SOMERSET DRUG AND ALCOHOL NEEDS ASSESSMENT 2022

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Executive summary

This needs assessment brings together two separate documents, to serve as a single needs assessment to support the Somerset Strategic Drug and Alcohol Partnership. Chapter One is an Alcohol Needs Assessment for Somerset, completed in 2021. Chapter Two is a Drugs Needs Assessment for Somerset, completed in 2022.

Nationally drug deaths are at an all-time high and drug misuse fuels many costly social problems, including homelessness and rising demands on children's social care. The drugs market is driving many of the nation's crimes: half of all homicides and half of acquisitive crimes are linked to drugs. People with serious drug misuse issues occupy one in 3 prison places.

The most recent modelled estimates from 2016/17 suggest that there are nearly 2,500 users of opiates or crack cocaine in Somerset. Based on the numbers of individuals who have received support from Somerset Drug and Alcohol Service (SDAS) it is calculated that over half of these opiate and crack cocaine users have an unmet treatment need. These estimates are somewhat out of date and should be treated with caution, however they do provide an illustration of possible levels of need in Somerset.

Recent years have seen drug deaths in Somerset at record levels, mirroring national trends. The latest annual figures (for 2021) show 51 deaths from drug poisoning in Somerset, of which 41 were attributed to drug misuse. The rate of increase, both locally and nationally, appears to be accelerating. Significant harm reduction work over the last year has been undertaken within Somerset to distribute and promote naloxone to reverse the effects of overdoses. The number of SDAS clients reporting having been administered naloxone has increased significantly and is higher than the figure for those in treatment services nationally.

Modelled estimates from 2018/19 suggest that there are 5,202 possible alcohol dependent adults in Somerset, with around 80% of these not accessing support through Somerset Drug and Alcohol Service. These figures suggest there are over 4,000 adults in Somerset who might have an unmet treatment need for alcohol

dependency. Again, these estimates are now out of date, but national trends suggest that numbers of dependent drinkers will likely have increased over recent years due to the pandemic and successive lockdowns, so the figure may be higher still. Problematic alcohol consumption often occurs alongside other substance misuse issues; nearly half of those receiving support from SDAS for problematic drinking are also receiving treatment for issues with another substance.

Within Somerset there are notably high numbers of alcohol-related hospital admissions amongst those aged under 40. Amongst this age group admissions rates for females in Somerset are particularly high, at almost 70% higher than the equivalent national figure. Rates of admissions for intentional self-poisonings involving alcohol are similarly high in Somerset, with the rate amongst females again being around 68% higher than that for males, and 85% higher than the national comparison for females.

Housing issues are a common theme amongst those with either a drug or alcohol problem. The relationship between the two is complex and can work in both directions; problematic drinking and drug use may lead an individual to homelessness, but equally issues around housing may lead an individual to use substances to deal with those issues. Of those who present to SDAS with problematic drinking, nearly 1 in 10 are experiencing homelessness (either rough sleeping, staying in a night shelter, or 'sofa surfing'). This is a significant number, but for those presenting to SDAS with drug problems the number is much higher, at around 1 in 5. Successful treatment for these individuals does not depend on reducing drug or alcohol usage in isolation, but on addressing the wider needs of these individuals, including sustainable housing.

Over a 3-year period, 32% of those assessed in Somerset by the Probation Service were identified as having a drug misuse need which contributed to their offending, with cannabis being the most cited substance, followed by crack cocaine and heroin. Similarly, 31% were assessed as having an alcohol misuse need which contributed to their offending. Whilst some of these individuals are given an Alcohol Treatment Requirement (ATR) or Drug Rehabilitation Requirement (DRR) as part of their sentencing, this needs to grow over future years as an alternative to custodial sentences.

Access to services is a particular challenge to service users in Somerset, due to the rurality and absence of a reliable public transport system. Whilst Somerset is served by three SDAS treatment hubs - in Taunton, Yeovil, and Street – the focus needs to be on expanding services delivered via outreach workers outside of these bases, and as part of multi-disciplinary teams.

Alcohol Needs Assessment

Executive Summary

- Latest prevalence figures indicate there are 5,202 possible dependant drinkers in Somerset. SDAS was dealing with 20% of possible alcohol dependant users during this year. The average for services across England is 18% of possible alcohol dependant users
- Somerset has seen a significant increase in alcohol related hospital admissions in those aged under 40 over the last few years when compared to England.
- Young people's hospital admissions are significantly higher for alcohol related admissions when compared to England.
- 34% of all adult clients in structured treatment with Somerset Drug and Alcohol Service between 2015 – 2021 declared they had a problem with alcohol.
- 20% of alcohol using clients coming into structured treatment had some form of housing problem
- Impacts of covid-19 pandemic nationally points to the UK population reducing overall drinking during 2020 but those who were already drinking at higher levels were more likely to drink more and more likely to lead to negative health outcomes. Impacts on local services yet to be fully realised.

Introduction

According to the Health Survey for England (2019) there are over 10 million people in England drinking at levels that increase their risk of health harm and of these 595,000 adults potentially need specialist treatment for alcohol dependence. (PHE, Alcohol commissioning support: principles and indicators, 2018).

Alcohol is linked to more than 200 medical conditions, including circulatory and digestive diseases, liver disease and several cancers and mental health issues. Alcohol related harm disproportionately affects the poorest in society.

Alcohol doesn't just affect the user; it can cause harm to others too. It is associated with family and relationship problems and was a factor in 18% of assessments made for children in need by children's social care in England during 2016 to 2017. Alcohol has also been shown to be a significant contributory factor in offences of violence and disorder including domestic abuse.

The Global Drugs Survey for 2020 suggests the UK's drinking behaviour is far more dangerous than the use of any other drug. More than 5% of people under 25 in the UK who took part in the survey reported having sought hospital treatment after getting drunk, compared with a global average of 2%. People in Scotland and England said they had got drunk on average more than 33 times in the last year. This was the highest rate of all 25 countries studied; the global average was just over 20 times.

Drinking Behaviour

Adult Consumption

In Great Britain it is estimated that 29.2 (57%) million people aged 16 or over drank alcohol in 2017 in the week prior to being asked. Of these, 4.9 million (9.6%) people drank alcohol on five or more days in the week prior to being asked (ONS, 2017).

In 2016 the Chief Medical Officer published updated UK guidelines for alcohol consumption for men and women.

Figure 1. UK guidelines and classification of drinking by units of alcohol

	Men	Women
Lower Risk	Up to 14 units a week	Up to 14 units a week
Increasing Risk	15 – 50 units a week	15 – 35 units a week
High Risk	More than 50 units a week	More than 35 units a week
Binge	8 units or more a day	6 units or more a day

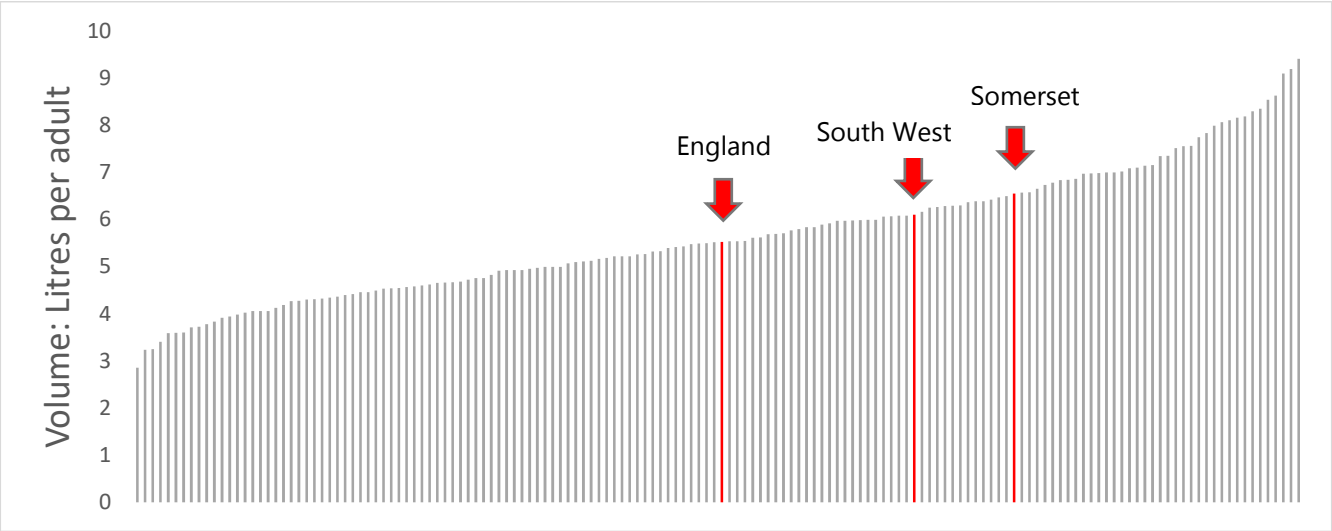
Drinking behaviour has experienced a notable change over the last decade with drinking at home becoming more prevalent. This may be driven by cheaper supermarket prices, the smoking ban, and a continued decline in the number of available pubs. In 2007, 47% of alcohol was sold through licensed premises i.e. pubs, bars, and restaurants. By 2017, this had reduced to 31% (DrinkAware, 2019).

Alcohol sales contribute significantly to the UK economy with the Institute of Alcohol Studies (IAS) estimating that the production and sale of alcohol was worth £46 billion to the UK economy in 2014 accounting for 2.5% of GPD and 3.7% of all consumer spending (IAS, 2020)

The Local Alcohol Profiles for England (LAPE) shows that in 2014 Somerset was in the highest 25th percentile for volume of alcohol sold through the off trade: all alcohol sales in the South West. This shows that the average adult in Somerset is drinking a higher volume of alcohol from alcohol purchased through the off trade e.g.

Supermarkets and Off-licenses, than the national average and the South West average. Off-trade sales may be considered more harmful due to the availability of cheap and high-strength alcohol. 32% of alcohol revenue in the off-trade is accounted for by harmful drinking, compared to 17% of revenue in the on-trade (Bhattacharya et al, 2018).

Figure 2. Volume of pure alcohol sold through the off-trade: all alcohol sales (2014) by Local Authority with national and regional averages added



In England there has been an increase in the number of adults who abstain from alcohol from 15.5% in 2011 – 2014 to 16.2% in 2015 – 2018. There has been a reduction in binge drinking on the heaviest day from 16.4% to 15.4% and the proportion drinking over 14 units of alcohol a week in England has reduced from 25.3% to 22.8% (LAPE).

A greater proportion of adults abstain from drinking in Somerset compared to the Southwest region, but the proportion is similar to the England average. A greater proportion of adults in Somerset drink less on their heaviest binge drinking day when compared to England but this is similar to the South West.

Fig 3. Percentage of adults who abstain from drinking alcohol compared to counties in the South West (2015 – 2018).

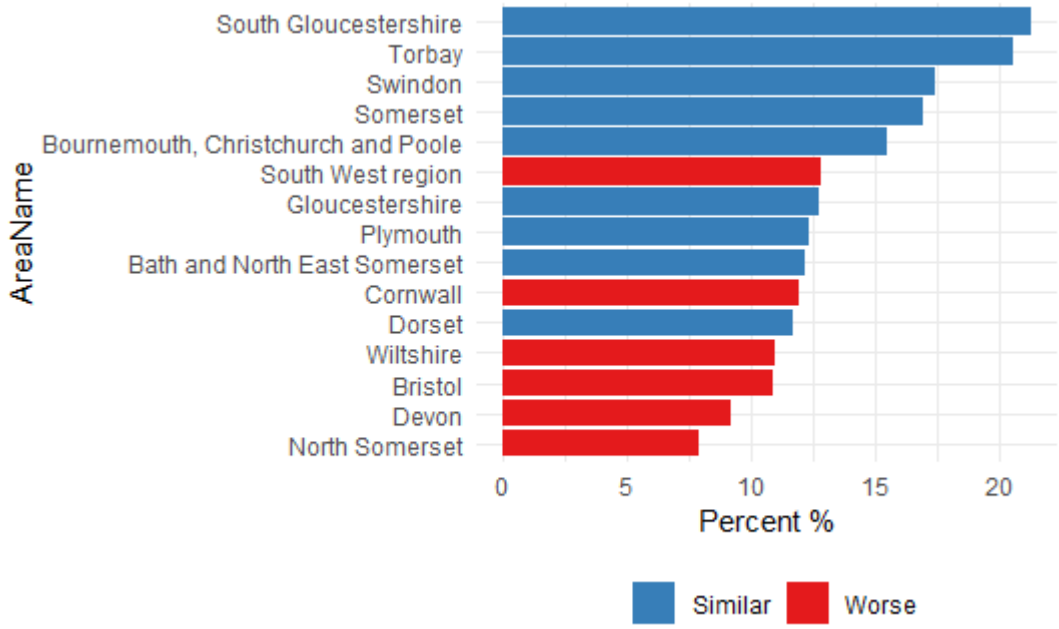
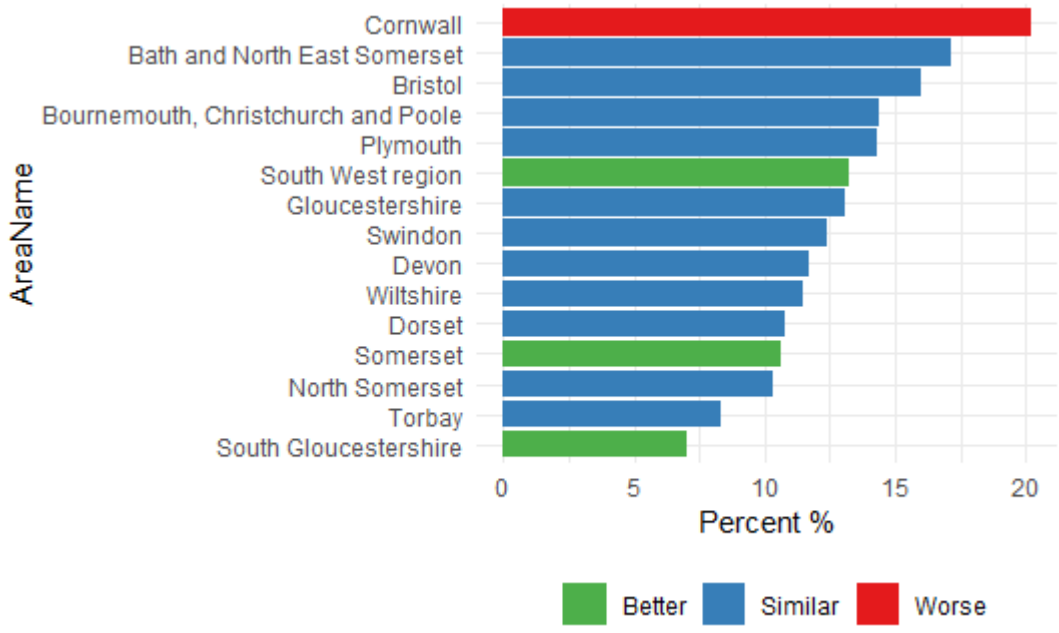


Fig 4. Percentage of adult's binge drinking on heaviest drinking day compared to counties in the South West (2015 – 2018).



As part of the free NHS health checks offered to adults in England aged 40 – 47 without a pre-existing condition, clinicians ask patients to fill in the AUDIT screening

tool to assess alcohol consumption. The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviours, and alcohol-related problems.

Between April 2015 and September 2019, a total of 36,443 health checks were completed where an AUDIT score was captured. In somerset 11% (n = 4008) of people who completed an NHS Health Check were drinking at a level classified as increasing risk or greater.

Fig 5. Proportion of health checks completed between April 2015 and September 2019 by AUDIT score grouping.

AUDIT risk	Number of health checks	Proportion of health checks
Lower Risk (0 – 7)	32,435	89.0%
Increasing Risk (8 – 15)	3,790	10.4%
Higher Risk (16 – 19)	137	0.4%
Possible Dependence (20+)	81	0.2%
Increasing Risk or Greater (8+)	4,008	11.0%

Employment

People working in managerial and professional occupation, in addition to the highest earners were most likely to say they drank alcohol in the past week (ONS, 2017). Those with high socioeconomic status, are more likely to drink every day. Those with a low socioeconomic status may not drink every day but are more likely to suffer from alcohol-related health problems. This is known as the 'alcohol harm paradox' and is discussed further in the section on Inequalities (page 17).

A study looking to understand the relationship between occupation and alcohol use in those aged 40 – 69 found the largest ratios for heavy drinking observed in publicans and managers of licenced premises, industrial cleaning process

occupations and plasterers (Thompson & Pirmohamed, 2021). The study goes on to suggest that this evidence can be used in determining which jobs and broader employment sectors may benefit most from prevention programmes.

Alcohol Harm

Prevalence

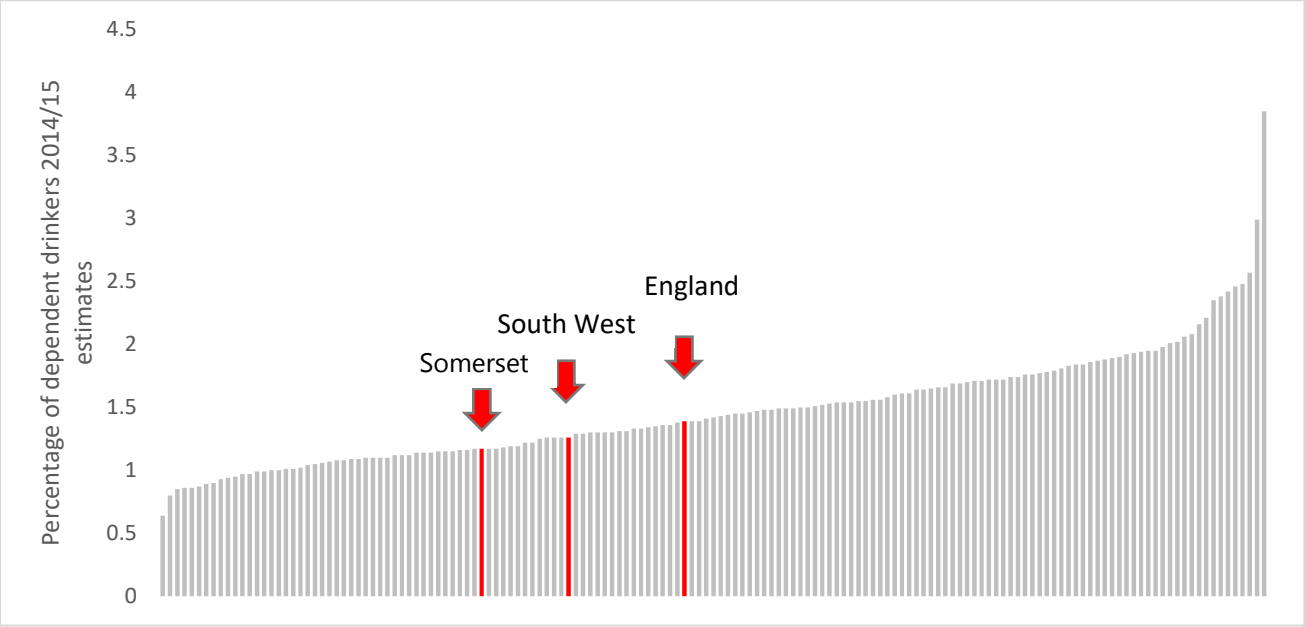
The latest prevalence figures available for alcohol dependant adults (18 years and over) are from 2018/19 and show that Somerset has an estimated 5,202 possible dependant drinkers which works out as a rate of 11.6 per 1,000 population. England has a rate of 13.7 per 1,000 population.

If we look at the numbers accessing treatment within Somerset in the same year (2018/19), Somerset Drugs and Alcohol Service (SDAS) had 1024 individuals in treatment with alcohol being one of their three substances recorded at assessment. This means that SDAS was dealing with an estimated 20% of possible alcohol dependant users during this year. One of the targets commissioners have set for SDAS is to see this proportion increase over the length of the current contract, however, it is noted that for treatment to be successful people need to be engaged with treatment and willing to change their behaviour, it might not be the right time for everyone.

In contrast in England there are an estimated 586,797 adults with alcohol dependency and in need of specialist treatment of which 104,880 were in treatment for alcohol, so treatment services were dealing with an estimated 18% of adults in need of specialist treatment (PHE, 2019 - 2020).

The latest estimates available on the PHE Fingertip's website provide data from 2014/15, the benefit of this data is that it is provided in proportion of population for each local authority in England. This gives us context of where Somerset is in relation to the Southwest and England.

Figure 6. Percentage of dependent drinkers (2014/15 estimates)



We can see from these estimates that the number of dependant drinkers is lower than both England and the South West region as a proportion of population.

Adult Hospital admissions

Hospital admissions for alcohol can be split into two groups: alcohol-related and alcohol-specific.

Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis.

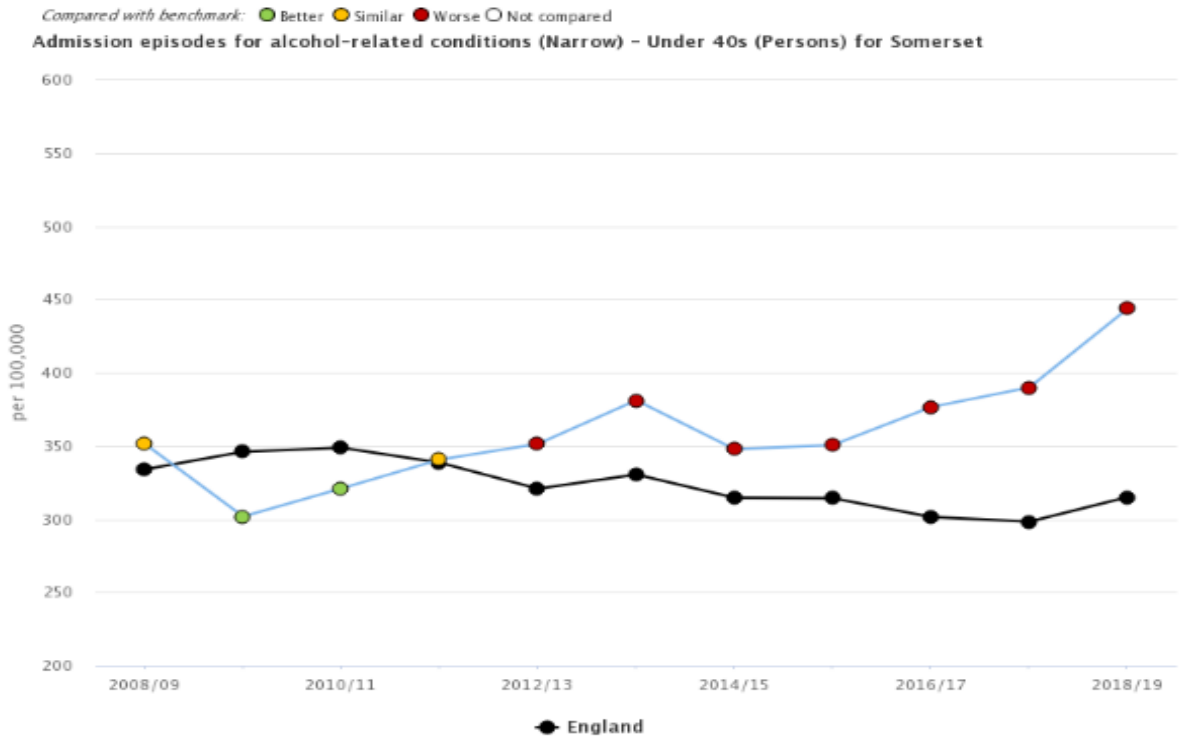
Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls. (PHE, https://fingertips.phe.org.uk/, 2017)

In the eleven-year period between 2008/09 and 2018/19 Somerset has broadly followed an increase in alcohol-related admissions per 100,000 people as seen nationally. While performing better than the national average, recent years have seen

the difference decrease with Somerset's rate of increase rising faster than the national rate.

Specifically, when we break this down by age, we see the under-40's age group substantially increasing when compared to the national rate. This is a pattern not identified in the 40 – 64 or over 64-year groups. **This suggests the increased rate of alcohol-related hospital admissions is being driven by those who are under 40.**

Figure 7. Admission episodes for alcohol-related conditions (Narrow) – Under 40s (Persons) for Somerset



Breaking down the under 40 age group by gender, sees both males and females performing worse than the national average. While females represent a smaller rate per 100,000 they have been performing worse than the national rate for a consistently longer period of time than males and diverged further from the national rate in that time. In 2018/19 the difference between the male local and national rates was 120 (32.6% increase over the national rate) whereas for females it was 138 (52.7% increase over the national rate).

