

# **Oxfordshire Alcohol and Drugs Partnership**

## **Annual Report 2015-16**

**Reporting to:**

**Health Improvement Board  
Children's Trust  
Safer Oxfordshire Partnership  
All partners**



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## Introduction

The Alcohol and Drugs Partnership in Oxfordshire was set up during 2014 to enable partnership working on prevention, early intervention and treatment of substance misuse issues across the county. It is clear that much more can be achieved across this spectrum of work when organisations work together. This is in addition to the work that each organisation already delivers as “business as usual”, such as the commissioning function of the Public Health team and law enforcement by the police.

The main feature of the work in 2014-15 was the development of an Alcohol and Drugs Strategy for the county. This was discussed and adopted by the Oxfordshire Safer Communities Partnership, the Health Improvement Board and The Children’s Trust. The strategy set out 4 priority areas of work and an intention to continue to monitor the situation in Oxfordshire so that emerging priorities can be identified and addressed early. The priorities are:

1. Reduce/ stop the demand and supply of New Psychoactive Substances (NPS) or “Legal highs” in Oxfordshire.
2. Work together on alcohol harm reduction projects.
3. Reduce the number of young people engaging in risky behaviours and continue to improve the collaborative working approach to early intervention.
4. Improve the way we commission services to provide better pathways for people with complex needs, with a focus on recovery from addiction.
5. Share intelligence and data across organisations to better understand the needs of specific and vulnerable groups of the population.

The Executive Summary of the Alcohol and Drugs Strategy is included in Appendix 1

This report gives an update on the work that has been going on to address these priorities. It is set out by theme and each section has been written by the leads of the working groups. A review and update on the latest trends for alcohol drugs related harm is also included in the report.

The conclusions reached show that although progress has been made on each of the priority areas, there is still more to be done. Working groups have outlined their ambition for the year ahead within their reports and it is hoped that this work will continue to develop and make a difference.

## Contents of this report

Reports from working groups on	
Priority 1: Legal Highs (New Psychoactive Substances)	page 3
Priority 2: Alcohol harm reduction	page 7
Priority 3: Young people	page 11
Priority 4: People with complex treatment needs	page 13
A review of recent data	page 15
Conclusion and reflection on priorities	page 19
Appendix 1: Alcohol and Drugs Strategy Executive Summary	page 20

## **Priority 1: Reduce/ stop the demand and supply of New Psychoactive Substances (NPS) or “Legal highs” in Oxfordshire**

### **What we wanted to achieve in 2015-16**

- a. Disrupt and reduce / stop supply of New Psychoactive Substances (NPS)
- b. To understand the prevalence of use of NPS in Oxfordshire
- c. Train and inform staff to enable them to identify use of NPS and respond appropriately
- d. Campaigns and information on NPS that makes it clear that “legal” does not mean “safe”.
- e. Share best practice and learn from others, building networks of people involved in this work.

### **Why this was important**

The Alcohol and Drug Strategy set out the following information:

‘Traditional’ illicit drug use is going down but the impact of the internet has changed the marketplace and made different substances more accessible to a wider audience than ever before. “Legal Highs” or New Psychoactive Substances (NPS) are presenting a unique and new set of challenges to public facing services. As NPS are not yet covered by the Misuse of Drugs Act (1971), it makes restricting the sale and distribution of these products very difficult.

Limiting the harm caused by these substances in a treatment setting is very difficult for clinicians as the chemical content varies widely and their effects on the human body are not well understood.

Due to the nature of NPS there is a current lack of data at both a national and a local level. In Oxfordshire attendance at the emergency department due to NPS use cannot be reported accurately as there are issues in identification and classification of the substances.

### **Achievements in 2015-16**

#### **a. Disrupt and reduce / stop supply of NPS**

Trading Standards and police operations have succeeded in stopping the supply of NPS through a “head shop” on Cowley Road and in bringing a case to prosecution. This will be heard in the Crown Court in the summer of 2016. Partners have helped to strengthen the prosecution case. Regular reports show that there is now no local supply through retail outlets, though internet supply remains.

The Psychoactive Substances Act will come into force in 2016 though the April date for enactment has been postponed. Preparations are being made for enforcement and the emphasis will shift from Trading Standards to the police to control supply. All Police areas in Oxfordshire now have appointed nominated officers to lead on

NPS. There is a proposal has been made that will eventually provide data on where NPS is a factor in more serious police incidents.

NPS remains part of the current syllabus for annual Police Use of Force refresher training and TVP have done some work recently with the ambulance service to create a training package for front line crews on NPS.

b. Understand prevalence of use of NPS in Oxfordshire.

A pilot scheme to collect local data was established and has been running for a year. Quarterly reports are requested from a range of local agencies including Forensic wards at Littlemore Hospital, hostels for homeless people in Oxford and the Accident and Emergency Dept.

A summary of the local data is given below.

