Adult drugs misuse

1 INTRODUCTION

Drug misuse comprises the use of illegal drugs such as Class A drugs, volatile substances such as gas, over the counter (OTC) and prescribed drugs, such as opiate based pain killers and tranquillizers, along with emerging substances and 'New Psychoactive Substances' (NPS) such as synthetic cannabinoids.

Drug misuse is associated with a range of psychological, physical and social issues and addressing these remain a key national and local priority.

Under the Misuse of Drugs Act 1971, illegal drugs are placed into one of 3 classes - A, B or C. This is broadly based on the harms they cause either to the user or to society when they are misused.

- Class A drugs include: heroin (diamorphine), cocaine (including crack), methadone, ecstasy (MDMA), LSD and magic mushrooms
- Class B drugs include: amphetamines, barbiturates, codeine, cannabis, cathinones (including mephedrone), synthetic cannabinoids, Ketamine
- Class C drugs include: anabolic steroids, benzodiazepines, gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), piperazines (BZP) and khat.

Not all drugs are illegal, however their being legal does not mean that they are not harmful. The use of novel psychoactive substances (NPS) represents an emerging risk and the extent of the impact of these substances is not yet fully understood.

Problems are wide ranging and include physical and psychological dependency, acute medical problems such as overdose and drug-induced psychosis; chronic illness such as blood borne viruses through the use of shared injecting equipment (it is estimated that half of those who inject drugs are infected with Hepatitis C virus), and social consequences such as drug related acquisitive crime and the risk of criminal proceedings through illegal use.[1]

Drug use and drug dependence are known causes of premature mortality. Drug misuse was related to 19% of all deaths among people in their 20s and 30s in England and Wales in 2018.[2]

2 WHO'S AT RISK AND WHY?

Several factors have been identified as increasing the risk of drug misuse including:[3]

- Growing up in a household in which neglect, drug misuse, emotional or physical abuse has taken place

- Mental health problems including depression, anxiety and attention deficit disorder
- Unemployment, low educational attainment, vocational problems
- Socialising with other people who use/misuse drugs
- Previous drug use

A number of these factors feature in the Leicester population. For example:

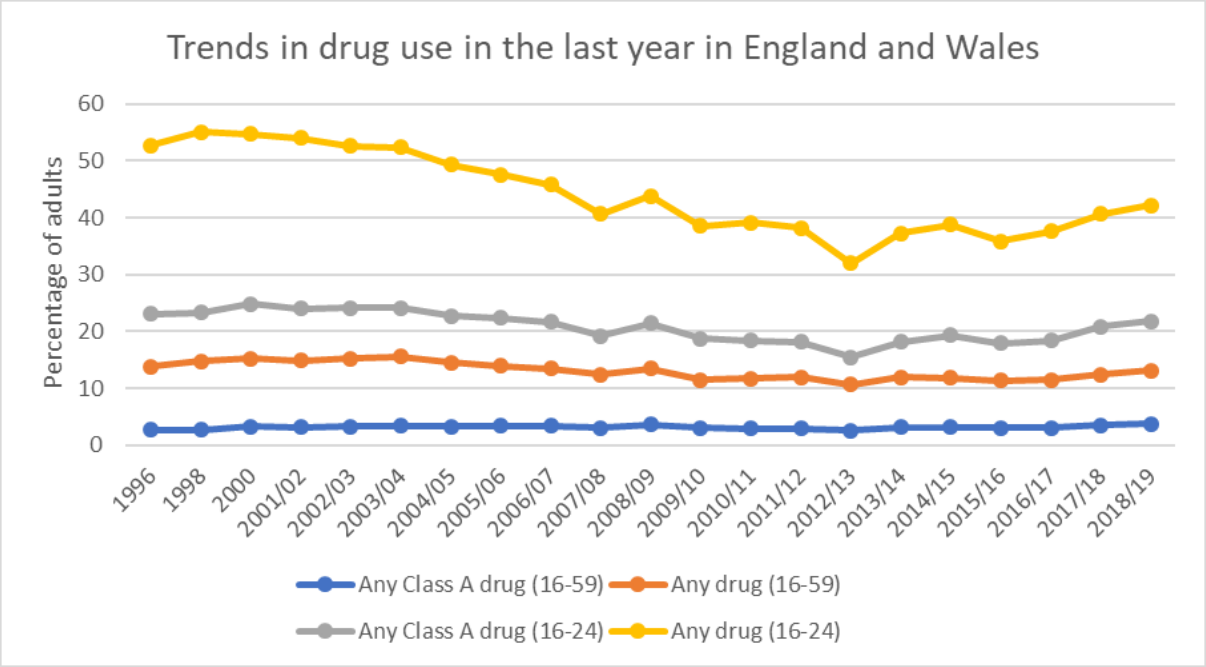
- The city has higher reported rates of children in need due to abuse or neglect
- The proportion of the 16-18 year olds not in education, employment or training is higher than average
- Lower than average levels of educational attainment

Overall, drug use within the adult population is relatively low and illicit drug use has reduced significantly over the last 20 years. Despite this downward trend in overall drug use, class A drugs continues to be used by around 3.5% of the population.[4]

3 THE LEVEL OF NEED IN THE POPULATION

3.1 DRUG CONSUMPTION IN ENGLAND

Figure 1: Trends in drug use



***Data**: Crime Survey for England and Wales (CSEW) 2018/19*

Key findings from the Crime Survey for England and Wales (CSEW) 2018/19[5]

- **Drug use in 16-24 year olds is more than double use in 16-59 year olds**
  - Around 1 in 11 (9.4%) adults aged 16-59 years had taken a drug in the last year

- Around 1 in 5 (20.3%) adults age 16 to 24 had taken a drug in the last year
- Around 1 in 20 (5%) adults aged 16-59 years and 1 in 9 16-24 year olds had taken a drug in the last month (11.4%)
- Around one third (34.2%) of adults had taken drugs at some point during their life

- **Cannabis is the most commonly used drug**
  - 7.6% of adults 16-59 years used cannabis in the last year
  - 17.3% of adults 16-24 years used cannabis in the last year

