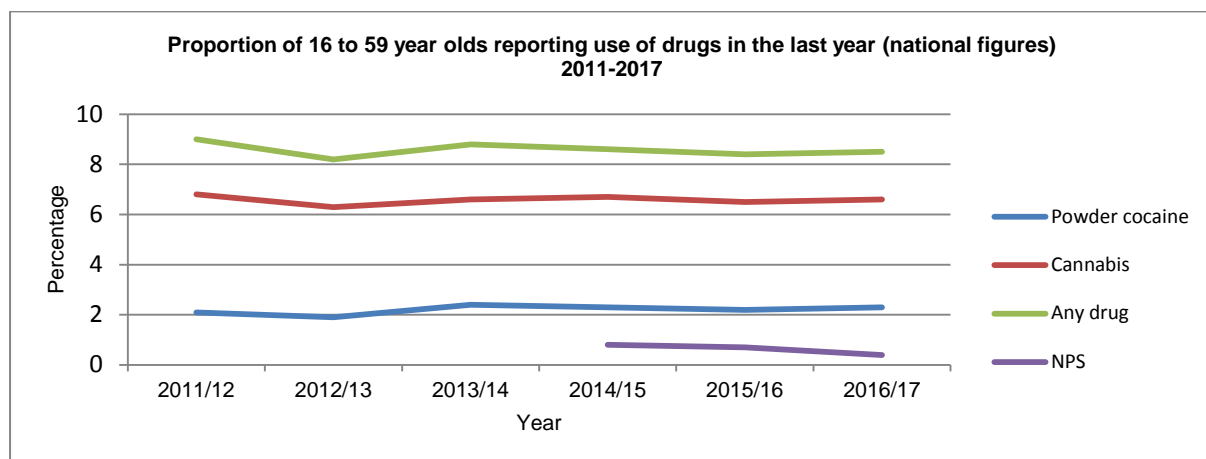


SECTION 4: BEHAVIOUR AND LIFESTYLE THAT INFLUENCE HEALTH AND WELLBEING

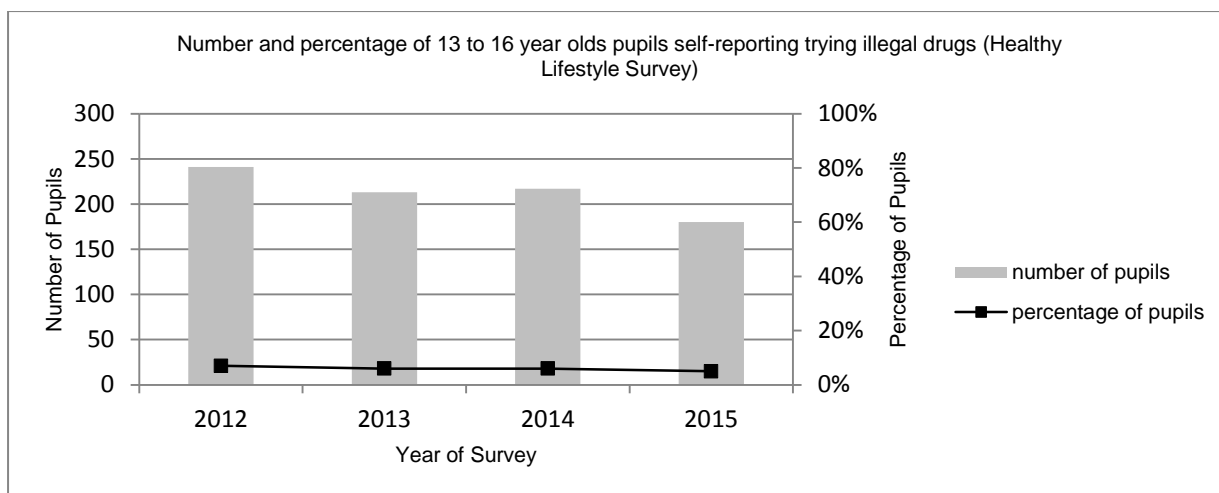
DRUG AND SUBSTANCE MISUSE

Drug dependency is a complex area of need and contributes to significant harms for individuals living in Darlington. Substance misuse can have negative impacts on local services including health, social care, police and justice services as well as the wider community and economy through the social and economic cost of crime.

The most recent Crime Survey for England and Wales; and local police intelligence suggest describe the latest data and trends of those illicit substances which are being commonly used in local communities across the country. These are often different to those substances for which individuals will seek treatment for from local specialist treatment services. The graph below shows recent trends in the national prevalence of the use of some specific substances over time. This is based on self-reported use in the Crime Survey for England and Wales. Data about Novel Psychoactive Substances (NPS) only began to be collected in 2014/15.



For young people the Darlington Healthy Lifestyles survey in 2016, a self-reported behaviour and lifestyle survey completed by the majority of secondary school pupils in years 9, 10 and 11, indicated that majority of young people in Darlington have not tried illicit substances. It also indicates that for those who have reported that they have tried illicit substances they will more likely report to have taken cannabis. The chart below shows the numbers and percentage of young people aged 13 to 16 years who self-reported to have ever tried illegal drugs in the last four Health Lifestyle Surveys.



Treatment

Data from the local substance misuse treatment service suggests that the substance that individuals will be most likely to seek treatment for is amphetamines. The proportion of those injecting as a route of administration in Darlington is higher than the national average.

Those who use opiates are identified nationally as a group that has specific complex problems and impacts on local communities and individuals. Local prevalence and treatment data indicates that it is likely that the majority of opiates users in Darlington are known to the treatment service. This supposition is supported by the relatively low proportion of people from Darlington who are found to be dependent on drugs and not known to local community treatment services, when they enter prison.

The recent emergence of a new category of substances known as Novel Psychoactive Substances (NPS) raised significant concern both nationally and locally in recent years. This concern was based on evidence of increasing use and a lack of evidence and information about long term health issues, risk of overdose and the interactions with other substances including alcohol. The **Psychoactive Substances Act** came into force on 26 May 2016. This imposed national blanket ban criminalising production, distribution, sale and supply of any substance capable of having a psychoactive effect.

Waiting times for treatment are being closely monitored as they are expected to rise following significant changes to service capacity and this has the potential to impact on drug related deaths.

The table below sets out key performance indicators relating to numbers who are treated for substance misuse (excluding Alcohol) by the local specialist treatment service for both adults and young people under the age of 18 years.

Indicator	Details	Latest Available Full Year
1. Treatment	Adults (18 and over)	Q4 2016/17 (rolling 12 months)
	Numbers in treatment	
	Opiates	413
	Non Opiates/ Alcohol and Non opiates	77
	Successful Completions	(Year to Date)
	Opiates	14
	Non Opiates	22
	Young People (Under 18s)¹	Q4 2016/17 (rolling 12 months)
	Numbers in treatment	93
	Successful Completions	47
2. Waiting Times	Adults (18 and over)	2016/17
	All drugs	0
	Waiting more than 3 weeks to enter treatment	
	Young People (Under 18s)¹	2016/17
	Drugs / alcohol	0
3. Prison	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2016/17 36.8%

¹ Treatment for drugs and/or alcohol, cannot be disaggregated.