- Data collected from some local homeless organisations, A&E and Forensic Mental Health services (not all submitted data during the whole time period).
- Between May 2015 and January 2016 there were 50 recordings of NPS use (most were through A&E).
- Many recordings of individuals smoking “Spice” (Synthetic Cannabinoids); particularly true among homeless population.
- Other named substances include MDMA, Mkat and Synthetic Cannabis, among others.
- Most users were thought to smoke their substance of choice and did so daily; swallowing was also recorded with only two recorded as injecting.
- The majority of cases indicated frequency of use as daily with many being more frequent than once daily.
- Sex of the user was not recorded; where age group was recorded most were less than 45 years, with around a third of these less than 25 years.
- Effects noted (usually two or three in each individual) were paranoia, erratic behaviour, incoherence, drowsiness, stumbling, slurred speech, emotional behaviour, vomiting, anxiety and low blood pressure.
- Possible harms as a result of taking NPS were also recorded – falling (not in full control), neglecting personal hygiene, arrest and lack of motivation.
- Whilst most did not report where an item was purchased, residents within homeless shelters were likely to have obtained from another resident or ex-resident.

*Note: This information gives only a brief overview of use of psychoactive substances during this time period in Oxfordshire. Information was collected from a small group of organisations where instances of psychoactive substances were suspected. It is possible that news of impending legislation affected service users’ willingness to be as open about their NPS use as they had been previously.*

It was agreed that future campaigns and training for front line workers, including School Health Nurses, should focus on the synthetic cannabinoids as these are

causing the most concern for health and behaviour. This is indicated by this local data and also national trends.

c. Train and inform staff to enable them to identify use of NPS and respond appropriately

A training event was organised and run in November 2015. This was a joint training event between Turning Point, CAN, The Training Effect and Oxford Health. The morning was organised so that all delegates could hear presentations about impact of NPS on behaviour and then attend workshops. The workshops were designed for professionals working with young people and those working with adults, especially homeless people.

Attendance at this training event was high and feedback was very good. In particular the trainers had concentrated on highlighting the behaviours associated with NPS use rather than on the “types” of NPS. It is likely that in future the needs of those working with adults will probably be met through the training programme being run by Turning Point but more combined training events will be run for those working with young people.

d. Campaigns and information on NPS that makes it clear that “legal” does not mean “safe”.

Outreach and information campaigns at festivals during the year had mixed success. The presence of Turning Point and CAN at Cowley Carnival was successful and resulted in good contact with the public. Attendance at Henley Regatta and Rock in the Park did not lead to contact with the target audience. Applications to attend other major festivals in the county were made too late or were declined.

Approaches have been made to some licensing authorities to request changes to the conditions of the licenses granted to festivals, or changes to guidelines issues by Safety Advisory Groups.

Feedback from A&E and mental health services was given to the debriefing session for Cowley Road Carnival which showed no increase in NPS related harm. This set a helpful precedent for health service data being used in this way.

e. Share best practice and learn from others, building networks of people involved in this work.

Each meeting of the Legal Highs Working Group has included updates and sharing of best practice among partners. This has included

- Presentation on the Public Health England NPS toolkit for commissioners
- Briefing on the NPS Act 2016
- Intelligence on substances causing concern
- Sharing leaflets and other health promotion materials
- Preliminary results from a survey of school pupils in Oxfordshire by the Training Effect.
- Information on toxicity of substances has been made available to emergency department clinical staff.

**The Legal Highs working group**

Councillor Hilary Hibbert-Biles,  
Richard Webb &  
Paula Bonham-Samuels  
Insp Neil Applegarth  
Fred Toon  
Carrie Hartwell  
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Shawn Fox  
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Cabinet Member for Public Health

Trading Standards  
Thames Valley Police  
Youth Offending Service  
OUHT Emergency Dept  
Forensic Mental Health Service  
Service Manager, Adult Mental Health  
Services  
City of Oxford College  
Oxford Health  
CAN young people substance misuse  
service  
Public Health  
Public Health  
Public Health England

**Priorities for 2016-17**

- a. Review action plan in the light of new legislation and set priorities for 2016-17 (April meeting)
- b. Run training events for professionals working with young people
- c. Campaigns at festivals and targeting young people

## **Priority 2: Work together on alcohol harm reduction projects**

### **What we wanted to achieve in 2015-16**

Alcohol is used by a large majority of the population and, on the whole, is not contributing to any harm. However, for significant numbers of people it is linked to harm to their own health, crime and risk to children and young people. The alcohol working group action plan targeted each of these areas:-

#### **a. Harm to own Health**

- Provision of Identification and Brief Advice (IBA) training for front-line staff and professional across Oxfordshire;
- The promotion of the Dry January campaign targeting middle aged women. Oxfordshire is well under the national average for alcohol related mortality in males, but females are statistically similar to the national averages in most measures. Therefore females were the focus of alcohol campaigns this year.
- Alcohol Conference for professionals with presentations from a wide range of specialists in the alcohol field including the blue light project.

#### **b. Crime – including violent crime and public order**

- Exploring test purchasing initiatives with Thames Valley Police to target excessive intoxication in the night time economy.

#### **c. Risks to Children and Young People**

- Alcohol Conference to include presentations on foetal alcohol syndrome;
- Work with the local hospitals to improve pathways for young people into support services.

### **Why this was Important**

Some local statistics paint a positive picture compared to national averages, 13.75% of people aged over 16 years do not drink, compared to the national average of 16.5%, and 3 of the districts rank amongst the lowest number of abstainers nationally.

