HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

COMBATTING DRUGS AND ALCOHOL 2025 refresh

HALTON BOROUGH COUNCIL

myhalton living life well

OneHalton Working better together

Contents	Page

KEY FINDINGS

The **Combatting Drugs and Alcohol JSNA 2025** provides a comprehensive overview of local substance use patterns, associated harms, and treatment engagement. This section provides a summary of the report's key findings:

Risk Factors

Drug misuse is linked to poverty, trauma, mental health issues, and homelessness. It can be part of an individual and inter-generational cycle of disadvantage and inequalities. Halton shows higher levels of many risk factors compared to national averages. 32.8% of adults in substance use treatment in Halton are parents, an opportunity to disrupt intergenerational cycles.

Prevalence of Substance Use

Children & Young People: Estimated 13% have tried drugs; cannabis is most common. School exclusions in Halton due to drug use are low. 64% of 14-17 year olds in the North West say they have never drunk alcohol.

Adults: Recreational drug use is stable nationally; cannabis is the most used. Halton's prevalence is estimated using national data as local data on prevalence is not available. Nationally, 14-29% are estimated to drink alcohol at increasing or higher risk levels, varying by age category.

Image & Performance Enhancing Drugs (IPEDs) (Steroids etc.): Use is underreported nationally; local Integrated Monitoring System (IMS) data shows 298 users in Halton.

Problematic Drug Use: Opiate/crack use is lower than regional averages but still significant. Estimated unmet treatment need is over 40%.

Ketamine Use: Self-reported use is rising nationally, highest among 16-24 year olds at 3.8%.

Vulnerable Communities

Young Offenders: High drug use, often linked to trauma and Attention Deficit Hyperactivity Disorder (ADHD).

Prisoners & Probation Clients: High prevalence of drug misuse, especially opiates. Continuity of care post-release is crucial

Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+): Higher recreational drug use, especially among gay men.

Ethnic Minorities: Mixed ethnic groups show higher drug use.

Disabled People: Slightly higher drug use, especially cannabis.

Severe & Multiple Disadvantage: Evidence shows an overlap between homelessness, substance misuse, and criminal justice involvement.

Drug-Related Crime & Supply

Halton's drug-related crime rate increased in 2023 and was above national and regional averages before decreasing slightly in 2024.

Crime is concentrated in more deprived areas, with 44% of cases in the most deprived two deciles.

Cheshire Police reported 46% reduction in drug trafficking offences over 3 years.

Substance Use-Related Harm

Alcohol-Related Harms: Halton has higher rates of alcohol-specific hospital admissions than national averages but similar rates of alcohol-related mortality. Two-thirds of alcohol-related deaths in 2024 were among men.

Drug-Related Hospital Admissions: Halton has higher rates than national averages, especially among 15–24-year-olds and in deprived areas**.** Prescription & Over-the Counter (OTC) drugs paracetamol, antidepressants and codeine/morphine account for over 500 of 868 admissions, 2022/23-2024/25.

Drug-Related Deaths: Halton follows national trends with most deaths among men aged 35–49. Opiates are the most implicated substances.

Treatment Engagement and Co-Occurring Needs

Young People: Numbers in treatment increased; cannabis and ketamine are most common substances. Completion rates are high.

Adults: Alcohol is the most cited substance. Cannabis and cocaine use are rising; heroin and crack are declining.

Needle Exchange Programme: NSP access is balanced between psychoactive and IPED users.

Blood Borne Viruses (BBV) Testing: High uptake of Hepatitis B/C and HIV testing in Halton.

Housing & Employment: Most clients are in stable housing; employment rates are low, especially among women.

Mental Health: About three quarters of clients have a mental health treatment need; many receive GP support.

Smoking: 66.5% of new clients are smokers

Adult Recovery Outcomes

Halton has strong performance in alcohol treatment completions but lower for non-opiate categories. Early drop-out rates are lower than national averages.

Six-month reviews show:
- 42% of opiate users stopped using
- 43% of cocaine users stopped
- 26% of cannabis users stopped
- Only 10% of alcohol users stopped.

INTRODUCTION

Following the independent review of drugs led by Dame Carrol Black (2021), the government published its 10-year UK strategy "From Harm to Hope: A 10 year drugs plan to cut crime and save lives" in December 2021. This set out the ambition to build "a safer, healthier and more productive society by combating illicit drugs".

Guidance released in 2022 set out what local areas were expected to do, including

- Establish of a new partnership to address the national ambitions.
- Produce 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
- Produce of a strategy in line with the national strategy but also picking up on local needs, priorities and ambitions

In Halton, the Combatting Drugs Partnership was established in September 2022. Its strategy set out local ambitions to reduce drug-related harms and address associated inequalities in harm. In 2026, the Partnership made a commitment to develop adding combatting alcohol-related harms in the borough to its remit. This JSNA refresh will support the onward work of the partnership including commissioning.

In England, 32% of men and 15% of women drink at levels above the UK CMOs' low-risk drinking guidelines (Health Survey for England, 2022).

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 painkillers and tranquillizers
- emerging substances and the use of psychoactive substances in a way that is harmful or hazardous to health such as synthetic cannabinoids.

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.

Substance use is associated with a range of psychological, physical and social issues, including

- physical and psychological dependency,
- acute medical problems such as acute alcohol intoxication, drug overdose and drug-induced psychosis
- chronic illness such as blood borne viruses acquired through the use of shared injecting equipment or the more than 200 medical conditions for which alcohol has been identified as a causal factor, which include some cancers (mouth, throat, stomach, liver breast), liver disease, cardiovascular disease and depression
- social consequences such as drug related acquisitive crime, the risk of criminal proceedings through illegal drug use, and alcohol-related violent crime

Drug use and drug dependence are known causes of premature mortality. People with a drug dependency are up to 10 times more likely to die suddenly or from chronic diseases compared to the general population. In 2024, the highest rate of drug misuse deaths was found among those aged 40 to 49 years (146.6 deaths per million people). This group is part of the age cohort often referred to as "Generation X", born between the late 1960s and early 1980s, who have consistently had the highest rate of drug misuse deaths for the part 25 years

This JSNA is structured in line with the National Combating Drugs Outcome Framework.

National Combating Drugs Outcomes Framework 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) • prevalence of opiate and/or crack cocaine use
Reducing drug-related crime	• the number of drug-related homicides • the number of neighbourhood crimes
Reducing drug-related deaths and harm	• deaths related to drug misuse • 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 • 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) • 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 **Key additional components integral to recovery include housing, mental health, and employment**

As a rapid needs assessment, it relies heavily on publicly 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

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 and/or totals removed to do this.

Some data has been supplied by local partners, in particular data from police and probation services.

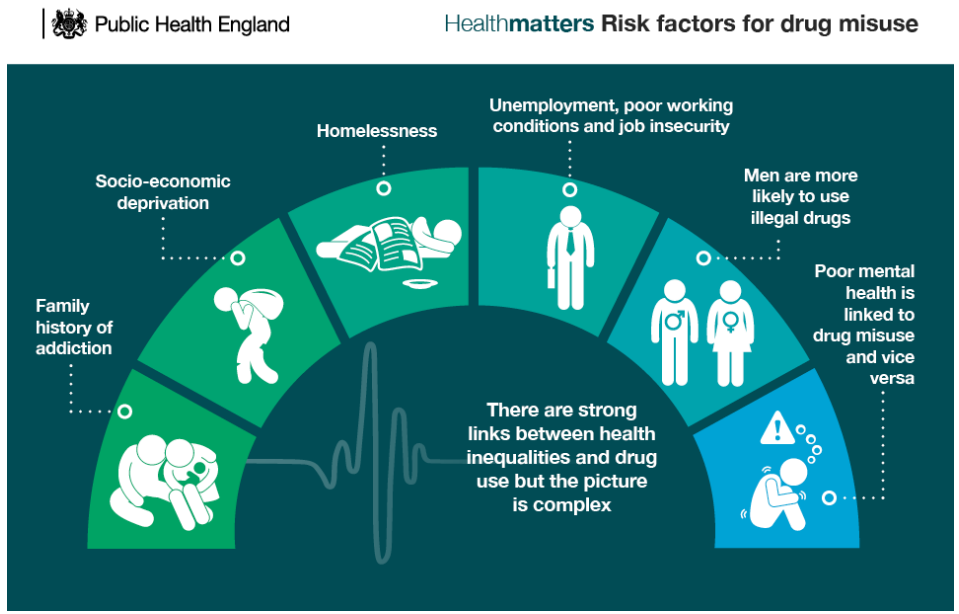
Further information and access to specific, topic-based JSNA chapters can be found via this link:

https://www4.halton.gov.uk/Pages/health/JSNA.aspx.

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

There is an association between poverty & disadvantage, and drug misuse. Whilst drug misuse 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, drug misuse often plays a key contribution to the breakdown of families and relationships and children of those dependent on drugs can experience challenges with their development and poor outcomes throughout their lives. Drug misuse can lead to homelessness, as dependency can often impact on a person's employment, and can lead to housing problems. Substance misuse can also be a consequence of homelessness, with self-medication often being used as a method to help deal with the accompanying issues experienced.

Drug misuse can therefore be part of an individual and inter-generational cycle of disadvantage and inequalities, making intervening early and holistically critical elements of prevention and cycle disruption.



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

	Risk factor	Time period	Halton	North West	England
1	Deprivation (Index of Multiple Deprivation - IMD - score)	2019	32.3	28.1	21.7
2	Children in absolute low income families	2023/24	21.5%	24.2%	19.1%
3	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
4	Children in need due to neglect (crude rate per 10,000 children under 18 years)	2023/24	359.2	259.2	193.31
5	Children in need: concern about parental drug misuse (crude rate per 10,000 children under 18 years)	2023/24	127.5	84.7	59.1
6	Levels of adult depression & anxiety (QOF)	2024/25	20.94%	17.88%	14.27%
7	Levels of adult severe mental illness (QOF)	2024/25	0.96%	1.14%	1.02%
8	Unemployment rate	2024/25	4.5%	3.8%	4.0%
9	Proportion in work who are in non-permanent employment	Jan 2021-Dec 2021	4.2%	4.8%	4.8%

Souce: 1,2,6,7, via OHID Fingertips; 3. Children's Commisioner one-off analysis; 4 & 5 Department for Education, 8 & 9 ONS Nomis

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. It may also mean those who do start taking drugs face additional social and environmental pressures when trying to stop.

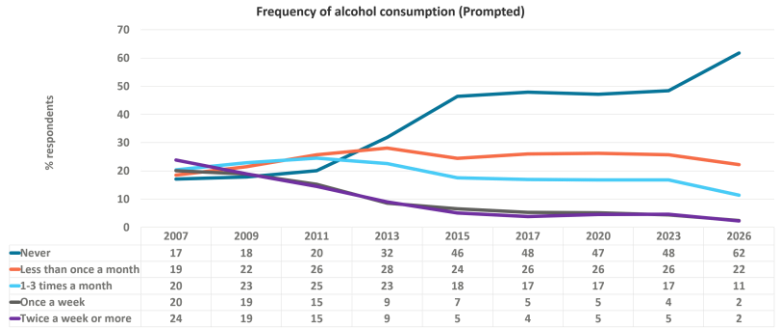
These wider determinants drive much of the inequalities in health experience and outcomes seen in the borough.

Alcohol use in 11-16 year olds

According to NHS England (2024), in England in 2023:

- 37% of pupils aged 11-16 said they had ever had an alcoholic drink
- Prevalence increases with age, from 15% of 11 year olds to 62% of 15 year olds
- 5% of all pupils said they usually drank alcohol at least once per week, similar to 6% in 2021
- The proportion of those drinking alcohol at least once per week also increases with age, from 1% of 11 year olds to 11% of 15 year olds
- Thise drinking alcohol mostly did so at the weekend, with the percentage highest on Saturday, then Friday, followed by Sunday.
- Of those that had drunk alcohol in the last week, 38% of 15 year old boys and 20% of 15 year old girls had drunk 15 or more units that week
- Beer and lager was most popular alcoholic drink amongst boys with spirits most popular amongst girls
- 46% of pupils from white ethnicity had ever drunk alcohol, a much higher percentage than those from black and minority ethnic groups (between 10%-35%)
- The highest proportion were given alcohol by parents, given it by friends or had taken it from home. Only a small proportion had bought it themselves or by someone else, and 8% had it bought for them by someone else
- This is reflected in where pupils usually drank the alcohol they consumed, the vast majority did so at home, at someone else's home or at parties with friends.
- Despite all this, there was nearly a 50/50 split between parents who didn't want their children to drink alcohol and those that didn't mind if it was only a small amount. The age of the child (survey was between 11-15 year olds) had little impact.
- Those with the lowest family affluence scores were least likely to have drunk alcohol, in last week or ever. The pattern was less clear cut when analysed by IMD quintiles however.

Data from the Trading Standards North West Survey of 14-17 year olds is not available specifically for Halton as few borough pupils have participated in recent years. However, the pattern across the North West is similar to that seen in the national survey, with fewer 14-17 year olds drinking to harmful levels and the majority (64%) now saying they have never had an alcoholic drink.

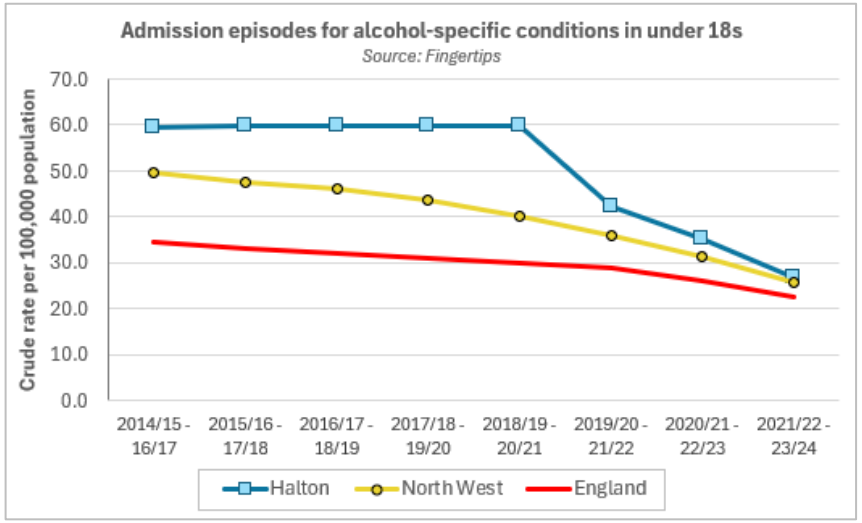


	2007	2009	2011	2013	2015	2017	2020	2023	2026
Never	17	18	20	32	46	48	47	48	62
Less than once a month	19	22	26	28	24	26	26	26	22
1-3 times a month	20	23	25	23	18	17	17	17	11
Once a week	20	19	15	9	7	5	5	4	2
Twice a week or more	24	19	15	9	5	4	5	5	2

Regular binge drinking is higher amongst males than females but occasional binge drinker higher in females with fewer females never binge drinking. Whilst those from ethnic minority groups are less likely to drink alcohol, of those that did drink they were more likely to binge drink compared to those from white ethnic backgrounds..

The number of under 18s being admitted to hospital for alcohol specific conditions has been falling. For the last two reporting periods, the Halton rate has fallen to now be statistically similar to the England average. It is also similar to the North West average.

The majority of admissions were in females, 19 of the 22 recorded. As such trend date is not available for males from 2019/20 onwards.



PREVALENCE OF ALCOHOL USE IN ADULTS

Alcohol and health

The health risks associated with drinking alcohol include accidents, injuries, cancer, heart disease and reduced life expectancy (Source: Department of Health, 2016). These risks tend to increase with higher consumption. Since 2016, UK guidelines have focused on regular weekly consumption, with the recommendation that men and women should not normally consume more than 14 units of alcohol a week, and that this should include some days where no alcohol is consumed (Source: Department of Health, 2016). Guidance on single drinking episodes focuses on reducing risks rather than specific quantities.

Nationally

One of the main national sources of data on alcohol consumption patterns in England is the Health Survey for England. The latest available is 2024. It found:

- 77% of adults aged 16 and over reported that they had drunk alcohol in the last 12 months, and 44% reported that they drank alcohol at least once a week.
- Men were more likely to have drunk alcohol in the last 12 months and in the last week than women.
- The proportion of adults who drank alcohol in the last 12 months varied by age, with different patterns observed for men and women.
    - Among men the proportion increased with age from 64% among those aged 16 to 24 to 86% among those aged 55 to 64, remaining at a similar level (84%) among those aged 65 and over.
    - Among women the proportion increased with age, with some fluctuations, from 72% among those aged 16 to 24 to 83% among those aged 55 to 64 before decreasing to 71% among those aged 75 and over.
    - For both men and women, the proportion drinking at least once a week increased between the ages of 16-24 to 55-74, then decreased amongst those 75 and over.
- 24% of adults had not drunk alcohol in the last 12 months: 22% for men and 26% for women.
- 55% of adults drank at levels that put them at lower risk of alcohol-related harm (14 units or less per week), 16% drank at levels that put them at increasing risk and 4% at higher risk (more than 14 units per week).
- The proportion of adults who drank at increasing or higher risk levels (over 14 units per week) varied by age, with the highest prevalence observed among those aged 65 to 74 (29%) and the lowest among those aged 25 to 34 (14%).
- The proportion of non-drinkers increased with level of area deprivation, from 16% in the least deprived areas to 39% in the most deprived areas.
- The proportion of adults drinking at increasing or higher risk (over 14 units of alcohol a week) also varied by area deprivation, with the lowest proportion, 14%, in the most deprived areas and the highest proportions, ranging from 22% to 23%, in areas within the three least deprived quintiles.
- The Alcohol Use Disorders Identification Test (AUDIT) is a questionnaire used to assess problem drinking.
- 9% of adults had AUDIT scores indicating increasing risk drinking behaviour, 1% had scores indicating higher risk drinking behaviour and 1% had scores indicating possible alcohol dependence. A higher proportion of men than women were classified as both at increasing risk, higher risk or possible alcohol dependence (15% of men and 7% of women).
- Prevalence of at-risk drinking behaviour varied by age. The proportion with an AUDIT score indicating increasing risk, higher risk or possible alcohol dependence decreased with age, from 17% among those aged 16 to 24 to 6% among those aged 65 and over.

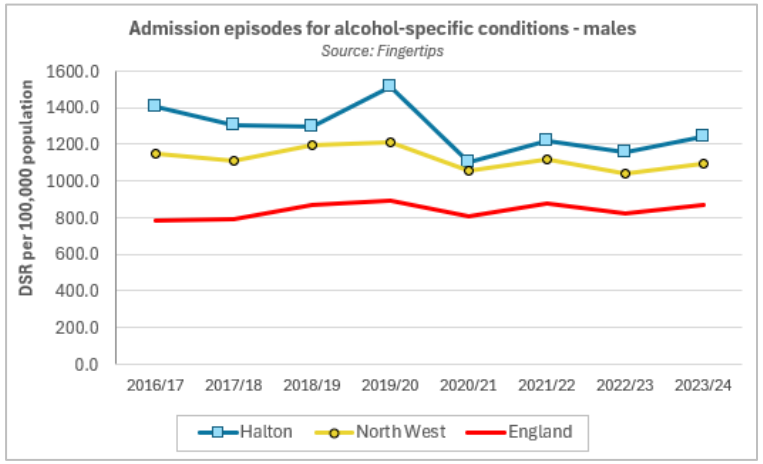
Locally

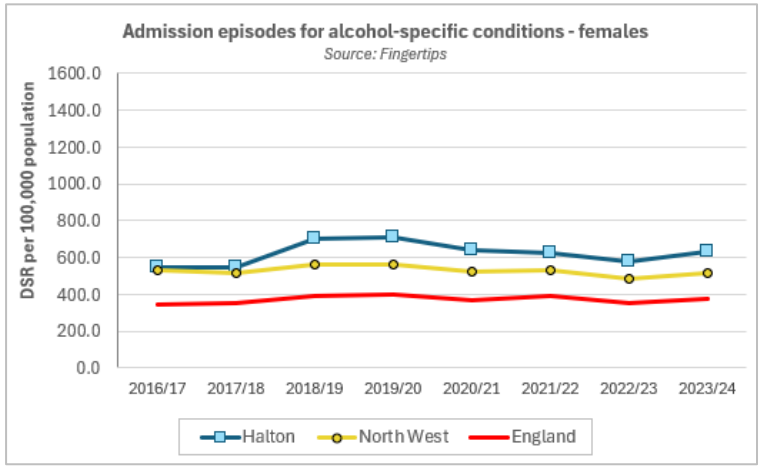
Much less is known about the nature of alcohol use locally. Estimated prevalence of adults with an alcohol dependency potentially in need of specialist treatment developed by OHID suggests that whilst Halton rates are higher than the England average, the rate is not statistically significantly higher. Unfortunately this data is only available 2015-16 to 2019-20. For 2019-20 only data was broken down by age and gender. It showed the highest single number in the 35-54 year olds and substantially higher proportion being males.

