Substance Misuse Health Needs Assessment Lincolnshire 2015

Summary version

This document contains a summary of the full Substance Misuse Health Needs Assessment. For the full document please refer to Lincolnshire Research Observatory at http://www.research-lincs.org.uk/UI/Documents/Substance-misuse-HNA-Final.pdf
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Executive Summary
This is a summary version of the Substance Misuse Health Needs Assessment, if you wish to read the full document please go to the Lincolnshire Research Observatory at http://www.research-lincs.org.uk/UI/Documents/Substance-misuse-HNA-Final.pdf to download the document.

The purpose of this health needs assessment is to inform the future commissioning strategy for Lincolnshire substance misuse services. It will take into consideration national and local strategies, policies and guidance; it is the start of a new era in substance misuse treatment, where changes can be made, improvements achieved and new ideas considered. The recommendations within this document will highlight areas that need to be maintained, those that require improvement and elements that need further consideration when commissioning future services.

Lincolnshire is a large county with a population of nearly 725,000 people spread over both rural and urban environments. Estimates indicate there are over 17,000 dependant drinkers and nearly 30,000 high risk drinkers as well as 3000 people dependant on heroin or crack cocaine. This causes significant harm and impacts on family life, health, crime and wellbeing of all who live in this unique diverse county. It is clear that the national recession is having an impact on Lincolnshire; the drive to reduce deficits and make financial savings will encapsulate all services that receive government funding. Inevitably this will impact on substance misuse services and equally may have an influence over the behaviour of the population as a whole. To this end, we need to be smarter, leaner and more innovative with our thinking toward alcohol and drugs; there needs to be a societal shift in thinking about what is normal and acceptable as well as consideration given to innovative approaches to treatment for the future.

Over the last 15 years drug treatment numbers have plateaued whilst problematic alcohol use has increased. Over this time different approaches to drug use and drug dependency have shown that varied approaches are required to have successful positive outcomes, but all can have significant impacts on the individual, their family and society. Alcohol use has also seen trend changes; with a significant shift to the purchase and consumption of alcohol within the home, although the night time economy still plays a significant role in the public perception of alcohol misuse and problematic drinking, including violent crime and anti-social behaviour. These issues have not gone unchallenged, but further work is required and this health needs assessment will highlight some areas for consideration.

The long and short term health of Lincolnshire's residents is significantly affected by alcohol and drugs; recent access to hospital data has allowed analysis in this area for the first time. This combined with police crime data illustrates a better picture which will help those commissioning and providing services to develop solutions and better understand the problems ahead.

This Health Needs Assessment does not replace the Lincolnshire Alcohol Needs Assessment published in 2014 but rather enhances it and adds a perspective that can be used to inform commissioning intentions. It should also be considered alongside the Lincolnshire Alcohol and Drug Strategy 2014-2019.
Recommendations

Commissioning

- Consideration needs to be given to the location of future service provision within main urban areas and smaller more rural locations, especially with regard to the most deprived areas of the county.
- Specific provision for dual diagnosis should be considered within any future commissioned model.
- Blood borne virus programmes should remain fully integrated in future services, hepatitis B vaccinations and hepatitis C screening should be available to all clients entering or engaged with treatment services regardless of the presenting substance.
- Needle syringe programmes should be appropriately placed across the county to enable easy access to all those who need it. Mapping should be utilised to identify under-represented areas and future services should take this into account.
- Future services should be able to accommodate changes in substance misuse behaviour, trends should be monitored and services commissioned in such a way that provision can be changed quickly to ensure treatment is always appropriate and effective.
- Future treatment services should consider if there is any way to better engage the night time economy to improve uptake of treatment services by this population including those who use alcohol and new psychoactive substances.
- Consideration should be given to a hospital liaison service that can be called upon by hospital staff following an overdose where illicit drugs and/or alcohol or alcohol related conditions are a contributing factor.
- Full access to data held by specialist services should be included within any future contracts, including the option to receive client level data through appropriate information sharing agreements to enhance the intelligence base of substance misuse and particularly treatment services within Lincolnshire.
- Health data to be utilised to highlight gaps in treatment provision to ensure services are developed to offer early intervention to avoid premature death wherever possible.
- A drug related deaths review process should be implemented and led by commissioners.
- Future service provision should be accessible to all ethnic groups with consideration given to Ethnic minority groups as they have a higher propensity to misuse substances. Although Lincolnshire has a low percentage population of these groups and so evidence does not indicate a separate service provision is required any future services will need to ensure they are accessible and sensitive to the needs of this population.
- Future commissioning strategies should consider different models for mutual aid provision to enhance and improve the current provision across Lincolnshire.

