holistic approach is taken to cross-cutting issues.



Did you know?

- There are three main components to drug and alcohol misuse treatment - pharmacological (medical), psychosocial (talking therapies), and social/peer support approaches.
- Home Office research has shown that spending £1 on drug treatment saves £2.50 in crime and health costs of drug addiction.
- There isn't really such a thing as a 'typical drug user', though people dependent on heroin and/or crack cocaine are statistically more likely to be white, male, in their thirties and from a background of high social deprivation.
- Alcohol misuse is also more common among people from deprived backgrounds – the most deprived fifth of people are up to three times more likely to have an 'alcohol-related death' - but some of the largest rises in alcohol consumption have been seen among higher income groups in the past decade.
- Children growing up in families where parents are dependent on drugs or alcohol are seven times more likely to become addicted as adults.
- Drug misuse is falling, according to latest statistics, while problem drinking is on the rise although there is some evidence it could be tailing off.
- Despite the relatively high number of injecting drug users, England has one of the lowest rates of HIV and hepatitis C among this group thanks partly to public health programmes such as needle and syringe exchange programmes.
- Cannabis is the most popular drug among occasional or casual users but no causal link between current cannabis use and the future use of more problematic drugs such as heroin or crack has ever been proved.
- The cost to the country in dealing with the consequences of alcohol and drug problems is significant. The bill for alcohol stands at about £20 billion a year once the economic, crime and health costs are taken into account and for drugs it tops £15 billion.

Local government's new role

Under the terms of the Health and Social Care Act 2012, upper tier and unitary authorities will become responsible for improving the health of their population.

The responsibility for public health will transfer from the NHS to local authorities in April 2013.

This will be backed by a ring-fenced public health grant and a specialist public health team, led by the director of public health.

Each top tier and unitary authority will have a health and wellbeing board (HWB) which will have strategic influence over commissioning decisions across health, social care and public health.

Statutory board members include a locally elected councillor, a Healthwatch representative, a representative of a clinical commissioning group, a director of adult social care, a director of children's services and a director of public health.

Health and Wellbeing Board members from across local government and the health and care system will work together to identify local needs, improve the health and wellbeing of their local population and reduce health inequalities.

The HWB is a key forum for encouraging commissioners from the NHS, councils and wider partners to work in a more joined up way. Central to achieving this is the HWB's responsibility for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS).

Local authorities will also have a statutory function to provide public health advice to clinical commissioning groups, while HWBs will have to monitor performance.

In terms of drug and alcohol services this will involve working with a wide variety of partners.

Drug and alcohol actions team – multi-agency partnerships which include local authorities – take charge of commissioning and coordinating services on the ground.

These groups often work closely with wider partnerships, such as community safety partnerships that incorporate the police, probation, local government, education and health.

Nationally the National Treatment Agency for Substance Misuse (NTA) has been created to oversee services. Under the reform of the NHS, Public Health England will take on this responsibility from next year.

Ideas for success

- ✓ Address problems through strategic multi-agency partnership working. This may involve working over larger geographical areas to achieve greater levels of efficiency and effectiveness.
- ✓ Health and wellbeing boards can provide strategic influence. This can be achieved through relationship building. Consider getting partners together in workshop settings or by holding local events.
- ✓ Each individual's drug or alcohol treatment should be based on their individual needs. No single treatment programme is appropriate for all.
- ✓ Effective treatment will attend to the multiple needs of the individual and not just tackle their drug or alcohol use. This could include issues with housing, employment, education and emotional wellbeing.
- ✓ Good quality local data is essential. Street-level crime data, including drug offences is available at www.police.uk while drinking rates broken down to a local level can be found in the Health Profiles dataset produced by the Network of Public Health Observatories.
- ✓ Break intergeneration paths to dependency. This means identifying and supporting vulnerable families and reaching out to children early on. Family Nurse Partnerships and children's centres are proving important in doing this in some places.
- ✓ Get feedback from people in the system. Forums of drugs users and problem drinkers are used by some of the most active partnerships.



Key questions to ask

- Have you got a locally tailored strategy for tackling drug and alcohol problems in place? Ensure it is a priority at strategic and delivery levels – health and wellbeing boards and having champions across health, social care and public health can help with this.
- Are you reaching out to the hard to reach? For example, advice and services are being run from vans and satellite clinics in the most deprived areas and proving to be an effective way of engaging those that do not access mainstream services.
- Have you defined what success looks like for your local area? The JSNA and JHWS are seen as critical in establishing a clear vision for local communities.
- Are you keeping the message relevant? Social networking sites, the internet and mobile phones are all good mediums. Drink-free events for young people have been held in some areas to try to break the association between having fun and drinking.
- Are all partners giving a consistent message? Make sure there is a co-ordinated approach between partners
- Are your schools geared up for drugs? According to joint police and government guidance, schools should have a written drugs policy and offer support to pupils affected by drug use. A senior member of staff should be appointed to oversee this.
- And what about problem drinking? Alcohol education should be an integral part of the school curriculum and pupils thought to be drinking harmful amounts should be offered one-to-one support or referred on to external agencies.
- Have you listened and acted upon the views of local children and young people? Involve children, young people and families in commissioning decisions, the design of health services and campaigns. Feed back the actions you have taken to those you have engaged to help build meaningful relationships.
- Are you making the most of contacts with those with drink or drug problems? For example, studies show about a fifth of people who visit A&E have been consuming alcohol. Some hospitals are using this setting as an opportunity to offer brief advice and refer on to specialist alcohol services.

