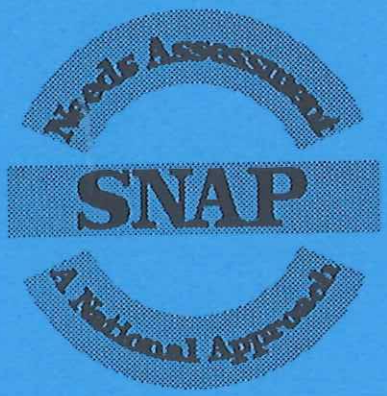
Scottish Needs Assessment Programme



Addictions

Overview and Summary

SCOTTISH FORUM FOR PUBLIC HEALTH MEDICINE

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Scottish Needs Assessment Programme

Health Promotion Network

Addictions

Overview and Summary

Membership of the SNAP Addictions Topic Group was as follows:

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PREFACE

Smoking tobacco, drinking alcohol and taking drugs and other psychoactive substances are major manifestations of addictive behaviour in the United Kingdom, as elsewhere, and have important health, social and economic implications. These addictions can affect all sections of the population from childhood to old age. In fact, addiction and dependency, in one form or another, seem to be universal components of human behaviour. The addiction or dependency becomes a problem when it causes physical, psychological or social harm to the individual, to their families or carers or to the wider community.

The general term addiction is used in this report to describe the common behaviour pattern associated with tobacco, alcohol and drug problems. There are limitations with the term addiction relating mainly to its negative connotations and it is acknowledged that the term "dependency" may describe some of these problems more appropriately. Nevertheless, addiction is the term still in current use and to avoid confusion or inconsistency we have used it throughout this report.

The reasons why certain addictions are especially prevalent or cause particular problems in given populations and geographical areas are complex and relate to the social, economic and cultural environment. There is evidence that levels of smoking and drug use are relatively high among low income groups and in areas of socio-economic deprivation.

Strategies to combat addiction problems need to be comprehensive and will include political, fiscal and environmental measures as well as medical and behavioural interventions. These are detailed in the separate reports on tobacco, alcohol misuse and problem drug use.

The behavioural model helps to provide knowledge and insight as to why and how people adopt certain types of addictive behaviours and also to understand the perceived benefits of casual and recreational use of substances. This can aid attempts to help people who wish to stop using tobacco and drugs, or drink alcohol within safe and acceptable limits. Study of the routes into and out of substance use can focus methods more effectively to meet the needs of individuals in helping them either to stop starting or to start stopping.

The topic was considered under the three main headings of tobacco, alcohol misuse and problem drug use. This first paper in the series contains a brief overview of the three subject areas, including Executive Summary and Recommendations from each of the reports.

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Scottish Needs Assessment Programme

Health Promotion Network

Tobacco

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EXECUTIVE SUMMARY

Cigarette smoking is the largest single preventable cause of illness and early death in the United Kingdom. The key aspects of a health promotion strategy relate to preventing people taking up the habit in the first place and to encouraging and enabling smoking cessation in those who already indulge.

This report outlines the adverse effects of tobacco on health and examines current methods used to tackle the problem with an assessment of effectiveness of these methods referring to the current information available. Consideration is also given to economic implications, including costs and benefits and also suggestions are made for possible outcome measures. Recommendations are made with regard to the future purchasing of services.

Gaps in present provision and priority action areas for future work are identified:

- policy development and fiscal requirements in relation to advertising, sale of cigarettes to under-age children and action to create smoke-free environments
- education and training of health professionals to support good health promotion practices
- local action to promote no smoking environments in the workplace
- recognition of the particular problems of tackling the smoking problem among low income groups and in areas of deprivation
- further research required
- improved data and information required

RECOMMENDATIONS

These recommendations are in substantial agreement with those outlined by the Health Education Board for Scotland in *Towards a non-smoking Scotland: a strategic consultation document.*

At national level Government should:

- introduce a ban on all tobacco advertising and promotion
- develop legislation for smoke-free environments
- develop a national strategy on smoking
- ensure implementation of the law regarding sale of tobacco to children
- monitor progress towards achievement of smoking targets and publish results regularly

At local level purchasing organisations should:

- develop and implement local strategies on tobacco and smoking as part of their overall health promotion strategies, set targets based on local data, monitor progress and publish regular reviews
- collaborate with local authorities, voluntary organisations and others in developing, implementing and publicising their local strategies, encouraging public participation and promoting local alliances for health
- ensure that local strategies address the needs of specific groups such as women with young children, teenagers, pregnant women who are smokers, ethnic minorities and people with low income
- ensure that they have policies on smoking for their own premises, staff, patients and visitors and that they continuously review and develop these policies
- include in contracts with provider organisations a requirement to address smoking as part of health promotion and lifestyle consideration. This should encompass both patient education and staff health promotion to ensure a healthy living and working environment and project a health promoting image to the general public through contact with the media and other organisations - that is, develop the concept of the health promoting hospital

Provider organisations should:

- establish and continuously review policies on smoking for their own premises, staff, patients and visitors
- provide appropriate patient education and support for patients wishing to stop smoking
- provide support, resources and help for staff who wish to stop smoking

General Practitioners should:

- within the new health promotion arrangements ascertain smoking status as the first step in a range of possible actions
- ensure that appropriate advice and counselling is offered to patients
- offer more intensive interventions through follow-up appointments for those smokers who wish to give up
- develop the role of the practice nurse (or other appropriate member of the primary care team) to provide more intensive follow-up for smokers
- collaborate with local health promotion departments and primary care facilitators in developing simple protocols on education and cessation which can be integrated into routine practice

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Health Promotion Network

Alcohol Misuse

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EXECUTIVE SUMMARY

This report examines the impact of the harmful use of alcohol and the services that are currently in place to prevent and treat this problem and makes recommendations with regard to the future purchasing of these services.

For alcohol misuse, a simple classification based on units of alcohol drunk per week is described:

Category I excessive drinking without problems or dependence

Category II excessive drinking with occurrence of problems but without established dependence

Category III excessive drinking with problems and dependence

The per capita consumption of absolute alcohol has risen (inversely with the real price of alcohol) in the last 30 years in the United Kingdom from 4.4 litres to 7.2 litres in 1991. This is not high compared to other similar industrialised countries, but alcohol-related problems in Scotland are related to how people drink on the occasions they do drink.

Care needs to taken in interpreting alcohol-related disease data because of differences in recording of data, and accessibility and availability of services.

Prevalence data suggest that in Scotland 460 000 men and 150 000 women drink more than the recommended limits. Deaths from cirrhosis and chronic liver disease (an indicator of alcohol problems) have remained steady with rates of 15.5 per 100 000 population in 1977-79 and 15.3 in 1989-91.

SMR1 data show an increase in alcohol-related discharges from 64.0 per 100 000 population in 1980-82 to 95.9 in 1989-91.

SMR4 data show a decrease in alcohol-related admissions from 112.1 per 100 000 population in 1977-79 to 101.6 in 1989-91 which may indicate a move away from treating these patients as inpatients.

A reduction in alcohol misuse problems requires a decrease in the per capita alcohol consumption and a decrease in those drinking more than the recommended limits (by increasing the real price of alcohol, curbing advertising, encouraging health education and local community action), and appropriate and effective treatment for those who have alcohol-related problems or are alcohol dependent.

The principle of treatment is of providing appropriate interventions for patients from simple advice, counselling and treatment in primary care, to intensive community, outpatient and inpatient care provided by specialist psychiatric services. Failure to provide appropriate interventions for a patient is a form of cost-ineffectiveness.

Most patients with alcohol-related problems can be dealt with in primary care, and the treatment (including detoxification) by psychiatric services should be outpatient or community based although some patients will need inpatient treatment. Community Addiction Teams or Substance Misuse Integration Teams may be cost-effective in mobilising services but are not a low cost option. Services such as rehabilitation hostels and associated day programmes, and AA and Al-Anon have not been rigorously evaluated but may be of benefit to some patients.

RECOMMENDATIONS

1 Prevention

i Consumption of alcohol should be restricted by increasing tax on alcohol, restricting alcohol promotion and enforcing anti-drinking and driving policies. This relates primarily to central Government but agencies involved in alcohol-related health problems have an advocacy role to promote these policies.

ii Health promotion activities such as by departments of health promotion should have adequate resources, be planned and evaluated as part of wider health promotion and be integrated with the work of other agencies such as social work or voluntary bodies. This work should include mass-media and community-based programmes both of which have "agenda setting" roles.

2 Service Provision

i The aim is to provide the full range of appropriate facilities and care for those with alcohol problems with the focus on primary care.

ii Health services for alcohol misuse should be planned and integrated with social and non-statutory services.

iii There should not be excessive specialised or expensive NHS or non-NHS detoxification facilities. The aim is to support detoxification in primary care, the outpatient setting, and by domestic detoxification services.

a Primary Care

i Primary care staff have a key role in the prevention, screening, treatment and referral of problem drinkers. This is reinforced by the new regulations governing health promotion activities by GPs.

ii There should be appropriate training programmes (which are adequately resourced) for primary care staff to recognise and deal with problem drinking.

b NHS General Non-psychiatric Services

i Screening of patients in the inpatient, outpatient, Accident and Emergency and antenatal departments should be undertaken and opportunities taken to give advice or more intensive therapy.

ii There should be appropriate training of general health staff to recognise alcohol misuse in the general National Health Service setting.

iii Purchasers should ensure that screening and training are included in contract setting with providers.

c NHS Psychiatric Services

i A comprehensive psychiatric service should have a Community Addiction Team (CAT) or Misuse Integration Team (SMIT).

ii There should be access to a limited number of inpatient beds in psychiatry to deal with complicated cases and severe withdrawal problems.

iii These elements should be included in contract setting with providers.

3 Non-statutory Sector

i Services provided by the non-statutory sector need to be part of health need assessment of health boards. This includes AA, Al Anon, alcohol counselling services, local Councils on Alcohol, half-way houses, and facilities for homeless drinkers.