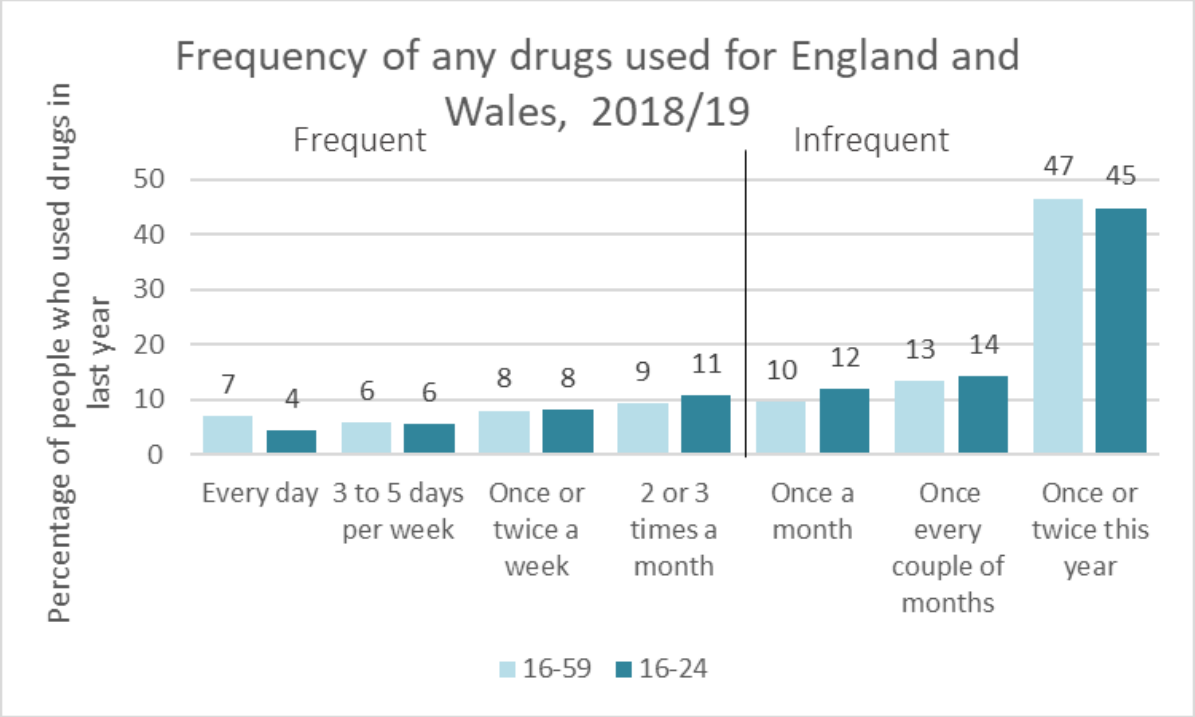
- **Class A drugs were taken by 3.7% of 16-59 year olds and 8.7 % of 16-24 year olds within the last year**

  - Powder cocaine is the second most commonly used drug
  - 2.9% of adults 16-59 years used powder cocaine in the last year
  - 6.2% of adults 16-24 years used powder cocaine in the last year
  - Overall upward trend in use of powder cocaine since 2011/12 (2.1% of 16-59 and 4.1% for 16-24 year olds)

CSEW showed 9.4% of adults nationally (aged 16-59) had taken an illicit drug in the previous year, with 3.7% having taken a Class A drug. Cannabis is the most prevalent and popular illicit drug used, having been taken by 7.6% of 16-59 year olds, followed by powder cocaine (2.9%) and ecstasy (1.6%). There has been an increase in use of Class A drugs (ecstasy and powder cocaine) since 2016/17 (3% class A drug use).

4.9% of young adults (16-24) reported frequent drug use (taking any drug more than once a month in the last year), while 2.4% of all adults 16-59 are frequent drug users. This is a significant change compared to 2017/18, when 4.1% of 16-24 years olds reported being frequent drug users. Cannabis is used most frequently, followed by powder cocaine and ecstasy.

Figure 2: Frequency of drug use



Data: Crime Survey for England and Wales (CSEW) 2018/19

Drug use by social and demographic group:

Age:

- Highest among 16-19 year olds (18.4%) and 20-24 year olds (21.7%)
- Lowest in 55-59 year olds (1.7%)

Gender:

- Around 1 in 8 men (12.6 %) compared with 1 in 16 (6.3%) women

People living in urban areas:

- 1 in 11 (9.8%) of people living in urban areas compared with 1 in 14 (7.7%) of those living in rural areas

Drinking in pubs, bars and nightclubs:

- Highest in adults 16-59 who reported visiting nightclubs more than 4 times in the past month (40.8% any drug and 24.5% using a class A drug)
- Lowest in adults not visiting nightclubs (7.1%)
- Highest in adults visiting pubs more than 9 times in the last month (26%) and lower in adults not visiting pubs (5%)
- Highest in people who dink three of more days per week (13.9%).

Marital status:

- Single people report the highest drug use (18.1%), followed by co-habiting adults (10.7%)
- Married/civil partnership adults have the lowest level of drug use (3.3%)

Unemployed:

- Unemployed are more than twice as likely to have used drugs (18.3%) than those in employment (9%). There has been a statistically significant increase in the levels of cannabis in those who are unemployed since 2015/16 (12.4% in 2015/16 compared 16.4% in 2018/19).

Wellbeing:

- Drug use decreases as life satisfaction increases. Of those who reported low levels of life satisfaction 13.1% also reported use of any drug in the last year, compared with 12.7% of those who reported medium life satisfaction,11.2% for high life satisfaction, and 5.8 per cent for very high life satisfaction
- Levels of any drug use in the last year increases with levels of anxiety, from low anxiety 9.2 %, medium 10.3%, high 11.8%, and very high 6.6%.

Longstanding illness or disability:

- Those with a long-standing illness or disability reported use of non-prescribed prescription-only painkillers for medical reasons (12.6%) compare with those with no long-standing illnesses (5.6%).

Ethnicity

- Adults from Mixed ethnic backgrounds report the highest rates of drug use (23.4%), followed by those from White backgrounds (9.9%). All South Asian backgrounds had the lowest rates of drug use (3%).

Sexuality*

Gay/bisexual adults are more likely to have taken any illicit drug in the last year than heterosexuals (33% of gay/bisexual men and 22.9% of gay/bisexual women compared with 11.1% of heterosexual men).

**Estimates taken from the 2014/15 survey (not updated in most recent surveys)*

3.1.1 EMERGING ISSUES IN ENGLAND

The overall drug market, for those who regularly use drugs, in particular opiates such as heroin, appears to be developing in its complexity and level of risk. A national street drug survey by Drugscope entitled *Down a Stony Road* undertaken at the end of 2014, highlights concerns around the increased levels of purity in heroin (potentially increasing the risk of

overdose), the increased use of prescribed drugs such as Pregabalin (an anti-convulsant) alongside heroin and NPS, in particular, synthetic cannabinoids. [6] The ONS report on deaths related to drug poisoning in England and Wales for 2018 identified the following trends: [7]

- The total number of drug deaths is increasing: There were 4,359 deaths related to drug poisoning in England and Wales in 2018, the highest number and the highest annual increase (16%) since the time series began in 1993.
- Deaths are related to a wide variety of substances: Between 2017 and 2018, there were increases in the number of deaths involving a wide range of substances, though opiates, such as heroin and morphine, continued to be the most frequently mentioned type of drug. Deaths involving cocaine doubled between 2015 and 2018 to their highest ever level, while the numbers involving new psychoactive substances (NPS) returned to their previous levels after halving in 2017.

