EAST RIDING DRUGS PARTNERSHIP

Needs Assessment

April 2024

Executive Summary and Recommendations

The present needs assessment reviews local and national data and literature pertaining to the East Riding's drug treatment population, drug-related deaths and harm, harm-reduction interventions, intersectional needs and co-occurring mental health services, community voices, and drug-related crime. Its findings will inform action and further research conducted by the East Riding Drugs Partnership.

Data comparisons show that on the whole, the East Riding is achieving positive outcomes compared to the England average, outperforming national treatment statistics with half of new presentations to treatment successfully completing their treatment and not re-presenting within six months. Treatment numbers are increasing and consultation with service users, families, and professionals received positive feedback and converged on the importance of strategic partnerships taking a unified, whole-systems approach to achieving each objective, instilling a proactive, preventative, and protective emphasis to the ERDP. However, there remain areas of unmet or unknown need as indicated by the data, where further attention must be given.

A focal point for this approach is the association between drug-related harms and structural inequalities; there are four times the rate of hospital admissions for drug poisoning and three times the rate of non-fatal overdoses in the most deprived ward compared to the least deprived ward. Provision of harm reduction interventions, including needle exchange sites, postal needle exchange, and buprenorphine and methadone prescribing, are essential but not sufficient alone to reduce this; it is holistic support that offers the greatest chances of successful treatment and positive health outcomes. The link between deprivation and health inequalities is a complex one, which requires integrated action by actors across the health system towards deconstructing the negative influences on individuals' conditions of living which can heighten their risk of poorer health outcomes including serious drug-related incidences.

Both empirical and anecdotal evidence are overall resonant of how the wider determinants of health and inequality must be understood and targeted for us to create sustained, positive changes across the drug and alcohol treatment system. The following recommendations have been written in the response to the key findings of the present needs assessment, reflective of specific identified needs and targeted responses that may be valuable. In some instances, the scopes of the recommendations have been broadened to allow a more dynamic approach to actions taken by the East Riding Drugs Partnership. This gives the partnership more room to collaborate and align its actions to the From Harm to Hope National Outcomes Framework (2023). The following recommendations constitute part of the evidence base that will inform the East Riding Drugs Partnership strategy.

Recommendation 1: Reduce unmet need

Supporting data: Section 2.3
Related national outcomes: (5) Increase engagement in treatment

The East Riding has higher rates of unmet substance use treatment need for the opiates and crack use (OCU) and opiates drug groups than the England averages, and higher unmet need for males compared to females. This indicates there is a requirement for greater treatment awareness, capacity, and engagement across the local authority footprint before drug use may start to be reduced.

- Continue the recent increase in treatment numbers, increasing awareness and engagement with treatment services across the East Riding
- Increase capacity of treatment settings across the East Riding
- Increase engagement and outreach with males

Recommendation 2: Enhance harm reduction offer and uptake

Supporting data: Section 4
Related national outcomes: (3) Reduce drug-related deaths and harm

In addition to the general objective of reducing harm and improving provision of harm-reduction interventions, the needs assessment highlights that specific and more targeted harm-reduction approaches may also be needed. This could be an option to address the very low rate of uptake of HBV vaccination amongst the criminal justice population which was identified as an unmet need.

- Increase engagement with criminal justice clients and build trust
- Increase awareness and understanding of blood-borne viruses, with encouragement and potential incentives to take up vaccine offer
- Ensure accurate data collection and recording processes linked to vaccine uptake
- Investigation into alternative harm reduction offers such as secondary needle exchange
- Increase awareness and uptake of the Inclusion Health Vehicle needle exchange offer
- Ensure harm reduction advice and equipment is offered at all appropriate points of contact
- Continue to improve harm reduction offer across the East Riding, supporting staff training and upskilling, as well as community awareness.

Recommendation 3: Support young people

Supporting data: Section 2.4
Related national outcomes: (5) Increase engagement in treatment, (6) Improve recovery outcomes

New presentations to young people's drug treatment are low, and unmet need is higher amongst young people than adults in the East Riding. Referral routes into treatment are largely from social services; strengthening referral pathways from across various points of the system such as from schools or families and friends might help to reduce unmet need.

- Utilise the rebrand of the young people's substance use treatment service as an opportunity to improve digital offer, increase engagement with young people, and ensure easy referral process.
- Increase awareness amongst adults, parents, teachers, and families etc. about referral points.

Very few children and young people presenting to treatment services were identified to have mental health and substance use treatment needs, contrary to national trends which show approximately half to have comorbid mental health needs in the younger treatment population. This suggests the East Riding may have an unmet cooccurring mental health and substance use need amongst children and young people.

- Investigate pathways between substance use treatment settings and young people's mental health service
- Investigate if this aligns with trends in other local authorities
- Investigate lived experience

Recommendation 4: Incorporate lived experience

Supporting data: Section 6
Related national outcomes: (5) Increase engagement in treatment, (6) Improve recovery outcomes

As a part of the consultation section of this needs assessment, families and friends of people who access substance treatment were asked what their experiences and desired improvements are to the drug treatment service and system. Their answers highlight clear changes they feel would be beneficial. It is important that going forward this partnership includes the voices of individuals who have lived experience of substance use and that their perspectives are informing the actions taken.

- Investigate the current offer of peer-led and peer-delivered recovery, including both commissioned and 'unknown' community offers
- Investigate the effectiveness of current service user feedback systems and improve where necessary

Recommendation 5: Understand and support additional needs

Supporting older adults in treatment

Supporting data: Sections 2.1, 3.3
Related national outcomes: (3) Reduce drug-related deaths and harm, (6) Improve recovery outcomes

Similar to national trends, the predominant population engaged with treatment services in the East Riding consists of an increasing cohort of people aged 45+ who have been using opiates long-term. These individuals are likely to have complex health and social care needs, including additional physical and psychological health needs. This group has a reduced likelihood of successfully completing treatment and experiences the highest drug-related death rates. Reducing drug-related harm and morbidity rates will require services to address more holistically the health and social care needs associated with an ageing population alongside managing substance use related needs.

- Ensure treatment services are adapted to coping with age-specific demands and complexities, including physical health and trauma-informed treatment.
- Upskill treatment workforce to cope with complex needs alongside managing substance treatment outcomes, in line with the Royal College of Nurses and Public Health England (2017) recommendation that staff be 'competent in identifying and responding to a wide range of health and social care needs, and be able to support people to access treatment for co-existing physical and mental health issues'.

Gender-specific pathways

Supporting data: Sections 2.1
Related national outcomes: (1) Reduce drug use, (3) Reduce drug-related deaths and harm, (5) Increase engagement with treatment, (6) Improve recovery outcomes

Gender disparities in treatment engagement figures align with the proportional prevalence of drug use within the population. Whilst this is as expected, the impact of less than a quarter of the treatment population being female is an avenue for investigation with regards to how this may affect the treatment experience and recovery outcomes of women. A potential action arising from this would be to address the lack of gender-specific pathways within the treatment system. This may be additionally beneficial in equipping treatment services for managing additional needs such as parental use, maternity support, LGBTQ+ specific needs and support, trauma-informed care, and domestic violence support within treatment services.

- An investigation into the need for women-specific spaces in treatment, particularly with focus on whether there is unmet need in engaging with women or supporting recovery outcomes through treatment.
- Trauma-informed practice and VAWG-specific pathways
- Consultation with individuals with lived experience and potential co-production on the above actions.
- Increase awareness of LGBTQ+ specific needs and increase the profile amongst existing workforce
- Have a more explicit and open LGBTQ+ offer across treatment and outreach services

Recommendation 6: Embed non-fatal overdose pathways

Supporting data: Sections 5.1
Related national outcomes: (3) Reduce drug-related deaths and harm, (5) Increase engagement with treatment

Research has found a clear association between non-fatal overdoses acting as a risk factor for subsequent fatal overdoses to occur. In addition to harm-reduction work to reduce the incidence of overdoses, supporting individuals into treatment following an overdose may help protect against this risk. More targeted approaches may be also necessary to address the association between deprivation and increased risk of drug-related harm.

- Ensure provision of harm-reduction interventions, particularly naloxone within the community
- Continue to improve education and awareness of harm-reduction
- Ensure robust pathways from emergency services into treatment settings, with identification of treatment needs and data-sharing where possible
- Targeted engagement with identified inclusion health groups at higher risk of overdose, raising awareness of harm reduction provision e.g. naloxone and education.

Recommendation 7: Support people with co-occurring mental health and substance use

Supporting data: Sections 3.2

Related national outcomes: (5) Increase engagement with treatment, (6) Improve recovery outcomes

The East Riding has a clear dual-diagnosis pathway embedded into treatment services. However, data shows that amongst those who have identified mental health needs when entering substance treatment, a lower proportion of males then go on to access mental health support compared to females.

- Investigate pathways between treatment and mental health – why are people with identified needs not accessing mental health support? Is this by choice or are there barriers?
- Share insights from staff including dual-diagnosis staff and treatment providers
- Investigate whether gender disparities in co-occurring mental health and substance use are seen in other local authorities, and what interventions were used.

Contents

Glossary

ACMD	-	Advisory Council on the Misuse of Drugs
BBV	-	Blood Borne Virus
CQS	-	Commissioning Quality Standards
DHSC	-	Department for Health and Social Care
HBV	-	Hepatitis B Virus
HCV	-	Hepatitis C Virus
HIV	-	Human Immunodeficiency Virus
ICD	-	International Classification of Diseases
MHRA	-	Medicines and Healthcare products Regulatory Agency (executive agency of the Department of Health and Social Care)
NCA	-	National Crime Agency
NDTMS	-	National Drug Monitoring System
NICE	-	National Institute for Health and Care Excellence
NPS	-	New (or Novel) Psychoactive Substance
OCG	-	Organised Crime Group
OCU	-	Opiate and Crack Use
OHID	-	Office for Health Improvement and Disparities
ONS	-	Office for National Statistics
PHE	-	Public Health England
PHOF	-	Public Health Outcomes Framework
UKHSA	-	UK Health Security Agency
VCSE	-	Voluntary, Community, and Social Enterprise

1. Introduction

1.1. National context: Policy and guidance

1.1.1. Existing Standards and Guidance

Many standards and guidance documents exist for drug treatment service providers and commissioners, guiding decisions and helping improve the quality of the treatment provided.

a) National Institute for Health and Care Excellence (NICE) drug misuse material
b) UK Government alcohol and drug misuse prevention and treatment guidance
    a. Including the *Drug misuse and dependence: UK guidelines on clinical management* (a.k.a. the "Orange Book")

1.1.2. Dame Carol Black Review

Professor Dame Carol Black conducted an independent review of the use of illegal drugs in England. Phase one (of two) of the review focused on the challenges around drug supply and demand, and phase two focused on treatment, recovery, and prevention.

1.1.3. Commissioning Quality Standards

A recommendation from phase two of Dame Carol Black's review of drugs was that DHSC develop a national commissioning quality standard (CQS) for local authorities to use. The CQS clarifies commissioning processes that local authorities should adhere to and specifies treatment services that should be available in each local area, informed by the UK clinical guidelines on drug treatment.

1.1.4. From Harm to Hope

From Harm to Hope is the UK Government's 10-year drug strategy, aiming to reduce drug related crime and harm. It is underpinned by £3 billion investment and will be delivered by local drug partnerships. There are 3 strategic objectives, split into sub-objectives:

- Break drug supply chains
    - Restricting upstream flow
    - Securing the border
    - Targeting the 'middle market'
    - Going after the money
    - Rolling up county lines
    - Tackling the retail market
    - Restricting the supply of drugs into prisons
- Deliver a world-class treatment and recovery system
    - Delivering world-class treatment and recovery services
    - Rebuilding the professional workforce
    - Ensuring better integration of services
    - Improving access to accommodation alongside treatment
    - Improving employment opportunities
    - Increasing referrals into treatment in the criminal justice system
    - Keeping prisoners engaged in treatment after release
- Achieve a generational shift in demand for drugs
    - Building a world-leading evidence base

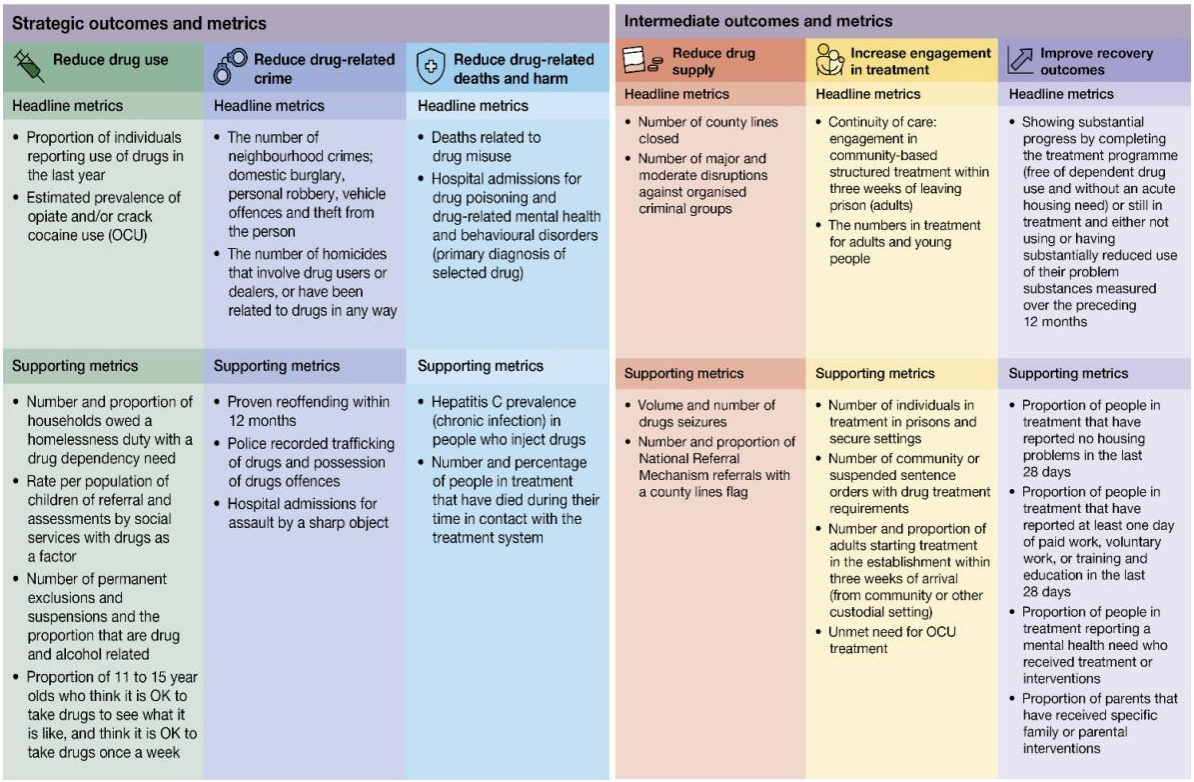
- Applying tougher and more meaningful consequences
- Delivering school-based prevention and early intervention
- Supporting young people and families most at risk of substance misuse

1.1.5. From Harm to Hope Local Delivery for Partnerships

Following the From Harm to Hope strategy, local delivery guidance has been issued, detailing how local authorities, police, prison and probation services, NHS services, and others, should come together to create a drug partnership which implements the From Harm to Hope strategy at the local footprint. The document sets target deadlines for completing various tasks that the partnership is responsible for including workstreams to analyse need, develop governance arrangements and agree strategy to achieve the National Outcomes Framework.

1.1.6. National Outcomes Framework

The local delivery guidance sets out a National Outcomes Framework (May 2023 update), shown below. The East Riding Drugs Partnership has a performance monitoring dashboard to track the partnership's progress towards each outcome in the framework.



Strategic outcomes and metrics			Intermediate outcomes and metrics		
Reduce drug use	**Reduce drug-related crime**	**Reduce drug-related deaths and harm**	**Reduce drug supply**	**Increase engagement in treatment**	**Improve recovery outcomes**
Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics
• Proportion of individuals reporting use of drugs in the last year • Estimated prevalence of opiate and/or crack cocaine use (OCU)	• The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person • The number of homicides that involve drug users or dealers, or have been related to drugs in any way	• Deaths related to drug misuse • Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)	• Number of county lines closed • Number of major and moderate disruptions against organised criminal groups	• Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults) • The numbers in treatment for adults and young people	• Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics	Supporting metrics
• Number and proportion of households owed a homelessness duty with a drug dependency need • Rate per population of children of referral and assessments by social services with drugs as a factor • Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related • Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week	• Proven reoffending within 12 months • Police recorded trafficking of drugs and possession of drugs offences • Hospital admissions for assault by a sharp object	• Hepatitis C prevalence (chronic infection) in people who inject drugs • Number and percentage of people in treatment that have died during their time in contact with the treatment system	• Volume and number of drugs seizures • Number and proportion of National Referral Mechanism referrals with a county lines flag	• Number of individuals in treatment in prisons and secure settings • Number of community or suspended sentence orders with drug treatment requirements • Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting) • Unmet need for OCU treatment	• Proportion of people in treatment that have reported no housing problems in the last 28 days • Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days • Proportion of people in treatment reporting a mental health need who received treatment or interventions • Proportion of parents that have received specific family or parental interventions

1.1.7. Public Health Outcomes Framework

- C19d: Deaths from drug misuse
- C20: Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

1.1.8. The Marmot Review & Wider Determinants

The Marmot Review into health inequalities (2010) analysed the causes of health inequalities across England and what actions were needed to address them. The review made the following recommendations:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control of their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

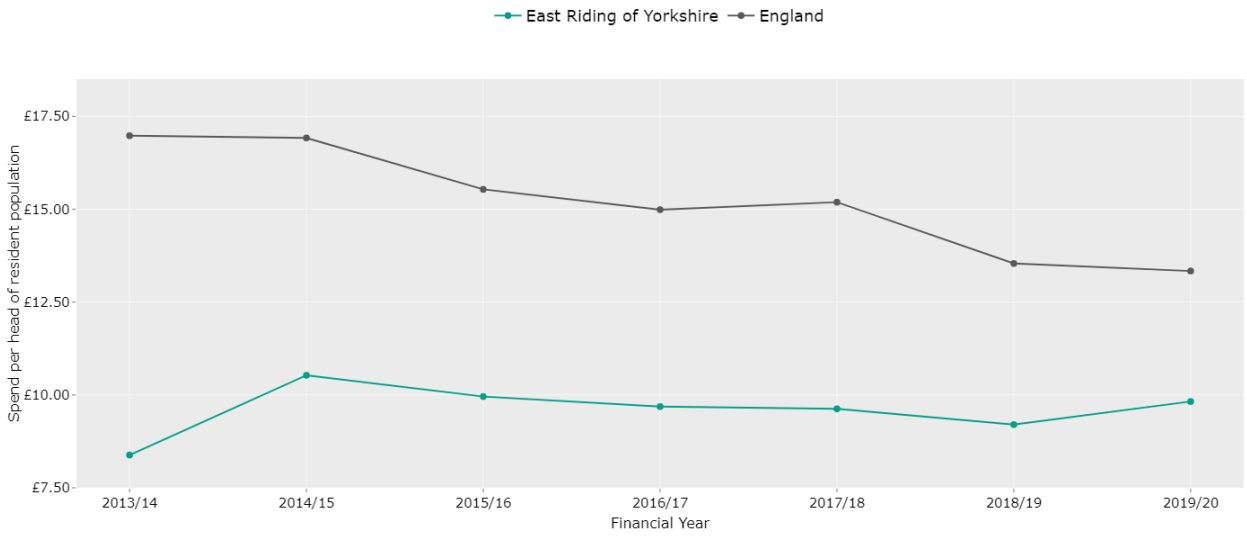
More information and statistics on the demographics, including deprivation levels, across the East Riding can be found in section 2.

