DRUG & ALCOHOL ACTION TEAM
Cornwall and Isles of Scilly
Reducing Harm | Promoting Recovery

SAFER CORNWALL
Kernow Salwa

Kernow Recovery Community

CORNWALL & ISLES OF SCILLY DRUGS NEEDS ASSESSMENT

Update 2024/25

To be read in conjunction with the full needs assessments published in the Safer Cornwall library:

- Cornwall and Isles of Scilly Drugs Needs Assessment 2022/23
- Cornwall and Isles of Scilly Alcohol Needs Assessment 2022
- Young People's Substance Use Needs Assessment 2024/25

Version: v8 28/02/25 FINAL

Acknowledgments

This update to the Drugs Needs Assessment for Cornwall and the Isles of Scilly was prepared by the **Amethyst Community Safety Strategic Intelligence Team**, with support from the Drug and Alcohol Action Team, Cornwall Council.

The document was reviewed and consulted on through the membership of the **Cornwall and Isles of Scilly Drug Strategy Partnership**.

We would like to thank the following agencies, partnerships and organisations who have provided data, material and/or comment on this profile's content and supported us in its production:

- Cornwall Council – Resilient Communities, Housing Options, Cornwall Fire and Rescue Service, Public Health, Planning and Housing, Together for Families and Adult Care and Support
- Probation Service
- Devon and Cornwall Police
- Office of the Police and Crime Commissioner
- Integrated Care Board for Cornwall and Isles of Scilly
- Commissioned services and subject experts working across Cornwall

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Introduction

In December 2021, the government published their **10-year UK Plan**[1] to combat illegal drugs, backed by additional funding for 2022 to 2025, to start to **reverse the impact of disinvestment** in drug treatment over the previous decade.

The national strategy seeks to deliver the recommendations of Dame Carol Black's landmark **independent review of drugs**,[2] including a new long-term approach, with **changes to oversight and accountability**, delivered by the whole of Government.

The 10-year commitment sets out the expectations of how **Government and public services will work together** and share responsibility for delivery. This includes specific **guidance**[3] for **local partners**.

Every area is required to have a local **Combating Drugs Partnership** to drive effective delivery of the national Drugs Strategy. This partnership must **agree priorities** through a **strategic needs assessment** and develop and deliver a local **drug strategy and action plan**.

In Cornwall, that responsibility is discharged through the new **Drug Strategy Partnership**, with oversight and governance provided by the Safer Cornwall Strategic Board and the Chair is the Senior Responsible Officer.

Local drug and alcohol strategies continue to be included under the umbrella of the **Safer Cornwall Partnership Plan**.

The strategic needs assessment aims to provide a **shared understanding of local needs and evidence** for drug and alcohol provision. This informs the design of local services and enables individuals, their families and the wider community to have their **needs met more effectively**. A comprehensive needs assessment was published in 2023.

This update focuses on **what has changed** since the last assessment and our **learning from the first two years** of delivery. This refresh should be read alongside the full published 2022/23 needs assessment.

This Drugs Needs Assessment is the **partner document to the Alcohol Needs Assessment**[4] and has multiple cross-cutting themes and priorities.

Local plans responding to these needs assessments **consider both drug and alcohol-related harms**, and how to meet the complex needs of people who use alcohol as well as other drugs. Alcohol is included alongside drugs in all relevant activity and performance monitoring and reporting.

1 From harm to hope: A 10-year drugs plan to cut crime and save lives, UK Government, December 2021
2 Dame Carol Black's Independent Review of Drugs, Home Office and DHSC
3 Drugs Strategy Guidance for Local Delivery Partners, Home Office, June 2022
4 The Alcohol Needs Assessment can be downloaded from the Safer Cornwall Library

What is a needs assessment?

Needs assessment is the **cornerstone of evidence-informed commissioning**.

NICE (National Institute of Clinical Effectiveness) defines health needs assessment as a "systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities"[5].

A robust needs assessment provides commissioners with the range of information required to feed into and inform planning and prioritisation.

It is based on:

- **Understanding the needs of the relevant population** from reliable data sources, local intelligence and stakeholder feedback.
- Systematic analysis of **legislation, national policy and guidance**.
- **Understanding what types of interventions work**, based on analysis of impact of local services, research and best practice.

It is a tool for **decision making**, that helps **focus effort and resources** where they are needed most.

Aims and objectives

The purpose of needs assessment is to examine, as systematically as possible, what the **relative needs and harms are within different groups and settings** and make evidence-based and ethical decisions on how needs might be most **effectively met within available resources**.

Through undertaking a rigorous needs assessment, we aim to continue to ensure that **systems and services are recovery focused**, provide **value for money** and **meet the needs** of local communities.

An effective needs assessment for drug interventions, treatment, support, recovery and reintegration involves a process of identification of:

- **What works well, and for whom** in the current system, and what the unmet needs are
- **Where there are gaps for clients** in the wider reintegration and treatment system
- **Where the system is failing** to engage and / or retain people
- Who the **hidden populations** are and their risk profiles
- The **enablers and barriers** to treatment, reintegration and recovery pathways
- The relationship between **treatment engagement and harm** profiles

This provides a **shared understanding of the local need for services**, which then informs treatment planning and resource allocation, enabling residents to have their needs met more effectively, and ultimately benefiting the communities in which they live.

Such an assessment needs to take full account of the gender, ethnicity and other **diverse needs of the target population and any unmet needs** from this perspective.

We undertake a **full needs assessment every 4 years**, with an annual review and refresh to ensure that our evidence base keeps pace with emerging trends

[5] NICE guidance on Health Needs Assessment – www.nice.org.uk

What's new?

This update focuses on **what has changed** since the last assessment and our **learning from the first two years** of delivery. This refresh should be read alongside the full published 2022/23 needs assessment.

There is an overview of what the Local Outcomes Framework tells us about our local treatment system performance against the aims of the national Drugs Strategy, and the **quality of our treatment and recovery offer**.

We have identified **two topics for greater exploration** of the information available, where these feature in escalating or changing trends in drug use:

- Synthetic Drugs
- Tampered Vapes

Prevalence estimates of **opiate and/or crack dependency** were updated in 2024 so we have undertaken some additional analysis into how we could reduce levels of Unmet Need.

The annual report on Drug Related Deaths has been published and the key themes and priorities for reducing drug-related deaths have been updated within this assessment.

The report provides the findings from a comprehensive review of the 42 people who died in Cornwall in 2023 to ensure that we take the **learning to help prevent future deaths**.

For the first time since 2014, **information sharing** for the purposes of strategic needs assessment has been resumed with the **Probation Service**. This has enabled us to undertake a more detailed assessment of drug-related needs in the Criminal Justice System, focused on people under supervision by Probation, either in the community or in custody.

Relevant key findings are included from the updated community safety Strategic Assessment and new police intelligence products on Serious and Organised Crime.

In 2024, the police developed a new quarterly **Partnership Intelligence Report** on the theme of **drug-related activity** to support local delivery of the national priority of *Breaking Drug Supply Chains*. These products aim to provide all four Combatting Drugs Partnerships in the Peninsula with information to understand and address the **causes and drivers of the drugs market** in their locality.

These are provided to partners alongside a refresh of the content and format of a bi-annual **Serious and Organised Crime Profile** and a suite of **thematic intelligence products**, including Sexual Exploitation and Organised Immigration Crime.

Under Prevention, we have included the relevant findings from the refresh of the Young People's Drug and Alcohol Needs Assessment and updated guidance on what works in drugs prevention for both young people and adults.

From Harm to Hope: Two Years On

The Local Government Association published a case study on Cornwall's approach to the 10 year drug strategy. This case study forms part of the publication *Two years on: a progress review of 'From harm to hope: A 10-year drugs plan to cut crime and save lives*.

The case study details how we used a **well-established partnership model**, through the Community Safety Partnership, to provide robust governance and oversight to deliver the new strategy.

The key elements of the case study are summarised below:

- The focus on drug-related deaths and agreement to **prioritise the quality of service** for people already in treatment in 2023/24, rather than increasing caseloads. This agreement appeared to have been nullified last year, with national targets stipulating a 10% rise in treatment volume – however, nationally the 10% target has been met and we have been advised that there will no penalty for Cornwall in not meeting it.
- **Challenges around staff recruitment** were highlighted, with contributory factors including remuneration of workers, cost of living pressures and the availability of affordable housing.
- **Rough sleeping numbers in contact with services continue to increase**, attributed in part to the health-focused nature of the funding, which lacks specificity in addressing broader social issues and vulnerabilities.
- The **gap between available funding** and the aims to both **sustainably increase numbers in treatment and reduce caseloads**. A persistent challenge since it was first highlighted in 2012. This also shows that **strategies take time to show results** following a long-term decline in funding.
- The **complexity of the funding landscape** and the resource implications in managing different reporting requirements for each grant. Concerns are raised regarding **unrealistic expectations to show measurable improvement in a very short time period** in areas such as drug-related deaths.
- The need for **regional/national partnership working** and relationships that **mirror the positive collaborative local approach**, for example with the ambulance service. A critical risk for the partnership relates **to synthetic drugs and drug related deaths**. The lack of robust national co-ordination, intelligence, surveillance, testing and response to local requests to assist impacts negatively.
- **Continuity of care within the justice system presents a challenge** for Cornwall, given the absence of prisons within the area. Consequently, challenges arise when individuals relocate back to Cornwall post-release and require ongoing treatment. The presence of **strong local connections** with the justice system and police helps **mitigate some of these risks**, facilitating smoother transitions and ensuring individuals receive the right support upon their return to the community.

National Drugs Outcomes Framework

Unless otherwise stated, all figures relate to 2023/24, compared with the 2021/22 baseline and all figures are for Cornwall and Isles of Scilly.

Reduce drug use

Headline metrics

9.5% of people used drugs
People aged 16-59 reporting any drug use in the last year
Crime Survey 2023 (England & Wales only)

2,562 opiate/crack users
Estimated number in our local population
7.6 per 1000 population ▲ +9%
England 9.5

Supporting metrics

267 households
Owed a homeless duty, citing drug use
9% of households owed a duty, England 6%

328 drug and/or alcohol-related exclusions
31 permanent exclusions / 12% of all exclusions - England 5% (2022/23)
297 suspensions / 3% of all suspensions - England 3% (2022/23)

Children's Social Services
Where drugs was identified as a factor

455 referrals
6.2% of all referrals/43.2 per 10,000 children in Cornwall

712 assessments completed
9.5% of all assessments/67.6 per 10,000 children in Cornwall

% 11-15 year olds who think it's ok to take drugs
"To see what it's like"
– cannabis 11%, cocaine 4%
"Once a week"
– cannabis 6%, cocaine 4%
NHS Digital SDD 2023 (England only)

Reduce drug-related crime

Headline metrics

1,926 neighbourhood crimes
3.4 per 1000 population ▲ +33%
England 13.1
Neighbourhood crimes recorded by police

0 drug-related homicides
0 per 1000 population
Recorded by police 01/10/24 to 31/01/25

Supporting metrics

Proven reoffending rates within 12 months
22% of adults ▶ +3%
England and Wales 26%
27% of young people ▲ +6%
England and Wales 33%

689 drug possession crimes
Police recorded crime
1.2 per 1000 population ▶ -2%

267 drug trafficking crimes
Police recorded crime
0.5 per 1000 population ▲ +5%

35
Hospital admissions for assault with a sharp object
Devon and Cornwall 2022/23
1.9 per 100,000 population (crude rate) ▼ -13% from 2021/22
Approx 15% are under the age of 25 years

Reduce drug-related deaths and harm

Headline metrics

99 deaths
Related to drug misuse (2020-2022)
6.5 per 1000 population ▲ +6%
England 5.2

43.5 hospital admissions
per 100,000 population ▲ +27%
Substance misuse hospital admissions, aged 15-24
England 42.2

Supporting metrics

49% Hepatitis C infection
in people who inject drugs (South West, 2023); England and Wales 53%

54 people died
Whilst in contact with treatment
1.5% of people in treatment ▶ 0%
England 1.3%

Reduce drug supply

Headline metrics

5 County Lines closed
Recorded by police 01/10/24 to 31/01/25

4 Disruptions against Organised Crime Groups
Recorded by police 01/10/24 to 31/01/25

Supporting metrics

721 drug seizures
41% Class A / 56% Class B / 3% Class C/other

3 NRM referrals
People referred into the National Referral Mechanism for County Lines
Recorded by police 01/10/24 to 31/01/25

Increase engagement in treatment

Headline metrics

36% prison leavers
With a drug-related need picked up by community services within 3 weeks
England 50%

3,606 adults ▶ +3%
163 young people ▲ +101%
Numbers in treatment in the last year

Supporting metrics

1,162 unmet need
People using opiates and/or crack users not in treatment (estimate)
45.3% of prevalence estimate
England 57.2%

No local data
(no prisons in Cornwall)

People in treatment in prisons and secure settings

Community or Suspended Sentence Orders with Drug Treatment Requirements

Adults starting treatment in the establishment within 3 weeks of arrival from the community or other custodial settings

Improve recovery outcomes

Headline metrics

49% treatment progress
▶ -3%

People in treatment showing substantial progress
England 47%

Supporting metrics

84% no housing problems ▼ -4%
Adults reporting no housing problems in the last 28 days
England 86%

23% adults in work, training or study ▶ -1%
Adults completing at least 1 day of paid work, voluntary work, education or training in the last 28 days
England 25%

12% adults ▼ -7%
Adults with an unmet mental health treatment need
England 18%

5% parents ▶ +2%
Parents that have received a specific family or parenting intervention
England 15%

Reference: National Combating Drugs Outcomes Framework: supporting metrics and technical guidance Sources: Police recorded crime (Devon and Cornwall Police), includes burglary (residential and community), robbery, vehicle offences and theft from the person; Deaths related to drug poisoning by local authority, England and Wales (ONS, 2023); Public Health Profiles (OHID); NHS Smoking, Drinking and Drug Use among Young People 2023, NHS Digital (2024); Proven reoffending statistics: October to December 2022, Ministry of Justice (October 2024, figures compared with October 2022 published figures); Unlinked Anonymous Monitoring Survey of HIV and viral hepatitis among people who inject drugs, UK Health Security Agency 2024; Suspensions and permanent exclusions in England, statistics for state-funded schools academic year 2022/23, Department for Education, July 2024

Local context

This refresh of our **Drugs Needs Assessment** is set against a backdrop of **escalating risk** across our communities, affecting our most **vulnerable people and places**.

From COVID to cost of living crisis

Cornwall – and the UK as a whole – has experienced the worst cost-of-living crisis for decades, with many **more people needing extra help** and support.

In the post-pandemic period, we saw rapid rises in the costs of **food, fuel and energy**, with Russia's invasion of Ukraine increasing uncertainty to global oil and gas prices and supply.

This was coupled with a **housing shortage and escalating rents**, demands on temporary housing increased and more people were **living in poor conditions or becoming homeless**.

Disruption and change in politics and the public sector

At the same time, we saw a period of **political instability** and lots of change in central government.

A **raft of new legislation and statutory guidance** was brought in, covering every area of community safety business including anti-social behaviour, serious violence, drugs and domestic abuse. We saw a shift to a **more punitive approach**, conflicting with our local ethos to seek sustainable long term solutions rather than temporary fixes.

There has been extensive restructuring in the **Integrated Care Board** and fundamental changes in how the **Probation Service** and the **Police** deliver services to residents.

This is taking place within a **broader context of changes across the system**. Services have been reduced, withdrawn, pathways and thresholds to access support have changed. This requires **all partners to work together** to understand and respond to the impacts.

Widening inequalities of health and wealth

The pandemic and cost-of-living crisis have impacted most on already disadvantaged households and this has left a legacy of **widening inequalities in wealth and health** for a generation.

There are areas of **significant and multiple deprivation** across Cornwall, where residents experience a combination of challenges with respect to **living standards**, **crime** and **health inequalities**.

During hard times when people are struggling, communities become **more vulnerable to crime and exploitation**.

There is a **complex relationship** between drugs, crime, health outcomes and deprivation.

Drug and alcohol harms are strongly linked to **health inequalities**. These are unfair differences in health outcomes between different groups of the population.

People with drug and alcohol dependency often **experience extreme health inequalities** and as such are part of the NHS Inclusion Health Groups. These are groups who are **socially excluded** and

likely to have **experienced multiple risk factors for poor health**, such as poverty, violence and complex trauma.

Other Inclusion Health Groups include people who experience homelessness, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in the criminal justice system and victims of modern slavery.

Drug and alcohol dependence should be treated as **chronic health conditions**, and like diabetes or rheumatoid arthritis, **long-term support** is needed. **Stigma** around problem drinking and drug use can leave people feeling **isolated and unable to seek support**.

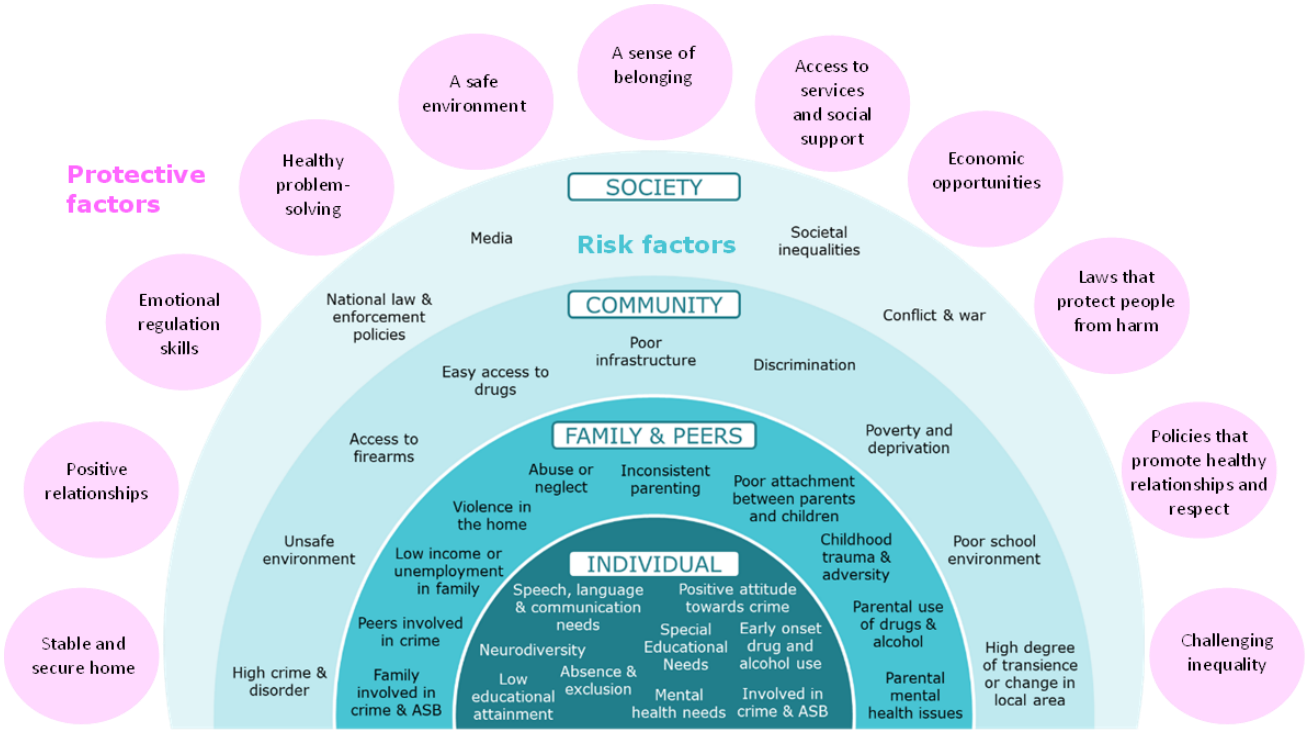
Risk and protective factors

The underlying **risk factors for problem drinking and drug use** and similar to those for violence and abuse, shown in the ecological model below. This shows the **complex interplay of factors** at an individual and family level, and at a wider community and society level.

Risk factors often occur in clusters (and interact with each other within the broader social, cultural and economic contexts. These **factors can change over time**, depending on other factors like age.

Addressing risk factors across the various levels of the ecological model may contribute to reduced risk in more than one area. For example, **healthy relationships education** addresses risk factors at an individual, family and community level, with the aim of **preventing domestic abuse** and addressing a key **risk factor for youth violence**, whilst also reducing the risk of both immediate and long-term **mental and physical health-related harms**.

Protective factors act against risk factors and can explain why children who face the same level of risk are affected differently. A combination of protective factors can **prevent the harmful influence of risk factors** that have accumulated over a child's development.



RISK FACTORS

BIOLOGICAL
- Inherited conditions
- Age, Race, Gender, Sexual orientation
- Low birth weight
- Poor physical health
- Disability
- Poor nutrition
- High blood pressure/cholesterol

PSYCHOLOGICAL
- Poor mental health
- Depression
- Stress
- Anxiety
- Experience of trauma
- Experience of loss/ bereavement

SOCIAL
- Low income and debt
- Poor educational attainment and/or exclusion
- Weak social connections, family networks/community cohesion
- Low paid work or unemployed
- Crime – involvement/exposure
- Witnessing family/peer drug use

ENVIRONMENTAL
- Living in a deprived area
- Lack of affordable/appropriate housing
- Poor access to local amenities and core services -primarily healthcare.
- Lack of sufficient public transport

LIFECOURSE

PATHWAYS

We are not **born** with a fixed set of risk factors, but rather a **background set of vulnerability factors**. Just by the chance of our birth there will be risks and the **higher the number** of these the **more probable** it is that a person will initiate **use**. Vulnerability factors cluster together, creating a snowball effect which generates **pathways into drug use.**
The **majority** of young people **age out of drug use** due the presence of **protective factors**. However, risk and protective factors are not equally weighted. Young people who experience **4+ ACEs** are **11-16 times** more likely to become **dependent on heroin** in later life.

10-12 years

Early onset externalised youth
Have poor impulse control disorders, at high risk of abuse, are underprivileged and more likely to be involved in crime.

12-14 years

Mid-onset internalised youth
High rate of mental and emotional difficulties evident in puberty and rooted in trauma experienced.

14-16 years

Late onset normative youth
Separation from parents to peers increases exposure to high-risk situations and exploitation.

19-21 years

Fling users
Largely a student population from a lower economic background who feel alienated and marginalised in a new social setting.

Entrenched drug use
emanating from early onset non-normative consumption can lead to escalating need, exacerbating health risks.
Increased risk of **premature death** linked to chronic **co-occurring health conditions**.
Higher frequency of **suicide** and **drug related deaths**

26-30 yrs

31-60 yrs

The earlier the entry point the harder it is to age out of drug use

OCUs

OCU **numbers are increasing** nationally with the highest proportion concentrated in the 35-64 age bracket, which may reflect an **ageing population** of OCU. Users often have multiple and **complex needs** such as mental health, unemployment, family estrangement, homelessness /rough sleeping and offending histories.

OCUs are at **higher risk** of thrombosis and **respiratory infections**, wound infections, **hepatitis C and HIV**. Use can damage heart, lungs, liver, kidneys and brain. Crack can **evoke psychotic reactions** akin to acute paranoid schizophrenia which can manifest as **aggression or potential violence**. High prevalence of **depression**.

Higher **prevalence of co-occurring health conditions** morbidity and premature mortality, including **suicide and drug overdose** – exacerbated exponentially by the emergence of heroin mixed with **high strength nitazenes**. Protracted use can make **recovery harder.** Multiple treatment attempts and relapses are more likely.

Drugs and community safety

In the summer of 2024, Safer Cornwall completed a **comprehensive community safety Strategic Assessment**[6] to inform the development of a new three-year Partnership Plan for 2025-2028.

The Strategic Assessment brings together key themes from the **analysis of a broad range of partner data**, augmented by extensive desktop research, insight gathered from **multi-agency workshops** and the views of residents gathered through the Partnership's public survey Have Your Say.

There was a **dedicated workshop for drug-related harms** and drug trafficking was explored in more detail in the **Serious and Organised Crime** workshop, focused on County Lines. There was also a workshop **for alcohol-related harms**.

The Strategic Assessment identified drug and alcohol-related harms as presenting the **highest risk of threat, risk and harm** to communities in Cornwall. Drugs and alcohol also **feature in other themes**, such as Night Time Economy violence, anti-social behaviour and thefts.

Experience of **trauma and multiple disadvantage** was identified as a significant cross-cutting theme, along with **lack of secure and suitable housing**, risks in on-line environments and capacity to focus on **upstream prevention** at a time when budgets and resources are under pressure.

The Safer Cornwall Partnership Plan provides an over-arching umbrella that supports the **integration of tackling the harms of drugs and alcohol** into wider strategies for all partners.

Complex issues in town centres

Many of our larger towns have seen a visible increase in **anti-social behaviour**, more **rough sleeping**, **street drinking** and **drug use**, and **groups of people** on the streets. **Reduced services in pharmacies** mean that people are queuing on the streets for prescriptions.

The general consensus amongst local partners is that **drug dealing has become more visible** and dealers are more confident to sell and purchase drugs on the street. Drugs being sold are believed to be **mostly class A**, with street dealing less commonplace for cannabis.

The threat from drug-related **Organised Crime Group activity remains high**. Young people and adults are being **exploited** through County Lines and 'cuckooing' of addresses.

The Anti-Social Behaviour Team have attended a number of **public overdose incidents**.

Residents are telling us that seeing **more anti-social behaviour and crime** makes **them feel less safe** in their local area. More **visible**

[6] The Strategic Assessment is structured around a threat, risk and harm assessment model called MoRiLE that brings together data analysis with insight from thematic specialists and practitioners.

drug use and dealing in communities, alongside a rise in **rough sleeping**, is playing a significant role in public perceptions.

Partners are working hard to balance the need for **appropriate enforcement with stepped-up support** through local services and more joined-up working.

Reports to the police of anti-social behaviour have fallen year on year since the peak during the pandemic, but this has been **countered by feedback from communities** that problems persist and have significantly escalated in some places.

In 2024 we started to see reports to the police **increase to some extent across all of our towns** and in some more rural areas as well.

Nationally and locally thefts are rising, particularly **shoplifting**. Local trends, however, have increased at a **steeper rate**. Some towns are disproportionately affected. Retailers are also reporting more **anti-social behaviour and abuse** towards staff.

We have had a **small number of serious violence incidents** involving weapons that have had a 'signal' effect on communities, driving up fear of crime.

A **minority of young people** commit crime and anti-social behaviour. Children involved in crime are also victims, often through **abuse and neglect in early childhood**, but also within their social networks and relationships with peers.

Young people known to treatment are more likely to **start using drugs at an early age** and to be affected by **parental drug/alcohol use**, both affect future outcomes.

Harm through a rural lens

Rural areas see less crime than urban areas but the issues faced demonstrate common themes. The issues presenting the **greatest risk of harm** to our rural communities are domestic abuse, sexual violence, drugs and alcohol and exploitation.

There are **additional barriers** to seeking help: **isolation** and lack of **access to specialist services**, the **close-knit nature** of rural communities increasing stigma and shame, fear of exposure and potential repercussions.

What residents tell us

Visual signs of drug use in the community can impact on residents' quality of life and increase fear of crime. In 2024, **51% of residents** responding to our Have Your Say Survey had **seen drug use or dealing** in their local area compared with 27% in 2021. People who report feeling unsafe are more likely to report seeing drug taking or dealing than those who report feeling safe.

The system struggles to meet the needs of very high-risk people

Services across the system are supporting a large proportion of people with **multiple and complex needs**, who require **more intensive** support over **longer periods** of time by a range of services working together.

Some of **our most vulnerable people are repeatedly excluded** from critical services, like housing and mental health support, due to **high risk behaviours** that present a risk to themselves and others (drug use, drinking and violence).

This often leaves them on the street, highly vulnerable with **escalating needs and behaviours**. We are particularly worried about the exploitation and abuse of **young women** in this position.

Prevention and service improvement

Positive steps have been made in recognising the impact of trauma and **embedding a trauma-informed approach** to help break the cycle of abuse in people's lives.

We have been successful in finding new ways for **people with lived experience** to influence and shape our work.

