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Version	Comments	Author	Date Issued	Status
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2.1	First	Aishah Coyte	07.09.18	Removed alcohol references,
2.2	Second	Aishah Coyte	07.09.18	Section 1, 2, 3, 4, 5 update
2.3	Third	Joanne Pollock	12.11.18	Section 6 & 7 update
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2.5	Fifth	Aishah Coyte	07.01.19	AC references added
2.5	Fifth	Aishah Coyte	8.04.19	2017 drug strategy data added
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				2 and 3
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2.11	Eleventh	Joanne Pollock	07.01.20	Pregnancy data
2.12	Twelfth	Janet Collins	17.02.20	Not in treatment and successful completions data, section 2.

This should be read in conjunction with:
Joint Strategic Needs Assessment- Alcohol Harms 2017/18
Joint Strategic Needs Assessment – Best Start in Life
Joint Strategic Needs Assessment – Crime and Disorder
Joint Strategic Needs Assessment – Mental Health

Executive Summary

Introduction

Our ambition is for Sunderland to be a vibrant city with a wide range of experiences on offer for everyone. We want the city to be a good place to do business where businesses operate responsibly so they do not impact negatively on each other, or on residents and visitors. We want to create the conditions for economic growth while achieving the best possible health and wellbeing for Sunderland.

In addition, we want the best possible health and wellbeing for Sunderland. By which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.

Substance misuse is use of any mind-altering substance that severely affects a person's physical and mental health, social situation and responsibilities; substances can be legal (such as alcohol or prescribed medications) or illegal (such as cocaine, heroin or novel psychoactive substances).

Substance misuse is a complex issue which impacts on the whole of society. No single approach taken in isolation will be successful; it therefore requires commitment and contributions from a range of partners across the City.

Substance misuse can have profound and negative effects on communities, families and individuals, limiting the ability to work, to parent, and to function effectively in society. They cause a wide range of harm including damage to physical and mental health, affecting unborn babies and exposing drug users to the risk of overdose and infection from blood borne viruses, and contribute towards the wider public health risks of blood borne viruses as a result of disregarded drug paraphernalia.

Substance misuse use harms the health of the individual, impacts on the community and family life and can often be associated with criminal activity as a way of getting money to buy drugs. There are significant costs associated via health and social care and the criminal justice system. It is estimated that 2.7 million adults used illegal drugs in the last year and that 1.2 million people are affected by drug addiction in their families.

The 2017 Drug Strategy describes the progress made over the last decade in building drug treatment systems within England, that have enabled people to achieve health gains through accessing and engaging with treatment services. The strategy requires health authorities, local authorities and a range of partners (including those in education, health, safeguarding, criminal justice, housing and employment) to build on this progress, allowing further improvements in treating people with substance misuse dependence so they can fully recover and move on from treatment. The treatment of substance misuse provides both direct and indirect contributions to each of these strategic objectives, either through specific provision or by working alongside partners.

The Public Health Framework (November 2019) sets out the context of the public health system and the broad range of opportunities to improve and protect health across the life course and reduce inequalities in health. Drugs and alcohol has indicators within the framework:

- Successful completion of drug treatment- opiate and non-opiate users.
- Deaths from drug misuse.
- Adults with substance misuse treatment who successfully engage in community-based structured treatment following release from prison.

Key issues and gaps

- Education and Universal awareness throughout the system.
- Improved community awareness and use of peer mentors.
- Early Identification and suitable support for high risk individuals.
- Services accessible to working age adults including appropriate harm minimisation (need to strengthen links with the business sector).
- Family Support Services for those with complex needs.
- Drug Related Death's (DRD's) (prevention, primary care awareness, prescribing practices).
- Targeted services for high prevalence geographical communities.
- Improved care for the unmet physical needs of clients.
- Improved transition arrangements from young people services into adult services.

Strategic Needs Assessment

1) Who's at risk and why?

Substance misuse is the use of any mind-altering substance that severely affects a person's physical and mental health, social situation and responsibilities; substances can be legal (such as prescribed medications) or illegal (such as cocaine, heroin or novel psychoactive substances). Substance misuse is a complex issue affecting individuals, families and whole communities. No single approach taken in isolation will be successful; it therefore requires commitment and contributions from a range of partners across the City.

There are high levels of ill-health relating to substance misuse which create an excessive burden not only on healthcare but also on social care, the criminal justice system and communities.

The 2017 Drug Strategy suggests that:

- Drug supply in England and Wales costs £10.7 billion a year in social and economic costs.
- Approximately 400,000 benefit claimants in England are dependent on drugs and/or alcohol, accounting for 8% of working age benefit claimants and generating benefits expenditure costs of £1.6 billion per year.
- In 2015-16 18% of 16-24-year olds in England and Wales used drugs as compared to 8.4% of all 16-59 year olds.
- Numbers entering treatment are falling, especially in young people. In 2015-2016 203,808 people received treatment for drug misuse.
- Deaths from drug misuse in 2015 increased by 10.3%. Deaths involving heroin more than doubled from 2012 to 2015.
- 70% of people in substance misuse treatment also experience mental illness. There is a high prevalence of drug use among those with chronic conditions.

Drugs can have profound and negative effects on communities, families and individuals, limiting the ability to work, to parent, and to function effectively in society. They cause a wide range of harm including damage to physical and mental health, affecting unborn babies and exposing drug users to the risk of overdose and infection from blood borne viruses, and contribute towards the wider public health risks of blood borne viruses as a result of disregarded drug paraphernalia. Drug misuse is strongly associated with a range of social issues including school absenteeism, safeguarding, troubled families, homelessness and unemployment. It can also lead to significant crime and disorder.

In the last few years there has been nothing short of a revolution in the public health risks presented by new and unpredictable drugs[1]. These so-called 'legal' highs (NPS) present a challenge that cannot be ignored. These drugs are designed to evade drugs laws, are widely available, have the potential to pose serious risks to public health and can even be fatal. Practitioners on the front line have witnessed first-hand the devastation these substances

[1] Councillor George Howe, Lead Scrutiny Member, Public Health Wellness and Culture

can do to individuals and their families. The harms are very often caused by ignorance of the effects of these untested drugs and their use is particularly prevalent in those 18 and under.

