Substance misuse in adults

# Summary

## Introduction

Substance misuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and drugs. Drug misuse includes the harmful use illegal drugs, ‘legal highs’, and prescription-only medicines.

NB: Alcohol misuse is covered in a separate JSNA chapter.

Substance misuse leads to ill health through both communicable and non-communicable disease. Those who participate in illicit drug use are more likely to share needles and increase the risk of acquiring blood borne viruses, such as HIV, hepatitis B and C. Drug users also have higher smoking and alcohol consumption rates, which contribute to an increased risk of premature death.

Nationally, and locally, the number of individuals in contact with specialist drug misuse services has decreased since numbers peaked in 2008-09. This is mainly due to the decline in the number of opiate users presenting to treatment. However, there is a growing population of older opiate users, who commonly present to treatment services with cumulative physical and mental health problems due to long-term drug use.

In recent years there has been an increase in the use of synthetic drugs, especially new psychoactive substances (NPS), which is worrying as their availability and comparatively low price make them attractive. Several groups have been identified as being vulnerable to substance misuse, including young people, the homeless, some sex workers and individuals with pre-existing mental health problems.

## Key issues and gaps

The level of unmet need (the estimated proportion of opiate users not in treatment) is higher in Medway compared to England.

In 2019, a needs assessment was carried out in Medway on common mental health disorders and non-dependent substance misuse (co-occurring conditions). This needs assessment highlighted a number of areas to consider taking action in Medway:

* Raise public awareness
* Targeted campaigns for key groups
* Improve screening and capacity to respond to need
* Enable self-help
* Agree (and implement) a pathway of care for co-occurring conditions
* Create a time-limited co-located “team” to kick start the pathway
* Encourage social prescribing to maximise available support

## Recommendations for Commissioning

Medway Council commissioned Turning Point and Open Road to provide substance misuse treatment and recovery services in Medway from 1 April 2018. The aim is to provide a system that reduces the likelihood of lapse or individuals becoming ‘stuck in treatment’ by providing visible recovery to everyone entering treatment.

It is anticipated the new service will address: lack of mutual aid; co-occurring conditions; lack of engagement with treatment; substance misuse among rough sleepers; visible recovery; and low rates of blood borne viruses.

# Introduction

Substance misuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and drugs.[1]

NB: Alcohol misuse is covered in a separate JSNA chapter: Lifestyle and wider determinants -> Alcohol

Drug misuse includes the harmful use illegal drugs, “legal highs” and prescription-only medicines.[2] Under the Misuse of Drugs Act 1971, illegal drugs are placed into one of three classes: A, B or C. This is broadly based on the harms they cause either to the user or society when they are misused. Class A drugs are considered likely to cause the most serious harm.[3] Examples include:

* **Class A**: heroin, cocaine (including crack), methadone, ecstasy, and LSD.
* **Class B**: amphetamines, barbiturates, codeine, and cannabis.
* **Class C**: benzodiazepines, ketamine, pregabalin, and anabolic steroids.

In recent years there has been a growth in the use of synthetic drugs, especially new psychoactive substances (NPS) previously knowns as ‘legal highs’. NPS are chemical substances that produce similar effects to ‘established’ drugs (like cocaine, cannabis and ecstasy).[4] They were originally created to side-step legislation,[4] but these drugs are now either under control of the Misuse of Drugs Act 1971 or subject the Psychoactive Substances Act 2016. The unknown purity and consistency of NPS is of particular concern in terms of both the short- and long-term effects, as well as their relative availability and comparatively low price.[5]

There is also concern regarding the dependence on, and withdrawal from, prescribed medicines, such as pain killers, and in 2018 Public Health England was commissioned to review the available evidence.[6]

## Health harms of drugs

Substance misuse leads to ill health through both communicable and non-communicable disease.

