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## **EXECUTIVE SUMMARY OF THE SUBSTANCE MISUSE (DRUGS AND ALCOHOL) REVIEW TO SUPPORT THE DEVELOPMENT OF THE LONDON HEALTH STRATEGY**

This report is a rapid appraisal of the health issues pertaining to substance use/ misuse (drugs and alcohol) in London. It outlines the health issues that need to be addressed for drug and alcohol users in London and the associated evidence. This review is one of a number being carried out to support the development of the London Health Strategy, due to be published in 2000. This review will need to be considered alongside all of the other subject reviews, but a few, particularly those on accidents, teenage pregnancy, mental health, children and young people, prison health, crime and disorder, homelessness will need special consideration.

The Executive Summary contains key findings and recommendations for consideration within the London Health Strategy development. There are also recommendations throughout the report which may not be directly London specific but are still felt to be important.

The review included a variety of methodologies including literature reviews, literature analysis, interviews with key informants throughout London, a survey of drug and alcohol agencies in London. An assessment of the epidemiology of substance misuse in London was made. Different aspects of health and substance misuse were examined and recommendations under each subject area and in the body of the report.

### **Specific Subject Areas**

The following points indicate summaries of the key findings and recommendations in each subject area:

#### **Epidemiology**

- There is more known about service use for drug users than alcohol users.
- Indicators show that service capacity is low for all substances used across London, with opiates best dealt with, other drugs less so and alcohol the least.
- These figures also inversely reflect need - problem use of alcohol is most widespread followed by other drugs such as amphetamines, cocaine and heroin.
- When considering harm to society and health need, alcohol and heroin probably cause the most harm, although the impact of stimulants such as cocaine has yet to be assessed.
- There is a need for more investigation across London into service need and prevalence of substance misuse related problems.

#### **Services available**

- There are many service models and configurations for drug and alcohol users across London. There are many services providing advice and information, but fewer of the higher level services providing treatment.
- There are many different models of prevention/ education and early intervention across London, with little consistency.
- Whilst not a direct area for this report we were often informed of the difficulties in accessing community care due to funding problems. There are many differences throughout London in agreeing funding for community care, and budgets often do not last for the whole financial year.
- Many services provide care for both drugs and alcohol. Some care for those with alcohol problems will address concurrent drug related problems. Others will see drug users who also use alcohol, but not those with alcohol problems alone.
- The majority of recent surveys on substance use/ misuse indicate increasing levels of poly substance related problems.
- There is a need for multi-skilled staff working flexibly with all types of substances misused, including stimulants.

#### **Accessibility**

- There are over 150 drug and alcohol agencies in London with health funding or involved in health related activities such as providing advice and information.

- There is a much smaller number of agencies able to offer community based detoxification. Most agencies report difficulties in managing demand.
- There is no central database for alcohol making assessment of treatment episodes difficult.
- Service capacity for drugs and alcohol is low across London.
- Needs assessments have not been fully utilised to develop a service network.
- Over time, with better needs assessments, longer term funding arrangements and clearer service specifications developments may be planned more effectively with defined target groups.
- Generally key informants were optimistic that the situation is improving.
- Arrest referral schemes are to be set up in all London areas by April 2000, these schemes will create new demand.
- There are concerns about lack of accessibility for women, black and minority ethnic groups and young people.

### **Prescribing**

- There are variations in substitute prescribing and services available across London.
- The Department of Health 1999 Drug misuse and dependence guidelines on clinical management provides detailed guidance on clinical management issues. These guidelines need to be adopted more widely to increase consistency across London

