

DRUG USE IN LEICESTER ADULTS: JOINT STRATEGIC NEEDS ASSESSMENT

A Joint Strategic Needs Assessment (JSNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making.

The JSNA:

Is concerned with wider social factors that have an impact on people's health and wellbeing such as poverty and employment.

Looks at the health of the population with a focus on behaviours which affect health, such as smoking, diet and exercise.

Provides a view of health and care needs in the local community

Identifies health inequalities

Indicates current service provision

Identifies gaps in health and care services, documenting unmet needs

CONTENTS

1. Introduction	4
2. Who's at risk and why?	5
3. The level of need in the population	5
3.1 Drug consumption in England	5
3.1.1 By demographics	7
3.1.2 By Lifestyle factors	8
3.1.3 Emerging issues in England: Chemsex	9
3.2 Drug consumption in leicester	10
3.2.1 Emerging issues in local intelligence	10
3.3 Hospital admissions	11
3.3.1 Hospital admissions with a primary diagnosis of poisoning by illicit drugs	11
3.3.2 Hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders	12
3.3.3 Hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders	13
3.4 MORTALITY	15
3.4.1 Deaths from drug use	15
3.4.2 Deaths from drug poisoning	16
3.5 Impact of covid-19	17
3.6 Crime	17
4. Current services in relation to need	18
5. Service user profile	22
5.1 Treatment overview	22
5.1.1 Numbers in treatment by treatment group	22
5.1.2 Adults starting drug treatment	25
5.2 Treatment population	26
5.2.1 Demographics	26
5.2.2 Complexity and profile of the treatment population	29
6. Projected services use and outcomes	36
7. Unmet needs and gaps	38

8. Recommendations for consideration by commissioners	39
9. Key contacts:	40
10. References	40
11. Appendix	41



1. INTRODUCTION

Harmful drug use includes the use of illegal drugs such as Class A drugs, volatile substances such as gas, over the counter (OTC) and prescribed drugs, such as opiate based pain killers and tranquillizers, along with emerging substances and 'New Psychoactive Substances' (NPS) such as synthetic cannabinoids.

Under the Misuse of Drugs Act 1971, illegal drugs are placed into one of 3 classes - A, B or C. This is broadly based on the harms they cause either to the user or to society when they are misused.

- Class A drugs include: heroin (diamorphine), cocaine (including crack), methadone, ecstasy (MDMA), LSD and magic mushrooms
- Class B drugs include: amphetamines, barbiturates, codeine, cannabis, cathinones (including mephedrone), synthetic cannabinoids, Ketamine
- Class C drugs include: anabolic steroids, benzodiazepines, gamma hydroxybutyrate (GHB), gamma-butyrolactone (GBL), piperazines (BZP) and khat.

Not all drugs are illegal, however being legal does not mean that they are not harmful. The use of novel psychoactive substances (NPS) represents an emerging risk and the extent of the impact of these substances is not yet fully understood.

The impacts of drug use are wide ranging and include physical and psychological dependency, acute medical problems such as overdose and drug-induced psychosis; chronic illness such as blood borne viruses through the use of shared injecting equipment (it is estimated that half of those who inject drugs are infected with Hepatitis C virus), and social consequences such as drug related acquisitive crime and the risk of criminal proceedings through illegal use.

Drug use and drug dependence are known causes of premature mortality. Drug poisoning accounted for 16.4% of deaths among people in their 20s and 30s in England and Wales in 2019. In 2021, there were 2,846 deaths in England as a result of drug poisoning due to drug misuse.¹

Improving the wider determinants of health is essential to addressing substance use issues, at a societal, environmental and economic level.

2. WHO'S AT RISK AND WHY?

Several factors have been identified as increasing the risk of drug use including:²³

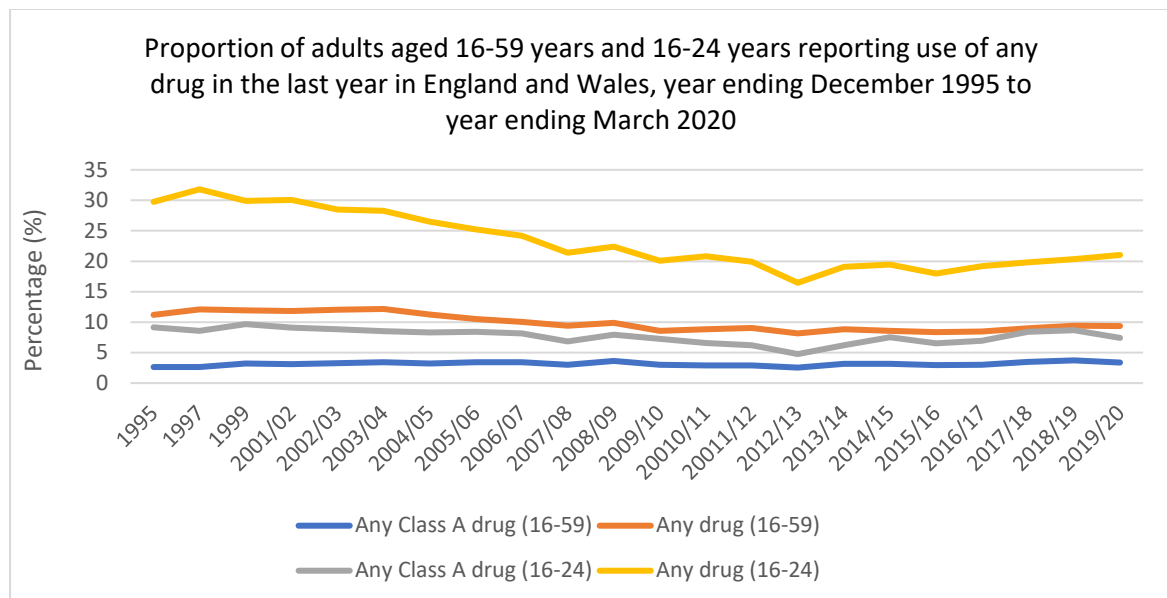
- Deprivation
- Growing up in a household in which neglect, drug use or emotional or physical abuse has taken place/adverse childhood experiences
- Mental health conditions including depression, anxiety and attention deficit disorder
- Unemployment, low educational attainment and vocational problems
- Socialising with other people who use drugs
- Previous drug use
- Demographics: age, sex, relationship status and sexual orientation
- Association with the criminal justice system - Heroin and crack cocaine addiction linked to almost half of all acquisitive crime, including burglary, robbery and theft⁴ and drugs contributing to almost half of all homicides⁵
- Lifestyle factors such as visiting nightclubs, pubs and consuming alcohol

3. THE LEVEL OF NEED IN THE POPULATION

3.1 DRUG CONSUMPTION IN ENGLAND

The Crime Survey for England and Wales (CSEW) found that drug use in 16 to 24 year olds is more than double that in 16 to 59 year olds, for all drugs and Class A drugs specifically. In 2019/20 an estimated 1 in 11 adults aged 16 to 59 years had taken a drug in the last year (9.4%) compared to one in five adults aged 16 to 24 years (21%). In terms of Class A drug use, 3.4% of adults aged 16 to 59 years and 7.4% of adults aged 16 to 24 years had taken a Class A drug in the last year. Figure 1 shows that there was no change in the overall level of any drug use in the last year in adults in England and Wales between 2018/19 and 2019/20, however, the proportion of adults aged 16 to 24 years who reported any drug use in the last year was higher (20.3% to 21.0%).⁶

Figure 1: Proportion of adults aged 16 to 59 years and 16 to 24 years reporting use of any drug in the last year, England and Wales, year ending December 1995 to year ending March 2020⁶



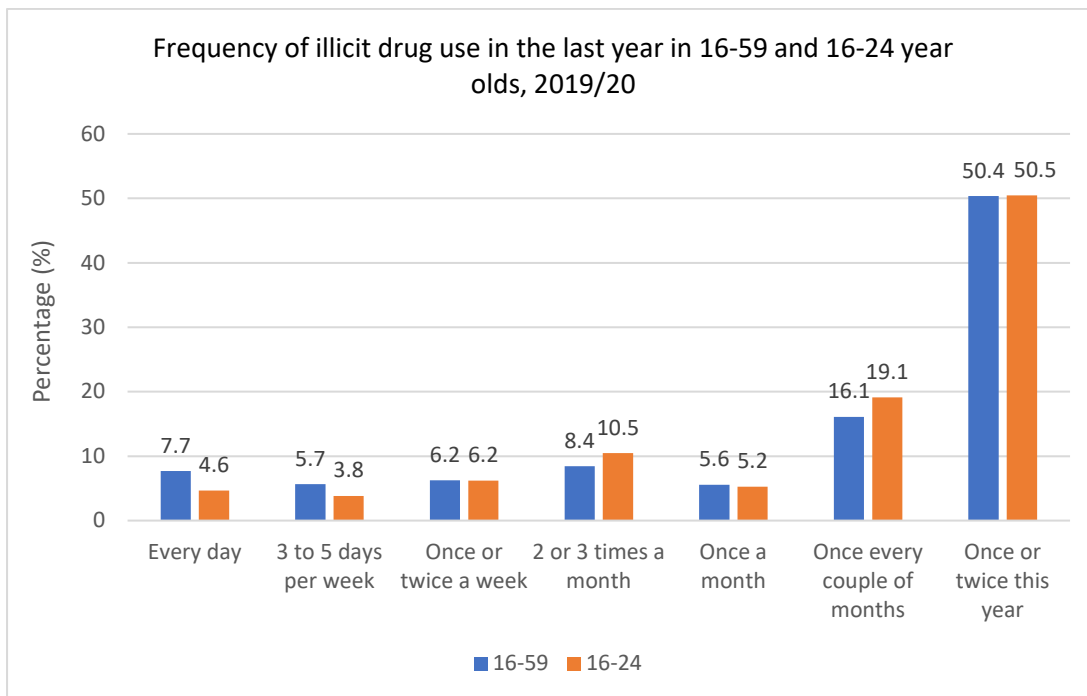
In 2019/20 cannabis continues to be the most common drug used in the last year among adults aged 16 to 59 years and 16 to 24 years, 7.8% and 18.7% respectively. The second most prevalent drug used in the last year was powder cocaine use for 16 to 59 year olds (2.6%) and nitrous oxide use among 16 to 24 year olds (8.7%). Powder cocaine was the third most prevalent drug used in the last year for 16 to 24 year olds (5.3%).⁶

Amphetamine and anabolic steroid use among 16 to 59 year olds has fallen compared to previous year, by 42% and 50%. Amphetamine use has continued the long-term decline which began in 1995 whereas anabolic steroid use was relatively flat over the last decade, until now. Although there was no change in powder cocaine use among adults aged 16 to 59 years between 2018/19 and 2019/20, the proportion of frequent users fell from 14.4% to 8.7% in the same time period.⁶

In 2019/20, 4.3% of young adults (16 to 24 years) reported frequent drug use (taking any drug more than once a month in the last year), while 2.1% of all adults (aged 16 to 59 years) are frequent drug users.

Figure 2 examines the frequency of illicit drugs use by age group. It shows a higher proportion of adults compared to young adults were likely to use drugs daily, multiple times a week, or once or twice a week. However, young adults have a higher proportion of drug use 2 or 3 times a month compared to all adults.⁶

Figure 2: Frequency of illicit drug use in the last year, 16 to 59 and 16 to 24 year olds, 2019/20⁶



3.1.1 BY DEMOGRAPHICS

In 2019/20, the prevalence of any drug use in the last year was highest amongst 16 to 19 year olds and 20 to 24 year olds (21.1% and 21.0% respectively). The use of any drug in the last year also generally declined by age, as the oldest age category (55 to 59 years) was much lower than the youngest (16 to 19 years) at 2.8% compared with 21.1%.⁶

Any drug use in the last year was also higher among men than women aged 16 to 59 years. In 2020/21 one in eight men (11.9%) reported taking any drug in the last year compared with 6.9% of women. There was a similar pattern when examined by individual drug types:

- 9.8% of men reported using cannabis in the last year compared with 5.7% of women
- men were nearly twice as likely than women to have taken powder cocaine in the last year (3.4% compared with 1.8%)
- 1.7% of men reported having taken ecstasy in the last year compared with 1.1% of women

In terms of relationship status, those who were single (17.7%) were more likely to have used a drug in the last year compared with those who were married or in a civil partnership (3.2%).⁶

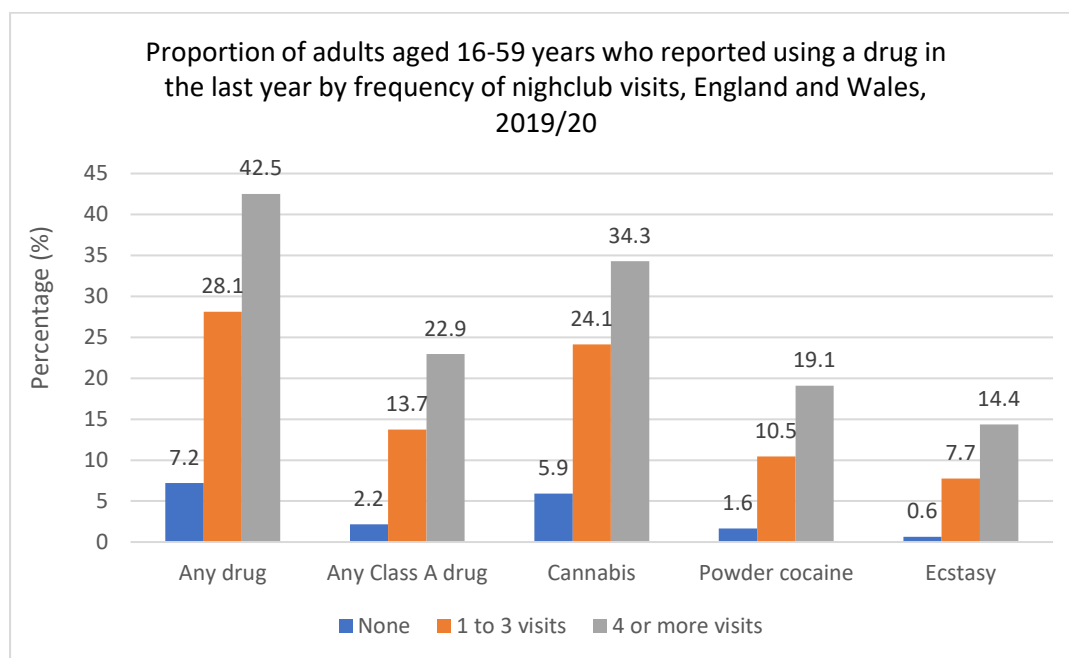
The Crime Survey for England & Wales concluded that gay and bisexual men were three times more likely (33%) than heterosexual men (11.1%) to have taken any illicit drug in the

last year. For lesbian and bisexual women use is more than four times as high (22.9%) than for heterosexual women (5.1%).⁷

