

Report No. **London Borough of Bromley**

**PART 1 - PUBLIC**

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**Decision Maker: EXECUTIVE**

**Date: 24<sup>th</sup> May 2017**

**Decision Type:** Non-Urgent Executive Key

**Title: GATEWAY REVIEW – ADULTS AND YOUNG PEOPLE’S  
SUBSTANCE MISUSE SERVICES**

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**Chief Officer:** Dr Nada Lemic, Director of Public Health

**Ward:** Borough Wide

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**1. Reason for report**

This proposal sets out the commissioning intentions relating to substance misuse contracts, together with the benefits and implications for London Borough of Bromley.

The current contracts for the Adult and Young People’s Substance Misuse services run until 30 November 2017 with an option to extend for a period of one year. This report presents the case for extending the contracts for these services.

Additionally, there are two smaller substance misuse contracts with community pharmacies which are due to expire in March 2018. These could be extended and then incorporated into the Adult Substance Misuse service when it is retendered to start on 1st December 2018.

The Adult and Young People’s Substance Misuse Contracts expire on 30<sup>th</sup> November 2018 and will need to be retendered. This is addressed in this paper recognising the long lead-in time to complete the procurement process.

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**2. RECOMMENDATIONS**

- i) Approve the extension of the Adults and Young People’s Substance Misuse contracts with Change, Grow, Live for a period of one year from 1 December 2017 to 30 November 2018. Set out in paragraph 4.1 of this report.**
- ii) Approve the exemption from tendering of the Community Pharmacy Needle Exchange and Supervised Administration of Methadone services for a period of**

**eight months from 1 April 2018 to 30 November 2018 to align with the above Adults and Young People's Substance Misuse contracts. Set out in paragraph 4.2 of this report.**

**Subject to the above being agreed:-**

- iii) Agree to tender all Substance Misuse Contracts for a period of three years plus an optional two year extension from 1 December 2018 to 30 November 2021 (3+ 1 + 1 years) as set out in paragraph 4.3 of this report.**

### Corporate Policy

1. Policy Status: Existing policy. Existing Policy Context/Statements
  2. BBB Priority: Supporting our Children and Young People; Supporting Independence; Safe Bromley; Healthy Bromley; An Excellent Council.
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### Financial

1. Cost of proposal: Estimated cost maximum £1,732K
  2. Ongoing costs: N/A. £
  3. Budget head/performance centre: Public Health
  4. Total current budget for this head: £1,746k
  5. Source of funding: Public Health Grant
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### Staff

1. Number of staff (current and additional): N/A
  2. If from existing staff resources, number of staff hours: n/a
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### Legal

1. Legal Requirement: Statutory requirement.
  2. Call-in: Call-in is applicable
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### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1100

### Ward Councillor Views

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1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: None

### 3. COMMENTARY

#### CURRENT CONTRACTING ARRANGEMENTS

- 3.1 Substance Misuse funding and contracts were identified as being part of the Public Health portfolio which were transferred in April 2013 to the Local Authority.
- 3.2 There is a statutory responsibility for the Local Authority to provide substance misuse services. This has been detailed extensively in the Executive committee gateway review of substance misuse services (report cs14134, May 2015) and summarised in the legal implications in this report, see section 9.
- 3.3 **Adult and Young People's Substance Misuse Service Contracts**  
Report CS14134 to Executive (May 2015) recommended that the Council continue to fund substance misuse services to provide a full treatment service for young people and adults and to tender for these services. This resulted in a number of services being amalgamated which brought associated service efficiencies and cost savings.
- 3.4 Contract Award Report CS15920 (Sept 2015) resolved that contracts for the provision of Bromley Adults Substance Misuse Service and Bromley Young Persons Substance Misuse Service be awarded to the service provider Crime Reduction Initiatives (CRI) commencing on 1st December 2015 for a period of two years along with the option to extend the contract for a further one year. The extension was delegated to the Director of Public Health in consultation with the Portfolio Holder.
- 3.5 Crime Reduction Initiatives (CRI) changed their name to Change, Grow, Live on 1 April 2016.
- 3.6 **Community Pharmacy Needle Exchange and Supervised Administration of Methadone Services**  
The Substance Misuse Commissioners also manage two pharmacy contracts linked to the substance misuse service; the Needle Exchange (NEX) and Supervised Administration of Methadone service (SAM), which are due to expire in March 2018.

