Integrated Public Health Model for Substance Misuse

Version 1f

Version	Date	Amendment Summary
1a	17/06/2020	Discussion paper
1b	18/06/2020	Developed from initial discussion (not circulated) paper to initial proposal.
1c	18/06/2020	Amendment of graphics
1d	22/06/2020	Initial feedback and amendment
1e	30/06/2020	Initial proposal for circulation and comments (KJ, WG, PHW and PCC)
1f	15/07/2020	Initial proposal – comments and amendments made

Contents

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Integrated Public Health Model for Substance Misuse

Executive summary

Initiation of proposed public health model in Wales

Substance misuse is a significant challenge to public services across Wales, including health and social care, policing and Local Authorities, as well as to our wider communities. Whilst substance misuse impacts on all parts of society across Wales, there are geographic variations with some regions in Wales experiencing higher levels of adverse outcomes than others due to historic patterns of alcohol and drug use, socio-economic deprivation and current trends in availability, methods of use and poly-drug use. In 2018, the level of drug-related deaths and severe infections amongst people injecting drugs in Neath Port Talbot and Swansea was an increasing concern. This issue, alongside the increasing prevalence of Organised Crime Groups (OCGs) in the region and the emergence of county lines activity, led the Area Planning Board for Substance Misuse (APB) to take action and request a "Critical Incident" meeting of the Public Service Boards (PSBs) for Neath Port Talbot and Swansea. The Critical Incident group was asked to review, based on the evidence, if all agencies should consider substance misuse as a priority given the threat, risk and harm picture presented. The proposal to adopt a public health approach was recommended at the joint meeting of the Swansea and Neath Port Talbot Public Service Board (PSB) in January 2020, and agreement was obtained for the chair and vice chair of the APB to drive forward a joined approach with Public Health Wales.

Alongside this, Public Health Wales had been reviewing, at Executive Board level, the challenge and impact of substance misuse in Wales, presenting a Public Health approach to substance misuse at the UK Drug Summit in February 2020. The Policing Partnership Board for Wales had been looking to the experience in Neath Port Talbot and Swansea to inform the joint approach of Welsh Government and Policing in Wales, with partners, to address adverse criminal justice and health outcomes across Wales. It was recognised that whilst local agencies may do all in their power to tackle the adverse outcomes associated with substance misuse, upstream cooperative action at a Wales-wide level provides substantial additional impact in the prevention of poor, and promotion of positive, outcomes related to substance misuse. This includes diversion into shared community-based services for those at risk of criminal justice measures related to their substance misuse.

The Chair of Western Bay APB (Karen Jones, Assistant Chief Executive and Chief Digital Officer for Neath Port Talbot) and Vice Chair (Chief Superintendent Jo Maal, South Wales Police Commander for Swansea and Neath Port Talbot) have gained support from the PSB to embrace a public health approach. As such, they welcomed the offer of support from partners including Public Health Wales and Policing, ensuring their progress would be based on a strengthened partnership that could be sustained. This led to agreement of the development of this Public Health Model for Substance Misuse paper jointly drafted by Josie Smith, Head of Substance Misuse for Public Health Wales, and Angharad Metcalfe, Strategic Lead on Substance Misuse and Mental Health for the Police & Crime Commissioner for South Wales.

At a joint meeting on 22nd May 2020 between Public Health Wales, Western Bay APB and chaired by PCC for South Wales, it was agreed that this initial Public Health Model paper be further developed to provide a proposed framework, with the aim piloting the Public Health approach in the Western

Bay APB area, but which could be replicated in other APB areas. This approach of multi-site pilot is recommended by the authors to optimise learning during development and implementation, strengthen impact evaluation and provide cost efficiencies.

UK reviews and evidence

Recent evidence reviews including the House of Commons Select Committee on Drug Policy recommended a radical change in UK drugs policy from a criminal justice to a health approach. The Independent Review of drugs (part 1), commissioned by the Home Office, further evidenced the need for a different approach highlighting the unintended and negative effects or harms resulting from involvement in the criminal justice system. The rationale behind the reviews indicate a health focused and preventative approach would not only benefit those who are using drugs and alcohol but reduce harm to, and the costs for, their wider communities.

According to the recent independent Review of Drugs by Dame Carol Black "the total cost to society of illegal drugs is around £20 billion per year, only £600 million is spent on treatment and prevention". These costs to the individual, family, community and state are not only felt for the life time of the individual, but may be intergenerational in nature, further increasing the human, financial and societal burden in the form of neglect, abuse, family and relationship breakdown, physical and mental ill health and wellbeing. There is a wealth of evidence indicating association between adverse life events including parental substance misuse, mental ill health, incarceration and loss/bereavement, and subsequent negative risk behaviours and health consequences.

Public Health approach

A Public Health approach to the prevention of and treatment for substance misuse promotes full integration with all the relevant service sectors, recognising that supporting the 'whole' individual, i.e. working with all facets of an individual's life, is more effective and cost-effective in achieving sustained benefit. This proposal paper outlines the development of co-operative model – a community-based, multi-disciplinary and multi-sectoral collaborative programme and framework – The Alliance Programme for Wales.

The overarching aim of the Alliance programme will be to deliver a comprehensive and seamless service for those to at risk of, or experiencing physical, psychological or social harms involving substance use to achieve long term and sustainable control over use by addressing underlying causal and amenable risk and behavioural issues.

Key recommendations for action:

1. That a co-operative Public Health model for Substance Misuse is developed and piloted in the Swansea and Neath Port Talbot area in Wales, with consideration to piloting in another APB as previously outlined. Comprehensive and robust evaluation would inform potential national implementation, which could be considered through the appropriate governance channels and in line with the focus of the Substance Misuse Delivery Plan 2019-22. This will require cooperation between all relevant agencies and the development of a commissioning and delivery framework to be implemented, based upon the model outlined in this document.

2. Initiate work required to establish a joint funding agreement between the APBs, the University Health Boards, the Police and Crime Commissioner, the Probation Service and Welsh Government
3. Establish the governance framework and processes for this business change programme, as there will need to be dedicated resources to enable the detailed implementation and delivery planning required to support development of a co-operative commissioning model of 'alliance contracting.' The resultant commissioning and delivery plan will need to be developed collaboratively and build on a review of the work already undertaken by individual APBs and taking account of best evidence and innovation.
4. Establish an expert advisory panel to support the development, implementation, monitoring and evaluation and act as a critical friend to Western Bay APB and any other pilot APB areas.
5. Development of a robust and sustained campaign of community engagement. A segmented approach should be used in line with best evidence with the aim of educating, destigmatising, and establishing substance use and misuse more conceptually as a health and social issue amongst the wider population to promote prevention and early engagement with services as required.

Swansea APB has formally agreed to explore this approach and will need to formally agree on the programme of change as it progresses, and would act as the principle governing body for the programme. The APB will assure the ongoing viability of the project is maintained and will provide accountability to the Regional Partnership Board and Public Service Board for the decisions made and project progression.

It will be essential for the approach outlined in this document to have the full support of Community Safety Partnerships, the Public Service Boards (PSBs) individually and jointly as well as the Regional Partnership Boards (RPB) in line with governance mechanism on a national basis. The Public Service Boards will be required to continue in their role of holding the APB to account.

Background

In last few years, much work has been undertaken across the UK to review and assess the breadth of evidence of impact and effectiveness both with drug and alcohol policy perspectives and prevention, engagement and treatment interventions. Evidence reviews including the House of Commons select committee on Drug Policy[1] which recommended a radical change in UK drugs policy from a criminal justice to a health approach and the Independent Review of drugs (part 1), commissioned by the Home Office[2,3] which further evidenced the need for a different approach highlighting the unintended and negative effects or harms resulting from involvement in the criminal justice system. The rationale behind the reviews, as well as the work on introduction of minimum unit pricing for alcohol[4] indicate a health focused approach would not only benefit those who are using drugs and alcohol but reduce harm to, and the costs for, their wider communities. Whilst in Wales, substance misuse is embedded within health, representing a devolved issue, legislation in relation to illicit drugs remains under the remit of UK government and criminal justice.

A public health approach has been a key element of Welsh Government policy for many years, as evidence by the 2008-18 substance misuse strategy 'Working together to reduce harm' and associated Delivery Plans[5,6] as well as Police & Crime Plans.[7,8] The Partnership between the Welsh Government, Police & Crime Commissioners, Chief Constables, Housing / homelessness and Public Health Wales has led to joint initiatives including establishment of the Violence Prevention Unit[9] and promotion of a trauma informed approach to the work of the police, education, health and social care organisations and their partners which is now Wales-wide as Early Action Together. Evidence from adoption of trauma-informed approaches indicates increased engagement with services and improvements in outcomes.[10] On-going work seeks to develop a similar approach to mental health, so the approach proposed in this document aligns with the priorities of criminal justice, health and social care as well as that of local government and other partners.

