

TELFORD & WREKIN COUNCIL

CABINET - 27th MARCH 2014

TELFORD and WREKIN DRUG and ALCOHOL STRATEGY 2014/15 – 2016/17

REPORT OF CONSULTANT IN PUBLIC HEALTH

LEAD CABINET MEMBER – CLLR RICHARD OVERTON

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides an overview of the drug and alcohol strategy for Telford and Wrekin 2014/16 – 2016/17. The strategy sets out our intentions to work with our partners to reduce the harm caused by alcohol and/or drug misuse in our communities. The strategy contributes to the Cooperative Council's priority to improve health and wellbeing and reduce inequalities and the Health & Wellbeing Board's specific priority to reduce the number of people who misuse drugs and alcohol. There are clear links to other wider partnership and local strategies and our developing Early Help Offer.

A series of aims and objectives are proposed across the strategy framework to: reduce demand and risk, restrict supply and build recovery and reduce harm. Governance and monitoring arrangements for the implementation of the strategy are described.

2. RECOMMENDATIONS

Cabinet is recommended to endorse and approve the Telford and Wrekin Drug and Alcohol Strategy 2014/15 – 2016/17, noting the governance which is in place to manage the implementation and monitor the impact on outcomes and performance.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	Improve the health and wellbeing of our communities and address health inequalities. There are also wider links to other priorities
	Will the proposals impact on specific groups of	

	<p>people?</p> <p>Yes The strategy has population-level objectives to reduce the risk and demand and restrict the supply of alcohol and drugs in our communities. The objectives to improve treatment, build recovery and reduce harm are aimed at more specific groups of people i.e. those with addiction and dependency problems and also harm caused drug and alcohol misuse which is hidden in families</p>
<p>TARGET COMPLETION/DELIVERY DATE</p>	<p>Strategy approval process Health and Wellbeing Board 12th March 2014 Cabinet 27th March 2014 Community Safety Partnership 27th March 2014</p> <p>The Drug and Alcohol Action Team (DAAT) Board will monitor the implementation of the action plan and the impact of the strategy through the performance and outcomes measures</p>
<p>FINANCIAL/VALUE FOR MONEY IMPACT</p>	<p>Yes The Council's budget available in 2014/15 to support the drug and alcohol strategy is £2.710m. This accounts for 25% of the Public Health grant. Whilst savings of £277k have been reflected in this figure for 2014/15 this has been offset by a number of pressures which have arisen due to poor information available at transfer from the PCT. The net saving in this area for 2014/15 is £95k.</p>
<p>LEGAL ISSUES</p>	<p>Yes The strategy attached to this report contributes towards the Council meeting its duties to the improvement of public health as set out in the National Health Service Act 2006 (as amended).</p> <p>However, when the strategy is implemented it also needs to be compliant with the relevant statutory provisions and regulations. For example:</p> <p>The Statement of Licensing Policy is subject to the provisions, regulations and guidance from the Licensing Act 2003 (see page 18 of the attached strategy).</p> <p>The Misuse of Drugs Act 1971 (as amended) is the main legislation used to control and classify drugs that are 'dangerous or otherwise harmful' when misused.</p>

		<p>The Misuse of Drugs Regulations 2001 (as amended) allow for the lawful possession and supply of controlled (illegal) drugs for legitimate purposes</p> <p>The Government published its Alcohol Strategy on 23 March 2012 (Home Office) and its Reducing Harmful Drinking Policy (Department of Health) on 25 March 2013. The Reducing Drugs Misuse and Dependence Policy (DH and HO) was updated on 26 March 2013</p> <p>The Public Health Outcomes Framework 2013-16 was published under section 73B(1) of the NHS Act 2006 (inserted by section 31 of the Health and Social Care Act 2012) as a document that local authorities must have regard to in the exercise of the public health functions for which they became responsible on 1 April 2013 under the 2012 Act.</p> <p>Domain 2 Health Improvement includes outcomes for drugs and alcohol.</p> <p>The reviewed Adult Social Care Outcomes Framework 2014 / 2015 was published on 11 November 2013 and is the Department of Health's main tool for setting direction and strengthening transparency in adult social care.</p> <p>With the NHS Outcomes Framework, the frameworks provide shared priorities and the basis for integrated working locally and are due to become more aligned in due course.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/ No	Improved partnership working at an operational and strategic level with the Police, Shropshire Fire and Rescue Service, the Police and Crime Commissioner, the Probation Services, as part of the Community Safety Partnership is a key opportunity of this strategy
IMPACT ON SPECIFIC WARDS	No	However, drug and alcohol misuse are most prevalent in our most deprived communities