						2019-20 (numbers only)					
	2015-16	2016-17	2017-18	2018-19	2019-20	Age 18-24	Age 25-34	Age 35-54	Age 55+	Females	Males
Halton estimated numbers	1,962	2,048	2,001	1,804	1,875						
Halton	19.93	20.70	20.17	18.07	18.63	218	423	908	325	447	1,427
England	13.82	13.55	13.41	13.68	13.75	88,393	154,408	274,423	91,207	141,822	466,609

Source: OHID

Alcohol-specific hospital admissions



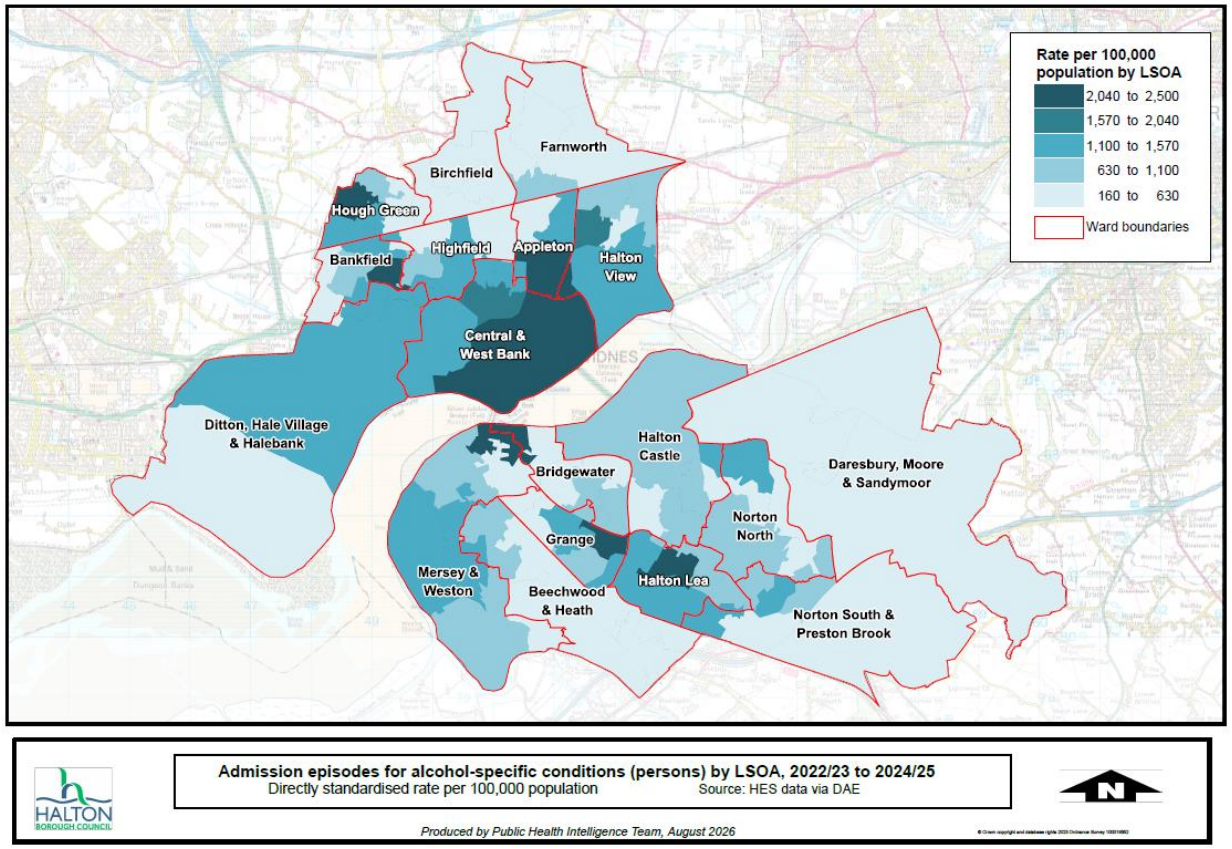


The persons alcohol-specific admission rate for Halton continues to be significantly higher than the national average.

The two charts on the left show the rate split by males and females and use the same scale which makes it easy to see how much higher the male admission rate is.

The Halton male rate remains significantly higher than the England average despite narrowing the gap in recent years.

The female rate is also significantly higher than the national average, and both the Halton male and female rates increased during 2023/24.

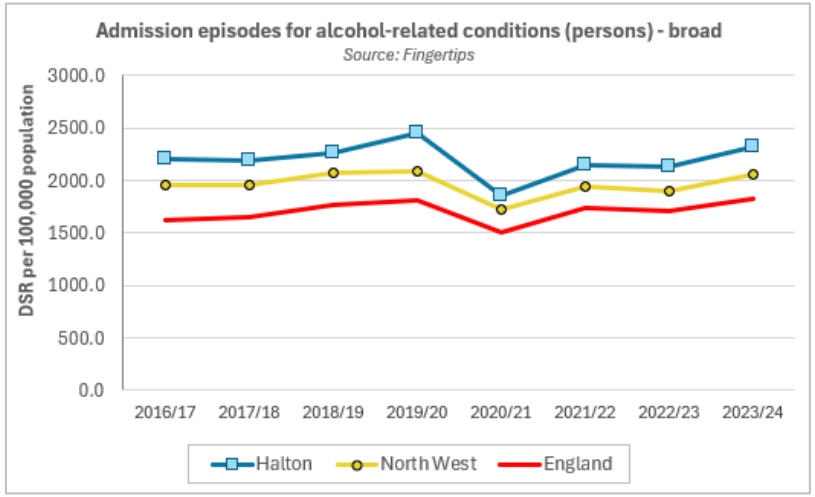


The highest alcohol-specific admission rates during 2022/23 to 2024/25 were seen in areas of Appleton and Central & West Bank wards in Widnes. In Runcorn, the highest rates were seen in Grange ward and an area crossing the border of Mersey & Weston and Bridgewater wards.

The lowest rates in Runcorn were in the Beechwood & Heath ward, whereas in Widnes it was Birchfield ward.

Alcohol-related hospital admissions

Broad definition: A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition.

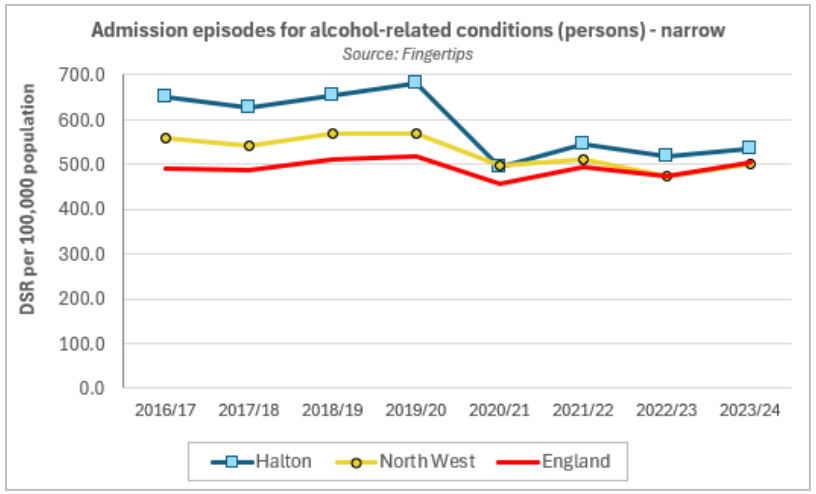


The Halton persons broad admission rate for alcohol-related conditions decreased during the Covid-19 pandemic, but it did increase in 2021/22 and again in 2023/24. Both the male and female rates saw an increase during those 2 years, however, the male rate in 2023/24 was nearly 3 times higher than the female rate.

Narrow definition: A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition.

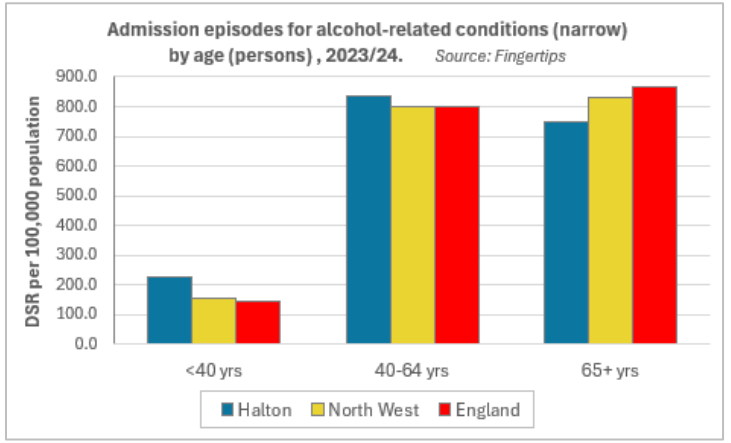
The Halton narrow rate for males remains significantly higher than the national average, despite the gap between the two rates becoming smaller since 2020/21. The Halton male rate did increase slightly during 2023/24; however, the female rate has continued to decrease since 2021/22 and isn't significantly different to the England average.

The persons narrow admission rate for alcohol-related conditions decreased during the Covid-19 pandemic and has stayed at a lower level since. During 2023/24, the Halton persons rate was similar to the England and North West averages.

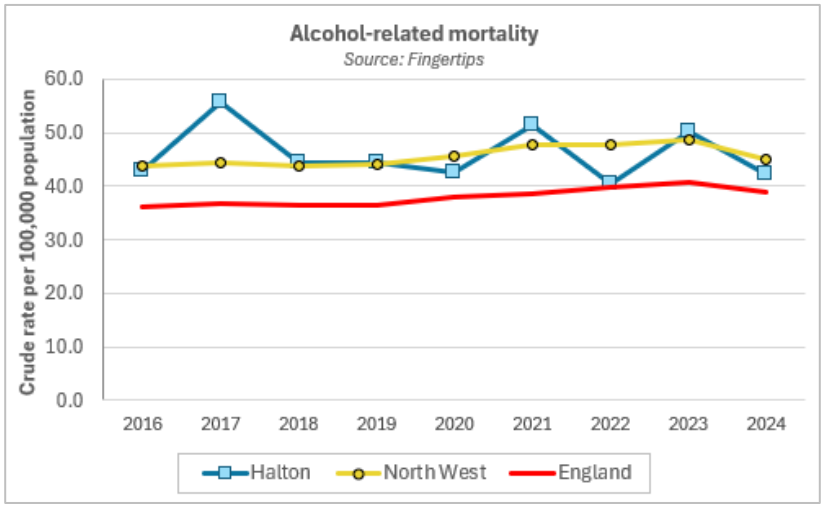


When split by age, the highest rate for Halton is seen in the 40-64 age band, however, the rate during 2023/24 was similar to the national average.
The Halton 65+ rate during 2023/24 was significantly lower than the England average, however, the rate for people aged under 40 in Halton was significantly worse.

The Halton male rate was worse than the female rate for all 3 age bands during 2023/24.



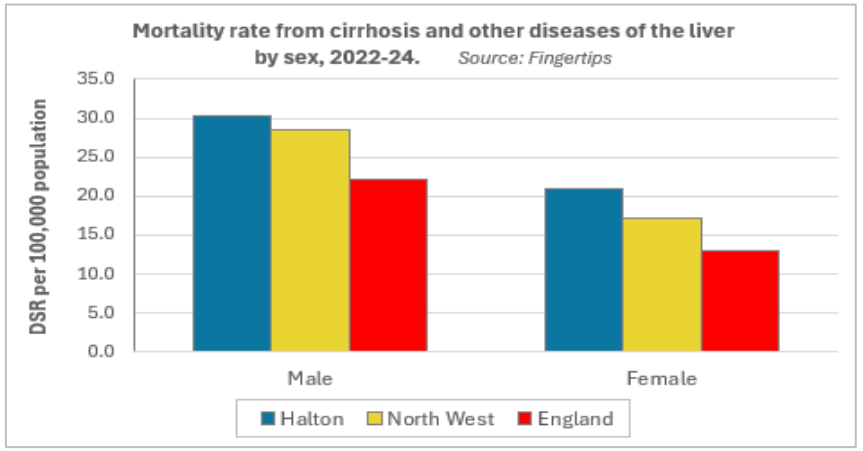
Alcohol-related mortality



The Halton persons alcohol-related mortality rate has fluctuated over recent years but is generally similar to the England average.

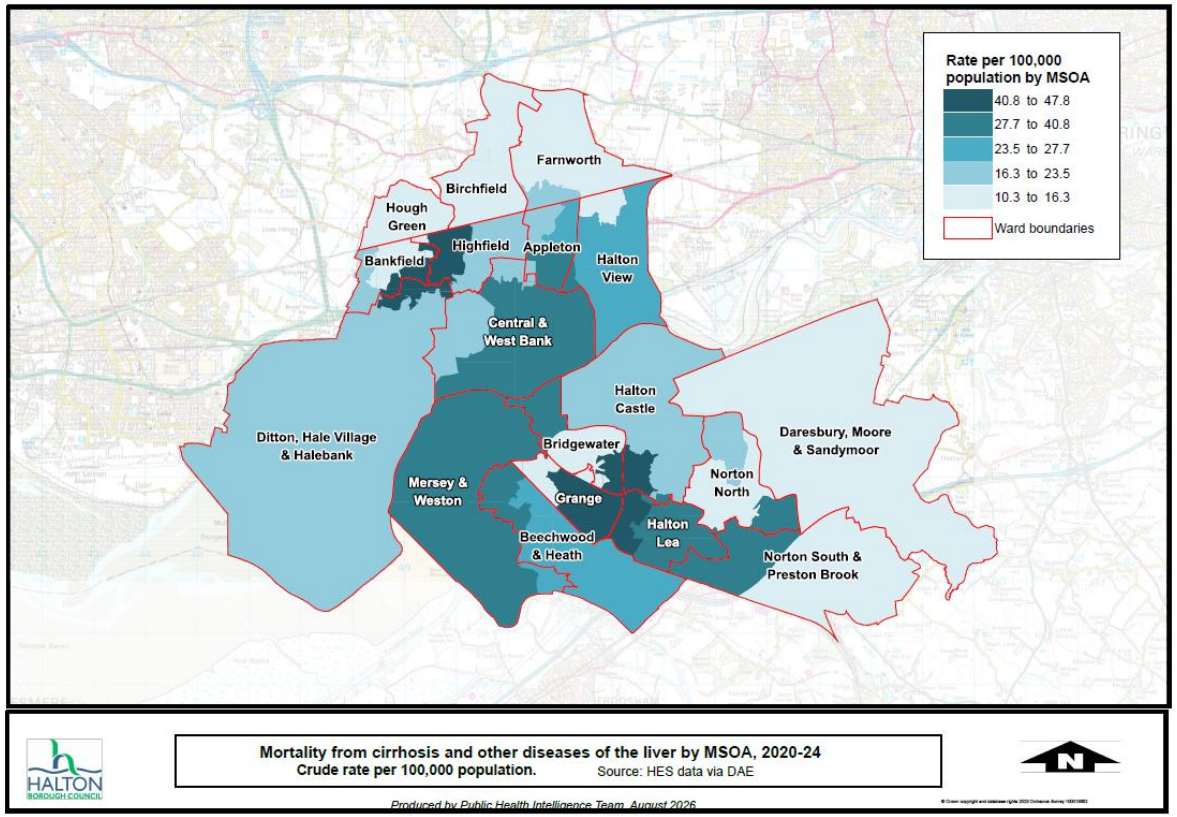
During 2024, males accounted for two thirds of alcohol-related death in Halton.

Mortality from cirrhosis and other diseases of the liver



The Halton persons mortality rate from cirrhosis and other diseases of the liver remains consistently higher than the England average.

The Halton split between male and female is more equal than for alcohol-related mortality, with males accounting for 57% of deaths in 2022-24.



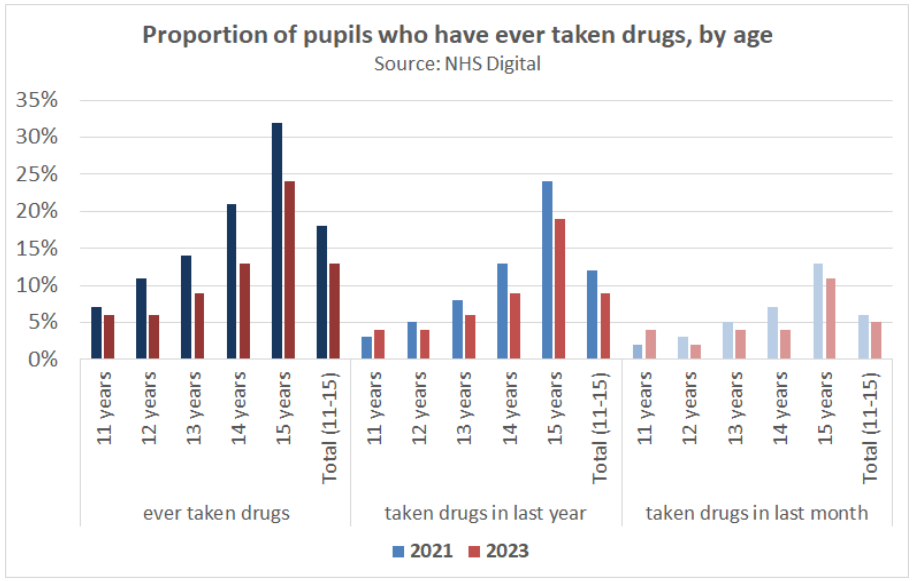
The highest mortality rates from cirrhosis and other diseases of the liver were seen in an area covering parts of Bankfield, Highfield and Ditton, Hale Village & Halebank wards in Widnes.

In Runcorn, the highest rate was seen in an area covering mainly Grange ward, but also parts of Bridgewater, Halton Castle and Halton Lea wards.

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 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).

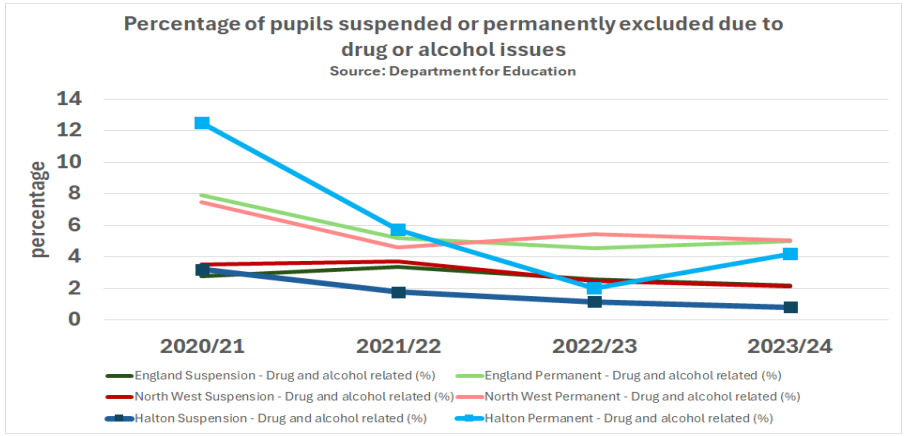
The survey is biennial. The data is only available nationally with some limited regional figures. The key survey findings include that 24% of pupils reported they had ever taken drugs in 2016. This has fallen with each survey since. In 2023, the figure was 13%. This latest figure ranged from 6% in 11-year olds to 24% in 15-year olds. In the North West, the prevalence was 11%, lowest alongside the East Midlands and London. At 15%, the joint highest was in the South East and South West



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 (2021 and 2023 mid-year estimates) and applies the percentages to these to obtain an estimated number.

