

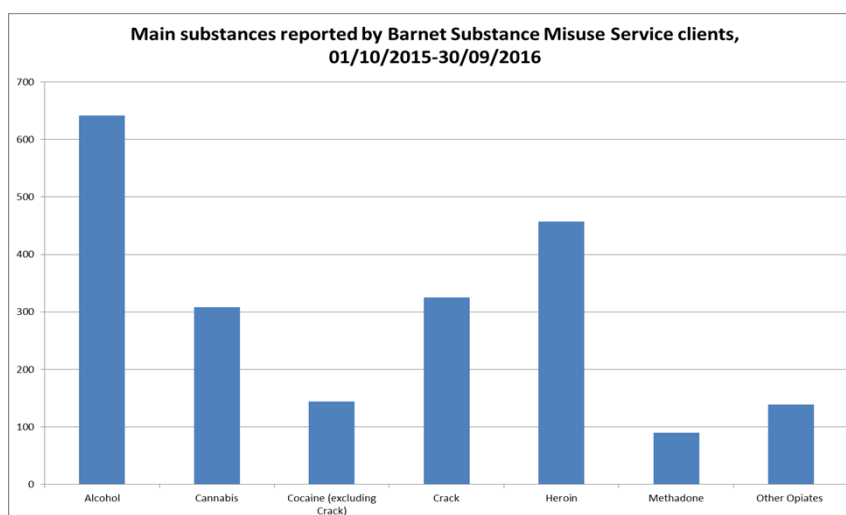
ITEM _		
Report Name:	Update on the delivery of Substance Misuse Service treatment Interventions	
Meeting:	Barnet Safer Communities Partnership Board (SCPB)	
Meeting Date:	27 th October 2017	
Enclosures:	None	
Report Author:	Bridget O'Dwyer Bridget.O'Dwyer@harrow.gov.uk	
Outcome Required:	Information Only: X Decision Required: Feedback/comments required:	<input type="checkbox"/>
Restricted	No	

Summary

Drug and alcohol treatment in Barnet provides a positive return on investment both financially and socially by reducing costs to health, Criminal Justice System (CJS) and other sectors and reducing harms to individuals, families and communities. The link between crime and drug/alcohol misuse is well established and by their very nature, clients within the CJS are some of the most complex and have multiple health, social and criminogenic needs. Given the prevalence and associated health and crime issues, it is in the interests of local strategic partners to work steadfastly to ensure drug and alcohol treatment is effective and good value for money in the long term.

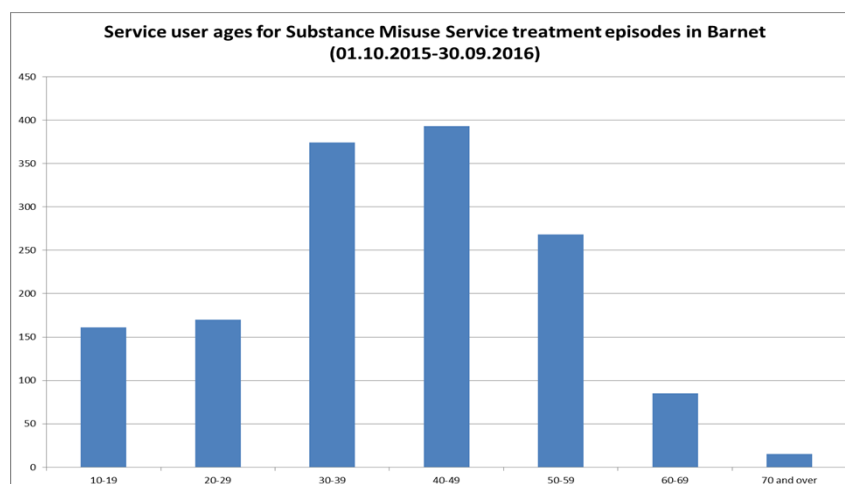
Substance Misuse Service treatment update

The below graph provides a snapshot of the main substances reported by WDP Barnet Substance Misuse Service clients during 1.10.15 to 30.9.16. However, there are a number of other substances reported and which treatment is also delivered i.e.: MDMA (Ecstasy), Amphetamines, Benzodiazepines, Hallucinogens, solvents and other prescribed/non-prescribed drugs.



