



Public Health  
England

Protecting and improving the nation's health

# Showcasing the work of the Alcohol & Drugs Community of Improvement

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#YHSLI2018

## **Aim of the presentation**

To engage with a range of public health colleagues to discuss and debate shared objectives, cross over of work, potential joint working, common themes etc.

## **Context**

Development of the Alcohol & Drugs Community of Improvers (Col)  
Brief overview of national drug strategy

## **Showcasing the work of Col members**

- Integrated Personal Commissioning' (IPC) approach to vulnerable adults receiving drug treatment and who are at risk of chronic obstructive pulmonary disease (COPD)
- Addressing increased alcohol prevalence in older people and developing care pathways for Older Problem Drinkers

## **Group discussion**

# National Drugs Strategy - challenges and opportunities

- Published on Friday 14<sup>th</sup> July 2017
- Involved targeted consultation with key partners including practitioners and commissioners, academics & service users.
- Government Strategy, as opposed to departmental.
- Public Health England's 2017 drug treatment outcomes evidence review informed the strategy's development.
- Global action such as commitment to eliminate hepatitis



# Develops the three strands of 2010 strategy and adds a fourth

Reducing Demand

Building confidence and resilience among children, young people and others, with a more targeted approach for vulnerable individuals.

Restricting Supply

Ensuring the legal framework remains effective, while tackling the production and distribution of drugs. Taking a smarter approach to drug-related offending.

Building Recovery

Achieving better outcomes for those in recovery, through increased transparency, better structures, a more integrated system and stronger governance

Global Action

Shaping international policy and practice by providing global leadership and working with our international partners

# IPC and Substance Misuse

## Wakefield Pilot

Jez Mitchell, Public Health Principal (Partnership  
Commissioning)

Wakefield Council.

**Objective:**

To demonstrate the feasibility of offering an 'Integrated Personal Commissioning' (IPC) approach to vulnerable adults receiving drug treatment and who are at risk of chronic obstructive pulmonary disease (COPD).

**Aim:**

The aim of the pilot will be to identify at risk individuals and offer evidenced based screening and management of care through a 'personal care and support planning' approach. The project will be co-produced with individual service users, to help shape the offer.

# Chronic Obstructive Pulmonary Disease (COPD)

- COPD is the name for a collection of lung diseases including chronic bronchitis and emphysema.
- Smoking is the main cause of COPD. At least four out of five people who develop the disease are, or have been, smokers.
- Exposure to other people's smoke also increases the risk of COPD.
- The incidence of COPD in Wakefield is also significantly higher than the England average.
- Wakefield has a high COPD prevalence rate at about 2.7% of the population (close to 9800 persons), compared to 1.8% nationally. We are amongst the highest of non-outlying organisations nationally and regionally, and show high rates when compared to our ONS peers.
- COPD contributes heavily to our District life expectancy. Approximately 0.15 life years in females and 0.08 life years in males are lost to COPD. This is representative of between 25-30 excess deaths per year
- Total deaths are projected to increase by more than 30% in the next 10 years without interventions to cut risks, particularly exposure to tobacco smoke.

# COPD and Substance Misuse

- Evidence has shown that the majority of service users in drug treatment, smoke tobacco and will also have a history of smoking other drugs such as crack cocaine, heroin, cannabis and psychoactive substances<sup>1</sup>.
- Smoking heroin and crack cocaine is associated with early onset severe COPD<sup>2</sup>.
- Smoking tobacco contributes to extensive morbidity and large numbers of premature deaths in drug users from cardiovascular and respiratory diseases.
- The effects of lung disease also contribute to deaths from opioid overdose.
- Those who are older and who smoke are at a heightened risk of COPD<sup>3</sup>.

1. <http://neptune-clinical-guidance.co.uk/wp-content/uploads/2015/03/NEPTUNE-Guidance-March-2015.pdf>

2. Anchoring copd screening to drug services in heroin and crack smokers to improve diagnosis T Elkin et al., Thorax, 2016.

3. 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



# Outcomes

- Completed staff skills needs analysis.
- Nurses and Recovery Workers trained to deliver evidence based screening, advice and information in line with local and national standards and competence.
- Number of patients screened.
- Number of patients identified at risk of Respiratory Disease.
- Personalised care and support plans developed to enable those identified to access care from the established care pathway.
- Numbers referred to GP/other services.
- Number diagnosed with COPD.
- Number diagnosed with Respiratory Disease.
- Increased referrals to smoking cessation.

