# HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

## COMBATTING DRUGS 2022

HALTON BOROUGH COUNCIL

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### Contents

# KEY FINDINGS

**Risk factors:**

Overall, levels of most risk factors are higher in Halton compared to the regional and national averages. People living in the borough face a number of potential trauma points which could put them at risk of starting to take drugs as a way of coping. It may also mean those who do start taking drugs face additional social and environmental pressures when trying to stop.

For example Halton has a higher proportion of children in needs assessments identifying drug or alcohol misuse by a parent or other adult living with the child as an issue than statistical neighbours and national averages.

**Prevalence:**

National surveys show that 24% of pupils reported they had ever taken drugs, with levels increasing with age.. Under 2% of all school suspensions are for drug or alcohol use with just over 10% of permanent exclusions due to this.

The Crime Survey for England (CSEW) 2020 shows around 1 in 11 adults aged 16 to 59 had taken a drug in the last year, around 1 in 20 adults had taken drugs in the last month and 3.4% (1 in 25) adults had taken a Class A drug in the last year (those aged 16-24 this was 7.4%). Percentages were higher in the 16-24 age cohort compared to all adults 16-59. Around 0.3% of adults had used NSPs in the last year. Nitrous oxide use was 2.4% in adults.

Image and performance and enhancing drugs (IPEDs) use is predominantly seen in males and 3 out of 4 users in contact with services are aged 25-44.

The Opiate and crack cocaine use (OCU) cohort accounts for around 50% of those in structured treatment. The estimated prevalence for OCU shows Halton levels are below England and the second lowest in Cheshire & Merseyside. Caution is needed when using this data is it is now old (2016/17) so the situation may have changed.

Drug use is higher is certain populations compared to the general population. These include:

- Both young offenders and adults, both in prison and in the community
- Homeless people
- 'Recreational' drug use among LGBT groups is higher than among their heterosexual counterparts
- Limited data from the CSEW shows cannabis use is higher amongst disabled people than non-disabled people
- Drug use is higher in mixed/multiple ethnic groups but lower in other non-white groups compared to white populations

**Drug related crime:**

Levels of drug related crime were similar in Halton to the regional and national averages although higher than the Cheshire Police Force average across 2020 to 2022. 49.5% of cases during 2019-21 were in the most deprived 3 deciles. In Halton there was been a big reduction in drug-related domestic abuse offences in 2021 compared to 2019

**Drug-related hospital admissions**

Admission rates for both drug related mental and behavioural disorders and of poisoning by drug misuse (primary diagnosis) were higher in Halton than nationally and regionally. Rates are highest for men in the 20-39 age group and this is the highest overall rate. For females the rate is highest in the 40-59 age group.

47.7% were due to poisoning by Codeine/Morphine, 12.8% due to Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances and 10.1% due to poisoning by Pethidine. Class A drugs (heroin and cocaine poisonings and mental health disorder admissions due to cocaine) account for 9.2% and cannabis poisonings and mental health disorders 3.7%.

Rates varied across the borough with the highest rate seen in parts of Appleton ward. Locally, admissions were nearly 6 times higher in decile 1 compared to decile 8, with over 1 in 4 admissions (29.4%) being in either decile 1 or 2.

Local analysis using a 3 year period, 2019/20 to 2021/22 saw 1215 admissions due to over-the-counter and prescription drugs amongst Halton residents. Paracetamol accounted for 440 of these, codeine/morphine for 165 and anti-depressants for 135.

# KEY FINDINGS

**Drug-related deaths**

Nationally the age standardised mortality rates of drug-related poisoning were 60.9% higher in 2020 than in 2010 . Rates were higher in males than females. Halton pattern has followed the national trend although rates are lower than the regional average they are higher than nationally. However, the difference is not statistically significantly different (apart from 2012/14). Halton deaths due to drug-related poisoning are mostly driven by drug misuse.

The rise in the number of deaths amongst people in structured treatment services is mostly driven by non-drug related deaths. It is more a reflection of the aging drug user population. Alcohol-related diseases, COPD & respiratory disease and cardiovascular disease were the top causes in 2021, with Covid-19 explaining 21 deaths. However 44% of the total deaths were from drug or alcohol toxicity, and 100 of these overdose deaths occurred inside the treatment system.

**Young people in treatment services**

The number of Halton young people in treatment rose by 32%, compared to the national increase of 2%. However, we need to bear in mind that the Halton figures are based on relatively small numbers and a few additional people can seem like a large percentage increase. 87% of Halton referrals were from Children & Family Services, compared to 23% nationally.

Nearly half have 1 vulnerability and over 1 in 4 have 2 vulnerabilities. These include anti-social behaviour/ criminal act, being a child in need, living in a family experiencing domestic abuse or having a mental health treatment need.

Cannabis is the most prevalent drug used. Nearly all young people receive psychological support. The majority leave treatment as a successful completion with Halton's rate generally similar or higher than the national average.

**Adults in treatment services**

Self, family and friends make up the majority of referrals at 77.5% , with criminal justice system being the second largest source of referrals at 10.4% and 3.2% coming from hospital.

The age structure of users was similar to England. Males account for twice the number of users than females. 26% of adult new presentations to structured drug treatment services are parents living with children, 32% are parents not living with their children and 42% are not parents

16% have some housing need when they enter treatment. In Halton, those entering a new treatment journey in 2021/22 were less likely to be in employment than seen across England as a whole. Nearly 1 in 4 identified themselves as being long-term sick or disabled.

The majority of people entering treatment identified themselves as regular smokers. The overall population prevalence is now 13.1%. Over 80% of those assessed as part of a new treatment journey where identified as having a mental health need. The majority were already receiving treatment for their mental health issues from their GP at time of assessment. However, of note, a quarter were receiving no treatment.

Halton has a higher rate of drug users engaging with structured treatment within 3 weeks of leaving prison compared to England and the North West. However only just over half of those leaving prison, 58.5%, do so.

A higher proportion were offered and accepted Hepatitis C testing in Halton compared to England. 1in 5 people offered the test refused it (half that seen nationally).

Nearly all adults in treatment receive psychosocial interventions with just over half also receiving pharmacological support.

Halton has a higher successful completion rate compared to both the North West and England averages. It has a slightly lower percentage of early unplanned exits. These are more likely to be amongst those using opiates and amongst males. This is a similar pattern to national one.

The majority of non-opiate clients are in treatment for less than a year with none still in treatment for more than 5 years. For opiate users only 31% were in treatment less than a year and the percentage in treatment this length of time has reduced. However, a smaller proportion of Halton opiate using clients remained in treatment for 4 years or more than comparators.

# INTRODUCTION

Following the Independent review of drugs led by Dame Carol Black, the government published its 10-year UK strategy "*From Harm to Hope: A 10 year drugs plan to cut crime and save lives."*

This sets out the ambition to build "a safer, healthier and more productive society by combating illicit drugs".

Guidance released June 2022 set out what local areas were expected to do. During the latter parts of 2022 this includes:

- Establishment of a new partnership to address the national ambitions.
- Production of a needs assessment to determine the scale and scope of local needs across drug use, drug-related crime, harm from drugs as well as engagement with treatment and recovery
- Production of a strategy in line with the national strategy but also picking up on local needs, priorities and ambitions

In Halton this partnership was established in September 2022. Its strategy is in development, setting out local ambitions to reduce drug-related harms and address associated inequalities in harm, in Halton. This JSNA supports the strategy development and onward work of the partnership.

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 the use of psychoactive substances in a way that is harmful or hazardous to health 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 level of use novel psychoactive substances (NPS) 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. 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.

**This JSNA is structured in line with the National Combating Drugs Outcome Framework. It also reflects issues of importance locally**

| National Combating Drugs Outcomes Framework<br>Our ambition: a safer, healthier and more productive society by combating illicit drugs | |
|---|---|
| **What we will deliver for citizens** (strategic outcomes) | **Measured by:** |
| Reducing drug use | • the proportion of the population reporting drug use in the last year (reported by age)<br>• prevalence of opiate and/or crack cocaine use |
| Reducing drug-related crime | • the number of drug-related homicides<br>• the number of neighbourhood crimes |
| Reducing drug-related deaths and harm | • deaths related to drug misuse<br>• hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs) |
| **What will help us deliver this** (intermediate outcomes) | **Measured by:** |
| Reducing drug supply | • the number of county lines closed<br>• the number of moderate and major disruptions against organised criminals |
| Increasing engagement in drug treatment | • the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol)<br>• continuity of care – engagement with treatment within three weeks of leaving prison |
| Improving drug recovery outcomes | • the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use<br>**Key additional components integral to recovery include housing, mental health, and employment** |

This JSNA is a rapid needs assessment, conducted August—November 2022. As such it relies heavily on readily available data including:

- Office for Health Improvement & Disparities (OHID) Fingertips tool
- Office for National Statistics (ONS) for data on deaths and Crime Survey for England & Wales (CSEW)
- National Drug Treatment Monitoring System (NDTMS for data on structured treatment services
- Liverpool John Moores University Integrated Monitoring System (IMS) for additional data on treatment services and drug-related deaths analysis
- Data from
- NHS Digital
- Data.police.uk

Additionally data was received from North West Prisons and Probation Service for the Halton & Warrington Probation Delivery Unit (PDU) and from Cheshire Police.

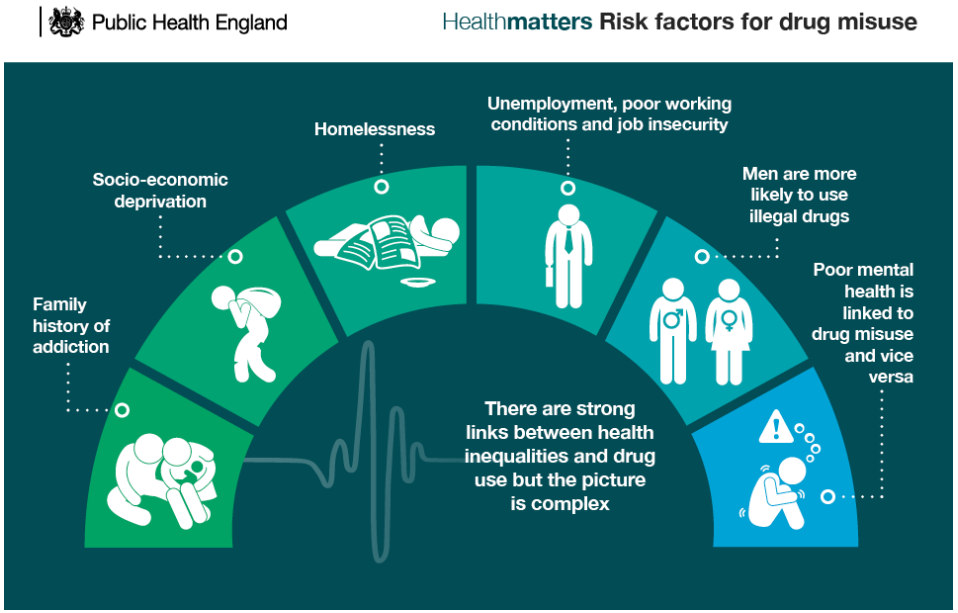
Some of this is open source data already in the public domain. Other data is restricted and to include it in the JSNA we must adhere to the data controllers information governance rules. Disclosure control rules depend on the sensitivity of the data and the level of effort that would need to be made to identify individuals. Typically numbers less than 5 are suppressed and analysis ensures they cannot be derived from other data in the report. Categories may have been collapsed, totals removed to do this.

Further information and access to specific, topic-based JSNA chapters can be found via this link: https://www4.halton.gov.uk/Pages/health/JSNA.aspx.

If you have any queries or require further information, please contact the Public Health team via the email health.intelligence@halton.gov.uk.

There is an association between poverty & disadvantage, and drug misuse. Whilst drug dependence can affect anyone, we know that people with a background of childhood abuse, neglect, trauma, poverty, or mental health problems are disproportionately likely to be affected. In turn, the children of those dependent on drugs can experience challenges with their development and poor outcomes throughout their lives. Drug misuse therefore often plays a key contribution to the breakdown of families and relationships.

Drug misuse can also lead to homelessness, as dependency can often impact on a person's employment, and can lead to housing problems . Substance misuse can be both a cause and a consequence of homelessness, with self-medication often being used as a method to help deal with the accompanying issues experienced by it.




## Indicators: Risk factor levels in Halton

Using the infographic, we can investigate the level of risk in Halton.

*Note: there is no recent data on levels of homelessness in Halton*

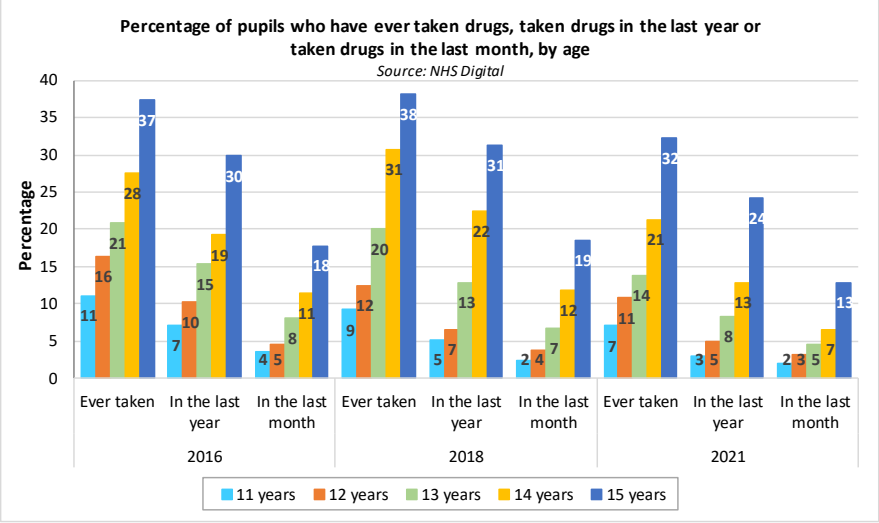
| | Time period | Halton | North West | England |
|---|---|---|---|---|
| Deprivation (Index of Multiple Deprivation - IMD - score) | 2019 | 32.3 | 28.1 | 21.7 |
| Children in absolute low income families | 2020/21 | 12.5% | 16.6% | 15.1% |
| Modelled prevalence of children in households where parent suffering alcohol/drug dependency (crude rate per 1,000 children under 18 years) | 2019/20 | 41.3 | n/a | 39.76 |
| Children in need due to neglect (crude rate per 10,000 children under 18 years) | 2021/22 | 131.05 | 72.67 | 68.59 |
| Children in need: concern about parental drug misuse (crude rate per 10,000 children under 18 years) | 2021/22 | 79.39 | 82.59 | 55.41 |
| Levels of adult depression & anxiety (QOF) | 2021/22 | 17.78% | 15.46% | 12.65% |
| Levels of adult severe mental illness (QOF) | 2020/22 | 0.88% | 1.07% | 0.95% |
| Unemployment rate | 2021/22 | 5.30% | n/a | 5.00% |
| Proportion in work who are in non-permanent employment | Jan 2021-Dec 2021 | 4.2% | 4.8% | 4.8% |

Overall, levels of most risk factors are higher in Halton compared to the regional and national averages. This is does not automatically mean Halton will have a higher rate of drug misuse. However, it does indicate people living in the borough face a number of potential trauma points which could put them at risk of starting to take drugs as a way of coping. It may also mean those who do start taking drugs face additional social and environmental pressures when trying to stop.

These wider determinants drive much of the inequalities in health experience and outcomes seen in the borough.

## Initiation of drug taking in children and young people

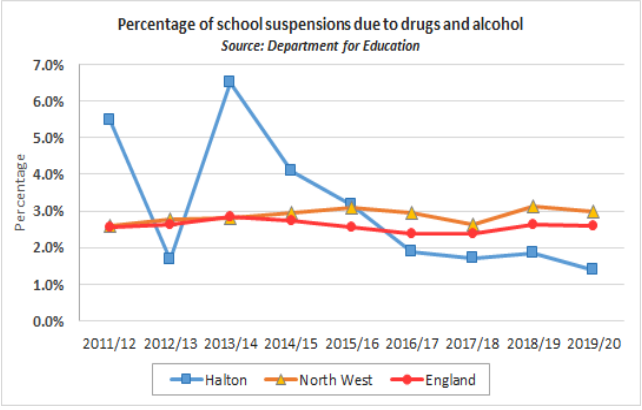
Drug misuse among children and young people is challenging to estimate. The smoking, drinking and drug use among young people in England 2018 survey (SDD) provides the best estimates for this cohort (school pupils aged 11-15), and covers the age groups that are not included in the Crime Survey for England & Wales (CSEW). The survey is biennial. The 2020 survey was not released due to the Coronavirus pandemic; the 2018 results are the latest available. The key survey findings include that 24% of pupils reported they had ever taken drugs. This ranged from 9% of 11-year olds, to 38% of 15-year olds.

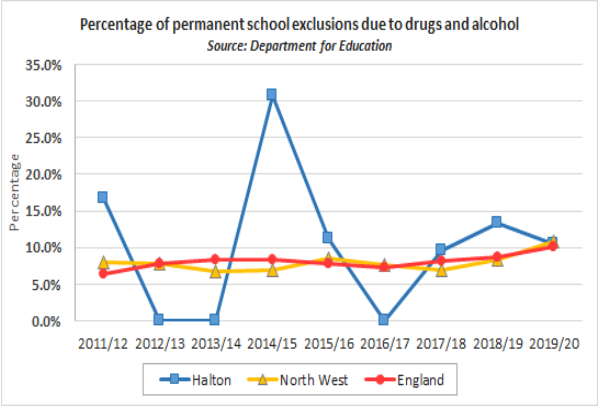



Data is not collected locally on the prevalence of children who take drugs. We can apply the findings of the national SDD survey to Halton's population aged 11-15 years of age to give an estimate of numbers who may ever have taken drugs, taken them in the last year or in the last month. The table below uses ONS population figures and applies the percentages to these to obtain an estimated number.

| | 2018 | | | 2021 | | |
|---|---|---|---|---|---|---|
| | Ever taken | In the last year | In the last month | Ever taken | In the last year | In the last month |
| 11 years | 155 | 86 | 35 | 119 | 51 | 34 |
| 12 years | 186 | 108 | 62 | 192 | 87 | 52 |
| 13 years | 295 | 192 | 103 | 233 | 133 | 83 |
| 14 years | 432 | 306 | 167 | 359 | 222 | 120 |
| 15 years | 537 | 438 | 269 | 502 | 376 | 204 |

A small number of pupils are excluded from school, either temporarily or permanently due to drug or alcohol use. Under 2% of all suspensions are for this reason and just over 10% of permanent exclusions.



