

A photograph of a fountain with a central column of water spraying upwards and outwards, set against a stone wall. The water is illuminated, creating a bright spray. The fountain has a tiered base with several smaller jets of water. The background is a dark, textured stone wall.

**Southampton Reducing Drug
Harm Partnership**

Drugs Needs Assessment

November 2022 (updated February 2023)

Summary: Conclusions

- **Prevalence**

- Southampton has broadly similar levels of opiate and/ or crack use, when compared to England but higher levels when compared regionally

- **Harm**

- **Drug Related Deaths (DRD)**

- Southampton has similar rates of DRD when compared nationally and with UTLAs with within the fourth more deprived decile
- DRD continue to cause concern and ongoing vigilance and work to reduce incidence is required

- **Children of parents with Substance Use Disorders (SUDS)**

- 593 children live with a parent with Opiate Dependency
- Data suggests that improvements are required to identify and support children at risk

- **Crime**

- Southampton has high levels of drug related crime incidence, prevalence and harm
- Further collaborative work is required to better understand the impacts and evidence the activity undertaken to reduce crime and harm

Summary: Conclusions

- **Improving performance**
 - **Breaking Drug Supply**
 - Southampton has high levels of active drug networks
 - Further collaborative work is required to better understand the impacts of, and evidence the activity undertaken to reduce, crime and harm
 - **Treatment:**
 - Unmet need
 - Requires focus on engagement of, and outcomes for young people and adults with non-opiate use
 - Successful completions
 - Improving. Requires further consideration with a particular focus on Young People and people who use non-opiates
 - **Demand**
 - Southampton has a strong partnership approach
 - Further work to identify data to evidence need and activity to help the partnership better understand local pathways to identify and address the needs of people involved in activities that cause drug-related harm

Summary: Conclusions – Gaps in intelligence (to be developed)

- Prevalence of non-dependent drug use
- Youth Offending
- Activity to address drug dealing networks and drug crime
- Evidence of the effectiveness of diversion from drug crime into treatment and support
- Public Involvement & lived experience

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 - d) National Strategy Priority 3. Generational shift in demand for drugs
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1. Introduction: purpose and approach

Compilation of existing intelligence to inform local delivery plan of the Reducing Drug Harm Partnership for Southampton.

- Key headlines, not everything ever known
- Baseline audit approach, focussed on national strategy priorities and commitments
- Will be available on the Southampton data observatory to inform wider work
- Will be refreshed every 3 years, in line with national strategy requirement
- Supplementary needs assessments on specific areas, performance data, contract monitoring data and other information will also be used by the Partnership and members within the Partnership as applicable.
- Drugs: includes legal substances used illicitly eg diverted prescribed medication, as well as illegal substances.

2. Background

National Drug Strategy, [‘From harm to hope: A 10-year drugs plan to cut crime and save lives’](#), Dec 2021 .

3 strategic priorities

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

Southampton City

- **265k** people – young and diverse: **24%** 0-19 yrs olds, **32%** not White British and **15%** (40k) students.
- Between 2022 and 2025 **3.1%** population growth forecast, but varies by age e.g. **6.9%** over 65s, **0.1%** under15s.
- Southampton continues to be a relatively deprived city, ranked **55th** (where 1 is the most deprived) out of 317 local authorities in England; more deprived than the comparator cities of Bristol (82nd), Leeds (92nd) and Sheffield (93rd).
- Comparing life expectancy at birth for those in the most deprived **20%** of Southampton to the least deprived **20%**, life expectancy at birth gap is **8.1** years for men and **3.4** years for women (2019-21). Meaning those who live in the most deprived areas will live shorter lives.
- Poverty and disadvantage can act to increase the risk of substance use disorders (SUD), and SUD can lead to increased disadvantage. Inequalities also lead to barriers in accessing services and poorer health outcomes.

3. Intelligence on Drug Related Harm

Intelligence follows, covering:

- Drug use
- Drug related crime
- Drug related deaths
- Then each of the 3 national strategy priorities in turn:
 - Breaking Drug Supply Chains
 - Delivering world-class treatment and recovery services
 - Achieve a generational shift in the demand for drugs

Drug use

Headlines

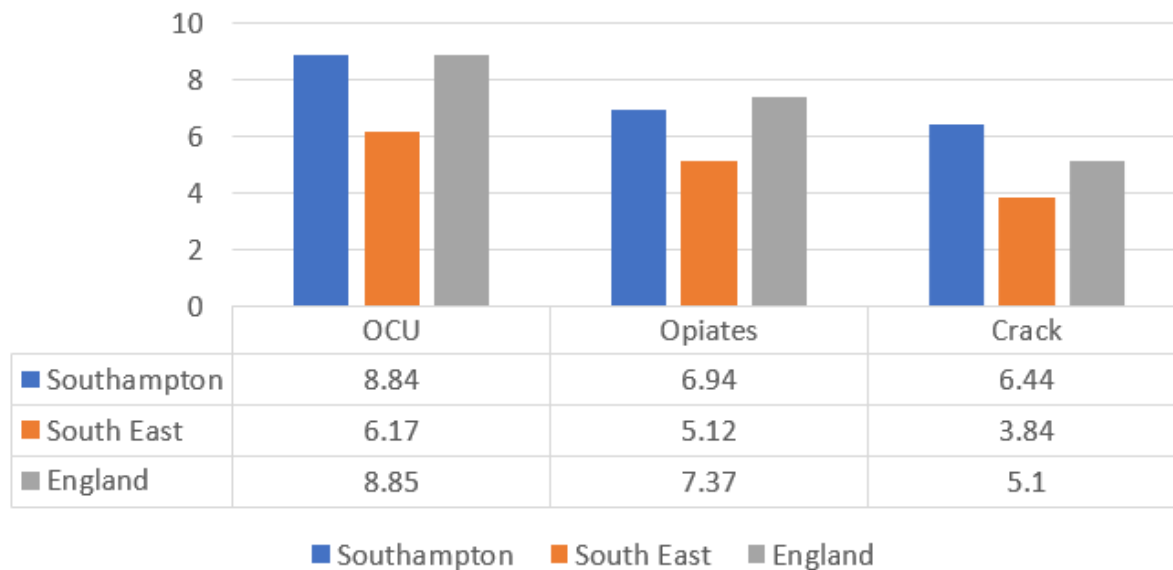
- Southampton experiences **slightly lower** prevalence of adult **opiate** drug use compared with England and **slightly higher** when compared regionally (2016-17)
- Southampton experiences **greater** prevalence of **crack** use compared England and regionally (2016-17)
- An estimated **6,550*** people aged **18-24** used any drug within the last year.
- An estimated **10,500*** people aged **18-59** used any drug within the last year.
- **593** children live with an adult with an opiate dependency
- It is estimated that **66,000** adults are affected by the drug or alcohol use of someone they know

*this figure is likely to be an underestimation as Southampton experiences more deprivation than England and drug use is linked with deprivation

Prevalence of Opiate and Crack use

- An estimated (2016 - 17) **1,210** people in Southampton use opiates
- An estimated (2016 - 17) **1,124** people in Southampton use crack cocaine
- An estimated (2016 - 17) **1,452** people in Southampton use opiates and/ or crack cocaine
- An estimated (2011 – 12) **636** people in Southampton inject drugs

Prevalence Estimates 2016-17
Rates per 1000 of the (15 - 64) population



- The estimated prevalence rate of people who use opiates and/ or crack in Southampton are **similar** to the rate of England as a whole but **greater** than the rate regionally
- The estimated prevalence rate of people who use opiates in Southampton is **less** than the rate of England as a whole but **greater** than the rate regionally
- The estimated prevalence rate of people who use crack in Southampton is **greater** to the rate of England as a whole and **greater** than the rate regionally

Drug Related Crime

Drug Related Crime

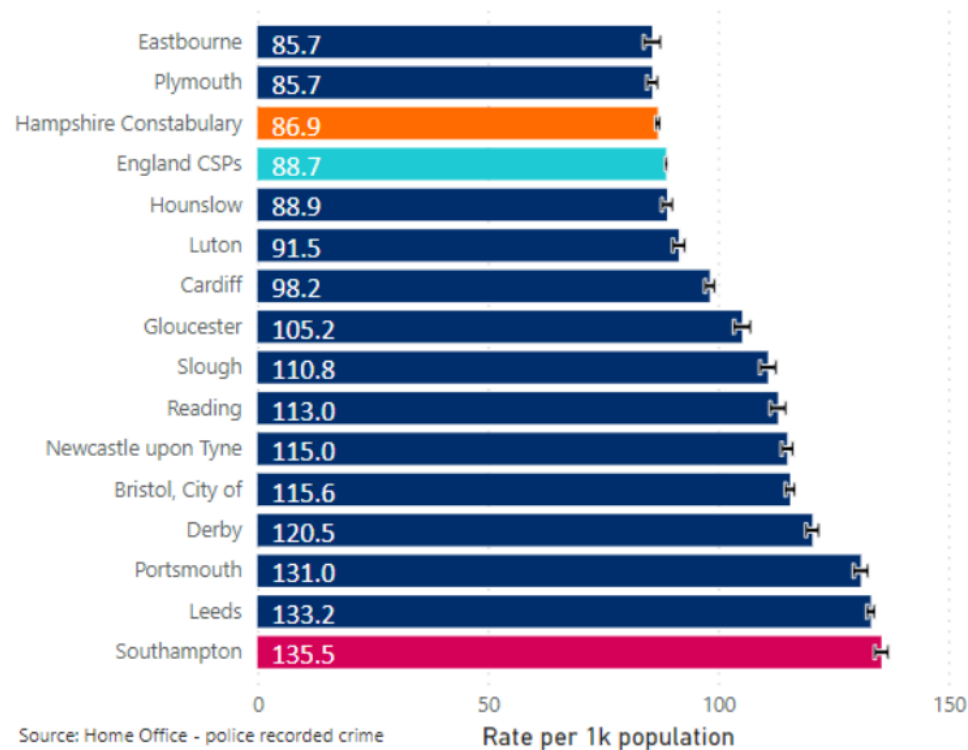
NB this section will be updated when the Safe City Strategic Assessment 2021-22 is available

Headlines

- Southampton has a significantly higher rate of police recorded drug offences when compared with England
- Southampton ranked 5th highest among comparator Community Safety Partnerships for the rate of drug offences
 - The number of drug offences recorded by the police is heavily dependent on police activities and priorities
- Data evidences a strong link between drug offences and deprivation
- Southampton experiences more active drug networks than any other area in Hampshire
- Southampton experiences more possession offences than any other area in Hampshire and we can see an increasing trend

Drug Related Crime - context

Police Recorded Total Crime (rate per 1k population) Southampton and iQuanta Comparator Community Safety Partnerships: 2021/22



Total Crime in 2020/21

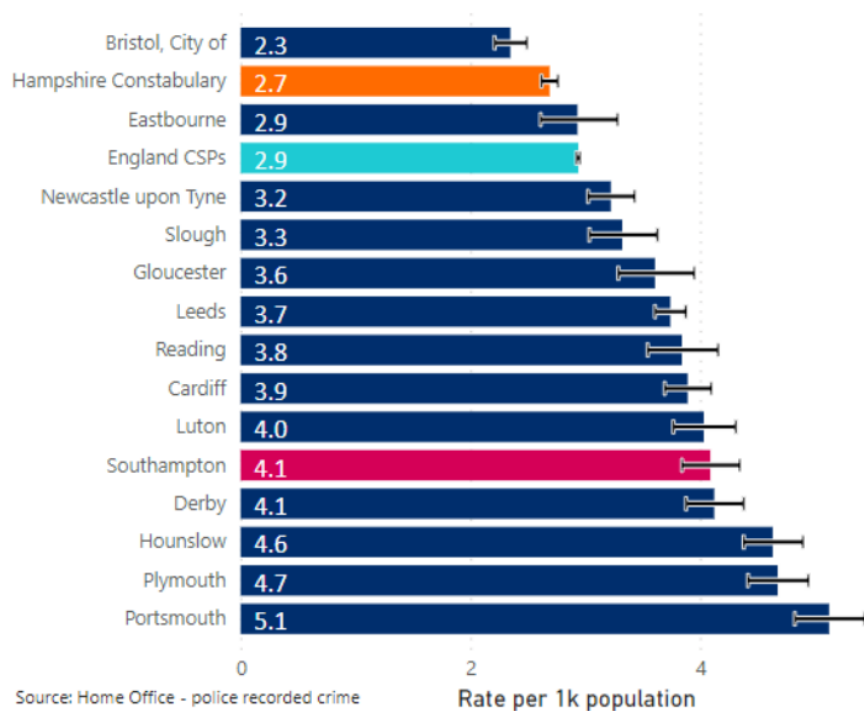
- In 2021/22, Southampton had an overall crime rate of 136 crimes per 1k population
- Southampton accounted for 20% of total recorded crime across Hampshire Constabulary in 2021/22
- Southampton has the highest total reported crime rate and highest crime severity amongst iQuanta comparators

Drug Related Crime

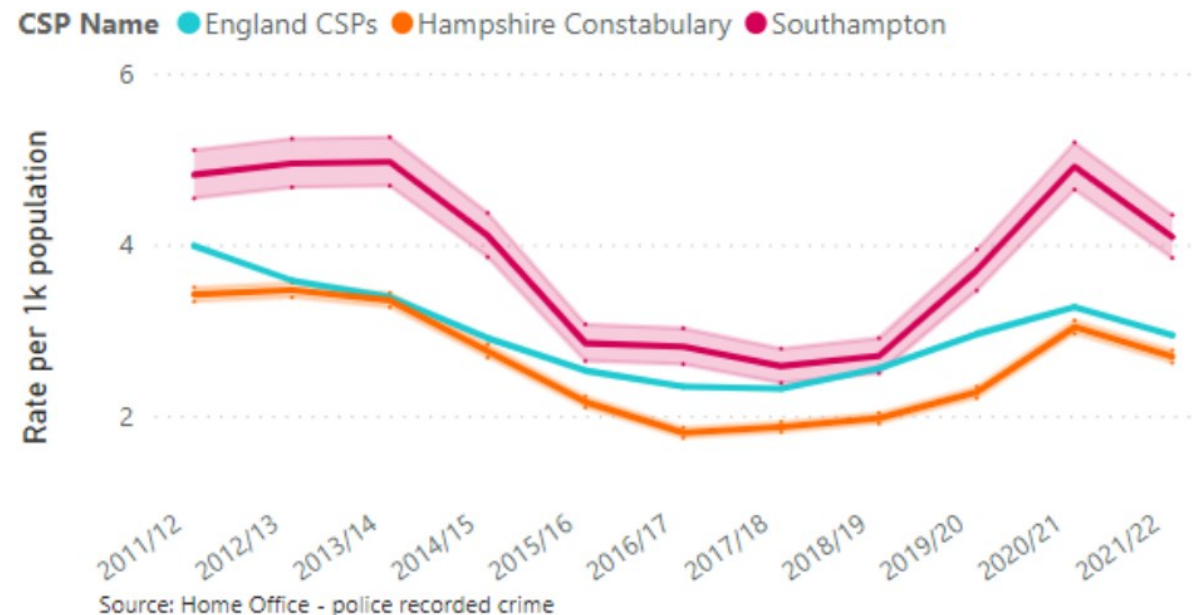
- The number of drug offences recorded by the police is heavily dependent on police activities and priorities, which change over time. Hampshire Constabulary attributed higher volumes of drug offences to increased stop checks from COVID-19 enforcement during 2020/21. Local stop-check data supports this, as the number of stop-checks conducted with reason to suspect drugs fell from 1,790 in 2020/21 to 1,201 in 2021/22 (-32.9%). If the number of stop-checks continue to decline post-COVID-19 enforcement, it could be expected that the number of recorded drug offences will return to pre-pandemic levels, unless there are further changes in policing activities.
- Over recent years, drug crime has had operational focus in Southampton. This includes:
 - The disruption of drug networks
 - Reducing the trafficking of drugs
 - Focus on drug related violence through the high harm team.