Communicable disease: Those who participate in illicit drug use are more likely to engage in risky behaviours, which can increase their likelihood of poor health or drug-related deaths.5 Injecting illicit substances and participating in needle sharing not only increases the risk of overdose and dependency, but also the risk of acquiring blood borne viruses such as HIV, hepatitis B and C, alongside bacterial infections.[7], [8] Users of illicit substances are also at a greater risk of contracting sexually transmitted diseases by having unprotected sex.[7]

Non-communicable disease: Drug users have higher smoking and alcohol consumption rates than the wider population, which contributes to an increased risk of premature death. However, identifying whether the misuse of substances has been a direct or indirect cause of acute or chronic harm can be challenging.[7]

# Who’s at risk and why?

## Prevalence

The 2017/18 Crime Survey for England and Wales (CSEW) showed that around 1 in 11 (9.0%) adults aged 16 to 59 had taken an illicit drug in the last year.1 Cannabis was the most commonly used drug (7.2%; around 2.4 million people), followed by cocaine (in powder form: 2.6%) and ecstasy/MDMA (1.7%). Also, around 0.4 percent had used New Psychoactive Substances (NPS) in the past year.[9]

Medicines prescribed for the treatment of long-term pain include opioids, gabapentin and pregabalin.[10] The 2017/18 CSEW reported that 7.0 percent of adults aged 16 to 59 had taken prescription-only painkillers not prescribed to them for medical reasons, and a small proportion (0.2%) had taken them solely for the feeling or experience it gave them.[9]

There are three types of cocaine, all of which are Class A drugs; coke (fine white powder), crack (small lumps or rocks), and freebase (crystallised powder).[11] Crack is usually cheaper to purchase than powder cocaine,[10] making it a more affordable and accessible alternative. Collectively, opiate (e.g. heroin) and/or crack cocaine users (OCUs) have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance.[12] Table 1 shows the most recently published prevalence estimates of OCUs in England.[13] This gives an indication of the number in need of specialist drug treatment.[12]

**Table 1:** National opiate and/or crack prevalence estimates and rates, aged 15-64, 2016-17

|  |  |  |
| --- | --- | --- |
| **Drug** | **Number** | **Rate per 1,000** |
| Opiate users | 261,294 | 7.37 |
| Crack cocaine users | 180,748 | 5.10 |
| Opiate and/or crack users | 313,971 | 8.85 |

While the estimated number of opiate users in England has remained relatively similar in recent years, there was a 10 percent increase in the estimated number of crack cocaine users between 2011-12 (166,640) and 2014-15 (182,828), and it remained at this increased level in 2016-17 (180,748).[13]

## Deaths from drug misuse

Drug misuse is a significant cause of premature mortality in the UK.[14] The number and rate of drug misuse deaths increased between 2012 and 2016. There were nearly 2,400 drug misuse deaths in England in 2016, which was the highest figure on record; an increase of 60 percent since 2012.[15], [16]

This rise has been linked to heroin and opioid use, and the fact that heroin-related deaths doubled between 2012 and 2016. Two factors have been identified that may be responsible for the increase: the increased availability and purity of heroin, alongside an ageing population of heroin users in poorer health.[15], [16]

Data for 2017 shows that the number and rate of drug misuse deaths in England fell slightly from 2016; the first fall in 5 years.[15], [16]

## Treatment

In 2017/18, there were 192,603 individuals in England, aged 18 and over, in contact with specialist drug misuse services, which is a 15 percent reduction since numbers in treatment peaked in 2008-09 (225,751).[4] This decrease is mainly due to the decline in the number of opiate users presenting to treatment.[17]

Overall, the most reported problematic substance in 2017/18 was opiates (73%; 141,189), followed by crack cocaine (36%; 70,040) and cannabis (28%; 53,446).

## Age-related trends in treatment presentations

There has been a significant and steady fall in the number of under 25s presenting for treatment, which is primarily due to a decrease in the number of presentations for opiates and cocaine powder. Conversely, the proportion of those aged 40 years and over has continued to rise in the past decade, due to an increase in new opiate presentations in the over 40 age group.[17]

## Opiate users

Although the number of new presentations for opiates is falling, there is an ageing population of opiate users (median age of 40),[4] many of whom would have started using drugs during the epidemics of the 1980’s and 1990’s.[18] This ageing population of opiate users commonly present to treatment services with cumulative physical and mental health problems from long-term drug use and are also at increased risk of overdosing.[18]

An individual may present with more than one problematic substance and nearly half (45%) of opiate clients also presented with problematic crack cocaine use.

