Substance Misuse

Needs Assessment

Executive Summary, Key Findings and Recommendations

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1. Executive Summary

Drug use has significant individual, relationship, community, and societal impacts, with the estimated societal cost of drug use being £20 billion per year in the UK. Drug related morbidity and mortality has been rising in the UK over the last 10 years. During this time, drug policy has been focused on the criminal justice system, with funding for local authorities to commission substance misuse services cut, and harm reduction and recovery services reduced.

However, in December 2021, the government released its new drug strategy. Whilst there is still a focus on crime reduction, there has been a shift towards the appreciation of the value of substance misuse services and their partnerships on reducing drug use and its related impacts. Much of the strategy has been informed by the Dame Carol Black independent drugs review commissioned by the government in 2019.

Importantly, substance misuse services need to meet the requirements of the local population irrespective of national trends. This needs assessment aims to do that by identifying the substance misuse needs for adults and young people in the London Borough of Bromley to make recommendations to commissioners for the procurement of substance misuse services in the future. It will use quantitative and qualitative data, as well as evidence from the literature, to identify unmet needs and make these recommendations.

With the limitation of local data, drug usage in the population was assessed. Nationally, drug use is increasing, and remains particularly high in men, in 16-24-year-olds, black people, and in people who live in low-income households. In the young person group, in 2019, 12% of 14- and 15-year-olds reported drug use in Bromley in the previous year. This dropped to 6% in 2020/21.

The national pattern of rising drug-related mortality is not observed in Bromley; however, numbers are low. There has, however, been an overall increase in drug-related hospital admissions. Admissions are more common in the 18-24-year-old group, with deaths highest in 45–49-year-olds. Both are higher in men, and in more deprived areas of Bromley.

Regarding adult substance misuse services, the number of new presentations has increased significantly in 2020/21, with the impacts of Covid-19 and improvements in data quality cited as potential causes of this statistic. Most service users were men and white, with the most deprived areas of Bromley representing the highest number of referrals. Regarding harm reduction, naloxone provision is above the national average, but BBV screening and vaccination uptake is low. Many service users are vulnerable, including parents, being involved with the CJS, and having a co-occurring mental illness. Successful completions are higher than the national average, but re-presentations are increasing.

In young people substance misuse services, the majority were male with 15-16-year-olds representing the highest proportion. The pattern of higher deprivation meaning more referrals is not as clear cut in young people services. Cannabis is the most used drug, but cocaine is more common in the older service users. Many reported being at risk, such as being a victim of abuse, a child in need, or having mental health issues, but the proportion of service users with other agencies involved with their treatment plan does not reflect these vulnerabilities. Strikingly, the proportion of children looked after in Bromley using drugs is much higher than the London or national average. The early unplanned exits were also higher than the national average.

As well as quantitative data collection, stakeholders were interviewed about their views on the unmet need in Bromley. This included outreach organisations, housing organisations, charities, community centres, and other health services. The CGL Service User Forum was also interviewed. These interviews provided a rich source of information, predominantly outlining the vulnerabilities of people who use drugs who are not accessing BDAS. This lack of engagement was felt to be because of a lack of trust, stigmatisation, fear of the repercussions of engaging with BDAS, and fragmented services, to name a few.

These organisations and groups provided many possible solutions to increasing engagement with this cohort of individuals with unmet need. This included outreach work, a single point of entry, training, and optimising the geographical location of BDAS. However, the overwhelming suggestion was the urgent need to improve partnership work with not only themselves, the organisations these individuals

trusted, but with other organisations such as the housing department, social services, and Job Centre Plus.

Therefore, a rapid literature review exploring effective partnership working in substance misuse services was carried out. This review returned 20 documents outlining many examples. These included government evidence review documents, examples from local authority, and interventions evaluated in the literature. Many of these interventions were based around providing better support for vulnerable groups, such as the homeless and the unemployed. These included agreements with other health services, engagement with support services, outreach work, and the development of partnership strategies and groups to underpin this.

The impact of Covid-19 on drug use and substance misuse services cannot be ignored. Evidence suggests Covid-19 and the associated social isolation from lockdowns has resulted in more addiction, relapse, overdoses, and risker drug use. There was also evidence of a disrupted drug supply chain, and therefore a shift to using new drug types and ways of acquiring drugs, including the use of the "darkweb."