However, reducing the harm caused by alcohol is a key priority for organisations in Oxfordshire who have agreed to raise awareness of healthy drinking habits and reduce the burden on hospital services. Oxfordshire has a rate of alcohol related hospital admissions in under 18s of 41.9 per 100,000, which is similar to the national average of 40.1 and more than three times that of the lowest in the country (13.7 per 100,000 in 2013-2014 data).

Oxfordshire is well under the national average for alcohol related mortality for males, but females are statistically similar to the national averages in most measures. This includes deaths directly caused by alcohol, liver disease and admissions to hospital for conditions related to alcohol consumption, including accidents. Admission episodes for alcohol-related malignant neoplasm conditions (cancers) are significantly worse than the national average. Therefore public health messages need to be targeted at females to reduce this inequality.

## **Achievements in 2015-16**

### **a. Identification and Brief Advice (IBA)**

Training in how to identify opportunities to talk to people about their drinking and offer relevant brief advice is the an effective intervention. This can be delivered by a range of professionals in the health service and other settings. Six training sessions were commissioned by Public Health in the last year. The training was offered in locations across the county and have been well attended by a range of professionals. The events have had very positive feedback from delegates, with most rating the sessions very highly in terms of effectiveness and impact. Approximately 88 delegates attended across the 6 sessions, from a range of partners including Adult Social Care, Early Interventions Services, Mental Health organisations, charities, housing providers, Primary Care, Pharmacies, Oxford University Hospitals Trust.

In addition a 'Train the Trainers' session was provided to Oxfordshire Fire Service to enable ongoing partnership work with Public Health. This was a bespoke session combining IBA for alcohol with smoking cessation. The methods of delivery for both topic areas are very similar, so combining them is an innovative approach that allows the best use of resources to provide training and knowledge to delegates in an effective way. The session was also very well received.

### **b. Alcohol Conference**

Public Health held a highly successful Alcohol conference in December 2015, with over 140 delegates attending. The day included a number of guest speakers, including a keynote address from Professor Kevin Fenton, the National Director for Health and Wellbeing at Public Health England. The speakers covered a range of topics including the national picture, treatment for alcohol users, treatment resistant drinkers and foetal alcohol syndrome. Speakers from the local Alcoholics Anonymous and ALANON groups outlined their personal involvement with the organisation and ran workshops to give insights into how their meetings work.

Participants came from a wide range of Council departments, partner organisations and local services including Community and Residential Treatment Services, Housing services and services for the homeless, Oxford University Hospitals Trust, Oxford Health NHS Foundation Trust, Medical Centres and GP Surgeries, Pharmacies, Thames Valley Police, Oxford Brookes University, Community Dental Services, Public Health England, Mental Health services and charities, Oxfordshire Domestic Abuse Service, Oxford Jobcentre Plus and criminal justice services.

The conference was very well received with 90% of who filled in the evaluation questionnaire stating that they found the event to be relevant to their learning needs, and 93% felt it increased their knowledge and understanding of alcohol use and the associated risks. Key learning messages included the importance of reduction as well as abstinence, not giving up on unmotivated drinkers and raised awareness around foetal alcohol syndrome.



c. Alcohol Liaison

Public Health commissioners are working in partnership with Oxfordshire Clinical Commissioning Group (OCCG) to take preventative action in hospital based early intervention and advice. A business case is being developed to explore the development of an alcohol liaison role within the Oxfordshire University Hospitals Trust (OUH).

d. Oxfordshire Fire and Rescue

Public Health has developed a strategy with Oxfordshire Fire and Rescue (OFRS) that identifies a number of joint working initiatives to assist in tackling alcohol harm reduction. This includes OFRS providing brief advice and a signposting service for smoking cessation as well as identifying alcohol or substance misuse through their Home Fire Risk Checks.

e. Campaigns

The focus of Dry January this year was on women, particularly those aged 35 and over and who may be drinking regularly at home. The campaign was conducted on social media, Healthy Oxon Facebook and Twitter channels and through a radio he campaign promoted the health benefits of taking part in Dry January and then continuing to have 2 alcohol free days a week. The campaign also promoted use of the DrinkAware App to record drinking, and sign up for Dry January to go 'booze free for 31 days'.

The radio campaign included advertisements and also a competition which promoted Dry January and the benefits of going alcohol-free and offered a spa-break prize. 116 people entered the competition and the web page accompanying this was live for 18 days and achieved 578 page impressions.

Additional publicity for Dry January focussed on a local Fire and Rescue Team who were in training for a charity cycle ride from John O'Groats to Lands' End in 2016. The team members participated in Dry January, along with another team of firefighters. This proved to be a successful way of boosting social media presence and providing positive role models for the campaign. Firefighters reported improvements to their own health, weight and fitness.

f. Criminal Justice

In addition to the main focus of the work on harm reduction, Thames Valley Police are working with partners on a project that is targeting tackling excessive intoxication in the night time economy.

g. Street Angels

An initial scoping exercise has been investigating the possibility of working with "Club Angels" in the City. Club Angels are volunteers who base themselves in pubs and clubs to help anyone who has drunk too much and to reduce sexual harassment. The idea was warmly received by the members of Pubwatch in Oxford City. The scheme has not yet been set up but partners continue to work on it.

