

Hartlepool Drug and Alcohol Needs Assessment 2023



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1.0 Introduction

The misuse of drug and alcohol is one of the highest risk factors for ill-health across the UK with an estimate of 1 in 11 adults aged 16-59 to have taken a drug in the last year, with 1.1 million adults to have taken a class A drug¹. In the same year, it is estimated 358,000 hospital admissions were attributed to alcohol use, 6% higher than the previous year². Drug and alcohol use can lead to a number of physical and psychological conditions, such as liver disease, cardiovascular complications, high blood pressure, depression and anxiety.

The costs of alcohol and drug misuse to society are significant. Estimates show that the social and economic costs of alcohol-related harm amount to £21.5billion, while harm from illicit drug use costs £10.7billion. However, it is said £4 social return is made for every £1 spent on treatment and support services³.

Hartlepool has the second highest rate of deaths related to drug poisoning in the North East of England and the third highest nationally⁴.

Additionally, Hartlepool has the 18th highest alcohol related liver disease mortality rate in England, and has been consistently significantly worse than the England average for the last 6 years. This is also reflected in Hartlepool's alcohol related mortality rate which has fallen from a peak of 23.8 per 100,000 population in 2014-16, but is still significantly worse than the England average.

Whilst we may not yet have seen the long term impacts of the COVID-19 pandemic, we can see that the sales of spirits saw an increase of £317 million (+8%) and wine £299 million (+7%). Individuals who reported higher levels of alcohol use before the pandemic, reported further increases of alcohol consumption during the pandemic, putting individuals at further risk of alcohol related harms⁵. Research has suggested that people using illicit substances were at greater risk of overdose and blood-borne infections throughout COVID-19, potentially resulting in long-term health implications⁶.

The reasons why an individual may increase their alcohol use, or take illicit drugs can vary. However, research has shown that adverse childhood experiences (ACE) are prevalent amongst those who take substances⁷. Drugs and/or alcohol may also be used to help manage with emotional distress and/or traumatic experiences⁸. Therefore, it is important that safe and effective treatment is available for those who need it.

This needs assessment aims to analyse the current need and identify any gaps in treatment and support services in Hartlepool by exploring previous and current data relating to drug and alcohol related harms.

2.0 Purpose/Aim

- To provide analysis of current substance misuse needs and identify health inequalities.
- To identify the current need in Hartlepool using local data.
- Develop recommendations which will aid the development of the Hartlepool drug and alcohol strategy.
- Support coordinated action between strategic partners and service planning.
- Inform the public health evidence base for services and interventions to reduce drug and alcohol related harm.

3.0 Methodology

This Needs Assessment is based on a range of desk research and data analysis. The main focus is to provide a baseline and understand any changes over the last five years. This needs assessment aims to further understand the needs of the population of Hartlepool in relation to substance misuse to inform a local Substance Misuse strategy and a joint approach to addressing and delivering the National Strategy From Harm to Hope.

The core data used to support this needs assessment is sourced from the National Drug Treatment Monitoring System (NDTMS) and Public Health Outcomes Framework (PHOF) indicators.

Additional partnership data was gathered and analysed supporting the findings of this assessment, which include:

- Drug offences
- Crime

- Licensing and Trading Standards
- Ambulance

4.0 National and Local policy

4.1 National Policy/Strategy

Review of drugs: phase two report - The second part of Dame Carol Black's independent review of drugs focuses on prevention, treatment and recovery.⁹

Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government's strategy on tackling the harms associated with drugs and alcohol. Part one was published on 27 February 2020 and provides analysis on the challenges posed by drug supply and demand. Part two was published on the 8 July 2021 and focused on drug treatment, recovery and prevention. The report focused on 32 recommendations to enable vulnerable people with substance misuse issues to access support and recover.

The key areas include:

- Centralised reform of leadership, funding and commissioning
- Rebuilding services
- Increased focus on primary prevention and early interventions
- Improvements to research and how science informs policy, commissioning and practice

From harm to hope: A 10-year drugs plan to cut crime and save lives¹⁰

Following Dame Carol Black's two tier review of drugs policy and subsequent report published in 2021, the Government have launched their ambitious plan to tackle the misery and harm caused by illegal drugs. From harm to hope was launched in December 2021 and sets out the government's three priorities to:

- Break drug supply chains
- Deliver world-class treatment and recovery services
- Achieve a shift in the demand for recreational drugs

The strategy is underpinned by the investment of over £3 billion in the next three years.

NHS long term plan¹¹ sets out new commitments to address the causes of ill health with more focus on prevention and a more systematic approach in addressing health inequalities and contribute to the government's ambition of five years of extra healthy life expectancy by 2035.

Community Mental Health Service¹²

The above NHS Long Term Plan and NHS Mental Health Implementation Plan¹³ 2019/20 – 2023/24 set out that the NHS will develop new and integrated models of primary and community mental health care. The new offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use.

4.2 Regional and Local Policy/Strategy

North East and North Cumbria ICS/ICB Strategic Plans¹⁴ set out priorities to significantly improve health outcomes for people who live in the region focusing on prevention and reducing inequalities in partnerships for the health of local communities

Cleveland Police and Crime Plan 2021 – 2024¹⁵ sets out a 10 point plan to tackle some of the most important issues facing Cleveland Police in particular and emphasis on combatting the issues caused by drugs with greater emphasis on partnership working including a priority to:

- Get tough on drugs and gangs - Introducing a holistic approach to drugs and gangs including prevention, early intervention and targeted intervention.

HM Prison and Probation Service North-East Reducing Reoffending Plan 2022-25¹⁶

The strategic document outlines a commitment to tackling drug and alcohol addiction, with specific references to:

- £200 million a year by 2024-25 to improve prison leavers' access to accommodation, employment support and substance misuse treatment, introducing further measures for early intervention to tackle youth offending
- £40 million a year to help offenders engage with substance misuse treatment and to tackle drug supply
- Ensure more people with a substance misuse problem are engaged in treatment within three weeks of release
- Increase joint working with local authorities to ensure additional funding for substance misuse is fully utilised for probation, following Dame Carol Black's report
- Ensure an effective whole-prison-and-probation approach to drugs and alcohol to reduce demand and maximise opportunities for recovery
- Disrupt, reduce and prevent the supply of drugs in prisons through robust security measures

Hartlepool Joint Health and Wellbeing Strategy¹⁷ sets out a vision and ambition that Hartlepool will develop a culture and environment that promotes and supports health and wellbeing for all and an overall ambition is to improve the health and wellbeing of people living in Hartlepool and reduce inequalities.

Director of Public Health Annual Report 2022¹⁸

The 2022 Director of Public Health Report noted that People in Hartlepool are also more likely to die due to alcohol or drug use than people in England.

Hartlepool Borough Council Plan 2021/22 – 2023/24¹⁹ sets out a vision to for Hartlepool to be a place where people are enabled to live healthy, independent and prosperous lives. In particular the plan makes reference to:

- There are reduced levels of smoking, substance and alcohol misuse in the community;
- There is improved mental, emotional and social wellbeing;

Hartlepool Homelessness Reduction and Rough Sleeping Strategy 2021-2024²⁰ sets out how the council will work with our partners and residents to grow, improve, support and deliver the housing offer. This includes protecting the most vulnerable including those with an offending history and those people with multiple and complex needs.

Tees Combatting Drugs Partnership Joint Needs Assessment

The purpose of the Joint Needs Assessment is to present an assessment of need for the Combatting Drugs Partnership in Tees. The needs assessment draws on information from partners across the system and national 'Guidance for local delivery partners'. This will to feed into a Tees Drugs Strategy Delivery Plan and agreed local performance framework.

5.0 Data

5.1 Hartlepool Demographics

Hartlepool has a working aged (16-64) population of 58% of the total population.

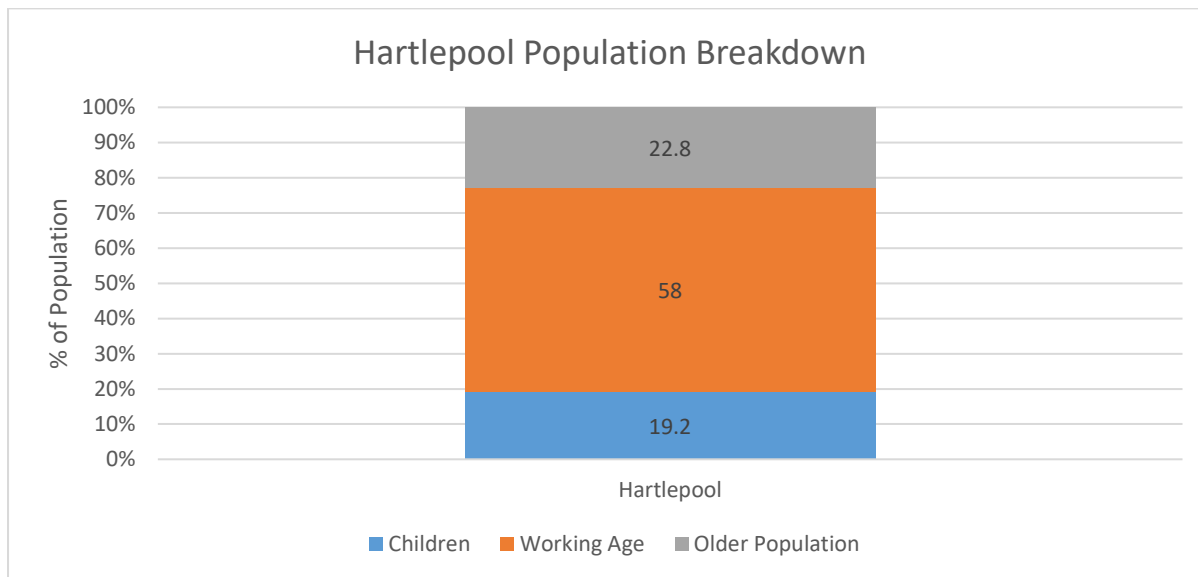


Figure 1: Hartlepool population breakdown

Source: ONS 2022 – 2020 Estimate

The remaining population is split with a slightly larger older population, 22.8% to 19.2% for children.

Within the individual wards in Hartlepool, Victoria has the largest proportion of working aged population, 63%, and Fens & Greatham the smallest, 51.1%.

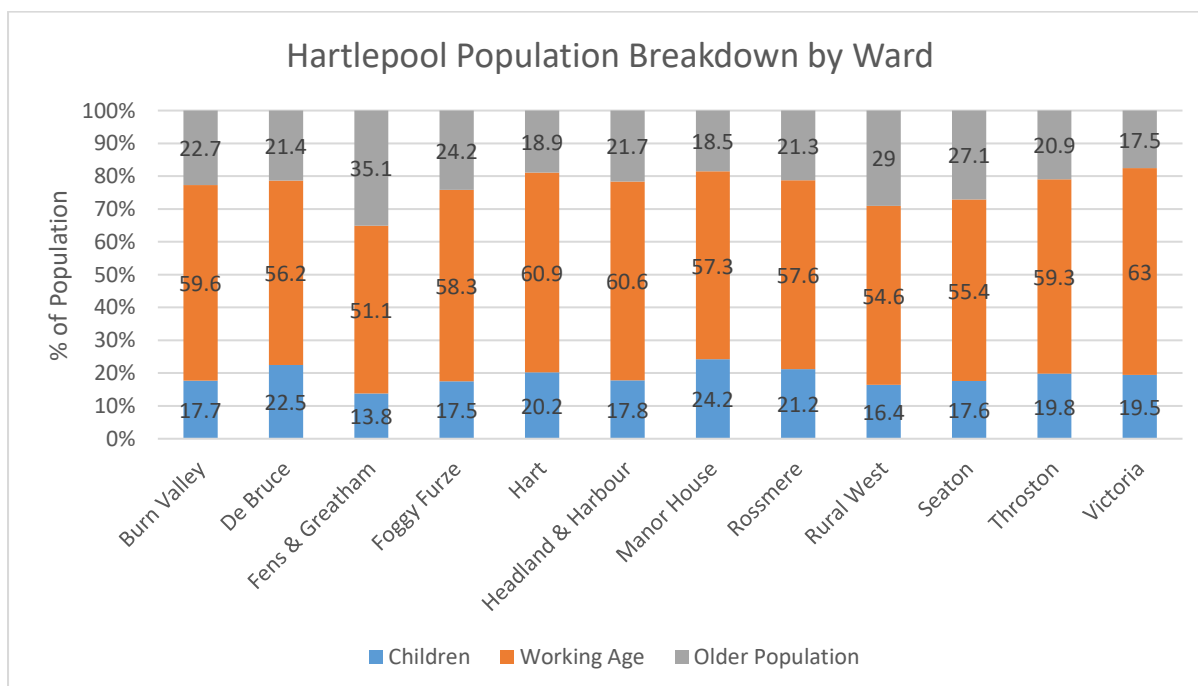


Figure 2: Hartlepool Population Breakdown by Ward

Source: ONS 2022 – 2020 Estimate

For the older population these two wards are reversed, with Fens & Greatham having the largest proportion, 35.1%, and Victoria the smallest, 17.5%.

Hartlepool's population is 51% female and 49% male in the latest population estimate.

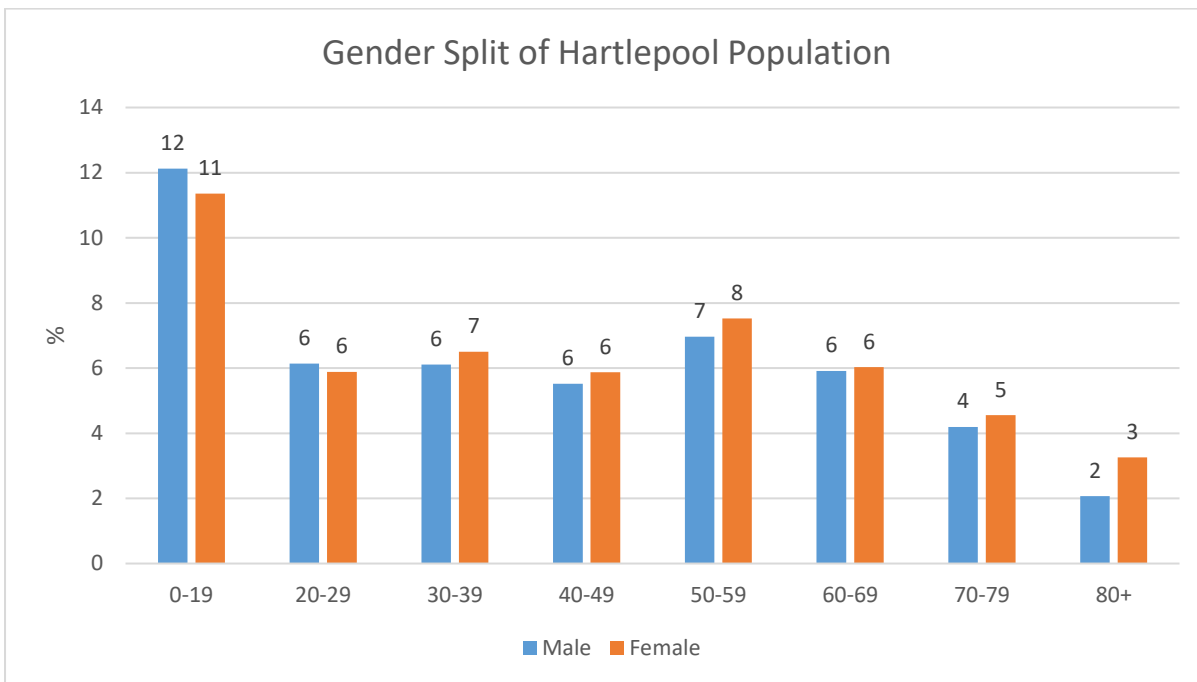


Figure 3: Gender Split of Hartlepool Population
Source: ONS 2022 – 2020 Estimate

The proportion for each gender is with 1% of each other for every age group.

5.2 Substance Use Prevalence

5.2.1 Adults

Age:

The age rates of the Hartlepool adult substance misuse caseload have stayed fairly static over the last five years.

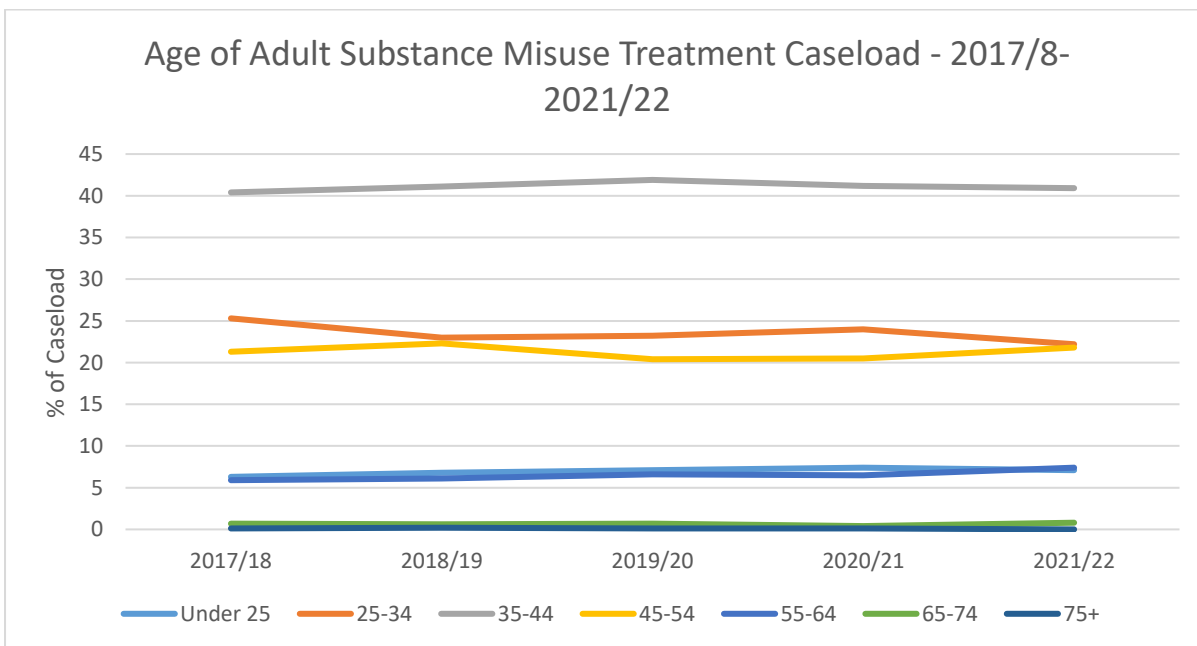


Figure 4: Age of Adult Substance Misuse Treatment Caseload - 2017/8-2021/22
Source: NTMS 2022

Those aged 35-44 account for roughly 40% of the treatment population throughout the reporting period. A further 40-45% is attributable to the age groups either side of 35-44, 25-34 and 45-54. Those under 25 and those over 55 each account for around 7-8% of the treatment population.

When compared to the England average, Hartlepool has a younger treatment population

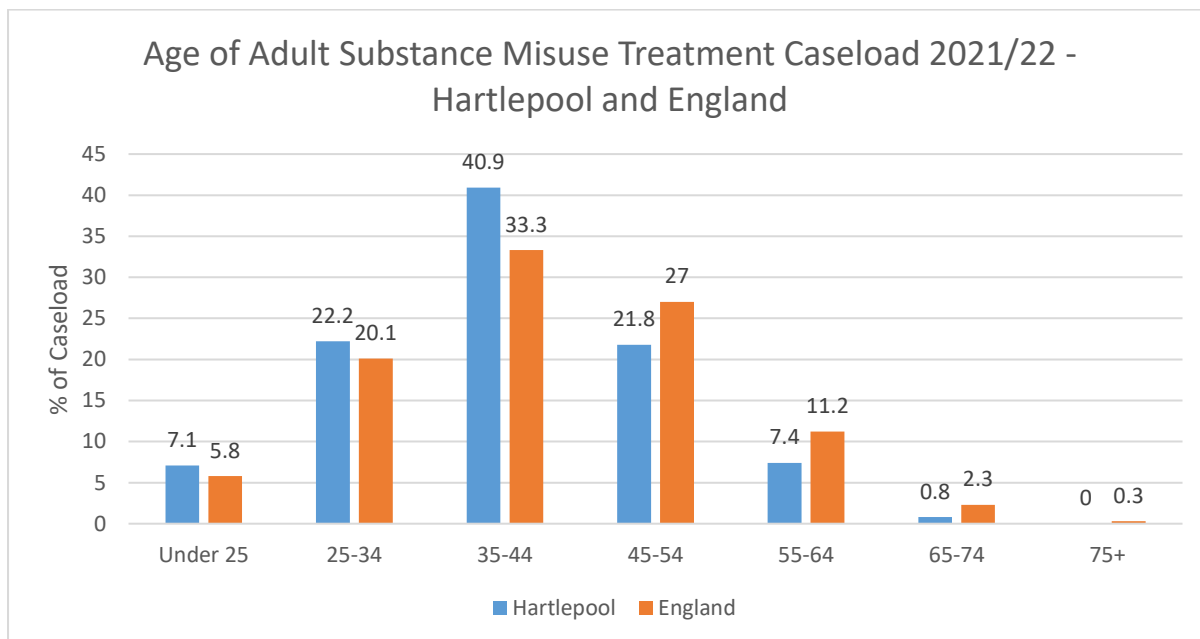


Figure 5: Age of Adult Substance Misuse Treatment Caseload 2021/22 - Hartlepool and England
Source: NDTMS 2022

Hartlepool has a larger proportion of its adult treatment caseload for each age group up to 35-44, and then a smaller proportion for each subsequent age group.