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[1] House of Commons Health and Social Care Committee. Drugs policy. First Report of Session 2019 Report, together with formal minutes relating to the report Ordered by the House of Commons to be printed 15 October 2019. Available at: https://publications.parliament.uk/pa/cm201919/cmselect/cmhealth/143/143.pdf

[2] Review of Drugs, Executive Summary. Dame Carol Black. February 2020. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/868438/2SummaryPhaseOne+forew ord200219.pdf

[3] Review of Drugs, evidence relating to drug use, supply and effects, including current trends and future risks. Dame Carol Black. February 2020. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882953/Review_of_Drugs_Evidence_Pack.pdf

[4] Welsh Government Social Research Unit. Model-based appraisal of minimum unit pricing for alcohol in Wales. An adaptation of the Sheffield Alcohol Policy Model version 3. Available at: https://gov.wales/sites/default/files/statistics-andresearch/2019-05/model-based-appraisal-of-minimum-unit-pricing-for-alcohol-in-wales.pdf

[5] Welsh Government Substance Misuse Strategy: Working together to reduce harm 2008-18. Available at: the-substancemisuse-strategy-for-wales-2008-2018.pdf

[6] Welsh Government Substance Misuse Delivery Plan 2019-2022. Available at: substance-misuse-delivery-plan-2019-22.pdf

[7] Office of the Police and Crime Commissioner South Wales. South Wales Police & Crime Plan 2019-23. Available at: http://www.southwalescommissioner.org.uk/en/your-commissioner/police-crime-plan-2019-2023/

8 Office for the Police and Crime Commissioner North Wales. Police & Crime Plan 2017-21. Available at: https://www.northwales-pcc.gov.uk/Document-Library/Information/Publication-Scheme/What-are-priorities-are-and-how-we-are-doing/Police-and-Crime-Plan/Police-and-Crime-Plan-2017-2021.pdf

[9] Wales Violence Prevention Unit. https://www.violencepreventionwales.co.uk/

[10] Di Lemma L.C.G., Davies A.R., Ford K., Hughes K., Homolova L., Gray B and Richardson G. (2019). Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course. Public Health Wales, Cardiff and Bangor University, Wrexham, ISBN 978-1-78986-035-1.

Following the successful developments outlined above and the willingness to build on cooperative approaches, the Western Bay APB initiated the work to explore a Public Health approach to substance misuse, supported by Welsh Government, Police and Crime Commissioner for South Wales, Public Health Wales, Swansea Bay University Health Board, recommending the development of a framework to be piloted in Wales. Any evaluation could then inform future work at a national level. HM Probation and Prison Service (HMPPS) is aware of these developments.

This document sets out a public health model for substance misuse, taking existing progressive policy and practice forward to include those at risk of or seeking support for substance misuse in the community, as well as direct diversion into community services for those at risk of criminal justice measures resulting from their substance misuse, providing a 'whole person - whole system' response to substance use and misuse and associated risk behaviours. The application of the model would require establishment of a joint funding agreement, within the pilot area/s between Substance Misuse Area Planning Boards, and NHS Health Boards and with Police and Crime Commissioners and HMPPS.

It is proposed that a pilot be initiated within Swansea and Neath Port Talbot Area Planning Board/University Health Board area and potentially with one other APB area (to be confirmed) to allow for assessment of barriers and facilitators to implementation, evaluation of relative effectiveness and cost-effectiveness of the new approach, as compared to previous systems, and the variables impacting on this. In addition, a multi-site pilot would allow for greater engagement with a cross-section of people with lived experience and effect cost savings in the commissioning, training and information system development and implementation work-streams. The pilot areas will be supported through a cooperative commissioning working group led by the Area Planning Boards including Swansea Bay, Swansea Bay University Health Board, the Police and Crime Commissioner for South Wales, South Wales Police, Fire and Rescue Service, HMPPS, the joint PSBs and RPBs, local authorities and Public Health Wales.

Rationale

Drug markets and use

Drugs markets, availability and acceptability of use has evolved over the last 50 years with greater accessibility of drugs such as cannabis, psychedelics including MDMA and LSD, stimulants particularly cocaine, pharmaceutical or therapeutic drugs, image and performance enhancing drugs and opioids.

Non-medical use of drugs in the UK increased from the late 1960s and 1970s resulting in more open perspective on recreational use, compared to previous generations, and some initiating then may have continue their use into older adulthood. Some early evidence is provided by the Crime Survey for England and Wales (CSEW), with 16 per cent of 60-74 year olds reporting ever use of illicit drugs and 4.1 per cent reported ever use of Class A drugs. One per cent of these older adults reported last year use of illicit drugs.[5]

According to the CSEW 2018-19,[11] amongst those aged 16-59, over one third (34.2) reported ever taking drugs, with 9.4 per cent having taken a drug in the last year. Amongst young people the 'use in the last year' rate rose to 20.3% amongst those aged 16-24, with 7.0 per cent amongst those aged

[11] Home Office. 2019. Drug misuse: findings from the 2018 to 2019 CSEW: data tables. Available at: https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2018-to-2019-csew

25-59 years. In Wales, the proportion reporting last year use of any illicit drug was the highest in a decade at 9.5 per cent.

Whilst the CSEW provides a measure of recreational drug use due to sampling methodology, it does not tend to capture more problematic drug use. The prevalence estimate of problematic drug use for Wales for 2017-18 estimates that, including populations not in contact with any services, the total number of problem drug users in 2017-18 was 52,600 (95% confidence interval (CI) 45,230 – 65,050).

There is robust evidence within all countries of the UK of an older cohort of opioid users who initiated use in the 1980s and 90s, who are now in their 40's to 60s and who are continuing to use opioids and other drugs. Alongside issues of dependency, additional acute and chronic illness is increasing the rates of premature death and disability amongst this population.

The advent of new psychoactive drugs around 2010, and the developing online market in both illicit drugs and online pharmacies have impacted on the availability and accessibility of drugs and the nature of drugs markets alongside traditional routes. The reported ease of obtaining illicit drugs has increased, to statistically significant levels, even in the last few years, with 41 per cent of adults reporting that it was 'very or fairly easy to obtain illicit drugs within 24 hours' in 2018-19 compared to 35 per cent in 2016-17.[12] This despite concerted efforts and substantial resources to reduce availability by criminal justice organisations and collaborations.

Last year use of non-prescribed prescription-only (including opioid-based) painkillers used for medical reasons is also captured by the CSEW, overall 6.1 per cent of 16-24 year olds and 6.5 per cent of 25-59 year olds reporting use. However, Wales recorded the highest rate by region for England and Wales at 8.4 per cent of 16-59 year olds.[6]

There is also robust evidence that as frequency of alcohol consumption increases, so do levels of drug use, with adults aged 16-59 who report drinking alcohol on three of more days per week in the last month being two times more likely to use a drug than those drinking less than once a month.[6]

Alcohol

Adults in the UK consume the equivalent of 11.4 litres of pure alcohol per annum on average, four litres higher per annum than the amount of alcohol at maximum recommended weekly levels (no more than 14 units per week).[13] Amongst Welsh residents who consume alcohol, 30 per reported heavy binge drinking in the previous week, with 20 per cent reporting very heavy binge drinking.[14] There is no indication that alcohol consumption overall is declining despite fluctuations in age profile

Alcohol consumption, whilst legal over the age of 18, is strongly associated with a range of crimes. Over 12 per cent of theft offences, 21 per cent of criminal damage offences and 22 per cent of hate crimes are alcohol related.[15] In relation to violent incidents reported to the police, 46 per cent were alcohol related in 2016/17. Amongst adults aged 16-59 years, between 23 and 57 per cent

[12] Home Office. 2019. Drug misuse: findings from the 2018 to 2019 CSEW: data tables. Available at: https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2018-to-2019-csew

[13] World Health Organization. Global status report on alcohol and health 2018. 2018. [Online] Available at: http://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1

[14] Public Health Wales. Alcohol in Wales. 2019. Available at: https://publichealthwales.shinyapps.io/AlcoholinWales/

[15] Office for National Statistics. 2018. Crime Survey for England and Wales. Data on alcohol related incidents years ending March 2011 to March 2017. Available at: Data on alcohol related incidents, years ending March 2011 to March 2017, Crime Survey for England and Wales

(dependent on location) of reported sexual assaults by rape or penetration were alcohol-related. Over one third of domestic violence are recorded as alcohol-related.

Impact on the individual and health, social care, criminal justice and allied services

There are a number of public health metrics than enable assessment and comparison of the relative impact of disease on health, disability and life expectancy. Disability-adjusted life years (DALYs) may be defined as the sum of years of life lost due to premature mortality in the population plus the years of life lost due to disability for people living with the health condition and its consequences.[16] As shown in figure 1,[17] mental and substance misuse disorders account for the fourth highest number of DALYs in Wales.

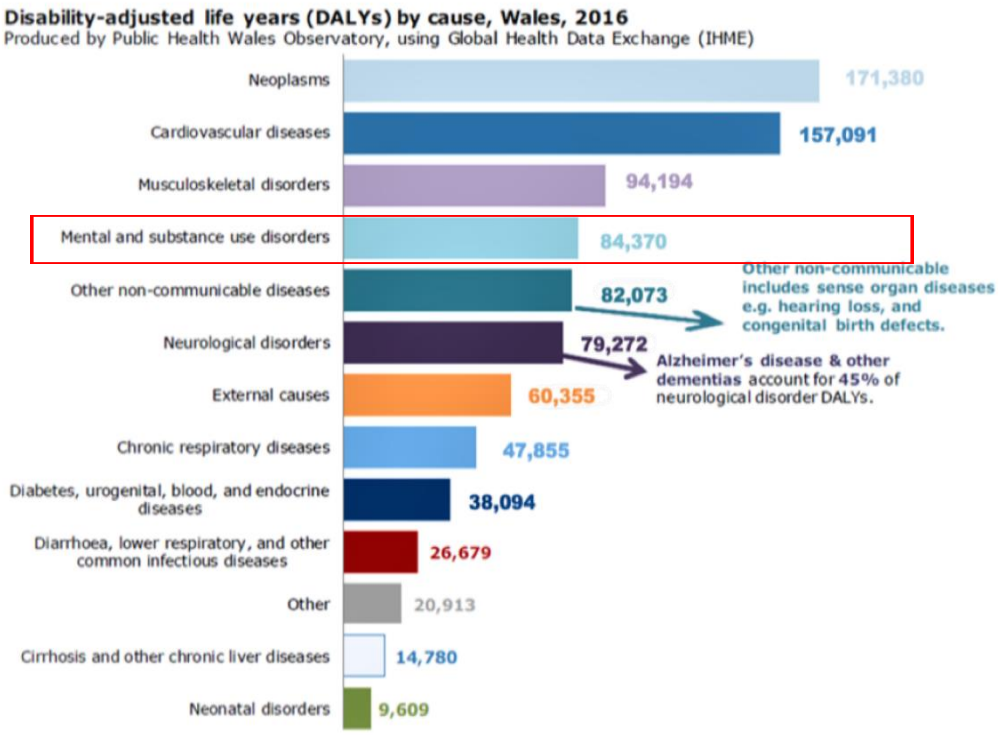


Figure 1 – Disability-adjusted life years by cause, Wales, 2016

More recent, detailed analysis by Public Health Wales on the impact of substance misuse specifically confirms that, whilst alcohol is responsible for a larger number of all-age deaths per year than illicit drug use, illicit drug were responsible for a larger number of early deaths and DALYs, particularly related to opioid use. Additional information can be found in Annex 1 which provides a comparison of deaths and disability-adjusted life years due to specific substance misuse disorders by substance type in Wales.