#### h. Super-Strength alcohol

A piece of work in Ipswich saw the police work with local stores to encourage them to sign up to removing super-strength drinks from sale. This had the effect of reducing availability of cheap strong lager to street drinkers and has reduced associated anti-social behaviour in Ipswich. Partners considered setting up a similar scheme locally. However, a scoping exercise was conducted, which suggested no further work was required at present.

#### **Who is part of the Working Group?**

Partners in this area of work have included the agencies listed below. Meetings have been convened as needed to take work forward and it is hoped to have more regular partnership meetings in the year ahead.

- Public Health Commissioners, Oxfordshire County Council
- Oxfordshire Fire and Rescue Service
- Oxford University Hospitals Trust – Community Safety Practitioner and others
- All five District Councils
- Thames Valley Police
- Adult Drug and Alcohol Treatment Services
- Young People's Drug and Alcohol Treatment Services
- Oxfordshire Clinical Commissioning Group.

#### **Priorities for 2016-17**

1. Commission IBA training sessions across Oxfordshire, with sessions made accessible to all partner agencies. This may include combined IBA training for alcohol and smoking. This innovative approach will aim to attract a wider audience and reduce costs of delivery and attendance.
2. Targeted alcohol campaigns including Dry January and the new One You campaign.
3. Improve pathways with Accident and Emergency and maternity departments and local treatment services.
4. Continue to explore the potential to support a local Club Angels initiative.
5. To consider a scoping exercise into the need for a local 'Blue-light project in Oxfordshire working with treatment resistant drinkers;
6. Explore the potential to work with DrinkAware to support their pilot targeting Identification and Brief Advice for alcohol, targeting men and using pharmacy led interventions.

Priority 3: Reduce the number of young people engaging in risky behaviours and continue to improve the collaborative working approach to early intervention

### **What we wanted to do in 2015-16**

The overall aim of this strand of work is to help ensure children have a healthy start in life and stay healthy into adulthood and keeping all children and young people safe.

The specific objectives for 2015-16 included:

- Improve the way services work together to ensure that appropriate information, support and help is available when needed.
- Build on current initiatives for children with drug or alcohol-misusing parents, keeping safeguarding as a paramount concern.
- Increasing understanding of drug and alcohol use among young people in Oxfordshire, including New Psychoactive substances.

### **Why this was important**

The Alcohol and Drugs Strategy sets out data and information which highlights the risks faced by many young people. It is important to get a better overview of the situation in Oxfordshire and to enable the services that are already commissioned to work together to ensure children and young people are kept safe. Partnership work is essential to achieve this.

### **Achievements in 2015-16**

#### a. Work with A&E departments at JR and Horton.

Information on attendance at A&E highlights attendance of people aged under 18. In response to this there have been developments in engaging young people who present at A&E with drug or alcohol problems. The provider of alcohol and drugs services for young people, CAN, and the paediatric leads in the Oxford University Hospitals Trust are involved. New information to be given to young people include contact numbers for relevant services. A drop down prompt on the A&E forms completed by doctors will enable them to make referrals to MASH. .

#### b. Work with the Early Intervention Service and Young People's Substance Misuse

Bi monthly meetings are held between Early Intervention Service (EIS), CAN and commissioners in Public Health to monitor and improve engagement with young people through the Hubs. This gives a holistic approach to supporting young people who may have a range of issues.

In addition the agencies have worked together on a plan to ensure that children whose parents have substance misuse issues are identified and kept safe. A new play worker for younger children in this group has been employed by CAN and is working closely with EIS staff.

#### c. Work with School Health Nurses

As reported in the section on New Psychoactive Substances (NPS) above, a training session was held in November 2015. This was jointly delivered by CAN, The

Training Effect (TTE), Turning Point and Oxford Health. Workshops focussed on how to deal with the behaviours resulting from NPS use. The event was very well attended and evaluated.

Of note for this area of work with young people was the number of school health nurses that attended and who were therefore able to make links with the service providers. As a result of these developing relationships a pathway of referral from TTE to the school health nurses and on to CAN and other Early Intervention Services is being discussed. This will respond to the need shown in the TTE school surveys and by the Risk Avert programme.

#### d. Work with other teams in Young People's Substance Misuse

It is important for all agencies with a role in preventing and intervening in substance misuse issues for young people to work together. To this end the Commissioners from Public Health regularly met colleagues from the Youth Offending Service (YOS) and the Child and Adolescent Mental Health Services (CAMHS) commissioners. This enabled everyone to discuss developments and plans going forward. This will be furthered in the next meeting of the Young People's working group.

#### Members of the Working Group

Although there has only been one formal meeting of the working group, a range of partners have been involved in taking this work forward. They include

- CAN, young people substance misuse service
- The Training Effect
- Oxford Health – CAMHS and School Health Nurses
- Early Intervention Service
- Community Safety Practitioner in the Emergency Dept at OUHT
- Public Health Commissioners at Oxfordshire County Council
- CAMHS commissioners at CCG and County Council

#### **Priorities for 2016/17**

1. Reconvene the Young People's Substance Misuse Working Group to ensure good communication and effective work by all agencies working with young people and children.
2. Conduct focused needs assessments in areas of identified need, which may include young people's services. this may also include a review of referral routes to services in the light of changes in the Early Intervention Service.
3. Support a scoping exercise into the need for a Community Alcohol Partnership scheme (CAP) in Banbury;

## **Priority 4: Improve the way we commission services to provide better pathways for people with complex needs, with a focus on recovery from addiction**

### **What we wanted to achieve in 2015-16**

Improvements in the way we commission services to provide better pathways for people with complex needs, with a focus on recovery from addiction.