Class A drug use generates an estimated £15.4 billion in crime and health costs each year. Sunderland Local Authority was ranked as incurring the second most cost per head of population for NHS resource due to substance misuse at around £99 per person. The costs incurred per person for workplace costs are calculated to be around £136 per person.

We need services that meet the needs of individual clients. This means interventions for the causes of drug misuse as well as prevention of spread of addictive behaviours in community.

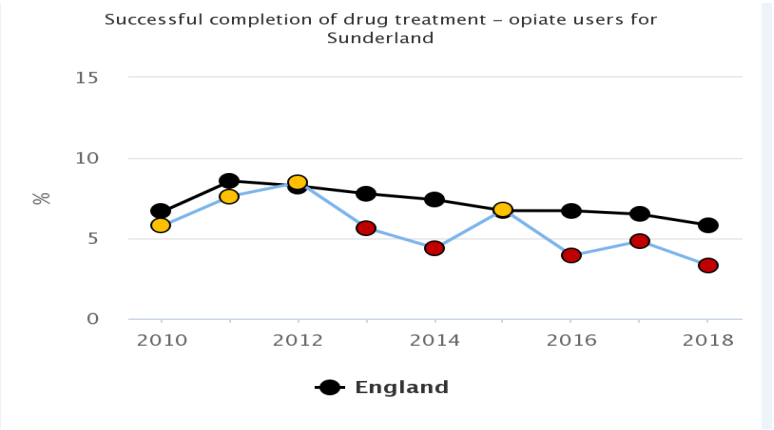
2) The level of need in the population

Estimates of prevalence of opiate and crack cocaine use in 2016/17 (*source: Liverpool John Moores University and Glasgow Prevalence Estimation, 2019*) suggest that Sunderland has a rate of:

- 9.2 per 1,000 population aged 15-64 opiate and/or crack cocaine users (around 1652 people) compared to an England rate of 8.85 per 1,000;
- 8.32 per 1,000 population aged 15-64 opiate users (around 1493 people) compared to an England rate of 7.37 per 1,000;
- 3.97 per 1,000 population aged 15-64 crack users (around 712 people) compared to an England rate of 5.10 per 1,000.

Nationally, findings from the *Crime Survey for England & Wales 2018-2019* show that almost 1 in 10 (9.4%) adults (aged 16- 59) had taken an illicit drug in the previous year, this has been flat since 2007. Young adults (aged 16-24) were more likely to have used drugs; this was again flat when compared to recent surveys at 20.3% from 19.8% in 2017-2018. Estimates from the survey show that 2.4% of adults were defined as frequent users (illicit use more than once a month on average in the previous year), with the proportion of young adults almost twice as high at 4.9%. The most commonly used drugs amongst those adults who reported illicit drug use during 2018/19 included cannabis (7.6%), powder cocaine (2.9%) and ecstasy (1.6%). There is an upward trend in Class A drugs use with 8.7% of young adults having taken a Class A drug in the last year as compared to 6.2% in 2011-2012. 3.7% of all adults have had taken a Class A drug in the last year.

According to the *National Drug Treatment Monitoring System (NDTMS),* in 2018-2019, there were 1,865 adults receiving drug and alcohol treatment. NDMTS data published on Public Health Outcomes Framework (PHOF) reports that in 2018/19, 597 opiate users were not in a treatment programme (39.3%); with Sunderland the 9th lowest (best) out of the 150 upper tier local authority populations. However the successful completion of treatment ratio in 2018 was 0.62 in 2018; the 2nd lowest in the region and the 9th lowest rate out of the 150 upper tier local authority populations. Latest figures show a decline in 2018 rates of opiate drug users successfully leaving drug treatment and not representing to treatment within 6 months at 3.3% in 2018 as compared to 4.8% in 2017.

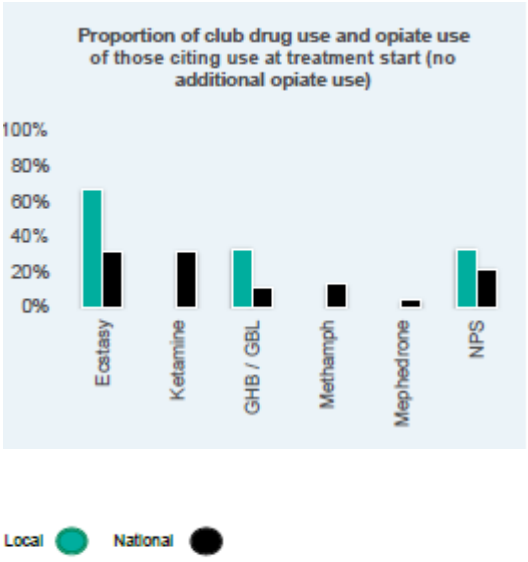


PHOF, 2.15i - % of Sunderland opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months

New Psychoactive Substances (NPS) and club drugs

It is well known that young people are more likely to use Psychoactive Substances (NPS) and club drugs than adults; national figures from *Crime Survey for England & Wales 2018-2019* show young adults (aged 16-24) are nearly three times as likely to have used NPS in the last year at 1.4% as compared to 0.5% of all adults. Young men were more likely to have used an NPS than young women. Overall rates for NPS use in 2018/19 were marginally higher than in 2017/18.

According to NDTMS none of Sunderland drug treatment clients in 2018-2019 cited use of NPS/club drugs and opiates however, 3% cited NPS/club drug use only.



NDTMS, April 2018 to March 2019
(Adults - drugs commissioning support pack 2020-21: key data)

In terms of health services, clinical responses to these substances via front-line services are

still an ongoing developing area. Drug toxicity is a common reason for presentation to hospital services. It appears that generally, the pattern of toxicity associated with NPS is broadly similar to that seen with 'traditional' stimulant recreational drugs such as cocaine and amphetamine.

Performance and image enhancing drugs (PIEDs)

The use of PIEDs can have severe adverse outcomes. Nationally there have been a small number of reported fatalities linked to "fat burning" drugs such as dinitrophenol (DNP).