Drug Related Crime – drug offences

Police Recorded Drug offences (rate per 1k population) Southampton and iQuanta Comparator Community Safety Partnerships: 2021/22



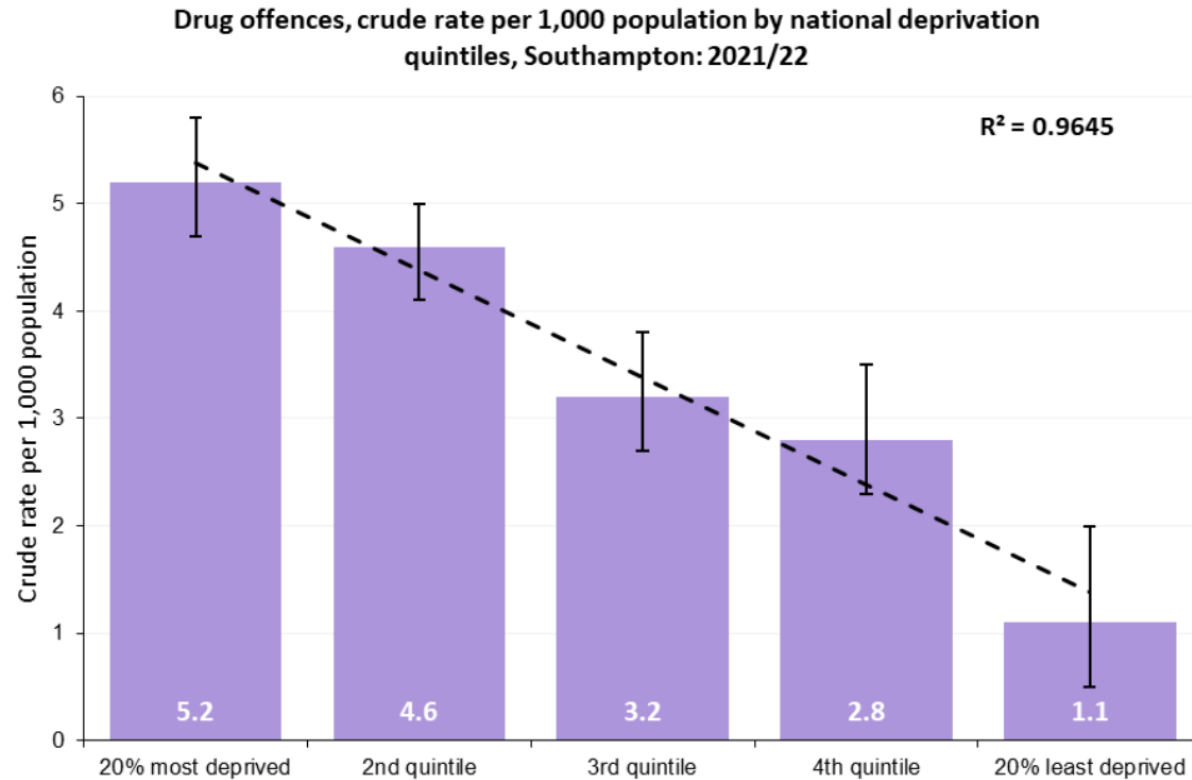
Police Recorded Drug offences (rate per 1k population) Southampton, England CSPs, Hampshire Constabulary: 2011/12 to 2021/22



Drug Offences

Southampton had a drug offence rate of 4.1 offences per 1k population in 2021/22, significantly higher than the England average of 2.9 offences per 1k population. The number of drug offences in Southampton is significantly lower than the previous year (-16.7%), although higher but not significantly than the pre-pandemic baseline (+10.7%). Both Hampshire Constabulary and England followed similar trends to Southampton; significantly increasing during the pandemic before returning to similar levels in 2021/22.

Drug Related Crime - deprivation



Source: Hampshire Constabulary

Sub-city patterns of drug offences shows a similar picture to previous years, with Freemantle, Bevois and Bargate wards showing significantly higher rates of drug offences and drug affected crime compared to the Southampton average. Although it should be noted that, the presence of a key police site in Freemantle may have inflated the rate in Freemantle ward.

There also continues to be a strong link between drug offences and deprivation, with the drug offence rate 4.9 times higher in the most deprived neighbourhoods in the city compared to the least deprived.

Please note that data presented relates to old Southampton ward boundaries. New boundaries are effective from May 2023 and data will be refreshed when available.

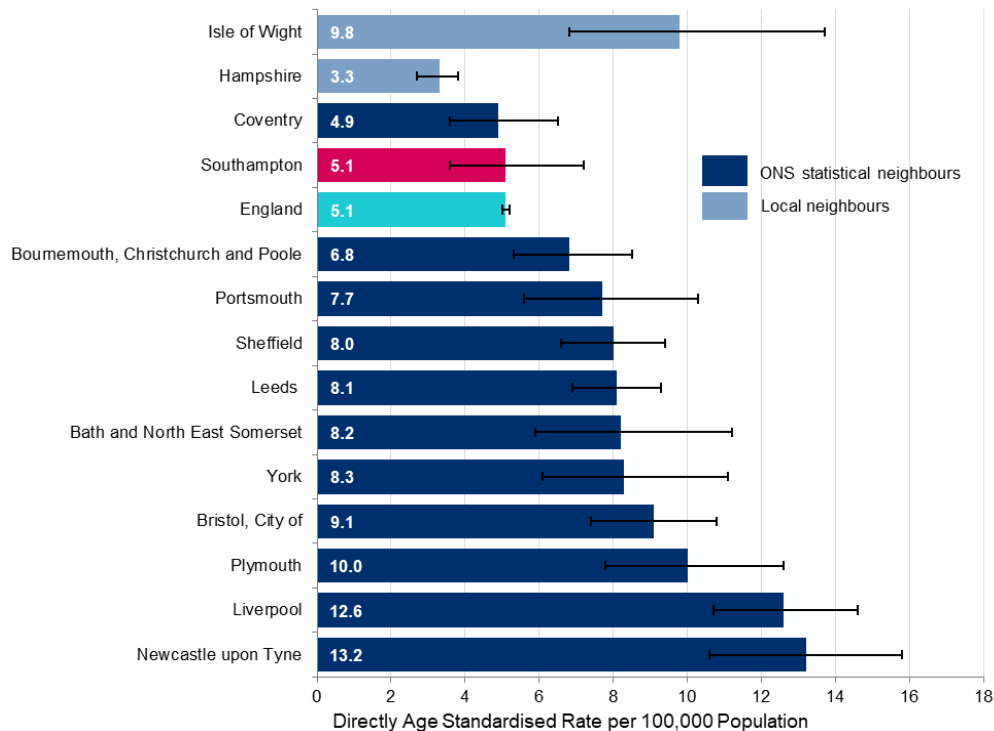
Drug Related Deaths (DRD)

Headlines

- Data from the Office of National Statistics (ONS) evidences Southampton has a similar rate of 'Drug Misuse' Deaths when compared with England and ranks 9th highest among the 15 comparator UTLAs with within the fourth more deprived decile
- Local Audits of DRD evidences a decreasing trend of drug related deaths with total number of deaths that occurred within 2020 in Southampton is at its lowest point since 2013
- Men aged over 35, particularly those in their 40s and 50s and who use heroin in combination with other depressant (benzodiazepines, alcohol, pregabalin) drugs continue to be at most risk

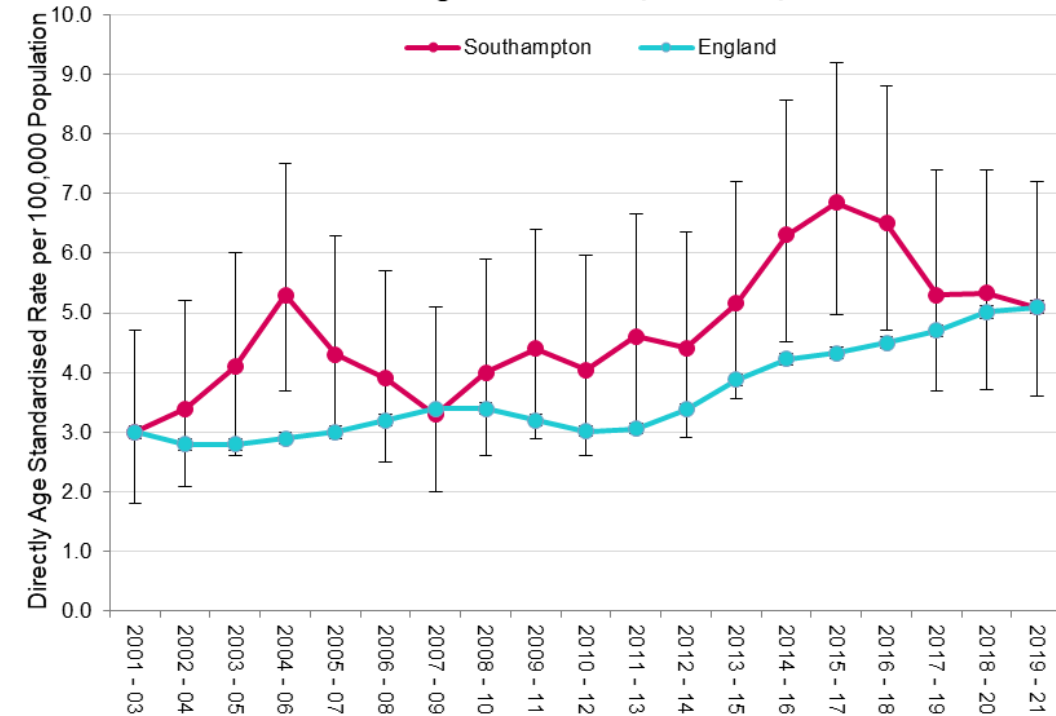
Deaths related to drug misuse – Benchmark and trends

Deaths from drug misuse DSR per 100,000 population, Southampton and Comparator Local Authorities: 2019 to 2021



Source: Office of National Statistics via OHID

Deaths from drug misuse DSR per 100,000 population, Southampton and England trend: 2001/03 to 2019/21



Sources: Office of National Statistics via OHID

- Southampton's rate for deaths from drug misuse is 5.1 per 100k population, statistically similar to England's rate of 5.1 per 100k and the 2nd lowest compared to ONS statistical neighbours.
- Southampton's rate has been higher than England's since 2002-04, apart from 2007-09 where Southampton's rate was lower by 0.1 and 2019-21 where both rates are the same.
- In 2014-16 to 2016-18 Southampton was significantly higher than England however since 2017-19 Southampton has been statistically similar.

Drug 'Misuse' Deaths (ONS)

Deaths from drug misuse (Persons) 2018 - 20

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	8,185	5.0	4.9	5.1
Fourth more deprived decile (IMD2019)	-	774	5.8	5.4	6.3
Darlington	-	33	10.8	7.5	15.2
Plymouth	-	69	9.4	7.3	11.9
Bristol	-	116	8.9	7.2	10.6
Stockton-on-Tees	-	48	8.5	6.3	11.3
County Durham	-	117	8.3	6.7	9.8
Calderdale	-	46	7.6	5.6	10.2
Wigan	-	62	6.4	4.9	8.3
Derby	-	46	6.2	4.5	8.3
Southampton	-	38	5.3	3.7	7.4
Lewisham	-	47	5.3	3.8	7.1
Southwark	-	46	4.9	3.5	6.7
Coventry	-	47	4.6	3.4	6.2
Luton	-	21	3.3	2.0	5.1
Brent	-	20	2.1	1.2	3.2
Enfield	-	18	1.9	1.1	3.0

Data from the Office of National Statistics (ONS) evidences Southampton has a similar rate of 'Drug Misuse' Deaths when compared with England and ranks 9th highest among the 15 comparator Upper tier local authorities within the fourth more deprived decile

Source: Fingertips - OHID

Local Drug Related Death (DRD) Data (draft)

Our most recent audit considered deaths that occurred in Southampton City in the calendar year 2020
In 2020:

- There were **17** Drug Related Deaths in 2020
- This is a **6% decrease** from 2017 (21) and a **19% decrease** from 2016 (24)
- There were **15** male deaths – a **6% decrease** from 2017 (16) and a **17% decrease** from 2016 (18)
- There were **2** female deaths – this is the same number as 2017 and a **33% decrease** from 2016 (3)
- The total number of deaths that occurred within 2020 in Southampton is at its lowest point since 2013
- **24%** (4/17) of the DRDs that occurred in Southampton in 2020 were people who died by suicide. In 2017 **11%** of deaths were people who died by suicide

- The greatest number of deaths occurred in the 50 -54 yr. old cohort. This does not match the national trend where we can see the highest rate of 'drug misuse' deaths were found in those aged 45 to 49 years, closely followed by those aged 40 to 44 years.
- **41%** of those who died were using drugs alone
 - This is a lower incidence when compared to 2017 (66%)
- Men aged over 35, particularly those in their 40s and 50s and who use heroin in combination with other depressant (benzodiazepines, alcohol, pregabalin) drugs continue to be at most risk
- **64%** of deaths involved the use of opiate or opioid drugs. This indicates a lower prevalence of opiate related deaths when compared with 2017 (88%).
- The majority of recommendations from serious incident investigations indicate a need for better information recording and stakeholder communication.

National Strategy Priorities & Commitments

- The rest of this needs assessment looks at each part of the national strategy in turn, moving into a baseline audit to inform our delivery plan.
- Headline data is shared where available.
- Not all data was available for this version of the needs assessment. Our recommendations include further data.

National Priority 1. Break Drug Supply Chains

National Commitments:

- 1. Targeting the 'middle market'** – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
- 2. Going after the money** – disrupting drug gang operations and seizing their cash
- 3. Rolling up county lines** – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
- 4. Tackling the retail market** – improving targeting of local drug gangs and street dealing
- 5. Restricting the supply of drugs into prisons** – applying technology and skills to improve security and detection

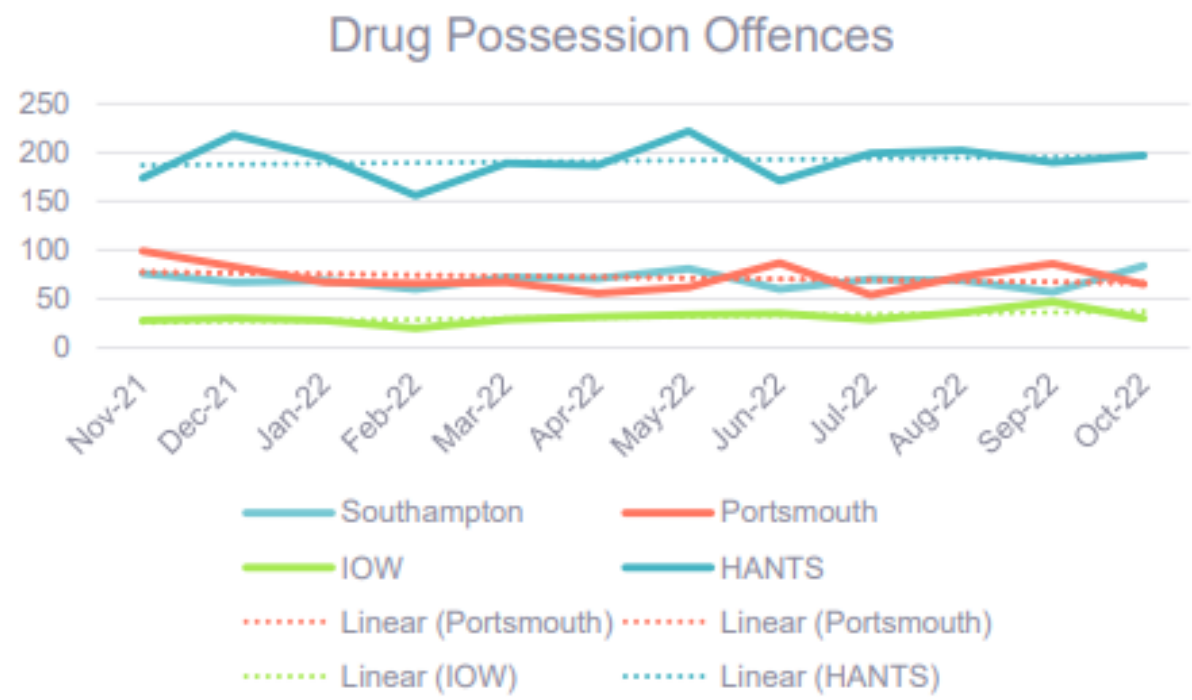
- Southampton has a significantly higher rate of police recorded drug offences when compared with England
- Southampton ranked 5th highest among comparator Community Safety Partnerships for the rate of drug offences
- The number of drug offences recorded by the police is heavily dependent on police activities and priorities)
- Data evidences a strong link between drug offences and deprivation
- Southampton experiences more active drug networks than any other area in Hampshire
- Southampton experiences more possession offences than any other area in Hampshire and we can see an increasing trend

District	June	July	August
Southampton	49	38	44
Eastleigh	4	5	3
Winchester	9	4	4
Basingstoke	18	17	17
Fareham & Gosport	6	7	6
Havant	4	4	4
Hart & Rushmoor	29	19	26
IOW	5	5	6
Test Valley	9	9	9
New Forest	4	1	1
Portsmouth	27	33	28

Drug Related Community Harm Update [Hampshire Constabulary]
Data Period: 01/07/2022 – 31/08/2022

Drug Offences – Possession

Possession Offences	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Southampton	76	67	69	60	72	71	81	60	70	69	57	84
Portsmouth	99	83	67	66	67	56	62	87	54	73	86	65
IOW	28	30	28	20	29	32	34	35	29	36	47	30
HANTS	174	218	195	156	189	187	222	171	199	202	190	197



Possession Offences have remained stable across all areas over the course of the year to date. Drug Offence numbers can be a reflection of tactical activity rather than drug markets as it is not a 'reported offence' type. **Southampton** experiences more possession offences than any other area in Hampshire and we can see an increasing trend over the data period

Break Drug Supply Chains: Conclusions

- Southampton has high levels of drug related crime incidence, prevalence and harm
- Further collaborative work is required to better understand the impacts of, and evidence the activity undertaken to reduce, crime and harm
 - In particular
 - data related to drug related crime's impact on young people, including safeguarding related to county lines.
 - Data to evidence and monitor activity and effectiveness of police led disruption activity
 - Data to evidence and monitor activity and effectiveness of collaborative approaches to divert people who use drugs away from drug harm and into advice, treatment and support
 - Drug Related violence
 - Cash seizures under Proceeds of Crime Act (POCA)

National Commitment 2. Delivering world-class treatment and recovery services

National commitments:

- 1. Delivering world-class treatment and recovery services** – strengthening local authority commissioned substance use services for both adults and young people, and improving quality, capacity and outcomes
- 2. Strengthening the professional workforce** – developing and delivering a comprehensive substance use workforce strategy
- 3. Ensuring better integration of services** – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery
- 4. Improving access to accommodation alongside treatment** – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
- 5. Improving employment opportunities** – linking employment support and peer support to Jobcentre Plus services
- 6. Increasing referrals into treatment in the criminal justice system** – specialist drug workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment
- 7. Keeping people engaged in treatment after release from prison** – improving engagement of people before they leave prison and ensuring better continuity of care in the community

Engaging people into treatment and support

Unmet need

In 2020 – 21

- **66%** of the estimated **1210** people in Southampton use opiates were engaged in structured treatment
 - This tells us our unmet need is **34%**
 - This compares favourably with the England rate (**47%**)
- **52%** of the estimated **1124** people in Southampton use crack cocaine were engaged in structured treatment
 - This tells us our unmet need is **48%**
 - This compares favourably with the England rate (**58%**)
- **53%** of the estimated **1452** people in Southampton use opiates and/ or crack cocaine were engaged in structured treatment
 - This tells us our unmet need is **47%**
 - This compares favourably with the England rate (**53%**)

Young people Substance Use Disorder Services (SUDS)

Our SUDS are split by age, with our YP services offering advice, support and treatment to people aged 24 and under. YP data presented considers people aged under 18 and Adult data considers people aged 18 and over, unless stated otherwise.

