Substance Misuse Needs Assessment Portsmouth

2022

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Thanks to everyone who contributed data, research, or their time.

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Executive Summary & Key Recommendations

Portsmouth has not had a standalone substance misuse needs assessment since 2012. During this time substance misuse research and analysis has been integrated into the Safer Portsmouth Partnership strategic assessment. This needs assessment combines both national and local data. It also utilises the 2021 stakeholder survey which consulted directly with residents and stakeholders to find out their views and experiences of the substance misuse services in the city. Due to time constraints the needs assessment took a pragmatic approach, resulting in some gaps in knowledge. These gaps included the prevalence and needs for some priority groups: people with learning difficulties, sex workers, women, Black Asian Minority Ethnic (BAME) communities and people that engage in Chemsex. As this needs assessment is a working document, it is recommended that it is updated when this information is available.

The needs assessment identified 34 recommendations; the key recommendations were:

1. **To develop access to primary care services and expand homeless health care provision to address the significant unmet physical health need.**

2. **To improve mental health pathways, with increased provision of co-located posts including mental health workers within recovery services and vice versa to address the significant unmet mental health need.**

3. **Target resources to help reduce the high level of alcohol-related harm in the city, deal with an increase in demand for treatment services and tackle the low proportion of alcohol successful completions via an expanded alcohol-specific team.**

4. **Set up a task and finish group to investigate and implement measures to increase the proportion of successful alcohol and non-opiate treatment completions.**

5. **Increase the capacity of provision for young people, considering standalone services as the needs of young people differ from that of adults (also 18-24years), and develop improved relationships with schools and services such as Portsmouth Youth Offending Team.**

6. **Move away from Silo commissioning, for example, work closely with rough sleepers' commissioners to understand how resources can be utilised and funding complement existing workstreams without duplicating work.**

Physical and mental health needs were both re-occurring themes through many of the sections. Poor physical health was prominent in the impact section, particularly the data on drug-related deaths and it was a common concern amongst stakeholders and service users.

Issues stemming from poor mental health were the most common concerns from the stakeholder feedback, including lack of resources, too many barriers to accessing services, stigma and discrimination and a lack of co-ordination between services with mental health and substance muse services not treating mental health and substances misuse as co-occurring conditions. A large proportion of overdoses seen at the Emergency Department were due to paracetamol or antidepressant medications indicating a high level of mental health need in the city. The data for those in treatment also highlighted a high proportion

had some level of mental health need, however approximately only half were getting any support or treatment.

Data suggests that there is a **high-level of alcohol related harm** in Portsmouth. The number of new presentations for alcohol support is increasing, particularly for women, yet the number of successful completions for alcohol along with non-opiates in Portsmouth is on a downward trajectory, indicating that more resource is needed to focus on alcohol specific work. Portsmouth is improving in relation to people leaving prison with an identified drug and alcohol need, with an increase in numbers engaging in community treatment. This area of work has been resourced since 2021 with a dedicated Criminal Justice Team focusing on improving pathways. The Criminal Justice Team has highlighted that having a focused resource such as alcohol specific team could help.

Young people's substance misuse services in Portsmouth have been an area of disinvestment for some time. There has been a lack of capacity, with currently only one full time worker sitting within children social care. This lack of capacity has invertedly meant that referrals into the service and numbers in treatment are low. An increase in provision for young people would mean that pathways with key services such as the Portsmouth Youth Offending Team and education can be improved. Young people are more likely to try drugs than adults in Portsmouth and while it is believed that they are less likely to be dependent, the experimental stage experienced increases a young person's risk of becoming dependent on drugs in adulthood. Young people's substance misuse contributes to much of the anti-social behaviour seen in the city and is a common factor in youth offending and young people's attendance at the emergency department.

As services are currently being resourced with an expected increase in funding over the next few years, it makes sense to work with other commissioners to understand what is happening in the city and where the unmet need and gaps in service provision are. **Commissioned services should complement each other** ensuring that those that need support in the city receive it.

Although this needs assessment primarily focuses on illicit drugs, there was **some data and analysis for over the counter or prescription drugs**. The data for Emergency Department attendances found an increase in paracetamol and anti-depressant overdoses, with paracetamol overdoses more prevalent than opiates. Portsmouth is the worst performing area for the number of people receiving a high volume of morphine sulphate 10mg/5ml solution, has a higher rate than the national average of patients prescribed multiple items on prescription of morphine sulphate 10mg/5ml oral solution and a higher rate than the national average of patients with a total oral morphine equivalent dose of 120mg or more per day. Further investigation to the possible causes of the high levels of use of morphine with other drugs is recommended along with consideration as to whether patients can reduce or stop the use of morphine.

The key findings and recommendations from the needs assessment were presented to the Portsmouth Combating Drug Partnership on Tuesday 29th December, where they were discussed and agreed. This needs assessment will now feed into the Portsmouth partnership plan and performance framework.

1. Introduction

1.1. National Context

In February 2020, Dame Carol Black, commissioned by the Home Office and Department of Health and Social Care, published the first part of her two-part independent review of drugs. The second part of this review was published in July 2021. Part 1 provided a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. It described major shortcomings including underfunded treatment services, a demoralised workforce, increased drug use, and increased harms from drug use, with many of the problems outlined in the report a result of continued disinvestment in drug and alcohol treatment services and local commissioning practices since 2012.[1] Part 2 focused on drug treatment, recovery and prevention and contained 32 recommendations for change across various government departments and other organisations including commissioners, to improve the effectiveness of drug prevention and treatment and to help more people recover from dependence.[2]

As a result of the review the Government pledged to invest in treatment services including additional funding to address county lines drug dealing.

On 6th December 2021, in response to Dame Carol Black's review and accepting all the 32 recommendations, the Government published their ten-year drug strategy 'From Harm to Hope: A ten-year drugs plan to cut crime and save lives.'[3] The strategy has an ambition to reduce drug use to an overall 10-year low, and includes three core priorities, to:

- Break the drug supply chain
- Deliver a world class treatment and recovery system
- Achieve a shift in the demand for recreational drugs

The strategy is supported by an increase in investment (nearly £900 million) with expected outcomes nationally by 2024 to include:

- Preventing nearly 1,000 deaths
- Delivering around 54,500 new high-quality drug and alcohol treatment places
- Contributing to the prevention of ¾ of a million crimes
- Closing over 2,000 more county lines
- Increasing disruption of illegal drug supply activities
- Reversing the rising trend on drug use and to reduce overall use towards a 30 year low.

Government guidance outlined how areas should deliver the strategy, acknowledging that working in partnership would be essential to effectively deliver the three core priorities as listed above. The first stage was for local areas to provide central government details of their Joint Combating Drugs Unit (JCDU), with an agreed geographical extent of their partnership and details of their named local Senior Responsible Officer (RSO). The aims of the partnership are to bring together senior leaders and organisations to oversee and support the implementation of a commissioning quality standard, meet the

[1] Review of drugs: phase one report - GOV.UK (www.gov.uk)
[2] Review of drugs part two: prevention, treatment, and recovery - GOV.UK (www.gov.uk)
[3] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

requirements of the National Drug Strategy, and identify local priorities concerning drugs and alcohol. Local priorities will be based on the findings and recommendations of this document. It was agreed that there will be four meetings across Hampshire and Isle of Wight, but the four areas will work collaboratively with the Police and Crime Commissioner providing an overview on progress. Portsmouth Joint Combating Drug Partnership commenced on the 26th September 2022, with the Director of Public Health appointed as the SRO.

The National Combating Drugs Outcomes Framework,[4] provides a single mechanism for monitoring progress across central government and in local areas towards delivery of the commitments and ambitions of the 10-year drugs strategy to level up the country. The outcomes and metrics included in the framework aim to provide a link between action and the impact experienced by individuals, families, and neighbourhoods across the country and in local areas. One of the key areas of responsibility of the partnership will be reporting on the delivery against the framework and other local indicators as agreed by the partnership.

1.2. Local Context

In 2021, to enable the delivery of the Government's ten-year drug strategy and to improve the quality and capacity of drug and alcohol treatment services, Portsmouth was advised that they would receive additional, supplementary grant funding namely, the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG): the table below shows the amount over the next three years:

Table 1.1: Table showing funding over the next three years

	2022/2023	2023/2024	2024/2025
Supplemental funding for substance misuse treatment and recovery	£503,000	£825,000	£1,590,000
Inpatient detoxification grant	£48,132	£48,132	£48,132

In 2022/2023, the above funding has allowed for the continued funding of an expanded criminal justice recovery team, providing enhanced support for offenders. This includes carrying out arrest referral work (Alcohol Treatment Orders and Drug Rehabilitation Requirements), improving pathways, continued funding of peer-led harm reduction outreach and prison in-reach work, and continued funding for pilots such as contingency management and the Buprenorphine prolonged-release injection pilot - Buvidal (previously funded by the Universal Grant in 21/22). In addition, in 2022/2023, new posts have been funded, including:

- an alcohol recovery worker
- a psychosocial worker
- a lesbian/gay/bisexual/transgender (LGBT) outreach post
- a young person substance misuse practitioner
- and money to develop an accredited training and development programme for staff.

With further uplifts in funding over consecutive years aiming to see the re-professionalisation of the work force with investment in specialist posts such as an occupational therapist, psychologists, social workers

[4] Guidance for local delivery partners - appendix 2 (publishing.service.gov.uk)

and nurse prescribers, as well as additional recovery worker posts to help build capacity in the treatment system.

In 2021, the main substance misuse treatment and support services and independent peer-led support contracts were up for re-tender. At the time commissioners overseeing this work looked at current service provision, need and unmet need in the city. To help inform commissioners and inform the new service specifications, a stakeholder survey was completed. The full details of this including findings are outlined in section 7 of this report. The incumbent provider the Society of St James,[5] working in a new partnership with Inclusion[6] who would provide the clinical aspect, were awarded the new main substance misuse treatment and support services contract, which included two elements:

1. An adult (18+) substance misuse harm reduction and treatment service and
2. A substance misuse supported housing service

The incumbent provider Pushing Change [7] was awarded the new independent peer-led support contract. After a period of mobilisation, the new contracts started in June 2022. The contract lengths were for an initial period of 3 years and 10 months, with the option to extend up to 9 years and 10 months. Although it is too soon to evaluate the impact of the new contracts, there have already been several changes within the city, including:

- 9 units of abstinence-based accommodation.
- A dedicated alcohol team
- A harm reduction team including a physical health lead for the service
- increased access including Saturday and Sunday provision
- An increase in peer mentors working within the main service

1.3. Aims and Purpose of the Needs Assessment

The overarching aim of this needs assessment is to assess local evidence and data to better understand the local issues and patterns of drug related harm in Portsmouth. It will aid understanding of a baseline of local need, partnership activity and performance, and possible explanations for this and any trends, informing the Portsmouth Combating Drug Partnership. This needs assessment uses a corporative and epidemiological approach. This needs assessment will:

1. Critically analyse quantitative and qualitative data to help identify what is currently available in Portsmouth to support the health needs of the population.
2. Use available local and national data to find out what those who have drug or alcohol needs, their family/carers and other stakeholders feel they require to address the health and support needs of this population.
3. Make recommendations for action to support the health needs of this population, with a view to improving their lives.

The following four criteria should be used in selecting issues for intervention and prioritise for the city:

[5] https://ssj.org.uk
[6] Home - Inclusion Hants
[7] HOME - Portsmouth Push Recovery Community (pushingchange.org)

- Impact – which health conditions and determinant factors have the most impact, in terms of size and severity, on the health functioning of the population?
- Changeability – can the most significant health conditions and determinant factors be changed effectively by those involved in the assessment?
- Acceptability – what are the most acceptable changes needed to achieve the maximum impact?
- Resource feasibility – are there adequate resources available to make the required changes?

1.4. Portsmouth Population Profile

Recent demographic profiles have been produced as part of the Strategic Assessment of Crime, Anti-Social Behaviour, Substance Misuse and Reoffending 2020/21,[8] Director of Public Health's Annual Report,[9] Joint Strategic Needs Assessment[10] and Pharmaceutical Needs Assessment, so further detail can be found in these reports.[11] This section provides a summary which has been updated with the latest Census 2021 data where it is available.[12]

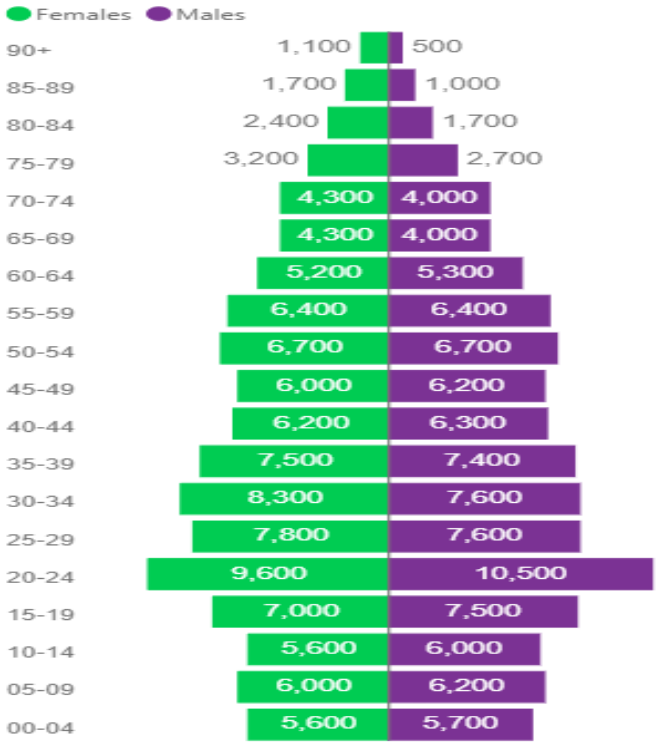
Portsmouth is a bustling island city on the south coast. It is the most densely populated city outside London, (with the exception of Luton); its roughly 208,000 residents live within 40 square kilometres.[13] Of these: approximately 49,600 are under 20yrs of age, 127,700 are 20-64yrs and 30,900 are over 65yrs.

There is a vibrant student community associated with the University of Portsmouth. Figure 1.1 (overleaf) shows how **the student population affects the demographics of the community, with a large proportion of 20-24 year olds** (9.65% of the population, compared with the 6.04% nationally).[14] The University of Portsmouth had 28,280 registered students in the academic year 2020/21, although it is not known how many attended in person or remotely during the Covid-19 pandemic.[15] There is also a strong naval presence in the city; the Ministry of Defence has a number of establishments in Portsmouth, and at the time of the 2011 Census, there were 2,396 members of the Armed Forces aged 16 years and over resident to Portsmouth.

The total population has remained fairly stable since 2017 but **is projected to grow by a further 2.3%** to approximately 222,300 by 2030.[16] This projection is based on an anticipated increase in 15-24 year olds and residents aged 65 years and over.

[8] Strategic Assessments - Safer Portsmouth
[9] https://www.portsmouth.gov.uk/wp-content/uploads/2022/08/Public-Health-Annual-Report-2021-2022-final.pdf
[10] Joint strategic needs assessment - Portsmouth City Council
[11] Portsmouth Pharmaceutical Needs Assessment 2022
[121212] First results from Census 2021 in England and Wales - Office for National Statistics (ons.gov.uk)
[13] 2021 Census population estimate - 208,100. Local Authorities in England, Office for National Statistics (ONS)
[14] JSNA Demography chapter produced by James Hawkins using ONS data.
[15] Table 1 - HE student enrolments by HE provider 2014/15 to 2020/21 | HESA
[16] JSNA Demography chapter produced by James Hawkins using ONS data

Figure 1.1: Portsmouth population estimate by gender - Census



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Portsmouth is becoming more ethnically diverse than it was, with the city's long standing Asian community being joined by flourishing Black African and Polish populations. Based on the previous Census data (2011), the Black and minority ethnic **(BAME) community now accounts for 16%** of the population compared with 5.3% in 2001. However, this is still **lower than the average for England (22%).** The most recent data from the 2021 Census for ethnicity is not yet available and may present a different picture. There appears to be a different profile for children and young people, with **non-White British pupils accounting for 25%** in 2021, although this is more up to date than the ONS Census data and may be indicative of a larger BAME population for all ages.

The Portsmouth Health and Lifestyle survey 2015 found that **4% of Portsmouth residents described themselves as LGBTQ+** (6% of males and 2% of females), although this could be much higher as there were options for 'I prefer not to say' and 'none of these.' The 2021 Census also included questions about sexual identity and orientation, which will give us more accurate data in the future.

The 2011 Census data showed that 11.6% of Portsmouth residents of working age (aged 16-64 years) had a long-term health problem or disability that limits their day-to-day activity a lot or a little (limiting long term illness, LLTI). At electoral ward level, Charles Dickens had the highest percentage (17.5%) of working age people with a LLTI, followed by Paulsgrove (7.1%) while Central Southsea had the lowest percentage (7.1%) of working age people with a LLTI.

[17] JSNA Demography chapter produced by James Hawkins using ONS data

1.4.1. Poverty & Deprivation

A recent study into severe and multiple disadvantage (focussing on homelessness, substance misuse and offending) found evidence to support the *poverty-plus* hypothesis.[18] In other words, poverty is necessary but not sufficient to generate extremely negative outcomes; additional community, social, educational, or family factors compound the negative effects of poverty.

13.4% of the population in Portsmouth is income deprived according to the Indices of Multiple Deprivation 2019, and Portsmouth ranks 102 out of 316 local authorities in England where one is the most deprived area.[19] Measuring internal disparity (the difference in the proportion of income-deprived people in the most and least deprived neighbourhoods, Portsmouth ranks 56 out of 316 local authorities, where one is the area with the most inequality between local neighbourhoods.[20] **Some areas of Charles Dickens and Paulsgrove are in the most deprived 10% of areas in England**.[21]

10.7% of households in Portsmouth (9,873 households) live in fuel poverty, above the South East average of 7.5%,[22] meaning they live in a home with an EPC rating of D or lower and have an income after housing and energy costs below the poverty line.

20% of children live in absolute low-income families, but levels are higher in Charles Dickens (35%), Paulsgrove (26%) and St Thomas (which contains some of Somerstown, 25%). The overall proportion is higher than it was five years ago (15% in 2015) and higher than the average for the UK (16%).[23]

The proportion of households renting rather than owning exceeds the regional average, with **22.3% households renting from a private landlord** and **18.3% renting from the city council or housing associations** (compared with 15.4% and 17.7% nationally).[24]

The mean average weekly pay in 2021 for people living in Portsmouth is £534.50, compared to £646.00 for all those living in the South East.[25] But the mean average weekly pay for employment in Portsmouth is £555.00, indicating that **higher paid jobs in Portsmouth are taken by people living outside of the city, or that Portsmouth residents travel to lower paid jobs in other areas**.

1.4.2. Employment

The most recent data shows that Portsmouth has an employment rate of 75.5% for the working age population, which was the same as the UK average of 75.5%, but lower than the South East average (78.2%).[26] The level of employment in Portsmouth has been increasing since 2015 (when the

[18] Lankelly Chase Foundation (2015) *Hard Edges: Mapping severe and multiple disadvantage.* *http://www.lankellychase.org.uk/assets/0000/2858/Hard_Edges_Mapping_SMD_FINAL_VERSION_Web.pdf*

[19] https://maps.cdrc.ac.uk/#/geodemographics/imde2019/default/BTTTFFT/13/-1.0651/50.8158/

[20] https://www.ons.gov.uk/visualisations/dvc1371/#/E06000044

[21] https://maps.cdrc.ac.uk/#/geodemographics/imde2019/default/BTTTFFT/13/-1.0651/50.8158/

[22] https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2021

[23] https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2020

[24] From ONS 2011 Census data - due an update when the new data for 2021 becomes available.

[25] https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2021/relateddata

[26] ONS 2019. Annual Population Survey 12 months to June 2022 from: Labour Market Profile - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

employment rate was 69.5%), although the employment rate dipped during the pandemic in 2020 (to 70.9%)

19.6% of Portsmouth's population were considered economically inactive, which was similar to the South East average (19.1%) and slightly less than the UK average (21.4%).

1.5. Cost of Living Crisis

The unexpected rise in the cost of living over the past year will have a significant impact on our service users and providers. Although cost of living increases can affect most people to some extent, the impact is most acutely felt by the poorest within society with existing social, economic and health inequalities further exacerbated. They will struggle to afford electric and gas bills and buy decent food.

A possible impact could see an increase in drug or alcohol misuse as people struggle to cope with daily life. This in turn can lead to increases in the harm caused by substance misuse, as detailed in this needs assessment, such as increases in poor physical and mental health and an increase in crime and anti-social behaviour.

This may make daily life harder for people trying to overcome addiction issues, afford decent housing and obtain employment.

There is also a significant cost to our service providers. Most have bid for and awarded contracts allowing for a lower inflation rate. Higher costs for electricity, gas, travel, higher staff salary costs etc. mean that there is likely to be a knock-on impact on the quantity and quality of service provision.

The integrated substance misuse contract was tendered in Summer 2021, awarded in January 2022, for a June 2022 start. Whilst the budgets were clearly stipulated, the successful provider, the Society of St. James (SSJ) made reasonable assumptions that the inflation rate would be an annual average of 2.5% over the initial 3-year 10 month term of the contract. Inflation, the main driver of the cost of living crisis is currently 11.1%.[27]

Whilst the commissioner (Portsmouth City Council) and SSJ will work collaboratively to address these rising costs, it is likely this will result in less staff being recruited than originally planned, making the targets to increase the numbers in treatment more challenging to meet. This issue will have to be addressed with the Office for Health Improvement and Disparities (OHID) in relation to the new grant funding planned for future years.

1.6. Notes About the Data

Long-term data has been used where possible to show trends over time. As 2020/21 was the year that saw most behaviour change associated with the Covid-19 pandemic, where possible comparisons have been made between 2021/22 and 2019/20. However, it is acknowledged that people are still being advised to avoid hospitals where possible and that many hospital attendance and admission measures may still be lower than would be expected.

[27] Bank of England, https://www.bankofengland.co.uk/knowledgebank/will-inflation-in-the-uk-keep-rising Accessed 21/11/22

After conversations with substance misuse treatment providers, it has become clear that the data available on the National Drug Treatment Monitoring System (NDTMS) is not representative of all the work done with service users. It has been estimated that for adults, the numbers in treatment and characteristics of the cohort are likely to be reasonably accurate, but that outcome data may not be accurate, and Treatment Outcome Profiles have not been completed. The high-level measures, such as successful completions have been included nonetheless, but these measures should be considered alongside any data from SSJ. Treatment outcome data for adults has been taken directly from SSJ's quarterly and end of year (2021/22) reports.

The peer support service, Pushing Change (also known as PUSH) do not record any outcomes on NDTMS, so this this data is not included. PUSH has always put the needs of their service users above unnecessary data collection, as have SSJ, but work is ongoing with both services to try and find a good balance to reflect the work they do.

There is a similar issue with data for young people in treatment - data is only recorded on NDTMS if they are receiving therapeutic treatment. For this reason, data from the local database (Illy) and the team around the worker spreadsheet have been used to add to the picture provided by NTDMS.

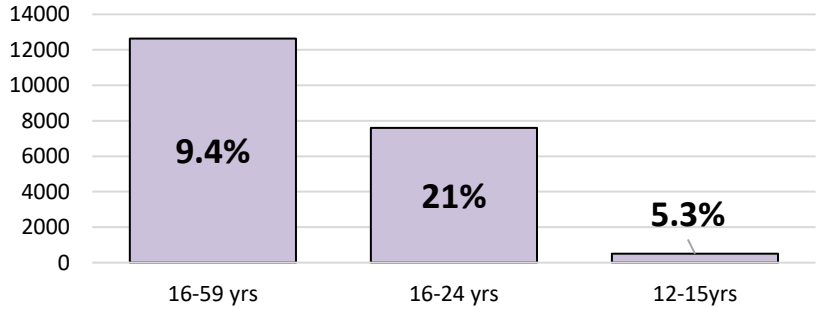
2. Prevalence of Drug & Alcohol Use by Adults

The sections below set out estimates of the prevalence of drug and alcohol use and dependence in the community using national and local surveys, drugs seized by police and what is known about substance use for service users.

2.1. Estimates of Drug Use from Surveys

The Crime Survey for England and Wales asks participants about their drug use and provides a national estimate for the proportion of people in the general population who use drugs, largely 'recreationally.' The most recent long-term data available (2019/20) found that **overall drug use in the last year had remained stable nationally**.[28] **Young people aged 16-24 years were more likely to use drugs than adults** (aged 16-59 years) with 21% having taken a drug in the last year compared with 9.4% of adults. Applying these estimates to Portsmouth's population, **this could equate to around 12,640 Portsmouth residents (16-59 years) including 7,600 young people (16-24 years) using drugs in the last year.**[29] Cannabis was the most popular drug used for both age groups (18.7% of 16-24yrs and 7.8% of 16-59yrs), while powder cocaine was the second most common for the 16-59yrs group (2.6%) and nitrous oxide for 16-24yrs (8.7%).

Figure 2.1: Population estimated to use drugs by age group*



The You Say Survey was a survey which was completed by over 1,000 pupils in Year 8 and Year 10[30] in secondary schools across Portsmouth. The last You Say survey was conducted in 2018 and found that **cannabis was the most commonly used drug by young people, with 5.2% reportedly using it daily, weekly or monthly**, and 9.2% having tried it at least once. The second most common drug type reportedly used by these age groups were solvents (3%), followed by substances formerly known as NPS,[31] including nitrous oxide (2.1%), Ketamine (1.3%) and Ecstasy (1.2%).

[28] Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk) due to the suspension of the face-to-face Crime Survey on 17 March 2020 because of the Covid-19 pandemic, the full range of estimates were not provided in the March 2021 report. The earliest the full dataset will be available is December 2022. Some estimates were provided but the report states that they are not directly comparable with previous years. For this reason, 2020/19 data has not been used.

[29] Using the ONS mid-year population estimate for 2020

[30] Year 8 pupils are aged 12 & 13 years and Year 10 are aged 14 & 15.

[31] NPS: new (or novel) psychoactive substance

Figure 3.1 shows the proportion and number of people using drugs in the last day, week, month or year (not just tried as a one off), for each age group using estimates from the previously mentioned surveys applied to the mid 2020 population estimates.[32] This figure highlights that **drug use is more prevalent within the 16-24 year age group**.

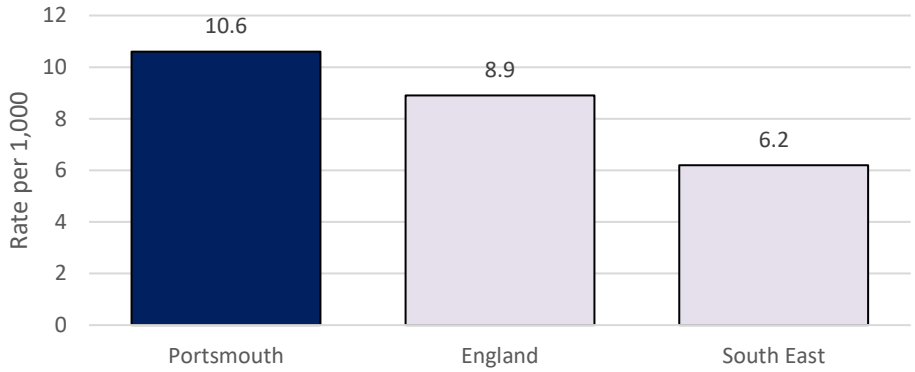
NatCen Social Research uses findings from the Adult Psychiatric Morbidity Survey 2014 to generate estimates for adults who display signs of dependence on drugs. Nationally, 3.1% of adults (18-64 years) showed signs of dependence on drugs, with around 2.3% showing signs of dependence on cannabis and 0.8% on other drugs (but may also use cannabis). Although the rates are not updated frequently, they have remained stable since 2000, after increases in the 1990s.[33] This means **around 4,350 people in Portsmouth are estimated to be dependent on drugs.**[34] The survey found that younger people (18-24 years) were more likely to display signs of dependence than adults, and that males were more likely to display signs of dependence than females (Table 2.1).

Table 2.1: National predicted rates of dependence by age group.

Age range	% Males predicted to be dependent on drugs	% Females predicted to be dependent on drugs
18-24	11.8	4.6
25-34	6.6	3.4
35-44	4	2.5
45-54	2.3	1
55-64	1.3	0.8

While dependence on any drug can result in harm, dependence on opiates and crack cocaine are associated with more significant impacts on the individual, their family, and the broader community. This includes, but isn't limited to impacts on unemployment, long-term reliance on benefits, putting children at risk and crime.[35]

Figure 2.2: Estimated prevalence of opiate and/or crack cocaine use, rate per 1,000 population for 2016/17



[32] The single year age group data was not yet available from ONS for 2021 (only 5 year age groups), which is why the mid 2020 population estimates were used. It is anticipated that when this data becomes available, these figures will change slightly.
[33] Projecting Adult Needs and Service Information System (pansi.org.uk)
[34] Applying the rate to the ONS mid-year population estimate for 2020.
[35] OHID Adult Drug Commissioning Support Pack 2022-23: Key Data.

The latest estimate for the number of opiate and/or crack cocaine users (OCUs) aged 15-64 years in Portsmouth **was 1,541** in 2016/17 giving a rate of 10.6 per 1,000 of the population aged 15-64. This is higher than the rates for England and the South East (8.9 and 6.2 per 1,000, Figure 2.2).[36] There has been an 8% (n114) **increase from the 2014/15** estimate.[37]

While it isn't known what has caused this increase as factors leading to drug use are complex and multifaceted, it could be that better recording and improved access to services have contributed to this increase. Increases in poverty and corresponding reductions in support services as a consequence of lower levels of funding due to austerity are likely to have contributed to the increase in numbers of OCUs.