### **Black and minority ethnic groups**

- Nearly half the UK black and minority ethnic population lives in London, forming nearly a quarter of the capital's population. (Kings Fund 1999).
- Black and minority ethnic groups in the United Kingdom are a heterogeneous group with varying values, attitudes, religious beliefs and customs that affect the patterns of substance misuse.
- If substance misuse treatment services are to become appropriate, there is a need to consider the changing patterns of problem substance use by black and minority ethnic groups.
- There is a general assumption that black and minority ethnic groups under-utilise the health service, including substance misuse services.
- Black and minority ethnic groups are accessing crack services in London proportionately more than the white population.
- Ethnic specific services may have a valuable role to play in working with disenfranchised communities.
- There are however, arguments against ethnic-specific services. Existing services should ensure that appropriate procedures are in place that recognise diversity and shared values.
- Monitoring of black and minority ethnic utilisation of services should be encouraged as evaluation is needed in all services, including those specifically targeting black and minority ethnic populations.
- On-going cross-cultural training should be implemented.
- There should be further research into the needs of refugees with regard to substance misuse services

### **Women**

- Over the past few years the ratio of London men to women reported to the Drug Misuse Database has remained stable at 3:1, reflecting national ratios. Women under 20 represent 32% of reports.
- The latest Home Office report "Drug Misuse Declared 1998", found that women's "drug use ever" has remained stable, while men are increasingly likely to have tried drugs at some stage in their life.
- Many London substance misuse services do make specific arrangements for women such as crèches, payment towards childcare, and women only sessions.
- Pregnant drug and alcohol users require sensitive assistance. Obstetric departments are becoming more aware of the issues and there are examples of good practice.
- There has been little involvement of drug and alcohol agencies in the development of contraception services.
- The examination of gender differences and substance misuse requires investigation to assess whether services can be tailored to meet the needs of women more effectively.
- Examples of good practice concerning women's services need to be communicated and practice standardised, for example joint protocols, especially when considering the needs of pregnant women

### **Young people**

- There is evidence of increased drug use and misuse nationally among young people.
- The UK Anti Drugs Co-ordinating Unit will be requiring all DATs to provide information on local needs assessments for young people, with plans from the DATs and Youth Offending Teams in 2000.
- There is anecdotal evidence that there needs to be a highly specialist service for young people in London. There is currently no specific evidence on what kind of service is required, for whom and where it is best located.
- There is great variability in services available for young people misusing substances in London.
- The Drug Misuse Database report (Sondhi et al 1999) found that reports of London drug users under 20 had increased by 35% between 1995 and 1998.
- Alcohol use amongst the young is known to require attention.
- Certain groups of young people have been identified as requiring specific attention.
- Specialist services should develop networks with youth and children's services locally so that a holistic/comprehensive approach, appropriate to and knowledgeable about young people and available resources can be developed.

### **The over 65s**

- Many agencies in London (see Annexe 1) have an upper age limit of 65, although Alcohol Concern suggest this is not a useful distinction for alcohol users.
- Ghodse (1997) reported that little is known about substance use and the elderly. There is evidence that prescription drugs are misused.
- Drug related, iatrogenic disease can occur at any age, but is more common in the elderly.
- Elderly people often have impaired pathways for drug elimination and, therefore more likely to suffer the adverse consequences of drugs.
- It is probably not appropriate for drug and alcohol services to have upper age limits, and those with long standing addiction problems will continue to require skilled management.
- More information is required on drug and alcohol use of the over 65's.
- Systems could usefully be established to formalise liaison between elderly services and substance misuse specialist services for advice and support.

### **Homelessness**

- The Drug Misuse Database report (Sondhi et al 1999) had 6.7% of reports 1996-1998 classified as no fixed abode or living in a hostel.
- There are a variety of initiatives across London catering for these hard to reach groups. People with complex drug/ alcohol and severe mental health problems are often found among the homeless populations (Farrell et al 1998b, Bardsley et al 1998).
- Often services for the homeless are most likely to be in contact with this group, there are new collaborative initiatives being set up between homeless and substance misuse services.
- Social stability, including shelter, food and social networks will assist in treatment of drug and alcohol problems.
- Some of the homeless and mental health projects operating in central London have a great deal to offer in this area.
- There are obviously also many general healthcare needs amongst these populations including, dental care, chest infections, TB, etc.
- Many of the new initiatives have been funded with short-term funds and there is a need for longer-term evaluation and funding for some of these projects.
- Action research can benefit the investigation of the needs of street drinkers with a view to commissioning locally appropriate services.
- Further work should be commissioned to support needs assessment and the effectiveness of services for this groups. This work will need to be linked with planning structures, particularly those concerned with social inclusion and/or community initiatives.
- Substance misuse services and homeless projects need to work collaboratively to increase access to services amongst this group.