Data indicates the rate of new presentations to BDAS increased during the second lockdown. With this, many BDAS services went completely online (except for the provision of medications) during the lockdown periods, with most not yet returning to normal. Service users have raised concerns that the online provision of services is causing social isolation, particularly for those who struggle to use the technology, such as older service users. From a service user perspective, they felt the "*culture"* at BDAS had been lost, which they perceived to be important in the treatment and recovery journey.

The data collected throughout this needs assessment has formed the basis of 27 recommendations to commissioners in considering the procurement of substance misuse services in the future.

2. Key Findings & Recommendations

There are currently no formalised substance misuse specific partnership strategies or groups, as seen in other local authorities. Whilst the Crime and Disorder Act 1998 requires responsible authorities to work in partnership to reduce crime and disorder, there are many other reasons to work in partnership, as outlined extensively in this assessment. The partnerships seen in other local authorities have focused on recovery, wider issues, and the use of all sectors to provide a more holistic service. These partnerships have also been helpful in identifying emerging needs, which may be useful in the aftermath of the Covid-19 pandemic.

Recommendation 1:
First and foremost, a formalised partnership strategy and group should be established to provide oversight on the provision of holistic care and support to service users in substance misuse services, as well as identifying emerging needs so strategies can be put in place to meet this need. **This is important as it underpins many of the following recommendations.**

This should include working with frontline services where many individuals with addictions will present, including primary care and A&E. This will provide partners with buy-in as they will have helped set the priorities and contribute to resourcing.

With the introduction of Integrated Care Systems in 2022, which aim to meet the health needs of the local population through collaboration rather than competition, this may be a good opportunity to capitalise on any partnership agreements and strategies that would benefit substance misuse services, it's service users, and those in the community with an unmet need. This also provides an opportunity for more regional partnerships as many services cross borough boundaries, such as the police or coroners. This is also particularly the case in working with NHS trusts, which provide mental health services and some sexual health services.

Recommendation 2:
Capitalise on the creation of ICSs in South East London to seek ways of regional partnership working to improve outcomes of service users, particularly through partnerships with organisations that cross borough boundaries, such as NHS

trusts, the police, and coroner service. There is also the opportunity to partner with One Bromley on a local basis.

There is very little data available about adult or young person drug usage in Bromley. Data regarding adult OCU is collected and can be displayed locally, however this does not exist for other drug types. This is particularly important after the Covid-19 pandemic to understand changing drug use.

In particular, there are groups who are known to be vulnerable to drug dependence and related morbidity and mortality. However, due to a lack of data, we are unclear on the magnitude of this in Bromley. The vulnerable groups we lack data for are:

- Recreational drug users
- People who experience homelessness
- Traveller community
- Sex workers
- People who engage in Chemsex, particularly those who are not known to HIV services
- LGBTQ+
- Ethnic group (we know how many individuals from different ethnic groups are engaged with BDAS, but some are underrepresented (i.e., Indian) or overrepresented (mixed White and Black Caribbean). It would be useful to understand if this is due to differing drug usage, by chance, or an unmet need)
- Victims of domestic violence

Recommendation 3:
To understand drug-use across the borough and considering the potentially large number of particularly vulnerable residents who need substance misuse services, a specifically commissioned data collection exercise may be necessary, using a sample of the population. This project should attempt to understand the magnitude of drug use in general and in vulnerable groups, and reasons why they may not engage with formal substance misuse services. This exercise would be important

to identify any emerging or unknown unmet needs, particularly in the recovery from Covid-19.

The level of data that primary care collects and/or hold on service users in BDAS is a patient safety issue at present. On review of primary care data, it was clear that the quantity and quality of data is poor. While a denominator is not known (i.e., how many people have seen their GP about substance misuse issues), from the data provided, it is reasonable to suggest there is a gap in record keeping.

Many GPs do not have accurate records of the medications dispensed by substance misuse services, such as OST. Very few patients have any coding of a consultation about substance misuse, or any interventions provided in the community.

GPs also report that they receive very little information from BDAS about patients who are engaged with them, including what treatment they are receiving, their progress, or any referrals to other services, such as Tier 4.

