NHS Warrington Clinical Commissioning Group

WARRINGTON Health & Wellbeing Board

WARRINGTON Borough Council

Warrington

Joint Strategic Needs Assessment (JSNA)

Substance Misuse

2017/18

EXECUTIVE SUMMARY

Introduction

Drugs continue to be a key issue within Warrington. Whereas historically perception of substance misuse had focussed on illegal drugs, such as heroin, cocaine and cannabis, this JSNA shows an new profile of drug usage including the newer drugs such as steroids, IPEDs, and NPS; people who are on long term pain management drugs and also addiction to 'over the counter drugs'. Drug use has a financial cost to a wide of social issues, a cost to crime, a cost to safeguarding and family support, a cost to health harms including blood borne viruses, mental health, CVD and homelessness. The annual cost of illicit drug use in the UK is £10.7 billion; these costs include lost productivity, crime, policing and NHS (PHE, 2018)

This JSNA only focusses on drugs; there is a separate JSNA chapter on Alcohol currently available.

This chapter provides an update of the 2014 core refresh document. It provides us with information on the local and national pictures of substance misuse/drugs and it also examines evidence of best practice to help those people who present with substance misuse issues. The chapter focuses specifically on drugs, for those people aged 18 and above. For those aged under 18, there is a Children and Young Peoples JSNA on substance misuse which focusses on drug and alcohol issues for those aged under 18.

Since the last document, there has been the strategic partnership developed called the 'Strategic Drug and Alcohol Action Team', made up of senior leaders from a wide range of partners, and that partnership will oversee the outcomes of this JSNA. This JSNA will also influence the newly developing Drugs Strategy which will be available by mid-2018.

The information from this JSNA will help inform future models of service, focus on priority groups and trends that have changed since 2014. Newer areas of work will include 'Over the Counter' drugs, New Psychoactive Substances, long term pain medication and management as well as recognising the ageing population of drug users in Warrington.

At the time of writing it is noted that drugs purchased over the internet is becoming a national issue, this is not highlighted in this JSNA chapter but a commitment is acknowledged that during the lifetime of this JSNA will be considered.

Warrington has been successful over the last few years in discharging service users drug free, and that methodology of recovery remains a focus of this JSNA.

Summary of Key Issues

The absolute number of people who use illicit drugs in Warrington is not known. Figures produced by Liverpool John Moore's University (LJMU) estimate the number of opiate and/or crack cocaine users aged 15 to 64 in Warrington; it is estimated that there are currently 821 people using opiate and/ or crack (based on 2015 population estimates). During 2015/16 there were 542 clients in service where opiates were the main substance

used, this equates to approximately two thirds of opiate and/ or crack users (66%) in service. However, caution should be used in the interpretation of this finding as the estimated figure is based on dated information.

With regards to the estimated number of injecting users, it is apparent that the LJMU estimated number (175 aged 15 to 64 years) is much lower than the number of clients known to be accessing needle exchange services where heroin was the main substance used (424 clients during 2015/16). A similar picture was also found for the estimated number of people who use Image and Performance Enhancing Drugs (IPED). Estimates from the Crime Survey for England and Wales (CSEW) show that 0.2% of 16 to 59 year olds had used anabolic steroids in the previous year; this is approximately 196 people in Warrington. Needle exchange service data shows that during 2015/16 there were 598 clients in contact with the service who stated IPEDs as their main substance, much higher than the estimated figure.

This finding could have two possible causes; the first possible cause could be that like is not being compared with like. The LJMU estimate is based on people aged 15 to 64 years and the CSEW estimate is based on people aged 16 to 59 years, whilst the data sourced from needle exchange services is based on all ages. However, it is unlikely that the additional numbers using needle exchange services fall outside of these age bands. The second possible cause is more likely, which is the prevalence of injecting users in Warrington is higher than national prevalence estimates.

At present very little is known about the prevalence of Addiction to Medicine (ATM) in Warrington. To enable some understanding of this topic, all pharmacies in Warrington were questioned about staff perceptions and experiences of dealing with customers who may be misusing Over the Counter (OTC) products. The survey identified that of those who responded to the survey (n=24), over two thirds (67%, n=16) estimated 2% or less of their customers were suspected to misuse OTC products, whilst 29% (n=7) of respondents estimated it was somewhere between 5% and 10% of customers. Almost all responses to the questionnaire (n=21) listed *codeine based products* most commonly misused followed by *sleep aids* (n=10). Less than half of respondents had received any training relating to identifying and supporting customers presenting with suspected OTC misuse; a number of responders stated that they would welcome specific OTC courses. The survey also identified that some pharmacies would welcome an OTC misuse awareness raising campaign.

In this survey there may be issue of under reporting and so further discussion with potential users will be required.

Public Health England has stated that drug treatment services should be actively assessing and managing overdose (including suicide) risks; a possible method to do this is to develop hospital in-reach services. Currently in Warrington there are no hospital based in-reach services for people who misuse drugs, given the high hospital admission rate for drug poisoning experienced in Warrington (significantly higher than England), the volume of clients exist to develop this service.

Within Warrington there are 5 locations where a client can receive new injecting equipment and return used items; CGL Pathways to Recovery and 4 pharmacies. Data completeness within the needle exchange services appears to be an issue. During 2015/16, over a third (35%) of clients accessing needle exchange services did not have a main substance recorded (552 clients); this was more pronounced in the pharmacy setting (38.7% of clients, n=509).

It was found that of those who reported heroin as their main substance, they were more likely to attend needle exchange services in a pharmacy setting (421 clients) rather than needle exchange services within CGL Pathways to Recovery (9 clients). It is unknown why such a high proportion of heroin users access needle exchange services in a pharmacy setting and this should be explored further. Part of this work should also investigate pharmacy signposting to CGL Pathways to Recovery.

The age profile of clients in service is changing rapidly; the proportion of older clients is increasing. This isn't a finding unique to Warrington, this pattern is also seen nationally (Public Health Institute, 2016, PHE 2017a). Substance misuse services should be accessible to the whole population, including older people. The needs of older people are likely to differ from younger age groups and these need to be considered as part of the treatment journey; this could include multi-agency work with primary care, secondary care and social care.

There was a slight increase in the rate of deaths from drug misuse between 2013 and 2015 (5.2 per 100,000) when compared to the previous time period of 2012 to 2014 (4.2 per 100,000). The death rate for Warrington during 2013 to 2015 was similar to both England and the North West. Naloxone has been recommended for use by Public Health England as it can help prevent an opioid overdose from becoming a fatal overdose. For Warrington CGL fund the purchasing and distribution of Naloxone; its use across Warrington focusses on those leaving the prison system and high risk individuals identified by CGL Pathways to Recovery.

Recommendations for Commissioning

Commissioners to work with CGL Pathways to Recovery to provide pharmacies with training courses to identify and support customers with suspected OTC misuse.

Public Health in conjunction with CGL Pathways to Recovery to develop an OTC misuse awareness raising campaign in conjunction with pharmacies; more specifically, the campaign should be focussed on the dangers of misusing products containing codeine.

Commissioners to work with Warrington and Halton Hospitals Foundation Trust Alcohol Liaison Nurse (WHHFT ALN) service to develop a hospital service for people who misuse drugs, the current service only focusses on alcohol.

Commissioners to communicate with providers of needle exchange services to explain the importance of data completeness when collecting information from clients (with a focus on the pharmacy setting).

Commissioners to work with pharmacies offering needle exchange services to ensure that signposting into CGL Pathways to Recovery are offered at each contact as appropriate.

Commissioners to ensure that CGL Pathways to Recovery are accessible and appropriate for older people and other vulnerable cohorts. This could include offering services in alternative locations (for example in the home), ensuring multi-agency support is provided to clients, and developing meaningful outcomes for this specific cohort.

Commissioners to undertake a review of drug and alcohol related deaths to understand prevalence, lessons learnt and causal factors.

Commissioners to consider further work around steroid health check service, in light of pilot service completion.

Commissioners to continue monitoring prevalence around New Psychoactive Substances (NPS) in light of implementation of Public Space Protection Order and focus on those specific age groups who are at risk of usage.

Commissioners to undertake a review of older populations and length of time in service in order to consider future impact on service provision.

1) INTRODUCTION

There are a range of policies available nationally which support the commissioning and the direction of substance misuse for local areas.

In 2010 the national drug strategy 'Reducing demand, restricting supply, building recovery' (HM Government, 2010) was published. As indicated by the title, it focusses on three aspects of substance misuse:
Reducing demand: This will be achieved by ensuring that those who have never taken drugs continue to resist any pressure to do so, and for those who currently do so, making it easier for them to stop.
Restricting supply: To make the UK an unattractive destination for drug traffickers by attacking their profits and increasing their risks.
Building recovery: To work with people who want to take the necessary steps to tackle their dependency on drugs by offering a route out of dependence by putting the goal of recovery at the heart of treatment services.

Success of the strategy is measured through two overarching aims:

- Reduce illicit and other harmful drug use;
- Increase the numbers recovering from their dependence.

The strategy has been reviewed three times since its publication in 2010, with the most recent review produced in February 2015 (HM Government, 2015). This document highlighted:

Reducing demand: the approach to reducing demand has been refreshed by mixing universal actions aimed at all young people, with targeted actions for those most at risk of using drugs or who have already started using drugs, and tackles the range of risk factors that make people vulnerable to substance misuse. There is also a focus on wider prevention activity, championed by Public Health England (PHE), designed to promote resilience through tackling the wider determinants including health, social care, education and community initiatives.
Restricting supply: the National Crime Agency (NCA) now lead the UK law enforcement's fight to cut serious and organised crime, and works with police, Border Force and others to lead, coordinate and support the UK response.
Building recovery: the strategy transferred the responsibility to develop locally led, integrated, recovery orientated treatment systems to local authorities. A wider focus on the issues essential to recovery were introduced nationally, this included factors such as housing and employment which help drug users fully integrate back into the community.

The 2010 strategy has been hailed a success as reported drug use in the population has reduced and the numbers recovering from their dependence has increased (HM Government, 2015).

A refresh of the 2010 drug strategy is currently being considered nationally (as of June 2017).

The impact on employment outcomes for drug addicted individuals has been examined in the 'Independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity' report (Black, 2016). This review makes a number of recommendations for government which are intended to help improve the employment rates for those with substance misuse addiction. The review recommends improving welfare and health services, building new evidence, and focussing on the role of employers - all with the aim of increasing job outcomes for people with addictions (Parliament UK, 2016).

The Third Annual Review (HM Government, 2015) highlighted the importance of tackling New Psychoactive Substances (NPS) across all three strands of the strategy to protect the public. The Government commissioned a review by an expert panel, one of their recommendations was to introduce a general prohibition on the distribution of any non-controlled NPS for human consumption. In 2016 the Psychoactive Substances Act was introduced; the aim of the Act was to prohibit and disrupt the production, distribution, sale and supply of NPS in the UK. It is now an offence to produce, supply, offer to supply, possess with intent to supply, import or export psychoactive substances (Home Office, 2015a). However, the possession of a psychoactive substance for personal use is not an offence.

The Advisory Council on the Misuse of Drugs (2015a) produced a briefing paper examining the prevention of drug and alcohol dependence. The briefing paper defined drug prevention as "including policies, programmes or activities that aim to prevent, delay or reduce the use of drugs and its negative consequences. It is also important to consider the

role and value of harm reduction activities in prevention as the two are not mutually exclusive" (pp 2, ACMD 2015b).

The document identified that "there is little clear evidence of 'what works' in drug prevention. However, recent advances in prevention science based on life-course development research, community epidemiology, and preventive intervention trials, means that high quality evidence is being generated" (pp 6, ACMD, 2015a). Some emerging evidence has suggested that that mass media campaigns on their own are ineffective and have shown an increase in drug use. Similarly, in a school setting drug education alone has been found to be ineffective, however programmes that aim to develop skills to make healthy decisions have been shown to be effective in preventing alcohol, tobacco and some types of illegal drug use (ACMD 2015b).

The briefing paper touches on the concept of 'environmental prevention', where policies/strategies are introduced on the whole population to reduce exposure to risk taking activities, examples include controlling prices and taxation (alcohol and tobacco). It has been argued that the introduction of drug driving laws in 2015 was a form of environmental protection because although using illegal drugs is not an offence, driving whilst under their influence is, and the laws are designed to restrict drug use opportunities (ACMD 2015b).