### **Why this was important**

The 2014 assessment of need in Oxfordshire related to substance misuse identified that a group of people with complex needs, including those with mental health problems or housing need, require additional and joined up services in addition to drug or alcohol treatment services to have the best chance of achieving recovery from addiction.

### **What we did and how progress was measured**

- a. Improve the health offer to those with a dual diagnosis/complex needs who access the homeless pathway in Oxfordshire.

We set out to do this by:-

- Working jointly with Oxfordshire Clinical Commissioning Group to look at Luther St patient profiles and their access to a range of health interventions, particularly those with a dual diagnosis
- Understanding the current support offered to those with a dual diagnosis/complex needs who access the homeless pathway
- Undertaking a focus group to engage with service user on how to improve outcomes and better meet the needs of those with complex needs
- Working with existing services to understand any barriers that service users and staff currently face accessing/referring to provision that already exists
- Identifying gaps in current accessibility, service configuration or commissioned service provision to make recommendations
- Being a key partner in the redesign and recommissioning of the homeless pathway

- b. Improve the pathway between substance misuse and mental health services for those with a dual diagnosis in crisis and those not.

We set out to do this by:-

- Undertaking a review of the pathways between the main mental health and substance misuse providers
- Task Oxford Health and Turning Point to develop a dual diagnosis joint working protocol for Oxfordshire within an agreed timeframe
- Improving staff understanding of needs of people of all ages who misuse substances and present in mental health crisis

- Understanding approaches adopted in other areas to Oxfordshire and implement relevant good practice
- Improving communication and collaboration between services working with complex need
- Participating in the evaluation of the Making Every Adult Matter (MEAM) pilot and reviewing its effectiveness

## **Achievements in 2015-16**

Good foundations have been made to take forward complex needs as a work stream in the following key areas:-

- Effective partnership working with Oxfordshire Clinical Commissioning Group (OCCG) has been established, which has resulted in the development of a Joint working protocol that is in development between Oxford Health and Turning Point for Dual Diagnosis.
- Focus groups with the Supporting People user Group were held, highlighting 4 key areas for working with complex needs:- consistency of key worker, early identification of a dual diagnosis, communication, involvement in social and physical activity.
- Public Health substance misuse commissioners were involved in the redesign and commissioning of Housing Related Support services.
- Turning Point representation on the OCCG led complex needs work stream is established.
- Strategic membership on the MEAM executive group now includes drugs and alcohol commissioners.
- Public Health substance misuse commissioners are key members of the crisis care concordat; led in Oxfordshire by the CCG.

However, despite the foundations there have been delays to two significant areas of work which means they have not been completed. These are:-

1. The development of the joint working protocol for dual diagnosis between Oxford Health and Turning Point.
2. Delivery of substance misuse awareness training to those working in acute settings who come into contact with people in a mental health crisis.

## **Who is part of the working group**

Public Health and Oxfordshire Clinical Commissioning Group have been working together on this area of the drug and alcohol strategy.

## **Priorities for 2016-17**

1. Finalise and launch the dual diagnosis joint working protocol between Oxford Health and Turning Point
2. Set up a commissioning partnership group with the following remit:-
  - Define the cohort that this group is representing
  - Monitor the implementation of the dual diagnosis protocol
  - Ensure the competency of the workforce in working with this group

- Map all complex needs services to reduce duplication and review pathways
  - Ensure a shared strategic vision for this client group including setting out principles for working with those with complex needs
  - Promote a culture of communication and collaboration amongst providers to respond to the needs of this group
3. Undertake a focus group to explore how to effectively support those with complex needs accessing the homeless pathway
  4. Ensure that substance misuse training is scheduled and delivered to those working in acute settings who come into contact with people in mental health crisis that misuse substances

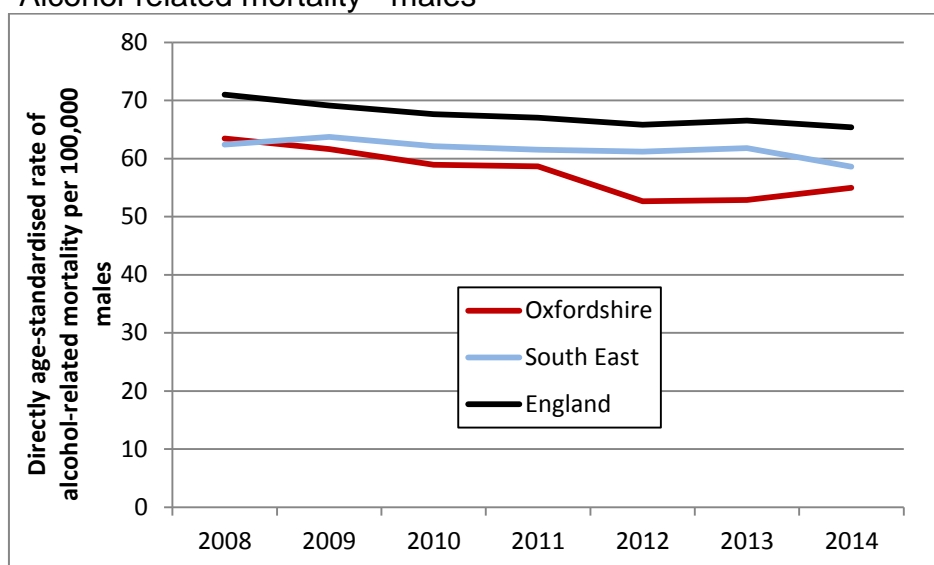
The work for 2016-2017 will be supported by the Public Health. An important publication - 'Co-existing alcohol and drug misuse with mental health issues; guidance to support local commissioning and delivery of care' – is due to be published by the end of March 2016.

