

Improving the Determinants of Health: Cumberland Council's Research Plan

Phase 1 Review of Interventions:

Substance Use

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Context

- The Health Determinants Research Collaboration is a five-year research project, funded by the National Institute for Health Research from January 2024 to December 2028. The project aims to increase the research capacity of staff within Cumberland Council and voluntary sector and to improve their use of evidence to improve health inequalities.
- In 2024 the HDRC team consulted with 107 people including Council staff, elected members, community-based organisations and academic partners in order to establish seven priority areas in need of firmer evidence.
- The seven areas are: poverty, pathways to employment, access to housing, mental health and neurodiversity, substance use, obesity-and children cared for.
- In each of the seven themes the HDRC aims to uncover how serious the issues are and who experiences them, how they vary across our rural, coastal and urban areas, what barriers there are to improvements, and what might work to improve them.
- Each of the seven themes will have a scoping review to understand recent interventions, secondary data analysis to understand what is already known, new data collection across the health and social care system, and deep dives into particular issues by community co-researchers.
- This scoping review is one of seven, in the first phase of research set out above.

Data Context – The Picture In Cumberland

Key: Cumberland - England

Prevalence: Per 1,000 / Proportion Percentage

Estimated Prevalence of Alcohol Dependence – 13.73 (13.75)

Regular Alcohol Drinkers (Age 15) - 7.8% (6.2%)

Smoking Prevalence in Adults (18+) - 9.9% (11.6%)

Illicit Opiate and/or Crack Cocaine Use, per 1,000 (Male) - 1.51 (5.63)

Illicit Opiate and/or Crack Cocaine Use, per 1,000 (Female) - 0.43 (1.62)

Source: National Drug Treatment Monitoring Service, 2020

NHS England, 2015-2023

Treatment: Per 100,000

Total In Treatment Services – 980 (86, 257)

Successful Completion of Treatment – 35% (35.1%)

Estimated Unmet Alcohol Treatment Need – 79.9% (77.6%)

Prescription Rate for Nicotine Replacement Products – 11,722 (11,781)

Smokers Successfully Quitting After 4 Weeks – 100 (1,113)

All In Treatment – Non-Opiate Drugs – 270 (30,001)

All In Treatment – Opiate Drugs – 1,375 (138,604)

Source: O.H.I.D, 2020, National Drug Treatment Monitoring Service, 2023

Mortality: Per 100,000

Alcohol-specific Mortality – 20.4 (15)

Alcohol-related Mortality – 41.4 (39.7)

Smoking-Attributable Mortality – 197.3 (202.2)

Total Drug Misuse Related Deaths, 2011-2023 – 74 (9,105)

Total Drug Poisoning Related Deaths, 2011-2023 – 155 (14,157)

Source: Office for National Statistics, 2019-2023

Hospital Admissions: Per 100,000

Admission Episodes For Alcohol-Related Conditions – 1,824 (1,855)

Admission Episodes For Alcohol-Specific Conditions – 574 (581)

Estimated Cost per Capita of Alcohol-Related Admissions - £53.80 (£48.60)

Smoking Attributable Hospital Admissions – 1,524 (1,398)

Admissions with Drug-related Mental and Behavioural Disorders – 14 (13)

Source: O.H.I.D, 2020-2023

What Does The Data Tell Us?

Cumberland experiences a higher prevalence of alcohol use and mortality rates related to alcohol, as well as hospital admissions related to substance misuse, compared to national figures. Cumberland also experiences higher hospital admission costs related to alcohol, when compared to national figures. However, Cumberland does have a lower prevalence of smoking as well as lower rates of nicotine replacement prescriptions compared to national figures.



Council Statutory Duties

Health and Social Care Act 2012

- Commission **drug and alcohol treatment services** as part of their public health responsibilities.
- Integrate these services with broader health and social care services.

Care Act 2014

- Assess the care and support needs of individuals, including those with substance misuse issues.
- Safeguard vulnerable adults, including those at risk due to substance misuse.
- Support carers of those with substance misuse issues.

Children Act 1989 & 2004

When substance misuse affects children (either directly or through parental use), councils have statutory safeguarding duties:

- Identify and protect children at risk.
- Provide family support services, including early help.
- Conduct assessments under Section 17 (child in need) and Section 47 (child at risk of significant harm).

Continued

Crime and Disorder Act 1998

- Councils must work in partnership with police and other agencies to reduce drug-related crime as part of Community Safety Partnerships (CSPs).