Figure 8. Admission episodes for alcohol-related conditions (Narrow) – Under 40s (Female) for Somerset

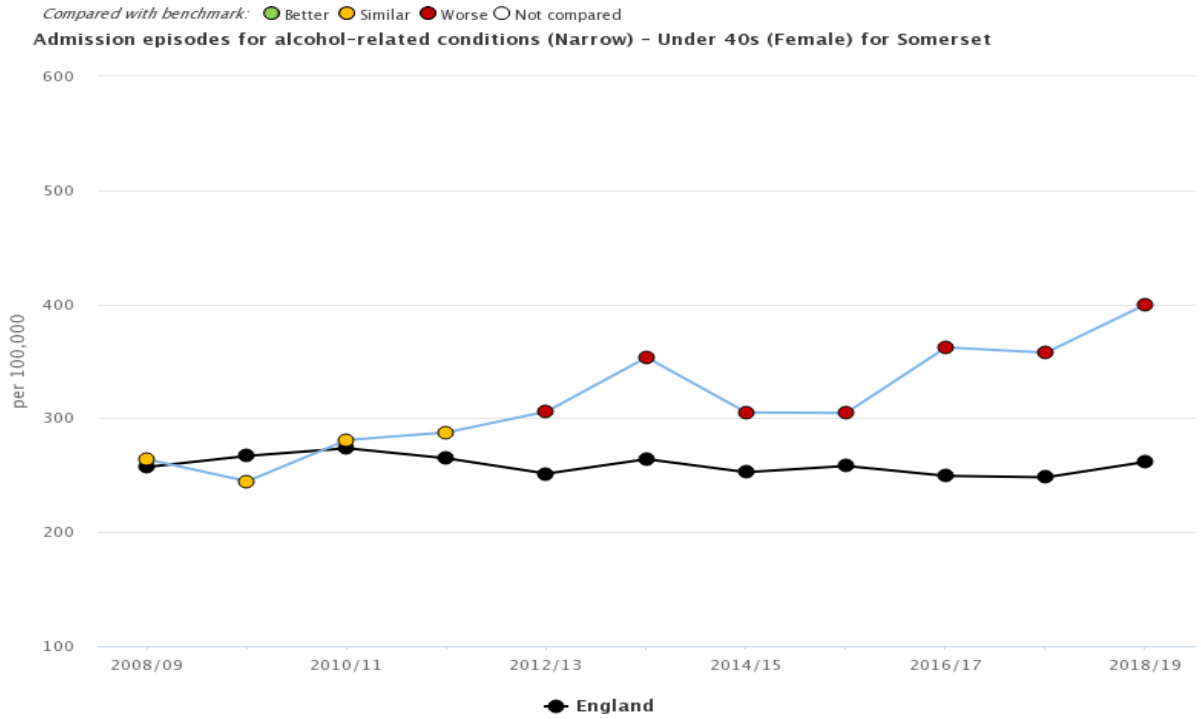
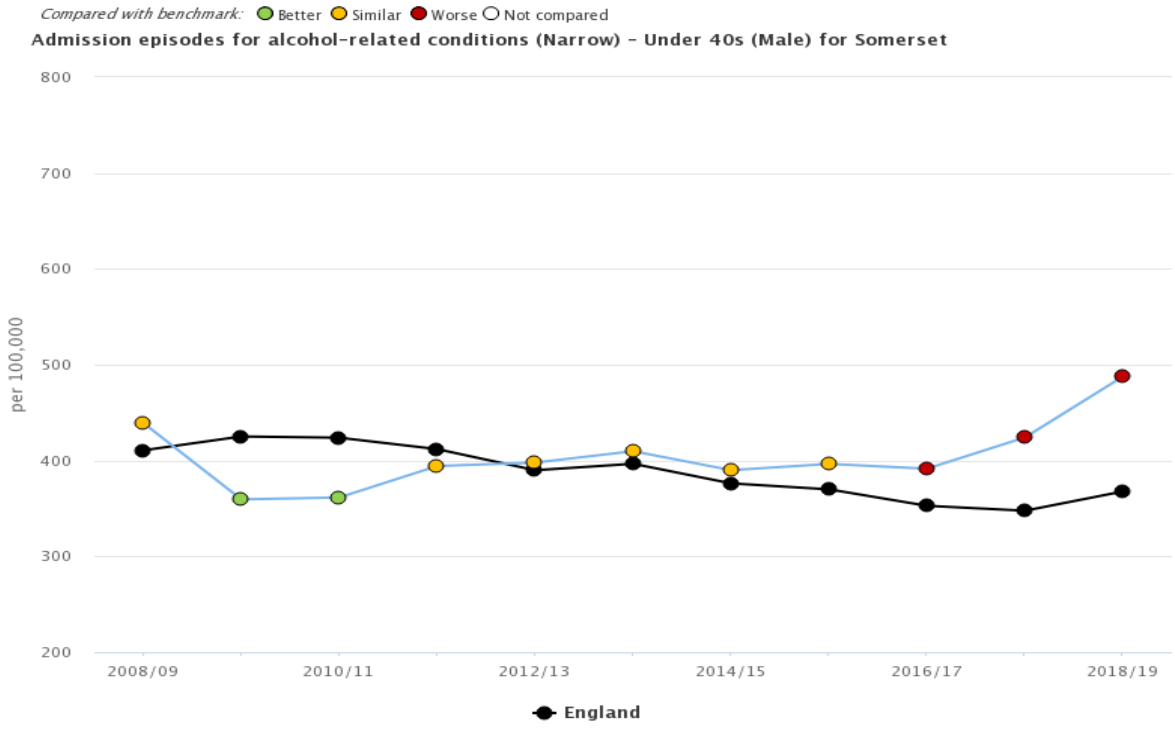


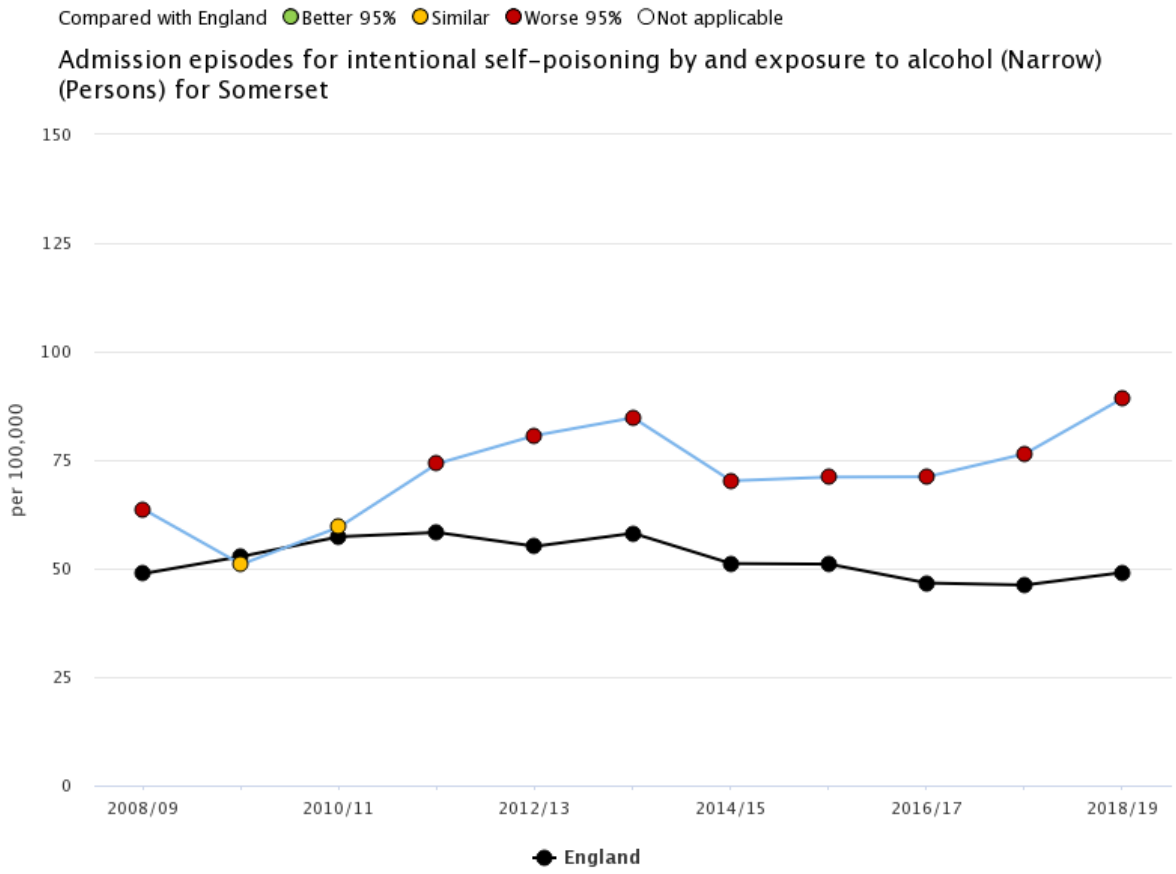
Figure 9. Admission episodes for alcohol-related conditions (Narrow) – Under 40s (Male) for Somerset



One possible contributing factor for this increase in admissions for alcohol-related conditions is the increase in self-harm hospital admissions. The 2018 Director of Public Health's annual report focused on self-harm and identified that '*emergency hospital admissions for self-harm has found the increase in admissions is particularly driven by rising rates for girls and young women aged between 10 and 24. Rates were found to particularly peak at around the age of 15.*'

Looking at hospital admissions where the secondary diagnoses is an alcohol-attributable intentional self-poisoning we see an increasing trend when compared to the national level giving further weight to the hypothesis that self-harm may be contributing to the increase in alcohol-related hospital admissions

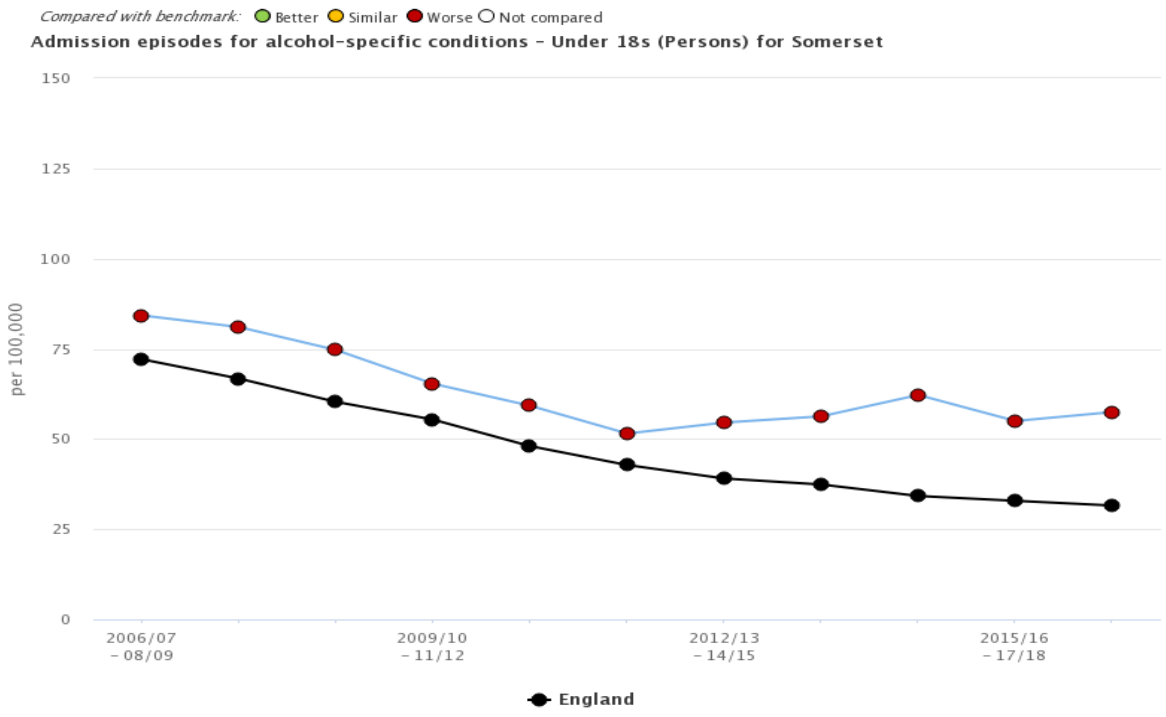
Figure 10. Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) – (Persons) for Somerset



Young People Hospital Admissions

Alcohol related figures are not given for those under 18, only alcohol specific. These show Somerset performing at a worse rate than national figures, and unlike the national rate which has steadily declined, the Somerset rate has remained largely stable since 2010. It could be that the increase in intentional self-poisonings in Somerset since 2010 is linked to this divergence from the national trend in admissions episodes for under-18s over the same period. However, as there is no age breakdown for intentional self-poisonings, this conclusion is based on the assumption that these self-poisonings are likely to be largely in the under-18 age group, and further analysis would be needed to better understand this.

Figure 11. Admission episodes for alcohol-specific conditions -Under 18s (Persons) for Somerset



Conditions related to Alcohol

Alcohol has been identified as a causal factor in more than 60 medical conditions including liver disease, cardiovascular disease, mental health problems and cancer.

The LAPE publishes several alcohol related conditions by local authority between 2004/06 – 2016/18. Somerset has lower rates of admission episodes for mental and behavioural disorders due to use of alcohol, lower rates of alcohol-related cardiovascular disease and lower rates for alcohol related liver disease than the England average. It has similar rates for the incidence of alcohol-related cancers as England.

Children who live with adults that drink

Multiple studies on parental alcohol misuse (PAM) show it has significant negative effects on children's physical and mental well-being. Such effects can be experienced over the short- and long-term and can continue throughout life. The effects of parental alcohol misuse depend on the level of parental drinking, whether both parents misuse alcohol, the child's age, and the presence of other factors such as domestic violence.

PAM is associated with impacts on children's mental and physical health. Reviews of studies identify increased risk of obesity, eating disorders, and attention deficit hyperactivity disorder, as well as of hospital admissions and injuries. A 2011 study found 61% of care applications in England involved misuse of alcohol and/or drugs. Between 2011- 2014, PAM was implicated in 37% of cases involving the death or serious injury of a child through neglect or abuse in England. Children involved in child protection cases involving PAM have poorer welfare outcomes than those in cases where alcohol is not a factor, and such cases place a considerable burden on social services.

Parents' alcohol use is linked to adolescent alcohol use, though some studies suggest peer alcohol use may be a more important influence. Many parents believe that introducing adolescents to alcohol is an important part of 'growing up' and may be beneficial. There is mixed evidence about the effects of parents providing adolescents with alcohol. Some studies suggest it reduces risky drinking, such as

bingeing, but other studies find it is associated with earlier initiation into alcohol use and heavier drinking by adolescents. Government guidelines recommend children do not drink at all under the age of 15, and thereafter only under parental supervision (POST, 2018).

Drinking and pregnancy

Determining the effects of drinking during pregnancy is difficult due to the influence of other factors such as diet. Government guidelines now recommend that the safest approach for pregnant, breastfeeding, or women who are planning a pregnancy, is not to drink alcohol at all.

Drinking alcohol in the first three months of pregnancy has been linked to increasing the risk of the baby having a low birth weight, premature birth, and miscarriage. Drinking in pregnancy after the first three months has been linked to increasing the risk of the baby having learning disabilities and behavioural problems.

Alcohol can affect foetal development and can cause birth defects or complications during pregnancy. The term 'foetal alcohol spectrum disorder (FASD)' refers to a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. Children affected by FASD often have learning difficulties; mood, attention, or behavioural problems, poor physical growth, health issues, problems at school, and involvement in crime.

Alcohol Mortality

In 2018, the most current data as of writing, there were 7,551 deaths related to alcohol specific causes registered in the U.K. While this was slightly lower than the 2017 rate it is still a significant increase on the 2015 rate and the second highest since the time series began in 2001.

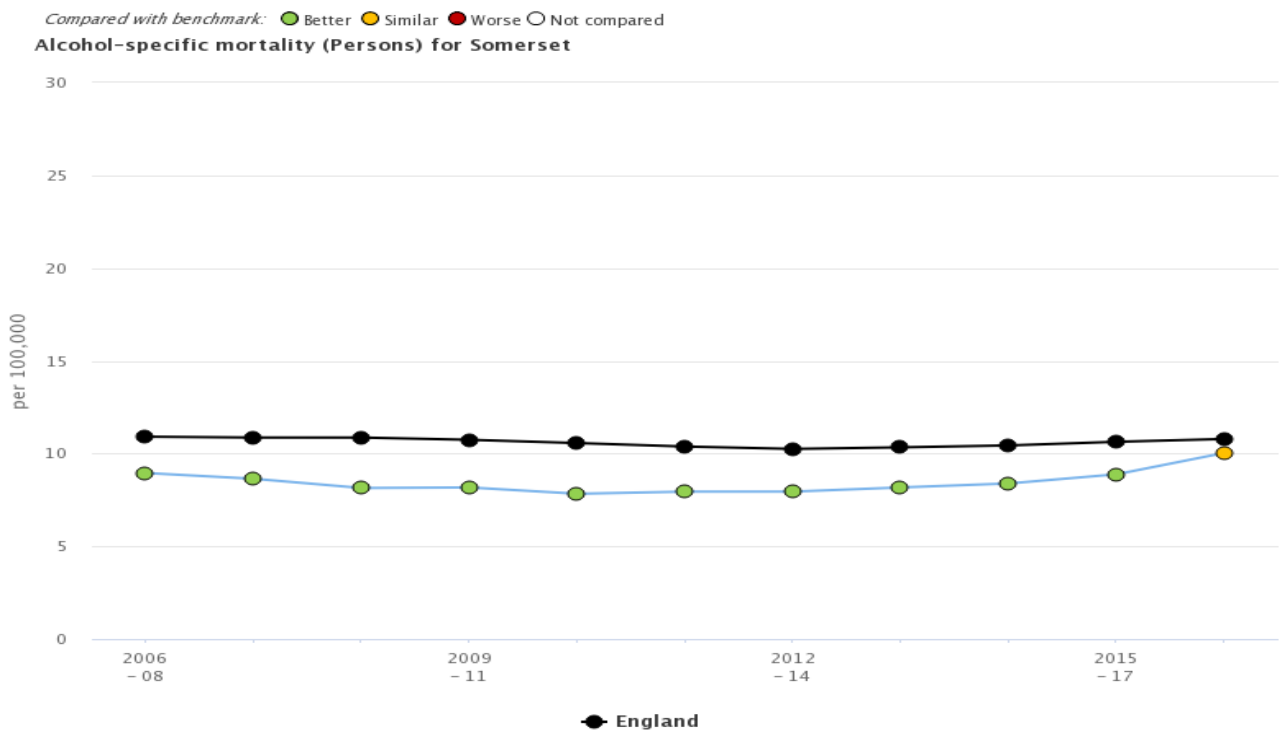
Males have double the rate of alcohol specific deaths as females which has been consistent since 2001. Death rates were highest in the 55 – 59 age group for males and the 60 – 64 age group for females. Since 2001 those dying of alcohol specific causes have seen statistically significant increases in those aged 55 – 74.

Alcohol specific deaths made up 1.2% of all causes of deaths registered in the UK in 2018, however they made up 9.6% of deaths for those aged 40 – 44.

Three quarters of all alcohol-specific deaths were from alcohol related liver disease with this figure making up 80% of those dying from alcohol specific causes in the 60 – 64 age group (ONS, Alcohol-specific deaths in the UK: registered in 2018, 2019)

In Somerset alcohol-specific mortality has been consistently better than the England rates until the most recent year where it was similar.

Figure 12. Alcohol-specific mortality (Persons) for Somerset

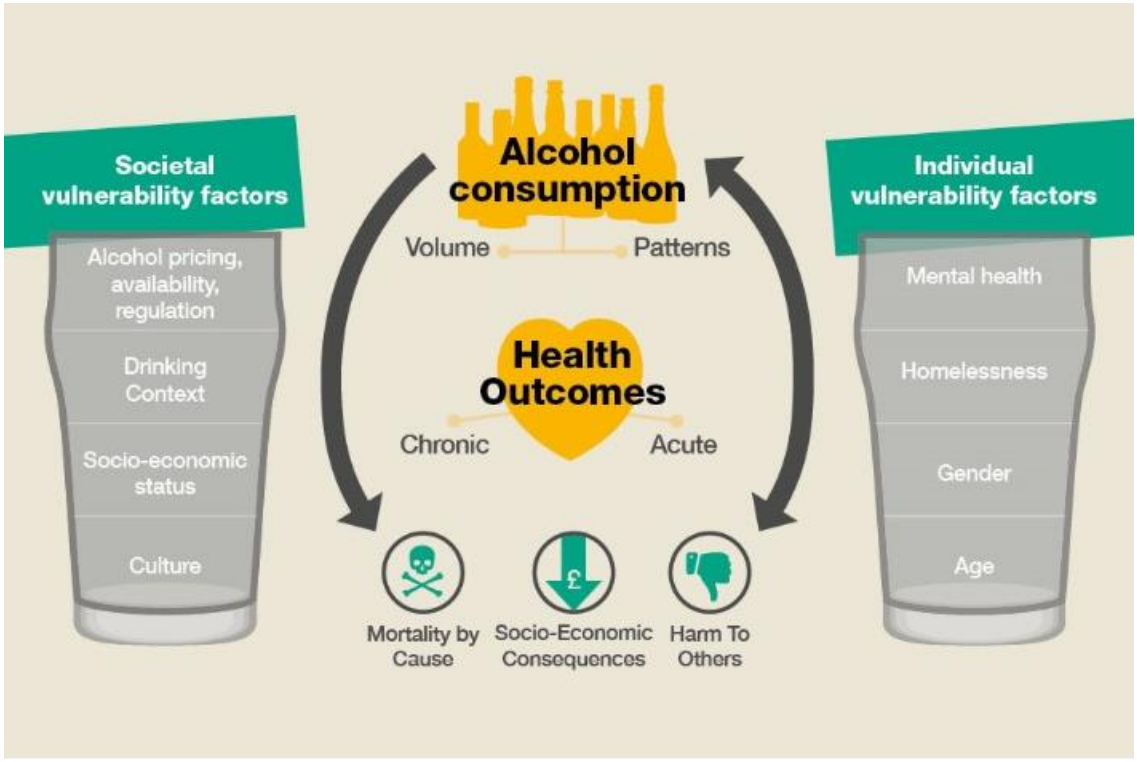


Inequalities

Alcohol does not have an equal impact across society, rather key population groups are disproportionately impacted by alcohol.

Although the volume of alcohol consumed is a clear indicator of potential harm to health, other factors affect the relationship.

Figure 13. Alcohol and its links to vulnerabilities and inequalities



PHE: LAPE Fingertips: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/supporting-information/Alcohol_inequalities2

The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income groups and those experiencing the highest levels of deprivation. This is known as the 'alcohol harm paradox'. On average, people on low incomes drink less than people on high incomes, but people living in deprived areas are many times more likely to attend hospital for an alcohol related condition, or to die of an alcohol related cause. There are many complex and interlinked factors which may be behind this apparent paradox. One factor is the interaction between alcohol and

other health related factors: higher rates of smoking and poor diets were found to significantly amplify the harmful impacts of drinking in poorer communities (Bellis, et al., 2016).

Patterns of consumption can also help to understand the alcohol harm paradox. The harm paradox is based on the average consumption levels across different income groups. Further analysis has suggested that consumption may be more evenly distributed within higher socioeconomic groups; although on average those in the lower socioeconomic status groups may consume less alcohol, this average represents a smaller number of individuals consuming at a high level, alongside higher numbers of non-drinkers. Similarly, research has shown that individuals working in manual or 'un-skilled' occupations – when compared to those in higher managerial occupations - are less likely to exceed recommended limits for both weekly and episodic drinking but are more likely to exceed more extreme thresholds. (Lewer et al, 2016)

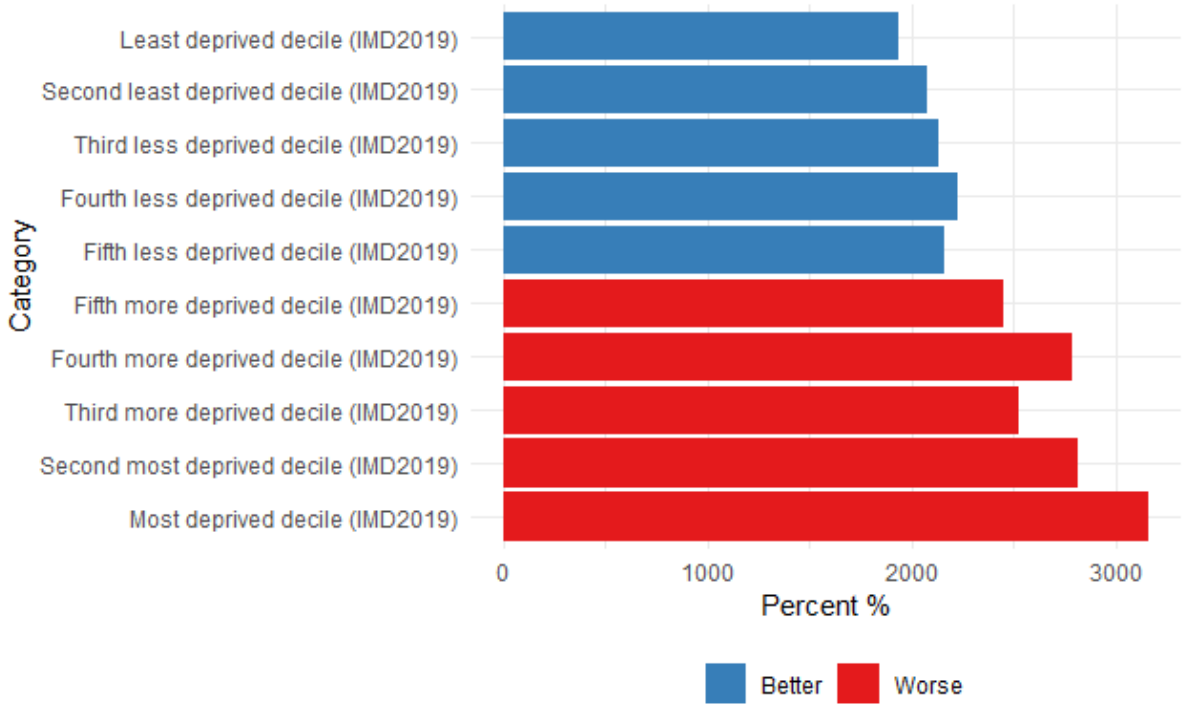
Deprivation

The index of multiple deprivation is a measure of relative deprivation at LSOA (Lower Super Output Area) level. Different domains of deprivation are scored, and an overall score is produced from these individual domains. The below scatter chart shows the correlation between relative deprivation and the number of clients engaged with Somerset's specialist treatment service Somerset Drug and Alcohol Service (SDAS) by LSOA.

IMD is the measure of overall deprivation, calculating from the weighted scores of the individual domains of deprivation. It gives an indication of overall levels of relative deprivation at LSOA level. A higher score indicates a higher level of deprivation.

In England there is a relationship between greater numbers of hospital admissions for alcohol-related conditions and the more deprived an LSOA.

