

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	POLICY COMMITTEE		
DATE:	30 OCTOBER 2017	AGENDA ITEM:	10
TITLE:	DRAFT ADULTS AND YOUNG PEOPLE DRUG AND ALCOHOL STRATEGY 2018 - 2022		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ALL	WARDS:	BOROUGHWIDE
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**1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1 To seek approval for consultation on a draft Drug and Alcohol Strategy for adults and young people 2018-2022.

**2. RECOMMENDED ACTION**

- 2.1 That Policy Committee approve the draft Drug and Alcohol Strategy for adults and young people 2018-2022 for a 12 week formal consultation process.

**3. POLICY CONTEXT**

- 3.1 Reading draft drug and alcohol strategy for adults and young people 2018-2022 has been written in line with the Government Drug Strategy 2017 and the Governments Alcohol Strategy 2012.

**4. BACKGROUND**

- 4.1 A drug and alcohol needs assessment for adults was carried out in December 2015. The findings of the report have informed the draft strategy and outline the priorities for the next five years.

- 4.2 Local information about those in drug treatment in Reading, official estimates and modelling of opiate users in Reading and national trends all suggest that the average age of heroin users is increasing. Most in Reading are in their 30s and 40s and there are an increasing number in older age groups. The number of heroin users under 19 and in their 20s is decreasing.

- 4.3 The needs assessment highlighted that most of those in drug and alcohol treatment in Reading cite heroin as the substance causing them the most problems and that there are a wide range of complex social issues associated with problematic heroin use. Some national research has suggested that heroin users may also have poorer health and be at greater risk of drug related death as they get older.
- 4.4 Although the 2015 needs assessment identified that there may be a greater need for alcohol treatment, no changes to existing funding have been made. However, the Provider has been contracted to provide treatment to anyone (aged 18+) who presents for drug and/or alcohol treatment.

## **5. THE PROPOSAL**

- 5.1 Public health to develop a 5 year drug and alcohol strategy for adults and young people.
- 5.2 The draft drug and alcohol strategy for adults and young people is intended to set out the broad vision of the Council in terms of what needs to be done to put in place a sustainable treatment system for drug and alcohol use in Reading as well as a multidisciplinary approach that truly joins up the various different services provided across all agencies and partners which will benefit individuals, families and for society more generally.

### **5.3 Timetable**

Policy Committee - 30<sup>th</sup> October 2017

Consultation period - November 2017 - January 2018 (Actual dates to be confirmed)

Review consultation response, update strategy and develop action plan - January 2018 - February 2018.

Health & Wellbeing Board - 16<sup>th</sup> March 2018

## **6. CONTRIBUTION TO STRATEGIC AIMS**

- 6.1 Tackling drugs and alcohol in Reading contributes towards Reading Borough Council's aim to 'safeguarding and protect those that are most vulnerable'.
- 6.2 Tackling drugs and alcohol also promotes Community Safety; by encouraging harm reduction messages and reducing health risks to the community.
- 6.3 This strategy will support the delivery of one of the Reading Health and Wellbeing Strategy priorities; Reducing the amount of alcohol people drink to safer levels.

## **7. COMMUNITY & STAKEHOLDER ENGAGEMENT**

- 7.1 The consultation and engagement process for the drug and alcohol strategy will include wider members of the public, service users, families, carers, Partners and Stakeholders via a 12 week public consultation. It will invite

individuals to comment on the proposed priorities via online and paper questionnaires as well as service user group forums.

We are aiming to consult with the whole community in order to achieve a clearer vision of what is currently working and what needs improving to ensure we are tackling the issues and the right improvements are being made.

## **8. LEGAL IMPLICATIONS**

8.1 We do not anticipate there to be any legal implications at this stage.

## **9. EQUALITY IMPACT ASSESSMENT**

9.1 The consultation and engagement process will provide an opportunity to develop an understanding of how the draft strategy might impact differently on protected groups, and will also highlight any concerns or impacts any changes may have. An equality impact assessment will be prepared to accompany the final strategy presented to the Health and Wellbeing Board for approval.

## **10. FINANCIAL IMPLICATIONS**

10.1 The consultation and engagement exercise will be met using existing resource (2 Project Officers) and will not in itself require additional financial investment.

## **11. SUPPORTING PAPERS**

Draft Reading drug and alcohol adults and young people strategy 2018-2022



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## Contents

Foreword.....	2
Executive Summary .....	4
Our Vision .....	5
Common drugs, the risks and the law.....	6
Cannabis .....	6
Heroin.....	6
Cocaine .....	7
New Psychoactive Substance (NPS) ( <i>formerly known as legal highs</i> ).....	7
Risks and alcohol.....	9
Current Services in Reading .....	9
SOURCE .....	9
IRiS Reading (Integrating Recovery in Services) .....	10
Community Alcohol Partnership (CAP) .....	10
Primary and Secondary Care Services .....	10
What are the issues in Reading? .....	11
Young People.....	11
Adults .....	12
Aims of this strategy.....	16
Developing this strategy.....	16
<i>National Alcohol Strategy 2012</i> .....	17
Partnership Approach - Collaboration and Integration .....	19
Implementation, Governance and Accountability.....	19
Our priorities .....	20
Priority 1: PREVENTION - Reducing the amount of alcohol people drink to safer levels & reducing drug related harm .....	20
Priority 2: TREATMENT - Commissioning and delivering high quality drug and alcohol treatment systems .....	22
Priority 3: ENFORCEMENT & REGULATION - Tackling alcohol and drug related crime and anti social behaviour.....	23
References .....	24

## Executive Summary

This strategy sets out Reading's drug and alcohol related vision and priorities for the next five years.

The key focus is to reduce the harm, or potential harm, that misusing drugs and alcohol has on the individual, families and the wider community. We need to ensure that treatment services are available and accessible to support those who need them to recover effectively. Education and information needs to be easily available.