#### ***Needle Exchange Service (NEX)***

The aim of the service is to reduce the transmission of blood-borne viruses associated with injecting drug use. Pharmacies serve as a safe and secure point of collection and return of drug injecting paraphernalia by injecting drug users. The service seeks to increase referrals from pharmacy healthcare professionals to the Bromley substance misuse treatment service.

#### ***Supervised Administration of Methadone Service (SAM).***

Pharmacies provide SAM, a supervised community detoxification regime, which aims to reduce drug related morbidity/mortality. SAM is a harm reduction intervention which seeks to stabilise and maintain engagement in a prescribing regime, reducing the need for illicit opiates, the risk of blood borne virus transmission, and overdose. This also serves as a mechanism to reduce the diversion of medication onto local illicit markets.

These services are currently provided by community pharmacies across Bromley through three pharmacy chain providers: Boots UK Ltd, Pharma BBG, and Paydens Group Holdings.

## 4. COMMISSIONING PROPOSALS

### 4.1 Extension of the Adult and Young People's Substance Misuse Services Contracts from 1<sup>st</sup> December for One Year

The Director of Public Health and the Portfolio Holder are requested to consider options for the extension of the current adult and young people's substance misuse services from 1<sup>st</sup> December 2017 for one year.

A review of current provider's performance was undertaken to assist the assessment of commissioning options.

#### ***Young People's Substance Misuse Service***

The performance of the Young People's Substance Misuse Service has improved considerably since the new provider took over the contract on 1<sup>st</sup> December 2015.

There is evidence that activity by the previous provider declined significantly in the months prior to the retendering process for the Young People's Substance Misuse Service, resulting in unmet need and potentially leaving young people at risk. It has taken the new provider several months to establish effective referral pathways with the numerous stakeholders involved.

There has been a 34% increase in the numbers of young people in treatment in Bromley in the last twelve months to end December 2016, compared to a national decrease of 6%. This is a welcome increase following large decreases in numbers in treatment last year. The number of young people with planned exits from the service is currently up 16%, at 88%, above the national average of 81%.

The significant increase in the numbers of young people receiving treatment is due to the work undertaken by the service to promote and facilitate referrals from all stakeholders.

The new young person's service have embedded an integrated pathway to substance misuse services ensuring young people have swift access to a high quality, evidence-based, integrated specialist treatment system. There is an increased awareness of the young people's service, they have visited 13 schools with 9 more planned, 125 referrals have been received from A&E, YOS, CAMHS, social services, housing, schools and parents in 12 months of delivery and there are currently 89 young people in Tier 3 treatment.

#### ***Adult Substance Misuse Service***

The performance of the adult substance misuse service is good overall.

The Public Health Outcomes Framework (PHOF) measure of successful completion of substance misuse treatment indicates that Bromley is performing at a similar rate to the rest of the country in relation to opiate and non-opiate clients, and a lower rate than the rest of the country in relation to alcohol clients.

The latest data which reflects more recent performance shows that although there has been an increase in successful completions for opiate clients from the baseline, there has been a small fall in the latest quarter. Outcomes for non-opiate clients continue to improve and are now not far from top quartile performance for similar local areas. Successful completions for alcohol clients also continue to improve, and are now above national averages.

Due to the long timescale associated with the key performance measure for adult substance misuse services: *the proportion of people who successfully completed treatment and did not return within 6 months*, it takes a long time to assess performance in a new provider.