3.1.2 BY LIFESTYLE FACTORS

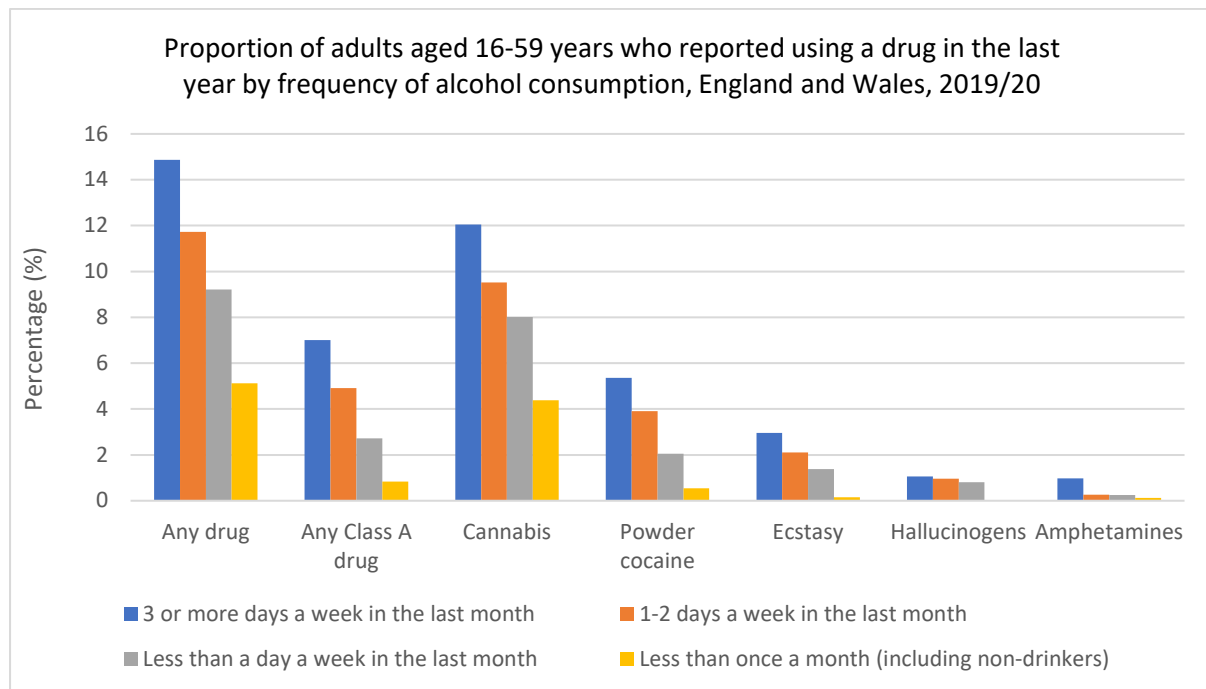
Using any drug was highest in adults aged 16 to 59 years who reported visiting nightclubs more than four times in the past month (42.5%) and lowest in adults not visiting nightclubs in the past month (7.2%). Interestingly, the survey showed that the use of powder cocaine was around 12 times higher among those who had visited a nightclub at least four times in the past month (19.1%) compared with those who had not visited a nightclub in the past month (1.6%). Use of ecstasy (14.4%) and cannabis (34.3%) were also higher for those who visited a nightclub at least four times in the last month, compared with those who had not been to a nightclub in the last month (0.6% and 5.9% respectively). There was also a similar picture for adults visiting the pub, where the use of drugs increased in line with the frequency of visits. In 2019/20, a quarter (26.3%) of adults who had visited a pub or bar at least nine times in the last month had used any drug in the last year, compared to 5.5% who had not visited a pub or bar.⁶

Figure 3: Proportion of adults aged 16 to 59 years who reported using a drug in the last year by frequency of nightclub visits, England and Wales, 2019/20⁶



The CSEW has found that drug use was higher in those who consumed alcohol more frequently. It showed there were higher proportions of any drug use in the last year among those with more frequent alcohol consumption. Adults aged 16 to 59 years who reported drinking alcohol three or more days per week in the last month were more than twice as likely to have used any drug (14.9%) than those drinking less than once a month (including non-drinkers) (5.1%).⁶

Figure 4: Proportion of adults aged 16 to 59 years who reported using a drug in the last year by frequency of alcohol consumption, England and Wales, 2019/20⁶



In 2019/20, the CSEW showed drug use decreases as life satisfaction increases. Of those who reported low levels of satisfaction with life, 23.3% also reported use of any drug in the last year. This was significantly higher than those who reported medium life satisfaction (13.2%), high life satisfaction (11.7%) or very high life satisfaction (4.8%). Any drug use was also higher among those who experienced high levels of anxiety (15.7%) compared with those who had low levels (9.1%).⁶

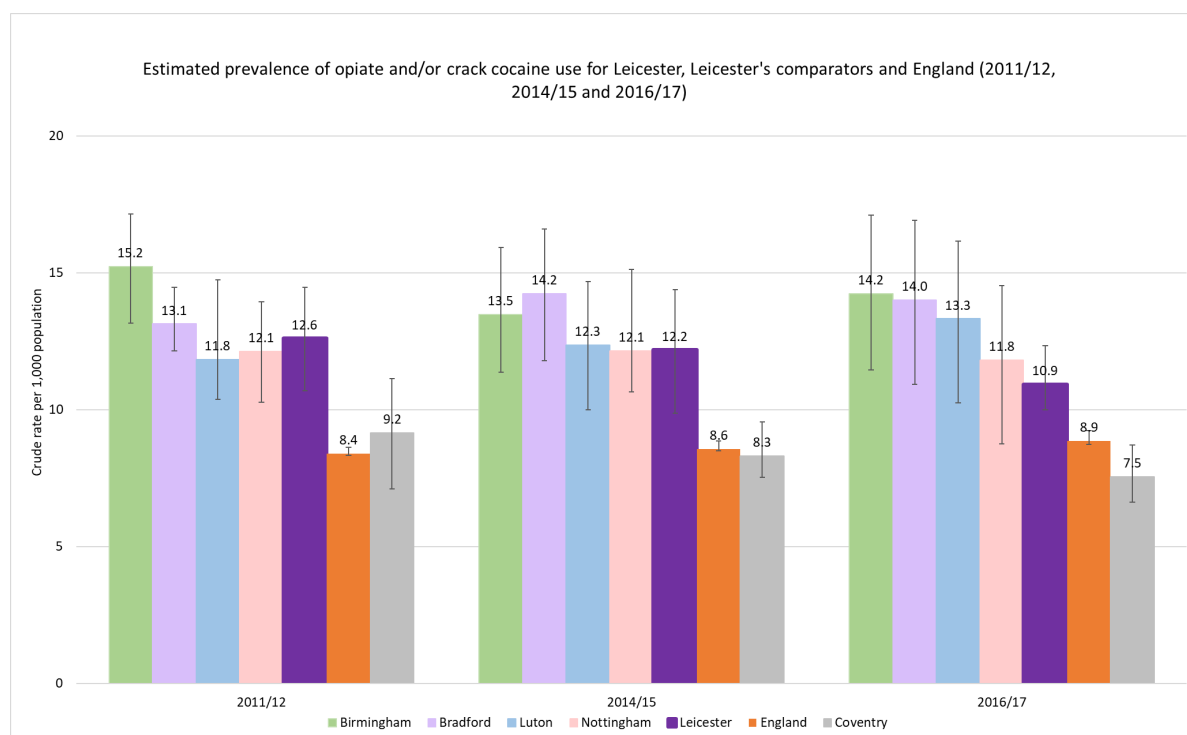
3.1.3 EMERGING ISSUES IN ENGLAND: CHEMSEX

“Chemsex” is used to describe intentional sex under the influence of psychoactive drugs, mostly among men who have sex with men. It refers particularly to the use of mephedrone, γ -hydroxybutyrate (GHB), γ -butyrolactone (GBL) and crystallised methamphetamine.⁸ These drugs are often used in combination to facilitate sexual sessions lasting several hours or days with multiple sexual partners. Due to the sexually disinhibiting nature of the 'high' provided, it is often associated with a sense of invulnerability to harm or risk. This can translate into reduced concern for safer sex practices and feelings of confidence, being sexually adventurous, heightened sense of pleasure, stamina, and endurance that may last for days without sleep. Unwanted side effects while under the influence can include aggression, paranoia, hallucinations and overdose.

3.2 DRUG CONSUMPTION IN LEICESTER

In Leicester there were an estimated 2,859, 2,798 and 2,594 opiate and/or crack cocaine users (OCUs) aged between 15-64 years old in 2011/12, 2014/15 and 2016/17 respectively. As shown in Figure 5, in 2011/12, 2014/15 and 2016/17 the estimated prevalence of opiate and/or crack cocaine use in Leicester (12.6, 12.2 and 10.9 per 1,000 population respectively) was significantly higher (worse) than the estimated prevalence in England overall (8.4, 8.6 and 8.9 per 1,000 population respectively). Leicester had the 5th highest estimated prevalence when compared to its five comparators in 2016/17. In 2016/17, the estimated prevalence of opiate and/or crack cocaine use in Leicester (10.9 per 1,000 population) was significantly higher than that of Coventry (7.5 per 1,000 population).

Figure 5: Estimated prevalence of opiate and/or crack cocaine use for Leicester, Leicester's comparators and England (2011/12, 2014/15 and 2016/17)⁹



3.2.1 EMERGING ISSUES IN LOCAL INTELLIGENCE

Leicestershire Police, Turning Point and members of the Leicester, Leicestershire and Rutland Substance Misuse Community Safety Partnership contribute to a Drug Alert System that aims to share information regarding areas of concern, emerging threats and current issues regarding drugs to relevant local partners quickly and efficiently. The latest emerging threats (as of September 2022)¹⁰ have been prioritised as:

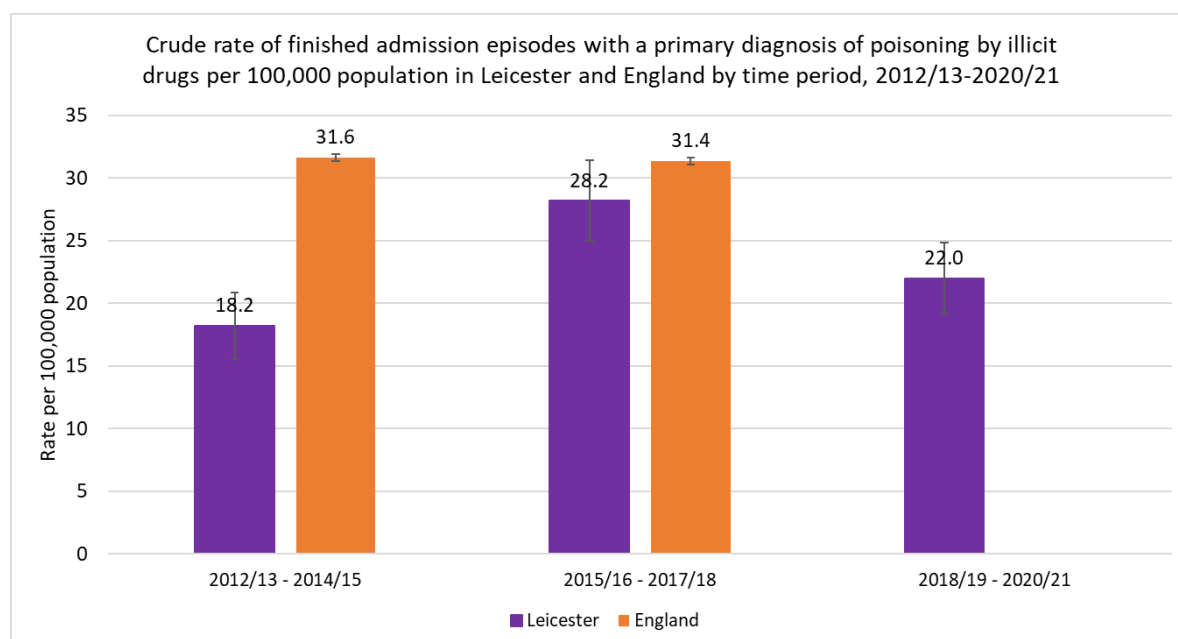
- Adverse reactions from Cannabis Edibles
- Counterfeit Alprazolam (Xanax)
- Lean (Purple Drink/Syrup)

3.3 HOSPITAL ADMISSIONS

3.3.1 HOSPITAL ADMISSIONS WITH A PRIMARY DIAGNOSIS OF POISONING BY ILLICIT DRUGS

In Leicester there were 183, 295 and 234 admission episodes with a primary diagnosis of poisoning by illicit drugs in 2012/13-2014/15, 2015/16-2017/18 and 2018/19-2020/21 respectively. As shown in Figure 6, the rate of admission episodes with a primary diagnosis of poisoning by illicit drugs in Leicester increased significantly from 18.2 per 100,000 population in 2012/13-2014/15 to 28.2 per 100,000 population in 2015/16-2017/18, this increase was followed by a significant decrease to 22.0 per 100,000 population in 2018/19-2020/21. In 2012/13-2014/15, the rate of admission episodes with a primary diagnosis of poisoning by illicit drugs in Leicester (18.2 per 100,000 population) was significantly lower (better) than the rate in England (31.6 per 100,000 population). There was no significant difference between the rate in Leicester (28.2 per 100,000 population) and England (31.4 per 100,000 population) in 2015/16-2017/18. Data for England is only available up to 2019/20. Therefore, the data for England cannot be presented for the latest three-year period (2018/19-2020/21) alongside the data for Leicester, as an alternative the most recent two years of data for England (2018/19 and 2019/20) has been grouped and used in the comparisons below. When combining the two most recent periods of data for England (2018/19 and 2019/20) the rate in England was 31.2 per 100,000 population, this was not significantly different to the value in 2012/13-2014/15 or 2015/16-2017/18. The rate in Leicester in 2018/19-2020/21 (22.0 per 100,000 population) was significantly lower than the rate in England in 2018/19-2019/20 (31.2 per 100,000 population).

