

# Drugs and Alcohol Health Needs Assessment

## July 2021

### Executive summary

Misuse of drugs and/or alcohol can have significant health implications, impacting on both the individual and the wider community. This health needs assessment covers two key areas: substance misuse and alcohol misuse. For most indicators, Rotherham is currently performing worse than the national average and/or their CIPFA nearest neighbours. It should, however, be noted that some data is several years out of date and therefore may not accurately represent a 'true picture' of what is happening in Rotherham at present. The impact of the COVID-19 pandemic is likely to be significant and this has been considered throughout the document.

#### Key points:

- 30% of adults in Rotherham drink over 14 units of alcohol per week (2011-14 data)
- It is estimated there are 1,946 opiate and/or crack cocaine users in Rotherham (2016/17)
- There is a high unmet need for services, particularly alcohol misuse (estimated at 85%)
- Successful completion of non-opiate drug treatment was 21% in 2019/20, compared to a national average of 34%
- The majority of service users also have a mental health need (71% of users in 2019/20)
- 61% of Rotherham service users report smoking (compared to a local prevalence of 17.9%), but only 2% engage in smoking cessation services
- The majority of service users were not in employment at the time of presentation (80% not in employment in 2019/20)
- The prevalence of drug and alcohol misuse in young people has been increasing every year, but referrals to treatment are decreasing
- Many children or young people in treatment have experience of one or more adverse childhood experiences

#### Key recommendations from the HNA

1. Alcohol is an issue in Rotherham both for uptake, treatment and education/prevention. There needs to be a review of the alcohol pathway for all ages and with prevention at the core. Although referrals for young people are decreasing this is in line with the national picture, however, the reduction in Public Health funding over the last decade has impacted on the number of people accessing treatment.

2. Non Opiate drug treatment within Rotherham had less than half the successful completions of treatment in 2019 compared to the England average, ranking the lowest of all CIPFA nearest neighbours. Until 2016, Rotherham was performing better or similar to the England average but since then there has been a consistent decline in successful completions of treatment. This will need to be one of the priorities going forward.
3. Smoking within the current service users is particularly high but smoking cessation is not taken up which may be for valid reasons depending on the priority of the individual in treatment and coping with their care plan. However, this will need to be explored further to understand the cohort needs for smoking cessation.
4. The majority of service users also have mental health needs. This will need to be addressed regarding dual diagnosis and what this pathway looks like now and how it can be improved in the future. Consideration also be given to commissioning substance misuse services to treat some mental health co-morbidities without referring people on to specialist mental health services. Need to be clear of the pathways into related services (e.g. child and adult mental health services, domestic abuse services).
5. The majority of service users were not in employment so a better relationship with the DWP and Jobcentre Plus would be to support by equipping staff to reach out into the community and work more intensively with those with complex needs, including working in drug and alcohol treatment services with people with addictions.
6. For those young people who experience adverse childhood experiences to look to invest in age-appropriate evidence-based services and support all young people to build resilience and to avoid substance misuse. To identify and provide additional support to, those young people most at risk of being drawn into using illicit substances or involvement in supply.
7. National evidence suggests a need for more harm reduction advice particularly targeting those in the 55-64 year old age group, and those from more affluent backgrounds, who may not identify as having a 'problem' with alcohol, or be aware of the cumulative harm of regular consumption over the recommended limits.
8. Nationally there is a need for further data collection/analysis with regards to alcohol consumption in pregnancy to gain a better understanding of its prevalence and what can be done to reduce risks to the unborn child and for further work to understand the local evidence of alcohol and drug use within this cohort of women and families.
9. Promote the use of AUDIT-C questionnaire across a wider range of primary care/community services locations, including those reaching older adults and

to support professionals with education/information and training on brief interventions for alcohol and substance misuse interventions.

10. Continue to address the wider determinants of health and inequalities which contribute to the higher rates of mortality seen in deprived areas, for example, collaborative working with R&E on licensing and alcohol related road traffic accidents within the borough.
11. A co-ordinated borough wide approach to alcohol prevention and intervention is needed for the health and wellbeing of the population.