**Table 1 Adult Substance Misuse Service Performance**

Performance Indicator	Substance	Q3 2015-16	Q3 2016-17	Top Quartile Range/National Average
Successful Completions	Opiate	20/315 (6.3%)	22/288 (7.6%)	9.64% - 19.18%
	Non-opiate	40/71 (56.3%)	23/45 (51.1%)	55.48% - 64.44%
	Alcohol	58/212 (27.4%)	82/199 (41.2%)	39.5%
	Alcohol & Non-opiate	18/55 (32.7%)	21/76 (27.6%)	45.22% - 56.88%
Representations	Opiate	3/11 (27.3%)	0/15 (0%)	12.5% - 0%
	Non-opiate	2/30 (6.7%)	0/9 (0%)	0%
	Alcohol	1/30 (3.3%)	2/33 (6.1%)	8.84%
	Alcohol & Non-opiate	0/8 (0%)	0/13 (0%)	2.33% - 0%

**Source: NDTMS Diagnostic Outcomes Monitoring Executive Summary**

Commissioning performance has also improved since the services were reprocured. In particular, the process for the substance misuse panel has been reviewed and a more efficient and clinically safer process has been introduced. This has resulted in a reduction in costs of approximately £50,000 for inpatient detoxification and residential rehabilitation. As this is only the first year, it is prudent to retain the budget at the original level for this year and reassess the need next year.

Commissioners have also achieved savings on prescribing of approximately £19,000 for adults and £5000 for young people. It is proposed that a prescribing budget of £5000 should be retained for each service (adult and young people) and that the remaining £14,000 be offered as an efficiency saving.

In light of the above position, two options are proposed in relation to these contract extensions:

**Option 1:** Extend the contracts for one year

**Option 2:** Terminate the contracts and retender

Termination of the contracts without retendering has not been proposed because it has been established that provision of Substance Misuse Services is a statutory duty of the Local Authority (ref. Report CS14134 to Exec, May 2015).

Option 1 is recommended because the provider is currently delivering satisfactory services.

Option 2 is not recommended because there is no evidence that the current provider is not delivering a satisfactory service, so it would be a waste of resources to retender the service and it is likely that performance would deteriorate in the interim.

#### 4.2 Exemption from tendering of the Community Pharmacy contracts for Needle Exchange (NEX) and Supervised Administration of Methadone (SAM)

The Community Pharmacy NEX and SAM contracts are due to expire on 31 March 2018. The NEX and SAM contracts are currently part of the Public Health Framework which is due to expire on 2 March 2018, and this will not be renewed due to the cessation of the majority of the services commissioned from it.

Current service activity is shown in the table below:

**Table 2 Needle Exchange and Supervised Consumption Service Activity**

Service	2015-16	2016-17 (to Q3)
No. of Needle Exchange Packs	2,377	1,248
No. of Episodes of Supervised Administration of Opiates	11,259	3,364

Activity for the supervised consumption service is lower than for 2015-16 because of the impact of decommissioning the GP Shared Care Substance Misuse scheme, however, a longer time period is needed to ascertain whether this reduction is maintained.

The market for providers of NEX and SAM services is limited to pharmacies, providers employing prescribers (such as the adult substance misuse service) and dispensing GPs since providers must be appropriately trained, comply with applicable clinical governance, comply with standards on safeguarding and have the appropriate level of indemnity cover to provide this enhanced service. There are no dispensing GPs in Bromley.

Given the expiry of these two pharmacy contracts and the Public Health Framework, there are two options for the future commissioning of the NEX and SAM services;

**Option 1:** These services could be amalgamated into the adult Substance Misuse service from 1 December 2018.

If this option is selected, then it will be necessary to extend the pharmacy contracts for NEX and SAM for an additional eight months from 1st April 2018 to 1<sup>st</sup> December 2018 in order to align with the reprocurement of the adult Substance Misuse service contract.

**Option 2:** Keep the current commissioning arrangements. Re-tender the NEX and SAM contract via the Due North portal to re-test the market.

The preferred option is **Option 1**, amalgamating the NEX and SAM contracts with the main adult substance misuse contract as it will bring associated efficiencies of co-ordination and administration for both LBB and the service provider.