Public sector and VCSE partners are working together more effectively and developing creative community focused solutions to better support people that need help.

Across all thematic areas of work, we have **strengthened our approach to prevention**, aiming to identify vulnerabilities at the earliest opportunity, intervene effectively, safely and prevent escalation.

All services are experiencing similar **stresses and barriers**, however, that make it challenging to progress the more **prevention focused and system-based approaches** that will improve longer term outcomes.

New funding streams from central government have provided opportunities to **test and learn new ways of working** and expand existing service provision to meet the **increased demands on services**, both in terms of volume and complexity of needs.

Our services are high performing and have won awards, with many aspects recognised nationally as best practice.

Trends in Drug Use

Estimated prevalence

Based on the latest estimates[7], **27,700 people took illicit drugs in Cornwall last year**, with cannabis being the most prevalent at an estimated 22,200 users. Around **a third are class A drug users**.

National research into the prevalence[8] of problem drug use estimate that there are **2,562 adults using opiates and/or crack cocaine** in our local population.

There has been an **escalation of crack use and associated harms** in the last 5 years, particularly amongst opiate users. In the last full Drugs Needs Assessment in 2022/23 we reported that this appeared to have peaked.

Whilst **overall population projections for Cornwall indicate an above average growth rate**[9] of 9% over the next 5 years and 13% over the next 10 years, the growth rate is below average in the population age range covered by the prevalence estimates. This is due to a **predicted drop in the young adult population**.

Population change from Census 2021	Age 0-14	Age 15-24	Age 25-34	Age 35-64	Age 65+	All people
2029	4%	21%	-8%	5%	22%	9%
2034	4%	23%	-5%	4%	35%	13%

Based on these projections there will be 357,263 people resident in Cornwall aged 15-64 in 2029 and 358,182 in 2034.

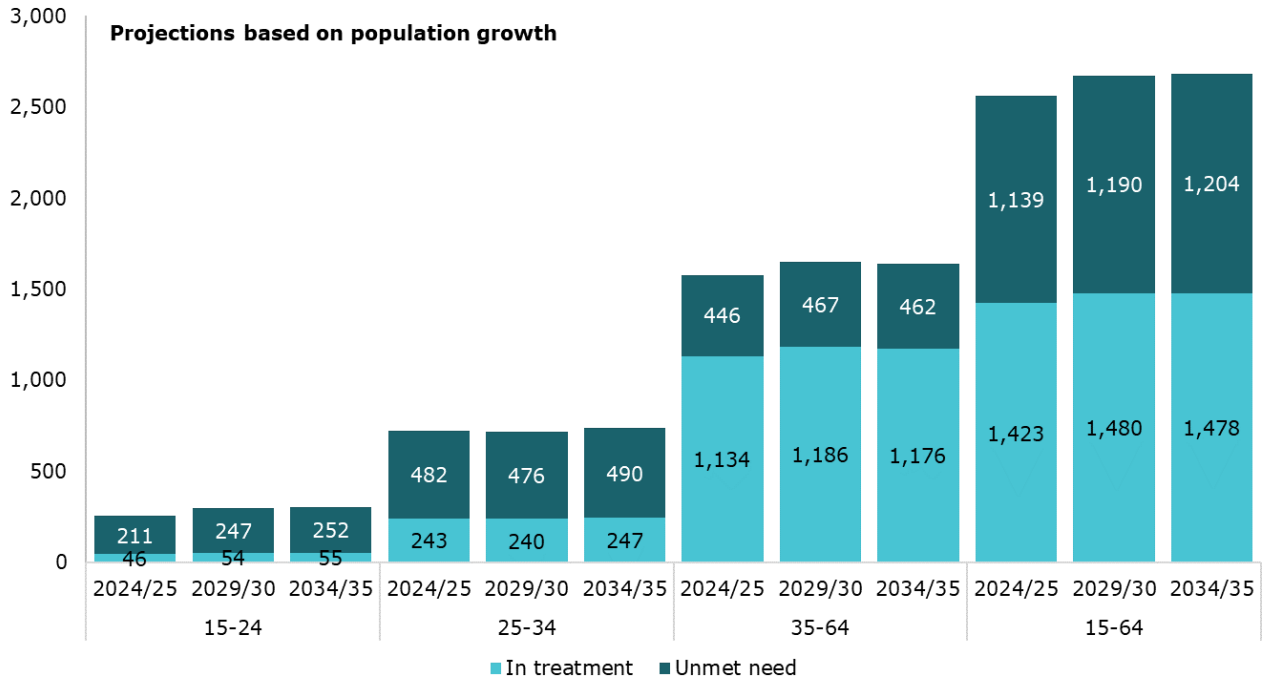
If both the estimated prevalence for each age group and the proportion engaged in treatment **remains the same**, changes in population alone would equate to a **rise of 5% over the next 5 years**, followed by very little change over the following 5 years. The growth would be largely in the **35-64 age group**.

- By 2029/30 - **2,670 OCUs**, of which 1,480 are in treatment
- By 2034/35 – **2,682 OCUs**, of which 1,478 are in treatment

[7] Using a combination of estimates derived from the Crime Survey for England and Wales (2023) and OHID local estimates

[8] Data from NDTMS Unmet Need Toolkit - estimates of prevalence of drug (opiates and/or crack cocaine) users aged 15-64 by area, from the latest prevalence estimates found at https://www.ndtms.net/resources/secure/Prevalence and unmet need documents/OCU prevalence methodology.pdf

[9] Based on the 2021 Census. Total population in England and Wales is projected to grow by 7% by 2029 and 9% by 2034; the 15-64 age group is projected to grow by 6% by 2029 and 8% by 2034.



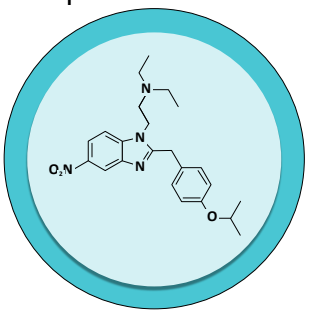
Types of drug use

Drug availability and use changed during the pandemic and we saw the emergence of high strength illicit benzodiazepines, counterfeit drugs and increased use of cannabis and illicit prescription drugs. We also saw **more drugs bought online**.

New synthetic substances are being found in all drugs in Cornwall's illicit drug market and this is confirmed in police drug testing. Synthetic drugs present a **very high risk of overdose** to users. Drugs affected include pharmaceutical drugs that a wider group of people are buying from the illegal market, including young people. Synthetic drugs have also been found in **adulterated vapes**.

The next section takes a closer look at synthetic drugs and tampered vapes.

Synthetic Drugs



Nitazenes

Synthetic opioids are man-made drugs, synthesized in a laboratory to **mimic the effects of natural opioids** such as heroin. Technically known as 2-benzyl benzimidazole opioids, nitazenes is a **diverse group of synthetic opioids**.[10] Originally developed in the 1950s as analgesics, nitazenes were not widely used due to their **potential to cause harm**.
The presence of **illicit nitazenes in the drug market since 2023** has become of increasing concern among the government, law enforcement, public health professionals and the media.

[10] Examples seen in this country include isotonitazene, metonitazene, N-pyrrolidino-etonitazene (also called etonitazepyne), etonitazene, protonitazene and N-desethyl etonitazene. Guidance for local areas on planning to deal with potent synthetic opioids - GOV.UK (www.gov.uk)

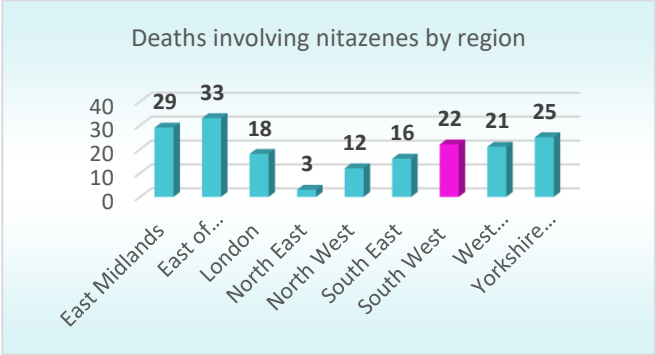
Nitazenes are **manufactured relatively cheaply** in laboratories with potency levels that are significantly higher than morphine, meaning that a **smaller dose exponentially increases the risk of overdose**.

Although structurally unrelated to opioids they bind in the same way to the multi-opioid receptor, mimicking similar sensations, including **pain relief** and inducing a **sense of euphoria** followed by drowsiness. Like both morphine and heroin, they can also serve to **supress the respiratory system**, which can lead to death.[11]

The increase in their use seems to directly correlate with the **reduced production of opium in Afghanistan** by the Taliban.[12]

The UK saw a surge in use in 2023 with **high potency nitazenes** sold in their own right or being mixed with other opioids, benzodiazepines and synthetic cannabinoids. Strengths of nitazenes far surpass those of heroin[13] with the most potent, Etonitazene, having been identified in this country.[14]

The fact that nitazenes are being **detected in substances other than heroin** such as cocaine, spice and oxycodone, suggests that they are **reaching a far wider demographic** than heroin users alone, considerably heightening risk.



As of September 2024, OHID and the National Crime Agency confirmed through laboratory testing that there were **179 deaths involving one or more nitazenes** occurring between 1 June 2023 and 31 May 2024.[15]

To understand the **wider picture and prevalence** of synthetic opioid use data is also being reviewed in relation to:

- **Weekly data from ambulance trusts** on call-outs where Naloxone has been administered
- Lab-tested **police seizures**
- Detections from **drug-checking services** and from **biological samples** from people in drug treatment
- Data on **hospital admissions**[16]

[11] Everything you need to know about nitazenes - The Pharmaceutical Journal (pharmaceutical-journal.com)
[12] Drugs - National Crime Agency
[13] Nitazenes – heralding a second wave for the UK drug related death crisis? Holland, Adam et al. The Lancet Public Health, Volume 9, Issue 2, e71-e72
[14] WDR24_Key_findings_and_conclusions.pdf (unodc.org)
[15] Deaths linked to potent synthetic opioids - GOV.UK (www.gov.uk) OHID has been working with the National Crime Agency (NCA) to monitor deaths associated with illicit use of potent synthetic opioids. These deaths have been reported through local health and law enforcement networks since 1 June 2023 and also from coroner laboratories directly to OHID since 1 April 2024.
[16] Deaths linked to potent synthetic opioids - GOV.UK (www.gov.uk)

The sale of synthetic opioids is becoming **more prevalent online** through the use of both the clear and dark web. **Social media** offers a quick and easy way for dealers to advertise and facilitate the sale of drugs which are then distributed through the postal service.[17]

In March 2024 under the 1971 Misuse of Drugs Act the government **banned an additional 15 synthetic opioids**, of which 14 were nitazenes. Penalties for the production and supply will now result in up to a life sentence and unlimited fines.

Tracking the movement, prevalence and use of synthetic opioids is not straight forward as it **requires advanced drug detection systems** to be in place. For example, toxicology testing around non-fatal overdoses which are able to specifically pick up small doses of nitazenes would indicate presence, prevalence and possible poly-drug use.

New initiatives to detect and respond to synthetic opioid use include analysing wastewater and tracking spikes in overdoses by area. The results will be cascaded across agencies to support action both nationally and locally.[18]

Synthetic Cannabinoid Receptor Agonists

Synthetic Cannabinoid Receptor Agonists (SCRAs) are made in a lab and stimulate the same areas of the brain as THC. There are **hundreds of different SCRAs**, some much stronger and more toxic than others.

Spice is a nickname for a herbal mixture containing one or more of a group of drugs called synthetic cannabinoids. Spice (and Mamba) are now used as nicknames for any type of herbal mixture that has been coated with a SCRA. SCRAs also appear as powders or liquids for **use in vapes and e-cigarettes** in the UK. SCRAs have also turned up as **adulterants in other drugs**.

SCRAs started out as legal cannabis substitutes, but the market changed and users wanted Spice products that were increasingly potent. **Spice** became an **extremely potent product** and quite unlike cannabis.
Cannabis only partially stimulates CB1 and CB2 receptors, whereas SCRAs can fully stimulate them. SCRAs have been described as 'Super stimulators' and can be up to **800 times more potent than cannabis**. SCRAs also may lack the calming effect of CBD/CBN found in cannabis.

Spice use in the prison estate is widespread, because they create less smell than cannabis.

- In a nationwide survey **67% of prison staff cited prisoner use** of NPS having a significant impact on their work as prisoners exhibit outbursts of anger, psychosis and mental deterioration.
- Up to **91% reported witnessing aggression** at least once with 53% experiencing direct harm.[19]

[17] Drugs - National Crime Agency
[18] More synthetic opioids banned to protect communities - GOV.UK (www.gov.uk)
[19] Corazza O, Coloccini S, Marrinan S, Vigar M, Watkins C, Zene C, Negri A, Aresti A, Darke S, Rinaldi R, Metastasio A, Bersani G. Novel Psychoactive Substances in Custodial Settings: A Mixed

Harm reduction and overdose prevention

Symptoms associated with nitazene overdose are the same as with other opioids such as decreased consciousness, respiratory depression with very slow or shallow breathing, vomiting and low blood pressure or decreased heart rate. In light of similarity of symptoms, it is vital that **education** around the potential involvement of nitazenes in overdoses is **widely cascaded** in order that naloxone can be administered appropriately.

Naloxone is particularly effective in combatting overdose but is only effective in the body for 30-90 minutes[20]. Because of the strength of nitazenes **early administration is critical** and the person who has overdosed may require **multiple doses** of Naloxone to combat progression to, and recurrence of, respiratory arrest.

From a harm prevention perspective, targeting nitazenes at a user level is seen to be an important factor through **educating users**, facilitating **safer use** and making **naloxone** widely and visibly available.

Drug services are able to offer drug users **opioid strips** to enable them to **test for the presence of nitazenes**. This will help them make **informed choices** about the associated risks with how, where and how much they take. It also offers up an opportunity to have a **wider conversation about risks** and how to mitigate them. The **detection strips are limited**, however, in the type and quantity of synthetic opioids they can identify, particularly if doses are small, and cannot determine the probability of overdose.

Harm reduction advice[21] should therefore also be provided alongside, covering:

- Not using drugs **alone**.
- **Having naloxone available** and widening the reach of where this can be readily accessed, particularly for those who are not in contact with treatment.
- Understanding what the **symptoms of an overdose** look like.
- Make sure that **not everybody in their group is taking drugs** at the same time, because someone needs to be able to call for

Method Investigation on the Experiences of People in Prison and Professionals Working With Them. Front Psychiatry. 2020 May 26;11:460. doi: 10.3389/fpsyt.2020.00460. PMID: 32528329; PMCID: PMC7264108.

[20] Drugs - National Crime Agency

[21] Guidance for local areas on planning to deal with potent synthetic opioids - GOV.UK (www.gov.uk)

help and administer naloxone if needed.
- **Testing a small amount** of the drug first and refraining from mixing drugs.

One of the recommendations for improved user level support is the introduction of **overdose prevention centres**,[22] where drug taking can take place in a **safer and more controlled environment** and users can simultaneously receive information around harm reduction, safer drug use, and guidance around treatment and recovery. The **first safer drugs consumption facility** opened in Glasgow in January 2025.[23] Experts are still divided, however, over the impact it will have on both drug users and communities.

Local picture

Cornwall's **Synthetic Opioid Preparedness Plan** has been developed and rehearsed. It has been submitted to the Joint Combatting Drugs Unit. This plan sets out how we will **manage the risks of synthetic opioids locally**, aiming to reduce drug-related deaths. This is a government priority for all local areas to address. The JCDU will work with Department of Health and Social Care to review these plans, develop feedback based on best practice, and to inform the national strategic response.

We are now **rehearsing the response more widely** through the Devon and Cornwall Local Resilience Forum.

We have also **improved our alert and briefing system** and secured **more rapid testing**. Improved and faster drug testing will help to build up a more accurate picture of what drugs are out there in communities and the threat that they pose. We are also **increasing the availability of naloxone** through front line staff, such as the police and the Council's Anti-Social Behaviour Team.

For more information see the update on Drug Related Deaths.

[22] Can drug consumption rooms reduce drug-related harm? - The Pharmaceutical Journal
[23] Safer Drug Consumption Facility | Glasgow City Health and Social Care Partnership (hscp.scot)

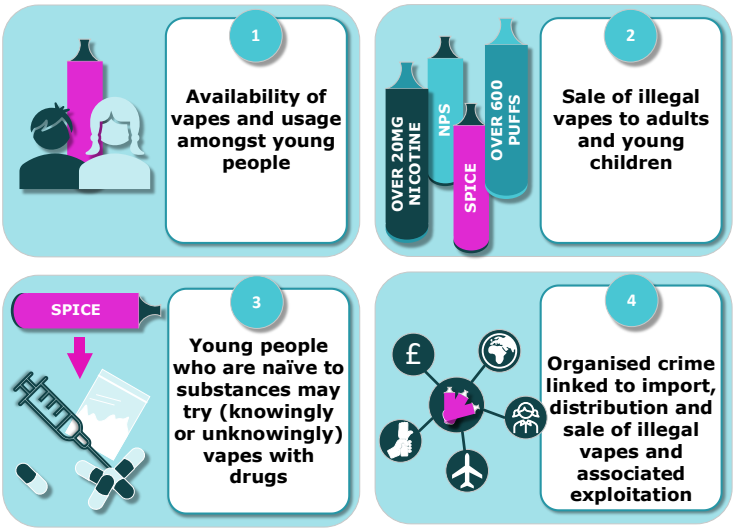
Tampered Vapes

There continues to be a lot of concern both locally and nationally about the **rise in vaping and associated risks**, particularly around vapes found to be containing **synthetic drugs**.

What do we know about tampered vapes?

Vapes obtained illegally could contain any illicit substance. These are usually lab-made drugs which are a structurally diverse class of **novel psychoactive substances** (NPS).

Those most of note recently are **THC and synthetic cannabinoids**. They were originally designed to mimic the effects of cannabis and are **much cheaper**, however, their effects are more volatile as a result of **significantly higher potency**.



Due to a huge **fluctuation in strength** which varies across batches, the impact on users can be diverse. Side effects of drug use can range from the mild – such as dizziness, confusion, nausea, vomiting and hot flushes – to **more severe** – anxiety, paranoia, psychosis, self-harm, aggression and heart attack.

Producers of illegal vapes have capitalised on the opportunity to **introduce spice into the disposable vape market**. Targeting to a **younger audience** to widen sales and distribution through **local outlets** has meant synthetic cannabinoids are **reaching even younger children**, with a recent study finding up 1 in 6 vapes seized across 38 schools contained spice.[24]

It is **illegal to sell vapes to under-18s** in the UK. Under Operation Joseph, however, **Trading Standards** seized more than one million vapes last year with officers visiting 2,000 retail premises and finding evidence that **1 in 4 premises** (500) were **willing to sell to minors**.

The **NHS Smoking, Drinking and Drug Use (SDD) among Young People** report[25] provides the results of the biennial survey of secondary school pupils in England, mostly aged 11 to 15, focusing on smoking, drinking, drug use and vaping. The 2023 SDD found that there had been a **decrease in the prevalence of smoking cigarettes but an increase in vaping**.

- Current use of vapes **increased to 9%**, up from 6% in 2018. Around **1 in 5 (21%) 15-year old girls** were classified as currently vaping.
- Of pupils who have ever tried vaping, **89% have never regularly smoked tobacco** cigarettes.

[24] English school children unwittingly smoking spice-spiked vapes, finds University of Bath
[25] NHS Smoking, Drinking and Drug Use among Young People 2023, NHS Digital (2024)

The ASH Smokefree GB Youth Survey[26] also reported a rise in young people vaping, and the 3 top reasons that 11-17 year olds cited for using vapes were:

- Wanting to **give it a try**
- **Peers are doing it** and they want to join in
- Like the **flavours**
- 70% said they had been **given their first vape** by someone else. 70% used disposable vapes.

There has been a **steady growth** in the proportion of **16-24 year olds** vaping either daily or occasionally from 11.1% in 2021 to 15.5% in 2022. Most notably **young women** have seen the greatest increase in daily e-cigarette usage, rising from 1.9% in 2021 to 6.7% in 2022.

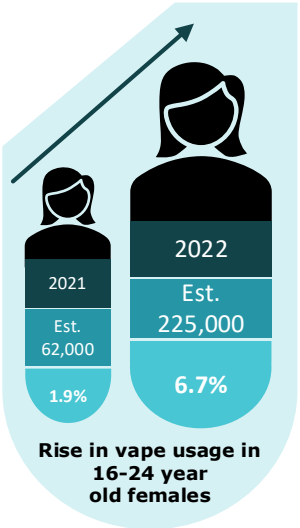
This is the highest level of use amongst females this age since 2014 and the increase is significantly **higher than their male counterparts**.[27] It should be noted, however, that still the majority of young people do not vape.

Single use vapes in particular are **brightly coloured** with flavours that are particularly **enticing to younger people**. Designs are also becoming more sophisticated, with some specifically modelled on highlighter pens in order than children can **smuggle them into school** undetected. Companies have been seen to advertise on social media platforms and have run **vape giveaways without age verification controls** in place.

75% of teachers recently surveyed **stated vaping in schools had increased** over the last year, with 54% reporting that **some pupils repeatedly leave lessons to vape**. They highlighted pressure on students to buy and sell vapes and reports of students being sick, high and passing out on school premises.[28]

There is concern that use of **synthetic cannabinoids in such an accessible and acceptable medium** may make it more accessible to young people which as well as posing a risk itself, exposes them to other risks such as exploitation and County Lines.

- Nationally OHID are undertaking a **research project** on vaping and its **relationship with illicit drugs use**



The **illegal vape market is vast and growing**. 'Vape Valley' in Shenzhen China has at 1000+ factories involved in vape production and the number entering the UK are increasing. Border Force seized 4,430 vapes in 2021, rising to 988,064 in 2022, and 4,537,689 vapes from January to October 2023.[29]

[26] Compared with 30% three years ago in 2020 Headline-results-ASH-Smokefree-GB-adults-and-youth-survey-results-2023.pdf
[27] Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk)
[28] NASUWT | Rise in vaping in schools is failure of Government
[29] Over four million illegal vapes seized at border - BBC News

Import, distribution and sale of illegal vapes is **linked to organised crime gangs**. A ban on disposable vapes will **drive black market demand**, increasing the reach and proliferation of organised crime groups. There is a real concern around the **associated exploitation**, **particularly of children**, in this space.

It is **illegal to sell a nicotine vape to under 18s**. It is not illegal for an under 18 to use a vape. It is not illegal to sell a nicotine-free vape to under 18s. This will change, however, with the upcoming **Tobacco and Vapes Bill**.[30]

Unable to purchase from reputable sellers, under 18s may instead **buy them from an unregulated, illegal market**, which exposes them to online dealers or peers involved in criminal activity. There is an **increased risk of coercion and blackmail** with young people getting into debt and being drawn into crime.

Local picture

In Cornwall's *Right On* Survey, 34% of secondary pupils have 'at least tried' vaping, with **20% of Year 10 pupils** said they vape **at least once a week**. Locally **Healthy Cornwall** are supporting schools on this issue, with public health and prevention messages.

Devon and Cornwall Police are running a **trial with schools across Devon and Cornwall, testing vapes** for illegal substances, to help build a baseline understanding of the scale and nature of the problem. The first tranche of findings will be shared in January 2025.

For more information see the update on Young People and Drugs.

[30] Tobacco and Vapes Bill 2024, introduced in the House of Commons on 5 November 2024.
[31] In Spring 2023 schools and colleges across Cornwall took part in the Right On Survey. More than 8,200 children and young people in Year 4 and above told us their views and shared experiences on a wide range of issues that impact their lives.

Our treatment system

What does the Local Outcomes Framework tell us?

The Local Outcomes Framework provides every local area with information to **monitor their performance** against the aims of the national Drugs Strategy. This information is produced by the Office for Health Improvement and Disparities using data from the National Drug Treatment Monitoring System.

The Local Outcomes Framework has been developed to **increase transparency and accountability** within local authorities for their treatment recovery outcomes. This included the development of a **new treatment measure** that broadened the focus from successful completion of treatment to include progress for those still in treatment.

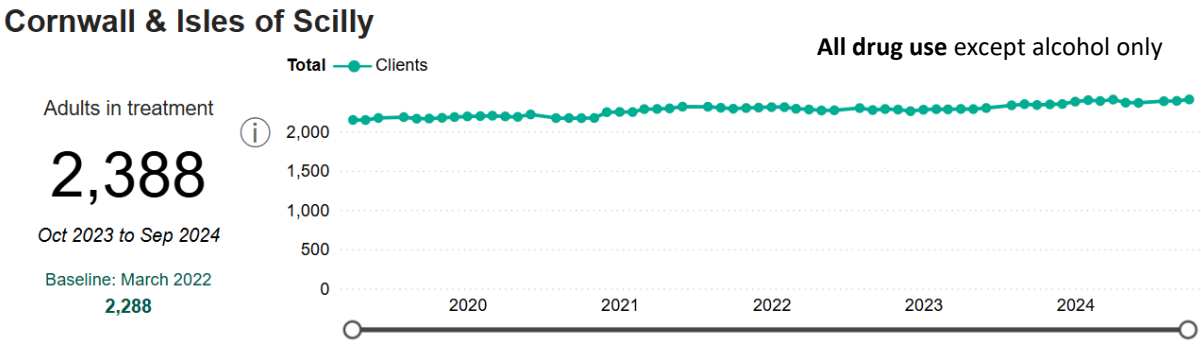
Key findings

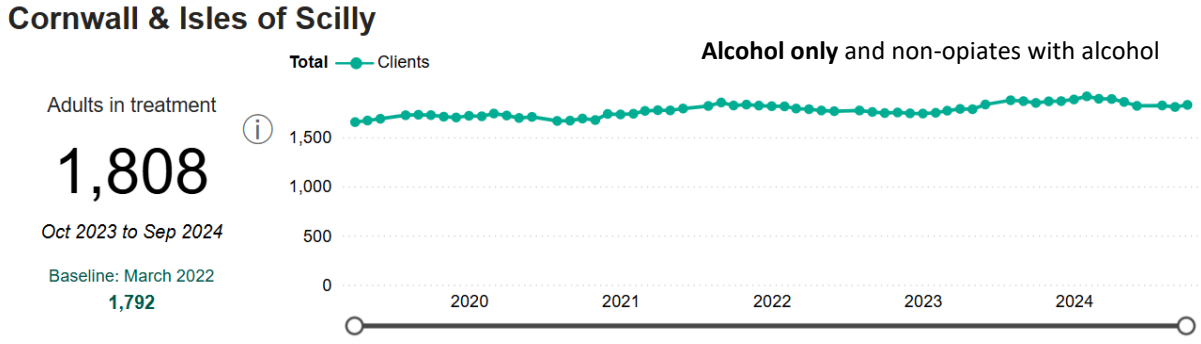
- The number of people in treatment has been slowly growing at a rate of around 1% per year. Within this figure, we have seen an increase in **crack users and non-opiate users**, including those with **adjacent alcohol dependency**, and a reduction in people using opiates only (no crack) and alcohol only (no other drugs).
- Our system is **better than average at meeting local need** – unmet need for opiate and/or crack use is 44% and for alcohol dependency it's 72%, compared with 57% and 77% nationally.
- New presentations make up a smaller proportion of our local treatment cohort than that seen nationally, however, suggesting that we are **behind the national trend in attracting new people into treatment**.
- Cornwall has topped the national rate for **increasing uptake of residential rehabilitation** for people recovering from alcohol and drug treatment, which is one of the national priorities. The waiting time for rehab is 12-16 weeks.
- Positive outcomes in treatment are just **below the national average for housing and engagement in work** and/or education. The trend for **housing indicates a decline**; engagement in work is flat. Local risks with delivery of interventions have been identified in both of these areas.
- Locally **more clients are receiving treatment for their mental health** needs and this has improved over the last two years; **12% of people** in drug treatment have an **unmet mental health need** (compared with 18% nationally).
- **Outreach services** are in place to reach those hardest to engage. There is, however, a **recognised issue nationwide to recruit qualified staff** into drug and alcohol treatment/support services and this problem is compounded in Cornwall by a **lack of available and affordable housing options** for people wanting to relocate.