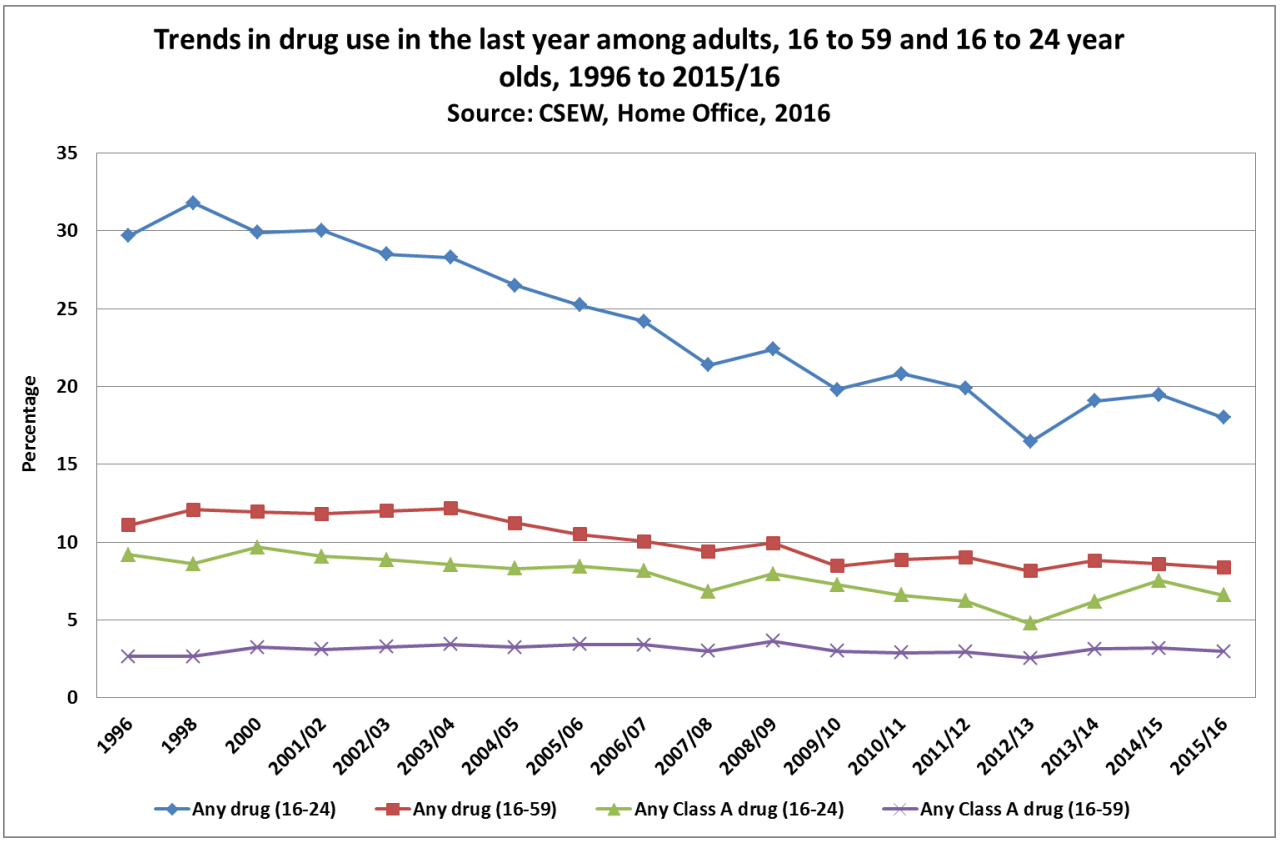
2) WHO IS AT RISK AND WHY?

2.1) Drug use within the adult population aged 16 to 59 years

The 2015/16 Crime Survey for England and Wales (CSEW) provides estimates of drug use among adults aged 16 to 59 within the general household population of England and Wales. Key findings from the 2015/16 survey showed that:

- Around 1 in 12 (8.4%) adults aged 16 to 59 had taken a drug in the last year, this is similar to the previous year (8.6%) but significantly lower than a decade ago (10.5% in 2005/06);
- Around 1 in 5 (18.0%) of young adults aged 16 to 24 had taken a drug in the last year, this is similar to the previous year (19.5%) but significantly lower than a decade ago (25.2% in 2005/06);

Chart 1: Trends in drug use in the last year among adults, 16 to 59 and 16 to 24 year olds, 1996 to 2015/16



- Cannabis was the most commonly used drug, 6.5% of adults aged 16 to 59 reported that they had used it in the previous year. This is similar to the previous year (6.7%) but significantly lower than a decade ago (8.7% in 2005/06) and the start of the measurement in 1996 (9.4%);
- The next most commonly used drug in the last year was powder cocaine (2.2% of adults aged 16 to 59 years); however, in 16 to 24 year olds it was the third most commonly used drug (4.4%) after cannabis (15.8%) and ecstasy (4.5%);
- 3.3% of adults aged 16 to 59 were classed as frequent[1] drug users, this increased to 4.7% for young adults (aged 16 to 24 years);
- Cannabis was the drug most likely to be frequently used (37% of cannabis users were classed as frequent users; majority of ecstasy and powder cocaine users take the drug once or twice a year (69% for ecstasy and 61% for powder cocaine);
- Young people, men, living in an urban area and frequent visits to pubs, bars and nightclubs were identified as key factors which increased the likelihood of using a drug in the last year.

(Home Office, 2016)

Further detailed information about the findings from the drug misuse section of the CSEW can be sourced from the Home Office (Home Office, 2016).

[1] Frequent defined as taking a drug more than once a month in the last year.

2.2) New Psychoactive Substances (NPS)

New psychoactive substances (NPS) are drugs that mimic the effect of drugs such as cannabis, ecstasy and powder cocaine (Home Office, 2016). NPS were commonly known as 'legal highs' until the introduction of the Psychoactive Substances Act.

The results of the CSEW identified that the use of NPS was generally quite low in the general population, less than 1% (0.7%) had used an NPS in the previous year. However, the use of NPS was higher among the following groups:

- Young adults aged 16 to 24 (2.6% had taken an NPS in the previous year);
- Young men aged 16 to 24 (3.6% had used an NPS in the last year);
- Use of other drugs (84.9% of those who had used NPS in the last year had also used another drug in the previous year);
- Certain lifestyle factors (use of NPS were highest in those who regularly visit pubs or nightclubs, consumed alcohol in the previous month and use of another drug in the last year).

(Home Office, 2016)

2.3) Image and Performance Enhancing Drugs (IPEDs)

The range of enhancement substances known as image and performance enhancing drugs (IPEDs) includes anabolic steroids, growth hormones, peptide hormones and other drugs to increase muscularity and modify appearance, they can be taken orally or injected (Bates and McVeigh, 2016). The CSEW estimates that approximately 54,000 people had taken anabolic steroids during the last year; the proportion of 16-59 year olds reporting that they had used anabolic steroids during the last year has remained fairly stable at 0.2% (Home Office, 2016). However, IPED users make up a significant proportion of people using needle and syringe programmes and many have complex health needs (PHE, 2015).

Those who inject are at increased risk of blood-borne viruses and injecting related problems. A 2013 survey of men using IPEDs found that:

- 1 in 18 injectors had been exposed to hepatitis C;
- 1 in 11 have ever been exposed to hepatitis B;
- 1 in 65 have HIV.

(PHE, 2013a)

2.4) Addiction to Medicines

Addiction to medicines (ATM) can be defined as the misuse of or dependence on prescription-only (POM) or over-the-counter (OTC) medicines (Bates et al, 2015). Public Health England defined three distinct but overlapping populations using these medicines:

- Those who use prescription only and OTC medicines as a supplement or alternative to illicit drugs, or as a commodity to sell;
- Those who overuse prescription or OTC medicines to cope with genuine or perceived physical or psychological symptoms;
- Those for whom the prescribed use of a medicine inadvertently led to dependence, sometimes called involuntary or iatrogenic addiction.

(PHE, 2013c)

A study investigating the extent and nature of addiction to medicines in Cheshire and Merseyside (Bates et al, 2015) which questioned GP and pharmacy staff about their observation and actions regarding ATM. The following groups were identified at greater risk of ATM:

- Middle aged women and men seek potentially addictive medicines for chronic pain and sleep problems;
- Young people were identified as a vulnerable group, most likely due to risky behaviour and use of maladaptive coping strategies for stress, anxiety and depression;
- Former prisoners have been identified as being at particular high risk of abusing OTC and POM, this is likely due to adverse life experiences and health problems relating to anxiety, pain and poor sleep than the general population;
- Adverse childhood experiences, life trauma or current/past addition problems.

(Bates et al, 2015)

2.5) Dual Diagnosis

Dual diagnosis is a term to describe the situation where someone has a combination of mental health difficulties and substance misuse problems. Research has shown that most users of drug and alcohol services also experience mental health problems (PHE, 2016a). It is estimated that approximately 40% of people with psychosis have misused substances at some point in their lives, this is at least double of what is seen in the general population (NICE, 2011). It is not clear how many people in the UK have a dual diagnosis, partly due to some people in this group having never used services or received relevant care (NICE, 2016). The difficulty often for service users, is that people may present with varying levels of mental health from low level to acute, but it may be that people have not been formally diagnosed.

2.6) Needle and Syringe Programmes (NSPs)

Needle and syringe programmes, also known as Needle Exchange, directly reduce the harm caused to people who inject drugs by reducing the prevalence and spread of blood-borne viruses in the population (National Treatment Agency, 2013). Viruses are spread through the sharing of needles and syringes and the sharing of injecting equipment such as filters, mixing containers and water. Viruses commonly spread are Hepatitis B, C and HIV (NICE, 2014).

The following groups are at increased risk:

- Drug injecting population (typically injecting opiate and crack cocaine);
- Users of performance and image enhancing drugs.

Public Health England estimate that 14% of the drug injecting population who were in contact with specialist services reported sharing needles and syringes, 34% reported that they had shared injecting equipment (PHE, 2013b).

2.7) Ageing Substance Misuse Population

Little is known about the prevalence of substance misuse in older people. The CSEW only includes responses from people up to the age of 59 years, people over the age of 60 were not asked about substance misuse. However, the survey has shown that of those who were aged 55 to 59 years, drug use in the last year has more than doubled between 1996 (1.0%) and 2015/16 (2.2%), (Home Office, 2016).

Wadd et al (2014) reports that there are more than 2,000 people aged 60 and over receiving treatment for a drug problem in the UK and more than 400 injecting drug users aged 60 and over in treatment in England alone. However, many more people in this age group are likely to be experiencing drug problems because only a minority will be in treatment. Illicit drugs most commonly used by those aged 60 and over in treatment are opiates only (65%), opiates and crack cocaine (18%) or crack only (2%) (Wadd et al, 2014).

The following have been identified as risk factors for older people and substance misuse:

- Aged 50-65 (rather than 60 years plus);
- Genetic predisposition;
- Male (illicit drugs); Female (misuse of prescribed medication);
- Mental health disorders (panic disorder, suicidal ideations);
- Unmarried, separated, divorced or widowed;
- Low education and income status;
- Recent alcohol and tobacco use;
- Involvement with criminal justice system;
- Chronic pain and medical illnesses;
- Long term use of psychotropic medications.

(Sivaramen et al, 2011)

The age profile of people in treatment is rising. Those aged 40 and over now account for 44% of the 152,964 people in treatment for opiate use (Public Health Institute, 2016). "The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise. An ageing cohort of heroin users (many of whom started to use heroin in the 1980s and 1990s) is now experiencing cumulative physical and mental health conditions. Older heroin users are also more susceptible to overdose. It is important to help these people access appropriate general healthcare services. All indications suggest that it is challenging to help people with complex needs and a long treatment history to achieve recovery" (p9, PHE, 2017a).

2.8) Substance Misuse Deaths

During 2015 there were 3,674 drug poisoning deaths registered in England and Wales (involving both legal and illegal drugs), this is the highest number since comparable records began in 1993. Of these, 2,479 (or 67%) were drug misuse deaths involving illegal drugs only; this resulted in the highest death rate ever recorded, at 43.8 deaths per million population. Deaths from drug misuse were approximately three times higher for males when compared to females (65.5 and 22.4 deaths per million population for males and females respectively). People aged 30 to 39 years had the highest death rate (98.4 per million population) followed by 40 to 49 years (95.1 per million population) (ONS, 2016a).

