

# Adult Drugs Misuse Joint Strategic Needs Assessment

Public Health

May 2024



## Adult Drugs Misuse Joint Strategic Needs Assessment

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### Background to JSNA – Joint Strategic Needs Assessment

#### **What is a JSNA?**

A Joint Strategic Needs Assessment, better known as a JSNA, is intended to be a systematic review of the health and wellbeing needs of the local population, informing local priorities, policies and strategies that in turn informs local commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities throughout the Borough.

#### **Who is involved?**

Information from Council, NHS and other partners is collected and collated to inform the JSNA and this reflects the important role that all organisations and sectors have (statutory, voluntary, community and faith) in improving the health and wellbeing of Wirral's residents.

#### **About this document**

This JSNA section looks to contain the most relevant information on the topic and provides an overview of those related key aspects

### Content overview

<b>Intended or potential audience</b>	<ul style="list-style-type: none"><li>• Wirral NHS Providers</li><li>• Wirral GP Practices</li><li>• Wirral Place Partnership Board (Local Integrated Care Board for Cheshire and Merseyside)</li><li>• Supplementary Substance Misuse Treatment and Recovery (SSMTR)</li><li>• Drug Strategy implementation group</li><li>• Combating Drugs Partnership</li><li>• Wirral Ways to Recovery</li><li>• Spider Project</li><li>• Merseyside Police and emergency services</li><li>• Town Centre Group</li><li>• Wirral Neighbourhoods Leads</li><li>• Wirral Constituency Managers</li><li>• Wirral Partnership</li><li>• General public via website</li></ul> <ul style="list-style-type: none"><li>• <b>Internal</b></li><li>• Local Councillors</li><li>• Departmental Management Teams (DMTs)</li><li>• Public Health Departmental Management Team (DMT)</li><li>• Senior Managers (Local Authority and NHS)</li></ul>
<b>Links with other topic areas</b>	<ul style="list-style-type: none"><li>• <a href="#">Alcohol</a></li><li>• <a href="#">Adult Social Care</a></li><li>• <a href="#">Carers</a></li><li>• <a href="#">Census 2021</a></li><li>• <a href="#">Children and Young People</a></li><li>• <a href="#">Cost of Living Crisis 2022-23</a></li></ul>

	<ul style="list-style-type: none"><li>• <a href="#">Crime and Safety</a></li><li>• <a href="#">Drug Misuse</a></li><li>• <a href="#">Health Protection</a></li><li>• <a href="#">Housing and Homelessness</a></li><li>• <a href="#">Mental Health</a></li><li>• <a href="#">Older People</a></li><li>• <a href="#">Physical Activity</a></li><li>• <a href="#">State of the Borough Report</a></li><li>• <a href="#">Strategies and Plans</a></li><li>• <a href="#">Suicide</a></li></ul>
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**PLEASE NOTE**

The terms ‘substance misuse,’ ‘drug misuse,’ and ‘problem drug use’ are used interchangeably in this needs assessment. All refer to the use of recreational or illicit prescribed drugs where the use is causing problems for the individual or those around them.

## Executive Summary

- Drug use and abuse can have wide ranging impacts on the individual, their families, and communities
- This JSNA describes key data on drugs, drug treatment and drug related harm in Wirral, placing these in regional and national contexts
- Wirral was one of the first areas in the country to experience the dramatic growth in heroin use in the early-mid 1980's. This has led to higher rates of opiate and crack cocaine use compared to national figures. Long-term consequences are being seen in Wirral ahead of other areas and include an older drug using population with more complex needs and higher rates of drug related deaths
- Most drug related deaths are in people aged over 45
- Historically Wirral experienced more than double the rate of hospital admissions due to drug misuse in 15-24 year olds compared to England, however the most recent trend shows Wirral is now below the England average
- Around 22% of people in treatment for opiate use in Wirral are parents living with children, in line with regional and national figures
- 65% of those in drug treatment are from most deprived neighbourhoods
- Wirral engages around 82% of those people released from prison with a drug use problem in community treatment, which is significantly higher than regional or national figures
- Across the region there are higher rates of prescribing for opioid pain medications, benzodiazepines (hypnotics and anxiolytics), gabapentinoids (pain medication) and z-drugs (hypnotics) than England, with Wirral around average across the region
- In 2021-22 and 2022-23, Wirral received an additional £1.4m p.a. of government funding to prevent drug related harm, with this investment due to significantly increase over the 2 year period 2023-25
- The Wirral Combatting Drugs Partnership is a nationally mandated, multi-agency partnership responsible for delivering the goals of the national and local drugs strategy
- Wirral has a comprehensive drug treatment service delivered primarily by Change Grow Live (CGL), a large national charity that specialises in this field. The service has been rated as 'outstanding' in two consecutive Care Quality Commission inspections
- Wirral performs well against other areas when comparing length of time in drug treatment. Whilst this is associated with lower harms it may indicate dependence on services, or be a reflection of the complexity of clients
- Drug completion rates appear low in the Wirral but compare favourably when complexity is considered in the analysis
- Response Drug and Alcohol service supports young people aged 13 to 19 years where drug/alcohol use or mental wellbeing is causing concern for them, their parents/carers, or friends
- An audit of Response service users found that cannabis was the most commonly used drug, followed by cocaine, illicit prescription medication, ketamine and ecstasy
- This drug misuse needs assessment has informed the Wirral Drug Strategy 2023-2027, due to be published shortly, which will be implemented through the multi-agency Wirral Combatting Drugs Partnership
- [Please also review Gaps and Next Steps section for future work and/or action](#)

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## Introduction

Drug use is an important public health problem. The use of drugs can impact on the health of individuals and the wider wellbeing of our communities. Nationally, there has been a doubling in the number of drug-related deaths since 2012, an increase that has also been seen in Wirral.

## National Drug Use – Data from national surveys

### Key findings

- Use of most drugs has remained stable in recent years, however use of some substances, such as ecstasy and nitrous oxide has fallen.
- While use of heroin and crack cocaine is low, these drugs continue to have significant public health impacts as a result of their addictive nature.
- Cannabis continues to be the most commonly used drug.
- Use is more common among people from lower income groups, and younger people.

### Adult drug use

Detailed information on the national trends in drug use is published regularly as part of the [Crime Survey for England and Wales \(CSEW\)](#). An overview is presented here of the 2022 results, more in depth analysis, and an overview of the methods of data collection and interpretation can be found at the [Office for National Statistics](#). The figures presented are likely to be an underestimate due to the methodology of the CSEW.

In 2022, some 9.2% of adults aged 16 to 59 reported using any drug in the past year, rising to 18.6% of 16- to 24-year-olds; 2.7% of adults aged 16 to 59 reported using a Class A drug, with 4.7% of adults aged 16 to 24 having done so.

For key specific substances the figures are displayed below:

- Heroin: Less than 0.1% of adults reported heroin use
- Crack cocaine: 0.1% of adults aged 16 to 59 years and less than 0.1% of adults aged 16 to 24 years reported using crack cocaine.
- Cannabis: 7.4% of adults 16 to 59 years, and 16.2% of adults 16 to 24 years reported using Cannabis in 2022.
- Powder cocaine: 2.0% of adults aged 16 to 59 years, and 4.0% of adults aged 16 to 24 years reported using cocaine in 2022.
- Ecstasy: 0.7% of adults aged 16 to 59 years and 1.1% of adults aged 16 to 24 years reported using ecstasy.
- Nitrous oxide: 1.3% of adults aged 16 to 59 and 3.9% of adults aged 16 to 24 years reported using nitrous oxide.

## National trends in drug use

Heroin, cannabis and cocaine use have all been relatively stable in the two years since the 2020 survey. Use of nitrous oxide and ecstasy has fallen by around a half in this period.

### Emerging issues...

While people from all ages, backgrounds and situations use drugs, use is generally higher among people from lower income groups, younger people, and people with lower emotional wellbeing

The illegality of the drugs trade, and its control by organised crime groups means that it has a significant impact on the safety of our neighbourhoods with violent offences and acquisitive crime disproportionately affecting more disadvantaged areas.

While the majority of the people in treatment for a drug problem in Wirral are older, there is evidence to suggest that young people who use drugs run the risk of damage to mental health including suicide, depression and disruptive behavioural disorders. Regular use of cannabis or other drugs may also lead to dependence. Among 10 to 15-year-olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care and serious or frequent offending.

Vulnerable young people can find themselves drawn into the drugs trade through being targeted for involvement in county lines or cuckooing. This can draw them further into drug use, disrupt their progress through education, and expose them and their families to violence, harming their chances of living healthy, fulfilling lives.

There is some evidence that the profile of drug use is changing with signs that few young people are exploring heroin use, but the use of tablets (illicit and prescribed medication) and cocaine increasing, along with other drugs such as ketamine.

Individuals with drug problems often have complex needs, with trauma and drug use often inter-related. Unemployment, housing problems, relationship breakdown, mental health problems can all be a cause or effect of drug use. As such, multi-agency support is needed to help people take positive steps forward in their lives, reduce drug-related harms, and prevent people developing drug use problems in the first place.

Of note is the importance of joined up working to reduce the impact of drugs on our communities. Collaboration between our prisons, probation services, treatment providers and key voluntary and community sector organisations to ensure that people with a drug addiction receive the treatment they need in prison and have the wrap around support needed on release to give them the best chance of stable recovery. Without this, people risk being released with a drug addiction, inadequate support, and returning to crime as a means of funding this addiction.



## Scope

This JSNA considers the use of illegal or addictive drugs and their impact on our communities. The focus is on heroin and cocaine use, as these drive the largest amount of harm, both from an individual and community point of view.

However, other drugs also impact on the lives of people in Wirral and will be considered accordingly. These include cannabis, ecstasy and party drugs, new psychoactive substances, other injectable drugs including performance-enhancing drugs, and prescription drugs such as benzodiazepines and Z-drugs, alongside prescription opiates.

These prescription drugs may be sourced legally or illegally but can cause significant dependence and have been linked to deaths.

This Joint Strategic Needs Assessment (JSNA) describes key data on drugs, drug treatment and drug related harm in Wirral, placing these in regional and national contexts. By understanding this data, we can ensure that we can make the best use of the resources available to minimise drug-related harm in our communities.

To support this JSNA a small amount of qualitative insight work was undertaken in terms of three focus groups and two in-depth interviews plus other methods with current service users to understand their experiences and how that could inform both JSNA and Wirral Drugs Strategy.

We also realise that a number of additional topics could be considered when undertaking this type of needs assessment. To that end we have produced a prospective content list that we will look to complete and add to the suite of content related to substance misuse in Wirral. [Please visit our website for mor details.](#)

## Policy context

### National policy

#### **Dame Carol Black Report**

The [Dame Carol Black Report](#) serves as the foundation document for the National Drugs Strategy. The Report follows an extensive process of consultation and review of evidence.

The Dame Carol Black report recommends three key objectives to reduce drug-related harm:

- 1) To increase the proportion of people misusing drugs who access treatment and recovery support, including more young people, and earlier interventions for offenders to divert them away from the criminal justice system, particularly prison.
- 2) To ensure that the treatment and recovery package offered is of high quality and includes evidence-based drug treatment, mental and physical health interventions, and employment and housing support.
- 3) To reduce the demand for drugs and prevent problematic drug use, including use by vulnerable and minority groups and by recreational drug users.

## National Drugs Strategy

The National Drugs Strategy, launched in 2020, is the government's 10-year vision for reducing drug-related harm. It is a response to the findings and recommendations of the Dame Carol Black report into drug misuse. The Strategy is supported by several ministries and departments, recognising the cross-cutting nature of drug issues.

The Strategy has three overarching goals:

- Breaking drug supply chains.
- Delivering a world-class treatment and recovery system.
- Achieving a generational shift in demand for drugs.

Some of these goals will be achieved by national action (e.g., improving border security, or targeting money laundering), but local collaboration will be key to achieving a large part of these goals.

## Local policy

### Wirral Drugs Strategy

The Wirral Drugs Strategy is the five-year shared plan of the Combatting Drug Partnership, shaping how we will work together as a system to reduce-drug related harms. The key priorities for the strategy are:

- 1) Building a positive culture in Wirral – reducing stigma and prioritising the voices of people with lived experience of drug use.
- 2) Preventing children, young people and families being affected by drugs.
- 3) Strengthening our excellent treatment and recovery system.
- 4) Reducing health-inequalities for people who use drugs and prevent drug-related deaths.
- 5) Working together to reduce drug-related crime and harms in our communities

The [strategy](#) was [ratified by Wirral Council in June 2023](#).

Progress against the Drug Strategy will be reported annually.

### Combatting Drugs Partnership

The Wirral Combatting Drugs Partnership is a nationally mandated, multi-agency partnership bringing together key organisations and individuals to work to reduce drug-related harms in Wirral. The Partnership is responsible for delivering the goals of the national drugs strategy.

The first actions of the partnership are to oversee the production of a Joint Strategic Needs Assessment and build a local drugs strategy.

The partnership will work to strengthen connections between all parts of the system.

Reducing drug-related harms is a key component of a number of local plans and strategies.

## Health and Wellbeing Strategy

Reducing drug related harms is explicitly mentioned in the Wirral Health and Wellbeing Strategy. The work will support the achievement of the following overarching strategic aims:

- Strengthen health and care action to address differences in health outcomes.
- Ensure the best start in life for all children and young people.
- Create safe and health places for people to live that protect health and promote a good standard of living.

## Wirral Community Safety Strategy

The Community Safety Strategy, owned by the Safer Wirral Partnership Board, recognises the interconnected nature of drugs, alcohol and crime, and their impact on community safety.

Working to reduce these harms is one of the 10 pillars of the strategy, which will be delivered over 2021 – 2026.

## Wirral Council Plan 2024 – 2027

This Plan is the Council's key plan, and it sets out our main priorities for the Council between 2023-27.

- To deliver high quality efficient universal services to all residents.
- To prioritise those with the greatest needs.
- To deliver council services within the means of the council budget.
- To be prepared to innovate and face the future.
- To play our part in addressing the climate emergency and protecting our environment.
- To work across communities with community, voluntary and faith organisations and partners to improve all residents' life chances.
- To deliver our ambitious regeneration programme through increased investment, jobs and new businesses throughout the borough.

Work to reduce drug-related harms will support the following goals of the Council Plan:

- Reducing the impact of problem drug use on children and young people, particularly focusing on those at greatest risk of harm and disadvantage, thus reducing inequalities experienced by our children and young people.
- Reducing drug use, and subsequent drug-related harm in our most disadvantaged communities will support the regeneration of these areas. Specific pieces of work around housing will help prevent homelessness in vulnerable populations.
- Tackling drug-related crime is core to the mandate of the Combatting Drugs Partnership.
- Tackling drug-related harm will reduce health inequalities and improve wider determinants of health in our communities.

## Breaking the Cycle

The Breaking the Cycle programme is led by Wirral Council's Children and Young People's department. The approach aims to improve outcomes for those experiencing multiple disadvantage and placing a high demand on local response services, but for whom current systems of support are not working.

The ADDER programme (Addiction, Diversion, Disruption, Enforcement and Recovery) has been a key component of Breaking the Cycle, and the broadening of the remit of the Supplementary Substance Misuse Treatment and Recovery (SSMTR) will enable better integration between work to reduce drug-related harm and broader work within our communities.

## The local picture

The indicators in **Table 1** were collated as an overview of the impact problem drug use has on health services and the harm caused by problem drug use in Wirral.

This overview highlights the key areas where Wirral performs worse than national and regional comparators:

- Wirral has a high rate of adults using opiates and crack cocaine.
- Wirral has a high rate of adults in specialist drug misuse treatment.
- Wirral has a high rate of deaths from drugs misuse.
- Wirral has a high rate of hospital admissions due to drug misuse.

