

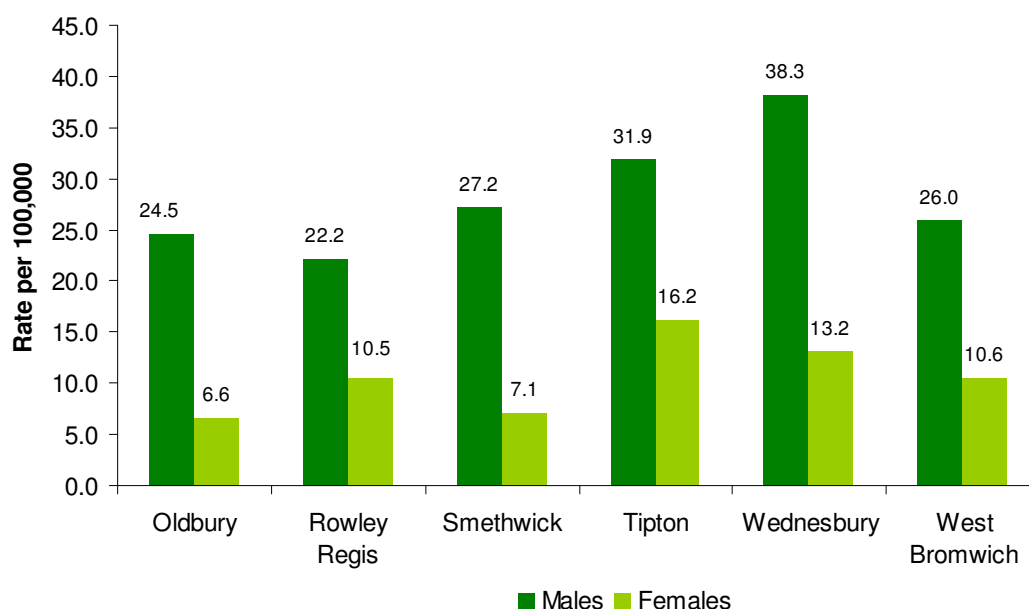
6 Reduce high volume crime

Crime has a direct and indirect impact on health. Crime is a major cause of injury in terms of assault and murder, but it also has an insidious affect on the health of the population reducing aspiration and leading to increased use of addictive substances such as drugs and alcohol. It may also lead to reduced activity levels and mental health well-being. Across Sandwell low life expectancy is associated with high victimisation rates in the young and old and violence and injuries.

6.1 Health impact of Alcohol and drugs

As mentioned in section 4 “Improving Health”, mortality from alcohol is a significant problem in Sandwell. Alcohol kills almost 1 in 4 men aged 35-45. Overall it kills 2.6% of men. In Tipton and Smethwick, it kills almost 1 in 30 men. It kills 1 in 4 women aged 25-29, overall it kills 1 in 100 women. The highest death rates are in Wednesbury (38.3 per 100,000) for Males and Tipton (16.2 per 100,000) for Females (Figure 6:1). Only Gateshead and Stoke on Trent in the peer group have higher admission rates than Sandwell (Table 6:1).

Figure 6:1 Deaths from Alcohol related conditions, rate per 100,000, 2002-6



Source: ONS and Sandwell PCT – Public Health,

Table 6:1 Admissions to hospital from Alcohol related conditions, Sandwell compared to its peers, 2006/7

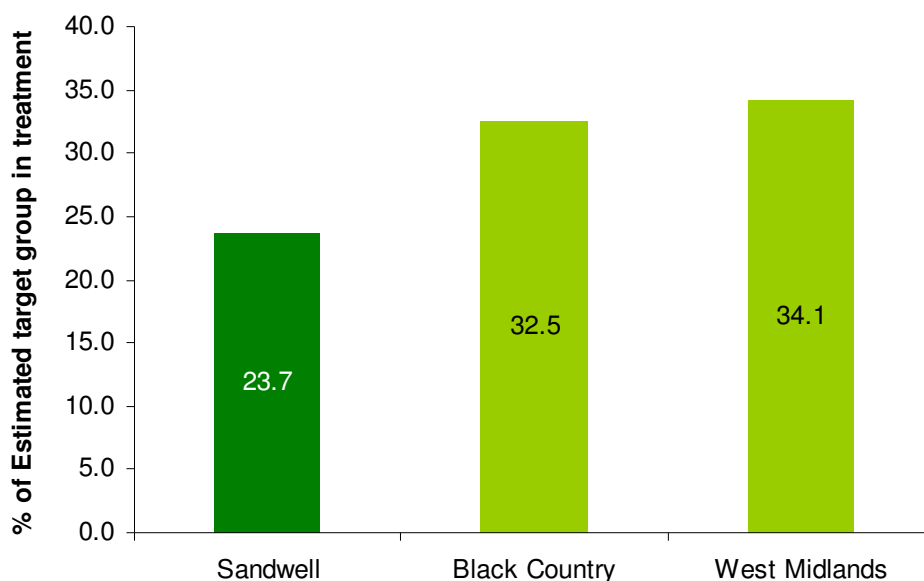
	Number of admissions	Rate per 100,000
Dudley	5,126	1,412
Walsall Teaching	5,113	1,775
Wolverhampton City	3,979	1,480
Bolton	5,150	1,806
Gateshead	5,101	2,338
Coventry Teaching	3,246	1,003
Derby City	4,966	1,877
Stoke on Trent	6,779	2,413
Sandwell	6,741	2,129