National Drug Treatment Monitoring Service (NDTMS)

The most recently available, unrestricted data, from the NDTMS evidences:

- **40** people aged under 18 engaged with structured treatment to address their use of drugs and or alcohol in **2019/20**:
 - This is a 33.3% reduction from activity reported for **2018/19** which saw **60** people aged under 18 engaging with structured treatment to address their use of drugs and or alcohol
 - It is not possible to break this figure down to highlight activity related to drugs only
- **40%** of young people successfully completed treatment in **2019/20**
 - This is a 40% reduction compared with **2018/19** which saw **67%** successfully complete treatment

Local Data

Local data provided by No Limits, our YP SUDS provider, considers people aged 24 and under and, therefore cannot be directly compared with NDTMS reports

In **Q2 2022/23**:

- **29%** of young people with an opiate use disorder left treatment in a planned way
 - This is a 40% improvement when compared with the previous quarter (20%)
- **18%** of young people with a non-opiate use disorder left treatment in a planned way
 - This is a 10% reduction when compared with the previous quarter (20%)

Adult Substance use Disorder Services (SUDS)

Successful completions - Opiates

Successful completion of drug treatment - opiate users 2020 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	6,701	4.7	4.6	4.9
Fourth more deprived decile (IMD2019)	–	607	4.3*	4.0	4.6
Luton	→	41	5.8	4.3	7.7
Brent	↓	30	5.7	4.0	8.0
Derby	→	58	5.5	4.3	7.0
County Durham	→	81	5.5	4.4	6.8
Lewisham	→	38	5.4	4.0	7.4
Calderdale	→	30	4.6	3.2	6.4
Wigan	→	42	4.5	3.3	6.0
Plymouth	→	52	4.2	3.2	5.5
Bristol	↓	99	4.1	3.4	5.0
Southampton	→	32	3.9	2.8	5.4
Enfield	→	15	3.1	1.9	5.0
Darlington	→	13	3.1	1.8	5.2
Coventry	→	29	3.1	2.2	4.5
Southwark	→	25	2.8	1.9	4.1
Stockton-on-Tees	↓	22	2.3	1.5	3.5

Source: Fingertips - OHID

Nationally available, unrestricted data indicates Southampton's rate of Successful Completions for people accessing structured treatment for their use of opiates is similar to the rate for England and ranks 10th highest among the 15 comparator UTLAs with within the fourth more deprived decile

More recent (restricted) data indicates significant improvement in Southampton's rates of successful completions.

This is supported by our locally generated data from our SUDS which evidences, in Q1 2022 – 23 that:

- Our successful completion rate for adults (25 and over) who use opiates was **7.2%**

Adult Substance use Disorder Services (SUDS)

Successful completions – Non-opiates

Successful completion of drug treatment - non-opiate users 2020

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	18,699	33.0	32.6	33.4
Fourth more deprived decile (IMD2019)	–	1,662	31.2*	30.0	32.5
Enfield	→	172	38.7	34.2	43.3
County Durham	→	288	38.1	34.7	41.7
Coventry	→	184	38.0	33.8	42.4
Stockton-on-Tees	→	93	36.8	31.1	42.9
Lewisham	→	103	35.8	30.4	41.5
Derby	→	105	32.2	27.4	37.5
Wigan	↓	158	30.6	26.8	34.7
Luton	→	80	29.9	24.7	35.6
Calderdale	→	65	29.5	23.9	35.9
Southampton	→	78	28.9	23.8	34.6
Brent	↓	75	28.0	23.0	33.6
Plymouth	→	49	23.8	18.5	30.0
Bristol	↓	113	21.5	18.2	25.2
Southwark	↓	75	20.5	16.7	25.0
Darlington	→	24	18.0	12.4	25.4

Nationally available, unrestricted data indicates Southampton's rate of Successful Completions for people accessing structured treatment for their use of non-opiates is similar to the rate for England and ranks 10th highest among the 15 comparator UTLAs with within the fourth more deprived decile

Source: Fingertips - OHID

More recent (restricted) data indicates significant improvement in Southampton's rates of successful completions. This is supported by our locally generated data from our SUDS which evidences, in Q1 2022 – 23 that:

- Our Successful completion rate for adults (25 and over) who use non-opiates is **40.9%**

2. Strengthening the professional workforce – developing and delivering a comprehensive substance use workforce strategy

Adults: HEE Drug & Alcohol Workforce Survey 2022

- 18 Peer Support Workers (17.40 WTE)
- 33 Alcohol and Drug Workers (29.12 WTE)
 - 16 in post for less than 1 year
 - 12 in post for 1-3 years
 - 1 in post for 3-5 years
 - 3 in post for over 5 years
 - 1 Not Known
- 7 Service Managers/Team Leaders (7.00 WTE)
- 2 Volunteer Coordinators (1.10 WTE)
- 6 Administrators & Data Managers (4.90 WTE)
- 10 Clinical Staff (7.61 WTE)

Children & Young People: HEE Drug & Alcohol Workforce Survey 2022

- 10 Alcohol and Drug Workers (9.24 WTE)
 - 3 in post for less than 1 year
 - 4 in post for 1-3 years
 - 2 in post for 3-5 years
 - 1 in post for over 5 years
- 2 Service Managers/Team Leaders (1.67 WTE)
- 1 Administrator (0.70 WTE)

Workforce Strategies

- CGL has a People Plan (overarching workforce development strategy) which is complemented by the CGL OHID Workforce Guidance (May 2022)

3. Ensuring better integration of services –physical and mental health needs, joining up across sectors

Data from NDTMS (2020-21) show areas of joined up work across sectors in relation to referrals received; this could be indicative of links between service areas:

- **Adults**

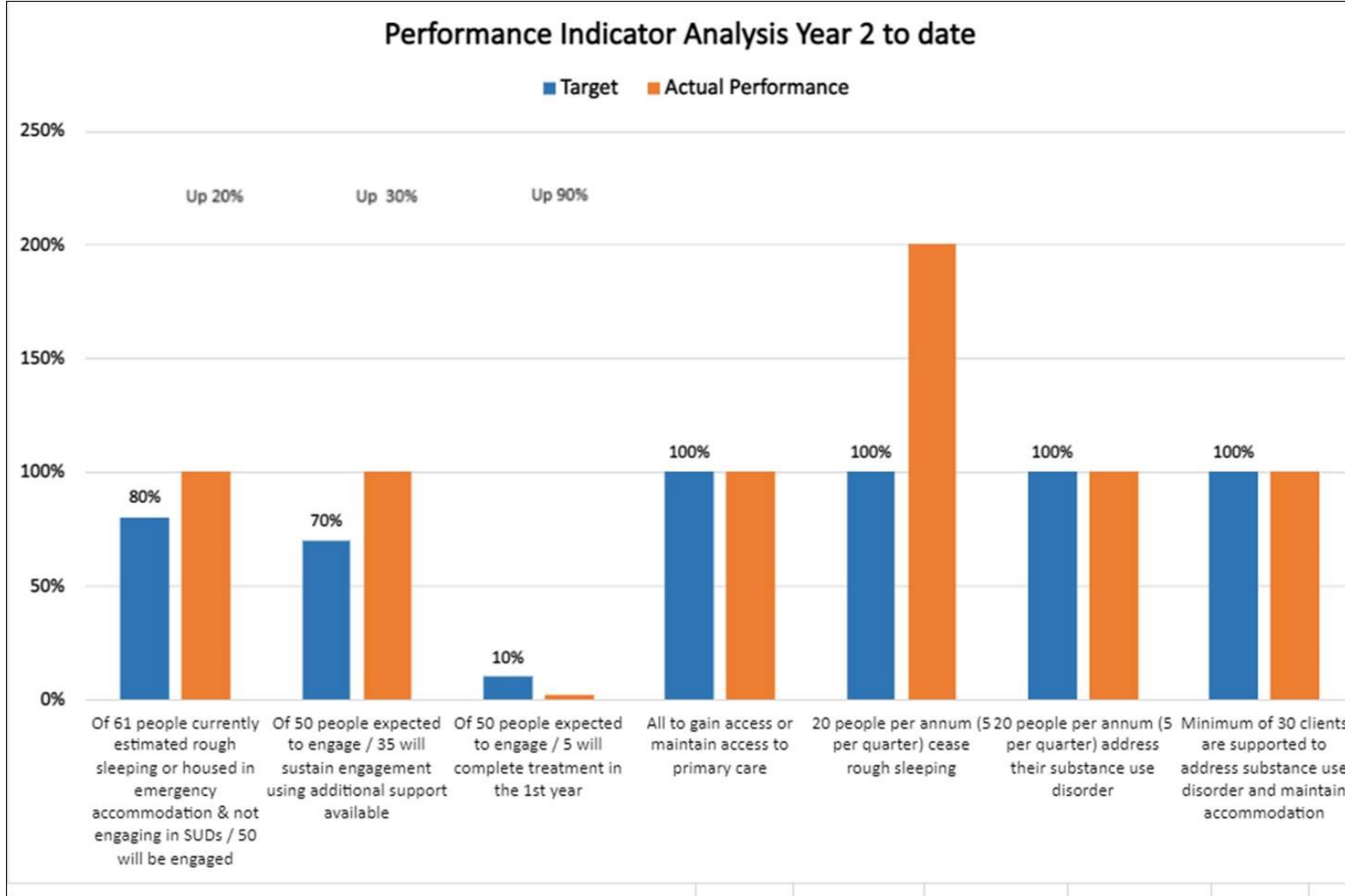
- **73%** of drug-related referrals via hospitals/ACT locally (England 29%)
- **27%** of drug and alcohol referrals via CJS agencies (England 18%)
- **3%** of drug and alcohol referrals via GPs (England 24%)
- **1%** of drug-related referrals via Social Services (England 4%)
- There is ongoing work around developing pathways for people with co-occurring conditions of substance use and mental health
- **67%** of adults who entered drug treatment in 2020-21 were identified as having a mental health treatment need (England 63%)
 - **76%** of those with an identified need were receiving treatment (England 71%)

3. Ensuring better integration of services –physical and mental health needs, joining up across sectors

Children & Young People

- NB: Higher percentage of local self-referrals (21%) impact on other percentages (England 12%)
- **10%** of referrals via Other SUDS agencies (5% nationally)
- **14%** of referrals via Educational Services (25% nationally)
- **20%** of referrals via CJS (22% nationally)
- There is a high prevalence (**79%**) of co-occurring conditions of substance use and mental health for local YP in treatment (42% nationally)
- While more local YP with co-occurring conditions are under their GP for mental health (**22%** locally compared to 7% nationally), there is ongoing work around developing pathways for those not receiving mental health support.

4. Improving access to accommodation alongside treatment



Data from SUDS Rough Sleeping Team evidence:

- For 2022/23, as of Q2, **40** people have been supported by the Rough Sleeping Drug and Alcohol Team to **cease rough sleeping** (target is 20 per annum).
- For 2022/23, as of Q2, **30** people have been supported by the Rough Sleeping Drug and Alcohol Team to **address substance use disorder and maintain accommodation** (target is 30 per annum).

5. Improving employment opportunities – linking employment support and peer support to Jobcentre Plus services

Employment Status for people commencing treatment

- **Self-reported employment status at the start of treatment (2020-21) – Over 18s**
 - Difficult to compare directly with national statistics as **29%** (Drugs) & **15%** (Alcohol) of local cohort data was not stated (only 6% & 3% respectively nationally)
 - However, **45%** (drugs) & **44%** (alcohol) of local cohort reported as long term sick or disabled compared to 21% (drugs) & 18% (alcohol) nationally
- **Recorded education & employment status at the start of treatment (2020-21) – Under 18s**
 - **62%** locally in mainstream education (56% nationally)
 - Only **3%** locally in alternative education (18% nationally)
 - **21%** locally NEET (16% nationally)
 - **14%** locally employed (incl. apprenticeships) (7% nationally)

Data from IPS Service

SCC Individual Placement and Support (IPS) Service supports people engaging in Substance Use Disorder Services for drug and alcohol concerns to provide intensive employment support as part of multi-disciplinary clinical services

The service commenced on the 1st of September 2021.

To date, from project commencement, **205** individuals have been referred to the IPS offer, **88** of those have engaged with the service and **22** of those have commenced a job

6. Increasing referrals into treatment in the criminal justice system

- In 2020-21
 - 20% (25% Male 10% Female) of referrals into Substance Use Disorder Services were referred through CJS' means (a police custody or court based referral scheme, prison or National Probation Service/community rehabilitation company (CRC)).
 - This compares with the England rate of 16% (19% Male 8% Female)

- The numbers of people accessing treatment and support as part of a court order have significantly increased in the last quarter.
- The numbers of people who use drugs and/ or alcohol in IOM fluctuate and are increasing

	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2021/23
Numbers on DRR	5	5	6	6	6	26
Numbers on ATR	1	1	2	3	3	14
Number of clients with a drug and/or alcohol problem seen as part of the Integrated Offender Management (IOM) arrangement	35	30	10	8	48	50

Source: Adult SUDS quarterly reports

7. Keeping people engaged in treatment after release from prison, including preparing for release

Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison New data 2021/22

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	6,345	37.4	36.6	38.1
South East region	↑	561	37.7	35.2	40.2
Bracknell Forest	—	17	60.7*	42.4	76.4
Medway	→	42	59.2	47.5	69.8
Kent	↑	113	51.4	44.8	57.9
Isle of Wight	→	15	50.0	33.2	66.8
Hampshire	→	60	45.1	36.9	53.6
Buckinghamshire UA	→	24	44.4	32.0	57.6
East Sussex	→	31	43.7	32.7	55.2
Oxfordshire	↑	43	43.0	33.7	52.8
Portsmouth	→	40	38.8	30.0	48.5
Brighton and Hove	→	30	38.5	28.4	49.6
Reading	→	41	33.6	25.8	42.4
West Sussex	↑	19	32.2	21.7	44.9
Windsor and Maidenhead	→	6	28.6	13.8	50.0
Surrey	→	38	24.2	18.2	31.5
Southampton	↓	24	20.3	14.1	28.5
Slough	→	12	16.2	9.5	26.2
Milton Keynes	→	6	12.0	5.6	23.8
West Berkshire	—	-	*	-	-
Wokingham	—	-	*	-	-

Southampton is significantly **worse** in ensuring people with a substance use disorder successfully engage in treatment **following prison release** than England and Region.

More recent local data evidences Southampton's Continuity of Care is improving due to the work of the specialist criminal justice team.

Source: Fingertips - OHID

Delivering world-class treatment and recovery services : Conclusions

- Southampton's Substance Use Disorder Services (SUDS) are performing well on headline measures
- Levels of unmet need for those who use opiates and crack are low compared with comparators
- Some work to better understand the needs and engagement of people who use non-opiates should be considered
- Work already underway to improve engagement of, and improving outcomes for, young people with substance use disorders
- Joint work with JCP and Individual Placement and Support (IPS) Service required to better understand the needs and activity to ensure employment opportunities for those with Substance Use Disorders are required
- Further work to improve continuity of care from prisons to SUDS requires significant focus

National Priority 3. Achieve a generational shift in the demand for drugs

National commitments:

1. Applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm
2. Delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs
3. Supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk

1. Local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm

To be completed in collaboration with Hampshire Constabulary

2. Delivering school-based prevention and early intervention

Drug/alcohol support and education in schools

BUZZ

Buzz is delivered by the DASH team at No Limits. Through Buzz, the team deliver lessons, assemblies and outreach sessions at schools, youth clubs, community centres and other youth groups across Southampton to young people aged 14 to 15 years old. Buzz sessions involve young people in discussions about the risks involved in drinking alcohol or using substances in order to equip them with the information they need to make healthy choices. There is an emphasis on exploring ways they can enjoy themselves without substances by participating in alternative activities.