	2021			2023		
	Ever taken	In the last year	In the last month	Ever taken	In the last year	In the last month
11 years	182	116	66	100	67	67
12 years	250	157	78	98	65	33
13 years	351	251	134	150	100	67
14 years	443	301	174	205	142	63
15 years	611	495	297	396	314	182
Total 11-15	1950	1463	813	1064	737	409

A small number of pupils are excluded from school, either temporarily or permanently due to drug or alcohol use. Trends show of all exclusions and suspensions,, the percentage due to drug misuse has fallen. In 2023/24 they made up less than 1% of suspensions and just over 4% of permanent exclusions.



Halton levels for both suspensions and permanent exclusions are lower than the England and regional rates.

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 financial year ending March 2024. The latest survey results revealed the following key findings:

- 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 2024 compared with the previous year.
- Around 1 in 11 (8.8%) adults aged 16 to 59 had taken a drug in the last year.
- 16.5% adults aged 16 to 24 had taken a drug in the last year. This was a reduction from the 21% reported in 2019/20
- The survey measure of recent drug use showed that around 1 in 15 (6.5%) adults aged 16 to 59 had taken a drug in the last month.
- Around 1 in 13 (7.3%) young adults aged 16 to 24 had taken a drug in the last month.
- Just over one-third (34.3%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.
- Around 1 in 25 (3.0%) adults aged 16 to 59 had taken a Class A drug in the last year.
- Among young adults aged 16 to 24, 1 in 18 (5.5%) had taken a Class A drug in the last year
- Only 1.8% of adults, aged 16-59, used drugs frequently. This rose slightly amongst 16-24 year olds to 2.5%. Frequent use refers to use of any drug more than once a month in the past year.
- 34% of frequent users aged 16-59 had used cannabis, 10% had used powder cocaine and 1.5% had used ecstasy.
- Regional data shows levels in the North West similar or slightly higher than England. However, regional breakdowns do not include all drug types

	England	North West
Powder cocaine	2.1%	2.4%
Ecstasy	1.2%	1.3%
Hallucinogens	1.2%	1.1%
Amphetamines	0.2%	0.2%
Cannabis	6.8%	7.6%
Any Class A drug	3.0%	3.5%
Any drug	8.8%	9.9%

Source: ONS, Crime Survey for England and Wales 2023/24

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.

As with prevalence in children and young people, there is no local authority level prevalence data for adults. Applying the CSEW data on type of drug used in the last year to the Halton population gives the following estimates. As regional data is not available for all drug types the England data has been used to calculate Halton estimated prevalence. For some drugs, such as cannabis, this may under-estimate number of users somewhat.

	CWEW 2023/24	Halton estimate (based on 2024 mid-year population estimate)
Any drug use	8.8%	6437
Cannabis	6.8%	4974
Any class A	3.0%	2194
Powder cocaine	2.1%	1536
Ecstasy	1.2%	878
Hallucinogens	1.2%	878
Amphetamines	0.2%	146
Ketamine	0.8%	585
Mephedrone	0.1%	73
Tranquillisers	0.4%	293
Anabolic steroids	0.1%	73
New psychoactive substances	0.5%	366
Nitrous oxide	0.9%	658

Source: Crime Survey for England & Wales 2023/24 and mid-year population esimates, Office for National Statistics

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.

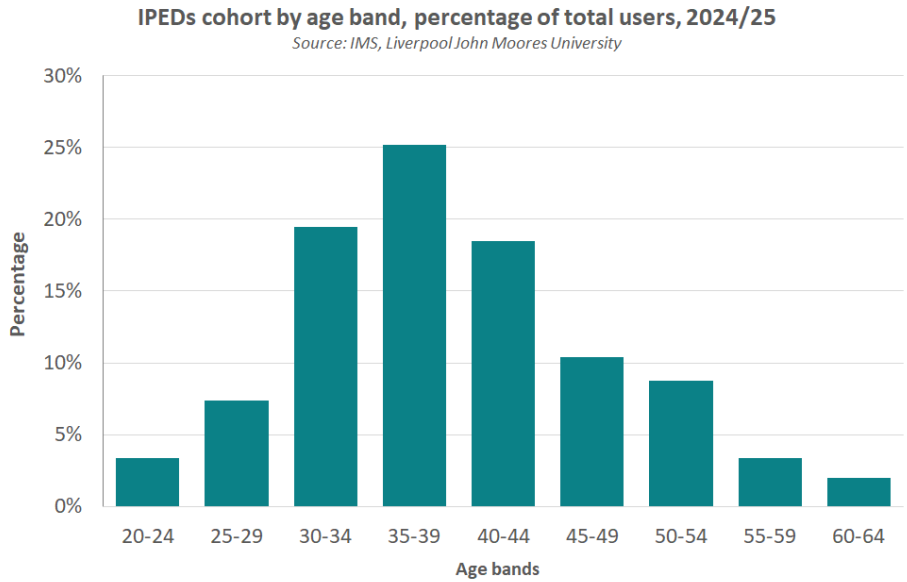
National Prevalence

2023/24 data from the Crime Survey for England and Wales shows anabolic steroid use among 16- to 59-year-olds continues to be low, falling slightly from 0.2% in 2018/19 to 0.1% since 2020/21. For Halton, this would equate to 72 people aged 16-59 (using 2023 ONS mid-year population estimates). This followed a period over the last decade where reported use was relatively flat. Levels were slightly higher in 16-24 year olds but again have fallen slightly from 0.3% in 2018/19 to 0.2% in 2023/24. 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 2024/25 identified 298 Halton service users who inject drugs – either steroids and/or other IPEDs. This is a reduction on the 2021/22 figure of 395 but still significantly above any figure we derive from the CSEW suggesting under reporting within that survey.

Nearly all of these were males (99%), and almost 3 out of 4 (73.5%) were in the 30-49 age bracket. The numbers for the 0-17, 18-19 and 65+ age bands were very small, so haven't been included on the chart.



The majority (62%) had no housing issue, and for 37% their housing status was unknown. 53% were in regular employment, and again the status of 37% was unknown.
Where clients stated that they were a parent of children aged under 18 years, 99% stated the children didn't live with them.

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

Opiate and/or crack cocaine use

The Independent review of drugs by Dame Carol Black (2021) set 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 contributes 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 the Office for Health Improvement and Disparities (OHID). Unfortunately, the latest estimates only go to 2019/20, published 2023. A date for future updates is unknown.

The 2019/20 estimates show rates per 1,000 population in Halton slightly lower than the regional and national rates. All follow a similar pattern for age with drug use highest in the 35-64 age group. The difference between Halton and comparators was not statistically significant.

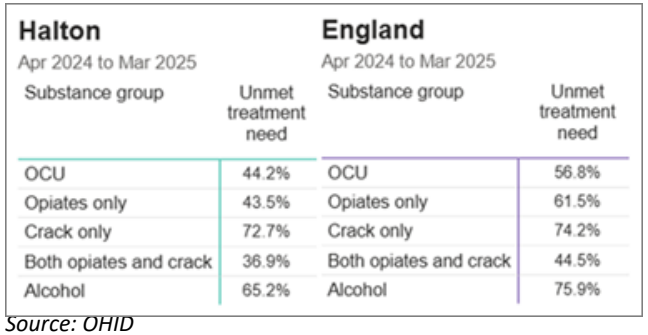
Age group	Substance group	Halton	North West	England
15-24	OCU	3.15	3.93	3.81
	Both opiate and crack	1.09	0.85	0.89
	Opiate only	0.92	1.70	1.61
	Crack only	1.13	1.38	1.31
25-34	OCU	8.38	10.53	10.26
	Both opiate and crack	4.39	3.82	3.97
	Opiate only	2.18	4.48	4.15
	Crack only	1.81	2.24	2.15
35-64	OCU	9.63	14.95	11.04
	Both opiate and crack	5.18	5.48	4.34
	Opiate only	3.47	8.12	5.66
	Crack only	0.98	1.35	1.03

Source: OHID

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

Data from the 2023/24 CSEW shows the North West had a slightly higher rate of 16-59 year olds using any class A drug in the last year than England at 3.5% compared to 3.0%. Using this as a range gives between 2,156-2,516 Halton residents aged 15-59 using any class A drug within the last year (based on ONS 2023 mid-year population estimates). This is substantially more than the 2019/20 estimate for OCU of 670. As such both should be used with extreme caution.

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



Halton

Apr 2024 to Mar 2025

Substance group	Unmet treatment need
OCU	44.2%
Opiates only	43.5%
Crack only	72.7%
Both opiates and crack	36.9%
Alcohol	65.2%

England

Apr 2024 to Mar 2025

Substance group	Unmet treatment need
OCU	56.8%
Opiates only	61.5%
Crack only	74.2%
Both opiates and crack	44.5%
Alcohol	75.9%

Source: OHID

Halton levels are below England and for OCU the lowest in Cheshire & Merseyside. Halton has one of the lowest levels of unmet need in Cheshire and Merseyside across all substance groups. Despite this relatively favourable comparison to the national and subregional picture, it remains that over 40% of OCU are thought to not be in treatment.

Ketamine and ketamine-related harms

The rise in non-prescribed use of ketamine across the UK in recent years is concerning because of the potential effects on physical and mental wellbeing and overall quality of life. Ketamine was upgraded in 2014 from a Class C substance to a Class B substance under the Misuse of Drugs Act 1971, due to mounting evidence over its physical and psychological dangers. The Advisory Council on the Misuse of Drugs (ACMD) reviewed its use and harms in 2025 and have recommended it remain controlled as a Class B substance.

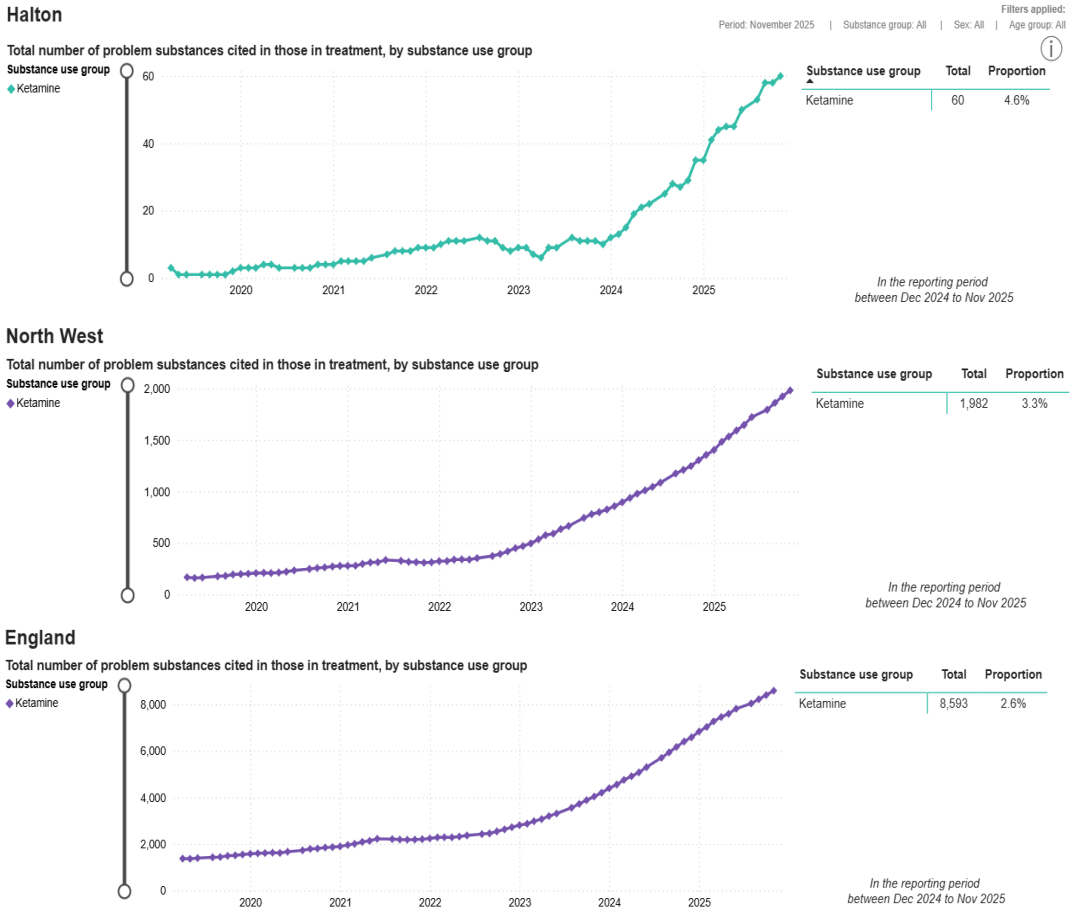
Originally used in human and veterinary medicine (as an anaesthetic), ketamine remains a valuable drug in both medical fields. However, it is increasingly being used recreationally, at higher than medical doses, to produce euphoria and dissociative states. Its low cost has made it popular among young people, particularly 16-24 year olds. The prevalence of self-reported use in this age group rose from 1.7% to 3.8% between 2010 and 2023 (Crime Survey for England and Wales, 2024). The number of people starting treatment for ketamine addiction in 2023/24 was 3609, more than eight times higher than the 426 reported in 2014/15 (OHID, 2024).

Ketamine induced uropathy from ulceration and thickening of the bladder is a common and serious complication. In the UK, 27% of regular ketamine users report at least one urological symptom—dysuria, frequency, incontinence, haematuria, or retention—with severity correlated with dose and frequency of use. Treatment requires abstinence. Cognitive impairment and psychiatric comorbidities are often observed in people who use ketamine long term. Severe depressive symptoms have been reported in 35% of long term users (I Guerrini et al, 2025).

Use and harms in Halton

The previous section estimated approximately 585 Halton adults aged 16-59 may have used Ketamine in the last year (based on CSEW prevalence of 0.8%). Halton follows regional and national pictures with regards to ketamine use being most prevalent in the 18-24 age group.

According to data from the Trauma, Injury and Intelligence Group (TIIG) Surveillance System there were 8 North West Ambulance Service call outs for Halton residents which mentioned ketamine during 2022. In 2023 the number was 13 and it was also 13 in 2024.



Despite relatively low prevalence, the numbers entering treatment due to ketamine have risen sharply, both locally, regionally and nationally.

Please see page 28 for treatment data for those under the age of 18. Young people in Halton discuss their perceptions and the harms of ketamine use in a video produced in partnership with the Halton Drug and Alcohol Youth Support Service, available here.

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 2023 health needs assessment commissioned by the Cheshire Youth Justice Service (YJS) found significant unmet health needs in three inter-connected areas; mental health, neurodiversity and Special Educational Needs (SEND), and substance use. Qualitative data raised significant concerns about young people using substances to self-medicate for mental health problems, neurodiversity or previous experiences of trauma. Informants also raised concerns about the significant harms of substance use including causing worsening of mental health and increasing vulnerability to exploitation by drug dealers and organised gangs.

91.5% of young people involved with YJS had experienced at least one adverse experiences of childhood (ACE) and 55.1% had experienced 4 or more. Social difficulties and some form of school exclusion were also common experiences.

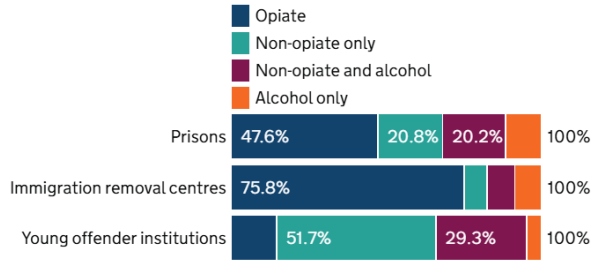
The YJS works with young people on a statutory order (ie mandated as part of sentencing) and on a diversionary route (ie DIVERT cases following out of court disposals and community resolutions). 58% of 122 statutory cases currently used drugs and 30.3% currently drank alcohol. Figures were lower for DIVERT cases (sample of 92 cases) but still substantial e.g. 32.5% currently taking drugs and 28.6% currently drinking alcohol.

2023-07-cheshire-youth-justice-services-health-needs-assessment-full-technical-report.pdf

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. National snapshot data, as at 31 October 2024, shows a drug misuse need was identified in 43% of offenders on licence and in 38% of offenders on community orders. It was more prevalent amongst younger prisoners, with 46% of people aged 18-25 having a drug misuse need compared to 10% of those aged 60+ . Nearly all prisoners had multiple needs, especially amongst those in custody.

There were 49,881 adults aged 18 and over in alcohol and drug treatment in prisons and secure settings in England between 1 April 2023 and 31 March 2024. This is a 7% rise compared to the previous year (46,551). Over three-quarters (77%) started treatment during the year. Nearly half of those in prison treatment programmes were being treated for opiate use.



See also section: Engagement in Drug Treatment, page 32, for Continuity of Care of prison leavers

Source: Alcohol and drug treatment in secure settings 2023 to 2024: report - GOV.UK

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

Substance misuse is a significant issue among adult offenders in the community, with strong links to both initial offences and the likelihood of reoffending. This includes a high prevalence of drug and alcohol problems, which are often intertwined with other issues like mental health problems and homelessness.

Offence	Number	Percent
Violence	230	30.0%
Public order	96	12.5%
Sexual	90	11.7%
Drug import/export/production	77	10.0%
Other offence	65	8.5%
Drug possession/supply	54	7.0%
Drink driving	37	4.8%
Other motoring	32	4.2%
Burglary	23	3.0%
Robbery	18	2.3%
Theft (non-motor)	17	2.2%
Total	**767**	

The table shows the offence type for people on probation identified with drug misuse issues in Halton, as of 31st March 2026. Nearly a third of offences were for violence. This highlights a strong link between substance misuse and a risk of serious harm. Effective responses need to integrate substance misuse treatment with violence reduction, risk management and behavioural interventions.

As of 31st March 2026, Halton had a cohort of 1746 individuals under community supervision. Fewer than 60 are recorded as subject to a Drug Rehabilitation or Alcohol Treatment Requirement. This highlights a potential significant unmet need in those under supervision with drug or alcohol misuse problems but who are not on a structured rehabilitation/ treatment requirement and therefore are not captured in current data as engaged with both probation and drug and alcohol treatment services.

People experiencing Homelessness

People who misuse drugs are at a greater risk of experiencing homelessness. An addiction may also present a barrier to accessing some homeless 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 people who are homeless 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 people who are homeless relate to deaths registered in 2021 (ONS, 2022). About 35% of deaths related to drug poisoning compared to 9.6% due to alcohol-specific causes and 13.4% due to suicide. Together these three causes accounted for an estimated 57.9% of homeless deaths registered in 2021, a proportion that is consistent with previous years.

Finding higher numbers of deaths among homeless people for these causes is consistent with academic studies of the health and mortality of homeless individuals. One of the key reasons for these poor health outcomes is 'tri-morbidity'. This means that people who are homeless 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 Cheshire & Merseyside needs assessments have revealed a substantial proportion of people who are homeless using drugs, about 40%.

