

What does this topic summary cover?

- What is the impact of drug misuse in Brighton & Hove?

Why is this topic important?

The misuse of drugs causes physical, psychological and social harm to the individuals concerned, as well as giving rise to significant disruption and cost to families and communities.¹ Reducing the supply and availability of drugs and promoting recovery from drug related harms are a national priority.



It is estimated that in 2016-17 there were approximately **313,971** heroin and/or crack cocaine users in England.

Drug related crime costs an estimated £13.9 billion per year and offenders who use these drugs commit between a third and a half of all acquisitive crime.²

National data³ continues to show that drug use amongst the general population is falling with 4.3% of adults having taken an illicit drug in the last month. The proportion of those aged 16-24 years responding positively to this question was higher at 9.5%. Class A drug use amongst the younger age group has been increasing since 2011/12 which is mainly driven by an increase in powder cocaine and ecstasy use. Younger adults aged 16 -24 were three times more likely to have used NPS in the previous year than the general working age adult population. In recent years the use of synthetic cannabinoids has been linked to increasing episodes of antisocial behaviour both in the community and within prisons.

In 2017 the Government published a new national drug strategy.⁴ The 2017 strategy highlights the need to reduce demand, restrict supply and build recovery – by supporting people to recover from drug dependence with a focus on building recovery in communities by creating a system that gets people into treatment, but also getting people into full ‘recovery’, and completely free from dependence on drugs or alcohol. Parental drug and alcohol dependence can have a significant impact on families, particularly children, and can limit the parent’s ability to care for their child(ren). Parents are role models for their children and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. It can also mean that children take on inappropriate caring roles for their parents. Supporting vulnerable families to break inter-generational pathways to dependence is a part of the approach to prevent and reduce the demand for drugs and to help build recovery.

The use of ‘legal highs’ or ‘Novel Psychoactive Substances’ (NPS) has become a particular issue in recent years. In 2016 the Psychoactive Substances Act made it illegal to produce or supply a psychoactive substance that is likely to be used to get high. The 2017 strategy recognises the particular issues and harms associated with NPS as well as highlighting emerging trends associated with chemsex and IPEDs.

National outcomes

- ***Increase successful completion of drug treatment (Public Health Outcomes Framework)***
- ***Increase the number of adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison (Public Health Outcomes Framework)***

¹ Brighton & Hove Safe in the City Partnership. Community Safety, Crime Reduction and Drugs Strategy 2011-14.

² Home Office. The economic and social costs of Class A drug use in England and Wales, 2003-04 in Measuring different aspects of problem drug use: methodological developments. Online report 16/06; BCS 2007

³ Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales. July 2018

⁴ HM Government. Drug strategy 2017. Reducing demand, restricting supply, building recovery: supporting people to live a drug free life.

Local outcomes

- *Increase the number of people successfully completing treatment and not re-presenting within 6 months*
- *Reduce the number of drug related deaths*
- *Increase the number of people from LGBT and BME communities accessing treatment*

Current picture in Brighton & Hove

The impact of drug misuse on the city of Brighton & Hove is well documented. It is estimated that in 2016-17 there were approximately 2,065 heroin and/or crack cocaine users in Brighton & Hove.⁵

A question on drugs was included for the first time in the 2012 Health Counts Survey.⁶ Most respondents, 60% had never taken drugs not prescribed to them or available at a chemist, 10% had taken in the last four weeks and an additional 7% in the last year (but longer ago than four weeks) and 23% more than one year ago.



During the 2017-18 financial year there were **1,510** clients in drug treatment in the city.

At the end of this period 36.6% of opiate clients had been in treatment six years or more.⁷ Table 1 shows the main drug being used by those in treatment during 2017 for Brighton & Hove, with three-fifths (61%) due to primary use of heroin. In 2017, 65 clients were supported for their primary use of NPS drugs.

