

Live Well

Substance Misuse

Introduction

Drug misuse is when a person regularly takes one or more drugs to change their mood, emotion or state of consciousness. It is also about the impact the substance has on health and social functioning which can range from non-problematic to dependent.

The 10 year national Drug Strategy, published in 2021, following from the Dame Carol Black review has three key priorities; delivering a world class treatment and recovery service, reducing supply and reducing demand (prevention). Delivery of these priorities locally will be led by a new Combatting Substance Misuse Partnership which will build on existing work and partnerships¹. Success will be measured through a reduction in illicit and other harmful drug use and an increase in the numbers recovering from their dependence².

Substance Misuse (drugs and alcohol) affects many people and communities across Merton, but its harms are more pronounced in areas of high deprivation and on those from lower socio-economic groups. It can negatively impact on individuals and communities from all walks of life; it is not limited to areas of deprivation, those involved in criminal behaviour or vulnerable groups such as the homeless³. It can lead to a range of harms for the user and community including poor physical and mental health, unemployment, homelessness, family breakdown and criminal activity and can contribute to and exacerbate existing inequalities.

A comprehensive Merton Substance Misuse Needs Assessment is in development, which will explore substance misuse related need in more depth. This is expected to be published early 2023.

Understanding substance misuse need in Merton

Based on the Merton Story 2021, there are an estimated 1,700⁴ dependent drinkers in Merton, this has remained similar since 2016/17 and is similar to the England prevalence. Furthermore, it is estimated based on National figures that a further 38,000 adults⁵ drink to a level where they increase the risk to their health and wellbeing in Merton, the national trend shows an overall decrease since 2011⁶. Based on 2015-2018 OHID data, the percentage of adults drinking over 14 units of alcohol a week in Merton was 23.3%, this equates to around 1 in 4 or 36,700 Merton residents⁷. The previous Merton story had reported an estimated 1,900 adults who use illegal or unprescribed drugs, of whom 591 would be opiate users, who might use other substances such as crack cocaine⁸.

In Merton (2020/21) the most common substances misused amongst those within treatment was alcohol (475 patients), followed by cannabis (155 patients), then opiates with crack cocaine (115 patients), and opiates without crack cocaine (115 patients)⁹.

Although substance misuse affects all parts of Merton, its harms are more pronounced in areas of high deprivation and on those from lower socio-economic groups. In Merton, we

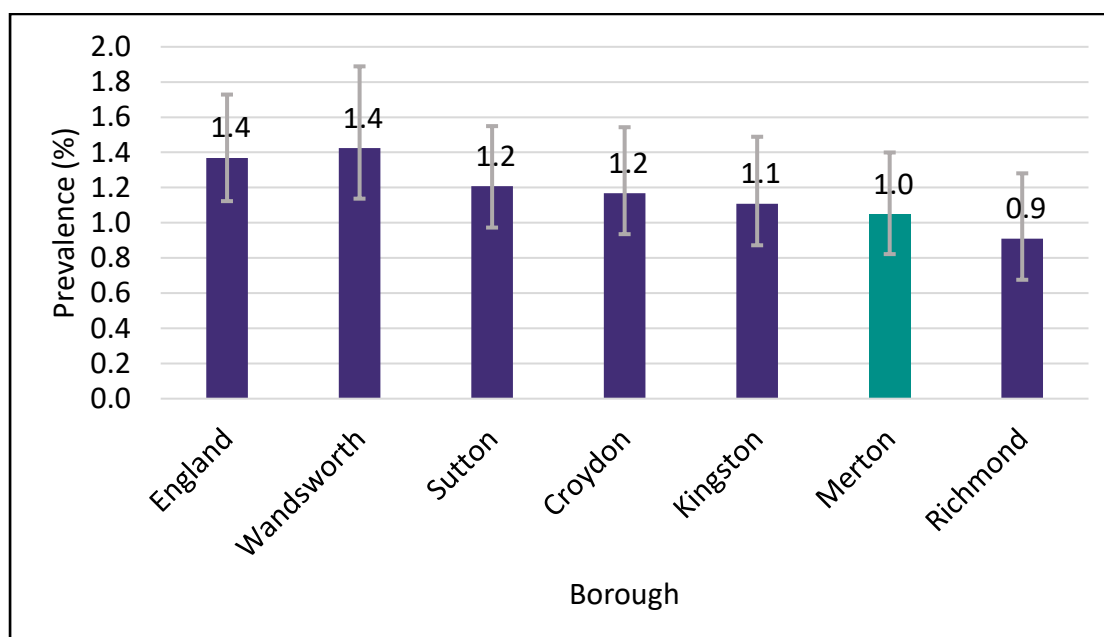
have an excellent treatment provider who encourages and supports people into structured and appropriate treatment and promote harm reduction strategies in place in order to minimise the harm from taking/injecting drugs.

