



## Drug Misuse

### Definition

Drug misuse is how we describe the use of (usually) illegal substances. The most commonly misused substances for our adult population include heroin and crack cocaine. There is emerging frequent use of other substances such as ketamine. This sheet focuses in particular on intravenous drug users who inject heroin.

### Why is this important?

Extensive health and related social problems are associated with problem drug misuse. The population who suffer the consequences of these problems are among the most deprived in Bristol, including homeless people, commercial sex workers, ex-prisoners with high levels of re-offending and multiple custodial sentences and people with mental health problems and dual diagnosis.

People who misuse drugs are between 10 and 20 times more likely to die early as a consequence of their addiction. This can be from accidental or intentional overdose, but also from other related health problems, which would be exacerbated by their drug use. In addition, 90% of acquisitive crime is linked to drug use at a cost to Bristol at an estimated £7 million annually.

### What is the picture in Bristol?

The latest estimates indicate that there are approximately 8,000 problem drug users in Bristol, 4,400 of those inject heroin. These estimates are drawn from a study carried out for the Partnership by the University of Bristol and was reported in the Annual Public Health Report 2007.

New substances are emerging and the numbers of problematic alcohol users is estimated to be around 10,000. Young people are also presenting with substance misuse issues and their main choices are cannabis and alcohol. Many of these young people if left untreated, may well move on to heroin and other substances in the future.

The National Treatment Agency for Drug Misuse requires us to set and meet annual targets as a Partnership, which contribute both to the PCTs Care Quality Commission rating and local area agreement targets.

Funding is linked to performance and the numbers of people in structured treatment. Over the past few years, Bristol has exceeded targets set by the National Treatment Agency and has been seen as an area which offers excellent and accessible treatment options. However, we have recently encountered a data quality issue, which means that the latest year's data showed us performing below our historic target level. This issue has taken some time to be resolved, but does not detract from our previous excellent track record. Targets are below:

2008-2009	3,377 people retained in structured treatment per annum
2009-2010	3,410 people retained in structured treatment per annum
2008-2009	Performance - 2,708 people retained in structured treatment

We are working with the National Treatment Agency and partners to ensure that our target is in reflective of the revised levels of activity for the future.

## What are we doing about it?

Bristol has a strong partnership which tackles crime and associated issues. Under the Safer Bristol Partnership, the Drug Strategy Team manages a large treatment system which has been developed to ensure that people who misuse drugs are able to get appropriate treatment in an accessible setting.

Funding to support this treatment system comes from a variety of sources, including strong links with the criminal justice system. This means that specific treatment is targeted towards people who have committed drug related | crimes, who test positively for drugs.

We also have a very extensive treatment system based in GP surgeries and pharmacies, working in partnership with the voluntary sector, which treats around 1,800 people per annum. The focus in recent years has been moving from a harm reduction approach to more emphasis on moving people on to become drug free.

We also have an Early Intervention Service, which operates from most secondary schools in Bristol. Some of the out of school settings aim to identify young people at risk and refer them to appropriate specialist services or work with them on resolving their issues.

## What works?

The National Treatment Agency provides guidance on the types of treatment we should offer, which has focused on opiate substitution therapies. This approach has proven effective in enabling substance misusers to become stabilised on a script. The level of crime committed as a result has reduced and the level of harm caused has also been reduced, which is evidenced by the fact that drug related deaths in Bristol are much lower than in other comparable cities.

More recently, we are looking at ways to “move people on” from substitution therapy to becoming drug free. This involves much more of a psychosocial approach, where the more holistic needs of the individual are addressed.



## References and Resources

Bristol Crime and Drugs Strategy 2005-2008, Safer Bristol Partnership, [www.bristol.gov.uk](http://www.bristol.gov.uk)

Tackling Drugs to Build a Better Britain, 1998-2008

NICE 2007 Clinical Guideline Drug Misuse and Clinical Guideline 52 Drug Misuse: Opioid detoxification psychosocial interventions at: [www.nice.org.uk](http://www.nice.org.uk)

Every Child Matters: Change for Children. Young People and Drugs DfES 2005:  
[www.drugs.gov.uk/young-people/strategy](http://www.drugs.gov.uk/young-people/strategy)

Models of Care for treatment of adult drug misusers at National Treatment Agency for Substance Misuse at: [www.nta.nhs.uk](http://www.nta.nhs.uk)

National Treatment Agency's (NTA) minimum standards for harm reduction at: [www.nta.nhs.uk](http://www.nta.nhs.uk)

Bristol Harm Reduction Strategy 2006 Safer Bristol Partnership

Key IDTS guidance documents are: Clinical Management of Drug Dependence in Adult Prison Setting and IDTS, *The First 28 Days: Psychosocial Support*.

Annual Public Health Report: *Focusing on Drug Misuse*, 2007.

***This fact sheet produced by Bristol  
Public Health In partnership with:***

