Alcohol, Drugs and Tobacco in Lancashire
Section 2: Drugs

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Intelligence for Healthy Lancashire (JSNA)

Contents

Introduction

There is substantial evidence available to show that people who use and misuse alcohol, drugs and tobacco experience poorer social, economic and health outcomes than those who do not, and these behaviours are associated with increased morbidity and mortality. These negative effects often extend to affect the health and wellbeing of family members, friends and the wider community.

Drugs Strategies and Policy

- Misuse of Drugs Act 1971
- *Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*. Drug Strategy 2010.
- Police Reform and Social Responsibility Act 2011

In 2010 the Government produced a new drug strategy *Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*. It signals a significant shift in emphasis from focusing primarily on reducing harms caused by drug misuse to offering every support for people to choose recovery as an achievable way out of dependency. The strategy is structured around three themes: reducing demand (early intervention, education and legislation); restricting supply (law enforcement, prisons and targeting 'legal highs') and building recovery in communities (putting the user at the heart of everything we do, locally led and owned services and a whole systems approach focused on outcomes).

Drug Use

Drug and alcohol misuse are complicated, cross-cutting issues that continue to present significant challenges both locally and nationally. The harms arising from illicit and licit substance use are diverse. Drug-related harms do not only vary according to the different types of drugs being used but also the way a drug is used, the way it is used in combination with other substance and the social context in which they are used.

Drugs do not only impact on those involved in misuse but on society as a whole. From crime in local neighbourhoods, families affected by dependency to the corrupting effect of drug dealing and international organised crime, drugs have a profound and negative effect on communities, families and individuals.

This problem affects all socio-economic groups and communities. Substance misuse is not a problem exclusive to deprived neighbourhoods but is also prevalent in areas of affluence. Equally, the solutions to the effects caused by misuse are to be found within those communities.

Definitions

The Misuse of Drugs Act divides such drugs into three classes, A, B and C, to broadly reflect their relative harms and set maximum criminal penalties for possession, supply and production. Examples of drugs in each class are:

Class A

- Cocaine (powder cocaine and crack cocaine).
- Ecstasy.
- Opiates (heroin, methadone).
- Hallucinogens (LSD, magic mushroom).
- Methamphetamine (and any other amphetamines prepared for injecting).

Class B

- Cannabis.
- Barbiturates.
- Cathinones (mephedrone) since April 2010.
- Amphetamine (except those listed in Class A above).

Class C

- Anabolic steroids.
- Ketamine.

A new power extending the remit of the Misuse of Drugs Act 1971 to control new psychoactive substances has recently been introduced.

General Use

Based on recent research on the night-time economy 70% of respondents had taken illegal drugs at some point in their lifetime, and 33% had taken two or more illegal drugs within the past year[1]. The most commonly used drugs were: cannabis (62%); cocaine (43%); skunk (40%); ecstasy (39%); and speed (28%). However, the true figures are likely to be lower as the study was conducted in a situation likely to involve drug taking.

The same study also found that mixing illegal drugs and alcohol was commonplace, with those described as poly users consuming more alcohol than non-poly users. Poly use of cocaine and alcohol was the most common mix on a night out in Lancashire.

Crack and Opiates

It is estimated that in the Lancashire County Council administrative area (Lancashire-12) there are:

[1] Lancashire University and Lancashire Drug and Alcohol Action Team (2011) *Emerging Drug Trends in Lancashire: Night Time Economy Surveys Phase One Report*. Available online: www.ldaat.org/files/emerging_trends_report.pdf [accessed October 2011].

- 7,418 opiate and/or crack cocaine users.
- 5,945 opiate users.
- 3,072 crack users.

In Blackburn with Darwen there are an estimated:

- 1,317 opiate and/or crack cocaine users.
- 1,179 opiate users.
- 840 crack cocaine users.

The estimation for Blackpool is:

- 2,101 opiate and/or crack cocaine users.
- 1,941 opiate users.
- 1,181 crack cocaine users.

The majority of opiate and/or crack cocaine users are estimated to be in the 25-34 age-group. All estimates taken from Lancashire Drug and Alcohol Action Team (LDAAT)[2].

In Blackburn with Darwen and Blackpool the proportion of opiate and/or crack cocaine users is significantly higher than the North West average across all age groups (15-24; 25-34; and 35-64). In Lancashire-12 the proportion of crack and/or opiate users is above the North West average for the 25-34 age group, but below the North West average for the 15-24 and 35-64 age groups.

