



Title of meeting: Health and Wellbeing Board
Date of meeting: 20th June 2018
Subject: Drug Related Harm
Report by: Director of Public Health
Wards affected: All

1. Purpose

1.1 To update the Health and Wellbeing Board on drug related harm in Portsmouth

2. Recommendation

2.1 To note the contents of this report

3. Background Information

3.1 Drug use is widespread, with approximately 12,000 residents using illegal drugs annually¹, but addiction is concentrated, there are an estimated 1,427 heroin and crack cocaine users in Portsmouth. There is significant unmet need for support.

3.2 Portsmouth suffers disproportionate drug related harm, with high rates of drug related crime and deaths.

3.3 The cost of drug misuse is far reaching, including not only financial costs, but also the costs of drug related crime, health issues and impact on families and communities, therefore tackling drug misuse is a priority for the Safer Portsmouth Partnership.

3.4 In July 2017 the Government published a new national drugs strategy, which had 4 key priorities:

- Reducing demand
- Restricting supply
- Building Recovery
- Global Action

There are many positive approaches and commitments within the drugs strategy, although no additional resource to help achieve it. Indeed in the coming years the Public Health grant is being cut by central government, it is from this grant that drug treatment and prevention work is funded. This is in addition to significant funding reductions seen in the sector over the past 5 years.

¹ Ipsos MORI summary report of findings, Health and Lifestyle Survey 2015

4. Performance

4.1 Drug related deaths

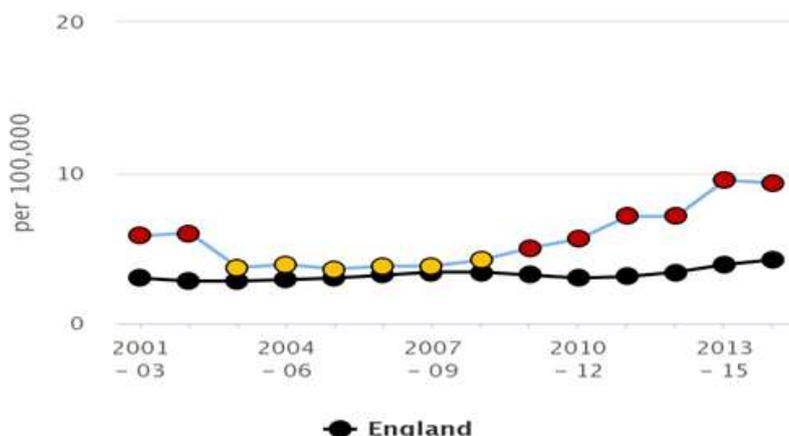
Portsmouth has the 4th highest rate of drug related deaths in England, and the highest rate (per 100,000) amongst our comparator areas for deprivation as shown in the table below²:

2.15iv - Deaths from drug misuse 2014 - 16

Area	Count	Value
England	6,803	4.2
Second most deprived decile (IMD2015)	1,250	5.2
Portsmouth	55	9.3
Norwich	36	9.2
Tendring	31	9.2
Pendle	20	7.8
Newcastle upon Tyne	65	7.6
Bristol	93	7.2
Sheffield	107	6.7
Wirral	61	6.7
Oldham	43	6.7
Sunderland	52	6.6
Redcar and Cleveland	24	6.6
Bolton	48	5.9
Westminster	41	5.7
Peterborough	34	5.7
Rotherham	41	5.7

The number of deaths has been rising steadily between 2010 and 2015, having fallen in the previous years. Deaths increased from 22 deaths between 2007-2009 rising to 55 deaths during 2014-2016, as highlighted Chart 1:

Chart 1 Drug related deaths in Portsmouth



Drug related deaths have been increasing nationally. Analysis by Public Health England suggests the increase in deaths since 2013/14 is partly due to an ageing cohort of heroin users from the 1980s and 1990s who are now developing associated health conditions which are contributing to their deaths (liver disease,

² This data should be treated with caution as reporting and recording may not be accurate. In addition there are wide confidence intervals which could mean Portsmouth's rate is somewhere between 7 per 100,000 or 12.2 per 100,000

COPD etc.). In addition there has been a reduction in the price and an increase in the purity of heroin. PHE did not draw a link to reductions in drug treatment funding over this period.