We understand the work set out in this strategy can only be achieved in successful partnership with all agencies in Reading.

This strategy comprises three main themes:

- Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.
- Treatment; Commissioning and delivering high quality drug and alcohol treatment systems
- Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.

The strategy has a community-wide focus, including children, young people and adults - whether they are consuming alcohol or drugs themselves or whether they are affected by other people using these substances.

Reading wants to promote a culture shift to promote a positive change in the attitude and behaviours towards alcohol harm and drug misuse. We need to:

- Support a change in the community's attitude by supporting and encouraging more responsible drinking.
- Increase awareness, understanding and support the change in lifestyle and attitudes in order to empower and enable individuals to make more positive choices about the role of alcohol and drugs in their lives.
- Ensure individuals understand:
  - the health risks associated with drugs and alcohol
  - the consequences using can have on education, employment, relationships, housing and
  - the impact the environment where the individual is misusing can have.

## Our Vision

We recognise that, to ensure long-lasting changes in lifestyles, we need to work with individuals, families, communities and other partners. One service alone can't tackle all the issues.

Our vision is to:

*“Reduce the harm, or potential harm, that misusing alcohol and drugs has on the individual, families and the wider community. We want to enable individuals affected by drug and alcohol misuse to recover and reach their potential in leading a healthier lifestyle with the help of all agencies in Reading”*

We are aiming for a local partnership that works together effectively to ensure that it understands drug and alcohol use in Reading, and is confident that local needs for prevention and treatment are being met.

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## Common drugs, the risks and the law

The most commonly used drugs, such as cannabis, opiates and crack cocaine, are illegal. Uncontrolled New Psychoactive Substances (also called NPS, 'legal highs' or 'club drugs') are relatively easily available.

### Cannabis

Details	Risks	Law
<p>Most commonly used drug but use is falling according to Europe's drug agency (EMCDDA) report. Sedating and hallucinogenic – heightens senses. People may feel:</p> <ul style="list-style-type: none"> <li>▪ Relaxed, happy, giggly and/or talkative</li> <li>▪ Hungry (AKA the munchies)</li> </ul>	<p>People may feel light headed, faint, sick (AKA a whitey)</p> <p>Can cause anxiety, suspicion, paranoia</p>	<p>Class B drug</p> <p>Penalties:</p> <ul style="list-style-type: none"> <li>▪ Up to 5 years in jail for possession</li> <li>▪ Up to 14 years in jail + unlimited fine for selling or giving away.</li> </ul>

### Heroin

Details	Risks	Law
<p>Made from morphine, extracted from opium poppy</p> <p>Around for hundreds of years</p> <p>Originally used to treat pain, sleeplessness and diarrhoea</p> <p>Used by clubbers as "chill out" drug – small dose gives a heightened sense of wellbeing, larger doses relaxes/causes drowsiness</p>	<ul style="list-style-type: none"> <li>▪ Can cause dizziness and vomiting</li> <li>▪ Highly addictive</li> <li>▪ Injecting/sharing needles can spread HIV and Hepatitis C and damage veins, cause ulcers, abscess and blood clots</li> <li>▪ Respiratory depression, can lead to death.</li> </ul>	<p>Class A drug</p> <p>Penalties:</p> <ul style="list-style-type: none"> <li>▪ up to 7 years in jail and/or an unlimited fine for possession</li> <li>▪ up to life in jail and/or an unlimited fine for selling or giving away.</li> </ul>

## Cocaine

Details	Risks	Law
<p>Powder (AKA coke), freebase and crack cocaine are powerful stimulants, with short-lived effects.</p> <p>Different forms for snorting, smoking and injecting</p> <p>Speeds up the mind and body</p>	<p>Addictive. Users crave more and more so can get expensive</p> <p>Heavy users may turn to heroin to dampen cravings</p> <p>High doses cause convulsions, heart attack/heart failure</p> <p>Higher risk of overdose/side effects if mixed with other drugs or alcohol.</p> <p>Mixing cocaine and alcohol produces cocaethylene which is toxic</p> <p>Snorting can cause breathing problems and destroy nose cartilage</p> <p>White heroin may be snorted by mistake – this can be fatal</p> <p>Makes people feel depressed and run down and can lead to serious anxiety, paranoia and panic attacks. Increases mental health problems.</p> <p>May damage unborn babies or cause miscarriage</p> <p>Injecting drugs has high risk of overdose.</p> <p>Speedballing (injecting a mix of cocaine and other drugs) can be fatal.</p> <p>Injecting/sharing needles can:</p> <ul style="list-style-type: none"> <li>▪ spread HIV and Hepatitis C</li> <li>▪ damage veins, cause ulcers, abscess and blood clots</li> </ul>	<p>Class A drug.</p> <p>Penalties:</p> <ul style="list-style-type: none"> <li>▪ up to 7 years in jail and/or an unlimited fine for possession</li> <li>▪ up to life in jail and/or an unlimited fine for selling or giving away.</li> </ul>

## New Psychoactive Substance (NPS) (formerly known as legal highs)

Details	Risks	Law
<p>Stimulant NPS (brand named include Clockwork Orange', 'Bliss', 'Mary Jane)</p>	<ul style="list-style-type: none"> <li>▪ Not enough known about potency or effects if mixed with other drugs/alcohol</li> <li>▪ Ingredients may not be as listed</li> <li>▪ Over confidence and risk taking</li> <li>▪ Can cause anxiety, panic, confusion, paranoia, and psychosis</li> <li>▪ Lowers immunity and strains the heart and nervous system</li> <li>▪ Linked to poisoning and death</li> <li>▪ Can feel low for a while once stopped</li> </ul>	<p>Since Spring 2016 it is illegal to produce, supply or import NPS.</p> <p>Punishments range from a prohibition notice, which is a formal warning, to 7 years in prison.</p>