This is a patient safety issue as, firstly, GPs are unaware of what interventions their patient are receiving, having an impact on their ability to safely consult and prescribe as necessary. Secondly, if GPs are not recording what *they* are doing, this information won't be seen by their colleagues in future consultations, or for BDAS to review on referral from GPs. This concern was echoed by the CGL Service User Forum who felt that prescribing occurred without consideration of the detox regimes they may be on.

Recommendation 4:
As part of the service specification, there needs to be a requirement for BDAS to share information with primary care about the service user's treatment journey, particularly if there are any admissions to Tier 4 services. Additionally, BDAS and LBB need to work with primary care colleagues and management to ensure they are collecting data, including consultations that are primarily focused on drugs/alcohol, those individuals who have a drug/alcohol need, and accurately recoding prescriptions.

All the outreach and housing organisations reported that the most common drug used was cannabis, with the majority not accessing substance misuse services. Many of their clients had expressed a wish to stop using cannabis.

It is also clear that cannabis use is rising in 16–19-year-olds nationally. However, locally cannabis use appears to be decreasing in the 11-15-year-old group with 6% of Year 10 students in Bromley reported cannabis use in the previous month in 2019, dropping to 3% in 2021/22.

Therefore, changing trends in cannabis use need to be acknowledged. The evidence suggests that the best treatment for cannabis dependence continues to be cognitive behavioural therapy. A meta-analysis found that family therapy was beneficial for younger users of cannabis, particularly if they have psychiatric comorbidities. As well as this, short term interventions with motivational talk therapies are also helpful. There continues to be clear evidence that pharmacological therapies have no benefit in reducing cannabis dependence, and in some cases may worsen it. [66] Studies have also assessed whether using a web-based intervention is more beneficial than face to face therapy, but the results showed no improvement. [67]

Recommendation 5:
Targeted programmes to ensure those with dependency to cannabis are offered support are necessary. As these individuals are traditionally hard to reach, offering these within the current service structure may not be appropriate, with outreach methods offering evidence-based psychotherapy more appropriate.

Nationally, the 16–24-year-old age group use more drugs than the 16–59-year-old group. This would perhaps indicate that drug prevention strategies are not effective in younger people, particularly as this group are more risk averse.

In addition, hospital admissions in Bromley are particularly high for men and in the 18–24-year-old age group, for all causes of admissions. This is a pattern seen in our statistical neighbour, London, and England, but understanding why men and young adults are presenting to hospital with drug-related illness, rather than getting support for their dependency needs to be explored.

Drug-related mortality is highest in men and in the 40–44-year-old age group in Bromley (35–54-year-old age group in the past 10 years). Whilst drug-related mortality appears to be fluctuant in Bromley,[1] in the context of a national picture of persistently rising mortality, we need to understand more about why these groups are particularly impacted.

Recommendation 6:
In the context of higher morbidity and mortality and in the absence of data specific of drug use in Bromley (for people not engaged with BDAS), we should ensure that the appropriate outreach is occurring in both 16-24- and 35–54-year-old age groups, particularly in men, to ensure treatment needs are met, and prevention strategies are implemented. This could be through the form of identification in acute services, such as A&E, or in other services these groups engage with, such as outreach organisations.

Most referrals to the adult service are self-referrals followed by the criminal justice system. There are likely many more individuals who access other services who would benefit from a referral to BDAS.

Recommendation 7:
Whilst credible efforts have been ongoing, BDAS needs to ensure there is more systematic work with partners, including primary care, A&E, maternity services, housing services, and social services to ensure they are aware of referral procedures and criteria. This will empower them to refer clients as appropriate and potentially rectify a proportion of unmet need.

[1] Acknowledging the low numbers of deaths in Bromley

The co-occurrence of mental ill health and substance misuse is well documented. The experience in Bromley is no different. In adult services, 31.3% of opiate users and 44% of non-opiate users newly engaged with BDAS in 2020/21 had a mental health issue. Many were not receiving treatment. In the young people service, it was 50% of all new presentations.

Most service users need to be abstinent for a sustained period before being able to access mental health support, leaving them in a never-ending cycle of mental ill health and addiction/relapse. National guidance states that the provision of mental health and substance misuse services should follow the "*no wrong door"* principle.

