

Alcohol and Drug Misuse in Cumbria



**Health Needs
Assessment**

December 2020

Table of Contents

Table of Contents	2
1. Summary	4
2. Prevalence of Drug and Alcohol Misuse	6
2.1 Prevalence of Alcohol Use in Cumbria.....	6
2.2 Prevalence of Alcohol Dependency.....	6
Alcohol Dependency by Age and Sex.....	7
2.3 Prevalence of Opiate and Crack Misuse.....	8
2.4 Numbers Currently in Treatment.....	9
2.5 Substance Misuse by District.....	10
2.6 Patterns of Drug Use.....	11
Trends in Substance Use.....	11
Injecting Behaviour of New Opioid User Presentations	12
Prescription-Only and Over-The-Counter Drugs.....	13
2.7 Unmet Need	16
3. Hospital Admission Statistics.....	16
3.1 Alcohol Specific and Alcohol Related Admissions by District (2018-2019).....	16
3.2 Trends in Alcohol Specific and Alcohol Related Admissions Over Time	18
3.3 Drug Related Hospital Admission Statistics	21
4. Mortality Statistics.....	23
4.1 Alcohol Specific and Alcohol Related Mortality by District, 2016-2018.....	23
4.2 Trends in Alcohol Specific and Alcohol Related Mortality Over Time	24
4.3 Drug Related Mortality	25
Deaths of Clients in Treatment.....	27
Substances Responsible for Drug Related mortality	28
5. Young People.....	29
5.1 Prevalence of alcohol and drug use amongst young people.....	29
5.2 Alcohol related hospital admissions in Under 18s.....	29
5.3 Drug related hospital admissions in Young people.....	31
5.4 Alcohol and Drug Dependency in a Child’s Home	31
Children in Need, Child Protection and Child Looked After Assessments.....	33

The “Toxic Trio” Group of Risk Factors for Vulnerable Children.....	35
6. Employment.....	37
7. Housing	37
8. Crime	38
8.1 Drug Related Crime	38
Organised Crime	39
8.2 Alcohol Related Crime.....	39
All Alcohol Related Crime	39
Alcohol Related Violent Crime.....	40
Alcohol Related Sexual Offences	41
Alcohol Related Road Traffic Accidents	41
8.3 Contact with the Criminal Justice System.....	42
8.4 Working with Probation.....	44
10. Other Health Needs.....	46
10.1 Overdose Death Prevention	46
10.2 Blood Borne Viruses	46
10.3 Mental Health Care	49
10.4 Tobacco Use Prevalence	50
11. Current Service	51
11.1 Current Service Provision	51
11.2 Source of Referral	51
11.3 Referral Process.....	53
11.4 Client Demographics.....	53
11.5 Appointment Utilisation.....	55
11.6 Shared Care	55
11.7 Opioid Substitution	56
11.8 Needle Exchange	57
11.9 Successful Treatment Completions.....	58
11.10 Services for Young People	59
Appendix 1.	60

1. Summary

Cumbria County Council recognises the importance of preventing and reducing drug and alcohol related harm. Effective alcohol and drug treatment and recovery services have a wide range of positive results, including improved health and wellbeing of individuals and families, safer communities, and a reduction in drug and alcohol related hospital admissions and deaths.

To help achieve these results, the Council has a contract with Greater Manchester Mental Health NHS Foundation Trust to provide the Unity drug and alcohol treatment and recovery service. This contract comes to an end on 30 September 2021.

As part of the recommissioning of this service and development of a new contract starting October 2021, Cumbria County Council undertook a Health Needs Assessment to provide an update on the levels of alcohol and drug misuse related need in Cumbria. This report summarises key alcohol and drug misuse statistics, including the impact of substance misuse on hospital admissions, mortality, employment and crime.

Levels of alcohol consumption are higher in Cumbria than nationally. Despite this, only about 19% of the estimated 5,373 individuals with an alcohol dependency in Cumbria are currently in treatment. Alcohol related hospital admission statistics vary significantly throughout the county, with hospital admissions in Barrow significantly higher than the national levels. Alcohol related mortality statistics are also significantly higher in Barrow compared with nationally. Alcohol related mortality in Cumbria has shown no improvement in recent years, reflecting national trends.

Of the estimated 2,363 opiate users in the county, 39% are not currently in treatment. Drug related hospital admissions in Cumbria are comparable to national statistics. However, drug related deaths have shown an increase in recent years, with the highest annual number of deaths (36) recorded in 2019. Drug related deaths are highest in Barrow, at a rate of 11.1 per 100,000, more than double the national rate of 4.7 per 100,000. The standardised mortality ratio for deaths of drug users in treatment Cumbria is 1.49 (95% confidence interval 1.17-1.86), indicating that Cumbria has a significantly higher mortality rate among clients in treatment than England.

The use of Prescription-Only and Over-The-Counter medications by clients in drug treatment is more prevalent in Cumbria, with 24% of drug clients in treatment reporting misuse of a prescription only medicine or over-the-counter (OTC) medicine compared with 14% nationally. Prescribing data reveals that opioids and gabapentinoids are typically prescribed at higher levels in North Cumbria CCG and Morecambe Bay CCG than the national median, meanwhile prescribing of anxiolytics and hypnotics is lower or equal to the national median.

There is a profound impact of substance misuse seen amongst Cumbria's young people. Survey data suggests that young people in Cumbria are more likely to drink alcohol, however are less likely to try drugs than their national peers. The rate of alcohol specific admissions in Under-18s is significantly higher in Cumbria than in the North West or England. In fact, Barrow has the highest rate of alcohol specific hospital admissions in Under-18s of any district in England. Drug related hospital admissions amongst 15-24 year olds is also consistently higher in Cumbria than nationally. Many children in Cumbria are exposed to substance misuse in

their homes, with 28% of Children in Need assessments identify alcohol or drugs as a factor, compared with 19% nationally and 20% in the North West. Adults with a substance misuse issue who live with children are less likely to access services.

Alcohol and drug related crime has seen an increase in Cumbria in recent years. Alcohol contributes to approximately 11.5% of criminal incidents in Cumbria. Rates of alcohol related crime and alcohol related violent crime are highest in Barrow. Drug related offences are highest in Barrow and Carlisle, however many areas of the county have levels of drug offences below the national average.

Substance misuse is associated with other health concerns. 50-60% of all clients entering treatment with Unity also have a Mental Health need identified, and approximately 25% of these were not currently receiving treatment. Service users in Cumbria are more likely to complete a Hepatitis B vaccination course and receive a Hepatitis C test than their national counterparts, however are less likely to be referred for Hepatitis C treatment. Approximately 18% of clients currently in the service are long term sick or disabled.

2. Prevalence of Drug and Alcohol Misuse

2.1 Prevalence of Alcohol Use in Cumbria

Alcohol consumption statistics indicate higher levels of consumption in Cumbria than national averages, with 31.7% of adults drinking over 14 units of alcohol per week. Cumbria also has a higher prevalence of binge drinking, lower abstinence rates, as well as higher alcohol sales compared to national statistics.

	Cumbria (%)	North West (%)	England (%)
Percentage of adults drinking >14 units/week (2011-2014)	31.7%	27.6%	25.7%
Percentage of adults binge drinking on heaviest drinking day (2011-2014)	22.6%	20.2%	16.5%
Percentage of adults who abstain from alcohol (2011-2014)	9.9%	16.3%	15.5%
Volume of pure alcohol sold through the off-trade (inc. beer, wine, spirits) [litres per adult] (2014)	7.0	6.5	5.5

Table 1: Prevalence of Alcohol Use in Cumbria. Source: Local Alcohol Profiles for England (PHE Fingertips)

2.2 Prevalence of Alcohol Dependency

In the year 2017-2018, it was estimated that 5373 individuals had an alcohol dependency in Cumbria (95% confidence interval 4382 to 6804). This number has shown a gradual reduction over recent years, from a prevalence estimate of 5834 in 2014-2015 and 5675 in 2016-2017. Only approximately 19% of individuals who are alcohol dependent are currently in treatment.

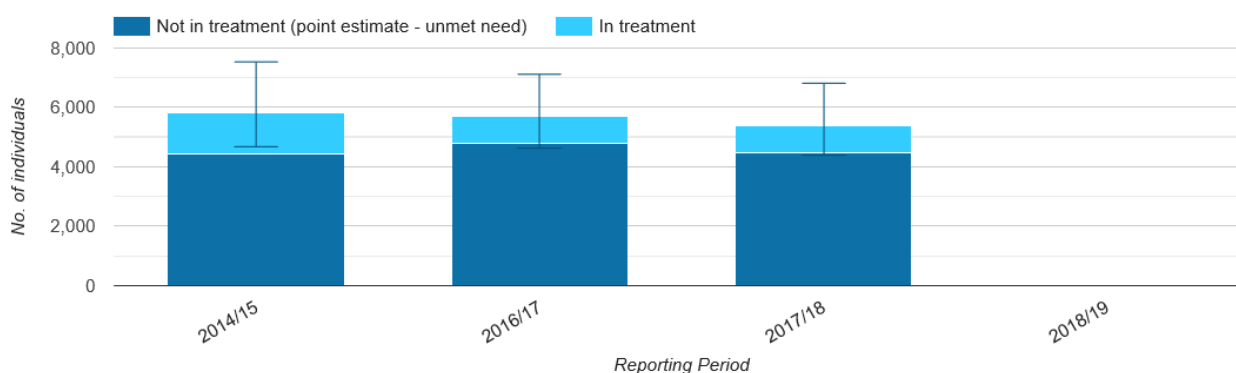


Figure 1: Percentage of individuals with an alcohol dependency in treatment. Source: NDTMS

Alcohol Dependency by Age and Sex

The tables and graphs below show the age and sex distribution of alcohol dependency in Cumbria based on the estimated prevalence of alcohol dependency data from 2014-2015. Males aged 35 to 54 have the highest number of individuals with alcohol dependency, accounting for 2300 of the estimated 5834 individuals with alcohol dependency in Cumbria. However, the highest prevalence as a percentage of the age group population occurs in males aged 25 to 34, with 4.1% of individuals in this age group dependent upon alcohol. Amongst females, the age group with the highest prevalence is 18-24 year olds. 1.5% of females in this age group are dependent upon alcohol.

Age Group	Sex	Dependent Population	Prevalence (%)
18-24	Male	510	2.60
	Female	273	1.50
25-34	Male	1063	4.10
	Female	261	1.00
35-54	Male	2300	3.50
	Female	590	0.90
55+	Male	563	0.70
	Female	274	0.30

Table 2: Estimated Prevalence of Alcohol Dependency in Cumbria by Age Group (2014-2015 data).
Source: University of Sheffield¹

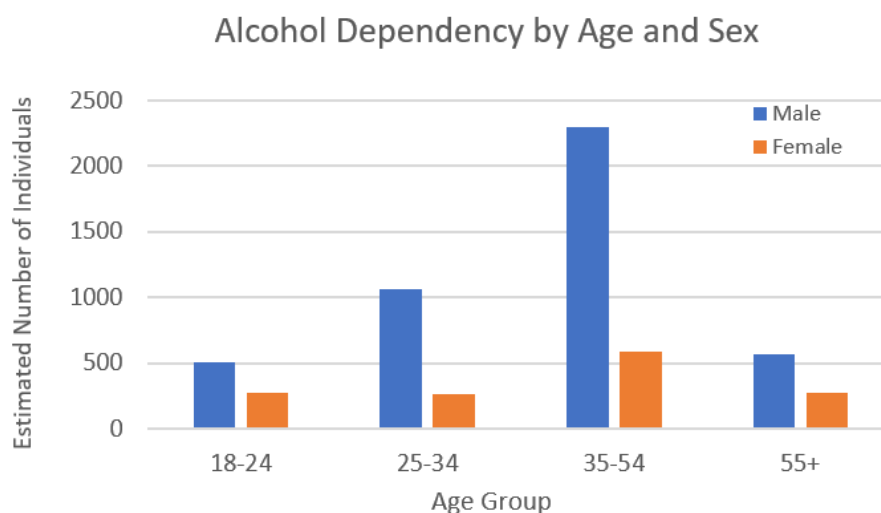


Figure 2: Estimated Number of Individuals with Alcohol Dependency by Age and Sex (2014-2015 data)
Source: University of Sheffield

¹ https://www.sheffield.ac.uk/polopoly_fs/1.693547!/file/Alcohol_estimates_supplementary_tables.xls

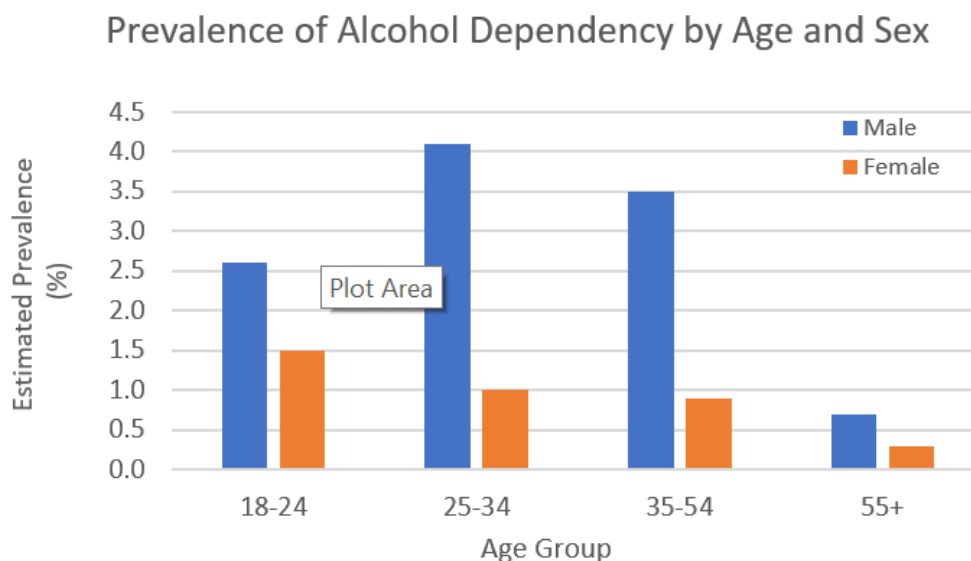


Figure 3: Estimated Prevalence of Alcohol Dependency as a Percentage of Population in Age/Sex Group (2014-2015 data). Source: University of Sheffield

2.3 Prevalence of Opiate and Crack Misuse

Estimates of the prevalence of alcohol and drug misuse were created using drug treatment, probation, police and prison data. Hidden opiate and/or crack use was estimated using capture-recapture methods were possible, otherwise multiple indicator methods were utilised.² The most recent estimates are based on 2016-2017 data and were published in 2019.

Rates are expressed per 100,000 of the population aged 15-64 and are shown in the table below. Prevalence of opiate use is similar to the England rate, however is significantly lower than North West. Prevalence of crack use in Cumbria is significantly lower than in England or the North West as a whole.

Substance	Cumbria		North West	England
	Count (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
Opiates and/or Crack	2396 (2198-2730)	7.86 (7.2-8.96)	10.81 (10.18-11.59)	8.85 (8.72-9.23)
Opiates	2363 (2144-2690)	7.76 (7.04-8.83)	8.96 (8.54-9.45)	7.37 (7.30-7.65)
Crack	630 (370-1206)	2.07 (1.21-3.96)	6.21 (5.81-6.71)	5.10 (4.98-5.30)

Table 3: Prevalence of Opiate and/or Crack Misuse in Cumbria. Source: Liverpool John Moores University

²https://www.ljmu.ac.uk/~media/phireports/pdf/2019_03_estimates_of_the_prevalence_of_opiate_use_and_or_crack_cocaine_use_201617_sweep_13_.pdf

2.4 Numbers Currently in Treatment

In 2018 to 2019, there were 2635 clients in treatment for substance misuse in Cumbria. Opiate users (1455 individuals) and alcohol dependent service users (855 individuals) make up the majority of clients who are currently in treatment.

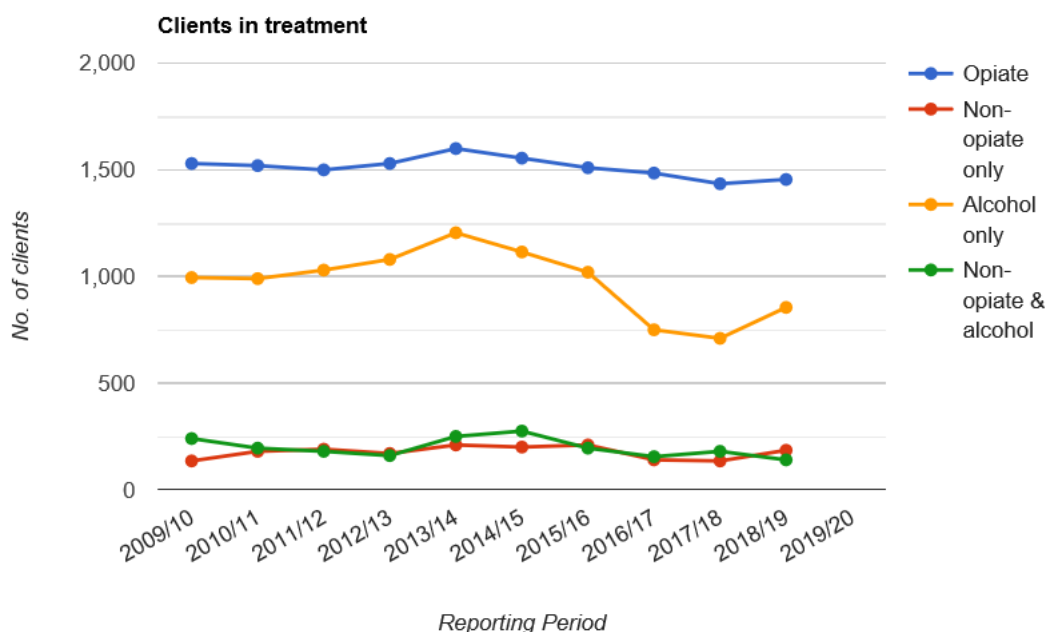


Figure 4: Type of Substance Used - All Clients Currently in Treatment. Source: NDTMS

Substance	2014/15	2015/16	2016/17	2017/18	2018/19
Opiate	1555	1510	1485	1435	1455
Non-opiate only	200	210	140	135	185
Alcohol only	1115	1020	750	710	855
Non-opiate & alcohol	275	195	155	180	140

Table 4: Type of Substance Used by All Clients Currently in Treatment (Last 5 Years). Source: NDTMS

In 2018 to 2019, there were 1390 new presentations for treatment in Cumbria. Alcohol only users made up the largest group, with 680 new clients. Opiate users made up the second largest group, with 455 new clients.

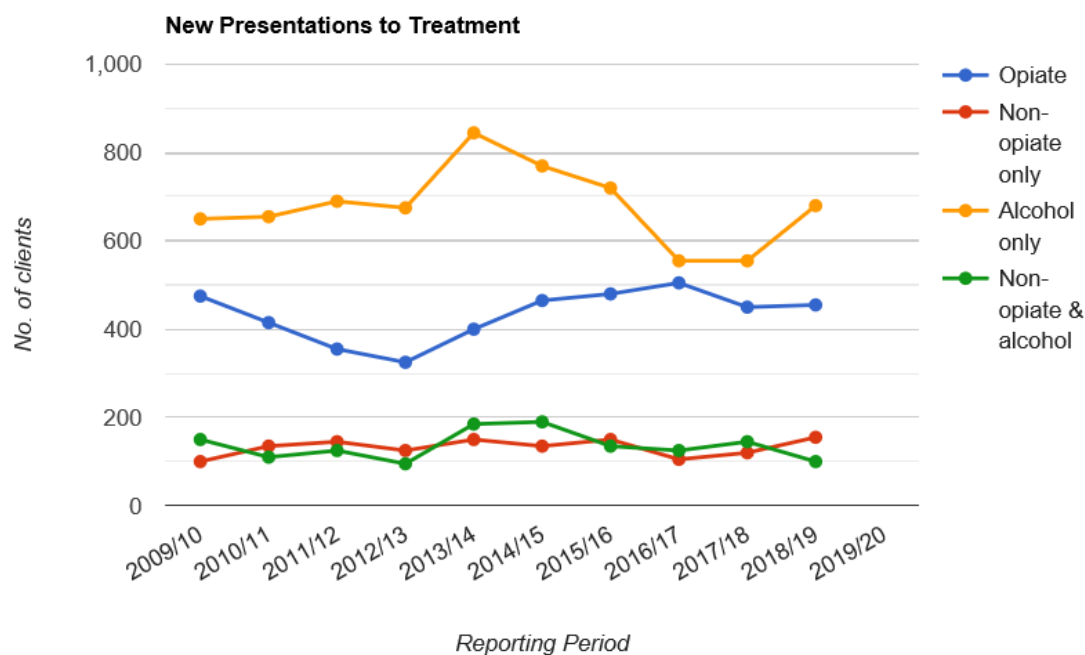


Figure 5: Type of Substance Used – New Presentations for Treatment. Source: NDTMS

Substance	2014/15	2015/16	2016/17	2017/18	2018/19
Opiate	465	480	505	450	455
Non-opiate only	135	150	105	120	155
Alcohol only	770	720	555	555	680
Non-opiate & alcohol	190	135	125	145	100

Table 5: Type of Substance Used – New Presentations for Treatment. Source: NDTMS

2.5 Substance Misuse by District

The pattern of substance misuse varies by district. Barrow, Carlisle, Allerdale and Copeland have a higher number of opiate clients than alcohol clients. In Eden and South Lakeland, there is more of an even split between clients in treatment for opiate and alcohol use. These figures are shown in the table and graph below.

