



Oversight and Governance

Chief Executive's Department
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HEALTH AND WELLBEING BOARD – SUPPLEMENT PACK

Thursday 26 January 2023
10.00 am
Council House

Members:

Councillor Dr Mahony, Chair
Councillor McDonald, Vice Chair
Councillors Mrs Aspinall, and one Conservative vacancy.

Statutory Co-opted Members:

Strategic Director for People, Director of Children's Services, NHS Devon Clinical Commissioning Group, Director for Public Health and Healthwatch.

Non-statutory Members:

Livewell SW, University Hospitals Plymouth NHS Trust, and the Voluntary and Community Sector.

This meeting will be webcast and available on-line after the meeting. By entering the Council Chamber, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

Members are invited to attend the above meeting to consider the items of business overleaf.

Please see below reports relating to agenda item 8.

Tracey Lee

Chief Executive

Health and Wellbeing Board

8. Plymouth Substance Misuse Needs Assessment:

(Pages 1 - 14)

Health and Wellbeing Board



Date of meeting:	26 January 2023
Title of Report:	Substance Misuse Needs Assessment
Lead Member:	Councillor Dr John Mahony (Cabinet Member for Health and Adult Social Care & Planning)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Gary Wallace
Contact Email:	Gary.wallace@plymouth.gov.uk
Your Reference:	Click here to enter text.
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The Government have introduced a new national drug strategy, which has been accompanied by additional funding for expanding treatment services and a new Plymouth Drug Strategic Partnership to oversee the implementation of the new strategy. The strategy requires all localities in England to produce a new Substance Misuse Needs Assessment to inform planning and performance management. This paper reports on the preliminary findings from this.

Recommendations and Reasons

1. Note the contents of the report
2. Note the formation of the Plymouth Drug Strategy Group
3. Invite biannual updates on the progress of the strategy implementation

Alternative options considered and rejected

not applicable

Relevance to the Corporate Plan and/or the Plymouth Plan

Health and Wellbeing. Plymouth as a healthy city

Implications for the Medium Term Financial Plan and Resource Implications:

None

Financial Risks

not applicable

Carbon Footprint (Environmental) Implications:

not applicable

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

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Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Plymouth Substance Misuse Needs Assessment							
B	Equalities Impact Assessment (if applicable)							

Background papers:

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7
Plymouth Substance Misuse Needs Assessment							

Sign off:

Fin	DJN. 22.2 3.34 7	Leg	n/a	Mon Off	EJ/3 8851 /18.1 .22	HR	n/a	Assets	n/a	Strat Proc	n/a
Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 18/01/2023											

Cabinet Member approval: Councillor Dr. John Mahony (*Approved by email*)

Date approved: 18/01/2023

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PLYMOUTH SUBSTANCE MISUSE NEEDS ASSESSMENT

ODPH Jan 2023



CONTEXT

In 2019, the government commissioned Dame Carol Black to provide an independent review of drugs, which included examination of the current drug treatment national system. This has showed significant contraction in the last decade, where many specialist roles have been lost, caseloads are very high and capacity is not sufficient to meet demand. In addition, drug related deaths are at unprecedented levels and predicted to rise further and prevention activity is limited.

In response to this the Government have produced a new Combatting Drugs Strategy and have provided significant funding to improve substance misuse services across the country. As part of this work, a needs assessment was carried out between September and November 2022, after the Covid pandemic had significantly impacted on local treatment services.

This needs assessment provides key indicators and recovery outcomes information about the Plymouth treatment system with national data for comparison. It presents data from the National Drug Treatment Monitoring System (NDTMS), drug and alcohol related death data and hospital admission data. This paper provides a summary of some of the most notable findings of the needs assessment. The full document will be available in the next few weeks.

Like other services, drug and alcohol treatment services were affected by the need to protect their service users and staff in the COVID-19 pandemic, especially in the early stages. Most services had to restrict face-to-face contacts which affected the types of interventions that service users received. For e.g. 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. In addition, fewer service users were able to access community and inpatient detoxification for alcohol. Beyond drug and alcohol treatment itself, testing and treatment for blood-borne viruses and liver disease were also greatly reduced. These, and other changes to service provision, will have impacted on many of the indicators included in this assessment.