Premature deaths and life years lived in disability through dependency and associated health conditions are just two measures of the impact of drug and/or alcohol misuse. Inequities and the impact of poverty, stigma and social exclusion further compound the individual, community and

[16] World Health Organisation. Metrics: Disability-Adjusted Life Year. Available at: https://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/

[17] Public Health Wales. Health and its determinants in Wales – Informing strategic planning. 2018. Available at: Health and its determinants in Wales 2018

societal costs. The impact of untreated or poorly treated substance misuse is felt at every level of society and services aimed to support individuals and communities including education, social services, health and social care and criminal justice.

- There were over 15,500 alcohol-specific admissions in 2018-19 (mean age range 50-59 years). When considering alcohol-attributable admissions (where cause or condition was partially or wholly linked to alcohol use, as well as external cause such as injury) there were over 38,000 hospital admissions in Wales 2018-19.
- Illicit drugs account for 6,500 hospital admission per annum (mean age 30-34 years)
- In 2017-18 the prison population in England and Wales was 83,773. Of those, 55,413 required treatment for substance misuse in prison
  - Opioids: 52 per cent
  - Alcohol: 47 per cent
  - Opioids and alcohol: 31 per cent
- According to ONS, amongst Welsh residents in 2018 there were 540 alcohol-related deaths and 327 deaths due to drug poisoning, of which 208 were defined as drug misuse deaths

According to the recent independent Review of Drugs by Dame Carol Black "the total cost to society of illegal drugs is around £20 billion per year, only £600 million is spent on treatment and prevention"[18]

These costs to the individual, family, community and state are not only felt for the life time of the individual, but may be Intergenerational in nature, further increasing the human, financial and societal burden in the form of neglect, abuse, family and relationship breakdown, physical and mental ill health and wellbeing. There is a wealth of evidence indicating association between adverse life events including parental substance misuse, mental ill health, incarceration and bereavement, and subsequent negative risk behaviours and health consequences.

Significant geographic variation exists on the range of indicators relating to adverse consequences of substance misuse. The following section provides a Wales and APB specific context to a selection of these metrics, providing rationale for the Swansea Bay Area Planning Board to be at the forefront of the initiative to move to a public health model for substance misuse. All data in this section are available in the annual Data Mining Wales report.[19]

Alcohol (2018-19 data for Western Bay APB / Abertawe Bro Morgannwg Health Board area includes Bridgend, so where possible Local Authority data is used):

1. **Hospital admissions for alcohol specific conditions in any position 2018-19, European age-standardised rate per 100,000 population:** As shown in Figure XX, relative to other local authority areas in Wales Swansea and Neath Port Talbot rank 8th and 12th respectively, with EASR of 315.2 and 323.9 per 100,000 population respectively. Both rates are below the Wales average at 338 per 100,000 population.
2. **Hospital admissions for alcohol-attributable conditions in any position 2018-19, European age-standardised rate per 100,000 population:** As shown in Figure XX, relative to other local authority areas in Wales Swansea and Neath Port Talbot rank 10th and 14th respectively, with EASR of 1191.1

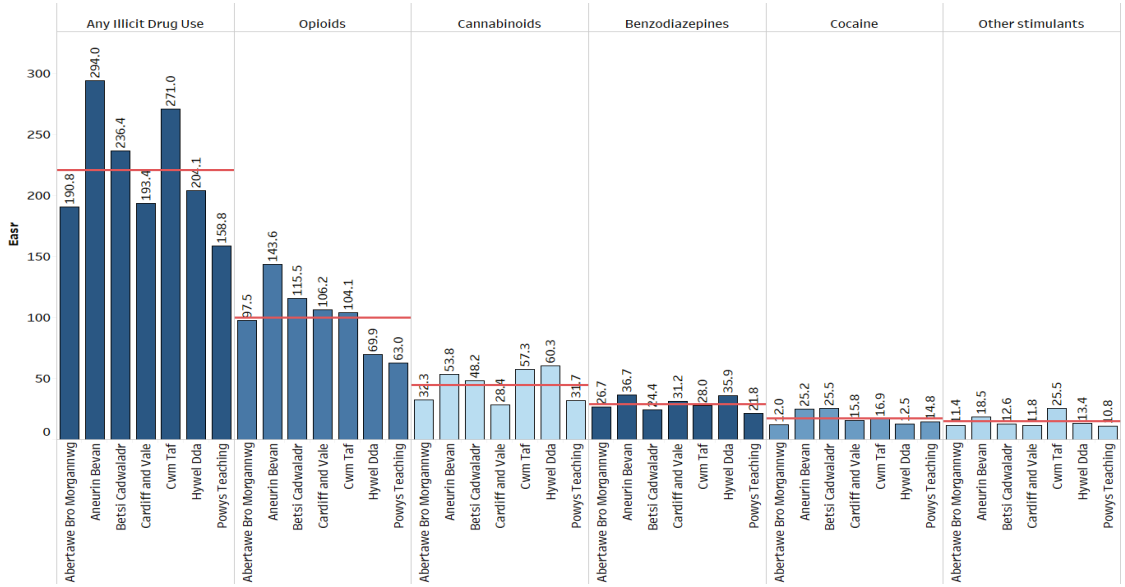
[18] Home Office. Review of Drugs – Phase one report. 2020. Available at: Review of drugs: phase one report - GOV.UK
[19] Public Health Wales. Data Mining Wales – Profile of Substance Misuse in Wales 2018-19. Available at: http://www.wales.nhs.uk/sitesplus/documents/888/Final%20Annual%20Profile%202018-19%20ENGLISH.pdf

and 1205 per 100,000 population respectively. These rates are comparable with the Wales average at 1200 per 100,000 population.

3. **Alcohol-specific and alcohol-attributable deaths 2018-19, European age-standardised rate per 100,000 population (three-year rolling average):** Despite mid-range rates of alcohol-related hospital admissions, Western Bay APB area had the highest rates of alcohol-specific deaths in Wales as well as the highest rate of alcohol-attributable mortality, with 17.9 deaths and 61.6 per 100,000 population respectively in 2018-19, both substantially higher than the Wales average rates. This may be indicative of non-attendance or non-health service seeking behaviour, higher levels of underlying chronic health conditions and deprivation and/or higher numbers of acute alcohol deaths.

Illicit drugs (2018-19 data for Western Bay APB / Abertawe Bro Morgannwg Health Board (ABMU) area includes Bridgend local authority)

4. **Hospital admissions related to illicit drugs, European Age Standardised Rate per 100,000 population, by drug type and Health Board area 2018-19.** In relation to hospital admissions related to illicit drugs, a more complex picture emerges as shown below. ABMU had rates below the Wales average for 'any illicit drug', cannabinoids, benzodiazepines, cocaine and other stimulants, and was around the Wales average for admissions due to opioids at 97.5 per 100,000 population.

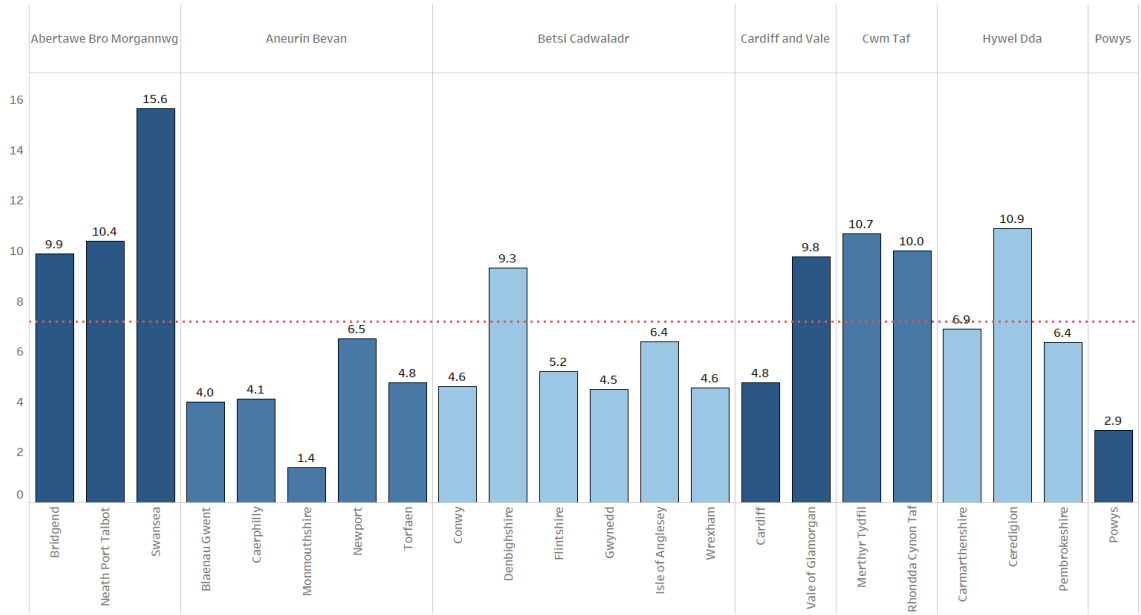


5. **Assessments undertaken in substacne misuse services by health board 2018-19.** ABMU had the third lowest number of assessments undertaken in substacne misuse services, substantially higher than Powys Teaching Health Board and just higher than the number completed in Cwm Taf.