People who identify as 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 2023/24

		Heterosexual/ straight	Gay/ Lesbian	Bisexual	Other	Gender identity the same as sex registered at birth	Gender identity different from sex registered at birth
Class A	Powder cocaine	1.8	4.1	9.3	0.2	2.1	5.6
	Ecstasy	1.0	2.6	3.7	3.2	1.2	4.0
	Hallucinogens	1.1	1.6	4.0	1.0	1.2	0.7
	Any Class A drug	2.6	6.2	11.7	4.4	3.1	9.9
Class B	Amphetamines	0.2	0.5	0.9	0.0	0.2	0.3
	Cannabis	6.2	10.4	22.0	13.3	6.9	19.7
	Ketamine	0.7	1.9	3.3	0.0	0.8	0.0
	Any drug	8.1	15.8	25.0	14.0	8.9	21.0

Source: CSEW 2023/24

Ethnicity

The CSEW shows that overall people from all other ethnic groups combined were less likely to have taken drugs, any or class A, during the last year than the White ethnic group. The only exception to this was those from mixed/multiple ethnic groups, where drug use was slightly higher than those from White British or White other ethnic groups. This is due predominantly by greater prevalence of cannabis use.

The Adult Psychiatric Morbidity Survey 2023/24 shows that Black people were 3 times more likely than Asian people to have used illicit drugs in the previous year and people from Mixed/Multiple/other ethnic groups five times as likely. 22.6% of men from Mixed/Multiple/Other ethnic groups had taken illicit drugs in the past year compared to just 1.7% of women from Asian/Asian British groups.

Drugs used in the past year	Asian/ Asian British	Black/ Black British	Mixed/ multiple/ other	White British	White other
Amphetamines	-	-	-	0.1	1.2
Amyl nitrite (poppers)	-	1.4	1.5	0.7	1.2
Anabolic steroids	0.1	-	-	0.2	0.1
Cannabis	3.0	8.3	12.9	9.0	13.4
Cocaine powder	-	1.2	1.6	3.0	1.9
Crack cocaine	0.1	0.6	0.3	0.2	0.3
Ecstasy	-	0.2	2.1	1.8	2.3
Heroin	-	0.6	0.3	0.1	0.3
Ketamine	-	-	1.8	1.3	1.2
LSD	-	-	-	0.4	0.2
Magic mushrooms	-	0.4	2.4	1.2	2.3
Mephedrone	-	-	-	0.1	-
Methadone	-	0.6	-	0.0	0.3
Nitrous oxide	-	1.4	1.5	0.7	1.2
Non-medical use of	-	1.0	-	0.8	0.1
Synthetic cannabinoids	-	0.6	0.6	0.1	-
Tranquilisers	-	-	-	0.5	-
Volatile substances	-	-	-	0.2	-
Any drug	**3.1**	**9.3**	**15.2**	**11.2**	**14.5**

Source: Adult Psychiatric Morbidity Survey, NHS England

People with a Disability

One in four people in the UK has a disability. Research suggests substance misuse is greater amongst people with disabilities than those without. There is a complex interplay between social, economic, and health factors associated with disability that are also risk factors for substance misuse and addiction. Disability stigma and stereotypes may impact people's ability to engage in treatment and recovery. People with disabilities are less likely to enter addiction treatment, despite a higher prevalence of substance misuse than people without disabilities. Once treatment is initiated, success may depend on meeting specific disability-related needs such as physical accessibility and communications needs. For people with intellectual, developmental, and cognitive disabilities, success may require additional adaptations.

The Adult Psychiatric Morbidity Survey 2023/4 in England showed slightly higher levels of drug dependence among people with a limiting physical health condition and among people with a common mental health condition (a group of types of depression and anxiety disorder). This is particularly in relation to cannabis use.

Signs of drug dependence	Limiting physical health condition		Common mental health condition	
	Yes	No	Yes	No
Men				
Cannabis only	10.7	3.8	10.0	4.1
Other drug(s) with or without cannabis	1.9	1.2	3.2	1.1
Any drug dependence	**12.5**	**5.0**	**13.1**	**5.1**
Women				
Cannabis only	3.2	3.0	6.5	1.9
Other drug(s) with or without cannabis	0.9	0.6	1.9	0.3
Any drug dependence	**4.1**	**3.6**	**8.4**	**2.2**
All adults				
Cannabis only	6.6	3.4	8.1	3.0
Other drug(s) with or without cannabis	1.3	0.9	2.4	0.7
Any drug dependence	**7.9**	**4.4**	**10.5**	**3.7**

Source: Adult Psychiatric Morbidity Survey, NHS England

People experiencing Severe and Multiple Disadvantage

Substance use may be related to adverse experiences and may itself cause or contribute to multiple problems. Despite this, data processes and services often rely on categorising people by a single problem, insufficiently recognising the interactions between multiple problems.

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.

Parental/carer/guardian problem alcohol and drug use affects children and their experiences of family life in a number of ways.

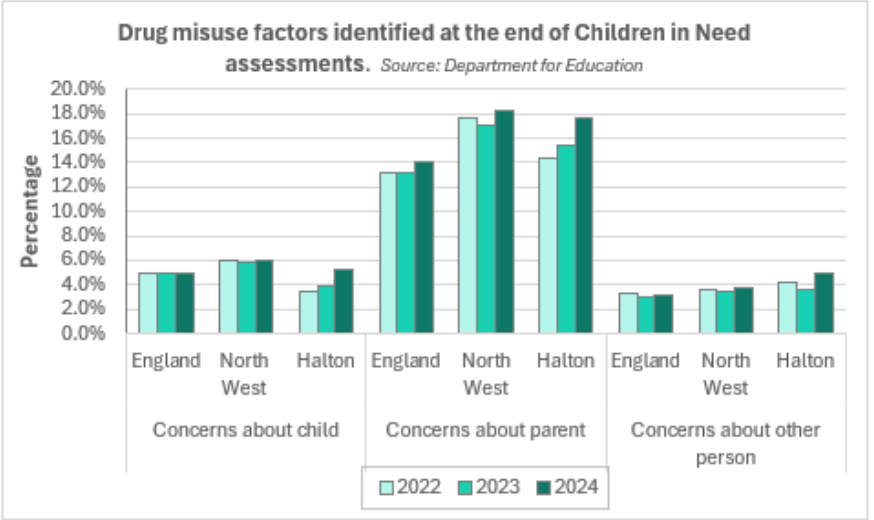
Substance misuse can consume a great deal of time, money and emotional energy, which will unavoidably impact on the capacity to parent a child. Problems associated with substance misuse, such as poor physical health or to mental health problems, financial problems and a breakdown in family support networks may also be inhibitors of effective childcare. Substance misuse may also impact on the ability of a parent or carer to assess and manage risks to their children, including the risk of harm. These factors put a child at an increased risk of neglect and emotional, physical or sexual abuse, either by the parent or because the child becomes more vulnerable to abuse by others.

The impacts of parent/carer substance use on children can include:

- physical and emotional abuse or neglect as a result of inadequate supervision, poor role models and inappropriate parenting
- behavioural, emotional or cognitive problems and relationship difficulties
- taking on the role of carer for parents and siblings
- preoccupation with, or blaming themselves for, their parents' substance misuse
- infrequent attendance at school and poor educational attainment
- experiencing poverty and inadequate and unsafe accommodation
- exposure to toxic substances and criminal activities
- separation from parents due to intervention from children's services, imprisonment or hospitalisation
- increased risk of developing drug or alcohol problems or offending behaviour themselves.

Data From Halton child social care assessments shows drug misuse concerns affecting the child directly are similar to the England and North West averages. However, the percentage of assessment indicating drug misuse concerns about parents in Halton was higher than the national average, but similar to the regional average in 2024. Concerns about the parent in Halton has increased year on year since 2022.

In Halton, 'concerns about other person' increased during 2024 and was higher than the national and regional average.



Local treatment services

Of those in treatment during 2024/25, a slightly higher proportion were parents in Halton compared to England (32.8% compared to 30.2% for England).

Halton had a higher percentage of clients living with children under the age of 18 (in the latest 12 months), for 3 out of the 4 substance categories, compared to England.

Substance Category	Halton	England
Alcohol only	22.5%	22.3%
Alcohol and non-opiate only	25.8%	19.3%
Non-opiate only	24.7%	23.0%
Opiate	14.8%	8.5%

In December 2021, the government estimated that illegal drugs cost the UK society £20 billion per year, with drug-related crime making up nearly £10 billion of these costs.

£1.4 billion is spent annually enforcing drug laws in England alone, with £690 million spent on drug-related police enforcement costs, and an additional £733 million across the criminal justice system (courts, prisons, probation etc.).

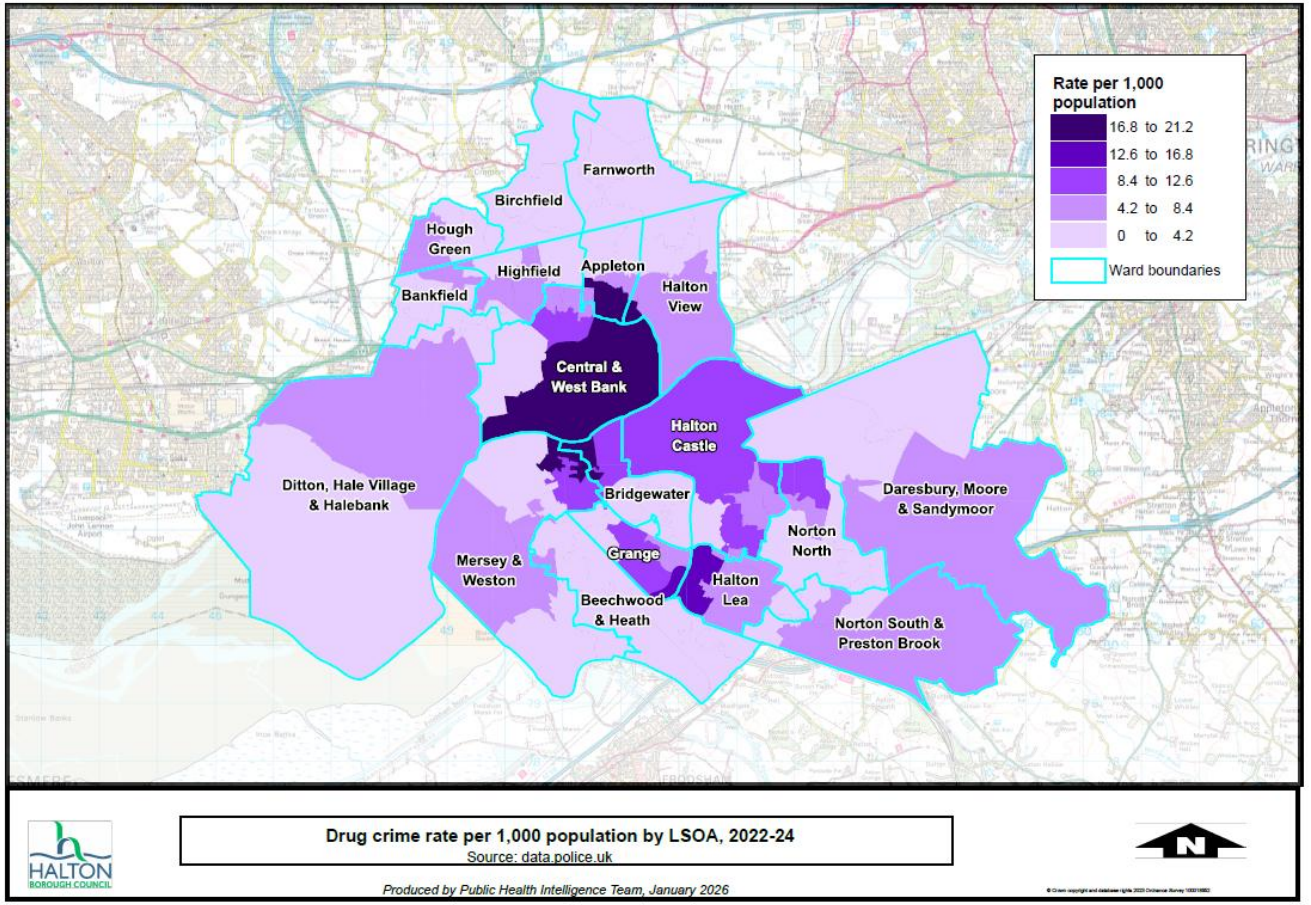
As such the financial and human harm drug-related crime poses are a significant national and local driver for action.

In Halton, the drug-related crime rate was the same as the England average in 2022. However, in 2023 it increased and was higher than both the regional and national averages. The figure did decrease slightly in 2024 and was similar to the regional rate.

Halton has remained constantly higher than the Cheshire average but lower than Merseyside.

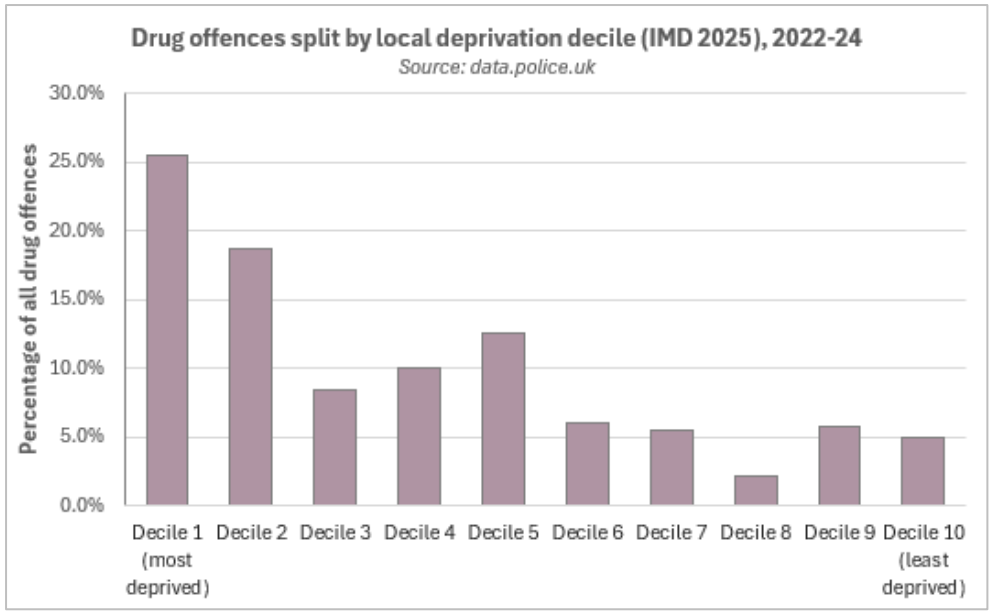
		2022	2023	2024
Halton	Number	388	762	662
	Rate/1,000	3.0	5.9	5.0
Cheshire	Rate/1,000	1.8	2.9	2.9
Merseyside	Rate/1,000	8.8	7.9	8.4
North West	Rate/1,000	3.8	4.4	4.8
England	Rate/1,000	3.0	3.0	3.2

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. 44.3% of drug offence cases during 2022-24 were in the most deprived 2 deciles (using IMD 2025 local deprivation deciles and drug offences data at LSOA level).



Data from Cheshire Police shows that the number of trafficking of drugs offences in Halton has decreased over the past 3 years. There was a 46% decrease between 2022/23 and 2024/25.

The number of possession of drug offences has fluctuated over the past 3 years in Halton. The figure increased in 2023/24 but decreased in 2024/25.

REDUCE DRUG RELATED CRIME IN HALTON	2022/23	2023/24	2024/25
Trafficking of drugs offences	127	76	69
Possession of drug offences	514	661	603

When looking at the data for England & Wales, the number of drug trafficking offences has increased year on year since 2022/23. However, the number of possession of drug offences has fluctuated. The figure decreased in 2023/24 but increased in 2024/25.

REDUCE DRUG RELATED CRIME IN ENGLAND & WALES	2022/23	2023/24	2024/25
Trafficking of drugs offences	43,841	52,236	66,683
Possession of drug offences	135,937	130,131	137,262

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 County Lines Programme is a national initiative launched by the Home Office in 2019 to deliver a coordinated response to the exploitation and violence associated with county lines drug networks.

Activities including intelligence development and operational enforcement are central to the programme. These enable the identification and closure of drug lines, and the dismantling of county lines drug networks, with over 5,000 lines closed and over 11,000 individuals charged since the start of the programme. Also, over 13,000 vulnerable individuals have been referred to safeguarding services or the National Referral Mechanism (NRM).

In the UK in 2024, 1,845 county lines referrals were flagged, accounting for 10% of all referrals received. The majority (76%) of these referrals were for male children (at age of referral).

Data from Cheshire Police shows that in Halton during 2023/24 and 2024/25, there were 98 county lines closed through the County Lines Programme.

REDUCE DRUG SUPPLY IN HALTON	2023/24	2024/25
Number of county lines closed through the County Lines Programme	57	41

During the same period, there were also 10 NRM referrals flagged as "county lines" for Halton.

REDUCE DRUG SUPPLY IN HALTON	2023/24 to 2024/25
National Referral Mechanism referrals (county lines flagged)	10

Drug Seizures & Disruptions

The data below from Cheshire Police shows the number of drug disruptions during 2023/24 and 2024/25 in Halton. It also breaks down the figures by moderate and major disruptions, which had a significant disruptive impact.

REDUCE DRUG SUPPLY IN HALTON	2023/24	2024/25
Number of drug disruptions	345	145
Number of moderate drug disruptions (significant disruptive impact)	38	21
Number of major drug disruptions (significant disruptive impact)	4	5
Number of drug seizures	821	935

The table also shows the number of drug seizures which occurred in Halton over the past 2 years. There was an increase in 2024/25 from the previous year.

During 2023/24, there were 217,644 drug seizures in England and Wales by police forces and Border Force. Police forces accounted for 177,005 (81%) of these.

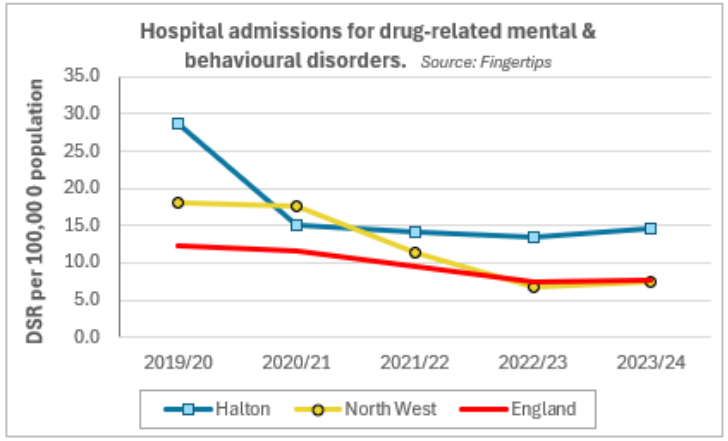
English police forces had 167,001 drug seizures in 2023/24, with 3,282 (2.0%) conducted by Cheshire police, and 7,237 (4.3%) by Merseyside police.

Data from Fingertips on hospital admissions due to drug misuse show that nationally admissions have reduced since 2019/20 when there were 7,025 admissions (primary diagnosis of drug related mental and behavioural disorders). In 2023/24 there were 4,462 admissions, which is an 36% reduction compared with 2019/20.

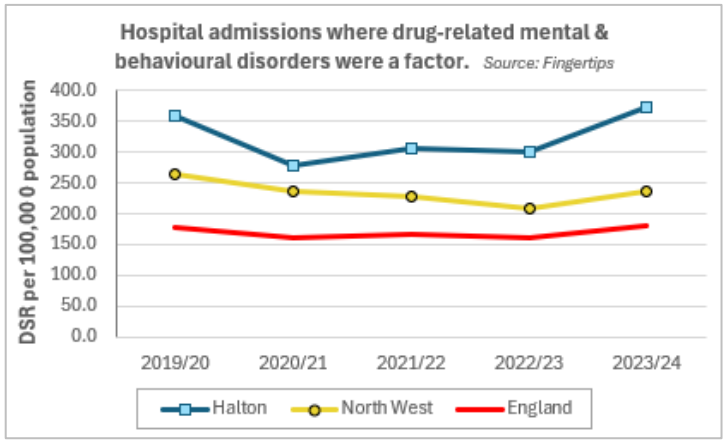
For the broader measure (primary or secondary diagnoses), admissions increased in 2023/24 to 102,266. Data for this indicator is available from 2019/20, when the number of admissions was 99,697.