Note. In much of the assessment Plymouth data is presented in comparison with England data. However, Plymouth has significantly higher levels of deprivation than the England average and substance misuse is associated with higher levels of deprivation. Usually we would compare Plymouth with statistical neighbours (areas with comparable deprivation) but the data was not available in this format. Government will be introducing a new outcomes framework which will allow comparison with statistical neighbours and more frequent tracking of performance.

HEADLINES FROM PLYMOUTH SUBSTANCE MISUSE NEEDS ASSESSMENT

Opiate and crack users prevalence estimates and rates of unmet need

This section shows the estimated numbers of opiate and / or crack users (OCUs) in Plymouth and the rates of unmet need. Collectively, they have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance. These prevalence estimates give an indication of the numbers

of OCUs in Plymouth that are in need of specialist treatment and the rates of unmet need gives the proportion of those not currently in treatment.

Error! Reference source not found. I shows the opiate prevalence estimates in 2016-17 (the most recent data available) with an estimated 2,059 users in Plymouth (aged 15-64 years). At 12.0 per 1,000 population, Plymouth was higher than England (7.4 per 1,000). In comparison with opiate users, Table 3 shows the estimated crack prevalence was in Plymouth was lower than the England average (3.9 per 1,000 population compared to 5.1). Prevalence estimates are refreshed from time to time, it has not yet been announced when new estimates will be available.

Table 1. Prevalence estimates and rates of opiate users per 1,000 population by age band, Plymouth and England (2016-17)

Age band	Area	Estimated	LCL	UCL	Rate per 1,000	LCL	UCL
15-24	Plymouth	158	54	270	3.9	1.3	6.6
	England	17,516	15,576	20,271	2.6	2.3	3.0
25-34	Plymouth	514	340	719	14.1	9.3	19.7
	England	68,326	65,339	75,119	9.0	8.6	9.9
35-64	Plymouth	1,387	1,158	1,719	14.8	12.4	18.3
	England	175,452	170,331	183,931	8.3	8.1	8.7
Total 15-64	Plymouth	2,059	1,818	2,452	12.0	10.6	14.3
	England	261,294	259,018	271,403	7.4	7.3	7.7

LCL = 95% Lower confidence limit. UCL = 95% Upper confidence limit

Table 2. Prevalence estimates and rates of OCUs per 1,000 population by age band, Plymouth and England (2016-17)

Age band	Area	Estimated no.	LCL	UCL	Rate per 1,000	LCL	UCL
15-24	Plymouth	245	67	455	6.0	1.6	11.1
	England	31,105	26,636	36,470	4.6	4.0	5.4
25-34	Plymouth	563	392	809	15.4	10.7	22.2
	England	82,680	79,292	94,733	10.9	10.5	12.5
35-64	Plymouth	1,549	1,275	1,915	16.5	13.6	20.4
	England	200,186	189,702	210,769	9.5	9.0	10.0
Total 15-64	Plymouth	2,357	2,083	2,778	13.8	12.2	16.2
	England	313,971	309,242	327,196	8.9	8.7	9.2

LCL = 95% Lower confidence limit. UCL = 95% Upper confidence limit

There is no age band breakdown of local and national data available for the prevalence estimates of crack users (2016-17) to accompany Table 3.

Table 3. Prevalence estimates and rates of crack users per 1,000 population aged 15-64, Plymouth and England (2016-17)

Drug group	Area	Estimated no.	LCL	UCL	Rate per 1,000	LCL	UCL
Crack	Plymouth	672	381	965	3.9	2.2	5.6
	England	180,748	176,583	188,066	5.1	5.0	5.3

LCL = 95% Lower confidence limit. UCL = 95% Upper confidence limit

Rates of unmet need of drug dependent adults, Plymouth and England (2020-21)

Drug group	Area	Rate of unmet need
Crack	Plymouth	41%
	England	58%
Opiates	Plymouth	40%
	England	47%
OCU	Plymouth	47%
	England	53%

DATA FROM PLYMOUTH DRUG TREATMENT SYSTEM

In 2020-21, there were 1,446 adults in drug treatment in Plymouth, of which 86% were aged 30-59 years. This was slightly higher than England average of 80% for this age group. In 2020-21, 33% of adults in drug treatment in Plymouth for alcohol and non-opiates were female. For non-opiates it was 43% and for opiates it was 32%. This was higher than the England averages of 30%, 32% and 28% respectively.