Ethnicity:

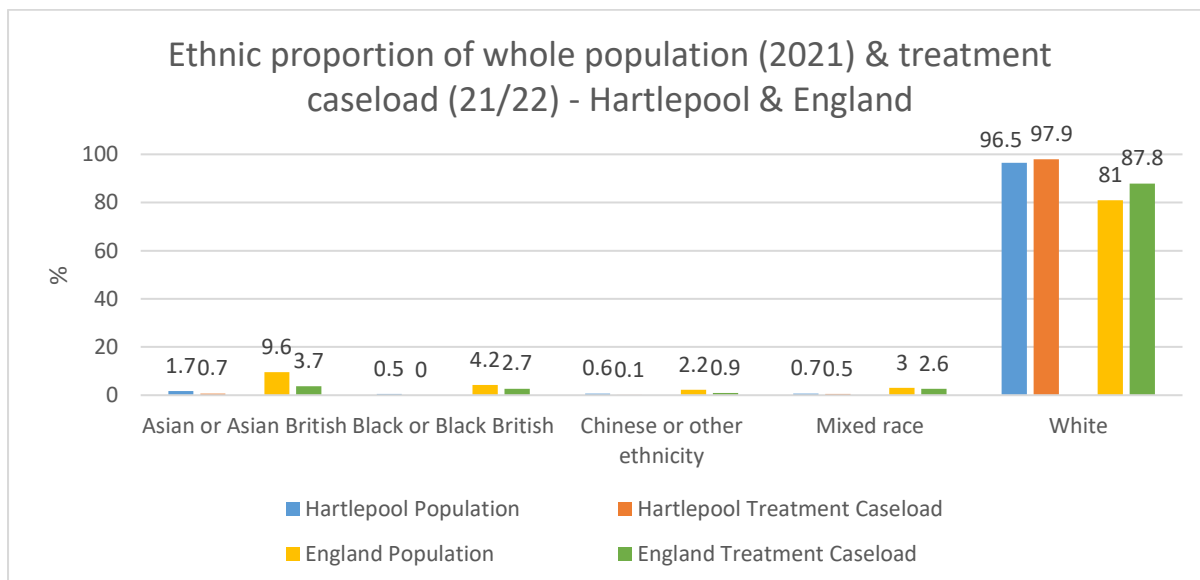


Figure 6: Ethnic proportion of whole population (2021) & treatment caseload (21/22) - Hartlepool & England

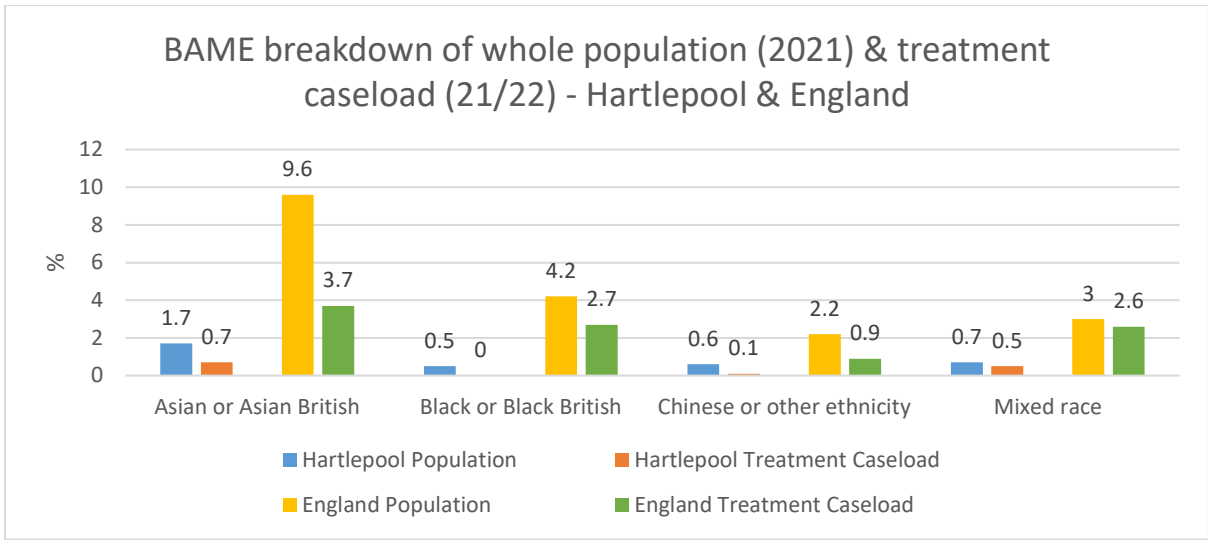


Figure 7: BAME breakdown of whole population (2021) & treatment caseload (21/22) - Hartlepool & England
 Source: Census & NDTMS 2022

Hartlepool’s treatment population is majority white in ethnicity, with 97.9% of the treatment population in 2021/22 identifying as white. This is comparable with the population of Hartlepool as whole, but is larger than the treatment proportion for England, however Hartlepool has a larger proportion of its whole population which identifies as white than England as a whole. Within the BAME population Hartlepool has relatively small numbers both in treatment and as whole, with no BAME group contributing more than 1% of the treatment population.

Treatment Service Referral Numbers:

Hartlepool Adult Substance Misuse Referrals 2011/21

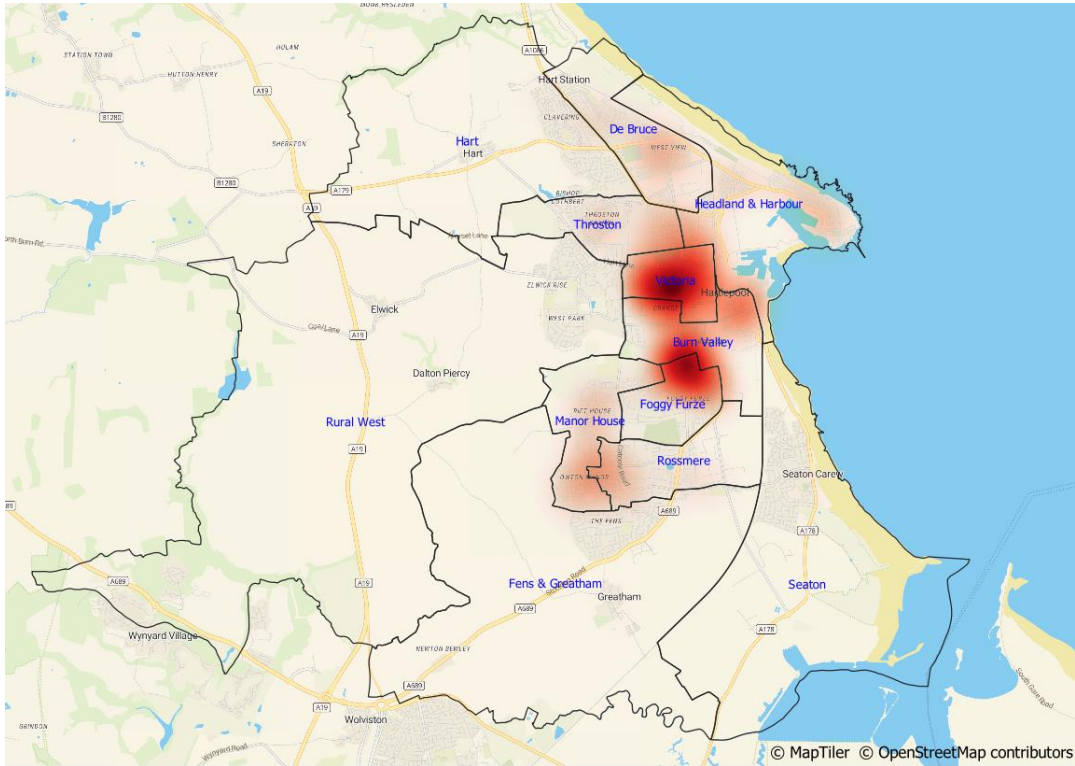


Figure 8: Hartlepool Adult Substance Misuse Referrals 2011/21
 Source: Local Data 2022

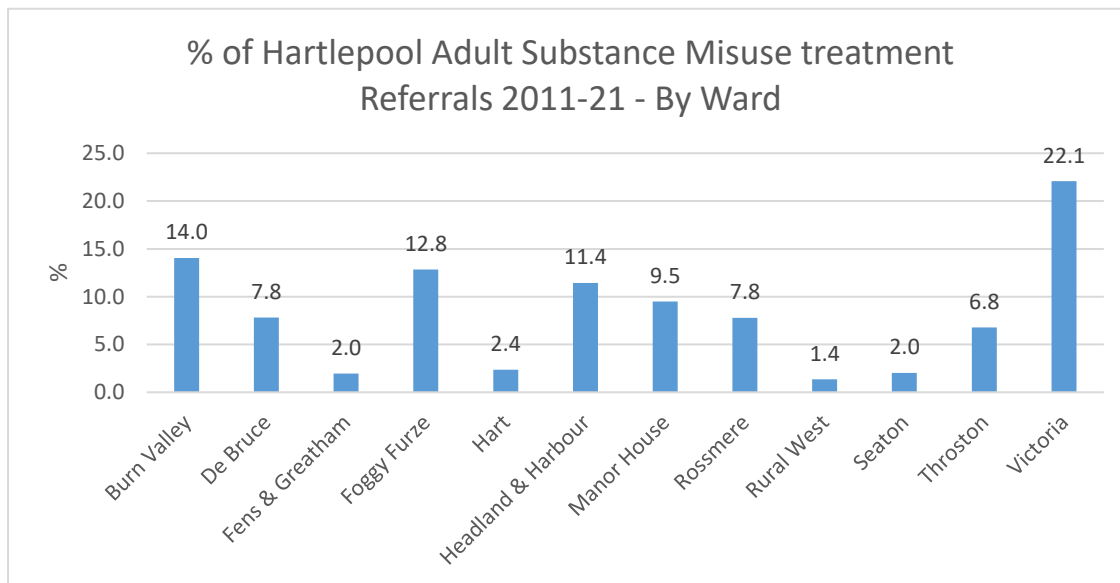


Figure 9: Percentage of Hartlepool Adult Substance Misuse treatment Referrals 2011-21 - By Ward
Source: Local Data 2022

Referrals for Hartlepool’s adult’s substance misuse treatment services, the ward with the largest proportion is Victoria, and the area of greatest concentration is the Victoria and Burn Valley area of the town.

For adult Victoria ward accounts for more than 1 in 5 referrals. Victoria and Burn Valley combined accounts for more than a third of all referrals. Again similar to the young people’s referrals, the areas of largest proportion of referrals are areas of high levels of deprivation.

Referral Source:

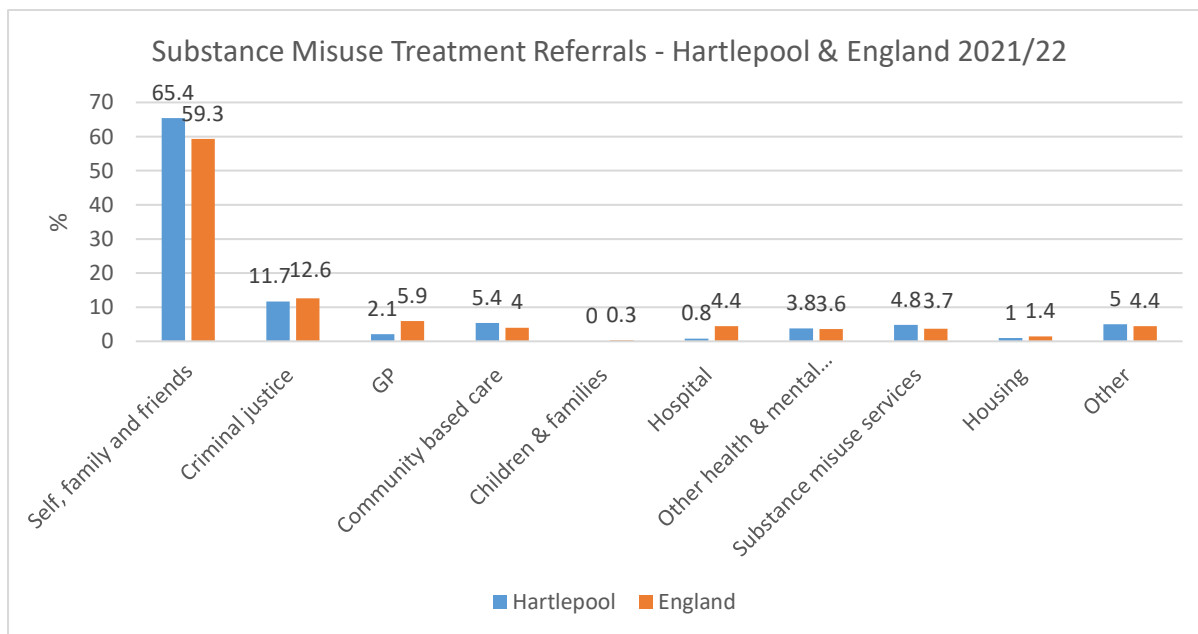


Figure 10: Substance Misuse Treatment Referrals - Hartlepool & England 2021/22
Source: NDTMS 2022

Hartlepool’s referrals for substance misuse treatment are dominated by self, family and friends, which accounts for almost 2 in 3 referrals, if criminal justice referrals are added then this becomes 3 in 4 referrals. This is not unusual, as it follows a similar pattern to England as a whole. Hartlepool received less than half the proportion of GP referrals than England as a whole and less than a quarter of the England proportion from hospitals.

Reported Drug Use:

The proportion of substances used by those in adult treatment for substance misuse in Hartlepool has seen the proportion using opiates and the proportion using alcohol both decline, but the proportion using Opiates in conjunction with crack, and cocaine increase over the last five years.

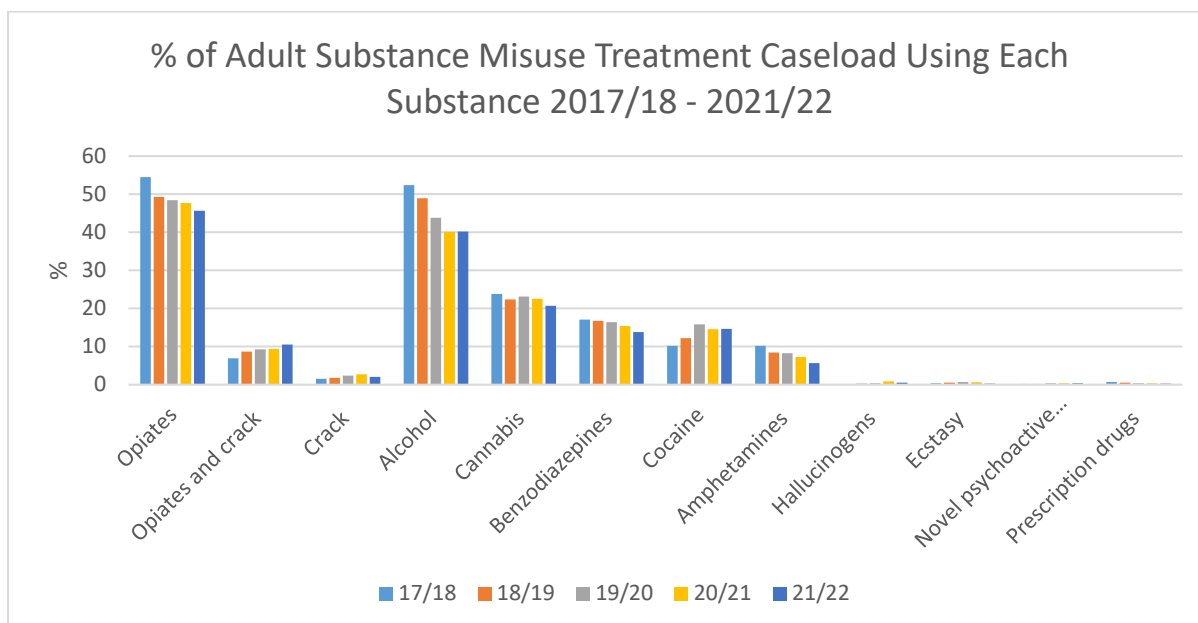


Figure 11: Percentage of Adult Substance Misuse Treatment Caseload Using Each Substance 2017/18 - 2021/22
Source: NDTMS 2022

Crack use, without opiate use in conjunction, has remained low throughout the reporting period in Hartlepool, as have hallucinogens and ecstasy. All three have remained no higher than 3% of the caseload. Both opiate and alcohol use were above 50% in 2017/18, 54% and 52% respectively, however this has fallen to 46% for opiates and 40% for alcohol by 2021/22, though these two substance have remained the two largest proportions of any substance on the caseload. Cannabis, benzodiazepines and amphetamines use has declined in its proportion of the adult caseload across the reporting period, while cocaine has had the adverse relationship, increasing from 10% in 2017/18 to 15% in 2021/22.

When compared to the England averages, the proportions of the adult caseload using each substance is very different for opiate and alcohol use.

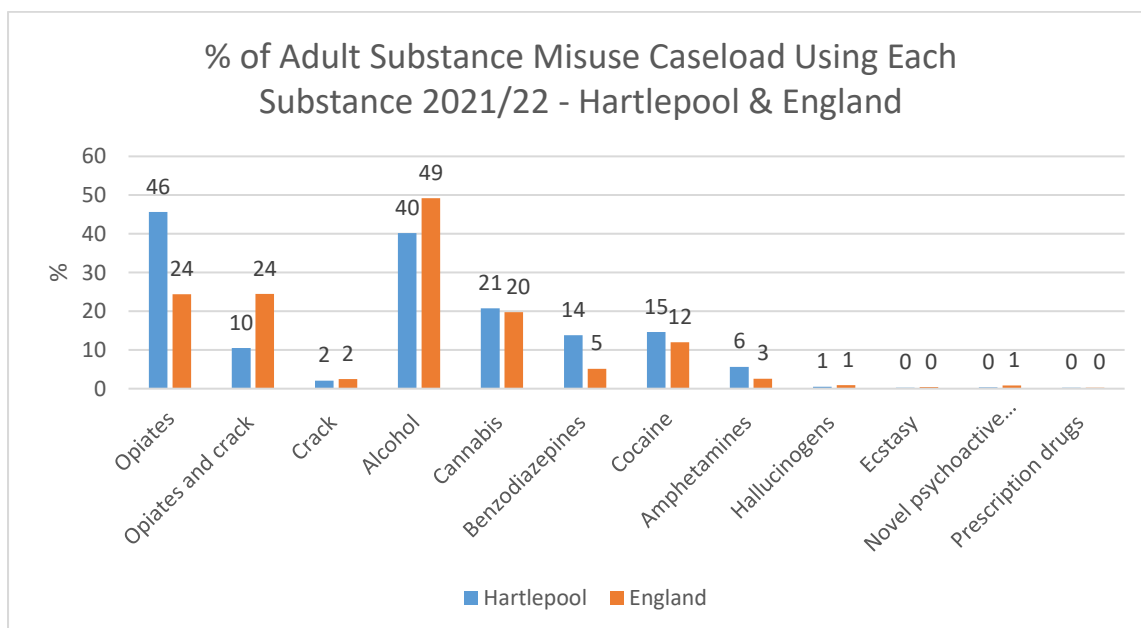


Figure 12: Percentage of Adult Substance Misuse Caseload Using Each Substance 2021/22 - Hartlepool & England
Source: NDTMS 2022

Hartlepool's adult treatment caseload has a proportion of opiate users almost twice the size of the England average, though less than half of the size for opiate and crack usage in conjunction. While Hartlepool's benzodiazepine use has declined amongst the adult caseload, it is still almost three times the size of the England average.