1.2. Local context

1.2.1. Commissioning Priorities: Investing in Treatment & Cost Benefit Analysis

In 2019/20, the spend on East Riding drug and alcohol treatment per head of resident population was £9.82, lower than the England average of £13.34, the CIPFA neighbours average of £11.10, and the Yorkshire and Humber average of £14.83. The chart below shows the trend in spending per head of resident population over the 7 years prior to 2020. The same data source shows that the East Riding also enjoys higher than average treatment outcomes.

Figure 11 - Spend on drug and alcohol treatment per head of resident population in the East Riding of Yorkshire compared to England between 2013/14 and 2019/20.



Source: OHID Spend and Outcomes Tool (SPOT) 2019/20.

Investing well in substance use treatment services has a wide impact on society and the economy; financial savings can be made elsewhere in the system by reducing crime rates, reducing demand on crisis healthcare services, and increasing productivity, and thus economic contribution (PHE., 2018). This money saved is called the *social return*. The 2016-17 PHE alcohol and drug treatment commissioning tool estimated that for every £1 invested in drug treatment, the social return was £4;

for each £1 invested in alcohol treatment, the estimated social return was £3. Nationally, the combined social return on drug and alcohol treatment investment was £2.4billion (PHE., 2017).

2. Treatment Population

East Riding of Yorkshire population demographics, along with regional and national comparators, can be found on the council's Intelligence Hub website. Of particular relevance to this needs assessment are:

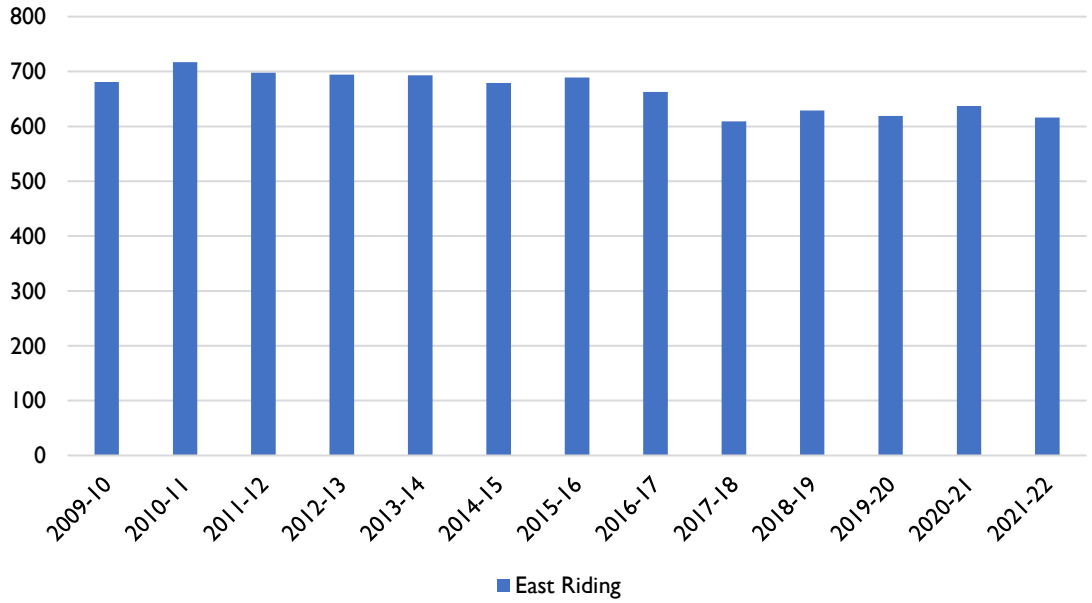
1. the East Riding's ageing population, the impact of which is discussed in Section 3.3
2. the East Riding's quality of life and deprivation

National data shows a consistent decline in the numbers of people using drugs and alcohol, largely driven by the significant decreases in their prevalence amongst young people and adolescents (NHS Digital., 2022a; OHID., 2022; NHS Digital., 2022b). Just 9% of those in drug treatment were younger than the age of 30 in 2021 nationally (OHID., 2021); the predominant age group using substances and seeking treatment are increasingly becoming the over-40s (OHID., 2022). This suggests that generational patterns of drug use may be changing, and attention needs to be given to how services can cope with the complex physical health and social care needs that accompany those with treatment use needs.

2.1. Adults

Between December 2022 and November 2023 there were 656 adults in East Riding treatment services for drugs, 75% were male and 25% were female. This gender disparity aligns with the estimated prevalence of drug use in the East Riding, which shows the prevalence of drug use in the East Riding to be around four times greater amongst males than females (OHID., 2024). Comparisons of treatment figures against the prevalence estimates reveal that unmet need is lower amongst females, at 53.7%, compared to 66.3% for males. The higher unmet need amongst males suggests that more engagement work is perhaps necessary to increase the numbers entering treatment.

Figure 2.1 – Adult drug treatment population for East Riding, 2009-12 to 2021-22.



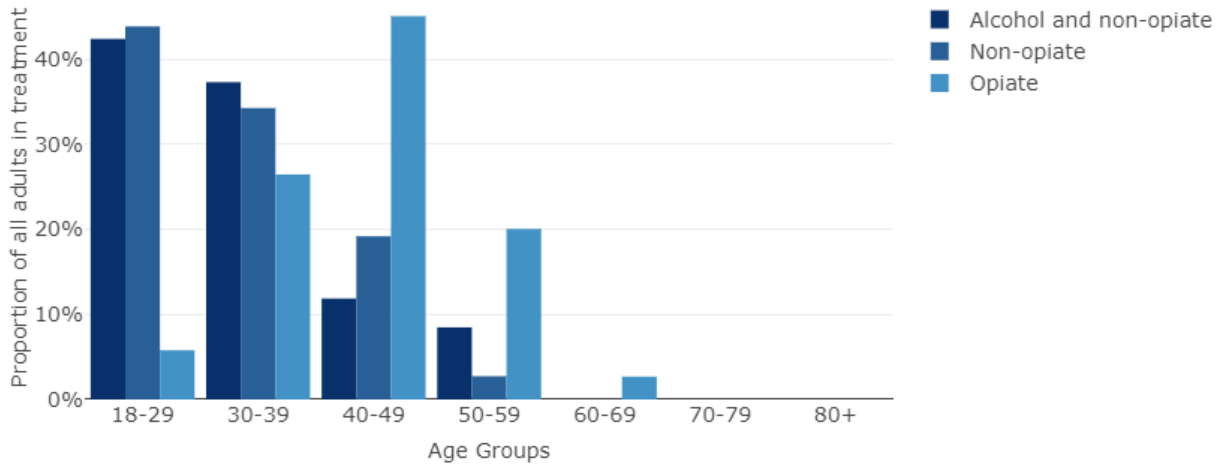
Source: OHID Adult Drug Commissioning Support Pack: 2023-24.

As demonstrated in Figure 5.2, there is an overall decreasing trend in drug treatment numbers over the last 12 years, however, a monthly breakdown over the past year shows a change in trend with numbers increasing between June 2022 (599) and June 2023 (666). It is not yet clear whether this is attributable to natural fluctuation or represents a potential change in trend.

Table 2.1 – Percentage change in adult drug treatment population for the East Riding of Yorkshire, 2020-21 to 2021-22.

Drug group	Local (n)
Alcohol and non-opiate	-19.2%
Non-opiate	4.3%
Opiate	-2.0%
Total	***-3.3%***

Figure 2.2 – Age of adults in drug treatment by drug group for the East Riding of Yorkshire, 2021-22.



Source: OHID Adult Drug Commissioning Support Pack: 2023-24.

Table 2.2 - Proportion of adults in drug treatment who successfully completed treatment and did not re-present within 6 months (PHOF C19a/C19b) for East Riding of Yorkshire and England, 2021-22.

Drug group	East Riding count	Proportion of new presentations	England count	Proportion of new presentations
Non-opiate including alcohol	67	50%	21,841	34%
Opiate	32	7%	7,088	5%

Source: OHID Adult Drug Commissioning Support Pack: 2023-24.

Table 2.2 shows higher successful completion rates without re-presenting within 6 months within the East Riding compared to England. Completion rates for the opiate drug group are lower than the non-opiate group across both the East Riding and England.

2.2. Equalities and Protected Characteristics

Statistics on minority ethnicities, the migrant population, and religion within the East Riding of Yorkshire population can be found here.

As can be seen from the statistics linked in section 4.1, 96.1% of the East Riding population is White British, a value reflected very closely in new presentations to East Riding drug treatment which is 95% White British. Other White makes up 3% of new presentations, and numbers of other ethnicities are too small to disclose (OHID, 2022b).

New presentations to East Riding drug treatment consisted predominantly of people who are not religious (67%), followed by Christians (9%). People whose religion is unknown, missing, or inconsistent comprised 19% of new presentations (OHID, 2022b).

Table 2.3 – Adults presenting to drug treatment by disability for East Riding of Yorkshire and England, December 2022 to November 2023.

Disability**	East Riding count	Proportion of new presentations	% of males	% of females	England count	Proportion of new presentations	% of males	% of females
No disability	151	70%	68%	74%	56,128	64%	65%	60%
Any disability	65	30%	31%	26%	27,637	31%	30%	35%
Not stated	*	*	*	*	4,157	5%	5%	5%
Inconsistent/missing	0	0%	0%	0%	125	0%	0%	0%

**Denotes a percentage derived from a count lower than 5. **Adults may cite multiple disabilities, hence number of disabilities may sum to greater than number of adults. Source: NDTMS Local Outcomes Framework, retrieved February 2024.*

Table 2.4 - Breakdown of disability in adults presenting to drug treatment for East Riding of Yorkshire and England, December 2022 to November 2023.

Disability type**	East Riding count	Proportion of new presentations	% of males	% of females	England count	Proportion of new presentations	% of males	% of females
Behaviour	43	20%	20%	18%	15,656	18%	17%	21%
Hearing	0	0%	0%	0%	680	1%	1%	1%
Manual	<5	*	*	*	456	1%	1%	0%
Learning	5	2%	3%	0%	3,615	4%	4%	4%
Mobility	7	3%	3%	4%	5,012	6%	5%	7%
Perception	0	0%	0%	0%	147	0%	0%	0%
Personal	<5	*	*	*	403	0%	0%	1%
Progressive	<5	*	*	*	3,953	4%	4%	6%
Sight	<5	*	*	*	666	1%	1%	1%
Speech	<5	*	*	*	192	0%	0%	0%
SEN	0	0%	0%	0%	31	0%	0%	0%
Other	11	5%	6%	2%	3,038	3%	3%	4%

**Denotes a percentage derived from a count lower than 5. **Adults may cite multiple disabilities, hence number of disabilities may sum to greater than number of adults. Source: NDTMS Local Outcomes Framework, retrieved February 2024.*

Table 2.5 – Adults presenting to drug treatment by sexuality for East Riding of Yorkshire and England, December 2022 to November 2023.

Sexuality	East Riding count	Proportion of new presentations	England count	Proportion of new presentations
Heterosexual	204	94%	75,217	85%
Gay/Lesbian	7	3%	2,431	3%
Bisexual	<5	*	2,591	3%

Other	<5	*	319	0%
Don't know / not sure	0	0%	183	0%
Not stated	0	0%	3,393	4%
Inconsistent/missing	5	2%	3,913	4%

**Denotes a percentage derived from a count lower than 5. Source: NDTMS Local Outcomes Framework, retrieved February 2024.*

2.3. Unmet Need

Many statistics included in this needs assessment are based only on persons in drug treatment in East Riding and England. This poses an issue as not every person who uses drugs is in drug treatment and receiving the help that they need, skewing the reliability of available data when trying to obtain an understanding of all people who use drugs in the East Riding. NDTMS provide an estimate of the unmet need for the crack use only, opiate and/or crack use (OCU), and opiate use only drug groups, as shown in the following table.

Table 2.6 - Rates of unmet need of drug dependent adults for East Riding of Yorkshire and England, January 2023 to December 2023.

Drug group	East Riding unmet need	East Riding unmet need (male/female)	England unmet need	England unmet need (male/female)
Crack	68.3%	76.9% / 26.4%	79.8%	83.0% / 65.1%
OCU	63.1%	65.4% / 54.0%	57.6%	61.1% / 44.4%
Opiates	67.8%	67.2% / 69.9%	60.4%	63.4% / 48.7%

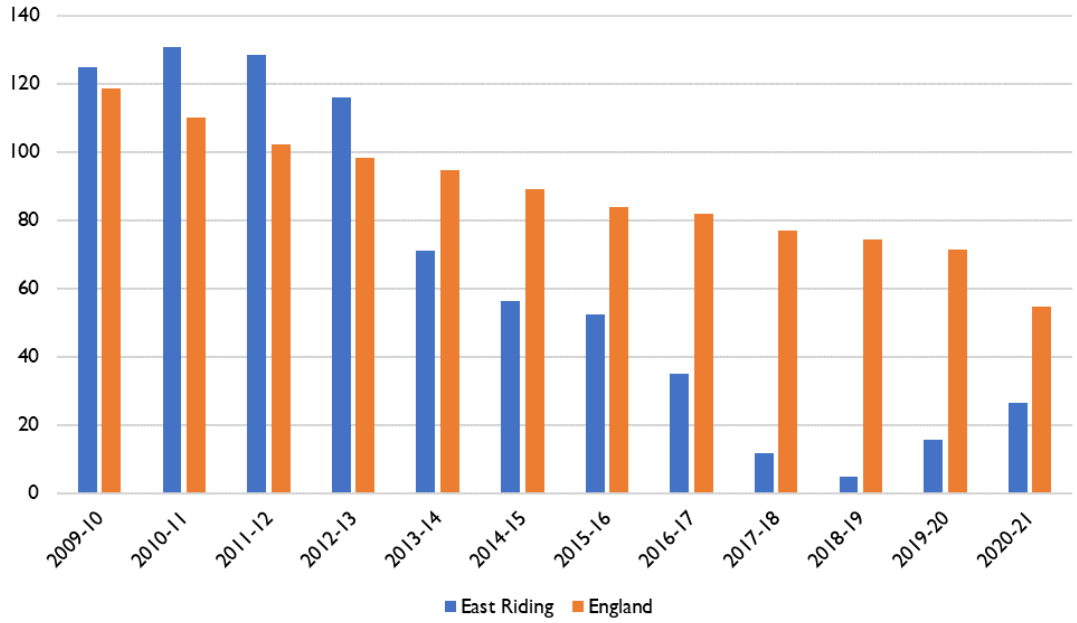
Source: NDTMS Treatment and Recovery Unmet Need Toolkit, retrieved February 2024.

Rates of unmet need in the East Riding of Yorkshire are lower than those of England for crack use but are higher for both OCU and opiate use. This indicates a higher need for treatment awareness, capacity, and/or engagement across the local authority footprint.

2.4. Young People

The young people's treatment statistics include young persons in treatment for alcohol, drugs, or alcohol and drugs. The East Riding's young people substance use treatment population consists of those aged under 18 and those aged 18-24 in young people's services, but not those aged 18-24 in adult services. In 2020-21 the most reported primary problem substance for young people was cannabis (66%), followed by alcohol (14%), cocaine (7%), ecstasy (7%), benzodiazepines (3%) and crack (3%) (OHID., 2022a). During this period, 22 young people were in treatment in the East Riding, 55% of those were male and 45% were female. Similar to national trends, the number of young people starting treatment (Figure 5.1) shows a general trend of decline, with a particularly fast rate of decrease around 2013-14 to 2018-19, and slight increase again from 2018-19 to 2020-21.

Figure 2.3 – New presentations to young people's drug and alcohol treatment, rate per 100,000 population aged 0-24 for East Riding and England, 2009-10 to 2020-21.



Source: OHID Young People Substance Misuse Commissioning Support Pack: 2022-23.

Table 2.7 displays the ages of children and young people in East Riding substance use treatment services from December 2022 to November 2023. Though this shows young people's treatment numbers are similar to national proportions, when compared to prevalence estimates this reveals an estimated unmet need of 85.6% amongst those aged 15-24 in the East Riding. This is notably higher than those for adults, at 77.7% and 57.0% for the 25-34 and 35-64 age groups respectively (NDTMS., 2024). This suggests that more engagement with young people is necessary. Furthermore, Table 2.8 shows how the majority of young people's referrals into treatment are from social care and children's services. Given this estimate of relatively high unmet need, the particular lack of referrals from wider settings such as education, family and friends, and the criminal justice system suggests that these pathways need strengthening and work surrounding education, awareness, and destigmatizing services may be valuable for young people.

Table 2.7 - Age of young people and young adults in treatment for East Riding of Yorkshire and England, December 2022 to November 2023.

Age	Local (n)	Proportion of all in treatment	England (n)	Proportion of all in treatment
Under 15	7	21%	3,783	22%
15	6	18%	3,674	22%
16	5	15%	2,844	17%
17	11	32%	2,924	17%
18-24	5	15%	3,623	22%
All ages	34		16,848	

Note: Breakdowns by sex for these statistics show the percentage of all clients who are male or female.
Source: OHID Young People Substance Misuse Commissioning Support Pack, 2023-24.

Table 2.8 – Source of referral for those young people (under 18) in treatment, East Riding and England, 2021-22.

Referral type	Local (n)	Proportion of all in treatment	% of males	% of females	England (n)	Proportion of all in treatment	% of males	% of females
Education total	**<5**	*	*	*	**3,388**	**31%**	**30%**	**32%**
Mainstream education	<5	*	*	*	2,921	26%	25%	29%
Alternative education and other services	<5	*	*	*	467	4%	5%	3%
Youth criminal justice total	**0**	**0%**	**0%**	**0%**	**2,021**	**18%**	**25%**	**7%**
Youth offending team	0	0%	0%	0%	1,680	15%	21%	5%
Young persons' secure estate	0	0%	0%	0%	34	0%	0%	0%
Other	0	0%	0%	0%	307	3%	4%	1%
Social care total	**11**	**46%**	**44%**	**50%**	**2,723**	**25%**	**23%**	**28%**
Children and family services	11	46%	44%	50%	2,679	24%	22%	27%
Looked after child services	0	0%	0%	0%	44	0%	0%	1%
Self, family and friends total	**<5**	*	*	*	**1,198**	**11%**	**11%**	**11%**
Self	<5	*	*	*	700	6%	6%	7%
Relative, family, friend or concerned other	<5	*	*	*	498	4%	5%	3%
Substance misuse service total	**0**	**0%**	**0%**	**0%**	**195**	**2%**	**2%**	**2%**
Health services total	**7**	**29%**	**31%**	**25%**	**1,519**	**14%**	**10%**	**20%**
Child and adolescent mental health services	6	25%	25%	25%	704	6%	5%	9%
School nurse	0	0%	0%	0%	310	3%	2%	4%
A&E	0	0%	0%	0%	52	0%	0%	1%
GP	0	0%	0%	0%	97	1%	1%	1%
Hospital	<5	*	*	*	294	3%	2%	4%
Other health services	0	0%	0%	0%	62	1%	0%	1%
Other referral sources total	**0**	**0%**	**0%**	**0%**	**246**	**2%**	**2%**	**3%**
Missing/inconsistent	0	0%	0%	0%	36	0%	0%	0%

**Denotes a percentage derived from a count lower than 5. Source: OHID Young People Substance Misuse Commissioning Support Pack: 2023-24.*

3. Additional Needs

3.1. Parental Substance Use

In the 2020/21 period, the East Riding data shows 108 children living with clients entering alcohol services, and 56 children living with clients entering drug treatment services. Table 3.1 displays the living arrangements in 2020/21 of the 264 East Riding clients entering alcohol services; 93 of them

were classified as a parent of some kind (either living with, or not with, children). The majority of clients (61%, n=162) were categorised as 'not a parent – no contact with children' with this category also having the highest proportion nationally. In the East Riding, 26% (n=68) of clients lived with children, higher than the national average of 22%, and 9% (n=25) were parents not living with children, lower than the national average of 18%.