Admissions for a primary diagnosis of poisoning by drug misuse have reduced by 41% 2023/24 compared to 2019/20. Of the 9,983 hospital admissions during 2023/24, just over half (53%) were for people aged between 16 and 44 years.

Locally, there are a small number of admissions for primary diagnosis of drug related mental and behavioural disorders. However, the Halton rate has decreased overall since 2019/20. Despite this, the local rate was significantly higher than the national average during 2023/24.



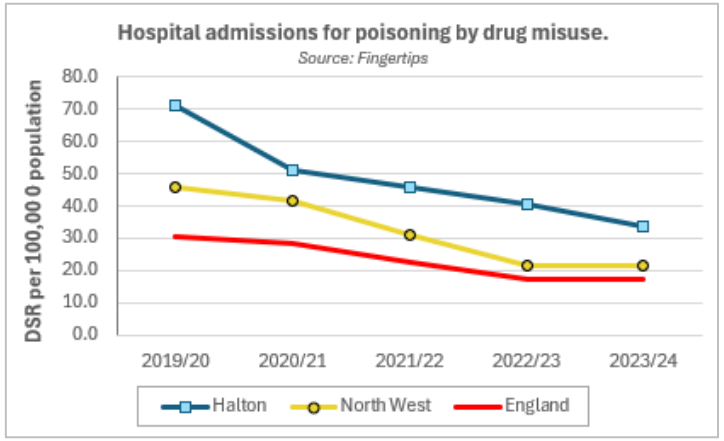
For hospital admissions where drug-related mental and behavioural disorders were a factor (primary or secondary diagnosis) the number of admissions was a lot higher for Halton.



The Halton rate did decrease in 2020/21; however, it increased again in 2023/24 and was the highest it's been since 2019/20. The local rate has remained significantly higher than the England average.

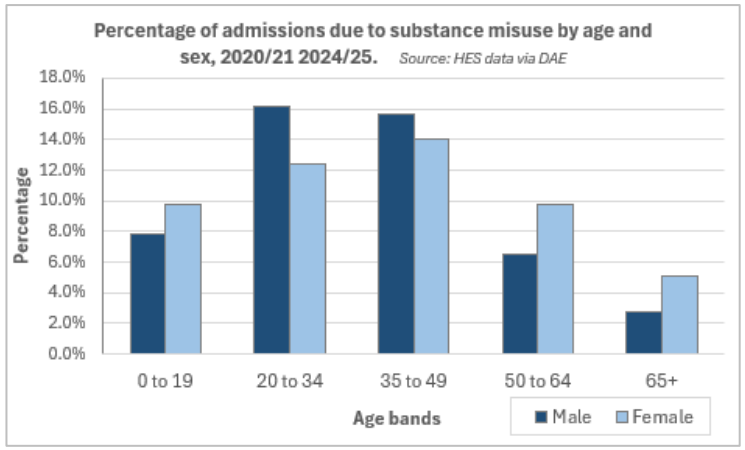
Hospital admissions for poisoning by drug misuse have decreased year on year for Halton since 2019/20. However, the rate has remained significantly higher than the national average.

The England and North West averages have also seen an overall decrease during that time. However, they remained at a similar level in 2022/23 and 2023/24.

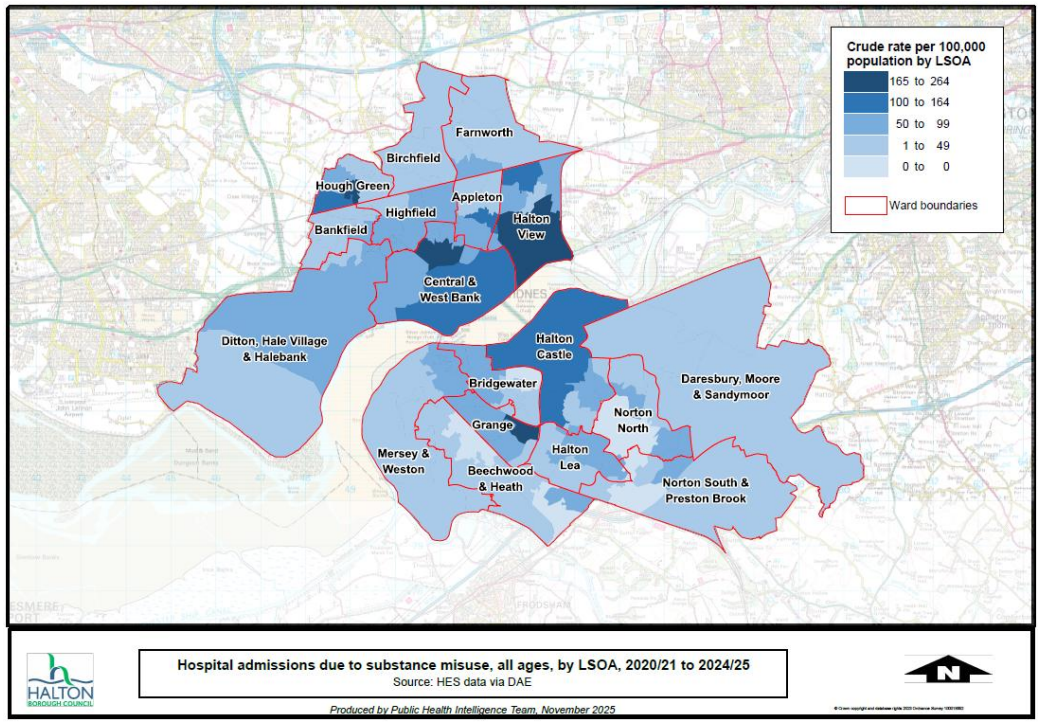


Local analysis using a 5-year period, 2020/21 to 2024/25, saw 371 admissions due to substance misuse. Of these 80 were amongst 15 to 24 year olds.

The highest percentage of admissions for males was in the 20 to 34 age group, followed closely by males aged 35 to 49.
For females, the percentage is highest in the 35 to 49 age group.



Rates varied across the borough' The highest rates were seen in the Halton View and Central & West Bank wards.



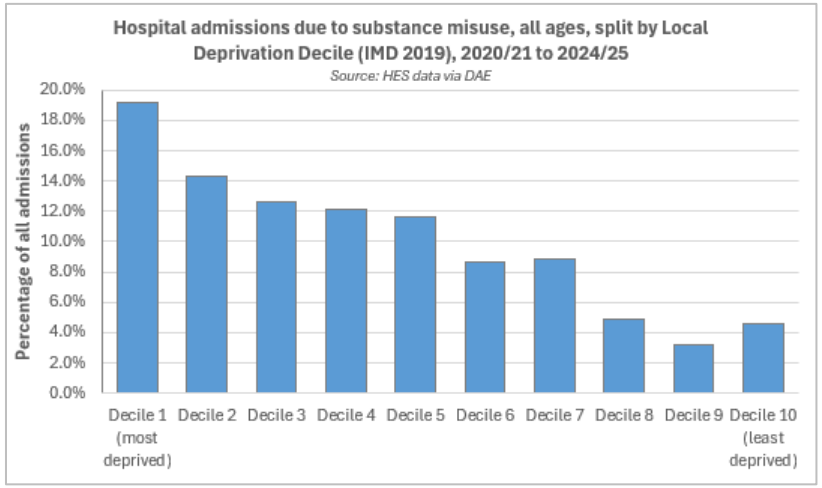
Poisoning by Codeine/Morphine accounted for 42% of admissions, with 11.1% due to mental and behavioural disorders due to multiple drug use & use of other psychoactive substances, and 10.8% due to poisoning by Pethidine. Cocaine poisonings and mental health disorder admissions due to cocaine accounted for 9.2%.

Deprivation

Nationally, 2022/23 hospital admissions rates due to substance misuse were analysed by deprivation using Index of Multiple Deprivation deciles. The highest percentage of admissions for both drug-related mental and behavioural disorders, and for poisoning by drug misuse were seen in the most deprived deciles.

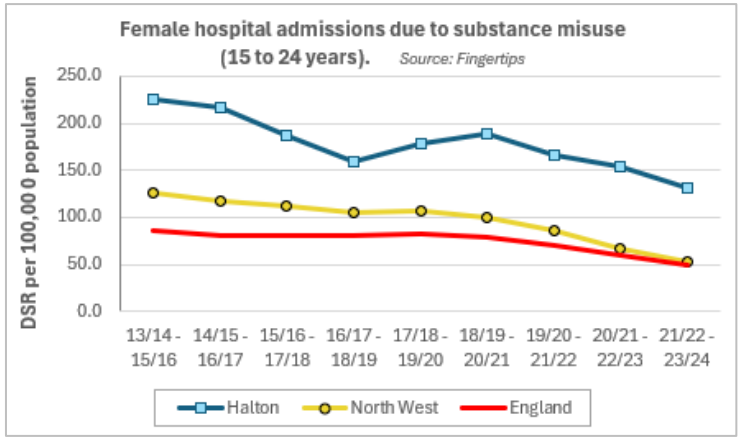
Admissions for drug-related mental and behavioural disorders in decile 1 (most deprived) accounted for 19.8% of all admissions. Compared to just 2.5% in decile 10 (least deprived). The percentages were similar for poisoning by drug misuse, 21.2% in decile 1 and 4.3% in decile 10.

Locally, we have a similar pattern for admissions due to substance misuse. Using local deprivation deciles, 19.1% of admissions were for people residing in decile 1, compared to just 4.6% in decile 10. However, the percentage was lowest in decile 9.



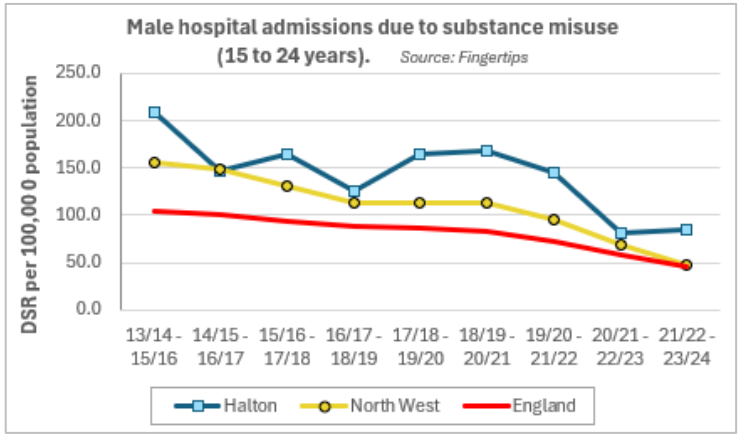
Official statistics include analysis of admissions amongst those aged 15-24 years of age. Analysis of admission rates 2021/22 to 2023/24 show Halton has the third highest admission rate in the North West and is statistically higher than England.

When admissions are split by sex, females in Halton have a higher admission rate compared to males.

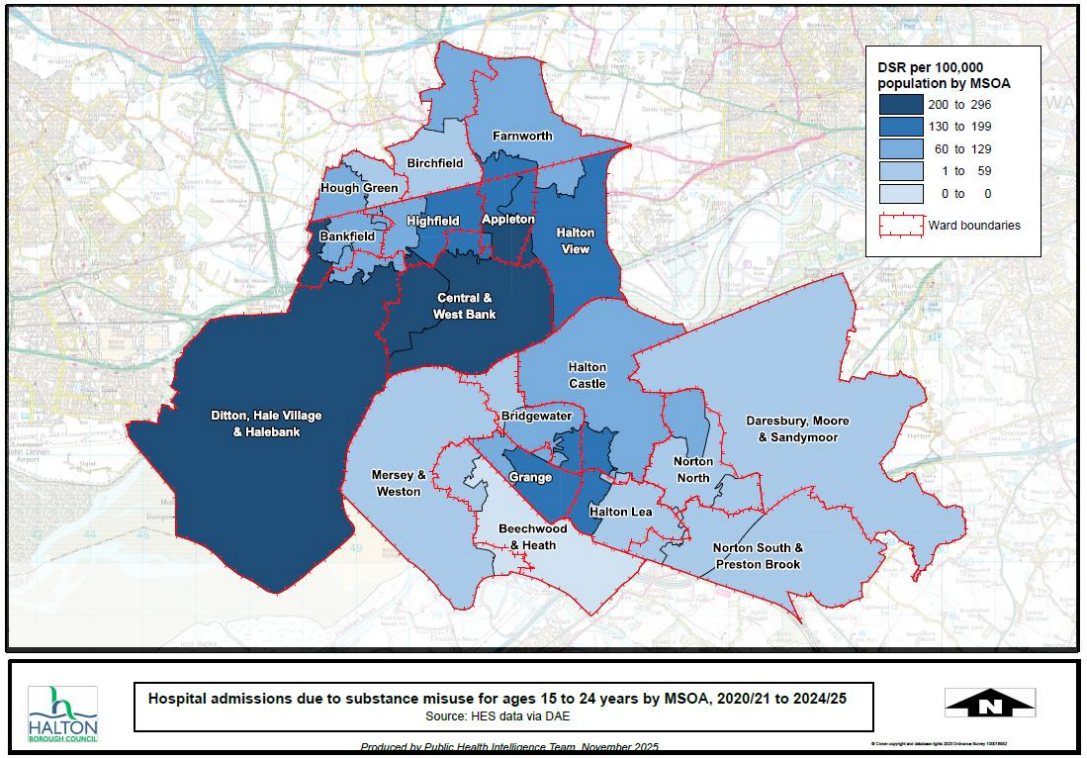


The rate for females in Halton has been decreasing since 2018/19 to 2020/21; however, the rate remain significantly higher than the England North West averages.

The Halton rate for males has fluctuated during recent years. The rate did increase in 2021/22 to 2023/24, which means it was significantly higher than the national average, after being similar during 2020/21 to 2022/23.



Additional local analysis of this age group shows rates ranged from 0 to 295.2 per 100,000 aged 15-24. Rates were highest in the electoral wards of Central & West Bank and Ditton, Hale Village & Halebank.



This section covers emergency admissions due to poisoning by over-the-counter and prescription medication.

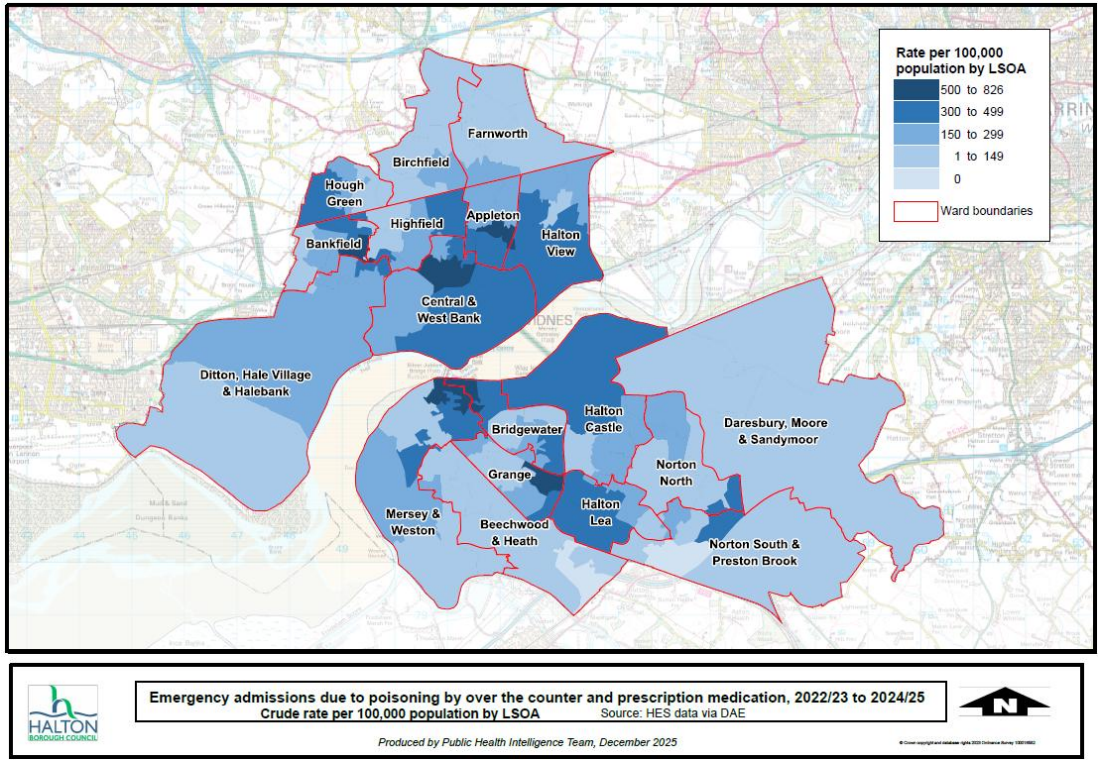
Hospital admissions for medication poisoning represent a significant healthcare burden. Over-the-counter (OTC) drugs like paracetamol and NSAIDs, and prescription medications like antidepressants, antipsychotics, and sedatives, are the most frequent causes of poisoning. Admissions can result from intentional overdoses, unintentional dosing errors, or adverse reactions.

Local analysis using a 3-year period, 2022/23 to 2024/25, saw 868 admissions due to over-the-counter and prescription drugs amongst Halton residents. Paracetamol accounted for 348 of these, anti-depressants for 99 and 94 for codeine/morphine.

Category	Number	Percent
Poisoning by nonopioid analgesics, antipyretics and antirheumatics	393	45.3%
Paracetamol	*348*	*40.1%*
Ibuprofen	*33*	*3.8%*
Poisoning by psychotropic drugs	138	15.9%
Antidepressants	*99*	*11.4%*
Neuroleptics	*35*	*4.0%*
Poisoning by narcotics and psychodysleptics [hallucinogens]	119	13.7%
Codeine/morphine	*94*	*10.8%*
Pethidine	*23*	*2.6%*
Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs	95	10.9%
Benzodiazepines	*32*	*3.7%*
Poisoning by drugs primarily affecting the autonomic nervous system	27	3.1%
Poisoning by primarily systemic and haematological agents	24	2.8%
Poisoning by hormones and their synthetic substitutes and antagonists	22	2.5%
Total	**868**	

The majority of admissions (61%) were for females, with the highest number of admissions seen in the 15 to 19 age band. Females aged 15 to 19 years accounted for 16.6% of the total admissions for the 3-year period.

The highest number of admissions for males was seen in the 35 to 39 age band.



As we have seen for other drug-related admissions, levels varied across the borough. The areas with the highest admission rates were spread across Runcorn and Widnes, however, the area with the highest rate was located within Grange ward in Runcorn.

Two areas had no emergency admissions for over-the-counter or prescription drugs over the 3-year period; these were within the Beechwood & Heath and Norton South & Preston Brook wards.

Drug related deaths in England

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.

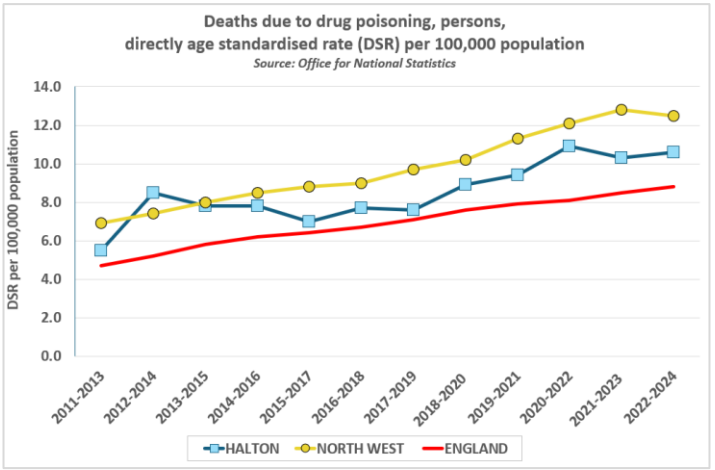
Drug poisoning deaths involve a broad spectrum of substances, including controlled and non-controlled drugs, prescription medicines (either prescribed to the individual or obtained by other means) and over-the-counter medications.