6. **Prevalence estimate of problematic drug use in Wales (provisional figures) 2018-19.** According to the observed data on individuals in contact with Police, Probation, substance misuse Treatment services and/or hospital admissions, ABMU had the highest observed number of individuals within year at 2084, of which 1222 indicated opioid use, 921 problematic use of cocaine/crack and 379 with amphetamine type substances. When modelled using Bayesian analysis, estimates of problematic use in ABMU indicate a total, including the hidden population not observed or in contact with services, of 11,750 (95% CI 5,260 – 23,240).

7. **Bacterial and Blood borne viral infection amongst people who inject drugs (PWID)**. The vast majority of transmission of Hepatitis C, around 93 per cent, occurs as a result of sharing injecting equipment and bacterial infections are common amongst people reusing or sharing equipment. Swansea has the highest rate of hepatitis C infection with an estimated 53 per cent of PWID chronically infected. In addition, a recent outbreak investigation into severe bacterial infections amongst PWID in Wales evidenced that Western Bay APB area accounted for 19 of the 35 cases in Wales.

8. **Drug misuse deaths, European Age Standardised Rate per 100,000 population 2014 – 2018 by local authority area.** Swansea had substantially higher rates of drug misuse deaths than any other local authority area in Wales in 2018, as shown in the chart below, and the second highest rate in England and Wales.



9. **Children receiving care and support with parental or own substance misuse.** In 2018 there were 16,080 children receiving care and support in Wales, up from 15,930 in 2017. Of these, there were 4,450 children, 27.6 per cent, with parental substance misuse listed as a factor in there referral. The Local Authorities with the greatest number of cases were Swansea with 450 cases, followed by Cardiff with 340 cases.

A public health approach

In line with the principles laid down in the World Health Organisation 1948, the public health approach supports "…the highest attainable standard of health as a fundamental right of every human being…" with the aim of ensuring "access to timely, acceptable, and affordable health care of appropriate quality as well as providing for the underlying determinants of health, such as housing, health-related information and education…".[20] Within the UK, The Human Rights Act 1998 (compatible with the rights laid down in the European Convention on Human Rights 1953) obligates public authorities to treat everyone with fairness, equality and dignity.

A Public Health approach to the prevention of and treatment for substance misuse promotes full integration with all the relevant service sectors, recognising that supporting the 'whole' individual, i.e. working with all facets of an individual's life, is more effective and cost-effective in achieving sustained benefit. Sectors include NHS mental health trusts and community based settings; Police, Prison and probation services; local authorities including social services and education; People with lived experience; charity and voluntary organisations; residential and non-residential care organisations; private or independent organisations; colleges and universities.

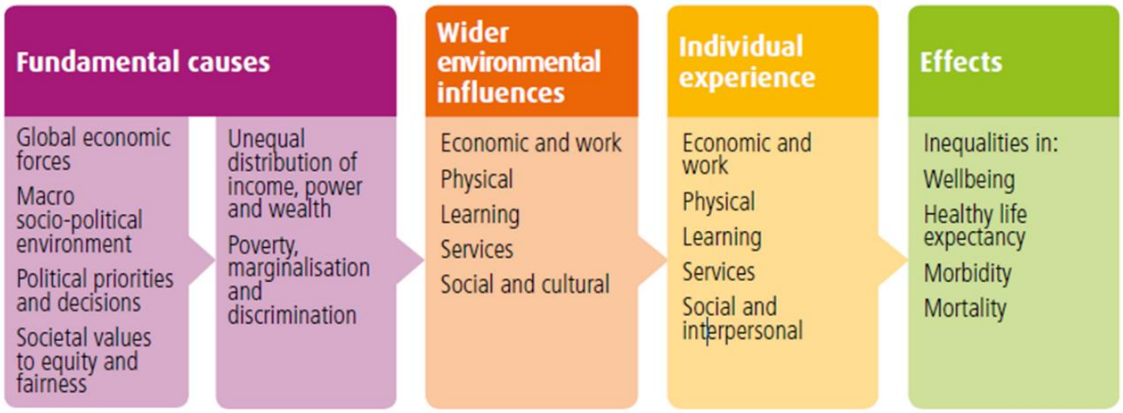
The Public Health Model:

- Adopts a systematic approach to understanding the extent and nature of the problem and who is affected, understanding causal and amenable risk factors and reviewing evidence of effectiveness to define what actions can be taken. It is then about supporting equitable implementation, evaluation and assessment.
- Requires a broad approach in terms of local partners, Government departments, communities and people with lived experience, to work to ensure aligned and integrated strategies and associated integrated criminal justices health, social and clinical services.
- Is based on scientific and robust evidence and supported by reliable and objective monitoring systems and evaluation, which can then be used to inform strategies and enforcement priorities using broader, evidence-based drug harm profiles.
- Encompasses a population-level through to high-risk sub-groups at all levels of intervention: prevention, engagement, treatment and progression
- Recognises that the contribution of wider health and social determinants, inequalities and inequities should be incorporated as part of any response.

Building on this focus of health inequalities and inequities, it is well-evidence that the determinants of health inequalities are affected by a range of factors from the macro socio, political and economic through to the community and individual levels, with the resultant inequalities impacting on wellbeing, morbidity and mortality.[21]

[20] World Health Organisation. Human Rights and Health. 2017. Available at: Human rights and health

[21] NHS Health Scotland (2013) Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities. Available at: http://www.healthscotland.scot/media/1053/1-healthinequalitiespolicyreview.pdf



- **Figure 3 – Causation of health inequalities[11]**
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- Problematic drug use is associated with deprivation and drug use disorders are one of the leading causes of ill health and premature death among those living in the most disadvantaged circumstances. Whilst problematic alcohol use affects a greater cross-section of the population, the health harms associated with problematic use also affect those living in the most disadvantaged situations.

Health, social care and criminal justice action and interventions related to substance misuse and related issues may usefully be categorised within the public health prevention paradigm[2223]:

Primordial prevention[24] consisting of risk factor reduction targeted at the entire population with a focus on social and environmental conditions and supported by laws and national policy

Primary prevention includes those measures aimed at susceptible populations, in this context healthy individuals, with the aim of improving the overall health and wellbeing of the population and preventing the onset of illness, or adoption of risk behaviours, before they begin.

Secondary prevention includes measures aimed at promoting early identification and engagement for individuals with vulnerabilities, who may be exposed to and experimenting with or regularly using substances at non-dependent levels.

Tertiary prevention includes measure to reduce severity of dependency and related negative consequences of use of drugs and/or alcohol

[22] Kisling LA, M Das J. Prevention Strategies. [Updated 2019 Jan 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing;
[23] Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK537222/
[24] The term 'primordial' is a terms used by health professionals in the context of improving population health through actions aimed at eradicating, eliminating or minimising the impact of disease or disability. Lancarotte I, Nobre MR. Primordial and primary prevention programs for cardiovascular diseases: from risk assessment through risk communication to risk reduction. A review of the literature. Clinics (Sao Paulo). 2016;71(11):667-678. Published 2016 Nov 1. doi:10.6061/clinics/2016(11)09y.

Examples of Public Health actions to prevent morbidity and mortality and improve health and well-being in relation to substance misuse

Primordial prevention:

- National policy or legislation prior to risk factor exposure e.g. prohibiting promotion of tobacco products, introduction of minimum unit pricing for alcohol

1º prevention:

- Minimising exposure to, and adoption of, use of drugs and alcohol e.g. restrict supply and availability, appropriate prescribing practices and control
- Building self-efficacy, resilience and opportunity from young age in education and home and support through life-course particularly for traumatic life events
- Promoting physical, mental and social/environmental wellbeing at all ages

2º prevention:

- Targeted education
- Early engagement and detection of vulnerability
- Harm reduction interventions, wrap around services and diversionary activities
- Maintaining physical, mental and social/environmental wellbeing
- Screening and assessment of vulnerability and early intervention particularly with co-occurring mental health including in Emergency Departments and secondary care settings

3º prevention:

- Access to timely and effective drug and/or alcohol treatment
- Harm reduction interventions to reduce morbidity and premature mortality
- Access to rehabilitation, relapse prevention
- Improving and restoring physical, mental and social/environmental wellbeing

Criminal justice

There exists an established evidence base on the complex link between drugs, alcohol and crime, and a long standing debate around the two broad approaches to address substance misuse - criminal justice and public health. Historically, the criminal justice approach has primarily addressed the issue of substance misuse via punitive sanctions delivered by the criminal justice system (CJS). There is recognition that reducing drug supply and demand through effective policing and law enforcement is a key part in addressing the harms caused by substance misuse. However, "There is, in general, a lack of robust evidence as to whether capture and punishment serves as a deterrent for drug use"[25] noted in the HM Governments 2017 evaluation of its 2010 drug strategy.

