Have your say on future drug and alcohol services for Somerset

September 2012
This document sets out the consultation on what future drug and alcohol misuse services for Somerset might look like.

It contains:

- background information on drugs and alcohol problems in Somerset
- a list of services that exist right now in Somerset to help people with drug and alcohol problems
- a list of thoughts on what might need to be done differently.
- the questions that we would like your views on.

Anyone can take part by answering as many or as few of the questions as they like. You can take part in the consultation:

- Online at:  
  www.somersetconsults.org.uk/consult.ti/SDAPCommissioning

- Or by phoning the SDAP office on 01823 357 111 to ask for a copy with a prepaid envelope to return your response.

- If you would like this in a different format or language, please let us know by phoning 01823 357 111.

If you are responding on line, you will need to register by giving a name and e-mail address and to create a password and display name.

This information will help us understand the range of people that we have responses from and will only be seen by the consultation manager. Otherwise your response will be completely anonymous and the final report will not identify any individual's responses.

**The closing date for responses is Friday 2nd November 2012.**

Thank you for taking the time to give us your views.
Introduction

In Somerset there is a group of public sector organisations called Somerset Drug and Alcohol Partnership (SDAP) which aims to ensure that drug and alcohol issues are tackled effectively in Somerset.

SDAP is looking closely at the services it currently provides to see whether it needs to make any changes.

To do this it first looks at levels of drug and alcohol misuse in Somerset to understand what our specific needs are. The first section of this document has a brief summary of this information.

The second section lists what is currently provided.

The third section lists some thoughts about what might need to be done differently in the future.

The final section asks your opinion about what is set out in this report and it's very important to us to hear your views. We will listen to what people tell us and use this to help design our services. Of course, there are some things which we are told we must provide and others which we should provide, so we may not be able to provide exactly what is suggested to us, but we promise that we will listen to and consider all of the comments we receive.

In the document you will sometimes see the phrase ‘substance misuse’. When this is used we are referring to both drugs and alcohol.

1. Drug and alcohol misuse in Somerset

This section describes our current understanding of drug and alcohol issues in Somerset.

Adults’ Use of Drugs

- We believe that there are 1,934 opiate and/or crack users and 918 people injecting in Somerset.

- 192 adults successfully completed drug treatment in 2011/12 almost double the 89 in 2010/11.

- There were 927 specific drug arrests in 2011/12.

- There were 2,155 overdose incidents in Somerset in 2011: most of these were drug-related but 616 were due to alcohol.
Adults’ Use of Alcohol

- There are approximately: 60-83,000 increasing-risk drinkers, 13-17,000 higher-risk drinkers, 50-60,000 binge drinkers and 13-19,000 dependent drinkers in Somerset.

- 7% of dependent drinkers would be expected to access treatment each year, which is the equivalent of 870 to 1309 people in Somerset. There were 204 successful completions for adults misusing alcohol in 2011/12.

- In 2010 330 people in Somerset claimed Incapacity Benefit, Severe Disability Allowance and/or Employment Support Allowance because of alcohol problems.

- In 2010/11, alcohol was linked to 58% of assessed Probation cases and 85% of offenders at very high risk of violent offending.

Young People and Substance Misuse

- The number of young people accessing treatment for substance misuse in 2010/11 was very low but there has been a slight increase in 2011/12 from 74 to 110.

- Between 2010/11 and 2011/12 the proportion of young people who successfully completed treatment in Somerset fell from 64% to 57%. A total of 34 young people successfully completed treatment in 2011/12.

- The Somerset Audit of Hidden Harm identified 433 children living with an adult that had either currently or previously misused substances.

- Turning Point (adult treatment provider) data suggested that 355 children lived with a parent who was a Turning Point client; 97 of these children were in contact with social services and 47 were on the child protection register.\(^1\)

- By the very nature of the issue of hidden harm being hidden there are likely to be more children living with parents misusing substances in Somerset.

- The national Tell Us 4 survey suggests school children in Somerset are more likely to have drunk alcohol than the national picture but are similar in their use of drugs.

- Somerset had a much higher rate of hospital admissions due to alcohol by under 18s than we would expect between 2007 and 2010.

- There used to be more cannabis and alcohol use by young people in treatment than any other drug but in 2010/11 there was a growing use of other stimulants.

\(^1\) Somerset Audit of Hidden Harm Report (2010)
(amphetamines, cocaine and ecstasy). This may be linked to the use of legal highs and re-classification of mephedrone as an illegal substance.

- Somerset does not have a large number of young people injecting.

- There were 249 people aged 16-24 in treatment services in 2011/12, 85 of them were in young people’s services.

