# Drug Use Disorder

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**DRAFT JSNA Report**

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## Further Information

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Several acronyms have been used throughout this document and are given below:

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| ACMD | Advisory Council on the Misuse of Drugs |
| BBV | Blood Borne Virus |
| BZP | Piperazines |
| CCG | Clinical Commissioning Group |
| CGL | Change, Grow, Live |
| CJS | Criminal Justice System |
| CSEW | Crime Survey for England & Wales |
| DIP | Drug Interventions Programme |
| DsPH | Directors of Public Health |
| DTORS | Drug Treatment Outcomes Research Study |
| GBL | Gamma Butrolactone |
| GHB | Gamma Hydrixybutyrate |
| GP | General Practitioner |
| HBV | Hepatitis B Vaccination |
| HCV | Hepatitis C Virus |
| HIV | Human Immunodeficiency Virus |
| HWB | Health and Wellbeing Board |
| JSNA | Joint Strategic Needs Assessment |
| KIRS | Knowsley Integrated Recovery Service |
| KYM | Knowsley Youth Mutual |
| LDIS | Local Drug Information Systems |
| LINks | Local Involvement Networks |
| MDMA | Ecstasy |
| MSM | Men who have sex with men |
| NEET | Not in Education, Employment or Training |
| NHS | National Health Service |
| NICE | National Institute for Health and Care Excellence |
| NPS | New Psychoactive Substances |
| OCU | Opiate and/or Crack User |
| ODN | Operational Delivery Network |
| ONS | Office for National Statistics |
| ORA | Offender Rehabilitation Act |
| OTC | Over The Counter Medicines |
| PHE | Public Health England |
| PHOF | Public Health Outcomes Framework |
| PIN | Professional Information Network |
| POM | Prescription Only Medicines |
| PPG | Patient Participation Group |
| STI | Sexually Transmitted Infection |
| THinK | Teenage Health in Knowsley |
| UN | United Nations |
| UNODC | United Nations Office on Drugs and Crime |
| YOS | Youth Offending Service |

## 1. Table of Contents

## EXECUTIVE SUMMARY

Background and context

Drug use disorder refers to the continued use of a drug (legal or illicit) by an individual that is consumed in quantities that are harmful to themselves or those around them. Nationally, the total cost of harms related to illicit drug use in England was £19.3 billion for 2017-18 with drug-related crime as the main driver of total costs. Drug offences were estimated to cost £9.3 billion, and the harms associated with drug-related deaths and homicides made up £6.3 billion. Within these costs, criminal justice services (CJS) cost £733 million, drug-related enforcement services costs amounted to £680 million with spend associated with drug treatment and prevention making up a smaller proportion of the total cost at £553 million.[49]

Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government's thinking on what more can be done to tackle the harm that drugs cause.[11] The Report's published in 2020 and 2021 detailed the challenges posed by drug supply and demand, and part two focussed on the importance of vulnerable people with substance misuse problems getting the support they need to recover and turn their lives around, in the community and in prison. It contains 32 recommendations for change across various government departments and other organisations, to improve the effectiveness of drug prevention and treatment. These reviews where instrumental in the formation of the national drugs strategy (From Harm to Hope) and the subsequent Knowsley Place Strategy and delivery plan. [55]

**Knowsley Summary:**

The outcomes desired from the national drugs strategy (From Harm to Hope) and the local Knowsley Place Strategy (2022-25) are to:

1. Reduce Drug Use
2. Reduce Drug Related Harm and Deaths
3. Reduce Drug Related Crime

The JSNA document describes the notable information related to Knowsley around these three areas.

Drug Use:

Best available estimated prevalence data, last sourced in 2016/17 from drug treatment, probation, police, and prisons related to drug use has limitations. This means that data is likely to be both under-represented and is out of date. In Knowsley, in 2016/17 there was a significant increase in estimated Opiate and/or Crack Users (OCU) from 2011/12, increasing from 9.60 per 1,000 adults aged 15-64 to 11.98 per 1,000. Similarly, there was an increase in opiate use from 8.59 per 1,000 adults in 2011/12 to 10.14 in 2016/17. However, there was a decrease in the use of crack cocaine, which fell from 7.28 per 1,000 in 2011/12 to 6.76 per 1,000 adults in 2016/17.[59]

Analysis at the time (2016/17) by age shows that Knowsley has a higher rate of OCU and opiate users in the 35-64 age group than in any other age group. Knowsley is also higher than England for young adults aged 15-24. However, prevalence is lower in Knowsley for younger adults aged 25-34 than nationally.[59]

Drug Treatment (Access)

When engaged in treatment Knowsley residents:

- Use fewer illegal drugs.
- Are more protected from drug related deaths.
- Commit less crime.
- Improve their health, and manage their lives better, benefitting their community.

Improving access, increasing the numbers accessing treatment and preventing early drop out contributes to improved outcomes and forms a key part of the Knowsley Place-based strategy. Unfortunately, the numbers accessing treatment have reduced over recent years and the levels of unmet need have increased.

In 2021/22, there were a total of 780 adults in structured drug treatment services in Knowsley. This has reduced by over a quarter (29%) since 2014/15, when there were 1,094 adults in structured drug treatment services in Knowsley.[54] Knowsley numbers have fallen to the lowest seen in the past 12 years. There has been a significant decline of -44% in non-opiate clients in the last two years, which the COVID-19 pandemic has impacted upon. Numbers for 2016/17 to 2020/21 stayed similar at approximately 850 to 900.[54]

In 2021/22 Knowsley had a higher level of unmet OCU need (58%, equating to 664 adults) compared to England (54%). This was also the case for Opiates in Knowsley (51%, equating to 494 adults) higher than (47%) England. The rate of Crack unmet need was similar in Knowsley (58%, equating to 375 adults) to England (57%).[1]

Drug Treatment (Outcomes):

**On accessing treatment, outcomes for those individuals are good**. In 2021/22, the proportion of all opiate users in treatment in Knowsley who had successfully completed and did not return within 6 months was **5.1%, similar to England (5.0%)**. The proportion of non-opiate users who complete treatment successfully was much higher than opiates at **39.5% during 2021/22 and higher than that observed in England (34.3%)**. Successful completion rates have improved significantly since the impact of the COVID-19 pandemic and the mobilisation of Project ADDER. [1]

Drug users in treatment can cite prescription-only medicines (POM) or over-the-counter medicines (OTC) as well as having a problem with illicit drugs. In 2021/22, 7% of drug users in treatment in Knowsley were there for dependence on prescription-only medicines or over-the-counter medicines, lower than England (9%). [1]

In 2021-22, 24% of eligible adults were offered and accepted a Hepatitis B Virus (HBV) vaccination, this is lower than the England average (28%). Of those in Knowsley who were offered a HBV vaccination, 30% completed a course of the vaccination (12% England) and a further 17% started a course of vaccination (8% England).[1]

In 2021-22, 64% of eligible adults accepted a Hepatitis C test, this is higher than the England average (45%). In 2021-22 there were 17% of tested people who had a positive Hepatitis C test antibody test in Knowsley, this was lower than England (21%).[1]

10% of all people (adults and young people) in specialist treatment services in Knowsley during 2019/20 were young people, broadly similar to the England average. Of those young people in treatment, 74% were males. Males were substantially more likely than females to be involved in offending or antisocial behaviour as well as citing cannabis as a problematic substance. However, females were substantially more likely to be involved in self-harm, sexual exploitation and to cite alcohol as a problematic substance.[33]

Cannabis was the substance most used by young people in specialist substance misuse services in Knowsley during 2021/22, with 92% doing so (88% nationally). Alcohol was the next most used substance (5% compared to 49% nationally) with 3% of young people accessing drug use disorder services in Knowsley using stimulants (ecstasy, cocaine, amphetamines), compared to 11% nationally citing problematic ecstasy use, 9% citing problematic cocaine use and 3% citing problematic amphetamine use.[33]

Drug Related Harm and Deaths

In the three-year period 2019-21, there were 32 deaths (24 males and 8 females) in Knowsley relating to drugs misuse, an average of 11 deaths per year and 0.7% of total deaths over that period. This gave an age-standardised rate of 7.7 drug related deaths per 100,000 population in Knowsley, similar to the North West (7.5) and higher than the rate of England (5.1). The number of deaths in Knowsley relating to drugs has increased over time. In the period 2008-10, there were only 6 deaths in Knowsley relating to drug use, and in the period 2014-16, there were 12 deaths in Knowsley relating to drug use, increased deaths have occurred over the last five years.[35]

Evidence shows that people who experience non-fatal overdoses are more likely to experience a future fatal overdose. In Knowsley in 2021/22, the rate of hospital admissions, in which drug poisoning was given as primary or secondary diagnosis, was 96.8 per 100,000 population[1], over double the rate of England (42.9)[1].

Drug Related Crime

Between April 2020 and March 2022, there were 2668 offences relating to drugs committed in Knowsley. Of these 2668 offences, 2129 related to drug possession and use, and the other 539 offences related to drug trafficking. The main offence

recorded related to drugs was Possession of Cannabis (Class B Drug), accounting for 68% of all offences.

As drug misuse increases, some people may use crime, mainly acquisitive in nature, to subsidise their substance misuse. Others may resort to more serious crimes such as robbery, extortion, money laundering or exploitation of others – offences that will generate revenue to purchase drugs. With the criminal cycle of drugs supply some users will sell drugs to fund their own use.

## *1. INTRODUCTION:*

The purpose of this Joint Strategic Needs Assessment (JSNA) is to analyse the current scale of drug harm and misuse in Knowsley by identifying both the health and crime related needs of those affected by drug misuse, assessing whether current service provision and interventions are adequately meeting those needs in line with the National Drug Strategy 2022 (From Harm to Hope).[11]

The scope of this JSNA is to explore:

- Drug Use Disorder and its impact on the community
- National and local policy drivers
- Health need, including health inequalities for drug misuse.
- Drug use and association with offending and criminal justice.
- Capacity of treatment services to meet drug users' recovery need.
- Drug misuse among children and young people

This JSNA makes several recommendations based on the National Drug Strategy (From Harm to Hope), local health and crime need, and up to date available evidence of what works throughout this document.

These recommendations are intended to inform strategic planning and local service provision in line with the national drugs strategy (From Harm to Hope) and Knowsley's Drug Strategy 2022-25, reporting its findings and recommendations directly to the newly formed Knowsley Combatting Drugs Partnership (CDP) and Senior Responsible Officer (SRO).

## *2. WHAT IS DRUG USE DISORDER AND WHY IS IT IMPORTANT?*

What is Drug Use Disorder:

Drug use disorder refers to the continued use of a drug (legal or illicit) by an individual that is consumed in quantities that are harmful to themselves or those around them. **Drug Use Disorder is a chronic medical condition and should be treated as such.** Drug use disorder is a complex issue and has a major impact on the health and wellbeing of individuals, families, and communities. Those affected by drugs use them compulsively and the effects of substance misuse are

cumulative, significantly contributing to poor health, homelessness, family breakdown and offending[27].

Drug Use Disorder symptoms or behaviours include, among others:

- Feeling that you have to use the drug regularly.
- Having intense urges for the drug that block out any other thoughts.
- Over time, needing more of the drug to get the same effect.
- Taking larger amounts of the drug over a longer period of time
- Making certain that you maintain a supply of the drug.
- Spending money on the drug, even though you can't afford it.
- Not meeting obligations and work responsibilities, or cutting back on social or recreational activities because of drug use
- Continuing to use the drug, even though it's causing problems or causing physical or psychological harm.
- Doing things to get the drug that normally wouldn't do e.g., stealing.
- Driving or doing other risky activities under the influence of the drug
- Spending a good deal of time getting the drug, using the drug, or recovering from the effects of the drug
- Failing in attempts to stop using the drug.
- Experiencing withdrawal symptoms when attempting to stop taking the drug.

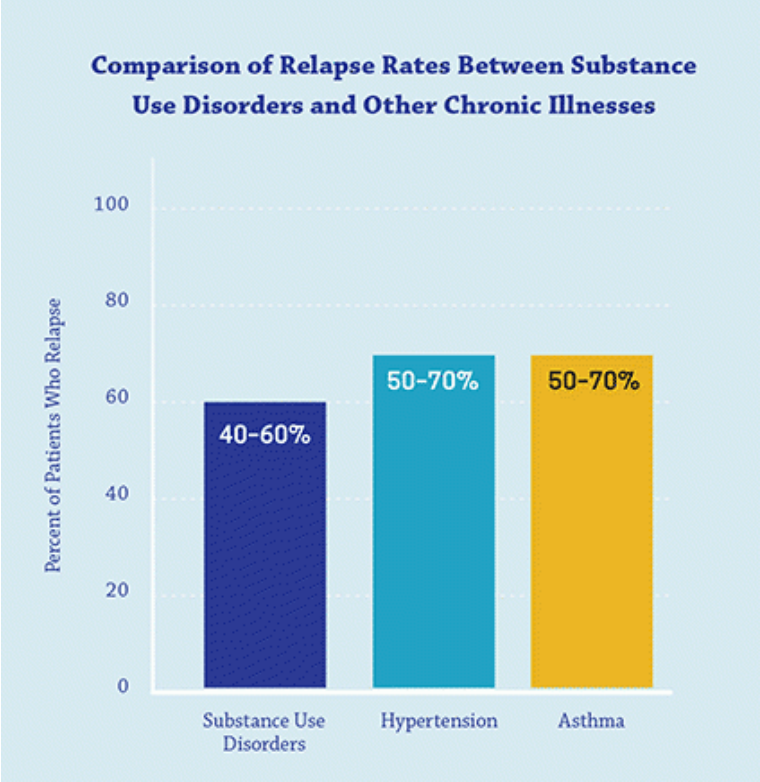
Inter-dependencies: Mental Health

People with a diagnosis of a severe mental health problem such as schizophrenia, bipolar or severe depression, alongside substance misuse (use of illegal or illicit drugs, alcohol, or medicine) are often referred to as having **dual diagnosis** or **co-occurring mental health and substance misuse condition**. This can be complex to treat, and the dynamics can change over time. For example, people can have poor mental health which has led to substance misuse or a substance misuse problem which has led to poor mental health. People with this diagnosis can experience significant health inequalities and poorer health outcomes than the rest of society, which can have a significant impact on health and social care services. This is because individuals are at a higher risk of relapse because of both of their conditions, are at increased risk of requiring hospital admission, severe risk of self-harm and suicide and other risk-taking behaviour. It is vitally important to address mental health and substance misuse issues concurrently rather than in isolation to ensure that harms are reduced and that patients are treated effectively.

Relapse:

Because of the chronic nature of addiction, *relapse,* or a return to drug use after an attempt to stop, can be part of the process. Relapse rates for drug use are similar to rates for other chronic medical illnesses, and if individuals stop following their treatment plan, they are more likely to relapse.

The table below highlights that relapse rates for people treated for substance use disorders are similar to individuals who are treated for high blood pressure and asthma, with relapse being common and similar across these illnesses where behaviours may be deep rooted. Therefore, substance use disorders should be treated like any other chronic illness with relapse serving as a sign for resumed, modified, or new treatment, not as a sign of failure.




*(Source: National Institute of Drug Abuse -* Treatment and Recovery | National Institute on Drug Abuse (NIDA) (nih.gov))

While relapse is a normal part of recovery, for some drugs, it can be dangerous if use returns to pre-treatment levels. Individuals can easily overdose because their bodies are no longer adapted to their previous level of drug exposure. Careful management and relapse prevention is approaches are therefore required.

Why Drug Use Disorder is important: societal impact.

Drug Use Disorder has a significant impact on individuals and their families. On a population level, drug use is widespread with an estimated 3.2 million adults in England and Wales having used an illegal drug in 2020 in the last year[2] and

1,200,000 [3] affected by drug misuse in their families - mostly in deprived communities. In relation to criminal justice, drug misuse and its impact is rare but concentrated with more than 300,000 heroin and crack users in England who, between them, are responsible for nearly half of all burglaries, robberies, and other acquisitive crime. Most of the costs (86%) come from users of illicit opiates and crack cocaine. The impact on family members and carers is most significant for people supporting users of opiates and crack, with 71% of the costs incurred by this group [49]

Nationally, the total cost of harms related to illicit drug use in England was £19.3 billion for 2017-18 with drug-related crime as the main driver of total costs. *This equating to £350 a year for every man, woman, and child in England.* Drug offences were estimated to cost £9.3 billion, and the harms associated with drug-related deaths and homicides made up £6.3 billion. Within these costs, criminal justice services (CJS) cost £733 million, drug-related enforcement services costs amounted to £680 million with the lowest spend associated with drug treatment and prevention only making up a smalls fraction of the total cost at £553 million. [49]

The vulnerable victims of county lines gangs, the innocent families whose homes are broken into by drug users seeking to feed their habits, and whose neighbourhoods are blighted by the criminals who supply them. The small business owner who endures repeated shoplifting and anti-social behaviour on their high street. There are almost 3,000 people in England and Wales per year who lose their lives to illicit drugs each year. Drugs are responsible for half of the homicides in England and Wales.[49]

Addiction to drugs affects the individual's health, and causes additional strain on Primary Care, Community Health Services, as well as Acute and Secondary Care services in several ways including:[4, 5]:

- Lung damage - from drugs and tobacco
- Cardiovascular disease
- Overdose and drug poisoning
- Co-occurring Mental Health and Substance Misuse Disorder: Depression, anxiety, psychosis, and personality disorder
- Blood-borne viruses among injectors
- Arthritis and immobility among injectors
- Liver damage from undiagnosed or untreated hepatitis C
- Poor vein health among injectors

Drug dependence varies from substance to substance, and from individual to individual. Dose, frequency, the route of administration, and time used are critical factors for developing drug dependence.

## 3. LINKS TO NATIONAL AND LOCAL DRIVERS

In 2019, the UK Health and Social Care Committee recommended a radical change in UK drugs policy moving from a criminal justice to a health approach, where responsibility for drugs policy rests with the Department of Health and Social Care

and not the Home Office. The Committee recommended a comprehensive approach to drugs, including improving treatment services, introducing harm reduction interventions, and better education, prevention, and social support.[52]

The Committee noted that while evidence-based guidelines for treating people with drug dependency do exist, there was an unacceptable gap between best practice and what services are able to deliver to people. The committee also noted wide variation in the level and quality of services provided, calling on the government to direct significant investment into substance misuse treatment services [52]. As a result, an independent review of drugs was commissioned, delivered by Dame Carol Black.

### 3.1 Carol Blacks independent review on drugs:

Dame Carol Back was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government's thinking on what more can be done to tackle the harm that drugs cause.[11] Part one was published on 27 February 2020 and provided a detailed analysis of the challenges posed by drug supply and demand, which has a knock on detrimental impact on health and society describing:

- The scale of the illicit drugs market, worth an estimated £9.4 billion a year with around 3 million people taking drugs in England and Wales, and a further 300,000 in England taking the most harmful drugs (opiates and/or crack cocaine)
- Drug deaths reaching an all-time high and the market becoming **much more violent**. Taking the health harms, costs of crime and wider impacts on society together, the total costs of drugs are over £19 billion, which is more **than twice the value of the market itself**.
- How the drugs market consists of several distinct but overlapping product markets. Most drugs consumed in the UK are produced abroad, shaped by international forces, the activities of Organised Crime Groups.
- How the demand for opiates and crack/cocaine, and deaths from misuse of these substances is **closely associated with poverty and deprivation**.
- How the heroin and crack cocaine retail market has been **overtaken by the county lines model**, driving increased violence and the exploitation of young people and vulnerable drug users.
- How the demand for powder cocaine is closely linked to other recreational drugs, such as ecstasy and amphetamines, driven by those under 30.
- How government interventions to restrict supply have had limited success with key institutions such as Border Force, the National Crime Agency (NCA) and police forces all facing budgetary constraints in the past decade and competing priorities.
- How there has been a renewed focus in recent years by the NCA and police forces on drugs in response to the serious violence caused by the county lines model and more than a third of people in prison are there due to crimes relating to drug use (mostly acquisitive crime). These prisoners tend to serve very short sentences, have limited time in prison treatment and poor hand-offs back into the community and are very likely to re-offend.