The benefits for LBB of amalgamating the contracts are that:

- These contracts would not have to be procured independently
- There would be efficiencies in no longer managing the three community pharmacy contracts and their associated payment administration.
- The North 51 data management and payment system is currently shared between the sexual health and the substance misuse pharmacy services. Due to the re-procurement

structure of the sexual health pharmacy services, the shared data North 51 system will no longer be required for sexual health services. The cost of using North 51 for these substance misuse pharmacy contracts is disproportionate to the value of these two contracts.

- The amalgamation will result in both clinical and financial risks of current contractual arrangement being passed to the substance misuse service provider.

In addition, **Option 2** would incur additional costs in maintaining the North 51 pharmacy payment system, and there would be no realisation of resource efficiencies.

Guidance from the NTA recommends that that needle exchanges must be within five miles of all residents, if they are to be accessible, which is why pharmacies are the recommended providers. There are a larger number of clients utilising pharmacy services than the number of clients in treatment; therefore restricting accessing to service could increase the number of blood borne virus infections and an increased number of clients not adhering to their methadone treatment regime, leading to increased costs for the service.

### **4.3 Retendering of the Adult and Young People's Substance Misuse Services Contracts commencing 1st December 2018.**

The current service was retendered, and commenced on 1 December 2015. This service caters for adults and young persons with some of the most complex needs in Bromley. It has taken that time to embed the new service, increase commissioning knowledge, awareness and referral pathways to that service and start to see a positive impact in outcomes.

Given this increased understanding and experience of commissioning of this service, and in view of the length of the procurement process and of the commissioning cycle, approval to retender is being sought now.

In addition, the bringing together all the commissioning proposals (i.e. extension of current contract, amalgamating NEX and SAM services into the main adult substance misuse contract) into one paper presents an opportunity to provide clarity to members on the totality of the commissioning strategy.

## **5. EXTENSIONS AND EXEMPTIONS REQUIRED TO EXISTING CONTRACTS**

### **5.1 Adult and Young People's Substance Misuse Service Contract Extension**

The authority to extend the Adult and Young People's Substance Misuse service contract was delegated by the Executive to the Director of Public Health in consultation with the Portfolio Holder (Report CS15920, September 2015). Commissioners will be asking the Director of Public Health in consultation with the Portfolio Holder for a contract extension from 1 December 2017 for the one year period.

### **5.2 Community Pharmacy Needle Exchange and Supervised Administration of Methadone service contract exemption.**

Two smaller pharmacy contracts are linked to the commissioning of substance misuse services; the Community Pharmacy Needle Exchange (NEX) and Supervised Administration of Methadone services (SAM). These contracts could be incorporated into a revised Adult Substance Misuse service from 1 December 2018 to bring efficiencies. To be able to do this an exemption from tendering of the Community Pharmacy contracts is needed for a period of eight months from 1 April 2018 to 30 November 2018.



## 6. MARKET CONSIDERATIONS

The open market for substance misuse service providers was tested in 2015, and will be retested at reprocurement for the new amalgamated service to start in December 2018.

Our research indicates that, for substance misuse services, the majority of London boroughs have a commissioning timescale of 3 years with the option to extend for a further two years. It might, therefore, be detrimental to the quality and range of applicants to proceed to procurement with a shorter contract period.

## 7. LOCAL POPULATION NEED FOR SUBSTANCE MISUSE SERVICES

### Health and Social Care Act 2012

In terms of minimum statutory delivery for treatment services, the provision of substance misuse services falls into “*such other services or facilities as are required for the diagnosis and treatment of illness*”. Under the International Statistical Classification of Disease and Related Health Problems 10<sup>th</sup> revision (ICD-10, World Health Organisation 2015) both drug and alcohol dependencies are defined as diseases.