Recommendation 8:
There must be a stronger partnership with mental health services, implementing the "*no wrong door"* policy. Many clients need the assistance of both in parallel to recover from addiction. Evidence from the literature suggests many methods of achieving this, including specialist dual-diagnosis clinics, training of staff, psychoeducational groups, and blended models of care.

The co-existence of sexual health issues and substance misuse is particularly an issue in PLHIV. Many of these individuals engage with HIV services and access substance misuse support through this.

However, there are likely to be many more recreational drug users, and people who engage with chemsex who access general sexual health services, or no service at all.

Recommendation 9:
A partnership with Bromley sexual health services would be beneficial to ensure individuals accessing sexual health support can also access the appropriate substance misuse support. This could be through a shared-care agreement for at risk patients, or through the provision of basic substance misuse advice at sexual health services

There is a lower-than-expected proportion of individuals released from prison with a substance misuse problem engaging with BDAS on release. The CJS Project in

Bromley aims to work with partners to deal with the complex issues surrounding this, which is vital to ensure inequalities in this patient group are narrowed.

Recommendation 10:
The work of the CJS Project should continue, with closer working with the probation services to ensure those recently released from prison engage with BDAS to continue/commence treatment. There is also the requirement to have a closer working relationship with prison substance misuse services to ensure there is a seamless transition to community-based services, for those already commenced on a treatment programme.

The clients engaging with the outreach organisations interviewed in Section 11 and beyond trust these organisations, which is why they return. However, this trust often does not extend to BDAS. In the past BDAS has come to these services to provide treatment on an outreach basis in an environment they are comfortable in. However, this was not consistent and has tailed off, particularly with Covid-19.

Recommendation 11:
A formalised outreach programme should be resumed with outreach organisations, such as Living Well and the charity Bromley Homeless, ensuring relationships are reciprocal, capitalising on the expertise of the organisation and the trust clients put into them. This should be consistent with a defined point of contact in BDAS.

According to the government, the number of Children in Need due to drug misuse in the home is significantly higher than those engaged with substance misuse services. In addition, an estimated 80% of people who use drugs and have children in Bromley are not in formal services, higher than the national average.

Young people are at particular risk of harm from substance misuse. They could have an addiction themselves, use substances recreationally which may develop into an addiction, or as mentioned live in an environment where drugs are taken.

Most referrals to the young person's service came from Education Services in 2019/20, but this changed to health services in 2020/21. This is likely due to the Covid-19 lockdown.

This group will also access many services other than substance misuse services, and so we need to ensure these young people in need are identified and provided support. This is particularly the case for children who are looked after. This needs assessment has identified that the proportion of CLA using drugs in Bromley is much higher than in Outer London and England, and so this needs to be urgently addressed.

LBB itself also has a responsibility to work with educational services that they provide. This includes not only schools which are authority run, but also school nursing and social services, as well as externally led establishments such as academies.

A final issue identified is the discrepancy between young people service user vulnerabilities and multi-agency work. 70% of service users had wider vulnerabilities, including being a child in need, being a victim of domestic violence, or having a child protection plan, to name a few. However, in 2019/20, 15% of service users were recorded as having their treatment plan including working with other agencies. In 2020/21, this was 45%. Nationally this was 58% and 59% in 2019/20 and 2020/21 respectively. Therefore, there appears to be less agency work than nationally, and less than would be expected considering the vulnerabilities recorded.

Recommendation 12:
Further work with social services and other agencies is urgently required to identify parents who are dependent on substances, to identify children looked after at risk of taking drugs themselves, and to tackle the wider vulnerabilities young people in service users face, to ensure they get the support they need. With the significant gap identified, this could be achieved through a specialised outreach team in partnership with other appropriate services.

Recommendation 13:
As we move towards Covid-19 recovery, BDAS must work with educational settings to ensure they feel supported to recognise any child in need of support from drugs services. In addition, one a child has been referred, work should be carried out with the school, and is appropriate social services, to ensure support is consistent and unified.

Recommendation 14:
Partnership with organisations who work with children, including youth groups, charities, and after school/activity groups, in order to help them identify a child in need of support, and where appropriate provide brief interventions and signposting.