The overview also highlights areas of strength for our system:

- Wirral has a lower proportion of opiate and/or crack cocaine users not in treatment.
- Wirral has low waiting times for entering treatment.
- Wirral has lower rates of drug crimes.

### Wirral Drug Treatment Population Profile

Data on people in treatment for a drug problem in Wirral shows that our population is older and have been in treatment for longer than regional and national averages.

The population in treatment is predominantly from our more deprived neighbourhoods (65% of people come from the most deprived 5<sup>th</sup> of neighbourhoods), however there are people from all areas enrolled in treatment services.

Data analysis shows that males make up the majority of people in treatment, at around 70%. This is in line with regional and national figures.

### Complexity of opiate clients in treatment

Wirral has a more complex opiate client population compared to England which can lead to lower levels of successful completions and higher retention of clients in treatment, in Wirral this is true for both treatment naïve clients (clients who have never previously been in treatment for opiate use) and clients who have previously been in service for opiate use. However, Wirral clients who are treatment naïve have more complexity than clients who are currently in treatment and/or clients who have previously been in treatment for opiate use.

Complexity is assigned to clients individually using a scoring system. In this, a score is assigned to an individual based on variables collected in treatment outcomes profile (TOP) and national drug treatment monitoring system (NDTMS).

There are separate scores for "new clients", i.e., clients that started treatment in the year and "existing clients", i.e., where the person was already in treatment at the start of the year these are summed up for each individual and the resulting scores are then grouped into the five complexity groups shown from very low through to very high.

- **28% of Wirral treatment** naïve opiate clients were recorded as very high complexity, compared **with a national average of 12%.**
- **42% of clients who had previously been in service for opiate use** (non-naïve) were classed as very high complexity, **compared with 36% nationally.**

## Length of time in treatment

Being in treatment for opiate or crack cocaine use for longer is associated with lower rates of successful treatment. Those who have been in treatment for shorter are more likely to have successful treatment outcomes. **Table 1** shows treatment length data for Wirral and England.

More than half (52.1%) of opiate clients in Wirral have been in service for 6 years or more - significantly higher than the England average (36.1%). This cohort includes people who have been in treatment for a much longer period. Wirral also has a lower percentage of opiate clients in service under 2 years (26.5%) compared to England (33.8%).

As of December 2023, the average length of treatment for opiate clients in Wirral was 10.1 years, compared to 6.0 years nationally (**Table 2**).

**Table 1:** Length of time in treatment of adults in treatment at specialist drug misuse services, Wirral and England, as of December 2023

Category	Wirral	England
Opiate clients - under 2 years	26.5%	33.8%
Opiate clients - 6 or more years	52.1%	36.1%
Non opiate clients – under 2 years	98.3%	95.3%
Non opiate clients - 2 or more years	1.7%	4.7%

Source: NDTMS - National Drug Treatment Monitoring System - Restricted access 2024

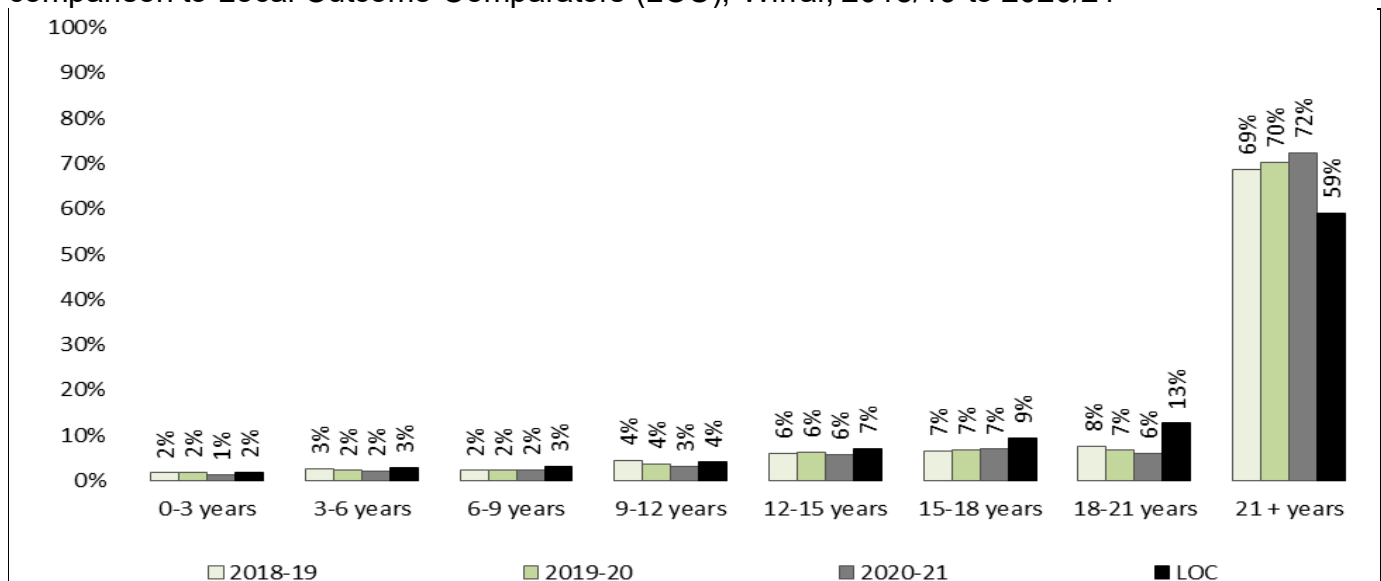
**Table 2:** Average number of years in treatment of adults in treatment at specialist drug misuse services, Wirral and England, as of December 2023

Category	Wirral	England
Opiate clients	10.1	6.0
Non opiate clients	0.4	0.6

Source: NDTMS - National Drug Treatment Monitoring System - Restricted access 2024

For those clients in treatment, Wirral has a higher number of clients that have been using opiates for more than 21 years (72%) compared to similar areas in England (59%) as shown in **Figure 1**.

**Figure 1:** Drug using career length of opiate clients in treatment, proportion (%) by group and comparison to Local Outcome Comparators (LOC), Wirral, 2018/19 to 2020/21



Source: NDTMS - National Drug Treatment Monitoring System - Restricted access 2023

**Note:** Local Outcome Comparators (LOC) – 32 Areas that are most similar to Wirral in terms of the complexity of opiate clients in treatment (New method).

This data suggests that the Wirral treatment system may have been more successful at maintaining people in treatment in comparison to other systems or might have fostered a client group who may now struggle to move away from the treatment system. Being in treatment has been shown to reduce, but not remove the risk of drug-related harms.

### Adults in treatment by age

Data suggests that older people in treatment are less likely to successfully complete treatment.<sup>1</sup> Local data (**Table 3**) shows that the majority of people (75.3%) in treatment for opiate use are between the age of 45 to 64 years. 44.4% are aged 55 plus.

**Table 3:** Number and percentage of adults in treatment at specialist drug misuse services by mutually exclusive drug group and age band, Wirral, April 2023 to March 2024

Age band	Any Non-Opiate Clients (Number)	Any Non-Opiate (%)	Opiate Clients (Number)	Opiate Clients (%)
18-24	41	7.5	9	0.7
25-34	98	17.9	59	4.6
35-44	182	33.2	190	14.8
45-54	127	23.2	454	35.5
55-64	77	14.1	509	39.8
65+	23	4.2	59	4.6
<b>Total</b>	<b>548</b>	<b>100</b>	<b>1,280</b>	<b>100</b>

**Source:** Change Grow Live (CGL) local data

**Notes:** Persons in treatment = Total number of adults aged 18 plus who received at least 1 drug or alcohol intervention with local drug service in the financial year.

### Adults in treatment for a drug use need who are living with children

Wirral has a lower proportion of clients entering treatment who live with a child for all four mutually exclusive drug groups compared to England (**Table 4**).

**Table 4:** Proportion of new presentations to treatment who live with children by mutually exclusive group, Wirral and England, April 2022 to March 2023

Category	Wirral Number	Wirral (%)	England (%)
Opiate	24	7.40%	10.20%
Non opiate	49	21.70%	24.80%
Alcohol	101	17.50%	22.90%
Alcohol and non-opiate	40	15.20%	20.20%

**Source:** NDTMS - National Drug Treatment Monitoring System - Restricted access 2024

Since 2015/16, the number of opiate clients in Wirral living with children and engaged in treatment has dropped slowly (**Table 5**), with a corresponding drop in the number of treatment naïve clients living with children (**Table 6**).

<sup>1</sup> Completion defined as entering abstinence recovery. It is important to remember that this is not the only definition of a *successful* treatment.

**Table 5:** Number and proportion of opiate clients living with children, **in treatment**, Wirral and England, 2015/16 to 2022/23

Time period	Wirral Number	Wirral (%)	England (%)
2015/16	431	24.4%	28.9%
2016/17	402	23.6%	26.7%
2017/18	385	22.7%	24.7%
2018/19	350	20.7%	23.7%
2019/20	378	22.5%	24.5%
2020/21	381	23.2%	24.4%
2021/22	358	22.2%	24.0%
2022/23	359	22.2%	23.6%

Source: NDTMS - National Drug Treatment Monitoring System - Restricted access 2024

**Table 6:** Number and proportion of opiate clients living with children, **treatment naïve clients**, Wirral and England, 2015/16 to 2022/23

Time period	Wirral Number	Wirral (%)	England (%)
2015/16	41	12.5%	16.1%
2016/17	33	10.7%	14.6%
2017/18	40	11.4%	13.1%
2018/19	32	8.8%	13.4%
2019/20	31	8.6%	13.6%
2020/21	32	11.1%	11.7%
2021/22	17	6.0%	10.4%
2022/23	24	7.4%	10.2%

Source: NDTMS - National Drug Treatment Monitoring System - Restricted access 2024

Not all children of parents who use alcohol or drugs problematically will experience significant harm, but children growing up in these families are at a greater risk of adverse outcomes.

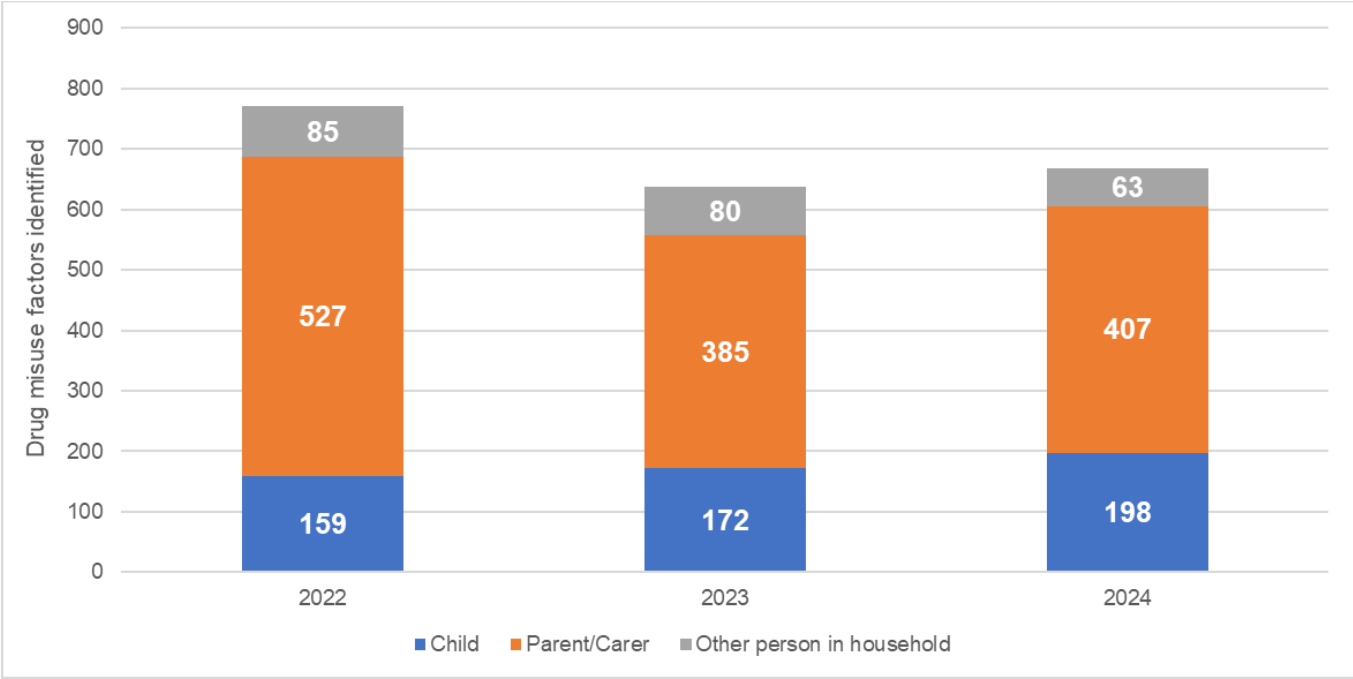
Research shows that problem alcohol and drug use can reduce parenting capacity and is a major factor in cases of child maltreatment.

In 2019 to 2020, Department for Education (DfE) statistics on the [characteristics of children in need](#) found that parents using drugs was a factor in around 17% of child in need cases, and parental alcohol use was a factor in 16%.

**Figure 2** below shows that where substance misuse is a factor in a Child in Need assessment, that it is typically the parent/carer but can be another household member or the child themselves.



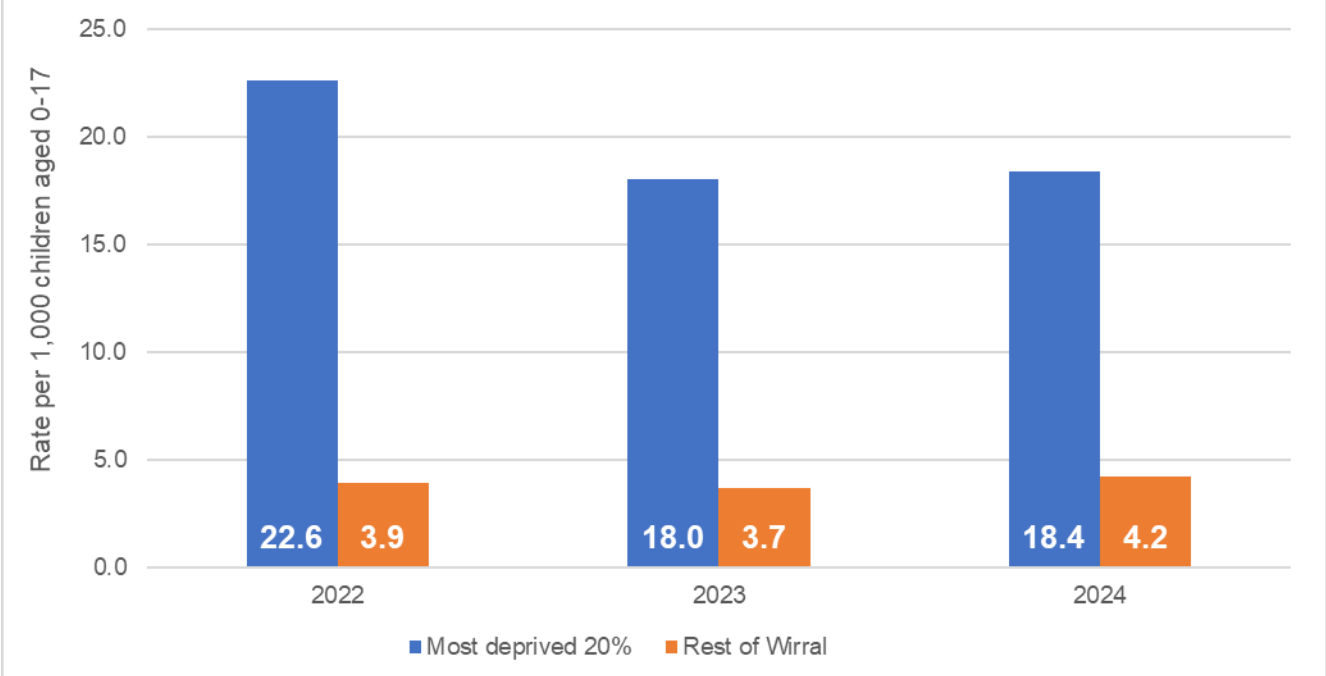
**Figure 2:** Number of Children in Need Assessments where Drugs Misuse as a factor was identified, by person group, Wirral, 2022 – 2024



**Source:** Children and young people’s intel team (Children In Need Assessments dataset)  
**Note:** One assessment may have more than one person group identified so adding these numbers together does not reflect the total number of assessments, 2024 figures are provisional and subject to change at a later date.