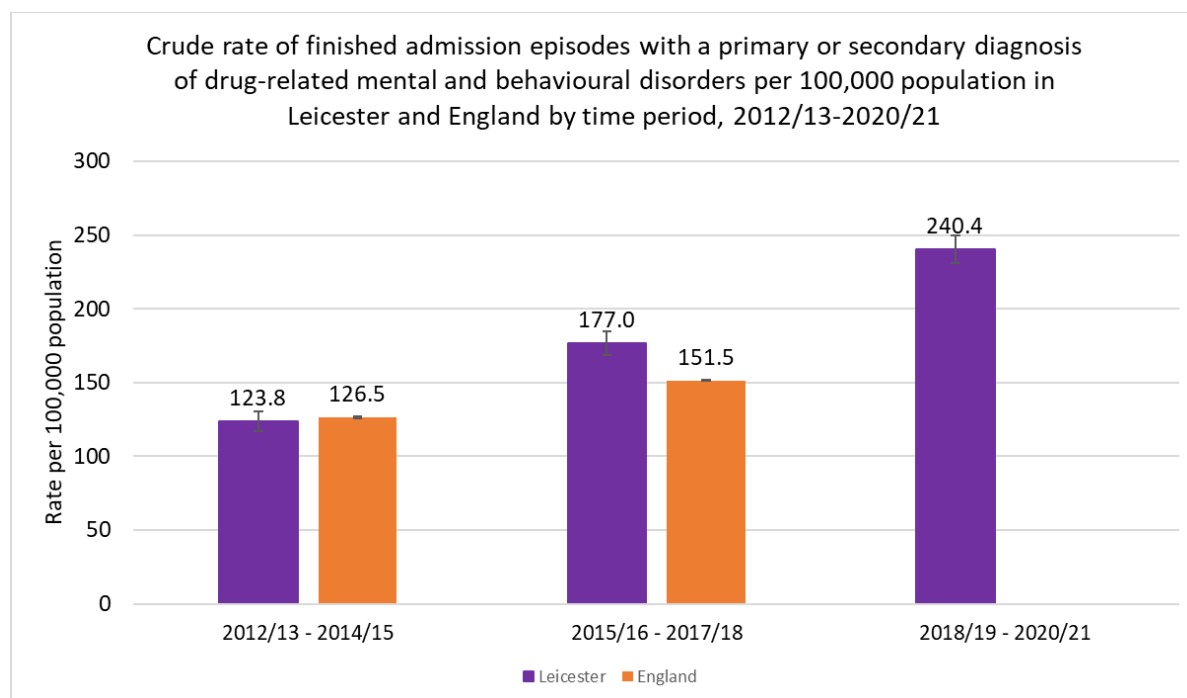
Figure 6: Crude rate of admission episodes with a primary diagnosis of poisoning by illicit drugs in Leicester and England by time period (rate per 100,000 population) (2012/13-2020/21) ¹¹¹²



3.3.2 HOSPITAL ADMISSIONS WITH A PRIMARY OR SECONDARY DIAGNOSIS OF DRUG-RELATED MENTAL AND BEHAVIOURAL DISORDERS

In Leicester there were 1,244, 1,853 and 2,557 admission episodes with a primary or secondary diagnosis of drug-related mental and behavioural disorders in 2012/13-2014/15, 2015/16-2017/18 and 2018/19-2020/21 respectively. As shown in Figure 7, the rate of admission episodes with a primary or secondary diagnosis of drug-related mental and behavioural disorders in Leicester increased (worsened) significantly from 123.8 per 100,000 population in 2012/13-2014/15 to 177.0 per 100,000 population in 2015/16-2017/18 to 240.4 per 100,000 population in 2018/19-2020/21. In 2012/13-2014/15 the rate in Leicester was not significantly different to the value in England (126.5 per 100,000 population), however, in 2015/16-2017/18 the rate in Leicester was significantly higher (worse) than the value for England (151.5 per 100,000 population). Data for England is only currently available up to 2019/20 and as such the data for 2018/19-2020/21 for England cannot be presented. Data for England is only available up to 2019/20. Therefore, the data for England cannot be presented for the latest three-year period (2018/19-2020/21) alongside the data for Leicester, as an alternative the most recent two years of data for England (2018/19 and 2019/20) has been grouped and used in the comparisons below. When combining the two most recent periods of data for England (2018/19 and 2019/20) the rate in England was 175.0 per 100,000 population, this was significantly higher than the rate in 2012/13-2014/15 and 2015/16-2017/18 and shows an increasing trend in rate across the three (unequal) time periods. The rate in Leicester in 2018/19-2020/21 (240.4 per 100,000 population) was significantly higher than the rate in England in 2018/19-2019/20 (175.0 per 100,000 population).

Figure 7: Crude rate of admission episodes with a primary or secondary diagnosis of drug-related mental and behavioural disorders per 100,000 population in Leicester and England by time period, 2012/13-2020/21¹³¹⁴

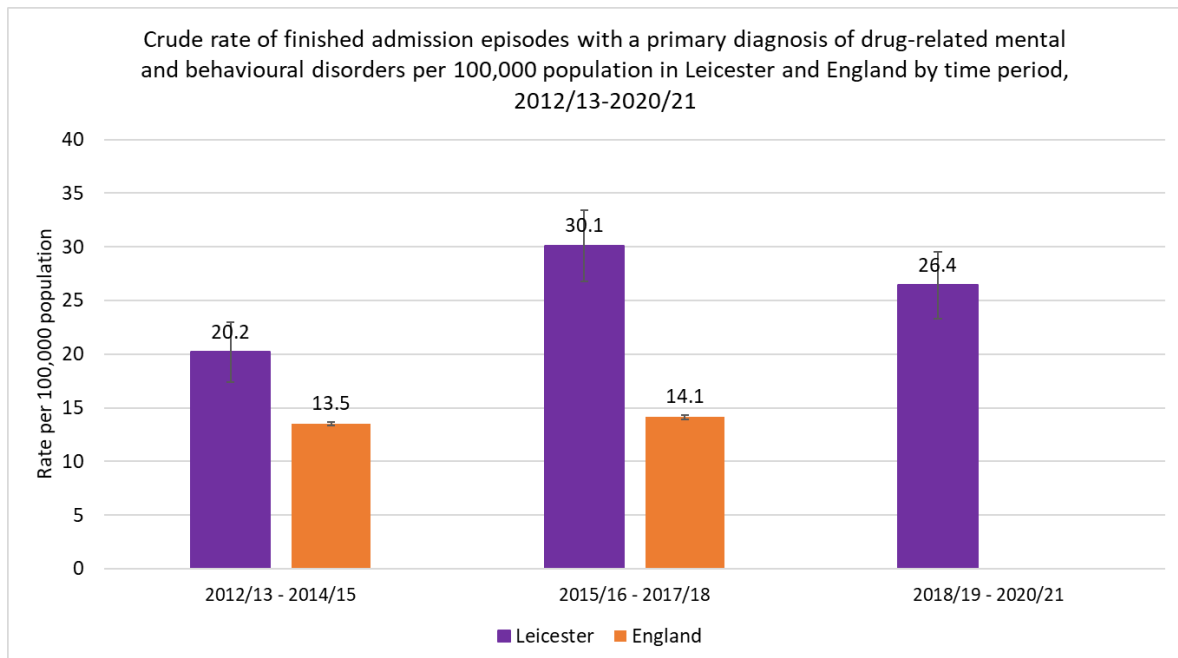


3.3.3 HOSPITAL ADMISSIONS WITH A PRIMARY DIAGNOSIS OF DRUG-RELATED MENTAL AND BEHAVIOURAL DISORDERS

In Leicester there were 203, 315 and 281 admission episodes with a primary diagnosis of drug-related mental and behavioural disorders in 2012/13-2014/15, 2015/16-2017/18 and 2018/19-2020/21 respectively. As shown in Figure 8, the rate of admission episodes with a primary diagnosis of drug-related mental and behavioural disorders in Leicester in 2012/13-2014/15 (20.2 per 100,000 population) and 2015/16-2017/18 (30.1 per 100,000 population) was significantly higher (worse) than England (13.5 and 14.1 per 100,000 population respectively). The rate of admission episodes with a primary diagnosis of drug-related mental and behavioural disorders in Leicester increased significantly from 20.2 per 100,000 population in 2012/13-2014/15 to 30.1 per 100,000 population in 2015/16-2017/18, in line with the significant increase witnessed in England (from 13.5 to 14.1 per 100,000 population). In 2018/19-2020/21 the rate in Leicester had decreased from the rate in 2015/16-2017/18, however this difference was not significant. Data for England is only available up to 2019/20. Therefore, the data for England cannot be presented for the latest three-year period (2018/19-2020/21) alongside the data for Leicester, as an alternative the most recent two years of data for England (2018/19 and 2019/20) has been grouped and used in the comparisons below. When combining the two most recent periods of data for England (2018/19 and 2019/20) the rate in England was 12.8 per 100,000 population, this was significantly lower than the rate in 2012/13-2014/15 and 2015/16-2017/18. The rate in

Leicester in 2018/19-2020/21 (26.4 per 100,000 population) was significantly higher than the rate in England in 2018/19-2019/20 (12.8 per 100,000 population).

Figure 8: Crude rate of admission episodes with a primary diagnosis of drug-related mental and behavioural disorders per 100,000 population in Leicester and England by time period, 2012/13-2020/21

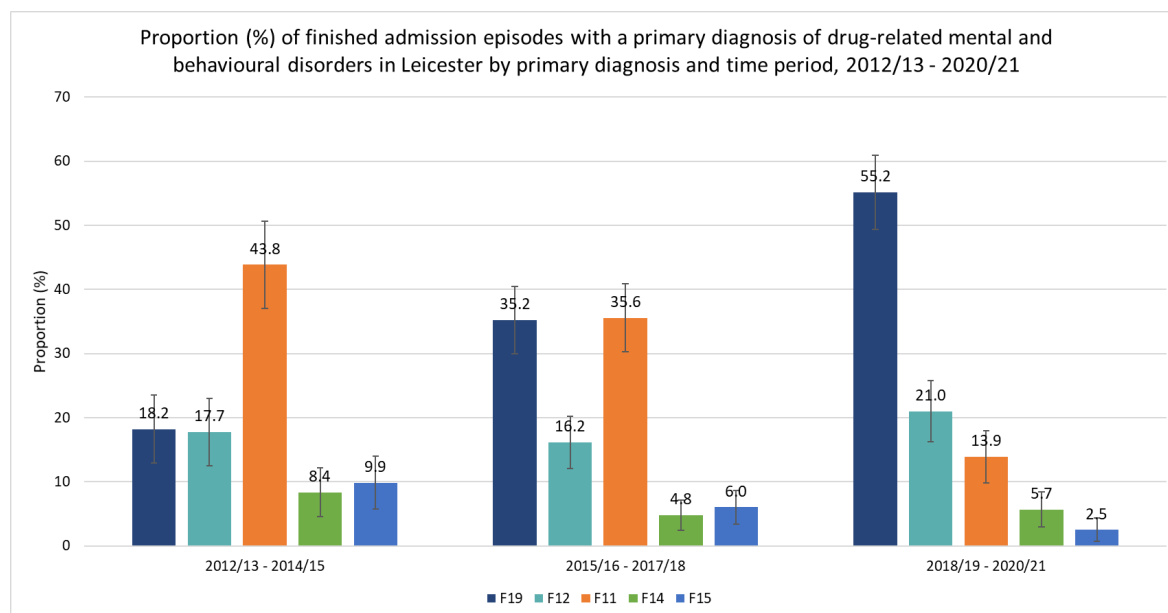


As shown in Figure 9 below, the proportion of admission episodes with a primary diagnosis of mental and behavioural disorders due to multiple drug use and use of other psychoactive substances in Leicester has increased (worsened) significantly from 18.2% in 2012/13-2014/15 to 35.2% in 2015/16-2017/18 and to 55.2% in 2018/19-2020/21. Between 2015/16-2017/18 and 2018/19-2020/21, the proportion of admission episodes with a primary diagnosis of drug-related mental and behavioural disorders in Leicester that had a primary diagnosis of mental and behavioural disorders due to the use of opioids decreased (improved) significantly from 35.6% to 13.9%. Over the same time period, the proportion of admission episodes with a primary diagnosis of drug-related mental and behavioural disorders in Leicester that had a primary diagnosis of mental and behavioural disorders due to multiple drug use and use of other psychoactive substances increased (worsened) significantly from 18.2% to 55.2%. In 2018/19-2020/21, admission episodes with a primary diagnosis of mental and behavioural disorders due to multiple drug use and use of other psychoactive substances contributed the highest proportion of admission episodes with a primary diagnosis of drug-related mental and behavioural disorders in Leicester, the proportion of admissions with this primary diagnosis was significantly higher (worse) than for those with other primary diagnoses. In 2018/19-2020/21 in Leicester, the proportion of admission episodes with a primary diagnosis of drug-related mental and behavioural disorders which had a primary diagnosis of mental and behavioural disorders due to the use of cannabinoids or mental and behavioural disorders due to the use of opioids was

significantly higher (worse) than both the proportion which had a primary diagnosis of mental and behavioural disorders due to the use of cocaine or mental and behavioural disorders due to the use of other stimulants (including caffeine).

Note: the data for F13, F16 and F18 has been suppressed in Figure 9 due to low counts.

