

Drugs



Our Approach to Services and Investment

1. Since 2013, Local Authorities have been **solely responsible** for the provision of alcohol and drug **prevention AND treatment** services. Previously the responsibility was shared with the NHS. This is one reason why the budget for drug and alcohol services appears significant since the **vast majority** comes from the Public Health Grant. Significant budget savings have been made since 2013. The substance misuse budget is **£6.75M** for 2016/17, with **£0.5M** of this from the Police & Crime Commissioner budget.
2. Our approach follows the evidence-based **PHE** and **NICE** recommendations by:
 - Offering **prevention, advice and early intervention programmes** to adults (and young people)
 - Offering a holistic package of support (treatment, housing, employment and positive social networks) to help people recover and so rebuild families and communities. (**Hull** is one of the few areas that offers dedicated family support to reduce the burden on children's social care)
 - Providing **needle & syringe programmes** to prevent infection and the spread of blood-borne viruses
 - Responding to the growing number of **older drug users**, many of whom have serious addiction and health problems (**Hull** has a specialist 'long term in treatment' service).
 - Preventing avoidable **overdose deaths**
 - Developing effective responses to the harm of **new psychoactive drugs** and addiction to **medicines**
3. After an adult drug and alcohol service review in 2014 a new service started in **Oct 2014**. The **ReNew** adults' drug and alcohol service has 3 elements: (i) Criminal justice pathway; (ii) Long term treatment pathway and (iii) Community services. Each element has a budget for prescribing, with a total value of **£660k/yr**. Additionally specific pharmacies hold contracts for the supervised consumption of methadone & buprenorphine for heroin dependent users, with a budget of **£355k/yr**, giving a total prescribing budget of around **£1M**. Treatment with methadone or buprenorphine is essential, evidence-based and recommended by **NICE** when supported by psychosocial interventions.
4. The new treatment service has already provided **success stories** (data for 12 months from Oct 2014):
 - From a previous downward trend, the rate of successful treatment completions is now **increasing**
 - Within 6 months of starting treatment, **all** clients reported improvement in their physical and mental health and quality of life
 - Within 6 months of starting treatment, **54%** were no longer injecting
 - **218** client / family interventions reduced the burden on social care
 - On the criminal justice pathway, **81%** of drug using offenders had not reoffended in the previous 12 weeks and **76%** of clients across both pathways had stopped shoplifting after 6 months in treatment
 - Of the clients successfully treated for opiate misuse, **98%** who had housing needs had these resolved by the time they left treatment and **15%** of clients had secured employment
5. In Hull, **deaths** associated with **drug misuse** have **decreased** from **57** (registered 2006-08) to **30** (registered in 2013-15). Whilst the drug related death rate is over double that of England, the rate in Hull continues to decrease unlike England as a whole where drug related death rates are increasing.
6. There is a strong **social justice** and **inequalities** case for treating drug addiction. Alcohol and drug dependency lead to **significant harms** and places a **financial burden** on communities, through crime, poor health and demands on other services. Tackling drug misuse also keeps people **safe** from blood borne viruses, antisocial behaviour and drug related litter and **protects children** of drug using parents.
7. Investing in drug treatment **cuts crime** (and the fear of crime) and **saves money**. Every **£1 spent** on drug treatment in Hull **saves £6.60** (due to the impact on crime and social care costs). The estimated number

of drug related crimes prevented in Hull was 28,650 for 2014-15, or over £10M in cost savings.	
8. Hull has much lower rates (than England as a whole) of people entering prison with substance dependence issues who are previously unknown to community treatment.	
<u>Overcoming Stigma and Stereotypes</u>	
9. Public attitudes to drug addiction are complex. People tend to be reluctant to employ, work with or live next door to someone with a history of drug dependence. At the same time people also say we need to adopt a far more tolerant attitude towards them and provide the same rights to a job as everyone else. The public values drug treatment because they feel it makes their communities safer .	
10. Some people are at higher risk of addiction than others. No drug user starts out with the intention of ending up as an addict. Unfortunately stigma, prejudice and discrimination are destructive and can place addicts outside the normal reach of society. There is a clear case that it is the behaviour (substance misuse) that should be stigmatised, not the individual .	
11. Most people need huge willpower and support to successfully give up smoking. Beating a serious drug addiction is much tougher and has been compared to climbing Everest . To do it in the face of stigma and prejudice is like trying to do it carrying a ten-ton weight .	
<u>Why are drugs an issue in Hull?</u>	
12. In Hull it is estimated that there are around 9000 non-class A (cannabis, mcat, 'legal highs') adult drug users, of whom 22% are offered brief support. Additionally there are around 4000 habitual class A (heroin, crack, cocaine) drug users of whom 65% are in contact with specialist services.	
13. Despite a recent reduction in numbers, Hull's rate of problem drug use is the 4th highest in the country, with opiate users the 3rd highest nationally. (Heroin use correlates closely with deprivation, so our ranking reflects Hull being ranked 3rd most deprived Local Authority in England)	
14. Injecting drug users present the highest risk to Public Health because of the risk of spreading infections such as HepB, HepC and, to a lesser extent, HIV . The prevalence of injecting drug users in Hull went down by almost a quarter between 2007 and 2012, but still remained more than three times higher than the England average.	
15. Approximately 38% of clients starting treatment in 2015-16 are recorded as ' dual diagnosis ' (substance misuse and mental illness). Opiate clients have an average time in treatment of 4.2 years , after an average of 15 years of drug use before seeking help, hence the focus on earlier treatment.	
16. 60% of drug users in treatment in Hull (750 people) have parental responsibility . This group (both opiate and non-opiate users) has a higher successful treatment completion rate than the national average. Nationally, parental drug use is a risk factor in 29% of all serious case reviews (safeguarding).	
17. The Hull 2016 Young People's Health Survey has found: While few pupils in Yrs 7 and 8 had used or tried drugs, by Yr 11 23% of girls and 18% of boys had used or tried drugs, most commonly cannabis (15% of girls and almost 10% of boys). Most pupils thought it was not OK for young people their age to use drugs (96%) or legal highs (95%).	
18. Although many young people try drugs, only a small number become dependent with regular drug use, resulting in small numbers (109 in 2015-16) engaging in treatment with ' ReFRESH ', Hull City Council's confidential integrated drug, alcohol and smoking cessation service.	
<u>More Facts</u>	
19. Drug use is widespread, but addiction is concentrated - mostly in poor communities. A typical heroin user can spend around £1400 a month on drugs. People addicted to drugs commit 30 - 50% of all acquisitive crime .	
20. The New Psychoactive Substances (NPS) Act came into force in May 2016, making it illegal to supply these for human consumption. Local Authorities have powers to carry out searches, and to seize and destroy these substances (previously known as 'legal highs').	
<p>For help, advice or support on drug or alcohol misuse please telephone ReNew (18 yrs and over) on 0800 1615 700 / earlyhelp@hullrenew.org.uk or ReFRESH (under 18 yrs) on 01482 331 059 / text 07718 100 813 / refresh@hullcc.gov.uk</p>	