- In the Academic year 2021/22 DASH (No Limits) delivered **117** 'BUZZ' sessions to **2276** students in **10** Schools

2. Delivering school-based prevention and early intervention

Future developments

2 x School youth workers will have a role to:

- Develop and maintain relationships with the 14 secondary schools in Southampton including the Compass and The Polygon (PRU's) and the Virtual School
- Adapt and deliver 3-hour training to teaching staff to improve the quality of drug education within schools and develop a whole school approach
- Help schools identify children affected by either their own or others substance use and support them to make appropriate referrals to treatment
- Deliver brief intervention work to individual or groups of students who have been identified as at risk of risky substance use

3. Supporting young people and families most at risk of substance misuse or criminal exploitation

- An estimated **593** Children live with a parent with Opiate Dependency
- No data is available to estimate the number of children at risk from parent's use of other drugs
- Data* (2020-21) considering people children who live with people who use drugs, engaged in structured treatment, evidences
 - **4%** engage with 'Early Help' (England 4%)
 - **9%** have 'Child Protection' in place (England 9%)
 - **5%** have a 'Looked After Child' (England 7%)
 - **74%** have 'No Early Help' (England 65%)
- In 2020/21 DASH supported **92** young people affected by someone else's use of drugs/ alcohol
- In 2020/21 DASH delivered whole family support to **16** families

4. Conclusions

- Southampton has a strong partnership approach
- Further work to identify data to evidence need and activity to help the partnership better understand local pathways to identify and address the needs of people involved in activities that cause drug-related harm
- Work is already in train to enhance our engagement and support to young people to reduce drug initiation and use

5. Recommendations

1. Use this needs assessment to inform the delivery plan of the Southampton Reducing Drug Harm Partnership, including noting:
 - High risk of harm experienced by **children of parents with drug dependence**
 - High rates of **drug related crime and harm**
 - Southampton has a **strong partnership and commitment** to work collaboratively to reduce harms caused by drugs
 - Further collaborative work is required to **improve continuity of care from custodial settings into effective treatment**
 - **Improve young people's access to support and treatment** where required. Includes those who have been excluded from school, in contact with Children's Services and the criminal justice system.
- **Also include areas for further exploration**
 - Children at risk from **parental drug use**
 - Children and Young People at risk of **criminal exploitation**
 - Better understanding of the impacts of, and evidence the activity undertaken to, reduce crime and harm
 - Better understanding of the needs and engagement of people who use **non-opiates**
 - Work to evidence need, effectiveness and activity to help the partnership better understand local pathways to identify and intervene with people, involved in **criminal activities**, to reduce drug-related harm
 - Better understanding of the impacts and evidence the activity undertaken to reduce the prevalence of active **drug networks, crime and harm**
2. **Make this assessment available on the Southampton Data Observatory**
3. **Refresh in 3 years**

6. Thanks

To everyone who contributed to this needs assessment, particularly:

- Data, intelligence & insights team and Public health team, Southampton City Council
- Hampshire Constabulary

7. Further information

Southampton Data Observatory:

- [Drugs](#)
- [Tip of the Iceberg - Harm related to illicit drugs](#) Director of Public Health Annual Report, 2018/19
- [Alcohol](#)
- [Safe City Strategic Assessment](#)

Office for Health Improvement and Disparities:

- [Public Health Outcomes Framework - Data - OHID](#) More than 100 public health indicators comparing each local authority in England, including indicators for drugs and alcohol.

Drug and alcohol treatment services: [Drug and alcohol advice](#)

8. Appendix

- **Background – Drug Use**
- **Blood Borne Viruses**
- **Hospital Admissions**
- **Specialist Treatment**
- **Crime – Overall**

Background – drug use

- Drugs: illegal substances or legal substances used illicitly e.g. diverted prescribed medication

Wide range of harms. Eg:

- Health and wellbeing: early death, long term health conditions, reduced quality of life and economic opportunities,
- Increased social issues, including homelessness, violence and exploitation
- adverse childhood experiences and adult trauma
- Significant cause of premature mortality in England. 4th ranked cause of death in the 15 to 49 age group in England ¹.
- In Southampton between 2018 and 2020 for every drug related death there were 30 years lost, a greater loss of life years than that caused by lung cancer.

Drug use:

- Can seem like it makes us feel better but actually makes us feel worse.
- Withdrawal symptoms, including the way they affect our brain, can make it difficult to reduce or stop using them.
- For many people, use is not simply a choice. It is a symptom of other problems, such as mental ill health, abuse, grief, loss and other trauma. These same difficulties can also make it very difficult to limit, reduce or stop using.
- Shame is common. Compassion and self-compassion are effective in reducing harm, improving engagement in services and outcomes.

Estimated prevalence of individuals using drugs in the last year

Population estimates for all drug use based on national prevalence rates

Adults 18-24

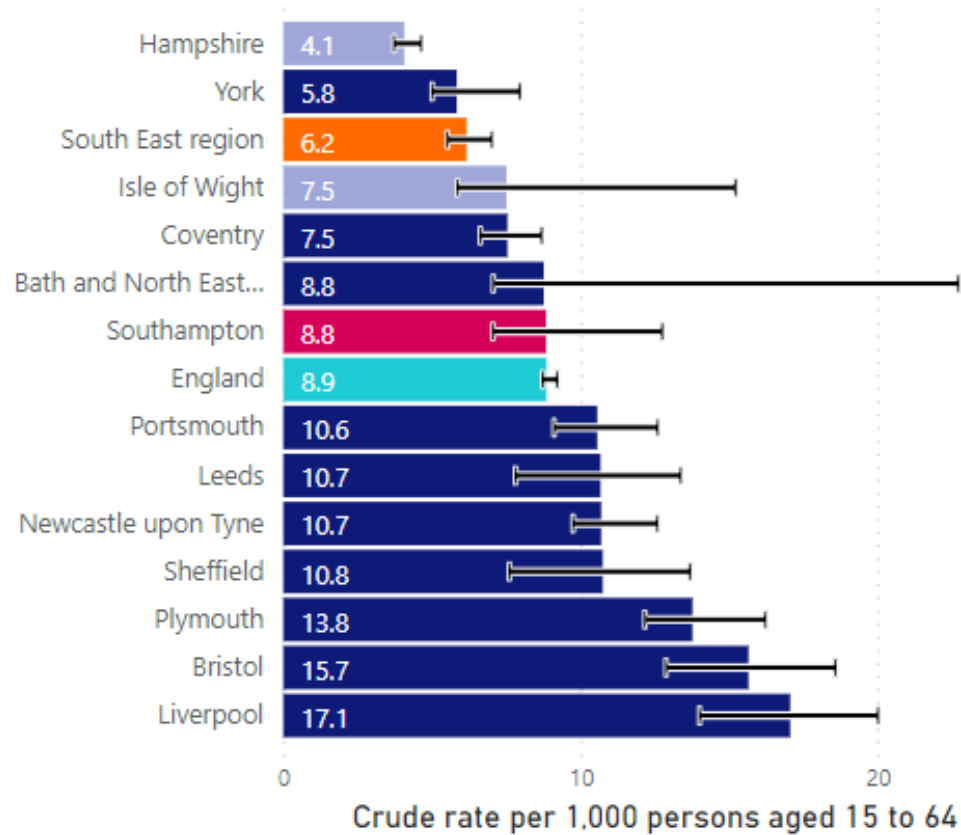
- It's estimated 6,550* people aged 18-24 used any drug within the last year. This has been calculated by taking the nation % which is 15%, and applying this to the number of 18-24 year olds in Southampton.

Adults 18-59

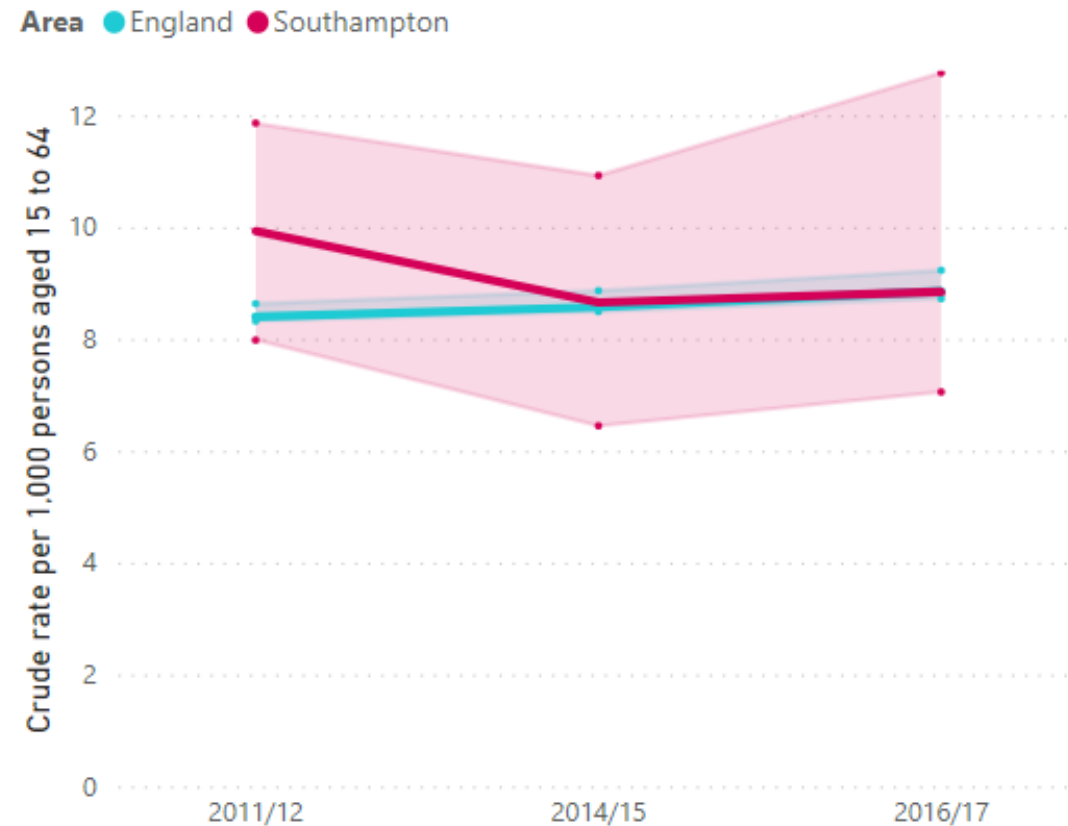
- It's estimated 10,500* people aged 18-59 used any drug within the last year. This has been calculated by taking the nation % which is 6.5%, and applying this to the number of 18-59 year olds in Southampton.

Estimated prevalence crude rate of opiate and/or crack cocaine use

Estimated prevalence of opiate and/or crack cocaine use, crude rate per 1,000 persons aged 15 to 64 years, Southampton and ONS comparators: 2016/17



Estimated prevalence of opiate and/or crack cocaine use, crude rate per 1,000 persons aged 15 to 64 years, England, Southampton: 2011/12, 2014/15 & 2016/17



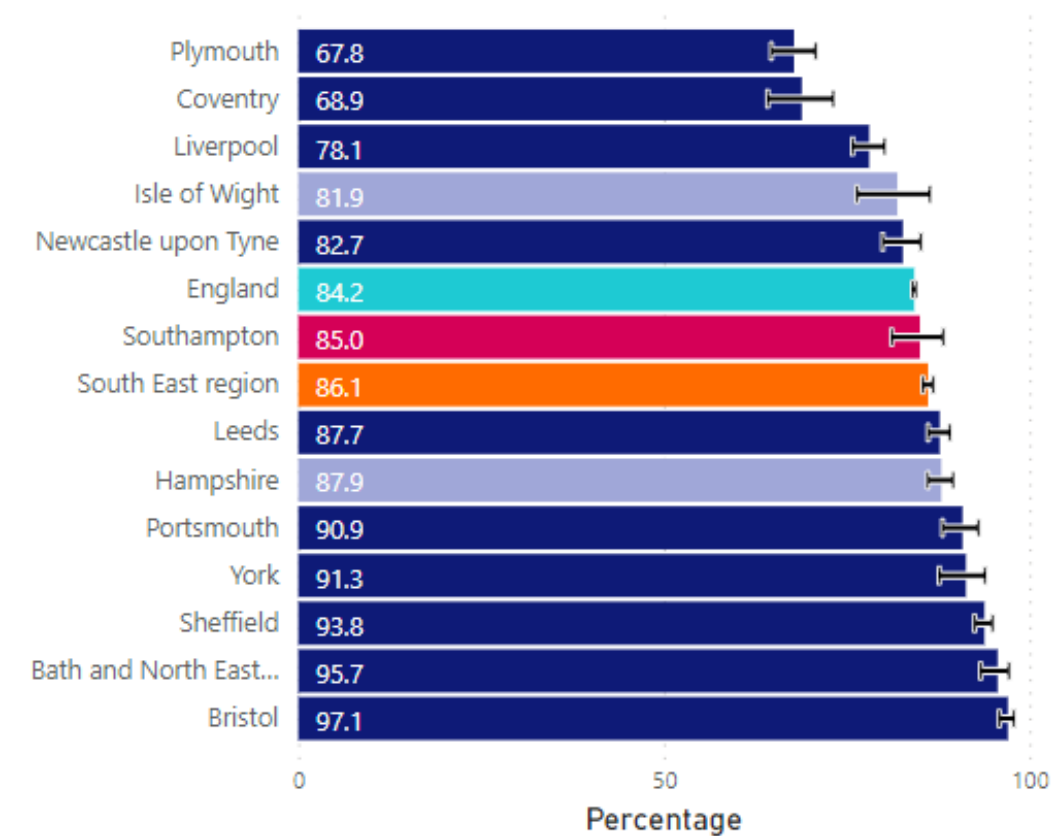
- Southampton has a prevalence crude rate of 8.8 per 1,000 persons aged 15-64 for estimated opiate and/or crack cocaine use, statistically similar to England's rate of 8.9 per 1,000 persons aged 15-64. Southampton is the 4th lowest compared to ONS comparators.
- Southampton's rate decreased from 9.9 per 1,000 persons aged 15-64 in 2011/12 to 8.7 in 2014/15 and has stayed in line with the National rate since then.

Prevalence of Hepatitis C in Southampton city

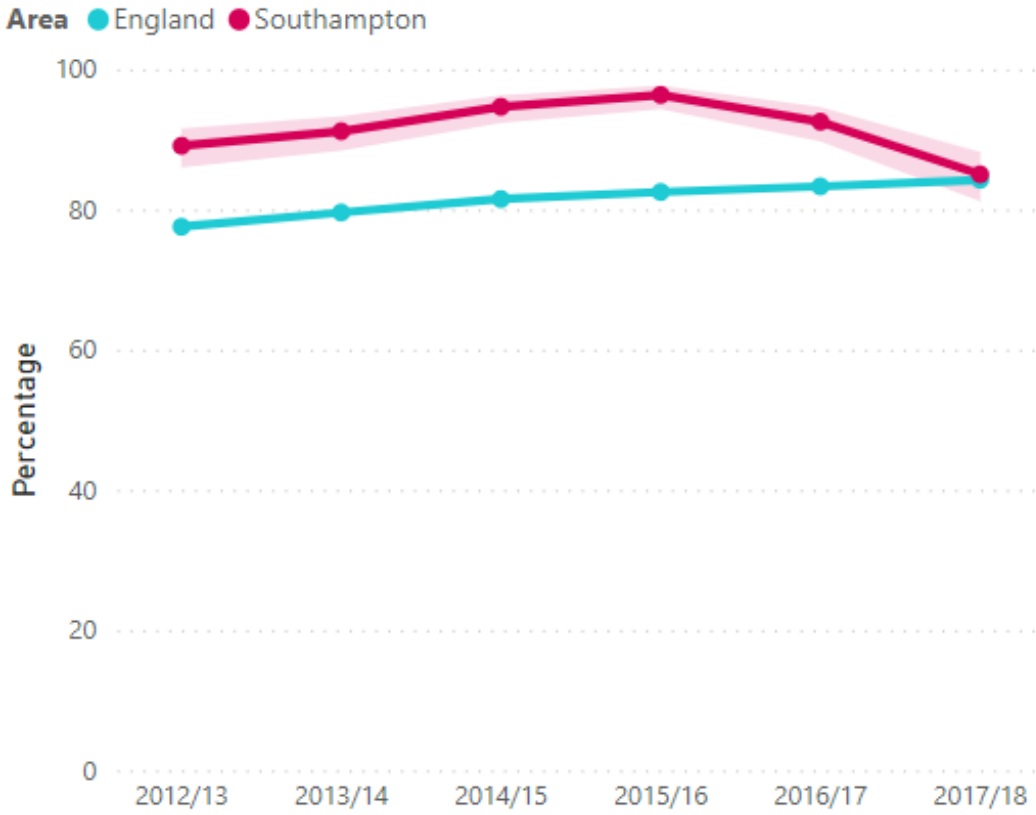
- In 2014 the National Treatment Agency (NTA) estimated that Southampton had a population of **606** people who were infected with Hepatitis C (HCV)
 - Of this **446** (74%) were people currently (**287**), and (**159**) who had a history of injecting drugs
- Nationally it is estimated that 0.5-1 % of the UK population has a chronic HCV infection.
- [Seeking a more accurate/ up to date estimate]

Performance measure of Hepatitis C in those who inject drugs

Percentage of persons in structured drug treatment who have or currently inject drugs and have received a hepatitis C test, Southampton and ONS Comparators: 2017/18



Percentage of persons in structured drug treatment who have or currently inject drugs and have received a hepatitis C test, England, Southampton: 2012/13 to 2017/18

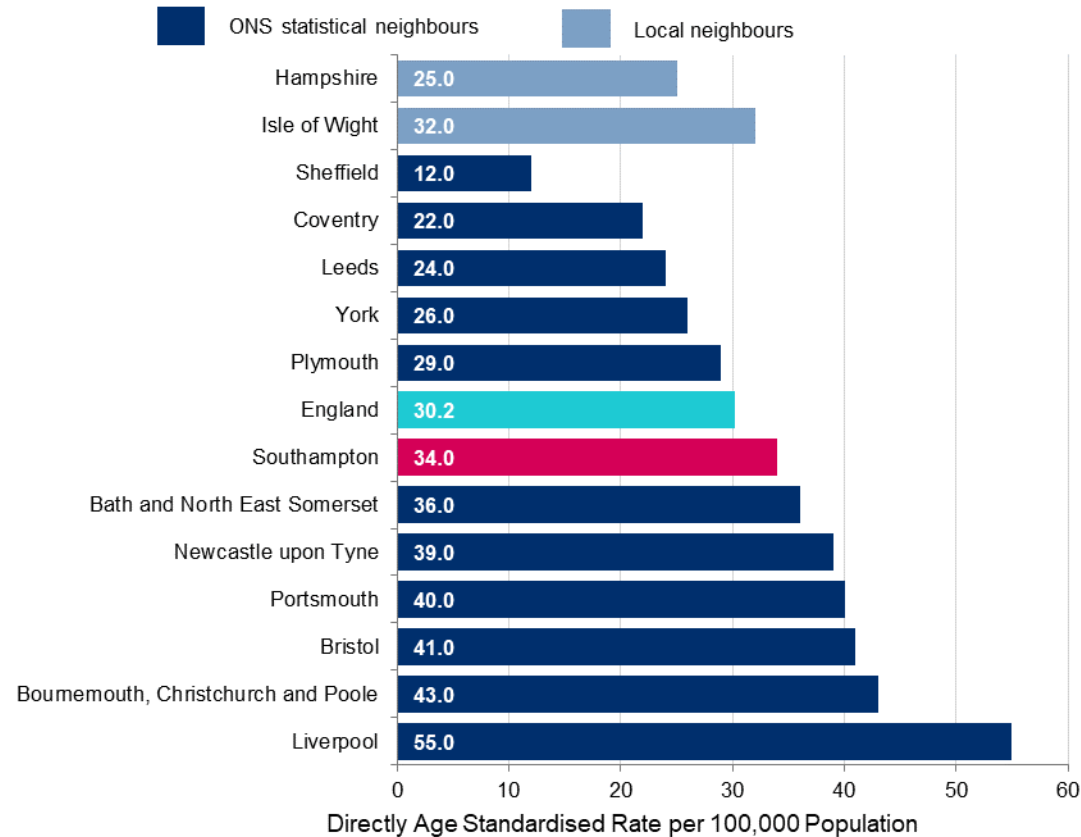


- In 2017/18, 85.0% of people in structured drug treatment have, or currently inject drugs and have received a hepatitis C test in Southampton. Compared to ONS comparators, Southampton has the 5th lowest percentage .
- The national and local percentages have been increasing at the same rate from 2012/13 to 2015/16. Southampton has since seen a decrease whilst England has increased, narrowing the gap to a statistically similar percentage of 84.2%. In previous years Southampton was significantly higher.