Homelessness Reduction Act 2017

- Substance misuse is often a factor in homelessness. Councils are required to:
- Provide advice and support to those at risk of homelessness.
- Address underlying issues such as substance misuse as part of housing support plans.

National Drug Strategy (e.g., 2021 "From Harm to Hope")

- While not legislation, this strategy sets the framework for local authorities to:
- Deliver treatment and recovery services.
- Provide early intervention and harm reduction.
- Work towards reducing drug-related deaths and health inequalities.

Method

- Core search terms agreed by reviewer team; topic search terms decided by reviewer
- Searches completed
- Titles screened for obvious exclusions (eg not completed in UK), included items moved to folder
- Folder results exported to RefWorks and MS Excel spreadsheet
- Titles and abstracts reviewed for relevance (categories: 'high', 'medium', 'not')
- Articles in 'high' & 'medium' categories - full text screened against inclusion criteria, allocated category reviewed
- All articles in 'high' category included in analysis – read in detail and common themes identified.

Search Terms

Search completed January 2025

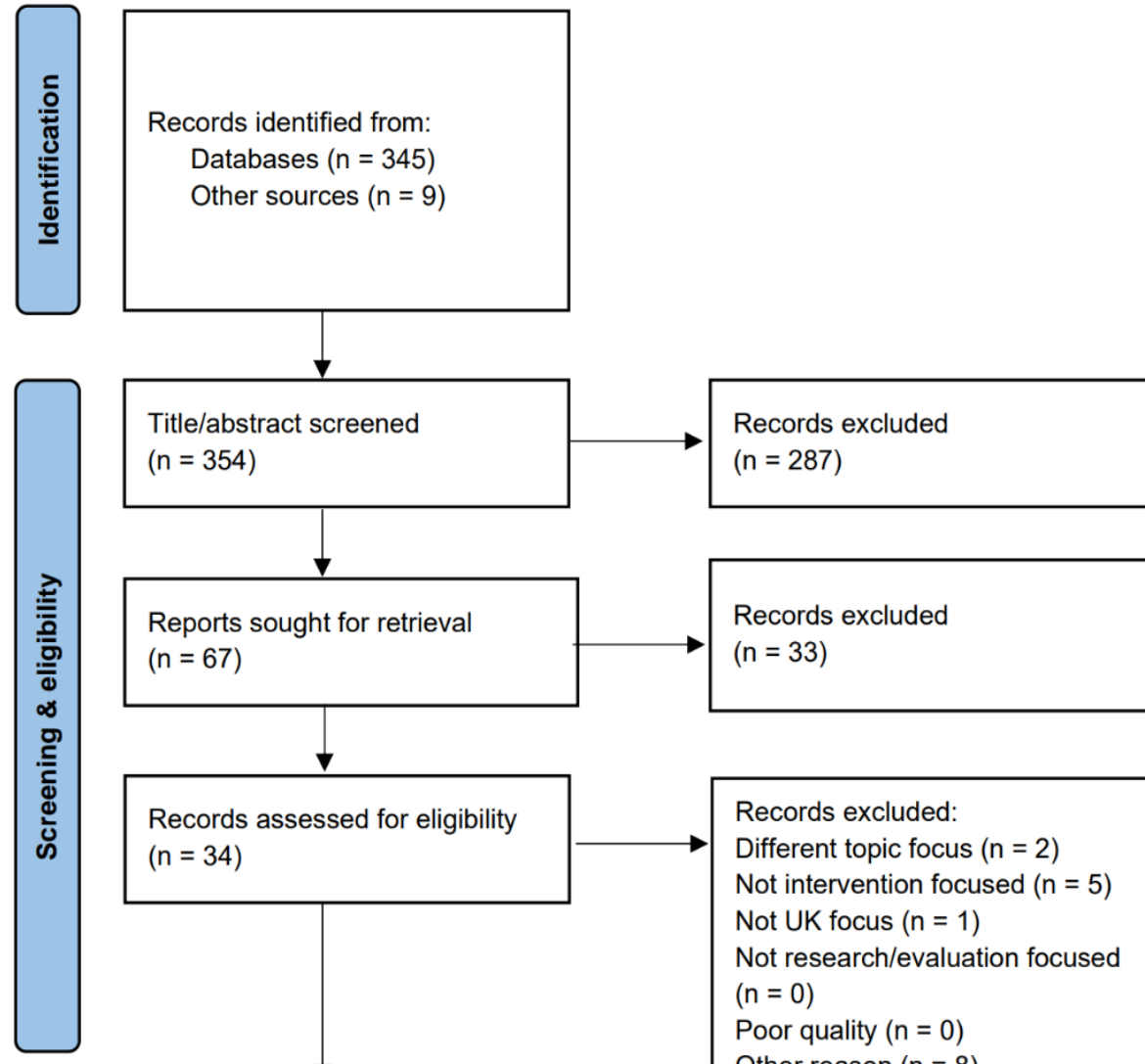
Databases (APA PsycArticles; CINAHL Ultimate; MEDLINE with Full Text):