Successful Completions:

Within Hartlepool's adult substance misuse treatment services, successful completion of treatment for opiate use is on a declining trend. Further work will need to be undertaken to understand this declining trend and how this compares to England's declining trend.

Successful completion of drug treatment - opiate users

Proportion - %

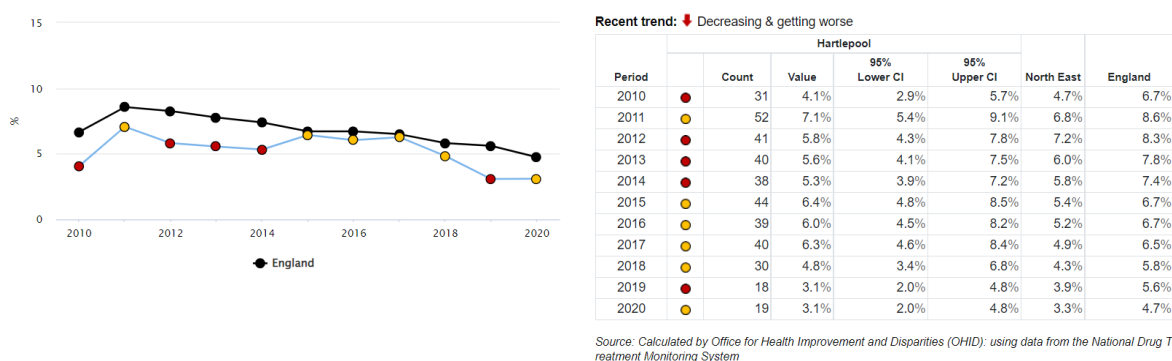


Figure 13: Successful Completion of drug treatment - opiate users
Source: OHID 2022

In the five years from 2015 to 2020, Hartlepool's proportion of successful completions for opiate use in substance misuse treatment has fallen by more than 50%, from 6.4 in 2015 to 3.1 in 2020. Across the same period the England average has fallen by 30%, from 6.7% in 2015 to 4.7 in 2020. However in both 2015 and 2020 Hartlepool's successful completion rate for opiate use was statistically similar to the England average.

For non-opiate use, the successful completion rate in Hartlepool has been significantly worse than the England average for the last seven years.

Successful completion of drug treatment - non-opiate users

Proportion - %

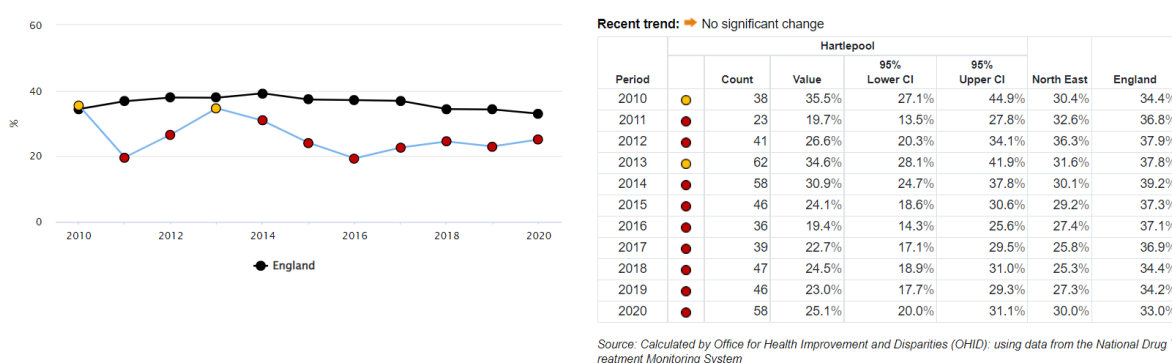


Figure 14: Successful completion of drug treatment - non-opiate users
Source: OHID 2022

Hartlepool's non-opiate successful completions have remained fairly stable for the last four years, following a three year period of decline, from 34.6% in 2013 to 19.4% in 2016. Hartlepool's current rate is 25.1%, compared with England's 33.0%, however the gap between Hartlepool and England is the smallest for six years.

Average Length of Time in Treatment:

The average length of time in treatment for both opiate and non-opiate clients in Hartlepool is shorter than the England average, and has been so for the last five years.

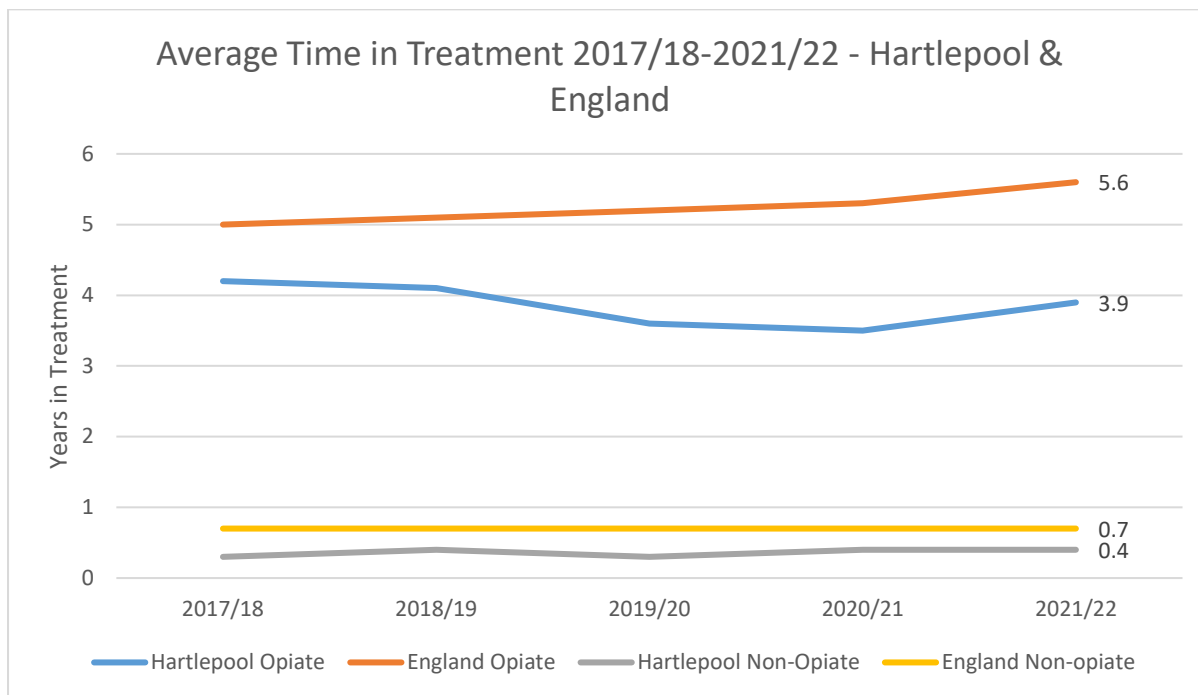


Figure 15: Average Time in Treatment 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

The Office for Health Improvement and Disparities published a report in November 2021, which found that the average length of a successful opiate treatment episode was 2.5 years.¹ Hartlepool's average time in treatment for opiate users had fallen to 3.5 years in 2020/21, but has climbed to 3.9 in 2021/22. This is still 1.7 years less than the England average. For non-opiate episodes, the same report found that the average was 6 months, Hartlepool has maintained an average below that figure, which may increase the likelihood of unsustainable treatment exits and further episodes in the future.

Treatment Exits and Representations:

Hartlepool has had more than 50% of its treatment exits unplanned in four of the last five years. There are definitions. The National Drug Treatment Monitoring System (NDTMS)²¹ defines exits from treatment using the following three categories:

Completed Treatment

- The client no longer requires structured drug (or alcohol) treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine or any other illicit drug or alcohol.
- The client no longer requires structured drug or alcohol treatment interventions and is judged by the clinician not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine. There is evidence of use of other illicit drug or alcohol use but this is not judged to be problematic or to require treatment.

Transferred

- The client has finished treatment at this provider but still requires further structured drug treatment interventions and the individual has been referred to an alternative non-prison provider for this.
- The client has received a custodial sentence or is on remand and a continuation of structured treatment has been arranged. This will consist of the appropriate onward referral of care planning information and a 2-way

¹ <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report>

communication between the community and prison treatment provider to confirm assessment and that care planned treatment will be provided as appropriate.

- Client has been transferred for ongoing structured treatment at another treatment provider as a result of this service being decommissioned.

Unplanned exits – dropped out

- The treatment provider has lost contact with the client without a planned discharge and activities to re-engage the client back into treatment have not been successful.
- The treatment provider has withdrawn treatment provision from the client. This item could be used, for example, in cases where the client has seriously breached a contract leading to their discharge. It should not be used if the client has simply ‘dropped out’. Adult drug and alcohol secure settings business definitions
- The treatment provider has received a referral and has had a face-to-face (or equivalent) contact with the client after which the client has chosen not to commence a recommended structured drug treatment intervention.
- Without completing their episode of structured treatment, the client has been deported to another country.
- The treatment provider has been unable to continue the client’s treatment due to the client being released from court.

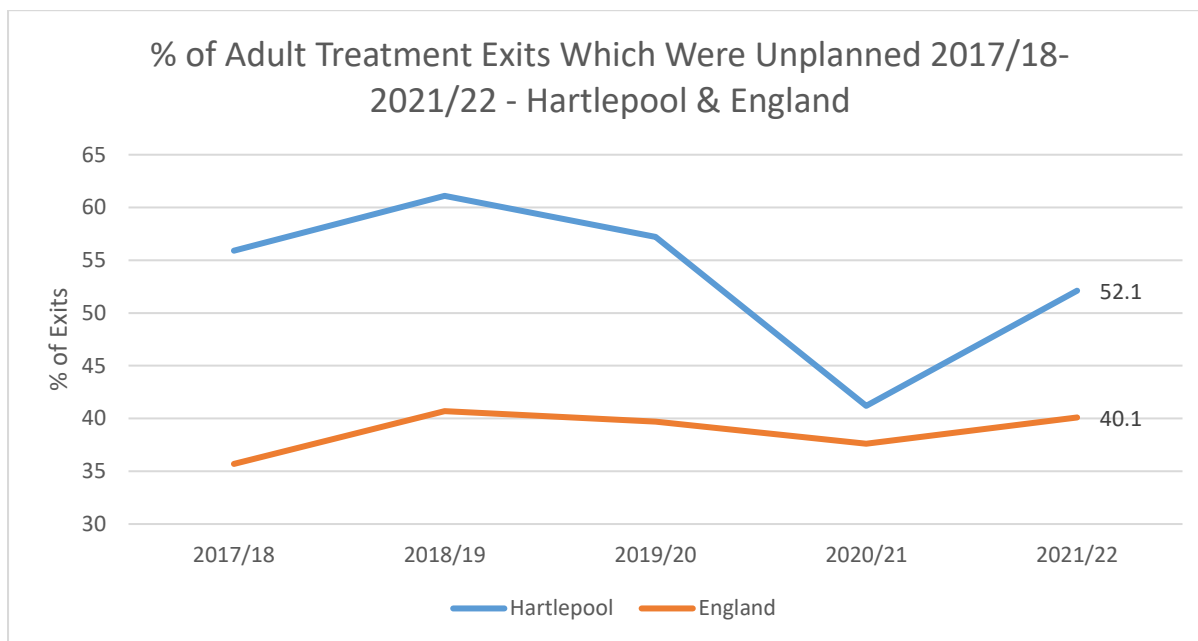


Figure 16: Percentage of Adult Treatment Exits Which Were Unplanned 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

In contrast the England average has not exceeded 41% in the same period. Such a high level of unplanned exit will hinder Hartlepool’s ability to have an increased level of successful completion across its treatment population.

Representations within Hartlepool’s successful completions have shown little consistency and have undergone large increases and decreases across the reporting period.

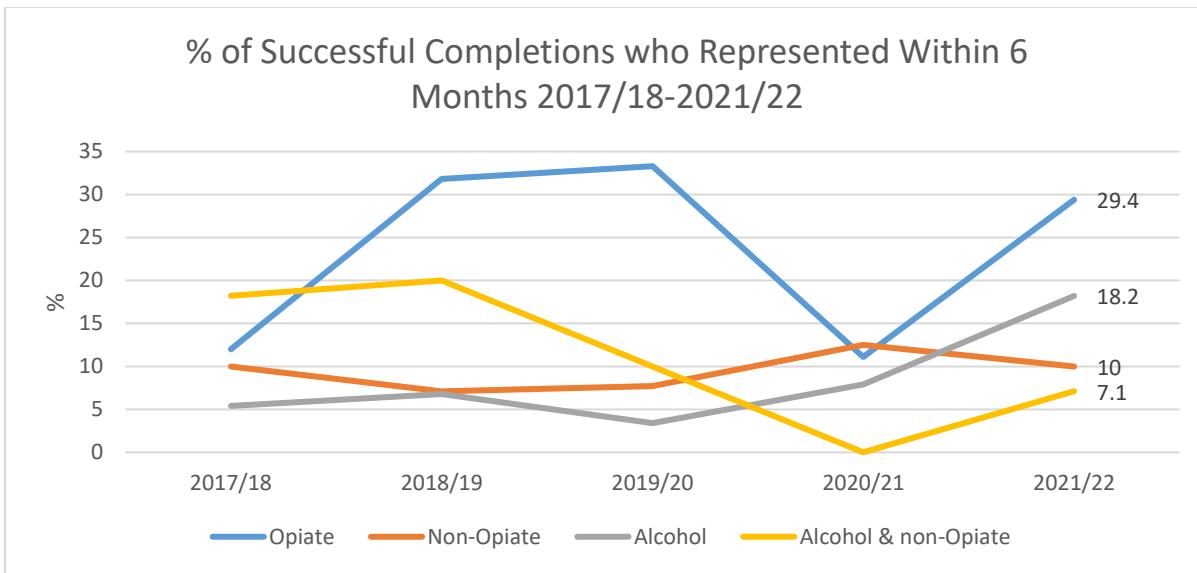


Figure 17: Percentage of Successful Completions who Represented Within 6 Months 2017/18-2021/22
Source: NDTMS 2022

However, this can largely be attributed to the relatively small pool of successful completions from which this data is taken. Where the number of successful completions is small, even one representation can see a large jump in the rate of representation.

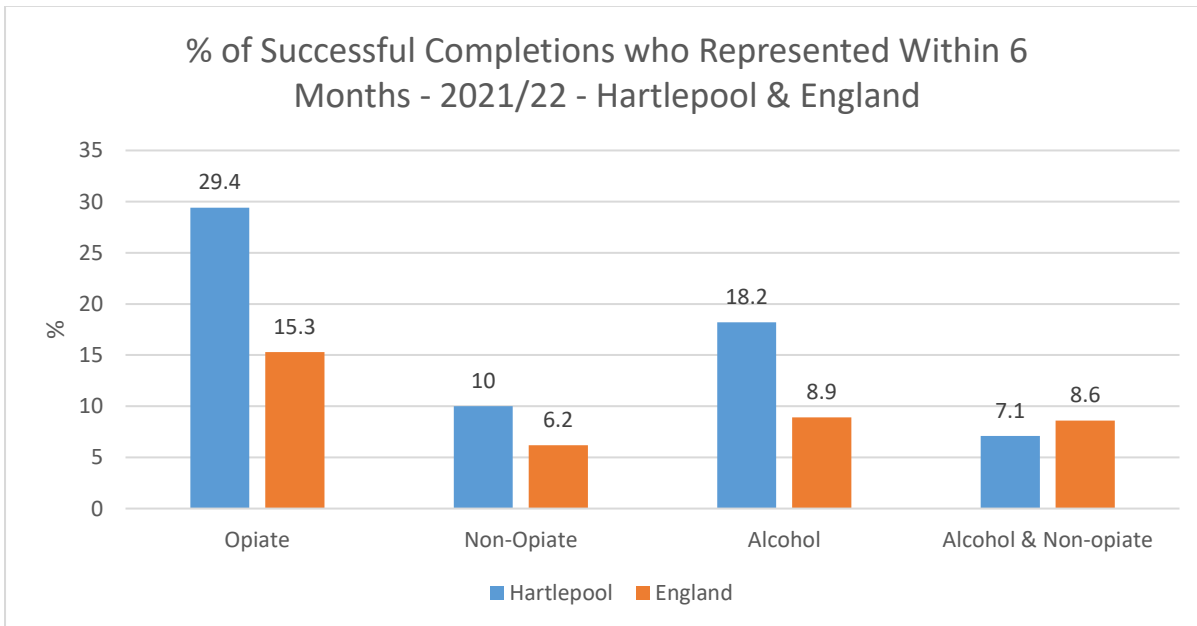
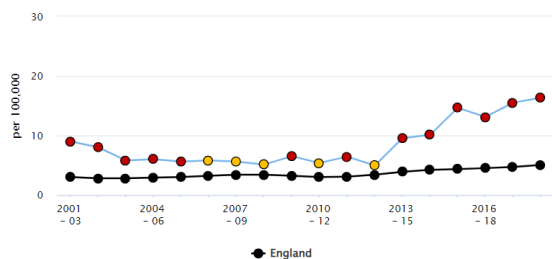


Figure 18: Percentage of Successful Completions who Represented Within 6 Months - 2021/22 - Hartlepool & England
Source: NDTMS 2022

When compared with the England representation rates Hartlepool has almost twice the level of opiate representation, however as previously stated the data must be caveated with the effects that the small pool of successful completions has on Hartlepool’s representation rates.

Drug Related Deaths:

Hartlepool has seen a rapid increase in its deaths from drug misuse rate since the 2012/14 rate of 4.9 per 100,000 population. In 2018/20, Hartlepool’s rate was 16.3 per 100,000, this is a more than threefold increase.



Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2001 - 03	23	9.0	5.7	13.5	3.8	3.0
2002 - 04	20	8.0	4.9	12.4	3.6	2.8
2003 - 05	15	5.8	3.3	9.6	3.4	2.8
2004 - 06	16	6.0	3.4	9.8	3.7	2.9
2005 - 07	15	5.6	3.1	9.3	3.8	3.0
2006 - 08	15	5.8	3.2	9.5	4.1	3.2
2007 - 09	14	5.6	3.0	9.4	4.6	3.4
2008 - 10	13	5.1	2.7	8.7	4.9	3.4
2009 - 11	17	6.5	3.8	10.5	4.8	3.2
2010 - 12	14	5.4	2.9	9.0	4.4	3.0
2011 - 13	17	6.4	3.7	10.3	4.5	3.1
2012 - 14	13	4.9	2.6	8.5	5.4	3.4
2013 - 15	25	9.6	6.2	14.1	6.3	3.9
2014 - 16	26	10.1	6.5	14.8	7.2	4.2
2015 - 17	39	14.6	10.4	20.1	7.6	4.3
2016 - 18	34	13.1	9.0	18.3	8.6	4.5
2017 - 19	39	15.5	11.0	21.2	9.1	4.7
2018 - 20	42	16.3	11.7	22.1	9.9	5.0

Source: Office for National Statistics (ONS)

Figure 19: Deaths from Drug Misuse

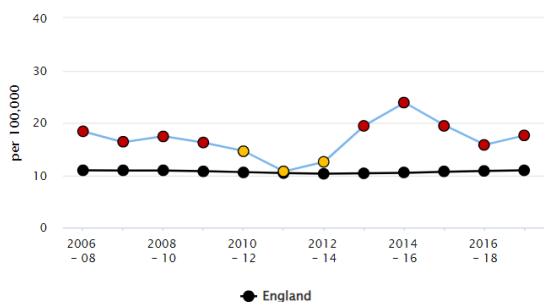
Source: OHID 2022

Hartlepool’s rate is currently the 3rd highest in England, and has seen an increase in five of the last 6 years.