For 2022-24, 14,754 deaths related to drug poisoning were registered in England (a directly age-standardised rate per 100,000 population of 8.8); 4.4% higher than in 2023. 66% of drug poisoning deaths during this period were classified as drug misuse deaths.

Rates for both deaths due to drug poisoning and due to drug misuse 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 40 to 49 years.

Just under half of all drug-poisoning deaths registered in 2024 were confirmed to involve an opiate and opioid (47.1%; 2,621 deaths), while 195 deaths involved a nitazene, which is almost four times higher compared with 2023.

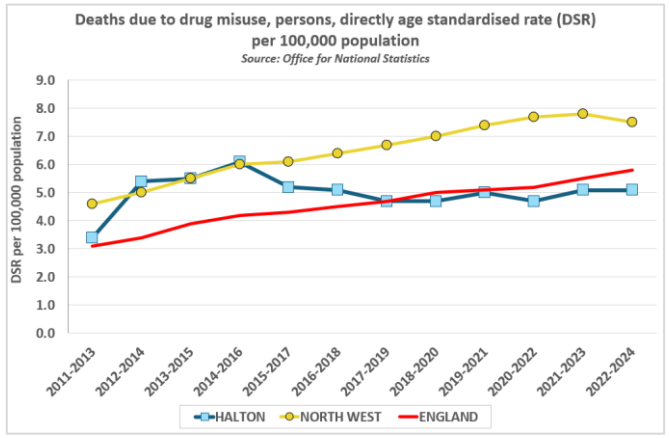
There has been an increase in the number of drugs typically recorded on the death certificate. The average number of drugs (where this information was available) has been gradually increasing since 2010, after being relatively stable for the preceding two decades. For each year from 1993 to 2011, the average had been either 1.4 or 1.5 drugs per death. For deaths registered in 2022, the average had risen to 2.0 drugs mentioned per death.



The Halton pattern for deaths due to drug poisonings 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).

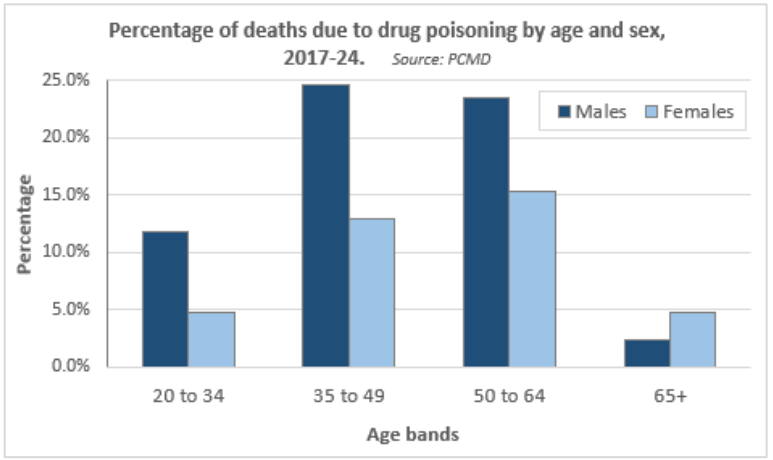
As was the case nationally, the majority of Halton deaths were in men.

Drug related deaths in Halton



Halton's death rate due to drug misuse is slightly lower than the England average and is statistically similar. It is also lower than the North West, again statistically similar.

The majority of Halton deaths were in men.



Analysis of local death registrations data, 2017-2024, shows that, for drug poisoning deaths, the highest percentage of deaths for males was in the 35 to 49 age group. However, for females it was the 50 to 64 age group.

For the 7 year period, 62% of deaths were for males.

Drug and alcohol toxicity related deaths (DARD) analysis for Halton

Liverpool John Moores University (LJMU) Integrated Monitoring System (IMS) includes a detailed annual report and regular monitoring of drug and alcohol toxicity related deaths (DARD). 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 DARD cases identified by the coroner.

The latest Halton report, for 2023*, found:

- Halton had a total of 19 deaths reported to the DARD and all mortality in treatment surveillance system in 2023. 18 of the 19 deaths were reported via the provider.
- Where known, the wards with the highest number of deaths were Appleton and Bridgewater.
- 63.2% of cases reported to the system were male. 73.7% of all cases were aged between 40-59 years.
- For provider reported cases (all mortality), there was a 5.3% decrease in deaths in 2023 compared to the previous year. Female deaths slightly increased while male deaths decreased slightly.
- Where the status was recorded (all mortality), 12 provider reported cases were active clients with nearly all engaged with regular contact.
- Take-home naloxone was provided to two in three individuals who were in treatment and subsequently died from a DARD.
- There was limited information regarding persons present at the scene of overdose.
- Cocaine, methadone, alcohol and morphine collectively were implicated in 8 DARD cases.
- The average age of those who died in treatment was 47.1 years, while the average age of those who died outside the treatment system was 51.3 years.

* Local-Area-DARD-Profile-2023-Halton.pdf note: log in required

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.

Nationally 2024/25 data shows **4,194** people died while in contact with treatment services, 1.3% of all adults in treatment. There has been a substantial increase since 2005/06 when the figure was 711. However, much of this increase is likely due to increasing numbers in treatment as well as changing demographic profile of this group.

Since 2005/06, people in treatment for opiates have consistently made up the majority of people who die while in treatment. People in treatment for alcohol only are consistently the second largest group, with the other groups (non-opiates only and non-opiates & alcohol) having fewer people dying while in treatment.

In Halton, during 2024/25, the majority (60%) of deaths in treatment occurred in the 50+ age group, 35% in the 30-49 age group and only 5% in the 18-29 age group. In terms of substance use group, i.e., the primary substance the person was in treatment for when they died, Halton follows a similar pattern to national, with opiate use being the largest single category.

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.

For 2021-2024, analysis of the NDTMS data by OHID shows that Halton has the lowest ratio across Cheshire & Merseyside, with the number of deaths observed slightly below the expected, at 24 observed versus 25.4 expected. This gives at ratio of 0.94, similar to the previous 2018/19-2021 value (0.94). Cumbria had the highest at 1.93 and City of London the lowest at 0.

Area name	Point estimate	Lower bound to confidence interval (CI)	Upper bound to confidence interval (CI)	Observed	Expected
National	1.00	0.98	1.02	8541	8541.00
Halton	**0.95**	**0.61**	**1.41**	**24**	**25.39**
Liverpool	1.01	0.87	1.16	194	192.54
Sefton	1.11	0.88	1.38	78	70.45
Cheshire West and Chester	1.17	0.90	1.49	65	55.56
Cheshire East	1.25	0.94	1.62	57	45.72
Wirral	1.25	1.06	1.47	153	122.26
St Helens	1.32	1.03	1.67	71	53.77
Warrington	1.34	0.97	1.81	43	32.05
Knowsley	1.34	1.02	1.74	57	42.48

Source: OHID

The causes of death amongst Halton people in treatment is similar to England

Cause of death, April 2018 to March 2023

Cause of death	Halton	England
Alcohol-specific death	23.1%	17.9%
Diseases of the circulatory system	19.2%	10.7%
Drug poisoning	17.3%	32.2%
Diseases of the digestive system	13.5%	4.9%
Neoplasms	9.6%	7.3%
Diseases of the respiratory system	7.7%	9.4%

Source: NDTMS

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 even during the period of reduced heroin availability; far fewer in number than among men but steadily rising deaths among women; 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).

Data from treatment services shows that the number of Halton young people in treatment rose by 24% between March 2024 and March 2025. This is higher than the national increase of 14%. 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.

In the year ending 31 March 2025 there were 123 young people in treatment. There were 79 new presentations during the year.

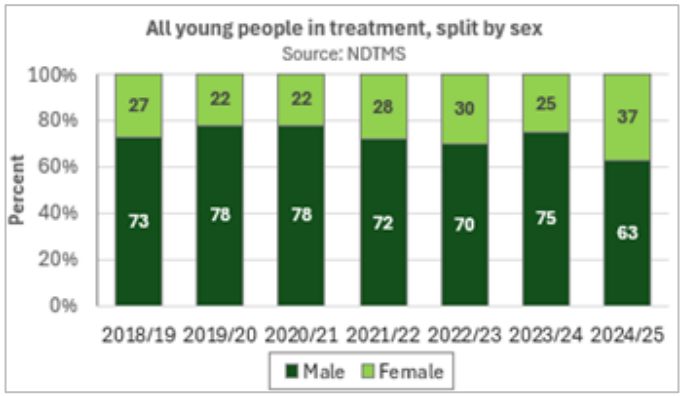
Nearly all exits were planned with only 3% re-presenting within 6 months.

Referral Sources

The Drug and Alcohol Youth Support Service in Halton is located within Early Help, with referrals received in the vast majority of cases via the Children and Family Services "front door". Because of the recording process, 98% of Halton referrals in 2024/25 are therefore recorded as being from Children & Family Services, compared to 23% nationally. It means referrals appear low from Education Services (0% compared to 32% in England), Youth Justice Services (0% compared to 16% in England) and Health & Mental Health Services (2% compared to 11% in England), but this may not reflect the original source of the referral in Halton.

Age and Gender

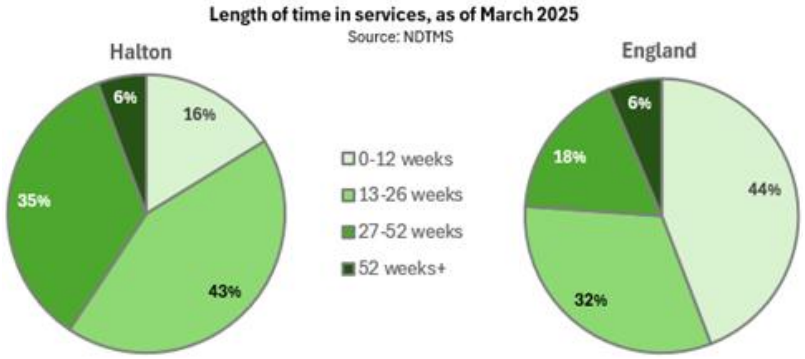
2024/25 data shows more Halton males in treatment services than females, 63% compared to 37% (England - 61% males to 39% females). The majority (85%) were between the ages of 13-16, a similar position to nationally (77%).



In 2024/25, Halton females accounted for 37% of young people in treatment, which is the highest it has been since in the past 7 years.

Length of stay in service

The average length of stay in service was higher in Halton than England (26.1 weeks versus 20.0 weeks).



Vulnerabilities

In 2022/23, a higher proportion of Halton young people in treatment services had vulnerabilities such as anti-social behaviour, 'child in need' and criminal exploitation, compared the national figures. However, Halton had a lower proportion of looked after children and those involved in self-harm. The figures for Halton were similar to England for using two or more substances and early onset (substance use starting before age 15).

Substance specific vulnerabilities	Halton	England
Early onset*	84%	79%
Using two or more substances (incl. alcohol)	51%	56%
Wider vulnerabilities	**Halton**	**England**
Anti-social behaviour	47%	30%
Involved in self-harm	18%	30%
Affected by others' substance misuse	24%	23%
Unsafe sex	14%	19%
Affected by domestic abuse	8%	17%
Child in need	22%	12%
Looked after child	0%	11%
Criminal exploitation	20%	9%
Subject to a child protection plan	0%	8%
Involved in gangs	8%	6%
Affected by sexual exploitation	6%	5%

*Early onset means substance use starting before age 15

Treatment received

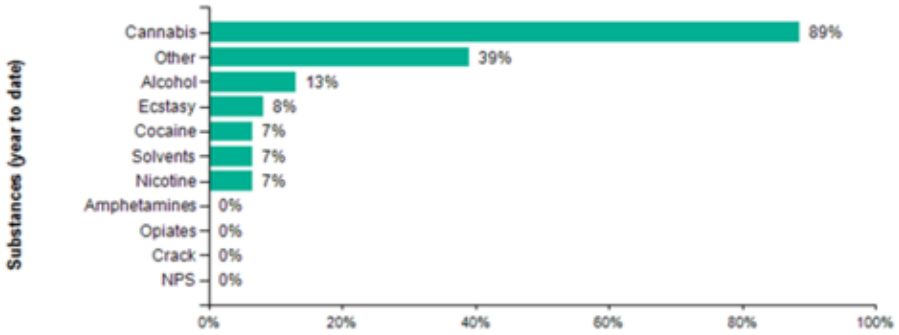
In 2024/25, all Halton young people in structured treatment received psychosocial support, which is similar to the national average (95%).

Types of drugs used

Cannabis use was the most prevalent drug used in Halton, and the percentage (89%) is similar to the national average (86%). Alcohol and solvent use had decreased recently in Halton. Solvents down to 7% in 2024/25 compared to 23% in 2022/23, and alcohol down to 13% from 36%.

However, there has been an increase in the 'other' category in Halton during the past 2 years. In 2022/23 the value was 11% but increased to 39% in 2024/25. This is likely due to in the increase in the use of Ketamine in young people.

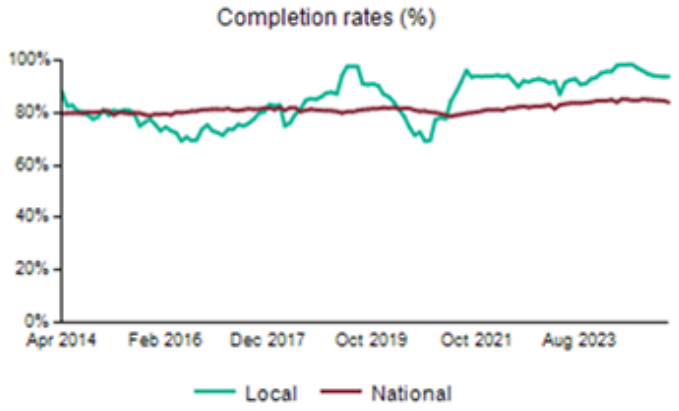
Please see the next page for more information on ketamine.



Exits and completion rate

The completion rate in Halton has recently been higher than the national rate.

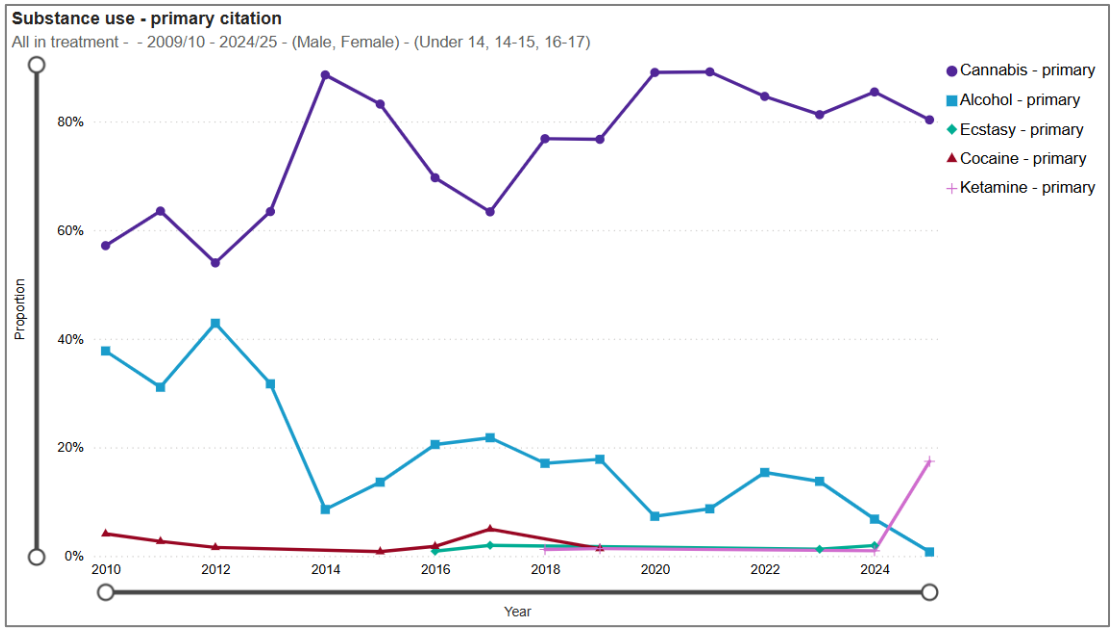
Of the 94% of planned treatment exits in Halton in 2024/25, the majority (53%) completed treatment as an occasional user. The remaining 41% completed treatment and were drug free.

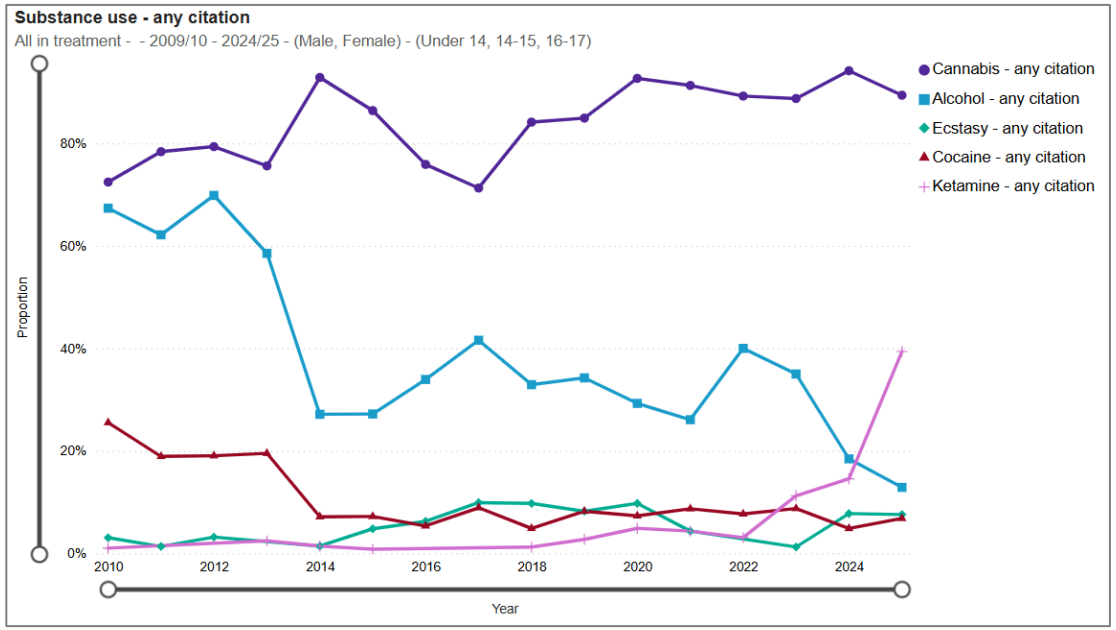


Ketamine

Halton initiated a Ketamine Task and Finish Group in 2024 due to concerns about rising ketamine use, particularly among young people. This work is now being continued by a Children and Young People's sub-group of the Halton Combatting Drugs Partnership.

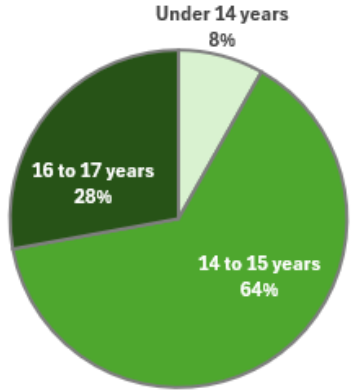
Prior to 2024/25, only around 1% of young people in treatment services cited ketamine as the primary substance, however, in 2024/25 this increased to 17%. The percentage is still relatively small compared to cannabis (80%) but is expected to increase in the future.