**Substance Misuse and Mental Health**

- 14% (41) of clients in treatment for drug misuse had a dual diagnosis (that is they were also having treatment for mental illness) in 2011/12, up from 11% (28) in the previous year.

- 16% (25) of people in treatment for alcohol misuse had a dual diagnosis recorded in 2011/12.

- SDAP commission a specific dual diagnosis psychiatrist; the caseload was 245 in 2009/10, 170 were new referrals and a further 172 new referrals were made in 2010/11.
2. **What we provide now**

Current services as of July 2012 are shown below:

### Non Specialist

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Service</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young People and Adults</td>
<td>Drug and Alcohol Workforce Development Training</td>
<td>The Training Exchange delivers a range of training and development training programmes for staff (paid and unpaid) working in Somerset</td>
</tr>
<tr>
<td>Young People</td>
<td>Targeted Youth Support Service</td>
<td>Somerset County Council</td>
</tr>
<tr>
<td>Young People (aged 16 years up) and Adults</td>
<td>Alcohol Brief Interventions in specific locations</td>
<td>A number of providers are currently delivering pilot projects in a range of specific locations including: Police Custody, Supported Housing, Primary Care, Community Pharmacy, Community Health Services and General Hospital (Primarily Accident and Emergency)</td>
</tr>
<tr>
<td>Adults</td>
<td>Pharmacy Needle Exchange</td>
<td>Pharmacies</td>
</tr>
</tbody>
</table>

### Specialist

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Service</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young People</td>
<td>Integrated Specialist Substance Misuse Service</td>
<td>Somerset Partnership NHS Foundation Trust</td>
</tr>
<tr>
<td>Adults</td>
<td>Open Access Community Based Drug and Alcohol Treatment Service</td>
<td>Turning Point</td>
</tr>
<tr>
<td>Adults</td>
<td>Inpatient detoxification</td>
<td>Somerset Partnership NHS Foundation Trust</td>
</tr>
</tbody>
</table>
### Specialist

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Service</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>Supervised Administration of Medication</td>
<td>Pharmacies</td>
</tr>
<tr>
<td>Adults</td>
<td>GP “Shared Care” for opiate substitute prescribing</td>
<td>GPs</td>
</tr>
<tr>
<td>Adults</td>
<td>Community Access Programme (Aftercare)</td>
<td>Turning Point</td>
</tr>
</tbody>
</table>

The “Open Access Community Based Drug and Alcohol Treatment Service” contract held by Turning Point incorporates all aspects of community drug and alcohol treatment, including:
- Specialist Needle Exchange provision
- Blood Borne Virus testing and vaccination
- Criminal Justice Referral and Treatment (incorporating Drugs Intervention programme and Drug Rehabilitation Requirement work)
- Specialist Substitute prescribing
- Structured Psychosocial Interventions
- Structured Day Programmes
- Counselling, Carers Support
- Community Detoxification and
- Access to Inpatient Detoxification and Residential Rehabilitation. These options are provided by other agencies but placement, co-ordination and administration is undertaken by Turning Point

The Integrated Substance Misuse Service for Young People contract held by Somerset Partnership NHS Foundation Trust incorporates all aspects of community based drug and alcohol treatment working within a wider team of Child and Adolescent Mental Health Services (CAMHS).

It is important to note that some services, interventions and support are provided to those with drug and alcohol problems in Somerset which are not commissioned by SDAP. This includes the McGarvey Fellowship and In-Touch Project, two voluntary organisations, as well as mutual aid (Alcoholics Anonymous, Narcotics Anonymous and SMART recovery), Church and Faith groups and other organisations.
3. **What we might need to do differently in the future**

We believe that the principles that should underpin what we do in the future are:

1. The system is recovery focussed

2. There is a single system and pathway for all people seeking help and support to deal with drug and/or alcohol misuse.

3. Protected characteristics such as age, gender etc form part of assessment of need that will determine what, if any additional support a person may need.

4. All services provided will be based on evidence that they work.

5. People who use the services will have the care they receive co-ordinated for them.

6. There are some people that need additional support for a range of reasons to successfully engage in services to achieve a positive outcome.

7. Service users tell us that they would prefer to see the same faces in their journey and for minimal re-assessment.

8. The specific care co-ordination function sits outside the provision of treatment interventions. This means that it could be performed by any number of agencies that form part of a person’s recovery.

9. Treatment is a menu of interventions that are all recovery focussed and are evidence based.

10. SDAP are commissioning a whole system approach that covers education & prevention, brief interventions, harm reduction and treatment. It recognises that issues like housing, education/training/employment and peer led support are critical to successful outcomes. There is a clear specification for every part of the system – so rather than a single specification it is made up of a number of detailed specifications for each intervention – this allows for single system potentially delivered by multiple providers who may ‘specialise’ in one or more interventions.

