**Drug-related harm**

**Introduction**
Drug use is a major issue in England and is responsible for the majority of crime across the UK. Problematic drug use continues to have a negative effect on the health, wellbeing and quality of life of many people, for example, crimes related to drugs cost the UK £13.3 billion every year. There are approximately 320,000 heroin and/or crack cocaine users in England of whom around 170,000 are in treatment in any one year. Offenders who use heroin, cocaine or crack cocaine are estimated to commit between a third and a half of all acquisitive crime.

Problematic drug use is not restricted to illicit drugs; it may include drugs prescribed by a doctor as many prescription drugs are equally as addictive as illicit drugs. Problematic drug use is also about the effect the substance creates on health and social functioning which can range from non-problematic to dependent. Around 1 in 11 (8.8%) adults aged 16 to 59 had taken an illicit drug in the last year.

Outcomes and effects of drug misuse include:

- Mental health problems.
- Increased risk of contracting blood borne viruses like Hepatitis B or C, HIV or deep vein thrombosis.
- Increased risk of being poisoned by drugs and overdosing which can lead to death.
- Impact on relationships, employment and finances.

**Risk factors and vulnerable groups**
- People who wish to block out trauma such as abuse or death of a close family member. Initially the drug use eliminates the immediate pain but repeat use is required to continue the blocking effect very quickly leading to addiction.
- Socio-economic deprivation.
- Close association between drug use and the sex trade. The most vulnerable sex workers are girls who have been involved in the sex trade before the age of 18. These were women who were in the sex trade in order to fund their drug habits - not only their personal drug habits, but potentially the habits of a controller or a boyfriend.
- Occasionally drug use stems from an individual being curious and experimenting with drugs. This often starts with substances like alcohol and gradually builds to cannabis and then cocaine, heroin, crack etc.
- Other less common reasons people begin to use drugs are boredom, stress, energy boost, feeling of emptiness, trying to forget the painful memories of the past.
- Ethnic and cultural issues create differing perspectives on drug use. In some cultures certain drug use is seen as common behaviour.

**What is the evidence base?**
The National Institute of Health and Care Excellence (NICE) published a local government briefing on Tackling Drug Use. This highlights the types of activities covered by NICE’s recommendations published up to May 2014 using the best available evidence from their guidance and quality standards. They are grouped as:
- Provide clean injecting equipment to people who inject drugs to prevent the transmission of blood-borne viruses – including assessing local need and providing needle and syringe programmes.
- Provide other harm reduction services through a range of open access services such as needle and syringe programmes.
- Increase testing and treatment for blood borne viruses among drug users.
- Support people who are trying to stop using drugs.
- Provide treatment for managing opioid dependence.
- Provide assessment and psychosocial support to drug users and their families.

These are informed by the following NICE guidance and quality standards on tackling drug use:
- Drug misuse: psychosocial interventions.
- Drug misuse: opioid detoxification.
- Needle and syringe programmes.
- Quality standard for drug use disorders.
- Psychosis with coexisting substance misuse: assessment and management in adults and young people.

The 2010 National Drug Strategy mandated a new aspiration for drug treatment in the UK. It states 'the investment made in the drug treatment system over the last decade has built capacity and enabled people to access treatment for a sufficient period of time to bring about substantial health gains. We now need to make the same progress in treating those with more severe alcohol dependence and to become much more ambitious for individuals to leave treatment free of their drug or alcohol dependence so they can recover fully'.

NICE guidelines on drug misuse prevention are currently in development.

Local picture

Prevalence

Figure 70 shows that the estimated 2013/14 drug dependency prevalence rate per 1,000 opiate/crack user in Luton is higher in comparison with national prevalence (13.5 per 1,000 compared with 8.7 per 1,000) and similar to statistical neighbours.

Figure 70: Drug prevalence estimates and rates per 1,000 population aged 15-64
Figure 71 shows the number people in drug treatment in Luton and its comparator areas in 2013/14 and the drugs commonly used. It shows Luton has a higher rate of opiate and crack use compared with comparator areas but lower rates of alcohol use. All other rates are similar to the comparator average.

**Others include drugs such as amphetamines, prescription drugs, Ecstasy, hallucinogens, solvents, barbiturates, major tranquilisers, antidepressants, novel psychoactive substances, other (excluding novel). Note also that those who reported using alcohol were also using other drugs, but alcohol was reported as the main problematic substance.**

**Drug-related offences**

There were 3.5 drug offences per 1000 population in Luton (2012/13). Most of these offences stemmed from the fact that the perpetrators are problematic drug users who engaged in crime to fund their drug habits. Trend data shows Luton’s rate has fluctuated over the years but has shown an increase since 2007/08 from 2.8 per 1000. Data is only available for East of England and West Midlands. A comparison with the two West Midland comparator areas, Birmingham (3.9 per 1,000) and Wolverhampton (2.9 per 1,000) show Luton’s rate (3.5 per 1,000) is not significantly different to Birmingham but significantly higher than Wolverhampton.

