

Southampton Strategic Assessment (JSNA)

Drugs page content

Last updated December 2023



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1. Drugs Overview



If you are worried about your, or someone else's use of drugs, help is at hand. [Drug and alcohol advice](#) details the advice, help and support available.

Drug use can cause significant physical and psychological harm to the individual as well as friends, families, and communities of those affected.

Drug use is a significant cause of premature mortality in England. Analysis in the [Global Burden of Disease](#) study (2019) shows that drug use disorders are now the third highest ranked cause of death in the 15 to 49 age group in England.

In Southampton between 2019 and 2021 there were 56 drug-related deaths, equivalent to 1,795 years of life lost, a greater loss of life years than that caused by lung cancer.

People will begin using drugs before they can fully understand or judge the immediate and long-term risks. Drugs can seem like they make you feel better, particularly when feeling stressed, tired, shy or lonely. However, they can make you feel worse through cravings, low mood and/or anxiety.

For many people with drug dependence, they don't choose to use, it is a symptom of other problems such as mental ill health, abuse, grief, loss, and other trauma. This can also make it difficult to limit, reduce or stop using without help and sometimes even with help. Many people who have drug related issues are ashamed of their use or the associated problems. It can take courage to seek help and compassion and self-compassion are effective in improving engagement in services and outcomes. Judgement from others can put people off seeking support.

More information can be found in the drugs dashboard below and in the resources section.

[Drugs dashboard](#)

2. Southampton's risk factors

National figures suggest 1 in 11 adults aged 16 to 59 have taken a drug in the past year. Particular characteristics of Southampton suggest that this could have the potential to be higher in the city. More information is available from the [Office for National Statistics](#).

- Southampton is a port city:
 - o Drug use has shown to be higher in urban areas
- Southampton has slightly more men than women living in the city
 - o Nationally 11.9% of men used a drug in the last 12 months compared to 6.9% of women

- Southampton is a young city:
 - o Nationally, 1 in 5 16 to 24 year olds have taken a drug within the last year. This age group are also more likely to be frequent drug users, defined as taking any drug more than once a month, at 4.7%, double the rate when compared to people ages 16 to 59 years. Frequent drug use is not a proxy measure for drug dependence.
- Southampton has a higher proportion of private renters than observed nationally:
 - o Private renters are more likely to have used drugs in the last year
- Over 45% of Southampton's population live in neighbourhoods within the 30% most deprived nationally:
 - o Those in the lowest total household income bands were more likely to have taken any drug. Although, cocaine usage was higher in higher income households.

More information can be found in the drugs dashboard below and in the resources section.

[Drugs dashboard](#)

3. Hospital admissions related to drug use

Nationally hospital admission rates for drug-related mental and behavioural disorders, and for poisoning by drug use are highest amongst 25 to 34 year olds. Despite this, the 55 to 64 years old category has seen the largest percentage increase in admissions for drug poisoning since 2012/13 ([NHS Digital- hospital admissions](#)).

For Southampton, hospital admission rates data, for substance use, is only available for young people aged 15 to 24. Hospital admission rates for this age group had been steadily rising at a similar rate both nationally and locally over the last 10 years. From the period 2013/14 - 2015/16, Southampton's rate has risen from 96.6 per 100,000 persons to 109.5 per 100,000 persons in 2015/16 – 2016/17 and has dropped to 101.8 per 100,000 in 2018/19 -2020/21. Which is statistically significantly higher than the England value of 81.2 per 100,000 persons.

More information can be found in the drugs dashboard below and in the resources section.

[Drugs dashboard](#)

4. Mortality and years of life lost

'Drug use deaths' are a subset of 'drug poisoning deaths' but for some deaths by drug types, only the deaths from drugs that are classed as a 'controlled drug' are included.

For every 100,000 people in Southampton, 8.0 people died from drug poisoning during 2019-21, with men just over 3 times as likely to die than women. Slightly fewer deaths occurred from drug use with a rate of 5.1 people, although both figures have increased over the last 15 years. ([Deaths related to drug poisoning](#)).

Despite 25 to 34 year olds having the highest hospital admissions rates for drug-related mental and behavioural disorders, nationally 40 to 49 year olds have the highest rate of deaths relating to drug use. Nationally, in 2018, 81% (2,353) of deaths related to drug misuse were due to accidental poisoning by drugs, medicaments and biological substances ([NHS Digital - Statistics on Drug Misuse, England](#)).

In Southampton, drug related deaths accounted for 5.7% of all years of life lost (1,795 years) in 2019-21 (pooled).

More information can be found in the drugs dashboard below and in the resources section.

[Drugs dashboard](#)

5. Care, treatment and policy

Positively, all individuals, in contact with services, were seen within three weeks to commence their first drug treatment in Southampton, and yet it is estimated that almost half (44.7%) of opiate and/or crack cocaine users aged 18 and over were not in contact with drug treatment services in 2020/21. In Southampton, the number of adults in treatment, at specialist drug use services, equated to 5 people in every 1,000 adults, compared to 4 in 1,000 nationally (2020/21). In 2021, of those non-opioid users accessing treatment, 41.5% successfully completed the program and did not re-present within 6 months, a steep increase from 28.9% in 2020 and now statistically significantly higher than England (34.3%). For opioid users, 5.6% successfully completed the program higher than England (5.0%).

Nationally, in 2021/22, 7 out of 10 people in treatment for drug use were male. The age of those entering treatment has been increasing, with the median age of those in treatment for problems with non-opiates currently at 31 years old, increasing to 43 for those in treatment for problems involving opiates.