11. For SDAP our vision is that tackling drug and alcohol problems are ‘everyone’s business’.

12. SDAP’s approach is based on developing the wider workforce to deliver drug and alcohol interventions as early as possible to prevent escalation in use and associated harms to the individual, family and wider community.
13. SDAP could commission a central IT system for data. This could be a tailor-made system for Somerset learning from what works well in other places and with other subjects.

As point 10 above describes an approach is proposed that responds to the needs of young people and adults, alcohol and drug users. This does not mean that all services would be delivered by one agency or one contract, but that a whole systems approach is taken which responds to all presenting need in an integrated way.

The following diagram represents this approach:
In the proposed approach:

- Education (including providing information), and Recovery form the largest components; with Brief Interventions and Aftercare support also designed to deliver to more people than it currently does.

- Harm Reduction and Treatment interventions are specific and concentrated on those people whose needs have not been met through briefer, earlier interventions, and delivered with a focus on through-care, aftercare and recovery.

- Assessment and Care co-ordination play a crucial role in accessing the right treatment intervention at the right time and support the treatment journey towards recovery.

In terms of capacity and wider Somerset workforce SDAP aims to support more people delivering drug and alcohol interventions as early as possible. The following diagram shows the intentions behind the new model:
4. What Do You Think?

This section sets out a series of questions that we want your views on – this is the consultation. It asks questions about the way drug and alcohol services could work in the future. You can answer one, some or all the questions.

You can response to the consultation questions in two ways:

- Online via: [www.somersetconsults.org.uk/consult.ti/SDAPCommissioning](http://www.somersetconsults.org.uk/consult.ti/SDAPCommissioning)
- Or by post - a hard copy of the consultation questions response form can be obtained by phoning the SDAP office on 01823 357111 or email sdap@somerset.nhs.uk. You will then be sent a copy with a pre-paid reply envelope to send back your responses.

You do not have to give your name if you reply using the paper form. We only ask for you to tell us if you are answering as yourself or a group.

If you use the website to respond you will be asked to register, which means giving your name and an email address. This will not be seen by anyone except the Somerset County Council staff member dealing with the responses.

**Closing Date for all responses is: Friday 2\(^{nd}\) November 2012**

## Consultation Questions

### 1. About you

**Are you answering as:** *(Tick one only)*

An individual (just yourself)
An organisation (for example a company, a group of people)

**If you are answering this just for yourself are you:** *(Tick one only)*

A drug or alcohol/service user
In recovery
A carer/family member affected by someone else’s drug/alcohol use
Drug/alcohol worker
Allied professional
Other: (please specify) ____________________________________________

**If you are answering this as an organisation**, please specify the name of the organisation_________________________________________________________
2. Recovery

Recovery can mean different things to different people. It might mean not using drugs or drinking any more. We believe that recovery from drug and alcohol problems can happen and people go on to lead a constructive, healthy and happy life.

- **How would you know someone is in recovery?** *(Tick all that apply)*

  Someone is in education or in training
  Someone is in work
  Someone is living in a settled home
  They have good relationships with family, friends, children and/or a partner
  They have people to help them when things are hard
  Other: (please specify) ____________________________________________

- **What could help people to achieve the things you have ticked above?**

3. Information and Education

We believe it is important that people have access to information about drugs and alcohol.

This could mean information on the effects drugs and alcohol can have on your health, ability to work, travel and have good relationships with friends and family. It could also mean having information on the choices of support and treatment that are available.

- **Where should someone be able to find this information?** *(Tick all that apply)*

  Look on the internet
  Go to a GP
  Ask at the council office
  Find a drug and alcohol service
  Talk to a friend or a family member
  Other: (please specify) ____________________________________________
- Where would someone like to have information about drug and alcohol support and treatment? Who would they like to have it from? (e.g. through their GP, in a Pharmacy, by a specialist drugs worker)

We believe when someone needs help for a drug or alcohol problem it should start with the first person they talk to. We believe that whoever they speak to should know about drugs and alcohol and tell them the things they could do to get help.

Brief interventions are a type of help that can help people to think about their alcohol or drug use and make changes.

- How can we support people working in any organisation or community group to deliver brief interventions around drugs and alcohol? (e.g. staff training, tools, resources)

- In which places do you think alcohol and drug workers should support this? (Tick all that apply)

  GP Surgeries
  Police custody
  Hospital A&E departments
  Homeless hostels
  Probation
  Other: (please specify) ____________________________________________________________
4. Access to help and support

We believe that people should be asked the same questions wherever they go, which means they get the right type of help and support.