Mortality Rates:

Alcohol-specific mortality (Persons, 3 year range)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

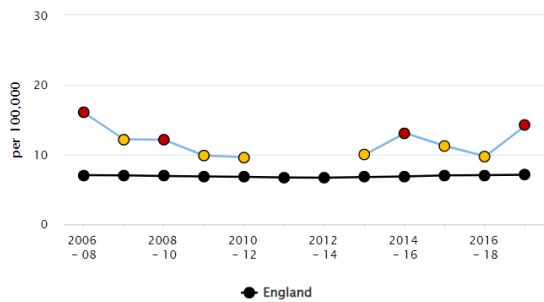
Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2006 - 08	48	18.4	13.5	24.4	15.1	10.9
2007 - 09	43	16.3	11.8	22.0	15.2	10.9
2008 - 10	46	17.4	12.7	23.3	15.2	10.9
2009 - 11	44	16.2	11.7	21.8	14.7	10.7
2010 - 12	39	14.6	10.4	19.9	14.1	10.6
2011 - 13	29	10.7	7.1	15.4	13.8	10.4
2012 - 14	34	12.5	8.6	17.5	14.3	10.3
2013 - 15	53	19.5	14.6	25.5	15.8	10.3
2014 - 16	65	23.8	18.4	30.4	16.4	10.4
2015 - 17	53	19.5	14.6	25.5	16.0	10.6
2016 - 18	43	15.8	11.4	21.3	15.7	10.8
2017 - 19	48	17.6	12.9	23.4	16.0	10.9

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 20: Alcohol-specific mortality

Source: OHID 2022

Hartlepool’s alcohol related mortality rate has fallen from a peak of 23.8 per 100,000 population in 2014-16, but is still significantly worse than the England average. Hartlepool’s current rate, the 2017-19 figure, is 17.6 per 100,000, but this is an increase from the 2016-18 figure of 15.8 per 100,000. Hartlepool had a three year period, between 2010-12 to 2012-14, where its mortality rate was statistically similar to the England rate. This has been followed by a five year period where Hartlepool’s mortality rate has been significantly worse than the England average.



Recent trend: Could not be calculated

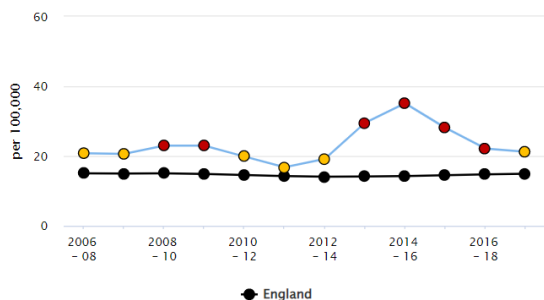
Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2006 - 08	22	16.0	10.0	24.4	10.1	7.0
2007 - 09	16	12.2	7.0	19.7	10.5	7.0
2008 - 10	16	12.1	7.0	19.6	10.1	6.9
2009 - 11	13	9.8	5.3	16.8	9.6	6.9
2010 - 12	13	9.6	5.1	16.4	9.2	6.8
2011 - 13	7	*	-	-	9.3	6.7
2012 - 14	9	*	-	-	10.3	6.7
2013 - 15	14	10.0	5.4	16.7	11.4	6.7
2014 - 16	18	13.1	7.7	20.7	11.8	6.8
2015 - 17	15	11.2	6.2	18.5	11.2	7.0
2016 - 18	13	9.7	5.1	16.7	10.7	7.0
2017 - 19	20	14.2	8.6	22.0	11.0	7.1

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 21: Alcohol-specific Mortality (Female)

Source: OHID 2022

When looked at individually, the male and female alcohol specific mortality rates, which had been following a similar declining trajectory, have differed in the most recent data, with the male rate continuing it decline, though to a lesser degree than in the two previous years, and the female rate has increased sharply.



Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2006 - 08	26	20.8	13.6	30.5	20.4	15.0
2007 - 09	26	20.6	13.5	30.1	20.2	14.9
2008 - 10	29	22.9	15.4	32.9	20.6	15.0
2009 - 11	30	23.0	15.5	32.8	20.2	14.8
2010 - 12	26	19.9	12.9	29.1	19.2	14.6
2011 - 13	22	16.8	10.5	25.5	18.5	14.3
2012 - 14	25	19.1	12.3	28.3	18.7	14.0
2013 - 15	39	29.5	20.9	40.4	20.4	14.1
2014 - 16	47	35.1	25.7	46.8	21.3	14.2
2015 - 17	38	28.1	19.8	38.6	21.0	14.5
2016 - 18	30	22.1	14.9	31.7	21.1	14.7
2017 - 19	28	21.2	14.1	30.7	21.3	14.9

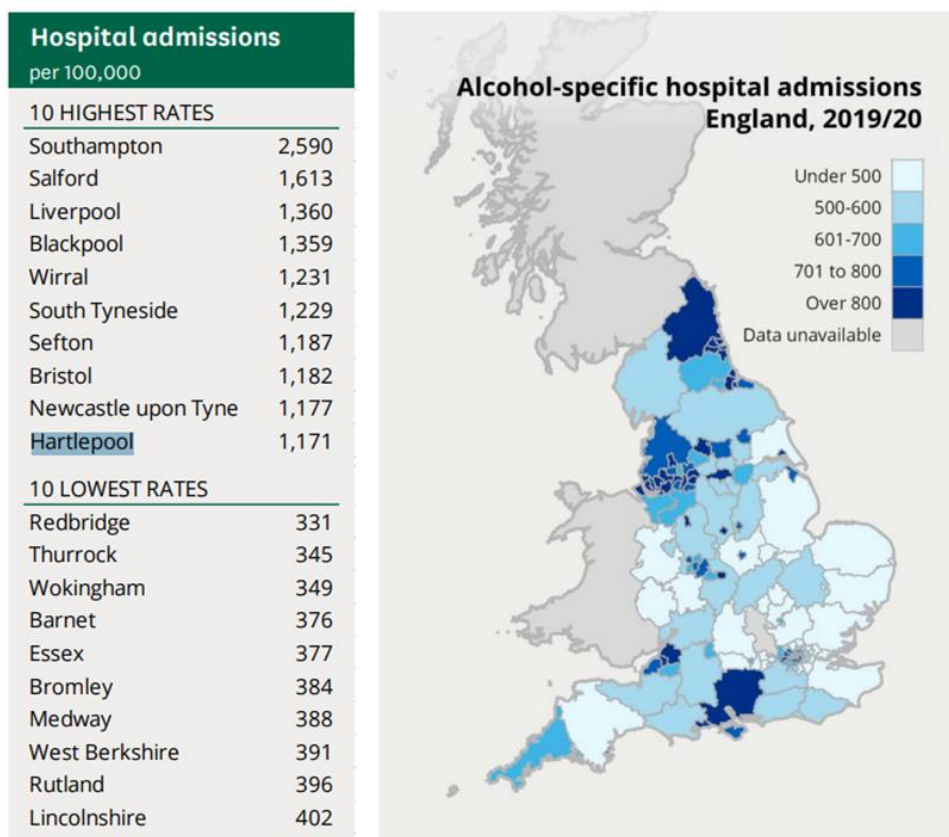
Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Figure 22: Alcohol specific mortality (Male)

Source: OHID 2022

Hospital Admissions:

Alcohol related hospital admissions have been consistently significantly worse than the England rate throughout the entirety of the 13 year reporting period. Hartlepool had seen a recent increase up to a high of 1,171 per 100,000 population in 2019/20, which followed two previous years of increases. However this has been followed by a steep decline, down to 887 per 100,000 in 2020/21.

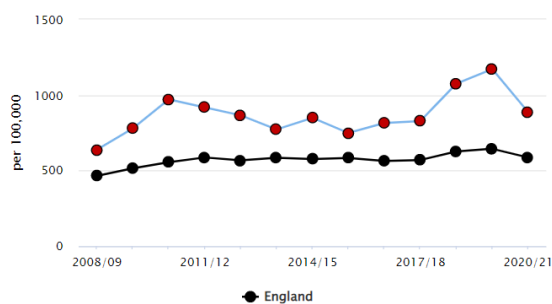


Source: [PHE Local Alcohol Profiles](#)

Figure 23: Alcohol specific hospital admissions, England, 2019/20

Admission episodes for alcohol-specific conditions (Persons)

Directly standardised rate - per 100,000



Recent trend: ▲ Increasing & getting worse

Period	Hartlepool				North East	England	
	Count	Value	95% Lower CI	95% Upper CI			
2008/09	●	572	638	587	693	739	465
2009/10	●	709	779	722	839	805	515
2010/11	●	875	971	907	1,038	853	555
2011/12	●	837	918	857	983	897	587
2012/13	●	780	866	806	929	822	568
2013/14	●	697	773	716	833	780	584
2014/15	●	764	849	789	912	748	576
2015/16	●	680	749	693	808	770	583
2016/17	●	730	815	757	877	778	563
2017/18	●	755	828	769	889	806	570
2018/19	●	975	1,075	1,008	1,146	909	626
2019/20	●	1,060	1,171	1,101	1,245	936	644
2020/21	●	795	887	825	951	904	587

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

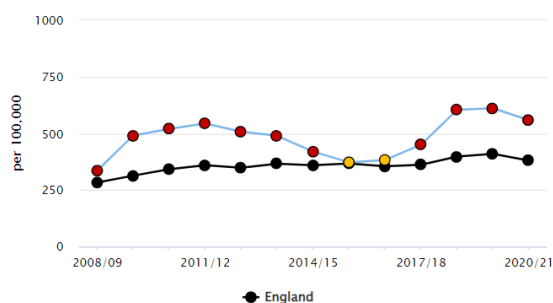
Figure 24: Alcohol admission episodes for alcohol-specific conditions

Source: OHID 2022

When split along gender lines, the male rate is following a very similar pattern to the Hartlepool rate as a whole, a sustained period of significantly worse rates than the England average, three years of increase followed by a sharp decline in the most recent figures, whereas the female rate has followed a different pattern.

Admission episodes for alcohol-specific conditions (Female)

Directly standardised rate - per 100,000



Recent trend: ↑ Increasing & getting worse

Period	Hartlepool					North East	England
	Count	Value	95% Lower CI	95% Upper CI			
2008/09	154	335	284	393	468	283	
2009/10	227	490	428	559	512	313	
2010/11	241	519	455	590	542	342	
2011/12	251	543	478	615	572	359	
2012/13	235	507	444	577	533	348	
2013/14	227	489	427	557	507	366	
2014/15	196	419	362	482	488	359	
2015/16	174	371	318	431	493	367	
2016/17	175	382	327	444	484	355	
2017/18	210	450	391	516	512	361	
2018/19	280	604	535	679	595	397	
2019/20	285	610	541	686	590	409	
2020/21	255	558	491	631	601	380	

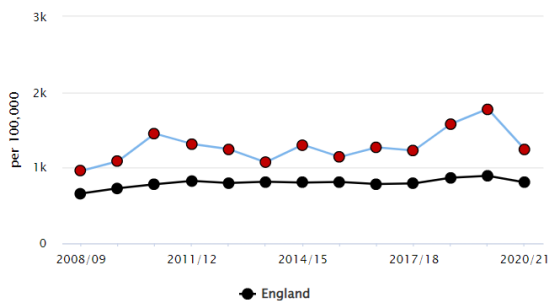
Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 25: Admission for alcohol-specific conditions (Female)

Source: OHID 2022

Admission episodes for alcohol-specific conditions (Male)

Directly standardised rate - per 100,000



Recent trend: → No significant change

Period	Hartlepool					North East	England
	Count	Value	95% Lower CI	95% Upper CI			
2008/09	418	958	868	1,055	1,026	658	
2009/10	482	1,085	990	1,187	1,116	728	
2010/11	634	1,452	1,340	1,570	1,183	780	
2011/12	586	1,315	1,210	1,427	1,242	827	
2012/13	545	1,247	1,143	1,357	1,129	799	
2013/14	470	1,072	977	1,175	1,070	815	
2014/15	568	1,304	1,198	1,417	1,026	804	
2015/16	506	1,143	1,045	1,248	1,065	812	
2016/17	555	1,271	1,166	1,382	1,091	784	
2017/18	545	1,229	1,127	1,337	1,121	791	
2018/19	690	1,579	1,463	1,703	1,244	869	
2019/20	775	1,778	1,654	1,909	1,307	894	
2020/21	540	1,244	1,140	1,355	1,230	806	

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

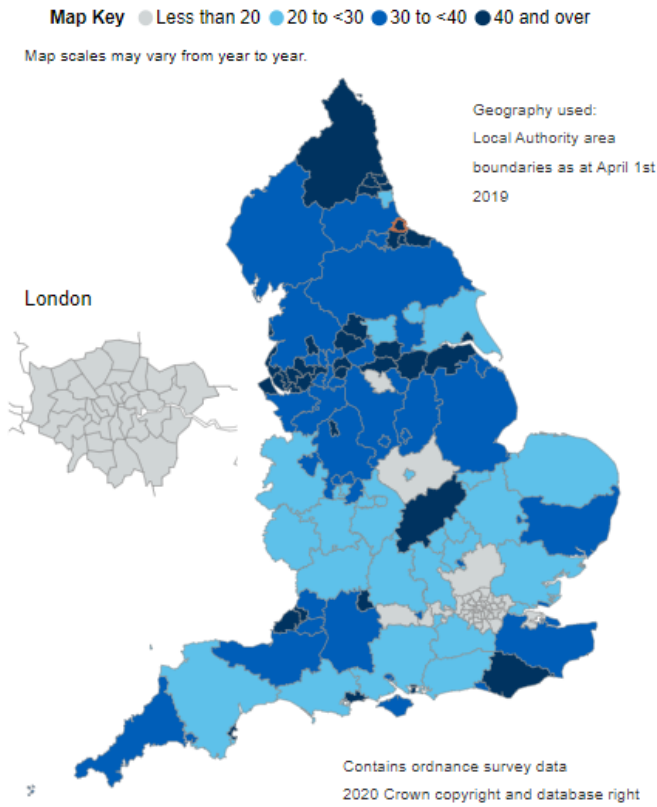
Figure 26 Figure 25: Admission episodes for alcohol specific conditions (Male)

Source: OHID 2022

The female hospitalisation rate had a two year period where it was statistically similar to the England rate, and while, similar to the male and Hartlepool total rates, this was followed by a steep increase, there has been a two year steady decline of rate in the two most recent figures.

In regard to poisoning by drug misuse, Hartlepool has higher hospital admission rates than both the North East and England.

Admission rate (per 100,000 population) by Local Authority



Regional and national comparisons

Hartlepool	60	71
Admissions		Admissions per 100,000

North East	1,315	51
Admissions - Region		Admissions per 100,000 - Region

England	16,994	31
Admissions - National		Admissions per 100,000 - National

'Blank' indicates a value that has been suppressed (admissions value between 1 and 7)

Admissions per 100,000 population by year

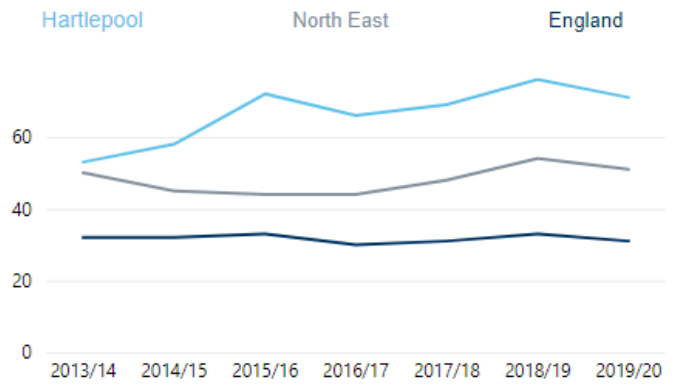


Figure 27 Admissions for poisoning by drug misuse
Source: Hospital Episode Statistics (HES), NHS Digital

5.2.2 Children and Young People

Age:

More than 50% of Hartlepool's young people's substance misuse caseload (under 18's) are aged 15 or under for each of the last five years.

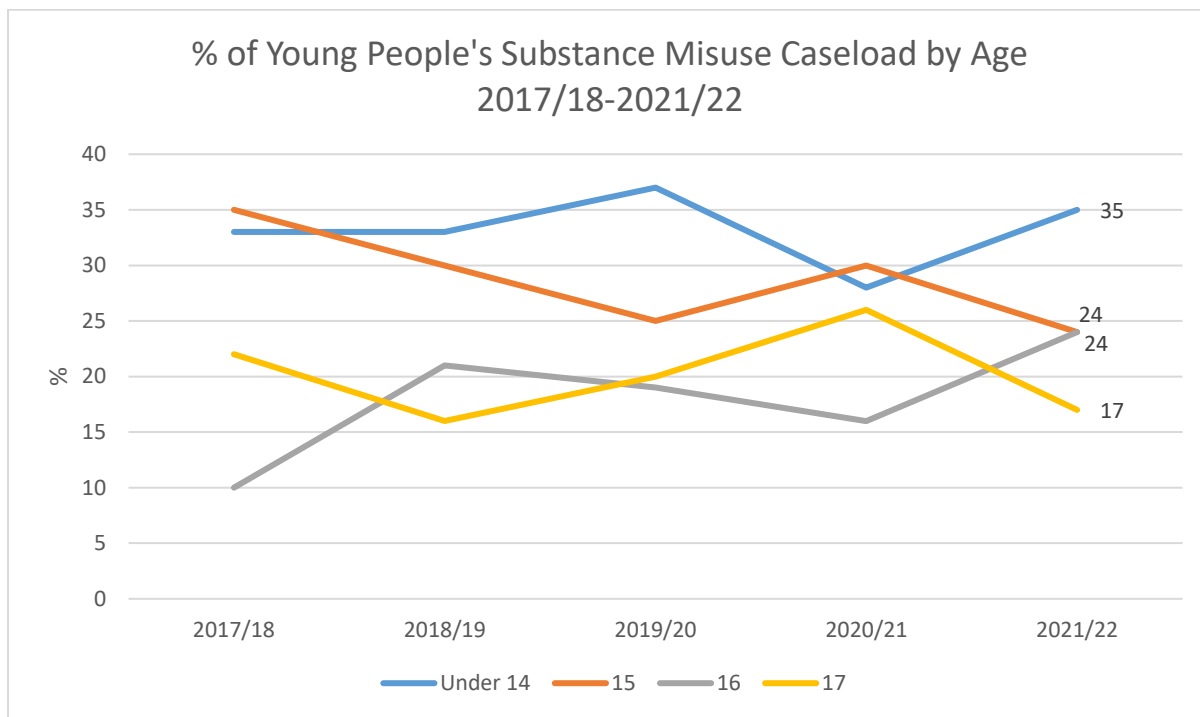


Figure 28: Percentage of Young People's Substance Misuse Caseload by Age 2017/18-2021/22
Source: NDTMS 2022

This trend is not found in the England figures for 2021/22, where the age breakdown is almost an equal four way split.

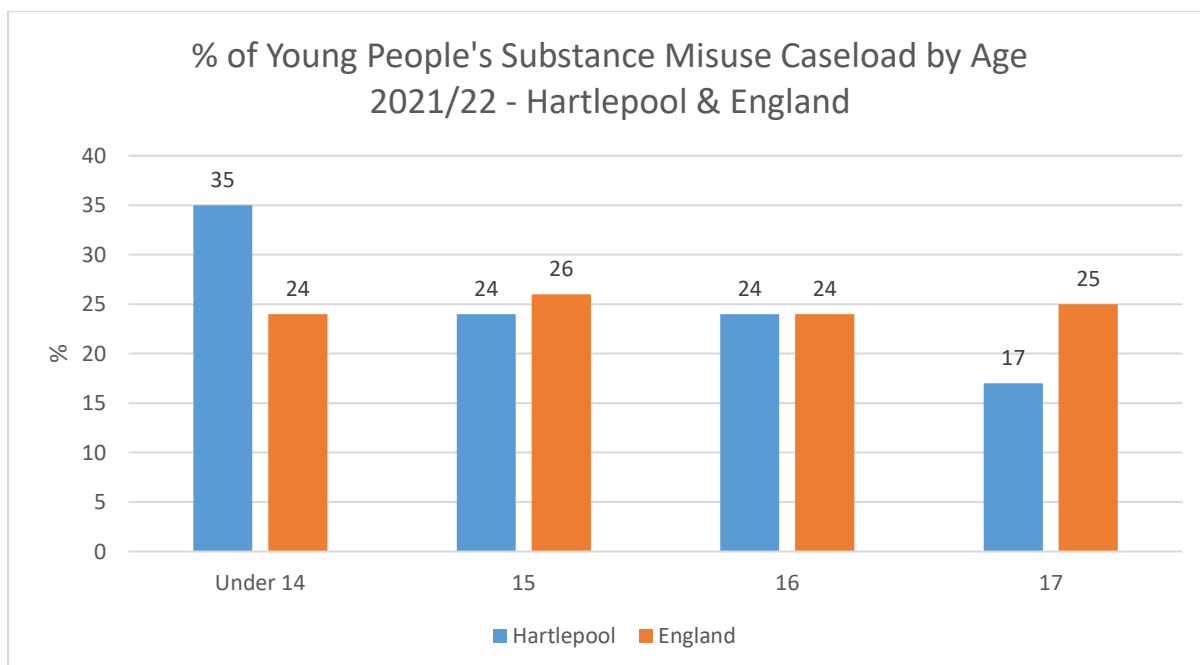


Figure 29: Percentage of Young People's Substance Misuse Caseload by Age 2021/22 - Hartlepool & England
Source: NDTMS 2022

Here the increased emphasis on the younger age groups in Hartlepool's caseload is clearly visible.