## Priority 5: Share intelligence and data across organisations to better understand the needs of specific and vulnerable groups of the population

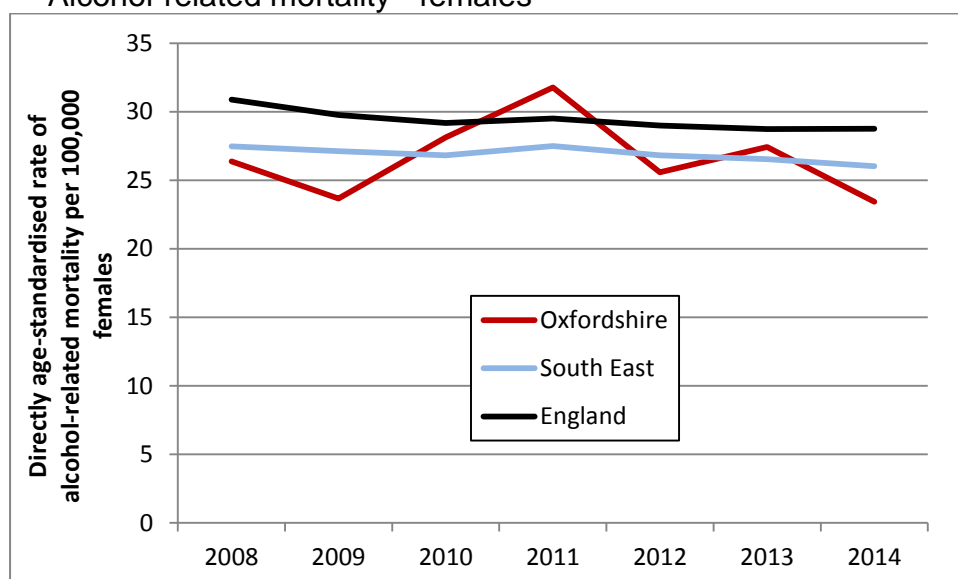
A review of the data presented in the Alcohol and Drugs Strategy has been carried out and the following conclusions have been drawn:

1. In 2014 there were an estimated 7900 **deaths related to alcohol use**<sup>1</sup> in England. The trends for both men and women are shown in the 2 charts below

Alcohol-related mortality - males



Alcohol-related mortality - females

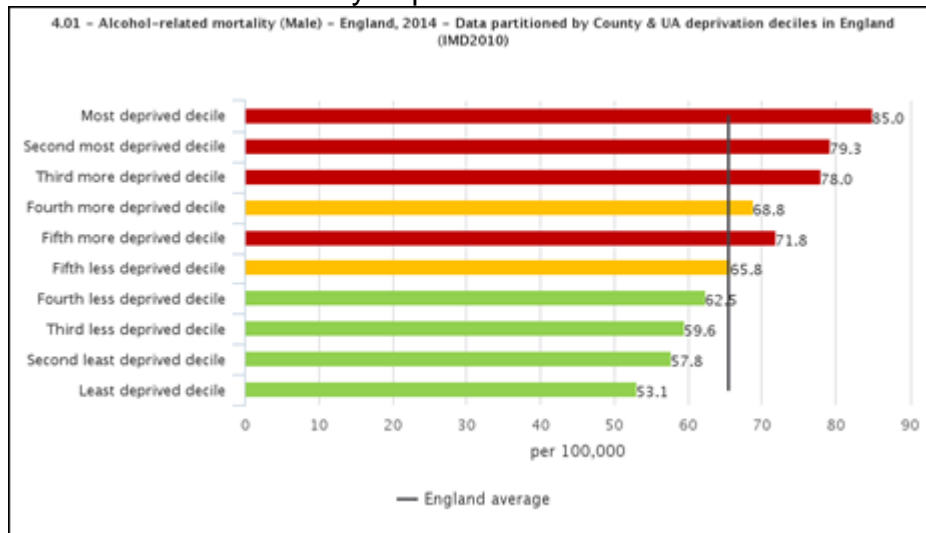


<sup>1</sup> Alcohol-related mortality (males and females) - Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population).