Source: Office of National Statistics via OHID

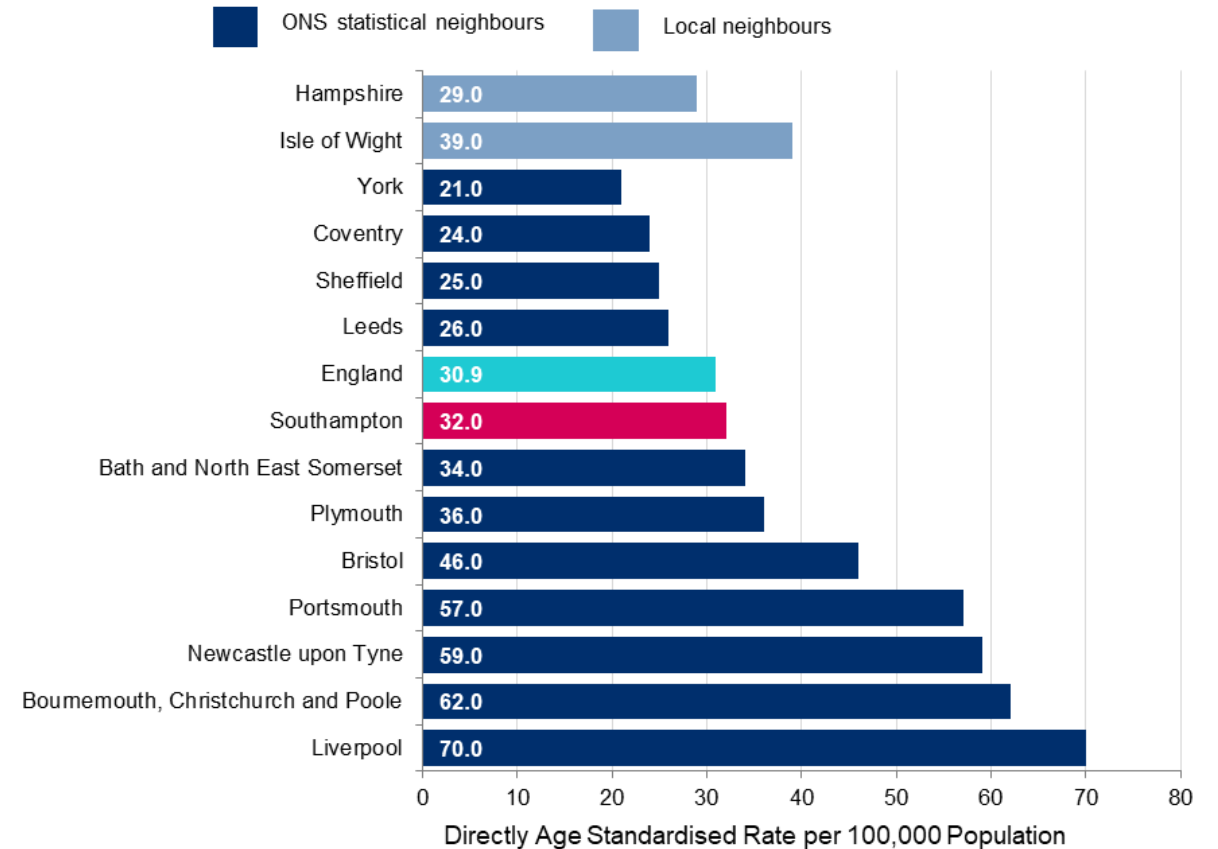
Hospital admissions for drug poisoning – Benchmarking and trends

NHS hospital finished admission episodes with a primary diagnosis of poisoning by drug misuse, Southampton and Comparator Local Authorities: males 2019/20



Source: Hospital Episode Statistics via NHS Digital

NHS hospital finished admission episodes with a primary diagnosis of poisoning by drug misuse, Southampton and Comparator Local Authorities: females 2019/20

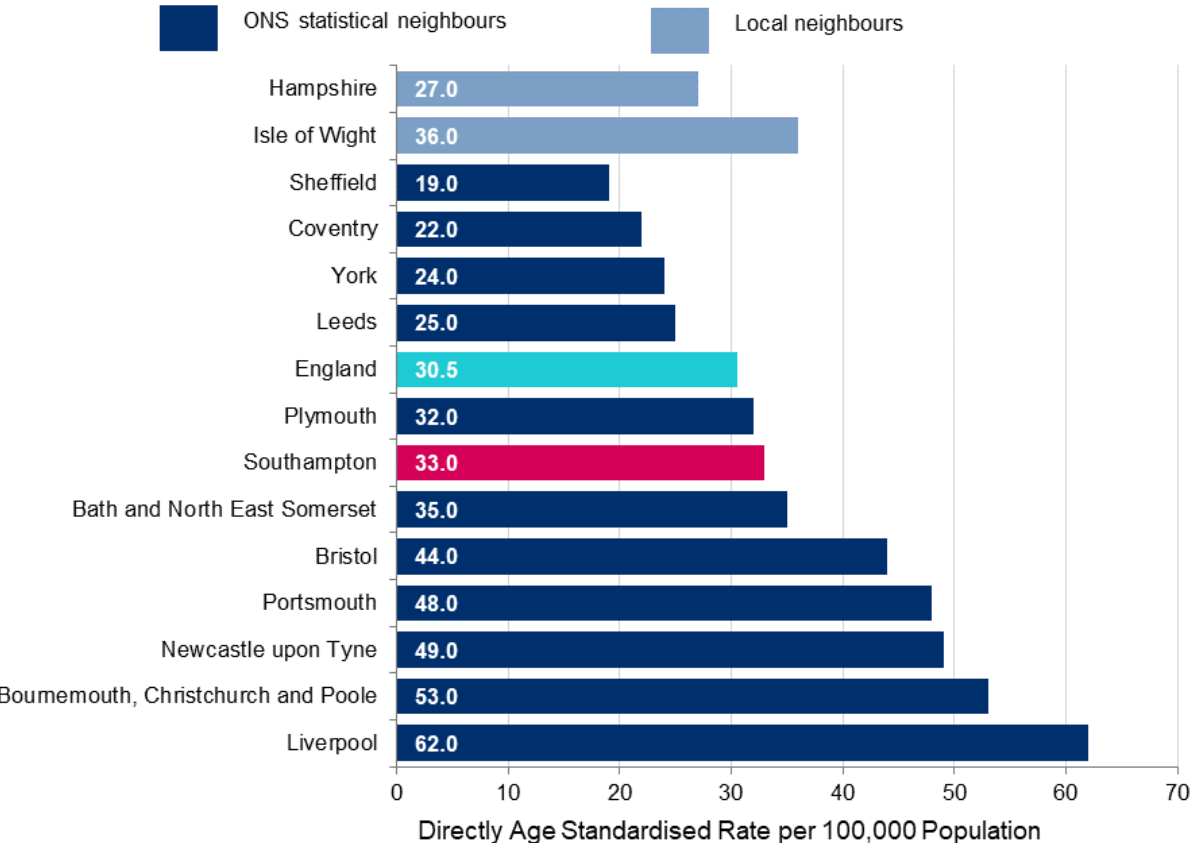


Source: Hospital Episode Statistics via NHS Digital

- Southampton's admissions rate for primary diagnoses of poisoning by drug misuse for males is 34.0 per 100,000 population, 6th lowest amongst ONS statistical neighbours. For females, it is 32.0 per 100,000 population, and 5th lowest.

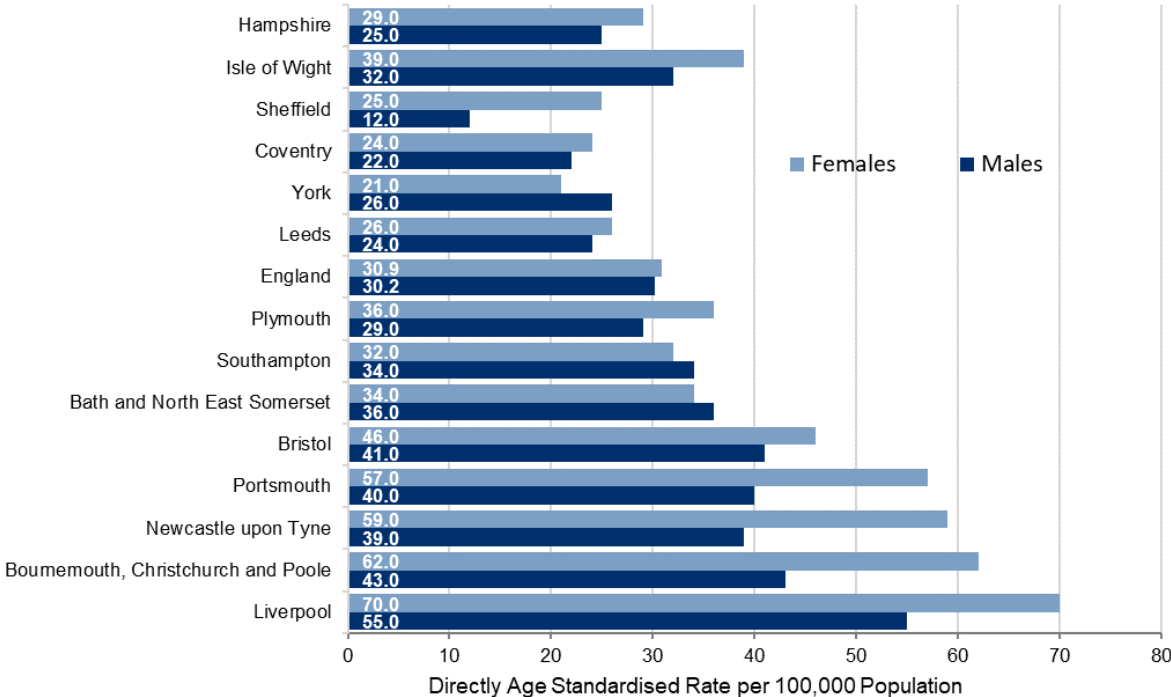
Hospital admissions for drug poisoning – Benchmarking and trends

NHS hospital finished admission episodes with a primary diagnosis of poisoning by drug misuse, Southampton and Comparator Local Authorities: persons 2019/20



Source: Hospital Episode Statistics via NHS Digital

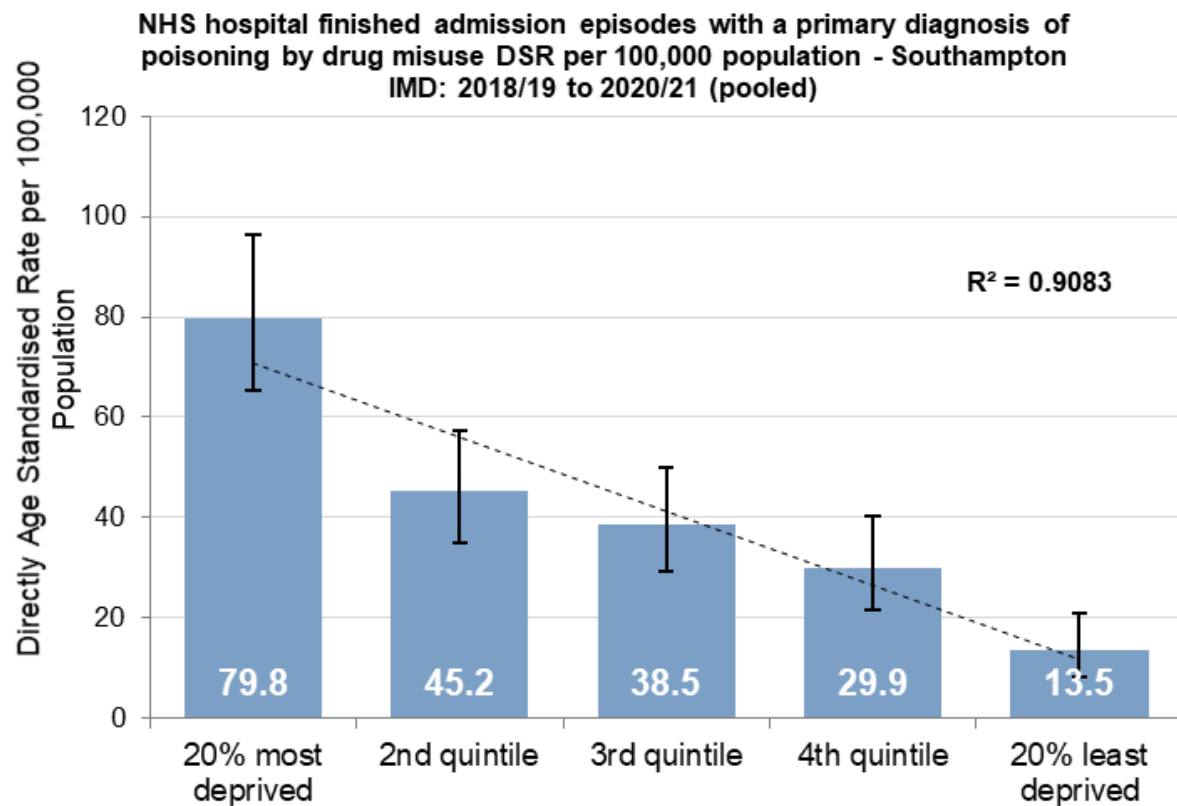
NHS hospital finished admission episodes with a primary diagnosis of poisoning by drug misuse, Southampton and Comparator Local Authorities: Males and Females (ordered by persons) 2019/20



Source: Hospital Episode Statistics via NHS Digital

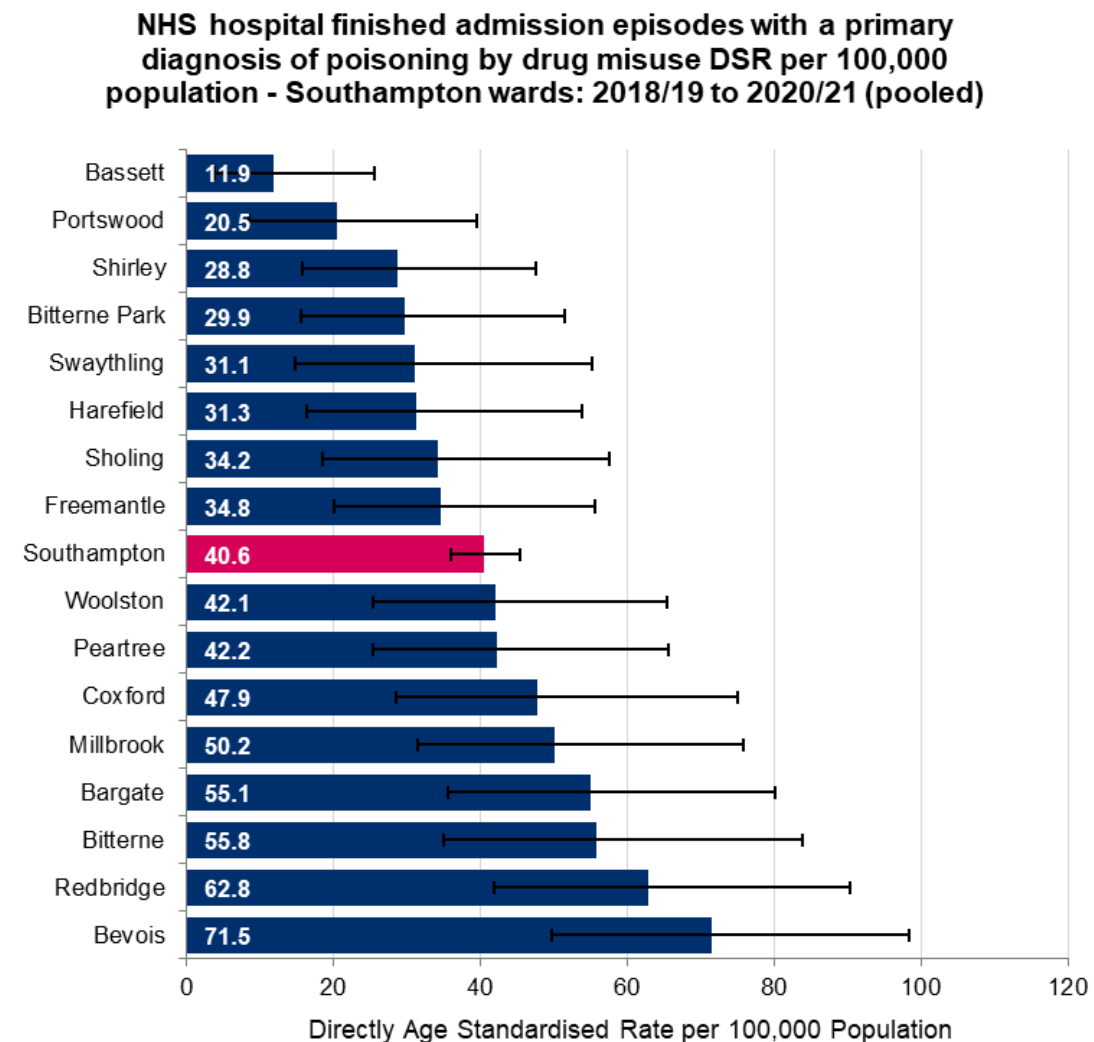
- Southampton’s admission rate for primary diagnoses of poisoning by drug misuse for persons is 33.0 per 100,000 population, higher than England’s rate of 30.5 per 100,000 population and is the 6th highest amongst ONS statistical neighbours.
- Southampton rate for males is higher than the rate for females along with York and Bath & North East Somerset. However for all other area’s females have higher rates.