Details	Risks	Law
Downers or sedative NPS	<ul style="list-style-type: none"> <li>▪ Reduced inhibitions, concentration and slows reactions</li> <li>▪ cause lethargy and forgetfulness</li> <li>▪ can affect balance - increases risks of accidents</li> <li>▪ has caused unconsciousness, coma and death, particularly when mixed with alcohol and/or with other downer drugs.</li> <li>▪ Causes anxiety anxious once stopped,</li> <li>▪ Heavy users may get severe withdrawal syndrome which is dangerous and requires medical treatment</li> </ul>	
Psychedelic or hallucinogenic NPS (act like LSD, magic mushrooms, ketamine and methoxetamine)	<ul style="list-style-type: none"> <li>▪ Cause confusion, panic and strong hallucinatory reactions ('bad trips'),</li> <li>▪ Can affect judgement and cause erratic careless or dangerous behaviour which can lead to a serious injury or self-harm.</li> </ul>	
Synthetic cannabinoids	<ul style="list-style-type: none"> <li>▪ Life-threatening in large doses.</li> <li>▪ Can affect the nervous system leading to seizures, fast heart rate, high blood pressure, sweating, increased body temperature,</li> <li>▪ Can make people feel agitated and combative (ready to fight).</li> </ul>	

More detailed information on these and other drugs is available online - see [www.talk-to-frank.com](http://www.talk-to-frank.com)

## Alcohol and the risks

New [guidelines](#) published by the Government in January 2016 state there is no safe level for drinking alcohol and that to reduce risks to health both men and women should drink no more than 14 units spread evenly throughout each week.

Alcohol can:

- increase the risk of certain diseases and health problems; it's a causal factor in more than 60 medical conditions which include mouth, throat, stomach, liver and breast cancers, heart disease, stroke, cirrhosis, pancreatitis, liver disease etc.
- affect behaviour and risk taking in the short term
- Have a negative effect on relationships, work and personal safety.

Alcohol use is sometimes classified as

- 'RISKY' - drinking at a level that may cause physical or emotional harm, or cause problems in a person's life in some other way
- 'HARMFUL' - drinking at a level that has already led to harm or
- 'DEPENDENT' - heavy drinking where the person has become physically dependent on alcohol and will require detoxification to stop using safely.

## Current Services in Reading

We have a number services to treat and support drug and alcohol users.

### SOURCE

SOURCE is a specialist drug & alcohol service (provided by Reading Borough Council) working with young people under 18 years old (or up to 25 if they are vulnerable adults) or have LDD. SOURCE is jointly funded by Public Health, Children's Service and the Police and Crime Commissioner.



The service offers:

- Confidential assessments of young person's drug/ alcohol use including legal highs.
- Links to substitute prescribing services
- Care plans to address drug and alcohol issues
- One to one sessions based on individual learning styles
- Help to access healthcare services in the community
- Signposting to young person's services such as CSE, YES, Young Carers etc.
- Stop Smoking Services
- C-card registration

SOURCE also offers:

- support for families of drug users
- Specialist training, consultation and resource library for professionals

## IRiS Reading (Integrating Recovery in Services)

IRIS Reading (provided by Cranstoun in partnership with Inclusion) was commissioned by Reading's Drug and Alcohol team in 2014. The service is funded via Public Health and the Police and Crime Commissioner.

It provides an integrated drug and alcohol treatment service for local residents which includes:

- Assessment & referral
- Routes through to all other IRIS services
- Access to substitute prescribing
- Pre-detox support
- Peer support
- Harm reduction
- Health improvement
- Screening & vaccination
- Housing Support
- Needle exchange
- Acupuncture
- Relaxation

At the end of August 2016:

- 755 people engaged in treatment with specialist drug and alcohol services.
- 183 said alcohol caused them the most problems
- 420 said heroin caused them the most problems
- 380 had a prescription to help them manage symptoms of withdrawal from opiates.



## Community Alcohol Partnership (CAP)

Public Health and Trading Standards jointly fund the CAP which sits within Reading Borough Council. The CAP focuses on education, enforcement, public perception, communication, diversionary activity and evaluation in Reading across all schools and in the community amongst retailers.

CAP aims to develop a culture where:

- Adults and young people drink responsibly
- Young people under the age of 18 are only able to access alcohol under responsible and informed supervision
- Safe consumption limits are understood and
- Parents understand the impact of alcohol and are aware of the influence their drinking can have on their children.



## Primary and Secondary Care Services

- Local GPs offer IBA (Identification and Brief Advice) to patients and can signpost to specialist support if required.
- Pharmacies offer supervised consumption and needle exchange
- Prospect Park Hospital provides an alcohol detox service (referrals only)
- Royal Berkshire Hospital treats high risk alcohol patients (Sidmouth Ward) and treats emergencies (like overdose) are accessed via A&E.



# What are the issues in Reading?

## Young People

Young people receiving interventions for substance misuse have a range of vulnerabilities that require specialist support and intervention.

Those in treatment often say they:

- are/were victims of domestic violence
- have contracted a sexually transmitted infection
- have experienced sexual exploitation.

And are more likely to:

- not be in education, employment or training and
- be in contact with the youth justice systems.

Between April 2016 and March 2017, 33 young people were engaged with structured treatment with SOURCE (our young people's drug and alcohol service), of whom 19 presented to treatment during the year. While this number is small, it reflects the most complex cases who:

- have a range of social and emotional needs and
- are mainly referred by the Youth Offenders Team (YOT) and specialist schools catering for children who are excluded/at risk of exclusion (Figure 1).