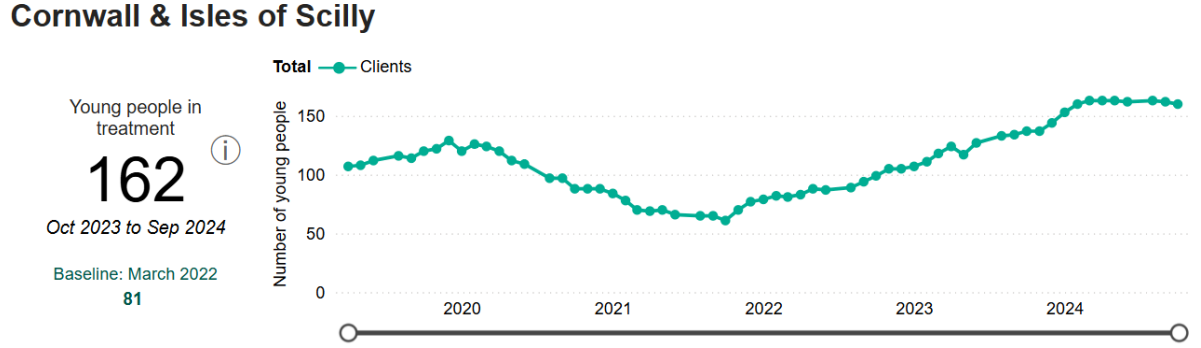
People in treatment

The latest data from NDTMS shows:

- **2,388 adults**[32] were in structured treatment for **drug dependency** (any drug) in the 12 month period to September 2024, a 2% increase over the past year and a 4% increase from the March 2022 baseline. The **growth has come from crack cocaine and non-opiate users**; the trend for opiate users (including opiate use with adjacent crack use) has remained flat.
- **1,808 adults** were in structured treatment for **alcohol dependency** in the 12 month period to September 2024, a **2% decrease** on the previous year and a 1% increase from the baseline. Within this figure, the number of people accessing help for **non-opiates alongside alcohol have increased**, whilst those seeking help for alcohol dependency alone continue to fall (-6%).
- In addition, **162 young people** under the age of 18 were in treatment with the young people's service in the 12 month period to September 2024. This figure has stabilised this year, further to a rise of **38% in 2023/24**.







[32] NDTMS Local Outcomes Framework, latest data: 12 months to September 2024 compared with the same period in 2022/23.

Notes on the data

The analysis of measures in the Local Outcomes Framework was undertaken early on in the refresh cycle, hence **the data used is for the 12-month period to April 2024**. Cross-referencing with the latest data for the 12-month period to September 2024 shows that the **trends identified at this point have broadly remained in line**, and therefore the findings identified with the April data are still considered to be relevant at the time of publishing.

New presentations

As of April 2024, there were **3,613 adults in treatment overall**. There has been an increase in treatment numbers of 4% since April 2023 and 9% since April 2019. The **rate of growth** in the treatment cohort is approximately **half of the national rate** over the same time period.

One reason for this discrepancy appears to be linked to the proportion of the treatment cohort that are **new presentations**, with a local growth rate of new service users of just 3% compared with 16% nationally.

	Cornwall and the Isles of Scilly				England			
Drug Category	**New Presentations**	**Adults in Treatment**	**% of New Presentations by Drug Category**	**% of All New Presentations**	**New Presentations**	**Adults in Treatment**	**% of New Presentations by Drug Category**	**% of All New Presentations**
Opiates only	211	1114	19%	15%	14497	66408	22%	9%
Crack (no opiates)	57	107	53%	4%	7501	10479	72%	5%
Opiates and crack	63	215	29%	4%	22708	71304	32%	14%
Alcohol only	598	1208	50%	42%	65211	94624	69%	41%
Non-Opiates and alcohol (no crack)	336	681	49%	24%	26325	37418	70%	16%
Non-opiates only (no crack)	152	288	53%	11%	23419	31462	74%	15%
Total	**1417**	**3613**	**39%**	**100%**	**159661**	**311695**	**51%**	**100%**

The overall share of **new presentations** as a proportion of the whole treatment cohort has remained stable at **39%** in Cornwall and the Isles of Scilly, but has seen a 5% growth in **England as a whole**, presently sitting at **51%**. This would suggest that we are behind the national trend in attracting new people into treatment. It is noted, however, that **unmet need is estimated to be lower locally** than nationally for most drug groups.

The national target set by OHID requires an increase of 10% in the number of people in treatment from the September 2023 baseline. This is across all drug groups but **opiates and/or crack users (OCUs) must increase by a minimum of 10%.** As of April 2024, our local OCU treatment cohort had **grown by 2%** from the September baseline, 22 additional users, which is roughly in line with the national growth. This small amount of growth primarily comes from **people seeking help for crack cocaine use (no opiates)**.

Whilst the **largest share of new presentations** continues to come from people seeking help for **alcohol dependency** (no drugs, 40%), we have seen new presentations drop off for this group (-17%) over the last five years.[33]

[33] April 2019 to April 2024

Compared with the national average, overall **OCUs make up a smaller proportion of new presentations** (23% vs 28%). Although new presentations for crack use only (no opiates) are about the same as the national level (around 5%), we are seeing **much lower levels of adjacent crack use** in new opiate presentations – in the last 12 months just under a quarter of new opiate presentations were using crack, whereas nationally the proportion is 61%.

This either indicates that **crack use is not as prevalent** amongst people using opiates in Cornwall, or we are less successful in attracting people into treatment who are using Opiates and Crack together. While numbers are small, the number of Opiate and Crack users presenting to treatment in Cornwall has been rising steadily from late 2023, suggesting that it's more likely to be connected to actual prevalence rather than users avoiding entering treatment.

Whilst numbers are small, we have seen a **33% increase in Residential Rehab Uptake**, taking the total number of people accessing this provision to 110, above the England growth rate of 13%. During the same period, 128 people accessed a medical Inpatient Treatment Intervention, an increase of 8% on the previous year.[34]

Our local rate in-patient rate is understood to be higher than other areas as we are **closer in line to best practice** which means that annually 10% of those in structured treatment are estimated to need inpatient detox. Having a **block contract with a detox in-county** helps us achieve better numbers than other areas.

Who is in treatment?

Of the **3,613 adults in treatment** during the year to April 2024, approximately two thirds are male and a third female. This is true across all age groups (except for the Under-18s group, which is included here for reference).

A large **majority are over the age of thirty** (85%) and most people tend be between the ages of thirty and forty-nine. The local profile shows that proportionally we have **less males in the 30-49 age group** and slightly **more females in the 50+ age group** than the England average.

Breakdown of treatment population by drug category

The **largest group** of people in treatment are being supported with problem use of **opiates** (31 opiates only, with a further 6% using crack alongside).

	Cornwall and the Isles of Scilly		England	
Drug Category	**Adults in Treatment**	**%**	**Adults in Treatment**	**%**
Opiates only	1114	31%	66408	21%
Crack (no opiates)	107	3%	10479	3%
Opiates and crack	215	6%	71304	23%
Alcohol only	1208	33%	94624	30%
Non-opiates and alcohol (no crack)	681	19%	37418	12%
Non-opiates only (no crack)	288	8%	31462	10%
Total	**3613**		**311695**	

A third are being supported with problem use of **alcohol only** and remainder are **non-opiate** users, including 19% with adjacent alcohol dependency.

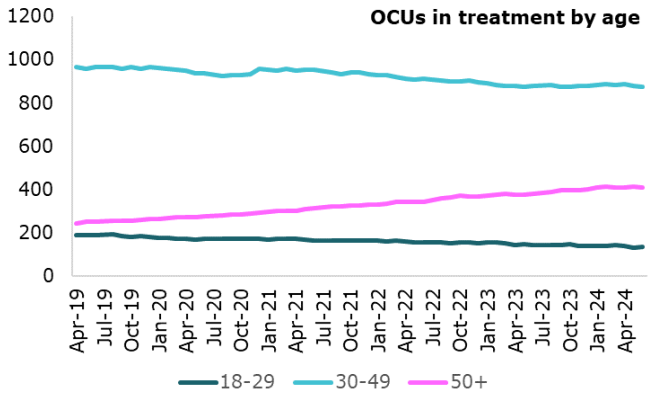
[34] England growth 13% for Residential Rehab Uptake and 12% for Inpatient Uptake

Compared with the national profile, we see **some significant differences** in the local profile across three of the drug categories.

- **One in three people** in treatment in Cornwall are receiving treatment for **opiate dependency only**, compared with one in five across England.
- The proportion in treatment for opiates combined with crack, however, is substantially lower than the national profile which may indicate a **lower prevalence (or disclosure) of crack use amongst opiate users**. Overall, 16% of the people in treatment for opiate dependency are recorded as using crack alongside, compared with 52% nationally.
- A higher proportion of **non-opiate and alcohol users**, almost 700 people, appear in the Cornwall treatment cohort than in the national dataset, however numbers are growing at a slower rate – 11% locally, vs. 19% nationally. Apart from alcohol, the most prevalent substances appearing across treatment episodes in this group are **Cannabis and Cocaine**, and to a lesser extent, Amphetamines, Diazepam and Ketamine.

Substance	# Treatment Episodes
Alcohol unspecified	100%
Cocaine unspecified	43%
Cannabis unspecified	26%
Tobacco	21%
Cannabis Herbal	20%
Amphetamines Unspecified / Amphetamine Sulphate	5%
Diazepam	3%
Ketamine	3%
MDMA	2%
Benzodiazepines Unspecified	2%

Like the national profile, our cohort is strongly **weighted towards the 30-49 age group** (54%).



Longer term trends both locally and nationally show a drop in the number of opiate users within the 30-49 age group but a **rise across the 50+ age group**. It is likely that this can largely be explained by the cohort **aging out** into the 50+ age range.

This would suggest that we are seeing people staying in treatment for longer and work around **tackling longer term health issues**, such as blood borne viruses, is improving the quality of life of these service users.

It is well understood, however, that people with **more treatment experience** are **less likely to achieve a successful completion** of treatment and more

likely to remain in treatment for an extended period of time than those that have not been in treatment before.

Looking at the new **progress in treatment measure**, however, which includes positive outcomes whilst within treatment rather than just completions – we can see that the highest proportion of clients making 'substantial progress' are **OCUs in the older age groups** (50+). 33% of OCUs in the 18-29 age group make substantial progress, rising to 43% of 30-49 year olds and 53% of people aged 50+.

There has been a decline in the number of opiate and/or crack users in treatment **aged 18-29**, although they continue to account for a **slightly higher percentage** than the national average (15% vs 13% nationally).

Progress in treatment

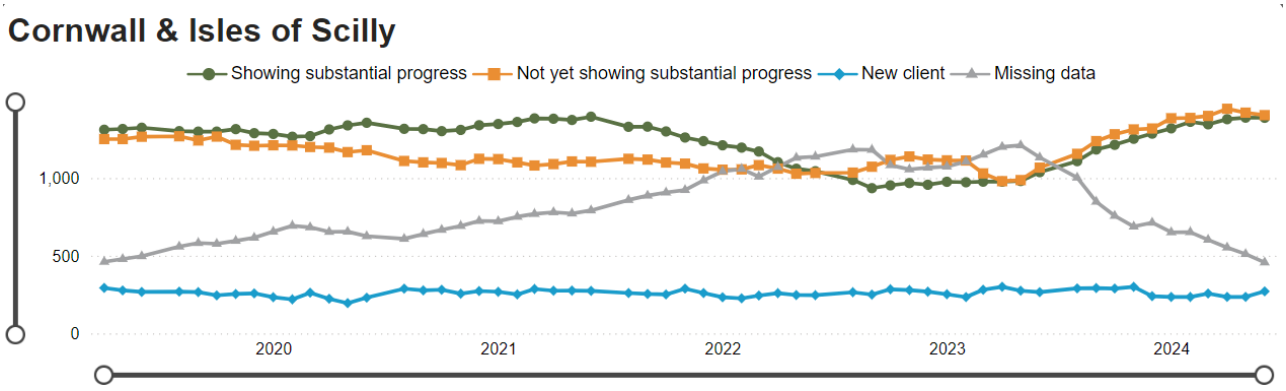
The new **Treatment Progress Measure** applies only to adults in community treatment services. Given the nature of dependence, people who eventually go on to lead lives free of problematic substance use will often **require multiple attempts** to get there. Someone **relapsing** after completing treatment doesn't necessarily reflect poorly on the quality of the treatment they received, and it may be an **important part of their recovery journey**.

This new measure has been structured to include a more granular view including those who have **substantially reduced their drug use** whilst in treatment. The measure also takes account of **housing needs** while in treatment. It is not appropriate for services to complete treatment until an acute housing need has been addressed. **49%**[35] **of people in drug treatment** are showing substantial progress[36] in treatment, which is just above the national average (47%).

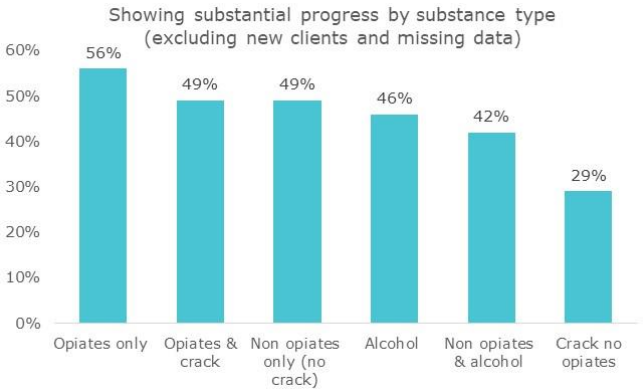
There appears to have been an **improvement in the proportion of people making substantial progress** in treatment over the past two years, although it should be noted that this **coincides with an improvement in information recording** (see chart below) and an increase in people not yet showing improvement.

For this reason, we have **focused on what the current rates are telling us**, rather than change over time.

[35] NDTMS Local Outcomes Framework, 12 months to April 2024 (excludes new starters and clients with missing data)
[36] Successfully completed treatment or in treatment and stopped/substantially reduced use



Of those in treatment in Cornwall and the Isles of Scilly, **opiate users** have demonstrated the **most progress** with 56% of clients showing substantial progress. Clients in treatment for **crack** have shown the **least amount of progress** of all substance types with 29% showing substantial progress[37].

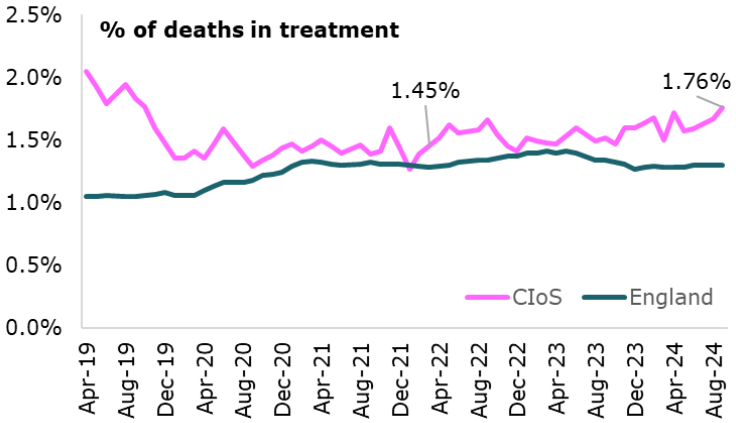


Crack use is one of the factors that has the strongest **negative impact on successful treatment outcomes**; the others are housing problems, criminal justice referral and dual diagnosis.

Deaths in treatment

62 people died whilst in treatment in the 12 month period to April 2024, which is 1.7%[38] of people who were in contact with the treatment system in Cornwall and the Isles of Scilly.

This is just **above the national average** (1.3%) but shows some improvement from the 2% experienced in April 2019. Nationally the number of deaths in treatment has shown a slight increase over the same time period (1.45% in March 2022).



As a proportion of the treatment population, people in treatment for **alcohol dependency only** have the **highest rate** of death at 2.3% and have also seen the **highest rise** over the last couple of years, increasing from 1.5% in March 2022 (from 18 deaths to 26). Deaths amongst people in treatment for **opiates**

[37] Treatment in progress by substance type, Local Outcomes Framework, 12 months to April 2024
[38] 1.76% in the 12 month period to September 2024, n=62

and crack together is also higher at 2.3%, whereas rates for non-opiate users are much lower at <1%.

National evidence shows that in the 12 months to September 2022, 428 people in England and Wales died by suicide within 12 months of contact with drug and alcohol services. This represents **8% of all suicide deaths** during that period. The majority were men (80%); half (50%) were **men aged 35-54 years**[39].

Economic adversity was common in people who died by suicide within recent contact with drug and alcohol services. Almost half (47%) of people were unemployed, and most (81%) lived in social housing. Over a third (34%) lived in the 20% most deprived areas.

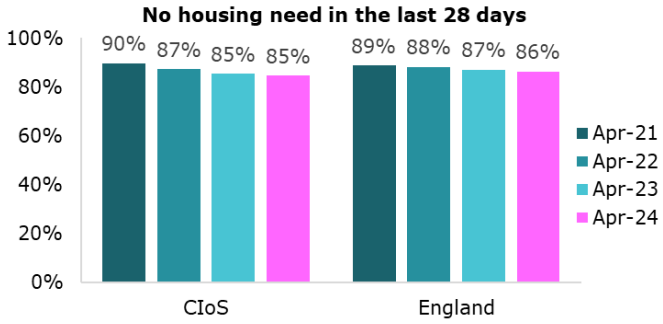
Local data shows that of the 60 suspected suicides in Cornwall between October 2021 and September 2022, **one in six of these people had previous contact with drug and alcohol services**. 10 of the people that died had had historical contact with drug and alcohol services and 5 had been in contact within the past 12 months. These figures highlight **suicide as a key risk factor for those in treatment**.

Alcohol specific deaths have shown an increase and are **higher in Cornwall and the Isles of Scilly than nationally**. There were 17.9 alcohol related deaths per 100,000 people in comparison with 14.5 per 100,000 nationally. **Drug misuse deaths are also higher in Cornwall** (6.5 per 100,000 people) than nationally but are lower than alcohol specific deaths.

Housing

Housing is key to engaging with treatment and sustaining recovery.

- **85%**[40] **of those in treatment** in Cornwall and the Isles of Scilly are in stable and suitable accommodation.
- This is **just below the national average** of 86% and shows a **more pronounced declining trend**.
- In September 2024 this had dropped further to 83% (England 86%).

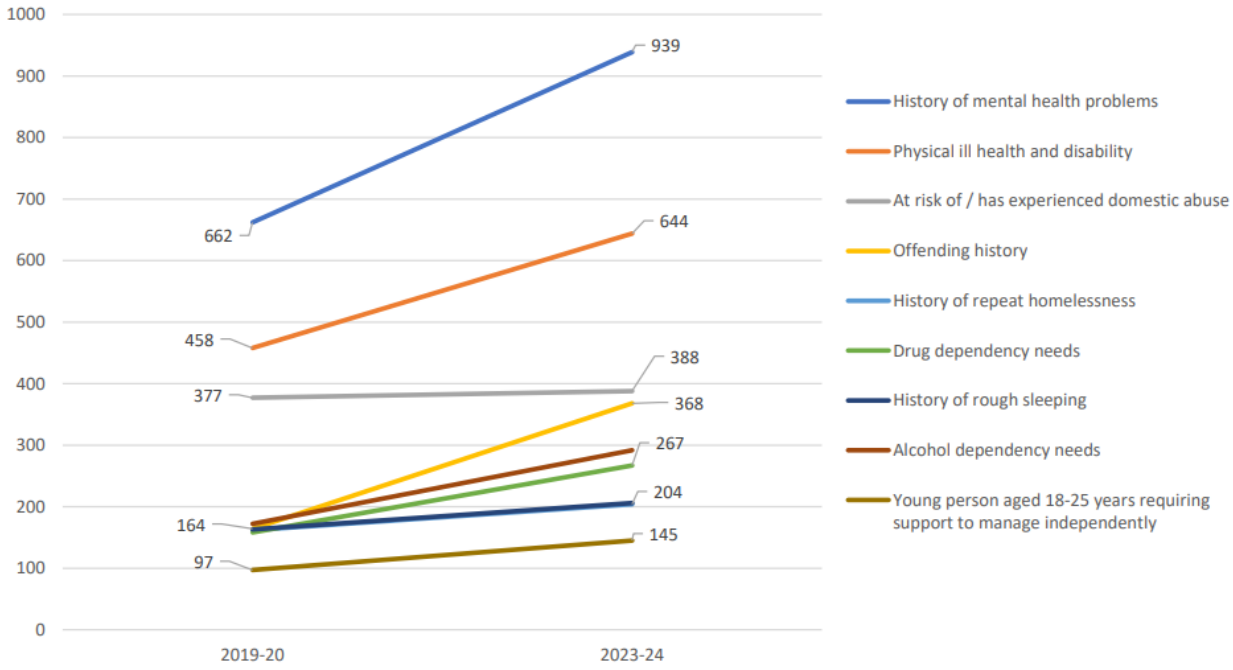


The proportion of people housed is **highest** for those in treatment for **alcohol only** and **lowest** for those in treatment for **crack**. Those in treatment for crack are also the least likely to make 'substantial progress' which supports our understanding that crack has a substantial negative impact on positive outcomes. The **proportion of those housed increases with age**, with the highest proportion (89%) of those in housing are those aged 50+.

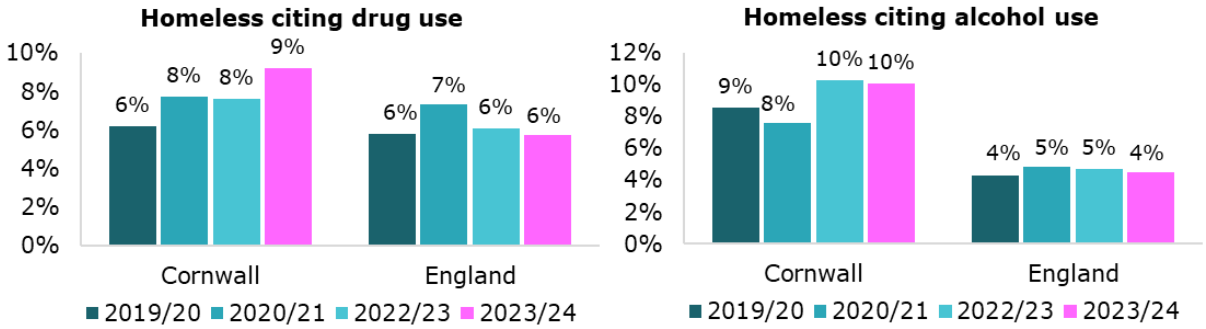
39 Ministry of Justice: Better Outcomes through Linked Data (BOLD), June 2023, Ministry of Justice: Better Outcomes through Linked Data (BOLD) - GOV.UK (www.gov.uk)
40 Local Outcomes Framework, May 2023 – April 2024

Statutory homelessness data shows that the most prevalent issues amongst households with support needs are mental health problems (32%), physical ill health and disability (22%), domestic abuse (13%) and a history of offending (13%).

	Number and % of households	
Total households with support need(s) owed a duty	1,950	67.0%
Total number of support needs for those owed a duty[5]	4,260	



Cornwall has a **higher rates than nationally** of households owed a statutory housing duty citing an **alcohol or drug dependency**[41] and, contrary to the national trend, these rates have increased.



Very few clients present for housing support with drug or alcohol dependency as the sole issue. This cohort has **multiple vulnerabilities** and the proportion of

[41] Statutory homelessness statistics, detailed local authority level tables: January to March 2024 – % of households owed a statutory duty with support needs; Cornwall - alcohol (17%), drugs (13%), 3+ needs (33%), compared with England – alcohol (8%), drugs (11%), 3+ needs (31%).

complex clients (3+ support needs) has increased year on year.[42] We also have a high number of **rough sleepers** with multiple and complex needs.

Housing has a significant impact on treatment outcomes. People with housing problems are almost 50% less likely to **complete drug and alcohol treatment successfully**.

- 1 in 10 people who left drug and alcohol treatment in the last 12 months reported a housing issue at their last assessment[43] – 34% completed treatment drug/alcohol free compared with 61% of people with no housing problems.
- Homelessness/housing problems featured in 18 of the 42 drug-related deaths in 2023 (14 men and 4 women)

Housing: Workshop insights from partners

Some of **our most vulnerable people are repeatedly excluded** from critical services, such as housing and mental health support, due to **high risk behaviours** that present a risk to themselves and others (such as drug use, drinking and violence).

This often leaves them on the street, highly vulnerable with **escalating needs and behaviours**. We are particularly worried about the exploitation and abuse of **young women** in this position. **Sexual exploitation** is understood by partners to be a **common feature** in drug-related exploitation.

Advocacy is essential for those in crisis, who very often cannot reach out to find support on their own. **Flexibility and adaptability of approach** is needed to engage and retain the most vulnerable, including out-of-hours provision, outreach and wrap-around support.

- Current commissioned supported housing provision is viewed as **not meeting the high end of needs**. The **most vulnerable people** are not being offered or being excluded from support due to presenting with multiple behaviours that are considered **a risk to themselves and others** (such as drug use, violent episodes and/or anti-social behaviour). It was raised that housing providers may feel that they are not able to **hold the level of risk** required to support some clients.
- Due to most provision being "dry" and **subject to strict rules**, drug and alcohol use is **not being disclosed**, and eviction follows when discovered later. **High tolerance housing (such as the 'pods') exists** but people's aspirations wane after a short while.
- **Tenancy sustainment support** should be available (such as a Resettlement Worker) – but it needs to improve to better meet people's needs when they are not coping.
- **Clients with complex needs need more intensive support** – which means less capacity to support new cases and move people through the

[42] Government homelessness statistics, January to March 2024 33% of households with support needs had 3+ needs compared with 28% in 2023, 24% in 2021 and 21% in 2019.
[43] Any closed Tier 3 drug or alcohol cases with a TOP in the year to 31 October 2024, where the person recorded that they were homeless or at immediate risk of eviction

system. This inevitably leads to **more reactive and less prevention** focus. The issue is **further compounded** by other services experiencing the same demand pressures, such as domestic abuse and sexual violence services.

- There are other **similar challenges** across all services including **recruiting and retaining** staff, competition for **salaries**, **cost of living** pressures and lack of local **housing**.

Challenges in responding effectively to those most at risk

Partners have repeatedly raised concerns about a significant **cohort of people with the most complex needs** that are being discussed in multiple multi-agency groups[44] as a priority to house but for whom **no housing support solutions** are being found.

An exploratory piece of work was undertaken by analysts in Housing to **bring together a snapshot** of all individuals currently subject to discussion across the all the relevant multi-agency groups. The aim was to identify **how many people** are being discussed across multiple groups and **their collective needs** to support the development of a more effective and efficient response.

Due to information sharing restrictions, the only details that could be shared were for in**dividuals who are known to both housing and the drug and alcohol service** through the delivery of the Rough Sleeper Grant.

90 of the clients most vulnerable/at risk of homelessness and/or rough sleeping were identified from the drug and alcohol treatment cohort.

- **60% of the cohort are women** and the majority are **aged 25-34 years** (61%). They are **spread all over Cornwall**, but the biggest clusters are in Bodmin, Newquay, St Austell, Redruth and Truro.

The housing data did not provide information about their needs, further work would need to be undertaken with the Halo data to explore this.

80 of these people appear in the Cornwall Housing database, and a further 4 have an active Homechoice application.

- 27 people are recorded under the **RISE module** (Rough Sleeping Intervention, Support and Evidence), of those around 37% have been successfully supported into accommodation, while around 40% are recorded as no longer rough sleeping.
- 22 have an active status under the **PRAH system (Prevention, Relief, Accommodation and Homelessness)** with half of these resulting in a Main Duty Accepted outcome, ensuring that their cases will be prioritised.