- Advanced search (all sources).
- Limiters: Published 2014-2025; English language; Abstract available; UK location; Human; Evidence based practice; Proximity/apply related words; Search within full text; Linked full text; All ages.
- All fields included.
- Core search terms (same for all scoping reviews):
 - intervent* or treat* or therap* or program*; UK or Britain or "Great Britain" or "United Kingdom".
 - Additional search – as above with 'rural' search term.
- Subject specific terms (different for each review):
 - **Substance use or misuse; Drug use or misuse; Alcohol use or misuse.**
- Government guidelines & reports (e.g. NICE, Public Health England) also screened.

Search Results— PRISMA

(Adapted from: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

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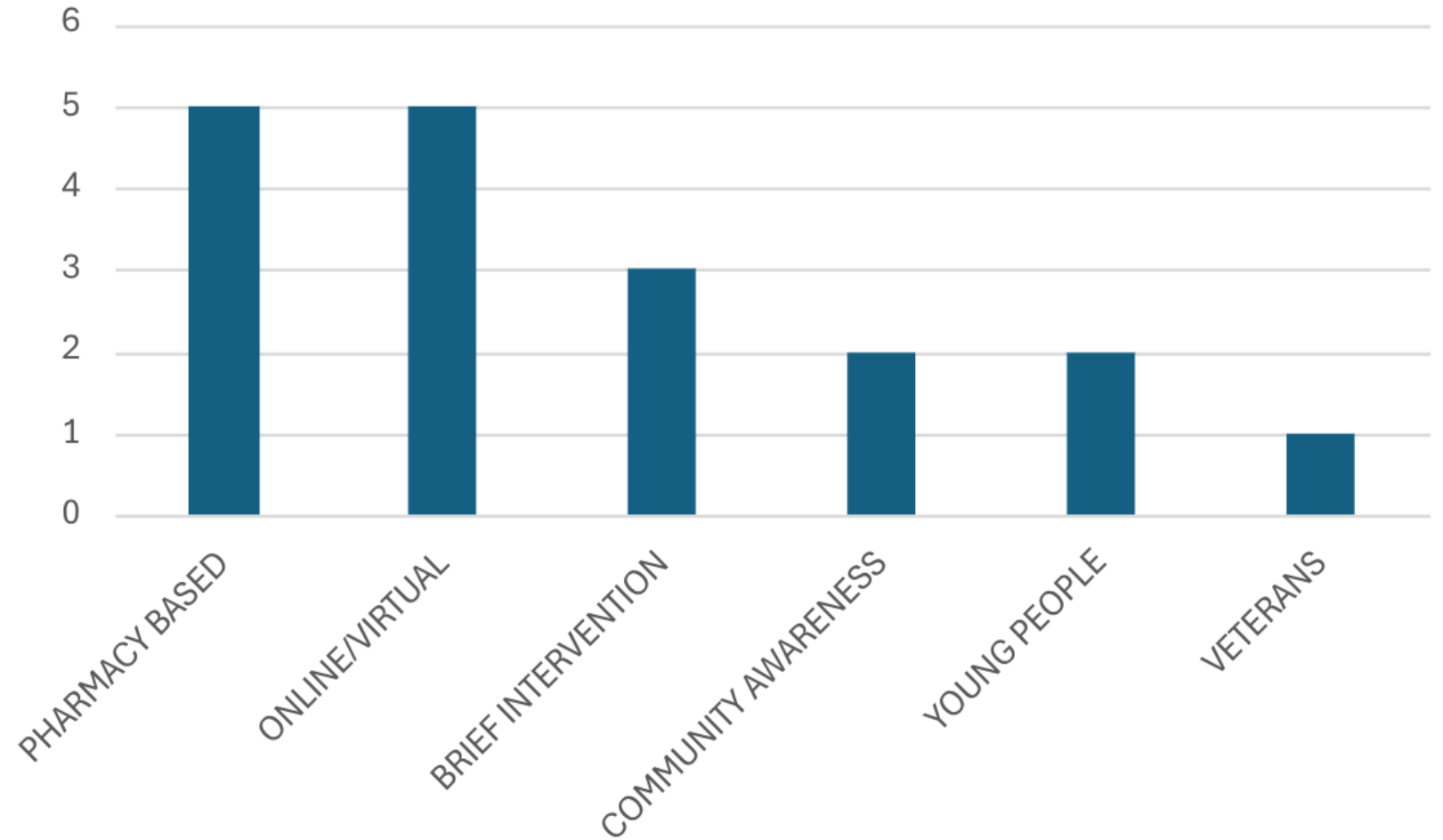
Types of paper with different foci included