Diversion from the CJS as an approach recognises that the traditional CJS route for dealing with minor offences has not been effective in addressing the issue. Across Wales, the PCCs, with the support of Chief Constables, have driven progressive diversion approaches, recognising the need to apply a public health lens in their policing approach with examples such as Dyfodol in South Wales and development of the 18-25 programme in which motivation of avoiding a criminal record through acceptance to an early referral for treatment or support is well established. The Women's Pathfinder, with its emphasis on early identification of factors that lead to a women being drawn into the CJS and with action to address those factors, has been endorsed by magistrates and others on the Out-of-Court Disposal Panel.

There have been several police force areas who have recently undertaken steps to divert drug possession offenders away from the CJS, and consequently a reasonable amount of best practise and learning to draw upon. In addition to the findings from HM Governments evaluation of the 2010 strategy; a peer review undertaken of those forces involved in the diversion programmes also reported that: *There are strong arguments to support the hypothesis that harsher penalties for possession do not reduce subsequent drug possession or deter use* [26]

Stigma

It has been argued that rather than deter those persons who are dealt with by the police through the application of the Misuse of Drugs Act (1971) or other legislation connected to prohibition of drug use, the stigmatisation of having a criminal record or sanction for possession of drugs marginalises them and prevents their reintegration into the social and economic community.[27,28] Drug use becomes problematic for individuals due to a range of complex factors which are often beyond their control, rather than a proactive 'decision' to become dependent. Stigma is described as a 'key structural driver, because it instils a fear in people from "coming forward" and seeking treatment for their substance use and misuse, due to a fear of social judgement and shaming."[29] This document recognises that problem drug use is derived from intertwined and complex issues, such as poverty,

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[25] Advisory Council on the Misuse of drugs, 'sentencing Guidelines Council-ACMD response'12 October2011, http://www.gov.uk/government/publications/sentencing- guidelines-council-acmd-response-2011 accessed on 2 June 2019

[26] Albrecht & Ludwig-Mayerhofer et al (2011) Diversion and Informal Social control. Prevention and intervention in childhood and adolescence. An interdisciplinary project of the University of Bielefeld.

Clutterbuck, R (1995) Drugs, Crime and Corruption. Thinking the unthinkable. Palgrave Macmillan, a division of Macmillan Publishers Limited 1995.

UK Drug Commission 2008 https://www.ukdpc.org.uk/

[27] Buchanan, J., & Young, L. (2000). The War on Drugs – A War on Drug Users. Drugs: Education, Prevention, Policy, 7(4): 409-422. Ward, J. (2013). Punishing Drug Possession in the Magistrates' Courts: Time for a Rethink. *European Journal on Criminal Policy and Research*, 19(4):

[28] -307

[29] House of Commons Scottish Affairs Committee. Problem of Drug use in Scotland. First Report Session 2019. Report, together with formal minutes relating to the report. Published on 4th November 2019. P12.

deprivation, stigma and mental health issues, and seeks to drive forward the recognition that the issue is not one which is rooted in an individual responsibility structural model that tends to frame criminal justice intervention models.

Defacto decriminalisation

Currently in the UK, 'defacto decriminalisation' is taking place. This essentially means that the laws making drug possession an offence remain in place, but a decision is taken not to take legal action, and divert those in possession where appropriate, towards treatment or civil penalties instead of criminal sanctions. The Advisory Council on the Misuse of Drugs (AMCD) has twice recommended diversion schemes as an effective drug policy approach. They have argued, "For people found to be in possession of drugs for personal use (and involved in no other criminal offences) they should not be processed through the CJS but instead diverted into drug education/awareness courses or possibly other more creative civil punishments…reducing repeat offending and reducing the costs to the CJS." [15]

There are examples of diversionary schemes currently operating in the UK, two of which are operated by Durham Police and Thames Valley Police. Thames Valley have operated a scheme whereby eligible individuals found in possession of drugs are offered a community resolution outcome, such as a referral to a drug treatment provider, instead of being prosecuted. The introduction of a 'community resolution' by the Home Office (2013) is a non-statutory, 'Out Of Court Disposal' option for officers to utilise nationally. It is the introduction of 'community resolution' that has allowed for a new approach to be trialled in relation to drug possession offences by the police. Community resolutions do not lead to a criminal record. In the Thames Valley scheme, should the person decline this, they are dealt with via traditional criminal justice routes. If they accept, their details are passed to the drug service provider who arranges for appropriate intervention. The police then liaise with the drug service provider to ascertain whether the individual has engaged with them or not. If the conditions of the referral are broken, then the individual would subsequently be charged with a possession of drug offence. Initial assessments of the pilot indicate that 53% of all drug cases were diverted to treatment, and nearly half of those diverted completed the treatment programmes. Thames Valley Police indicated that without the diversion scheme, 84% of those who were sent for treatment would have received a sanction that would likely not have addressed the reasons for their drug use.[30]

Durham Police have been running a similar voluntary adult offender diversion scheme - 'Checkpoint'. In this scheme eligible drug-related offences are classed as a 'deferred prosecution', which can be invoked at any point for four months after the offence is committed, should the offender breach the conditions of the deferral. The evaluations of the scheme indicate that the deferred prosecution model reduces the level of re-arrests, reoffending, harm, and cost to police, compared with traditional criminal justice processes.[25]

Such diversion schemes, and in particular the Thames Valley model, have the potential to improve the life chances of those who come into contact with the CJS for drug related crime. In addition, to the benefits for the individual, the schemes indicate that there are potential savings that can be made in resources by using them, in contrast to cautions, charges and for Thames Valley, there are savings even in contrast to the deferred prosecution schemes as operated by Durham. As no

[30] Policing Insight. Thames Valley Police Journal: Diversion – Going soft on drugs? 2019. Available at: https://policinginsight.com/features/analysis/thames-valley-police-journal-diversion-going-soft-on-drugs/accessed on 13/06/2020 [25] Kevin Weir, Gillian Routledge, Stephanie Kilili, Checkpoint: An Innovative Programme to navigate people away from the cycle of reoffending: Implementation Phase Evaluation, Policing: A Journal of Policy and Practice

prosecution is threatened, there is no necessity to gather evidence of the offence for the purpose of presenting it in court. Moreover, 'community resolutions' are not limited in their application to cannabis and can theoretically be applied to any drug type.

Finally, 'community resolutions' in contrast to cannabis warnings can involve voluntary conditions set by the officer in the case. Conditions can be far reaching (NPCC, 2017) and can certainly include a requirement to attend a drug service provider to address drug dependency issues. However in contrast to the deferred prosecution schemes, the adherence to any conditions set by the officer by the suspect is voluntary. This avoids the coercive element that has been argued to be both unethical and ineffective in the treatment of drug dependency.[31] Discovering and implementing diversion activities that will be operationally viable for South Wales Police will be a key future focus of the model.

Sentencing

There are existing disposals within the CJS that allow for a criminal justice sanction to provide people with the impetus to engage in treatment and diversion. Such sanctions include community orders and suspended sentences that offer drug rehabilitation requirements. A study from the MOJ (2018) indicated that community based sanctions are better than short term sentences at reducing re offending. Between 2009-2016 drug treatment requirements have decreased by 40 per cent over the same time period.[32] Ensuring the appropriate sentencing options to support effective substance misuse treatment will need to be considered in the future commissioning model. In addition, the option to develop and deliver diversionary activity, at the earliest point from receiving sentences or sanctions unnecessarily, to prevent those who are at risk of entering into the CJS due to their substance misuse, will be a key area of focus in this delivery model as already noted. Access to services for rapid/same day prescribing, psychosocial support, housing, education and employment for those at risk individuals who would not, within current service provision, be able to access support) is also a key feature of the model. The experience through the Out-of-court Disposal Panel in South Wales has been of a willingness of Sentencers to engage with the evidence and to support approaches that provide certainty and clear evidence of the effectiveness of alternative interventions.

Prisons

The impact of a prison sentence for people who use drugs and/or alcohol often make an individual's situation worse. This can impact on the protective factors that were in place, such as employment, accommodation, and family and social networks. Criminal records for those with a drug or alcohol related offences can also make it more difficult for people who use substances, and for those who have ceased use, to obtain employment. Employment security is a key protective factor, and the inability of those with a drug related conviction to obtain employment can lead to an ongoing cycle of hopelessness, economic insecurity and therefore they may be more likely to return to illicit drugs and harmful behaviour.

Custodial sentences for drug related crime can be counterproductive, as outlined within the Scottish Affairs Committee first report, "Many experts, as well as those with lived experience, told us that people who use drugs often emerge from Prison with a worse drug problem than when they

[31] Braithwaite, J. (2011). The essence of responsive regulation. UBCL Rev., Vol.44, p.475.

[32] The impact of community-based drug and alcohol treatment on re offending, PHE &MOJ, 2017, Annual Prison Population 2019:Ministry of Justice

entered. It is estimated that 13% of people with problem drug use coming out of Prison, developed their problematic use whilst in Prison."[33]

It is estimated that over a third of adults in custody on a given day are there due to drug offences or offending related to their drug use.[34] Those clients who receive Prison sentences will be receiving substance misuse treatment while in Prison (whether they have been convicted for non-drug specific offences or not). Some of those imprisoned for drug offences will not be getting treatment as they are not drug users. The public health model specifies provision for both clinical and psychosocial intervention for those in custody and on release, for both opiate and non-opiate users and that the journey between custody and community ensures continuity of clinical prescribing and psychosocial intervention for their substance misuse needs, and for any other complex needs they may have, in order to effectively and rapidly integrate back into society.

Criminal Justice, Public Health and substance misuse treatment interface

In addition to the opportunity to divert people from the criminal justice system, there is a need to consider the health, social care and social functioning interventions required to prevent, treat and reduce the harm to those individuals who misuse substances. Criminal justice and public health approaches in the treatment of substance misuse should provide a balanced and combined effort. The evidence suggests that where there is effective substance misuse treatment, there are reductions in offending behaviour. Research linked between treatment and CJS data systems has demonstrated that treatment can reduce offending by those with problematic drug use (for all crime types) by 23 per cent. Opioid users that complete treatment successfully reduce their offending by nearly 40 per cent. Similar reductions are also seen for the time that opioid users maintain contact with treatment.