Table 3.1 - Living arrangements of clients entering alcohol treatment services in 2021-22, all persons for East Riding of Yorkshire and England.

Parental Status	East Riding count	Proportion of new presentations**	England: Proportion of new presentations**
Not Parent, no contact with children	169	59%	62%
Parents living with children	62	22%	21%
Parents not with children	53	19%	13%
Other contact, living with children	<5	*	2%
Missing/incomplete	<5	*	2%
Total	**286**	**100%**	**100%**

**Denotes a percentage derived from a count lower than 5. **May not add up to 100% due to rounding. Source: OHID Alcohol commissioning support pack 2023-24.*

The living arrangements of the 219 clients entering drug treatment services are shown in Table 3.2. For the same year, 75 clients were categorised as a parent. As with alcohol treatment, the highest proportion of new clients in drug treatment services were classified as 'Not parent - no contact with children' (62%, n=136). This was the case for both England and East Riding residents. Unlike those entering alcohol services, the second highest proportion of new drug treatment clients were categorised as 'parents not with children' (21%), slightly lower than the national average of 22%.

Table 3.2 - Living arrangements of clients entering drug treatment services in 2021-22, all persons for East Riding of Yorkshire and England.

Parental Status	East Riding count	Proportion of new presentations**	England: Proportion of new presentations**
Not Parent, no contact with children	106	54%	63%
Parents living with children	36	18%	15%
Parents not with children	51	26%	18%
Other contact, living with children	<5	*	2%
Missing/incomplete	<5	*	1%
Total	**195**	**100%**	**100%**

**Denotes a percentage derived from a count lower than 5. **May not add up to 100% due to rounding. Source: OHID Adult Drug commissioning support pack 2023-24.*

For both alcohol and drug treatment services, there was a higher proportion of East Riding clients entering treatment who were living with children than the England average.

3.2. Co-Occurring Mental Health and Substance Use

3.2.1. Treatment

There is a very high comorbidity between mental illnesses and substance use disorders, with around 70% of people who use drugs and 86% of people who use alcohol in community substance misuse treatment research samples experiencing mental health problems (Weaver et al., 2003). NICE therefore recognises the necessity of all teams and services involved in treatment and care having

capacity to respond to these complex and personal needs, as opposed to instating an entire specialist dual-diagnosis team (PHE, 2017b). The East Riding has a dedicated dual-diagnosis lead who sits within treatment services and works closely with mental health teams to lead and coordinate complex case management and the co-production of recovery plans between substance treatment and mental health services.

Table 3.3 - Adults who entered drug treatment in 2021-22 and were identified as having mental health treatment need for East Riding of Yorkshire and England.

Drug group	East Riding count	% of males	% of females	% of new presentations	England count	% of males	% of females	% of new presentations
Alcohol and non-opiates	29	68%	75%	69%	17,631	72%	86%	76%
Non-opiates	33	56%	82%	61%	14,142	65%	81%	70%
Opiates	52	52%	56%	53%	21,900	62%	76%	66%
Total	114	56%	68%	58%	53,673	66%	81%	70%

Source: OHID Adult Drug Commissioning Support Pack: 2023-24.

Table 3.4 – Adults in drug treatment identified as having a mental health treatment need and receiving treatment for their mental health for East Riding of Yorkshire and England, 2021-22.

Treatment type	East Riding count	Male (%)	Female (%)	Proportion of adults identified	England count	Male (%)	Female (%)	Proportion of adults identified
Health-based place	0	0%	0%	0%	420	1%	1%	1%
NICE	8	8%	4%	7%	819	2%	2%	2%
Engaged with IAPT	<5	*	*	*	873	2%	2%	2%
Already engaged	42	34%	48%	37%	11,573	19%	26%	22%
GP	48	44%	36%	42%	29,429	54%	57%	55%
Total individuals receiving mental health treatment	89	75%	88%	78%	40,118	75%	72%	75%

**Denotes a percentage derived from a count lower than 5. N.b. – Already engaged = Already engaged with the Community Mental Health Team/Other mental health services. Engaged with IAPT (Improving Access to Psychological Therapies). GP = Receiving mental health treatment from GP. NICE = receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem. Health-based place = has an identified space in a health-based place of safety for mental health crises. Source: OHID Adult Drug Commissioning Support Pack: 2023-24.*

Table 3.3 shows that the East Riding has a lower prevalence of mental health need amongst individuals entering treatment compared to the England proportion, however this is still present in over half (58%) of new presentations. Tables 3.3. and 3.4 show that, of the 114 persons in East Riding adult drug treatment identified as having a mental health treatment need, 89 (78%) are receiving mental health treatment. Within this group, data split by sex reveals that a lower proportion of males are receiving mental health treatment than females, suggesting there is a higher unmet need for comorbid mental health treatment amongst males entering substance use compared to females. Rather, this highlights a need to investigate potential barriers and lived experience of male engagement with mental health treatment services, as a possible focus for future interventions.

3.2.2. Crisis Care

Substance use and substance use disorders are a proximal risk factor for self-harm (Vijayakumar et al., 2011; Moller et al., 2013), and are associated with a significantly greater risk of death by suicide compared to individuals who do not use substances (Vijayakumar et al., 2011; Crump et al., 2021). National statistics reveal that over half of all individuals who had mental health problems and died by suicide had a history of substance use (PHE, 2017b). However, the directionality of this relationship is not simple. Individuals who have a history of self-harm and suicide attempts are also at an elevated risk of later developing substance use disorders compared to those who have no history of self-harm or suicide attempts (Auger et al., 2022).

The UK Government's Changing Futures programme has channelled £46 million into a shared outcomes fund, supporting local authorities to deliver interventions for social risk factors against suicide, including mental health and substance use. In the East Riding of Yorkshire, system partners have recognised the need for collaborative commissioning and delivery arrangements in order to tackle barriers for those impacted by dual needs. The Hull and East Riding Crisis Care Concordat has highlighted substance use as an area of concern impacting on crisis services. The Concurrent Substance Use and Mental Health Working Group aligned to the Crisis Care Concordat has committed to further exploration of the joint governance structures allowing all partners to heighten the profile of strategies pertaining to supporting those with dual needs. A new Community Mental Health Framework published in 2019 by NHS England has also been utilised to implement new integrated care models across the country, encompassing complex needs including those with co-existing mental health problems and substance use needs. Integrated Care Systems (ICS) across the country are expected to work towards implementing their own new models of community-based mental health care across 2021/2022 (Department of Health and Social Care., 2021). In 2023/24 Humber Teaching Foundation Trust drafted a Policy, due for circulation to system partners and sign off in 24/25, surrounding the assessment and support of those with concurrent substance use and mental health with a strong focus on person-centred care. It is anticipated that in order for this Policy implementation to be meaningful, the system will need to support all providers working with this cohort to create similar policies and procedures. System partners including East Riding of Yorkshire Council, Public Health and East Riding Place (ICB) will need to consider funding of training packages led collaboratively by providers to encourage cultural change and new ways of working in order to tackle the stigma surrounding substance use and allow equity of opportunity to access mental health services.

One example of collaborative design and commissioning for those experiencing multiple needs can be demonstrated in the design of Bridlington's Rough Sleeper Mental Health Hub. This service is commissioned with a combination of Health, Public Health, and Big Lottery money. The service hosts a range of support for rough sleepers including but not limited to harm minimisation, naloxone kits, health checks, immediate and necessary wound care, dentistry advice, and talking therapies - with no Did Not Attend (DNA) policy and no barring criteria based on substance use. The service has agreed funding until 31 March 2025 with a view to review sustainable funding moving forward.

According to East Riding Real-Time Suicide Surveillance data, there were 143 suspected deaths by suicide between 01/01/2019 and 01/01/2024 11 (8%) of which were suspected overdoses. Cerel and colleagues (2014) suggest that up to 135 people are affected by a single suicide, meaning that up to 1485 people were potentially affected by those 11 suspected overdoses. This demonstrates the wider impact of suicide on society; families, friends, colleagues, and others are also affected.

3.2.3. Young People, Emotional Wellbeing and Resiliency

Amongst adolescents the prevalence of mental health is even higher, with one research study finding over 60% of those engaged in substance use disorder treatment programmes met the diagnostic criteria for another mental illness (Hser et al., 2001).

An OHID report published in 2022 details that 43% of all young people aged up to 24 engaged with substance treatment services in 2021 reported they had a mental health treatment need (OHID., 2022d). This adds to increases seen over the past four years, from 32% in 2018-19 and 37% in 2019-20. In the East Riding there were 8 young people under the age of 18 identified as having a mental health treatment need at the start of treatment in 2022-23. Of these, 6 (75%) were receiving treatment for their mental health need, (OHID, 2022a). Given that, nationally, almost half of young people in substance treatment require mental health treatment, it is surprising that amongst the 29 individuals engaged in the East Riding's substance treatment services in 2021 there are not more who required mental health treatment. Rather than mental health issues not being prevalent amongst young people in this area, this may suggest the possibility that some services are not identifying and meeting mental health needs in young people.

An NHS survey distributed nationally amongst secondary school pupils found very low levels of life satisfaction, low happiness, and high anxiety were experienced by over half (57%) of those who recently smoked, drank alcohol and/or taken drugs, whereas only 18% of those who had not recently engaged in any of these things experienced similar levels of these emotions (NHS Digital, 2022). The findings highlight an association between poor mental health and substance use in adolescents, presenting the importance of targeting emotional wellbeing and resiliency in young people's substance use treatments.

Mental illness symptoms commonly onset during adolescence, at a similar time to when drug use typically begins, and mental disorders in childhood often precede later substance use disorders in adulthood (NIDA., 2022; O'Neil, Connor, & Kendall., 2011). Along with the yearly increasing proportion of young people requiring co-occurring mental health and substance use treatments, and association between emotional vulnerability and adolescent substance use, there is a clear requirement for substance use treatment services working with young people to concurrently manage their mental health needs and support the complexity and stress of their transition into adulthood (Sheidow et al., 2012).

3.3. Consumption Amongst Over 40s and Long-Term Use

3.3.1. Physical Health Impacts

Prolonged substance use is associated with higher mortality rates, and this mortality risk increases with age (Pierce et al., 2015). There is a clear link between the heightened prevalence of drug related deaths and the deterioration of physical health amongst older cohorts of people who use substances, with long-term use and prolonged dependency being known to cause premature ageing (Bachi et al., 2017) and increasing the risk of poor physical health and bodily pain compared to the general population and younger drug users (Lofwall et al., 2005; Beynon, 2009). In particular, individuals aged 50+ with self-reported long-term opioid dependence are significantly more likely to have blood-borne viruses as compared to their younger counterparts (Badrakalimuthu et al., 2012). This population also has a four-times-higher prevalence of hepatitis C virus (HCV), and a twelve-times-higher prevalence of Human Immunodeficiency Virus (HIV) compared to substance users younger than 30 (Beynon, 2009). Because of these factors, this cohort is also far more susceptible to

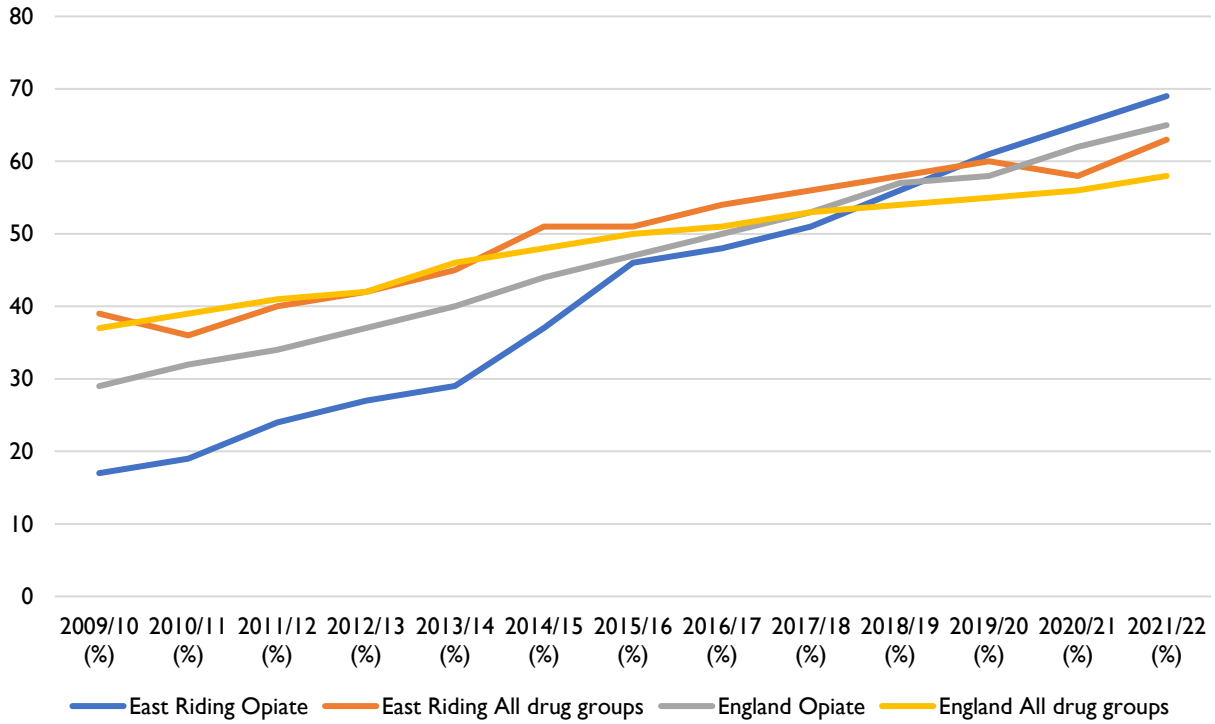
cases of serious physical illness, and holds an increased risk in particular of developing advanced liver disease and liver complications (Bachi et al., 2017).

3.3.2. Implications For Treatment Services

Drug treatment outcomes within the cohort of people aged over 40 who typically have a history of long-term substance use are therefore inextricably linked to condition management and other physical, psychological, and social care needs. The high mortality rates of individuals within this cohort evidences the national need for treatment services to adapt in order to cope with this complexity and demand (PHE, 2017a). Increasingly costly and multi-disciplinary interventions beyond specialist drug treatment will therefore become necessary as this cohort ages further; at present these are already not sufficiently in place at the required levels (Pirona et al., 2015). A predominant complexity of treating older people who use drugs (particularly those with a long-term dependency) is that the likelihood of successfully completing treatment deteriorates with the duration of drug use (Burkinshaw et al., 2017). Treatment services must therefore adapt to treating a majority population of older individuals who have significantly poorer prospects of achieving permanent abstinence (ACDM, 2019), alongside managing their correspondent health needs. On a national level, both PHE and the Royal College of Nurses recognise this necessary change begins with the challenge of recruiting highly skilled workers who can deal with the complexity of health and social care needs alongside managing substance treatment outcomes; the workforce must be 'competent in identifying and responding to a wide range of health and social care needs, and be able to support people to access treatment for co-existing physical and mental health issues' (PHE & RCN., 2017).

In the East Riding 53% of adults accessing treatment services in 2020-2021 were aged 40 and above, the majority for opiate use. This is consistent with national patterns of treatment engagement by age (PHE, 2017a), and aligns with comments nationally that attention is turned to addressing the complex, wider needs of individuals in treatment in addition to managing their successful treatment outcomes.

Figure 3.1 – Proportion of all adults in drug treatment populations aged 40+, all drug groups and opiates only, for East Riding of Yorkshire and England, 2009/10 to 2021/22.



Source: OHID Adult Drug Commissioning Pack: 2023-24.

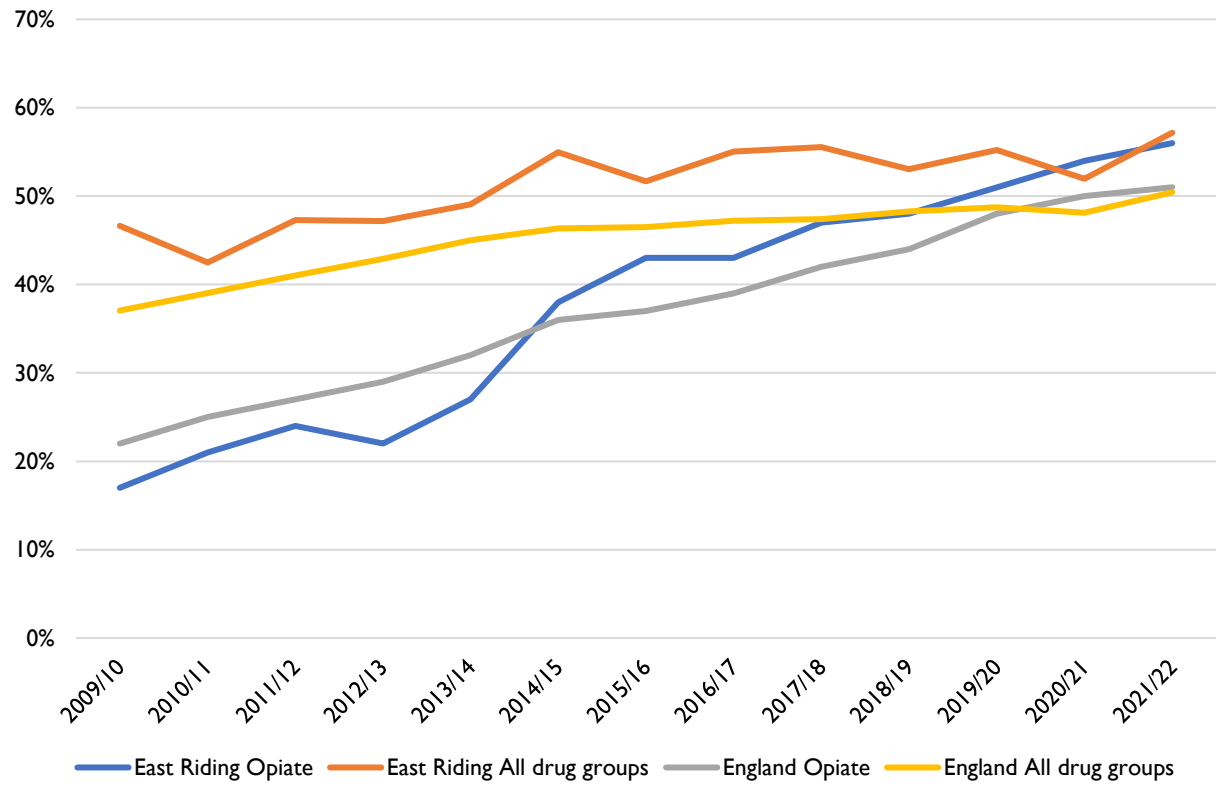
Figure 3.1 shows the drug treatment cohort is ageing both nationally and locally. In particular, the percentage of the East Riding opiate treatment population aged 40+ has increased dramatically from 17% in 2009/10 to 69% in 2021/22, transitioning from being the lowest of all comparison cohorts to the highest.