# REDUCING DRUG USE:
# PREVALENCE OF RECREATIONAL DRUG USE IN ADULTS

## Prevalence of drug use in adults

The Crime Survey for England and Wales (CSEW) is an annual survey which provides the most accurate method for predicting national drug use trends. This publication reports on trends in drug use across England and Wales for the year ending March 2020. The latest survey results (2019/20) revealed the following key trends:

- There was no change in the overall level of any drug use in the last year across England and Wales for the year ending March 2020 compared with the previous year.
- Around 1 in 11 (9.4%) adults aged 16 to 59 had taken a drug in the last year.
- Around 1 in 5 (21%) adults aged 16 to 24 had taken a drug in the last year
- The survey measure of recent drug use showed that around 1 in 20 (4.6%) adults aged 16 to 59 had taken a drug in the last month.
- Around 1 in 9 (9.9%) young adults aged 16 to 24 had taken a drug in the last month.
- Around one-third (35%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.
- Around 1 in 25 (3.4%) adults aged 16 to 59 had taken a Class A drug in the last year.
- Among young adults aged 16 to 24, 7.4% had taken a Class A drug in the last year

Rates of both Class A and any drug use are similar in the North West to England at 3.6% and 9.1% (England 3.4% and 9.4%). Applying this to Halton's population aged 15-59 (the 2021 Census data is only available currently in 5-year age bands so a 16-59 age cut is not available) gives very broad estimates of 6,661 people potentially having taken any kind of illicit drug in the last year with 2,635 having taken class A drugs.

The majority of drug use was cannabis and people may have taken multiple types of drugs so the percentages and numbers should not be seen as exclusive categories.

Applying the CSEW data on type of drug used in the last year to the Halton population gives the following estimates.

| Type of drug used in last year | CSEW 2019/20 | Halton estimate |
|---|---|---|
| Any cocaine | *2.6%* | 1923 |
| Ecstasy | *1.4%* | 1022 |
| Hallucinogens | *0.7%* | 496 |
| Opiates | *0.1%* | 48 |
| Any amphetamine | *0.4%* | 258 |
| Cannabis | *7.8%* | 5677 |
| Ketamine | *0.8%* | 613 |
| Tranquillisers | *0.5%* | 363 |
| New psychoactive substances | *0.3%* | 250 |
| Nitrous oxide | *2.4%* | 1726 |

*Source: Crime Survey for England 2019/20 and 2021 Census*

The survey showed that a third (33.7%) of people using cannabis in the last year identified themselves as frequent users. 8.7% of powder cocaine users said they were frequent users, with 1.9% of ecstasy users saying the same.

## Introduction

New Psychoactive Substances (NPS) refer to substances, which mimic the effects of illegal drugs. They are not covered by the Misuse of Drugs Act 1971 but are covered by the Psychoactive Substances Act 2016. These substances are legal to possess, except when within a custodial institution or when there is intent to supply. NPS were previously sold in shops, which ended with the introduction of the 2016 act.

These substances can cause serious health risks, and if used in conjunction with other substances, such as alcohol, the risk is greater.

Although there is little local information pertaining to NPS, across England & Wales there has been an increase in the number of deaths due to NPS since 2010.

Data from ONS shows there were 258 deaths involving new psychoactive substances registered in England & Wales during 2021, which is 88.3% higher than the previous year (137 deaths) and a statistically significantly higher rate than the previous year (4.5 deaths per million people in 2021 compared with 2.4 in 2020). This rise was driven by an increase in the number of deaths involving benzodiazepine analogues (primarily flubromazolam and etizolam) from 62 deaths in 2020 to 171 deaths in 2021. There have been increasing numbers of deaths involving benzodiazepines (a rise of 13.0% when compared with 2020, from 476 to 538 deaths), pregabalin (a rise of 18.9%, from 344 to 409 deaths) and gabapentin (a rise of 12.7%, from 118 to 133 deaths).

The Crime Survey for England & Wales 2019/20 stated that 0.3% of people aged 16-59 had used NPS that year. The level was higher in men (0.4%) than women (0.2%) higher in young adults aged 16-24 at 1.3% (1.5% males and 1.1% females). 2.3% of 16-59 year olds had ever used NSPs with this being 4% amongst 16-24 year olds.

| Use in the last year | CSEW prevalence 1 April 2019 - 31 March 2020 | Halton estimate |
|---|---|---|
| Adults 16-59 | 0.3% | 245 |
| Males 16-59 | *0.4%* | 155 |
| Females 16-59 | *0.2%* | 90 |
| Adults 16-24 | 1.3% | 161 |
| Males 16-24 | *1.5%* | 94 |
| Females 16-24 | *1.1%* | 68 |

| Of those using in last year | CSEW prevalence | Halton estimate |
|---|---|---|
| Frequent use | *9.9%* | 24 |
| Infrequent use | *90.1%* | 221 |

## Use of Nitrous Oxide

The use of nitrous oxide (also called 'laughing gas') has also increased in recent years. Whilst nitrous oxide has a number of legitimate uses in the areas of medicine and catering, it is increasingly, being inhaled as a recreational drug using a balloon or a metal canister known as a 'cracker'. Inhaling nitrous oxide can be dangerous with risks including asphyxiation, especially if consumed in a small space, and vitamin deficiency with heavy regular use.

Since nitrous oxide is not a controlled drug, it is not an offence to possess it. It may be an offence to supply it under trading standards legislation and preventative action may be taken under anti-social behaviour legislation (community protection notices, public spaces protection orders).

The CSEW 29019/20 saw 2.4% of 16-59 year olds reporting ever using these in the last year, with prevalence higher in the 16-24 age groups. at 8.7%. As with other NSPs use was nearly twice as high in men than women, both 16-59 overall and 16-24 year olds.

Applying CSEW figures to Halton's population would result in the following estimates of adults taking nitrous oxide.

| Use in the last year | CSEW prevalence 1 April 2019 - 31 March 2020 | Halton estimate |
|---|---|---|
| Adults 16-59 | 2.4% | 1693 |
| Males 16-59 | *2.9%* | 1015 |
| Females 16-59 | *1.8%* | 675 |
| Adults 16-24 | 8.7% | 1079 |
| Males 16-24 | *10.3%* | 653 |
| Females 16-24 | *7.1%* | 427 |

# REDUCING DRUG USE: STEROIDS AND OTHER IMAGE & PERFORMANCE ENHANCING DRUGS

## Introduction

Image and performance and enhancing drugs (IPEDs) include a wide range of drugs across various pharmacological categories. Their common features are the function of their use: the alteration of physical performance, or appearance. IPEDs form a subset of human enhancement drugs, and are predominantly those that promote lean muscle mass (e.g., anabolic androgenic steroids [AAS], human growth hormone but may also include weight loss products or skin tanning injections . Whilst the use of IPEDs is by no means a new phenomenon, until relatively recently attention has been largely restricted to professional/elite athletes and bodybuilders. However, IPED use has moved beyond the sporting arena and is now seen in use among non-elite, recreational trainers and users within mainstream gyms. This situation is not unique to the United Kingdom with research identifying widespread use across the world.

The UK is unique in its response to the use of IPEDs. In the 1990s, on the recommendation of the Advisory Council for the Misuse of Drugs, a decision was made not to criminalise the personal possession of these drugs, but to focus legislation on manufacture, distribution, and possession with intent to supply. Subsequently, this principle has been maintained, with adjustments to curtail purchasing of AAS from overseas websites but no change to the legality of personal possession of AAS and associated IPEDs. This approach is supported by a comprehensive network of needle and syringe programmes (NSPs) across the UK.

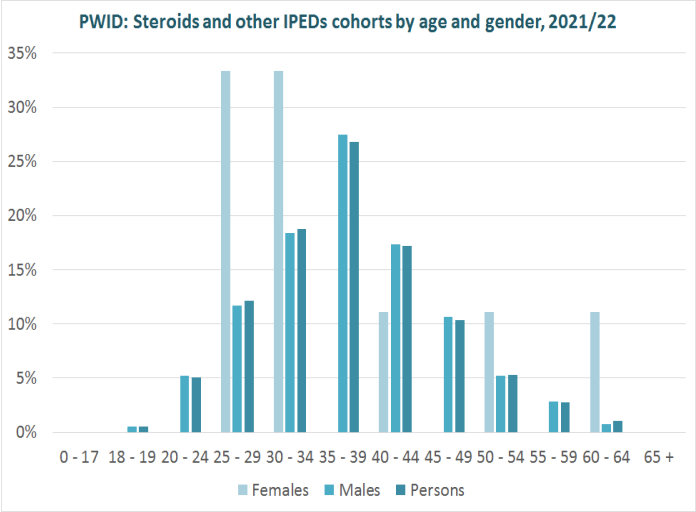
https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00550-z

## National Prevalence

Data from the Crime Survey for England and Wales saw anabolic steroid use among 16- to 59-year-olds fall in 2019/2020 compared to 2018/19 from 0.2% to 0.1% (around 62,000 to 31,000 people). This followed a period over the last decade where reported use was relatively flat. There was no equivalent change for young adults aged 16 to 24 years. However, figures related to anabolic steroid use should be interpreted with caution because of the small number of respondents reporting use

## Local intelligence

Data from the Cheshire & Merseyside Integrated Monitoring System (IMS) includes both structured treatment and other forms of treatment people may be receiving. Data from IMS for 2021/22 identified 395 Halton service users using these substances. 386 of these were males, 3 out of 4 (74.9%) in the 25-44 age bracket. Nearly all were White (predominantly White, British—95% of those whose ethnicity was known).



# REDUCING DRUG USE:
# PREVALENCE OF PROBLEMATIC DRUG USE IN ADULTS

## Opiate and/or crack cocaine use

The Independent review of drugs by Dame Carol Black (2021) sets out the national data on Opiate and/or Crack Users (OCU) and the deaths associated with the misuse of these substances, as well as the links to poverty and deprivation. A significant amount of the drug related costs (86% according to the review) to individuals and society are associated with heroin and crack. The OCU cohort also accounts for around 50% of those in structured treatment and contribute to record levels of drug-related deaths, with heroin deaths in 2020 reaching the highest levels (1,337) since records began.

Estimates of the prevalence of the OCU cohort are provided by Public Health England (now the Office for Health Improvement and Disparities—OHID), with the latest figures released in March 2019. Due to the difficulty in accumulating the required data, the most recent estimates only go up to the period of 2016/17 and should therefore be used with caution. These estimates are due to be updated but are unlikely to be available until the end of 2022 at the earliest.

The 2016/17 estimates show levels are not substantially different in Halton compared to the regional and national averages, albeit there are differences by age and OCU or opiate use.

| | | 15 to 24 years | | 25 to 34 years | | 35 to 64 years | | 15 to 64 years | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | OCU | Opiate | OCU | Opiate | OCU | Opiate | OCU | Opiate | Crack |
| Halton | *Number* | *64* | *44* | *135* | *140* | *455* | *465* | *654* | *649* | *509* |
| | Rate per 1,000 | 4.4 | 3.0 | 8.3 | 8.6 | 9.1 | 9.3 | 8.1 | 8.0 | 6.3 |
| North West | Rate per 1,000 | 4.2 | 2.3 | 10.2 | 7.8 | 13.2 | 11.5 | 10.8 | 9.0 | 6.2 |
| England | Rate per 1,000 | 4.6 | 2.6 | 10.9 | 9.0 | 9.5 | 8.3 | 8.9 | 7.4 | 5.1 |

*Source: Public Health England*

OCU = opiates and/or crack cocaine use

Comparing the 2016/17 estimated prevalence to numbers in treatment gives an estimate of the number with unmet need i.e. not in treatment.

| | OCU | Crack | Opiates |
|---|---|---|---|
| Halton | 42% | 52% | 42% |
| England | 53% | 58% | 47% |

Halton levels are below England and for OCU the second lowest in Cheshire & Merseyside (range 41%-56%). Despite this relatively favourable comparison to the national and sub-regional picture, it remains that over 40% of OCU are not in treatment.

A cruder but potentially more up-to-date way of estimating OCU use, is the apply the findings from the latest CSEW to Halton's population. This has the benefit of being based on more recent survey data than the 2016/17 estimates but the downside that it is unable to take into account local circumstances such as the impact of deprivation on the statistics

The North West has a slightly higher rate of 16-59 year olds using any class A drug in the last year than England at 3.4% compared to 3.1%. Using this as a range gives between **2,441-2,584** Halton residents aged 15-59 using any class A drug within the last year.

This is substantially more than the 2016/17 estimates. As such both should be used with extreme caution until the new official modelled estimates are produced.

## Young Offenders

There is evidence to indicate that substance misuse among young offenders is more common than in the general population of young people. A study on substance misuse among imprisoned young offenders found that prior to custody, 83% were regular smokers, over 60% drank alcohol daily or weekly, and over 80% had used an illegal drug at least once per month

A health needs assessment covering the Youth Justice Service for Cheshire West & Chester, Halton and Warrington in 2015 found that 53% of Halton young offenders were using drugs. This was considerably higher than the national estimates for 11-16 year olds but lower than the 60%-80% found in young offenders entering custody.

Those on a Youth Rehabilitation Orders (YRO) were more likely to be reported as engaging in substance use of any kind. Those on Diversion Programme interventions were the least likely to be recorded as using drugs. Those given a YRO are typically a more complex cohort and usually older than those on Diversion Programme interventions.

A pan-Cheshire update has recently been commissioned from Liverpool John Moores Unversity. An interim report is due December 2022, with a final report early 2023. Qualitative analysis so fare shows an over-representation of Special Education Needs, particularly Attention Deficit Hyperactively Disorder (ADHD) and autism, multiple Adverse Childhood Experiences (ACEs) contributing to educational and social exclusion. There are a high proportion of children self-medicating with cannabis instead of prescribed ADHD medication, which they feel acts as a chemical restraint. Additionally, this cohort of young people, who've suffered abuse, neglect and are in an almost permanent state of hyper-vigilance are telling us they feel that only cannabis helps dull their pain or calm their anxiety. This makes them easy targets for drug dealers and organised gangs.

## Adult prison population

A history of drug use is common among European (including UK) prisoners, with levels disproportionately high compared to the general population. Health problems, especially communicable diseases and psychiatric co-morbidity, are especially prevalent among prisoners using drugs.

Drug users may be reported among prisoners who are sentenced for a drug offence such as supply or use (although many of them are only drug traffickers), among prisoners sentenced for a crime committed to support their drug use and among people imprisoned for offences not related to drugs. Locally, the percentage varies prison by prison.

| Establishment Name | Type of prison | Inmate gender | % of new receptions beginning a substance misuse treatment episode | New treatment entrants | | | |
|---|---|---|---|---|---|---|---|
| | | | | Opiate | Non-opiate | Alcohol and non-opiate | Alcohol only |
| HMP Altcourse | Local | Male | 6% | 85% | 0% | 1% | 13% |
| HMP Liverpool | Training | Male | 28% | 40% | 23% | 23% | 10% |
| HMP & YOI Styal | Local | Female | 59% | 67% | 8% | 10% | 15% |
| HMP Risley | Training | Male | 23% | 45% | 20% | 28% | 6% |
| HMP Thorn Cross | Open | Male | 42% | 22% | 54% | 17% | 7% |
| PHE North of England | | | 32% | 56% | 16% | 18% | 11% |
| National | | | 28% | 53% | 17% | 18% | 11% |

Even though many drug users stop or reduce their use of drugs when they enter prison, some continue to use and some may even start to use drugs there.

The social profile of drug clients entering treatment in prison, while generally similar to that of those entering treatment in the community, has some distinct characteristics. They tend to be slightly younger than those in the community , and report starting their drug use at an earlier age.. The social conditions of drug clients before entering prison are generally poor. Many individuals have a low educational level, were unemployed before entering prison and/or were living in unstable accommodation.

The mortality risk in the first weeks after release from prison is extremely high. A national cohort study in Scotland using data linkage showed a standardised mortality ratio (0.0 would equate to the same mortality rate compared to the general population) of 3.3 for men and 7.6 for women.

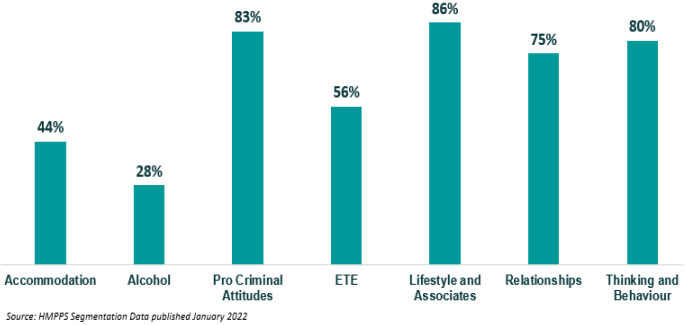
## Adult Offenders in the community

Data for January 2022 for Halton & Warrington Probation Delivery Unit (PDU) shows that 34% of males and 29% of females on probation had drug misuse need identified. Over half of People on Probation with identified Drug Misuse (51.6%) are sentenced for violent offences.
*Note data only available at PDU level not LA*

| Type of Offence | Number | % |
|---|---|---|
| Acquisitive | 30 | 9.4% |
| Drugs | 60 | 18.8% |
| Motoring | 25 | 7.8% |
| Robbery | 5 | 1.6% |
| Sexual | 15 | 4.7% |
| Violent | 165 | 51.6% |
| Other | 20 | 6.3% |
| Total (as at January 2022) | 320 | 100.0% |

*Source: HMPPS Segmentation data*

A locally commissioned needs assessment in 2013/14 reported 17.5% of offenders were Class A misusers. The largest group of Halton current drug misusers were using cannabis (45.8%), followed by heroin (16.9%) and Crack (14.7%).




*Source: HMPPS Segmentation Data published January 2022*

Most Halton & Warrington PDU caseload with drug misuse needs have additional needs around pro criminal behaviour, lifestyles, relationships amongst others.

Statistics reveal that newly released male and female prisoners are at acute risk of drug-related death. Therefore recovery services that go 'through the gate' to offer initial support to substance misusers, proactively coach offenders to set in place essential health structures (such as GP registration) and then continue to offer assistance during recovery programmes, should not be under-valued.

## Homeless

People who misuse drugs are at a greater risk of experiencing homelessness. An addiction may also present a barrier to accessing some support services because the services are not equipped to support people with addiction or because addiction can make people less open to accessing help and services. There is also some evidence that people who experienced living in insecure accommodation as young children are more likely to use drugs in later life.

Two thirds of homeless people cite drug or alcohol use as a reason for first becoming homeless. **Those who use drugs are seven times more likely to be homeless**. There is also a high prevalence of mental health problems amongst the homeless population.

The latest available figures of deaths of homeless people are 2020 (from ONS). Figures for 2020 were affected by the Everyone In scheme, which has made it more difficult to identify homeless people in the Office for National Statistics (ONS) mortality records; figures for 2020 may underestimate the true number of homeless deaths.

Almost two in five deaths of homeless people were related to drug poisoning in 2020 (265 estimated deaths; 38.5% of the total number), consistent with previous years.

Among men, the highest number of estimated deaths were observed in those aged 45 to 49 years (108 deaths; 17.9% of all male deaths), and the mean age at death was 45.9 years. Among women the 40 to 44 years age group had the highest number of estimated deaths (22 deaths; 26.2% of all female deaths), and the mean age at death for women was 41.6 years. Mean age at death is not the same as life expectancy.