Problem drug use is more commonly associated with a Child in Need assessment in the most deprived quintile (**Figure 3**).

**Figure 3:** Rate of Drugs Misuse as a factor in Children in Need assessment per 1,000 children aged 0-17, by deprivation group, Wirral, 2022 – 2024



**Source:** Children and Young Peoples intelligence team (Children in Need Census 2021/22, restricted dataset)  
**Note:** One assessment may have more than one person group identified so adding these numbers together does not reflect the total number of assessments, 2024 figures are provisional and subject to change at a later date.

Department for Education (DfE) analysed serious case reviews [between 2011 and 2014](#) also found that parental alcohol or drug use was recorded in over a third (36%) of serious case reviews carried out when a child has died or been seriously harmed.



The harms children experience can cause problems in the short term and later in life. Evidence shows that this includes intergenerational patterns of:

- substance misuse
- unemployment
- offending behaviour
- domestic abuse
- child abuse and neglect

These problems can then cause further harm, as well as increasing the financial cost to the different agencies who work to support the people who experience harm<sup>2</sup>.

## Drug Use in Wirral

This section presents available data on drug use in Wirral. High quality survey data is not available at a local level, as such drug use trends must be informed by available local and national data.

### Key findings

- Detailed information on local drug use is not readily available.
- Wirral has a high prevalence of opiate and/or crack cocaine use when compared to regional or national comparators, although this is based on modelled estimates with a degree of uncertainty.
- Wirral's higher rate of opiate and crack cocaine use (OCU) is largely accounted for by high numbers of people using these substances in the 35-64 age group, where the rate is almost double the national average. There are fewer younger people in the OCU category in Wirral.

### What this means

- Wirral has an older cohort of people who use the most harmful drugs (opiates and crack cocaine). Interventions and services must take this into account.
- Cannabis is likely to be the most commonly used drug in Wirral, particularly among young people.

### Opiate and Crack Cocaine Usage

Prevalence estimates were last produced for 2019-20 and are based on data from health services and the criminal justice system. These figures come with a significant degree of uncertainty.

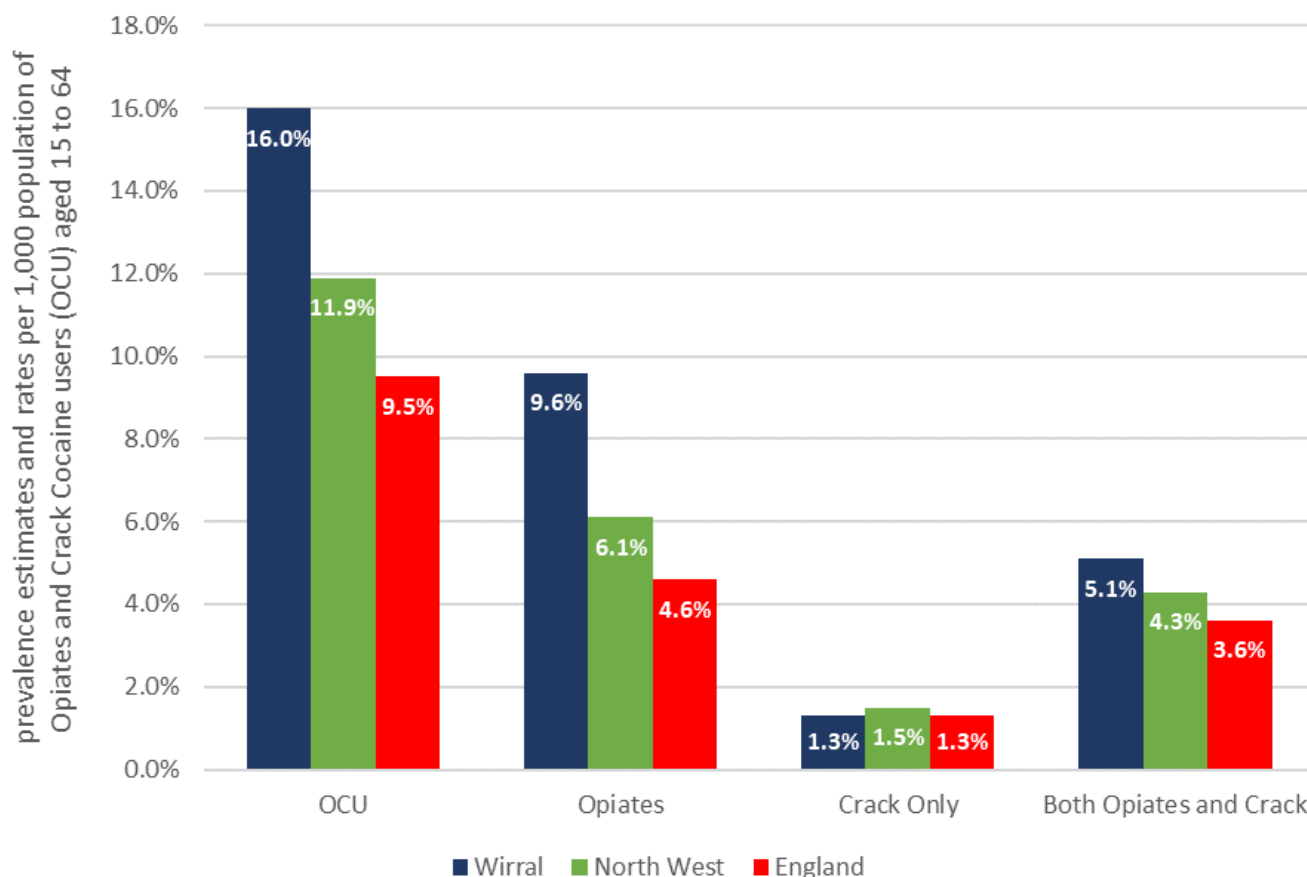
Wirral has a higher estimated rate per 1,000 population of people who use opiates and/or crack cocaine (OCU) when compared with regional or national rates. There were an estimated 3,147 opiate and crack cocaine users, 1,879 opiate users, 261 crack cocaine users and 1,007 users who use both opiates and crack in Wirral.

Rates per 1,000 population for each individual category are displayed in **Figure 4**, with regional and national estimates.

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<sup>2</sup> <https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-guidance-for-adult-treatment-and-children-and-family-services>

**Figure 4:** National and local prevalence estimates and rates per 1,000 population of Opiates and Crack Cocaine users (OCU) aged 15 to 64, Wirral and comparators, Wirral and comparison areas, 2019-20



**Source:** Liverpool John Moores University dataset hosted on [Gov.uk website](https://www.gov.uk)

**Notes:** OCU is Opiate Crack Cocaine; \* latest and most accurate published data

### Drug use by age in Wirral

- Estimates for drug use by age must be treated with more caution, as smaller numbers mean that confidence around the estimates is lower.
- Estimates show that Wirral is particularly an outlier when it comes to OCU in the older age group, with almost double the rate of people using than the national figure.
- In the 15-24 age group, there were estimated to be 3.8 OCU per 1,000 population in Wirral, compared to 3.9 in the North West and 3.8 in England.
- In the 25-34 age group, there were estimated to be 11.1 OCU per 1,000 population in Wirral, compared to 10.5 in the North West and 10.3 in England.
- In the 35-64 age group there were estimated to be 20.7 OCU per 1,000 population in Wirral, compared to 14.9 in the North West, and 11.0 in England.

## Non-opiates

### Co-usage with alcohol – separate alcohol JSNA

The misuse (or excessive use) of drugs and alcohol have been linked to a range of negative impacts for individuals, families and communities, including early death, long term health conditions, reduced quality of life and economic opportunities, and increased social issues, including homelessness, violence and exploitation, which require interventions from state and community-level service provision.

National guidance and government policies outline potential actions for improving outcomes related to substance misuse. A necessary component for such action is a local-level examination of the facts, in the form of this health needs assessment. Given the depth of possible content for an alcohol JSNA we intend to develop this work separately with commissioners and others over coming months. [Please see content development plan on the Alcohol JSNA webpage](#)

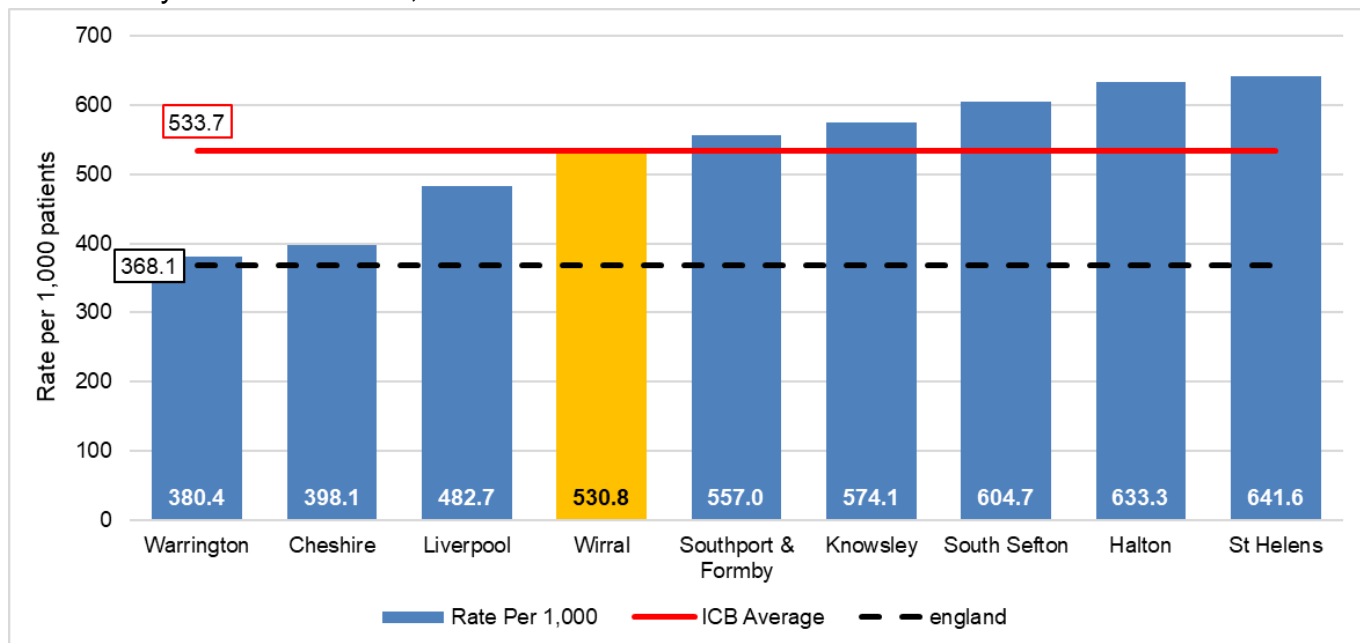
### Prescription Drug Usage

Several prescription drugs used mainly in the treatment of pain can be beneficial in the short-term or as part of palliative care but have limited benefit in long-term conditions.

There is widespread concern that these medications can lead to dependence or withdrawal symptoms and have harmful side effects. In the UK, GP's and pharmacists have managed to reduce opioid prescriptions by 450,000 in the last 4 years and [NHS England have recently released a new action plan](#) to further reduce prescriptions.

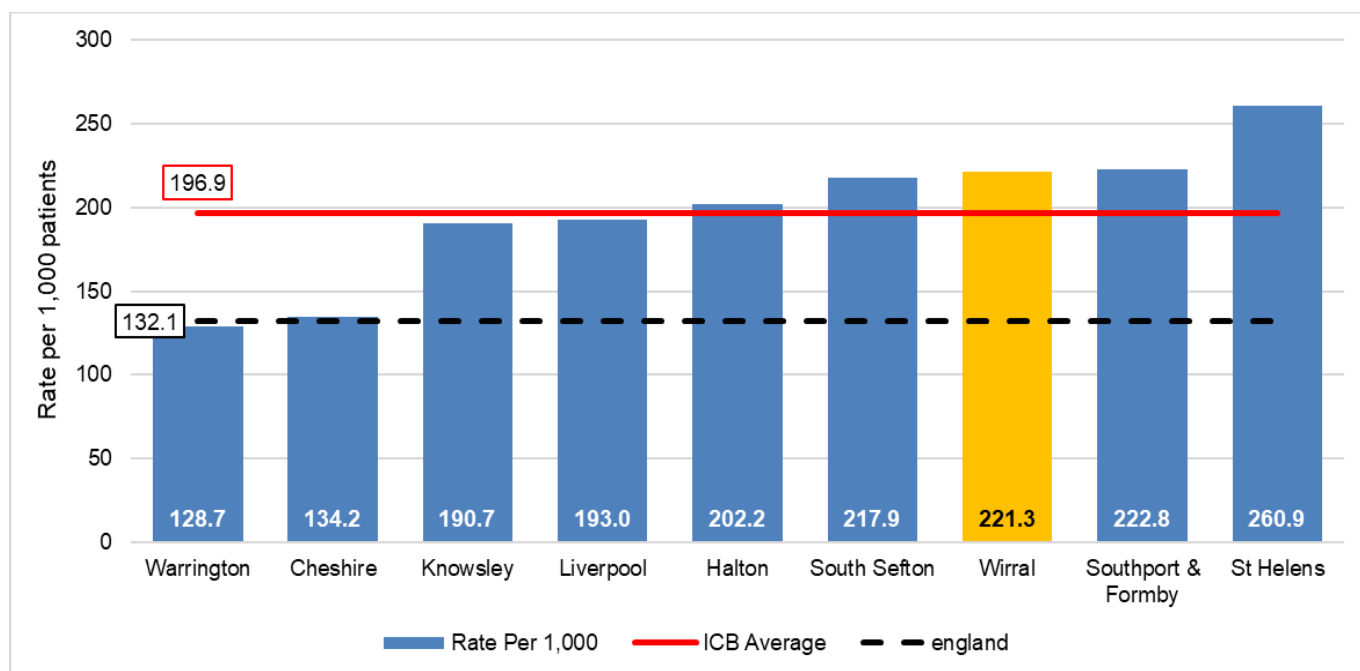
Wirral has a higher rate of prescribed opioid pain medications, benzodiazepines (hypnotics and anxiolytics), gabapentinoids (pain medication) and z-drugs (hypnotics) than England but is typically average across the region for these drugs (**Figure 5, Figure 6, Figure 7 and Figure 8**). This could indicate that a regional approach is required to address the higher rates.