Substance	Allerdale	Barrow	Carlisle	Copeland	Eden	South Lakes	Total
Alcohol	183	168	362	147	74	120	1054
Alcohol & Non-Opiate	17	24	33	17	8	20	119
Non-Opiate	42	42	83	32	27	25	251
Opiate	383	377	530	237	62	138	1727
Total	625	611	1008	433	171	303	3151

Table 6: Number of Clients broken down by substance used and district. Includes all treatment episodes open between April 2019 and April 2020. Source: Unity

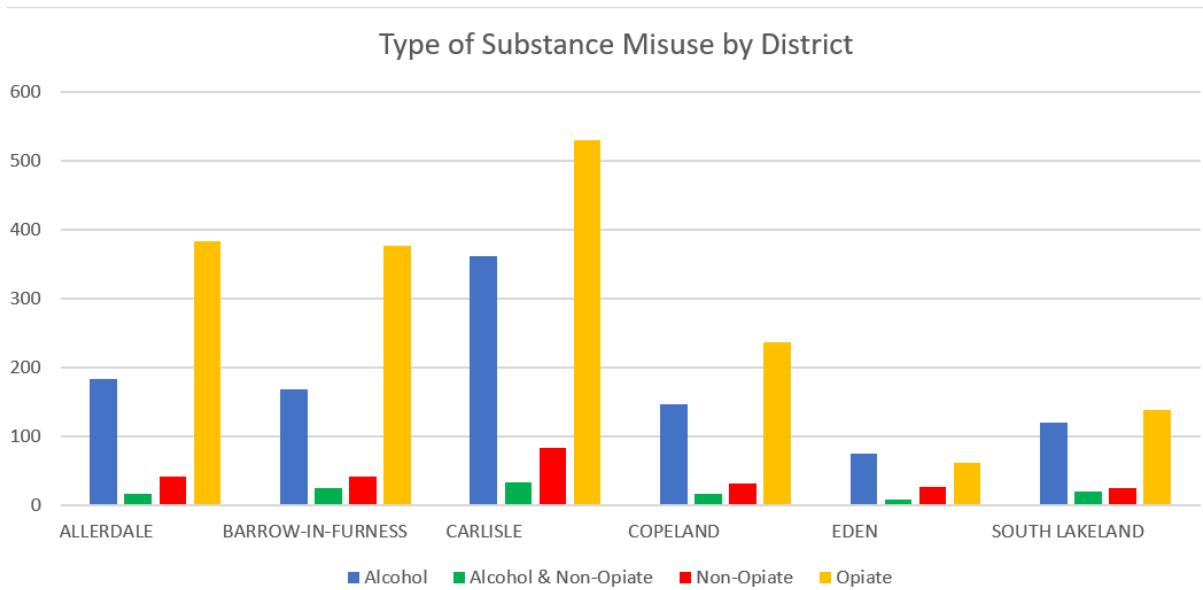


Figure 6: Number of Clients broken down by substance used and district. Includes all treatment episodes open between April 2019 and April 2020. Source: Unity

2.6 Patterns of Drug Use

Trends in Substance Use

Whilst opiate or alcohol users make up the majority of clients in treatment in Cumbria, crack cocaine, cannabis, cocaine, benzodiazepine and amphetamine users also contribute to the caseload, shown in the graph and table below. This data represents the number of clients who use each individual substance, so the same client may be counted more than once if they use multiple substances.

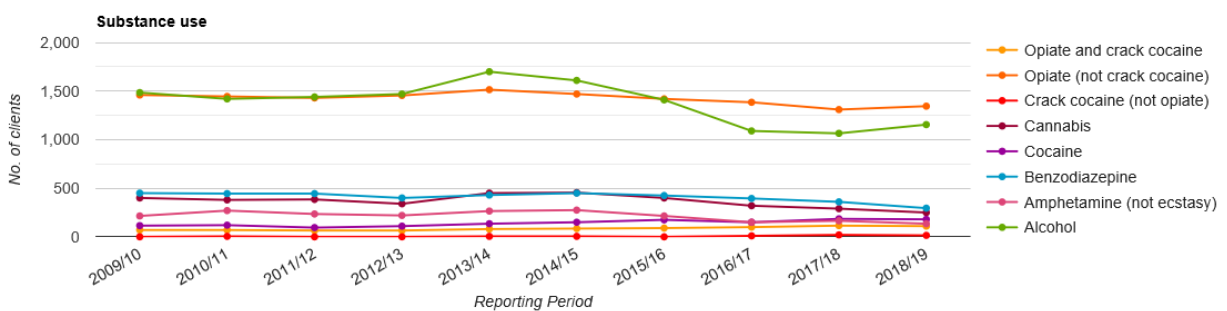


Figure 7: Numbers of individuals in treatment for Alcohol or Drug Misuse in Cumbria. Source: NDTMS

Substance	Count (2018-2019)
Opiate and crack cocaine	110
Opiate (not crack cocaine)	1345
Crack cocaine (not opiate)	15
Cannabis	250
Cocaine	180
Benzodiazepine	295
Amphetamine (not ecstasy)	135
Alcohol	1155

Table 7: Numbers of individuals in treatment for Alcohol or Drug Misuse in Cumbria, by Substance. Source: NDTMS

Injecting Behaviour of New Opioid User Presentations

Of the 445 new opioid users in treatment in 2018-2019, 100 clients were currently injecting. Over the last two years, the numbers of those currently injecting has declined, whereas the number of clients who have previously injected has been increasing.

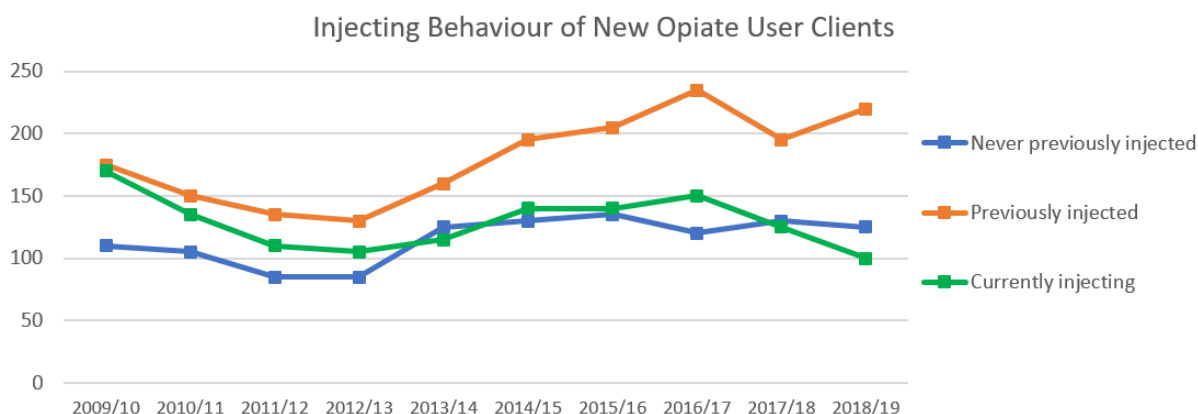


Figure 8: Injecting behaviour of new clients. Source: NDTMS

Injecting Behaviour of New Opioid User Presentations	Count
Never previously injected	125
Previously injected	220
Currently injecting	100

Table 8: Injecting behaviour of new clients, 2018-2019. Source: NDTMS

Prescription-Only and Over-The-Counter Drugs

A total of 24% of drug clients in treatment in Cumbria in 2019 to 2020 reported misuse of a prescription only medicine or over-the-counter (OTC) medicine during their latest treatment journey, which is higher than the national statistic of 14%. 16% of drug clients had been using a prescription only medicine or over-the-counter (OTC) medicine alongside another illicit drug, meanwhile 8% of drug treatment clients did not cite use of any illicit drug.

	Cumbria		National proportion of treatment population
	Number	Proportion of treatment population	
Illicit Use	287	16%	10%
No illicit Use	144	8%	4%
Total	431	24%	14%

Table 9: Use of Prescription-Only and Over-The-Counter Medications by Drug Misuse Clients. Source: Cumbria Drugs Commissioning Support Pack, 2021-2022.

Primary Care Prescribing Data

Prescribing data reveals that primary care prescriptions for opiates and gabapentinoids are typically higher in North Cumbria CCG and Morecambe Bay CCG than the national median, meanwhile prescribing of anxiolytics and hypnotics is lower or equal to the national median.

	Percentile of all CCGs	
	North Cumbria	Morecambe Bay
High dose Opioids Per 1000 Patients	73.9	54.5
High Dose Opioids as % of all Opioid Prescriptions	96.3	72.4
Pregabalin and Gabapentin Prescribing	64.2	67.2
Anxiolytic and Hypnotic Prescribing	11.2	50.0

Table 10: North Cumbria and Morecambe Bay CCG Prescribing Indicators, Compared with all England CCGs. (Data from 1 September 2020). Source: OpenPrescribing.net³

Whilst opioid painkillers can be indicated for short term pain or end-of-life care, there is no evidence for the use of high dose opioids for the management of long-term pain conditions. Use of high dose opioids is associated with tolerance and dependence, and patients taking high doses of opioids at an equivalent of 120mg morphine per day or more are at particular risk of adverse effects.⁴

The number of patients in receipt of high dose opioid prescriptions per 1000 patients is higher in North Cumbria CCG than the national median, with North Cumbria CCG in the 73.9th percentile. Morecambe Bay CCG is closer to the national median (54.5th percentile).

³ <https://openprescribing.net/ccg/01K/measures/?tags=pain>

⁴ <https://fpm.ac.uk/opioids-aware>

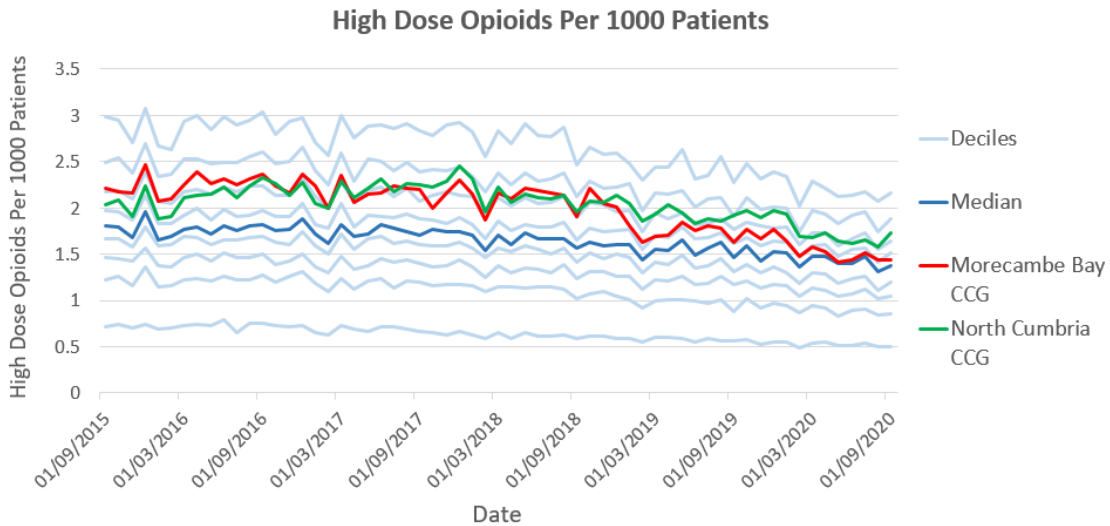


Figure 9: High Dose Opioid Prescriptions (>120mg morphine equivalent daily) per 1000 Patients in North Cumbria and Morecambe Bay CCG. Source: OpenPrescribing.net

Both North Cumbria and Morecambe Bay CCGs have a higher percentage of high dose opioid prescriptions (above a morphine equivalent dose of 120mg per day) as a percentage of all opioid prescriptions. This is particularly evident in North Cumbria CCG, where 18.5% of opioid prescriptions are for high dose opioids, putting North Cumbria in the 96th percentile nationally.

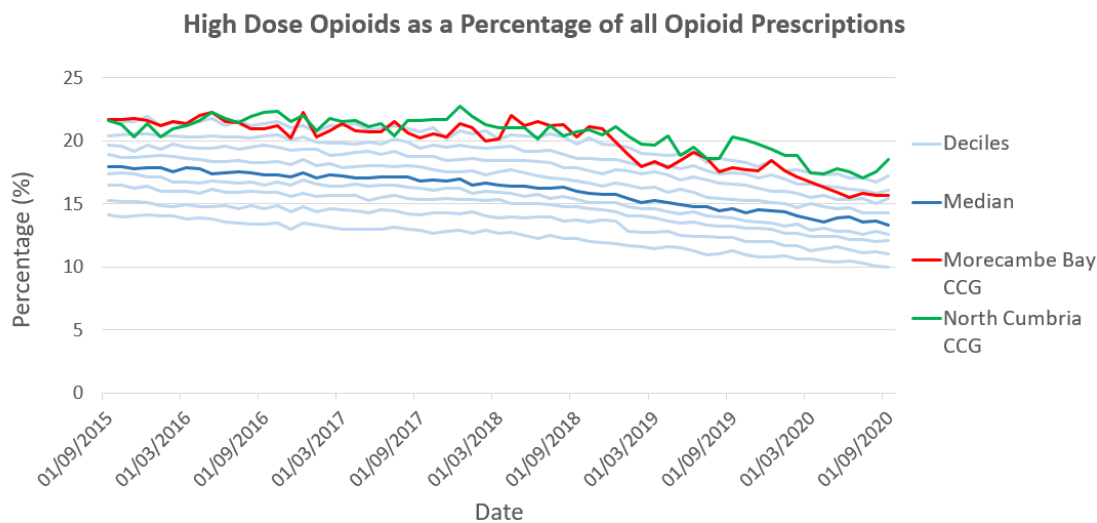


Figure 10: High Dose Opioid Prescriptions (>120mg morphine equivalent daily) as a Percentage of all Opioid Prescriptions in North Cumbria and Morecambe Bay CCG. Source: OpenPrescribing.net

Gabapentin and pregabalin are useful analgesic drugs in particular for neuropathic pain. However they do hold potential for abuse, which has been recognised through recent reclassification as a Schedule 3 controlled drug. The prescribing of gabapentin and pregabalin has been increasing both locally and nationally over time, with both North Cumbria and Morecambe Bay CCGs consistently within the the 6th to 7th prescribing deciles.

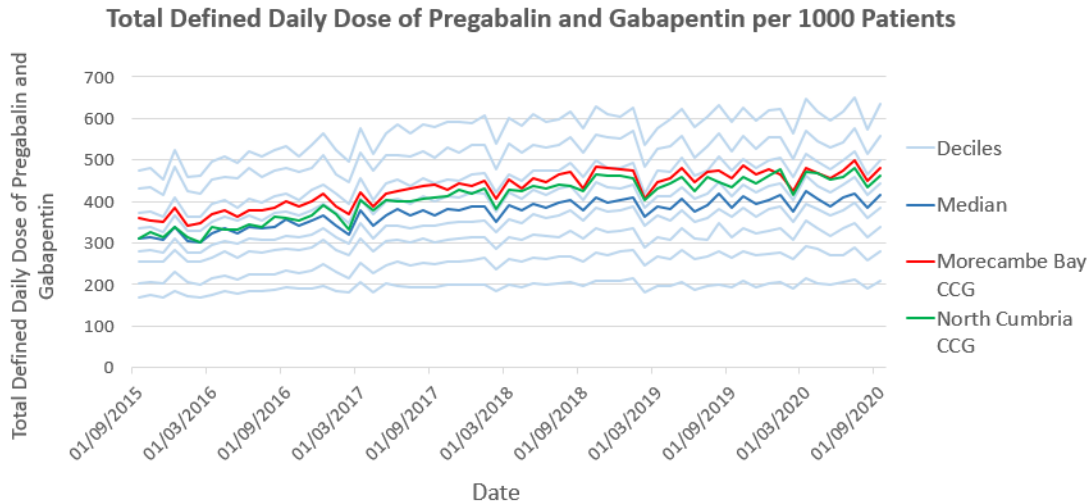


Figure 11: Total Defined Daily Dose of Pregabalin and Gabapentin Prescriptions in North Cumbria and Morecambe Bay CCG. Source: OpenPrescribing.net

Anxiolytics and Hypnotics (including Benzodiazepines such as Diazepam, and “Z-drugs” such as Zopiclone) are indicated for short term management of certain conditions including sleep problems and anxiety. However, they hold a significant risk of addiction, with 40% of patients taking these drugs daily for over 6 weeks developing an addiction.⁵ They should therefore not be prescribed for durations longer than 4 weeks. Prescribing of hypnotics and anxiolytics in North Cumbria CCG is well below the national median (11th percentile), and prescribing in Morecambe Bay CCG is at the level of the national median.

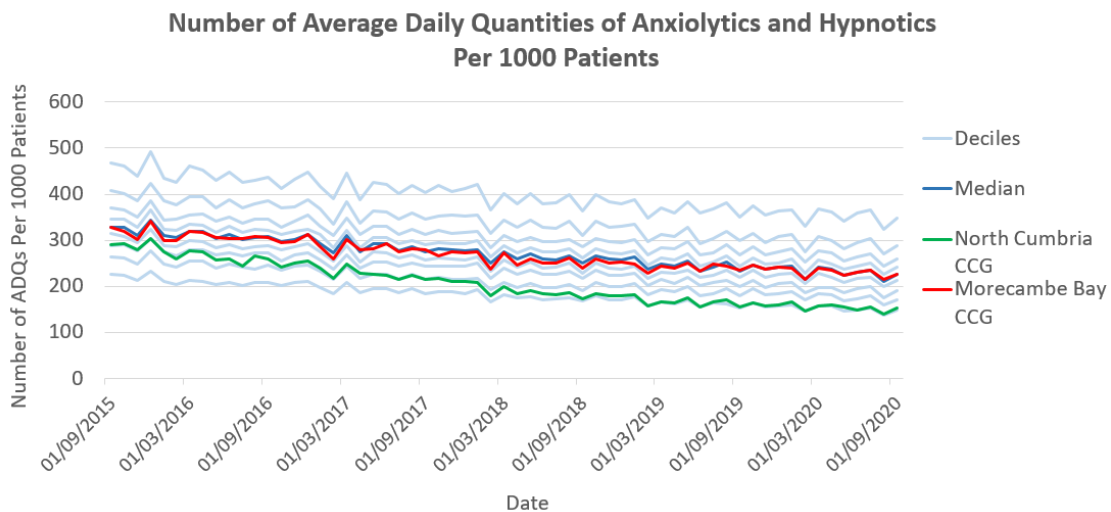


Figure 12: Number of Average Daily Quantities (ADQs) of Anxiolytics and Hypnotics Per 1000 Patients in North Cumbria and Morecambe Bay CCG. Source: OpenPrescribing.net

⁵ OpenPrescribing.net

2.7 Unmet Need

61% of opiate users are estimated to be accessing treatment. This suggests that there are 934 opiate users in Cumbria who are currently not accessing treatment. The unmet need amongst alcohol dependent individuals is much higher, with an estimated 4352 affected individuals not currently in treatment. Due to the illicit nature of opiates and crack, these figures are an estimate, and must be interpreted with caution.

Substance Category	Prevalence Point Estimate	Percentage in Treatment	Percentage Not in Treatment (Estimated Number not in Treatment)
Opiates and/or Crack	2396 (2198-2730)	61%	39% (934)
Opiates	2363 (2144-2690)	61%	39% (922)
Crack	630 (370 - 1206)	20%	80% (504)
Alcohol	5373 (4382-6804)	19%	81% (4352)

Table 11: Unmet Need for Drug or Alcohol Misuse in Cumbria (2016-2017 estimates). Source: NDTMS

3. Hospital Admission Statistics

3.1 Alcohol Specific and Alcohol Related Admissions by District (2018-2019)

The table below displays the number of alcohol related admissions for each Cumbrian district, as well as the standardised rate. Rates for each district are colour coded for comparison purposes, with red indicating values significantly worse than the England rate, green being significantly better, and amber indicating rates not significantly different from the national statistics.

Overall, Cumbria has a lower rate of alcohol specific admissions and alcohol related conditions (broad) than England as a whole, and a similar rate of alcohol related admissions (narrow) compared to the English statistic. However, these figures mask significant variation within Cumbria. Whilst South Lakeland, Eden and Allerdale all have lower alcohol admission rates compared with England, rates of hospital admission in Barrow are significantly higher.