One of the key reasons for these poor health outcomes is 'tri-morbidity'. This means that people are more likely to experience having a physical health, mental health and addiction problem at the same time.

There is no local recent data on homelessness in Halton. Typically levels have been lower than the national and Cheshire & Merseyside (C&M) averages. Past C&M needs assessments have revealed a substantial proportion of homeless people using drugs, abut 40%.

## LGBTQ+

An evidence review by UK Drug Policy Commission noted that the evidence on drug taking amongst the LGBT community tends to treat them as a homogenous group, whilst most of the evidence relates to gay men. Even here the quality of evidence is limited and poor. Note withstanding this, their Drugs & Diversity report shows:

- 'Recreational' drug use among LGBT groups is higher than among their heterosexual counterparts, irrespective of gender or the different age distribution in the populations.
- Gay men report higher overall rates of drug use than lesbian women, largely due to higher rates of stimulant use, particularly amyl nitrite ('poppers').
- Cannabis is the most commonly used drug among lesbian women, with prevalence rates similar to gay men.
- LGBT people, particularly gay men, may also be at risk of misusing other drugs, such as steroids and Viagra.
- Some types of drug use may be associated with risky sexual behaviour, increasing exposure to HIV infection.

These findings are borne out by the CSEW 2020

| | | Sexual Orientation | | | |
|---|---|---|---|---|---|
| | | Heterosexual/ straight | Gay/ Lesbian | Bisexual | Other |
| Class A | Powder cocaine | 2.5 | 5.7 | 8.9 | 0.0 |
| | Ecstasy | 1.3 | 6.2 | 4.4 | 0.0 |
| | Hallucinogens | 0.7 | 1.6 | 1.3 | 0.0 |
| Class B | Amphetamines | 0.3 | 1.6 | 1.0 | ~ |
| | Cannabis | 7.3 | 17.6 | 27.2 | 7.4 |
| | Ketamine | 0.8 | 3.8 | 1.8 | 0.0 |
| Any Class A drug | | 3.2 | 9.2 | 11.1 | 0.0 |
| Any drug | | 8.8 | 20.5 | 31.4 | 9.0 |

Source: CSEW 2020

## Ethnicity

The Adult psychiatric morbidity survey 2014 (latest available as 2021 survey was cancelled) showed that Black people were nearly 3 and a half times as likely as Asian people to have used illicit drugs in the previous year. Black women were nearly 25 times as likely as Asian women to have used illicit drugs in the previous year.

The CSEW shows that overall non-white people were less likely to have taken drugs, any or class A, during the last year. The only exception to this was those from mixed/multiple ethnic groups, were drug use was twice that of white ethnic groups and more than twice that of all adults 16-59. It also showed drug use was nearly twice as high in those born in the UK compared to those born outside the UK. This is fuelled predominantly by cannabis use.

| | | | Ethnic group | | | | | Country of Birth | |
|---|---|---|---|---|---|---|---|---|---|
| | | All adults aged 16-59 | White | Mixed/ Multiple | Asian/ Asian British | Black/ African/ Caribbean/ Black British | Other ethnic group | Born in the UK | Not born in the UK |
| Class A | Powder cocaine | 2.6 | 3.0 | 4.0 | 0.3 | 0.8 | ~ | 3.1 | 0.8 |
| | Ecstasy | 1.4 | 1.5 | 3.9 | 0.3 | 0.6 | 0.0 | 1.6 | 0.6 |
| | Hallucinogens | 0.7 | 0.8 | ~ | 0.2 | 0.0 | ~ | 0.8 | 0.4 |
| Class B | Amphetamines | 0.3 | 0.4 | ~ | ~ | 0.0 | ~ | 0.4 | 0.1 |
| | Cannabis | 7.8 | 8.2 | 22.1 | 2.9 | 4.8 | 4.2 | 8.4 | 5.4 |
| | Ketamine | 0.8 | 0.9 | 2.4 | ~ | ~ | 0.0 | 1.0 | 0.4 |
| Any Class A drug | | 3.4 | 3.8 | 5.5 | 0.5 | 1.0 | 1.2 | 3.9 | 1.4 |
| Any drug | | 9.4 | 10.1 | 22.6 | 3.2 | 5.4 | 5.0 | 10.1 | 6.5 |

## Disability

There are no clear estimations of alcohol and/or substance misuse amongst people with a disability. Inequality and disadvantage may exacerbate drug use, possibly placing some disabled people at increased risk while information and services relating to drugs may be less accessible to them. Conversely, the higher levels of adult supervision and support and reduced mobility experienced by some disabled people may be protective. People reporting having a longstanding illness or disability (LSID) are less likely to report illicit drug use than those without, but the difference is not statistically significant and does not take account of the older average age of people with LSID.

The CSEW shows slightly higher levels of drug use amongst disabled compared to non-disabled. In particular cannabis use was 11% compared to 6.3%, hallucinogens use at 1.1% compared to 0.6% .

## Hard Edges

We know that people often take drugs to deal with early problems they have experienced and this drug taking in turn creates multiple problems. Despite this we still categorise people in separate boxes defined by single issues. Much of this JSNA does just that because that is how data is collected and made available.

To address this fragmentation of data LankellyChase Foundation were commissioned to provide a statistical profile of a key manifestation of 'severe and multiple disadvantage' (SMD) in England. SMD is a shorthand term used to signify the problems faced by adults involved in the homelessness, substance misuse and criminal justice systems.

Key headlines revealed:

- There is a huge overlap between the offender, substance misusing and homeless populations. For example, *two thirds* of people using homeless services are also either in the criminal justice system or in drug treatment in the same year.
- Local authorities which report the highest rates of people facing severe and multiple disadvantage are mainly in the North of England, seaside towns and certain central London boroughs. However, even in the richest areas, there is no part of England that is untouched by the issue of severe and multiple disadvantage.
- People found in homelessness, drug treatment and criminal justice systems are predominantly white men aged 25-44
- As children, many experienced trauma and neglect, poverty, family breakdown and disrupted education. As adults, many suffer alarming levels of loneliness, isolation, unemployment, poverty and mental ill-health. All of these experiences are considerably worse for those in overlapping populations.
- The majority are in contact with or are living with children.

https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf

## Cheshire and Merseyside System P work

System P operates across Cheshire and Merseyside. It uses the NHS Bridges to Health approach to population segmentation, utilising data from the Integrated Care Board's data platform CIPHA (Combined Intelligence for Population Health Action). Segmentation aims to categorise the population according to health status, health care needs and priorities. This methodology identifies groups of people who share characteristics that influence the way they interact with health and care services.

One of the segments it is currently looking at is one called Complex Lives.

Whilst using different definitions and data than Hard Edges there are commonalities. Notably an attempt to identify a cohort of people who have multiple physical health, mental health and social health difficulties. Regardless of physical or mental health issues, people with three or more social issues are included in the segment.

Analysis at Halton level shows 691 individuals (0.5% of the population) were identified as belonging to the Complex Lives segment. 73% of the segment live in the most deprived quintile. 99% had a long-term health condition. 389 of the segment were identified as have issues with substance misuse.

For the cohort as a whole 146 people (22%) are identified as living in a household with someone under 18. 3% of the segment have experienced homelessness in the last 2 years and 1% have caring responsibilities.

Compared to the total population those in the Complex Lives segment:

Have a higher level of attend A&E attendance

Have a higher rate of emergency admission

Have a higher proportion in contact with mental health services

Analysis is not available just focused on the segment of the Complex Lives cohort with substance misuse issues. It would be useful to have access to this data in the future.

https://www.strategyunitwm.nhs.uk/sites/default/files/2022-04/01F%20Halton%20Population%20Insight%20Pack%20For%20Complex%20Lives.pdf

The Dame Carroll Black review determined that the total cost of harms related to illicit drug use in England was £19.3 billion for 2017-18.

Drug-related crime was the main driver of total costs, with recorded offences committed in England by drug users amounting to about £9.3 billion in 2017-18.

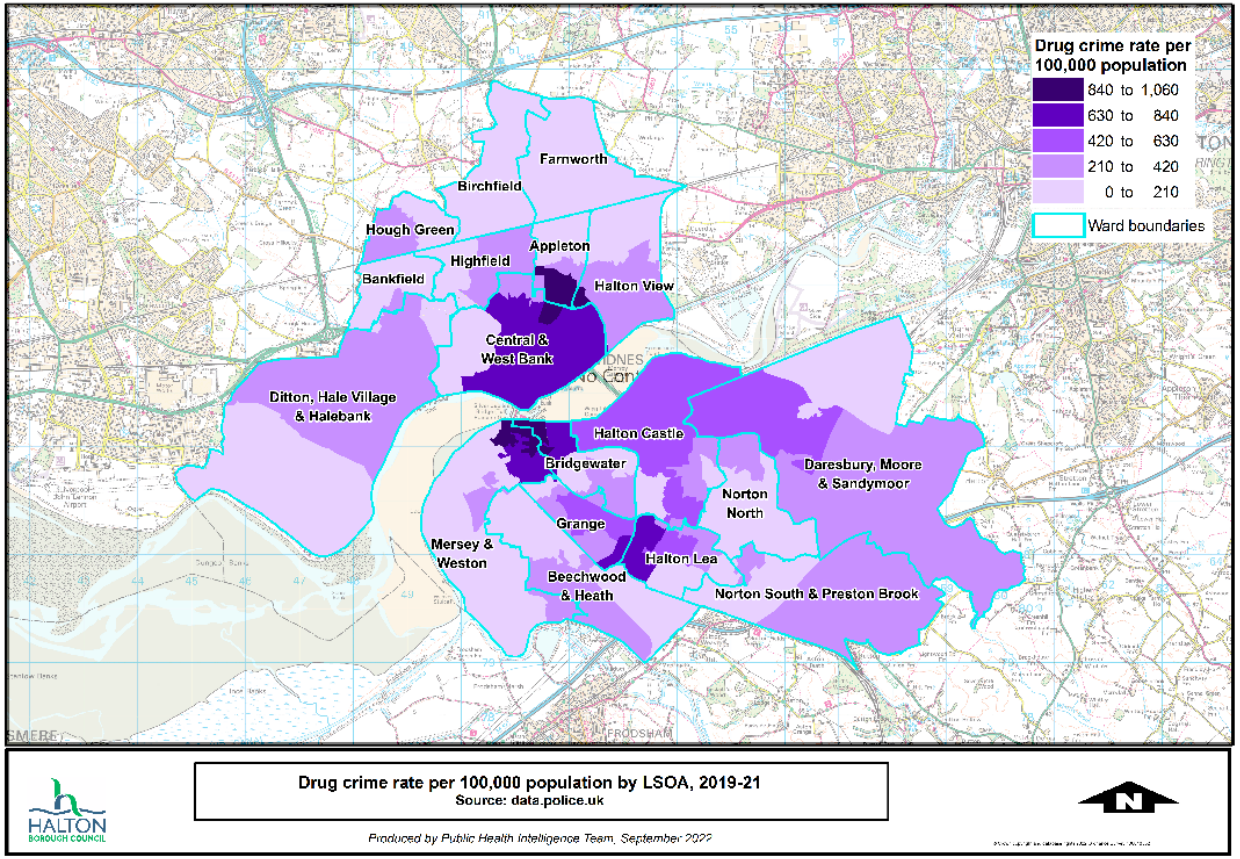
Most of this spend/cost was associated with drug-related deaths and homicides (£6.3billion), with significant spend also on the criminal justice system and enforcement. Prevention and treatment only made up £553million of the £19.3billion spend.

As such the financial and human harm drug-related crime poses are a significant national and local driver for action.

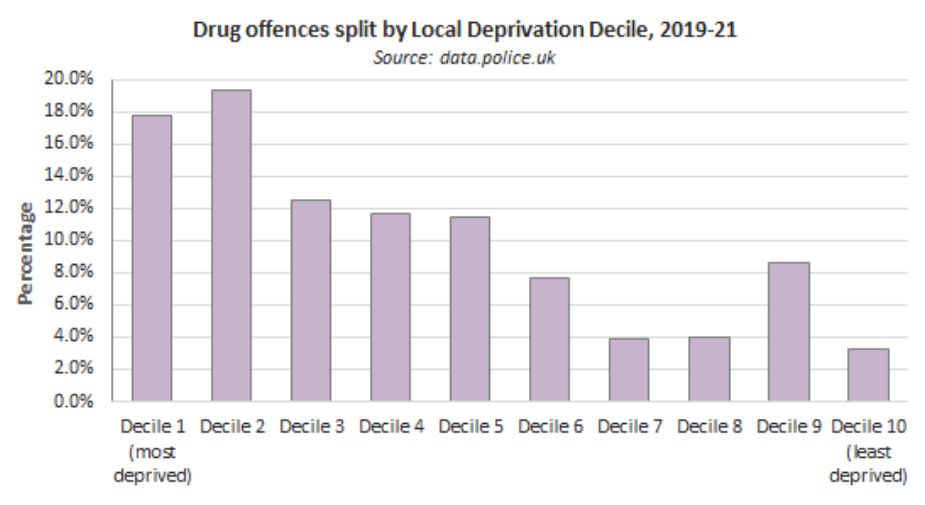
In Halton drug-related crime is similar to the regional and England averages, slightly higher than the overall Cheshire Police average and substantially lower than Merseyside.

| | | 2020 | 2021 | 2022 |
|---|---|---|---|---|
| Halton | *Number* | *414* | *455* | *381* |
| | Rate per 1,000 | 3.2 | 3.5 | 2.9 |
| Cheshire | Rate per 1,000 | 1.9 | 1.9 | 1.6 |
| Merseyside | Rate per 1,000 | 8.3 | 9.2 | 8.3 |
| North West | Rate per 1,000 | 3.9 | 3.8 | 3.3 |
| England | Rate per 1,000 | 3.1 | 3.4 | 2.9 |

Within the borough rates were highest in the town centre areas of Widnes, Runcorn Old Town and parts of Halton Lea.



The 10-year drugs plan noted that the most deprived areas face the highest prevalence of drug-driven crime and health harms associated with drug use. The impact deprivation has on crime in Halton is clear. 49.5% of cases during 2019-21 were in the most deprived 3 deciles (using local deprivation deciles and drug offences data at LSOA level)




Looking at data from Cheshire Police we can see that drug related incidence in Halton have increased but drug related offences have decreased. Drug-related domestic abuse levels also fell compared to 2019

| | Dec-21 | Q1 (Jan - Mar 2021) | Q2 (Apr - Jun 2021) | Q3 (Jul - Sep 2021) | Q4 (Oct - Dec 2021) | YTD TOTAL (2021) | SPC TREND | YTD TOTAL (2019) | CHANGE | % CHANGE |
|---|---|---|---|---|---|---|---|---|---|---|
| Reduce Incidents: Drug Incidents | 52 | 235 | 251 | 247 | 164 | **897** | Special Cause Decrease | 815 | 82 | 10.10% |
| Reduce Crime: Drug Offences | 9 | 94 | 82 | 89 | 67 | **332** | Special Cause Decrease | 413 | -81 | -19.60% |
| Reduce the Number of Victims: Drug related domestic abuse | 7 | 18 | 14 | 23 | 19 | **74** | Stable | 401 | -327 | -81.50% |

Of note the Crime Survey for England and Wales showed that 1.6 million women and 757,000 men had experienced domestic abuse between March 2019 and March 2020, with a 7% growth in police recorded domestic abuse crimes. For Halton, there was a slight fall in reported cases of domestic abuse, a slight fall in alcohol related domestic abuse but a big fall in drug-related domestic abuse.

## County Lines

The 2018 Home Office Serious Crime Strategy states the National Police Chief's Council (NPCC) definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

The Home Office Beating Crime Plan 2021 points to more than 1,100 lines being closed, over 6,300 arrests made, over £2.9 million in cash confiscated and large amounts of drugs seized. Through this work, the police have safeguarded more than 1,900 vulnerable people exploited by the drug dealers.

The exact numbers of children affected by County Lines is unknown as there is currently no systematic data collection. An estimated 27,000 children in England identified as a gang member. 91% of children involved in County Lines are male, however females are underrepresented in the data. Females involvement is less likely to be discovered by services, but we know it does happen, and they may be asked to carry drugs and weapons because they are less likely to be suspected than males.. Both females and males may be subject to sexual exploitation linked to County Lines.

Children aged 15 to 17 years are those most commonly identified as victims of County Lines exploitation, although those younger and older are also at risk of exploitation.

Cheshire Police operate a The Serious and Organised Crime Unit (SOCU) across the force operating from police headquarters. They have a focus on reducing the harm and threat caused by organised crime and county lines groups.

The County Lines model is prevalent in Halton; police mapping data on county lines and organised crime groups demonstrates a high level of risk particularly for groups vulnerable to exploitation (particularly children and young people) and considerable violent crime arising from County Lines.

*"Gaining an understanding of the factors that increase vulnerability is key to protecting the most vulnerable and at-risk people in our communities"*
(Cheshire Police and Crime Plan).

Data from Cheshire Police shows a total of 199 active country lines with 41 new lines during 2021.

| | Dec-21 | Q1 (Jan - Mar 2021) | Q2 (Apr - Jun 2021) | Q3 (Jul - Sep 2021) | Q4 (Oct - Dec 2021) | YTD TOTAL (2021) | SPC TREND | YTD TOTAL (2019) | CHANGE |
|---|---|---|---|---|---|---|---|---|---|
| County Lines | 20 | 67 | 71 | 77 | 63 | **278** | Stable | County lines data only available from March 2021 | |
| - Active County Lines | 12 | 46 | 53 | 53 | 47 | **199** | Special Cause Decrease | | |
| - New County Lines | 0 | 15 | 11 | 13 | 2 | **41** | Stable | | |

# REDUCING DRUG RELATED DEATHS AND HARM:
# CHILDREN LIVING WITH DRUG USERS

The table on page 4 shows the modelled prevalence of children living with a parent/guardian who uses drugs is higher In Halton than nationally. This potentially can have a wide range of negative impacts on the child.

### Negative effects of living with a parent with a drug misuse problem

***Children***

- behavioural disturbance, antisocial behaviour (conduct disorders)
- emotional difficulties
- behavioural problems and underachievement at school
- social isolation, because they feel that it is too problematic or shameful to bring friends home, or because they are not able to go out with friends as they have responsibilities of caring for other family members (e.g. siblings or the misusing parents)
- 'precocious maturity'

They also tend to have a more difficult transition from childhood to adolescence and increased likelihood of being referred to social services because of child protection concerns

***Adolescents***

Two common patterns often emerge:

- increasing introspection and social isolation, with friendship difficulties (e.g. the young person is
- unlikely to visit or invite friends to their own home), anxiety or depression (for which psychoactive
- medication may be prescribed); attempts to escape their family home (e.g. by leaving home at an early age or entering into a long-term relationship)
- development of strong peer relationships which are kept separate from their own family; these
- relationships may themselves involve early alcohol or drug use, participation in sub-cultures perceived to be 'deviant', in antisocial activity, unsafe sex and unplanned and/or early pregnancy

***Adulthood***

Some of the problems of childhood and adolescence can continue into adulthood There is some (although not as great as previously thought) evidence that adult offspring of drug-misusing parents have greater problems in terms of drug misuse or areas of adulthood adjustment

However, studies also show that children can and do grow through difficult circumstances without ill effects and many show great resilience. Practitioners working with parents with drug misuse problems should aim to work on family disharmony, reducing conflict, and work on inconsistent, neglectful and ambivalent parenting.