Complex needs within the CJS

The majority of opiate clients have two or more complex needs in addition to their substance misuse. They may have a mental health need, housing and/or be unemployed and are within the CJS. It is estimated that 1 in 50 opiate clients have all four complex needs.

Health and social inequalities exist in relation to prisoner populations, with higher rates of substance misuse and homelessness prior to incarceration; an estimated 25% of the UK prison population with difficulties in communicating and/or processing or learning new or complex information resulting in potentially increased vulnerability within the prison environment as well as on release; a higher prevalence and severity of mental health; a 50% higher mortality rate than the general population[35] and a risk of suicide 3.7 times higher than the general population amongst incarcerated males.[3637]

The complexity of need for those within the criminal justice system requires a multi-agency collaborative approach, including diversion away from prison. Evidence already exists for this approach in Wales with the Women's Pathfinder project.

[33] House of Commons Scottish Affairs Committee. Problem of Drug use in Scotland. First Report Session 2019. Report, together with formal minutes relating to the report. Published on 4th November 2019. P20.

[34] Dame Carol Black (2017) Review of Drugs – evidence relating to drug use, supply and effects, including current trends and future risks, 2020 February, p110

[35] http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I

[36] Office for National Statistics. 2019. Drug-related deaths and suicide in prison custody in England and Wales: 2008 to

[37] . Available at: Drug-related deaths and suicide in prison custody in England and Wales - Office for National Statistics

Health, social care and allied services

Specialist treatment services including dual diagnosis

Alcohol and drug treatment services support the prevention of alcohol and drug related morbidity and premature mortality, as well as improving social functioning and supporting people to make choices and sustainable changes in their relationship with drugs and/or alcohol. Whilst the evidence of effectiveness of tailored, timely and accessible treatment for illicit drugs and alcohol is well established, engagement with treatment services in Wales has been decreasing in recent years, despite increases in substance misuse related admissions and deaths. Delayed presentation to treatment services as well as increased complexity of referrals including those with dual diagnosis represent clear challenges to commissioners and providers of services. In addition, homelessness, arrest and/or incarceration and hospitalisation (general or psychiatric) all represent additional challenges to the provision of seamless continuity of care from a treatment perspective.

There may also be a perception amongst those not-engaged with services and those who were previous but not current service users, that drug and alcohol treatment services are tailored more toward those with specific opioid dependency or alcohol dependency rather than stimulant, or polysubstance use.[38] With the increased levels of prescribed, diverted or illicit prescription-only medicines, including benzodiazepines, gabapentinoids and opioid analgesics alongside increases in cocaine and crack cocaine availability and use, and ongoing use of synthetic cannabinoid receptor agonists, specialist treatment services require additional capacity, adaptation and flexibility in approach and collaborative resourcing to ensure provision of timely and tailored services to all requiring it.

In addition, the provision of tailored psychosocial support and psychological interventions form an essential and often central element in treatment for substance misuse.[39] Recent progressive work, led by Welsh Government, on the challenges of delivering integrated substance misuse and mental health and well-being interventions in Wales has highlighted the potential for focus on Emotional Dysregulation as well as serious mental ill-health. Emotional dysregulation may be defined as 'the impaired ability to regulate and/or tolerate negative emotional states',[40] Emotional dysregulation has been associated with trauma and may also play a role in many other psychiatric conditions, including anxiety and mood disorders. More complex and enduring serious mental ill-health, referring to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired, require more collaborative working within and across specialist mental health services. Investigative work within Western Bay APB undertaken in 2020, to review fatal and non–fatal drug poisonings has shown that there are a significant proportion of people in the cohort who present with mental health conditions or emotional dysregulation, or both and who therefore require treatment and support that meets all of their needs. Co-operative planning and commissioning, and cross and inter-disciplinary working and development would enable progressive and innovative models of service delivery.

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[38] Public Health Wales. 2010. Influencing factors and implications of unplanned drop out from substance misuse services in Wales: Guidance for reducing unplanned drop out from and promoting reengagement with substance misuse services. Available at: Factors influencing unplanned drop out and reengagement

[39] Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health

[40] Dvir Y, Ford JD, Hill M, Frazier JA. Childhood maltreatment, emotional dysregulation, and psychiatric comorbidities. Harv Rev Psychiatry. 2014;22(3):149-161. doi:10.1097/HRP.0000000000000014

Housing

Decent and stable housing is a fundamental need. Unstable housing and homelessness may interact with health problems, including substance misuse and/or mental health, in a number of ways, including:

- health issues preceding and contributing to homelessness/loss of stable housing
- health issues developing as a consequence of homelessness/loss of stable housing
- or, by homelessness impacting on the treatment of existing health and mental health issues[41]

Unstable housing and homelessness may occur for a number of reasons, including relationship breakdown and debt, which may in turn impact both as a result of and as a cause of escalation in substance misuse, with severe consequences including premature death. Recent evidence on selected causes on deaths amongst homeless people indicate that of the estimated 726 deaths in England and Wales in 2018, 40.5 per cent were as a result of drug poisoning, with a further 12 per cent reported for each of the categories of alcohol specific death and suicide.[42]

Education, apprenticeships and employment

Whilst it is recognised that substance misuse issues, drugs and alcohol, can affect individuals across the socio-economic spectrum, problematic use early on results in marginalisation amongst groups that often experience disadvantage from an early age, often with low levels of education attainment, lack of employment opportunity and skills. Evidence from people with problematic drug use from across Wales indicated that over 74 per cent had regularly truanted, 57 per cent had been excluded from school and only 37 per cent left school with any formal qualifications.[43] The UK Drug Policy Commission evidence report[44] highlights that accommodation, health issues and practical and emotional support are essential and represent primary needs to get job ready. Development of skills through education, apprenticeships and volunteer work help to build confidence, skills and motivation. Support in obtaining and sustaining employment, through development of a tailored employer engagement strategy, as well as ongoing support of service users is an important function of the service provider and provider team. Positive examples of this approach are being developed in Scotland, with service user apprenticeships for a range of work opportunities within social care.[45]

Summary

The central proposition of this proposed integrated public health model for substance misuse is that of co-operation. Whilst a single multi-modal unified service is developed, co-operative working between agencies is essential. That without detracting from the primary responsibilities of each

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[41] Institute of Medicine (US) Committee on Health Care for Homeless People. Homelessness, Health, and Human Needs. Washington (DC): National Academies Press (US); 1988. 3, Health Problems of Homeless People. Available from: https://www.ncbi.nlm.nih.gov/books/NBK218236/

[42] Office for National Statistics. 2019. Deaths amongst homeless people. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2018

[43] Public Health Wales. 2006. Needs assessment of harm reduction and health care service for substance misusers across Wales. Available at: Public Health Wales Needs Assessment of harm reduction

[44] UK Drug Policy Commission. 2008. Getting Problem Drug Users (Back) Into Employment. Available at:ukdpc.org.uk - Getting Problem Drug Users (Back) into employment

[45] http://www.sdf.org.uk/what-we-do/addiction-worker-training-project/

individual agency for the services it exists to provide, each should contribute to a "whole system" or "single public service" approach in which the interdependency of different aspects is understood, shared and acted upon in an integrated way. This is a central principle in the Well-Being of Future Generations Act which took the unique approach of inviting non-devolved agencies to share the analysis of issues and the development of solutions.

The approach outlined within this model requires stakeholders to work together to implement what will be an integrated, cross-disciplinary approach to substance misuse incorporating physical and mental health and wellbeing, social care, employment, welfare, housing, policing, justice, and related policies and services in its implementation. Through jointly commissioning services there will be a whole system approach to best meet the complex needs of those within the community and CJS. Addressing the myriad needs of those with substance misuse issues in treatment is crucial in achieving and sustaining positive outcomes for all. The leadership of joint services will be strengthened through the APB via a mechanism through which partner agencies will be brought together, developing collaboration between the criminal justice system, health and social care, and social functioning approaches to substance misuse with an individual and public health focus. It will be supported by an expert panel who will draw out 'lessons learned' from the programme and consideration as to how the model could be implemented on a wider scale, potentially pan-Wales.

Developing a Co-operative Model: The Alliance Programme for Wales

Following the rationale, public health approach and developments in diversionary pathways to prevent criminalisation of individuals for substance-related possession offences and other offences related to their substance use including alcohol, outlined above, the development of a community based, multi-disciplinary and multi-sectoral collaborative programme and framework is proposed – The Alliance Programme for Wales.

Following the rationale, public health approach and developments in diversionary pathways to prevent criminalisation of individuals for substance-related possession offences and other offences related to their substance use including alcohol, outlined above, the development of a community-based, multi-disciplinary and multi-sectoral collaborative programme and framework is proposed – The Alliance Programme for Wales.

The overarching aim of the Alliance programme will be to deliver a comprehensive and seamless service for those to at risk of, or experiencing physical, psychological or social harms involving substance use to achieve long term and sustainable control over use by addressing underlying causal and amenable risk and behavioural issues.

In order to achieve this, substantial restructuring of existing relationships, collaborations and service models will be required, along with an alliance commissioning model to support the development of funding structures, monitoring and evaluation of effectiveness and cost-effectiveness of the programme.

The Alliance programme will require a willingness amongst existing workforce from across the range of health, social care, local authority (housing, education, social services) and criminal justice services to recognise that a different approach is required in order to challenge and change current practices that result in a complex, fragmented, incomplete service for many.