- How drugs within prisons are widely available, with around 15% of prisoners testing positive to random drug tests. The problems are greatest in male local and category C prisons and is closely linked to the amount of purposeful activity available to prisoners and where New psychoactive substances have become increasingly problematic.
- How treatment in the community is the responsibility of Local Authorities and spending on treatment has reduced significantly because Local Government budgets have been squeezed, and central government funding and oversight has fallen away
- How Local Authorities commissioning treatment from NHS Trusts and third sector providers, and a prolonged shortage of funding has resulted in a **loss of skills, expertise, and capacity from this sector**. Treatment providers often must prioritise the severe needs of the long-term heroin using population, meaning **that services for other drug users have had less investment**.
- How even if more funding became available for treatment (which is vital), there would be a lot of work to do to b**uild up capacity and expertise in this market**. In addition to dedicated funding, **the re-introduction of incentives and levers, and locally held joint responsibility and accountability**, would go a long way to regenerate and vitalise the system.
- How recovery is about more than just treatment. Central Government has funded some excellent pilots to address the complex housing and employment needs of long-term drug users, but these are time-limited and small-scale.
- How young people and children have been **pulled into drugs supply on an alarming scale**, especially at the most violent end of the market. There are **strong associations between young people being drawn into county lines and increases in child poverty, the numbers of children in care and school exclusions**.
- How there is a considerable increase in children using drugs, after a long period of a downward trend. Those seeking treatment have several complex needs, including mental health needs, that can only be met through a combination of specialist treatment and wider social and health care.

Part 2 was published on the 8 July 2021 and focused on drug treatment, recovery, and prevention. [11]

The report's highlights the importance of vulnerable people with substance misuse problems need to get the support they need to recover and turn their lives around, in the community and in prison. It contains 32 recommendations for change across various government departments and other organisations, to improve the effectiveness of drug prevention and treatment and to help more people recover from dependence. [11]

These recommendations are summarised below:

1. Establish a central drugs unit and a national outcomes framework.
2. £552 million additional invested into the treatment system (DHSC), and £15 million in employment support (DWP)

3. Funding not to be used for other parts of local government spending.
4. Funding for treatment, employment and housing support is distributed based on need.
5. Produce a national Commissioning Quality Standard Framework and local areas working with Housing and Health partners should produce a JSNA.
6. Local Outcomes frameworks should be developed.
7. Local Authorities future commissioning to be based on a new quality standard framework.
8. DHSC and OHID to review frequent retendering and options for longer contract periods as part of procurement of services.
9. DHSC and OHID capacity to be boosted to monitor local outcomes, reporting to the new drugs unit.
10. DHSC commission HEE to devise a comprehensive strategy to increase the number of professionally qualified drug treatment staff and set occupational standards, competency, and training requirements.
11. Centre for Addictions to be developed.
12. Introduce regional approach to high cost and low volume services such as inpatient detox and residential rehabilitation.
13. Funding be made available to young people services to improve the capacity and quality of these services.
14. Improve the quality and improve governance of the recovery sector.
15. Improve the treatment pathways from criminal justice settings, in particular diverting drug users from the criminal justice system into treatment, maximising the use of Community Sentence Treatment Requirements
16. DHSC and NHSE to expand their CSTR programme to 100% of the country by the end of this Parliament.
17. MoJ, DHSC and NHSE to work together to improve the transparency and accountability of the commissioning and delivery of substance misuse services in prisons.
18. MoJ to ensure that everyone leaving prison has identification and a bank account and that those who cannot claim benefits online get the opportunity, from the day of release, to access DWP's telephony service. MoJ and its partners should also make sure that prisoners with drug dependence can access and receive drug treatment in the community **as soon as possible after release**.
19. MoJ to fund their new health and justice partnership co-ordinator role within the probation service, so that it covers all local probation areas in England, in tandem with the introduction by the NHS of new integrated care systems.
20. IPS to be rolled out to all areas in England (Knowsley already has this programme).
21. DWP should recruit peer mentors (one in each job centre plus area) to encourage people dependent on drugs to claim all relevant benefits and access employment support.
22. DWP equip staff to reach out into the community and work more intensively with those with complex needs.
23. MHCLG and DHSC work together to gain better understanding of the types and levels of housing-related need among people with a substance misuse problem.
24. DHSC and NHSE develop, publish, and implement an action plan that improves the provision of mental health treatment to people with drug

dependence. This should include consideration of the introduction of contractual requirements or incentives so that NHS mental services target dependent drug users. Consideration should also be given to commissioning substance misuse services to treat some mental health co-morbidities without referring people on to specialist mental health services.

25. DHSC commission Health Education England to develop competency and training requirements for all staff working with people with co-existing mental health problems and drug dependence. Resources and standards should be applicable and applied across the mental health and substance misuse workforces.
26. Ensure that opportunities for integrated commissioning of mental health and substance misuse services are explored proactively and articulated as part of the next stages of integrated care system development.
27. DHSC and NHSE to develop, publish, and implement an action plan for improving the provision of physical healthcare to people with drug dependence, which should be an integral part of local integrated care systems.
28. DfE to assess the support available to teachers in rolling out the new Relationship, Health, and Sex Education (RSHE) curriculum, and continue to monitor implementation.
29. DfE and DCMS to invest in age-appropriate evidence-based services and support all young people to build resilience and to avoid substance misuse. Local authorities should identify, and provide additional support to, those young people most at risk of being drawn into using illicit substances or involvement in supply.
30. Government to establish an innovation fund to research which interventions are most effective at changing the behaviour of recreational drug users.
31. DHSC and BEIS to encourage more research into what works to combat substance misuse, across supply, prevention, treatment, and recovery.
32. Government promotes greater innovation in research, for example in pharmaceuticals, by offering incentives or rewards to companies or organisations whose developments prove beneficial in practice in the addiction field.

## 3.2 From Harm to Hope

Following Dame Carol Black's report and recommendations the 'From Harm to Hope' 10 Year Drugs plan was published by the government in December 2021. The plan takes on many of Dame Carol Blacks recommendations and focuses breaking drug supply chains, developing a world-class treatment and recovery system (including better integrated services), and reducing the demand for recreational drugs.[12]

Ambitious targets have been set on increased numbers in treatment, and the plan includes requirements for local areas to develop multi-organisational partnership boards to help coordinate and drive change, with new Commissioning Quality Standards. The quality standards have been published in August 2022 (https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services) alongside additional funding grants intended to bolster

and extend the quantity and quality of existing treatment and recovery offers across the county. Within the standards, key elements are associated with:

1. Partnerships & Governance
2. Commissioning Cycle
3. Whole and Integrated system approaches
4. A high-quality treatment system

These elements are being developed locally, to which this Joint Strategic Needs Assessment will play a key part in shaping.[12]

To deliver the national strategy, almost £900 million of additional funding between 2022-25 was assigned alongside a new framework of national and local accountability. This, the strategy states will deliver 54,500 more treatment places with the aim of preventing nearly 1,000 deaths, and close over 2,000 additional county lines. The aim is also to reverse the rising trend in drug use within a decade, with an ambition to reduce overall use towards a historic 30-year low. The strategy is designed to save lives and reduce crime, in turn helping to level up the country.[12]

In order to achieve this, the National Drug Strategy states it will do this by:

**Breaking drug supply chains**

Breaking supply chains means, stepping up the response to the supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime.

This will be achieved, the national drugs strategy states by a number of key actions to reduce supply and demand of drugs in communities. These include restricting upstream flows and preventing drugs from reaching the U.K by securing the border, by targeting the 'middle market' and breaking the ability of criminal gangs to supply drugs wholesale to neighbourhood dealers, by 'going after the money' and disrupting drug gang operations and seizing cash, by rolling up county lines and brining perpetrators to justice, safeguarding and supporting victims and reducing violence and homicides.

In addition, the strategy also aims to tackle the retail market, enabling police to better target local drug gangs and street dealing, as well as restricting the supply of drugs into prisons through the introduction of technology and skills to improve security and detection.

**Delivering an improved treatment and recovery system**

An additional £780 million will be provided over three years in England, a proportion of which is coming to Knowsley to implement Dame Carol Black's key recommendations. Addiction is to now be treated as a chronic health condition, where stigma will be broken down, and breaking the cycle of crime that addiction can drive. This will be achieved by:

- rebuilding local authority commissioned substance misuse services, improving quality, capacity, and outcomes
- rebuilding the professional workforce – developing and delivering a comprehensive substance misuse workforce strategy
- ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery, and enforcement.
- improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
- improving employment opportunities – employment support rolled-out across England and more peer support linked to Jobcentre Plus services.
- increasing referrals into treatment in the criminal justice system – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment.
- keeping prisoners engaged in treatment after release – improved engagement of people before they leave prison and better continuity of care into the community.

**Achieve a generational shift in demand for drugs:**

To take bold steps to change attitudes in society around the perceived acceptability of illegal drug use, achieved by:

1. building the evidence base – ambitious new research backed by a cross-government innovation fund to test and learn and drive real-world change.
2. applying tougher and more meaningful consequences – decisive action to do more than ever to target more people in possession of illegal drugs.
3. delivering school-based prevention and early intervention – delivering and evaluating mandatory relationships, sex, and health education to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school.
4. supporting young people and families most at risk of substance misuse – investing in a range of programmes that provide early, targeted support, including the Supporting Families Programme

### 3.3 Public Health Outcomes Framework

The Public Health Outcomes Framework[6] identifies four outcome indicators that directly relate to drug use disorder; however, it must be noted that drug use disorder impacts on a much larger number of indicators:

- C19a - Successful completion of drug treatment - opiate users
- C19b - Successful completion of drug treatment - non-opiate users
- C19d - Deaths from drug misuse
- C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison.

### 3.4 Alcohol

At the time of writing there is no current national alcohol strategy for the UK government, the last of which was published by the Home Office in 2012 and ran until 2015. In this report, the government pronounced that "Over the last decade, we have witnessed a dramatic change in people's attitude to and from the harms caused by alcohol consumption".[39]

Although the U.K government does not have an active Alcohol strategy, there is strong overlaps with both the Drugs Strategy (From Harm to Hope) and the new Knowsley Drugs Strategy, with many goals including the expansion of capacity and quality of treatment services positively impacting on Alcohol related harm goals with an integrated recovery treatment system.

### 3.5 Misuse of Drugs Act 1971

The Misuse of Drugs Act 1971, with amendments, is the main law regulating drug control in the United Kingdom. Illegal drugs are known in the UK as controlled drugs, and are divided into three classes (A, B, C) based on harm, with Class A being the most harmful. These classes also provide the basis for attributing penalties for offences. Each class attracts different levels of penalties for a range of unlawful activities, including possession, supply, and production of a controlled drug. Drugs within each category can be moved by order of the Home Secretary as well as listing new drugs, removing others and delisting previously controlled drugs. Examples of drugs included in the three classes can be found below:

| Class A | Class B | Class C |
|---|---|---|
| Crack cocaine | Amphetamines | Anabolic steroids |
| Cocaine | Barbiturates | Benzodiazepines (diazepam) |
| Ecstasy (MDMA) | Cannabis | Gamma hydroxybutyrate (GHB) |
| Heroin | Codeine | Gamma butyrolactone (GBL) |
| LSD | Ketamine | Khat |
| Magic mushrooms | Methylphenidate (Ritalin) | Piperazines (BZP) |
| Methadone | Synthetic cannabinoids | |
| Methamphetamine (crystal meth) | Synthetic cathinone (mephedrone, methoxetamine) | |

Table 1: Classification of UK Drugs

### 3.6 Offender Rehabilitation Act 2014

The Offender Rehabilitation Act [7] (ORA) is the Act of Parliament, which accompanies the Transforming Rehabilitation programme, and supports the efforts

to divert individuals with substance misuse issues away from criminal justice system and to help and support in their communities. The Act makes changes to the sentencing and releasing framework to extend probation supervision after release to offenders serving short-term sentences. It came into force on 1st February 2015.

In relation to drug use disorder, the supervision requirement outlined in the ORA may include:

- A drug testing requirement
- A drug appointment requirement

The ORA allowed problematic drug use to be tackled as part of an offender's period of supervision on release. It extended previous provision to impose drug-testing requirements for Class A drugs to also include Class B drugs. In addition, it introduced a new power to require offenders, on release, to attend an appointment designed to address their dependency on, or propensity to, misuse a controlled drug.

### 3.7 Place based objectives based on national and local policy.

Based on the national policy drivers, and in the formation of a Knowsley Drugs Strategy, the Knowsley Combatting Drugs Partnership, reporting to the Health & Wellbeing Board, the Healthier Together Board, the Community Safety Executive and the Children and Families Board included the following key objectives, which aided the development of a detailed 'delivery plan' in the Knowsley Drugs Strategy:

1. Expanding capacity & improving quality of Knowsley's treatment services.

2. Expanding and improving the support for children and young people in Knowsley: early identification and support for at-risk young people

3. Reducing drug related harms and deaths

4. Expansion of prevention-based approaches, screening, and outreach activities

## 4. *WHO IS MOST AT RISK?*

When reviewing how to use resources in the most effective way, those at the highest risk should be targeted to ensure outcomes are met. The sections of the adult population most likely to be at risk of having problematic drug use are given below and are mainly derived from the Crime Survey for England and Wales, 2018/19 [8] unless stated otherwise.

**Age:** Young adults in the 20-24 age group are the most likely age group to take illicit drugs. In 2018/19, 21.7% of 20–24-year-olds had taken an illicit drug in the previous year compared to 9.4% of the adult population (those aged 16-59). Indeed, 10.6% of 20–24-year-olds had consumed a Class A drug in the previous year.

Young adults are three times as likely to have used new psychoactive substances (NPS) than adults are. In 2018/19, 1.4% of adults aged 16-24 had used NPS compared to 0.5% of adults aged 16-59. In terms of nitrous oxide use (otherwise known as 'laughing gas') in the younger population is also considerably higher compared to the use in all adults, with the prevalence of nitrous oxide use at 8.7% for 16–24-year-olds compared to 2.3% for adults aged 16-59.

Adults aged 25-29 are most likely to use non-prescribed, prescription-only painkillers. In 2018/9, 7.0% of 20–24-year-old adults had used non-prescribed, prescription-only painkillers compared to 6.4% of all adults aged 16-59.

Using NHS Digital's Statistics on Drug Misuse: England, 2020 report, it was found that in 2019/20 adults aged 35-44 are most likely to be admitted to hospital due to drug related mental health or behavioural disorder as a primary or secondary diagnosis with 27,462 admissions. However, those aged 25 to 34 were not far behind with 25,128 admissions[9].

Adults aged 40-49 are most likely to die of drug related misuse, with 980 deaths in this age group in England during 2021, defined as drug poisoning meeting either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances controlled under the Misuse of Drugs Act 1971 are involved this include class A, B and C drugs. However, when comparing sexes, the age group 50-59 was the most likely to die of drug related misuse for females, with 280 deaths in this age group. Since the turn of the century, the average age of drug related deaths has been rising. In the late 1990's, adults aged 20-29 had the highest number of deaths due to drug related misuse.[21]

**Gender:** Males are more likely than women to take illicit drugs. In 2018/19, men were twice as likely as women to have taken illicit drugs in the previous year, 12.6% compared to 6.3%. Males are twice more likely to have used NPS than females in the previous year. In 2018/19, 0.6% of males and 0.3% of females had taken New Psychoactive Substances (NPS) in the previous year. Males are over twice more likely to die from drug related misuse than females. In 2016, nationally there were 2,165 male deaths compared to 831 female deaths.[9]

**Deprivation:** In 2018/19 in England, 10.4% of adults who live in the 20% most deprived output areas were found to be most likely to take illicit drugs in the last year, whereas those living in the middle 60% of output areas of deprivation were slightly less likely to take illicit drugs (9.4%). There were 8.4% of adults in the last year those in the least 20% deprived output areas were found to have taken illicit drugs. Note that these percentages are very close, so they should be treated with caution.

In 2016/17, adults living in the most deprived 20% of the country were nearly twice more likely to use non-prescribed, prescription-only painkillers than adults living in the least deprived 20% of areas in England (8.3% for most deprived, 4.4% for least deprived).

**Income*:*** Adults living in a household where the income is less than £10,000 are nearly twice as likely to take illicit drugs compared to those living in a household with a combined income of over £50,000, at 14.8% vs. 9.0% in 2020.[29]

**Ethnicity:** Adults who are mixed race are most likely to take illicit drugs compared to all other ethnicities, with 23.4% of the mixed ethnic group taking them in 2018/19, compared to 9.9% of white adults, 3.0% Asian adults, 6.8% black adults and 8.4% Chinese adults. White people are more likely to use non-prescribed, prescription-only drug compared to non-white people (6.9% vs. 4.2% in 2018/9).

**Sexuality:** Adults who are gay or bisexual have been found in previous versions of the Crime Survey for England & Wales to be significantly more likely to use illicit drugs than adults who are straight or heterosexual. In 2013/14, 28.4% of gay or bisexual adults used illicit drugs compared to 8.1% of heterosexual adults[10]. A trend that has gained popularity, especially with MSM (Men who have sex with men) is Chemsex. Chemsex is when people take drugs that enhance sex and make them feel uninhibited. This can lead to risk of infection from STI's, through the sharing of needles and having unprotected sex.

**Offenders / Ex-Offenders:** Drug use is a major problem in the prison system[30], with 70% of offenders report drug use prior to prison, 51% report drug dependency and 35% admit injecting behaviour. Furthermore, a survey by the Prison Reform Trust[31] has found that 19% of prisoners who have ever used heroin reported first using it in prison. It has also been stated that a particular problem in prisoners is the use of new psychoactive substances.[32]

**Young People:** Young people who truant or have been excluded from school are more vulnerable to problematic drug use[25].

**Homeless:** Those who have been homeless for a period of at least one month, sleeping either rough or living in a temporary hostel or bed and breakfast accommodation are more susceptible to problematic drug use. In recent years, the use of new psychoactive substances, such as Spice, by homeless people has been found to be on the increase[58].

**Ever in Care, Child protection plan, Children in need:** Those who have spent any time in a foster family, care home, children's home, or young people's unit between the ages of 10 and 16 are at increased risk of having a drug misuse problem.

**Child exploitation:** Criminal exploitation is child abuse where children and young people are manipulated into committing crimes, this is often prevalent in organised crime gangs. County lines is police terminology used to describe children and young people who are exploited into moving drugs from a hub.[50]

**Stigma:** Stigma stops people receiving treatment and support that is needed due to feeling judged. Stigma is when a person or group of people are seen in a negative way due to a particular characteristic such as a mental health condition, disability or a drug and alcohol problem. Stigma affects family, friends and organisations who

profile support. People who need drug treatment should be treated the same as people with other health conditions, without the fear of judgement.[51]

## 5. THE KNOWSLEY PICTURE

The previous section highlights the picture of those who are at the greatest risk of drug use disorder, and who should be targeted with treatment and prevention-based interventions. This section builds on this information to highlight Knowsley's estimated drug user prevalence, including the amount of unmet need, the numbers, intervention types and make-up of those accessing treatment and the outcomes achieved for those individuals. This section also begins to explore of the negative wider consequences of drug use disorder in Knowsley including drug and violence related offences, and drug related hospital admissions and deaths.

### 5.1 Adults Prevalence

| Substance | Number |
|---|---|
| OCU | 1,145 |
| Opiate | 969 |
| Crack | 646 |

**Table 2: Estimated Number of Drug Users in Knowsley, 2016/17**
**Source: Liverpool John Moores University, Public Health England**

Table 2 shows the estimated number of opiate and/or crack users (OCU) in Knowsley, as gathered from a study commissioned by Public Health England based on the years 2016 to 2017[59]. This data is however likely to be under-represented and is now over six years old, and therefore **should be reviewed with caution**. There is expected to be new data published during 2023.