Area	Number of Alcohol Specific Admissions	Rate of Alcohol Specific Admissions (Per 100,000)	Number of Alcohol Related Admissions (Narrow)	Rate of Alcohol Related Admissions (Narrow) (Per 100,000)	Number of Alcohol Related Admissions (Broad)	Rate of Alcohol Related Admissions (Broad) (Per 100,000)
Allerdale	455	459	623	607	2207	2019
Barrow-in-Furness	529	796	509	765	1753	2509
Carlisle	697	647	826	754	2777	2443
Copeland	393	552	560	774	1825	2444
Eden	129	225	303	490	1077	1651
South Lakeland	399	367	626	539	2153	1685
Cumbria		514		658		2117
North West		883		742		2736
England		626		664		2367

Table 12: Alcohol Specific and Alcohol Related Hospital Admissions in Cumbria. Source: Local Alcohol Profiles for England (PHE Fingertips)

The incidence of alcohol related hospital admissions increases with advancing age, with the highest rate of hospital admissions occurring in the 40-64 and 65 and over age groups.

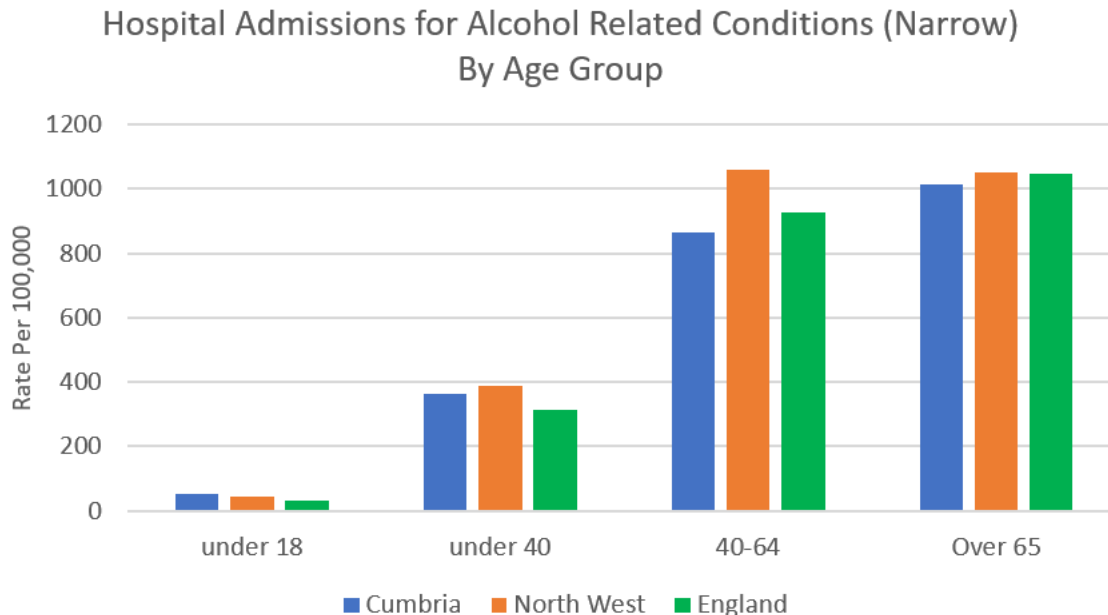


Figure 13: Rate of Alcohol Related (Narrow) Hospital Admissions by Age Group. Source: Local Alcohol Profiles for England (PHE Fingertips)

3.2 Trends in Alcohol Specific and Alcohol Related Admissions Over Time

The graphs below show the trend in hospital admissions for alcohol specific and alcohol related conditions for Cumbria and England over recent years. Although alcohol related (broad) admissions have been increasing over time, in the last four years there has been a reduction in admissions for this cause in Cumbria.

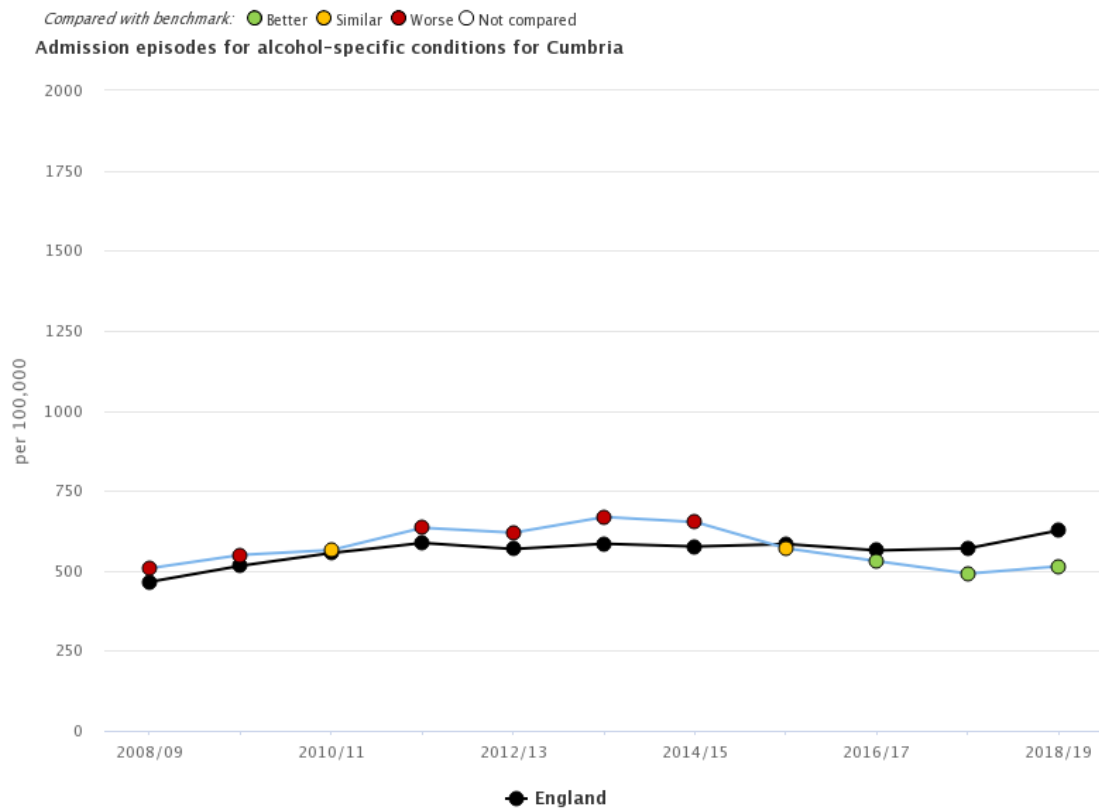


Figure 14: Trends in Alcohol Specific Hospital Admissions over Time, Locally and Nationally. Source: Local Alcohol Profiles for England (PHE Fingertips)

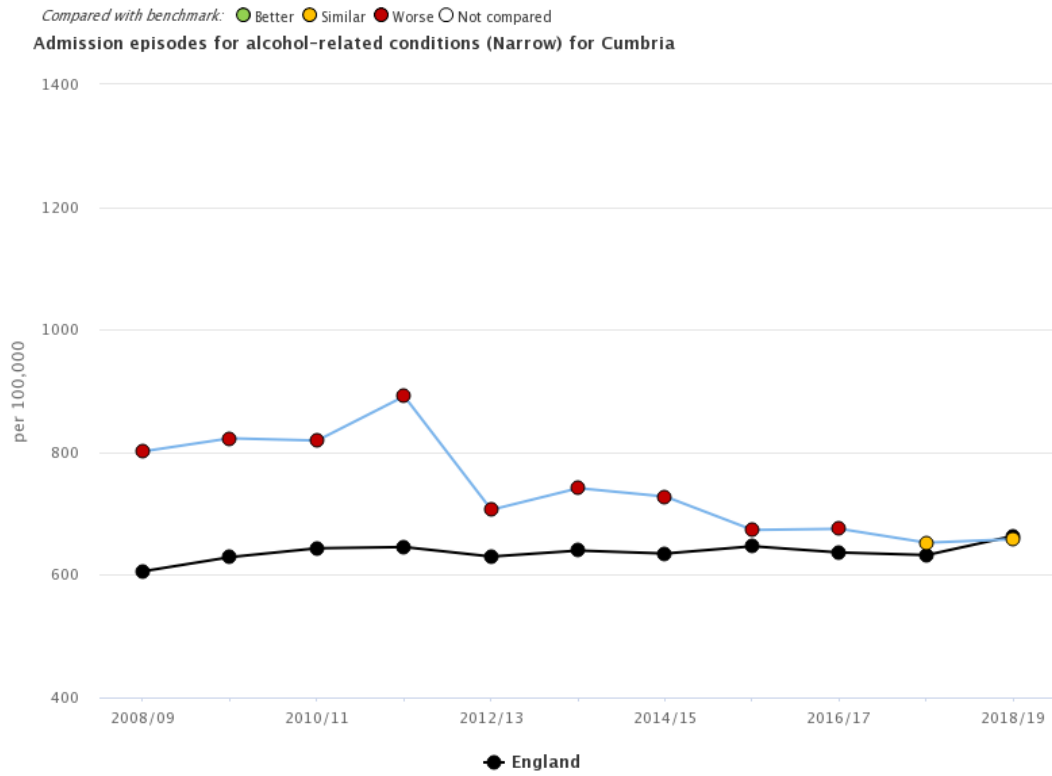


Figure 15: Trends in Alcohol Related (Narrow) Hospital Admissions over Time, Locally and Nationally.
 Source: Local Alcohol Profiles for England (PHE Fingertips)

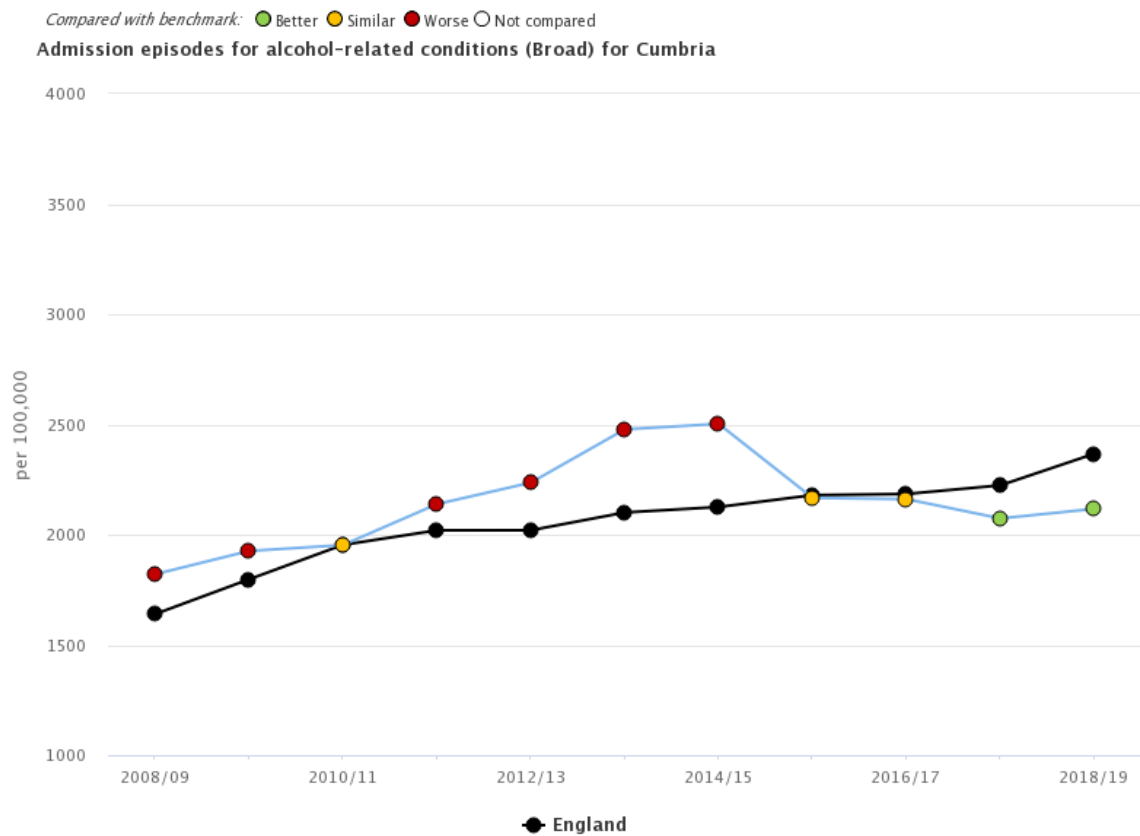


Figure 16: Trends in Alcohol Related (Broad) Hospital Admissions over Time, Locally and Nationally.
Source: Local Alcohol Profiles for England (PHE Fingertips)

3.3 Drug Related Hospital Admission Statistics

The number of drug related hospital admissions in Cumbria is shown in the table below. The rate of drug related hospital admissions is comparable to the national rate, and lower than the rest of the North West. In the last three years, there has been a decline in admissions with a primary diagnosis of drug related mental and behavioural disorders, however the rate of admissions due to poisoning by drug misuse and admissions with a primary or secondary diagnosis of drug related mental and behavioural disorders has been relatively constant.

	Number of Patients in Cumbria	Cumbria Rate Per 100 000	North West Rate Per 100 000	England Rate Per 100 000
Admissions with a primary diagnosis of poisoning by drug misuse	175	39	50	33
Admissions with a primary diagnosis of drug related mental and behavioural disorders	50	11	18	13
Admissions with a primary or secondary diagnosis of drug related mental and behavioural disorders	755	172	258	175

Table 13: Drug Related Hospital Admissions in 2018-2019. Source: NHS Digital Statistics on Drug Misuse⁶

⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2019/drug-admissions-data-tables>

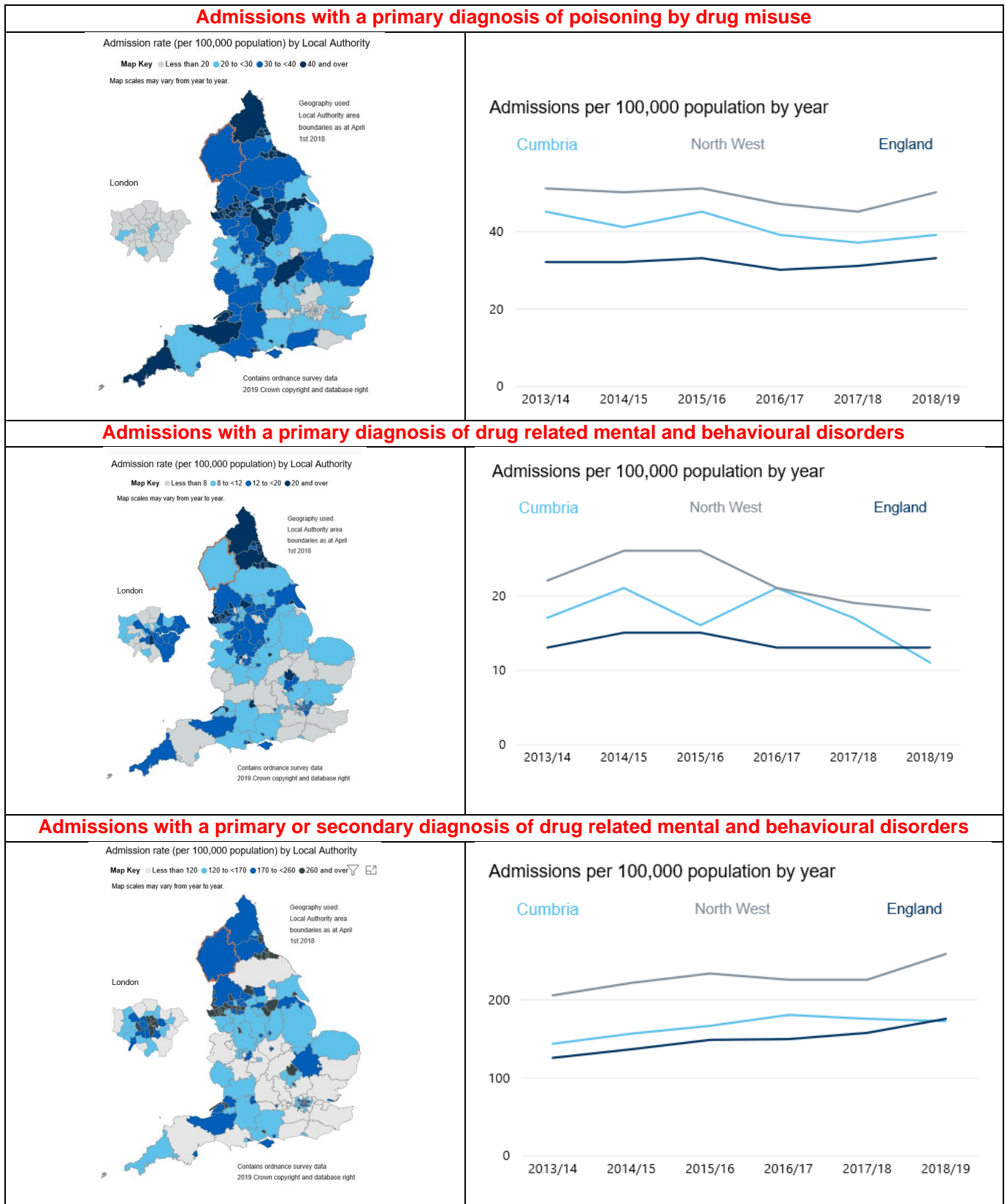


Figure 17: Drug Related Hospital Admissions, National Variation and Trends over Time. Source: Hospital admissions related to drug misuse - England⁷

⁷<https://app.powerbi.com/view?r=eyJrIjoiaTk3OWlyMTUtYjQyZS00NzIzLTgyYzAtZTA3ZjUzNTZiZTliwz-widCl6ljUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMlMlMlMiOjh9>

4. Mortality Statistics

4.1 Alcohol Specific and Alcohol Related Mortality by District, 2016-2018

In the period 2016-2018, there were 161 alcohol specific deaths in Cumbria, resulting in a mortality rate of 10.0 per 100 000, comparable to the national figure. In 2018 there were 260 alcohol related deaths in Cumbria. The rate of 46.5 per 100 000 is the same as the national rate. There is significant variation within the county, with Barrow having alcohol specific and alcohol related mortality rates higher than the national average. Rates for each district are colour coded for comparison purposes, with red indicating values significantly worse than the England rate, green being significantly better, and amber indicating rates not significantly different from the national statistics.

During 2016 to 2019, there were 14 deaths in service of alcohol users, which is lower than the national average.

Area	Alcohol Specific Mortality 2016-2018 (Number of Deaths)	Alcohol Specific Mortality 2016-2018 Rate Per 100,000	Alcohol Related Mortality 2018 (Number of Deaths)	Alcohol Related Mortality 2018 Rate Per 100,000
Allerdale	28	8.3	44	39.3
Barrow-in-Furness	35	17.1	46	66.4
Carlisle	31	9.2	55	47.9
Copeland	30	13.3	42	57.9
Eden	7	*	19	29.2
South Lakeland	30	8.7	54	42.9
Cumbria		10.0		46.5
North West		14.7		54.9
England		10.8		46.5

Table 14: Alcohol Specific and Related Mortality in Cumbria. Source: Local Alcohol Profiles for England (PHE Fingertips)

4.2 Trends in Alcohol Specific and Alcohol Related Mortality Over Time

Both Cumbrian and national alcohol specific and alcohol related mortality rates appear to have been relatively constant over the last 10 years, as shown on the graphs below.