Figure 9: Proportion of admission episodes with a primary diagnosis of drug-related mental and behavioural disorders in Leicester by primary diagnosis and time period, 2012/13-2020/21



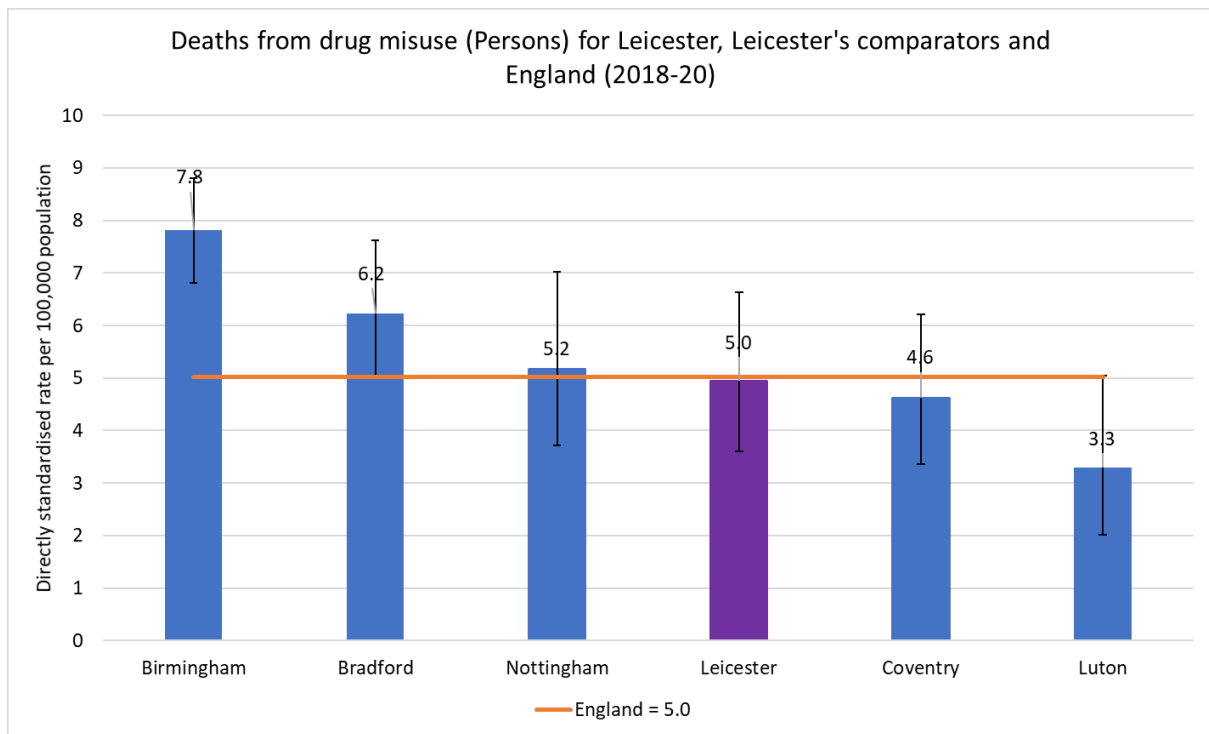
- F11 Mental and behavioural disorders due to use of opioids
- F12 Mental and behavioural disorders due to use of cannabinoids
- F13 Mental and behavioural disorders due to use of sedatives or hypnotics
- F14 Mental and behavioural disorders due to use of cocaine
- F15 Mental and behavioural disorders due to use of other stimulants, including caffeine
- F16 Mental and behavioural disorders due to use of hallucinogens
- F18 Mental and behavioural disorders due to use of volatile solvents
- F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances

3.4 MORTALITY

3.4.1 DEATHS FROM DRUG USE

In Leicester in 2018-20 there were 47 deaths from drug use. Figure 10 shows that the rate of deaths from drug use in Leicester in 2018-20 (5.0 per 100,000 population) was not significantly different to the rate in England (5.0 per 100,000 population). The rate of deaths from drug use in Leicester in 2018-20 was significantly lower (better) than that of Birmingham (7.8 per 100,000 population) but was not significantly different to any of its other comparators.

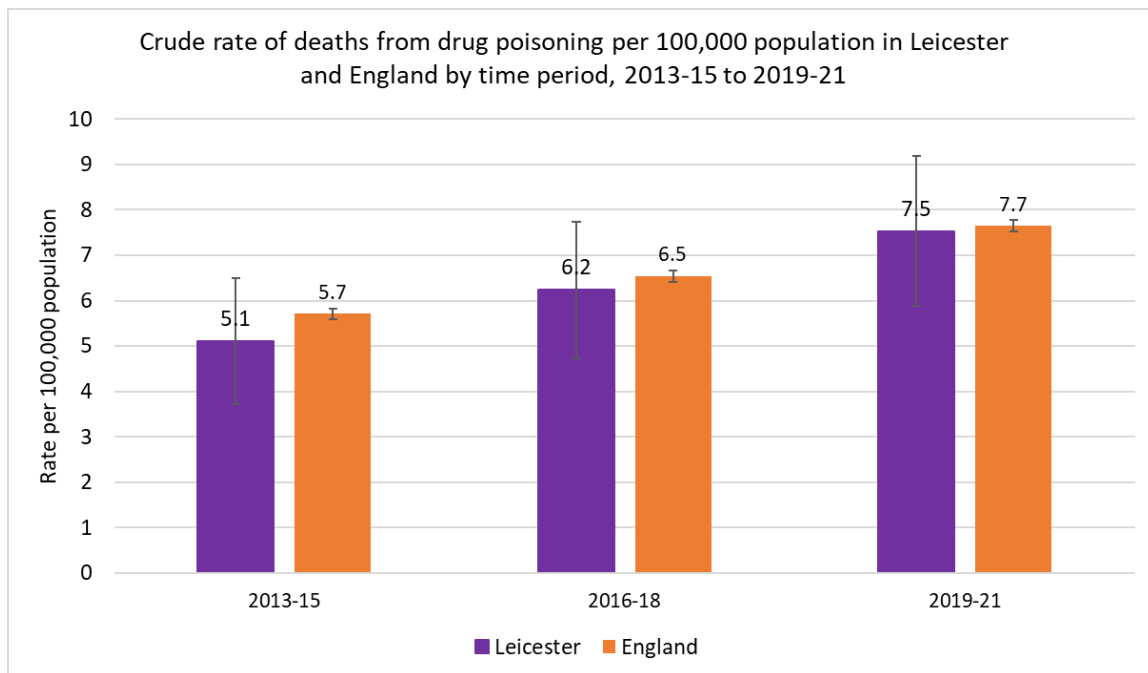
Figure 10: Deaths from drug use (Persons) in Leicester, Leicester’s comparators and England in 2018-20¹⁵



3.4.2 DEATHS FROM DRUG POISONING

In Leicester there were 52, 66 and 80 deaths from drug poisoning in 2013-15, 2016-18 and 2019-21 respectively. As shown in Figure 11 below, the rate of deaths from drug poisoning in Leicester was not significantly different to the rate in England in 2013-15, 2016-18 or 2019-21. The rate of deaths from drug poisoning in both Leicester and England have increased with each time period. The rate in Leicester increased from 5.1 per 100,000 population in 2013-15 to 6.2 in 2016-18 and to 7.5 in 2019-21, whilst the rate in England increased from 5.7 per 100,000 population to 6.5 and to 7.7 respectively. The increases in England were significant but the increases in Leicester were not.

Figure 11: Crude rate of deaths from drug poisoning per 100,000 population in Leicester and England by time period, 2013-15 to 2019-21¹⁶¹⁷



3.5 IMPACT OF COVID-19

The local impact of the Covid-19 pandemic on the use of drugs and levels of drug use is currently unknown. This represents a local gap in knowledge and should be prioritised for investigation when data becomes available.

3.6 CRIME

There is a relationship between substance use and crime. Drug-related crime causes harm both to individuals and the societies in which they live. Heroin and crack cocaine addiction is linked to almost half of all acquisitive crime, including burglary, robbery and theft¹⁸ and drugs contribute to around half of all homicides.¹⁹

4. CURRENT SERVICES IN RELATION TO NEED

- **Turning Point** provide substance use treatment services for children, young people and adults. This includes treatment, advice and guidance, recovery support, access to rehab and harm reduction services such as needle exchange and BBV prevention and treatment.
- **Recovery communities** help support those recovering from drug and alcohol addiction through a range of activities such as therapy, counselling, peer mentoring, employment training and social activities. Alcoholic Anonymous, Narcotics Anonymous and Spinney Hill Drug Alcohol and Recovery support all provide support in the city. Recovery networks are available for certain population groups, for example the Sikh Recovery Network.
- **Unity House**, provided by Home Group, is an accommodation service that houses up to eleven people in two shared accommodation properties on two sites. It provides one to one support from a dedicated link worker, structured support and activities that are designed to support people to recover from drug and alcohol use or for those who wish to continue their abstinence. In addition, there is also support from Progress House which is based in the community, offering more independence whilst still benefiting from a wider support system.
- **Inpatient detox:** This is a block contract with Framework Housing Association based in Nottingham. The service provides 10-day detox for drug or alcohol users as part of their recovery journey. Referrals are made by Turning Point and users either go onto residential rehab or receive aftercare in the community. This is a vital step to recovery. Throughout 2020/21 and 2021/22, 63 and 74 service users were admitted to the inpatient detox unit for stabilisation and withdrawal. Although there was an increase in users between 2020/21 and 2021/22, the under-utilisation of bed days is a cause for concern. The latest annual percentage of utilisation stands at 55.4% in 2020/21 and 57.3% in 2021/22.²⁰
- **No.5 Recovery Hub:** This is provided by Inclusion Healthcare. The service provides recovery support for people who are street drinking or using drugs including those with a street lifestyle. The service aims to reduce the harms for those with complex needs and to support them into treatment. The centre has a wet room where those with alcohol dependency issues can drink under supervised conditions to ensure safer drinking and creating an environment to engage them with treatment services. The service also provides health interventions (e.g. flu-jabs), skill-based sessions (e.g. computer skills, nutrition) and on-site access to other services such as DWP. It offers a daily Monday to Friday drop-in service for those on the streets who are struggling with alcohol and other substance use problems. Food is served from 8am in the morning and there are also washing and laundry facilities available.
- There is a developing recovery community in Leicester City, in particular through the work of **“Dear Albert”**, which develops mutual aid facilitation through its ‘you do the

MAFs' (Mutual Aid Facilitation) courses, and more recently through 'SPEAR' that provide welfare advice. This community is independent of treatment services but is commissioned by Turning Point.

- **Supervised Consumption:** Supervised consumption services are for drug users and aim to ensure compliance with the agreed treatment plan by dispensing prescribed medication in specified instalments. It ensures each supervised dose is correctly administered to the patient it was intended. It also allows close monitoring of the patient's response to prescribed treatment; for example if there are signs of overdose, if the patient appears intoxicated or when the patient has missed doses. It helps reduce the risk to local communities by the overuse or underuse of medicines and diversion of prescribed medicines onto the illicit drugs market.

Table 1 below shows the uptake of supervised consumption services during April 2021- March 2022 in Leicester. There were over 73,700 dispenses of the service across pharmacies in the city. The highest uptake of the service is in the centre of the city, with over 29,200 dispenses here during the 12 month period. The lowest uptake is in the south of the city where there were just over 3,700 dispenses within the same time period. All locality areas of the city are represented by at least four pharmacies offering the supervised consumption service.

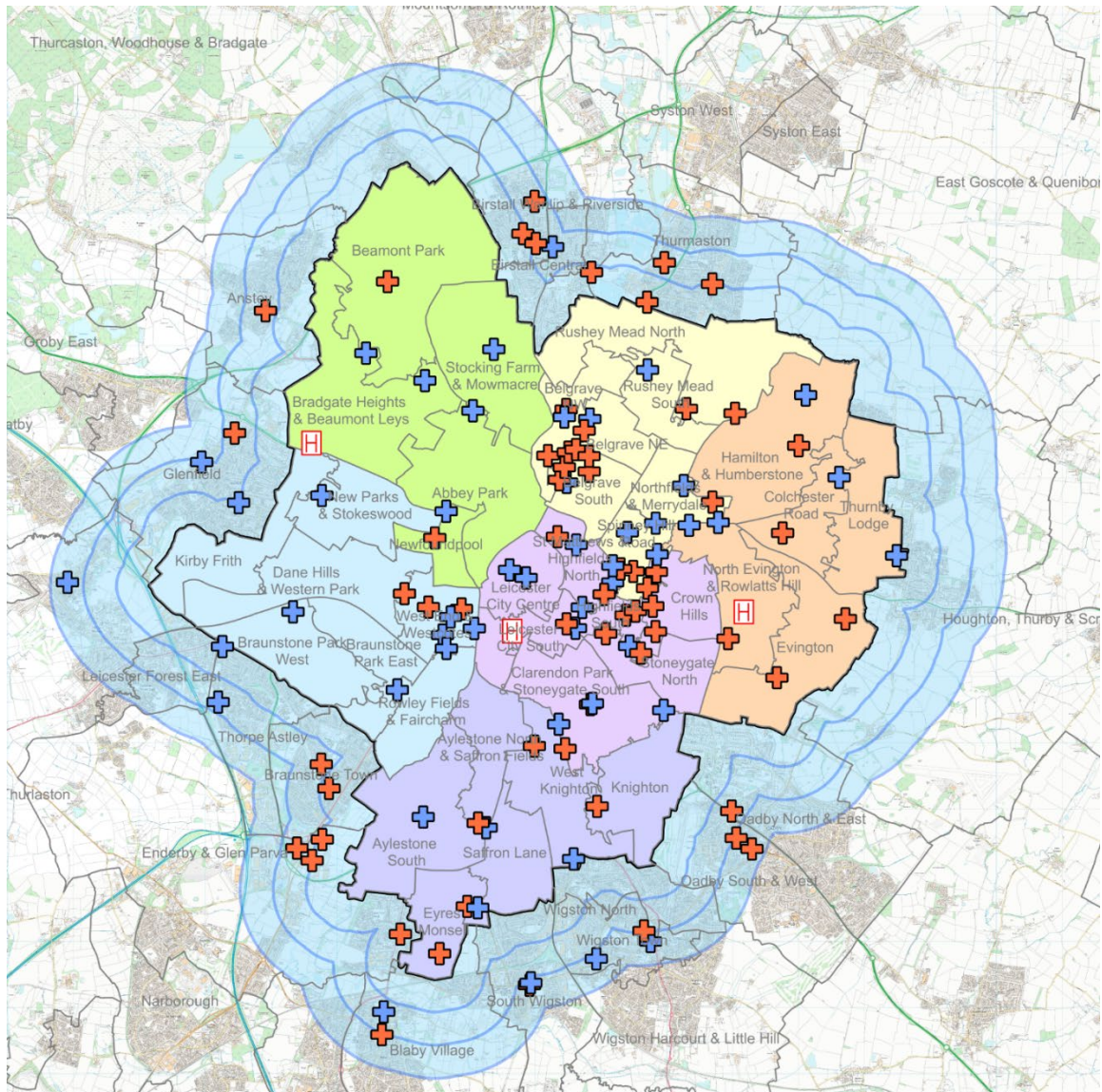
Table 1: Supervised consumption service dispenses by locality area (April 2021 –March 2022)

Locality Area	Number of Pharmacies	Number of transactions
Central	11	29209
East	5	4735
North	9	8500
North West	4	12043
South	6	3716
West	8	15520
Leicester Total	43	73723
Distance from Leicester boundary	Number of Pharmacies	Number of transactions
0km to 0.5km	2	3417
0.5km to 1km	4	2171
1km to 1.5km	5	2055
Total within 1.5km of Leicester	11	7643

Data: Turning Point

As of 2021/22 supervised consumption services are offered at 43 pharmacies across the city and 11 within 1.5km of the boundary, as shown in the map below (Figure 12).