Around 70% of adults presenting to services with an alcohol problem in Merton also have a co-existing diagnosis of depression and or anxiety. For many adults, alcohol may be seen as an accessible way of ‘medicating’ anxiety and depression without recognising its potential to exacerbate mental health symptoms. Furthermore, increased alcohol consumption during the COVID-19 pandemic has associated with poor overall mental health, increased depressive symptoms and lower mental wellbeing¹⁰.

Alcohol

Alcohol is a causal factor in more than 60 physical and mental health conditions, is harmful to the unborn child during pregnancy, affects child development, and is linked with risky behaviour, injuries and crime. The estimated prevalence (%) of adults with alcohol dependence in SW London boroughs and England in 2018–19 is shown in Figure 1.

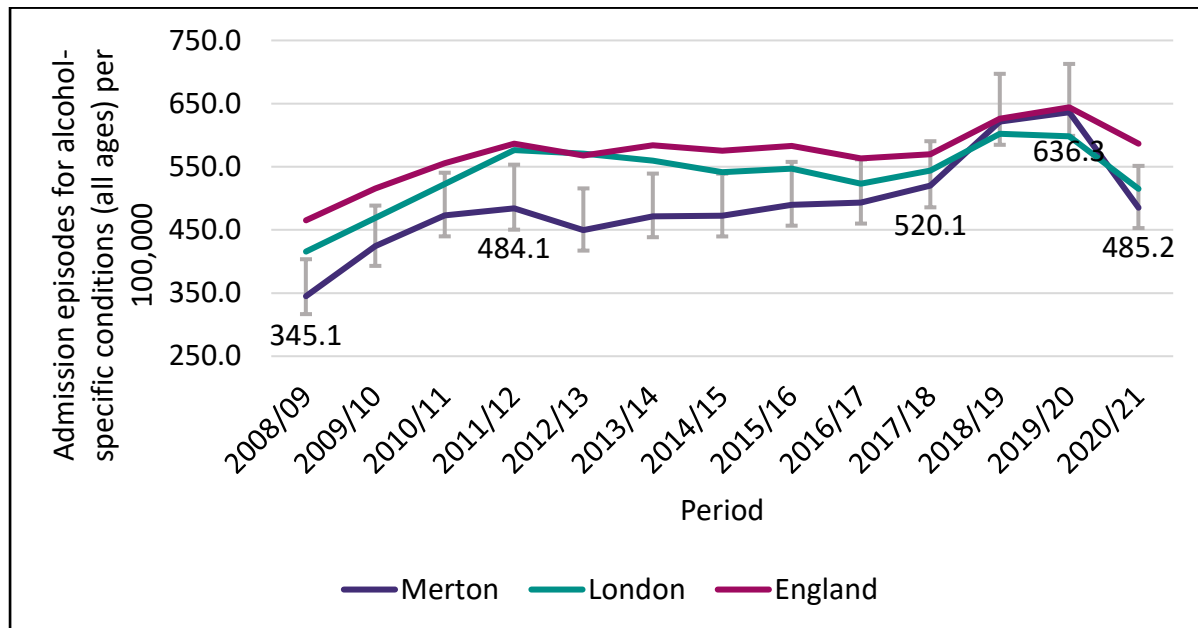
Figure 1: Estimated prevalence (%) of adults with alcohol dependence in SW London boroughs and England, 2018–19. Source: Modelled estimates produced by the University of Sheffield for PHE, using data from the APMS 2014¹¹.



Alcohol specific and related hospitalisations

The Merton Story 2021 reported an increase in alcohol related hospital admissions for 2020/2021 from locally reported data. However, the data published by OHID for 2020-2021, shows a significant decrease for alcohol related admissions in all ages. Similar downwards trends have been captured in relation to alcohol-specific admissions among Merton residents (Figure 2). This is a similar trend for both London and England¹².