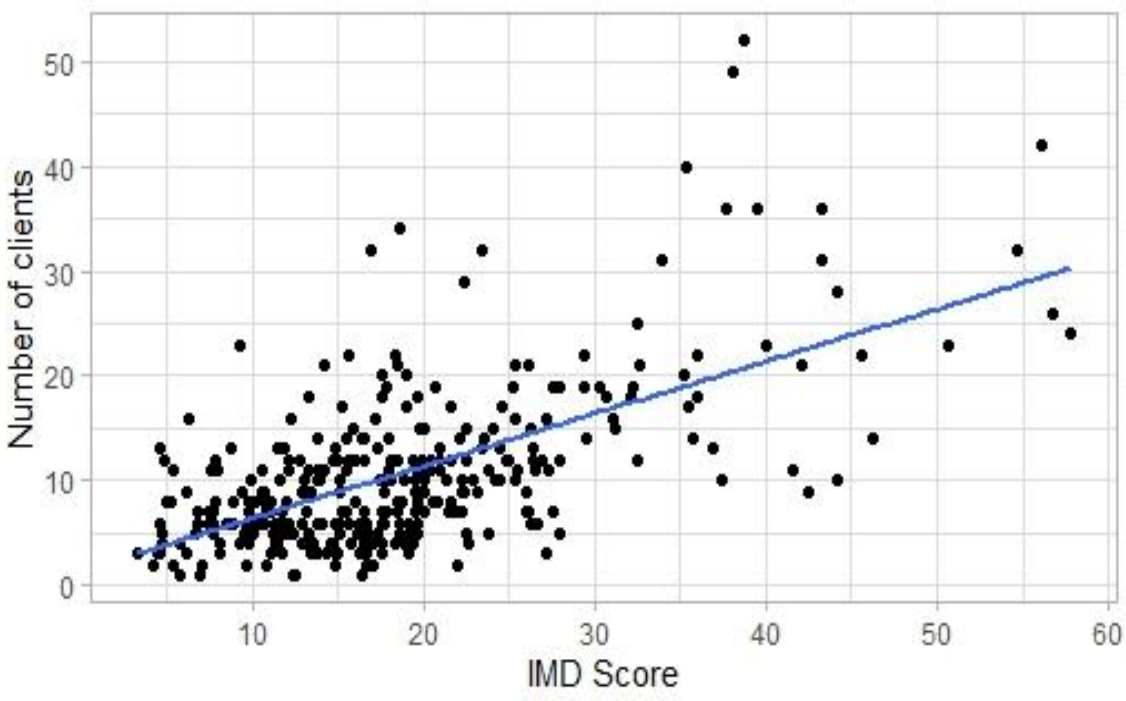
Figure 14. Admission episodes for alcohol-related conditions by deprivation deciles in England 2018/19



In Somerset we can look at treatment data to see how many clients are coming from an LSOA and compare that to the IMD score of that LSOA.

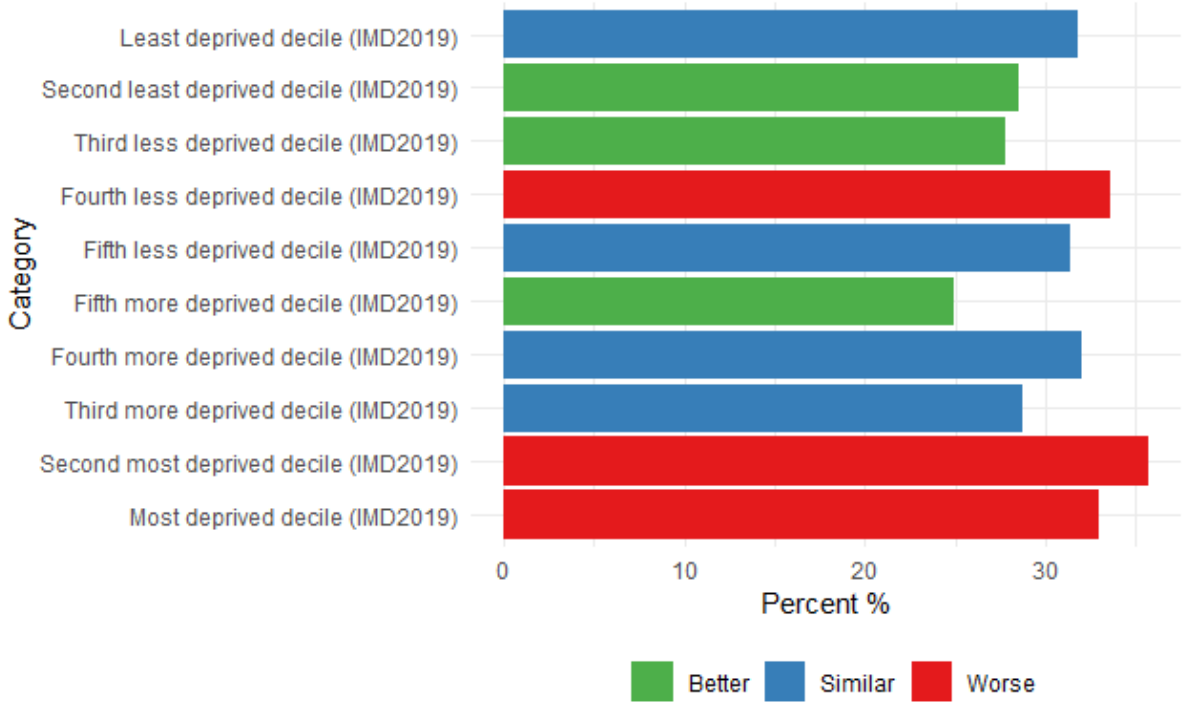
The trend line shows that as deprivation increases so does the number of alcohol using clients within a LSOA, possibly indicating that areas of higher deprivation have a higher demand for the service. However, we must be careful not to derive causation from this, further statistical analysis (R^2 = 0.13) indicates that IMD alone is a weak contributor to the number of adult alcohol clients within a LSOA and like national research suggests is probably linked to a wider range of issues impacting higher deprivation areas.

Figure 15. Indices of Multiple Deprivation (IMD) score by Lower Super Output Area (LSOA) by number of clients in structured treatment in Somerset



Deprivation also has an impact on young people's drinking habits. PHE produced a rapid evidence synthesis of how young people are affected by alcohol, drugs and smoking, that included an examination of hospital admissions related to underage drinking. This evidence review found those UK regions with the highest levels of social deprivation had the highest under 18s admission rates due to alcohol-specific conditions (Mason, Pearce-Smith, & Beynon, 2018).

Figure 16. Admission episodes for alcohol-specific conditions – Under 18s (Persons) by deprivation deciles in England 2018/19



Local data isn't available, but the above chart demonstrates that nationally the more deprived areas are more likely to be worse (red) than the national average (black vertical line). Interestingly the least deprived decile is similar to (orange) but slightly higher than the national average. If Somerset was similar to the national average, then we would expect to see higher admissions from more deprived deciles and may provide an opportunity for targeted work. Further analysis would need to be undertaken to investigate this.

Veterans

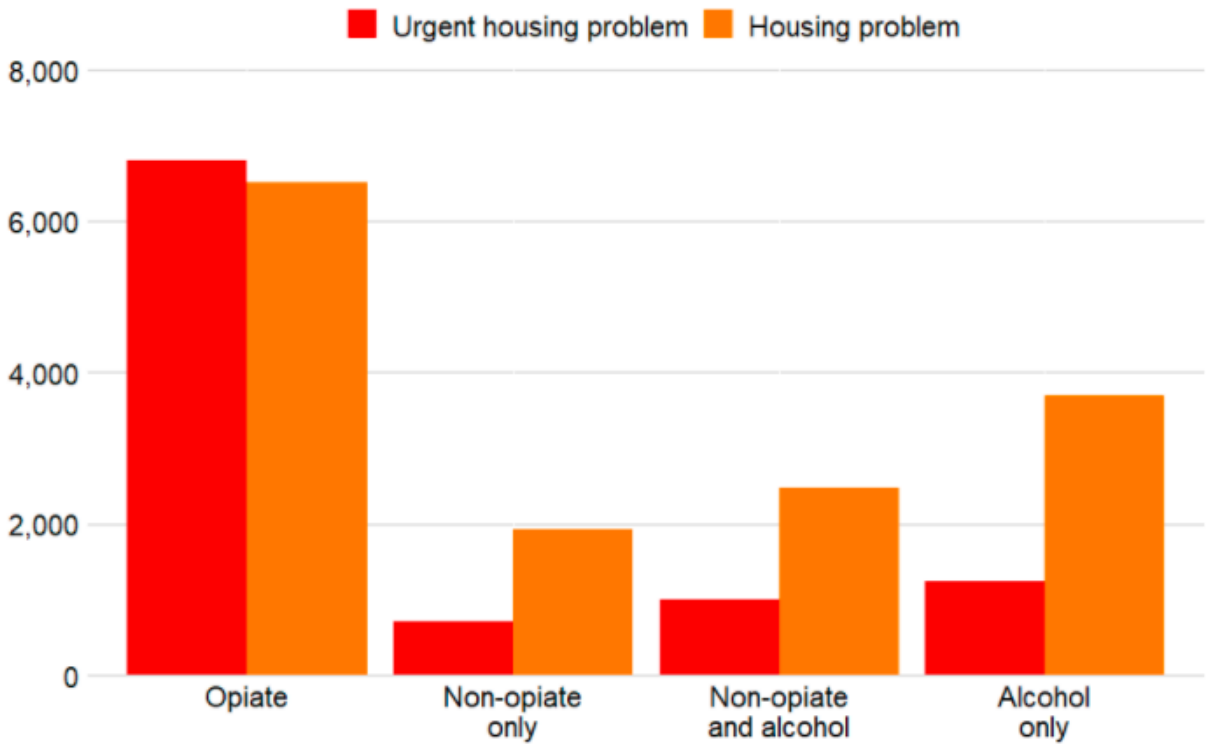
Somerset is home to approximately 46,000 veterans which is around 8% Somerset population (Defence, 2017). Those who have served in the military are much more likely to classify as having a drinking problem than the general population. One study suggests that 67% of men and 49% of women in the military drink at levels considered increasing risk compared to 38% of men and 16% of women in the general population (Fear, et al., 2007).

Housing problems

Alcohol has been linked as both a cause and an effect of housing problems and homelessness. Alcohol problems were ranked 4th in the top ten factors cited as contributing to homelessness in a study by the housing charity Shelter (2007). Drug & Alcohol related anti-social behaviour is probably the easiest way to be rejected/banned from social housing. Alcohol and/or drugs were cited as a problem in 23% of respondents.

In the most recent substance misuse treatment report by the National Drug Treatment Monitoring System (NDTMS) they reported that 3,696 alcohol only clients in England had a housing problem and 1,246 people had an urgent housing problem. The chart below demonstrated that while alcohol only clients have the second highest demand for housing it is relatively small when compared to the need for opiate clients.

Figure 17. Housing need for people starting treatment in England in 2019 to 2020 (NDTMS)



Mental Health

NDTMS reported over half of people (60%) starting treatment in England in the alcohol only category in 2019/20 said they had a mental health need. A quarter of these said they were not receiving any treatment to meet this need. Of those who were receiving treatment, over half (54%) received it in a primary care setting such as a GP surgery.

Wider Impacts of Alcohol

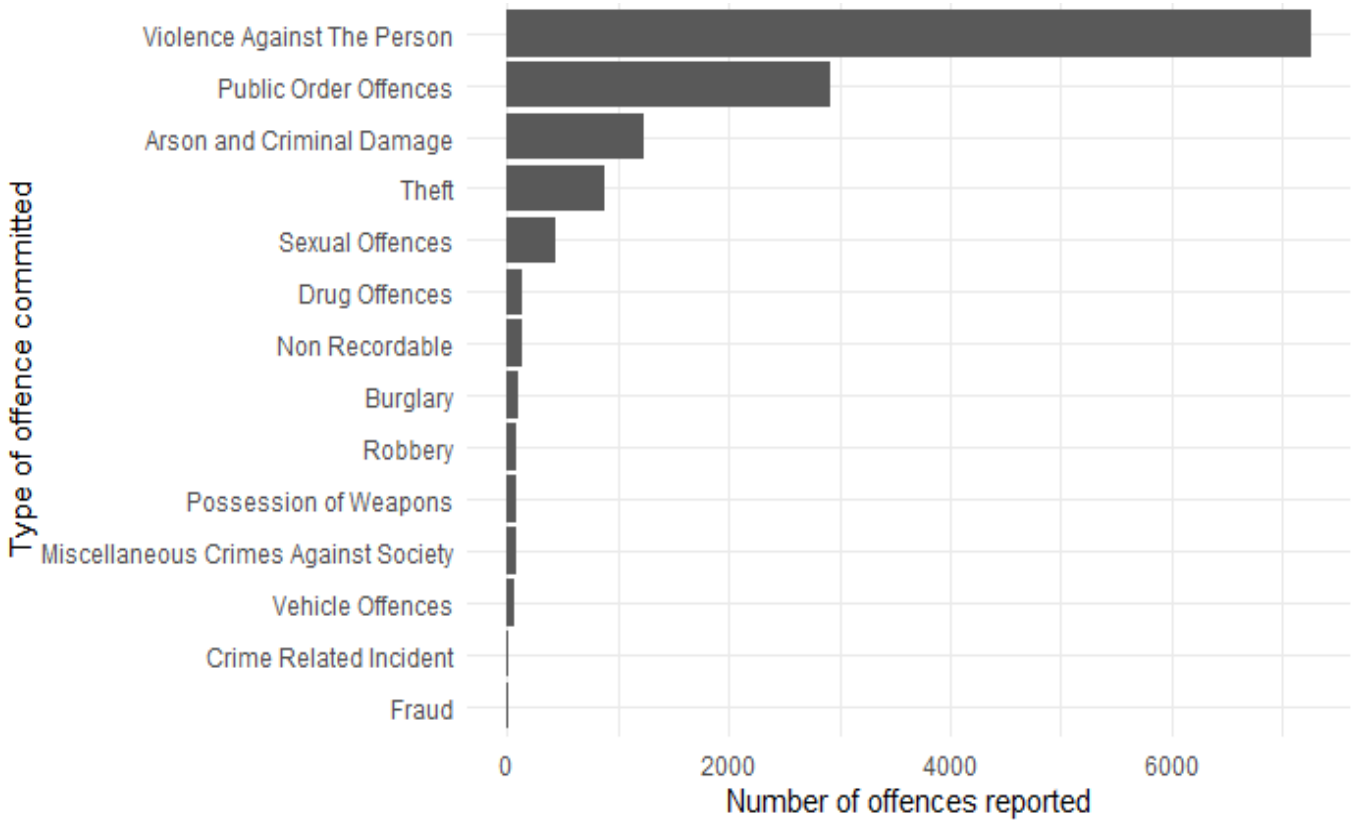
Violence and Crime

Nationally there is plenty of literature exploring links between alcohol and violence. A recent study demonstrated that generally lower socioeconomic groups experience higher prevalence rates of alcohol-related violence overall, and higher incidence and prevalence rates for alcohol-related domestic and acquaintance violence (Bryant & Lightowlers, 2021). The Focus on violent crime and sexual offences report by the ONS stated that 40% of victims believed that the perpetrator was under the influence of alcohol (ONS, Focus on violent crime and sexual offences, England and Wales: year ending Mar 2016, 2017).

In Somerset a recent needs assessment by the Violence Reduction Unit (VRU 2020 - 2021) noted that 'Research is needed to investigate the link between alcohol consumption and violence in the County, to understand if there are specific locations that are driving alcohol-related violence that could be targeted for preventative measures.'

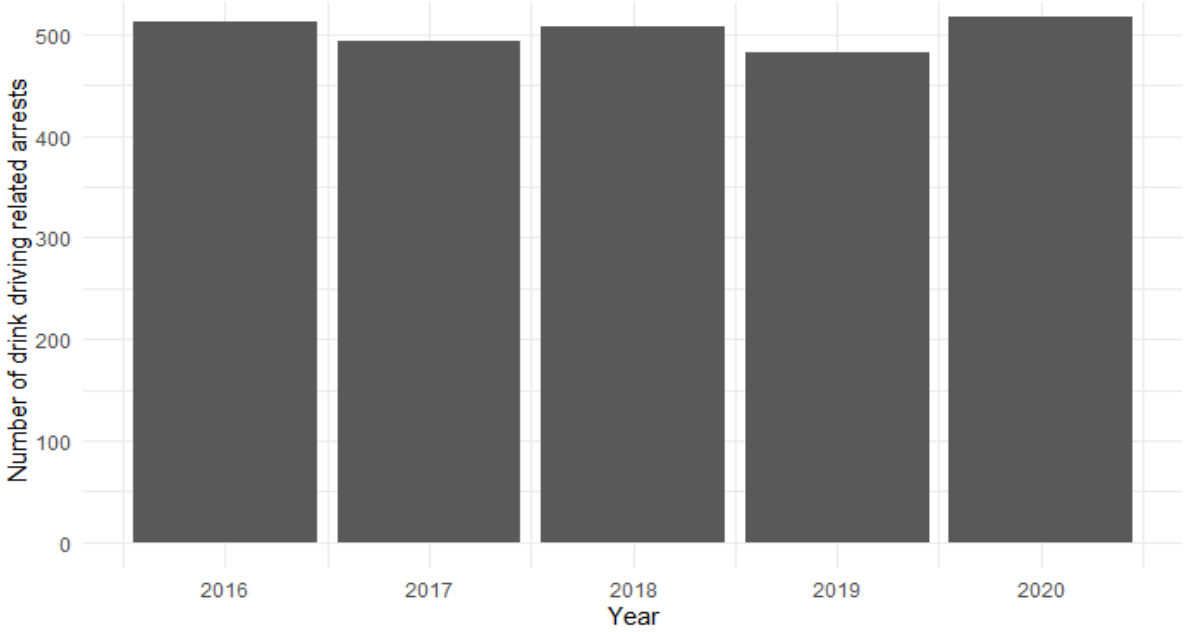
Available data from the police shows the number of crimes reported between 2015 and 2021 that involved alcohol. There were 12,114 offences reported in this time. We can see from the chart below that the most reported crime was 'Violence Against the Person'.

Figure 18. Number of offences reported involving alcohol between 2015 and 2021 in Somerset



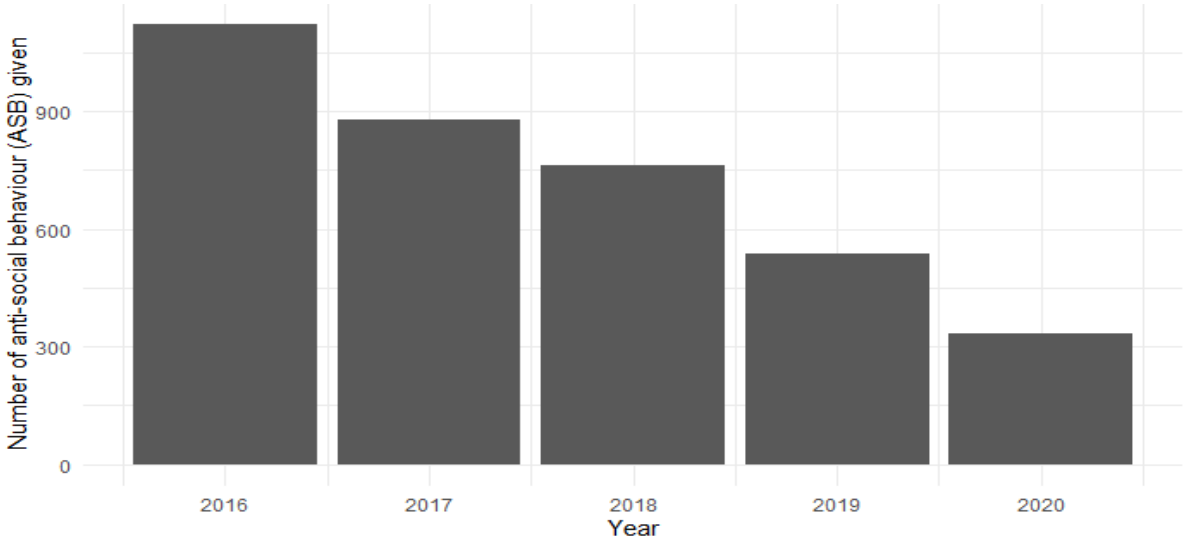
Police data also shows the number of drink driving arrests made. The below chart shows that these numbers have remained consistent over the last five full years of data.

Figure 19. Number of arrests made for drink driving between 2016 and 2020 in Somerset



Anti-social behaviour orders (ASB) given involving alcohol have decreased year on year for the last full five years of data.

Figure 20. Number of ASBs given involving alcohol between 2016 and 2020 in Somerset



Road Traffic Accidents

An alcohol related road traffic accident is an accident where at least one driver failed a breathalyser test. According to PHE data Somerset was similar to England and

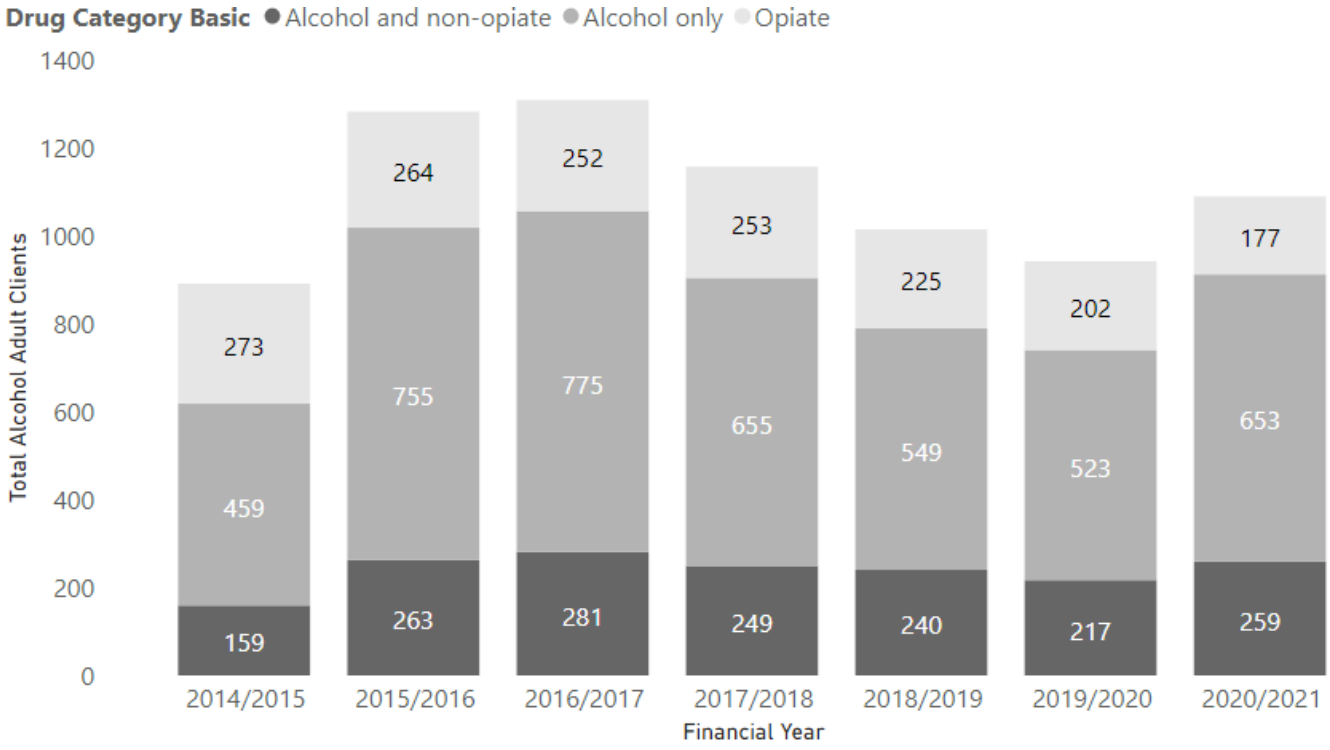
better than the South West for alcohol related roads traffic accidents between 2014 – 2016.

Commissioned Services

Between the 1st April 2014 and the 31st March 2021 SDAS had 3794 adult clients in treatment who were using alcohol. This equated to 34% of all clients SDAS had in structured treatment during this time. Of these 3794 clients, 61% were only using alcohol and 39% were also using drugs alongside alcohol.

The chart below shows the distribution of alcohol using clients with an open structured treatment episode with SDAS by financial year and National Drug and Treatment Monitoring System (NDTMS) defined drug category. Some clients had more than one episode so will be counted in multiple years, others had episodes that crossed years so will be counted in more than one year. Therefore, the sum of each of the parts may be greater than the total.

Figure 21. Number of alcohol using clients with an open structured treatment episode in contact with SDAS by NDTMS defined drug category and year.



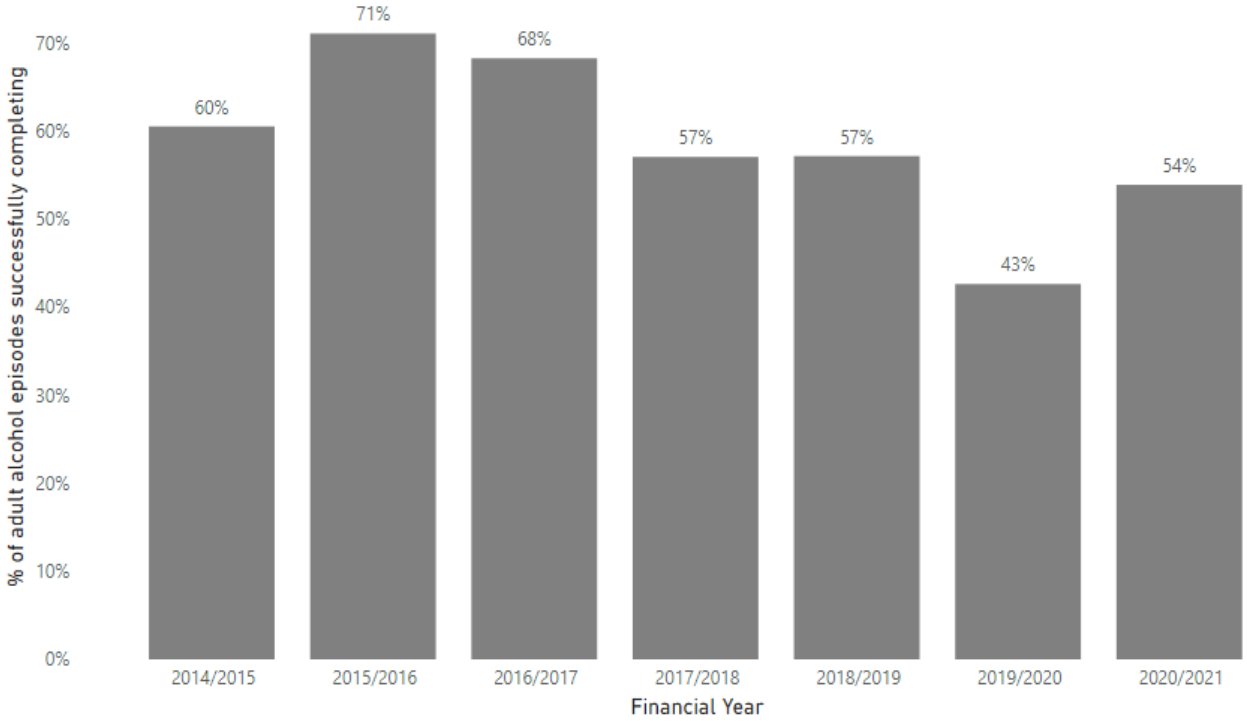
2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
886	1274	1301	1150	1004	935	1084

Below we can see a chart showing the percentage of successfully completed episodes by clients who were using alcohol out of all clients who were using alcohol whose episode closed in that financial year. Below that is a table giving the number of episodes of alcohol using clients who successfully completed.