3.2 DRUG CONSUMPTION IN LEICESTER

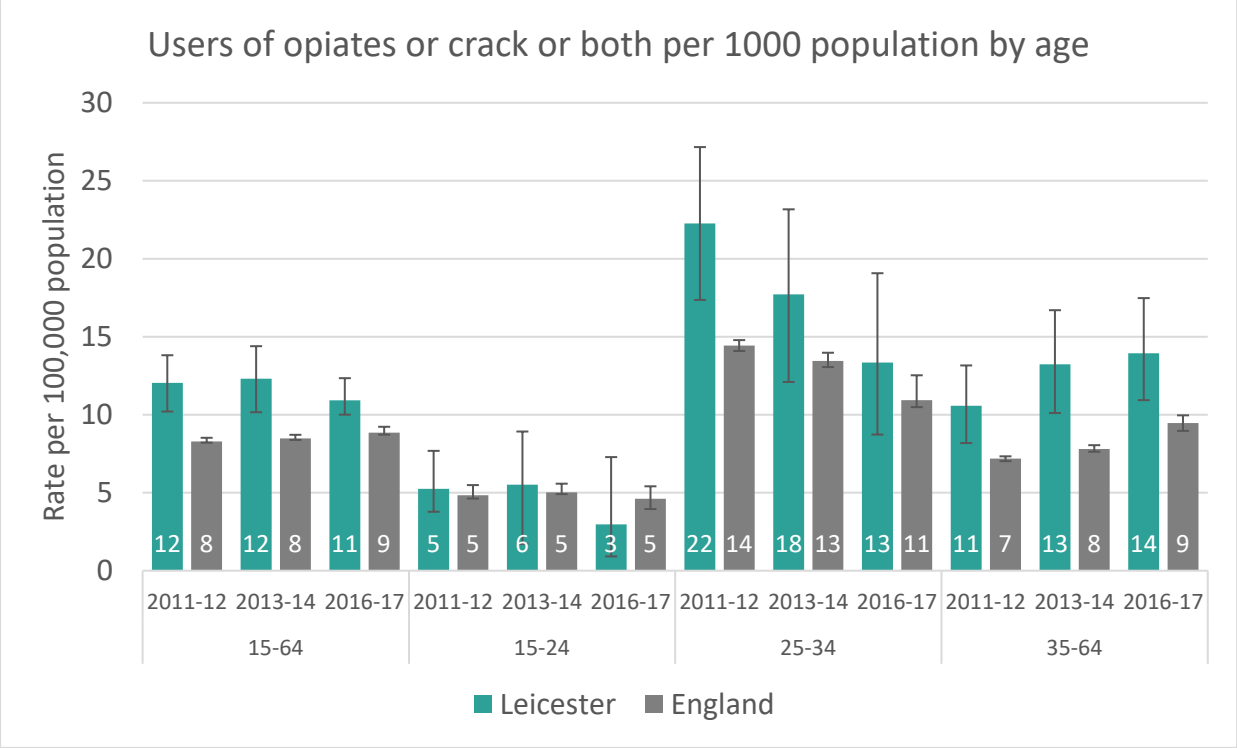
3.2.1 PREVALENCE OF DRUG CONSUMPTION IN LEICESTER

Based on drug prevalence rates from the 2018/19 Crime Survey of England and Wales, 9.4% of 16-59 year olds reported use of drugs in the last year (equivalent to around 20,000 individuals in Leicester). 2.4% of 16-59 year olds (equivalent to 5000) reported taking drugs frequently (more than once per month). Cannabis accounts for the majority of drug use: 9.5% of men (10,600) and 4.8% of women (5,200).

Areas with relatively high rates of deprivation are more likely to have higher rates of drug use amongst the population, so it is likely numbers may be higher in Leicester than nationally.

Figure 3 shows that Leicester has a relatively high rate of opiate and crack cocaine users (OCUs) - estimated to be 10.9 per 1,000 15-64 year olds, compared to a national rate of 8.9 per 1,000.[8] This is equivalent to approximately 2,600 opiate and crack cocaine users in Leicester. More than 60% of OCUs are over 35.

Figure 3: Opiate and/or crack cocaine prevalence estimates by age group



Data: PHE: Estimates of opiate and crack cocaine use prevalence 2017

3.3 IMPACTS OF DRUG CONSUMPTION

3.3.1 HOSPITAL ADMISSIONS

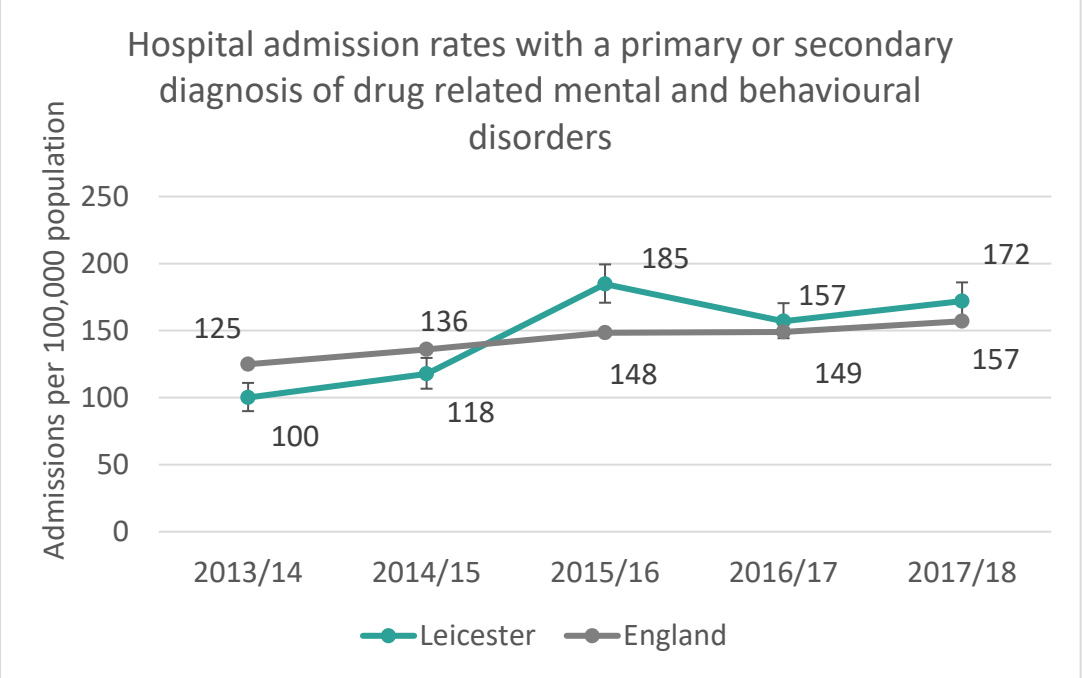
Hospital admissions in drug users may be for the primary effects of drug use such as poisoning or as a consequence of co-morbidities such as mental health issues. Mental health and behavioural disorders are typically responsible for five or six times more hospital admissions than drug poisoning each year, although admissions caused by both have increased since 2013/14.

3.3.1.1 DRUG-RELATED MENTAL HEALTH HOSPITAL ADMISSIONS

There were 630 drug-related mental health hospital admissions in 2017/18 in Leicester (over 445 for men and 185 admissions for women).[9] For every 100,000 people in Leicester there were 172 drug-related mental health hospital admissions. The Leicester rate was significantly higher than the England overall (157 per 100,000).

