

Report No.

ES15082

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PUBLIC PROTECTION AND SAFETY POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 3 November 2015

Decision Type: Non-Urgent Non Executive Non-Key

Title: DRUG MISUSE IN BROMLEY

Contact Officer: Dr Nada Lemic, Director of Public Health
Trevor Lawry, Detective Superintendent, Deputy Borough Commander

Ward: All Wards

1. Reason for report

1.1. This report provides information on drug misuse in Bromley.

2. RECOMMENDATION(S)

(1) To consider and comment on issues identified within the report.

Corporate Policy

1. Policy Status: Existing Policy
 2. BBB Priority: Children and Young People; Excellent Council; Quality Environment; Supporting Independence.
-

Financial

1. Cost of proposal: N/A
 - 2.
 3. Ongoing costs: Recurring Cost. N/A
 4. Budget head/performance centre: .N/A
 5. Total current budget for this head: N/A
 6. Source of funding: N/A.
-

Staff

1. Number of staff (current and additional): .
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

Drug Misuse

1. Introduction

About 4 million people in the UK use illicit drugs each year. The most commonly used drugs in the UK, in order, are cannabis, cocaine and crack, and opioids. Opioids are used by about 50,000 people in the UK, and are responsible for the greatest damage to individuals and society. Abuse of New Psychoactive Substances (NPS), 'legal highs', are on the increase, but there is currently little data. The Government has announced that a new Bill will make the selling of NPS illegal. Injecting of steroids, to enhance appearance and performance, is rapidly increasing among younger people. Again, data is scant.

2. Causes and patterns of use

Problem drug use is viewed as a medical condition in the UK, and there is neurobiological evidence to suggest that this is the case. There are both genetic and social risk factors for drug misuse, which are most potent in combination.

Most people start taking illicit drugs in their teens and early twenties, with most reducing or stopping use as they move into adulthood. Dependency on opioids tends to start a few years after first use.

Dependency causes long-lasting changes in the brain, which cause tolerance, craving and withdrawal. As a result it is a chronic condition, characterised by periods of remission and relapse.

Addiction to prescription-only medicines (POMs) and over the counter medicines (OTC) has become an increasing problem in recent years.

OTC/POM drugs come under four main groups:

- Benzodiazepines and z-drugs, prescribed mainly for anxiety (benzodiazepines only) and insomnia
- Opioid and some other pain medicines, both prescribed and bought over-the-counter
- Stimulants, prescribed for ADHD or slimming
- Some OTC cough and cold medicines, and anti-histamines and stimulants.

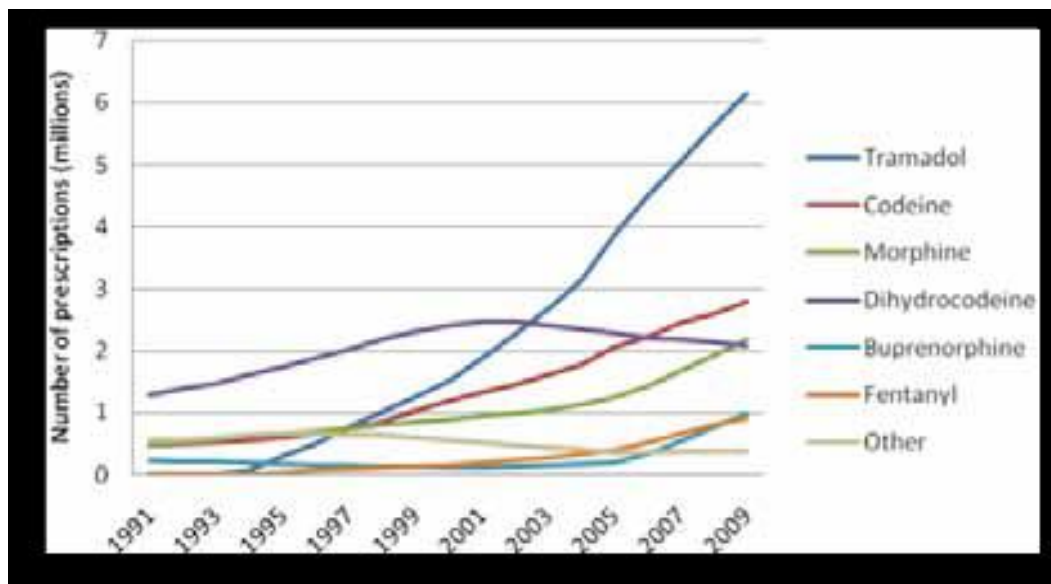
There are distinct but overlapping populations using these medicines:

- Those who use prescription and OTC medicines as a supplement or alternative to illicit drugs, or as a commodity to sell
- Those who overuse prescription or OTC medicines to cope with genuine or perceived physical or psychological symptoms

- Those for whom the prescribed use of a medicine inadvertently led to dependence, sometimes called involuntary or iatrogenic addiction.

Opioid analgesics are the most commonly used drug in OTC/POM treatment populations, and national GP prescribing data show that the numbers of prescriptions for prescription-only opiates has been going up since the late 1990s. The most commonly prescribed opiate is Tramadol, the prescription of which has increased ten-fold since 1991.

Figure 1 Trends in the prescribing of opiate analgesics in general practice in England



Source: National Prescribing Data DH, 2011

12.5% of all people presenting to drug treatment services have a problem with prescription only, or over the counter medicines (POM/OTC). Of these, over four fifths (10.4% of total treatment population) are also taking illegal substances. In addition, 2% of people presenting to alcohol services also report problems with OTC/POM (*Source: NTA 2009-10*). Among drug users in treatment, the most common prescribed drug used by those also using illegal drugs are benzodiazepines. Among those who are not using illegal drugs, the most commonly used drugs are prescribed opiates.

35- 40% of those presenting with OTC/POM problems to specialist drug treatment centres are self-referred, whether they also use illegal drugs or not, and performance data suggests these clients stay in drug treatment for a significant period of time (ten months plus), engage well in treatment services and achieve better success rates than other drug users.

3. Epidemiology of drug misuse

Because of the illicit nature of drug misuse, direct prevalence data is not available. Instead we have to rely on indirect data from national surveys, crime data, and data on people in treatment, hospital admissions and drug-related deaths.

The crime survey for England and Wales suggests that approximately 17,000 residents took illicit drugs in Bromley in 2014/15. The estimated prevalence of Class A drug use was 6,400 in Bromley in 2014/15, at a rate of 3.2% of the adult population.

Drug use is more common in males, single adults, white ethnic groups and those on low incomes. There is a relationship, however, between affluence and early use of cannabis.

The annual Glasgow Prevalence Estimation seeks to estimate prevalence by combining all available data on drug use and then estimating the hidden population to provide a prevalence estimate for each area. The data sources include treatment data, police and criminal justice data, hospital admissions and mortality data, and applies only to opiate, crack and injecting drug users.

Table 1 shows the estimated numbers and rates of illicit drug use in Bromley as compared with London and England.

Table 1

	Number of Drug Users (Rate per 1000 Adult Population)			
	Opiate & Crack User	Opiate User	Crack User	Injecting
Bromley	1,117 (5.55)	814 (4.05)	750 (3.73)	119 (0.59)
London	54,985 (9.55)	43,918 (7.63)	40,080 (6.96)	11,351 (1.97)
England	293,879 (8.4)	256,163 (7.32)	166,640 (4.76)	87,302 (2.49)

Source: Glasgow Prevalence Estimates (2011/12)

Bromley has lower rates of drug use than London and England in all categories. While the number of people using opiate and crack have increased over the last two years (as in London as a whole), numbers in other categories have fallen. Although we know that the number of steroid injecting users is rising rapidly, we do not yet have data on this.