Risk factors associated with drug misuse are varied and multifaceted. They are all negatively associated with health status and there is a complex and reciprocal association between social factors and illicit drug use. Two key factors have been identified that may be responsible for the recent increase in drug related deaths.

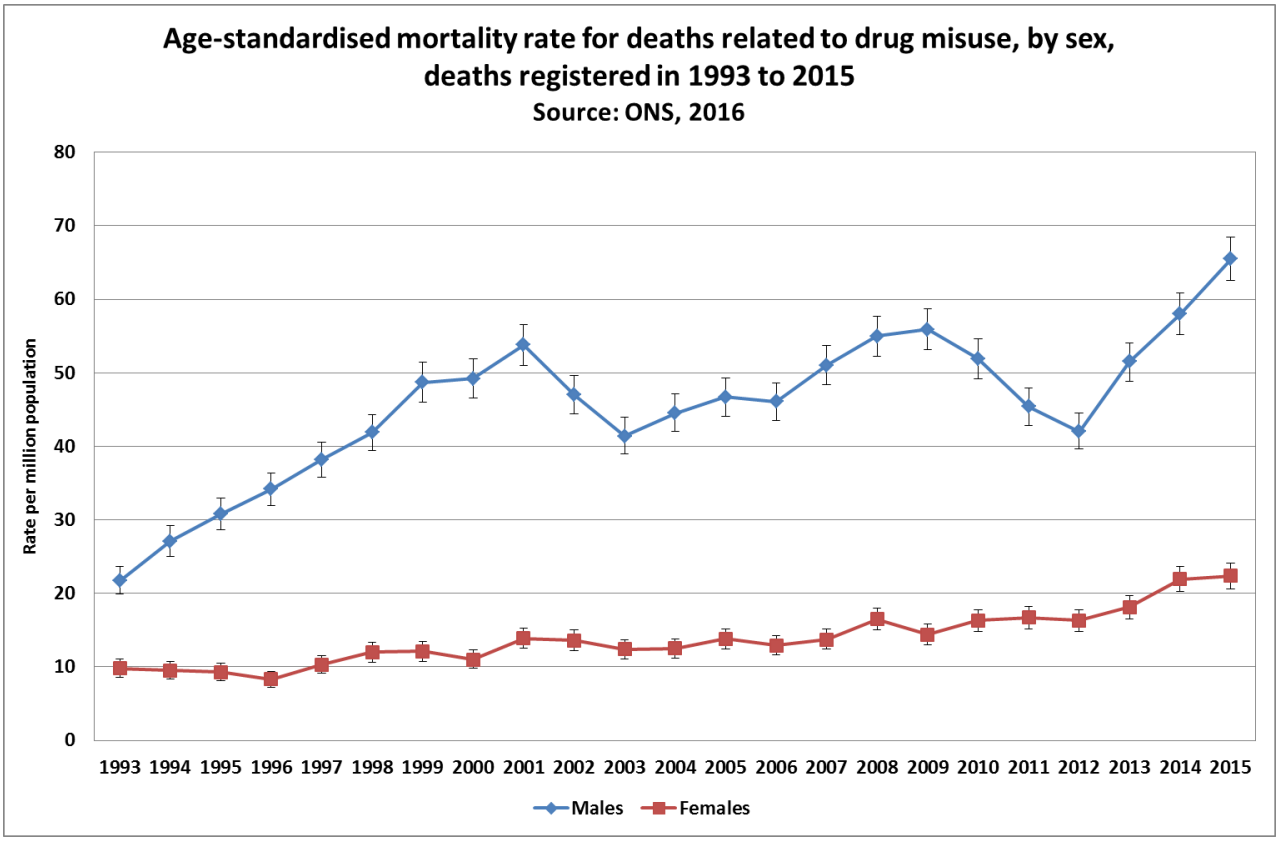
- Increase in availability and purity of heroin.
- Ageing heroin users. The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise.

(PHE, 2017b)

The following chart presents the trend in the rate of death from drug misuse by gender. The chart illustrates that males have consistently had significantly higher death rates when compared to females. The gap between males and females has widened substantially in recent years, this is the result of sharp increases in the male death rate since 2013. The male death rate increased significantly by 13% between 2014 and 2015, whilst the female death rate has remained relatively stable with no significant increase between 2014 and 2015 (ONS, 2016a).

Further detailed information about deaths related to drug poisoning can be sourced from ONS (ONS, 2016a).

Chart 2: Age-standardised mortality rate for deaths related to drug misuse, by sex, deaths registered in 1993 to 2015



2.9) Drug Related Crime

During 2015/16 there were 147,557 drug crimes in England and Wales recorded by the Police, the majority of these offences were for the possession of drugs (122,155 offences). The number of recorded offences had reduced by 13% when compared to 2014/15 (ONS, 2016b).

There were 167,059 drug seizures in England and Wales during 2014/15, this was a reduction of 14% when compared to the 2013/14 figure (194,346). During 2014/15 there were 29,705 Class A seizures, a reduction of 10% when compared to the previous year. The most common Class A drug seized was cocaine (15,815 seizures).

There were 132,253 Class B drug seizures during 2014/15, a reduction of 17% when compared to the previous year (158,732). Most Class B seizures were for cannabis (124,408 seizures), the number of seizures during 2014/15 was 13% lower than 2013/14.

Class C drug seizures increased between 2013/14 and 2014/15, from 5,618 to 6,244 in 2014/15, an increase of 11%. The most common Class C drug seized was benzodiazepine (2,122 seizures).

Drug Driving: It is against the law to drive under the influence of illegal drugs, or if there are certain drugs above a specified level in the driver's blood. During 2015 the drug driving law changed to make it easier for the police to catch and convict drug drivers. It is now an offence to drive with any of 17 controlled drugs above a specified level detected in blood. This includes illegal and medical drugs. The limits set for each drug is different, and for illegal drugs the limits set are extremely low, but have been set at a level to rule out any accidental exposure (i.e. from passive smoking) (Department for Transport, 2016a).

The Department for Transport reported that since the changes in drug driving law, Cheshire Police have seen an increase of 800% in drug drive arrests (over 530 arrests from March 2015 to January 2016, up from 70 from the previous year) across the whole of Cheshire (Department for Transport, 2016b).

3) THE LEVEL OF NEED IN WARRINGTON

3.1 Estimated prevalence of substance misuse

3.1.1 Opiates and/or crack cocaine (OCU)

It is not conclusively known how many people in the population currently misuse substances. To help address this unknown figure, estimates of people who use opiates and/or crack cocaine (OCU) were produced by Liverpool John Moores University in 2014. The following table presents the prevalence rate and estimated number of people using OCU (based on 2015 population estimates). The numbers in the table relate to people aged 15 to 64 years.

Caution should be applied to the interpretation of these figures; they are estimates and not a definitive value; they only apply to OCU, it does not include the use of cocaine in powder

form, amphetamine, ecstasy or cannabis; the estimates were produced based on data from 2011/12, the local OCU using population may have changed since the estimates were produced.

The table shows that the prevalence of OCU for England was 8.40 per 1,000 population (aged 15 to 64), this was significantly lower than the North West (9.99 per 1,000 population). The prevalence in Warrington was significantly lower than both England and the North West (6.14 per 1,000 population). It is estimated that there are 821 OCU users in Warrington, with 95% certainty that the true value lies somewhere between 713 and 1,018 people.

Table 1: Estimates of the prevalence of opiate use and/or crack cocaine use

	Opiates and/or crack cocaine (OCU)					
	Prevalence (per 1,000)	**Lower bound**	**Upper bound**	**Estimated number of users**	**Lower bound**	**Upper bound**
England	8.40	8.32	8.63			
North West	9.99	9.60	10.48			
Warrington	6.14	5.33	7.61	821	713	1,018

The following table presents a breakdown of the estimated prevalence of opiate users, crack users and those who inject. These figures should not be summed to achieve an 'overall' figure, it is possible for an individual to use multiple substances.

The prevalence of opiate users in England (7.32 per 1,000 population) was significantly lower than the North West estimated prevalence of 9.07 per 1,000 population. The estimated prevalence in Warrington was significantly lower than England and the North West (5.47 per 1,000 population). Based on the prevalence rates, it is estimated there are 732 people aged between 15 and 64 using opiates in Warrington, with the true value falling somewhere between 650 and 908 people.

As with opiate users, the prevalence of crack users in England (4.76 per 1,000 population) is significantly lower than the North West (5.47 per 1,000 population). The estimated prevalence in Warrington (4.39 per 1,000 population) is lower than both England and the North West, but not significantly.

The North West (2.83 per 1,000) had a significantly higher prevalence of an injecting population when compared to England (2.49 per 1,000). The prevalence in Warrington (1.31 per 1,000) was significantly lower than both England and the North West. It is estimated that there are 175 people aged 15 to 64 currently injecting, with 95% certainty that the true value lies between 93 and 286.

Table 2: Estimates of the prevalence of opiate use and/or crack cocaine use – presented by substance/method

	Opiate users					
	Prevalence (per 1,000)	**Lower bound**	**Upper bound**	**Estimated number of users**	**Lower bound**	**Upper bound**
England	7.32	7.25	7.53			
North West	9.07	7.74	9.57			
Warrington	5.47	4.86	6.79	732	650	908
	Crack Users					
England	4.76	4.62	4.96			
North West	5.47	5.00	5.94			
Warrington	4.39	3.07	6.95	587	410	930
	Injecting					
England	2.49	2.44	2.58			
North West	2.83	2.64	3.08			
Warrington	1.31	0.70	2.14	175	93	286

3.1.2 New Psychoactive Substances (NPS)

It is not known how many people misuse NPS in Warrington. The CSEW identified that the use of NPS was generally quite low in the general population, less than 1% (0.7%) had used an NPS in the previous year. When applying this percentage to the Warrington population, it is estimated that 840 people aged 16 to 59 years had used NPS in the previous year in Warrington.

A Public Space Protection Order for NPS has recently (April 2017) been developed in Warrington. A range of intelligence was gathered and analysed by the Police to support the development of the Order.

In Warrington between May 2015 – April 2016:

- Over 260 separate incidents involving the use of New/Novel Psychoactive Substances (NPS) better known as 'Legal Highs' were reported;
- North West Ambulance Service attended 46 incidents linked to the above;
- Over 40 witness statements have been gathered by Police detailing the alarm and distress caused to them by people using NPS.

(Taken from WBC Executive Board report 10/4/17 on Proposed Public Space Protection Order (PSPO) relating to New/Novel Psychoactive Substances Act 2016 (NPS)).

3.1.3 Image and Performance Enhancing Drugs (IPEDs)

The CSEW estimates that the proportion of 16-59 year olds reporting that they had used anabolic steroids during the last year was approximately 0.2%. When applying this percentage to the Warrington population, it is estimated that 196 people aged 16 to 59 years had used anabolic steroids in the previous year in Warrington. Assuming that all people who used anabolic steroids in the previous year had injected, it may be expected that the following number of people have been exposed to the following blood borne viruses:

- 11 exposed to hepatitis C;
- 18 exposed to hepatitis B;
- 3 have HIV.

3.2 Ageing substance misuse population

As mentioned in the previous section, little is known about the prevalence of substance misuse in older populations. Surveys measuring prevalence of substance misuse in the population do not survey people over the age of 60. Literature has stated that those aged 50 to 65 years are particularly at risk of misusing substances; it is estimated that there are 42,461 people living in Warrington within this age range and this figure is likely to increase by 12% over the coming 10 years. However it is unknown what proportion may be misusing prescribed or illicit substances.

3.3 Addiction to Medicines (ATM)

At present very little is known about the prevalence of ATM in Warrington. To enable some understanding of this topic, all pharmacies in Warrington were questioned about staff perceptions and experiences of dealing with customers who may be misusing OTC products. The questionnaire did not include any reference to POM as pharmacies cannot refuse to fulfil a prescription; however pharmacies have the autonomy when selling OTC products. A summary report of the findings from the survey can be requested for the Warrington Public Health Team.

However, it is also acknowledged that other retail outlets sell OTC.

In total 44 pharmacies were sent a questionnaire, this was followed up with a second questionnaire for non-responders; in total 24 pharmacies provided a response (54.5% response rate). Three quarters (75%, n=18) of questionnaires were completed by pharmacists (with remaining questionnaires completed by pharmacy assistants and branch managers).