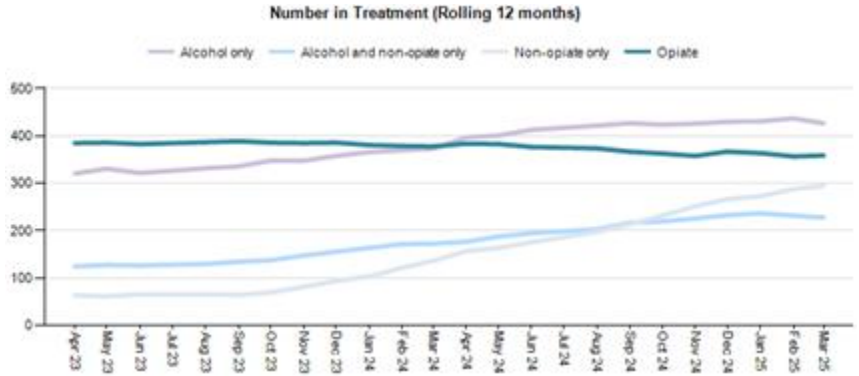
Young people can report a problem with up to 3 substances at the start of each treatment episode. The chart above shows the proportion who cited ketamine as a problem has increased year on year since 2021/22, with a sharp increase in 2024/25.

Over the 3-year period, 2022/23 to 2025/25, there were 61 young people in treatment services in Halton who cited ketamine as a problematic substance. The split by sex was equal (49% for males and 51% for females).
When split by age, the majority citing ketamine as a problem substance were 14 to 15 year olds.



Numbers in adult treatment services

All clients receive their first and subsequent interventions within 3 weeks. Self, family and friends made up the majority of referrals at 67.1% in 2024/25. Criminal justice system was the second largest source of referrals at 18.9%, with 4.9% coming from substance misuse services.



Recently in Halton, there has been an increase in the number of people in treatment due to alcohol as well as in the non-opiate only category.

New presentations by drug type

The proportion of Halton clients in structured treatment for alcohol only and alcohol & non-opiate only were similar to England in 2024/25.

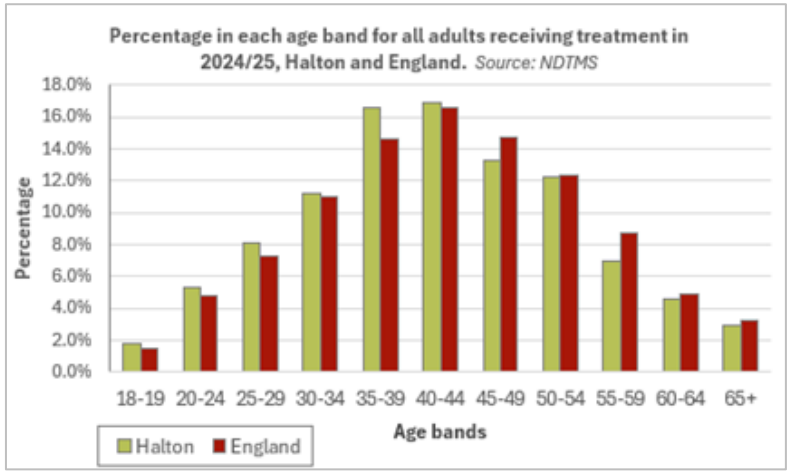
	Halton		England
Substance Category	***Number***	***Percent***	***Percent***
Alcohol only	293	39%	40%
Alcohol and non-opiate only	155	21%	19%
Non-opiate only	227	30%	19%
Opiate	81	11%	23%
Total Clients	**756**		

However, the percentage citing non-opiate only was higher in Halton, where as opiate was lower.

Age and Gender

In 2024/25 there were 1,305 Halton people aged 18 and over in treatment. The age structure of users was similar to England. 66.7% were male and 33.3% females (England 68.2% male, 31.8% females).

Halton had a higher proportion of people aged 18 to 44 in treatment compared to England, whereas England had a higher proportion aged 45+.



Clients who were parents

Of those in treatment during 2024/25, a slightly higher proportion were parents in Halton compared to England (32.8% compared to 30.2% for England).

Halton had a higher percentage of clients living with children under the age of 18 (in the latest 12 months), for 3 out of the 4 substance categories, compared to England.

Substance Category	Halton	England
Alcohol only	22.5%	22.3%
Alcohol and non-opiate only	25.8%	19.3%
Non-opiate only	24.7%	23.0%
Opiate	14.8%	8.5%

Clients who were parents cont.

The table below shows the percentage of client's children receiving early help or in contact with children's social care during 2024/25.

Substance Category	Halton	England
Early help	5.3%	7.6%
Child in need	10.1%	8.1%
Child protection plan in place	13.9%	14.0%
Looked after child	10.6%	6.7%

A higher percentage of Halton clients had a 'looked after child' and a 'child in need' than the England average. However, Halton had a lower percentage needing early help.

Smoking prevalence amongst drug users

Overall adult smoking prevalence (amongst those aged 18+) has been falling, both nationally and locally. However, the Halton percentage did increase slightly in 2023. The 2023 figure (latest available) for Halton showed 14.6% of the population currently smoking, against an England average of 11.6%. In contrast 2 in 3 clients entering structured drug treatment in Halton identified themselves as current smokers (66.5%). There was some variation by sub-category of drug use. Levels were consistently higher in Halton than England for all four substance categories.

Substance Category	Halton	England
Alcohol only	51.5%	35.4%
Alcohol and non-opiate only	78.8%	56.1%
Non-opiate only	77.6%	49.2%
Opiate	69.8%	55.8%

No Halton clients identified as smokers prior to starting treatment received smoking cessation interventions according to 2023 records. Only around 1% of clients nationally received an intervention. In Halton in 2025-26, the Stop Smoking Service established a joint working relationship and outreach clinics in substance use treatment services aiming to improve access to smoking cessation interventions. Evaluation is ongoing.

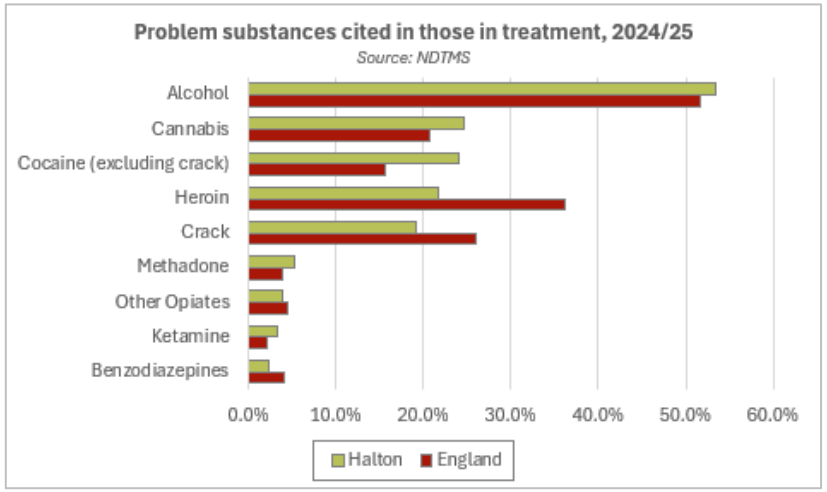
Types of drugs used

Alcohol use was the most prevalent drug used in Halton, and the percentage (53%) is similar to the national average (52%).

Crack and heroin have decreased recently in Halton. Crack down to 19% in 2024/25 compared to 26% in 2022/23, and heroin down to 22% from 27%.

However, there has been an increase in cocaine (excluding crack), from 17% in 2023/24 to 24% in 2024/25.

Adult clients citing Ketamine as problem substance has also increased recently, as it has in young people.



Halton had a higher percentage of clients citing cannabis and cocaine (excluding crack) as a problem substance during 2024/25. However, England had a higher percentage citing heroin and crack.

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.

Data for 2024/25 shows that 89.4% of Halton clients were in stable and suitable accommodation. This is higher than the England average, 85.9%.

When data on Halton clients is split by age and sex, the lowest percentage in stable and suitable accommodation are females aged 18 to 29 years. The highest are females aged 50+.

Halton had a higher proportion of clients using opiates & crack who are in stable and suitable accommodation compared to England during 2024/25.

Substance Group	Halton	England
Alcohol only	93.6%	91.1%
Non-opiates and alcohol (no crack)	86.4%	86.2%
Non-opiates only	88.8%	85.1%
Opiates and crack	85.7%	77.8%
Opiates only	88.1%	87.6%
Total	**89.4%**	**85.9%**

Employment

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. People with problematic drug use —those using drugs such as heroin and crack cocaine - are significantly less likely to be in employment than other adults of working age.

In 2024/25, 1.5% of Halton clients were in voluntary work. This was the same as the England average. There were 1.2% in training or education (England 1.4%).

In Halton, 26% of clients in treatment during 2024/25 were in paid employment. This is defined as those who have reported at least one days paid work in the last 28 days. The England percentage was similar at 24%.

For Halton clients, females had the lowest percentage in paid work for all three ages.

Males aged 18 to 29 years saw the highest proportion, whereas females aged 50+ had the lowest.

Halton had a higher proportion of clients using non-opiates only in paid employment compared to England during 2024/25. However, they had a lower percentage of opiates and opiates & crack.

Substance Group	Halton	England
Alcohol only	29.4%	32.0%
Non-opiates and alcohol (no crack)	32.1%	32.4%
Non-opiates only	33.1%	27.4%
Opiates and crack	7.6%	9.6%
Opiates only	18.7%	20.5%
Total	**25.9%**	**24.0%**

Co-occurring substance use disorders and mental health disorders

People with co-occurring substance use disorders and mental health disorders are recognised as "the most vulnerable group of people seen by mental health services" (Royal College of Psychiatrists CR243 Report, 2025). People affected often experience multiple disadvantage and complex interactions between disorders that are associated with worse outcomes. Many also describe suffering trauma or pain that underlies both substance use and mental health disorders.

The Department of Health and Social Care and NHS England jointly published a Co-occurring mental health and substance use delivery framework in 2025, setting out a plan for improvements to consistently deliver integrated person-centred care to this vulnerable group.

Mental health disorders

National Institute of Health research shows substance use disorders are more prevalent among those with common, and or, severe mental health disorders than in the general population. This interaction has also been noted among young people. Further to this, an increased risk of drug misuse in adulthood has been observed for children with Attention Deficit Hyperactivity Disorder (ADHD) if they are not treated effectively during childhood.

The table below shows the prevalence of depression and mental illness amongst the Halton GP population compared to Cheshire & Merseyside (C&M), the North West and England for 2024/25. The definition for depression is: *All patients aged 18 or over, diagnosed on or after 1 April 2006, who have an unresolved record of depression in their patient record.* The definition for mental illness is: *Patients with schizophrenia, bipolar affective disorder and other psychoses.*

In 2024/25, Halton had a higher prevalence of patients with depression compared to C&M, as well as the regional and national averages. However, the proportion with mental illness was slightly lower.

	Depression	Mental Illness
Halton number	22,901	1,308
Halton GP prevalence variation	12.1% to 34.7%	0.52% to 1.35%
Halton prevalence	20.9%	0.96%
Cheshire & Merseyside ICB prevalence	18.4%	1.13%
North West prevalence	17.9%	1.14%
England prevalence	14.3%	1.02%

Source: NHS Digital

Mental Health need of those in drug treatment services

Halton had a higher percentage of clients starting a new treatment journey, who had a mental health treatment need identified, compared to the England average.

This was the case for 2022/23 to 2024/25; however, the Halton percentage has decreased during the 3-year period. Whereas the England figure has increased slightly.

	2022/23	2023/24	2024/25
Halton	84.0%	76.7%	76.3%
England	69.8%	71.7%	72.8%

For Halton clients with a mental health treatment need identified, there were a high proportion receiving that treatment from their GP in 2024/25 compared to the national average. However, there was a lower percentage of clients already engaged in treatment with mental health services. England had a higher proportion of clients who weren't receiving treatment compared to Halton.

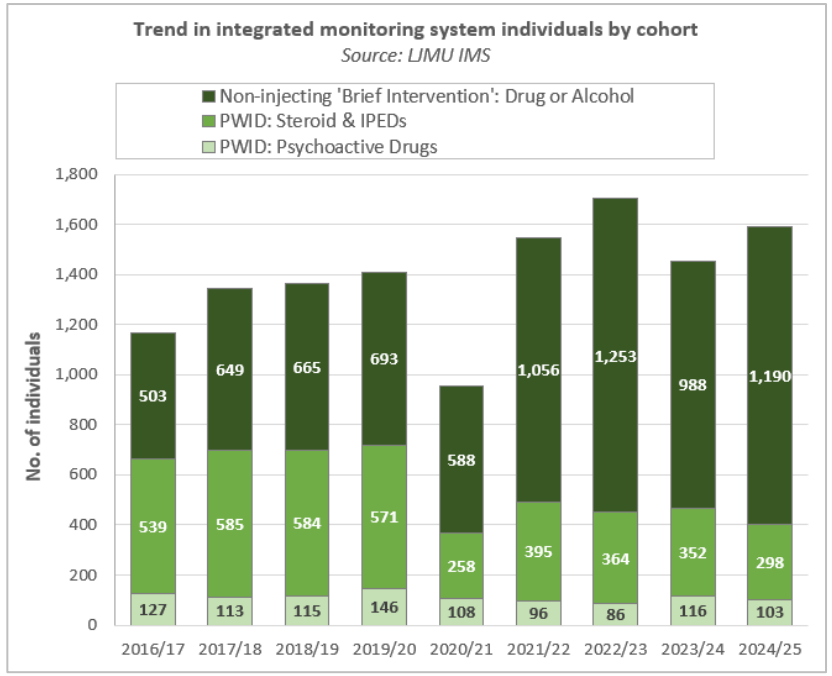
Treatment received	Halton	England
Already engaged*	13.7%	17.2%
Engaged with IAPT	1.0%	2.2%
GP	68.3%	60.0%
NICE recommended psychosocial or pharmacological	0.3%	1.1%
Identified space in a health-based place	0.2%	0.9%
No treatment being received	22.2%	27.5%
Client declined to commence treatment	0.2%	1.6%

* Already engaged with the community mental health team/other mental health services

ENGAGEMENT IN DRUG TREATMENT: CLIENTS BY DRUG USE COHORT

In addition to the reporting CGL* provide to the National Drug Treatment and Monitoring System (NDTMS), 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 had 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. Since then, the numbers have fluctuated but remained higher than pre-pandemic levels.



* CGL (Chage, Grow, Live) is the commissioned community drug & alcohol service for Halton

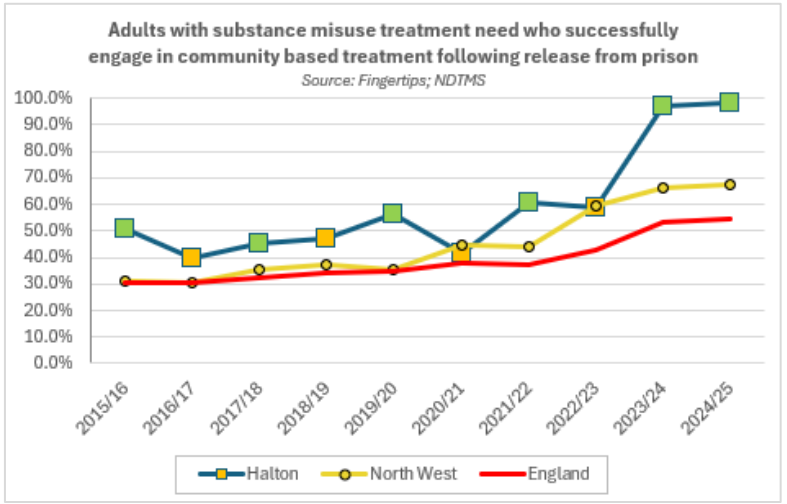
Looking specifically at 2024/25 data, Halton has a much higher proportion of known drug users receiving brief interventions (drug & alcohol) than the Cheshire & Merseyside average, and lower proportions of people who inject drugs.

		PWID: Psychoactive Drugs	PWID: Steroid & IPEDs	BI: Drug or Alcohol
Halton	Number	103	298	1,190
	Percent	6.5%	18.7%	74.8%
C&M	Number	4,446	5,274	6,636
	Percent	27.2%	32.2%	40.6%

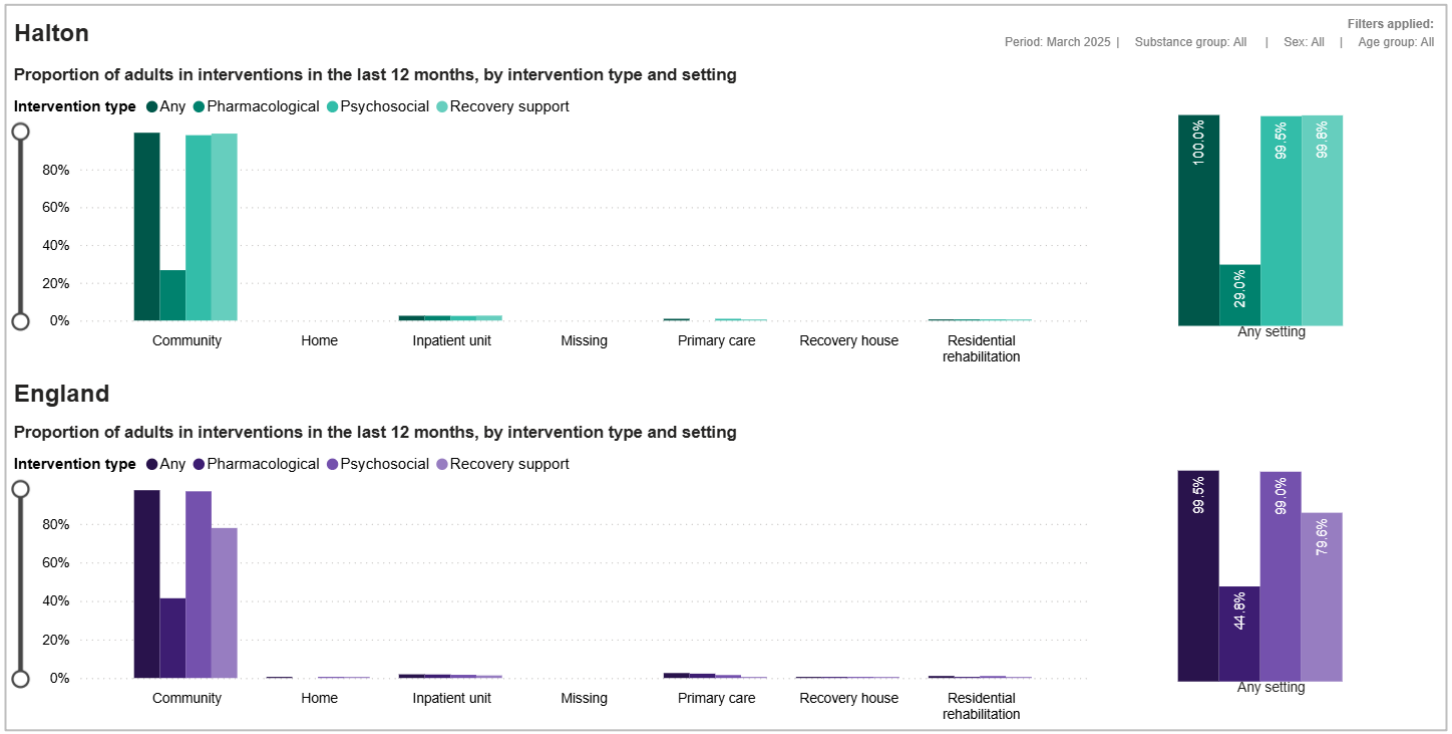
Continuity of care of prison leavers

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 weeks following release.