4. Drug users in Bromley

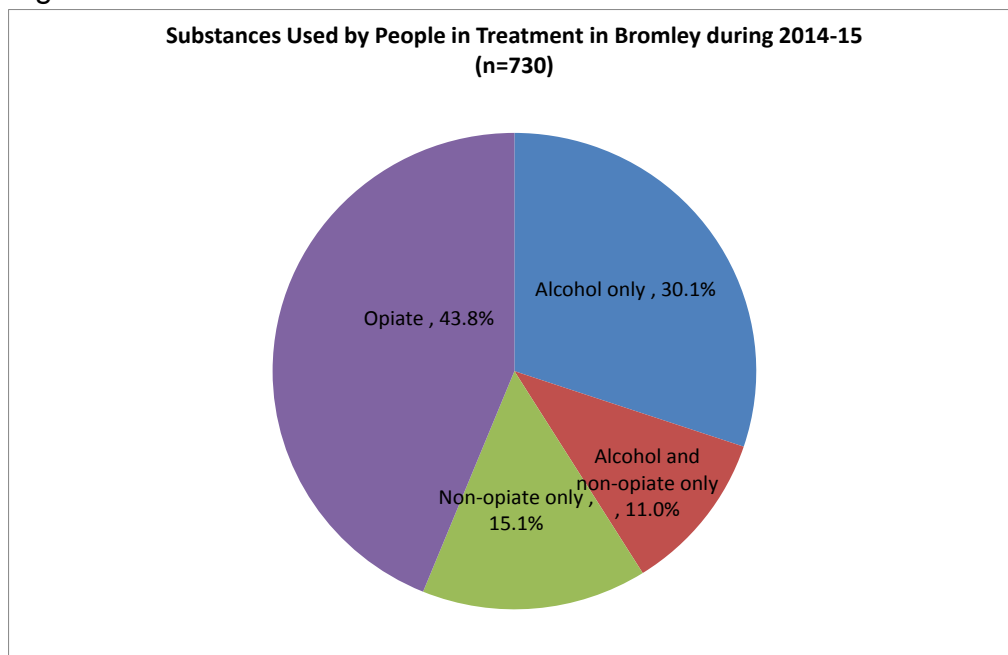
The most accurate data we have on drug users comes from the National Drug Treatment and Monitoring Service (NDTMS), as this is data collected diligently from those who attend drug treatment services. They provide an incomplete picture of drug use in the community, inevitably, as many drug users never access services, and the ones who do, tend to have more serious problems and to be taking opioids and/or crack. However, they do give indications of drug use in the wider community, with trends over time, and they also provide valuable information about who uses treatment services, and how effective that treatment is.

The numbers of people in alcohol and drug treatment have fallen in the last year with 730 people in contact with alcohol and drug treatment services in Bromley in 2014-15, as compared with 863 in 2013-14.

In the year 2014-15, there were 381 new presentations for substance misuse treatment.

The substances most commonly misused by those in in treatment in Bromley are opiates (44%) and alcohol (41%). Nationally, the proportion of those using opiates is higher at 52%, whilst the proportion using alcohol is similar at 41% and those using non-opiates lower at 19%.

Figure 2

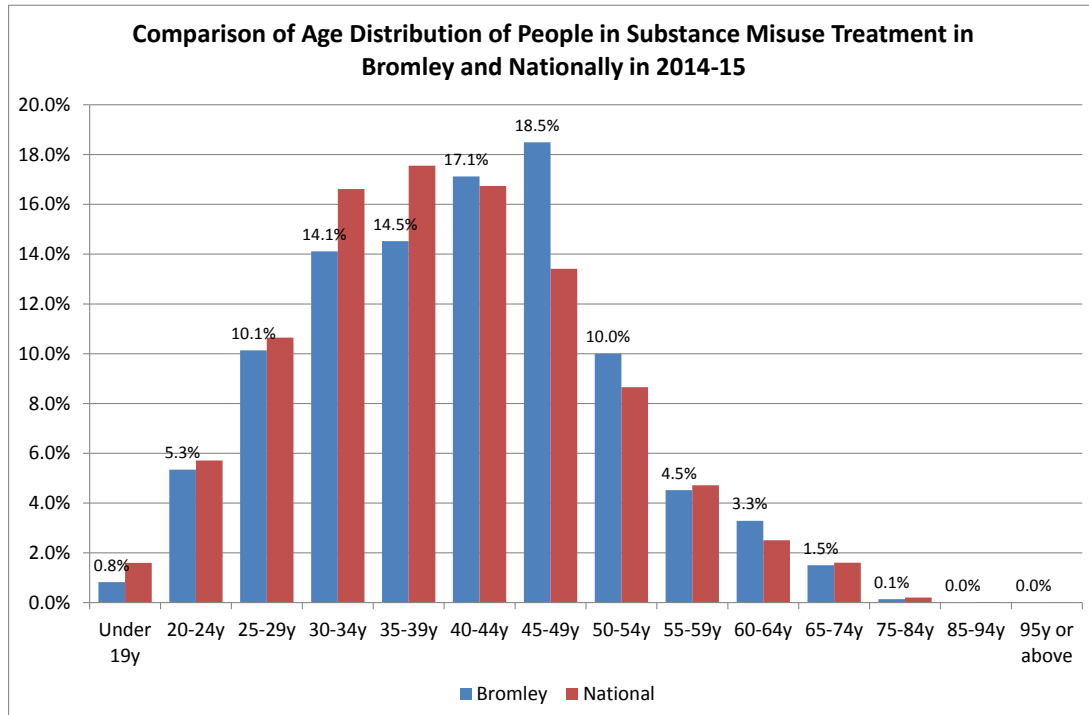


Source: NDTMS 2015

The population in treatment is predominantly male (64.8%) and of White British ethnicity (82.6%). Pregnant women represent 5% of the treatment population, which is higher than the national value of 2.3%.

The highest proportion of substance misusers in treatment in Bromley are in the 40 to 49 year age group, in contrast to the national picture, which is 35 to 44 years.

Figure 3



Source: NDTMS 2015

The highest proportion of presentations are self/family referrals (43.6%), with 19.9% being referred by GPs, and 15.5% through the criminal justice system. Although 2.1% of referrals were from mental health or other health services, it is significant that there were no referrals from A&E in the year 2014-15 (although even nationally, A&E referrals made up only 0.3% of referrals).

4. Impact on Health and Wellbeing

Substance misuse is detrimental to health and leads to increased hospital admissions and increased mortality.

While health problems and death are seen in users of all classes of drugs, the most harmful effects of drug misuse are seen among opioid users. These include increased risk of death from overdose, increased risk of infection with blood-borne viruses (HIV, hepatitis B and hepatitis C), high levels of depression and anxiety disorders, social problems such as disrupted parenting, unemployment and homelessness, and increased participation in the crime required to fund the habit.

4.1. Mortality

Mortality rates related to drug use have been increasing since 1993, with heroin and morphine the most commonly implicated drugs.

Drug use and drug dependence are known causes of premature mortality, with drug poisoning accounting for nearly one in seven deaths amongst people in their 20s and 30s in 2013.