**Figure 5:** Patients receiving opioid pain medicines rate per 1,000 registered patients, Cheshire and Merseyside NHS Trusts, 2022/23



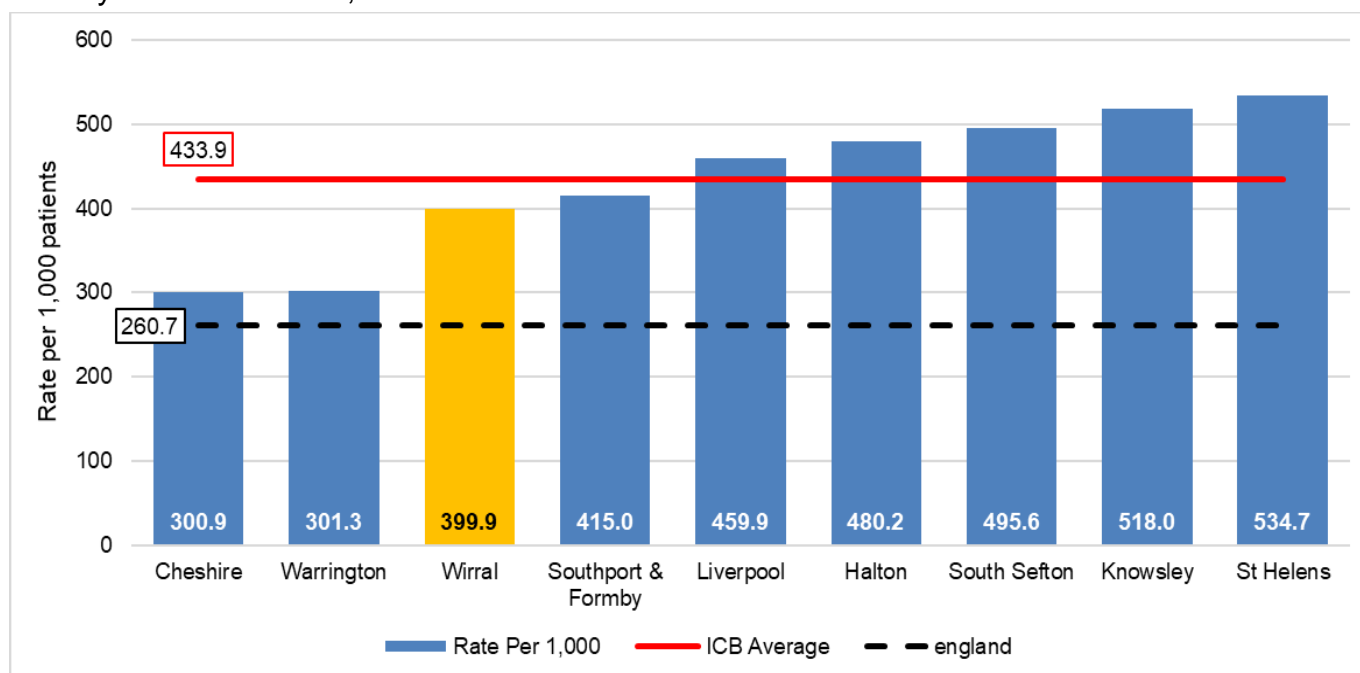
Source: ePACT2 2023 - Restricted access

**Figure 6:** Benzodiazepines prescribing rate per 1,000 registered patients, Cheshire and Merseyside NHS Trusts, 2022/23



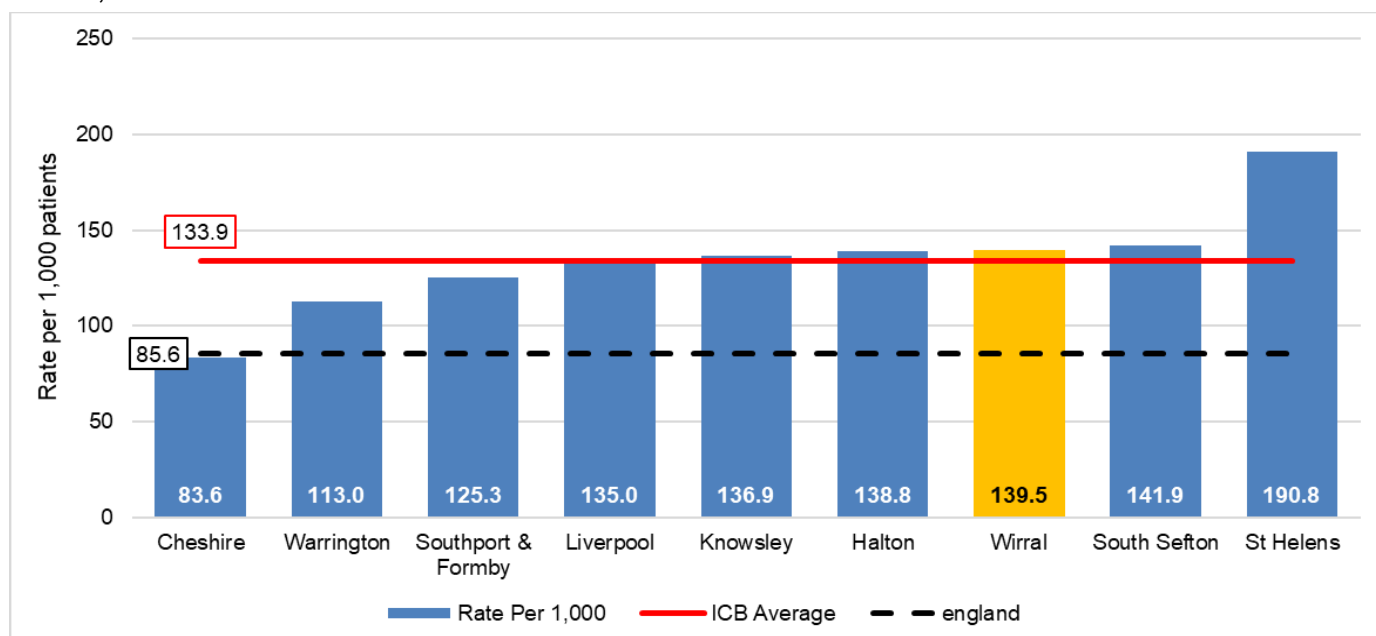
Source: ePACT2 2023 - Restricted access

**Figure 7:** Gabapentinoids prescribing rate per 1,000 registered patients, Cheshire and Merseyside NHS Trusts, 2022/23



Source: ePACT2 2023 - Restricted access

**Figure 8:** Z-Drugs prescribing rate per 1,000 registered patients, Cheshire and Merseyside NHS Trusts, 2022/23



Source: ePACT2 2023 - Restricted access

## Impacts of substance misuse

### Physical and Mental Health Needs

Drug addiction can cause significant mental and physical health problems. Likewise, many addictions are associated with underlying unmet mental health needs. As such, responding to these health needs is an important part of drug treatment provision.

Alongside dealing with long term conditions, it is also important to respond to underlying risk factors, such as smoking. 68% of all adults starting treatment in Wirral in 2021/22 were current smokers, compared with a national rate of 62%.

#### Mental health needs

On entry to service, clients are asked to self-identify as to whether they have a mental health treatment need. Wirral has a significantly higher proportion of clients entering treatment with a mental health treatment need for all treatment groups compared to England (**see Table 7**).

This suggests that Wirral might be dealing with a more complex set of clients compared to England when it comes to mental health need.

**Table 7:** Clients entering treatment identified as having a mental health treatment need by mutually exclusive group, Wirral and England, April 2022 to March 2023

Category	Wirral	England
Opiate	80.8%	65.3%
Non opiate	74.8%	70.3%
Alcohol and non-opiate	88.2%	76.3%

Source: NDTMS - National Drug Treatment Monitoring System - Restricted access 2024

Around two thirds of people entering a substance misuse treatment programme self-identify that they have a mental health (MH) need ([OHID 2023](#)). It is difficult to establish an accurate estimate of how many would require MH treatment following formal assessment, but it is likely to be higher than the 2% of people that are engaged in treatment through IAPT services ([IAPT positive practice guide 2012](#)).

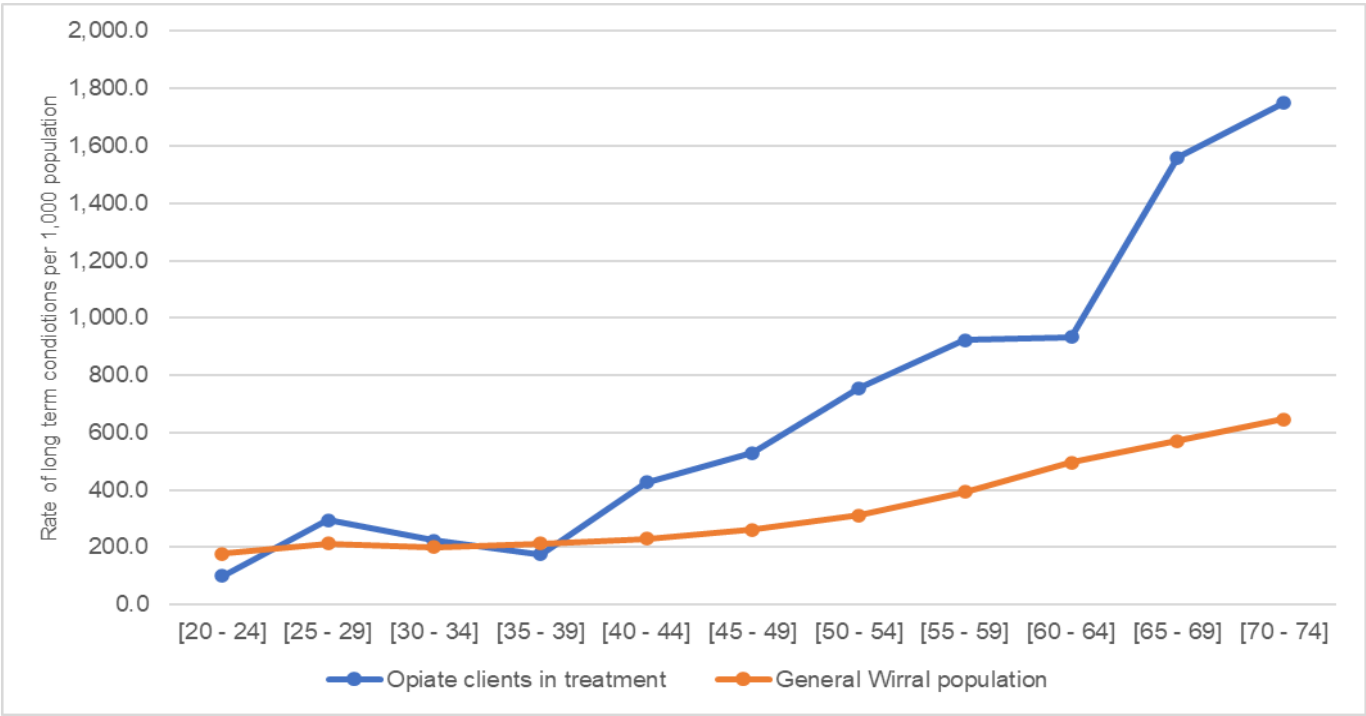
There is a national need for substance misuse treatment services and psychological treatment services to work together to ensure that substance misuse is not a barrier to entering treatment for mental health conditions.

Physical health needs

Opiate clients in treatment have more complex health needs compared to the Wirral general population due to long-term drug use impacting on their general health, especially respiratory diseases which can lead to poor health outcomes and premature death

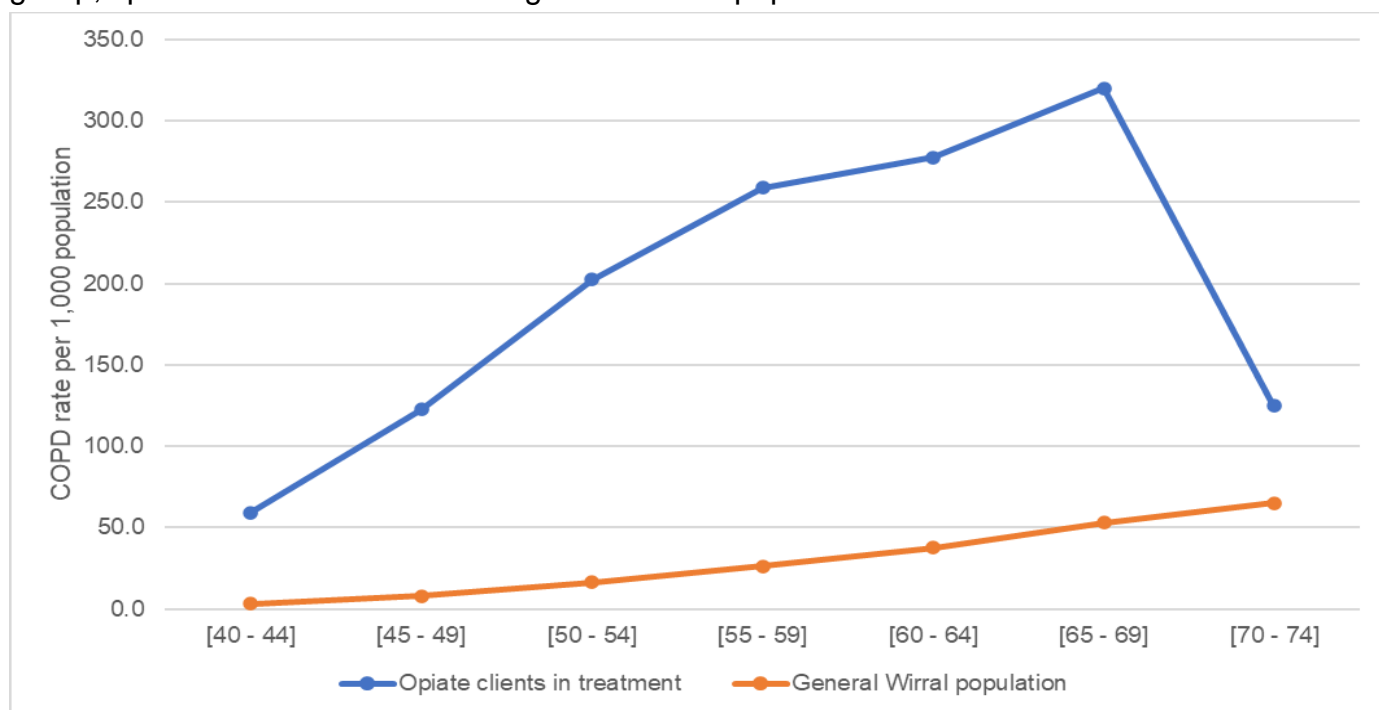
From the ages of 45 and older the rate of long-term health conditions in opiate clients in treatment is more than double that of the general Wirral population (see **Figure 9**), in those aged 40-59 the rate of Chronic obstructive pulmonary disease (COPD) is ten times higher in opiate clients in treatment compared to the general Wirral population (**Figure 10**) and for cardiovascular disease, opiate clients have a greater risk that rises above 65 years (**Figure 11**).