An audit of drug related deaths in Portsmouth during 2016 found the average (mean) age for men dying was 35 years old, women 37 years old. The age range was 19-55 years old. 38% of deaths were women, compared to 25% nationally. Poly drug use was common amongst those dying.

4.2 Drug Treatment

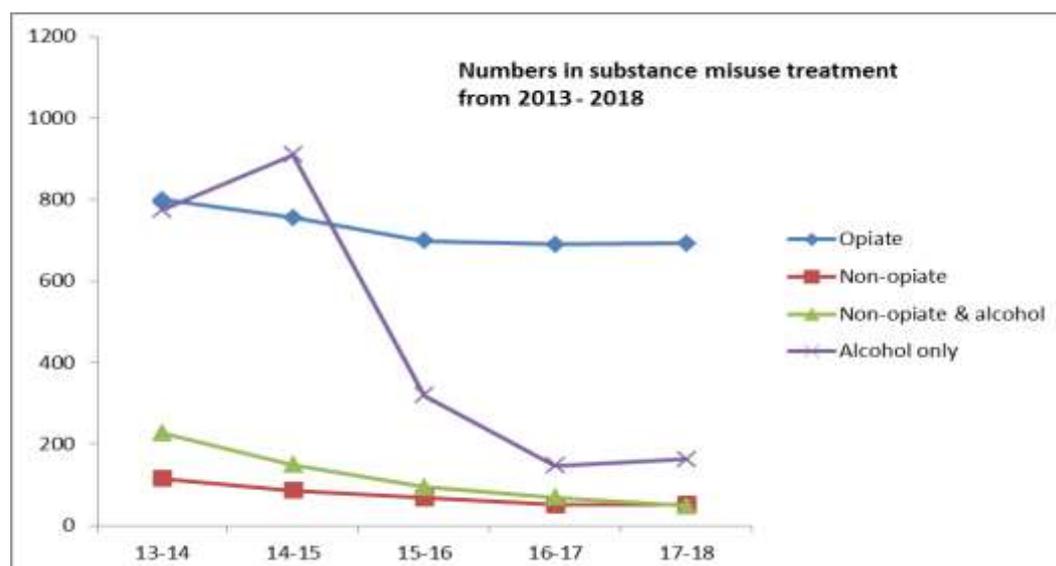
4.2.1 Public Health England has undertaken analysis of the costs and benefits of drug treatment. They have found that:

- *For every £1 spent on young people's drug and alcohol treatment there is a lifetime benefit of £5- £8.*
- *For every £1 spent on adult treatment £2.50 is saved in crime and NHS costs*

4.2.2 There have been significant reductions in the number of people receiving drug treatment, particularly non-opiate users (chart 2) and young people under the age of 25 (chart 3).² In addition there has been a large drop in people accessing alcohol treatment (chart 2), although a significant proportion of this drop (approx. 50% is due to the Alcohol Specialist Nurse Service at QA Hospital no longer reporting to the national data system from summer 2015).

Of our 1,427 estimated opiate and crack cocaine users (OCUs) in the city, 49% are currently engaged in treatment services, this compares to a national rate of 50% of OCUs engaged in treatment.

Chart 2 Number of adults in substance misuse treatment, by substance type



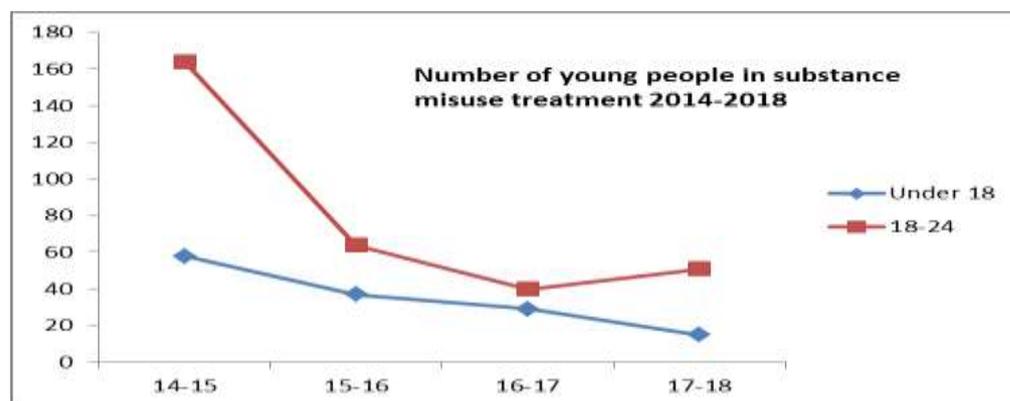
4.2.3 In part these reduction are linked to changes in funding for substance misuse (drug and alcohol) treatment, with the budgets over the past 6 years and current year detailed below.