OHID provide an estimate of unmet need in relation to crack cocaine, opiates and combined OCUs to inform commissioning. Portsmouth had slightly lower rates of unmet need than the England average based on the 2016-17 estimates for OCUs and the 2020-21 drug treatment data (Table 3.2), however **around half of OCUs are thought to not be receiving the treatment they need**.[38]

Table 2.2: Unmet need for drug dependent adults, comparison of Portsmouth with the England average

	Portsmouth	England
Crack	52%	58%
Opiates	33%	47%
OCUs	49%	53%

2.2. Prescribed Drugs

This section has been included as people can become dependent on prescribed medications or use medications that have prescribed to others recreationally or where they are not needed therapeutically. In 2020/21, **12% (n120) of Portsmouth's adult drug treatment population have cited prescription only or over-the-counter medicine as their problem substance**, which is slightly less than the national rate of 14%. 8% of those in treatment (n82) reported illicit use of prescription or over the counter medicine compared to 10% nationally.[39]

In particular, there is concern about the long-term use of opioids. Evidence suggests that opioids may be effective for short-term use and end of life, but that continuous use of opioids is not effective for treating chronic pain. A small number of people may obtain good pain control longer term if the dose is intermittent. Side effects are common and up to a quarter of patients taking opioids long term have developed a dependence to them. Of all deaths related to drug poisoning in 2015 nationally, 54% involved an opioid drug. The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit. For those patients prescribed long term opioids there is a need to question if the drugs prescribed are inadvertently creating addiction rather than controlling pain.

[36]Opiate and crack cocaine use: prevalence estimates by local area, Public Health England. https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

[37] Public Health Profiles - PHE Figures for 2016/17 - this data is not modelled annually, and is only available for 2011/12, 14/15 and 16/7.

[38] Adults Drug Commissioning Support Pack: 2022-23: Key data

[39] Adults Drug Commissioning Support Pack: 2022-23: Key data

Data on current prescribing of opioids or other dependence forming drugs for Portsmouth General Practices has been derived from ePACT (primary care dispensing data). The analysis below is for data from 15th September 2022 to 12th October 2022[40] unless specified otherwise.

Portsmouth is performing better than the national average for the prescribing of opioids for:

- The proportion of patients receiving opioid pain medications. (Portsmouth value is 16.25 compared with 20.54 nationally). This is the number of patients prescribed opioids compared to list size per 1,000 patients. So overall, the **number of patients prescribed opioids is less than the national average.**
- Patients receiving opioid pain medications for 169 days or more (Portsmouth 13.21 compared to 16.44 nationally). This is the number of patients prescribed opioids for 169 days or more per list size per 1,000 patients. So overall, **there are less people prescribed long term opioids than the national average.**
- The proportion of patients with a high oral morphine equivalent dose in combination with other medicines known to increase the risk of harm:
    - Antidepressants (163 for Portsmouth compared with 384.33 nationally)
    - Benzodiazepines (49 for Portsmouth compared with 82.76 nationally)
    - Gabapentinoids (107 for Portsmouth compared with 277.49 nationally)
    - Z-drugs (42 for Portsmouth compared with 60.02 nationally)

This shows that the number of patients on high oral morphine doses in combination with other medicines known to increase the risk of harm is lower than the national average. So overall, **less people are prescribed high oral morphine equivalent doses in combination with other medicines known to increase the risk of harm compared to the national average**.

However, Portsmouth is the **worst performing area for the number of people receiving a high volume of Morphine sulphate 10mg/5mL solution**. High volume is defined as more than 601mL in a 28 day period. This data does not differentiate for the condition being treated, e.g. chronic pain, where the use of opioids is no longer advised compared with cancer/terminal pain where opioids are recommended. As an outlier, this is an area which warrants further investigation to the possible causes and consideration as to whether patients can reduce or stop the use of morphine.

Portsmouth has a higher rate than the national average for the:

- Proportion of patients with a total oral morphine equivalent dose of 120mg or more per day. (Portsmouth 67.25 compared to 62.60 nationally). This is the proportion of patients prescribed 120mg/day morphine equivalent compared to patients with an opioid prescription, per 1,000 patients.
- Proportion of patients with multiple items on prescription of Morphine sulphate 10mg/5mL oral solution. (Portsmouth 281.93 compared to 266.25 nationally). This is the number of patients prescribed two or more morphine items in the last 28 days compared to the number of patients with any opioid prescription in the last 28 days.

Portsmouth is the **worst performing area for the percentage of patients concurrently prescribed five or more analgesic medicines.** This is as a percentage of patients prescribed an analgesic (for three

[40] Data is from the most recent 28 days from the request for this needs assessment - from NHS Hampshire & IOW ICB.

consecutive months or more). This measure shows that patients are on multiple medications that are used for pain, although these may be prescribed for a different condition e.g. anxiety or epilepsy. This may be due to Portsmouth as a locality having more people with pain and other conditions where analgesic medications are also used, however, as an outlier is it an area that warrants further investigation.

Portsmouth has a higher rate than **the national average for** the proportion of patients receiving the following medications in combination with opiates as a rate per 1,000 of patients prescribed opioid pain medication:

- **Antidepressants** (Portsmouth 489.70 per 1,000 patients prescribed opioids compared to 471.28 nationally)
- **Benzodiazepines**. (Portsmouth 87.58 compared to 66.09 nationally)
- **Gabapentinoids.** (Portsmouth 258.68 compared with 247.91 nationally)
- **Z-drugs** (Portsmouth 61.82 compared with 51.44 nationally.

2.3. Drug Seizures

Data is available about drugs seized by the police and Border Force. The trend in the number of seizures is driven by police activity (in 2020/21 89% of seizures were made by police), although seizures made by the police are usually smaller quantities, often for personal consumption. Conversely, larger quantities are often seized by Border Force, from those seeking to traffic drugs to supply. For example, Border Force seized 92% of heroin and 85% of the cocaine in 2020/21.[41]

The police and Border Force made 223,106 drug seizures in England and Wales during 2020/21. This is a 21% increase from 2019/20, and the third consecutive increase in seizures, reversing a downward trend since 2008/09 (Figure 2.3). This has been **driven by a 21% increase in seizures of Class B drugs, of which 95% involved at least one form of cannabis** (from 139,129 in 2019/20 to 168, 332 in 2020/21, but there were also increases in the number of seizures of Class A and C drugs.[42]

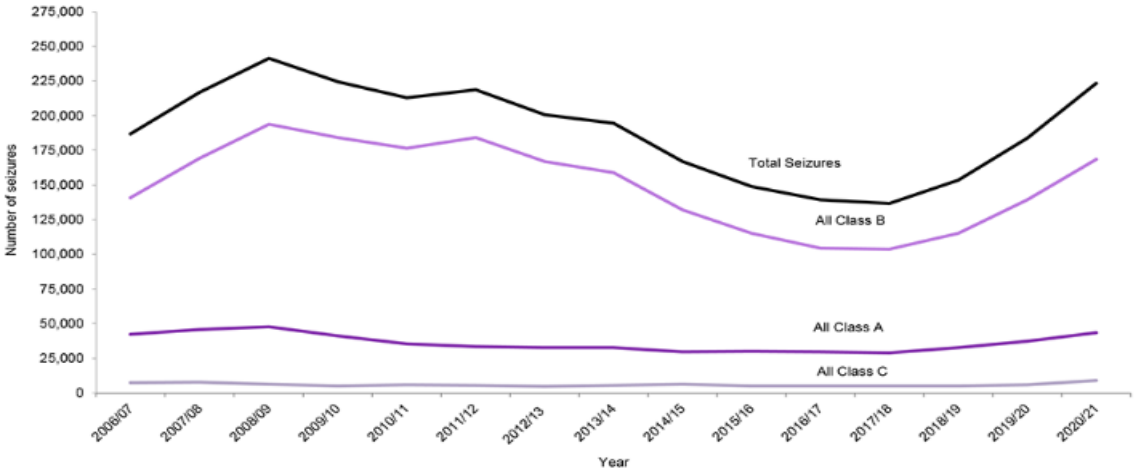
As well as an increase in the number of cannabis seizures, there has been an **119% increase in the quantity of cannabis resin seizures** (from 908kg in 2019/20 to 1,990kg in 2020/21) and **a 64% increase in the number of cannabis plants seized** (from 500,448 to 818,812 plants), although there was a 16% reduction in the quantity of herbal cannabis seized (from 20,549kg to 17,213kg).

Cocaine was the most commonly seized Class A drug and while the number of seizures reduced by 6% (from 18,736 to 17,641) since 2019/20, the quantity seized increased by 161% (from 4,274kg to 6,874kg). Heroin was the second mostly commonly seized Class A drug, and the number of seizures increased by 6% (from 8,769 to 9,258) but the quantity reduced by 18% (from 2,396kg to 1,973kg).

2020/21 was the first year that Border Force recorded seizures of NPS separately, so no comparison can be made for combined figures, but the number of NPS seizures by the police increased by 18% (from 2,794 to 3,289).

[41] Seizures of drugs in England and Wales, financial year ending 2021 - GOV.UK (www.gov.uk)
[42] Seizures of drugs in England and Wales, financial year ending 2021 - GOV.UK (www.gov.uk)

Figure 2.3: Number of seizures of Class A, B and C drugs by police forces and Border Force.



Local police data is available for drug possession and trafficking offences. There are limitations to this dataset, as drug offences tend to be driven by police activity and an increase or reduction in drug offences may not reflect genuine increases or reductions in drugs within the community. However, this data can give a picture of the type of drugs which are prevalent in the community. Data for 2011/12, 2016/17 and 2021/22 has been compared to see if the most commonly specified drugs for these offence types have changed over the last ten years. Table 2.3 shows the most commonly mentioned drug types for possession offences, where they are mentioned and gives the direction of travel since 2016/17.

Table 2.3: Specified drugs for possession offences, ranked with 1 being the most common drug seized.

	2011/12	2016/17	2021/22	Direction of travel from 2016/17
Cannabis	1	1	1	↔
Cocaine	2	2	2	↔
Amphetamine	4	4	3	↑
Heroin	3	3	4	↓
Ketamine	6	n/a	5	↑
MDMA	5	5	6	↓
Synthetic Cannabinoid	n/a	6	7	↓

Cannabis has consistently been the most common drug specified for possession offence, accounting for 84% (n778) of drug possession offences in 2021/22. **Cocaine has also remained the second most commonly specified drug** over the three years that were analysed and accounted for 9% (n80) of drug possession offences. While there have been increases in Amphetamines and Ketamine seized since 2016/17, the numbers are small (n14 and n6 respectively) and still lower than in 2011/12. However, there has been a **reduction in the number of seizures of heroin** from 83 in 2011/12 to 13 in 2021/22.

2.4. Estimates of Alcohol Use from Surveys

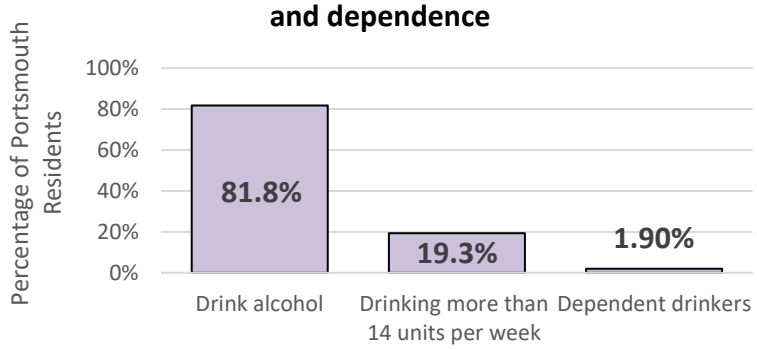
Consumption of alcohol is common; the Health Survey for England estimates that **81.8% of adults over 18 years in Portsmouth drink alcohol to some extent** (with 18.2% reporting that they do not drink or have never drunk alcohol, 2015-18).[43] This compares favourably with the national and South East averages for abstinence (16.2% and 12.4% abstaining respectively), but the difference is not statistically significant.

The Portsmouth Health & Lifestyle Survey 2015 found that 35% (n366) of respondents said they drink alcohol at least two or three times a week, with 40% (n146) of this group of frequent drinkers drinking four or more times a week (equivalent to 14% of all respondents). **17% of respondents (n180) reported drinking to unhealthy levels, consuming at least seven units in a typical day when drinking** (also classed as binge drinking).[44]

These findings are consistent with the Health Survey for England, which also found that 16.7% of adults in Portsmouth binge drink (range of 8.6% to 30.6% with a 95% confidence interval). Levels of binge drinking in Portsmouth were slightly, but not statistically significantly higher than the national and South East averages (15.4% and 14.9%, 2015-18).[45]

In 2016, the Chief Medical Officer set new guidelines for low-risk drinking, recommending drinking no more than 14 units of alcohol per week, for both men and women.[46] **The Health Survey for England estimated that 19.3%** (range of 11.0% and 31.9% for 95% confidence level) **of Portsmouth residents were drinking more than 14 units per week** (2015-18), which is lower, but not significantly lower than the national and South East averages (22.8% and 22.9% respectively).[47] However, there are limitations to self-reported alcohol use data, as people tend to minimise or under-estimate the amount they drink, there is general confusion over what constitutes one unit of alcohol, and the government guidelines/language used has not always been as clear.

Figure 2.4: Prevalence of alcohol consumption and dependence



[43] Local Alcohol Profiles for England - Data - OHID (phe.org.uk), range from 11.2% to 28.2% abstinence with 95% Confidence Interval.

[44] Ipsos MORI summary report of findings, Health and Lifestyle Survey 2015 via Portsmouth JSNA (www.jsna.portsmouth.gov.uk). Accessed 15/09/2017. Numbers provided are rough numbers based on the percentages of valid responses which have been weighted rather than the actual numbers. 1075 respondents.

[45] Local Alcohol Profiles for England - Data - OHID (phe.org.uk)

[46] UK Chief Medical Officers' Low Risk Drinking Guidelines (publishing.service.gov.uk)

[47] Local Alcohol Profiles for England - Data - OHID (phe.org.uk)

The Adult Psychiatry Morbidity Study (2014) is used to estimate prevalence of alcohol dependence, giving an **estimated 3,075 adults dependent on alcohol** in Portsmouth, **equating to 1.9% of the population**.[48] [49] This is higher, but not significantly, than the national estimate of 1.4% of the population.

2.5. Drug and Alcohol Support Needs for at Risk Populations

Some sections of the community have increased drug and alcohol support needs and Table 2.4 below summarises the information available for these populations. However, the Adult Social Care data is for safeguarding concerns where substance misuse is mentioned in the referral as an area of concern, but may not necessarily mean they have substance misuse support needs.

There is more detail in the following sections about rough sleepers and offenders, but **there is a gap in local knowledge about the proportions of sex workers and people with learning difficulties who have substance misuse needs and the extent of their needs.**

Table 2.4: Summary of drug and alcohol needs for specific populations.

	% With drug support needs	% With alcohol support needs	% With drug or alcohol support needs
Rough Sleepers (Street Homeless)	46%	24%[50]	
Offenders supervised in the community[51]	39%	44%	
Offenders incarcerated in HMP Winchester	44%	38%	
Mental Health Needs (Open to Care Co-ordinator or Lead Professional)[52]			18%
Adult Social Care (concerns received)	6% (n128)	6% (n132)	
Learning Difficulties	No local data but national research found less likely to use than general population - more at risk of drug-related exploitation[53]		
Sex Workers	No local data - has been quoted as 'many' nationally[54]		
People who participate in ChemSex	No local data		

National research has found levels of substance misuse lower amongst people with learning difficulties, although it is thought they are more at risk if they have borderline/mild learning difficulties, are young and male or/and have mental health problems. Although only a small proportion of people with learning difficulties, they are a doubly disadvantaged group as there are often barriers to them engaging with services or receiving a service that meets their need.[55]

Conversely, national research has suggested that many female street sex workers are addicted to illegal drugs such as heroin and crack cocaine and that drug use reinforces their dependency on sex work,

[48] https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england
[49] Range of 1.5% - 2.6% for 95% confidence interval)
[50] Data provided from Rough sleeping drug and alcohol grant team for July to September 2022 and includes rough sleepers only, this is Likely to be estimated as 16%(n15) people's drug and alcohol need was unknown.
[51] Data provided by Samara Heppenstall, National Probation Service for 2021.
[52] From Solent NHS Trust, Community Services - 78 out of 442 service users open to Care Co-ordinator or Lead Professional.
[53] Substance misuse in people with learning disabilities: reasonable adjustments guidance - GOV.UK (www.gov.uk)
[54] Drug use in street sex workers: the DUSSK study - ARC West (nihr.ac.uk)
[55] Substance misuse in people with learning disabilities: reasonable adjustments guidance - GOV.UK (www.gov.uk)

trapping them in a 'work-score-use' cycle which adds to their health and social problems.[56] Additionally, sex workers who are drug dependent may find engaging with drug treatment services difficult due to the stigma of sex work.

ChemSex is defined by specialists as the use of one or more of these three specific drugs (with or without other drugs) in a sexual context to facilitate or enhance sex: Methamphetamine (crystal/crystal meth/Tina/meth), Mephedrone (meph/drone), GHB/GBL* (G, Gina). More generally, the term is used to describe sex that occurs under the influence of drugs, which are taken before and/or during a sexual session. 'Chemsex' is a term most commonly used by gay, bisexual or other men who have sex with men (GBMSM) sub sections of the population more so than in other sub section population groups.[57]

Reasons for Chemsex are similar to using other drugs but the side effects from ChemSex are more severe than other commonly used recreations drugs, both when high and afterwards. Associated risks include:

- Side effects include overdose (fatal), paranoia, psychosis and blackouts.
- Not being able to consent to sex when unconscious or highly intoxicated; increases risk of assault.
- Drug interactions can be serious and difficult to predict (i.e. between alcohol and GBL/GHB).
- Meth and meph are often injected. Injecting is known as ”slamming”. This risks injection-related infections and blood-borne infections like HIV and HCV.
- STIs are common and frequent. This includes HIV, HCV and, currently, a shigella outbreak.
- Multiple and repeat use of post-exposure prophylaxis (PEP).
- Multiple HCV re-infections.
- Low adherence to ART treatment by HIV positive people on treatment.
- Serious short- and long-term impacts include chronic depression, anxiety, weight-loss, paranoia, psychosis.
- Loss of lifestyle stability in terms of employment, debt, housing, partnerships and friendships.
- Increased need for GUM, STI, HIV and counselling clinics and services.

These links have been well documented at GUM/HIV clinics in London over the last decade,[58] however there is a knowledge gap within Portsmouth to the extent of ChemSex use and the associated harm.

2.5.1. Rough Sleepers

People who are homeless or rough sleeping often have a range of complex issues and needs, in 2022 Homeless Link completed a health audit and found that the proportion of homeless people in England reporting some form of physical and mental health problem was staggeringly high, with 78% having a physical health condition and 82% with a mental health condition. Both proportions had increased since the last health audit was competed in 2014. The audit found that 38% said they have a drug problem or are recovering from a drug problem and a further 29% have a current or were recovering from an alcohol problem.[59] Just over half of respondents (54%) reported having used drugs in the previous 12 months. The most common cited drug used was cannabis (43%). Heroin and crack cocaine use had increased since the last audit.

[56] Drug use in street sex workers: the DUSSK study - ARC West (nihr.ac.uk)
[57] Microsoft Word - Guidelines for psychosexual therapists who work with issues around Sober Sex.docx (cimpress.io)
[58] Microsoft Word - ChemSex definition 19dec14 FINAL.docx (i-base.info)
[59] Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit | Homeless Link

Data obtained from the Rough Sleeping Drug and Alcohol Grant Team, who support people that are currently rough sleeping in Portsmouth or at risk of rough sleeping, provided data that 46% of rough sleepers had a drug problem and 24% an alcohol problem, (numbers not too dissimilar to the health audit). This information was not known for some rough sleepers so these local figures could be an underestimate. This Data is obtained by the team using assertive outreach and having conversations with rough sleepers.

2.5.2. Offenders

Being incarcerated could provide a window of opportunity to address drug or alcohol dependency, as people are removed from their previous lifestyle and peers. Portsmouth residents may attend any number of prisons, although most referrals made to substance misuse services came from the following:

- HMP Lewes (20%)
- HMP Winchester (18%)
- HMP 7 YOI Bronzefield (17%), and
- HMP Bullingdon (8%)

However, we do not have the numbers of offenders from Portsmouth who are incarcerated at the prisons, so it is not possible to draw conclusions from the above percentages about which prisons are better at referring.

A recent needs analysis completed by **HMP Winchester** (2022) outlined how the prison has an overarching vision to help prisoners lead law abiding lives, being drug free, having a home and being work ready, the analysis outlined how it is committed to support the government's 10 year drug strategy from harm to hope.

The report showed that the average length of stay for a prisoner is predominately under 1 year and the prison are now seeing an increase in prisoners awaiting to be sentenced and a decrease in sentenced prisoners, a reflection of the court back log. The most predominant offence type among the population is Violence 47%, this is then followed by drug offences 18%.

Drug and alcohol identified need among the population is high the analysis found that 44% of the sentenced population had an identified drugs need and 38% an alcohol identified need.[60]

Data provided by the probation service identified that in 2021, **39% of offenders supervised in the community had drug misuse needs and 44% had alcohol misuse needs.**

More detailed information from the National Probation Service for the rolling 12 months from 1st April 2021 to 31st March 2022 indicated that **6% of supervised offenders were assessed as having significant problems with drug use**, meaning they spend a lot of time obtaining and usings drugs, use daily and are involved in the supply of drugs to others in order to secure their own needs. The majority of those with significant problems were male, aged between 30 and 49 years of age and were White.

A **further 20% were identified as having some problems with drug misus**e, which means that a significant amount of time each day is preoccupied with using drugs, but the individual is trying to change

[60] The numbers for unsentenced prisoners is not known.

their life or has other interests which are not drug related. This group of offenders was largely male (81%), White (93%) and the peak age was 30-39 years (33%). 34% of supervised offenders were identified as having no problems, but in this context, it means that their daily life does not entirely revolve around drug use. This information was not recorded for 40% of offenders with drug misuse needs.

This data was also available for those with alcohol needs, with **11% offenders having significant and a further 15% having some problems with their alcohol use**. Those with significant or some problems were more likely to be male (80%), White (95%) and the peak age was 30-39 years (32%). **40% had significant issues with violent behaviour related to their alcohol use** (11% had no issues with violence and this was unknown for 49%)

2.6. Impact of the Covid-19 Pandemic

The COVID-19 pandemic had an impact on people's use of substances, with the lockdown in March 2020 causing significant disruption to people's lives. Many people's substance use increased, with some in long-term recovery relapsing. A COVID-19 Insights report looking at the impact of the pandemic in Scotland, found that calls to the Scottish family's helpline, which offers to support to anyone concerned about someone else's drug or alcohol use, saw a huge increase in demand. From March 2020 the period running concurrently to the first national lockdown there was an 80-140% increase in contacts compared to the same period the previous year[61]. Due to some delays in reporting and with many people still living with the challenges that the pandemic presented; **the true impact of the pandemic on people's use of substances and experiences of drug and alcohol services may not be fully understood for a few years**.

2020/21 saw many societal changes required to manage the pandemic; **the way substance misuse services operated had to quickly adapt, impacting service users' experience of these services**. Substance misuse services in the city continued providing support during lockdown periods, but initially all face-to-face delivery was suspended, and support was offered remotely while groups moved to virtual /online. This included many opioid substitution prescriptions, which prior to the pandemic included a requirement for supervised consumption of the medication. For some, this would have severely impacted their access to services.

During 2020/21, **unplanned admissions to hospital sharply reduced as the pandemic took hold and this is likely to be due to people avoiding hospitals, either to ease the pressure on the NHS and/or because hospitals were perceived to be high-risk settings for catching Covid-19**. Therefore, most of the drug and alcohol related and specific hospital admission measures in this report are lower than expected, and comparisons have been made between 2021/22 and 2019/20 were possible.[62]

[61] Scottish families (2020) lockdown and beyond A COVID insights report. COVID-Insights-Report-December-2020.pdf (sfad.org.uk)

[62] Adults Alcohol Commissioning Support Pack: 2022-23: Key data

2.7. Prevalence - Key Messages & Recommendations

Key messages

- An estimated 12,640 Portsmouth residents (16-59 years) including 7,600 young people (16-24 years) used drugs in the last year. Nationally, young adults (16-24 years) are more likely to use drugs than older adults.
- Cannabis is the most popular drug for both age groups followed by powdered cocaine for 16-59 years, but nitrous oxide for 16-24 years.
- National estimates from NatCen Social Research estimates that around 4,350 people in Portsmouth are estimated to be dependent on drugs, and this research suggests that younger people (18-24years) were more likely to display signs of dependence than older adults, and males more than females.
- The estimated number of opiate and/or crack cocaine users (OCUs) aged 15-64 years in Portsmouth was 1,541, a rate of 10.6 per 1,000 of the population, higher than the rate nor England and South East. Around half of OCUs are thought to not be receiving the treatment they need.
- 12% (n120) of Portsmouth's adult drug treatment population have cited prescription only or over-the-counter medicine as their problem substance. This is slightly less than the national average and 8% reported (n82) illicit use of prescription drugs.
- In Portsmouth the number of patients prescribed opioids, and those prescribed opioids long-term is less than the national average.
- Portsmouth is the worst performing area for the number of people receiving a high volume of Morphine sulphate 10mg/5mL solution, the percentage of patients concurrently prescribed five or more analgesic medicines and a higher rate than the national average for the proportion of patients receiving the following in combination with opiates antidepressants, benzodiazepines, Gabapentinoids and Z-drugs
- 17% of adults in Portsmouth are drinking to unhealthy levels, consuming at least seven units in a typical day when drinking (binge drinking), slightly higher than national and southeast averages.
- 19.3% of Portsmouth residents were drinking more than 14 units per week slightly lower than the national and Southeast averages.
- 3,075 adults are estimated to be dependent on alcohol in Portsmouth, equating to 1.9% of the population, slightly higher than national average.
- There is a high level of drug and alcohol need amongst offenders and rough sleepers/homeless

Recommendations:

- Further investigation into the NatCen finding that young people are showing more signs of dependency than adults. Current treatment service for young people is based around family work and psychosocial work rather than pharmacological interventions as guidelines suggest young people are less likely to show signs of dependency.

- Further investigation to the possible causes of high levels of use of morphine, particularly with other drugs and consideration as to whether patients can reduce or stop the use of morphine (section 3.2).

3. The Impact

Substance misuse not only affects the individual's health and wellbeing (including factors such as housing, employment, debt, family breakdown etc.), but has significant impact on families and the wider community. There is a close association between substance misuse and crime, with dependent drug use linked to acquisitive crime such as robbery and burglary,[63] and alcohol linked to violent crime.[64] Substance misuse services are evidenced to improve individual's health but also reduce crime.

3.1. Drug & Alcohol Related Ambulance and Hospital Data

3.1.1. Drug & Alcohol-related Ambulance Data

South Central Ambulance Service (SCAS) provide data about ambulance attendances that are drug and/or alcohol related. Historically, only data flagged by paramedics as being drug or alcohol related was provided, but in October 2021 the data report included data extracted using a text search for key words. This means that data provided after October 2021 cannot be compared with data before, and there are still a few issues to be clarified with the wider dataset.

However, data has been extracted where the presenting complaint is 'opiate/opioid' or where the medicine administered contains Naloxone. Figure 3.1 shows the number of SCAS records for ambulance attendances in the last four years for Portsmouth and Southampton. The number for Portsmouth has been on an upward trend, and while most other drug related health measures saw a reduction during the pandemic, **ambulance attendances related to opioid use increased during 2021**. In contrast, levels remained fairly stable in Southampton.

Figure 3.1: SCAS ambulance attendances for opiods/Naloxone administered

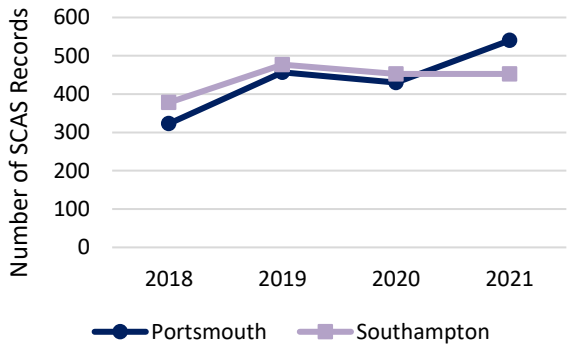
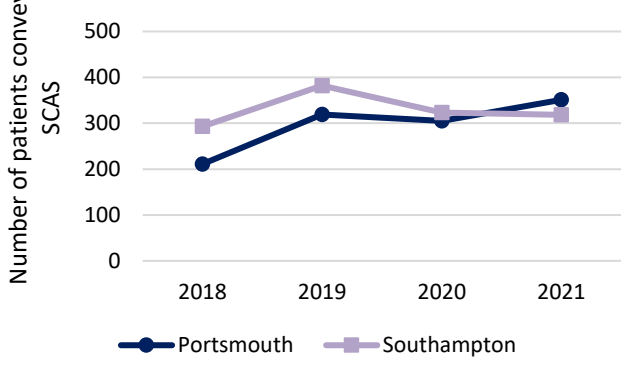


Figure 3.2: Number of conveyed patients for opiods/Naloxone administered



[63] Bennett *et al* (2008) The statistical association between drug misuse and crime a meta-analysis. The statistical association between drug misuse and crime: A meta-analysis - ScienceDirect

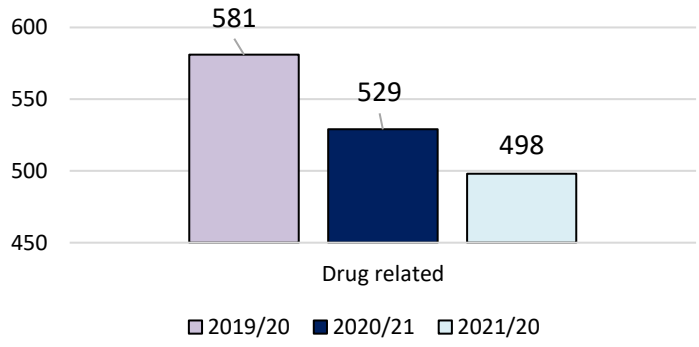
[64] McClelland et al (2001) Alcohol intoxication and Violent Crime: Implications for Public Health Policy. Alcohol Intoxication and Violent Crime: Implications for Public Health Policy (wiley.com)

Figure 3.2 shows the number of times patients were conveyed to hospital via ambulance for opioid-related conditions or where Naloxone was administered. There has also been an increasing trend for conveyances in Portsmouth over the last four years, including from 2020 to 2021, which suggests that opioid use (frequency or quantity) may have increased during that period.

