Substance Misuse

JSNA Report

October 2015

This report

This report has been prepared jointly by Knowsley Council, the Clinical Commissioning Group (CCG) and partners of the Knowsley Health and Wellbeing Board (HWB).

Its purpose is to provide an analysis of substance misuse in order to determine the following:

- How much impact does this issue have on local people?
- Can this impact be reduced through local action?
- Can local action reduce health inequalities?
- Will local action on this help address other issues too?

Understanding these things helps the HWB determine the level of priority that this issue should be given in the Borough's Health and Wellbeing Strategy.

This is one of a series of reports that comprise Knowsley's Joint Strategic Needs Assessment (JSNA).

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Further information

For a PDF copy of this report, and other research intelligence products, visit ***Knowsley Knowledge*** – the website of Knowsley's JSNA.

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A number of acronyms have been used throughout this document and are given below:

ACMD	Advisory Council on the Misuse of Drugs
BBV	Blood Borne Virus
BZP	Piperazines
CCG	Clinical Commissioning Group
CJS	Criminal Justice System
CRI	Crime Reduction Initiatives
DIP	Drug Interventions Programme
DTORS	Drug Treatment Outcomes Research Study
GBL	Gamma Butrolactone
GHB	Gamma Hydrixybutyrate
GP	General Practitioner
HBV	Hepatitis B Vaccination
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
KIRS	Knowsley Integrated Recovery Service
KYM	Knowsley Youth Mutual
LINks	Local Involvement Networks
MDMA	Ecstasy
NEET	Not in Education, Employment or Training
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NPS	New Psychoactive Substances
NTA	National Treatment Agency
OCU	Opiate and/or Crack User
ONS	Office for National Statistics
ORA	Offender Rehabilitation Act
OTC	Over The Counter Medicines
PHE	Public Health England
PHOF	Public Health Outcomes Framework
POM	Prescription Only Medicines
PPG	Patient Participation Group
STI	Sexually Transmitted Infection
THinK	Teenage Health in Knowsley
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
YOS	Youth Offending Service

Contents

Page

1. Why Substance Misuse is important 7

2. Links to National and Local Drivers 8

2.1. Drug Strategy 2010: Restricting Supply, Reducing Demand, Building Recovery..... 8

2.2. NICE Public Health Guidance 8

2.3. Public Health Outcomes Framework 9

2.4. Drug Misuse Act 1971 9

2.5. Offender Rehabilitation Act 2014 10

3. Who is most at risk? 10

4. The Knowsley Picture 12

4.1. Adults 12

4.1.1 Prevalence 12

4.1.2 Treatment 14

4.1.3 Blood-Borne Viruses 16

4.1.4 Drug Interventions Programme 17

4.2. Young People 17

4.2.1 Prevalence 17

4.2.2 Treatment 17

4.3. Crime – Drug Related Offences 19

4.4. Drug Related Mortality 19

4.5. Drug Related Hospital Admissions 20

4.6. Addictive Prescription Drugs 20

4.7. New Psychoactive Substances 20

5. Local Substance Misuse Services 21

5.1. Community Treatment Services 21

5.1.1 Overview 21

5.1.2 Adult Treatment Services 21

5.1.3 Shared Care Treatment Service 22

5.1.4 Drug Interventions Programme (DIP) 22

5.1.5 Recovery 23

5.1.6 Mutual Aid 23

5.1.7 Service User Forum 23
5.1.8 The Young Person's Treatment Service 23
5.1.9 Needle Exchange 24
5.1.10 Supervised Administration 24
5.2. Residential Rehabilitation 25
5.3. Inpatient Detoxification Service 25
5.4. Housing Support and Debt Advice 25
5.5. Prevention 26
5.5.1 Knowsley Youth Mutual 26
5.5.2 Knowsley Youth Offending Service (YOS) 26
5.5.3 School Nursing 27
5.5.4 HeadStart 27
5.5.5 Workplace 28
5.5.6 Interact Programme 28
5.5.7 Parenting Skills 28
5.5.8 Family Nurse Partnership 28
5.5.9 Brief Interventions 28
6. Community, Patient & Stakeholder Views 29
6.1. Knowsley Youth Mutual Drugs Strategy Consultation 29
6.2. Drug and Alcohol Services Engagement 29
7. Evidence of what works 30
7.1. Treatment Services 30
7.2. Preventing Blood-Borne Virus (BBV) Transmission 31
7.3. Needle and Syringe Exchange 31
7.4. Prevention 32
8. Future Challenges 34

References 35

Substance Misuse

1. WHY SUBSTANCE MISUSE IS IMPORTANT

Substance misuse or drug abuse refers to the continued use of a drug (legal or illicit) by an individual that is consumed in quantities that are harmful to themselves or those around them.

Substance misuse is a complex issue and has a major impact on the health and wellbeing of individuals, families and communities. Those affected by drugs use them compulsively and the effects of substance misuse are cumulative, significantly contributing to poor health, homelessness, family breakdown and offending[1].

Drug use is widespread with an estimated 2.7 million adults in England and Wales having used an illegal drug in 2013[2] and 1,200,000[3] affected by drug addiction in their families - mostly in poor communities. However, addiction is rare but concentrated with 294,000 heroin and crack users in England[4] and 40% of prisoners having used heroin[5].

Addiction to drugs impacts on health in a number of ways[6,7]:

- Lung damage - from drugs and tobacco
- Cardiovascular disease
- Overdose and drug poisoning
- Depression, anxiety, psychosis and personality disorder
- Blood-borne viruses among injectors
- Arthritis and immobility among injectors
- Liver damage from undiagnosed or untreated hepatitis C
- Poor vein health among injectors

Drug dependence varies from substance to substance, and from individual to individual. Dose, frequency, the pharmacokinetics of a particular substance, route of administration, and time are critical factors for developing drug dependence. An article in the Lancet[8] compared the harm and dependence of 20 drugs and showed that the two substances with the highest harm ratings were heroin and cocaine. Both of these substances are Class A drugs, however correlation was poor between a drugs' harm score and class according to the Misuse of Drugs Act (see section 2.4).

The annual cost nationally of drug addiction is £15.4bn to society with £488m of this attributed to the NHS cost. The major cost to society from drug addiction is from drug related crime which is estimated to cost £13.9bn per year nationally[9].

2. LINKS TO NATIONAL AND LOCAL DRIVERS

2.1 Drug Strategy 2010: Restricting Supply, Reducing Demand, Building Recovery

In 2010, the Coalition Government set out their ambitions through the launch of the Drug Strategy[10]. These ambitions were structured around three themes:

Reducing demand: creating an environment where people who have never taken drugs continue to resist pressures to do so, and making it easier for those that do to stop. This is key to reducing the huge societal costs, particularly the lost ambition and potential of young drug users. The UK demand for illicit drugs is contributing directly to bloodshed, corruption and instability in source and transit countries, which the country has a shared international responsibility to tackle.

Restricting supply: the need to make the UK an unattractive destination for drug trafficking by attacking their profits and driving up their risks.

Building recovery in communities: work with people who want to take the necessary steps to tackle their dependency on drugs and alcohol, and offer a route out of dependence by putting the goal of recovery at the heart of all that the Government do. The Government said it would build on the huge investment that has been made in treatment to ensure more people are tackling their dependency and recovering fully. Approximately 400,000 benefit claimants (around 8% of all working age benefit claimants) in England are dependent on drugs or alcohol and generate benefit expenditure costs of approximately £1.6 billion per year[11]. If these individuals are supported to recover and contribute to society, the change could be huge.