Partnership working

- Close working relationships should be developed with the department for work and pensions given unemployment plays a significant role in substance misuse.
- Future services should work closely with Youth Offending services, youth housing providers and Schools as Young people with complex needs are at greater risk of developing alcohol or drug problems.
Future services should work closely with children's services and other family groups including families working together and family courts, because family history plays a significant role if a young person's likelihood of developing alcohol or drug problems.

Consideration should be given to closer working links to sexual health services who are already engaged with this client group, particularly because gay and bisexual men have a much higher tendency to misuse alcohol and drugs as well as expose themselves to higher risks of contracting a blood borne virus than other groups.

Closer working relationships need to be developed with CCG's as well as with providers of community mental health services and Child and Adolescent Mental Health Services (CAMHS) to improve joint working in regards to Dual Diagnosis as it is evident in a high percentage of those commencing mental health treatment.

Future services should develop close working relationships with those involved with domestic abuse incidents and engagement with this client group should be embedded in treatment services.

Close working relationships with the police and probation are vital, future services should have sufficient provision to engage both services at an appropriate level, given nearly one third of all crime has links to alcohol and many serious acquisitive crimes are linked to drug abuse.

Further development

- Regular night club goers have a higher propensity to use drugs, this should be explored further to establish if any future service can increase the uptake from this element of the night time economy.
- Most drugs are consumed in a domestic environment; consideration should be given to engaging with this difficult to reach group including social media and other engagement campaigns.
- The penetration into the problematic drinking population remains low. Hospital admissions data and crime data should be used to target appropriate groups that make up these statistics enabling engagement at an earlier stage before the misuse becomes problematic to both health and criminal justice services.
- Recovery is especially difficult for entrenched opiate users, services should develop techniques to address the representation rates of these clients including improved engagement with mutual aid services.
- It is difficult to pin point specific drug information from hospital data, further development work should be carried out with hospitals in order to improve data recording to enable appropriate information to be easily extracted.
- Homelessness and problematic street drinkers are not evidenced in this assessment, consideration needs to be given to this group and potential solutions to promote long term recovery should be considered.
- Consideration needs to be given around holding bespoke public consultation sessions regarding drug use i.e. neighbourhood panels or web surveys.
- Joint work is required with the Prescribing and Clinical Effectiveness Forum (PACEF) to better understanding prescribing practices within primary care and how these are being used to treat alcohol and drugs dependent patients.
Aims and methodology

Scope

The purpose of this abbreviated version of the health needs assessment is to provide a document that can be read quickly and give the highlights of the more comprehensive HNA.

Areas not covered by this HNA are services within prisons or support to families and carers of substance misusers. There are also some gaps in the data which includes homelessness and street drinkers in Lincolnshire.

Aim

To develop an understanding of the health and broader social and economic impacts of alcohol and drugs across Lincolnshire, in order to inform and shape the future commissioning strategy prior to treatment services entering the commissioning cycle.

Objectives

- To give an overview of the scope and scale of health, social and economic impacts caused by alcohol and drugs across Lincolnshire
- To identify areas that should be considered as part of the future commissioning strategy for alcohol and drug services in Lincolnshire
- To identify key areas for further consultation with key stakeholders when developing a new treatment structure for Lincolnshire
- To consider the impact on key groups including adults, young people and those injecting drugs

Methodology

Data for this Health Needs Assessment has been gathered from many statutory and non-statutory sources including the Police, NHS, Public Health England (PHE) and local service providers. For a full explanation of the methodology used please refer to the full Substance Misuse Health Needs Assessment published on Lincolnshire Research Observatory1.

