

Section A: NICE to complete	
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Guidance title:	Drug Misuse Prevention
Committee:	PHAC C
Subject of expert testimony:	Current provision and future issues (opportunities and difficulties) for commissioning
Evidence gaps or uncertainties:	[Please list the research questions or evidence uncertainties that the testimony should address]
Section B: Expert to complete	
Summary testimony:	
<p>The commissioning landscape</p> <p>The lead responsibility for commissioning drug and alcohol services now rests with local authorities. Local authorities are well placed to embrace the prevention agenda, with responsibility for delivering substance misuse prevention and treatment services, along with a range of other services related to children and young people, vulnerable adults, employment, housing and licensing. All of these areas of responsibility have a part to play in a wider, place based, life-course focused prevention strategy.</p> <p>In partnership with the ADPH, PHE recently undertook a review of every local authority to capture the progress they were making in improving prevention programmes and rates of drug and alcohol recovery.</p> <p>There was a mixed pattern of commissioning arrangements for young people's substance misuser services across the country. Areas reported that prevention was considered as a key priority with many of them making the links between services that address multiple risk behaviours, such as drugs, alcohol, and sexual health. However, in many areas there was a clear separation between the commissioning arrangements for wider children's services and those for young people's substance misuse, which is something that clearly needs to be addressed.</p>	

There is more to be done to ensure that prevention is approached strategically, and for substance misuse interventions to move more upstream, both from the perspective of preventing substance misuse amongst children and young people, and amongst cohorts of adults who are at risk of developing more serious problems. Local authorities are under considerable financial pressure, and a stronger argument needs to be made about the return on investment from effective prevention focused systems, while preserving the quality and availability of specialist treatment for both young people and adults.

Who is affected: key prevalence trends

The Crime Survey for England and Wales (CSEW) reports that the use of any illicit drug by adults aged 16-59 has fallen over the last decade, but stabilised in the last five/six years. The reduction has been largely driven by decreases in cannabis, the most commonly used drug.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462885/drug-misuse-1415.pdf

Use by young people aged 16-24 is more than double that of all adults but the trend has been similar over time – although use has fallen more steeply than in older age groups.

The 2014/15 CSEW report provides an insight into the use of new psychoactive substances (NPS) in the general population through a new measure: 0.9% of 16-59 year olds reported using an NPS in last year, compared with 2.8% of 16-24 year olds. It also included a new measure of prescription medication (such as tramadol, codeine and morphine), showing relatively high level of use: 5.4% among 16-59s and 7.2% among 16-24s.

The Smoking Drinking and Drug Use Amongst Young People (SDD) survey reports that use of any illicit drug amongst 11-15 year old school aged children has halved since the beginning of the decade, although the decline has been slowing over recent years.

<http://www.hscic.gov.uk/searchcatalogue?productid=18273&q=Smoking+Drinking+and+Drug+Use+Amongst+Young+People+&sort=Relevance&size=10&page=1#top>

The number of young people (under 18s) receiving specialist interventions for their drug or alcohol use has fallen year on year since 2009-10. Cannabis presentations have remained stable over this time with the numbers presenting for alcohol, opiates and cocaine falling significantly.

Vital to note is that the majority of young people in specialist substance misuse services have a range of problems or vulnerabilities related to their substance use or wider factors that can impact on their substance use, such as self-harming, offending or domestic abuse. Girls are more likely to report mental health problems and self-harming while boys are more likely to be involved in antisocial behaviour and not be in education, employment or training (NEET).

Five per cent (5%) of young people presenting to treatment services in 2014-15 reported sexual exploitation, although this proportion was significantly higher among females (12%) than males (just over 1%).

<http://www.nta.nhs.uk/uploads/young-peoples-statistics-from-the-national-drug-treatment-monitoring-system-2014-2015.pdf>

No one single factor can explain these downward trends in overall drug use in the general population, which are likely to be due to the combined impact of many different factors acting over time.

Local authority commissioning expectations

PHE provides a range of guidance, commissioning prompts and data packs to local authorities.

key documents published by PHE and used to support local areas implement evidence based drug prevention programmes:

- *'Drug prevention, treatment and recovery for adults: joint strategic needs assessment (JSNA) support pack.'*
<http://www.nta.nhs.uk/uploads/jsnasupportpackpromptsadultdrug2016-17.pdf>
This includes a section on prevention at page 5 and a section reducing health harms at page 9.
- *'Young people's drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack.'*
<http://www.nta.nhs.uk/uploads/jsnasupportpackpromptsyoungpeople2016-17.pdf>
Which include a section on prevention at page 5.
- *'The international evidence on the prevention of drug and alcohol use Summary and examples of implementation in England.'*
<http://www.nta.nhs.uk/uploads/unodc-prevention-guide.pdf>
This PHE briefing provides a summary of the UNODC prevention standards and gives corresponding examples of relevant UK guidelines, programmes and interventions currently available in England.