OCU refers to the use of opiates and/or crack cocaine, including those who inject either of those drugs but excludes people who use cocaine in powder form, amphetamine, ecstasy, or cannabis, or injecting by people who do not use opiates or crack cocaine. Collectively, they have a significant impact on crime, unemployment, safeguarding children, and long-term benefit reliance.

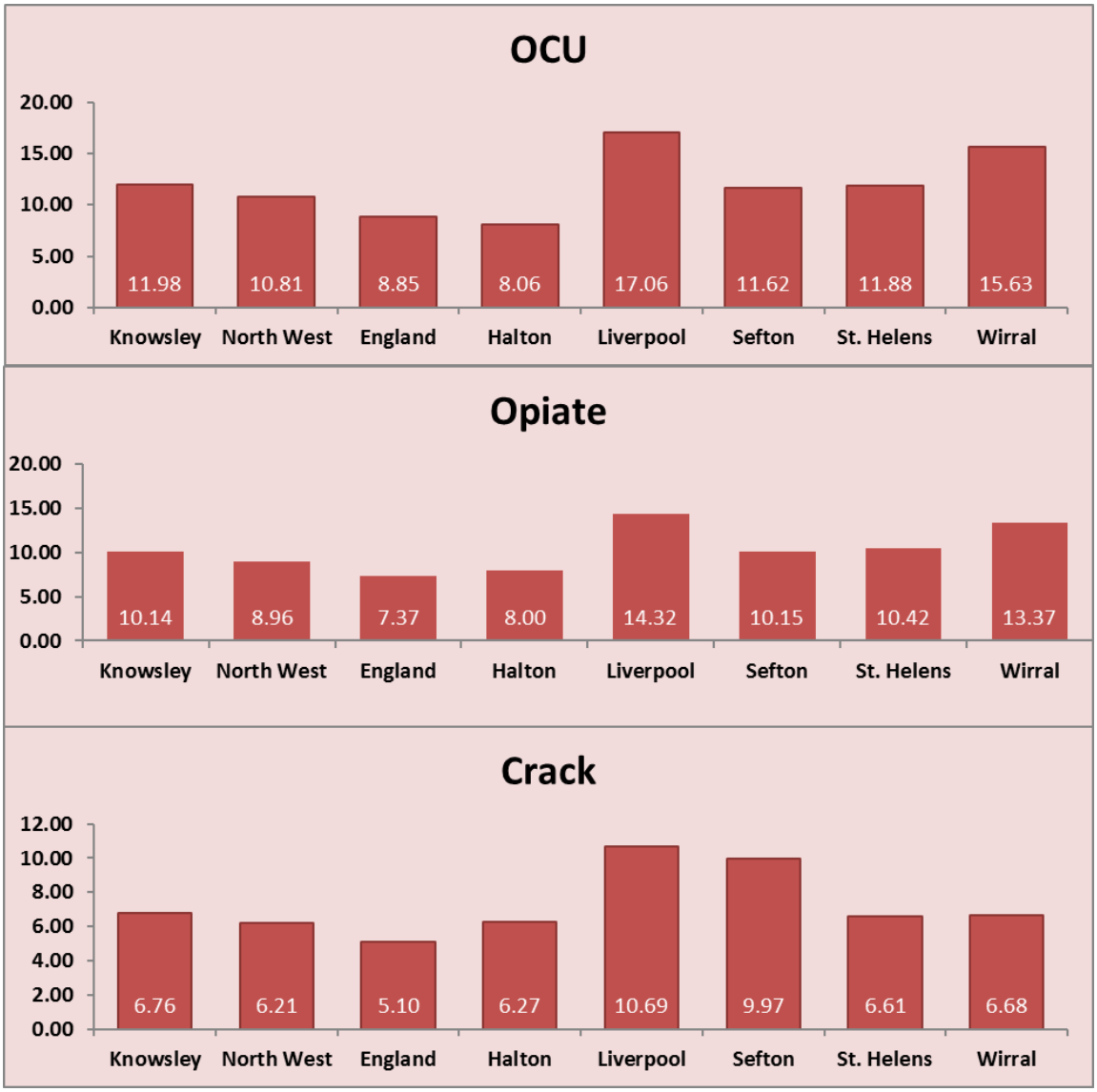



**Figure 1: Estimated Prevalence of Drug Use in Knowsley and Liverpool City Region, 2016/17**
**Source: OHID**

The estimated prevalence of OCU in Knowsley was 11.98 per 1,000 adults aged 15-64 in 2016/17, the third highest rate in the Liverpool City Region. Prevalence was higher than the North West region (10.81) and England as a whole (8.85).

In Knowsley, the prevalence of opiate users was 10.14 per 1,000 adults aged 15-64, the second lowest rate in the Liverpool City Region. Prevalence was higher than the North West region (8.96) and England as a whole (7.37).

Crack use in Knowsley has the third highest rate in the Liverpool City Region at 6.95 per 1,000 adults aged 15-64. Prevalence was also higher than the North West region (6.21) and England (5.10).

There has been a significant increase in estimated OCU use between 2011/12 and 2016/17 in Knowsley, from 9.60 per 1,000 adults aged 15-64 to 11.98 per 1,000. Similarly, there has been an increase in opiate use from 8.59 per 1,000 adults in 2011/12 to 10.14 in 2016/17. However, there has been a decrease in the use of

crack cocaine, which has fallen from 7.28 per 1,000 in 2011/12 to 6.76 per 1,000 adults in 2016/17.

Analysis by age shows that Knowsley has a higher rate of OCU and opiate users in the 35-64 age group than in any other age group, 15.49 per 1,000 and 14.01 per 1,000 respectively - higher than England (9.46 and 8.29 respectively). Knowsley is also higher than England for young adults aged 15-24. However, prevalence is lower in Knowsley for younger adults aged 25-34 than nationally.

## 5.2 Adults Treatment

When engaged in treatment, people use fewer illegal drugs, are more protected from drug related deaths, commit less crime, improve their health, and manage their lives better - which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes.

### Trends in numbers of adults in treatment

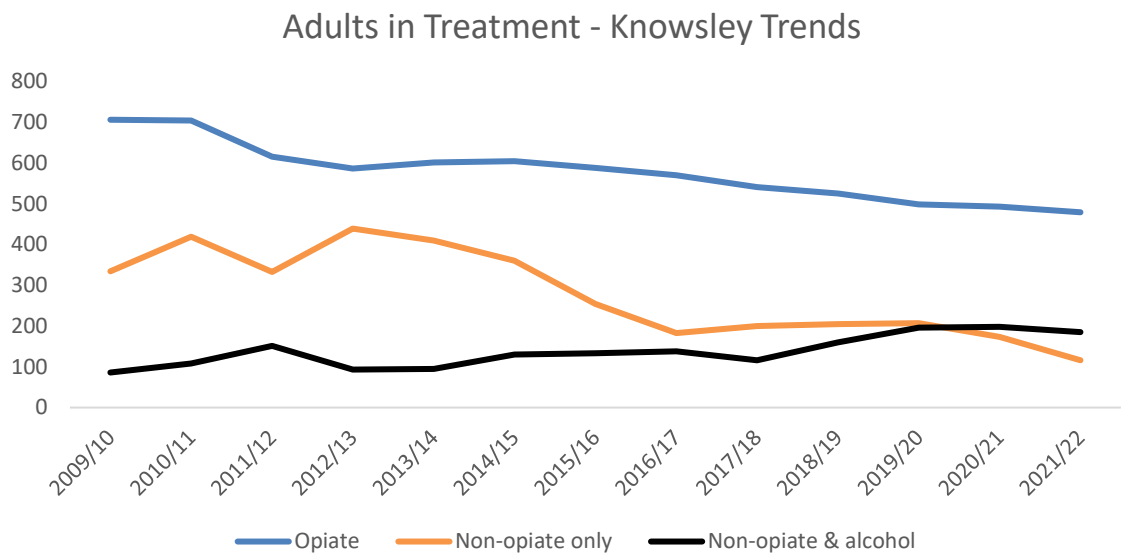



**Figure 2: Number of Clients in Treatment - Knowsley, 2021/22 Source: NDTMS, OHID**

In 2021/22, there were a total of 780 adults in structured drug treatment services in Knowsley. This has reduced by over a quarter (29%) since 2014/15, when there were 1,094 adults in structured drug treatment services in Knowsley.[54] Knowsley numbers has fallen to the lowest seen in the past 12 years. Numbers for 2016/17 to 2020/21 stayed similar at approximately 850 to 900. There has been a significant decline of -44% in non-opiate clients in the last two years.[54] This is likely due to Covid-19 reasons.[54]

### Age breakdown of adults in drug treatment 2021/22

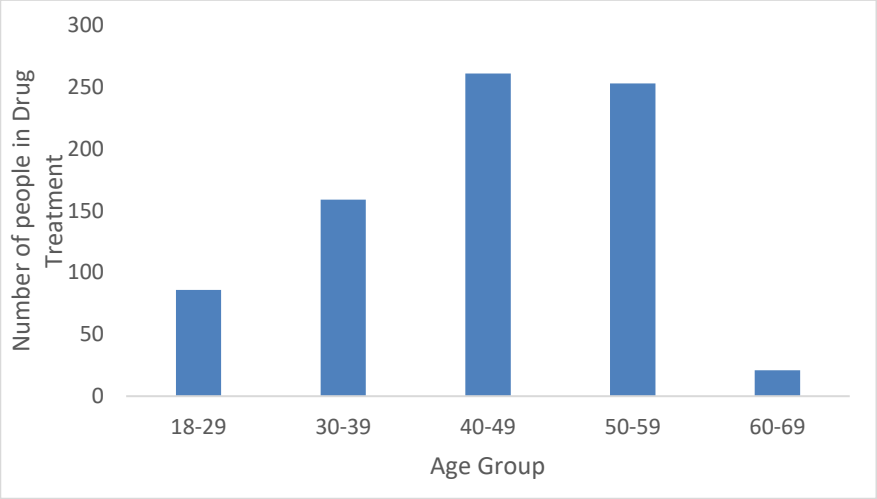



**Figure 3: Number of Clients in drug Treatment by age group - Knowsley, 2021/22**
**Source: NDTMS, OHID**

Figure 3 shows the breakdown by age of the number of drug clients in structured drug treatment in Knowsley. One third of clients (33%) were aged 40-49, meaning this age group had the highest proportion of the number of clients in treatment. This is similar to the England figures, (34%). The 50-59 age group in Knowsley makes up over a third of clients (33%), this is much higher than England (17%). Male clients in treatment make up 69%, compared to a 31% being females, this being a similar picture to England. The age groups of Females in Knowsley that are most prevalent are the 40-49 and the 30-39 age groups, Males it is the 40-49 and the 50-59 age groups[1]. The higher levels of older drug users in Knowsley means that service users have a higher level of need and several co-morbidities associated with their drug use. It is also a contributor to the increased numbers of drug related deaths experienced.

### Most cited substances of adults in drug treatment

In Knowsley, in comparison to other areas of England there is higher proportions of powder cocaine, alcohol and cannabis use. The most cited substances of adults in drug treatment in Knowsley during 2021-22 were Cocaine (29%), Crack Cocaine (35%), Alcohol (33%) and Cannabis (29%). This is much different to England in which most common substances referenced were Crack Cocaine (38%), Cannabis (28%), Alcohol (28%), and Cocaine (17%.)[1]

### Disability status of adults in drug treatment

The proportion of new presentations to treatment in Knowsley in 2021/22, show that over half (57%) have a disability, this is double that of England (29%)[1]. The 2021 Census shows that 26% of Knowsley residents aged 15+ have a disability, compared to 19% of England.[56]

### Waiting times for adults in drug treatment

Waiting times for treatment in 2021-22 in Knowsley show that in Knowsley (100%) wait less than three weeks, this is higher than England (98%) [1].

**Adults in drug treatment who live with children.**

The proportion of new adults in treatment in 2021/22 who live with children (either their own or other) is 23%, higher than the proportion for England as a whole (17%). However, when split by gender, the proportion of new presentations that live with children is 18% for males, higher than the national figure of 14%, yet it is 36% in females, considerably higher than the national figure of 26%. There was a total of 101 children living with drug users entering treatment in Knowsley[1].

**Adults in drug treatment with a child contact**

There were 55 adults in Knowsley with a child contact whose children were receiving early help or contact with children's social care in 2021-22, reflecting higher levels of social care need within the treatment population than that seen in England.

Of these:

- There were 28% of adults with child contact who had a child protection plan in place, double that of England 14%
- There were 14% of adults with child contact with a Looked After Child, higher than England 9%
- There were 12% of adults with child contact with a Child in need, higher than England 8%
- There were 11% of adults with child contact with a Child receiving early help, higher than England 6%[1]

Female adult new presentations to drug treatment who were pregnant accounted for 14% of new female presentation in Knowsley, this is higher than the England average of 5%.[1]

**Employment status of adults in drug treatment**

Knowsley's proportion of adults at the start of structured drug treatment who were deemed 'long term sick or disabled' was 38% in 2021/22, significantly higher than England (20%), with the proportion of those in regular employment (19%) lower than England (24%).[1]

**Adult drug treatment referrals from the Criminal Justice system**

There were 28% of referrals of new presentations into drug treatment via the Criminal Justice System (CJS) in 2021/22 in Knowsley. This total was higher for males at 39%, compared to 6% of referrals for females. In England, there were also 17% of referrals via the CJS. In Knowsley 45% of adults self-referred into treatment, compared to a similar 57% in England. Most prevalent types of CJS referrals in 2021/22 in Knowsley were national probation service (78%), arrest referral (7%) and Prison (13%) of CJS referrals. This differs to England where 51% of CJS were from prison and 29% from national probation service.[1]

**Unplanned adult exits from drug treatment.**

Early unplanned exits of new presentations in Knowsley represent 7%, which is much lower than England at 18%. Female exits in this year are more prevalent at 9%, compared to 7% in Males. In England Males exits (19%) were higher than Females (15%).[1]

### Adults in drug treatment Outcomes

| | Number | Proportion Abstinence | England Abstinence |
|---|---|---|---|
| Opiate | 21 | 44% | 45% |
| Crack | 7 | 30% | 39% |
| Cocaine | 35 | 50% | 63% |
| Cannabis | 24 | 28% | 38% |

**Table 4: In Treatment Outcomes in Knowsley (Abstinence), 2021/22**
**Source: Commissioning Support Pack, OHID**

Those drug users that are in treatment have their progress checked to see if improvements in outcomes have been made. Table 4 shows the six-month review outcomes for users and shows abstinence amongst cocaine users was 50% during 2021/22, lower than the national figure (63%). However, a further 14% had a significant reduction in cocaine use during 2021/22. [1]

Abstinence was lower for cannabis users in Knowsley than nationally (28% compared to 38%). However, a further 10% had a significant reduction in cannabis use during 2021/22. The level of abstinence was similar in Knowsley (44%) to England (45%) for people in treatment for opiates, with a further 19% having a significant reduction in use after 6 months of treatment. The crack cocaine, level of abstinence in Knowsley (30%), lower than the England figure (39%), with a further 22% of clients had a significant reduction in the use of crack cocaine after 6 months of treatment. [1]

### Tobacco use of adults in drug treatment

Tobacco use of those adults at the start of drug treatment as a proportion of all adults in treatment in Knowsley in 2021-22 was very high at 84%, this being much higher than England at 62%.[1]

### Adults in drug Residential Rehab

The proportion of adults in treatment in Knowsley in 2021-22 who have attended residential rehabilitation represent 2%, this is the same as England (2%).[1]

### Successful completion of adult drug treatment

Those who successfully complete treatment for drugs is free of dependence upon drugs and have not relapsed or re-entered treatment during a set period of time. Although many individuals require several separate treatment episodes spread over many years, most individuals who complete treatment successfully do so within two years of treatment entry.

In 2021/22, the proportion of all opiate users in treatment in Knowsley who had successfully completed treatment and did not return within 6 months was 5.1%, which is similar to England (5.0%). The proportion of non-opiate users who complete treatment successfully was much higher than opiates at 39.5% during 2021/22 and higher than that observed in England (34.3%). Successful Completion rates have improved significantly since last year locally as 2020/21 was impacted significantly by Covid-19. [1]

**Non-illicit drug dependence of adults in treatment**

Drug users in treatment can cite prescription-only medicines (POM) or over-the-counter medicines (OTC) as well as having a problem with illicit drugs. In 2021/22, 7% of drug users in treatment from Knowsley were there for dependence on prescription-only medicines or over-the-counter medicines, lower than England (9%). [1]

**Homelessness and Housing problems of adults in drug treatment**

In 2021/22 Knowsley had 5% of its adult new presentations at the start of treatment that had an urgent housing/homelessness problem, this is lower than England (7%). A further 10% in Knowsley had a 'Housing problem', again this is lower than England (13%)[1].

In 2021/22, 40% of Knowsley adults who successfully completed treatment, no longer reported a housing need, this was lower than England (83%). [1]

**Mental health needs of adults in drug treatment**

New presentations to drug treatment in 2021/22 in Knowsley who were identified as having a mental health treatment need was 76% of new presentations, this was higher than England (70%). The prevalence was higher in Knowsley Females (90%) than Males (69%), this was also the case in England (Females 81%, Males 66%). [1]

Al large proportion of those new presentations (86%) identified in Knowsley of having a mental health need in 2021/22 received treatment for mental health, this was higher in Knowsley than England 75%. The majority of those identified for Knowsley treatment (75%) were being treated by GP, with the further 19% already engaged by community mental health team/other provider. [1]

**Deaths of adults in drug treatment**

In 2021/22, there were a total of 14 deaths of adults in drug treatment in Knowsley, the majority of these (11 deaths) were opiate users. The 14 deaths equate to 1.8% of the treatment population, this being higher than England (1.3%), and will partly be down to the high numbers of older service users with multiple co-morbidities. Deaths in the Male treatment population were lower at 1.3%, compared to (2.9%) of the female population (In England this was more even at Males 1.4% and Females 1.2%). Deaths in treatment in Knowsley were highest in the opiate

population (2.3%), this also being higher than England opiate treatment deaths of (1.7%).[1]

## 5.3 Naloxone

People dependent on opioids are the group most likely to suffer an overdose. The incidence of fatal opioid overdose among opioid-dependent individuals is estimated at 0.65% per year. Non-fatal overdoses are several times more common than fatal opioid overdoses.

Naloxone is a drug which temporarily reverses the effects of opiates. For many years Naloxone has been used within emergency medical settings to reverse effects of opiate overdose and prevent death, and the emergence of Nasal Naloxone (a single-dose nasal spray) for the emergency treatment of known or suspected opioid overdose is now suitable for both medical and non-medical settings with appropriate training.

**People at higher risk of opioid overdose:**

- people with opioid dependence, in particular following reduced tolerance (following detoxification, release from incarceration, cessation of treatment)
- people with a previous history of overdose
- people who inject opioids
- people who use prescription opioids, in particular those taking higher doses (over 100mg)
- people who use opioids in combination with other sedating substances;
- people who use opioids and have medical conditions such as HIV, liver or lung disease or suffer from depression
- Household members of people in possession of opioids (including prescription opioids)

**People likely to witness an opioid overdose**

- people at risk of an opioid overdose, their friends, and families
- people whose work brings them into contact with people who overdose (health-care workers, police, emergency service workers, people providing accommodation to people who use drugs, peer education and outreach workers)

It is, as part of work being undertaken important to ensure that treatment providers are offering take-home naloxone to service users, provide a peer-to-peer model and also enable partner services who may come into contact with a suspected or confirmed overdose to have access to naloxone to prevent harm and death.

In 2021-22, 72% of all eligible Opiate adults in treatment in Knowsley were issued with Naloxone (including CIR information), this is much higher than England average (40%).[1] Nasal Naloxone is provided to service users in Knowsley due to the small injecting population in treatment.