## Identification and access to services

In the period 1 April 2019 to 31 March 2020 Halton had 447 new presentations to treatment during this timeframe. Of those, 113 (26%) were parents or adults living with children, and 143 (32%) were parents not living with children. Of new presentations to treatment in Halton, 189 (42%) were not a parent and had no contact with children - referred to as "not a parent"

### proportions of all clients in each of the family categories, for Halton and England.

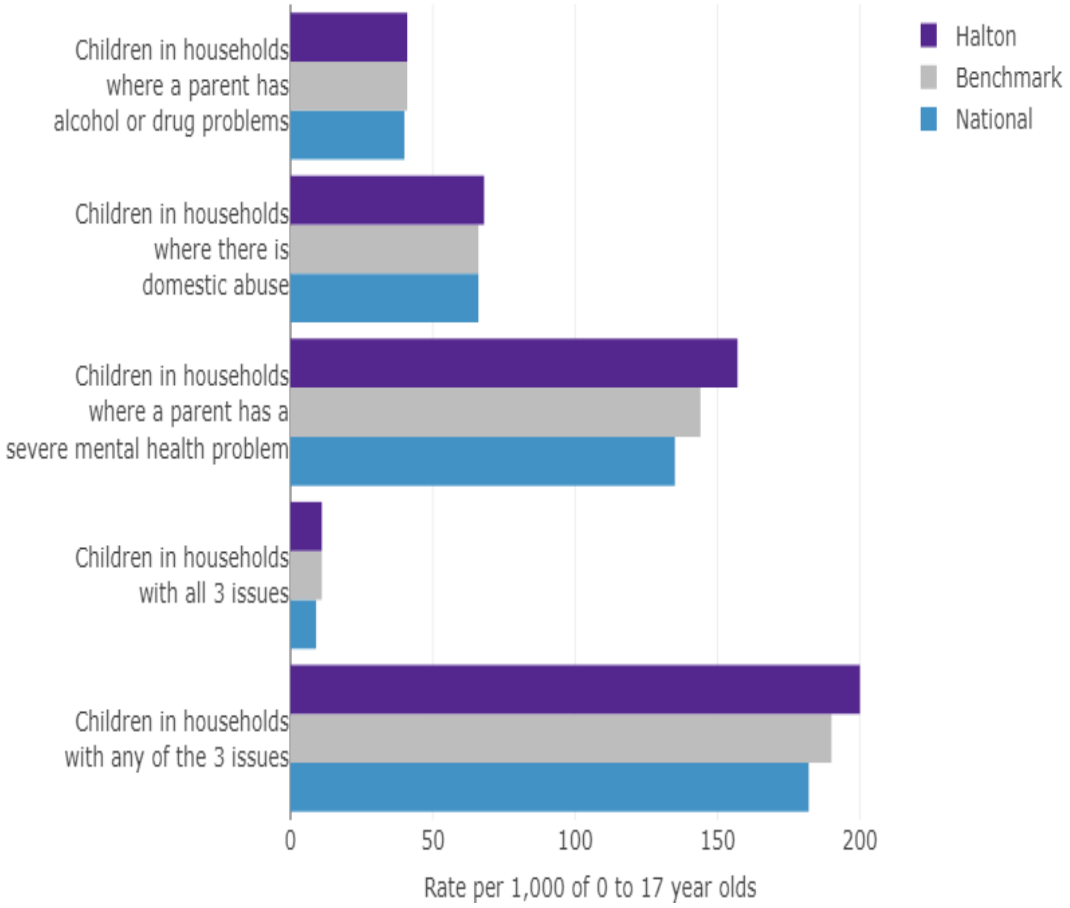
| | All in treatment | | New presentations | | |
|---|---|---|---|---|---|
| Family category | Halton | England | Halton | England | Parental status |
| Parent living with children | 18% | 18% | 15% | 16% | Parent or adult living with children |
| Other child contact - living with children | 9% | 6% | 11% | 5% | Parent or adult living with children |
| Parent not living with children | 31% | 30% | 32% | 31% | Parent not living with children |
| Not a parent and not in contact with children | 42% | 46% | 42% | 48% | Not a parent |
| Incomplete data | 0% | 0% | 0% | 0% | Excluded |

A range of children's social care needs were identified, with a higher proportion of early help and a lower proportion of children with a child protection plan

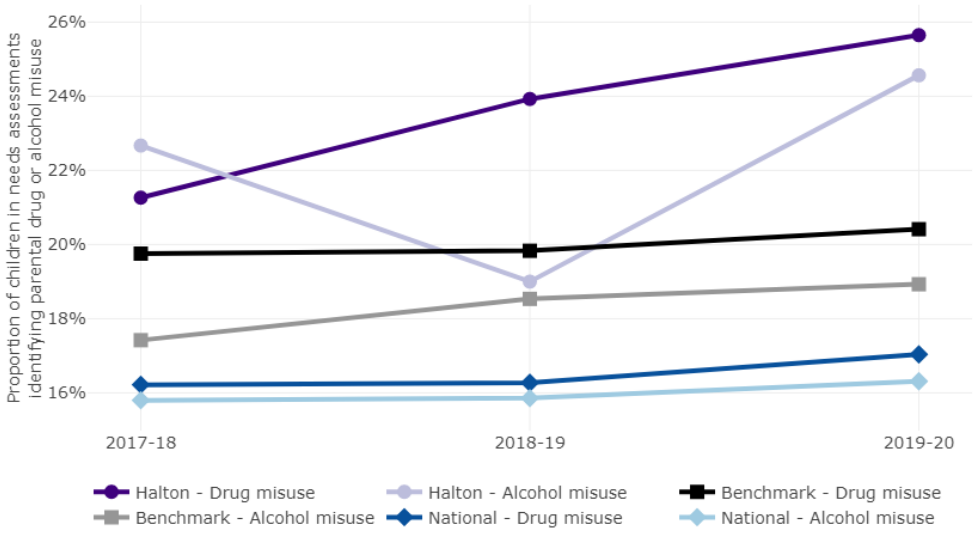
| Children's Social Care (client living with children) | Halton | England |
|---|---|---|
| Early Help | 13.4% | 6.2% |
| Child in need | 7.1% | 7.2% |
| Has a child protection plan | 7.9% | 11.7% |
| Looked after child | 5.5% | 6.7% |
| No early help | 70.9% | 64.4% |
| Client declined to answer | 0.0% | 0.0% |
| Missing / inconsistent | 0.0% | 2.3% |
| Social care help/need | 33.9% | 31.8% |

# REDUCING DRUG RELATED DEATHS AND HARM: SAFEGUARDING CHILDREN

**Co-occurring parental alcohol and drug problems, mental ill health and domestic abuse.**




**Proportion of children in needs assessments identifying drug or alcohol misuse by a parent or other adult living with the child as an issue.**




Across all measures of drug & alcohol, mental illness and domestic violence identified during children in need assessments —sometimes referred to as the 'toxic trio' - Halton experiences higher levels than nationally, being similar or slightly higher than the North West average values.

Relatively small numbers can cause annual values to fluctuate making it difficult to see trends locally. Looking at the 3 recent reporting years, Halton values have increased to a greater degree than benchmarks. The most recent year (2021/22) shows this relative position remains.

# REDUCING DRUG RELATED DEATHS AND HARM: DRUG RELATED HOSPITAL ADMISSIONS (ALL AGE)

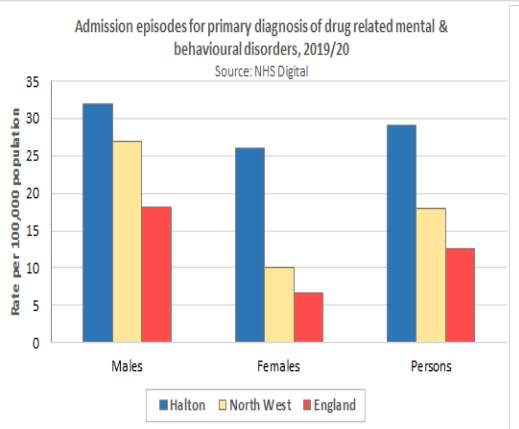
Data from NHS Digital on hospital admissions due to drug misuse show that nationally admissions have reduced since 2015/16 where there were 8,621 admissions (primary diagnosis of drug related mental and behavioural disorders).

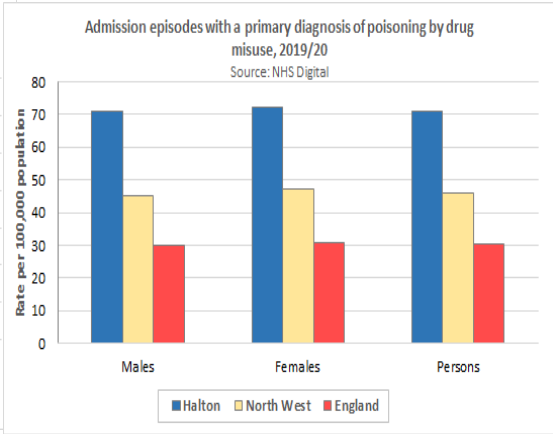
In 2019/20 there were 7,027 admissions, which is an 18% reduction compared with 2015/16. Admissions have also reduced in 2019/20 by 5% compared to 2018/19..

For the broader measure (primary or secondary diagnoses), admissions have been increasing year on year since 2009/10, with a record 99,782 admissions in 2019/20. This is a 124% increase, or 55,197 additional drug related hospital admissions compared to 2009/10.

Admissions for a primary diagnosis of poisoning by drug misuse have reduced by 6% 2019/20 compared to 2018/19..

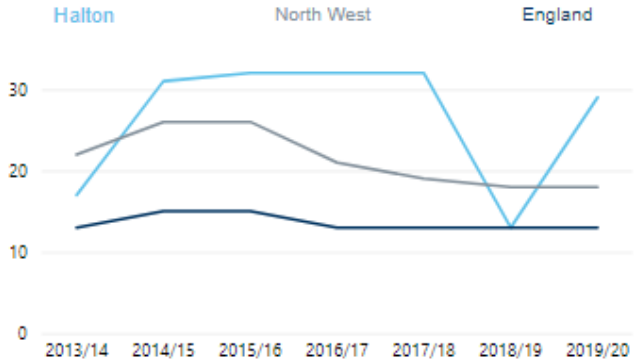
Admission rates for both drug related mental and behavioural disorders and of poisoning by drug misuse (primary diagnosis) were higher in Halton than nationally and regionally



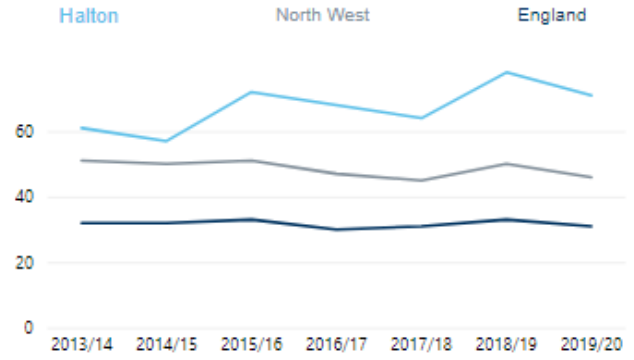




https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drugmisuse/2020

Locally, small number annually mean annually-based trend charts are subject to fluctuation. Nevertheless the higher drug-related hospital admission rates (rate per 100,000 population) have been fairly consistently higher than regional and national.



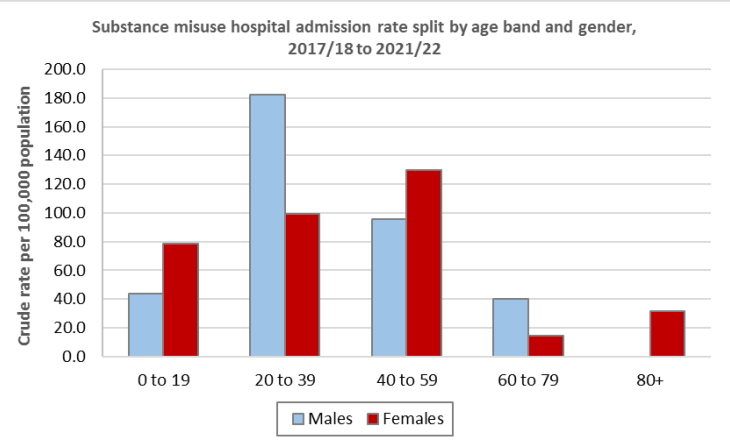

For admissions due to drug-related mental health a drop in 2018/19 compared to the previous year has not been sustained although the 2019/20 value is not as high as the 2017/18 rate.

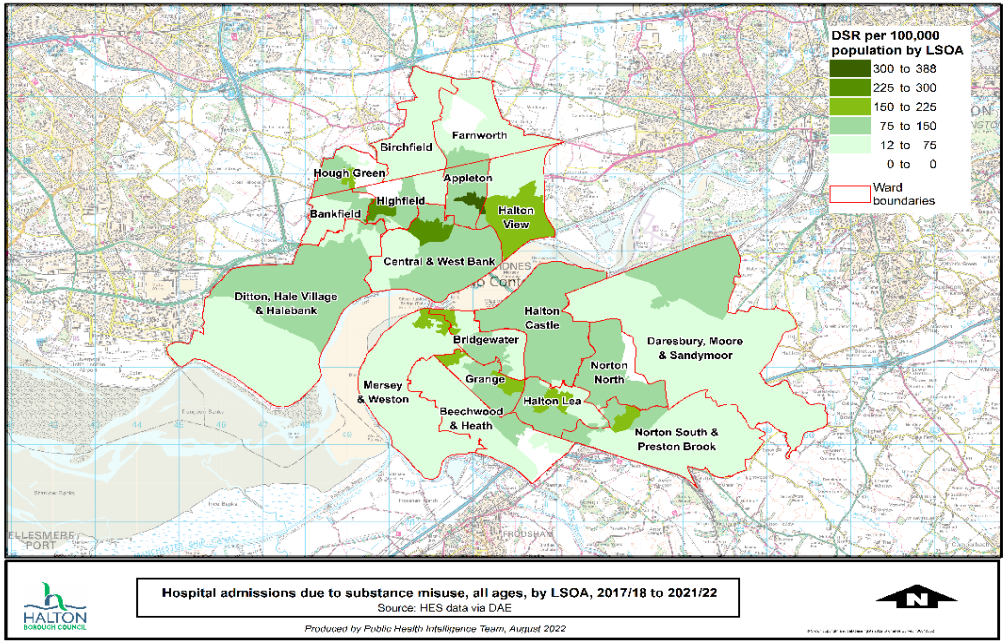



For admissions due to drug-related poisonings there has been a slight drop 2019/20 compared to 2018/19 but the rates have been higher than comparators.

# REDUCING DRUG RELATED DEATHS AND HARM: DRUG RELATED HOSPITAL ADMISSIONS (ALL AGE)

Local analysis using a 5 year period, 2017/18 to 2021/22 saw 545 admissions under the broader definition, of which 110 where amongst 15-24 year olds. Rates are highest for men in the 20-39 age group and this is the highest overall rate. For females the rate is highest in the 40-59 age group.




47.7% were due to poisoning by Codeine/Morphine, 12.8% due to Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances and 10.1% due to poisoning by Pethidine. Class A drugs (heroin and cocaine poisonings and mental health disorder admissions due to cocaine) account for 9.2% and cannabis poisonings and mental health disorders 3.7%.

Rates varied across the borough with the highest rate seen in parts of Appleton ward.

## Deprivation

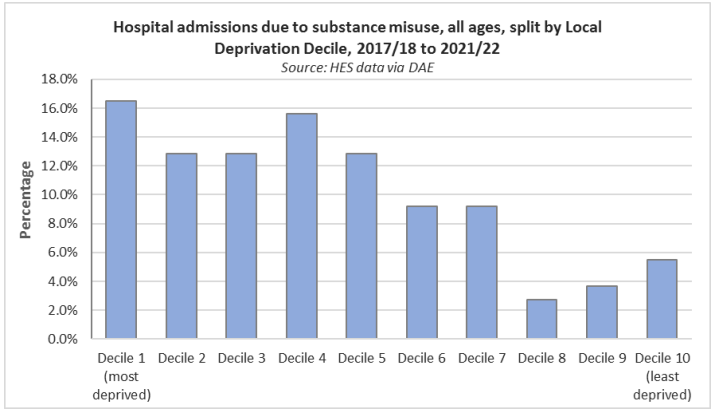
Nationally, 2019/20 age standardised hospital admissions rates due to substance misuse were analysed by deprivation using Index of Multiple Deprivation deciles.

Admission rates for both drug-related mental and behavioural disorders, and for poisoning by drug misuse increase with the level of deprivation.

Admissions for drug-related mental and behavioural disorders were around 5 times more likely in the most deprived areas (27 per 100,000 population), compared to the least deprived areas (5 per 100,000 population).

Admissions for poisoning by drug misuse were also around 5 times more likely in the most deprived areas (69 per 100,000 population), compared to the least deprived areas (13 per 100,000 population).

Locally, we have seen a similar although not as consistent pattern, using the 2017/18-2021/22 analysis and local deprivation deciles. Admissions were nearly 6 times higher in decile 1 compared to decile 8, with over 1 in 4 admissions (29.4%) being in either decile 1 or 2.