National Poisons Information Service (NPIS) stated in 2017 that cases of systemic DNP poisoning reported to the NPID declined from a peak of 35 (six fatal) in 2015. However it is of concern that this downward trend has not been maintained. During 2018 there were 20 cases (18 males and two females), six of these are known to have died, emphasising the very high toxicity of DNP. There were two further non-fatal cases in the first quarter of 2019.

Criminal justice system

National research estimates that 55% of prisoners misuse drugs and prison is where many problematic drug users will first use or be exposed to heroin (*Prison Reform Trust, 2014*). According to NDTMS 50% of all people in contact with drug treatment in adult secure settings in 2016-2017 presented with problematic opiate use.

In 2014, Public Health England (PHE) introduced a new Public Health Outcome Framework measure (PHOF 2.16), to record the proportion of people entering prison with substance misuse issues who required treatment on release from prison. In Sunderland during 2017-2018 35.4% of adults with substance misuse issues successfully engaged in community-based structured treatment following release from prison, a rise from 29.8% in 2016-2017.

Survival Sex Work and Homelessness

Homelessness and drug addiction have been identified as the two most significant factors which prompt engagement in on-street sex work and two of the main barriers to stabilising the lives of sex workers. This type of engagement in sex work is often described as 'survival sex', where people engage in sex work as a last resort, to provide shelter, food, or fund severe addictions.

Prescribed and Over the Counter Drugs (OTC)

Over-the-counter medicine (OTC) are medicines sold directly to a consumer without a prescription, from a healthcare professional, as compared to prescription drugs, which may be sold only to consumers possessing a valid prescription.

NDTMS data from 2018-2019 shows that 33% of Sunderland clients in drug treatment cited prescription-only (POM) or OTC use as part of their latest treatment journey.

Unemployment

Latest evidence published within the *2010 Drug Strategy* suggests that approximately 400,000 benefit claimants in England are dependent on drugs and/or alcohol, accounting for 8% of working age benefit claimants and generating benefits expenditure costs of £1.6 billion per year.

Pregnancy and Early Years

The links between maternal substance misuse during pregnancy and impaired foetal development have been well established. 6.0% of new female presentations to Sunderland treatment centres were pregnant in 2018-2019.

The effects of drug misuse spread far wider than the user themselves. Living in a household where a parent or career misuses substances is a risk factor for child abuse; 47% of serious case reviews featured parental substance misuse (*Sidebotham et al, 2016*).

There were 110 children living with drug users who entered treatment in 2018-19. According to the NDTMS data from 2018-2019 14.3 % of new presentation to Sunderland treatment services were living with children (own or other). A further 33.9% were parents not living with children.

Young people

The Health-Related Behaviour Survey carried out in 2019 showed the self-reported awareness and rates of drug and alcohol in young people across Sunderland. The survey showed that in:

Primary school children (10-11 years)

- 13% of pupils said that they know someone personally who uses drugs, not as medicines.
- 2% of pupils said that they had been offered cannabis, and 1% said other drugs.

Secondary school children (12 to 15 years)

- 37% of Sunderland secondary pupils are 'fairly sure' or 'certain' that they know someone who takes drugs.
- 32% of Year 10 boys and 28% of Year 10 girls have been offered cannabis.
- 3% reported taking an illegal drug in the last month, 6% said they had taken an illegal drug in the last year. 13% of Year 10 pupils had taken cannabis at some point.
- 9% of Year 10 boys and 9% of Year 10 girls have taken an illegal drug and alcohol on the same occasion.

Dual Diagnosis

Some of society's most vulnerable adults and young people are those with severe mental illness and substance misuse issues (dual diagnosis), yet they experience some of the worst health and wellbeing. They can also cost health and care services more than those severe

mental illnesses who do not misuse substances *(McCrone et al. 2000).*

The UK prevalence of many people with dual diagnosis is unknown for several reasons:

- Differences in how 'dual diagnosis' is defined.
- Unconfirmed diagnosis. For example, substance misuse may 'mask' an underlying mental illness or vice versa ('diagnostic overshadowing'); or people may come to acute services with unrelated health problems and their 'dual diagnosis' may be missed.
- People in this group not using services or receiving appropriate care.
- A lack of national data. UK studies have reported 'dual diagnosis' rates of 20– 37% across all mental health settings and 6–15% in addiction settings. Rates may vary by gender, ethnicity and geography (Variations in rates of comorbid substance use in psychosis between mental health settings and geographical areas in the UK *(Carrá and Johnson, 2009).*

According to NDTMS 41% of new presentations to Sunderland treatment services in 2018-2019 were identified as having a mental health need. Of these the majority of these were attending for non-opiate and alcohol addiction.

The Social Care Institute for Excellence (SCIE, 2009) estimates that the prevalence of people with substance misuse issues who also experience serious mental illness (for example, schizophrenia, bi-polar affective disorder, severe episodes of depression) is between 30 and 70 per cent for those presenting to health and social care settings. When mild to moderate mental health conditions (for example, anxiety, depression) are included the prevalence is even higher.

Lesbian, gay, bisexual and transgender (LGBT)

A report by the UK Drug Policy Commission suggests that the LGBT community tend to be early users of new drugs and says improving links between such minorities and health officials would identify risks before drug use became widespread. The study found that:

- Illicit drug use among LGBT groups is higher than among their heterosexual counterparts.
- LGBT people may also be at risk of misusing other drugs, such as steroids
- Use of some types of drugs may be associated with risky behaviour, including exposure to HIV infection.

Stonewall's (2018) report on LGBT Health, found that in line with trends in the general population younger LGBT people are more likely to smoke and take drugs than older LGBT people. The findings report that one in eight LGBT people aged 18-24 (13%) take drugs at least one a month. According to Home office figures around one in 11 (9%) of young adults aged 16-24 years had done so.

The Crime Survey for England and Wales (2013) estimated that 11% of heterosexual men and 5% of heterosexual women took drugs compared with 23% of gay or bisexual women and 33% of gay or bisexual men. Explanations vary as to why these groups appear to be heavier drug users than heterosexuals and relatively little research has been done on this subject. For example: lifestyle choices for LGBT people, with a greater focus around bars

and clubs – and clubbers are more likely to take drugs. Additionally, LGBT people are more likely to have suffered bullying and abuse and been victims of crime than the heterosexual community, they are also more likely to have mental health needs; all of these could contribute to a greater use of substances as a coping mechanism.