In 2021-22, 5% of all eligible Opiate adults in treatment in Knowsley were administered with Naloxone following a suspected or confirmed overdose (including Client Information Review information), this is lower than England (6%).[1]

Of all people presenting to drug treatment in 2021-22 in Knowsley 15% of all adults in drug treatment have injected, with 10% previously injecting and 5% currently injecting. This is much lower than England where 27% of adults in treatment have injected (17% previously injected and 10% currently injecting). Opiate clients are the group most likely to have injected with 44% in Knowsley currently injecting or previously injecting, this however is lower than England, where 53% of clients currently inject or previous have injected. [1]

## 5.4 Blood-Borne Viruses

A blood-borne virus is one that can spread through contamination by blood or other body fluids. Drug users who share injecting equipment can spread blood-borne viruses. Because of this risk, drug users in treatment who are eligible can have a hepatitis B (HBV) vaccination or hepatitis C (HCV) test. Providing education, methadone and sterile injecting equipment protects them and their communities and provides long-term health benefits and savings.

Operational Delivery Networks (ODNs) are structures through which hepatitis C treatment is delivered in England, and they work towards the goal of eliminating Hepatitis C in England. The Network involves regional centres which manage treatment decisions and prescribing, and which have a dispersed treatment model which aims to support partnership working and access for local patients.

ODN's offer is focussed on 12 elimination initiatives:

**Community-Based Initiatives**
1. Community peer-to-peer support
2. Outreach vans
3. South Asian community awareness campaign and peer outreach work
4. Community Liaison Officers

**Initiatives in the Criminal Justice System**
5. Prison high intensity test and treat and reception testing
6. Probation and bail hostel high intensity test and treat
7. Prison peer programme

**Initiatives in Primary Care**
8. Pharmacy testing
9. Patient Search Identification Tool

**Initiatives in the Wider Health System**
10. Testing and treatment in drug services
11. Emergency Department (ED) testing
12. Point of Care testing

In 2021-22, 24% of eligible adults in Knowsley accepted a Hepatitis B vaccination, this is lower than the England average (28%). Of those in Knowsley who were offered a HBV vaccination, 30% completed a course of the vaccination (12% England) and a further 17% started a course of vaccination (8% England).[1]

In 2021-22, 64% of eligible adults accepted a Hepatitis C test, this is higher than the England average (45%). In 2021-22 there were 17% of tested people who had a positive Hepatitis C test antibody test in Knowsley, this was lower than England (21%).[1]

### 5.5 IMS Online system - Syringe exchange services and non-structured interventions

IMS (Integrated Monitoring System) Online is a system used in Cheshire & Merseyside and is provided by the Intelligence and Surveillance team within the Public Health Institute based within the Faculty of Health at Liverpool John Moores University. It is used to record activity such as recovery support interventions and syringe exchange provision and is used by local public health commissioners. It also allows for the inclusion of exchange activity in IMS which captures details of the non-structured treatment activity delivered by a variety of providers including syringe exchanges and substance misuse services across Cheshire & Merseyside.

There was a total of 1,291 individuals in Knowsley who accessed Syringe exchange services and non-structured interventions in the last 12 months, (1st July 2021 to 30th June 2022). This equates to an estimated prevalence of 8.6 per 1,000 population, higher than the Cheshire and Merseyside average of 7.0 per 1000 population.[47]

Most of the services received in Knowsley were brief interventions for Alcohol or drugs (811 individuals in the last 12 months). This equates to an estimated prevalence of 5.4 per 1,000 population, over double the Cheshire and Merseyside average of 2.3 per 1000 population.[47]

Of those interventions that included 'People Who Inject Drugs' (PWID) and are using Psychoactive drug (defined as substances that, when taken in or administered into one's system, affect mental processes, e.g., cognition or affect) there were 179 individuals in the last 12 months in Knowsley. This equates to an estimated prevalence of 1.2 per 1,000 population, less than half the Cheshire and Merseyside average of 2.7 per 1,000 population and the 3rd lowest of the 9 Cheshire and Merseyside Local Authorities.[47]

Interventions that included Injecting Drug Users' using Steroids or IPEDs (Image & Performance Enhancing Drugs) account for 301 individuals in the last 12 months in Knowsley. This equates to an estimated prevalence of 2.0 per 1,000 population, the same as the Cheshire and Merseyside average of 2.0 per 1000 population.[47]

Males in Knowsley make up the majority of people accessing Syringe exchange services and non-structured interventions and make up 88% of PWID: Psychoactive Drugs, 96% of PWID: Steroid and IPEDS and 61% of BI Drug or Alcohol. [47]

## 5.6 Drug Intervention Programme (DIP)

The Drug Interventions Programme (DIP) was an initiative set up by the Home Office in 2003, with an overarching aim to break the cycle of drug use and crime, and as a result reduce acquisitive crime in England and Wales. The Public Health Intelligence Unit (PHIU), based at the Public Health Institute, Liverpool John Moores University, has been monitoring criminal justice interventions for offenders who use drugs and/or alcohol since the implementation of the programme.

PHIU has access to Merseyside Police records for drug tests carried out for specified Class A drugs in the custody suites and the criminal justice data set, which collects information on clients in contact with the Criminal Justice Intervention Teams (CJITs) across Merseyside's treatment providers. Merseyside Police drug testing records are a crucial part of the Criminal Justice Project and DIP monitoring carried out by PHIU, as the Required Assessment (RA) process is the key route into treatment for offenders who use specified Class A drugs. PHIU matches the CJIT data set with drug testing records across the five Merseyside local authority areas, using a client attributor.

This enables the monitoring of performance, identifying when individuals have attended their RA appointment and engaged with DIP, and highlight any issues with the DIP process. Although DIP was decommissioned as a national programme in 2013, the CJITs across Merseyside continue to collect and submit the criminal justice data set via the National Drug Treatment Monitoring System (NDTMS). Criminal justice assessments allow CJIT workers to determine whether further intervention is required to address drug and/or alcohol use and offending, and if necessary, encourage engagement with a range of appropriate treatment options

This particular programme was previously decommissioned, and it is expected that Knowsley will begin to receive up to date annual data. The data we currently have access to was last available April 2017. Between April 2016 and March 2017, there were a total of 119 DIP contacts recorded by Knowsley Integrated Recovery Service, while the average number of contacts across Merseyside was 496[11]. The number of DIP contacts in Knowsley has reduced by 31% when compared to the previous year (n=172). All Merseyside areas, except Wirral, have seen a reduction in numbers.

The largest proportion of clients was aged 30-34 (19%), followed by clients aged 45-49 (18%) and clients aged 18-24 and 40-44 (17% each). Almost nine in ten (87%) DIP contacts in 2016/17 were male, which is slightly higher than the Merseyside average (83%). The majority (99%) of DIP contacts in Knowsley were of White British ethnicity, this is lower than the whole population of Knowsley which is 92%. The Knowsley White British DIP contacts proportion is lower than the Merseyside average (92%). In Merseyside the total White British population is 87%.

Cocaine was the most used drug among clients assessed, with over two-fifths (41%) of DIP contacts reporting use. 18% reported use of heroin, followed by 16% who reported use of crack. Comparatively, the average proportion of clients who used heroin and crack across Merseyside was 26% and 23% respectively. When broken

down by age, cocaine and cannabis are more likely to have been the main drug used by DIP contacts in Knowsley aged 18-34 whereas heroin and alcohol consumption is more likely in those aged 40+.

It was found that, when looking into the route of administration of clients' main drug, sniffing the drug was done by 58% of the contacts, with 29% smoking their main drug, 11% taking their main drug orally and 3% injecting their main drug. In terms of injecting drugs, 92% of contacts had never injected, 6% had previously injected and 3% were currently injecting. Note that the percentages do not add up to 100% due to rounding.

## 5.7 Young People

In 2021/22, the number of young people aged under-18 from Knowsley in specialist drug use disorder services was 50. This includes specialist services in the community, 'young people only' services in the community or services within the secure estate (e.g., young offenders' institutions, children's homes). Proportionally, 10% of all people (adults and young people) in specialist treatment services in Knowsley during 2021/22 were young people, broadly similar to England.[33]

Over the past ten years numbers of young under-18 people in Knowsley receiving substance misuse treatment have declined. In 2011/12 saw the highest number, a total of 275, numbers are now less than a quarter of this in 2021/22.[54]

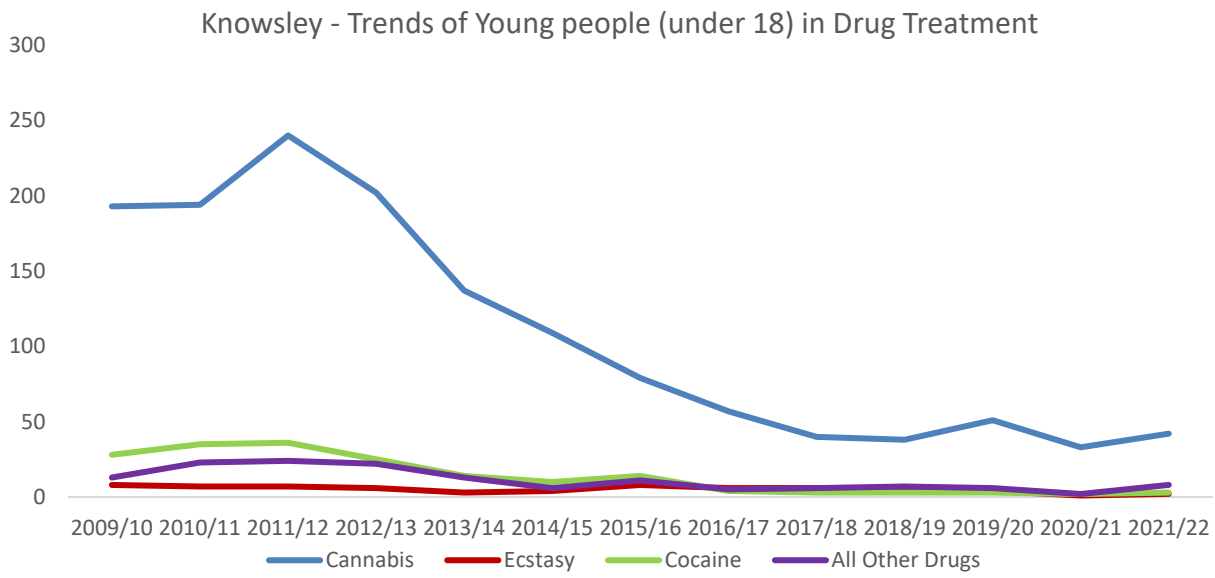



**Figure 4: Trends in Number of Young people clients in drug Treatment by drug type - Knowsley, 2020/21 Source: NDTMS, OHID**

Of those young people in treatment, 74% were males.[33] Males were substantially more likely than females to be involved in offending or antisocial behaviour as well as citing cannabis as a problematic substance. However, females were substantially more likely to be involved in self-harm, sexual exploitation and to cite alcohol as a problematic substance. [33]

Young people come to specialist services from various routes. During 2021/22, 43% of young people were referred via youth justice services, with a further 19% being referred by family/friends/self and a further 16% via Health & Mental Health services. The proportion referred via Education was substantially lower in Knowsley than across England (25%). Knowsley is lower than England due to other entry routes such as via a housing provider or via services such as CAMHS and Families First being a more popular route of entry to specialist drug services.[33]

Many young people receiving specialist interventions for drug use disorder have a range of vulnerabilities. They are half as likely as the general population to be in full-time employment and are more likely to:

- Not be in education, employment, or training (NEET).
- Have contracted a sexually transmitted infection (STI).
- Have experienced domestic violence.
- Be in contact with the youth justice system.
- Be receiving benefits by the time they are 18.

In 2021/22, all young people entering services for specialist drug use disorder interventions began using their main problem substance under the age of 17 (this can include alcohol as the main substance). However, less than 2 in 5 (32%) young people accessing services in Knowsley were using two or more substances, substantially lower than nationally (56%).[33]

In terms of wider vulnerabilities, two fifths of young people (41%) in Knowsley had been involved in offending or antisocial behaviour, which is significantly higher than the national figure of 25%, with almost a third (32%) affected by domestic abuse (23% nationally). In addition, 21% of young people entering services in Knowsley were not in education, employment or training compared to 19% across England.[33]

Cannabis was the substance most used by young people in specialist substance misuse services in Knowsley during 2021/22, with 92% doing so (88% nationally). Alcohol was the next most used substance (5% compared to 49% nationally) with 3% of young people accessing drug use disorder services in Knowsley using stimulants (ecstasy, cocaine, amphetamines), compared to 11% nationally citing problematic ecstasy use, 9% citing problematic cocaine use and 3% citing problematic amphetamine use.[33]

Young people generally spend less time in specialist treatment services than adults because their drug use disorder is not as entrenched. In Knowsley during 2021/22, 63% of young people spent 12 weeks or less in treatment, with a further 18% spending 13 to 26 weeks. In total, 4% spent longer than 52 weeks in treatment.[33]

Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. In 2021/22, 98% of interventions for young people were of this nature.[33]

## 5.8 Crime - Drug Related Offences

### 5.8.1 Drug Use and Crime

The relationship between drugs and crime has a long history and is widely documented in media reports, and the subject of substantial scientific investigation.

As drug misuse increases, some people may use crime, mainly acquisitive in nature, to subsidise their substance misuse. Others may resort to more serious crimes such as robbery, extortion money laundering or exploitation of others – offences that will generate revenue to purchase drugs. With the criminal cycle of drugs supply some users will sell drugs to fund their own use.

For many drug users, increased drug use can lead to dependency and this condition can lead to many new problems. As drug misuse and dependency increases it can become more difficult to work and maintain a job. People often report that their substance misuse is a considerable impediment to their financial management; they accumulate debt, which can quickly spiral.

This section of the JSNA will analyse the data supplied by Merseyside Police in October 2022, which details drug offences recorded in Knowsley between April 2020 and March 2022.

There are several limitations to the data used. Firstly, this data is taken from police systems, meaning the drug and alcohol marker used is subjective of the arresting officer and may not always be accurate. These markers also will not be an accurate indicator of whether the perpetrators are regular substance users or were under the influence at the time of the offence.

This data is based on the different locations where offences were committed, which is useful to build a picture of how crimes are distributed across Knowsley, but this does not necessarily mean that these offences were committed by residents of Knowsley.

### 5.8.2 Drug Crime Analysis

Between April 2020 and March 2022, there were 2668 offences relating to drugs committed in Knowsley. Of these 2668 offences, 2129 related to drug possession and use, and the other 539 offences related to drug trafficking. The main offence recorded related to drugs was Possession of Cannabis (Class B Drug), accounting for 68% of all offences.

Of all the offences recorded, only 2 were reported to have had a weapon present at the time of the offence (one was reported to have a knife, and one was reported to have a gun). In both instances, a drug marker had been recorded at time of arrest. Neither of these offences had an alcohol marker against them.

607 of the offences have a drug marker against them, and 94 have an alcohol marker against them (69 had both). Although this may not be completely accurate as to whether the offences were committed by substance users, this does indicate that the number of offences is not proportionate to the number of drug/alcohol markers. Of all these offences, 463 addresses were reported to have had multiple offences recorded.

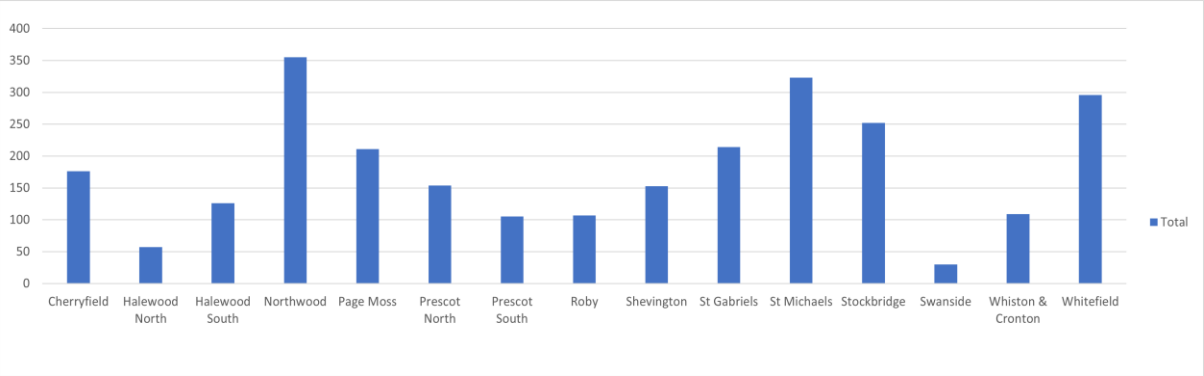



**Figure 5: Ward breakdown of Drug Offences, April 2020 and March 2022 Source: Merseyside Police**

Broken down by ward level, it is apparent that Northwood had the highest number of offences, and Swanside had the lowest number. The variance between wards is vast, with Swanside contributing to less than 2% of all offences, while Northwood accounted for 13% of all the offences; of significant note is that Northwood is classed as one of the most economically deprived wards in of the England.

When this is narrowed down further, and offences are split into drug possession and use, and drug trafficking, we can see the distribution of these offences by ward, which is generally in line with the total number of offences in each ward (as shown above). In all wards, drug possession and use offences were higher than drug trafficking offences.