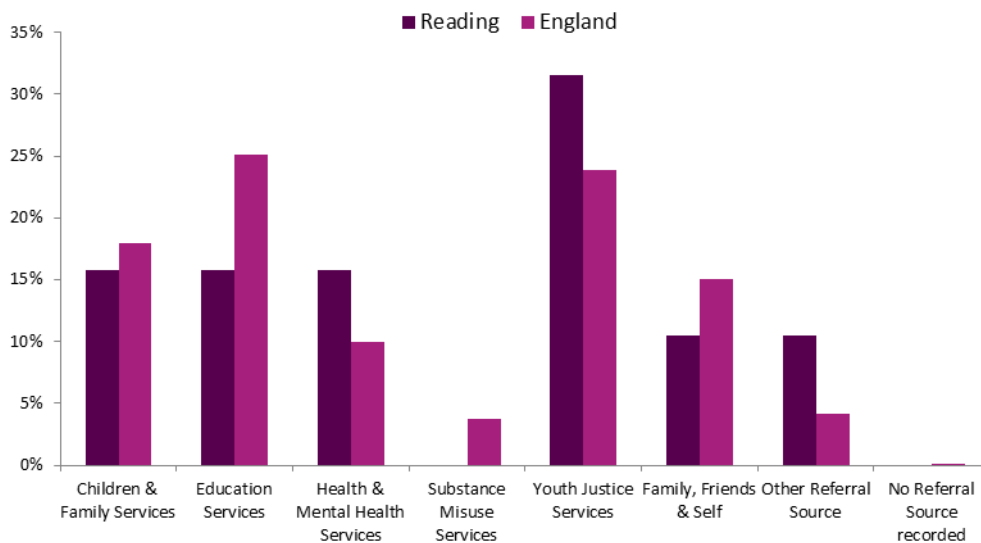


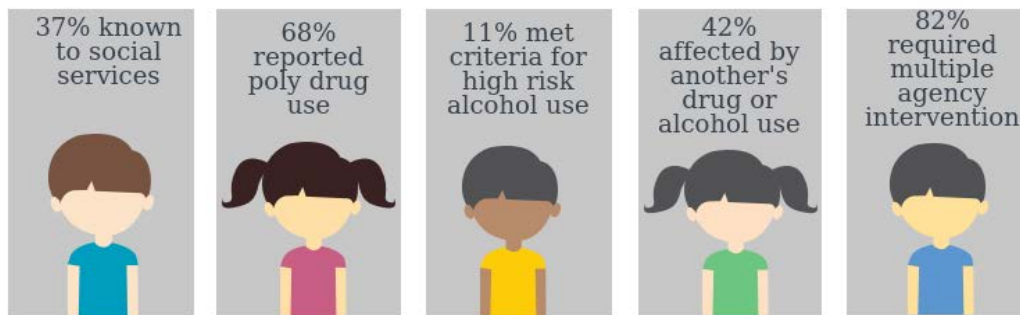
Figure 1: % Referrals of young people to drug or alcohol treatment by source (2016/17)<sup>1</sup>

Several indicators suggest that young people who presented to drug and alcohol treatment in Reading in the last year may have had more complex needs than may have been seen elsewhere.

- Of the 19 new presentations in 2016/17, 8 (37% of the total) were either the subject of a child protection plan, or were classified as a looked after child or a child in need, compared to a national figure of 25%.

<sup>1</sup> National Drug Treatment Monitoring System

- 68% of new presentations in Reading reported poly drug use and 11% met criteria for high risk alcohol use, compared to 59% and 2% of new presentations nationally.
- 42% of new presentations in Reading reported that they were affected by another person's substance use, compared to 23% nationally.
- An analysis of interventions delivered shows that 82% of those receiving structured treatment in 2016/17 required interventions from multiple agencies, compared to 56% nationally.
- Young people in Reading spend considerably more time in treatment (an average of 34.78 weeks in 2015/16) compared to the national average (24.53 weeks)<sup>1</sup>



### Information and advice for young people

Source provides information sessions in schools and youth clubs.

The Community Alcohol Partnership (CAP) provides focussed education sessions and workshops.

### Adults

Locally the numbers of drug-related admissions and drug-related deaths are proportionally smaller than those related to alcohol use. Illegal drug use is less prevalent than heavy alcohol use and is associated with fewer acute adverse reactions. However, those who do use illegal drugs, particularly heroin and crack cocaine, typically experience a myriad of physical and psychological health and social problems which require interventions from a range of providers.

People who misuse drugs (especially opiates and crack cocaine) place an enormous strain on their children and families which can have a serious negative impact on their long-term health and well-being.

Reading has a high rate of deaths caused by drug use (6.1 per 100,000 – equivalent to between 10 and 11 deaths in Reading each year. This compares to a rate of 3.9 per 100,000 in England). Those at highest risk are long-term heroin users, especially men (ref PHOF,)





Reading has a high rate of deaths caused by drug use

**(6.1 per 100,000 - equivalent to more than 10 deaths each year)**

This compares to a rate of 3.9 per 100,000 in England.

Most deaths are accidental overdoses and long-term heroin users are at the highest risk.

An estimated 1,111 people in Reading are regular heroin users (*ref* <http://www.nta.nhs.uk/facts-prevalence.aspx>), of which some 616 (51%) engaged with specialist treatment last year (16/17), compared to 56% of heroin users nationally. Almost 10% of heroin and other opiate drug users in treatment in Reading left treatment free of dependence in 2016/17, compared to 7% nationally.

Drugs and alcohol misuse are significant causes of both violent and acquisitive crime. Acquisitive crime, often associated with drug use, fell to a low level in 2015, but increased in 2016 and 2017 (Figure X). A locally commissioned evaluation of Opiate Substitution Therapy (OST) for offenders suggested that OST in Reading was successful in helping entrenched offenders stop or reduce their offending and suggested that greater support for homeless offenders may help to increase effectiveness.