PART B) – ADDITIONAL INFORMATION

See Telford & Wrekin Drug and Alcohol Strategy 2014/15 – 2016/17 attached Appendix I

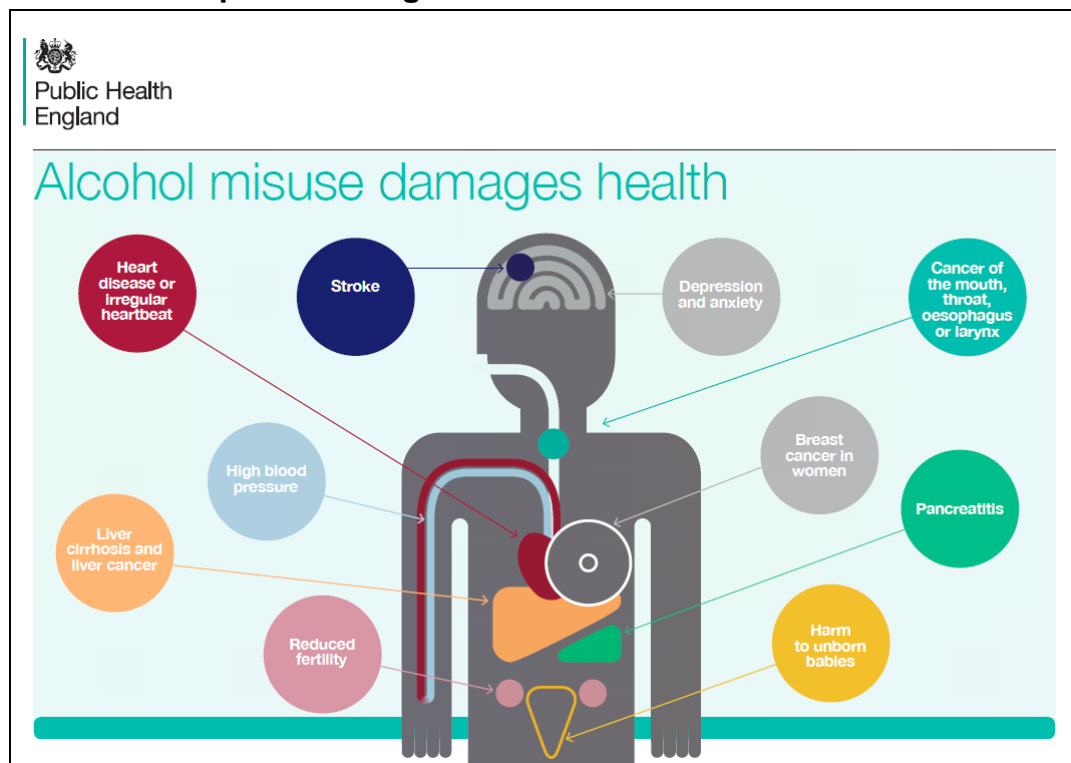
1. INFORMATION

1.1. Background

Key national headlines for the burden of alcohol and drug misuse:

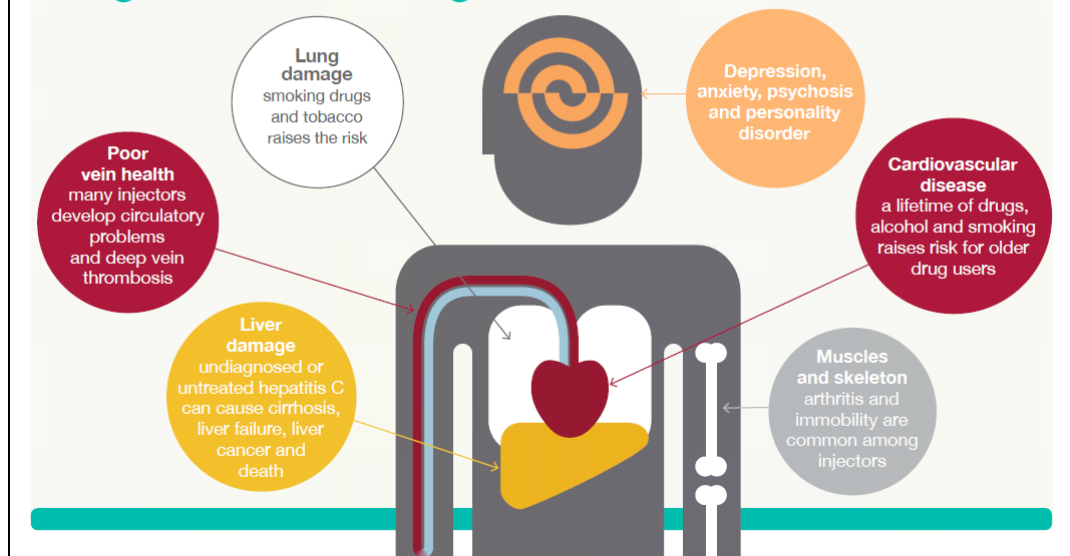
- Alcohol problems are widespread, nationally consumption per head more than doubled between the mid-1950s and the late 1990s
- Deaths from alcohol-related liver disease have doubled since 1980, whereas deaths from most other causes are reducing
- A quarter of all deaths among 16-24 year old men are related to alcohol
- Drug abuse is widespread but addiction, is concentrated in the most deprived communities, 40% of prisoners have used heroin
- Almost half of violent assaults involve alcohol
- Serious case reviews - 27% mention alcohol misuse and 20% mention drug misuse
- Road traffic fatalities - 16% of are associated with alcohol
- A typical heroin user spends around 2.5 times the average mortgage repayment per month on drugs
- The total cost to society of alcohol-related harm is an estimated £21bn per year, the drug misuse cost burden is estimated at £15.4bn, including the cost of crime, NHS and treatment costs, children in care etc.

1.2. Health impacts of drug and alcohol misuse





Drug misuse damages health



1.3. Why we need to invest and what needs to be done

Nationally, the evidence is clear that prevention and early intervention works and saves money. It is estimated that for every £1 spent on young people's drug and alcohol interventions brings a benefit of £5-£8.

Investing interventions for young people:

- Reduces local authority and NHS treatment costs
- Reduces the cost of crime in our communities
- Offers lifetime benefits in terms of education, employment and training
- Improves health outcomes in terms of: reduced hospital admissions and early deaths from heart disease, liver disease and cancer

Public Health England recommends the following key things which need to be done to reduce alcohol-related harm:

- Improve awareness of alcohol harms in young people and delay first use
- Make lower risk drinking for adults the norm and an easy choice to make
- Target those most at risk
- Respond to and reduce the harm to those who have developed problems

Public Health England recommends the following key things which need to be done to reduce drug-related harm:

- Encourage protective factors that support young people's resilience
- Provide packages of support – treatment, housing, employment, positive social networks – to help people recover and rebuild families and communities

- Treat the growing numbers of older drug users, many of whom have serious addiction and health problems
- Develop effective interventions for the harms of emerging drugs such as new psychoactive substances or so-called “legal highs”
- Help people who are addicted to medicines (i.e. prescription only and over the counter medicines)

1.4. Local context

- The Telford & Wrekin Drug and Alcohol strategy makes a key contribution to the Council’s priority to *Improve the health and wellbeing of our communities and address health inequalities*. Reducing harm caused by drug and alcohol misuse is one of the ten priorities of the Health & Wellbeing Board
- Strong partnership working is crucial to the success of the strategy and the Telford & Wrekin Drug and Alcohol Action Team (DAAT) Board, which is coordinated by the Council, is well supported by the Police, the Police and Crime Commissioner, the Probation Service and other partners
- There are key links with wider partner strategies, for example the Warwickshire and West Mercia Police Drug and Alcohol Strategy and Central England Trading Standards Authorities (CEntSA) Control Strategy
- The strategy also has important links to other Council priorities and local partnership strategies, for example: the Community Safety Plan, and Homelessness Strategy