# Outputs

- Two training sessions were undertaken to nursing staff and recovery workers.
- Both sessions included training aimed at raising awareness of the symptoms of COPD, its causes and treatment.
- Nursing staff were also given training in the use of COPD6 meters, used to identify obstruction and provide lung age.
- All staff were given written information regarding COPD from the British Lung Foundation.
- Design and production of posters and leaflets

# Next steps

- Embed as part of core offer
- Address the 'challenge'
- With support from NHSE explore further opportunities to integrate wider healthcare provision into drug treatment and reshape pathways



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# Alcohol and Older People

Andy Collins Public Health Co-ordinator

# Alcohol and Older People

## Baby Boomers

- This presentation focuses on people aged between 50 -70, a generation often referred to as 'baby boomers'.
- A baby boomer will have been born roughly between 1945 and 1965.
- The phrase comes from the rocketing birth rate in the West in the years after World War Two
- Baby boomers are now becoming pensioners, which putting a large burden on the public purse

The drinking habits of this generation are increasing in contrast to the rest of the population who are reducing their drinking (Office for National Statistics 2017).

# Alcohol and Older People

## Making the headlines

“Baby boomers' drink and drug misuse needs urgent action, warn experts”

**theguardian**

“Risky drinking among baby boomers sees them make up half of hospital alcohol admissions”

**The  
Telegraph**

“Baby boomers warned over drinking as alcohol-linked deaths in over-50s soar”

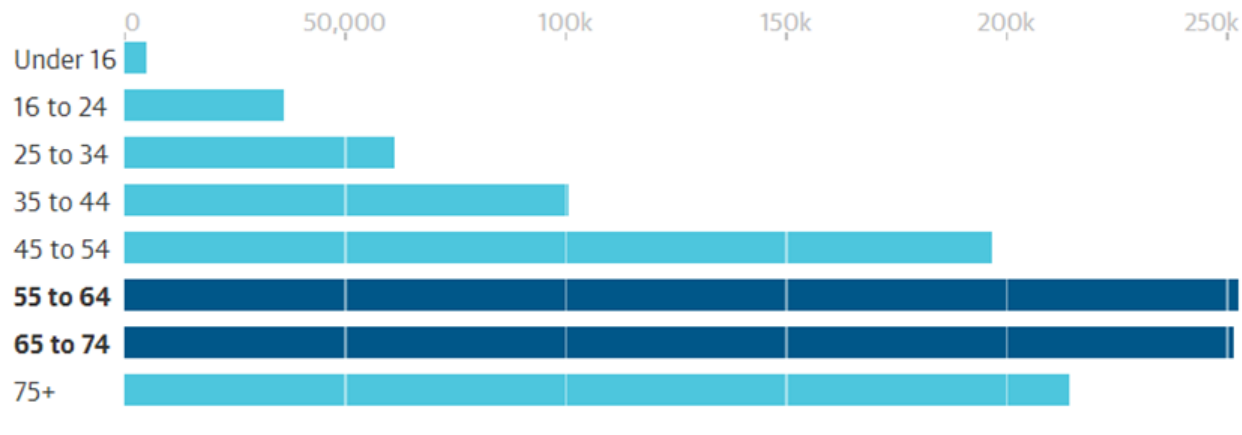
“TICKING NHS TIMEBOMB Baby boomers not binge-drinking students are the ‘biggest problem boozers — and could cripple the NHS”

**THE  
Sun**

# Alcohol and Older People

## National picture

- In 2016 there were 5,208 deaths of people aged 50-plus wholly attributable to alcohol, compared with 3,582 in 2001, an increase of 46% (ONS 2017)
- More than half a million adults aged between 55 and 74 were admitted to English hospitals with alcohol-related injuries, diseases or conditions – more than for any other age group



Total number of hospital admissions by age England 2015-2016 (LAPE)