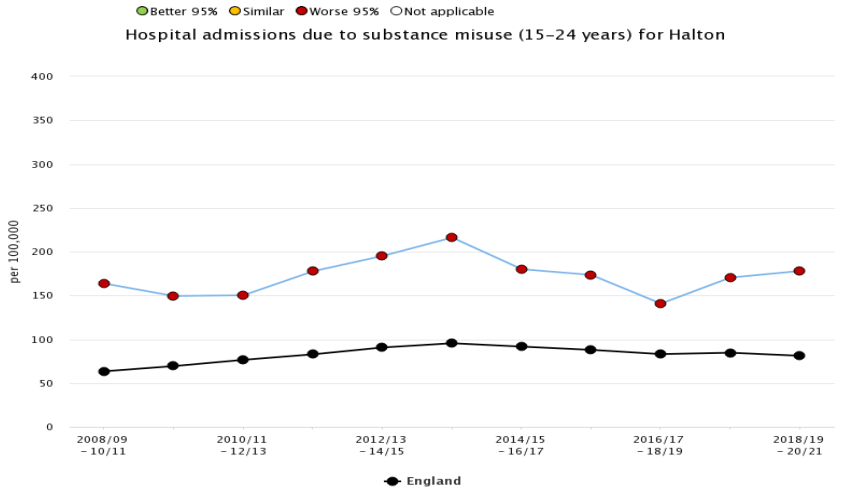


# REDUCING DRUG RELATED DEATHS AND HARM: DRUG RELATED HOSPITAL ADMISSIONS (AGED 15-24 YEARS)

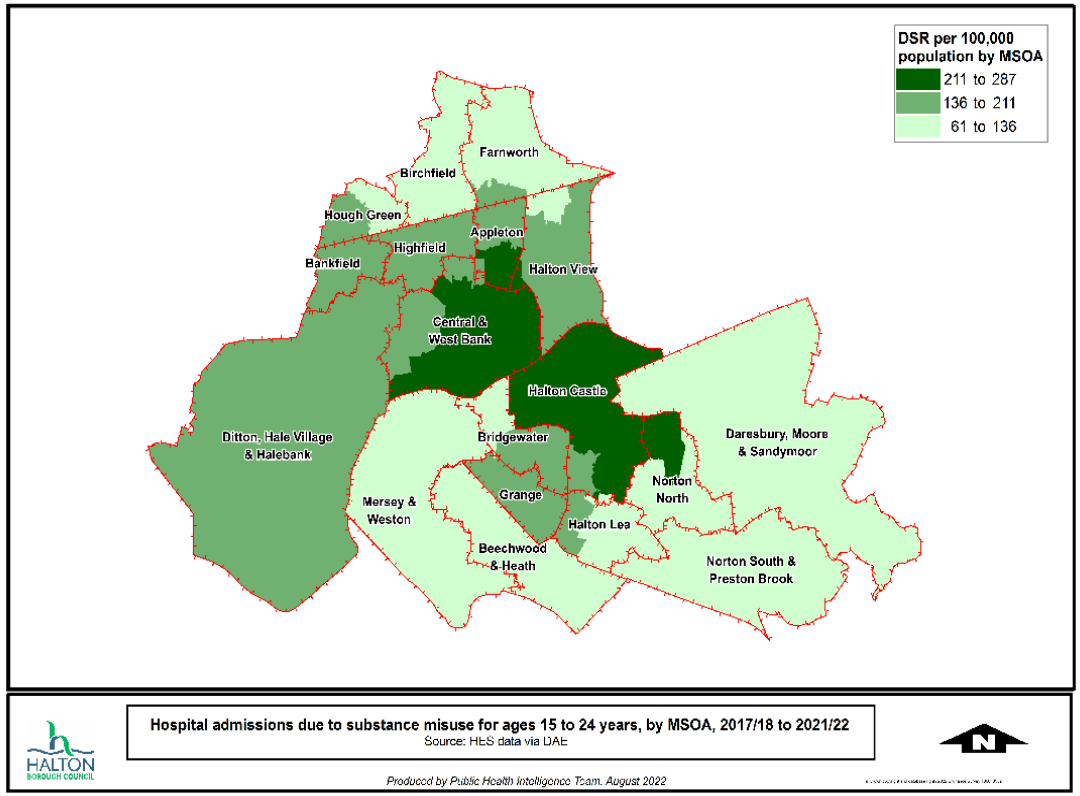
Nationally 2019/20 data analysis shows admissions for drug-related mental and behavioural disorders, and for poisoning by drug misuse, showed similar age profiles. Namely that levels were highest for younger people (apart from those under 16), peaking between ages 25 and 34. Admissions for drug-related mental and behavioural disorders are lowest for those aged under 16 and over 64.

This was also the case locally, as seen on the previous page.

Official statistics therefore also include analysis of admissions amongst those aged 15-24 years of age. Analysis of admission rates 2018/19 to 2020/21 show Halton has the fourth highest admission rate in the North West, statistically higher than England. It also shows this position to have been consistent over the years with improvements seen between 2013/14 - 15/16 to 2016/17 - 18/19 having worsened in the two most recent reporting periods.




Additional local analysis of this age group shows rates ranged from 61 per 100,000 aged 15-24 to 287, a difference of over 4.5 times. Rates were highest in the electoral wards of Central & West Bank and Halton Castle.



# REDUCING DRUG RELATED DEATHS AND HARM:

# OVER THE COUNTER AND PRESCRIPTION DRUG

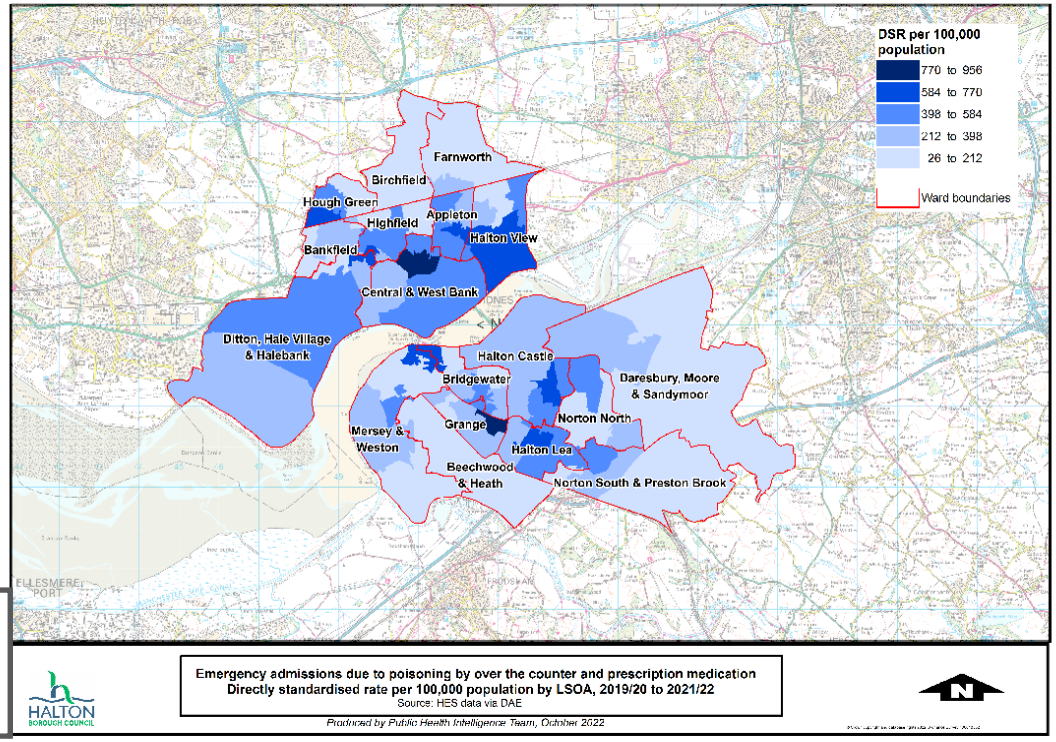
World-wide, medication use is increasing. This can be explained as a result of production of more types of medications, improvements in management and treatment regimes and increasing types of diseases to treat using pharmaceuticals. Possible outcomes of medication use may range from the intended beneficial effect interventions to minor side effects and even death. Drug related problem (DRP) is defined as an event or circumstance that involves a patient's drug treatment that actually, or potentially, interferes with the achievement of an optimal outcome. This can be inappropriate drug selection, adverse drug reactions, untreated indication, drug interactions, inappropriate dosage, drug use without indication and non-compliance.

Admissions due to DRPs have been reported as growing over the past decades. Analysis of international English language journal articles Jan 2012 to Jan 2017 showed the prevalence of drug related hospital admission varies from 1.3% to 41.3% with the average rate of 15.4%. Among hospitalized patients 2.7% died due to drug-related problems (DRPs). Drugs that were frequently reported as causing drug related admission were antithrombotic drugs, antihypertensive drugs, analgesics, anti-diabetics, antipsychotics, and anti-neoplastic drugs. Poly pharmacy, old age and female sex were mentioned as determinants for drug related hospitalization by a number of studies. About one third of drug related hospital admissions were definitely preventable and more than 40% were also potentially preventable.

*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6911719/*

Local analysis using a 3 year period, 2019/20 to 2021/22 saw 1215 admissions due to over-the-counter and prescription drugs amongst Halton residents. Paracetamol accounted for 440 of these, codeine/morphine for 165 and anti-depressants for 135.

| Category | Number | Percent |
|---|---|---|
| Poisoning by nonopioid analgesics, antipyretics and antirheumatics | 510 | 42.0% |
| Poisoning by narcotics and psychodysleptics [hallucinogens] | 210 | 17.3% |
| Poisoning by psychotropic drugs | 165 | 13.6% |
| Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs | 145 | 11.9% |
| Poisoning by drugs primarily affecting the autonomic nervous system | 60 | 4.9% |
| Poisoning by hormones and their synthetic substitutes and antagonists | 25 | 2.1% |
| Poisoning by primarily systemic and haematological agents | 20 | 1.6% |
| Poisoning by agents primarily affecting the cardiovascular system | 15 | 1.2% |
| **Total** | **1215** | |

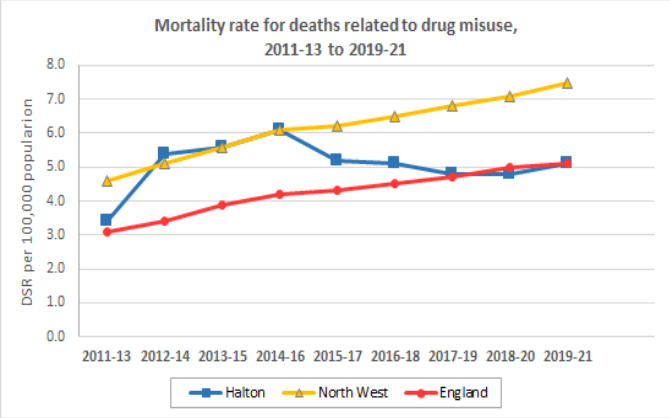



As we have seen for other drug-related admissions, levels varied across the borough.

## Drug related deaths in England and Wales

- Death classified as drug misuse must be a drug poisoning and meet either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances controlled under the Misuse of Drugs Act 1971 are involved.
- Drug poisoning deaths involve a broad spectrum of substances, including controlled and non-controlled drugs, prescription medicines (either prescribed to the individual or obtained by other means) and over-the-counter medications.

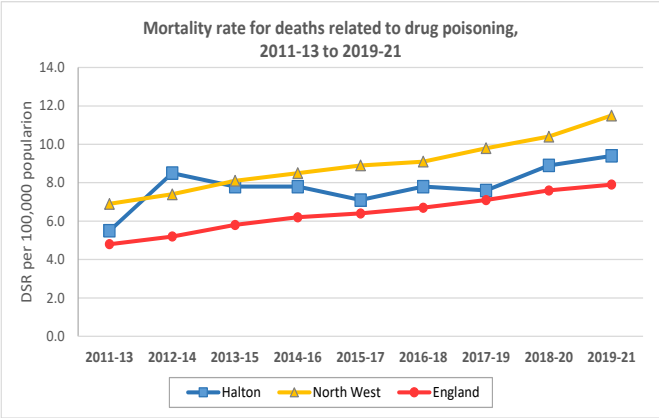
- In 2020, 4,561 deaths related to drug poisoning were registered in England and Wales (equivalent to a rate of 79.5 deaths per million people); 3.8% higher than in 2019. 84.1% of drug poisoning were drug misuse
- Age standardised mortality rates of drug-related poisoning were 60.9% higher in 2020 than in 2010 .
- Rates were higher in males than females.
- Rates of drug-misuse death continue to be elevated among those born in the 1970s, with the highest rate in those aged 45 to 49 years..
- Approximately half of all drug poisoning deaths registered in 2020 involved an opiate (49.6%) ; 17% involved cocaine, which is 9.7% more than 2019, and more than five times the amount recorded a decade ago.



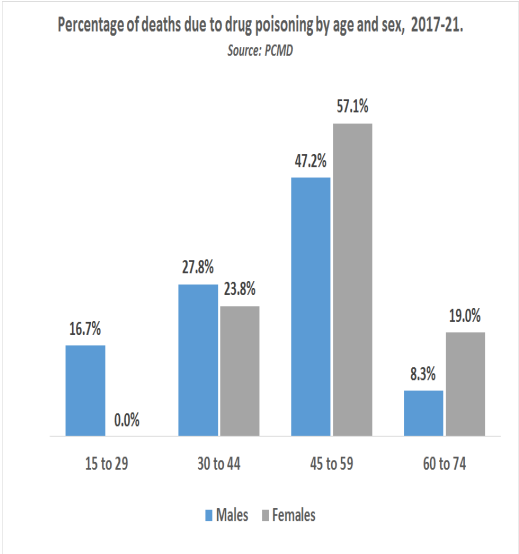

Again, like the national picture, Halton deaths due to drug-related poisoning are mostly driven by drug misuse. The fall locally in the mid-2000s has seen an upturn recently

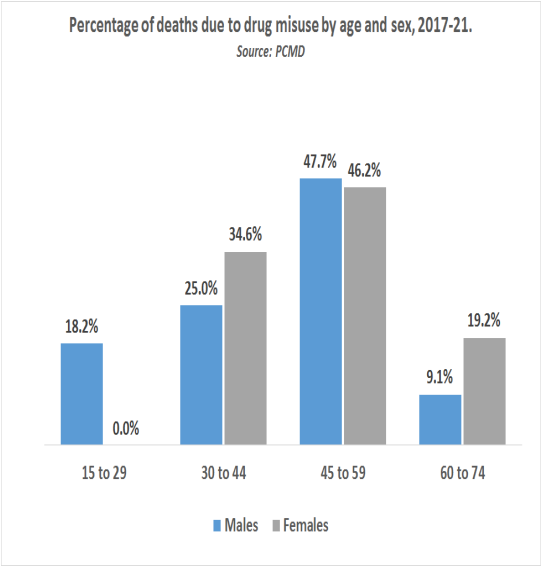
For both drug poisonings and drug misuse deaths, the highest percentage of deaths for both men and women were in the 45-59 age group. Percentage breakdowns based on total for that gender not of total deaths.

## Drug related deaths in Halton




Halton pattern has followed the national trend although rates are lower than the regional average they are higher than nationally. However, the difference is not statistically significantly different (apart from 2012/14).



## Drug related deaths (DRD) analysis for Halton

Liverpool John Moores University (LJMU) Integrated Monitoring System (IMS) includes a detailed annual report and regular monitoring of drug-related deaths (DRD). Deaths reported to the system include any individual who has died while in treatment or recent treatment with a drug or alcohol treatment provider alongside any DRD cases identified by the coroner.

The latest Halton report, for 2021, found:

- The number of drug poisoning deaths registered by the ONS in 2021 for Halton decreased by 35.3% from 2020. Drug misuse deaths declined by 14.3%
- The number of deaths in treatment or recently in treatment declined by 5.6% to 17 in 2021. Close to four in ten (36.8%) of deaths reported to the system were toxicity deaths, with the majority of deaths being non-drug related or due to physical health. • For deaths in treatment, 52.9% of cases were male. • Close to half (47.1%) of all deaths in treatment were of those aged between 50 and 59 years. • The average age of those who died in treatment was 48.3 years, while the average age of those who died outside the treatment system was 55 years.
- The number of toxicity (overdose) deaths declined by 46.2% in 2021 compared to 2020. Of these, the number of toxicity deaths of individuals in treatment increased by 50%, albeit based on small numbers—from 4 in 2020 to 6 in 2021, representing 85.7% of all toxicity deaths in 2021.

## Deaths of clients in treatment services

The past decade has seen a shift in the age profile of those seeking treatment for drug use. An ageing cohort, who have survived lengthy histories of heavy drug use, now account for an increasing portion of the treatment group in the UK. Predominant among these are those with problematic opiate/opioid use.

The Advisory Council on the Misuse of Drugs (ACMD), in a report published June 2019, noted that services are not always geared up to deal with this.

Research suggests that older drugs users, particularly opiate/opioid users, have multiple additional risk factors resulting from their deteriorating physical and mental health, difficulty in navigating complex health and social care systems and experience of stigma. They have a higher standardised mortality ratio (SMR) from those conditions which cause the most deaths generally, circulatory disease, respiratory disease in particular, as well as diseases associated with their drug use such as liver disease and infectious diseases.

In Halton, CGL report the majority (53.4%) of deaths in treatment occurred between the ages of 40-54, with the 50-54 years age group having the highest proportion overall. 17.1% of deaths were for individuals aged under 40 years of age.

However the majority were non-DRD. Alcohol-related diseases, COPD & respiratory disease and cardiovascular disease were the top causes in 2021, with Covid-19 explaining 21 deaths.

The majority of deaths reported to the system are non-DRD cases from physical health conditions such as COPD or heart disease. However, 208 (44.0% of the total) deaths were from drug or alcohol toxicity, and 100 of these overdose deaths occurred inside the treatment system.

While a plurality (38.5%) of toxicity deaths occur between the ages of 45-54, over a quarter (25.0%) involve

individuals under 40 years of age. Seven in ten (70.2%) of toxicity deaths were male, although females accounted for over 46.4% of deaths over the age of 60.

When looking at overdose deaths reported by provider only, a majority (54.9%) occurred between the ages of 45 and 54, with the 45-49 age group having the highest proportion overall. Around a quarter (26.8%) of deaths were for individuals aged under 40 years of age.

## Deaths in treatment continued

The deaths in drug treatment mortality ratio compares the observed number of deaths among adults in drug treatment over a three-year period to the expected number if the local authority experienced the same age-specific mortality rates as in the whole drug treatment population in England.

Analysis of the NDTMS data by OHID shows that for 2018/19-2020/21 Halton had an SMR of 0.94, statistically similar to England and showing its level was less than expected based on the England average. It was the fourth lowest rate in the North West.

Deaths in drug treatment, mortality ratio 2018/19 - 20/21 — Ratio

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| England | – | 6,940 | 1.00 | 0.98 | 1.02 |
| North West region | – | - | - | - | - |
| Blackpool | – | 84 | 1.70 | 1.35 | 2.10 |
| Bury | – | 39 | 1.57 | 1.11 | 2.14 |
| Bolton | – | 90 | 1.55 | 1.25 | 1.90 |
| Cumbria | – | 96 | 1.54 | 1.25 | 1.88 |
| Blackburn with Darwen | – | 55 | 1.46 | 1.10 | 1.91 |
| Warrington | – | 36 | 1.41 | 0.98 | 1.95 |
| Knowsley | – | 48 | 1.37 | 1.01 | 1.82 |
| Wigan | – | 75 | 1.35 | 1.06 | 1.69 |
| Lancashire | – | 215 | 1.30 | 1.14 | 1.49 |
| Wirral | – | 126 | 1.23 | 1.02 | 1.46 |
| Oldham | – | 46 | 1.21 | 0.89 | 1.61 |
| St. Helens | – | 47 | 1.19 | 0.87 | 1.58 |
| Rochdale | – | 55 | 1.18 | 0.89 | 1.54 |
| Sefton | – | 73 | 1.15 | 0.90 | 1.44 |
| Liverpool | – | 180 | 1.08 | 0.93 | 1.25 |
| Manchester | – | 123 | 1.02 | 0.85 | 1.21 |
| Tameside | – | 46 | 0.99 | 0.72 | 1.32 |
| Salford | – | 47 | 0.97 | 0.71 | 1.29 |
| Cheshire East | – | 33 | 0.96 | 0.66 | 1.35 |
| Halton | – | 18 | 0.94 | 0.55 | 1.48 |
| Stockport | – | 34 | 0.86 | 0.60 | 1.21 |
| Trafford | – | 15 | 0.62 | 0.34 | 1.02 |
| Cheshire West and Chester | – | 25 | 0.60 | 0.39 | 0.88 |

## Factors causing the rise in drug related deaths

Public Health England (PHE), with the Local Government Association, convened a national inquiry to better understand the causes of the rises. Two important factors were identified that may be responsible for the increase in drug-related deaths.