Figure 4 shows a substantial increase in admission rates for drug-related mental health and behavioural disorders in Leicester since 2013/14. Over the same time period, England has experienced a similar trend, although with a less substantial increase in admission rates..

Figure 4: Hospital admission rates for drug-related mental health and behavioural disorders



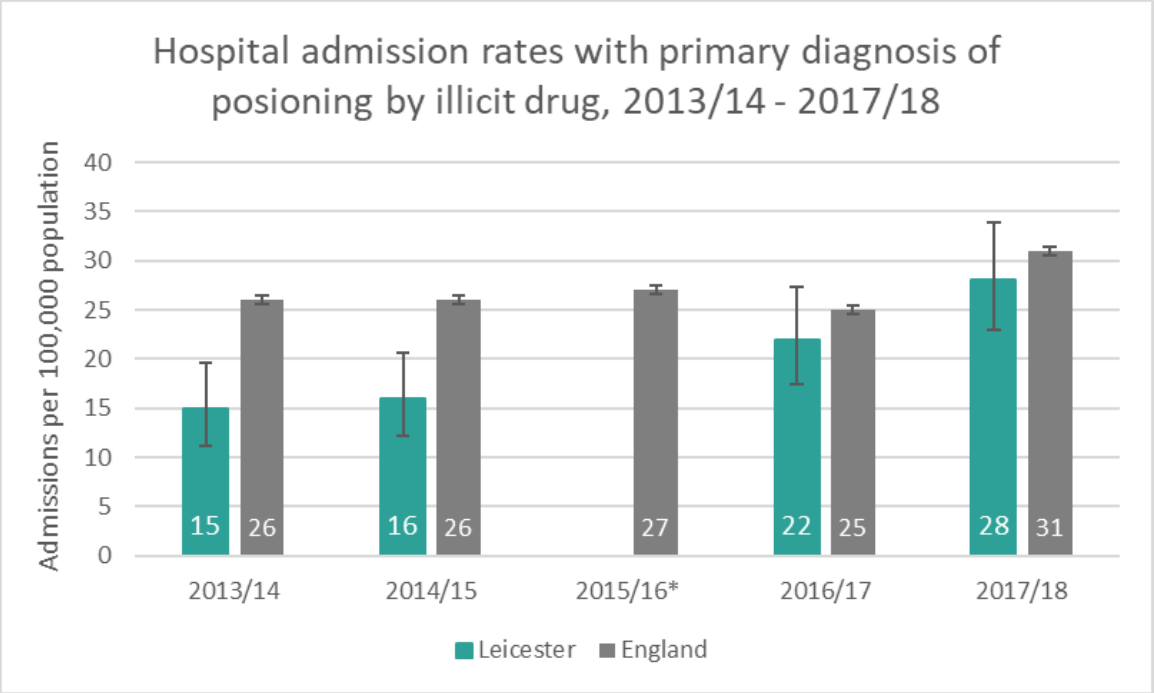
Data:

NHS Digital, Drug Misuse in England data 2017 and 2018

3.3.1.2 DRUG POISONING HOSPITAL ADMISSIONS

There were 105 admissions for a primary diagnosis of poisoning by illicit drugs in Leicester in 2017/18. Men accounted for 62% of these. Figure 5 illustrates the significant increase in hospital admission rates for drug poisoning between 2014/15 and 2017/18.

Figure 5: Hospital admission rates for poisoning by illicit drugs



Data: *NHS Digital, Drug Misuse in England, 2017 and 2018*

**Data for Leicester 2015/16 is suppressed due to small numbers*

3.3.2 MORTALITY

This section draws on data related to drug misuse, a subset of drug poisoning, which relates to the causes of deaths coded to psychoactive substance use excluding alcohol, tobacco and volatile solvents. The majority of drug misuse-related deaths both nationally and in Leicester are caused by accidental poisoning. Mental health disorders, self-harm and suicide as a result of substance misuse are proportionally smaller, but still common causes of drug-related deaths.[10]

England[11]

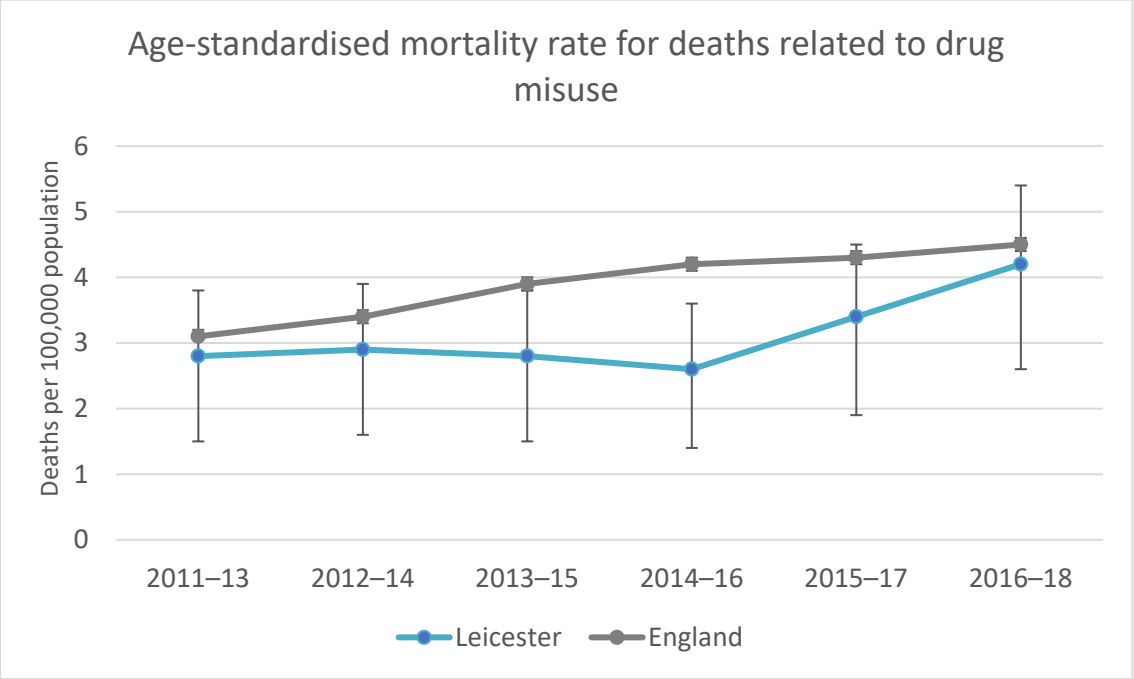
- The number of drug misuse deaths has increased over the past 20 years, with a significant rise in the last three years, to the highest rate on record, 4.5 per 100,000.
- In 2018, those aged between 40 and 49 years had the highest age-specific drug misuse mortality rate at 125.7 deaths per million people, significantly higher than 102.8 deaths per million in 2018.

Leicester

- There were 42 deaths related to drug misuse in Leicester for the period 2016-2018.[12] This is an increase on the 34 deaths for 2015-17.
- Typically, around 80% of drugs misuse deaths are males and 20% are females, similar to England.

