

6.4 Substance Misuse

Walsall's Public Health Dept. commission a programme of essential drug and alcohol services for young people and adults. The treatment system is designed upon the National Standard Framework, Modes of Care (2006), with a four tier treatment intervention system based upon universal services, open-access services, structured treatment services and residential detoxification services. Clinical services are consultant led and compliant with the NICE Drug Misuse and Dependence; UK Guidance on Clinical Management (2007). The success of local drug treatment is monitored through a nationally developed tool, the Treatment Outcome Profile. Treatment Outcomes are measured across five domains to include: drug use, physical and psychological health, employment, education and offending history.

Users of the services are referred via various sources including; A&E, primary care, youth justice, education, family & friends, Children Services, Criminal Justice agencies and self-referrals.

Evidence indicates that investing in specialist interventions is a cost effective way of securing positive long-term outcomes by reducing future demands on health services, social care, mental health services, supporting the Troubled Families agenda¹ and impacting significantly upon the reduction of local crime rates.

Highlighted below are key facts relating to substance misuse in Walsall.

6.4.1 Young People Substance Misuse

The points below provide key performance information about young people (under the age of 18 years) accessing specialist substance misuse interventions in Walsall. The data is taken from the National Drug Treatment Monitoring System (NDTMS), which for young people, reflects specialist treatment for those with problems around both drug and alcohol misuse. Whilst the majority of young people do not use drugs (and most of those that do are not dependant), drug and alcohol misuse can have a major impact on young people's education, their health, families and their long-term chances in life.

- As shown in Figure below, there are 178 young people in specialist substance misuse services. This represents 12% of the entire treatment population, compared to 9% nationally.

¹ Public Health England; Alcohol and Drugs JSNA Support Pack, Sep 2013



Figure 1 Number of Young People in Treatment (Source: Public Health England; Young People's Alcohol and Drugs JSNA Support Pack)

- The majority of young people in treatment are referred via Youth Justice or the education system as seen in Figure below. 11% are referred via Accident & Emergency as a result of commissioning a specialist resource in this area.

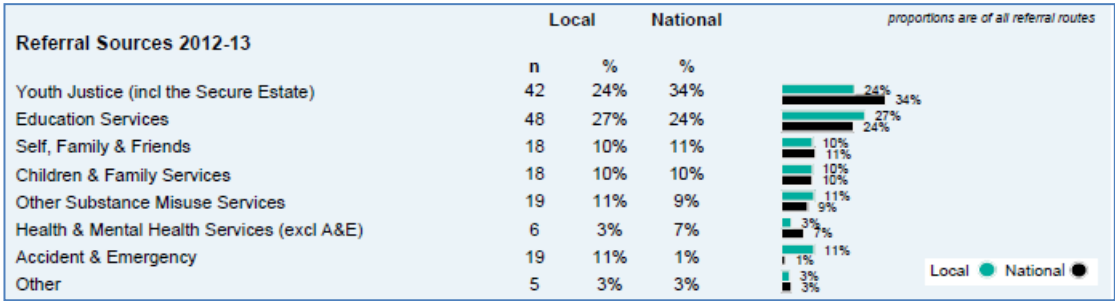


Figure 2 Young People referral sources (Source: Public Health England; Young People's Alcohol and Drugs JSNA Support Pack)

- 96% of young people in treatment receive psychosocial interventions only.
- Figure below shows that 88% of young people in treatment are being treated for cannabis, alcohol or a combination of the two. 11% are treated for stimulants compared to 21% nationally.

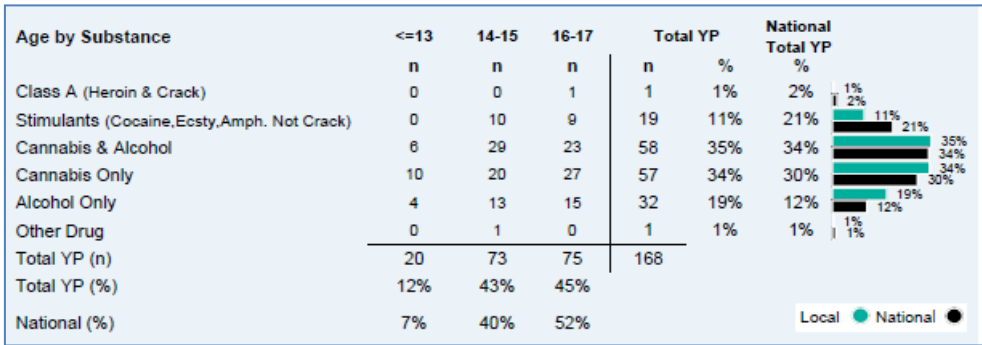


Figure 3 Substance Proportion by Age (Source: Public Health England; Young People's Alcohol and Drugs JSNA Support Pack)