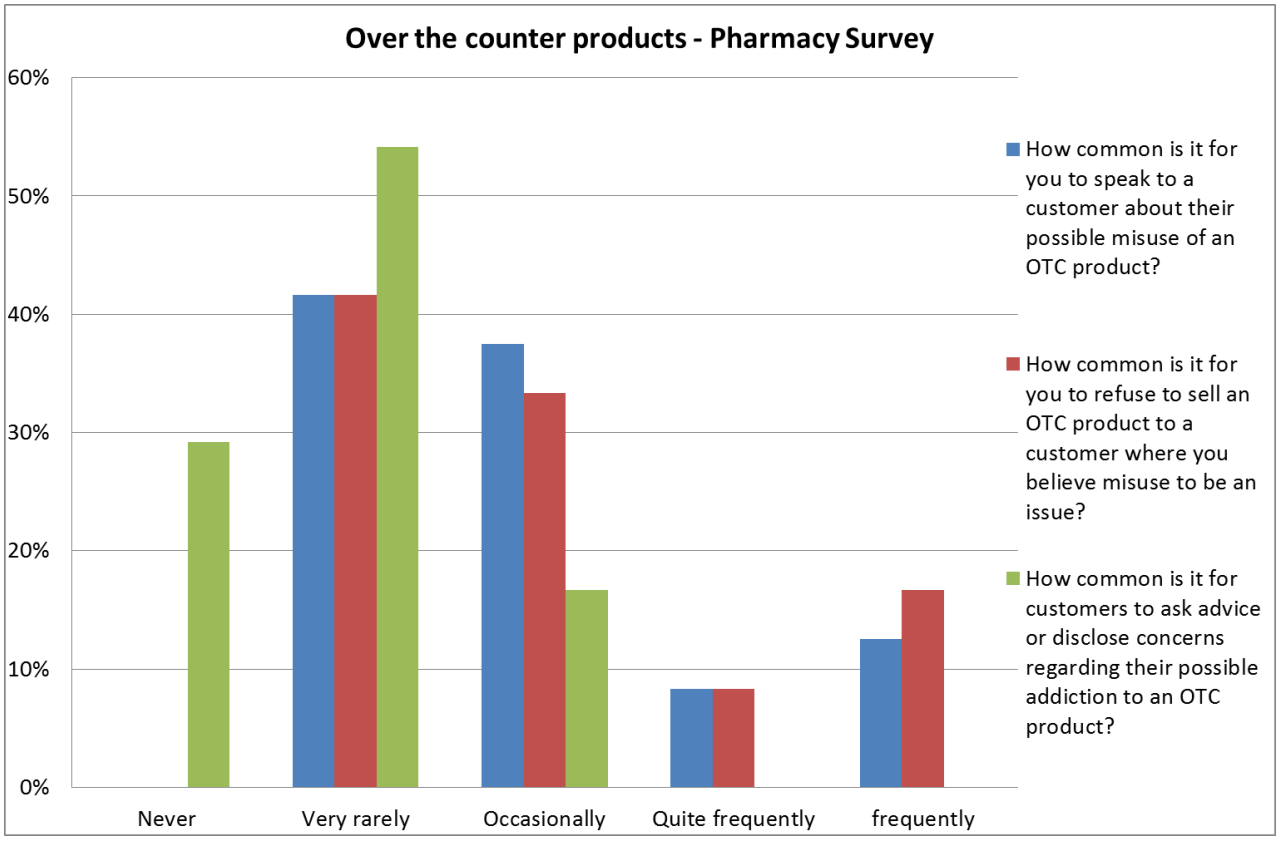
Overwhelmingly, it was agreed that misuse of OTC was widely understood by health professionals (88%, n=21, of responses stated they agreed or strongly agreed with this statement). Less than half (42%, n=10) of respondents had stated that they had received training in how to address concerns about the misuse of OTC products among customers.

With regards to confidence with identifying a customer who may be misusing an OTC product all (100%, n=24) respondents stated that they felt either very or fairly confident. When questioned how confident they felt initiating a conversation with an individual where they thought misuse of an OTC product many be an issue, 83% (n=20) stated that they felt either very or fairly confident. 88% (n=21) of respondents said that they felt either very or fairly confident refusing to sell an OTC product to an individual where they thought misuse may be an issue.

Respondents were asked to provide an approximation of the proportion of customers who are suspected to misuse OTC products presenting at their pharmacy. Over two thirds (67%, n=16) estimated 2% or less of their customers were suspected to misuse OTC products, whilst 29% (n=7) of respondents estimated somewhere between 5% and 10% of customers.

With regards to discussing suspected misuse of OTC with customers, 42% (n=10) stated that they very rarely speak to a customer about their possible misuse of OTC products, whilst 21% (n=5) stated that they discussed this topic either quite frequently or frequently. A quarter (25%, n=6) of respondents stated that they refused to sell OTC products to customers either quite frequently or frequently; 42% (n=10) responded that this occurred very rarely. 29% of respondents (n=7) said that customers never ask advice or disclose concerns about possible addiction to OTC products, whilst 54% (n=13) said that customers very rarely ask for advice.

Chart 3: Responses to pharmacy survey, speaking with customers about possible OTC

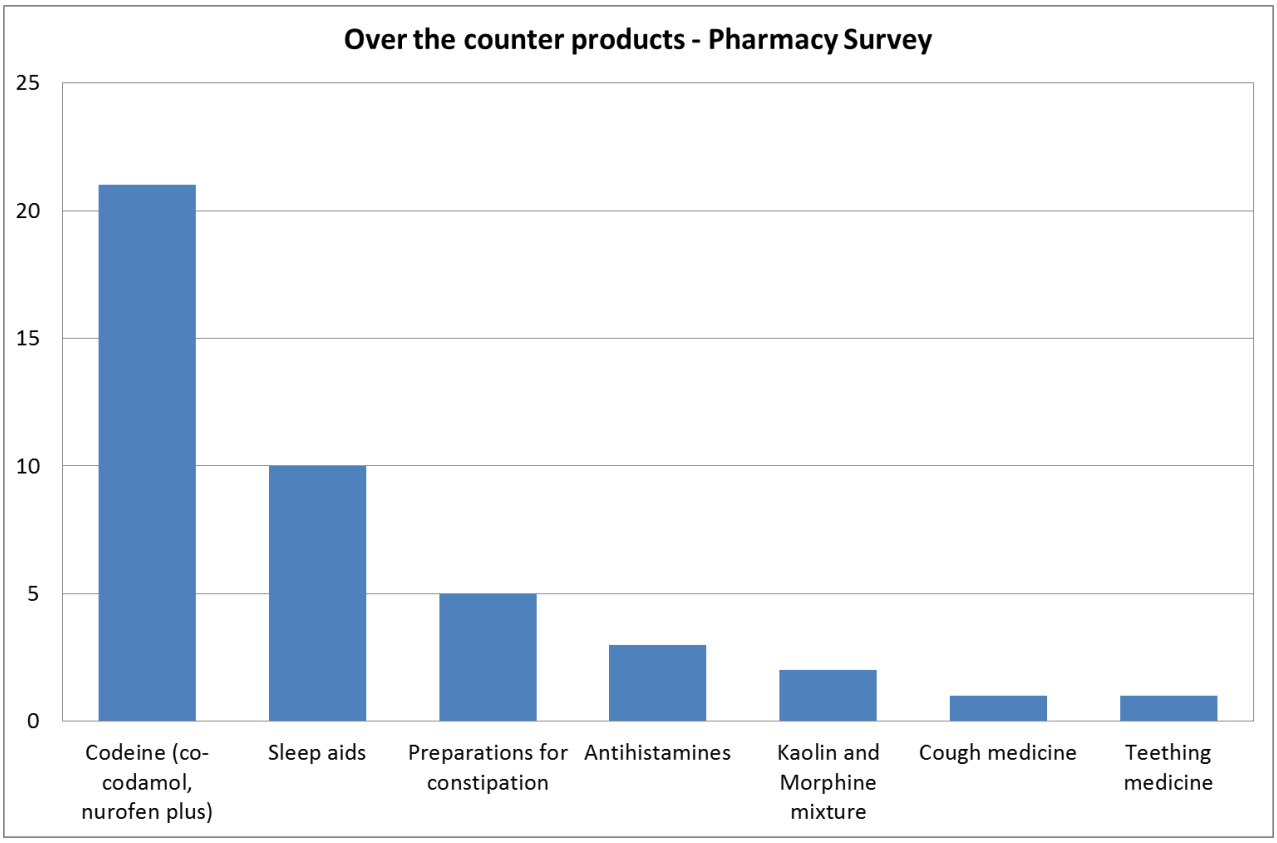


When asked about the type of information provided to customers who ask about misuse of OTC products, the most common responses were *verbal advice/counselling* (n=19) and *advise appointment with GP* (n=18). When asked about barriers to discussing possible misuse of OTC, the most common response was *limited patient information* (n=10) followed by *time pressures* (n=8). A number of responses also made reference to *fear of patient behaviour/response* within the open ended answer (n=6).

The questionnaire asked about the most common indications that a customer is misusing an OTC product; the most common response was *frequent purchases* (n=17). Other responses included *Knowledgeable about product (cost, location in shop, etc.)* (n=6), *patient attitude* (n=6) and *excuse for regular purchase* (n=5).

Almost all responses to the questionnaire (n=21) listed *codeine based products* most commonly misused followed by *sleep aids* (n=10). The following chart presents all responses to this question.

Chart 4: Responses to pharmacy survey, Categories of OTC products where misuse is most common



The questionnaire asked what would support and strengthen the role of pharmacies in responding to the misuse of or addiction to OTC products. The most common response to this open ended question was *specific courses for pharmacists* (n=9), *OTC campaign/awareness raising* (n=6) and *signposting to substance misuse services* (n=5). Appendix 1 contains all responses to the questionnaire.

3.4 Dual diagnosis

As stated in section 2, it is not clear how many people experience dual diagnosis either nationally or locally. Analysis of hospital admissions that took place between 2012/13 and 2014/15, where the main cause of admission was due to substance misuse (358 admissions), 237 of these admissions mentioned a mental health diagnosis within the secondary diagnosis fields; this equated to 66% of all substance misuse hospital admissions.

When performing the same analysis as above, but for admissions where mental health was identified as the primary cause of admission (393 admissions), 76 of these admissions also mentioned substance misuse as a secondary diagnosis; 19% of all mental health admissions.

3.5 Hospital admissions due to drug poisoning

The following information and analysis has been produced by Public Health England as part of the JSNA support packs for Local Authorities (PHE, 2016b).

"As well as being a key issue to be addressed in themselves, individual poisoning admissions can be an indicator of future deaths. Evidence shows that people who experience non-fatal overdoses are more likely to experience a future fatal overdose. Drug treatment services should be actively assessing and managing overdose (including suicide) risks. Providing naloxone can help prevent an opioid overdose from becoming a fatal overdose. It should be noted that this indicator includes poisonings by 'other opioids', which may include poisonings by non-illicit or prescribed opioids.

Rates of hospital admission due to drugs correlate strongly with area deprivation. It is therefore useful to compare the local rate to other local authorities which experience similar levels of deprivation as well as to the national rate. For this comparison, local authorities are grouped into deciles (ten evenly sized groups) by deprivation. Warrington is in the fourth least deprived decile among local authorities" (PHE, 2016b p2).

The rate of hospital admissions in Warrington during 2015/16 (90.5 per 100,000 population) was significantly higher than both England (55.0 per 100,000) and other local authorities who experience similar levels of deprivation as Warrington. CGL Pathways to Recovery (drug treatment service provided in Warrington – see section 4.1 for more details) currently provide hospital in-reach provision for individuals affected by alcohol abuse. Discussions have started to take place to develop a similar in-reach approach for patients affected by drug misuse.

Naloxone is provided in Warrington by CGL Pathways to Recovery. Staff at CGL as well as staff working in locations that provide emergency accommodation (James Lee House and Room at the Inn) have now been trained to provide take home naloxone; family members, carers and other individuals who support drug users have also been trained in the provision. During 2016/17 naloxone was dispensed on 172 occasions.