[2] LDAAT Treatment Bullseye

Overall the North West regional rate is 21.82 users per 1,000 population. This is slightly higher at 22.26 per 1,000 in Lancashire; higher again in Blackburn with Darwen at 27.9 users per 1,000 population; and nearly double the North West rate in Blackpool at 55.7 users per 1,000.

Heroin

Heroin is reported as being the most significant drug for those in treatment across Lancashire, with the impact of serious and organised crime groups (OCGs) playing a significant role with a mixed structure of open and closed markets to supply the demand[3]. The hotspot wards for drugs offences are: Claremont; Talbot (Blackpool); Preston City Centre; and Daneshouse with Stoneyholme (Burnley)[4].

Naloxone is a treatment used by paramedics to treat heroin overdoses.There are five main areas where Naloxone administrations are significantly higher than other areas across the county:

- Bloomfield (Western).
- Preston Town Centre.
- Wensley Fold (Eastern).
- Daneshouse with Stoneyholme (Pennine).
- Bank Hall (Pennine).

Bloomfield, Preston Town Centre and Daneshouse with Stonyholme have also been identified as hotspots for drug activity across Lancashire with the latter two identified as high priority areas.

[3] 89% of OCGs are primarily involved in drug supply, most of which supply multiple drug types but predominantly cocaine, heroin and cannabis. There is an over-representation in MOSAIC type 42 (South Asian communities experiencing social deprivation) and type 69 (vulnerable young parents needing substantial state support) in drug OCG nominals (see Steele, L (2011) *Lancashire Drugs Threat Assessment*, p 6).
[4] Steele, L (2011) *Lancashire Drugs Threat Assessment*.

AACCE Profile

The alcohol, amphetamine, cannabis, cocaine and ecstasy (AACCE) measure is used as short-hand for drug use that is not opiate or crack cocaine. One of the central themes of the AACCE hypothesis is that the use of non-opiate substances amongst young people in contact with treatment indicates shifting substance use patterns that will eventually impact on adult services as these individuals mature. This necessitates focusing on increasing competency in psychosocial approaches within both young people and adult services for those aged 18-30.

The British crime survey indicates that drugs within the AACCE profile are the most widely used illicit substances in the UK. In Lancashire-14 the majority of adults accessing drug treatment, excluding alcohol, are heroin users (74% Lancashire-12; 74% Blackburn with Darwen; and 80% Blackpool). Conversely the majority of young people accessing drug treatment are cannabis users constituting 90%, 93% and 87% of the in-treatment populations for Lancashire-12, Blackburn with Darwen and Blackpool respectively.

Approximately three quarters of people in contact with services with an AACCE profile of use are under 25 years of age suggesting that the younger age group are using different substances than their older counterparts and are not progressing to other substances, specifically heroin, as their drug use progresses. Only a small proportion of AACCE profile clients progressed to opiate use, and they tended to be older and more likely to have used amphetamines and benzodiazepines within their earlier treatment episode.

Legal Highs

So-called 'legal highs' include a group of drugs in the amphetamine and cathinone classes and cover a wide range of psychoactive substances such as mephedrone, MDAI, and NRG-1[5]. Lifetime and past year use in Lancashire for mephedrone was 13% and 11%

[5] Lancaster University and Lancashire Drug and Alcohol Action Team (2011) *Emerging Drug Trends in Lancashire: Night Time Economy Surveys*. Available: http://www.ldaat.org/files/emerging_trends_report.pdf [Accessed October 2011].

respectively; and use for 'bubble'[6] was 18% and 16% respectively. Use of bubble was significantly higher in Lancaster than the other research sites in Lancashire. It is worth noting that one in twenty people surveyed on the streets of Lancashire on a Friday night had consumed methedrone or bubble after they had been banned. Additionally, people consuming bubble may not know, or be concerned about, exactly what they are consuming.

Demographics

Sex

Drug consumption by males seems to be significantly higher than for females. Nationally the ratio of consumption is 2:1, and evidence suggests this is similar in Lancashire (69% of primary drug clients are male). 58% of young people in treatment are male, slightly lower than the adult proportion.

Age

46% of primary drug clients in treatment are aged 30 to 39 years, based on data from April – December 2011. Of the young people in treatment, 77% are aged 15 to 17 years, with nearly a third (29%) aged 16.