1. Increase in availability and purity of heroin

The apparent sudden increase in drug-related deaths in 2013, 2014, 2015 and 2016 was likely to have been caused, at least in part, by an increase in the availability of heroin, following a fall in deaths during a period when heroin purity and availability was significantly reduced.

2. Ageing heroin users

The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise.
An ageing cohort of 1980s and 1990s heroin users is now experiencing cumulative physical and mental health conditions. Older heroin users also seem to be more susceptible to overdose because of long-term smoking and other risk factors.

PHE has linked opioid misuse deaths with treatment data and found that as of 2012, more than half of those who died were not known to have been in contact with treatment for at least 5 years. Engaging in drug treatment has a protective effect.

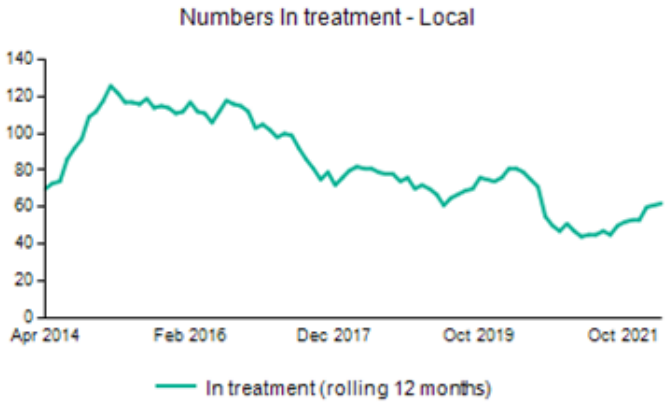
The inquiry identified other factors that contribute smaller numbers to the rise. They include:

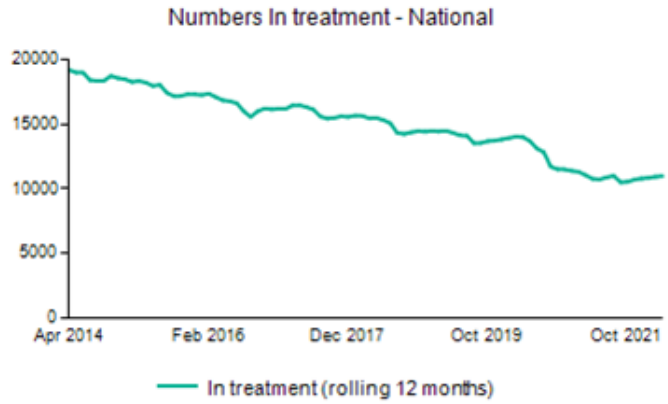
- increasing suicides by drug poisoning generally and among drug users specifically; still far fewer in number than accidental poisoning but steadily rising
- increasing deaths among women; far fewer in number than among men but steadily rising even during the period of reduced heroin availability
- a potential increase in people using multiple drugs and alcohol concurrently; there are certainly more people reported as dying with multiple drugs in their systems but the link between the increases and the prevalence of polydrug use is unproven
- an increase in the prescription of medicines; there is a correlation here as the frequency with which some prescribed medicines are found in drug misuse deaths has risen significantly but there is no evidence of causation variations in coroner identification and reporting of drug deaths; this seems likely but is as yet unproven

# ENGAGEMENT IN DRUG TREATMENT: DRUG AND ALCOHOL SERVICE USER DEMOGRAPHICS—YOUNG PEOPLE

Data from treatment services shows that the number of Halton young people in treatment rose by 32%, compared to the national increase of 2%. However, we need to bear in mind that the Halton figures are based on relatively small numbers and a few additional people can seem like a large percentage increase.

Year ending 31 March 2021 there were **62** young people in treatment. There were **45** new presentations during the year. Nearly all received psychosocial treatment. Nearly all exits were planned with only 3% re-presenting within 6 months.




## Referral Sources

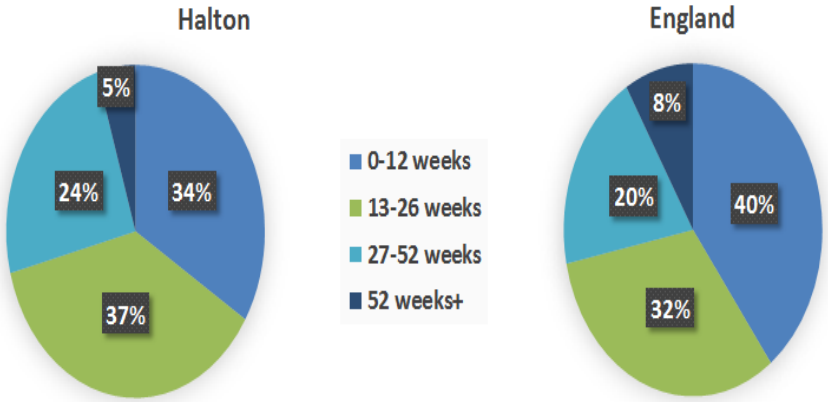
87% of Halton referrals were from Children & Family Services, compared to 23% nationally. Of note in 2020/21 there was a relatively low percentage of referrals from Education Services as well as from Health & Mental Health Services and Youth Justice Services in Halton compared to England (31%, 13% and 17% respectively in England)

## Age and Gender

As with the adult picture there are more males in treatment services than females, 71% compared to 29% (England respective values were 63% males to 37% females). The majority (90%) were between the ages of 13-16, a similar position to nationally (72%).

## Length of stay in service

The average length of stay in service was lower in Halton than England (20.89 weeks versus 22.85 weeks)



# ENGAGEMENT IN DRUG TREATMENT: DRUG AND ALCOHOL SERVICE USER DEMOGRAPHICS—YOUNG PEOPLE

## Vulnerabilities

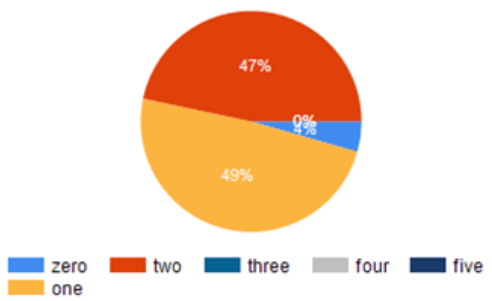
A higher proportion of young people in treatment services have particular vulnerabilities at higher levels than the general population. Nearly half have 1 vulnerability and over 1 in 4 have 2 vulnerabilities. These include anti-social behaviour/ criminal act, being a child in need, living in a family experiencing domestic abuse or having a mental health treatment need.

Just over half of this group of young people are using more than one drug.

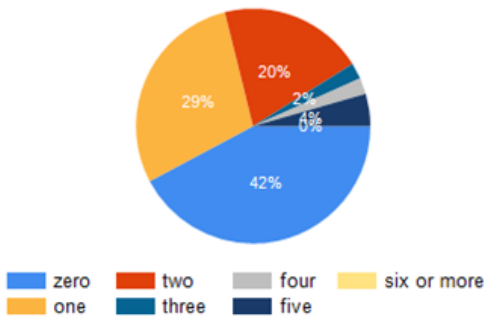
| Substance misuse specific vulnerabilities | Halton | England |
|---|---|---|
| Early onset | 91% | 78% |
| Injecting | 0% | 1% |
| High risk alcohol user | 0% | 5% |
| Opiate or crack user | 0% | 2% |
| Poly drug user | 51% | 54% |
| **Wider vulnerabilities** | | |
| Looked After Child | 0% | 11% |
| Child in Need | 18% | 12% |
| Domestic Abuse | 11% | 21% |
| Mental health treatment need | 11% | 44% |
| Sexual exploitation | ... | 5% |
| Self harm | ... | 28% |
| NEET | ... | 12% |
| Housing problems | 0% | 1% |
| Parental status / pregnant | ... | 5% |
| Child Protection Plan | 0% | 7% |
| Anti-social behaviour / criminal act | 40% | 28% |
| Affected by others' substance misuse | ... | 23% |

... data supressed due to low numbers

Substance misuse specific vulnerabilities (year to date)




Wider vulnerabilities (year to date)




## Types of drugs used

cannabis use was the most prevalent drug used. Generally the proportions using each kind of drug were similar to the national average, apart from a higher level of solvent use, slightly lower for alcohol and lower for nicotine.

| | Halton | England |
|---|---|---|
| Cannabis | 89% | 87% |
| Alcohol | 39% | 46% |
| Cocaine | 8% | 8% |

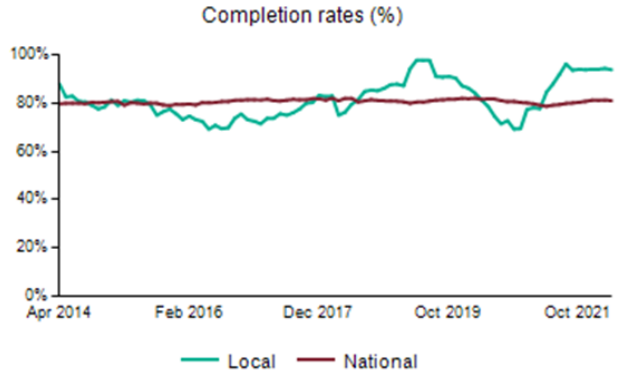
These patterns have been consistent over the years.

## Treatment received

Nearly all young people in structured treatment receive psychosocial support, 94%, the same as the national average

## Completion rate

The completion rate in Halton has generally been similar or higher than the national average. 20015/16-2019/20 saw 77%-100% of young people leaving treatment as a successful completion, with up to 25% dropping out/left and 8% referred on.



# ENGAGEMENT IN DRUG TREATMENT: DRUG AND ALCOHOL SERVICE USER DEMOGRAPHICS— ADULTS

Halton Borough Council commission Change Grow Live (CGL) a national health and social care charity to provide its integrated drug and alcohol services. It offers rapid and open access to assessment and treatment for people experiencing problems with drugs and/or alcohol, promoting recovery from addiction and dependence. Its main centre for provision is in the south end of Widnes, with another centre in Runcorn.

## Numbers in treatment

All clients receive their first and subsequent interventions within 3 weeks. Self, family and friends make up the majority of referrals at 77.5% , with criminal justice system being the second largest source of referrals at 10.4% and 3.2% coming from hospital.

| Numbers in treatment (2020/21) | | | | |
|---|---|---|---|---|
| Total Clients (rolling number) | 1 Apr - 30 Jun | 1 Apr - 30 Sep | 1 Apr - 31 Dec | 1 Apr - 31 Mar |
| In Treatment | 613 | 730 | 821 | 918 |
| New Presentations | 131 | 254 | 364 | 472 |
| Numbers retained in Treatment | 499 | 487 | 498 | 507 |

## New presentations by drug type

The proportion of Halton clients in structured treatment are similar to England

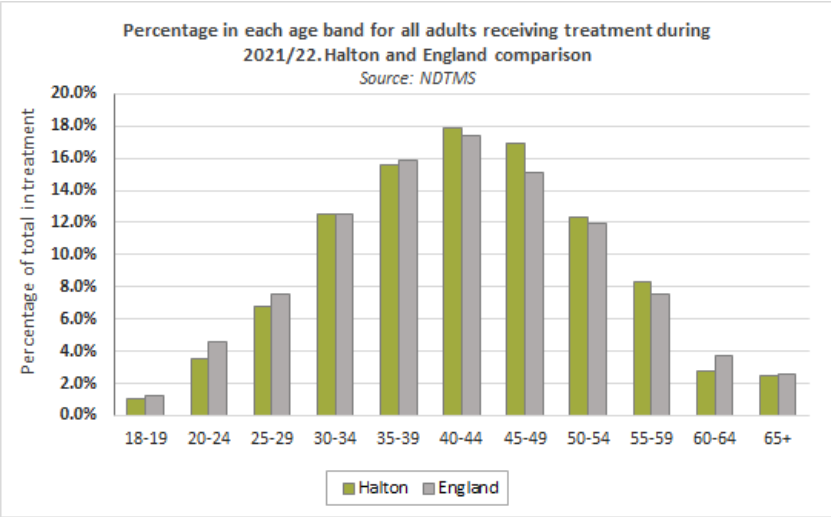
Number and proportion of adults presenting to drug treatment by drug groups for Halton and England, 2020-21.

| Drug Group | Halton | | | | England | | | Local trend 2009-10 to 2020-21 |
|---|---|---|---|---|---|---|---|---|
| | Number | Male (%) | Female (%) | Persons (%) | Male (%) | Female (%) | Persons (%) | |
| Alcohol and non-opiate | 67 | 75% | 25% | 31% | 70% | 30% | 27% | |
| Non-opiate | 47 | 68% | 32% | 21% | 68% | 32% | 25% | |
| Opiate | 105 | 73% | 27% | 48% | 73% | 27% | 48% | |
| Total | 219 | 73% | 27% | 100% | 71% | 29% | 100% | |

Amongst opiate users 13% also cite alcohol whilst 0% of non-opiate only users do.

## Age and Gender

In 2020/21 it provided a service to 918 people aged 18 and over. The age structure of users was similar to England. 65.1% were male compared to 34.9% females (England 67.5% male, 32.5% females)




## Clients who were parents

A slightly lower proportion were parents compared to England ( 25.7% in Halton compared to 28.3% for England)

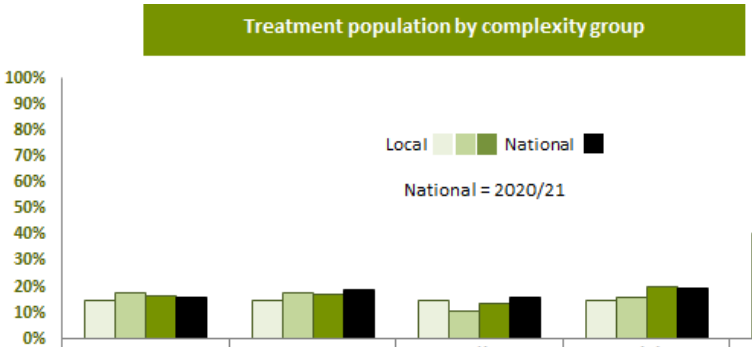
| | Halton | England |
|---|---|---|
| All the children live with client | 33.3% | 27.5% |
| Some of the children live with client | 4.3% | 4.3% |
| None of the children live with client | 37.3% | 42.7% |
| Not a parent | 25.2% | 25.1% |
| Client declined to answer | 0.0% | 0.5% |

# ENGAGEMENT IN DRUG TREATMENT: DRUG AND ALCOHOL SERVICE USER DEMOGRAPHICS— ADULTS

## Complexity of all drug treatment clients

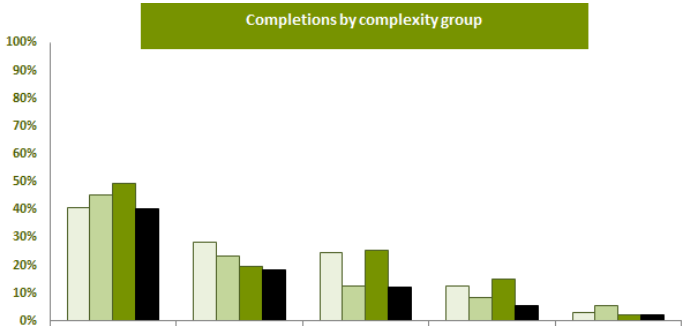
Complexity is a measure of the extent of an individual's problematic drug use. It uses information including the type and frequency of drug use and previous treatment journeys to assign clients a score and put them in one of five complexity categories from very low to very high. A complexity score is calculated inclusive of all opiate, non-opiate and non-opiate & alcohol clients, not separated out in to types of client.

Data shows that whilst there has been a decline in the proportion of drug service users designated a very high complexity, there has been an increase in those defined a high complexity clients. The data also shows that levels of high complex clients is now similar to the national average but high complex clients remains higher.




| | Very Low | Low | Medium | High | Very High |
|---|---|---|---|---|---|
| 2018-19 | 15% | 15% | 15% | 15% | 40% |
| 2019-20 | 18% | 18% | 10% | 16% | 38% |
| 2020-21 | 17% | 17% | 14% | 20% | 33% |
| National | 16% | 19% | 16% | 19% | 30% |

Unsurprisingly, as levels of complexity increase the proportion of successful completions falls. However, it also shows successful completion rates are higher in Halton at all levels than nationally




| | Very Low | Low | Medium | High | Very High |
|---|---|---|---|---|---|
| 2018-19 | 41% | 28% | 25% | 12% | 3% |
| 2019-20 | 45% | 23% | 13% | 8% | 5% |
| 2020-21 | 49% | 20% | 25% | 15% | 2% |
| National | 40% | 18% | 12% | 6% | 2% |

# ENGAGEMENT IN DRUG TREATMENT: DRUG AND ALCOHOL SERVICE USER DEMOGRAPHICS— ADULTS

## Housing needs of those in treatment

Drug misuse is a major contributing factor in many cases of homelessness, and homelessness can be a barrier to recovery. The Shelter report 'Safe as Houses: An Inclusive Approach for Housing Drug Users' argues that despite widespread acknowledgement of this inter-relationship, many drug users continue to have difficulty in accessing appropriate housing and support. Whilst in some quarters there may be a perception that problematic drug users are 'to hard to assist', their report states that it is only by range of accommodation and support for continuing drug users, as well as abstention-based or drug-free environments, that the needs of drug users with different patterns and levels of use be met.

NDTMS data for 2020/21 shows over 8 out of 10 clients entering treatment identified no housing needs, with 16% having some level of need, mostly one not identified as urgent. Levels of need were lower than the England average.

| | Halton | England |
|---|---|---|
| NFA - urgent housing problem | 3.4% | 5.2% |
| Housing problem | 12.7% | 10.7% |
| No housing problem | 82.8% | 81.4% |
| Other / Not answered | 1.1% | 2.7% |

## Employment and training needs

Problematic substance use increases the likelihood of unemployment and decreases the chance of finding and holding down a job. Unemployment is a significant risk factor for substance use and the subsequent development of substance use disorders. However, the current research provides only limited information about which individuals are more likely to be affected. Thus the unemployment rate amongst problematic drugs users—those using drugs such as heroin and crack cocaine - are significantly less likely to be in employment than other adults of working age.