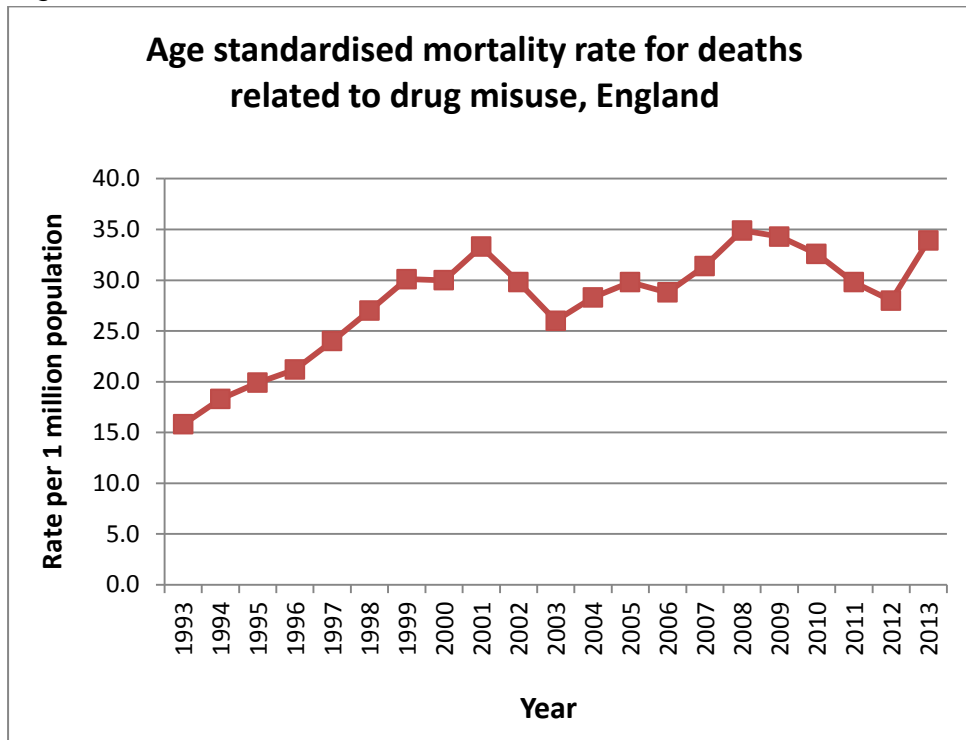
Mortality data are currently presented for two distinct groups, those where the underlying cause is:

- drug abuse/dependence on an illegal drug, and
- drug poisoning involving a controlled drug (legal or illegal).

Deaths from opioids may be counted in either group, depending on whether death was due to a drug-related condition or whether it was due to overdose or poisoning. The second category includes many other drugs, including those that are prescribed, such as Tramadol and anti-depressants.

Age-standardised death rates for drug misuse (as opposed to poisoning), have increased since 1993, with peaks in 2001 and 2008, and another increase in 2013 (Fig 4).

Figure 4



Deaths due to drug poisoning have showed a similar trend, with a peak in 2009, a fall until 2012, and then a 19% increase in 2013. Of the 2,955 drug poisoning deaths (involving both legal and illegal drugs) registered in 2013 in England and Wales, over two thirds were in males, an increase of 23% from 2012. Female drug misuse deaths have increased steadily from 2009, and by 12%, from 459 in 2012 to 513 in 2013. In 2013, males aged 30 to 39 had the highest mortality rate from drug misuse, followed by males aged 40 to 49 years of age.

Heroin and morphine remain the substances most commonly involved in drug poisoning deaths. 765 deaths involved heroin or morphine in 2013; a sharp rise of 32% from 579 deaths in 2012. Deaths involving tramadol have continued to rise, with 220 deaths in 2013. This is almost 2.5 times the number seen in 2009 (87 deaths).

4.2. Drug Related Deaths in Bromley

Between 2006 and 2013 there were 80 drug related deaths (43 male, and 37 female) in Bromley, 29 of which were due to accidental poisoning. The average age at the time of death was 48 years, ranging from 15 to 94 years old, and was 32 to 36 years less than the average life expectancy for men and women born in Bromley. As with the national picture, the number of deaths peaked between 2007 and 2009 where there were between 13 and 16 deaths for each of those years. The number of deaths has been lower in subsequent years; 6 in 2010, 9 in 2011, 8 in 2012 and 8 in 2013.

The highest number of drug related deaths between 2006 and 2013 have occurred in people residing in the following wards; Penge and Cator – 10, Bromley Town – 8, Cray Valley West – 8, Crystal Palace – 7, and Cray Valley – 6. All the other wards have had five or fewer deaths, and Darwin and Shortlands have not had any drug related deaths.

Local numbers are too small to analyse for trends in deaths from individual drugs.

In early 2014 the medical records of ten out of twelve patients who had died from drug related causes in the previous 12 months were examined. It was found that half these patients had one or more significant medical conditions – asthma, Chronic Obstructive Pulmonary Disease, ischaemic heart disease and alcohol-related problems, five had a history of depression, and only three had been in contact with services for their drug use.

4.3. Blood borne Infections

Injecting drug users are at great risk of blood borne infections, due to poor and non-sterile injecting techniques. The National Drug Treatment and Monitoring Service (NDTMS) recently reported that:

- 90% of cases of Hepatitis C diagnosed in the UK occurs as a result of injecting drugs. Around 2 out of every five people who inject psychoactive drugs, such as heroin and mephedrone are living with hepatitis C; half of these infections are undiagnosed. About one in 30 of those who inject image and performance enhancing drugs, such as anabolic steroids, are living with hepatitis C.
- Hepatitis B is now rare and vaccine uptake has improved. Hepatitis B infection among people who inject psychoactive drugs has declined in recent years, probably reflecting the marked increase in the uptake of the hepatitis B vaccine. However, vaccine uptake levels have been stable in recent years, even though they could be increased further. Vaccine uptake is much lower among people who inject image and performance enhancing drugs.
- HIV levels remain low and the uptake of care is good. Around one in every 100 people who inject drugs is living with HIV. The level of HIV infection among those injecting image and performance enhancing drugs is similar to that among those injecting psychoactive drugs, and the uptake of HIV related care, including anti-retroviral therapy, is high.
- Injecting risk behaviours have declined but remain a problem. Reported needle and syringe sharing has halved over the last 10 years, but around one in seven people injecting psychoactive drugs share

needles and syringes and almost one in three had injected with a used needle that they had attempted to clean.

- Bacterial infections remain a major problem. A quarter of people who inject psychoactive drugs report a recent symptom of an injecting site bacterial infection. One in six of those injecting image and performance enhancing drugs report having had a symptom of an injecting site bacterial infection.
- Changing patterns of psychoactive drug injection are a cause for concern. There has been a recent increase in the injection of amphetamines and amphetamine-type drugs, such as mephedrone. The injection of these drugs has been associated with higher levels of infection risk. Although the injection of these drugs is much less common than the injection of opiates, crack-cocaine, or image and performance enhancing drugs, this increase is a concern.
- Provision of effective interventions needs to be maintained. The provision of effective interventions, such as needle and syringe programmes, opioid substitution treatment and other drug treatment, which act to reduce risk and prevent infections, needs to be maintained. These interventions need to be responsive to any changes in patterns of drug use. Vaccinations and diagnostic tests for infections should continue to be routinely offered to people who inject drugs and treatment made available to those testing positive.

Due to this risk of blood borne infection, injecting drug users accessing treatment for substance misuse are tested for Hepatitis B and C and, if appropriate, vaccinated.

In 2014/15, 57% of eligible new presenters to drug services in Bromley accepted Hepatitis B vaccinations, compared with the national average of 40%. However, of those who accepted Hepatitis B vaccination, 35% started a course and only 8% completed a course of vaccination in Bromley, as compared with 22% starting and completing nationally.

During the same period, 94% of previously or currently injecting clients in treatment in Bromley received a Hepatitis C test, as compared with the national average of 81%.