### **Hepatitis B**

- Hepatitis B is transmitted sexually and by sharing injecting equipment.
- The prevalence of hepatitis core antibody is higher amongst London's injecting drug users than in other parts of England and Wales.

- Immunisation is recommended for injecting drug users and the close contacts of people already infected (DOH 1999).
- Many DATs and some HImPs cite vaccinations for hepatitis B as a priority area.
- Primary Health Care practices could display information that advises that close contacts and sexual partners of injecting drug users should also be vaccinated. Staff should continue to be encouraged to keep vaccinations up to date as well.
- Specialist drug and alcohol agencies should also establish close links with their local liver unit so that referrals can be facilitated easily.
- There needs to be concerted, London-wide action on hepatitis B vaccination.
- Health Authorities and primary care groups should develop protocols concerning hepatitis B vaccinations.
- There needs to be further investigation into injecting practices and assessment of risk behaviours.

### **Hepatitis C and substance misuse**

- All surveys show significant rates of infection of hepatitis C (between 50 and 80%) amongst injecting drug users.
- Some studies indicate infection occurs early in people's intravenous drug using careers.
- Needle exchanges are very important when considering hepatitis C.
- There are wide variations in approaches to hepatitis C across London.
- Initiatives on hepatitis C could be tackled on a London-wide basis.
- All Health Authorities and agencies should approach prevention, education, advice and treatment with a concerted effort.
- There needs to be further investigation into injecting practices and assessment of risk behaviours.
- The high rate for hepatitis C requires further investigation – this picture does not appear to fit with the low HIV infection rates and apparently declining rates of hepatitis B amongst injecting drug users.
- Hepatitis C needs to be tackled on a London-wide basis, with all Health Authorities and agencies approaching prevention, education, advice and treatment with concerted effort.
- Primary care, specialist drug and alcohol agencies, social services, probation, A&E departments, arrest referral schemes and needle exchange schemes (both pharmacy and specialist) require education and the provision of regular updating on best practice for prevention. Such an initiative would have significant impacts on public health and may save costs in the longer term as some 20% of people with chronic infection can progress to severe liver disease.

### **HIV and substance misuse**

- London has the highest prevalence of HIV amongst drug users in the UK. There are a few specialist services in London addressing drug misuse and HIV.
- There needs to be further investigation into injecting practices and assessment of risk behaviours, especially in the light of the hepatitis C infection rates.
- Awareness of HIV and other communicable diseases requires re-emphasising amongst commissioners and all services concerned with substance misusers

### **Dual diagnosis**

- The terms "co-morbidity", "dual diagnosis" and "complex needs" are often used to describe the same condition- the presence of mental health problems and drug and/ or alcohol misuse problems.
- We have collected a wide range of information on dual diagnosis and have presented it in summary form.
- In a study undertaken at the Maudsley Hospital, 10% of psychiatric inpatients were found to have an alcohol problem, while 40% of those with an alcohol problem had a dual diagnosis (Glass and Jackson, 1988).
- Individuals with schizophrenia have a three-fold risk of developing alcohol dependence compared with individuals without a mental illness (Crawford, 1996).
- Co-morbidity of substance misuse and personality disorder account for the majority of co-morbid patients (Ghodse, 1995).
- It would be useful for Tier 3 and Tier 4 drug and alcohol services to consider adoption the Care Programme Approach (CPA) for complex cases. This would introduce a more uniform approach to CPA and risk assessment across London.