Figure 3.2 shows new presentations to treatment only, rather than the whole drug treatment population, and shares a similar increasing trend. Again, the most dramatic increase was in the East Riding opiate value; the percentage of the new presentations to East Riding opiate treatment aged 40+ increased from 17% in 2009/12 to 56% in 2021/22.

There are several possibilities for explanations of these trends, including the following:

- Many people who use opiates are those who began using them in the 1980s or 1990s heroin epidemics and fewer people under 40 use opiates.
- Those in treatment for opiate use may remain so for several years, meaning their ageing naturally raises the average age of the whole treatment population over time.
- There is a cohort of people under 40 who use opiates that is not accessing treatment

Figure 3.2 - Proportion of new drug treatment presentations aged 40+, all drug groups and opiates only, for the East Riding and England, 2009/10 to 2021/22.



Source: OHID Adult Drug Commissioning Pack: 2023-24.

3.4. Homelessness and Rough Sleeping

Of the 219 people who started East Riding drug treatment in 2020-21 for which housing data is known, 12 (5%) reported having a housing problem and 5 (3%) reported having an urgent housing problem. Of the 17 people who had a housing problem at the start of treatment, <5 (*%) went on to complete treatment, and <5 (*%) of these no longer reported having a housing problem.
**Denotes a percentage derived from a count lower than 5.*

3.5. Education and Employment

Table 3.4 - Employment status of adults in drug treatment at the start of treatment, for East Riding of Yorkshire and England, December 2022 to November 2023.

Employment Status	East Riding count	Proportion of East Riding treatment	Proportion of England treatment
In paid work	189	29%	22%
In voluntary work	16	2%	1%
In training or education	14	2%	1%

Source: NDTMS Local Outcomes Framework, retrieved February 2024.

3.6. Criminal Justice Treatment

Criminal Justice Integrated Teams (CJIT) were created in 2003 and referred, assessed, and case managed substance using offenders. In 2012, CJITs ceased to be centrally funded, and some local

authorities have since integrated CJIT posts into community treatment or set up dedicated teams to carry out CJIT functions. The figures reported in this section's tables relate to persons in contact with a CJIT function and community-based treatment (OHID., 2022b).

Table 3.5 – CJIT adults in contact with the treatment system for East Riding of Yorkshire and England, 2021-22.

Drug group	East Riding count	Proportion of treatment population	England count	Proportion of treatment population
Alcohol and non-opiates	<5	*	2,230	6%
Non-opiates	<5	*	1,582	5%
Opiates	26	5%	19,294	14%
Total	**29**	**5%**	**23,106**	**11%**

**Denotes a percentage derived from a count lower than 5. Source: OHID Adult Drug Commissioning Support Pack: 2023-24.*

Table 3.6 – CJIT adults (for all drug groups) by offence type for East Riding of Yorkshire and England, 2021-22.

Offence type	East Riding proportion of CJIT adults	England proportion of CJIT adults
Acquisitive	38%	37%
Behavioural	24%	10%
Drug related	24%	10%
Inconsistent	7%	16%
Other	7%	26%

Source: OHID Adult Drug Commissioning Support Pack: 2023-24.

Of the CJIT treatment population, 38% voluntarily referred themselves into treatment and 62% underwent a referred assessment.

3.6.1. Continuity of Care

The continuation of drug and alcohol treatment while transitioning from prison to the community is essential for supporting people with substance dependence, both in terms of treating addiction and dependence, but also reducing reoffending. Individuals with treatment needs in the East Riding who have a present or historical involvement with the CJS are supported by an InReach Worker, who supports with early engagement, complex needs, and pre-release treatment requirements to ensure that links into community treatment are upheld. The success of these transitions from the CJS into community treatment settings is measured in the Public Health Outcomes Framework (PHOF) by indicator C20 (see Table 5.8 below).

Table 3.7 – Adults released from prison, transferred to a community treatment provider for structured treatment and successfully engaged for East Riding of Yorkshire and England, 2021-22.

Drug group	East Riding transfers	East Riding engaged	Proportion engaged	England transfers	England engaged	Proportion engaged
Alcohol and non-opiates	7	<5	*	1,518	203	13%
Non-opiate only	7	<5	*	1,296	236	18%
Opiates	35	24	69%	12,843	5,720	45%
Total	**53**	**29**	**55%**	**16,986**	**6,345**	**37%**

**Denotes a percentage derived from a count lower than 5. Source: OHID Adult Drug Commissioning Support Pack: 2023-24. This indicator is the same as PHOF C20.*

4. Prevention, Early Intervention and Harm Reduction

4.1. Universal Offer

In 2021/22 there were 616 adults in East Riding drug treatment, 616 (100%) of these received psychosocial treatment, and 468 (74%) received pharmacological treatment. In the drug treatment population across England 99% received psychosocial treatment and 68% received pharmacological treatment.

4.2. Waiting Times

One hundred per cent (*N* = 248) of individuals waiting for their first intervention in East Riding treatment services had a wait time of under 3 weeks. In comparison, nationally this proportion is at 98% (OHID., 2024).

4.3. Referral Pathways

Table 4.1 - Sources of referral for those starting treatment for East Riding of Yorkshire and England, 2021-22.

Referral	East Riding count	Proportion of new presentations	Male (%)	Female (%)	England count	Proportion of new presentations	Male (%)	Female (%)
Self, family and friends	98	45%	40%	64%	50,071	57%	56%	61%
Criminal justice	61	28%	33%	12%	16,316	19%	22%	9%
Health services and social care	36	17%	17%	14%	13,095	15%	13%	20%
Substance misuse services	20	9%	10%	8%	3,977	5%	4%	5%
Other	<5	*	*	*	4,258	5%	5%	5%

**Denotes percentages derived from counts lower than 5. Source: OHID Adult Drug Commissioning Support Pack: 2023-24.*

In the East Riding, females were more likely to self-refer than males, however these percentages are based off small counts, and the similarity between male and female self-referrals across England may suggest the East Riding difference is down to chance. In both the East Riding and England, males were more likely to be referred to treatment via the criminal justice system than females.

Most CJS referrals within the East Riding came through National Probation Service (26, 45%), followed by Prisons (24, 41%). The remaining 8 referrals were either alcohol treatment requirements (ATRs) or drug rehabilitation requirements (DRRs).

4.4. Pharmacy Services

As at 22/02/2024, there were:

- 14 East Riding pharmacies offering a needle exchange service
- 55 East Riding pharmacies offering supervised consumption, 1 of which offers only supervision of methadone consumption

East Riding pharmacies have experienced the same pressures that have been felt nationally, with many pharmacies closing or changing ownership. This creates instability in pharmacy provision with potential for gaps in entire pharmacy services or specific services such as needle exchange or supervised consumption. This is evidenced by the following table which shows a 57% drop in needle exchange transactions since 2017.

Table 4.2 – Number of pharmacy needle exchange transactions for East Riding of Yorkshire, 2017-2023.

	2017	2018	2019	2020	2021	2022	2023
Needle exchange transactions	6,306	6,795	4,552	2,973	3,141	3,307	2,705

Source: PharmOutcomes, retrieved February 2024.

4.5. Postal Needle Exchange

Alongside the pharmacy-based needle exchange offer, East Riding of Yorkshire Council commission a postal needle exchange service, whereby people in drug treatment who meet specific criteria can have new, sterile equipment (including needles, syringes, citric acid, pans, sterile swabs) delivered to their home address, and have their used equipment collected and disposed of. This service is free to the user.

4.6. Blood-borne Viruses (BBVs)

Compared to the general population, people who inject drugs, particularly those who share injecting equipment, are at an increased risk of contracting BBVs such as Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV) (Gilchrist et al., 2017). HCV is the most common BBV among people who inject drugs in the UK, with a prevalence of 33%-56%, whereas HBV and HIV are comparatively low (Gilchrist & Strang., 2017). One third of people who inject drugs are not vaccinated for HBV, and late diagnosis of HIV is disproportionately high among people who inject drugs (UKHSA., 2021).

Table 4.3 - HBV and HCV vaccination statistics among adults in drug treatment for East Riding of Yorkshire and England in 2021-22.

Category	East Riding count	Proportion of eligible adults	England count	Proportion of eligible adults
Adults eligible for HBV vaccination who accepted one	7	4%	14,259	28%
Adults in treatment who accepted and completed a course of HBV vaccination	0	0%	1,650	12%
Adults in treatment who accepted and started a course of HBV vaccination	<5	*	1,100	8%
Adults eligible for a HCV test who accepted one	47	26%	28,972	45%
Adults who have a positive HCV antibody test	11	46%	5,327	21%

**Denotes a percentage derived from a count lower than 5. Source: OHID Adult Drug Commissioning Support Pack: 2023-24.*

According to local drug treatment monitoring reports, in Q2 of 2022 there was a very low uptake of HBV vaccines within the East Riding criminal justice treatment population, with 9 out of 9 alcohol treatment requirement clients, 5 out of 6 drug rehabilitation requirement clients, and 77 out of 78 throughcare and aftercare clients being offered, but refusing, HBV vaccinations. This suggests a local need for increased BBV awareness and understanding, as well as encouragement to take up vaccination offers.

4.7. Naloxone Provision

Naloxone is a medication used to reverse the effects of opioid overdose. It can be administered by injection into veins, injection into muscle, nasal spray, and intravenous infusion (a “drip”) in life-threatening cases in medical settings.

Table 4.4 – Count and proportion of eligible adults in opiate treatment issued with naloxone for East Riding of Yorkshire and England, 2021-22.

Naloxone issued	East Riding count	Proportion of eligible adults	England count	Proportion of eligible adults
Yes	289	60%	55,637	40%

Source: OHID Adult Drug Commissioning Support Pack: 2023-24.

The proportion of eligible East Riding adults issued with naloxone increased from 46% in 2020-21 to 60% in 2021-22.

Table 4.5 – New opiate presentations who have been issued with naloxone at the earliest triage stage in their treatment journey in 2021-22 for the East Riding of Yorkshire and England.

Naloxone issued	East Riding count	Proportion of eligible adults	England count	Proportion of eligible adults
Yes – both nasal and injectable naloxone	0	0%	259	1%
Yes – injectable naloxone	51	52%	11,914	36%
Yes – nasal naloxone	9	9%	1,818	5%
No – client already in possession of adequate naloxone	22	22%	6,785	20%
No – assessed as not appropriate	17	17%	8,045	24%
No – service does not provide naloxone	0	0%	530	2%

**Denotes a percentage derived from a count lower than 5. Source: OHID Adult Drug Commissioning Support Pack: 2023-24.*

5. Serious Incidents

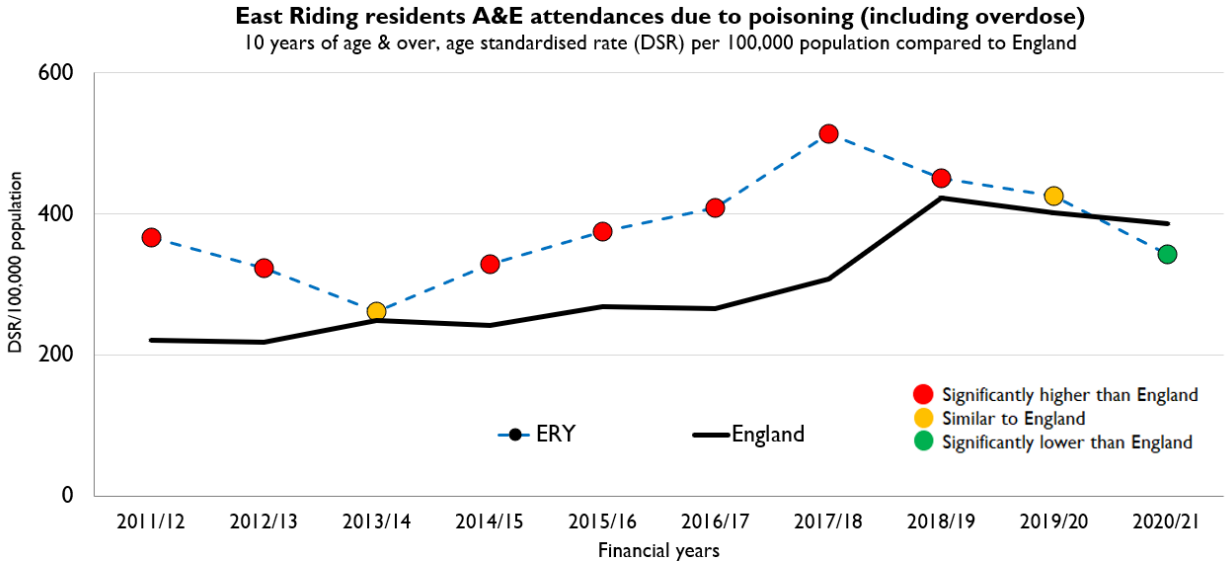
5.1. Non-fatal Overdoses and Unplanned Detoxification

5.1.1. A&E Attendances Due to Poisoning (Including Overdose)

Unlike hospital admission diagnosis codes (see §5.1.2), the diagnosis codes used in A&E are much more limited. Where it is possible within the hospital admission codes to distinguish between (for example) cocaine, opioids and cannabinoids, this is not possible within A&E data. Instead, this A&E analysis has used the codes* which reference to 'Poisoning (including overdose)' in any of the diagnoses fields and will potentially cover a wider range of attendances that exceed the scope of this document. Also it should be noted that A&E attendances do not necessarily translate into a hospital admissions, therefore numbers in this section and the next section (hospital admissions) are not directly comparable.

Between 2011/12 and 2020/21 there were on average 1,000 East Riding resident A&E attendances per year, due to poisoning. Figure 5.1 compares the East Riding age-standardised rates of A&E attendances, between 2011/12 and 2020/21, to those of England overall. In the 9 years between 2011/12 and 2019/20 the East Riding rate was higher than England (significantly during 7 years) but the last 3 years witnessed a decrease leading to a significantly lower rate in the East Riding by 2020/21.

Figure 5.1 - A&E attendances where any diagnosis field mentions poisoning (including overdose) between 2011/12 and 2020/21.

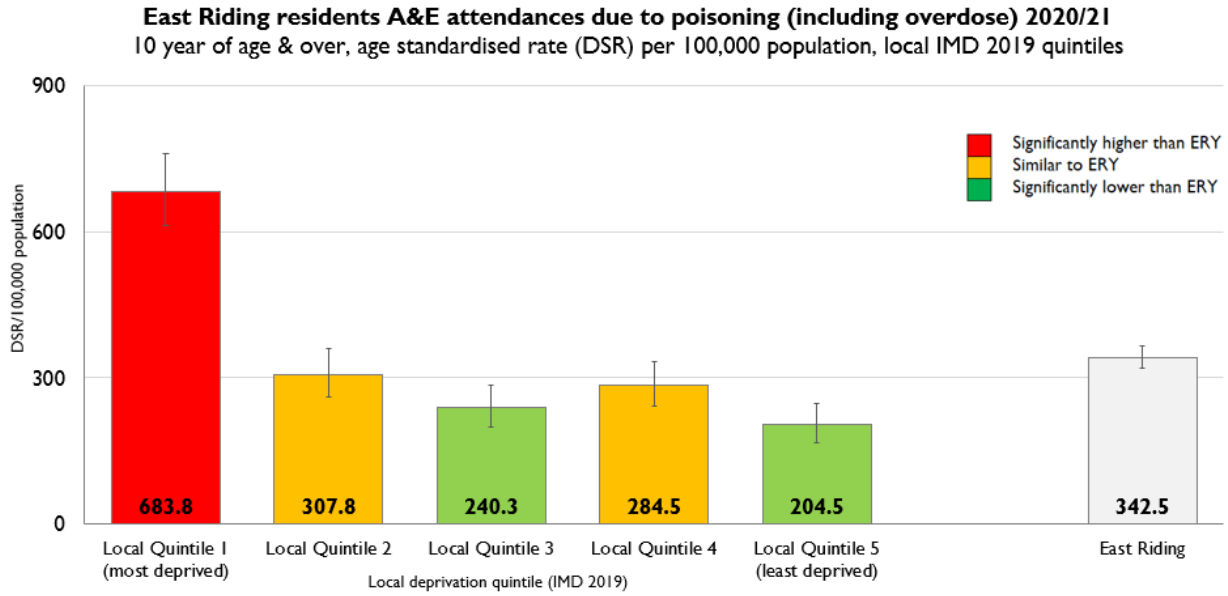


*N.b. Figure has been generated using data pertaining to the following A&E attendance codes for Poisoning Including Overdose: 141 – prescriptive drugs; 142 – proprietary drugs; 143 – controlled drugs; 144 – other, including alcohol. Statistical significance has been calculated using Byar's method.

Research has consistently found that non-fatal overdoses are a risk factor for a fatal overdose to occur (Coffin et al., 2007; Stoové et al., 2009; Darke et al., 2011). Findings following a cohort of people who inject drugs across 15 years revealed this acts as a dose-response relationship; the cumulation of non-fatal overdoses increases the risk of a fatal overdose occurring. Given this established link, it is possible that this could be one explanatory factor for the 2017/2018 peak in A&E attendances due to poisoning including overdoses (Figure 5.1), and the subsequent notable spike in drug-related deaths seen in 2018/2019 (Figure 5.4). Given the data available it is not possible to establish this association for certain, however the possibility that this is evidencing the dose-response relationship between non-fatal overdoses increasing the risk for fatal overdoses to occur cannot be dismissed. A clear area for action therefore is to ensure robust pathways into treatment are in place for individuals experiencing a non-fatal overdose and that they are fully informed of the harm-reduction interventions available (see Recommendations).

Figure 5.2 illustrates how the 923 A&E attendances due to poisoning (including overdose) in 2020/21, were divided by local deprivation quintile of residence. The rate of attendees who lived within the most deprived East Riding quintile at 639 per 100,000 population (based on 360 attendances) was significantly higher than the East Riding average (342/100,000) and over 3 times the rate of those attendees living within the least deprived quintile (205/100,000, based on 108 attendances).

Figure 5.2 - A&E attendances where any diagnosis field mentions poisoning (including overdose) by IMD quintile during 2020/21.



N.b Statistical significance has been calculated using Byar's method. Copyright © 2023, NHS Digital. Re-used with the permission of the NHS Digital. All rights reserved.