Background and policy context

Overview - history

1998 saw the introduction of the government's national drug strategy titled 'Tackling Drugs to Build a Better Britain'. This new strategy saw a significant investment in drug treatment services across the country however this was not mirrored by investment in alcohol treatment which did not see a national strategy until 2004 and lacked serious investment until the revised strategy was released in 2007.
Since the 1998 drug strategy there have been a number of revisions on a National level; with a fundamental change of focus from maintenance to recovery. During this time NHS Primary Care Trusts (PCTs) were responsible for the contracting of substance misuse services and no re-procurement was undertaken. As a result the current services have been in place for some time and have not been subject to a competitive tender for 15 years. However, in April 2013 the responsibility for commissioning substance misuse services changed to Lincolnshire County Council as part of the NHS restructure and this re-commissioning is now to commence.

Despite the prolonged length of the contracts, services have not remained static; many changes have been implemented and services continually evolve to take account of changes in substance misuse behaviour, legislation and policy. Most recently the Drug Strategy 2010 changed the focus of treatment from maintenance to recovery which required a wholesale rethink of how services were being delivered. This was followed by Lincolnshire entering in to a Payment by Results national pilot in April 2012 which uniquely put the two adult treatment providers in direct competition with each other for the same client group, while an additional service was commissioned to govern the tariff setting process.

The young person's services were not subject to the Payment by Results pilot however they have experienced significant changes. These services have seen a substantial reduction in the number of young people requiring clinical interventions, but have noticed an increase in the consumption of new psychoactive substances and an upsurge in alcohol related problematic drinking.

The needle syringe programme has been in its current form since 2012 following a competitive tender; the service provides three specialists needle syringe programmes offering a 'pick and mix' style service. Further coverage is offered across the county by pharmacy based provision coordinated by one overall provider.

**National policy context**

The national context is driven by two key documents, the National Alcohol Strategy 2012 and the National Drug Strategy 2010. These overarching documents are underpinned by a vast array of guidance published by the Department of Health, National Institute for Health and Care Excellence (NICE), Public Health England and previously the National Treatment Agency. Some of these documents detail procedures, some are guidelines, and some highlight best practice.

Some key documents are referenced below:

- Drug Strategy (2010)²
- Medications in Recovery Re-orientating drug dependence treatment³
- Drug Misuse and Dependence: UK Guidelines on Clinical Management⁴
- Alcohol Strategy (2012)⁵
- NICE Local Government briefing - Alcohol (2012)⁶
Local policy context

Substance misuse services play a major part in the Public Health Outcomes Framework (PHOF), Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy; these documents outline Public Health responsibilities and are underpinned by the Annual Report of the Director of Public Health, Dr Tony Hill. To enable the wider Public Health outcomes to be achieved for substance misuse there are three documents that need to be considered:

1. Lincolnshire Alcohol Health Needs Assessment 2014
2. Lincolnshire Alcohol and Drug Strategy 2014-2019

Local context

- Lincolnshire is a large, rural county with an estimated population of 724,500.
- The population density in the county is just 122 persons per square kilometre (less than a third of the average for England and Wales) and ranges from over 2,600/km² in Lincoln to 78/km² in East and West Lindsey.
- Lincolnshire’s population is projected to increase by approximately 50,300 people by 2022. The largest growth is expected in the older population, with those aged 75 and over increasing by 39.9%.
- The number of young people under the age of 18 in Lincolnshire has dropped by 2% between 2003 and 2013 to 19%.
- There are expected increases in the 5-14 year, 30-39 year, 55-64 year and 70+ age ranges over forthcoming years.
- Across the county, 12% of people live within the 20% most deprived areas of England, however this is not spread evenly across the county with areas of Lincoln, East Lindsay and Boston Borough being between 28.4%.
- At the 2011 census, the non-white population made up 2.4% of Lincolnshire residents compared to 1.4% in 2001.
- Average unemployment is lower than nationally, however there are pockets of long term unemployment as well as seasonal employment and unemployment in the major industries of agriculture and tourism.
- Unemployment among the younger population (aged 24 and below) is higher than the national average.
- Based on the 2011 census, the proportion of people who declared having bad or very bad health was slightly higher in Lincolnshire than in England (5.9% compared to 5.5%).
- In Lincolnshire, it is estimated that there are 17,160 dependent drinkers, whilst 29,949 people drink at higher risk levels, and over 106,000 at levels of increasing risk.
- Existing data shows that hospital admissions due to alcohol are lower than the national average with the exception of Lincoln which is higher than the national average.
- There are 3,458 people in treatment services for alcohol or drug misuse, with heroin being cited as the most common substance for treatment in Lincolnshire.
- Drug related deaths for both men and women in Lincolnshire have seen an increase between 2010 and 2013.
Determinants of drug and alcohol misuse