Chemsex

Chemsex is a term for the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs (also known as slamming). Chemsex carries serious physical and mental health risks including the spread of blood borne infections and viruses. This practice has been growing particularly in the men who have sex with men (MSM) community. The Chemsex Study 2014 found a fifth of MSM in Lambeth, Southwark, and Lewisham reported chemsex within the past five years and a tenth within the past four weeks. Although chemsex is of growing health concern the statistics reflect that this is practiced by a minority of MSM.

3) Current substance misuse clients in Sunderland

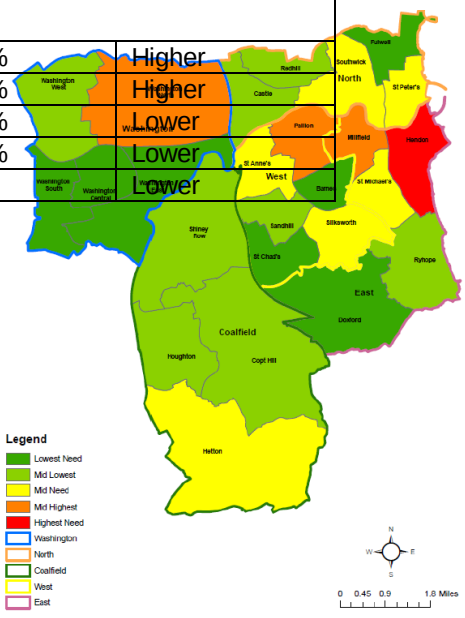
	Sunderland	National	Sunderland Higher/Lower
Gender	68.5% Male, 31.5% Female	69.5% Male, 30.5% Female	Similar
Ethnicity	96.4% White British, 3.6% Other	83.5% White British, 16.5% Other	Higher White British
Age: 18-29 years old	15.9%	14.3%	Higher
30-39 years old	37.4%	31.7%	Higher
40-49 years old	28.4%	31.8%	Lower
50-59 years old	14.3%	17.1%	Lower
60+ years old	4.1%	5.1%	Lower

Demographics of Sunderland substance misuser service users (April 2018 to March 2019, NDTMS)

According to NDTMS data over 65% of Sunderland substance misuse clients were aged 30-50 years old in 2018-2019. Over time the average age of substance misusers has been increasing.

During 2014-2015 Hendon showed the highest level of substance misusers in treatment within Sunderland. This was followed by Washington North, Pallion and Millfield.

The average time in treatment for a Sunderland opiate client is 4.5 years, for a non-opiate client 6 months. The proportion of successful treatments for Sunderland



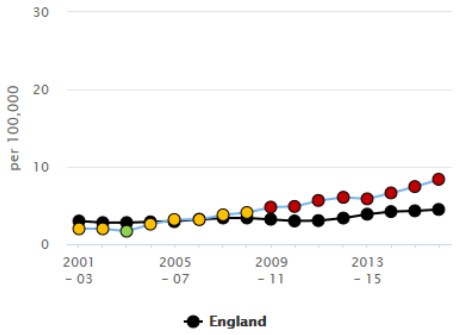
Map of substance misuse clients in Sunderland, 2014-2015. (Created using NDTMS data)

substance misuse clients has been improving. Reporting in March 2019, showed that 4.04% of opiate users and 23.5% non-opiate users successfully completed treatment. However, the rates in Sunderland are still below the national average of 5.96% for opiate users and 35.16% for non-opiate users.

Harm Reduction

Hepatitis B and C: During April 2018 to March 2019, 53.6 % of Sunderland service users starting a new treatment journey/episode were offered and refused a Hepatitis B immunisation, and 54.7% were offered and refused a Hepatitis C vaccination. This is lower than the National average of 30.2% and 37.1% respectively.

Deaths for Drug Misuse: PHOF data reveals that the rate of deaths from all drug misuse in Sunderland is rising annually. There were 8.4 per 100,000 population in 2016-18. This is slightly lower than the North East average but higher than the national average of 4.5 per 100,000 population.



Recent trend: –

Period		Sunderland				North East region	England
		Count	Value	Lower CI	Upper CI		
2001 - 03	●	19	2.0	1.2	3.2	3.8	3.0
2002 - 04	●	18	2.0	1.2	3.1	3.6	2.8
2003 - 05	●	15	1.7	0.9	2.7	3.4	2.8
2004 - 06	●	23	2.6	1.6	3.8	3.7	2.9
2005 - 07	●	28	3.2	2.1	4.6	3.8	3.0
2006 - 08	●	28	3.2	2.1	4.7	4.1	3.2
2007 - 09	●	32	3.8	2.6	5.3	4.6	3.4
2008 - 10	●	34	4.1	2.8	5.7	4.9	3.4
2009 - 11	●	40	4.8	3.4	6.6	4.8	3.2
2010 - 12	●	40	4.9	3.5	6.7	4.4	3.0
2011 - 13	●	46	5.7	4.1	7.6	4.5	3.1
2012 - 14	●	49	6.1	4.5	8.0	5.4	3.4
2013 - 15	●	47	5.9	4.3	7.8	6.3	3.9
2014 - 16	●	52	6.6	4.9	8.7	7.2	4.2
2015 - 17	●	58	7.5	5.7	9.7	7.6	4.3
2016 - 18	●	66	8.4	6.5	10.7	8.6	4.5

Source: Office for National Statistics (ONS)

PHOF, 2.15iv - Deaths from drug misuse in Sunderland 2001-2018

During 2015-2018 the rate of deaths of service users whilst in substance misuse treatment is 7.5 per 1,000 clients.

Take home naloxone: NDTMS data reveals that only 2% of Sunderland of opiate users were prescribed take home naloxone in 2017-2018 as compared to 12% national.