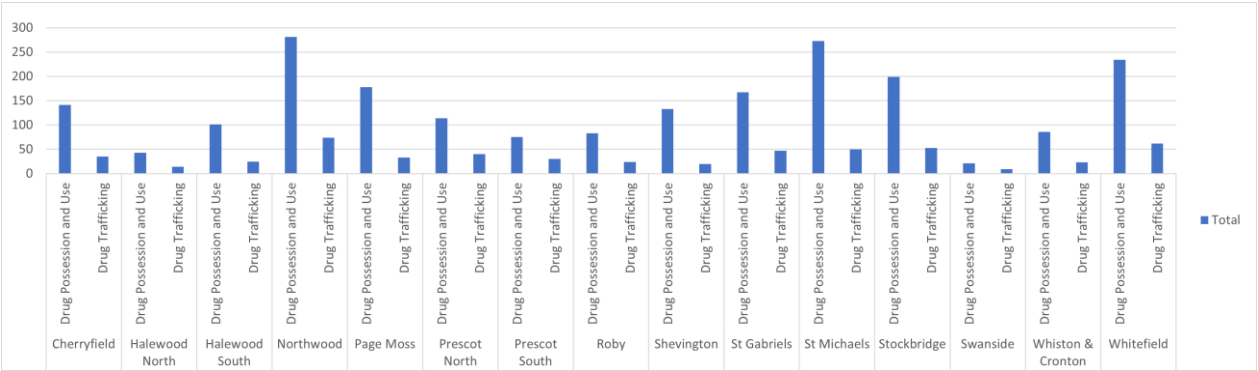
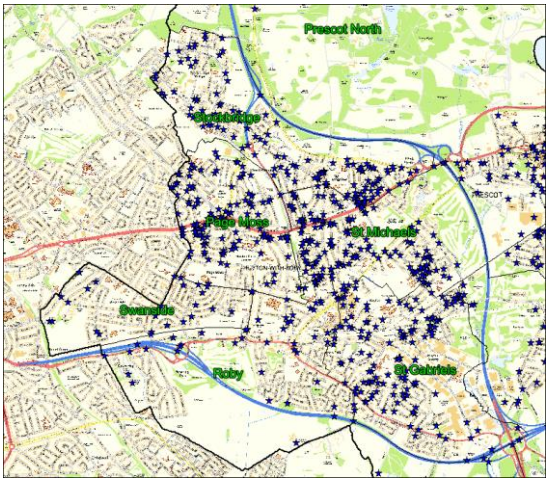


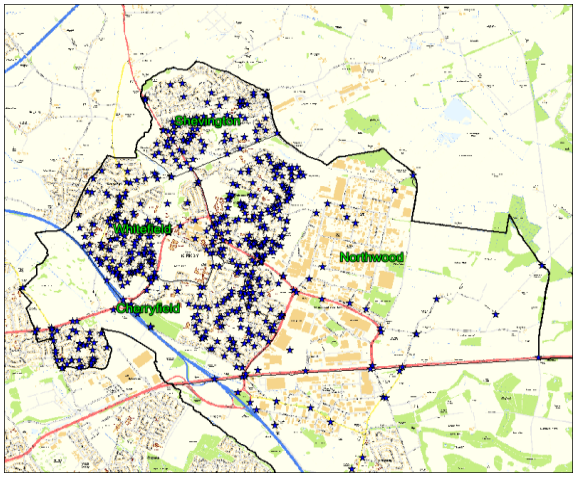

**Figure 6: Ward breakdown of Drug Offences, April 2020 and March 2022 Source: Merseyside Police**

The distribution of offences within Knowsley can be seen on the following maps:

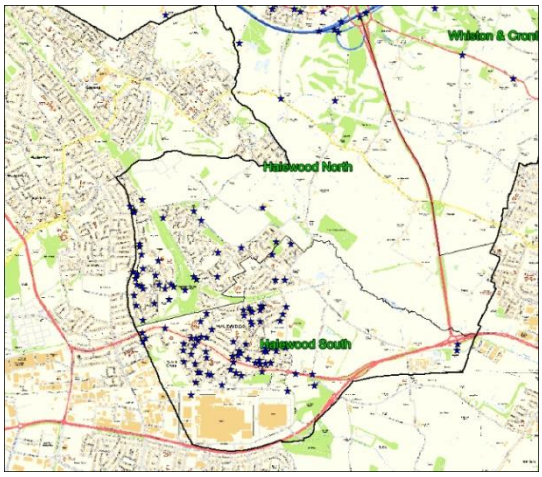
**Huyton:**



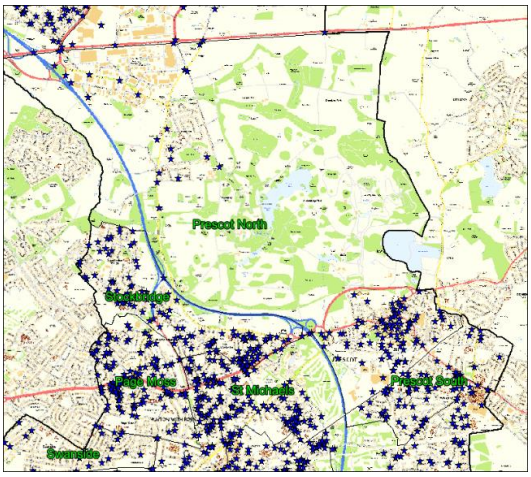

**Kirkby:**




**Halewood:**




**Prescot:**




**Whiston & Cronton:**

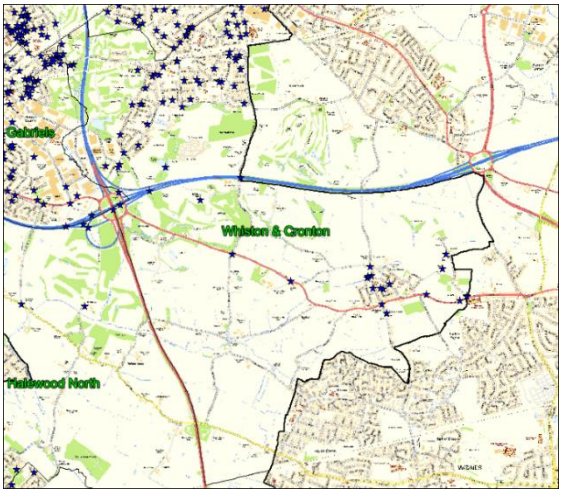



**Figure 7: Maps of Drug Offences, April 2020 and March 2022 Source: Merseyside Police**

**Possession and Use Offences**

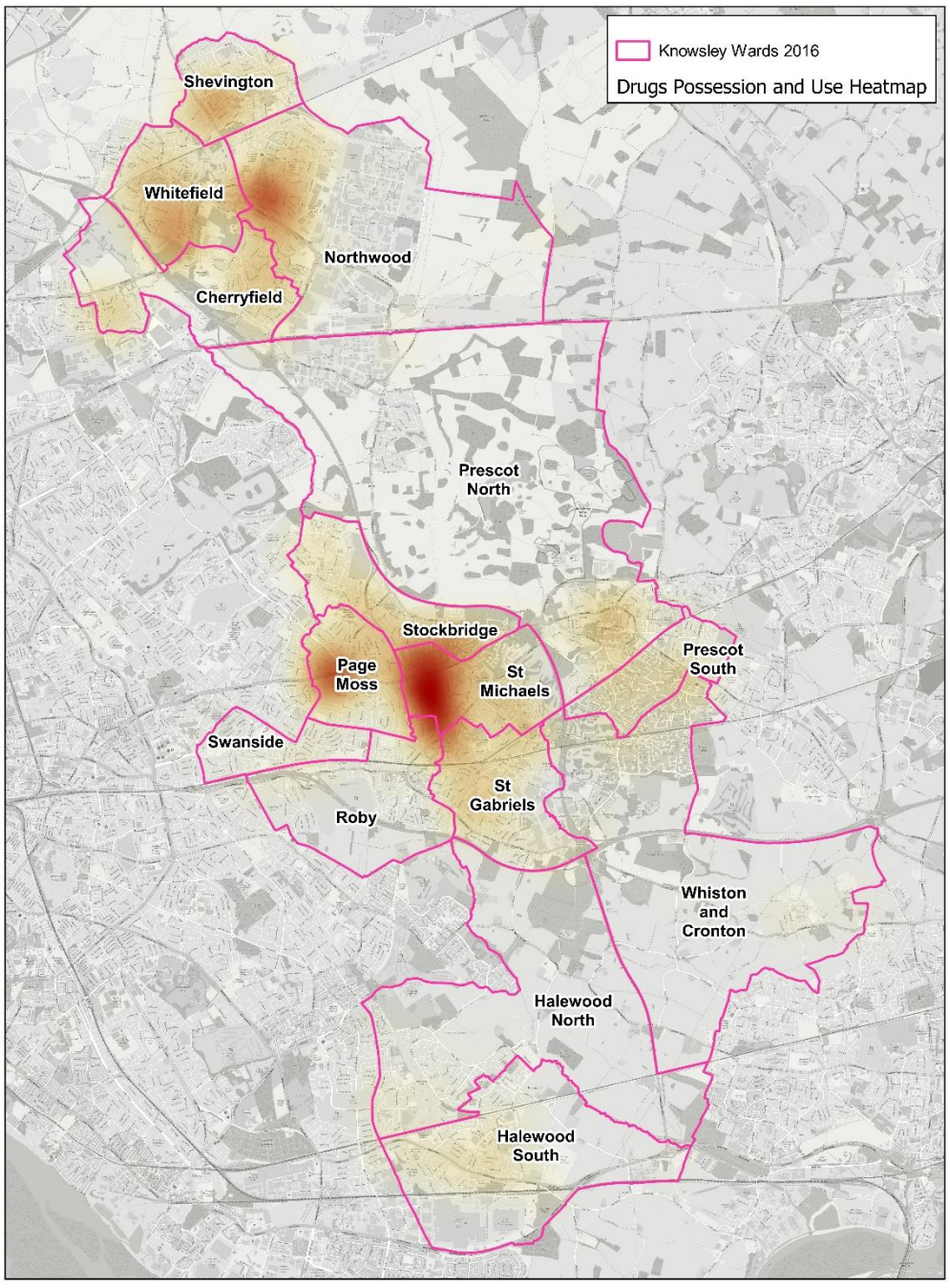





**Figure 8: Heat map of Drug possession offences, April 2020, and March 2022 Source: Merseyside Police**

The map above shows the concentration of drug possession offences across the borough. Again, of note is that the concentration of these types of offences occurs in areas that are amongst the most economically deprived in the Borough.

The most common time of day for these offences to occur was 8pm (10% of all offences were recorded at 8pm). 38% of the offences took place between 6pm on Friday to midnight on Sunday. However, the most common day for offences to occur was Thursday.

The volume of drug offences recorded has a strong correlation with stop and search activity and warrants being higher during the week, with more targeted officers on duty in Knowsley mid-week than at the weekend. This is due to a combination of shift patterns and abstractions to support the Night Time Economy across Merseyside, as well as larger events taking place during the weekend, for example the Eurovision Song Contest in 2023 which reduces the number of officers available for routine operations in Knowsley.

80% of all stops in Knowsley are done by Local Policing officers, this reduces by over 40% during the weekend.

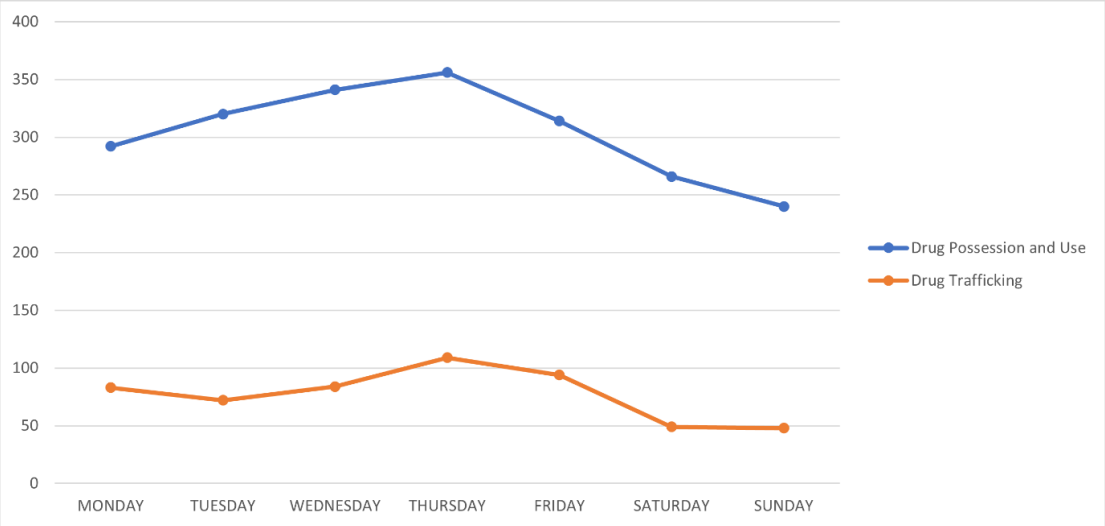



**Figure 9: Drug Offences by days of the week, April 2020 and March 2022 Source: Merseyside Police**

The trend across the days of the week for drug possession and use offences follows a similar pattern to that of drug trafficking offences, however, these offences are on a much smaller scale and not considered to be as serious.

Of the timeframe provided for this data, September was the month with the lowest number of offences, while January had the highest number of offences, however the disparity between the highest and lowest is small (January had 270 offences reported while September had 168). This could, in part, be attributed to daylight

hours in winter months, and it could be inferred that with these types of offences, shorter daylight hours are preferable for offenders to attempt to avoid detection.

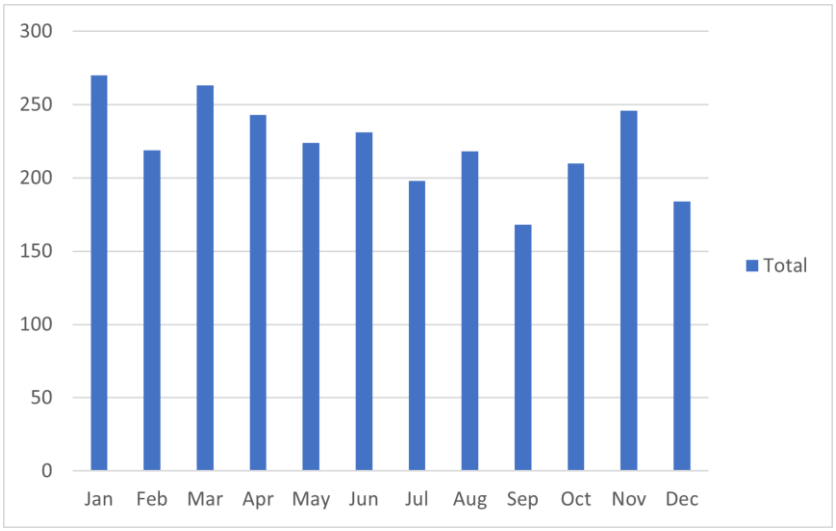



**Figure 10: Drug Offences by Month, April 2020 and March 2022 Source: Merseyside Police**

In the year ending December 2021, there were 11,867 drug offences recorded across Merseyside, with offences comprising of possession, production, and supply of drugs[15]. The number of offences related to a 6.7% fall from the previous year and corresponds to a rate of 8.3 drug offences per 1,000 population, over twice as high as the North West region (3.4) with the North West rate being similar to England (3.0).[15]

In Knowsley alone, there were 1,417 drug offences in the year ending December 2021. The rate of offences in Knowsley was 9.3 drug offences per 1,000 population over this period, higher than Merseyside and over three times the England rate.[15]

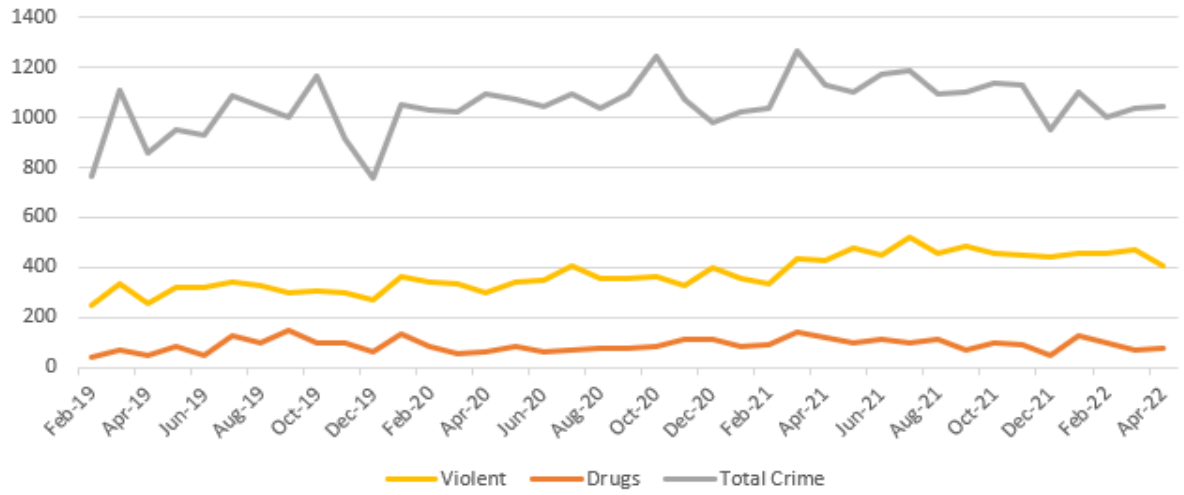



**Figure 11: Crime Trends, April 2020 and March 2022 Source: Merseyside Police**

During the time April 2020 to March 2021, 32 children under the age of 17 were being trafficked out of Merseyside across the Country to assist with drug dealing activities linked to Organised Crime Groups (OCG's) and County Lines (CL) originating from Merseyside. It has been noted that children who are not in education, employment, or training (NEET) and are frequently reported missing from home are more susceptible to exploitation via County Lines.[24]

There were 36 different children under 18 were confirmed as being involved in County Lines activity on 44 occasions during 2020/21 in Merseyside. All were males aged between 14-17 years. Whilst out of the area, children are engaging in street level dealing, as well as being placed within cuckooed properties. Often when in these properties, basic needs of the child are not met, and they are at greater risk from harm. There is an intelligence gap in relation to females being exploited via County Lines, and their involvement is not clear. [24]

Knowsley has the second highest number of children in Merseyside who were linked to County Lines in 2020/21. Children at risk of County Lines exploitation are often subject to various vulnerabilities that make them susceptible to exploitation such as: association with older males and OCG members, learning difficulties, drug and alcohol use and Adverse Childhood Experiences. [24]

Intelligence gaps around the specific activities carried out by young people who refuse to engage with Police and Partner Agencies. Methods of recruitment are unknown, as well as how children are transported between locations. It is unconfirmed if children are travelling in possession of drugs or money, or if they are directed to collect items when they arrive out of borough. Children are at greater risk of harm when travelling in possession of commodities both from third parties who may look to target them, as well as children who are made to plug drugs. The act of plugging drugs makes children highly vulnerable to both physical and emotional trauma, as well as putting them at risk of serious health concerns. If this information was known, it would greatly assist in developing the intelligence picture and to help safeguard children. [24]

Child Criminal Exploitation (CCE) and County Lines (CL) are the main concerns with regards to vulnerability in the Knowsley area. Knowsley has multiple active OCG's in especially in deprived areas of the borough. The specific areas of concern for vulnerability within Knowsley are deprived areas in Kirkby and Huyton. [24]

The OCG's in Knowsley criminally exploit children by preying on their vulnerabilities such as Mental Health issues, Drug Abuse, Domestic Violence, and lack of education. The older individuals are known to coerce young people into CCE and CL by developing 'friendship' and gaining trust. Operational activity by multi-Agencies has been put in place to disrupt these OCG's and safeguard vulnerable children. Agencies include the SHIELD initiative, Knowsley Safeguarding Children Partnership and Knowsley Council40. [24]

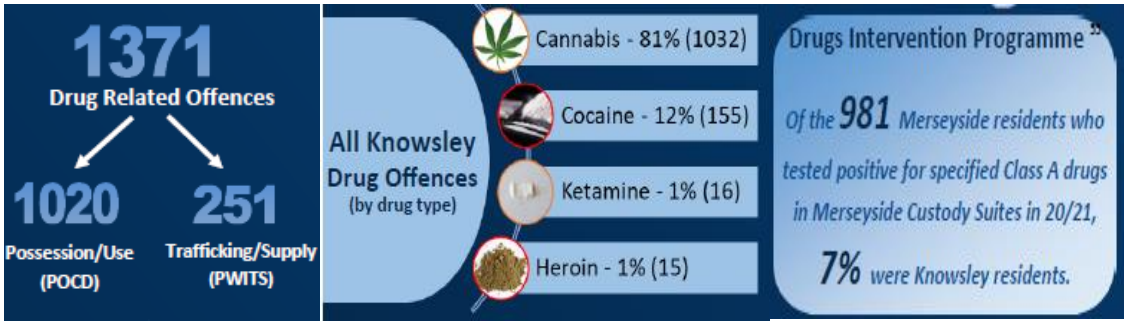
Street level dealing and CL offences do not only have a detrimental impact upon the Knowsley community, but also put the exploited children in great danger because of the risks associated. Risks include being targeted by rival OCG's or having drugs/money seized by Police, resulting in debt bondage to the OCG. The risks are further exacerbated by the amount of OCG's that are active within Knowsley and the proximity in which they operate. Due to this, children often become embroiled in disputes over drug territory, resulting in serious violence. [24]

In the Knowsley area there are no prominent OCG's that use Child Sexual Exploitation CSE as part of their business model. The most direct harm from SOC is through illicit drug markets that can drive instances of serious violence. The impact poses a significant threat as Organised Crime Groups (OCG's) will often use violence to seek and enforce territories and establish new drugs markets. This impact of SOC has had a substantial impact within Knowsley, with several OCG's operating in areas of high deprivation. [24]

The latest data show that a large proportion of serious violence incidents have involved Vulnerable Adults as either offenders or victims. These individuals are considered vulnerable due to their drug misuse, and their suffering with various Mental Health conditions. [24]

There are several different drivers behind the serious violence in Knowsley, however vulnerability continues to contribute to the increased threat, harm, and risk within the area. This is likely due to the chaotic lifestyles of vulnerable individuals because of drug and alcohol misuse and the deprivation which they experience and are exposed to. Substance abuse alters an individual's behaviour and can result in loss of self-control making people more likely to act violently. Victims of violence often turn to self-medication using drugs and alcohol, deepening their addictions. This, in turn leads to long-term Mental Health conditions and all these vulnerability factors increase the risk of individuals becoming involved in serious violence as they are less capable of identifying harmful situations and are more susceptible to exploitation. Poverty and instability are common themes when it comes to those involved in violence and the same often applies to those who find themselves homeless. [24]