Hospital admissions for drug poisoning – Sub city



Source: Hospital Episode Statistics via NHS Digital

- At sub city level, there is a very strong correlation between admissions with a primary diagnosis of drug poisoning and deprivation. The 20% most deprived area's in Southampton have a rate of 79.8 per 100,000 population, nearly 6x higher, compared to 13.5, per 100,000 population in the 10% least deprived.
- Basset ward has the lowest rate of 11.9 per 100,000 population, compared to Bevois which has the highest of 71.5 per 100,000 population.

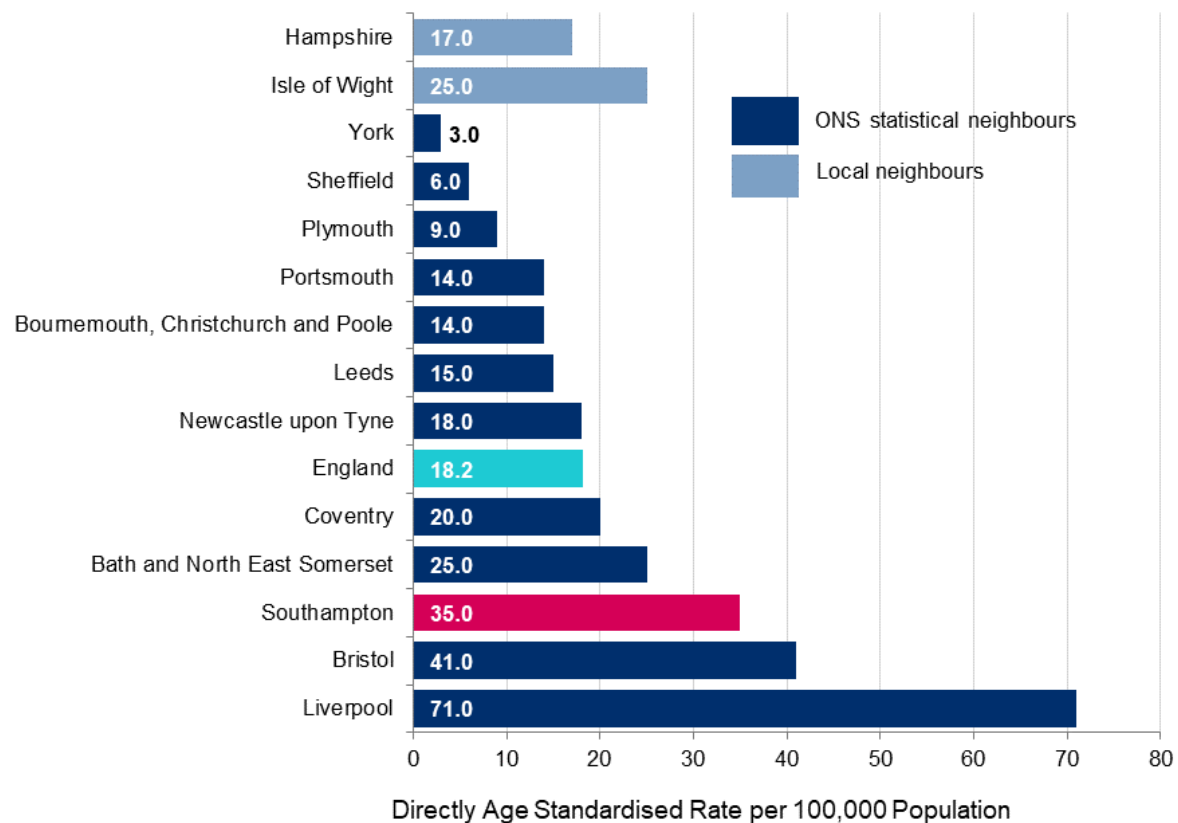


Source: Hospital Episode Statistics via NHS Digital

- There are 8 wards that have a higher rate than the Southampton average. Basset and Bevois are significantly different to the city rate.

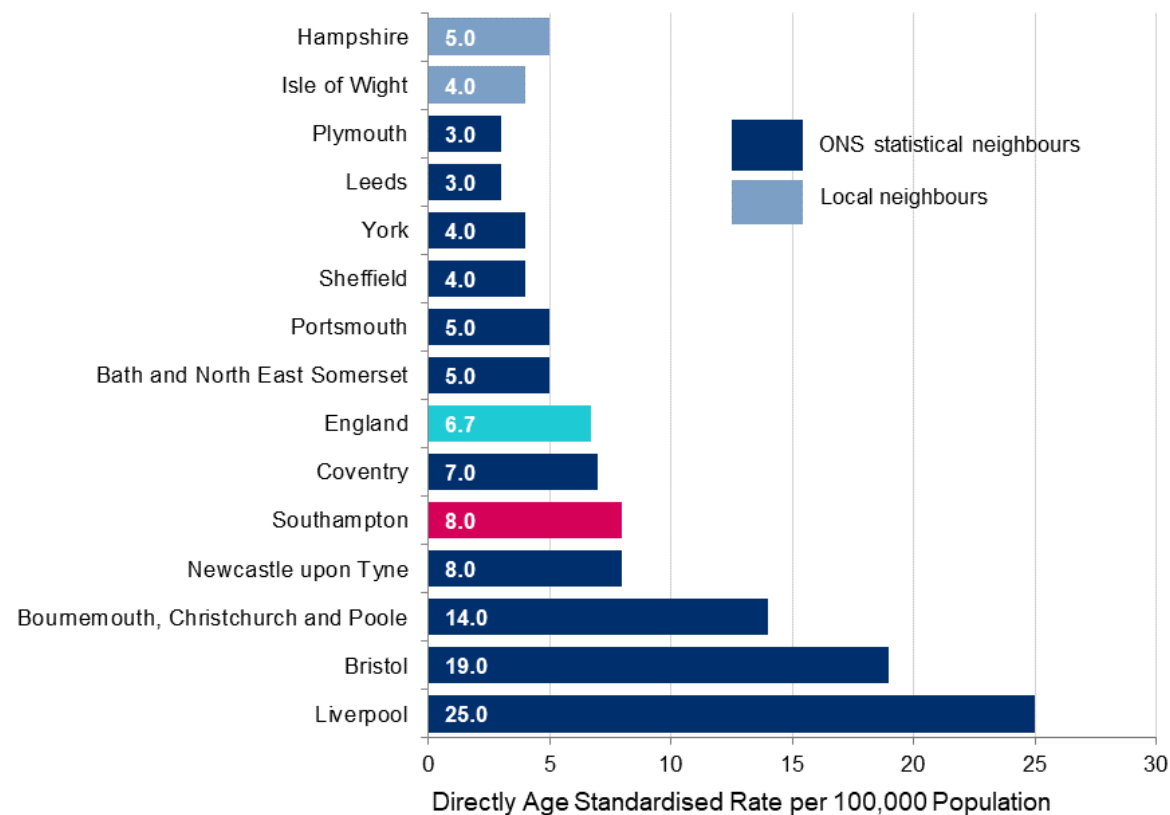
Hospital admissions for drug related mental health and behavioural disorder – B&T

NHS hospital finished admission episodes where there was a primary diagnosis of drug related mental and behavioural disorders, Southampton and Comparator
Local Authorities: males 2019/20



Source: Hospital Episode Statistics via NHS Digital

NHS hospital finished admission episodes where there was a primary diagnosis of drug related mental and behavioural disorders, Southampton and Comparator
Local Authorities: females 2019/20

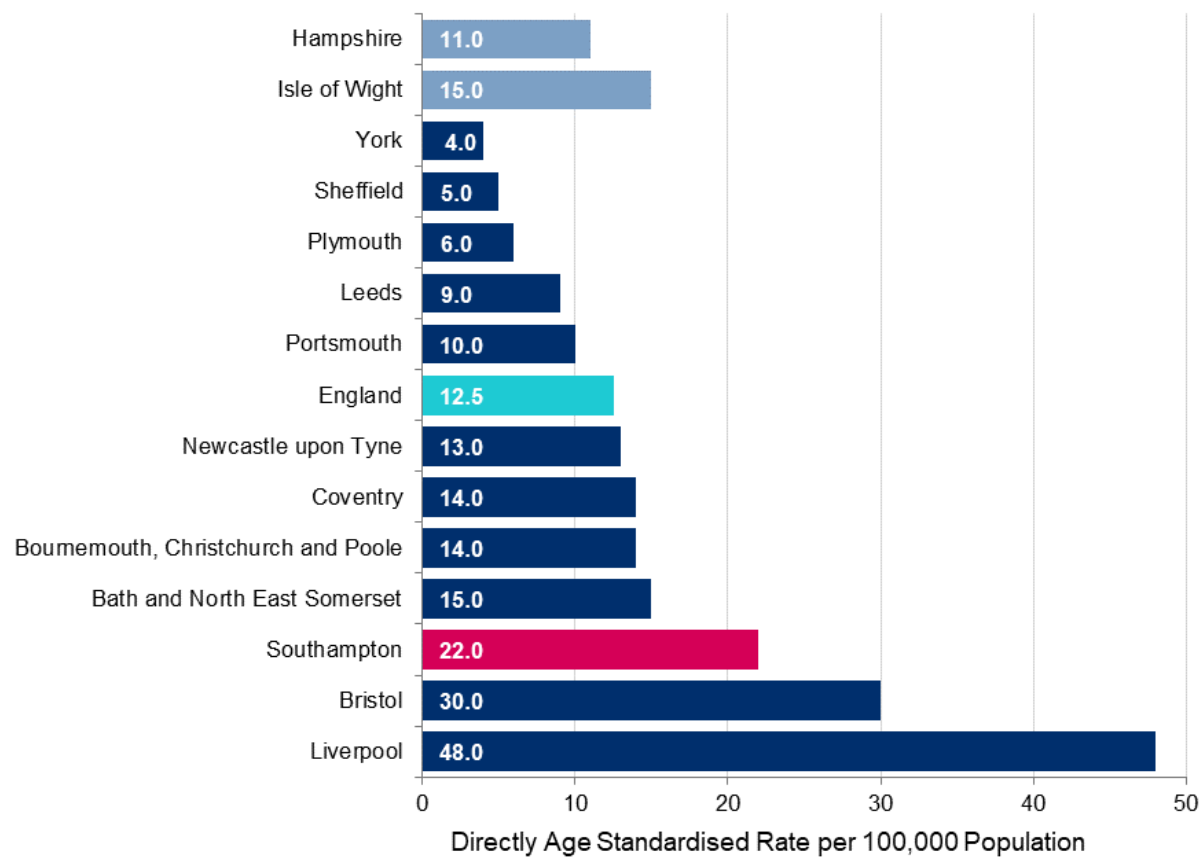


Source: Hospital Episode Statistics via NHS Digital

- Southampton's rate for admission with a primary diagnoses of drug related mental and behavioural disorders for males is 35.0 per 100,000 population, nearly double England's rate of 18.2 per 100,000 population and is the 3rd highest amongst ONS statistical neighbours. For females, the rate is 8.0 per 100,000 population, higher than England (6.7 per 100,000 population) and the 5th highest.

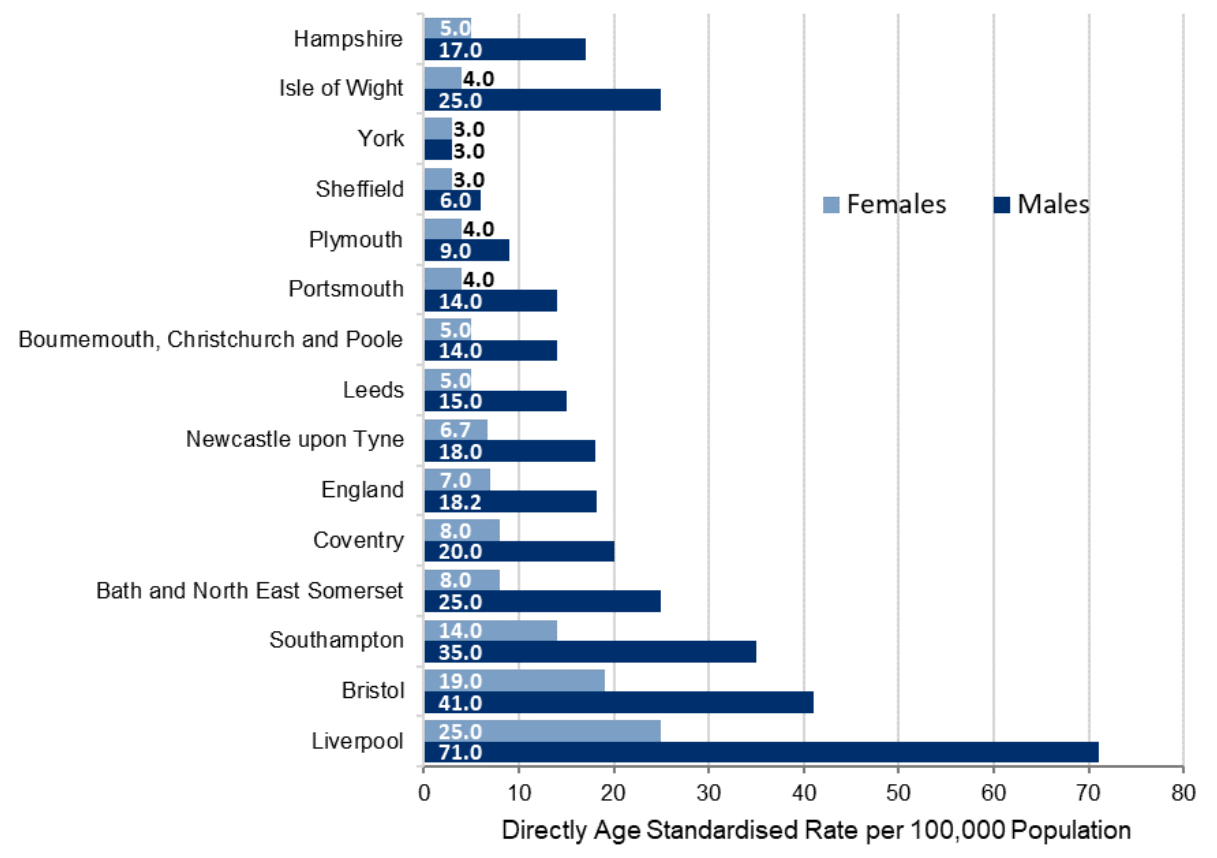


NHS hospital finished admission episodes where there was a primary diagnosis of drug related mental and behavioural disorders, Southampton and Comparator Local Authorities: persons 2019/20