- 16-24 years are more likely to have used drugs in the last year than older adults.
- Men are more likely to take drugs than women.
- Findings from the CSEW 2013/14 show that people living in more deprived areas are more likely to be frequent drug users.
- Studies have shown that young people from more than one vulnerable group are at more risk of drug and alcohol misuse\textsuperscript{11}.
- Pupils that reported truancy or exclusion in the past were more likely to report that they usually took drugs at least once a month compared to those that had never truanted or been excluded.
- Gay or bisexual adults were more likely to have taken an illicit drug in the last year in comparison to heterosexual adults.
- Adults from a mixed background are the most likely to have participated in illicit drug taking in the last year compared to other ethnic groups.
- It is known that alcohol dependence follows families, with children of parents with alcohol dependence being four times more likely to develop similar alcohol dependence.
- It has been reported that many as 41% of suicides are attributable to alcohol and 23% of those self-harming are known to have alcohol dependence\textsuperscript{12,13}.
- It is estimated that three quarters of drug service users in the UK have mental health problems, the most common associations for substance misuse being depression, anxiety and schizophrenia.
- It is estimated that 3-9% of those dying from suicide in the UK had underlying drug dependence\textsuperscript{14}.
- People who live in urban surroundings have higher reported levels of drug taking compared to those living in rural areas.

Overview of substance misuse

Demography of drug use\textsuperscript{15}

- In 2013/14, around 1 in 11 (8.8%) adults aged 16 to 59 had taken an illicit drug in the last year, while usage in adults aged 16 to 24 (18.9%) is more than double the proportion seen in the 16 to 59 age group.
- Of all 16 to 59 year olds respondents, 35.6% had reported to have taken drugs at some point during their lifetime.
- The average age of people using an illicit drug in the last 12 months has increased from 26.6 years in 1996 to 29.3 years in 2013/14.
- Men are more likely to take drugs than women. 11.8% of men had taken an illicit drug in the last year, compared with 5.8% of women.
- People living in urban areas reported higher levels of drug use (9.3%) than those living in rural areas (6.5%).
- Adults from mixed ethnic backgrounds were the most likely to have taken any illicit drug in the last year compared with adults from other ethnic groups. Around half (53%) of
users from mixed ethnic backgrounds were aged 16 to 29, whereas in the general population, the proportion was much lower at 31%.

- Gay or bisexual men were most likely to have taken an illicit drug in the last year (33.0%), compared to gay or bisexual women (22.9%) and heterosexual men (11.1%). This high level of use may be due, at least in part, to the younger age profile of individuals identifying themselves as in this group.
- A larger proportion (4.5%) of respondents who lived in more deprived areas reported frequent drug use compared with those in the least deprived areas (2.3%).

### Characteristics of drug use

- There has been an increase in the usage of cocaine, ecstasy, LSD and ketamine between 2012/13 and 2013/14.
- The most commonly reported age for first taking cannabis was 16 years and for powder cocaine and ecstasy it was 18 years.
- Among those who were no longer regular drug users, the most commonly reported age for stopping taking cannabis was 18 and for powder cocaine and ecstasy it was 25.
- The proportion of young adults aged 16 to 24 classed as frequent drug users (6.6%) was more than twice as high as the proportion of all adults aged 16 to 59 (3.1%) in 2013/14.
- Frequent drug use was higher among those who visited nightclubs four or more times in the last month (10.9%) compared with those who had not (2.3%).
- 54% of adults who had taken drugs in the last year reported to have obtained them from someone well known to them (not a family member). 53% last obtained drugs from a domestic setting and 62% had taken drugs in a domestic setting.
- 56% of adults aged 45 to 59 reported to take drugs in their own home, compared to 16 to 24 year olds (20%).