Figure 1: Hospital admissions for drug poisoning

1 Lower 2 Similar 3 Higher

Local National

Drug-specific hospital admissions	Local rate	LCI	UCI	Comparison to deprivation decile	National rate	LCI	UCI	Comparison to national rate
Hospital admissions for drug poisoning (primary or secondary diagnosis) 2015-16 All persons, crude rate per 100,000*	90.5	78.5	104.4	3	55.0	54.4	55.7	3

* Source: Figures supplied to PHE by Department of Health using Hospital Episode Statistics data and ONS population data

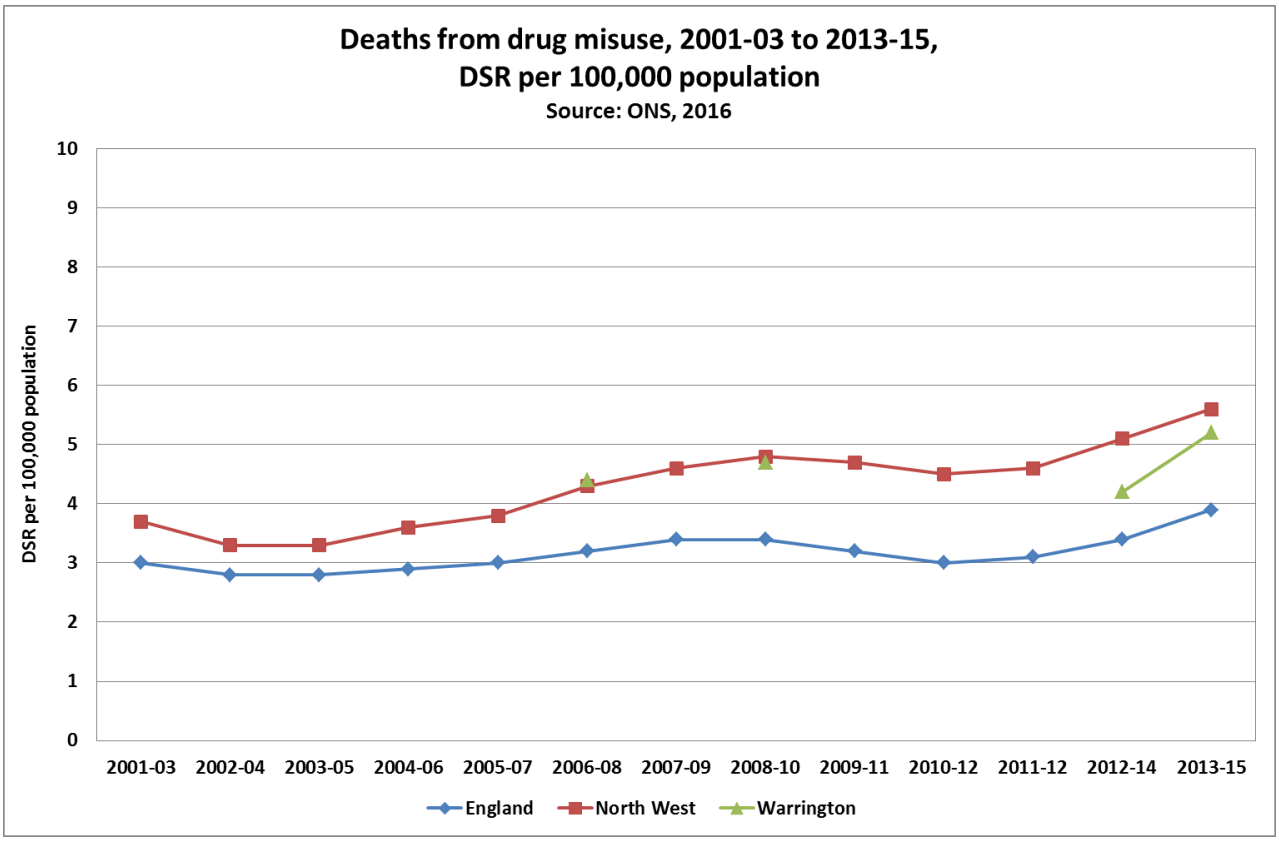
3.6 Substance Misuse Deaths

Analysis conducted by ONS has shown that in Warrington between 2013 and 2015 there were 32 deaths relating to drug misuse, this resulted in a rate of 5.2 per 100,000 population. This rate was slightly higher than England (3.9 per 100,000) but not statistically higher. There was a slight increase in the rate of deaths between 2013 and 2015 when compared to the previous time period of 2012 to 2014 (26 deaths; 4.2 per 100,000). Since 2016, this indicator has been monitored as part of the Public Health Outcomes Framework (PHOF).

The data presented in the following chart is similar to that shown in chart 2, with the exception that the data presented covers a 3 year rolling average rather than single year. This has been done as the number of deaths in a single year is very low at Local Authority level; by combining the years, the data becomes more robust to perform analysis. However, despite combining 3 year death data, a sizable number of time periods did not have a mortality rate calculated as the number of deaths remained too low; Public Health England have taken the decision not to calculate mortality rates if the number of deaths were less than 25.

Despite the supressed data, where mortality rates were calculated for Warrington, the rate of mortality was very similar to both England (slightly higher) and the North West (similar/slightly lower).

Chart 5: Deaths from drug misuse, 2001-03 to 2013-15



Further analysis conducted by ONS has shown that during 2013-15 there were 24 male deaths (7.8 per 100,000 population), the male death rate was slightly higher than England (5.7 per 100,000) but not statistically higher. There were 8 female deaths; this resulted in a mortality rate of 2.6 per 100,000 population, this was slightly higher than England (2.1 per 100,000). However, as the number of female deaths was so low in Warrington, the death rate is considered to have low reliability by ONS (ONS deemed any analysis with less than 20 deaths as having low reliability).

Given the increase in the number of deaths from drug misuse, an audit of drug and alcohol related deaths will be conducted during late 2017 to understand prevalence, lessons learnt and causal factors.

3.7 Drug related crime

The following data about drug related crime[2] and Anti-Social Behaviour (ASB) involving drugs[3] has been provided by Cheshire Constabulary for Warrington. Caution should be applied when interpreting this data, for a reported crime or ASB event to state that drugs were involved depends on the recording of this information by the call handler or responding officer. However, it should be noted that improvements in the use of recording this information have been built up over recent years.

There has been an increase in the number of reported crimes where the offender has been affected by drugs. During 2014/15 there were 295 reported crimes, this increased to 348 during 2016/17, an 18% increase. However, over this time period the total number of crimes reported has also increased (an increase of 17%); this has resulted in the percentage of reported crimes where the offender has been affected by drugs remaining fairly static.

Table 3: Reported Crime where the offender has been affected by drugs in Warrington

Year	Crime volume	Affected by drugs	% of all crimes
2014/15	10,971	295	2.7%
2015/16	10,611	317	3.0%
2016/17	12,833	348	2.7%

The number of ASB incidents which has involved drug use has decreased when comparing 2014/15 and 2016/17 reported figures (12% decrease). During 2014/15 there were 165 incidents, this increased to 175 during 2015/16 and then reduced to 146 during 2016/17. Over this three year time period the total number of ASB incidents reduced (19% reduction), as the total number of ASB incidents reduced at a faster rate than ASB incidents involving drug use, the percentage of ASB incidents involving drug use has increased slightly (when comparing 2014/15 to 2016/17).

[2] Drug related crime includes the following categories: “affected by alcohol and drugs”, “affected by alcohol and solvents”, “affected by drugs”, “affected all substances”, “affected by drugs / solvents”, “affected by solvents”.

[3] Drug related ASB includes any incident where a qualifier code QDR (drug use - legal or illegal or suspected and paraphernalia) has been flagged is counted.

Table 4: ASB where the incident has involved drug use - legal or illegal or suspected and paraphernalia in Warrington

Year	ASB volume	Drug use	%
2014/15	8363	165	2
2015/16	8033	175	2.2
2016/17	6815	146	2.1

The number of recorded crimes due to drug possession and supply has reduced by 10% between 2014/15 and 2016/17; the rate of recorded crime per 1,000 population has reduced slightly.

Table 5: Recorded Crime - Drug possession and supply (drug offences) in Warrington

Year	Volume	Population	Rate per 1,000
2014/15	563	206,400	2.7
2015/16	505	207,700	2.4
2016/17	509	207,700	2.5

4) CURRENT SERVICES IN RELATION TO NEED

Investing in treatment services to reduce drug misuse and dependency will not only help to save lives but will also substantially reduce the economic and social costs of drug-related harm. Research has shown that every £1 invested in drug treatment results in a £2.50 benefit to society. For many drug users, engaging in treatment can be the catalyst for getting the medical help they need to address their physical and mental health problems. It is estimated that the cost of healthcare alone for adult drug users not in structured treatment is £5,380 per annum. Getting drug users into treatment can save the NHS £1 billion (PHE, 2017).

4.1) CGL (Pathways to Recovery)

CGL Pathways to Recovery Warrington is a free and confidential service that offers treatment and recovery services to anyone experiencing difficulties with drugs or alcohol.
The recovery teams work across the Borough of Warrington which includes Doctors, Recovery Coordinators, Nurses, Recovery Champions, Peer mentors and Volunteers.

CGL aim to empower people struggling with addiction to identify and realise their goals throughout their recovery journey to a healthier lifestyle. Pathways to Recovery encourages community participation; ensuring services are based on quality, timely interventions that provide exactly what's needed at the time and place it's needed most.

In Warrington any person requiring service aged over 18 is dealt with by CGL, Pathways to Recovery and for those aged under 18 they are dealt with by Warrington Borough Council's Youth Service – Young People's Drug and Alcohol team (although they do work with young people up to the age of 19).

The following information and analysis has been produced by Public Health England as part of the JSNA support packs for Local Authorities (PHE, 2016b).

Referral Route – In total, there were 305 referrals made into treatment during 2015/16. Over half of clients self-referred into service (58%), this proportion was slightly higher than what was seen nationally (50%); referral through the Criminal Justice System (CJS[4]) was the second most common referral pathway with 17% of clients referred through this source.

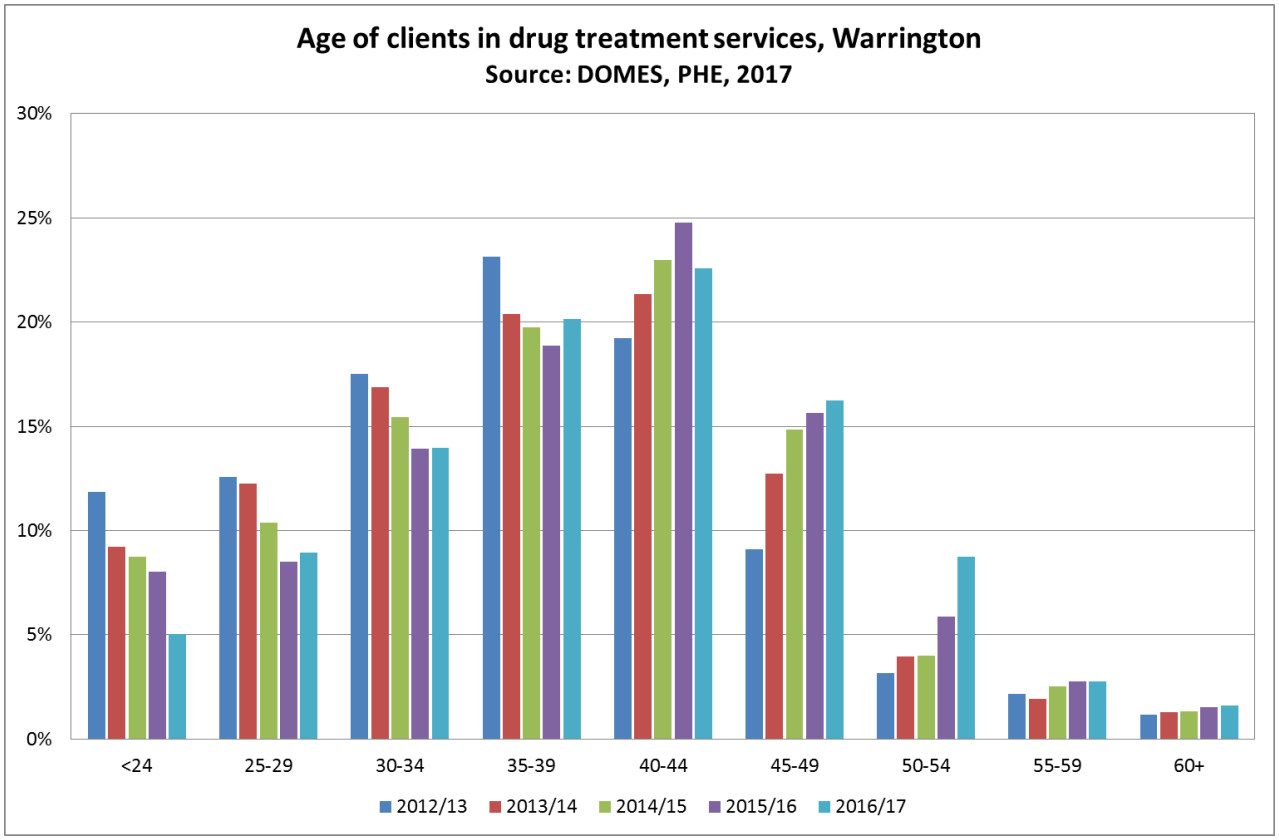
Numbers in treatment - During 2015/16 there were 751 clients in treatment in Warrington, this was a slight reduction in numbers when compared to 2014/15 (a reduction of 3%). 542 of the 751 clients (72.2%) reported that opiate was their primary substance misused; followed by similar proportions for non-opiate clients (14.4%) and non-opiate and alcohol clients (13.4%). When compared to the previous year, the number of opiate clients in treatment had reduced by 2%, as had the number of non-opiate clients (reduced by 17%). However, non-opiate and alcohol client numbers had increased by 10%.