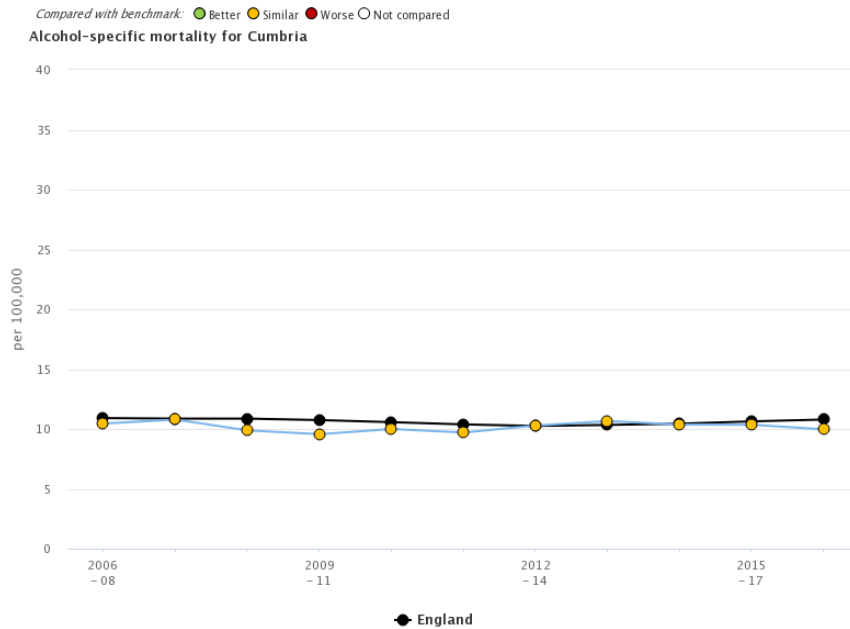


Figure 18: Trends in Alcohol Specific Mortality over Time, Locally and Nationally. Source: Local Alcohol Profiles for England (PHE Fingertips)

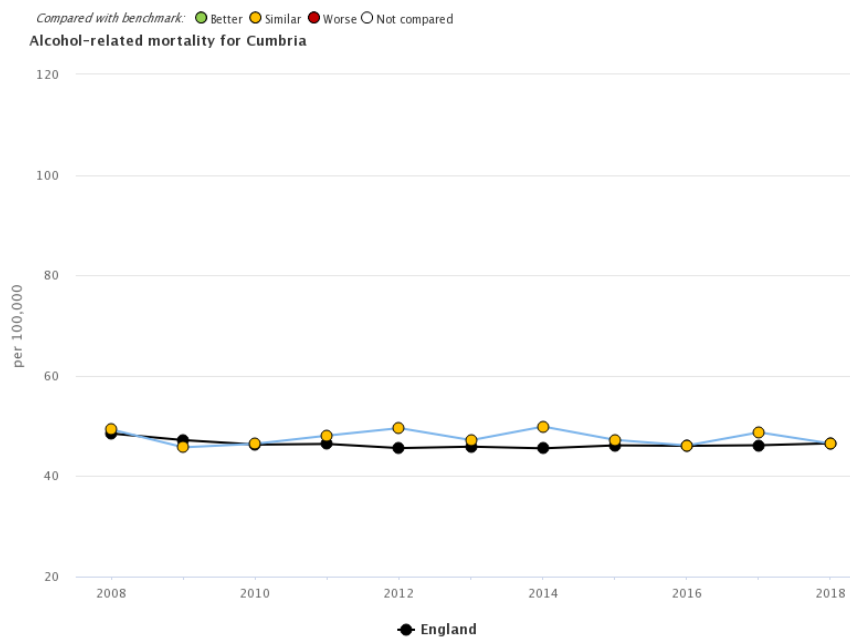


Figure 19: Trends in Alcohol Related Mortality over Time, Locally and Nationally. Source: Local Alcohol Profiles for England (PHE Fingertips)

4.3 Drug Related Mortality

Over the last 10 years, there has been an increasing number of drug related deaths in Cumbria, with 36 deaths in 2019 (table and graph below). The breakdown of the number of deaths by district is shown in the table below.

Area	Number of Deaths in Each Year										
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Allerdale	5	3	3	1	3	2	6	6	4	3	8
Barrow-in-Furness	1	3	0	6	4	5	3	10	5	9	6
Carlisle	3	9	5	6	13	11	2	3	9	6	11
Copeland	2	2	3	3	1	0	2	2	5	4	6
Eden	1	1	2	0	3	1	3	4	1	1	2
South Lakeland	3	3	2	1	2	4	5	4	3	4	3
Cumbria	15	21	15	17	26	23	21	29	27	27	36

Table 15: Number of Drug Related Deaths in Cumbria by Year and District. Source: Office for National Statistics⁸

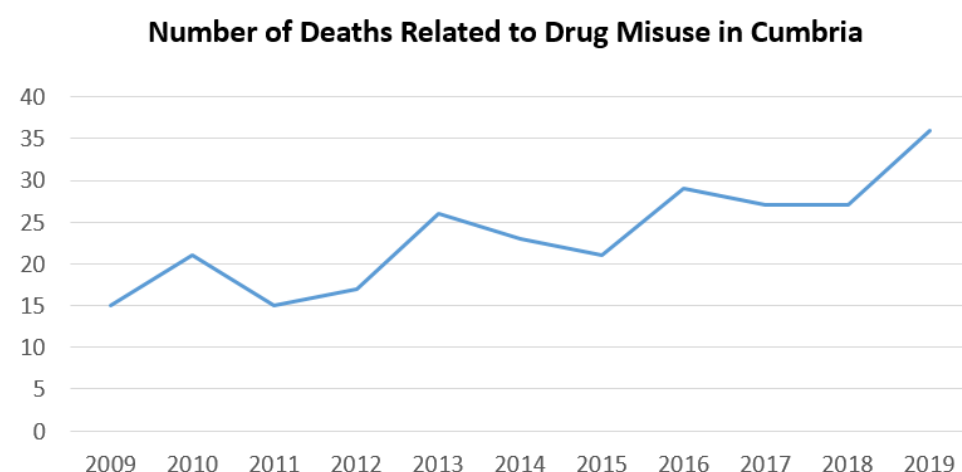


Figure 20: Number of Drug Related Deaths in Cumbria by Year. Source: Office for National Statistics

A total of 90 drug related deaths were recorded in Cumbria during the last reporting period (2017 to 2019), corresponding to a rate of 6.8 per 100,000. Although similar to the rate for the rest of the North West, it is higher than the national rate of 4.7 per 100,000. Drug related deaths are the highest in Barrow, with a rate of 11.1 per 100,000.

Males in Cumbria are disproportionately affected, and have a rate of drug related deaths higher than the North West or England. Men in Barrow have the highest rate of drug related deaths in Cumbria (19.0 per 100,000), which is 2.8 times higher than the rate for England. Meanwhile, females in Cumbria have a rate of drug related deaths similar to England and lower than the North West.

⁸<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority>

Area	Number of drug related deaths (2017-2019)			Rate of drug related deaths per 100,000 (2017-2019)		
	All	Males	Females	All	Males	Females
Allerdale	15	11	4	5.9	8.8	*
Barrow-in-Furness	20	17	3	11.1	19.0	*
Carlisle	26	20	6	8.7	13.7	*
Copeland	15	12	3	8.1	13.5	*
Eden	4	3	1	*	*	*
South Lakeland	10	8	2	3.8	*	*
Cumbria	90	71	19	6.8	11.1	2.7
North West	1,406	995	411	6.8	9.8	3.9
England	7,665	5528	2137	4.7	6.8	2.6

Table 16: Number and Rate of Drug Related Deaths Locally and Nationally. *Numbers too small to allow calculation. Source: Office for National Statistics⁹

Age-specific mortality rates due to drug misuse is not available at the county level, however national statistics show that since 2016, the 40-49 year age group has had the highest rate of drug related deaths. The age at which people die from drug misuse has shown a trend of increasing over time, with deaths in 20-29 year olds declining and deaths in 50-59 year olds rising.

Age-Specific Mortality Rates for Deaths Related to Drug Misuse, By Age Group, for England and Wales, Registered Between 1993 and 2019

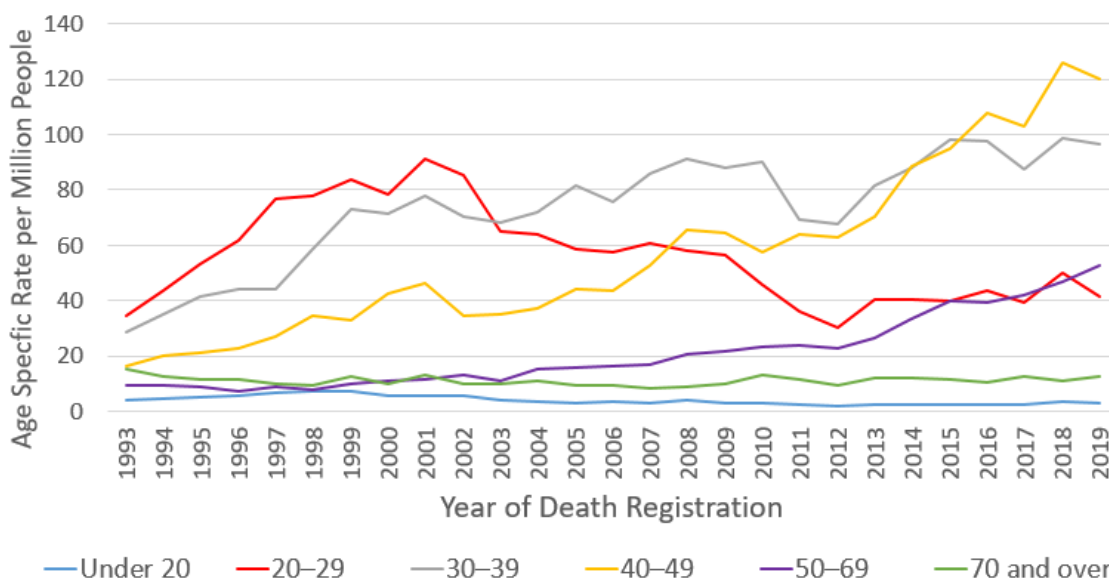


Figure 21: Age Specific Mortality Rates for Drug Misuse Deaths in England and Wales. Source: Office for National Statistics¹⁰

⁹<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority>

¹⁰<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2019registrations>

Deaths of Clients in Treatment

During the period 2016-2019, there were 76 deaths in service of drug users. The standardised mortality ratio for Cumbria is 1.49 (95% confidence interval 1.17-1.86), indicating that Cumbria has a significantly higher mortality rate among clients in treatment than England.

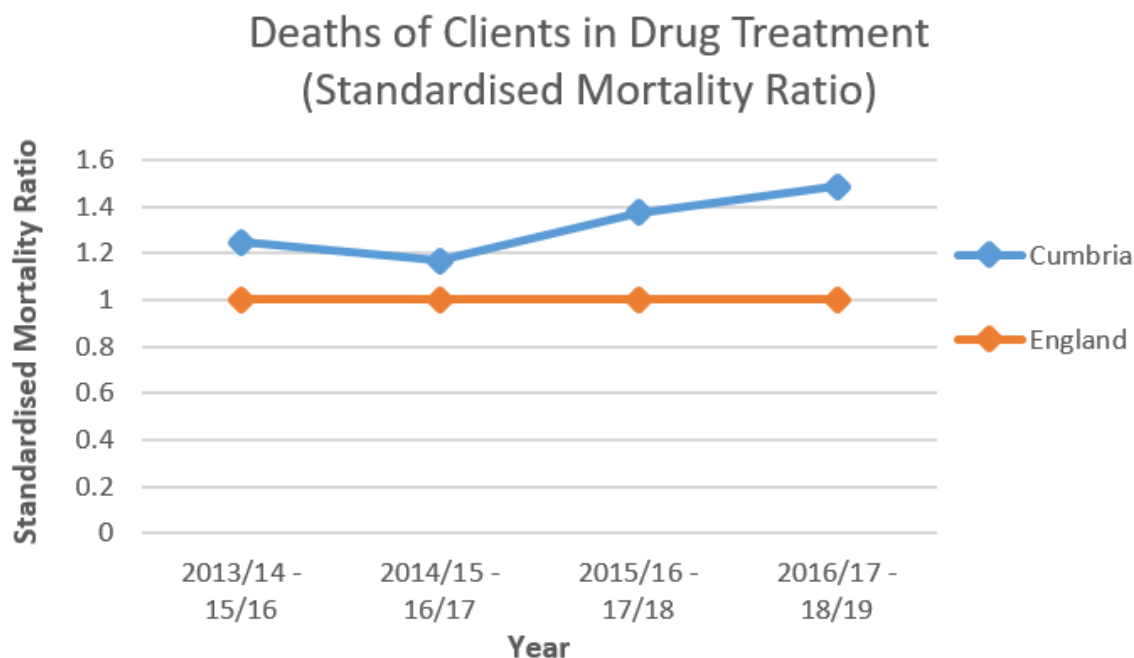


Figure 22: Standardised Mortality Ratio of Clients in Drug Treatment in Cumbria. Source: Public Health England Fingertips

In the period 1 April 2019 to 31 March 2020, there were a total of 33 deaths of drug users in treatment. This is higher than the national percentage. Service users who die while in contact with treatment services do not all die as a direct result of substance misuse, therefore further data would be required to determine how many of these 33 deaths were as a result of drug misuse.

	Number	Percentage	National Percentage
Opiate	32/1481	2.2%	1.4%
Non-opiate	1/209	0.5%	0.2%
Alcohol	12/846	1.4%	1.0%
Alcohol and non-opiate	0/114	0.0%	0.4%

Table 17: Number of clients who had a treatment exit reason of death, as a proportion of all clients in treatment in the year 1 April 2019 to 31 March 2020. Source: Unity

Substances Responsible for Drug Related mortality

In 2019, 736 deaths occurred due to drug poisoning in the North West.¹¹ The substances responsible for these deaths are shown in the table below. Opiates are the leading cause of drug poisoning deaths, followed by cocaine and antidepressants.

Substance	Number of Deaths
Any opiate	370
Cocaine	127
Amphetamines	25
Cannabis	5
New Psychoactive Substance	11
Benzodiazepines	77
Zopiclone/Zolpidem	13
Pregabalin/Gabapentin	56
Barbiturates	6
Antipsychotics	14
Antidepressants	80
Paracetamol	33
Total	736

Table 18: Substances involved in drug poisoning deaths in the North West in 2019. Source: ONS

¹¹<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/death-related-to-drug-poisoning-by-selected-substances>

5. Young People

5.1 Prevalence of alcohol and drug use amongst young people

Data from the 2014-2015 What About YOUth (WAY) survey suggests that, at the age of 15, young people in Cumbria are more likely to have drunk alcohol (74%), to have been drunk in the last four weeks (18%) and to drink regularly (8%) than their national peers. Conversely, young people in Cumbria are less likely to have tried cannabis (6.9%) or taken other drugs.

	Cumbria	North West	England
Percentage who have ever tried cannabis at age 15	6.9	10.9	10.7
Percentage who have taken cannabis in the last month at age 15	2.9	5.0	4.6
Percentage who have taken drugs (excluding cannabis) in the last month at age 15	0.6	0.9	0.9

Table 19: Prevalence of Drug Use amongst 15 year olds (2014-2015). Source: Public Health England Fingertips

	Cumbria	North West	England
Percentage who have ever had an alcoholic drink at age 15	74.0	64.3	62.4
Percentage of regular drinkers at age 15	7.8	6.5	6.2
Percentage who have been drunk in the last 4 weeks at age 15	18.0	15.8	14.6

Table 20: Prevalence of Alcohol Use amongst 15 year olds (2014-2015). Source: Public Health England Fingertips

5.2 Alcohol related hospital admissions in Under 18s

In the years 2016 to 2019, there were 145 alcohol specific admissions in under 18s. 62% of these were in females. The number and rate of alcohol specific hospital admissions in 2016 to 2019 is shown by district in the table below. The rate of alcohol specific admissions in Under-18s is significantly higher in Cumbria than in the North West or England. At 112.7 per 100 000, Barrow has the highest rate of any district in England. However, the overall trend in recent years has shown a reduction in alcohol specific admissions in Under-18s, both in Cumbria and nationally.

Area	Number of Alcohol Specific Admissions	Rate of Alcohol Specific Admissions (Per 100,000)
Allerdale	25	46.0
Barrow-in-Furness	45	112.7
Carlisle	15	23.4
Copeland	20	51.3
Eden	10	36.5
South Lakeland	30	56.5
Cumbria	145	52.2
North West		45.9
England		31.6

Table 21: Number and Rate of Alcohol Specific Admissions in Under 18s in Cumbria, 2016-2019. Source: Local Alcohol Profiles for England (PHE Fingertips)

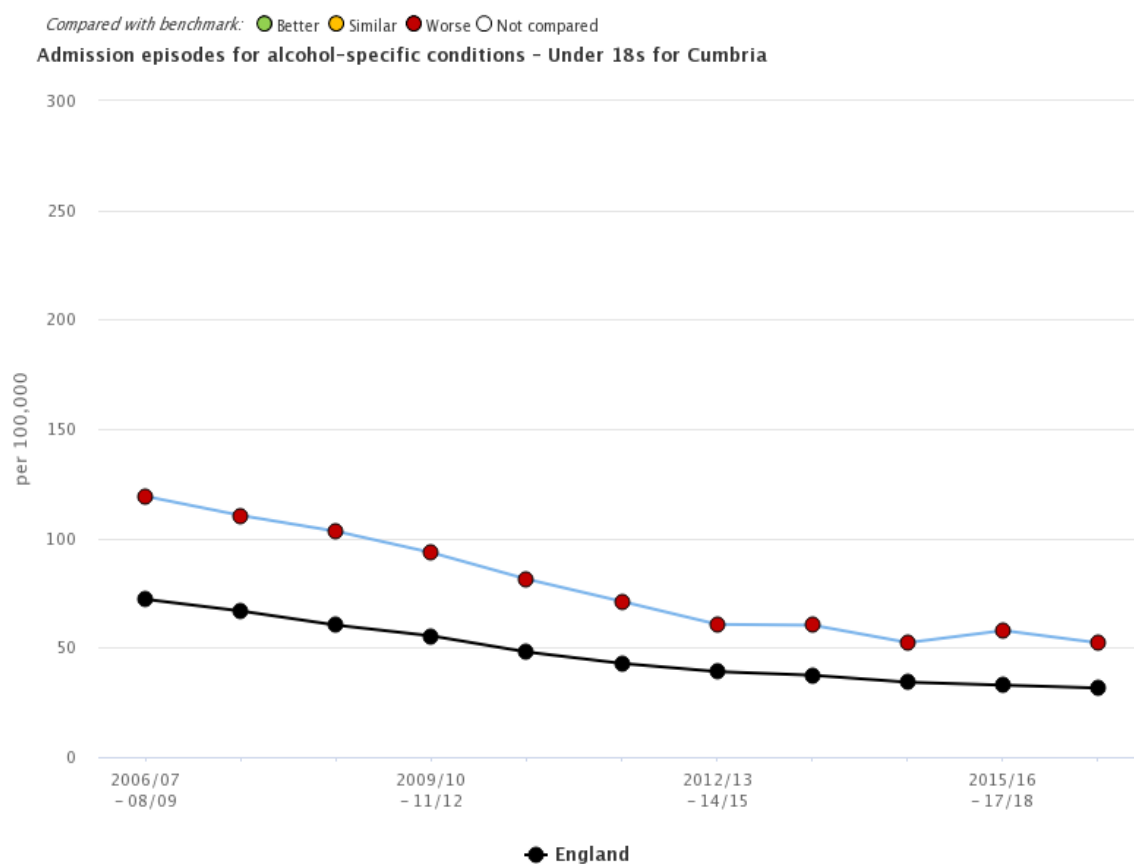


Figure 23: Rate of alcohol specific admissions for Under-18s in Cumbria and Nationally. Source: Local Alcohol Profiles for England (PHE Fingertips)

5.3 Drug related hospital admissions in Young people

In 2016/17 to 2018/19 there were 160 drug related hospital admissions in 15-24 year olds (a rate of 105.0 per 100,000). This is higher than the national figure of 83.1 per 100,000. Since 2008, the rate of substance misuse drug related hospital admissions amongst 15-24 year olds has been consistently higher amongst young people in Cumbria compared to nationally.

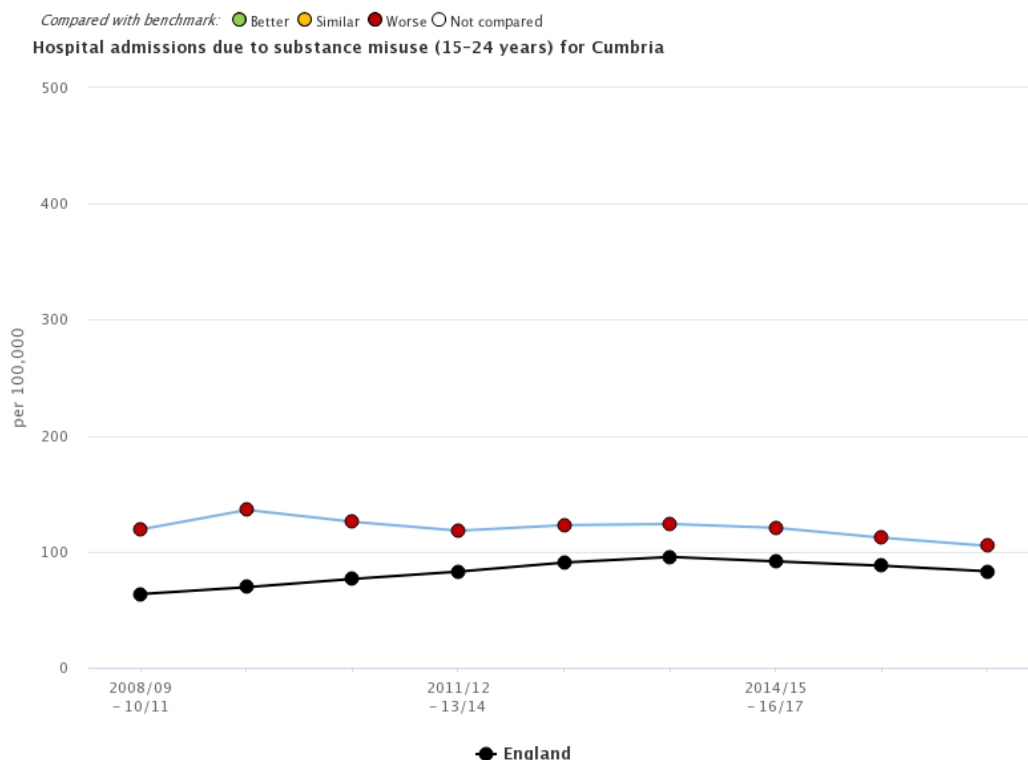


Figure 24: Rate of substance misuse related hospital admissions for 15-24 year olds in Cumbria and Nationally. Source: Public Health Profiles (PHE Fingertips)

5.4 Alcohol and Drug Dependency in a Child’s Home

The table below shows the number of alcohol and drug clients in treatment in Cumbria who are living with a child, are a parent of child who lives elsewhere, or are not a parent and not living with a child.