In a broader sense, the Coalition Government set out a programme to deliver the ambition of bearing down on the supply of illicit drugs, introducing a system of temporary bans on so called 'legal highs' and to promote the recovery of drug users within communities. The Drug Strategy set out a fundamentally different approach to tackling drugs and considers dependence on all drugs, including prescription and over-the-counter medicines, whilst also recognising that severe alcohol dependence raises similar issues and that treatment providers are often one and the same. In doing so, the Government hoped to build momentum in tackling drugs and drug-driven crime, whilst helping people to become drug-free.

2.2 NICE Public Health Guidance

Public health guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health. The guidance may focus on a particular topic (such as substance misuse), population or setting. It is aimed at public health professionals, practitioners and others with a direct or indirect role in public health within the NHS, local authorities and the wider public, voluntary, community and private sectors.

With regards to substance misuse, the following five guidelines are available from NICE[12]:

- CG52 Drug misuse - opioid detoxification
- CG51 Drug misuse - psychosocial interventions
- PH4 Interventions to reduce substance misuse among vulnerable young people
- PH52 Needle and syringe programme
- CG120 Psychosis with coexisting substance misuse

2.3 Public Health Outcomes Framework

The Public Health Outcomes Framework[13] identifies three outcome indicators which directly relate to substance misuse, however it must be noted that substance misuse impacts on a much larger number of indicators:

- 2.15i - Successful completion of drug treatment - opiate users
- 2.15ii - Successful completion of drug treatment - non-opiate users
- 2.16 - People entering prison with substance dependence issues who are previously not known to community treatment

2.4 Misuse of Drugs Act 1971

The Misuse of Drugs Act 1971, with amendments, is the main law regulating drug control in the United Kingdom. Illegal drugs are known in the UK as controlled drugs, and are divided into three classes (A, B, C) based on harm, with Class A being the most harmful. These classes also provide the basis for attributing penalties for offences. Each class attracts different levels of penalties for a range of unlawful activities, including possession, supply and production of a controlled drug. Substances within each category can be moved by order of the Home Secretary as well as listing new drugs, removing others and delisting previously controlled drugs. Examples of drugs included in the three classes can be found below:

Class A	Class B	Class C
Crack cocaine	Amphetamines	Anabolic steroids
Cocaine	Barbiturates	Benzodiazepines (diazepam)
Ecstasy (MDMA)	Cannabis	Gamma hydroxybutyrate (GHB)
Heroin	Codeine	Gamma butyrolactone (GBL)
Magic mushrooms	Methylphenidate (Ritalin)	Ketamine
Methadone	Synthetic cannabinoids	Piperazines (BZP)
Methamphetamine (crystal meth)	Synthetic cathinone (mephedrone, methoxetamine)	

Table 1: Classification of UK Drugs

2.5 Offender Rehabilitation Act 2014

The Offender Rehabilitation Act[14] (ORA) is the Act of Parliament which accompanies the Transforming Rehabilitation programme. The Act makes changes to the sentencing and releasing framework to extend probation supervision after release to offenders serving short term sentences. It came into force on 1st February 2015.

In relation to substance misuse, the supervision requirement outlined in the ORA may include:

- a drug testing requirement
- a drug appointment requirement

The ORA allowed for problematic drug use to be tackled as part of an offender's period of supervision on release. It extended previous provision to impose drug testing requirements for Class A drugs to also include Class B drugs. In addition, it introduced a new power to require offenders, on release, to attend an appointment designed to address their dependency on, or propensity to, misuse a controlled drug.

3. WHO IS MOST AT RISK?

The sections of the adult population most likely to be at risk of having problematic drug use are given below and are mainly derived from the Crime Survey for England and Wales, 2014/15[15].

Age: Young adults in the 20-24 age group are the most likely age group to take illicit drugs. In 2014/15, 19.4% of 20-24 year olds had taken an illicit drug in the previous year compared to 8.6% of the adult population as a whole (those aged 16-59). Indeed, 9.4% of 20-24 year olds had consumed a Class A drug in the previous year.

Young adults are more than three times as likely to have used new psychoactive substances (NPS) than adults as a whole. In 2014/15, 2.8% of adults aged 16-24 had used NPS compared to 0.9% of adults aged 16-59.

Adults aged 16-19 are most likely to misuse prescription-only painkillers. In 2014/15, 8.0% of 16-19 year old adults had misused prescription-only painkillers compared to 5.4% of all adults aged 16-59.

Adults aged 25-34 are most likely to be admitted to hospital due to drug related conditions. In 2012/13, there were almost 20,000 admissions nationally with a drug related mental health or behavioural disorder as a primary or secondary diagnosis.

Adults aged 40-49 are most likely to die of drug related misuse, 711 deaths in this age group nationally during 2014. Since the turn of the century, the average age of drug related deaths has been rising. In the late 1990's, adults aged 20-29 had the highest number of deaths due to drug related misuse.

Gender: Males are more likely than women to take illicit drugs. In 2014/15, men were more than twice as likely as women to have taken illicit drugs in the previous year, 11.9% compared to 5.4%.

Males are more than three times as likely to have used NPS than females in the previous year. In 2014/15, 1.3% of males and 0.4% of females had taken NPS in the previous year.

Males are more than twice as likely to die from drug related misuse than females. In 2014, nationally there were 1,624 male deaths compared to 624 female deaths.

Deprivation: Adults living in the most deprived areas are more likely to use illicit drugs than adults living in the least deprived areas. In 2014/15, 10.2% of adults living in the most deprived areas nationally had taken illicit drugs in the previous year compared to 6.9% of adults living in the least deprived areas.

In 2014/15, adults living in the most deprived 20% of the country were 1.5 times more likely to misuse prescription-only painkillers than adults living in the least deprived 20% of areas in England.

Income: Adults living in a household where the income is less than £10,000 are twice as likely to misuse prescription-only painkillers as adults living in a households with a combined income of over £50,000, 8.1% compared to 4.0% in 2014/15.

Ethnicity: Adults from a white ethnic group are more than twice as likely to use illicit drugs than adults from a non-white ethnic group. In 2014/15, 9.3% of adults from a white ethnic group had used illicit drugs compared to 4.6% of adults from a non-white ethnic group.

Sexuality: Adults who are gay or bisexual are significantly more likely to use illicit drugs than adults who are straight or heterosexual. In 2013/14, 28.4% of gay or bisexual adults used illicit drugs compared to 8.1% of straight or heterosexual adults.

Offenders / ex-Offenders: Drug use is a major problem in the prison system[16] :

- 70% of offenders report drug use prior to prison
- 51% report drug dependency
- 35% admit injecting behaviour

Furthermore, a survey by the Prison Reform Trust[17] has found that 19% of prisoners who have ever used heroin reported first using it in prison.

Young People: Young people who truant or have been excluded from school are more vulnerable to problematic drug use[18].

Homeless: Those who have been homeless for a period of at least one month, either sleeping rough or living in a temporary hostel or bed and breakfast accommodation are more susceptible to problematic drug use[18].

Ever in Care: Those who have spent any time in a foster family, care home, children's home or young people's unit between the ages of 10 and 16 are at increased risk of having a drug misuse problem[18].

4. THE KNOWSLEY PICTURE

4.1 Adults

4.1.1 Prevalence

Substance	Number
OCU	923
Opiate	826
Crack	700
Injecting	97

Table 2: Estimated Number of Drug Users in Knowsley, 2011/12
Source: Public Health England

Table 2 shows the estimated number of opiate and/or crack users (OCU) and injectors in Knowsley. OCU refers to the use of opiates and/or crack cocaine, including those who inject either of those drugs but excludes people who use cocaine in powder form, amphetamine, ecstasy or cannabis, or injecting by people who do not use opiates or crack cocaine. Collectively, they have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance.