There were **very few individuals that were cross-matched** to any of the cohorts being discussed in other multi-agency groups, which was a surprising

[44] Such as the Cornwall Rough Sleeping Operational Group and groups to progress cases that have been assessed as especially hard to accommodate or have been banned from supported accommodation

finding. This suggests that the **people of concern are not recorded as being known to the drug and alcohol service**.

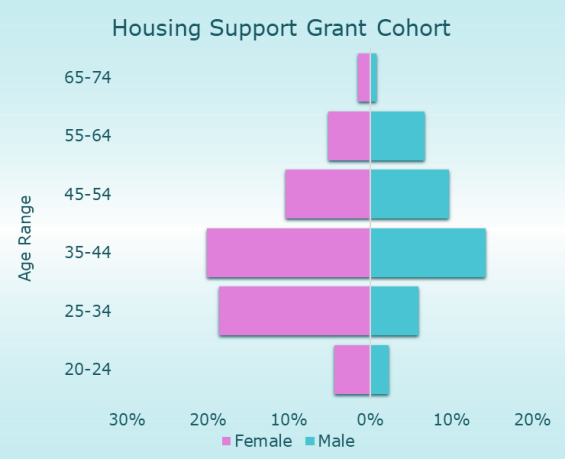
Individuals assessed as having the most **urgent need** can register to bid for a place in a council or housing association property under the **Homechoice application system**.

- **51 of the 90 individuals listed have a live Homechoice application** open with Cornwall Housing as of December 2024, but the data suggests that bids only have a **small chance of success**.
- Overall, 59 out of the 90 individuals had **made bids on a property** with many making **multiple bids** since registering, some well over 100 with an average number of bids per user of 33, suggesting that **wait times may well be lengthy**.

Housing Support Grant – a new approach

Cornwall is one of only 28 Local Authorities provided with a **Housing Support Grant** (HSG) for people in drug and alcohol treatment, based on evidence of local need. We are using this to 'test and learn' **how best to support people with multiple vulnerabilities** who persistently fall between the gaps in services.

Between April 2023 and the time of writing (September 2024) a cross-agency team of Drug and Alcohol and Domestic Abuse and Sexual Violence specialist workers have provided **targeted, sustained support for 134 people with an urgent housing need** across 145 separate treatment episodes.

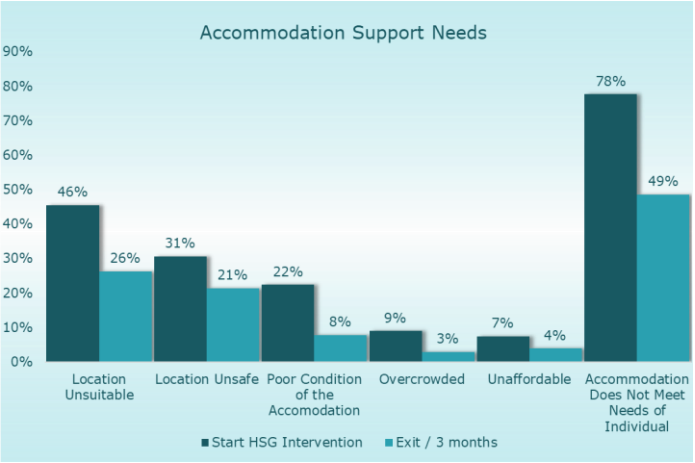


In contrast to the overall drug treatment population, the **majority (60%) of people in this group are women**, most of whom are aged 24 to 44 years. Males supported via the Housing Support Grant tend to be 35+.

The most commonly reported support needs are linked to problems with the location in which the client's current tenancy is situated, with it either being an **unsuitable or unsafe area** for them to live in. Around a quarter of our HSG clients report that their **accommodation is in poor condition**.

Initial early analysis from the first tranche of data provided for the grant appears to indicate that **all of these measured indicators tend to improve** for those clients that have either completed their intervention with their Housing Support Grant worker or have been engaging with the service for at least 3 months.[45]

[45] 133 clients data used for "Start", 103 used for "Exit/Review"

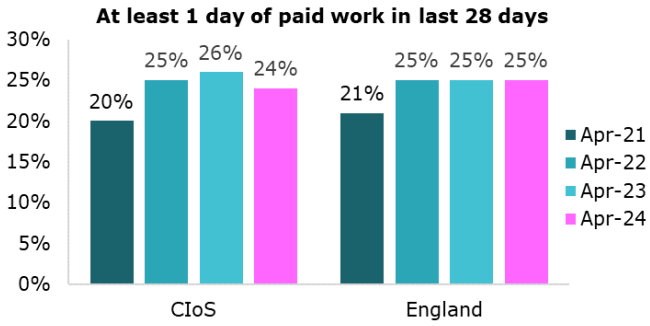


Most tellingly, it would appear that those citing the overall **accommodation does not meet their needs** has dropped from almost 8 in 10 to less than 5 in 10 after the client has worked with the team for three months and those living in an **unsuitable location** dropping from almost half of all clients working with the grant to just over a quarter.

Work and education

Drug dependency has acute and chronic health impacts upon vulnerable individuals and can lead to **significant hardship** and **lack of regular income**.

- Of those in treatment, **24%**[46] **had worked one day or more** in the past 28 days which is slightly **below the national average** of 25%.
- Having seen **improvement** over the last couple of years, we have seen a **small decline** in the last year. The **national trend is flat** at 25%.



- In September 2024, trends remained flat both locally and nationally.

Employment outcomes are **highest in the 18-29 age group** and lowest in the 50+ age group. Men fare slightly better than women (25% vs 21%).

Employment outcomes are **lower for opiate and/or crack users** (around 15%), and lowest for users of crack and opiates together (only 6%). At the other end of the scale, around **29% of non-opiate and alcohol users** are engaging in paid work.

Employment support is provided for people in drug and alcohol treatment through the **Individual Placement and Support** (IPS) Grant. IPS works by providing employment support alongside clinical treatment, with an **Employment Specialist integrated into treatment** to help make employment a key aim of recovery.

Successful placements can be achieved where the client is willing to share some of their personal information with their employer which **enables IPS to advocate for their needs**. A **supportive and inclusive environment** is also

46 Local Outcomes Framework, May 2023 – April 2024

key to the placement being sustained. The care industry has been one sector which has been successful in placing IPS clients.

Local challenges exist in engaging the support of local employers, however, primarily due to the **stigma** associated with working with people in recovery.

The **IPS team are actively working with employers** to reduce concerns and any possible stigma. They use case studies and discuss individuals rather than their drug and alcohol issues to **emphasise personal stories**. They are working closely with all the job centres in Cornwall and attend employment events where possible. The are building relationships with employers so that they understand what IPS offers and the skills that people on the scheme can bring to their business.

- In the first quarter of 2024/25, **72 referrals were made** to Individual Placement Support scheme in Cornwall. 19 clients were engaged with, 11 started jobs and 8 clients sustained their placement for 13 weeks. For many clients who did not complete the placement, they were not ready or the referral was not appropriate.

Other **positive work and education outcomes** show slightly above average rates, compared with the national rates. There were **96 people in voluntary work** between July 2023 and June 2024 which is 2.8% (59 people) of those in treatment and **has increased** from 1.6% (33 people). The national rate is 1.5% and the trend is flat.

1.5% of people in treatment completed **at least one day of training or education** in the last 28 days, in line with the national rate of 1.4%. The number of people in training or education **dropped during the pandemic** and have returned to pre-COVID levels nationally but are still slightly lower in Cornwall. Rates are **highest amongst the 18-29 year old age group**.

Mental Health

Locally **more clients are receiving treatment for their mental health** needs and this has improved over the last two years; **12% of people** in drug treatment have an **unmet mental health need** (compared with 18% nationally).

The **Dual Diagnosis** multi-agency steering group, implementation plan and escalation process are in place but challenges continue to be raised by service users and staff around promoting this approach and multi-agency working.

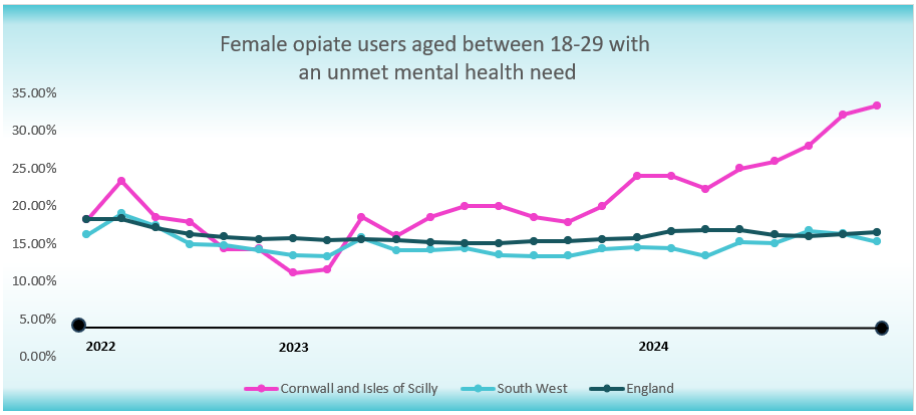
Dual Diagnosis

Dual Diagnosis is used broadly to describe the existence of **co-occurring mental health difficulties and drug/alcohol use issues** in a person. It is, however, widely recognised that other impactful challenges experienced by people termed as having dual diagnosis are often at play.

Nationally over two-thirds (72%, or 115,229) of adults starting treatment said they had a mental health treatment need. This is a similar proportion to the previous 2 years (71% and 70% respectively), but a large increase from 2018 to 2019 (53%). This ranged from 69% in the opiate group to 78% in the non-opiate and alcohol group. Over one fifth (22%) of people with a mental health need were not receiving any treatment to address this.[47]

In Cornwall and the Isles of Scilly the current level of **unmet mental health treatment need** in adults across all substances is 12%, notably lower than both the Southwest and England average of 18%. **Men have a higher percentage of unmet need** (14%) than women (8%).

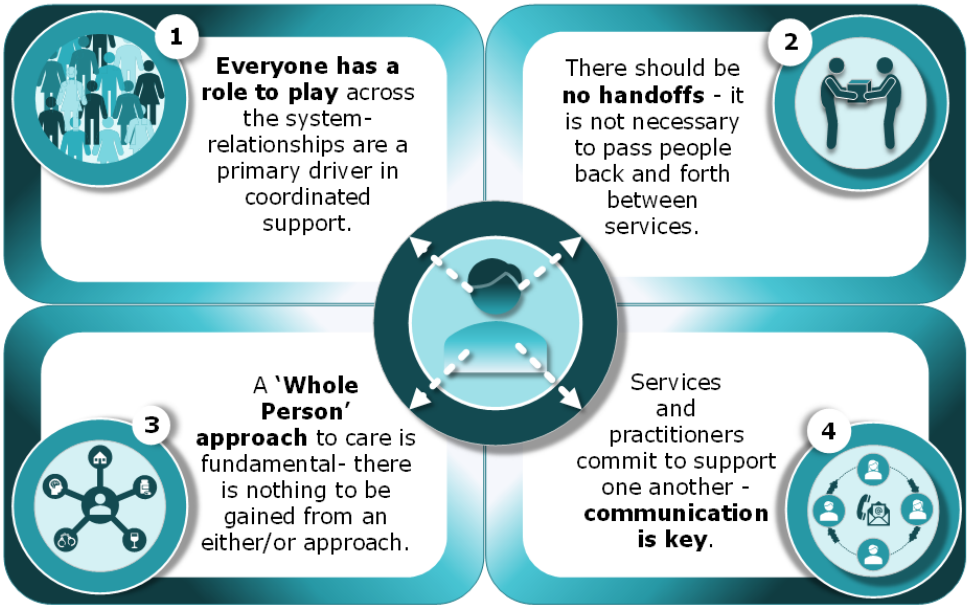
- Across all substance types the highest level of need is found amongst non-opiate only (no crack) users at 20% closely followed by crack at 18%.
- The highest percentage of **unmet need by age** is in the **18-29 age range** at 15% and of this group 25%, the highest percentage by substance group, were **opiate only users** (vs. 20% for the South West and 23% for England).
- If we look at this category by gender, **women in the 18-29 age range with opiate only use** are significantly more likely than their male counterparts to have unmet mental health needs at 33% vs 19% (compared with an average of 15% in the Southwest and 17% in England).[48]



Guidance has been developed through a multi-agency dual diagnosis steering group and sets out a **clear set of overarching principles**. The four key areas act as a framework within which practitioners seek to work collaboratively to improve the experience of people impacted by co-occurring conditions.

[47] Adult substance misuse treatment statistics 2023 to 2024: report - GOV.UK
[48] NDTMS – Local Outcomes Framework Mental Health: Unmet Need – Sept 2023 to Aug 2024

Agreed Principles



Key considerations for supporting people with Dual Diagnosis:

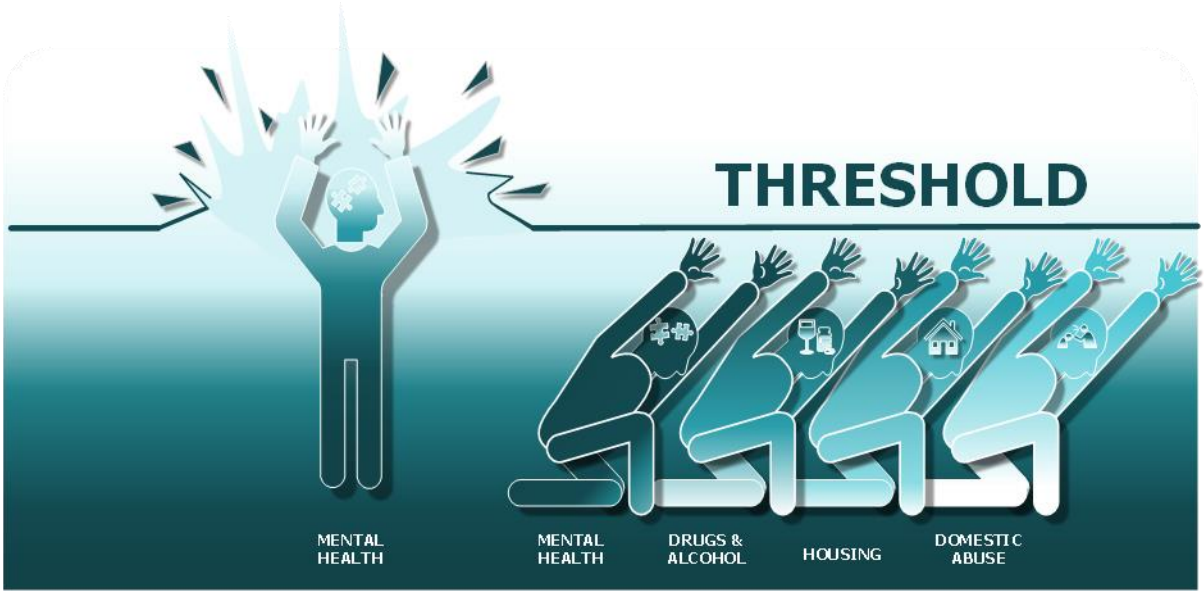
- An approach to **assessment** that can be used **across** a broad range of **services** including the voluntary sector needs to be developed to enable everyone who works with individuals to make **a meaningful contribution** to their **health and wellbeing**
- Adoption of **DIALOG+**[49] to enable a **holistic view** of people in need which will also foster effective **communication, collaborative work** and **appropriate signposting**.
- **No wrong door** - It is critical that whoever a person seeking support comes into **contact with first** should respond positively and **link into** a **wider system of help**. All further interactions need to be co-ordinated from this point for continuity with **no hand-offs**.
- People with dual diagnosis may well have additional needs originating from **experienced trauma** which can make their **needs complex** and entrenched, it is imperative, therefore, that services work together to provide **whole person support**.
- An analysis of **drug related deaths** highlights how **prevalence of poor mental health** (76% 2021, 84% 2022 and 79% in 2023) and is considered to be a contributing factor.
- Actively support individuals to **move between services** as their needs change **without disruption**.
- Treatment should not be withheld because of mental health difficulties or substance/alcohol use issues.
- A **robust escalation process** needs to be developed to ensure, where an individual's needs cannot be addressed through a 'Team Around Me – Creative Solution' approach, there is an additional tier of support.

[49] DIALOG + make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, concepts of patient-centred communication, IT developments, and components of solution-focused therapy, and is supported by an App.

Identifying needs and treating them in isolation of one another or prioritising one need over another without considering a collaborative approach, furthers a binary approach to the treatment of this population, which has proven unsuccessful historically. **Dual Diagnosis is often understood to be greater than the sum of its parts**; homelessness, trauma, vulnerability to abuse and criminal behaviour are but a few complexities found within this population.

Treatment, care and support that **captures the wider context** surrounding an individual should be the aim. Furthermore, it is important to acknowledge the benefits adopting this approach as early as possible, especially when planning for transitions from young people's services into adult services.

Thresholds play a **significant** part in people **being able to access support services**, particularly in relation to mental health. Individuals may not meet the criteria when viewed through a single service lens. However, when need is viewed cumulatively across multiple areas that on the surface may not qualify for support, the sum total is greater than its individual parts. This articulates the **need to support a whole person approach** in relation to complexity which takes into consideration the wider context and has the potential to disrupt further escalation and risk.



Peer-led Recovery

Over the last 18 months, we have made significant progress in developing and expanding Kernow Recovery Communities. Kernow Recovery Communities are an **inclusive, peer-led environment** open to everyone with experiences of dependency, trauma or struggling with their mental health. Run by our **Experts by Experience**, it aims to build a community of connection through a shared safe space with cross-partnership working.

Following successful meetings and a learning visit to Recovery Cymru, a Welsh charity, **three locations have established** – in Truro, Falmouth and Penzance – with further roll-out planned as more **Safe and Well Hubs** come online.

The Recovery College delivered 4 courses in our Recovery Community. The courses have provided **skills with anxiety, boundaries and assertiveness**. *"I've attended some of these types of courses before, but this is definitely the best one I've done. I really enjoy it here*".

The KRC website www.kernowrecoverycommunity.co.uk launched in September. This **showcases the breadth of activities available** including creative arts sessions, walk and talk, photography sessions, music jamming sessions, women's awareness sessions. The KRC photography exhibition in Recovery Month was attended by both the Mayor of Truro and Cornwall Council's Corporate Director Team. This collaborative and supportive community was manifested in the Truro Christmas Celebration which saw 36 people cook and enjoy a full Christmas dinner together.

The **website has increased members attending across the three sites**. We are starting to co-ordinate our data on attendees and this will help support the roll-out to other areas, as well as understanding the effectiveness of what is being delivered.

We are also in the process of establishing the Local Expert Recovery Organisation (LERO) as a **standalone organisation/project** so they can access local grant funding and become **more self-funding and independent**.

Frequent Attenders

The **Frequent Hospital Attenders** project offers specialist assertive outreach support to hospital patients identified as most in need, directly benefiting not only the acute hospital setting, but also providing wider savings relating to criminal justice costs and tenancy sustainment. However, the project is limited by pressures faced by mental health, Adult Social Care and housing services.

As an **Assertive Outreach project funded under a Social Impact Bond** (SIB) agreement, it's aim has been to reduce the burden on hospital settings by having embedded drug and alcohol practitioners working closely with patients with a substantial treatment need. Data allows service to highlight the percentage of cases where payment targets are reached, generating a payment from the social investor allowing for the service to continue provision. The current scheme has run since November 2018 and is due to conclude in March 2025.

At the time of writing, data was available up to and including September 2025 which revealed that the project had worked with **608 individuals** across 724 separate treatment episodes in the 6-year period it had been running.

The additional support provided for these patients shows **an exceptionally high success rate** in achieving the first stabilisation outcome, retaining them in treatment during the first 12 weeks (an important threshold for seeing

significant benefits and progress), which is sitting at 94%. This equates to 660 separate episodes of treatment.

Longer term sustainment in treatment is demonstrated by 53% of clients hitting the 7-month target of reducing their hospital admissions (or costs) by 60% or more and 42% sustaining the reduction at the 18-month point.

Overall savings to the local hospital are estimated at around **£2m** over the life cycle of the project.

Trauma informed approaches continue to be embedded into service delivery to provide more effective support for people with multiple vulnerabilities.

Understanding unmet need (OCUs)

Prevalence estimates[50] of opiate and/or crack dependency were updated since the last assessment; our local estimate has **increased by 9%** compared with the previous estimate. This prompted a requirement from OHID to **increase the number in treatment** by an additional 10%, in line with national targets.

Due to having above average levels of engagement, we had **focused initially on reducing caseloads** and improving outcomes in treatment in the first two years.

- National estimates put our local level of opiate and/or crack dependency at **2,562 people**, which equates to a rate of **7.6 people per 1000 population** aged 15 to 64 years. The **England rate is higher** at 9.5 people per 1000 population but has remained fairly stable over the same time period.
- The prevalence estimates indicate **higher levels of opiate use** locally, but **lower (but increasing) levels of opiates and crack used together** – which concurs with the profile of our treatment population.
- 55% of the estimated number of **opiate and/or crack users** is receiving help through local treatment services, leaving an unmet need of 45% (around 1,150 people). Unmet need is below the national average (57%).

Waste water epidemiology[51] will provide a more accurate measure of drug use prevalence in the future. OHID does not have a date for introducing this as yet but it is progressing.

Based on prevalence figures provided for each drug we can estimate that 60% of opiate users are in treatment but only **33% of crack users**[52] and 51% of opiate and crack users.

[50] Opiate and crack cocaine use: prevalence estimates, Office for Health Improvement and Disparities and UK Health Improvement Agency, October 2023.
[51] Drug consumption can be estimated by measuring human excretion products in untreated wastewater, known as wastewater-based epidemiology (WBE). Over the last decade, the use of WBE to monitor illicit drug use has increased and WBE is currently applied on a global scale.
[52] Prevalence estimates for crack have lower confidence intervals which means these estimates should be interpreted with caution.

	Adults in treatment 23-24	Prevalence estimate	Difference
Opiates	1099	1821	722
Opiates and crack	215	419	204
Crack	107	321	214

The prevalence estimates by age indicate much **higher use in the 25-34 age group**, particularly for **opiates**, with crack use (no opiates) around the England average. Estimated patterns of use are **similar for the youngest age group**, age 15 to 24 years, but the difference is less marked.

- The rates of crack use in the 35+ age group are much lower than the national average and this may reflect **trends in availability of crack cocaine** in Cornwall over the last couple of decades.
- **Men have much higher rates of usage for opiates and/or crack** than women based on national estimates.

Meeting unmet need

Meeting unmet need means addressing 3 basic issues:

- **Case finding** - finding people where they are
- **Engagement** – bringing them into treatment
- **Retention** – supporting them to stay in treatment

OHID's Unmet Need Toolkit indicates that for all substance groups, Cornwall and the Isles of Scilly has a **lower proportion of unmet need** than the England average. This suggests that we are **successful at finding and engaging OCUs** in treatment.

Substance group	Unmet treatment need	
	Cornwall and Isles of Scilly	England
OCU	44.9%	57.4%
Opiates only	40.0%	60.6%
Crack only	67.3%	78.3%
Opiates and crack	48.9%	45.8%
Alcohol	70.7%	77.8%

The highest proportion of users in treatment are for opiates and crack. Crack users have the **highest proportion (67%) not in treatment** which is consistent with but better than the national picture.

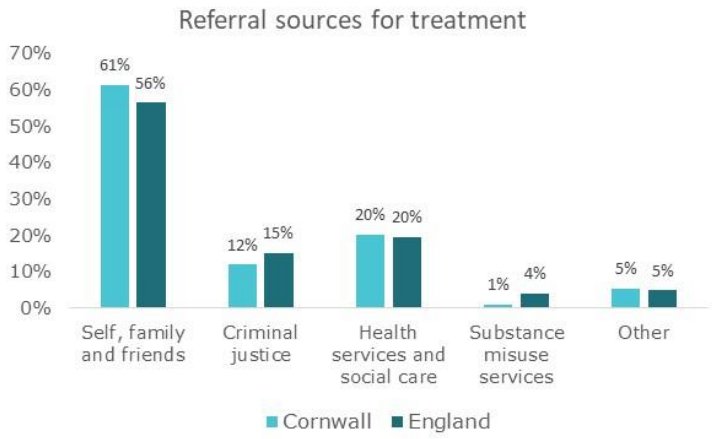
The toolkit shows that **as OCUs increase in age they are more likely to be engaged with treatment**. 77% of OCUs aged 15-24 are not in treatment services compared with 30% of 35-64 year olds. This is explored further in the Prevention section.

- **Unmet need is estimated to be substantially lower amongst women** (19%) than men (52%) and the extent of the difference is greater than the national profile (44% estimated unmet need for women and 60% for men).
- Those not engaged with treatment are therefore **more likely to be male and younger** and this would support finding unmet need in our Criminal Justice population (which is largely male-dominated).

Analysis of people in treatment, however, shows that **new presentations** make up a smaller proportion of our local treatment cohort than that seen nationally and this indicates that we are **behind the national trend in attracting new people into treatment**.

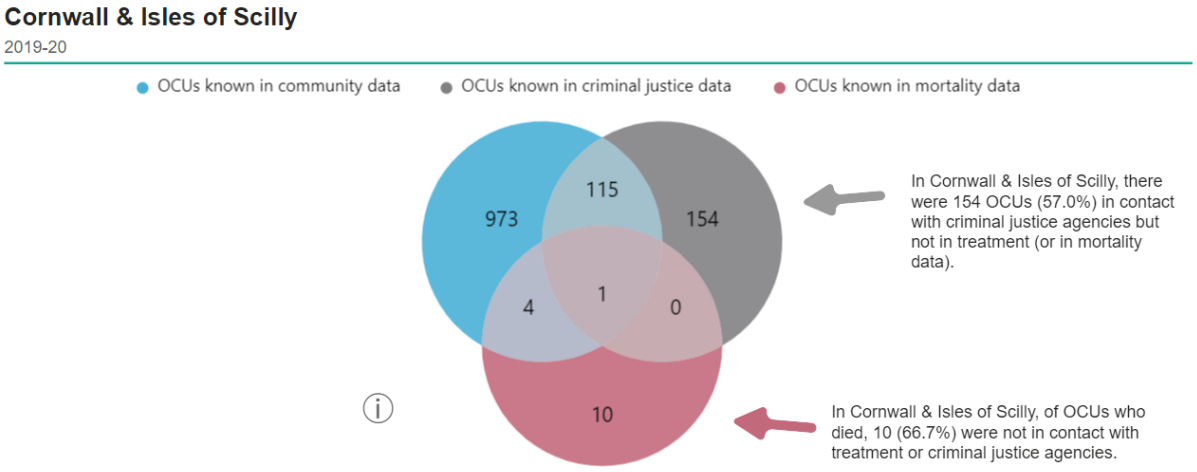
The next chart shows the breakdown of referrals by source in Cornwall compared with the England average. This shows that a **lower proportion** of clients are **referred into treatment from criminal justice agencies** in Cornwall than nationally.

We continue to see **very high levels of self-referral** into treatment and this suggests that **wider services could do more** to identify, screen and refer people into treatment for help with their drug use.



The toolkit indicates that there are around 270 OCUs in contact with **criminal justice agencies**. Of the total estimate of OCUs, 37% are known to Probation services, 67% are in prison and 10% are known to Police (note that there is some overlap between the 3 data sources).

- More than half of these OCUs are not in community treatment – this equates to **154 OCUs** which would make up **13% of the estimated unmet need in Cornwall.**



For all drug groups **substantial progress in treatment** is in line with or better than the England average, except alcohol only which is just below. Progress in treatment is discussed in more in the Local Outcomes Framework section – the latest data is reproduced below.

Adults, progress in treatment (September 2024)	Cornwall and the Isles of Scilly				England
Drug Category	**Adults in Treatment**	**Progress in tx (n)**	**Substantial progress (n)**	**Substantial progress %**	**%**
Opiates only	1,104	954	547	57%	58%
Crack (no opiates)	125	90	34	38%	32%
Opiates and crack	215	185	97	52%	35%
Alcohol only	1,139	866	407	47%	51%
Non-opiates and alcohol (no crack)	669	494	210	43%	41%
Non-opiates only (no crack)	275	204	105	51%	48%
Total	**3,527**	**2,793**	**1,400**	**50%**	**47%**

Collectively, these findings indicate that to reduce our unmet need, we should focus on **case finding**, particularly in the criminal justice system, and maintaining **good outcomes within treatment** that support substantial progress being made.