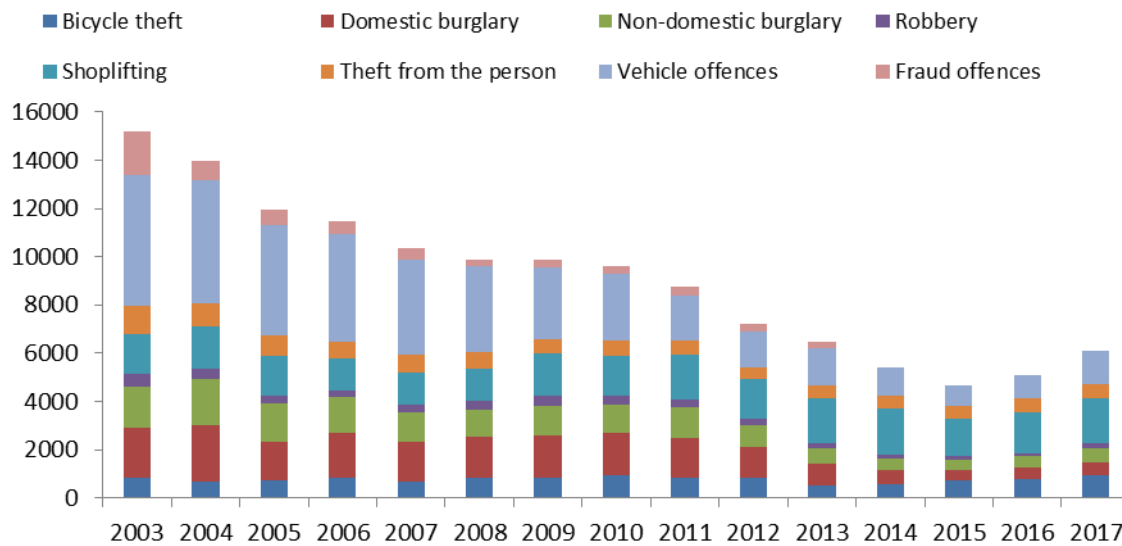
Acquisitive crime, often associated with drug use, fell to a low in Reading in 2015 and increased in 2016 and 2017. Drug treatment helps to reduce drug-related crime.

Violent and sexual crimes are often committed under the influence of a substance and are often associated with alcohol use. Violent crime in Reading fell to a low in 2013 and have been increasing steadily.





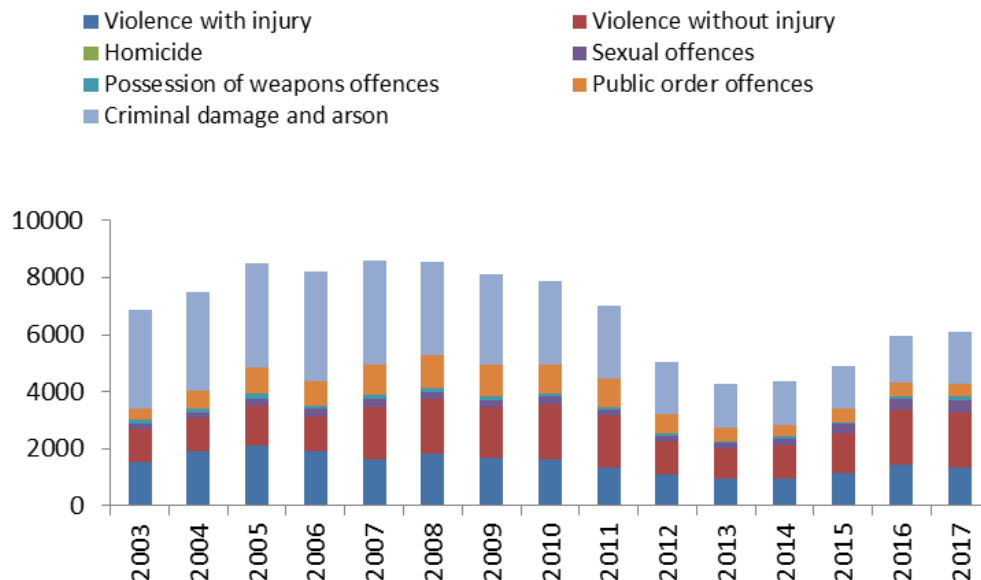
Figure X: Recorded Crime in Reading 2003-2017 – Acquisitive crime types



Source: [Police Recorded Crime Statistics](#)

Alcohol use is more commonly associated with “psychopharmacological crime”, or crimes committed while under the influence of a substance. These may include violent and sexual offences, including those involving domestic abuse. The level of violent crime in Reading fell to a low in 2013, but increased steadily until 2016, and has remained stable in 2017.

Figure X: Recorded Crime in Reading 2003-2017 – Violent and sexual crime types



Source: [Police Recorded Crime Statistics](#)

[Statistics on mortality and admissions to hospital related to alcohol](#) suggest that more people in Reading than average are suffering from health problems caused by alcohol,

especially alcohol specific conditions (those caused wholly by alcohol use) and mental and behavioural conditions.



Alcohol misuse, mainly in the adult population, is a far greater problem than drug use in Reading (as elsewhere) mainly because of the sheer number of people who drink alcohol in our society (a very large majority) and the increasing proportion who do so in ways that risk injuring their health.

Based on national self-reported drinking levels against the current guidelines we estimate:

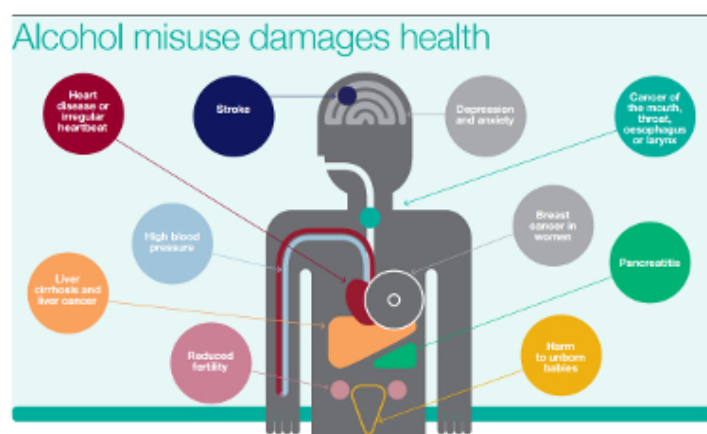
- at least 30,000 residents drink at a level that could harm their health or wellbeing
- 4,500 are drinking to levels that have already harmed their health or wellbeing

As research shows that people significantly under-report their drinking, we can infer that people's true drinking levels are higher than this.