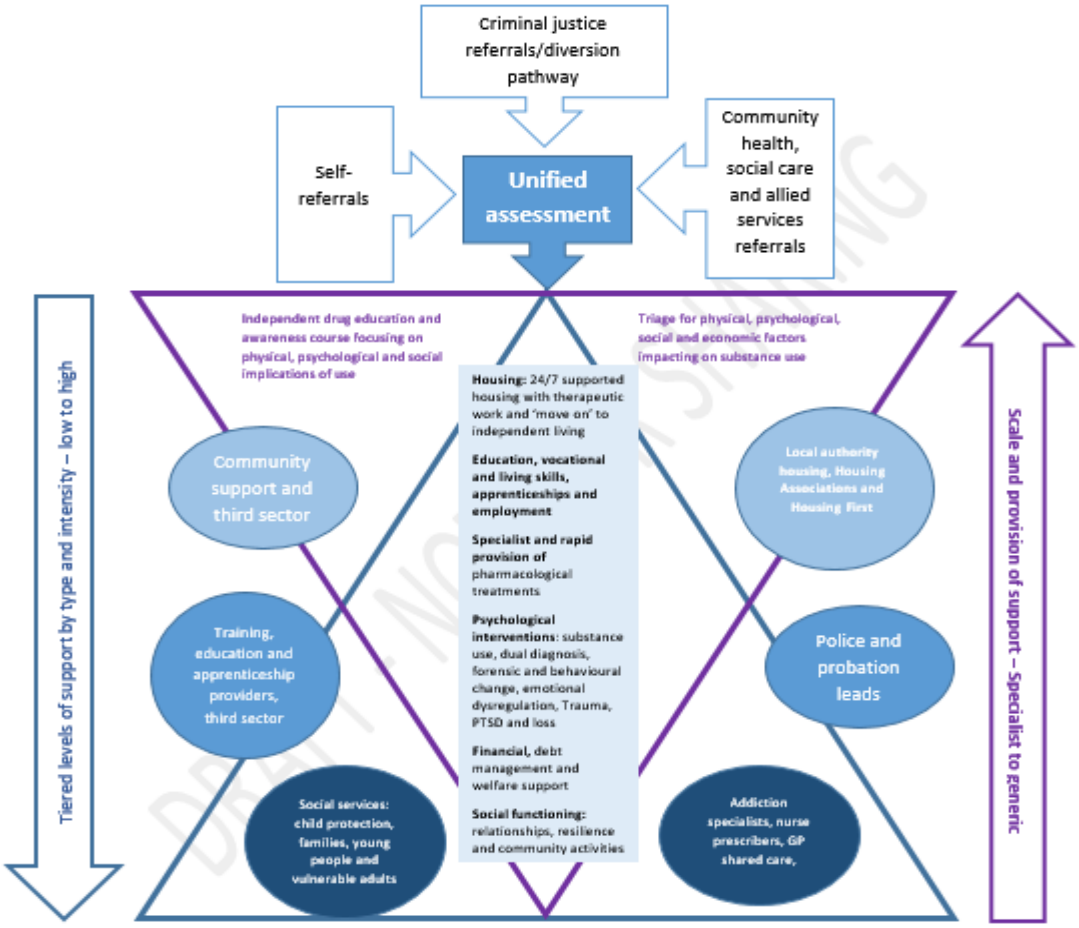


Figure 4 – Schematic of the public health model for substance misuse and related issues

The proposed Alliance programme is a single pan-APB organisation, with a dedicated workforce comprising teams of professionals recruited from the range of allied health, social care and criminal justice agencies (represented as circles). In addition to the dedicated Allied Programme workforce, each professional team will maintain strong links with the relevant agencies from which they have been drawn, to ensure sustainability, bespoke support for individuals requiring additional input beyond the remit or capacity of the Alliance programme and co-operative and collaborative working practices including training and development. Cross and inter-disciplinary training and workforce development is a defining feature of the model. The Alliance programme organisation will be jointly commissioned to facilitate this.

There will be a tiered approach (represented by the blue triangle), with highest intensity and sustained support for those with complex needs be they physical and/or mental health, social care, criminal justice or wider social functioning or a combination thereof.

The scale and provision of support, from generic to highly specialist (represented by the purple triangle) will ensure sustainability, with all individuals requiring assessment, education on the physical and psychological impact of substance use and triage. Following this process, and tailored to individual need, more specialist interventions and timely support will be available as needed to maintain engagement and reduce harm, and for as long as needed.

A robust information sharing mechanism, with appropriate governance will be need to be in place, pan-APB. Development of any new, and integration of existing, robust information, assessment and treatment systems will need to ensure interdependence between systems: cross-cutting health, mental health, social care, criminal justice (including young offenders) and substance misuse treatment services.

In addition, cross and inter-disciplinary training and workforce development are defining features of the model. As such, consideration of the existing and new opportunities between collaborating partners and development of a related work stream will be required

Delivery model

In order to provide the most effective, cost-effective and far-reaching service, the Alliance Programme will build on recent and emerging technological developments to ensure timely, consistent and high-quality service provision tailored to individual need. This will include use of traditional face to face interventions as well as virtual / tele-interventions, community and outreach based work with flexible and adaptable operational hours to meet the needs of the population.

Scope and structure

Life course approach

The model adopts a **life-course approach** aiming to identify and address the unique set of risk, vulnerabilities and benefits an individual may derive from use of psychoactive, therapeutic or image and performance enhancing substances and alcohol at various stages of life.

By adopting a dynamic biopsychosocial contextual theoretical framework:

- Biological (genetic, biochemical and physiological)
- Psychological (cognitive, attitudinal, behavioural, emotional and motivation)
- Social/interpersonal and,
- Environmental systems

The model allows for the interaction of these risk and protective factors with contextual factors to impact on, or influence, health and well-being. These influences are not fixed at certain times but may impact to a greater or lesser extent in an interactive and dynamic way throughout life.[46]

Trauma-informed approaches and care

Trauma is well evidenced as both a contributory and initiating factor related to the use of drugs and alcohol, in addition to which further trauma may be experienced as a consequence of problematic or dependent drug and/or alcohol use. There is a wealth of public health evidence on the association between Adverse Childhood Experiences (ACEs) and the potential for a range of harmful outcomes driving demand on the criminal justice system, and substantial impact on the health and social care systems. It is noted that adverse events and trauma may result throughout life, including bereavement, family/relationship breakdown and illness, all of which may impact on substance use and resultant involvement in criminal justice systems.

A useful definition of trauma is provided by the Substance Abuse and Mental Services Administration (SAMHSA): “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has

[46] Lehman BJ, David DM, Gruber JA. Rethinking the biopsychosocial model of health: Understanding health as a dynamic system. Social, Personality Psychology Compass. 2017; 11:e12328. https://doi.org/10.1111/spc3.12328

lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being".[47]

It is well-evidenced that many individuals who use substances have experience of trauma. An awareness and understanding of the potential and realised impact that trauma may have enables commissioners and service providers to tailor and deliver services that are far more engaging, acceptable and therapeutic and in line with the six principles of trauma-informed care[48]:

Evidence from the homelessness sector in Wales outlines a trauma-informed approach to service users that includes increased access to therapeutic, psychologically-informed and restorative environments, responding to need, and the importance of relationships and not being affected by the power-dynamics between service user and services.[49]

Substances

This model aims to address all relevant substances including:

- Psychoactive substances (illicit): List of most commonly encountered drugs currently controlled under the misuse of drugs legislation - GOV.UK and Psychoactive Substances Act 2016
- Therapeutic substances - prescription only medicines (POMs) and Over the counter medicines (OTCs) which may be prescribed, diverted or counterfeit
- Image and performance enhancing drugs (IPEDs): Ipedinfo report
- Alcohol

Universal education and prevention – building resilience

The UNODC has undertaken a major systematic review of prevention,[5051] highlighting key messages on what works at a population level. In terms of 'what works', emphasis is placed on interventions aimed at development of broader resilience as these have been shown to be effective in relation to a wider range of risk factors and behaviours including truancy, sexual health, offending as well as substance use. Evidence on 'what does not work' in terms of substance use and misuse includes

[47] Substance Abuse and Mental Health Services Administration. Concept of Trauma and Guidance for a Trauma-Informed Approach. 2014. Available at: https://www.nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf

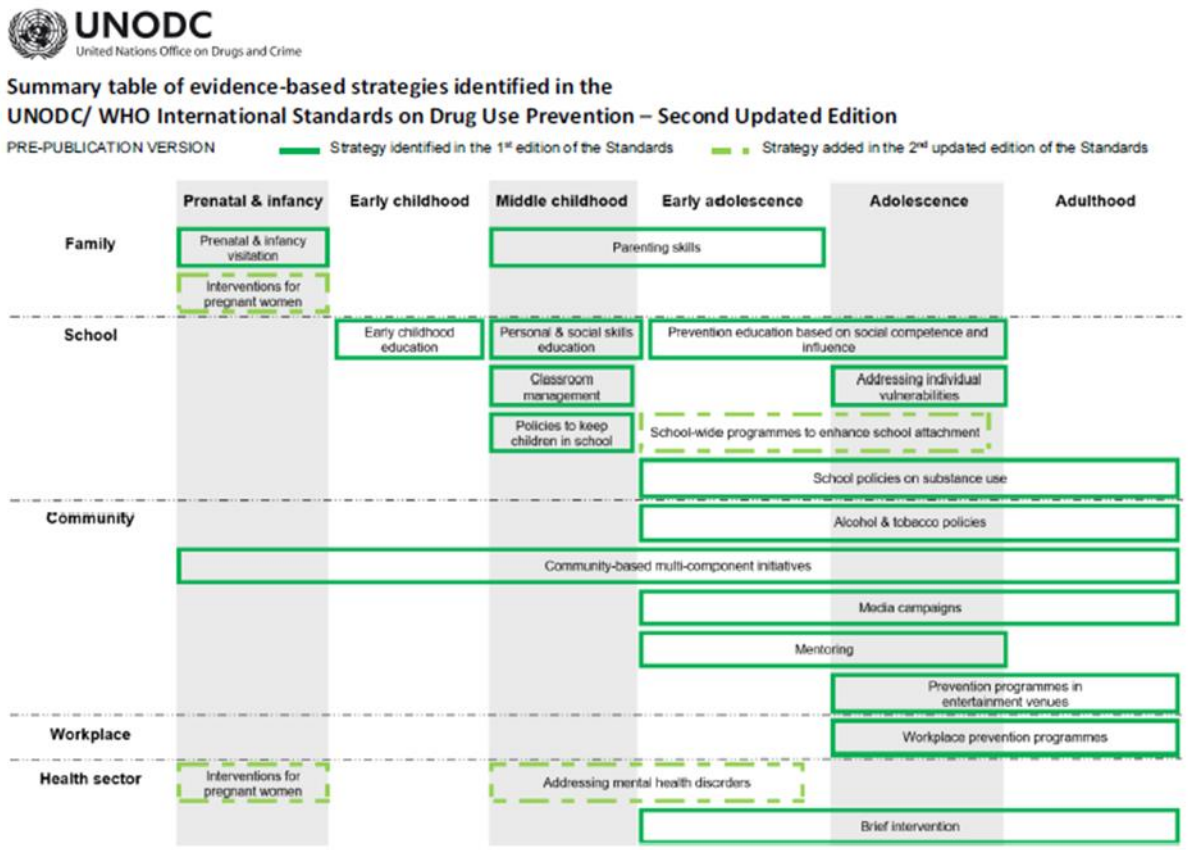
[48] SAMHSA's National Center for Trauma-Informed Care (NCTIC). 6 guiding principles to a trauma-informed approach. Available at: https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

[49] Public Health Wales. Voices of those with lived experiences of homelessness and adversity in Wales: Informing prevention and response.2019. Available at: https://phw.nhs.wales/files/aces/voices-of-those-with-lived-experiences-ofhomelessness-and-adversity-in-wales-informing-prevention-and-response-2019/

[50] United National Office on Drugs and Crime. Summary table of evidence-based strategies identified in the UNODC/ WHO International Standards on Drug Use Prevention – Second Updated Edition, PREPUBLICATION. VERSION: United Nations Office on Drugs and Crime,

[51] . License: CC BY-NC-SA 3.0 IGO. Available at: https://www.unodc.org/documents/prevention/standards_180412.pdf

information-only intervention, scare tactics and telling people not to. However, there is a role for accurate and timely information which informs choice and helps to prevent harm.



Drug awareness training

It is proposed within the Alliance Programme, that a national Drug Awareness training course – along lines of 'speed awareness' training – is developed. This course would focus on the physical, psychological and social effects and impacts of use of all types of drugs and alcohol, using the robust existing evidence base. It is proposed that all individuals coming in to contact with the Alliance Programme, including via criminal justice services, undertake the course which may be delivered through a range of settings and media as appropriate.

Low threshold, outreach, engagement and harm reduction

Harm reduction interventions provide a gateway to promoting and improving engagement, building trust and access to a broader range of services including treatment whilst minimising that harms related to the substance use. These harms include, at the most serious – the risk of premature death, but also the risk to acute and chronic physical and psychological harms to health including and dependent on associated behavioural risks, bacterial and viral infections.

There is also robust evidence that harm reduction interventions are cost-effective so reduce the burden on NHS, social care and criminal justice services – in effect preventative spend. In addition, improvement in health and wellbeing through harm reduction measures improve the individual's ability to engage more successfully with treatment, employment, education and training.

As part of an effective treatment systems, assertive outreach has a vital role to play as part of development and maintenance of the therapeutic relationship. Continuity of care between settings, particularly between criminal justice settings including prisons, and the community is essential to avoid serious health consequences including premature deaths, an area of work requiring integrated systems to communicate as well as integrated and appropriately skilled workforces to operate

Risk of acute and chronic physical and psychological health harms

- Access to low-threshold health services including primary care
- Access to tailored psychological support services
- Continuity of care across and between services including prison

Risk of bacterial and viral infection and transmission:

- Needle and syringe programmes with optimised coverage
- Self-care wound packs
- Blood borne viruses, TB and STI testing and treatment

Risk of fatal and non-fatal drug poisoning:

- Take-home Naloxone
- Drug testing
- 'Hot' review systems and timely surveillance
- Enhanced harm reduction centres

Pharmacological treatments

The orange book[52] provides very clear and comprehensive evidence-based guidance on both pharmacological and psychological treatments for individuals with problematic or dependent drug use including those dependent on a range of substances, and those with additional complexity including co-occurring substance misuse and mental health and/or learning disabilities. Work is currently underway on development of revised clinical guidance for alcohol dependency

As part of an effective treatment systems, assertive outreach has a vital role to play as part of development and maintenance of the therapeutic relationship

Continuity of care between settings, particularly between criminal justice settings including prisons, and the community is essential to avoid serious health consequences including premature deaths, an area of work requiring integrated systems to communicate as well as integrated and appropriately skilled workforces to operate.

Evidence on effective treatment systems also clarify the need for a broad range of treatments including detoxification and rehabilitation, recognising that over the different phases of a treatment process there will be differing levels of intensity as well as different treatment options required.

Psychosocial interventions and psychological therapies

According to the Orange Book[53], psychosocial intervention refers to the range of interventions aimed at both psychological and social change incorporating less structured forms of support including

[52] Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health

[53] Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health

motivational interviewing and brief intervention approaches which may be delivered in a range of low threshold community settings by keyworkers and more generalist health, social care and criminal justice professionals though to highly structured psychological techniques and therapy delivered by specialists. In relation to social change, focus is on addressing basic needs, supporting engagement with services and networked or social activities, employment training and the development of positive relationships.

The assessment process for the use of psychosocial support and interventions should include identification of treatment goals, strengths and risks, in the community, including relationships and wider social environment.

Social functioning support

Alongside the pharmacological and psychological or psychosocial treatment elements, an effective treatment system incorporates and addresses the social functioning needs of the individual. Social functioning defines an individual's interactions with their environment and the ability to fulfil their role within such environments as work, social activities, and relationships with partners and family.

As previously stated, within the evidence effective drug prevention and treatment systems are reliant on the building of resilience in all aspects of an individual's life and the communities in which they live, be it social inclusion and cohesion, financial independence employment and educational advancement or physical and mental health and wellbeing. The complex interplay of the different elements of one's life can impact both positively and negatively on the whole and none should be neglected.

Understanding the range of inter-connected factors is essential to success with this programme and every effort will be made to translate that understanding into practical interventions aimed at enabling all partners to benefit from those co-operative working model as well as collectively benefitting our wider communities alongside individuals who require treatment.

Commissioning the new approach

In order to achieve the co-operative Alliance Programme Model, a fresh approach to funding and commissioning is required. The APB together with the Health Board, the Police & Crime Commissioner and HMPPS will jointly commission substance misuse services, through the APB, providing a resilient, effective and accessible treatment service. The APB will be seeking to drive whole system change in the support and treatment system for people with problematic drug and alcohol misuse. By using a commissioning approach that focuses on outcomes, emphasis is placed on the desired changes that will be expected as a result of service delivery, both for people using services, and for the wider community in the long term.

Alliance contracting will be considered as a new feature in the co-operative commissioning model. An Alliance contract is a contractual arrangement between the commissioner(s) and an alliance of parties who deliver the project or service. There is a risk share across all parties and collective ownership of opportunities and responsibilities associated with delivery of the whole service. Success in alliance contracting relies on strong relationships and trust. It is the shared responsibility that drives improvement, innovation and efficiency. The decisions made in an alliance, are made against the pre-determined set of agreed principles rather than an individual organisations position.

There is a higher level of collaborative decision making and shared responsibility for all activities than is usually seen in most partnerships. Instead of being a group of organisations who each separately undertake their part, coming together occasionally to review progress and report to each other, an Alliance or Co-operative model is a more intensive collaboration where everything from planning, implementation, overall financial responsibility, risk and day-to-day management is shared. For further information please see www.lhalliances.org.uk

This approach has been used within a number of health and social care commissioning groups including Plymouth City Council and the New Devon Clinical Commissioning Group, which used this approach to support services for adults with complex needs. In this case the commissioners were responsible for commissioning mental health, homelessness, substance misuse treatment services and some offender services. These areas of vulnerability and need are acknowledged by professionals as having significant overlap. There were 25 separate contracts which they brought down to one singular contract. Their Integrated Community Commissioning Strategy sets out the future for people with complex lives (using the MEAM definition http://meam.org.uk/) as one where:
"Commissioners responsible for existing different service elements will work together to commission a joined up 'whole system approach' to support people with multiple needs. This will ensure services are integrated around the needs of the person, improving individual outcomes whilst also ensuring best use of resources."

Through using a new commissioning approach, it is considered that a 'whole system' approach will be developed, that meets the needs of clients with a singular support need whilst also providing an improved offer to clients with more complex needs. Through developing a more efficient system through a collaborative model of support, the approach reduces duplication and takes a person centred approach. The model aims to create a contractual environment where providers share responsibility for achieving outcomes and are mutually supportive, making decisions based on the best outcome for the service user. There is evidence from the Cardiff and Vale APB who have already considered a new commissioning approach, with additional partners including HMPPS, SWPCC, Local Authorities and Western Bay APB that there is an appetite to consider a fresh approach.