JSNA: Drug Misuse

Wirral Intelligence Service

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JSNA: Drug Misuse

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Background to JSNA – Joint Strategic Needs Assessment

What is a JSNA?

A Joint Strategic Needs Assessment, better known as a JSNA, is intended to be a systematic review of the health and wellbeing needs of the local population, informing local priorities, policies and strategies that in turn informs local commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough.

Who is involved?

Information from Council, NHS and other partners is collected and collated to inform the JSNA and this reflects the important role that all organisations and sectors have (statutory, voluntary, community and faith) in improving the health and wellbeing of Wirral's residents.

About this document

This JSNA section looks to contain the most relevant information on the topic and provides an overview of those related key aspects

How can you help?

If you have ideas or any suggestions about these issues or topics then please email us at wirralintelligenceservice@wirral.gov.uk or go to https://www.wirralintelligenceservice.org/

Version Number	Date	Authors
1.0	January 2019	Matthew Saunders, Gary Rickwood – Public Health Robbie Minshall, Sarah Kinsella - Wirral Intelligence Service
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Content overview

Abstract	This Drugs Misuse Section of the JSNA provides an in-depth analysis of the impact of drugs misuse upon the residents of Wirral compared to regional and national impacts. It aims to identify key drugs misuse-related priorities and needs to improve health and wellbeing outcomes and reduce inequalities throughout Wirral.
Intended or potential audience	**External** • Wirral NHS Providers • Wirral GP Practices • Wirral CCG • Wirral Ways to Recovery • Spider Project • Merseyside Police and emergency services • Town Centre Group • Wirral Neighbourhoods Leads • Wirral Constituency Managers • Wirral Partnership • General public via Wirral Intelligence Service website **Internal** • Local Councillors • Senior Managers (LA and NHS)
Links with other topic areas	• Alcohol • Adults • Children and Young People • Older People • Crime, Safety and Disorder • Housing and Homelessness

Glossary of Terms

Please consider the documents glossary of terms whilst reading the content.

Key findings

- Estimating the prevalence of illicit drug use is difficult due to the hidden nature of the problem, and reliable estimates are scarce
- National estimates suggest higher rates of people using opiates and/or crack cocaine in Wirral compared to the North West and England. Local intelligence suggests Wirral prevalence is lower
- Wirral has an ageing opiate and/or crack cocaine users (OCU) population in contact with treatment services (the 35-64 age-group). This differs to the national picture, where the highest rates of treatment for OCU are 25-34 year-olds
- Rates of opiate and/or crack cocaine use have historically been higher in males than females (also the case for the North-West and England and is a long-term trend)
- Wirral was a lower prescriber of strong opiates and Gaba-ergic drugs and a higher than average prescriber of benzodiazepines and Z-drugs, compared to similar CCGs. Prescribing rates were higher in Wirral than England in 2017/18 for these four classes of prescribed drugs
- The number of people accessing drug treatment in Wirral in 2017/18 was 2,412. The most common drug group clients sought assistance with was opiates (51% of all clients in Wirral)
- Of the four localities in Wirral, Birkenhead had the largest number (1,572) and rate (23.8 per 1,000) of clients in treatment (Wallasey was next highest)
- Wirral substance misuse service clients appear to have a much greater need for mental health treatment services at presentation than in England overall (61% locally versus 41% nationally)
- There are more referrals to treatment for alcohol issues, but the largest group in treatment are opiate users (due to opiate users remaining in treatment for longer)
- In 2017/18, GPs in Wirral were most likely to refer patients for alcohol issues and least likely to refer clients for opiate issues. A higher proportion of treatment referrals come from GPs in Wirral than is seen nationally (18% compared to 10% nationally)
- The proportion of re-presentations for treatment (within 6 months) was higher in Wirral compared to England in three of the four drug groups; only non-opiate drug clients had re-presentation rates lower than England. Wirral had a much higher rate of planned exits from treatment than England overall in 2017/18
- The most common reason for young people to be referred to Response by A&E was not drugs (it was alcohol), but MDMA/Ecstasy was the most common drug reason for referral
- Groups most likely to be admitted to hospital with a drug-related condition in Wirral were men, those aged 45-54, and people living in the most deprived areas of Wirral
- Groups most likely to die from a drug-misuse death in Wirral were men, those aged 35-49 and those living in the most deprived areas of Wirral
- A high proportion (84%) of people who died while in contact with drug treatment services (2015-17) were aged under 60, while in Wirral overall, only 10% of the population die before the age of 60. While only around one quarter of these were directly linked to drug misuse by the coroner, these figures reflect the range of health harms caused by drug misuse
- The largest proportion of Wirral Drug-Related deaths examined by the Coroner in 2017/18 were eventually ruled as suicide or misadventure (25%)
- Drug misuse deaths have been increasing in Wirral, North West and England (with some fluctuation) since 2001. Wirral has seen higher rates of drug misuse deaths than England for the past 4-time periods (2012-14 to 2015-17) and the rate was significantly higher than the England average for the past 2 time periods (2014-16 and 2015-17)

Wirral JSNA: Drug Misuse

Contents

What do we know?

The development of drug and alcohol treatment services on Wirral

Harm reduction, treatment and recovery services for drug users have been in place across Wirral since the late 1980s. They were first established in response to the heroin epidemic that Wirral experienced during the mid-1980s. The initial national priority was to prevent the spread of HIV through injecting heroin users sharing needles and syringes, with the wider focus being to reduce the harms of drug addiction to the individual and the community. It was recognised that drug users entering and remaining in effective, appropriate treatment was a very protective factor, so the early priority was to get drug users into treatment. The Wirral treatment system became very successful at engaging and sustaining heroin users in treatment and was held up by the National Treatment Agency as a benchmark service.

A research report commissioned by the HM Government (Home Office, 2014), looking at the 1980s identified Merseyside (including Wirral) to have been one of the first areas in the country to be hit by what became recognised as a national opiate-misuse epidemic. The report also noted that Wirral was one of the first areas to mount a concerted treatment response to address the developing issues arising from the rapid increase in young heroin users.

The introduction of the Treatment Effectiveness Strategy in 2005 shifted the national focus of the strategic priorities for the drug treatment system. It increased the emphasis on recovery and successful treatment completion and challenged services to support more service users to embrace the aim of “recovery”, start moving towards becoming drug free, and look beyond that towards entering education, training and employment. The new National Drug Strategy (2008) continued to rebalance the treatment system to having an increased focus on recovery, as well as on harm reduction. In line with this, the Wirral system continued to adapt to achieve the aim of increasing its effectiveness in delivering this wider agenda.

This rebalancing progression was maintained through the 2010 Government national drug strategy, since which Wirral has continued to work on improving the blend between offering an effective harm reduction approach, while also providing a strong and energised recovery programme. See further detail on development of local services

Why is this important?

According to Public Health England (2018a), an estimated 314,000 people in England are dependent on heroin and crack cocaine and increasing numbers of people reportedly have problems with other drugs particularly cocaine, cannabis, ecstasy, new psychoactive substances and image and performance-enhancing drugs. Furthermore, there is increasing concern about misuse of, and dependence on, prescribed and over-the-counter medicines (Public Health England, 2018b).

Drug misuse and dependency causes substantial health, social and economic harm to individuals, their families and the wider community. It causes physical and mental illness and avoidable premature death, with resulting impacts on the economy, health and social care services, and the wider community (Public Health England, 2017a). Drug-related crime is a particular issue that makes drug misuse important. Mills *et al*. (2013) estimated the cost of illicit drug use in the United Kingdom at around £10.7 billion. This includes drug-related crime, enforcement, health service use and deaths. It excludes costs to the family and the cost of social welfare payments associated with drug misuse. There is increasing concern about the close links between drug misuse, criminal gangs and violent crime, particularly knife crime.

It is well recognised that parental drug-dependence can seriously harm families and limit parents' ability to look after their children. Furthermore, parental drug misuse increases the probability that children will go on to take drugs themselves and thereby contributes to the cycle of intergenerational poverty and ill health. The negative impact that adverse childhood experiences have throughout life is now well documented.

Well-established and successful drug treatment programmes across England (including in Wirral) have demonstrated that people with drug addictions can be engaged in treatment, harms can be reduced, and a level of recovery can be achieved for individuals, families and communities.

This Joint Strategic Needs Assessment chapter focusses on drug misuse and its consequences. A further chapter is available on alcohol.

Facts, figures and trends (Wirral and beyond)

Prevalences and estimates for illicit drug use

Accurately estimating the prevalence of illicit drug use is made more difficult by the hidden and illicit nature of the problem. Modelling techniques have been used nationally to estimate the number of opiate and crack cocaine users (also known as problematic drug-users) in an area (Public Health England, 2017b). The estimated rate of people using opiates, crack cocaine or both (OCUs) was significantly higher in Wirral (15.6 per 1,000) than estimates in the North West and for England as a whole (Figure 1). This is primarily accounted for by higher estimated rates of opiate use in Wirral. Estimated crack cocaine use was similar to other regions. These prevalence estimates should be interpreted with caution: They suggest that Wirral may have up to 1,378 people using opiates who are not in contact with treatment services (3,090 estimated opiate and/or crack users with 1,712 in treatment in 2016/17). If these estimates were accurate, this would indicate a sizeable hidden population of heroin/crack cocaine users. Local intelligence, however, suggests that this is not credible. Due to the unstable lifestyle that that this type of drug use frequently results in, this population would be likely, at some point, to come into contact with different parts of the wider system, such as pharmacies (using the needle and syringe exchange provision), GPs (seeking assistance with physical dependency and health needs) and the criminal justice system (because of the criminal activity that maintaining a heroin dependence frequently leads to).

This has not, however, been the case and these services do not encounter significant numbers of clients using opiates/crack cocaine who are not already in treatment. It seems more likely therefore, that these prevalence figures *over-estimate* the number of opiate users in Wirral (and consequently, the number of opiate users who are not already in treatment).

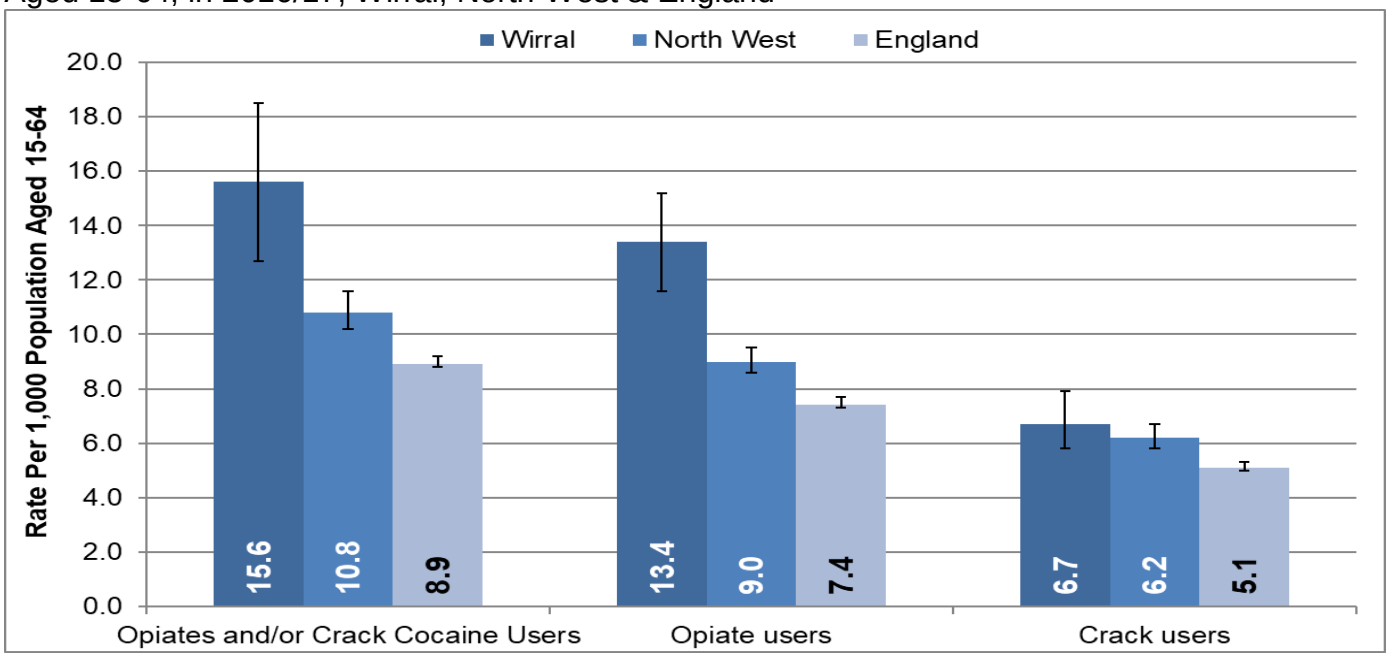
Opiate and/or Crack Cocaine Users (OCUs)

Table 1 and Figures 1, 2 and 3 below show the estimated total number and prevalence rate of OCUs at local authority, regional and national levels in people aged 15 to 64. All prevalence rates show the rate of OCUs per thousand people in the population. Prevalence rates are useful here as fluctuations in the number of OCUs may simply reflect fluctuations in the general population for an area.

The population rate of OCUs is significantly higher in Wirral than both the North West and England. The estimated rate of opiate and/or crack cocaine users in Wirral increased slightly between 2011/12 and 2016/17 (Figure 2). This is similar to the regional and national picture, albeit at lower rates than Wirral.

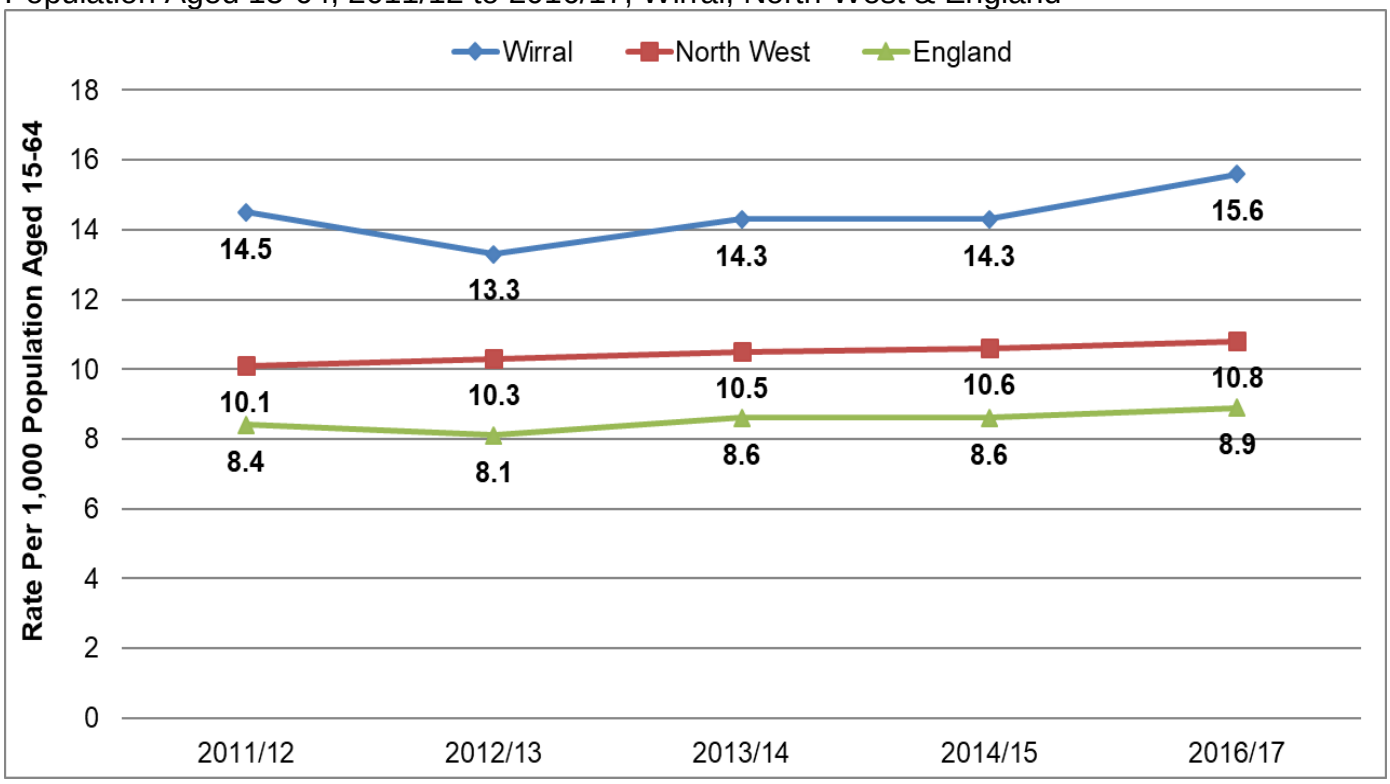
Previously, rates were published by gender and showed that male rates of opiate and/or crack cocaine use were three times as high as the female rate. This was also the case for the North-West and England and is a long-term trend. Analysis by gender was not published for the most recent time period, but it is unlikely that the long term historical trend for larger numbers of male users compared to female users will have changed.

Figure 1: Opiate and / or Crack Use (OCU) Prevalence Estimates Rate per 1,000 Population, Aged 15-64, in 2016/17; Wirral, North-West & England



Source: Liverpool John Moores University, Estimates of the prevalence of opiate use and/or crack cocaine use (March 2019)
Note: OCU' refers to use of opiates and/or crack cocaine. It does not include the use of cocaine in a powder form, amphetamine, ecstasy or cannabis. Although many opiate and/or crack users also use these drugs it is very difficult to identify exclusive users of these drugs from the available data sources. See Glossary of Terms for explanation.

Figure 2: Trend in Opiate and / or Crack Use (OCU) Prevalence Estimates Rate Per 1,000 Population Aged 15-64, 2011/12 to 2016/17; Wirral, North-West & England



Source: Liverpool John Moores University, Estimates of the prevalence of opiate use and/or crack cocaine use (March 2019)
Note: Estimates data not produced for 2015/16.See Glossary of Terms for explanation.

Table 1: Opiate and / or Crack Use (OCU) estimated numbers by age-band, 2016/17; Wirral, North-West & England

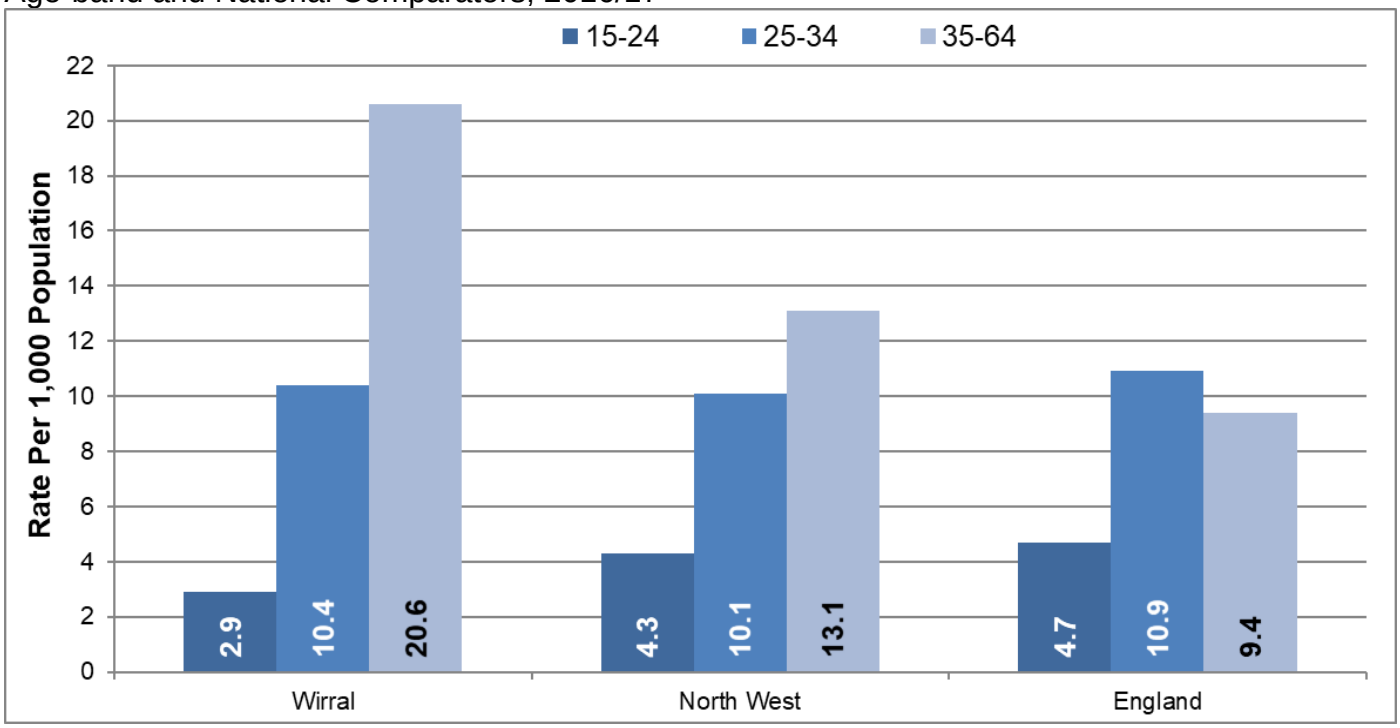
Area	Age-band		
	15-24	25-34	35-64
Wirral	98	387	2,605
North West	3,758	9,787	36,326
England	31,105	82,680	200,186

Source: Liverpool John Moores University, Estimates of the prevalence of opiate use and/or crack cocaine use (March 2019)

The estimated number of opiate and/or crack cocaine users is highest in the 35-64 age-group in Wirral, the North-West and England (Table 1). Estimated rates show a slightly different picture, however (Figure 3 below). In Wirral and the North-West the highest rates of opiate/crack cocaine use are still in the oldest (35-64) age group but nationally, rates are highest in the 25-34 year age group.

Nationally, there was a 32% increase in the estimated number of opiate and/or crack cocaine users aged 35 to 64 between 2011/12 and 2016/17, which is a reflection of the ageing cohort of OCUs in the Northwest, and in Wirral in particular, who began using drugs in the 1990s (or before that in the case of Wirral).

Figure 3: Opiate and / or Crack Use (OCU) Prevalence Estimates Rate Per 1,000 Population by Age-band and National Comparators, 2016/17



Source: Liverpool John Moores University, Estimates of the prevalence of opiate use and/or crack cocaine use (March 2019)
Note: See Glossary of Terms for explanation.

The bar chart above (Figure 3) has particular significance and value in that it underlines how the take up of heroin/crack cocaine use in the 1980s and 1990's was much more prevalent in the Northwest than in the rest of the country, and that this was exceptionally pronounced in the case of Wirral, resulting in higher rates of OCU in the now 35-64 year-old age-group.

Non-Opiates, New Psychoactive Substances (NPS) and club drugs

The term 'non-opiate drugs' generally refers to drugs and psychoactive substances other than opiates or crack cocaine. These include club drugs (such as ecstasy and ketamine), New Psychoactive Substances (NPS), cannabis and powder cocaine. NPS were commonly known as 'legal highs' until the introduction of the Psychoactive Substances Act in 2016. This group includes drugs such as 'spice'. NPS have been found to mimic the effect of other drugs including cannabis, ecstasy and powder cocaine (Home Office, 2016).

Estimates of the number and prevalence of people using these substances are not widely available. Though some information can be drawn from the number of individuals accessing treatment services, these figures only provide an indication of those seeking support for problematic use.

Around 3% of Wirral people accessing treatment report club drug or NPS use (without opiate use), and around 1% report these drugs alongside opiate use. The JSNA Commissioning Support Pack produced by PHE for Wirral in 2018 showed that the most commonly used non-opiate drugs used in Wirral were cannabis and cocaine.

Image and Performance Enhancing Drugs (IPEDs)

The range of enhancement substances known as image and performance enhancing drugs (IPEDs) includes anabolic steroids, growth hormones, peptide hormones and other drugs to increase muscularity and modify appearance. They can be taken orally or injected (Bates and McVeigh, 2016). The 2016 Crime Survey for England and Wales (CSEW) estimated that approximately 54,000 people had taken anabolic steroids during the last year; the proportion of 16-59 year olds reporting that they had used anabolic steroids during the last year has remained fairly stable at 0.2% (Home Office, 2016).

However, IPED users can make up a significant proportion of people using needle and syringe programmes, and many have complex health needs (Public Health England, 2015). There is no reliable local data on IPEDs at this time.

Drug Use in Children & Young People

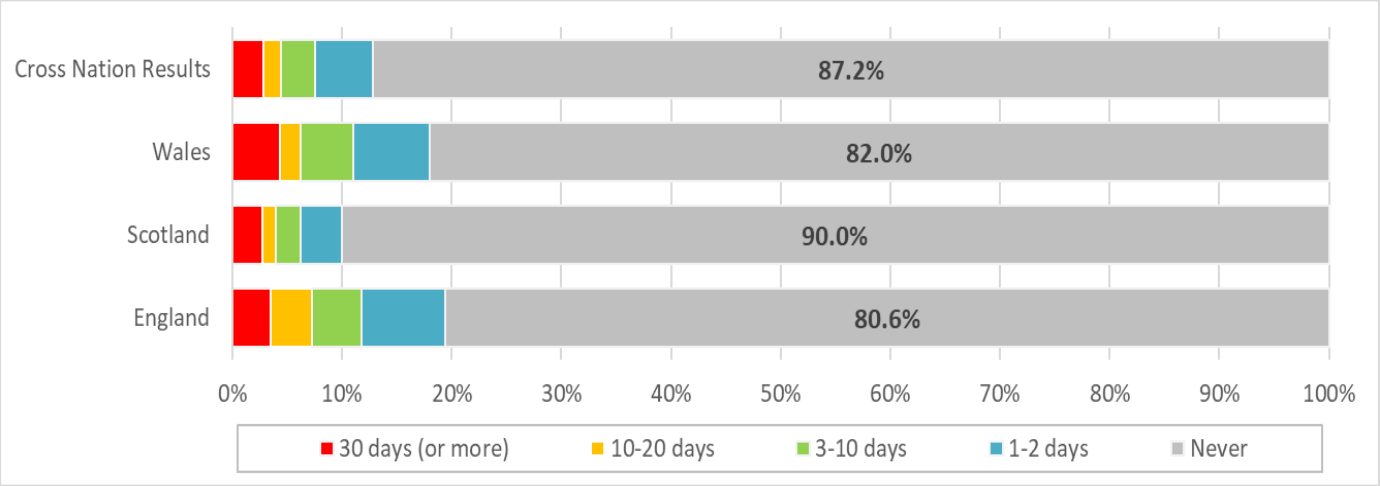
There is a lack of comprehensive and reliable local or national data on drug use in children and young people. The annual survey of secondary school pupils in England (Years 7 to 11, mostly aged 11 to 15) in which 12,051 pupils in 177 schools completed questionnaires in the autumn term of 2016, reported some unusual trends, causing NHS Digital to put large caveats around the data[10]. It showed that:

- One in four (24%) pupils reported they had ever taken drugs
- This was a large increase compared to 2014 when just 15% reported they had ever taken drugs

Part of the increase since 2014 may be explained by the addition of questions on nitrous oxide and new psychoactive substances (NPSs). After controlling for this, however, there is still a large increase in the numbers reporting drug-use that does not correlate with other data sources. NHS Digital recommended awaiting estimates from the next survey in 2018 (not available at the time of this report, expected Summer 2019) before we can be confident that these survey results reflect a genuine trend in the wider population.

This survey data does, however, correlate with a survey carried out by the World Health Organisation (WHO) Regional Office for Europe (Health Behaviour in School Aged Children Survey). The HBSC is conducted every four years in 48 countries and regions across Europe and North America, but only contains indicators related specifically to cannabis use. The survey asks about lifetime cannabis use and age at first cannabis use (Figure 4).