### Emerging legal drug use

- Salvia (*Salvia Divinorum*) and nitrous oxide have been identified as legal emerging drugs in the last year.
- There is a reported, although not significant, increase in adults aged 16 to 59 who have used nitrous oxide, from 2.0% in 2012/13 to 2.3% in 2013/14.
- Usage of salvia is less prominent; however there has been a statistically significant increase from 0.3% of adults in 2012/13 to 0.5% in 2013/14.
- Usage of both salvia and nitrous oxide is highest among young adults aged 16 to 24, at 7.6% and 1.8% respectively.

### Polydrug and polysubstance use

- Almost all cases of simultaneous polydrug use (95%) involved the use of cannabis (73%), powder cocaine (49%), ecstasy (37%) and/or amphetamines (19%).
- 61% of adults who used drugs in the last year reported to have used alcohol at the same time.
- The highest rates of simultaneous polydrug use were found among those who had used methadone (58%), ecstasy (49%), ketamine (48%) and amphetamines (43%) the last
time they had used drugs. The lowest rate of simultaneous polydrug use was found among those who had used cannabis (7%) the last time they had used drugs.

- Whilst cannabis is most commonly used for polydrug use, it appears to be used more as a subsidiary drug with users preferring harder drugs such as methadone, ecstasy and ketamine as their primary drug.

**Attitudes towards drug use**

- 32% of adults thought it was acceptable for people their own age to take cannabis occasionally, while 66% thought it was never acceptable.
- Only 7% of adults thought it was acceptable for people their own age to take cocaine and ecstasy occasionally, while 93% thought it was never acceptable.
- Less than 0.5% thought it was acceptable for people their own age to frequently take heroin, cocaine or ecstasy.
- A small proportion of respondents (3.0%) felt it was ‘very safe’ to take cannabis, while 79% felt it was ‘very unsafe’ (47%) or a ‘bit unsafe’ (32%).
- The majority of respondents (98%) thought taking heroin was unsafe, while 86% felt taking cocaine or ecstasy was unsafe.

**Drug misuse among children**

- In 2013, 16% of pupils had ever taken drugs, 11% had taken them in the last year and 6% had taken them in the last month. This is similar to the levels of drug use recorded in 2011 and 2012.
- The prevalence of drug taking amongst young people increased with age with 5% of 11 year olds reported that they had ever taken drugs, increasing to 30% amongst 15 year olds.
- Boys and girls were equally as likely to have taken drugs.
- Compared with White pupils, Mixed, Asian and Black ethnic pupils were more likely to have taken drugs in the last year.
- Pupils with relatively low reported levels of wellbeing (score less than 10 (on a scale of 0 to 20)) were more likely to have taken drugs in the last year than those with higher levels of wellbeing.
- Cannabis was the most widely used drug among 11 to 15 year olds in 2013, with 7% of pupils reporting having taken it in the last year.
- 3% of pupils said that they usually took drugs on a frequent basis (at least once in a month). This has declined from a peak of 7% in 2003.
- Pupils who reported that they had ever truanted or been excluded were more likely to say that they usually took drugs at least once a month than those who had never truanted or been excluded (10% and 1% respectively).
- Pupils who tried drugs at an earlier age were most likely to report sniffing volatile substances (glue, gas, aerosols or solvents) the first time they tried drugs, whereas pupils whose first experience of drugs was at an older age were most likely to have tried cannabis.
- Pupils who had taken drugs on more than one occasion were most likely to have taken cannabis the last time they took drugs while 61% had taken cannabis only.
58% of pupils who had taken drugs in the last year reported that they would like to give up now or in the future.

When asked about awareness of drugs, 92% of pupils have heard of Cocaine, Heroin (89%), and Cannabis (87%), while fewer had heard of Poppers (35%), Ketamine (35%) and Mephedrone (44%).