| | Primary research papers | Literature review papers |
|-----------------|----------------------------|-----------------------------|
| Alcohol | 7 | 3 |
| Drugs | 4 | |
| Drugs & alcohol | 3 | |
| Smoking | 1 | |
| Total | 15 | 3 |

Findings

- Wide range of community interventions e.g. online, f2f, professional or peer led.
- No articles found specifically about interventions in 'rural' settings.
- Other than pharmacological interventions, most interventions weak or no evidence of effectiveness (reflects NICE guidelines and Cochrane reviews).
- Interventions need to be supported by appropriate ongoing training and marketing if they are to be sustained (e.g. Matheson et al 2023; Quigg et al 2018; Wearn et al 2021).
- Increased awareness of cultural aspects need to be considered and incorporated (e.g. Duke et al 2021; Kiernan 2018; Sattar et al 2024).

Types of intervention



Example: Community pharmacy

- Multiple articles including Radley et al 2017; Medina-Perucha et al 2020; Matheson et al 2023; Wearn et al 2021.
- Lack of statistical evidence, but qualitative evidence positive:
 - Opportunity for positive and supportive relationship.
 - Accessing wide range of healthcare: Opioid substitution, sexual health support, HIV/hepatitis monitoring/intervention, domestic abuse support.
- Stigma/discrimination experienced e.g. 'junkie door', spoken down to/differently to other customers.
- Increased psychological awareness among staff can lead to physical and social environmental changes e.g. creation/use of private spaces, flexibility around appointments.

Example: Online intervention or support

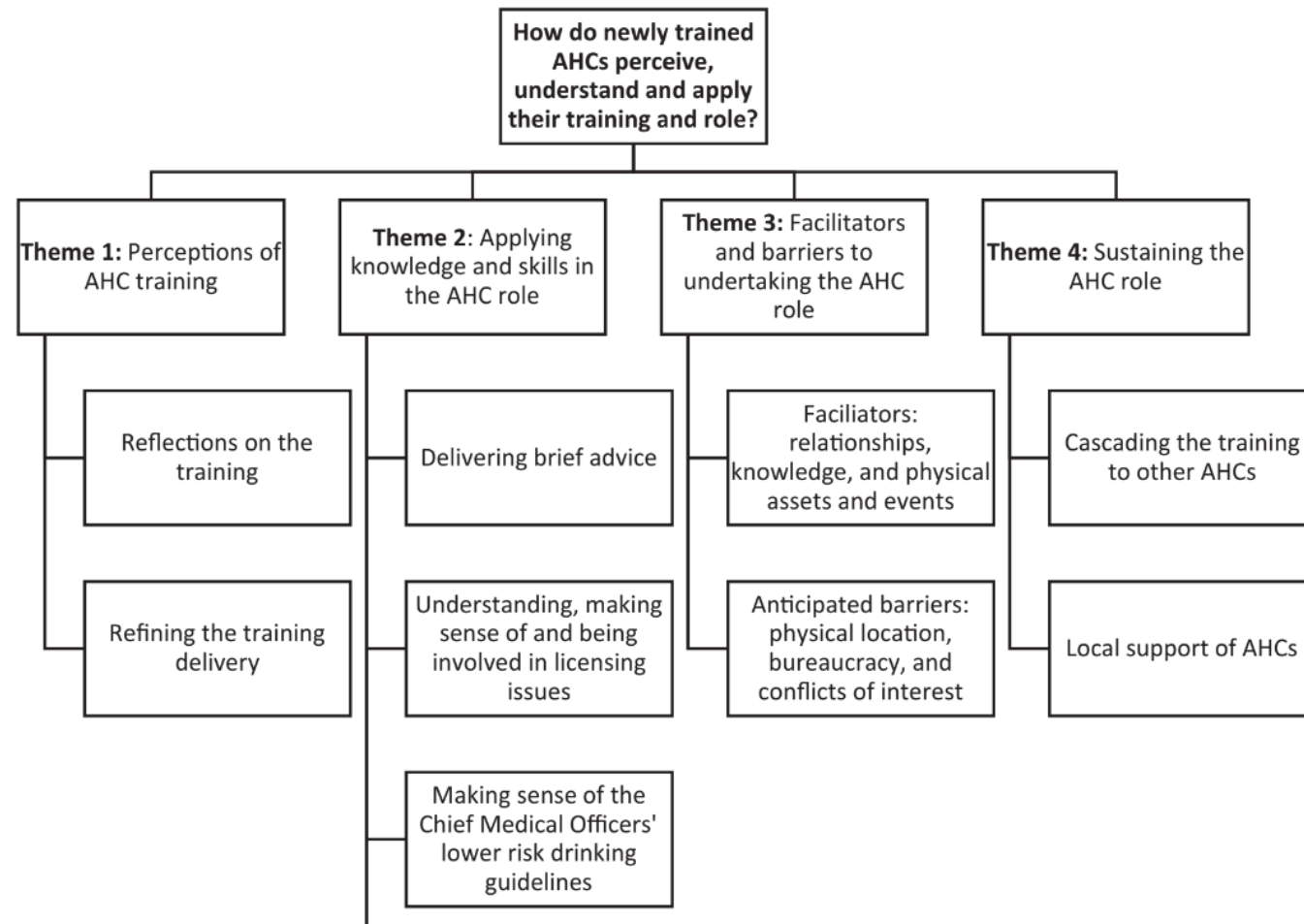
- Naserianhanzaei & Koschate-Reis (2022)
 - Used 'Reddit' sub-groups to review public data from 6 years.
 - Discovered that participation in non-drug related groups meant people were less likely to relapse.
- Neale et al (2022)
 - Informal peer group social contact reported to be important within hostel community.
 - Use of ICT was central to many participants' friendships, keeping them connected to social support and recovery capital.

