DRUG AND SUBSTANCE ABUSE

What’s the issue?

Different drugs have different effects on physical and mental health, and some are highly addictive. From NHS Choices [143], the health risks include “death from an overdose, lung disease from smoking drugs, HIV or viral hepatitis, serious infections in the body and bloodstream, fertility problems, damage to veins and body tissue through injecting drugs, overheating and dehydration, kidney problems, schizophrenia, hallucinatory states, insomnia, fits, agitation, aggression, confusion, paranoia, psychosis, memory problems, depression, anxiety and lack of concentration. It can also be dangerous to drive after taking drugs, increasing the risk of an accident.” Drug and substance misuse has a serious impact not just on the individual, but also their family and friends who may require considerable support. There also can be a detrimental effect on the entire community.

What’s our situation?

Estimates available from the National Treatment Agency for Substance Misuse give the number of problematic drug users in Hull between April 2011 and March 2012 as 3,229 [144]. This equates to a prevalence of 18.4 per 1,000 population aged 15-64 years. During 2015, 98 of the 1,723 opiate clients (5.7%) and 117 of the 388 of non-opiate clients (30.2%) successfully completed and did not re-present for treatment within six months, which was lower than England (6.7% and 37.3% respectively) [26, 95].

From the local Young People Health and Lifestyle Survey 2016 [86], around one in 10 pupils reported they had been offered or encouraged to try drugs in the last three months over all school years (just over one in six among year 11 (aged 15-16 years) pupils). Similar percentages reported that they had ever used or tried drugs. The age-adjusted percentage of year 9 to 11 pupils using drugs was small (<2%) for most specific drugs except for new psychoactive substances¹ (3.8% of boys and 3.0% of girls) and cannabis (10.4% of boys and 15.4% of girls).

From the Child Health Profiles [18], there were 60 hospital admissions due to substance misuse among those aged 15-24 years during 2012/13 to 2014/15 considerably higher than England (155 versus 95 per 100,000 population).

Across all ages, the number of deaths due to psychoactive substance abuse in Hull has significantly decreased over the last few years from a total of 47 deaths over the three year period 2001-03 (16 deaths per year) to a total of 13 deaths over the last three years (2013-2015) [77, 145]. In 2001-03, 83% of these deaths were due to drugs (rather than alcohol), but the percentage due to drugs has fallen over time, and in 2013-15 virtually all the deaths were due to alcohol [77]. The mortality rate for 2013-15 at 3.9 deaths per 100,000 population in Hull is identical to that for England [26, 95].

For more detailed information, see the JSNA Toolkit: Drug and Substance Abuse report.

What are the strategic needs?

The Government’s 2010 Drug Strategy has two overarching aims to reduce illicit and other harmful drug use, and to increase the numbers recovering from their dependence, structured around three key themes of reducing demand, restricting supply and building recovery in communities. There is a fundamental shift from harm reduction toward recovery and prevention, and designing local services for local people. This recognises that each person should be treated as an individual, and that health care providers and the police need to work together with different communities to use existing assets to prevent people from starting to take drugs and help those recover from drug dependence

¹ The term ‘legal high’ was used on the questionnaire as at the time they were generally called this, however, they are no longer legal and are correctly termed New Psychoactive Substances.
and harmful use. There includes a need to identify the most vulnerable children, young people and families, helping and supporting them so that poor health choices do not lead to drug taking.

References