**Figure 9:** Rate of long term health conditions per 1,000 population by age group, opiate clients in treatment vs general Wirral population as of 2023



**Source:** Change Grow Live (CGL) local data  
**Notes:** Opiate clients in treatment = Total number of adults aged 18 plus who received at least 1 opiate drug intervention with local drug service in the financial year. Long term health condition defined as being registered on one or more quality outcomes framework (QOF) register <https://www.england.nhs.uk/wp-content/uploads/2021/03/B0456-update-on-quality-outcomes-framework-changes-for-21-22-.pdf>

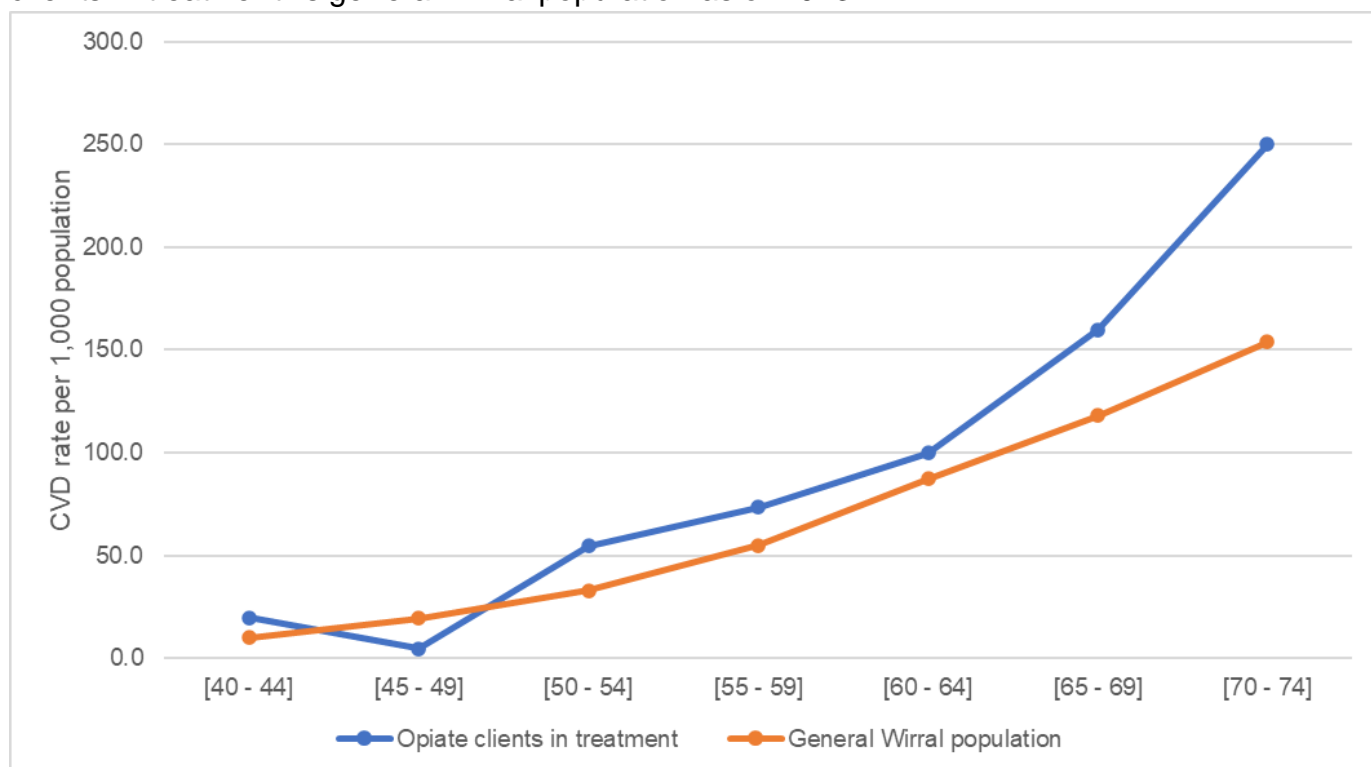
**Figure 10:** Rate of Chronic obstructive pulmonary disease (COPD) per 1,000 population by age group, opiate clients in treatment vs general Wirral population as of 2023



**Source:** Change Grow Live (CGL) local data

**Notes:** Opiate clients in treatment = Total number of adults aged 18 plus who received at least 1 opiate drug intervention with local drug service in the financial year. COPD defined as being registered on the COPD quality outcomes framework (QOF) register <https://www.england.nhs.uk/wp-content/uploads/2021/03/B0456-update-on-quality-outcomes-framework-changes-for-21-22-.pdf>

**Figure 11:** Rate of Cardiovascular Disease (CVD) per 1,000 population by age group, opiate clients in treatment vs general Wirral population as of 2023



**Source:** Change Grow Live (CGL) local data

**Notes:** Opiate clients in treatment = Total number of adults aged 18 plus who received at least 1 opiate drug intervention with local drug service in the financial year. CVD defined as being registered on any CVD quality outcomes framework (QOF) register <https://www.england.nhs.uk/wp-content/uploads/2021/03/B0456-update-on-quality-outcomes-framework-changes-for-21-22-.pdf>

## Regional Comparison Overview

Regional comparison shows Wirral to have high levels of drug use, drug-related deaths and prevalence estimates of opiate and crack use (OCU) when compared to the North West average (**Table 8**). Successful completion rates of drug treatment programmes for both opiate and non-opiate clients in Wirral are much higher when compared to the North West average however this data relates to 2022 and does not consider more recent performance.

**Table 8:** Public Health England (PHE) Data Summary for Liverpool City Region (LCR), 2024

Indicator	Time period	Wirral	Halton	Knowsley	Liverpool	Sefton	St Helens
Prevalence estimates of opiate and crack use (OCU)	2019/20	Much Worse	Much Better	Average	Much Worse	Average	Average
Opiate and crack use (OCU) unmet need estimates	2019/20	Average	Better	Average	Worse	Average	Better
Drug misuse deaths rate per 100,000	2018-20	Much Worse	Much Worse	Much Worse	Much Worse	Much Worse	Much Worse
Hospital admissions for substance misuse rate per 100,000 persons aged 15 to 24	2022/23	Average	Much Worse	Much Worse	Average	Better	Much Worse
Continuity of care: Percentage of prison leavers with a continued treatment need picked up in the community within 3 weeks	2022/23	Much Better	Better	Much Better	Much Worse	Much Better	Much Better
Successful completion of drug treatment - opiate users	2022	Much Better	Better	Better	Average	Worse	Average
Successful completion of drug treatment - non-opiate users	2022	Much Better	Better	Much Worse	Much Better	Much Worse	Average

**Source:** [OHID Fingertips Profile](#) and restricted access statistics (2024)

**Notes:** Performance rated from 'Much Worse' to 'Much Better' is standardised against the North West average

## Hospital admissions

Drug use can cause a range of physical and mental health problems, alongside the impact these may have on the lives of the individuals and their families, these also place an additional burden on health services.

There are broad and narrow definitions of drug-related hospital admissions, simplistically these can be divided into admissions for drug-related mental and behavioural disorder; admissions for poisoning by drug misuse and admissions where drug-related mental and behavioural disorders were a factor.

### Key findings

- Across all definitions of drug-related hospital admissions, Wirral has significantly higher rates than national or regional averages, or when compared to statistically similar areas.
- Admissions were increasing in the years preceding Covid-19.
- People from more deprived neighbourhoods, in younger age groups are more likely to be admitted to hospital with a drug-related cause.
- Wirral has historically performed particularly poorly when looking at hospital related admissions in the 15- 24-year age bracket, however in the latest financial year of 2022/23 these rates have dropped significantly and is now below the average for England.



## What this means

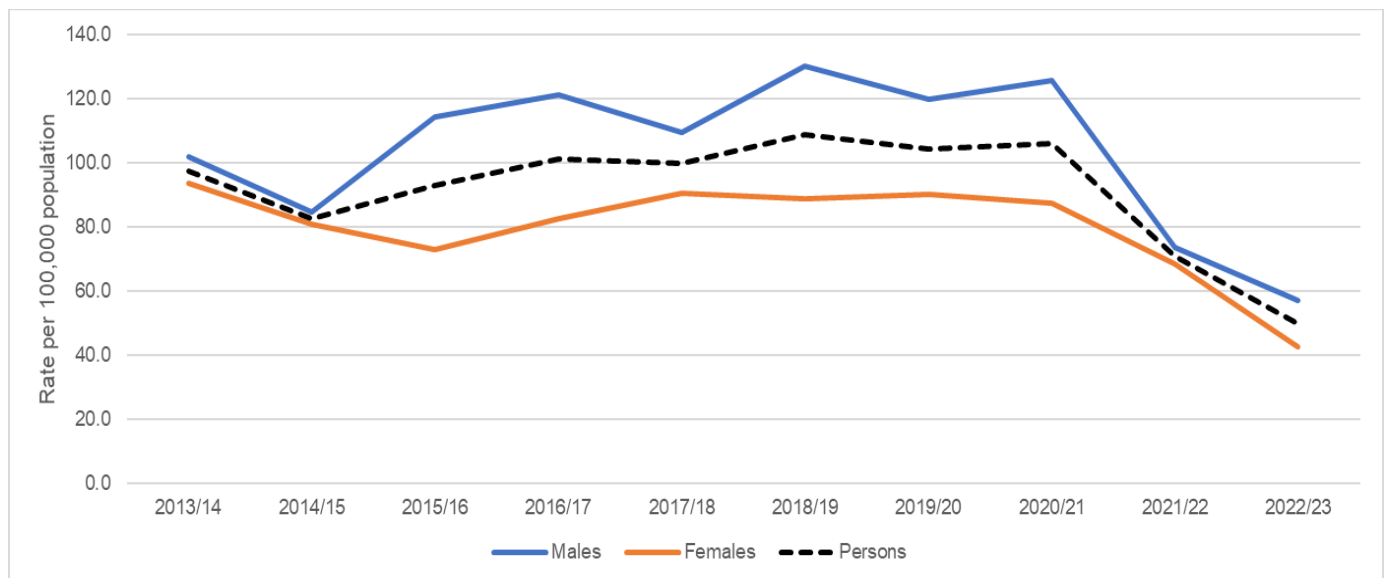
- More work is needed to understand why Wirral has had high rates of drug-related hospital admissions during the 8 years between 2013/14 and 2020/21 and also what has caused the significant drop in these rates during the latest 2 years of 2021/22 and 2022/23.
- Closer collaboration between NHS commissioners, hospital and adult and young people's drug treatment services is needed to work to prevent these admissions.
- This work should be linked to work to reduce drug-related deaths.

## All-age hospital admissions

**Figure 12** shows hospital admissions due to substance misuse.

- During the 10 years between 2013/14 and 2022/23 rates hospital admissions due to substance misuse were highest in males particularly during the 6 years of 2015/16 to 2020/21.
- Reasons for the drop in 2021/22 and 2022/23 are unclear; the Wirral rate is now below the national average whereas in the previous 8 years Wirral was significantly higher than the national average.
- Drug misuse admissions have decreased overall during the 10 year period and the age profile for these admissions shows a sharper reduction in those aged 24 and under (**Figure 13**).

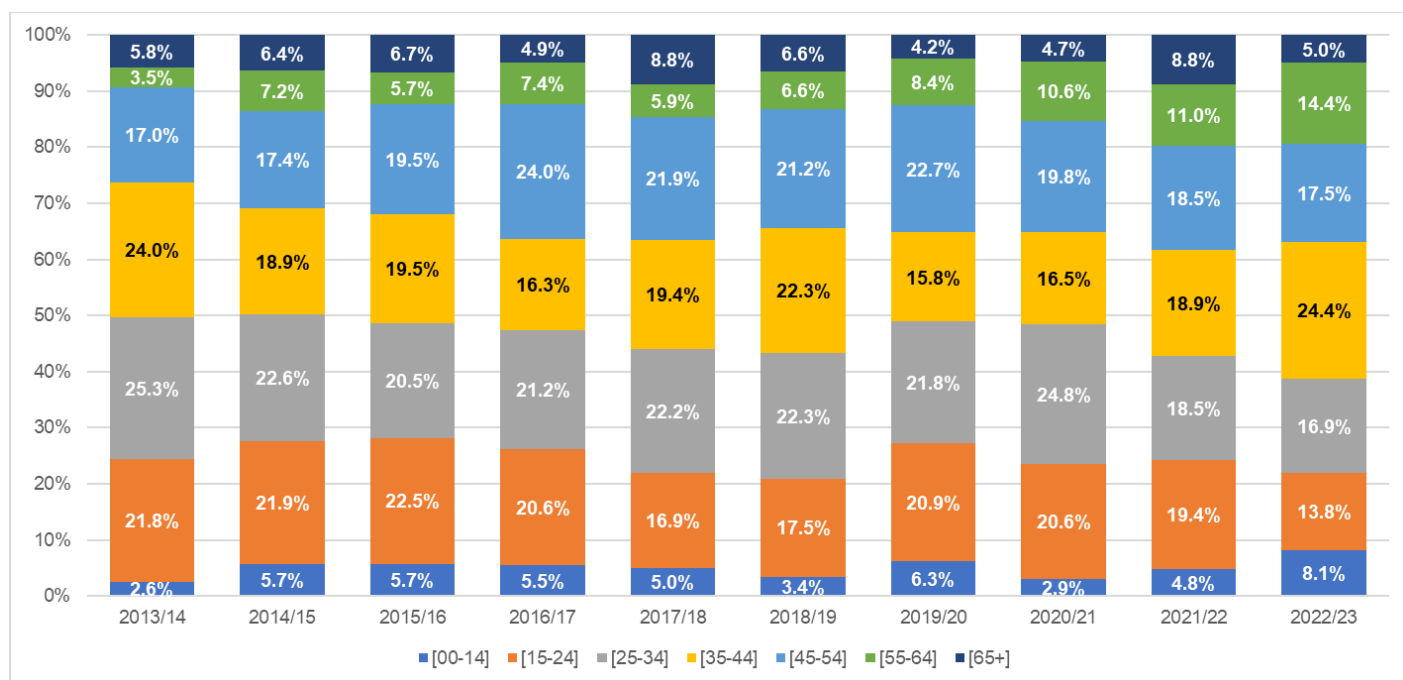
**Figure 12:** Rate of hospital admissions per 100,000 population due to substance misuse all ages by sex, Wirral, 2013/14 to 2022/23



**Source:** Hospital Episodes Statistics (HES), OHID/NHS Digital (restricted dataset)

**Note:** This is defined using specific codes from ICD 10 that include primary diagnosis of mental and behavioural disorders due to a range of substances, poisoning from illicit drugs including inhaled solvents, or a secondary diagnosis which includes injuries and accidents where drug use was involved. The recent reduction in hospital admission rates is being investigated as are other OHID North West comparator areas.

**Figure 13:** Percentage of hospital admissions due to substance misuse by age group, Wirral, 2013/14 to 2022/23



Source: Hospital Episodes Statistics (HES), OHID/NHS Digital (restricted dataset)

## Drug related deaths

Public Health Intelligence Team produced reports on drug related deaths and [these can be accessed on Wirral JSNA website](#).

### Key findings

- Drug related deaths are on the increase nationally due to a variety of factors, with the rates in Wirral significantly higher than in England and the North West.
- Drug related deaths are higher in men, deprived populations, those aged 45-64.
- The most common drugs found at post-mortem in drug related deaths were opiate based (72%), cocaine (49%) and alcohol (39%).
- deaths occur more often in people not engaged with CGL, either in the past or at the time of their death (66%).

### What this means

- Drug related deaths in the Wirral reflect the aging cohort of opiate users with greater risk of death.
- Preventing deaths in this cohort will require consideration of their risk factors.

## Crime

### Key Findings

- Most people drug tested in Wirral custody suites tested positive for Class A drugs.
- Around 35% of people within the Wirral probation service have a known drug use problem with complex needs, where the most common offence was violence, followed by acquisitive and drugs offences.

- Wirral engages around 82% of those people released from prison with a drug misuse problem in community treatment, which is significantly higher than regional or national figures.

## Drug crime offences

A [report compiled by John Moores University](#) in 2022 provides some details on drug testing in Merseyside Police Custody. In the year ending March 2022, 554 drug tests were attempted in Wirral custody suites, with 390 being positive for Class A drugs. Wirral had the highest positive rate for Merseyside for opiates.

Of those that tested positive, four out of five were men, with a median age of 36 years, and there was a range of offences for which they were detained including: 28% for Misuse of Drugs Act (MDA) offences, 25% for theft, and 10% burglary. Of those detained for MDA offences, that tested positive, 85% were for a possession offence.