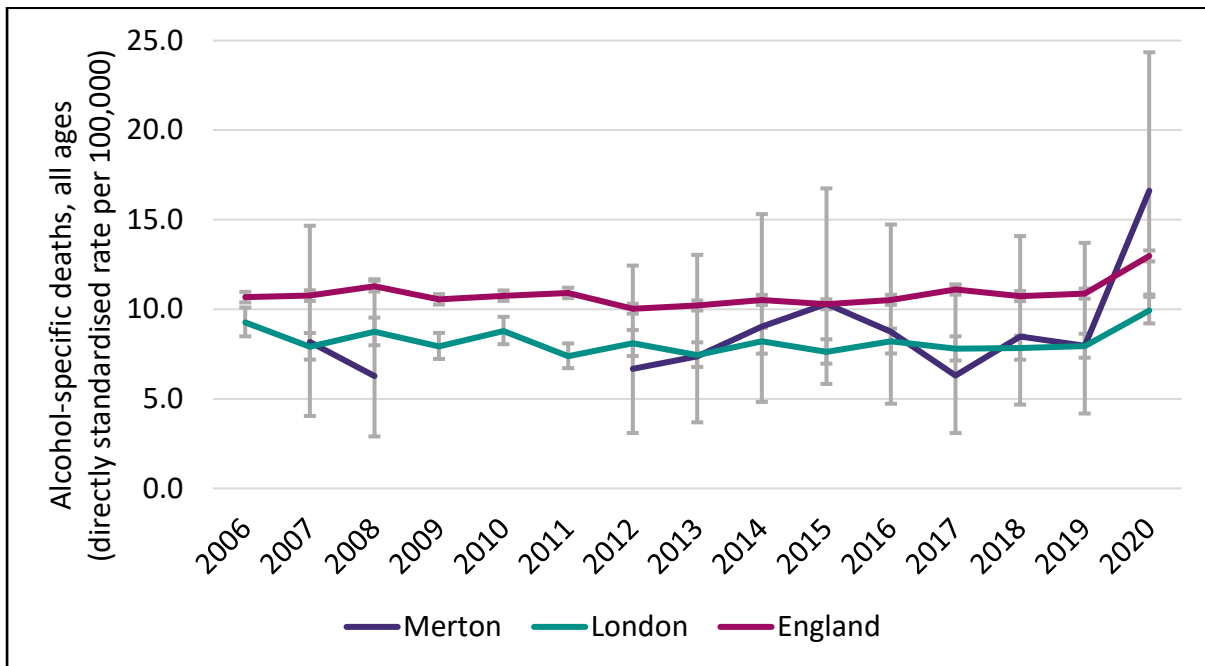
Figure 2: Admission episodes for alcohol-specific conditions among all ages in Merton, London, and England between 2008–09 and 2020–21 (rate per 100,000)¹³.



Alcohol related deaths

Alcohol-specific deaths are deaths caused wholly by the consumption of alcohol while alcohol related mortality are deaths from all alcohol-related conditions. In England, deaths from alcohol-specific causes increased by 19.3% (almost a fifth) between 2019 and 2020, representing the highest year-on-year increase since 2001. The majority of these deaths (77.8%) were caused by alcohol related liver disease¹⁴. In Merton, alcohol-specific mortality in 2020 is significantly higher than London (Merton at 16.6 per 100,000 vs London at 9.9 per 100,000, Figure 3). This is also a significant increase from last year's local figure (2019) at 8.0 per 100,000¹⁵.

Figure 3: Alcohol-specific mortality in all ages (directly standardised rate per 100,000 persons) in Merton, London, and England, 2006 to 2020. Source: OHID, Public Health Profiles¹⁵. Please note, alcohol-specific mortality is defined as deaths which have been wholly caused by alcohol consumption.