In Halton, those entering a new treatment journey in 2021/22 were less likely to be in employment than seen across England as a whole. Nearly 1 in 4 identified themselves as being long-term sick or disabled.

| | Halton | England |
|---|---|---|
| Regular Employment | 27.3% | 29.9% |
| Pupil / student | ... | 0.8% |
| Economically Inactive | 0.0% | 0.1% |
| Unemployed | 0.0% | 1.6% |
| Other | ... | 0.9% |
| Unknown | ... | 1.5% |
| Long term sick or disabled | 23.7% | 19.3% |
| Homemaker | 1.5% | 1.2% |
| Unemployed and seeking work | 16.7% | 15.0% |
| Not receiving benefits | 1.9% | 1.1% |
| Unpaid voluntary work | 0.0% | 0.2% |
| Retired from paid work | 3.4% | 3.0% |
| Unemployed and not seeking work | 22.7% | 22.2% |
| Not stated | ... | 0.9% |
| Missing / inconsistent | ... | 2.0% |

... data suppressed due to small numbers

# ENGAGEMENT IN DRUG TREATMENT: DRUG AND ALCOHOL SERVICE USER DEMOGRAPHICS— ADULTS

## Smoking prevalence amongst drug users

US research shows that smoking rates have been increasing among those with substance use disorders, including hallucinogens, inhalants, tranquilizers, cocaine, heroin, pain relievers, simulants, and sedatives, while cigarette smoking decreased among individuals with cannabis use disorders, as well as among those without any substance use disorders.

The research team noted "Given the extremely elevated rates of smoking among persons with substance use disorders, it seems that neither population-based tobacco control efforts nor clinical smoking cessation strategies have reached or been as effective among persons with substance use disorders."

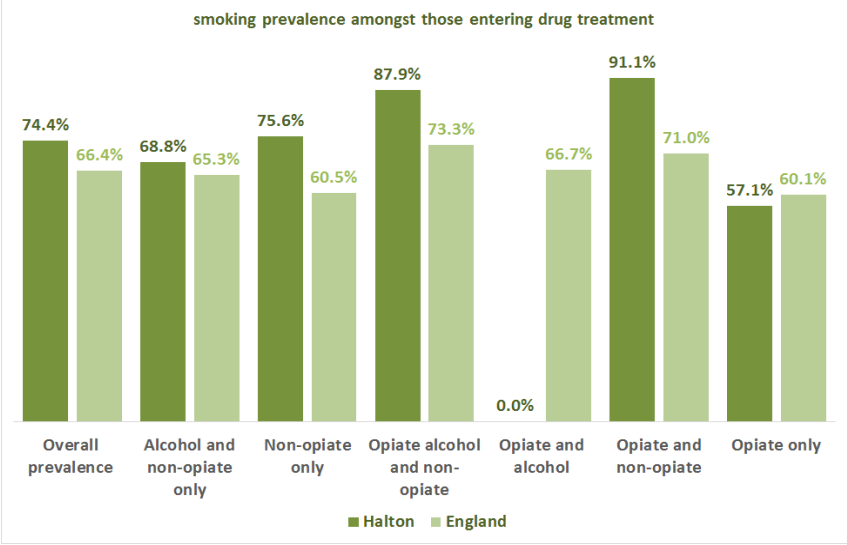
"New and innovative public health strategies are needed if we are to reach those with substance use disorders and bring down the smoking rates among this vulnerable group of individuals."

"An increasing number of substance-use treatment programs are offering smoking cessation services, presenting an important opportunity for smoking cessation. How substance disorder treatment programs can integrate smoking treatments into their service delivery most effectively, however, still remains an open question."

*https://www.sciencedaily.com/releases/2017/12/171219091306.htm*

Overall adult smoking prevalence (amongst those aged 18+) has been falling, both nationally and locally. The 2020 figure (latest available) for Halton showed 13.1% of the population currently smoking, against an England average of 12.1%

In contrast 3 in 4 clients entering structured drug treatment identified themselves as current smokers (74.4%). This was higher than the England average of 66.4%. There was some variation by sub-category of drug use. Levels were consistently higher in Halton than England. The only exceptions were opiate & alcohol users (no clients identified as having this combination in Halton during 2021/22) and opiate only users.




NDTMS DOMES data only records the proportion of clients identified as smokers receiving smoking cessation intervention prior to starting treatment. As such no data was available on those who may have tried to quit or been offered support whilst in treatment or referred to the local smoking cessation service.

Addiction to substances, including alcohol and drugs are mental health conditions. A lot of people who have mental health disorders will develop substance use disorders (SUD) and vice versa. National Institute of Health research shows SUDs are more prevalent among those with common, and or, severe mental health disorders than in the general population. This interaction between common or severe mental health issues and substance use disorders, is not unique to adults, it has also been noted among young people. Further to this, there has been a noted risk of greater drug misuse in adulthood for children with Attention Deficit Hyperactivity Disorder (ADHD) if they are not treated effectively during childhood (NIH National Institute on Drug Abuse, 2020).

The prevalence of both mental health issues and substance use disorders, also referred to as dual diagnosis, are impacted by socio-economic factors and wider determinants. In areas of greater deprivation, among homeless people and those living in poverty, such disorders are more common (Mental Health Foundation, 2021).

Treatment for people with substance use issues is essential to their overall health and wellbeing. However, with the potential for mental health conditions to occur concurrently, it is essential further mental, and physical health conditions are treated.

Halton has higher levels of diagnosed adult mental health disorders, both depression & anxiety and severe mental illness (psychoses) compared to comparator areas

| 2021/22 Quality Outcomes Framework (QOF) | Depression & Anxiety | Severe Mental Illness |
|---|---|---|
| Halton prevalence (%) | 17.78% | 0.88% |
| Halton Numbers | 19,029 | 1,184 |
| Halton GP practice level variation in prevalence | 9.11% - 30.74% | 0.47% - 1.18% |
| Cheshire & Merseyside ICB | 16.00% | 1.07% |
| North West | 15.46% | 1.07% |
| England | 12.65% | 0.95% |

*Source: NHS Digital 2022*

## Mental Health need of those in drug treatment services

2021/22 data from those engaged with the drug and alcohol service in Halton shows that over 80% of those assessed as part of a new treatment journey where identified as having a mental health need

| Mental Health Treatment Need (new treatment journey) | 1 Apr -30 Jun Number | % | 1 Apr - 30 Sep Number | % | 1 Apr - 31 Dec Number | % | 1 Apr - 31 Mar Number | % |
|---|---|---|---|---|---|---|---|---|
| Mental health treatment need identified | 109/131 | 83.20% | 207/254 | 81.50% | 301/364 | 82.70% | 388/472 | 82.20% |

*Source: NDTMS*

The majority were already receiving treatment for their mental health issues from their GP at time of assessment. However, of note, a quarter were receiving no treatment.

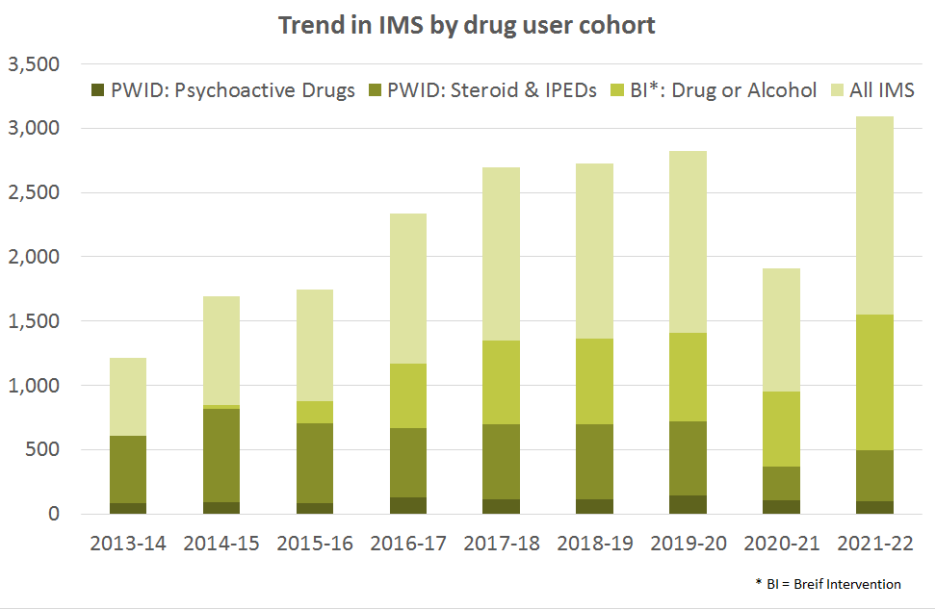
| Mental Health Treatment Need (new treatment journey) | 1 Apr -30 Jun Number | % | 1 Apr - 30 Sep Number | % | 1 Apr - 31 Dec Number | % | 1 Apr - 31 Mar Number | % |
|---|---|---|---|---|---|---|---|---|
| Already engaged | 14/109 | 12.8% | 39/207 | 18.8% | 62/301 | 20.6% | 75/388 | 19.3% |
| Engaged with IAPT | ... | ... | 6/207 | 2.9% | 11/301 | 3.7% | 12/388 | 3.1% |
| GP | 77/109 | 70.6% | 138/207 | 66.7% | 199/301 | 66.1% | 265/388 | 68.3% |
| NICE recommended phychosocial or or pharmacological intervention | 0/019 | ... | ... | ... | ... | ... | ... | ... |
| identified space in a health-based place of safety for mental health crises | 0/109 | 0.0% | 0/207 | 0.0% | 0/301 | 0.0% | 0/388 | 0.0% |
| no treatment received | 22/109 | 20.2% | 44/207 | 21.3% | 75/301 | 24.9% | 96/388 | 24.7% |
| client declined to commence treatment | 0/109 | 0.0% | 0/207 | 0.0% | 1/301 | 0.3% | 3/388 | 0.8% |

... data suppression due to small numbers

# ENGAGEMENT IN DRUG TREATMENT: CLIENTS BY DRUG USE COHORTS

In addition to the reporting CGL provide to the National Drug Treatment and Monitoring System (NDTMS) which enables us to compare provision and outcomes achieved by local service provision compared to national averages, Halton Borough Council commission Liverpool John Moores University to provide an Integrated Monitoring System (IMS) across all provision. This allows additional monitoring over and above structured treatment including the types of drug users supported as well as things like Needle and Syringe Programmes (NSP) and drug-related deaths including deaths in service. This includes provision of non-structured interventions to Halton residents taking place across Cheshire & Merseyside.

Halton has seen a steady increase in the number of drug users known to services, apart from 2020/21 which can be explained by the influence of the Covid-19 pandemic

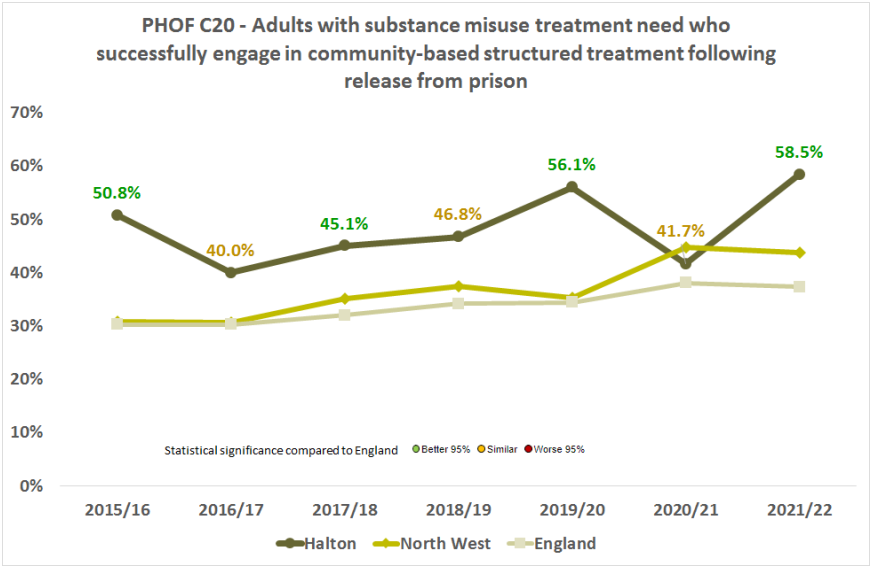



Looking specifically at 2021/22 data, Halton has a much higher proportion of known drug users receiving brief interventions than the Cheshire & Merseyside average and much lower proportion of people who inject drugs (PWID): psychoactive drugs. PWID: Steroid and image and performance enhancing drugs (IPEDs) is broadly similar.

| | | Halton | Cheshire & Merseyside |
|---|---|---|---|
| PWID: Psychoactive Drugs | Number | 96 | 6,962 |
| | Percentage | *6.2%* | *38.5%* |
| PWID: Steroid & IPEDs | Number | 395 | 4,787 |
| | Percentage | *25.5%* | *26.5%* |
| BI: Drug or Alcohol | Number | 1,056 | 6,339 |
| | Percentage | *68.3%* | *35.0%* |
| All IMS Individuals | Number | 1,547 | 18,088 |
| | Percentage | *100%* | *100%* |

## Continuity of care of prison leavers

An integrated care pathway from prison to the community is crucial for supporting recovery from substance misuse and reducing reoffending among people leaving custody. The 2017 evidence review of drug treatment in England highlights the risk of relapse and reoffending among substance-misusing prisoners and their vulnerability to drug-related death in the first few



## Risk of blood-borne viruses (BBV)

The prevalence of BBV such as Hepatitis B and C and HIV has been found to be higher amongst injecting drug users than in the general population. Hepatitis C for example, can be up to 5 to 10 times higher amongst injecting drug users than in the wider population. In the UK, **around 33%-56% of people who inject drugs (PWID) have hepatitis C**. Rates of HIV (0-1%) and hepatitis B (6-18%) are much lower. If left undetected and untreated, BBV can cause significant morbidity and even potential loss of life. Hepatitis C can lead to cirrhosis, liver fibrosis, end stage liver disease or liver sarcoma, which can result in the need for liver transplantation, or may even result in loss of life.

Many injecting drug users may not be aware that they are infected with a BBV, which could also pose a risk to them of unwittingly passing the virus onto others. And without a diagnosis, people are unable to then access specialist care or treatment. For people who are infected, once identified, and if appropriate for their case, treatments may be commenced that can make significant difference to the disease course. These treatments can potentially have a significant impact on the morbidity risk, health outcomes, and risk to mortality. Identifying infection at an earlier stage will help minimise the risks from living with a virus, such as liver damage. This can also improve treatment outcomes.

People accessing drug treatment services are offered testing and referral for treatment for hepatitis B, hepatitis C and HIV and vaccination for hepatitis B.

Vaccination can protect against hepatitis B and carrying out testing to diagnose infection with BBV is the first step in preventing transmission and accessing treatment.

Uptake is measured as the proportion of people accessing drug treatment services, not known to have hepatitis B, hepatitis C or HIV, who receive testing for these conditions. The proportion who test positive and are referred for treatment is also measured as is the proportion of those not known to have hepatitis B who are vaccinated.

2021-22 data shows a higher proportion were offered and accepted Hepatitis C testing in Halton compared to England. The proportion who refused was a half that of that seen nationally. However, it still constitutes 1 in 5 people offered the test.

| Hepatitis C Status: | Halton | England |
|---|---|---|
| Offered & accepted - had a hep C test | 58.93% | 20.89% |
| Offered & accepted - not yet had a test | 10.57% | 9.86% |
| Offered & accepted (CDS-O) | 0.00% | 3.51% |
| Offered & accepted but refused at a later date (CDS-O) | 0.00% | 0.29% |
| Offered and refused | 20.15% | 44.62% |
| Assessed as not appropriate to offer | 7.41% | 15.45% |
| Deferred due to clinical reasons | 1.09% | 0.45% |
| Not offered | 1.63% | 4.35% |
| Not recorded | 0.22% | 0.57% |

A lower proportion were found to be positive, although the difference is less when considering all clients, not just those who follow the expected sequence of hepatitis treatment interventions.

| Clients who were offered & accepted a Hepatitis C test | Halton | England |
|---|---|---|
| Antibody status: Positive | 16.14% | 22.60% |
| Antibody status: Negative | 66.93% | 45.46% |
| Antibody status: Unknown | 9.40% | 22.02% |
| Antibody status: Not recorded | 7.52% | 9.92% |

| All clients with Hepatitis C | Halton | England |
|---|---|---|
| Antibody status: Positive | 11.87% | 11.10% |
| Antibody status: Negative | 53.70% | 29.47% |
| Antibody status: Unknown | 16.45% | 34.51% |
| Antibody status: Not recorded | 17.97% | 24.93% |

| All clients with Hepatitis B Status: | Halton | England |
|---|---|---|
| Offered and accepted – completed vaccination | 5.66% | 2.48% |
| Offered and accepted – started having vaccinations | 2.94% | 1.15% |
| Offered and accepted – not yet had any vaccinations | 9.59% | 9.84% |
| Offered & accepted (CDS-O) | 0.00% | 2.83% |
| Offered & accepted but refused at a later date (CDS-O) | 0.00% | 0.28% |
| Offered and refused | 21.13% | 41.29% |
| Assessed as not appropriate to offer | 7.84% | 15.22% |
| Immunised already | 49.13% | 20.92% |
| Deferred due to clinical reasons | ... | 0.45% |
| Already acquired immunity | 0.00% | 0.08% |
| Not offered | ... | 4.73% |
| Not recorded | ... | 0.73% |

... data suppression due to small numbers

Half those with Hepatitis B had been immunised, with 1 in 5 refusing. 3 out of 4 clients were HIV negative. However status was unknown for 1 in 4.

| All clients HIV status: | Halton | England |
|---|---|---|
| Yes | ... | 0.71% |
| No | 76.91% | 53.36% |
| Unknown | 22.33% | 34.95% |
| Declined to answer | 0.00% | 0.29% |
| Not recorded | ... | 10.69% |

# ENGAGEMENT IN DRUG TREATMENT: INTERVENTIONS RECEIVED

Nearly all adults in treatment receive psychosocial interventions with just over half also receiving pharmacological support.

| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|---|---|---|---|---|---|---|---|
| Psychosocial | 980 | 880 | 800 | 815 | 780 | 795 | 795 |
| Pharmacological | 420 | 385 | 380 | 370 | 385 | 430 | 450 |
| Total individuals in setting | 980 | 885 | 805 | 820 | 790 | 795 | 800 |

Data from the Cheshire & Merseyside IMS shows 97.9% of Halton clients in treatment receive a standard brief intervention at minimum. This compares to 51.8% in Cheshire & Merseyside as a whole. As a consequence few receive advice or minimal interventions; only 1.8% compared to the 25.1% Cheshire & Merseyside average

As outlined in the at risk section, the social and environmental challenges faced by many people who take drugs affect not only their risk of starting to take drugs but their chances of recovery. It is therefore important that the treatment offer addresses these, tailored to meet individual need. The Halton integrated drug service provided by CGL is able to provide a wide range of support, housing, training and employment, dealing with other health needs and helping to address family relationship issues.