During 2020/21, COVID-19 had limited impact on the drugs market within Merseyside. Whilst the wholesale prices of Cocaine, Heroin and Cannabis were reported to have been higher and the wholesale prices of Amphetamines lower than expected, it is likely Purity levels of Class A drugs continued to vary throughout 2020/21 within Merseyside. [24]




## 5.8 Drug Misuse Mortality

Drug misuse is a significant cause of premature mortality in the UK. Drug use disorders are now the third ranked cause of death in the 15 to 49 age group in England. Nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse.[45]

Death classified as drug misuse must be a drug poisoning and meet either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances controlled under the Misuse of Drugs Act 1971 are involved this include class A, B and C drugs.[44]

In the three-year period 2019-21, there were 32 deaths (24 males and 8 females) in Knowsley relating to drugs misuse, an average of 11 deaths per year and 0.7% of total deaths over that period. This gave an age-standardised rate of 7.7 drug related deaths per 100,000 population in Knowsley, similar to the North West (7.5) and higher than the England rate (5.1). The number of deaths in Knowsley relating to drugs has increased over time. In the period 2008-10, there were only 6 deaths in Knowsley relating to drug use, and in the period 2014-16, there were 12 deaths in Knowsley relating to drug use, increased deaths have occurred over the last five years.[35]

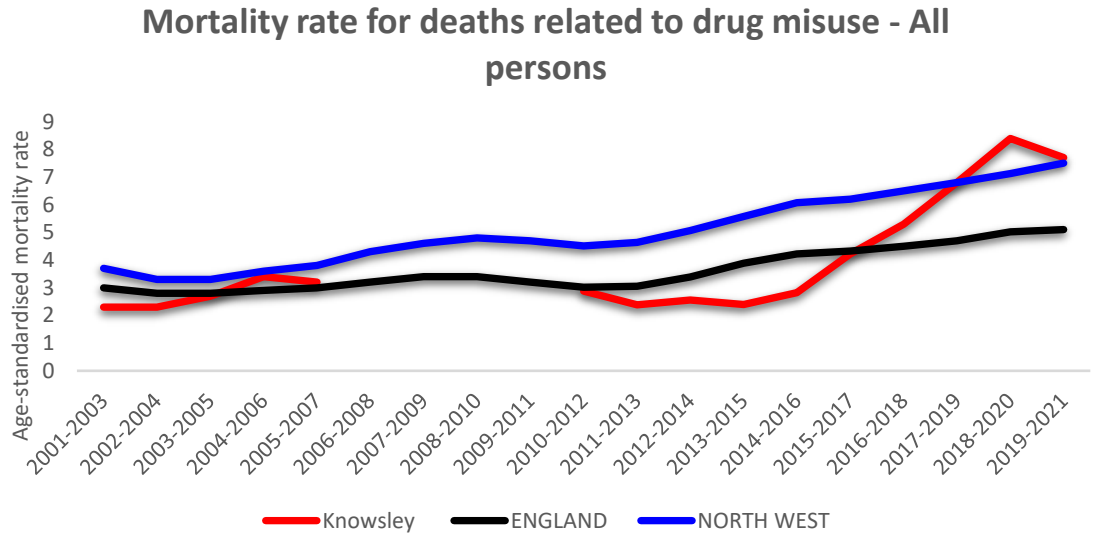



**Figure 12: Drug Misuse Mortality Trends, April 2020 and March 2022 Source: ONS**

## 5.9 Drug Poisoning Mortality

Drug poisoning deaths involve a broad spectrum of substances, including controlled and non-controlled drugs, prescription medicines (either prescribed to the individual or obtained by other means) and over-the-counter medications. As well as deaths from drug abuse and dependence, figures include accidents and suicides involving drug poisonings, and complications of drug abuse such as deep vein thrombosis or septicaemia from intravenous drug use. They do not include other adverse effects of drugs, for example, anaphylactic shock, or accidents caused by an individual being under the influence of drugs.[44]

In the three-year period 2019-21, there were 48 deaths (31 males and 17 females) in Knowsley relating to drug poisoning, an average of 13 deaths per year. This gave an age-standardised rate of 11.5 drug related deaths per 100,000 population in Knowsley, this is higher than England (7.9) and the same as the North West (11.5). The number of deaths in Knowsley relating to drug poisoning has increased over time and has increased especially in the last five years. The North West and England have seen similar increases.[35]

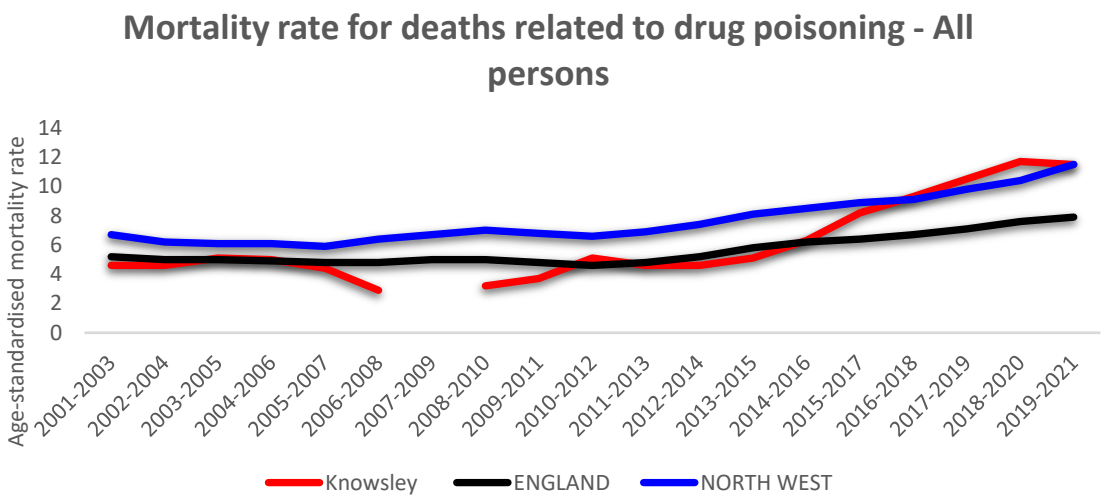



**Figure 13: Drug Poisoning Mortality Trends, April 2020 and March 2022 Source: ONS**

## 5.10 Deaths in Drug Treatment

Cheshire and Merseyside's surveillance system monitors all deaths in treatment which includes deaths from long-term physical health issues rather than just those attributable to drug overdose. This would be expected as a higher proportion of the treatment population enter the age category of 50-69.

Using this data:

- Rates of deaths reported by treatment providers in Knowsley had the highest rate of deaths in Cheshire and Merseyside in the year 2020 at 23.5 per 1,000 individuals in treatment. [48]

- Cheshire and Merseyside's surveillance system monitors all deaths in treatment which includes deaths from long-term physical health issues rather than just those attributable to drug overdose. Knowsley had the second highest increase in the number of in treatment deaths reported to the system from 2019 to 2020 (+38.1%). Overall, there was a rise of deaths in treatment of 15.8% in Cheshire and Merseyside from 2019 to 2020. (Data excluding one Local Authority who did not report to the system in 2019).[48]

## 5.11 Drug Related Hospital Admissions

In Knowsley in 2019/20, there were 40 (figures rounded to nearest 5) NHS hospital finished admission episodes where there was a primary diagnosis of drug related mental health and behavioural disorders, 30 males and 15 females (figures rounded to nearest 5). This gave a rate of 29 admissions per 100,000 population, higher than the North West region (18 per 100,000) and England as a whole (13 per 100,000).[26]

Evidence shows that people who experience non-fatal overdoses are more likely to experience a future fatal overdose. In Knowsley in 2021/22, the rate of hospital admissions, in which drug poisoning was given as primary or secondary diagnosis, was 96.8 per 100,000 population[12], over double the rate of England (42.9 per 100,000)[1]. It has been noted that rates of hospital admission due to drugs strongly correlates with area deprivation. Knowsley is currently the 2nd most deprived Local Authority in England (Indices of Deprivation 2019).

Hospital admissions due to substance misuse (including Alcohol) in young people (age 15-24) are 164 per 100,000 population (2018-19 – 2020-21) in Knowsley and are double the rate in England (81) and much higher than North West (106).[38]

## 5.12 Addictive Prescription Drugs

The number of prescription items dispensed for addictive drugs does not necessarily give an indication of problems with these drugs in Knowsley. However, there is potential for the development of dependency and misuse.

| Drug Type | Total Items |
|---|---|
| Codeine and codeine-based drugs including dihydrocodeine | 127,972 |
| Tramadol | 26,870 |
| Pregabalin | 47,321 |
| Gabapentin | 38,021 |
| Benzodiazepines | 30,026 |
| Z Drugs | 24,136 |
| Substance misuse drugs | 13,783 |
| **Total** | **308,129** |

**Table 5: ePact2 data accessed 27th July 2022**

During 2021/22, there were more than 300,000 items prescribed in Knowsley relating to addictive drugs. Codeine and codeine-based drugs including dihydrocodeine were the most common prescribed in Knowsley during 2021/22 with 41.5% of the total items.

Benzodiazepine prescriptions accounted for 9.7% of addictive drugs prescription items dispensed in Knowsley during 2021/22.

The Medicines management Team review on a quarterly basis prescribing to ensure prescribing is not exceeding 30 days supply as per national guidelines.

A further bigger piece of work regarding ongoing is in regard to reviews of analgesia prescribed for chronic pain – this mainly focuses on patients prescribed an opioid such as morphine, oxycodone, buprenorphine etc. Prescribers are asked to regularly review patients' that are prescribed codeine/dihydrocodeine as it can escalate quite quickly into higher doses of opiates.

Work also takes place for reducing Benzodiazepines and Z drugs. An annual review of patients with an LD and/or autism is line with STOMP. STAMP to identify any overprescribing of psychotropics.

The team are also specifically reviewing patients prescribed gabapentin and pregabalin to ensure the doses prescribed do not exceeded the recommended maximum daily doses.

There is a plan to introduce a practice policy for the safe prescribing of strong opioids for chronic pain. All practices will adopt this which will also go some way to increasing assurance that strong opioids are prescribed safely.

### 5.13 New Psychoactive Substances

New Psychoactive Substances (NPS) refer to substances, which mimic the effects of illegal drugs. They are not covered by the Misuse of Drugs Act 1971 but are covered by the Psychoactive Substances Act 2016. These substances are legal to possess, except when within a custodial institution or when there is intent to supply. NPS were previously sold in shops, which ended with the introduction of the 2016 act.

New Psychoactive Substances are sometimes known by the misleading term 'legal highs', due to the time in which these substances were legal to use and supply. Yet, these substances can cause serious health risks, and if used in conjunction with other substances, such as alcohol, the risk is greater.

Although there is little local information pertaining to NPS, across England & Wales there has been an increase in the number of deaths due to NPS since 2010. Latest data from 2020 shows that there were 194 registered deaths in England & Wales where a NPS was mentioned on the death certificate[13]. The Crime Survey for England & Wales 2018/19[9] stated that 1.4% of young adults aged 16-24 had used NPS that year (and 4.3% had used NPS at some point in their life), with prevalence in males (5.4%) being higher than females (3.3%).

The use of nitrous oxide (also called 'laughing gas') has also increased in recent years. Whilst nitrous oxide has several legitimate uses in the areas of medicine and catering, it is increasingly, being inhaled as a recreational drug using a balloon or a metal canister known as a 'cracker'. Inhaling nitrous oxide can be dangerous with risks including asphyxiation, especially if consumed in a small space, and vitamin deficiency with heavy regular use.

Since nitrous oxide is not a controlled drug, it is not an offence to possess it. It may be an offence to supply it under trading standards legislation and preventative action may be taken under anti-social behaviour legislation (community protection notices, public spaces protection orders).

### 5.14 Impact of Covid-19 on drug treatment

As with most other service that require social contact, drug treatment services were affected to protect staff and service users in the pandemic, especially during the early stages. Most services had to restrict face-to-face contacts which affected service provision. Most patients whose opioid substitution prescriptions prior to the pandemic included a requirement for their consumption of this medication to be supervised were transferred to take home doses from March 2020. Fewer service users were able to access inpatient detoxification for drugs. Beyond drug treatment itself, testing and treatment for blood-borne viruses were also greatly reduced. These and other changes to service provision will have had impacted on many of the indicators included in this report.

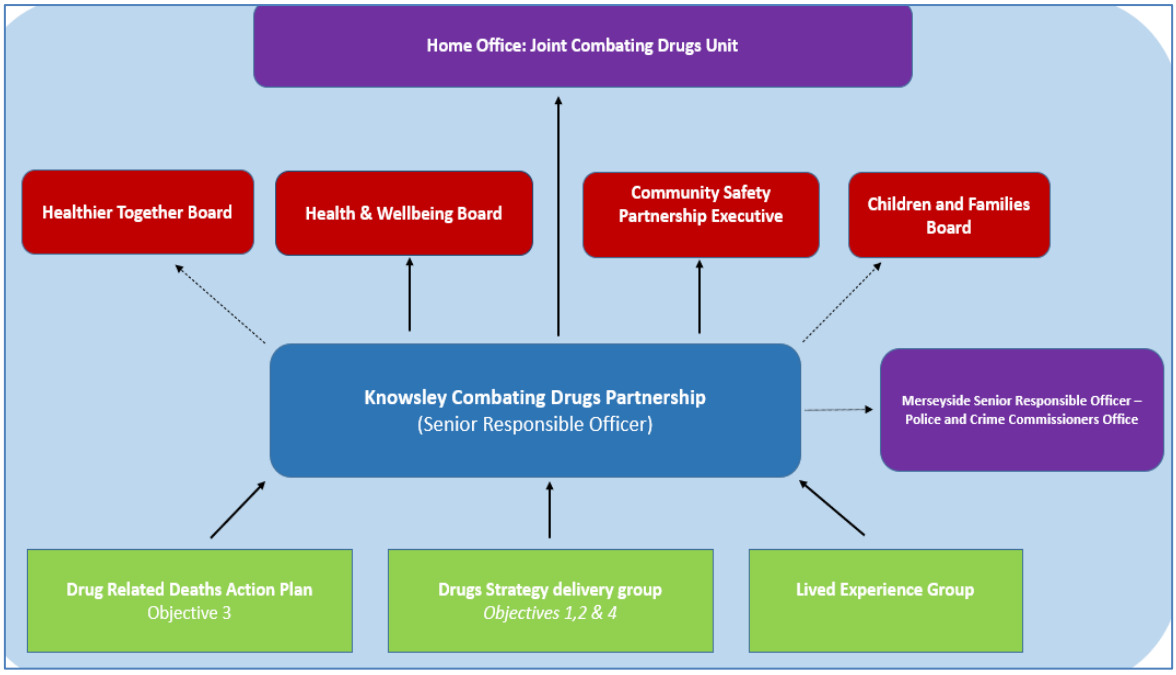
It is likely that changes to drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to an increase in the number of service users who died while in treatment during 2020-21.[1]

## 6. LOCAL DRUG USE DISORDER SERVICES

### 6.1 Overview and Partnerships

Strategic partnerships and integrated pathways will remain a core function to the success of mobilising Knowsley's Drug Strategy to identify treatment and recovery services for Knowsley residents.

As part of the mobilisation of Knowsley's Drugs Strategy, a range of partnership groups and governance arrangements for oversight have been developed, building on previous partnerships. The diagram below highlights the groups involved with the delivery and oversight function of the delivery plan.




In addition, smaller working groups are running for specific improved co-location pathways between treatment services and:

- Community Mental Health Services (Adults & Young People)
- Primary Care (Primary Care Networks)
- Acute Trusts
- Childrens Services: Early Help & Prevention Services
- Education: Primary & Secondary Schools

For each of the Combating Drugs Partnership and associated delivery groups, both strategic and operational representation from key organisations and service are represented, jointly contributing to delivery of improved outcomes for Knowsley including:

- Cabinet Member for Health
- Knowsley Council: Public Health
- Knowsley Council: Crime & Communities
- Knowsley Council: Early Help & Childrens Social Care
- Knowsley Council: Policy & Performance
- Knowsley Council: Commissioning
- Knowsley Council: Education
- Knowsley Council: Strategic Housing
- Treatment Provider – Adults & Young People (Change, Grow, Live)
- Acute Care (Hospital Trusts)
- NHS Cheshire & Merseyside (Knowsley Place)
- Community Health Services (Merseycare)
- Ministry of Justice (Prisons)
- Knowsley Probation Service
- Merseyside Police

- Housing Providers
- Knowsley Healthwatch
- One Knowsley (CVS)
- Job Centre Plus
- Knowsley Chamber of Commerce
- Knowsley College

## 6.2 Knowsley Integrated Recovery Service

In 2017, services for Knowsley were re-commissioned in line with best practice. Following a full tender exercise Change Grow Live (CGL) were awarded the contract. The new contract start date was established 1st July 2018.

The service continues to have two bases: Kirkby and Huyton, with various outreach and satellite clinics available across the borough. These include adult treatment services, young person's treatment services, needle exchange, and recovery hubs. The young person's service is an outreach service with staff based within the Kirkby hub.

The service adopts a multi-agency partnership approach to addressing the needs of clients, ensuring that the clinical, holistic and wellbeing needs of individuals are met. Established referral pathways into and out of the service allow for a joined up, whole system approach to providing support, along with the delivery of an outreach offer to raise awareness of the service and provision of interventions away from the main operational hubs.

CGL provide a range of 1:1 and group sessions for several different holistic support interventions, these sessions focus on goal setting, behaviour changes along with emotional wellbeing. Examples of sessions are:

Alcohol Workshop: This weekly workshop has been designed for alcohol dependant and binge drinkers. The workshop covers, detox options, safe reduction plans, risks whilst reducing, harm reduction, food and nutrition, units conversion, goal setting, along with physical, psychological health and emotional wellbeing. The workshop also focuses on behavioural change.

Abstinence Through Alcohol Workshop: This workshop focuses on relapse prevention, triggers, high risk situations and coping strategies. The workshop is also designed to support service users to build confidence, assertiveness, explore the five ways to wellbeing and four stages of learning. There is also mindfulness and relaxation sessions available to participants.

Recovery Support: Is a six-month minimum programme following a successful treatment outcome. Recovery support helps individuals to maintain recovery, engage in regular check ins, groupwork, sign positing, building confidence, motivation and to continue to build a recovery capital. Recovery support also supports people into training, education and employment and is also a pathway for

individuals to represent other service users in forums both locally and nationally with the opportunity to mentor or volunteer within services.

Foundations of Recovery (FOR): Is a recovery programme developed by Change Grow Live. FOR is an innovative platform for the delivery of recovery – orientated interventions and support that promote wellbeing and desistance from addictive and/or criminal behaviours.

Check In/ Check Out: Is a peer-to-peer support group which takes place before and after each weekend. This group promotes service users' recovery capital and wellbeing.

Stimulant Group: Is a six-week rolling programme aimed to support service users to understand their stimulant use and initiate long term behaviour change.

### 6.3 Project ADDER

In 2021, Knowsley was successful in receiving two years government funding as part of Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery). ADDER aims to ensure that more people get effective treatment with enhanced treatment and recovery provision with the overall aims of:

- Reducing drug related deaths
- Reducing drug related offending
- Reducing the prevalence of drug use
- Sustaining major disruption of high-harm criminals and networks involved in middle market drugs and firearms supply and importation.

The local authority along with Merseyside Police, Knowsley Probation Service and CGL have worked to strengthen links between the criminal justice system and treatment services with successful outcomes being achieved. Local plans will continue to be implemented in 2023/24 to support this work, utilising a criminal justice working group.

A further enhancement of project ADDER includes the implementation of Individual Placement Support (IPS). This specialised form of employment support aims to help residents into employment while they are in the treatment or recovery stage of addiction/substance misuse.

