

Substance Misuse - Drugs

Introduction

Substance misuse is defined as regular excessive consumption of and/or dependence on, psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs, and alcohol (although there is a separate briefing for alcohol).¹

Summary

A small proportion of the population use illegal drugs, and most do so at a level that causes low risk to their health. However, some will use drugs to a hazardous level causing significant health problems as well as social problems affecting themselves, their friends, families and wider communities.

Headlines

The latest statistics from the Crime Survey for England and Wales suggest that generally drug use has been decreasing for several years, and is now around the lowest level since measurements began in 1996. This survey shows that 3% of the population aged 16-59 admit to using class A drugs in the last year, a rate that has remained largely unchanged for the last 15 years. Cannabis is the most commonly used drug in the UK (6.5% of 16-59 year olds used in the last year), followed by powder cocaine (2.2%).²

Drug dependency is defined as impaired capacity to control substance-taking behaviour and persistent use despite evidence of harm. The prevalence of dependence on illegal drugs in England is estimated to be 3.1% of the population. Most drug dependence is on cannabis (2.3% of the adult population) and the remainder on other drugs (0.8%). Symptoms of drug dependence are most commonly reported by adults aged between 16 and 24 (11.8% of men and 4.6% of women in this age group), and prevalence decreases with age. All types of drug dependency are more common among males than females (4.3% of men and 1.9% of women).³

Drug	Percentage of the population using (aged 16-59)	Estimated population in Norfolk ⁴
Cannabis (used in the last year)	6.5%	34,100
Any class A drug (used in the last year)	3%	15,750
Powder cocaine (used in the last year)	2.2%	11,500
Dependant on Cannabis	2.3%	12,100
Dependant on a drug (other than cannabis)	0.8%	4,200

Table 1: Estimates of the prevalence of drug use from national surveys, applied to the Norfolk population.

Public Health England estimate that of the three million or so people who use drugs in England, only around 300,000 use the most problematic drugs: heroin and crack, and over half of these people are in treatment.⁵ The most recently available estimates suggest 7.7 people per 1,000 of Norfolk's adult population are Opiate and/or Crack cocaine Users (OCU), which equates to 4,200 people in Norfolk. The Norfolk rate is slightly lower than the national average of 8.7 (however, because of the wide confidence interval on the Norfolk estimate, this difference cannot be considered statistically significant).⁶

The most obvious drug trend of recent years is the rise in popularity of New Psychoactive Substances (NPS) also known as 'legal highs'. These are substances that mimic the effects of illegal drugs but use chemical compositions that are not yet covered by the law. The Global Drug Survey 2016 found that the UK has highest rate of purchasing NPS of the countries surveyed (11.6% of UK drug users) and that last year purchases of NPS increased in UK following falling rates over past four years.

¹ NICE (2007) *Interventions to reduce substance misuse among vulnerable young people*. National Institute for Health and Clinical Excellence.

² Home Office (2016) *Drug Misuse Declared: Findings From the 2015-16 Crime Survey for England and Wales*. Home Office <http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingjune2016>

³ McManus, S., Meltzer, H., Brugha, T., et al. (2016) *Adult Psychiatric Morbidity in England, 2014*. NHS Digital.

⁴ Population estimates use the ONS 2014/15 mid-year estimates.

⁵ NTA (2012) *Drug Treatment 2012: Progress made, challenges ahead*. National Treatment Agency

⁶ Estimates provided by the National Treatment Agency – See *National and Regional Estimates of the Prevalence of Opiate and/or Crack Cocaine Use 2010/11*. For more detail: <http://www.nta.nhs.uk/facts-prevalence.aspx>

Synthetic cannabinoids are NPS that mimic cannabis. The Global Drug Survey found synthetic cannabinoids more likely to lead to emergency medical treatment than any other drug, with one in eight of those using weekly or more often reported seeking emergency medical treatment (3.5% of all users). Overall risk of seeking emergency medical treatment when using synthetic cannabinoids is 30 times greater than natural cannabis.⁷

Another trend that has been seen in recent years is the increase of people buying illegal drugs on the internet. The 'dark net' refers to sections of the internet that are encrypted to secure anonymity for users, even using anonymous payment methods such as bitcoins. Globally almost in 1 in 10 Global Drug survey participants (9.3%) reported buying drugs off the dark-net. Last year there was a decline in high street purchases of NPS from 46% in 2014 to 35% in 2016 (perhaps reflecting enforcement activity by agencies such as Trading Standards); 58% of those reporting buying NPS last year did so online. Illegal drugs are also available - MDMA, cannabis, and LSD are the drugs most commonly bought online.⁸ This clearly has implications for law-enforcement, and may mean that people who previously did not have access to drugs are now able to buy them.