## Probation

Data presented below shows a cross-sectional analysis of clients with the Wirral probation service in October 2022. This includes all males resident in Wirral, and all females in Merseyside (Wirral is the case holder for females in Merseyside, data is not available for Wirral females only).

**Table 9** shows the proportion of clients who have an identified drug use problem, around 36% of the total caseload.

**Table 9:** Offender assessment system, clients with drug misuse identified, Wirral, October 2022

Gender	Total assessments	Drug misuse identified	Drug misuse (%)
Male	815	295	36.2%
Female	510	175	34.3%
Total	1,325	470	35.5%

Source: Probation service October 2022 (Latest available restricted data)

Of these people, **Table 10** shows their offence profile: violent offences are the most common for both males and females, while females are more likely to have committed acquisitive crime.

**Table 10:** Offence profile of people on probation with drug misuse, Wirral, October 2022

Offence	Male	Male %	Female	Female %
Acquisitive	45	15.3%	50	28.6%
Drugs	55	18.6%	30	17.1%
Motoring	20	6.8%	15	8.6%
Robbery	10	3.4%	0	0.0%
Sexual	10	3.4%	0	0.0%
Violent	155	52.5%	75	42.9%
Other	5	1.7%	5	2.9%

Source: Probation service October 2022 (Latest available restricted data)

**Table 11** below shows the wider support needs of people in the probation system who also have a drug use need. This shows the complex support that people who use drugs in the probation system need, with a range of psychosocial issues which may be barriers to their progression unless addressed.

These include their social circle (lifestyle and associates), and wider relationships, alongside their thinking and behaviour. A large proportion also need support with housing, or education and training. Providing this wrap around support is key to ensuring a successful probation journey and moving into recovery from drug use.

**Table 11:** Multiple needs Profile of people on probation with drug misuse, Wirral, October 2022

Need	Male	Female
Accommodation	42%	46%
Alcohol	29%	29%
Pro Criminal Attitudes	72%	60%
Education, training and employment	53%	66%
Lifestyle and associates	78%	74%
Relationships	73%	77%
Thinking and behaviour	75%	71%

Source: Probation service October 2022 (Latest available restricted data)

## Drugs and the prison population

Drug and alcohol misuse is high in people detained in prisons and secure settings, with around 45,000 treated in England annually. Half of these are in treatment due to opiate use, with around 1/3 successfully completing treatment with medication and psychosocial interventions ([OHID Alcohol and Drug treatment in secure settings, 2022](#)).

In Wirral, around 82% of adults engage in community based treatment for their substance misuse after release from prison, which is higher than the North West at 63% and England at 50% ([PHOF, data from National Drug Treatment Monitoring System 2021/22](#)).

## Risk factors for drug use

Alongside understanding the prevalence of usage for different substances, it is also important to understand which groups of people are more at risk to develop drug use problems.

Risk factors for drug use can be grouped into:

- Social and cultural environments.
- Economic environments.
- Physical environments.

Factors associated with drug use include a family history of addiction, socio-economic deprivation, homelessness, unemployment, and poor working conditions including a lack of job security, poor mental health and being male.

There are multiple family factors which have been shown to have a strong association with problem drug use; these include poor parent-child relationships, family conflict and marital issues including verbal, physical and sexual abuse.

Social exclusion, crime, and hopelessness are also factors that can lead to drug use. Falling out of education is linked to low socio-economic status and high levels of social exclusion; it is also shown to be linked with increased likelihood of risky behaviours such as drug use.

People who live in more deprived areas with higher crime rates, are exposed more to illicit drugs, drug dealers and drug abusers. Increased availability of drugs has been shown to be related to higher prevalence of drug abuse. Work seeking to prevent harmful drug use, and help people with existing drug use problems, needs to be informed by these underlying risk factors.<sup>3,4,5</sup>

## Drug Services in Wirral

### Adult Services

Wirral has had a strong drug service delivery since the late 1980's. These services were previously provided by a mix of NHs and third sector of organisations but since a re-tendering exercise completed in 2015 the main Community Drug Service is delivered by a large national charity, Change Grow Live (CGL) that specialises in this field. Wirral services have had a national recognition for being ground breaking, good quality services. Recently this has been reflected by two consecutive Care Quality Commission (CQC) inspections that have rated the Adult Community Drug Service as outstanding.

Services have adopted a balance between harm reduction, treatment and supported recovery, and offer a range of interventions from pharmacologically based prescribed treatment through to psycho-social based support. The service includes one-to-one case management, clinical/medical case supervision, needle and syringe exchange, provision of Naloxone, health care, mental health support, outreach, support for those passing through criminal justice pathways, and Recovery support, including a substantial element of peer support.

The main point of delivery for Adult treatment is from the service hub in Market Street, Birkenhead. A second service hub is located in Wallasey. The service also works from satellite sites based in Victoria Central Hospital, Wirral University Teaching Hospital, and eight GP practices across Wirral.

This spread of locations reduces the need for service users to travel longer distances to access the service, and with some of these locations being in GP practices this reduces the potential for the possible stigma association with going to a drug treatment service being a barrier to accessing the required support.

Pharmacies are intrinsically involved in the delivery of drug treatment, through their dispensing function, monitoring of their drug using customers, and services such as syringe exchange. The number of pharmacies distributing methadone varies, dependent on where service users request to collect their prescriptions from. Across the Wirral there are 85 pharmacies registered for dispensing medication, 75 of these registered for supervised consumption.

Some pharmacies will have long client lists whereas others may only have one or two drug service customers. Pharmacies will be dispensing to these customers on a regularity determined by the risk assessment carried out by the treatment service, considering how safe and reliable that client is with respect to taking their substitute medication as prescribed.

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<sup>3</sup> Spooner, C. and Hetherington, K. (2005) *Social determinants of drug use*, Sydney: National Drug and Alcohol Research Centre

<sup>4</sup> Office of Disease Prevention and Health Promotion. Social Determinants of Health. [Online] Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

<sup>5</sup> *Health matters: preventing drug misuse deaths*. Public Health England. <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths>

Those considered by the service to be vulnerable to overdose will be on a daily dispensing regime to reduce that risk, whereas others will collect their medication 3 times weekly, twice weekly, or just once each week. The community pharmacies will be involved in monitoring the reliability of the customer with respect to how they collect their prescription. They will also monitor their presenting fitness and health, and feedback any information of note or concern to the main service.

Needle and Syringe exchanges are provided from the main treatment hubs and have also been established, with the supervision and support of the main service, in the homeless hostels. In addition to this syringe exchange is offered from 16 community pharmacies across Wirral.

## **ADDER Accelerator Programme**

The ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) programme was the most significant element of recent investment to tackle drug use in Wirral. Wirral was selected having been identified as an area of increased need for drug-related harms, alongside 12 other local authorities who have also received ADDER funding.

£1.4 million annually is being invested in strengthening our system response to drug related harm and in specific programmes based on an understanding of our need.

Investment has focused on key areas:

- Improving the quantity and quality of treatment places for people with drug addiction.
- Enhanced physical and mental health service provision.
- Improving connections between organisations to improve outcomes for service users.
- Enhanced outreach services.
- Improving links between treatment and support services and the criminal justice system.
- Preventing drug-related deaths.

The level of investment is due to increase in 2023/24 for the following two years.

## **Supplementary Substance Misuse Treatment and Recovery Grant**

In 2023/24 the ADDER grant received by Wirral Borough Council will be replaced by the Supplementary Substance Misuse Treatment and Recovery grant (SSMTR). Funding is scheduled to increase from £1.4 million in 2022/23 to £2.26 million in 23/24. There is a further rise to £4.4 million scheduled for 24/25.

The programme will widen its focus to include children and young people affected by drugs and build synergies with alcohol prevention and treatment programmes.

## **Merseyside Police ADDER Programme**

Merseyside police have received funding to deliver the goals of the ADDER programme and have undertaken an extensive work programme.

This has involved work to improve enforcement and detection activity and disrupt organised crime groups, but also work to improve the connection between the police and drug treatment providers.

Work is also being done to divert people away from the criminal justice system into treatment and improve information sharing between police and treatment providers.

## Drug treatment in Wirral

### Key findings

- More people in Wirral have been in treatment for longer than national averages.
- People in treatment in Wirral, have on average a higher degree of complexity than the national level.
- People in treatment in Wirral are older than national averages.
- People in treatment live across Wirral, but the majority live in the most deprived communities.
- There are more men in treatment than women, in line with national and regional figures.
- We do not have reliable information about the ethnicity of people in treatment in Wirral.

## Adult Drug Treatment Service Performance in Wirral

### Key findings

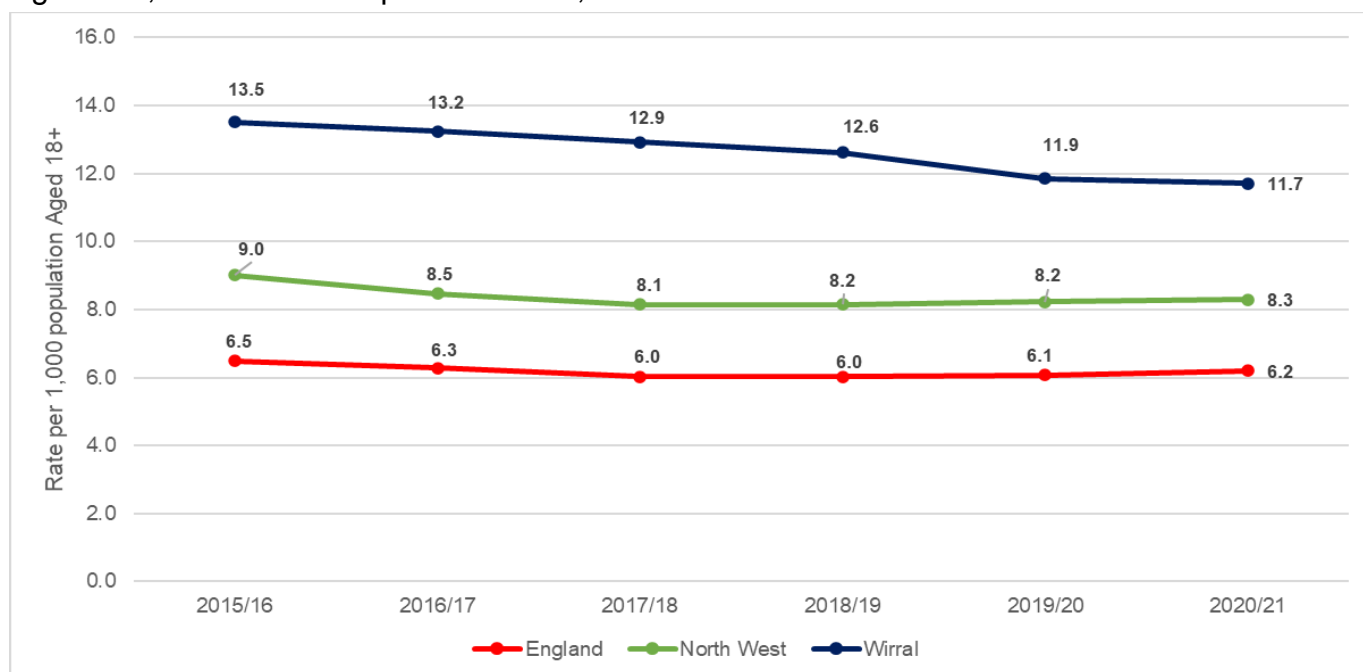
- Wirral has a high number of people in specialist drug treatment when compared to other areas.
- Models suggest that Wirral has a higher percentage of all opiate and cocaine users (OCU) engaged with treatment than the national average.
- Wirral has a slightly higher than average rate of completion of drug treatment for people in treatment for non-opiate drugs (53% vs 36% nationally).
- Only a small percentage of people complete treatment for opiate use each year – 4.8% in Wirral, and 4.9% nationally.
- Wirral performs better for completions when factoring in the complexity of its client base.

### Number of adults in specialist structured drug treatment

- Wirral has maintained a high number of opiate users in treatment since the 1990s, and for the past 6 consecutive years Wirral has had a significantly higher rate of adults in treatment (per 1,000 population) compared to both the North-West and England (**Figure 14**).
- Wirral has seen a gradual decline over the past 6 years with the number of adults in treatment per 1,000 population dropping from 13.5 in 2015/16 to 11.7 in 2020/21 (3,037 clients in total, or a 13% decrease, compared to a 5% decrease in England overall) (**Figure 14**).



**Figure 14:** Adults in treatment at specialist drug misuse services: Rate per 1,000 population Aged 18+, Wirral and comparison areas, 2015/16 to 2020/21



Source: [OHID Fingertips Profile](#) (2022)

Notes: Persons in treatment= Total number of adults aged 18 plus who received at least 1 drug or alcohol intervention with local drug service in the financial year.

## Referral sources

For Wirral opiate clients the proportion of referrals from self, family & friends are similar compared to the North West and England however the proportion of referrals from criminal justice services in Wirral is slightly higher compared to the North West and England (**Table 12**).

However, these figures will be open to fluctuation in response to targeted local initiatives and corresponding service activity, and recent data indicates substantial increases of substance users engaging with treatment through improved performance in Continuity of Care (substance using offenders leaving custody and then being engaging with the community – Wirral recently achieving a nationally leading level of performance), numbers of referrals coming from the Police via Vulnerable Person Referral Forms (VPRF), and improved connections with the National Probation Service (NPS) ensuring that all clients of the NPS with substance use in their profile are connected with the treatment service.

These developments are all resulting in increasing numbers of referrals.

**Table 12:** Percentage of referrals for opiate clients by referral source, Wirral and comparison areas, Wirral and comparison areas, April 2022 to March 2023

Source of Referral	Wirral	North West	England
Self, family & friends	53.8%	53.8%	55.0%
Health services and social care	7.7%	8.0%	8.9%
Criminal justice	27.7%	26.1%	24.6%
Substance misuse service	4.6%	6.4%	6.3%
Other	6.2%	5.8%	5.2%

Source: NDTMS - National Drug Treatment Monitoring System – [Viewit tool](#) 2024



## Criminal Justice Clients

Wirral has a slightly lower proportion of people within the Criminal Justice intervention team that use opiates, compared to England, and a much higher rate that use non-opiates (**Table 13**). Of those in the drug treatment system, 13.3% are in contact with the criminal justice system, compared to 14.0% in England.

**Table 13:** Proportion of CJIT (Criminal Justice Intervention Team) clients on caseload by mutually exclusive group, Wirral and England, April 2022 to March 2023

Category	Wirral	England
Opiate	15.4%	18.7%
Non opiate	21.5%	13.1%
Alcohol	6.2%	7.2%
Alcohol and non-opiate	12.2%	12.9%

Source: NDTMS - National Drug Treatment Monitoring System - Restricted access 2024

Overall, the number of clients released from prison who are then engaged in community treatment has been increasing nationally since 2015, with Wirral performing better than the England average (55.2% vs 44.6% respectively (**see Table 14**).

**Table 14:** Proportion of clients released from prison with a drug misuse issue who transferred to community treatment, Wirral and England, April 2021 to March 2022

Year	Wirral	England
2015-2016	33.7%	39.6%
2016-2017	43.4%	37.5%
2017-2018	35.3%	37.8%
2018-2019	45.3%	39.5%
2019-2020	36.4%	40.7%
2020-2021	34.0%	44.3%
2021-2022	55.2%	44.6%

Source: NDTMS - National Drug Treatment Monitoring System - Restricted access, latest available data 2022

## People not in treatment

It is difficult to know how many people who use drugs are not in treatment. Estimates are modelled with wide margins of uncertainty.