Some key activity as part of Project ADDER for Knowsley is as follows:

- Increased Disruption of Criminal Gangs including Organised Crime Groups reducing drug supply.
- Development of key diversion mechanisms in Merseyside Police including Drug Test of Arrest (DTOA), Training for Custody Suites, Out of Court Disposal Orders (OOCD) for drug use, Vulnerable Person Referral Form (VPRF) and Street Referral.
- Enhanced harm reduction provision including needle and syringe programmes.

- Increased integration and improved care pathways between the criminal justice system and other settings
- Targeted street outreach for the rough sleepers and crack and heroin users who are not in contact with treatment.
- Expansion of a recovery community and peer support network

### 6.4 ADDER IPS – Working with employers.

CGL work in close collaboration with local partners and employers to ensure a holistic offer of support can be provided to clients. In addition to funding received to deliver on Project ADDER, Knowsley also received IPS funding (Individual Placement and Support) to support people accessing CGL back into paid employment when appropriate through intensive support.

CGL are working closely with DWP, Knowsley Chamber of Commerce and local businesses to offer IPS opportunities to Knowsley postcode clients with Drug/Alcohol issues who are working towards employment. A variety of local employers are now participating in this programme. For all clients referred to this programme, CGL maintains close links with DWP Work Coaches to provide regular feedback and monitoring of the individual client's progress.

IPS workers work intensively with a small caseload of clients to support them towards employment, within a 30-day period. Once a client secures employment, they will receive ongoing support for up to 13 weeks to address any work or personal issues they may experience during their employment journey and help mould their transition to becoming successful members of the paid workforce.

### 6.5 Shared Care Treatment Service

Service users who are stable and in receipt of low dose prescriptions can transfer into GP Shared Care. This involves a worker from the community treatment service and the user's GP working together to support the service user to sustain recovery. It allows them to see the recovery worker in their own GP practice and receive regular medical check-ups and assessments from their GP. The GP prescribes, and the recovery worker encourages recovery during their weekly or fortnightly appointments with the service user.

If the service user becomes chaotic in their drug use, they are transferred back into the specialist treatment service. The aim for GP Shared Care is that the drug user can address emotional, social and/or family problems and re-engage with the wider community close to their home.

### 6.6 Drug Interventions Programme (DIP)

As described in section 5.6 The Drug Interventions Programme (DIP) was initially rolled out in April 2003 to areas of high crime and then to the whole of England in 2005. The DIP's aim is to identify and engage with drug using offenders at every stage of the criminal justice system e.g., pre-arrest, arrest, sentencing, prison, and post-prison release, to reduce crime and to break the cycle of re-offending and is a

useful tool for Project ADDER to review success of newly established and enhanced processes.

At each stage, the intention is to provide services tailored to clients' specific needs, addressing issues such as housing, education, employment, finance, family relationships and health, as well as offending behaviour and drug use. DIP aims to provide a beginning-to-end support system that can direct drug-using offenders out of crime and into treatment.

DIP as a programme continues to be implemented across Merseyside, with the processes that underpinned it originally remaining in place at all stages of the criminal justice system in order to engage offenders into drug treatment.

### 6.7 Mutual Aid

The Mutual Aid Groups (Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous) make full use of the recovery hubs, with services provided at one of the locations most evenings including Saturdays.

### 6.8 Service User Forum & Lived Experience Recovery Organisation (LERO)

The service has a vibrant Service User Forum, which is run by the service users, with one of the service users representing Knowsley at the CGL Regional Service User Forum.

CGL recognises the vital role that service users have as recipients of, and partners in, the programmes they are involved in. By having effective and meaningful service user involvement processes, it means that:

- CGL can ensure the services are accountable to service users.
- The service user experience is improved.
- They can promote healthier lives, wellbeing, and active citizenship.
- They can foster positive relationships between staff, volunteers, and service users.
- They can ensure any changes in service provision are communicated clearly, in a way that makes sense to those affected by them.

As part of Knowsley's Drugs Strategy, a newly established Lived Experience Recovery Organisation has been established, represented by

1. Service Users **currently** accessing treatment in Knowsley.
2. Individuals who may be regularly using drugs and alcohol but have chosen not to access support or have chosen to continue using.
3. Victims of drug and/or alcohol related crime in Knowsley
4. Friends and Family of those accessing treatment or who have been impacted by drugs and alcohol.

The group will involve people with lived experience in the strategic planning, monitoring and development of Knowsley's Drugs Strategy and expansion of Knowsley's Integrated Recovery Service. This group will take the role of a subgroup for the combating drugs partnership in Knowsley, feeding back from the view point of people with lived experience how Knowsley as a borough can:

1. Reduce the use of drugs and alcohol (consumption)
2. Reduce drug related harm and deaths.
3. Reduce drug related crime.

The group will also be supported to become a Lived Experience Recovery Organisation (LERO) where they are enabled to become self-sufficient and source opportunities to meet the strategic outcomes in the Drugs Strategy, for example by bidding for external funding to support the delivery of interventions.

### 6.9 The Young Person's Treatment Service (ENGAGE)

The young person's service, ENGAGE, was named by the service users. This service is also provided by CGL.

The service operates an outreach service where young people can be seen in a location that is most comfortable for them. This can be home, school, college, youth club or any other suitable location. They all offer support and advice to parents and families, whilst offering support around related areas such as housing, education/training, employment, and finances.

As part of the Drugs Strategy, this service is being expanded and will be implementing all new Young Person Pathways including in Education settings, Young Person Mental Health services and in the Early Help & Prevention team to provide an offer where young people are already accessing support, education, or training.

### 6.10 Needle Syringe Programmes

The needle syringe programmes operate from the two recovery hubs in Kirkby and Huyton as well as from some pharmacies.

During 2014-15, a needs assessment[14] was carried out for the needles exchange service. The report set out a list of recommendations, which include:

- Looking into the locations and opening hours of the services, in order to reflect the needs of the specific users. For example, offering to accommodate steroid users and psychoactive drug users at their preferred time, with staff that they are familiar with, might encourage increased engagement.
- Providing a large range of equipment that participants can personally choose from is likely to be beneficial. This is due to the fact that there have been concerns highlighted that there is poor availability of some needle lengths and sufficient amounts of citric acid in the Knowsley services. However, some safe injecting equipment may need to be routinely administered by staff, and due to

the amount of needle users engaging in risky sexual behaviour, condoms may also need to be routinely provided.

- Training up staff in order to provide comprehensive services without being judgemental. This can be through implementing policy updates on the provision of leaflets to exchange users and encouraging service users to register with the service in order to receive hepatitis B vaccinations, hepatitis C screening, HIV testing, or to attend their GP for these interventions.

Additional pharmacies were approached to express an interest in operating the needle exchange. This was specifically to improve the geographical reach of the service and increase the availability of out of hour's exchanges. This resulted in the recruitment of an additional five pharmacies. Pharmacy needle exchange now operates in Halewood (2), Huyton (2), Kirkby (2), Prescot and Stockbridge Village.

### 6.11 Supervised Administration

Supervised administration of methadone is a commissioned pharmaceutical service for drug use disorder clients. It is a fundamental harm reduction service that can only be provided by a pharmacy following dispensing of the diamorphine substitute methadone, or buprenorphine (Subutex). It is not part of the essential tier of the pharmacy contract but greatly reduces harm by reducing the diversion of prescribed medicines onto an illicit market and protection of vulnerable individuals from overdose. It is mainly used for service users on high doses of medication who are not considered stable.

Many Knowsley's community pharmacies provide supervised administration of prescribed medicines (methadone or buprenorphine (Subutex)) which requires the pharmacist to supervise consumption at the point of dispensing in the pharmacy within a private consultation room, ensuring that the dose is recorded and has been administered to the patient.

In addition, as part of Project ADDER, Knowsley trialled a new long-acting Opiate Substitution Therapy, Buvidal which can be administered monthly rather than daily. Early indications are that for chaotic patients previously on daily scripts, this has helped stabilise their reduced use and, in some cases, led to stopped use all together.

### 6.12 Residential Rehabilitation

Residential rehabilitation placements are arranged by the Social Inclusion Team in Knowsley Council Adult Social Care. Clients requiring residential rehabilitation post detox either inpatient or community based are referred to and assessed by the Adult Social Inclusion Team. The request then goes to a panel for approval.

The planning for residential rehabilitation includes pre-work with a number of agencies including CGL to ensure that the client responds to group work. The rehabilitation placements involve many group work activities and post discharge planning to ensure that there is wraparound support when the person leaves the placement.

## 6.13 Inpatient Detoxification Service

Inpatient care should be available to clients at different stages in their treatment journey and not thought of as a last resort. However, it is essential that inpatient detoxification is not offered as a stand-alone treatment for drug use disorder but often as an essential initial intervention within a broader, longer-term care plan including psychosocial or pharmacological therapies to prevent relapse.

There is evidence to show that detoxification in specialist drug use disorder facilities is more effective than in general hospital or psychiatric wards, which are associated with low success rates[15]. Following a tender process in 2016 the inpatient detoxification for Knowsley is now provided by the Chapman Barker clinic based in Prestwich, Manchester.

## 6.14 Housing Support and Debt Advice

This is provided through the Tenants Extra Support Service. The contract for which is currently held by Villages Housing, part of the Forviva Group and aims to provide short term housing related support to Knowsley residents who may need support to maintain and sustain their tenancies regardless of tenure to live independently.

This service works alongside Tenants with a range of needs including people who have low housing related support needs through to people with multiple and complex housing related support needs including those with substance misuse and mental health needs.

The Tenants Extra Support Service will work with individuals to put person centred interventions in place that addresses behaviours and encourages them to make a positive change, so they have the confidence and skills to move on and/or sustain a tenancy independently.

## 6.15 Prevention

### Vibe

As part of their contract, Vibe are commissioned to:

- Support a reduction in the use of illicit drugs and the frequent use of alcohol amongst young people under 25, especially by the most vulnerable young people.
- Increase a population wide approach to increase levels of awareness and support as required to young people in respect of information provision/signposting regarding a range of topics including drugs.
- Increase the uptake of services for access to support relating to substance misuse.
- Support the commissioning of youth services within the Public Health agenda ensuring the voice of the child is heard when commissioning decisions are made.

- Develop and deliver a peer education programme to young people, drugs are one of the subjects to be covered by this work.
- Develop and run a Teenage Health in Knowsley (THinK) campaign working with young people, which includes substance misuse, specifically cannabis and New Psychoactive Substances.
- Develop and host a THinK website where young people can access information about a range of health issues including substance misuse.
- Provide drug use disorder support and education to under 19's to prevent escalation of problem behaviours.
- Provide targeted support for vulnerable groups of young people including:
  - Young people who are exposed to parental or sibling substance misuse.
  - Young people who are experimenting with substance misuse

**Parenting Skills**

A range of parenting courses are provided across the Borough including universal provision in children centre to promote healthy lifestyles and targeted provision by Stronger Families and Early Help.

Knowsley Early Years service have accessed training from CGL to develop drug and alcohol awareness, with all practice staff having received NYXOIE administration training which is available at all centres in the borough.

These processes allow the Early Years service to have conversations and refer to the integrated recovery service when need is identified.

**Enhancing Families Programme**

Supporting parents to provide the best start in life for their children is important in protecting the children from future risk-taking behaviours, making them less vulnerable and improving their life chances. As part of the 0-25 Health & Wellbeing Service, the Enhancing Families Programme is commissioned to provide intensive support to vulnerable families. Should drug misuse be identified as an issue within the family, parents are supported either by signposting to services or onward referral to specialist provision.

**Knowsley Youth Offending Service (YOS)**

Knowsley Youth Offending Service (YOS) provides a service for young people aged 10 to 18 years who are involved in offending behaviour and the youth justice system. The response is graduated starting with diversion from the police and courts (Out of Court Disposals) to delivering statutory court orders, working with custodial settings and resettlement into the community. YOS view the use of substances including cannabis as a significant link to offending and an increasing risk in relation to exploitation, county lines and serious violent crime and poorer health, education and social outcomes for children across youth justice.

Knowsley YOS has numerous embedded partnership staff, including Police, Probation, and a fully integrated health and wellbeing team. This health and

wellbeing team includes health, assistant psychologist, substance use, education psychology and speech and language. These embedded partner roles strengthen the offer to children with a range of complexities in the youth justice system.

Specialist staff including a substance misuse practitioner work closely with colleagues to contribute to screenings, support assessments, deliver direct and multi- disciplinary interventions which are bespoke and developmentally informed to ensure interventions are needs led and personalised. There is a commitment to work with the whole family so that both the child and the family receive support, adopting a therapeutic, trauma informed, trusted relationship approach to engagement with children and families.

Part of this work addresses transitions which includes supporting relationships and engagement with substance use partners in the community including CGL (Change Grow Live) in planning for closure from YOS.

As part of recent developments, the STEP prevention service has been introduced to reduce crime and anti-social behaviour by children in the community, as well as identifying and supporting children potentially at risk of exploitation. This will divert children from the criminal justice system and work with partners including CGL to ensure that children and families have access to substance related information, brief intervention and support to access substance misuse intervention as required.

**School Nursing**

As part of the specification for school nursing in Knowsley, the service is contracted to work in partnership with the schools to identify young people who are at risk of poor health outcomes, including drug or alcohol misuse. School Nursing will act as the main link into the schools for other public health services provided in schools e.g., Drug & Alcohol Service. As part of the core skills in our school nursing teams relating to lifestyle choices, screening, and identification of alcohol and/or drug misuse and appropriate onward referral as well as the provision of brief interventions for smoking cessation, alcohol and/or drug misuse is universally provided.

In addition, as part of the health promotion specification for children between year 7 and year 11 (secondary school), risk taking behaviour, incorporating drug use disorder, is included.

CHAT health can also be utilised by young people who may be asking questions about recreational drugs. School nurses are on hand to provide advice and demystify many of the misconceptions whilst also being able to signpost to services, where appropriate.

**Workplace**

Commissioned by Public Health, Working Well engages with businesses across Knowsley in partnership with the Environmental Health and Consumer Protection

department, The Chamber of Commerce, Occupational Health, and hundreds of local businesses to meet health standards in Knowsley work places. One of the six standards that businesses working with the programme aim to achieve for the health and wellbeing of staff is 'Drugs and Alcohol'. Work includes raising awareness of drug use in and out of work and working with companies to develop policies that support any substance misuse issues in their workforce.

## 7. COMMUNITY, PATIENT & STAKEHOLDER VIEWS

In order to facilitate the formulation of a delivery plan and workforce expansion a full stakeholder and service user engagement exercise was undertaken

### 7.1 **Approach to Engagement:**

Workshops:

Two separate workshops were carried out with stakeholders working with (i) adults, and (ii) young people. Following a presentation on the context of the local drug and alcohol strategy review, stakeholders were facilitated through a structured workbook exercise, which asked stakeholders to reflect on the successes and challenges facing drug and alcohol services, unmet need, the future direction of services, secondment and co-location of staff, prevention (including diversionary activities) and accessibility. Stakeholders were asked to rank potential roles for workforce expansion.

One to One Interviews:

A young person who was a service user took part in a one-to-one interview and members of the public health team also carried out a focus group with adult service users through CGL's Service User Forum. The interview and focus group asked about experiences of using the treatment service, accessibility, and possible areas for service improvement.

Two staff who worked for the service provider took part in a paired interview, and two staff from a key stakeholder organisation which works with vulnerable young people also took part in a paired interview. Both of these interviews discussed patterns of drug and alcohol use among young people in the borough, treatment and prevention, possible areas for service improvement, and co-occurring mental health problems.

### 7.2 Findings: Young People

Drug use by young people in Knowsley

1. Young people in the borough are more likely to use drugs than alcohol, with cannabis reported to be the most widely used substance – increasingly in the form of Polly (resin).

2. Some stakeholders reported that 'the majority' of young people smoke cannabis, and that its use has been normalised among this age group. Among vulnerable young people, stakeholders suggested that rates of drug use may be high.

3. During the paired-interview, staff who worked with vulnerable young people reported that over three-quarters of those they worked with used cannabis, with a third of these also using cocaine and legal highs.

4. Young people who use cannabis frequently may find themselves acquiring the drug 'on the tick' and becoming indebted to dealers. Stakeholders suggested that cannabis is not a gateway drug, and that they are not seeing a trajectory towards the use of Class A drugs for most young people. However, it was noted during the interviews that young people who use cannabis are more likely to engage in other risky behaviours.

Treatment services

The young person who took part in the engagement spoke positively about the support he had received from the treatment provider, and about the big difference that this had made to his life.

Stakeholders reported that many young people do not see their drug use as problematic, and therefore do not opt to access treatment – **although poor mental health can be a trigger for seeking help for substance use.**

To support more young people to engage with treatment, **it is important that this group do not perceive treatment to be stigmatising or judgemental**.

Participants emphasised the importance of making treatment as accessible as possibly through **easy referral pathways**. This would enable young people to access treatment as early as possible, giving them the greatest chance of success.

The workshops showed that some stakeholders who work with young people do not have a good understanding of referral mechanisms to treatment services – all partners need to be clear on how young people can access timely and appropriate treatment.

Criminal justice

Providers of services for young people expressed concern that the police do not take cannabis-related offences seriously, perceiving that young people only receive 'just a slap on the wrist'.

**A consistent message needs to be communicated across agencies, including the criminal justice system, to tackle the normalisation of cannabis use**. One stakeholder reported that perceived police tolerance of cannabis use by young people perpetuates the view that cannabis use is not a

problem – and that this may be a barrier to young people seeking treatment. **Police should be actively talking about young people accessing support.**

Diversionary activities:

Young people are perceived to use substances to manage feelings of isolation and boredom. **Stakeholders advocated for diversionary activities as a means of reducing rates of substance use by young people**, while also noting that diversionary activities provided by the local authority have been subject to spending cuts in recent years.

Providers of services for young people **identified gyms as a positive setting with a 'different culture' which diverted young people away from substance use**.

Other diversionary activities identified by stakeholders as valuable included **youth clubs, boxing clubs, drama clubs, yoga and boxercise**. These activities can also improve mental health and wellbeing.

However, partners noted that – in many cases – young people are only actually diverted from drug use during the diversionary activity itself, rather than a more long-term effect. **This means that it is vital to use the opportunity provided by diversionary activities to provide a safe and supportive environment for young people to engage with outreach staff.**

Partners emphasised the importance of recognising that girls may have different needs from boys for activities. However, it was also noted that diversionary activities are not available in every locality, and that – where available - can be too expensive for many young people to access. Innovation is needed. Joined up working across youth services and the community sector could have the potential to facilitate co-ordinated activities across a locality footprint. Partners recommended that any planning processes for new activities should make direct engagement with both young people and community leaders a key priority.

Social marketing campaigns

Stakeholders proposed the need to challenge a culture among young people which normalises substance use, through a well-resourced social marketing campaign. This campaign could communicate to young people about the harms associated with substance use, and how to access treatment and other support, with the aim of changing the culture of cannabis use among young people.

Engagement with treatment services by educational settings

Stakeholders noted that educational settings could engage more closely with the treatment provider, and that this would be likely to lead to a significant increase in the number of young people accessing treatment services. It was suggested that educational settings may be reluctant to acknowledge that pupils are using substances, but that this was a barrier to getting help for young people. Education settings have a crucial role to play, because it was noted at the workshops that

young people who are using substances need to be identified as early as possible before they become involved in crime – and schools and colleges are well placed to identify young people at an early stage. Participants also noted the scope for treatment staff to co-ordinate with mental health support workers and social workers based in schools.

In addition, CGL staff reported that they would welcome the opportunity to be resourced to have more of a presence in education settings, and to deliver curriculum sessions – for example, for PSHE. During the workshops, partners noted that young people start to use cannabis early in secondary school and emphasised that preventative work needs to invest in young people from age 10 to 13 years before drug use begins. One table talked about how children start to vape from the age of 12 years, and how early intervention should target these children before they move on to cannabis.

