



SUBSTANCE MISUSE



Problem Drug Use – Adults:

Summary:

The Government define problem drug use (PDU) as those people in a defined locality using heroin and/or crack cocaine. This narrow definition forms the basis of all Government estimates of prevalence. For Plymouth, the number of people meeting these criteria are estimated by Government to be around 2,200 people. Of course, people using all substances can experience problems or cause problems for their families and localities. However, Government funding for treatment is determined by official figures. Wherever possible, we seek to treat/support all those in need regardless of the drugs used.

The overarching ambition of the CDRP/DAAT is to provide treatment on demand for all in need. Over a number of years a series of needs assessments and demand-capacity studies demonstrate that this goal is achievable if services are modernised and the City, as a partnership, endorses these plans.

Details of need and our response can be found in the DAAT Treatment Plan which is available at <http://www.plymouthdaat.info/>

Strategic Assessment 2007 Findings:

The most typical crimes committed to fund drug misuse (in rank order) are: shoplifting, fraud (e.g. benefits cheques), sexual services, drug dealing and acquisitive crime.

Acquisitive crime is an umbrella term and includes offences such as domestic burglary, commercial burglary etc which cause great damage to communities and victims. It is a priority of the City to reduce those burglaries committed as a result of problem drug use.

The redesign of drug treatment provision in Plymouth has delivered significant improvements, which focused on moving away from secondary care towards primary care and providing easy access services as well as improvements to Criminal Justice delivery (co-location, data recording, numbers in treatment and retention). This has resulted in all clients being seen within the three-week waiting time target. You can find details of the Redesign Strategy at <http://www.plymouthdaat.info/>

Strategic priorities remain, to provide treatment to all in need on demand and to the best standard achievable. This reflects an LAA stretch target (for 2010) of 2,114 people in treatment with a retention rate of 87 per cent (interim milestones are 07/08 1,832 at 84 per cent, 08/09 1,973 at 85.5 per cent).

The re-designed system is based on the principle of 'normalising' the service user's journey with services accessed through primary care/frontline provision and secondary care becoming a referral-only service (like other healthcare systems). Prescribing is undertaken by trained specialists, including GPs, in surgeries located close to need.

Data sources indicate that the areas of greatest prevalence/need are concentrated in Plymouth's most deprived neighbourhoods, which also show the highest crime rates. Research shows public injecting sites are also heavily concentrated around the South West/South East of Plymouth. These areas contain most of the hostels for homeless people and many known rough sleeping venues. In addition, most public injecting occurs in public toilets/shop toilets, which are concentrated in the South East of the City.

There are already harm-reduction services including vaccination and testing in hostels but there will be a review around whether these services need to be expanded and/or stepped-up as a result of the research.

A Public Health Review is being undertaken to determine the overall numbers in need as there is increasing doubt that the 2,500 estimate is accurate. Consistent data collection has been a problem in the past; this has been successfully tackled in the area of criminal justice work but remains a concern in some mainstream services. Our HALO²⁷ data management system is being rolled out to all services and workers are being trained to use it.

Key Priorities are:

- Provision of easy access and rapid (within 2 working days) substitute prescribing for all in need
- Reconfiguration of provision around drug using parents in conjunction with young people's services and development of Hidden Harm Strategy.
- Public Health approach focusing on prevention and encompassing Harm Reduction and evidence based practice.
- Accurate and timely data recording
- Delivering Local Area Agreement targets.
- Ensuring partners meet their collective responsibilities of joint service provision and understand the impact of single agency decisions
- Joint Commissioning arrangements with the Children's Trust to support the transition of young people into adult provision.
- Sustained throughput in the system and provision of aftercare support.
- Mainstreaming of clinical and service governance into Provider agencies in order to underpin implementation of national guidance
- Set up our service user group as an Independent charity

Problem Drug Use – Young People:

Recent research undertaken on behalf of the Plymouth Young People's Substance Misuse Commissioning Group suggests that up to 14 per cent of the youths (20,952 young people aged 10 – 16yrs) may develop into problem drugs users in the near future. Of these, 3 per cent may become Problem Prolific Offenders (about 88 individuals).

In the young, substance misuse often presents as part of an overall picture of vulnerability including problems at school, problems in the home, and other risky behaviours including crime. This strongly suggests that responses to vulnerable young people must be integrated, looking at the whole person, in the context of their family and neighbourhood. Broadly the work encompasses prevention and early identification; targeted support at an appropriate level and delivered by appropriate services and for the very few, intensive remedial treatment.

Significant Issues:

Results emerging from the Offending and Criminal Justice Survey (OCJS) identify five groups of vulnerable young people: Exclusees, Frequent Truants, Ever Arrested, and Ever Homeless, Ever in Care. The research establishes a firm link between members of the 'Ever Arrested' Group and substance misuse, 33 per cent of 10–16 year olds, reported they had taken drugs in the last 12 months, 21 per cent reported that they were frequent users, and 8 per cent reported that they had used a Class A drug.