## Non-opiate users

Non-opiates are any drug other than those that act on opioid receptors, such as such as cannabis, crack and ecstasy.[4] Those who seek treatment for non-opiates tend to be younger. Within the 18-24 year old age group, the most reported drugs were cannabis (54%) and cocaine (29%). New treatment presentations for cannabis peaked in 2013/14, but have fallen by 17 percent over the last four years (30,422 to 25,169).[4]

## New psychoactive substances

There were 1,223 people who had problems with new psychoactive substances (NPS) starting treatment in 2017/18, which is a 16 percent decrease on the previous year (1,450) and a 40 percent decrease on the year before that (2,042). This fall was mainly driven by a 36 percent reduction in those under 25 entering treatment for NPS problems (321 in 2016/17, dropping to 206 in 2017/18). This reduction may be attributable to the new legislation and the reduction on availability.

## Vulnerable groups

The 2017 national Drug Strategy[19] identifies those most at risk of drug misuse in the UK:

## Young people

Drug misuse in young people often overlaps with a range of other vulnerabilities, which can exacerbate their risk of abuse.[19] In 2016-17, of the young people accessing specialist substance misuse services:

* 21% were affected by domestic abuse
* 18% identified as having a mental health problem
* 16% were involved in self-harm
* 16% were not in education, employment or training (NEET)
* 12% were looked after children.[20]

Most young people who have developed a substance misuse problem are not at the stage where they are dependent on drugs, so the response should focus on preventing more problematic use.[19]

## Mental health

Research suggests that up to 70 percent of people in community substance misuse treatment also experience mental illness. There is a high prevalence of drug use among those with severe and enduring conditions, such as schizophrenia and personality disorders.[19] The term co-occurring conditions is used when people experience mental health and drug and/or alcohol use conditions at the same time.[21]

## Offenders

Around 45 percent of acquisitive crimes (e.g. burglary, robbery, shoplifting) are committed by regular heroin or crack cocaine users.[19], [22] The criminal justice system provides a prime opportunity to tackle substance misuse and ensure the individual has access to the support they need to stop.[19]

## Prisoners

The use of new psychoactive substances (NPS) is problematic in prisons.[19] In 2017-18, almost one in ten adults in treatment stated they had a problem with NPS (8.5%).[23] The use of NPS in prisons is linked to violence, debt, organised crime and medical emergencies.[24]

## Families

Parental drug dependence can limit the parent’s ability to care for their child(ren) and can increase the likelihood of children misusing drugs themselves.[19] Parent-child conflict can also lead to children disengaging from their family and choosing to take part in risky behaviours with peers.[25]

Intimate partner violence and abuse: Women with experience of extensive sexual or physical violence are more likely to be dependent on drugs.[19]

## Sex workers

Those selling sex are at greater risk of drug misuse. Sex workers may use drugs as a way of coping with what they are having to do or because they are being coerced (into both prostitution and drug use). Alternatively, they may have become involved in prostitution to fund an existing drug dependence.[19]

## Homeless

Homelessness can be both a cause and consequence of drug misuse.[19] The use of NPS is particularly problematic among the homeless population.[19] In 2017-18, people who started treatment with NPS problems were more likely to have an urgent housing problem compared to all individuals starting treatment (25% vs 8%).[4]

## Veterans

Veterans sometimes use alcohol and/or drugs to cope with the physical and psychological effects of military service. These risks can be increased if their physical and/or mental health reduces their ability to find and hold long-term, fulfilling employment and secure accommodation.

## Chemsex

Chemsex is a term for the use of drugs before or during sexual activity to sustain, enhance, disinhibit or facilitate the experience. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone. These practices can have an adverse impact on the health and wellbeing of men who have sex with men (MSM), including the spread of blood borne infections and viruses.[19], [26]

# The level of need in the population

## Prevalence

Opiate and/or crack users (OCUs) collectively have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance.[27] Table 2 shows the most recently published prevalence estimates of OCUs in Medway[13], which gives an indication of the number in need of specialist drug treatment in the local area.[27]

**Table 2:** Local opiate and/or crack prevalence estimates and rates, adults aged 15-64, 2016-17.[13]

|  |  |  |
| --- | --- | --- |
| **Drug** | **Number** | **Rate per 1,000** |
| Opiate users | 1,221 | 6.77 |
| Crack cocaine users | 913 | 5.06 |
| Opiate and/or crack users | 1,459 | 8.09 |