Reading has high rates of alcohol-specific mortality in men

Between 2013 and 2015 the estimated:

- rate of deaths in men caused by a disease wholly attributable to alcohol was 24.2 per 100,000 population significantly worse than the England average (15.9) and other areas with similar levels of deprivation (14.3)<sup>2</sup>
- The rate for all persons in Reading (14.1 per 100,000) was significantly worse than the combined rate in other areas with similar levels of deprivation (10.3 per 100,000) The rate was also worse than the rate for all England (11.5 per 100,000), although in the most recent period the difference was not large enough to be statistically robust.



Source: Public Health England

<sup>2</sup> IMD 2010

These rates indicate a significant population who have been drinking heavily and persistently over the past 10-30 years.

Liver disease is one of the major causes of mortality and morbidity in England with deaths reaching record levels having risen by 20% in the last decade.

## Aims of this strategy

We aim to:

- Reduce harm from alcohol and drug use in the Borough
- Minimise harm and negative effects to the wider population
- Encourage and promote recovery for dependent drug and alcohol users.
- To engage all partners to streamline efforts and use resources effectively.

## Developing this strategy

This strategy has been informed by internal and external data and evidence, including:

- The National Drugs Strategy 2010 –“Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life”
- The National Drugs Strategy 2017
- The National Alcohol Strategy 2012
- Reading’s Joint Strategic Needs Assessment (JSNA) and the
- Health & Wellbeing Strategy 2017-20.

### **National Drug Strategy 2017**

The National Drugs Strategy 2010 set out the Government’s approach to tackling drugs.

It focused on recovery\* as well as reducing the harms caused from drugs and alcohol.

The two key overarching aims of the 2010 strategy were to:

- Reduce illicit and other harmful drug use and
- Increase the numbers recovering from their dependence

The National Drugs Strategy 2017 moves another step forward clearly setting the expectations for action from a wide range of partners, including those in education, health, safeguarding, criminal justice, housing and employment. The new strategy expands on the 2010’s two overarching aims to reduce demand, restrict supply, build recovery and take global action.

### **What is recovery?**

\*Recovery is a process more so than an end state and means different things to different people. Recovery is the best way to summarise the benefits to physical, mental and social health. This could mean anything from support with managing money and debt, ability to access and sustain accommodation, employment and training and having the capacity to build healthy relationships including parenting. We have used the definition within the 2010 Drugs Strategy

*“Recovery involves three overarching principles – wellbeing, citizenship, and freedom from dependence. It is an individual, person-centred journey, as opposed to an end state, and one that will mean different things to different people.”*

This means recovery is much wider than just being free from dependence on drugs and alcohol. It is about having a safe place to live, a job, friends and a place in society.

### **National Alcohol Strategy 2012**

The National Alcohol Strategy 2012 set out the Government’s approach to addressing alcohol. The outcomes are to support:

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others;
- A reduction in the amount of alcohol-fuelled violent crime;
- A reduction in the number of adults drinking above the NHS guidelines;
- A reduction in the number of people “binge drinking”;
- A reduction in the number of alcohol-related deaths; and
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

### **Reading’s Joint Strategic Needs Assessment (JSNA)**

[The JSNA](#) provides data and evidence about the needs of the local population, including:

- an estimate of the number of people likely to benefit from support or treatment to reduce alcohol use
- information, evidence and best practice around about interventions

### **Reading’s Health and Wellbeing Strategy 2017-2022**

The HWB Strategy sets out how the Health and Wellbeing Board plans to realise its vision for ‘a healthier Reading’ and meet its key objectives to:

- Promote and improve the health and wellbeing of the people of Reading
- Reduce health inequalities; and
- Promote the integration of services.

The strategy has identified eight priorities - Priority five is focused on Alcohol and “to reduce the amount of alcohol people drink to safer levels”.

### **Public Health Outcomes Framework (PHOF)**

We will use PHOF indicators for health improvement to measure the progress of this strategy. People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

2.15 Drug and alcohol treatment completion and drug misuse deaths

*Definition: The number of drug users that left drug treatment successfully (free of drug dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment.*

2.16 Adults with substance misuse treatment need who fully engage in community-based structure treatment following release from prison

2.18 Alcohol related admissions to hospital

This strategy will also contribute to:

1.13 Levels of offending and re-offending (Definition: Percentage of offenders that re-offend from a rolling 12 month cohort)

1.11 Domestic violence rates

4.06 Under 75 mortality rate from liver disease

### **Reading's Drug and Alcohol Needs Assessment, January 2016**

On 22 January 2016 the [Health and Wellbeing Board](#) endorsed a report into the needs of local resident in relation to drug and alcohol use. The report found:

- Current resources are primarily targeted at drug treatment, particularly opioid substitution therapy (the prescribing of an opiate substitute, like Methadone or Subutex, to reduce the effects of withdrawal from illicit opiate drugs (like heroin) and help to reduce risks to the individual and enable them to maintain a safe and functional lifestyle).
- Around 500 heroin users are in treatment at any one time (roughly half of the total number of people estimated to use heroin in the Borough).
- Although these numbers are relatively small, the use of heroin and other drugs is often related to a variety of significant and very complex problems and the needs of this vulnerable group are high.
- The number of people using alcohol at potentially harmful levels is much greater, but the number receiving structured treatment is much smaller.
- We estimate around 30,000 residents drink at a level that could harm their health or have a negative effect on their work or personal relationships, and around 4,500 people whose drinking has already caused them some physical, emotional or social harm but only 100-150 people are in treatment for alcohol misuse in Reading at any one time. This apparent disparity is likely to reflect in part both more modest treatment and support needs of many alcohol users, as well as the nature of clinical treatment that can be provided for alcohol use (usually detoxification).
- Alcohol users, particularly those whose use would be classified as 'risky' rather than 'harmful' or clinically dependent, may be offered a short, practical and motivational discussion about their drinking at their GP surgery or by another professional.
- The high rates of liver disease and other alcohol-related mortality suggest that more support is needed locally to help people to reduce their alcohol use.
- The number of people, including young people, who engage with drug services for help with use of cannabis, cocaine and New Psychotic Substances is very small.
- Prevention activity, mainly delivered in focussed sessions in schools and youth clubs, is limited.