4.4. Mental health problems

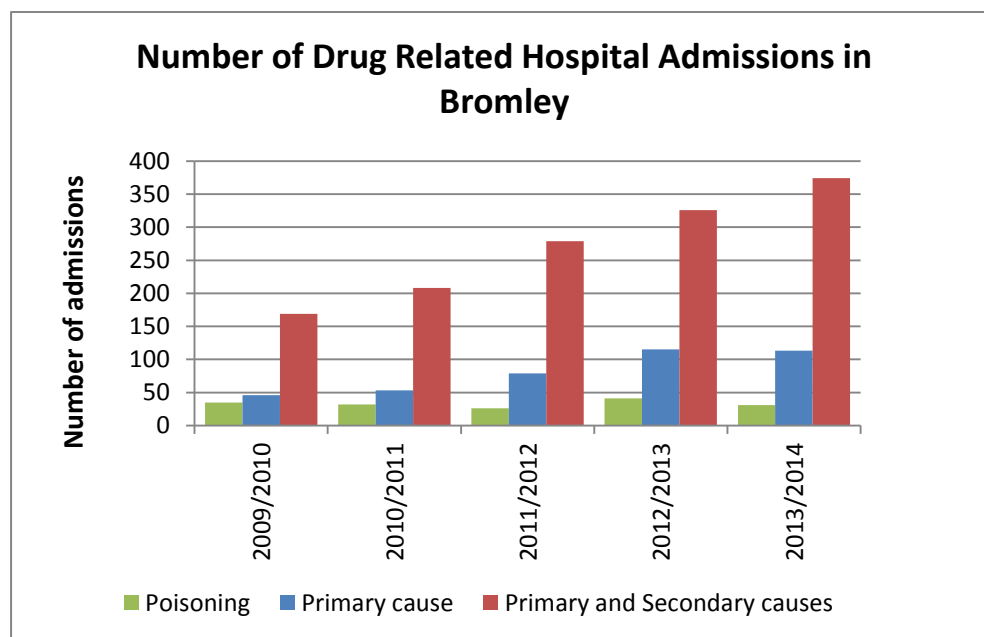
Psychiatric comorbidity is common in drug misuse populations, with anxiety and depression generally common with antisocial and other personality disorders more prevalent than in the non-user population. Psychiatric problems may both be caused by drug misuse, and be a risk factor for it. The national US Epidemiological Catchment Area study of the prevalence of mental health disorders reported a lifetime prevalence rate of substance

misuse (drugs and alcohol) among people with schizophrenia and bipolar disorder of 47% and 60% respectively, compared with 16% in the general population. Around one in five of the people in the same sample had previously received treatment for a psychiatric health problem other than substance misuse. Drug misuse disorders complicated by other comorbid mental disorders have been recognised as having a poorer prognosis and being more difficult to treat than those without comorbid disorders.

4.5. Hospital admissions

In 2013/14 there were 518 drug-related admissions in Bromley. These include admissions where drug use was the primary or secondary cause of admission, as well as where admission was due to drug poisoning. While the numbers of admissions due to poisoning have remained fairly constant, and relatively low, over the last five years (Fig 5), the numbers of drug-related admissions where drug use is the primary or secondary cause have steadily increased. For example, there were 169 admissions where drug use was the primary or secondary cause in 2009, and 374 admissions for the same reasons in 2013, more than double.

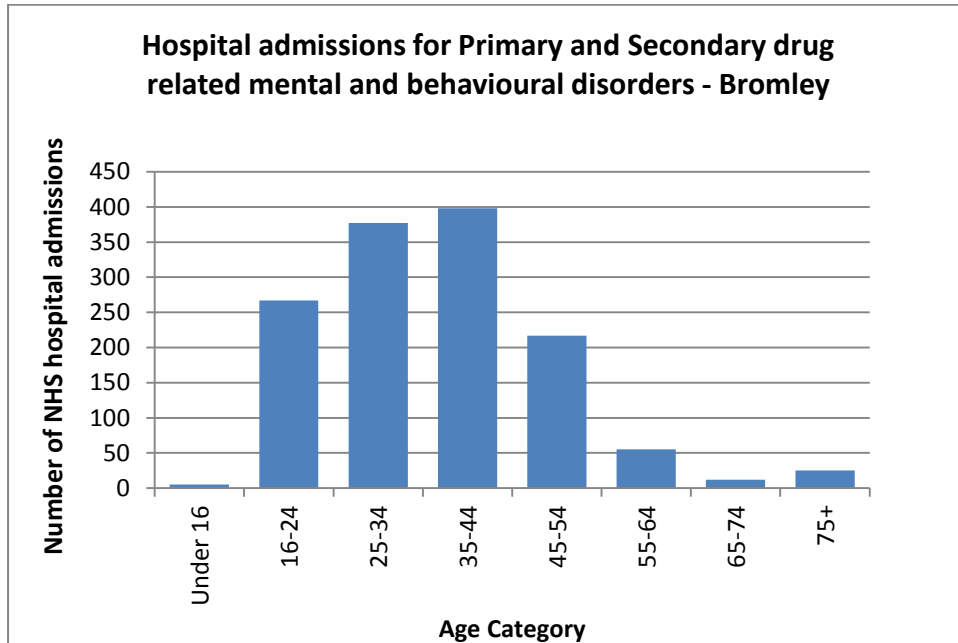
Figure 5



The age distribution of those admitted where drug use was a primary or secondary cause are shown in Fig 6. The majority were aged between 16-44 years, with the peak in the 25-44 year age group. Where drug use is the primary cause of admission, or where poisoning is the cause, the age distribution moves towards the younger age groups. Where poisoning is the

cause of admission, there are also greater numbers in the over 65 year age groups, probably reflecting the increase in suicide attempts in older people.

Figure 6



5. Socioeconomic Impact

Drug use carries a substantial economic burden, associated as it is with high healthcare and social costs as a result of ill health, crime, homelessness and family breakup.

Increased costs are associated, mainly as a result of transmission of infectious disease, crime and violence. Chronic health problems comprise a significant element of the health and social care costs of drug misuse. It has been estimated that the prevalence of HIV among new injecting drug users in London is 4.2%.

The National Treatment Outcomes Research Study (NTORS) found that 61% of a sample of people entering treatment had committed crimes other than drug possession in the three months prior to starting treatment, the most common being shoplifting. The main sources of illegal income required to fund an illicit drug habit were theft and fraud.

Lost productivity and unemployment increase with the severity and duration of drug misuse, and personal relationships are placed under considerable strain by dependent drug use. Problems with accommodation are also common in such groups.

Drug misuse may also have a negative impact on children and families. In the UK it is estimated that 2–3% of all children under the age of 16 years have parents with drug problems. While use of opioids does not necessarily impact on parenting capacity, registration on UK child protection registers for neglect has been correlated strongly with parental heroin use, and parental problem drug use has been shown to be one of the commonest reasons for children being received into the care system (NICE guideline No.52).

5.1. Crime

It is accepted that drug dependence is associated with a high incidence of criminal activity and has been estimated that 40% of all acquisitive crime is drug-related. Criminal justice costs include costs associated with drug arrests for acquisitive crimes, stays in police custody, appearances in court, and stays in prison; crime victim costs refer to material or physical damage, crime victims' loss and expenditures taken in anticipation of crime.

While it is accepted that drug dependence is a significant factor in criminal activity, it is impossible to say exactly how much crime committed in Bromley is a result of drug taking by individuals.

Research of burglary offences that occurred between 01/03/2015 and 31/08/15 in the South area of London showed that 46% of suspects were known to have a drug dependency. This figure needs to be treated with caution as it only concerns those cases where the identity of the offender is known. As the majority of burglaries committed during this timeframe would not have had an indefinable suspect, it demonstrates the problem with quantifying how much crime is linked to drugs.

Figures also exist on the number of persons arrested for drug related offences such as: possession, possession with intent to supply and importation. In Bromley over the last 12 months 886 drug related incidents were reported with 762 of these being detected by way of charge, summons, penalty notices or cannabis warnings.

This figure again needs to be treated with caution. Of the 762 detections, 147 were conducted without the person being arrested. The decision to arrest is likely in part, based on the suspects ability to be dealt with by way of summons, penalty notice or cannabis warning. In order to be eligible for this type of disposal the suspect is likely to have little or no previous offending history.