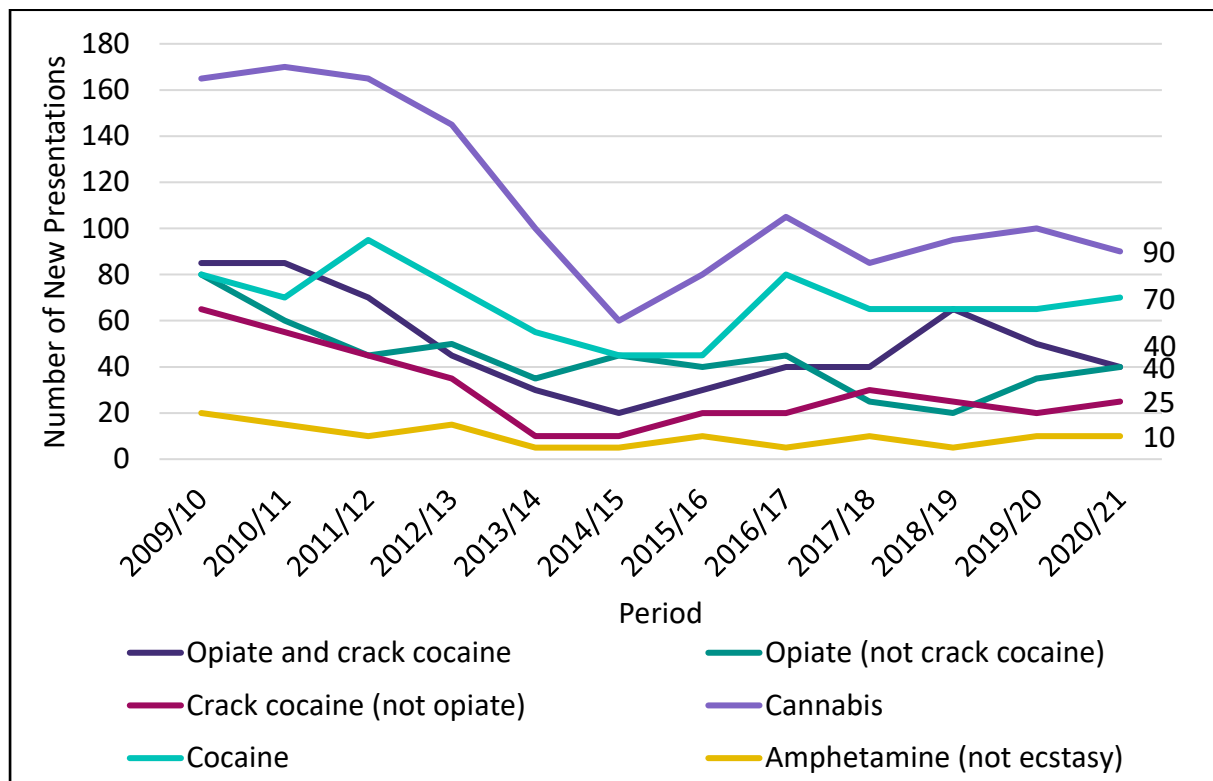
Nationally, deaths due to alcohol-specific causes increased by around a fifth¹⁶ between 2019 and 2020¹⁴. The rate of alcohol-specific deaths in Merton in 2020 is significantly higher than that for London and has increased from last year¹⁷. The Merton Drug and Alcohol Related Death panel, investigate deaths of individuals who are known to local substance misuse services.

In 2020 there were 64 deaths due to alcohol related mortality in Merton, a rate of 40.4 per 100,000. This is an increase from 45 deaths from the previous year, a rate of 28.2 per 100,000. In 2020 the rate of alcohol related mortality in Merton was similar to both London (32.2 per 100,000), and England (37.8 per 100,000)¹⁸.

Drug use

Figure 4 shows the number of new presentations for substance misuse in Merton by substance between 2009/10 to 2020/21.

Figure 4: The number of new presentations for substance misuse in Merton by substance between 2009/10 to 2020/21, National Drug Treatment Monitoring System¹¹. Please note, an individual newly presenting to treatment can report a problem with up to 3 substances at the start of treatment and as a result may be counted more than once.



In Merton (2018), an estimated 10,839 adults were reported to have taken any drug, with 3,871 adults aged 16+ in Merton using any class A drug, and 4,258 using any stimulant drugs in the last year¹⁹. Overall, the proportion of those reporting the use of drugs taken drugs in last year has been decreasing since 2003/04. In Merton (2021), there were 4 deaths related to drug misuse²⁰. Table 1 shows the estimated prevalence of unmet needs for substance misuse in Merton, with an England comparison, in 2021.