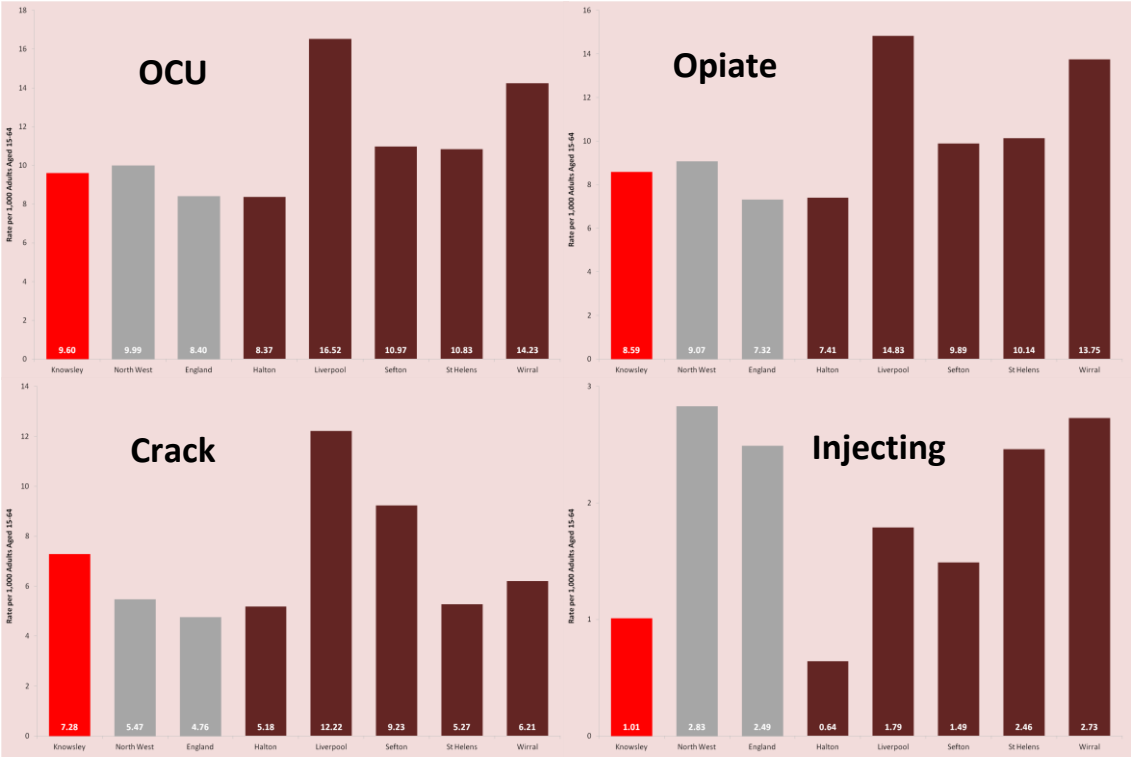


Figure 1: Estimated Prevalence of Drug Use in Knowsley and Liverpool City Region , 2011/12
Source: Public Health England

The estimated prevalence of OCU in Knowsley was 9.6 per 1,000 adults aged 15-64 in 2011/12, the 2nd lowest rate in the Liverpool City Region. Prevalence was also lower than the North West region (10.0), but higher than England as a whole (8.4).

A similar pattern can be seen with the estimated prevalence of opiate users. In 2011/12, the prevalence of opiate users was 8.6 per 1,000 adults aged 15-64 the 2nd lowest rate in the

Liverpool City Region. Prevalence was lower than the North West region (9.1) but higher than England (7.3).

The pattern of crack usage in Knowsley is similar to OCU and opiate use, with Knowsley having the 3rd highest rate in the Liverpool City Region at 7.3 per 1,000 adults aged 15-64. Prevalence was also higher than the North West region (5.5) and England (4.8).

The estimated prevalence of injecting drug users in Knowsley was lower than the North West region (2.8) and England (2.5) at 1.0 per 1,000 adults aged 15-64. Once more, Knowsley had the 2nd lowest prevalence in the Liverpool City Region.

There has been a significant decrease in estimated OCU use between 2010/11 and 2011/12 in Knowsley, from 13.8 per 1,000 adults aged 15-64 to 9.6 per 1,000. Similarly there has been a significant decrease in opiate use from 12.5 per 1,000 in 2010/11 to 8.6 in 2011/12. There has also been a decrease in injecting use (although not statistically significant), from 1.3 per 1,000 in 2010/11 to 1.0 per 1,000 in 2011/12. However, there has been an increase in the use of crack cocaine which has risen from 6.3 per 1,000 in 2010/11 to 7.3 per 1,000 in 2011/12.

Analysis by age shows that Knowsley has a higher rate of OCU and opiate users in the 35-64 age group than in any other, 12.3 per 1,000 and 11.6 per 1,000 respectively - higher than England (7.3 and 6.5 respectively). However, prevalence is lower in Knowsley for younger adults aged 15-24 and 25-34 than nationally.

4.1.2 Treatment

When engaged in treatment, people use less illegal drugs, commit less crime, improve their health, and manage their lives better - which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

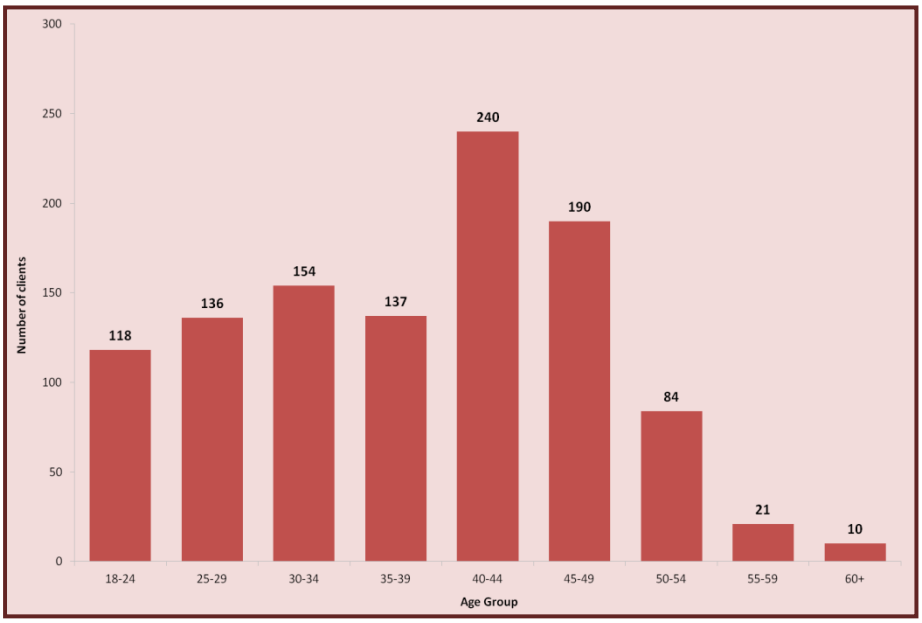


Figure 2: Number of Clients in Treatment - Knowsley, 2014/15
Source: NDTMS

In 2014/15, there were a total of 1,090 adults in treatment services in Knowsley. The largest proportions of clients were in the 40-44 or 45-49 age groups. Since 2006/07, there has been an increase in the number of adults in treatment services for each age group aged 40 or over. Three-quarters of clients in treatment were males, compared to a quarter being females.

The proportion of clients in treatment who live with children under the age of 18 was twice as high for users of opiates (38.3%) than users of non-opiates (19.0%) in 2014/15. The proportion of opiate users living with children under the age of 18 in Knowsley was higher than England (31.2%), but the proportion of non-opiate users was lower (25.6%).