We can see that in both 2014/15 and 2019/20 the actual numbers of successful completions fell. This is most likely due to these years being the first years of new contracts and there being an amount of change/disruption to the service having an impact on staffing and procedures. After a competitive tender in April 2019 Turning Point began a new contract commissioned by Somerset County Council to provide drug and alcohol services. This may have had an impact on the quality of service as the new service developed.

However, looking at the proportion of successful completions 2014/15 doesn't look like it had any decrease but that was because the number of clients that closed was much lower than in later years including 2019/20.

Figure 22. Percentage of alcohol episodes that were successful completions of all alcohol episode closures by financial year.

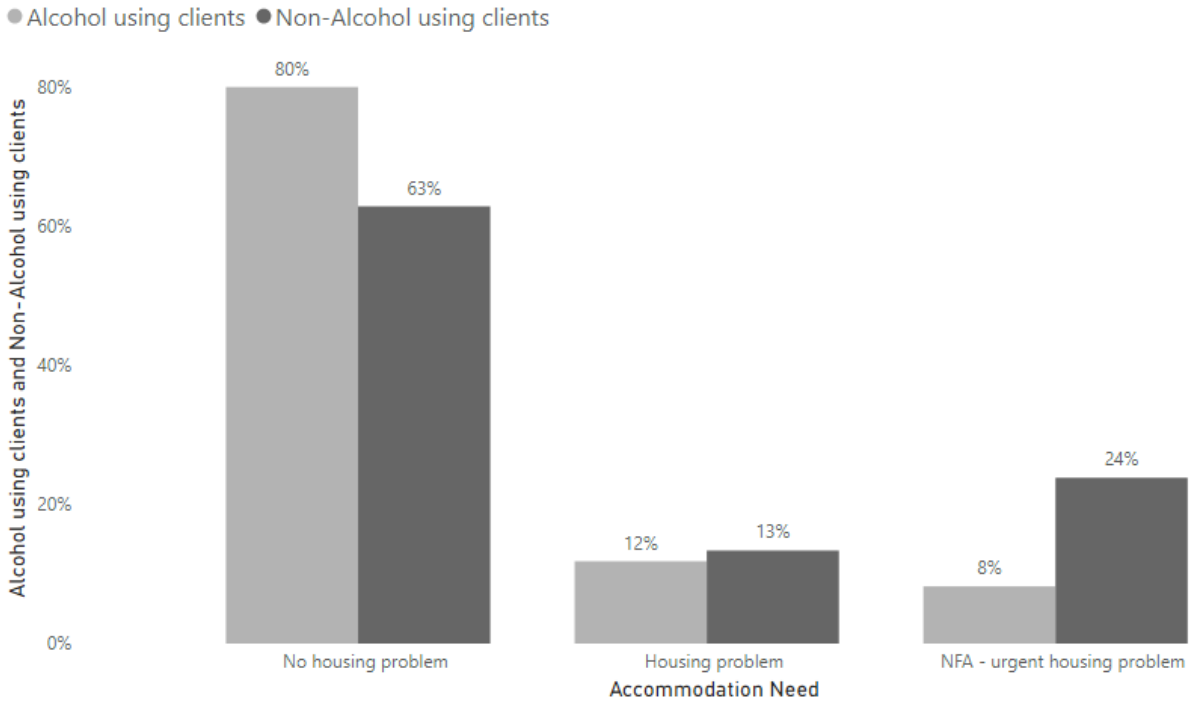


Financial Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Number of alcohol episodes that successfully completed	222	461	541	406	409	262	391
Number of alcohol episodes that closed	367	649	793	712	716	615	726

Clients coming into treatment often have a variety of additional needs which can impact their chances of recovery. The chart below shows the proportion of clients coming into treatment over the last six years by housing need. It shows those clients with alcohol as one of their three primary substances and clients who do not have alcohol as one of their three primary substances. We can see that proportionately alcohol using clients are less likely to have a housing need than non-alcohol using

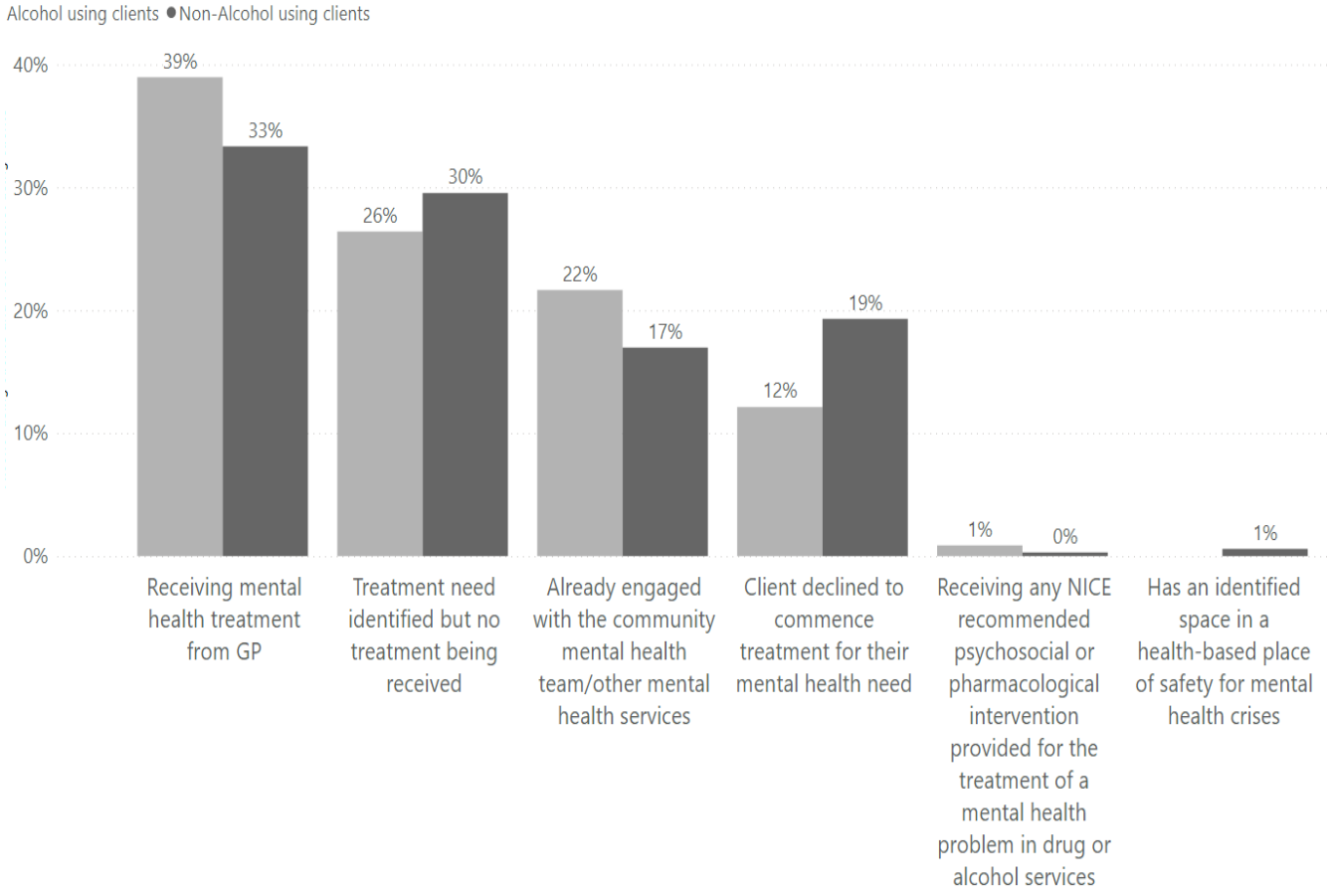
clients. However, 20% of alcohol using clients coming into treatment have a housing or urgent housing problem (please see glossary for housing definitions).

Figure 23. Proportion of clients coming into treatment by accommodation need and alcohol use between 2014 - 2020



When looking at mental health, alcohol using clients are more likely to present to treatment with a dual diagnosis (33%) than non-using alcohol clients (27%). If an alcohol using client is identified with a mental health service they are more likely to be engaging with a mental health service and less likely to decline treatment for their mental health need than a non-alcohol using client.

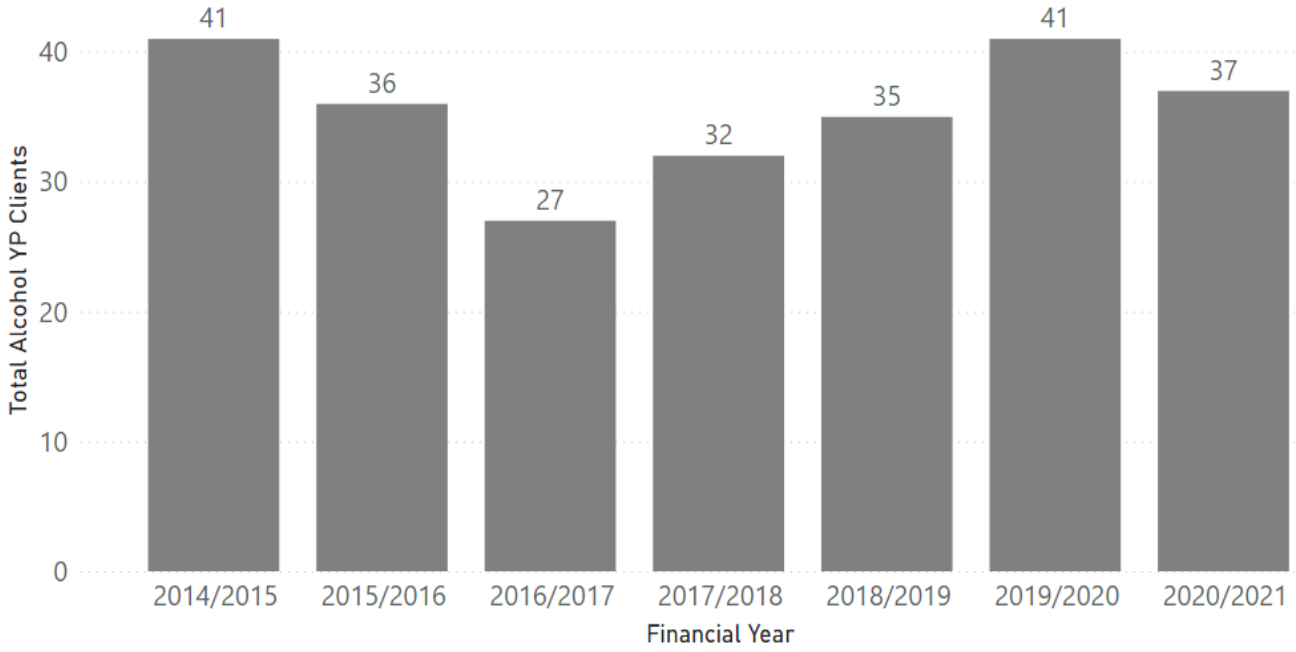
Figure 24. Proportion of alcohol and non-alcohol clients identified as engaging with a type of mental health support service by type of service.



Alcohol using clients are also more likely to have been affected by domestic abuse (20%) than non-alcohol using clients (14%). Of those that were affected 73% were victims, 21% were perpetrators and 6% were witnesses.

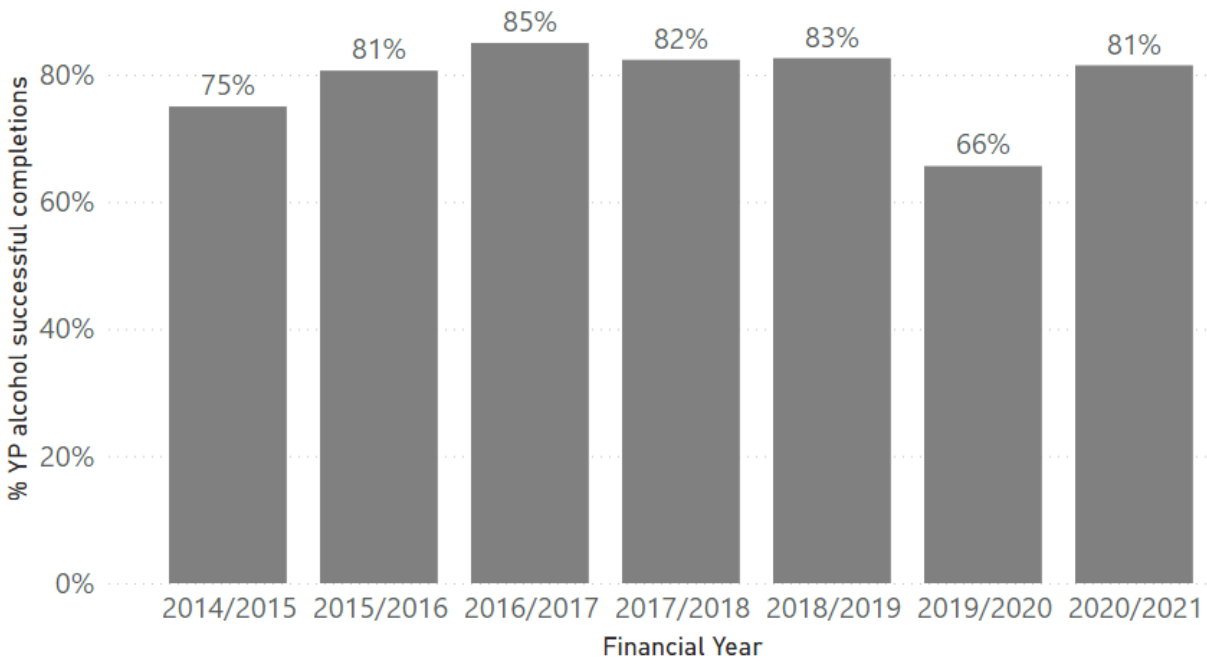
The SDAS Young People (YP) team have seen increases in recent years to the number of individuals using alcohol with an open episode. In part this is due to recommissioning including moving some of the young peoples work under the same contract as the adults meaning its managed by one provider.

Figure 25. Number of alcohol using young people with an open episode by financial year



Successful completion rates for YP have remained mostly over the 80% mark with the 2019/20 being the exception. This was a transition year with the start of a new contract, so this may have had an impact as demonstrated in other data.

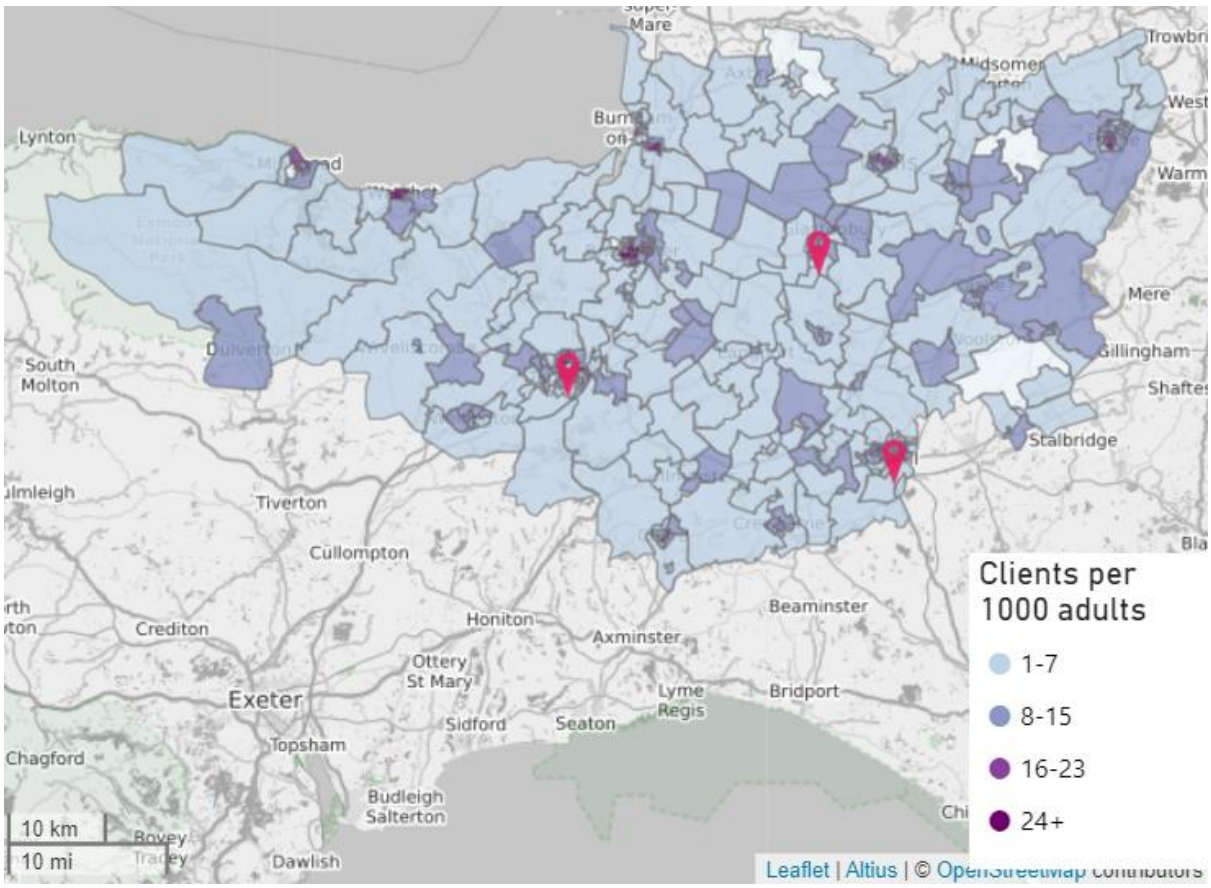
Figure 26. Proportion of alcohol using YP successfully completing of all YP with a closure date by year



Access to Services

Below is a map of Somerset by LSOAs showing numbers of clients per 1000 adult residents and the three SDAS hubs located in Taunton, Yeovil and Street. We can see that in addition to these locations, higher rates of clients are focused in Bridgwater, Burnham-on-sea, and Minehead. In these areas SDAS operates outreach via being based in GP practices to run regular clinics.

Figure 27. Map of Somerset showing number of clients per 1000 adult residents and SDAS service locations.



Impacts of Covid-19 on drinking behaviour

In March 2020 a lockdown was imposed on England due to the Covid-19 pandemic. This lasted for several months and was followed by another two lockdowns of varying length over the next year. This had unprecedented impact on services and peoples physical and mental wellbeing much of which has yet to be fully measured. Some of the research that has been undertaken is discussed below.

Almost half (48%) of British respondents to the Global Drug Survey disclosed they were drinking more alcohol during the first national lockdown than before the coronavirus outbreak.

A recent study highlighted that the impacts of Covid-19 on drinking behaviour were mixed. A quarter of the 33,000 participant study were found to be drinking more alcohol and a quarter were found to be drinking less (Garnett, et al., 2021).

A second study of 2777 self-selected participants found that 30% were drinking more frequently, 16% were drinking more units per drinking occasion and 14% reported more frequent heavy episodic drinking (HED). For men and women, increased frequency of drinking was associated with being less likely to believe alcohol drinking would lead to greater chance of catching COVID-19 and deterioration in psychological wellbeing. Increased unit consumption was associated with deterioration in financial situation and physical health. Increases to frequency of HED were associated with deterioration in psychological wellbeing and being furloughed. Gender differences were identified with increased units consumed and frequency of HED in men living with children but not women living with children, irrespective of whether a partner was present or not (Oldham, et al., 2021).

Alcohol Change commissioned new research to look at whether lockdown changed peoples drinking habits and in what way. Their research showed around a third of drinkers surveyed had either stopped or reduced the amount they drank and 21% said they had been drinking more frequently. Around half of drinkers said they had been drinking about the same, 15% said they were drinking more per session.

Although not everyone who drinks more often also drinks more per session, the survey shows a high level of consistency; most people who are drinking more often are also drinking more on a typical drinking day, and vice versa. The study also indicates that those who were already drinking at lower frequencies are more likely to have reduced the amount they are drinking and those who are drinking at higher frequencies are more likely to have increased the amount they are drinking. 7% of survey respondents felt that alcohol made the tension in their household worse since lockdown. The figures are higher for households with children where 14% reported alcohol increasing tensions. The research also shows that 38% of people who have drunk alcohol at some point are taking active steps to manage their drinking during lockdown. This includes; taking drink free days (14%), being careful with the amount of alcohol they buy (9%), stopping drinking completely for the lockdown (6%), seeking advice online (4%), attending remote support groups (3%), receiving remote 1-1 counselling (3%) using apps to monitor their drinking (2%). Alcohol change reported a 355% increase in websites hits of their get help now section between 23rd March and 13th April 2020 compared to same period in the previous year (Alcohol Change, 2020).

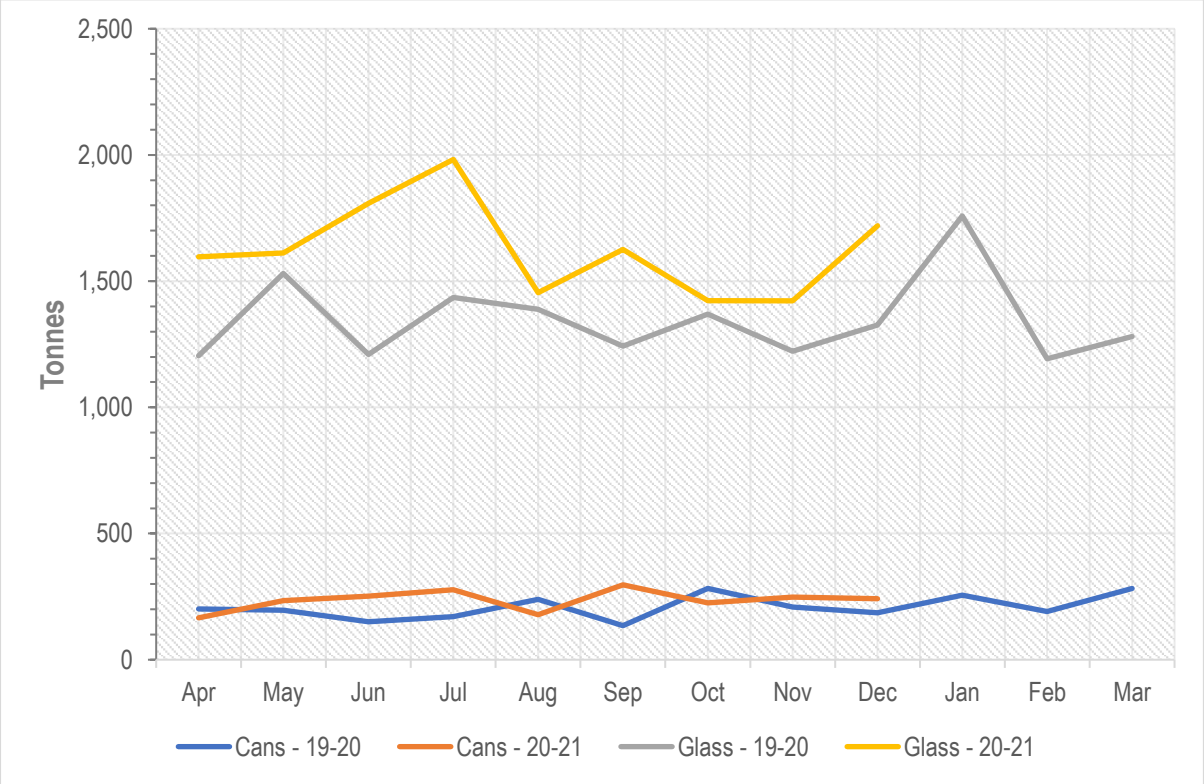
PHE published a report in July 2021 looking at the impact of alcohol consumption and related harm during the Covid-19 pandemic. In it's published summary it identified overall that respondents were more likely to report increasing their alcohol consumption during the pandemic compared to previous years. There was a 58.6% increase in the proportion of respondents drinking at increasing and higher risk levels. In 2020 there was a 20% increase in total alcohol specific deaths compared to 2019. The greatest cause of this increase was linked to alcohol related liver disease. Alcohol related liver disease saw a 20.8% increase between 2019 and 2020. While liver disease rates have been increasing since 2001 the previous year's increase was only 2.9% (PHE, 2021).

Data collected by the Wine and Spirit Traded Association (WSTA) looking at alcohol sales in the 2020 year found that overall beer sales fell by 10% and wine sales by 5%.

While pubs and restaurants were closed during lockdowns it was expected that overall increases in supermarkets and delivery services would compensate however this appears to not be the case. However, a recent report by PHE indicated that wine and spirits sales had increased leading to a overall reduction of 2% when looking at all alcohol sales (PHE, 2021).

Somerset Waste Partnership (SWP) collects data on the amount of recycling picked up from households. The chart below shows the shifts in behaviour from the year prior to the pandemic to the year of the pandemic from April to December.

Figure 28. Amount of recycled glass and cans between 2019/20 and 2020/21



We can see a noticeable uptake in glass recycling during the pandemic year compared to the previous. However, this alone cannot determine that households were drinking more as some of this glass may have been usually used in restaurants and pubs.

The evidence provided in this section shows that the pandemic caused different responses to drinking alcohol in different groups. Overall evidence points to the UK

population reducing overall drinking during the 2020 year but those who were already drinking at higher levels were more likely to drink more and more likely to lead to negative health outcomes.