Ethnicity

77% of primary drug clients are White British, although 20% of records have missing ethnicity codes or ethnicity has not been stated. 92% of young people in treatment are White British.

Deprivation

There is a strong relationship between indicators of drug use, drug harm and their impacts and deprivation. Estimated prevalence of drug use, drug related deaths, drug use among offenders and drug related offending all have their highest prevalence in Blackburn, Blackpool,

[6] 'Bubble' is commonly used to refer to any synthetic legal high with stimulant effects.

Burnley and Preston, all of which are significantly higher than the national averages for each indicator. In Burnley and Preston 14% and 13% of offenders respectively are assessed as having a severe drug misuse issue. Offenders that misuse drugs in these areas are also more likely to have a history of injecting. Possession and trafficking of drugs offences are also highest in Preston, Blackpool, Burnley and Blackburn.

Perceptions of Drug Use

There is a very strong association between people who think that drug use or drug dealing is a problem in their local area and deprivation. Rates are above what the national pattern would predict in Rossendale, Pendle, Blackburn with Darwen and Burnley. There is a large inequality gradient in perceptions of drug use or dealing as a problem across the Lancashire sub-region with those in the most deprived 20% of the population four times as likely to perceive drug use and drug dealing as a problem in their local area. 25% of respondents to the Living in Lancashire survey in 2011 (wave 35) felt that people using or dealing drugs was a problem in their local area. This rises to half amongst BME respondents. Sixteen percent of children in the Lancashire county council area report being worried about drugs or solvents being brought into the school, increasing to one in four children in Burnley reporting these concerns.

Hidden Harm

There is consistent evidence that the children of parents who misuse substances are at greater risk of adverse outcomes compared to the children of parents who do not misuse substances. In 2003 the Advisory Council on the Misuse of Drugs (ACMD) published a report stating that between two and three percent of all children under the age of 16 years are effected by drug using parents[7]. While the effects are wide-ranging, it has an impact on early onset of drugs, alcohol and tobacco use, lower educational attainment and a range of associated health problems. Within Lancashire 37% of the adult in-treatment population live with children, and a further 15% are parents but do not live with children. Those living with children are slightly higher than the national average at 34% and 18% respectively.

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[7] Home Office (2003) *Hidden Harm.* Available online: http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/hidden-harm-full

Drugs and Community Safety

The misuse of drugs has a significant impact on crime and perceptions of community safety in Lancashire. These impacts are both direct – criminal activity associated with using and selling drugs classified under the misuse of drugs act (1971) – and indirect – drug use being a facilitating factor in a wide range of criminal behaviour, such as violent behaviour, enticing victims, and acquisitive crime to fund drug use. Use of different drugs is associated with different types of offences.

Drug-Related Offending

Cannabis is most common in drug offences across Lancashire, recorded in approximately 70% of drug offences during the six month period between 1 March 2011 and 31 August[8]. There is emerging evidence that use of cannabis, Mephedrone and other psychoactive cathinone substances is not only associated with anti-social behaviour and youth nuisance but also of links between organised crime and cannabis distribution and production. Opiate and/or crack cocaine use is more likely to have an impact on acquisitive and serious and organised crime. 89% of organised crime groups (OCGs) are primarily involved in drug supply, most of which supply multiple drug types but predominantly cocaine, heroin and cannabis. Cocaine and alcohol taken together increase the blood levels of cocaine and the active metabolite cocaethylene, leading to increased risk of violent and antisocial behaviour. The hotspot areas for drug-related crime are: Claremont; Talbot; Bloomfield (western division); Town Centre (central division); Danehouse with Stoneyholme; and Trinity (Pennine division).

The vulnerable Localities Index (VLI), developed by the Jill Dando Institute of Crime Science, identifies neighbourhoods that require prioritisation by community safety agencies. Those that score 200 or more across the six variables require specific attention. Within Lancashire there are 436 output areas (each on average 125 households) with a VLI score of 200 or above. 46% of those fall within 22

[8] Steele, L (2011) *Lancashire Drugs Threat Assessment*.

wards and 25% within just 9. These are: Bloomfield; Brunswick; Claremont and Park (West Lancashire); St. Matthews and Tanhouse (Central/South Lancashire); Mill Hill; Shadsworth with Whitebirk (East); and Trinity (Pennine)[9].