3.1.2. Drug-related Emergency Department Attendances

More broadly, data is available for Emergency Department (ED) data from Queen Alexandra Hospital (QAH), which allows analysis of ED attendances which are recorded as being alcohol or drug-related. There were **498 drug-related ED attendances in 2021/22 which is not only a 14% (n83) reduction from pre-Covid levels in 2019/20, but also slightly fewer than in 2020/21** (6%, n31 fewer, Figure 3.3).

Figure 3.3: Drug-related ED attendances



While fewer people are attending the ED at QAH for conditions associated with drug use, it **cannot be assumed that this represents a reduction in drug-related harm as people are still strongly discouraged from attending the ED** where possible. This is due to continuing staff absences due to Covid, and patients being admitted with Covid. Therefore, it is possible that a proportion of people who may have attended the ED in the past are seeking medical help elsewhere - from pharmacies, GPs and the walk-in clinic at St Marys, or not seeking medical assistance at all. It should also be noted that this dataset may not be as accurate as hospital admissions as there has been less time for disclosures and test results to be available.

Those attending ED for drug-related conditions **were more likely to be male** (295.1 per 100,000) than female (165.9 per 100,000). While **males were more likely to be aged between 25 and 49yrs** (482.4 and 489.4 per 100,000 respectively), **females were more likely to be aged between 18-24 years** (371.2 per 100,000, Table 3.1).[65] **Reductions from 2019/20 were seen across most age groups**, although attendances by 10-17 year olds remained fairly stable, and there was a **slight increase for those aged 50-64 years** (n10).

[65] The age field has pre-set age groups of 0-17, 18-24, 25-29, 30-49, 50-64 and 65+

Table 3.1: Drug-related ED attendances by age, rate per 100,000[66]

Age group	Female	Male	Total
0 - 17	112.1	89.5	100.6
18 - 24	371.2	377.3	374.6
25 - 29	213.5	481.4	360.0
30 - 49	260.9	489.4	379.2
50 - 64	44.4	239.8	141.9
65+	17.9	65.0	39.3
Total	**165.9**	**295.1**	**232.0**

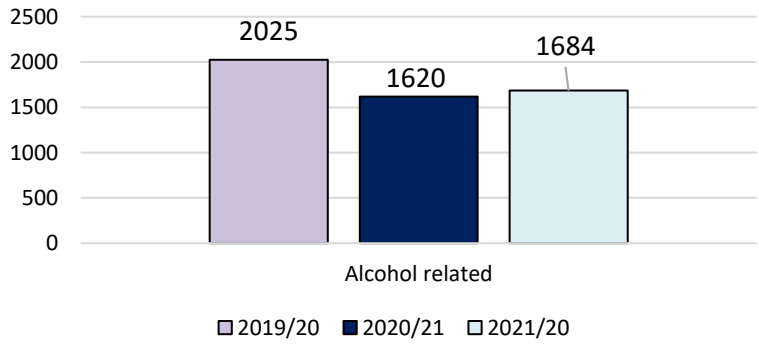
The most **common primary diagnoses were 'recreational drug use' (15%, n77), 'paracetamol overdose' (9%, n46) and 'opiate overdose' (9%, n44)**. There were reductions in most types of drug-related primary diagnoses, but the **biggest reduction was in 'recreational drug use, which decreased by 41%** (n54). There have been **increases in paracetamol and anti-depressant overdoses**, and while the percentage increases seem large (44% and 42% respectively), these increases are **numerically relatively small** (n14 and n11 respectively). It is important to note that paracetamol and anti-depressant overdoses are indicative of a decline in mental health and associated with suicidal ideation. This **could indicate unmet mental health need in the city.**

Substances that were involved were not always recorded in the 'drug type' field,[67] but where recorded, the **most common substance recorded was powder cocaine** (by itself or in combination with other drugs, 20%, n117), followed by heroin (15%, n89) and cannabis (7%, 41).

3.1.3. Alcohol-related Emergency Department Attendances

In 2021/22 there were 1,684 alcohol-related ED attendances, which is 17% (n341) fewer than in 2019/20 but slightly higher (4%, n64) than 2020/21 (Figure 3.4).

Figure 3.4: Alcohol-related ED attendances



As for drug-related attendances, the lower levels may not reflect lower levels of alcohol consumption and alcohol-related harm, but instead people adhering to requests not to attend the ED where possible.

[66] Rates calculated using ONS 2020 Midyear population estimates as the 2021 census data is not yet available for single ages.
[67] This was noticed when seeing some drugs appearing in the primary diagnosis but not drug type field - particularly in relation to alcohol.

Table 3.2 shows a **higher rate for males than females** (982.9 and 576.7 per 100,000 respectively). **30-49 years had the highest rate for males and second highest for females** (1,600.5 and 932.2 per 100,000 respectively), although it is not possible to break this age group down further to establish whether there is a higher rate at the younger or older end or if it is fairly consistent throughout. The highest rate for females was seen for the 18-24 year age group (1,078.7 per 1000), which was higher than the rate for males (891.8 per 100,000).

Reductions were seen for all age groups, but the **largest numerical reduction was seen for 18-24yrs** (27%, n117).

Table 3.2: Alcohol-related ED attendances by age, rate per 100,000[68]

Age groups	Female	Male	Total
0 - 17	93.4	116.3	105.1
18 - 24	1078.7	891.8	975.8
25 - 29	486.3	845.0	682.5
30 - 49	932.2	1600.5	1278.2
50 - 64	622.3	1371.8	996.4
65+	209.2	845.4	497.3
Total	**576.7**	**982.9**	**784.4**

The most common primary diagnoses for alcohol-related ED attendances were:

- Alcohol intoxication (14%, n228)
- Alcohol withdrawal seizure/syndrome (8%, n142)
- Wounds (8%, n140)
- Minor traumatic brain injury (6%, n98)
- Alcohol dependence syndrome (5%, n90)
- Fractures (5%, n84)
- Bruises/contusions/abrasions (4%, n70), and
- Paracetamol overdose (4%, n70).

This data shows that not only are Portsmouth residents needing urgent medical assistance in relation to dependent drinking, but also in relation to binge drinking and for injuries sustained whilst under the influence. There are also attendances for alcohol being consumed alongside painkillers, which could be associated with either poor mental health or unmanaged pain.

The **majority of primary diagnoses saw reductions** from 2019/20, **but particularly minor traumatic brain injuries (reduced by 42%, n71) and bruises/contusions/abrasions (by 43%, n59)** which tends to support the hypothesis that people may be less likely to attend ED for conditions they perceive to be less urgent**. Conversely, there was an increase in attendances for alcohol withdrawal seizure/syndrome** (by 65%, n56).

[68] Rates calculated using ONS 2020 Mid year population estimates as the 2021 census data is not yet available for single ages.

3.1.4. Alcohol & Drug-related Hospital Admission Measures

Hospital admission data is likely to be more accurate than the ED attendance data, as there has been more time and more tests to capture the conditions. Going forward, it is recommended that drug and alcohol admissions data is obtained, analysed and compared with the attendance data to see which provides a more useful picture.

In 2020-21,[69] Portsmouth had a rate of **78.25 per 100,000 for hospital admissions for drug poisoning**, which is **significantly higher than the national rate** (50.22 per 100,000). The rate for 2020/21 was lower than the previous three years, but this rate is likely to been affected by the Covid-19 pandemic as were most hospital admission types. As well as being issue it itself, people who experience non-fatal overdoses are more likely to suffer a future fatal overdose and so can be an indicator of future drug related deaths.

In 2020/21, Portsmouth had a significantly higher rate than England overall for many alcohol-related or specific hospital measures including:

- Admission episodes for alcohol-specific conditions - male (1,385 compared with England: 806 per 100,000)
- Admission episodes for alcohol-specific conditions - female (625 compared with England: 380 per 100,000)
- Admission episodes for alcohol-related conditions - male, narrow (685 compared with England: 603 per 100,000)
- Hospital admission rate for alcoholic liver disease - male, narrow (111.4 compared with England: 61.7 per 100,000)
- Hospital admission rate for alcoholic liver disease - female, narrow (59.1 compared with England: 30.1 per 100,000)
- Admission episodes for mental & behavioural disorders due to use of alcohol - male, broad (966 compared with England: 545 per 100,000)
- Admission episodes for mental & behavioural disorders due to use of alcohol - female, broad (407 compared with England: 222 per 100,000)
- Admission episodes for intentional self-poisoning by and exposure to alcohol - male, narrow (74.2 compared with England: 35.4 per 100,000)
- Admission episodes for intentional self-poisoning by and exposure to alcohol - female, narrow (80.3 compared with England: 51.1 per 100,000)

The only measure where Portsmouth had a significantly lower/better rate than the England average was for admission episodes for alcohol-specific conditions - U18s (females), with a rate of 23.3 compared with 36.1 per 100,000 for England.

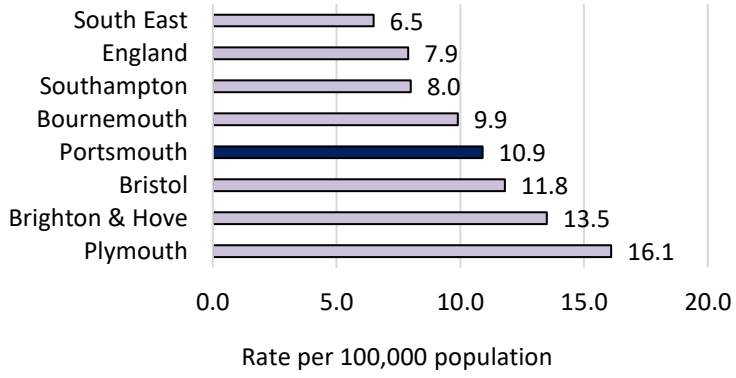
Alcohol-related mortality measures, tended to be higher than the England averages but not significantly so. Tables providing more detail, including 3-5 year trends can be found in Appendix A.

[69] This is the most recent data available - from Adult Drug Commissioning Support Pack: 2022-23: Key Data

3.2. Drug & Alcohol-related Deaths

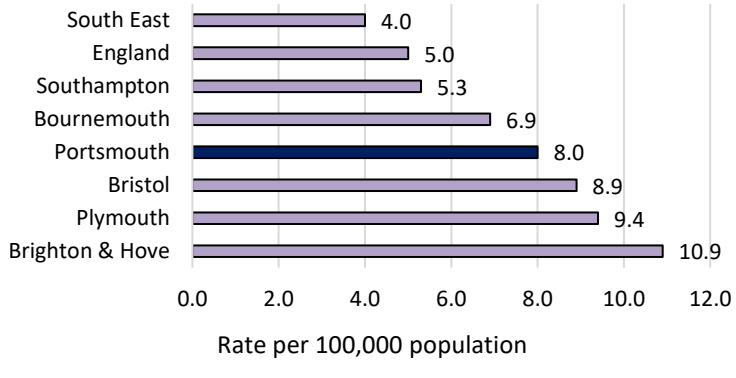
According to the Office for National statistics (ONS), **63 people in Portsmouth died due to drug poisoning involving controlled or non-controlled drugs** between April 2019 and March 2021.[70] This gives a rate of 10.9 per 100,000 which **higher than the England rate of 7.9 and the South East rate of 6.5** (Figure 3.5). However, it is lower than some other similar areas such as Bristol, Bournemouth and Plymouth and has also **been reducing since the peak of 15.9** per 100,000 in 2016-18[71] while the England trend has been increasing during that time period.

Figure 3.5: Mortality rate for deaths related to drug poisoning, 2019-21



A subset of these deaths are drug deaths due to substance misuse, where controlled drugs are mentioned on the record for the categories of accidental poisoning, intentional self-poisoning, assault or mental and behavioural disorders due to the use of volatile solvents. During 2018-2020[72] there were **48 deaths due to drug misuse in Portsmouth, giving a rate of 8 per 100,000 (Figure 3.6).[73]**

Figure 3.6: Deaths due to drug misuse (controlled substances), 2018-20



[70] Numbers are small, so three year periods are used to give a more robust trend.
[71] ONS 2022 Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics (ons.gov.uk)
[72] This is the most recent data available for this measure.
[73] OHID Fingertips website: https://fingertips.phe.org.uk/search/drug#page/4/gid/1/pat/6/ati/402/are/E06000044/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

This is significantly higher than the South East and England rates of 4.0 and 5.0 per 100,000 respectively, although it is lower than some other similar areas such as Bristol (8.9), Plymouth (9.4) and Brighton & Hove (10.9). **Portsmouth's rate of drug deaths due to substance misuse has been significantly higher than the England rate since 2009-2011,** but the England trend has been increasing since 2010-2012, while Portsmouth's rate has been reducing overall since 2013-15. With Covid-19 seeing a change to the way services were accessed and delivered[74] [75] and a shift in demand and supply of some drugs, there are concerns that this rate may rise again.

3.2.1. Analysis of Suspected Drug-related Deaths

In response to the growing concern about the number of drug related deaths, in 2021 Portsmouth Public Health team started to collate information about suspected[76] drug related deaths, providing real time data. Upon notification of a death in treatment or service (not just a suspected overdose but any death) the lead agency/person is asked to complete a confidential inquiry form, (the form asks for demographic information, circumstances of death, substance use history, any known vulnerabilities/risk factors such as mental health, housing, homelessness, domestic abuse, adverse childhood experiences and referral to or working with other services). The form is then returned to a member of Portsmouth Public Health team who collates all the information to look at patterns and trends, enabling an investigation into the relationship between suspected drug related deaths and individual, local and system factors. With a better understanding of these deaths, it allows suitable measures to be implemented to prevent further deaths from happening and helps inform future commissioning.

There are several limitations with the confidential inquiry data: the many unknowns, the assumptions made in recording/filling out the confidential inquiry form by the lead practitioner or agency, the subjective nature of the process and the bias of the Public Health officer when collating the information. Although the increasing number of suspected drug related deaths is of real concern, it is hard to make generalisations due to the small data set or sample size.

Between January 2021 and August 2022, 54 confidential enquiry forms were received. The majority were by the lead substance misuse treatment provider Society of St James, and it is notable that there were a small number of suspected drug related deaths in August 2021 (fewer than five) connected to contaminated heroin in the city.

Data about the suspected cause of the death only started being recorded midway through 2021, so there were 16 cases where the cause was unknown. The **most common suspected cause of death was long-term health decline (42% of cases where recorded), followed by suspected overdose (32%**) and suspected suicide.

[74] Chen *et al* 2020 main.pdf (nih.gov)
[75] Curtis *et al* 2022 bjgpjan-2022-72-714-e63.pdf (nih.gov)
[76] suspected as it is for the coroner to rule if it is drug related, so the number is likely to change

74% of suspected drug-related deaths were male and 26% were female. The national picture is similar, with data showing that in 2019 and 2020 males accounted for 72% of drug related deaths.[77]

The peak age for suspected drug related deaths occurs within the 35-44 age group, which accounted for 37% of all deaths. This is similar to national trends that show the highest rate of drug misuse deaths was found in those aged 45 to 49 years, closely followed by those aged 40 to 44 years [78]

To understand why there may be a rise in drug related deaths, it is important to understand the risk factors associated with drug use. **The most common risk factors or vulnerabilities within the population were mental health (78%) and poor physical health (70%).** Other common risk factors included being out of work (69%), contact with the criminal justice system (56%), unhealthy relationships/domestic abuse (43%), smoking (41%), poor housing situation (37%) and poor contact with family (37%). This is likely to be an under-estimate as this information was not known for all cases, in particular smoking status was not known in 25 cases **and in two thirds of cases Adverse Childhood Experience (ACE) factors were not recorded**.

The confidential inquiry form asks for information about referral to other services and what services the case had contact with and when. Housing (13%) and counselling services (11%) were the most referred to services, however numbers of referrals to these are still low. **In 46% of the cases it was either unknown if any referrals were made or no referrals to other services were made**.

The **most common services that cases had contact with were health services** including: GPs (43%), Ambulance (33%), mental health services (20%) and A&E (19%). **I**n 15% of cases there was no contact or no recorded known contact with services.

From 2022 onwards, care and support needs were also recorded; and 9 of the 13 cases from Jan to Aug 2022 had care and support needs. Of the 9 cases known to have a care or support need, fewer than five cases were known to be currently receiving support. The reason for not receiving any support is largely unknown. Fewer than five of these cases were known to Portsmouth Safeguarding Adults Board.

From the analysis of the confidential inquiry forms it is understood that:

- **Males are most at risk** - however it is worth noting that males make up approximately 75% of service users accessing front line drug and alcohol services and are more likely to be alcohol/drug dependent.
- **Highest rate of death was amongst the 35-54 age range**.
- Death in treatment/suspected drug related deaths **is a complex picture.**
- **There are many vulnerabilities with the population with the most cited are mental health and physical ill health.**
- **Using opioids in combination** with alcohol and/or other substances or medicines that suppress respiratory function such as benzodiazepines, barbiturates, anaesthetics or some pain medications increasing the risk of a suspected drug related death.
- **Having a concurrent medical condition** such as HIV, liver or lung disease or mental health conditions increases the risk of a suspected drug related death.

[77] ONS Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk)
[78] ONS Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk)

Monitoring this real time data and the information on suspected cause of death has highlighted that harm reduction approaches that focus on overdose prevention only will not stop all deaths and that there is a real unmet need with the physical and mental health of this population, other learning includes:

- **The need to ask about suicidal ideation** – has the service user had thoughts to end their own life?
- **Increase training on mental health and suicide awareness** for front line practitioners
- Service users with multiple medications/needs, highlights the **need to strengthen links with GPs.**
- **Increase access to training, employment and volunteering opportunities for service users,** as often boredom, little routine and structure can lead to relapse.
- **Smoking and the associated ill health such as COPD are risk factors,** there is a need to tackle the culture of acceptability of smoking with service users and staff. Suggestions include supplying vaping kits/liquids and offering brief advice for smoking/referrals.
- **Workers should be asking "is my client at risk?"** by checking: client medication, physical and mental health, self-harm and suicidal ideation, previous overdose and near miss history.

3.2.2. Near Misses

In the summer of 2022, the recording and collating of 'near misses' is being piloted with the services Two Saints and The Society of St James. It is important to monitor and collate information about near misses as **often a near miss can be a risk factor of a drug related fatality**. A near miss was locally defined as where either:

- Naloxone was administered or could have been administrated.
- Medical attention was required because of drug overdose/drug related.
- Anything out of ordinary or adverse to the client such as where they felt themselves 'going over'.
- Anything in someone's professional opinion that is worth reporting.

At the time of writing this report, 13 confidential inquiry forms detailing near misses had been returned with **most requiring medical assistance**. Of these, **all were male, with all near misses taking place in the person's home, often hostel style accommodation** such as Hope House in the City. Other findings were: approximately half were not known to be taking opiate substitute prescribed medication, (with the remaining either on methadone or Physeptone). **Approximately half did not have any goals in relation to their drug use; indicating an unwillingness /unreadiness to change**.

There were limited referrals made to other services, these services Included the rough sleeping drug and alcohol team and Queen Alexandra Hospital. Few were recorded as having contact with other services such as adult social care indicated an unwillingness/unreadiness to engage with services.

Actions recorded in relation to these near misses include **administering naloxone in over half of the cases, putting the individual in the recovery position and calling for an ambulance**. Other actions recorded include staff increasing welfare checks or monitoring of individuals, measures taken to reduced access to an individual's medications. Less than half refused any sort of support or additional measures being implemented.

The biggest limitation with this data and need for improvement, is **to date all reports of near misses are only being received from Two Saints or the Society of St James, there is no feedback or data being collected from health services such as South Central Ambulance Service or Accident & Emergency**; services people are likely to access but might not be known to front line drug alcohol or support services, increasing their risk of future overdoses or a drug related fatality.

3.2.3. Drug-Related Death Review Panel

In addition to the ongoing audit of confidential inquiry forms, a drug-related death review panel is convened quarterly where the panel will discuss a suspected drug related death in more detail to identify any learning. The panel includes representatives from front line drug and alcohol services, homeless services, domestic abuse services, Housing and Police. Cases prioritised for discussion will be those acute cases, so an overdose where cause and effect are easily linked as these will provide the best opportunity for learning.

At the time of writing this report we have had fewer than five drug related death review panels with a total of six cases being discussed. Actions/learning from these discussions include:

- Front line staff to revisit and book onto suicide prevention training.
- Main substance misuse provider to review their optimal dosing process.
- Set up a process with the coroner to get cause of death from toxicology/medical report.
- Include in audit process the recording of whether a person is currently in treatment.
- Explain the audit process to include near misses.

3.2.4. Coroner Audit 2021

In addition to this real time data provided by the confidential inquiry forms, the member of the Portsmouth Public Health Team audited the Coroner's files on suspected drug related deaths at the end of 2021. The aims of the audit were to explore cases of Portsmouth resident who died due to a suspected drug related death, critically analyse cases in the context of available resources to inform practice and share with stakeholders.

Included in the audit were cases identified through the Primary Care Mortality Database (PCMD) and those cases that were Portsmouth resident where the coroner had ruled a death was drug related or where an open verdict or suicide was ruled but there were identified drug and alcohol support needs. The member of the Public Health team manually went through each file completing a proforma collecting information on details of death, demographics of deceased, children and young people, occupation type and status, Mental health, drug use, adverse life events and if the deceased were known to be accessing services.

59 cases were included in the audit. Deaths audited occurred between 13th January 2019 to 9th December 2020; a time where the Covid-19 pandemic and subsequent national lockdowns impacted the availability and supply of some drugs and the accessibility of services.

Overall findings supported the findings from the confidential inquires. **Males aged 31-50 years were most at risk. Mental health, addiction and illness were the most common cited adverse life**

events/vulnerabilities for both males and females. For females ACEs and domestic abuse were prominent, for males it was out of work and homelessness. Although this is relatively small sample size, it **highlights that women can have different support needs to men when accessing services.**

27 of the cases met the ONS definition of a drug related death, of the 14 that did not fewer than five had died from alcohol related harm, there were six suicides and fewer than five open verdicts. Of those that met the definition, heroin and pregabalin[79] were the most common substances found in the toxicology.

Of the 27 cases that met the ONS definition 48% (n13) were known to substance misuse services in the city. Although limitations to this data such as auditor bias, assumption in the reporting and many unknowns, it still indicates potential unmet need in the wider population.

3.2.5. Thematic Review Homeless Deaths

In 2022 Portsmouth Safeguarding Adults Board commissioned a thematic review following the deaths within three months of fewer than five men who were homeless.[80] All were white British men in their early 40s or early 50s. Their deaths happened within the context of the first Covid-19 lockdown and most were accommodated in hotels or other accommodation as part of the national "Everyone In" programme. Most were known to have drug and alcohol support needs.

The thematic review made recommendations linked to supported housing, highlighting a need for abstinent based accommodation in the city. There have already been some changes within the city regarding abstinent accommodation, these are outlined in section 5.7 of this report.

Other key lesson and learning included:

- Supported accommodation for homeless people is not commissioned to provide high levels of support, so there is a need for a cohesive approach between housing, homeless services, social services and health services to meet the wide range of needs presented by homeless people.

- There are many barriers that prevent a homeless person accessing the support and services they need, this includes services being hard to navigate. Some homeless people become used to not getting what they want and therefore do not contact services, are easily put off or have low expectations of the help that can be provided, stigma and feeling blame such as using health services for a drug related injuries may mean that homeless people avoid contact with services that could help.

- The impact of long-term alcohol and drug use on mental capacity, either because of the coercive and controlling influence of addiction, or through cognitive impairment needs to be recognised in assessments of mental capacity.

[79] Pregabalin is often used to enhance the effects of opiate and can increase the chance of an overdose.
[80] The full report can be found here Safeguarding Adults Reviews (portsmouthsab.uk)

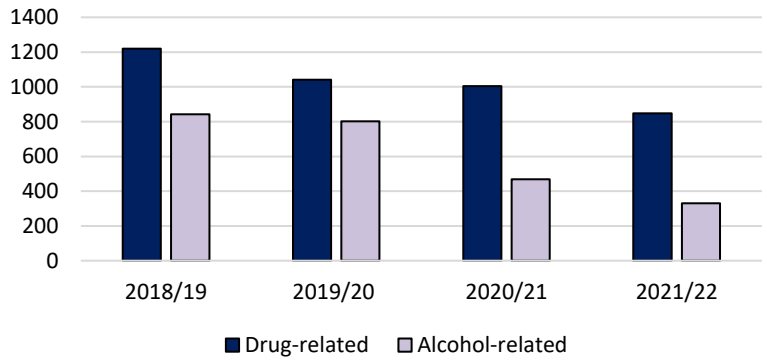
3.3. Drug & Alcohol-related Anti-social Behaviour and Crime

3.3.1. Drug & Alcohol-related Anti-social Behaviour

The term Anti-Social Behaviour (ASB) refers to a wide range of behaviours from environmental issues such as littering, fly tipping and dog mess, through to personal nuisance such as neighbourhood disputes and noise. ASB is a subjective issue which is open to interpretation; what one person perceives to be nuisance behaviour, another may not. Thus, the data collected only provides an indication of the issues rather than the complete picture.

Data from the police showed that in 2021/22**, 19% (n847) of ASB incidents reported to the police were drug-related.** This included behaviours such as drug litter, smoking cannabis in public places, young people hanging around being loud and smoking cannabis.[81]

Figure 3.7: Drug & alcohol-related ASB reported to the police 2018/19 to 2021/22



This is a 19% (n201) reduction in drug-related ASB incidents from 2020/21, although this is in the context of a 25% reduction in all ASB reported to the police, and **the proportion that is drug-related has remained stable over the last four years**.

Cannabis (or marijuana, skunk, dope, weed) was mentioned in 65% (n554) of the ASB incident records, and is by far the most mentioned drug. Nitrous oxide (NOs or cannisters) was the second most mentioned substance (1.4%, n12), followed by cocaine (1%, n9).

Charles Dickens was the ward with the most drug-related ASB incidents (23%, n194), followed by Nelson (13%, n112) and Hilsea (13%, n108).

In 2021/22, **331 ASB incidents reported to the police were alcohol-related**. The types of incidents included smashed bottles of alcohol, people drinking in public, often in groups and drunk and rowdy behaviour. There has been a 58% (n449) reduction in comparison with 2019/20, **the proportion of ASB that is alcohol-related has almost halved from 14% in 2019/20 to 7.4% in 2021/22**.

Charles Dickens was the also the ward with the most reports of alcohol-related ASB (23%, n75), followed by St Jude (15%, n51) and St Thomas (9%, n30).

[81] There are not many details available for ASB incidents, there are no longer separate categories for ASB types, and all information was obtained using text searches from a summary for each record.

In contrast to the reduction in ASB incidents reported to the police, levels of ASB reported to the local Community Safety Survey have been fairly stable since 2014. Participants are asked about the ASB issues causing the biggest problem in their area, and **the proportion reporting drug misuse/dealing as an issue has increased in recent years (18% in 2022 compared with around 6% prior to 2016).** It is now the **second biggest ASB issue for Portsmouth residents**.

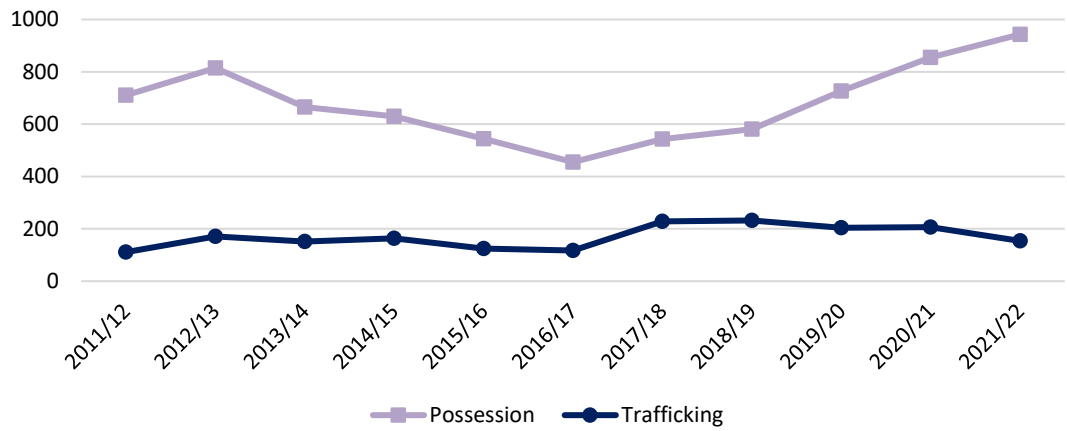
3.3.2. Drug-related Crime

A recent thematic inspection of community-based drug treatment and recovery work with people on probation estimated that approximately half the people being supervised by probation services nationally are thought to be dependent on drugs or misuse them.[82] Furthermore, this report estimated that crime committed by class A drug users costs society over £9 billion a year. In Portsmouth, as nationally, drug-related crime and ASB have been becoming more of an issue in recent years.

