

Summary Needs Assessment for *Reducing The Harm Caused By Drugs*

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1 Summary

- Drug misuse is associated with a range of negative outcomes, including health issues, poor mental health and high crime levels
- An intravenous drug user costs the NHS an estimated £480,000 across their life, with the annual cost of drugs to the public purse estimated at £15.4bn per annum
- An estimated 30% of opiate and crack users are not accessing treatment for drug use and there is evidence to suggest that certain groups under-engage with treatment services, in particular young adults and females
- Watford has the highest rate of drug crime and the highest prevalence of people in treatment for drug and alcohol misuse. Broxbourne district has shown year on year increases in the rate of drug specific crime, but this has not been mirrored in the treatment rates for the same period

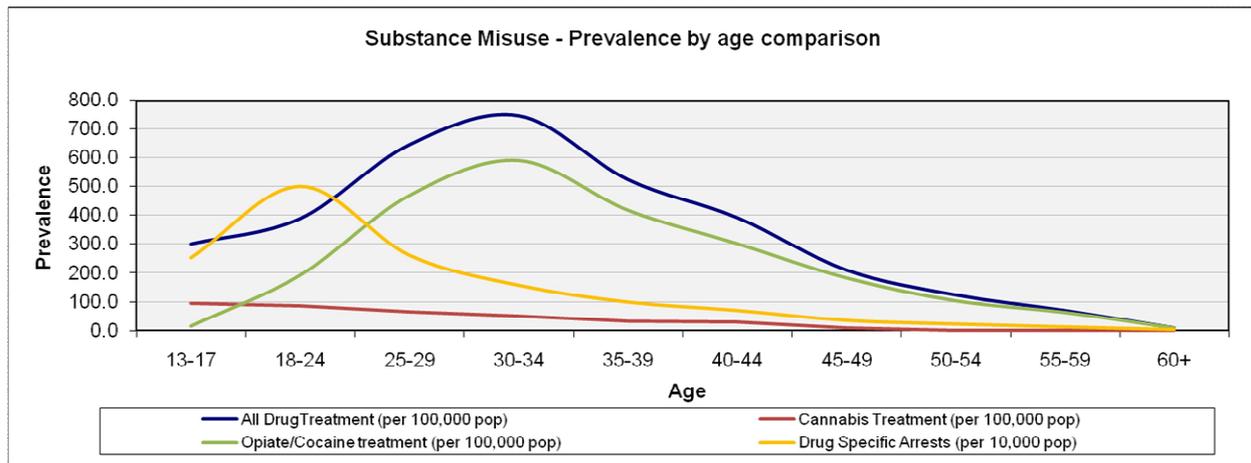
2 What Reducing the Harm Caused by Drugs is about and why it is important

- Drug misuse is associated with a wide range of health issues; these vary by drug type, but include increased risk of respiratory disease, cardiovascular disease and cancers. A large proportion of drugs, particularly high-strength cannabis, are also linked to serious mental health issues such as paranoia, or to psychotic illnesses such as schizophrenia
- Drug misuse is also linked to a range of problems for wider society, such as crime and reduced road safety. It is also a key factor in health inequalities
- Parental drug misuse dramatically increases the likelihood of a child becoming a drug user in later life and is a involved in a number of child protection activities each year.
- Reducing illegal drug use within Hertfordshire will have a range of positive impacts, including:
 - Improved population health
 - Reduced demand for child protection services
 - Improved road safety
 - Reduced levels of related violent and acquisitive crimes
- Without action, the health inequalities between the most and least deprived will continue to grow and children will continue to be exposed to drug use at an early age, dramatically increasing their likelihood of becoming drug users themselves. Drug related violent and acquisitive crime will continue to occur and create a negative impact on community safety. Drugs and the related problems will continue to cost Hertfordshire an estimated £150m in public money per annum.