²⁷ HALO – is a web-based application 'Seamless Care Management' Case Management System allowing drug treatment casefile data sharing between drug-treatment agencies.

Of 17 to 24 year olds, 59 per cent reported that they had taken drugs in the same period, 39 per cent reported that they were frequent users, and 31 per cent reported that they had taken a Class A drug. The "Ever Arrested" group reports the highest levels of substance misuse of any vulnerable group. It is not known whether young Plymouth residents follow this national pattern but at present there is no evidence that would point to the contrary.

Many of the 'Ever Arrested' Substance Misuse population are likely to be found within a 'Core Concern Group' within the Substance Misuse population (separate information about this is available from: dave.schwartz@plymouth.gov.uk).

Problem Alcohol Use – Adults:

All national data and at a local level DAAT data demonstrates unequivocally that there are far more problem users of alcohol, than of drugs, especially amongst young adults. 34 per cent of men and 26 per cent of women aged 16 to 24 years report binge drinking on a weekly basis (DoH 2004).

Applying these proportions to Plymouth, suggests a minimum of 6,000 men and 4,000 women are binge drinking on a weekly basis. 26 per cent of the adult population have an alcohol use disorder (38 per cent men and 16 per cent women), which equates to 32,500 men and 13,500 women who are problematic consumers of alcohol in Plymouth. This does not necessarily translate into crimes or public disorder. For a large significant number of this cohort the problems will be of personal physical and mental health and of disruption to family life. However, a significant number of problem alcohol users and, in particular young binge drinkers, are causing a signal amount of public disorder and violence-related offences.

Despite being a very much more serious problem for the City than drug misuse, alcohol use receives a fraction of the available funding. This is the single most important issue facing all aspects of delivery across the alcohol agenda. Unlike drugs funding, which receives over half of its money from Central Government, alcohol receives very little from this source and is virtually wholly dependent on local sources of funding.

Between August 2006 and July 2007, the Police attributed 43 per cent of all BCS Violent Crime to the offender being 'under the influence'. The Evening & Night-time Economy (ENTE) areas account for the majority of offences with City Centre, Stonehouse and Mutley & Greenbank accounting for 45 per cent of all offences. Additional significant levels of offences were committed within Stoke Village (incl. Morice Town).

A key local driver is the LAA target for increasing numbers of young people aged under 25 into screening and/or treatment services to limit their drinking.

The cell-based Intervention work in Plymouth is dealing with a high proportion of people aged under 25 (e.g. 58 per cent between October - mid November 2007). Screening for alcohol misuse, leading to a possible brief intervention takes as little as 5-10 minutes, and is known to have a positive effect on drinking behaviour - 24 per cent of people will modify their drinking behaviour in the short term as a result, with a knock-on benefit relating to criminal offences/anti-social behaviour.

This change in behaviour is likely to be short term and needs reinforcing through other community initiatives. There is an issue however in getting young people who are hazardous/dependent drinkers into structured long-term treatment - they do not perceive the need at this stage in their life. Of those entering treatment in the last quarter (46 in total) only 9 were aged under 25 (19.5 per cent). This meets and exceeds the LAA target of 7.5 young people per qtr

entering treatment, but tells us that other interventions are needed for effective work with this age range.

Another area for potential development is increasing the confidence of workers who interface with victims / perpetrators of domestic violence in terms of their alcohol awareness and referrals

Problem Alcohol Use - Young People:

Much of the violence under the influence noted above relates to young adults but there is some concern regarding the excessive consumption of alcohol by / younger people.

Nationally young people aged 18-25 who report binge drinking are:

- 3 times more likely to commit offences than regular drinkers.
- 5 times more likely to get into a fight.
- 2 times more likely to get into an argument that can escalate.
- 5 times more likely to admit to causing criminal damage.
- 18-25 year olds getting drunk just once a week are 5.5 times more likely to admit to violence offences than those who get drunk less than once a month.

Plymouth has an estimated 10,000 binge drinkers a week - a high proportion will be aged 18-25 years.

Research shows that Plymouth has a higher than national average level of alcohol use. Around 2,500 people aged between 11 and 15 years consume alcohol each week in Plymouth. Teenagers aged between 11 and 13 years are likely to have seen their alcohol consumption rise by around 50 per cent over the last five years. In contrast, teenagers aged between 14 and 15 years have likely seen their alcohol consumption level off.

Additional research shows that for groups of young people, the most common group activity carried out together is drinking alcohol and taking other drugs. Some of these individuals are referred by the law enforcement agencies to rehabilitation and support programmes designed to divert young people away from crime and disorder. In 2006, a total of 112 young people were referred to the Hamoaze House Youth Programme: clients aged under 11 years cited alcohol as the biggest single reason for referral and this was also prominent for the older clients. This trend continues in the current Hamoaze programmes.

It is a requirement by Government that CDRPs have an "Alcohol Harm Reduction Strategy", the City's version is currently in draft form and it is anticipated that it will be in place by January 2009.