Data from 2012 showed that 26% of adults in treatment had prior convictions in Portsmouth, which is slightly less than the England rate of 29%.[83]

There were 1,100 drug offences in Portsmouth in 2021/22, which is a **18% (n169) increase from 2019/20 and a continuation of the upward trend** since 2016/17 when drug offences were at their lowest levels of this last decade (Figure 3.8). Comparatively, there has been a 3% reduction nationally over the same period. It equates to 5.1 offences per 1,000 residents and **is higher than the average for other similar areas** (3.8 per 1,000, rank: 15th out of 15).

Figure 3.8: Drug Offences in Portsmouth, 2011/12 to 2021/22



This **increase was driven by a 30% (n216) increase in possession of drug offences since 2019/20** (Figure 3.9), which have been increasing since 2016/17 and which have been driving the overall trend.[84]

Conversely, **drug trafficking offences reduced by 25% (n50) since 2019/20,** and this is a continuation of the slight downward trend.

[82] A joint thematic inspection of community-based drug treatment and recovery work with people on probation (justiceinspectorates.gov.uk)

[83] Adult Drug Commissioning Support Pack: 2022-23: Key Data - more recent analysis is not currently available

[84] Recorded crime data by Community Safety Partnership area - Office for National Statistics (ons.gov.uk)

Drug offences are significantly affected by police activity (in particular, stop and searches) so an increase in police recorded crime or a higher rate than other areas may not necessarily indicate a greater prevalence of drugs in the community.

3.3.3. Drug Networks and Exploitation

Police intelligence is the main source of information about drug networks in Portsmouth. Drugs are known to be transported into Hampshire via hubs such as London and the West Midlands via road or train, and also via the ports in Portsmouth and Southampton**. County Lines (CLs) and Local Drug Networks (LDNs) are driving the heroin and crack markets, whilst Organised Crime Groups (OCGs) primarily supply the powder cocaine market.** 'County lines' is the term used to describe organised criminal networks involved in exporting illegal drugs from bigger cities into smaller towns using dedicated phone lines.[85]

Drug related harm and violence are more commonly linked to CLs and LDNs, rather than OCGs. These networks exploit children, young people and vulnerable adults to move and store drugs and money, often using coercion, intimidation and violence and weapons.[86] Table 3.3 shows that **there were 50 known drug networks active in Portsmouth in 2021,** and this is a similar number to 2020.

Table 3.3: Number of drug networks in Portsmouth - annual snapshot.[87]

Type of Drug Network	2020	2021	2022
County Lines	19	25	20
Local Drug Networks	5	11	17
Unknown	<5	10	13
Total	25	46	50

The **known number of drug networks in Portsmouth has doubled since 2019**, but this may be at least partially due to improved intelligence reporting.[88]

'Cuckooing' describes the process of **drug dealers using violence, exploitation and intimidation to take over the home of a vulnerable person in order to use it as a base for drug dealing**. Examples of vulnerabilities that increase risk are drug dependency, mental ill health or learning difficulties. Operation Fortress is a multi-agency response to drug-related violence, which includes disruption tactics. As part of this work, officers visit homes of vulnerable people who are potentially at risk of being exploited and addresses are rated according to risk. Officers gather intelligence and signpost the residents to appropriate support agencies. **Numbers are small** with no addresses flagged as 'red', fewer than ten addresses flagged as 'amber' and 16 addresses as 'green'. During the reporting period, there have been a few addresses flagged as 'red' but the action taken has reduced the risk level to 'amber'.[89]

[85] From Police Analyst, Eastern Operational Analysis Team, emailed dated 04/11/21

[86] https://www.hampshire.police.uk/news/hampshire/news/news/2021/may/officers-investigating-new-forest-shed-burglaries-would-like-to-speak-to-this-man/police-and-partners-disrupt-county-line-networks-and-local-drug-networks-as-part-of-a-national-week-of-intensification/

[87] Intelligence, Tasking & Development Team, Hampshire Constabulary, email dated 04/10/22

[88] Hampshire Constabulary Strategic Assessment 2022

[89] Information received from Hampshire Constabulary via an email dated 17/10/22

3.3.4. Alcohol-related Crime

There is a field that can be completed by police officers to indicate whether a drugs, alcohol or drink & drug are involved in the incident. This field was only completed for 15% (n4,451) of offences and is subjective because it relies on the officer making a judgement call about what this means. One officer may interpret this as meaning that the perpetrator is under the influence such that it is impairing their thoughts and behaviours, while others may record any involvement of drugs or alcohol no matter how minor, or whether in connection with the victim or perpetrator. **7% (n1,943) crimes were flagged as involving alcohol and a further 1.3% (n374) were flagged as involving drink & drugs.**[90]

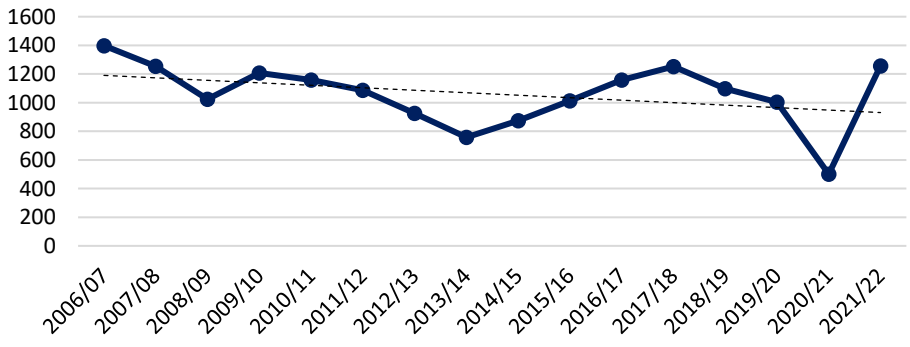
Of the crimes flagged as involving alcohol, the most common offences were:

- Violence without injury (41% of all alcohol-related crimes, n797)
- Violence with injury (31%, n600)
- Public order offences (11%, n205)
- Criminal damage (7%, n136)

Violence taking place in the night time economy (NTE) areas has been monitored since 2006/07 as a proxy for alcohol-related violence. The full parameters can be found in appendix B, but the measure tracks police recorded violent crime, sexual offences and robbery that occur in a public place, in identified NTE streets between 20.00 and 05.00 hours.[91] This measure can be influenced by the presence of police in NTE areas, and is also affected by changes in police recording practices. Figure 3.10 shows that NTE violence had been reducing since 2017/18 and experienced a sharp reduction in 2020/21 when there were restrictions on socialising and times when licensed premises were forced to close or reduce their capacity or opening hours.

The level of NTE violence was expected to return to pre-pandemic levels in 2021/22, but there were 1,256 offences, which is 25% (n253) higher than in 2019/20 (Figure 3.9). This increase was driven by **increases in the Guildhall[92] (by 76%, n163) and Central Southsea[93] (53%, n94) areas**.

Figure 3.9: NTE violence, sexual offences & robbery from 2006/07 to 2021/22



[90] Raw police data provided by Hampshire Constabulary

[91] Data provided by Hampshire ITD.

[92] Designated roads for Guildhall: Alec Rose Lane, Dorothy Diamond St, Guildhall Square, Guildhall Walk, King Henry 1st St, White Swan, Winston Churchill Ave.

[93] Designated roads for Central Southsea: Albert Rd, Albert Grove, Elm Grove, Highland Rd, Fawcett Rd, Victoria Grove, Duncan Rd

3.4. Impact - Key Messages & Recommendations

Key messages:

- There has been an increase in ambulance call outs and conveyances to hospital where opioids are a factor or Naloxone administrated.
- ED attendances for drug and alcohol related reasons have reduced since the Covid-19 pandemic began, so more people are likely to be seeking medical help elsewhere such as pharmacies or the walk-in centre.
- The most common primary diagnoses for ED attendances were 'recreational drug use' (15%, n77), 'paracetamol overdose' (9%, n46) and 'opiate overdose' (9%, n44).
- There have been increases in paracetamol and anti-depressant overdoses, highlighting increasing mental heath need in the city.
- Alcohol-related ED attendances are not just in relation to dependent drinking, but also binge drinking and for injuries sustained whilst under the influence.
- There has been an increase in ED attendances for alcohol withdrawal seizure/syndrome.
- Portsmouth has a significantly higher rate than England overall for many alcohol-related or specific hospital measures.
- Deaths due to drug misuse in Portsmouth are significantly higher than the South East and England rates.
- The most common risk factors or vulnerabilities when looking at suspected drug-related deaths were poor mental health and ill physical health, highlighting an unmet need.
- When reviewing suspected drug related deaths there were many unknowns with the dataset.
- Night-time economy recorded violence has increased by 25% from 2019/20.

Recommendations:

- Drug and alcohol-related hospital admissions data is obtained, analysed and compared with the ED attendance data to see which provides a more useful picture.
- Target resource to help reduce the high level of alcohol-related harm in the city via an alcohol-specific team.
- Need for better recording on confidential inquiry forms, to minimize the number of unknowns resulting in a more accurate picture of drug related deaths.
- Expand homeless health care provision and mental health support for this population to help address the unmet physical and mental health need or consider co-location with these services.
- When expanding drug-related death near miss process, consider expanding to other medical settings such as pharmacy not just ED as there has been an increase in medical seeking behaviour at these settings.
- Drug and alcohol-related harm and deaths present a complex picture so there is a need for a cohesive approach from all services, including housing, homeless service, drug and alcohol treatment services and health services.
- Signposting a person with complex needs does not work, they need wrap-around support to help with engagement or have the ability to access support via multidisciplinary teams.
- Services should be flexible and adaptable in their approach to ensure that any barriers and minimised.

4. Current Service Provision

This section gives an overview of the data relating to those accessing treatment services for drug and alcohol dependency. This data can help understand the current provision and identify areas which could be adapted or refined. The National Drug Treatment Monitoring System (NDTMS) is the main source for this data, however, there are some limitations with this dataset. In particular, it does not currently reflect the full extent of the service provided by Society for St James (SSJ), the main provider for Portsmouth. This is because SSJ had been taking a 'systems thinking' approach and only recording data on the system that they were confident was robust and useful in providing an accurate picture of their service users.[94] This is also compounded by some service users not giving consent to the recording of their data. Work is ongoing in this area to try and maintain this ethos, but also fulfil reporting needs. SSJ have agreed that the numbers and characteristics of those in treatment are likely to be fairly accurate, whilst treatment outcomes less so, and data has also been taken from the SSJ quarterly commissioning reports to complement the NDTMS reports.

4.1. Treatment Service Pathway

Portsmouth has a range of services and pathways to support someone with substance misuse treatment needs in the city. Some services are commissioned via PCC, others are charity and voluntary organisations. With so many services and having to use pragmatic approach to this needs assessment, only the main services are discussed in this section. All commissioned services should be delivered in line with guidance and best practice, such as National Institute of Clinical Excellence (NICE) guidelines.

In 2021, the main substance misuse treatment and support services and independent peer-led support contracts were up for re-tender. After a retendering process, the incumbent provider, the **Society of St James (SSJ),[95] working in partnership with Inclusion[96] to provide the clinical aspect, were awarded the new main substance misuse treatment and support services contract**. This included two elements:

- An adult (18+) substance misuse harm reduction and treatment service, and
- A substance misuse supported housing service.

The incumbent provider, **Pushing Change[97] was awarded the new independent peer-led support contract**. After a period of mobilisation, the new contracts started in June 2022. The contract lengths were for an initial period of 3-years and 10 months, with the option to extend up to 9-years and 10 months.

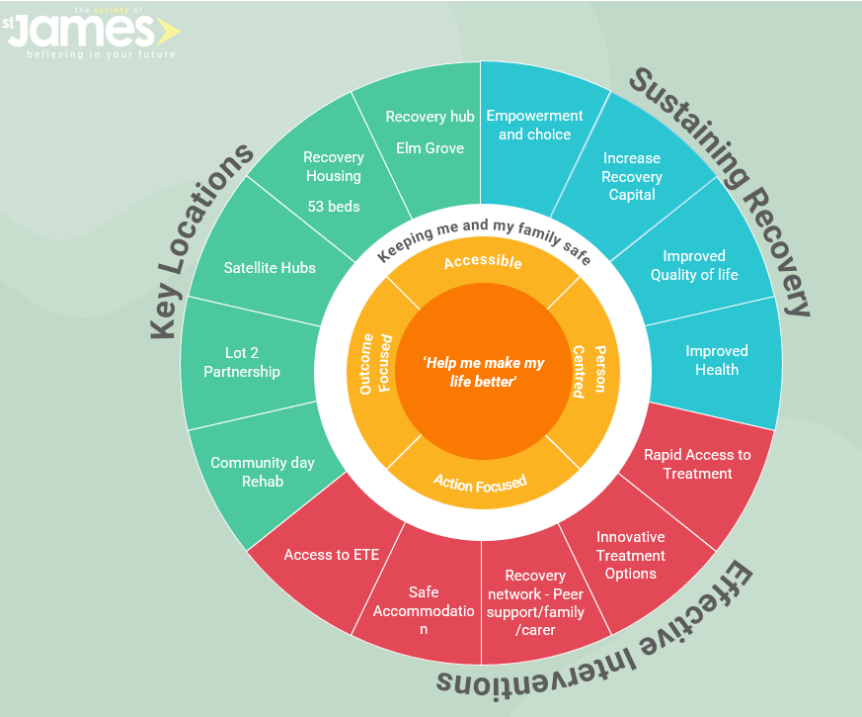
[94] More information about the systems thinking approach can be found here: Portsmouth City Council and the Vanguard Method: 15 years on – Vanguard Consulting Ltd (beyondcommandandcontrol.com)
[95] https://ssj.org.uk
[96] Home - Inclusion Hants
[97] HOME - Portsmouth Push Recovery Community (pushingchange.org)

4.1.1. Recovery Hub & Society of St James

The **Recovery Hub, based in Elm Grove, Portsmouth provides a single point of access for people with an identified drug or alcohol need. People can self-refer by just dropping in.** The hub provides access to support Monday and Wednesday 9-5pm, Tuesday and Thursday 9-8pm and Fridays 9-4:30pm. Recovery staff are also available at 10-2pm at Portsmouth Central Library in collaboration with Pushing Change, the peer led service, and from October 2022 a Sunday group is also available if people want support at the weekend. An interactive website (www.portsmouthrecovery.org) provides information and enables online self-referrals and a live chat function for potential service users.

The main substance misuse service has been through a system's thinking process, so someone who presents will be asked how they can be helped, rather than a traditional questionnaire, tick box style assessment. This keeps the support person-centred, and the person who does the initial assessment in ordinary circumstances will then become their recovery worker; this means that person doesn't need to re-tell their story. When someone accesses the service, they can get quick access to opiate substitute medication if appropriate and can access the range of psychosocial interventions that are offered and harm reduction advice/equipment. Figure 4.1 outlines the society of St James model of delivery.

Figure 4.1: The Society of St James Model of Delivery



4.1.2. Pushing Change

Pushing Change was established in 2006, for and by people- in recovery. In 2015, it became a Charitable Incorporated Organization that now currently employs 16 staff, including three full time staff all who have lived experience. The service provides a safe and welcoming place for people who want to make changes and has open access 9am – 4pm at 67 Kingston Rd, Portsmouth. They also have a weekly open forum at Portsmouth Central library. The service offers the following:

- SMART (Self-Management and Recovery Training).

- 1-2-1 listening, Motivational Interviewing conversations.
- RAW - women only group.
- Menzone – men only group.
- Saturday Recovery Group.
- Moving Forward Project, a group delivered in partnership with SSJ and probation, for people on the criminal justice pathway.
- Harm Reduction Needle Exchange.
- Peer advocacy - including training, supervision, and reflective practice.
- Peer mentor training - an accredited training program that gets people to look at biological, psychological, social, and environmental impacts of addiction, it covers group work and motivational interviewing and gives people the skills they need to become peer mentors.
- Provides opportunities for volunteering and paid employment.

There is limited data available from the service, however in quarter 2, 2022, the service had 437 attendances of people accessing the service for informal support, and a further 677 attendances of the groups. The service is just implementing a new database called Pragmatic Tracker that will help with data capture.

4.1.3. Rehabilitation Units

After years of disinvestment which saw the closing of many detoxification and rehabilitation units such as Bay Trees in Portsmouth, getting someone access to these services has been challenging, as even if there is the resource to finance it, with the limited number of treatment centres available this can result in a lengthy wait for the individual. Portsmouth joined with other Southeast authorities, with Hampshire County Council as lead commissioner, to commission a new detoxification facility in Fareham, the **Dame Carol Black Unit**, which has been operational since January 2022. Portsmouth gets an allocation of bed nights for the indicative funding (£48,000). The unit provides medical detox from both drugs and alcohol for clients with complex needs. With many LA referring demand for the unit remains very high, so this means that a wait of around two months for someone accessing the treatment centre from the time a referral is accepted is not uncommon.

The ANAA Treatment Centre and Addiction Recovery Centre are private units in Portsmouth that provide residential rehabilitation for those with a drug or alcohol dependency. Portsmouth also accesses a range of residential rehabilitation units across England, based on the needs of the service user.

4.1.4. Fellowships

For anyone seeking support with an alcohol or drug identified need, fellowships such as Alcoholics Anonymous (AA)[98] and Narcotics Anonymous (NA) [99]can be accessed in the city. Fellowships follow a 12-step program and currently are delivered either face to face or virtually via Zoom in the city. Portsmouth has thriving fellowship communities in the city, with meetings taking place each day.

[98] Alcoholics Anonymous Great Britain (alcoholics-anonymous.org.uk)
[99] Welcome | UKNA Meetings | Narcotics Anonymous Meetings in the United Kingdom

4.1.5. Support for Parents and Carers

Rebound Portsmouth[100] provide support to parents and careers affected by substance use they meet twice monthly at the Carers centre Orchard Road and the service also support people via a telephone support line. Parent Support Link also provide a 24/7 support service via a phoneline for carers, commissioned via the main SSJ contract.

4.1.6. Criminal Justice Team

The previous Universal grant in 2021/22 allowed Portsmouth to expand its provision of three criminal justice workers to focus on support for offenders. The supplemental grant funding from April 2022 allows for the continuation of this dedicated criminal justice team, comprising of a team leader, senior recovery worker and 6 recovery workers, providing enhanced support for offenders including support with Alcohol Treatment Orders (ATRs), Drug Rehabilitation Requirements (DRRs) and carrying out arrest referral work. After some challenges with recruitment and people leaving posts, the now fully recruited team will be taking leads and specialisms with area of work such as continuity of care.

The dedicated team will continue to improve pathways with criminal justice stakeholders such as Probation and prisons and continued funding for pilots such as Contingency management (as outlined in section 5.1.9) and Buprenorphine prolonged-release injection pilot, Buvidal.

According to the NDTMS, in the period covering 31st March 2022, 41.1% of clients leaving prison with an identified drug or alcohol need and referred to Portsmouth Substance misuse treatment service were successfully engaged, this is above the South East of England average (34.2%) and above the national average 37.4%). Portsmouth has been seeing a steady increase, an increase from 27.6% in Quarter 2 21-22. This increase is likely to reflect the improved pathways and the work of the dedicated criminal justice team.

4.1.7. Arrest Referral

The team provide daily **arrest referral** workers 5 days a week[101] at Portsmouth Custody suite, and currently Inclusion Hampshire provide an arrest referral worker twice weekly (Tuesday/Thursday), providing a 7-days a week service for detainees. From January 2023, the Portsmouth criminal justice team will be providing provision 7-days a week, partly funded by Hampshire County Council. The aims of arrest referral work are to identify drug or alcohol users that are currently in custody, encourage them to address their drug or alcohol need and obtain appropriate treatment. This is done through providing opportunistic brief advice and the service is completely voluntary. From data provided by the Society of St James from December 2021 to end of June 2022, 478 people were in custody with a known identified drug or alcohol need, and some key findings were highlighted:

- Males aged 26-45yrs were the most likely to find themselves in custody.
- The highest support need was alcohol (n203), followed by non-opiates (n101) and opiates (n94) (Figure 4.2).

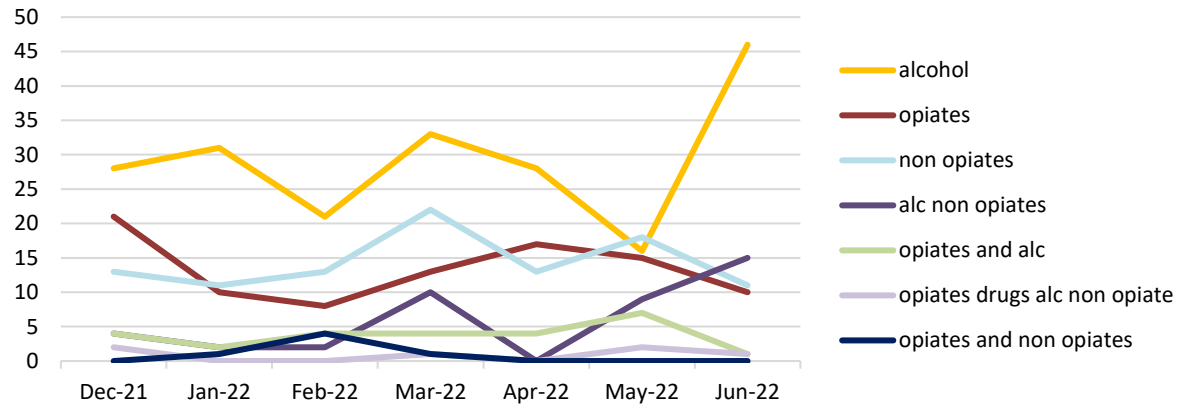
[100] Rebound Carers' Support Group: Home (reboundgroup.org)

[101] Monday, Thursday, Friday, Saturday & Sunday. Inclusion cover Tuesdays and Wednesday.

- The majority of people (monthly average 79%, n380 overall) are being given opportunist brief advice – in May this was as high as 94% (63 people out of a possible 67 people).
- On average two to three people are seen per trip to custody by an arrest referral worker.
- A third (33%, n154) accepted an onward referral.
- On average - 6 out of 10 people are not previously known to drug and alcohol services.
- 48% were living in Portsmouth, 27% in Hampshire, 19% unknown, 6% out of area or NFA.

The data highlighted that the arrest referral work is tapping into an unmet need with over half, 60% of people not previously known to a drug and alcohol service. What the data fails to show is the persons level of engagement after a referral has been made, and the data doesn't show if the person re-presents to custody.

Figure 4.2: Reported Substance use in Portsmouth custody by Month



4.1.8. Drug Testing on Arrest

Hampshire Police has been awarded Home Office funding to pilot *Drug testing on arrest*. This has been piloted in Basingstoke from October 2022, with a view to expanding this to Portsmouth in 2023. Drug testing on arrest will initially target those people in custody who test positive for opiate or cocaine use. The pilot will utilise the existing arrest referral provision, so if someone does test positive and an arrest referral worker is present, they will be able to provide an intervention. If they are not present, then the person will be referred into the local treatment service. As drug testing on arrest targets cocaine and opiate use, and not alcohol, (which is the highest support need currently in Portsmouth custody), it is recommended that the current arrest referral data is carefully considered and monitored alongside any drug testing on arrest data. The implementation of the drug testing on arrest could potentially mean that people with an identified alcohol need in custody are no longer receiving opportunistic brief advice and the option of an onward referral as all resource is focused on the new pilot.

4.1.9. HMP Winchester

The 2022 HMP Winchester needs assessment reported that Practice Plus Group are commissioned to provide 'Throughcare' provision to meet the needs of the prison cohort, pharmacological and harm reduction interventions are included as part of this through care, other interventions included are:

- Individual, person-centred care planning
- Independent reflective work/in-cell packs
- Access to group interventions, including Self-Management and Recovery Training.
- Access to Fellowship meetings
- Harm reduction and drug education
- Peer Support Programme with access to accredited courses

Over a six month period from Dec 21 to May 22 the average number of people in treatment (including pharmacotherapy and psychosocial interventions) per month was 493 people, 24% of the total prison population. The needs assessment had identified that 44% of the sentenced population have drug needs, so this indicates an unmet need in the prison.

The needs analysis outlined that post support and treatment continuation is met via signposting throughout Probation agencies. The criminal justice recovery team as part of the Society of St James work closely with HMP Winchester and to support the work of the team, a criminal justice steering groups sits quarterly, there is now a good representation from HMP Winchester.

Upon release and as part of person's post release plan a person with an opioid prescribing need should be issued with an FP10, this allows that person to take their prescription to a community pharmacy to obtain the medication that they require. The consequences of this not happening are serious as the realities of a person not continuing pharmacological treatment in a timely manner is that they could be unwell withdrawing or are at an increased risk of relapse and a subsequence increased risk of an overdose or a drug related fatality. Anecdotally, from the team, this is happening and communication between HMP Winchester and the team is good. There has also been feedback from the Criminal Justice Team that there have been occasions involving other prisons where the issuing of FP10s has not been routinely happening.

From the time a person is released to when they attend a community treatment provider a lot can happen, meaning that they may not attend at all. This is a time where someone is at risk of overdose and be susceptible to drug related death, so building a relationship with a person while they are in prison can mitigate against someone not engaging with community providers. Nationally the continuity of care target (a person leaving prison with an identified drug and alcohol need engaging in community treatment within two weeks of release), is very ambitious at 75% by the end of March 2024. The local target for Portsmouth is to reach 45% by March 2024 and 50% by end of March 2025, Portsmouth's base-line was 31%, and currently 41.1% of prison leavers are attending the community providers. This is above the south of England average (34.2%) and above the national average (37.4%). Although this is positive upward trajectory, it will take a concerted collaborative approach with all agencies including treatment providers, prisons and probation working together. Currently Portsmouth experiences different levels of engagement from different prisons, to help with this continuity of care target, all prisons plus community providers need to be onboard and supporting the ambitions of the national drug strategy, focusing the efforts and resources on one prison alone will only go so far.

Since April 2021 Portsmouth has had funding for peer mentors to deliver Self-Management and Recovery Training (SMART) groups to HMP Winchester's prison population, prioritising Portsmouth residents. One of the aims of delivering SMART groups would be to bridge the gap between prison and community services, hopefully resulting in more people engaging in community drug and alcohol services upon released. Despite community services being ready for implementation the facilitation of these has been put on hold due to the local prison status. [102]

Another measure that Portsmouth is piloting to try and increase the number of prison leavers with an identified drug and alcohol need accessing community treatment is a contingency management programme, this will involve clients who meet the criteria having four opportunities to benefit from an incentive (Love to Shop/Post Office voucher); where if someone competes all four stages they can get up to £100 worth of vouchers. The pilot will take up to 40 people and will prioritise clients with a history of non-engagement with community services, clients not on an Alcohol Treatment Requirement (ATR) or Drug Rehabilitation Requirement (DRR), not in receipt of opiate substitute medication, where the offence type is related to drug or alcohol misuse and those engaged with substance misuse services in a custody setting.

4.1.10. Supporting Housing Pathway

The supported housing pathway is part of an integrated contract with the substance misuse treatment and support service. Following stakeholder engagement and consultation as part of planning for the wider substance misuse treatment and support service re-tender in 2021, a service specification was developed requiring the development of abstinence-based housing. In addition, other accommodation should be provided, where service users are provided with a recovery plan, to help them achieve their goals, such as stabilisation, or reduced use of substances, through interventions such as controlled drinking. There should be different accommodation options with a range of intensity of support.

Abstinence housing can vary slightly in its operation and its tolerance of drug and alcohol use. Essentially a service will not tolerate the use of drugs or alcohol by the residents, either in the premises or outside of the premises. This is to promote recovery and protect the other residents in the property and their recovery. In most cases drug and alcohol testing is undertaken as a requirement of the tenancy, as an objective measure of abstinence. These requirements are made very clear to service users before they move into the accommodation. In many such services a one-time use of alcohol or drugs can lead to an eviction, in some a one-time lapse is managed, however recurrent use is not tolerated.

The new service contract was awarded in January 2022, commencing on the 1st June 2022. The new model has seen some phased changes to the provision. SSJ has replaced two larger properties with properties with a lower number of bedrooms. For example, one 16 bed unit that has been a challenge to manage and to foster a positive culture was given up and replaced with properties with four to five bedrooms in each. Overall, the number of supported housing bedspaces has increased from 53 to 56. In addition, SSJ provides additional value, with 53 units of move-on accommodation. In total 333 hours per week of direct support is provided as part of the contract, with additional floating overnight cover. The new model is detailed in Figure 5.2 (overleaf).