Table 1: Percentage of clients in drug treatment, by primary substance. Brighton & Hove, 2017

Heroin	61%
Cocaine	9%
Cannabis	7%
Crack	4%
Other	19%

Source: Brighton & Hove Public Health Directorate

The drug using population are considerably more at risk from blood born viruses. Data for 2017 indicates a local prevalence of hepatitis C of 60% for this population, compared with 51% for England, Wales and Northern Ireland.⁸



During 2016/17 successful completions for opiate users in treatment services increased to **10%** with an increase in the number of individuals successfully completing treatment.

⁵ Public Health England, Prevalence Estimates 2016-17

⁶ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 1992-2012. Available at: <http://www.bhconnected.org.uk/content/surveys>

⁷ DOMES Quarter 4 2017-18

⁸ Public Health England, Unlinked Anonymous Monitoring Survey of People Who Inject Drugs: data tables July 2018

7.3.7 Substance misuse (Adults)

Between April 2017 and March 2018, 6.9% of opiate users (n= 83) left treatment successfully as a proportion of all in treatment compared with 6.4% for comparator Local Authorities. 7.4% (n=88) left treatment and did not re-present within six months compared with 6.6% nationally.⁹

During 2017 there was an average of 17.1 attendances at the Royal Sussex County Hospital A&E department each month related to “drug addiction”¹⁰ It is likely that this represents an under reporting of activity.



The cost of A&E attendance and hospital admissions is high.

Drug misuse can have a major impact on young people’s education, health, families and long-term life chances. In 2017 in Brighton & Hove, 10.5% of those in drug treatment lived with a child under 18. Liverpool John Moore’s University were commissioned by PHE to provide estimates for the number of adults with an opiate dependency who live with children, and the number of children living in those households. Estimated met treatment need figures for Brighton and Hove are comparable to national averages (Table 2).¹¹

Table 2: Annual met treatment need estimates, opiate dependency 2014/15 to 2016/17

Adults with an opiate dependency	Brighton and Hove			Benchmark	National
	Prevalence	Treatment	% met need	%	%
The number of women with a dependency who live with children	156	99	63%	53%	60%
The number of children who live with a woman with a dependency	270	157	58%	52%	60%
The number of men with a dependency who live with children	150	74	49%	41%	48%
The number of children who live with a man with a dependency	268	127	47%	40%	49%
Total number of adults with a dependency who live with children	306	173	57%	45%	52%
Total number of children who live with an adult with a dependency	538	284	53%	44%	53%

The impact on the community is also documented.¹² There is often an impact on housing, and significant numbers of people within commissioned supported accommodation services have substance misuse issues. Across supported housing for single homeless adults, snapshots taken at the same point in 2016 and 2017 show high self-reporting of a need to manage a drug misuse problem, with 65% reporting need in high (24-hour) support services, and 40% reporting need in low support services.¹³



Using the Office for National Statistics (ONS) data, in 2017 there were **37** drug-related deaths of residents in Brighton & Hove.

Comparing Brighton & Hove with other areas, there were 74 deaths between 2015-17 giving a rate of 8.6 per 100,000 people and Brighton & Hove placed in 21st out of 240 local authorities who reported.

⁹ DOMES Quarter 4 2017-18

¹⁰ A&E Symphony Flat 2017 File Reason for Attendance Recorded as Drug Addiction

¹¹ Estimates of the number of children who live with opiate users. England 2014/15. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2018/03/parental-report-March-2018-VH.pdf>

¹² Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales. July 2018

¹³ Brighton & Hove City Council. Commissioning Team Contract Monitoring.

Programmes of work continue to reduce the number of drug related deaths e.g. naloxone mini jet provision and training and first aid/overdose prevention training and greater awareness of the intersection between mental health and risk taking behaviour that can lead to a drug related death.