Figure 7 shows that in Leicester the rate of deaths related to drugs misuse and been similar to England overall for the last reporting periods, but appears to be trending upwards after being significantly lower than England in 2013-15 and 2014-16.

Figure 7: Mortality rate for deaths related to drug misuse



Data: *ONS, Drug-related deaths by local authority, England and Wales, 2018*
**Data suppressed for Leicester females due to small numbers*

3.3.3 CRIME

Drug-related crime causes harm both to individuals and the societies in which they live. In England and Wales, the social and economic cost of drug-related crime is estimated to be £10.7 billion per year.[13] In Leicester in 2018/19, of 815 drug-related crimes just under a quarter were violent.[14]

3.3.4 PARENTAL IMPACT ON CHILDREN

Parental drug misuse can have a significant impact on children's physical and psychological health, their educational and social outcomes, and the likelihood that they will misuse

drugs.[15] One quarter (26%) of Children in Need episodes in Leicester referenced drug misuse the episode review.[16]

Further information on the impacts of drugs misuse on children available are in the children's JSNA: https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-information/jsna/cyp-jsna/

4 DRUG TREATMENT

4.1 TREATMENT OVERVIEW

Turning Point provides a community-based integrated adult drug and alcohol service in Leicester. It took over operation of the service part-way through 2016/17. The population discussed below are those in treatment for opiates, non-opiates, and non-opiates and alcohol.

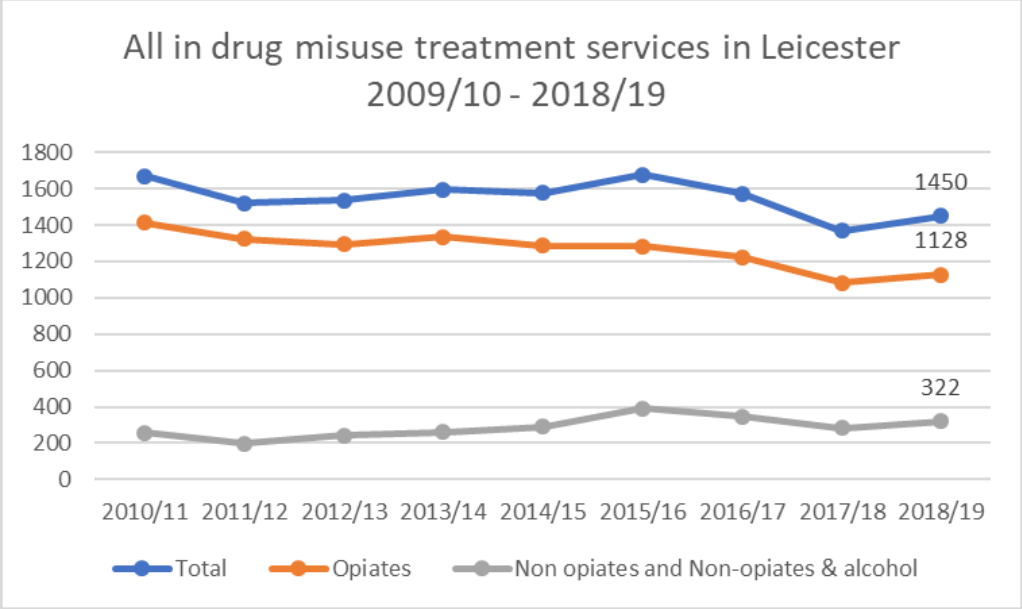
Figure 8 shows that for the period 2009/10 to 2016/17, between 1500 and 1700 people were in drug misuse treatment services in Leicester each year. The number of people in treatment for drug misuse was lower in 2017/18 and 2018/19. While it's unclear if this is a long-term trend in Leicester, it should be recognised that in England overall there has been longer-term downward trend in the number of people in drugs misuse services since 2009/10. Over this period, there has been a national decline in people using drug misuse treatment services of 9%, driven largely by small decreases in the volume of opiate users in treatment.

Of all in treatment, 708 (49%) were new presentations in 2018/19. This is higher than in previous years and higher than England, where the proportions of clients who are new to treatment is generally just under 40%.

The types of drug misuse treatment services clients access in 2018/19 have changed slightly compared to 2012/13:

- Opiate users have decreased from 84% to 78%
- Non-opiates only have increased from 7% to 10%
- Non-opiates and alcohol have increased from 8% to 12%

Figure 8: All in drug misuse treatment services in Leicester 2009/10 – 2018/19



Data: *National Drug Treatment Monitoring System*

4.2 TREATMENT POPULATION

4.2.1 DEMOGRAPHICS

4.2.1.1 GENDER

The demographic profile of the local treatment population remained relatively unchanged between 2010/11 and 2018/19. The male: female ratio is around 3:1.

4.2.1.2 ETHNICITY

White British are the largest group in treatment at 80%. Asians are the second largest group, and account for for 8% of those in drug misuse treatment. Other groups make up only a small proportion of the treatment population: Non-British White at around 5% and Mixed ethnicity 4%. Other black and minority ethnic (BME) groups constitute very low proportions of service take up, typically 1-2% or less.

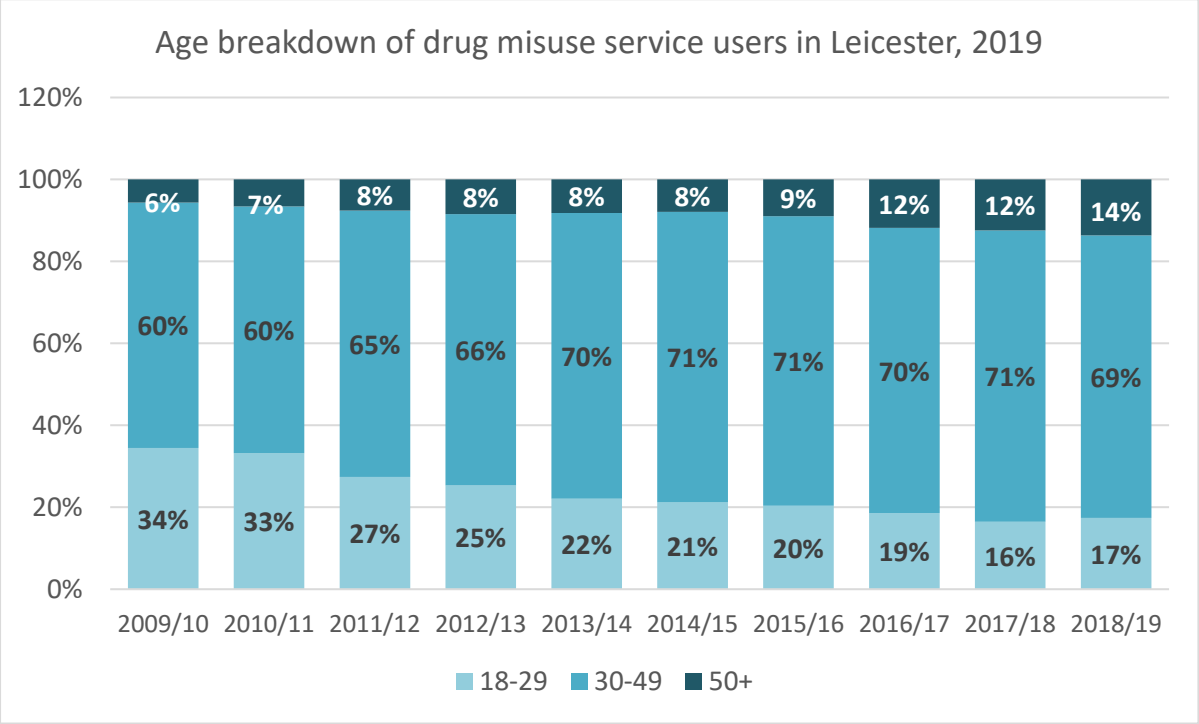
Further information on inequalities in drug use and treatment between ethnic groups can be found in section 3.1, Prevalence of Drug use in England, and section 7, Unmet needs and service gaps.