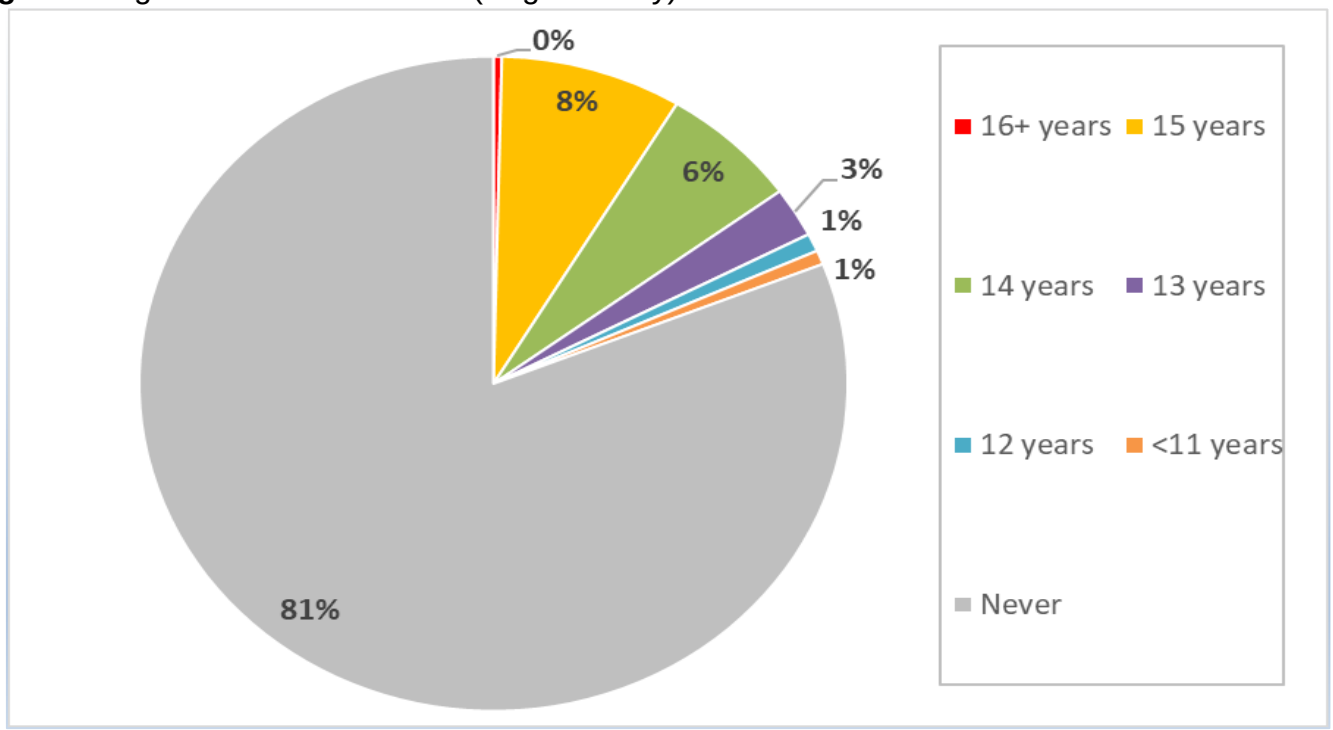
Figure 4: Self-reported lifetime cannabis use (on how many days/occasions)



Source: HBSC Survey, WHO, 2018

The majority of children and young people in the HBSC survey reported never having tried cannabis (in all countries of the UK and other countries surveyed). England had the highest proportion of children who reported having tried cannabis, but it was still the case that 4 out of 5 children reported no cannabis use at any point. The next largest group were children and young people who said they had ever taken cannabis on 1 or more days (or occasions), this was around one in ten young people. The age at which young people said they first tried cannabis is shown below in Figure 5 (for England only).

Figure 5: Age at first cannabis use (England only)



Source: HBSC Survey, WHO, 2018

Among those who report having tried cannabis, most were 14-15 years old at the time.

Prevalence and estimated illicit drug use key messages

- Estimating the prevalence of illicit drug use is difficult due to the hidden nature of the problem, and reliable estimates are scarce.
- National estimates suggest higher rates of people using opiates and/or crack cocaine in Wirral compared to the North West and England, although local intelligence suggests Wirral prevalence is lower.
- Wirral has an ageing opiate and/or crack cocaine using (OCU) population in contact with treatment services (the 35-64 age-group). This differs to the national picture, where the highest rates of OCUs are amongst 25-34 year-olds
- Rates of opiate and/or crack cocaine use have historically been higher in males compared to females (this was also the case for the North-West and England and is a long-term trend which is unlikely to have changed)
- The most commonly used non-opiate drugs used in Wirral were cannabis and cocaine
- Self-reported surveys of UK school-aged children have indicated that one in four (24%) reported ever having taken drugs, though the reliability of these findings is uncertain
- A WHO survey on young people looking exclusively at cannabis use found 1 in 4 in England as a whole had ever tried cannabis (4 out of 5 had never tried it); the most likely age to have first tried it was around age 14-15

Prescribed and Over the Counter (OTC) Drug Use

Chen et al (2019) recently published a cross-sectional study in the UK using publicly available data (including practice-level dispensing data and characteristics of patients). It found substantial variation in opioid prescribing among GP practices. A significant association was observed between increased opioid prescriptions and greater deprivation at a population level. The authors pointed out that people living in more deprived areas are, therefore, at a higher risk of overdose. This information must be tempered, however, by the understanding that chronic disease is more prevalent amongst people living in more deprived areas, who are also more likely to be experiencing chronic pain needs.

Controlled Drug Benchmarking

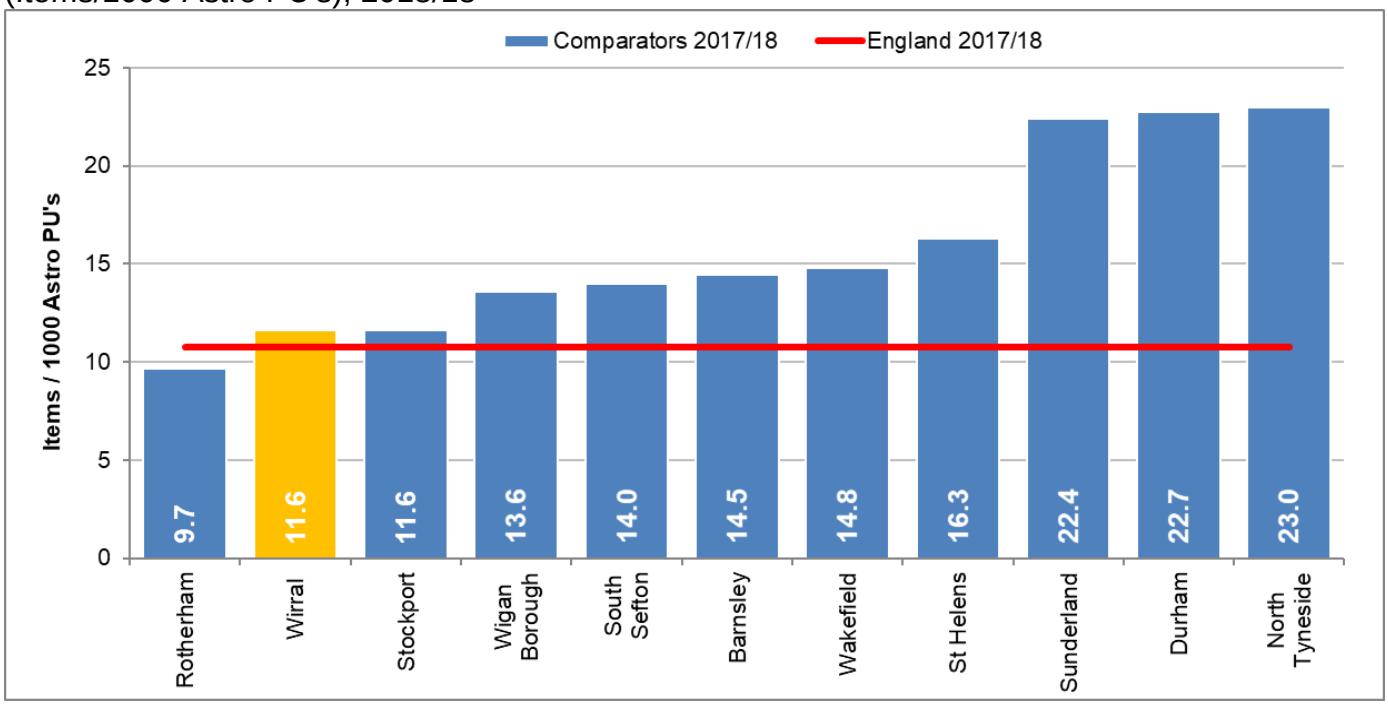
The NHS RightCare initiative provides data on prescribing for Wirral Clinical Commissioning Group (CCG). RightCare information on prescribing of controlled drugs is available for several drug categories: Opioids (strong and mid-strength); Benzodiazepines (Hypnotics and Anxiolytics); Z-drugs (e.g. Zopiclone, Zolpidem, non-benzodiazpeine hypnotics); and Gaba-ergic drugs (e.g. Gabapentin, Pregabalin, used for neuropathic pain).

It is important to note, that while comparing areas to others statistically similar areas is a valid methodology (it compares ‘like with like’), it does mean that an area can appear to be performing well against similar peers, whilst still being a poor performer against the national picture. For this reason, national averages are included in these charts. All figures are adjusted for the age and sex structure of the underlying population and for the effect of prescriptions for temporary residents.

Opioids (strong)

Described in Figure 6 below, Wirral CCG area is the second lowest prescriber of strong opiates compared to its Right Care 10 Comparator CCGs. However, this is still higher than the England average. Wirral's prescribing rate increased in 2017/18 when compared with the previous 12-month period (from 11.1 in 2016/17 to 11.6 in 2017/18). Examples of drugs categorised as strong opiates are Morphine, Oxycodone, Fentanyl and Tapentadol.

Figure 6: Wirral, Right Care Comparator CCGs and England prescribing rates for strong opioids (Items/1000 Astro PU's), 2018/18

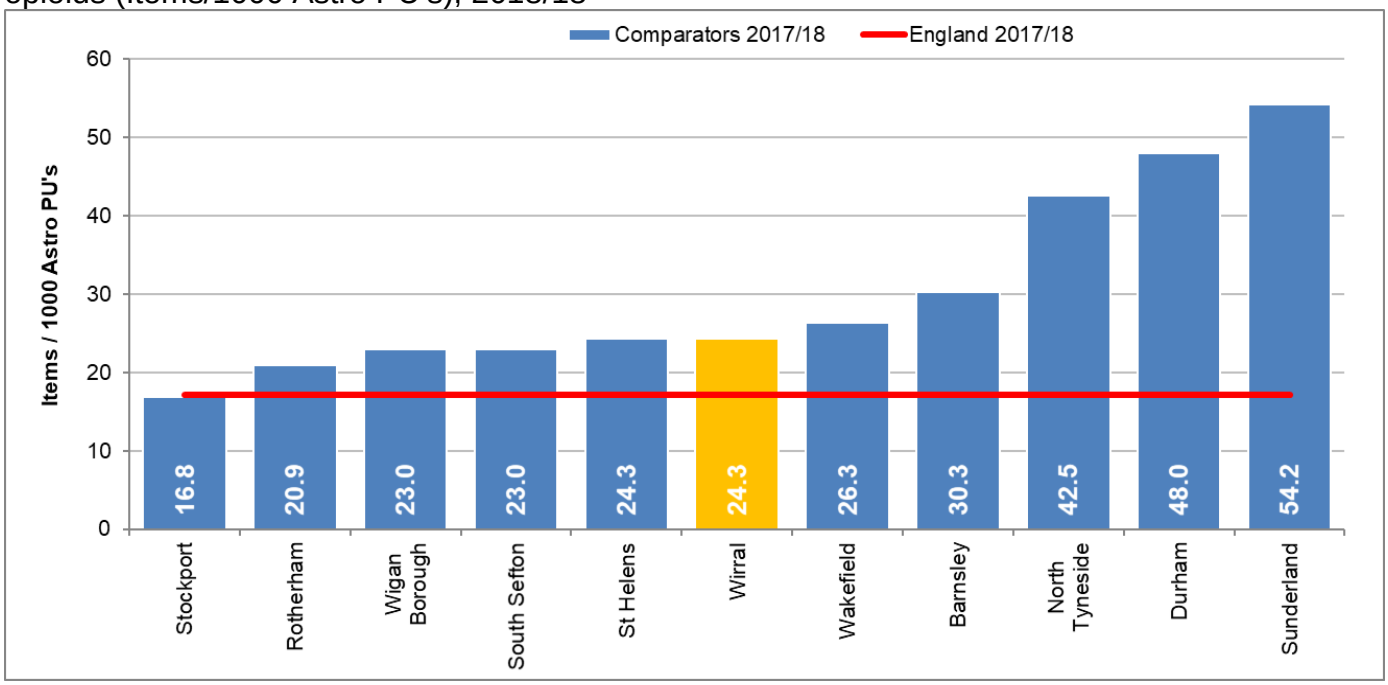


Source: NHS Rightcare https://www.england.nhs.uk/rightcare/products/
Notes: Data is for October 2017-September 2018. Age Sex and Temporary Resident Originated Prescribing Units (ASTRO PU's), see Glossary for explanation

Opioids (mid-strength)

Wirral CCG area is an average prescriber of mid-strength opiates when compared to its 10 Right Care Comparator CCGs (
Figure). Wirral is still however, higher than the England average.
Local prescribing rates decreased compared with the previous 12-month period (from 25.6 in 2016/17 to 24.3 in 2017/18). Examples of drugs categorised as mid-strength opiates are Tramadol, Codeine and Dihydrocodeine. Combination products (e.g. Co-codamol) are not included here.

Figure 7: Wirral, Right Care Comparator CCGs and England prescribing rates for mid-strength opioids (Items/1000 Astro PU's), 2018/18

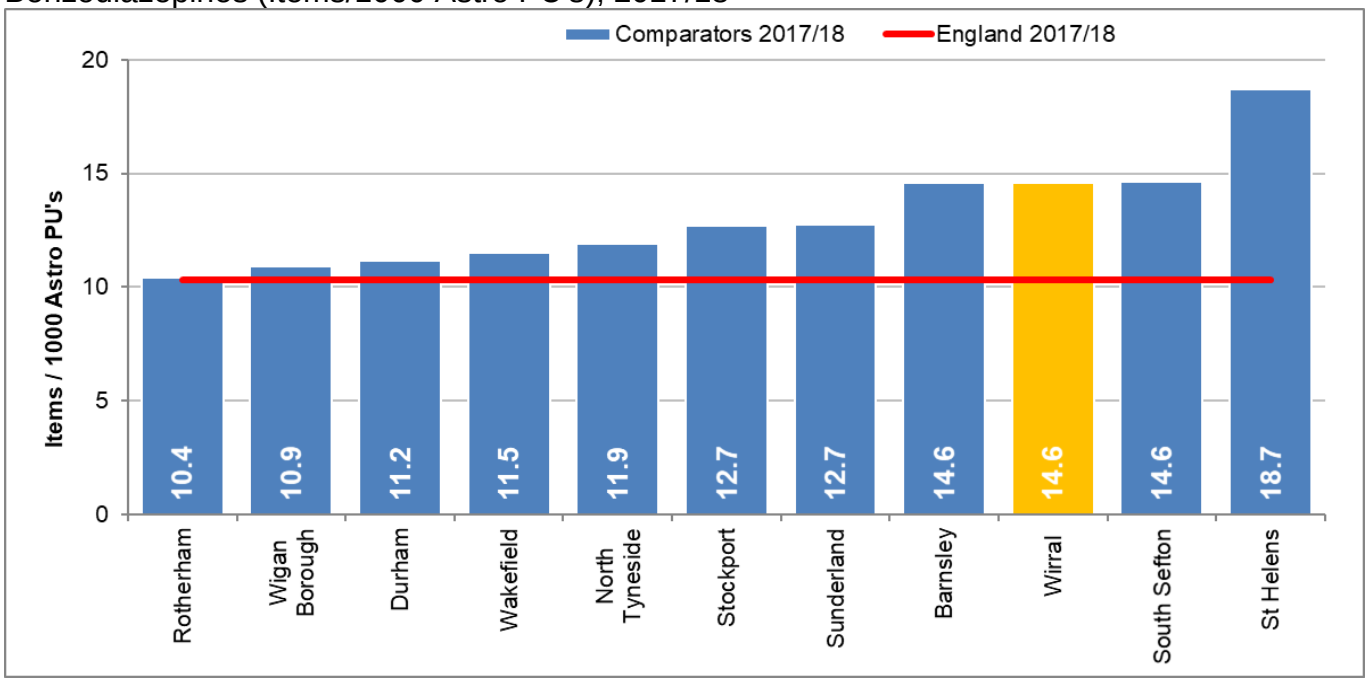


Source: NHS Rightcare https://www.england.nhs.uk/rightcare/products/
Note: Age Sex and Temporary Resident Originated Prescribing Units (ASTRO PU's). See Glossary of Terms for explanation.
Note: Data is for October 2017-September 2018

Benzodiazepines (Hypnotics and Anxiolytics)

Figure 8, below, shows that Wirral CCG area prescribed more benzodiazepines compared to the majority of its Right Care Comparator 10 CCGs and was also considerably higher than England. Wirral's benzodiazepine prescribing rate decreased in 2017/18 compared with the previous year (from 15.1 in 2016/17 to 14.6 in 2017/18). Examples of drugs categorised as benzodiazepines are Diazepam, Lorazepam, and Nitrazepam.

Figure 8: Wirral, Right Care Comparator CCGs and England prescribing rates for Benzodiazepines (Items/1000 Astro PU's), 2017/18

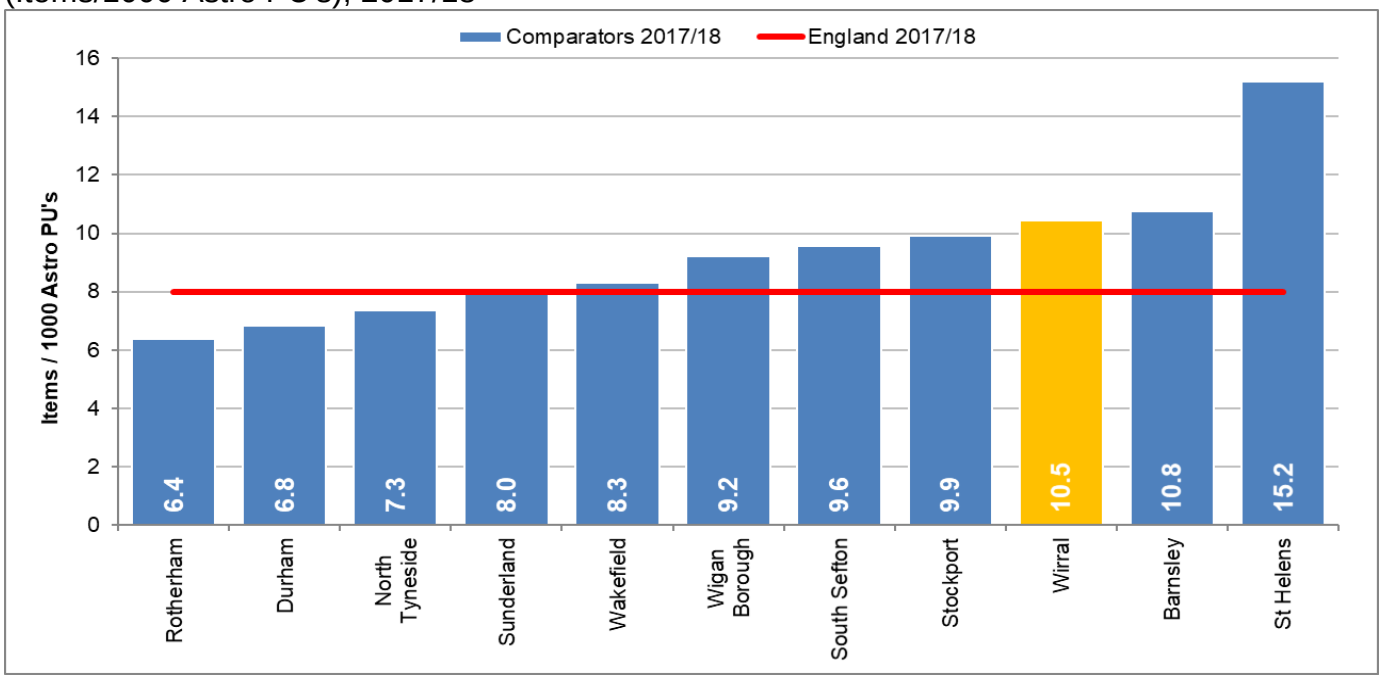


Source: NHS Rightcare https://www.england.nhs.uk/rightcare/products/
Note: Data is for October 2017-September 2018. See Glossary of Terms for explanation.

Z-Drugs

Wirral CCG area was a higher than average prescriber of Z-Drugs (such as Zopiclone, Zolpidem and Zaleplon, used to induce sleep) compared to its Right Care Similar 10 CCGs and England overall in 2017/18 (Figure 9). Wirral's prescribing rate for Z-drugs was the same in 2017/18 as it was in the previous 12-month period (10.5 in both years).

Figure 9: Wirral, Right Care Comparator CCGs and England prescribing rates for Z-Drugs (Items/1000 Astro PU's), 2017/18

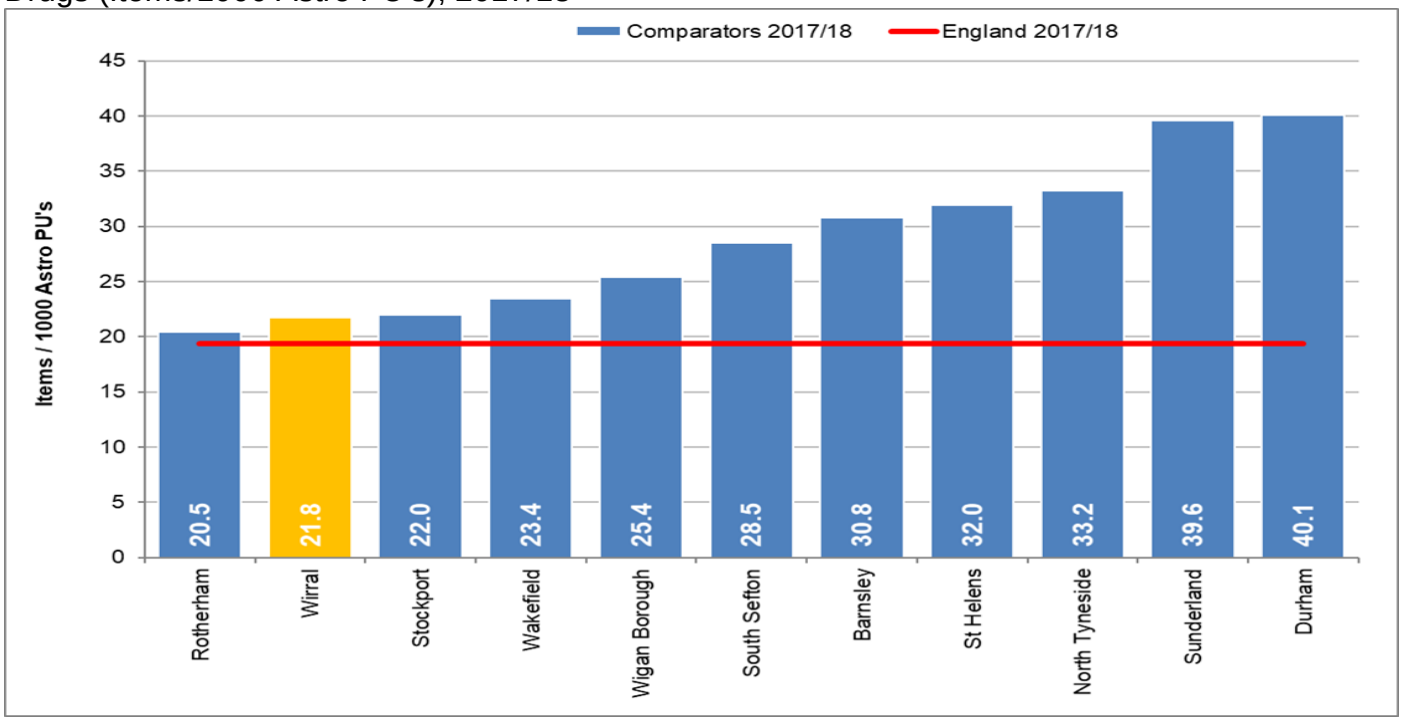


Source: NHS Rightcare https://www.england.nhs.uk/rightcare/products/
Note: Data is for October 2017-September 2018. See Glossary of Terms for explanation.

Gaba-ergic Drugs

Wirral CCG was the second lowest prescriber of Gaba-ergic drugs compared to its Right Care 10 Comparator CCGs but was still higher than England in 2017/18 (Figure 10). All Right Care Similar CCGs (including Wirral) increased prescribing of these drugs compared with the previous 12-month period (from 19.7 in 2016/17 to 21.8 in 2017/18 in Wirral). Examples of drugs categorised as Gaba-ergics are Pregabalin and Gabapentin.

Figure 10: Wirral, Right Care Comparator CCGs and England prescribing rates for Gaba-ergic Drugs (Items/1000 Astro PU's), 2017/18



Source: NHS Rightcare https://www.england.nhs.uk/rightcare/products/
Note: Data is for October 2017-September 2018. See Glossary of Terms for explanation.

Prescribed and Over the Counter (OTC) drug use key messages

- Wirral was a lower prescriber of strong opiates and Gaba-ergic drugs than its Right Care similar CCGs group, but still had higher prescribing rates than England in 2017/18 for both classes of drugs
- Wirral CCG was average as a prescriber of mid-strength opiates (compared to its Right Care similar CCGs group), but still had higher prescribing rates than England in 2017/18
- Wirral CCG was a higher than average prescriber of benzodiazepines and Z-Drugs compared to its Right Care similar CCGs group and also had higher prescribing rates than England in 2017/18 for both drugs

Services

Drug Treatment Service in Wirral

Data about the activity of community drug and alcohol treatment services is routinely reported through the National Drug Treatment Monitoring System (NDTMS), a well-established and reliable system maintained by Public Health England. The main provider of drug and alcohol treatment services in Wirral is Wirral Ways to Recovery, which is the local service delivered by the large, national, third-sector provider, Change, Grow, Live (CGL).

Aggregated data on drug service activity provides some additional insight into patterns of drug-misuse and drug-related need in Wirral. However, this data only includes information on individuals who are engaging with treatment services.

NDTMS data excludes anyone unwilling or unable to engage with offered services. Those who do not engage with services may be more chaotic drug-users or alternatively, stable drug users who otherwise maintain a stable lifestyle. Local experience and data from needle exchange programs and other sources have generally suggested that there are few injecting drug users not in contact with treatment services in Wirral, or who are unknown to one or more partner organisations. However, more recent pharmacy syringe exchange data collected and collated by the Liverpool John Moores Centre for Public Health is indicating an increasing number of opiate users attending pharmacy syringe exchanges who are not in contact with treatment services, so may suggest that this is changing. This is being investigated further.

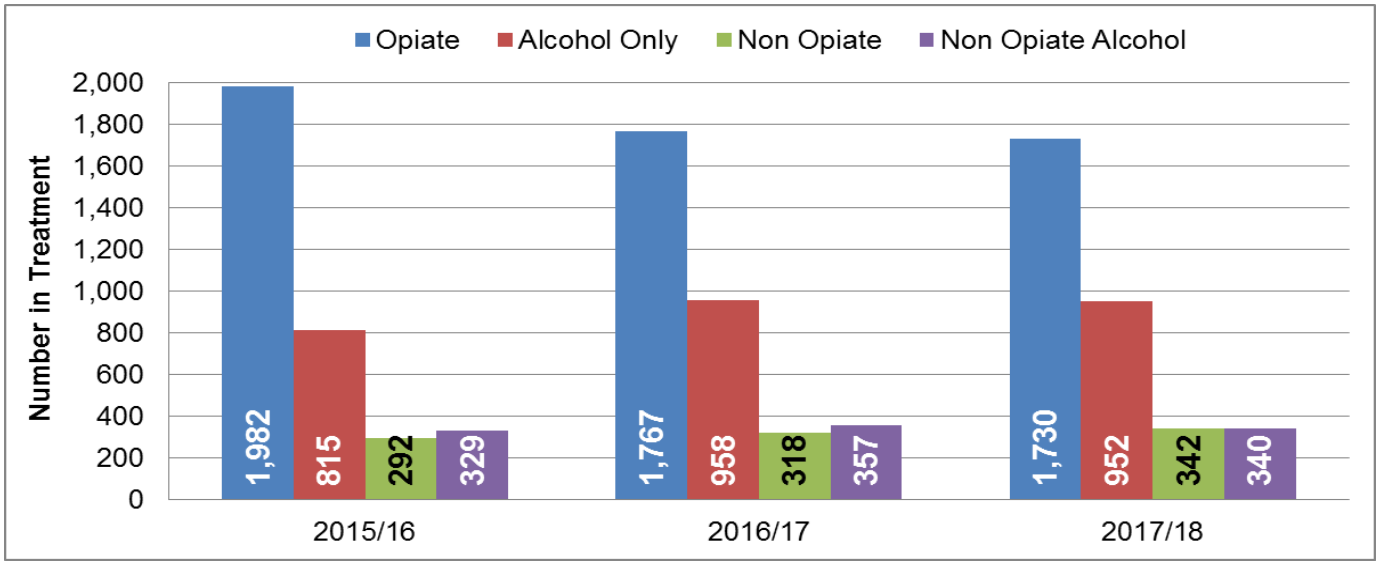
For the purposes of reporting all drugs services in England use four standardised categories of service users. These are: alcohol only, alcohol and non-opiate, non-opiate, and opiate only. (See appendix 1 for fuller definitions of each of these four categories). The total number of people accessing drug treatment in the financial year 2017/18 was 2,412 (including alcohol clients – see Figure 11), representing a slight decrease since 2015/16. Of those accessing treatment, the most common drug-group clients sought assistance with was opiates (mainly heroin/crack cocaine, 51.4%), followed by alcohol (28.3%). The most common non-opiate drugs clients sought assistance with were cannabis and cocaine.