Influences on Health and Wellbeing

Individuals who take illicit drugs face potential health risks as these drugs are not controlled or supervised by medical professionals. Illicit drug users are at risk of being poisoned by drugs and overdosing which can lead to a fatality. As well as these health risks, drugs can become addictive and lead to long-term damage to the body.

In 2014/15 the rate of drug-related poisonings was higher in Norfolk than the national average (31 per 100,000 in Norfolk compared to 26 per 100,000 nationally) and the rate of hospital admissions due to mental and behavioural disorders related to drugs was also higher than average (16 per 100,000 in Norfolk compared to 11 per 100,000 nationally).⁹ Each month 20 people on average are admitted to hospital due to a drug poisoning in Norfolk and 8 are admitted for mental disorder relating to drugs. The number of drug-related hospital admissions fluctuates each month, peaked in Quarter 2 of 2014 but has since fallen again (see Figure 1). There were 702 poisonings over the three years, for 584 individuals. Overall 81 people had a repeat admission for drug poisoning in this time, and the most experienced by one person was eight separate occasions.

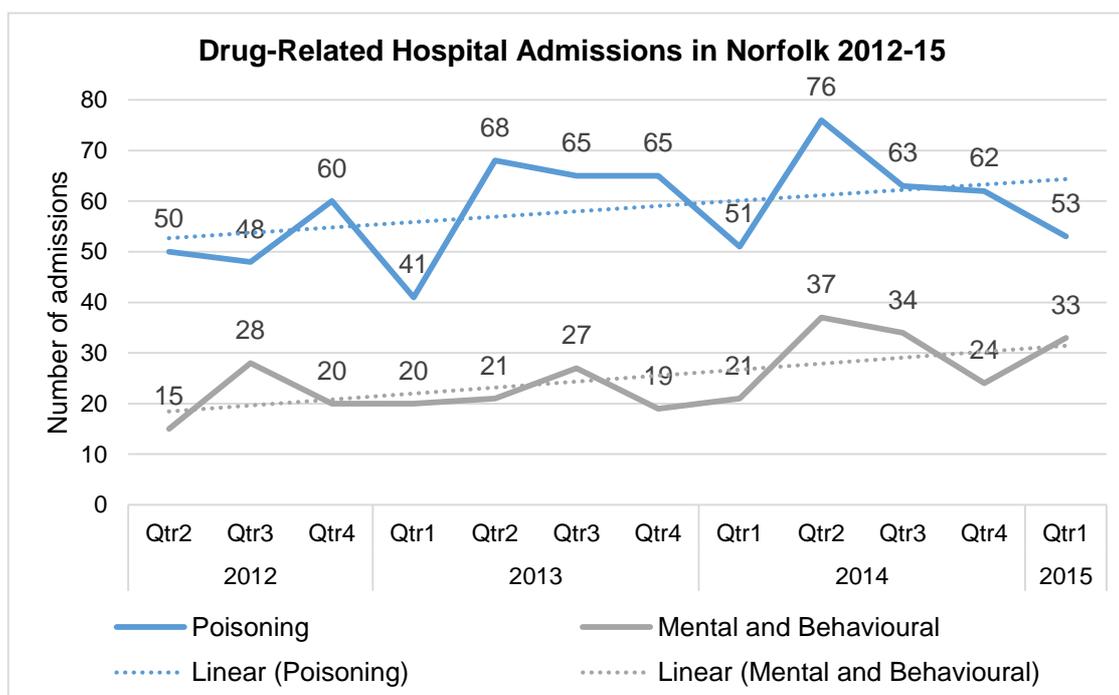


Figure 1: Hospital admissions with a primary diagnosis of poisoning by drugs of misuse, or mental and behavioural conditions related to drugs by quarter 2012-15. Source: Hospital Episode Statistics 2012-15.

⁷ Global Drug Survey 2016 <https://www.globaldrugsurvey.com/past-findings/the-global-drug-survey-2016-findings/>

⁸ As above

⁹ ONS (2016) Statistics on Drug Misuse: England 2016.

<http://content.digital.nhs.uk/searchcatalogue?productid=21371&q=drug+misisue&sort=Relevance&size=10&page=1#top>

Drug users who share injecting equipment can spread blood-borne viruses such as hepatitis C, hepatitis B, HIV and bacterial infections.¹⁰ Nationally almost a third (31%) of those injecting psychoactive drugs in 2014 reported that they had experienced an abscess, sore or open wound (all possible symptoms of an injecting site infection) during the past year. People who inject drugs are the group most affected by hepatitis C in the UK with around 90% of infections acquired through injecting drug use.¹¹ In Norfolk 86% of people in treatment who have previously injected drugs have been tested for hepatitis C. Hepatitis B is far less common with just around one in 200 of people who have injected psychoactive drugs currently living with hepatitis B virus (HBV). A vaccination is available and in Norfolk 34% of injecting drug users in treatment have accepted a HBV vaccination, fewer than seen nationally (39%) but only 1% are recorded as having had the second dose (22% nationally).

People with drug problems often experience multiple problems in their lives. For example they are more likely to have housing needs, mental health problems, experience crime and domestic violence have physical health problems related to their drug use. It has long been recognised that the absence of secure and stable accommodation can act as a trigger for substance misuse, and can impede an individual's recovery from their drug and alcohol problems. Research on London suggests that 43% of people rough sleeping in 2014/15 had an alcohol support need and 31% needed support with drugs.¹² In Norfolk 23% of people in treatment for drug problems had a housing need when starting treatment.¹³

The nature of the relationship between mental health problems and substance misuse is complex. In many areas a significant proportion of people with severe mental health problems misuse substances, sometimes as a way of "self-medicating". Equally, many people who require help with substance misuse suffer from a common mental health problem such as depression or anxiety.¹⁴ In Norfolk 27% of people in drug treatment are also in treatment with mental health services.¹⁵

Substance misuse causes crime, over the last year there were 1,922 drug offences recorded in Norfolk (August 2015 – July 2016) this is 160 a month on average. In addition, a serious drug habit is expensive (a typical heroin or crack user spends around £1,400 per month on drugs) and estimates suggest that between one and two thirds of acquisitive crime is committed by people with heroin and/or crack cocaine problems.¹⁶ In Norfolk this equates to 5,000 – 10,000 crimes (perpetrated by a relatively small group of individuals). In addition some violent crimes are linked to drugs, partly due to drug reducing inhibitions (similar to alcohol) and also because violence is an inherent part of a drug market where organised crime groups lack legal means to resolve business conflicts.¹⁷

For information about drug-related deaths in Norfolk - please see the Drug-Related Death JSNA briefing.

Social, environmental, population context

People from all sections of society use drugs, but the social harms associated with a serious drug problem are more apparent in deprived communities.

Generally use of drugs is more common among men than women, more men are admitted to hospital for drug-related mental health and behavioural disorders and the rate of drug-related deaths is far higher in men. Women make up 32% of adults in drug treatment in Norfolk, they are more likely than men to experience poor mental health and domestic abuse, which may impact upon their recovery. They are also more likely to be carers of children.¹⁸

¹⁰ Association of Public Health Authorities (2009) *Indications of Public Health in the English Regions: 10 Drug Use*

¹¹ Public Health England (2016) *Shooting Up: Infections in people who inject drugs in the UK, 2014*

¹² CHAIN (2016) *Combined Homelessness and Information Network Greater London Annual Report 2015/16*

¹³ Public Health England. Data from National Drug Treatment Monitoring System 2015/16.

¹⁴ Department of Health (2002) *Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide*. Department of Health.

¹⁵ Public Health England. Data from National Drug Treatment Monitoring System 2015/16.

¹⁶ Matrix MHA & NACRO. (2003) *Evaluation of Drug Testing in the Criminal Justice System in Nine Pilot Areas*. Home Office, (Findings, vol. 180).

¹⁷ Crime data obtained from data.police.uk

¹⁸ Public Health England (2015/16) *Adults drugs JSNA support pack: Key data*

One of the major issues for the drug and alcohol treatment system providing appropriate support for aging opiate users. The number of older opiate users in treatment is increasing each year, in 2012/13 just 9% of opiate users in treatment were aged over 50, and this was 14% 2015/16. The success of harm minimisation interventions such as needle exchange and substitute prescribing mean that people with serious, high-level drug problems - like those who inject heroin – are now surviving into older age. This has implications for services such as drug treatment, but also adult social care, residential services and healthcare as a life-time of chronic drug use often leaves these people with serious health conditions.

Another group of older people who may be experiencing problems with drugs are those using prescription drugs. Benzodiazepines and other hypnotics are more commonly prescribed to older people than other groups, with significant health implications. There is a potential need for further investigation into the prescribing of hypnotics, given that these drugs are open to abuse, and that current NHS guidance advises against long-term prescriptions of these drugs - highlighting the negative effects for older people in particular. In Norfolk 20% of the drug treatment population have problems with prescription-only or over-the-counter medication, which is higher than the national average of 15%.¹⁹ This group of older people may not feel traditional drug and alcohol services are appropriate to them. Substance misuse of older people has particular significance for adult social care and those providing residential services.

Current services, local plans and strategies

Norfolk County Council commissions the Norfolk Recovery Partnership (NRP) to provide drug and alcohol treatment to adults in Norfolk. NRP is a collaboration between Norfolk and Suffolk NHS Foundation Trust and The Matthew Project (a voluntary organisation) and in the prisons Rehabilitation of Addicted Prisoners Trust (RAPt). The aim of these services is to provide counselling and pharmacological interventions so that people can get their substance use under control, address the issues in their lives that cause them to misuse substances and ultimately support them to move on from their problems with drugs and alcohol and into recovery.

Other services for people who misuse drugs in Norfolk including mutual aid groups like Narcotics Anonymous. Health Services such as GPs, nurses and pharmacists, all have a role to identify people with substance misuse problems and to provide brief interventions, both in hospitals and in the community. Needle exchange is offered in 89 pharmacies across Norfolk, and in other services for vulnerable people like City Reach, Pottergate Arc, SOS Bus and also in the N&N hospital. Offering people safe access to injecting equipment, and a way to safely dispose of it reduces the sharing of needles and therefore spread blood-borne viruses, protecting both drug users and the wider community.

Last year (2015/16) 1,129 adults started treatment in Norfolk, none had to wait more than three weeks for their treatment to commence (nationally 2% wait longer). Overall 2,851 adults received specialist drug treatment. Three quarters of these people (76%) are in treatment for problems with opiates, such as heroin. The majority received both psychosocial counselling and a pharmacological intervention (mainly Opioid Substitution Therapy (OST) so they do not inject illicit heroin). Providing OST, sterile injecting equipment and antiviral treatments helps to protect people who inject drugs from blood-borne viruses and in turn protect communities, and provides long-term health savings.²⁰ It also reduces crime because people on OST no longer need to commit crime to fund their habit. A small proportion (3%, 35 people) were funded to attend residential rehabilitation.

In 2015 in Norfolk 130 adults in treatment for opiate (like heroin) and 170 adults in treatment for other drugs (cannabis, cocaine etc.) successfully completed drug treatment (300 people in total). The 'successful completion rate' is used to measure how people are moving through treatment and on into recovery. This is the number leaving treatment successfully, and not returning to treatment within six months, as a proportion of the total number in treatment (see Figure 2 below). Generally opiate clients stay in treatment for a lot longer so their rate of completion is much lower than non-opiate clients, and they make up two thirds of the treatment system.

¹⁹ NDTMS data 2015-16

²⁰ Public Health England Drug JSNA Support Pack – key data 2017-18.

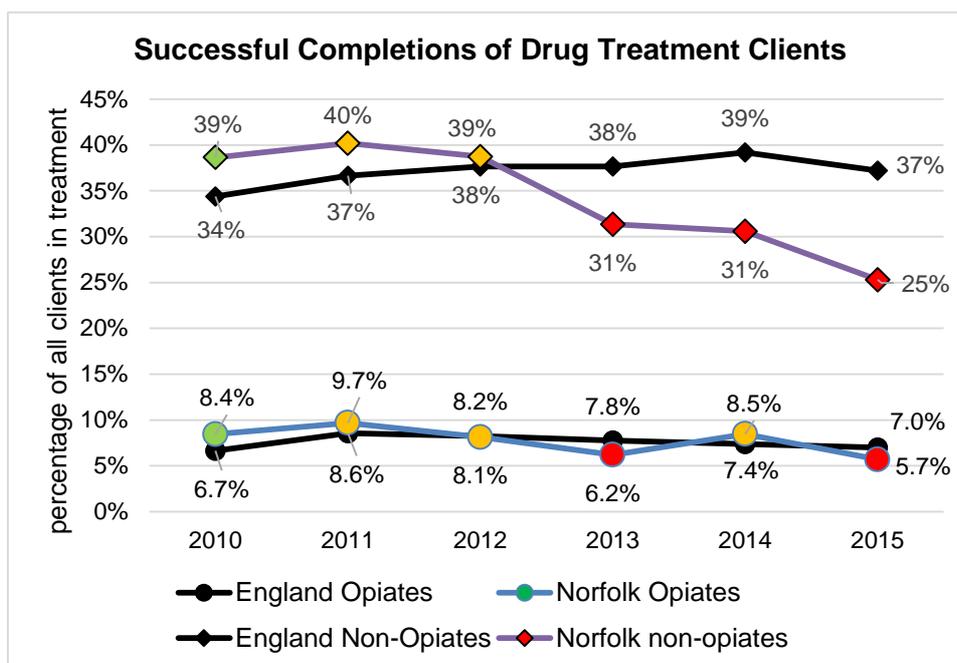


Figure 2: Successful completion of opiate clients and non-opiate clients in drug treatment as a proportion of all in treatment. Source: Public Health England National Drug Treatment Monitoring System.

Note: Where points are coloured red they are significantly worse than National average, yellow is no difference and green is significantly better.

The proportion successfully completing opiate treatment has fluctuated over the last three years, improving in 2014, but then dropping to the lowest rate on record in 2015, significantly below the national average. For non-opiate drug treatment the rate of successful completion has dropped consistently over the past four years, and is also significantly below the national average.

Considerations for Health and Wellbeing Board and Commissioners

Drug support services cannot work in isolation and must work closely with partners including: mental health services, NCC social services, criminal justice agencies, probation, employment support and housing support services. Commissioners should consider how to support treatment providers to foster these relationships and ensure joint working is promoted through service planning. Drug users impacts of a wide range of services and all professionals working with people should feel fully equipped with up-to-date information, confident to identify substance misuse problems in their clients and feel comfortable to have address those concerns and signpost or refer to specialist services.

There is a need to ensure that frontline drug treatment workers in particular have sufficient support to provide an effective response to people displaying these changing patterns of drug use, and that their knowledge and skills are kept up to date (including new psychoactive substances).

Consideration must be given to providing advice on substance use, both preventative information about the risk to health and also harm minimisation advice on safer ways to use. It is essential to ensure there are a range of services and support is available to people experiencing problems with drugs that services are appropriate to their needs – for some this may be a brief intervention from their GP, others may need a peer support group or counselling, some will require specialist pharmacological interventions and a small proportion need residential rehabilitation. The performance of the local drug treatment provider is a concern and needs to be addressed by commissioners, especially in terms of ensuring that there are appropriate services for people who have a problem with drugs other than heroin.

References and information

ONS Statistics on Drug Misuse 2016

<http://content.digital.nhs.uk/searchcatalogue?productid=21371&q=drug+misisue&sort=Relevance&size=10&page=1#top>

Global drug survey

<https://www.globaldrugsurvey.com/past-findings/the-global-drug-survey-2016-findings/>

Crime survey for England and wales

<http://www.crimesurvey.co.uk/index.html>

Matthew Project Unity website:

<http://www.matthewproject.org/unity/young-people/are-you-affected-by-someone-elses-drug-or-alcohol-use>

Norfolk Recovery Partnership website:

<http://www.norfolkrecoverypartnership.org.uk/Pages/default.aspx>

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