- Young people presenting to treatment in Walsall generally have a lower risk/vulnerability profile than nationally, although there are a higher than average number of young people reporting involvement in sexual exploitation.
- Young people in Walsall generally present to treatment at a younger age than they do nationally.
- 78% of treatment exits in Walsall were planned, which remains in line with national figures.
- While engaged in treatment services, young people in Walsall show a significant reduction in risky behaviour such as offending and self-harm, which is broadly in line with national rates.
- The rate of alcohol related hospital admissions for under 18s (55 per 100,000 of population) is lower than the West Midlands (58 per 100,000) and slightly below the national average of 56 per 100,000.
- Alcohol specific hospital admissions for under-18s in Walsall are the lowest level since 2004/05 at 55.61 per 100,000 and are lower than the regional and national rates.
- There were 135 new treatment presentations to the young people's community drug and alcohol service last year.

6.4.2 Adults Substance Misuse

The alcohol and drug information below was obtained mainly from Local Alcohol Profiles for England (LAPE) and National Drug Treatment Monitoring System (NDTMS).

The health harms associated with alcohol consumption in England are widespread, with around 9 million adults drinking at levels that pose some level of risk to their health.

Drug addiction leads to significant crime, health and social costs. Evidence-based drug treatment reduces these and delivers real savings, particular in crime costs, but also in savings through health improvements, reduce drug-related deaths and lower levels of blood-borne disease including HIV, Hepatitis B and C. This strong value for money case was endorsed by the National Audit Office and is the foundation of central government's significant ongoing investment in these services.

- There are an estimated 2,107 opiate and/or crack users (OCU) in Walsall, representing 13.06 per 1,000 population compared to 8.67 per 1,000 nationally (Figure 4 below)
- 1,316 individuals of this cohort are engaged in structured treatment programmes in Walsall
- In addition there are more than 500 engaged in open access, outreach and needle exchange services.
- Qualitative feedback suggests that there is a cohort of 70–100 problematic drug users that are not engaged in any form of treatment/intervention.

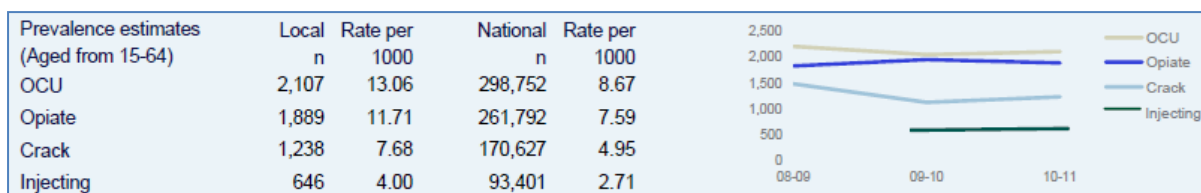


Figure 4 Drug Prevalence (Source: Public Health England; Alcohol and Drugs JSNA Support Pack)

- 99% of clients waited less than three weeks to start treatment.
- 96% of adults are considered to be effectively engaged in treatment.
- 73% of adults in treatment are unemployed. Only 1% are considered to be long term sick or disabled compared to 11% nationally.
- Walsall is achieving lower than average rates of abstinence from opiate, crack and cocaine amongst adults in treatment.
- The proportion of successful completions in Walsall is higher than the national rate and there has been a 33% growth in successful completions since 2011-12.