A service user involvement worker undertakes consultation with clients currently in the treatment system. The five key priorities identified in 2017 were:

- Access to appropriate housing to support recovery and reintegration into the community
- A focus on those with a 'dual diagnosis' (usually substance misuse and mental health needs)
- To continue to prioritise reducing drug related deaths
- Access to recovery mentoring, peer mentoring and volunteering opportunities
- Services and support for those using novel psychoactive substances (NPS)

Predicted future trends



There is a group of people between the age of 18 and 25 not presenting to treatment service, particularly for alcohol and cannabis abuse as they do not recognise their use as being problematic.

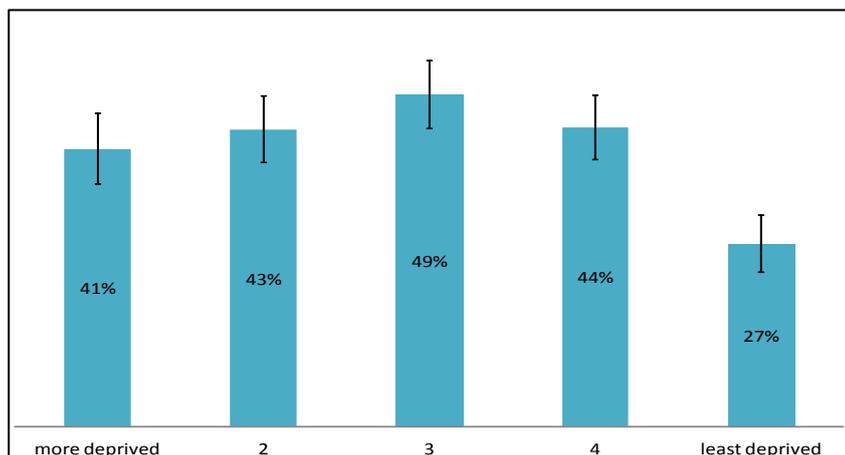
There are a number of different cohorts of people using novel psychoactive substances who could benefit from support. These include men who have sex with men, club drug users and people in employment who are unlikely to engage with 'traditional' treatment services. There is a cohort of individuals addicted to pain medication following a period of ill health. These individuals will require support to successfully detox from the medication.

There will need to be a continued focus on the development of recovery-orientated services, ensuring that aftercare/post successful completion services are available to support people to stay in recovery. This will include a focus on health and wellbeing services, alongside employment, training and housing support.

Local inequalities

According to the 2012 Health Counts survey having ever taken drugs is not associated with deprivation within the city. Whilst it is lowest in the least deprived areas it is highest in the middle three quintiles (Figure 1).

Figure 1: Percentage of respondents ever having taken drugs by quintile of deprivation within Brighton & Hove, 2012



Source: Health Counts Survey 2012

The Health Counts 2012 Survey also showed that:

- Having ever taken drugs is higher for males than females (45% for males and 36% for females) and this is the case in all age groups. Having ever taken drugs is highest in those aged 25-34 years and falls in each age band after this age to just 5% of males and 0% of females aged 75 years or over.
- LGB and unsure respondents (63%) are statistically significantly more likely to have ever taken drugs than all respondents. The highest percentages were for lesbian/gay women (76%), bisexuals (74%), and those who are unsure of their sexual orientation (86%), however, it should be noticed that the sample sizes in those groups are very small.
- Drugs use is lower in BME respondents (34%) than White British respondents (42%), though the difference is not statistically significant.



Those who are single are significantly more likely to have ever tried drugs (48%) and those who are widowed (9%) or separated or divorced (26%) significantly less likely.

- Carers (33%) were significantly less likely than all respondents to have ever tried drugs.
- Respondents with no religion (60%) were significantly more likely to have ever tried drugs than all respondents (though this could be related to age), Christians were significant less likely (21%) and 36% of those with another religion had ever tried drugs.
- Respondents who rent from a private landlord were significantly more likely to have ever tried drugs (54%).
- Employed respondents are significantly more likely to have ever taken drugs (49%). The figure was also higher for students (46%), though not significantly so. Retired respondents were significantly less likely (4%) to have ever taken drugs, though this is likely to be strongly age related.



Respondents with degree level qualifications or higher were statistically significantly less likely to have ever tried drugs (22%).