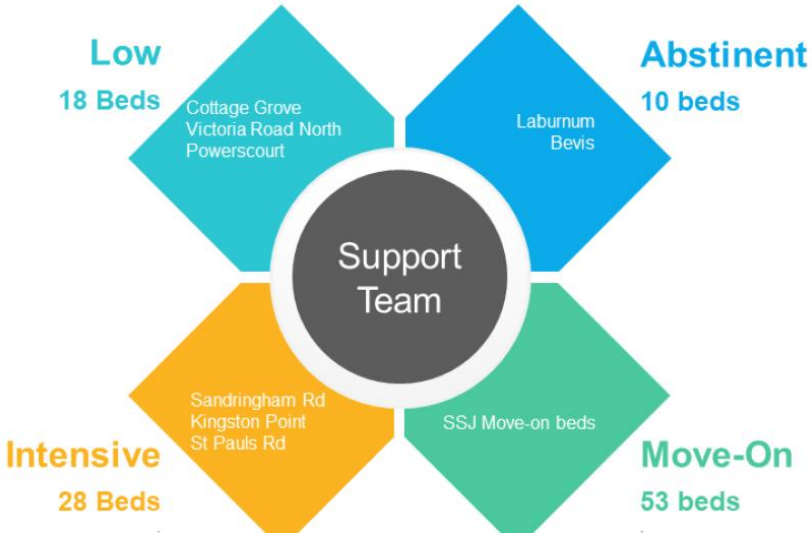
[102] Meaning that HMP Winchester are not providing any group work, either in-house or externally facilitated and this has been the case since the beginning of the Covid-19 pandemic.

This is the first time for several years that abstinent housing has been provided in the city, apart from two private residential rehabilitation providers. This abstinent housing in Portsmouth will not generally evict someone on a one-time lapse but will do after recurring incidents or positive tests. The provider will look to re-house people into other non-abstinent accommodation (ideally within the above pathway).

Whilst it is still early in the delivery of the new service there has been positive feedback from the service users, welcoming the chance to move into abstinence housing. Service users are engaging with a range of activities, including therapy groups, volunteering, and peer support. Service users have successfully moved on to self-contained accommodation.

Relapse is a recurring challenge for this type of service provision, and often one service user relapsing can trigger others in a property to follow. This can lead to several people having to leave at the same time. At the time of writing this report there have been seven people who have left the accommodation due to a relapse. Five of these were accommodated in other properties and two refused re-housing, although one who then slept rough has subsequently been re-housed.

Figure 4.3: New model for supported housing pathway



The challenge with abstinent housing is balancing the need to protect the individual who has relapsed during a vulnerable time, with the need to protect the other service users from the risk, as highlighted in the thematic review. The benefit of having a range of accommodation options available in Portsmouth means that in most cases service users can be re-housed if they find they cannot maintain abstinence.

4.1.11. Rough Sleeping Strategy and Funding

The Rough Sleeping Initiative is the government's flagship program to drive the manifesto commitment to end rough sleeping. Portsmouth's allocation will help provide emergency beds, off-the-street accommodation, and wrap-around support. From April 2022 - March 2025 Portsmouth has £2,315,357 of allocated funding, and although not all rough sleepers will have an identified drug and alcohol need, the prevalence is high. A recent health audit of homelessness by Homeless Link[103] found nationally 38% of homeless people reported that they have, or are in recovery from, a drug problem, with 29% of respondents reporting they have, or are in recovery from, an alcohol problem.

From 1st July to end of September 2022, the Portsmouth Rough Sleeping Drug and Alcohol Grant Team found that of the 94 rough sleepers identified, 81% (n76) had an identified drug and alcohol need, with 44 known to be using opiates and 23 known to be misusing alcohol. This is much higher than the proportions identified by Homeless Link nationally.

The Rough Sleeping Initiative funding will provide a number of posts including (more detail in Appendix C):

- Outreach posts as first point of contact for rough sleepers
- Post providing specialist support for women who have experienced domestic abuse and have associated mental health needs.
- A Business Crime Navigator post
- Rough Sleeping Navigators
- A Rough Sleeping Homeless Assessment Officer
- A Probation Navigator
- Private Rented Sector (PRS) Sustainability Officers (dual funded with Homeless Prevention Grant)
- PRS Access Team (dual funded with Homeless Prevention Grant)
- A money advice post (dual funded with Homeless Prevention Grant)
- Non-eligible Navigator
- Health Navigators
- Flexible Surge Accommodation

With an uplift in funding through both the Rough Sleeping Initiative and Supplemental Substance Misuse Grant, it is recommended that commissioners liaise closely and not work in silos to ensure that services complement each other to ensure that someone with both homelessness and substance use needs are getting the best support available. More detail about the roles can be found in Appendix C.

4.1.12. Rough Sleeping Drug and Alcohol Grant

Since 2020/21 the Rough Sleeping Drug and Alcohol Treatment Grant (RSDAG) has provided £50 million for substance misuse treatment services for people sleeping rough or at risk of sleeping rough. This includes evidence-based drug and alcohol treatment and wraparound support to improve access to treatment, including for people with additional mental health needs.

[103] reported that they have, or are in recovery from, a drug problem, with 29% of respondents reporting they have, or are in recovery from, an alcohol problem.

Portsmouth is an area in receipt of RSDAG funding and aims to get those who are rough sleepers or at risk of sleeping rough accessing treatment. The grant funds a team of multidisciplinary practitioners that provide wrap around support, posts include:

- 0.9 FTE Service Manager
- 1 FTE Team Leader
- 1 FTE Senior Complex Needs Worker
- 1 FTE Peer Mentor Co-ordinator
- 1 FTE Senior Life-skills Worker
- 6 FTE Complex Needs Workers (1 FTE currently vacant)
- 2 FTE Peer Mentors
- 0.6 FTE Clinical Psychologist (fully recruited to in January 2023)
- 1 FTE Assistant Psychologist
- 1 FTE Mental Health Nurse - (Currently vacant)
- 2 FTE Life-skills Worker
- 0.6 FTE Data/admin Assistant
- 0.5 FTE Commissioning Support
- A 0.8 FTE social worker is also seconded to the team, this post is funded via the Rough Sleeping Initiative, a social worker student sits within the team and another 1 FTE assistant psychologist externally funding via NHS England.

All posts are currently funded to the end of March 2024. The grant also provides funding for detoxification and rehabilitation placements for the cohort, as well as funding for the Re-fit sports programme, substitute prescribing and trauma informed counselling for the client group.

The team is working in a trauma informed way, has smaller caseloads than generic recovery workers, and the team supports approximately 100 clients at any one time. In 2021/22, the team helped 33 people with the most complex needs access detox and 32 people access residential rehab. The life-skill workers jointly deliver a successful life skills programme which includes activities such as gym sessions, cooking sessions, acupuncture, a women's and men's group, gardening, boxing, social activities, CV building, job searching, interview practise, sexual health advice, domestic skills, budgeting and finance.

To measure outcomes but also to use as a reflective tool to help improve practice and the service, the team created a short survey collecting both quantitative and qualitative feedback.

The client is asked a scaling question - to rate their overall experience of the service where 1 is poor and 10 is excellent. From April to September 2022, 12 surveys were completed. Although this is a relatively small sample size, feedback about the team and support offered has been positive with 100% (n12) of clients rating their experience at least 8 out of ten, with 7 clients (58%) rating their experience as 10 out of ten. Examples of positive feedback included being put on a script the same day, quick access to rehabilitation, being kept informed and being supported in the way they needed.

An independent evaluation of the RSDAG is being conducted by Sheffield Hallam University and many of the team, some stakeholders and service users provided feedback via interviews. The results and findings should be available soon.

Despite the efforts of the team and the additional resource that the grant provides, there have still and continues to be challenges for this cohort. This includes being unable to access an NHS dentist, with the few NHS dentists that remain in the city not taking on new patients resulting in an unmet need around

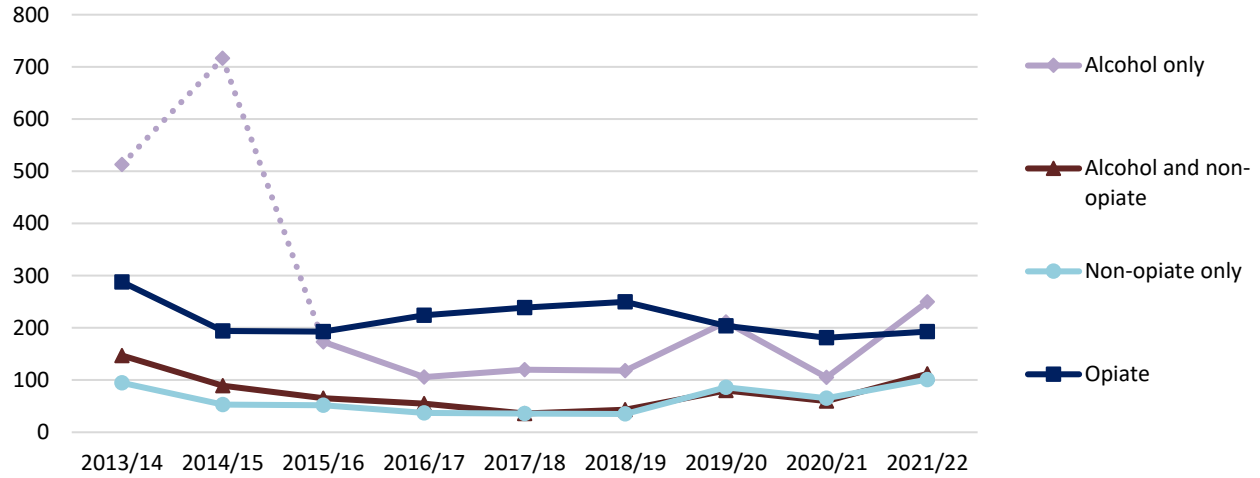
dental care within the city generally. Getting access to GP appointments in a timely manner or re-registering with their GP after returning to the area, have also presented some challenges, as a number of GPs in the city have not been taking on new patients, highlighting the need to develop primary care services for this cohort. Long waiting list for detox and rehab (approximately 8-12 weeks) means that a vital role of the team is to keep clients engaged and motivated and ready to make changes, as quite often when a client makes the decision to access testament, they are ready.

4.2. Numbers in Treatment

There were 656 new presentations for drug and alcohol services in 2021/22, which is a **13% increase in new presentations (n75) since 2019/20**.[104]

This **increase was driven by an increase in new presentations for alcohol (18%, n39) and alcohol & non-opiates (40%, n32**). Conversely the level of new presentations for opiates has reduced slightly (by 5%, n11) compared with 2019/20.

Figure 4.4: New presentations by substance type, Portsmouth, 2013/14 to 2021/22



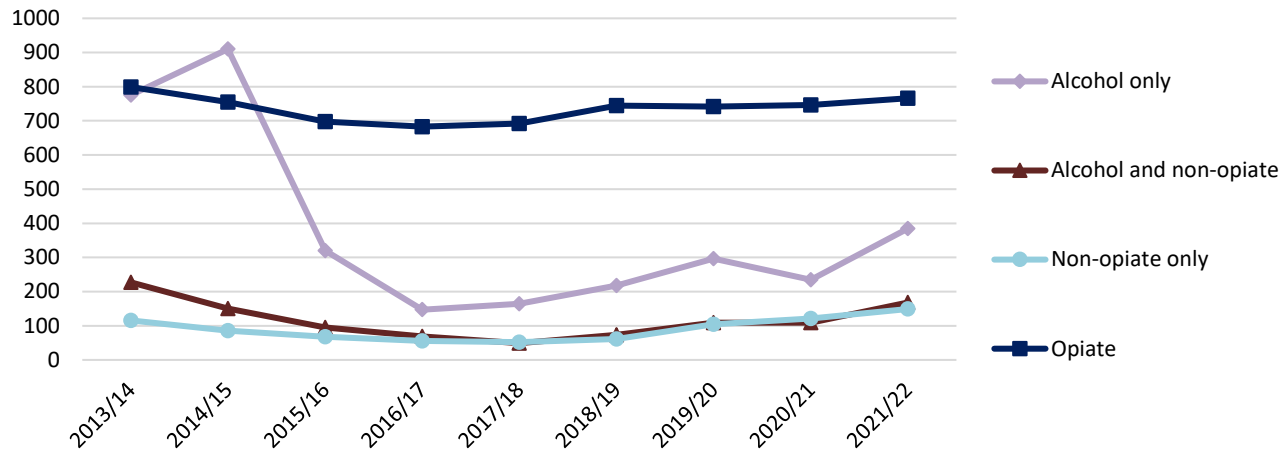
The substantial reduction in new presentations for alcohol between 2014/15 and 2015/16 was driven by the Alcohol Specialist Nurse Service at QA stopping reporting to NDTMS, and the stopping of the Alcohol Intervention Team (This is represented by a dotted line in Figure 4.4).

There were 1,468 people in treatment for alcohol and/or drug dependency during 2021/22, which is 17% (n217) more than in 2019/20. This is a **continuation of the increasing trend seen since 2017/18** (with the exception of 2020/21, Figure 4.5, overleaf).

[104] Comparisons are being made with 2019/20 as 2020/21 was an exceptional year, and nationally people were advised to only seek medical assistance in an emergency, particularly during lockdown periods. This is likely to have impacted on new presentations, particularly for alcohol dependency.

This increase since 2017/18 has been **driven by increases in clients with alcohol and/or non-opiate dependency** and is likely to be due to **improved access to treatment services** in Portsmouth through initiatives such as low threshold prescribing and targeting the engagement of alcohol clients into treatment at QA Hospital. These increases in treatment locally for opiates, non-opiates and alcohol only clients is in contrast to the stable trend seen nationally.[105] The most recent increase in Portsmouth from 2020/21 may be due partially due to more people drinking at increasing levels and less access to services during lockdown.

Figure 4.5: All in treatment by substance type, Portsmouth, 2013/14 to 2021/22



Just over half (52%, n66) were in treatment for opiate dependency, which is consistent with the proportion seen nationally in 2019/20.[106] Numbers in treatment for opiates have remained fairly consistent over the past four years.

As part of the recent funding awarded to Portsmouth, there are new targets for numbers in treatment that we are committed to achieving over the next three years. Table 4.1 sets out those targets.

Table 4.1: Targets to increase numbers in treatment

Capacity	Baseline	Year 1	Year 2	Year 3
	2021-22	2022-23	2023-24	2024-25
All adults “in structured treatment”	1436	1466	1565	1736
Opiates	766	771	795	825
Non opiates (combined non-opiate only and non-opiates and alcohol)	292	310	350	406
Alcohol	378	385	420	505
Young people "in treatment"	42	42	50	73

[105] https://www.ndtms.net/ViewIt/Adult

[106] Adult substance misuse treatment statistics 2019 to 2020: report - GOV.UK (www.gov.uk)

As part of the funding agreement, there are also commitments to increase the proportion of adults with substance misuse treatment need who successfully engage in community-based treatment following the release from prison/secure estate (Table 4.2).

Table 4.2: Targets for increasing the proportion engaging with community-based treatment following release from prison/secure estate.

	Baseline	Year 1	Year 2	Year 3
	2021-22	2022-23	2023-24	2024-25
National	37%		75%	
Local planning (%)	31%	37%	45%	50%

4.2.1. Retention

When people are engaged in treatment long enough to benefit, they are likely to experience improvements to their health and be able to manage their lives better, which can have a positive affect for the community. **70% (n738) of Portsmouth service users were retained for 12 weeks or more in 2021/22, which is lower than the National Retention rate of 93%.** This is **driven by lower rates of retention for new presentations**; 38% (148/388) for Portsmouth compared with 73% nationally. However, there may be some variance in the stage at which new service users are recorded on NDTMS. This low retention rate needs some further investigation, as it could suggest that new presentations expectations of the service have not quite meet their actual experience, so they disengaged with support. Alternatively, it could mean that these people felt supported and got what they needed from the service in fewer sessions. It is **possible that the issues around data from those engaged at Queen Alexandra Hospital is at least partially impacting this measure**.

4.2.2. Residential Rehabilitation

Structured treatment takes place largely in the community, although a stay in residential rehabilitation (rehab) is appropriate for those with the most complex needs. As highlighted by Dame Carol Black, the use of residential rehabilitation has declined over the years as funding reduced.

As part of the Government's national drug strategy and the new funding available, the Government has set a national target to increase the number of adults accessing rehab as a proportion of all adults in treatment from the baseline[107] 1.4% (n3805) to 2%. With the other national target to increase the numbers in treatment by 20% over 3 years, this would see a significant increase in the number placements.

For Portsmouth, the **placements in rehab during 2018-2021, was 2.5% (n30) per year. This was a higher proportion of all adults in treatment than the national target**. However, recognising the value of rehab we plan to use our additional funding to increase our use of rehab as in Table 4.3.

[107] Average number of placements each year between 2018-2021

Table 4.3: Target Proportions for Adults in Residential Rehabilitation

Baseline 2018-21 average	2022 - 23	2023 - 24	2024 - 25
2.5 % (n30)	2.5% (n37)	2.5% (n39)	2.8% (n49)

We have a target to increase the numbers in treatment each year, so the actual number increases when the proportion remains the same.

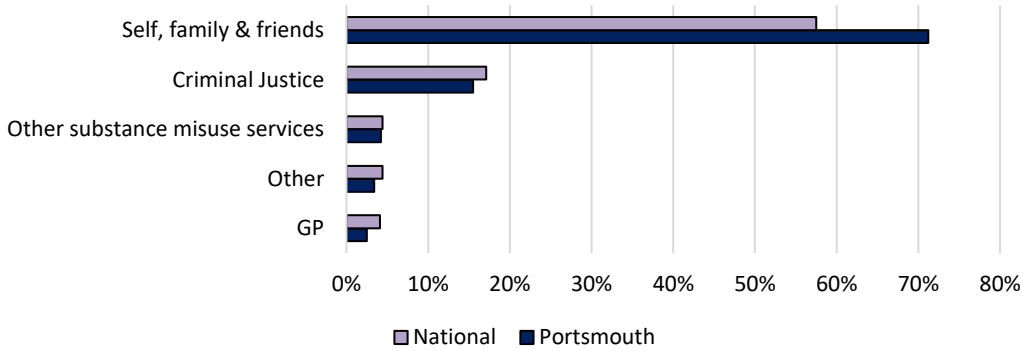
With most areas nationally seeking to increase the number of rehab placements **there are concerns that the sector cannot meet the increased demand**. Already concerns have been raised about lack of supply, leading to long waiting times and increased charges.

Portsmouth has been working with other South East local authorities to address the issue of supply. Portsmouth has been the lead, on behalf of all South East upper-tier local authorities, commissioning research into the local rehab market, including a review of supply and future demand, and recommendations for commissioning approaches to ensure future demand can be met. This report will be published in December 2022. It is likely to recommend South East wide collaboration to increase access to rehab.

4.3. Referral Routes

In 2021/22 **a large proportion of referrals into drug treatment[108] in Portsmouth were self-referrals or referrals by friends or family (71.2%, n289),** which is higher than the national proportion (57%, Figure 4.6).[109]

Figure 4.6: Most Common Referral Sources into Drug Treatment Services, 2021/22



Self-referrals to a service can be seen positively as it shows a willingness and commitment to engage, that someone is ready for support, and ready to make changes. This is likely to **reflect the accessibility of the service in Portsmouth; people can walk in and be assessed and engaged in the same day**. In other areas, there can be a process before being engaged which is likely to include different appointments for triage,

[108] For clarification adults in drug treatment will include those who are using drugs and alcohol, but does not include alcohol only clients.

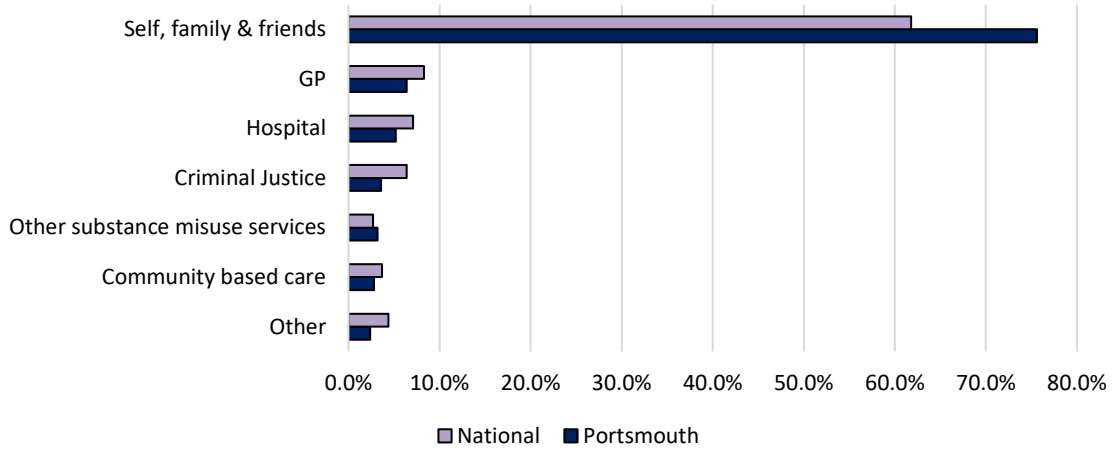
[109] NDTMS: Q4 2021-22 Adult Partnership Activity Report all adults in drug treatment, Portsmouth

a comprehensive assessment and medical assessment which can take weeks. The process for Portsmouth means that more people start treatment but also can lead to a higher risk of drop out as evidenced in section 5.2.

Conversely, **Portsmouth had slightly lower proportions of referrals from other sources including community-based care, GPs and other health and mental health services, and criminal justice**[110] than the national average. Criminal justice referrals although lower than the national average are Portsmouth's second biggest referral source, this is likely to be linked to Portsmouth main substance misuse provider having a dedicated criminal justice team, which was expanded in 2021/2022 with new posts appointed to; where one of the functions was to strengthen links with partnership agencies such as Probation.

Three quarters of referrals for alcohol treatment were self-referrals or from friends and family (75.6%, n189) in Portsmouth, compared with 61.8% nationally. As for referrals for drug treatment, there were slightly lower referrals from other sources, particularly mental health and health services (Figure 4.7). This suggests that more work could be done to increase referrals from other services and providers.

Figure 4.7: Most Common Referral Sources into Alcohol Treatment Services, 2021/22

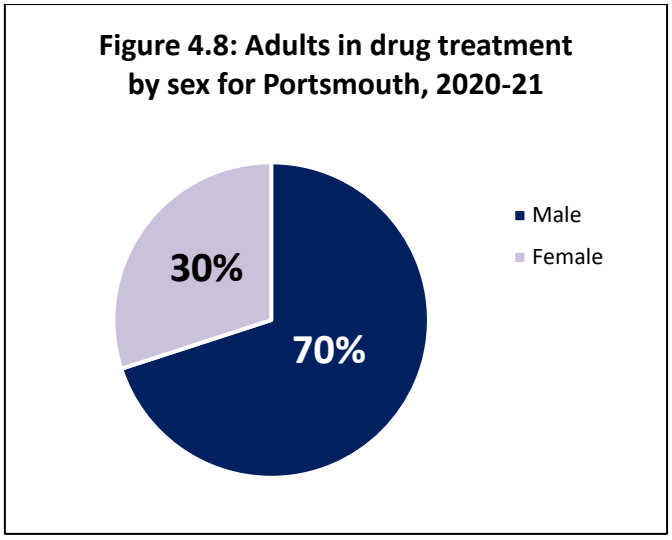


4.4. Characteristics of Service Users in Drug Treatment Services

The data available from the OHID commissioning pack varies from that in the NDTMS Partnership report and is for 2020/21 rather than 2021/22, but it gives an overview of age groups by sex, so has been used to inform this section.[111]

Overall, **70% of adults in drug treatment were male, and 30% were female** (Figure 4.8). This is similar to the national picture, where 71% were male and 29% were female.

[110] Criminal justice referrals are from police custody, court-based referral scheme, prison or probation service.
[111] NTDMS reports break down age group and sex separately.



The proportions for opiates and non-opiates are similar for Portsmouth (with 72% and 73% male respectively), but the **breakdown for alcohol and non-opiates varies with 58% male and 42% female**. This differs from the proportions for England overall, which remains 70% male and 30% female.

The breakdown by age and sex is only available for 2020/21 so caution should be taken when drawing conclusions. There is a slightly different age profile for males and females in drug treatment services in Portsmouth, with 65% of males being between 30 and 49 years, although the peak age group was 40-49years. **Females tended to be slightly younger** with a much more pronounced peak for the 30-39 year age group (41%). This is **similar to the national profile** (Table 4.4) although there was a larger proportion of females in the 30-39 year age group in Portsmouth (41% compared with 36% nationally).

Table 4.4: Adults in Drug Treatment 2020/21, Proportion by Age and Sex.

	Portsmouth			England		
Age Group	All in treatment (%)	Male (%)	Female (%)	All in treatment (%)	Male (%)	Female (%)
18-29	18%	17%	21%	16%	15%	20%
30-39	33%	30%	41%	32%	31%	36%
40-49	32%	35%	26%	33%	35%	30%
50-59	14%	15%	10%	15%	17%	12%
60-69	3%	3%	2%	3%	3%	2%
70-79	0%	0%	1%	0%	0%	0%
80+	0%	0%	0%	0%	0%	0%

The rest of this section was taken directly from the Q4 2021/22 Adult Partnership Activity report on NDTMS to use the most up to date data available.[112]

In 2021/22, the **majority of adults in drug treatment were White British (91%, n881),** which is a higher proportion than seen nationally (84%). Since numbers of other ethnicities are very low, they have not been included, but this is an area where there could be unmet need. More work is needed to understand why BAME communities aren't accessing drug and alcohol services in Portsmouth, and whether it is related to culture, or the shame and stigma associated with accessing external support. Depending on

[112] NDTMS: Q4 2021-22 Adult Partnership Activity Reports: all adults in drug treatment, Portsmouth & England.

the findings and the needs of BAME communities in Portsmouth, the recruitment of a specialist, BAME post/worker could help to reduce the level of unmet need by increasing referrals into treatment services.

Being in employment is a protective factor for those in treatment, helping to sustain recovery. Where this data was recorded for new presentations (for 310 service users), 35% (n110) were employed (either-full time or part-time), 34% (n105) were unemployed and not seeking work, 15% (n48) were unemployed and seeking work and 10% (n31) were registered as long-term sick or disabled. As this data was missing for a large number of service users (90), this may not give an accurate picture regarding employment status.

Mental health treatment needs were identified for 63% (n257) of new presentations in Portsmouth, which is less than the proportion identified nationally (68%). Rather than being a reflection of Portsmouth having a lower level of mental health need in the city than nationally, it is more likely a consequence of the service going through a system thinking approach. A new client accessing the service is asked 'How can I help', which is a move away from a traditional tick box style assessment. This approach means that the support is client lead and focused, but without a client being specifically asked about mental health, some clients might not 'offer up' or self-disclose this information, or a client may disclose later on into their support when they have more of rapport with their worker. Lack of clarity around a definition of mental health need, for example, whether to include common undiagnosed mental health conditions such as anxiety or depression, may have also led to an issue in under recording.

18% (n47) of these were already engaged with mental health services and 32% had seen their GP about their mental health. **However almost half (49%, n126) were not receiving any treatment for their mental health treatment needs, which is a higher proportion than seen nationally (31%).** This highlights the barriers for someone with a substance misuse support needing to access the appropriate mental health support. Feedback from service users (see section 7) is that mental health services say that someone needs to address their substances misuse first, before they can engage in treatment, rather than treating them as co-occurring condition, highlighting a need for co-occurring posts, and mental health workers to be co-located within recovery services and vice versa.

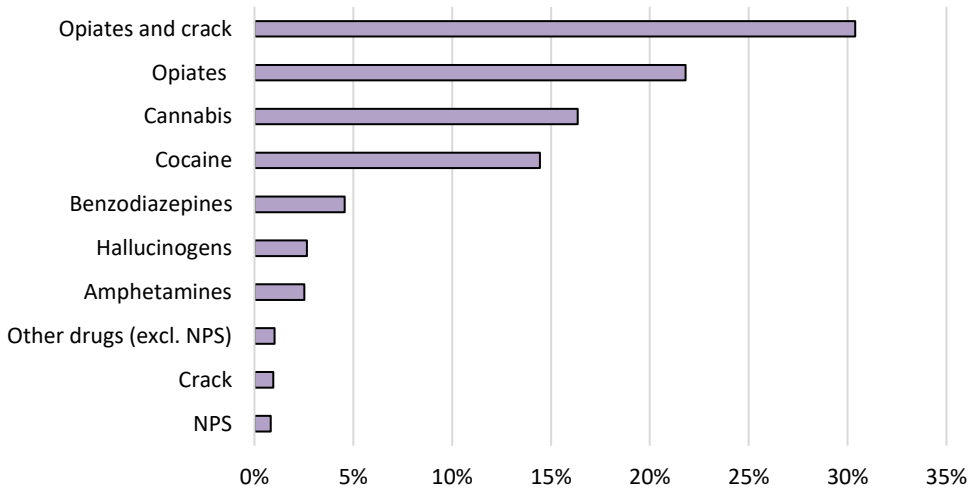
Stable housing is considered vital in enabling people to access and engage with treatment services. Having housing problems can present barriers, such as being hard to contact for appointments, taking priority over treatment and causing distress or instability. A housing problem was identified for 21.4% (n87) new presentations, which is similar to the national profile (21%). However, there was a **higher proportion who presented as NFA locally** (11.1%, n45) than nationally (7.5%).