3 How many people are harmed by drugs?

- The percentage of secondary school children reporting that they take drugs has decreased steadily since 2006, although year 10 pupils remain more likely to say they use drugs than year 8 pupils. Children aged 13-17 are most likely to access treatment services to deal with cannabis misuse and are second least likely to access treatment for opiate or cocaine use. Around one in ten (13%) estimated daily drug users aged 16-24 accessed treatment services during 2010/11
- Evidence gathered by the Home Office suggests that children in the care of the local authority are significantly more likely to have a drugs problem than children who remain at home
- Younger people, aged 18-24 are the most likely to be arrested for drug specific offences, in particular possession of cannabis and those aged between 25 and 35 are most likely to be accessing treatment for drug misuse, particularly opiate and cocaine addictions

- More than half of adults accessing treatment for drug dependency are parents and around one in five live with at least one child. Older people are least likely to be involved with services due to drug misuse issues across the board
- Watford has the highest prevalence rates of both drug specific crime and people attending treatment for drug problems. Broxbourne district has shown year on year increases in the rate of drug specific crime, but this has not been mirrored in the treatment rates for the same period
- The majority of those accessing drugs treatment self refer and primarily attend for opiate addiction but females and people from Black or Black British ethnic backgrounds are under-represented in treatment figures, which are dominated by white males



N.B. Data taken from NDTMS treatment data 2010/11 and Hertfordshire police arrest records 2008-2011. Please note that the rate used to calculate the prevalence varies in order to ensure that prevalence trend could be compared. Prevalence rate is detailed in the legend. Population data gathered from ONS mid-year population estimates 2010.

4 What do we currently do

- The national treatment agency (NTA) estimates that the wider cost to the public purse of drugs and their associated problems is £15.4bn nationally per annum. Based on population estimates and drug prevalence rates, Hertfordshire's share of this cost is estimated at £150m per annum, or around £135 per person, per year. An intravenous drug user costs the NHS an estimated £480,000 across their life but it costs an estimated £14,400 to provide 24 weeks of residential rehabilitation to a drug user.
- Hertfordshire spends approximately £11m per annum on services relating to drugs and alcohol (including health, social care and criminal justice). Drug and alcohol treatment services are currently provided by the Crime Reduction Initiative (CRI). There are currently 8 full time treatment centres across the county, as well as a number of part time centres and drop in points. Drugs treatment is provided on a tiered system, ranging from telephone advice lines to residential rehabilitation centres
- During 2010/11 approximately 3,000 adults and 200 young people accessed drug and alcohol treatment services in Hertfordshire. While in treatment clients are less likely to use drugs and less likely to commit crime. Generally, 83% of new clients are seen within 3 weeks of referral
- Hertfordshire County Council is reviewing the distribution of substance misuse treatment centres to ensure that areas of high deprivation and drug use are being sufficiently covered

5 What we plan to do and how will we know we have succeeded

- Key Goals / Strategy Targets
 - Increase uptake of drugs services by under-represented groups and the range and number of referral routes into treatment for all ages.
 - Ensure services are accessible and effective for crack and cocaine users

- *Develop a strategy for addressing the increasing problems associated with substances that fall outside current drugs legislation (the wrongly-named ‘legal’ highs).*
- *Focus particularly on Watford and Broxbourne*
- How we will we deliver our goals
 - *Learn from better-performing areas re accessible services for women and Black/Black British drug users*
 - *Innovative communication with under-represented groups.*
 - *From November 2013, introduction of 5 specialist family workers based within the double-district Think Families teams to add drug and alcohol capacity and expertise (plus one worker for families of prisoners)*
- How we will we measure success
 - *Through current indicators and the measures of success included in the strategy*

6 What we don’t know and would like to know

- New information relating to serious incidents will be available soon including deaths of drugs service users which will provide valuable additional intelligence
- It would be helpful in framing services to understand child protection measures for assessing relative risks of drug using behaviour in children and young people either living with drug-using adults or in local authority care.
- It would also be helpful to know more about tackling the emerging ‘chemical’ high substances

7 Your views

To better build our understanding around Reducing the Harm Caused by Drugs we also need others to contribute their knowledge and experience of this topic. If you might like to contribute or comment, then go to the “Your Views” section of the JSNA website to find out how.

8 Links to further background information and data.

No further information has been published yet