Domestic Violence and Abuse

There is a strong two-way relationship association between substance misuse and domestic violence or abuse. It can be a factor in violence and in turn domestic violence or abuse can lead to an increased risk of substance misuse among both victims and perpetrators. Date on this issue is limited due to low reporting[10]. Domestic violence or abuse can be a precursor to more serious crime and affects other issues, such as mental wellbeing, physical health, employment and social services intervention, for both the victim and perpetrator.

Offender Drug Use

Lancashire Probation Trust data indicates that 67% of offenders in Lancashire report having used drugs at some point, with the highest proportions in Preston and Burnley (75% of offenders) and Blackburn with Darwen and Blackpool (69%). Drug use is assessed as a significant factor for more than a third of offenders in the current or previous offending. Nationally 58% of offenders under probation supervision with a history of acquisitive offending had a direct risk of reoffending due to drug misuse[11]. This compares to 44% of Lancashire offenders. Nationally 33% of offenders supervised by probation (excluding violent, acquisitive or sex offenders) demonstrate a link between drug misuse and reoffending, whereas in Lancashire it is 28%. Of the offenders assessed by the Probation Trust 10% are currently using heroin, crack, cocaine, opiates, methadone or misusing prescribed drugs. 16% use drugs on at least a weekly basis and 8% of offenders have injected drugs at some point. 5% of offenders are assessed as not motivated to tackle their drug misuse, with 19% demonstrating some level of motivation to change their behaviour. For 11% of offenders, their drug use is assessed as providing a risk of serious harm either to themselves or others.

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[9] Steel, L (2011) Lancashire Drugs Threat Assessment, 3rd November 2011
[10] Ibid.
[11] NOMS Commissioning Intentions 2012/13

Drug-Related Deaths

The misuse of drugs leads to a number of preventable deaths each year in Lancashire, with a significant impact on families and communities in the county. Drug-related deaths are defined as deaths where the immediate underlying cause is poisoning, drug abuse or dependency and where any of the substances used are controlled under the Misuse of Drugs Act (1971)[12]. During 2009-10 there were 67 drug related deaths in Lancashire, estimated to account for 2,589 years of life lost. The majority of these were concentrated around the four core urban areas: Blackburn, Blackpool, Burnley and Preston. There were pockets of drug-related deaths in some more rural areas in East Lancashire.

It is important to be aware that patterns of drug-related deaths in small areas need to be interpreted with caution and variations may be in some part explained by differences in reporting, classification, and, as drug-related deaths are more prevalent in certain age groups, in differences in the age structure of the smaller areas. The small number of deaths makes age standardising data for smaller areas unreliable.

Comparisons with England

The Confidential Inquiry into Drug-Related Deaths in Lancashire 2009/10 by Lancaster University analysed data from all drug-related deaths in the sub-region. The largest proportion of the cohort was male, between 26 and 45 years of age, unemployed and living alone in the community. However, a considerable proportion of the deaths were among people with different characteristics. Blackburn with Darwen had a much higher mean age at death for drug-related deaths in 2009-10 than Lancashire, Blackpool and the national average.

Data on drug-related deaths shows that as well as the risk factors that appear to increase the likelihood of incidents, there seem to be a range of protective factors or recovery capital that many members of the cohort had available to them, including family, relationships,

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[12] Office for National Statistics (2003). 'Deaths Related to Drug Poisoning: Results for England and Wales 1993 to 2003'. *Health Statistics Quarterly*, 65-71.

education and training, employment and volunteering, and peer mentoring . Of the drug-related deaths among parents, 75% had little or no contact with their children, indicating that contact with children is a protective factor in relation to unsafe drug taking behaviour.

The analysis of the Confidential Inquiry into drug-related deaths in Lancashire revealed far more deaths were caused by recreational drug use in this year's cohort than by stereotypical opiate use as seen in previous years. In 87% of drug related incidents, hypnotic and sedative substances were implicated. There was also significant evidence of poly drug use overall. According to the data, only a relatively small proportion (30%) of the 2009/10 cohort had ever accessed service misuse services at any point in their lives. A significant proportion of the cohort had a criminal record or mental health issues, and many had experienced both. There was also a noticeably higher proportion of suicide verdicts in 2009/10 (22%) compared to 2008/09 (13%).

If these trends in drug-related deaths continue there will be implications for the design and provision of drug services, and partner organisations will need to develop new ways to ensure harm reduction measures reach the population at risk of drug-related deaths.