There is widespread recognition, in research, by the government, other local authorities, and local Bromley partners, that substance dependency is associated with many factors, with substance misuse being both a causal and outcome-based relationship. These factors include employment, education, housing, debt, and food provision. Many clients find it difficult to deal with their substance dependency when many of these more basic needs are not met. This is demonstrated in models of motivation across the literature, including Maslow's Hierarchy of Needs, where basic needs (such as food, water, income) are more important to ascertain than more complex needs such as safety, self-actualisation or self-esteem. [68] In those who are engaging with substance misuse services, deterioration of these factors can cause relapse.

Housing and employment were concerns for adult service users. Examples of this partnership work with Job Centre Plus and housing outreach teams has been clear from the evidence presented.

A particularly striking issue that was raised was around when an individual is temporarily housed out of area. If the individual has a substance misuse treatment need, it is often the case the transfer of care is slow meaning adverse effects can occur, such as overdose or relapse. A more streamlined communication process is needed to prevent such impacts between BDAS, LBB Housing, the new treatment provider, the housing provider, and client.

In addition, the proportion of young people engaged with services who require multi-agency working is less than the national average. It is unclear if this need is lower in Bromley, poor data collection, or that this need is not being met.

An issue highlighted across the board and was felt to be the crux of many issues, was the apparent lack of understanding of addiction by other organisations, including housing, social services, and beyond This is having a clear impact on service user's ability to recover from their addiction and their quality of life.

As commissioners, LBB Public Health also have a responsibility to harness the relationships required to better service the individuals the service is commissioned for. It is important we use our relationships and networks within the local authority to improve the recovery of both young people and adults.

Recommendation 15:
Formalised Memorandum of Understandings (MoUs) or partnership agreements should be set up with providers of basic needs and support services, particularly within employment and housing for adults, but also mental health services (as covered in **recommendation 8**), education services, debt assistance, and social services. This should be a part of the clients treatment plan, and this is a shared understanding and responsibility with other services. This agreement should also ensure training is provided to increase awareness of services and the needs of clients with substance dependency.

Recommendation 16:
For clients who are temporarily house out of area, a streamlined communication process needs to be formed between LBB Housing, BDAS, the new/temporary treatment provider, the housing provider, and service user to ensure their substance misuse treatment continues in a timely and safe manner.

Recommendation 17:
As part of these MoUs or partnerships, BDAS, with the expertise they have on substance misuse, should have a programme of education for organisations to increase understanding of the issues these individuals face and reduce stigma. This should be delivered to statutory services including, but not limited to, housing, social services, and employment services.

Recommendation 18:
LBB Public Health should also work with other borough departments, such as health visitors, school nursing, and social services, to ensure partnership work is engrained into everything we do, from commissioning to delivering services. This includes wider harm reduction methods, such as the use of leisure centres and recreational facilities for those in treatment and recovery.

Bromley and Croydon Women's Aid have a Complex Needs Officer who deals with other organisations for their clients who have particularly complex needs. A similar model could be engaged in BDAS to ensure the partnerships outlined in Recommendation 15 are realised

Recommendation 19:
Appoint Complex Needs Officer(s) to work with other organisations to deal with the other issues a service user might have. These could be joint appointments with other organisations, as agreed through a mechanism such as that outlined in **Recommendation 1 and/or 2.** The service user will still have a case worker, but some of the more complex and time-consuming tasks can be delegated and reported back.

Hospital admissions and drug-related mortality are the highest in residents from the most deprived wards of Bromley. In morbidity, there is a clear cluster of wards with high admissions and high levels of deprivation (Figure 25). For mortality, there is a clear correlation between IMD and rate of death (Figure 37).

In addition, the number of clients engaged with BDAS is, overall, highest from areas of deprivation. However, the BDAS service is not located in these areas. Qualitative data suggested potential clients could not engage with BDAS due to access restrictions.

It is encouraging that the areas with the highest morbidity and mortality are also the places where the most people engage with BDAS. However, the fact there is more morbidity and mortality indicate there are likely many more individuals in these areas and beyond that require substance misuse services. This was an issue that was echoed qualitatively by the outreach organisations that were in these areas

Recommendation 20:
There is a clear need for substance misuse services to be located where the morbidity and mortality is greatest. This should be in the form of BDAS services being physically located there, or in stronger outreach work. This could also be in the form of a “hub and spoke” model, with satellite services being located across the borough that are linked to a centrally located service.