The report recommended a revised approach to drug and alcohol services that:

- puts greater emphasis on the problems of alcohol misuse at all ages;
- puts greater emphasis on prevention, particularly targeting of 0-18 year olds, with specialist family support in place for children at risk;
- ensures that health and social care and criminal justice services work together effectively;
- enables and encourages frontline staff in all sectors to do more to identify people at risk of harm from drug and alcohol use, and to provide a brief intervention or refer for specialist treatment where appropriate; and
- enables partners to take account of the cumulative impact of drug and alcohol use in strategic planning and delivery of services.

Visit [www/reading.gov.uk/JSNA](http://www/reading.gov.uk/JSNA) for more details.

## Partnership Approach - Collaboration and Integration

Drug and alcohol misuse has a huge impact on the individual, their families, the children and our community.

**No single organisation can tackle these issues alone.**

The responsibility for prevention of Drug and Alcohol misuse is shared between the Council, CCGs, Hospital Trust, Primary Care Providers, Housing, the Police, probation services, voluntary organisations, faith groups, those in recovery and many others.

We must work in partnership to :

- Improve the health and wellbeing of individuals who misuse drugs and alcohol. This will link in with The Health and Wellbeing Strategy objectives.
- Improve successful completions from drug and alcohol – ensure our treatment services are improving, responsive and available in Reading.
- Ensure vulnerable families & children receive timely and appropriate drug and alcohol support
- Reduce crime, domestic violence abuse and anti-social behaviour

We need robust joint working arrangements between organisations and must work as a partnership to achieve these objectives.

We must share our expertise and manage clients to ensure they have the best possible outcomes and can fulfil a drug and alcohol free lifestyle.

## Implementation, Governance and Accountability

Reading's strategic priorities, target outcomes and actions to deliver this strategy will be set out in our Drug and Alcohol Strategy Action Plan.

We will be accountable to the:

- Health and Wellbeing Board
- Clinical Commissioning Groups and
- Community Safety Partnership

and will report on progress against targets and developments to reduce offending behaviours, tackle drug and alcohol misuse as well as achieving successful completions.

These governing groups will be responsible for signing off the Strategy and the management and signing off of the actions.

We have identified three key priorities for this strategy:

- Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.
- Treatment; Commissioning and delivering high quality drug and alcohol treatment systems
- Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.

We will review the drug and alcohol strategy annually so that it is responsive to emerging needs.

The Drug and Alcohol Strategy Action Plan will assign responsibility and timeframes for actions so that progress can be monitored.

Key milestones in achieving the strategic priorities provide a framework to ensure that the drug and alcohol strategy and the action plan are robust.

The drug and alcohol Strategy 2018-2022 will contribute to the service priorities set out in the Council's Corporate Plan 2016-19:

- Safeguarding and protecting those that are most vulnerable
- Providing the best life through education, early help and healthy living

## Our priorities

In Reading, we want to enable individuals affected by drug and alcohol misuse to recover and reach their potential in leading a healthier lifestyle. We aim to reduce harm to those at risk, empower those who are addicted or dependent to recover.

Through consultation with local partners, we plan to address and commit to addressing 3 priorities of Prevention, Treatment and Enforcement and Regulation.

### **Priority 1: PREVENTION - Reducing the amount of alcohol people drink to safer levels & reducing drug related harm**

We want our communities to be getting the right information and advice on drugs and alcohol. The promotion of positive and responsible behaviours around drug and alcohol misuse is crucial, enabling individuals to make informed choices.

This is particularly important for young people and includes education around any subsequent behaviour that follows the consumption of drugs or alcohol, for example, offending, risky sexual behaviour, exclusion from school, loss of employment and benefits.

We must ensure the community understands the consequences their drug and alcohol use can have on others, specifically the effects on children and young people viewing such activities.

We also know that drug and alcohol service users tend to have numerous contacts with a range of other health care services. These include GP, A&E departments, other acute wards as well as the ambulance services. We want to work more closely with primary care and social services teams (Multi-Agency Safeguarding Hub, Early Years, Long term care teams, social workers) to capture drug and alcohol misusers to ensure that we can deliver the safest and most efficient appropriate treatment.

Every contact counts and our strategy aims to ensure that the first point of contact for our drug and alcohol misusers is positive, informative, supportive and that staff have the right skills to engage positively and effectively.

#### ***We want to achieve:***

- Reduce the health, social and economic harms caused by alcohol harm and

drug misuse, for both the individual user and wider society

- A shift in culture to promote positive alcohol lifestyle choices and a reduction in drug misuse
- More people to be able to receive support at an appropriate level to address risky, harmful and dependent use of alcohol.
- Make services more accessible; reduce stigma of alcoholism so people feel able to seek help and get the help they need.
- Encourage uptake in training in screening and brief interventions for frontline practitioners.
- Fewer alcohol related admissions to hospital and a reduction in alcohol and drug related harm.
- More people to receive support around co-existing mental health and drug and alcohol issues.
- Awareness of the risks of using drug and alcohol amongst all groups including lesbian and gay communities, ethnic minority groups, parents and carers, voluntary sector.