Please note: each client can report up to three main substances during a treatment episode and some clients undergo more than one treatment episode during a year.

The below graph illustrates the age range served by WDP Barnet Adult and Young People's Substance Misuse Service. As can be seen in the graph, the largest age group in treatment is 30 years to 49 years. The national picture shows that substance misuse is on the rise in older adults due to an ageing population and the "baby boomers" approaching older adulthood. It is estimated that substance misuse will double between 2001 and 2020 in adults over 65 years and is related to increased mortality and morbidity¹.



Barnet Adult Substance Misuse Service

<http://www.wdp.org.uk/find-us/london/barnet-0>

Opiate and/or Crack Cocaine use

According to the most recent Public Health England (PHE) data², Barnet has seen an increase in its drug using population (age 15-64 years) since the previous estimate in 2011/12:

	2011/12	2014/15
Opiate and/or Crack Cocaine Users (OCU)	1,492	1,668
Opiate users	1156	1,390 Male: 1,390 Female: 226
Crack Cocaine users	857	1,030

Opiates are defined as a group of drugs including heroin, methadone and buprenorphine. An “OCU” is defined as a client presenting with opiates and/or crack cocaine as their main, second or third drug recorded at any episode during their latest treatment journey. Please note: the case definition focuses on the ‘use’ of opiates and/or crack cocaine rather than the misuse of these drugs or addiction to either drug. The case definition does not include the use of cocaine in a powder form or the use of any other substances such as amphetamine, ecstasy or cannabis³.

Barnet’s estimated rates of OCU prevalence by age is highest in persons aged 35- 64 years, followed by those aged 25-34 years. The estimated rate of Opiate use in Barnet is highest in persons aged 35- 64 years, followed by those aged 25-34 years.