It is a known factor that people with 4 or more ACEs are more likely to engage in risky or harmful behaviours as an adult, but this information is not available for service users. When auditing the suspected drug related death confidential inquiry forms (see section 4.4), **ACEs were also largely unknown for these cases**. Services should be working in a trauma informed way, in an attempt to understand the root cause of why someone might misuse substances. However, if someone's ACEs are often unknown, then this is unlikely to be happening with all clients. This might be a reflection of the high caseloads of individual workers, with high caseloads being a barrier to be able to work in a trauma informed therapeutic way and highlighting a need to increase capacity within a stretched workforce.

There is, however, information about parental status and contact with Children's Social Care (CSC) which can give an idea about how many children may be at risk. This information is dependent on service users disclosing it and is captured in a number of ways, so it may vary in different reports. Where recorded, 65% of Portsmouth service users were parents; **19% (n127) lived with their children, whilst 46% (n304) did not.** Of those who were living with their children and the information was available (n105), **81% (n87) did not have any involvement with Children's Social Care (CSC)**. Nationally, a higher proportion were parents (72%), and more (28%) lived with their children, but a lower proportion did not have any involvement with CSC (61%).

Treatment services record the primary problem drug to NDTMS and up to two further problem drugs. The most commonly reported primary, secondary or tertiary problem drugs were opiates & crack cocaine together (30%, n446), followed by opiates only (22%, n320), cannabis (16%, n240) and cocaine (14%, n212, Figure 4.9. While numbers and proportions directly from SSJ vary slightly, the pattern for main problem drugs was similar.

Figure 4.9: Most Commonly Cited Substances by Adults in Drug Treatment, 2020-21



4.5. Characteristics of Service Users in Alcohol Treatment Services

During 2021/22, there were 385 people in treatment services in Portsmouth that cited using alcohol only, which is 39% (n89) higher than 2019/20. Of these, 250 were new presentations, which have also increased in comparison with 2019/20 (by 18%, n39). The data in this section has predominantly been taken from the Q4 2021/22 Adult Activity Partnership NDTMS reports for Portsmouth and England but have been supplemented with the 2022/23 Adults Alcohol Commissioning Pack, which uses the data period of 2020/21 but includes some analysis not available in the more recent reports.

Locally, 54% (n206) service users were male and 46% (n179) were female. The **proportion of females in alcohol treatment locally was higher than nationally**, where overall 42% were female.

The breakdown by age and sex is only available for 2020/21 so caution should be taken when drawing conclusions as this was not a typical year with the Covid-19 restrictions leading to fewer people in treatment. The cohort of female service users locally is younger than that for males, with a peak age group of 30-39 years compared with 50-59 years for males (Table 4.5). The **female cohort in Portsmouth is also younger than nationally where the peak age group was 40-49 years.** There was also a larger proportion of males in the 18-29 year age group locally than for England overall (14% compared with 9%).

Table 4.5: Adults in alcohol treatment 2020/21, proportion by age and sex.

	Portsmouth			England		
Age Group	All in treatment (%)	Male (%)	Female (%)	All in treatment (%)	Male (%)	Female (%)
18-29	14%	16%	12%	9%	9%	10%
30-39	28%	21%	35%	23%	23%	24%
40-49	26%	24%	28%	29%	29%	29%
50-59	23%	28%	18%	26%	27%	25%
60-69	7%	9%	6%	10%	10%	10%
70-79	1%	1%	1%	2%	2%	2%
80+	1%	1%	1%	0%	0%	0%

In 2021/22, the **majority of adults in alcohol treatment were White British (92.2%, n320),** which is a higher proportion than seen nationally (84.7%). As for those in drug treatment, numbers of other ethnicities are very low they have not been included, but this is an area where there could be unmet need. As previously stated in section 4.4, more work is needed to understand why BAME communities aren't accessing drug and alcohol services in Portsmouth.

6% (n20) of all adults in treatment were recorded as being veterans, which is higher than the national rate of 3%, but this is not unexpected as Portsmouth has a strong naval presence.

Where this data was recorded for new presentations (for 250 service users), 36% (n78) were employed (either-full time or part-time), 23% (n50) were unemployed and not seeking work, 19% (n40) were registered as long-term sick or disabled and 12% (n26) were unemployed and seeking work.

Mental health treatment needs were identified for 68% (n171) of new presentations in Portsmouth, which the same as the proportion identified nationally (68%). 16% (n28) of these were already engaged with mental health services and 42% (n72) had seen their GP about their mental health. However, almost half (**44% n75) were not receiving any treatment for their mental health treatment needs.** The primary care mental health service in Portsmouth askes about someone's current levels of drinking on their initial assessment and in order for someone to be able to access support they can't be drinking over a certain number of units, which could make the mental health service inaccessible for clients with alcohol dependency. It is also often documented that clients with alcohol support needs can often be under the influence and deemed too intoxicated to engage with mental health support, highlighting a need for more resource to fund co-occurring posts and mental health workers be integrated into main substance misuse service.

Most new presentations did not have a housing problem (91%, n228), which is slightly higher than the national profile (89%). There was a marginally higher proportion presenting as NFA locally (2.8%, n7) than nationally (2%), but numbers of were small.

Information about parental status was recorded in a number of ways so this information may vary slightly in different reports, but where recorded, **36% of Portsmouth service users were parents and 68% (n85) lived with their children.** Of those who were living with their children and the information was available (n105), **67% (n61) did not have any involvement with Children's Social Care (CSC)**.[113] Nationally, a lower proportion were parents (31%), more (78%) lived with their children, and a slightly higher proportion did not have any involvement with CSC (69%).

4.6. Harm Reduction Interventions

Harm reduction approaches (such as Naloxone and needle exchange programme) are a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Providing opioid substitution treatment (OST), sterile injecting equipment and anti-viral treatments protects drug users and communities resulting in long-term savings. During 2021/22, funding from the Universal Grant allowed extra Naloxone and needle exchange provision in the city. In 2020/21, 175 injectable naloxone kits were purchased, this increased to 950 the following year. Nasal naloxone provision in the city also increased; in 20/21, 35 kits were purchased, and this increased to 290 purchased kits the following year.

In 2021/22 10,393 needle exchange service users were served, and 149,550 syringes were supplied of which 148,824 were low dead space needles.[114] As part of the universal funding, additional criminal justice recovery staff were recruited to provide harm reduction support and support and treatment for those accessing the criminal justice system. Peers also provided needle exchange support in one of the city's single person homeless hostel Hope House. In total the criminal justice team and Peers delivered an additional 516 outreach session in 21/22.

Most adult community and secure setting treatment providers will offer clients Blood Borne Virus (BBV) screening as part of their initial and ongoing healthcare assessments. When considering BBV interventions it is important to bear in mind that risks are not limited to people who inject drugs, however the sharing of needles is the biggest risk factor. Table 4.6 shows that 5.9% (n114) of current or previous injectors were offered and accepted a Hep C test, while 0.8% (n16) had started or completed Hep B vaccinations.[115]

Table 4.6: BBV status for current or previous injectors in treatment for 2021/22

	Number	Percentage of injectors
Total number of injectors	1943	
Hep C: Offered & accepted - had a hep C test	114	5.9%
Hep B: Offered and accepted – started having vaccinations	<5	0.2%
Hep B: Offered and accepted – completed vaccination	12	0.6%

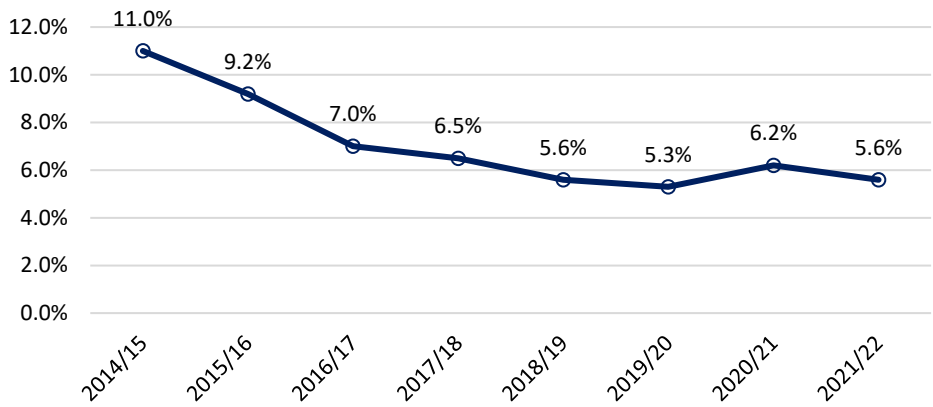
[113] This is out of 91, as service users may have one or more children accessing different CSC services.
[114] Low dead space needles reduce the amount of blood left in the needle/syringe. This in turn means that should the syringe be re-used, the risk of viral transmission is reduced (because less blood = lower viral burden).
[115] SSJ Adult Summary 2021-22

4.7. Treatment Outcomes

The key benchmarking measure for treatment outcomes is the **proportion of service users that successfully complete treatment of all those in treatment**. This means that the service user has left treatment in a planned way and has reduced their consumption of the problem substance or is now abstinent. This could include being on a methadone maintenance programme. There are similar measures that consider the proportions who successfully complete and represent or who successfully complete and do not represent, although historically these have not been key measures locally as representing can be viewed as both a positive or a negative thing; positive because it shows that the person is happy to re-engage with services, but negative as their treatment hasn't been successful in the medium term (NDTMS looks at re-presentation within a six month period).

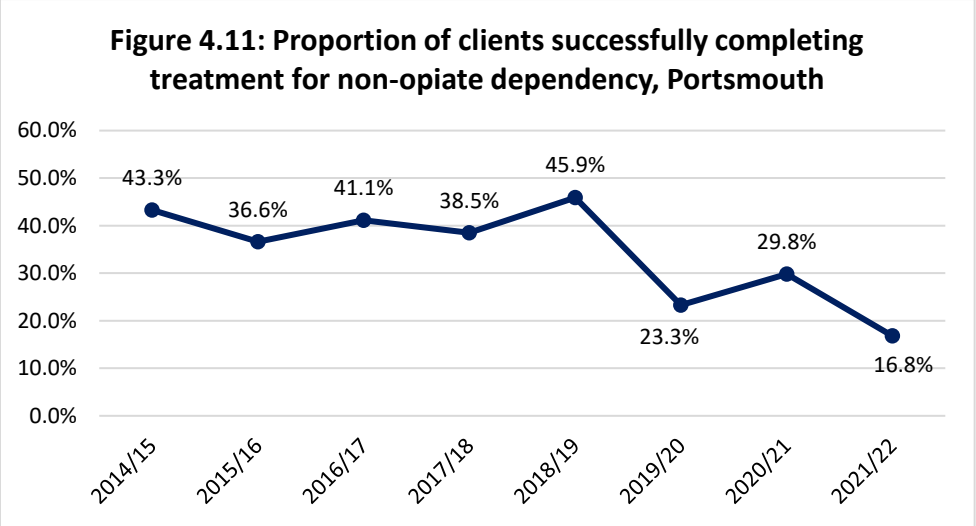
In 2021/22, 5.6% (n43) of adults in treatment for opiate dependency completed their treatment successfully. While this is lower than pre-2017/18 levels, **this proportion has remained relatively stable since then and is marginally higher than the national rate of 5.2%** (Figure 4.10).

Figure 4.10: Proportion of clients successfully completing treatment for opiate dependency, Portsmouth



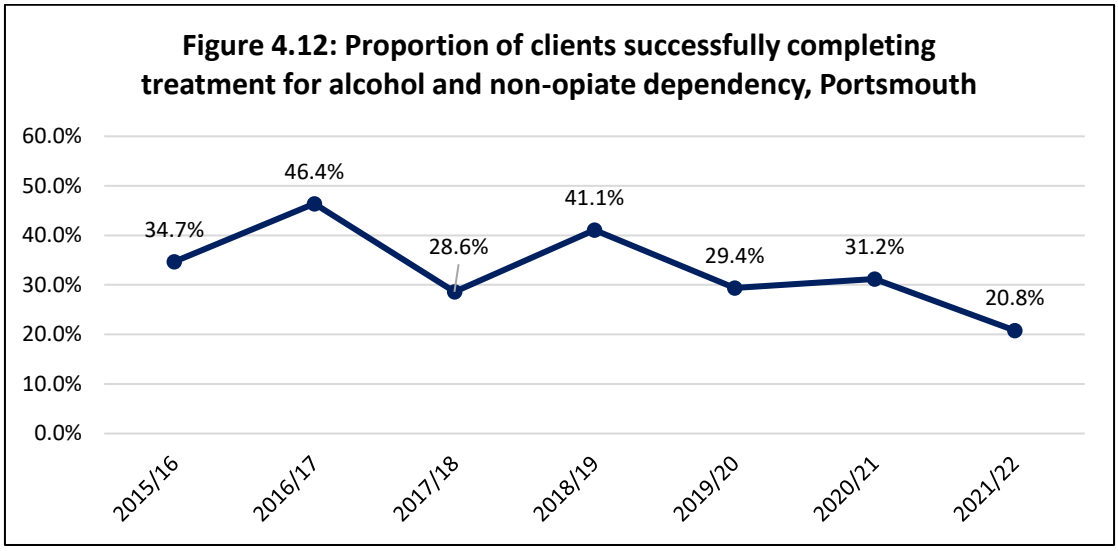
The **most recent data available on NDTMS (July 21 to June 22)** for people successfully completing treatment for opiate dependency shows a local **rate of 6.3%, which is in the top quartile range for comparator local authorities.** The reduction in the proportion of successful completions from 2016/17 onwards had been expected due to the numbers in treatment increasing, and it had been predicted that once numbers stabilised, the rate of successful completions would improve. Considering the caveat at the beginning of the chapter, **Portsmouth had a rate of 9.1% for those who successfully completed and re-presented within six months, which is also within the top quartile range for comparator local authorities.**

The **proportion of adults in treatment for non-opiate dependency** was 16.8% (n25), which is **lower than in previous years** (Figure 4.11). It is also **substantially lower than the national rate** of 31.7%.

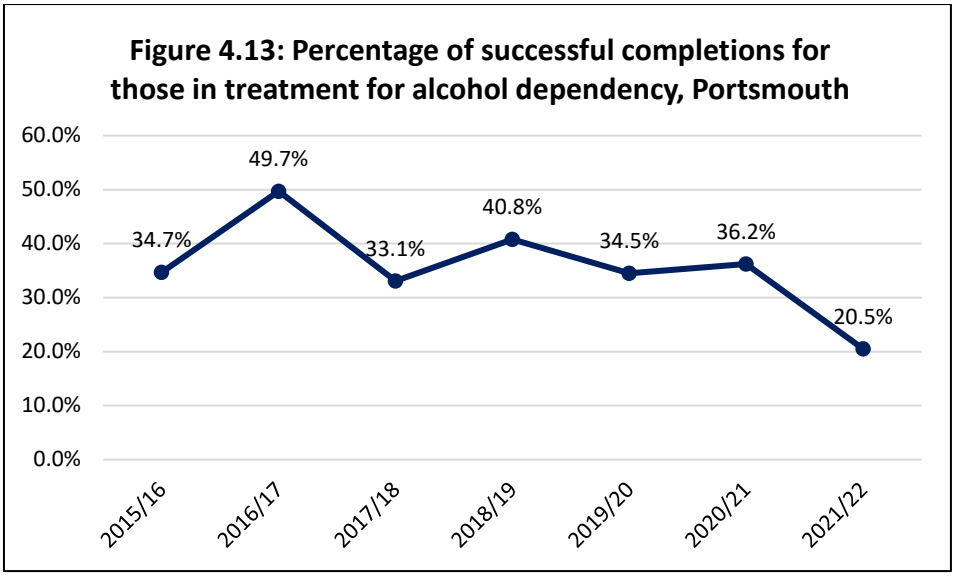


This has been driven by increases in the number of people in treatment for non-opiate dependency, while numbers successfully completing have remained stable and as for opiates, it is anticipated that once numbers stabilise, the proportion successfully completing will increase.

The proportion of clients successfully completing treatment for **non-opiates and alcohol was 20.8% which is a continuation of the decreasing trend** since 2018/19 (Figure 4.12). This is also lower than the national rate of 32.8%.



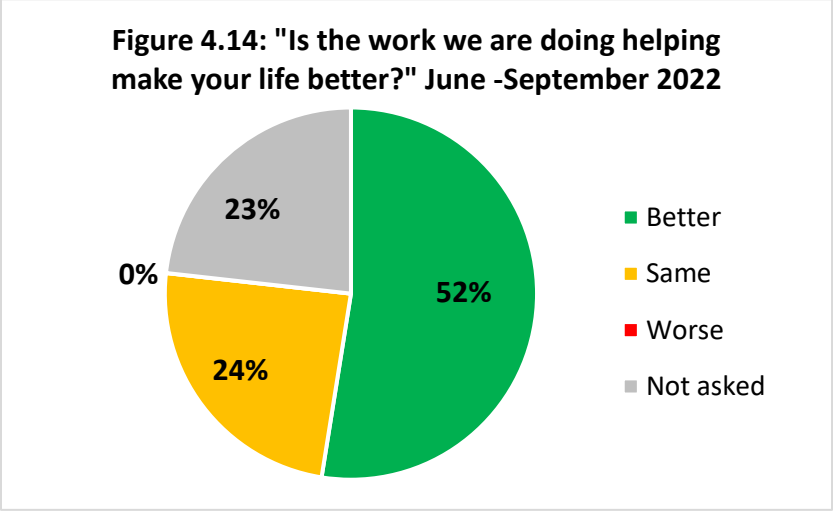
As for non-opiates, the number successfully completing has remained fairly stable, **while numbers in treatment for these substances has increased substantially (from between 30-40 in 2016/17 to 2018/19 to 112 in 2021/22).** As for opiates, it is anticipated that once numbers stabilise, the proportion successfully completing will increase. Additionally, the way that SSJ upload data from Queen Alexandra Hospital has changed to include previously unrecorded work, but there was concern that engagement is lost when people leave hospital and are shown as unsuccessful completions, which impacts on this measure. Measures have been put in place now to try and rectify this, and **the latest data (July 21 to June 22) shows a slight increase in the proportion from 20.8% for April 21 to March 22 to 21.6% for July 21 to June 22**.



A similar trend can also be seen for **alcohol only clients (Figure 4.13), with 20.5% successfully completing in 2021/22, a continuation of an overall downward trend since 2018/19 and much lower than the national rate** of 37.4%. The numbers of people successfully completing have remained fairly stable while the numbers in treatment have increased, and this measure has similarly been impacted by the recording issues around data from QA.

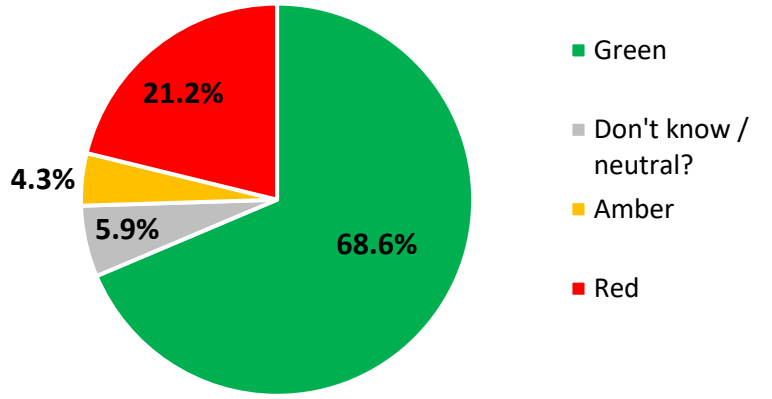
As previously mentioned, SSJ have not used the Treatment Outcome Profiles to record progress following a 'Systems Thinking' review, but due to commissioning requirements have started reporting on outcomes in their quarterly reports, and data from the quarter 1 and 2 reports has been used below to give an idea of the outcomes that have been monitored from April 2022. PUSH do not currently keep any outcome data although they are working towards collecting this going forward.

SSJ service users are asked **whether the work that SSJ are doing is helping make their lives better.** Figure 4.14 shows that from June to September 2020, **just over half (52%, n415) said that it is**, while 24% (n200) said there was no difference, 23% (n182) were not asked and fewer than five said that it had made things worse. Although 23% had said that there was no difference, it is important to recognise that drug dependence and misuse is complex and there may be issues in their lives that drug treatment alone cannot improve.



A similar method is the smiley face app which allows service users to use different emoji faces to indicate their level of customer satisfaction. Figure 4.15 shows that from June to September 2022 **almost 70% (68.6%, n175) of those using the app gave a smiley green face indicating that they were happy with the service**. However, 21% (n54) gave the service the red sad face indicating that they were not happy in some way. It is known that people who rate customer service experience are more likely to respond if they have had a particularly good or bad experience.

Figure 4.15: Customer satisfaction via Smiley Face App, June to September 2022



In order to find out more about the things the service is doing well and where improvements can be made, SSJ asks the question:

"From the time when you first contacted the service for help, until now, how would you rate the overall experience on a scale of 1-10? (1 is poor - 10 excellent)

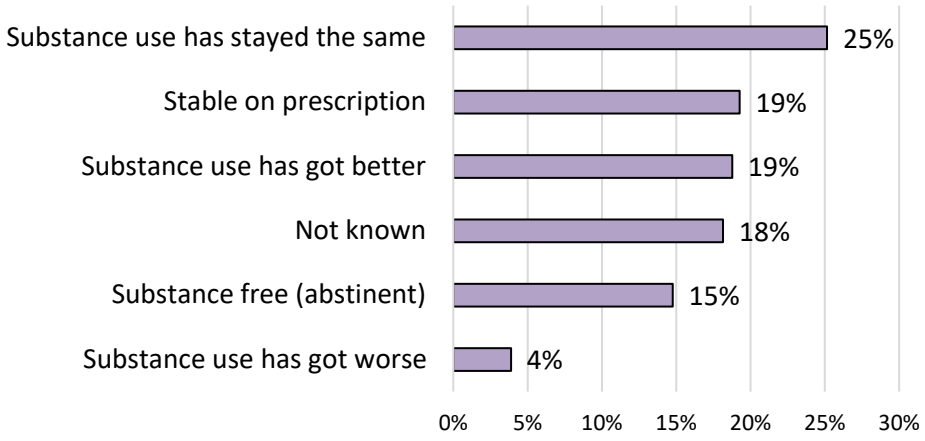
And asks for qualitive feedback:
How has the service done to meet your needs so far? How could we make things better?"

Between June and September 2022, **40 service users participated, with most giving a score of 8 or more out of 10 (88%, n35).** Some direct positive feedback from clients included good communication and being able to access courses quickly.

Examples of where things could be improved were a delay when making an online referral, not being able to contact the service when they wanted support and a group being cancelled without notice.

Service users were also asked about their use of substances. Figure 4.16 shows that between June and September 2022, 25% (n201) reported that their substance use had stayed the same, 19% (n154) said they were stable on their prescription, 19% (n150) said that their substance use had reduced and 15% (n118) said they were abstinent. **Only 4% (n31) said their substance use had got worse.**

Figure 4.16: Overall substance use assessed, June - September, 2022



SSJ also now report on service users who are newly engaged in volunteering, education or employment, which included:

- 678 hours of volunteering for SSJ, Rough Sleeping Support Service and Café In The Park
- 57 hours of volunteering for Re-fit
- 61 service users completed training sessions in relation to the volunteering work
- 29 started accredited courses with St Vincent's College
- 23 became employed
- 6 returned to university.

4.8. Current Service Provision - Key Messages & Recommendations

Key Messages:

- There are a good range of services currently working with people with substance misuse needs
- Funding streams and pathways can often appear complex, which raises the concern about duplication of work. Or when many services are involved with a person, an assumption could be made that somebody else is doing something when nothing is being done, meaning people could fall through gaps.
- Continuity of care from prison to the community continues to improve with a dedicated criminal justice team.
- The number of people in treatment is increasing, driven by additional funding/capacity and new presentation of alcohol clients.
- Self-referrals are the biggest referral source, yet retention of new presentations is lower than the national average. This may be due to low thresholds for accessing the services, so may be that people do not need to stay in treatment as long, or alternatively that they are not getting the service that they need.
- The majority of adults in treatment are White British. 70% of adults in drug treatment were male, although there is a higher proportion of females in treatment for alcohol or non-opiates (58% male and 42% female).
- Most people in drug treatment are receiving support for opiates and crack, or just opiates. Cannabis was cited as a problem drug for 15% of treatment service users, despite it reportedly being the most common drug used.
- The proportion of people successfully completing treatment for alcohol and non-opiates is on a downward trend and lower than national rate, although this is driven by the increase in the number of people in treatment.
- Customer satisfaction survey data found that 70% of SSJ service users were happy with the service they received.
- There is still no in reach in HMP Winchester, even though services are ready to go in.
- The arrest referral scheme has been positively received, the majority accepted an intervention brief advice and alcohol have been identified as the biggest support need.
- Despite additional resources, there are still challenges with access to health care and specialist mental health support.
- Over half of new presentations with an identified mental health need were not receiving any sort of treatment.

Recommendations:

- The current arrest referral data is carefully considered and monitored alongside any drug testing on arrest data to see if the implementation of the DTOA pilot impacts those in custody with an identified alcohol need receiving opportunistic brief advice.
- Expand the recording of arrest referral data to include the percentage accessing support, level of engagement after the referral is made and numbers/percentage prevented from re-offending.
- Work closely with Rough Sleepers Initiative commissioning to understand how resources can be utilised and funding complement existing workstreams without duplicating work.
- The Rough Sleeping Drug and Alcohol Treatment Grant (RSDAGT) team to continue to use surveys to provide real time data to continue to improve practice and service, but also consider how to capture feedback from those that disengage or have an unplanned discharge.
- Invite Sheffield Hallam researcher to present findings at Portsmouth RSDAGT Steering group to consider impact on Portsmouth team delivery and wider issues and services that affect rough sleepers.
- Continue to engage and collaborate with HMP Winchester at both an operational and strategic level, supporting them to return to implementing groups at their premises once their status has changed.
- Evaluate the impact of contingency management. If it is successful and shown to increase engagement then consider rolling out to other prisons who refer to Portsmouth, such as HMPs Lewes, Bronzefield and Bullington.
- Review abstinent accommodation in the city and review the need for further units.
- Broaden primary care services within the homeless health care team to substance misuse patients, for those with the most complex needs.
- Further investigation into the low retention rates for new presentations.
- Further investigation is needed to understand why BAME communities aren't accessing drug and alcohol services. Depending on findings, consideration of BAME specialist worker.
- Consider the report into the regional residential rehabilitation market once it is published, collaborating with southeast-wide colleagues to implement any recommendations.
- Need to improve pathways and collaborative working to increase referrals from other sources (other than self-referrals).
- Improve pathways for mental health needs, with increased provision of co-located posts such as mental health workers within Recovery services and vice versa.
- A task and finish group to investigate and implement measures to improve the proportion of successful completions.

5. Young People's Substance Misuse

While most young people do not use drugs, and even when they do are not dependent, it is recognised that substance misuse can be linked to a range of harms. This includes direct harms to young people including their health, education, relationships, and risk of associations with child sexual and criminal exploitation. It also includes wider harms to families and communities. By engaging with support young people are likely to be safer, less likely to offend, more likely to re-engage with education or training, and have improved long-term physical and mental health and relationships. Within the Reducing Demand section of the section of the 2021 Drug Strategy there is an emphasis on preventing the onset of substance misuse by building resilience in young people and supporting young people and families at risk of substance misuse and providing early intervention.

A Department for Education cost-benefit analysis found that for every £1 invested, within two years had saved £1.93 and up to £8.38 in the long-term.[116] Other benefits identified by this cost-benefit analysis included:

- The potential immediate benefit of drug and alcohol treatment could be up to a 55-65% reduction in offending by young people receiving treatment.
- A 40% drop in the estimated number of drug and alcohol related deaths and hospital admissions post-treatment.
- An estimated 10% reduction in the number of young people who are likely to become adult substance misusers in their lifetime, which could generate £48.8 million – £159 million net benefits, for England.
- Data from the NTA also indicates that treatment could reduce the proportion of young people that are NEET by 6.5%.

This chapter considers drug and alcohol use and adverse outcomes related to it as well as the current local service provision.

5.1. Drug and Alcohol use by Young People

The 2019/20 Crime Survey for England and Wales found that **drug use was more prevalent amongst young people than adults, with 21% of 16-24 year olds reporting using drugs in the last year** compared with 9.4% of adults (16-59 years). Using the ONS mid-year 2020 population estimate, this equates to approximately 7,600 16-24 year olds using drugs in the last year in Portsmouth.