The high percentage of opiate clients in the service reflects the historical context of UK drug and alcohol treatment services, which have traditionally focussed on harm-reduction approaches for opiate and crack users. Further, opiate users have been supported on oral methadone maintenance for harm-reduction, so they continue to be dependent on opiate substitute medication (i.e. addicted to opiates albeit in a cleaner form than street heroin). Though the service has over the last few years successfully supported a considerable number of clients to stabilise or reduce their drug use, or become abstinent, a large proportion have been in treatment for many years.

It can be justifiably claimed that with many of these opiate users now in the older cohort, this reflects success for the initial harm-reduction approach, in that it succeeded in keeping people alive, who were, and in many cases still are, addicted to dangerous opiates.

The number of opiate users in treatment has reduced slightly over the last three years of available data (Figure 11). This is likely to be due to a reduction in the number of new users entering treatment plus an increase in deaths as this cohort of clients ages (see Mortality section).

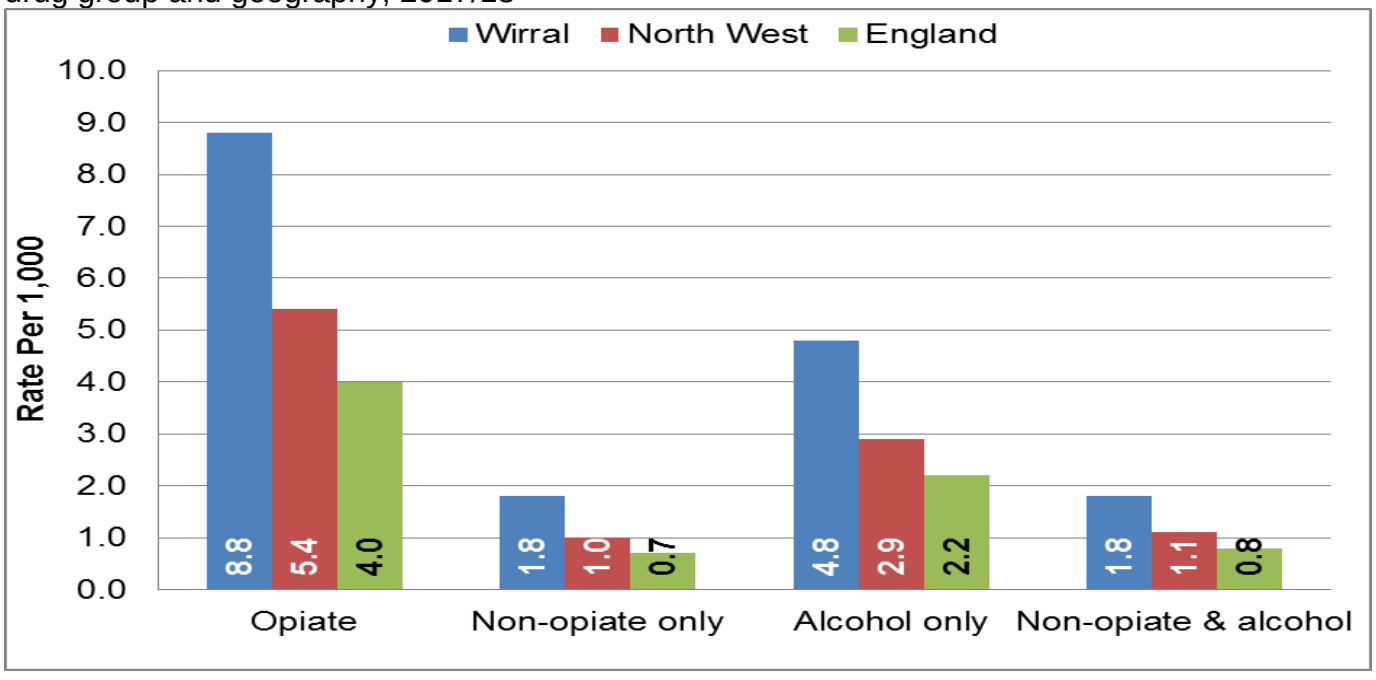
Figure 11: Trend in Total Number in Treatment by Drug Group & Financial Year, for Wirral, 2015/16 - 2017/18



Source: Wirral Ways to Recovery (CGL), 2018
Note: See appendices for definitions of drug groups. See Glossary of Terms for added explanation.

The rate of people (aged 16 to 65) in treatment in Wirral is generally higher than both regional and national averages (Figure 12). This is reflective of the local service continuing to support service users over time. Rates of drug users in treatment in Wirral are higher than regional and national rates for all four drug group categories.

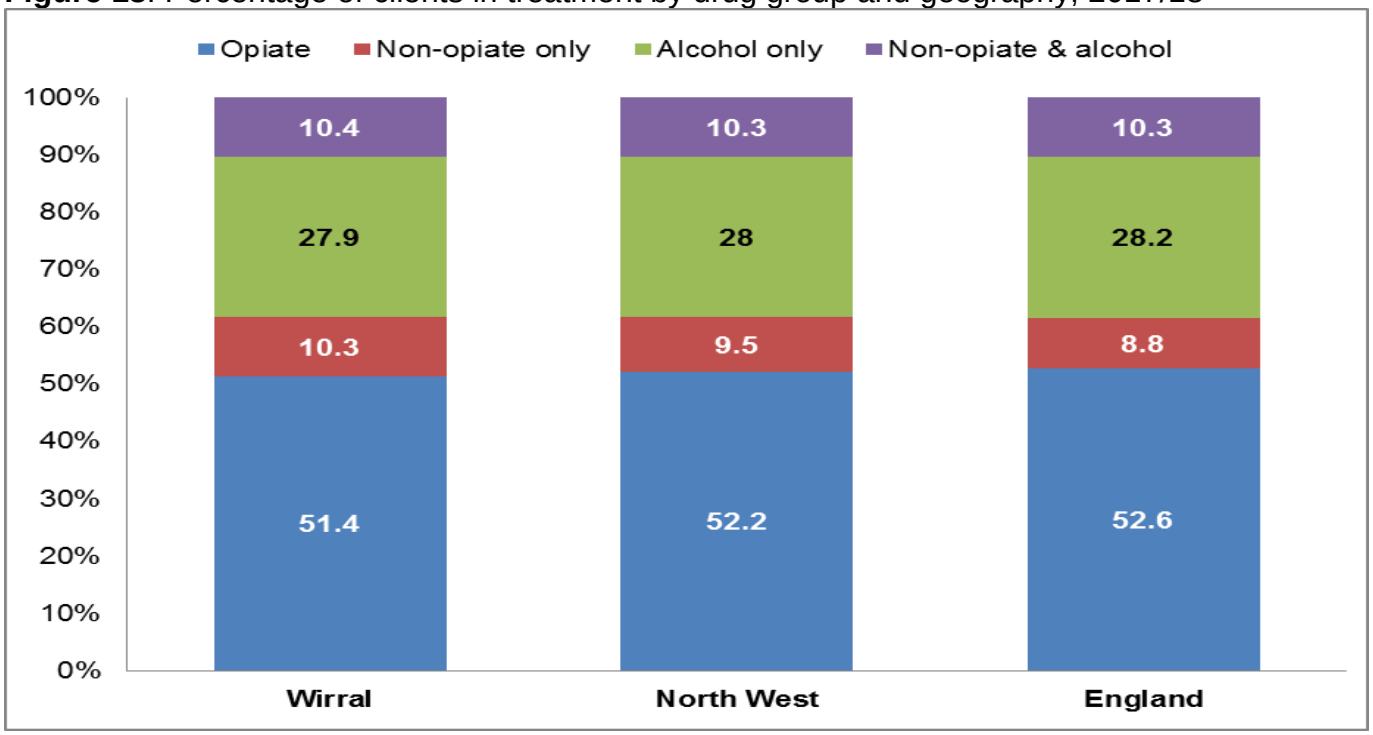
Figure 12: Rate of clients in treatment (rate per 1,000 population aged 16-65) in treatment by drug group and geography, 2017/18



Source: National Drug Treatment Monitoring Service (Public Health England), 2018
Note: See Glossary of Terms for explanation.

The percentage of clients in drug treatment by drug group in Wirral (Figure 13) shows a similar trend to the North West and to England overall (rates percentage of clients in treatment for opiate use).

Figure 13: Percentage of clients in treatment by drug group and geography, 2017/18

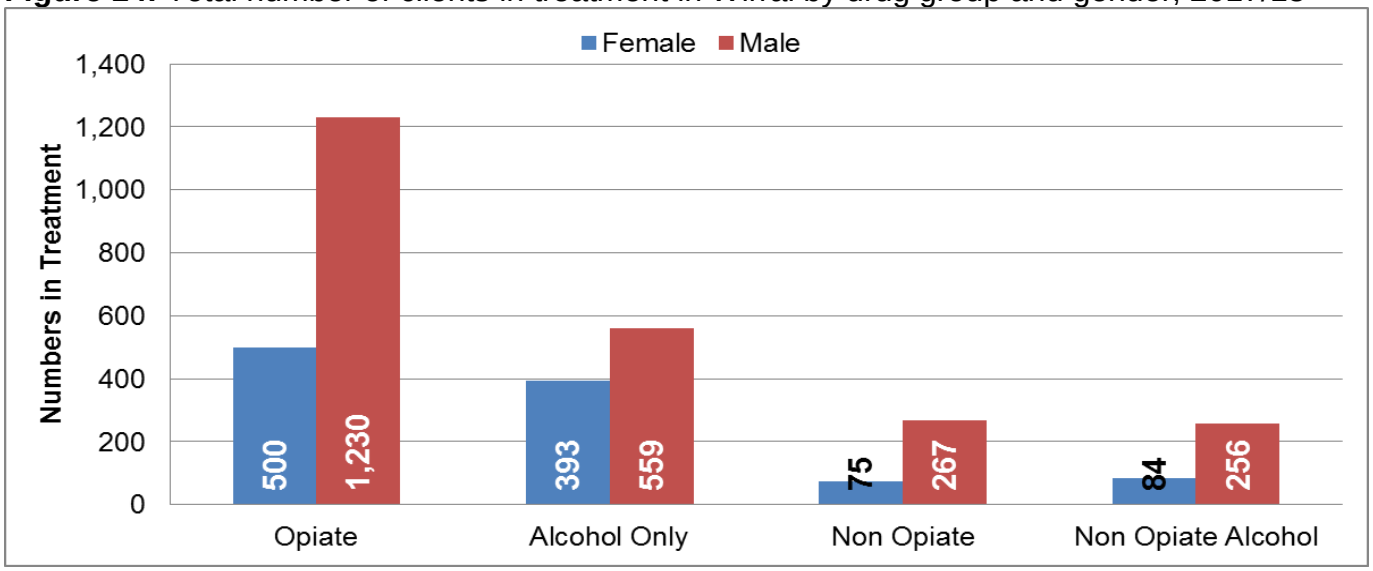


Source: National Drug Treatment Monitoring Service (Public Health England), 2018
Note: See Glossary of Terms for explanation.

People in treatment by gender

There are more than twice as many Wirral men as women in treatment for drug (and alcohol) misuse (Figure 14).

Figure 14: Total number of clients in treatment in Wirral by drug group and gender, 2017/18



Source: Wirral Ways to Recovery (CGL), 2018
Note: See Glossary of Terms for explanation.

Data from the 2014 Adult Psychiatric Morbidity Survey for England (NHS Digital, 2016a) showed that 35.4% of men and 22.6% of women in England had taken illicit drugs at least once in their lifetime. It also showed that 11.3% of men and 6.0% of women had used at least one illicit drug in the last year.

Cannabis was the most commonly used drug overall (9.4% of men and 5.1% of women). In England 16-24 year-olds, 23.7% of men and 16.2% of women had used cannabis in the previous year. The next most common drugs used in this age-group were ecstasy (7.9% of men, 4.2% of women), and cocaine (7.4% men, 3.0% women).

People in treatment by ethnicity

Drug users in treatment in Wirral are overwhelmingly White British; this group comprised 97% of all clients in treatment in Wirral in 2017/18. The next largest group in treatment were 'Other White' (1%). This does appear to reflect ethnicity in Wirral, as the largest ethnic group is White British (95%) followed by 'Other White'.

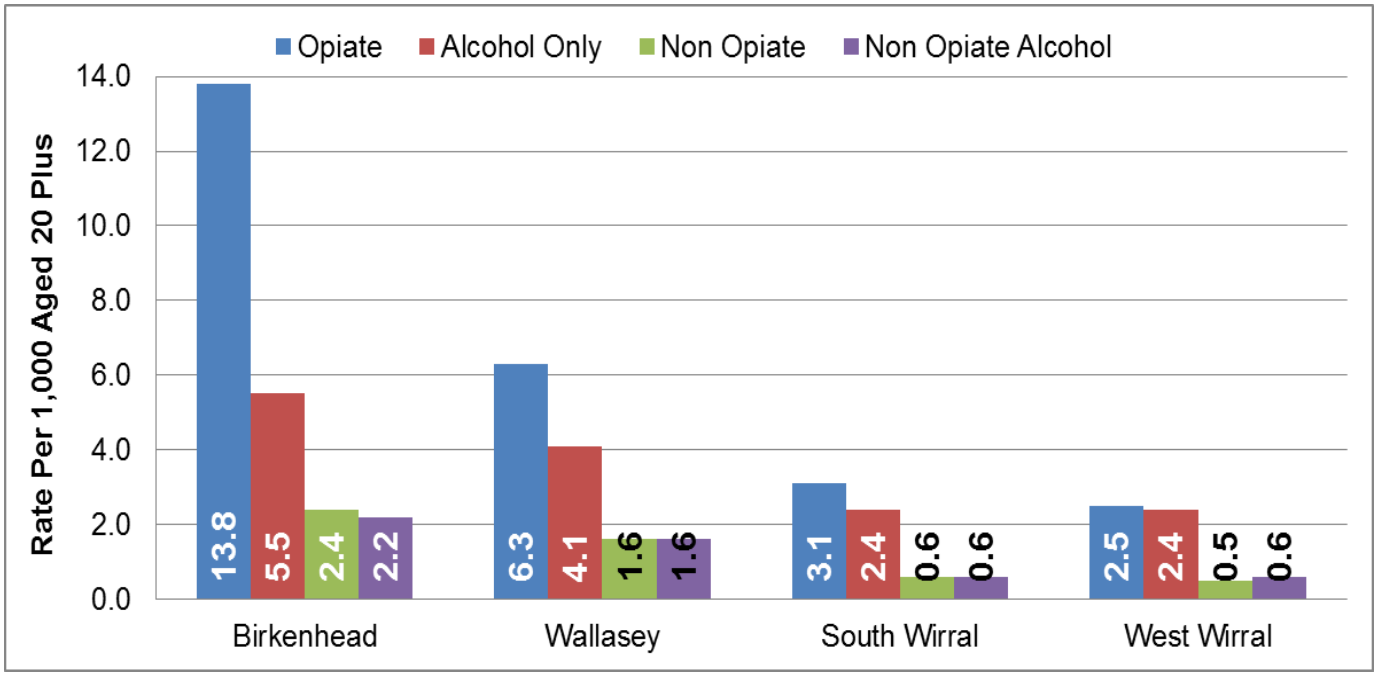
Data on illicit drug use by ethnicity is limited. However, there is some data in the Adult Psychiatric Morbidity Survey for England (NHS Digital, 2016a) which showed that age-standardised rates of illicit drug use in the past year were highest amongst Black/Black British adults (14.3% of men and 9.7% of women) and lowest amongst Asian/Asian British adults (5.9% of men and 0.4% of women). Higher rates of drug use amongst black men were predominantly explained by higher rates of cannabis use.

People in treatment by geography

Birkenhead Locality has by far the largest number (1,572) and rate (23.8 per 1,000) of clients in treatment with almost double the number and rate of the next highest locality (Wallasey). Numbers and rates for the other three drug groups are also highest in Birkenhead (Figure 15).

This reflects the higher rates of drug misuse in Birkenhead Locality (and on the east side of the peninsular in general), and also broadly reflects the distribution of deprivation which is much higher in Birkenhead compared to neighbouring areas. Evidence suggests that people living in areas of deprivation can be more susceptible to becoming dependent on drugs and are generally more vulnerable to the harms associated with drug misuse. This treatment access data indicates services are having an impact on factors that both contribute to, and arise from, social deprivation, and is impacting on determinants of health amongst more socioeconomically deprived groups.

Figure 15: Rate per 1,000 population persons (aged 20+) in treatment by drug group and locality, 2017/18



Source: Wirral Ways to Recovery (CGL), 2018
Note: Locality refers to Wirral Council areas – please see Wirral Neighbourhoods webpage on Wirral Intelligence Service website. See Glossary of Terms for explanation.

People in treatment by age

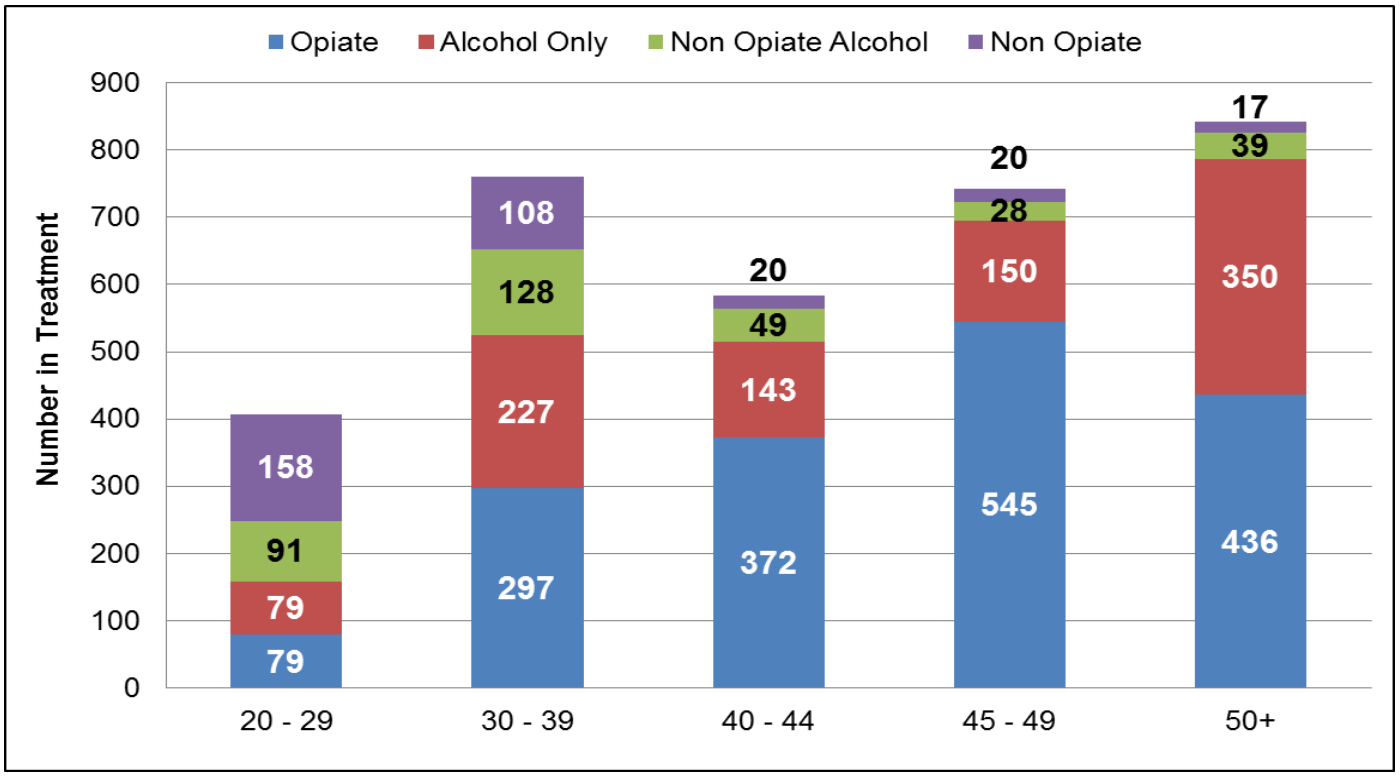
Analysis of the age of clients in drug treatment according to the main drug they present with can give some indication of patterns of drug use at different ages. These figures can, however, also depend on the success of the current community drug treatment service in attracting clients into treatment. While the use of certain drugs in some age-groups may appear to be low, this should be cross-referenced with other sources of information on drug-use, as many people using drugs (and alcohol) do not access treatment services.

In Wirral, the number of clients in treatment for opiate use increases with age until the age of 50, after which, numbers decline (Figure 16). This reflects the aging of a cohort of people who started using heroin in the 1980s and early 1990s and have remained dependent and in contact with treatment services ever since. Furthermore, since the late 1990s, fewer people have taken up heroin and become dependent. The original cohort of opiate users is now reaching an age where the negative impacts of long-term drug use and chronic disease are becoming more damaging to their health.

The life expectancy of long-term opiate users is lower than the life expectancy of the general population for example, due to the health risks of drug misuse and associated health-harming behaviours and life circumstances. The premature deaths of many opiate users will also have contributed, therefore, to lower numbers and rates of clients in treatment among those aged 50 and above.

The population of clients in treatment for non-opiate drug use on the other hand, has a younger profile, with very few clients aged 50+. The reasons for this are probably linked to the fact that most of these drugs do not create physical dependency and their use, in the main, is part of a lifestyle during a particular phase in people's lives which is generally left behind as the person ages. Older clients (aged 60+) are predominantly receiving treatment for opiate or alcohol use. The smallest number of clients in treatment (for any type of drug or alcohol use) are those aged under 30, generally reflecting the preference of this younger cohort for drugs other than heroin and cocaine.

Figure 16: Total number in treatment by age and drug group, 2017/18



Source: Wirral Ways to Recovery (CGL), 2018
Note: See Glossary of Terms for explanation.

People in treatment with children

Data from the local Public Health England (PHE) Drug JSNA pack for 2019/20 (see Drugs Misuse page on Wirral Intelligence Service website) highlights the number of drug users who entered treatment in 2017/18 who live with children (Table 2). Users who are parents but do not live with children and users for whom there is incomplete data are also included. This data can help to identify the need to engage with social services to ensure appropriate management of families at risk. For Wirral, in 2017/18, there were a total of 231 children living with 118 drug treatment clients who entered treatment in 2017/18.

Wirral has a higher percentage of drug treatment clients who do not have children or have no contact with children compared to the England average (56% locally vs 48% in England), which probably reflects the older age profile of Wirral drug treatment clients (i.e. many will have grown up children who no longer live with them).

Table 2: Adults who entered drug treatment and their parental status, Wirral and England, 2017/18

Parental Status	Wirral		England	
	No.	% of new presentations	No.	% of new presentations
Living with children (own or other)	118	14%	13,626	18%
Parents not living with children	239	29%	25,946	34%
Not a parent/no child contact	459	56%	36,623	48%

Source: PHE JSNA Data Packs, 2019-20
Note: numbers may not sum to 100% due to rounding. The data contained in 2019/20 PHE packs can refer to earlier time periods and, in this case, refer to 2017/18. In this instance 'Drug Treatment Clients' covers opiate only, non-opiate and alcohol and non-opiate but NOT alcohol only (DOMES Report, 2017/2018)

Employment status

The PHE Drug Data JSNA Pack 2019/20, described in Table 3 below, shows self-reported employment status at the start of treatment in 2017/18). Improving job outcomes is key to sustaining recovery and requires improved multi-agency responses with Jobcentre Plus and Work and Health Programme providers. Wirral appears to have a lower percentage of unemployed, economically inactive or long-term sick/disabled clients compared to England, but due to the large number of 'Other' or 'Missing Data' locally, it is difficult to draw any conclusions.

Table 3: Adults who entered treatment and their employment status, Wirral and England, 2017/18

Employment status at start of treatment	Wirral		England	
	No.	%	No.	%
Regular employment	171	21%	16,499	22%
Unemployed/Economically inactive	261	32%	29,001	38%
Unpaid voluntary work	9	1%	222	0%
Long term sick or disabled	201	25%	22,675	30%
In education	6	1%	700	1%
Other	86	11%	2,241	3%
No data	83	10%	5,313	7%
All	**817**	**100%**	**76,651**	**100%**

Source: PHE JSNA Data Packs, 2017/18
Note: numbers may not sum to 100% due to rounding. The data contained in 2019/20 PHE packs can refer to earlier time periods and, in this case refer to 2017/18. For explanation of Treatment Outcomes Profile (TOP), see Glossary

Co-occurring mental health and substance misuse conditions

The data below shows that there were 495 drug clients who were identified as having a mental health treatment need that started their drug treatment in 2017/18. Of those, there were 419, or 85% of the proportion of clients identified, who were receiving some form of treatment from mental health services.

This figure of 85% of clients for Wirral receiving mental health treatment compares to 71% nationally. Comparing prevalence with treatment received can help assess whether need is being met. Table 4 below highlights that at the time of presenting to the treatment service, that Wirral clients have a greater demand for mental health treatment services amongst substance misuse service users when compared nationally (61% locally versus 41% nationally).

Table 4: Adults entering treatment identified as having a mental health treatment need, Wirral and England, 2017/18

Drug	Wirral		England	
	Number	Proportion of new presentations (%)	Number	Proportion of new presentations (%)
Opiate	211	60%	15,976	39%
Non-opiate	142	58%	6,907	41%
Non-opiate and alcohol	141	64%	8,725	47%
All	495	61%	31,608	41%

Source: PHE JSNA Data Packs, 2019/20
Note: 'Alcohol only' category not included here. The data contained in 2019/20 PHE packs can refer to earlier time periods and, in this case refer to 2017/18. In this instance 'Drug Treatment Clients' covers opiate only, non-opiate and alcohol and non-opiate but NOT alcohol only. See Glossary of Terms for explanation.

Housing and Homelessness

The data from the local Public Health England (PHE) Drug Data JSNA pack (see Drugs Misuse page on Wirral Intelligence Service website) highlights the self-reported housing status of adults when they entered treatment services. In 2017/18, those entering treatment locally were broadly in a similar position to the national picture, with the majority (75% locally and 72% nationally) having no housing problem. No fixed abode (NFA) which is classed as an urgent problem and all other housing issues affected 202, or 24%, of all those entering treatment in Wirral.

This was a similar figure nationally where 25% of those entering treatment had housing issues.

This is important issue as a safe, stable home environment enables people to sustain their recovery. Engaging with local housing and homelessness agencies can help ensure that the full spectrum of homelessness is understood and picked up: from statutorily homeless, single homeless people, rough sleepers to those at risk of homelessness.

Furthermore, at the point of planned exit from successful treatment, locally 94% who may have previously had a housing need did not have this upon their exit from treatment, compared to 86% nationally.

Residential rehabilitation

The data from the local PHE Drug Data JSNA pack (see Drugs Misuse page on Wirral Intelligence Service website) shows the number of adult drug users who had been to residential rehabilitation during their latest period of treatment. For Wirral, there were 44 adult drug users who had been to residential rehab during their latest period of treatment. This was the same in Wirral as the national figure (2% of the whole treatment population for 2017/18).

Drug treatment mostly takes place in the community, near to users' families and support networks. Residential rehabilitation may be cost effective for someone who is ready for change and local areas are encouraged to provide this option as part of an integrated recovery-orientated system.