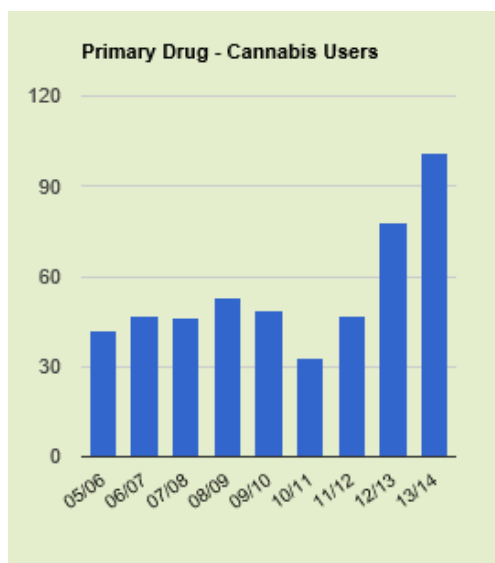
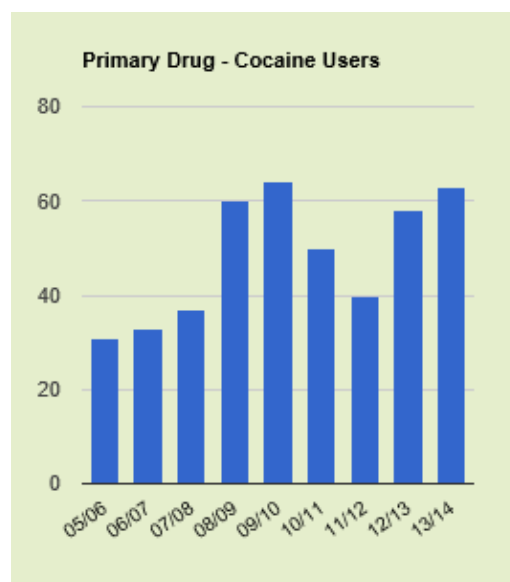
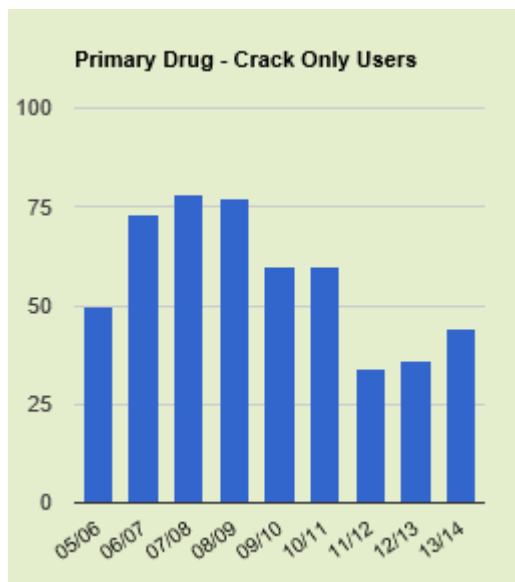
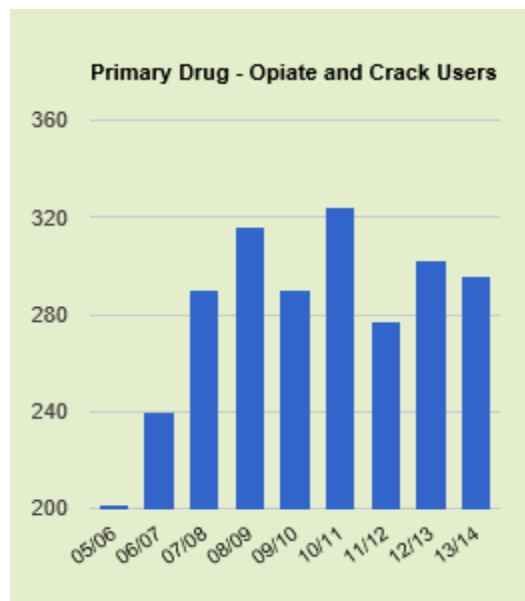
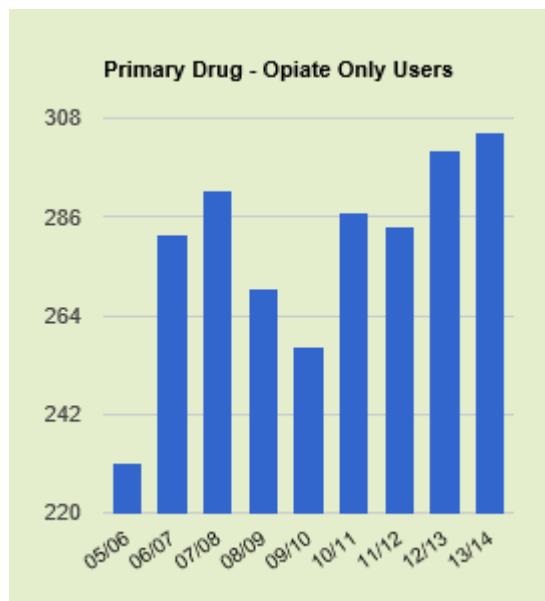
Local Authority Estimates of estimated number of children who live with adult opiate users and the estimated number of adult opiate users who live with children will be released by PHE later in 2017.

Alcohol

According the most recent PHE estimates, Barnet has 3,114 residents who are dependent on alcohol and PHE will shortly be publishing estimates of children living in a household with an adult with alcohol dependence⁴.

Five Year Estimates of Alcohol Dependent Population	2010	2011	2012	2013	2014
	3042	3057	3040	3095	3114

The National Drug Treatment Monitoring system (NDTMS)⁵ provides access to national statistics about Drug and Alcohol Misuse Treatment. The below NDTMS published data illustrates Barnet’s Adult Substance Misuse Service’s treatment population. The graphs below show the trend of the Barnet treatment population between 2005/06 and 2013/14.