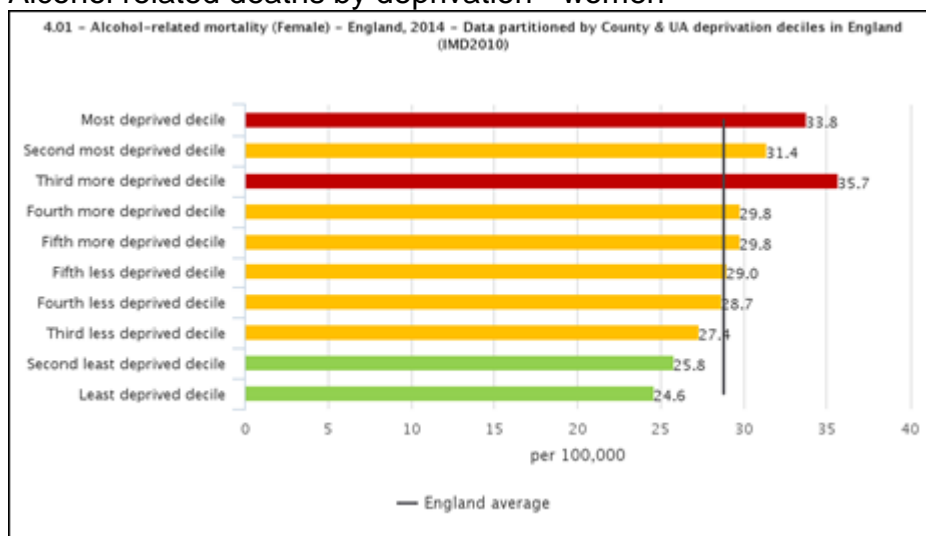


2. **Alcohol-related mortality by socio-economic class** is not analysed at a local level, but new figures have been published at national level. The charts below show the alcohol related deaths split for England by most/least deprived groups. The chart for men shows a greater difference between the best and worst off than for women. (Source: alcohol profile tool)

#### Alcohol related deaths by deprivation - men



#### Alcohol related deaths by deprivation - women

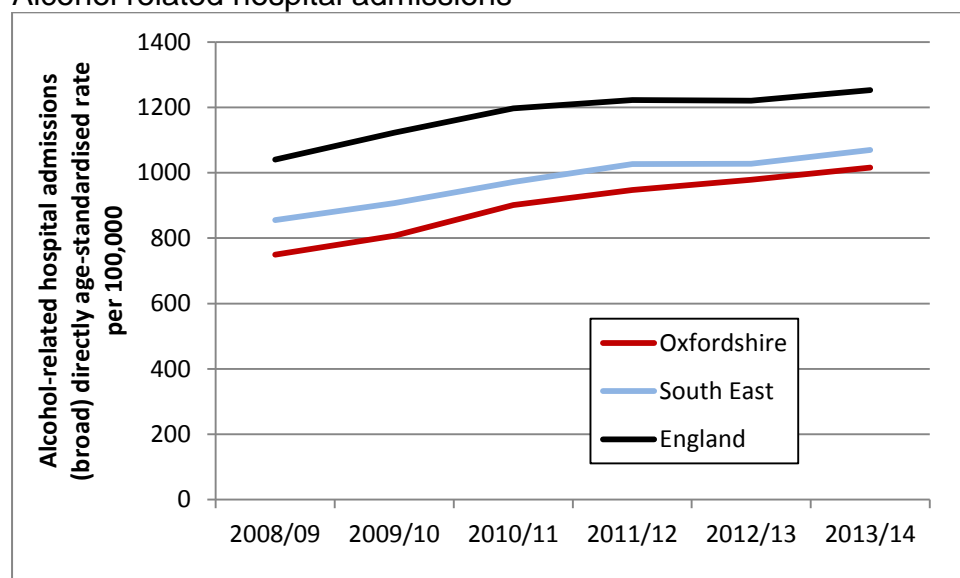


3. In 2013/14 there was a continuing upward trend (3.9% increase on previous year) for **alcohol-related hospital admissions**<sup>2</sup> in England. The annual increase was greater for women (+4.8%) than men (+3.3%) and it remains

- <sup>2</sup> Alcohol-related hospital admissions (broad) - Persons admitted to hospital where primary diagnosis or any secondary diagnoses are an alcohol-attributable code. Children aged less than 16 years were only included for alcohol-specific conditions and for low birth weight. For other conditions, alcohol-attributable fractions were not available for children. Directly age standardised rate per 100,000 population European standard population.