Family status varies by substance use group. In 2018-2019, 21% of new alcohol clients were currently living with children, compared with 25% nationally. However, only 9% of new opiate clients were living with children in Cumbria, compared with 14% nationally.

In 2018 to 2019 there were 237 children living with an adult who entered alcohol treatment, and 137 children living with an adult who entered drug treatment.¹² In 2019 to 2020, there

¹² Source: Cumbria Alcohol and Drug Use in Cumbria Data Profile

were 182 children living with clients who entered alcohol treatment, and 134 children living with clients who entered drug treatment.¹³

	All Clients in Treatment			New Presentations to Treatment		
	Cumbria		England	Cumbria		England
	Number	Percentage	Percentage	Number	Percentage	Percentage
Alcohol Clients						
Parent living with children	175	21	21	135	20	21
Not a parent and living with children	10	1	4	5	1	4
Parent but not living with children	210	25	26	170	25	25
Not a parent and not living with a child	455	54	50	365	54	50
Opiate Clients						
Parent living with children	280	19	17	40	9	9
Not a parent and living with children	80	5	7	0	0	5
Parent but not living with children	455	31	32	200	45	39
Not a parent and not living with a child	640	44	44	205	46	47
Non-Opiate Clients						
Parent living with children	30	17	20	25	16	20
Not a parent and living with children	0	0	5	0	0	5
Parent but not living with children	55	31	27	50	32	26
Not a parent and not living with a child	95	53	48	80	52	48
Non-Opiate and Alcohol Clients						
Parent living with children	20	14	16	15	15	16
Not a parent and living with children	0	0	6	0	0	6
Parent but not living with children	50	36	29	35	35	29
Not a parent and not living with a child	70	50	49	50	50	49

Table 22: Family Status of New Clients and All Clients in Drug or Alcohol Treatment in Cumbria, 2018-2019. Source: NDTMS

¹³ Drug Commissioning Support Pack/Alcohol Commissioning Support Pack 2021-2022

The University of Sheffield used 2014 – 2017 data to estimate that out of 1186 adults with an alcohol dependency who live with children in Cumbria, only 182 (15%) are in treatment, compared with 21% nationally.¹⁴ In Cumbria, 19% of individuals with an alcohol dependency are estimated to be accessing treatment (see Section 2.7), suggesting that adults with an alcohol dependency who have children are less likely to access services than those without children.

Estimates also suggest that out of 955 adults with an opiate dependency in Cumbria who live with children, 424 are in treatment (44%). The national figure is 52%. Overall, 61% of opiate users are believed to be accessing treatment (section 2.7), again suggesting that adults with an opiate dependency who have children are less likely to access services than those without children.

Children in Need, Child Protection and Child Looked After Assessments

The tables below show the number of Children in Need, Child Protection and Child Looked After assessments where alcohol or drug misuse has been identified as a factor. The first table identifies assessments conducted in 2019 where alcohol or drug misuse was present, whereas the second table identifies the number of children who have ever had alcohol or drug misuse identified in an assessment. The first table may not identify children who have been previously affected by alcohol or drug use, in particular those who have spent extended periods of time in care where substance misuse is no longer an active factor.

28% of Children in Need assessments identify alcohol or drugs as a factor, compared with 19% nationally and 20% in the North West.

¹⁴ Source: Cumbria Alcohol and Drug Use in Cumbria Data Profile

			Allerdale	Barrow	Carlisle	Copeland	Eden	South Lakes	Total
CIN plan	Children with CIN plan at 31-12-2019		166	159	165	101	49	122	762
	Of whom, had an assessment during 2019 where drug/alcohol misuse noted as a factor	No.	54	49	54	26	6	28	217
		%	33%	31%	33%	26%	12%	23%	28%
CP	Children with CP plan at 31-12-2019		141	129	151	93	26	59	599
	Of whom, had an assessment during 2019 where drug/alcohol misuse noted as a factor	No.	61	68	68	36	9	36	278
		%	43%	53%	45%	39%	35%	61%	46%
CLA	CLA at 31-12-2019		193	164	129	127	25	90	728
	Of whom, had an assessment during 2019 where drug/alcohol misuse noted as a factor	No.	48	31	23	22	9	19	152
		%	25%	19%	18%	17%	36%	21%	21%

Table 23: Children who had an assessment during 2019 which identified alcohol and/or drug misuse as a factor

			Allerdale	Barrow	Carlisle	Copeland	Eden	South Lakes	Total
CIN	Children with CIN plan at 31-12-2019		166	159	165	101	49	122	762
	Of whom, have ever had an assessment where drug/alcohol misuse noted as a factor	No.	85	79	85	51	14	41	355
		%	51%	50%	52%	50%	29%	34%	47%
CP	Children with CP plan at 31-12-2019		141	129	151	93	26	59	599
	Of whom, have ever had an assessment where drug/alcohol misuse noted as a factor	No.	92	102	92	48	11	38	383
		%	65%	79%	61%	52%	42%	64%	64%
CLA	CLA at 31-12-2019		193	164	129	127	25	90	728
	Of whom, have ever had an assessment where drug/alcohol misuse noted as a factor	No.	118	90	61	64	12	45	390
		%	61%	55%	47%	50%	48%	50%	54%

Table 24: *Children who had had an assessment at any time which identified alcohol and/or drug misuse as a factor*

The “Toxic Trio” Group of Risk Factors for Vulnerable Children

The “Toxic Trio” of parental substance misuse, mental ill-health and domestic abuse have been identified as being present in the lives of many vulnerable children. The Crime Survey for England and Wales, conducted in 2017-2019, aimed to quantify the prevalence of children living in a home impacted by the “toxic trio”.

Estimates are provided on a national level, so Cumbria specific data is not available. 10.5% of children aged 10-15 years are believed to be living in a household where substance misuse is present. 19.3% of children aged 10-15 years of age are estimated to be living in a household where any of the “toxic trio” factors of parental mental ill-health, domestic abuse or substance misuse is present. An estimated 2.2% of children lived in a household where two “toxic trio” factors were present, and 0.2% of children are estimated to live in a household with all three factors.

Children of White or Mixed ethnicity, were at a higher risk of living in a household with a Toxic Trio factor, when compared to “Black/Black British”, “Asian/Asian British”, or “Chinese or other” households. Children with a disability were also more likely to live in a household with a Toxic Trio factor.

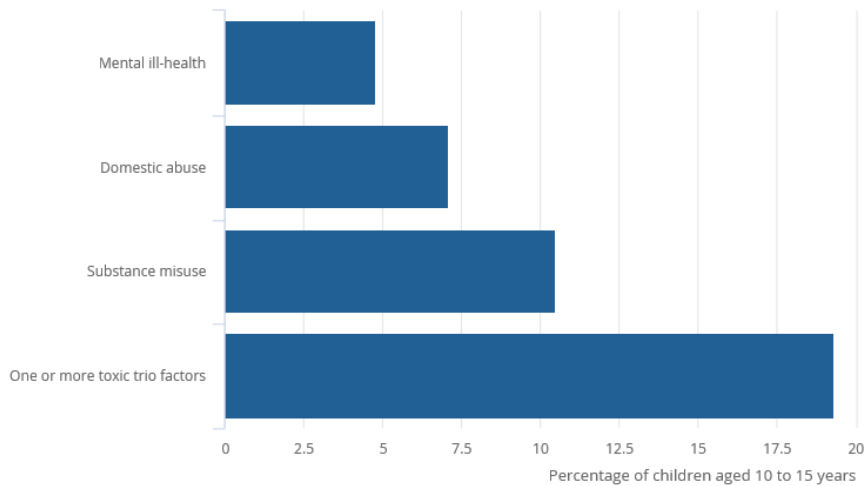


Figure 25: Percentage of Children living in households with one or more “Toxic Trio” Risk Factors.
 Source: Office for National Statistics – Crime Survey for England and Wales¹⁵

Children aged 10-15 years of age who lived in a household with an adult who reported substance misuse were more than twice as likely to have been drunk, use marijuana, or carry a knife.

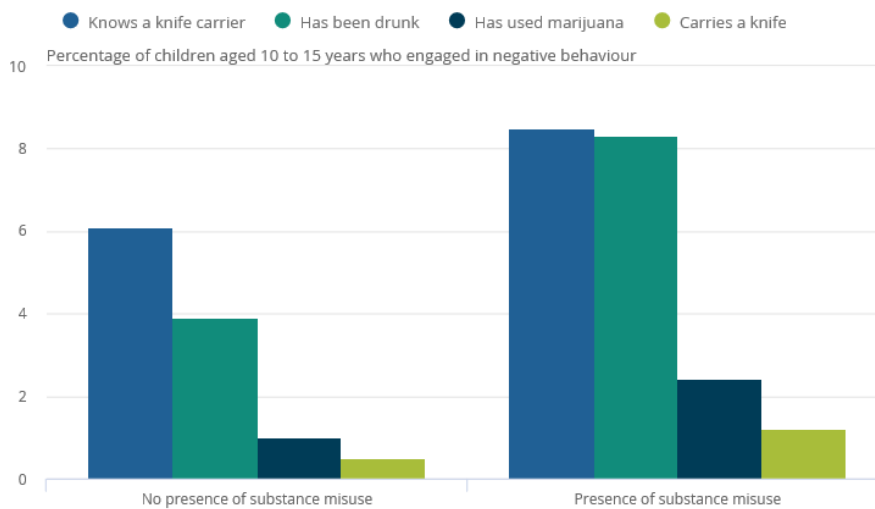


Figure 26: Percentage of Children aged 10-15 years in substance misuse and non-substance misuse households who have been drunk, used marijuana, carry a knife, or know a knife carrier. Source: Office for National Statistics – Crime Survey for England and Wales

¹⁵<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/childhoodvulnerabilitytovictimisationinenglandandwales/yearendingmarch2017toyearendingmarch2019>

6. Employment

Although the majority of clients in treatment are currently unemployed or economically inactive, the number who are in regular employment has been slowly increasing from 20 to 34% over the last 10 years. Employment status varies by substance used, with clients entering alcohol or non-opiate drug treatment more likely to be in regular employment than those entering treatment for opiate use.

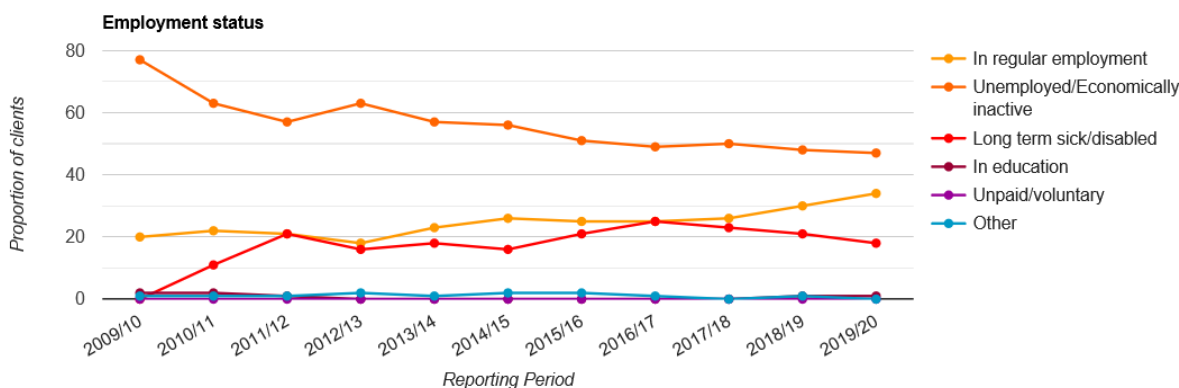


Figure 27: Employment status of Clients in Cumbria at the Start of Treatment. Source: NDTMS

	Opiate Clients	Non Opiate Only	Alcohol Only	Non Opiate and Alcohol	All Clients
Regular Employment (%)	16	46	41	48	34
Unemployed/Economically Inactive (%)	62	37	39	42	47
Long Term Sick or Disabled (%)	22	13	18	8	18
Missing/Other (%)	1	4	1	3	1

Table 25: Employment Status of Clients in Cumbria at the Start of Treatment According to Substance. Source: NDTMS

7. Housing

23% of clients starting treatment for drug misuse have a housing need. Clients entering treatment for alcohol misuse are less likely to have a housing problem, with 11% reporting a housing problem.

	Drug Treatment	Alcohol Treatment
No Housing Problem	77%	90%
Housing Problem	12%	9%
Urgent Housing Problem	11%	2%

Table 26: Housing Needs at Start of Substance Misuse Treatment in Cumbria (2019-2020 data). Source: Drug Commissioning Support Pack/Alcohol Commissioning Support Pack 2021-2022

8. Crime

Cumbria has seen an increase in alcohol and drug related crime in recent years.

8.1 Drug Related Crime

Nationally, individuals dependent upon drugs are estimated to be responsible for a third to a half of acquisitive crime, and treatment can reduce the crime committed by 50%.¹⁶

In 2018 to 2019, 1,002 incidences of drug trafficking or possession were recorded in the county, a rise of 17.9% from the previous year. The highest rates are found in Barrow and Carlisle (2.7 and 2.6 offences per 1,000 population respectively).

District	2016-17 Number of Offences	2017-18 Number of Offences	2018-19 Number of Offences (Rate per 1000)
Allerdale	139	157	181 (1.9)
Barrow	159	160	181 (2.7)
Carlisle	230	250	277 (2.6)
Copeland	105	79	103 (1.5)
Eden	124	74	82 (1.6)
South Lakeland	123	130	178 (1.7)
Cumbria	880	850	1,002 (2.0)

Table 27: Number and Rate of Drug Possession and Supply Offences. Source: Crime and Community Safety Strategic Assessment Cumbria 2018-2019

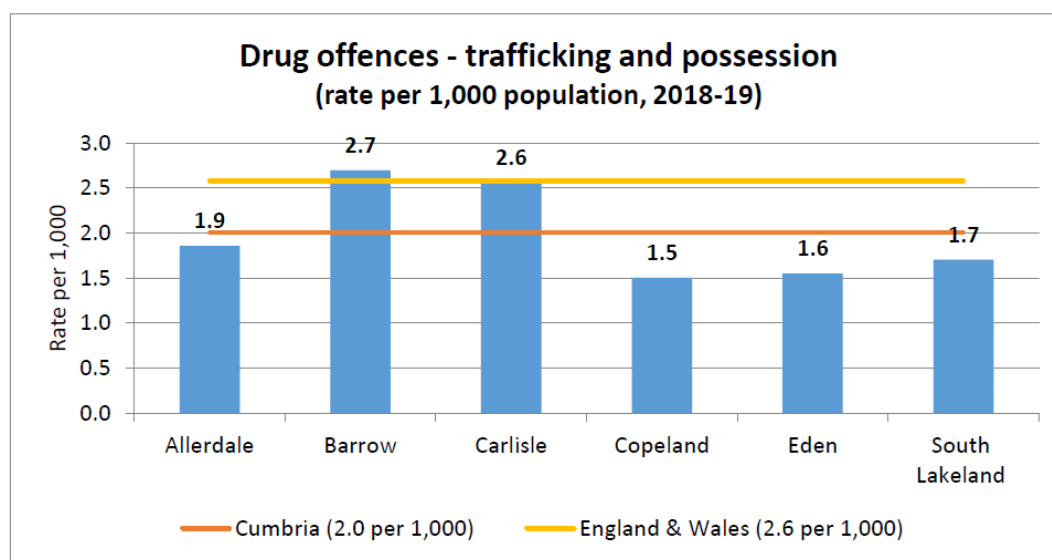


Figure 28: Rate of Drug Related Offences in Cumbria by District. Source: Crime and Community Safety Strategic Assessment Cumbria 2018-2019

¹⁶ Supporting Community Order Treatment Requirements. National Offender Management Service, February 2014.

Organised Crime

In 2018 - 2019, 65 organised crime groups were known to operate in Cumbria, of which 19 were considered to be “active”. 84% of active organised crime groups were involved in drug supply.

8.2 Alcohol Related Crime

All Alcohol Related Crime

In 2018 to 2019, a total of 4,225 alcohol related crimes were recorded in Cumbria, at a rate of 8.5 per 1000. Rates were highest in Barrow (13.3 per 1,000) followed by Carlisle (9.4 per 1,000) and Copeland (8.9 per 1000). The number of alcohol related crimes has seen an increase in the last three years.

A total of 36,698 crimes were recorded in Cumbria in 2018-2019, suggesting that approximately 11.5% of all crime in Cumbria is alcohol related.

District	2016-17 Number of Offences	2017-18 Number of Offences	2018-19 Number of Offences (Rate per 1000)
Allerdale	660	700	779 (8.0)
Barrow	816	922	890 (13.3)
Carlisle	1,057	1,086	1,023 (9.4)
Copeland	476	627	611 (8.9)
Eden	244	233	266 (5.0)
South Lakeland	552	606	656 (6.3)
Cumbria	3,805	4,174	4,225 (8.5)

Table 28: Number of Offences and Rate for All Alcohol Related Crime. Source: Crime and Community Safety Strategic Assessment Cumbria 2018-2019

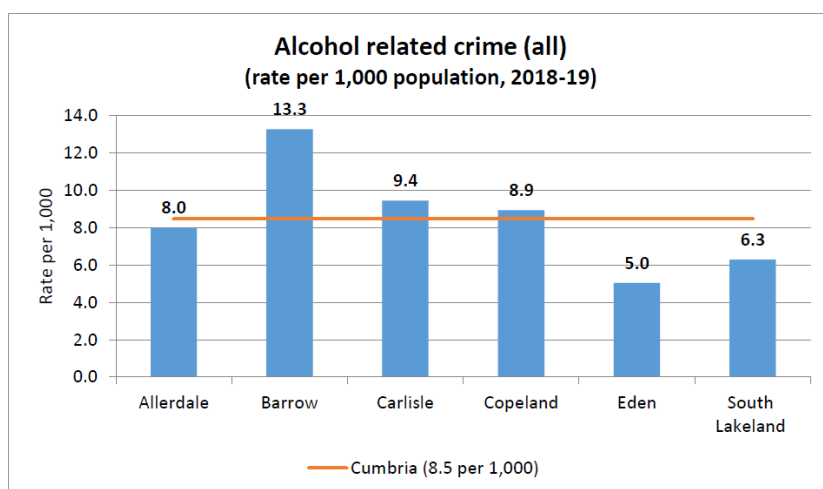


Figure 29: Rate of All Alcohol Related Crime in Cumbria by District. Source: Crime and Community Safety Strategic Assessment Cumbria 2018-2019

Alcohol Related Violent Crime

2,679 incidences of alcohol related violent crime occurred in Cumbria in 2018-2019 (a rate of 5.4 per 1,000). The highest rate was in Barrow, at 9.0 per 1,000. There has been an increase in alcohol related violent crimes across the county in recent years.

Nationally, alcohol is believed to be a factor in 47% of violent crime episodes.¹⁷

District	2016-17 Number of Offences	2017-18 Number of Offences	2018-19 Number of Offences (Rate)
Allerdale	382	416	483 (5.0)
Barrow	462	574	605 (9.0)
Carlisle	569	587	587 (5.4)
Copeland	294	381	417 (6.1)
Eden	119	115	175 (3.3)
South Lakeland	261	338	412 (3.9)
Cumbria	2,087	2,411	2,679 (5.4)

Table 29: Number of Offences and Rate of Alcohol Related Violent Crime, 2016 – 2019. Source: Crime and Community Safety Strategic Assessment Cumbria 2018-2019

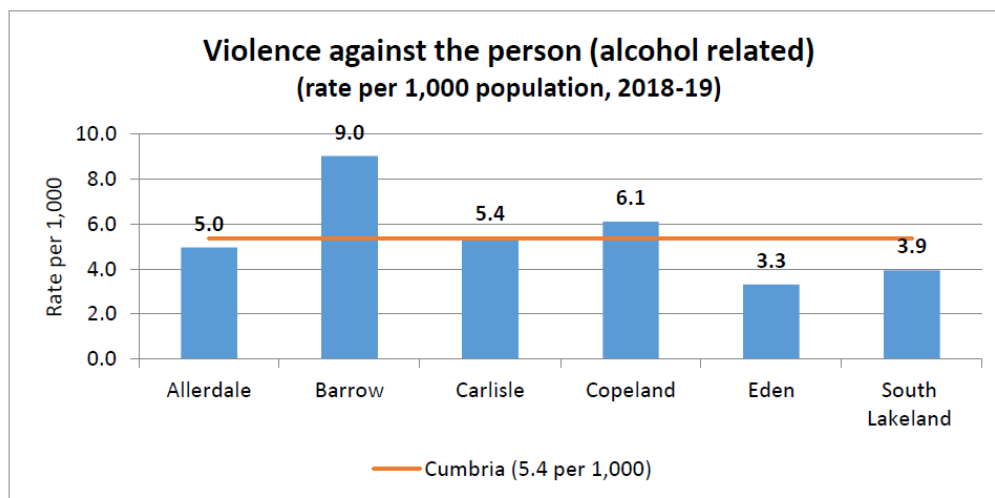


Figure 30: Rate of Alcohol Related Violent Crime Offences by District, 2018 – 2019. Source: Crime and Community Safety Strategic Assessment Cumbria 2018-2019

¹⁷ Supporting Community Order Treatment Requirements. National Offender Management Service, February 2014.