Other considerations:

- Improving outcomes for **crack users** (albeit a much smaller population).

Drugs and Crime

One the three priorities in the national Drug Strategy is to break **drug supply** chains, including tackling **county lines** and reducing associated violence and homicide.

Drugs are a major driver of crime and are associated with approximately half of acquisitive crime and homicides. The independent review by Dame Carol Black estimated that **61% of known Organised Crime Groups** involved in drug supply had some violent capability and 29% owned illicit firearms[53]. Addiction to heroin and crack cocaine is thought to be linked to around half of all theft, burglary and robbery[54].

Nationally drug trafficking is highlighted as a **major driver of serous violence** within the Serious Violence Strategy. Analysis by the National Crime Agency highlights that **violence is endemic within drug trafficking activities**, used for intimidation, coercion and as retribution for drug related debts.

We do not have a clear picture locally, however, of the extent that violence, anti-social behaviour, acquisitive crimes and firearms are driven by the drugs trade and which groups represent the greatest risk.

Drug offences

Drug trafficking offences make up **1% of all recorded crime** in Cornwall.[55] Trends in reported offences tend to reflect **police proactivity** rather than provide a true indication of prevalence of drug-related activity.

In 2023/24 there were 270 drug trafficking offences which is a 5% increase on the previous year. Of these crimes, 35% related to class A drugs, 54% class B and 9% class C. **Cocaine and cannabis** are the most frequently recorded although a substantial proportion of these offences do not have the drug recorded.

Over the same period the Police recorded **691 offences for possession of drugs** in Cornwall, an 8% reduction on the previous year. Two thirds of these offences were for class B drugs (mostly cannabis), 31% of crimes related to class A drugs (most frequently cocaine) and 2% were for class C.

The Crime Survey for England and Wales[56] indicates a 3% increase nationally in theft over the 12 month period ending March 2024 which is largely due to increases in **shoplifting and theft from the person**. Over this period there

[53] No Place to Hide: Serious and Organised Crime Strategy 2023-2028, Serious and Organised Crime Strategy (publishing.service.gov.uk)
[5454] From harm to hope: a 10 year drugs plan to cut crime and save lives, April 2022, From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)
[55] Recorded crime data, Devon and Cornwall Police, 2023/24 financial year compared with 2022/23. Accessed via the Universal Data Set shared with Community Safety Partnerships in Devon and Cornwall
[56] Crime in England and Wales, year ending March 2024, Crime in England and Wales - Office for National Statistics (ons.gov.uk)

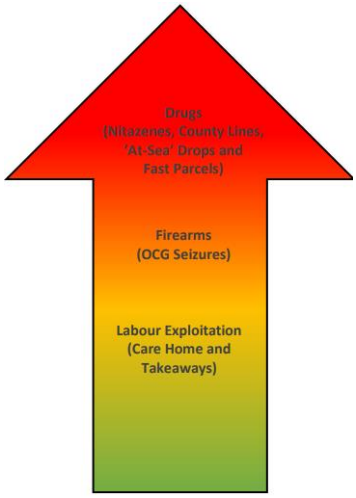
was a 30% increase in shoplifting when compared with the previous 12 months and an 8% increase in robbery offences.

Within Cornwall over the same time period, there was a **21% increase in shoplifting**, 60% increase in serious acquisitive crime and 30% increase in robbery offences (36 crimes).

There are **well-evidenced links between acquisitive crime and cost-of-living pressures** created by recession, but this is one of several issues that may drive higher rates. Crack cocaine use in the local population is also likely to be a factor in some places. **Use of crack cocaine can escalate offending**, including thefts and aggressive behaviours, although **poverty, unemployment and social exclusion** are often underlying factors. Dealing of crack cocaine is also inherently linked to the exploitation of vulnerable people.

Serious and Organised Crime

In 2024, the police developed a new quarterly **Partnership Intelligence Report** on the theme of **drug-related activity** to support local delivery of the national priority of *Breaking Drug Supply Chains*.



These are provided to partners alongside a refresh of the content and format of a bi-annual **Serious and Organised Crime Profile** and a suite of **thematic intelligence products**, including Sexual Exploitation and Organised Immigration Crime.

The latest Serious and Organised Crime profile[57] provides a 'threat arrow' for each partnership area, based on the **evidence of the most prevalent threats** within the area. They are established on professional judgement.

Drug trafficking is assessed as the highest threat for Cornwall (and the Peninsula). Key themes were noted as **synthetic opioids**, **County Lines** and increasing distribution via **'at sea' drops** and through the **postal system**.

- The most recent intelligence report notes **13 active drugs threats** in Cornwall, 22% of all active drugs threats across the Peninsula. Drug-related intelligence is **submitted from all parts of Cornwall** from East to West.
- Due to the postal system playing an increasing role in the distribution of drugs, the **extent to which 'cuckooing' continues to be a threat is unclear** and intelligence from partners is being sought to understand the nature of exploitation of vulnerable people in these types of operations.

A national trend has also been highlighted around **drug dealing in gyms**; there is a realistic possibility it offers an avenue for drug supply locally. Particularly **affecting more deprived areas**, Organised Crime Groups are running gyms as

[57] Cornwall and Isle of Scilly – Serious Organised Crime Local Profile 6-month update Jan-Jun 2024

an avenue for drug **distribution and recruitment** of people into drug-related activities. They may also be used for money laundering.

When discussed with partners, there was no local intelligence of this currently taking place, the **increased risk of exploitation of young people** through this route was highlighted; with high profile 'influencers' like Andrew Tate promoting fitness. It was also noted that gym sessions/membership may be legitimately offered as part of a positive intervention or support package, so this would need to be approached with extra care.

- The Fair Trading Team reported that they are continuing to see links to **drugs within other types of criminality exploiting consumers** (such as building trade frauds) – either persons involved are involved in drug supply or drug users themselves.

In 2022/23 Devon and Cornwall police developed their first **Drugs Market Profile**[58] to support the development of a system-wide response to tackle drug supply. The Drugs Desk Analyst will produce an updated Drugs Market Profile in 2025, which will feature in the next update of this assessment.

This concluded that it almost certain all major drug types have a footprint and are likely to have a market in the Force area. **Cannabis** is the single largest drugs market[59], but the **most harmful drugs are opiates and crack**.

Aggressive targeting by **Organised Crime Groups**, particularly via County Lines, meant that **crack cocaine** became widely available across Cornwall around five years ago. The Force-wide Drugs Market Profile assessed that it is likely that **50% of Dangerous Drug Networks now originate in force** due to a change in tactics towards a 'localised franchise model'.

During the pandemic, we saw the emergence of **high strength illicit benzodiazepines** and counterfeit drugs which provide a very lucrative and marketable product for Organised Crime Groups. The **cheap price** of these drugs in the current economic climate is a factor in increasing use. In 2023, **synthetic opioids** started to enter the illicit drug market in Cornwall.

New synthetic substances are now being found in all drugs in Cornwall's illicit drug market and this is confirmed in police drug testing. Synthetic drugs have also been found in adulterated vapes. Synthetic drugs present a **very high risk of overdose** to users.

The Force Drugs Market Profile 2023 also flagged the use of **online platforms** in drugs criminality as posing **a growing threat** in the Force area, particularly for younger people and recreational drug supply.

[58] Accounting for around 80% of drug users in Cornwall – 22,200 out of an estimated total of 27,200 (drawn from a combination of estimates derived from the Crime Survey for England and Wales (2023) and OHID local estimates

[59] Accounting for around 80% of drug users in Cornwall – 22,200 out of an estimated total of 27,200 (drawn from a combination of estimates derived from the Crime Survey for England and Wales (2023) and OHID local estimates

Cannabis cultivations have been a continued threat across Devon and Cornwall, with over 800 intelligence submissions relating to this topic. The police intend to commission an Intelligence Requirement to increase the intelligence picture of cannabis cultivations and their links to organised crime.

There are high levels of community concern where **drug dealing and drug use has become more visible** – for example, public drug taking, drug litter and anti-social behaviour. This is particularly apparent in our larger towns where problems are persistent and challenging to address.

Prevalence of violence

County Lines poses a violent threat to the community. Locally we have seen this through **'cuckooing'** (where vulnerable people are targeted by OCGs, using them and their homes to sell drugs and recruit more users) and in the enforcement of drug debts.

Vulnerable young people and adults recruited/blackmailed into engaging in criminal activity include people in recovery from drug dependency, young people excluded from school, people who are homeless or street attached and vulnerable women.

- Services working with young people continue to express **concerns about them carrying knives for protection**. In our multi-agency workshop this year, one service said they were aware of some young people keeping weapons in their home due to fear of repercussions from drug debts.
- Whilst there is evidence to indicate that more young people are carrying knives, this is **not believed to be translating into knife-related violence**. Reasons cited for carrying are **primarily for defence** – such as where there are concerns about bullying or threats to personal safety.
- **More adults carrying knives are also on the police radar** but links between carrying and use are not evidenced. It was noted that violence committed in the context of Organised Crime is less likely to be reported to police. Other sources such as health data on Emergency Department attendance for assault would give us a better picture.

Firearms

- A Force intelligence assessment concluded that there is a realistic possibility organised crime networks in Cornwall are involved in **supplying weapons to users who go on to commit violent offences**.
- A number of instances of strong **links to firearms, including in the context of drug trafficking**, has been identified this year in Cornwall, with impacts also being seen in other parts of the force area.
- **Firearms are assessed as a secondary risk** to other forms of criminality.

Sexual exploitation linked to drugs

- Previous assessments have highlighted hidden harms relating to **sexual violence being used as a method of control** in drug trafficking and

exploitation. This involves vulnerable women being forced into selling sex to pay off their own or their abuser's drug debts.

- Sexual exploitation is understood by partners to be a **common feature in drug-related exploitation**. Previously we have seen County Lines operations from outside Devon and Cornwall targeting university students and sex workers. Currently, however, services are supporting women where **drugs and sexual exploitation** form part of a **coercive relationship**.
- Our safe accommodation and drug and alcohol services **continue to see exploitation affecting people in their services**; this is challenging to manage and needs a more joined up approach. The EVA Project[60] team feel confident to provide support and safety planning for women in their service but would like **police guidance to manage other risks** more effectively.
- **Police continue to highlight an intelligence gap** around the extent and nature of sexual exploitation within the local drugs market.
- **Drug use often features as a vulnerability in domestic homicide/suicide reviews** for both the victim and the abuser. Another drug-related theme identified within the Domestic Abuse Related Death Reviews is **grooming and exploitation of a victim from an early age** (teenager) linked to the use of illegal drugs.

Criminal behaviour associated with the chemsex 'scene', including violence and exploitation, has been **identified nationally as an emerging theme** within serious and organised crime.

Some information on drug-related needs and risks for people involved in **chemsex** was included in our 2022/23 assessment. Further to research published by the Metropolitan Police Central Serious Sexual Offences Team, a more in-depth topic paper was produced for this assessment.

- This research found that 50% of crimes linked to chemsex were sexual offences, with the other 50% including **violence, exploitation, drug offences and fraud**.
- The demographic of **people engaging in chemsex is diverse**, involving people from all backgrounds and walks of life, including people involved in the supply of drugs used and users, and this **increases the risk of exploitation**.
- People who do not participate in chemsex **use the scene to single out vulnerable people**; due to the nature of the encounters and that people can be both perpetrator and victim at different points makes them **less likely to disclose**. This coupled with the wider **lack of confidence in the police** particularly within the LGBTQ+ community means that this type of crime is very under-reported.

Locally chemsex is not currently highlighted as a risk factor within serious and organised crime in Devon and Cornwall. The drugs linked to chemsex are **infrequently cited as problem drugs** within the treatment system. The **recommended approach to providing advice and support** to people involved in chemsex is a **collaboration** between sexual health services, drug and alcohol services and relevant 'by and for' VCSE support organisations.

For more information see the Topic Paper Chemsex, exploitation and organised crime

[60] The EVA (Empowered, Valued, Aware) project is Harbour Housing's specialist safe accommodation project for women with multiple and complex needs.
[61] Chemsex-related Crime, College of Policing, December 2024)

Local response

The risk is generally managed by police and partners within existing resources. There is a **strong reliance on community intelligence** and a proactive police response to remove the threat, and fast partner response to manage the risk to communities, especially people at risk.

- Cornwall partners took part in a recent inspection of the police's response to Serious and Organised Crime by HMICFRS[62] with the Regional Organised Crime Unit. Strengths noted included our **place-based, system approach**, the Drugs Focus Desk and academic collaborations. Policing capacity issues were identified, with criminal justice and forensic pipeline issues.

In 2023 Falmouth was piloted as a location for the **Clear Hold Build (CHB) framework** after an increase in intelligence around organised crime, sexual violence, and Class A drug supply.

Local results from CHB showed the **huge benefits of partnership working**, including arrests made for perverting the course of justice in relation to running a NIP farm[63], and multiple fines for health, safety, and fire breaches. Police debrief concluded that the serious and organised crime element should be more defined for future deployments.

A national evaluation of CHB[64] has now been published. An **evidence-based approach**, **partnership working** and **engaging communities** in designing the programme to address their concerns were identified as the key success factors.

Effective **multi-agency responses to sexual exploitation within a coercive relationship** are in place via the MARAC[65] and vulnerable women's initiatives. We are improving the support available and gaining intelligence.

Significant progress has been made in training the workforce about signs and understanding of exploitation but **support for young adults at risk/experiencing exploitation is inconsistent** and lacks a robust pathway.

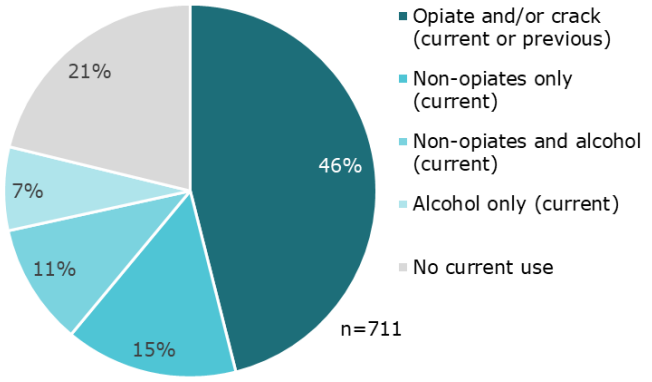
- A **Joint Thematic Review of 4 young adult women** is being undertaken under the auspices of Our Safeguarding Children Partnership (as they had all been Looked After Children). This is being **undertaken jointly** with Safeguarding Adults, Drug Related Death, Suicide and Domestic Abuse Related Death review leads because they **met the criteria for all of these Review processes** and were totemic of a wider population identified as being at risk and of concern.

[62] His Majesty's Inspectorate of Constabulary and Fire and Rescue Services
[63] NIP farms are used to supply fake driver details to police to avoid prosecution for traffic offences
[64] Evaluation of Clear, Hold, Build, Home Office, January 2025
[65] Multi Agency Risk Assessment Conference, used to manage high risk domestic abuse cases

Drug-related needs in the Criminal Justice System

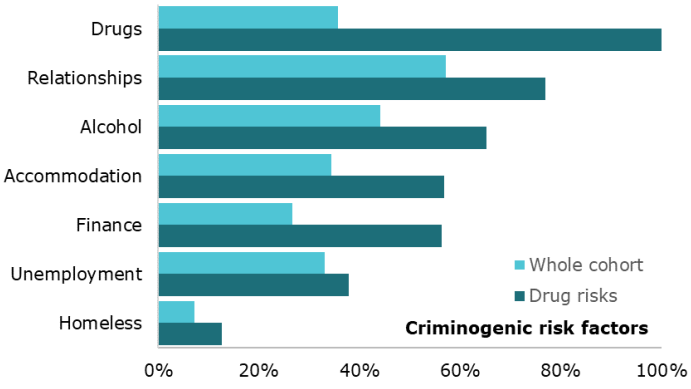
A **snapshot of people on the Probation caseload** in September 2024 provided information on 1,301 people. Of those people listed with an address in Cornwall working with the Probation service, information on drug use was recorded for 998 people.

- **71% disclosed drug use** in the community or in prison. The largest drug group was OCUs at 46%.
- For **two thirds** of those disclosing drug use, their **drug use was linked to risk of reoffending** (criminogenic need) and/or **risk of harm** to themselves or others. This rises to 81% for OCUs.



Of those with drug-related risk factors:

- 90% of people are **male**, in line with the gender split in the whole cohort, and largely in the **25 to 44 age range**.
- Compared with the whole cohort, offences committed are **more likely to acquisitive** (15% vs 7%), **violent** (31% vs 28%) or **drug-related** (11% vs 6%). Offending is less likely to relate to sexual violence (7% vs 17%).
- A third have **mental health issues** and 48% have **attempted suicide or self-harmed**.
- They are **more likely to have perpetrated domestic abuse** than the cohort as a whole (51% vs 40%) and 38% have **parental responsibilities**.
- **Prevalence of all other criminogenic risk factors was higher** amongst those with drug-related needs, with the most marked increase being **finance related risks** (56% vs 27% for the whole cohort).
- **OCUs were more likely to be known to treatment services** (56%) than non-OCUs (40%). OCUs using **crack cocaine** were less likely than those using heroin to be in treatment.



Continuity of care

For people leaving prison with a continued treatment need, the **period immediately after their release** can be difficult because they are at **high risk of harm or death** from overdose, as well as **reoffending**. It is important that people leaving prison are **transferred swiftly** to a community treatment provider for structured treatment interventions – and other support – and that they successfully engage to ensure that their **journey to recovery continues**.

Improving continuity of care is one of the **national drug strategy priorities**[66] as part of the drive to modernise and improve the treatment and recovery system in England. People leaving prison should be given a **priority appointment** with a community treatment service to help them stay engaged. This appointment should be **within 3 weeks of leaving prison** for the person's care to be classed as continuity of care.

Referral data shows **13 different prisons** referring into our community services in the last 12 months. **81% come from 2 main locations**, however – Exeter (60%) and Channings Wood (21%).

- The number of **people coming out of prison** and getting straight into treatment has **increased significantly** this year further to a drop in 2023/24 (currently 57% in Cornwall compared with 54% nationally).
- There are a **range of community treatment orders** available and, when introduced in Cornwall shortly, **drug testing on arrest** will also provide mandated referral into community services. It was noted that there is some hostility, however, to enforced engagement with treatment.
- A new Dependence and Recovery pilot providing **Rehabilitation Activity Requirements for people under Probation supervision** has started and is working well. **45 referrals** have been made between the programme launch in April 2024 and October 2024. The latest available data shows that around **83% of referrals engage with the service**. Referral rates increased following **workshops to raise awareness** of the pilot, and the introduction of a **targeted approach** to making referrals via probation and prisons.
- **With You workers go into prisons regularly** (such as Exeter and Eastwood Park) to help prepare people for release. **Mixed quality of referrals** and preparation for transfer; with concerns that the right people may not be being referred.
- Due to changes within Probation, referrals into the Criminal Justice Team have increased. There are **more short notice referrals** from prisons where release dates have been brought forward. This means **without adequate time for planning essentials** on release such as prescriptions and housing support (which can end up with the person making a swift return to prison).
- Improvements suggested included - better **planning**, more timely **sharing of information** and a means for key services (like community treatment and housing) to **engage more rapidly, possibly jointly**, with people leaving prison early.

[66] From Harm to hope: A 10-year drugs plan to cut crime and save lives

Since late 2020 Magistrates Courts in Cornwall have been able to order a **Mental Health Treatment Requirement (MHTR)** as part of a Community Order. The aim of an MHTR is to **reduce re-offending and to use as an alternative to short-term prison sentences** for those directly affected by **mental health issues** which contribute towards their offending behaviour.

Candidates for an MHTR are offenders who have **low-level mental health issues** (often with co-occurring, problematic drugs or alcohol use) but who have not been readily able to access pre-existing mental health services.

MHTR treatment plans entail approximately 12 one-to-one sessions. The requirements are provided by or under the direction of a Responsible Clinician working in conjunction with drug and alcohol treatment services.

Recent research is emerging that provides substantial evidence in support of the MHTR model as an **effective pathway to reduce mental health problems** among individuals under probation supervision as part of a sentence after conviction for a criminal offence.[67] Around two thirds of people completing an MHTR nationally, in the two years to July 2022, have been identified as **experiencing a reliable change** in at least two out of three scale, with individuals suffering the highest levels of initial distress showing the most sizable improvements.

Locally, Cornwall accepts around 230 MHTR referrals per year, with **successful outcomes exceeding the national average**, hitting 75% in 2023.

Unmet need in the Criminal Justice System

- The Unmet Needs Toolkit estimates that there are around **150 opiate and/or crack users in the Criminal Justice System** that are not currently known to treatment and could be successfully engaged.

Current and previous use of a comprehensive range of drugs is recorded within Probation assessments. Based on **opiates and/or crack being recorded** as a problem substance, the latest data snapshot from Probation[68] for Cornwall indicates that there are **363 OCUs under Probation supervision**, of which 33% disclosed current use. Matching this with our treatment data identifies **158 OCUs on the Probation caseload that have not been in contact** with treatment services in the last two years (44%).

Based on sentence type and length, we can estimate **70 of these OCUs are in the community** (community orders, suspended sentences or their sentence has ended). There are an **additional 22 people whose sentences are due to end in the next 12 months** (end of October 2025) who are not known to treatment services. The remaining people are in prison.

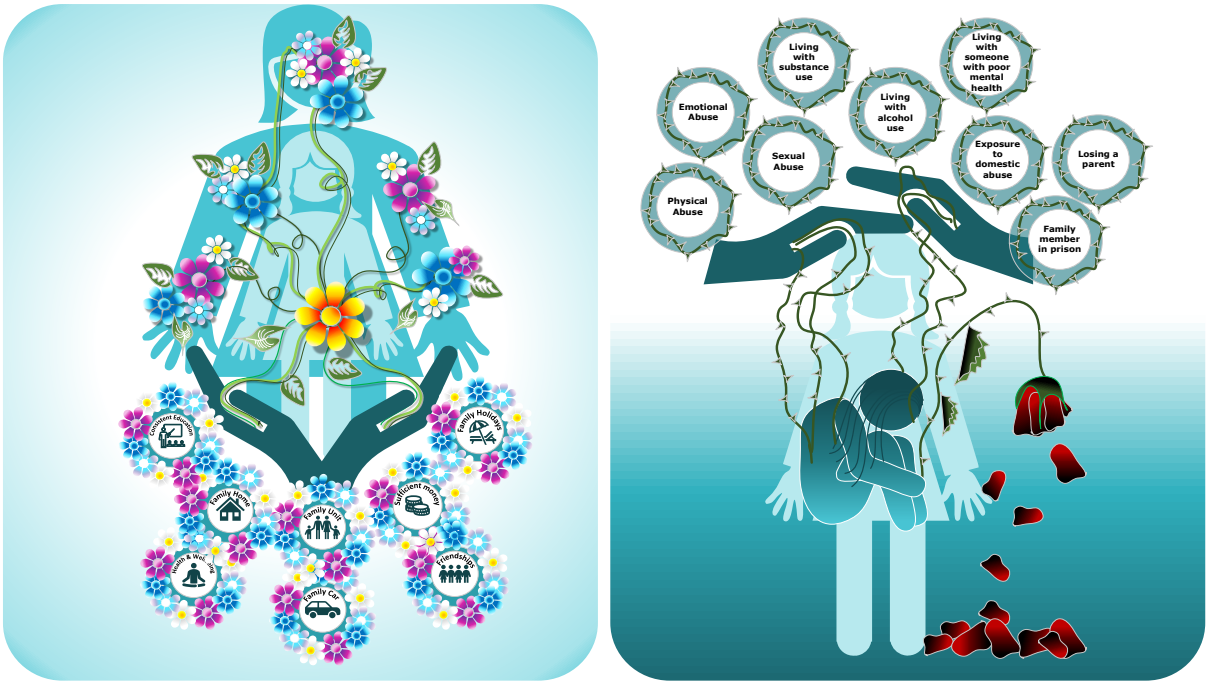
The **mandatory drug and alcohol screening tool** adopted by the National Probation Service has **yet to be implemented**.

[67] Mental Health Outcomes for those who have Offended and have been given a Mental Health Treatment Requirement as part of a Community Order in England and Wales.
[68] Probation Service caseload snapshot, September 2024

Adverse Childhood Experiences

When individuals have **secure foundations from early childhood** there is a real opportunity for growth. Many will experience problems throughout their life which will cause instability in one or more areas but **most will recover** because they have a strong support network, particularly family and friends.

Conversely when children are subject to multiple **Adverse Childhood Experiences** (ACEs) growth is suspended and the trajectory of their life is influenced by the trauma they have experienced.



'Adverse childhood experiences (ACEs) are traditionally understood as a set of **10 traumatic events** or circumstances **occurring before the age of 18** that have been shown through research **to increase the risk** of **adult mental health problems and debilitating diseases.**

Five ACE categories are forms of **child abuse and neglect**, which are known to harm children and are punishable by law, and five represent forms of **family dysfunction** that increase children's exposure to trauma'.[69] The 10 ACEs are:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Physical neglect
- Psychological neglect
- Witnessing domestic abuse
- Having a close family member who misused drugs or alcohol
- Having a close family member with mental health problems
- Having a close family member who served time in prison
- Parental separation or divorce

[69] Adverse childhood experiences: What we know, what we don't know, and what should happen next | Early Intervention Foundation

Based on a national study,[70] 10,990 children in Cornwall (10.3% of the population aged 0-17 years) are projected to be living in a household where an adult reports any substance misuse. An estimated **3,980 children** live in a household where an **adult has an alcohol or drug dependency**. Of the 10,990, around **14% (940 children)** are predicted to be in a household with **all three vulnerabilities** – domestic abuse in the last year, an adult reporting drug and/or alcohol dependency and an adult with severe symptoms of mental or psychiatric disorders.

Our ability to use local datasets to understand the extent of need around children affected by ACEs is limited, particularly parental problem drug and/or alcohol use, and previous attempts have identified only around 25% of the estimated number affected.

We have implemented a **Routine Enquiry questionnaire for ACEs** in Cornwall across a range of our services, including community treatment services. The questionnaire comprises 10 questions based on the ACE categories, and the roll-out was supported by staff training.

A dip sample of people in treatment identified that:

- 60% had four or more ACEs
- 55% had six or more ACEs
- 13% had all 10 ACEs

Key themes from journey maps

To understand how **early trauma** experienced in childhood **impacts the course** of someone's **life** we undertook a series of journey maps across a broad and diverse range of people.

Some of the key areas that emerged were:

Family

- Journey mapping has shown the prevalence of Adverse Childhood Experiences (ACEs) for people with complex needs. The **lack** of a **secure base** and **absence of positive parental modelling** (often as a result of parents being subject to childhood trauma themselves) has a detrimental and far-reaching effect on self-worth.
- This in turn leads to poor relationship choices and poses challenges for raising children, particularly in the absence of a supportive wider family network. The **intergenerational play out of trauma** is evident in the journeys that we looked at, and a reliance on alcohol/drugs to self-soothe.

Education

- **Poor school engagement** is a common thread running through the stories documented. People with complex needs talk of bullying, being singled out or marginalised due to 'acting up' and eventually dropping out.

[70] Estimating the prevalence of the 'toxic trio', Children's Commissioner's Office (Chowdry, 2018)

Friendships and social networks

- **School and activities** provide a pivotal role in developing positive and healthy friendships. When these avenues are closed to young people there is a real chance that the connections that they make will be with people who have also experienced trauma can lead to criminality and possible exploitation.

Money

- The **limiting effect of financial constraints** on choices and mental health is omnipresent in all journeys. In several there was a direct **correlation between lack of money and criminal activity**. It was also identified as a trigger, exacerbating poor mental health and contributing to relapse.