Example – Community Alcohol Partnerships (CAPs) (Petticrew et al 2017)

- Completed review of online information, then contacted each for more information – 88 CAPs identified, only 3 had completed controlled evaluations.
- Focus on the minority: underage drinking, young people and antisocial behaviour. Not tackling majority of problem drinking. This approach includes Cumberland CAP - merging Longtown & Brampton, Workington, Cumberland (South) ([CAP](#) website 30 Jan 2025).
- Very limited evidence of impact/effectiveness. Most evidence related to public perception of antisocial behaviour rather than reduced alcohol use.
- Alcohol industry led with strong corporate/reputation perspective - motivation to reduce alcohol use or harm.

Example – Communities in Charge of Alcohol (CICA)

- **5 year Natural Experiment across 10 local authorities in Greater Manchester.** NIHR Public Health funded. Aimed at small community areas of high health and social inequality. 123 Alcohol Health Champions (AHCs) trained (95 lay volunteers and 28 professionals). 2 day training - knowledge & skills about improving community health and how alcohol sold (level 2 RSPH qualification). Multiple evaluation tools.
- **AHC Interventions in communities:** Informal conversations, support with brief alcohol advice, refer to specialist services, attend community events, attend alcohol reduction related events, support involvement in licencing decisions/process.
- **Outcome:** No consistent differences in the health and crime area-level indicators between intervention areas and controls.
- Intervention not found to be cost-beneficial.
- More info: <https://www.isrctn.com/ISRCTN81942890> . Articles: Burns et al 2024; Hargreaves et al 2024



Example – brief intervention for Alcohol in the community

- Multi-site delivery of brief intervention – supermarkets, community pharmacies, community health venues
- Range of interventions – providing information, awareness raising, motivating people, using brief interventions to facilitate change
- Articles about the project include Hall et al., 2019 and Smith et al., 2024.