1.5. Overview of the local picture

1.5.1. Liver disease

- There are circa 30 early deaths (under 75 years) from liver disease every year. Over 90% are classified as preventable, for example those due alcoholic liver disease/cirrhosis, liver cancer and hepatitis infection
- During the past five years rates of early death from liver disease which is considered preventable were significantly higher than the England average
- Chronic liver disease accounts for 11% of the male inequalities gap in early death rates between our most affluent and most deprived communities and 6% of the inequalities gap for females

1.5.2. Problematic drug misuse

- There are an estimated 1,020 people are opiate or crack cocaine users or problematic drug users, currently circa 580 people are in treatment or known to local service or the Police and Probation services
- The most typical profile of clients in drug treatment client are white British men, aged over 35 years receiving treatment for opiate abuse
- Cannabis misuse is the most common reason young people seek treatment, and there is increasing trend of methedrone (MCAT) use locally

1.5.3. Alcohol consumption

- In terms of alcohol consumption it is estimated that:
 - 24,265 people (18.7% of adults) are binge drinkers (i.e. consume more than 8 units in one session for males and 6 units for females)
 - 33,997 people (26% of adults) are higher or increasing risk drinkers i.e. regularly drink more than 4 units daily (men) and 3 units daily (women)
 - 4,151 are dependent drinkers (i.e. those with sustained alcohol consumption above the weekly recommended guidelines means they will be experiencing some form of dependency)

1.5.4. Alcohol-related hospital admissions

- Approximately 440 people admitted to hospital each year with alcohol-specific conditions, which are as direct result of alcohol consumption, 68% of male and circa 56 are children and young people under 18 years
- The alcohol specific-hospital admission rates for both men and women are significantly better than the England average and rates are decreasing
- There are circa 3,370 hospital admissions due to alcohol-related conditions every year, these are conditions where alcohol is the cause in some, but not all cases e.g. heart diseases and various cancers.
- The rate of alcohol-related hospital admissions is better (lower) than the England average in but rates are increasing

1.5.5. Alcohol treatment

- In 2012/13 497 adults received local alcohol treatment services, key features include:
 - 46% of clients were unemployed and 10% of clients had a housing issue at the start of treatment
 - 19% clients also received drug treatment services
 - 13% of clients had an unrelated mental health issue

1.5.6. Alcohol-related crime

- In terms of alcohol attributable crime in 2011/12:
 - 1,072 recorded crimes attributable to alcohol
 - 760 violent crimes attributable to alcohol
 - 34 sexual crimes attributable to alcohol
 - The rate of sexual crime attributable to alcohol was significantly worse than the national average rate

1.6. Strategy development process

- The Telford & Wrekin Drug and Alcohol Strategy and action plan has been developed by a small core team of officers within from the Council's public health, adult commissioning and community safety teams

- Extensive engagement with stakeholders, as part of the strategy development, has shaped the process, including engagement with key partners from the DAAT Board, service providers, clinical leads and service users and supporters
- The strategy uses the three pillars of Government's National Drug Strategy 2010ⁱⁱⁱ - reducing demand, restricting supply and building recovery as a framework
- The strategy has a series of aims and objectives across the three strategic pillars. The associated action plan includes detailed actions with key performance and outcome indicators and professional leads specified
- The action plan covers: population-level prevention activities, targeted prevention work and harm reduction, transformation of specialist treatment and support for sustained recovery, including through mutual aid

1.7. Governance and next steps

- Telford & Wrekin Drug and Alcohol Action Team (DAAT) will be responsible for coordinating implementation of the strategy and action plan and monitoring the impact on outcomes
- In governance terms the DAAT reports to Telford & Wrekin Community Safety Partnership. Progress on the plan, performance and outcomes will also be reported to the Health & Wellbeing Board as required

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None

3. PREVIOUS MINUTES

4. BACKGROUND PAPERS

Report prepared by Helen Onions, Consultant in Public Health, Telephone: 01952 381028

ⁱ <https://www.gov.uk/government/publications/drug-strategy-2010--2>

ⁱⁱ The National Drug Strategy 2010 *Reducing demand, restricting supply, building recovery: supporting people to live a drug free life* <https://www.gov.uk/government/publications/annual-review-of-the-drug-strategy-2010>