

17. What needs might be unmet?

In general, there is difficulty in identifying un-met need within our communities due to issues with the availability of data and lack of local insight work. The analysis provided in the JSNA suggests, that the needs of long-term and complex clients in treatment, may not be being fully met, and/or, the service model may need to evolve to improve recovery within this client group. Historically, it has been recognised that the needs of people with a dual diagnosis of high risk drinking/drugs dependency and mental health, may not be fully met and work should be undertaken to understand the level of need locally.

There are a large number of younger males using needle exchange for steroid and image enhancing drugs and further work is needed to better understand this client group in order to develop interventions and work with partners in the fitness industry. New Psychoactive Substances pose a significant but currently unquantifiable risk to certain groups and are being targeted at young people and the homeless population. Moving forward there is a need to work across organisations to better understand local issues, patterns of use and develop effective interventions.

Finally, there are a number of well established high risk groups e.g. deprived communities, young people, offenders, sex workers, the homeless, veterans etc., (see section 5), where there is a high likelihood that the need is not being fully met.

18 What are the challenges in meeting needs

The nine key challenges to tackling Drug Misuse across Cheshire West and Chester are:

- Around a third of the population have taken illicit drugs at some point in their lives and drug misuse is in-ground within our culture; there is a fundamental need to address this problem.
- New Psychoactive Substances are being targeted at some of the most vulnerable sections of our population i.e. children and young people and the homeless population; more needs to be done to address this.
- Cheshire West and Chester have a high number of people who have been in treatment for over four years, further work needs to be undertaken to understand how this cohort could (where appropriate) progress through the recovery system.
- The need to increase partnership working, including further developing the Substance Misuse Partnership.
- Increasing work on prevention and early detection against a backdrop of reducing Public Sector Resources.
- Good quality housing and employment is key to Recovery, partners need to work together to increase the opportunities for worthwhile employment for people on recovery pathways.
- Improving data and intelligence on drug related harm, including, A&E data and the development of a Local Drugs Information System (early warning system for contaminated or harmful drugs).
- There needs to be more insight work undertaken within our communities, in particular service users, to ensure that local interventions, initiatives and services meet their needs.
- Shaping specialist Substance Misuse Services so that they meet the needs of the population whilst being both effective and cost-effective.

20. Discussion

Estimates based on the British Crime Survey (Drugs) 2015-16, indicate that around 15,629 adults aged 15-59 years in Cheshire West and Chester had taken an illicit drug in the last year. Of these, 6,326, (40.5%), were young people aged 16-24 years of age (Section 6.0). This highlights the need to develop resilience, mental health and wellbeing in our younger people through high quality PHSE in our schools and academies. The high number of people using drugs in the last year demonstrates the need for all organisations to adopt a Making Every Contact Counts approach, focusing on promoting healthy lifestyles, improving mental health and wellbeing and the early detection of drug and alcohol issues.

The British Crime Survey is recognised as a robust measure of recreational drug use for the drug types it covers. However, it may not provide as good coverage of problematic drug users as they may not necessarily be a part of the household resident population, or, be concentrated in specific and relatively small sub-groups of the population. Therefore, for the development and planning of treatment and recovery services, the John Moores University estimates, using a mixed methodology, have been included in this report (Section 6.3). Using these, it is estimated, 1,619 people aged 15-64 in Cheshire West and Chester are opiate/crack users. Of these, 1,215 are opiate users and 736 are crack users. Of these, 480 are injecting substances. In 2016-17, there were 1,485 clients in treatment in Cheshire West and Chester for drug misuse, of these, 830 were in treatment for opiate use. This suggests that around 140 opiate and crack users may not be in contact with treatment and recovery services, however, the John Moores University estimates are slightly dated and this may account for the difference.