4.2.1.3 AGE

Leicester's drug treatment population is gradually ageing, echoing the national trend. Most people (69%) accessing drug treatment services are between the ages of 30 and 49 however the 18-29 age group has reduced by half, from 34% of the treatment population. to 17%

over since 2009/10. Those age 50 and above now make up 14% of the treatment population compared to just 6% in 2009/10.

Figure 8: Age of drug misuse service users 2009/10-2018/19



Data: *National Drug Treatment Monitoring Service*

4.2.2 COMPLEXITY AND PROFILE OF THE TREATMENT POPULATION

Hard Edges: Mapping severe and multiple disadvantage identified Leicester as having the 11th highest prevalence of severe and multiple disadvantage among upper tier local authorities in England, based on combined homelessness, substance misuse and offending data.[17] This demonstrates how Leicester's high levels of deprivation impact on the social profile . Local services report the challenges faced in particular with individuals on the criminal justice pathway who are of No Fixed Abode (NFA) or vulnerably housed and spending time in and out of prison.

4.2.2.1 REFERRAL

Referral by self, family, and friends (46%) is the most common route for new entrants to drug misuse treatment.[18] Women are more likely than men to refer themselves. Leicester has a large proportion of drug referrals coming from the Criminal Justice system: 36% in 2018/19 compared to 13% nationally.

4.2.2.2 COMPLEXITY

Complexity is a measure of the extent of an individual's problematic drug use. It uses information including the type and frequency of drug use and previous treatment journeys

to assign clients a score and put them in one of five complexity categories from very low to very high. A complexity score is calculated for all opiate, non-opiate and non-opiate & alcohol clients. A relatively high proportion of Leicester's treatment population (43%) have a very high complexity score compared to the city's Local Outcome Comparators, which average 32%.[19]

4.2.2.3 HOUSING AND HOMELESSNESS

Almost two-fifths (38%) of people entering treatment in Leicester in 2018/19 had a problem with their housing situation, just under half of which were urgent. Problems with housing have been consistently higher than England, where less than one fifth have housing problems. 12% of adults entering specialist drug misuse services in 2018-19 had children living with them for at least part of the time.[20]

Drug misuse is a major contributing factor in many cases of homelessness, and homelessness can be a barrier to recovery.[21] During 2016/17, 35% of all clients using housing funded homelessness services indicated that they had drug or alcohol problems.[22]

4.2.2.4 MENTAL HEALTH

Almost two thirds (64%) of those presenting to drug misuse services in 2018/19 had mental health needs identified, of whom two thirds were being provided with some type of mental health intervention, ranging from GP support to Increasing Access to Psychological Therapies (IAPT) pathways.[23] In 2018/19 6% of people in treatment for drug misuse also received a mental health sub-intervention as part of their recovery journey.[24]

4.2.2.5 TIME IN TREATMENT

Effective drug-treatment saves lives and reduces crime. There is strong evidence that retaining people in treatment through opioid substitution therapy (OST) provides stability and reduces mortality and that 'limiting' the time that people can stay in treatment is counterproductive and not-evidenced-based.[25] However it is important that individuals are supported to move along a pathway to recovery and successful completions are an important milestone.

Successful treatment of long-term opiate misusers usually takes more time in contact with drug misuse services, sometimes spread out over a few separate episodes, to achieve a successful completion compared to non-opiate misusers. This difference is clear in the local data: in 2018/19, 13% of opiate users were in their first episode of treatment compared this to non-opiates, of which 47% were on their first treatment journey. [26]

The average time spent in treatment was 3.9 years for opiate clients, with nearly a quarter (24%) in treatment for more than six years, compared to just under a year for non-opiate clients.[27] While opiate clients in Leicester do spend less time in treatment compared to England, the prevalence of very long treatment episodes may highlight the challenges for

some in not moving through the system into recovery. However, we should acknowledge the benefits of retaining people in treatment in relation to stability, reduction of crime and access to harm reduction interventions.

5 CURRENT SERVICES IN RELATION TO NEED

One of the key objectives of the 2017 national drug strategy relates to Recovery:

"We will raise our ambition for full recovery by improving both treatment quality and outcomes for different user groups; ensuring the right interventions are given to people according to their needs; and facilitating the delivery of an enhanced joined-up approach to commissioning and the wide range of services that are essential to supporting every individual to live a life free from drugs."

Important elements of the strategy relate to the targeting of vulnerable groups and dealing with New Psychoactive substances.

Specialist substance misuse services have a key role to play, in both providing evidenced treatments that have proven clinical effectiveness, such as opioid substitution therapy (recommended by NICE) and in preventing drug-related deaths through for example the provision of Naloxone.[28,29]

Turning Point provide substance misuse services for children and adults. This includes Treatment, advice/guidance, recovery support and harm reduction services such as needle exchange and BBV prevention and treatment. There is an evidence base around treatment that shows it reduces mortality, crime and BBV infection. We want people to leave treatment successfully- e.g. abstinent or significantly reduced, however there is also a need to keep people in treatment where we know that stability saves live and reduces crime. There is also evidence to show that effective treatment for young people saves £4.66-£8.38 for every £1 spent.[30] This contract is due to finish in March 2021 and recommissioning will take place over 2020/21.

Turning Point provides a Leicester-based hub close to the city centre and provide online advice and support to help people to improve their wellbeing move towards recovery:

http://wellbeing.turning-point.co.uk/leicestershire/hubs/leicester-city/

Inpatient detox- this is a block contract with Framework Housing Association based in Nottingham. This provides 10-day detox for drug/alcohol users as part of their recovery journey. Referrals are made by Turning point and users either go onto residential rehab or receive aftercare in the community. This is a vital step to recovery.

No.5 Recovery hub, provided by Inclusion healthcare. Previously known as the 'wet centre'. This provides recovery support for people who are street drinking/misusing drugs including those with a street lifestyle. This service aims to work with some of the most entrenched

drinkers providing health interventions (e.g. flu-jabs), skill-based sessions (e.g. computer skills, nutrition) and on-site access to other services such as DWP. The service aims to reduce the harms for those with complex needs and to support them into treatment.