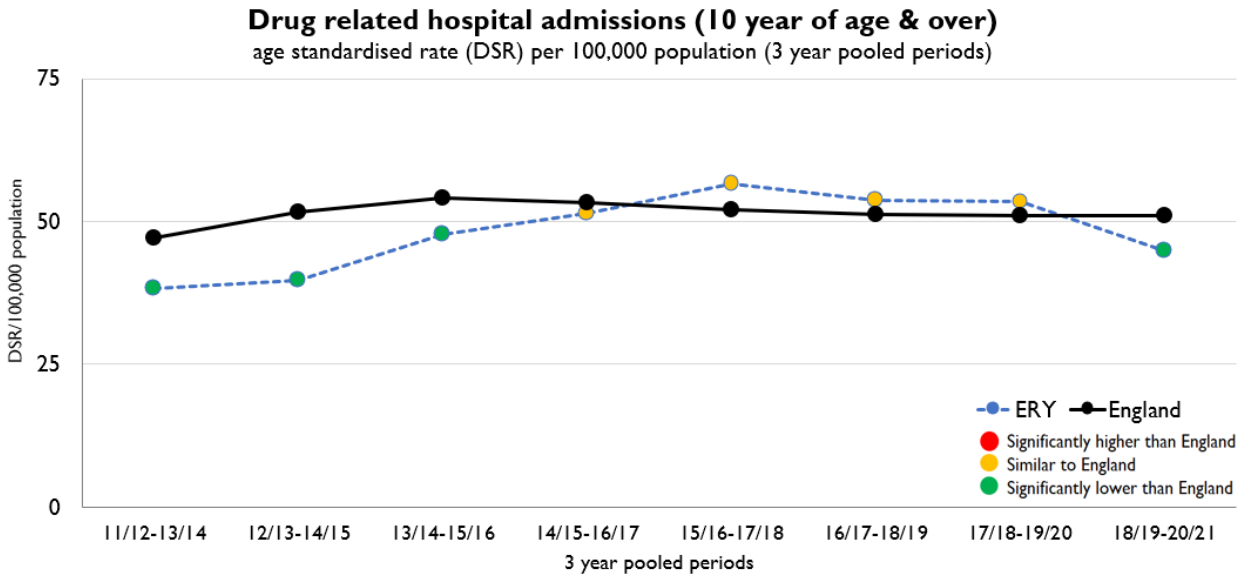
5.1.2. Drug-Related Hospital Admissions

This section includes the number and rates of drug related hospital admissions, involving East Riding residents, compared to the England average. The ICD (International Classification of Diseases) codes chosen were based on those used by OHID for their 'Hospital admissions due to substance misuse' Fingertips indicator. A full list of codes and their description can be found in Appendix 1.

Figure 5.3 displays the age standardised rate of drug related hospital admissions of the East Riding in comparison to England, using 3-year pooled periods between 2011/12-13/14 and 2018/19-20/21. The age range used was 10 years and over.

The East Riding rate of admissions had been increasing year on year until the 3-year period 2015/16-17/18, when it first exceeded the England rate within the periods shown on the chart. However, since then the East Riding rate has decreased and in the latest period (2018/19-20/21) was significantly lower in rate at 44.9 per 100,000 population than England (50.9/100,000).

Figure 5.3 – Drug related hospital admissions involving East Riding residents (10yrs+) over time



N.b. Statistical significance has been calculated using Byar's method. Copyright © 2023, NHS Digital. Re-used with the permission of the NHS Digital. All rights reserved.

The age groups of the East Riding residents admitted during 2018/19-20/21 are displayed in Table 5.1, note it includes younger age groups that were not part of other analysis within this section. The age group with the highest rate of admissions was the 30-39 years group (n=88, rate=87.2), followed by 20-29 and then 90+ years (though the 90+ rate is derived from a small count).

Table 5.1 - Age of East Riding residents admitted to hospital due to substance misuse, 2018/19-20/21.

Age band	Count of admissions	Crude rate per 100,000 population
0-9	7	6.9
10-19	45	41.7
20-29	64	71.9
30-39	88	87.2
40-49	63	50.1
50-59	44	27.6
60-69	11	7.6
70-79	25	19.9
80-89	14	23.7
90+	6	53.9
Total	**367**	**35.8**

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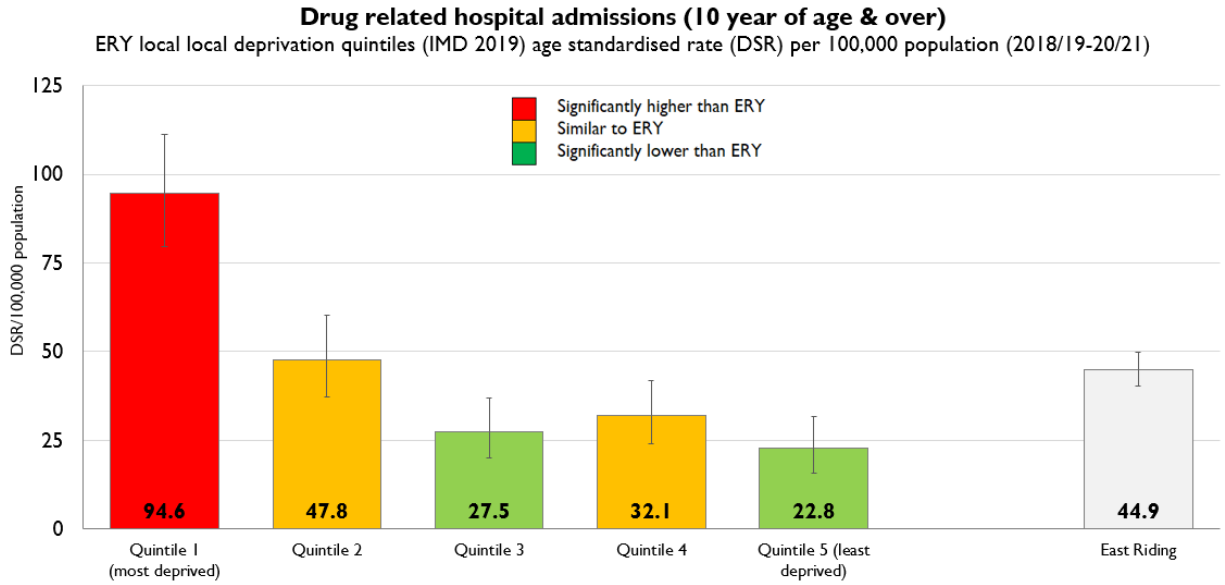
During the same period, males comprised the highest proportion (57%) of admissions in the East Riding, compared to females (43%).

When analysis was conducted on deprivation quintile of residence of the patients admitted in the period 2018/19-20/21, quintile 1 (the most deprived 20% of areas within the East Riding) was found to have the highest rate of admissions (94.6 per 100,000 population). This rate was over twice the East Riding average (44.9 per 100,000) and over 4 times the rate of the least deprived quintile (22.8 per 100,000) (Figure). This echoes the findings of H.M Government (2021), which stated in the From

Harm to Hope drugs strategy that across England overall it was the most deprived areas facing the highest prevalence of crime and health related harm associated with drug use.

Figure 5.3 - Deprivation quintile (IMD 2019) of East Riding residents admitted to hospital due to substance misuse, 2018/19-20/21.

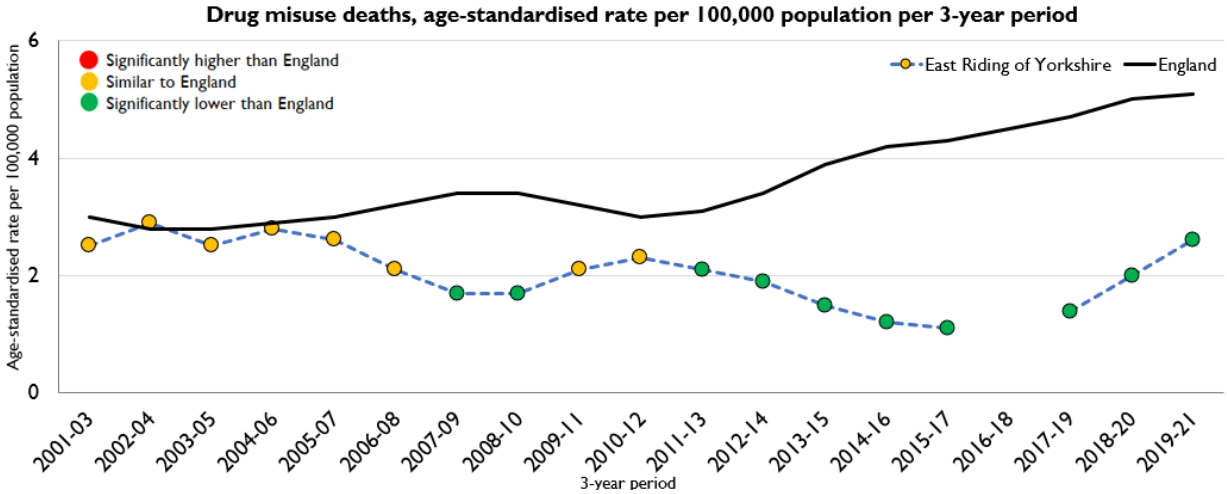


Statistical significance has been calculated using Byar's method. Copyright © 2023, NHS Digital. Re-used with the permission of the NHS Digital. All rights reserved.

5.2. Drug Related Deaths

Drug-related deaths are defined by the Office for National Statistics (ONS) and are described in Appendix 1. Figure 5.4 shows the East Riding rate of drug-related deaths has been lower than the England rate since 2003-5 and, in most instances, this was significantly lower. There were 25 East Riding deaths related to drug poisoning in the latest 3-year period (2019-21).

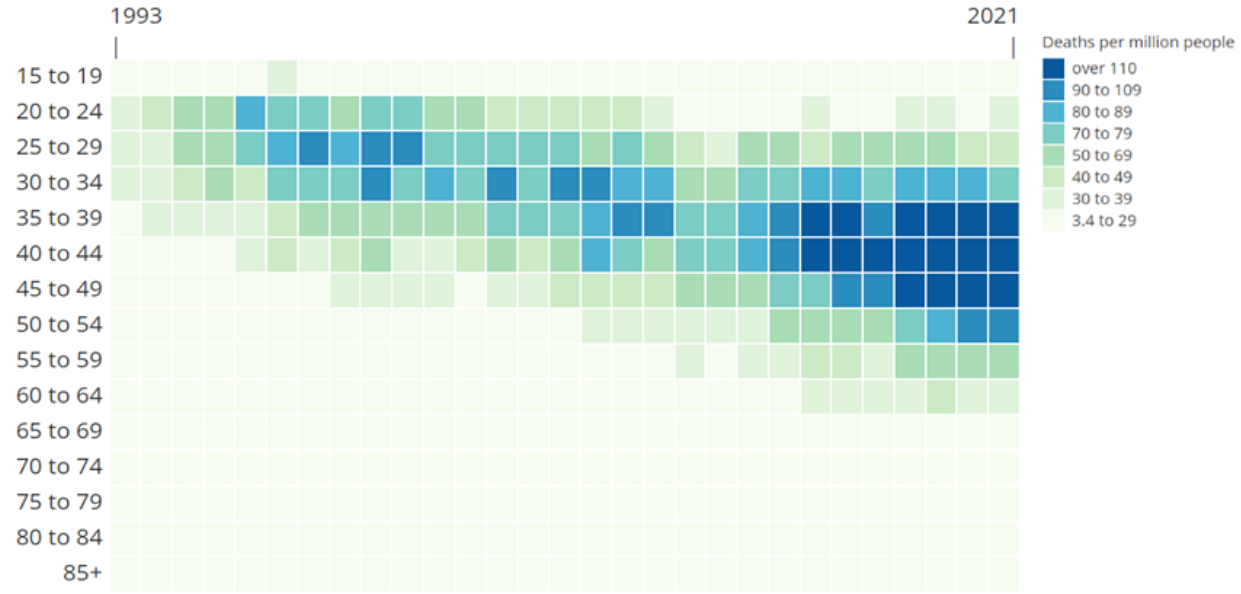
Figure 5.4 - Drug misuse deaths, age-standardised rate per 100,000 population per 3-year period, East Riding of Yorkshire against England. Years shown are 2001-03 to 2019-21.



Note. The rate for 2016-18 has been suppressed due to a low count for that period. Statistical significance has been calculated using Dobson & Byar's methods. Source: ONS, 2022.

The national drug-related death rate has risen from 4.7 per 100,000 in 2017-19 to 5.1 per 100,000 in 2019-21. In the East Riding the rate increased rapidly from 1.4 per 100,000 to 2.6 per 100,000 in the 2019-21 period. Analysis of national data (see Figure 5.5, below) has revealed that this change is largely driven by increasing drug-related deaths amongst an over 40s cohort; the 'Generation X' of people born in the late 1960's to early 1980s exhibit the highest rates of drug misuse deaths over time, with 135.6 deaths per million people aged 45-49 in 2021 (ONS, 2022b). As a 2017 Public Health England report noted, many in this cohort have been using heroin since the 1980s and 1990s, and now later in their life are experiencing cumulative and co-occurring physical and mental health conditions that make them susceptible to premature ill-health, increased mortality rates, and at greater risk of overdose. Whilst no data is available for the East Riding showing age-specific mortality rates for drug-related deaths, it is likely that deaths occurring in this age-group are a driver of the East Riding's increasing rate. This would align with the population demographics of the East Riding, as having a higher proportion of people aged 40+ than the England average. Further discussion of the multiple and complex causes driving drug-related deaths amongst older people is given in section 3.3.

Figure 5.5 - Age-specific mortality rates for deaths related to drug misuse, by age group, England and Wales, registered between 1993 and 2021.



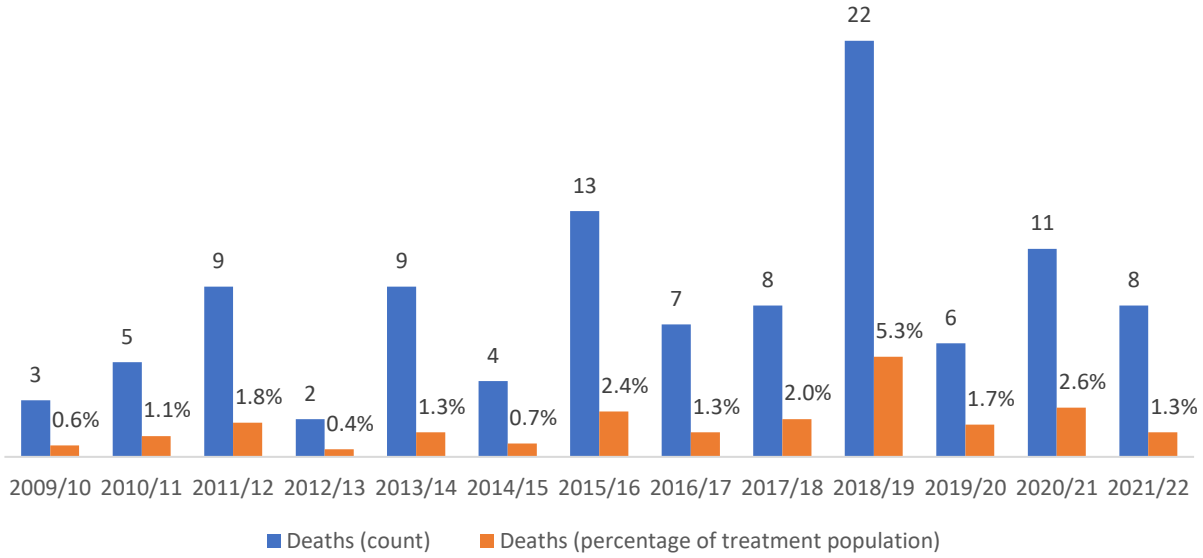
Source: ONS, 2022.

The graph reveals a trend that individuals born in the 1970s have had higher rates of drug misuse deaths over time, meaning the individuals now aged between 45-49 presently exhibit the highest drug-related death rates. This may link with the fact that this is largely the cohort of the 1980s and 1990s heroin epidemics, which have caused lasting wider physical health effects (see section 3.3).

5.3. Deaths In Treatment

The proportion of deaths in treatment in England has risen each year since 2016-17, but that of the East Riding fluctuated, with a large, unexplained spike (2.54%) in 2018-19. Note that deaths in treatment are due to any cause and are not necessarily drug-related. There was a significant increase in drug poisoning deaths across the UK between 2017 and 2018, however, this increasing pattern also occurred in 2019, 2020, and 2021, so the spike in deaths in East Riding treatment may be simply an anomaly rather than a knock-on effect of a UK-wide trend.

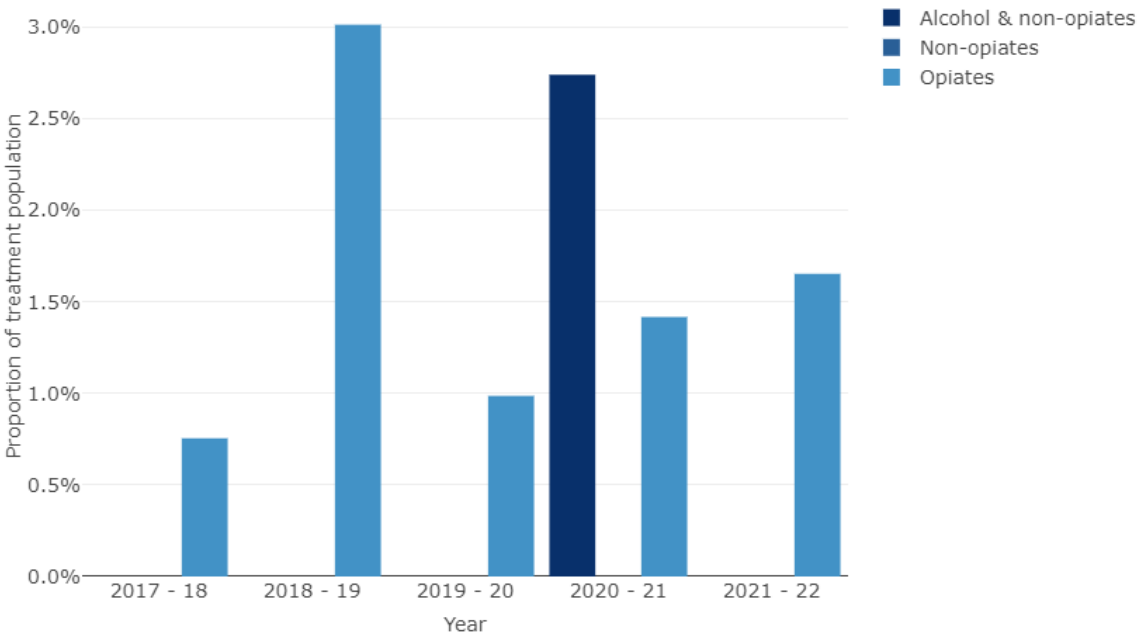
Figure 5.6 – Deaths in drug treatment (all causes and all drug groups) as a count and percentage of the drug treatment population for the East Riding of Yorkshire and England, 2009-10 to 2021-22.



Note: Figure 5.6 shows deaths of persons while engaged with treatment, not necessarily deaths directly due to substance use (e.g. overdose). Source: OHID Adult Drug Commissioning Support Pack: 2023-24.

The 22 deaths in 2018/19 is the greatest number to have occurred in drug treatment since NDTMS reporting for this indicator began in 2009/10; it is almost three times the previous year's count of 8 and over three times the 6 that occurred in 2019/20, suggesting 22 is an unusually high count.

Figure 5.7 - Proportion of deaths in drug treatment by drug group in the East Riding of Yorkshire, 2017-18 to 2021-22.



Note: Figure 5.7 shows deaths of persons while engaged with treatment, not necessarily deaths directly due to substance use (e.g. overdose). Source: OHID Adult Drug Commissioning Support Pack: 2023-24.

6. Lived Experience and Community Voices

6.1. Service Users

To inform this ERDP Needs Assessment, focus groups and an online survey provided service users the opportunity to better understand their requirements from East Ridings Drugs and Alcohol Service[1].

Consultation via focus groups and an online survey was undertaken with users of the East Riding Drugs and Alcohol Service in order to incorporate the personal requirements and feelings of need from those within the system into this needs assessment.