National Strategies around Alcohol Use

PHE Evidence Review 2016

In 2016 PHE published an Evidence review looking at the effectiveness and cost effectiveness of alcohol control polices. While much of this cannot be directly influenced at local levels such as taxation and price regulation it did provide evidence that a mix of polices at a local level can have positive impacts. These include education programs which while not cost effective have the benefit of shaping public behaviour to be more supportive of legislative changes and campaigns to reduce drinking. Brief interventions and treatments have a good return on investments if widely implemented with dedicated funding streams. Investing in alcohol treatment saves £3 in social return for every £1 spent which increases to £26 over ten years. Identification and brief advice in primary care reduces weekly drinking by 12%, reducing risk of alcohol related illness by 14% and absolute lifetime alcohol related death by 20%. It can also save the NHS £27 per patient per year (PHE, 2016)

PHE is currently working in partnership with the Department of Health and Social Care (DHSC) and the Scottish, Welsh and Northern Ireland governments, to produce UK-wide clinical guidelines for alcohol treatment to provide support for alcohol treatment practice. This piece of work was expected by the end of 2020 but no further updates have been given. There is currently no equivalent for alcohol to the UK drug misuse treatment guidelines (the 'orange book'), which has been vital in establishing and maintaining good practice for drug treatment. The proposed alcohol treatment guidelines will fill this gap. The main aim of the guidelines is to develop a clear consensus on good practice and help services to implement interventions for alcohol use disorders that are recommended by the

National Institute for Health and Care Excellence (NICE). The aim is also to promote and support consistent good practice and improve the quality of service provision, resulting in better outcomes.

Health as a Licencing Objective (HaLO)

Public health teams have a role as a responsible authority when it comes to licensing decisions and are expected to make representations to the licensing authority.

Health as a Licencing Objective (HaLO) is a one-stop resource with links to various data sources to help identify areas of high alcohol-related harm. It is used to inform the licensing process, by helping strengthen the evidence base to support decisions. The data can be used as part of representations to licensing applications and for policy development.

Data sources are chosen due to their relevance to the Licensing Act 2003 objectives. Alcohol-related health data is also included as an important addition to 'set the scene' of the wider alcohol-related harm in an area. All data sources are not equally important in respect of the licensing objectives and alcohol-related harm. Therefore, each data set is given a different weighting which will affect how much it contributes to the overall ranking.

The data matrix generated rates areas into Low, Medium, High and Very High, based on potential alcohol-related harm. The areas used are Lower Super Output Areas (LSOA's). Any postcode within the authority area can be inputted into the matrix, which then provides an overall comparative county wide "harm ranking" for the LSOA in which the postcode sits.

Alcohol CLeaR

There is a range of harms and at-risk groups and evidence points to a response that is multi-faceted and integrated and aimed at individual drinkers and whole populations. The Organisation for Economic Co-operation and Development suggests that

combining alcohol polices can create a critical mass effect, changing social norms around drinking to increase the impact on alcohol-related harm.

Effective local systems are coherently planned by local government, NHS and criminal justice partners to provide effective interventions to address the full range of drinking behaviours and harms to individual drinkers, families and communities.

The alcohol CLeaR (Challenge services, Leadership and Results) is a tool developed by Public Health England. It is an evidence-based approach that local alcohol partnerships can use to think about how effective their local system and services are at preventing and reducing alcohol-related harm.

The alcohol CLeaR tool helps partnerships to develop action plans for improvement through its focus on 3 main areas:

1. Challenge for the services that deliver interventions to prevent or reduce alcohol-related harm.
2. Leadership for the alcohol agenda, which involves considering how local structures and governance arrangements can support collaborative action to reduce alcohol harm.
3. Results achieved through recent activity to reduce alcohol harm, evidenced by national and local data sources.

The CLeaR tool encourages local partners to come together to discuss what they are doing to reduce alcohol-related harm and the effect it is having in their area. It helps to identify the strengths in what is being delivered locally and to identify areas which need more focus.

Recommendations

The needs assessment has highlighted areas for action to reduce overall population alcohol consumption and to reduce harm from alcohol in more vulnerable groups.

1) Reprioritise a multi-agency strategic group approach because alcohol is a multiagency issue with impacts across the criminal justice system, health and wellbeing and wider communities.

2) Use the Alcohol CLeaR tool developed by PHE to support local government and its partners to identify shared priorities, review local structures and delivery arrangements, and evaluate what works well to reduce alcohol-related harm. Planning is essential. Successful plans need to be based on the assessment of local needs, to address the harm, costs, and burden on public services from alcohol misuse.

3) Work with partners to develop the HaLO (Health as a Licencing Objective) tool to provide a one stop evidence resource for helping to inform the licensing process.

4) Raising awareness across the Somerset population of the Chief Medical Officers low risk alcohol consumption guidelines. Such activities may include targeted social media campaigns linked to events such as Dry January.

5) Providing opportunities for people to identify when they are drinking above healthier limits, are problem drinking or are possibly alcohol dependant through encouraging the use of screening tools across multi-agencies and services.

6) Further detailed reports into alcohol related admissions in the under 40s, why those admissions are occurring, the population group they represent and whether

those individuals should be and are appearing in treatment. This will be achieved within a separate follow up report working with Public Health Analysts to take a deeper dive into hospital admission data to see what's happening.

7) Looking at the impacts of the covid-19 pandemic on alcohol use and engagement with treatment systems.

8) Reviewing referral pathways with key partners and ensuring that those who are referred but don't access services can be offered appropriate care.

9) Working with partners to establish environments that supports the most vulnerable. Including considering better options for those struggling with housing problems and poor mental health.

10) Work with partners to further understand treatment journeys with a focus on those individuals who remain in treatment for long periods of time without moving towards successful completion and exit from the service.

Appendix I – Glossary of Terms

Alcohol-related:

Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls

Alcohol-specific:

Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis.

Parents (NDTMS):

At treatment start, does the client have parental responsibility for a child aged under 18? A child is a person who is under 18 years of age. Parental responsibility should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a client lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities. Parental responsibility as used here is wider than the legal definition of parental responsibility

On-Trade:

The sale of alcoholic drinks for consumption on the premises

Off-Trade

The sale of alcoholic drinks for consumption off the premises

Housing (NDTMS):

Term	Definition
NFA – urgent housing problem	Lives on streets/rough sleeper.

	Uses night shelter (night-by-night basis)/emergency hostels. Sofa surfing/sleeps on different friend's floor each night.
Housing problem	Staying with friends/family as a short-term guest. Night winter shelter. Direct Access short stay hostel. Short term B and B or other hotel. Placed in temporary accommodation by Local Authority. Squatting.
No housing problem	Owner occupier. Tenant – private landlord/housing association/Local Authority/registered landlord/arm's length management. Approved premises. Supported housing/hostel. Traveller. Own property. Settled mainstream housing with friends/family. Shared ownership scheme

Drug category (NDTMS):

The National Drug Treatment Monitoring System (NDTMS) statistics report presents information on adults (aged 18 and over) who were receiving help in England for problems with drugs and alcohol in the period 1 April 2019 to 31 March 2020.

Many people experience difficulties with and receive treatment for both substances. While they often share many similarities, they also have clear differences, so this report divides people in treatment into the 4 substance groups which are:

- opiate - people who are dependent on or have problems with opiates, mainly heroin
- non-opiate - people who have problems with non-opiate drugs only, such as cannabis, crack and ecstasy
- non-opiate and alcohol - people who have problems with both non-opiate drugs and alcohol
- alcohol only - people who have problems with alcohol but do not have problems with any other substances

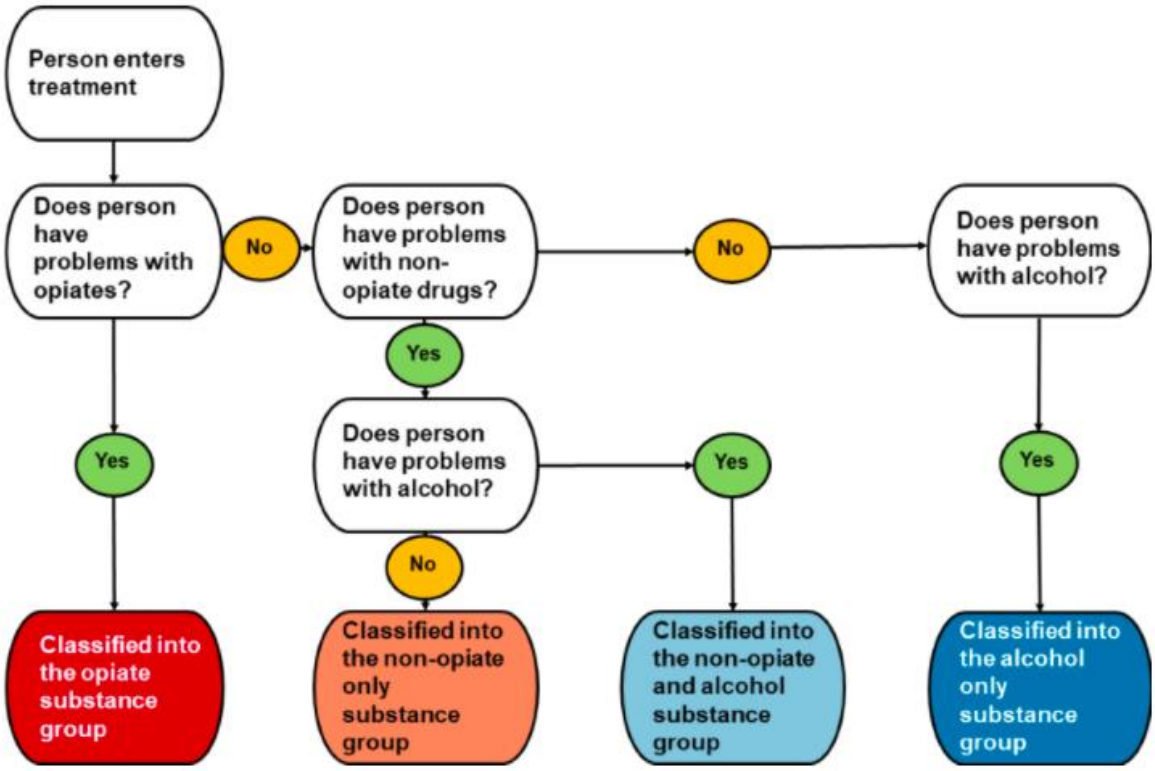


Figure 1: How people are classified into substance reporting group

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Drugs Needs Assessment

Executive Summary

- Latest prevalence estimates indicate there are 2,393 possible dependant opiate/crack users in Somerset, a rate of 7.3 per 1,000. Estimates of unmet need show that Somerset compares poorly for England rates of unmet need, with an estimated 56% of Somerset OCUs not accessing treatment.

- The proportion of individuals accessing treatment for drug misuse in Somerset who also have a mental health need has increased in recent years. Those with a mental health need who are receiving support from mental health services appear more likely to successfully complete their treatment for drug use.

- Numbers of treatment episodes for drug use in Somerset have decreased since 2018, driven by falling numbers of treatment episodes for opiates clients.

- The Somerset rate of adults with a known substance misuse treatment need engaging in successful community-based structured treatment following release from prison has been below the national figure since 2018/19 and is broadly similar to the south west average at around 30%.

- Referrals to treatment from the criminal justice system agencies have decreased steadily since 2018

- Between 2016 and 2021 a total of 7,790 known crimes committed in Somerset had a marker indicating that the offence was drug related. These offences involve 4,946 individual offenders. Of the crimes with a drug marker, 1,424 (18%) also had an alcohol marker recorded.

- Cannabis is the named substance in 74.5% of all possession offences. Cannabis is also the most named substance in offences for supply or production, comprising 49.1% of these offences.

- Drug-specific hospital admissions in Somerset in 2020-21 were estimated at 64.91 per 100,000 persons, significantly above the England rate of 50.22 per 100,000 for the same period.

- The success rate of treatment interventions by SDAS varies dependent on the substance group of the client. Local data shows that opiate clients have consistently been less likely to successfully complete treatment when compared to non-opiate or alcohol and non-opiate clients.

- Between 2017 and 2021, 19.2% of episodes recorded the client as having no fixed abode (NFA) at the time of their initial assessment. The numbers of individuals who are recorded as successfully completing treatment but remain as NFA at the time of their completion are low (4.7% of all successful completions in this period), but this highlights that there remain clients being discharged from treatment without having stable accommodation. A successful outcome for these individuals should involve support for their substance use, along with an improved housing situation.

- Over the five-year period 2017 to 2021 the numbers of young people (under 18) in treatment have increased, with the increase driven by growth in the numbers of non-opiate users seeking help since 2019. At the same time successful completion rates for young people clients have been consistently between 75% and 85%, significantly higher than the rates for adult (over 18) cohort.

National context

The national context of drug use in the United Kingdom was outlined in detail in the independent review of drugs led by Dame Carol Black and published in two parts in 2020 and 2021. This section will summarise some of the headline figures from this review, alongside other national data sources, to illustrate some of the wider trends which are likely to be relevant to understanding drug use in Somerset.

Approximately 3 million people took drugs in England and Wales in 2019, whilst 2020 saw drug deaths in England and Wales at their highest level since records began in 1993. The total of 4,561 deaths in 2020 represents a rate of 79.5 deaths per million persons, a figure which is 60.9% higher than in 2010.

Drugs are thought to be a major driver behind the national increases in serious violence. When the health and criminal justice costs associated with illicit drugs are taken together, it is estimated to cost over £19 billion a year, with 86% of these costs thought to be related to heroin and crack cocaine.

Heroin

There is an ageing population of heroin users with severe health needs. This is reflected in the particularly high rate of drug-misuse deaths of those now aged 45-49. Heroin and morphine were mentioned in nearly one in three drug deaths in 2020. Although numbers of new heroin users have declined, the heroin market remains the largest and most established of all substances due to relatively stable numbers of long-term users.

Cocaine

Long-term heroin users are thought to increasingly be using crack cocaine alongside heroin. There is also thought to be a new population of younger crack cocaine users. Use of both heroin and crack cocaine, and deaths resulting from their use, is closely linked to poverty and deprivation.

National Crime Agency estimates that cocaine consumption has increased by at least 290% since 2011, whilst deaths linked to cocaine use (either crack or powder) have risen by over 500% since 2010. A boom in global production of cocaine has resulted in increased availability and purity of both crack and powder cocaine.

Powder cocaine usage has increased sharply in recent years, driven largely by under 30s and strongly linked to the night-time economy and alcohol usage. The South-West of England is identified as one of the regions which has seen the greatest relative increase in powder cocaine use. Nationally, there are an estimated 976,000 powder cocaine users each year, but users are much more likely to be occasional compared to users of crack cocaine or heroin.

Cannabis

Cannabis is used widely, with over 2.5 million estimated users in 2019. The majority of cannabis users are aged under 30, although use is widespread across the population. Compared to other recreational drugs cannabis is likely to be used frequently, with over 500,000 people thought to use it weekly or daily. As with heroin and crack cocaine, high levels of cannabis use are associated with more deprived areas.

Synthetic drugs

The use of new psychoactive substances (NPS) has fallen in recent years following the Psychoactive Substances Act 2016, however amongst vulnerable populations such as rough sleepers and prison inmates it has increased. Psychoactive substances, particularly synthetic cannabinoids (spice) have overtaken cannabis and opioids as the most common drugs found in prisons. It is thought that most prisoners will not continue using these psychoactive substances after release.

Young people

After a long period of decline, numbers of children using drugs has increased considerably. High numbers of children are also involved in the drugs trade, with the county lines model of drugs supply highlighted for particular concern.

Local context

Prevalence

Nationally produces estimates for the prevalence of drug use focus on users of opiates and/or crack cocaine. This does not include the use of powder cocaine, cannabis, or other widely used substances, although many opiate and/or crack users (OCUs) may also use these drugs. Prevalence estimates of numbers of OCUs are published by NDTMS and are available at local authority level. Figures have not been updated since 2016-17 but indicates that rates of opiate and crack usage in Somerset were below the national average at that time. The total number of OCUs in Somerset was estimated at 2,393, with a 95% confidence interval range of between 2,070 and 2,879.

Drug group	Estimated local users	Local rate per 1,000	England rate per 1,000
Crack	1,127	3.4	5.1
Opiates	2,001	5.3	7.3
OCU	2,393	7.3	8.9

Figure 1. Prevalence estimates for OCU users in Somerset and England

OCU prevalence estimates also provide a breakdown by age, which suggests that the majority of opiate and/or crack users in Somerset are likely to be over the age of 35. As a rate per 1,000 persons however, the 25-34 age grouping was estimated to have the greatest prevalence, with 12 users per 1,000 people. This is the one age group for which Somerset is estimated to have greater prevalence than the corresponding national figure (10.9 per 1,000 people).

Age group	Estimated local users	Local rate per 1,000	England rate per 1,000
15-24	219	3.8	4.6
25-34	699	12.0	10.9
35-64	1,475	6.9	9.5

Figure 2. Prevalence estimates by age group for OCU users in Somerset and England

Estimates of unmet need have been calculated using data on numbers in treatment and show that Somerset compares poorly for rates of unmet need, with an estimated 56% of OCUs not accessing treatment. For crack users the figure is even higher, with an estimated 65% of users in Somerset not accessing treatment.

Drug group	Local rate of unmet need	England rate of unmet need
Crack	65%	58%
Opiates	49%	47%
OCU	56%	53%

Figure 3. Rates of unmet need for OCU users in Somerset and England

It should be noted that these rates of unmet need have been calculated using prevalence estimates for 2016-17 and drug treatment data from 2020-21 and therefore levels of confidence are low.

Hospital Admissions

Drug-specific hospital admissions in Somerset in 2020-21 were estimated at 64.91 per 100,000 persons. This puts Somerset significantly above the England rate of 50.22 per 100,000 for the same period. Though the rates in Somerset have decreased over the past 2 years from a peak of over 90 per 100,000 in 2018-19, Somerset has remained above the national figure which has remained more stable.

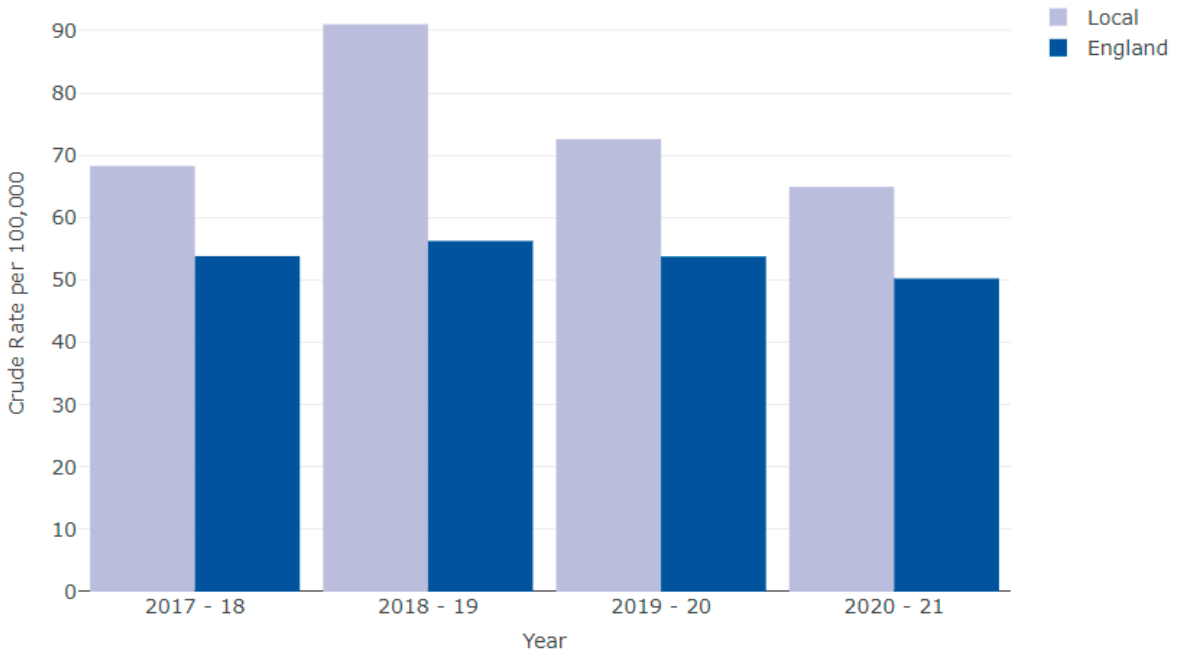

Figure 4. Hospital admissions due to drug poisoning in Somerset and England, 2017-18 to 2020-21

Adult treatment services

Somerset Drug and Alcohol Service (SDAS) is a commissioned service which provides treatment and support for Somerset residents who are affected by substance misuse. It is an all-age substance misuse treatment service. We can monitor details of individuals accessing treatment with SDAS through the Halo case management system. All figures provided in this document which relate to clients in treatment with SDAS are taken from Halo.

In line with national procedures set out by NDTMS, clients who enter treatment with SDAS are categorised dependent on the substances they are using. The four NDTMS substance groups are:

- Opiate – any client who uses an opiate substance, regardless of other substances they might also use.
- Non-opiate – clients who use any non-opiate drug.

- Non-opiate and alcohol – clients who use both non-opiate drugs
- Alcohol only – clients who use alcohol but not use any other substance

SDAS have supported 3,353 adult clients with structured treatment for drug misuse in the five-year period from 2017 – 2021. With some individuals returning to the service on multiple occasions, the total number of treatment episodes over this period was 5,131. When broken down by NDTMS drug category, opiate clients make up the biggest proportion of SDAS adult clients over this period and are also the client group with the largest number of episodes per client.

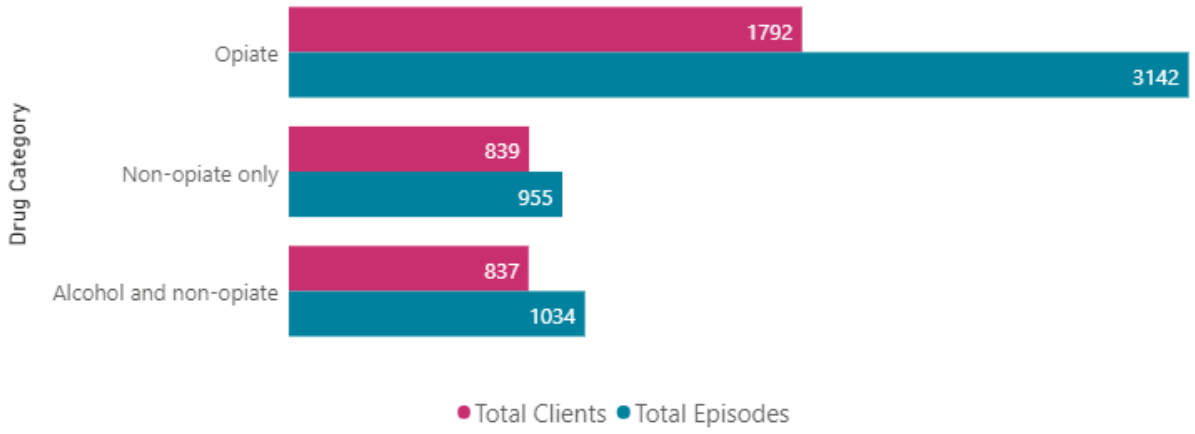

Figure 5. Total adult SDAS clients and episodes by substance group, 2017-2021

The chart below shows numbers of treatment episodes for each substance group over the past five years. Episodes which have spanned multiple years will be counted in each year that they were active. This period has seen falling numbers of treatment episodes for opiate clients, whilst numbers of non-opiate only episodes have seen an increase. Numbers of alcohol and non-opiate episodes have remained largely stable.

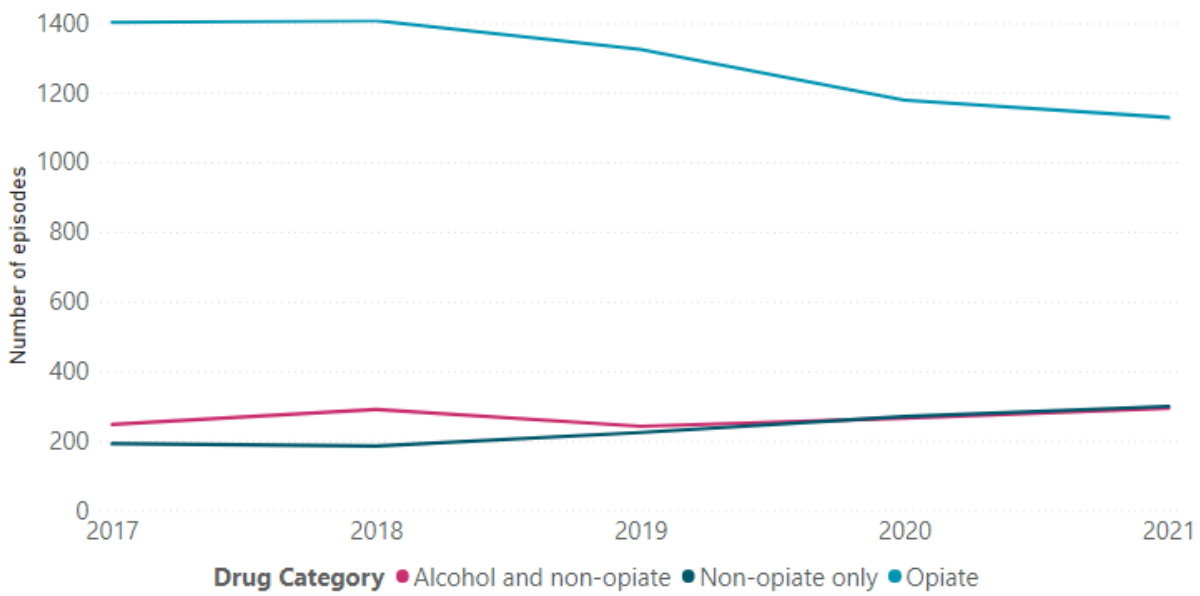

Figure 6. Total adult SDAS clients and episodes by substance group, 2017-2021

As well as those receiving treatment for drug use, SDAS has supported 2,137 individuals for problems with alcohol use over the five-year period. This figure is those who used alcohol but no other substances. Alcohol is however also often present in those who are receiving treatment primarily for drug use. Of the 5,531 treatment episodes for drug use between 2017 and 2021, 1,745 (31.5%) mentioned a form of alcohol as one of up to three substances which the client was using at the time of their referral.

The success rate of treatment interventions by SDAS varies dependent on the substance group of the client. The below chart shows numbers of successfully completed episodes as a percentage of all episode closures for adult clients in each year. Opiate clients have consistently been less likely to successfully complete completion when compared to non-opiate or alcohol and non-opiate clients.