The Local Authority Circular on Public Health Grant conditions, LAC(DH)(2014)2, stipulates that “*a Local Authority must in using the grant, have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse services.*”

The provision of both drug and alcohol misuse services form part of;

NHS and Community Care Act 1990,

Criminal Justice Act 1991

National Assistance Act 1948

Care Act 2014

Children’s Act 1989

Statutory Guidance: “*Models of care: for treatment of adult drug misusers, July 2006*” (Department of Health and Home office), the national drug strategy “*Reducing Demand, Restricting Supply, Building Recovery: supporting people to live a drug free life*’ 2010. The national Alcohol Strategy ‘*Safe Sensible and Social*’ 2007, in law the strategy has the same legal standing as a National Health Service Framework and places statutory responsibilities on Local Authority and others.

The commissioning strategy and service model for substance misuse services are based on the local population need and the clinical and cost-effectiveness of the service as detailed in the Appendix.

- Overall, amongst adults, the trend in harmful alcohol use has remained fairly stable, with a reduction in the proportion of under 25s drinking harmful levels of alcohol, and an increase in the 55 to 64 year age group. However, hospital admissions for alcohol-related disorders have been increasing.
- Nationally, although the level of substance misuse amongst adults is lower than a decade ago, the Crime Survey for England and Wales 2015-16 still found that 8.4% of adults had taken a drug in the last year.

## 8. FINANCIAL IMPLICATIONS

- 8.1 The costs of the extensions are highlighted below. There is currently budget available to fund these extensions.

**Table 3. The cost of the extension to current contracts**

<b>CONTRACT</b>	<b>2016/17 BUDGET £'000</b>	<b>VALUE OF EXTENSION 01/12/17 TO 30/11/18 £'000</b>
Stabilisation, Assessment, Recovery and Prescribing Service – Adults Service	1,216	1,216
Children and Young People Substance Misuse Service	165	165
<b>Total</b>	<b>1,381</b>	<b>1,381</b>
<b>CONTRACT</b>	<b>2016/17 BUDGET £'000</b>	<b>VALUE OF EXTENSION 01/04/18 TO 30/11/18 £'000</b>
Needle Exchange / Supervised Consumption	47	31

- 8.2 The current and proposed service structure and the costs are shown in the table 4.

**Table 4. The proposed new service structure and cost**

CONTRACT	2016/17 BUDGET	PROPOSED CONTRACT VALUE FROM 1/12/2018	DIFFERENCE
	£'000	£'000	£'000
<b>Adults</b>			
Stabilisation, Assessment, Recovery and Prescribing Service – Adults Service	1,216	1,263	47
Oxleas dual diagnosis workers	64	64	0
Residential /detox placements	129	129	0
Prescribing Adults	19	5	-14
Dispensing Costs	50	50	0
<b>Total Adults</b>	<b>1,478</b>	<b>1,511</b>	<b>33</b>
<b>Children</b>			
Children and Young People Substance Misuse Service	165	165	0
Dispensing costs	50	50	0
Prescribing Young People	5	5	0
<b>Total Children</b>	<b>220</b>	<b>220</b>	<b>0</b>
<b>Other</b>			
Needle Exchange / Supervised Consumption	47	0	-47
<b>Grand Total Adult/Children/Other</b>	<b>1,745</b>	<b>1,731</b>	<b>-14</b>

8.3 It can be seen that the proposed service will be £14k lower than the current 2016/17 budget. Any savings that do occur will in the first instance be offset against any savings or reductions in public health grant that may be agreed.

8.4 By combining the contract for the needle exchange into the adults service additional savings may be achieved through rationalisation although this cannot be quantified at this point.

## 9. POLICY IMPLICATIONS

The Adult and Young People's Substance Misuse Service support the visions and values of Building a Better Bromley. Services help to;

- Create an environment where individuals and communities can thrive and where people can lead healthier, more independent and self-reliant lifestyles.
- Focus on supporting the Borough's most vulnerable residents.
- Deliver the principles of early intervention and prevention.
- Create an environment for our children and young people to be successful: by supporting people into work; offering advice and signposting to self-help solutions, and working with partners to minimise crime and antisocial behaviour.