Figure 12: Pharmacies accredited for Supervised consumption services in Leicester in 2021/22



Pharmacies providing a Supervised Consumption Service in Leicester and surrounding area

Supervised Consumption Service 2022

- + Supervised Consumption provided (54)
- + Supervised Consumption not provided (64)

Locality

- Central
- East
- North
- North West
- South
- West

H University Hospitals of Leicester

0.5km buffer

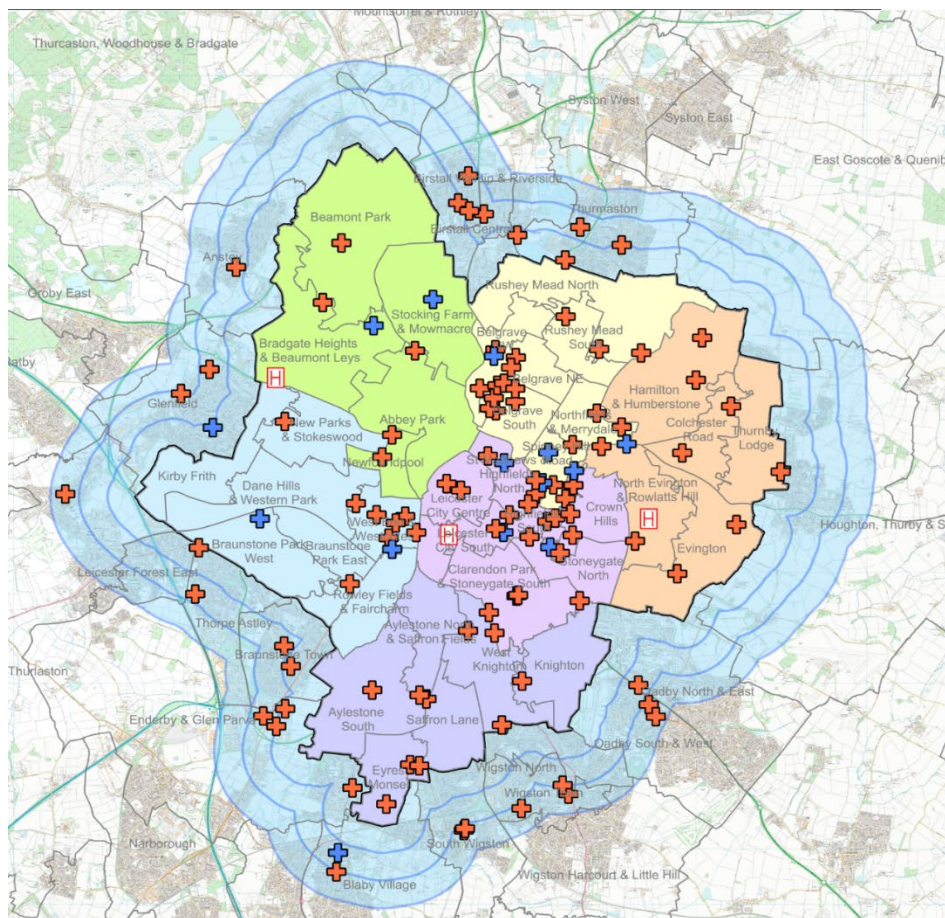
Public Health Division
Leicester City Council
Created: April 2022

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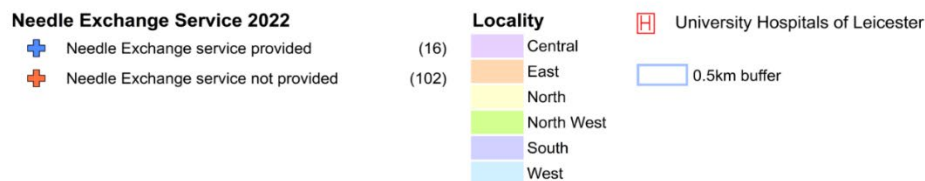
Data: Turning Point

- Needle Exchange:** Pharmacy needle exchanges aim to reduce the rate of sharing and other high-risk injecting behaviours by providing sterile injecting equipment and other support, as well as ensuring the safe disposal of used injecting equipment. Pharmacy needle exchange facilities are available to all adult injectors who are using drugs illicitly. This service is managed by Turning Point through its contracts with the pharmacies. As of 2021/22 needle exchange services are offered at 14 pharmacies across the city and 2 within 1.5km of the boundary, as seen in the map below (Figure 13).

Figure 13: Pharmacies accredited for Needle exchange services in Leicester in 2021/22



Pharmacies providing a Needle Exchange Service in Leicester and surrounding area



Public Health Division
Leicester City Council
Created: April 2022

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Data: Turning Point

Needle exchange services are offered at hubs and pharmacies in Leicester, pharmacy needle exchange services account for 87% of transactions in the city. Table 2 below shows the uptake of needle exchange services in pharmacies during April 2021-March 2022.

As shown in Table 2, there were over 16,900 transactions for needle exchange services in pharmacies in Leicester in 2021/22. The highest uptake of the service is in the centre of the city, with over 7,200 transactions during the 12 month period. The lowest uptake is in the east of the city where there were 0 transactions for the same period.

Table 2: Pharmacy needle exchange service transactions by locality area in Leicester (April 2021 –March 2022)

Locality Area	Number of Pharmacies	Number of transactions
Central	3	7241
East	0	0
North	5	1378
North West	2	1294
South	1	989
West	3	6022
Leicester Total	14	16924
Distance from Leicester boundary	Number of Pharmacies	Number of transactions
0km to 0.5km	1	868
0.5km to 1km	1	95
1km to 1.5km	0	0
Total within 1.5km of Leicester	2	963

Data: Turning Point

5. SERVICE USER PROFILE

5.1 TREATMENT OVERVIEW

The data below examines information about adults (aged 18+) who are receiving structured drug treatment in Leicester City alongside national and similar area comparisons. This National Drug Treatment Monitoring System (NDTMS) data has been taken either directly from NDTMS or through the Office for Health Improvement & Disparities Fingertips site.

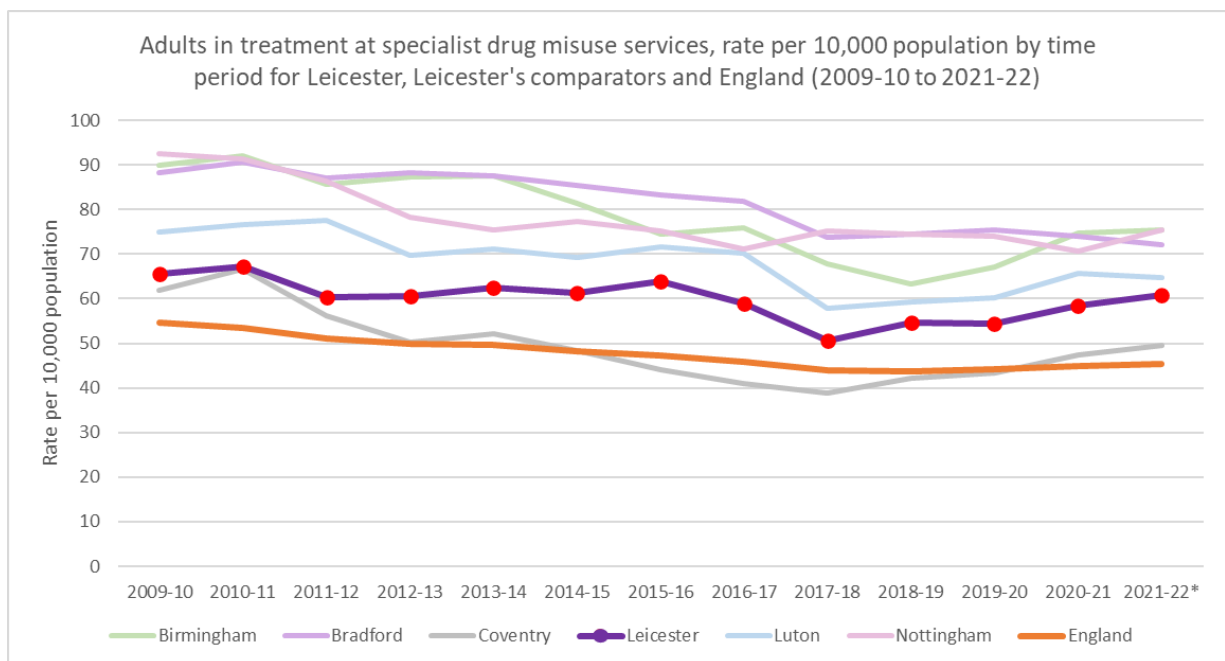
5.1.1 NUMBERS IN TREATMENT BY TREATMENT GROUP

In Leicester in 2020-21 there were 1,580 (58.5 per 10,000 population) adults in community structured drug use treatment services. Of those in treatment, 71% were opiate users, 18% alcohol and non-opiate users and 12% were non-opiate users. The proportion of alcohol and non-opiate users was significantly higher than the national percentage (15%) whereas the proportion of non-opiate users was significantly lower than national (14%).

Provisional data suggests that the number of adults using drug use treatment services in Leicester has increased to 1,696 (60.8 per 10,000 population) in 2021-22. Between 2009-10 and 2020-21, the rate of adults using specialist drug use treatment services has declined by

10.8% in Leicester and 17.9% in England. When including the provisional figures for 2021-22, the rate in Leicester has decreased by 7.3% since 2009-10 and the rate in England has decreased by 16.8%. Figure 14 shows that the rate in Leicester remained relatively stable until 2015-16, following which the rate showed a decreasing trend until 2017-18. Since then, a gradual increasing trend in the rate of adults in treatment at specialist drug use treatment services has been witnessed in Leicester over the previous five time periods. A similar pattern has been witnessed in the rate of adults in specialist drug use services between 2009-10 and 2021-22 across many of Leicester’s comparators. Between 2009-10 and 2021-22 Leicester has consistently had the 2nd lowest rate of adults in specialist drug use services when compared to it’s six comparators, with only Coventry having a lower rate than Leicester. The rate of adults in treatment at specialist drug use services in Leicester has been significantly higher (worse) than the rate in England each year between 2009-10 and 2021-22. This is a reflection of the higher level of need in the population.

Figure 14: Rate of adults in treatment at specialist drug use treatment services in Leicester, Leicester’s comparators and England by time period (2009-10 to 2021-22)



In Leicester in 2020-21 there were 1,114 (41.3 per 10,000 population) adults in community structured drug use treatment services due to the use of opiates. Provisional data suggests that the number of adults using drug use services due to the use of opiates in Leicester has increased to 1,146 (41.1 per 10,000 population) in 2021-22. Between 2009-10 and 2020-21 the rate of adults using specialist drug use treatment services due to opiate use has declined by 26.6% in Leicester, giving Leicester the second largest decline of it’s comparators. When including the provisional figures for 2021-22 the rate in Leicester has decreased by 26.9%, with Leicester witnessing the second largest decline of it’s comparators. The rate in Leicester has shown a decreasing trend since 2009-10, with the rate in Leicester decreasing

year on year over the most recent four time periods. The rate of adults in treatment at specialist drug use treatment services due to opiate use in Leicester has been significantly higher (worse) than the rate in England for both 2020-21 and 2021-22, as these are the only years for which data is available for England it remains unknown whether this was the case before 2020-21.

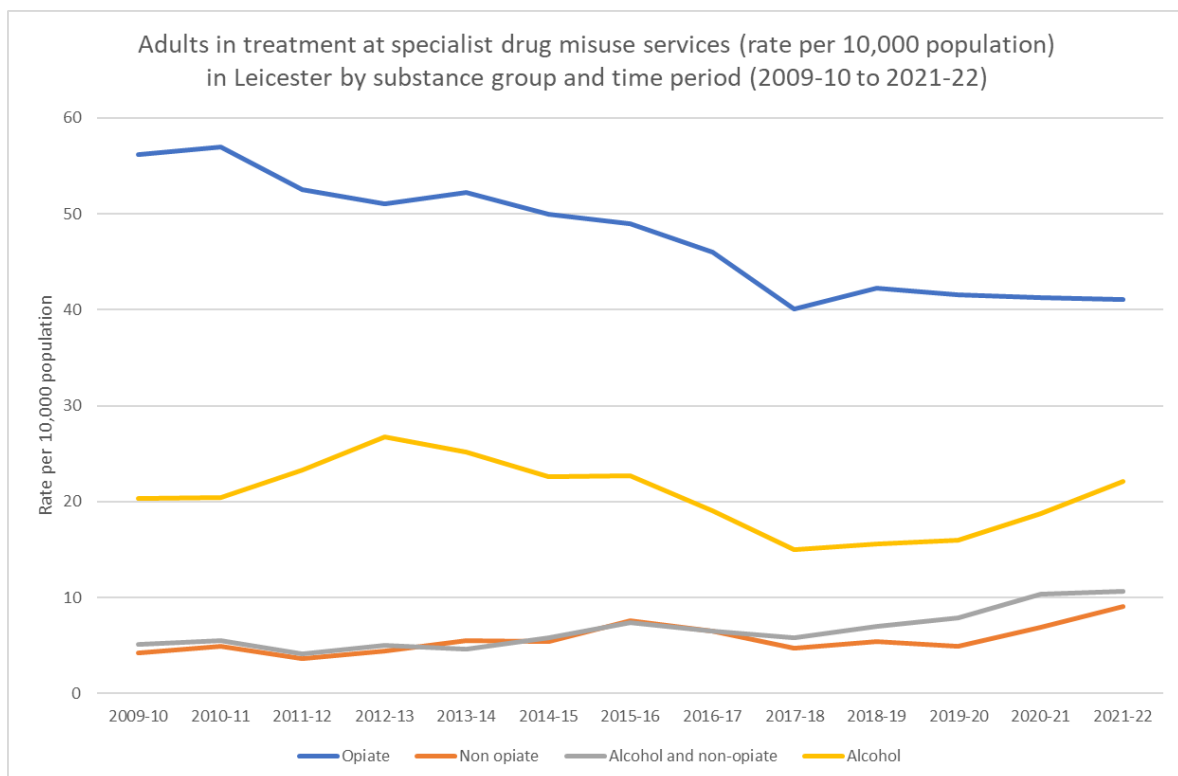
In Leicester in 2020-21 there were 187 (6.9 per 10,000 population) adults in community structured drug use treatment services for non-opiate use. Provisional data suggests that the number of adults using drug use treatment services due to non-opiate use in Leicester has increased to 252 (9.0 per 10,000 population) in 2021-22. Between 2009-10 and 2020-21, the rate of adults using specialist drug use treatment services has increased by 62.4% in Leicester, which is the 2nd largest increase when compared to its comparators. When including the provisional figures for 2021-22, the rate in Leicester has increased by 111.8% since 2009-10 which is also the 2nd largest increase of its comparator group. Between 2019-20 and 2021-22, the rate of adults in community structured drug use treatment services for non-opiates increased significantly. In 2020-21 the rate in Leicester (6.9 per 10,000 population) was not significantly different to the rate in England (6.2 per 10,000 population). As a result of the sharp increase in the rate in Leicester in 2021-22, the rate of adults in community structured drug use services for non-opiate use (9.0 per 10,000 population) was significantly higher (worse) than the rate in England overall (6.5 per 10,000 population).