Alcohol Related Sexual Offences

153 alcohol related sexual offences were recorded in Cumbria in 2018-2019. The highest rates occurred in Barrow (0.5 per 1,000) followed by Carlisle (0.4 per 1,000).

	2016-17 Number of Offences	2017-18 Number of Offences	2018-19 Number of Offences (Rate)
Allerdale	23	26	12 (0.1)
Barrow	35	38	33 (0.5)
Carlisle	44	50	46 (0.4)
Copeland	7	22	23 (0.3)
Eden	6	16	9 (0.2)
South Lakeland	18	29	30 (0.3)
Cumbria	133	181	153 (0.3)

Table 30: Number of Offences and Rate of Alcohol Related Sexual Offences, 2016-2019. Source: Crime and Community Safety Strategic Assessment Cumbria 2018-2019

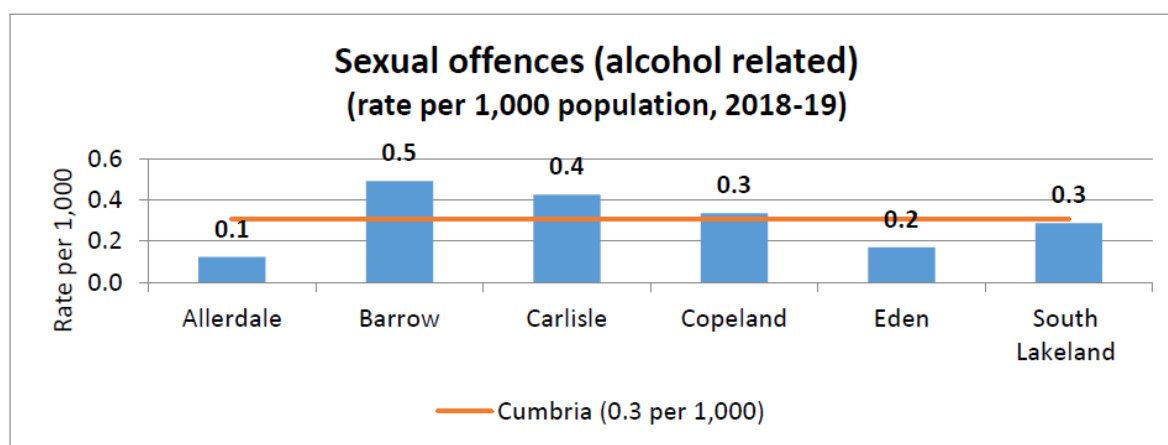


Figure 31: Rate of Alcohol Related Sexual Offences by District 2018 – 2019. Source: Crime and Community Safety Strategic Assessment Cumbria 2018-2019

Alcohol Related Road Traffic Accidents

The number of alcohol related road traffic accidents is significantly higher in Cumbria than nationally, particularly in the more rural districts. In the period 2014-2016, a total of 152 RTAs were alcohol related, a rate of 38.3 per 1000 RTAs. The corresponding national figure is 26.4 per 1000.¹⁸

¹⁸ Source: Local Alcohol Profiles for England (PHE Fingertips)

8.3 Contact with the Criminal Justice System

Proportion of the treatment population who are currently in contact with the criminal justice system

A substantial percentage of clients in the substance misuse service are in contact with the criminal justice system. This is defined as clients who are taken onto a Criminal Justice Intervention Team (CJIT) caseload within 42 days of the earliest triage, or where the first referral source in the treatment journey is a criminal justice system referral route. Clients in treatment for opiate use are more likely to be in contact with the criminal justice system (21.6%) compared with 3.5-6.3% of alcohol and non-opiate users.

	Cumbria	Cumbria %	National %
Opiate	320 / 1481	21.6%	19.3%
Non-opiate	12 / 209	5.7%	10.5%
Alcohol	53 / 846	6.3%	5.9%
Alcohol and non-opiate	4 / 114	3.5%	9.7%

Table 31: Number in contact with the criminal justice system / all in treatment during the period 1 April 2019 to 31 March 2020. Source: Diagnostic Outcomes Monitoring Executive Summary, Quarter 4 2019-2020.

Proportion of the treatment population with previous contact with the criminal justice system

37% of all clients starting local treatment in 2018-19 had previous criminal convictions, which is higher than the national rate of 29%. 52% of opiate users had convictions, compared with 32% nationally. 42% of alcohol users starting treatment in Cumbria had previous criminal convictions, compared with 39% nationally.¹⁹

National Statistics

Nationally, there were 53,193 adults in alcohol and drug treatment in prisons and secure settings between 1 April 2018 and 31 March 2019. In the adult prison population, 53% of those who were receiving alcohol or drug treatment had an opiate need. Amongst those receiving treatment in a young offender institution setting, non-opiate drug and non-opiate and alcohol misuse problems were more prevalent.²⁰ Of the young people starting treatment in a secure setting in 2018-2019, 94% had a problem with cannabis, whilst 42% had a problem with alcohol.

¹⁹ Alcohol and Drug Use in Cumbria Data Profile April 2020

²⁰ <https://www.gov.uk/government/publications/substance-misuse-treatment-in-secure-settings-2018-to-2019/alcohol-and-drug-treatment-in-secure-settings-2018-to-2019-report>

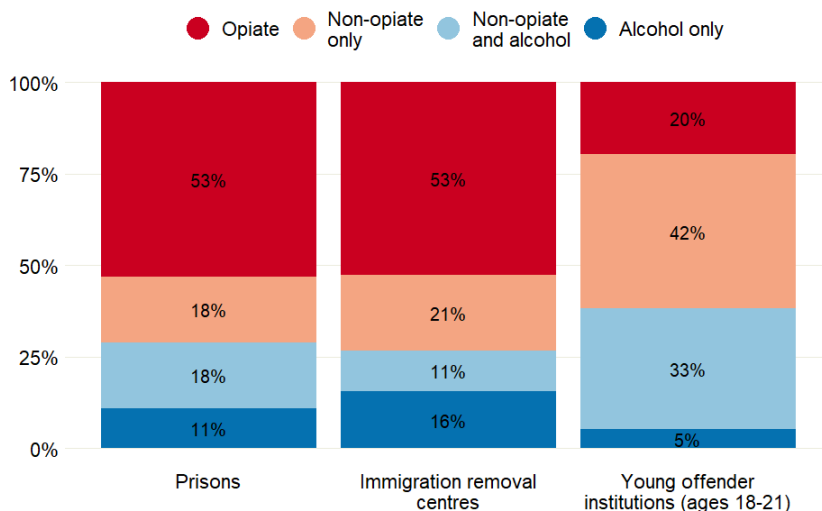


Figure 32: Type of Substance Misuse in Secure Settings (2018-2019). Source: Alcohol and drug treatment in secure settings 2018 to 2019²¹

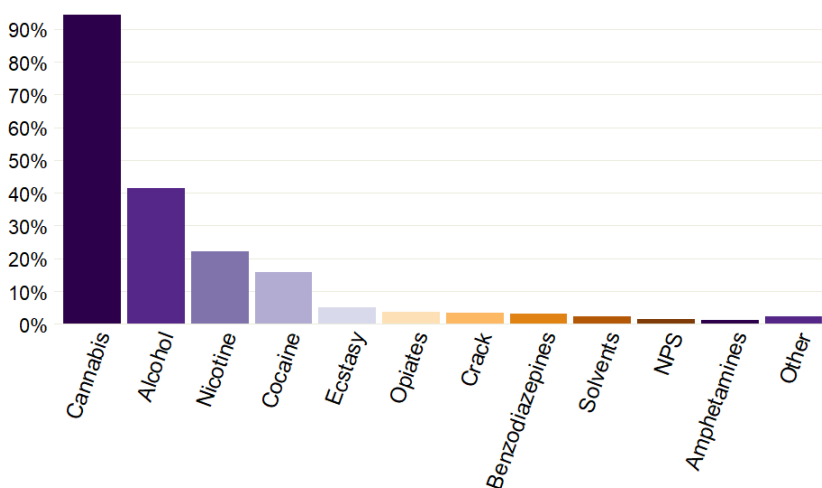


Figure 33: Substances Used by Young People Starting Treatment in a Secure Setting (2018-2019). Source: Alcohol and drug treatment in secure settings 2018 to 2019

Engagement with Community Based Treatment Following Release from Prison

In 2019, 178 out of 294 (60.5%) adults in Cumbria with a substance misuse need who were released from prison successfully engaged with community based structured treatment, which is substantially higher than the National figure of 34.5%, and the North West figure of 35.3%.²²

²¹ Alcohol and drug treatment in secure settings 2018 to 2019

²² Source: Public Health Fingertips

https://fingertips.phe.org.uk/search/substance%20misuse#page/3/gid/1/pat/6/par/E12000002/ati/102/are/E10000006/iid/92544/age/168/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0

8.4 Working with Probation

Community Orders (COs) and Suspended Sentence Orders (SSOs) are possible sentencing options available to the courts. Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirement (ATRs) may be made a condition of a CO or SSO, and are intended to reduce the risk of reoffending.

Substance Misuse Needs amongst Offenders starting a Community Order

A study of the 144,388 adult offenders starting a Community Order between October 2009 and December 2010 revealed a high prevalence of alcohol and drug misuse needs amongst offenders. 65% of offenders starting a Community Order received an assessment using the OASys assessment tool, which formally assesses the offender's needs and risks.²³ Of the 53% of offenders starting a CO who received a drug misuse assessment, 32% had a need identified. Of the 46% completing an alcohol misuse needs assessment, 38% had a need identified. However, significant levels of need were also identified in those who did not receive a formal assessment, for instance 10% who were not assessed were crack or heroin users. This suggests that more than 17% offenders starting a Community Order had an alcohol or drug misuse need. Levels of need differed depending on the offence committed. Those convicted of theft, burglary or fraud had particularly high levels of drug use needs, whereas those convicted of violence had higher levels of alcohol misuse needs. Despite this level of need, in 2017 only 5% of the requirements made as part of a CO or SSO were DRRs, and 3% were ATRs. This suggests that DRRs and ATRs may be under-utilised in COs and SSOs.

Risk of Reoffending

Having an OASys identified drug misuse need was associated with a particularly high risk of re-offending, with 55% of those with a drug misuse need reoffending, compared with 24% of those assessed who did not have this need. 35% with an alcohol misuse OASys identified need reoffended, compared with 36% who did not have an OASys alcohol need.

56% of those who started drug treatment reoffended, as did 32% who started an alcohol treatment programme. Overall, starting a treatment programme was associated with higher rate of re-offending, however this reflects the underlying characteristics and higher level of need for those offenders, since treatment is typically offered to those with the highest risk of reoffending.²⁴

A further report used data from the National Drug Treatment Monitoring System (NDTMS) linked with data on offenders held by the Ministry of Justice, and addressed the offending profile in the two years before and after clients started drug treatment. Of all 132,909 drug and alcohol clients entering treatment in 2012, 35% had committed at least one offence in the two

²³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/309959/results-omccs.pdf

²⁴ Re-offending by offenders on Community Orders – Results from the Offender Management Community Cohort Study. Ministry of Justice, 2015.

years immediately prior to accessing treatment. This was highest amongst opiate clients, 47% of which had an offence in the previous two years, followed by non-opiate clients (43%), and alcohol only clients (23%).

In the two year period after starting treatment, 56% of pre-treatment offenders went on to re-offend, opioid clients showed the smallest decrease in re-offenders (reduction by 31%), and alcohol clients showed the largest reduction in re-offenders (59%).²⁵

Custodial sentences under 12 months are associated with higher re-offending than community sentences served via a court order. For those with identified alcohol use issues, alcohol treatment requirements were associated with similar or slightly lower reoffending where they were used compared with similar cases where they were not.²⁶

²⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674858/PHE-MoJ-experimental-MoJ-publication-version.pdf

²⁶ Do offender characteristics affect the impact of short custodial sentences and court orders on reoffending? Ministry of Justice, 2018.

10. Other Health Needs

10.1 Overdose Death Prevention

In 2019-2020, 17% of opiate clients in Cumbria (253 individuals) received take home naloxone and overdose training, compared with 27% of opiate clients nationally.²⁷

10.2 Blood Borne Viruses

National and Regional data on the prevalence of blood borne virus infections is available from the Unlinked Anonymous Monitoring survey of People Who Inject Drugs.²⁸ The table below shows the prevalence of BBVs in 2019, and the graph below displays trends in prevalence over time.

The prevalence of HIV amongst people who inject drugs in the North West is 0.26%, which is lower than in England as a whole. However, Hepatitis B is more prevalent, with 12% of those in the North West having had previous or current Hepatitis B infection. Prevalence of current or past Hepatitis C infection is high nationally and regionally, with 61% of those who inject drugs being infected with Hepatitis C in the North West.

Blood Borne Virus	Percentage Affected in the North West (2019)	Percentage Affected in England (2019)	Measure
HIV Prevalence	0.26%	0.82%	Anti-HIV
Hepatitis B (current or past infection)	12%	6.9%	Core Antigen (anti-HBc)
Percentage of those anti-HBc positive who have a current Hepatitis B infection	Not available	5.8%	HbsAg
Hepatitis C (current or past infection)	61%	54%	Anti-HCV
Percentage of those anti-HCV positive who have a current Hepatitis C infection	42% (of those with HCV)	42% (of those with HCV)	HCV RNA

Table 32: Prevalence of HIV, HBV and HCV amongst People who Inject Drugs nationally and in the North West. Source: Unlinked Anonymous Monitoring survey of People Who Inject Drugs

²⁷ Drug Commissioning Support Pack 2021-2022

²⁸ <https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring>

HIV prevalence has remained stable over time, whereas Hepatitis B prevalence has shown a gradual decline in recent years. Although the percentage of individuals who are HCV antibody positive has risen over time, the proportion of these individuals who have current infection as indicated by HCV RNA has been decreasing over time, from 58% in 2011 to 42% in 2019.

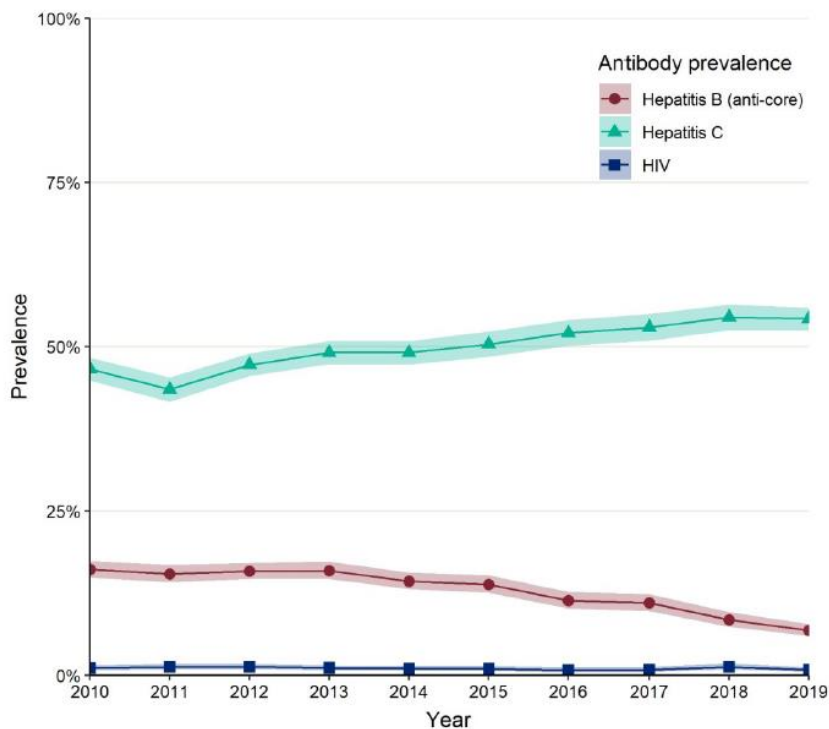


Figure 34: National Antibody Prevalence of Blood Borne Viruses in People Who Inject Drugs over Time
 Source: Reproduced from UAM-PWID survey

Nationally in 2019, 37% of current injectors were involved in direct and indirect sharing (defined as the sharing of needles, syringes, mixing containers, or filters), whilst 20% of current injectors were involved in direct sharing (defined as sharing of needles and syringes).

Blood Borne Viruses amongst Service Users in Cumbria

Clients in Cumbria eligible for a Hepatitis B vaccine are more likely accept and receive a Hepatitis B vaccination course than nationally, and clients eligible for a Hepatitis C test are also more likely to receive a test in Cumbria than nationally. 12% of clients who receive a HCV PCR test in Cumbria have a positive result, indicating current infection, compared with 15% nationally. However, only 2 clients out of the 91 who had a positive PCR test in Cumbria (2.2%) were referred for HCV treatment, compared with 8344 of 9958 patients nationally (83.8%).

	Cumbria		England	
	Number	Proportion of eligible clients	Number	Proportion of eligible clients
Hepatitis B				
Clients eligible for a Hepatitis B vaccine who accepted one	325	42%	49524	40%
Of those above who completed a vaccine course	159	49%	15349	31%
Hepatitis C				
Clients eligible for a HCV test who received one	1144	73%	119154	69%
Previous or current injectors eligible for a HCV test who received one	883	93%	73018	87%
Clients who have a positive HCV antibody test out of all clients who have a recorded test result	288	36%	22332	28%
Clients who have a positive HCV PCR (RNA) test out of all clients who have a recorded test result	91	12%	9958	15%
Clients referred for HCV treatment	2		8344	

Table 33: Blood-Borne Virus Management in Cumbria (Clients in Treatment 2019-2020). Source: Drug Commissioning Support Pack/Alcohol Commissioning Support Pack 2021-2022

10.3 Mental Health Care

50-60% of all clients entering treatment with Unity also have a Mental Health need identified. The table below shows the number and percentage of all clients entering treatment between April 2019 and March 2020 who have a mental health need recorded.

	Number	Percentage (Cumbria)	National Percentage
Opiate	238/442	53.8%	55.2%
Non-opiate	97/171	56.7%	60.4%
Alcohol	386/644	59.9%	60.4%
Alcohol and non-opiate	52/87	59.8%	66.1%

Table 34: Number and Percentage of Clients Entering Treatment with a Mental Health Need (2019-2020).

Source: Unity

Of the 773 new clients who were identified as having a mental health need, 25.4% were not receiving treatment or declined to commence treatment, which was similar to the national figure.

	Number	Percentage (Cumbria)	Percentage (National)
Already engaged with Community Mental Health Team or Other Mental Health Services	132/773	17.1%	17.9%
Engaged with IAPT (Improving Access to Psychological Therapies)	52/773	6.7%	1.4%
Receiving mental health treatment from GP	406/773	52.5%	54.7%
Treatment need identified but no treatment being received or declined to commence treatment	196/773	25.4%	25.5%

Table 35: Mental Health Provision for those Identified as having a Mental Health Need at the Start of Treatment (2019-2020). Source: Unity

10.4 Tobacco Use Prevalence

Tobacco smoking is more prevalent amongst those who have a drug or alcohol misuse concern. Whilst only 15.3% of the general adult population in Cumbria smoke, the prevalence of smoking amongst those in treatment for alcohol or drug misuse is substantially higher, with 73.5% of opiate clients smoking. A similar pattern of higher smoking prevalence amongst those in treatment is seen nationally. Cumbria appears to have a higher prevalence of cigarette smoking amongst alcohol clients when compared with national figures (60.2% compared with 46.3%), although Cumbria has a lower prevalence of smoking in those who use non-opiate drugs only (55.6% compared with 63.5% nationally).

Population Group	Cumbria	National
Substance Misuse Group		
Opiate	73.5%	71.2%
Non-opiate	55.6%	63.5%
Alcohol	60.2%	46.3%
Alcohol and Non-opiate	69.2%	66.2%
General Population (2019)	15.3%	13.9%

Table 36: Prevalence of Smoking amongst those in Treatment for Substance Misuse, compared with the general population. Substance Misuse Clients Data Source: Diagnostic Outcomes Monitoring Executive Summary Quarter 4 2019-2020. General Population Data Source: Public Health England Fingertips

11. Current Service

11.1 Current Service Provision

The current alcohol and drugs misuse service is provided through six service provider premises in Carlisle, Barrow, Whitehaven, Workington, Penrith and Kendal, as well as a network of GP practices offering shared care and pharmacies offering supervised consumption. In addition, a number of pharmacies as well as four service provider premises offer needle exchange facilities. Maps depicting the location of current services across the six districts are included in the Appendix.

11.2 Source of Referral

The most prevalent way of accessing substance misuse services in Cumbria is by self-referral, or referral by family or friends, accounting for 68.5% of referrals in 2019-2020. Referral source varies substantially by the substance used, with opiate clients less likely to self-refer. 28.5% of opiate clients were referred from the criminal justice system, compared to 4.6 to 7.3% of non-opiate drug and alcohol clients.