Peer support and mutual aid is an important ingredient of recovery, as it provides opportunities for support and the development of a user's own capacity to provide support to others. Mutual aid has a low access threshold and is available whether or not people are in treatment. It is an important ingredient of support for those who have successfully left treatment drug free, but face an ongoing challenge to maintain their abstinence. It is an important element in the creation and maintenance of a recovery/abstinent based environment.

Treatment providers have an important role to play in supporting users into recovery. Beyond the provision of clinical care and psycho-social interventions, they can work to link users to activities and networks that help to grow recovery capital; they can also provide a link to mutual aid and offer opportunities for users to become volunteers and peer mentors. There is a developing **recovery community** in Leicester, in particular through the work of 'Dear Albert', which develops mutual aid facilitation through its 'you do the MAFs' (Mutual Aid Facilitation) courses, and more recently through 'SPEAR' that provide welfare advice.[31] This community is independent of, but works collaboratively with, treatment services.

6 PROJECTED SERVICE USE AND OUTCOMES

It is difficult to project service use demand, as there is a connection to market availability, price and legality of substances, as well as accessibility and promotion of service pathways. For instance, increased availability and purity of heroin may increase opiate treatment demand. Furthermore, services have traditionally focussed on Class A drug use, in particular opiates, and if pathways for non-opiates such as cannabis are developed more fully in future, demand may be greater than current trends suggest.

A 2017 report by Public Health England found that the changing treatment population is likely to impact on service outcomes before 2020.[32] As the opiate treatment population ages, PHE predicts that there will be a decrease in the number of people in treatment for opiate misuse, driven by a decrease in the number of people presenting to treatment for the first time and higher rates of unplanned exits. Older heroin users are more susceptible to overdose and the cumulative health effects of years of substance misuse so are more likely to die in treatment.

For non-opiates, England's treatment population is expected to stay roughly the same or decrease by 2020, with a small drop in new entrants. However, the proportion of successful completions is also expected to decrease.

Table 2, below, shows that between an estimated 5% and 8% of frequent drug users (more than once a month) may access treatment in Leicester each year. For opiates, just over half are estimated to be in treatment each a year.

Table 2: Crude estimates of frequent (more than once per month) drug users in treatment. For non-opiates, the CSEW national prevalence and definitions are used. For opiates, the PHE/LJMU prevalence estimates are used.

Year	Drug	All in treatment	Estimated % frequent drug users in treatment
2014/15	All non-opiates (18-59)	288	5.5%
2014/15	Opiates (18-64)	1282	55.9%
2015/16	All non-opiates (18-59)	392	7.6%
2015/16	Opiates (18-64)	1278	55.7%
2016/17	All non-opiates (18-59)	343	6.4%
2016/17	Opiates (18-64)	1216	52.9%
2017/18	All non-opiates (18-59)	281	4.9%
2017/18	Opiates (18-64)	1077	*

Data: *National Drug Treatment Monitoring System; CSEW 2014/15-2017/18; ONS midyear population estimates 2014-2017; PHE Estimates of the prevalence of opiate use and/or crack cocaine use 2016-17*

*Opiate and cocaine user estimates have not been released for 2017/18

On this basis, by 2022/23 we expect minimum levels of service use to be:

- Non-opiates and non-opiates and alcohol - around 270-440 individuals per annum.
- Opiates - around 1000-1,300 individuals per annum

This suggests the total number of people in treatment will stay roughly the same, but the proportion of those undertaking treatment for non-opiates may increase slightly compared to those in opiate treatment.

Both the numbers and prevalence of problematic cannabis use within the treatment population has steadily increased. Cannabis is now an issue for 23% of those in treatment and 28% of those new to treatment, compared to 18% and 15% in 2009/10.

6.1 CLUB DRUGS AND NEW PSYCHOACTIVE SUBSTANCES

The numbers presenting to treatment services for use of ‘club’ drugs including ecstasy, ketamine, mephedrone (known as ‘MCAT’) and some other New Psychoactive Substances, are relatively low and account for less than 5% of of all those using drug and alcohol treatment services. Mephedrone was the most frequently reported club drug for those in

treatment until 2016/17 but is now almost never cited by presenting clients. Over the same period New Psychoactive Substances (NPS), such as synthetic cannabinoids like 'Spice', have increased in popularity, with more than 7% of new clients reporting NPS use during their initial assessment in 2018/19.

As indicated above, the demand for non-opiates could be higher than this if different pathways are developed and promoted effectively.

6.2 NEEDLE EXCHANGE

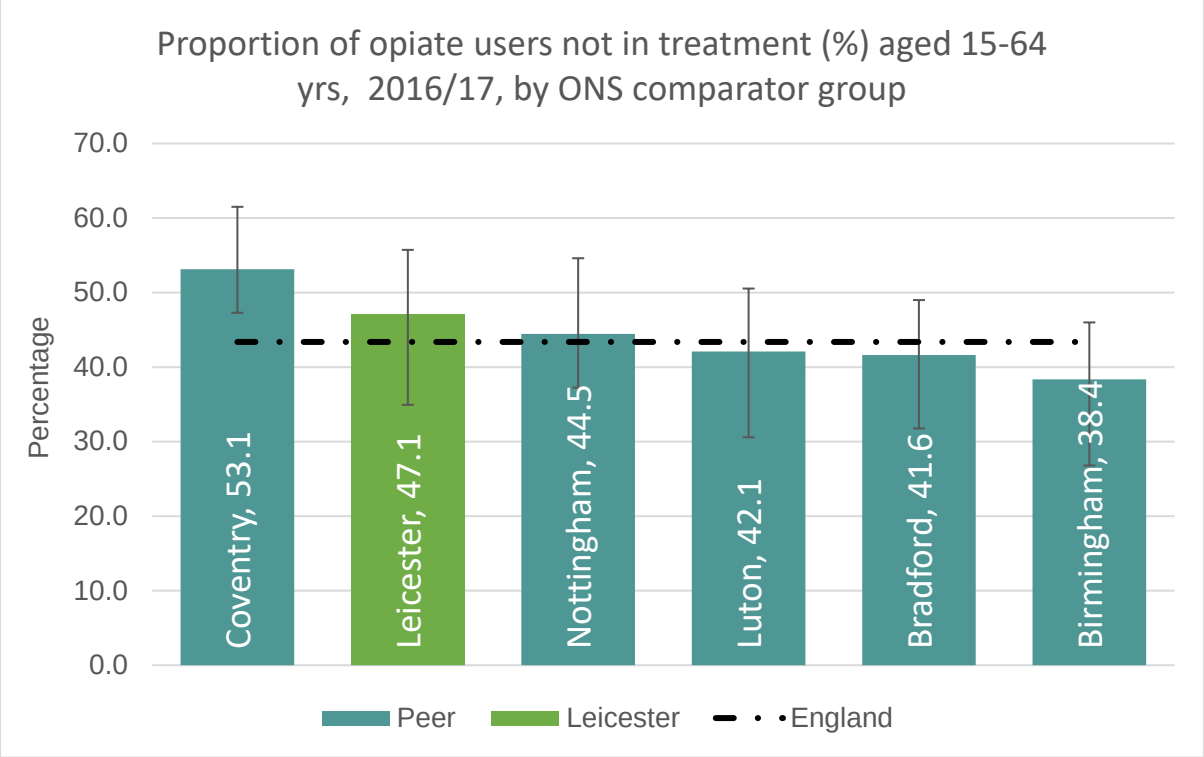
In addition to treatment, services are required for information and advice around substances and these are needed not only for those in treatment, but also for those who may not have a treatment need; advice for carers and parents and needle exchange services, including for those who use steroids.