In 2016-17, the estimated prevalence rate of opiate and/or crack users in Medway (8.09 per 1,000) was lower, but statistically similar, to the national prevalence rate for England (8.85 per 1,000).[13]

## Drug related deaths

Between 2015 and 2017, there were 35 deaths from drug misuse in Medway.[14] This is a rate of 4.4 per 100,000, which is statistically similar to the England rate (4.3 per 100,000).[27] Figure 1 shows that the rate of deaths from drug misuse in Medway has decreased since peaking between 2013 and 2015 (6.4 per 100,000).[14]



***Figure 1:*** *Age-standardised mortality rate from drug misuse per 100,000 population for England and Medway.[14]*

## Treatment

In 2017-18, 636 adults received structured drug treatment in Medway; 71 percent for opiates (450 adults), 18 percent for non-opiate and alcohol (117 adults) and 11 percent for non-opiates only (69 adults).[27] The number of adults in drug treatment in Medway has decreased by 13 percent since 2016-17 (731 adults). This appears to be driven by a reduction in opiate users in treatment; a 23 percent decrease from 581 opiate users in 2016-17.[27]

Detailed below are the characteristics of people who were in drug treatment in Medway in 2017-18:

* **Gender:** Seventy-one percent of adults in drug treatment in Medway were male and 29 percent were female, compared to 73 percent and 27 percent nationally, respectively.[27]
* **Age:** The age group with the largest proportion of adults in drug treatment in Medway was 30 to 39 (40%), followed by the 40 to 49 age group (31%), in line with the national picture.[27]
* **Sexuality:** Ninety-four percent of new presentations in Medway identified as heterosexual with a further one percent identifying as gay or lesbian, one percent as bi-sexual and four percent as not stated, not known or missing data.[27] Whilst this profile is similar to the national estimate of sexual identity,[28] it suggests that LGBT communities could be under-represented in drug treatment services given studies which show that, on average, they have a higher level of need.[29]

## Co-occurring substance misuse and mental health

Mental health problems are very common among those in treatment for drug use. In 2016/17, 22.5 percent of people who entered treatment for drug misuse in Medway were already in contact with mental health services, which is similar to the England average (24.3%).[30]

## Waiting times

Drug users need prompt help if they are to recover from dependence. Keeping waiting times low will play a vital role in supporting recovery.[27] In 2016/17, the proportion waiting more than three weeks for drug treatment in Medway was 0.2 percent, which is lower than the England average (1.5%).[31]

## Successful completion

In 2017/18, 6.8 percent of opiate users and 41.2 percent of non-opiate users successfully completed treatment in Medway; these figures are similar to the England averages (opiate users: 6.5%; non-opiate users: 36.9%).[27] Individuals achieving this outcome have overcome their drug dependence, which can lead to improvements in health and well-being, reduced mortality, reduced blood borne virus transmission risk, improved parenting, and improved physical and psychological health.[31]

The 2016-17 Medway Substance Misuse Needs Audit[32] highlighted that more than 50 percent of the opiate treatment population in Medway was assessed as having “high” or “very high” levels of complexity (higher than the local outcome comparator average). Those with higher levels of complexity are much less likely to successfully complete treatment.[32]

## Deaths in treatment

Between 2014/15 and 2016/17, the number of deaths in drug treatment was higher than expected in Medway (Medway mortality ratio: 1.61; England mortality ratio: 1.00).[31] Analysis of service data indicates that overdoses and illness related to the liver were cited most frequently among those who died whilst in treatment.

# Current services in relation to need

Provision of community-based treatment for drug and alcohol misusers has been available in Medway for over a decade. The primary focus of specialist services has been on engaging opiate and crack users (OCU’s), and people with a dependency on alcohol, to use effective treatment.[33]

## Turning Point and Open Road

Medway Council currently commissions two providers to deliver an integrated specialist substance misuse treatment and recovery service for adults, aged 18 years and above, who live in the Medway area.