- A multi-disciplinary group involving all agencies concerned including community mental health teams, community alcohol teams, community drug teams, primary care groups, the police and the voluntary sector should devise a local strategy and protocol concerning the care and treatment of patients with complex needs (dual diagnosis)

### **Shared care**

- General practitioners are prescribing methadone in London, accounting for some 22% of methadone prescribed in England and Wales.
- Efforts are being made to introduce a level of uniformity across London in shared care for drug users. Areas such as payments, treating people out of area, prescribing protocols etc.
- General practitioners are involved in caring for alcohol users, but some prescribing practice is not based on available evidence.
- Practice nurses are less willing than general practitioners to become involved with alcohol users, mainly because they lack training and are unable to access support.
- Primary health care teams have an important role in drug prevention and brief interventions.
- Consideration could be given to establishing systems to increase GPs access to specialist services, this might be undertaken through local helplines for example. Speedy responses from specialist services can assist in building bridges.
- Substance misuse services should develop effective relationships with their local Primary Care Group/Trusts.
- DATs could take a lead in developing relationships with GPs, police surgeons etc. practitioners.

### **Other areas examined in the report included;**

- General healthcare
- Drug Action Teams
- Health Improvement Programmes
- Links with the criminal justice system
- Human resources

### **Key Policy Issues**

In order to operationalise many of the recommendations contained within this report, drug and alcohol agencies and partner agencies/organisations will need to develop both organisational and operational strategies. Detailed below are the strategies which are considered to be a priority.

#### **Organisational Strategies**

The implementation of organisational strategies are recommended to encapsulate each of the following elements

- Effective planning mechanisms across different systems and organisations
- Equity and parity of health care provision
- Systems to enable comprehensive and comparable evaluation of health interventions across London
- Managing the increased demand on treatment services from criminal justice initiatives (Arrest Referral Schemes, CARATS, Drug Treatment and Testing Orders)
- Allocating resources most effectively to meet the demands of service provision which is likely to exceed available funding
- Commissioning services from the most appropriate service provider in response to demonstrated need
- Avoiding the reinforcement or introduction of perverse incentives between agencies, especially service providers
- Agreeing levels of service provision, which should specifically include:-
  - prevention
  - recognition and detection
  - low threshold, easy access (drop in) services
  - specialist drug and alcohol (substance misuse) services

- Highly specialist tertiary services, which are low volume, high cost and require high levels of expertise

### **Operational Strategies**

Operational strategies are required to address the following specific priorities: -

- Pan London hepatitis B vaccination programmes
- Protocols for dealing with hepatitis C across London
- Accessibility and appropriateness of services to all who need them, specifically black and minority ethnic groups, young people, women and refugees
- Education of generic staff, working in mental health teams, general hospitals, Accident and Emergency and primary health care
- Development of Shared Care for drug and alcohol users
- Education of staff working in drug and alcohol agencies

### **Gaps In The Knowledge Base**

Further research was recommended in the following areas. For further details, see the body of the report.

- Young people
- Needs assessment
- Dissemination of best practice information
- Stimulant users and complementary therapies

### **Policy implications for London**

As part of the review, the research team were asked to prioritise strategic actions. Outlined below is the proposed London Action Plan.

#### **Short term:**

- Young people – needs assessment on prevalence and appropriate interventions
- Hepatitis – Protocols for hepatitis B vaccination programmes and hepatitis C screening
- Prescribing – Establishing a uniform approach to prescribing

#### **Medium term:**

- Linking of DAT plans and Health Improvement Programmes
- Generic staff training
- Training for mental health staff on substance misuse to improve the care of those with dual diagnosis/complex needs
- Improvement of ethnic monitoring and access to and retention in services

#### **Longer term:**

- Development of mechanisms to review progress on the substance misuse aspects of the London Health Strategy
- A Substance Misuse Education Strategy for London

### **Conclusion**

Finally, the complexity of the situation has been illustrated and highlighted throughout this report. In progressing the priorities which have been identified, considerable attention will need to be paid to effectively streamlining, as far as is possible, this complexity whilst maintaining the local flexibility. This is essential in maintaining, developing and expanding services that are both appropriate and accessible within a diverse population and geographical area.