Even of the 615 suspects who were arrested, it is not possible to say that they have all previously offended for some other crime, as it is possible that they were arrested in order for the police to conduct a search of a premises where

they believe that other evidence of the offence may be found. This necessity to arrest would therefore not be based upon their previous offending history.

5.2 Drug Intervention Programme

In order to combat drug-related crime, by increasing opportunities for diverting drug misusing offenders out of crime and into treatment and reducing associated criminality, from January 2013, the Metropolitan Police Service extended drug testing across all 32 boroughs in London, including Bromley. Figure 16.7 shows the distribution of positive tests across Bromley in 2013-4.

The police can test those arrested with a range of specific ‘trigger’ offences. The trigger offences are those that research has shown to have the clearest link with the use of heroin and cocaine / crack. The police can also test those arrested for or charged with any other (‘non-trigger’) offence, using ‘Inspector’s Authority’, when a police officer of at least Inspector rank authorises the taking of a sample on the basis of having reasonable grounds to suspect that misuse of any specified Class A drug caused or contributed to the offence.

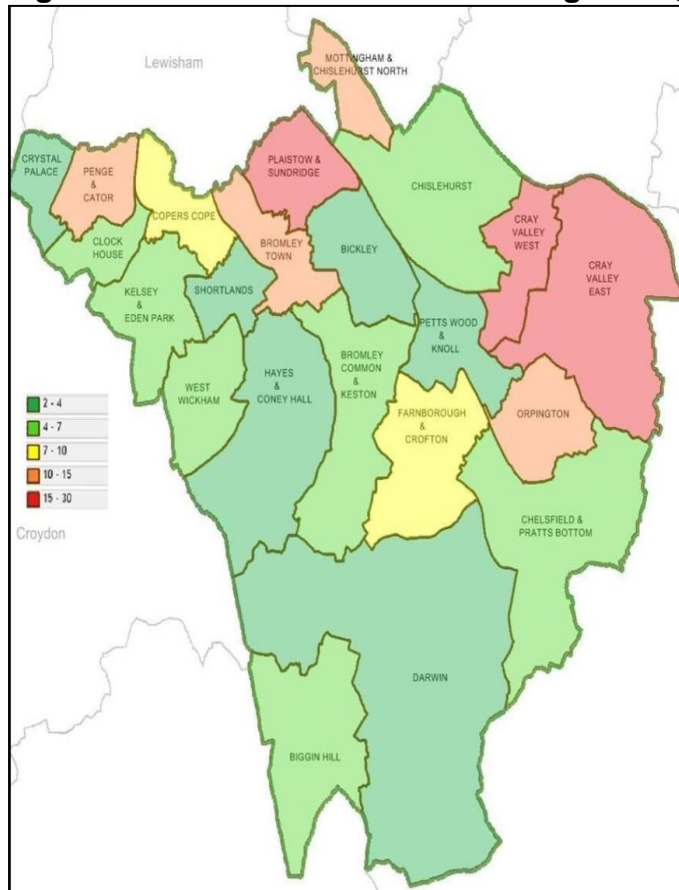
An arrested person can therefore be subject of a drugs test in custody if they are arrested for a trigger offence namely; theft, robbery, burglary, taking a vehicle without the owner’s consent, handling stolen property, fraud, Class A drug offences and begging or any other offence where an Inspector authorises. The table below shows the level of testing across London over the last 3 month period.

Pan London performance	June 2015	July 2015	August 2015
Number of trigger offences tests conducted	2154	2234	2037
Number of people excluded under targeted testing	1161	1315	1317
Number of inspector’s authority tests conducted	434	383	424
Total number of positive testers	1234	1163	1135

In Bromley for the month of August 52 test were carried out (40 trigger offences and 12 inspectors) with 25 being positive. This conversation rate of 48% is in line with the MPS average.

A person testing positive for drugs on arrest is obliged to attend a drug assessment, regardless of whether convicted of the offence. Failure to attend is an offence which may result in arrest. These assessments can result in individuals being persuaded into drug treatment. Between January and June 2013 approximately 39% of people who tested positive were referred into treatment. The Police work closely with Arrest Referral workers, who are part of the Bromley drug and alcohol service.

Figure 7. Distribution of Positive Drug Tests, 2013/14



Source: Metropolitan Police Drug Intervention Program

6.. The Treatment and Management of Drug Misuse

6.1. The main aims of treatment are:

1. Harm reduction – preventing or reducing negative health and social consequences of drug use, including infections and overdose.
2. Maintenance oriented treatments – reducing an individual's level of drug use, mainly by substitute prescribing.
3. Abstinence-oriented treatments – reducing drug use with the ultimate aim of abstinence, using a range of interventions including detoxification, psychosocial interventions and residential rehabilitation.

Few treatments are given in isolation, and indeed tend to be less effective if they are.

It is important to understand the nature of drug misuse and dependency, and in particular that dependency is a chronic illness for which there is no cure.

6.2. Treatment in Bromley

Bromley Drug and Alcohol Service provides:

- brief interventions, both at BDAS and community settings
- 6-8 week psychological interventions for non-opiate users
- longer psychological interventions for opiate users
- residential care for opiate users who have significant physical, mental and social problems

6.3. Adults Attending Drug Treatment Services in Bromley

When engaged in treatment, people use less illegal drugs, commit less crime, improve their health, and manage their lives better, which also benefits the community.

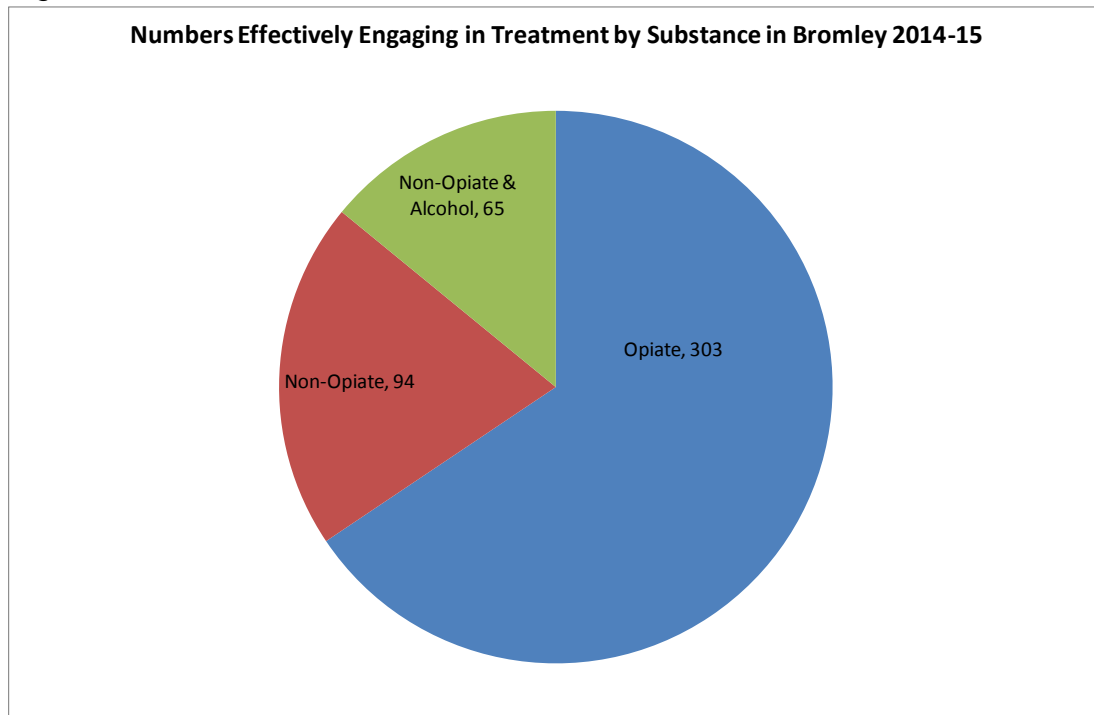
Preventing early drop out and keeping people in treatment long enough to benefit contributes to improved outcomes.