Drug treatment service key messages

- The total number of people accessing drug treatment in Wirral in 2017/18 was 2,412
- The most common drug group clients sought assistance with locally was opiates. Over half of all clients were opiate clients (51%)
- Birkenhead had the largest number (1,572) and rate (23.8 per 1,000) of clients in treatment of all four Wirral localities (Wallasey was next highest)
- The ethnicity of clients in treatment generally reflects the ethnicity of Wirral
- Older clients (aged 60+) are predominantly receiving treatment for opiate or alcohol use
- In contrast, clients in treatment for non-opiate drugs are younger
- Clients aged under 30 represent the lowest proportion accessing services
- The total number of children living with drug treatment clients entering treatment in 2017/18 was 231
- Wirral has a higher percentage of drug treatment clients who do not have children or have no contact with children compared to the England average (56% locally vs 48% in England), probably reflecting the older age profile of Wirral drug treatment clients
- It is difficult to draw any conclusions about the employment status of drug treatment clients in Wirral due to the large amount of missing data
- Wirral clients appear to have a much greater need for mental health treatment services at presentation (61% locally versus 41% nationally)
- Around one in four (24%) of those entering treatment in Wirral are registered as being of No Fixed Abode, while 3 in 4 (75%) had no housing issues; similar to the national picture
- At the point of exit from treatment, 94% of those who had a housing issue, no longer had an issue (compared to 86% nationally)
- Around 2% of clients have been to rehab during their current treatment journey, this is the same proportion as in England overall

Access to Treatment

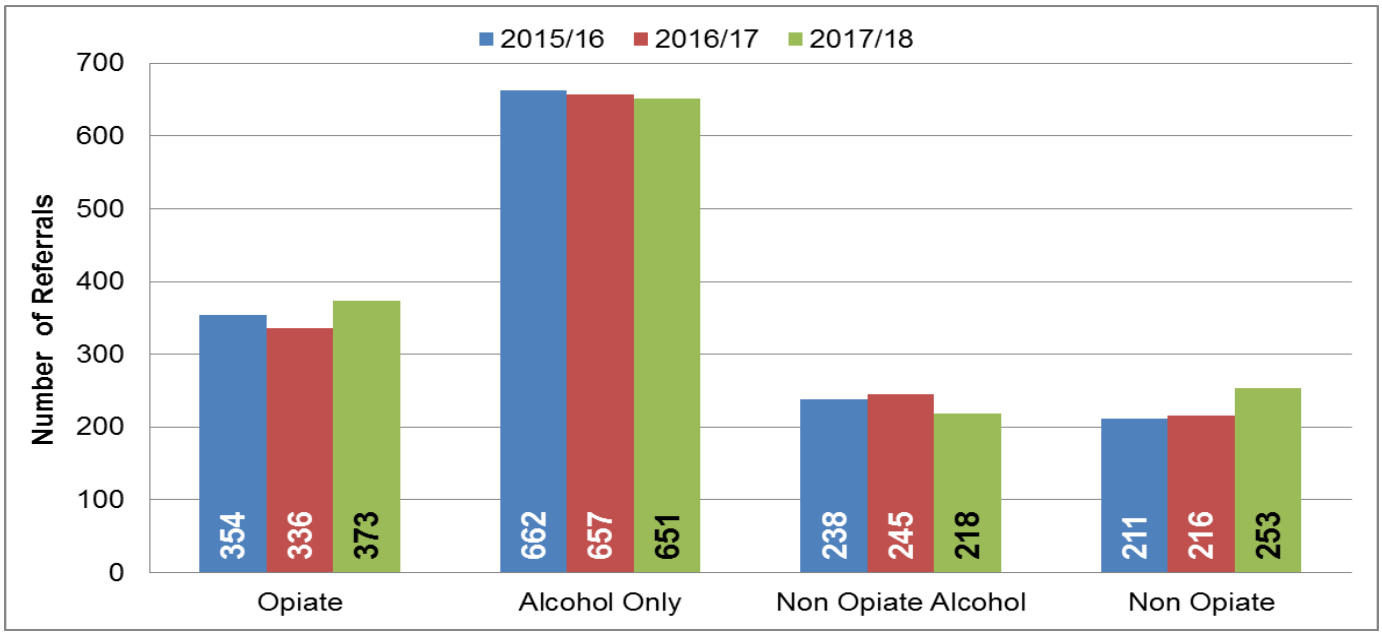
Referral into service

Information about referrals into drug treatment may give insight into the accessibility of the service and its success in meeting need. It is, however, quite difficult to assess, since there are no accurate sources of data on need for drug treatment given the illicit nature of drug misuse.

Figure 17 shows that the largest number of referrals into the local service are for alcohol only clients. Although the largest number of referrals into the local service are for alcohol-only clients, the largest group in treatment are opiate users who usually have much longer treatment length than alcohol clients.

The total number of referrals into the service has remained steady over all drug groups for the three years with no significant increases/decreases. With respect to alcohol this compares favourably to the national trend which is showing a significant decline in the number of referrals into services for *alcohol only* issues. Public Health England are examining what is behind this trend.

Figure 17: Trend in number of referrals into service by drug group for Wirral and financial year 2015/16 – 2017/18

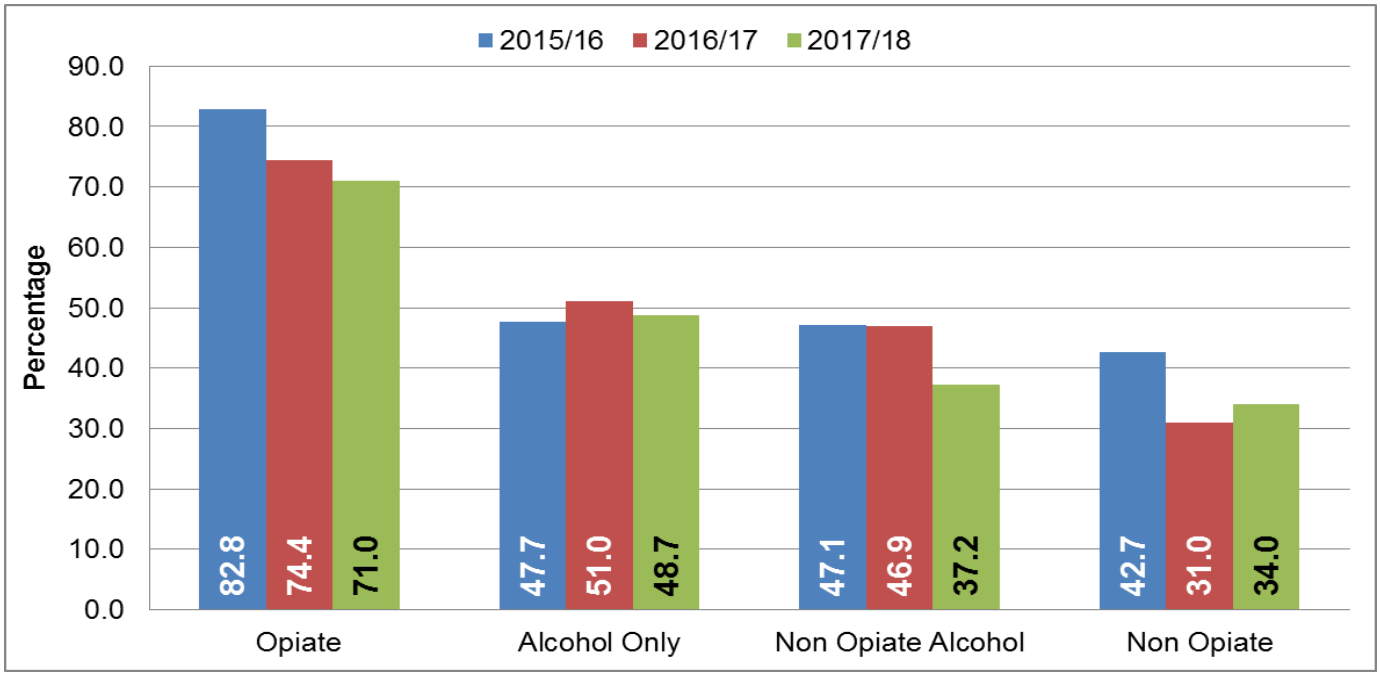


Source: Wirral Ways to Recovery (CGL), 2018

Referrals with previous treatment journey

Opiate clients are the most likely client group to have had a previous treatment journey in Wirral (Figure 18). The percentage of opiate clients with a previous treatment journey entering into the service has decreased by just over 10% over the last three years. Though this could also have been caused by an increase in the number of clients entering treatment *without* a previous treatment journey, review of the data has demonstrated that this was not the case. It may therefore reflect clients successfully maintaining a positive recovery (known to have increased, see Figure 22), clients no longer wishing to use the service, clients who have died, or a combination of these three factors. There has been a slight decrease in the percentage of clients using the service for non-opiates (including those who also use alcohol) who also have a previous treatment journey, whereas for alcohol-only clients, this figure remained steady over the 3 years.

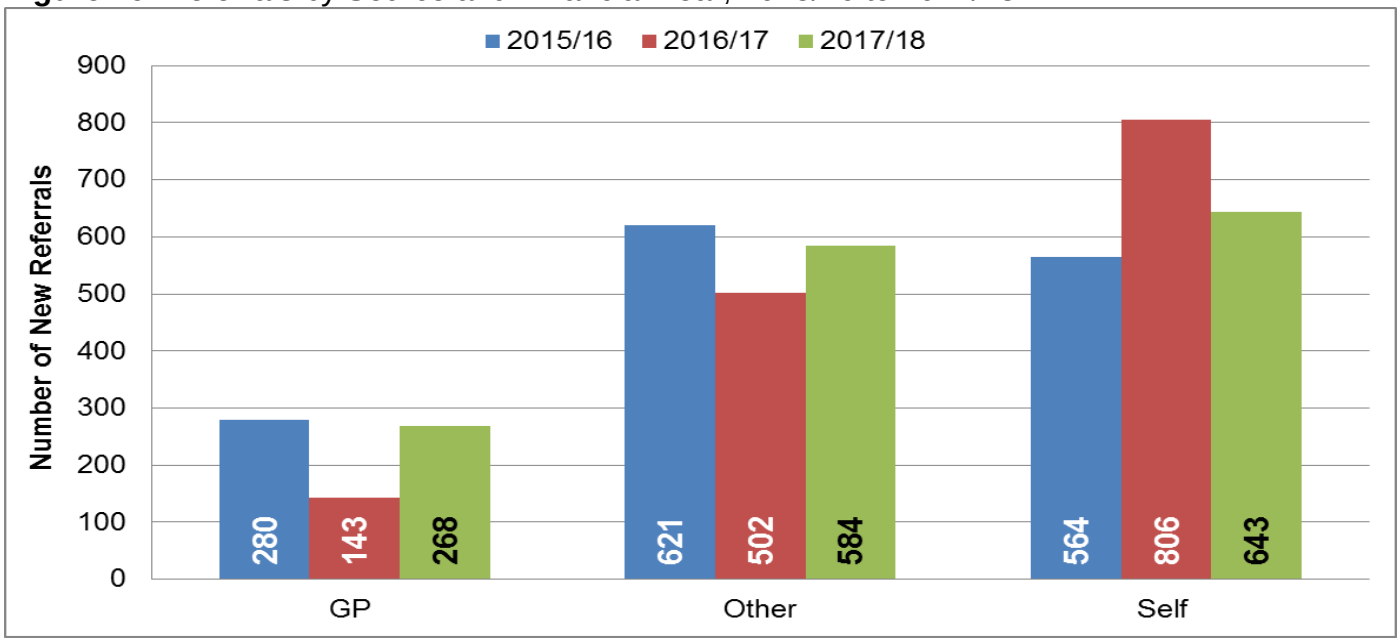
Figure 18: Percentage of referrals with previous treatment journey by drug group and year, 2015/16 to 2017/18



Source: Wirral Ways to Recovery (CGL), 2018
Note: See Glossary of Terms for explanation.

Referrals by referral source

Figure 19: Referrals by Source and Financial Year, 2015/16 to 2017/18

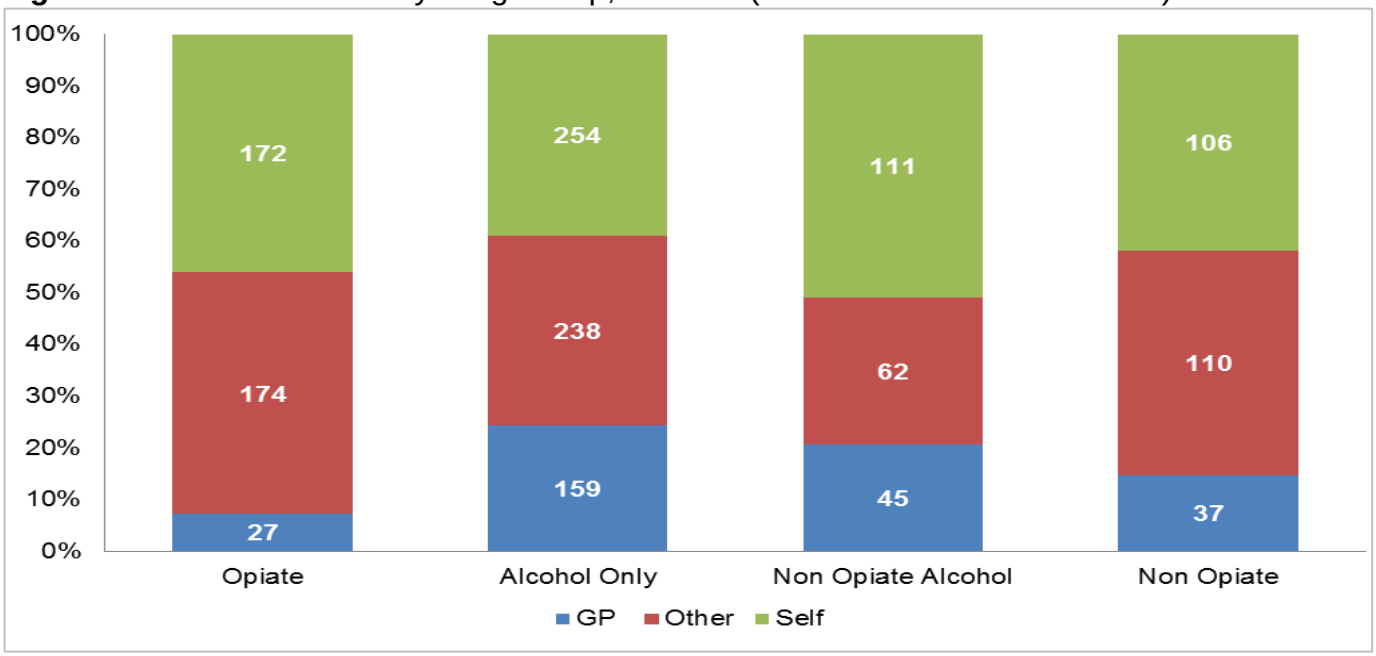


Source: Wirral Ways to Recovery (CGL), 2018
Note: See Glossary of Terms for explanation.

Figure 19 shows that self-referral was the most common way for clients to enter service in 2017/18, although there has been some fluctuation over the last 3 years. Referrals from GP's dropped by almost 50% in the 2016/17 financial year, but then rose again, while self-referrals increased significantly in 2016/17. This may have reflected people who dropped out of treatment in the first year of the new service after the change of provider in 2015, but who then referred themselves back into treatment in the following year, 2016/17. Self-referrals dropped again in 2017/18. The reasons for this are unclear but may be connected to the suggested reasons for the increase during the previous year. Referrals from other sources (includes social services and criminal justice) have also fluctuated over the past 3 years.

Referral source by drug group

Figure 20: Referral Source by Drug Group, 2017/18 (% chart with actual numbers)

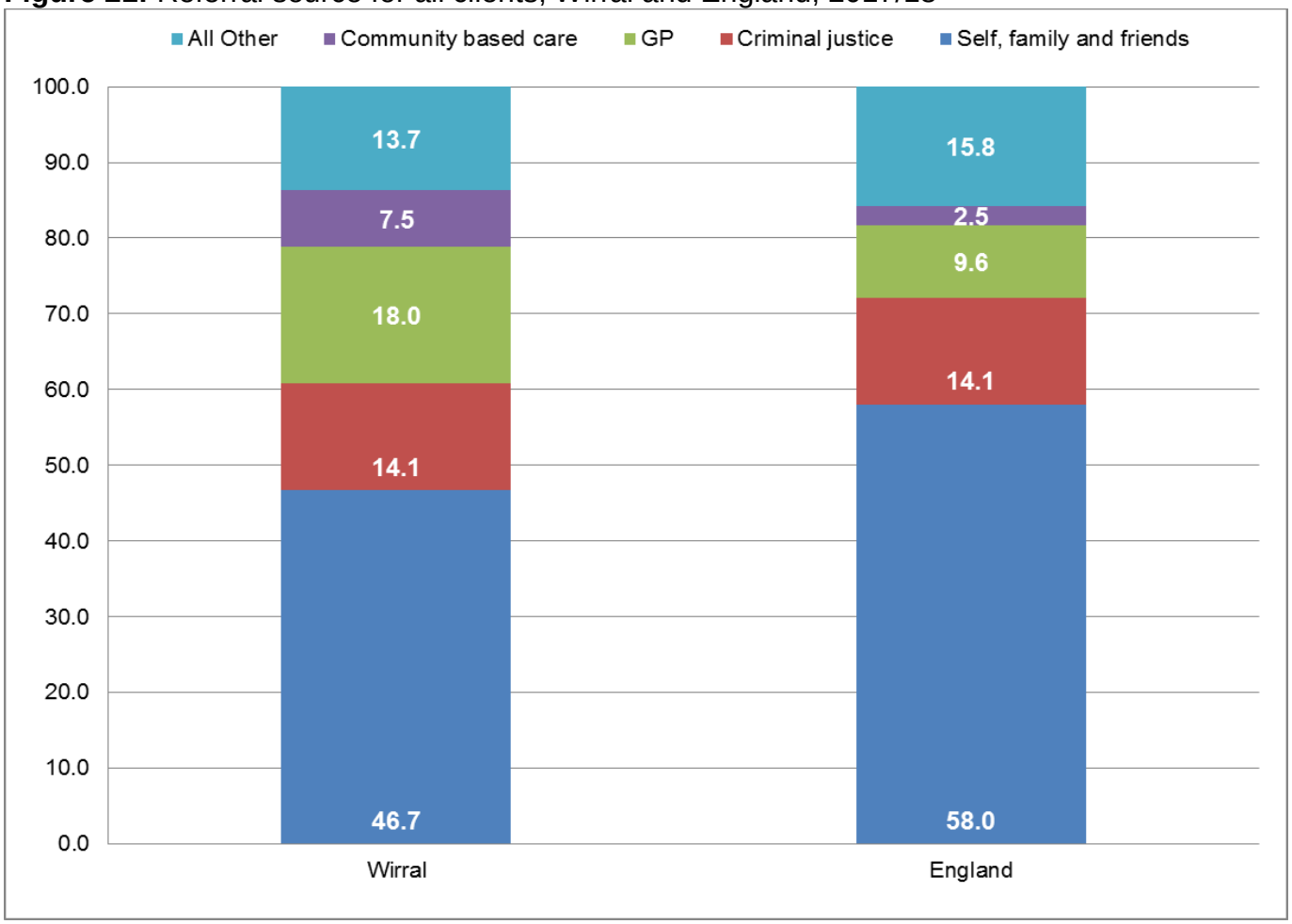


Source: Wirral Ways to Recovery (CGL), 2018

Figure 20 shows that GPs were most likely to refer 'Alcohol Only' clients in 2017/18, and least likely to refer Opiate clients. This could be supporting the position that there is not a large population of opiate users who are not already engaging with treatment services (referrals for opiates were fairly evenly split between self-referrals and other referrals).

Referral source locally and nationally

Figure 21: Referral source for all clients, Wirral and England, 2017/18



Source: Wirral Ways to Recovery (CGL), 2018
Note: See Glossary of Terms for explanation.

Figure 21 shows that compared to England, Wirral has a lower percentage of clients who self-refer into the service (46.7% compared to 58.0%). Wirral and England see similar percentages for referrals from criminal justice and all other sources however Wirral has almost double the percentage of referrals from GP's (18.0% compared to 9.6%) and treble the percentage of referrals from community-based care (7.5% compared to 2.5%).

Referrals into treatment key messages

- Although there are more treatment referrals for alcohol-only clients, the largest group in treatment are opiate users who usually have much longer treatment length
- The total number of referrals into the service has remained stable for the last 3 years with no significant increases/decreases
- Opiate clients were the most likely to have had a previous treatment journey (but this has decreased by just over 10% over the last 3 years)
- The converse of this, i.e. that the proportion of new presenters to service who are presenting for the first time has gone up substantially, raises some important questions and these need to be examined more closely
- Self-referral is much lower in Wirral compared to England (47% in Wirral compared to 58% in England), but was still the most common way for clients to enter service in 2017/18
- Referrals by GPs have risen again after a significant drop of 50% in 2016/17
- GPs were most likely to refer 'Alcohol Only' clients in 2017/18 and least likely to refer 'Opiate' clients
- A higher proportion of treatment referrals come from GP practice in Wirral than nationally (18% compared to 10% nationally)

Treatment Outcomes

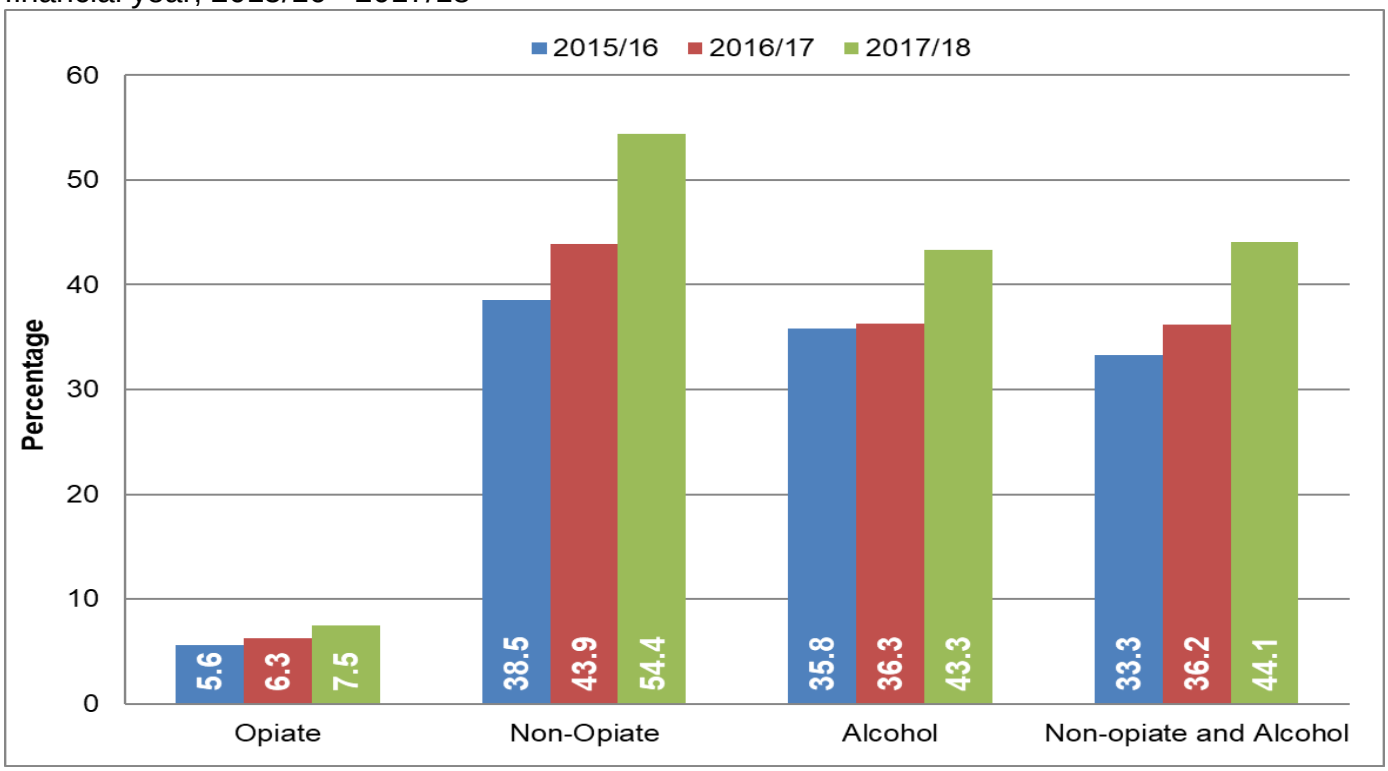
Successful completions by drug group

Reflective of the nature of the dependence, opiate clients were the least likely group to achieve successful completion of treatment (7.5% in 2017/18) and were much less likely to complete treatment than clients using alcohol, non-opiates or a combination (Figure 22). This trend is also evident nationally. Non-opiate clients were the most likely group to successfully complete treatment (54.4% in 2017/18).

The percentage of clients successfully completing treatment increased between 2015/16 and 2017/18 for all drug groups (Figure 22). This increase may reflect changes in the provider of Wirral's drug treatment services and the new service gradually working towards full capacity following the changeover in 2015.

It may be unrealistic, therefore, to expect this upward trajectory to continue in a linear way. This is particularly true for the opiate-only cohort, a relatively static group consisting largely of clients who have been in contact with treatment for several decades and have yet to achieve abstinence. Supporting some opiate users to commit to sustained change has proved increasingly difficult for many drug services.

Figure 22: Percentage of clients in treatment successfully completing treatment by drug group and financial year, 2015/16 - 2017/18



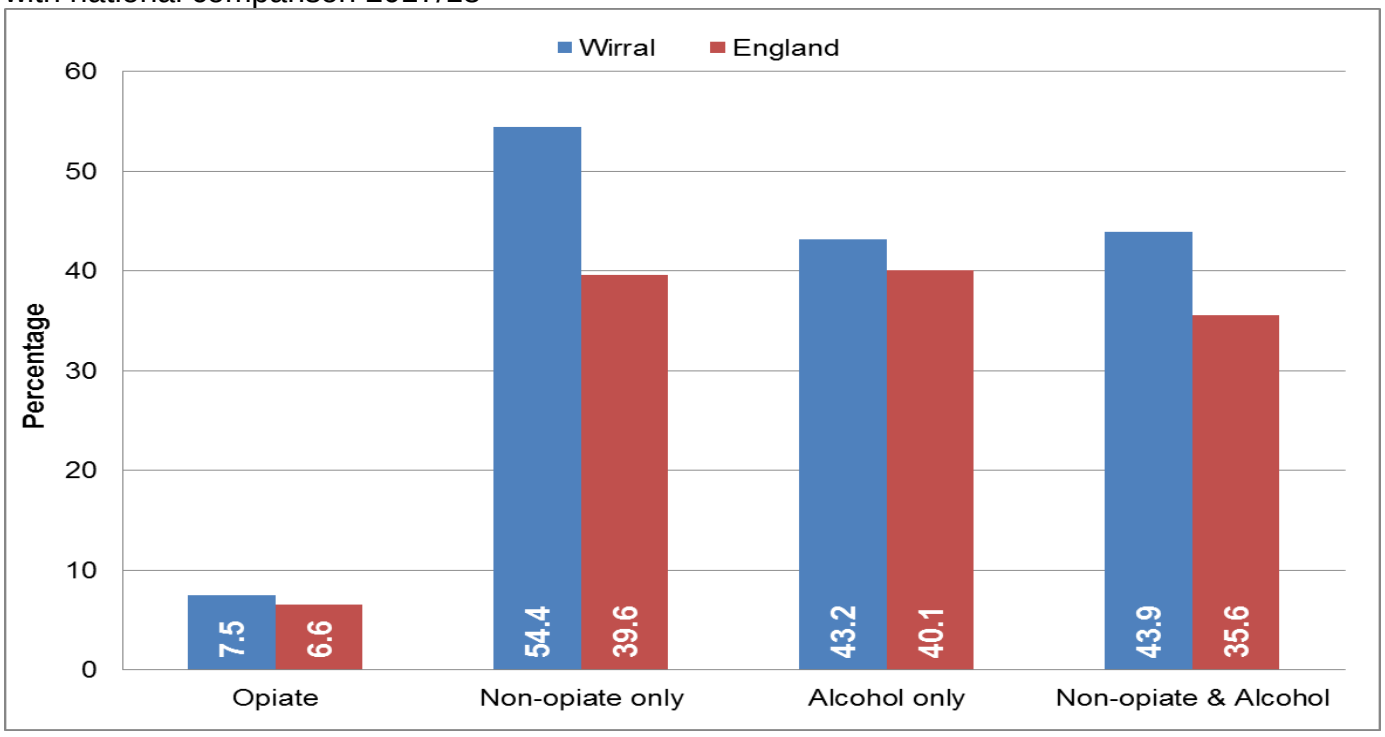
Source: National Drug Treatment Monitoring Service (Public Health England), 2018

Note: Percentage of clients in treatment successfully completing treatment calculated using number of successful completions in financial year divided by the number in treatment in financial year multiplied by 100. See Glossary of Terms for explanation.

Successful completions: Wirral vs England

Wirral had a higher percentage of successful completions compared to England in all four drug groups in 2017/18, with non-opiate clients in particular having a far higher successful completion percentage (54.4% compared to 39.6%, Figure 23).