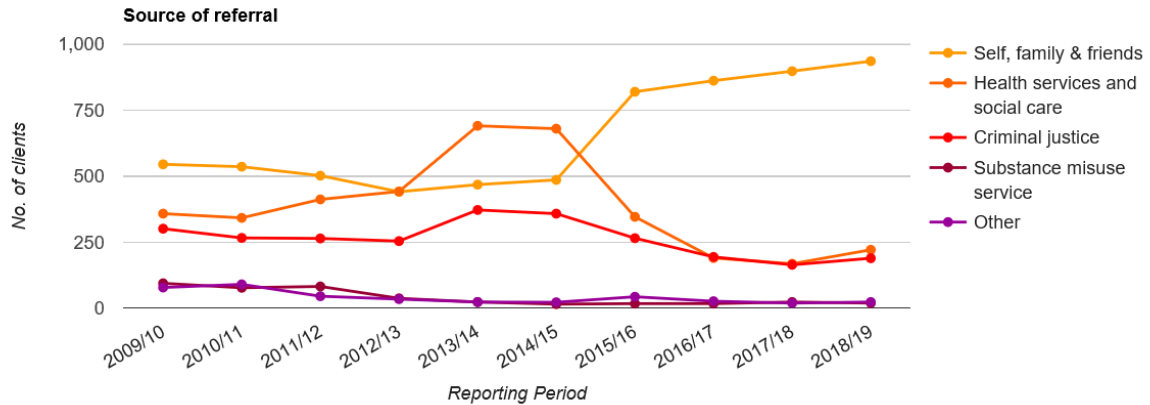


Figure 35: Source of Referral for Clients Entering Treatment in Cumbria. Source: NDTMS

Referral Source (2019 to 2020)	Opiate	Non opiate	Non opiate and Alcohol	Alcohol	Total
Self-referral	269 (60.3%)	125 (73.1%)	63 (72.4%)	467 (72.4%)	924 (68.5%)
Health services or social care	30 (6.7%)	31 (18.1%)	17 (19.5%)	116 (18.0%)	194 (14.4%)
Criminal justice	127 (28.5%)	11 (6.4%)	4 (4.6%)	47 (7.3%)	189 (14.0%)
Substance misuse service	18 (4.0%)	1 (0.6%)	1 (1.1%)	2 (0.3%)	22 (1.6%)
Other	2 (0.5%)	3 (1.8%)	2 (2.3%)	13 (2.0%)	20 (1.5%)
Total	446	171	87	645	1349

Table 37: Source of Referral for Clients Entering Treatment in Cumbria in 2019-2020. Source: NDTMS

The Cumbria Alcohol and Drugs Treatment and Recovery Services Survey in October 2020 was completed by a total of 168 service users and staff. Common motivations for entering treatment included recognition of the harm caused to the individual themselves and their relationships, the negative impact on employment, and the risk of homelessness.

Q8: What made you decide to get treatment and/or support for alcohol or drug misuse? Please select all that apply.

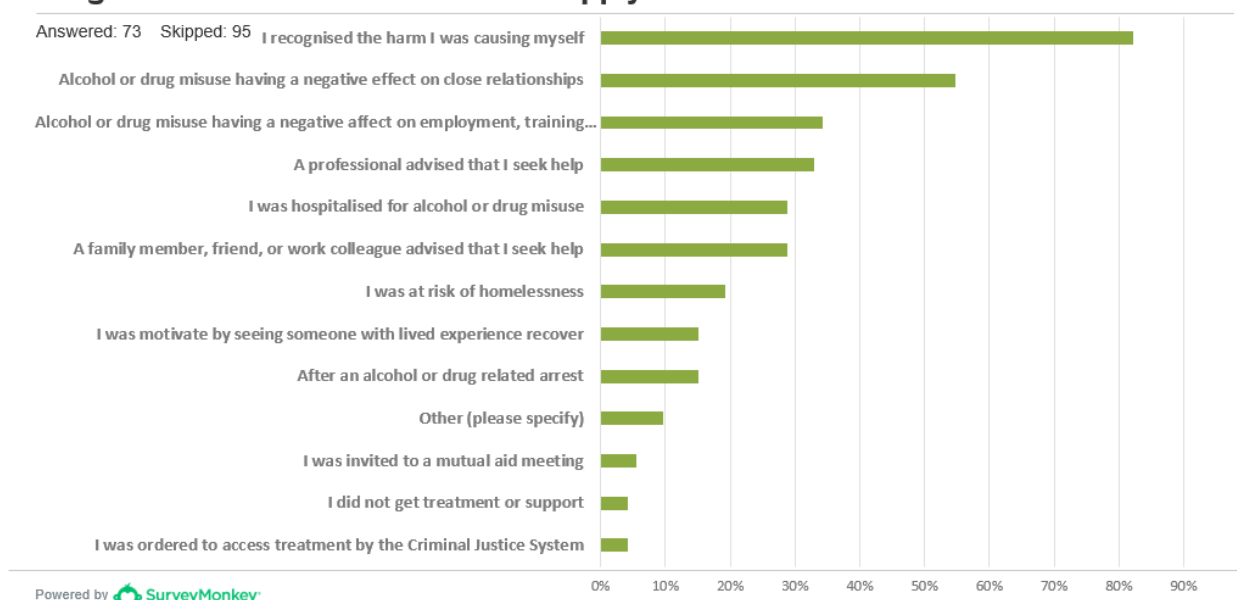


Figure 36: Motivations for Seeking Treatment. Source: Cumbria Alcohol and Drugs Treatment and Recovery Services Survey October 2020

11.3 Referral Process

Fewer than half of referrals made to the current service provider are accepted for treatment: out of 3547 referrals, 1538 were accepted. The most common reason for non-acceptance of a referral (1523 of 2009 unaccepted referrals) was where clients had made a referral but did not attend the initial appointment. For a further 356 clients, information and advice was provided, but no further action was needed.

Referral Status	Barrow	Carlisle	Kendal	Penrith	Whitehaven	Workington	Total
Referral Accepted	239	489	137	105	239	329	1538
Referral Not Accepted	302	710	160	124	254	459	2009
Total	541	1199	297	229	493	788	3547

Table 38: Referral Acceptance Status. Source: Unity

11.4 Client Demographics

The following graphs show the demographic breakdown of clients attending treatment. 3151 clients who had an active treatment episode between April 2019 and April 2020 are included in these figures. Approximately two-thirds of those in treatment are male, and the most prevalent age group in all districts was ages 35-44. The age distribution of clients varies based on the substance misuse problem, with alcohol clients having a slightly older age distribution than those in treatment for drug misuse.

Client Age

	Allerdale	Barrow	Carlisle	Copeland	Eden	South Lakes	Total
Under 18	0	0	2	1	1	1	5
18-24	32	27	53	15	11	23	161
25-34	147	107	199	106	27	52	638
35-44	243	234	358	153	59	95	1142
45-54	139	168	264	114	41	89	815
55-64	51	60	109	35	23	27	305
65 and Over	13	15	23	9	9	16	85
Total	625	611	1008	433	171	303	

Table 39: Age of Clients in Treatment by District (2019-2020). Source: Unity

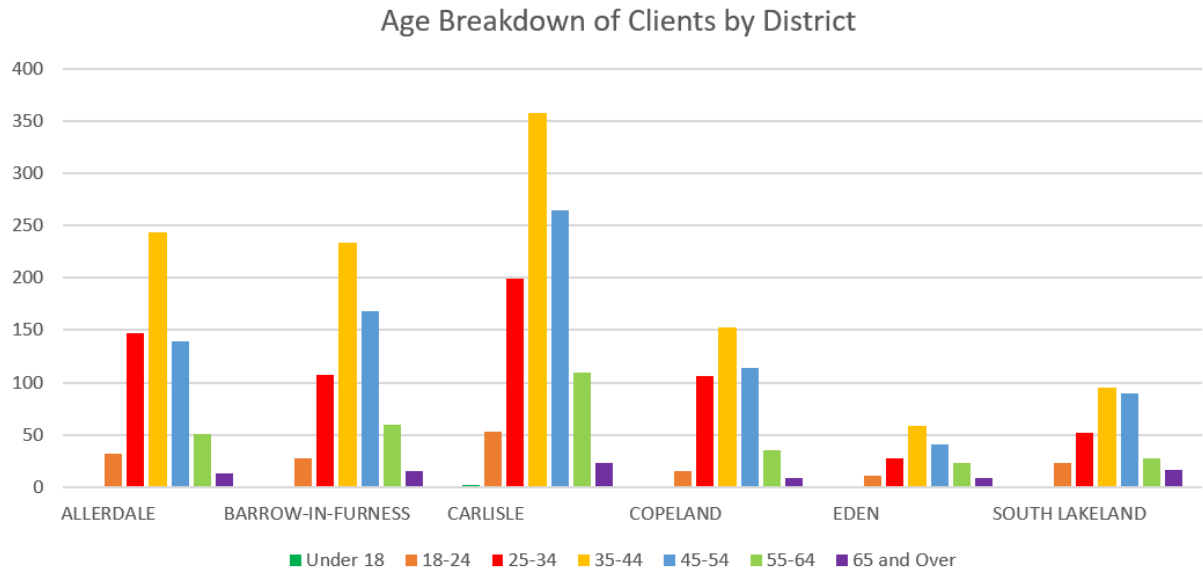


Figure 37: Age of Clients in Treatment by District (2019-2020). Source: Unity

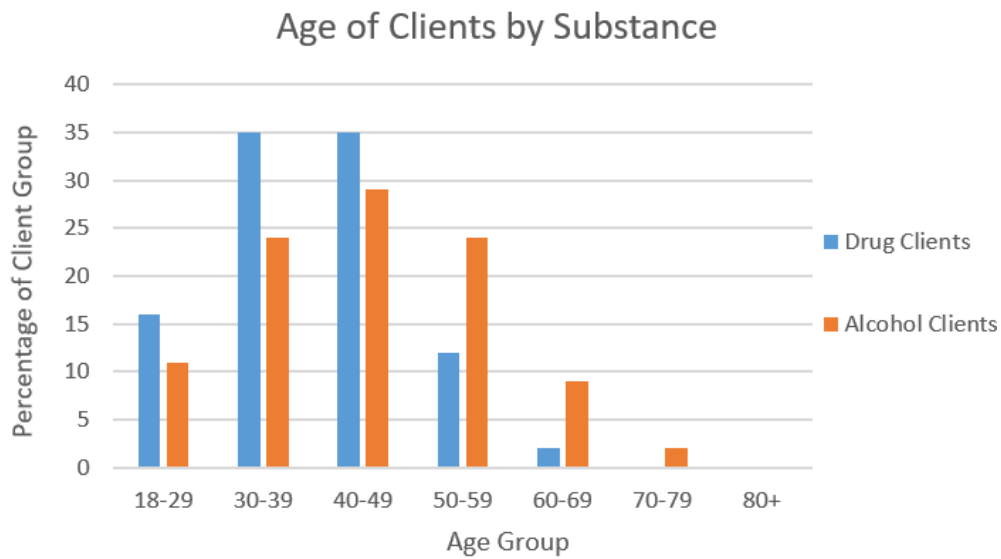


Figure 38: Age of Clients in Treatment in Cumbria by Substance (2019-2020). Source: Drug/Alcohol Commissioning Support Packs, 2021-2022

Client Gender

	Allerdale	Barrow	Carlisle	Copeland	Eden	South Lakes	Total
Female	203	225	314	138	72	107	1059
Male	422	385	694	295	99	196	2091
Non-Binary	0	1	0	0	0	0	1
Total	625	611	1008	433	171	303	3151

Table 40: Gender of Clients in Treatment by District (2019-2020). Source: Unity

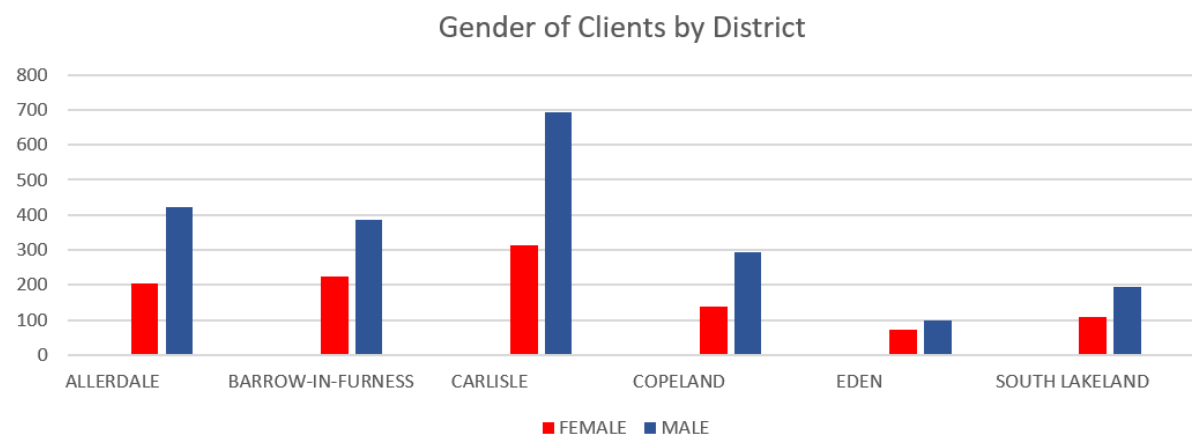


Figure 39: Gender of Clients in Treatment by District (2019-2020). Source: Unity

11.5 Appointment Utilisation

Between 1 April 2019 and 31 March 2020, a total of 30,449 contacts were offered with the service provider. The client did not attend, could not attend or cancelled a total of 12,293 appointments (approximately 40% of the total offered). Overall, 48% of service users accessed group therapy. This varied by district, with 60% of service users in Carlisle accessing group therapy, and only 35% in Allerdale doing so.²⁹

11.6 Shared Care

26 GP practices in Cumbria are currently involved in a Shared Care Model: 8 GP Practices in the North, 6 in the South, and 12 in the West.³⁰ The location of participating practices is shown on the maps in the appendix. These 26 practices provide care for a total of 493 clients: 76 in the North, 68 in the South, and 349 in the West.

²⁹ Data Provided by Unity

³⁰ Data Provided by Unity

11.7 Opioid Substitution

In 2019/2020, there were 1139 clients on the prescribing caseload, and 1408 opiate users in treatment, indicating that approximately 81% of opiate users in treatment are receiving an opiate substitution prescription.³¹ 68% of those receiving opiate substitution were male, and 32% female. 24.5% of clients were aged 40 to 44.

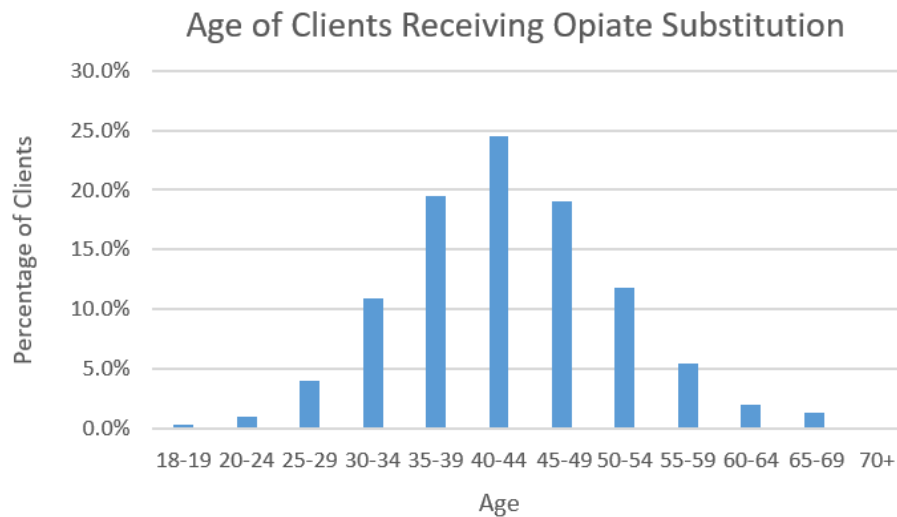


Figure 40: Age of Clients receiving Opiate Substitution Therapy. Source: Unity

In 2019/2020, 68.7% were receiving methadone, 29.1% were receiving buprenorphine, 1.4% suboxone, and 0.8% another opiate substitution drug. A total of six clients were receiving an injectable methadone prescription, down from 12 clients in 2012/2013. Reducing the number of clients receiving an injectable opiate substitute has been an aim of the service provider, and the use of injectable diamorphine has been eliminated entirely.

The average prescribed methadone dose in 2019/2020 is 53mls, and the average buprenorphine or suboxone dose is 8.7mg. In 2019/2020, 7% of clients who received an opiate substitute had their consumption observed by the pharmacist, which is significantly reduced from 52% of clients in 2018/2019.

³¹ Data Provided by Unity

Time in Treatment

In 2019/2020, 16% of clients who are prescribed an opiate substitute have been in treatment for less than 6 months, however 26% of clients have been in treatment for over 6 years.

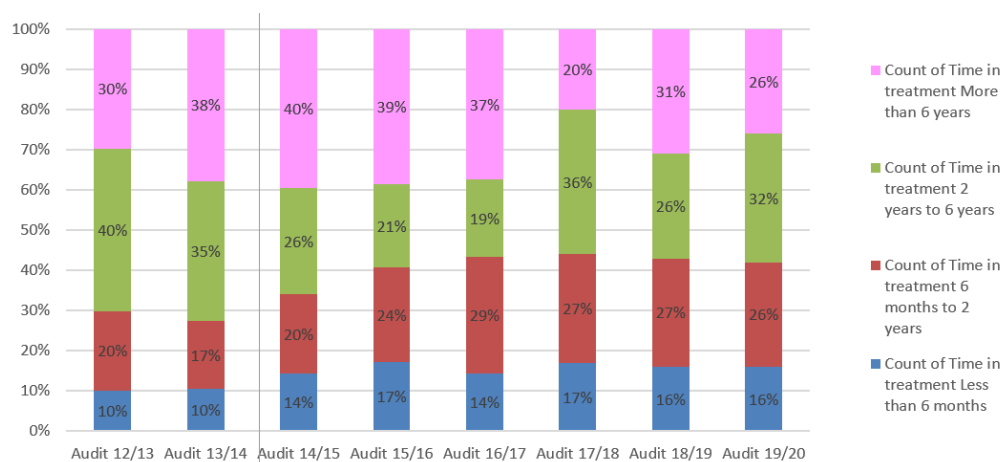


Figure 41: Length of Time in Treatment. Source: Unity

11.8 Needle Exchange

Needle exchange services in Cumbria are provided by a network of pharmacies as well as Unity premises. 17 pharmacies were active in providing a needle exchange service. A further 5 pharmacies were accredited providers but currently inactive. A total of 5386 interactions occurred in these 17 active pharmacies.³² The location of these pharmacies are identified in the maps provided in the appendix.

The four service provider premises in Workington, Whitehaven, Carlisle and Barrow also provide a needle exchange service, and provided 2652 interactions during April 2019 to March 2020 for a total of 664 registered users. The needle exchange service reaches a substantial number of injecting drug users who are not currently in treatment. 1479 (55.8%) of interactions occurred with clients in treatment, whereas 1180 interactions (44.5%) were with clients not in treatment.

District	Pharmacies	Service Provider	Total
Allerdale	392	1173	1565
Barrow in Furness	1269	122	1391
Carlisle	927	801	1728
Copeland	1792	556	2348
Eden	539	0	539
South Lakeland	467	0	467
Total	5386	2652	8038

Table 41: Number of Needle Exchange Interactions by District and Provider (2019-2020). Source: Unity

³² Data Provided by Unity

11.9 Successful Treatment Completions

The percentage of clients who leave treatment successfully and do not re-present varies by substance, with opiate users having the lowest percentage of successful treatment outcomes and alcohol users having the highest. The proportion of successful completions in Cumbria are similar or higher than National figures.

Despite this, the proportion of adults entering treatment who made an unplanned exit from treatment before 12 weeks is higher in Cumbria than nationally across all substance misuse groups.

	Cumbria			England		
	Number of Completions without Re-presentation	All clients in treatment	Percentage	Number of Completions without Re-presentation	All clients in treatment	Percentage
Opiate users	96	1484	6.47%	7725	140738	5.49%
Non opiate users	115	321	35.83%	18829	55661	33.83%
Alcohol users	392	848	46.23%	27841	74707	37.27%

Table 42: Successful Treatment Completions, April 2019 to March 2020 Source: NDTMS³³

Client Group	Cumbria		National Proportion of New Presentations
	Number of Early Unplanned Exits	Proportion of New Presentations	
Opiate Users	72	16%	15%
Non-Opiate Users	49	29%	19%
Non-Opiate and Alcohol Users	23	26%	19%
Alcohol Users	117	18%	13%

Table 43: Early Unplanned Exits from Treatment (2019-2020). Source: Drug/Alcohol Commissioning Support Packs, 2021-2022

³³ <https://www.ndtms.net/Monthly/PHOF>

11.10 Services for Young People

The current service provided by Unity is only able to support under 18s who use opiates or crack. Only one to one support is offered due to safeguarding concerns. The service is receiving an increasing number of self-referrals with a wide variety of substance use concerns.