The Halton percentages are broadly similar to those seen across Cheshire & Merseyside. Based on smaller numbers, they are subject to a greater degree of statistical rub.

It would appear that anabolic steroid advice is higher through the Halton service, few access creative sessions, safer drug use and general health & wellbeing.

However they is much more need around education, training & employment support, family support, mutual aid or peer support and recovery support/ relapse prevention.

| Intervention Type | Halton | Cheshire & Merseyside |
|---|---|---|
| Alcohol brief intervention | 0.00% | 0.04% |
| Anabolic steroid advice | 3.59% | 0.59% |
| Assessment, review, or 1 to 1 counselling | 0.00% | 3.05% |
| Basic Needs & Personal Care | 0.00% | 3.30% |
| BBV screening, or advice | ... | 0.20% |
| Benefits, debt or financial advice | 0.00% | 0.93% |
| Creative session, or other activities | ... | 9.71% |
| Domestic Violence | ... | 0.07% |
| Drug & alcohol advice | 0.00% | 0.05% |
| Education, training, or employment support | 2.83% | 1.57% |
| Engagement session, or other activities | 0.00% | 0.03% |
| Family support | 10.62% | 0.83% |
| Group session | 0.00% | 1.28% |
| Harm reduction advice: general | 3.63% | 4.56% |
| Harm reduction: safer drug use or injecting advice | 1.48% | 14.54% |
| Health and wellbeing | 0.28% | 29.36% |
| Housing support | 3.51% | 1.84% |
| Independent Living | 0.00% | 1.83% |
| Mental health | 2.95% | 1.25% |
| Mutual aid, or peer support | 33.37% | 4.00% |
| Other intervention | 9.50% | 5.38% |
| Other support and advice | 3.91% | 4.70% |
| Outreach activity - general | 0.00% | 0.68% |
| Physical Health | 0.00% | 2.88% |
| Recovery support, and relapse prevention | 23.91% | 3.04% |
| Remote check-in | 0.00% | 3.23% |
| Safety while sex working | 0.00% | 0.12% |
| Sexual health | 0.00% | 0.70% |
| Smoking cessation | ... | 0.02% |
| Transferred or treatment completed | 0.00% | 0.05% |
| Volunteering, or work experience | 0.08% | 0.12% |
| ... data suppressed due to small numbers | | |

## Needle and syringe programmes

People who inject drugs are particularly vulnerable to contracting and spreading blood-borne viruses (such as hepatitis B, hepatitis C and HIV) and other infections.

Needle and syringe programmes help to reduce the spread of these viruses caused by sharing injecting equipment. They have been a huge success story in the UK, and are credited with helping HIV rates among people who inject drugs to be as low as 1%. This is one of the lowest rates in the world and compares very favourably to many countries, including the US at 11% and Spain at 33%.
They can also act as a gateway for drug users to more structured treatment and recovery. The National Institute for Health and Care Excellence (NICE) has published guidance on providing needle and syringe programmes.

In 2021/22 **491** individuals in Halton accessed Needle & Syringe Programme (NSP) services. 96 PWID: Psychoactive Drugs and 395 PWID: Steroid & IPEDs. Note some people may access from both Agency-led and pharmacy provision so the breakdown numbers exceed this total.

**PWID Psychoactive drugs cohort**

| LA | Individuals | Visits | Needles | Average number of visits | Average number of needles per visit | Ave number of needles per person over a year |
|---|---|---|---|---|---|---|
| Halton | 96 | 368 | 10,775 | 3.8 | 29.3 | 112.2 |
| Cheshire & Merseyside | 6,962 | 45,965 | 1,164,813 | 6.6 | 25.3 | 167.3 |

**PWID Steroid and other IPEDs cohort**

| LA | Individuals | Visits | Needles | Average number of visits | Average number of needles per visit | Ave number of needles per person over a year |
|---|---|---|---|---|---|---|
| Halton | 395 | 560 | 48,746 | 1.4 | 87.0 | 123.4 |
| Cheshire & Merseyside | 4,787 | 9,864 | 396,940 | 2.1 | 40.2 | 82.9 |

The restrictions introduced in response to COVID-19 present many challenges, particularly for vulnerable and marginalised populations. These include maintaining access to Needle and Syringe Programmes (NSPs) to reduce the harms associated with injecting drugs. NSPs effectiveness is coverage dependent, but lockdowns and social distancing limit NSP access and availability.

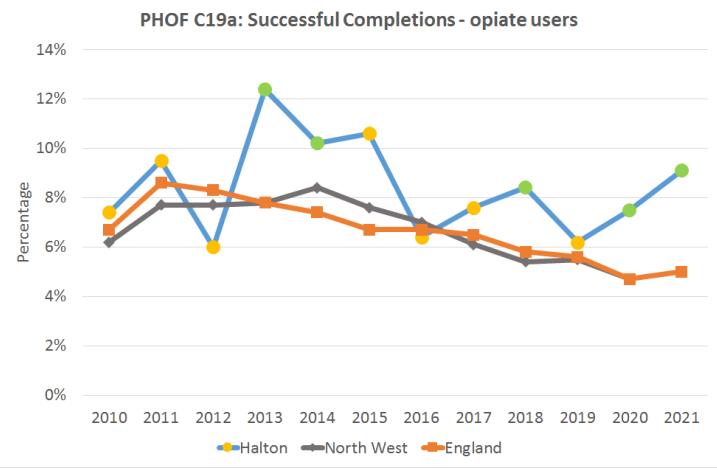
The impact on NSP provision in England was explored by Liverpool John Moores University Institute of Public Health, using enhanced monitoring data. It found that the restrictions resulted in the number of NSP clients decreasing by 36%, visits by 36%, and needles distributed by 29%. NSP coverage for those injecting psychoactive drugs halved, declining from 14 needles per-week during the 4-weeks to 15th March 2020 to 7 needles per-week by mid-April, and coverage has remained at this level since then.

## Successful Completions

Individuals achieving this outcome 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.

It aligns with the ambition of the Government's drug strategy of increasing the number of individuals recovering from addiction. It also aligns well with the reducing re-offending outcome 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. Data from the NDTMS shows that Halton has a higher successful completion rate compared to both the North West and England averages

| | Alcohol & non-opiate | | Non-opiate | | Opiate | |
|---|---|---|---|---|---|---|
| | 2020/21 | 2021/22 | 2020/21 | 2021/22 | 2020/21 | 2021/22 |
| Halton | 36.3% | 40.8% | 49.3% | 47.9% | 8.7% | 8.3% |
| North West | 35.6% | 35.5% | 39.7% | 37.0% | 4.9% | 5.1% |
| England | 33.5% | 32.8% | 36.4% | 37.1% | 4.9% | 5.2% |




Percentage of overall successful completions in Halton have been either statistically similar (amber data point) or better (green data dot) than England.

## Early unplanned exists

When engaged in treatment, people use less illegal drugs, commit less crime, improve their health, and manage their lives better - which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue. The information below shows the proportion of adults entering treatment in Halton in 2020-21 who left treatment in an unplanned way before 12 weeks, commonly referred to as early drop outs.

| | Halton | | | England | | |
|---|---|---|---|---|---|---|
| Drug groups | All | Male | Female | All | Male | Female |
| Non-opiate | 9% | 9% | 7% | 17% | 18% | 14% |
| Alcohol and non-opiate | 15% | 18% | 6% | 16% | 17% | 14% |
| Opiate | 16% | 18% | 11% | 15% | 16% | 13% |
| **Total** | **14%** | **16%** | **8%** | **16%** | **17%** | **14%** |

## Re-presentations

The re-presentations data shows the proportion of clients who successfully completed treatment in the first six months of each financial year and then re-presented within six months of completing treatment. This table shows the number of clients re-presented within six months following a successful completion.

| | Halton | | LOC | |
|---|---|---|---|---|
| | opiate users | non-opiate users | opiate users | non-opiate users |
| 2018/19 | 11% | 8% | | |
| 2019/20 | 20% | 8% | | |
| 2020/21 | 9% | 13% | 15% | 0% |

LOC - Local Outcomes Comparator. See page 37 for explanation

## Time in treatment

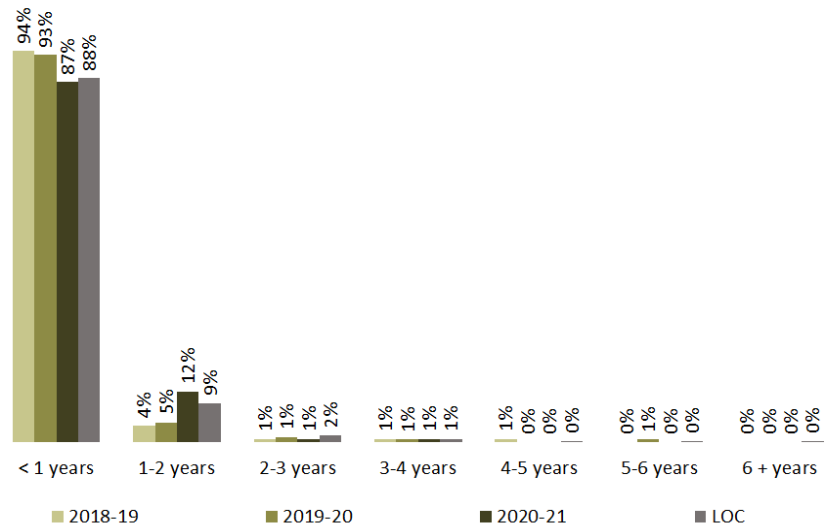
Effective drug-treatment saves lives and reduces crime. There is strong evidence that retaining people in treatment through opioid substitution therapy (OST) provides stability and reduces mortality and that 'limiting' the time that people can stay in treatment is counterproductive and not-evidenced-based. 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 can be seen in the successful completion rates between opiate and non-opiate users.

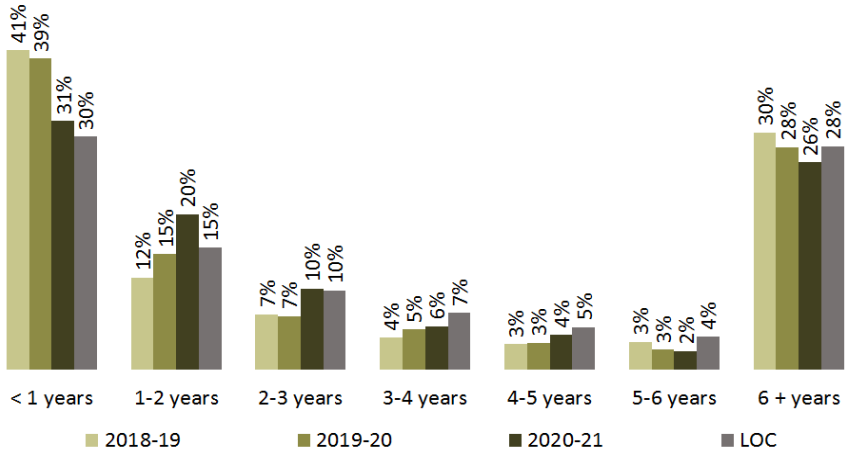
As we would expect, whilst the majority of non-opiate clients are in treatment for less than a year with none still in treatment for more than 5 years there is a different picture for opiate clients. For them, only 31% were in treatment less than a year and the percentage in treatment this length of time has reduced over the three reporting periods. However, a smaller proportion of Halton opiate using clients remained in treatment for 4 years or more compared to Halton's local outcome comparators grouping (LOC)

*Note here each area is compared to 32 areas (called Local Outcome Comparators- LOC) that are most similar to them in terms of the complexity of the populations in substance misuse treatment. These are different to any broader 'nearest neighbour groupings based on broader similarities between general populations of local authorities. There will be different groups of local outcome comparators for opiate and non-opiate populations.*

**Length of stay: non-opiate users**




**Length of stay: opiate users**



## Opiate and crack cocaine users

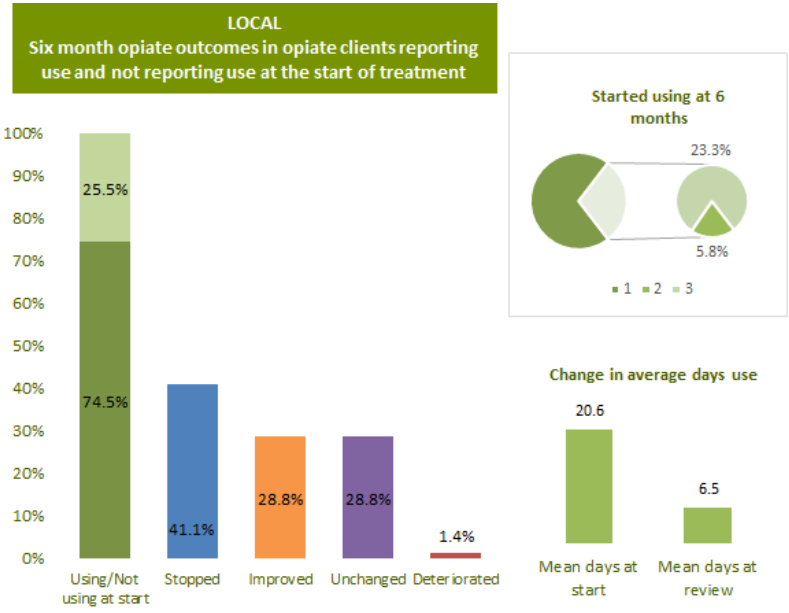
These charts show the six and twelve month outcomes of opiate users and also opiate and crack users during 2020-21.

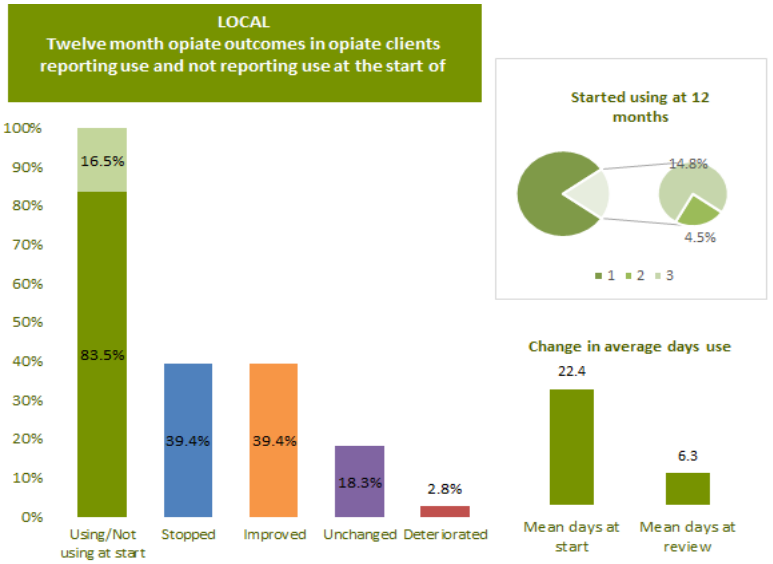
The first bar in the main graph gives the proportion of opiate clients who were using and not using the drug in the 28 days before they started treatment. The bottom section shows the proportion using at the start of treatment (dark green) and the top section (light green) shows the proportion of clients that were not using at the start of treatment.

The next four bars show clients' changes in opiate use of by the time of the six-month review. They fall into one of four Reliable Change Index (RCI) categories based on the changes in levels of drug use: stopped, improved, unchanged and deteriorated.

The pie chart (started using at six months) presents the proportion of opiate clients who were not using at the start of treatment (as displayed in the bar chart on the far left) that have started using at the time of the six month review.

For those clients using opiates at the start, the smaller bar graph 'Change in average days use' shows the change in the average number of days clients have used opiates between starting treatment and the six month review.



## Non-opiate users

These charts show the six month outcomes of non-opiate users during 2020-21. They show clients' changes in use of their problematic substances by the time of their six-month review. They fall into one of four Reliable Change Index (RCI) categories (see technical annex) based on the changes made: stopped, improved, unchanged and deteriorated. Each graph shows what proportion of clients are in each of these categories and also how it compares to the national average.

Reliable Change Index (RCI) is a methodology that is employed in the Quarterly outcomes report. It provides a way of analysing 'individual based' outcomes over the course of treatment. Clients are grouped into one of four categories depending on the change that has been made between the start treatment and review period. The change is measured against a set boundary (i.e. a set number of days) for each drug. Cocaine is 8 days, amphetamines 13 and cannabis 12 and alcohol 10 days.

(NB: injecting is 15 days but is omitted here due to a zero return for Halton in this 2021 data)

**Changes in drug use after 6 months of treatment amongst non-opiate users**

| | | Cocaine | Amphetamines | Cannabis | Alcohol |
|---|---|---|---|---|---|
| Stopped | Halton | 48% | 100% | 25% | 15% |
| | England | 57% | 57% | 32% | 22% |
| Improved | Halton | 29% | 0% | 13% | 24% |
| | England | 14% | 9% | 12% | 19% |
| Unchanged | Halton | 24% | 0% | 55% | 52% |
| | England | 26% | 32% | 52% | 55% |
| Deteriorated | Halton | 0% | 0% | 8% | 9% |
| | England | 3% | 2% | 4% | 4% |

Drugs and alcohol prevention initiatives are an essential element within the local response to substance misuse and should be relevant to people across a variety of age groups, and at various stages of substance use. There is strong evidence that early intervention initiatives can prevent or delay the initiation of substance use in young people and that prevention should start as early as possible, including before a child is born54.

Models of prevention vary according to age, level of knowledge and understanding, and severity of drug use. They generally fall into the following approaches:

- Universal strategies that address entire populations (e.g. schools and local community) regardless of level of risk or propensity for drug use.
- Targeted prevention that focuses on groups which may be more vulnerable to developing substance misuse problems, such as looked after children. They also target individuals who already use drugs with the aim of reducing harm and/or avoiding progression into more harmful use.
- Indicated prevention which focuses on people who already use substances, but who may not be dependent.

Drug and alcohol prevention responses need to be accompanied by effective treatment and recovery support and should be embedded in strategies that support development across the life course and influence the wider determinants of health.

## NICE GUIDANCE

NICE guidance refers to the effectiveness of offering personal and social skills training to children and young people at risk of drugs misuse and to their parents and carers.

This approach of engagement is associated with a significant reduction in drug use55.

Interventions that seek to engage young people into treatment should be person-centred and offer best practice interventions to young people who use substances. This may include psychosocial interventions, such as talking therapies, motivational interviewing, and teaching skills to encourage behaviour change.

Where there are known drug use issues in specific ethnic or cultural groups, efforts should be made to consult with relevant community groups and agencies to establish a culturally relevant service offer.

54 National Library of Medicine, Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews, (2016)
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5026681/
55 NICE, Drug misuse prevention: targeted interventions, (2017) -
https://www.nice.org.uk/guidance/ng64/