***To achieve this, we will:***

- Work together, regularly reviewing the needs of the local community and benchmarking local investment and performance.
- Provide good quality treatment for alcohol users that is evidence-based and recovery-focused and that enables individuals to improve their health and wellbeing.
- Promote knowledge and change behaviour by promoting understanding of the risks of using drugs and alcohol and by embedding screening and brief intervention in primary care, social care and criminal justice settings, housing and environmental health contacts.
- Increase number of audit c/brief interventions delivered in primary care.
- Review existing interventions and develop a robust multi agency model to reduce alcohol-related hospital admissions.
- Work with schools to target prevention campaigns as well as Parents about drinking behaviours and their consequences.
- Work closely with schools to support their delivery of drug and alcohol awareness programmes.
- Develop and implement a programme of communication in line with national campaigns, using social media, around drug and alcohol misuse
- Develop a rolling training programme for all agencies and Partners in Reading; drug and alcohol awareness, naloxone training, suicide prevention training
- Promote drug and alcohol awareness training to specific targeted groups including lesbian and gay communities and ethnic minority groups.
- Promote positive and responsible behaviours around alcohol and drug misuse including any subsequent behaviour that follows for example offending, risky sexual behaviours, exclusion from school or termination from work and benefits.
- Work in partnership with mental health services to improve interventions around co-existing mental health and drug and alcohol issues.



## **Priority 2: TREATMENT - Commissioning and delivering high quality drug and alcohol treatment systems**

The misuse of drugs and alcohol can have a detrimental effect on a person's health and wider wellbeing. It is accountable for poor health outcomes, health inequalities and significant demands on the resources of many public services.

Around 600 opiate users engage with local specialist adult drug treatment services each year. Many have very complex needs and engage in risky behaviour, causing harm to themselves, their children and other family members and the wider community.

As more people are identified as requiring treatment for drug and alcohol misuse, treatment providers and partners need to ensure their services meet their needs. Due to the ever changing environment, increased pressures on individuals and the new emerging trends for alcohol and drug users of all ages, there is the need to enhance these treatment systems to ensure continued delivery of high quality, fit for purpose services.

Re-balancing existing resources to address the unmet needs of alcohol users while managing the risks to the opiate using population will be a considerable challenge for Reading in the coming years.

### ***We aim to:***

- Re-balance commissioned treatment services to manage the emerging needs of alcohol users
- Ensure those exiting treatment are free of alcohol and drug dependence, do not re-present at treatment services and are effectively reintegrated into society
- Reduce the numbers of drug related deaths; identify, appropriate interventions, prevention and training activities around the prevention of drug related deaths including the provision of take home naloxone.
- Reduce the risks of suicide
- Reduce the availability of illegal drugs and access to New Psychoactive substances
- Improve pathways between partner services; i.e. housing, probation, prisons, voluntary organisations, GPs, A&E and hospital wards
- Improve pathways for those with mental health issues; co-existing and dual diagnosis.

### ***To achieve this we will:***

- Specialist treatment providers need to ensure their services are meeting the needs of Reading. We live in a changing environment with increasing peer pressure, pressure on individuals and the new emerging psychoactive substances, that specialist treatment providers need to enhance their services to continue delivering high quality fit for purpose services.
- Review drug related deaths on a quarterly basis via the Substance Misuse Death Overview Panel as well as monitoring national information. The Panel will develop a mechanism for 'learning the lessons' and for the rapid dissemination of recommendations around the prevention of deaths.
- Disseminate Naloxone alongside overdose training to service users, their families and other agencies to prevent drug related deaths.
- Improve services via a trained workforce to highlight the dangers and harmful effects of drugs and alcohol on families and children.

- Improve relationships e.g. facilitating joint training & joint induction arrangements and communications between Specialist treatment services and the mental health services to put in place timely and effective pathways for those individuals with co-existing and dual diagnosis needs. Commissioners need to link up commissioning strategies and priorities as well as contract manage jointly to effectively manage clients.
- Develop effective information and intelligence sharing across the partnership.

### **Priority 3: ENFORCEMENT & REGULATION - Tackling alcohol and drug related crime and anti social behaviour**

Illicit drug use and alcohol consumption is also a significant contributory factor in relation to a wide range of crime, disorder and anti-social behaviour for adults and young people.

We want to ensure alcohol is sold and consumed responsibly in Reading and continue to disrupt the supply of drugs into Reading through effective enforcement.

#### ***We aim to:***

- Reduce violence and crime associated with drugs and alcohol
- A community free of alcohol related violence in homes and in public places, especially the town centre
- Improve measures aimed at reducing access to counterfeit and illegal alcohol
- Reduce the availability of illegal drugs
- Reduce street drinking
- Reduce 'county line' dealing –this is described as when an individual, or more frequently a group, establishes and operates a telephone number in an area outside of their normal locality in order to sell drugs directly to users at street level.

#### ***To achieve this we will:***

- Create responsible markets for alcohol by using existing licensing powers to limit impact of alcohol use on problem areas and by promoting industry responsibility.
- Address alcohol-related anti-social behaviour in the town centre and manage the evening economy
- Address alcohol-related anti-social Neighbourhoods
- Drugs and alcohol are often linked to violence, burglary, domestic violence and disturbances. We need to improve a partnership approach to tackle drug and alcohol related issues associated with town centres and other trouble areas.
- Conduct a local criminal justice needs assessment to look at this cohort in more detail and develop tailored services to meet local need.
- Develop effective information and intelligence sharing across the partners, identifying where current crimes are taking place and known availability of alcohol and drugs in order to develop effective responses and improve current engagement with treatment services to improve referral pathways.
- Enforce laws on underage sales of alcohol and reduce the availability of illegal drugs.

## References

This strategy references a number of documents:

- Government Alcohol Strategy, 2012
- Government Drug Strategy, 2010
- Government Drugs Strategy 2017
- Reading Drug and Alcohol Health Needs Assessment, 2016
- Reading Community Safety Partnership Strategy 2016
- Reading Health and Wellbeing Strategy 2016
- Reading Joint Strategic Needs Assessment
- Public Health Outcomes Framework

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