BDAS are currently auditing to establish if they have micro-eliminated Hepatitis C in the service. This audit is focused on those in high-risk groups, such as those who inject drugs. This would be a great achievement.

However, in 2020/21 low proportion of service users engaged with BDAS have been tested for HBV and Hepatitis C (both below the national average over the same period), with no data on HIV testing. It is unlikely that cases of BBVs are being left undetected.

Recommendation 21:
Whilst great strides have been made as demonstrated by the possible micro-elimination of Hepatitis C, BDAS should develop tools and methods to encourage service users of all risk levels take up the offer of BBV testing (for Hep C, HBC, and HIV) on entry to services. If the service user does not want testing on entry, this should be offered at appropriate intervals to ensure appropriate referral to hepatology services.

The proportion of service users smoking tobacco in BDAS is higher than the national average. This additional risk factor further increases the health risks to these individuals. It is important that smoking prevention programmes are not a “one-size fits all” approach, however. This will need to be highly personalised as many service users would, understandably, find it challenging to tackle more than one addition simultaneously.

Recommendation 22:
Whilst commissioning arrangements are complex, a highly personalised programme should be implemented to work with service users to reduce the harms from tobacco use.

When BDAS sub-contracted Lloyds Pharmacy to provide needle exchange services, only 8 out of 18 pharmacies signed up were actively participating. This service was not recommissioned, and the service now deal with pharmacies on their own. However, there needs to be assurances that the quality-of-service provision is improved equitably across the borough.

Recommendation 23:
Work should be carried out with pharmacies to understand barriers in needle exchange and prescription provision, understanding who is using the service, and ensure there is adequate provision of needle exchange across the borough.

The provision of residential rehabilitation is severely restricted by the availability of facilities, which has reduced in recent years, and the funding available to fund placements. However, there is the recognition that recovery for some will only be a reality if they have residential input rather than community. It is therefore important that the correct procedures are in place to ensure the most efficient use of resources is occurring.

Recommendation 24:
An appropriate decision-making structure for the provision of Tier 4 services should be implemented to ensure the service users most in need are accessing this at the right time. A review of the Tier 4 decision making process has occurred and recommends a more multi-disciplinary approach within substance misuse services to ensure decision by consensus and shared expertise.

At present, the young person service and adult service are provided by CGL. However, these are under separate commissioning contracts, and therefore this is not guaranteed. In addition, COHMAD is provided by Oxleas NHS Foundation Trust.

Substance misuse should be considered in a life course approach, appreciating that individuals with mental health issues are at higher risk of developing an addiction, and that those with addictions in younger years (or live with someone who does take drugs) may continue this into adulthood. In addition, the fragmentation of services is confusing for partners and service users. Therefore, an integrated approach may be appropriate.

Recommendation 25:
In the next commissioning round, the three separate BDAS services (adult services, young person services, and COHMAD) should be procured as one whole, integrated, and streamlined service.

In 2020/21, LBB and CGL reported an improvement in data collection quality. This was alongside the potential impacts of Covid-19 on BDAS. Whilst improving data collection should be encouraged, the co-occurrence with the pandemic has made it difficult to understand the true impact of Covid-19 on drug use and services.

Recommendation 26:
Ensure the service specification is explicit that adequate data collection is a condition of providing the service to accurately monitor trends and needs.

It is clear many service users rely on BDAS as a form of social support which has clearly been disrupted during the Covid-19 pandemic. Over the past 2 years, many of these activities have moved online which has been beneficial, but service users report it is no replacement for in-person interaction. This is particularly the case for individuals who struggle to use online technology, such as older service users. While a shift to digital provision of healthcare in some health sectors is hugely beneficial, this is not the case in substance misuse services. As the recovery from Covid-19 progresses, it is important that this viral social support is re-introduced.

Recommendation 27:

As soon as public health advice allows the return of full in-person services should resume, particularly for sessions that involve peer support or interaction with other service users. This should be stated in the service specification to ensure digital services are not provided as an alternative.