Figure 23: Percentage of clients in treatment successfully completing treatment by drug group with national comparison 2017/18



Source: National Drug Treatment Monitoring Service (Public Health England), 2018

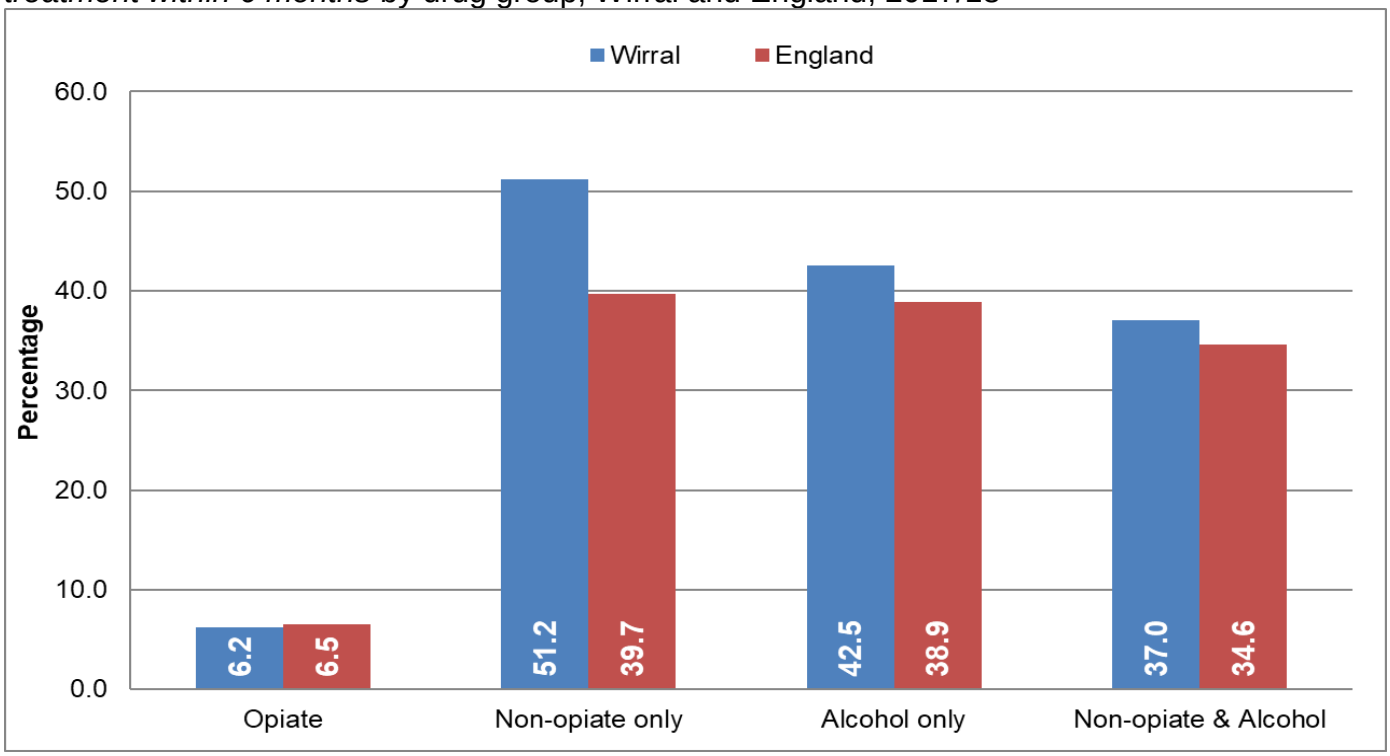
Note: Percentage of clients in treatment successfully completing treatment calculated using number of successful completions in financial year divided by the number in treatment in financial year multiplied by 100. See Glossary of Terms for explanation.

Please note that the data in Figure 23 is a different indicator to that included on the Public Health Outcomes Framework (data from that indicator is shown in Figure 24 below).

Figure 24 shows the percentage of clients successfully completing treatment *and not re-presenting to treatment within 6 months*. It shows that Wirral clients who successfully complete treatment are less likely to return to treatment within six months than in England for three out of the four drug groups.

Opiate only clients were slightly more likely to re-present compared to England with 6.2% not representing within 6 months in Wirral compared to 6.5% nationally. This finding can relate to the success of local treatment services in continuing to follow-up and continue to support clients following treatment exit.

Figure 24: Percentage of clients successfully completing treatment *and not re-presenting to treatment within 6 months* by drug group; Wirral and England, 2017/18

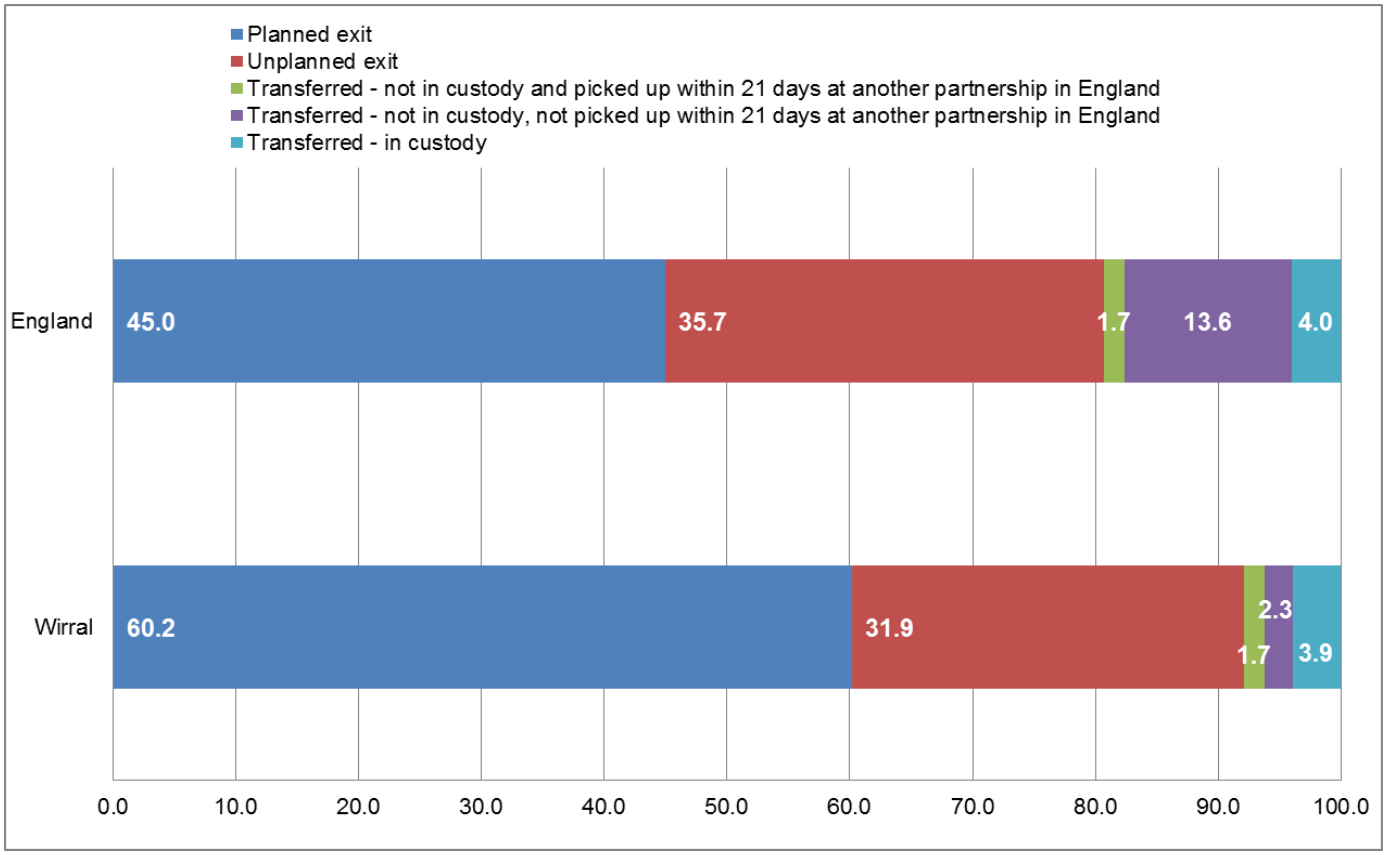


Source: National Drug Treatment Monitoring Service, ViewIt tool (Public Health England), 2019
Note: Indicator based on Public Health Outcomes Framework indicator 2.15I (Opiate only) and 2.15iii (Alcohol only) and replicated for non-opiate only and non-opiate & alcohol. See Glossary of Terms for explanation.

Treatment Exits

In 2017/18, 60.2% of Wirral clients exited treatment in a planned manner (Figure 25). This is higher than nationally, where only 45.0% of clients exit in this manner; the difference predominantly made up of more transfers and unplanned exits nationally. This demonstrates that Wirral clients are less likely to transfer to another provider and less likely to make unplanned exits than nationally. Unplanned exits still represent almost a third of treatment exits in Wirral, however.

Figure 25: Percentage of treatment exits by category, Wirral and England, 2017/18



Source: National Drug Treatment Monitoring Service (Public Health England), 2018
Note: See Glossary of Terms for explanation.

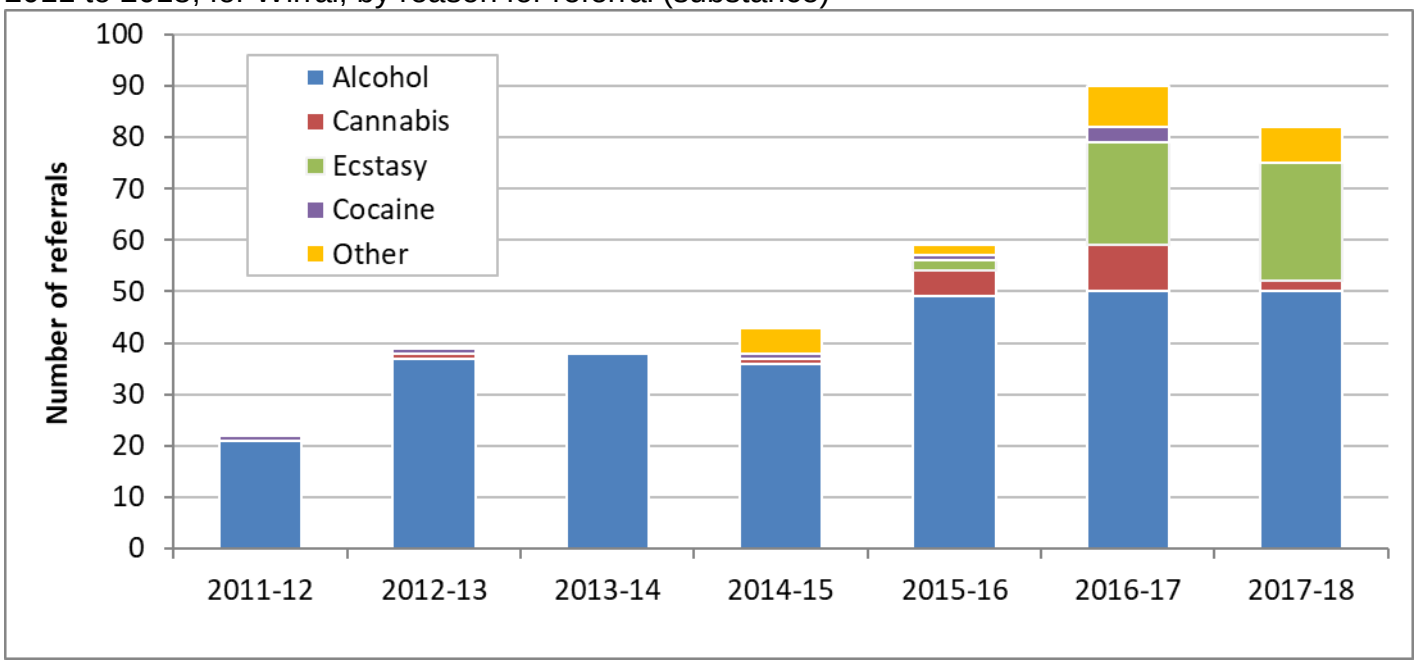
Treatment Outcomes Key Messages

- Approximately one in thirteen (7.5%) opiate clients in Wirral successfully completed treatment in 2017/18.
- Successful completions have increased in three of the four drug groups in recent years, only opiate clients have decreased
- Wirral had a higher percentage of successful completions compared to England (in all four drug groups) in 2017/18
- The proportion of re-presentations (within 6 months) was higher in Wirral compared to England in three of the four drug groups; only in non-opiate clients were re-presentation rates lower than England. This highlights an issue for Wirral commissioners and service providers to give attention to.
- Wirral had a much higher rate of planned exits from treatment than England in 2017/18 and fewer unplanned exits, though there is still room for improvement in these figures.

Children and Young People (Service related)

The following data in Figure 26 has been shared by the local young person's drug service in Wirral, Response. The figures are for young people referred to Response by A&E at Arrowe Park Hospital. The overall number of attendances at A&E where substance misuse was an issue will be higher than these figures, as not all young people will agree to an offer of help from the service. The number of young people who actually *attend* Response once referred will also be lower than those shown (referrals), as the service does not have a 100% uptake.

Figure 26: Trend in number of referrals to Response from Arrowe Park Accident & Emergency, 2011 to 2018, for Wirral, by reason for referral (substance)



Source: Response (Young People referred to Response by A&E), 2018
Note: See Glossary of Terms for explanation.

As Figure 26 above shows, the number of young people referred to Response has increased year on year, with the exception of the last time period (2017/18), when there was a slight decrease. In 2011/12, there were just 22 referrals, to the peak of 2016/17 when there were 90 referrals, dropping back to 82 in 2017/18. The most common reason for referral was alcohol, followed by MDMA/Ecstasy. Referrals for alcohol appear to be fairly stable over the last 3 years. A sizeable proportion of the growth in referrals appears to have been for MDMA/Ecstasy. The 'Other' category included drugs such as LSD and benzodiapenes.

Qualitative insight work was undertaken in 2018, investigating non-opiate drug use among young people (under the age of 30) living in Wirral. This produced a number of interesting messages. The findings of this work and the qualitative information arising from it are summarised in the Local Community & Stakeholder views section.

Children and Young People Key Messages

- The number of young people referred to Response by A&E has increased year on year, except for 2017/18, when there was a slight decrease
- The most common reason for referral was alcohol, followed by MDMA/Ecstasy
- MDMA/Ecstasy referrals were negligible prior to 2016/17, but have increased since

Impacts of Drugs Misuse

The negative impacts of drug misuse are wide and varied, resulting from the range of substances abused (alone or in combination with one another), the extent and length of time substances are abused over, the manner in which they are used, and the effects of an individual's misuse and on others. This section focusses on health impacts, crime, and impacts specifically affecting children and families.

Health

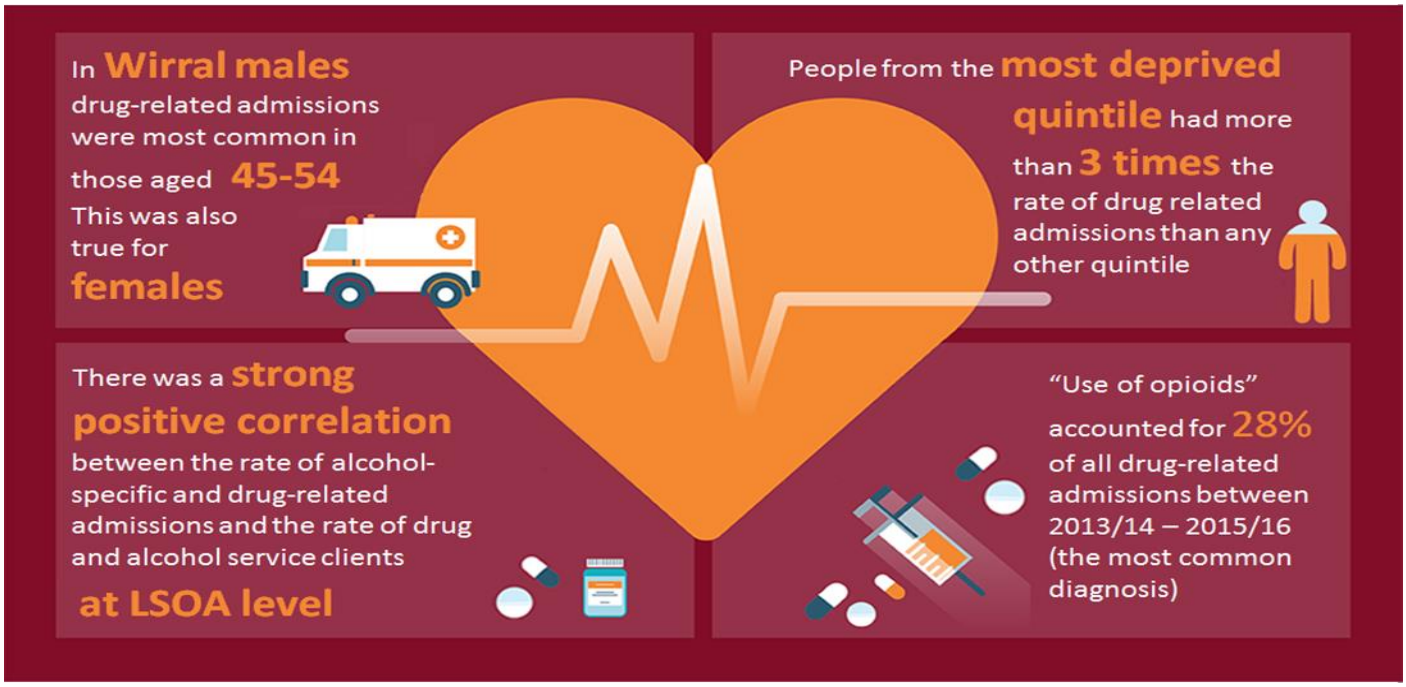
The misuse of a wide variety of legal and illegal substances results in a wide array of associated health harms. These range from chronic lung diseases caused by smoke inhalation, through cardiovascular injuries and infectious diseases linked to injecting, to mental health impacts and impacts on the health of others.

Substance misuse is associated with a wide range of short- and long-term health effects. These can vary depending on the type of drug, how much is taken and the user's general health. Overall, the effects of drug abuse and dependence can be far-reaching, impacting almost every organ in the human body (Gateway Foundation, 2018).

Drug related Hospital Admissions

Data on drug related hospital admissions give an indication of the extent of health problems caused by drug misuse and their impact on the NHS and wider society. Given the hidden nature of illicit drug use, this information may generally under-estimate the impacts of drug misuse, since drug misuse will not always be apparent, and patients will not always openly report their use.

Further information on drug related hospital admissions can be found in NHS Digital's Statistics on Drug Misuse: England, 2018 report. That report found that adults aged 35-44 were most likely to be admitted to hospital due to drug related conditions. In 2017/18, there were 24,804 admissions nationally with a drug related mental health or behavioural disorder as a primary or secondary diagnosis in this age-group. Admissions for the 25 to 34 age-group were similar (24,248 admissions).

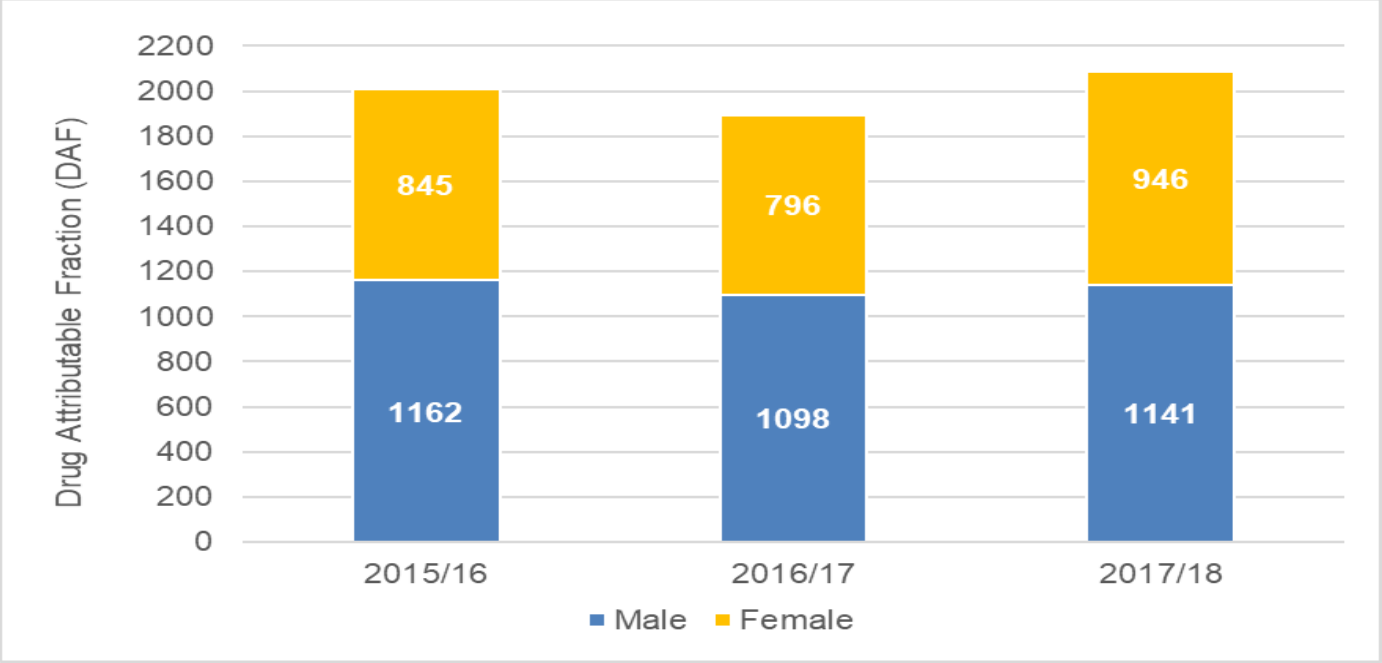


Source: Hospital Episode Statistics (2019)

Trend in admissions

There are some drug-specific admission codes, however, there has been less of a consistent methodology developed around drug-related admissions compared to alcohol-related and alcohol-specific admissions. The drug attributable fractions are based on a methodology developed by the Public Health Institute of Liverpool John Moores University; full details can be found in appendix 2.

Figure 27: Sum of drug-related admissions (attributable fractions) by year and gender; Wirral, 2015/16 to 2017/18



Source: Hospital Episode Statistics (HES) dataset
Note: See Glossary of Terms for explanation.

Figure 27 shows that the sum of drug-related admissions (attributable fractions) has remained stable over the last 3 financial years (2015/16 to 2017/18), with a slight increase for the latest time period of 2017/18. It also shows that men were more likely to be admitted than women and that both genders have shown an increase between 2016/17 and 2017/18, with the increase in women more marked than that in men.

Figure 27 also highlights a 45/55 distribution between female and male drug related admissions to hospital. This compares to an approximate 30/70 split between female/male treatment engagement. The hospital presentations are therefore disproportionate to the presentation to treatment services. This could indicate a number of possible explanations including the following;

- that women drug users experience more significant health impacts than male users
- male users are less likely to present for health treatment than women
- there are a disproportionate number of women drug users not in contact with treatment services than men

This needs to be examined more closely for a better understanding of what the data is identifying.

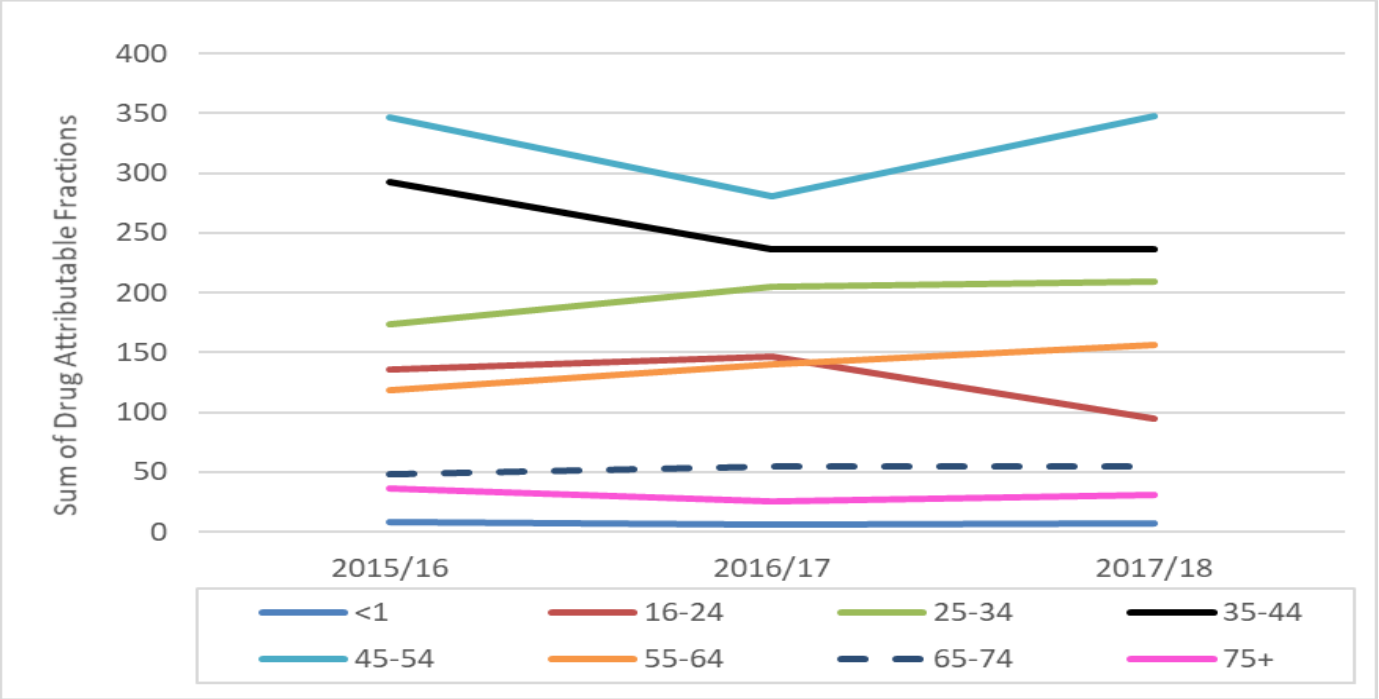
Admissions by age and gender

Figures 28 and 29 show that those aged 45-54 were more likely to be admitted for drug-attributable conditions, the next largest contributory group was those aged 35-44.

Females aged 45-54 have shown a steady increase over the past 3 years whereas males aged 16-24 and 35-44 have seen a significant reduction for the latest time period of 2017/18.

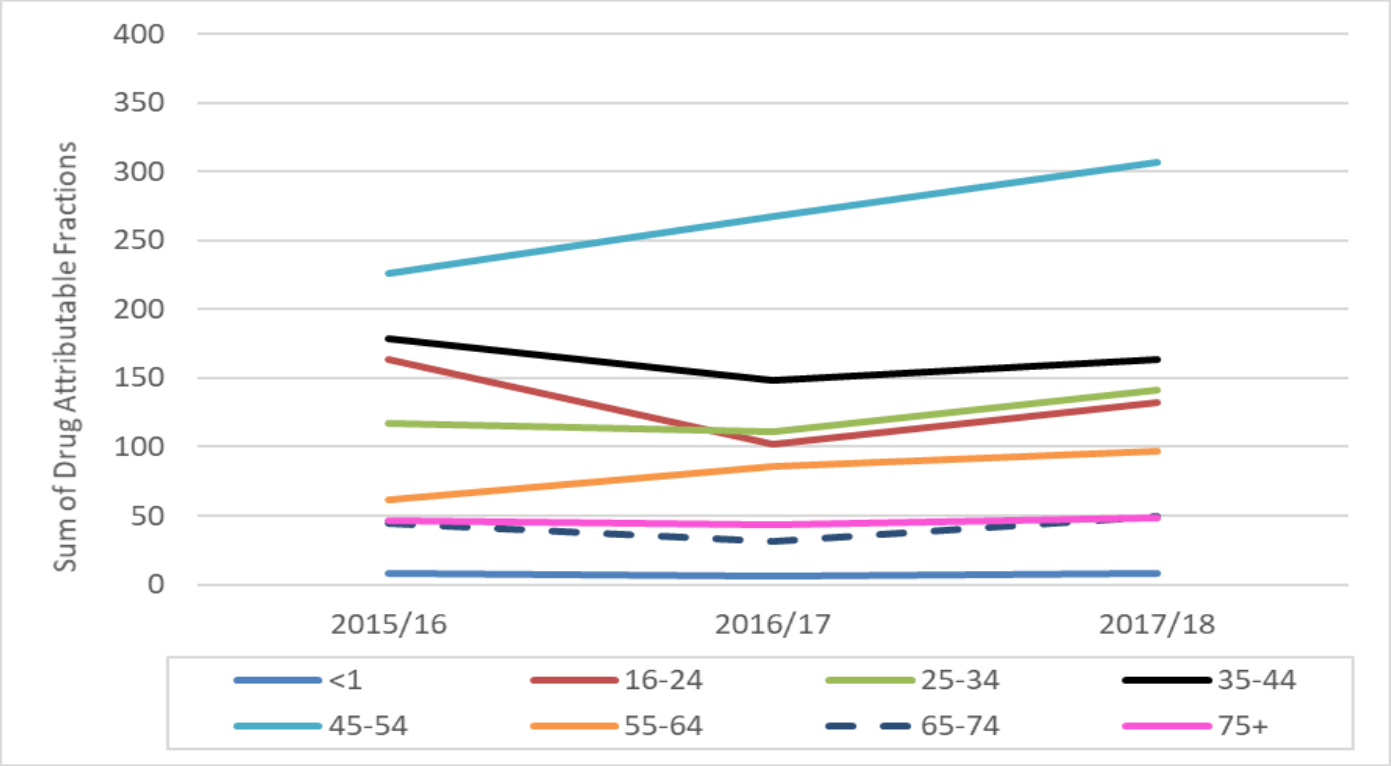
In actual numbers, admissions in females in the 45-54 group increased from 226 admissions to 307 admissions (or a 36% increase) between 2015/16 and 2017/18.