Most recent local data:

Number of adult clients in treatment	2017/18: (Q1)	799
Number of individuals assessed in a CJS setting	2016/17	192
Number of individuals referred for Drug Rehabilitation Requirements	2016/17	47
Number of individuals referred for Alcohol Treatment Report	2016/17	34

What we have done

WDP Barnet Adult Substance Misuse Service delivers the treatment and recovery pathway from two Hubs in Edgware and Finchley. There is also a range of satellite sites such as sexual health clinics, GPs and pharmacies to increase engagement for those individuals who may not wish to attend a Substance Misuse Service. Priority areas of satellites and outreach work have been towards areas of known need, such as the Dollis Valley Estate and Graham Park Estate. WDP also provide a dedicated team to jointly work with CJS partners from police, probation (CRC and NPS), the courts and prison service:

Custody: a previous process of custody having to call WDP to complete a Required Assessment has been replaced with a diary system. This new arrangement is still being embedded and WDP are in continued communication with Colindale Custody.

Targeted individuals via CMARC: joint work with probation and police resulted in a 'hard to reach' individual (previous erratic engagement) proactively engaging with WDP. As a result of flexible joint working, the individual received treatment and adhered to the order of attending WDP.

Known problematic substance misuse/offending individuals - WDP jointly work with the police to focus on individuals/groups such as street drinkers. An operation at Church End has resulted in positive outcomes with the majority of the street drinkers in treatment and a homeless person obtaining accommodation.

Known problematic substance misuse/offending areas:

Burnt Oak: WDP have conducted outreach with the police in various capacities including working directly on the street and offering pre-booked appointments to individuals. From evaluating this model, individuals conveyed that police presence (even though plain clothed) was a barrier to engagement and WDP are now undertaking work with local community based projects.

Colindale: Gang and glamour substance misuse - WDP have designed a model incorporating the Barnet Young People's Drug and Alcohol Service (Barnet YPDAS) which involves initially joining the police on patrol and information gathering and sharing. Once an individual has been identified, part of their Court Order will be to engage with WDP which may be a substance awareness course or more structured treatment intervention.

Prisons: Recently published PHE restricted data has highlighted the national and local gap between those receiving treatment for a substance misuse problem in prison and continuing treatment in the community once released. WDP have worked extensively to improve communication/prison release engagement which has resulted in a current rise in the number of prisoners engaging with treatment directly from prison. By ensuring a flexible presence, prisoners are able to speak with the WDP Prison Link Worker which creates therapeutic relationships and breaks down some of the apprehensions about attending community treatment.

Drug alerts and local information system

Media reports and other warnings regarding new and/or novel, potent, adulterated or contaminated drugs have increased over the last decade. These reports are often inaccurate, rarely confirmed by toxicology tests and may sometimes be counterproductive to public health messages intended to reduce drug-related harms and deaths. In line with PHE guidance, WDP Barnet Substance Misuse Service has established a Professional Information Network (PIN) to respond to immediate risk that uses consistent and efficient processes for sharing/assessing information. Warnings will be issued where needed and help ensure high quality, effective information rapidly reaches the right people. Although the primary aim of a drug alert is to inform people who use drugs of an immediate risk, an equally important aim of an LDIS is to inform professionals⁶.

Members of the Barnet SCPB are an essential part of the LDIS and to ensure membership is up to date, are requested to send an e-mail marked 'Professional Information Network' with their contact details, title and department to WDP Service Manager: Bevan Kay: Bevan.kay@wdp.org.uk.