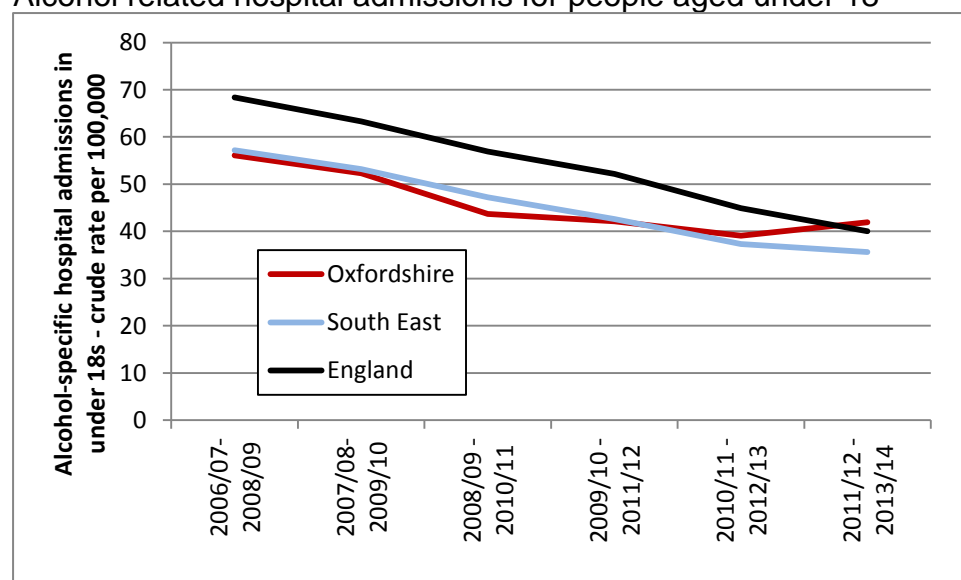
the case that rate of admissions among most deprived is 77% higher than rate in least deprived areas.

#### Alcohol related hospital admissions



4. **Alcohol related hospital admissions in under 18s<sup>3</sup>** was not updated with 2014/15 data. However, the latest alcohol profiles shows the lowest rate in England was 13.7 whilst Oxfordshire was 41.9 (count 175 young people) so the Oxfordshire rate is still three times that of lowest.

#### Alcohol related hospital admissions for people aged under 18



Source of data: <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

- <sup>3</sup> Alcohol-specific hospital admissions under 18s - Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population

## Conclusion and Reflection on Priorities

Overall the reports from working groups and partnership arrangements on the priorities set out in the Alcohol and Drugs Strategy show some progress over the last year. For example, there have been successful training initiatives across agencies, successful campaigns which build on national high profile campaigns and growing success of service providers working together to join things up for clients.

There is still more to be done, as illustrated by the data in this update and the more detailed analysis set out in the strategy. This includes

### 1. New Psychoactive Substances

- a. The NPS Act will be introduced soon (though the April date has been postponed). There is concern that, as substances currently “legally” available will soon be outlawed, suppliers may flood the market in an attempt to off-load them. Agencies need to be ready to work together to ensure good communication among themselves and provision of clear information to potential users
- b. Over the year local information has given concern over behaviours among users of synthetic cannabinoids. There is a need for campaigns and training in response to this.
- c. It is clear that the potential dangers of use of NPS are still not widely known. This needs to be addressed whether these substances are dubbed “legal” or not.

### 2. Alcohol

- a. The data shows that alcohol related hospital admissions for adults are still rising, especially for women. This continues to be a concern as alcohol use exacerbates a range of conditions.
- b. The national guidelines for alcohol consumption have been amended by the Chief Medical Officer and now 14 units a week is the recommended maximum for both men and women. Local publicity is needed to help people understand what this means for them.
- c. Binge drinking figures have not been updated but there are still concerns about the harms to health and the community safety implications of this.

### 3. Children and Young People

- a. The data show that the trend for alcohol related admissions of young people is continuing to fall. This is good news. However, more local data for Banbury has raised concerns about under-age drinking. This needs to be explored more fully and the possibility of setting up a Community Alcohol Partnership in Banbury is being explored.
- b. There are likely to be disruptions to referrals and access to a range of services in the face of organisational change. This has to be prevented.

### 4. People with complex needs

- a. As set out in the section above, more work is needed to translate good relationships between partners into working protocols.
- b. Changes to services providing housing related support are being made and there are reports of increased numbers of rough sleepers. The contribution of drugs and alcohol treatment services needs to be

## **Appendix 1: The Alcohol and Drugs Strategy, 2015-18**

### **Executive Summary**

Alcohol and/or drug misuse is a broad issue that affects many different parts of society including health, crime, personal relationships, community safety, workplace productivity and the economy. It brings a burden of social and financial cost. Many of the consequences can be prevented or reduced. This strategy sets out priorities which have to be addressed by a range of partners in order to bring about change.

An assessment of need in Oxfordshire has highlighted the following:

- Alcohol related hospital admissions for adults continue to rise in Oxfordshire, demonstrating the harm to health to people who regularly drink at harmful levels. In addition to this there are people who binge drink and are at risk of accident, injury or crime as well as ill-health.
- The number of people receiving treatment for addiction to illicit drugs in the county is good, showing that they feel able to engage with treatment services. However, the numbers completing treatment and remaining abstinent compares badly with other parts of the country.
- There is a growing threat from New Psycho Active Substances (so called “legal highs”) as availability increases and little seems to be known about the potential impact on health.
- A group of people with complex needs, including those with mental health problems or housing need, require additional and joined-up services in addition to drugs or alcohol treatment services.

Priorities identified are:

6. Reduce/ stop the demand and supply of New Psychoactive Substances (NPS) or “Legal highs” in Oxfordshire.
7. Work together on alcohol harm reduction projects
8. Reduce the number of young people engaging in risky behaviours and continue to improve the collaborative working approach to early intervention
9. Improve the way we commission services to provide better pathways for people with complex needs, with a focus on recovery from addiction.
10. Share intelligence and data across organisations to better understand the needs of specific and vulnerable groups of the population.

The governance set up for the delivery of the strategy is illustrated in this diagram:

