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 Crime Survey for England and Wales which indicates drug use trends in the general population, shows that around 1 in 11 (9.4%) of adults aged 16-59 had taken drugs in the last year. Cannabis is the most commonly used drug in the UK (7.6% of 16-59 year olds used in the last year), followed by powder cocaine (2.9%). Overall 3.7% of adults admit to using class A drugs in the last year,[2] a rate that has shown significant increase in the last few years – this has primarily been driven by increases in powder cocaine and ecstasy use among 16 to 24 year olds.[3]

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).[4]

Drug	Percentage of the population using (aged 16-59)	Estimated population in Norfolk[5]
Any drug in the last year	9.4%	**44,600**
Cannabis (used in the last year)	7.6%	36,100
Any class A drug (used in the last year)	3.7%	17,600
Powder cocaine (used in the last year)	2.9%	13,800
Dependant on Cannabis	2.3%	11,000
Dependant on a drug (other than cannabis)	0.8%	3,800

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: opiates like heroin and crack cocaine, and over half of these people are in treatment.[6] The most recently available estimates suggest 8.2 people per 1,000 of Norfolk's adult population are Opiate and/or Crack cocaine Users (OCU), which equates to 4,400 people in Norfolk. The Norfolk rate is slightly lower than the national average of 8.9 per 1,000 (however, because of the wide confidence interval on the Norfolk estimate, this difference cannot be considered statistically significant).[7]

[1] NICE (2007) *Interventions to reduce substance misuse among vulnerable young people.* National Institute for Health and Clinical Excellence.
[2] Class A drugs include: Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth)
[3] Home Office (2016) *Drug Misuse Declared: Findings From the 2018-19 Crime Survey for England and Wales.* Home Office
[4] McManus, S., Meltzer, H., Brugha, T., et al. (2016) *Adult Psychiatric Morbidity in England, 2014.* NHS Digital.
[5] Population estimates use the ONS 2017 mid-year estimate.
[6] NTA (2012) *Drug Treatment 2012: Progress made, challenges ahead*. National Treatment Agency
[7] Estimated prevalence of opiate and/or crack cocaine users (Persons, 15-64 years). https://fingertips.phe.org.uk/indicator-list/view/RyzFZ1clKk#page/4/gid/1/pat/6/par/E12000006/ati/102/are/E10000020/iid/91117/age/182/sex/4

The most obvious drug trend of recent years is the rise in popularity of New Psychoactive Substances (NPS) also known as 'legal highs', although many have now been made illegal. These are substances that mimic the effects of illegal drugs such as synthetic cannabinoids (e.g. Spice, Black Mamba) 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.[8]

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. Over 1 in 4 English participants in the Global Drug survey (29%) reported buying drugs off the dark net. MDMA, cannabis, and LSD are the drugs most commonly bought online.[9] 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.

Another relevant trend recently highlighted by Public Health England is that 1 in 4 adults have been prescribed "addictive" prescription medicines such as antidepressants, sleeping pills and opioid painkillers, and half of them have been taking these medicines for at least 12 months. This report also found that the highest prescribing rates are in areas with greatest social deprivation. The review recommends better monitoring and support of patients taking prescribed medicines.[10]

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 2017/18 the rate of drug-related poisonings was lower in Norfolk than the national average (29 per 100,000 in Norfolk compared to 31 per 100,000 nationally) and the rate of hospital admissions due to mental and behavioural disorders related to drugs was lower than average (10 per 100,000 in Norfolk compared to 13 per 100,000 nationally).[11] Each month 20 people on average are admitted to hospital due to a drug poisoning in Norfolk and 6 are admitted for mental disorder relating to drug use. The number of drug-related hospital admissions fluctuates each quarter, peaked in Quarter 1 of 2017/18 but has since fallen again (see Figure 1). There were 470 poisonings over the two years, for 415 individuals. Overall 42 people had a repeat admission for drug poisoning in this time, and the most experienced by one person was five separate occasions.

[8] Global Drug Survey 2019 https://www.globaldrugsurvey.com/
[9] As above
[10] Public Health England (2019) Prescribed medicines review report https://www.gov.uk/government/publications/prescribed-medicines-review-report
[11] ONS (2019) Statistics on Drug Misuse: England 2018. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/november-2018-update

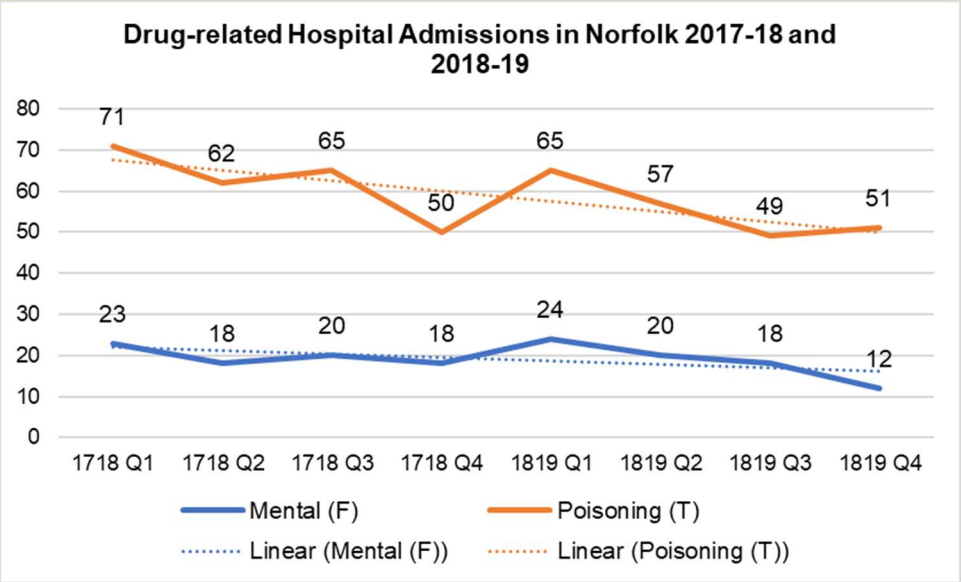

Figure 1: Hospital admissions with a primary diagnosis of poisoning by drugs of misuse, or mental and behavioural conditions related to drugs by quarter 2017/18 and 2018/19. Source: Hospital Episode Statistics. "Mental (F)" refers to the ICD10 codes used to code all hospital admissions, F11-F19 denote mental disorders cause by drugs. "Poisoning (T)" refers to the ICD10 codes T40 and T436 that denote poisoning by drugs.

Drug users who share injecting equipment can spread blood-borne viruses such as hepatitis C, hepatitis B, HIV and bacterial infections.[12] Nationally half (50%) of those injecting psychoactive drugs 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.[13] In Norfolk 84% 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 (0.5%) of people who have injected psychoactive drugs currently living with hepatitis B virus (HBV). A vaccination is available and in Norfolk 19% of injecting drug users in treatment have completed a course of HBV vaccination, fewer than the 24% seen nationally.[14]

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, and 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 homeless people in London suggests that 43% of people rough sleeping in 2014/15 had an alcohol support need and 31% needed support with drugs.[15] In Norfolk 23% of people in treatment for drug problems had a housing need when starting treatment.[16]

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.[17] In Norfolk 54% of people in drug treatment have identified mental health treatment needs.[18] Co-occurrence of substance misuse and mental health issues is referred to as "dual diagnosis".

[12] Association of Public Health Authorities (2009) *Indications of Public Health in the English Regions: 10 Drug Use*
[13] Public Health England (2018) Shooting Up: Infections in people who inject drugs in the UK, 2017
[14] Norfolk Drug and Alcohol Treatment Data (2018/19) National Drug Treatment Monitoring System.
[15] CHAIN (2016) Combined Homelessness and Information Network Greater London Annual Report 2015/16
[16] Public Health England. Data from National Drug Treatment Monitoring System 2015/16.
[17] Department of Health (2002) *Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide*. Department of Health.
[18] Public Health England. Data from National Drug Treatment Monitoring System 2015/16.

Substance misuse causes crime, over the last year there were 2,400 drug offences recorded in Norfolk (2018/19) this is 200 a month on average.[19] 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 (theft) is committed by people with heroin and/or crack cocaine problems;[20] in Norfolk this would equate to 5,000 – 10,000 theft 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. In Norfolk 9% of the adults in treatment came into treatment via a Criminal Justice pathway.[21]

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.[22]

One of the major issues for the drug and alcohol treatment system is 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 23% 2018/19. 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%.[23] 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 charity Change, Grow, Live (CGL) to provide drug and alcohol treatment to adults in Norfolk. CGL 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.

[19] Crime data obtained from data.police.uk
[20] Matrix MHA & NACRO. (2003) *Evaluation of Drug Testing in the Criminal Justice System in Nine Pilot Areas*. Home Office, (Findings, vol. 180).
[21] Norfolk Drug and Alcohol Treatment Data (2018/19) National Drug Treatment Monitoring System.
[22] Public Health England (2015/16) Adults drugs JSNA support pack: Key data
[23] NDTMS data 2015-16

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 78 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 the spread blood-borne viruses, protecting both drug users and the wider community.

Last year (2018/19) 1,769 adults started treatment in Norfolk, none had to wait more than three weeks for their treatment to commence (nationally 2% wait longer). Overall 3,713 adults received specialist substance misuse (drugs and/or alcohol) treatment. Just over half of these people (52%) 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 protects communities and provides long-term health savings.[24] It also reduces crime because people on OST no longer need to commit crime to fund their habit. A further 18% receive treatment for problems with other drugs (cannabis, cocaine) and 29% are in treatment for problems with alcohol.

In 2018 in Norfolk 142 adults in treatment for opiate (like heroin) and 152 adults in treatment for other drugs (cannabis, cocaine etc.) successfully completed drug treatment (284 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.

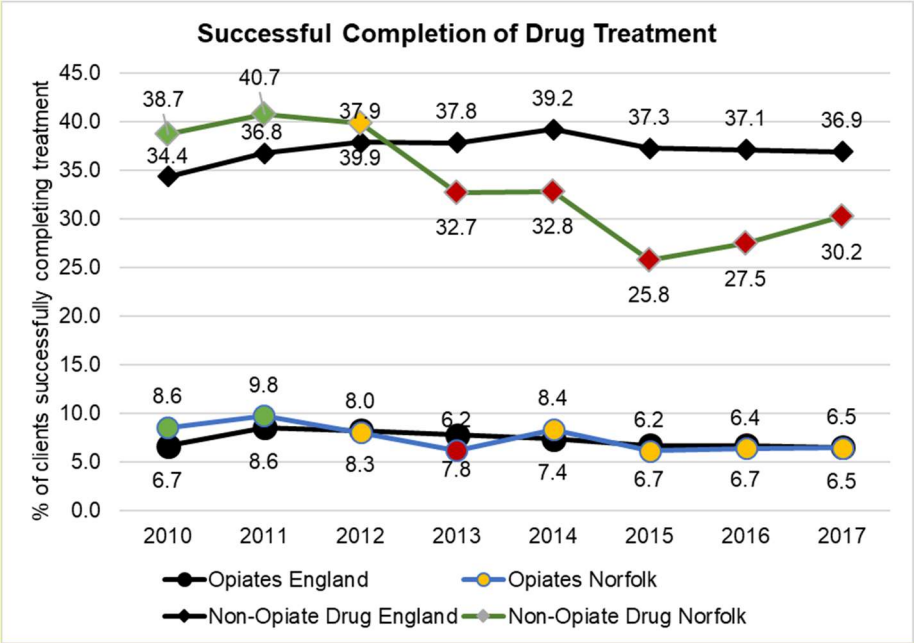

Figure 2: Successful completion of opiate clients and non-opiate clients in drug treatment as a proportion of all in treatment. Source: Public Health England National Drug Treatment Monitoring System.
Note: Where points are coloured red they are significantly worse than National average, yellow is no difference and green is significantly better.

The proportion successfully completing opiate treatment has remained fairly stable over the last three years and is not significantly different to the national average. For non-opiate drug treatment, the rate of successful

[24] Public Health England Drug JSNA Support Pack – key data 2017-18.

completion has dropped to a low of 26% in 2015 but has since improved to 30% in 2017. It remains however significantly lower than the national average.

Considerations for Health and Wellbeing Board and Commissioners

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, and 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, yet some will require specialist pharmacological interventions.

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).

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. People who misuse substances impact on 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 address those concerns and signpost or refer to specialist services.

References and information

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Matthew Project Unity website:
https://www.matthewproject.org/unity

Change, Grow, Live Norfolk
https://www.changegrowlive.org/alcohol-drug-behaviour-change-norfolk

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