Turning Point delivers community-based treatment, detox and rehabilitation services. The service aims to address dependency issues through prescribing and psycho-social interventions. The service operates under the name of [Medway Active Recovery Service](http://wellbeing.turning-point.co.uk/medway/) (MARS) and uses a “phased and layered” approach[34] to ensure the treatment offer is most appropriate to the clients. In 2017-18, a total of 636 individuals used specialist drug treatment (excluding alcohol clients).[12]

A needle exchange scheme operates as part of the treatment service to reduce the likelihood of needle sharing and onward transmission of blood borne viruses.

[Open Road](https://www.openroad.org.uk/medway-young-peoples-centre) has been commissioned by Medway Council to provide wellbeing and recovery services. Open Road accepts referrals from Turning Point, and other agencies, for individuals who have had issues with substances and would like ongoing support or targeted work to address issues such as training or employment. The purpose of this service is to reduce the likelihood of lapse and to present a visible recovery to those entering treatment services.

## Windmill Clinic at Medway Hospital

Medway NHS Foundation Trust has a specialist clinic, [Windmill Clinic](https://www.medway.nhs.uk/services/maternity/substance-misuse-in-pregnancy.htm), for women who use opiates prior or during their pregnancy. The clinic aims to provide individualised care and advice from both a midwife and obstetrician with specialist knowledge of substance misuse, as well as a drug worker within a friendly and non-judgemental environment. The service is in addition to normal midwifery care, although some women find it more appropriate to receive most of their care within the clinic.[35]

## Mutual aid organisations

Mutual aid refers to the social, emotional and informational support provided by, and to, members of a community group at every stage of recovery. Groups often include people who are abstinent, and want help to remain so, as well as people who are thinking about stopping and/or actively trying to stop their drug and alcohol use.[36] There are a range of organisations in Medway providing mutual aid, including Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA).[33]

## Residential rehabilitation

While the majority of individuals in Medway received an intervention in the community (99%) in 2017-18, a small proportion of adults attended an intervention in a residential setting (2%).[12] Residential rehabilitation provides an opportunity for those who find community-based services ineffective at addressing the causes of addiction and prepare the individual for reintegration into the community. In Medway, Turning Point organises residential rehabilitation for clients when needed and finds the most appropriate programme for each case.

## Locally

Medway Council Public Health is committed to the delivery of the current national [Drug Strategy](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF)[19] through the commissioning of high quality local substance misuse services. The national plan aims to reduce demand, restrict supply, and build recovery in communities. The treatment provider, Turning Point, works collaboratively with agencies including the police, housing providers, rough sleeper support workers, prison drug treatment providers and social care services to achieve those aims.

A key piece of collaborative working is the Blue Light Project, a multidisciplinary scheme to oversee a coordinated approach to supporting those facing the severe and multiple disadvantages (SMD) of substance misuse, homelessness and involvement with the criminal justice system. The quality of life reported by people facing SMD is much worse than that reported by many other low income and vulnerable people, especially with regard to their mental health and sense of social isolation.[37] The Blue Light Project has a rolling caseload of 20 individuals.

The Medway Council Public Health team engages with local primary and secondary schools to deliver quality PSHE on a variety of subjects, including building confidence and resilience, as well as providing drug and alcohol education.

## Physical and mental health

Long-term drug use can affect the physical health of some people; this includes acquisition of blood borne viruses, unintentional overdose, respiratory problems and other health problems associated with self-neglect.

Medway Council Public Health has begun work to embed NHS Health Checks and stop smoking services into treatment and recovery services. Turning Point is working with Medway CCG to develop a chronic obstructive pulmonary disease (COPD) pathway and early identification of substance misuse issues at the acute hospital pre-admissions unit and other wards. It is anticipated that the Wellbeing and Recovery service delivered by Open Road will provide holistic support for all aspects of health.

To reduce the risk of opiate overdose, naloxone is made available through the needle exchange scheme and is offered (with appropriate training) to those working with high risk populations.

It is also acknowledged that substance misuse and mental ill-health are co-occurring conditions for some individuals (see the “Unmet needs and service gaps” section for further information). Services commissioned by Medway Council Public Health have been working to engage with mental health services to improve pathways.

# Projected service use and outcomes

In 2017, Public Health England completed an evidence review of drug treatment and estimated the size and characteristics of the drug treatment population in England to the end of 2020.