In total 36 current service users were consulted, of which 55% had been using the service for less than a year, 15% between 1 and 2 years, 10% between 2 and 5 years and 20% over 5 years. A further 95% were either very satisfied or satisfied with the service provided and only 5% stated that they were dissatisfied. Overall, the feeling amongst participants of both the focus group and the online consultation was that they were satisfied with the service provided to them as a service user of the East Riding Drugs and Alcohol Service

"I think this is an amazing service for people struggling with issues. It definitely helps to talk to others and share your story with them, without judgement. Excellent".

"This service has been invaluable to me. It provides the support I need on my journey to better choices in life."

The service users were asked what was important to their experience within services; 'more face to face' meetings were a reoccurring theme. They reported that being able to share their experiences with others in a similar position in a non-judgmental environment was essential in helping with self-esteem and aiding recovery.

"Being able to share experiences good and bad with people in the same position and not feeling judged".

There were two main themes that centred on the feedback, to improve access to services it was felt that time and place was key with the need for evening and weekend services to cater to users, and it was commented on in both the focus group and the online survey that although the online meetings have their need, the lack of ability to see people face-to-face presented numerous challenges caused by the lack of face-to-face contact. These included having to rely on self-report for how people were coping, building relationships with people new to service being difficult over the phone, not being able to provide face-to-face interventions and people feeling that there was no substitute for face-to-face work

"I might prefer face to face rather than telephone conversations."

The negative feedback that was raised was minimal and although not a reoccurring theme, the importance of continuity and consistency of having one key worker was mentioned. This would go a long way to hopefully providing a positive experience for the service user which would then support and enhances the possibility of recovery:

[1] *N.b.* All quotations are taken from respondents' answers to the survey in the months of November-December 2022.

"Key workers to a point. Some of their knowledge is questionable, then you passed to another and another. Continuity would be my advice. Obviously people move on but when you have an outstanding keyworker, 'Jess', I'd much prefer she stayed as my key worker rather than being passed on."

It was also mentioned in both formats of the consultation as a frustration the length of time between admission and detox.

6.2. Family and Friends

Family and friends of service users largely commended the East Riding's Drug and Alcohol service for its provision of information, guidance, and support, providing reassurance and enabling them to better understand their family member(s) and their well-being. The service's communication with them as family/friends of the service user was particularly highlighted as a positive, with a family support telephone line enabling them access to crucial one-to-one support and relief.

'The service has provided me with support and resources on how to help my family member. These have helped me take a few steps back and let my family member lead their own recovery…I am able to relax a little and let him take this on, without feeling the pressure I have previously to fix everything. As a result we have a better relationship. We talk openly about his drinking and how he feels and I think this is really helping his recovery.'

When asked what the service could do that it does not currently offer, multiple individuals suggested the idea of a family support group. Further publicity of the current service offer is also needed, as a couple of respondents commented that although they received support they were not sure on the extent of the support and treatment offer available.

In general, respondents were pleased with the quality and efficacy of treatment, staff performance, and appointment times. A focal area was improving access to treatment, with one person commenting that a more flexible appointment system accounting for journey times and public transport availability was necessary. It was also felt that the importance of a person-centred approach which caters to the needs of the service user on an individual basis, allowing for the flexibility of face-to-face appointments to meet individuals' needs.

'I think support for the sufferer should be face to face and adjusted to the clients understanding.'

Consultation undertaken with professionals and elected members is contained within Appendix C.

7. Crime Patterns

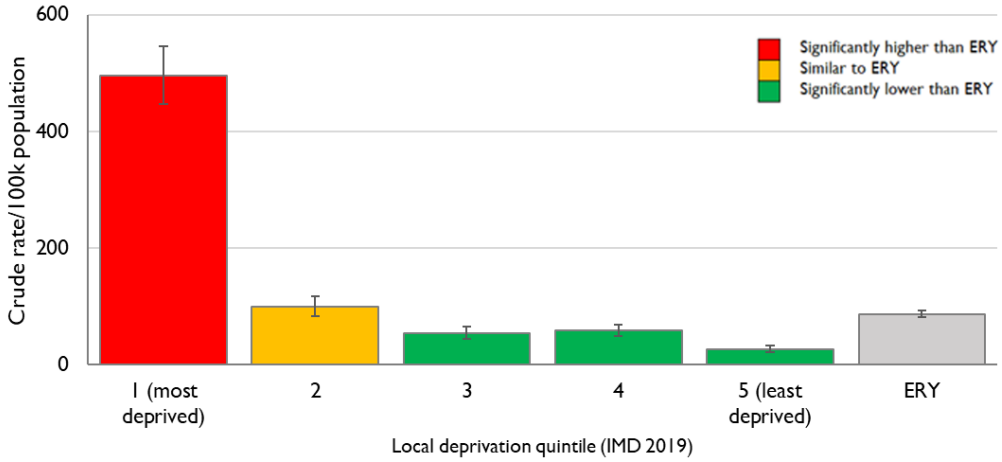
7.1. Drug-Related Arrests

A summary of street level crime recorded as 'drugs' within the East Riding, is provided in the charts below, for the 3-year period 2020 to 2022. The data, originally provided at lower super output area (LSOA), records the location of the crime (as opposed to the area of residence of the offender) and has been grouped into deprivation quintiles and wards. There were 890 recorded drug crimes within the East Riding in this period, an average of approximately 300 per year.

Figure 7.1 displays crude rates per 100,000 population by local index of multiple deprivation (IMD) quintiles. The highest rate of drug arrests occurred within the most deprived 20% of communities of the East Riding; at a rate of 447 per 100,000 the most deprived quintile was over 5 times the rate of the East Riding overall (86/100,000) and was the only quintile significantly higher than the local authority average.

The 2nd most deprived quintile also had a higher rate than the local authority average but not significantly; all other deprivation bands were significantly lower.

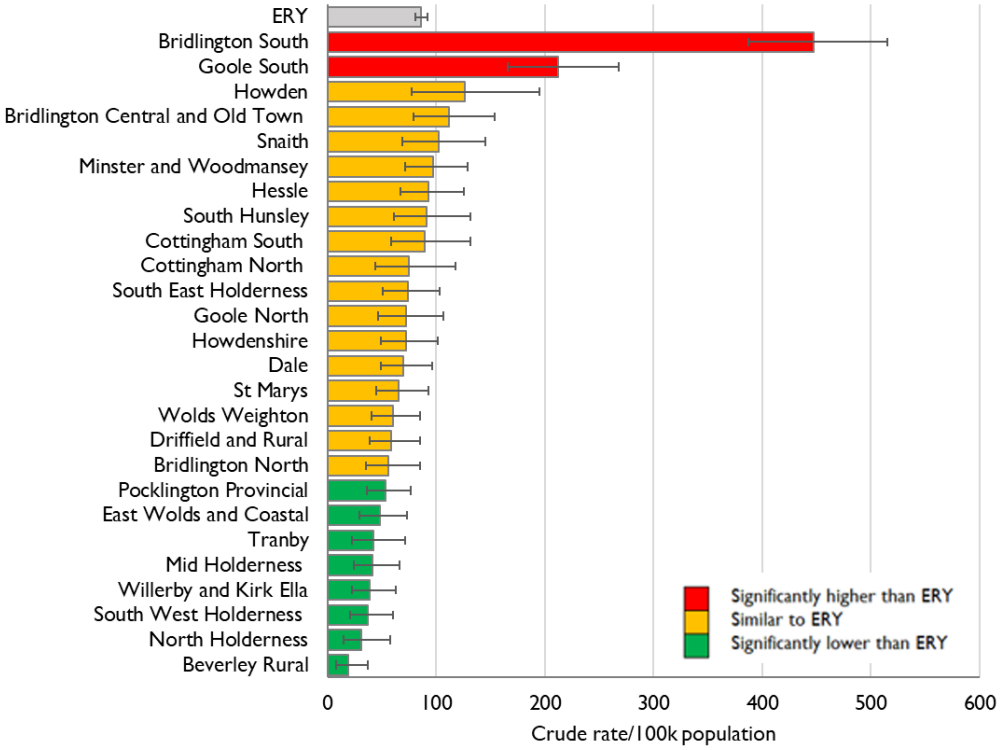
Figure 7.1 – Reported drug crimes in the East Riding of Yorkshire January 2020 – December 2022.



N.b. Figure shows crude rate per 100,000 population, split by East Riding of Yorkshire local deprivation band of incident. Statistical significance has been calculated using Byar's method. Source: data.police.uk., (2023). Contains public sector information licensed under the Open Government Licence v3.0.

Rates of drug related street crime by East Riding ward are displayed in Figure 7.2. Bridlington South is shown to have had the highest rate, significantly higher than any other ward. With a rate of 448 per 100,000 (based on 197 incidents) Bridlington South was over 5 times the rate of the local authority average (86 per 100,000). Goole South was the ward with the second highest rate of incidents (212 per 100,000, n=71) and was also significantly higher than the East Riding average.

Figure 7.2 – Recorded drug crimes in the East Riding of Yorkshire, January 2020 – December 2022.



N.b. Figure shows crude rate per 100,000 population, split by ERY ward of incident. Source: https://data.police.uk/. Statistical significance has been calculated using Byar's method.

Table 7.1 summarises the outcome of the 890 arrests over the 3 year period. There were two outcome categories that made up over 60% of the total, 'Court or status result unavailable' (31% of all incidents) and 'Offender given a drugs possession warning' (30%).

Table 7.1 – Outcomes of drug-related arrests in the East Riding of Yorkshire, 2020-2022.

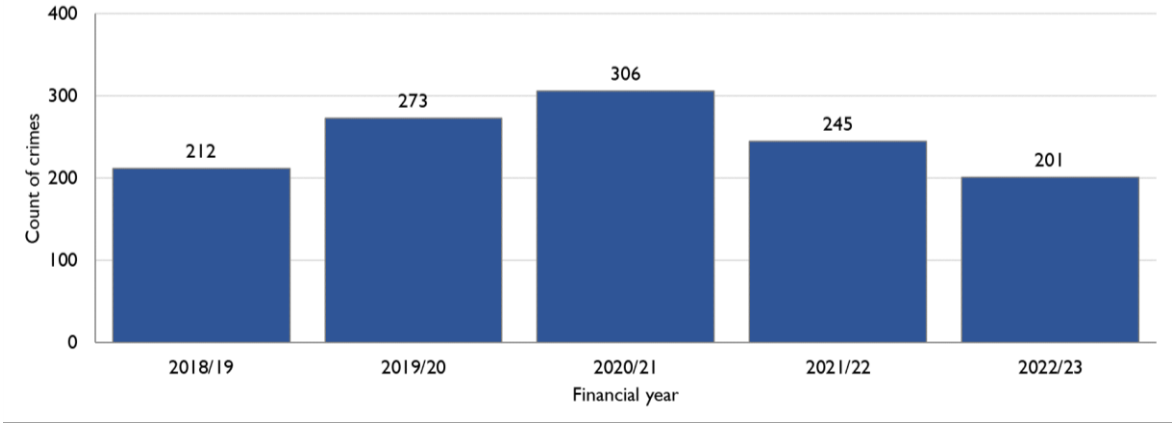
Outcome	**Count**	**% of total**
Court or status result unavailable	278	31%
Offender given a drugs possession warning	266	30%
Offender given a caution	90	10%
Unable to prosecute suspect	61	7%
Local resolution	57	6%
Formal action is not in the public interest	49	6%
Awaiting court outcome	31	3%
Under investigation	26	3%
Investigation complete; no suspect identified	13	1%
Action to be taken by another organisation	12	1%
Offender given penalty notice	7	1%
Total	**890**	**100%**

Source: https://data.police.uk/

7.2. Drug Trafficking and Possession

The annual count of crimes related to drug trafficking or possession within the East Riding, are shown in the chart below.

Figure 7.3 – Annual count of recorded drug trafficking and possession crimes in the East Riding, 2018/19-22/23.



Source: Humberside Police, February 2023

7.3. Major, Moderate and Minor Disruptions Against Organised Crime Groups

Organised crime groups (OCGs) are often involved in drug related crime such as drug trafficking and county lines, and violent crimes naturally arise from such activities. Causing disruption to OCGs can be an effective way of reducing various types of serious crime. Since April 2022 there have been 9 minor, 8 moderate, and 2 major disruptions to East Riding organized crime groups (Humberside Police, November 2022).

7.4. County Lines

County line gangs are serious organised crime groups that export illegal drugs to areas across the UK. In addition to their role in the proliferation of illegal and unregulated substances, county lines pose a serious public health threat, with vulnerable children and young adults typically targeted and exploited by OCGs to work within the network to move, store, and sell drugs (NCA, 2022).

Since April 2020 there have been 2 county lines organised crime groups closed in the East Riding (Humberside Police, November 2022). The November 2022 East Riding Children and Young People's Support and Safeguarding Report details how Humberside Police's partnership with the East Riding Making A Change (MAC) team in the ongoing 'Operation Beatrice', aiming to disrupt Goole-Bradford county lines, has successfully aided local children and young people to remove themselves from contact with the Google OCG network and prevent an escalation of their involvement in crime. Whilst this is a positive outcome for the East Riding, it has accordingly led to trafficking in of children and young people from other authority areas. Continuing collaboration between Humberside Police and out-force area police aims to achieve a complete disruption of this county line.

According to the East Riding of Yorkshire Council Making a Change (MAC) team, there were 79 children reported missing between July and September 2022, with 15 (19%) self-reported being under the influence of drugs or alcohol at the time they went missing. There were 13 (16%) deemed to be at risk of child exploitation.

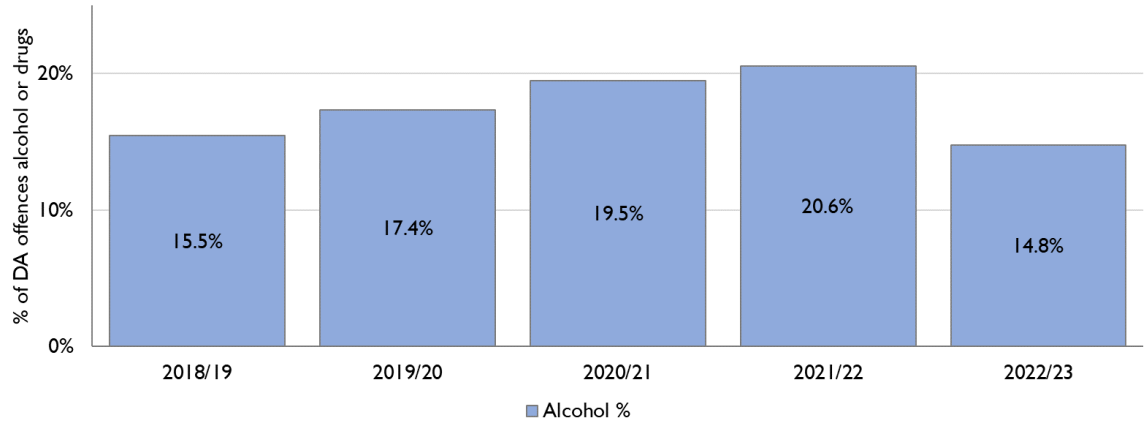
7.5. Homicides

Since April 2022 there have been no recorded drug-related homicides in the East Riding (Humberside Police, December 2023).

7.6. Domestic Abuse

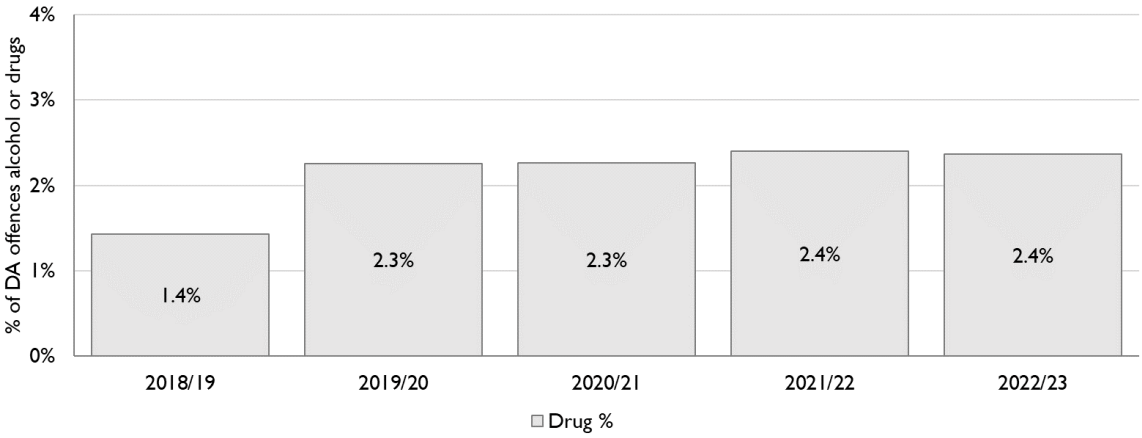
The following 2 charts show the proportion of domestic abuse incidents that involved alcohol and drugs respectively.