2012/13	£4,829,889
2013/14	£4,330,145
2014/15	£3,884,800
2015/16	£3,404,498
2016/17	£3,130,973
2017/18	£2,797,178
2018/19	£2,809,400

This has led to a significant reduction in service provision, workforce, use of inpatient detoxification and residential rehabilitation during this period. In addition there has been systemic change and services have been integrated, which has potentially excluded some people from accessing them (i.e. alcohol or non-opiate clients who do not want to mix with opiate users).

4.2.4 In 2015-16 the number of young people in Portsmouth in treatment for substance misuse were in line with those elsewhere in England, but have since declined by 55% (from 37 to 15) for under 18s (chart 3). This decline is more severe than seen elsewhere in England (10.5%) or in comparator areas most similar to Portsmouth (25%). Among 18-24 year olds numbers in treatment declined by 76% from 2013/4 (n.164) to 2016/17 (n.40), compared to 19% nationally, although in 2017/18 there was a slight increase amongst 18-24 year olds accessing support (from 40 to 51).

Chart 3 Number of young people receiving substance misuse treatment.



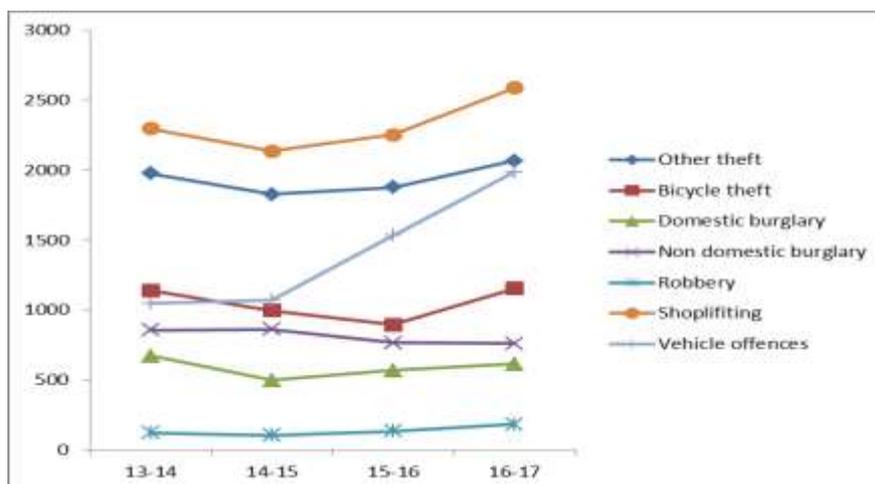
The most common age group for adults accessing drug treatment is 35-39 years old (the same as the mean ages for drug related deaths), suggesting many years of addiction before seeking help. This may also be a barrier to younger people receiving support when their drug use is less entrenched and they do not want to mix with older drug users.

4.2.5 There have been recent changes in both the adult and young people's services to address the decline in numbers. The adult 'Recovery Hub' has recently undertaken a Vanguard systems thinking review and is rolling out a new way of engaging and working with adult clients. In addition a separate alcohol pathway has been developed to better meet the needs of alcohol users. The Children's service has developed the Drug and Alcohol Support Service (DASS) to increase referrals of high risk young people into substance misuse support.

4.3 Drug related crime

Drug related crime is typically that which is acquisitive in nature, committed in order to then sell on or trade for drugs. In the past 3 years there has been a general upward trend in recorded acquisitive crime, as demonstrated in Chart 4 below, which may be reflective of the disinvestment and reduction in numbers within drug treatment.

Chart 4 Acquisitive crime in Portsmouth 2013-2017



There has been a general decline in the number of drug offences (possession and supply) in Portsmouth from a peak of 985 in 2012/3 to 585 in 2016/17. This is likely to be more a reflection of reduced police capacity and enforcement action, rather than a reduction in the availability of drugs.