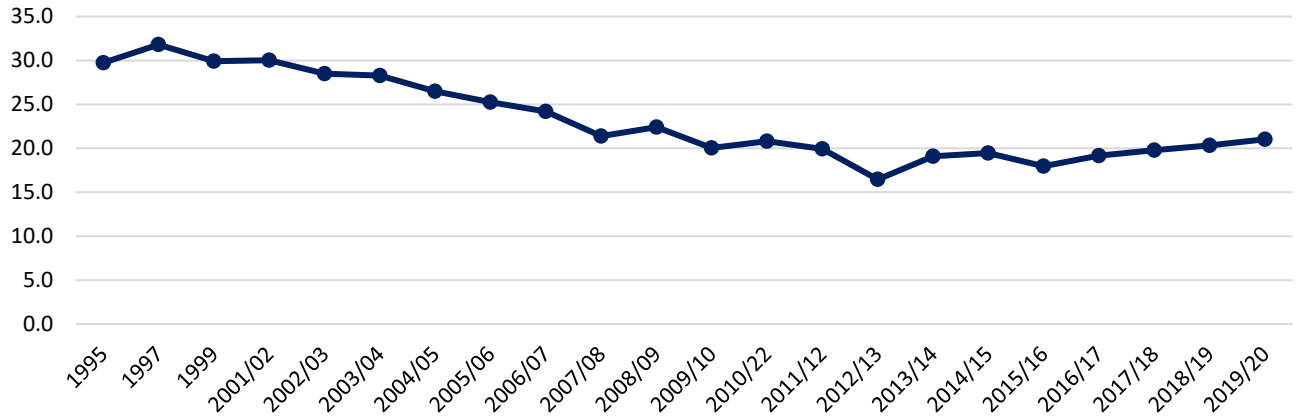
Nationally, drug use in the last year for 16-24 year olds decreased from 1997 to 2013, before starting to increase. **The proportion has increased slightly but not significantly from the previous survey** (2018/19), but **levels are still significantly lower than in 1995** (Figure 5.1, overleaf).[117]

[116] Specialist drug and alcohol services for young people- cost benefit analysis (publishing.service.gov.uk) Accessed 25/08/22

[117] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/drugmisuseinenglandandwalesappendixtable

Half of young adults reported that they had taken drugs once or twice in the last year, while approximately 5% reportedly used drugs daily. This means approximately 1,800 young adults in Portsmouth may be taking drugs daily.[118]

Figure 5.1: Proportion of 16 to 24 year olds reporting use of drugs in the last year, year ending December 1995 to year ending March 20201 (CSEW, ONS)



Cannabis was the most commonly used substance (by 18.7%) by young adults aged 16 to 24 years, followed by nitrous oxide (by 8.7%), powder cocaine (5.3%), ecstasy (4%).

Cannabis was also the most commonly used drug by young people aged 12-15 years, with 5.2% of respondents to the Portsmouth You Say survey in 2018 reporting daily, weekly or monthly use. Applying this proportion to the ONS mid-year 2020 population estimate, this is equivalent to approximately 475 12-15 year olds. A small proportion of the survey also reported regular use of solvents (3%), NPS including nitrous oxide (2.1%), ketamine (1.3%) or ecstasy (1.2%).

The most **common reasons for trying or regularly using drugs were to relax (62%, n61), and for a rush or buzz (60%, n59)**. However, **almost half (49%, n48) said they took drugs to help them forget their problems.** Other common responses were boredom (46%, n45), to be sociable (45%, n44) and because they help with confidence (36%, n35). Most respondents who took drugs obtained drugs from their friends (75%, n48) and/or used money from their parents to buy them (47%, n29).

The 2018 You Say survey found that alcohol consumption increased substantially with age, with 11% (n59) of year 8s (12-13years) drinking alcohol daily, weekly or monthly, **rising to 40% (n204) of year 10s (14-15years)**.

For those who had tried or regularly drunk alcohol, the most **common reasons were: 'it's normal, everyone does it' (55%, n179) or to be sociable with friends (52%, n169).** Other common responses included: to make them feel more confident (35%,n112), for the buzz (33%,n107) or because it helps them relax (30%, n97). **Parents frequently provided alcohol (57%, n190)** or respondents got it from friends (33%, n112) or brought it with money from parents (22%, n73). **Respondents commonly believed their parents didn't mind them drinking alcohol, so long as they didn't drink too much (59%, n264),** with only 8% (n35) thinking their parents didn't like them drinking and 3% (n12) saying their parents didn't know.

[118] Applying this percentage to the number of young people using the ONS mid year population statistics for 2020.

Most respondents said that someone else in their household drunk, and while most were not worried about it (68%, n559), 29% were worried to some extent and 3% (n28) worried a lot.

Most respondents to the survey had either never been drunk (47%, n232) or not in the last month (27%, n132), with **21% (n104) having been drunk one or more times in the last month.** The **most common adverse outcomes** for the respondents who had drunk in the last four weeks were: **vomiting (43%, n29), feeling ill/sick (39%, n26), getting into an argument (37%, n25), doing something they later regretted (30%, n20), hurt themselves (25%, n17) and got into a fight (19%, n13).**

There were **62.4 hospital admissions due to substance misuse (15-24 years) per 100,000, which is significantly lower than the England average of 81.2** per 100,000 for 2018/19 - 2020/21. There has also been a downward trend in hospital admissions for this age group locally since 2012/13 - 2014/15, when the local rate was significantly higher than the England average.[119]

Data from Queen Alexandra Emergency Department (QA ED) provides detail about adverse effects of drugs and/or alcohol for under 17s and 18-24year olds although the data may not be as accurate as that for hospital admissions as there has not been as much time for tests and consultation. The rate of alcohol and/or drug related ED attendances in 2021/22 for 18-24 year olds was 374.6 per 100,000 population (which is the second highest age group after 30-49yrs - 379.2 per 100,000) and was 100.6 per 100,000 for under 17s.

Where 18-24 year olds attended QA ED for a drug or alcohol related condition**, just over a quarter (26%, n97) presented with an injury of some kind, while 17% had overdosed** (n64, on paracetamol, anti-depressants, opiates or NSAIDs), 15% (n57) were intoxicated or were experiencing poisoning from alcohol or drugs and 9% (n32) were experiencing issues after taking recreational drugs. For under 17 year olds, the **most common primary diagnoses were: alcohol intoxication or poisoning (37%, n27), overdose (33%, n24)** and injuries (14%, n10).

Drug use by young people is often thought to be recreational only, but the Adult Psychiatric Morbidity Survey in 2014 **estimated a higher level of dependence on drugs than other age groups**, with 11.8% of males and 4.6% of females dependent.

Schools have an important role in helping children and young people build resilience, identify any issues with substance misuse and to refer into specialist substance misuse services. Being excluded or suspended from school can increase a young person's vulnerability to problematic substance misuse and exploitation. In the 2019/20 academic year, 2% (21 of the 1,175) suspensions in Portsmouth were related to drug or alcohol misuse. This is marginally lower than the national proportion (3%).

There were no reported drug or alcohol related permanent exclusions in Portsmouth during this time period, which is significantly lower than the 10% seen nationally. This could indicate that schools are not picking up on this element or not reporting it, or that schools are working with these young people to address their substance misuse needs. Further investigation of this issue is recommended as there have been few referrals to the young people's Drug & Alcohol Support Service (DASS) from schools and they are essential to providing accurate messages regarding substance misuse, including harm reduction.

[119] Public health profiles - OHID (phe.org.uk)

5.2. Child Criminal Exploitation and the Link with Drug-related Harm

In 2020/21, County Lines (CLs) operating within Hampshire were found to be criminally exploiting children or young people. County Lines are increasingly exploiting local young people rather than using runners from out of the area.[120] This is also facilitated by drug markets, particularly cannabis, powder cocaine and recreational drugs, largely operating via social media.

There was intelligence to suggest that approximately 40 CLs have exploited young people from Hampshire, and 57% (n90) of National Referral Mechanism referrals for Hampshire in 2020 were raised relating to exploitation or suspected exploitation by drug networks. The exploitation of local youths (rather than those from London) was first identified in 2019, in particular recruitment of young people not previously known to the police or other agencies which creates a challenge for safeguarding and early intervention.[121]

It is suspected that recruitment/grooming occurs via social media and apps and has been exacerbated by the COVID-19 restrictions which have tended to increase the time young people are online for school, work, and to socialise. There is likely to have been less direct supervision as parents may work from home or leave older teens at home unsupervised while they work. There are also suggestions that young people exploited by drug networks go on to become more significant members of that network, becoming more involved in serious criminality. The WHO have also noted that the reduction in traditional employment opportunities and interruption in schooling due to COVID-19 is likely to increase the number of young people turning to drug dealing to provide an income and thus **exploitation of young people by drug networks is likely to increase**. While 80% of the young people linked to dealer networks via intelligence were male, half of those linked to CLs via Operation Monument[122] were female and unknown or barely known to the police which indicates a **possible hidden risk of females being more exploited by CLs than assumed.**

Snapshot data from the police for children and young people at low, medium and high risk of child criminal exploitation (CCE) have shown an increase over the last couple of years. In April 2022, there were 92 young people at risk of CCE, which is more than double the number in April 2020 (n42), driven by increases in medium and low risk cases (Table 5.1). This could be a reflection of better understanding and identification of cases, but a genuine increase cannot be ruled out.

Table 5.1: Snapshot of Child Criminal Exploitation cases identified by police

	High	Medium	Low	Total
Apr-22	11	45	36	92
Apr-21	14	31	25	70
Apr-20	13	24	5	42

[120] Hampshire Constabulary Strategic Assessment 2020/21
[121] Hampshire Constabulary Strategic Assessment 2020/21
[122] Operation Monument is a response to county lines dealing.

5.3. Substance Misuse Associated with Offending

Of the young offenders who received their first caution or court sentence (first time entrants, FTEs) in 2020, 13% had committed drug offences, although substance misuse may have been a factor in other offences.[123]

Analysis of Portsmouth Youth Offending Team (PYOT) data has previously been done using scores from assessments, but this data is no longer easily available as recording systems have changed. In 2013/14, PYOT completed 232 assessments (Assets) for 152 young offenders. There is a summary score for each section which gives an indication about whether a particular issue is thought to be linked to offending behaviour for the individual.[124]

- **41% of young offenders had a link between their offending behaviour and drinking alcohol and/or taking drugs**
- **34% had an association with emotional and mental health**.

Additionally, a number of young offenders reported family factors, although there is no indication about whether these have had an impact on offending behaviour. Over two fifths reported specific issues:

- 11% had a family member with a substance misuse issue and
- 10% had a family member with an alcohol misuse issue.[125]

Currently, PYOT record this information differently, flagging where there is some evidence of smoking, drinking or taking drugs and this does not need to be linked to offending behaviour. It is not always recorded in a way that can be easily extracted[126] but where it was, there was evidence of substance misuse for 97% of offenders.

5.4. Treatment and Interventions

The Drug & Alcohol Support Service (DASS) provides tier 3, one-to-one substance misuse therapeutic interventions for young people up to the age of 19 years and sits within PCC Children's Social Care. The age limit is raised to 21 years for care leaves and 25 years for care leavers with additional needs.

The service provides an assessment covering emotional wellbeing and mental health, physical health, their history of drug and alcohol use and parental substance misuse and then works with the young person therapeutically to try and achieve their aims around substance misuse. The assessment aims to identify other needs, such as education, health, employment or housing needs and support is given to help them address those needs. The therapeutic approach includes the cognitive behavioural therapy, elements of dialectical behavioural therapy, motivational interviewing, solution focussed therapy, acceptance and commitment therapy. It is tailored to the individual and always includes harm reduction/stay safe and relapse prevention work.

[123] https://www.ndtms.net/resources/secure/Commissioning%20Support%20Products/South%20East/YP/South%20East_Portsmouth_YP_Commissioning_Support_Pack_2022-23.html

[124] Strategic Assessment for Crime, ASB, Reoffending & Substance Misuse, 2014/15

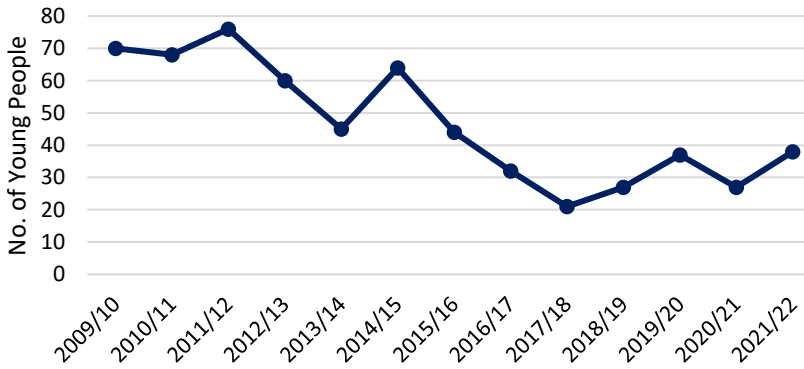
[125] Alcohol and substance misuse were just for the preceding 6 months.

[126] It was not recorded for approximately half of the cases currently open to YOT, data from the PYOT analyst via email, 22/11/22.

Since the beginning of 2022, there has only one member of staff within DASS,[127] but hopefully there will be 3.5 workers from Jan 2023 (in comparison to a team of 4.5 staff in 2015/16. The current member of staff also provides team-around-the-worker (TAW) support for a lead professional (usually CSC or PYOT) if they have the best relationship with the young person.

Portsmouth had 38 young people receiving specialist substance misuse support during 2021/22. This is a similar number to 2019/20, and part of an overall upward trend from the lowest numbers of treatment in 2017/18 (n21, Figure 5.2).

Figure 5.2: Young people in treatment, Portsmouth



However, numbers in treatment are still only about half the numbers seen prior to 2012/13 and this is likely to be as a result of lower capacity in the DASS, rather than a reduction in young people needing support around substance misuse.

This gives a rate of 2.0 per 1,000 10-17yrs population,[128] which is similar to the England rate of 2.1 per 1,000. However, it is less than the rates for similar areas such as Brighton & Hove (3.7 per 1,000), Bournemouth, Christchurch & Poole (2.8) and Plymouth (2.6). Southampton is much lower at 0.4 per 1,000 but they are planning significant additional investment into this age group.

These figures are for young people receiving therapeutic work only and **do not include young people who receive basic advice or drug/alcohol education**, although more of this was done prior to 2016 when there were more staff. **These figures also do not include TAW cases**. Data directly from DASS shows that the service carried out 40 screenings and 10 TAWs during 2021/22. It is anticipated that the numbers in treatment and those receiving basic advice and education will increase when new staff are recruited into DASS.

While DASS is a confidential service, when appropriate, MASH referrals will be made for safeguarding issues and always encourages young people to discuss their use with parents/carer and supporting them to do so. DASS also supports parents when appropriate, giving guidance when they would like to refer their child, but the child currently refuses. The service offers information and stay safe messages and provides contacts for parents to seek support from organisations that can support them further.

If a young person mentions to staff working in children's social care that they use substances, the staff member should access and complete a screening tool, which is automatically forwarded to DASS. This

[127] Up until the end of 2021, there had been two members of staff.
[128] Based on ONS mid 2020 population estimate

should be completed whether the young person wants support or not, because there is still a risk to that young person. This allows DASS to book in team-around-the-worker support to discuss the case, give advice and some tools to use and DASS then holds the clinical responsibility for this aspect of the young person's care. Data showed that between June 2018 and April 2021, **123 young people open to CSC were flagged as having issues with drugs and/or alcohol, and a screening tool was completed for 12 of the cases (10%).**[129] This suggests that the screening tool may not being used as often as it should be, which could be leaving young people at risk of harm.

However, the Early Help team within CSC have a Substance Use Specialist role that will work with families - both the young person and their parents/carers or provide team-around-the-worker support for other Early Help lead professionals. The lead professionals work with families who have consented to receive a service from Early Help, usually for approximately six months aiming to improve outcomes for the family, and substance misuse is just one area of support provided. This team may have been providing direct and team-around-the-worker support to the children and young people rather than using the screening tool but this is an area worth investigating. Data has been requested for the number of cases supported and also the length of time this specialist has been in post.

Data from **the Missing, Exploited or Trafficked (MET) team shows that out of 68 young people at medium or high risk, 37 were not known to DASS (54%).** While it cannot be assumed that all of these young people have substance misuse needs, it is expected that levels of need would be high, and this again shows that the screening tool may not be used as frequently as it could be.

5.4.1. Characteristics for Young People in Treatment

As not all data for young people in treatment is available via NDTMS, the following sections use data extracted directly from the local database (Illy) for new episodes (n35) and active episodes (n53).

Slightly more new episodes were male (54%) than female (46%), and the pattern was slightly more pronounced for active episodes (60% male and 40% female).

Almost **half of those in active treatment and a third of new presentations were aged 18-25 years** (47%, and 31%), 36% of those in active treatment and 43% new presentations were aged 16 & 17 years, and 17% in active treatment and 26% new presentations were 15 years or younger.

89% of both new presentations and those in active treatment were White British and **11% were BAME**.

Most young people in active treatment were living with relatives (70%), while 11% were living independently in settled accommodation. Fewer than five were in supported housing, unsettled accommodation or in care.

Data about vulnerabilities has been collected from NDTMS over five years to give a robust picture of the main issues for these young people. Of 150 new presentations, the following were the most common vulnerabilities recorded on the system:

- **63% - early onset drug use**

[129] Data provided by DASS from CSC.

- **57% - poly drug user**
- 35% - mental health treatment needed
- 29% - ASB / offending behaviour
- 26% - self-harm
- 22% - experienced/witnessed domestic abuse.

Data from Illy for 2021/22 found that where asked, **72% of new presentations reported anxiety, 34% had depression and 29% had ADHD**.

Most young people in treatment (91%) reported that they were currently smoking, which is unsurprising with cannabis one of the most common problem substances, but carries additional health risks.

The most common referral sources in 2021/22 were Children and Family Services (34%) and Children's Mental Health Services (26%).

Of the 48 young people discharged from active treatment in 2021/22, **69% were in treatment for 12 weeks or more, but less than one year**, while 27% were in treatment for less than 12 weeks. According to NDMTS, in this period, 65% of young people left treatment in a planned way, which is lower than the national rate of 81%.

5.4.2. Patterns of Drug Use for Young People in Treatment

A young person's substance misuse practitioner who has been with PCC for many years has said that in her experience, the types of drugs young people are using problematically have not changed much. She said that **most of the young people she sees want support around reducing their use of cannabis and then secondary or tertiary substances (and others) which may include alcohol, cocaine, ketamine and MDMA. There appears to be minimisation by young people regarding alcohol and nitrous oxide use.** For the young people she sees, cannabis use is high, she estimated that 1-2 grams per day was 'typical' but using 3-4 grams is not unusual. The type of cannabis used has changed though, with young people using stronger strains than 20 years ago, often skunk, although they will just take whatever is available.

Ketamine, ecstasy/MDMA and cocaine are also fairly common, but these three drugs change in popularity and tend to swap around; currently she has seen an increase in ketamine use. It is positive to note than **most young people do not touch NPS and feel that they are dirty drugs**. The substance misuse practitioner felt this was a result of education and getting out information about the risks to young people. The **exception to this, is the use of nitrous oxide, which she felt was a huge issue. She said it had increased substantially since 2019,** *"during Covid it just massively exploded"* because it was cheap, easy and people do not see it as a drug. She said this also might not be reflected in the data as accurately, as if a young person is using coke, cannabis and ketamine as well as nitrous oxide, the nitrous oxide could potentially be recorded as the fourth or fifth substance used.

Data from Illy supports this, with **cannabis (either skunk or unspecified) the primary drug for 71% and alcohol the primary for 23% of new treatment episodes**. Alcohol was listed under 'other drug use' for 42% and cannabis for 29% of new treatment episodes. Numbers of substances other than cannabis and

alcohol listed as primary or 'other drug use' are fairly small, with other drugs mentioned in fewer than five cases, but the most commonly mentioned were: Ketamine, Cocaine, Nitrous Oxide and MDMA.

5.5. Young People's Engagement survey

A survey was carried out by the PCC Youth Service to explore young people's preferences for accessing support around drug and alcohol use, and potential barriers to them accessing support. A survey was completed by 36 young people in 2022 who attended youth clubs or the DASS. The respondents said that they would prefer support either online or in person, rather than via telephone or a mix of methods.[130] If young people were to have appointments in person, their preferred option was in a 'young person's space' followed by a 'drop-in' or at school. Appointments at their home was the least preferred option. The main barriers to seeking support with drug and alcohol use that were identified by the young people were:

- Being worried that someone would find out that they were seeking support for drug and alcohol use.
- Fear of being judged.
- Not knowing where to get help.
- Not having Wi-Fi at home.

While this survey had a relatively small number of participants, **it highlights the need for confidentiality and for being flexible about meeting young people in a place that works for them or providing the service online for those who can access online services and would prefer that.** It- has also highlighted that young people may not know how to get support for themselves or their friends and more communications around accessing services are recommended.

5.6. Previous Young People's Substance Misuse Needs Assessment - 2018

A Needs Assessment of Substance Misuse for Young People in Portsmouth was produced in 2018. This section will include some of the key messages from the executive summary about the situation in 2018.

Young men were twice as likely as young women to seek support from substance misuse services. The vulnerabilities most associated with coming to harm from substance misuse include onset of substance use before age 15, and poly-drug use; while young women are more likely than men to have been affected by domestic abuse, poor mental health or self-harm.

There appeared to be a widening under-provision of substance misuse services for young people, whether compared to historic levels within this city, across comparator regions, or using national estimates to give an indication of what we may expect. Estimates of the extent of substance misuse in the city indicate that several hundred young people under 25years are using substances at a frequency likely to cause harm. 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. In 2016-17, actual numbers in services were one half of this for under-18s,

[130] Respondents could select more than one option if they wanted and rank the options, so giving percentages could be misleading - the responses have been ranked in order of the options with the most '1st choice' selections.

and just over one third of this for 18-24 year olds. The most recent data shows that there have been only seven new presentations of under-18 into treatment during April-September 2018.

Review of the social vulnerabilities within the city suggests that this provision may be lower than the true local need for substance misuse services. Without a reinvigoration of substance misuse support for young people, it is likely that there will be extensive harm to the wellbeing of the city's residents, and significant associated costs to residents, to healthcare, and to social services.

A notable group where numbers engaged in tier 3 support have declined includes under-15s; early onset of substance use is known to be a risk factor for harm as adults. Self-referrals and referrals to treatment services from schools have also decreased markedly. Data is not available to assess the provision of Tier 2 support, and Tier 1 services delivered in schools were rated as helpful by half of pupils surveyed. Current referral pathways from the community and professionals have all seen a decline in use, although referrals from the criminal justice system have declined least. The transition between children's and adult services is another point at which young people nationally and locally are disengaging from services and the reasons could be explored further.

Evidence-based national strategies advocate that substance misuse services should be able to build resilience and address the wider vulnerabilities and risk-taking behaviours of young people alongside their problems directly related to substance misuse. The Royal College of Psychiatrists categorise risk of harm according to frequency of substance use, degree of impairment in functioning, negative effects on emotions, and displacement of other forms of recreation. This informs support provided through the Early Help and Prevention Team.

The following opportunities and challenges have been identified to ensure local support can effectively met need for substance misuse support to young people in the city, to evaluate and optimise service outcomes, and to be mindful of potential changing needs for the city:

Opportunities:

- Consider how services can be more responsive to need rather than age
- Continue to develop a service that anticipates and responds to changing population needs
- Ensure referral pathways are clear and well-publicised
- Continue to support substance misuse experts to train other health improvement workers
- Expand delivery of Tier 1 support
- Improve perceptions of substance misuse services
- Increase collaboration between mental health and substance misuse services
- Improve understanding of factors that lead to substance misuse

Challenges:

- Declining numbers of young people being supported for substance misuse
- A paucity of data collection and population monitoring
- Variable referral quality
- Perception of alcohol use as low risk

5.7. Young People's Substance Misuse - Key Messages & Recommendations

Key messages:

- Approximately 1,800 young adults in Portsmouth may be taking drugs daily. Using the ONS mid-year 2020 population estimate, this equates to approximately 7,600 16-24 year olds using drugs in the last year in Portsmouth.
- Cannabis was the most commonly used drug by both the 12-15 (by 5%) and 16-24 (by 19%) year age groups.
- Half of 12-15 year olds who responded to the You Say survey in 2018 that they used drugs and gave reasons, said they took drugs to help them forget their problems (n48).
- Alcohol consumption increased substantially with age, with the most common reason cited 'its normal everyone does it.'
- Most respondents to the 2018 You Say survey said that someone else in their household drunk alcohol, and while most were not worried about it (68%, n559), 29% were worried to some extent and 3% (n28) worried a lot.
- There were no reported drug or alcohol related permanent exclusions in Portsmouth, which is significantly lower than the 10% proportion seen nationally.
- Young people in Portsmouth are at risk of exploitation, with interruption in schooling by Covid-19 and increasing use of online platforms, this is likely to increase.
- 41% (n61) of young offenders had a link between their offending behaviour and drinking alcohol and/or taking drugs and family substance misuse was reported an issue by approximately 40% of young offenders.
- The young people's Drug and Alcohol Support Service sits within PCC children social care, with social care the biggest referral source. There is currently only 1 young people's substance misuse worker, but this is likely to be increased to 3.5 from January 2023
- The number in treatment is low, just half the numbers seen prior to 2012/2013 and the rate per 1,000 young people is lower than other similar areas, although it is comparable to the national rate.
- Screenings are only being used in 10% of cases where a drug and alcohol need has been identified by Children's Social Care, meaning that DASS are unaware of most of these young people and cannot help support or reduce risk for them.

Key Messages:

- Young people accessing treatment had a arrange of needs including early onset of drug use, poly drug use, mental health, self -harm, ASB, offending, experienced and/or witnessed domestic abuse.
- 91% of young people in treatment reported that they are currently smoking.
- 65% left treatment in planned way, which is lower than the national average (81%).
- Young people would rather have face to face support in a neutral young people's space, followed by on-line, rather than via telephone, based on a 2022 survey by Youth Services.
- Being worried that someone would find out that they were seeking support for drug and alcohol use was the biggest barrier to support. Not knowing where to get help was also a barrier.

Recommendations:

- Increase the capacity of young people's services, invest in further staffing. This is both for under 18s and the 18-24 year age group, taking into account that the needs of young people and young adults are likely to differ from older adults and that the 18-24 year group would need a standalone service from older adults.
- Further investigation with schools to explore the reason for not reporting drug and alcohol exclusions. Is this not an issue they are seeing or are they or are they working with this young people to address the issue without excluding them.
- Further investigation into why screening tools not being completed by CSC for the majority of young people, is this work being picked up by the Edge of Care substance misuse specialist providing TAW support.
- Services should be flexible about meeting young people in a place that works for them or providing the service online taking into account the preference of each young person.

6. Partnership Feedback & Reflections

6.1. Stakeholder Engagement

In 2021 Portsmouth's main substance misuse and treatment service went out to tender, the process involved gaining some stakeholder feedback to inform commissioners. A survey was created and sent out via Survey Monkey; the survey went live in June 2021 [131]and was open for 4 weeks. The Survey collected a mixture of quantitative and qualitative data, including demographic information, information about value/importance of services, peoples experience of services, people's views on what is working well, gaps or barriers in service provision and links with other services including mental health.

The Survey Monkey Link was emailed to various contacts internal and external to Portsmouth City Council. The main substance misuse provider in the city, The Society of St James (SSJ), sent the link for the survey via text message to current service users and all service users closed within the past 6 months. Paper copies of surveys were left in venues/accommodation where there is a high prevalence of people with drug and alcohol support needs. Four Individual teams were interviewed, these included the team at the Recovery Hub (44-46 Elm Grove, Southsea, PO5 1JG - the single point of access site for the main provider of substance misuse services in the city), The Rough Sleeping Drug and Alcohol Grant Team, the carers service Re-bound and Pushing Change the Independent Peer lead service in Portsmouth.

6.1.1. Respondents

In total there were 207 responses to the survey. Respondents identified as the following:

- service user (n73),
- carer (fewer than five),
- staff (n39),
- other (included GPs, housing, Mental health, social worker, health watch, probation, pharmacy (n31)
- Didn't specify/left blank (n60)

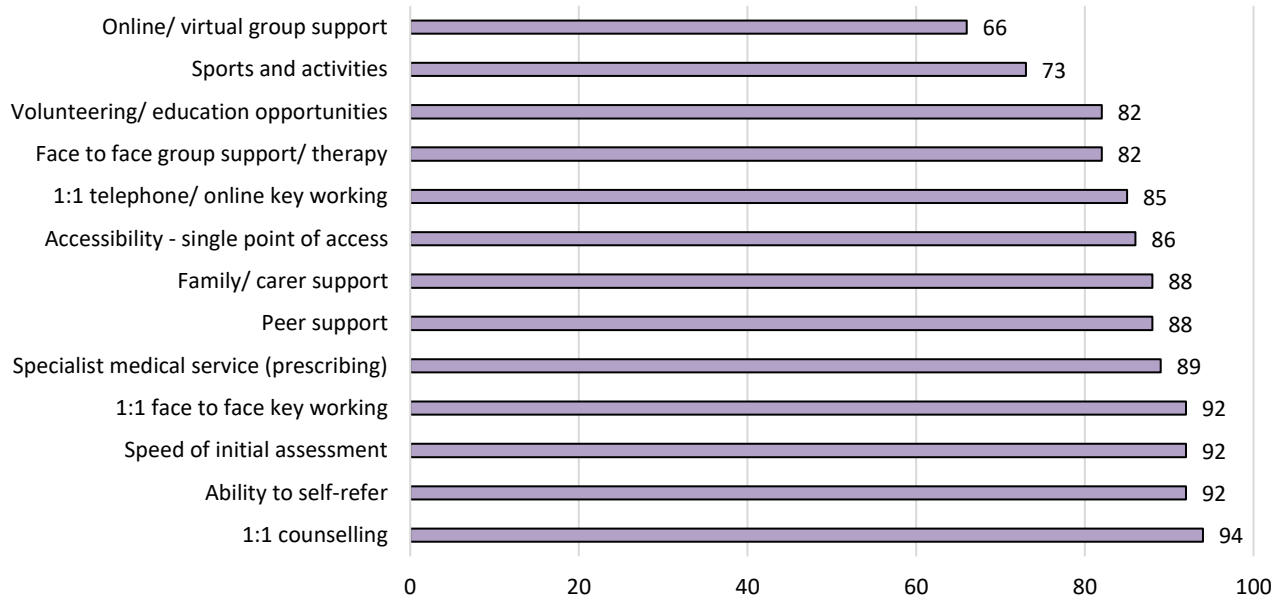
54% (n76) of respondents identified as being female and 39% (n55) as male. Most of the respondents (81%) identified as being White British and 81% identified as being heterosexual/straight. 22% (32) of respondents stated that they considered themselves to have a disability under the equality Act 2010, with Mental health (65%, n20), physical heath (48%, n15) and mobility issues (32%, n10) being the most cited types of disability.