- Do you agree?  *(Tick your response)*
  Yes
  No

- How can we do this?
  (e.g. get them to use a common assessment tool, with training)

5. Care Co-ordination

Care Co-ordination is helping a person work out what treatment or support they need to make changes. Care Co-ordination is making sure they get this treatment or support.

A Care Co-ordinator is a person that does the care co-ordination. They will stay in touch with a person whether they drop out of services, change their mind, go back to drinking or using drugs or change in some other way.

We know that some people would benefit from having the same person assisting them in co-ordinating their care no matter which treatment or support they are getting.

- Do you agree?  *(Tick your response)*
  Yes
  No
6. Specialist Treatment

Specialist treatment is drug and alcohol treatment that comes from drug or alcohol treatment agencies. In Somerset at the moment these are Turning Point (for adults) and Somerset Partnership (for young people). This is specialist as it is different to treatment from a GP, nurse in a hospital, Probation officer etc.

We believe that the specialist treatment a person has should depend on things like how old they are, what drugs they are taking and if their do things that could hurt themselves or other people. These things are seen as risks.

People might then get into treatment faster if they have children, if they are pregnant, if they commit crime or if they have health problems. This includes mental health problems.

Some people might do well if they could decide themselves how the money for their treatment is spent.

- Are there any other risks that should also be looked at?
- Are there age groups that need a different type of support or targeted work?  
  *(Tick all that apply)*

  16-25 year olds  
  over 65yrs  
  12 years and under  
  Other: (please specify):__________________________

- Are there other groups of people that need specific support or targeted work?  
  *(Tick all that apply)*

  Looked after children  
  Care leavers  
  Offenders  
  People with mental health and substance misuse issues  
  Parents  
  Other: (please specify):__________________________

Detoxification (also just called “detox”) is the process of physically coming off drugs or alcohol. This can need a lot of medical support as it can be dangerous.

- If more people detox from drugs or alcohol, where should this take place?  
  *(Tick all that apply)*

  Home (including hostel accommodation)  
  Psychiatric hospital  
  Community Hospital  
  Specialist treatment centre  
  Other: (please specify):__________________________

- What do we need to do to make sure people with drug and alcohol AND mental health problems get the treatment they need?  

  Joint working between agencies  
  Something else

  If “something else” please tell us what this could be?
People being able to decide how the money for their drug or alcohol treatment is spent is a new idea in Somerset. This is called a personal budget. A personal budget is a sum of money allocated to a person as a result of an assessment of their needs. The amount of money you are allocated is based on the 'eligible needs' you have at that time.

We would like to hear your views on whether or not you agree this is a good idea and how it might work in Somerset

- **Do you think people should be able to decide how the money for their drug or alcohol treatment is spent?** *(Tick your response)*
  - Yes
  - No

- **If yes when should they be able to decide?** *(Tick your response)*
  - When they are in treatment
  - During their aftercare (once they have completed their first stage of treatment)
  - Other: ________________________________________________________________

- **Do you have any idea how this could work?**

7. **Aftercare**

Aftercare is the support that people receive after they have finished their first stage drug or alcohol treatment. This might be when they have stopped using drugs or alcohol to help them not start again.

Mutual aid is people in the same situation helping each other. Examples of mutual aid in Somerset are Alcoholics Anonymous or SMART recovery. These are groups of people helping each other and are not paid for SDAP.

We believe that mutual aid is really important to aftercare for people who use drugs and alcohol.

Commissioning is the word used to describe how SDAP works out what is needed, what it costs and who should deliver those services.
• Should the aftercare service that Somerset Drug & Alcohol Partnership pays for have a smaller number of people coming to it, the same number of people coming to it or a larger number of people coming to it than the treatment service?

Choose one only of the following: Smaller
The same size
Larger

• How can we get more people in the same situation supporting each other to stay off drugs or alcohol?

8. System wide

We believe that there should be one system that holds the notes on people getting help with their drug and alcohol problems. If people agree this could be seen by anyone who works in an organisation that provides the help, support and treatment to people in Somerset with drug or alcohol problems.

• Will a combined system used by everyone involved in someone’s treatment make life easier for those receiving treatment? (Tick your response)

Yes
No
• Will a combined system used by everyone involved in someone’s treatment make life easier for those providing treatment? *(Tick your response)*

Yes
No

And finally ... Are there any other comments you would like to make about the design of future services for Somerset?

Thank you for taking the time to respond to this consultation. Please use the pre-paid envelope to return your response to SDAP