The measure for effective treatment engagement is defined as those who have been in treatment for three months or more, or who have completed treatment successfully before this. Of those adults in treatment during 2014/15, 94% were in effective treatment.

	Number	Change from 2013/14	% of treatment Population
Opiate	585	-1%	97%
Non-opiate	326	-13%	91%
Non-opiate and alcohol	117	43%	90%
All	**1,028**	**-2%**	**94%**

Table 3: Adults Effectively Engaged in Treatment - Knowsley, 2014/15
Source: JSNA Support Pack, Public Health England

Table 3 shows the number of adults in effective treatment from Knowsley during 2014/15. Opiate users account for 57% of adults in effective treatment, lower than England (76%). In total, 97% of opiate users in treatment are being managed effectively, higher than nationally at 95%. Indeed, the proportion of people from Knowsley who are dependent on opiates and / or crack cocaine and were in treatment during 2014/15 was 65%. This is significantly higher than nationally (53%).

The proportion of non-opiate users in effective treatment as a proportion of the treatment population is lower than it is for opiate users, although higher than across the whole of England. There was a substantial increase of 43% in the number of adults in effective treatment for non-opiates and alcohol combined between 2013/14 and 2014/15.

More than a half of referrals into treatment were via the Criminal Justice System (CJS) in 2014/15, 52% in total. This total was higher for males at 56%, compared to 35% of referrals for females. In comparison, less than half of referrals nationally were via the CJS (24%). A further 29% of adults self-referred into treatment.

	Number	Proportion Abstinence	National Abstinence
Opiate	31	32%	41%
Crack	26	43%	49%
Cocaine	121	80%	69%
Cannabis	52	48%	45%

Table 4: In Treatment Outcomes in Knowsley (Abstinence), 2014/15
Source: JSNA Support Pack, Public Health England

Those drug users that are in treatment have their progress checked to see if improvements in outcomes have been made. Table 4 shows the six month review outcomes for users and shows abstinence amongst cocaine users was 80% during 2014/15, higher than nationally (69%). A further 5% of cocaine users had a significant reduction in use in 2014/15.

Abstinence was also higher for cannabis users in Knowsley than nationally (48% compared to 45%), with a further 13% seeing a significant reduction in cannabis use during 2014/15.

The level of abstinence was lower in Knowsley (32%) than nationally (41%) for people in treatment for opiates, with a further 26% having a significant reduction in use after 6 months of treatment. Similarly for crack cocaine, the level of abstinence in Knowsley (43%) was lower than nationally (49%) but a further 15% of clients had a significant reduction in the use of crack cocaine after 6 months of treatment.

Those who successfully complete treatment for drugs are free of dependence upon drugs and have not relapsed or re-entered treatment during a set period of time. Although many individuals require a number of separate treatment episodes spread over many years, most individuals who complete treatment successfully do so within two years of treatment entry.

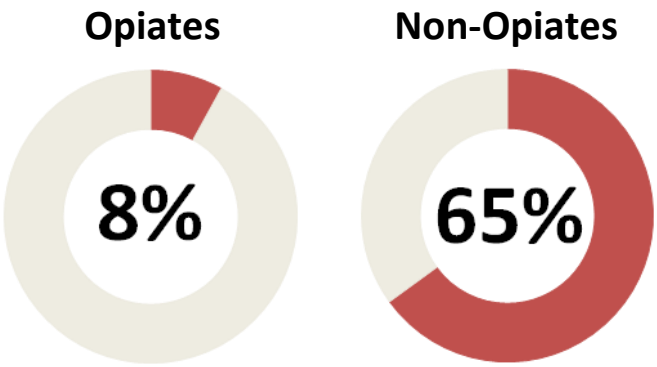


Figure 3: Successful Completion of Drug Treatment, 2014/15
Source: JSNA Support Pack, Public Health England

The proportion of drug users who completed their treatment free of dependence on opiates was 8% in 2014/15, marginally lower than across the whole of England (10%). The proportion of non-opiate users who complete treatment successfully was much higher than opiates at 65% during 2014/15, also higher than that observed nationally (52%).

In 2014/15, the proportion of opiate users in Knowsley who had been in treatment for 2 years or more was 59%, marginally lower than England (61%). In comparison, 1% of non-opiate users in Knowsley had been in treatment for 2 or more years (0% nationally).

Drug users in treatment can cite prescription-only medicines (POM) or over-the-counter medicines (OTC) as well as having a problem with illicit drugs. In 2014/15, 2% of drug users in treatment from Knowsley were there for dependence on prescription-only medicines or over-the-counter medicines, compared to 4% nationally.

4.1.3 Blood-Borne Viruses

A blood-borne virus is one that can spread through contamination by blood or other body fluids. Drug users who share injecting equipment can spread blood-borne viruses. As a result of this risk, drug users in treatment who are eligible can have hepatitis B (HBV) vaccination or hepatitis C (HCV) test. Providing methadone and sterile injecting equipment protects them and their communities, and provides long-term health benefits and savings.

In 2014/15, 56% of adults who were new to treatment were offered and accepted for a HBV vaccination. In comparison, 40% of adults were offered and accepted nationally. Of those in Knowsley who were offered a HBV vaccination, 49% completed a course of the vaccination (22% nationally) and a further 20% started a course of vaccination (22% nationally).

Of those drug users in Knowsley who were previous or current injectors, 70% were offered and received a HCV test, compared to 74% nationally.

4.1.4 Drug Interventions Programme

In 2012/13, there were 139 clients assessed in Knowsley via the Drugs Interventions Programme, a reduction from previous years due to the closure of the Knowsley custody suite in March 2011.

Those under the age of 25 were the most likely age group of DIP clients where contact was initiated during 2012/13, with the vast majority being white males.

Cocaine was the most commonly used drug among clients assessed, with over three-quarters of clients reporting its use in 2012/13. In addition, over a quarter of clients assessed reported the use of cannabis. By way of contrast, the proportion of clients reporting the use of heroin or crack has been decreasing.

Under a quarter of clients assessed reporting drinking alcohol more than once a week in 2012/13, a reduction from previous years. More than six in ten clients assessed reporting drinking alcohol between two and four times a month or less than monthly.

4.2 Young People

4.2.1 Prevalence

As part of the 2014 Health Related Behaviour Survey undertaken in Knowsley, 9% of secondary school children said that they had at some point taken an illegal drug in their lifetime. Cannabis was the main drug that had been used by secondary school children and in the month prior to the survey, 3% said that they had taken cannabis.

4.2.2 Treatment

In 2014/15, the number of young people aged under 18 from Knowsley in specialist substance misuse services was 130. This includes specialist services in the community, 'young people only' services in the community or services within the secure estate (e.g. young offenders' institutions, children's homes). Proportionally, 11% of all people (adults and young people) in specialist treatment services in Knowsley during 2014/15 were young people, broadly similar to the whole of England.

Of those young people in treatment, 79% were males. Males were substantially more likely than females to be involved in offending or antisocial behaviour as well as citing cannabis as a problematic substance. However, females were substantially more likely to be involved in self harm, sexual exploitation and to cite alcohol as a problematic substance.

Young people come to specialist services from various routes. During 2014/15, 51% of young people were referred via youth justice, with a further 21% being referred by education services. The proportion referred via youth justice was substantially higher in

Knowsley than across England (29%), but those referred via education services was lower than nationally (26%).

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. They are half as likely as the general population to be in full-time employment and are more likely to:

- not be in education, employment or training (NEET).
- have contracted a sexually transmitted infection (STI).
- have experienced domestic violence.
- be in contact with the youth justice system.
- Be receiving benefits by the time they are 18.