Crack cocaine is the most commonly cited substance of all adults starting treatment for **problems with opiates**. In Plymouth, this represents 35% of the treatment population compared to 57% in England (2020-21). In Plymouth, the second most commonly cited substance of all adults starting treatment for opiates is alcohol. Plymouth has a higher proportion of new presentations for opiates citing alcohol compared to the England average (22% and 15% respectively).

Cannabis is the most commonly cited substance of all adults starting treatment for **problems with non-opiates**. In Plymouth, this represents 44% of the treatment population compared to 61% in England (2020-21). In Plymouth, the second most commonly cited substance of all adults starting treatment for non-opiates is benzodiazepines. Plymouth has a higher proportion of new presentations for non-opiates citing benzodiazepines compared to the England average (38% and 7% respectively).

Overall the most commonly cited substance **for all adults** starting treatment in Plymouth **for all drugs** in 2020-21 is alcohol (33%), followed by crack cocaine (30%) and cannabis (25%). The data clearly shows that people entering treatment for alcohol and other drugs typically present with polydrug use and single drug use is unusual. This increases complexity and tends to lead to longer stays in treatment. In addition 64% of new presentations to treatment reported a disability in Plymouth, compared to the England average of 28%. In Plymouth, 53% of new presentations reported behavioural and emotional disability and 11% reported progressive disability, compared to the England average of 17% and 4% respectively. There are similar findings to alcohol only treatment. At the moment we do not know if this difference between Plymouth and England represents actual levels of disability or better assessment and understanding in Plymouth, particularly in the context of Plymouth as a trauma informed and compassionate city and we will carry out some qualitative work to try and understand this finding better. It is worthy of note that Devon also found similar things.

Waiting times for drug treatment

Drug users need prompt help if they are to recover from dependence. Local efforts to keep waiting times low mean that the national average waiting time is less than one week. Keeping waiting times low plays a vital role in supporting recovery in local communities. A total of 516 interventions starting

in Plymouth in 2020-21 had a waiting time of less than three weeks (2020-21). This represents 97% of all interventions started in Plymouth and is similar to the England average of 99%

Waiting time for the first interventions, Plymouth and England (2020-21)

Waiting time to first intervention	Area	Total interventions started	Proportion of all interventions started
Under 3 weeks	Plymouth	516	97%
	England	98,661	99%
3 - 6 weeks	Plymouth	9	2%
	England	754	1%
Over 6 weeks	Plymouth	7	1%
	England	470	0%

Routes into treatment

The highest proportion of referrals for new presentations in Plymouth in 2020-21 was through self-referral (66%). This is slightly higher than the England average (59%). 'Referred through the Criminal Justice System (CJS)' refers to referrals through police custody or court based referral scheme, prison or National Probation Service/community rehabilitation company (CRC). The highest proportion of CJS referrals in Plymouth in 2020-21 were prison referrals (75%). This was higher than the national average (56%).

Outcomes

The following data presents the percentage difference in the number of adults in drug treatment in Plymouth for each drug group in 2020-21, compared to 2019-20, and the new presentations to treatment, compared to the previous year.

Adults in drug treatment in 2020-21 compared to 2019-20 by drug group, Plymouth

Drug group	Percentage difference
Alcohol and non-opiates	↓-14.0%
Non-opiates	↓-18.1%
Opiates	↑3.5%
Total	↑0.2%

Adults new to drug treatment in 2020-21 compared to 2019-20 by drug group, Plymouth

Drug group	Percentage difference
Alcohol and non-opiates	↓-20.5%
Non-opiates	↓-31.9%
Opiates	↑1.9%
Total	↓-5.9%

Prevalence estimates and rates of unmet need for alcohol treatment

There were an estimated 602,391 adults with alcohol dependency and potentially in need of specialist treatment in England in 2018-19 (the most recent figures available). This is a rise of 2.6% from 2017-18 and is the first time these estimates have risen since 2015-16.