Although surveys suggest that overall prevalence is falling amongst young people and adults, types of substance use by some groups are becoming an increasing public health concern, including those using new psychoactive substances. For example there are growing concerns about high levels of injecting drug use (of drugs such as mephedrone and methamphetamine) and linked to high risk sexual behaviour, amongst a cohort of men who have sex.
<http://www.nta.nhs.uk/uploads/phe-substance-misuse-services-for-msm-involved-in-chemsex.pdf>

There is also evidence of increasing prevalence of the use of image and performance enhancing drugs

<http://www.nta.nhs.uk/uploads/providing-effective-services-for-people-who-use-image-and-performance-enhancing-drugs2015.pdf>

There are also concerns about the multiple risk profile of the young people that present to treatment, and the prevalence of co-occurring risk factors, particularly the concerning association with sexual exploitation and abuse amongst girls.

Problematic substance use rarely happens in isolation and there are many factors that are associated with an increased risk of alcohol and drug problems among young people and adults, and these are often factors that lead to other adverse outcomes and risky behaviour, such as mental health problems, offending, truancy and school drop-out, or risky sexual behaviour.

Local authorities should commission interventions and approaches to prevention across the life-course that addresses the risk factors which increase the likelihood of someone suffering harm. Their local prevention strategies should aim to build resilience to alcohol and drugs and prevent young people developing problems by providing opportunities for alternative, healthier life choices and better skills and decision making. Early years interventions, in particular, can have the most impact.

It is vital that people have access to accurate, relevant information about health harm, including specific to drugs and alcohol. FRANK is now solely the responsibility of PHE and we are looking at ways of improving both the website and the helpline so that it remains a credible resource for drugs information and advice. We are also planning to recommission the Alcohol and Drug Education Prevention and Information Service (ADEPIS) which is a resource specifically for drug educators and schools. <http://mentor-adepis.org/> The expectation is that both are well used resources. Although there is little to no evidence that information alone changes behaviour, it can help reduce harm and inform choice.

Hertfordshire have just undertaken a major piece of work to review all their young people's drug interventions from universal to specialist. They commissioned Tonic consultants to undertake this review and Dr Sarah Senker undertook a wide ranging literature review of the evidence. Both Tonic's Matthew Scott (matthew@tonic.org.uk) and the local Director of Public Health, Jim McManus are keen that this work is shared more widely. Essex has also developed an approach called Risk-Avert based around a wide range of behavioural risk issues and resilience work with young people. This approach has been academically evaluated during its development. Ben Hughes, Head of commissioning PH and Wellbeing (Ben.Hughes@essex.gov.uk) has worked with The Training Effect to develop and evaluate programme which is now being used by a number of LAs.

Looking forward to the 2016 Drug Strategy

The prevention focus of the forthcoming Drug Strategy will be to reduce demand by creating an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so, and making it easier for those that do to stop. This is a similar approach to that taken in the 2010 Drug Strategy, where it was envisaged that this should be achieved

through taking a life-course approach to prevention, in particular by:

- breaking inter-generational paths to dependency by supporting vulnerable families
- providing good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse
- intervening early with young people and young adults at risk of developing problems

The new Drug Strategy will have a continued focus on building resilience and confidence among young people to tackle the range of risks they face, including substance misuse, crime, sexual exploitation and abuse, unhealthy relationships and risky sexual behaviour. And also to improve the quality of the tools and information provided through education.

We need to be clear though, that much more needs to be done to ensure that targeted early interventions and prevention interventions need to be offered by staff working in non-substance misuse specialist services, in particular in youth offending and looked after children teams, and child and adolescent mental health services as these settings are where the children and young people who are most susceptible to developing drug and alcohol problems are being seen. Clearly the challenge is that this is against a backdrop of reduced funding, particularly funding for targeted youth support services.

A key risk for PHE with the wider focus on addressing risk and resilience is that everyone becomes responsible for prevention, but no one takes actual accountability at local level. More needs to be done to encourage local authorities to prioritise a life course approach to prevention, acknowledging this is at a time when there are significant financial cuts and pressures on children's services to prioritise their statutory duties.

PHE's and the Government's response has been informed by the recent Advisory Council of the Misuse of Drugs (ACMD) briefing paper on the prevention of drug and alcohol dependence.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/406926/ACMD_RC_Prevention_briefing_250215.pdf

Suggested areas for further research:

- Prevention of the use of image and performance enhancing drugs.
- Prevention of new patterns of use including novel psychoactive substances and chemsex.
- Evidence of the relationship and optimum balance between evidence based resilience based prevention and the provision of accurate information to reduce harm.
- UK based evidence on emerging evidence based programmes such as 'The Good Behaviour Game'.

References (if applicable):

(Embedded as links above)