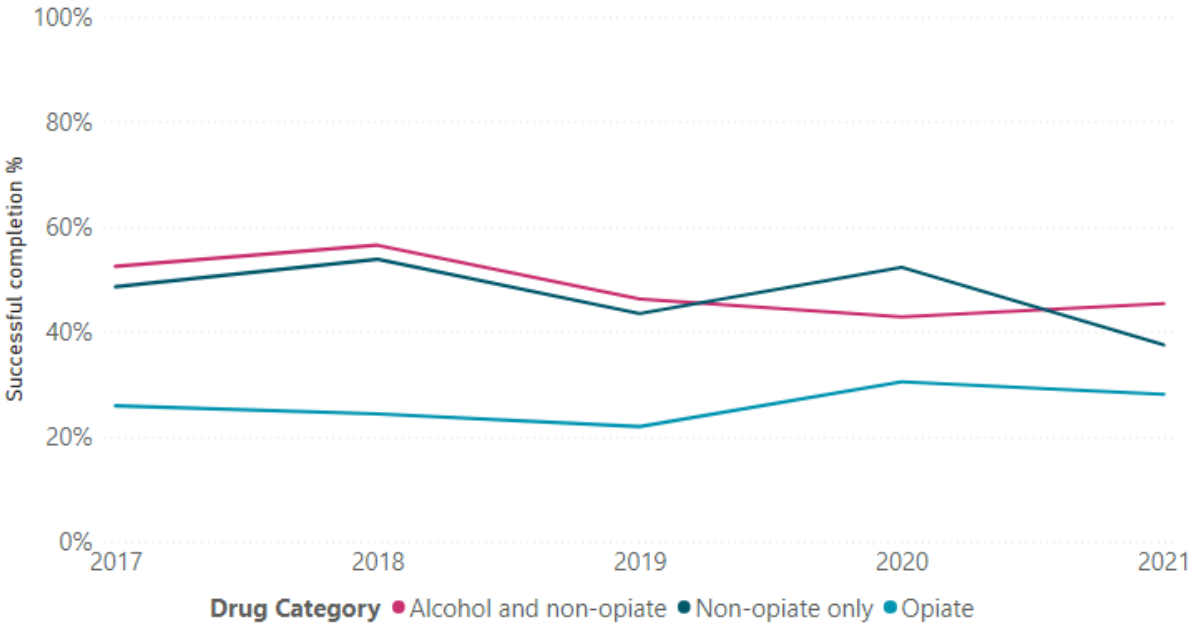

Figure 7. Successful completion rates of adult SDAS episodes by substance group, 2017-2021

Additional to the NDTMS drug category, for each treatment episode up to three substances being used by the client are recorded when the assessment takes place. This provides greater insight into the substances being used by those receiving treatment in Somerset, beyond the more simplistic NDTMS drug categories. Consistent with the high numbers of opiate treatment episodes, heroin is the most common recorded substance. Large numbers of treatment episodes also show clients using alcohol alongside drugs. The chart below shows the top 20 most common substances as recorded by SDAS over the five-year period, with the number of episodes for each substance.

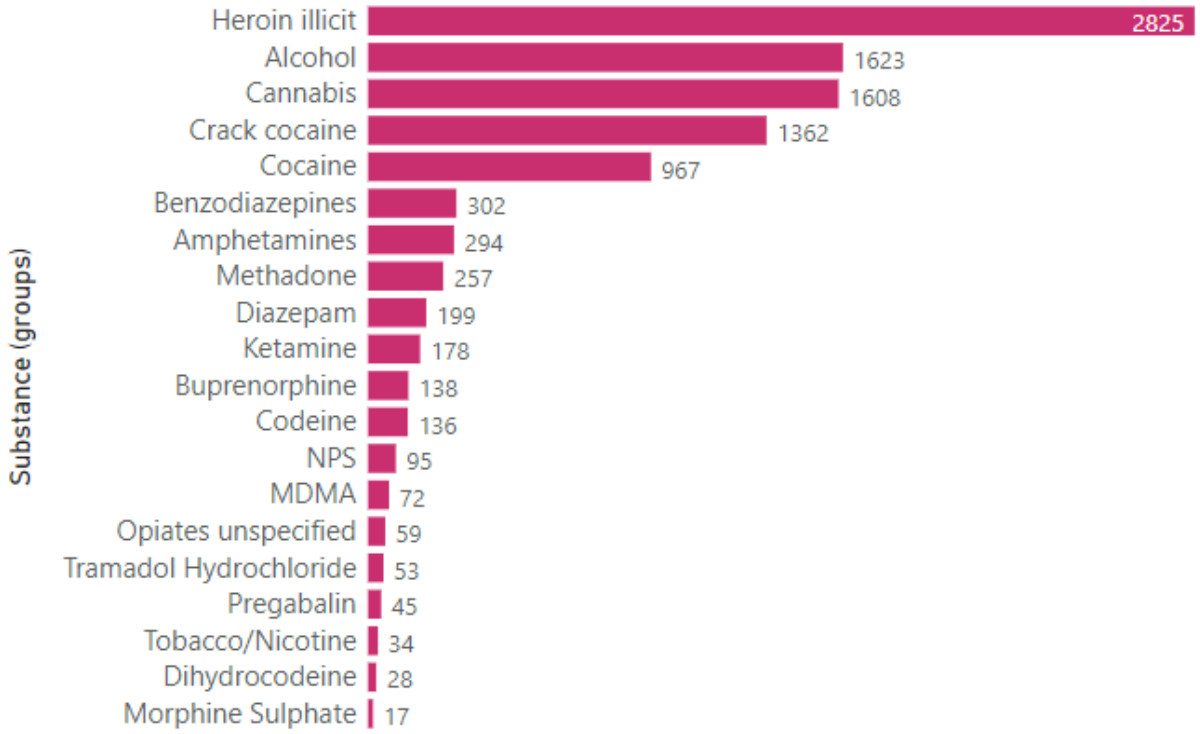

Figure 8. Total adult SDAS episodes by named substances (drug 1, 2 or 3) , 2017-2021

Needle Exchange services

To promote safer consumption amongst drug users who inject drugs, SDAS offer a Needle Exchange programme which allows drug users in Somerset to access clean syringes and to safely dispose of used syringes. This service is delivered at 21 pharmacies across the county, as well as at the 3 SDAS hubs. The map below shows these locations and shows the areas of the county which are within a 15 minute car journey of these sites.

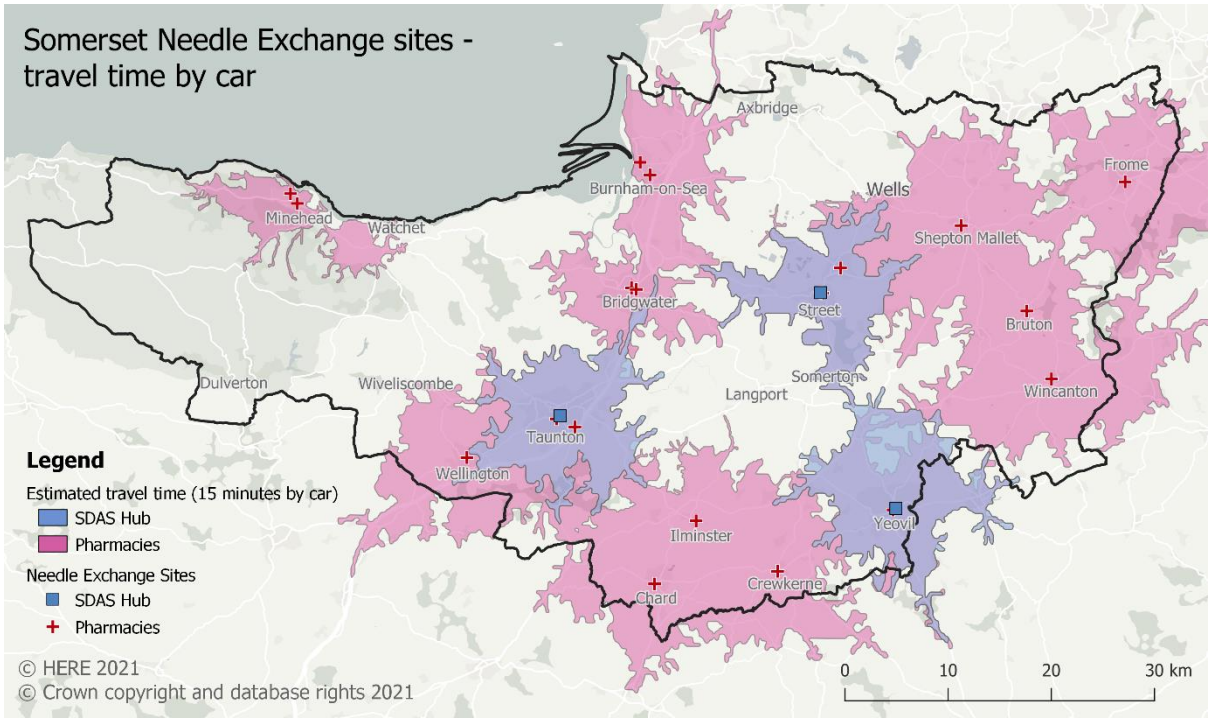

Figure 10. Map of needle exchange locations in Somerset, with 15 minute travel times by car shown.

1,047 individuals accessed needle exchange from pharmacies in Somerset in 2021/22 with 257 accessing needle exchange from SDAS hubs. Unfortunately, we are not able to cross-reference the 2 datasets and therefore cannot say the extent to which the 2 groups overlap.

Pharmacies accounted for over 90% of all needle exchanges within Somerset between April 2021 and March 2022.

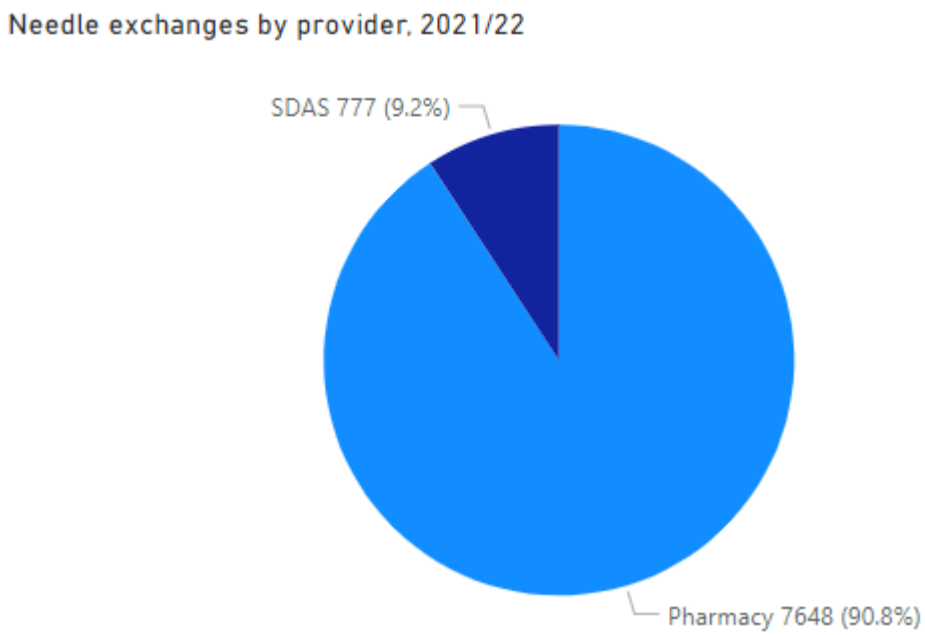

Figure 11. Number of needle exchanges in Somerset by location, 2021-2022

Deaths

Deaths in treatment

A total of 95 individuals died between 2017 and 2021 whilst they had an active structured treatment episode with SDAS. 68% of these deaths were individuals who were in treatment for opiate usage, with 23% being alcohol-only clients. 94 of the client deaths were in adult clients, with one young person dying with an active treatment episode. There were a further 22 deaths amongst individuals who were accessing brief interventions from SDAS. These figures include deaths from all causes and may not all be directly related to drug use.

Dangerous substance combinations

National reporting has shown a steep increase in the numbers of deaths related to certain dangerous drug combinations. The latest figures for 2020 show an increase of 41% in deaths involving pregabalin, 32.6% in deaths involving gabapentin, 19.3% in deaths involving benzodiazepines, and 4.3% involving zopiclone. These substances are said to reinforce, or enhance, the effects of heroin but when used alongside

opioids they may increase the risk of overdose. Gabapentinoids when taken alongside heroin significantly increase the risk of respiratory depression, leading to potential overdose. In 2020 there were 796 deaths nationally which mentioned at least one of these substances, and of these 80.7% also mentioned an opiate substance.

These are prescription substances but are easy to obtain for heroin users (Lyndon, et al., 2017). Local data of those in treatment with SDAS does not suggest that there have been any overdose deaths related to these substances. This only applies to those who have accessed treatment and may not reflect the wider picture in Somerset. To better understand the wider impact of these substances we can look to coroner reports for drug related deaths. Coroner reports from 2021 show that both zopiclone and pregabalin were involved in drug related deaths in Somerset. Exact numbers for each substance have been suppressed, but both substances were mentioned by the coroner in reports for less than 3 individuals in 2021. As of January 2022, the total number of drug related death inquiries completed by the coroner in 2021 was 30. This is subject to increase as inquests for deaths towards the end of the year may not have been concluded.

There does not appear to be increasing numbers of individuals receiving treatment with SDAS for opiate usage who report using any of these substances as either their second or third drug. The below chart shows the number of times these substances were recorded during the initial assessment of an opiate episode. If a client was using more than one of these substances alongside an opiate that episode will be counted under both substances, and therefore the chart below does not show the number of episodes involving these substances, but rather the number of times these substances were recorded. The chart highlights a peak in 2018 when these substances were recorded 57 times during assessments for opiate episodes. Since then, numbers have dropped, with 2021 seeing only 22 references to these substances. Of these named substances, benzodiazepines are by far the most used amongst those receiving treatment for opiate usage in Somerset.

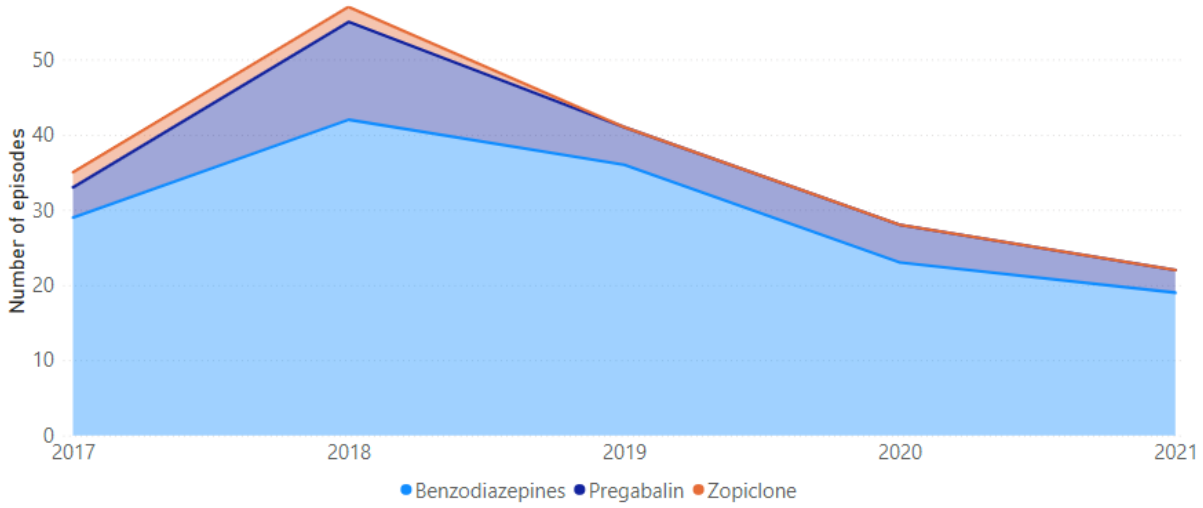

Figure 9. Number of SDAS opiate episodes where selected substances were recorded at initial assessment, 2017-2021

Young people

Young people accessing treatment

356 of SDAS' clients over the five year period from 2017-21 were classed as young persons (YP), with a total of 400 structured treatment episodes between them. A young person is defined by NDTMS as any client aged below the age of 18. Unlike the wider SDAS treatment cohort, for which opiates are the dominant substance group, YP are much more likely to be receiving support for non-opiate substances only, or for alcohol and non-opiates.

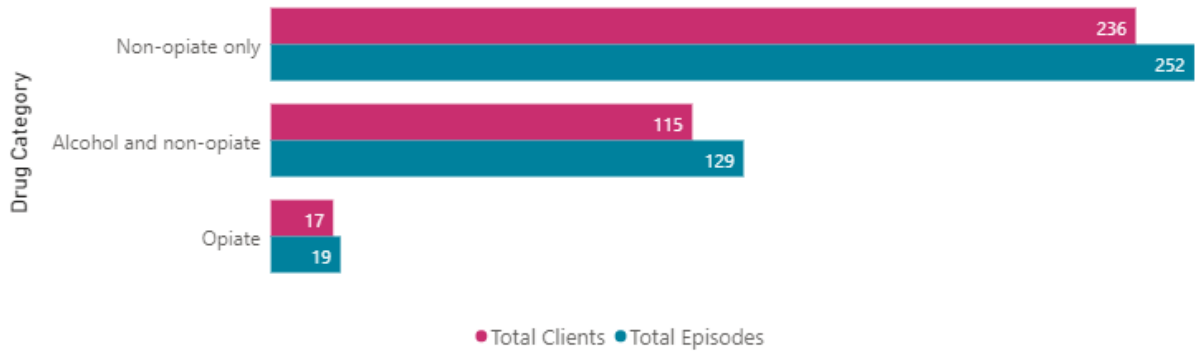

Figure 12. Total YP clients and episodes by substance group, 2017-2021

Numbers of YP treatment episodes have increased over the five-year period, with the increase driven by growth in the numbers of non-opiate treatment episodes since 2019. As with any increase in numbers accessing treatment it is not clear the extent to which this represents an increase in drug misuse, or improvements by SDAS in terms of engagement, as the contract specification changed April 2019 to include working with young people at an earlier stage of their substance use and deliver earlier brief interventions.

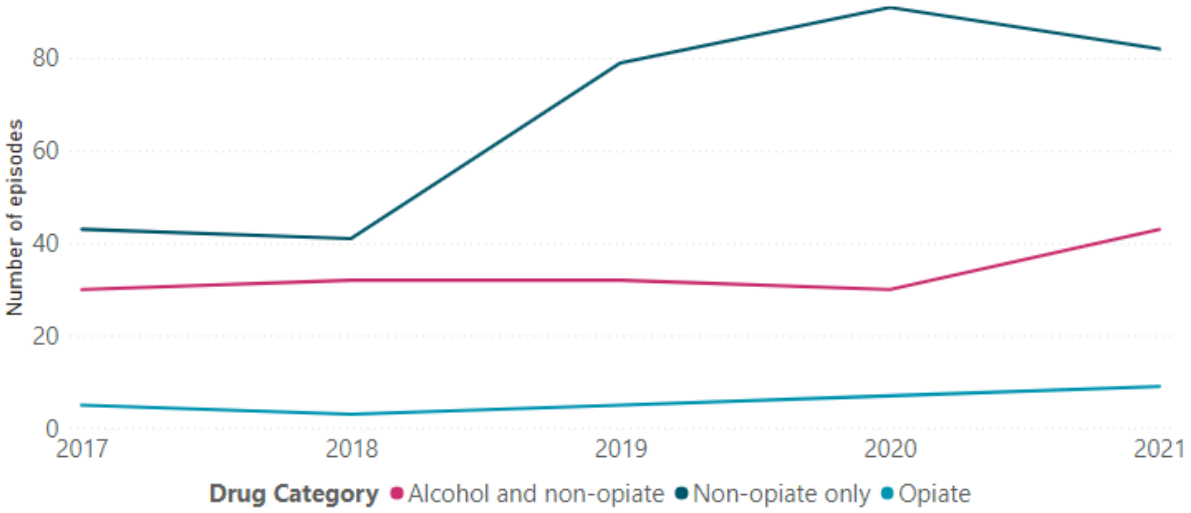

Figure 13. Total YP episodes by substance group and year, 2017-2021

Successful completion rates for YP clients have been consistently between 75% and 85%, significantly higher than the rates for the wider SDAS cohort.

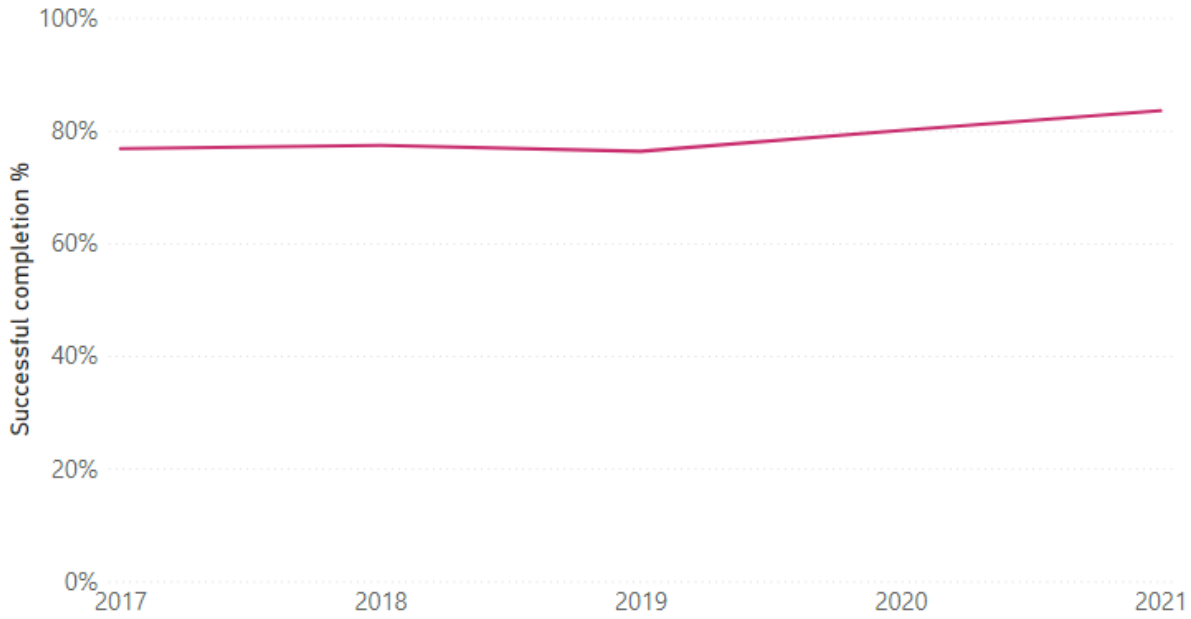

Figure 14. Successful completion rates of YP SDAS episodes by year, 2017-2021

Of the YP receiving treatment from SDAS, significant numbers are classed as children in need (CIN) or children looked after (CLA), and many have been in contact with leaving care services. This is illustrative of how drug misuse often intersects with other challenges and complex issues in many YP. Issues with poor data quality in the form of missing data for these fields make it difficult to discuss percentages with confidence, however excluding blank entries 24.7% of YP SDAS clients were either a CIN or CLA, and 11% were either currently or previously in contact with leaving care services.

YP in contact with leaving care?	Number of clients
Currently	27
Previously	4
Never	252
(blank)	95

Figure 15. Number of SDAS YP clients in contact with leaving care services, 2017-2021

YP care status	Number of clients
Child in need (CIN)	19
Child looked after (CLA)	67
Not a CIN or CLA	262
(blank)	19

Figure 16. Number of SDAS YP clients by care status, 2017-2021

Brief interventions

Between 2017 and 2021 a total of 451 young people received brief interventions (tier 2 support) from SDAS. A brief intervention may involve provision of information and advice, assessment, brief psychosocial interventions, or harm reduction interventions. Of those young people accessing this support during our period, 41% (n. 187) had a substance recorded, whilst the remaining 59% (n. 264) were receiving support without it being recorded that they are using a substance. These episodes without a recorded substance are most likely to be individuals who are receiving support for dealing with the substance use of a loved one.

54 (12%) of those individuals who received a brief intervention from SDAS in this period also received a structured treatment intervention (tier 3 episode) in this period – either whilst still as a YP, or as an adult client after reaching the age of 19. Of these, 16 had started their tier 3 treatment before or at the same time as their tier 2 brief intervention, whilst 38 'progressed' onto structured treatment after first receiving a brief intervention.

Somerset School Health and Wellbeing Survey

The Somerset School Health and Wellbeing Survey is a bi-annual online survey of school children in Somerset, aiming to help understand the lives, experiences, and issues that they face.

Part of the latest survey (2021) asks young people whether they have ever tried illicit drugs. Of a total of 4,256 secondary aged pupils (years 8 and 10), 140 (3.2%) answered yes to this question. The survey highlights some characteristics which are significantly over-represented in those who report having tried drugs. Those who answered yes are more likely to:

- Have a gender identity which doesn't completely match their registered sex at birth
- Describe their sexual orientation as bisexual
- Have ever had free school meals
- Be a young carer
- Not live with both parents at home
- Consider themselves to have a disability, learning disability or special educational needs

Those who have reported having tried drugs also report suffering from worse emotional health and wellbeing. 62% reported rarely feeling cheerful and in good spirits, compared to 35% of the total survey respondents. 72% feel that their daily life is rarely filled with things that interest them, compared to 40% of all respondents. The top worries of those who had tried illicit drugs were the way they look (71%) and their mental health (67%). Of the 22 options for areas of worry, those who had tried drugs were more likely to suffer worry from 18 of them.

Those who had used drugs were more likely to have used support services, with 34% having used a school councillor and 18% having used Child and Adolescent Mental Health Services (CAMHS). Although those who had tried drugs were more likely to

have used support services, they were also more likely to report that they didn't have someone they trusted to talk to about their worries, and were less likely to talk to an adult at school or home about their worries. These individuals are also more likely to have been bullied and less likely to feel safe, either at home, at school, or in their community.

The survey also highlights a correlation between drug use and other aspects of an unhealthy lifestyle, such as poor diet, lack of exercise, and smoking tobacco.

Parental substance misuse

Parental substance misuse can have significant negative impacts on children's physical and mental wellbeing which can continue throughout life. Children whose parents misuse substances may suffer from neglect, emotional abuse or unavailability, and physical abuse (Cleaver, Unell, & Aldgate, 2011). The impacts of neglect and abuse during childhood can affect the health development of a child's brain and can have impacts into adulthood (National Scientific Council on the Developing Child, 2014). Parental substance misuse can also expose children to criminal activity, parental ill health, and interventions from children's services.

Nearly 60% of all structured treatment episodes with SDAS between 2017 and 2021 involved a client who was classed as a parent when their assessment was undertaken. This definition of parenthood incorporates any adult who has at least partial responsibility for a child. 2,994 treatment episodes in this period have involved a parent. Female clients are more likely to be classified as a parent, with 68% of female client treatment episodes being for parents.