The average age of those in drug treatment is increasing in the city and is currently 42 years and 3 months for males and 39 years and 9 months for females. Women made up 28% of the treatment population in 2017.¹⁴

There is under representation from the Black and Minority Ethnic (BME) groups within the treatment population (13.5%) compared with 19.5% within the City. Anecdotally, feedback indicates that this may be due to cultural issues, and the preference to deal with these types of issues within communities, rather than approaching treatment services. There may also be some protective factors (for example abstinence from alcohol) associated with the culture of these communities that reduces use.

There is also an under-representation of the lesbian, gay, bisexual and transgender (LGBT) community within the 2017 treatment population (11.8%) compared with an estimate of 13% within the City. Use of substances within this community may not be problematic, however given evidence of higher levels of use and under-representation within treatment it is possible that a gap in provision exists. Of those in treatment for primary use of Novel Psychoactive Substances (NPS/Legal highs), 50% come from this community.

A study looking at lesbian, gay and bisexual (LGB) people's alcohol and drug use in England found that drug use is common across all age groups, especially up to the age of 40 and the use of any drug in the last month is 7 times higher across all LGB adults compared to the general population.¹⁵

¹⁴ NDTMS (Nebula) extract 2017 Drug Users in Treatment.

¹⁵ Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) Jez Buffin, Dr Alastair Roy, Heather Williams and Adam Winter.2012



Overall, UK and international evidence suggests that rates of substance use are higher among LGBT groups than in the general population.

LGB adults were significantly more likely to have taken illicit drugs in the last year (28.4%) than were heterosexual adults (8.1%).¹⁶

In 2017, 4.3% of those in drug treatment reported a learning disability. Of all those in drug treatment 20% reported having one or more disabilities. Based on national prevalence rates, there were an estimated 4,902 adults aged 18-64 years with a learning disability living in Brighton & Hove in 2017 (approx 2.5%).¹⁷

Substance-free accommodation can be very important for a person in the treatment system. However, there is a lack of this in the integrated support pathway for those who exit treatment into band 3 supported accommodation.¹⁸

What's working well?

Services for drug and alcohol community based treatment were re-tendered in 2015, and a new partnership, 'Pavilions', has been operational since 1st April 2015. Drug and alcohol service provision is now integrated. Service users are engaged, involved, retained and reviewed to ensure progression through treatment and recovery and are supported to ensure positive, planned outcomes.

As part of the recovery journey, service users are provided with support to gain and maintain recovery capital such as having positive relationships, having a sense of physical, mental and emotional wellbeing, meaningful occupation of their time, adequate housing, being a caring parent, strong sense of self within the community and financial resilience.

A strong partnership ethic is fostered between providers and commissioners.

Watch this space

A re-procurement of services for drug and alcohol community based treatment is taking place in 2019.

Information on the data used

The 2017 National Drug Strategy

<https://www.gov.uk/government/publications/drug-strategy-2017>

Public Health England produces a number of key evidence and support documents.

<https://www.gov.uk/search?q=substance+misuse>

Locally an Independent Drug Commission was held in 2013. The recommendations are being taken forward.

<http://www.safeinthecity.info/sites/safeinthecity.info/files/sitc/Drugs%20commission%20report%20final.pdf>

Brighton & Hove Substance Misuse Needs Assessment 2013/14

<http://www.bhconnected.org.uk/content/needs-assessments>

Last updated

August 2019

¹⁶ Abdulrahim D, Whiteley C, Moncrieff M, Bowden-Jones O. *Club Drug Use Among Lesbian, Gay, Bisexual and Trans (LGBT) People*. Novel Psychoactive Treatment UK Network (NEPTUNE). London, 2016.

¹⁷ Institute of Public Care. *Projecting Adults Needs and Service Information (PANSI)*. Available at: www.pansi.org.uk (Registration required)

¹⁸ Brighton & Hove City Council. Commissioning Team Contract Monitoring.