Source: DH, 2008

6.2 Sandwell Adult Drug Treatment Needs Assessment 2007/8

6.2.1 Problem Drug Users

- Size of the estimated local Problem Drug Users (PDU) population has shown no real change being around 2,000.
- 92% of the estimated PDU population (2004/5) are opiate users and 68% are crack users (which could be alongside that of opiate use). This is reflected in the treatment statistics which show an above regional and national rate of opiate users.
- Sandwell has a higher rate of problem opiate and crack users than the regional rate, yet a similar rate of injecting drug users.
- Sandwell has a higher proportion of younger problematic drug users compared to the regional average, along with a lower proportion of older problematic drug users. This suggests young people are continuing to enter the PDU population and that there is a need for more active engagement of those aged 15-24
- Sandwell has the lowest overall penetration rate of West Midland county DATs and the lowest PDU penetration rate (opiate and/or crack users in treatment) (Figure 6:2).

Figure 6:2 Problematic Drug Users (PDUs) in treatment 2006/7

Source: PDU in treatment figure 2006/7 / Glasgow University PDU estimates 2004/5

6.2.2 Retention:

- Sandwell's most recent (Q2 2006/7) retention performance at 56% is one of the poorest for all partnerships nationally however this masks a great difference between the two main providers (17% Addaction and 75% Anchor).
- Sandwell has a significantly younger user profile than regionally or nationally. National research suggests that age and gender are linked to and have an effect on retention - indeed, Anchor retention results improve as male client age increases.
- The local proportion of criminal justice (CJDS) new presentations (43%) is higher than the regional average (40%) and significantly higher than the national average (29%). Non-CJS referred cases tend to have a larger proportion of positively retained clients than CJS clients - overall, 56% of non-CJS clients were retained for the 12 weeks or more compared with 46% of CJS clients.
- Presenting substance opiate users (85%) is higher than regional or national proportions, and conversely stimulant use of cocaine, crack and amphetamines account for 7% is lower than regional or national proportions.
- Interestingly, 69% of those DIP clients on caseload during 2006 had a main drug of heroin, 11% cocaine, 7% crack cocaine, 9% cannabis and 1% amphetamines –in contrast to the predominantly opiate users (85%) seen in structured treatment. This suggests engagement of stimulant users are under represented in the treatment system and could be as a result of client characteristics who may be more difficult to engage or it

could point to a lack of appropriate service provision – or very possibly, a combination of both

- Service Users Perception of Drug Services questionnaire results show the most frequently cited reason for dropping out of treatment was prison, followed by missed appointments and not being ready for change. The SAVE questionnaire also uncovered a significant interest in rehab amongst respondents

6.2.3 Clients ‘known’ to treatment but not in treatment:

- Male heroin users aged 25-34 account for the single largest group ‘known’ to but not in treatment. There is a higher proportion of ‘non-white’ PDUs known to but not in treatment compared to those in treatment. Pakistani, Bangladeshi and Black Caribbean seem to be over-represented when compared to those already in treatment. Overall 87% were primary heroin users and 13% primary crack users.

6.2.4 Drug test Data:

- Males are more likely to be trigger offence defendants than females (79% v 21% respectively).
- 50% of those who commit trigger offences aged 18-24
- The most common trigger offence for individuals testing positive was theft including attempted theft

6.2.5 Drug Offences:

- There is a small dense area of drug offences within the West Bromwich Town centre and Smethwick area. Possession of Class C Cannabis continues to be the most numerous offence type in the borough accounting for over two-thirds (69.5%) of all crime offences
- The peak age for people arrested with Class C drugs is 19-21 with over nine-tenths (94%) of offenders male. These may be more likely to be recreational users than ‘problematic drug users’
- The type of cannabis that is being used is becoming stronger - notably skunk. Service managers have flagged up the increasing use of cannabis as an emerging issue and although conventional definitions of ‘problematic’ drug use relate to opiate and/or crack use, feel that the high quantity and frequency of cannabis use locally is in itself problematic for those users. Indeed, the link between cannabis use and schizophrenia in terms of dual diagnosis is seen as an area of partnership working needing further investigation
- 18-24s account for 57.9% of all ‘possession of class C drug: cannabis’. Those aged 25-34 account for the largest proportion (40%) of defendants for the second most numerous drug offence type ‘possession of class A drug: heroin’.

- Males account for 90% of all drug related offences yet the gender difference is even more pronounced for possession of cannabis (males 95%, females 5%). Males account for 77% of heroin offences and females 23%.

