

Drug misuse

Headlines

Misuse of drugs is strongly linked to a range of health problems including mental ill health, hepatitis C virus (HCV) and social problems such as homelessness or experience of employment. Overall the number of adult crack cocaine and heroin users continued to drop in Kirklees, to 1 in 125 (0.8%) of the population aged over 18 years in 2008-9.

Crack and heroin users were older with fewer young people (aged under 25) using such class A drugs due to the latter shifting towards alcohol, cannabis, cocaine and ecstasy (ACCE) use and 'legal highs'. Such behaviour is frequently associated with experimentation, recreational and peer use.

Substance misuse amongst young people is always a concern. In Kirklees, 14 year olds who had ever tried illegal drugs had dropped by 5% from 2007 to 12% in 2009. Of those who had ever tried drugs, only 1 in 3 used drugs monthly or more, i.e. 4% of all 14 year olds. Cannabis remained the most popular drug used by 11% of 14 year olds in 2009, similar to 2007. Half of 14 year olds who used cannabis, cocaine or ecstasy monthly or more also drank alcohol monthly or more.

So, locally the number of users has dropped, as have the number both in and out of treatment, but a number are in treatment too long. Getting people into effective treatment remains important.

Why is this issue important?

Drug misuse includes not only Class A drugs such as crack and heroin, but also cannabis, cocaine and ecstasy and 'legal highs'. Misuse of these is linked to a range of health and social problems. Health problems include mental ill health, hepatitis C virus (HCV) and human immunodeficiency virus (HIV), earlier onset of age related health conditions and poorer life expectancy. Social problems include school absenteeism, relatively low educational attainment, limited employment experience, offending behaviour and homelessness¹.

Nationally about a third of the population admit taking illicit drugs at some stage in their lives and around 1 in 5 young adults say they have recently used drugs (mostly cannabis). Of the less than 2% of the population who have used opiates or crack in the past year, most will stop before they become addicted^{2(p10)}.

What significant factors are affecting this issue?

The number of problematic drug users, admission rates for drug specific conditions and the number of individuals in contact with structured drug treatment services is closely linked to higher deprivation^{3(p59)}.

Occurrence of mental ill health amongst the drug treatment population is high with 3 in 4 experiencing one or more conditions⁴. Most accessing the adult treatment system are unemployed (higher than overall nationally⁵) and not in education. Many have low basic skills, including literacy levels, and many are offenders or live in inappropriate accommodation. Many are of no fixed abode⁵.

Injecting drug use and sharing of associated paraphernalia remains the greatest source of HCV acquisition at 93%⁶. Transmission of HCV and HIV remains higher than in the late 1990s with 2 in 5 injecting drug users now infected with HCV and just over 1% with HIV⁶. Compared with the national figures, Kirklees has an average number of crack and heroin users and a high proportion in treatment⁵. The estimated number of crack and heroin users in Kirklees in 2008/9 has decreased to less than 1%

of the local population aged 18-64 years - in line with the national trend¹. The number entering treatment has decreased, although the criminal justice system remains an effective engagement route.

Kirklees has a relatively high proportion of crack and heroin users in "effective treatment" (as defined by the National Treatment Agency); however a comparatively high proportion have remained in treatment too long, i.e. over four years⁵. The number of crack and heroin users out of treatment has decreased to 1 in 3 of the total number of users. Those out of treatment are typically older, more entrenched, injecting users.

There are 1,224 current injecting drug users (IDUs) in Kirklees¹. While needle and syringe sharing declined in recent years (approximately 1 in 5 continue to share), sharing of other paraphernalia is more common at more than 1 in 3⁶. Injecting into the groin and injecting crack cocaine is now more common (both 1 in 3) and is associated with higher rates of infection and wounds.

In previous years, up to 400 local young people were in structured care planned drug treatment, but this has now reduced to 163. Many of these young people were treated for too long.

Use of substances, particularly ACCE and 'legal highs', by those aged under 25 years, is frequently associated with experimentation, recreational and peer use. There is also an inter-generational influence in substance misuse linked to parental influence⁷.

Which groups are affected most by this issue?

Young people

The patterns of drug and alcohol use by young people in Kirklees closely match national trends, both in and out of treatment. Cannabis and alcohol use is most frequent, with some stimulant use, mainly cocaine, and low rates of heroin use. In Kirklees these patterns continue until age 25, with slow but incremental growth in opiate use as people get older.

In 2009⁸,

- 1 in 8 (12%) of all 14 year olds had tried illegal drugs – dropping from 2007 (16%) and 2005 (17%).
- Cannabis was the most tried drug; virtually all 14 year olds (94%) who had tried drugs had tried cannabis, but only 3% of all 14 year olds used cannabis monthly or more.
- Only 7.3% of those having tried drugs had been 'out of control' monthly or more often.
- 18% of 14 year olds' families or close friends used drugs, less than in 2007 (20%).

Half of 14 year olds who used cannabis, cocaine or ecstasy monthly or more also drank alcohol monthly or more. So, this supports the move to an ACCE profile of substance use in Kirklees.