CYP Treatment Referrals:

Hartlepool Young People's Substance Misuse Referrals 2011/21

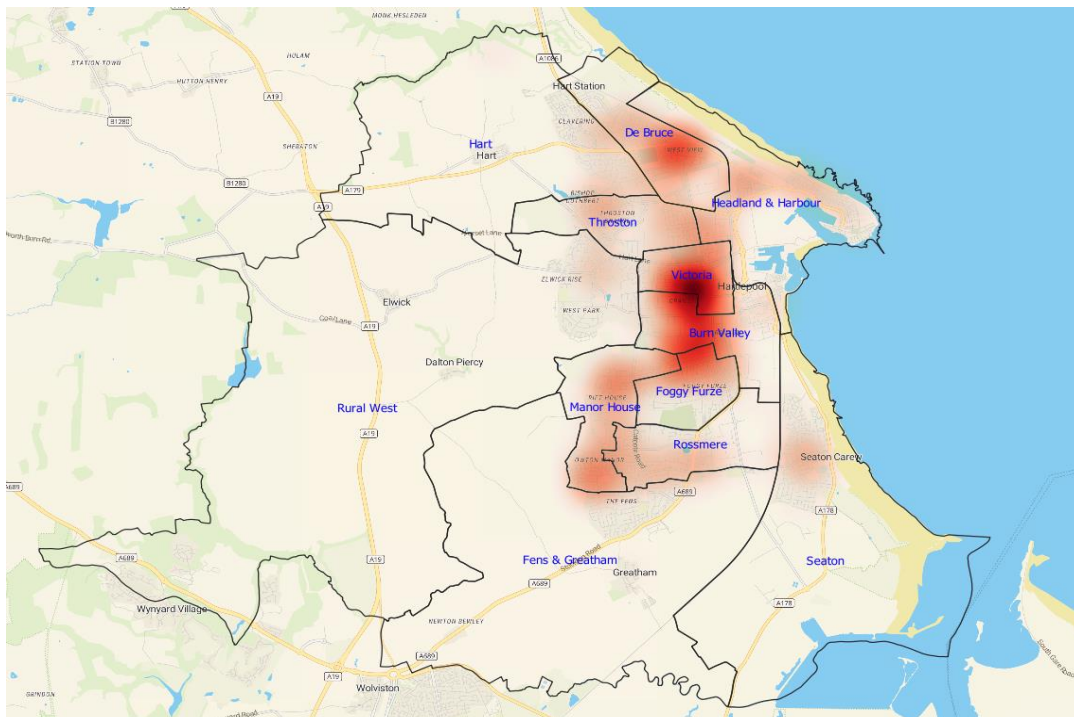


Figure 30: Hartlepool Young People's Substance Misuse Referrals 2011/21
Source: Local Data 2022

Similar to the adult's referrals, referrals for Hartlepool's young people's substance misuse treatment services from 2011-2021 have their largest concentration in the Victoria and Burn Valley area of the town, though as a proportion of all referrals Manor House is larger than Burn Valley. Victoria ward accounts for 1 in 7 of the total referrals. And the five wards with 10% or more, Victoria, Manor House, Burn Valley, De Bruce and Headland & Harbour account for almost two thirds between them. Four of these five wards (Victoria, Manor House, De Bruce and Headland & Harbour) are in the most deprived decile in England, and the other, Burn Valley is in the 2nd most deprived quintile.

Reported Substances:

In young people’s substance misuse treatment in Hartlepool, cannabis has remained the most prominent substance, with as much as 98% of the caseload using cannabis.

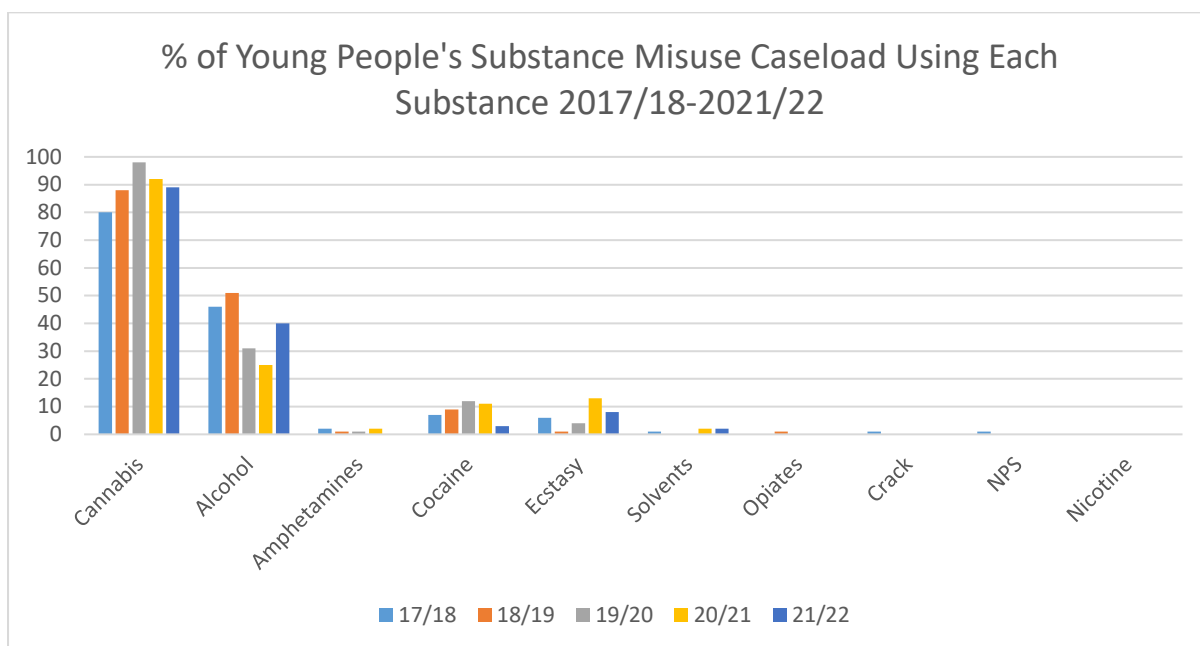


Figure 31: Percentage of Young People's Substance Misuse Caseload Using Each Substance 2017/18-2021/22
Source: NDTMS 2022

Alcohol is the only other substance to have a proportion above 15%, but has moved from a high of 51% in 2018/19 to a low of 25% in 2020/21. In 2021/22 alcohol was being used by 40% of Hartlepool’s young people’s caseload. Other than cannabis and alcohol, the only substance to reach above 2% of the caseload are cocaine and ecstasy.

When compared to the England average, Hartlepool’s young people’s caseload use of cannabis is comparable.

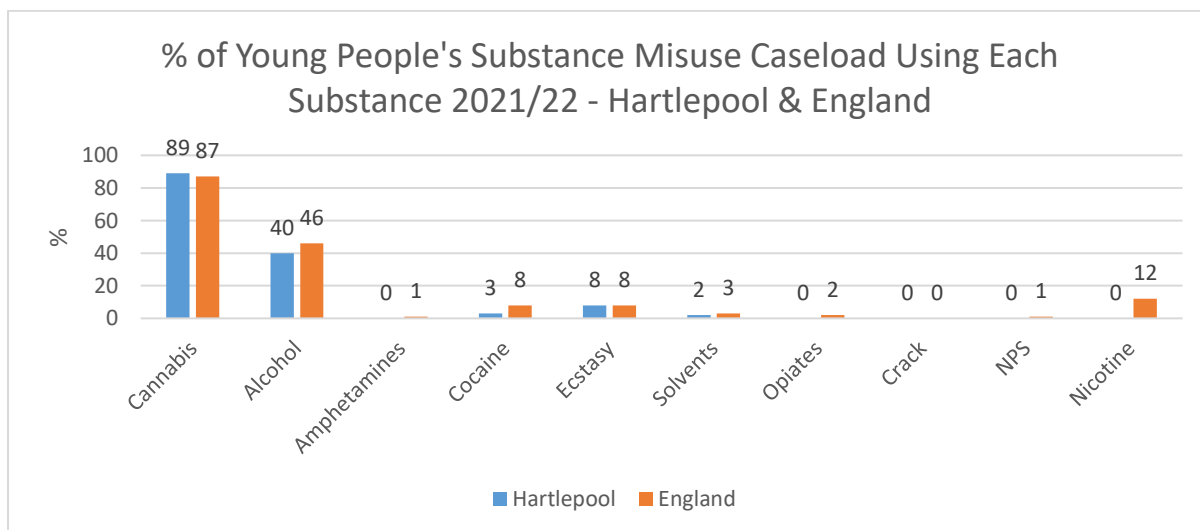


Figure 32: Percentage of Young People's Substance Misuse Caseload Using Each Substance 2021/22 - Hartlepool & England
Source: NDTMS 2022

Treatment Exits:

Within young people’s substance misuse services in Hartlepool, the proportion of unplanned exits has been above the England average for the last three years, with unplanned exits being the majority of exits in 2020/21.

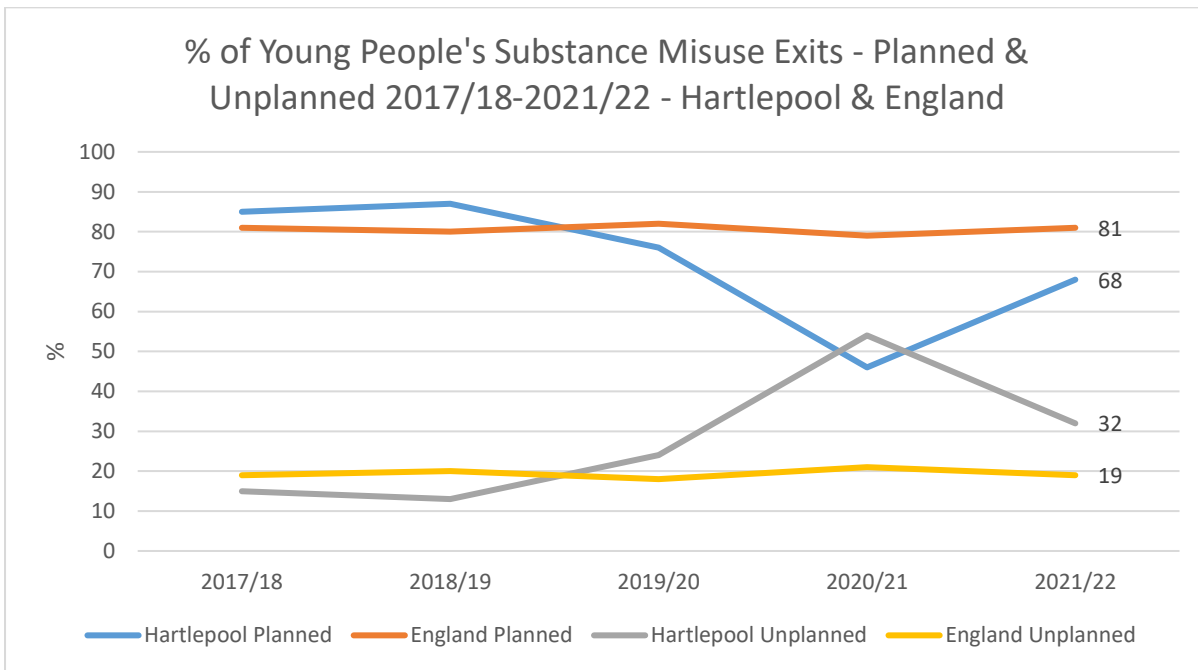


Figure 33: Percentage of Young People’s Substance Misuse Exits - Planned & Unplanned 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

Throughout the five year reporting period, the England rate has remained relatively stable, with rough 80% of exits planned and 20% unplanned. This has not been the case in Hartlepool, a two year increase in unplanned exits took the Hartlepool rate from 13% in 2018/19 to 54% in 2020/21.

Representations of successful completions within Hartlepool’s young people’s substance misuse service have been at least twice the England average on three of the last five years.

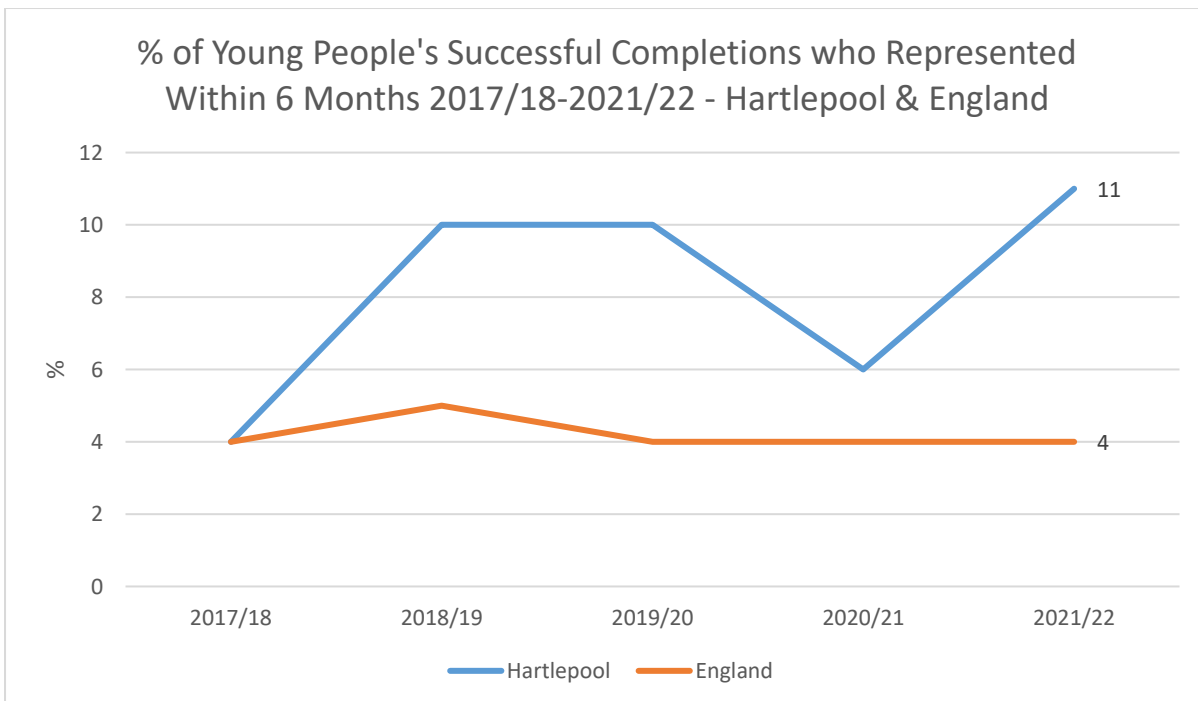


Figure 34: Percentage of Young People’s Successful Completions who Represented Within 6 Months 2017/18-2021/22 - Hartlepool & England
Source: NDTMS 2022

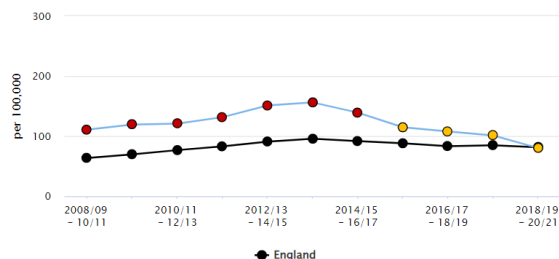
While the England representation rate has remained largely stable at around 4% across the five years, Hartlepool, whilst starting at the same 4% rate as England in 2017/18, increases up to a high of 11% in 2021/22.

Hospital Admissions for Substance Use:

Hospitalisations due to substance misuse for 15-24 year olds in Hartlepool are at their lowest rate across the 11 year reporting period, therefore suggesting hospital admission rates are not drive by a younger population.

Hospital admissions due to substance misuse (15-24 years)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2008/09 - 10/11	40	110.5	78.1	148.8	102.8	63.5
2009/10 - 11/12	43	119.2	86.3	160.6	105.6	69.4
2010/11 - 12/13	43	120.5	87.1	162.4	116.9	76.5
2011/12 - 13/14	46	131.4	96.1	175.3	120.1	82.8
2012/13 - 14/15	52	150.8	112.6	197.9	122.9	90.6
2013/14 - 15/16	53	155.9	116.8	204.0	121.2	95.4
2014/15 - 16/17	47	139.0	102.1	184.8	113.3	91.6
2015/16 - 17/18	38	114.5	81.0	157.2	113.1	87.9
2016/17 - 18/19	35	107.6	75.0	149.7	117.8	83.1
2017/18 - 19/20	30	101.0	69.1	142.7	117.2	84.7
2018/19 - 20/21	25	79.9	51.7	117.9	115.2	81.2

Source: Hospital Episode Statistics (HES)

Figure 35: Hospital admissions due to substance misuse (15-24)
Source: Hospital Episode Statistics (HES) 2022

Hartlepool has been statistically similar to the England average for hospital admissions due to substance misuse for the most recent four years. Hartlepool's current rate of 79.9 per 100,000 population is a decrease of 49% on the peak of 155.9 per 100,000 in 2013/14-2015/16. Hartlepool's rate is currently the 2nd lowest in the north east.

Hospital Admissions for Alcohol Use:

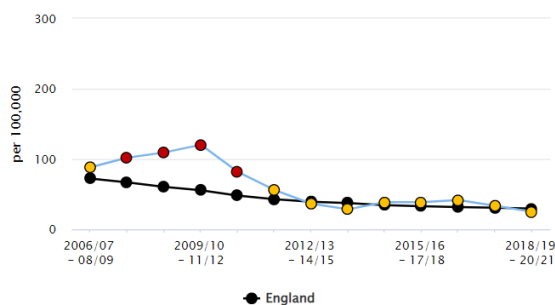
For under 18s, the hospital admission for alcohol specific reasons, has followed a very different pattern, with a sustained eight year period where the rate has been similar to the England average.

Admission episodes for alcohol-specific conditions - Under 18s (Persons)

Crude rate - per 100,000

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



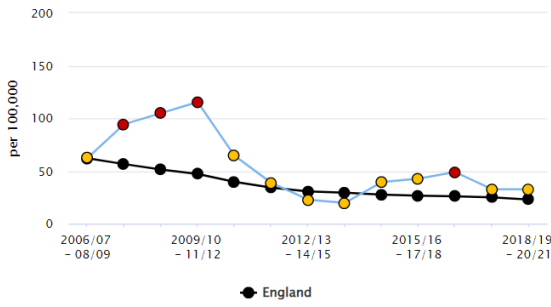
Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2006/07 - 08/09	56	88.1	66.6	114.5	119.3	72.1
2007/08 - 09/10	64	101.8	78.4	129.9	115.8	66.7
2008/09 - 10/11	68	109.3	84.8	138.5	104.8	60.3
2009/10 - 11/12	74	120.2	94.4	150.9	96.3	55.4
2010/11 - 12/13	50	81.8	60.7	107.8	77.6	48.0
2011/12 - 13/14	34	55.9	38.7	78.1	70.6	42.8
2012/13 - 14/15	22	36.4	22.8	55.1	66.0	39.0
2013/14 - 15/16	17	28.3	16.5	45.4	66.9	37.4
2014/15 - 16/17	23	38.5	24.4	57.7	64.8	34.2
2015/16 - 17/18	23	38.4	24.3	57.7	62.7	32.9
2016/17 - 18/19	25	41.6	29.6	65.4	60.0	31.5
2017/18 - 19/20	20	33.3	20.3	51.4	55.4	30.6
2018/19 - 20/21	15	24.9	16.4	45.2	52.0	29.3

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 36: Admission episodes for alcohol-specific conditions - under 18s
Source: OHID 2022

When split along gender lines, whereas for the adult population it is the male rate that followed a similar pattern to the overall rate, with under 18s it is the female rate which is similar to the overall pattern.