A measure of effective treatment engagement is the number of people who have been in treatment for three months or more. In 2014-15, 462 people effectively engaged in treatment in Bromley, this represents 89% of the treatment population (519), slightly lower than the 93% seen nationally. Opiate users represent the largest group in treatment.

Of those in treatment for substance misuse, 51 reported illicit use of prescription only or over the counter medicines.

The number of people new in treatment in 2014-15 reporting use of new psychoactive substances or club drugs (such as ecstasy) was less than ten.

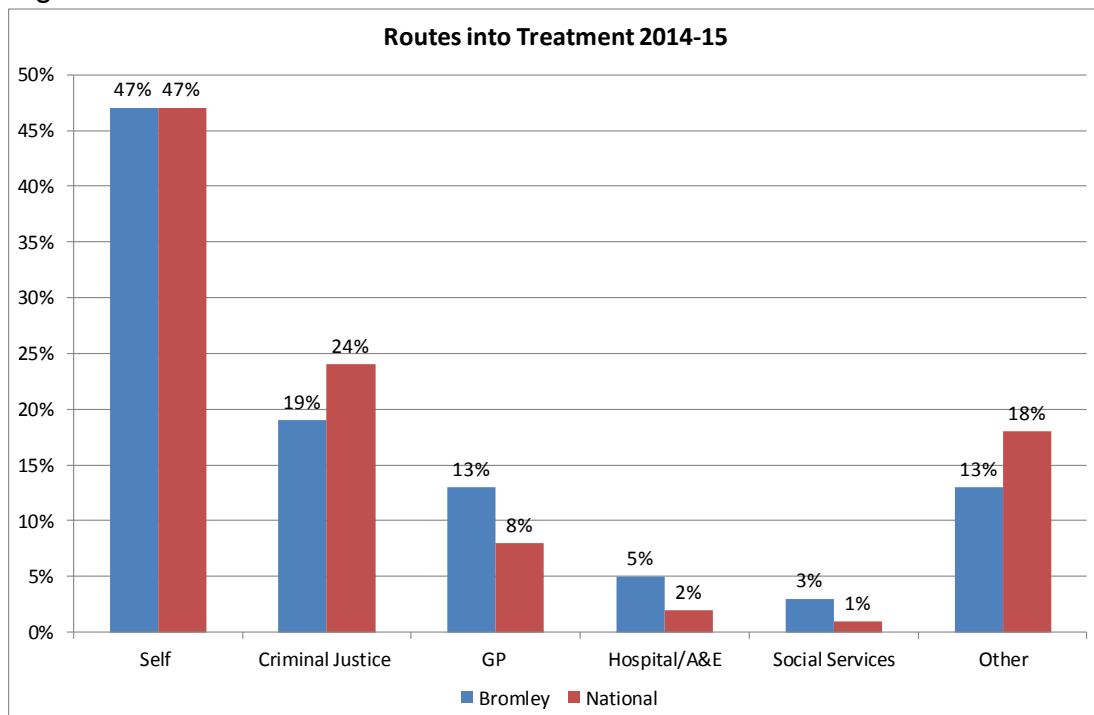
Figure 8



Source: NDTMS JSNA Support Pack 2015

Almost half of patients self-refer into substance misuse services both in Bromley and nationally. Health services (GPs and hospital) refer a higher proportion into treatment in Bromley (18%) than nationally (10%).

Figure 9



Source: NDTMS JSNA Support Pack 2015

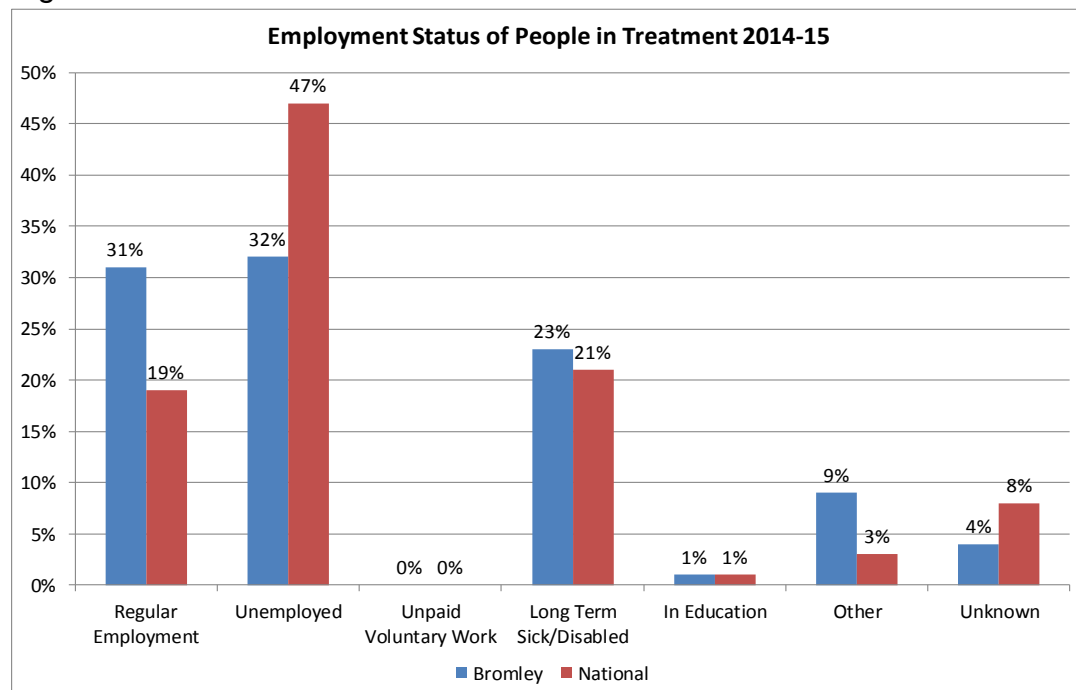
The majority of substance misusers receive treatment in the community, with pharmacological, psychosocial and recovery support interventions all playing a part. In 2014-15, 2% of individuals received interventions as an inpatient and 2% attended residential rehabilitation.

It is important to know the numbers of drug users in treatment who have childcare responsibilities so that adequate support can be provided. In 2014-15, 117 (23%) of those in treatment were living with children, with a further 157 (30%) recorded as parents, but not living with their children. Almost half (9245, 47%) were not a parent and had no child contact.

Recovery from substance misuse is dependent to some extent on the social, physical and financial assets of the individual – so called recovery capital. In Bromley, almost a third (31%) of those in treatment reported being in regular employment in 2014-15, as compared with under a fifth of people nationally.

A similar proportion (32%) were unemployed, much lower than the national figure of 47%.