Over the 2-year period 2017-2019, on average around 660 individuals visited the needle exchange each month although variation was high, with more than 800 people accessing the needle exchange in some months and just over 500 at other times. Steroids users make up a small part of this group, typically accounting for around 30 individuals, or a little under 5% of monthly users. These levels of activity have been relatively stable since the beginning of 2017 and are not expected to change substantially in the next few years.

7 UNMET SERVICE NEEDS AND GAPS

An estimated 47% of opiate users in Leicester are not in treatment services. This is based on the number of opiate users in treatment subtracted from the estimated number of opiate users living in the Local Authority. Leicester's rate is similar to the national average and to its peers.

Figure 8: Proportion of opiate users not in treatment



Data: *Public Health England, Public Health*

Cannabis use is more widespread than other drugs nationally and locally. As referred to above (projected service use), its profile as a problematic substance within the treatment population is increasing and may increase further. While not usually the primary substance people seek help for, it may become a more important component of drug treatment pathways.

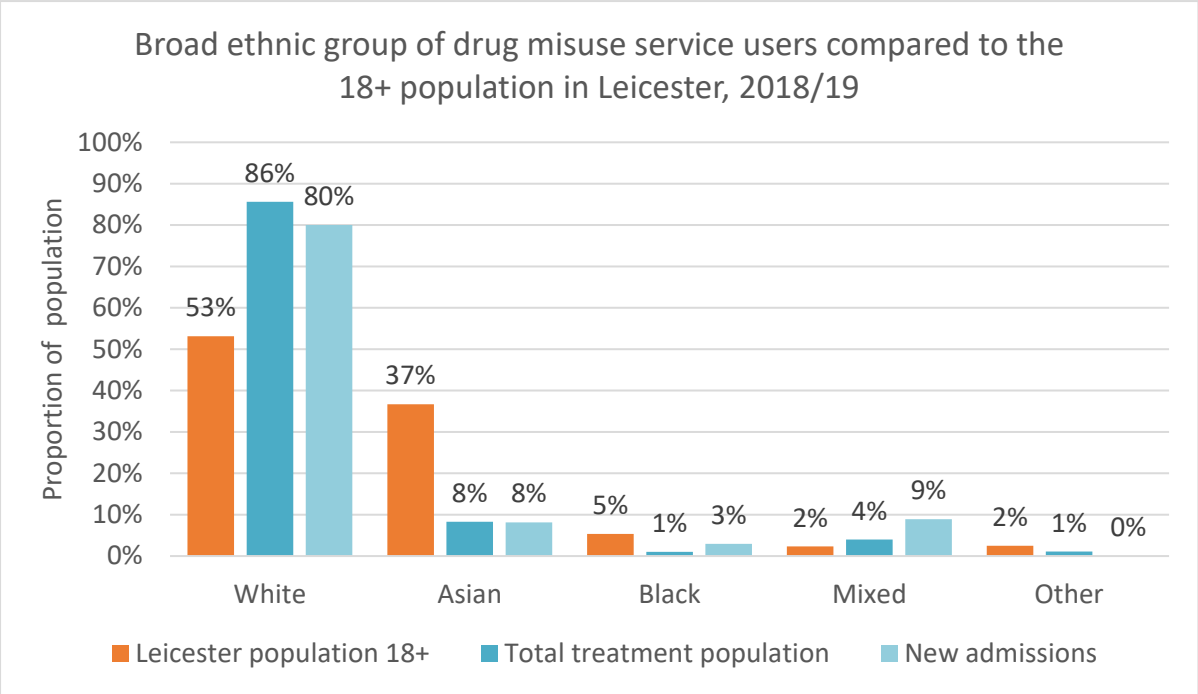
Young adults are under-represented within services. Despite being the group most likely to use drugs, only 5% of the treatment population are aged 18-24. However we are aware through data provided directly by Turning Point of the higher rate of successful completions amongst this cohort across the whole of LLR compared to all age groups. It is likely this has been helped by the establishment of a Young Person's Team that specialises in working with young adults.

There are relatively few individuals from some BME communities within drug services. Where members of these communities do present, they are at a lower rate than the local population as a whole. There may be a number of explanations for this, for example, prevalence of drug use, the types of drugs used and the presenting needs in these populations are different from the main cohort (mainly opiate use), which may make treatment services appear irrelevant/unsuitable/culturally inappropriate to BME communities. It may be that the stigma associated with drug misuse dissuades individuals from seeking help, that families try to support individuals with drug problems within the

family unit, or that some communities are not aware of the local treatment services and the help and support they can offer.

Figure 9 shows that Asian people are underrepresented in Leicester's treatment population compared to the general population, while white people are overrepresented.

Figure 9: Broad ethnic group of drug misuse service clients compared to Leicester population 2018/19



***Data**: ONS, Census 2011; NDTMS*

These figures may reflect that generally drug use is lower among minority ethnic groups than among the White population and therefore there is a lower proportion in treatment, with lowest levels of reported use from people with Asian backgrounds (Indian, Pakistani or Bangladeshi).[33] However due to high levels of stigma attached to drug use in some BME groups (particularly South Asians and Chinese), users may be hiding the extent of their use and therefore levels of drug problems being underestimated. In turn, there may be unmet need in drug users from BME communities.

8 RECOMMENDATIONS FOR CONSIDERATION BY COMMISSIONERS

Commissioners are recommended to:

- Require that services target and continue to develop services to users facing multiple issues such as housing and mental illness.
- Require that services promote services for, and engage more effectively with, individuals using non-opiate substances, including New Psychoactive Substances.
- Have services and commissioners jointly develop further a recovery focused approach and support the growth of recovery communities and opportunities.

- Ensure services are prepared for the ageing of the opiate treatment population and the changes in individuals' needs and potential for increased deaths during treatment which may accompany this.
- Continue to retain as an integral aim of services, the reduction of harm through, for example, safe and effective substitute prescribing and needle exchange services.
- Continue to develop a specialist approach to young adults that enter treatment.
- Develop a strategy to increase engagement of BME communities and consider engagement with other groups that may be under represented, such as those from lesbian, gay, bisexual and transgender (LGBT) communities.

9 KEY CONTACTS

Mark Aspey, Lead Commissioner, Public Health, Leicester City Council;
mark.aspey@leicester.gov.uk

Julie O'Boyle, Consultant in Public Health, Leicester City Council;
Julie.oboyle@leicester.gov.uk

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