Source: Hospital Episode Statistics via NHS Digital

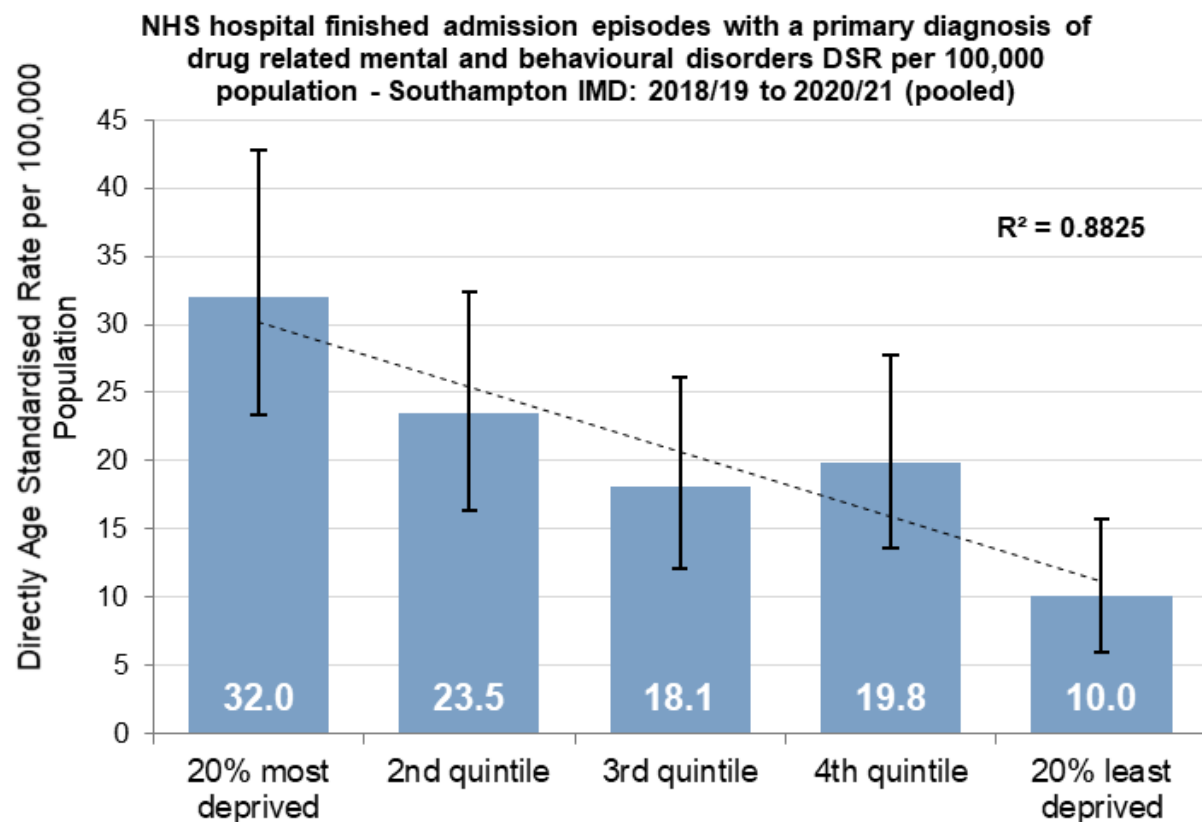
NHS hospital finished admission episodes where there was a primary diagnosis of drug related mental and behavioural disorders, Southampton and Comparator Local Authorities: males and females 2019/20



Source: Hospital Episode Statistics via NHS Digital

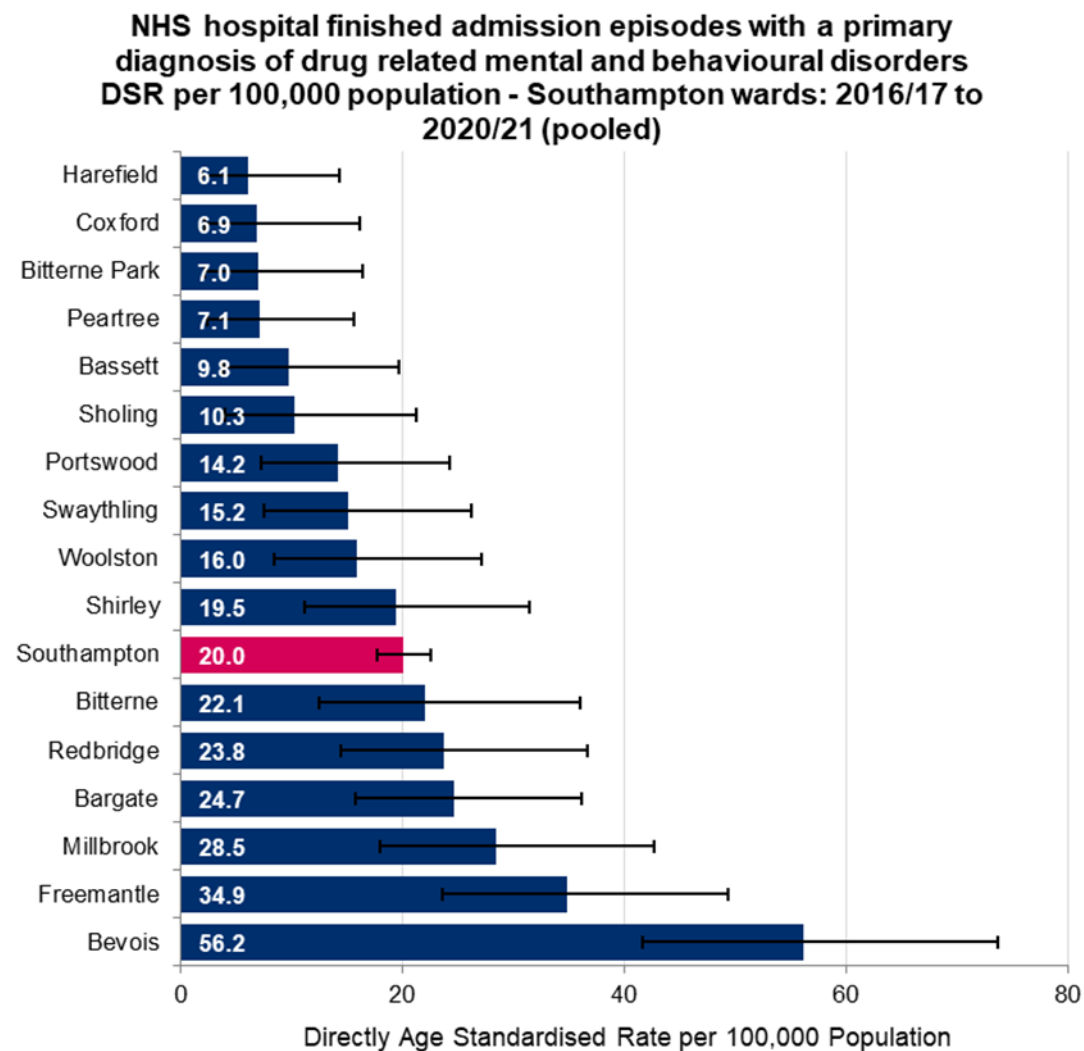
- Southampton’s admission rate for primary diagnoses of drug related mental and behavioural disorders for persons is 22.0 per 100,000 population, higher than England’s rate of 12.5 per 100,000 population and is the 3rd highest amongst ONS statistical neighbours.

Hospital admissions for drug related mental health and behavioural disorder – Sub city



Source: Hospital Episode Statistics via NHS Digital

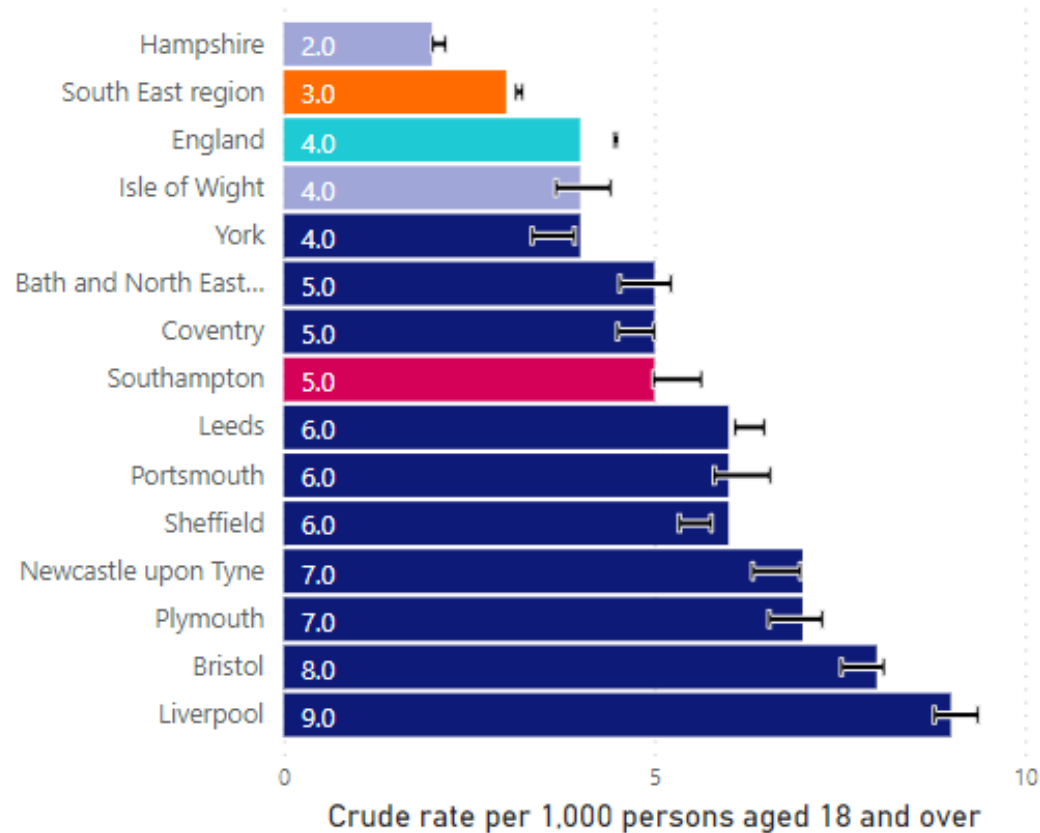
- At sub city level, there is a strong correlation between admissions and deprivation. The 20% most deprived area's in Southampton have a rate of 32.0 per 100,000 population, 3x higher compared to a rate of 10.0 per 100,000 population in the 20% least deprived.
- Harefield ward has the lowest rate of 6.1 per 100,000 population, compared to Bevois which is significantly higher than the city average with the highest rate of 56.2 per 100,000 population.



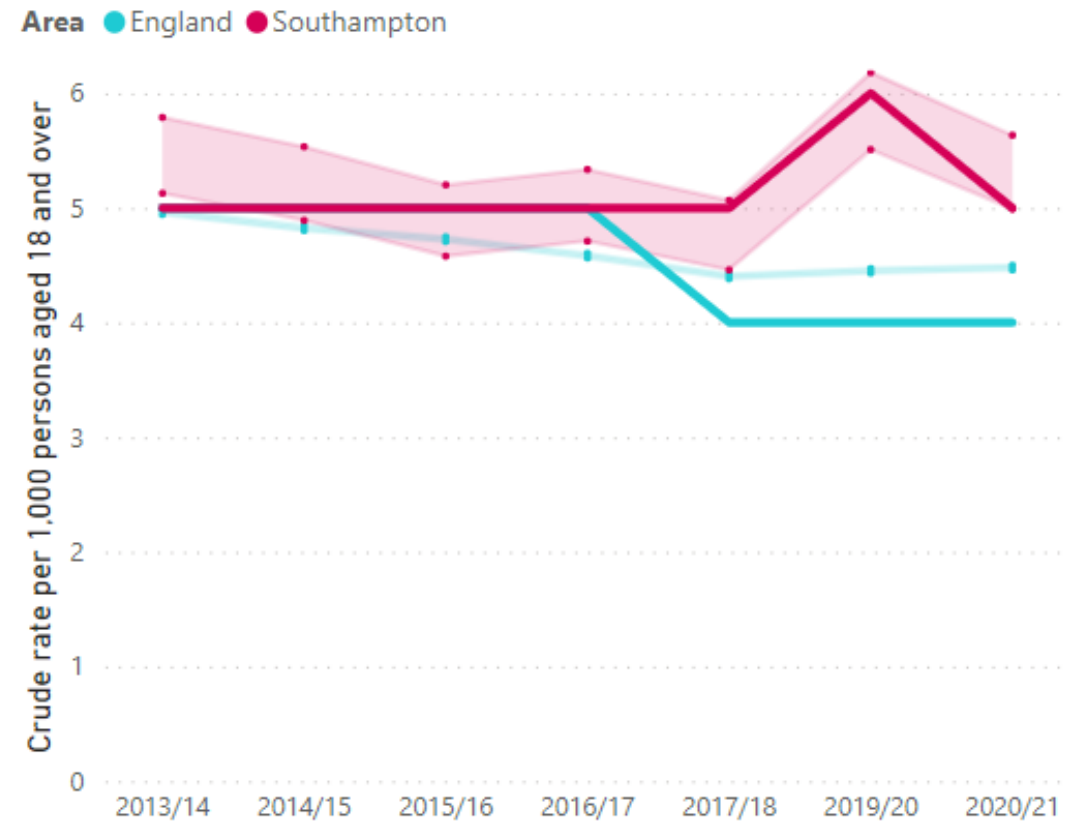
Source: Hospital Episode Statistics via NHS Digital

Numbers in treatment

Adults in treatment at specialist drug misuse services, crude rate per 1,000 persons aged 18 years and over, Southampton and ONS Comparators: 2020/21



Adults in treatment at specialist drug use services, crude rate per 1,000 persons aged 18 years and over, England, Southampton: 2013/14 to 2020/21



- In Southampton, 5.0 per 1,000 adults are in treatment at specialist drug use services aged 18+, significantly higher than England, 4.0. Southampton is the 4th lowest compared to ONS comparators.
- Since 2017/18, Southampton has been significantly higher than England.
- Southampton peaked in 2019/20 with a rate of 6.0.

Southampton Substance Use Disorder Services (SUDS)

Southampton SUDS are split by age

- Change Grow Live – Southampton offer advice, treatment and support to people aged 25 and over
- DASH (No Limits) offer advice, treatment and Support to people aged 24 and under

Southampton SUDS are open access, free, confidential and offer a person-centred approach.

Southampton SUDS are commissioned with Harm Reduction as their principle aim and recover as a desirable and achievable outcome.

In 2020 - 21 Southampton SUDS engaged with:

- 810 adults who use opiates
- 130 adults who use non-opiates and
- 125 adults who use alcohol and non-opiates