6.2.6 Harm Reduction:

- Home Office prevalence estimates state 32% (n=778) of the local problematic drug using population are injecting drug users. This is lower than the corresponding national estimate of 42.8%.
- Almost half of IDUs in the UK have been infected with hepatitis C. This would translate to 389 IDUs infected with Hepatitis C locally. During 2006/7, 65 clients were tested for Hepatitis C (16% of those previously or currently injecting).
- Clients from the 35+ age group are least likely to have never injected - a group that should be given high priority for Hepatitis C treatment
- Crack accounts for 1.9% of main drug type, yet 70% of second drug type. Of those crack cocaine users in treatment we know that they are more likely to be male, white, aged 25-34 and where crack cocaine is main drug of choice, smoked.

6.2.7 Homelessness:

- Of those in treatment during 2006/7, 59% were in rented accommodation; 28% in owned property; a total of 47 clients did not have stable housing status and a further 18 were in supported housing. Both practitioners and service managers cited lack of stable housing as a gap affecting attendance at treatment. Local P1E data (homelessness applications) shows less than 10 people with drug dependency needs over the past 3 financial years and Supporting People client records for Sandwell show that for 2006/7, 0.28% (n=3) of the primary client group had drug problems. This is a much lower proportion than seen nationally (3.9%), and may indicate a need for better referral links and awareness raising between agencies

6.2.8 Hospital Admissions

- The hospital admission hotspot areas seen in West Bromwich and Smethwick are also notable hotspots in the DIP nominal map but to a lesser extent the PDU in treatment map – this may therefore show areas of potential drug users who are not currently accessing treatment. This also re-iterates that a higher proportion of 15-24s who are in contact with DIP but not known to treatment (note also that those aged 18-29 account for the largest proportion of illicit drug related hospital episodes).
- Overall males accounted for 62% of both primary and secondary drug related hospital admissions and females 38%. Of those 110 primary and secondary diagnosis codes of hospital admissions for mental and behavioural disorders due to psychoactive substances (excluding F10

alcohol) during 2006/7, a total of 19 were also accessing structured drug treatment in 2006/7 (17%).

- In comparing those drug related hospital episode clients who were accessing treatment and those not accessing treatment, there is a slightly higher proportion of males admitted to hospital who were not accessing structured drug treatment (65%) compared to those hospital episode clients who were receiving structured treatment (63%).

6.3 What are we doing to address the challenges we face

6.3.1 LAA Targets

NI 15	Serious violent crime rate (core indicator)
NI 16	Serious acquisitive crime rate (core indicator)
NI 19	Rate of proven reoffending by young offenders
NI 30	Re-offending rate of prolific and priority Offenders
Local Stretch	Young offenders into education, training and employment (existing stretch indicator)

6.3.2 Key strategies and reports

Sandwell Supporting People Five Year Strategy 2004 - 2009

Strategies, Priorities or Key recommendations:

Identified Priorities:

- Accommodation-based service for drug users linked with other agencies to address surrounding issues (housing, etc) [P5].
- Schemes for drug users to help them become and stay drug free [P5].
- Ex-offenders including serious, persistent and mentally-ill offenders [P6].
- BME communities should be supported to access Supporting People services [P6].
- Early intervention on care leavers and young people returning from specialised services outside Sandwell with problems [P6].
- The client groups with the largest gap between needs and supply are [P45]:
- Substance misuse.

- Offenders including young offenders.
- Single people with complex needs.
- Older people.

Objectives and priorities [P54]:

- To conduct a detailed assessment of Supporting People services through the completion of the service review programme.
- Manage service change sensitively.
- Assess existing risk management issues to integrate Supporting People with the work of partners.
- To ensure that the delivery of the programme is one of partnership, inclusiveness and accountability.
- To build on the provisional needs analysis by conducting a detailed needs mapping exercise.
- Continuous management and monitoring of the programme.
- Work on contract integration.

Safer Sandwell Partnership Strategic Plan 2008 - 2011

Strategies, Priorities or Key recommendations:

Aim

- To achieve safer, cleaner and stronger communities for all citizens of Sandwell.

Strategic outcomes [P22]:

- To reduce crime.
- Reduce anti-social behaviour and increase public confidence.
- Reduce harm caused by alcohol and drugs.
- Achieve cleaner and safer streets and public spaces.

Cross-cutting issues [P22]

- Community cohesion
- Prolific and other priority offenders.
- Targeting those neighbourhoods with the highest concentrations of crime and antisocial behaviour.

6.4 What do we need to know?

- A better understanding of the true number of problem drug users

- A better understanding of the adult engagement in chronic alcohol use
- Further work looking at the linkage between crime and health, based on the findings of the Place Survey

6.5 Recommendations

1. To delivery of the Alcohol Harm Reduction Strategy with our partners
2. To work on a health and crime needs assessment that incorporates the Drugs, Alcohol and Crime to identify how partners can work together to reduce the impacts of each of these factors on the wellbeing of the population