4 Research Priorities

i The effectiveness and cost-effectiveness of liaison teams.

ii Long term health needs of severely dependent alcohol misusers.

iii Service-related and needs-oriented prevalence studies within health belief contexts.

iv Better information on costs of alcohol misuse and the cost-effectiveness and cost-benefit of prevention and treatment strategies.

v Provision of alcohol services by the private health care sector.

Scottish Needs Assessment Programme

Health Promotion Network

Problem Drug Use

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EXECUTIVE SUMMARY

The misuse of both legal and illegal drugs within Scotland represents one of the most serious problems facing the Scottish population. Although we lack good information on the national prevalence of problem drug use there can be little doubt that this has increased dramatically over the last 10 years. There is probably no part of Scotland where drug use in one form or another is not occurring. It would be impossible to overestimate the impact of such drug use upon individuals, families and local communities. Equally, problem drug use represents one of the greatest challenges facing a wide range of services operating within the health and personal welfare arena. Two important current or expected Government documents will be helpful in focusing discussion in this difficult area of work. The Scottish Affairs Committee has recently produced a first report and the Scottish Office Ministerial Task Force on Drugs is due to be published in late summer.

The range of problems associated with drug use coupled with the diversity among drug users militates against any single model of care or intervention. Patterns of problem drug use differ markedly between different geographical areas. This suggests the need for drug services not only to respond to local circumstances but also to be sufficiently flexible to modify practice in the light of what may be rapid and unpredictable changes in the behaviour of drug users.

There is an important need for work in the area of drug prevention. Previous research has shown that once patterns of drug taking are established, the impact of treatment services tends to be modest. As a result, attention has to be directed towards reducing the levels of recruitment among young people.

It is unrealistic to expect that all drug users will be prepared, or able, to cease or reduce their drug use. In the light of this it is important for services to identify ways of reducing the harm associated with continued drug use. This will include the use of substitute prescribing as well as the provision of detailed information and counselling on the effects of different drugs and the ways in which such drugs may be used with minimal harm.

It is essential that services provided to drug users are readily accessible. For female drug users in particular this may require that drug services include some provision for child care arrangements. Although it is unreasonable to expect services to be accessible 24 hours a day, seven days a week, it is also the case that drug users do not fit easily into a 9 to 5 working day.

At any one time only a minority of drug users are in contact with any agencies. There is a need for drug services to consider ways in which they might be more pro-active in contacting drug users, perhaps using outreach services and satellite drop-in facilities in areas of high drug use prevalence. There is likely to be a continuing need for residential services to provide detoxification, rehabilitation and short term crisis intervention. The needs of drug users in the more rural areas relating to levels of provision, confidentiality and so on also require to be understood and addressed.

Independent monitoring and evaluation of the **cost** and the **effectiveness** of services has to become an integral part of the climate of drug services. Without such information purchasers will continue to find themselves in the difficult position of having to choose between competing service options with little to guide them in making such decisions. There is a need to ensure that the results of such monitoring and evaluation are speedily fed back to service providers and purchasers in order that model practices may be identified and built upon.

Finally, it has to be recognised that no one service or agency can solve the multiplicity of problems associated with drug misuse. In this area, as in others, close collaboration and communication between agencies is essential. On occasion this may be difficult to foster given that different agencies may view drug use in quite different terms and have evolved their own preferred styles of working. Despite this, close collaboration between agencies and an openness to consider alternative styles of working has to be fostered between services.

RECOMMENDATIONS

The following recommendations are for consideration for both purchasers and providers to ensure equity for clients. The considerations for research are valid at both national and local level to ensure local needs and issues are assessed, addressed and can also be placed within a wider context.

Purchasers and providers should ensure within contracts that services and service development in this field include:

- Equality of access to care and treatment should be available for problem drug users.
- A flexible menu of treatment options should be available to enable interventions to be matched to individual problem drug users' needs.
- A basic information database should be established with details of numbers of drug users, range, effectiveness and cost of services available and impact of drug use on families and local communities.
- A health awareness and prevention package for all relevant client groups in the community should be provided, focused through Health Promotion Departments.
- Research should be focused on evaluating and monitoring the needs of clients and the effectiveness of services in meeting these needs.

Considerations for research should include the following:

- Examination of the routes into and out of drug use to discover the critical factors which influence behaviour and thus can inform service development in the fields of prevention, intervention, support and rehabilitation.
- Evaluation of the effectiveness and efficiency of all services in this area in the fields of health promotion, prevention, treatment and rehabilitation in general and in particular substitute prescribing.
- Estimation of the impact of problem drug use on families and communities.
- Better understanding of protective factors - how young people in areas of widespread problem drug use resist the drug culture
- Measurement of the prevalence of problem drug use in different parts of the country to ensure consideration of the mix of the rural and urban environments.
- Estimation of the experience and needs of young people who use dance/recreational drugs on an occasional or irregular basis.
- Measurement of the needs and experiences of people who have problems with prescribed psychoactive drugs and of the service development required to meet these needs.