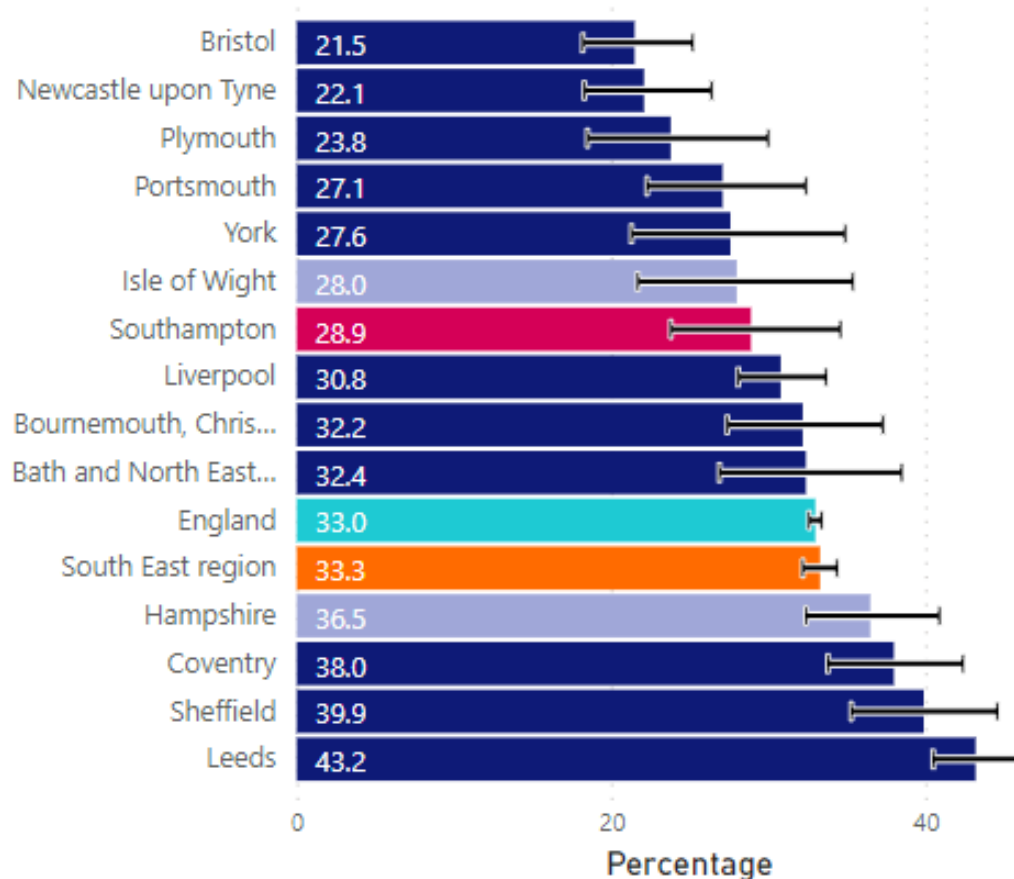
Unmet need

In 2020 – 21

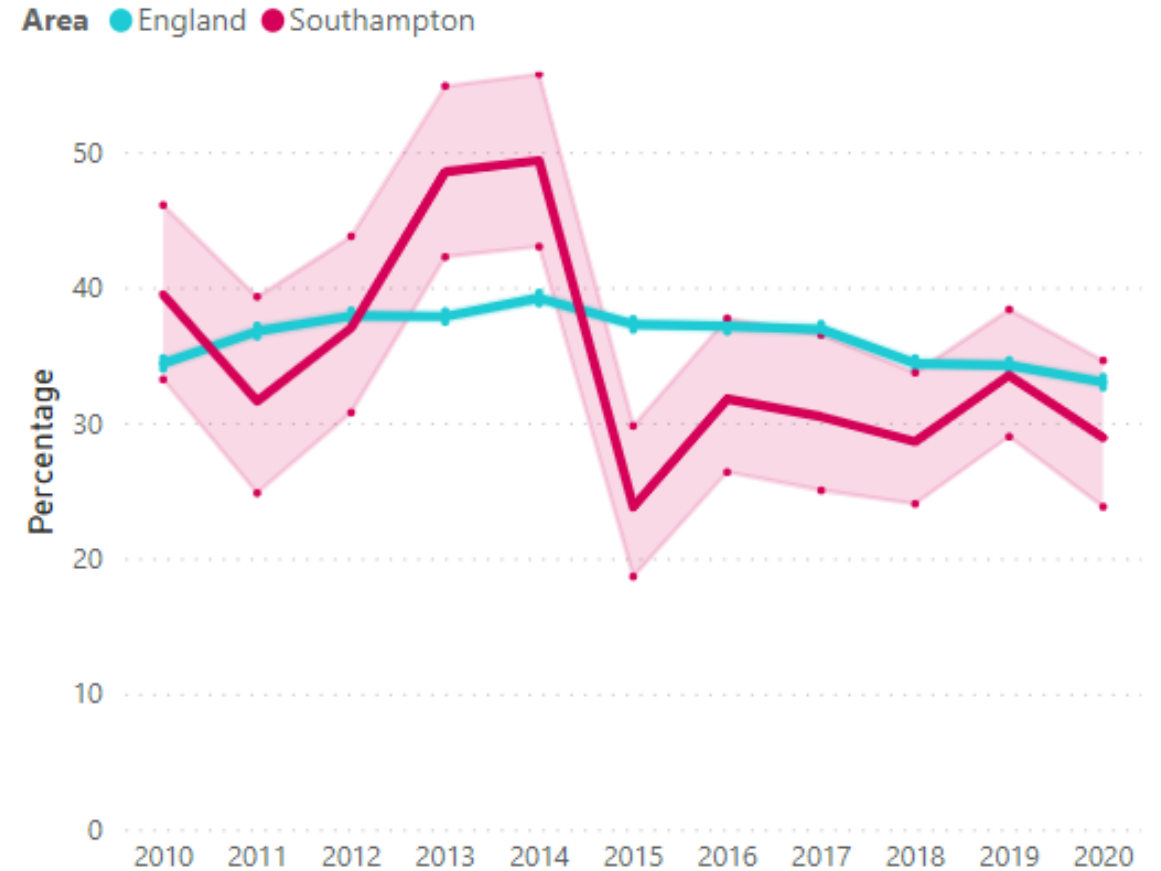
- **66%** of the estimated **1210** people in Southampton use opiates were engaged in structured treatment
 - This tells us our unmet need is **34%**
 - This compares favourably with the England rate (**47%**)
- **52%** of the estimated **1124** people in Southampton use crack cocaine were engaged in structured treatment
 - This tells us our unmet need is **48%**
 - This compares favourably with the England rate (**58%**)
- **53%** of the estimated **1452** people in Southampton use opiates and/ or crack cocaine were engaged in structured treatment
 - This tells us our unmet need is **47%**
 - This compares favourably with the England rate (**53%**)

Successful in treatment

Percentage of non-opiate users aged 18 and over who successfully completed treatment and did not re-present within 6 months, Southampton and ONS Comparators: 2020



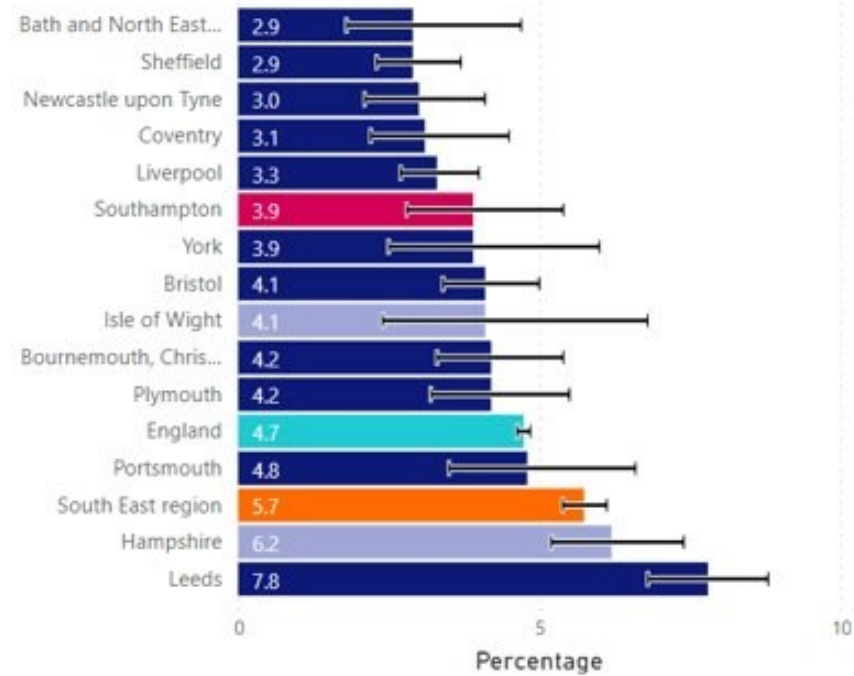
Percentage of non-opiate users aged 18 and over who successfully completed treatment and did not re-present within 6 months, England, Southampton: 2010 to 2020



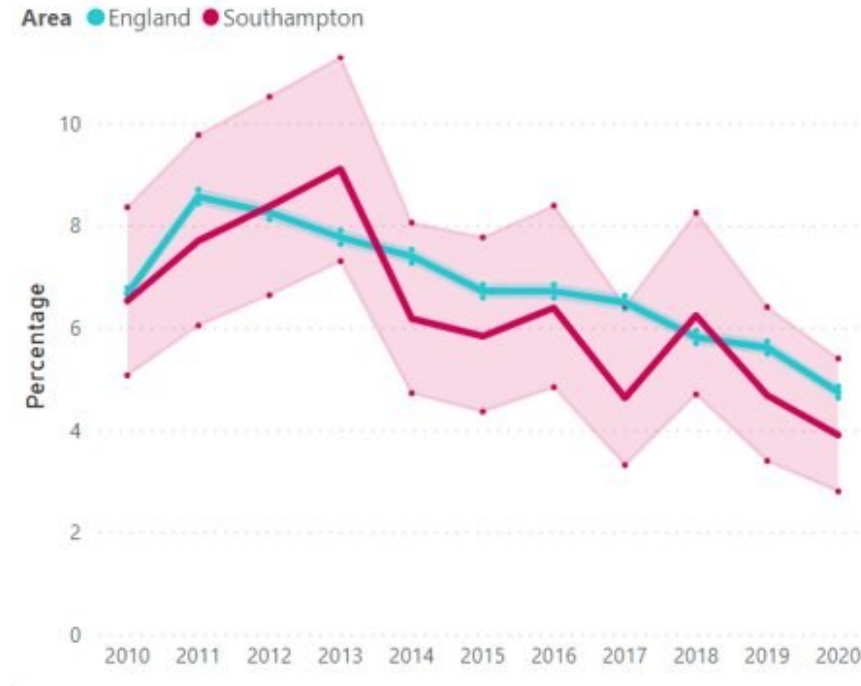
- The Southampton percentage of non-opiate users 18+ who successfully completed treatment and did not re-present within 6 months is 28.9%, lower, but not significantly, than England's 33.0%. Southampton is the 6th lowest compared to ONS comparators.
- Southampton's percentage has fluctuated since 2010. Southampton was significantly higher than England in 2013 and 2014 before dropping significantly lower than England in 2015. Since 2016, Southampton has been lower, but not significantly, than England.

Successful in treatment

Percentage of opiate users aged 18 and over who successfully completed treatment and did not re-present within 6 months, Southampton and ONS Comparators: 2020



Percentage of opiate users aged 18 and over who successfully completed treatment and did not re-present within 6 months, England, Southampton: 2010 to 2020



- The Southampton percentage of non-opiate users 18+ who successfully completed treatment and did not re-present within 6 months is **0.8%**, lower, but not significantly, than England's **4.7%**. Southampton is the 6th lowest compared to ONS comparators.

Southampton Substance Use Disorder Services (SUDS)

More recent (restricted) data indicates significant improvement in Southampton's rates of successful completions.

This is supported by our locally generated data from our SUDS which evidences, in Q1 2022 – 23 that:

- Our successful completion rate for adults (25 and over) who use opiates was 7.2%
 - Our Successful completion rate for adults (25 and over) who use non-opiates is 40.9%
- and
- 20% of young people (24 and under) who use opiates leave treatment in a planned way
- similarly
- 20% of young people (24 and under) who use non- opiates leave treatment in a planned way

Adults in drug treatment in 2020-21

Proportion of adults in drug treatment by drug group for **Southampton, 2020-21**

Drug Group	Southampton			England	
	Local (n)	Male (%)	Female (%)	Male (%)	Female (%)
Alcohol and non-opiate	127	62%	38%	70%	30%
Non-opiate	129	64%	36%	68%	32%
Opiate	811	70%	30%	72%	28%
Total	1,067	68%	32%	71%	29%

Sex and Gender

- Southampton are slightly more successful in engaging females into structured treatment when compared with national performance

Waiting times for drug treatment

In 2020 –21

100% of all people engaging in treatment with SUDS for opiate and non-opiate use met the target of waiting less than 3 weeks from assessment to access their 1st intervention

Data from Hampshire Constabulary – Drug Related Community Harm Update.

Data Period: 01/07/2022 – 31/08/2022 (data for June 2022 provided for comparison purposes)

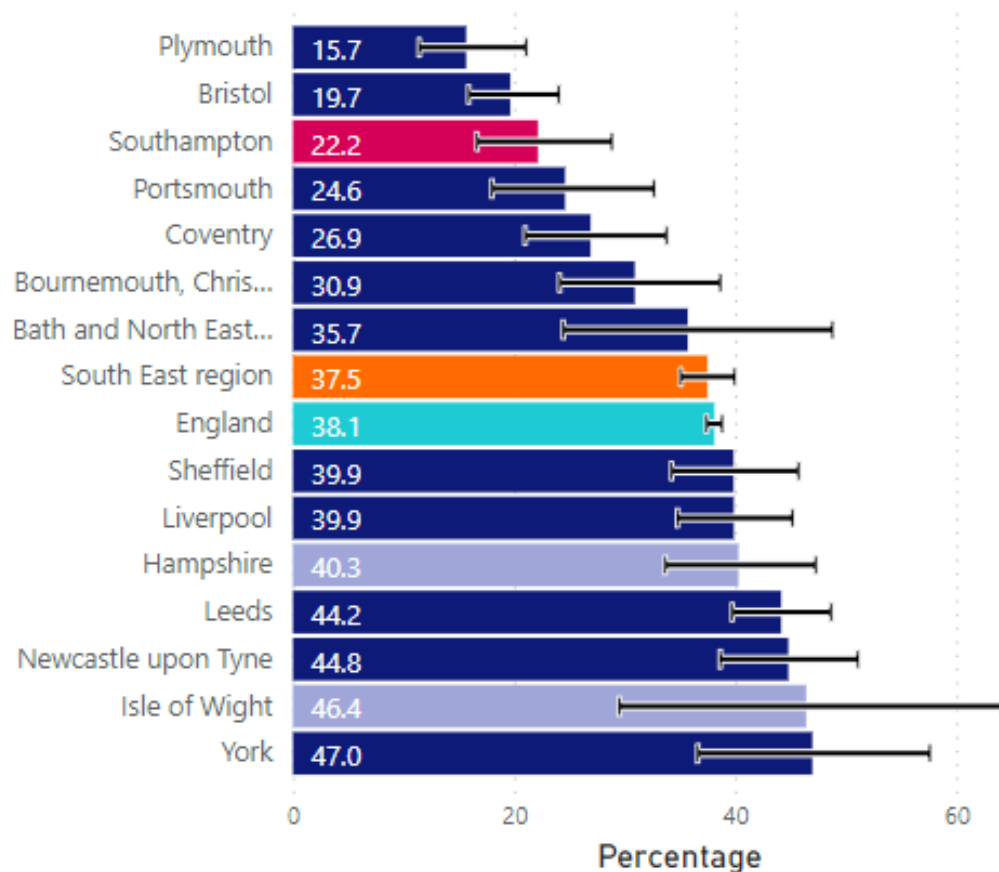
Current active drugs networks

District	June	July	August
Southampton	49	38	44
Eastleigh	4	5	3
Winchester	9	4	4
Basingstoke	18	17	17
Fareham & Gosport	6	7	6
Havant	4	4	4
Hart & Rushmoor	29	19	26
IOW	5	5	6
Test Valley	9	9	9
New Forest	4	1	1
Portsmouth	27	33	28

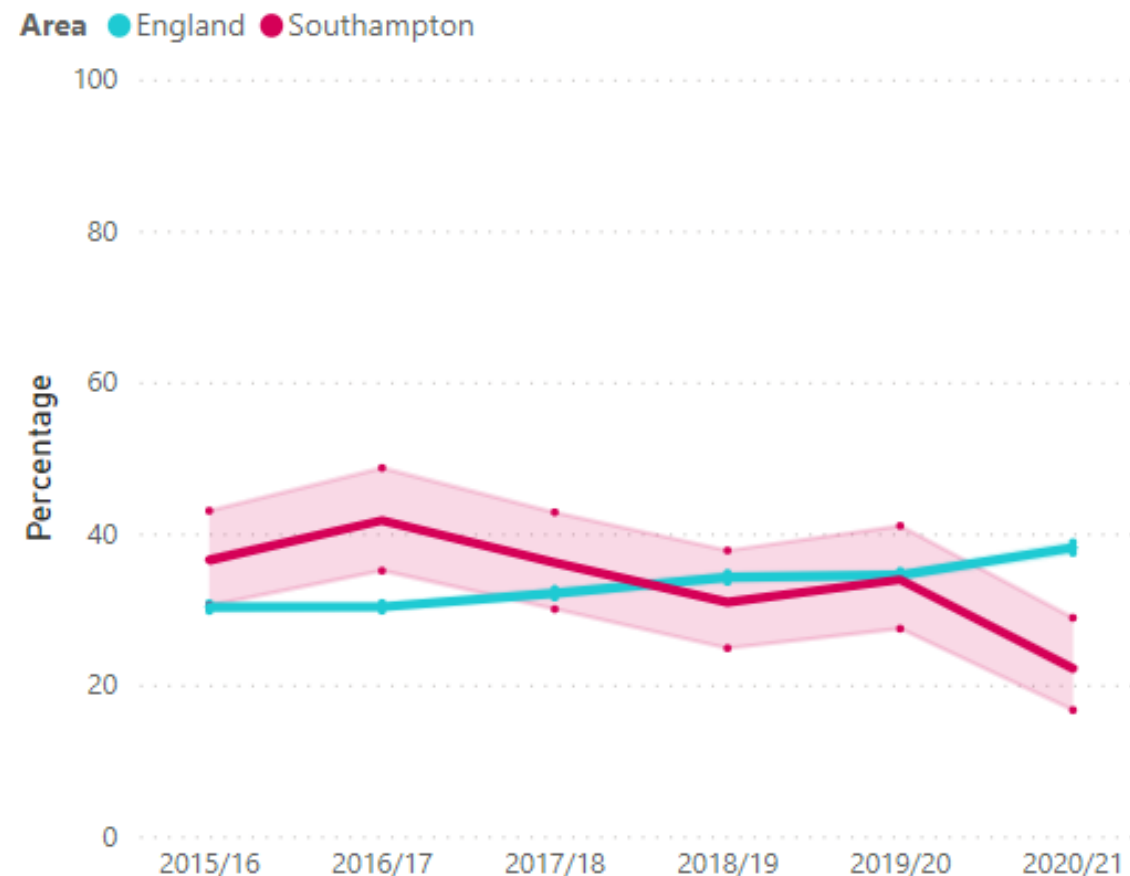
- Number of active drugs networks are as recorded in the Hampshire Constabulary Drug Related Harm matrix.
- Drugs networks are archived after a continuous three month period of inactivity (i.e. not referenced in any intelligence or occurrences)
- In August there was a total of 148 active drugs networks, across Hampshire, compared to 164 in June.
- Southampton experiences more active networks than any other area in Hampshire

Prison

Percentage of adults with substance use treatment need who successfully engage in community-based structured treatment following release from prison, Southampton and ONS Comparators: 2020/21



Percentage of adults with substance use treatment need who successfully engage in community-based structured treatment following release from prison, selected areas: 2015/16 to 2020/21



- In Southampton 22% of adults following release from prison with substance use treatment need, successfully engage in community-based structured treatment, significantly worse than England's 38.1%. Southampton is the 3rd lowest compared to ONS comparators.
- Southampton's percentage has worsened since 2015/16 whilst nationally there has been an overall increase. Southampton was significantly higher than England in 2015/16 and 2016/17 however now is significantly lower in 2020/21.

SCC Tobacco, Alcohol & Drugs Strategy – provisional Key Performance Indicators (drugs)

1. Increase people in treatment
2. Reduce drug- related hospital admissions
3. Increase successful treatment completion (opiate/non-opiate)
4. Reduce unmet need as reported by NDTMS
5. Contain drug-related deaths and reduce if possible
6. Increase reporting of non-fatal overdoses and reduce incidents (locally generated)
7. Maintain low blood-borne virus rates
8. Reduce prevalence of drug use disorders.
9. Reduce drug-related crime