[131] feedback was gained when front line services were only just recovering from the impact of the Covid-19 pandemic, the impact of which is outlined in section 3 of this report

6.1.2. Value / Importance of Substance Misuse Services

Overall, there was a lot that people thought was going well in the city, with respondents rating services with a high level of importance. Figure 6.1 shows that 1:1 key working, counselling, ability to self-refer and speed of initial assessment were all ranked as the most important with at least 92% of respondents rating then as very important or important services. Online /virtual group support was ranked the least important but still 66% (n130) rated it as very important or important.

Figure 6.1: What aspects of the substance misuse service are important?

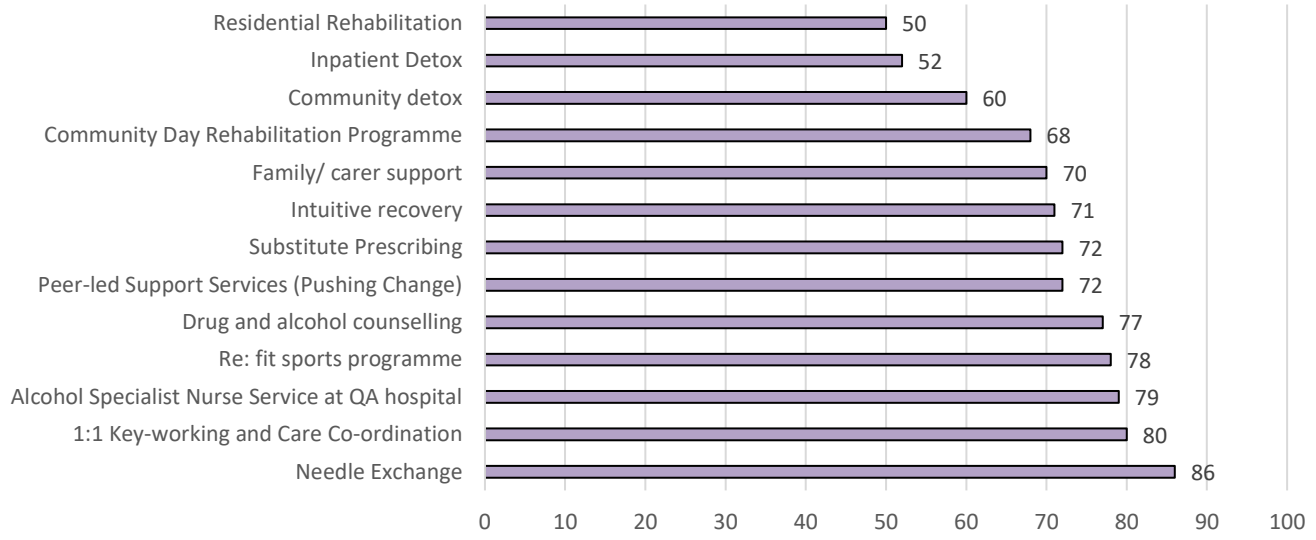


Respondent were asked if there were any other aspects of drug and alcohol services that are important to them, the most cited were:

- **Good joined up working** and links to other services including dual diagnoses with co-location of Mental health workers at the recovery hub
- **Access** -ease of access and speed of support
- **Fair pay for staff**, with regular person-centred contact being provided by staff.

People were asked to rate their experience of different service provision, Figure 6.2 (overleaf) shows the percentage of people rating services as either good or excellent. The needle exchange service and 1:1 key working and care coordination were rated the highest with at least 80% of people rating them as good or excellent.

Figure 6.2: Percentage of people who rated services as Good or Excellent



If respondents hadn't rated a service as good or excellent, they were asked to explain why, the most common reasons for this were:

- **Access** - services often were not available at weekends or access was limited in the North of the city. Sometimes people were not aware of the different menu of options so didn't know that certain service provision was available to them.
- **High caseloads** amongst workers meant that people were not getting the time they needed, and subsequently there was a lack of therapeutic/psychosocial interventions. The high caseloads and pressure on staff sometimes meant that staff seemed to lack empathy or not have the time to build a rapport with their client.
- **Lack of funding/long waiting lists** for detox and rehab - this sometimes meant that detox or rehab were not available, or if it was, stays/treatment were generally shorter, and people had long delays in accessing due to long waiting lists.

6.1.3. Service User Feedback

The 73 respondents who identified as a service user were asked four additional questions about their experiences of working with drug and alcohol services. The feedback about current service provision was generally positive. 67 respondents completed these additional questions.

- **80%** (n54) of respondents stated that they strongly agreed or agreed to the statement their experience of working with the treatment service has been positive.
- **90%** (n60) agreed or agreed strongly that they would recommend the service to a friend.
- **78%** (n52) agreed or strongly agreed that working with the service *has 'helped me to make my life better'.*
- **64%** (n43) agreed or strongly agreed that in working with the service *'I achieved what I had originally set out to do'.*

Where respondents did not agree or agree strongly, they either felt that they had done the work themselves with little support or were too early into support to comment otherwise. Other clients felt stuck on scripts, one client feeling that they needed an incentive to stop.

6.1.4. Feedback from Other Staff

Respondents were asked what was working well within the current service delivery of drug and alcohol services, of the 108 people who responded to this question, staff and key workers were mentioned 33 times, with staff and key workers considered to be friendly and non-judgemental, flexible in their approach with good communication; the speed of assessment and services' response to the Covid-19 pandemic were also popular themes.

When respondents were asked to explain if there was anything that they would like to see done differently or changed, the most common theme was improved access to services including services north of the city and longer opening hours. A more holistic approach that didn't just focus on a medical model but provided more opportunities to service users such as access to psychosocial interventions, education, training, and employment opportunities was a common theme. More funding made available for detox and rehab was also popular which would mean faster access to appropriate treatment and people getting the length of stay needed for their substance misuse need.

Respondents were asked if there were any links or connections between services that needed to be strengthened, the most cited was the need to strengthen links with mental health services (n12), followed by General Practitioners (n10).

When respondents were asked how well mental health services and substance misuse service's work together and if there were any suggestions for improvements; pockets of good practice were identified, such as the part-time dual diagnosis post at the Recovery hub, but people wanted to see the following:

- Easier accessible mental health services.
- Services communicating better.
- Better collaboration and joint working.
- More specialist posts across both services including dual diagnosis.

6.1.5. Recommendations

The recommendations from the engagement work including the following:

- **Improved access** - give people the choice of mode of delivery keeping aspects of telephone assessment/ online/virtual groups.
- **Expansion of hours** - weekend and/or evening.
- Need for **dry accommodation** in the city.
- **Focused support** /allocated worker (use of incentives) for those on **long term substitute scripts** that want to come off.
- Better access to **mental health training** for all staff.
- Expansion of **dual diagnoses / mental health roles integrated** into the main substance misuse service.

- Push on **activities** and **opportunities** for service users (activity lead for service).
- **Women-specific** services (groups, or a specified role) to build up links with domestic and/or sexual abuse services etc.
- A closer working relationship with more working in collaboration with recovery workers and peer support service, such as meet and greet peer support at Hub.

The above feedback informed the service specification for the re-tender of the substance misuse service. More details of which are written in section 2 of this report.

6.2. Temperature Check - Updated Stakeholder Engagement Work - Sept 2022

6.2.1. Discussions

To update the above stakeholder engagement work that was undertaken in June 2021, on the 13th and 19th of September 2022 a member of the Portsmouth Public Health team attended the Pushing Change Open forum [132] for a discussion on what was working well in relation to drug and alcohol service provision in the city and wasn't working well, below are the key themes highlighted, although this may be informed by previous rather than current experience and may not reflect the changes since June 2022.

The need for **abstinent based accommodation** in the city; it was thought that we are currently setting people up to fail, with a lack of this type of accommodation in the city. One person had previous experience of a 'mostly abstinent' accommodation at Foster Road, they stated that the residents were a recovery community where they would support each other with their sobriety and each morning would have household meetings; the group would know if someone had 'used' and would be able to support that person.

Lapses/relapses in abstinent accommodation need to be carefully managed ideally with people not in a 'worse off' position than before they had accessed treatment. There is a need for some flexibility, but not to risk the sobriety of the accommodation, installing hope in the person was deemed important as this helped set people up to succeed, working with the person with eviction really as only the last option.

Long waits for detox rehab were not uncommon. **Pre-detox groups** were considered helpful, where people were prepared for their stay with the provider, helping manage expectations and helping them stay engaged.

Support post-rehab and the need for more resources to be focused at this area, as post detox and rehab was thought to be the start of someone's recovery. **After care plans** were deemed crucial for those who complete treatment but also more crucial with unplanned discharges. This highlighted the importance of early discussions and planning with the person, even prior to them starting their treatment. It was felt plans needed to be co-produced as people need to feel in control of their own plans and take ownership.

The group talked about the importance of having the opportunity and ability to access **Psychosocial support** and to build **skills, routines** and **habits** that support recovery. This included life skills

[132] The PUSHING Change open forum includes a range of people in various stages on recovery or people and direct or indirect lived experience and includes some people that have previous or current experience of working in drug and alcohol services.

training/workshops such as: tenancy management and budgeting, training and education, and activities such as sports and cooking.

Training and competency of staff, it was felt that there was a real need for drug and alcohol training for all staff including primary care such as GPs. The group had experienced inconsistencies in how professional had responded to them, with compassionate staff making all the difference. Staff that came across as *'Listen to me'* rather than *'let's work together'* were found to be unhelpful and detrimental to someone's recovery.

Stigma and discrimination were discussed, with many of the group experiencing this with a variety of professionals including medical and mental health staff, sometimes referring to them as 'druggies', and pre-judging them.

One person highlighted the need of **easy access** with the expectation that they had to walk 2 miles daily to collect their opiate substitute medication (OST) from their nearest pharmacy, and they had a diagnosis of COPD that made walking this distance challenging. The group also had previous experience of services using their OST medication and withdrawal of this as a form of punishment for non-engagement rather than working with the person to understand why they were not engaging.

Medically managed detox was sometimes not long enough, particularly when someone is detoxing off benzos. This was thought to be due to lack of funding and there was concern that guidelines were not being adhered to

More joined up working and understanding is needed where people have mental health issues as well as substance misuse needs.

Incarceration was seen as a crucial window of opportunity for providing support, with one person stating that a family member's stay in prison had been the *'best he's ever been'*. However, **continuity of care for prison leavers was seen as a concern** as the person was at real risk of relapse and a drug related fatality. It was recognised that sometimes someone will not engage despite the available resource/support, highlighting the need to **harness windows of opportunity**, working with people when they are in the contemplation stage of the cycle of change. **Services needed to be accessible and fast acting** to work with the person getting them to move toward to the preparation/ action stage.

Other themes included:

- Consistency of key working was viewed as helpful.
- The importance of involving people with lived experience at all stages/levels of system.

6.2.2. Temperature Check Survey

In combination to these discussions a very short survey asking three questions was handed out to people with direct and indirect lived experience. The survey asked which services the person had had recent contact with and asked them.

- *"Has the service or services made a positive difference to your life? The difference can be big or small"*, there was an open text box asking the person to tell us how the service had made a difference.
- *"Do you feel you got support from the service(s)"*, there was free text box asking the person to tell us more about their experience.

25 surveys were returned and completed Figure 6.3 shows the services accessed. All 25 respondents were accessing PUSH, but other services accessed were: 1 to 1 key working (40%, n10), the Fellowships (28%, n7) and substitute prescribing (28%, n7).

In response to the first question:

> ***"Has this service (or services) made a positive difference to your life? This difference can be big or small"***

88% of people (n22) responded yes.

In response to question 2:

> ***"Do you feel you got the support that you needed from the service(s)?"***

84% of people (n21) responded yes.

Reasons why people flet that the service/s had made a positive difference and people flet they got the support they needed, included the services being supportive, non-judgemental, treating the person as an individual, accessing services provided structure and routine which helped increase people's confidence and self-esteem and enabling recovery. This is reflected in Figure 6.3, which is a word cloud showing the most common words used when talking about the positive difference and the support received.

Figure 6.3: Word cloud showing key themes for 'has the service made a positive difference to your life' and 'do you feel you got the support you needed from accessing services.'

Of those people that replied 'No', the reasons cited were, lack of consistency with a worker, having to chase support, workers not completing actions, lack of aftercare/support, sudden changes in mental health medication.

The above data is not without its limitations, with an argument that by just attending the Pushing Change open forum the findings are not generalisable to the drug and alcohol using community as a whole, some experience is from treatment systems outside of Portsmouth. However, a pragmatic approach was taken due to time constraints. A recommendation of this needs assessment will be to use the temperature check quick questionnaire within the same setting in a years' time to see if views and experienced of those accessing services in the city have changed, and to also to approach some other services/ settings, such as groups at the community day rehab, those accessing the recovery hub including clinical services or those accessing parents or carers services in the city. It is also a recommendation that when the needs assessment is revisited and reviewed that a stakeholder engagement survey similar the one undertaken in 2021 is repeated.

6.3. Feedback Survey with Rebound Service Users

Rebound Portsmouth[133] provide support to parents and careers affected by substance use. They meet twice monthly at the Carers Centre Orchard Road and support people via a telephone support line. In June 2021 the service wanted to find out the views and experience of the parents and carers accessing the service, of addiction services in Portsmouth. A survey was sent to its members with 15 surveys being completed. The survey asked several questions using a ranking from 1 to 5 where 1 is low and 5 is high regarding people's experience, there was also a free text box for people to explain their answer.

Question 1 asked people to rank their experience of recovery services such as Recovery Hub or Pushing change in Portsmouth. 87% (n13) rated this at least 3 out of 5. In summary, **people felt supported and had good relationships with the staff at The Recovery Hub**. The lack of government funding, mental health not being addressed, not being accessible and not enough support and research into psychoactive drugs, were some reasons given for not being happy with the service.

Question 2 asked, "what is your experience of dealing with the police in responding to substance misuse issues?" 87% (n13) rated this at least 3 out of 5. In summary people found that **the police were generally polite and understanding, though overstretched.** Some experiences were negative such as police using unreasonable force.

Question 3 asked "what is your **experience of Mental Health Services and Dual Diagnosis provision in Portsmouth?" 69% of people (n9) scored this only a 1 or 2 indicating a negative experience or opinion**. Lack of help, services not working together, Mental Health services not providing support at weekends or out of hours, not efficient, disjointed, and very under resourced, were reasons cited why people were unhappy.

Question 4 asked "**How easy is it to access Mental Health services** when you need them?" **87% of people (n13) scored this only a 1 or 2 indicating a negative experience or opinion**.

[133] Rebound Carers' Support Group: Home (reboundgroup.org)

Question 5 asked "to **what extent do you feel that Mental Health and Drug Addiction Services are coordinated?" 60% (n9) only scored a 1 or 2 indicating a negative view.** Further detail included that the two services did not seem to run side by side, with mental health services often not being willing to help until substance misuse issues are addressed.

In summary based on the survey data Rebound found that:

- More support is needed for families and addicts in crises.
- More mental health trained staff are needed to work out of hours.
- Provision of co-ordinated Mental Health/Substance Misuse services – ongoing problem for many years.
- Police Helpline could be used – Use of 101 service with dedicated line to drug/alcohol help and support.
- More education/information on chemical, psychoactive substances.
- Rebound/Family Member invited to drug/alcohol meetings in the City.
- Carers Centre must still be available for carers groups – they provide a professional, well-run resource.

6.4. Stakeholder Engagement - Key Messages & Recommendations

Key Messages:

- 2021 Survey obtained positive feedback: 90% service users would recommend the service to a friend and 78% agreed that the service had helped make their life better.
- Key working, the ability to self-refer and speed of assessment were all deemed important.
- Needle exchange and 1-1 key working were rated as good or excellent by 80% of people.
- A common theme from staff who were asked what they would like to see done differently was that they wanted to be able to take a more holistic approach. One that did not just focus on a medical model but provided more opportunities to service users such as access to psychosocial interventions, education, training, and employment opportunities.
- Incarceration was seen as real opportunity to engage individuals.
- After care plans were deemed crucial and staff thought more support was needed post detox and Rehab, including for those whose discharge was unpanned.

Recommendations:

The **implementation of the new contract in June 2022 has already seen changes to service delivery and has addressed many of the recommendations from the stakeholder feedback** including:

- Improved evening and weekend access to services
- A 9-bed abstinent accommodation in city
- Expanded psychosocial programme and life-skills, offering activities and opportunities to service users
- Focused support for those on long term prescriptions
- A closer working relationship with peer mentor service
- An uplift in funding such as the SSMGRT grant should also see high caseloads decrease with increased capacity in the system.

It is recommended than these measures are reviewed at contract reviews to evaluate the impact on service delivery

Other recommendations from this needs assessment include:

- Conduct another temperature check with discussion and surveys around September 2023 to see what has changed and whether there are any improvements using 2022 data as baseline.
- Consideration of a project or campaign to reduce stigma and discrimination.
- Better provision in city needed to support those with co-occurring substance misuse and mental health conditions.
- Drug and alcohol training or link worker for wider workforce including GPs.
- Review abstinent housing in city in 6 months to see if further abstinent accommodation is required.

7. Appendix A: Alcohol-related Indicators from OHID Public Health Outcomes Framework

Financial Year	2016/17	2017/18	2018/19	2019/20	2020/21	Eng av. 2020/21	SE av 2020/21	Direction from 2019/20	Direction from 2016/17	Commentary on Portsmouth long-term trend
Admission episodes for alcohol-specific conditions (male)	1007	1024	1309	1410	1385	806	728	↓	↑	Increasing / Getting worse
Admission episodes for alcohol-specific conditions (female)	526	539	650	693	625	380	367	↓	↑	Increasing / Getting worse
Admission episodes for alcohol-related conditions (narrow, male)	613	619	661	738	685	603	512	↓	↑	Increasing / Getting worse
Admission episodes for alcohol-related conditions (narrow, female)	338	318	366	350	320	322	278	↓	↓	Relatively stable
Hospital admission rate for alcoholic liver disease (narrow, Male)	44.5	41.7	63	138.4	111.4	61.7	46.4	↓	↑	Worse 25% percentile in England, increasing/getting worse
Hospital admission rate for alcoholic liver disease (narrow Female)	21.7	21	31.2	31.1	59.1	30.1	25.6	↑	↑	Worse 25% percentile in England, increasing/getting worse
Admission episodes for alcohol - related unintentional injuries (Male)	85.9	84	97.9	98.9	85.7	78.1	74.5	↓	↔	Relatively stable
Admission episodes for alcohol - related unintentional injuries (Female)	12.1	11.2	13.1	14.1	11	10.9	10.4	↓	↔	Relatively stable

Financial Year	2016/17	2017/18	2018/19	2019/20	2020/21	Eng av. 2020/21	SE av 2020/21	Direction from 2019/20	Direction from 2016/17	Commentary on Portsmouth long-term trend
Admission episodes for mental & behavioural disorders due to use of alcohol (Broad, Male)	689	730	964	1009	966	545	516	↓	↑	Relatively stable over last 3 years
Admission episodes for mental & behavioural disorders due to use of alcohol (Broad, Female)	312	318	401	437	407	222	228	↓	↑	Relatively stable over last 3 years
Admission episodes for intentional self-poisoning by and exposure to alcohol (narrow, male)	81.4	68.9	72.8	62.1	74.2	35.4	35.1	↑	↓	Fluctuating
Admission episodes for intentional self-poisoning by and exposure to alcohol (narrow, female)	108.8	104.8	108.5	115.4	80.3	51.1	53.3	↓	↓	Relatively stable until 2020/21
Admission episodes for alcohol-related cardiovascular disease (Broad, male)	1176	1124	1212	1249	1074	1123	1000	↓	↓	Increasing until 2020/21
Admission episodes for alcohol-related cardiovascular disease (Broad, female)	197	196	210	217	176	180	160	↓	↓	Increasing until 2020/21
Proportion waiting more than 3 weeks for alcohol treatment	4.8%	0.9%	1.3%	1.5%	0.0%	2.0%		↔	↓	Stable over the last four years
Proportion of dependent drinkers not in treatment			90.9%	87.5%	85.4%	81.9%		↓		Reducing slightly year on year

Calendar year	2016	2017	2018	2019	2020	Eng av.2020	SE av 2020 2021	Direction from 2019	Direction from 2016	Commentary on Portsmouth long-term trend
Under 75 mortality rate from liver disease	11	12.7	12.3	11.3	13.8	10.8	8.7	↑	↑	Relatively stable until 2020
Successful completion of alcohol treatment %	40.3	30.4	37.2	32.5	30.7	35.3	35.6	↓	↓	Fluctuating
Alcohol Specific Mortality	16.5	16.8	13.1	17.7	17.6	13	10.9	↔	↔	Relatively stable
Alcohol Related Mortality (males) - NEW	81.2	64.5	52.8	72.4	68	57.3	51.6	↓	↓	Overall reducing/improving trend
Alcohol Related Mortality (females) - NEW	21.6	21.7	33.2	24.2	24.7	18.8	20.9	↔	↑	Overall increasing/ getting worse

3-year financial year periods	14/15 - 16/17	15/16 - 17/18	16/17 - 18/19	17/18 - 19/20	18/19 - 20/21	Eng av. 18/19 - 20/21	SE av 18/19 - 20/21	Direction from 17/18 - 19/20	Commentary on Portsmouth long-term trend
Admission episodes for alcohol-specific conditions - U18s (males)	34.22	32.5	36.9	29.6	22.3	22.8	24.2	↓	Fluctuating
Admission episodes for alcohol-specific conditions - U18s (females)	59.4	54.5	38.8	23.3	23.3	36.1	38.8	↔	Overall reducing/improving trend

8. Appendix B: Night Time Economy Violence Parameters

The following offences:

Reported HO Class Code	Reported Short HO Class Description
104/25	ASSAULT A DESIGNATED PERSON OR HIS ASSISTANT IN THE EXERCISE
8/6	ASSAULT OCCASIONING ACTUAL BODILY HARM
104/23	ASSAULT ON CONSTABLE (POLICE ACT 1996)
34/22	ASSAULT WITH INTENT TO ROB ~ PERSONAL
105/8	ASSAULTING A DESIGNATED OR ACCREDITED PERSON IN THE EXECUTIO
8/31	BREACH OF RESTRAINING ORDER
125/9	CAUSE INTENTIONAL HARASSMENT, ALARM, DISTRESS
5/11	CAUSING DANGER TO ROAD USERS
105/1	COMMON ASSAULT AND BATTERY
88/9	EXPOSURE-INTENTIONAL-MALE OR FEMALE GENITALS
125/11	FEAR OR PROVOCATION OF VIOLENCE
195/94	HARASSMENT (PROTECTION FROM HARASSMENT ETC)
125/12	HARASSMENT, ALARM OR DISTRESS
8/26	HAVING AN ARTICLE WITH A BLADE OR POINT IN A PUBLIC PLACE
24/19	KEEPING A BROTHEL USED FOR PROSTITUTION
8/11	POSSESS OFFENSIVE WEAPON WITHOUT LAWFUL AUTHORITY OR REASONA
125/58	PRE 1/4/10. RACIALLY AGGRAVATED HARASSMENT, ALARM OR DISTRES
19/8	RAPE OF FEMALE OVER 16 YEARS
34/21	ROBBERY PERSONAL
22/12	SEX ACTIVITY WITH A FEMALE CHILD UNDER 16 - PENETRATION - OF
20/6	SEXUAL ASSAULT OF A FEMALE CHILD UNDER 13
20/5	SEXUAL ASSAULT ON A FEMALE 13+
20/3	SEXUAL ASSAULT ON A FEMALE 13+ BY PENETRATION
17/15	SEXUAL ASSAULT ON A MALE AGED 13+
17/13	SEXUAL ASSAULT ON A MALE AGED 13+ BY PENETRATION
17/16	SEXUAL ASSAULT ON A MALE CHILD UNDER 13
3/1	THREATS TO KILL

Reported HO Class Code	Reported Short HO Class Description
8/60	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED ABH (8J).
8/57	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED COMMON AS
66/91	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED FEAR/PROV
8/56	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED HARASSMEN
125/82	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED HARASSMEN
8/55	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED INTENTION
8/1	WOUND OR INFLICT GBH WITH OR WITHOUT WEAPON
5/1	WOUNDING WITH INTENT TO DO GBH

Measured between: 20.00 – 05.00

In the following areas:

Guildhall Square: Alec Rose Lane, Charles Dickens Street, Dorothy Diamond Street, Dugald Drummond Street, Exchange Road, Guildhall Square, Guildhall Walk, Isambard Brunel Road, King Henry 1st Street, Mary Rose Street, White Swan Road, Winston Churchill Avenue,

Commercial Road: Commercial Place, Commercial Road, Edinburgh Road, Spring Street, Stanhope Road, Station Street, Surrey Street, Willis Road.

Central Southsea: Albert Road, Albert Grove, Duncan Road, Elm Grove, Highland Road, Fawcett Road, Hampshire Terrace, Royal Albert Walk, St Pauls Road, Victoria Grove,

Portsmouth South: Clarendon Mews, Clarendon Place, Clarendon Road, Granada Road, Palmerston Road, South Parade (incl. Pier), Osborne Road

Gunwharf: Gunwharf Keys, Gunwharf Road, The Canalside, The Plaza (East Side Plaza), The Hard, The Waterfront, Central Square, Gunwharf Quays Plaza, Vulcan Square, Ordnance Row, St George's Road.

Northend: Fratton Road, Kingston Crescent, Kingston Road, London Avenue, London Road

9. Appendix C: Details of posts funded through the Rough Sleeping Initiative

This funding will provide **outreach posts,** who will: provide a first point of contact for those rough sleeping, build relationships, signpost to services and assist at appointments. Outreach workers will identify who is bedding down early mornings and later evenings to understand the true Rough Sleeping picture.

The funding will provide a post that specialises in supporting women who have experienced domestic abuse and have associated mental health needs.

Match funding through the Southern Co-op via the Office of the Police and Crime Commissioner will fund a full-time equivalent **Business Crime Navigator Post**. This post will work to prevent business crime by tackling prolific shoplifters in Portsmouth, many of which may be shoplifting to fund a drug or alcohol need.

Rough Sleeping Navigators will co-ordinate services around the individual to meet all needs and remove barriers, including accommodation, health and employment. They will work with partners, including the Rough Sleeping Drug and Alcohol Grant Team, to support rough sleepers and those at risk of rough sleeping to access accommodation. They will explore options outside typical accommodation options to personalize housing solutions for entrenched and challenging Rough Sleepers.

A Rough Sleeping Homeless Assessment Officer will take and progress homeless applications from rough sleepers or those at risk of rough sleeping at the earliest opportunity. Solely focusing on this client group to avoid delays in gathering information and progressing applications at the soonest opportunity. They will work collaboratively with partnership agencies to progress homeless applications without delay and risk of engagement ending between the Housing Needs and Advice Service and the service user. They will be co-located in the Rough Sleeping Hub Day Service, Rough Sleeping Pathway and Portsmouth Council Housing Needs Advice and Support department. They will also link in with the navigators to provide specialist advice on homelessness as well as acting as the first point of contact for the Rough Sleeping Hub, Recovery Hub and probation.

A Probation Navigator will be co-located between Portsmouth City Council and probation focusing on individuals released from prison or on probation who are rough sleeping or at risk of rough sleeping. They will bring partnership agencies together to wrap support around the individual to prevent re-offending and homelessness. They will also lead on dynamically risk assessing accommodation options to ensure there is opportunity for success in every case.

PRS Sustainability Officers have been dual funded through the Homeless Prevention Grant. They will be helping ex-rough sleepers make their new accommodation sustainable, helping to prevent a return to the streets and minimize ASB which can contribute to the loss of tenancy. Support will include money advice, how to sustain a tenancy and support in managing a household.

PRS Access Team have been dual funded through the Homeless Prevention Grant and will prevent rough sleeping by helping those at risk of eviction to stay in their rented accommodation. They will also help existing rough sleepers to find an affordable and sustainable solution in the private rental sector by funding properties and acting as initial support for landlords and tenants.

A money advice post has been duel funded through the Homeless Prevention Grant, to prevent rough sleeping by helping those at risk of eviction to stay in their rental accommodation. They will also help existing rough sleepers to find an affordable and sustainable solution in the private rental sector by funding properties and acting as initial support for landlords and tenants.

A non-Eligible Navigator will specialise in working with individuals with restricted eligibility, signposting to specialized services, reconnecting rough sleepers, whilst coordinating multiple services to provide wrap support around individuals when needed.

Health Navigators will be co-located with South Central Ambulance Service and in the discharge team at Queen Alexandra Hospital. They will ensure no one is discharged from hospital without an address. They will support rough sleepers and those at risk of rough sleeping with accessing accommodation, accessing primary health care services, referrals, and signposting to appropriate support, and where needed, attending appointments. They will also work with individuals to prevent hospital admissions and bed-blocking when community support is appropriate or better suited.

Flexible Surge Accommodation will provide accommodation for individual/bespoke needs. This will give the opportunity to provide one-off accommodation when needed to bring people into accommodation who are rough sleeping to promote engagement and relationships. This will bring in short-term additional staff when needed to allow for higher risk placements whilst working on keeping rough sleepers in accommodation.