Housing and Environment

- Not having a family network or a stable home means that in times of crisis people are left open to homelessness. The stories demonstrate that individuals are moved frequently because of a **significant lack of appropriate housing** and to places and types of accommodation out of necessity rather than choice.
- **Housing providers are not always able to meet the needs** of highly complex individuals or adjust placement terms and conditions to accommodate them, making them more vulnerable and exacerbating their situation. Lack of a stable base for protracted periods **prevent people from establishing roots** and accessing consistent support.

Health and Wellbeing

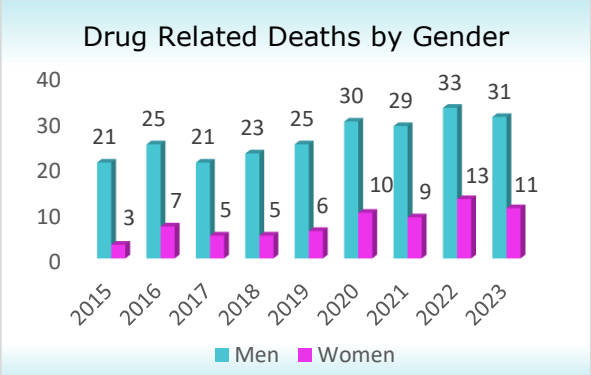
- The **sense of isolation and loneliness** was evident in all stories. In most cases the person at the centre had either attempted **suicide** or were suicidal at points in their journey. All displayed a high degree of vulnerability which for some led to significant self-neglect.
- The presence of multiple socio-economic and family challenges contributed to their sense of **hopelessness** which was further exacerbated by drug and/or alcohol use.

Drug Related Deaths

Locally and nationally, **drug-related deaths are at their highest** since records began. In Cornwall, there were **42 deaths** recorded in the calendar year of 2023[71] (31 men and 11 women) one of which was alcohol related.[72] This is a **slight decrease** on the 46 deaths recorded in 2022 (by 2 men and 2 women).

Local **rates of drug related deaths remain high** and above the national average (6.5 per 100k compared with 5.2 for England).[73]

Male deaths have seen an increase of 32% and 24% in 2022 and 2023 respectively. Notably there has been a **significant increase in the number of female deaths** since 2019 – increases of 117% in 2022 and 83% in 2023.



There was a **higher concentration of male deaths in the 30-39 age range** in contrast to women which largely fell in the 40-49 and 50-59 age ranges.

Poly drug use is a significant factor in drug related deaths with 4 or more drugs identified in 58% of cases.

- Following the national trend, which has seen cocaine related deaths rise for 11 consecutive years since 2011[74], **cocaine was identified as the most prevalent drug evident in 17 deaths** in Cornwall, a marginal increase on 2022 (36% to 39%). Cocaine-related deaths outnumbered heroin-related deaths for the first time in 2021.
- **Cocaine production is on the rise** with 2,304 tonnes produced in 2021 (double that of 2014)[75] which presents a **significant challenge** in relation to availability and increased use.
- **Diazepam** (both illicit and prescribed) was evident in 15 deaths and **Methadone** (both illicit and prescribed) in 14 deaths.
- **Heroin** was evident in 8 deaths and continues a **downward trajectory** (24% in 2022 compared to 19% in 2023).

Synthetic opioids are laboratory synthesised and replicate the same analgesic effect on the brain as heroin and morphine. **Nitazenes** have been used as a cheap way to **boost** the **strength** of certain drugs, particularly heroin often unbeknownst to the user. However, their **potency** is significantly higher and

[71] 31 deaths have been confirmed with an additional 11 still awaiting the results of an inquest but toxicology reports suggest there is sufficient evidence especially the toxicology reports to suggest there will be a conclusion of drug or alcohol related death at inquest
[72] 2023 was the first year where people who have died of an alcohol related death have been included in the drug related death statistics
[73] Office for National Statistics, using a rolling three year period (2020-2022)
[74] Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk)
[75] Drugs - National Crime Agency

increases the **risk** of accidental overdose. Nitazenes have been **linked to** at least **287 deaths** in the UK since June 2023 and pose a significant risk in relation to future drug related deaths.[76]

The National Crime Agency **anticipates wider usage** as synthetic opioids are mixed with other drugs and as demand for more potent 'highs' increase. They also suggest that more than one dose of Naloxone may need to be administered in the case of a Nitazene overdose due to the strength of the drug.[77]

- There were two drug related deaths in Cornwall where toxicology reports showed the presence of protonitazenes. Synthetics are appearing across a range of different drugs, not just opiates, which mean that **harm reduction messages** need to be targeted to different groups.

In over half of the cases, people **died at a home address** and **37% of these were alone**, which highlights the need for the increased availability of Naloxone and continued campaigns around overdose awareness, alongside tangible new initiatives to flag possible overdoses.

Not all deaths were as a result of illicit drug use. **Prescribed medication** in a number of cases, combined with drug and alcohol use or underlying pre-existing health conditions, were cited as the cause.

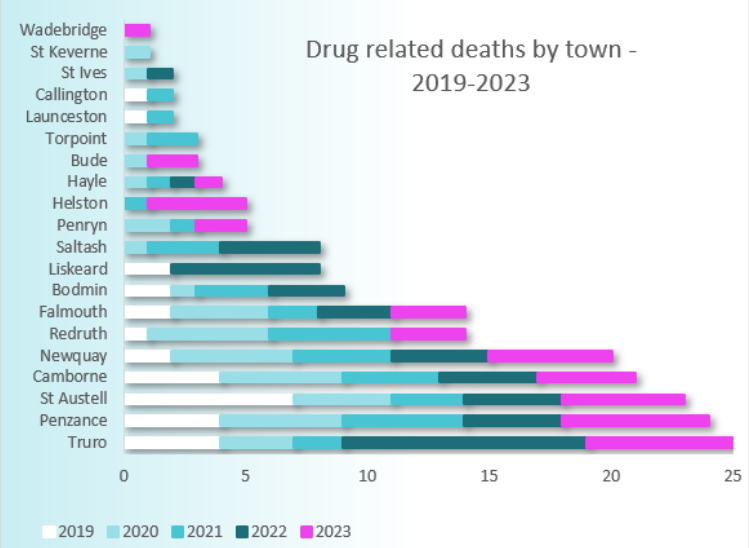
Homelessness/housing problems featured in 18 of the 42 deaths in 2023 (14 men and 4 women).

In recent years we have seen drug related deaths of **women with complex needs** featuring more prominently. In 2023 two of these deaths were women in their 20s. Many women had experienced **multiple adverse experiences since childhood** which lay the foundations for shaping the trajectory of their lives. Cyclical patterns of escalating behaviour are evident in their stories because the **root cause of their trauma**, embedded in early years and compounded by life events, **was not addressed**.

Location

The **highest** concentration of **deaths** was in Penzance and Truro 14% closely followed by Newquay and St Austell 12%.

Looking at the number of deaths over the last 5 years: **Truro, Penzance, St Austell, Camborne and Newquay** demonstrate **consistently high numbers** of drug related deaths year on year and should remain



[76] Drugs - National Crime Agency
[77] Drugs - National Crime Agency

the focus of **targeted drug reduction strategies** moving forward.

Areas where numbers were showing notable increases in 2022 namely Saltash and Liskeard have seen no drug related deaths in 2023. Conversely Helston which, historically, had very few deaths, is now showing an upward trajectory.

Local response

OHID will be issuing revised guidance on drug related deaths shortly. There are five main factors in reducing deaths, but **treatment is the main protective factor**, ensuring that it is evidence-based and responsive to client need.

Other factors include an **effective surveillance mechanism** in place and acting on learning – which we have in place through the Local Drug Information System and the annual review of drug-related deaths. Naloxone should be available at scale to reduce risk.

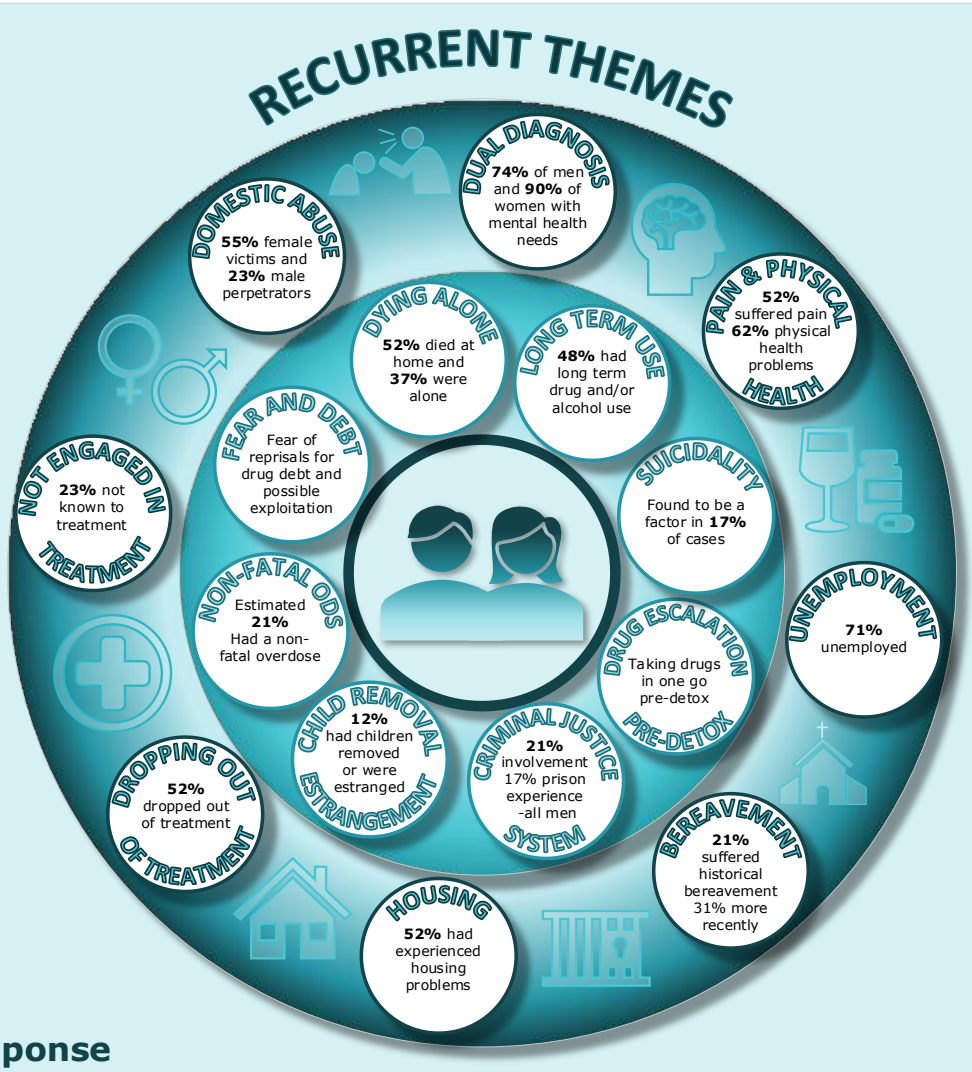
Naloxone coverage is more extensive locally and available in a range of settings (for example supported housing) – supply and training in this life saving drug continues to increase. We are putting a **new policy** in place that will allow **more Council staff to carry naloxone** – this will include outreach, housing and the Council's Anti-Social Behaviour Team.

Messaging accompanying **naloxone issue and training** encourages people to **administer naloxone by default** when an overdose occurs, even if there is a suspicion that the drug involved is not an opiate.

In response to the increased risk of synthetic drugs we have also **improved our alert and briefing system**[78] and secured **more rapid testing**. Improved and faster drug testing will help to build up a more accurate picture of what drugs are out there in communities and the threat that they pose. The police have secured two drug testing units from Bath University for this purpose.

The Drug and Alcohol Team held a joint exercise with Emergency Management to ensure that we are prepared in case of a **major incident** (such as a spike in overdoses and community harms) caused by synthetic opioids.

[78] We are promoting our Local Drug Information System widely and encouraging the public to submit local intelligence on drugs



Response

- **Domestic Abuse -** embedding the Drug and Alcohol and Domestic Abuse and Sexual Violence (DASV) protocol
- **Dual Diagnosis -** Ensuring people with drug and alcohol support needs do not continue to be refused mental health treatment.
- **Housing -** continuing challenges around eviction for drug and alcohol use, lack of suitable move on accommodation, high number of rough sleepers with complex needs, and a higher than national average of households owed a statutory duty. The Housing Support Grant will continue to offer the opportunity to explore solutions for people falling through the gaps. Naloxone will also be made widely available in supported housing to prevent overdose.
- **Pain and Physical Health -** Pain café embedded with professionals trained in the 10 Footsteps approach. Creation of a Cornwall 'Live well with pain' multi-disciplinary training team.
- **Unemployment** – Individual placement support programme has been implemented in partnership with Torbay council but support needs to be widened in the community to tackle underlying stigma.
- **Not engaged in treatment** – Exploring more effective ways to identify and refer across agencies e.g. social care and housing. Adult social care and probation are in the process of adopting and implementing screening tools to inform referrals.
- **Dropping out of treatment -** There needs to be continual monitoring/review in place. Those identified as not engaging require assertive outreach and those with complex needs require co-working - providing specialist support to non-specialist workers who have the best relationship.
- **Bereavement** – working in conjunction with Public Health to scope out bereavement support.
- **Drug consumption in one go prior to detox –** working towards a focused preparation programme for those going into detox.
- **Non-fatal overdoses** – collation and sharing of information and establishment of a non-fatal overdose pathway in conjunction with SWAST
- **Criminal Justice** – using interactions with the criminal justice system as opportunities to assess drug and alcohol needs and improving integrated care pathways from prison into the community.

Prevention

The government's current approach to prevention mirrors the international standards on drug use prevention[79] – "*to avoid or delay the initiation of psychoactive substances, or, if they have already initiated use, to avert the development of substance use disorders (harmful substance use or dependence)*"[80] This approach to prevention covers drug use amongst adults but also provides the tools for children and young families.

Young people and drugs

This section provides key findings from the Young People's Substance Use Needs Assessment for 2024/25; the full assessment will be available from the Safer Cornwall library.

Specialist interventions for young people's drug and alcohol use are **effective and provide value for money**. A Department for Education cost-benefit analysis found that **every £1 invested saved £1.93 within two years** and up to £8.38 in the long term. Specialist services **engage young people quickly**, the majority of whom leave in a planned way and do not return to treatment[81].

This shows that investing in specialist interventions is a cost-effective way of securing long-term outcomes, **reducing future demand** on health, social care, youth justice and mental health services.

Our priorities for young people are:

- **Improving our approach to prevention**, including through our schools' programmes
- **Earlier identification and help** for young people affected, through a new outreach team.

Drug use amongst young people

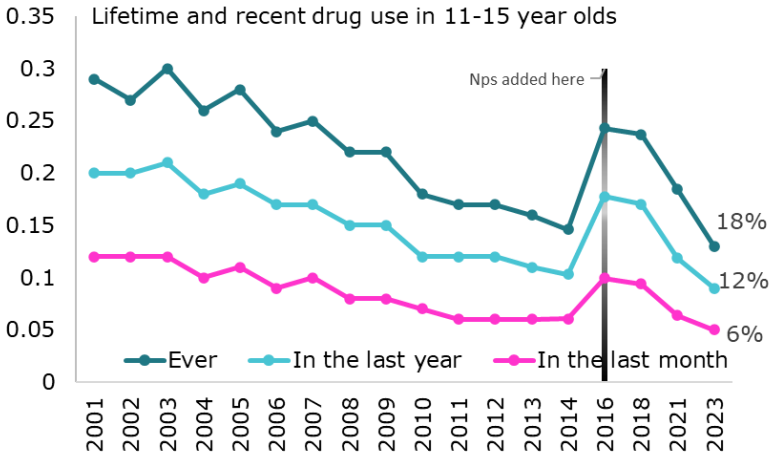
"Preventing drug misuse is more cost effective and socially desirable than dealing with the consequences of misuse… Local authorities should identify, and provide additional support to, those young people most at risk of being drawn into using illicit substances or involvement in supply." Dame Carol Black Review Part 2

The **NHS Smoking, Drinking and Drug Use (SDD) among Young People** report provides the results of the biennial survey of secondary school pupils in England, mostly aged 11 to 15, focusing on smoking, drinking, drug use and vaping. It covers a range of topics including prevalence, habits, attitudes, and wellbeing.

[79] Joint Combatting Drugs Unit
[80] UNDOC – International Standards on Drug Use Prevention
[81] Young people substance misuse commissioning support pack 2024-25: Key data

The 2023 SDD[82] found that there had been a continued **decrease in the prevalence of lifetime and recent illicit drug** use amongst young people.

The 2023 survey introduced additional questions relating to **pupils wellbeing**. These included how often the pupil felt lonely, felt left out and that they had no-one to talk to.



The chart shows the timeseries for lifetime and recent drug use in 11-15 year olds. Psychoactive substances (NPS) were included from 2016 and so data before then is not comparable. In 2016, even when accounting for the addition of NPS, there was a **large and unexpected rise in overall drug use** prevalence, with increased use of stimulants, volatile substances and psychedelics – a reversal of the previous long-term reducing trend.

- In 2023, **13% of pupils reported they had ever taken drugs** (18% in 2021 and 24% in 2018), 9% had taken drugs in the last year (12% in 2021 and 17% in 2018), and 5% in the last month (6% in and 9% in 2018). These results are below the averages seen over the five years pre-2016.

There has been a decrease in the prevalence of smoking cigarettes but **an increase in vaping**.

- **Current e-cigarette use (vaping) has increased to 9%**, up from 6% in 2018. Around 1 in 5 (21%) 15-year old girls were classified as current e-cigarette user.
- Of pupils who have ever tried vaping, **89% have never regularly smoked** tobacco cigarettes.
- A further 6% reported starting vaping before smoking cigarettes, only 5% of pupils reported smoking cigarettes before using vapes.

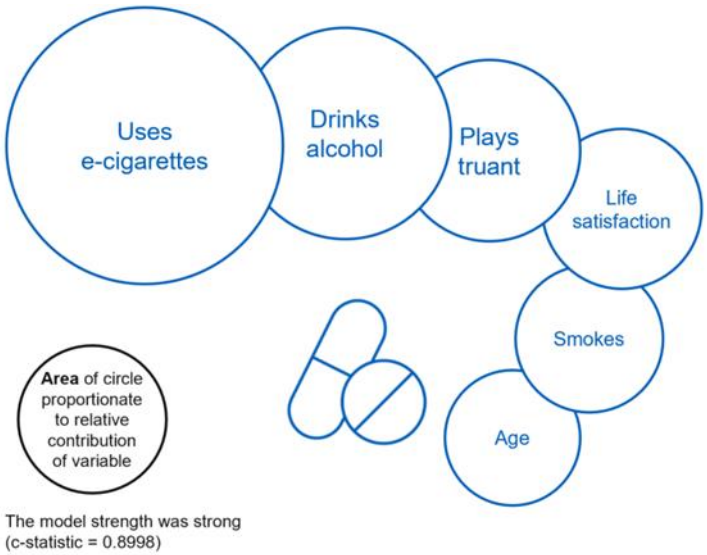
Low wellbeing was more likely amongst pupils who recently smoked, drank and/or have taken drugs. 39% of pupils who had taken drugs in the last month, and 38% of pupils who smoked in the last week reported low life satisfaction nowadays, compared to 19% for all pupils.

Feelings of loneliness were more common amongst pupils who smoke and use drugs or alcohol. **28%** of pupils who smoked in the last week, **23%** of pupils who had taken drugs in the last month, and **15%** of pupils who had drunk alcohol in the last week reported often or always feeling lonely, **compared with 10% for all pupils**.

[82] NHS Smoking, Drinking and Drug Use among Young People 2023, NHS Digital (2024)

The 6 factors (explanatory variables) shown below had a significant association with having taken any drugs in the last month. The size of the circles represents an estimate of the relative contribution to the model.

It was estimated that **using e-cigarettes had the strongest association with drug use**, followed by drinking alcohol, and then playing truant.



The model strength was strong (c-statistic = 0.8998)

Cornwall's Right On Survey 2023

In Spring 2023 more than **8,200 children and young people** in Year 4 and above from 73 schools and colleges across Cornwall took part in the Right On Survey. The survey invited children and young people to let us know their thoughts on a wide range of issues that impact their lives.

Experiences associated with substance use are more likely with increasing age; there is no 'bounce-back' or 'levelling off' among the further education student population. There are some gender differences, however, with **older females being more likely to smoke and vape** compared with males. Conversely, older males are more likely to drink alcohol than females.

Some key findings include:

- **34% of secondary pupils have 'at least tried' vaping**, with 20% of Year 10 pupils said they vape at least once a week.
- **33% of Year 10 pupils said they have been offered cannabis** and 9% of Year 10 pupils said they have been offered medicines not given to them by their parents or a doctor (such as Valium, sleeping tablets, painkillers).
- **55% of college students have tried vaping**, with 26% of female students smoking at least once a week.
- In regard to drugs 46% of college students said they have been offered cannabis, **22% said they have been offered cocaine/crack cocaine** and 19% said they have been offered ketamine.
- 27% of FE students said they have taken cannabis. **7% of FE students said they have taken cocaine/crack cocaine**, 6% said they have taken ketamine and 6% said ecstasy/MDMA.

Young People in treatment

Data on young people in treatment is drawn from the National Drug Treatment Monitoring System (NDTMS), with comparator data provided by Office for Health Improvement and Disparities (OHID).

▲ **162** young people in treatment in the last year, with a further 113 receiving harm reduction interventions

Young people are presenting as more complex with increasing use of anti-anxiety and depression medicines

▲ **90** young people supported as **Affected Others** in a year (up to Q3), where their parents have an identified drug and alcohol need

- **Cannabis is still the most used** substance amongst our young people. We are, however, seeing **rising numbers** of young people using **cocaine, MDMA, ketamine and hallucinogens** in Cornwall. Although numbers are small, the proportion has increased compared with last year.
- Tetrahydrocannabinol (THC) levels in cannabis are much higher and this is driving **higher levels of complexity** amongst young people seeking help because it is **more addictive**. There is a greater risk to young people who are using drugs but not in treatment.
- **Alcohol use is reducing** but it is still present as a secondary or tertiary substance in a young person's treatment journey. Alcohol is harder to obtain but it can be obtained through social media very much like drugs.

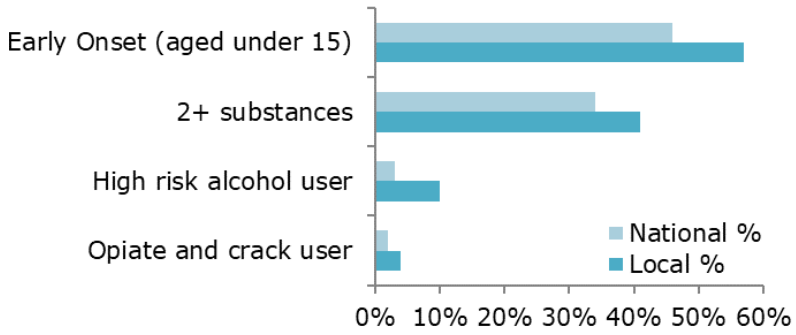
Young people come to specialist services from various routes but are typically referred by education, youth justice, children and family services and family and friends. The Community Safety Training Programme continues to offer courses in **basic drug awareness and substance use screening** for front line workers. The YZUP school workers also deliver **bespoke training** in educational establishments as well.

Currently we have **162 young people** under the age of 18 engaged with drug and alcohol treatment (12 month period to September 2024). The trend is currently fairly flat further to a **steep rise in 2023/24**.

Last year, we invested in 23 additional specialist structured treatment places, bringing the total to 100 places available. However, **this was exceeded in year and the number continued to grow.**

National data[83] indicates that young people in Cornwall **start using drugs at a younger age** the national profile.

We are seeing i**ncreasing multiple vulnerabilities** in young people seeking help from treatment



[83] Provided for all local areas by the Office for Health Improvement and Disparities (OHID)

services, particularly when there are **other people using drugs** at home and when they have been **excluded** from school.

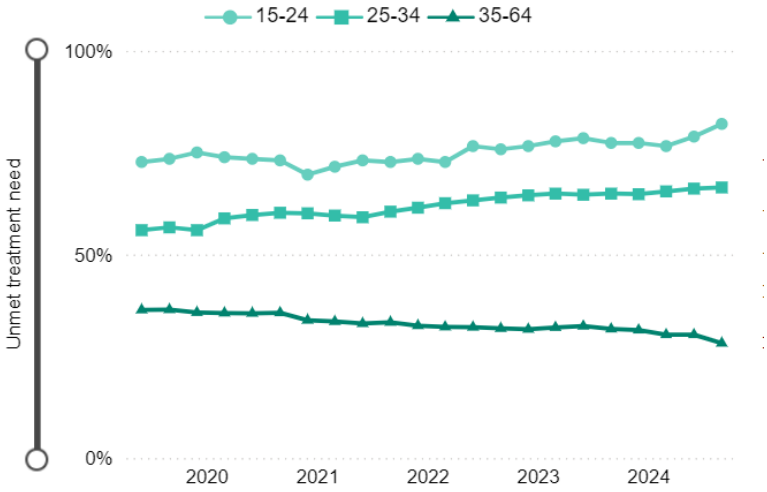
Drug-related exclusions in Cornwall are above the England average. The data for the latest full academic year published[84] shows that **12% of permanent exclusions in Cornish schools were related to drugs and/or alcohol**, compared with 5% in England.

A significant proportion of the young people who have sought specialist help are **affected by parental alcohol and other drug use** (as well as parental mental health problems and domestic abuse in the family). Due to the **hidden nature** of young people who are **affected others** we believe that there are still many more young people in need.

Unmet treatment need amongst younger people

As noted previously noted, 77% of OCUs aged 15-24 are not in treatment services compared with 30% of 35-64 year olds.

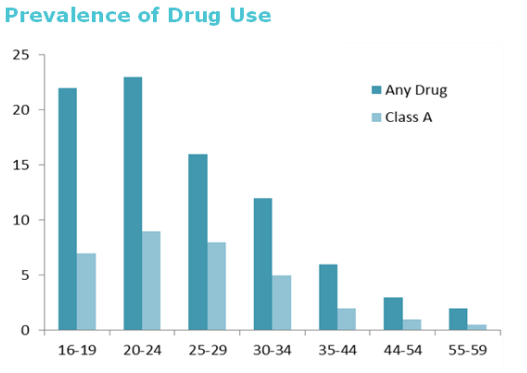
The chart (right) tracks the level of unmet treatment need broken down by age group as a proportion of resident population each quarter. As you can see the level of **unmet need reduces as people get older**.



One of the main reasons for this is that the **prevalence of drug use reduces as we get older**, meaning that the proportion of unmet need reduces. Remission rates for different types of drugs show this with approximately 24% of people who have ever used heroin and 17% who use cocaine developing a life time dependence.

Research demonstrates that the majority of young people who experiment with drugs and alcohol **age out of involvement**, often without professional help. However, it also identifies a sub-population that cannot do this.

This suggests that it is not merely exposure to a substance that matters, but that there are **certain vulnerabilities in some young people that elevates their risk** of experiencing long term difficulties.



Proportion of 16-59 years olds reporting use of any or class A drug use in the last year by age group (BCS 2008/9)

[84] Suspensions and permanent exclusions in England, statistics for state-funded schools academic year 2022/23, Department for Education, July 2024

Parental Drug Use and Affected Others

Parental substance use is a significant concern. It is estimated that there were between **200,000 and 300,000 children in England and Wales** where parents or carers are dependent on drugs. This can compromise children's health and development from conception onwards, though the risks of harm may be reduced through treatment. Support for the affected adult as well as the presence of at least one other consistent parent or carer, a stable home with adequate finances, maintenance of family routines and activities, and regular attendance at a supportive school.[85]

Parental substance use is the **third most common reason** (after domestic abuse and parental mental ill health) children are **referred to children's social care**. The experiences of children living with substance using parents are **complex and risk factors are multiple**. [86]

The challenges experienced are compounded by the decade-long impact of austerity measures, which have reduced early intervention services, resulting in practitioners prioritising the needs of younger children to the detriment of older children. The research has highlighted the impact of parental substance use on older children with their **increased risk of significant harm due to criminal exploitation and/or child sexual exploitation.**[87]

Based on a national study, an estimated **3,980 children**[88] in Cornwall live in a household where an adult has an alcohol or drug dependency. Our ability to use local datasets to understand the extent of need around children affected by parental problem drug and/or alcohol use is limited.