5. Drug related harm

5.1 Children and young people

- The What About YOUth survey conducted with fifteen year olds in Portsmouth in 2014/15 found that 4.7% had used cannabis in the last month, and 1.1% had used other drugs with or without cannabis use.
- Nationally, around 20% of children in need are affected by drug misuse and drug misuse was involved in 38% of serious case reviews.
- In 2015-16, the number of young people in Portsmouth in treatment for substance misuse was in line with those elsewhere in England, but has since declined by 55% for under 18s. This decline is more severe than seen elsewhere in England (10.5%) or in comparator areas most similar to Portsmouth (25%). Among 18-24 year olds numbers in treatment have declined by 76%, compared to 19% nationally.
- Estimates of the extent of substance misuse in the city indicate that several hundred young people under 25 are using substances at a frequency likely to cause harm (450 using drugs twice a week and 260 daily). To deliver services at a similar level to that delivered by other areas of England in 2016-17, a substance

misuse service is estimated to require capacity to support about 57 young people under 18, and 111 people aged 18-24 each year.

- Nationally nearly twice as many under 18 young men as young women start treatment, and the most common vulnerabilities in young women are different to those in young men. Young women in treatment are less likely than men to engage in antisocial behaviour, but relatively more likely to be affected by others' substance misuse or domestic abuse; to have a mental health problem or have self-harmed; or to have suffered sexual exploitation. Injecting behaviour amongst under 18s is rare, and certainly in Portsmouth we have not provided needle exchange or opiate substitute to anyone under 18 for a number of years.
- There is significant unmet need regarding parental drug use. It is estimated there are 296 adults with a drug dependency who live with 523 children. Of these 49% (n.145) of the adults are engaged in drug treatment, covering 54% of the children (n.283). For alcohol the figure is much more challenging, with 608 alcohol dependent adults living with 1141 children, with only 8% in treatment (49 adults, living with 89 children).

5.2 Drug supply

- The availability of illegal drugs and particular class A drugs such as heroin and crack cocaine has been an issue in Portsmouth for many years. In more recent years drug dealing networks from major cities have moved in to the Portsmouth market and operate across boundaries, known as 'County lines'. Often networks from areas within London will send down dealers to link in with local runners to sell drugs, using known mobile phone contacts. In many cases the local people, who are exploited by the transient drug dealers, are vulnerable to exploitation, either through age (with the vulnerabilities listed above) or drug use. The out of area dealers are known to use more serious violence to enforce debts and increase market share.
- The drugs market in the UK is a significant size, any enforcement action against drug dealers on the ground in Portsmouth is likely to have a very limited and temporary effect on the availability of drugs in the city.

5.3 Drug related crime

- Around 45% of acquisitive crime (theft, burglaries etc.) are committed by heroin and crack users. Nationally 40% of prisoners report having used heroin
- A typical heroin user spends £1,400 per month on heroin and on average any heroin or crack user not in treatment commits crime costing £26, 074 per year
- However drug/alcohol treatment reduces crime, with a 44% reduction in the number of individuals re-offending in the 2 years after starting treatment for dependency, with a 33% decrease in the number of offences committed.

5.4 Other harm

- Only 10% of people new to drug treatment in 2017/18 were in employment (n.30), with 52% (n.162) classed as long term sick or disabled. Most commonly, the time since last paid employment was 2-3 years.
- 47% (n.145) of new clients to treatment had a mental health need identified, however 44% (64) were not receiving any mental health support. None were engaged with IAPT, 14.5% with specialist mental health services and 37% received support from their GP.
- 38% (n.117) of new drug treatment clients had an identified housing need, with 24% (n.75) having an urgent housing problem / no fixed abode. Housing is a common barrier to people engaging and sustaining drug treatment.

6. Conclusion

Drug related harm in Portsmouth is significant and apparently increasing in the past few years. Over recent years the resources available for drug and alcohol services and preventative and policing work have been reduced. This is in a context where the cost of illicit drugs had been falling and organised criminal gangs have become much better at distributing drugs.

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Signed by: Director of Public Health

Appendices:

None

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location