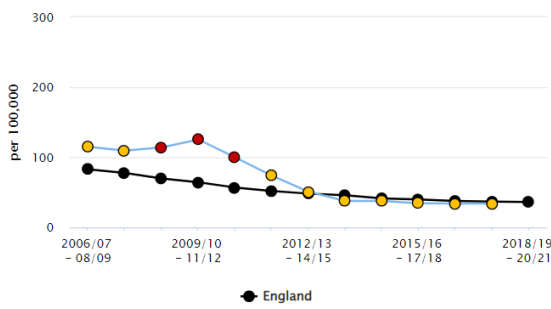
Recent trend: Could not be calculated

Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2006/07 - 08/09	20	62.2	38.0	96.0	103.0	62.0
2007/08 - 09/10	30	94.2	63.6	134.5	99.4	56.5
2008/09 - 10/11	33	104.8	72.1	147.1	91.9	51.3
2009/10 - 11/12	36	115.3	80.8	159.7	85.4	47.0
2010/11 - 12/13	20	64.4	39.3	99.4	68.2	39.6
2011/12 - 13/14	12	38.7	20.0	67.6	59.4	34.2
2012/13 - 14/15	7	22.7	9.1	46.7	56.2	30.5
2013/14 - 15/16	6	19.6	7.2	42.6	57.8	29.4
2014/15 - 16/17	12	39.3	20.3	68.7	60.0	27.4
2015/16 - 17/18	13	42.5	22.6	72.8	56.1	26.4
2016/17 - 18/19	15	48.9	29.8	84.7	52.2	25.9
2017/18 - 19/20	10	32.6	20.2	68.2	47.1	24.9
2018/19 - 20/21	10	32.5	17.8	63.9	42.7	22.8

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 37: Admission episodes for alcohol-specific conditions - under 18s (Male)
Source: OHID 2022

Admission episodes for alcohol-specific conditions - Under 18s (Female)



Recent trend: Could not be calculated

Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2006/07 - 08/09	36	114.8	80.4	158.9	136.4	82.7
2007/08 - 09/10	34	109.5	75.8	153.0	133.0	77.5
2008/09 - 10/11	35	113.8	79.3	158.3	118.4	69.7
2009/10 - 11/12	38	125.2	88.6	171.8	107.9	64.1
2010/11 - 12/13	30	99.8	67.3	142.4	87.5	56.8
2011/12 - 13/14	22	73.8	46.2	111.7	82.4	51.8
2012/13 - 14/15	15	50.7	28.4	83.6	76.3	48.0
2013/14 - 15/16	11	37.5	18.7	67.1	76.5	45.8
2014/15 - 16/17	11	37.6	18.8	67.3	70.0	41.3
2015/16 - 17/18	10	34.1	16.3	62.8	69.6	39.6
2016/17 - 18/19	10	34.1	18.7	67.1	68.2	37.5
2017/18 - 19/20	10	34.0	11.8	53.6	64.1	36.7
2018/19 - 20/21	-	*	-	-	61.9	36.1

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Figure 38: Admission episodes for alcohol-specific conditions - under 18s (Female)
Source: OHID 2022

5.3 Estimated Unmet Need

Within the substance misusing population in Hartlepool, levels of unmet need differ greatly by substance.

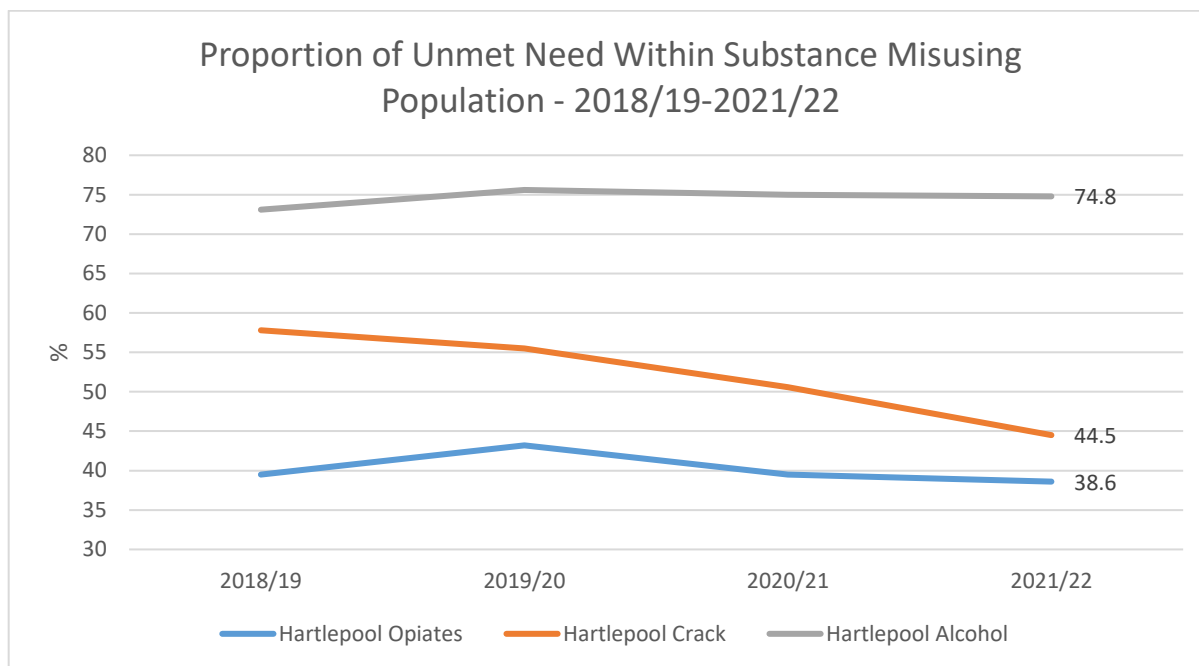


Figure 39: Proportion of Unmet Need within Substance Misusing Population - 2018/19-2021/22
Source: NDTMS 2022

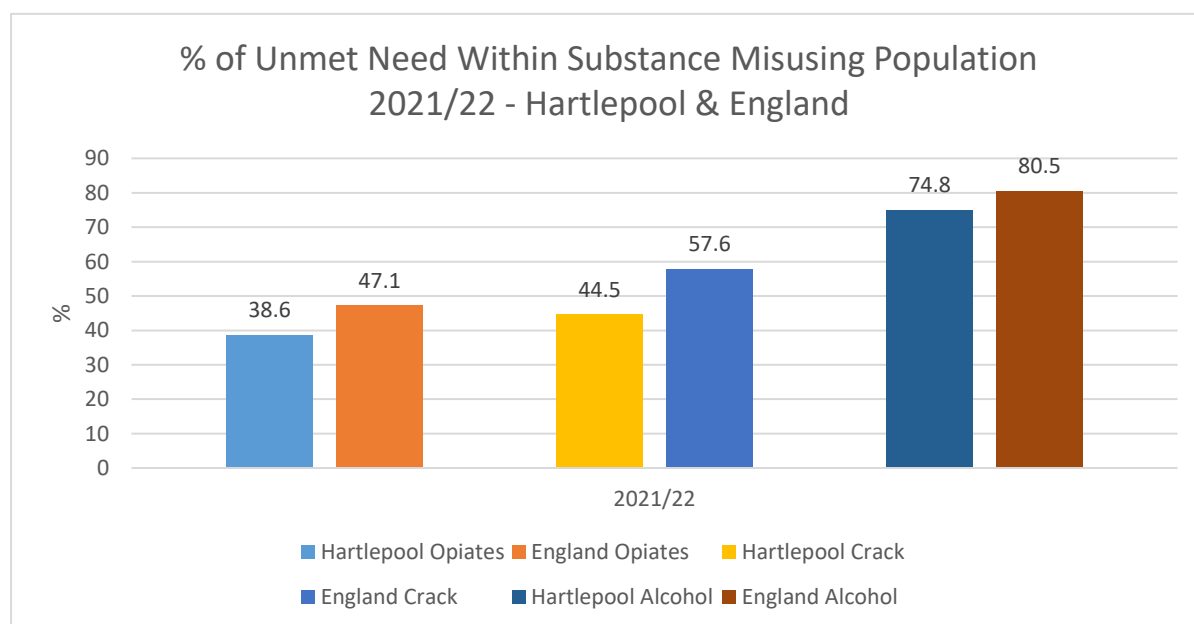


Figure 40: Percentage of Unmet Need Within Substance Misusing Population 2021/22 - Hartlepool & England
Source: Liverpool John Moores University

Drug and alcohol prevalence estimates for each local authority in England were set from 2016/17 data by Liverpool John Moores University. These prevalence estimates are then used to see the level of unmet need, which is the individuals who could be in treatment for substance misuse within an authority but are not. Within Hartlepool the level of unmet need for alcohol use has remained fairly stable at around 75%, three out of four problematic alcohol users are not in treatment. Similarly the unmet need for opiate use has remained largely around 2 in 5 opiate users not being in treatment. From crack use however, the unmet has fallen across the reporting period from 57.8% in 2.18/19 to 44.5% in 2021/22, a decline of 23%.

5.4 Wider Drug and Alcohol Related Harms

Multiple Deprivation and Local Inequalities:

Hartlepool's wider levels of deprivation are a factor within substance misuse, with Hartlepool having some of the most deprived areas in England.

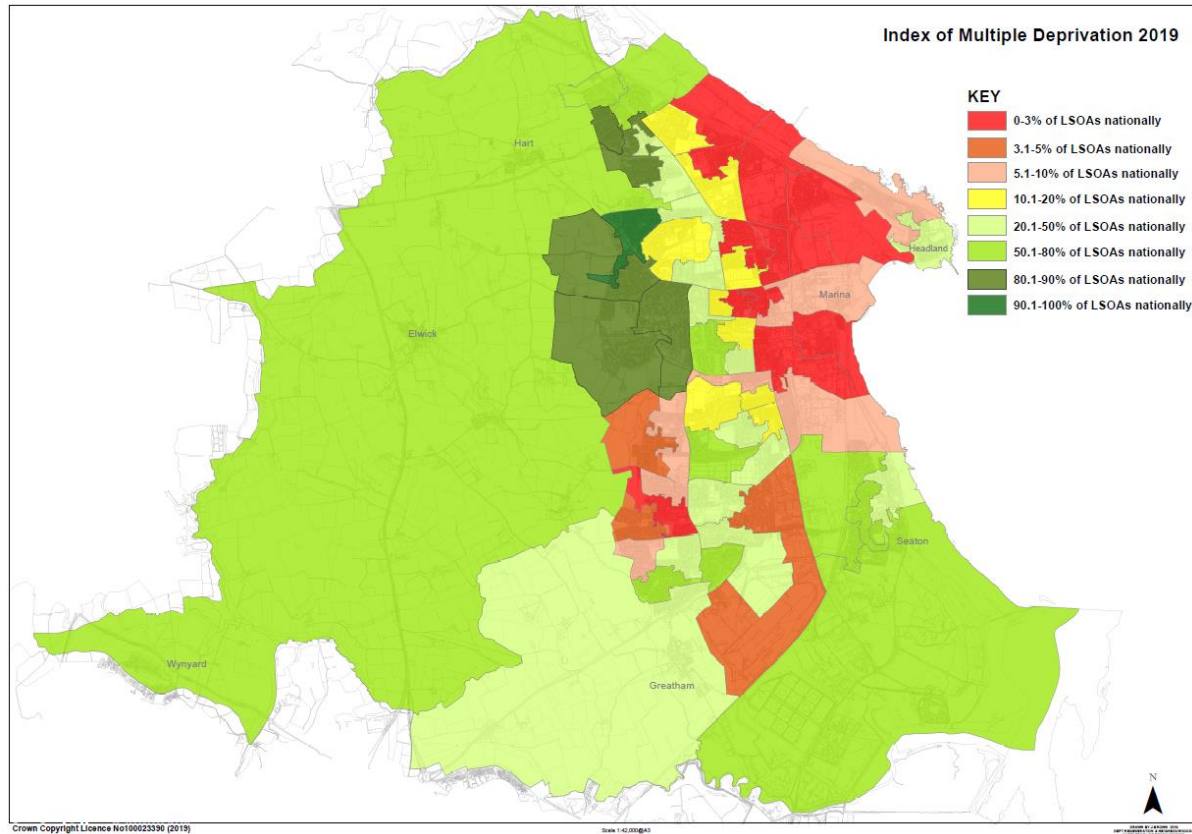


Figure 41: Index of multiple deprivation 2019
Source: ONS 2019

Hartlepool has 11 Lower Super Output Areas (LSOAs) within the top 3% of deprivation levels in England, and a further three LSOAs within the top 5%. This accounts for 19% of the town within the top 3% of deprivation levels in England, mainly focussed around the Headland and West View area of the town. More than half of the town, 52%, is within the most deprived quintile in England. Several of these areas of highest deprivation are areas where a significant proportion of the substance misuse caseload are located. Specifically those LSOAs located within the Headland and Burn Valley areas of the town.

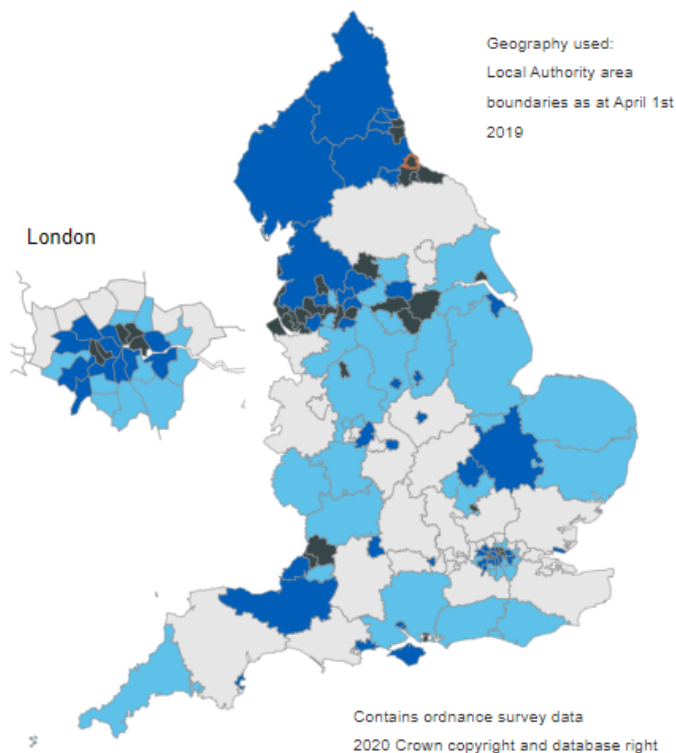
Mental Health:

Admissions where drug-related mental health and behavioural disorders were a factor (hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders – referred)

Admission rate (per 100,000 population) by Local Authority

Map Key ● Less than 120 ● 120 to <170 ● 170 to <260 ● 260 and over

Map scales may vary from year to year.



Regional and national comparisons

Hartlepool 520 Admissions	606 Admissions per 100,000
North East 7,050 Admissions - Region	283 Admissions per 100,000 - Region
England 99,782 Admissions - National	181 Admissions per 100,000 - National

'Blank' indicates a value that has been suppressed (admissions value between 1 and 7)

Admissions per 100,000 population by year

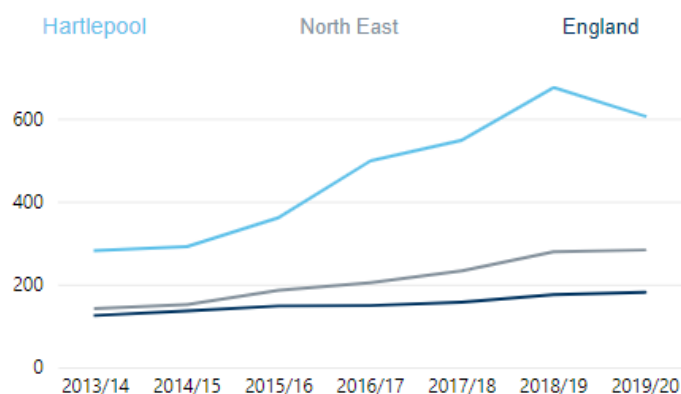


Figure 42 Admissions where drug-related mental health and behavioural disorders were a factor

Source: Hospital Episode Statistics (HES), NHS Digital

Hartlepool has the highest admission rate with 606 per 100,000 population, followed by Blackpool (569), and Liverpool (485) for hospital admissions where drug-related mental health and behavioural disorders were a factor. As per figure 42, Hartlepool is significantly higher than the North East, and England average.

The Five Year forward view for Mental Health report identified that 77% of people detained in low and medium secure mental health services are men, 63% have a primary diagnosis of psychosis, and 26% have a secondary diagnosis of substance misuse²²

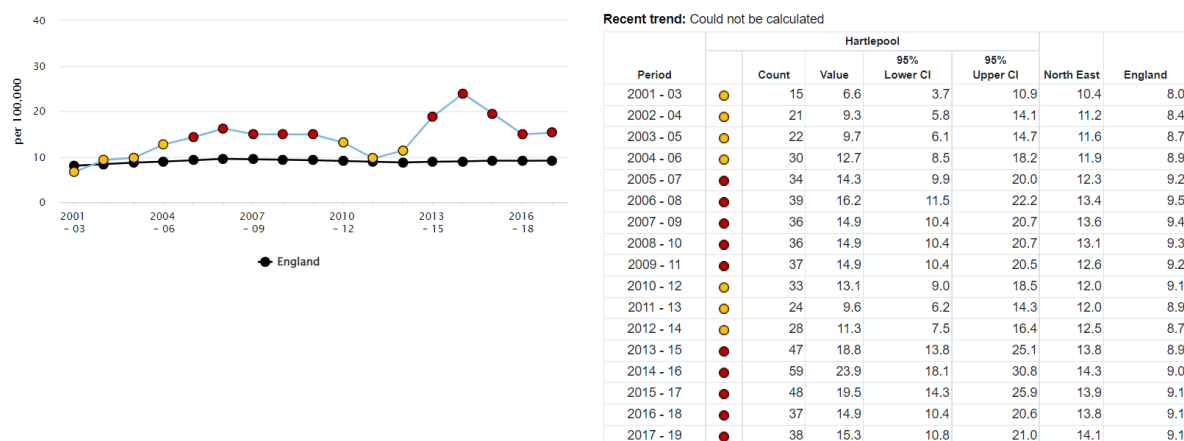
Hartlepool dual diagnosis patients are jointly managed between substance misuse and mental health treatment services through Teams daily huddle board and discussed on a regular basis to reflect any changes or concerns. This is then shared in a fortnightly Huddle with the substance misuse service provider (Supporting Treatment and Recovery Together (START)). In addition to this there is a minimum 12-week joint review throughout a patient’s treatment, and also interim reviews as needed. There are currently 31 Dual diagnosis patients working jointly with TEWV and START.

Physical Health:

Hartlepool has high levels of alcohol related liver disease mortality.

Under 75 mortality rate from alcoholic liver disease (Persons, 3 year range)

Directly standardised rate - per 100,000



Source: Office for Health Improvement and Disparities (OHID) (based on ONS source data)

Figure 43: Under 75 mortality rate from alcohol liver disease

Source: OHID 2022

Hartlepool has the 18th highest alcohol related liver disease mortality rate in England, and has been consistently significantly worse than the England average for the last 6 years.

Blood Borne Viruses (BBV):

Hartlepool is currently experiencing a declining trend for eligible substance misuse treatment clients who are offered and accept a hepatitis C test.