Overall, it is projected that the number of people in treatment for opiate misuse will decrease. The proportion aged under 30 is predicted to continue to fall considerably and, conversely, the proportion aged 40 and over is estimated to make up almost three-quarters of all those in treatment for opiate use. This will have significant implications for the health and mortality risks of older users. Drug treatment will need to respond to a range of age-related, long-term health conditions and actively support referrals for primary and specialist care.[17]

For non-opiate users, it is projected that the number in treatment will remain relatively stable, as has been the case in recent years. However, changes may be seen in the types of non-opiate substances that individuals are presenting for, with a rise in the use of New Psychoactive Substances (NPS) and the decline seen over the last 10 years in benzodiazepine and crack cocaine presentations. It is projected that the age profile of non-opiate clients will not change that much, with the majority of presentations continuing to come from the under 35 age group.[17]

It is unlikely that the trends predicted nationally will differ greatly from the local Medway picture. Although services will be adapted and scaled in line with the level of need, the continued commissioning of services for our opiate and crack users will continue to be important due to the impact this cohort can have on crime, unemployment, safeguarding children and long-term benefit reliance.[12]

# Evidence of what works

## NICE guidelines

The National Institute for Health and Care Excellence (NICE) provides several evidence-based guidelines on a range of topics related to drug misuse, such targeted interventions for drug misuse prevention (guideline NG64).[2]

## UK Clinical Guidelines 2017

In 2017, the Department of Health published guidance for clinicians providing drug treatment for people who misuse or are dependent on drugs: Drug misuse and dependence - UK guidelines on clinical management.[34] This document offers guidelines on:

* Prison-based treatment
* New psychoactive substances and club drugs
* Mental health co-morbidity
* Misuse of prescribed and over-the-counter medicines
* Stopping smoking
* Preventing drug-related deaths, including naloxone provision

There is also a strong emphasis on recovery and a holistic approach to the interventions that can support recovery.[34]

## Drug Strategy 2017

In July 2017, the Government published the 2017 Drug Strategy, which aims to reduce all illicit and other harmful drug use, and increase the rate of individuals recovering from their dependence. The Government aims to achieve this by adopting a balanced approach over four key themes:[19]

* **Reducing demand:** Taking action to prevent the onset of drug use, and its escalation at all ages, through universal action combined with more targeted action for the most vulnerable. This includes placing a greater emphasis on building resilience and confidence among our young people to prevent the range of risks they face (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships).
* **Restricting supply:** Taking a smarter approach to restricting the supply of drugs: adapting the approach to reflect changes in criminal activity; using innovative data and technology; taking coordinated partnership action to tackle drugs alongside other criminal activity.
* **Building recovery:** Achieving a full recovery by improving both treatment quality and outcomes for different user groups; ensuring the right interventions are given to people according to their needs; and facilitating the delivery of an enhanced joined-up approach to commissioning and the wide range of services that are essential to supporting every individual to live a life free from drugs.
* **Global action:** Taking a leading role in driving international action, spearheading new initiatives, e.g. on new psychoactive substances, sharing best practice and promoting an evidence-based approach to preventing drug harms.

# User Views

In 2016 Medway Council Public Health commissioned a needs audit of local substance misuse needs.[32] The consultation heard the views of 81 people with current or recent substance misuse issues and 33 professionals working with partner agencies. Service user and partner views included:

* Recovery provision was felt to be under developed due to high demand on treatment taking the majority of resources.
* Service users and partners do not want a ‘one size fits all’ approach - they want a ‘Both And’ approach - namely, both treatment and recovery.
* Sustainable recovery was felt to be limited by the lack of individual recovery capital and gaps in the current system to build individual and community recovery capital.

‘Recovery capital’ refers to the internal and external resources necessary for an individual to achieve and maintain recovery from substance misuse as well as make behavioural changes. Recovery Capital recognises that a variety of elements can support or jeopardise recovery; these include social networks, physical, human, cultural and community issues. Recovery capital differs from individual to individual, and may change over time.[38]

# Unmet needs and service gaps

Public Health England indicates the level of unmet need for drug treatment services by calculating the estimated proportion of local opiate users who were not in contact with drug treatment services for an opiate problem. In 2016/17, it was estimated that 52.6 percent of opiate users were not in treatment in Medway.[31]

The 2016-17 Medway Substance Misuse Needs Audit[32] also highlighted the following issues:

1. The current system appears to have a gap in the peer support and mutual aid available to clients. Data from 2015 shows that 3 percent in Medway receive peer support compared to 17 percent in Kent; these figures are the same for mutual aid support.
2. Some groups are under-served; Eastern Europeans, homeless and lower level users.
3. There is an apparent need for outreach, especially in the homeless community.
4. The visibility of the service provider needs to be improved, so people know where to access help.
5. There is lack of clear pathways out from services, so a number of people remain stuck in treatment.