**Specialist treatment services in Lincolnshire**

- Prevalence of opiate and crack users is estimated to be higher in Lincolnshire than in both the East Midlands and England.
- Of the estimated 3,067 opiate and crack users in Lincolnshire in 2011/12, 55% were in treatment, however 32% were not known to any treatment providers.
- Latest treatment data show there to be 3,458 adults in drug or alcohol treatment in 2013/14, which equates to 7.84 clients per 1,000 of the population of Lincolnshire.
- Of those in treatment, almost a quarter went on to complete their course of treatment, with 13% re-presenting for further support within six months.
- Lincolnshire has seen a 21% increase in the numbers of adults entering treatment for substance misuse since 2011/12; however numbers of adults completing treatment has also risen by 39%.
- Almost three quarters of adults in effective treatment in 2013/14 were male and a third of adults were aged 25 to 34.
- Two thirds of those in effective treatment are opiate or crack users, 13% take cannabis and 8% use amphetamines. In the past three years methadone users have decreased in Lincolnshire, while numbers of opiate users and injectors have risen.
- More recent service provider data indicates that over half of those in treatment live within the Lincoln catchment area, as there are number of needle exchange sites in the city. There are a number of clients who live in areas with mid to high levels of deprivation, such as Horncastle, Market Rasen, Spilsby and Holbeach, where there is limited access to needle exchange sites.
- Between April and September 2014, there were 127 young people in substance misuse treatment in Lincolnshire, with this number increasing to 315 throughout 2014/15.
- Two thirds of young people in treatment were male.
- Cannabis is the most reported substance used by young people, followed by alcohol amphetamines and more recently new psychoactive substances such as Mephedrone.
- The majority of young people in treatment reported poly drug use with many having experienced domestic abuse as well as reporting episodes of self-harming and anti-social behaviour.
- There is a close association between substance misuse and mental health, as 39% of adults new to treatment in 2013/14, had a recorded dual diagnosis, which is more than double the proportion seen nationally.
- 38% of adults and 5% of young people identified as high risk completed a course of treatment for Hepatitis B in 2013/14, with 100% of adults and 8% of young people who were offered a Hepatitis C test.
- During the first half of 2014, there were 5,270 attendances at needle syringe programmes in Lincolnshire, or which most reported for use of heroin, amphetamine and
Mephedrone; however it should be noted that presentation for use of NSP rose by 88% during the same period.

Health related to substance misuse

- Alcohol-related hospital admissions in Lincolnshire have seen a general decline in the past five years.
- Admission rates are highest in Lincoln, Boston and East Lindsey and are above the national and Lincolnshire average.
- Alcohol-specific hospital admission rates in Lincolnshire are considerably higher among men than women, with rates for both being highest in Lincoln and Boston.
- Alcohol-related mortality rates are lower in Lincolnshire than nationally and regionally, but they have increased from 2009 to 2012, particularly amongst women.
- The most common causes of alcohol-related mortality locally are alcoholic liver disease and fibrosis and cirrhosis of the liver.
- Nationally in 2014, a drug-related inpatient admission was almost five times more likely to result from mental and behavioural disorders than from poisoning by illicit drugs.
- Drug-related inpatient admissions in England have risen by 10% since 2012/13.
- Drug-related hospital admissions were highest in Lincoln and Boston in 2014.
- Men account for 54% of all drug-related inpatient admissions, while women make up 57% of all drug-related A&E attendances.
- The highest number of drug-related inpatient admissions can be seen in the 25 to 34 age group, which mirrors the national picture; however there were more 16 to 24 year olds admitted to A&E in Lincolnshire for drug-poisoning related conditions than any other age group.
- Within Lincolnshire, the main causes of drug-related inpatient admissions were poisoning by narcotics and hallucinogens (including opioid use).
- The main cause of drug-poisoning related A&E attendances in Lincolnshire was the use of prescriptive drugs.
- Mortality rates due to drug-related poisoning and drug misuse in Lincolnshire for both males and females were lower in 2013 than the national equivalent.
- Drug-related mortality is significantly higher among men than women.
- Age-specific mortality rates are highest among those aged 30 to 39 in Lincolnshire.
- In Lincolnshire, men aged 40 to 49 and women aged 50 to 59 were most likely to die from drug-related causes.
Crime and disorder related to substance misuse