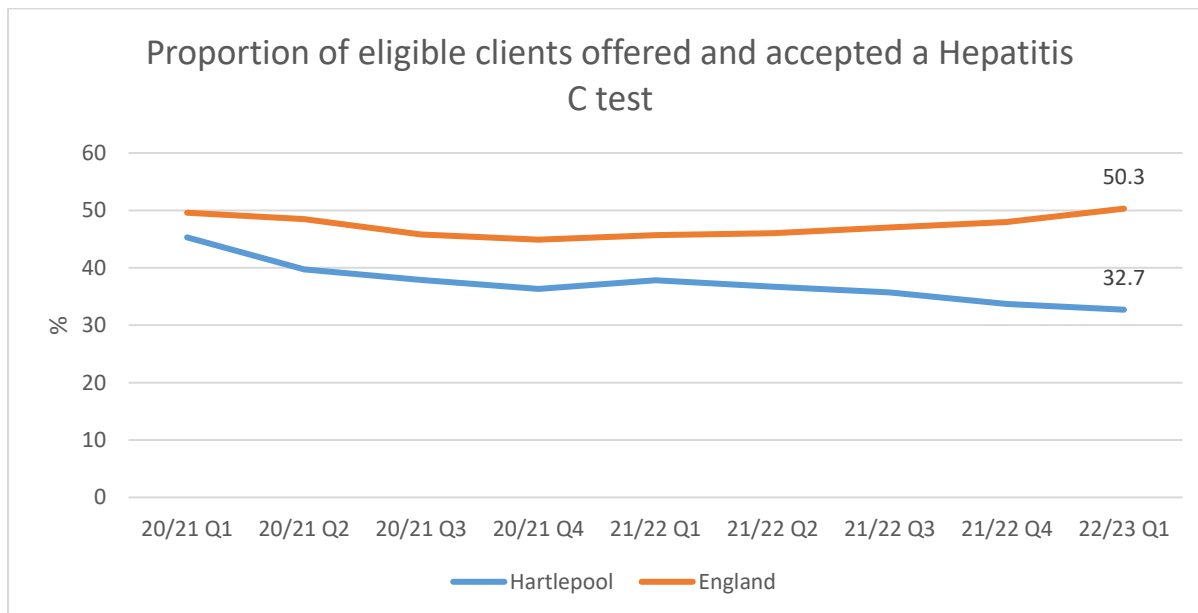


Figure 44: Proportion of eligible clients offered and accepted a Hepatitis C test

Source: OHID DOMES 2022

Across the nine quarters of the reporting period Hartlepool's proportion of eligible clients offered and accepting a hepatitis C test falls from a high of 45.3% in 2020/21 Q1 to a low of 32.7% in 2022/23 Q1. This is a decline of 28%. Across the same period the England average actually increases, from 49.6% to 50.3%. The gap between Hartlepool and England is larger in the most recent quarter than at any point in the preceding quarters.

For hepatitis B vaccinations, the proportion of those in substance misuse treatment in Hartlepool, who are eligible, and were offered and accepted has increased as a whole across the reporting period, but is on a declining trend.

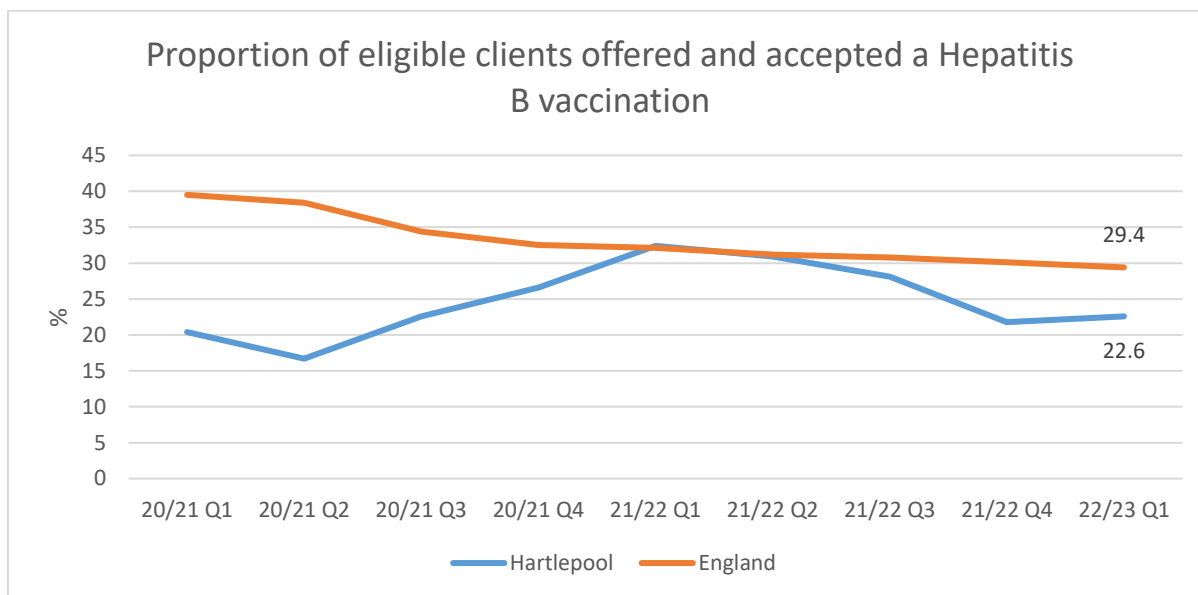


Figure 45: Proportion of eligible clients offered and accepted a Hepatitis B vaccination
Source: OHID DOMES 2022

Hartlepool’s proportion of eligible clients in substance misuse treatment who were offered and accepted a hepatitis vaccination increased from a low of 20.4% in 2020/21 Q1, up to a high of 32.4% in 2021/22 Q1, but has since fallen to 22.6% in 2022/23 Q1. This differs from the England pattern across the same period, which has seen a constant gradual decline, from 38.4% to 29.4%. The data shows that in any given year in the five year reporting period, no more than 55% of those who accepted Hepatitis B vaccinations actually began the vaccination programme.

Crime and Safety:

People arrested for possession of drugs in Hartlepool over the last 12 months has remained static (0% change). However in the last six months, there was a rise of 12.0% compared with the same period in previous year.

	2018	2019	2020	2021	2022
Number of arrests for possession of drugs	195	238	296	267	267

Table 1: Number of arrests for possession of drugs in Hartlepool 2018-22
Source: Office of the Police and Crime Commissioner for Cleveland

Between June and November 2022, 15 individuals from Hartlepool were drug tested on arrest, due to trigger offences, for cocaine and opiates. Of those committing the trigger offences during this period, cocaine was detected 73.3% of the time, and opiates 20% of the time. Each time opiates were detected they were in conjunction with cocaine, no test during this period returned a positive opiate result without also returning a positive cocaine result. 20% of people were negative for both cocaine and opiates, and 6.7% of people refused to be tested. Those tested were predominantly male, 80%, all were White British, and two thirds were in their 30s.

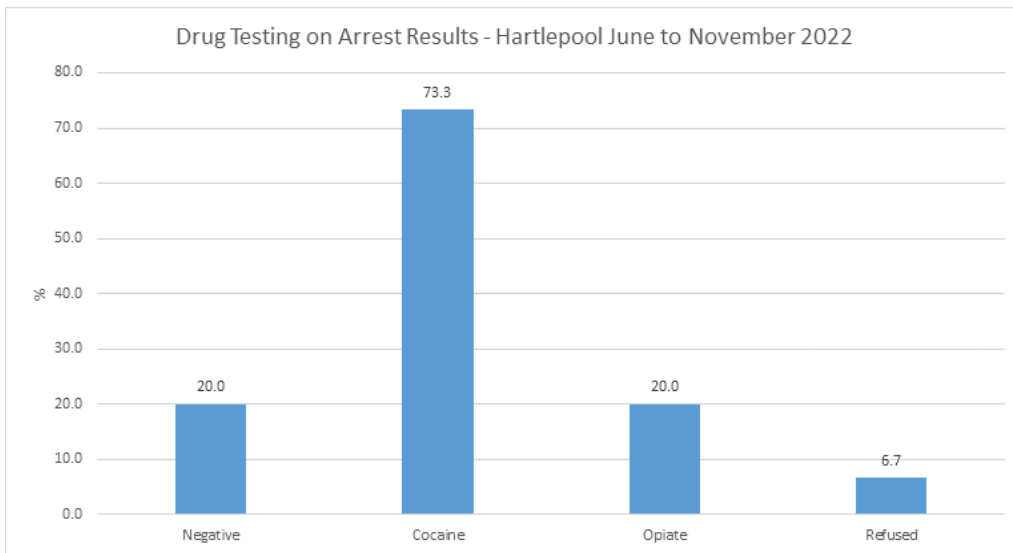


Figure 46 Drug testing on arrest results - Hartlepool (June-November 2022)
 Source: Cleveland Police 2022

Using police data, a ward level breakdown has been possible for incidents of violence against the person, domestic violence incidents and public safety and welfare incidents, where drugs or alcohol was cited from 2017-21.

Ward Level Breakdown of Incidents of Violence against the Person Where Drug or Alcohol Were Cited 2017-21 – per 100,000

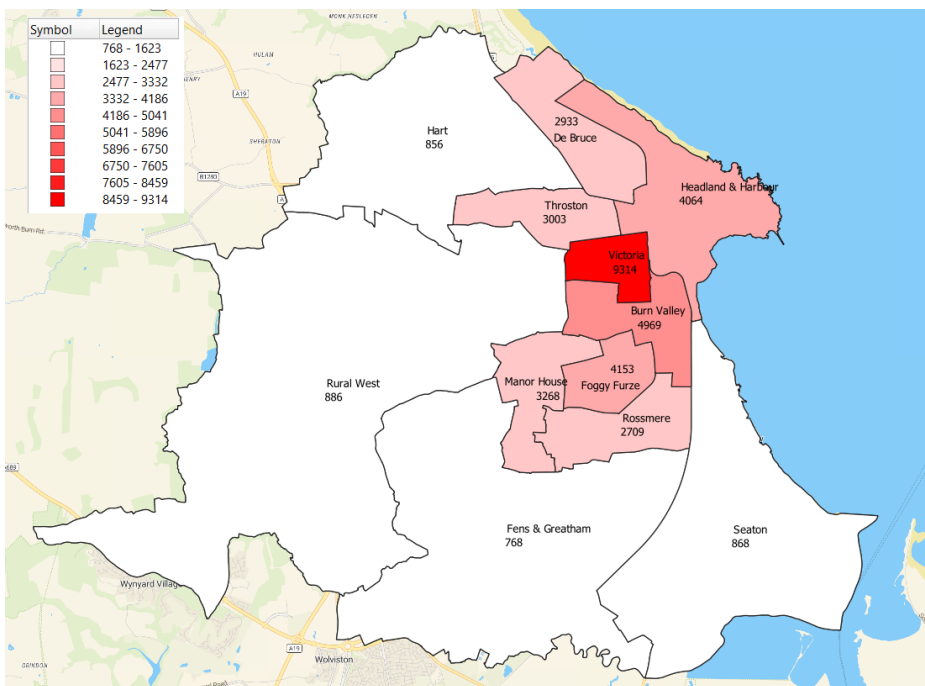


Figure 47: Ward Level Breakdown of Incidents of Violence against the Person Where Drug or Alcohol Were Cited 2017-21 – per 100,000
 Source: Cleveland Police Data 2022

Ward Level Breakdown of Incidents of Domestic Violence Where Drug or Alcohol Were Cited 2017-21 – Per 100,000

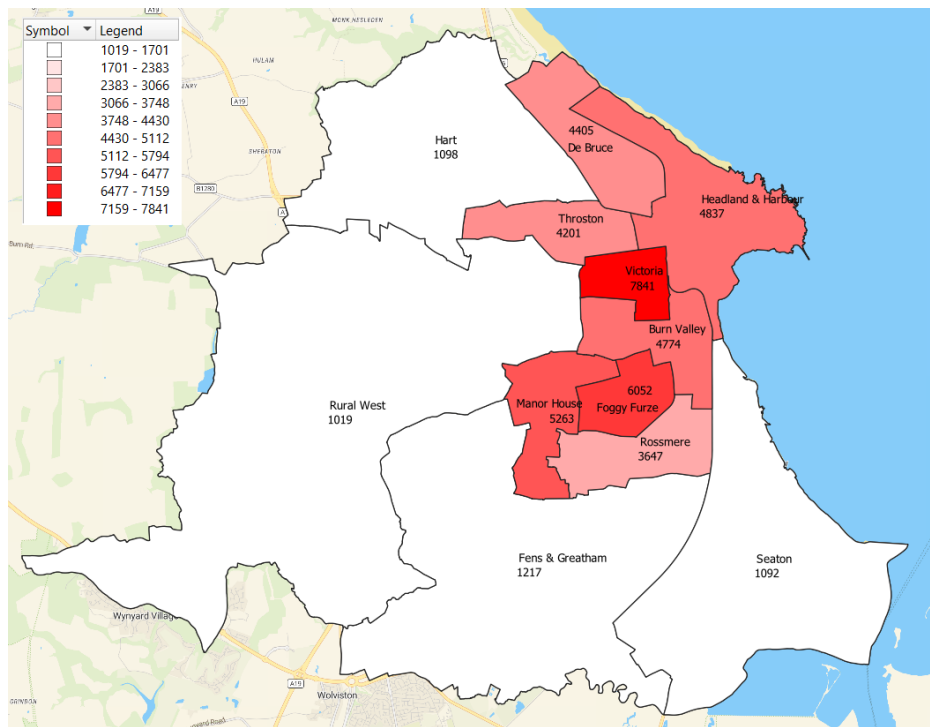


Figure 48: Ward Level Breakdown of Incidents of Domestic Violence Where Drug or Alcohol Were Cited 2017-21 – Per 100,000
Source: Cleveland Police Data 2022

Ward Level Breakdown of Incidents of Public Safety & Welfare Where Drug or Alcohol Were Cited 2017-21 – Per 100,000

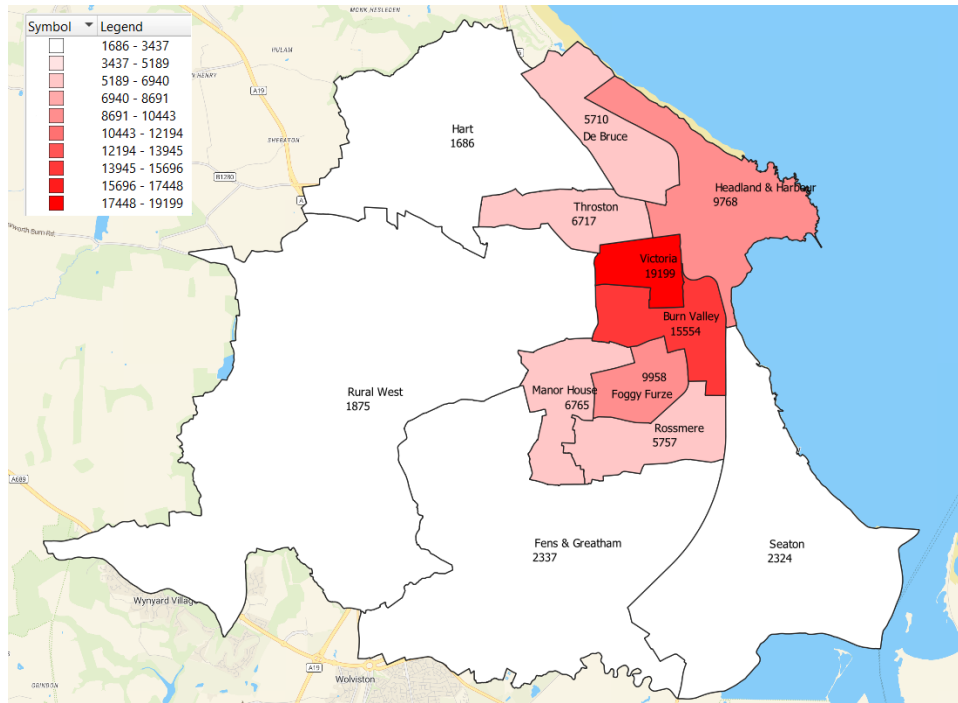


Figure 49: Ward Level Breakdown of Incidents of Public Safety & Welfare Where Drug or Alcohol Were Cited 2017-21 – Per 100,000
Source: Cleveland Police Data 2022

In each of the three maps, Victoria ward is an area of high concentration of incidents where drugs or alcohol has been cited as an issue.

Prison Release Support:

One access metric where Hartlepool is performing better than the England average is treatment continuity when people leave prison (see table 1). 59% of Tees residents leaving prison with a need for substance misuse services successfully engage with community treatment services (compared to 37% in England).

	Tees	England	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton
% of prison releases successfully engaging with substance misuse services	59%	37%	71%	56%	65%	50%

Table 2: Proportion of Tees residents leaving prison with a need for substance misuse services who successfully engage with community treatment services during Quarter 1 of 2022/23 (%).

Road Traffic Accidents:

The proportion of alcohol related road traffic collisions in Hartlepool is similar to the rest of Tees. Hartlepool is not an outlier within its geographic neighbours.

Volume and Proportion.	Local Policing area	2017	2018	2019	2020	2021
Volume of RTC (TR2/3/4) with Alcohol flag	Hartlepool	19	19	27	15	22
	Middlesbrough	24	32	26	19	36
	Redcar & Cleveland	33	28	37	20	39
	Stockton	36	36	51	26	43
Proportion of RTC (TR2/3/4) with Alcohol flag	Hartlepool	2%	2%	3%	2%	3%
	Middlesbrough	1%	2%	2%	2%	3%
	Redcar & Cleveland	2%	2%	3%	2%	4%
	Stockton	1%	2%	3%	2%	3%

Figure 50: Number of Road Traffic collisions with Alcohol flag in Hartlepool
Source: Cleveland Police 2022

Safeguarding:

Within adult social care in Hartlepool, an estimated 8.2% of cases are drug or alcohol related, when this is applied to the adult social care caseload figures the number of drug or alcohol related cases can be estimated.