## Co-occurring conditions

The term co-occurring conditions, or dual diagnosis, is used when people experience mental health and drug and/or alcohol use conditions at the same time.3 Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment.[21]

Mental ill health and drug and/or alcohol use are both associated with physical health problems and early death.[21] Evidence suggests that people with co-occurring conditions are frequently unable to access the care they need from both mental health and addiction services. Individuals experiencing mental health crisis may experience difficulty in accessing care due to intoxication.[21]

Safeguarding is an issue, as some vulnerable groups of people with co-occurring conditions may be particularly at risk of losing contact with services, while also being at greater risk of harm.[21] Therefore importance is placed on individuals being assigned a named care worker in order to build a relationship and to help follow a Care Programme Approach (CPA).[39] NICE also recommends that individuals have contact with champions and supportive families who can encourage the use available mental health and substance misuse services.[40]

In 2019, a needs assessment was carried out in Medway on common mental health disorders and non-dependent substance misuse (co-occurring conditions). It was estimated that there are 6,227 individuals in Medway who have a common mental health disorder and use alcohol or other non-dependant substance misuse[41]. The numbers of those with more complex mental illness and dependant substance misuse are unknown, however it is safe to assume that harms will be far greater. This needs assessment highlighted a number of areas to consider taking action:

* **Raise public awareness of co-occurring conditions**, reduce stigma and encourage self-assessment and asking for help.
* **Targeted campaigns** for key groups such as young people, LGBTQ+, veterans, unpaid carers, women, those with dementia, and without GP access.
* **Improve screening and capacity to respond to need** for co-occurring conditions by choosing the most appropriate tools and training a range of professionals.
* **Enable self-help** by developing a comprehensive online offer and ensuring a better user journey for those experiencing co-occurring conditions.
* **Agree (and implement) a pathway of care for co-occurring conditions** to enable collaborative delivery of care by multiple agencies in response to individual need.
* **Create a time-limited co-located “team”** to kick start the pathway of care for co-occurring conditions.
* **Encourage a social prescribing approach** as part of this pathway to maximise use of available support.

# Recommendations for Commissioning

Medway Council commissioned Turning Point and Open Road to provide substance misuse treatment and recovery services in Medway from 1 April 2018. It is anticipated the new service will address the following:

* Lack of mutual aid: new support groups will be encouraged through peer support and the impact will be monitored.
* Co-occurring conditions: protocols will be checked, re-issued and monitored.
* Lack of engagement with treatment: improved links between criminal justice, general practice and treatment services.
* Substance misuse among rough sleepers: treatment experts will be embedded in the Rough Sleepers Initiative outreach, delivered by Medway Council’s Strategic Housing department, and will have rapid referral routes into treatment.
* Visible recovery: clear pathways between the treatment and recovery elements of the system.
* Low rates of blood borne viruses: needle exchange scheme will liaise with community wardens, etc. to reduce numbers of discarded sharps.

A pilot project is underway, Rough Sleepers Initiative delivered by Medway Council’s Strategic Housing department, to support vulnerable women, including those who sell sex. This builds on the strong partnerships between Public Health, Strategic Housing and the treatment service provider.

The data for deaths in treatment[31] and drug misuse deaths[14] in Medway were above the England average and higher than expected. This issue will be addressed, in part, by a multi-agency panel that will look at the circumstances around sudden and unexpected drug related deaths through a root cause analysis process. The panel will disseminate the learning to other agencies.

To fill a gap in knowledge about Chemsex activity in Medway, Metro Charity have been commissioned to deliver a research project that will inform any future interventions.

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# Recommendations for needs assessment work

Evaluate the impact of the new specialist substance misuse treatment service on key indicators by the end 2019.

# References

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