3) Current services in relation to need

The Treatment System 2017/18 - Substance Misuse Services in Sunderland

Sunderland's Substance misuse treatment system offers interventions at all stages in the client's pathway, from advice and information, open access harm reduction, to structured community treatment and specialist inpatient treatments. The 4 tiers of treatment described in *Models of Care 2006* (*National Treatment Agency for Substance Misuse*) are provided mainly by Wear Recovery. The partnership provides an integrated service to all adults (18 and over) who live, or intend to live, in Sunderland.

Access to the service is initiated through a self-referral to Wear Recovery, by a Healthcare professional, or referral by a family member or carer.

Wear Recovery operates in partnership with:

- **Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust**
  Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is one of the largest mental health and disability Trusts in England.
- **Humankind**
  Humankind is a charity, in the North East, with expertise in areas like employment and skills, housing support, offender rehabilitation, children young people's and families and health and wellbeing.
- **Changing Lives**
  Changing Lives is a national registered charity which provides support for vulnerable adults who are experiencing problems including homelessness, addiction, sexual violence and abuse, and a range of other problems.

The holistic treatment system alongside Job Centre Plus (JCP) also offers routes into employment, training and leisure activities as well as support with accessing other services that underpin social functioning, such as housing and benefits. The team is also able to refer back into the treatment system, should that become necessary.

Analysis of referral patterns

The main differences between referral routes (Regionally and Nationally)

Referral Routes	Sunderland	National	Sunderland Higher/Lower
Self, family and friends	69.5%	62.4%	Higher
Criminal justice	11.5%	13.3%	Lower
GP	2.2%	8.1%	Lower
Community based care	0.5%	2.3%	Lower
Children & families	1.0%	0.9%	Higher
Accident & emergency	0.0%	0.6%	Lower
Hospital	4.2%	2.7%	Higher
Other health & mental health	2.8%	1.9%	Higher
Substance misuse services	3.7%	4.1%	Lower
Other	4.7%	3.6%	Higher
Inconsistent / missing	0.0%	0.2%	Lower

Referral Routes 2018/2019- Tier 3 Services, Showing Regional and National Comparisons

Self-referrals for Sunderland are now proportionally above the national average. This is most likely due to a raised awareness and easier access to services, this in conjunction with individuals being more aware of the importance of protecting their own health and taking the initiative of self-empowerment to self-refer. This is also evidenced in national levels for self-referrals which are also higher now than in previous years.

Historically Sunderland has had a slightly higher proportion of Criminal Justice (CJ) referrals than the national average figure; however, this figure now (11.5%) is below the national level (13.3%). This is likely to be due to the higher numbers of alcohol clients entering treatment during 2018/19, this, because the majority of CJ clients are drug clients.

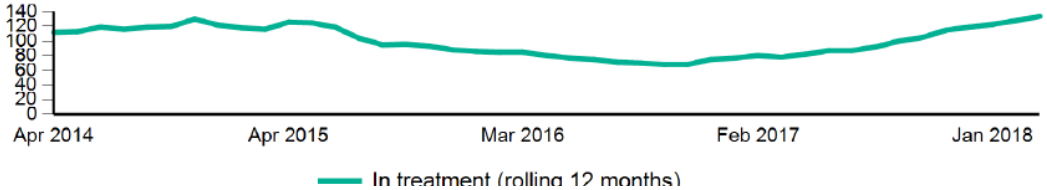
GP referrals have historically been lower than the national average; this hasn't changed in 2018/19 at 2.2% for Sunderland compared to 8.1% nationally.

Hospital referrals for Sunderland (4.2%) are above the national level (2.7%) again most likely due to alcohol client referrals from City Hospitals Sunderland through the alcohol liaison nursing team.

YDAP

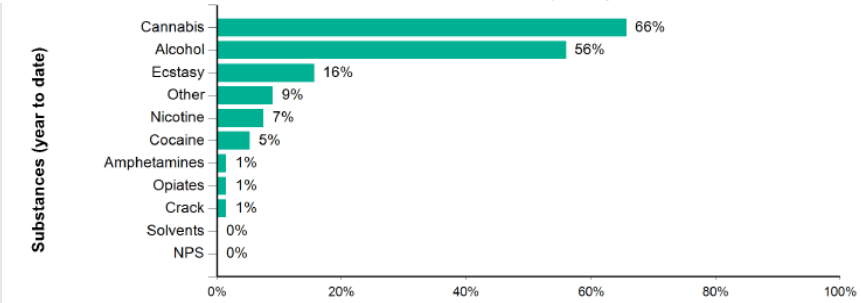
The Youth Drug and Alcohol Project (YDAP) is a team of qualified drugs workers. It is part of Sunderland City Council's Children's Services. YDAP is aimed at young people aged 10-18 who require specialist advice and support to help overcome problems or difficulties relating to drugs or alcohol.

Numbers of young people in YDAP services are once again rising having dipped in 2016/2017.



Number of young people in Youth Drug & Alcohol Project Sunderland April 2014 – January 2018. Public Health England

Historically, alcohol was the primary cause for presentation to YDAP services. However, cannabis is now the most common substance leading to presentation at 66% in 2018.



Substances used by young people in Youth Drug & Alcohol Project Sunderland April 2017–March 2018. Public Health England

Role of City Hospitals Sunderland

City Hospitals Sunderland can ensure that we maximise opportunities for drugs, offering brief intervention and support at opportunist moments within patients care.

Midwife with a specialist Substance Misuse lead role

A Specialist Substance Misuse midwife is based within maternity at City Hospitals Sunderland and acts as a co-ordinator between maternity and specialist services. The role Includes:

- To encourage pregnant women who use, or are suspected of using drugs and / or misusing alcohol to seek early antenatal care and, where appropriate, treatment;
- To normalise antenatal and postnatal care as much as possible whilst recognising the social and medical issues associated with drug and / or alcohol use and providing appropriate services to address these;
- To encourage communication between all practitioners so that advice to the woman is consistent, and that any concerns about drug / alcohol misuse or safeguarding children are identified and dealt with appropriately.

Carers Support

Caring Changes is provided by Humankind. They aim to help family members and carers, affected by someone else's alcohol or drug use, to make small changes to achieve a better balance between their caring role and their life outside that role.