Figure 28: Sum of drug-attributable admissions by age group, Wirral males, 2015/16 to 2017/18



Source: Hospital Episode Statistics (HES) dataset
Note: See Glossary of Terms for explanation.

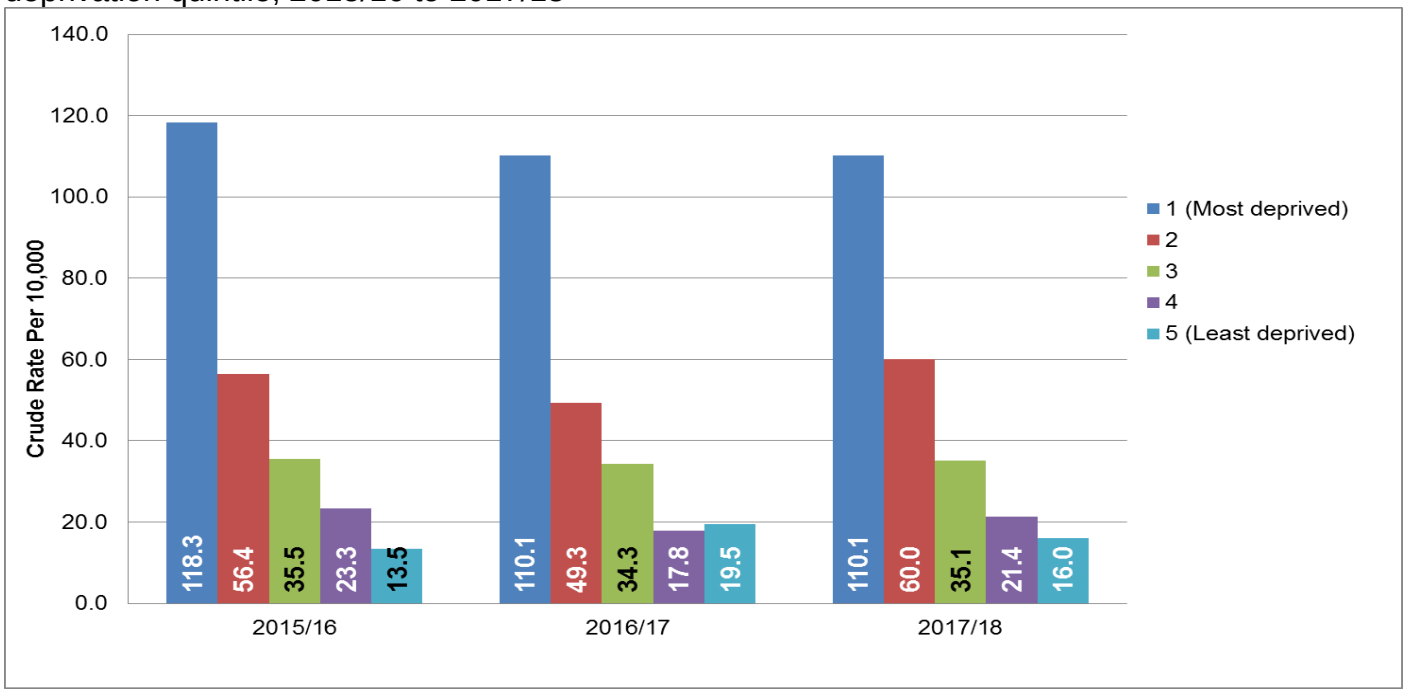
Figure 29: Sum of drug-attributable admissions by age group, Wirral females, 2015/16 to 2017/18



Source: Hospital Episode Statistics (HES) dataset
Note: See Glossary of Terms for explanation.

Admissions by deprivation

Figure 30: Crude rate of drug-related admissions (drug attributable fractions) per 10,000 by deprivation quintile, 2015/16 to 2017/18

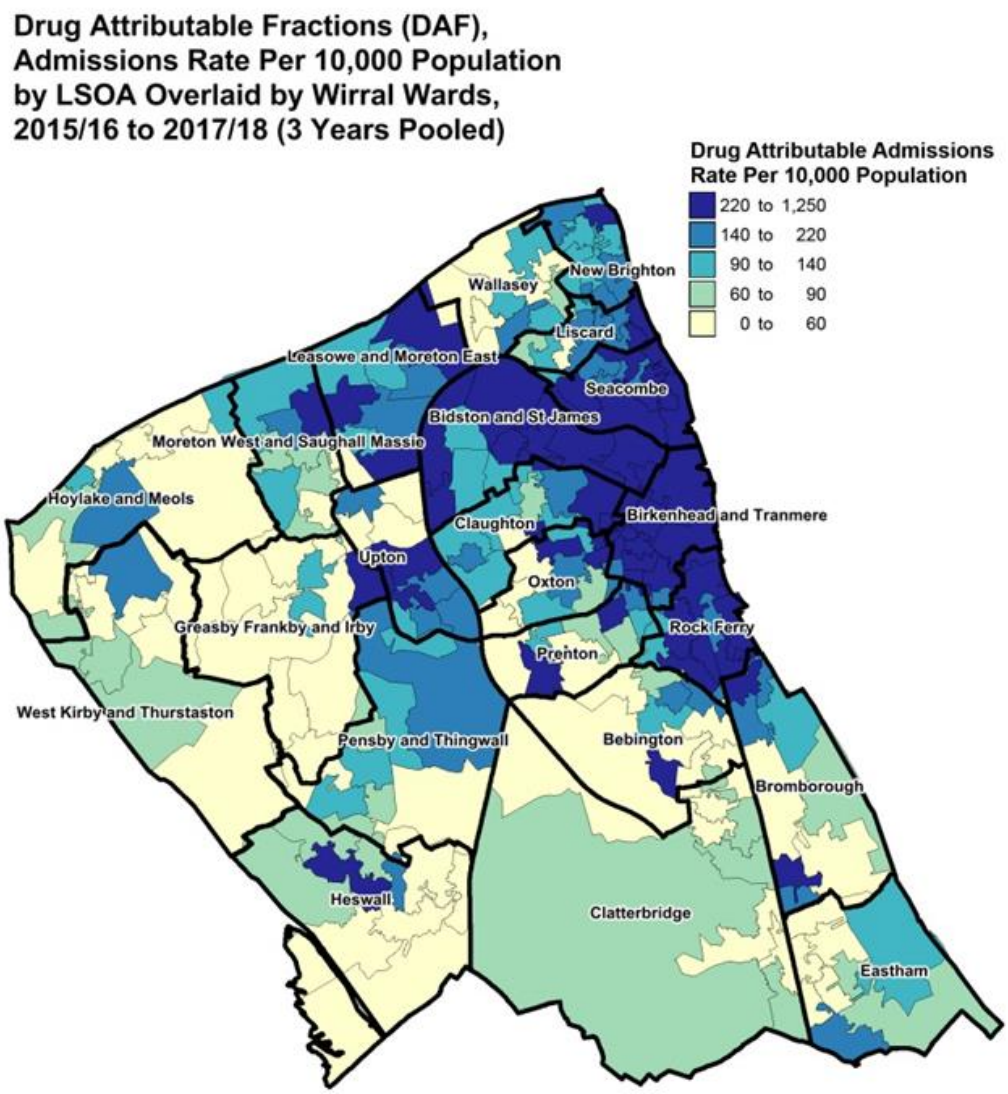


Source: Hospital Episode Statistics (HES) dataset
Note: See Glossary of Terms for explanation.

Figure 30 shows that, between 2015/16 to 2017/18, drug-related admissions were nearly seven times higher in people living in the most deprived areas of Wirral compared to the least deprived areas (118.3 compared to 16.0 in 2017/18). This reflects the distribution of problematic drug users across Wirral. it may also reflect that drug users in the more deprived quintiles have more of the health harm factors present in their lives, and less of the health protective, or curative factors. The trend in admissions appears fairly consistent for the three financial years.

Admissions by geography

Map 1: Crude rate of drug-related admissions per 10,000 residents, Wirral, 2015/16-2017/18 (3-years pooled)



Map 1 shows that the east side of Wirral had a higher proportion of drug-related admissions to hospital, with some small clusters in west Wirral. This correlates with the level of deprivation for each LSOA.

Source: Hospital Episode Statistics (HES) dataset

Tobacco Smoking

Smoking causes a wide range of diseases, greatly increasing the burden of chronic diseases suffered by people in Wirral and shortening life. This is especially true for people using illicit drugs, who are also more likely to smoke than the general population.

The smoking prevalence rate has been reducing nationally for the last few decades and is now around 15% (ONS, 2018), or one in seven of the adult population. Smoking prevalence varies considerably by geography, deprivation and other social factors. For example, people with mental health problems, drug-using populations and those in the criminal justice system all have much higher smoking rates than their respective national and local populations.

Estimates suggest that in Wirral, 41% of people with a serious mental health issue smoke (PHE, Local Tobacco Control Profile), and that 80% of those in prison smoke (PHE, 2018). Table 5 and Figure 31 provide local data from the drug and alcohol treatment service for Wirral, CGL, that relates to tobacco smoking and suggests:

- The opiate client population has the highest tobacco smoking prevalence of all the drug groups (86.5%), which is consistent with international research studies showing prevalence rates in those seeking treatment for addiction (International systematic review evidence found smoking prevalence rates of 84% in those seeking treatment for addiction (Addiction, 2016))
- The 'alcohol only' client group had the lowest smoking prevalence of all the four drug categories used by CGL, at 59.7%, nearly four times higher than the general population rate
- Smoking prevalence is significantly higher amongst clients (76.3%) compared with just 15% in the overall Wirral population (PHE, Local Tobacco Control Profile)

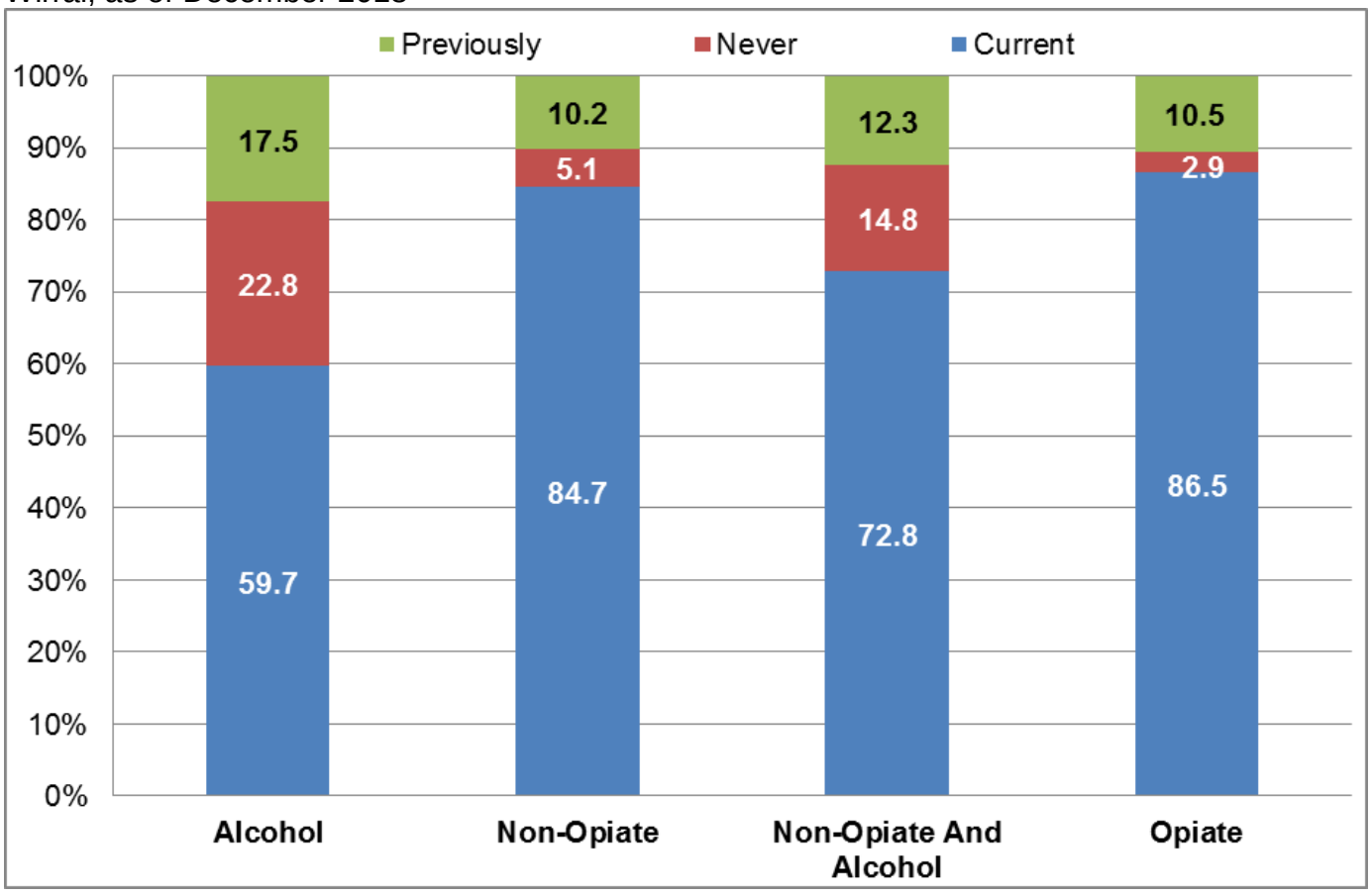
There are 1,014 client records where the smoking status is blank due to a change in computer systems in 2015. As a consequence, more than 2 in 3 (71%) of opiate clients (who tend to have been in treatment for a number of years) have no smoking status recorded. In summary, although data for smoking status is provided in Table 5 and Figure 31, it is considered unreliable for opiate clients, but more reliable for non-opiate and alcohol clients.

Table 5: Tobacco smoking Status Count by Drug Group, December 2018

Smoking Status	Alcohol	Non-Opiate	Non-Opiate and Alcohol	Opiate	Total
Current	157	50	59	353	619
Never	60	≤10	12	12	87
Previously	46	≤10	10	43	105
Not recorded	14	9	≤10	987	1,014
Total	**277**	**68**	**85**	**1,395**	**1,825**

Source: Wirral Ways to Recovery (CGL), 2018
Note: See Glossary of Terms for explanation.

Figure 31: Tobacco Smoking status percentage where status is recorded by Drug Group, for Wirral, as of December 2018



Source: Wirral Ways to Recovery (CGL), 2018
Note: See Glossary of Terms for explanation.

Blood Borne Viruses

Data from the local Public Health England (PHE) Drug Data JSNA pack (see Drugs Misuse page on Wirral Intelligence Service website), provides data on blood-borne virus, as sharing injecting equipment can spread blood-borne viruses. Providing sterile injecting equipment and antiviral treatments protects people who use drugs and wider communities and provides long-term health benefits.

Eliminating hepatitis C as a major public health threat requires the identification and treatment of more infected people who use drugs. Hepatitis C testing and referral data will vary from area to area depending on local systems and pathways, the availability of test results to providers and where and how hepatitis C treatment is provided, so comparison with national figures may not always be valid.

In Wirral, 62% of drug treatment clients who were eligible for a Hepatitis B (HBV) vaccination in 2017-18 accepted one; in England overall, only 37% of eligible clients accepted one. The proportion going on to finish the course was, however, much lower, with only 8% of drug treatment clients in Wirral completing, compared to the national rate of 14%. Reasons for this are unclear but is may be linked to the chaotic lives of many drug treatment clients. For Hepatitis C vaccination, 13% of eligible clients in Wirral received one, compared to 20% in England overall.

Health impacts of drugs misuse key messages

- Drug-related admissions to hospital have remained stable over the last 3 financial years
- Men were more likely to be admitted to hospital with a drug-related condition than women
- In both genders, the age group with the highest rate of drug-related admissions was the 45-54 age group
- There was a noticeable increase in the sum of drug attributable admissions in females aged 45-54 between 2015/16 and 2017/18; 226 admissions compared to 307 admissions (or a 36% increase)
- People in the most deprived quintile had more than 3 times the rate of admissions for drug related admissions than any other quintile
- Smoking prevalence was significantly higher amongst drug treatment clients (76.3%) compared with just 15% in the overall Wirral population
- Completion of both Hepatitis B vaccination and Hepatitis C treatment in drug treatment clients in Wirral was lower than in England overall

Mortality from Drugs Misuse

Measuring mortality (deaths) associated with drug-misuse can be complicated and figures quoted can be misleading if not interpreted correctly. Rates amongst the general population need to be compared to rates amongst a drug-using population and adjusted for various factors to ensure that the effects of drug-use are isolated and defined. There are three methods used to measure mortality rates – please see Box 1 below:

Method 1: Deaths of clients in treatment

This is a local measure of the number of deaths (from any cause) of clients who die while in contact with drug treatment services. Generally, around one in four of these deaths are due to drug misuse. All causes of death are included here, because the prolonged use of drugs and/or alcohol will have contributed to each death to a greater or lesser extent. The age of clients who die whilst in treatment is usually much younger than that of the overall population.

Method 2: Drug related deaths

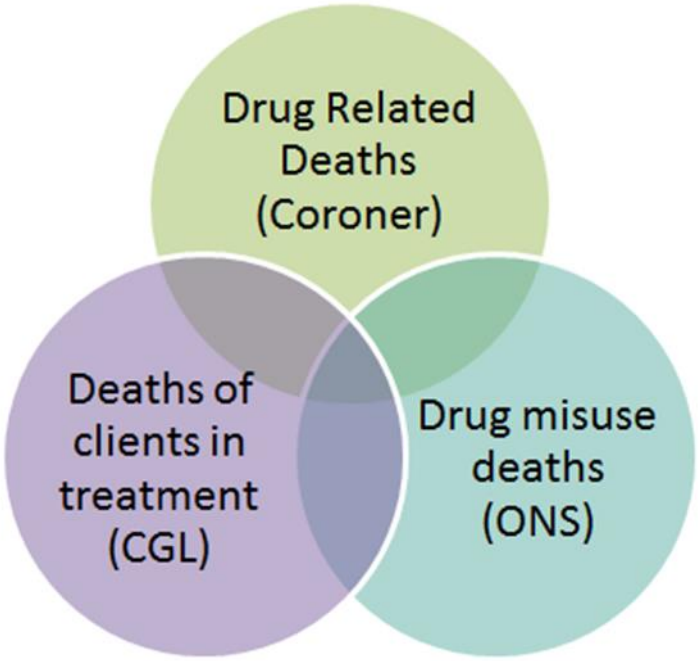
A local measure of the total number of deaths recorded by the coroner where there is any mention of drug-use on the death certificate. This is different to drug misuse deaths, as there are no disease-specific causes of death used to identify these cases. This data is collected locally by the Wirral Intelligence Service for audit purposes and so no comparison with other areas is possible.

Method 3: Drug misuse deaths

This is a national measure of the total number of deaths in Wirral caused by specific factors, as defined and collated by the Office for National Statistics (ONS). As well as deaths directly linked to drug misuse, this measure also includes accidental poisoning, intentional self-poisoning and poisoning by assault. Unlike the other two measures, this rate can be used to benchmark death rates in Wirral against the England average and other Local Authorities.

All three of the above groups are not mutually exclusive and a person could be counted in all three of these groups. For example, a client in treatment who died of a death that was defined as a drug misuse death and the coroner recorded drug use on their death certificate, would appear in all three datasets. Conversely, some deaths may only be counted in one group: For example, a client who died of cancer whilst in treatment will only appear in the deaths of clients in treatment group because their death was not a drug misuse death nor was there a mention of drug misuse on their death certificate.

Box 1: Classification of deaths due to, or related to, drug use



Drug Related Death

- Based on Wirral resident population.
- Drug related death is defined as a death with any mention of drug use on the death certificate.

Deaths of clients in treatment

- Based on CGL client population.
- Deaths are counted for any CGL client that has died of any cause whilst in service.

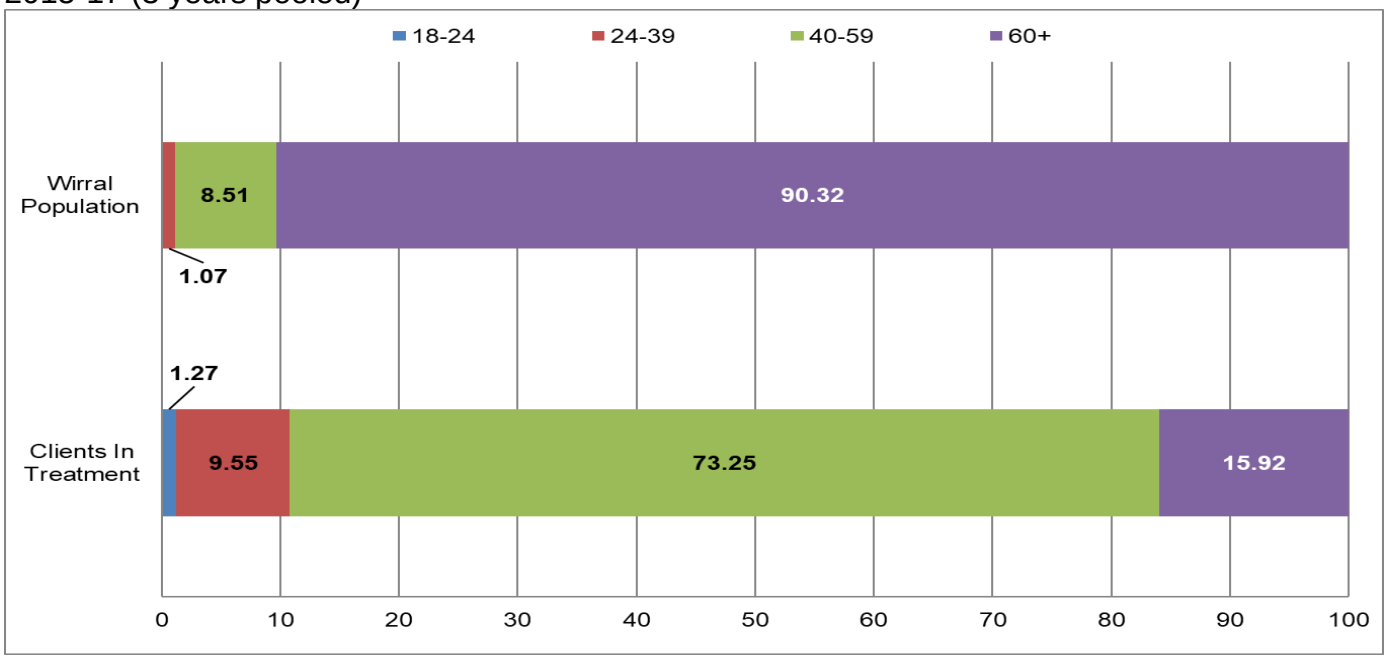
Drug misuse death

- Based on Wirral resident population.
- Drug misuse death is defined as a death where the underlying cause of death matches any of the ONS defined drug misuse causes of death.

Deaths of clients in treatment (Method 1)

Figure 32 shows the impact of drug misuse on health and mortality very starkly. It shows that 84% of people who die while in contact with drug treatment services are aged under 60, while only 10% of people who die in Wirral overall are aged under 60.

Figure 32: Deaths of clients in treatment compared to overall Wirral population, by age group, 2015-17 (3 years pooled)

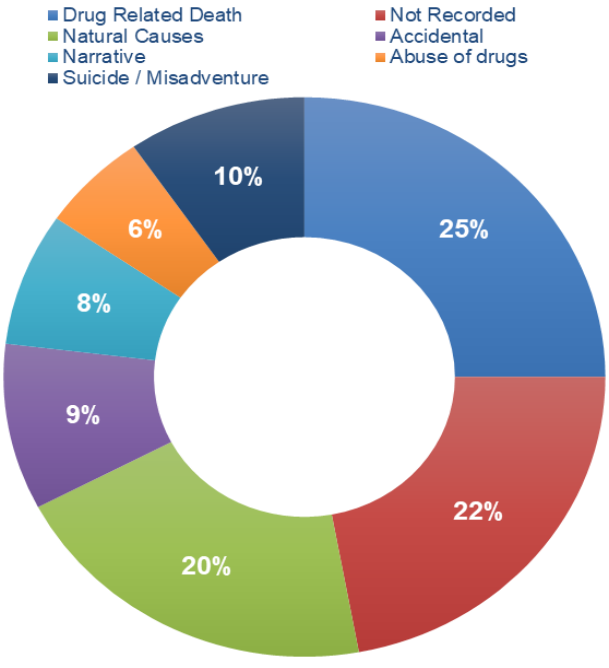


Source: National Drug Treatment Monitoring Service (Public Health England) & ONS Mortality Data
Note: The age-distribution of the in-treatment population and the overall Wirral populations are different, so when comparing proportion of deaths in each age group this needs to be considered. See Glossary of Terms for explanation.

Drug related deaths (Method 2)

Figure 33 shows that in those deaths where there was any mention of drugs by the local Coroner, one in 4 (25%) were classified as drug related death with a further 22% not being recorded and 20% due to natural causes.

Figure 33: Drug related deaths for Wirral by coroner verdict 2017-18



Source: Liverpool John Moores University, IMS (Integrated Monitoring System) Deaths 2018

This data is now collected locally by the Wirral Intelligence Service from the Coroner for audit purposes and so no comparison with other areas is possible. Data collection commenced in 2018, and some data is presented in Figure 33 above, but the full report will be published in 2019 (not available at time of this publication (May 2019).

Drug Misuse Deaths (Method 3)

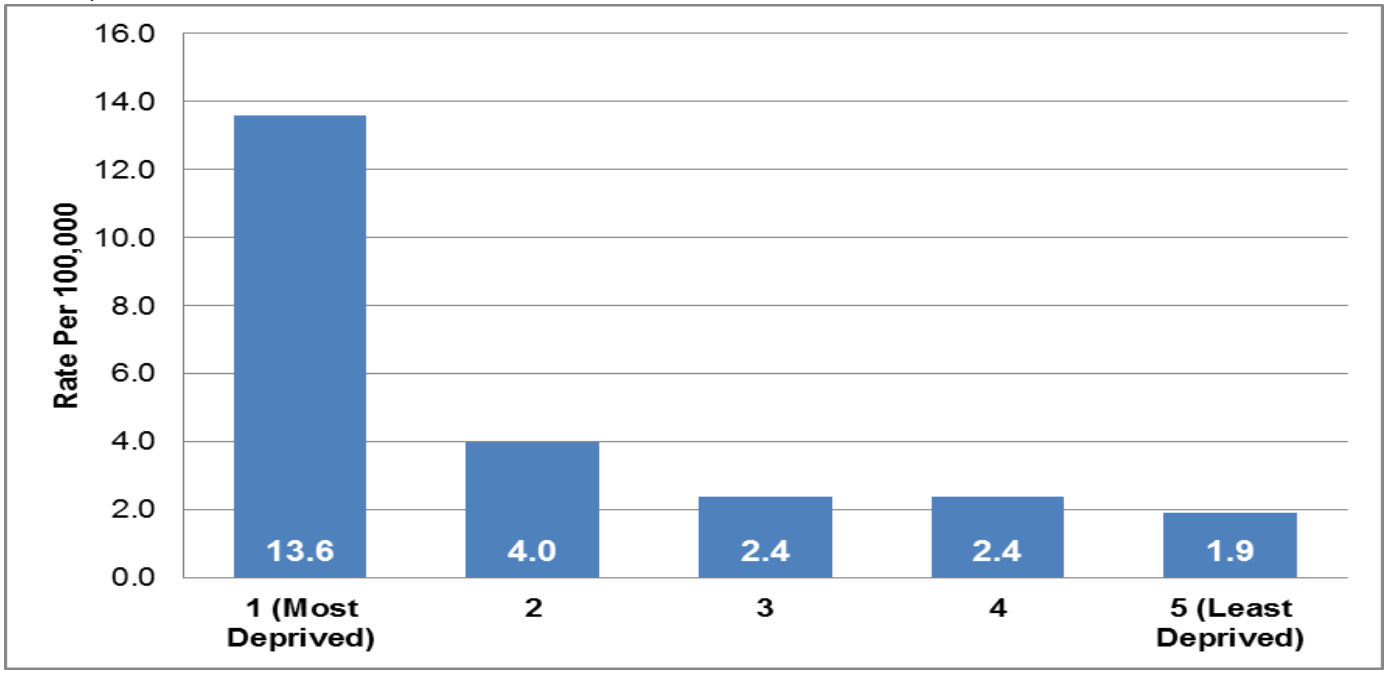
Nationally, adults aged 40-49 are most likely to die of drug misuse, with 844 deaths in this age group nationally during 2016. Since the turn of the century, the average age of drug related deaths has been rising. In the late 1990's, adults aged 20-29 had the highest number of deaths due to drug related misuse (Office for National Statistics, 2018).

