

London Borough of Bromley

PART 1 - PUBLIC

**Briefing for Care Services
Policy Development and Scrutiny Committee
29th October 2013
Public Protection and Safety Policy Development and Scrutiny Committee
5th November 2013**

ANNUAL UPDATE ON SUBSTANCE MISUSE 2012/13

Contact Officer: Claire Lynn, Strategic Commissioner Mental Health and Substance Misuse
Tel:0208313 4034 E-mail: Claire.lynn@bromley.gov.uk

Chief Officer: Terry Parkin, Executive Director Education Health and Care Services
Tel:020 8313 4060 E-mail: terry.parkin@bromley.gov.uk

1. Summary

1.1 This report presents an annual update on substance misuse services in Bromley to the Care Services Policy Development and Scrutiny Committee and the Public Protection and Safety Policy Development and Scrutiny Committee.

2. The Briefing

2.1 Substance misuse services in Bromley prior to April 2013 were commissioned jointly by the Council and Bromley Clinical Commissioning Group. From April responsibility for substance misuse services transferred with Public Health to the local authority and is therefore commissioned entirely by the Council. Services are scrutinised and agreed through the Council's democratic governance arrangements and are overseen by the Substance Misuse Board (previously the Drug Action Team Board) which includes representation from the local authority (children's services, adult services, public protection and housing), health, probation, police and the voluntary sector. The strategic aims for substance misuse services are reviewed annually with Public Health England who assumed the responsibilities of the National Treatment Agency from April 2013.

2.2 The overarching aims for substance misuse services are;

- To counter the spread of drugs and to take rigorous enforcement actions both against dealers and drug users through focused action on disrupting drug markets and tackling all drug and alcohol related crime to ensure Bromley continues to be a safer, stronger and vibrant community.
- Drug users will be identified and directed into appropriate treatment to break the cycle of addiction and appropriate harm minimisation interventions will be provided for people where complete abstinence is not yet possible.

- Ensure that particularly young people understand the health, social and legal consequences of drug and alcohol misuse.
- Deliver these services ensuring positive outcomes for service users efficiently and effectively delivering value for money.

2.3 The delivery of the aims has been achieved this year through the following actions.

2.3.1 The integrated Drug and Alcohol service has continued to develop work with service users and to improve the service performance. There have been further improvements to enable individuals to access the service. These include extension of opening times to include some evenings and weekends and a liaison nurse linked to the hospital and to A&E to ensure individuals are aware of services.

2.3.2 Information on people in treatment: In Bromley there has been a small reduction in the number of people misusing drugs receiving treatment. In 2011/12 there were 555 people in treatment; in 2012/13 there were 520. This reflects the national downward trend.

There has however been an overall increase in the number of opiate users successfully completing treatment (the definition of this is free of drug(s) of dependence who do not then re-present to treatment again within 6 months). Between 1st April 2012 and 31st March 2013, 10.3% (38/370) opiate clients completed treatment successfully in comparison with 6.6% in 2011/12. However there was a slight reduction in the number of non opiate users successfully completing treatment - 41.3% (62/150) compared to 48.9% (64/131) in 2011/12. Users of alcohol showed 35.8% (136/380) successful completions, although there is no comparative data as this was not recorded in previous years.

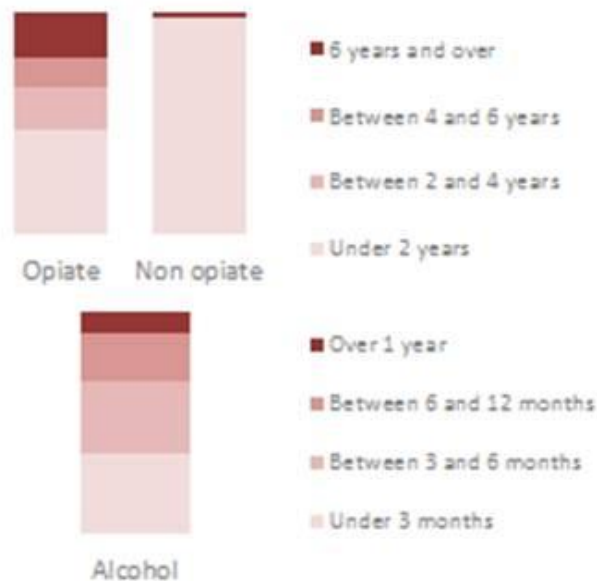
Individuals successfully completing treatment demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

Of those people who complete treatment the number who represent within six months has shown an overall small increase - opiate clients had a representation rate of 25% (7 clients) in 2012/13, non opiates had 4.2% (1 client) and alcohol had a rate of 4.3% (3 clients).

To continue to improve the number of individuals who complete treatment successfully the services are working to:

- identify why users are leaving treatment,
- managing users anxiety about stopping substitute prescribing,
- further improving the treatment pathway and care coordination,
- increasing the number of satellite provision sessions,
- providing opportunities for non-opiate users to receive treatment separately from opiate users
- increasing the numbers accessing the service by producing information on services targeted to various locations such as A&E and GP surgeries.

Evidence suggests that clients who stop using opiates in the first 6 months of treatment are 4.3 times more likely to complete successfully than those that continue to use. Bromley continues to ensure that individuals move through the treatment system in a timely manner and whilst there are 20.6% of opiate users who have been in treatment for over 6 years this figure is below the national average.



2.3.4 Of the individuals completing their drug treatment 93% of individuals have no housing issues and 38% are in employment.

2.3.5 Harm reduction and healthcare indicators: Currently Bromley is still under performing but is above the London and national performance and has shown improvement. However it should be noted that the baseline is all people accessing treatment whereas only those who have clinical indicators are offered vaccination or test. The service provides vaccinations at the point of assessment if required which has improved the performance. In 2012/13, 34% of eligible new presentations accepted Hepatitis B vaccinations, the national average was 47%. During the same period, 91% of previously or currently injecting clients in treatment received a Hepatitis C test, where the national average was 72.5%.

2.3.6. Drug Intervention Programme: The Drug Intervention Programme is no longer funded as the grant was subsumed into the MOPAC Community Safety funding but services continue to identify Class A drug misusing offenders as they enter the criminal justice system putting into action a range of interventions to deal with their behaviour, getting them 'out of crime and into treatment' and other support.

There is a strong link between acquisitive crime and addiction to crack cocaine and opiates. The Metropolitan Police Service extended drug testing across all 32 boroughs in London including Bromley from January 2013 to increase opportunities for diverting drug misusing offenders out of crime and into treatment and reduce associated criminality. A positive drug test on arrest means that a person has to attend a drug assessment, regardless of whether convicted of the offence. Failure to attend is arrestable. These assessments can result in individuals being persuaded into drug treatment. Between

January and June 2013 approximately 39% of people who tested positive were referred into treatment. The Police work closely with Arrest Referral workers, who are part of the Bromley drug and alcohol service.

2.3.7 Funding: As has been identified above all funding for substance misuse services now sits within the Council under Public Health. The total budget for these services is £2,266,000. The Drug Intervention Programme (Home Office grant) and Young People' Partnership Grant were both ceased by MOPAC and an application process put in place for Councils to identify priority activities which would be funded via MOPAC. In Bromley substance misuse services did not receive any funding and as a consequence of this and other changes to substance misuse services two members of staff were made redundant this year.