We can also see from the treatment data that a quarter of young people who have received structured treatment SDAS report having been affected by substance misuse in their family or household.

Affected by substance misuse in family/ household?	Number of YP treatment episodes	% of all YP treatment episodes
Yes	100	25%
No	281	70.25%
Blank	19	4.75%

Figure 17. Proportion of SDAS YP clients affected by substance misuse in the family or household, 2017-2021

Those young people who have been affected by substance misuse within the family are also more likely to report having been impacted by domestic abuse. 41% of those who had been affected by parental misuse also reported being impacted by domestic abuse, either at the time of assessment or previously.

Affected by substance misuse in family/ household?	Number impacted by domestic abuse	% impacted by domestic abuse
Yes	41	41%
No	43	15%

Figure 18. Proportion of SDAS YP clients impacted by domestic abuse and substance misuse in the family or household, 2017-2021

Mental health

Individuals in treatment with SDAS are asked a series of questions relating to their wider health and wellbeing. Mental health problems are a common co-morbidity for those with substance misuse problems, with SDAS having 1,217 individual clients recorded as having a mental health need during the five-year period from 2017-2021. This is 33% of all clients over this period. With a further 1,436 clients having either declined to answer the question, or having a 'blank' response, to the question

on mental health needs, it seems likely that the actual number is of clients with a mental health need is higher still.

If we look at this broken down by the year of the client's initial assessments, numbers of clients with a mental health need have increases year-on-year. However, numbers of 'blank' responses have significantly decreased year-on-year over this period suggesting that improvements in data quality may be confusing the picture. If we look at the yearly breakdown with 'blanks' excluded, we still see a growing proportion of clients with a mental health need, to a peak of 57.7% of clients who were assessed in 2021.

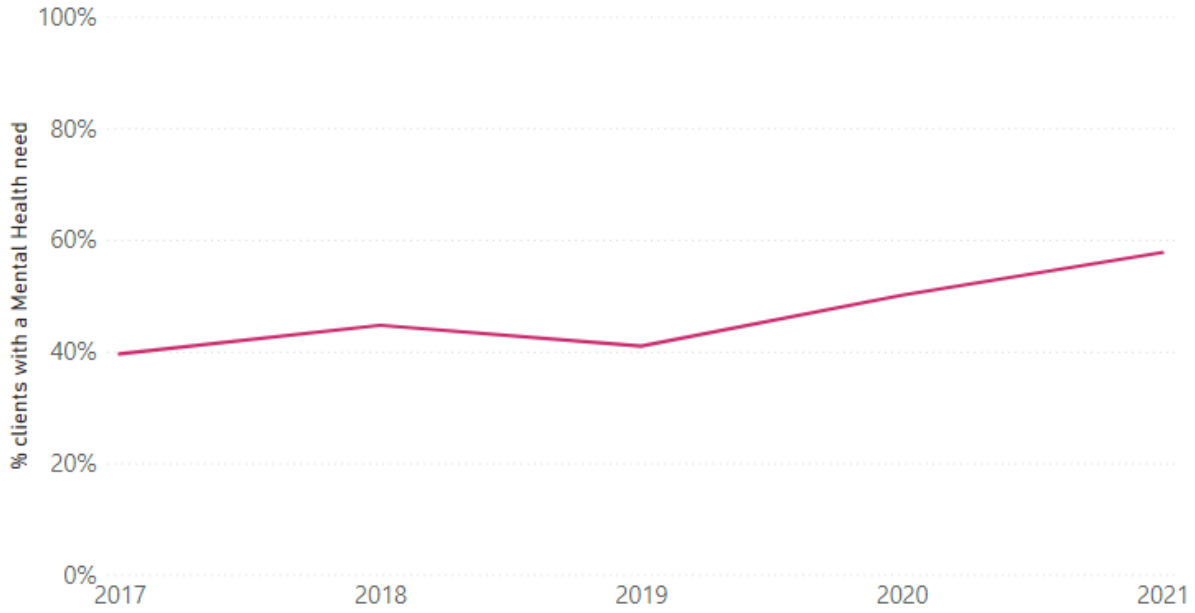

Figure 19. Percentage of SDAS clients with a mental health need, by year of initial assessment, 2017-2021

SDAS also records whether their clients are receiving treatment for their mental health need. In order to successfully meet the substance misuse treatment needs of those clients with a mental health need, we would hope that they would be accessing support for their mental health need. Of those SDAS clients with an identified mental health need in the five-year period, 865 (60.3%) were receiving treatment or support for their mental health. There were 61 'blank' responses to this field, leaving 508 individuals who had a mental health need for which they weren't receiving treatment.

There appears to be some correlation between whether an individual is receiving treatment for their mental health need and how likely they are to successfully complete their treatment. There were a total of 1,099 episode closures between 2017-2021 where the client had a mental health need. Those who were receiving treatment for their mental health had a 42.1% chance of a successful treatment outcome, whilst those who were not receiving treatment had a 35.3% chance of success.

Mental health treatment	Total closures	Successful closures	Successful completion rate
Receiving treatment	694	292	42.1%
Not receiving treatment	405	143	35.3%

Figure 20. Successful completion rates of SDAS clients with a mental health need, by mental health treatment status, 2017-2021

Family safeguarding model

The family safeguarding model focuses on working to develop parents' strengths to positively change their behaviour and relationships and improve their children's. A specialist team, made up of substance misuse, domestic abuse, adult mental health workers, and children's social workers was established in autumn 2020 to work collaboratively to support families. It focusses on working with families whose children are a Child in Need, have a Child Protection Plan, or are in care proceedings. Evidence from other areas has shown a reduction in police call outs, hospital admissions, and hospital attendances from this way of working.

The below chart shows the total number of adults in the family safeguarding team, the number of adults with drug and alcohol involvement as well as drug and alcohol involvement in addition to mental health or domestic abuse. Although there is limited data on the outcomes of this project so far, the numbers illustrate how these issues intersect within families with complex needs.

Total	Drug and Alcohol	Mental health (addition to drug and alcohol)	Domestic abuse (addition to drug and alcohol)
264	130	49	68

Figure 21. Number of individuals receiving support under the Family Safeguarding Model in Somerset, broken down by specific need, Nov 2020- Jan 2022

Those adults working with the family safeguarding model who have drugs and/or alcohol identified as an issue range in age from 18 to 59, with a median age of 32.

Homelessness

It is well established that substance misuse does not occur in isolation and is often inter-related with other issues (Advisory Council on the Misuse of Drugs, 2019). Success in drug treatment, therefore, does not depend on reducing drug usage in isolation, but should ensure that other needs of the individual are addressed to increase the likelihood of a sustainable change in behaviour. A 2019 report by the Advisory Council on the Misuse of Drugs highlights the relationship between homelessness and drug-related harms, concluding that there is a higher risk of problematic drug use associated with people who experience homelessness. The report outlines complex issues of mental health, physical health, personal safety, difficulty accessing services, and a lack of social connectedness amongst homeless populations.

Between 2017 and 2021, 19.2% of episodes recorded the client as having no fixed abode (NFA) at the time of their initial assessment. A successful outcome for these individuals should involve support for their substance use, along with an improved housing situation. The chart below shows the numbers of individuals who are recorded as successfully completing treatment with SDAS, but remain with NFA at the time of their completion. Total numbers are low (4.7% of all successful

completions in this period), but this highlights that there remain clients being discharged from treatment without having stable accommodation.

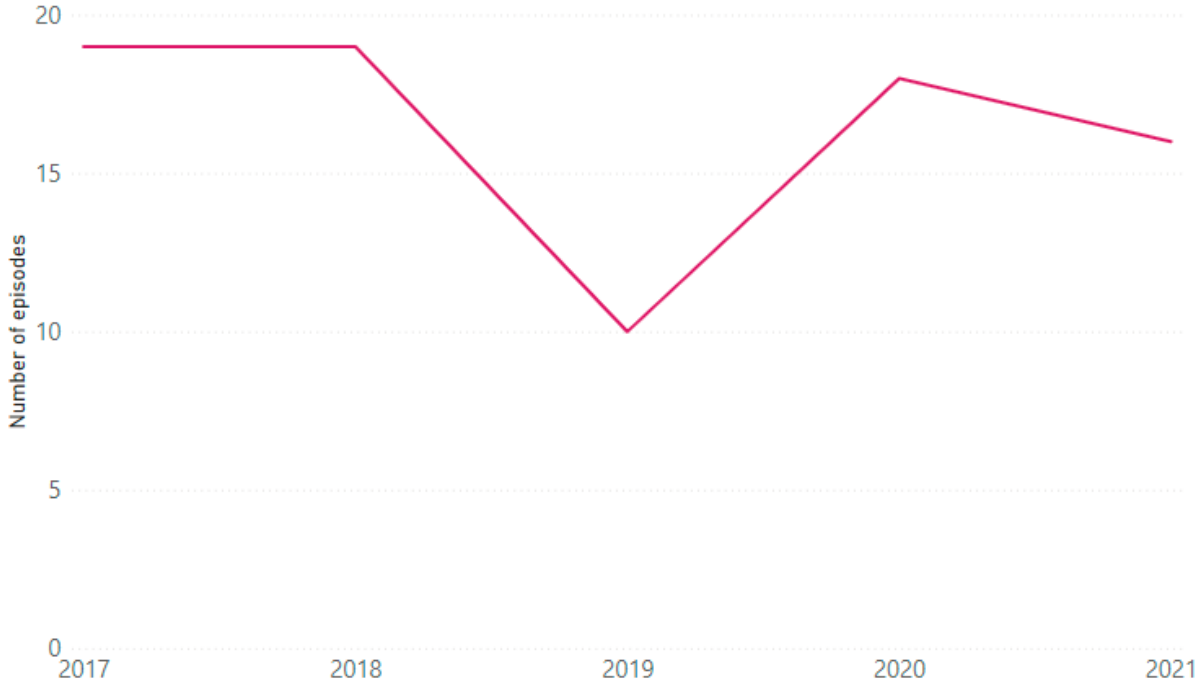

Figure 22. Number of SDAS clients recorded as successfully completing treatment despite having a housing status of NFA at time of completion, 2017-2021

Geographically, there doesn't appear to be huge variations within Somerset. Between 2017 and 2021, treatment episodes for those with NFA made up between 17.8% and 22.6% of all treatment episodes across the four district areas of Somerset. South Somerset is the district with the most episodes with NFA clients, both as a number and as a proportion of all episodes. Mendip had the lowest number of episodes with clients who are NFA, whilst Somerset West and Taunton had the fewest proportionally.

District	Number of episodes with NFA at assessment	Proportion of all episodes

South Somerset	348	22.6%
Sedgemoor	158	19.2%
Mendip	114	18.2%
Somerset West & Taunton	219	17.8%

Figure 23. Number of SDAS clients with a housing status of NFA at initial assessment, by district council area (as of 2022), 2017-2021

For clients who have no fixed abode at the time of closure despite having successfully completed treatment, South Somerset again has the highest number, whilst Mendip has the most as a proportion of all successful closures.

District	Number of episodes with NFA at successful completion	Proportion of all successful completions
South Somerset	27	4.4%
Mendip	26	7.8%
Somerset West & Taunton	16	3.3%
Sedgemoor	12	4.1%

Figure 24. Number of SDAS clients recorded as successfully completing treatment despite having a housing status of NFA at time of completion, by district council area (as of 2022), 2017-2021

Criminal justice pathways

More than 1 in 3 prisoners in England and Wales are in prison for drug related crimes - mostly acquisitive crimes. Drugs within prisons are widely available, with around 15% of prisoners testing positive on random mandatory drug tests (Black, Review of Drugs: Summary, 2020).

The availability and speed of treatment in prisons is thought to be good, however many are in prison for short sentences and may only receive treatment for a few weeks. Due to short time frames and other challenges of the prison environment, prison drug treatment is largely limited to stabilising prisoners, rather than working towards longer-term recovery.

The review of drugs identifies significant problems with the transition of prisoners to community treatment on their release from prison. Nationally, only a third of people who are referred for community treatment receive it within three weeks of release. There appears to be considerable geographic variation in the effectiveness of these pathways. Accessing community treatment is identified as just one of the challenges when an individual leaves prison, and housing, employment, and benefits are all issues which may increase the chances of an individual returning to drug use if not addressed.

A study by Public Health England and the Ministry of Justice found that re-offending rates dropped by 44% amongst those who start community-based treatment, with a 33% reduction in the number of offences committed (Ministry of Justice / Public Health England, 2017). This effect was most pronounced amongst clients starting treatment for alcohol only use (59% and 49% reductions, respectively), and least significant in opiate users (31% and 21%).

Locally, rates of adults with a known substance misuse treatment need engaging in successful community-based structured treatment following release from prison have been below the national figure since 2018/19. The chart below shows the rate for Somerset has been broadly similar to the South West average, at around 30%.

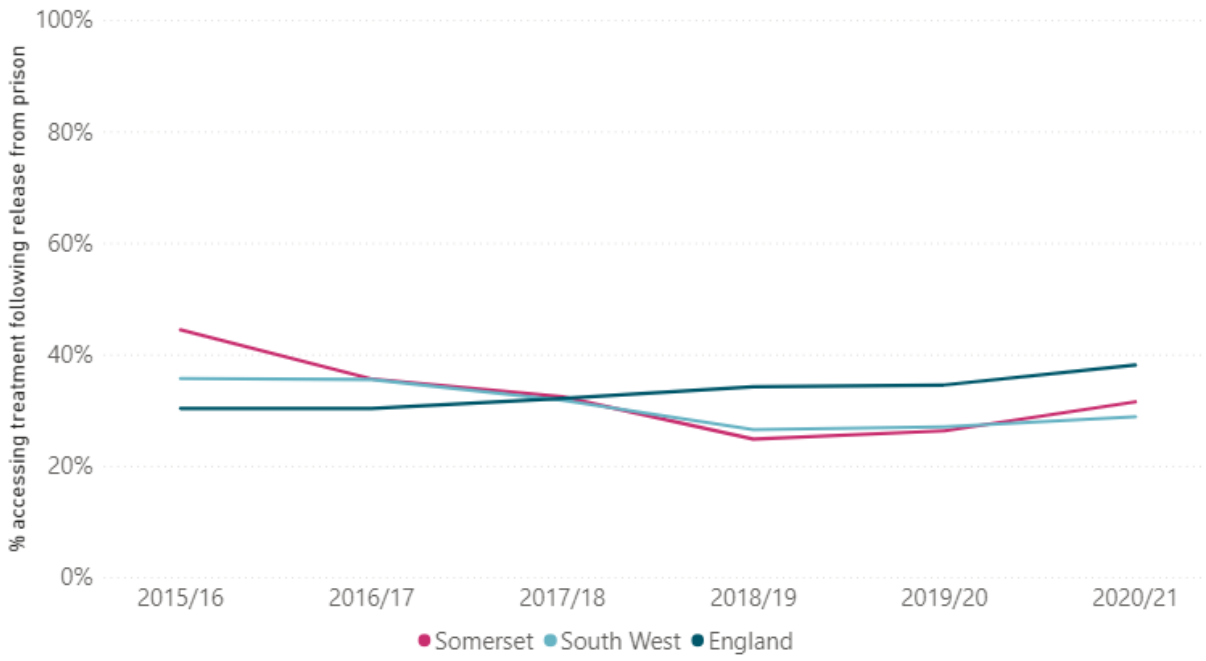

Figure 25. Percentage of individuals with an identified treatment need following release from prison to an address in Somerset who successfully access community treatment, 2015/16 – 2020/21. Source: PHE Fingertips

For Somerset, HMP Exeter makes up nearly half of all releases into the county of those with a treatment need. The rate of engagement with community treatment services in Somerset by those individuals released by HMP Exeter is significantly below the average rates – both locally and nationally. This pathway also appears less effective than those from the other prisons with significant numbers of discharges into Somerset – notably HMP Eastwood Park, HMP Channings Wood, and HMP Bristol.

SDAS are engaged in work to revise treatment pathways specific to substance type and setting. This should over time increase the number of prison releases who engage with community treatment services and increase the number of clients referred from criminal justice services receiving community sentences for drugs and/or alcohol (Drug Rehabilitation Requirements [DRR] and Alcohol Treatment Requirements [ATR]). Additionally Mental Health Treatment Requirements (MHTRs)

will be operational in Somerset in 2022, with courts having the option to issue community sentences as many offenders experience co-occurring mental health and substance misuse issues that are proven to underpin their offending behaviour. Treatment requirements offer courts an alternative to custodial sentences (especially short custodial sentences) and seek to prevent reoffending by addressing underlying vulnerabilities.

Referrals to SDAS from the criminal justice system

To help to understand the effectiveness of the link between the criminal justice system and drugs treatment services in Somerset, we can look at the referral sources of SDAS clients. Numbers of structured treatment episodes with SDAS where the referral source is recorded as being part of the criminal justice system have declined over recent years. 2018 saw a peak of 216 referrals, whereas the most recent year had only 88 recorded. There is some uncertainty on the impact of recording practices on these figures, with some clarity lacking on when a new client is recorded as having self-referred if they were put in contact with SDAS by the criminal justice system. More work is needed to better understand this and the extent to which there are gaps in the pathways from the criminal justice system to community treatment.

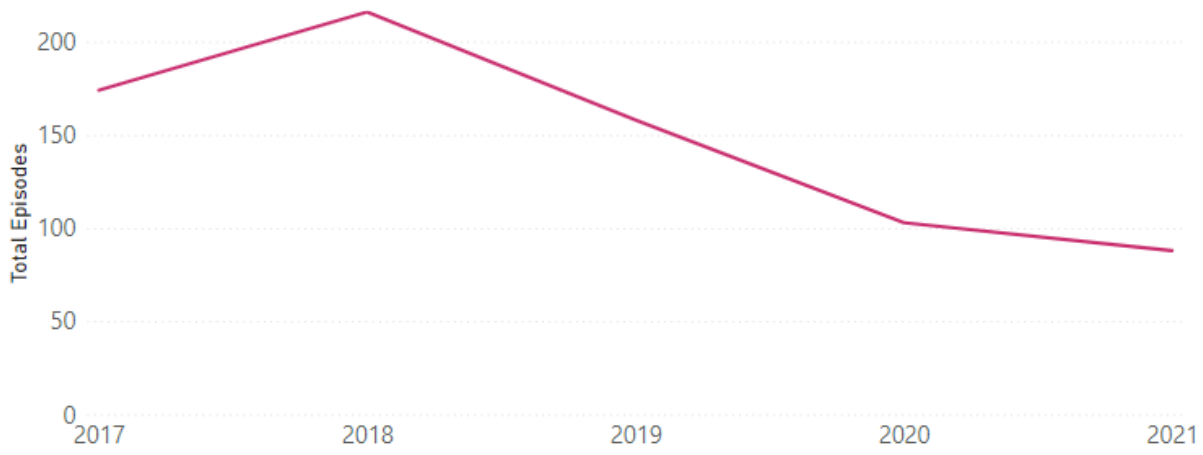

Figure 26. Number of SDAS episodes with a referral source from the criminal justice system 2017-2021

The below table illustrates the changing numbers of referrals from individual criminal justice sources.

Referral source	2017	2018	2019	2020	2021	Total
Prison	149	203	142	84	75	653
National Probation Service	7	6	10	8	11	42
ASCC (Advice and Support in Custody and Court). Previously AIRS (Arrest Intervention Referral Service)	13	7	2			22
Criminal Justice Other	2		2	4	1	9
Youth Offender Institute			1	3		4
Crime Prevention	1			1	1	3
DRR	2					2
IMPACT (integrated offender management)				2		2
Post Custody			1	1		2

Figure 27. Number of SDAS episodes by individual criminal justice system referral sources, 2017-2021

The vast majority (92%) of episodes with a referral from the criminal justice system are for treatment for opiate usage, with much lower numbers of non-opiate only or alcohol and non-opiate episodes. The chart below shows numbers of episodes with referrals from the criminal justice system by NDTMS drug category, along with the number of individual clients associated with these episodes. We can see that the 680 opiate episodes in the five-year period of 2017-2021 are shared between only 291 individuals, highlighting that many of these individuals are returning to both the criminal justice system, and the drugs treatment service on multiple occasions.

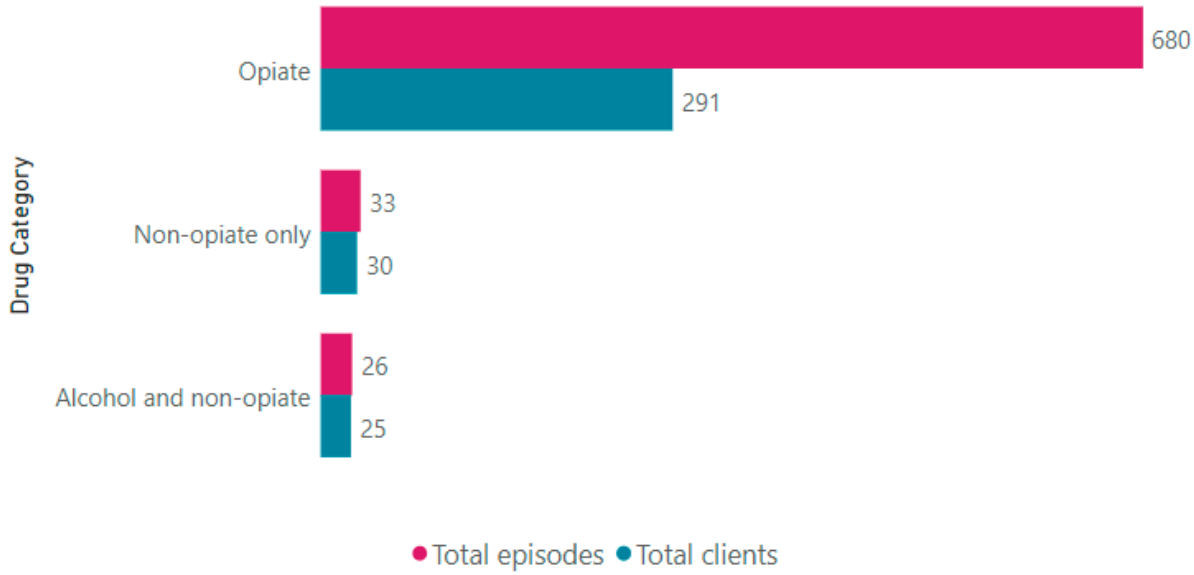

Figure 28. Number of SDAS episodes with a referral source from the criminal justice system, by drug category 2017-2021

Probation service

Snapshot data from the Somerset Probation Delivery Unit taken in September 2022 shows that 32% (n. 311) of individuals on probation in the community who had been assessed since January 2020 were identified as having drug misuse as a criminogenic need. A criminogenic need is a changeable factor associated with an individual's criminal behaviour. For alcohol misuse the figure was 31%.

The rate of drug misuse criminogenic needs identified in those assessed in Somerset is marginally below the South West regional figure and the figure for England and Wales (35% and 36% respectively). For alcohol misuse criminogenic needs, the rate in Somerset is significantly higher than the regional and national comparators (24% and 21% respectively).

Cannabis was the most common substance amongst those with a drug misuse criminogenic need, with 250 (80%) people in the cohort recorded as using cannabis. This was followed by crack cocaine with 88 users (28%), heroin (45 users, 14%), and cocaine hydrochloride (31 users, 10%). Of these commonly recorded substances,

both cannabis and heroin were predominately used at least weekly, whilst crack cocaine and cocaine hydrochloride were more likely to be used occasionally.

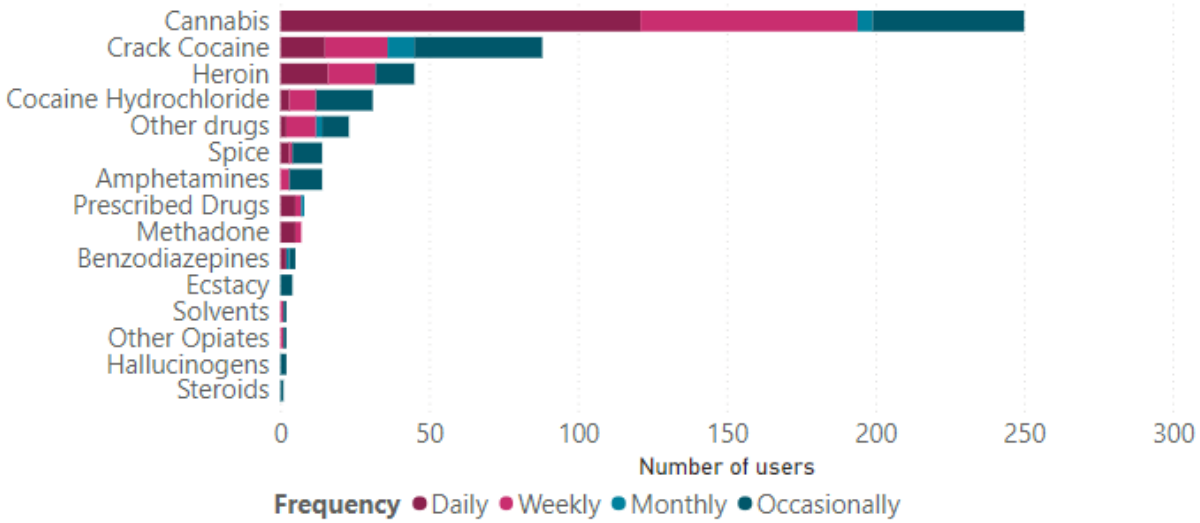

Figure 29. Number of users and frequency per drug amongst persons identified as having a drugs misuse criminogenic need by Somerset Probation Delivery Unit, 2020-September 2022

For the 5-year period from 2017-2021, 60 individuals referred for treatment with SDAS were subject to either a DRR or ATR. Some of these clients had multiple treatment episodes starting during this period, often moving between custody and probation. There were a total of 102 treatment episodes between the 60 clients subject to a DRR or ATR during the 5-year period.

Numbers of referrals to SDAS for individuals subject to either a DRR or ATR have decreased over the 5-year period, with 12 episodes in the latest year.