Information from the [National Drug Treatment Monitoring System](#) (NDTMS), noted that the three most common referral sources, in 2021/22, were self-referral (59%), which could have been

following advice from a healthcare professional or were referred by family and friends. Second was referrals from health and social care services (18%), including referrals from hospitals, GPs, and social services. The third was from the criminal justice system (13%), the main sources were from arrest referral, prison, or probation. For both drugs and alcohol self-referral is the most common referral method, but likely due to the legality of alcohol, the last two methods are in reversed positions.

Concerningly, a five-fold increase in deaths of people in treatment has occurred since 2005/2006, bringing the current total to 3,742 deaths in 2021/22, equivalent to 1.3% of the total number of adults in treatment. People with opiate problems accounted for 65% (2 out of 3) deaths. More information on [adult substance use treatment statistics](#) are available from Office for Health Improvement and Disparities (OHID).

More information can be found in the drugs dashboard below and in the resources section.

[Drugs dashboard](#)

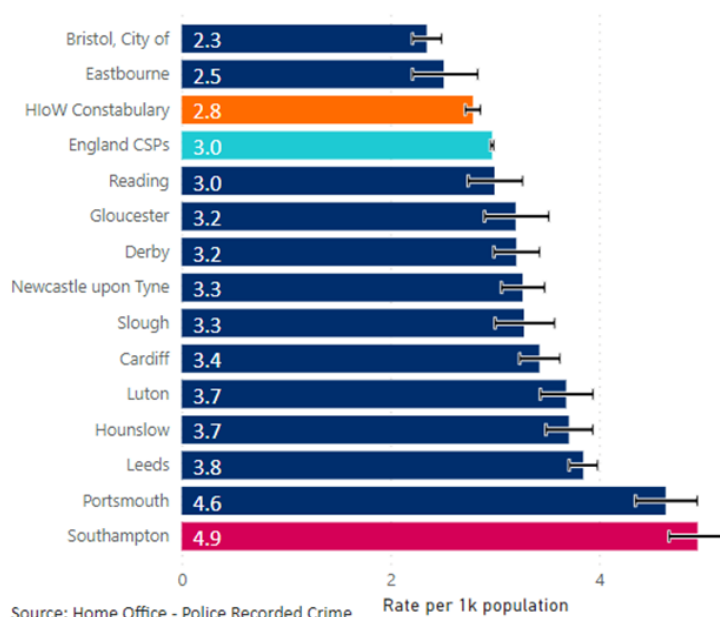
6. Drug related crime

The connection between illicit drug use and crime is reflected in several different types of crime, these include: the illicit possession, use, or sale of controlled substances; crimes committed to get money to buy drugs; crimes committed whilst under the influence of drugs; and organised criminal activities to support the drug trade.

In 2022/23, there were 1,222 recorded drug offences in Southampton, a +19% increase compared to the previous year. Additionally, 1,224 drug affected crimes were recorded in Southampton during 2022/23, which is +7.6% higher than the previous year. The number of drug offences recorded by the police is heavily dependent on police activities and priorities, which change over time. Hampshire and Isle of Wight Constabulary note that Southampton is the most impacted district of organised crime groups. For example, almost half of all cannabis farms identified by the force in 2022 were in Southampton.

The link between drug offences and deprivation is less clear than in previous years. In 2022/23, the drug offence rate was 3 times higher in the most deprived neighbourhoods in the city compared to the least deprived; having been 4.9 times higher in 2021/22. Additionally, the highest rate of drug offences was recorded in the second deprivation quintile (5.7 per 1,000 population) in 2022/23. Although, this is not significantly higher than the rate in the 20% most deprived neighbourhoods (5.2 per 1,000 population).

Police Recorded Drug offences (rate per 1k population) Southampton and iQuanta Comparator Community Safety Partnerships: 2022/23



For more information on crime in Southampton, see the [Safe City Strategic Assessment](#) page.

7. Resources

7.1 Alcohol dashboard

This dashboard shows key alcohol related data for Southampton, England and other comparator cities. Data in this dashboard has been compiled from a range of publicly available sources including the Office for Health Improvement and Disparities (OHID).

[Alcohol dashboard](#)

7.2 Tobacco, Alcohol and Drugs Strategy (TAD)

This data set is the key performance indicators for the Southampton City Council Tobacco, Alcohol and Drugs Strategy 2023-2028. The strategy is available from the Key strategies, plans and policies link below. The related TAD dashboard is also available below.

[Tobacco, Alcohol and Drugs Strategy \(TAD\) dashboard](#)

7.3 Drugs dashboard

This dashboard shows key drug related data for Southampton, England and other comparator cities. Data in this dashboard has been compiled from a range of publicly available sources including the Office for Health Improvement and Disparities (OHID).

[Drugs dashboard](#)

7.4 Community safety dashboard

Dashboard combining a variety of community safety and crime related data to provide intelligence on community safety in Southampton from publicly available data sources.

[Community safety dashboard](#)

7.5 Tobacco, Alcohol and Drugs (TAD)

- [Tobacco, Alcohol and Drugs Dashboard \(TAD\)](#)
- [Tobacco, Alcohol and Drugs Strategy](#)

7.6 Southampton Reducing Drug Harm Partnership - Drugs Needs Assessment

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

[Southampton Reducing Drug Harm Partnership - Drugs Needs Assessment](#)

7.7 Other data sources

OHID - [Adult substance misuse treatment statistics \(2021/22\)](#)

ONS - [Drug misuse in England and Wales: year ending June 2022](#)

ONS - [Deaths related to drug poisoning in England and Wales: 2021 registrations](#)

NHS England - [Statistics on drug use, England 2020](#)

NHS England - [Statistics on drug use \(2019\)](#)

7.8 Drug and alcohol advice

If you are worried about your, or someone else's use of drugs, help is at hand. Please follow this link for details of the advice, help and support available

[Drug and alcohol advice](#)