Drug Related Deaths (DRDs)

As a result of the national rise in drug-related deaths reported in 2015⁷, PHE convened a national inquiry in partnership with the Local Government Association to investigate the causes and what could be done to prevent future premature deaths. Recommendations included:

- easy to access treatment services, especially to those currently not being reached
- sharing learning between services who have contact with those at high risk
- improving information recorded and transferred between agencies
- intervening following non-fatal overdoses
- support improved access for people who use drugs to broader physical and mental health care services
- supporting the provision of naloxone (emergency antidote to opiate overdose)
- promoting better links with coroners

The Office for National Statistics⁸ also recently published its latest statistical bulletin on drug poisoning and Barnet has also seen a rise in the number of drug related deaths:

3 Years	Barnet DRDs
2012-14:	14
2013-15:	23
2014-16	30

Although the rate of DRDs in Barnet is similar to the London and national rate, more work is required to further reduce the number of preventable deaths. Most DRDs are among people not in treatment and a priority for Barnet Substance Misuse Service is to continue to increase engagement into treatment and to sustain treatment, which is a protective factor.

The PHE guidance also provided examples of local practice in investigating and reviewing the causes of a DRD. WDP Barnet Substance Misuse Service is currently establishing a multi-agency local review process to investigate and learn lessons from DRDs. The aim of the DRD Panel is to increase understanding of the factors contributing to drug and/or alcohol related deaths and reduce the risk of further drug and/or alcohol related deaths occurring in the borough. The purpose of the Panel:

- Multi-agency review of all identified and notified drug and/or alcohol related deaths in Barnet

- Identify learning points from each case
- Make recommendations on actions to be taken to reduce the risk of further drug and/or alcohol related deaths.
- Disseminate learning points and actions plans to partners and providers of treatment services across the boroughs.

Relevant Members of the Barnet SCPB are an essential part of this Panel and WDP Service Manager will send an invitation in the near future. The SCPB is asked to support this initiative.

Naloxone

Naloxone is an emergency antidote to opiate overdose that blocks opioid receptors to counteract the effects of opioid drugs such as heroin, methadone, fentanyl and morphine. Naloxone reverses the life-threatening effects of an overdose such as depressed breathing and is injected directly into the body so is quick to take effect⁹. WDP Barnet Substance Misuse Service provide Naloxone (including overdose training) to identified individuals/carers/family members and are also liaising with Pharmacies (who provide a Needle and Syringe Exchange Programme) and Barnet's Homeless Agencies as being homeless is also a risk factor for DRDs. However, Naloxone is just one way to try to reduce a drug-related death and as mentioned earlier, a whole package of measures needs to be considered to prevent overdoses and other causes of drug-related deaths.

Members of the Barnet SCPB are asked to consider and ensure their Services are identifying and referring individuals who require substance misuse treatment.

Members of the Barnet SCPB are asked to consider their Service's requirement for substance misuse training. To discuss training requirements, please contact WDP Service Manager: Bevan Kay: Bevan.kay@wdp.org.uk.

WDP Barnet Young People's Drug and Alcohol Service (Barnet YPDAS)

<http://www.wdpyoungpeople.org.uk/barnet-young-peoples-drug-and-alcohol-service/>

Young people can enter specialist substance misuse services with a range of problems or vulnerabilities relating to their substance use such as having mental health problems, being Looked After, having a NEET status (Not in Education, Training or Employment) or wider factors that can impact on their substance use such as self-harming, sexual exploitation, offending or domestic abuse¹⁰.

A new Service provided by WDP commenced on 1st September 2016 with an innovative outward looking model to strengthen mainstream services and deal with lower level issues rather than meet all drug and alcohol related needs in-house. Special attention is given to Young People who have wider vulnerabilities and to enable greater engagement. Barnet YPDAS is fully outreach across the borough so young people can meet where they feel most comfortable. The Service has the following priorities:

- To identify and educate.
- To prevent and deter
- To treat

By providing:

- support to young people at appropriate, accessible locations at appropriate times such as evenings or weekends
- prevention work for young people who are at increased risk of developing a drug and/or alcohol drug problem

- support to parents and carers of young people using drugs and/or alcohol
- joint working and co-location with the Youth Offending Service (YOS) and the Police to safeguard young people and disrupt drug related criminal activity
- support to clients up to the age of 24 year to avoid the 'cliff-edge' of support at 18 years
- bespoke training to multiple agencies involved in the welfare of young people

What we have done:

Since the start of the new Barnet YPDAS, referrals have been increasing. Comparing Q1 last year and this year, referrals have almost doubled.