In 2014/15, all young people entering services for specialist substance misuse interventions began using their main problem substance under the age of 15 (this can include alcohol as the main substance). However, less than 1 in 5 (17%) young people accessing services in Knowsley were using two or more substances, substantially lower than nationally (61%).

In terms of wider vulnerabilities, almost a third of young people (32%) in Knowsley had been involved in offending or antisocial behaviour (same levels as nationally) with almost a quarter (24%) affected by domestic abuse (21% nationally). In addition, a fifth of young people entering services in Knowsley were not in education, employment or training compared to 17% across the whole of England.

Cannabis was the substance most commonly used by young people in specialist substance misuse services in Knowsley during 2014/15, with 94% doing so (85% nationally). Alcohol was the next most commonly used substance (14% compared to 52% nationally) with 10% of young people accessing substance misuse services in Knowsley using stimulants (cocaine, ecstasy, amphetamines, not crack), compared to 22% nationally.

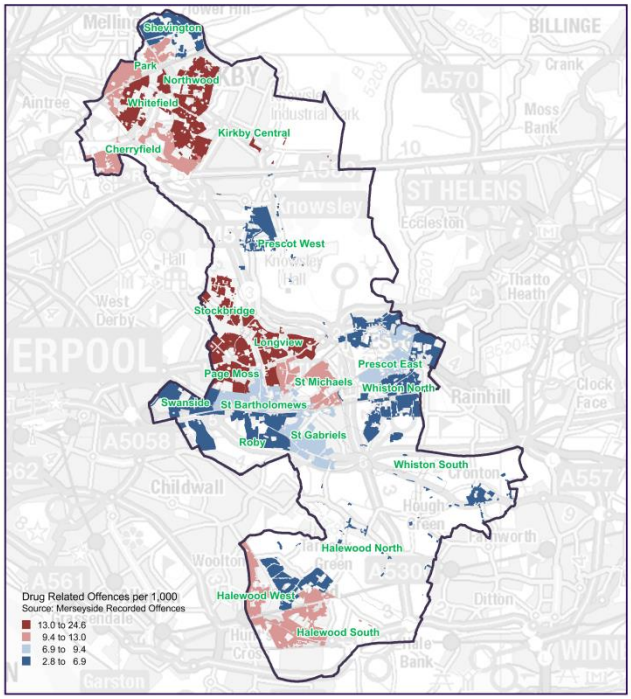
Young people generally spend less time in specialist treatment services than adults because their substance misuse is not as entrenched. In Knowsley during 2014/15, 47% of young people spent 12 weeks or less in treatment, with a further 35% spending 13 to 26 weeks. In total, 4% spent longer than 52 weeks in treatment.

Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. Almost all interventions for young people are of this nature, 98% of interventions during 2014/15.

4.3 Crime - Drug Related Offences

In 2014/15, there were 8,423 drug offences recorded across Merseyside, with offences comprising of possession, production and supply of drugs. The number of offences related to a 17% fall from the previous year and corresponds to a rate of 6.1 drug offences per 1,000 population, almost twice as high as the North West region (3.1) and more than two times higher than across the whole of England (2.9).

In Knowsley alone, there were 1,212 drug offences recorded in 2014/15, with three-quarters of offences citing possession of cannabis. The rate of offences in Knowsley was 10.7 drug offences per 1,000 population over this period, higher than the whole of Merseyside.



Drug Related Offences by Ward, 2014/15
Source: Merseyside Recorded Offences, Merseyside Police

Knowsley Council

Figure 4: Drug Related Offences by Electoral Ward, 2014/15
Source: Merseyside Recorded Offences, Merseyside Police

Drug related offences in Knowsley ranged from 2.9 offences per 1,000 population in Shevington electoral ward to 24.5 drug offences per 1,000 population in Page Moss electoral ward. In total, there were four electoral wards with a significantly higher rate of drug offences than Knowsley as a whole, they were Longview (24.0), Northwood (17.1), Page Moss and Stockbridge (14.5).

4.4 Drug Related Mortality

Between 2006 and 2014, there were 26 deaths in Knowsley relating to drugs, an average of 3 deaths per year and 0.2% of total deaths over that period. This gave a crude rate of 25.1 drug related deaths per 1,000,000 population in Knowsley, lower than the rate across the whole of England (33.5) and the lowest in the Liverpool City Region (Source: ONS).

4.5 Drug Related Hospital Admissions

In 2013/14, there were 55 admissions to hospital from Knowsley where the primary diagnosis indicated drug related mental health and behavioural disorders, 39 males and 16 females. This gave a rate of 38 admissions per 100,000 population, higher than the North West region (22 per 100,000) and England as a whole (13 per 100,000).

4.6 Addictive Prescription Drugs

The number of prescription items dispensed for addictive drugs does not necessarily give an indication of problems with these drugs in Knowsley, however there is potential for the development of dependency and also misuse.

Drug Type	Total Items
Codeine and codeine based drugs	119,049
Dihydrocodeine	11,127
Tramadol	34,303
Pregabalin	22,752
Gabapentin	26,867
Benzodiazepines	33,292
Z Drugs	25,672
Substance misuse drugs	13,942
Total	**287,004**

Table 5: Addictive Prescription Drugs in Knowsley, 2014/15
Source: North West Commissioning Support Service

During 2014/15, there were more than 287,000 items prescribed in Knowsley relating to addictive drugs. Codeine and codeine-based drugs were the most common prescribed in Knowsley during 2014/15 with 41% of the total items. These include drugs such as co-codamol and co-dydramol, with the former accounting for 85% of total codeine prescriptions.

Tramadol prescriptions accounted for 12% of addictive drugs prescription items dispensed in Knowsley during 2014/15, with a similar amount accounted for by benzodiazepines (the main drug being diazepam).

Methadone was the most commonly prescribed substance misuse drug in Knowsley during 2014/15 with 9,823 items prescribed.

4.7 New Psychoactive Substances

New Psychoactive Substances (NPS), also known as 'legal highs', refer to substances which mimic the effects of illegal drugs. They are not covered by the Misuse of Drugs Act 1971 which means that they are legal to possess or use. NPS are generally sold online, or on the high street in 'head shops'.

Although these substances are marketed as legal, this does not mean they are safe or approved to use. They can cause serious health risks, and if used in conjunction with other substances, such as alcohol, the risk is greater.

Although there is little local information pertaining to NPS, across England & Wales there has been an increase in the number of deaths due to NPS since 2007. Latest data from 2014 shows that there were 67 registered deaths in England & Wales where a NPS was identified as a contributing cause of death.

The Crime Survey for England & Wales 2014/15[21] stated that 2.8% of young adults aged 16-24 had used NPS that year (and 6.1% had used NPS at some point in their life), with males being 2.7 times more likely than females to do so.

The use of nitrous oxide (also called 'hippy crack' and 'laughing gas') has also increased in recent years. Whilst nitrous oxide has a number of legitimate uses in the areas of medicine and catering, it is increasingly being inhaled as a recreational drug-using a balloon or a metal canister known as a 'cracker'. Inhaling nitrous oxide can be dangerous with risks including asphyxiation, especially if consumed in a small space, and vitamin deficiency with heavy regular use.

Since nitrous oxide is not a controlled drug, it is not an offence to possess it. It may be an offence to supply it under trading standards legislation and preventative action may be taken under anti-social behaviour legislation (community protection notices, public spaces protection orders).

Although there has been an increase in the use of nitrous oxide, there have been fewer than five deaths per year across the country due to this cause.