# Alcohol and Older People

## Estimating the scale of the problem in Doncaster

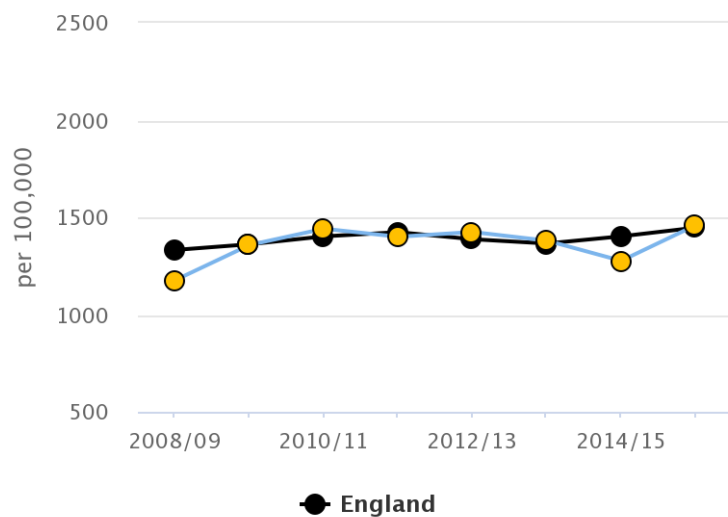
- Total population of 302,402 with 73,000 between the ages of 65 – 74.
- Doncaster could have around 6,777 people drinking at higher or increasing risk levels between 65 - 74 (Statistics on Alcohol England 2016).
- Doncaster alcohol related admissions for males and females combined aged between 40 and 64 has seen an increase of 14% since 2011/12, whereas nationally an increase of only 1%
- for females over the age of 65 show an increase of 23% since 2011/12 whereas nationally has seen an increase of 5%
- As of January 2018, Aspire Drug and Alcohol service has 32 clients accessing tier 3 alcohol interventions between the ages of 50 and 70 years.



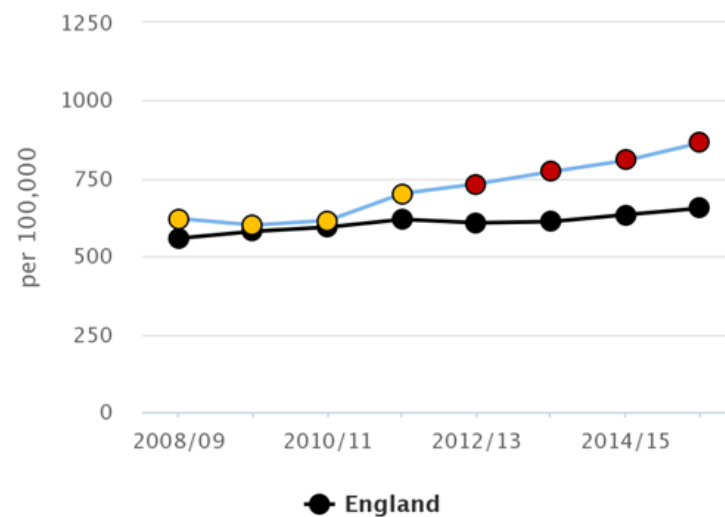
# Alcohol and Older People

## Admission episodes alcohol related conditions

10.08 - Admission episodes for alcohol-related conditions (Narrow)  
- Over 65s (Male) - Doncaster



10.08 - Admission episodes for alcohol-related conditions (Narrow)  
- Over 65s (Female) - Doncaster



# Alcohol and Older People

## Alcohol Related Brain Damage

- Alcohol Related Brain Damage (ARBD) is a term used to describe a spectrum of conditions characterized by prolonged problems with memory, reasoning and the processing of new information due to excessive alcohol consumption.
- Between 50-80% of individuals with chronic alcohol problems experience cognitive impairment, including memory problems, difficulties concentrating and difficulties explaining things to others.
- With correct treatment and rehabilitation 75% of people with ARBD who receive treatment do make some recovery (Alcohol Concern 2016).
- Opportunities are being missed to identify older people with alcohol problems and cognitive impairment and this means that those affected may not be receiving the treatment and support that they need (Wadd et al 2013)

# Alcohol and Older People

## Doncaster response

- Briefing paper for Director of Public Health
- Discussions around pathway in DRI for ARBD
- Training and guidance taken place for Aspire staff re cognitive assessments
- Memory services link with Aspire
- Aspire mentors attending Gastro ward
- Establish link with Age UK Doncaster
- Recommendations based on good practice in the UK, Prevention, Early detection, diagnosis and engagement and Treatment and support services

# Discussion

- 15 minutes for group discussion
- Split into two groups led by Andy and Jez
- Based on the two presentations, consider common themes and challenges, sharing of local solutions and identify any potential actions or next steps.

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