We explored this in detail in the 2022/23 needs assessment and estimated that **around 75% were not identified in local datasets**. Drug and alcohol use **commonly occurs with other vulnerabilities**, such as domestic abuse and mental health issues.

- The NDTMS Local Outcomes Framework identifies **1,636 parents**[89] **in drug and alcohol treatment** in the 12 month period to September 2024, making up 46% of the total number of people in treatment.
- The data appears to show that locally a **lower proportion of parents are being offered parental support** – only 5% of parents compared with 17%

[85] Advisory Council on the Misuse of Drugs (ACMD) (2003) Hidden Harm - responding to the needs of children of problem drug users.
[86] Todman H, McLaughlin H, (2024) Understanding the Needs of Children Living with Parental Substance Misuse: Perspectives from Children and Practitioners. The British Journal of Social Work, Volume 54, Issue 7. May 2024
[87] Todman H, McLaughlin H, (2024) Understanding the Needs of Children Living with Parental Substance Misuse: Perspectives from Children and Practitioners. The British Journal of Social Work, Volume 54, Issue 7. May 2024
[88] Estimating the prevalence of the 'toxic trio', Children's Commissioner's Office (Chowdry, 2018)
[89] Parental responsibility (living with children or not) is determined based on the completion of any of 4 parental status fields at any point in their treatment journey. Parental support covers any kind of Parenting support, Family support, Generic parenting support or Generic family support sub-intervention as part of a Recovery Support or Multi-agency Working intervention at any point in their treatment journey.

nationally. On closer inspection, we have identified a recording issue with this measure which we aim to resolve in the near future.

- We do see **some differences based on age and gender** with those most likely to receive parental support. The proportion of **younger parents** (aged 18-29) accessing parental programs are **more in line with the national average** at 15% compared with 17%. This reduces to 10% and 7% for the 30-49 and 50+ age groups respectively.

Drugs prevention – what works for Young People

Public Health Commissioning Guidance

Invest in provision from schools to treating young people's substance use

There should be effective pathways between specialist services and children's social care

Clear pathways needed between targeted and specialist young people's services, supported by joint working protocols and good communication

Universal and targeted services: help build resilience and provide substance misuse advice and support at earliest opportunity

Specialist services: for those whose use has escalated and/or is causing harm

Specialist services must deliver age-appropriate interventions and promote safeguarding and welfare

Every effort should be made to assess the risk of children and young people interacting with older service users

Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance use-related harm get extra support with clear referral pathways and joint working protocols.

Services for Children and Young People

Build resilience and confidence amongst young people to prevent a range of risks including substance use

Outcomes of effective specialist substance misuse interventions include:

- Improved health and wellbeing
- Better educational attainment
- Reduction in NEET numbers
- Reduction in risk taking behaviour

Young people have better outcomes when they receive a range of interventions as part of their package

Young people generally spend less time in specialist interventions than adults. However, those with care needs often require support for longer

If young people re-present to treatment, this is not necessarily a failure and should be rapidly re-assessed

Sources:
Community-based interventions for the reduction of substance misuse among vulnerable and disadvantaged young people, National Collaborating Centre Drug Prevention (2006)
'What Works' in Drug Education and Prevention, Scottish Government (2016)
School-based alcohol and drug education and prevention – what works?, Mentor Adepis (2017)

Peer educators should be involved, although not necessarily lead drug education but trained teachers and health professionals can be effective

The rationale for this approach is that young people learn from each other and have greater credibility, sensitivity and understanding than adults when discussing health behaviour, and can act as positive role models to reinforce these messages.

Integrated information – children and young people cannot make the healthy, pro-social decisions, without accurate information. But information on its own is insufficient to enable (young) people to make informed decisions

Drug education programmes which are **multi-component** in nature and/or which target young people's environment (e.g. school, community) are possibly more effective than those which are single-component in nature and which primarily target the individual (moderate evidence). Multi-sectoral programmes with multiple components (**including school and community**) are effective in reducing illegal drug use.

Correcting the 'myth-understandings' which need to be **based on local data** including the results of **anonymous in-school questionnaires** and then to be followed up with teaching **practical refusal skills.**

There is evidence from local services to suggest that there are better outcomes when young people can **access mental health/ pastoral support in schools**, both for their own or a family member's use

Interactive drug education programmes are nearly always **more effective than non-interactive programmes** and those which incorporate active learning and pupil-to-pupil interaction, are more likely to reduce drug use. Some **social influence programmes** can produce short-term reductions in cannabis use, particularly in low-risk populations.

Social competence approaches offering information but also allow pupils to model and practice giving feedback and positive reinforcement. These approaches teach personal and social skills such as generic self-management, target-setting, problem-solving and decision-making, as well as cognitive skills to be able to resist media and interpersonal influences. They also increase assertiveness skills and competence and to interact with others.

"There should also be a focus on preventing the risk factors and enhancing the **protective factors**, increasing young people's **resilience capability**, helping with strategies for refusal and hence supporting young people's resilience."

Drug education programmes adopting **life skills, social influences, resistance skills** or normative approaches are more effective.

Drug and alcohol screening and early intervention

To prevent or reduce the harm of drug use in children, young people and adults who are most likely to start using drugs or who are already experimenting or using drugs occasionally, NICE guidance recommends:

- **Skills training for children and young people** who are vulnerable to drug use
- **Information to adults** who are vulnerable to drug use
- Information about drug use **in targeted settings** that people who use drugs or are at risk of using drugs may attend

Quality statements from NICE[90] identify the following standards for screening people for drug misuse:

- **Looked-after children and young people** having their annual health plan review are assessed for vulnerability to drug misuse
- **Care leavers having a health assessment** as part of planning to leave care are assessed for vulnerability to drug misuse
- Children and young people having a **young offender assessment** are assessed for vulnerability to drug misuse
- **Adults assessed as vulnerable to drug misuse** are given information about local services and where to find further advice and support.

Other: High risk, vulnerable individuals

NICE guidance highlights **vulnerable and disadvantaged children and young people aged under 25**[91] as at particular risk of using substances including:

> "those who are - or who have been - looked after by local authorities, fostered or homeless, or who move frequently, those whose parents or other family members misuse substances, those from marginalised and disadvantaged communities, including some black and minority ethnic groups, those with behavioural conduct disorders and/or mental health problems, those excluded from school and truants, young offenders (including those who are incarcerated), those involved in commercial sex work, those with other health, education or social problems at home, school and elsewhere and those who are already misusing substances".

There is a case for **maintaining drug-specific prevention interventions for those young people most at risk of harm**, or already misusing drugs.

NICE, as highlighted above, provide guidance on substance misuse interventions for under 25s and has recently consulted on draft guidelines for this group for 2017. However, the evidence also suggests that young people considered at

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[90] Quality statements | Drug misuse prevention | Quality standards | NICE

[91] Community-based interventions for the reduction of substance misuse among vulnerable and disadvantaged young people, National Collaborating Centre Drug Prevention (2006)

greater risk will also benefit from universal approaches, and so tailored approaches may not always be required (Spoth et al., 2006, in ACMD, 2015).[92]

Other: The following factors are identified as being "likely to be beneficial" or "mixed evidence" of success:

- **Pre-school, family-based programmes** in producing long-term reductions in the prevalence of lifetime or current tobacco use, and lifetime cannabis use.[92]
- **Motivational interviewing** in producing short-term reductions in multiple substance use.[92]
- **Whole school approaches** that aim to change the school environment on use of multiple substances.[92]
- **Parental programmes** for parents designed to reduce use of multiple substances by young people. Where effective, programmes included **active parental involvement**, or aimed to develop skills in social competence, self-regulation, and parenting skills.[92]
- Drug education needs to be **deployed early enough to be preventative** (before young people begin to experiment) but also to be **relevant and age-appropriate**.[93]

[92] 'What Works' in Drug Education and Prevention, Scottish Government (2016)
[93] School-based alcohol and drug education and prevention – what works?, Mentor Adepis (2017)

The use of **'sniffer dogs' in schools**. Policy should not create a climate of fear and mistrust

Programmes relying on **scare tactics** to prevent children and adolescents from engaging in risky behaviours are not only ineffective, but may have damaging effects

Alcohol and drug testing in schools can give high levels of false positives; non-invasive tests are unlikely to be admissible in a court case and testing can only be conducted with explicit and informed parental consent for under 16s.

Targeted support for individuals as part of a broader treatment programme may be considered as a voluntary collaboration to manage risk and support a vulnerable young person to re-enter school as part of a broader treatment programme.

'Health terrorism' (including 'Scared Straight' approaches). Petrosino, Turpin-Petrosino and Finckenauer (2000) found these well-meaning programmes **can have harmful effects**. Scared Straight and other prison or parole programmes which bring together prisoners and students have **resulted in higher rates of re-arrest** and offending behaviour than youths not involved in the intervention.

Mass media programmes targeting illegal drug use

Mentoring programmes have no short or long-term preventative effects on illegal drug use

Focusing only on the building of self-esteem and emotional education. **Addressing only ethical/moral decision making or values**

Interventions which do not take into account the **situation and vulnerability** of a target group. (ACMD 2015)

One-time assemblies, events or testimonials. Former users engaged as visiting speakers are likely to have a **negative impact** on the beliefs, attitudes and behaviour of young people and children **if not used in the context of a broader curriculum** and within a **life skills-based approach** to education.

Standalone school-based curricula **relying solely on facts** about illegal drugs and their dangers, designed only to increase knowledge

Utilising **non-interactive methods**, such as lecturing, as a primary delivery strategy; information-giving alone, particularly fear arousal

A **'zero tolerance' approach** to substance misuse. If young people know school policy includes a punitive approach to disclosure it will prevent the creation of an environment which is conducive to discussion.

Recreational/diversionary activities, and theatre/drama based education to prevent illegal drug use. Experience from local services indicates, however, that this can be beneficial when combined with a programme of reduction and as a way of distraction to experience natural lifting of mood, and new friends with more positive attitudes to free time.

Drugs prevention – what works for adults

This section draws on research from The Advisory Council on the Misuse of Drugs (ACMD) [94] and United Nations Office on Drugs and Crime (UNODC).[95]

Vulnerability to drug use

> "Substance use, and responses to substance use, are associated with both health and social harms" Advisory Council on the Misuse of Drugs

Those who have **fewer resilience factors**, or who may **live in poorer areas** are more likely to suffer harm and be vulnerable to drug use. **Protective factors from an early age** can help prevent young people from being vulnerable to drug use and other behaviours.

Protective and vulnerability factors as identified by UNODC are listed in the table below.

Protective factors	Vulnerability factors
• psychological and emotional well-being. • personal and social competence. • a strong attachment to caring and effective parents. • attachment to schools and communities that are well organized and have enough appropriate resources.	• genetic predisposition. • personality traits (e.g., impulsiveness, sensation-seeking). • the presence of mental and behavioural disorders. • family neglect and abuse. • poor attachment to school and the community. • social norms and environments conducive to substance use (including the influence of media).

Research quoted by the ACMD concludes that early years' experiences can have profound effects on the development of substance-related harms" and that **multiple adverse childhood experiences** or "diverse sources of adversity" are more likely to make an individual susceptible to drug use issues.

It goes on to highlight the importance of working collaboratively across the following groups:

- Trauma informed services
- Routine screening for ACEs in primary and secondary care
- The development of resilience programmes
- Adult treatment responses (Bellis et al., 2014; McGee et al., 2015)

ACEs are also likely to impact further generations negatively, "*whereby experiences of ACEs leads to poor health and wellbeing in children, which*

[94] Vulnerability_and_Drug_Use_Report_04_Dec_.pdf, ACMD December 2018
[95] International standards of drug use prevention, UNDOC September 2018, updated 2021

subsequently develop into negative adult outcomes. These in turn lead to a new generation of children affected by ACEs."

As such the ACMD point to the importance of taking into account the "transmission of ACEs…for those who come into contact with services in relation to their adult substance use."

The table below shows the different levels at which these protective and vulnerability factors exist as identified by the ACMD.

Sociological Level	Factors relating to substance use
Intrapersonal	Genetics; psychobiology; health and mental health status; personality traits; (stage of) neurological development; ACEs, chronic stress, and stress reactivity; self-efficacy; personal employment, educational, and housing status; income and resources; substance related behavioural practices (e.g., injection, street-based use)
Interpersonal	Prosocial relationships; engagement with protective structures; peer influences and norms; social capital; inequality and exclusion; family structure; ACEs
Community	Physical environment; availability of, and ease of access to substances; media; provision of economic and housing opportunities; provision of low threshold and community-led services; local policing activities; social isolation and marginalisation; social cohesion; informal economies (including drug markets)
Institution	Climate, processes, and policies within institutions; availability and quality of provision of prevention, harm reduction, treatment, and recovery services; provision of general health and social support services; coordination and partnerships between services and care; exclusion and discrimination
Policy	Housing, employment (including 'living wage'), education, health social policy; drug laws and enabling drug policy actions; cost of living; allocation of resources and prioritisation of services, including general and drug-specific services
Macro system	Population mobility; social inequality (including inequalities based on gender, religion, and ethnicity); economic transition; policy orientation (e.g., public health or criminal justice); political systems and governing party priorities; adherence and practice of human rights principles

Who is most at risk from using drugs?

The ACMD identifies the following groups as **high priority groups most at risk of harm from using drugs**.

Vulnerable young people - including those not in education, employment or training (NEET), those in care, those in the Youth Justice System

People affected by **domestic abuse**

People experiencing **homelessness**

People in the **Criminal Justice System**

People involved in **sex work**

Veteran

Older people

Families with multiple vulnerabilities, including parents with a drug/alcohol dependency and families meeting criteria for 'Supporting Families' programmes)

In addition to these groups, the UNODC also states that an individual's lack of knowledge about drugs and the consequences of their use may also increase an individual's vulnerability to drug use.

The pyramid chart on the next page gives a breakdown of the **known effectiveness** of prevention activities at **Universal, Selective, and Indicative levels**. This relates to prevention for adults but there may be some crossover with prevention activity for young people.

A brief summary is provided below with definitions taken from DrugWise[96]

- **Primary/Universal**: trying to stop people using drugs before they have started using them

There is very little evidence about what prevention activities may prevent people from taking drugs on a recreational basis. NICE recommends that **adults vulnerable to drug use** should be given **information about drugs and signposted** to local services. Those with **multiple vulnerabilities**, including drug use, should receive a **joint approach** from agencies and organisations working in partnership.

- **Secondary/Selective**: trying to stop or reduce harm that people do to themselves or others while they are using drugs – in other words changing to safer and less damaging ways of using drugs

[96] DrugWise – Prevention (Accessed November 2022)

The ACMD state that there is also a shortage of evidence about what works to reduce a person's existing drug use. Prevention for adults at this level relates to **prevention of harms** (including those that may be 'hidden'). **Face to face brief interventions** can be effective in reducing drug use and **multi-agency approaches** are recommended for those with multiple vulnerabilities.

- **Tertiary/Indicated**: providing support and treatment for people who are using drugs, often dependently to give up drug use

Drug treatment results in long-term sustained abstinence for many at this level of drug prevention. Services need to incorporate effective partnership working with the **involvement of the person using drugs and carers**, and treatment and recovery care plans. Risk management and harm reduction relating to **blood-borne viruses** (BBVs), **overdose**, **drug related deaths and suicide** are integral.

Key principles:

- System based on local need
- Partnership with health and social organisations
- Staff with a range of competencies
- Involving patients and carers
- Treatment and recovery care plan
- Risk management and harm reduction including Blood Borne Viruses, overdose, drug related deaths and suicide

1,4,5,7,11,13.ACMD Drug Misuse Prevention Review (2022)
2&8.Dame Carol Black, Review of drugs Part 2 (2021)
3.Stead and Angus (2004) referenced in What works in drug education and prevention (2016)
6,9,10,14. UNODC and WHO International Standards on Drug Use Prevention (2018)
12.NICE Drug misuse prevention: targeted interventions (2017)
15. Drug misuse and Dependence, UK guidelines on clinical management (2017)

INDICATED

Deliver drug misuse prevention activities for people in groups at risk through a range of existing statutory, voluntary or private services, including health services, specialist services for people in groups at risk, community-based criminal justice services, including adult, youth and family justice services, and accident and emergency services.

Effective partnership working, based on evidence and embedded in local systems
Single interventions aimed at substance use alone for those with multiple vulnerabilities are not likely to be effective. These approaches require a system approach whereby agencies collaborate and work in partnership.[4]

SELECTIVE

Prevention of 'Hidden Harm'
Single interventions aimed at substance use alone for those with multiple vulnerabilities are not likely to be effective. These approaches require a system approach whereby agencies collaborate and work in partnership.[4]

The situation and vulnerability of a target group must be studied before starting the invention.[5]
Face to face brief intervention and motivational interviewing may significantly reduce substance use. [6]
NICE found no evidence of effective approaches for preventing initiation or escalation of drug use among adults.[7]

Prevention among adults is more likely to focus on the prevention of harm from drug /substance use and, in particular, preventing harm from the escalation of use.[1]

NICE recommends that assessment and targeted prevention for people in at-risk groups should be **embedded in existing statutory, voluntary or private services**. Adults assessed as vulnerable to drug misuse should be given **clear information** on drugs and their effects, advice and feedback on any existing drug use, and information on local services. Offer information and advice both verbally and in writing. Provide advice in **a non-judgemental** way and **tailor it to the person's preferences**, needs and level of understanding about their health[12]

Innovation is needed to find new ways of influencing the behaviour and attitudes of recreational drug users. Support to engage drug users with underlying causes such as adverse childhood experiences or exposure to gangs. Any campaign should be grounded in behavioural science and include a package of targeted interventions that complement the broader system of drug prevention and treatment. [2]

As highlighted in the Cochrane Review, information provision improves drug-related knowledge, but there is no evidence that information provision alone changes behaviour and reduces drug use. [3]

UNIVERSAL

Universal prevention strategies address the entire population (local community, pupils, neighbourhood). The aim of universal prevention is to deter or to delay the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem before occurrence.

There is a lack of evidence on what works to deter people from taking drugs recreationally[8]
Lecturing and non-interactive methods and information giving alone, particularly fear arousal are associated with no or negative prevention outcomes.[9]

Selective processes for which there is some evidence that they reduce drug use[10]
- Prenatal and infancy visits
- Early childhood education
- Parenting skills programmes
- Skills-based prevention programmes in early adolescence
- Mentoring programmes in early adolescence

NICE found no evidence of effective approaches for preventing initiation or escalation of drug use among adults.[11] Single interventions aimed at substance use alone for those with multiple vulnerabilities are not likely to be effective. These approaches require a system approach whereby agencies collaborate and work in partnership.[13]

Community-based multi-component initiatives can prevent the use of drugs, alcohol and tobacco. Needs adequate training and resources to be provided and initiatives sustained longer than a year in a range of community settings[14]

The following prevention activities are identified by HM Government as being **highly recommended** based on the evidence available relating to prevention effectiveness.

Whole system approach

Design and deliver interventions that are **community based**, involve **collaboration** across existing services, between local Combatting Drugs Partnerships (CDPs) and address **multiple risk and protective factors.**

Community-based multi-component initiatives (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness
✓They support the enforcement of tobacco and alcohol policies at the local level. ✓ They work in a range of community settings (families and schools, workplace, entertainment venues, etc.). ✓They involve universities in supporting the implementation of evidence-based programmes and their monitoring and evaluation. ✓ Adequate training and resources are provided to the communities. ✓ Initiatives are sustained in the medium term (e.g., longer than a year).

Offering personal and social skills training for young people and their families (< 25 years and Parents)

Skills-based drug prevention programmes target the **development of specific life skills**, such as self-management and social skills, with the aim of empowering children and young people to 25 (Universal) make informed decisions.

Personal and social skills training for drug prevention could include support to improve decision-making skills, self-esteem, peer pressure resistance and drug knowledge. Evidence suggests **that these interventions are particularly effective** for reducing drug and alcohol drug use and alcohol abuse in young people.

Personal and social skills education (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness	Characteristics deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects
✓ They improve a range of personal and social skills. ✓ They are delivered through a series of structured sessions, often providing booster sessions over multiple years. ✓ They are delivered by trained teachers or facilitators. ✓ Sessions are primarily interactive.	✗ Such strategies use non-interactive methods, such as lecturing, as the main delivery method. ✗They provide information on specific substances, including fear arousal. ✗ They focus only on the building of self-esteem and on emotional education

Prevention education based on social competence and influence (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness	Characteristics deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects
✓They use interactive methods. ✓ They are delivered through a series of structured sessions (typically 10–15 sessions), taking place once a week, often providing booster sessions over multiple years. ✓ They are delivered by a trained facilitator (also including trained peers). ✓ They provide an opportunity to practise and learn a wide array of personal and social skills, in particular, coping, decision-making and resistance skills, especially in relation to substance use. ✓ They change perceptions of the risks associated with substance use, emphasizing the immediate consequences. ✓ They dispel misconceptions regarding the normative nature and the expectations linked to substance use.	✗ They use non-interactive methods, such as lecturing, as a primary delivery strategy. ✗ They rely heavily on merely giving information, in particular to elicit fear. ✗ They are based on unstructured dialogue sessions. ✗ They focus only on the building of self-esteem and emotional education. ✗ They address only ethical and moral decision-making or values. ✗ They use former drug users to provide testimony of their personal experience

Family-based parental skills programmes (< 25 years and Parents)

Includes **programmes which directly involve parents** in some way; that support families and parents to **communicate effectively** and understand the impacts of their behaviours on each other, as well as promoting **active parental involvement**, evidence suggests this approach is effective at preventing drug use amongst children and young people. The research suggests that programmes aimed at **under-14s and their families** and actively involve the parents, build parenting and family skills, and are **delivered in school settings** are effective.

Prenatal and infancy visits (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness
✓ They are delivered by trained health workers. ✓ Regular visits are made until the child's second birthday: at first, every two weeks, then every month, and less frequently towards the end of the period. ✓ They provide basic parenting skills. ✓ They support mothers to address a range of socioeconomic issues (health, housing, employment, legal, etc.).

Parenting skills programmes (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness	Characteristics deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects
✓ They enhance family bonding, i.e., the attachment between parents and children. ✓ They support parents by showing them how to take a more active role in their children's lives, e.g., monitoring their activities and friendships, and being involved in their learning and education ✓ They show parents how to provide positive and developmentally appropriate discipline ✓ They show parents how to be a role model for their children ✓ They are organized in a way to make it easy and appealing for parents to participate (e.g., out-of-office hours, meals, childcare, transportation, a small prize for completing the sessions, etc.). ✓ They typically include a series of sessions (often around 10 sessions, or more sessions in the case of work with parents from marginalized or deprived communities or in the context of a treatment programme where one or both parents suffer from substance use disorders). ✓ They typically include activities for the parents, the children and the whole family ✓ They are delivered by trained individuals, in many cases without any other formal qualification.	✗ They undermine the parents' authority. ✗ They only provide information to parents about drugs so that the parents can talk about it with their children. ✗ They are delivered by poorly trained staff.

Classroom environmental improvement programmes (< 25 years and Parents)

Whole-school and college interventions that promote a positive school ethos can reduce or prevent students' substance use. Studies have shown that school and college **connectedness** and **student-teacher relationships** can be predictors of young people's substance use in later years.

Programmes should be designed to support teachers to learn and implement **non-instructional classroom procedures** that support children to socialise in their role as a student, whilst reducing early aggressive and disruptive behaviours.

School-wide programmes to enhance school attachment (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness
✓ They support a positive school ethos and commitment to school. ✓ They support student participation

Early childhood education (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness
✓ They improve the cognitive, social and language skills of children. ✓They are conducted in daily sessions ✓ They are delivered by trained teachers. ✓ They provide support to families on other socioeconomic issues

Classroom environment improvement programmes (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness
✓ They are often delivered during the early school years. ✓ They include strategies to respond to inappropriate behaviour. ✓ They include strategies to acknowledge appropriate behaviour. ✓ They include feedback on expectations. ✓ They have the active engagement of students.

Addressing individual psychological vulnerabilities (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness
✓ They are delivered by trained professionals (e.g., psychologist or teacher). ✓ Participants have been identified as possessing specific personality traits on the basis of validated instruments. ✓ Programmes are organized in a way that avoids any possible stigmatization. ✓ They provide participants with skills on how to positively cope with the emotions arising from their personality. ✓ They consist of a short series of sessions (2–5 sessions).

School policies on substance use (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness	Characteristics deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects
✓They support normal school functioning, not disrupt it. ✓ Policies are developed with the involvement of all stakeholders (students, teachers, staff and parents). ✓ They clearly specify the substances that are targeted, as well as the locations (school premises) and/or occasions (school functions) to which the policy applies. ✓ They apply to everyone in the school (student, teachers, staff, visitors, etc.) and	✗ Inclusion of random drug testing.

Characteristics deemed to be associated with efficacy and/or effectiveness	Characteristics deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects
to all psychoactive substances (tobacco, alcohol, drugs). ✓ They address infractions of policies through positive sanctions by providing or referring to counselling, treatment and other health-care and psychosocial services, rather than by punishing. ✓ They enforce consistently and promptly, including positive reinforcement for policy compliance.	

NICE 2017

Consider **skills training for children and young people** who are assessed as vulnerable to drug misuse. If skills training is delivered to children and young people, ensure that their **carers or families** also receive skills training.

Selective - Selective prevention intervenes with specific contexts, settings, risk behaviours, groups, families or communities that may be more likely to develop drug use or drug use disorders and or dependence

The following prevention activities are identified by HM Government as being **highly recommended** based on the evidence available relating to prevention effectiveness.

Assessment of vulnerability to drug misuse

The identification and monitoring of individuals vulnerable to or engaged in drug misuse is essential to informing the design and delivery of an effective drug misuse prevention programme. Practitioners should look to **carry out screening** of an individual's vulnerability to drug use at **routine appointments or opportunistic contacts** with statutory and other services such as with a GP, social workers, school nurses, or the youth justice system.

NICE 2017[97] go on to say that the following should be provided at the same time as assessment, orally and in writing, in a non-judgmental way, and tailored to the individual's needs and level of understanding.

- **Clear information** on drugs and their effects
- **Advice and feedback** on any existing drug use
- **Information on local services** and where to find further advice and support

[97] Drug misuse prevention: targeted interventions, NICE guideline Feb 2017

The following prevention activities are identified by HM Government as being **recommended** based on the evidence available relating to prevention effectiveness.

Targeted media campaigns

Targeted campaigns that are based on a solid theoretical basis, maintained over the **long term**, utilise **behavioural science** techniques, and are **integrated** as part of a whole-system prevention strategy may have benefits. However, it is important to note that the **evidence heavily cautions against standalone mass media campaigns**, especially those utilising 'fear arousal' approaches, as these are widely found to be ineffective

Media campaigns (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness	Characteristics deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects
✓They precisely identify the target group of the campaign. ✓ They are based on a solid theoretical basis. ✓ The messages employed are designed on the basis of strong formative research.	✗ Media campaigns that are badly designed or poorly resourced should be avoided as they can worsen the situation by making the target group resistant to or dismissive of other interventions and policies
✓ They strongly connect with other existing drug prevention programmes in the home, school and community. ✓ They achieve adequate exposure of the target group for a long period of time. ✓ They are evaluated systematically ✓ They target parents, as this also appears to have an independent effect on the children. ✓ They are aimed at changing cultural norms about substance use, educating about the consequences of substance use and/or suggesting strategies to resist substance use.	

NICE add that **targeting specific locations** where those using or at risk of drug use may attend may also yield benefits. These include:

- **Nightclubs** or **festivals**
- **Wider health services**, such as sexual and reproductive health services or primary care
- **Supported accommodation or hostels** for people without permanent accommodation
- **Gyms** (to target people who are taking, or considering taking, image- and performance-enhancing drugs).