Figure 10

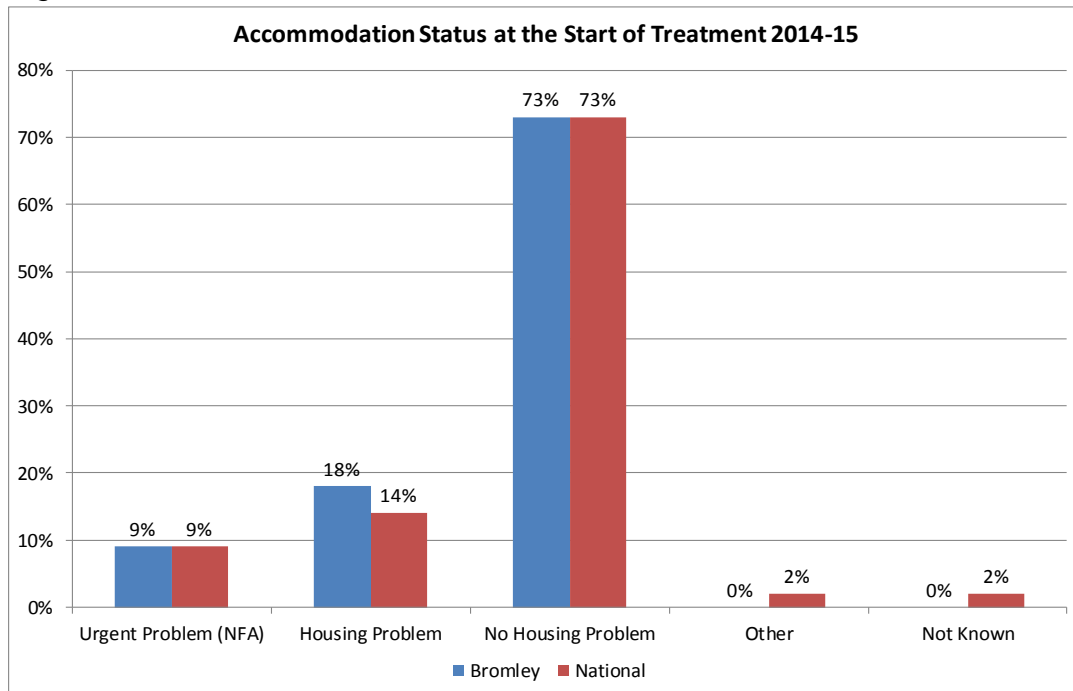


Source: NDTMS JSNA Support Pack 2015

A safe stable home environment enables people to sustain their recovery; insecure housing and homelessness threatens it.

In Bromley in 2014-15, the proportion of people with urgent (9%) or other housing problems (18%) was similar to the national picture.

Figure 11



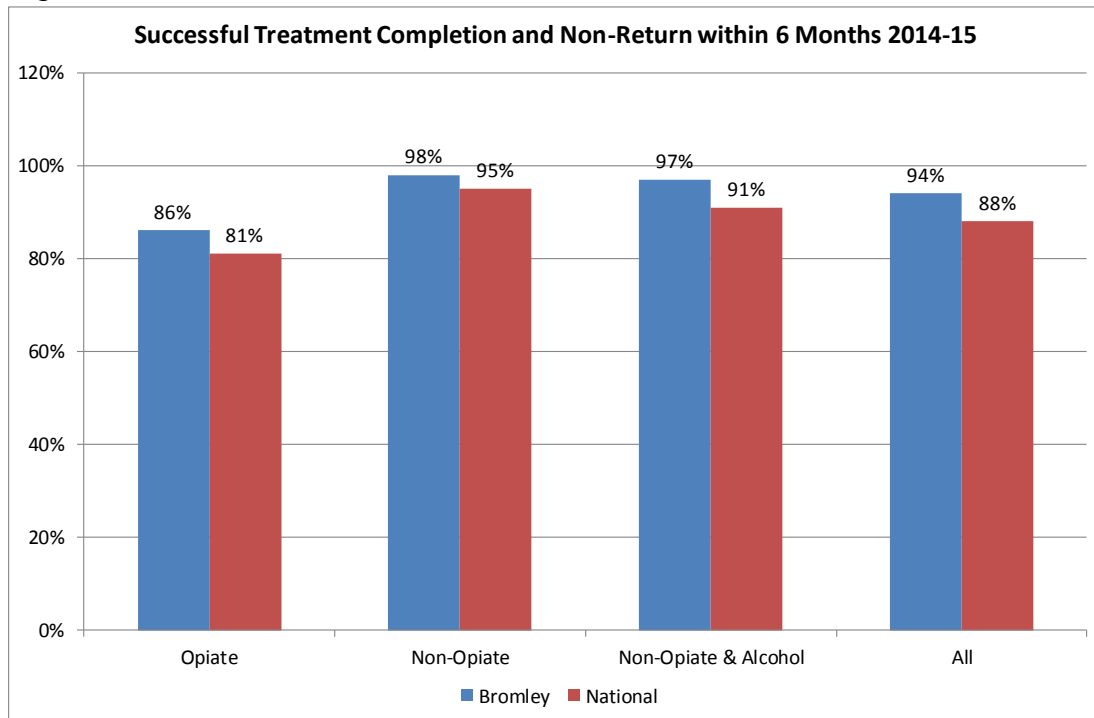
Source: NDTMS JSNA Support Pack 2015

6.4. Treatment Outcomes for Adults

The key measure of successful treatment is the proportion of people who successfully completed treatment and did not return within 6 months. Bromley had a higher proportion of successful completers than the national value in all categories of substance misuse in 2014-15 (Fig. 16.12).

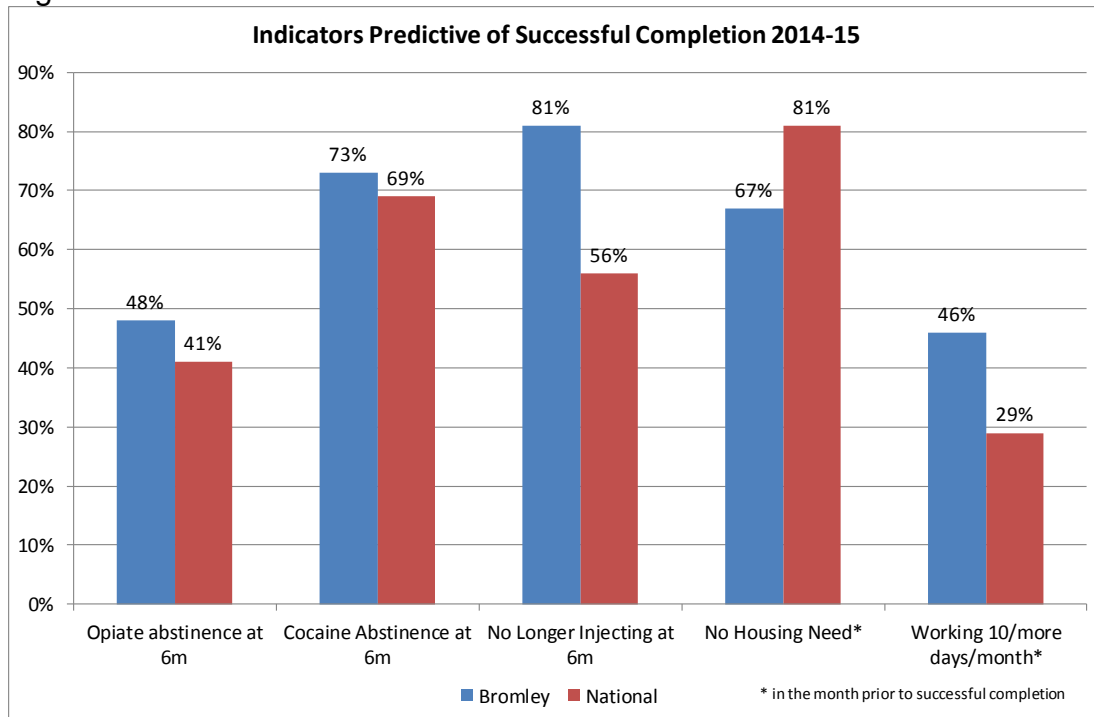
For those still in treatment, there are a number of indicators at six month review which suggest that treatment is likely to be successful. These are abstinence from drugs, significant reductions in drug use and injecting, secure housing and being in work. In general these indicators are better for Bromley than nationally, with one notable exception, which is the proportion of people with resolved housing needs, at 67% this is significantly lower than the national figure of 81% (Fig. 13).