| Delivery processes | | Supermarket | Community Pharmacy | Community Health |
|---------------------------------------|-------------------|--|--|---|
| Providing information | Wide reach | <i>"Most people were amazed what was a unit" (S10- BA)</i> <i>"I think they suddenly realized how much they did drink" (S10, BA)</i> | Narrow reach <i>"If the adverts and the promotional material are there sort of for people to see that can sort of lead for them to come in to speak to us rather than us having to approach people about it" (CP5, P)</i> | <i>"I'm not judging, I'm just having a conversation and giving them some information". (CH3, HWB)</i> <i>"The ones who were more surprised were the ones who say oh I don't drink often but they might just drink once a month but they drink a lot of units cause they've told themselves that they're not doing any harm". (CH5, Volunteer)</i> |
| Awareness raising | | <i>"it might prompt people to think in a different way"(S11, BA)</i> <i>"some people clearly were thinking about reducing their alcohol intake. They probably didn't know how they were going to go about it or who they could contact about it so the fact that that information was readily available for people who were unsure of how they could get information or how they could get started thinking about reducing alcohol I think that was really good" (S3, BA)</i> | | <i>"It's brought a lot of awareness so whether they change their habits immediately or over time the awareness is there" I (CH2a, HWB)</i> <i>"I do think from feedback I've had people that have been receptive that they will like swap some alcohol for like a soft drink or that they will have more alcohol free days so I just think it basically depends on where somebody's mindset is" (CH3, HWB)</i> |
| Facilitating motivation change | | | <i>'...there's few people saying uh oh I've just had to face reality here and I don't think I'll be having that glass of wine tonight, that extra one so to speak so it's getting the message across definitely, definitely...(CP3, P)</i> <i>"it's the people who are looking to sort of modify their intake or looking to make changes in their life where us giving information to them about will sort of help them" (CP6, P)</i> | |
| Supporting behavior change | | <i>"I did feel uncomfortable trying to offer them advice" (S11, BA)</i> | <i>'...We've had a couple of people that have done that and they've gone on to stop drinking completely. (CP5, CA)</i> | <i>"With one of them I didn't think he would end up ringing the number so I got them to do the referral [alcohol services] over the phone and then give him an appointment." (CH3, HWB)</i> <i>"Because we always ask our smokers do you drink, .. and we worked together to get her over that struggle of Saturday night cause Saturday night was like a reward for her to have a cigarette and a glass of wine so drinking and smoking goes hand in hand. .. I saw her yesterday and she only had one glass of wine on Saturday night instead of a bottle and a half " (CH2b, SCA)</i> |
| Monitoring behavior change | | | | |

Example – brief intervention for Alcohol in custody suites (McGovern et al., 2020)

- In UK 50% all violent crime drinking within previous 4 hours. 25% all police time alcohol related incidents.
- 3 arms to study - 1: screening only by custody staff, 2: 1 plus 10 min brief advice delivered by custody staff, 3: as 2 plus 20 mins brief counselling delivered by trained alcohol health workers.
- 325 custody staff involved. Qualitative interviews with 25 custody staff.
- Findings:
 - Routine practice to ask about health and social care needs during booking in, not always enough time to complete screening .
 - Motivation: advising perceived as specialist role/training. perception of individuals impacted on motivation to provide advice e.g. severity of offence.
 - Advise considered oversimplistic - complex needs require structured and intensive interventions but acknowledged rarely attend appointments due to chaotic lifestyles.
 - Possible role for healthcare practitioners within custody suites rather than officers.

Example – stopping smoking (Wearn et al., 2021)

- Conversation, Understand, Replace, Experts and evidence-based treatment (CURE) project: both pharmacotherapy and specialist support for tobacco dependence to all smokers admitted to hospital and after discharge (based on work in Ottawa). Staff training package: included package loaded onto Trust pages, lunchtime info sessions.
- The aim was to identify factors influencing healthcare professionals' implementation behaviour within the pilot site. Piloted within a single trust in Greater Manchester, rolled out to a further 6.
- The research involved 10 semi-structured telephone interviews with health professionals involved in the delivery and implementation of the CURE project pilot.
- Findings:
 - 22% patients remained abstinent at 12 week follow up.
 - Need for CURE to be integrated in primary care, community stop smoking services and pharmacy - lack of funding.
 - Staff needed for delivery and admin support.
 - Hard to keep up level of promotion and training. CURE branding helped marketing.
 - Champions effective in engaging and motivating staff.

Implications

- Evidence is limited as formal evaluation often not incorporated within intervention planning.
- Interventions are only part of the 'solution'.
- Need to consider specific 'rural' requirements – simply moving online does not work.
- Stigma & discrimination commonly experienced (e.g., microaggressions)
- Interventions need to be culturally relevant and easy to access
- Communication and relationship development key for working with this vulnerable group.
- Ongoing training and support needed for sustainability of interventions.
- Importance of peers to develop and sustain social and emotional capital.

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