The key priorities these services will support include;

- A Healthy Bromley
- Support our Children and Young People
- A Safe Bromley
- Support Independence
- An Excellent Council

## 10. LEGAL IMPLICATIONS

- 10.1 The current contract for substance misuse service allows the Council to extend the contract for a further year therefore the proposed extension is permitted under the terms of the contract.
- 10.2 The proposed extensions to the Community Pharmacy Needle Exchange and Supervised Administration of Methadone services for a period of eight months can be agreed under Rule 13 of the Council's contract Procedure Rules to allow for the service to be amalgamated and re-tendered with the substance misuse service.
- 10.3 Substance misuse services are "light touch" services under the Public Contracts Regulations 2015 and as the contract value is in excess of the relevant threshold will need to be procured in compliance with the Regulations.

<b>Non-Applicable Sections:</b>	N/A
Background Documents: (Access via Contact Officer)	<a href="#">Report CS14134</a> (May 2015) Gateway Review of Substance Misuse Services  <a href="#">Report CS15920</a> (Sept 2015) Bromley Adults and Bromley Young Persons Substance Misuse Contract Tenders – Award of Contract

## APPENDIX

### Need for Alcohol Services

- Alcohol is the third leading risk factor for death and disability globally.
- Overall, amongst adults, the trend in harmful alcohol use has remained fairly stable, with a reduction in the proportion of under 25s drinking harmful levels of alcohol, and an increase in the 55 to 64 year age group.
- Estimates suggest that the level of drinking in Bromley is similar to that for London and England, with 17% of people in the increasing and high risk categories.
- Bromley GP data suggests that 21% of men and 6% of women drink above the recommended levels of alcohol each week and this is most prevalent in those aged between 40 and 69 years.
- The rate of alcohol-related hospital admissions has been increasing at national, regional and local levels, but remains lower in Bromley than for London and England.
- The hospital admission rate for males (2,396 per 100,000 population) is almost twice the rate for females (1,361 per 100,000 population) in Bromley.
- The alcohol-specific admission rate for under 18 year olds in Bromley (22.7 per 100,000 population) has been gradually decreasing over the last two years, and is comparable with the rate for London, but significantly lower than the rate for England.

### Impact of Alcohol Misuse in Bromley

- The consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties.
- Alcohol has been identified as a casual factor in more than 60 medical conditions such as liver disease, cancers, heart disease, pancreatitis, etc. In addition to the chronic diseases that may develop in those who drink large amounts of alcohol over a number of years, alcohol use is also associated with an increased risk of acute health conditions, such as injuries, including from traffic accidents.
- In 2014 there were 121 alcohol-related deaths in Bromley. The mortality rate from alcohol-related causes in Bromley appears to be on a rising trend for women whilst remaining level for men in the period between 2009 and 2013. The alcohol-related mortality rate for men in Bromley is approximately twice that for women.
- Nationally alcohol misuse is involved in almost half violent assaults, noted in 27% of serious case reviews, caused 13% of road fatalities, is a common cause in domestic violence and martial breakdown.

### Need for Drug Misuse Services

- Nationally 2.7 million adults used an illegal drug in the past year. There were approximately 289 thousand individuals in contact with drug and alcohol treatment services in 2015-16 in England, this is a fall of 2% since last year and 7% since a peak in 2009-10.
- Approximately 17,000 residents took illicit drugs in Bromley in 2014/15.
- The estimated prevalence of Class A drug use was 6,400 in Bromley in 2014/15, at a rate of 3.2% of the adult population. The most commonly used drugs in the UK, in order, are cannabis, cocaine and crack, and opioids. The substances most commonly misused by those in treatment in Bromley are opiates (44%) and alcohol (41%).
- The rate of hospital admission for drug poisoning in Bromley was 25.0 per 100,000 population in 2015-16.
- Drug use is more common in males, single adults, white ethnic groups and those on low incomes.

### Impact of Drug Misuse in Bromley

- Nationally Deaths among heroin users are 10 times the death rate in the general population
- 24 drug related deaths occurred in Bromley between 2103 and 2015 (ONS Drug Misuse Deaths by Local Authority).