Wirral consistently has a lower percentage of its opiate and/o crack cocaine users not in treatment than national or regional comparisons. The modelled Wirral figure is 43.1% of people with a drug treatment need not in treatment, compared to a national figure of 52.1%. These numbers come with wide margins of uncertainty.

However, estimates still suggest a large cohort not in treatment. Anecdotally these numbers are felt to be an overestimate, as allied agencies (police, probation, NHS trusts, housing providers) do not report significant contacts with people who have a drug use problem and are not engaged with treatment.

Despite Wirral performing well, with low numbers of opiates and or/ crack cocaine users not in treatment comparatively, models show that these numbers have been increasing. Work to increase numbers in treatment as part of the ADDER programme (Addiction, Diversion, Disruption, Enforcement and Recovery) has been starting to increase numbers in treatment in recent months.

### Adult treatment broken down by substance.

Compared to England and the North West region, Wirral has a slightly higher proportion of people in treatment for opiate compared to non-opiate and alcohol misuse (see **Table 15** and **Table 16** below).

**Table 15:** Number and percentage of clients in treatment by substance type, Wirral and comparison areas, Wirral and comparison areas, April 2022 to March 2023

Area	Wirral		North West		England	
Substance Category	Number	%	Number	%	Number	%
Opiate	1,625	53.2%	24,595	47.4%	138,604	47.7%
Non-opiate only	305	10.0%	5,420	10.5%	30,001	10.3%
Alcohol only	765	25.0%	14,710	28.4%	86,257	29.7%
Non-opiate & alcohol	360	11.8%	7,140	13.8%	35,773	12.3%

Source: NDTMS - National Drug Treatment Monitoring System – [Viewit tool](#) 2024

**Table 16:** Number and percentage of clients in treatment by substance use type, Wirral and comparison areas, Wirral and comparison areas, April 2022 to March 2023

Substance Use Category	Wirral Number	%	North West Number	%	England Number	%
Opiate and crack cocaine	760	17.4%	12,155	14.9%	70,282	16.8%
Opiate (not crack cocaine)	865	19.8%	12,435	15.2%	68,322	16.3%
Crack cocaine (not opiate)	60	1.4%	5,360	6.6%	8,045	1.9%
Cannabis	565	12.9%	9,790	12.0%	57,181	13.7%
Cocaine	390	8.9%	7,620	9.3%	37,256	8.9%
Benzodiazepine	210	4.8%	5,460	6.7%	13,873	3.3%
Amphetamine (not ecstasy)	45	1.0%	1,340	1.6%	7,017	1.7%
Ecstasy	5	0.1%	130	0.2%	1,081	0.3%
Mephedrone	0	0.0%	35	0.0%	253	0.1%
NPS	5	0.1%	195	0.2%	1,792	0.4%
Hallucinogen	20	0.5%	625	0.8%	3,276	0.8%
Alcohol	1,390	31.8%	25,540	31.3%	145,202	34.7%
Other	50	1.1%	1015	1.2%	4,982	1.2%

Source: NDTMS - National Drug Treatment Monitoring System – [Viewit tool](#) 2024

**Note:** Substance use groups are not mutually exclusive and clients will appear in multiple substance use categories so totals will not match the total number of clients in treatment

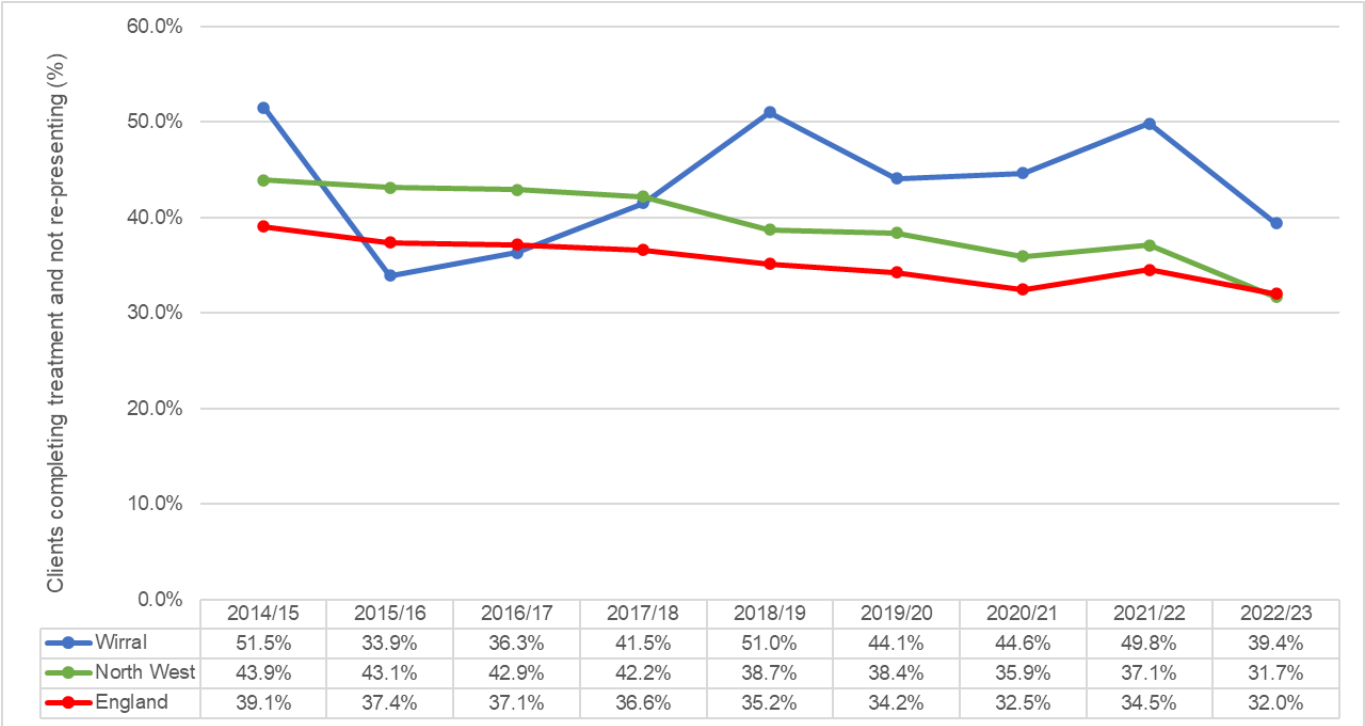
### Outcomes of adults in treatment

Nationally, individuals who are in education or employment, or are older and with better physical health, are more likely to complete treatment successfully. In contrast, clients are less likely to complete if they: use opiates every day in the month before treatment start, are referred to treatment from the criminal justice system, inject, have a housing problem, and come from the most deprived areas of the country.<sup>6</sup>

<sup>6</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/586111/PHE\\_Evidence\\_review\\_of\\_drug\\_treatment\\_outcomes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf)

Between 2014/15 and 2022/23 Wirral saw a decrease in successful completions of drug treatment for non-opiate users from 51.5% in 2014/15 to 39.4% in 2022/23; during the same period, both North-West and England also saw an overall decrease (**Figure 15 below**).

**Figure 15:** Percentage (%) of successful completion of drug treatment - **non-opiate users**, Wirral and comparison areas, 2014/15 to 2023/23

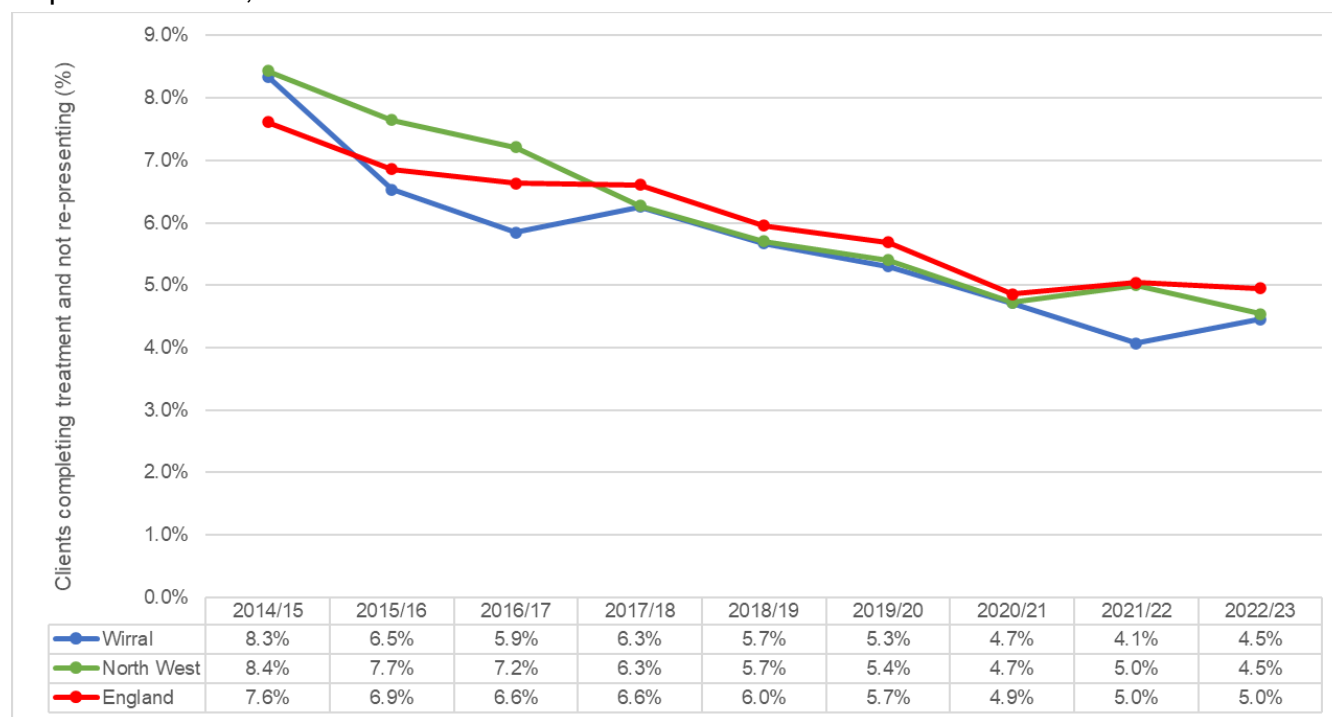


**Source:** NDTMS - National Drug Treatment Monitoring System - Restricted access 2024  
**Notes:** Successful completion = non-opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months

Completions for opiate users have also declined during the recording period. Wirral has generally had a lower rate of treatment completions than national and regional rates. This may be due to a more complex client group.

Treatment completion rates have been declining nationally, which may be a result of less complex clients successfully completing, leaving people with more complex needs who are likely to remain in treatment for longer, or have unsuccessful treatment exits before relapsing and returning to treatment (**Figure 16**). This group of people may need higher levels of support around these complex needs if they are to be able to successfully exit treatment.

**Figure 16:** Percentage (%) of successful completion of drug treatment - **opiate users**, Wirral and comparison areas, 2014/15 to 2022/23



**Source:** NDTMS - National Drug Treatment Monitoring System - Restricted access 2024

**Notes:** Successful completion = opiate users successfully leaving treatment who do not re-present to treatment within 6 months

## Completion rates by age

Treatment provider data shows that completion rates vary by age. Whereas older people are more likely to complete treatment for non-opiate drug problems, the treatment completion rates decline with age for opiates (**see Table 17 below**). As the Wirral client group for opiate treatment is older, this means that increased completions are likely to be harder to achieve for the provider.

**Table 17:** Percentage (%) of successful completion of drug treatment by mutually exclusive drug group and age band, Wirral, April 2023 to March 2024

Age band	Non-Opiate	Non-Opiate and Alcohol	Opiate
18-24	56.8%	54.2%	38.1%
25-34	71.1%	56.5%	19.3%
35-44	58.2%	41.3%	15.4%
45-54	62.8%	51.5%	8.2%
55-64	60.0%	52.9%	10.0%
65+	100.0%	100.0%	6.8%
<b>Average</b>	<b>63.1%</b>	<b>50.3%</b>	<b>11.2%</b>

**Source:** Change Grow Live (CGL) local data

**Notes:** Persons in treatment = Total number of adults aged 18 plus who received at least 1 drug or alcohol intervention with local drug service in the financial year

## Deaths of clients in treatment

Deaths in treatment among Wirral drug and alcohol users have been rising steadily over a number of years, in line with the identified national trend. Most of these deaths are a result of chronic and serious health conditions that are arising because of long-term drug and alcohol use and the associated poor lifestyles (**Table 18 and Table 19**).

The potential for harm from drug using behaviours is compounded often by the additional factor of smoking tobacco. Drug users have been long advised, as harm reduction measure, to smoke their drugs (heroin/crack cocaine), rather than inject, because this greatly reduces the risk of overdose. However, the continuation of this behaviour over as long as 20+ years has had a damaging effect on lung health and contributed significantly to high levels of respiratory disease.

Greater and prolonged use of cocaine has resulted in increasing numbers of users experiencing heart disease, and in particular crack cocaine use, often alongside heroin use, has had damaging effects on cardiac health, and compounded any respiratory damage arising from smoking of heroin and/or tobacco. Poor diet and damaging levels of alcohol use (generally cheap and strong alcohol) have affected digestive systems.

On top of this, the damaging long-term effects of these various behaviours on the general health and robustness of this drug using population has left them more susceptible to overdose. Body systems that would previously have been able to tolerate a certain level of drug intoxication, are left less able to do so, due to being damaged and weaker, and are therefore more vulnerable to overdosing on amounts of drugs they would previously have coped with.

A further important factor is that Wirral was one of the first areas in the country to experience the dramatic growth in heroin use among the younger population. In Wirral this began to spread rapidly in the early-mid 1980's, whereas in many other parts of the country this behaviour did not take hold until up to 10 years later. [see "The Heroin epidemic of the 1980's and 1990s and its effects on crime trends – then and now," Home Office Research Report 79, author Nick Morgan, 2014].

The effect of this has been that Wirral is one of the areas where the harmful longer-term legacy of this (including increasing levels of ill health and deaths) has been experienced sooner and is now having a bigger impact, in advance of those areas where the growth in heroin use came later.