This reflects the dramatic increase in opiate use between the mid-1980s and the mid-1990s. This period saw great numbers of younger people (under 30) get into heroin use and become dependent (Morgan, 2014, Home Office), and this group now represent by far largest age group of opiate users in treatment. At the time of their initiation into heroin use this was the population where most of the deaths occurred and as this cohort have aged the distribution of drug related deaths, and other deaths in treatment has gradually moved along the age scale with them.

Drug related death rates in Wirral were higher than those seen in England overall during the time period of 2015-2017. The Directly Standardised Rate (DSR) per 100,000 for drug misuse deaths in Wirral was 6.6 compared to 4.2 in England overall. The crude rate of drug misuse deaths is almost three and a half times higher in the most deprived group (quintile 1, 13.6 per 100,000) compared with any other quintile in Wirral (Figure 34). The most deprived group (Quintile 1) has the highest rate; this is more than seven times higher than that of the most affluent group (Quintile 5), where the rate was 1.9 per 100,000.

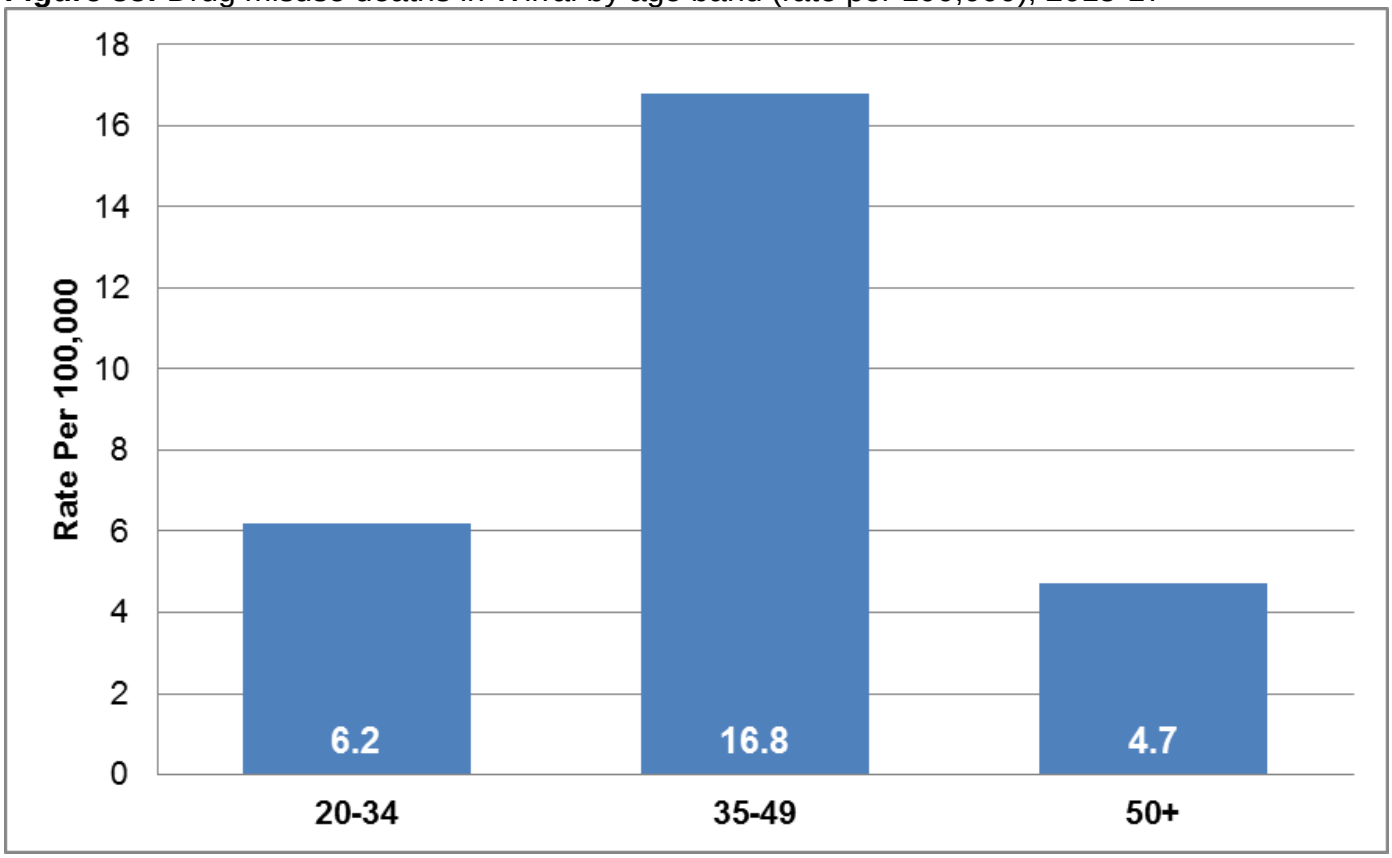
Of the 59 drug misuse deaths in Wirral between 2015-17; 41 were in the people living in the most deprived quintile of the population. The highest rate of drug misuse deaths in Wirral occur in those aged 35 to 49 with a rate of 16.8 per 100,000, this is almost 3 times as high as the rate in those aged 20-34 (Figure 35). There were 59 deaths between 2015-17; 30 of them were in people aged 35-49.

Figure 34: Drug misuse deaths by Indices of Multiple Deprivation quintile (rate per 100,000), Wirral, 2015-17



Source: Primary Care Mortality Database (PCMD)
Notes: IMD Quintile = Index of Multiple Deprivation, see Glossary of Terms for full explanation.

Figure 35: Drug misuse deaths in Wirral by age band (rate per 100,000), 2015-17



Source: Primary Care Mortality Database (PCMD)
Note: See Glossary of Terms for explanation.

Drug misuse deaths were higher for men than women from 2014-17 (Table 6). Despite some fluctuation during the four-year period, men have seen almost double the amount of deaths over this time.

Table 6: Trend in number of drug misuse deaths by gender, Wirral, 2014 to 2017

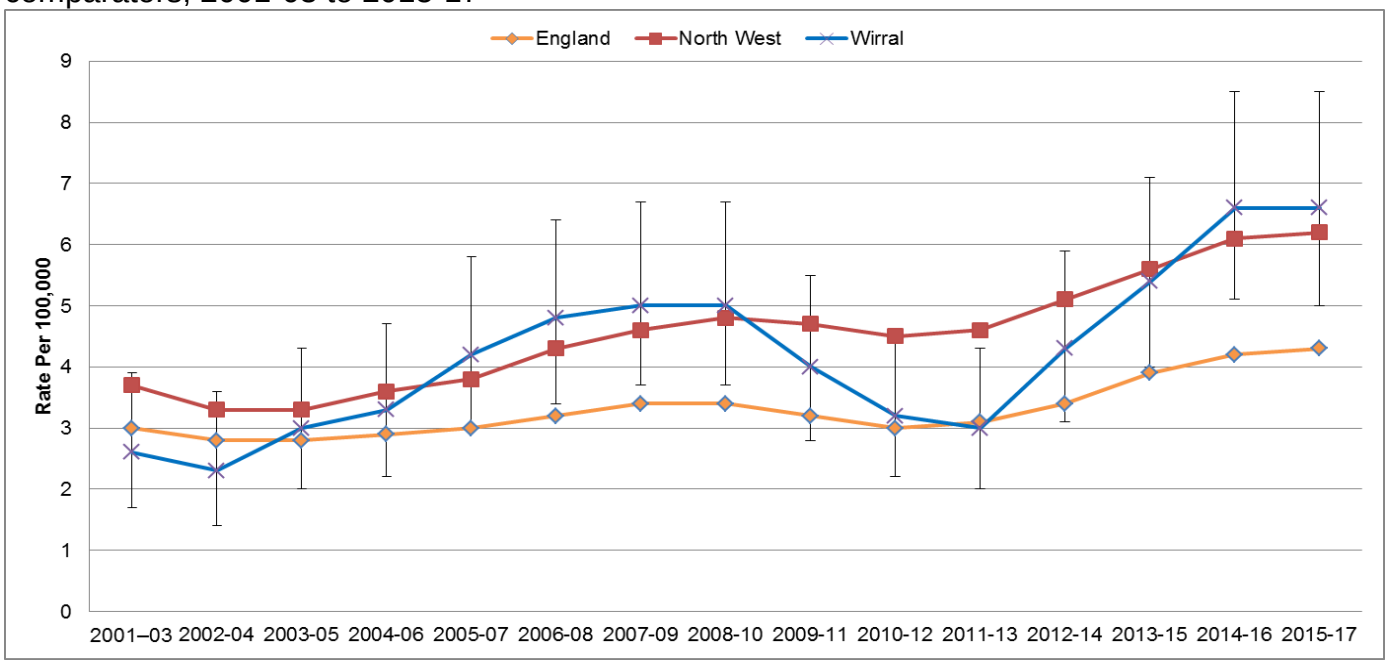
Gender	2014	2015	2016	2017
Male	14	12	11	17
Female	9	6	10	<5

Source: Primary Care Mortality Database (PCMD)
Note: < is less than 5 people – suppressed to maintain anonymity for individuals. See Glossary of Terms for explanation.

Drug misuse deaths have been increasing for Wirral, North West and England since 2001.

Though there has been some fluctuation over the years Wirral has generally had more deaths than the England average. Wirral has seen higher rates of drug misuse deaths than England for the past four time-periods and has been significantly higher than the England (but not the North West) average for the past two time periods (Figure 36).

Figure 36: Directly standardised rate (DSR) per 100,000 drug misuse deaths by Wirral and comparators, 2001-03 to 2015-17



Source: ONS, Deaths related to drug misuse in England and Wales, 2001-2017
Note: See Glossary of Terms for explanation.

Previous local analysis of causes of death amongst those currently attending treatment services in Wirral, found that as well as dying earlier, people in treatment were more likely to die of respiratory conditions than the general population. This is consistent with the nature of drug-use (e.g. smoking heroin off a foil and smoking tobacco). Unfortunately, due to GDPR regulations, we are no longer able to link data in a way which would enable us to repeat this analysis, although it is unlikely that trends in causes of death have changed since the analysis (conducted using (2014-16 deaths data) was produced.

Mortality Key Messages

- There are different ways of classifying deaths linked to drug misuse. These include deaths of people who are in contact with treatment services, drug-related deaths, and drug misuse deaths
- A high proportion (84%) of people who die while in contact with drug treatment services are aged under 60. In Wirral overall, only 10% of the population die before the age of 60
- The distribution of deaths in treatment reflects the distribution of opiate users across the age scale and is related to dramatic increase in heroin use from the mid-1980s to the mid-1990s.
- The largest proportion of Wirral drug-related deaths examined by the Coroner in 2017/18 were eventually ruled as suicide or misadventure (25%)
- The largest proportion of drug-misuse deaths in Wirral occurred in the most deprived 20% of the population; 41 out of 59 deaths were in Quintile 1 (most deprived) in 2015-17
- The highest rate of drug-misuse deaths occurred in those aged 35-49 in Wirral in 2015-17
- Drug-misuse deaths are higher for males than females in Wirral (almost double), reflecting the gender split for drug misuse in general
- Drug-misuse deaths have been increasing in Wirral, North West and England (with some fluctuation) since 2001
- Wirral has seen higher rates of drug-misuse deaths than England for the past 4 time periods (2012-14 to 2015-17) and has been significantly higher than the England average for the past 2 time periods (2014-16 and 2015-17)

Crime

There is a well-established and complex link between drugs, alcohol and crime with many crimes committed to fund addiction (Public Health England, Public Health Matters, 2017). People who misuse drugs are more likely to have been involved in crime than the general population, but drug treatment can help to prevent offending and reoffending.

A study carried out by the Ministry for Justice and Public Health England in 2017 looked at the records of people who started treatment in 2012 to examine offending in the two years pre and post treatment. The analysis revealed that following treatment, there was a reduction of 33% in offences. Opiate clients showed the smallest decreases in both re-offenders (a reduction of 31%) and re-offending (a reduction of 21%). Alcohol clients showed the largest reductions in both re-offenders and re-offending (Ministry of Justice & Public Health England, 2017). The report highlighted that treating substance misuse is a key part of successfully rehabilitating offenders and helping them to get their lives back on track.

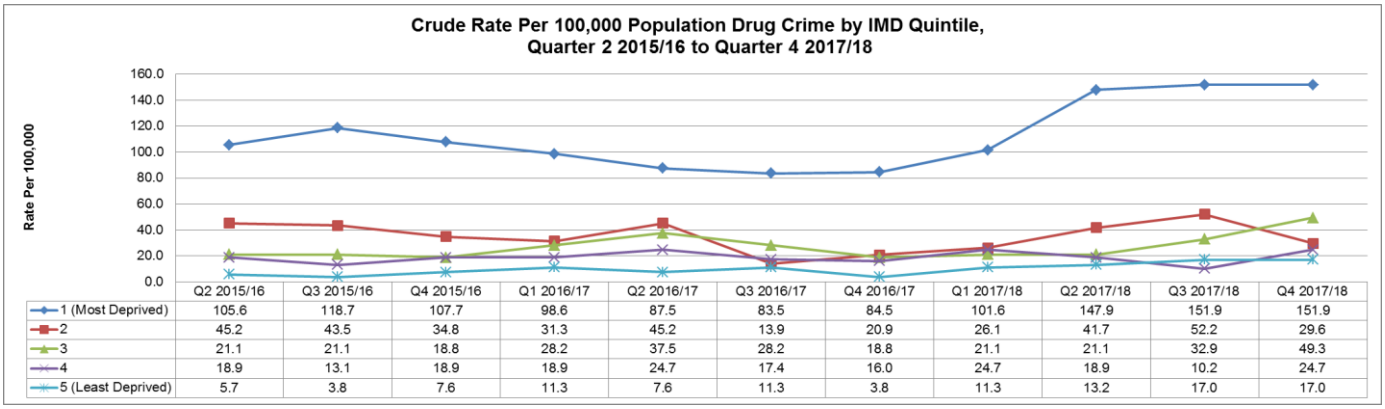
The Drug Intervention Programme (DIP) is a crime-reduction initiative in England and Wales which aims to identify and engage with offenders in the criminal justice system who use drugs and encourage them to access treatment. DIP was decommissioned by the Home Office nationally in 2013, but some DIP work continues to be implemented in those local areas who have continued to fund it (Wirral being one of them, where it is funded as part of core drug treatment services).

Data from the DIP initiative in Wirral in 2017/18 indicates that there is a considerable difference in substances used by offenders engaged in the programme, with younger offenders (aged 18-24) more likely to have cocaine and cannabis listed their main substance used, compared to older offenders aged 45-49, where heroin (and alcohol) were the main substances used (Public Health Institute, Liverpool John Moores University, 2018).

Around four in five offenders were men and the most common offence for which had prompted their contact with the criminal justice system was theft. Opiates were the most commonly reported substance used, with almost half of offenders reporting this as their main drug (45%). Data also indicated that between 2016/17 and 2017/18, there was an 18% increase in the number of DIP contacts recorded in Wirral (Public Health Institute, Liverpool John Moores University, 2018).

Trend in crime in Wirral by deprivation

Figure 37: Trend in drug crime in Wirral by deprivation quintile, 2015/16 to 2017/18



	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
1 (Most Deprived)	105.6	118.7	107.7	98.6	87.5	83.5	84.5	101.6	147.9	151.9	151.9
2	45.2	43.5	34.8	31.3	45.2	13.9	20.9	26.1	41.7	52.2	29.6
3	21.1	21.1	18.8	28.2	37.5	28.2	18.8	21.1	21.1	32.9	49.3
4	18.9	13.1	18.9	18.9	24.7	17.4	16.0	24.7	18.9	10.2	24.7
5 (Least Deprived)	5.7	3.8	7.6	11.3	7.6	11.3	3.8	11.3	13.2	17.0	17.0

Source: https://data.police.uk/data/
Note: Data relates to 'where crime was committed'. See Glossary of Terms for explanation.

As Figure 37 shows, the rate of drug crime (where crime was committed) is highest in the most deprived areas of Wirral, with a rate more than three times higher than the next highest quintile. The chart above shows *all* drug crimes (this includes offences related to possession, supply and production).

Children and Families

A Community Care article highlighted research that suggested effects on children of parental substance misuse. The potential for parenting capacity to be undermined and children's health and development to be harmed by parental substance misuse is considerable, particularly when other risk factors such as domestic abuse and mental health difficulties are present (Cleaver et al, 2011; Horgan, 2011; Barnard, 1999). There is a serious risk that parents with serious addictions will neglect their children. This may be because of their focus on obtaining drugs and /or alcohol, impaired capacity caused by the effect of substances, or both. Recently, local research in Wirral (not published at this time) relating to children who had been subject to care proceedings in the past three years (2015-2018) suggested that 49% of those mothers had issues relating to drugs at the time of presentation.

Such neglect can have a negative impact on children's health, their emotional and physical development, and their education. Drug misuse has also been found to put children at increased risk of physical and sexual abuse (Barnard and Barlow, 2003; Forrester, 2000; Tunnard, 2002a and 2002b; Walker and Glasgow, 2005; Cleaver et al, 2011).

Longer term, there are links between parental substance misuse and repeated behaviours in the children. This relationship is, however, complex. Research indicates that most offspring do not become problem drinkers or drug users themselves (Velleman, 1993; Cleaver et al, 2011), but there is evidence to suggest that parental dependence on drugs or alcohol can increase the likelihood of their children also misusing substances.

If children are exposed to parental substance misuse and other risk factors such as domestic abuse and mental health problems, there is a greater risk that they will also have health, mental health and substance misuse problems (Dube et al, 2003; Edwards et al, 2003; Felitti and Anda, 2010).

Parental substance misuse has the potential to not only affect their children, but also other close relatives and the wider family. This includes partners, grandparents and siblings. Research into the experiences of relatives shows clearly the stress, distress and anxiety they feel, often for long periods of time. This is always greater when the substance misusing relative is a parent with dependent children (Barnard, 2003 and 2007; Orford et al, 2005; Orford et al, 2010). Members of the wider family, like children, often have to cope with the loss of a relationship because of the substance misuse and then, in many cases, with grief following the death of their relative as a result (Templeton et al, 2016).

Evidence shows that grandparents often play a key role in providing care and support to children where one or both parents are misusing substances. They are also important in persuading parents to enter treatment (Barnard, 2003; Barnard, 2007; Klee, 1998).

Groups most at risk

The groups detailed below are not mutually exclusive, there will be considerable overlap between them, and several are both a cause and a consequence of drug misuse.

Young adults aged <24

NHS Digital. Statistics on Drug Misuse: England (2018) points to the level of any drug use in the last year being highest among the youngest age groups; 16.9 per cent of 16 to 19-year olds and 21.8 per cent of 20 to 24-year olds reported any drug use in the previous year. Levels of drug use then decreased as age increased, from 13.5 per cent of 25 to 29-year olds to 2.0 per cent of 55 to 59-year olds. Class A drug use was highest among 20 to 24-year olds, with 10.6 per cent reporting use in the last year, and it was lowest among 55 to 59-year olds (0.2%).

Use of non-prescribed prescription-only painkillers for medical reasons was relatively similar across different age groups (6.2% of those aged 16 to 24, compared with 7.2% of those aged 25 to 59). Younger adults aged 16 to 24 were around three times more likely than adults aged 16 to 59 to have used new psychoactive substances (NPS) in the last year (1.2%), equating to around 70,000 people. With young men aged 16 to 24 remaining the most prevalent NPS users, being around four times more likely than average to have used NPS in the last year (1.5%, or around 47,000 people/0.4% for those aged 16 to 59). Nitrous oxide use (otherwise known as 'laughing gas') is also considerably higher in the younger population compared to the use in all adults, with the prevalence of nitrous oxide highest among those aged 16 to 24 years (8.8%, around 521,000 people). This level of use can be compared with what was found in the 2016/17 survey (9.0%) and the 2013/14 survey (7.6%).

Young people involved in other risk-taking behaviours

Young people who truant or have been excluded from school are more vulnerable to problematic drug use with drug use among young people also associated with other risky behaviour (NHS Digital, 2016b). Research by Health and Social Care Information Centre (2014) suggested that young people were more likely to have taken drugs in the last year if they were smokers or had drunk alcohol. 11 to 15-year olds who had been excluded from school or who had played truant were also more likely to take drugs. Young people are more likely to take drugs than older adults, with data from the Crime Survey for England (2014 -15) showing 19% of 16-19-year olds and 20% of 20-24 years to have taken drugs. Whilst few of these young people will go on to develop a substance misuse or alcohol dependency, even those who do not use frequently risk health harms, interference in the normal challenges of development, and an exacerbation of other life and developmental problems. Nationally the majority of young people accessing specialist drug and alcohol interventions do so because of problems with alcohol (37%) and cannabis (53%).

Vulnerable and/or excluded young people

Young people's drug misuse overlaps with a range of other vulnerabilities which can also exacerbate their risk of abuse and exploitation (HM Government, 2016). Public Health England (2016) reported that 17% of the young people accessing specialist substance misuse services nationally were not in education, training or employment and 12% were children looked after by the state. The National Drugs Strategy (HM Government, 2016) goes onto say that most young people who have developed substance misuse problems are not at the stage where they are dependent on drugs or alcohol, and, therefore, require a response focused on preventing more problematic use. Young people accessing specialist substance misuse services are frequently experiencing other problems, such as, self-harm or other manifestations of poor mental health, truanting, offending and sexual exploitation, which may be driving the young person's substance misuse. Those who have spent any time in a foster family, or been looked after in a care home, children's home or young people's unit between the ages of 10 and 16 are also at increased risk of having a drug misuse problem (Knowsley Intelligence Hub, 2018).

Men

Men are more likely than women to take illicit drugs. In 2017/18, men were more than twice as likely as women to have taken illicit drugs in the previous year, 11.8% compared to 6.2%. Men are twice as likely to have taken powder cocaine ecstasy or used cannabis than women in the previous year. This pattern has existed since the 1996 survey, even though levels of use have fallen for both sexes over the time since (13.6% of men and 8.6% of women in 1996). Men also have more than double the rate of drug misuse deaths compared to women. Nationally, between 2015 – 2017 (3 years pooled data), there were 5,089 male deaths compared to 1,907 female deaths (ONS, 2017). This is reflective of patterns of drug misuse.

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ)

Adults who are gay or bisexual have been found in previous versions of the Crime Survey for England and Wales (HM Government, 2014b) to be significantly more likely to use illicit drugs than heterosexual adults. In 2013/14, 28.4% of gay or bisexual adults used illicit drugs compared to 8.1% of heterosexual adults.

A trend that has gained popularity, especially with MSM (Men who have sex with men) is Chemsex. An article in New Scientist (2017) describes chemsex as when people take drugs that enhance sex and make them feel uninhibited. In a survey of over 1,000 gay men, one in five had chemsex in the past five years and one in ten had been involved in this activity it in the past four weeks. This trend should be investigated further because of the combined potentials for harm from unprotected sex and group drug-taking activities.

Offenders / Ex-Offenders

The Home Affairs (2012) report described drug use as a major problem in the prison system, with 70% of offenders report drug use prior to prison, 51% report drug dependency and 35% admit injecting behaviour. Furthermore, a survey by the Prison Reform Trust (2013) found that 19% of prisoners who have ever used heroin reported first using it in prison. The use of new psychoactive substances is a particular issue in prisons, including the use of these drugs by those prisoners without a prior history of drug misuse (Public Health England, 2017). Further evidence of the impact on this group is provided by Mills et al (2013) who suggest that around 45% of acquisitive offences are committed by regular heroin/crack cocaine users.

Those experiencing (or have ever experienced) domestic abuse

Research by Scott and McManus (2016) for Agenda indicates that women with experience of extensive physical and sexual violence are more likely to have an alcohol problem or be dependent on drugs, compared to women with little experience of violence and abuse. Evidence also indicates children affected by domestic abuse are more vulnerable to drug misuse.

Homeless people

Those who have been homeless for a period of at least one month, either sleeping rough or living in a temporary hostel or bed and breakfast accommodation are more susceptible to problematic drug use. In recent years, the use by homeless people of new psychoactive substances, such as Spice, has been found to be on the increase as reported in the Guardian Newspaper (2015), and trends appear to be continuing. Homelessness has been found to be both a cause and consequence of drug misuse, and the situation of those who are homeless is often compounded by their substance misuse, including contributing to deteriorating physical and mental health (Bramley et al, 2015). The most disadvantaged and vulnerable people in society, including those who are homeless, have been found to be at greater risk from the most dangerous new psychoactive substances (NPS) (HM Government, 2016). The longer someone experiences homelessness or rough sleeping, the bigger the impact on their wellbeing, the more they become vulnerable to substance misuse, and the greater the likelihood of it leading to their needs becoming increasingly complex.

Sex workers

Those selling sex are at greater risk of drug misuse. Drug use is employed by some as a way of coping with what they are doing, because they are being coerced (into both prostitution and drug use), whereas some women become involved in prostitution to fund an existing drug dependence. The government's response to this issue in women is contained in the "Strategy to end violence against women and girls: 2016 to 2020" (HM Government, 2016).

Family members involved in drug misuse

Parental drug and alcohol dependence can have a significant impact on families, particularly children, and can limit the parent's ability to care for their child and/or children as described in the National Drugs Strategy (HM Government, 2016 and previous section). Parents are role models for their children, and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. It can also mean that children take on inappropriate caring roles for their parents. For some families, substance misuse is one of several other complex problems which can have a compound effect on children and families.

People with mental health issues

Co-existing mental health and substance use problems may affect between 30-70% of those presenting to health and social care settings. A range of mental health issues such as attention deficit disorder, depression, anxiety, self-harm, schizophrenia and suicide are all commonly associated with substance misuse. However, although there are clear associations between mental health and substance misuse (Merrill et al 1995) (ACMD 1998) (Demirbas et al 2003) (UCL 2010) causality is not always clear.

Individuals in substance misuse recovery

While successful completion of treatment is an important outcome for individuals who have accessed substance misuse services, relapse is often a threat. Crone et al (2009) emphasised that individuals in recovery post-structured treatment are exposed to the risk of relapse and other associated risks. In particular they are vulnerable to overdose and death from overdose.

Deprivation

There is a social gradient to substance misuse (Bellis et al, 2014). Whilst it can affect all socio-economic groups, deprivation and social exclusion are likely to have an impact on the initiation and maintenance of substance misuse. People living in more deprived areas are more likely to have entrenched and complex needs and to be frequent substance users. At the same time, they are also less likely to have access to resources and opportunities that can help improve their personal and social capital and provide some protection from the risks and harms associated with drug misuse.

Income

National evidence suggests that adults living in a household where the income is less than £10,000 are much more likely to take illicit drugs compared to those living in a household with a combined income of over £50,000, at 13.7% vs. 8.0% in 2016/17 (reported in Knowsley Intelligence Hub, 2018). This is the same when comparing use of non-prescribed, prescription-only painkillers in 2016/17 *[i.e. this refers to prescription only pain-killers being used by someone other than the person they were prescribed to, or being obtained by routes other than by a legitimate prescription],* with nationally 11.0% of those living in a household with an income of less than £10,000 using compared to 5.9% of those living in a household with an income of more than £50,000.

Ethnicity

Drug dependency in ethnic group (adults) is described in 'Ethnicity Facts and Figures' on the Gov.uk website. Using survey data, it suggests that Black people aged 16 years and over were more likely than other ethnic groups to have a drug dependency in the year prior to the survey; Black adult males were more likely than males from other ethnic groups to have a drug dependency in the 12 months prior to the survey (NHS Digital, 2016a).

Illicit drug use among (adults) survey suggests that Black adults were nearly 3 and a half times as likely as Asian adults to have used illicit drugs in the 12 months prior to the survey and Black women were nearly 25 times as likely as Asian women to have used illicit drugs over the same period. People from white backgrounds have lower rates of abstinence and higher levels of drinking compared to most black and minority ethnic groups (Hurcombe et al, 2010).