In Leicester in 2020-21 there were 279 (10.3 per 10,000 population) adults in community structured drug use treatment services for alcohol and non-opiate use. Provisional data suggests that the number of adults using drug use services due to alcohol and non-opiate use in Leicester has increased to 298 adults (10.7 per 10,000 population) in 2021-22. Between 2009-10 and 2020-21, the rate of adults using specialist drug use services has increased by 100.0% in Leicester, which is the largest increase of its comparators. When including the provisional figures for 2021-22, the rate in Leicester has increased by 106.8% since 2009-10 which is the 2nd largest increase of its comparators following the increase of 123.6% witnessed in Bradford. Between 2009-10 and 2021-22, the rate of adults in specialist drug use treatment services due to alcohol and non-opiate use has shown an increasing trend in Leicester. In 2020-21 and 2021-22, the rate of adults in community structured drug use treatment services for alcohol and non-opiate use in Leicester (10.3 and 10.7 per 10,000 population respectively) was significantly higher (worse) than the rate for England (6.9 and 7.5 per 10,000 population respectively).

Between 2009-10 and 2018-19 the rate of adults in substance use treatment services in Leicester due to opiate use was significantly higher than for all of the other substance use groups, whilst the rate for alcohol users was significantly higher than those in treatment due to alcohol and non-opiate and non-opiate only use. Between 2009-10 and 2018-19 there was no significant difference between the rate of those in drug treatment due to non-opiate only and alcohol and non-opiate use. In 2019-20 and 2020-21, the rate of those in treatment

due to alcohol and non-opiate use was significantly higher than the rate in treatment for non-opiate use only. In the provisional data for 2021-22, there was no significant difference between the rate of adults in treatment services in Leicester due to alcohol and non-opiate use and non-opiate only use. Latest conversion rate and referral data for 2021/22 shows the number of referrals are below pre-Covid-19 levels and the conversion rate has dropped to a rate similar to pre-Covid-19 levels. This suggests the total numbers in treatment are likely to decline in 2021/22.

Figure 15: Adults in treatment at specialist drug use services (rate per 10,000 population) in Leicester by substance group and time period (2009-10 to 2021-22)

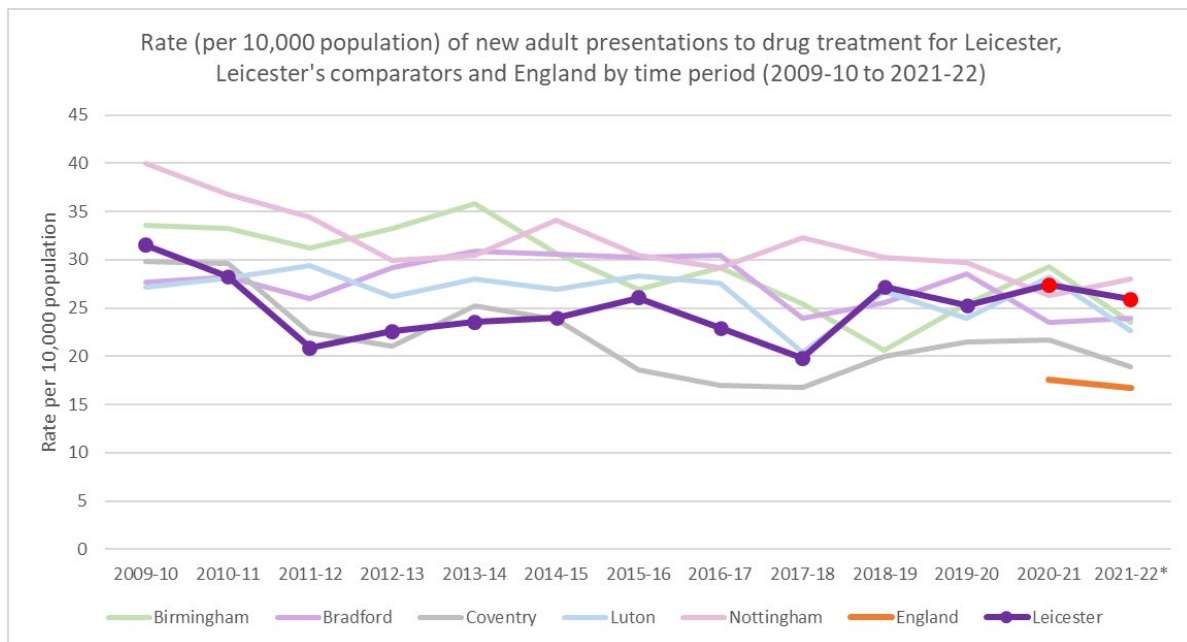


5.1.2 ADULTS STARTING DRUG TREATMENT

In 2020-21 in Leicester 739 (27.4 per 10,000 population) adults newly presented to specialist drug use treatment services. Provisional data for 2021-22 suggests that a slightly smaller number of 723 (25.9 per 10,000 population) adults newly presented to treatment during this year compared to 2020-21. Between 2009-10 and 2020-21, the rate of adults newly presenting to drug treatment declined by 13.1% in Leicester. Including the provisional figures for 2021-22 increased the decline to 17.7%. As shown in Figure 16, the rate of adults newly presenting to specialist drug use treatment services in Leicester has fluctuated since 2009-10. The rate in Leicester increased significantly from 19.8 per 10,000 population in 2017-18 to 27.2 per 10,000 population in 2018-19, before fluctuating slightly in the following years. In 2017-18, before the significant increase in the rate in Leicester, Leicester had the second lowest rate of adults newly presenting to drug use treatment services of it's

comparators, in 2021-22 Leicester had the second highest rate of its comparators. In both 2020-21 and 2021-22 the rate in Leicester (27.4 and 25.9 per 10,000 population respectively) was significantly higher (worse) than the rate in England (17.6 and 16.8 per 10,000 population respectively), as these are the only years for which data is available for England it remains unknown whether this was the case before 2020-21.

Figure 16: Rate of adults newly presenting to specialist drug use treatment services in Leicester, Leicester’s comparators and England by time period (2009-10 to 2021-22)



5.2 TREATMENT POPULATION

5.2.1 DEMOGRAPHICS

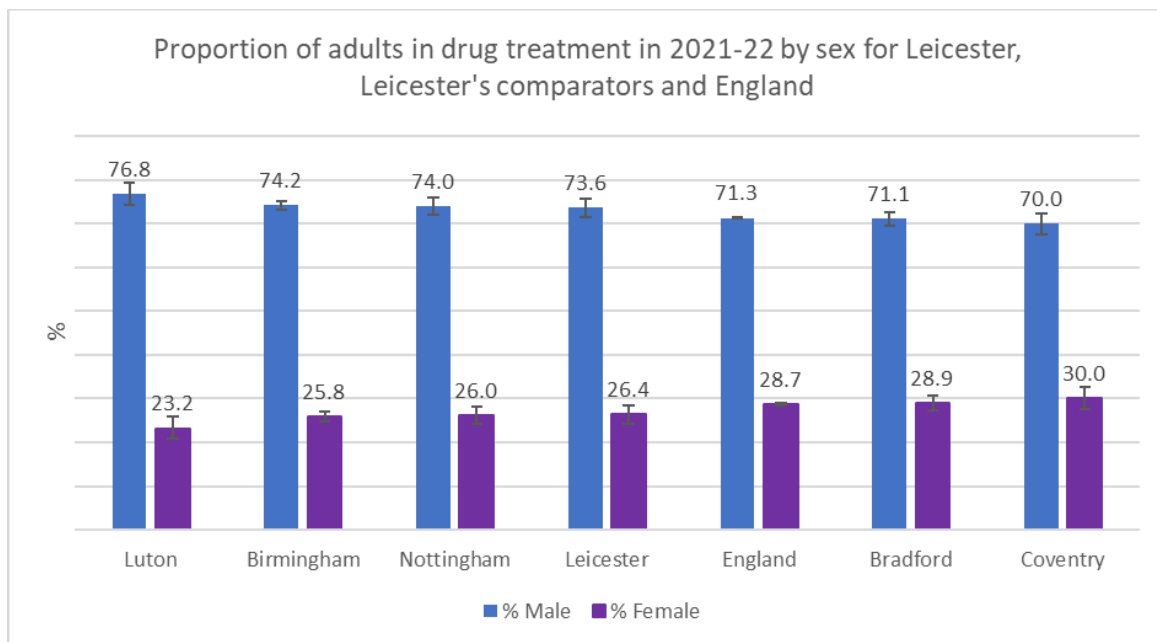
The demographic data of those in drug use treatment below has not been standardised against the demographic profile of the general population. The proportions of different demographic groups within the treatment population may differ to that of comparator areas whilst being in line with the proportions witnessed in the general population structure of the particular area. Care should be taken when interpreting proportions where comparisons against the general population structure of the area have not been considered.

5.2.1.1 SEX

In Leicester, Leicester’s comparators and England, a significantly larger proportion of the adults in drug use treatment services in 2021-22 were male than were female. In 2021-22 in Leicester, a significantly larger proportion of the adults in drug use treatment were male (73.6%) and a significantly smaller proportion were female (26.4%) than in England (71.3% and 28.7% respectively). There were no significant differences between the proportions of males and females in treatment in Leicester when compared to its comparators. Below, the

Leicester adult drug use treatment population sex breakdown has been compared to the Census 2021 Leicester 18+ general population estimate. A significantly larger proportion of the Leicester 2021-22 adult drug use treatment population was male (73.6%) than in the Census 2021 Leicester 18+ general population estimate (48.8%) and a significantly smaller proportion of the Leicester 2021-22 adult drug use treatment population was female (26.4%) than in the Census 2021 Leicester 18+ general population estimate (51.2%).

Figure 17: Proportion of adults in drug treatment in 2021-22 by sex in Leicester, Leicester’s comparators and England






5.2.1.2 ETHNICITY

As shown in Table 3, a significantly larger proportion of Leicester’s adult drug use treatment population in 2021-22 were of an Asian (11.4%) or Mixed (7.1%) ethnic group than in England’s treatment population (3.9% and 2.9% respectively). The proportion of adults in drug use treatment services in Leicester from a white ethnic background (75.7%) was significantly lower than the proportion in England (87.1%). When compared to the Census 2021 all-ages population estimates, a significantly larger proportion of Leicester’s adult drug use treatment population in 2021-22 were White (75.7%) than in the general Leicester population (40.9%). A significantly smaller proportion of Leicester’s adult drug use treatment population in 2021-22 were Asian (11.4%) or Black (3.6%) than were Asian or Black in the general population in Leicester (43.4% and 7.8% respectively). The pattern of differences witnessed between the proportion of the drug use treatment population in 2021-22 and the general population which are of a White, Asian or Black ethnic background in Leicester was similar to that in England. The proportion of those in Leicester’s adult drug use treatment population in 2021-22 that were of a Mixed ethnic background (7.1%) was significantly higher than the proportion of the general population in Leicester that were of a

Mixed ethnic background (3.8%). In England there was no significant difference between the proportion of those in adult drug use treatment in 2021-22 that were of a Mixed ethnic background (2.9%) and the proportion of the general population that were of a Mixed ethnic background (3.0%). A table of the Census 2021 Leicester population estimate by ethnic breakdown is provided in Appendix 1 at the end of this document.

Table 3: Adults in drug use treatment in 2021-22 in Leicester and England by ethnic group

Ethnic Group	Leicester		England	
	Count	%	Count	%
White	1284	75.7%	176887	87.1%
Asian	194	11.4%	7848	3.9%
Mixed	121	7.1%	5987	2.9%
Black	61	3.6%	5723	2.8%
Not stated	10	0.6%	3006	1.5%
Other	23	1.4%	1917	0.9%
Missing / inconsistent	*	*	1566	0.8%
Chinese	*	*	79	0.0%
Total	1696	100.0%	203013	100.0%




	Significantly lower than national
	Significantly higher than national
	No significant difference to national

5.2.1.3 AGE

Table 4 shows the count and proportion of adults in drug use treatment services by age group in Leicester and England in 2021-22. Leicester has a significantly higher proportion of 35-39 year olds in drug use treatment (19.5%) compared to England (17.1%). The proportion of adults in drug use treatment in Leicester aged between 50-54 years old (9.1%) was significantly lower than the proportion in England (10.9%). Below, the Leicester adult drug use treatment population age breakdown has been compared to the Census 2021 Leicester 18+ general population estimate, more details of which can be found in Appendix 2. The drug use treatment population in Leicester in 2021-22 had a significantly larger proportion of its population aged between 30-34, 35-39, 40-44 and 45-49 than the Census 2021 Leicester 18+ general population estimate. The proportion of adults aged under 25, 55-59, 60-64 and 65 and above in Leicester's drug use treatment population in 2021-22 was significantly smaller than the proportion of the population in these age bands in the Census 2021 Leicester 18+ general population estimate.