**Table 18:** Number of deaths of opiate clients in treatment by cause of death, Wirral, 2021 to 2023

Cause of Death	Deaths (Number)	Deaths (Percentage)
Accidental poisoning	30	36.6
Diseases of the respiratory system	20	24.4
Neoplasms	10	12.2
Diseases of the digestive system	8	9.8
Diseases of the circulatory system	7	8.5
Other*	7	8.5
<b>Total</b>	<b>82</b>	<b>100</b>

**Source:** Primary Care Mortality Database (PCMD)

**Note:** Other includes suicide, mental and behavioural disorders, diseases of the immune system and diseases of the nervous system

**Table 19:** Number of deaths of opiate clients in treatment by age group, Wirral, 2021 to 2023

Age Group	Deaths (Number)	Deaths (Percentage)
35-44	4	4.9
35-54	34	41.5
55-64	40	48.8
65plus	4	4.9
<b>Total</b>	<b>82</b>	<b>100</b>

Source: Primary Care Mortality Database (PCMD)

Note: Percentages have been rounded and may not total to 100%

## Qualitative insights

As part of the needs assessment work, a range of qualitative content was gathered from numerous sources in order to both inform the JSNA and Wirral Drug Strategy. [Further details of our Local Qualitative work – please see the Local Voice pages of our website.](#)

### Qualitative Insight: Theme 1 - Wirral Drug Strategy - Building a positive culture to reduce drug-related harms.

#### Stereotypes

- People with drug and alcohol use problems and their family members can hold negative assumptions about service providers which act as a barrier to access and engagement:

*‘I pass the cafe on the bus or in the car, I walked up and down Market Street by the shops, trying to go in, and it’s always been ‘the smackhead cafe’.* (Female, aged 40-55)

*‘My family: ‘Oh. what are you going there for? You don’t smoke, inject. Why did you need to go there?’ And I took a lot of prejudice from my own family over it.’* (Female, aged 40-55)

- Shopkeepers recognise regular customers who have alcohol use problems and can encourage bad drinking practices:

*‘And it got to the point where the shopkeeper lives up the road [...] before I got to the till, he would have a bottle of vodka waiting there for me.’* (Female, aged 40-55)

- Lack of wider understanding around drug use amongst residents:

*‘I think addiction is largely based around the lack of connection within society and within your communities and with your fellow human beings’* (Male, aged 20-35)

#### Stigma and shame

- People with drug and alcohol use problems will often hide their use from public view:

*‘I started smoking crack again secretly [...] I was hiding it. And then it came out quite abruptly because I was in a raid and it was thrown across Facebook and she booted me out’* (Female, aged 40-55)

- Hiding substance use is often seen as a way to not accept that there is a problem:

*'You think you're getting one up on them, but you're not. You're getting one up on yourself' (Female, aged 40-55)*

- Stigma has the ability to fuel dependency, poor mental health and chronic illness:

*'Talking is a really crucial thing for me because we've [...] got a lot of stigma attached to any kind of addiction [...] It fuels addiction for me as well. And again, then that also feeds into mental health, which then feeds into chronic conditions as well. And this also goes around in a big messy cycle.'* (Female, aged 20-35)

## Acceptance

- Acceptance of drug and alcohol use problems takes time which can delay recovery and cause harm:

*'I'm not as bad as the fella in the doorway... I weren't like him, but actually I am like him, I am him'* (Female, aged 40-55)

*'I accepted it. I mean, in my late twenties, actually... I knew I was an alcoholic; knew I had a problem. But I didn't get what an alcoholic was. I thought I could just stop.'* (Male, aged 20-35)

- Accepting you have a drug use problem but also believing that you can do 'more' drugs. Waiting for 'rock bottom' before quitting:

*'I knew I was a drug addict. I knew it was going to get worse. But I didn't. I didn't have the will. I just. I knew that there was more yet to do'* (Male, aged 20-35)

[View full supporting qualitative report on website](#)

## Qualitative Insight: Theme 3 - Wirral Drug Strategy - *Augmenting an excellent treatment and recovery system*

### Leaving recovery

- Losing stability through life traumas, such as relationships breaking down and losing loved ones:

*'I had ten years free from class A addiction. Then my relationship broke down, and I started going to old mindsets.'* (Male, aged 40-55).

- Peer pressure from partners encourages uptake in drugs and alcohol.
- Recovery can be 'time consuming' and require 'a lot of written work.'

### Life out of service

- Feelings of loneliness and isolation.
- Can cause 'chaos,' spending money on drugs/alcohol and involvement in crime.

*'I lived alone. One day I woke up in the bath, didn't know where I was, my hands and feet were killing me, it was pitch black, I'd been there for hours, the water was so cold. I went to switch the lights on, the electric had gone.'*



*I went to the meter, and there was no emergency left. Throwing a towel on, I had no money, I had to ask my neighbour to go to the shop and get me some.’ (Male, aged 40-55).*

## Returning to recovery

- Having a routine and structure is important in recovery:

*‘Needing a script and say I have some kind of structure’ (Female, aged 40-55)*

- Pivotal moments determine (re-)entry into treatment and recovery.
  - Such as excessive consumption of drugs/alcohol, feeling lonely, ‘rattling,’ and suicide attempts.

*‘[rattling] I was like I can’t do this, I’m gonna kill myself’ (Female, aged 40-55).*

*‘These seizures, I could have easily been dead off them [...] This last one the things I have been told in hospital like my next seizure could be, you might not wake up of it. And I don’t want that [...] It’s your life you’re playing with.’ (Male, aged 20-35).*

## ‘Completing’ treatment and goals

- For those recovering from dependency, it is about focusing on getting better one day at a time: ‘Like today it’s just not picking that can up.’ (Male, aged 20-35).

- For others, they have bigger plans for the future when they have gotten ‘clean’:

*‘I’m hoping to detox this year and I’ve been homeless for a little while [...] over the next 12 months I’m gonna move on to a canal boat sometime this summer. And that’s the reason why I want to get clean and get off the methadone. I can do without being on the ‘green handcuffs’ [methadone script] when I’m travelling around the country’ (Male, aged 40-55).*

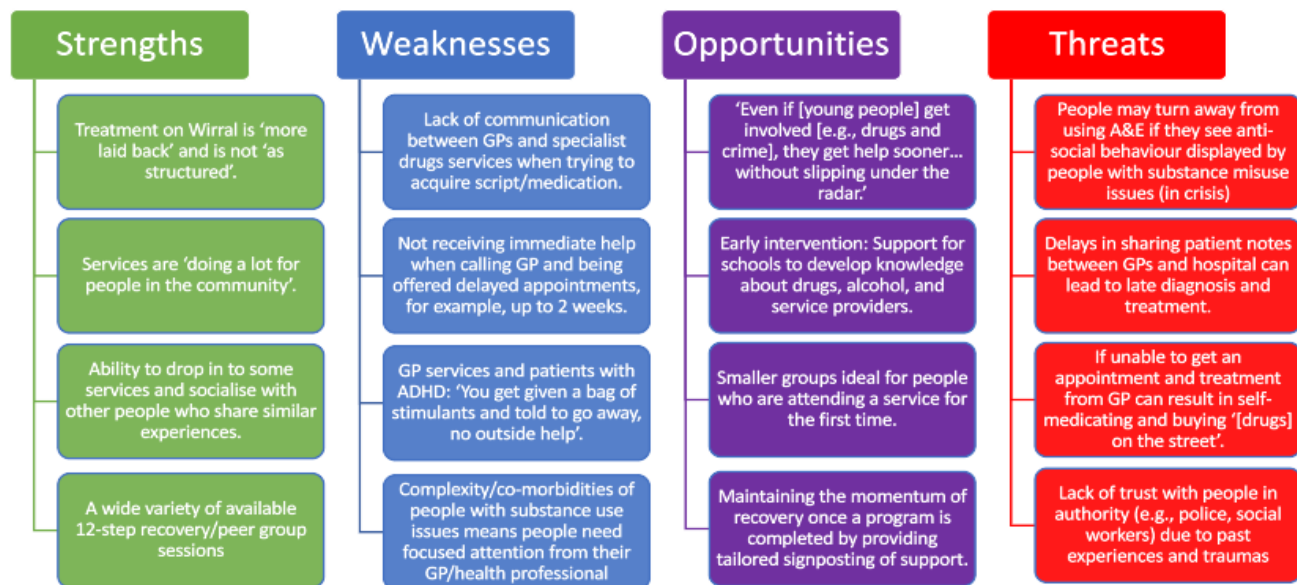
- By attending Focus Group sessions about drug use, it encouraged some to attend other support services:

*‘I think after this talk, I will be looking into narcotics anonymous’ (Female, aged 20-35).*

Within each focus group session, the participants were asked to identify what they felt were the current strengths, weaknesses, opportunities and threats (SWOT analysis) within the network of treatment and Recovery services they had experienced within Wirral.

This included GP and Hospital services, such as A&E. The results are displayed in the diagram below:





[View full supporting qualitative report on website](#)

## Qualitative Insight: Theme 4 - Wirral Drug Strategy - Reducing health inequalities for people who use drugs and reducing drug-related deaths.

### Interactions between physical and mental health conditions

- Using drugs/alcohol to self-medicate to alleviate symptoms of physical chronic illnesses:

*'It really came to a head after a period of illness, of chronic illness, and that I started using alcohol to cope with some of the effects of that illness [...] if I was too drunk to feel any symptoms, then the symptoms were gone' (Female, aged 20-35).*

- Physical health issues (e.g., insomnia) as a cause of use which are perpetuated by further use.

### Drugs and mental health

- Self-medicating by using illegal substances as a replacement for prescribed drugs:

*'I realized that I was just self-medicating... the meds they were giving me weren't working [...] and I'd gone through... 50 different medication combinations' (Male, aged 40-55).*

- Co-morbidities – People diagnosed with mental health conditions who are taking illegal substances and prescribed medication lack additional support in treatment:

*'I was diagnosed with it [ADHD] in 2015 and I was just constantly bounced everywhere, And I was given medication. I was still on drugs and taking the medication as well. I just went even more impulsive then.' (Male, aged 40-55).*

- Experiences with benzos and the negative impacts on mental health:

*'Tolerance is going up, your mental health getting worse and worse' (Male, aged 40-55).*

## Negative experiences of using methadone as a drug treatment

- Harder to come off methadone than other treatments, such as Subutex:

*‘So I drink my methadone in the morning and then I’m free to use heroin all day if I want to, just doubling up my addiction [...] Not to mention the fact the methadone is a lot harder to come off than Subutex is [...] I spent years and years on Subutex, which acts as a blocker for heroin so if you use heroin, it doesn’t do anything to you and I was on that for years and years and years and it kept me off the heroin’ (Male, aged 20-35).*

- Parent dependency on methadone leading to dependency in childhood:

*‘My mum was addicted, so when I was born, I was on methadone until I was five.’ (Female, aged 20-35).*

## Drugs, seeking work, and mental health

- Challenges in seeking work when in or waiting to go into recovery as it can negatively impact mental health:

*‘5 months later, it’s causing me stress... We’ve got to have a PIP assessment now. We’ve got to get through back to work assessments. I’ve got mental illness I don’t need it; I just want to get in recovery’ (Female, aged 40-55).*

- There is also stigma towards people who are trying to seek work from job centre that also affects mental health:

*‘[They] don’t even allow you to have the time to go to your support meetings, And they’re still signing you for jobs. I’m trying to get my life back on track. They don’t accept it [addiction].’ (Female, aged 40-55).*

## Bolstering support networks (e.g., family and friends) to reduce harms of problem substance use:

*“My mum and my husband pretty much looking after me and kind of making sure [...] almost every single day ‘are you sober?’, ‘have you got this?’, ‘what have you done?’, ‘have you put things away from yourself?’” (Female, aged 20-35).*

## Suicide attempts as a result of drug-related harms:

*‘A suicide attempt well, two of them [...] I didn’t want to be back [on drugs] [...] it wasn’t a cry for help. It was a definite attempt, and I was lucky enough to go to jail [...] but it took me a number of months to get that out of my head’ (Male, aged 40-55).*

[View full supporting qualitative report on website](#)

## Qualitative Insight: Theme 5 - Wirral Drug Strategy - Working together to reduce drug related crime and harm in Wirral

### Becoming trapped in cycles of crime and drug use

*'It's a progressive illness, My use became worse and worse and worse... and it was exactly the same for my criminal behaviour.'*

### Diversion from drug use - 'slipping through the net' and 'hitting rock bottom'...

- People told us that they felt some interventions were a missed opportunity to move away from drug use.

*'After being arrested, they just capped me at a victim awareness course.'*

*'I've been arrested numerous times, probably over 30/40 times ... [No referral].'*

*'I had to piss in a pot [as a condition of my probation], I'd just get someone else to do it for me.'*

*'You just don't stop until your money's gone' ... 'I was waiting to hit rock bottom first'...*

### Exploitation of children and young people for drug dealing as 'mules' and to fund dependency

*My mum said to me: 'you're going to you're going to leave your book bag at school.' [Why?] 'Because someone else is going to pick it up, they just need to lend it for a bit, they need to lend a book...'*

*'My uncle was the first person to give me heroin to smoke [...] He taught me how to shoplift. And we used to do crime together to fund our addictions.'*

### The need to share information between support services

*'There needs to be some kind of collective system whereby drug services, social services, criminal services, mental health services they all talk to each other.'*

### Inconsistent approaches to enforcement

- A 'slap on the wrist'

*'They found the pouch of pills, and took them off me, I never heard anything more about it.'*

- Multiple Arrests

*I've been convicted for selling drugs, criminal damage, assault, possession of offensive weapons... I've had suspended sentences, somehow, I've never gone to jail.*

- In and out of prison

*'I've been in and out of jail for ten years.'*

## Social media and the internet bolstering drug supply chains

*'My name was synonymous, because I used the internet to get drugs, I could get drugs [from abroad] that no one else could get.'*

*'The postman was my 'drug dealer'... He would come with a massive box; my parents were none the wiser.'*

*'I bought my drugs on the internet, completely untraceable.'*

## Leaving prison and returning to the community.

*'When I came out of the cell, I wanted to kill myself, I was just in so much emotional pain and I, I didn't know what to do, from that point on I became addicted.'*

[View full supporting qualitative report on website](#)

## Gaps / next steps

- This drug misuse needs assessment has informed the Wirral Drug Strategy 2023-2027, due to be published shortly. The strategy has identified five priorities:
  - 1) Building a positive culture to reduce drug-related harm.
  - 2) Protecting children and young people.
  - 3) Strengthening our excellent treatment and recovery system.
  - 4) Reducing health-inequalities and reducing drug-related deaths.
  - 5) Working together to reduce drug-related crime and harm in Wirral.

The strategy will be implemented through the multi-agency Wirral Combatting Drugs Partnership, facilitated by the government funding grant: Supplementary Substance Misuse Treatment and Recovery grant (SSMTR).

- Due the size and breadth of this topic area it is has been necessary to present this content as Adult Drugs Misuse JSNA. This means there are further pieces of work to create a suite of content that provides the necessary overview. A work programme will be developed to provide topic, type of report and approximate timeframe for completing this supplementary work. This will likely include content related to substance misuse of children and young people, opioid usage, over the counter medicines and ketamine ([See Drugs Misuse JSNA webpage for updates](#)).
- This document has also not included a section on blood borne viruses such as Hepatitis C. The plan is to consider this area of prevention and management in a separate supplement which will be published on the Health Protection page of the website.  
<https://www.wirralintelligenceservice.org/strategies-and-plans/health-protection/>

- It is apparent that data sharing between healthcare services, such as the hospital, and the drug treatment service is not optimal. Drug treatment services receive limited information in referrals to their service which can lead to sub-optimal care.
- With high rates of hospital admissions in young people related to drug misuse, it is unclear as to how effective our current approaches in preventing drug use are in this population. This is compounded by several factors:
  - a lack of detail on hospital admissions related to drug use due to ill-defined clinical codes.
  - a lack of knowledge on current drug use in our Wirral Children and Young people (CYP) population.
  - a lack of knowledge on whether the current CYP drug treatment offer is meeting demand and changing outcomes.
  - [\*See Drugs Misuse JSNA webpage for updates\*](#) that point to further pieces of work, including children and young people, to create a suite of content that provides the necessary overview.
- It is difficult to estimate the mental health needs of the Wirral drug using populations for reasons detailed in this report. Anecdotally, drug treatment service users report being excluded from mental health treatment due to their drug use, whilst problem drug use is recognised to be driven in some individuals by poor mental health, thus creating a catch - 22 situation. Further investigation is required around this to ensure that the mental health needs of this population are being met.

## Further information and support

- [Review of Drugs - evidence relating to drug use, supply and effects, including current trends and future risks](#) (Dame Carol Black, February 2020)
- [National Project ADDER programme](#) (January 2021)
- [Funding boost to reduce drug-related health harms and crime](#) (Wirral View, July 2021)
- [Government's flagship drugs programme expands to Liverpool](#) (Merseyside Police, July 2021)
- [WIRRAL ADDER \(ADDICTION, DIVERSION, DISRUPTION, ENFORCEMENT AND RECOVERY\) ACCELERATOR PROGRAMME UPDATE](#) (Wirral Council, November 2021)

## Contact details

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