*Figure 7.4 – Proportion of domestic abuse offences with alcohol involved** in the East Riding, 2018/19-22/23.*



*** "involved" means alcohol appeared as a key word. Source: Humberside Police, February 2023.*

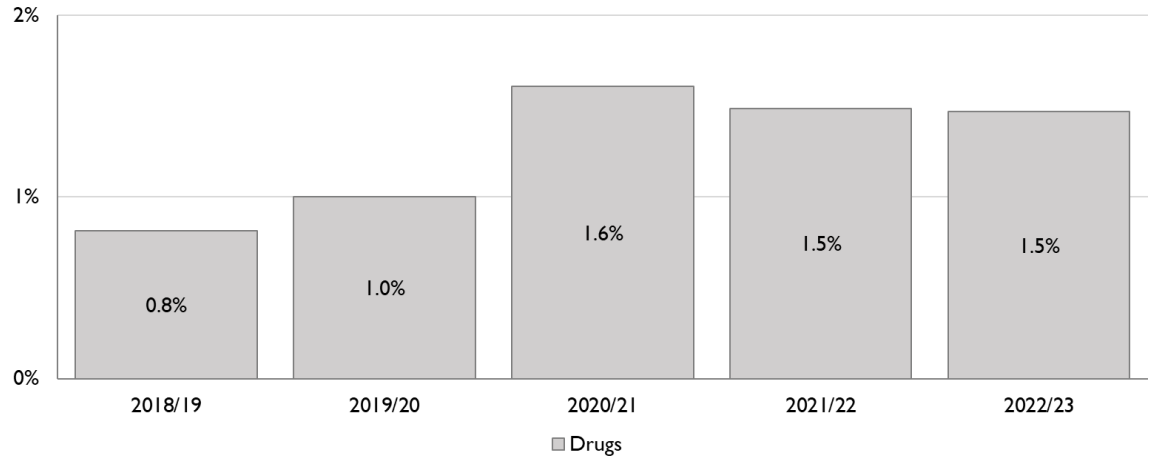
*Figure 7.5 – Proportion of domestic abuse offences with drugs involved** in the East Riding, 2018/19-22/23.*



*** "involved" means drugs appeared as a key word. Source: Humberside Police, February 2023.*

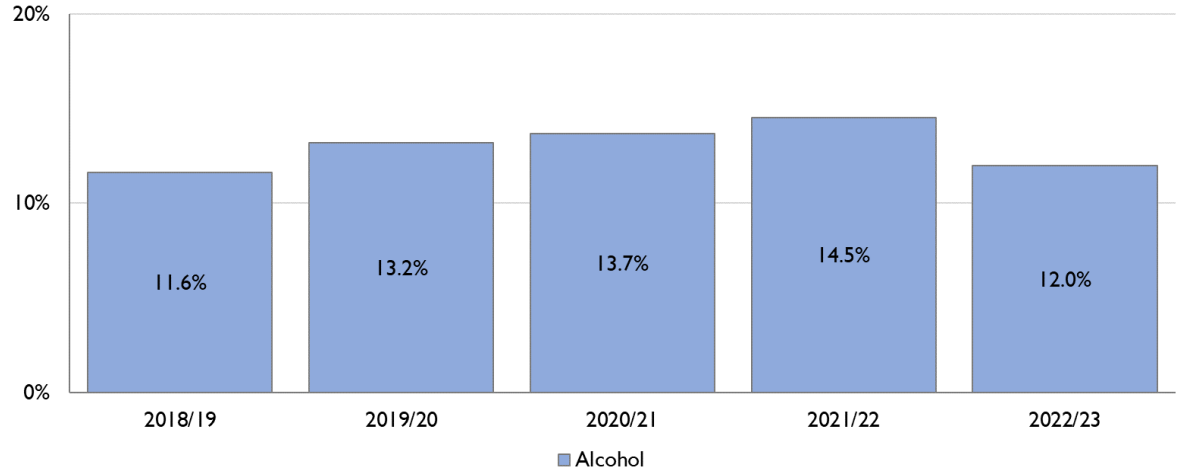
7.7. Violent Crimes Against the Person

*Figure 7.6 – Proportion of violence against the person crimes with drugs involved** in the East Riding, 2018/19-22/23.*



*** "involved" means drugs appeared as a key word. Source: Humberside Police, February 2023.*

*Figure 7.7 – Proportion of violence against the person crimes offences with alcohol involved** in the East Riding, 2018/19-22/23.*

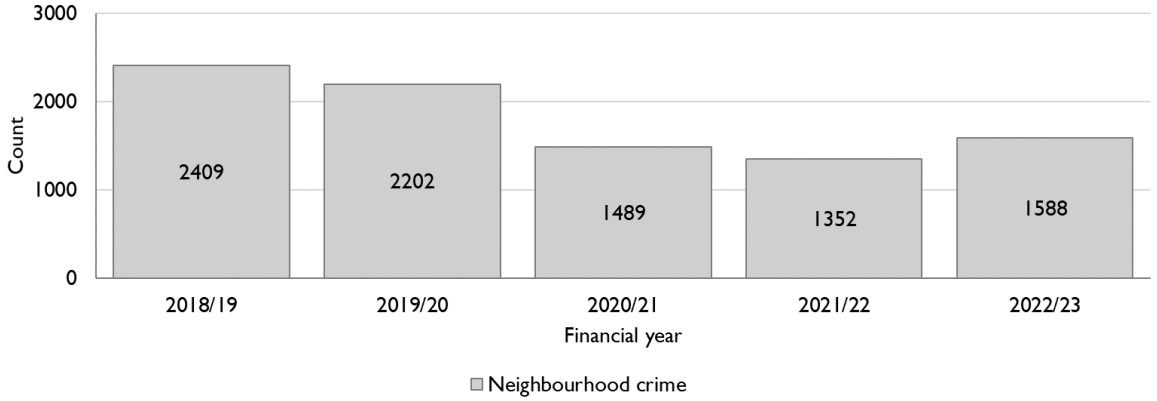


*. ** "involved" means alcohol appeared as a key word. Source: Humberside Police, February 2023.*

7.8. Neighbourhood and Acquisitive Crimes

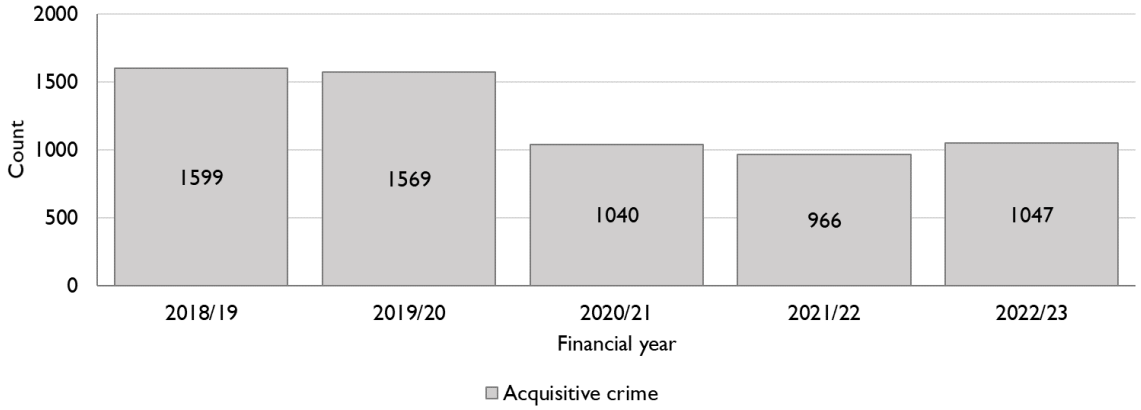
Neighbourhood and acquisitive crimes like theft, burglary, and robbery have been linked to drug use. It is important that consideration is given to how wider determinants of health may influence people who use drugs to also experience hardships such as social isolation, poorer levels of education, and living a chaotic lifestyle, which each may be confounding factors to the drug-crime association. Understanding the nature of drug-related acquisitive crime in our local area is therefore important for us to take preventative action as well as working towards the strategic priority of delivering world-class treatment and recover services as set out in From Harm to Hope (Home Office, 2021).

*Figure 7.8 – Yearly count of recorded neighbourhood crimes** in the East Riding, April 2022 – November 2022.*



*** "neighbourhood crimes" are defined as domestic burglary, business robbery, robbery of personal property, theft from the person, theft from a vehicle, cycle theft, theft or unauthorized taking of a motor vehicle. Source: Humberside Police, February 2023.*

*Figure 7.9 – Monthly count of recorded acquisitive crimes** in the East Riding, April 2022 – November 2022.*



*** "acquisitive crimes" are defined as robbery of personal property, theft from person, theft of a motor vehicle, or domestic burglary. Source: Humberside Police, February 2023.*

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Appendix A: Misused Prescription Drugs

Prescribed drug addiction, particularly cases involving opioids and opiates, represents a growing portion of drug related deaths and hospital admissions (Giraudon et al., 2013) This is corroborated by the ONS findings on deaths related to drug poisoning, which show opiates were involved in almost half (45.7%) of the cases (Breen & Butt., 2022). Among some of the most commonly misused prescription drugs are anxiolytics and hypnotics, opioids and gabapentinoids.

Though other prescribed drugs are more commonly subject to polydrug misuse, the use of other prescription drugs such as anxiolytics, hypnotics and gabapentinoids, are also found to lead to dependencies, misuse and potentially increased mortality risks (Weich et al., 2014; Parsaik et al., 2016; Mersfelder & Nichols., 2016; PHE., 2014; Schifano., 2014).

For the purposes of this needs assessment, the Nuffield Department of Primary Care Health Sciences at the University of Oxford suggested reviewing the trends of 3 prescription drugs:

- Anxiolytics and Hypnotics (benzodiazepines, Z-drugs such as zopiclone and zolpidem)
- Opioids
- Gabapentinoids (gabapentin and pregabalin)

While these drugs can be prone to causing dependencies, implementing recommended prescribing and management of treatment practices is an effective way to safely use prescription drugs (NICE., 2022a). Recommendations for safe use include:

- Ensuring both joint and informed awareness of risks and decision making is achieved by prescribers and patients regarding their personal treatment plan
- Committing to regular reviews to assess the treatments effectiveness and implementation of diversion control to minimise the supply of prescription drugs to the illicit drug market
- Prescribing medication in low doses or for short-term use
- Working collaboratively to ensure multiple prescribers are not simultaneously or intermittently prescribing medication prone for dependencies or harmful interactions

Diverting prescriptions to the illicit drug market is observed both abroad and in the United Kingdom (Fountain et al., 2002; Smith, Havens, & Walsh., 2016).

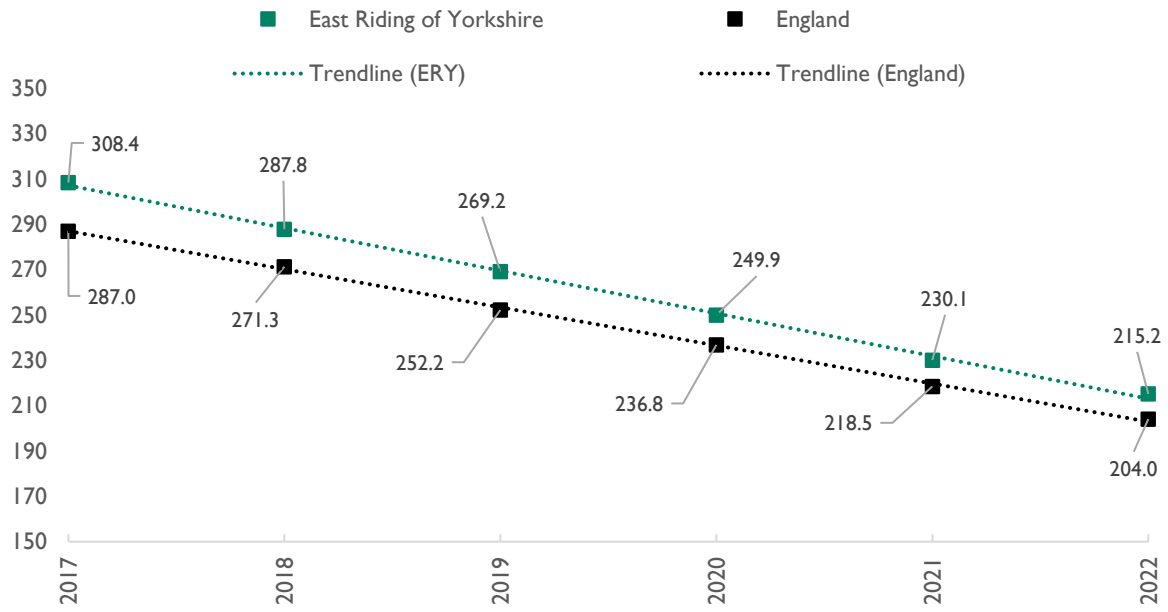
Anxiolytics and Hypnotics

Anxiolytics and hypnotics are prescribed for the short-term treatment of anxiety (anxiolytics) and sleep issues/insomnia (hypnotics) (NICE., 2022b). Using them for mild anxiety or mild conditions are not appropriate. They are also used by specialist services in challenging behaviour in patients with learning difficulties/mental health disorders, although this is kept to a minimum due to problems with overmedicating patients.

Drugs in this class are commonly classified as Class C controlled substances and Schedule 3 (or 4 for zopiclone) Controlled Drugs (Home Office., 2022). They were historically widely prescribed, leading to a high level of patients reliant on them due to dependence. They can become addictive very quickly, and if a patient has used them regularly for several weeks or more, and sometimes even less, stopping the medication can become difficult. Therefore, long-term prescribing is discouraged and tapering off may be useful to wean off people who use anxiolytics.

There is also concern that long-term use can make the conditions they were prescribed for worse (Guina & Merrill., 2018). Using in the elderly is also not appropriate due to a propensity to cause ataxia leading to falls.

Figure 1. Average daily quantities of anxiolytics and hypnotics per 1,000 patients by year.



Source: OpenPrescribing., (2022). Average daily quantity per 1000 patients – NHS East Riding of Yorkshire. *Bennet Institute for Applied Data Science, University of Oxford.* [online]. Available at: https://openprescribing.net/measure/bdzper1000/sicbl/02Y/ (Accessed: November 3, 2022).

Figure 1 displays the trend of anxiolytics and hypnotics prescribing, using the average daily quantity (ADQ) per 1,000 patients. There has consistently been a higher average daily quantity of anxiolytics and hypnotics prescribed to patients within the East Riding compared to England between 2017 to 2022. Overall, there is a trend showing average daily quantities of this prescription drug type are being reduced.

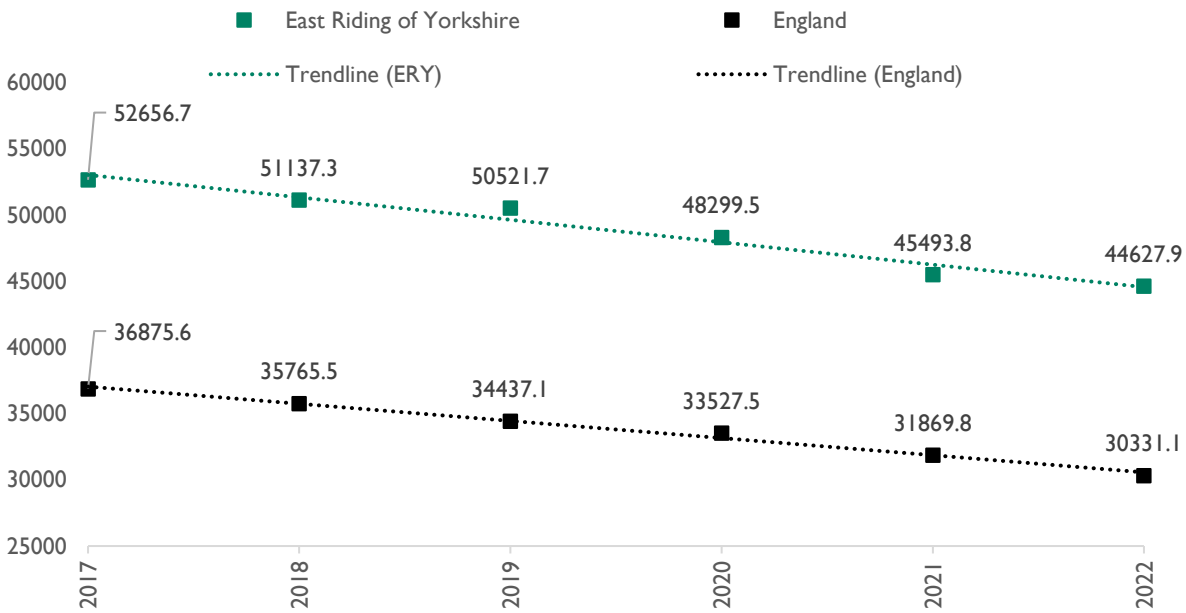
Opioids

Opioid analgesics are drugs used for pain relief in moderate or severe pain, they are not suitable for mild pain conditions and should be avoided if possible. Opioid medicines, such as codeine or morphine, work well for short-lived pain (e.g. following injury) and cancer pain, while they may not work and can be harmful when treating chronic pain. There is concern that patients with chronic pain are being given more and stronger opioids without trying other, less harmful options.

Opioid medicines are highly addictive and can become so quite quickly. They can give rise to euphoric and sedative effects, which makes them appealing to misuse. Due to the sedative effect, they can cause falls and can be a risk to elderly patients.

Prescribed opioids are associated with increased psychosocial problems, hospitalisation, and mortality risks. Opioid toxicity, sedation and slow respiration is more likely in the elderly, those with a co-morbidity, and if taken with alcohol or other illicit drugs.

Figure 2.– Total opioid prescribing per 1,000 patients averaged by year.



Source: OpenPrescribing., (2022). Prescribing of opioids (total oral morphine equivalence) NHS East Riding of Yorkshire. *Bennet Institute for Applied Data Science, University of Oxford.* [online]. Available at: https://openprescribing.net/measure/opioidome/sicbl/02Y/ (Accessed: November 3, 2022).

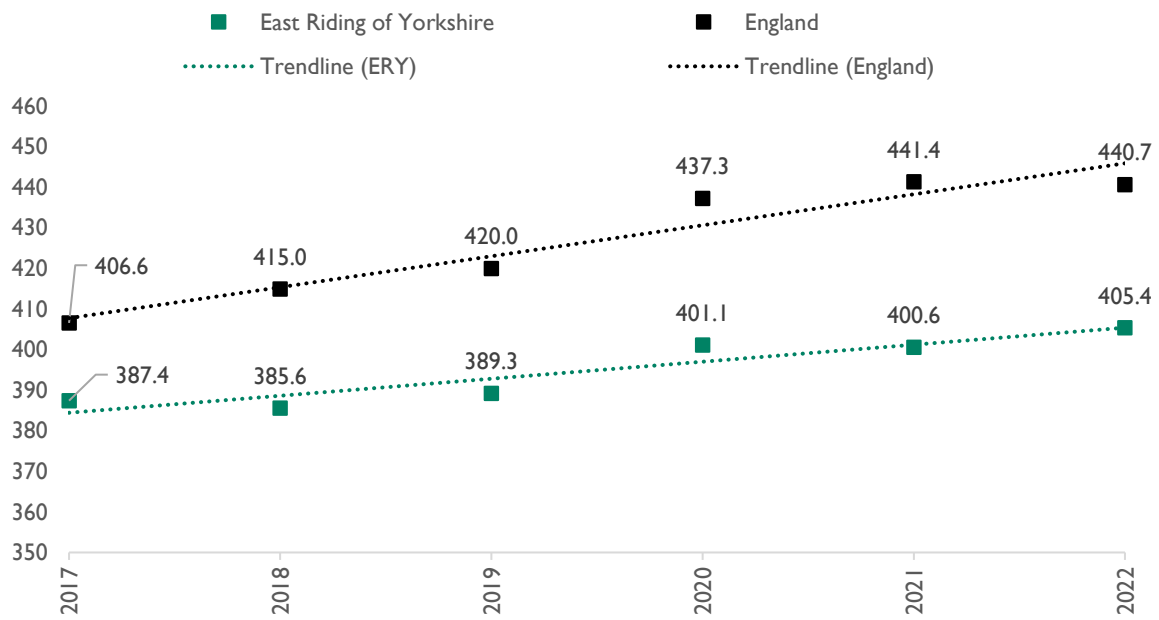
Figure 2 illustrates that there has consistently been a higher average daily quantity of opioids prescribed to patients within the East Riding compared to England between 2017 to 2022. Overall, there is a trend showing average daily quantities of this prescription drug type are being reduced.

Gabapentinoids (gabapentin and pregabalin)

Gabapentin & Pregabalin are anti-epileptic drugs that are also licensed for use in neuropathic pain and long-term chronic pain. These drugs can cause respiratory depression, sedation, and drowsiness, which can increase risks if combined with alcohol, opioids, or illicit drugs. They should be avoided or closely monitored in patients with histories of drug addiction, dependence, or misuse; they should be used with caution in the elderly. (NICE., 2022c; NICE., 2022d)

In 2019 MHRA changed the classification of Gabapentinoid drugs to Class C controlled substances and Schedule 3 Controlled Drugs, but they are exempt from the safe custody requirements. This reflected the growing concerns that the drugs were being misused and there had been a reported rise in fatalities associated with these medications (Hägg, Jönsson, & Ahlner., 2020). Gabapentinoids are sometimes diverted, that is, transferred from the person legally prescribed the drug to another person for illicit use (Wood., 2015). They are also sold by street drug dealers and appear in prisons.

Figure 3. Total defined daily dose of pregabalin and gabapentin per 1,000 patients averaged by year.



Source: OpenPrescribing., (2022). Prescribing of gabapentin and pregabalin (DDD) NHS East Riding of Yorkshire. *Bennet Institute for Applied Data Science, University of Oxford.* [online]. Available at: https://openprescribing.net/measure/gabapentinoidsddd/sicbl/02Y/ (Accessed: November 3, 2022).