Information provided should talk about:

- **Drugs and their effects** (for example, the NHS webpage on drug dependency)
- **Local services** and where to find further advice and support
- Online **self-assessment and feedback** to help people assess their own drug use.

Entertainment venues (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness
✓ Staff and management receive training on responsible serving and handling of intoxicated clients. ✓ They provide counselling and treatment for staff and management who need it. ✓ They include a strong communication component to raise awareness of the programme and encourage its acceptance. ✓ They include the active participation of the law enforcement, health and social sectors. ✓ They enforce existing laws and policies on substance use in the venues and in the community

Mentoring (<25 years and Parents)

A mentor can provide informal advice and help join young people up with other services, interventions, or employment opportunities. Mentoring between children and young people and non-family adults such as teachers, further education tutors, coaches, and community leaders, has been found to be linked to reduced rates of substance use.

Mentoring (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness
✓ They provide adequate training and support to mentors. ✓ They are based on a highly structured programme of activities

Motivating Interviewing (Adults 18+)

One-off motivational interviews (brief interventions), potentially including follow up sessions, which draw on **Motivational Enhancement Therapy** (MET) techniques to help people identify their motivations in situations where an individual needs to make a behaviour change but is unsure about it, sometimes to the extent of being quite hostile to the idea.

The individual can be **helped to consider change as an option** and in developing strategies for achieving those goals. Motivational interviewing shows some **promising evidence of effectiveness**, particularly among young adults for **cannabis use**. Less promising results have been found for other types of drugs such as ecstasy and cocaine.

Brief intervention (UNODC)

Brief interventions are **typically delivered in health settings** (primary health-care system or in emergency rooms), but they have also been found to be **effective when delivered as part of school-based and workplace programmes**, and when delivered online or via computers.

Brief intervention sessions typically employ motivational interviewing techniques, which is a psychosocial intervention in which a person's substance use is discussed and the patient is supported in making decisions and setting goals with respect to his or her substance use. In this case, the brief intervention is normally delivered over the course of up to four sessions that can be up to one hour long, but usually consist of sessions of a shorter duration.

Workplace prevention programmes (UNODC)

Characteristics deemed to be associated with efficacy and/or effectiveness
✓ They are developed with the involvement of all stakeholders (employers, management and employees).
✓ They guarantee confidentiality to employees.
✓ They are based on a policy on substance use in the workplace that has been developed by all stakeholders and is non-punitive.
✓ They provide brief interventions (including web-based), as well as counselling, referral to treatment and reintegration services to employees who need them.
✓They include a clear communication component.
✓ They are embedded in other health- or wellness-related programmes (e.g., for the prevention of cardiovascular diseases).
✓ They include stress management courses.
✓ They train managers, employees and health workers in fulfilling their roles in the programme.
✓ They include alcohol and drug testing only as part of a comprehensive programme with the characteristics described in the points above.

Indicated - Indicated drug prevention encompasses interventions that are targeted specifically at individuals assessed as having increased vulnerability to drug use or drug harm. Indicated approaches are reactive, because they address those individuals who have already began using drugs.

The ACMD highlights the need to focus on risk factors, contexts, and behaviours rather than "a sole focus on vulnerable groups." It also states that any wider methods used to reduce vulnerability must also target "structural and social determinants of health, well-being and drug use."

Appendices

A: Understanding threat, risk and harm with MoRiLE

The **Management of Risk in Law Enforcement** (MoRiLE) programme was created in 2014 through the National Police Chiefs Council's Intelligence Innovation Group. The programme developed a process for all law enforcement agencies that provides a **common framework and language** for understanding risk, involving more than 300 UK and international agencies.

In 2016, MoRiLE became a **nationally accredited**[98] way of working for all police Forces and other law enforcement agencies such as the National Crime Agency, to inform their Strategic Assessments. **Safer Cornwall led on the national programme** for developing the model for Community Safety Partnerships.

How it works

The process is **easy to use and understand** and allows a range of different issues to be compared fairly against each other. The process uses a **simple scoring tool** to combines individual scores given in the following areas:

- **Impacts** on the victim, the local community, and the environment
- **Likelihood** – how often the issue happens, how much and whether it is getting better or worse
- **Organisational position –** reputational risk if the problem isn't addressed well, political pressure (locally or nationally), and the effectiveness of the local response (costs, the right number of people with the right skills).

The list of themes reflects key crime types, local priorities and wider community safety issues such as problem drinking, drug use and road traffic collisions. The process is delivered by **community safety analysts** in collaboration with thematic specialists and practitioners to provide **balance and insight**.

The final scores are grouped into **High, Moderate and Standard** level risks. High level risks typically have the following features:

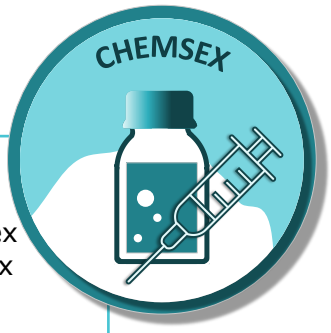
- **Significant physical and psychological impacts** on victims and their families, including long term impacts on children. **Financial impacts** such as lost work time, problems getting and keeping a home and a job.
- The **more visible issues in communities** have a major impact on how safe residents feel in the local area and attract negative attention from the media and community groups. Some harms are more hidden, such those linked to abuse and exploitation, and the community is less aware.
- Incidents **happen often** (at least weekly), some are high volume (like domestic abuse) or low volume but very serious (like hate crime). Any **escalating trends** will drive up the risk level.
- **Economic costs are long term and impact across all services**, including police, offender services, health services, community support and treatment services, housing and social care.

[98] Police Authorised Professional Practice

B: Further reading

- Cornwall and Isles of Scilly Drugs Needs Assessment 2022/23
- Young People's Substance Use Needs Assessment 2022/23
- Drug Strategy Report - One Year On – showcases the work done locally in the first year in support of the national Drug Strategy (July 2023).
- From harm to hope: A 10-year drugs plan to cut crime and save lives (cross-Government Strategy, launched in 2021)
- Independent review of drugs by Professor Dame Carol Black, parts 1 and 2. Home Office and Department of Health and Social Care (2020).
- Alcohol and drug misuse and treatment statistics (collection), Office for Health Improvement and Disparities. National statistics to support improvements in decision making when planning alcohol and drug misuse treatment services.

C: Topic paper – Chemsex, exploitation and organised crime



Chemsex is a term for the **use of drugs before or during planned sexual activity**, usually between men, to sustain, enhance, disinhibit or facilitate the experience. Some people who are not men who have sex with men also use drugs as part of their sex lives, but the term chemsex refers to a practice with a specific history and culture.
Chemsex commonly involves **three specific drugs** – crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs. These practices can have an adverse impact on health and wellbeing.
Chemsex in itself is not a crime but it can be an environment in which crime can occur and proliferate. In the last year, criminal behaviour associated with chemsex has been identified nationally as an **emerging theme within serious and organised crime**.

Only a small proportion of men who have sex with men (MSM) engage in Chemsex. The Positive Voices Survey reported that the **prevalence of Chemsex** was **slightly higher** in 2022 with **14.1%** of patients attending HIV specialist care reporting chemsex in the previous 3 months compared with 13.1% in 2017. Chemsex use was more prevalent among younger people, with approximately 1 in 5 reporting use among adults aged 44 years and under.[99]

GHB/GBL, Crystal Methamphetamine and, less commonly, **Mephedrone** are the **main drugs** associated with chemsex. The use of MDMA, Ketamine, Cocaine and Viagra have all been identified to be taken in addition. The **drugs can be used in a variety of ways** including snorting, smoking, injecting (termed 'slamming'), inserting into the rectum and mixing with drinks.

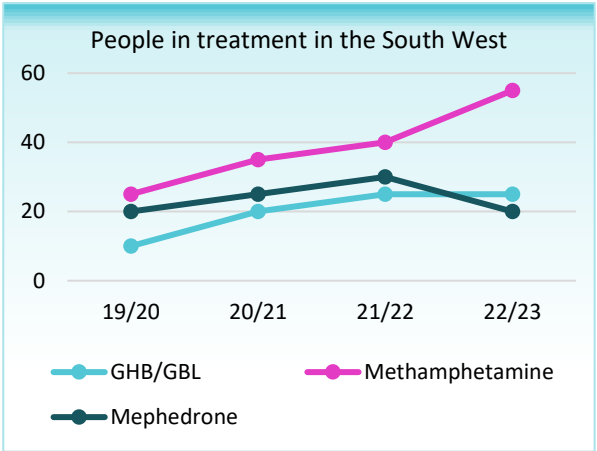
Sexual experience is reported to be **significantly heightened**, making it as addictive as the drugs that are used. For the people involved in the scene it **becomes an all-encompassing** subculture and is termed the **'Chemsex bubble'** because of its pervasive nature, this makes it hard to leave the scene and for those that do there is a high return rate.

Dame Carol Black's Review[100] highlighted **people who engage in chemsex as a particularly 'at risk' group**, who do not receive an adequate, or any targeted, service. The report also noted the **lack of robust evidence as to the extent** of risk sex-related drug use and associated harms.

[99] HIV: positive voices survey - GOV.UK
[100] https://www.gov.uk/government/publications/review-of-drugs-phase-two-report

Chemsex drugs as a problem drug

The numbers of people in treatment for the drugs associated with chemsex are relatively small in the South West but are showing **steady increases for GHB/GBL** and **notable increases** for **Methamphetamine**. This is in contrast to Mephedrone use which is declining. The South West trend mirrors that seen more



Our local data for Cornwall shows **less than 5 instances of Mephedrone** recorded as a problem substance within the last year, and no specific references to GHB/GBL or Methamphetamine. There are 119 references to amphetamines more generally as a problem substance, accounting for just 1% of treatment episodes over the course of the year.

Findings from **Project Sagamore**, which looked at chemsex and crimes relating to it "undermined the comfortable story about it being a party drug and about it being fun, because the findings on violence are particularly hard hitting within the chemsex context".

Intelligence Analysts from the Central Serious Sexual Offences Team at the Metropolitan Police Service approximate that **50% of crimes** associated with chemsex are **sexual offences** with the **other 50%** being made up of the following:

- **Violent crime** (often linked to the use of crystal meth)
- **Acquisitive crimes** – burglary, theft and robbery
- **Fraud** – voyeurism and blackmail linked to demanding money for taking indecent images
- **Drugs** – either using, dealing or spiking
- **Exploitation e.g., cuckooing -** where people take over a person's home and use the property for some form of exploitation

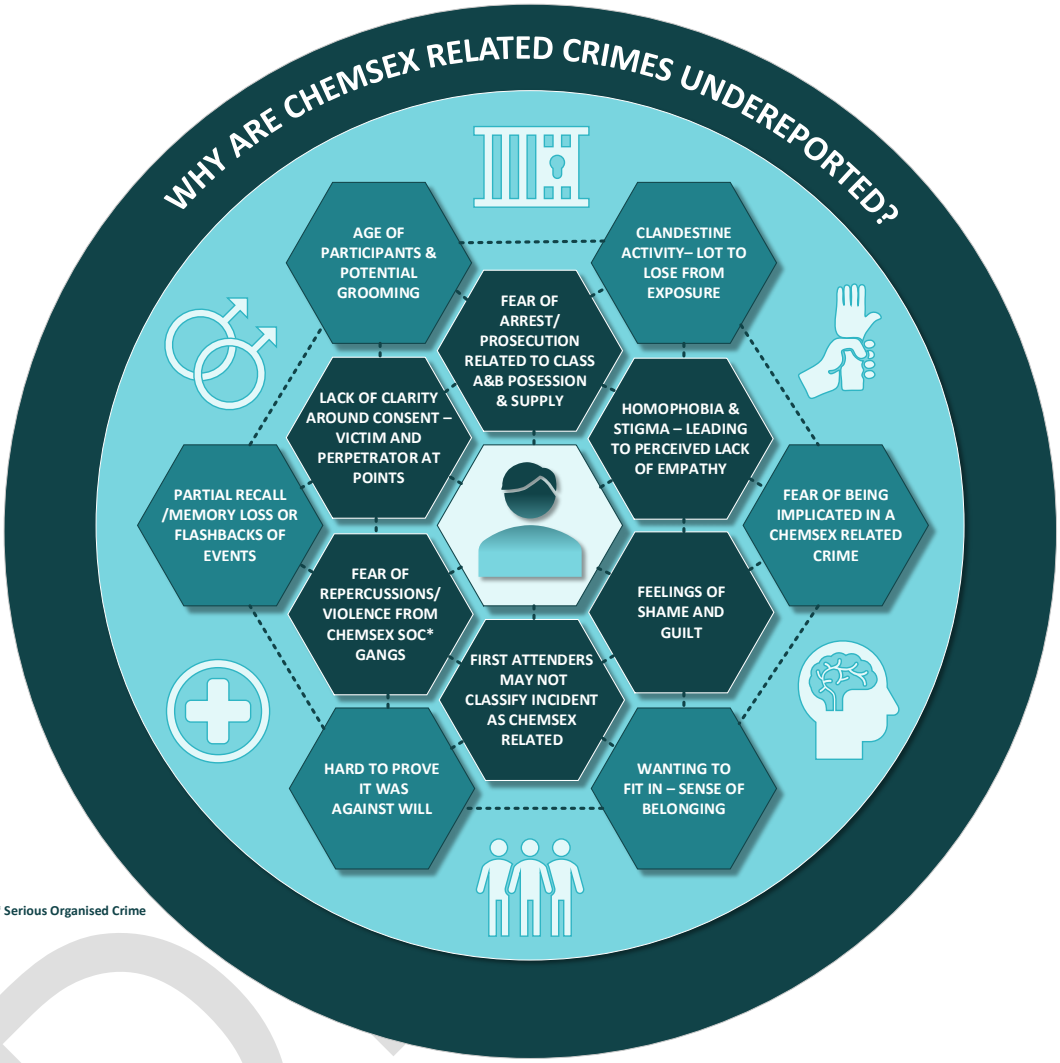
Why are Chemsex crimes under-reported?

30-35 deaths were linked to GHB/GBL in the 6 months up to June in 2024.[101]

The **demographic of people engaging in chemsex is diverse** – there are vulnerable people with chaotic lifestyles, poor mental health, unemployed and street homeless and high profile, high achievers with stable home lives and families all mixing together, which increases the risk of exploitation.

[101] Crime and Justice Analysts Network – workshop on Chemsex Behaviours (Metropolitan Police)

People who do not participate in chemsex **use the scene to single out vulnerable individuals**, they arrange to meet to have sex and take drugs but upon arrival items are stolen or pictures are taken with a view to **extorting money**. Suspects rely on the fact that **their victims will feel shame** around participation which makes them a convenient target as they are far **less likely to report crimes to the police**.



As a result of **online platforms and hookup apps** such as Grindr and Scruff, and a result of the pandemic, it is easier than ever to connect and access the scene. **Chemsex content is emerging online** with evidence of live streaming and 'content to order' being made available to people who want to access remotely. Due to the ease of access, it may well be the first sexual encounter/experience for young gay men.

Typically, in a drug hierarchy you would never see a high end dealer interacting with an end user, but this is not the case in Chemsex. **Dealers in this context attend and engage in drug taking** and this poses a more significant risk to vulnerable people in attendance.

Victoria Carruthers, Lecturer in Victimology and Criminal Justice at the University of Portsmouth explains that clandestine, underground, gay sexual activity has its

roots in the history surrounding **oppressed gay sexuality**, further exacerbated by the **stigmatisation** experienced during the AIDS pandemic. This has served to internalise homophobia within gay men.[102]

As part of the research for the Baroness Casey Report a survey was undertaken to establish LGBTQ+ attitudes to policing in London, the results showed that **51% of respondents did not have confidence in the Met** to treat people fairly and equally. In addition, data collated by the Met shows a **significant increase in hate crime against gay men and women** rising 75% over the last five years in London 3,551 offences recorded in 2022/23.[103]

Drug-induced predatory behaviour is prevalent as men become disinhibited through drug use. The issue of consent becomes contentious and there is an assumption that attendance means consent which is not the case. **People can be both perpetrator and victim** at different points which makes them less likely to disclose.

LEARNING
PREVENTION

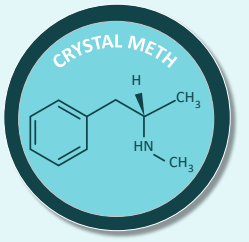
Project Sagamore, a partnership between the Metropolitan Police and HMPPS, was established in response to a growing trend of chemsex-associated criminal activity identified in the criminal justice system. They **focus on prevention, education** and **rehabilitation** by:

- **Training probation officers** to recognise chemsex, its causes and manifestations.
- **Working with offenders** in prison and after their release to help them comprehend the crimes they have committed, take responsibility for their actions and also address unresolved trauma that they may have experienced themselves.

A formal structured **two-part approach** was implemented by the team:

- Firstly, a **Court assessment tool** was created – to enable probation officers to ask relevant questions which would help inform criminal justice interventions post sentencing.
- Secondly a Rehabilitation Activity Requirement Chemsex Toolkit **(RARCH)** was developed – offenders undertake regular sessions with specially trained probation officers to understand underlying causes behind offending and what needs to be put in place to prevent re-offending.

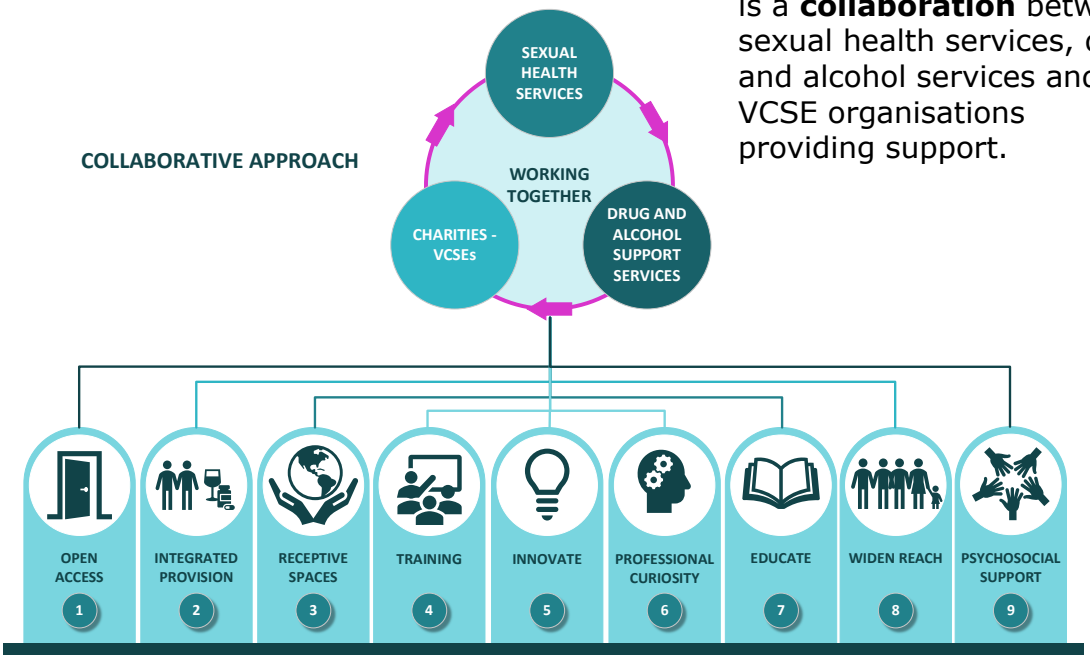
[102] Let's talk about Chemsex | University of Portsmouth
[103] BARONESS CASEY REVIEW Final Report (met.police.uk)

 **CLASS B** (recategorised from class C to class B in 2022 due to associated risks) **Frequency and Harm**	Creates a sense of euphoria Loss of inhibitions Increased confidence Higher sex drive	GHB, GBL and closely related substances (GHBRS) have an acute dose response curve - doses need to be measured carefully because even a marginal increase (as little as .5ml) can lead to unconsciousness and overdose. Poly-drug use can be fatal and mixing GHBRS with benzodiazepines, ketamine and particularly alcohol can have serious consequences. GHBRS are highly addictive which means dependency develops quickly. Withdrawal symptoms can range from mild: anxiety; tremors; insomnia; vomiting and high blood pressure to significant: severe anxiety; paranoia and psychosis; confusion; delirium and hallucinations. Seizure and death may occur. Withdrawal has high relapse rates after detoxification, meaning once an individual is addicted it is difficult for them to break the addiction cycle. The sedative properties of GHBRS are open to abuse and can leave a person incoherent or comatose. This can heighten the risk of possible drug facilitated sexual abuse (DFSA). Weaponisation of GHBRS is of particular concern because GHBRS are eliminated from the body rapidly, meaning it is very difficult to definitively pronounce in criminal cases. GHBRS cause amnesia, meaning victims of crime sometimes do not recall they have been the victim of crime, or can remember very little about it.
 **CLASS A** **Frequency and Harm**	Increased confidence Less likely to feel pain Increased sex drive Increases energy and suppresses appetite so can go without sleep or food for days	Crystal Methamphetamine usage can elevate body temperature increasing the risk of raised blood pressure and heart rate, with the potential to cause heart attack, stroke, coma or even death. Comedowns can leave a person exhausted, aggressive and paranoid, in some cases even suicidal. For some, this can lead to longer term impacts on mental health, including low mood, anxiety and psychosis. Methamphetamine use has been associated with a five-fold increased risk of psychotic symptoms, that increases with duration and frequency of use and with concomitant use of alcohol and cannabis. Although most episodes of psychosis resolve within a few weeks of abstinence, approximately 30% last longer than a month. Use can lead to very strong psychological and physical dependence, especially if it is injected or smoked [engenders] a very strong drive to keep on using it despite evidence of accumulating harms. Tolerance builds up quickly so the person taking it needs increasingly larger quantities to achieve/sustain the same high.
 **CLASS A** **Frequency and Harm**	Increases energy, feeling awake, alert and disinhibited Feelings of euphoria An intense and focused sex drive	Mephedrone is less routinely used due to its pricing and methods of consumption. It is a powerful amphetamine and prolonged use could lead to heart problems and can impact memory. Limited and reasonable use of mephedrone is something that is hard to do, and many people who use it regularly end up taking massive doses of the drug over short time spans which could cause long-term damage. Injecting or 'slamming' can also cause damage to veins and arteries and may cause ulcers and even gangrene. It becomes harder to enjoy sex without drug use following protracted consumption.

[GHBRS] https://www.gov.uk/government/publications/assessment-of-the-harms-of-gamma-hydroxybutyric-acid-gamma-butyrolactone-and-closely-related-compounds
https://www.dean.st/chemsex/chems-crystal-meth/
Hillier B, Carthy E, Kalk N, et al. Developing a coordinated response to chemsex across health, justice and social care settings: expert consensus statement. BJPsych Bulletin. Published online 2024:1-8. doi:10.1192/bjb.2024.46

Providing support and advice

The recommended approach is a **collaboration** between sexual health services, drug and alcohol services and VCSE organisations providing support.



1. **Facilitating pathways** to services to enable ease of access. Traditionally due to well established and trusted routes into support gay men are more likely to seek help via community sexual health services first – this needs to be broadened to facilitate an open door policy at multiple touchpoints including drug and alcohol and mental health services.
2. **Integrated sexual health and drugs and alcohol service provision** in order to provide holistic support and broaden routes in to help.
3. Creating **open, non-judgmental environments** which enable people to talk openly about their sexual behaviour and drug use. Feeling understood and supported is key to therapeutic engagement for a group who may have experienced varying forms of trauma.
4. **Training is an essential part of developing better service models** and having a clear understanding of the available pathways/next steps once disclosure has happened is critical in achieving successful outcomes. An example of this is the London Ambulance Service who have been trained to identify the symptoms of chemsex drug use and are able to treat with sensitivity and discreetly signpost to support services.
5. **Enabling innovative practice and cascading when its proven to be effective**. An example of this is the creation of PIP PACs, an initiative of the Gay Men's Health Collective, they are safer chemsex packs innovated by gay men for gay men with direct knowledge and experience of recreational and problematic drug use, withdrawal, and recovery. Updated regularly, contents include colour-coded injecting kit and sharps disposal; gloves, condoms and lubricant and safer chemsex, safer hook-up and rights on arrest booklets. They produce approximately 100-150 kits per month based on demand.
6. **Professionals should be encouraged to ask questions** around living arrangements when engaging with services users to try and determine if they are victims of **cuckooing, coercion and serious organised crime**.
7. **Taking information and education into spaces** where men converse around chemsex e.g., providing information on dating platforms such as Grindr, Scruff, Growler etc.
8. Ensuring that support is available for, and extended to, the **friends, families and loved ones** of those supporting chemsex users.
9. Providing **physical detox** for the drugs associated with chemsex is only **one facet of recovery**. **Psychosocial interventions are important**, essentially people have to change everything about their lifestyles. The psychological support in the community is key. Being able to provide **peer mentoring** support particularly from those with lived experience is effective in supporting recovery.

D: Glossary of key terms and acronyms

Term	Description
ACE(s)	Adverse Childhood Experience(s)
ACMD	Advisory Council on the Misuse of Drugs
Acquisitive crime	Crime grouping consisting of burglary, shoplifting, vehicle offences and other types of thefts
ASB	Anti-Social Behaviour
CDP	Combatting Drugs Partnership – see JCDU
CHB	Clear, Hold, Build – a national Home Office programme and a multi-agency led initiative to tackle organised crime
CSA/E	Child Sexual Abuse/Exploitation
CSEW	Crime Survey for England and Wales
CSP	Community Safety Partnership. Statutory partnership established further to the Crime and Disorder Act 1998 to tackle crime and disorder issues. Responsible authorities are Council, Police, Fire, Health and Probation. In Cornwall, the CSP is called Safer Cornwall. There is a separate CSP for the Isles of Scilly.
DA(SV)	Domestic Abuse (and Sexual Violence)
Hate incident/crime	Any incident where the victim or a witness feels that they were targeted because of disability, race, religion, gender identity or sexual orientation; if the behaviour constitutes a criminal offence, it becomes a hate crime
HMIC(FRS)	Her Majesty's Inspectorate of Constabulary, expanded to include Fire and Rescue Services in 2018
IPS	Individual Placement and Support. IPS works by providing employment support alongside clinical treatment.
JCDU	Joint Combatting Drugs Unit – the cross-government unit responsible for the national Drug Strategy. It works across the the Department of Health and Social Care, the Ministry of Justice, the Department of Work and Pensions, the Department of Levelling Up, Housing and Communities, the Department for Education and the Home Office. Local partnerships are referred to as CDPs (Combatting Drugs Partnerships)
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning) and others with gender expressions outside traditional norms, including nonbinary and intersex.
MARAC	Multi-Agency Risk Assessment Conference, used to manage high risk domestic abuse cases
MHTR	Mental Health Treatment Requirement

Term	Description
MoRiLE	Management of Risk in Law Enforcement - accredited models to assess threat, risk and harm developed through the national MoRiLE programme
Naloxone	Opioid antagonist that reverses the effects of an opiate overdose
NDTMS	National Drug Treatment Monitoring System
Neighbourhood Crime	Crime grouping made up of domestic burglary, personal robbery, vehicle offences and theft from the person.
NICE	National Institute of Clinical Effectiveness
NPS	Novel/new psychoactive substances – synthetic drugs
NRM	National Referral Mechanism – a framework for identifying and referring potential victims of modern slavery and ensuring they receive support
OCG	Organised Crime Group
OCU	Opiate and/or crack cocaine user. A drug user who does not use opiates or crack is sometimes referred to as a non-OCU
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
OCLP	Organised Crime Local Profile – detailed profile developed by Devon and Cornwall Police with local partners for serious and organised crime themes
OPCC	Office of the Police and Crime Commissioner
SCRA	Synthetic Cannabinoid Receptor Agonist
SDD	NHS Smoking, Drinking and Drug Use (SDD) report – a biennial survey of young people
SOC	Serious and Organised Crime
THC	Tetrahydrocannabinol – the psychoactive component of cannabis
UNODC	United Nations Office on Drugs and Crime
VCSE	Voluntary, Community and Social Enterprise (Sector)
YJS	Youth Justice Service