5. LOCAL SUBSTANCE MISUSE SERVICES

5.1 Community Treatment Services

5.1.1 Overview

In 2013 the drug services were re-commissioned in line with best practice to become an all-age integrated drugs and alcohol treatment and recovery service. Following a full tender exercise Crime Reduction Initiatives (CRI) were awarded the contract. The service now has two bases; Kirkby and Huyton. These include adult treatment services, young person's treatment services, needle exchange, Drug Interventions Programme (DIP) and recovery 'hubs'. The services are available 6 days a week. The young person's service is an outreach service with staff based within the Kirkby hub.

Other services include inpatient detoxification for drugs and alcohol, residential rehabilitation, support with housing and debt issues and needle exchange through pharmacies.

5.1.2 Adult Treatment Services

The adult service known as Knowsley Integrated Recovery Service (KIRS) operate an open access policy where people can self refer by presenting at either treatment centre.

Referrals are accepted from GPs, social care, housing and many other partners.

Service users receive appointments to see their recovery co-ordinator, the nurse and/or doctor for medical assessments, blood borne virus screening and assessments for prescribing.

Group work includes Foundations of Recovery, which is an intensive therapeutic intervention lasting for around 6 months which can involve service users attending 3 days each week.

Service users are encouraged to participate in the recovery groups and activities which take place daily within both centres.

Service users are able to move into training to become peer mentors and recovery champions.

5.1.3 Shared Care Treatment Service

Service users who are stable and in receipt of low dose methadone prescriptions are able to transfer into GP shared care. This involves a worker from the community treatment service and the service user's own GP working together to support the service user to recover. It allows them to see the recovery worker in their own GP practice and receive regular medical checkups and assessments from their GP. The GP prescribes the methadone and the recovery worker encourages recovery during their weekly or fortnightly appointments with the service user. If the service user becomes chaotic in their drug use they are transferred back into the specialist treatment service.

5.1.4 Drug Interventions Programme (DIP)

The Drug Interventions Programme (DIP) was initially rolled out in April 2003 to areas of high crime and then to the whole of England in 2005. DIP's aim is to identify and engage with drug using offenders at every stage of the criminal justice system e.g. pre-arrest, arrest, sentencing, prison and post-prison release, in order to reduce crime and to break the cycle of re-offending.

At each stage the intention is to provide services tailored to clients' specific needs, addressing issues such as housing, education, employment, finance, family relationships and health, as well as offending behaviour and drug use. DIP aims to provide a beginning-to-end support system that can direct drug using offenders out of crime and into treatment.

In October 2013 the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting the data previously reported to the Home Office for criminal justice interventions.

DIP as a programme continues to be implemented across Merseyside, with the processes which underpinned it originally still remaining in place at all stages of the criminal justice system in order to engage offenders into drug treatment.

5.1.5 Recovery

Activities within the hubs are varied and include formal Foundations of Recovery Groups, abstinence groups and SMART recovery groups run by service users and activities to expand the service users experience and move the focus from substance misuse to everyday activities. These recovery activities available all week within the hub include a cycling group, a photography group, a film group , an allotment group, a reading group and fishing group.

There are also outings, for example for the last two years a 51-seater bus has been hired to take service users and their families to take part in the annual recovery walk, a regional event which is held in a different location each year.

There is a kitchen within each of the hubs where service users can get a drink and there is a breakfast club at both sites.

The reception is staffed by volunteer peer mentors who are able to reach out to service users offering encouragement and provide immediate re-enforcement that recovery is possible.

Service users are encouraged into education and employment via an arrangement CRI have with The Work Company. This has been very successful, with service users gaining long term sustainable positions in employment, with particular successes amongst some long term service users, some of whom have either never worked or not worked for many years.

5.1.6 Mutual Aid

The Mutual Aid Groups (Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous) make full use of the recovery hubs, with services provided at one of the locations most evenings including Saturdays.

5.1.7 Service User Forum

The service has a vibrant Service User Forum which is run by the service users. One of the service users represents Knowsley at the CRI Regional Service User Forum

The service responds to suggestions that come from the group and has a regular news sheet for service users 'You said.....we did' which outlines how the issues raised by the group are addressed by CRI management.

The Service User Forum makes suggestions for groups that should be run, for example they requested off site activities which resulted in the bike club being set up.

5.1.8 The Young Person's Treatment Service

The young person's service, ENGAGE, was named by the service users. This service is also provided by CRI. It operates an outreach service where young people can be seen in a location that is most comfortable for them. This can be home, school, college, youth club or any other suitable location.

5.1.9 Needle Exchange

The needle exchanges operate from the two recovery hubs in Kirkby and Huyton as well as from three pharmacies, two in Kirkby and one in Halewood.

Over 76% of the exchanges are for people using steroids and performance enhancing drugs with heroin users account for over 20% of exchanges.

During 2014-15, a needs assessment[19] was carried out for the needles exchange service. The issues raised in the report are currently being addressed. This includes:

Undertaking a consultation within CRI needle exchange to assess whether the access to the entrances of the needle exchange need to be changed.

Staff within CRI have received additional training on the following:

- Procedures for providing needles in order that they are clear there is no upper limit for the number of needles provided in an exchange.
- Policy update on the provision of leaflets to exchange users - leaflets should be made freely available.
- Encouraging service users to register with the service in order to receive hepatitis B vaccinations, hepatitis C screening, HIV testing, or to attend their GP for these interventions

When the Public Health England commissioned HIV self sampling service is operational, this will be advertised within the exchanges, including pharmacists to encourage uptake of the service for those people who do not want to register with the service or go to their GP.

Leaflets have been ordered for distribution through the pharmacy exchanges and pharmacies will be asked about leaflet stock when they receive their weekly stock update call from CRI.

Additional pharmacies have been approached to express an interest in operating the needle exchange. This was specifically to improve the geographical reach of the service and increase the availability of out of hours exchanges.

Additional training is being arranged for the pharmacists providing exchange and those pharmacies that have expressed an interest in delivering the service.

5.1.10 Supervised Administration

Supervised administration of methadone is a commissioned pharmaceutical service for substance misuse clients. It is a fundamental harm reduction service that can only be provided by a pharmacy following dispensing of the diamorphine substitute methadone, or buprenorphine (subutex). It is not part of the essential tier of the pharmacy contract but greatly reduces harm by reducing the diversion of prescribed medicines onto an illicit market and protection of vulnerable individuals from overdose. It is mainly used for service users on high doses of medication who are not considered stable. 27 of Knowsley's 36

community pharmacies provide supervised administration of prescribed medicines (methadone, or buprenorphine (subutex)) which requires the pharmacist to supervise consumption at the point of dispensing in the pharmacy within a private consultation room, ensuring that the dose is recorded and has been administered to the patient.

5.2 Residential Rehabilitation

Residential rehabilitation placements are arranged by the Social Inclusion Team in Knowsley Council Adult Social Care. Clients requiring residential rehabilitation post detox either inpatient or community based are referred to and assessed by the Adult Social Inclusion Team. The request then goes to a panel for approval.

The planning for residential rehabilitation includes pre-work with a number of agencies including CRI to ensure that the client responds to group work. The rehabilitation placements involve a lot of group work activities and post discharge planning to ensure that there is wraparound support when the person leaves the placement.

5.3 Inpatient Detoxification Service

Inpatient care should be available to clients at different stages in their treatment journey and not thought of as a last resort. However, it is essential that inpatient detoxification is not offered as a stand-alone treatment for substance misuse but often as an essential initial intervention within a broader, longer term care plan including psychosocial or pharmacological therapies to prevent relapse.

There is evidence to show that detoxification in specialist substance misuse facilities are more effective than in general hospital or psychiatric wards, which are associated with low success rates[20].

