

Drug misuse

Headlines

Misuse of drugs is strongly associated with a range of physical and mental health problems such as blood borne viruses including hepatitis B and C and is strongly associated with a range of social issues including school absenteeism, safeguarding, troubled families, homelessness and unemployment. It can also lead to significant crime and disorder, affecting families, local communities, and local economies.

Drug misuse among adults and young people has fallen steadily in Kirklees, reflecting the national picture, and only 1 in 125 (0.8%) of the population aged 18 and over in 2010/11 used heroin and crack cocaine. Crack and heroin users represent an ageing population as fewer young people use Class A drugs, though there remain 460 people with the most serious problems outside treatment. Overall drug use in younger people and adults is falling. Cannabis remains the most popular drug used, though for the first time the Current Living in Kirklees (CLIK) survey has picked up use of “legal highs” which have been used by 24% of people who reported drug use in the last five years.

Why is this issue important?

Drug misuse includes Class A drugs such as crack and heroin and also cannabis, cocaine, ecstasy and “legal highs”. It is associated with a range of health and social problems. Health problems can include mental ill health, blood borne viruses (HBV/HCV/HIV), earlier onset of age-related health conditions and poorer life expectancy. [Smoking](#) drugs and tobacco raises the risk of lung damage; a lifetime of drugs, alcohol and smoking raises the risk of [cardiovascular disease](#) for older drug users; undiagnosed or untreated hepatitis C can cause cirrhosis, [liver](#) failure, liver [cancer](#) and death; many injectors develop circulatory problems and deep vein thrombosis; arthritis and immobility are common among injectors.

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 addicted². Increased risk of social problems is associated with dependent drug use, for example low educational attainment, limited employment experience, offending and homelessness. In short, drug misuse can blight lives and significantly limit life chances².

What significant factors are affecting this issue?

Demand for services and changing patterns of drug use

Kirklees has 2,572 problem drug users of heroin and crack cocaine (1 in 125, or 0.8% of the population) according to the last available estimate by the National Treatment Agency¹. Of these, 860 were injecting drugs, 1,408 were in “effective treatment” in 2011/12 and 794 people in treatment reported having children. When engaged in treatment, people use fewer illegal drugs, commit less crime, improve their health, and manage their lives better – which also benefits the community¹. The CLIK survey reports that 1 in 20 (7%) of Kirklees residents have used drugs in the last five years. Whilst 80% of this group have used cannabis and 5% heroin, the survey picked up use of “legal highs” by 24% of the drug-using group¹³. With little firm evidence about work and the health or community impact this is an emerging trend that needs to be addressed.

Mental health and offending behaviour

Occurrence of mental ill health amongst the drug treatment population is high with 3 in 4 experiencing one or more conditions⁴. The Kirklees dual diagnosis service currently supports 70 people with the severest co-morbidity of drug and [mental health](#) problems. Services for offenders have a long history of partnership working and integration in Kirklees and the Drug Intervention Programme works with 350 people in a partnership between treatment services and the Police.

Deprivation

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 deprivation³. Most people accessing the adult treatment system are unemployed and not in education. Many have low basic skills, including literacy levels, and many are offenders or live in inappropriate accommodation⁵.

Hepatitis C

Injecting drug use and sharing of associated paraphernalia remains the greatest source of hepatitis C virus 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.

The development of community assets and social return

There are many local assets addressing the issue – recovery hubs in [Dewsbury](#) and [Huddersfield](#) provide peer-led support and aftercare and treatment services are popular with service users. Primary care services are increasingly an option as heroin use reduces. Drug services commissioning plans are engineering a shift towards recovery and re-integration for Class A drug users and “upstream” and therefore shorter interventions for younger substance users who are using cannabis, cocaine or legal highs. Building social capital at individual (self-help) and community levels (social care and family support) is designed to consolidate impact and we already know that for every £1 spent on interventions there is a social return of £5.831.

Which groups are most affected by this issue?

Young people

The Government’s drug strategy says that specialist interventions should prevent young people’s drug and alcohol use from escalating, reduce harm young people cause themselves or others, and prevent them from becoming drug or alcohol-dependent adults. Specialist interventions in Kirklees are delivered according to a young person’s age, degree of vulnerability, and the severity of the problem. In 2011/12 164 children under 18 required support for substance misuse drug problems and over 90% were referred for help with cannabis and/or alcohol.

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.
- Only 7.3% of those having tried drugs had been “out of control” monthly or more often.
- 163 young people under 18 are receiving support for drug misuse, primarily cannabis and alcohol.

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

Families and carers

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. There are estimated to be over 1,000 carers of substance misusers currently in treatment in Kirklees and in excess of 9,000 people living with misusers of all substances (including cannabis and alcohol)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

People in Kirklees are concerned about the relationship between drug use and crime. We also know that people who access treatment express good levels of satisfaction with their experience of treatment and support.

What could commissioners and service planners consider?

The priorities are to engineer a shift, based on changing patterns of drug use, towards prevention and early intervention for non-dependent users, and recovery and re-integration for Class A drug users. This includes:

- Developing evidence-based interventions for young people in schools and other settings in accordance with emerging evidence.
- Developing segmented stepped care pathways into services that are based on supporting people as early as possible and as late as necessary.
- Ensuring that the whole system has a focus on recovery where necessary.
- Ensuring that the health needs of service users are being met, particularly around emotional health and wellbeing and blood borne viruses.
- Ensuring services are driven by quality standards, the evidence base and clinical effectiveness.
- Maintaining the focus on offenders and on the reduction of offending behaviour.
- Ensuring that parental problem drug and alcohol use and its impact on children is fully addressed by a more integrated approach to commissioning.
- Ensuring that people across Kirklees, from all backgrounds and localities, have equitable access to relevant services.
- Maintaining the focus on families and carers.

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