Three Health and Wellbeing Officers employed by Cumbria County Council supported 331 under 18s with lower level alcohol and drug use between April 2018 and March 2019. Referrals were largely from the Accident and Emergency departments, followed by the police. Referrals are also received from schools and youth offending teams. There is insufficient capacity amongst the team to encourage direct self-referrals. The following graph shows the age of young people seen by the Health and Wellbeing team.

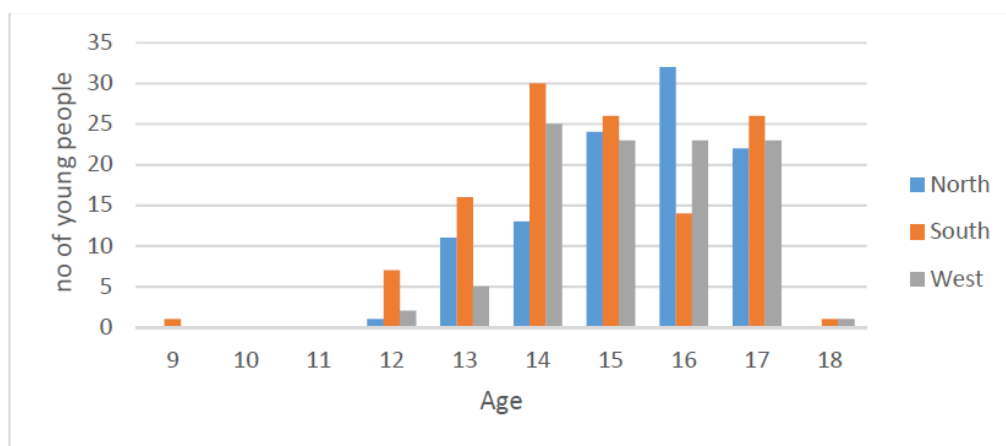
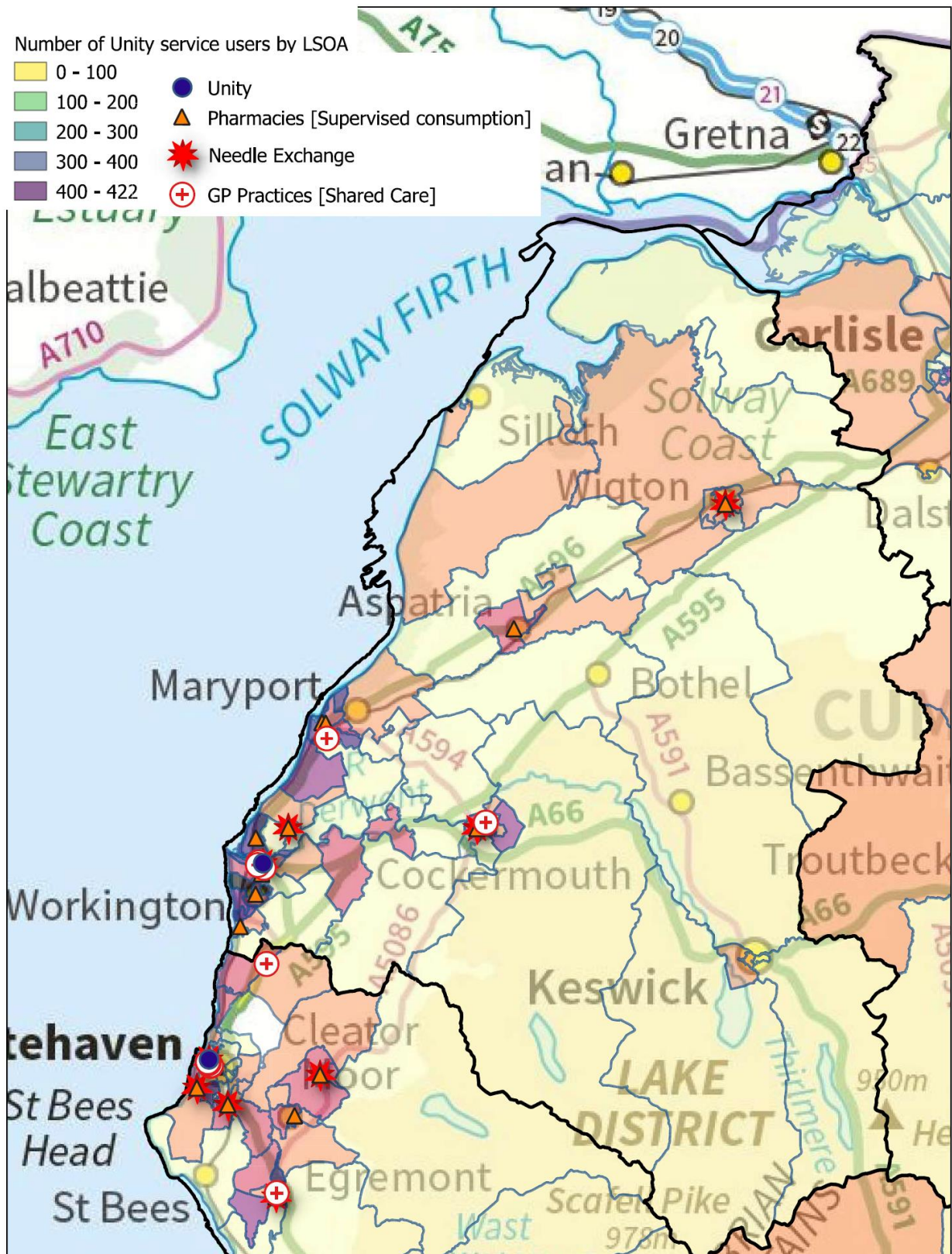


Figure 42: Age of Young People Supported by Health and Wellbeing Officers in Cumbria

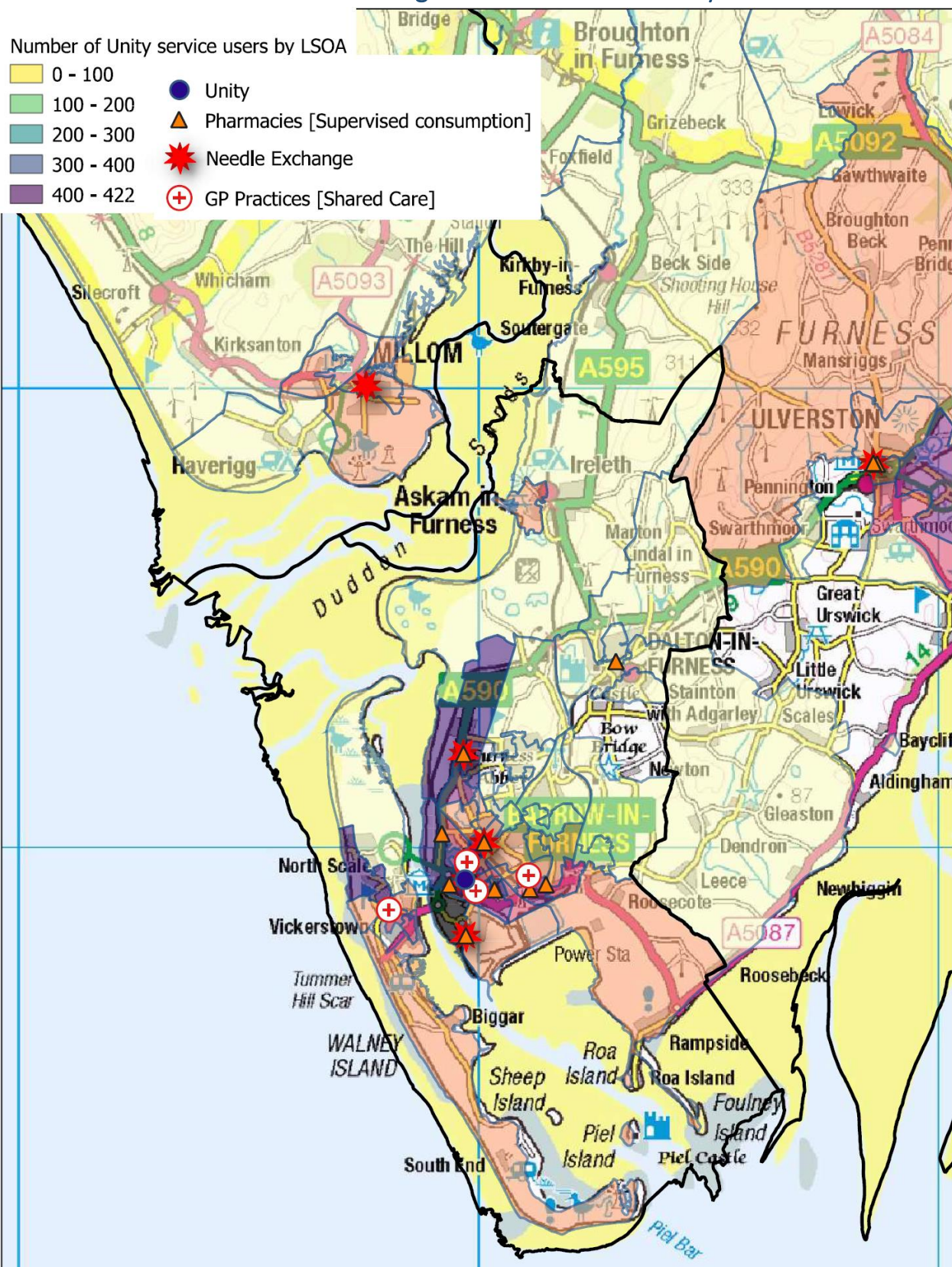
Appendix 1.

Allerdale: Alcohol and Drug Treatment and Recovery Services



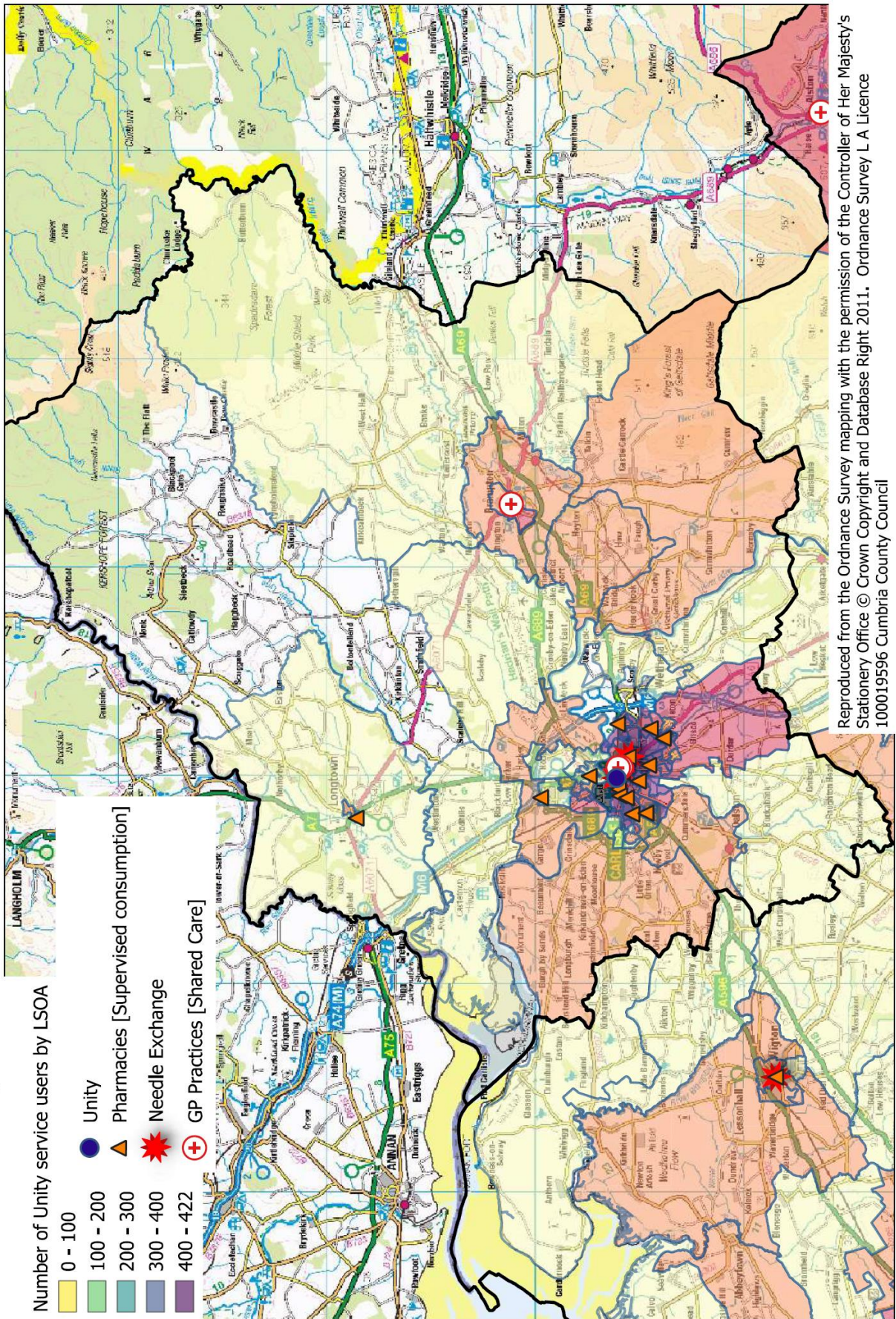
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Barrow-in-Furness: Alcohol and Drug Treatment and Recovery Services



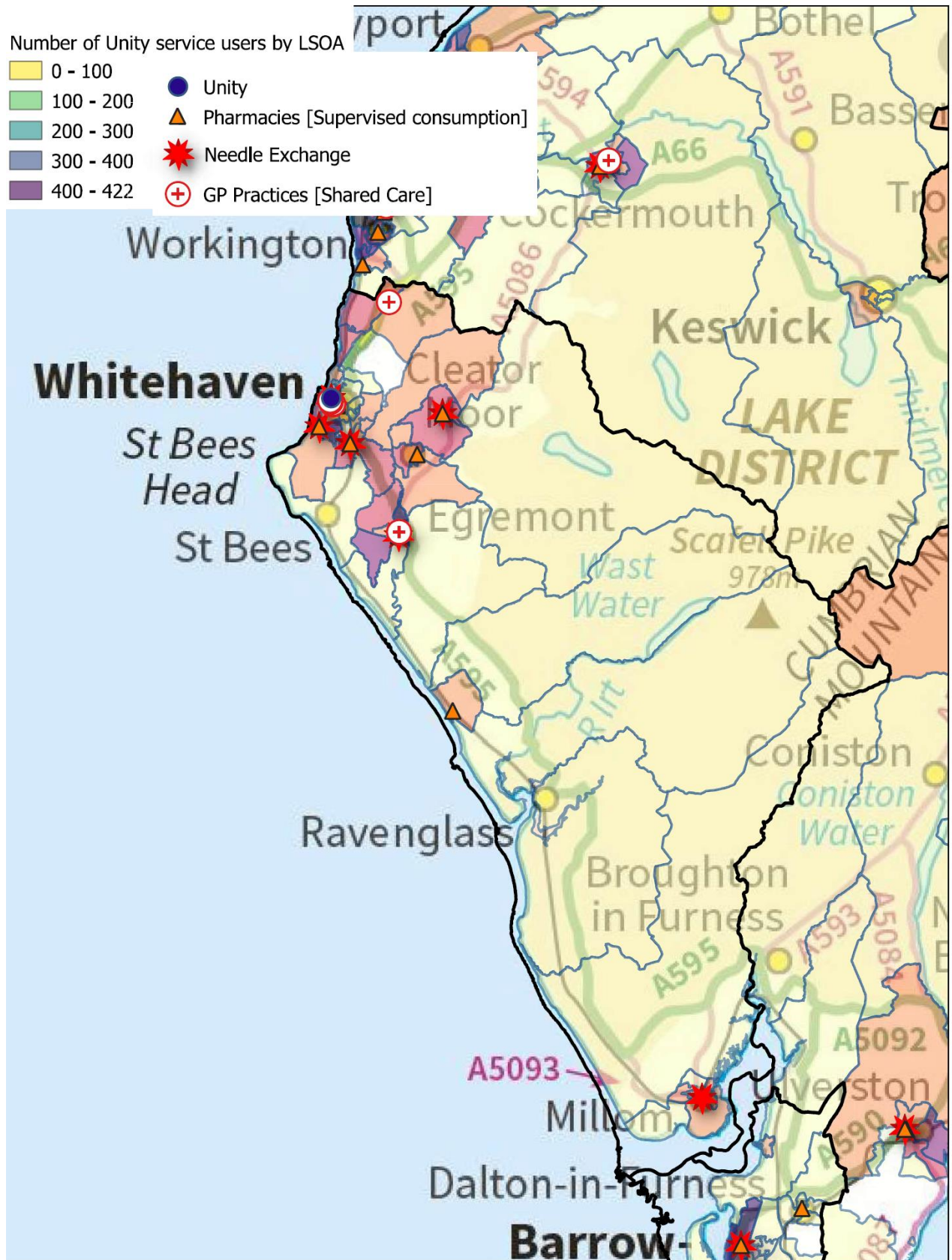
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Carlisle: Alcohol and Drug Treatment and Recovery Services



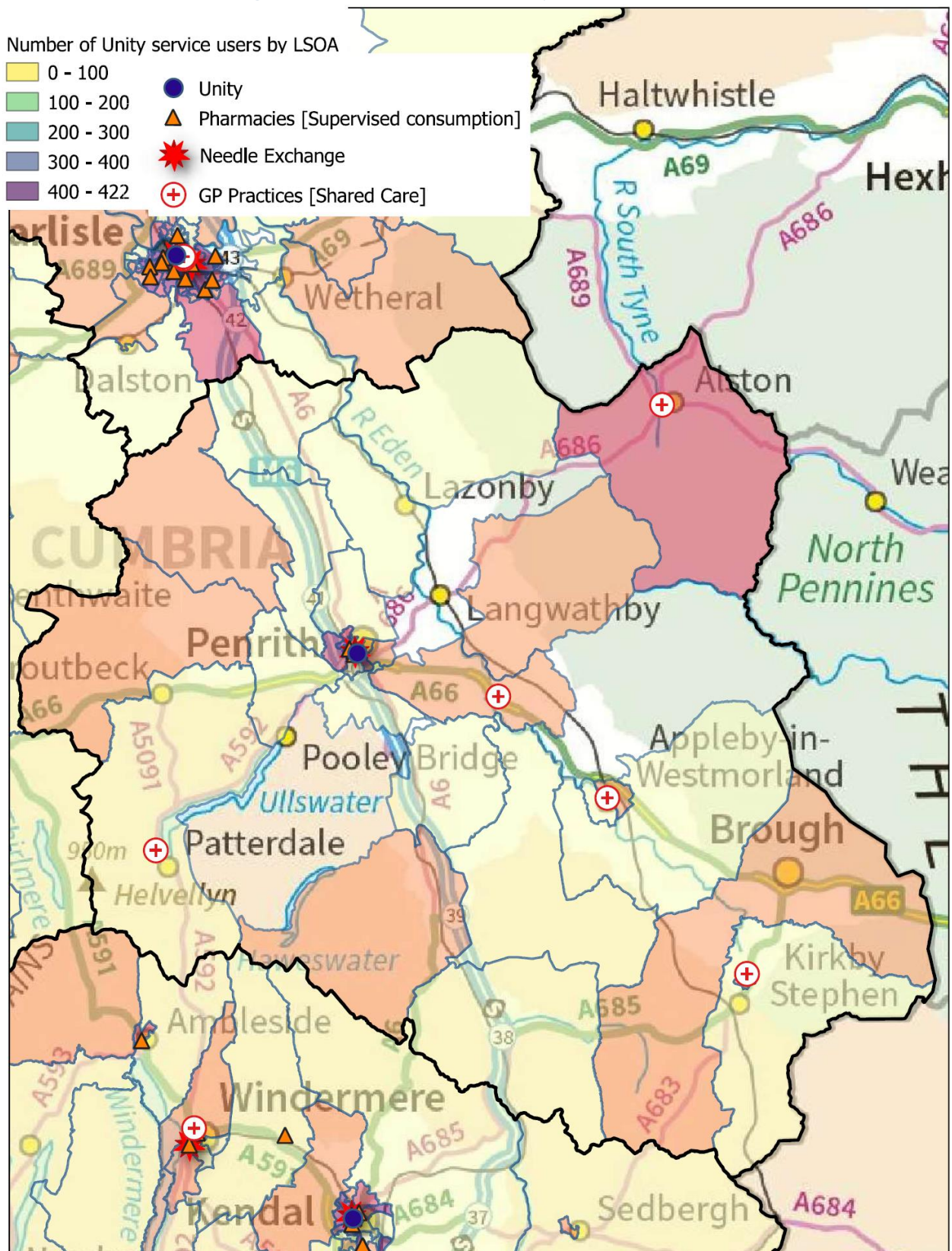
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Copeland: Alcohol and Drug Treatment and Recovery Services



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Eden: Alcohol and Drug Treatment and Recovery Services



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South Lakeland: Alcohol and Drug Treatment and Recovery Services