Stakeholders recommended that staff involved in outreach work should be 'familiar faces' to young people, through repeated engagement in settings. They should be approachable, relatable, and easily accessible. They should be honest and 'real' with young people about drug use. They should be positive role models. The young person who took part said that the treatment provider should go to places where young people are and ask them if they need help. Consideration also needs to be given to how to reach children and young people who do not attend educational settings.

Co-occurring mental health conditions

Stakeholders reported that many young people who use drugs also have poor mental health. A stakeholder who worked with vulnerable young people suggested that there is a high rate of both diagnosed and undiagnosed mental health problems in this cohort, including eating disorders, anxiety (in some cases linked with childhood trauma, domestic abuse, or sexual exploitation), and self-harm. Some young people with mental health problems report using cannabis to relax or 'self-medicate', although stakeholders expressed concern that this can become a cyclical issue, with cannabis use exacerbating poor mental health. It was suggested that this 'self-medication' is exacerbated by long waiting lists for mental health services, and that young people with mental health problems who do not meet the criteria for CAMHS may also 'self-medicate'. It is crucial for services to address underlying emotional wellbeing issues alongside addressing substance use for treatment to be effective.

In addition, vulnerable young people may have ASD and/or ADHD, and stakeholders stated that these young people may not respond to standard approaches. This means that consideration needs to be given to how to provide treatment services which meet the needs of young people who are neurodivergent.

Parents and carers

Stakeholders identified a need for an expanded offer relating to education and advice for parents and carers to enable them to support young people emotionally

and practically to tackle their substance use - for example, structured support groups for parents and carers.

Co-location

Service representatives who attended the workshop were positive about creating opportunities for co-locating drug and alcohol treatment staff alongside their own services. There was also consensus that co-location would give young people greater confidence to access treatment and would provide a greater likelihood of holistic care. Participants recognised that the new Family Hubs programme would provide a key opportunity to locate treatment services within communities alongside other services for children and young people.

Workforce

As part of the workshop, attendees sitting on each table were asked to rank potential roles for young people's workforce expansion. There was a high level of agreement between the different tables. Attendees prioritised the roles of:

- Early Intervention Co-ordinator.
- Youth Engagement Worker.
- Young People's Resilience Worker.
- Children and Families Worker.

**Findings: Adults**

Experiences of service delivery

Adult service users who responded to the CGL survey described many positive experiences of service delivery. These included:

- Caring, supportive and respectful staff.
- Person-centred approach, with regular telephone contacts.
- Group work and availability of support out of hours.
- Option of telephone appointments and online support. (Some service users preferred not being around active drinkers - as would be the case with group work.)
- Home visits.

Suggestions made by service users for service improvement included:

- Better distribution of services across the borough – for example, service users reported that there were no groups available in Kirkby.
- Consistent response from the out of hours service – some service users reported the phone not being answered.
- Better follow up after receiving medication.
- Better availability of food vouchers.

Access to treatment

One partner reported **typically signposting to treatment services rather than making direct referrals**.

They noted that often individuals then did not pursue treatment and noted that stigma is a barrier to accessing treatment. Stakeholders reported that their staff would welcome training from CGL on how to make referrals. Job Centre staff reported that previously a CGL outreach worker had visited Job Centres, and that this worked well. The Job Centre staff member suggested that it would be useful for CGL to have a named Single Point of Contact at each Job Centre. This could be replicated across other stakeholder services. There would also be scope for Merseyside Police to build closer links with CGL, and potentially CGL could sit in on police team meetings. Police officers carry mobile devices which enable them to make on-the-spot referrals.

It was noted that before the pandemic, CGL used to go into hospitals to address substance misuse on the wards. Health care stakeholders expressed a clear interest in investigating whether this could be resumed. Community mental health practitioners work using a holistic approach and would welcome joint working with the treatment provider – particularly with a view to opportunities for early prevention.

Key challenges

Workshop participants reported encountering the following challenges relating to drug and alcohol use in the course of their work:

- Residents in denial about their substance misuse who will not accept a referral to services.
- Fear of repercussions by people who would benefit from drug or alcohol treatment. For example, parents may fear that their children will be taken into care.
- Trust issues, with people who are using drugs or alcohol reluctant to discuss their substance use with a service provider or professional who they do not know.
- Eviction and housing issues, and antisocial behaviour, associated with substance use.
- Customers not seeking support with social and financial issues until very late – for example, when they have already been evicted.
- Higher rates of drug and alcohol use during and since the pandemic, with ‘everyone self-medicating’.
- The need for effective communications to alert people that their drinking is becoming problematic. Otherwise, people think that they are able to function because they can hold down a job but are drinking every day and do not realise that they have an alcohol problem until too late – it is easy for things to spiral.
- A lack of treatment facilities in Knowsley for people with co-occurring mental health conditions and alcohol use.
- Poor access to Primary Care is a barrier to treatment. People with substance use problems are not likely to wait in a long queue on the telephone to make an appointment with the GP. In the past, GPs were able to identify people who would

have benefitted from treatment at an early stage. People now access treatment much later when their drug and alcohol use is more severe.

Prescribing in Primary Care and Palliative Care

During the workshops, stakeholders identified the need to tackle rates of drug-related deaths through work with primary care organisations to examine prescribing patterns. The aim of this would be to reduce high dose prescriptions of painkillers (which are associated with drug-related deaths). Partners also noted that measures need to be put in place to ensure that palliative care medications are not left available to other people, who might misuse them, after the death of a palliative care patient – for example, excess opioids. Because there is a risk that excess opioids may be misused, redundant palliative care drugs should be collected from the deceased patient and destroyed.

Better partnership working between the PCNs and CGL would support a patient-centred approach which could include:

- Reductions in the quantity of individual patients' prescriptions.
- Management of patients' expectations around long-term pain relief.
- Positive lifestyle changes to address the sources of pain.
- Parallel clinics with clinicians and drug and alcohol outreach staff.

Co-location

There was **strong support for co-location of drug and alcohol treatment providers with other services**, including co-location for specific weekly sessions. Stakeholders recognised the value of greater joined up working which is associated with co-location. In some instances, services would welcome – as a first step towards more integrated working – being present at each other's team meetings. Stakeholders identified key issues which could be better addressed through co-location of services. These included:

- Co-location with housing services to tackle cuckooing.
- Co-location of drug and alcohol treatment staff within Life Rooms. (There was no active link between the two organisations at the time of the workshop.)
- Co-location of the Healthy Knowsley service with drug and alcohol treatment staff.
- Mental health team to attend drug and alcohol treatment provider team meetings.
- Input into challenging cases from the Multi Agency Safeguarding Hub (MASH), working with the drug and alcohol treatment provider.
- Co-location of Disability Employment Advisors with the drug and alcohol treatment service.
- Joint working between the drug and alcohol treatment provider and police triage cars.

Aspirations for an expanded drug and alcohol treatment offer

Workshop participants were also asked about their aspirations for an expanded drug and alcohol treatment offer. The areas for expansion identified by stakeholders related to: (i) how to make referrals, (ii) specialist centres, and (iii) homeless people.

Stakeholders were concerned that their staff may not be aware of how best to refer clients to drug and alcohol treatment services, and this resulted in unmet need. There is scope for referrals from a wide range of roles across diverse organisations. A particular example was given of a need for training around referrals for Job Centre staff. Because of this potentially broad pool of referrers, any referral training opportunity needs to be offered widely across local systems.

Participants also discussed whether it would be valuable for the drug and alcohol treatment provider to host a dedicated outreach worker to carry out street outreach to homeless people, acknowledging that the number of homeless people in the borough is low.

Workforce

As part of the workshop, attendees sitting on each table were asked to rank potential roles for expansion of the adult services workforce. There was a high level of agreement between the different tables. Attendees prioritised:

- Mental health and psychology posts (NHS Bands).
- Nursing and Primary Care workforce.
- Treatment staff.

Practical operational recommendations from service users

Service users who took part in the Forum focus group made the following practical operational recommendations to improve experiences of the service:

*CGL premises*

- More private rooms and fewer pods. (The pods are not fit for purpose because they do not allow confidentiality.)

*Service delivery*

- Ensure zoom meetings continue.
- More meetings with guest speakers.
- A call back approach to the out of hours phone – leave a message to allow for someone to call back.
- Provide a drop-in service for counselling services at evenings and weekends to help individuals when they hit a crisis point.
- Provide greater support for family members and carers.
- Make SMART (self-management and recovery training) training available to more people who would benefit from it.

*Workforce*

- Ensure nurses within the service are mental health trained.

- Use counsellors who are trained in addiction.
- Allow individuals to work with different counsellors to enable them to identify the one most suited to them.

*Referrals*

- Service users reported that GPs currently signpost patients to CGL and provide them with the information that they need to self-refer. **Service users suggested that many people might prefer GPs to make a direct referral to the service**, to help overcome the stigma associated with needing to access drug and alcohol treatment.
- Service users suggested that there needed to be **greater publicity of the drug and alcohol treatment service** to support self-referrals from those who do want to self-refer. They suggested that it would be useful to have posters in settings such as GP surgeries which provided CGL's details and contact phone number.
- It was also recommended that publicity should include **case studies and 'success stories' of people who have already completed treatment**. They suggested that this would encourage and motivate people to self-refer.

*Social/diversionary activities*

- Service users said that they would value more outings. They asked for further field trips to help develop hobbies and diversion activities.
- Provision of a quiet room – for books and jigsaws.
- Review access policies for outdoor activities – for instance, to allow a carer to come along if needed.

## 8.0 EVIDENCE OF WHAT WORKS

### 8.1 ASSIST-lite screening tool

This is a tool that helps to identify risky drug and alcohol use and tobacco smoking and aims to contribute to reducing premature mortality and morbidity.[53]

The ASSIST-Lite has been modified and licensed for use in health and social care settings throughout the UK. The ASSIST-Lite tool is copyrighted so permission is needed to use it. You can request permission by using the simple processes outlined and overseen by NHS Digital. [53]

Two versions of the ASSIST-Lite have been developed. One version is specifically adapted for use in mental health settings, the other is for other health and social care settings. [53]

Both versions of the tool include the alcohol use disorders identification test – consumption (AUDIT-C) for identifying health risk from alcohol consumption. The adapted version of the ASSIST-Lite tool for mental health settings has been added to the mental health services dataset. [53]

This guidance is designed to help partners responsibility to ensure evidence-based interventions are available and competently delivered. It is designed as a guide to provide the right balance of interventions, working in line with training, competence and organisational policies and procedures. [53]

Public Health England (PHE) published guidance on meeting the needs of people with co-occurring drug and alcohol, and mental health conditions. This guidance states that health, social care, and other frontline services should respond collaboratively, effectively, and flexibly to prevent exclusion. [53]

## 8.2 NICE Public Health Guidance

Public Health guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health. The guidance may focus on a particular topic (such as drug use disorder), population or setting. It is aimed at public health professionals, practitioners, and others with a direct or indirect role in public health within the NHS, local authorities and the wider public, voluntary, community and private sectors.

With regards to drug use disorder, the following six guidelines are available from NICE[16]:

- Drug misuse in over 16's: psychosocial interventions (CG51)
- Drug misuse in over 16's: opioid detoxification (CG52)
- Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings (CG120)
- Coexisting severe mental illness and substance misuse: community health and social care services (NG58)
- Drug misuse prevention: targeted interventions (NG64)
- Needle and syringe programmes (PH52)

NICE have a list of quality statements, in summary they ensure that everyone in treatment and their families are offered a comprehensive assessment of their needs, ensure that all information and advice about treatment is given to them. NICE also offer the appropriate psychological interventions and treatment as well as access to materials they may need such as access to the needle and syringe programmes. NICE provide information and advice on the eligibility criteria for residential rehabilitative treatment and provide support for those who have achieved abstinence for at least 6 months. NICE offer support to those in treatment to access education, employment, healthcare, personal finance, mutual aid, and housing.

## 8.3 Treatment Services

Investing in drug treatment cuts crime and saves money. It is estimated that every £1 spent on drug treatment saves £2.50 in costs to society[41]. Drug treatment prevents an estimated 4.9m crimes per year and treatment saves an estimated £960m costs to the public, businesses, criminal justice, and the NHS[42].

The Advisory Council on Drug Misuse (ACMD)[43] states that services should be commissioned which include activities that develop all these areas; for example, there needs to be the opportunity to access training, volunteer activities and ultimately support to gain employment.

The ACMD recommend that:

- Services segment their service user population to gain a better understanding of the recovery potential of each group and use interventions targeted to specific groups.
- Services should focus on the wider health and wellbeing of those in treatment, not just their addiction.
- Local commissioners, providers and other stakeholders encourage the development of mutual aid in the local community.

The ACMD (2013) recognise that there is a need to tackle the stigma around recovery from drug addiction making recovery acceptable and celebrated. This will be done by ensuring that recovery is visible both within the drug service and in the local community.

### 8.4 Preventing Blood-Borne Virus (BBV) Transmission

All services in contact with injecting drug users, including drug treatment services and needle exchange services, should provide testing for hepatitis B/C and HIV plus vaccination for hepatitis B or have pathways in place for treatment or to direct people towards these services[17].

### 8.5 Prevention

The United Nations Office on Drugs and Crime International Standards on Drug Use Prevention states that it is not a lack of knowledge that leads to drug use disorder but **a range of life factors including mental health disorders, family neglect and abuse, poor attachment to school and community, drug use being seen as a social norm, environments conducive to drug use disorder and growing up in marginalised and/or deprived communities.**

The factors that protect people against drug use disorder are having good psychological and emotional wellbeing, personal and social competence, a strong attachment to caring and effective parents, and to schools and communities.

Interventions and policies that have been found to yield positive results in preventing drug use disorder according to the UN's Group of Experts, based on the strength of evidence available are given in Table 6 (by age and setting for the intervention / policy) [18]:

| Setting | Initiative or Policy |
|---|---|

| | |
|---|---|
| ***Family:*** | Parenting skills (middle childhood and early adolescence) |
| ***School:*** | Early childhood education<br>Personal and social skills (middle childhood)<br>Classroom management (middle childhood)<br>Prevention education based on personal and social skills and social influences (adolescence) |
| ***Community:*** | Alcohol and tobacco policies (early adolescence through to adulthood)<br>Community based multi-component initiatives (universal) |
| ***Workplace:*** | Workplace prevention (adolescence to adulthood) |
| ***Health Sector:*** | Brief intervention (early adolescence to adulthood) |

**Table 6: Best Evidence Interventions and Policies for Preventing Substance Misuse**
**Source: United Nations Office on Drugs and Crime**

The evidence base for specific drug prevention programmes is not good. There is little information about what works but there is more evidence of what does not work from the ACMD[19]. Things that do not work include:

- **Information provision via the knowledge-based school curriculum**
- **Approaches that use scare tactics**
- **Standalone mass media campaigns**

ACMD also warn commissioners to act with caution when presented with approaches that do not have a clear evidence base because some may be associated with unanticipated harmful outcomes.

The report highlighting the lack of evidence states, "prevention actions should be justified based on reducing long-term meaningful and adverse (individual and population) health and social outcomes. In this regard it is important to be realistic about what prevention can achieve and recognise that abstinence from drug use may not always be necessary to achieve these outcomes".

Programmes in schools, which build knowledge and strengthen the resilience of children are recommended by The Centre for Social Justice in their report Ambitious for Recovery (August 2014)[19].

### 8.6 Needle and Syringe Exchange

Recent NICE Guidance recommends[20]:

- Consultation with and involvement of users, practitioners, and the local community about how best to implement or reconfigure needle and syringe exchange programmes.
- Collation and analysis of data on injecting drug use.

- Commissioning of both generic and targeted services to meet local need based on the analysis.
- Monitoring of syringe exchange services.
- Provision of a mix of services ensuring that appropriate equipment and harm reduction information are available at a range of times, and in places that meet the needs of people who inject drugs.
- Ensure pathways are in place for referral to the specialist services to ensure that testing for BBV is offered to all.
- Provision of the right type of equipment for service users and no discouragement of those taking needles for others.
- Advice to be offered about safe injecting.
- Encouragement of people who inject drugs to mark their syringes and other injecting equipment or use easily identifiable equipment in order to prevent accidental sharing.
- Encouragement of injecting drug users to access other services.
- Provision of community pharmacy-based needle and syringe programmes.
- Staff who deliver needle and syringe exchange are competent to deliver the level of service offered including harm reduction advice, preventing, and managing overdose, health and safety relating to handling the equipment, knowledge of the services that people can be referred to.
- Provision of equipment and advice to people who inject image and performance-enhancing drugs. This includes providing exchanges outside normal working hours, and/or the provision of outreach services.

## 9. FUTURE CHALLENGES

1. Although additional funding is being provided to drug and alcohol treatment services, this only begins to return the level of investment that was provided before the decline in numbers accessing treatment in Knowsley. Historical funding cuts to other public sector organisations will lead to further strains on drug use disorder services not directly associated with treatment.
2. The development of the workforce and vacancies associated with the treatment expansion is a challenge. Labour shortages are likely with each local authority competing for the same workforce and skill sets.
3. Commitment from Government to additional resources is only currently available until 2024-25, and is issued via a separate grant, rather than through wider increases to the Public Health grant.
4. Continued low investment and capacity within the wider services that support recovery could have a negative impact on the population of Knowsley, particularly if it is allied with increasing prevalence of people in need of treatment as the treatment population ages.
5. Addiction to prescribed and over the counter medicines present additional cohorts of people who need support to recover from their addiction.
6. The ageing drug using population means that there is the increasing possibility of service users suffering health problems due to their past drug use and although these may not be directly related to their drug use, ill health will hamper their recovery, and may increase the likelihood of continued high levels of drug related deaths in Knowsley.

7. There is a lack of clear guidance around education and prevention for young people. How to select programmes and agencies to deliver this education presents difficulties when developing an approach to address prevention among young people.
8. There is a need to ensure consistent messages are provided to young people and that current interventions are at least in line with what evidence is there.
9. The on-going issue around cannabis availability in the Borough, the amount of cannabis being grown, the links to organised crime, gang and gun crime and criminal exploitation present a challenge. A shared understanding of a Public Health approach within law enforcement is required.
10. An increase in the number of young people being exploited and groomed by criminal gangs as part of the county lines approach taken is increasing.
11. The 'cost of living' crisis threatens to make poverty more prevalent in Knowsley, which could lead to an increase in drug use as a way of 'escapism', and criminal exploitation of residents, particularly young people.
12. Reducing stigma and negative perceptions of drug users in the population, as well as within health, social care and criminal justice organisations remains a priority to reach and positively engage hard to reach and underrepresented groups.

## 10 Limitations

- Prevalence of opiate and/or crack cocaine: This is an estimated prevalence figure produced in 2016/17 based on numbers of individuals with recorded opiate or crack cocaine use within the National Drug Monitoring System data. As these are estimates based on modelled, this data should be interpreted with caution. The data is also old compared with other data used.
- Availability of trend is limited: Wherever possible trend data has been included in this JSNA. In many cases this data is not available and only the latest available data is published.
- Wider (or 'recreational') drug use: A lot this report focuses on adults and children in structured drug treatment. Data is limited on wider drug use, particularly among young people as a lot of this drug use does not get reported.
- Crime data is taken from police systems, and drug/weapon markers are indicative only and may not always be accurately recorded. These markers may also be subjective, based on individual officers' views, rather than a standardised process.
- Crime data is also taken from where offences are committed and does not accurately reflect if offences are committed by Knowsley residents.
- Misuse of prescribed substances: Lack of data available on the prevalence.

**Next steps:**

Through the process of formulating the JSNA for Drug Use Disorder, the mobilisation of Knowsley's Drug Strategy and associated delivery plan has been developed to provide a whole system targeted approach to reduce the prevalence

of drug use and criminal disorder across communities subject to the highest forms of social and economic decline.

It is envisioned that increased investment and strengthened alignment of stakeholders will ultimately reach and engage more people into structured treatment through systemised pathways to reduce harm across Knowsley following on from the success of ADDER to continue to reduce drug-related deaths & offending.

The recommendations from this report are to deliver key actions agreed by the governance structure highlighted in 6.1.

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