Local, Community and Stakeholder views

Survey of Wirral residents on use of local drug and alcohol services in 2018

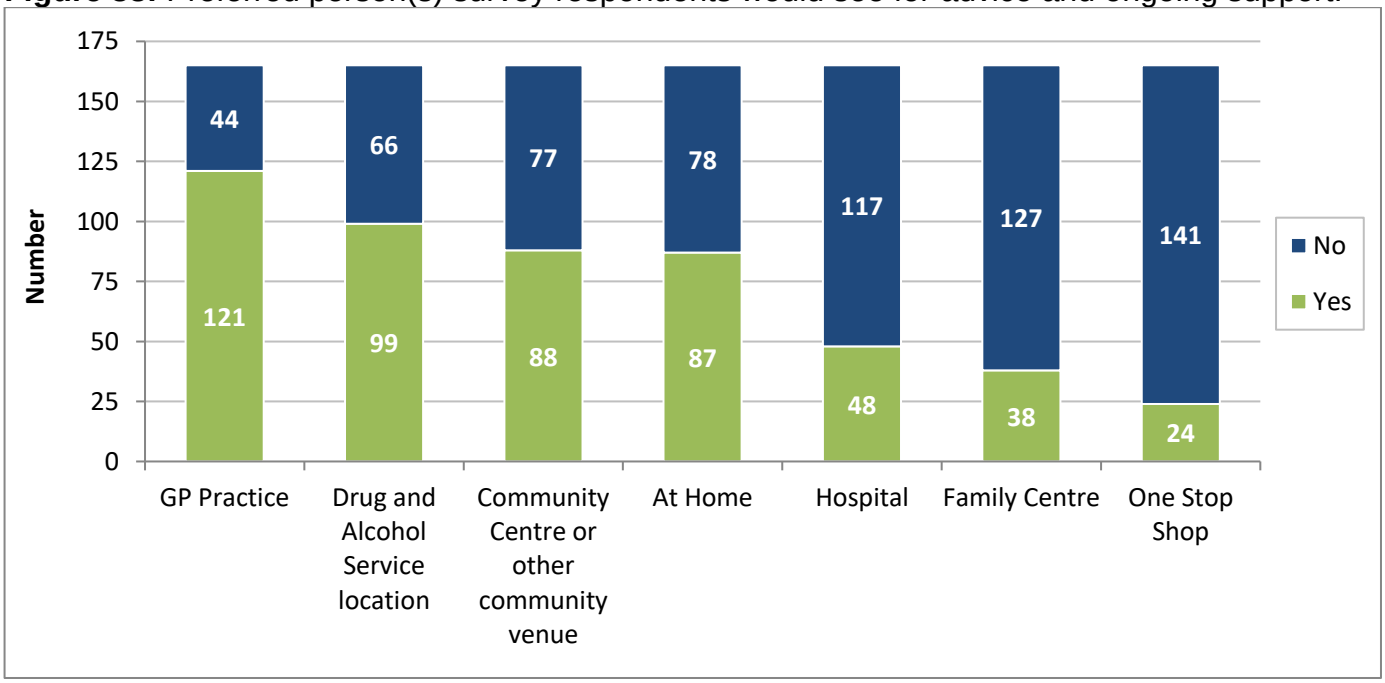
A combination of online and paper surveys was undertaken by Wirral Council Public Health Team between September 2018 and March 2019, to gauge local people's preferences and opinions on how future drug (and alcohol) services in Wirral could be organised to better engage with both current and potential service users.

There were 165 respondents to the survey; online (76) paper version (89), with a good mix of responses from across Wirral neighbourhoods and age-groups. More women responded to the survey than men.

In Figure 38 and Figure 39 below highlight that whilst the majority of respondents would prefer to access services in person and at drop in clinics; there is also a cohort that would prefer online access opportunities.

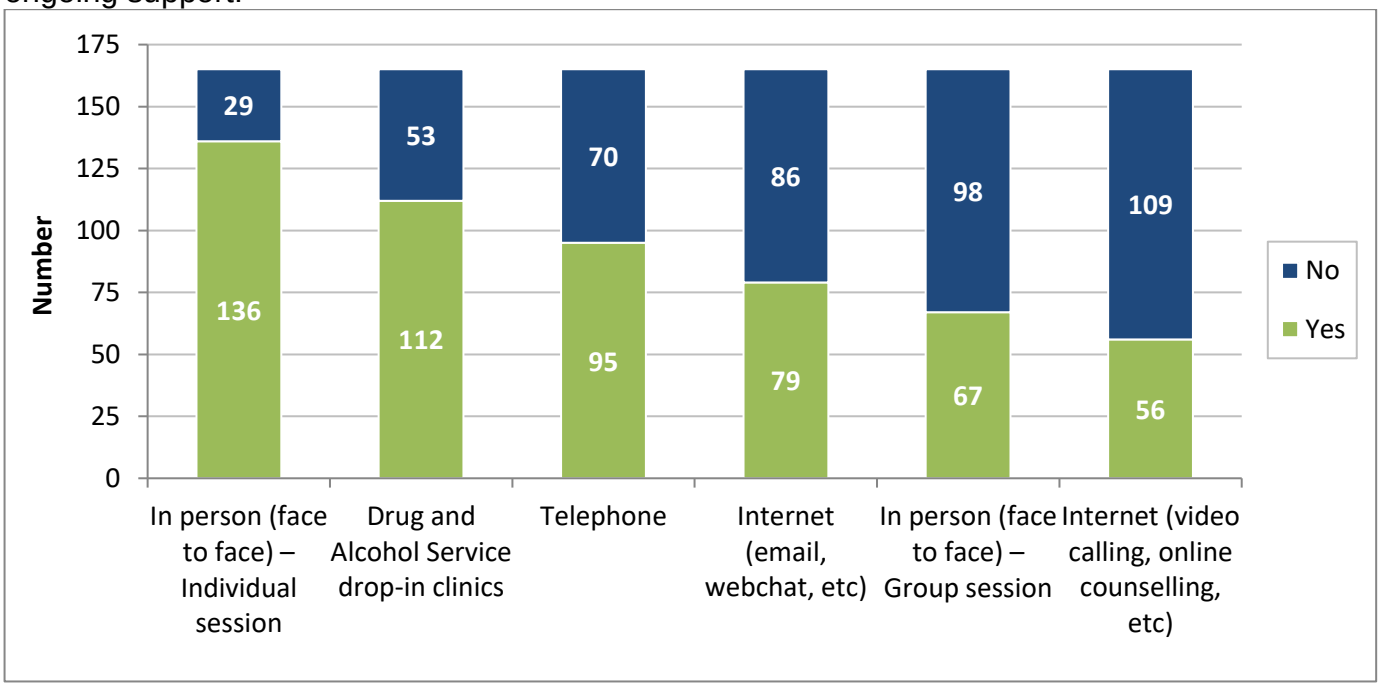
They also show that the majority of respondents would prefer to access services in their GP Practice followed by a drug and alcohol service location, community centre or at home.

Figure 38: Preferred person(s) survey respondents would see for advice and ongoing support.



Source: Wirral Council Public Health Team (2019)

Figure 39: Preferred type of service survey respondents would prefer to access for advice and ongoing support.



Source: Wirral Council Public Health Team (2019)

A number of the questions in the online and paper surveys required free-text responses and analysis of these answers highlighted the following key themes;

- When asked would they access the service if ***they or a family member had a problem with drugs or alcohol,*** several respondents highlighted a lack of knowledge about the current service, feelings and preconceptions that the current service would not provide the support required, and recognition of the service as a "drug service". Respondents felt that they needed more availability and flexibility from the service, more support for families, access to a location that not obviously known as a drug or alcohol service, and availability of home visits

- When asked for ***any further comments regarding who people would like to contact for support and where you would go for support*** a number of suggestions were shared (e.g. Narcotics Anonymous, one-stop health and wellbeing hubs, at home, near to home, at any venue not obviously a drug and alcohol service, and at community centres. Respondents felt that the service should be confidential, private, discreet, professional, informal, accessible, and use experienced staff

Qualitative Insight work carried out with young people in Wirral in 2017

In 2017 Wirral Public health team carried out a piece of qualitative work exploring non-opiate drug use in children and young people (under 25). This involved holding eight focus groups with children and young people and nine face-to-face interviews with professionals working with this population. Approximately 90 people participated, including children and young people under the age of 18, young adults aged under 25, and professionals working with these groups and who looked at the impact off drug (and alcohol) misuse. The young people were invited to talk about their experience of coming into contact with non-opiate drug (and alcohol) use but were steered away from talking about any drug use that they might have been involved in themselves.

As with all qualitative research, it is recognised that the views of groups interviewed do not necessarily represent the views and experiences of all Wirral young people in these age groups.

Highlights from the interviews with professionals included:

- Interviewed groups considered cannabis use to be "normal", everyday behaviour among their peers (children and young people aged 12-18)
- Cannabis use accounts for approximately 70% of young people in contact with the youth drugs service. Around half of these were worried about the effect it was having on their mental health
- There are reports of cannabis being used to self-medicate conditions such as depression, anxiety and ADHD because users consider it preferable to Ritalin
- Drug education in schools was felt to be sporadic. All professionals interviewed felt that there was a need for educational campaigns for young people and adults based around harm-reduction, safety and myth-busting, rather than usual abstinence messages

Highlights from the focus groups with young people (aged 15-25):

- Participants felt that ecstasy was the most commonly available drug to school-aged young people. Cannabis use was also thought to be common, mostly being used by males, but with an increasing female cohort
- Young people reported sources of access to drugs included friends of friends, peers in school, in the street/parks, on-line sources such as Snapchat/Instagram and text
- Respondents considered cocaine to be an expensive drug that was for older people
- Several drugs were considered "dirty" drugs by young people, due to the effect they have on the person taking them; heroin, spice and speed fell into this group
- Conversely, cannabis was thought of as "natural", "safe", not addictive, "not dangerous", "you can't overdose on it" or "it can't kill you"
- Few young people in the focus groups had used http://www.talktofrank.com/ and those who had didn't think it was aimed at young people, and did not relate to its content
- It was generally felt that having personal knowledge and information about the harm that can be caused by drugs was necessary. Older college-based young people felt that they had enough knowledge and that education should be aimed at school-aged children
- Views around drugs education campaigns were as follows:
    - Would need to begin in primary school
    - Target the point at which drug use affects a person's life i.e. missing school or work or not being able to pay bills
    - That campaigns should include information on what to do if a friend was in trouble after taking drugs
    - Small group discussion sessions rather than large school assemblies
    - More regular education sessions in school/college

What are we expecting to achieve? (Targets)

Public Health Outcomes Framework (PHOF) Drugs Misuse Indicators

The Public Health Outcomes Framework (PHOF) sets out a high-level overview of public health outcomes, at national and local level, supported by a broad set of indicators. Indicators in the PHOF related to drugs misuse include:

Indicator 2.15i

- Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment. (Link to Indicator)

Indicator 2.15ii

- Number of users on non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment. (Link to Indicator)

Individuals achieving these outcomes demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. These indicators and the subsequent performance align with the ambition of both public health and the Government's drug strategy of increasing the number of individuals recovering from addiction.

The two indicators also align well with the reducing re-offending outcome [Indicator 1.13] as offending behaviour is closely linked to substance use and it is well demonstrated that cessation of drug use reduces re-offending significantly. This in turn will have benefits to a range of wider services and will address those who cause the most harm in local communities.

Wirral Plan 2020 indicators

In July 2015, Wirral Council committed to working together with its partners over the next five years and beyond to achieve real outcomes on a set of twenty pledges, one of which is for local people to live healthier lives. View Wirral Plan: a 2020 vision. Although harmful drugs misuse does not appear as a named priority in the Healthier Lives Pledge (Pledge 16), it does feature as a key local improvement target and performance indicator given the negative impact on health. The reduction of local drugs misuse is key to meeting the outcomes for this pledge.

Other priorities in the plan that are associated with drugs misuse include:

- Pledge 1: Ageing Well strategy
- Pledges 2 to 4: Children, Young People and Families strategy
- Pledge 5: Improving Life Chances strategy
- Pledge 7: Zero Tolerance to Domestic Abuse strategy
- Pledges 8 to 11: Growth Plan strategy
- Pledge 18: Housing strategy
- Pledge 19: Ensuring Wirral's Neighbourhoods are Safe strategy

Full details of the plan can be found here.

What are we achieving? (Performance)

Performance against Public Health Outcomes Framework (PHOF) indicators and within Wirral plan

Reporting on:

- Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) as a percentage of the total number of opiate users in treatment.
- Number of users on non-opiates that left drug treatment successfully (free of drug(s) of dependence) as a percentage of the total number of non-opiate users in treatment.

For latest Wirral Plan Performance Reporting view:

- https://www.wirral.gov.uk/about-council/wirral-plan-performance

Specifically see Wirral residents live healthier lives

- https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Pledges/Pledge%2016%202018_19%20Q3%20Healthier%20Lives.pdf

For period up to 31st December 2018 – revisit this page for later reports

What are we doing and why?

Current services

Wirral has the following drug misuse services:

Wirral Ways to Recovery

The main Wirral Substance Misuse Service has the name of Wirral Ways to Recovery (WWtR) and is provided by Change Grow Live (CGL), a large, national third sector provider. It is an integrated, recovery-orientated community substance misuse treatment service for Wirral residents. The service delivers the following:

- An integrated drug and alcohol misuse provision.
- An integrated range of evidence-based treatment and recovery interventions known to reduce the impact of substance misuse on individuals and communities, including the following;
  - Community-engagement, prevention and harm reduction interventions
  - Structured treatment interventions
  - Criminal justice interventions
  - Recovery instigation, support and relapse-prevention work.

This service delivers the following interventions and functions:

- Intake and assessment
- Care planning, coordination and review
- Substitute prescribing
- Case management
- Structured treatment interventions
- Community detoxification and preparation and assessment for Inpatient detoxification

In detail this involves the delivery of a service with the following components for the treatment of drug misuse:

- Substitute prescribing to stabilise/reduce dependence on illicit drugs (particularly heroin)
- Shared care function and provision with general practitioners.
- Harm-reduction approach, including provision of needle and syringe exchange
- Outreach services
- BBV provision, especially enhanced provision around Hepatitis C
- Community detoxification
- Hospital substance misuse liaison-link service
- A dual diagnosis service with practitioners working as part of a multi-disciplinary team, including clinical psychology input, with those identified with mental health concerns.
- Psychosocial interventions & counselling
- Preparation and referral for residential detoxification and residential rehabilitation.
- Specialist provision for service users who are pregnant, have recently given birth (within the last year), or who are working in the sex trade.
- A hostel liaison service providing rapid access to treatment for drug and alcohol users living in hostels and other supported accommodation
- Recovery-support and relapse-prevention
- Strengthening families & reducing cycles of harm
- Support in accessing education, training and employment
- Support to access and sustain suitable safe and secure housing
- Service working with Criminal justice services to support drug users whose offending behaviour links their drug misuse, to reduce re-offending, and to make communities safer.

This service has four hubs based in Wirral. These are in the following locations;

- 23 Conway Street in Birkenhead,
- Ashton House in Moreton
- 151-153, Brighton Street in Wallasey.
- The service is also co-located at Parkfield Medical Centre in New Ferry

The service can be contacted by telephone on 0151 556 1335
or by email at wirral.services@cgl.org.uk
or the website can be accessed at https://www.changegrowlive.org/content/wirral-ways-recovery

The service can be accessed through a referral from other professional/service/organisation. People can self-refer either by contacting the service and making an appointment, or by accessing the service directly (telephone, e mail), or through the 5-day open access.

Spider Project

Spider Project is an abstinence based recovery project available for people recovering from drug, alcohol and mental health problems. It is based on an environment of mutual support delivered through a creative arts and wellbeing programme.

Those who attend are required to be abstinent from the substance of dependence. The service is located at:

Hamilton House, 56, Hamilton St, Birkenhead, CH41 5HZ
Phone No: 0151-647-7723
Website: www.spiderproject.org.uk
E-mail (for enquiries): enquiries@spiderproject.org.uk
Spider Wirral CIC Facebook
Spider on Twitter

Birchwood Residential Detox Service

23-25 Balls Road, Oxton, Wirral, Merseyside, CH43 5RF
Tel: 0151 670 0033
Website: www.birchwoodtreatment.com

Birchwood Residential Treatment Centre is a 20-bed residential detox facility run by the Kaleidoscope Project. It is registered with the Care Quality Commission and is one the few centres in the North West providing medically monitored and medically managed inpatient drug and alcohol detoxification and treatment.

The service offer clients improved physical and emotional health and wellbeing, and sustained recovery by:

- Addressing and resolving physical dependence on drugs and alcohol through offering appropriate reduction regimes, medication to address acute withdrawal symptoms, and supportive psycho-social interventions.

The service supports those who have a stay at the project to address their dependence and then commence or continue on their recovery journeys. It does this through a range of interventions and support, including the following;

- Working with people while they are resident in the project to improve self-worth, value, confidence and self esteem
- Improving access to learning and education
- Increasing the visibility of recovered peers and encouraging engagement with the recovery network.
- Creating an aspiration for change and placing an emphasis on self-directed recovery.
- Providing safe, sociable activities

- Facilitating three way meetings with family and carers and including them in post discharge plans.
- Offering advice and guidance to families and carers

Phoenix House Residential Rehabilitation Service
Upton Road, Bidston CH43 7QF
wirral.residential@phoenixfutures.org.uk
Phone: 0151 652 2667
www.phoenix-futures.org.uk/wirral-residential-service

The Phoenix Futures Wirral Residential Service offers drug and alcohol free residential rehabilitation to those with substance misuse problems. The programme follows the principles of a *Therapeutic Community* and lasts between 3 and 6 months. Residents take part in the daily programme and this includes being responsible for the day-to-day running of the house.

After completing treatment at the residential, residents are supported to move on to supported housing services or their own accommodation. A detox option is also available for those signing up for the rehabilitation programme.

The Treatment programme includes the following;
- Therapeutic Community
- Behavioral role play therapy
- Life story work
- Full group work programme
- Complementary therapies
- Cognitive behavioral therapy

The service is available to anyone aged 18 years and over with substance misuse issues. There are 32 beds in total with separate male and female accommodation

Narcotics Anonymous, and other fellowship groups
Narcotics Anonymous is a community of people who support each other to achieve and maintain a drug free life. The only requirement for membership is a desire to stop using drugs. There are no membership fees in NA, and each group is self-supporting. NA is not allied with any religion, institution or other organisation.

The purpose of is to provide a structure to its members so that they can support each other to stay drug free themselves and help others to achieve and maintain a drug free recovery and lifestyle.

24-hour national help-line: 0300 999 1212
Website: WWW.MANA-UKNA.CO.UK
For Area Service Committee contact: chair@mana-ukna.co.uk

Allied services

Pharmacy Needle and Syringe Exchange Provision

Boots	206 BEDFORD ROAD		ROCK FERRY	CH42 2AT
Boots	30 HOYLAKE ROAD		BIDSTON	CH41 7BX
Old Chester Pharmacy	296 OLD CHESTER ROAD		ROCK FERRY	CH42 3XD
Victoria Pharmacy	100 VICTORIA ROAD	NEW BRIGHTON	WALLASEY	CH45 2JF
Day Lewis Pharmacy	41 FENDER WAY	BEECHWOOD	BIRKENHEAD	CH43 7ZJ
Day Lewis Pharmacy	14-16 CROSS LANE		BEBINGTON	CH63 3AL
Wyn Ellis & Son Pharmacy	32 POULTON ROAD		WALLASEY	CH44 9DQ
Jackson's Pharmacy	118 ST PAULS ROAD		WALLASEY	CH44 7AL
Rowlands Pharmacy	2A CHADWICK STREET		MORETON	CH46 7TE
Rowlands Pharmacy	73 MARKET STREET		BIRKENHEAD	CH41 6AN
Lee's Pharmacy	98 HOOLE ROAD	WOOD CHURCH	BIRKENHEAD	CH49 8EG
Lloyds Pharmacy	ARROWE PARK HOSPITAL	ARROWE PARK ROAD	UPTON	CH49 5PE
Wilson's Chemist	17 THE CRESCENT		WEST KIRBY	CH48 4HL
Egremont Pharmacy	9A KING STREET		WALLASEY	CH44 8AT
Claughton Pharmacy	161 PARK ROAD NORTH		BIRKENHEAD	CH41 0DD
Medicx - St Catherine's	ST. CATHERINE'S HOSPITAL	CHURCH ROAD, TRANMERE	BIRKENHEAD	CH42 0LQ

Services and Support for Children, Young People and Families

Response

Response is a confidential service for young people aged 13-19 years old offering a wide range of support and counselling for issues related to drugs and alcohol, mental health, homelessness and/or threatened homelessness. Response can be contacted by:
Telephone: 0151 666 4123
Email: response@wirral.gov.uk
In person: The Callister Centre, 19 Argyle Street, Birkenhead CH41 1AD.

FRANK

FRANK is a national drug education service jointly established by the Department of Health and Home Office of the British government in 2003. It is intended to reduce the use of both legal and illegal drugs by educating teenagers and adolescents about the potential effects of drugs.

It has run many media campaigns on TV, radio, and the internet. FRANK provides the following services for people who seek information and/or advice about drugs:

- A website
- A confidential telephone number, available 24 hours a day
- Email
- A confidential live chat service, available from 2pm-6pm daily
- A service to locate counselling and treatment

Adfam: Supporting Families

Adfam is a national UK charity working to improve support for those affected by someone else's substance use. It sets out to do this through three distinct but related strands of work:

- Supporting and empowering families. Although Adfam itself is not a direct provider of services to families it does support family members to make contact with services local to their area.

- Supporting frontline workers in the drug and alcohol and related sectors to work with family members and carers.
- Influencing, at both local and national levels, to shape the environment in which key decisions are made so that it takes more account of the needs and contribution of affected family members and carers.

Adfam can be contacted in the following ways
Telephone 020 3817 9410
(Note: Adfam does not operate a helpline - see help for families for further information)
Email admin@adfam.org.uk
Twitter
Facebook
LinkedIn
Instagram

What is this telling us?

Key gaps in knowledge and services

The available data for the field of drug misuse is relatively rich and abundant. In particular this is provided by the National Drug Treatment Monitoring System (NDTMS), which is a long established database, incrementally developed over many years, and now delivering detailed, robust and reliable data that can be tracked over long time frames. However, this database only provides data on those who contact treatment services and therefore does not provide any data on drug users who are not making this contact. Consequently, the gaps in knowledge largely relate to these groups and include the following;

- Robust, data on the parental status of drug users in treatment, and reliably up-to date data on whether/how many of their children live with them/live with other relatives/have left home/are in care.
- Comprehensive data on the smoking status of drug users in treatment, and their smoking history.
- Reliable data on the number of adult cocaine users in a community.
- Detailed data on the prescribing of prescription only pain killers (e.g. Gabapentin, Pregabalin), and hypnotics and anxiolytics (e.g. Diazepam, Temazepam, Nitrazepam, Xanax)
- Data on the numbers/groups of people using the above drugs but who have not been prescribed them
- Detailed data on the non-opiate drug use of younger people, aged under 24, particularly data that reliably picks up the range of drugs being used, and supports the profiling of the groups of young people using these drugs.

What is coming on the horizon?

- Consideration is being given nationally to the possibility of establishing “drug using rooms”, where drug users can use their drugs, including injecting their drugs, in a supervised environment, significantly reducing the risk of overdose. A Supervised Drug Consumption Facilities Bill had its second reading in the Westminster parliament on 27th March 2019.

- There is a national commitment to eradicating the Hepatitis C virus by 2030. Locally there is a commitment to achieving this by 2025.

There will be an increasing focus on how services set out to identify all those who are Hep C positive, and how they then support them into successful treatment interventions that result in them clearing the virus. (Hepatitis C in England 2018 report: Working to eliminate hepatitis C as a major public health threat (PHE).

- In April 2018 the Government published its Serious Violence Strategy (Home Office). This identifies as one of its 4 key themes "Tackling County Lines and misuse of drugs", and it notes that while overall crime continues to fall, the incidence of serious violent crime has risen, and drug related cases are an important driver of this. It picks out in particular Crack Cocaine markets as having strong links to serious crime, and also notes that there has been an increase in vulnerable groups susceptible to related exploitation and/or drug use, feeding into the county lines operations. To respond to this the Home Office is supporting the development of a new National County Lines Co-ordination Centre and is proposing to provide funding to support delivery of a new round of Heroin and Crack Action Areas

- There is growing national concern about the increase in addiction to prescribed medication, particularly the strong opioids. Although data in this Needs Assessment suggests that at this time Wirral does not have a particular problem in this area, at least from the point of view of the current level of prescribing, it is an issue that needs to be monitored and a suitable service offer needs to be in place to respond to demand

- Unlike the changeable composition of service users for other cohorts, the variable commitment of the opiate using group to change, is an increasingly difficult challenge for commissioners and service providers alike, given the clients length of time in treatment and continuing resistance to reducing their medication and/or sustained abstinence. On this basis It may not be realistic to expect the numbers of opiate users successfully completing treatment to be sustained at its current levels, and services may have to adapt what is offered to these aging and ailing clients to meet increasing complex and critical needs, particularly regarding their health. It will be important to remain watchful of this outcome (for all drug groups), using comparison performance results from similar areas plus regional and national data

What does this JSNA suggest for further actions?

A new contract for an Integrated Adult Substance Misuse Treatment and Recovery Service is being put out to tender in June 2019. This should result in a newly commissioned service commencing from February 1st, 2020. This new service will be required to continue to seek a balance between providing interventions focused on harm reduction and recovery, but it will also be expected to develop and strengthen the programme in the following areas;

- Together with other key partners, working with drug (and alcohol) using parents and their families to improve the outcomes for their children, and to break the connections producing intergenerational substance misuse.

- Delivering services in the places they are most needed, in particular by working more closely with GP practices through the developing 9 neighbourhood framework, and Primary Care Networks.

- Increasing the focus on people who addicted to/misusing non-prescribed prescription only medication.

Key content

Links

These links are intended to offer some additional and alternate sources of information that might then provide added insight for all those with an interest in this area. If you are aware of more options then please do not hesitate to contact us at wirralintelligenceservice@wirral.gov.uk

National Treatment Agency (NTA) website http://www.nta.nhs.uk/

Public Health Outcomes Framework website http://www.phoutcomes.info/

Health Profiles website http://fingertips.phe.org.uk/profile/health-profiles

Local Health website http://www.localhealth.org.uk/#l=en;v=map9

National Institute for Health and Care Excellence http://nice.org.uk

Wirral Intelligence Service website https://www.wirralintelligenceservice.org/ and
Wirral Intelligence Service Drugs Misuse section
https://www.wirralintelligenceservice.org/jsna/drug-misuse/

JSNA Support Pack for Drugs Misuse (October 2018)
https://www.wirralintelligenceservice.org/jsna/drug-misuse/

UK Focal Point on Drugs (2016) United Kingdom Drug Situation: Focal Point Annual Report
https://www.gov.uk/government/publications/united-kingdom-drug-situation-focal-point-annual-report

Safeguarding children affected by parental alcohol and drug use (December 2018)
This is a guide for local authorities and substance misuse services to help them work together to safeguard and promote the welfare of children.
https://www.gov.uk/government/publications/safeguarding-children-affected-by-parental-alcohol-and-drug-use

Parental alcohol and drug use: understanding the problem (May 2018)
Guidance for local areas to identify problematic parental substance use to help commission services to reduce and prevent harm to children and families.
https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem

Alcohol and drug prevention, treatment and recovery: why invest? (February 2018)
Information for commissioners and providers of substance misuse services to help make the case for investing in drug and alcohol treatment and interventions.
https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest

Black Sheep: An Investigation into Existing Support for Problematic Cannabis Use (February 2017)
This report attempts to fill and further highlight gaps in Public Health knowledge around cannabis and other non-opiate drug use. The report also highlighted the following (Author Lizzie McCulloch)
http://volteface.me/publications/black-sheep/

Relevant and related national and local strategies

This section has several key national and local strategies, over recent years, which have informed and influenced the delivery of local drug and substance misuse services.

Wirral Intelligence Service: Drugs Misuse Section – April 2019 - Relevant and related national and local strategies

References

Wirral Intelligence Service: Drugs Misuse Section – April 2019 - References

Appendix

Appendix 1

National Drug Treatment Monitoring System (NDTMS) Reference data - Core dataset - v14.03 – March 2019 for Drug codes and names (see pages 77 to 81)

Appendix 2

England-Specific Drug Attributable Fractions (DAF) Codes and Fractions

Contact details

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- Sarah Kinsella, Senior Public Health & Commissioning Analyst, Wirral Intelligence Service, Wirral Council sarahkinsella@wirral.gov.uk
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