In patient detoxification for Knowsley is provided by Merseycare at the Kevin White Clinic. The inpatient detoxification service is currently out to tender with a revised service specification designed to ensure that the service is part of a whole system approach to treatment and recovery rather than a standalone process.

5.4 Housing Support and Debt Advice

This is provided through the Tenants Extra Support Service the contract for which is currently held by Villages Housing.

5.5 Prevention

5.5.1 Knowsley Youth Mutual

As part of their contract Knowsley Youth Mutual (KYM) are commissioned to:

- Support a reduction in the use of illicit drugs and the frequent use of alcohol amongst young people under the age of 25, especially by the most vulnerable young people.
- Increase a population wide approach to increase levels of awareness and support as required to young people in respect of information provision/signposting regarding a range of topics including drugs.
- Increase the uptake of services for access to support relating to substance misuse.
- Support the commissioning of youth services within the Public Health agenda ensuring the voice of the child is heard when commissioning decisions are made.
- Develop and deliver a peer education programme to young people, drugs is one of the subjects to be covered by this work.
- Develop and run a Teenage Health in Knowsley (THinK) campaign working with young people which includes substance misuse, specifically cannabis and New Psychoactive Substances.
- Develop and host a THinK website where young people can access information about a range of health issues including substance misuse.

5.5.2 Knowsley Youth Offending Service (YOS)

Knowsley Youth Offending Service (YOS) view the use of cannabis as a significant link to offending and cannabis reduction is a priority within the Annual Knowsley Youth Justice Plan. Knowsley YOS, using intelligence collated from internal recording systems, highlighted that the most prolific offenders had been first time entrants due to possession of cannabis. This information was drawn upon to identify any additional corresponding factors and a Cannabis Matrix was formulated. The matrix supports the YOS in targeting young people who may require a specialist substance misuse intervention and can provide the evidence for a referral into the Criminal Exploitation Group.

YOS offer psychosocial interventions guided by the Good Lives Model. This looks at building on the young people's resilience and reducing any risk factors. Parents and carers are also offered specialist support and the key points such as loss of tenancy are discussed. Parents/carers leaflets have also been produced and YOS Family Link Workers support families not only to address their young people's substance misuse issues, but also those within the family.

5.5.3 School Nursing

As part of the specification for school nursing in Knowsley, the service is contracted to work in partnership with the schools to identify young people who are at risk of poor health outcomes, including drug or alcohol misuse.

In addition, as part of the health promotion specification for children between year 7 and year 11 (secondary school), risk taking behaviour, incorporating substance misuse, is included.

5.5.4 HeadStart

The Big Lottery funded HeadStart Programme has been designed with young people and relevant partners, in direct response to the mental health needs of adolescent young people in England. Knowsley is one of 12 Local Authority areas taking part in this national programme which aims to trial new ways of providing early support both in and out of school in order to build resilience and improve wellbeing in young people. The ultimate aim of the programme is to help equip young people (10 to 16 years in the next stage) to deal better with difficult circumstances in their lives, so as to prevent them experiencing common mental health problems later in life. Knowsley are currently preparing a bid that, if successful, will provide up to 5 years funding from August 2016 to help move to a more preventative system that provides support to those at highest risk. There will be a big focus on providing the skills necessary for young people to develop greater self awareness and to make better decisions in how they deal with tough times and emotional distress. Some of the target group are young people at risk of getting involved in crime, substance abuse and other high risk behaviours.

The focus of HeadStart is on improving the resilience and the lives of young people by working in the following four areas:

- ***A child's time and experiences at school***: The school environment plays an important role in supporting young people to cope with difficult circumstances and offers the opportunity to work with a lot of young people in one setting.
- ***Their ability to access the community services they need***: Connecting young people with community services will not only make it easier for them to get support but also help these services know what is needed and improve in the future.
- ***Their home life and relationship with family members***: The relationships that young people have at home play a key role in how they develop relationships with others.
- ***Their interaction with digital technology***: The increased use of digital technology can influence young people in both a positive and negative way and can help to capture evidence and learning as well as providing access to services.

5.5.5 Workplace

Commissioned by Public Health, Working Well engages with businesses across Knowsley in partnership with the Environmental Health and Consumer Protection department, The Chamber of Commerce, Occupational Health and hundreds of local businesses to meet health standards in Knowsley work places. One of the six standards that businesses working with the programme aim to achieve for the health and wellbeing of staff is 'Drugs and Alcohol'. Work includes raising awareness of drug use in and out of work and working with companies to develop policies that support any substance misuse issues in their workforce.

5.5.6 Interact Programme

Knowsley Council also commission KYM to provide the interact programme which is a specific intervention for children of substance misusers. The programme is aimed at children aged 10-14 and gives them access to a range of activities to build their life experiences and confidence. This allows the young people space to focus on themselves and their needs away from the home environment and their parent's substance misuse problems. During 2014, 29 young people from the Interact Project received awards to celebrate their achievements.

5.5.7 Parenting Skills

A range of parenting skills courses are provided across the Borough including universal provision in Children's Centres and targeted provision by Stronger Families and Family First.

5.5.8 Family Nurse Partnership

Supporting parents to provide the best start in life for their children is important in protecting the children from future risk taking behaviours, making them less vulnerable and improving their life chances. The Family Nurse Partnership is commissioned to provide intensive support to first time mothers under 19 years of age.

5.5.9 Brief Interventions

Drugs are included as part of the 2 minute health message training, which supports the delivery of brief interventions on a range of health issues across a range of settings

Amongst the large organisations trained in Knowsley are:

- Over 500 staff from Knowsley community health services including district nurses, physiotherapists, podiatrists etc.
- Over 300 general practice staff (GPs, practice nurses and reception/admin staff)
- Over 200 council and council commissioned staff
- Over 100 police officers
- Over 100 children's centre staff

6. COMMUNITY, PATIENT & STAKEHOLDER VIEWS

6.1 Knowsley Youth Mutual Drugs Strategy Consultation

In 2015, Knowsley Youth Mutual (KYM) were commissioned by Public Health Knowsley to consult young people on their views and opinions on drugs.

Young people said they were knowledgeable in areas of drugs, the law and NPS but when this was investigated further it became apparent that their actual knowledge was limited.

The education or sharing of important messages around drugs and substance misuse needs to be delivered by adults who are not only trained in the subject but can 'relate' to young people and use a variety of tools and methods to share the messaging.

One of the messages highlighted by the young people as ineffective was the exaggeration of side effects in order to scare them. The young people felt that the best way would be to inform them of the dangers and consequences of drugs, and allow them to make their own decisions.

6.2 Drug and Alcohol Services Engagement

To inform a tender for the new provider of the Knowsley drug and alcohol service in 2012, a comprehensive consultation was carried out with GPs, pharmacists, current providers, current service users and carers. The public were also consulted via Local Involvement Networks (LINks - now Healthwatch), and patient participation groups (PPGs).

GPs felt that good communication with service providers, including regular and timely updates on patients (e.g. progress, medication changes etc.) is essential.

Pharmacists would like to provide information and advice, brief interventions and signpost to services. They would also like to continue to be consulted in the design and delivery of the drug and alcohol service.

Current providers felt there may be potential challenges around motivating patients who have been in treatment for long periods. There was also concern that the recovery model did not fit well with young people and that the emphasis should still be on harm reduction with educational and psychosocial interventions.

Most service users were happy with the support they received from the current drug and alcohol services. However it was suggested that more GPs should be available in shared care, and that more lifestyle support should be provided e.g. relating to employment, housing, debt etc.