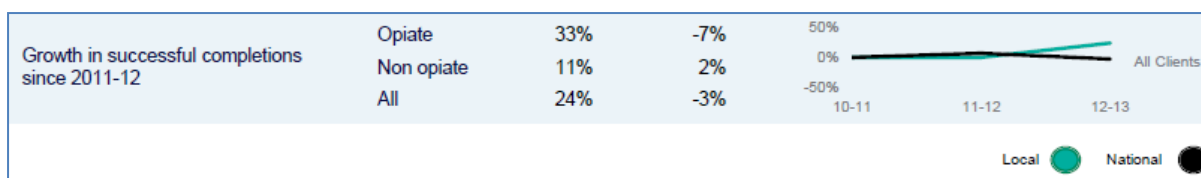


Figure 5 Successful Completions Trend (Source: Public Health England; Alcohol and Drugs JSNA Support Pack)

- People in treatment for prescription-only medications or over the counter medicines make up a much smaller proportion of the treatment population in Walsall than they do nationally.
- The number of adults in treatment using club drugs such as mephedrone or ketamine in Walsall is negligible compared to national figures.
- Only 47% of eligible clients have been tested for Hepatitis C, compared to 73% nationally. In Walsall, 16% of eligible adults receiving a Hepatitis B vaccination completed the course, compared to 20% nationally.
- 33% of drug users in treatment live with children, in line with national statistics. A further 33% are parents but do not live with their children, compared to 21% nationally.
- Walsall has an estimated 34,058 hazardous drinkers, 33,550 binge drinkers and 10,174 harmful drinkers.
- The estimate (based on a population of 269,323) for the number of people who are alcohol dependent is 10,772.
- Walsall has a higher rate of alcohol related hospital admissions (2,041 for 2011/12) than the national and regional average. This represented however a reduction of 8% on the previous year.

- There were 1,834 alcohol related crimes recorded in Walsall in 2011/12, which represents a continuation in the downward trend of the past 5 years. The crude rate per 1,000 persons has reduced from 10.11 in 2007/08 to 7.14 in 2011/12, as seen in Figure

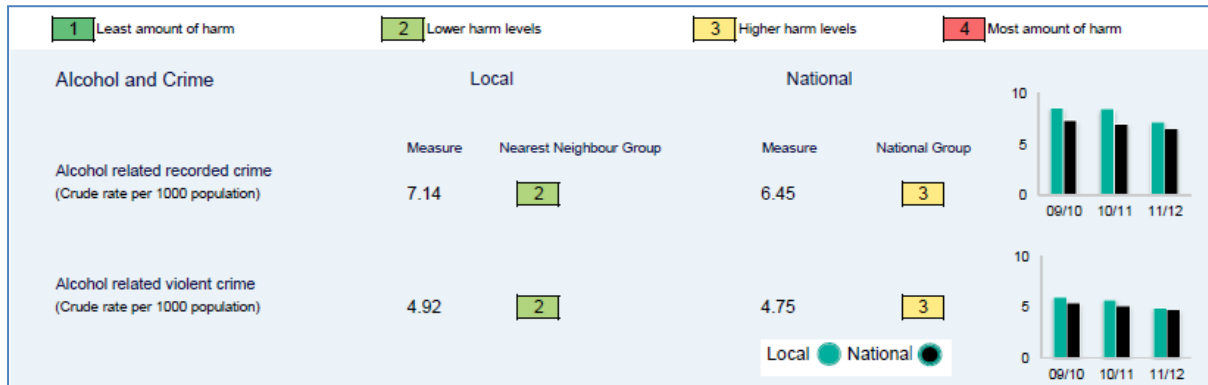


Figure 6 Alcohol and Crime (Source: Public Health England; Alcohol and Drugs JSNA Support Pack)

- The number of alcohol related crimes, whilst decreasing, is still higher in Walsall than the West Midlands (6.77) and national (7.02) average.

Walsall ranks 104 out of 326 local authority areas for the highest rates of alcohol related crimes.

Key priorities are:

- *Ensure young people have the knowledge and confidence to resist pressure and recognise risks of controlled drugs, New Psychoactive Substances (NPS) and alcohol through health promotion work in schools*
- *Develop and implement the use of the young people's Drug Use Screening Tool across all young people's services*
- *Further Integrate Health Promotion services and the Making Every Contact Count (MECC) programme to train partner agency staff to identify and deliver appropriate Brief Advice interventions to maximise opportunities to influence behavioural change*
- *Mainstream and develop further the Alcohol Liaison Service working between the hospital, primary care and specialist community alcohol services*
- *Increase the available opportunity for detoxification, in the community and in-patient residential settings, to support individual's recovery*
- *Maintain Walsall's good performance of people swiftly entering the treatment system and successfully exiting substance misuse treatment services*
- *Establish more robust support networks services to those who have exited treatment to sustain their recovery*
- *Maintain the strong support that substance misuse treatment services offer to the criminal justice system*