Child Deaths

The Lancashire, Blackburn with Darwen and Blackpool child death overview panel (CDOP) reviewed a total of 298 child deaths in Lancashire-14 between April 2008 and April 2009. Of these, 74 were identified as avoidable had a factor been identified and changed. Five cases (7%) identified substance misuse in the parent as a contributory factor in the child's death; and in 5 cases (7%) substance misuse in the child was a contributory factor in the death.

This data has the following limitations, however. First, there will be some variance in how individual professionals gather and record information. Second, these factors are often present together or alongside other factors such as domestic violence.

Available Services

At the end of 2010-11 there were 5,147 adult drug clients and 749 young people in treatment services. Lancashire has the largest in-treatment population in the North West and the second highest in the country behind Birmingham. 13% of those that started a new treatment during 2011-12 had a dual diagnosis.

There are a range of diverse services available across Lancashire for those misusing illicit and non-illicit drugs and alcohol. In all areas of Lancashire there are fully integrated, recovery-focused services, including community, criminal justice, and prison-setting interventions. These services incorporate peer mentoring, volunteering, education, housing, family support, and group work, as well as a range of tiered interventions. The following tiered services are available:

- Tier 2 – open access, non-care-planned support comprising information and advice, screening, assessment, brief psychosocial interventions and referral into structured treatment.
- Tier 3 – structures, care-planned interventions comprising of specialist assessment and co-ordinated care-planned treatment. These include comprehensive assessment, regular key working sessions and the co-ordination of more complex needs.
- Tier 4 – comprises of residential, specialist treatment which is care-planned and care co-ordinated and include specialist inpatient detoxification and residential rehabilitation.

These services are available to residents in all areas of Lancashire for both adults and young people. Alongside these services are a range of harm reduction, early intervention and prevention and GP-lead interventions, such as needle exchange, outreach, diversionary activities and GP-led primary care services.

There is also a service-user function across Lancashire designed to work with current or ex-service users to help sustain recovery and widen participation in volunteering, peer mentoring, education and training, and paid employment.

Harm Reduction

Raising awareness of the harm caused by drug use, such as drug-related deaths and blood borne virus infections, is an important part of the work to address the adverse effect drugs and alcohol have on people's lives. Stabilising people in treatment is an important part of the recovery process when offered along with a range of other treatment methods. Harm reduction aims to reduce direct harm to users, their families, friends and communities, encourage healthier lifestyles, help people lead stable lives and ready them to reduction to become abstinent and to cut drug-related deaths.

TOP Outcome Reports

Through the outcomes reports that are available in Lancashire we know that engaging people in treatment people reduce their drug use, reduce injecting, commit less crime, improve health, access education, housing and employment.

Return on Investment

Lancashire has access to a value for money tool that indicates the return on the investment that drug treatment services offer across the county. This takes into account crime and health costs associated with drug clients, local market forces, factors such as real estate and wages, and deprivation. It can be adjusted to factor in changes to numbers accessing treatment or investment to measure the impact of decisions. Under current investment every £1 spent on services in Lancashire generates £5.62 of total real-term benefits.

There is also a cohort of clients that are using prescription-only or over-the-counter medicine. Looking at all those in treatment, 25% of clients are using these substances. Rates of prescription-only and over-the-counter drug use as a primary substance is only 2%, with the rest using illicit drugs as a primary substance.

Conclusions and Recommendations

Cross reference with prisons HNA

- Changing patterns of drug use (including changing population) and implications for services, harm reduction measures, use of new social media, earlier intervention, stigma of using drug services among new drug user demographic etc
- Risk factors and protective factors (increase protective and reduce risk factors) – opportunities for intervention across the whole lifecourse (e.g. maternity services, school, arrest, a&e, work, General practice, children's centres, prison.
- Deprivation, generational, family issues – protective or corrosive factors depending on the nature of the relationships, social exclusion, stigma, total family
- Assets of drug users and communities (peer mentors, volunteering, third sector)
- Harm reduction and recovery (not 'either or' but 'both and') – engage the community, third sector and continue to develop recovery based services
- Focus on prevention, universal services as well as targeted and treatment services – challenge when times are tight
- Easily accessible, effective locally based services that can be accessed quickly – maintain these levels of quality for under-served groups and develop services to respond
- Focus on retention of all service users but specifically those with children.