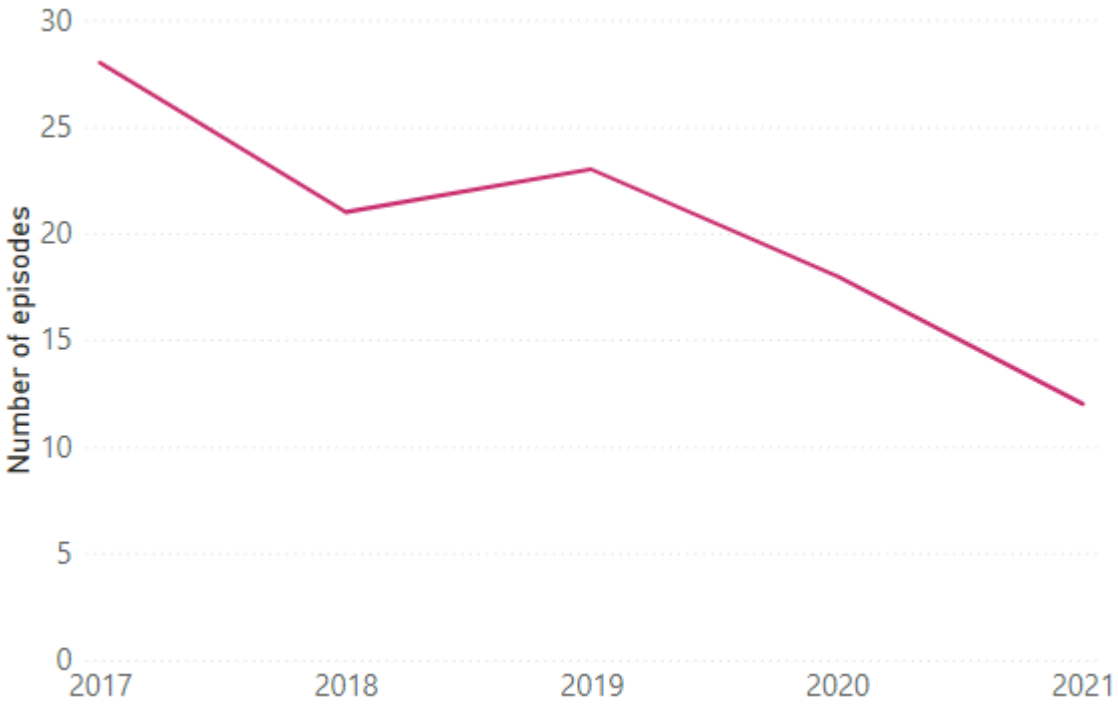

Figure 30. Number of referrals to SDAS subject to a DRR or ATR, 2017-2021

Drug related crime

Crime data from Avon and Somerset Police covering crimes occurring and reported between 2016 and 2021 show a total of 7,790 crimes in Somerset with a marker indicating that the offence was drug related. These offences involve 4,946 individual offenders. Of the crimes with a drug marker, 1,424 (18%) also had an alcohol marker recorded.

Drug offences – relating to possession, supply, or production of illicit substances – make up over half of all drug related offences in Somerset, with the next most common groups being violence against the person and public order offences. Of the drug offences, 79% (n. 3,327) relate to possession, with 21% (n. 869) relating to production or supply.

Offence Group	Number of crimes	Percentage of all crimes
Drug Offences	4,200	53.9%
Violence Against The Person	1,546	19.9%
Public Order Offences	674	8.7%
Theft	425	5.5%
Arson and Criminal Damage	384	4.9%
Sexual Offences	135	1.7%
Burglary	125	1.6%
Possession of Weapons	98	1.3%
Robbery	73	0.9%
Miscellaneous Crimes Against Society	59	0.8%
Vehicle Offences	36	0.5%
Non Recordable	14	0.2%
Crime Related Incident	11	0.1%
	9	0.1%
Fraud	1	0.01%

Figure 31. Number of drug related offences recorded by Avon and Somerset with a recorded occurrence postcode in Somerset, by offence group, 2016-2021

Cannabis is the named substance in 74.5% of all possession offences. Cannabis is also the most named substance in offences for supply or production, comprising 49.1% of these offences.

Substance group	No. possession offences	% possession offences
Cannabis	2479	74.5%
Cocaine	276	8.3%
Class B	97	2.9%

Class A	94	2.8%
Heroin	88	2.6%
Class C	87	2.6%
Amphetamine	57	1.7%
MDMA	53	1.6%
Crack	25	0.8%
Synthetic cannabinoid receptor agonists	24	0.7%
Unspecified	23	0.7%
Ketamine	17	0.5%
Methadone	4	0.1%
LSD	3	0.1%
Anabolic Steroids	1	0.0%

Substance group	**No. supply/ production offences**	**% supply/ production offences**
Cannabis	428	49.1%
Class A	141	16.2%
Cocaine	117	13.4%
Heroin	66	7.6%
Crack	32	3.7%
MDMA	22	2.5%
Class B	21	2.4%
Unspecified	21	2.4%
Class C	11	1.3%
Amphetamine	7	0.8%
Anabolic Steroids	2	0.2%
LSD	2	0.2%

Ketamine	1	0.1%
Synthetic cannabinoid receptor agonists	1	0.1%

Figure 33. Number of supply and production offences recorded by Avon and Somerset with a recorded occurrence postcode in Somerset, by named substance, 2016-2021

Dividing the number of unique offence IDs by the number of unique offender IDs for each offence group gives us an indication of which crimes are likely to be committed by repeat offenders. The below chart shows that theft and public order offences are the two offence groups where individual offenders are most likely to have multiple offences within the 12-month period.

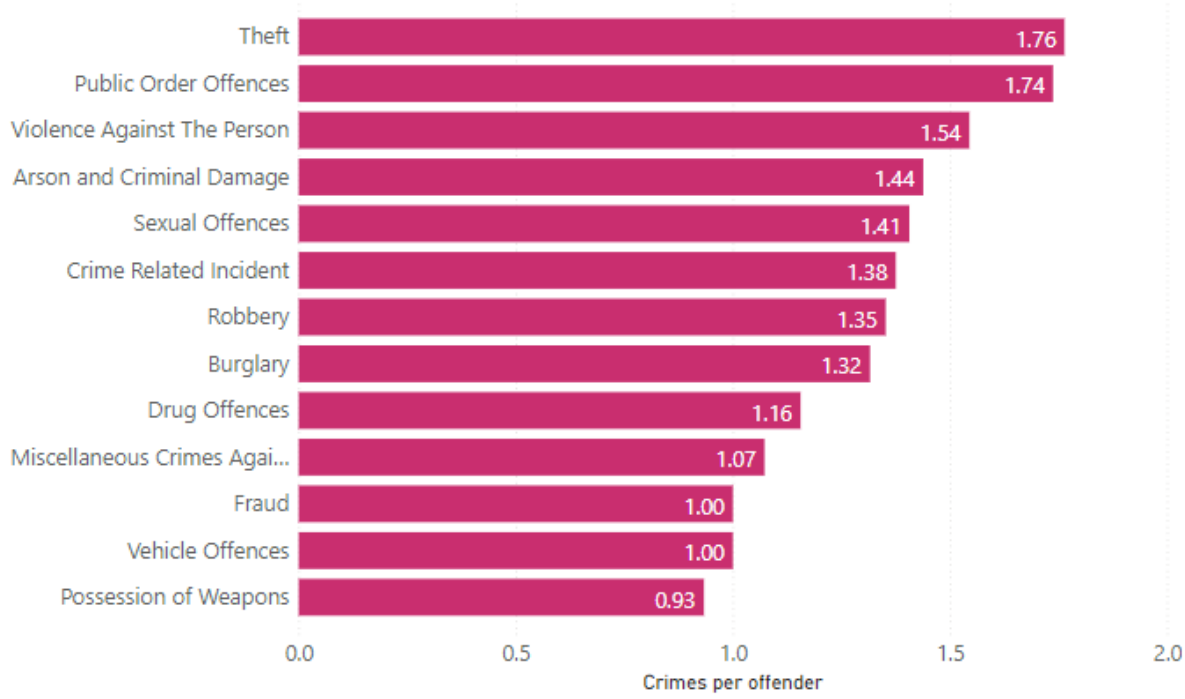

Figure 34. Number of drug related offences per offender ID. Offences recorded by Avon and Somerset with a recorded occurrence postcode in Somerset, grouped by offence group, 2016-2021

The data from Avon and Somerset police also provides some insight into how drug related crimes intersect with other issues. 11.8% of crimes with a drug marker also have a domestic abuse marker, whilst 6.6% have a mental health marker.

Indicator	No. drug related offences	% drug related offences
Domestic abuse indicator	752	9.7%
Mental health marker	512	6.6%
Knife crime marker	220	2.8%
Organised crime group marker	45	0.6%

Figure 35. Number of drug related offences with selected other harm indicators. Offences recorded by Avon and Somerset with a recorded occurrence postcode in Somerset, by named substance, 2016-2021

Taking all drug offences together, we can build a picture of which substances are being recorded for drug offences – possession, supply or production – across Somerset and as might be expected, urban areas in Bridgwater, Yeovil and Taunton top the list for numbers of drug offences. Figure 36 shows the spread of crimes with a drugs marker in Somerset and highlights the urban centres where recording of these offences is most prevalent.

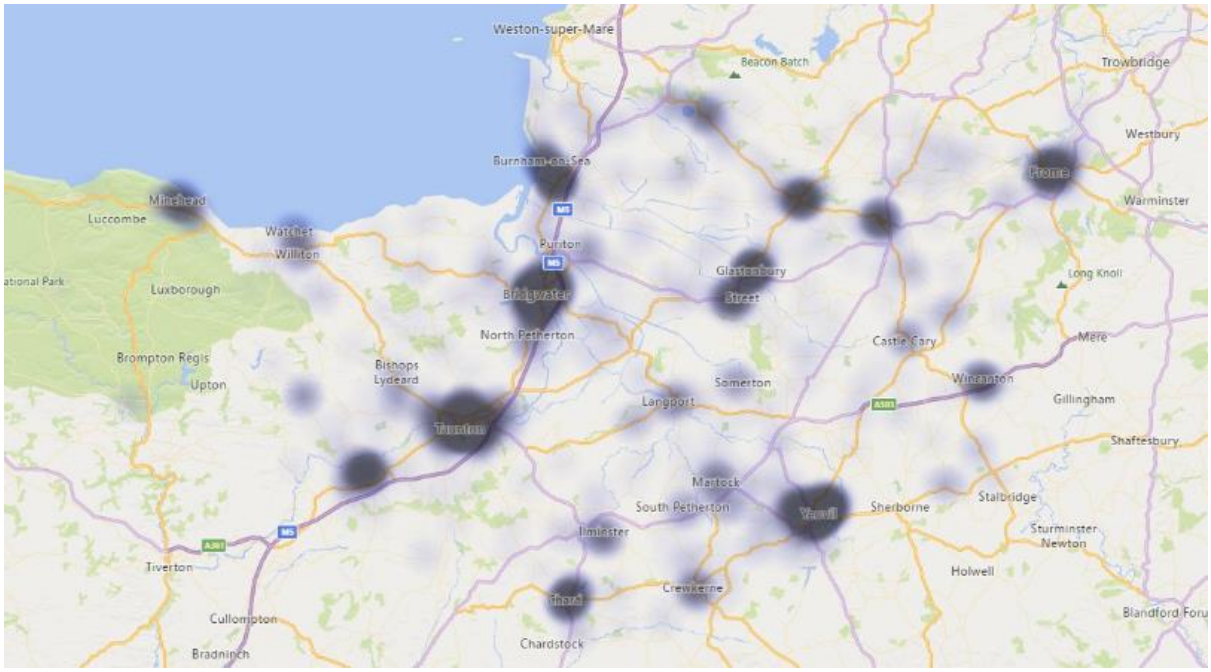

Figure 36. Heat map of drug related offences recorded by Avon and Somerset with a recorded occurrence postcode in Somerset 2016-2021

As with any crime data, it is important to consider that geographic differences or changes over time may be the result of differences in enforcement or recording standards.

When looking at offences for supply, or possession with intent to supply class A substances, there were a total of 390 offences in the 6-year period. Of these, 230 (59%) had an offender with a last known address outside of Somerset. This suggests that individuals are travelling to Somerset to deal class A drugs. For class B substances, the proportion from outside Somerset is much lower - of 458 offences, only 76 (16.6%) had a last known address which wasn't in Somerset.

The maps below use a line to connect the offence location in Somerset with the last known home address of the offender for those arrested for supplying class A and class B drugs who do not live in Somerset. Due to the high number of offences meeting this description it is difficult to pick out individual locations on these maps, however they do give a good indication of the movement of individuals into

Somerset to supply drugs. The colours of the lines indicate the substances associated with each offence.

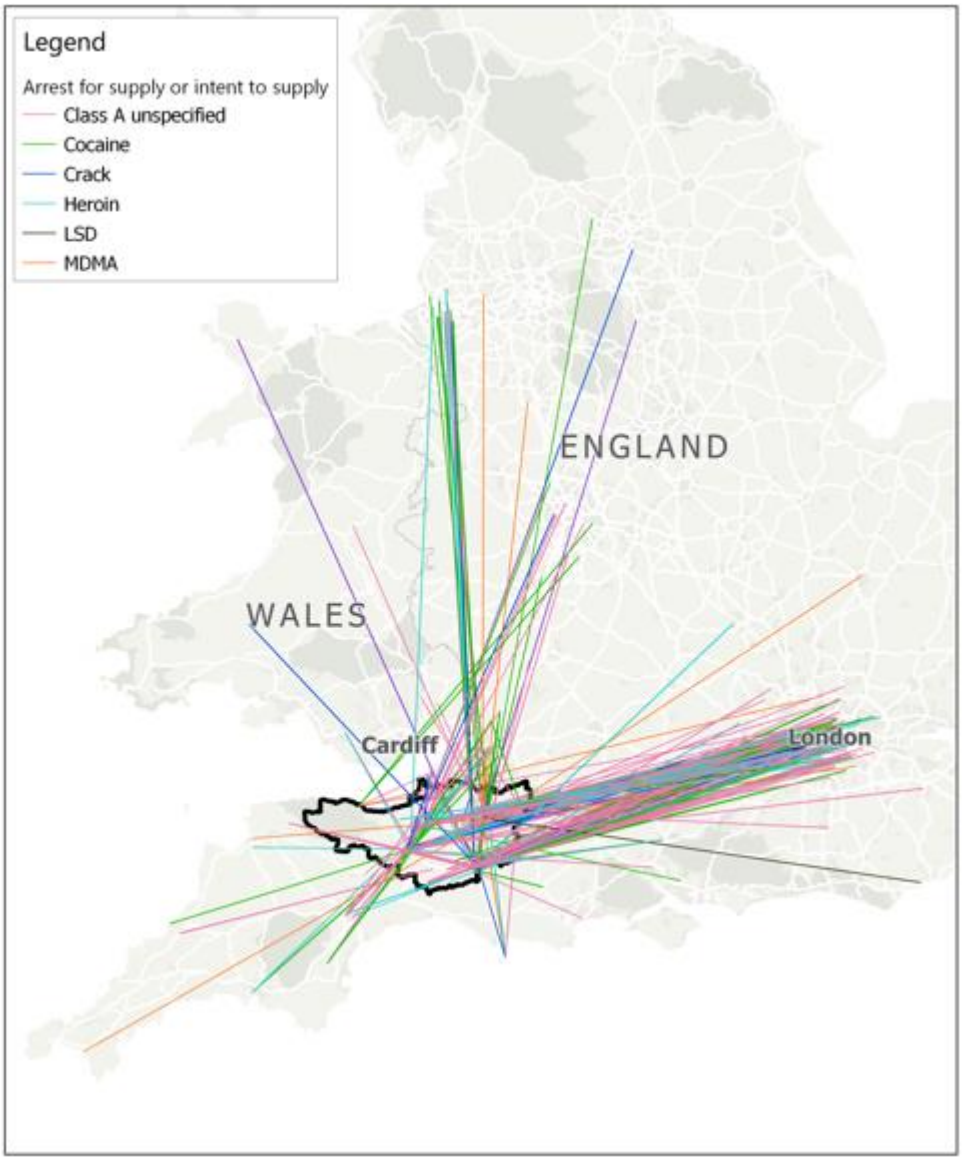

Figure 37. Map of supply and intent to supply Class A drug offences in Somerset, with a line joining the offence location with the offender's home address. Avon & Somerset Police 2016-2021

Figure 38. Map of supply and intent to supply Class B drug offences in Somerset, with a line joining the offence location with the offender's home address. Avon & Somerset Police 2016-2021

Avon and Somerset police divide Somerset into two separate Local Policing Areas (LPAs). West Somerset LPA covers the Somerset West & Taunton and Sedgemoor district areas, whilst East Somerset LPA covers Mendip and South Somerset. The below area profiles are taken from Avon and Somerset police's drugs problem profile (2022).

West Somerset LPA

The primary markets for class A and B drug supply in West Somerset LPA are focused in Burnham and Highbridge, Bridgwater, and Taunton where there are also high concentrations of people receiving treatment for class A drug use. It is almost certain that class A drugs has switched from being supplied from County lines from out of the Force area to local dealers adopting the 'county lines' model and exploiting vulnerable local juveniles to deal for them.

The West Somerset LPA accounts for 20.3% of the Force total in terms of cocaine and crack intelligence, incidents and Webstorm logs; 19.3% in terms of heroin and 18.5% in terms of cannabis. Nevertheless, there has been a 7% reduction in drug offences with 537 identified in the last 12 months compared with 576 in 2020-21. One possible reason to account for the reduction in offending is that the West Somerset LPA is a more open market than others and there is a realistic possibility that this generates more intelligence and facilitates the tasking of assets.

It is likely that there are a significant number of vulnerable juveniles in West Somerset LPA who are actively involved in local County Lines drugs supply, the majority of which live in the towns of Bridgwater, Taunton, and Highbridge. Some appear to be operating their own drug supply lines and others are involved as runners for these lines.

Those operating their own lines are likely to be doing this on behalf of an 'elder' who is directing them to do this. They are often encouraged to do this with payment through expensive clothing or other items, but some may have debts put against them, so they are forced to become 'runners' in order to pay off this debt. In the past, these towns were predominately controlled by County Lines from out of force,

however more recently this has decreased and there is now an influx of local lines having control of the drugs markets with vulnerable juveniles being exploited for this.

Intelligence suggests there are or were up to 7 or 8 distinct dealing lines operating in West Somerset, including one run by an Albanian organised crime group (OCG) and others originating from Liverpool. We have significantly disrupted one by arresting 7 and charging 4 people with drug dealing offences. Another is thought to now be inactive since the lead controller was imprisoned. Some of these lines operate in both East and West Somerset and most are known to use young people to move drugs around.

East Somerset LPA

The beat of Yeovil Town is the primary hub for the supply of both class A and B drugs in East Somerset LPA and also houses the largest population of people receiving treatment for opiate and crack cocaine. It is highly likely that these users are serviced by at least two county lines and one OCG that have established themselves in the town and surrounding area.

East Somerset LPA contributes 15.2% to the Force total in terms of cocaine and crack intelligence, incidents and Webstorm logs; 14.1% in terms of heroin and 15.5% in terms of cannabis. This LPA has witnessed a significant reduction of 34.4% in drug related offences with 265 identified in the past 12 months in comparison to 404 in 2020-21. The Neighbourhood Policing Team have conducted a considerable amount of work over the last two years to target dealers and it is likely that this has been a contributing factor to moving dealers away from the area and reducing offences.

The primary hub for the supply of cocaine, crack, heroin, and cannabis is in the town of Yeovil. Intelligence suggests there are or were up to 3 distinct dealing lines operating in East Somerset, one originating from Liverpool that is active in the West too. The other two lines are run by adults. One of these was linked to a serious assault and robbery earlier in 2022 for which a male is still wanted for attempted murder. The premises most closely linked to this dealer was subject of a court closure order in late 2021.

Recommendations

The needs assessment has highlighted areas for action to reduce the harm caused by drugs to both individuals, families and communities and to reduce harm from drugs in more vulnerable groups.

- To establish a system that ensures Somerset services offer a treatment place for every offender with an addiction by developing a pathway for people within the criminal justice system, especially the probation service and prisons

- Work with colleagues across the health and care system to further our understanding of drug specific hospital admissions (which remain higher than the England average), to develop appropriate pathways out of hospital and into community treatment services; and early/brief interventions to prevent hospital admissions in the first place.

- Work to better understand the impact of novel psychoactive substances, especially on vulnerable groups such as homeless and those recently released from prison, to develop responses to address their use in Somerset.

- To establish a range of systems to support individuals who have co-occurring mental health and substance use issues at varying levels of complexity.

- Conduct an equalities analysis of the SDAS treatment population and review in context of updated local demographic data from the soon to be published 2021 Census in order to develop our understanding of population groups which may not be accessing drug and alcohol treatment services in Somerset.

- Work with colleagues to build a multi-agency approach to review and learn from drug and alcohol deaths where a client is shared with multiple services to increase, implement, and monitor learning and changes in practice. This will then inform the cohorts identified as most vulnerable and allow resources to be allocated to this area.

- To build on the existing close relationship with the coroner's office to be able to quickly identify a death in or out of service and to avoid delays in establishing cause of death or the need for a coroner's report.

- Working with people with lived experience to better understand people's treatment journeys with a focus on those individuals who remain in treatment for long periods of time without moving towards recovery and exit from the drug and alcohol treatment service.

- To explore the reasons behind young people's successful completion of treatment rate to apply learning to other groups within the older age ranges.

- Working with people with lived and living experience to develop the network of mutual aid support in Somerset communities to support recovery.

- To promote the 'every contact counts' ethos through enabling the wider workforce to deliver brief interventions to reduce the need for specialist treatment later on.

Appendix I – Glossary of Terms

Parents (NDTMS):

At treatment start, does the client have parental responsibility for a child aged under 18? A child is a person who is under 18 years of age. Parental responsibility should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a client lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities. Parental responsibility as used here is wider than the legal definition of parental responsibility.

No fixed abode (NFA) - adults:

Lives on streets/rough sleeper.

Uses night shelter (night-by-night basis)/emergency hostels.

Sofa surfing/sleeps on different friend's floor each night.

No fixed abode (NFA) – YP:

Independent YP with No Fixed Abode - This refers to a young person who is currently living on the streets or using night hostels (on a night-by-night basis). This could also include young people who are staying with friends or family as a very short-term guest, i.e. sleeping on a different friend's floor each night.

Mental Health Treatment Need:

Common mental illness (for example, anxiety, depression) either current diagnosis or currently experiencing symptoms/behaviours consistent with (where the symptoms

are not considered to be simply due to acute psychoactive effects of substances consumed or due to current withdrawals)

Serious mental illness (for example, psychosis, schizophrenia, personality disorder) – either current diagnosis, or currently experiencing symptoms/behaviour consistent with (where the symptoms are not considered to be simply due to acute psychoactive effects of substances consumed or due to current withdrawals)

Mental health crisis (person is currently suicidal or indicating a risk of harm to self or others). This is determined either by the client's self-report or by formal assessment.

Parental substance misuse:

Does the young person feel that they have ever been affected by substance misuse in their close family/members of their household at treatment start?

NDTMS drug categories:

The National Drug Treatment Monitoring System (NDTMS) provides statistics on individuals who are receiving help for problems with drugs and alcohol. Individuals are categorised dependent on the substance(s) they are using.

- opiate - people who are dependent on or have problems with opiates, mainly heroin
- non-opiate - people who have problems with non-opiate drugs only, such as cannabis, crack and ecstasy
- non-opiate and alcohol - people who have problems with both non-opiate drugs and alcohol
- alcohol only - people who have problems with alcohol but do not have problems with any other substances

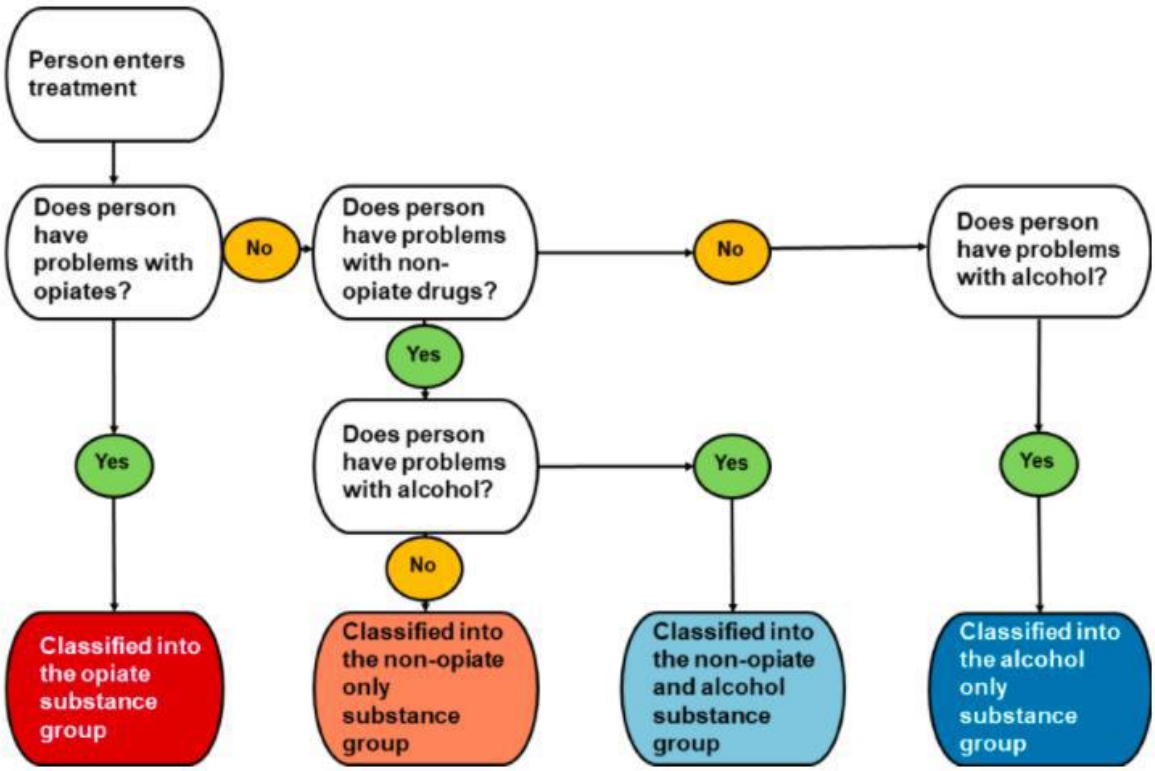

Figure 1: How people are classified into substance reporting group

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