Vulnerable young people

Vulnerable young people are at particular risk of substance misuse, especially looked after children, young offenders, truants and pupils excluded from school, homeless young people and young people not in education, employment or training (NEET)⁹. Young people within these vulnerable groups often do not belong to one category exclusively, as they may have several vulnerabilities, e.g. a young person may be a looked after child and not attending school. This co-existence of vulnerabilities significantly increases the likelihood of young people developing problematic substance use issues, rather than use being recreational or experimental.

It is predicted that locally in any given year⁹:

- 1 in 5 of care leavers will have a substance misuse problem and 1 in 3 persistent truants (i.e. children who do not attend 20% of school sessions) in Kirklees will have a lifetime class A substance misuse issue.
- 1 in 3 homeless young people in Kirklees will have substance misuse issues.
- 1 in 20 of looked after children will need a substance misuse intervention.

Locally in 2008, 1 in 7 young offenders required specialist treatment⁹. Half of local young people recorded as having a substance misuse issue were NEET.

Adults

The average age of crack and heroin users continued to increase. 1 in 4 users were women. This gender difference is less distinct among young people. The number of black and minority ethnic (BME) service users broadly reflects the local adult population.

Families

Substance misuse by parents and/or other (significant) adults can strongly influence children. Nationally, 1 in 3 child protection plans and 62% of care proceedings were attributable to substance misuse. Effectively treating adults for substance misuse and supporting them to change their behaviour is a primary influence on their children's behaviour⁹.

Carers

There are estimated to be over 1,000 carers of substance misusers currently in treatment in Kirklees and in excess of 9,000 living with misusers of all substances (including cannabis)¹⁰. Carers often feel anxiety, depression, helplessness, anger and guilt associated with this¹¹.

Where is this causing greatest concern?

Both treatment and arrest data shows that adult drug use remains an issue in Huddersfield south. In 2008/9, 26% of those in Huddersfield south were in treatment, compared to 22% in Batley, Birstall & Birkenshaw, which had the highest percentage (24%) in 2007/8. Nearly 1 in 3 (31%) of those with a positive test for drugs at arrest lived in Huddersfield south, although for nearly 1 in 4 (23%) of those testing positive, their residence was unknown.

Fourteen year olds living in The Valleys reported the highest levels of occasional drug use (11% compared with a Kirklees average of 8%) and of monthly drug use (5% compared with a Kirklees average of 3%). Huddersfield south has the second highest rate of occasional drug use (9%) and Dewsbury the second highest rate of monthly drug use (4%).

Views of local people

"There are parks but gangs hang out there, people take drugs and there are needles and vicious dogs." (Fartown High School student)*

Public perception of drug use or drug dealing as a problem has improved in recent years.

In 2008, as in 2006, residents of Denby Dale & Kirkburton and The Valleys perceived drug use or dealing to be the least problematic whereas those from Dewsbury and Mirfield thought it was most problematic¹².

Men were more likely than women to be concerned about drug use or dealing, as were 18-24 year olds. People from a black or minority ethnic population were also more likely to be concerned about drug use or dealing¹².

What could commissioners and service planners consider?

There is a strong evidence base for substance misuse treatment. The evaluation of the Drugs Intervention Programme (DIP)¹³ reported that offending reduced by an average of 79% in half of the people engaging with it.

Trends in substance misuse need to be monitored and if required, responded to locally. The integrated substance misuse treatment system must adapt to the needs of younger ACCE and 'legal high' users, providing prevention, early intervention and age appropriate treatment interventions, whilst continuing to meet the needs of older crack and heroin users.

Treatment services need to target those out of treatment to ensure they have access to effective harm reduction measures to reduce, for example, blood borne virus infection, and promote engagement with treatment.

It remains important to continue to improve the delivery of person centred care, family focused interventions and outcomes for those exiting the treatment system.

* Voices of children and young people quoted are from local involvement projects and social marketing insight.

References

1. Centre for Drug Misuse Research, University of Glasgow. Estimates of the Prevalence of Opiate use and/or Crack Cocaine Use in England 2008/9: Sweep 5 report. 2010.
2. Department of Health. Our Health and Wellbeing Today. 2010.
3. Marmot, M. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010. 2010.
<http://www.marmot-review.org.uk/>
4. Weaver et al. Co-morbidity of substance misuse and mental illness collaborative study (COSMIC). London: National Treatment Agency 2002.
5. National Treatment Agency. View It. 2009.
6. Health Protection Agency, Health Protection Scotland, National Public Health Service for Wales, CDSC Northern Ireland, CRDHB. Shooting Up: Infections among injecting drug users in the United Kingdom 2008 An update: October 2009. London: Health Protection Agency; 2009.
7. Home Office. Hidden Harm - Responding to the needs of children of problem drug users. London: Home Office; 2003.
8. NHS Kirklees, Kirklees Council and West Yorkshire Police. Young People's Survey (YPS). 2009.
9. Cairns C. Hidden Harm: Safeguarding the Children of Substance Misusers in Kirklees: An Overview of Prevalence and Practice. 2009.
10. Copello A, Templeton L, Powell J. Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses. London: UK Drug Policy Commission; 2009.
11. Orford et al. Coping with Alcohol and Drug problems: The experiences of family members in three contrasting cultures. London: Taylor and Francis; 2005.
12. Communities and Local Government. The Place Survey, England 2008. 2009.
13. Skodbo et al. The Drug Interventions Programme (DIP): addressing drug use and offending through 'Tough Choices'. London: Home Office; 2007.