- From 2009 to 2013, there were over 16,000 alcohol-related offences and incidents. About a third of these were assaults and around a sixth were traffic incidents.
- Key locations, particularly in Lincoln city centre and Skegness, saw a large proportion of alcohol-related crime and specifically of violent crime.
- Levels of alcohol-related violence have risen since 2009, but now appear to be falling compared to last year. Seasonal peaks occur in August, October and December.
- Alcohol-related violence is linked to the night-time economy in towns across the county, with high risk periods during late evening and early hours at the weekend.
- Almost a fifth of alcohol-flagged offences were domestic, but this is likely to be an underestimate. Repeat victimisation is also under-reported and data related to victims is poor.
- Alcohol was considered to be an influencing factor in offending for 36.2% of male offenders and 31.1% of female offenders.
- Street drinking is difficult to quantify and appears to be under-reported.
- In the last three years, there have been 45 positive breathalyser tests on drivers involved in fatal or serious accidents, and 204 in slight accidents.
- Between 2012/13 and 2013/14, levels of drug related offences have risen by 9.2% in Lincolnshire.
- There is a strong relationship between drugs and crime, with half of all serious acquisitive crimes being drug related. Around three quarters of heroin and crack cocaine users commit other crimes to fund their habit.
- Two thirds of all offences related to possession of illicit drugs, of which possession of cannabis comprised the majority of offences.
- There have been 248 offences leading to drug seizures, of which 34 related to the admitted possession of Mephedrone. It is thought these numbers are under-reported due to the limited capabilities of drug testing for Mephedrone in Police stations.
- Offences tend to be concentrated within populated residential areas and town centres. In Lincolnshire, the majority of offences occurred in Lincoln and Boston.
- Patterns of drug related offences occur most on weekends and between the hours of 20:00 and 00:59, which can be linked with the night-time economy.
- Drug related offences are predominantly committed by men (90%) and by those aged 20 to 29 years. Drug related offences become less common as the age of the offender increases.
Provider engagement events

During February and March 2015 a total of 6 initial provider engagement events and meetings took place, this consisted of one event for group discussion and five individual meetings with the current providers, the Lincolnshire Local Medical Committee and the Lincolnshire Local Pharmaceutical Committee to discuss potential future treatment priorities. The following is a summary of the key points that came from these sessions.

Some key findings/areas of concern from the engagement events were:

- NPS use in Lincoln.
- Middle class and older drinkers.
- The east coast transient population and deprivation.
- MCAT in Grantham.
- Gaps in NSP coverage.
- Rural population.
- Improving the impact primary care has on substance misuse.
- Mental health including stronger links between treatment services and mental health workers.
- BBV's.
- A constantly changing substance misuse scene creates challenges.
- Links between domestic violence and alcohol use.
- Prevention work for young people.
- Develop stronger communities including mutual aid.
- Treatment availability regardless of presentation.

Appendices

Glossary

Drug: in common usage, the term refers to psychoactive drugs, and often more specifically to illicit drugs, of which there is non-medical use in addition to any medical use.

Illicit drug: a psychoactive substance, of which the production, sale or use is prohibited.

Poisoning (drug or alcohol): defines a state of major disturbance of consciousness level, vital functions and behaviour following the administration of excessive doses (deliberately or accidentally) of one or more psychoactive substances.

Misuse (drug or alcohol): indicates the use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medication.

Dual Diagnosis (DD): refers to the Complex needs with coexisting mental health and substance misuse problems
Polydrug use: is considered to be the use of more than one type of drug being taken either at the same time (simultaneous use) or more than one type of drug being taken within the same period of time, for example, in the last year (concurrent use). The corresponding measure of poly substance use includes the use of alcohol alongside drugs and is classified in the same way.

Payment by Results (PbR): A system for paying a contract on the outcomes it achieves rather than on inputs or throughput.

References

15. Source: Crime Survey for England and Wales (CSEW) 2013/14