Role of Community Pharmacies

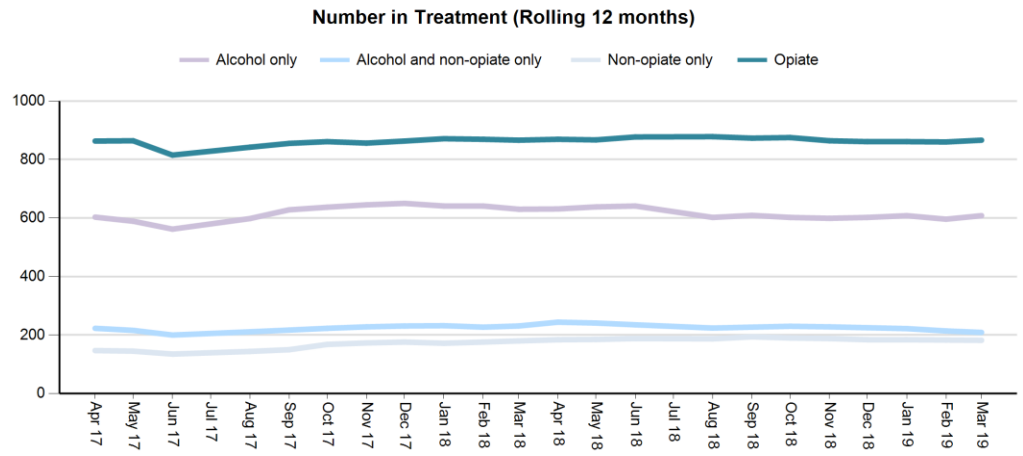
A range of commissioned community pharmacies provide supervised consumption and needle exchange facilities.

Role of GP Practices

Further engagement and partnership working can help to address some of the variations in service delivery around referral to treatment services around drug and alcohol use.

4) Projected service use and outcomes in 3-5 years and 5-10 years

Caseload activity for existing substance misuse services in 2017/18 -2018/19- is provided for information only and may or may not serve as an indicator of activity in the coming years.



Numbers in drug treatment in Sunderland April 2017 – April 2019

Public Health England alcohol and drug treatment commissioning tool estimates that for every £1.00 spent on drug treatment, £4.00 is gained in benefits. *(JSNA support pack, Public Health England, 2017).*

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. *(JSNA support pack, Public Health England, 2015)* Specialist services engage young people quickly, the majority of whom leave in a planned way and do not return to treatment services. This indicates that investing in specialist interventions is a cost-effective way of securing long-term outcomes, reducing future demand on health, social care, youth justice and mental health services, and supporting the Troubled Families agenda.

5) Evidence of what works

Public Health England (2019) defined a whole system approach as a local response to a complex issue through an ongoing, dynamic and flexible way of working which enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge and consider how the local system can work together to improve outcomes. This will be the approach to respond to the challenge of substance misuse in Sunderland following appointment of the next contractor (July 2020).

Currently, treatment services for drug misuse are commissioned against relevant national guidance (including but not limited to):

- Models of Care for Treatment of Adult Drug Misusers (National Treatment Agency, 2002).
- Models of Care for Treatment of Adult Drug Misusers: Update 2006 (National Treatment Agency, 2006).
- Drug Misuse and Dependence: UK Guidelines on Clinical Management (Department of Health, 2017).
- Commissioning for Recovery: Drug Treatment, Re-integration and Recovery in

the Community and Prisons. A Guide for Drug Partnerships (National Treatment Agency, 2010).

These remain the basis of guidance in relation to the commissioning of substance misuse services, and are supplemented by a wide range of NICE guidelines (including but not limited to):

- CG51 Drug misuse in over 16s: psychosocial interventions (NICE, July 2007).
- CG52 Drug misuse in over 16s: opioid detoxification (NICE, July 2007).
- CG110 Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors (NICE, September 2010).
- CG120 Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings (NICE, March 2011).
- NG46 Controlled drugs: safe use and management (NICE, April 2016).
- NG57 Physical health of people in prison (NICE, November 2016).
- NG58 Coexisting severe mental illness and substance misuse: community health and social care services (NICE, November 2016).
- NG64 Drug misuse prevention: targeted interventions (NICE, February 2017).
- PH52 Needle and syringe programmes (NICE, March 2014).
- QS23 Drug use disorders in adults (NICE, November 2012).
- QS165 Drug misuse prevention (NICE, March 2018).
- TA114 Methadone and buprenorphine for the management of opioid dependence (NICE, January 2007).
- TA115 Naltrexone for the management of opioid dependence (NICE, January 2007).

6) User Views

Be Involved, peer research produced the following findings (April 2018-November 2019)

Treatment Naïve Opinion on Services:

Be Involved, Sunderland carried out a survey, in April - June 2018, to explore barriers to first presentation to treatment services. They surveyed 9 substance misusers accessing homeless services/hostels who had no previous engagement with substance treatment services. The findings included:

- The largest concern of responders was family break down and loss of contact with children.
- Responders expressed a lack of knowledge of the range of treatment services available.
- Responders felt that peer support and/or being supported by workers that have been through recovery was important.
- Responders expressed that person centre, confidential, non-judgemental and multi-agency treatment was important.
- Responders wanted quick access to services.

Treatment Naïve Opinion of Carers on Services:

The findings included:

- Treatment services need to be better advertised and publicised.
- There needs to be better access and support targeted at times where the motivation of the substance user is highest such as immediately after relapse.
- There needs to be a wider societal challenge to the stigma still associated with drug and alcohol use.
- There is a need for better training for professionals such as GPs, ED nurses, Social Workers and Police to help understanding, engagement and referral.
- More activities need to be available to engage people once stable.
- There is no joined up approach between mental health and substance misuse services.
- There is a lack of available residential detox and rehabilitation.
- A telephone helpline for carers, substance users and those in treatment would be useful.
- More effective support for young people would help to prevent the escalation of problems in adulthood.