Cheshire West and Chester has a higher rate of clients in treatment for four years or more, compared to the national average, suggesting that Cheshire West and Chester has a high proportion of complex clients who are not completing treatment successfully and staying drug free (Section 9.0). In addition, local services have a higher re-presentation rate for opiate clients compared to the England average, suggesting the service model may need to evolve to improve recovery within this client group. Historically, it has been recognised that the needs of people with a dual diagnosis of drug dependency and mental health, may not be fully met and this may be contributing to the issues mentioned above. Analysis within this JSNA chapter shows there is a need to undertake further work to better understand clients with complex needs and explore how partner organisations can further develop clinical pathways that could improve recovery.

During the financial year 2016-2017, there were a total of 2,039 clients accessing syringe exchange services and non-structured interventions in the Cheshire West and Chester area (Section 9.8). This cohort forms two distinct groups, older clients using psychoactive drugs and a younger group, primarily made up of users of steroids and image and performance enhancing drugs. Every needle exchange transaction should be used as an opportunity to influence risk taking behaviours, improve the general health of clients and collate more detailed information on this cohort of people. In addition, the high number of people using steroids and image and performance enhancing drugs suggests there is a need to undertake targeted work with this cohort and partners in the fitness industry.

20. Discussion (Continued)

There is a reoccurring theme throughout the Drug JSNA relating to the need to improve local intelligence, so that decisions taken about drug misuse are based on reliable data that is available, in a timely manner, at locality (or neighbourhood) level and highlights the needs of high risk groups, this would allow services and interventions to be planned on an equitable basis. An example of this is the lack of clarity around the use of New Psychoactive Substances locally, whereby several years after the emergence of these drugs, high profile media attention and public concerns, there is still very little local intelligence readily available. However, moving forwards the Local Drug Information System should help to provide some robust information. In addition, there is an absence of local insight work to capture the views, hopes and aspirations of our communities and service users in relation to drug misuse and this needs to be addressed moving forwards. Given the range of issues locally, data analysts and information specialists should consider developing a forum with the aim of facilitating cross-organisational working and data sharing.

Deaths from drug misuse substantially increased in England in 2013 and 2014, with a 42% total increase in these two years (Section 11.0), as such, there has been considerable political, media and public interest in these figures. Locally, there were around 13 drug related deaths per year during 2013-2015, which equates to a mortality rate of 3.9 deaths per 100,000, similar to the national average. The analysis for hospital admissions due to drugs, in Cheshire West and Chester, was, in general, lower than that observed nationally. However, the rate of drug related hospital admissions due to poisoning locally, was higher than the national average, which suggests, there may be a need for a focused piece of work to reduce avoidable hospital admissions, which in turn could reduce the number of drug related deaths.

In Cheshire West and Chester, up to 3,700 thefts can be attributed to offenders who used heroin, cocaine or crack cocaine in 2016 (Section 12.0). Cheshire West and Chester trends in drug crime have varied over time but have fallen over recent years to be in-line with the national average. All the available evidence shows that getting people into recovery is the most effective way of reducing crime, and, as such, the Health and Wellbeing Board and the Cheshire West and Chester Community Safety Partnership should consider how best to facilitate closer partnership working between the Police, Community Safety Integrated Substance Misuse Service and the wider NHS, to promote early intervention within high risk groups and ensure there is a rapid referral and seamless pathway in place for criminal justice clients.

As highlighted in section 16.0, there are no detailed estimates of the social and economic cost of drug misuse in Cheshire West and Chester, although, the cost to local organisations e.g. Police, Local Authority, NHS etc., is significant, at a time when Public Sector resources are being reduced. A best estimate of the potential financial impact of opiate and crack users, not in structured treatment, comes from the National Drug Treatment Agency, which estimates, it costs £2.6 million for every 100 opiate and crack users who are not in structured treatment. Given this, there is a strong argument to ensure timely and equitable access to recovery services which are backed up by the financial analysis from the Drug Treatment Outcomes Study, that suggests, that every £1 invested in drug treatment results in a £2.50 benefit to society.

Finally, over time, there is a need to change the focus from treatment and recovery to prevention and early detection. Although, the development of a recovery focused, integrated Substance Misuse Service, working across Cheshire West and Chester, over the last few years, has represented a significant development, which reflects guidance and is ahead of some other local authorities in implementing evidence based practice.

20. References

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