As shown in Figure 3, the average daily doses of pregabalin and gabapentin prescribed to patients within the East Riding has been consistently lower than across England between 2017 to 2022. Over time, there is a trend suggesting that increased use of gabapentinoids is taking place.

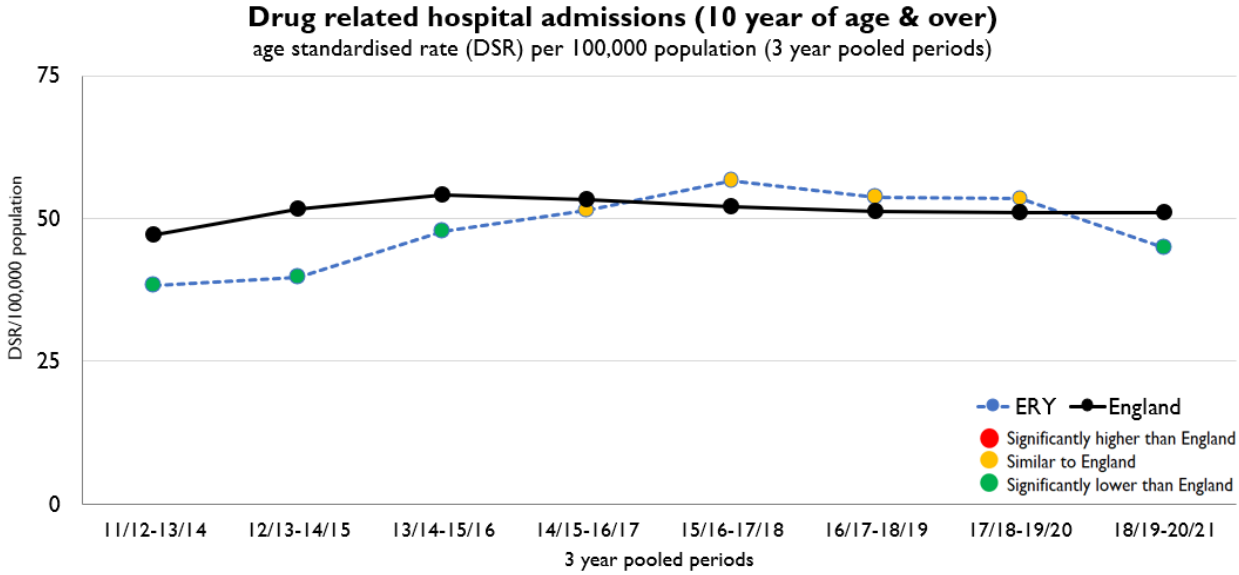
Appendix B: Hospital Admissions Due to Substance Misuse

This section includes the number and rates of drug related hospital admissions, involving East Riding residents, compared to the England average. The ICD (International Classification of Diseases) codes chosen were based on those used by OHID for their 'Hospital admissions due to substance misuse' Fingertips indicator.

Figure 1 displays the age standardised rate of drug related hospital admissions of the East Riding in comparison to England, using 3-year pooled periods between 2011/12-13/14 and 2018/19-20/21. The age range used was 10 years and over.

The East Riding rate of admissions had been increasing year on year until the 3-year period 2015/16-17/18, when it first exceeded the England rate within the periods shown on the chart. However, since then the East Riding rate has decreased and in the latest period (2018/19-20/21) was significantly lower in rate at 44.9 per 100,000 population than England (50.9/100,000).

Figure 1 – Drug related hospital admissions involving East Riding residents (10yrs+) over time



N.b. Statistical significance has been calculated using Byar's method. Copyright © 2023, NHS Digital. Re-used with the permission of the NHS Digital. All rights reserved.

The age groups of the East Riding residents admitted during 2018/19-20/21 are displayed in Table 1 note it includes younger age groups that were not part of other analysis within this section. The age group with the highest rate of admissions was the 30-39 years group (n=88, rate=87.2), followed by 20-29 and then 90+ years (though the 90+ rate is derived from a small count).

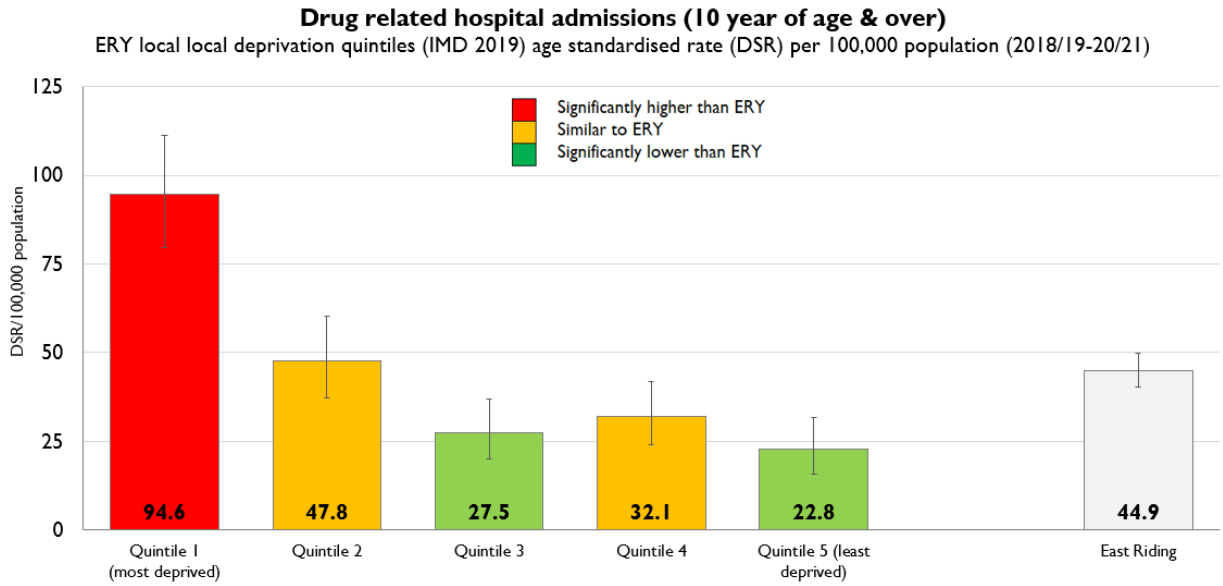
Table 1 - Age of East Riding residents admitted to hospital due to substance misuse, 2018/19-20/21.

Age band	Count of admissions	Crude rate per 100,000 population
0-9	7	6.9
10-19	45	41.7
20-29	64	71.9
30-39	88	87.2
40-49	63	50.1
50-59	44	27.6
60-69	11	7.6
70-79	25	19.9
80-89	14	23.7
90+	6	53.9
Total	**367**	**35.8**

During the same period, males comprised the highest proportion (57%) of admissions in the East Riding, compared to females (43%).

When analysis was conducted on deprivation quintile of residence of the patients admitted in the period 2018/19-20/21, quintile 1 (the most deprived 20% of areas within the East Riding) was found to have the highest rate of admissions (94.6 per 100,000 population). This rate was over twice the East Riding average (44.9 per 100,000) and over 4 times the rate of the least deprived quintile (22.8 per 100,000) (Figure). This echoes the findings of H.M Government (2021), which stated in the From Harm to Hope drugs strategy that across England overall it was the most deprived areas facing the highest prevalence of crime and health related harm associated with drug use.

Figure 2. Deprivation quintile (IMD 2019) of East Riding residents admitted to hospital due to substance misuse, 2018/19-20/21.



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Appendix C: Thematic Analysis of Professionals and Elected Members Consultation

Professionals & Elected Members

System partners, service providers, the VCSE sector, and Elected Members were consulted and provided the opportunity to comment on the three objectives of the 'From Harm to Hope' strategy and their sub-aims, with regards to how this would affect their area/ward that they represent and what they believe should feature in the joint needs assessment and a local drugs strategy. Thematic analysis of their answers has been used to write the following narrative.

Objective 1: Break drug supply chains

Those that were consulted felt that breaking drug supply chains is an ambitious target, and a better worded objective may be more representative of the intersection of health care and harm-reduction with enforcement work in our present system. Respondents' comments conveyed that a dual reactive and proactive approach is important to breaking drug supply chains across the East Riding, centred around the importance of supporting police enforcement and criminal intervention where necessary, and the responsibility of the wider system to reduce harm by advocating protective factors such as community cohesion.

"[These objectives are] Absolutely essential if we are to reduce the risk of vulnerable patients reverting back to illicit use, and to reduce risk of harm to those being supplied to."
Elected member

The police were identified as key actors in our achievement of this objective, and their enforcement and operational abilities should be supported to enable to continue their response to supply chains and drug-related organised crime group (OCG) activity. In order to strengthen this work, it was noted that it would be valuable for police work to be more connected into the wider drug and alcohol system, with more support from strategic partnerships being useful for creating and upholding robust information and intelligence-sharing pathways between the police and treatment services. Another avenue for improvement pertained to civilian reporting to police, on which it was commented that many had felt too intimidated to report suspected drug-related criminal activity and that this could be made easier and normalised. Where individuals had made a report, many felt little or inadequate action had been taken, implying a more transparent feedback process may be valued by residents.

'We do not get cascaded information within substance misuse service; this leads us to be not well informed about what is happening in our local area and to our clients. We report what gets reported to us, but we get little or no information back.'
Anonymous professional

'I think that this is a crucial objective and needs to be promoted widely across our communities and voluntary sector partners of all sizes and diversity, as well as other professionals and agencies, so that information can be shared at grass roots level about local drugs supply. It is important that the public understand how to report things in to break supply as well, therefore there should be much more information shared with them about what to look for and where to report.'
Anonymous VCSE

Alongside supporting police initiatives, respondents were clear that responsibility lies across the wider health system to uphold preventative measures and early interventions, reducing drug-related harm and supply-related crime by instilling strength, cohesion, and resilience across our communities. A key

focus for this should be education and support for children and young people, improving their understanding of drug use, drug-related harm, and the signs of exploitation and drug-related crime. New, innovative approaches should also be considered across the system with regards to promoting harm-reduction and protecting against wider determinants; a starting point may be focusing on reducing the supply and demand in prisons and reforming the CJS out-of-court disposal treatment options.

'Strengthening communities with a strong sense of purpose and cohesive identity will help those living in communities where gang operations are in existence.'
Anonymous professional

'Heavily enforcement/Police/Prison focused. How does PH link parts of this strategy back into the local force and serious crime?'
Anonymous professional

Objective 2: Deliver a world-class treatment and recovery system

A number of respondents commented that to enable an effective treatment and recovery system, coordinated strategic partnerships advocating a whole-systems approach are essential to work towards removing the barriers to treatment and increasing its accessibility. Proactive work addressing wider determinants is therefore necessary; a key focus area is housing, with several individuals commenting that housing concerns are currently a barrier to people accessing and succeeding in treatment services. Particularly, it was identified that having more supported housing, including half-way housing and specialised housing for women only, is needed to give individuals stability and improve their engagement and recovery outcomes whilst in treatment. The integration of treatment leavers and prison leavers into communities needs to also be a focus area for housing teams and treatment services, with present noted issues arising wherein patients are being seemingly housed in areas of high levels of drug and alcohol use, making patients with existing complex needs more vulnerable and perpetuating the negative environmental influences on individuals' treatment and recovery outcomes.

'Some consideration needs to be given to taking people out of the environments that are used to once they are released from prison or given the support. If all these steps are taken and we put the person straight back into their original environment, old habits and influences will come back. People need the opportunity to start fresh.'
Anonymous professional

"It doesn't say 'How'. These are laudable aspirations but this system will need much clearer access - easier referral and much wider knowledge of the practical basics.. who to phone and what are the likely response times - not acknowledgement but real response. I believe that without better housing resources, this will be very difficult to maintain."
Elected member

Continued partnership working across the system is important to strengthen local pathways. More interagency meetings and the development of joint working protocols were identified as necessary to promote closer working connections across the system, such as crime and health settings working together on early engagement upon arrest and treatment support throughout the CJS. The notion of a 'one-stop hub' may also be useful to act as a 'front door', signposting and referring individuals to services in order to improve the accessibility of the treatment and recovery system. In clinical settings,

respondents commented that more low-level mental health and dual-diagnosis support is needed, as well as trauma-informed care and assessment embedded across the system.

'Better links from prison to services should be established for a seamless process of keeping people in treatment. Services currently close at 5 PM, all services should offer later night walk in services to access OST. The currently process is referral, urine screens and waiting for a treatment start. This needs to end, treatment should be given and the point of access, followed by engagement with recovery support groups to build supportive, therapeutic relationships in the community of people with lived experience leading the way in employment positions. Robust care plans to be designed to incorporate volunteer work in the community, and a pathway into employment.'
Anonymous professional

Within communities, VCSE partnerships and engaging with individuals with lived experience may provide useful support for reducing stigma and promoting recovery outcomes, as well as providing opportunity for assertive engagement and strengthening ties with the community. Strength-based and person-centred treatment, with whole-family support and capacity to support wider complex physical and mental health needs, should work alongside this to promote recovery outcomes and sustain positive behaviour changes in individuals and communities. Education and harm reduction work, particularly focusing on children and young people, is a key proactive step towards embedding resilience and deconstructing the wider negative environmental influences on individuals' treatment and recovery needs and outcomes.

'Diversion pathways and enhanced pathways need to be collaboratively developed and supported by key stakeholders. Assertive engagement models are desirable for those who are entrenched and difficult to engage, often unheard with complex needs. We need to develop a consistent trauma-informed assessment and build the capacity and the culture in the system to deliver enhanced and consistent services.'
Anonymous professional

Objective 3: Achieve a generational shift in the demand for drugs

The majority of respondents commented that proactive, preventative work focusing on children and young people should be the primary priority for achieving this objective. Education and training across all age-groups, particularly starting early in schools, is central to achieving a generational shift by increasing awareness and understanding of drug use, drug-related harm, and the support offers available. Incorporating the voices of individuals with lived experience and use of peer mentors will be valuable in this approach.

'Harm reduction to be invested in further and developed provided interventions to reduce harm and education and information. Mapping workshops for young people to meet the needs of them as individuals and as a peer group. Supporting them with recognising their own strengths and enabling skills that support in managing peer pressure. Education around empowerment and assertiveness would also be useful to proffer along with teaching skills in these areas.'
Anonymous professional

It was also mentioned that strategic partnerships will be valuable to promote this agenda across the system, coordinating approaches and connecting VCSE groups with schools, colleges, and treatment services and other stakeholders and operational partners, in order to create strong local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm. Preventative measures focusing on children and young people should include work reducing the negative influence of wider determinants of drug use, such as promoting health and wellbeing,

supporting physical and mental health, developing skills and training, and providing opportunities for sports and play. Championing a whole-systems approach is additionally important to connecting with other networks such as domestic abuse services, ensuring preventative measures and wider determinants are taken across the system. Ongoing mapping work is useful and should be shared across the system to demonstrate the intersecting pathways and possible areas of unmet need between services and wider networks.

'Fully support this aim, we could perhaps adopt an approach used in other services, no wrong front door, meaning wherever the issue is identified the person can receive clear advice and referral to appropriate support.'
Anonymous professional

'We need to focus on health and wellbeing of younger people, providing opportunities for fun that don't involve substance use. We also need to recognize that some people will utilize substances recreationally and to focus on education and harm minimisation as opposed to advocating for abstinence only. In terms of exploitation, we need to again consider bolstered fun opportunities to safeguarding young people: clubs, youth groups, safe spaces, sports, arts - these have all been slashed year upon year.'
Anonymous professional

Reactive work focusing on understanding and tackling the community prevalence should additionally support a generational shift in demand by reducing supply and drug-related harm within communities. To this end, investment in harm-reduction and treatment services should contribute to improving recovery outcomes, destigmatising drug-treatment and reducing the community prevalence. Advocating a person-centred approach and incorporating whole-family support across treatment and recovery settings is also an important protective measure to reducing the impact and harm on children and young people, which may further contribute to achieving a generational shift.

'Harm reduction to be invested in further and developed provided interventions to reduce harm and education and information.'
Anonymous professional

Further Comments

Elected members were given the opportunity to comment in relation to the views of the residents in their ward/parish. Themes conveyed in their answers related to a lack of awareness in the general public and misunderstanding that drug-related harm and treatment needs are only prevalent in certain localities, increasing accessibility and ease of reporting drug-related crime to the police, and the importance of focusing on wider determinants particularly amongst vulnerable communities as a protective, preventative measure against drug-related harm.

'The response to reporting dealing is just too slow. Ringing 101 doesn't get a quick enough response but as it's not a matter of life or death, too many people aren't comfortable ringing 999. Many neighbours are just keen to see the back of dealers, but fear repercussions when reporting them. Using CCTV has been found to be very effective in my ward, but the Council aren't keen to put CCTV up in residential areas. There seems to be a conflict between the law, local government and residents.'
Elected member

'Many of our residents may think it will never impact on their own family and community which I fear is a myth.'
Elected member

Professionals were also asked to share their thoughts on the East Riding Drugs and Alcohol service. Feedback regarding its day-to-day operation was very positive, with comments pertaining to how the 'great leadership, great team, and easy access' of the service enables it to continuously work proactively and reactively with communities and individuals to ensure their continued support and meet their referral needs.

'Very professional, responsive service. Open to communications, challenge and developmental ideas. We work very well in partnership and I very much look forward to continuing this partnership working.'
Anonymous professional

'This is a fantastic service. Helps patients, their families, is quick and responsive. Great leadership, great team, easy access. Professionals have really good interaction. Highly Recommended'
Anonymous professional

Respondents' comments also converged on the notion of improving the service's visibility in the wider health and care system and local communities. Only four of the eight Elected Members consulted had heard of the service, and within the VCSE sector, although commenting positively when previously using the service, Goole Moorlands Centre expressed the need for better marketing for their own service users.

'I believe more marketing of the service is required to embed into organisations across a wider audience. For example, we are what is called, an anchor hub, delivering a multitude of services in the 2nd most deprived area in the East Riding and we have very little visible information of the service.'
Anonymous VCSE

More resourcing for the service was also mentioned, particularly with regards to facilitating a shift from online appointments back to having face-to-face support and access following the pandemic. It was commented that whilst the service's day-to-day running is good, lack of resourcing meant it does not fully meet the needs in certain localities due to not being fully reactive or adaptive in response to local demands.

'I do not feel that the service meets the unmet need in certain localities, or that the prevalence within communities is assessed to drive additional activity.'
Anonymous professional

When asked for comments in relation to the views of customers or clients that they come into contact with, professionals' responses centred around working being needed on the wider determinants, and improving funding, awareness, and accessibility of services.

'More funding availability for 'response' workers, duty working for example to be able to provide a drop in or remote service to those who need alternative routes. I feel that this would enhance engagement and compliance rates with our clientele.'
Anonymous professional

'I think that more promotion of the service can only benefit the outcomes and objectives of the service so that more VCSE groups, communities and the general public, particularly young people and parents, are aware of what is available and how to access support.'

Anonymous VCSE

Housing was again mentioned as a particular focal point, with individuals going engaged with or exiting treatment services often going back to housing in close proximity to negative neighbourhood influences. Work needs to be done to ensure individuals with treatment or recovery needs are able to have safe, affordable, and warm homes with privacy, and are involved in the future decisions about their housing.

'Housing! Housing for those aspiring towards recovery needs considering, we need safe, affordable and warm homes with privacy for the people we support.'
Anonymous professional