Substance Misuse and Mental Health:

The findings included:

- 26 of 29 (89.6%) respondents identify that they have both substance misuse and mental health issues.
- Of the 26 who identified as having mental health issues, 14 (53.8%) respondents had not had help from mental health services for a variety of reasons including their own lack of knowledge of what is available and an inability to identify their own needs. Many had sought support from other non-mental health services to try and address their mental health needs.
- 9 (34.6%) respondents had never been referred to a mental health service but only one person said that they had been denied access to mental health services as they were not in recovery.
- 19 (73%) respondents claimed that they used substances to help them address their mental health needs (self-medicating) yet 26 (100%) of the survey sample claimed substance misuse made their mental health worse, including all of those who were using substances to self-medicate.
- There was a high proportion of respondents using self-help techniques to improve their own mental health, but the sample was biased in that most were attending Wear Recovery where sessions are provided and this level of self-support was not replicated by those outside of treatment.
- 12 of the sample group had been referred to mental health support and while two were sectioned and 3 referred while in hospital for overdose (2 accidental and 1 non accidental) all of the 12 had attended their appointments. This suggests that being referred is the barrier to access rather than non-engagement.
- 9 of the 12 (75%) referrals to mental health support had been generated by GP's.

Substance Misuse and Advocacy:

- 22 of 27 (81.45) of service users had not heard of advocacy support before participating in the research and of those 19 (86.3%) were not aware of how to get advocacy support if they needed it, with the remainder asking their treatment provider for help.
- 8 participants had received support, which they could define as advocacy on looking at the definition.
- 'Advocates' included family and partners (6), treatment workers (6), friends either in recovery or non-drug/alcohol users (4). Only one had used an independent service outside of treatment system.
- This advocacy support had mainly been used for support around money (8) including benefits, banks and loans. 3 participants had used informal advocacy in relation to treatment and GP's and 1 with housing services.
- Just over half who had used an advocate in the past, the majority cited that they did not know they could (13) or that they didn't know how to access the support (9). Equal numbers of participants (6) were too embarrassed to ask for help or did not know what help they actually needed. Only 2 participants felt that they were confident enough to deal with other organisations and 1 had felt no need for support.
- When asked where participants would most benefit from advocacy support there was a split between health/treatment in its broadest sense and finance/welfare.
- In terms of treatment, the majority felt it would be easier to deal with mental health services and advocacy support (15) and that support would help in dealings with GP's (9), treatment providers (7) and hospitals (7).
- Other organisations where support would have been useful included housing (10), Police (4) and Council services other than housing (4).
- 6 participants felt that advocacy would help when dealing with their family in terms of mediation to rebuild bridges.
- When asked which groups would benefit from advocacy; families, people in recovery and those in treatment all scored high. Treatment naïve drug & alcohol users, those with mental health problems and those with learning difficulties were also all identified.
- Only 3 of the overall cohort had ever been referred for advocacy support either by GP (2) or informally by friends (1). All found it helpful.

Hitch Marketing- Substance Misuse and Harm Reduction Consultation

An independent company were awarded a tender to complete an evaluation of the current Substance Misuse and Harm Reduction Treatment Service (May 2019). Hitch carried out an online survey which received 136 responses from strategic contacts, Wear Recovery staff, pharmacists and carers. They also completed depth interviews with stakeholders, focus groups were undertaken with Wear Recovery staff, service users and ex-service users.

Key findings:

Experience of the service:
1. What is working well?

- Friendly, skilled and knowledgeable staff (26%)
- It is an integrated and partnered service (20%)
- High quality services provided to service users (9%)

2. What is working less well?
   - Unsuitable treatment programmes on offer (such as lack of tier two services and individualised interventions/one0to-one sessions) (22%)
   - Long waiting times for initial appointments (19%)
   - Difficult to contact the service, particularly by telephone (14%)

3. What requires improvement?
   - Need to develop primary care systems (e.g. develop detox pathway; residential facility; more individualised interventions; more one-to-one treatments) (23%)
   - New premises for Mary Street hub as currently unfit for purpose (16%)
   - Service hours extended and ways to reach the service improved (14%)

The Service and service structure

Mental Health

- Mental health was a significant theme across all qualitative engagement groups. For staff, experience of clients presenting in crisis, resistance from mental health services, long waits for assessments/counselling and mental health services often discharging to 'care of Wear Recovery' for them to support were common.
- Other barriers (such as frequently altered criteria for assessment, inconsistent messages and a lack of reactivity from mental health services) were also identified.
- Some service users called for dual diagnosis, as they felt that the underlying cause of substance and alcohol misuses are often ignored.
- Access to the RIO patient record system was perceived positively by staff.

Pathways

- Calls for respiratory pathways, clearer pathways for domestic abuse and improved mental health pathways.
- The lack of a clear pathway for inpatient detox was a key issue in Sunderland.
- Staff from one group identified a definite gap in services for individuals between the ages of 16 to 18 who are transitioning between child and adult services.

Harm Reduction

- A few staff participants felt that having needle exchange services in the same building as recovery services is working well, the majority of staff and stakeholder participants felt this is problematic, as it impacts on willingness to access the service.
- Some stakeholders were concerned that service users are no longer accessing harm reduction services.
- A separate harm reduction service outside of the hubs was suggested by staff and stakeholders.

(For a copy of the *Substance Misuse and Harm Reduction Service Evaluation Executive Summary* please contact the Public Health Team).

Current Service Users Satisfaction

A Wear Recovery service user satisfaction survey was completed in April - May 2017. 90 users responded. The survey was carried out at all Wear Recovery sites. There were a range of questions in relation to how they rated the service, how it was accessed, how the service users felt they were treated and what they thought of the treatment process.

The findings included:

- 92.2% of service users were highly likely or likely to recommend the service to a family member or friend.
- 86.3% of service users felt the convenience of the location was excellent or good.
- 77.4% of service users felt the provision of harm reduction advice was excellent or good.
- 86.2% of service users felt that swiftness of treatment commencement was excellent or good.
- 86.1% of service users felt that that waiting time for appointment was excellent or good.
- 79.3% of service users felt the provision of written information was excellent or good.
- 87% of service users felt that the help they received to solve problems was excellent or good.