Table 4: Adults in drug use treatment in Leicester and England, 2021-22

Age group	Leicester		England	
	Count	%	Count	%
Under 25	124	7.3%	14036	6.9%
25-29	150	8.8%	16982	8.4%
30-34	237	14.0%	27327	13.5%
35-39	331	19.5%	34760	17.1%
40-44	325	19.2%	38311	18.9%
45-49	246	14.5%	31092	15.3%
50-54	154	9.1%	22029	10.9%
55-59	79	4.7%	11697	5.8%
60-64	29	1.7%	4490	2.2%
65 and above	21	1.2%	2289	1.1%
Total	1696	100.0%	203013	100.0%

	Significantly lower than national
	Significantly higher than national
	No significant difference to national

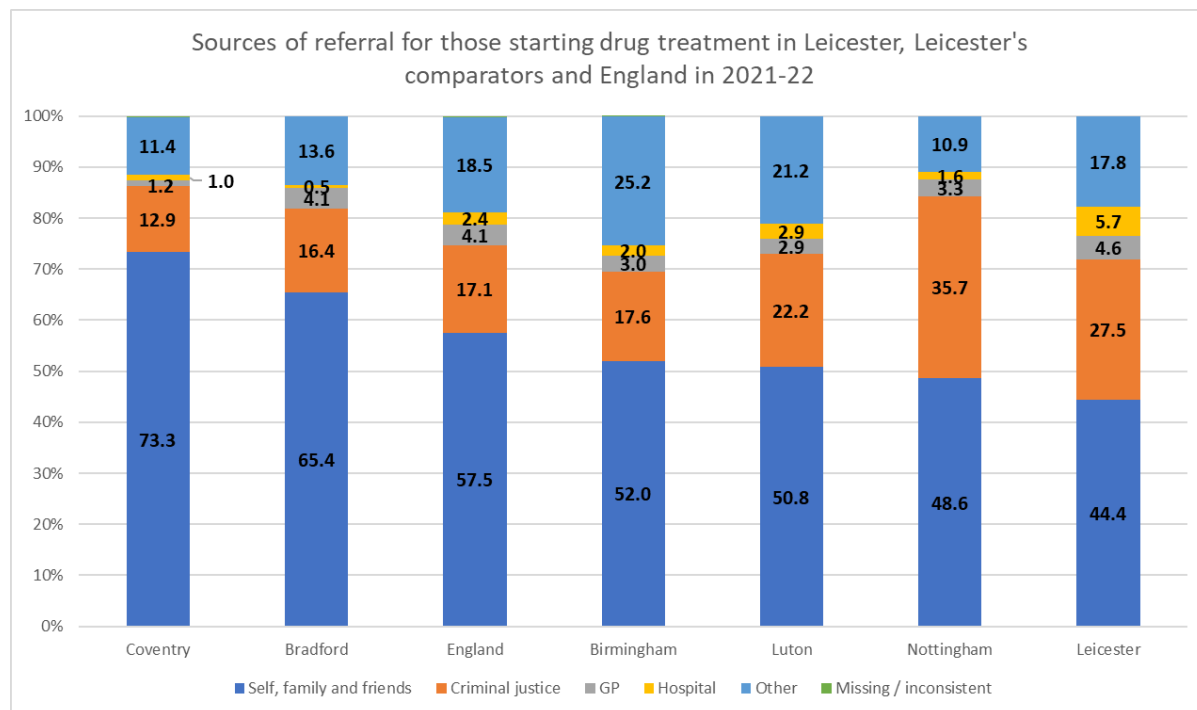
5.2.2 COMPLEXITY AND PROFILE OF THE TREATMENT POPULATION

5.2.2.1 SOURCE OF REFERRAL

In 2021-22, Leicester had 44.4% of its referrals for new drug treatment journeys through the client themselves, their family and their friends which was the smallest proportion of referrals through this source when compared to its comparators. The proportion of referrals through this source in Leicester (44.4%) was significantly lower than the proportion from this source in England (57.5%), Birmingham (52.0%), Bradford (65.4%) and Coventry (73.3%). In 2021-22, Leicester had the largest proportion of referrals to new drug treatment journeys through hospitals than any of its comparators, the proportion of referrals through this source in Leicester (5.7%) was significantly larger than the proportion in England (2.4%), Bradford (0.5%), Coventry (1.0%), Nottingham (1.6%) and Birmingham (2.0%). Following Nottingham, in 2021-22 Leicester had the second largest proportion of referrals through criminal justice sources of its comparators. The proportion of referrals to new drug treatment journeys in Leicester in 2021-22 through criminal justice sources (27.5%) was significantly larger than the proportion of referrals through this source in England (17.1%), Coventry (12.9%), Bradford (16.4%) and Birmingham (17.6%) and significantly smaller than the proportion of referrals through this source in Nottingham (35.7%). Leicester had the largest proportion of referrals for new drug treatment journeys in 2021-22 through GP sources when compared to its comparators, although this difference was only significant

between Leicester and Coventry with the proportion in Leicester (4.6%) significantly larger than in Coventry (1.2%).

Figure 18: Proportion of referrals by source for new drug treatment journeys started in Leicester, Leicester’s comparators and England in 2021-22






5.2.2.2 HOUSING

A safe and stable home environment enables people to sustain their recovery. Table 5 shows that the majority of adults starting drug use treatment in 2021-22 in both Leicester and England had no housing problem or had a record of other/not answered at the start of their journey (67.1% and 79.0% respectively), the proportion in Leicester was significantly lower than the proportion in England. A significantly larger proportion of adults starting drug use treatment in Leicester in 2021-22 had a housing problem (18.1%) than in England (13.5%). Leicester also had a significantly larger proportion of adults starting drug use treatment in 2021-22 with an urgent housing problem (14.8%) than England (7.5%). The proportions for 2021-22 are similar to those of 2020-21 where 64% of adults starting drug use treatment had no housing problem, 21% had a housing problem and 15% had an urgent housing problem.

Table 5: Accommodation need at the start of treatment journey for adults starting drug use treatment in 2021-22 in Leicester and England

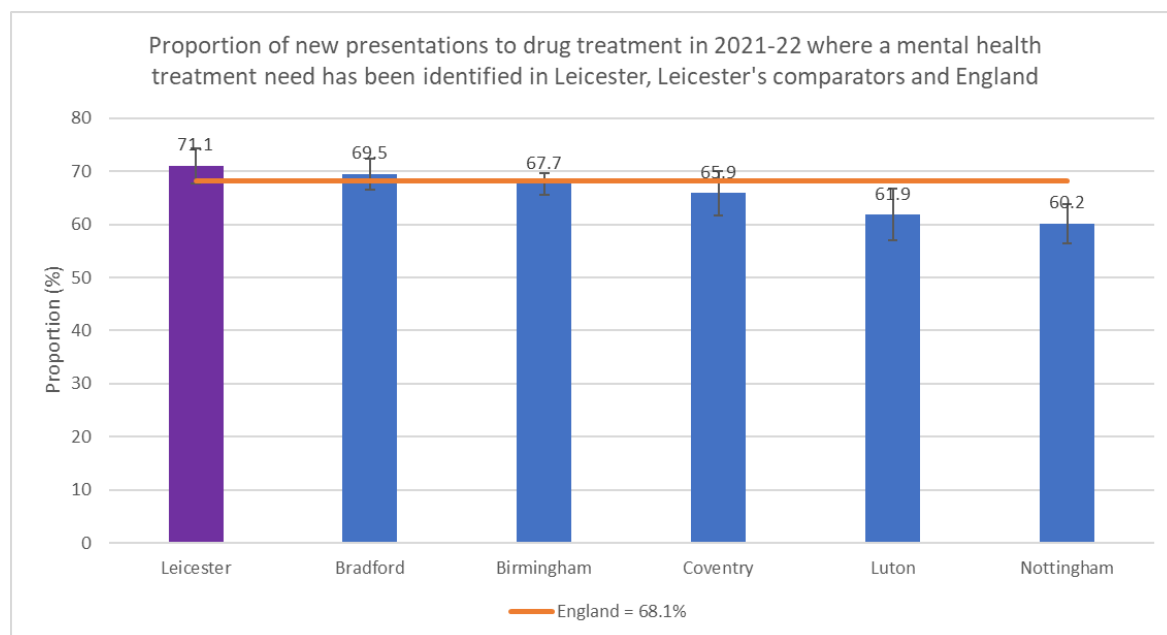
	Leicester		England	
	Count	%	Count	%
NFA - urgent housing problem	107	14.8%	5616	7.5%
Housing problem	131	18.1%	10123	13.5%
No housing problem or other/not answered	485	67.1%	59276	79.0%
Total	723	100.0%	75015	100.0%

-  Significantly lower than national
-  Significantly higher than national
-  No significant difference to national

5.2.2.3 MENTAL HEALTH

Of the adults starting drug use treatment in Leicester in 2021-22, 71.1% were identified as having a mental health treatment need, this is not significantly different to the proportion for England (68.1%). The proportion of adults starting drug use treatment in 2021-22 with a mental health treatment need in Leicester was the highest of its comparators. The proportion in Leicester (71.1%) was significantly larger than the proportion in Luton (61.9%) and Nottingham (60.2%). Of those who were identified as having a mental health treatment need in Leicester over a third (35.4%) were not receiving any treatment, this is a significantly larger proportion than the proportion of those identified as having a mental health treatment need not receiving any treatment in England (30.9%).

Figure 19: Proportion of adults presenting to drug use treatment in 2021-22 where a mental health treatment need has been identified in Leicester, Leicester’s comparators and England



5.2.2.4 CRIMINAL JUSTICE PATHWAY

Of the adults in opiate only, alcohol and non-opiate and non-opiate only drug treatment in Leicester in 2020-21, 30%, 21% and 16% respectively were in contact with both a Criminal Justice Integrated Team and the community-based treatment system. The proportion of adults in opiate only, alcohol and non-opiate and non-opiate only treatment in Leicester in 2020-21 that were in contact with both a Criminal Justice Integrated Team and the community-based treatment system was significantly larger than the proportion for England (14%, 6% and 5% respectively).

Table 6: Criminal Justice Integrated Teams adults in contact with the treatment system for Leicester and England, 2020-21

Drug group	Local (n)	Proportion	England (n)	Proportion
Alcohol and non-opiates	58	21%	1,723	6%
Non-opiates	29	16%	1,296	5%
Opiates	335	30%	19,207	14%
Total*	422	27%	22,226	11%

Note:

*Please note the total is comprised of all drug groups: Opiate, Non-opiate only, and Alcohol and non-opiate

5.2.2.5 PRESCRIPTION ONLY MEDICINES AND OVER THE COUNTER MEDICINES USE

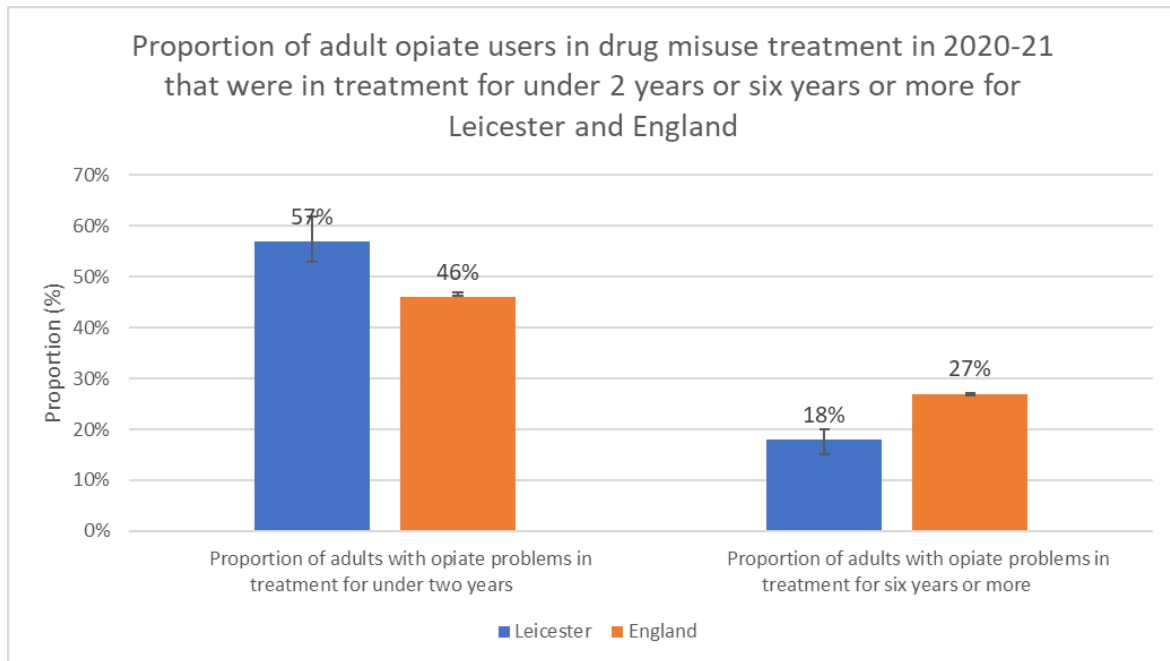
Of those in drug use treatment in Leicester in 2020-21 (1,580 individuals), a significantly higher proportion cited prescription only medicines or over the counter medicines use as well as illicit drug use (4%) than cited prescription only medicines or over the counter medicines use and no illicit drug use (2%). The proportion of those in treatment in Leicester in 2020-21 citing prescription only medicines or over the counter medicines use as well as illicit drug use (4%) or prescription only medicines or over the counter medicines use and no illicit drug use (2%) was significantly lower than the proportions in England (10% and 4% respectively).

5.2.2.6 TIME IN TREATMENT

The data below shows the proportion of opiate users in treatment in 2020-21 with a treatment duration of under two years or six years or over. Adults that have been in treatment for long periods of time (six years or over for adults with opiate problems) will usually find it harder to successfully complete treatment. Current data shows that adults with opiate problems who successfully complete within two years of first starting treatment have a higher likelihood of achieving sustained recovery.

In Leicester in 2020-21 the majority (57%) of those in drug use treatment with opiate problems had been in treatment for under two years, this was significantly higher than the proportion in England (46%). The proportion of adults in drug use treatment with opiate problems which had been in treatment for six years or more in Leicester in 2020-21 (18%) was significantly lower than the proportion in England (27%). In both Leicester and England, a significantly larger proportion of adults in drug use treatment with opiate problems in 2020-21 had been in treatment for under two years than had been in treatment for six years or more.

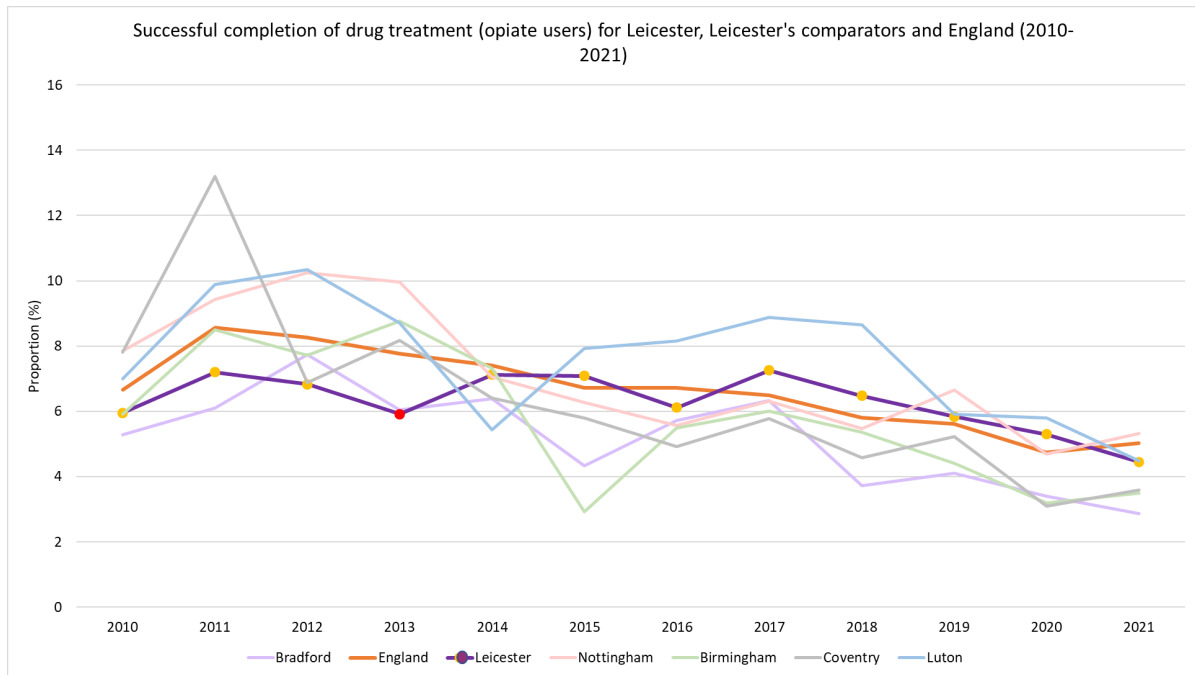
Figure 20: Length of time in treatment for adults in drug use treatment in 2020-21 due to opiate use for Leicester and England