Case studies

A&E screening – Alder Hey Children’s Hospital

For the past eight years, Liverpool’s Alder Hey Children’s Hospital has been seeking to identify and help those youngsters who present at A&E after drinking alcohol in partnership with the city’s drug and alcohol action team. Nurses and doctors have been trained to ask about drinking habits where alcohol is suspected as a factor in their attendance.

Appropriate cases are then given information packs and contacts of local specialist services. They are also offered an

appointment at the brief intervention clinic within one week of attendance.

The clinic is run by nurses trained in motivational interviewing, while the most serious cases are referred on to substance misuse services. School nurses and GPs are also informed of the patients’ visit to A&E. Since it started, alcohol-related attendances have dropped by nearly 70 per cent.

Further information:
<http://www.alderhey.co.uk/>

An integrated service for young people – Leeds

To improve the approach to alcohol and drug misuse for young people in Leeds, the city council set up a single service two years ago.

‘Platform’, a partnership with two local charities, plays a key role in working with schools on education and acting as a training/consultancy service for the wider young people’s workforce as well as providing treatment and support for drug misuse.

Anyone referred to the service is assessed by a key worker who looks at what they are

currently using and the impact of that on their life – from housing to school attendance and crime.

By having a single service, the council believes it has helped create greater clarity about where young people need to go to for help. The early signs show that the approach is working with figures showing drug use is falling, while the service has been recognised by Ofsted as an exemplar of good practice.

Further information:
<http://www.platformleeds-online.org.uk/>

Encouraging male pub-goers to drink less – Cheshire and Merseyside

Cheshire and Merseyside's public health network has worked with the pub industry to run a social marketing campaign to get pub-goers to drink less. It has been targeted mainly at men in the 35 to 55 age group. The campaign – called 'Drink a Little Less, See a Better You' – involved drinkers being offered health checks and advice about their drinking habits. They were also encouraged to take part in what was dubbed the wind-down

between 10pm and 11pm when they were offered free entry in a prize draw in return for buying a soft drink instead of alcohol.

The campaign was promoted through the use of branded postcards, beer mats and stickers that were displayed in pubs. Evaluation has shown that nearly half of drinkers reported consuming less afterwards.

Further information: <http://tinyurl.com/cxfnm6>

Building long-term prospects – Cornwall

Like many residential rehabilitation centres working with people with alcohol and drug dependency, Chy Colom in Truro, Cornwall, aims to develop the life skills of its clients. Staff work intensively with the people admitted to the 12-bed centre during their three-month stays. They get help with things like cooking, budgeting and household duties as well as personal development training such as assertiveness, self-esteem and coping strategies.

But over the past year, the service has taken it a step further by working with 'Rezolve', a local social enterprise, to offer voluntary work for service users. Placements are available in areas such as retail, furniture and domestic appliance repair, bike repair, marketing and administration. The scheme has proved incredibly popular with many clients carrying on with the work after leaving the residential centre, helping them make sustainable changes to their lives.

Further information: <http://tinyurl.com/d3rvups>

Working with families – Nationwide

Drug and alcohol addiction does not just affect the individual involved, it also has a detrimental impact on their family – and if there are children involved the consequences can be long-lasting. Children growing up in families where parents are dependent on drugs or alcohol are seven times more likely to become addicted as adults.

The Addaction charity has attempted to tackle this through its 'Breaking the Cycle' programme, which is delivered locally with the help of drug and alcohol action teams. The

scheme was launched in 2005 in four areas – London, Cumbria, Derby and Cambridgeshire – but has now been rolled out to over 20 places. It twins drug and alcohol treatment with wider support for the family. This can involve parenting skills, family mediation, one-to-one sessions and home visits. Research has shown that eight in 10 people who have taken part say the programme has stabilised, stopped or reduced their substance misuse to the benefit of family life.

Further information: <http://tinyurl.com/cqauggf>

Want to know more?

Official drug and alcohol statistics from the National Treatment Agency (NTA)

<http://tinyurl.com/dylmths>

From Access to Recovery: Six Years of Drug Treatment Data (NTA report)

<http://tinyurl.com/bomxhyo>

Alcohol Strategy (published by the Home Office in 2012)

www.homeoffice.gov.uk/drugs/alcohol-strategy/

Annual review of drug strategy (published by the Home Office in 2012)

<http://tinyurl.com/83ut583>

Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life (the government's drug strategy published in 2010)

<http://tinyurl.com/cprm2kk>

Smoking, Drinking and Drug Use Among Young People (Information Centre for Health and Social Care publication)

<http://tinyurl.com/cvhtupj>

Health Profiles (Health data broken down to local level, including alcohol and drug statistics) <http://tinyurl.com/6j8ram>

Association of Chief Police Officers and Department for Education guidance on how schools can manage drug issues

<http://tinyurl.com/cf7jtzv>

Local Government Association dedicated health web pages www.local.gov.uk/health

Street level crime maps (covers England and Wales and allows people to see where offences take place including drugs supply and possession offences)

www.police.uk/

Child and Maternal Health Observatory Website (includes information and evidence on a range of lifestyle and health factors)

www.chimat.org.uk/

Kings Fund (Useful information for Health and Wellbeing Boards)

<http://tinyurl.com/bqv9v4d>

Mentor UK (resources to protect children and young people from alcohol and drugs)

www.mentoruk.org.uk/

Addaction (drug and alcohol treatment charity with resources and case studies)

www.addaction.org.uk



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