Sunderland Treatment Service Engagement

Engagement with Service Users and carers took place between 3rd -16th March 2015 to gain their views on current treatment Service provision within Sunderland. The consultation highlighted:

- More direct representation is required from service users to commissioning groups.
- Recovery should be more visible, for example by better use of peer mentor schemes.
- There needs to be stronger consideration of the role of education and prevention in relation to substance misuse, to help stop people needing to access treatment services further down the line.
- There are too many hand-offs between service – when people are in crisis, they need to get to the right type of service quickly.
- There needs to be clarity relating to roles of those working around service users and sharing of information, so it is clear to them what is happening.
- There are still too many service users on maintenance-based programmes, rather than following abstinence-based pathways.
- There should be more monitoring of individual outcomes, rather than current contract or Public Health England requirements.
- There is a lack of joined up working with other services, such as employment, housing and mental health.
- Carers and families should be more actively engaged in the treatment of service users.
- There should be a one model which takes into account:
    - Simple entry, exit and service user handover points
    - Single records that follow the service user
    - A visible statement of how the model works, so that referrers and service

users know what they are signing up to
    - Holistic assessment
    - Support plans to be drawn up at the beginning of the service user's journey and agreed to by all participants – including information sharing permissions
- There should be an assessment and entry point in each of the 5 localities, so that the services are operating in the communities that people live in.
- There needs to be strong links to statutory services such as the criminal justice system, hospital and social work, though this should be on an in-reach basis, so that people can be treated within their own communities.
- There should be a specialist rehabilitation unit within Sunderland.
- There should be an overall team who do the bulk of the assessment and support work and have a more generic role. These workers will be cheaper to employ than specialists. It will also be necessary to have specialists such as GPs, psychologists, counsellors, nurses and social workers who could be part of the overall structure – this can be linked to on a case by case basis.
- The model should set clear targets and outcomes as well as recording actual activity so that cases can be monitored and evaluated in their cost effectiveness.
- Links to existing local structures such as mental health groups, AA, and family support groups should be made, and support found to help these groups source external non-public sector funding as this is the cheapest method of delivery.

Public Knowledge Engagement

In March 2013 the Sunderland PCT Public Health team commissioned a social marketing exercise in the form of qualitative research from an independent organisation to deliver a detailed understanding of levels of awareness, barriers to accessing services and motivational factors in reference to making healthy lifestyle changes.

They found that in the case of drug abuse there was a worrying sense that many people won't change their behaviours until they are personally affected by the consequences. For that reason, a CAT scan or other method to show internal damage was suggested by some as the most effective way of encouraging people to change their behaviour.

For those who had already stopped using drugs, the support and encouragement of friends and family proved critical. For many, just having children or committing to a new relationship was enough to initiate a change. There was an overall consensus between those who were still engaging in these behaviours, those who had already made changes and those who offered community support that it is particularly important for alcohol and drug services to be delivered by 'normal' laid-back people who have had their own personal experience of overcoming an addiction.

7) Recommendations for commissioning and needs assessment work:

The new service model to:

- Take a Whole System Approach due to both demand and capacity.
- Strengthen working relationships between the treatment service and adult children's

social care, primary care, secondary care and criminal justice through the introduction of lead practitioners.

- Build in suitable transition pathways from Young Persons Treatment service to the Adult Treatment service.
- Increased out-reach offer to ensure rates of disengagement are reduced.
- Provide a separate harm minimisation service from location of the recovery service.
- Build on the information received from Hitch Marketing 2019.
- Build on Be Involved Peer research 2018-2019.
- Build on the feedback received from the Service User Satisfaction Survey carried out in 2017.

8) Unmet needs and service gaps

- Strengthen education and universal awareness of substance misuse through developing an integrated capacity building offer which maximise the skills and contribution of providers.
- Improved community awareness and use of peer mentors.
- Early Identification and suitable support for high risk individuals.
- Services accessible to working age adults including appropriate harm minimisation (improved links with the business sector).
- Drug Related Deaths (prevention, primary care awareness, prescribing practices)
- Targeted services for high prevalence geographical communities.
- Improved care of unmet physical needs of clients.
- Improved transition arrangements from young people services into adult services.
- Improved support for Armed Forces Veterans affected by substance misuse.
- Improved support for those sexually exploited and sex workers affected by substance misuse.
- Established pathways for inpatient detoxification.

9) Equality Impact Assessments

Throughout this document consideration has been given to the issue of equality, from the perspective of disability, age, gender, race and sexual orientation. The following are areas highlighted throughout the JSNA process which needs consideration in the commissioning and designing of services.

Age:
Commissioned services are specified as accessible for all adults. Services will be promoted through a range of channels that are appropriate for service users aged 18 plus. These include GP surgeries, walk-in centres, hospitals, pharmacies, Job Centre Plus, Housing Associations, hostels and libraries. Services will be delivered in a way that key groups are not excluded. Services will be available where residents can access from all 5 localities and will be available both during the day and in extended hours during some evenings and weekends.

Disability:
Services are specified as accessible for all adults irrespective of disability and must comply with Equality and Diversity legislation

Gender/Sex:
Commissioned services are accessible for all adults irrespective of gender and sex, gender specific groups / delivery must be made possible where necessary.

Marriage & Civil Partnership:
Commissioned services are accessible for all adults and must comply with equality and diversity legislation.

Pregnancy and Maternity:
The service is accessible for pregnant service users with pathways into specialist maternity services.

Race / Ethnicity:
Services commissioned are specified as accessible for all adults. Our procurement procedure will contain measures to test the compliance of potential providers with race and ethnicity considerations.

Religion/Belief:
Whilst the services will be accessible to people of all religions and beliefs, they may not be delivered using 'faith based' practices.

Sexual Orientation:
Commissioned services are accessible for all adults and contain measures to test the compliance of providers with sexual orientation considerations.

Trans-gender/ gender identity:
Commissioned services are accessible for all adults and contain measures to test compliance of providers with transgender and gender identity considerations

Communities experiencing high levels of social and economic deprivation and communities more likely to have unhealthy lifestyles:
Within the service specification there is an outreach component, which aims to deliver services into communities. The service would be able to deliver services to communities geographically isolated from health services and other community assets.

Carers:
Services will enable supported referral for carers of substance misusers into specialist carer services for additional support

Key contacts

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