The percentage of Halton adults successfully engaging in community-based treatment following release from prison has been either statistically similar (amber data point) or better (green data point) than England. The percentage increased sharply in 2023/24 and remained there in 2024/25.



In 2024/25, nearly all Halton adults in treatment in Halton received psychosocial interventions, which was the same as the England average. In Halton, 29% received pharmacological support, which was lower than the national average (45%).



The vast majority of interventions took place within the community. This was the case for both Halton and England. Around 2.5% of interventions for Halton clients took place in an inpatient unit, similar to the national average of 1.9%.

Data from the IMS shows 99% of Halton clients in treatment receive a standard brief intervention at minimum. This compares to 51.8% in Cheshire & Merseyside as a whole. Halton clients averaged 2.1 interventions per person, whereas the C&M average was 4.8. Recovery support and relapse prevention accounted for just over 50% of interventions for Halton clients, compared to just 5.4% as an average across C&M. Mutual aid or peer support was the 2nd largest intervention received in Halton. These data does not show whether these differences are because of different provision or different recording practices in different areas.

Intervention Type	Halton	C&M %
Anabolic steroid advice	0.2%	0.8%
Assessment, review, or 1 to 1 counselling	0.0%	1.1%
Basic Needs & Personal Care	0.0%	6.7%
BBV screening, or advice	0.0%	0.7%
Benefits, debt or financial advice	0.0%	1.3%
Creative session, or other activities	0.0%	7.0%
Education, training, or employment support	3.0%	0.8%
Family support	8.6%	0.8%
Group session	0.0%	1.3%
Harm reduction advice: general	1.2%	5.1%
Harm reduction: safer drug use or injecting advice	0.3%	12.6%
Health and wellbeing	0.1%	28.5%
Housing support	4.1%	1.8%
Independent Living	0.0%	1.1%
Mental health	1.6%	1.1%
Mutual aid, or peer support	21.4%	4.1%
Other intervention	4.7%	4.2%
Other support and advice	3.2%	8.7%
Outreach activity - general	0.0%	1.0%
Physical Health	0.0%	4.8%
Recovery support, and relapse prevention	51.1%	5.4%

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. Data from 2021 shows around 57% of people who inject drugs (PWID) have ever been infected with hepatitis C. However, there is evidence for a continuing decline in the prevalence of chronic HCV infection (if they test positive for HCV ribonucleic acid (RNA) in addition to HCV antibodies) in this population, which is largely due to improved testing and access to direct-acting antiviral (DAA) treatment. About 18% of PWID have chronic HCV. Rates of HIV (1.5%) and hepatitis B (5.9%) 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.

Data for 2024/25 shows a higher proportion were offered and accepted Hepatitis C testing in Halton compared to England.

The proportion who refused was slightly lower compared to that seen nationally.

Of those who had a test, 1.7% of Halton clients antibody status was positive, which was similar to England (1.1%)

Hepatitis C Status	Halton	England
Offered & accepted - had a hep C test	6.4%	13.4%
Offered & accepted - not yet had a test	43.2%	18.2%
Offered & accepted (CDS-O)	9.5%	6.9%
Offered & accepted but refused at a later date (CDS-O)	0.0%	0.2%
Offered and refused	35.5%	40.9%
Assessed as not appropriate to offer	1.9%	14.5%
Deferred due to clinical reasons	0.1%	0.6%
Not offered	3.1%	5.0%
Not recorded	0.2%	0.3%

Hepatitis B Status	Halton	England
Offered and accepted – completed vaccination	0.6%	1.2%
Offered and accepted – started having vaccinations	2.2%	0.7%
Offered and accepted – not yet had any vaccinations	33.8%	14.2%
Offered & accepted (CDS-O)	3.5%	4.3%
Offered & accepted but refused at a later date (CDS-O)	0.0%	0.1%
Offered and refused	32.0%	40.9%
Assessed as not appropriate to offer	1.3%	15.4%
Immunised already	23.1%	15.1%
Deferred due to clinical reasons	0.1%	0.7%
Already acquired immunity	0.0%	0.1%
Not offered	3.3%	6.9%
Not recorded	0.1%	0.4%

During 2024/25 a higher proportion offered and accepted a Hepatitis B test in Halton compared to England. A higher percentage were also immunised already.

The proportion who refused was lower compared to that seen nationally. However, it still constitutes to nearly a third of people offered the test.

Nearly three quarters of Halton clients had a negative HIV status during 2024/25. This was considerably higher than the national average of 35%. Nationally, nearly half had an 'unknown' status but the Halton figure was much lower at 14%.

HIV status	Halton	England
Yes	< 1%	< 1%
No	73%	35%
Unknown	14%	47%
Declined to answer/not recorded	12%	17%

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 (NSP) provide needles and syringes helps to reduce the spread of these viruses caused by sharing injecting equipment. NSPs 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%. NSPs can also act as a gateway for drug users to more structured treatment and recovery.

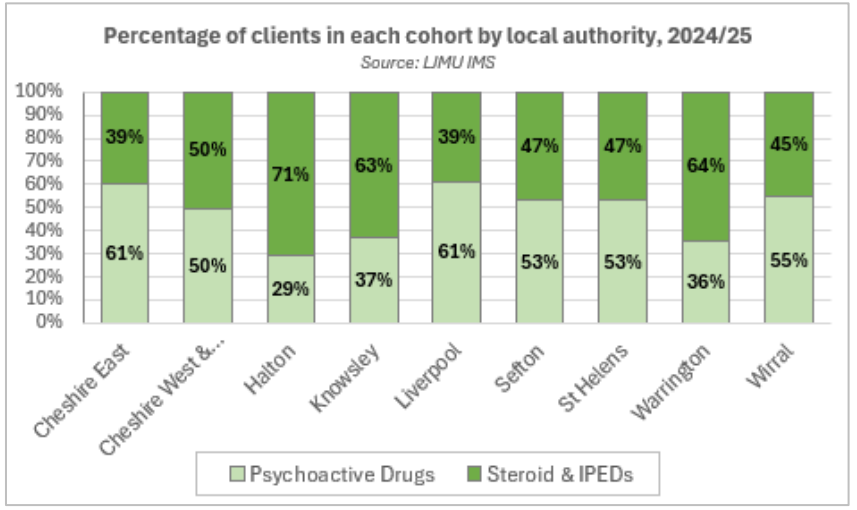
The World Health Organization (WHO) Hepatitis C Elimination Programme target is to provide at least 300 sterile needles and syringes per person who injects drugs per year. The 2025 England average estimated by UKHSA is 240 per person per year. Between October 2024 and September 2025, 430 individuals in Halton accessed NSP services. Halton and Cheshire and Merseyside numbers of equipment distributed per person are below the WHO target.

PWID: Psychoactive Drugs						
Area	*Individuals*	*Visits*	*Needles & equipment*	*Average no. of visits*	*Average no. of needles & equipment per visit*	*Average no. of needles & equipment per person*
Halton	104	137	11,404	1.3	83.2	109.7
Cheshire & Merseyside	4,796	19,418	785,933	4.0	40.5	163.9

PWID: Steroid & IPEDs						
Area	*Individuals*	*Visits*	*Needles & equipment*	*Average no. of visits*	*Average no. of needles & equipment per visit*	*Average no. of needles & equipment per person*
Halton	319	420	33,684	1.3	80.2	105.6
Cheshire & Merseyside	5,033	9,817	576,621	2.0	58.7	114.6

Source: LJMU IMS

In Halton during 2024/25, 104 people accessed NSP services who inject Psychoactive Drugs and 319 people accessed NSP services who inject Steroid and other image and performance enhancing drugs (IPEDs). The percentage of Halton clients accessing NSP for Psychoactive drugs was lower than in other Cheshire & Merseyside local authorities. Conversely, Halton had the highest proportion for accessing NSP for Steroid and IPED drugs. Overall, for Cheshire & Merseyside, the split between the two cohorts was nearly equal, 52% for Psychoactive drugs and 48% for Steroid and other IPEDs. The Halton split is least like the overall Cheshire & Merseyside picture.



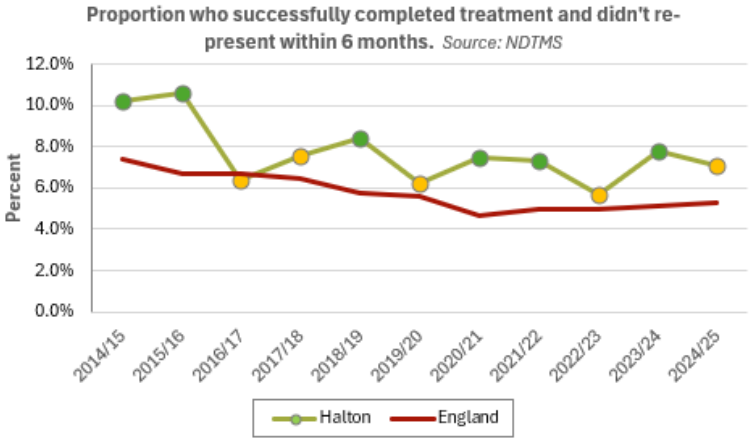
Successful Completions

According to analysis by NDTMS, 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.

Halton has a higher successful completion rate for alcohol compared to both the North West and England average in 2024/25. Note that successful completion does not always equal abstinence. However, the Halton percentage was lower for alcohol & non-opiate and non-opiate. The proportion successfully completing treatment for opiates was the same for all three geographical areas in 2024/24, however Halton was higher in 2023/24.

	Alcohol		Alcohol and non-opiate		Non-opiate		Opiate	
	2023/24	*2024/25*	*2023/24*	*2024/25*	*2023/24*	*2024/25*	*2023/24*	*2024/25*
Halton	35.5%	42.7%	26.7%	26.4%	19.1%	26.9%	8.8%	5.9%
North West	39.3%	39.6%	32.0%	32.1%	34.4%	32.9%	5.5%	5.7%
England	35.3%	35.3%	28.8%	28.4%	31.6%	31.2%	5.4%	5.7%



The percentage of Halton clients who successful completed treatment (and didn't re-present within 6 months) has been either statistically similar (amber data point) or better (green data point) than England over time.

Early unplanned exists

When engaged in treatment, people use fewer 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 Halton adults in treatment during 2024/25 who left treatment in an unplanned way before 12 weeks, commonly referred to as early drop-outs.

Halton had a lower proportion leaving treatment early, compared to England, for 3 out of the four substance categories. Only alcohol & non-opiate was similar to the England average.

Substance Category	Halton	England
Alcohol only	9.3%	14.0%
Alcohol and non-opiate only	19.0%	18.6%
Non-opiate only	13.4%	20.3%
Opiate	17.1%	21.4%

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.

Substance Category	Halton	England
Alcohol only	17.0%	9.6%
Alcohol and non-opiate only	11.4%	10.5%
Non-opiate only	6.1%	7.7%
Opiate	7.7%	16.8%

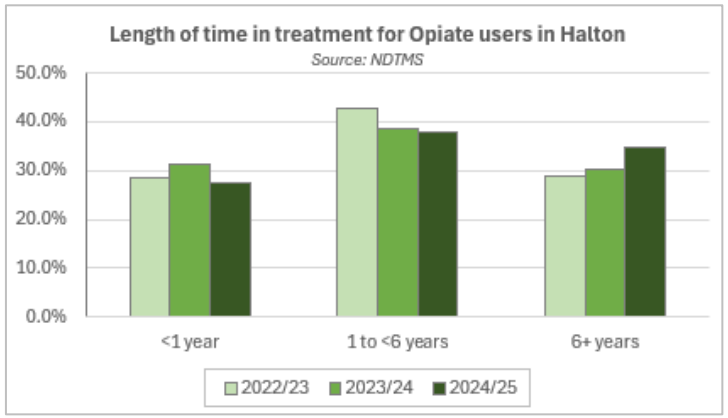
Halton had a lower proportion of non-opiate and opiate clients re-presenting within 6 months compared to the England average. However, Halton did have a higher percentage for alcohol clients.

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.

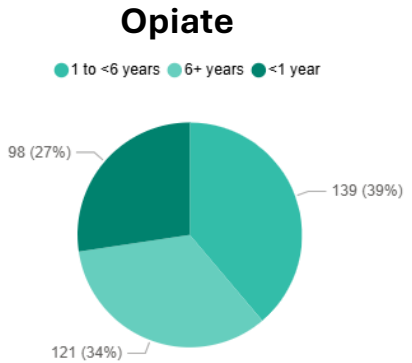
As we would expect, whilst the majority of non-opiate clients are in treatment for less than a year with none still in treatment for more than 5 years there is a different picture for opiate clients. For them, only 27% were in treatment less than a year for 2024/25, and the percentage in treatment for this length of time has reduced since 2023/24.



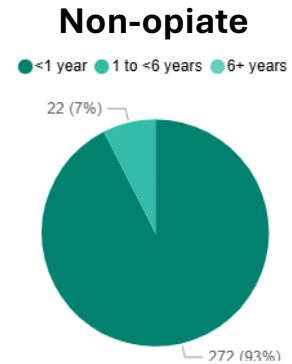
The proportion of Halton opiate clients who have been in treatment for 6+ years has increased year on year since 2022/23.

The Halton percentages for length of time in treatment for opiate users was similar to the England average for 2024/25. This was also the case for non-opiate clients. Halton figures for alcohol only clients were also very similar to the national average.

Alcohol only	Halton	England
<1 year	88.0%	85.0%
1 to <6 years	12.0%	15.0%
6+ years	0.0%	0.0%

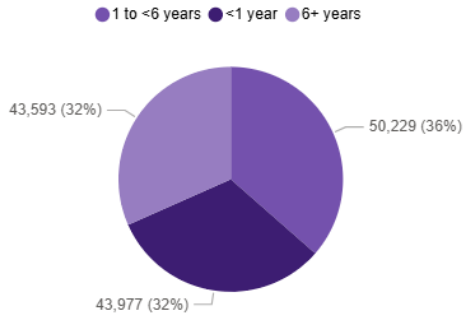


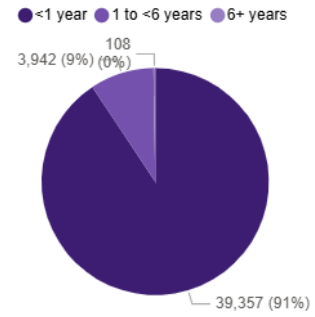
In the reporting period between Apr 2024 to Mar 2025



In the reporting period between Apr 2024 to Mar 2025

Halton





England

Opiate users

These charts show the six-month outcomes of opiate users during 2024/25.

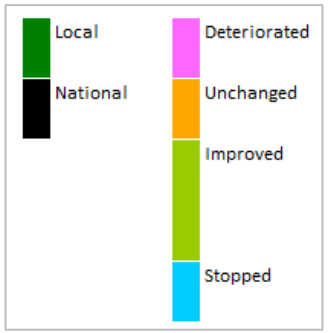
At six-month review 42% of opiate users who reported using at the beginning of treatment stopped using it.

RELIABLE CHANGE

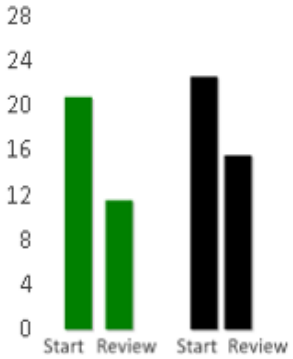
At six month review, a further 27% clients have improved. Improvement involves reducing the use of opiates by 13 days or more. This is above the national level of 21%.

27% of clients have not changed their use of opiates by the time of their six month review. This is below the national level of 32%.

3% of clients deteriorated which means that their use of opiates went up by 13 days or more by the time of their six month review. This is the same as the national level of 3%.



CHANGE IN OPIATES DAYS USE



In your area, those using opiates reported an average use of 20.9 days over the previous 28 days before starting treatment. By six month review, the number of days of opiates consumption went down to 11.7 days.

Nationally the average days of opiate use decreased from 22.8 days to 15.7 days.

Cocaine users

These charts show the six-month outcomes of cocaine users during 2024/25.

At six-month review 43% of cocaine users who reported using at the beginning of treatment stopped using it.

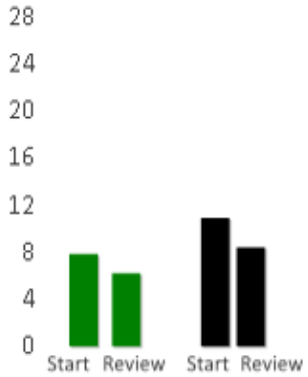
RELIABLE CHANGE

At six month review, a further 10% clients have improved. Improvement involves reducing the use of cocaine by 8 days or more. This is below the national level of 16%.

45% clients have not changed their use of cocaine by the time of their six month review. This is above the national level of 35%.

3% clients deteriorated which means that their use of cocaine went up by 8 days or more by the time of their six month review. This is below the national level of 5%.

CHANGE IN COCAINE DAYS USE



In your area, those using cocaine reported an average use of 7.9 days over the previous 28 days before starting treatment.By six month review, the number of days of cocaine consumption went down to 6.3 days.

Nationally the average days of cocaine use decreased from 11.0 days to 8.5 days.

Cannabis users

The chart below shows clients' changes in use of their problematic substance by the time of their six-month review.

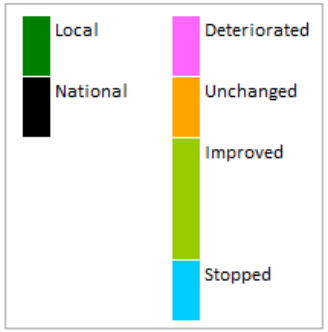
At six-month review 26% of cannabis users who reported using at the beginning of treatment stopped using it.

RELIABLE CHANGE

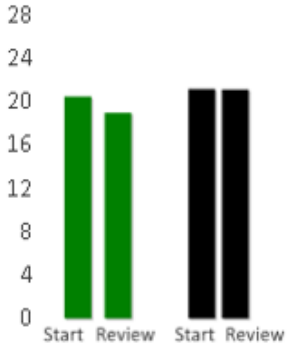
At six month review, a further 16% clients have improved. Improvement involves reducing the use of cannabis by 12 days or more. This is above the national level of 10%.

50% clients have not changed their use of cannabis by the time of their six month review. This is below the national level of 54%.

8% clients deteriorated which means that their use of cannabis went up by 12 days by the time of their six month review. This is above the national level of 6%.



CHANGE IN CANNABIS DAYS USE



In your area, those using cannabis reported an average use of 20.6 days over the previous 28 days when cannabis was consumed. By six month review, their cannabis use went down to 19.1 days.

Nationally the average days of cannabis use decreased from 21.3 days to 21.3 days.

Alcohol users

These charts show the six-month outcomes of alcohol users during 2024/25.

At six-month review 10% of alcohol users who reported using at the beginning of treatment stopped using it.

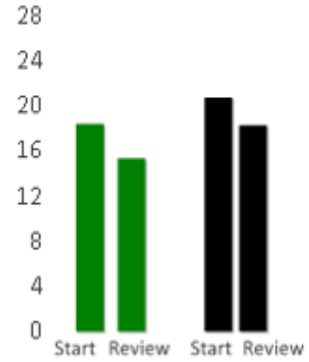
RELIABLE CHANGE

At six month review, a further 21% clients have improved. Improvement involves reducing the use of alcohol by 10 days or more. This is above the national level of 17%.

60% clients have not changed their day use of alcohol by the time of their six month review. This is above the national level of 59%.

8% clients deteriorated which means that their use of alcohol went up by 10 days or more by the time of their six month review. This is above the national level of 5%.

CHANGE IN AVERAGE DAYS USE



In your area, those using alcohol reported an average use of 18.5 days over the previous 28 days when alcohol were consumed. By six month review, the average number of alcohol use went down to 15.4 days.

Nationally the average days of alcohol use decreased from 20.9 days to 18.4 days.