- There are multiple areas of benefit realised when an individual has treatment for an alcohol or drug dependence. It should be recognised that when engaged in treatment, regardless of the eventual outcome people use less illegal drugs, or alcohol, commit less crime, improve their health, and manage their lives better, which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes.
- Parental drug use is a risk factor in 29% of all serious case reviews.
- The National Treatment Outcomes Research Study (NTORS) found that 61% of a sample of people entering treatment had committed crimes other than drug possession in the three months prior to starting treatment, the most common being shoplifting.

### **Evidence of the effectiveness of treatment for alcohol misuse**

1. *Psychosocial interventions*: cognitive behavioural therapies, behavioural therapies or social network and environment-based therapies.
2. *Pharmacological interventions*: prescription drugs which may be used in conjunction with psychosocial interventions or on their own. They are also used when there has not been a response to psychosocial interventions.
3. *Psychosocial interventions*: Good evidence of effectiveness from an extensive review (2006) based on large national and international studies and two large treatment trials. A large trial reported that 58% of patients were improved at 12 months follow-up, out of which 30 % were abstinent, 16% had no problems, 23% were much improved and 30% were somewhat improved.
4. *Pharmacological treatment*: Detoxification is achieved by prescribing medicine to minimise withdrawal symptomology (tremulousness, seizures, and delirium). Chlordiazepoxide is the recognised best treatment for uncomplicated withdrawal. Chlordiazepoxide is in a class of drugs known as benzodiazepines. A Cochrane review of 64 studies of benzodiazepines in 4309 participants undergoing alcohol withdrawal found that for reduction in seizures, benzodiazepines were significantly more effective than placebo.
5. *Nutritional supplements*: People who misuse alcohol, particularly regular heavy drinkers, often have a poor diet. It is usual to consider vitamin supplements at detoxification. Severe vitamin deficiencies may lead to a variety of severe and potentially life threatening conditions.
6. *Relapse prevention*: Sensitising agents – these medications produce an unpleasant reaction when taken with alcohol. A number of studies have demonstrated increased rates of abstinence with the use of Disulfiram compared to alternative treatments. Abstinence was achieved in 42% of subjects receiving a therapeutic dose of Disulfiram.
7. *Anti-craving agents*: These medications decrease voluntary intake of alcohol. One meta-analysis which included 33 trials compared Acamprosate and Naltrexone to placebo treatment. Over a 3 to 24 month period, Acamprosate was associated with significant levels of abstinence. A number of multi-centre trials have also demonstrated the efficacy of Acamprosate.

## **Evidence of effectiveness of treatment for drug misuse**

1. Needle and syringe programmes – provision of clean injecting equipment, blood testing, education and brief psychological interventions. Good evidence of effectiveness from several systematic reviews and number of studies (NICE 2014).

### 2. Opioid substitution therapy (OST)

Good evidence of effectiveness (NICE TA 114) – 40-65% of patients maintain complete abstinence, 70-95% able to reduce their use substantially; other benefits include better mental health, reduction in blood-borne virus transmission, social benefits.

3. Opioid detoxification- using substitute drug alone or in combination with reduction in the dose over time. Good evidence of effectiveness of combination of detoxification and psychosocial interventions.

### 4. Psychosocial interventions

Good evidence for brief interventions (one or two 45 min sessions) (NICE 2007).

Strong evidence for contingency management and in combination with OST (NICE 2007)

No evidence for cognitive behaviour therapy alone, but only for patients with co-morbid mental health problems.

### 5. Residential programmes

Good evidence for patients with significant physical, mental and social problems.

## **Return on Investment**

- Every 100 alcohol dependent people treated can prevent 18 A&E visits and 22 hospital admissions.
- Providing adult drug treatment interventions prevents an estimated 4.9m crimes every year.
- Providing young people's drug and alcohol interventions result in £4.3m health savings and £100m crime savings per year.
- Public Health England evidenced that 82% of people surveyed said treatment's greatest benefit was improved community safety.