**Drug treatment**

Between March 2013 and February 2014 there were 875 drug users who were over 18 years old in effective treatment in Luton and 357 drug users who started treatment. Of those who started drug treatment, 280 were retained in treatment for more than 12 weeks, meaning they were in effective treatment. Of those in effective treatment who started treatment in that period, 9 of them completed treatment and were therefore discharged as drug free. Regardless of whether they
started treatment in the same year there were 85 adults in total who were discharged as drug free or occasional users in March 2014.\textsuperscript{347}

Figure 72 shows (2013/14) drug treatment completion rates for Luton and its comparator areas. Note however that the chart represents all those that completed treatment in that year, some of whom may have been in treatment for more than five years. It shows Luton’s treatment completion rate is similar to comparator areas for opiate users but lower than comparators for non-opiate users.

Figure 72: Drug treatment completion rates (%)

![Graph showing drug treatment completion rates](image)

Source: NDTMS

**Drug-related deaths**

Luton’s drug-related death rate has reduced by 68% from a rate of 3.37 per 100,000 in 2005-07 to 1.06 per 100,000 in 2009-11. It is below the regional average (2.27 per 100,000) and comparator areas of Wolverhampton (2.3 per 100,000) and Birmingham (3.42 per 100,000) but only significantly lower than Birmingham.\textsuperscript{348}

**What is being done locally to address the issue?**

The Luton Drug and Alcohol Partnership (LDAP), which includes the health services, the Council, police, probation, housing associations, voluntary agencies, clients, families, religious groups and members of the community, has a drug strategy in place with priorities relating to adults, young people and the wider community.

Drug use and drug treatment in Luton has not changed significantly over the last 5 years. The only noticeable difference is that opiate drug users and clients in drug treatment generally are getting older, and this is due to the fact that people are spending a long time in treatment on substitute drugs. This suggests that the current service delivery model is ‘holding’ individuals in treatment as opposed to enabling them to achieve independence and personal recovery.
Reducing demand

Following a comprehensive review of services, LDAP is leading a transformation project to realign services to offer individuals a realistic and achievable option of beating drug addiction. A new treatment pathway is being developed that will focus on recovery, building a visible Recovery Community to attract and inspire more individuals to seek abstinence.

Recovery communities also help tackle the transmission of intergenerational substance misuse, helping families to avoid infecting their children and other family members with drug addiction.

Restricting Supply

To combat the supply of drugs in the community, the Community Action Against Drug Dealing (CAADD) group was formed. The CAADD is a partnership between the local community, Bedfordshire Police, Police Crime Commissioner, The council, and Health in response to listening to local communities on the issue of drug dealing.

The impact of the illicit drugs market constitutes a major element of harm across society. It affects not only those buying, selling and using illegal drugs, but their families, friends and communities. With that in mind, there is the need to recognise the importance of local people in tackling the impact of drugs, and standing together with local public services to drive dealers out of the communities and prevent children and young people from becoming engaged in that lifestyle.

Although evidence suggests a rise in the reporting of drug crime, more needs to be done to instil confidence in communities to report drug crime and to deal with this growing issue affecting individuals, families and communities.

The aim of the group is to develop confident communities to play their role in preventing drug dealing crime and its main objectives are to:

- Educate and raise awareness amongst communities of drug dealing.
- Provide community members with accurate information about drug dealing.
- Empower community members to report drug dealing to the Police or Crimestoppers.
- Ensure that young people do not see drug dealing as a lifestyle choice and to send out message on consequences.
- Provide feedback at community events about action taken locally.

Perspective of the public/service users

LDAP takes a “whole person approach” to support drug users (especially those women who use drugs and sell sex) rather than just their presenting drug use needs. Clients are encouraged to shape their own journey, which helps them to develop a sense of personal responsibility and improves progress towards goals.

The Luton Youth Offending Service (YOS), Reconnect and SAFE which are three separate drugs and alcohol treatment providers in Luton reported that clients have commented that the provision of supplementary support such as electro-stimulation therapy (EST), self-management programmes, relaxation groups and nutritional advice has helped them to improve health and social functioning.
which have contributed to them achieving self-reliance and independence in life. NICE recommends a combination of pharmacological approaches and psychosocial interventions such as self-help groups to provide an important element of an overall treatment package. Clients have also been positive about the extent of support from health workers including offering welfare advice.

Generally, service users in Luton seem to be satisfied with the core treatment offer being provided by the various drug services in Luton, but also wish to see enhanced service provision to help them move forward in their battle with addiction.

A recent qualitative needs assessment identified a number of key gaps in delivery:

- Specialist provision for the most vulnerable groups.
- Geographical access to services.
- Integrated care for multiple needs clients eg mental health.
- Service user-led provision.
- An independent care co-ordination service to include a single point of assessment.
- Recovery-focussed aftercare provision.
- Limited menu of interventions available.

**Priorities**

1. Develop a new integrated pathway to support clients to successfully exit treatment and remain drug free by:

   o Developing a visible community of those that have successfully beaten substance use and addiction to serve as an inspirational / aspirational focus for those currently involved in drug or alcohol use.

   o Developing a cross partnership care co-ordination model and service, to ensure no clients become ‘stuck’ in the treatment system.

   o Developing a more aspirational treatment system allowing service users the opportunity to have a drug free lifestyle.

   o Minimising the harm and build resilience for the Luton community in respect of new psychoactive substances.
References