In Plymouth, there were an estimated 3,484 adults with alcohol dependency and potentially in need of specialist treatment (2018-19). This is a rise of 1.4% from 2017-18.

Prevalence estimates and rates of unmet need for alcohol treatment, persons (aged 18 and over) per 1,000 population, Plymouth and England (2018-19)

Area	Estimated no.	Rate per 1,000	No. in treatment*	Unmet need (%)	LCL	UCL
Plymouth	3,484	16.5	410	88%	85%	91%
England	602,391	13.7	107,428	82%	78%	86%

Note: Current rates are based on the population of alcohol dependent adults potentially in need of specialist treatment, while previous models used the (much larger) population of harmful drinkers.

There were 107,428 people in treatment for alcohol in England in 2020-2021 (the total of alcohol only plus the non-opiate and alcohol groups). So based on these estimates, there was an estimated 82% of adults in need of specialist treatment for alcohol in England who were not receiving it.

DATA FROM PLYMOUTH ALCOHOL TREATMENT SYSTEM



The section provides detailed information on adults who are receiving structured alcohol treatment. The NDTMS data presented in this section covers the period 1 April 2020 to 31 March 2021 and adults who cited alcohol as their only substance misuse problem, unless otherwise stated.

This section describes the characteristics of people who were in alcohol only treatment in 2020-21. It includes sex and age for all those in treatment and then goes on to describe the characteristics of those who started treatment in the year.

Adults in alcohol only treatment in 2020-21

In 2020-21, there were 275 adults in alcohol only treatment in Plymouth, of which 82% were aged 30-59 years. This was higher than England average of 78% for this age group.

No. and proportion of adults in alcohol only treatment by sex, Plymouth and England (2020-21)

Area	Total adults	Male (%)	Female (%)	Trend 2009-10 to 2020-21
Plymouth	275	61%	39%	
England	76,740	58%	42%	

Age of adults in alcohol only treatment, Plymouth and England (2020-21)



Age group	Area	No.	Proportion of all in treatment	Male (%)	Female (%)
18-29	Plymouth	21	8%	6%	10%
	England	6,928	9%	9%	10%
30-39	Plymouth	74	27%	26%	28%
	England	17,901	23%	23%	24%

40-49	Plymouth	84	31%	33%	27%
	England	22,244	29%	29%	29%
50-59	Plymouth	66	24%	24%	24%
	England	20,050	26%	27%	25%
60-69	Plymouth	25	9%	9%	8%
	England	7,870	10%	10%	10%
70-79	Plymouth	5	2%	2%	2%
	England	1,628	2%	2%	2%
80+	Plymouth	0	0%	0%	0%
	England	119	0%	0%	0%

Adults starting alcohol only treatment in 2020-21

In 2020-21, 127 adults started treatment in Plymouth, representing 46% of all adults in treatment. This was lower than the England average of 68%.

No. and proportion of adults presenting to alcohol only treatment, Plymouth and England (2020-21)

Area	Total new presentations	Proportion of all in treatment	Trend 2009-10 to 2020-21
Plymouth	127	46%	
England	52,220	68%	

Waiting Times for Alcohol Only Treatment

People who need alcohol treatment need prompt help if they are to engage in treatment and recover from dependence. Keeping waiting times short plays a vital role in supporting recovery from alcohol dependence. A total of 121 interventions starting in Plymouth in 2020-21 had a waiting time of less than three weeks. This represents 92% of all interventions started in Plymouth and is slightly lower than the England average of 98%.