Ageing substance misuse population

CGL have noted an increase in older populations presenting to services. The following chart presents the age profile of clients who accessed the service between 2012/13 and 2016/17. The following chart illustrates that there has generally been an increase in the proportion of clients aged 40 years and above, with the largest increases seen in clients aged 50 to 54 years. As the proportion of older clients in service increased, decreases have been observed in younger age groups. When comparing number of clients in service during 2012/13 and 2016/17, there was a 34% reduction in the number of clients aged 39 years and under. Whereas, an increase of 33% in the number of clients in service was seen for those aged 40 years and above.

[4] CJS means referred through police custody or court based referral scheme, prison or the probation/ Community Rehabilitation Company (CRC) service.

Chart 6: Clients in service presented by age group, 2013/14 to 2016/17



New presentations to treatment - During 2015/16 there were 305 new clients starting treatment in Warrington; this was a small increase when compared to the previous year (an increase of 1%). There was a substantial decrease in the number of new clients starting treatment who reported their primary substance misuse as only non-opiate substances (a reduction of 39%). However the number of new presentations due to opiate substances increased by a quarter (24%) and non-opiate and alcohol (people who present with both issues) increased by 12%.

Figure 2: Key factors influencing recovery

Key factors influencing your treatment outcomes 2015-16 compared to 2014-15

	Successful completions	Waiting times under 3 weeks	Non re-presentations
Opiate	▼ Down 5%		▼ Down 15%
Non-opiate	▼ Down 7%		▼ Down 2%
Non-opiate and alcohol	▼ Down 14%		▲ Up 2%
All	▼ Down 8%	◀▶ No Change	▼ Down 7%

Overall activity in 2015-16 compared to 2014-15

	Numbers in treatment		New presentations to treatment	
Opiate	542	▼ Down 2%	179	▲ Up 24%
Non-opiate	108	▼ Down 17%	62	▼ Down 39%
Non-opiate and alcohol	101	▲ Up 10%	64	▲ Up 12%
All	751	▼ Down 3%	305	▲ Up 1%

(Source: PHE, 2016b)

Hidden harm - Of the clients who entered service during 2015/16, almost one fifth (18%) reported that they lived with children; this proportion was very similar to the national

picture (19%). In total, there were 93 children and young people living with drug users who entered treatment during 2015/16.

Intervention setting - Most clients received their intervention (pharmacological, psychosocial and recovery support) in a community setting (in excess of 97% for each type of intervention); drug treatment mostly takes place in the community, near to users' families and support networks. Residential rehabilitation may be cost effective for someone who is ready for active change and a higher intensity treatment at any stage of their treatment. A very small proportion of individuals (1% of the treatment population) had been to residential rehabilitation during their latest period of treatment, this was slightly lower than national figures (3%). Further information about residential rehabilitation can be found further down within this section.

Dual diagnosis – Of the 305 new presentations to treatment during 2015/16, 195 (65%[5]) were also receiving care from a mental health service for reasons other than substance misuse (60% of males and 79% of females). This percentage was substantially higher than national figures (22% of new presentations). These percentages indicate current levels of dual diagnosis for those newly presenting to treatment, however they should not be used as a comprehensive measure of dual diagnosis in the substance misuse population as the data only captures whether an individual is receiving mental health treatment at a single point in time. Further information about this can be found in the Mental Health JSNA chapter 2016/17.

There has often been a difficulty for service users receiving services for dual diagnosis. It has been, historically, that mental health services would not formally engage with service users until they have stopped taking drugs or stopped drinking. This would mean that they were disengaged from mental health services for a length of time. This is slowly improving locally as indicated by the proportion of new presentations to treatment who are also receiving care from a mental health service (65%).

Prescription only medicine/over-the-counter medicine (POM/OTC) – During 2015/16, 20% of all clients in treatment had reported POM/OTC use (151 clients); this proportion was slightly higher than what was observed nationally (15%). Almost two thirds of clients (63%) who reported POM/OTC use cited that it was through illicit use (37% reported no illicit POM/OTC use). As at quarter 4 during 2015/16, 71 clients stated POM/OTC as their primary drug of choice, the most common drug being Opioid (34 clients) followed by Codeine (20 clients).

New Psychoactive Substances (NPS) and club drugs – A very small number of clients new to treatment during 2015/16 cited either club drug use and opiate use or cited only club drug use (no additional opiate use); 11 clients in total. Of those who reported NPS use (9 clients); most had reported using an NPS that was predominantly cannabinoid.

Successful completions - During 2015/16 the proportion of successful completions of treatment reduced by 8% when compared to the previous year; reductions were observed

[5] The proportion of new presentations does not include those clients with a missing/incomplete dual diagnosis status.

for all 3 substance types. Reductions were also observed in the proportion of clients who were non re-presentations to service (reduction of 7%).

Two substance misuse indicators are monitored through the Public Health Outcome Framework (PHOF) indicator set:

- Successful completion of drug treatment – opiate users;
- Successful completion of drug treatment – non-opiate users.

During the calendar year 2015, there were 58 opiate clients in Warrington (10.8% of all opiate clients in treatment), who left drug treatment successfully and did not re-present to treatment within 6 months; this percentage was significantly better than England (6.7%)[6]. Nationally the trend in the percentage of opiate users leaving drug treatment successfully who did not re-present to treatment within 6 months has been reducing since 2012.

For non-opiate clients, there were 103 individuals who left drug treatment successfully and did not re-present to treatment within 6 months, this equated to 43.1% of all clients in treatment; this percentage was slightly higher than England (37.3%)[7]. The percentage of non-opiate users successfully completing drug treatment has remained fairly static over the 5 years.

For 2015/2016 (4 quarters) and the first quarter of 2016/2017 Warrington was the top of the family cluster for opiate discharges not representing in 12 months.

4.2) Needle Exchange

Within Warrington there are 5 locations where a client can receive new injecting equipment and return used items; CGL Pathways to Recovery and 4 pharmacies. The following needle exchange service data has been based on client contacts that took place during 2015/16; the data has been sourced from the Integrated Monitoring System (IMS) hosted by Liverpool John Moores University.

- There were over 1,500 individuals using needle exchange services in Warrington; this was a reduction of 20.9% when compared to the previous year. A similar reduction (21.1% reduction) was also seen across the Cheshire and Merseyside region;
- Males are more likely to use needle exchange services as 93% of clients were male and 7% were female;
- In Warrington, of the females who accessed the needle exchange service, almost two thirds (63%) were aged 35 to 44 years, very small numbers were aged either side of this specific age range. Whilst for males, a broader age range accessed the service;
- The main substance used was not recorded for over a third of clients (35%); the following percentages have been based on client data where the main substance used was known. Over half of clients (58.3% n=598) stated that steroids and IPEDS were their main substance, whilst 41.3% (n=424) reported heroin;
- In total, there were 5,007 needle exchange transactions in Warrington during 2015/16, of which 92% took place in a pharmacy setting;

[6] A higher percentage indicates better performance.
[7] A higher percentage indicates better performance.

- Needle exchanges that took place at CGL Pathways to Recovery (288 clients) were more likely to be for clients using steroids and IPEDS; of the clients where the main substance used was recorded (it was not recorded for a fifth of clients – 19.4%), 96.1% reported steroid and IPEDS;
- Where needle exchanges took place at pharmacy settings (1,316 clients) there were slightly more clients reporting that they used heroin than steroids and IPEDS; of the clients where the main substance used was recorded (it was not recorded for over a third of clients – 38.7%), 52.2% reported heroin and 47.3% reported steroid and IPEDS;
- During 2015/16 there were 1,056 new clients presenting to needle exchange services in Warrington (111 at CGL Pathways to Recovery and 952 in a pharmacy setting[8]), when excluding steroid and IPEDS users, there were 752 new individuals presenting to services (54 at CGL Pathways to Recovery and 705 in a pharmacy setting[9]).

From 2018 a new offer of harm reduction message training will be available in the Needle Exchange Pharmacies to ensure that service users understand the health risks of using needles. Blood borne virus testing is available for service users engaged with CGL.

In September 2014, Warrington Borough Council's Public Health team commissioned a health check service for anabolic steroid users. Rowlands pharmacy was awarded the contract, which ended in September 2016. The service aimed to attract anabolic steroid users into the pharmacy to have a health check which included the measurement of blood pressure, pulse, BMI, cholesterol (HDL), glucose/blood sugar (FGT), blood borne viruses (BBV's) (Hep B, Hep C and HIV) and liver function test (LFT). The health check was also used as an opportunity to discuss the overall health of individuals, to raise awareness and promote informed decision making around attitudes and behaviours in connection to anabolic steroids.

The health check was aimed at male anabolic steroid users aged 18 and above who were a resident of Warrington and interested in their own health, lifestyle and wellbeing. In total, 33 people went through the service.

Of those who went through the service, 94% (n=31) injected steroids. Injection sites included their deltoid (shoulder) and their glutes (bottom), most alternate between the two sites. Just less than a quarter (n=12, 24%) had been using steroids for 10 years or more.

Almost two thirds (64%, n=21) use needle exchange services on a monthly basis, whilst 18% (n=6) use the service on a weekly basis. 4 respondents stated that they do not use the needle exchange service and acquire the equipment themselves.

After taking part in this service, 7 participants said that they were no longer going to use anabolic steroids.

4.3) Supervised consumption (pharmacies only)

[8] These numbers do not sum as a client can register at both CGL and a pharmacy
[9] These numbers do not sum as a client can register at both CGL and a pharmacy

Supervised consumption is when a service user receives their methadone (liquid or tablet form) and they are required to take it on site of the pharmacy. For some service users, they are able to take their methadone home to self-administer; CGL make the appropriate clinical decision on what the service user requires. 39% of those who are on methadone currently (137 out of 350 clients as of December 2016) utilise the supervised consumption offer. There are 25 pharmacies out of 44 delivering this service as of December 2016.

4.4) Rehab and detox

In-patient detoxification and residential rehabilitation are used as part of people's treatment pathway, as appropriate to the individual. Not all people in drug or alcohol treatment would attend in-patient detoxification and residential rehabilitation. As of March 2016, 7 individuals attended residential rehabilitation and 13 out of 19 people completing an inpatient detox.

CGL also offers a community detoxification within the CGL building. This helps to reduce the numbers of people who attend in-patient detoxification and is popular for people who do not wish to leave the family home for periods of time. Up to March 2016, 101 out of 150 completed a community detoxification.

There are many reasons why people do not complete or choose to engage in residential rehabilitation or detoxification processes. Sometimes people think it will be too hard; people will relapse before or during the process or people are not fully prepared for the level of commitment it takes to stop drinking or taking drugs.

Footsteps

Footsteps are commissioned by Public Health and offer support and information to people who are affected by someone else's drug or alcohol use. The free confidential service is open to all residents of Warrington. Between 1st April 2016 and 31st March 2017, 268 individuals accessed the service of which, 184 were new clients. Of the 268, 182 (68%) were female and 86 (32%) were male. This is an altered picture when compared to the previous year were 76% were female and 24% male. Footsteps have also engaged in Residents Association meetings, delivered training and now also have a service which offers support for children of substance misusing parents.

Public Space Protection Order for New Psychoactive Substances (NPS)

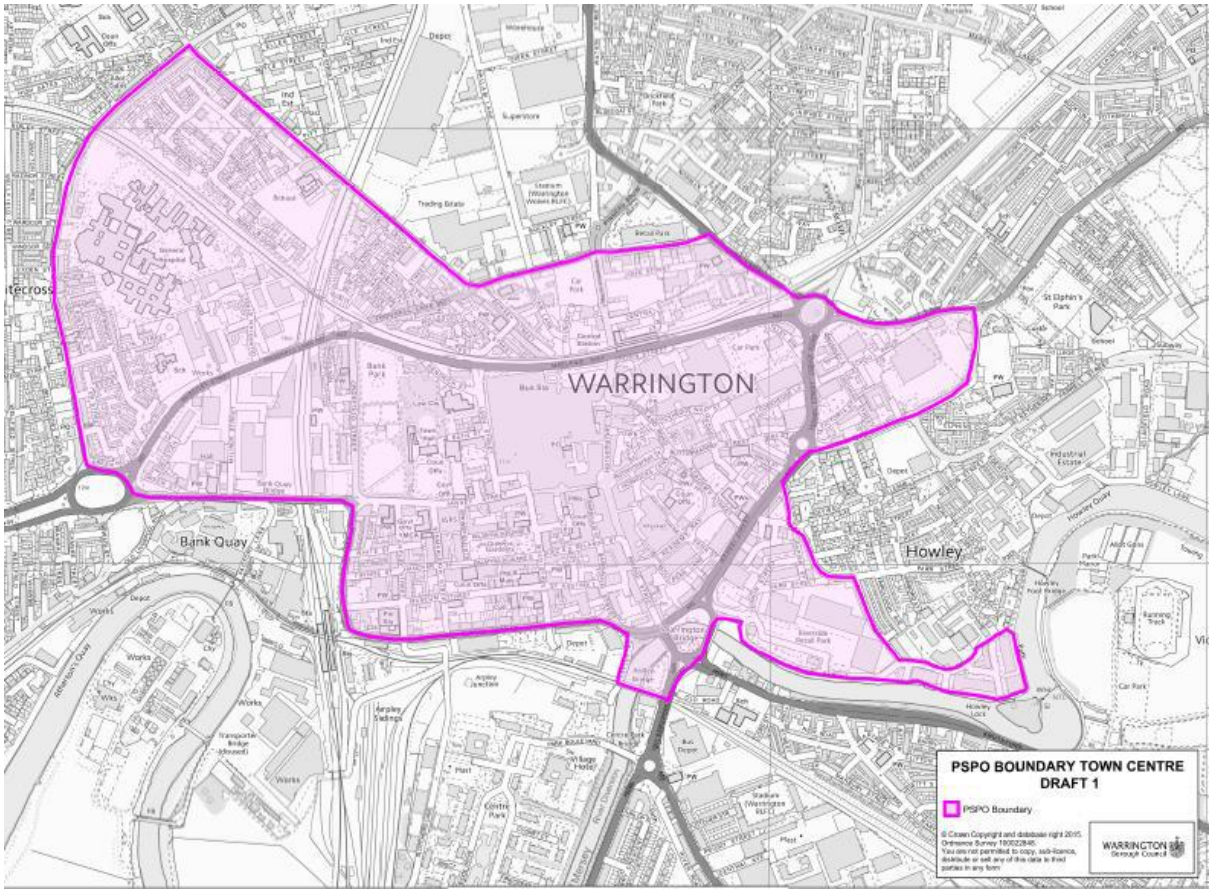
Public Spaces Protection Orders (PSPOs) are intended to provide a means of preventing individuals or groups committing anti-social behaviour in a public space where the behaviour is having, or likely to have, a detrimental effect on the quality of life of those in the locality; be persistent or continuing in nature; and be unreasonable.

The Police implement the powers contained within the PSPO on the basis of 'presenting behaviours' (in a similar manner to the Designated Public Places Order for alcohol). Therefore, just as the Police would ask a drunken person whose presenting behaviour was causing alarm or distress to the public to surrender any alcohol, the same would apply to New/Novel Psychoactive Substances.

There is also an opportunity to introduce aligned intervention activity following the issue of a PSPO notice. As NPS is now seen as a key issue within drug treatment, Public Health is keen to ensure that anyone who is subject to a PSPO notice is referred to the local drug and alcohol treatment provider to ensure that individual's health and addiction is dealt with (Warrington Borough Council, 2017).

The PSPO will cover Warrington town centre (see following map) and commenced from mid July 2017.

Map 1: Area to be covered by the NPS Public Spaces Protection Order for Warrington



5) PROJECTED SERVICE USE AND OUTCOMES

The following projected service use has been based on information submitted to the National Drug Treatment Monitoring System (NDTMS). The NDTMS provides access to national statistics about drug and alcohol misuse treatment services. The following assumptions have been made:

- No changes in external influences leading to changes in treatment demand;
- Incidence and prevalence continue to follow existing trends;

Overall, the number in treatment is projected to reduce by approximately 8% by 2021/22 (when compared to 2016/17 data) if current trends of numbers in treatment is to continue.

However, trends differ by specific age bands. The following chart illustrates that the number of service users aged 39 and below (less than 30 and 30 to 39 years) will reduce. If current trends were to continue, by 2021/22 the number in treatment aged less than 30 will have halved (when compared to 2016/17 actual data) and those aged 30 to 39 years will have reduced by a quarter.

However, increases are projected in the number of service users aged 40 years and above. If current trends are to continue, the number of clients aged 40 to 49 years is projected to increase by a third; whilst those aged 60 years and above are projected to increase by 44% (however numbers are very small for this age group). The largest increase is projected to be seen in those aged 50 to 59 years; during 2016/17, 71 clients were in this age band, by 2021/22 this is projected to increase to approximately 178 clients (a 151% increase).

The second chart illustrates the proportion of clients projected to be in service by age band. As the chart shows, it is projected that by 2021/22 over 70% of clients will be aged 40 years and above (currently just over 50% of clients are aged 40 years and above).

Chart 7: Actual and projected number of service users by age band

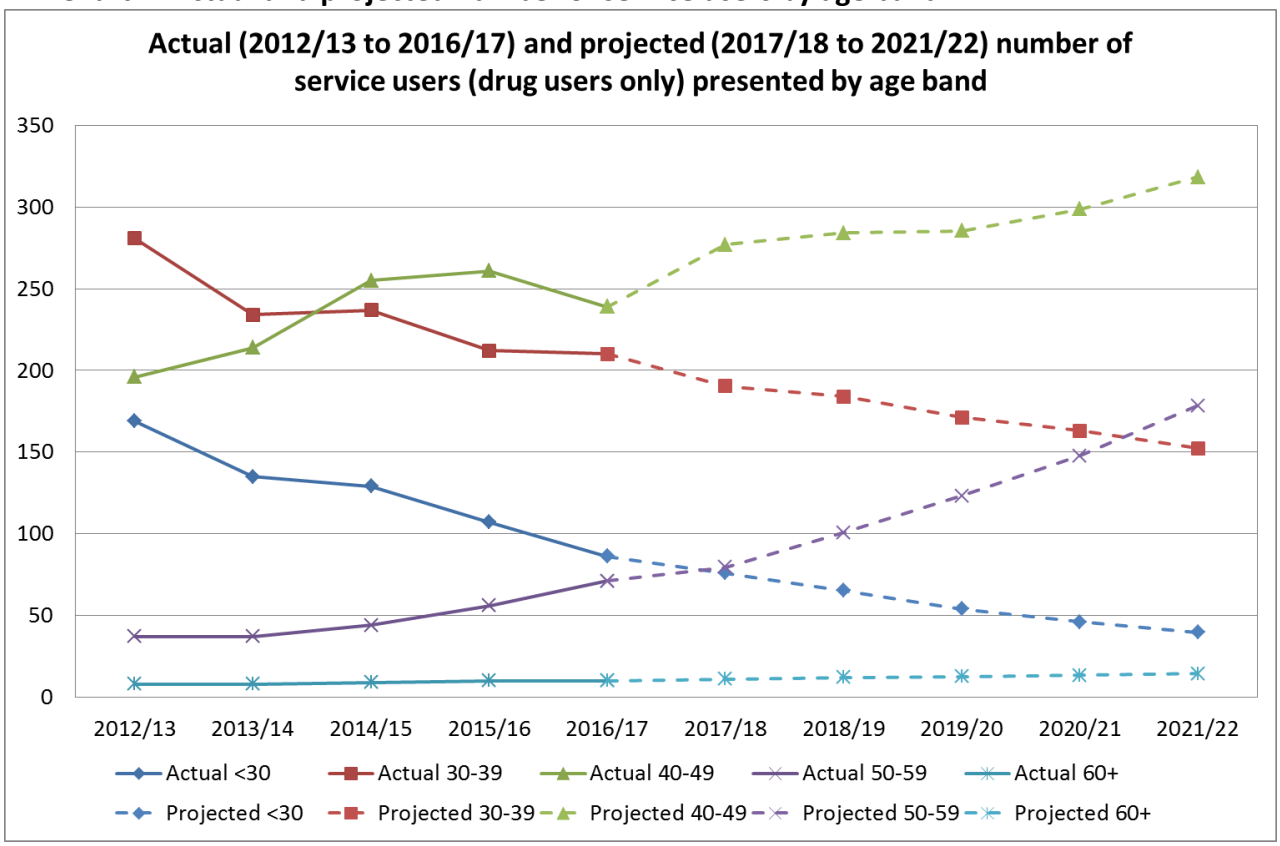
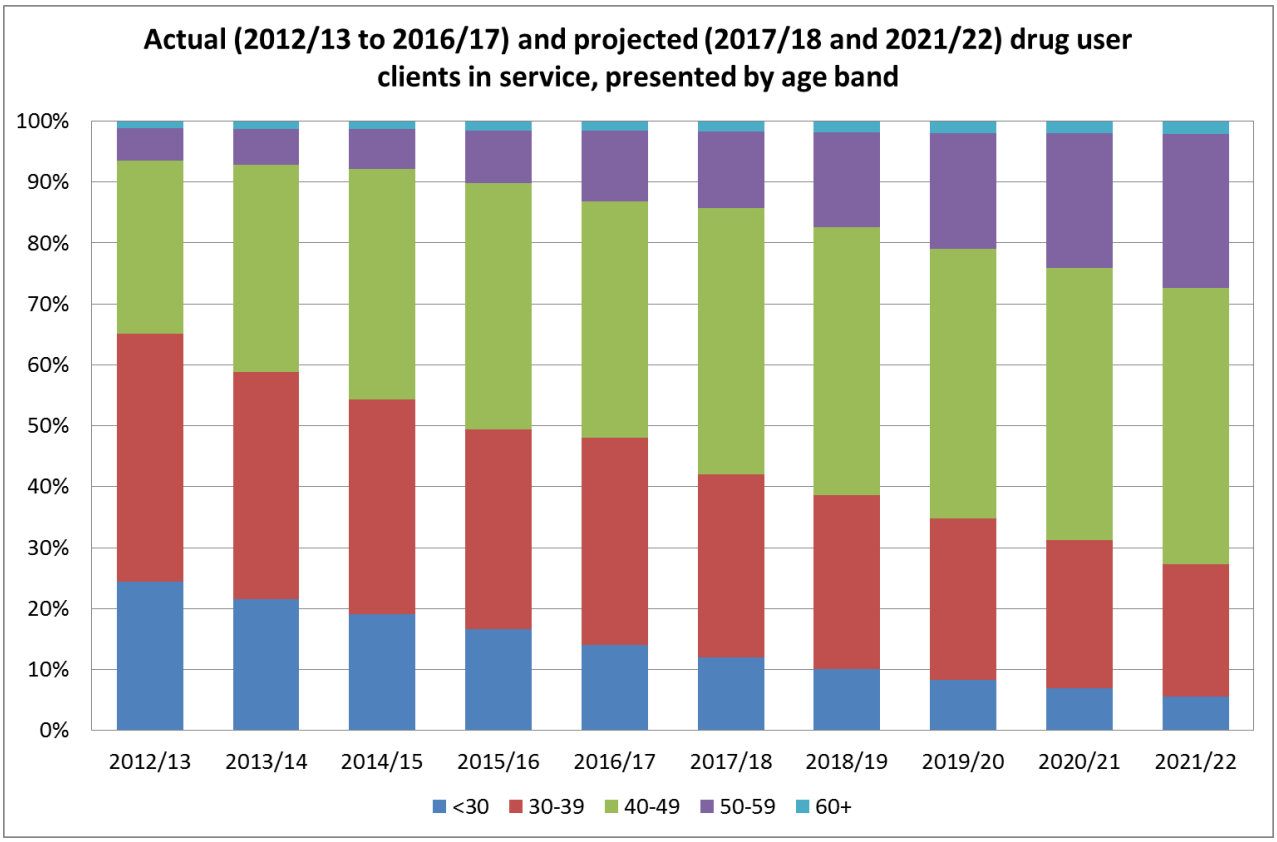


Chart 8: Actual and projected proportion of service users by age band



6) EVIDENCE OF WHAT WORKS

6.1) NICE Guidelines

A number of NICE guidelines are in place to support effective drug misuse prevention, commissioning and service delivery of substance misuse services:

- Drug misuse prevention: targeted interventions (NG64);
- Coexisting severe mental illness and substance misuse: community health and social care services (NG58);
- Needle and syringe programmes (PH52);
- Drug misuse in over 16s: psychosocial interventions (CG51);
- Drug misuse in over 16s: opioid detoxification (CG52).