Year	QTR	Referrals
2016/17	Q1	36
2017/18	Q1	64

Referrals from education are currently outweighing referrals from Youth Offending Service and this is reflective of the emerging national picture⁹. This trend is potentially positive as it suggests young people are increasingly receiving substance misuse interventions at an earlier stage. The main substance reported by young people in treatment is cannabis with alcohol being the second most cited substance; this is again reflective of the national picture.

At 2017/18 Q1: Barnet YPDAS had 90 young people receiving treatment which is a 13% increase from previous year's Q1 data. The Service has continued to deliver preventative work across the borough including bespoke multi-agency training and recent re-engagement work at Barnet A&E has resulted in an increase in referrals to the Service which was historically low.

Barnet YPDAS are co-located at the YOS and since 1.4.17, have received 25 referrals. Barnet YPDAS also undertakes joint planning with YOS to deliver group work sessions around drug dealing and has delivered substance misuse training to YOS Panel members. To reinforce multi-agency working and sharing of information, Barnet YPDAS has increased its representation at the Youth Justice Board, Gangs meeting and Risk and Vulnerability meeting.

Barnet YPDAS are currently delivering a Parenting Programme (5 session) for parents whose children are affected by drug and alcohol.

Although nationally, the proportion of young people reported by specialist services as having problems with Novel Psychoactive Substance (NPS) rose for the second year (from 5% in 2014-15 to 6% in 2015-16), it is still relatively small¹¹. Young people attending the Barnet YPDAS have started to report use NPS but currently, as with the national picture this is at a very low level.

The majority of young people presenting to specialist substance misuse services have other problems or vulnerabilities related to their substance use and this is reflected in the amount of multi-agency work that Barnet YPDAS undertake and the wide range of agencies that refer into the Service.

Members of the Barnet SCPB are asked to consider and ensure their Services are identifying and referring young people who require substance misuse treatment.

Members of the Barnet SCPB are asked to consider their Service's requirement for young people's substance misuse training. To discuss training requirements, please contact WDP Barnet YPDAS Service Manager Tanya Lisak: tanya.lisak@wdp.org.uk

¹ <http://www.bgs.org.uk/home-1/newsletter/march-2017/mar17-substance-misuse>

² <http://www.nta.nhs.uk/facts-prevalence.aspx> Estimates of the prevalence of opiate use and/or crack cocaine use (2014/15)

³ <http://www.cph.org.uk/wp-content/uploads/2017/09/Estimates-of-the-Prevalence-of-Opiate-Use-and-crack-cocaine-use-2014-15.pdf>

⁴ <http://www.nta.nhs.uk/facts-prevalence.aspx> - "Estimates of Alcohol Dependence in England based on APMS 2014, including Estimates of Children Living in a Household with an Adult with Alcohol Dependence") and <http://www.nta.nhs.uk/facts-prevalence.aspx>

⁵ <https://www.ndtms.net/default.aspx>

⁶ <http://www.nta.nhs.uk/uploads/phe-drug-alerts-and-local-drug-information-systems.aspx.pdf>

⁷ <http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drugs.pdf>

⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority>

⁹ <http://www.nta.nhs.uk/uploads/phe-take-home-naloxone-for-opioid-overdose-aug2017.pdf>

¹⁰ <https://www.ndtms.net/Publications/downloads/Young%20People/young-people-statistics-from-the-national-drug-treatment-monitoring-system-2015-16.pdf>

¹¹ Young people's statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2015 to 31 March 2016, PHE