Waiting time for the first interventions, Plymouth and England (2020-21)

Waiting time to first intervention	Area	Total interventions started	Proportion of all interventions started
Under 3 weeks	Plymouth	121	92%
	England	53,365	98%
3 - 6 weeks	Plymouth	10	8%
	England	706	1%
Over 6 weeks	Plymouth	0	0%
	England	404	1%

Severity of Alcohol Dependence Questionnaire (SADQ)

The SADQ is a clinical screening tool designed to measure the presence and level of alcohol dependence, subdivided into categories of mild, moderate and severe. People with mild dependence (scoring 15 or less) usually do not need assisted alcohol withdrawal. People with moderate dependence (scoring between 15 and 30) usually need assisted alcohol withdrawal, which can typically be managed in a community setting unless there are other risks. People who are severely alcohol

dependent (scoring more than 30) will need assisted alcohol withdrawal, typically in an inpatient or residential setting.¹

11% of adults presenting to alcohol treatment in Plymouth had severe dependence compared to the England average of 20% (2020-21). The proportion of adults with moderate dependence in Plymouth is double the England average (40% compared to 20%). At 44%, Plymouth has a higher proportion of adults with mild dependence (42% male and 48% female), compared to the England average of 27% (26% male and 29% female).

Abstinence rates at planned exit

Plymouth has a higher proportion of adults who became abstinent from alcohol at planned exit than the England average (64% compared to 53%) in 2020-21.

Leaving alcohol treatment successfully

Adults leaving alcohol treatment successfully, Plymouth and England (2020-21)

Area	Total adults	Proportion of treatment population	% Male	% Female
Plymouth	72	26%	24%	29%
England	28,349	37%	37%	37%

Leaving alcohol treatment successfully, as a proportion of all exits

Adults leaving alcohol treatment successfully, as a proportion of all exits, Plymouth and England (2020-21)

Area	Total adults	Total of all exits	Proportion of all exits	% Male	% Female
Plymouth	72	128	56%	52%	63%
England	28,349	45,879	62%	60%	64%

Successful completion and no re-presentation

Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months, Plymouth and England (2020-21)

Area	Total adults	Proportion of treatment population	% Male	% Female
Plymouth	67	24%	21%	28%
England	6,703	35%	35%	35%

DEATHS

Nationally, both alcohol and drug related deaths have increased significantly in recent years and that picture is replicated in Plymouth.

Drug Deaths

Nationally, two factors have been identified as critically important in the rises in drug deaths

1. Increase in availability and purity of heroin - The apparent sudden increase in drug-related deaths in 2013, 2014, 2015 and 2016 was likely to have been caused, at least in part, by an increase in the availability of heroin, following a fall in deaths during a period when heroin purity and availability was significantly reduced.
2. Ageing heroin users - The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise. An ageing cohort of 1980s and 1990s heroin users is now experiencing cumulative physical and mental health conditions. Older heroin users also seem to be more susceptible to overdose because of long-term smoking and other risk factors.

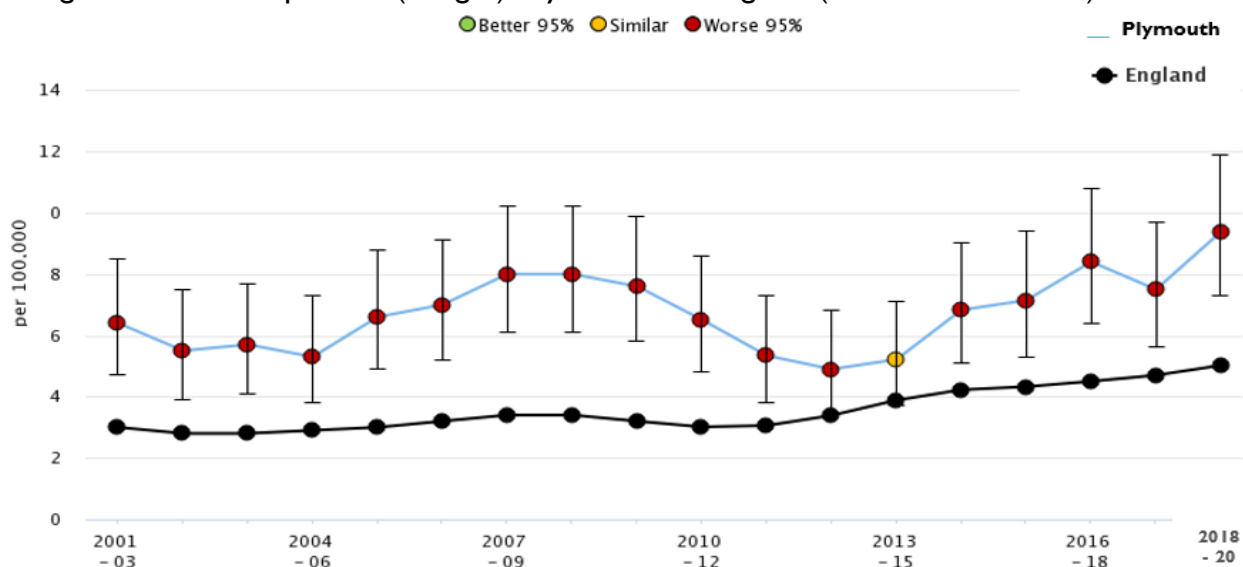
There were 73 deaths related to drug misuse in Plymouth (2019-21) with a rate of 10.0 per 100,000 population. This compares to the England rate of 5.1 per 100,000 population.