Most of the general public who participated would go to their GP for information or advice relating to drugs or alcohol. Only some participants were aware of the drug and alcohol services currently available in Knowsley. It was suggested that more advertising is needed to promote awareness and encourage access. It was perceived that drug and alcohol services would be available to all (including those with a drug and/or alcohol problem and

their families), and that the only barriers to access would be personal issues e.g. a reluctance to acknowledge the problem and seek help.

7. EVIDENCE OF WHAT WORKS

7.1 Treatment Services

Investing in drug treatment cuts crime and saves money. It is estimated that every £1 spent on drug treatment saves £2.50 in costs to society[21]. Drug treatment prevents an estimated 4.9m crimes per year and treatment saves an estimated £960m costs to the public, businesses, criminal justice and the NHS[22]. The Drugs Strategy 2010[10] sets out the requirement to develop services which put the individual and their recovery at the centre with services commissioned that provide tailored packages of support. The ultimate goal of drug services must be to enable individuals to become drug free. Substitute prescribing has a role in stabilising drug use and supporting detoxification. The ambition is that substitute prescribing becomes the first step on the journey towards recovery not an endpoint.

All those people on substitute prescriptions must be encouraged to engage in recovery activities. Recovery capital is a predictor of the likelihood of recovery. This includes:

Social capital - the resource a person has from their relationships (e.g. family, partners, children, friends and peers).

Physical capital - such as money and a safe place to live.

Human capital – skills, mental and physical health, and a job.

Cultural capital –values, beliefs and attitudes held by the individual.

Recovery needs to work on each of these areas to develop them to allow the person the best chance of sustained recovery.

The Advisory Council on Drug Misuse (ACMD)[23] states that services should be commissioned which include activities that develop all these areas; for example there needs to be the opportunity to access training, volunteer activities and ultimately support to gain employment.

The ACMD recommend that:

- Services segment their service user population to gain a better understanding of the recovery potential of each group and use interventions targeted to specific groups.
- Services should focus on the wider health and well being of those in treatment, not just their addiction
- Local commissioners, providers and other stakeholders encourage the development of mutual aid in the local community.

The ACMD (2013) recognise that there is a need to tackle the stigma around recovery from drug addiction making recovery acceptable and celebrated. This will be done by ensuring that recovery is visible both within the drug service and in the local community.

7.2 Preventing Blood-Borne Virus (BBV) Transmission

All services in contact with injecting drug users, including drug treatment services and needle exchange services, should provide testing for hepatitis B/C and HIV plus vaccination for hepatitis B or have pathways in place for treatment or to direct people towards these services. Offers to test should be followed up and repeated[24].

7.3 Needle and Syringe Exchange

Recent NICE Guidance recommends[25]:

- Consultation with and involvement of users, practitioners and the local community about how best to implement or reconfigure needle and syringe exchange programmes.
- Collation and analysis of data on injecting drug use.
- Commissioning of both generic and targeted services to meet local need based on the analysis.
- Monitoring of syringe exchange services.
- Development of a policy for young people who inject drugs.
- Provision of a mix of services ensuring that appropriate equipment and harm reduction information are available at a range of times, and in places that meet the needs of people who inject drugs.
- Ensure pathways are in place for referral to the specialist services to ensure that testing for BBV is offered to all.
- Provision of the right type of equipment for service users and no discouragement of those taking needles for others.
- Advice to be offered about safe injecting.
- Encouragement of people who inject drugs to mark their syringes and other injecting equipment or use easily identifiable equipment in order to prevent accidental sharing.
- Encouragement of injecting drug users to access other services.
- Provision of community pharmacy-based needle and syringe programmes.
- Staff who deliver needle and syringe exchange are competent to deliver the level of service offered including harm reduction advice, preventing and managing overdose,

health and safety relating to handling the equipment, knowledge of the services that people can be referred to.

- Provision of specialist needle and syringe programmes.
- Provision of equipment and advice to people who inject image and performance-enhancing drugs. This includes providing exchanges outside normal working hours, and/or the provision of outreach services. Specialist information should be provided to support these users and staff need specific training.

7.4 Prevention

The United Nations Office on Drugs and Crime International Standards on Drug Use Prevention states that it is not a lack of knowledge that leads to substance misuse but a range of life factors including mental health disorders, family neglect and abuse, poor attachment to school and community, drug use being seen as a social norm, environments conducive to substance misuse and growing up in marginalised and/or deprived communities. The factors that protect people against substance misuse are having good psychological and emotional wellbeing, personal and social competence, a strong attachment to caring and effective parents, and to schools and communities.

Interventions and policies that have been found to yield positive results in preventing substance misuse according to the UN's Group of Experts, based on the strength of evidence available are given in Table 6 (by age and setting for the intervention / policy) [26]:

Setting	Initiative or Policy
Family:	Parenting skills (middle childhood and early adolescence) Personal and social skills (middle childhood) Classroom management (middle childhood) Prevention education based on personal and social skills and social influences (early adolescence and adolescence)
School:	Early childhood education
Community:	Alcohol and tobacco policies (early adolescence through to adulthood) Community based multi-component initiatives (universal)
Workplace:	Workplace prevention (adolescence to adulthood)
Health Sector:	Brief intervention (early adolescence to adulthood)

Table 6: Best Evidence Interventions and Policies for Preventing Substance Misuse
Source: United Nations Office on Drugs and Crime

The evidence base for specific drug prevention programmes is not good. There is little information about what works but there is more evidence of what does not work from the ACMD[27]. Things that don't work include:

- Information provision via the knowledge based school curriculum
- Approaches that use scare tactics

- Standalone mass media campaigns

ACMD also warn commissioners to act with caution when presented with approaches that do not have a clear evidence base because some may be associated with unanticipated harmful outcomes. Any new approaches should only be delivered as part of a research programme.

The report highlighting the lack of evidence states that "prevention actions should be justified on the basis of reducing long-term meaningful and adverse (individual and population) health and social outcomes. In this regard it is important to be realistic about what prevention can achieve, and recognise that abstinence from drug use may not always be necessary to achieve these outcomes".

Programmes in schools which build knowledge and strengthen the resilience of children are recommended by The Centre for Social Justice in their report Ambitious for Recovery (August 2014).

8. FUTURE CHALLENGES

- Funding cuts to public sector organisations will lead to further strains on substance misuse services. Cuts to services and also capacity within these services could have a negative impact on the population of Knowsley, particularly if it is allied with increasing prevalence of people in need of treatment.
- The increasing use of Image and Performance enhancing drugs e.g. steroids necessitates a change to the way in which needle exchange services are delivered and potentially a revised offer of support for people wanting to stop using these drugs.
- Addiction to prescribed and over the counter medicines present additional cohorts of people who need support to recover from their addiction.
- The ageing drug using population means that there is the increasing possibility of service users suffering health problems due to their past poor lifestyle and although these may not be directly related to their drug use, ill-health will hamper their recovery. A specialised approach to working with this cohort of service users will be needed and it may be necessary for the care system to adapt to accommodate people on opiate substitute medications.
- There is a lack of clear guidance around education and prevention for young people. How to select programmes and agencies to deliver this education presents difficulties when developing an approach to address prevention among young people. There is a need to ensure consistent messages are provided to young people and that current interventions are at least in line with what evidence is there.
- The on-going issue around cannabis availability in the Borough, the amount of cannabis being grown, the links to organised crime, gang and gun crime and criminal exploitation present a challenge.
- The positive and negative impacts of the UK Psychoactive Substance Bill are being debated. New Psychoactive Substances (NPS) present problems due to their increasing availability and their rapidly changing make up which makes treatment difficult. The implementation of the proposed legislation on NPS could present additional problems as it could potentially drive the selling of these substances towards illicit drug dealers. In addition, not all substances will be covered by the legislation as anything that is covered in other legislation is excluded e.g. nitrous oxide.

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