5.2.2.7 SUCCESSFUL COMPLETIONS

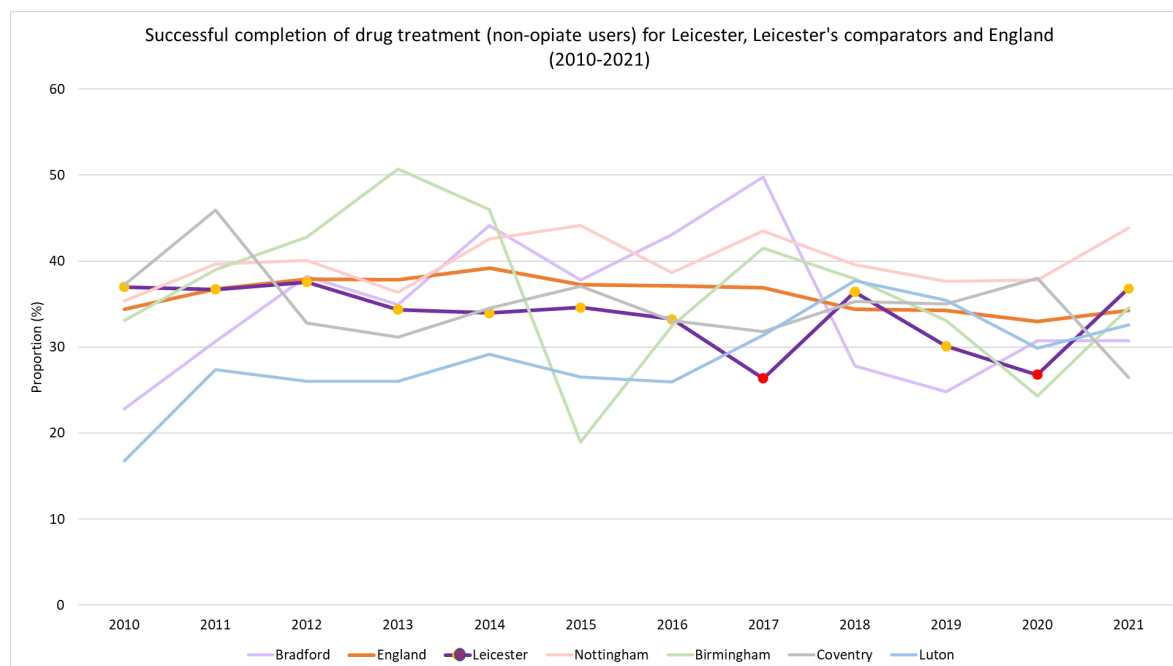
As shown in Figure 21, the proportion of adult opiate users that have successfully completed drug treatment in Leicester has not been significantly different to the value for England since 2010, with the exception of 2013 where the proportion for Leicester was significantly lower (worse) than that of England overall. Over the last five time periods the proportion of adult opiate users successfully completing drug treatment in Leicester has shown a declining trend, although this change was not significant. In 2021 Leicester had the 2nd highest proportion of successful completion of drug treatment in opiate users (4.5%) when compared to its comparators, with only Nottingham (5.3%) having a higher proportion. The proportion of adult opiate users that had successfully completed drug treatment in Leicester in 2020 (4.5%) was not significantly different to the proportion in any of Leicester's comparators.

Figure 21: Successful completion of drug treatment (opiate users) for Leicester, Leicester’s comparators and England (2010-2021)²¹



The proportion of successful completion of drug treatment in non-opiate users in Leicester had shown a declining trend between 2018 and 2020, with Leicester performing significantly worse than England in 2020. In 2021 the proportion of successful completion of non-opiate drug treatment in Leicester increased to 36.8% and was not significantly different to the proportion in England (34.3%). Leicester had the 2nd highest proportion of successful completion of drug treatment in non-opiate users in 2021 when compared to its comparators, with only Nottingham (43.8%) having a higher proportion. In 2021, the proportion in Leicester (36.8%) was significantly higher than the proportion in Coventry (26.5%).

Figure 22: Successful completion of drug treatment (non-opiate users) for Leicester, Leicester’s comparators and England (2010-2021)²²



Data from NDTMS suggests that in 2021-22 in Leicester, the proportion of adults in opiate, non-opiate and alcohol and non-opiate drug treatment that successfully completed treatment was 4.5%, 38.5% and 33.6% respectively.

6. PROJECTED SERVICES USE AND OUTCOMES

It is difficult to project service use demand, as there is a connection to market availability, price and legality of substances, as well as accessibility and promotion of service pathways. According to the ONS 2018 population projections²³, the population size of Leicester City is expected to grow over the next 20 years. If we estimate the future need with regards to drug use treatment services using these population projections alone, we can expect to see an increase in the rate of adults in community structured drug use treatment services in Leicester from 58.5 per 100,000 population in 2020/21 to 63.1 per 100,000 population by 2040/41. Broken down by drug use group we can expect to see an increase in the rate of adults in drug use treatment services due to the use of opiates from 41.3 per 100,000 population in 2020/21 to 44.5 per 100,000 population in 2040/41, an increase in the rate of adults in drug use treatment services due to the use of non-opiates from 6.9 per 100,000 population in 2020/21 to 7.4 per 100,000 population in 2040/41 and an increase in the rate of adults in drug use treatment services due to the use of alcohol and non-opiates from 10.3 per 100,000 population in 2020/21 to 11.1 per 100,000 population in 2040/41. Based on the estimated population projections between 2019 and 2039, we can expect that the rate of deaths due to drug use will increase from 5.0 per 100,000 population in 2018-20 to 5.4 per 100,000 population in 2040/41 which is an increase equivalent to around 4 deaths.

Note: Due to the lack of recent data on the current prevalence of drug use in Leicester, an estimated projection for this indicator has not been calculated.

Table 7: Projected number of adults in community structured drug use treatment services

	Actual 2020/21	Estimated 2030/31	Estimated 2040/41
Count	1,580	1,648	1,703
Rate per 100,000 population	58.5	61.0	63.1

in Leicester (based on 2020/21 rate)

Based on estimated projected population change between 2020 and 2030 and 2040

Table 8: Projected number of adults in community structured drug use treatment services due to the use of opiates in Leicester (based on 2020/21 rate)

	Actual 2020/21	Estimated 2030/31	Estimated 2040/41
Count	1,114	1,162	1,201
Rate per 100,000 population	41.3	43.1	44.5

Based on estimated projected population change between 2020 and 2030 and 2040

Table 9: Projected number of adults in community structured drug use treatment services

	Actual 2020/21	Estimated 2030/31	Estimated 2040/41
Count	187	195	202
Rate per 100,000 population	6.9	7.2	7.4

due to the use of non-opiates in Leicester (based on 2020/21 rate)

Based on estimated projected population change between 2020 and 2030 and 2040

Table 10: Projected number of adults in community structured drug use treatment

	Actual 2020/21	Estimated 2030/31	Estimated 2040/41
Count	279	291	301
Rate per 100,000 population	10.3	10.7	11.1

services due to the use of alcohol and non-opiates in Leicester (based on 2020/21 rate)

Based on estimated projected population change between 2020 and 2030 and 2040

Table 11: Projected number of deaths from drug use in Leicester (based on 2018-20 rate)

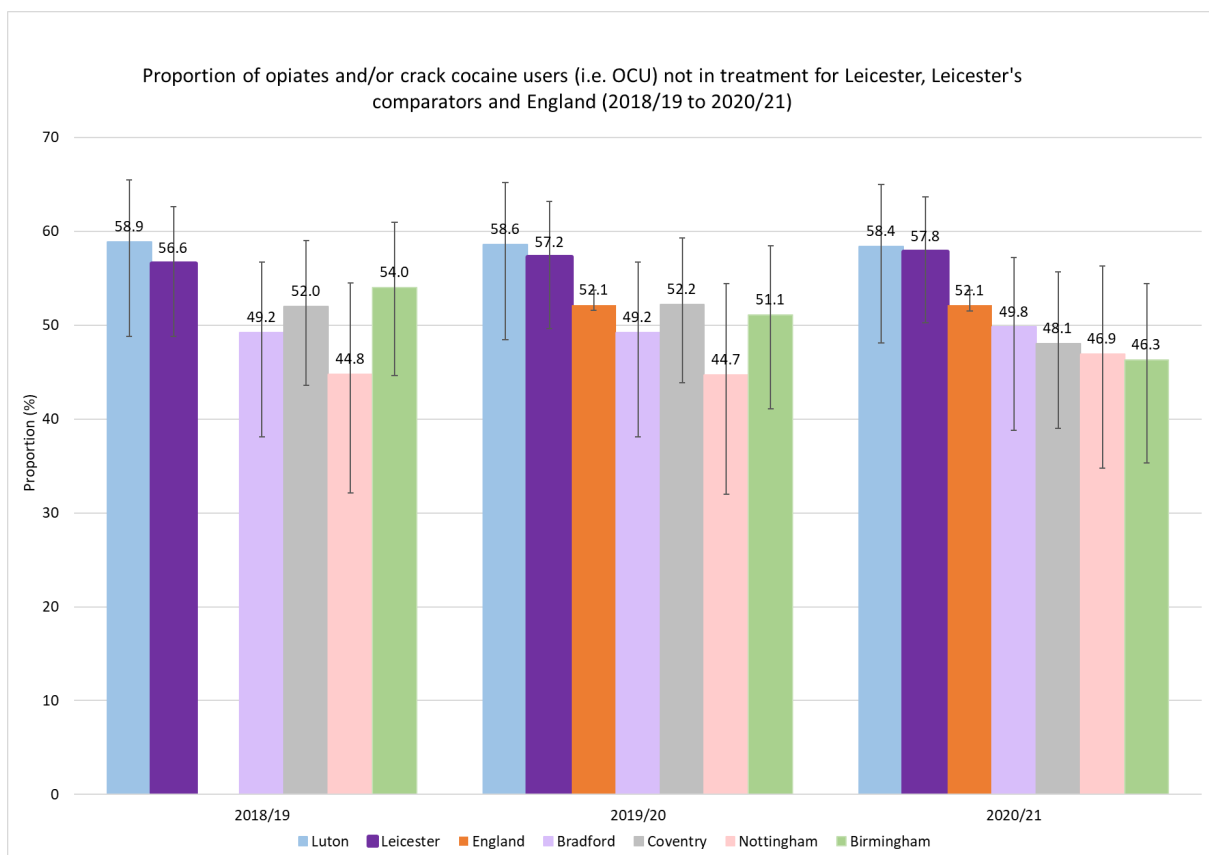
	Actual 2018-20	Estimated 2028-30	Estimated 2038-40
Count	47	49	51
Rate per 100,000 population	5.0	5.2	5.4

Based on estimated projected population change between 2019 and 2029 and 2039

7. UNMET NEEDS AND GAPS

As shown in Figure 23 below, in 2019/20 and 2020/21 the proportion of opiates and crack/cocaine users not in treatment in Leicester (57.2% (1,587 individuals) and 57.8% (1,603 individuals) respectively) was not significantly different to the proportion for England overall (52.1% for both time periods). Leicester had the 2nd highest proportion of opiates and/or crack/cocaine users not in treatment in 2020/21 when compared to its five comparators, however, there were no significant differences between Leicester and its comparators. There has been no significant change in the proportion of opiates and/or crack/cocaine users not in treatment in Leicester across the three time periods.

Figure 23: Proportion of opiates and/or crack cocaine users (i.e. OCU) not in treatment for Leicester, Leicester's comparators and England (2018/19 to 2020/21)²⁴



8. RECOMMENDATIONS FOR CONSIDERATION BY COMMISSIONERS

- There is no reliable data examining the prevalence of drugs use at a local level. Work with community health champions should be used to explore this gap in knowledge.
- The CSEW has highlighted that drug use decreases as life satisfaction increases. Work should focus on ensuring commissioned services support recovery and help address the wider factors that reinforce dependency, including housing, social care needs and family support.
- National evidence has highlighted gay and bisexual men and lesbian and bisexual women have higher rates of drug use within the last year compared to heterosexual men and women. Work should be prioritised to understand if unmet need exists with regards to population in gay/lesbian or bisexual sexual orientation locally.
- It is clear that substance use has complex biological and social determinants. It is important that prevention programmes are evidence based and target these determinants, as well as adverse experiences.
- Across the health and care system, individuals with coexisting severe mental illness and substance use should be an area of focus. Mental health and substance use needs should be addressed in both drug and alcohol and mental health services.
- Throughout the COVID-19 pandemic, despite the number of referrals declining, the number of clients in drug treatment increased due to an increase in conversion rates (as telephone assessments commenced). The specialist treatment provider should look at alternative and innovative ways to increase referrals and conversion into treatment.
- The rate of deaths from drug poisoning in Leicester has increased over the last three time periods. Public Health should investigate the reasons for this increase, including reviewing any changes in associated service provision, such as supervised consumption in pharmacies.
- The importance of successful completion and retention must be acknowledged, whereby being in treatment can be seen as a safer option for many clients and can result in better outcomes. Further investigation is also needed to understand the local difference compared to national performance for this indicator.
- The impact of the Covid-19 pandemic has been difficult to distinguish due to data availability. It is recommended to undertake a system mapping exercise of post-pandemic need of both drugs and alcohol services to inform knowledge on current behaviour and future commissioning.

9. KEY CONTACTS:

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11. APPENDIX

Appendix 1: Leicester Census 2021 Population Estimate by Broad Ethnic Group

Ethnic group	Leicester	
	Count	%
Asian/Asian British	159977	43.4%
White	150657	40.9%
Black/Black British	28766	7.8%
Other ethnic group	15272	4.1%
Mixed	13899	3.8%
Total	368571	100.0%

Appendix 2: Leicester adults aged 18+ Census 2021 Rounded Population Estimate by Age

Age group	Leicester	
	Count	%
Under 25	47320	17.0%
25-29	27300	9.8%
30-34	27600	9.9%
35-39	27200	9.8%
40-44	24700	8.9%
45-49	22600	8.1%
50-54	21900	7.9%
55-59	19500	7.0%
60-64	17300	6.2%
65 and above	43500	15.6%
Total	278920	100.0%

*Note: 18 and 19 year old population estimated based on 15-19 year age band divided by 5 and multiplied by 2