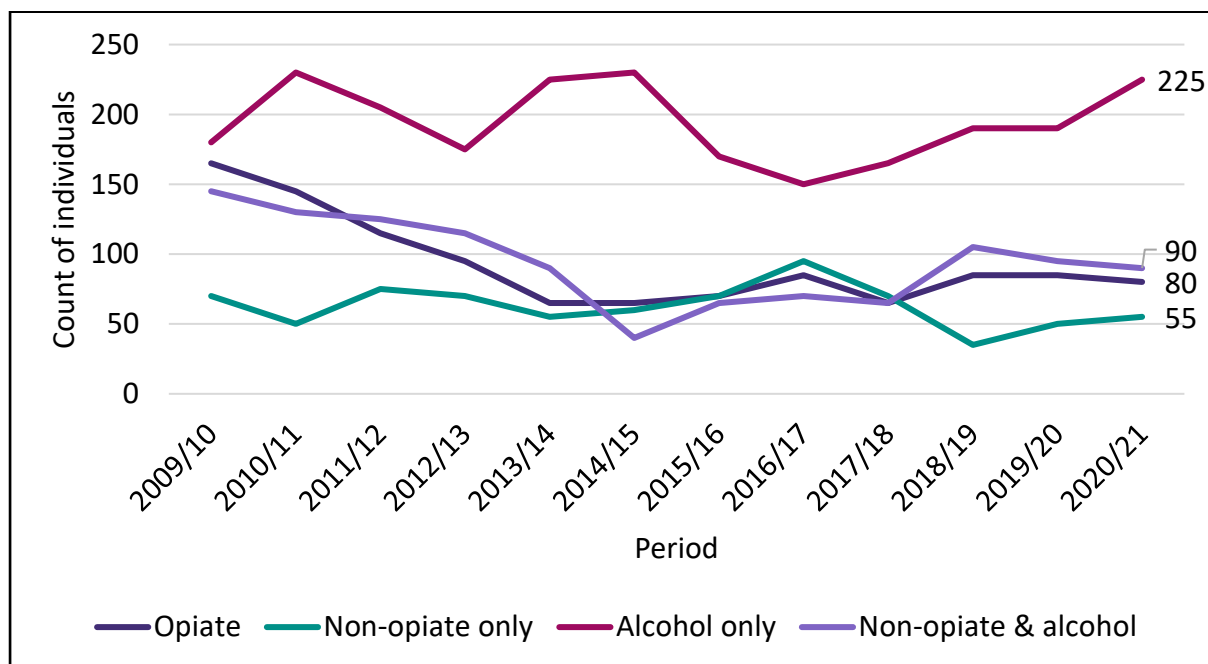
Table 1: Prevalence of unmet needs for substance misuse in Merton, with England comparison, 2021. Source: Office for Health Improvement and Disparities, Commissioning Support Packs.

| Substance(s) | Merton | England |
|---------------------------|--------|---------|
| Opiates and crack cocaine | 66% | 53% |
| Opiates | 62% | 47% |
| Crack | 74% | 58% |
| Alcohol | 75% | 82% |

These figures will be explored further in the detailed needs assessment as it is unlikely that there are an additional (approximate) 374 opiate users in Merton who are not in treatment- this would mean the 229 clients in treatment represent only 38% of met need which seems unlikely looking at current and previous access to treatment and knowledge of the Borough from the treatment service²¹.

Figure 5 shows the number of new presentations to treatment (adults, 18+) in Merton in 2020/21. Of those newly presenting to treatment for substance misuse 58% were aged 30-49 years. In comparison to 2009/10, cases have remained highest in this age group, although there has been a decrease in those newly presenting aged 18-29 (18% to 25%), and an increase in those aged 50+ (16% to 24%). Additionally, the majority of those newly presenting to treatment in 2020/21 in Merton were males (64%), a decrease for males from 76% in 2012/13 but an increase for females from 24%.

Figure 5: The number of new presentations to treatment (adults, 18+) in Merton based on substance misuse, 2009/10 to 2020/21. Source: National Drug Treatment Monitoring System²².



In terms of ethnicity, new presentations were most common in those from a White ethnic group at 71% (a decrease from 86% in 2012/13), followed by 13% from a Black/African/Caribbean/Black British ethnic group, 8% from an Asian/Asian British ethnic group, and 7% from mixed/multiple ethnic groups; the proportion of patients from a non-white ethnic group has been on the rise since 2013/14 from 16% to 29% in 2020/21

Furthermore, in Merton 2020/21 new presentations were highest amongst unemployed/economically inactive individuals at 48%, for other individuals; 37% were in regular employment, while the remaining 12% were considered long term sick or disabled. Notably, 18% of individuals presenting with any substance misuse need where a parent

living with children, to compare this was 15% for London and 20% for England. 16% of those newly presenting were parents who were not living within children. The estimated prevalence of unmet need for those misusing opiates and/or crack was 66% compared to the 34% currently receiving treatment.

Service User and Resident Views

Service user voice and understanding lived experience, is important and Merton is about to carry out a specific Service User review, using stakeholder events, engaging with residents not engaged in treatment to get a better understanding of the gaps, needs and assess where improvements can be made.

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