Deaths related to drug misuse, persons (all ages), Plymouth and England (2019-21)

Sex	Area	Deaths	Rate per 100,000*	LCL	UCL
Males	Plymouth	56	15.5	11.7	20.2
	England	6,023	7.4	7.3	7.6
Females	Plymouth	17	4.5	2.6	7.2
	England	2,338	2.8	2.7	2.9
Total	Plymouth	73	10.0	7.8	12.6
	England	8,361	5.1	5.0	5.2

*Age-standardised mortality rate per 100,000 population. LCL = 95% Lower confidence limit. UCL = 95% Upper confidence limit

Drug-related deaths, persons (all ages), Plymouth and England (2001-03 to 2018-20)



Alcohol Deaths

The data reported on Wider Impacts for COVID-19 on Health (WICH) dashboard shows an increase in total alcohol-specific disease deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic. Between 2019 and 2020, death from alcoholic liver disease increased by 20.8% compared to an increase of 2.9% between 2018 and 2019. Between 2019 and 2020, deaths from mental and behavioural disorders due to alcohol use and alcohol poisonings increased by 10.8% and 15.4% respectively, compared to a respective 1.1% increase and 4.5% decrease between 2018 and 2019.

Deaths in alcohol treatment

The section shows data on deaths in treatment. In 2020-21, there was a 44% increase at a national level in the number of adults recorded as having died while in treatment for alcohol alone, with wide local variation. It is likely that changes to alcohol and 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 this increase.

The table below shows the number of adults in treatment for alcohol who were recorded as having died while in treatment within the year (based on NDTMS discharge reason field). The proportion deaths in the alcohol treatment population in Plymouth is 3.27% compared to 1.39% in England.

Deaths in alcohol treatment, Plymouth and England (2020-21)

Area	Total adults	Proportion of treatment population	% Male	% Female
Plymouth	9	3.27%	3.55%	2.83%
England	1,064	1.39%	1.54%	1.18%

Source: NDTMS, Plymouth Adult Alcohol Commissioning Support Pack Key Data (2022-23)

SUMMARY

Drug and alcohol services have seen significant cuts in the last decade, losing many key specialist and medical roles. Caseloads are currently very high, drug related deaths are at record levels and demand is simultaneously growing and changing in nature. The Plymouth treatment cohort seems to be older, more complex and consequently longer in treatment than the England average. The new government strategy 'From Harm to Hope' seeks to comprehensively address all of these issues and comes with considerable additional investment, it also recognises that the scale of the challenge of rebuilding services is such that it also necessary to bolster local delivery through an increase in specialist commissioning, governance and system stewardship and by setting up robust local partnerships to oversee delivery and provide a point of accountability. The investment plans for Plymouth over the next three years will significantly increase the number of staff working in services (including specialist medical, nursing and psychology staff) with many dedicated to specific areas of work. In particular, alcohol treatment, dual diagnosis, young people's services and work around avoidable deaths.

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