6.2) Substance misuse services for an ageing population

Substance misuse services should be accessible to the whole population, including older people. The number of older people in the UK is increasing; however there are very few substance misuse services that cater specifically for older populations (Wadd, 2014). There is a need to think strategically and plan effectively to design new services or modify existing services (Sivaraman et al, 2011). A very small number of reports have explored the experiences of older people who were in contact with substance misuse services; the following summarises the main findings from these reports (Sivaraman et al, 2011; Royal College of Psychiatrists, 2011; Drugscope, 2014; Wadd, 2014):

Type of support available: Some older service users may feel stigma because of their substance misuse problems, they may feel more comfortable receiving one-to-one support (Drugscope, 2014). However, some older service users may benefit from taking part in social groups and activities, discovering that there are other people like them also receiving support (Drugscope, 2014). Individuals with mobility issues may benefit from the use of home visits to access support (Drugscope, 2014; Wadd, 2014).

Workforce development: Practitioners should receive robust training to gain a full understanding of the needs of older people with drug problems and are supported to meet them (Drugscope, 2014; Sivaraman et al, 2011).

Measuring outcomes: Positive outcomes for older people are likely to be different than younger cohorts. Examples include the management of older people in service due to problems with prescription and OTC drugs, but who may also have long term conditions; a positive outcome for this group may be improved levels of health wellbeing (Drugscope, 2014). However, research has found that older people can and do benefit from treatment and in some cases have better outcomes than younger people (Royal College of Psychiatrists, 2011; Sivaraman et al, 2011).

Safeguarding: Older people with substance misuse problems may also be vulnerable to exploitation, therefore safeguarding is of key importance (Drugscope, 2014).

Multi-agency working: Close liaison between all professionals, disciplines and agencies involved in the care of the patient is very important (Royal College of Psychiatrists, 2011, Drugscope, 2014)

6.3) Hospital in-reach services

Public Health England has stated that drug treatment services should be actively assessing and managing overdose (including suicide) risks; a possible method to do this is to develop hospital in-reach services. Data presented by PHE (PHE, 2016b) stated that during 2015/16 1% of referrals into treatment services came from hospital/Accident and Emergency (nationally it was 2%), given the rate of hospital admissions experienced in Warrington, this could be a viable service.

This service is already in place in Warrington for patients who are either presenting at Accident and Emergency or who have already been admitted onto a ward who have issues with ***alcohol***. During 2015/16, 256 patients were seen by hospital in-reach, of these 247 received an intervention (179 received brief intervention) or referred to alcohol service (68 received a referral to alcohol services). However, existing literature of the effectiveness of hospital in-reach services for drug misuse is very limited, no examples could be sourced.

6.4) Reducing addiction to medicine misuse

Public Health England produced a guide for NHS and local authority commissioners (PHE, 2013c) to assist with commissioning treatment for dependence on prescription and over the counter medicines. The guide highlighted the following areas of focus:

Prevention: Primary and secondary healthcare, public health and social care working together to:

- Ensure that psychological and other treatments are available as an alternative to prescribing medication;
- Ensure that the public are aware of problems that can arise with these medicines and why their availability may be limited;
- Ensure that doctors, pharmacists, social care staff and others are aware of current guidance regarding these medicines and are alert to any developing problems in patients;
- Monitoring and responding to prescribing and purchasing patterns.

Who and Where: Most patients with dependence on prescription or OTC medicines will present to primary care; patients and sometimes their GPs may be unaware that there is problem with a prescription or OTC medicine. Addiction to Medicine outreach services could be located in primary care to identify problems and signpost to treatment services.

How: Primary care practices can be expected to respond to ATM problems as part of their regular patient care. Specialist responses will usually be commissioned as part of the drug and alcohol misuse treatment system. It is also important to ensure that pain management, mental health, and drug and alcohol treatment services work together and provide coordinated and integrated responses to patients (PHE, 2013c).

7) (TARGET) POPULATION/SERVICE USER VIEWS

As part of their evaluation programme, Warrington Public Health are asking all commissioned services to commence the routine collection of service user feedback using a questionnaire produced by Public Health. Questionnaires will be distributed to individuals who are receiving support with drug and/or alcohol related issues from CGL's Pathways to Recovery Warrington based service and have had a minimum of two sessions/visits/contacts. Results are expected to be available late 2017. CGL also deliver the substance misuse service in Risley and Thorn Cross prisons under the auspice of Warrington Public Health on behalf of NHS England – they too will be having service user consultation. Prison drug prevalence is not within the scope of this JSNA.

Footsteps, the family support service commissioned by Public Health also are engaged in service user involvement.

Service user feedback is also collected through regular service user consultation. These meetings allow participants to communicate their views of the service they are receiving. On the whole feedback provided in these meetings has been positive; however the consultations allow service users to raise any experiences they felt were negative. Minutes from these meetings are shared with the commissioner, service and the participants. They remain anonymous and confidential and anything needing follow up is done and fed back next time, meaning there is a continuous feedback cycle.

8) UNMET NEEDS AND SERVICE GAPS

The absolute number of people who use illicit drugs in Warrington is not known. The Crime Survey for England and Wales estimated that during 2015/16 8.4% of adults aged 16 to 59 years had used illicit drugs in the previous year. Figures produced by Liverpool John Moore's University (LJMU) estimate the number of opiate and/or crack cocaine users aged 15 to 64 in Warrington; it is estimated that there are currently 821 people using opiate and/ or crack (based on 2015 population estimates). During 2015/16 there were 542 clients in service where opiates were the main substance used, this equates to approximately two thirds of opiate and/ or crack users (66%) in service. However, caution should be used in the interpretation of this finding as the estimated figure is based on dated information.

With regards to the estimated number of injecting users, it is apparent that the LJMU estimated number (175 aged 15 to 64 years) is much lower than the number of clients known to be accessing needle exchange services where heroin was the main substance used (424 clients during 2015/16). A similar picture was also found for the estimated number of people who use Image and Performance Enhancing Drugs (IPED). Estimates from the Crime Survey for England and Wales (CSEW) show that 0.2% of 16 to 59 year olds had used anabolic steroids in the previous year; this is approximately 196 people in Warrington. Needle exchange service data shows that during 2015/16 there were 598 clients in contact with the service who stated IPEDs as their main substance, much higher than the estimated figure.

This finding could have two possible causes; the first possible cause could be that like is not being compared with like. The LJMU estimate is based on people aged 15 to 64 years and the CSEW estimate is based on people aged 16 to 59 years, whilst the data sourced from needle exchange services is based on all ages. However, it is unlikely that the additional numbers using needle exchange services fall outside of these age bands. The second possible cause is more likely, which is the prevalence of injecting users in Warrington is higher than national prevalence estimates.

At present very little is known about the prevalence of Addiction to Medicine (ATM) in Warrington. To enable some understanding of this topic, all pharmacies in Warrington were questioned about staff perceptions and experiences of dealing with customers who may be misusing Over the Counter (OTC) products. The survey identified that of those who responded to the survey (n=24), over two thirds (67%, n=16) estimated 2% or less of their customers were suspected to misuse OTC products, whilst 29% (n=7) of respondents estimated it was somewhere between 5% and 10% of customers. Almost all responses to the questionnaire (n=21) listed *codeine based products* most commonly misused followed by *sleep aids* (n=10). Less than half of respondents had received any training relating to identifying and supporting customers presenting with suspected OTC misuse; a number of responders stated that they would welcome specific OTC courses. The survey also identified that some pharmacies would welcome an OTC misuse awareness raising campaign.

Public Health England has stated that drug treatment services should be actively assessing and managing overdose (including suicide) risks; a possible method to do this is to develop hospital in-reach services. Currently in Warrington there are no hospital based in-reach

services for people who misuse drugs, given the high hospital admission rate for drug poisoning experienced in Warrington (significantly higher than England), the volume of clients exist to develop this service.

Within Warrington there are 5 locations where a client can receive new injecting equipment and return used items; CGL Pathways to Recovery and 4 pharmacies. Data completeness within the needle exchange services appears to be an issue. During 2015/16, over a third (35%) of clients accessing needle exchange services did not have a main substance recorded (552 clients); this was more pronounced in the pharmacy setting (38.7% of clients, n=509).

It was found that of those who reported heroin as their main substance, they were more likely to attend needle exchange services in a pharmacy setting (421 clients) rather than needle exchange services within CGL Pathways to Recovery (9 clients). It is unknown why such a high proportion of heroin users access needle exchange services in a pharmacy setting and this should be explored further. Part of this work should also investigate pharmacy signposting to CGL Pathways to Recovery.

The age profile of clients in service is changing rapidly; the proportion of older clients is increasing. This isn't a finding unique to Warrington, this pattern is also seen nationally (Public Health Institute, 2016, PHE 2017a). Substance misuse services should be accessible to the whole population, including older people. The needs of older people are likely to differ from younger age groups and these need to be considered as part of the treatment journey; this could include multi-agency work with primary care, secondary care and social care.

There was a slight increase in the rate of deaths from drug misuse between 2013 and 2015 (5.2 per 100,000) when compared to the previous time period of 2012 to 2014 (4.2 per 100,000). The death rate for Warrington during 2013 to 2015 was similar to both England and the North West. Naloxone has been recommended for use by Public Health England as it can help prevent an opioid overdose from becoming a fatal overdose. However, current funding for drug misuse services does not include the prescribing of this drug; therefore its use across Warrington has been limited to only those leaving the prison system and high risk individuals identified by CGL Pathways to Recovery.

9) RECOMMENDATIONS FOR COMMISSIONING

Commissioners to work with CGL Pathways to Recovery to provide pharmacies with training courses to identify and support customers with suspected OTC misuse.

Public Health in conjunction with CGL Pathways to Recovery to develop an OTC misuse awareness raising campaign in conjunction with pharmacies; more specifically, the campaign should be focussed on the dangers of misusing products containing codeine.

Commissioners to work with Warrington and Halton Hospitals Foundation Trust Alcohol Liaison Nurse (WHHFT ALN) service to develop a hospital service for people who misuse drugs, the current service only focusses on alcohol.

Commissioners to communicate with providers of needle exchange services to explain the importance of data completeness when collecting information from clients (with a focus on the pharmacy setting).

Commissioners to work with pharmacies offering needle exchange services to ensure that signposting into CGL Pathways to Recovery are offered at each contact as appropriate.

Commissioners to ensure that CGL Pathways to Recovery are accessible and appropriate for older people and other vulnerable cohorts. This could include offering services in alternative locations (for example in the home), ensuring multi-agency support is provided to clients, and developing meaningful outcomes for this specific cohort.

Commissioners to undertake a review of drug and alcohol related deaths to understand prevalence, lessons learnt and causal factors.

Commissioners to consider further work around steroid health check service, in light of pilot service completion.

Commissioners to continue monitoring prevalence around New Psychoactive Substances (NPS) in light of implementation of Public Space Protection Order and focus on those specific age groups who are at risk of usage.

Commissioners to undertake a review of older populations and length of time in service in order to consider future impact on service provision.

10) RECOMMENDATIONS FOR NEEDS ASSESSMENT WORK

It is unknown why such a high proportion of heroin users access needle exchange services in a pharmacy setting and this should be explored further.

Commissioners to undertake a review of drug and alcohol related deaths to understand prevalence, lessons learnt and causal factors.

Further work to be completed on the ageing population forecast as well as a robust understanding of length of time in service.

Key Contacts

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