Figure 12



Source: NDTMS JSNA Support Pack 2015

Figure 16.13



Source: NDTMS JSNA Support Pack 2015

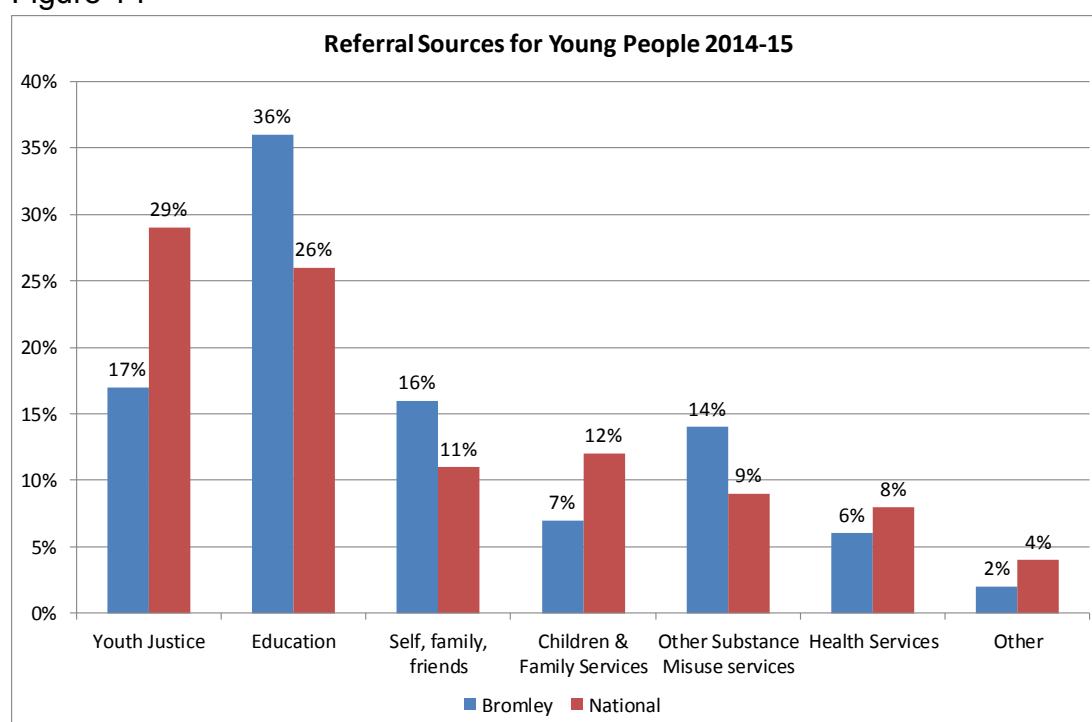
6.5. Young People Attending Drug Treatment Services in Bromley

While the majority of young people do not use drugs, and most of those that do are not dependent, drug and alcohol misuse have a major impact on young people's education, their health, their families and their long-term chances in life.

Between April and October 2014, 90 young people accessed specialist substance misuse treatment services in Bromley.

Of these, the largest proportion (36%) were referred from education services, with 17% being referred through the Youth Justice system and only 16% being self referrals. 6% of referrals were from health services including A&E. Nationally, there are a higher proportion of referrals from Youth Justice (29%) and a lower proportion from education (26%).

Figure 14

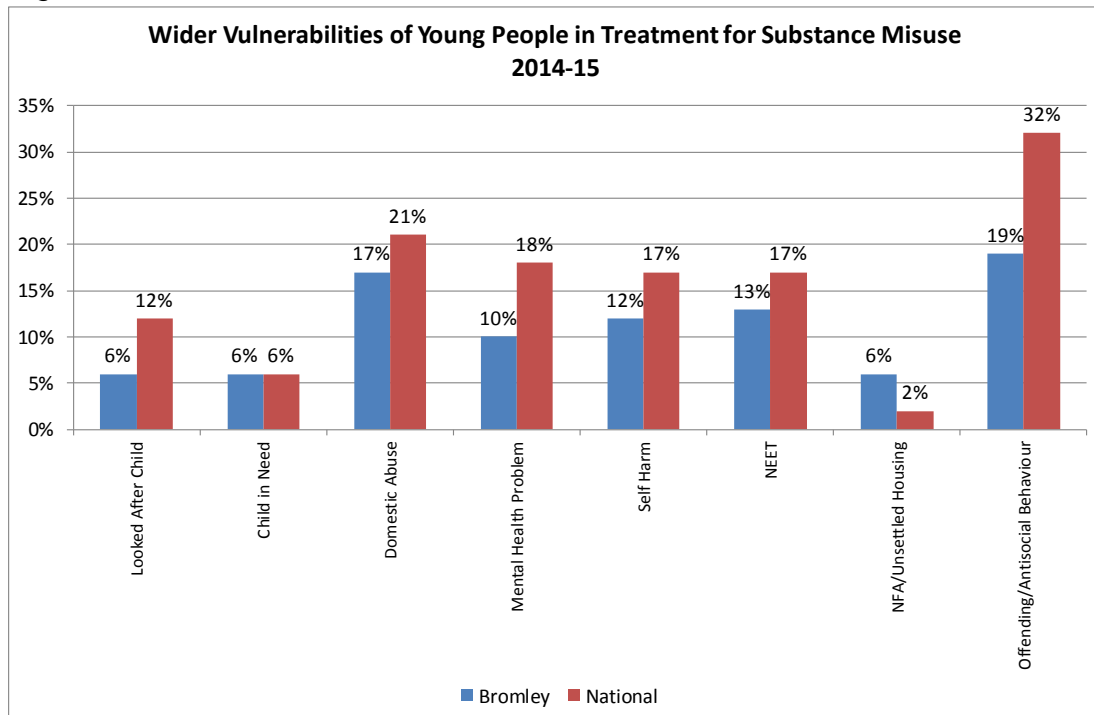


Source: NDTMS JSNA Support Pack 2015

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. They are more likely to be not in education, employment or training (NEET), have contracted a sexually transmitted infection, experiencing domestic violence, experiencing sexual exploitation, or be in contact with the youth justice system (Fig. 15).

Of the young people in treatment in Bromley in 2014-15, 70% were using two or more substances (this may include alcohol) and 97% began using their main problem substance before the age of 15 years.

Figure 15



Source: NDTMS JSNA Support Pack 2015

Of those in treatment in 2014-15, 98% required psychosocial interventions only, and 1% required additional pharmacological interventions. Of all those who exited treatment, 94% did so in a planned way in Bromley. This is a higher proportion than nationally (79%).

Young people’s circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure and they need reassessment to inform a new care plan. In the last financial year, 4% of young people who left specialist substance misuse interventions in a planned way re-presented to young people’s or adult specialist services within six months.

What This Means for Residents and Children in Bromley

The Crime survey for England and Wales suggests that approximately 17,000 residents took illicit drugs in Bromley in 2014/2015.

The substances most commonly misused by those in treatment in Bromley are opiates (44%) and alcohol (41%).

The population in treatment is predominantly male (64.8%) and of White British ethnicity (82.6%).

The highest proportion of substance misusers in treatment in Bromley are in the 40 to 49 year age group, in contrast to the national picture, which is 35 to 44 years.

There were 80 drug-related deaths in Bromley between 2006-2013. The average age at death was 48. More than thirty years lower than average life expectancy for Bromley. Deaths were most frequent in deprived wards.

There were 518 drug-related hospital admissions in Bromley 2013/14. Admission rates have been steadily increasing since 2009, the numbers greatest in the 25-44 age group.

Bromley had a higher proportion of successful treatment completers than the national value in all categories of substance misuse in 2014-15.

Of the 90 young people in treatment in Bromley in 2014-15, 70% were using two or more substances (this may include alcohol) and 97% began using their main problem substance before the age of 15 years.