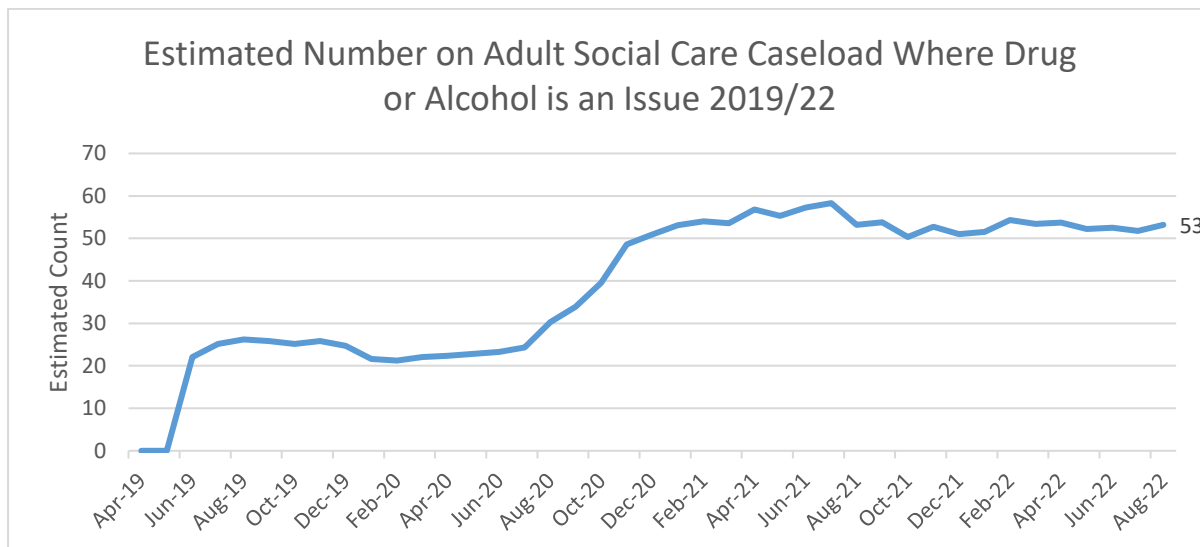


Figure 51: Estimated Number on Adult Social Care Caseload Where Drug or Alcohol is an Issue 2019/22
Source: Hartlepool Adult Social Care Team 2022

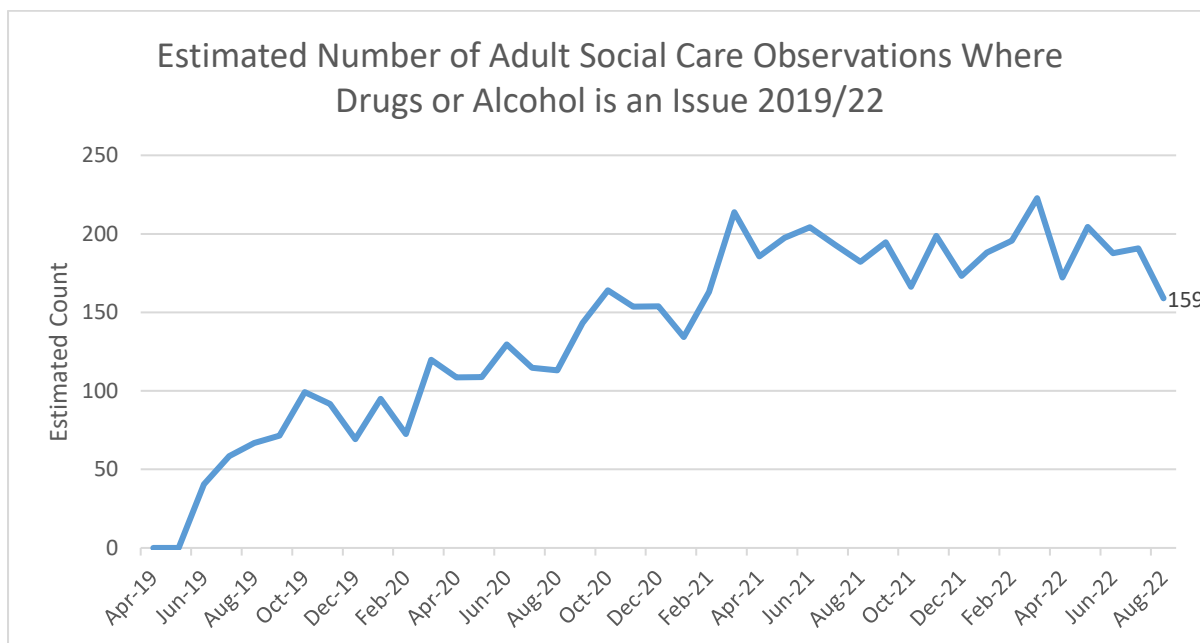


Figure 52: Estimated Number of Adult Social Care Observations Where Drugs or Alcohol is an Issue 2019/22
Source: Hartlepool Adult Social Care Team 2022

Families:

The prevalence of adults with alcohol dependency who live with children in Hartlepool in 2019/20 was comparable to the England average for both the rate per 1,000 population and overall unmet treatment need. When unmet need is further broken down by gender, the unmet need for females in Hartlepool is 20% better than the England average.

Estimated number of adults with alcohol dependence living with children in **Hartlepool**, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Rate per 1,000 of the population		Number in treatment (2019 to 2020)	Unmet treatment need	
		Local	Benchmark		Local	Benchmark
Total	262	4	4	77	71%	79%
Male	178	5	6	39	78%	84%
Female	84	2	2	38	55%	68%

Figure 53: Estimated number of adults with alcohol dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need.

Source: PHE 2020

For opiate dependency, the rate of prevalence amongst adults living with children in Hartlepool is also comparable to the England average.

Estimated number of adults with opiate dependence living with children in **Hartlepool**, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Rate per 1,000 of the population		Number in treatment (2019 to 2020)	Unmet treatment need	
		Local	Benchmark		Local	Benchmark
Total	268	5	4	89	67%	54%
Male	175	6	5	46	74%	60%
Female	93	3	3	43	54%	41%

Figure 54: Estimated number of adults with opiate dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need.

Source: PHE 2020

However Hartlepool’s unmet treatment need for adults with opiate dependence who live with children is 24% larger than the England average, when this is broken down by gender, male unmet need is 23% larger and female unmet need is 32% larger.

Within treatment populations, the overall proportion of parents is similar in Hartlepool and England.

Breakdown of parental groups for new presentations to treatment in **Hartlepool** in 2019 to 2020.

Breakdown of parental groups for new presentations to treatment in **benchmark areas** in 2019 to 2020.

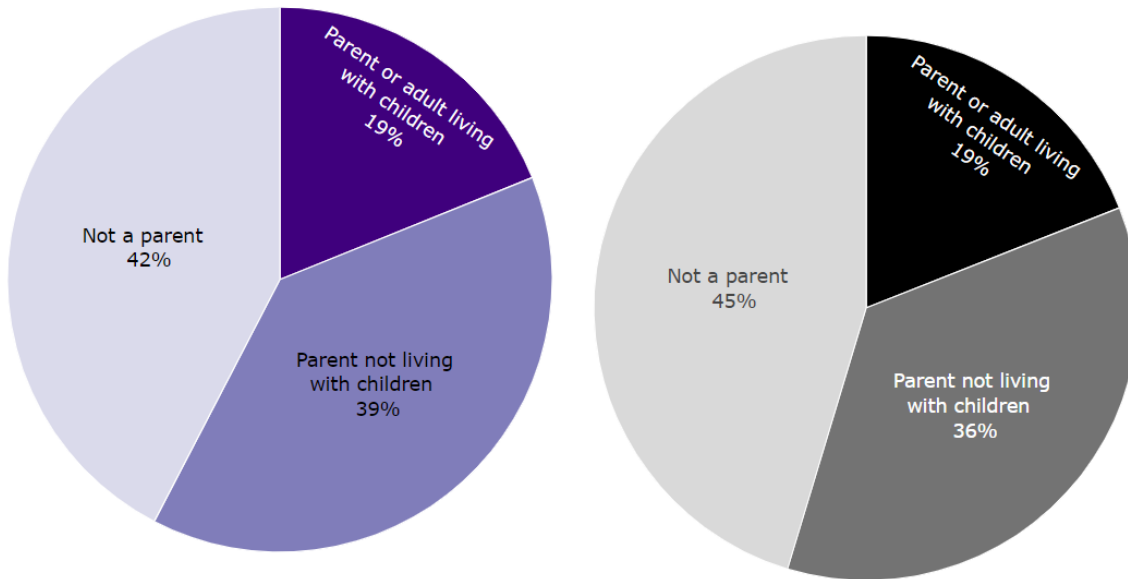


Figure 55: Breakdown of parental groups for new presentations to treatment in Hartlepool in 2019 to 2020 compared to benchmark areas
Source: PHE 2020

For both Hartlepool and England 19% of the new presentations into treatment in 2019/20 were adults living with children, and a further 39% for Hartlepool and 36% for England were parents who did not live with children.

Within Hartlepool’s treatment population who live with children in 2019/20, opiate use accounts for roughly 1 in 5 and is the smallest proportion of the three parental groups within opiate users.

Breakdown of substance groups for new presentations to treatment in **Hartlepool**.

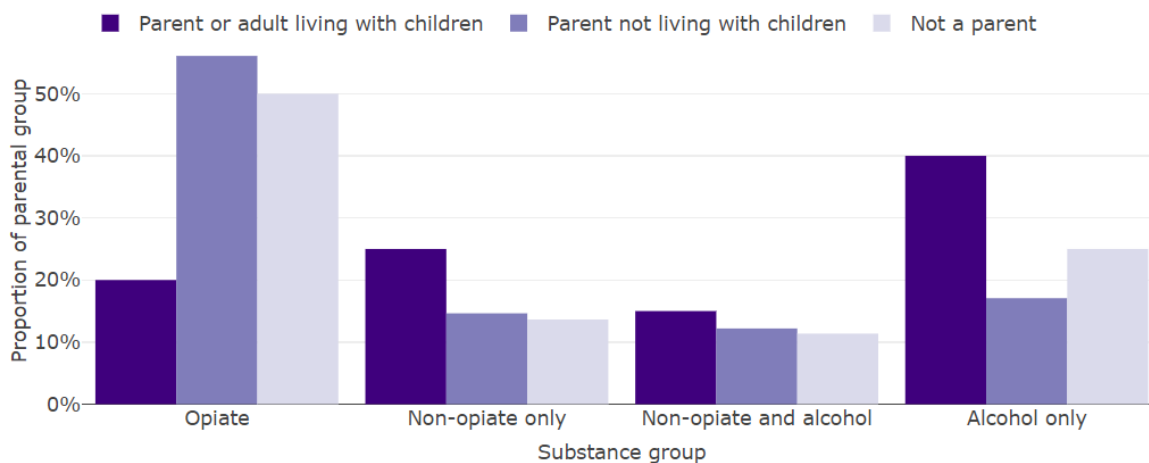


Figure 56: Breakdown of substance groups for new presentations to treatment in Hartlepool
Source: PHE 2020

The proportion of adults who live with children who are opiate users within the treatment population in Hartlepool 2019/20 was less than half the size of the proportion of parents who don’t live with children or those who are not a parent. However across the other three substance groups (non-opiate, non-opiate and alcohol and alcohol only), adults who live with children have a larger proportion of their total in each of them. For alcohol use the proportion for adults who live with children is at least 60% larger than for the other two parental groups.

Source: PHE 2020

Homelessness:

In the period of 21/22 Q2 to 22/23 Q1 the proportion of homeless applications where drug or alcohol appear as a support need accounts for up to 1 in 5 applicants in a given quarter.

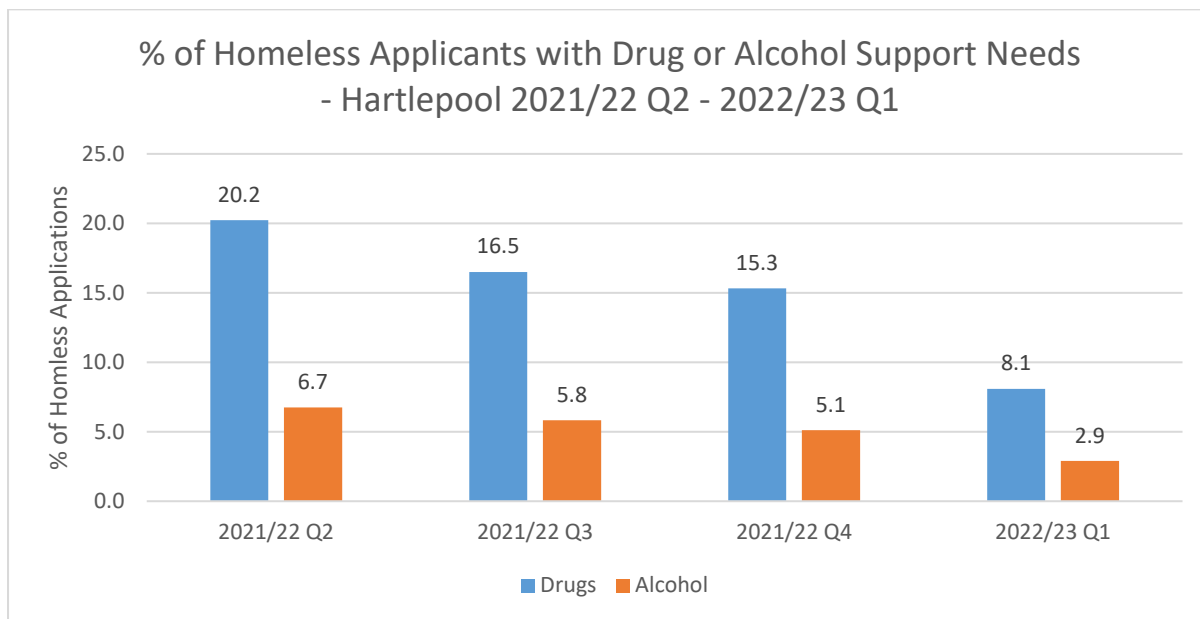


Figure 57: Percentage of Homeless Applicants with Drug or Alcohol Support Needs - Hartlepool 2021/22 Q2 - 2022/23 Q1
Source: Local data 2022

For both drugs and alcohol the proportion of homeless applications where support was flagged as a requirement was highest in 2021/22 Q2. Both drugs and alcohol see a quarter on quarter reduction across the four quarters. Drugs has a 60% reduction, from 20.2% in 2021/22 Q2 to 8.1% 2022/23 Q1, and alcohol a 57% reduction, 6.7% to 2.9%.

6.0 Licencing and Trading Standards

Using data from Hartlepool Council's trading standards team, a map has been produced showing the concentrations of licensed premises across Hartlepool. This includes a mixture of on-license, off license premises and those having both an off and on license.

- Off license premises account for 38% of premises across Hartlepool that sell alcohol for consumption off the premises e.g. shops and convenience stores
- On license premises are those that provide drinking on site e.g. pubs and restaurants
- On/off license premises are those that provide on-site drinking and the option to buy alcohol to take off site e.g. pubs and restaurants

Heat Map Showing Concentration of Licensed Premises in Hartlepool 2022

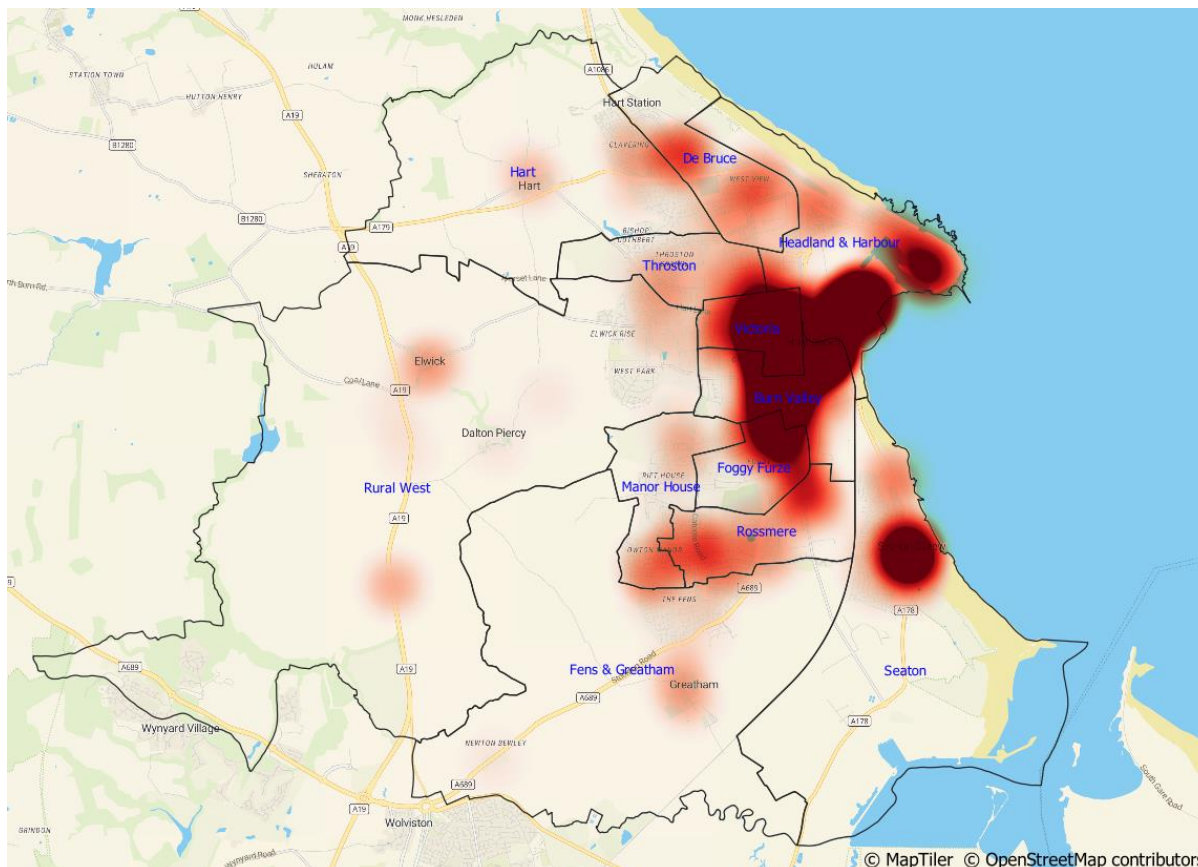


Figure 58: Heat Map Showing Concentration of Licensed Premises in Hartlepool 2022

Source: Hartlepool Trading Standards 2022

The area of highest concentration runs across the Victoria, Burn Valley and Headland & Harbour wards are in the most deprived decile in England and mirror treatment service referral numbers for both adults and children and young people. This area includes Hartlepool town centre, where a relatively large number of pubs and restaurants are located. There is also a high concentration in the north area of the Seaton ward.

7.0 Substance Use Services in Hartlepool

START (Supporting Treatment and Recovery Together) is a partnership between Hartlepool Borough Council and Foundations Health Care. START aim to support people with problems relating to drugs and/or alcohol, whether this is to reduce drug and alcohol intake, or stop completely. Needle exchange services are also offered to promote harm minimisation. This service is delivered by START and Boots Marina pharmacy.

Appendix A and B START information leaflets.

HeadSTART provides friendly and expert advice on drugs and alcohol to young people up to the age of 25. HeadSTART support young people to understand the affects/harm substance misuse has on the body and mind and the impact it can have on people around them.

For further information please see: www.hartlepool.gov.uk/START

Appendix C HeadSTART information leaflet.

Inpatient detoxification unit (IPU) and medically managed detoxification

North Tees and Hartlepool Foundation Trust (NTHFT) are commissioned to provide a full time provision for a medically managed detoxification unit. This service is commissioned as a Tees Valley consortium and contract managed by Stockton Borough Council. Access to IPU is facilitated through specialist community service pathways to ensure appropriate assessment, stabilisation and multidisciplinary communication and planning.

SMART

Self-Management and Recovery Training is a mutual aid group that runs once a week at the Central Community Hub (124 York Road, Hartlepool, TS26 9DE, 01429 272905). This group is open to anyone with any addiction, such as drugs, alcohol or gambling. Please see [Self-Help Addiction Recovery | UK Smart Recovery](#).

Breaking Free Online

Breaking Free Online offers online support for drugs and alcohol. This is an online is an evidence-based digital behaviour change program that allows people to recognise and actively address the psychological and lifestyle issues that are driving their use of alcohol and/or drugs [Breaking Free Online | Recovery Program for Alcohol & Drugs](#).

8.0 Conclusions and Recommendations

Prevention: Early identification and prevention targeting specific higher risk groups, such as younger people and ex-offenders earlier by:

- Developing further insight into understand the changing trends in drug use and the role of recreational drug use in the population of Hartlepool and consider emerging evidence of ways to tackle this
- To Increase the awareness of the risks associated with drinking alcohol and promote positive behaviour change targeting known at risk groups
- Inclusion of actions relating to prevention of substance misuse related harms should be incorporated in a strategy and action plan with an annual delivery plan to ensure that actions are completed and progress made

Treatment: Use data, evidence, research and behavioural insight studies to better understand the needs of service users and their families specifically to:

- Advise commissioning and treatment services of potential gaps within service provision, data collection and quality
- Ensure appropriate, effective and timely access to support

- There are still significant numbers of unplanned exits from our services and deaths (from any cause) there requires a concerted effort for engagement with service users and partners to look at improvements (i.e. in addressing co-existing conditions and better supporting those with housing problems or other vulnerabilities).
- The data shows a significant proportion of successful completions has fallen for opiates similar to the England average which has also fallen and non-opiate users which has been significantly worse than the England average for the last seven years. Further work is needed to understand this trend and how this links to; average time in service data, unplanned exits and wider health needs.
- To understand the impact of drug and alcohol issues on the wider family specifically in relation to children of dependant alcohol/drug users.
 - What are the ongoing impacts for parents after planned exits, in terms of supporting them and their families?
 - Work with those services who work with families to identify unmet needs and look at opportunities to support people to access support for substance misuse and how treatment services and family services work together to support children living with a parent who uses substances

Wider Health Needs: Consider our long term strategic goals to improve drug and alcohol related physical and mental health conditions across all health provisions, not just treatment services.

- Develop the work within the community hubs and with partners to reemphasise 'Making Every Contact Count' so that people with co-existing physical and mental health conditions can access support, advice and information services easily.
- People with co-occurring substance misuse and mental health problems face additional barriers to access and take up of treatment and support, this requires further work to ensure there is closer multidisciplinary working to tackle it and the further development of case management systems that communicates effectively to reduce barriers to communication further.
- The data shows that the proportion of adults using alcohol are the highest proportion of people who live with children at least 60%. Further work is needed to understand the needs of children and the impact of parental alcohol misuse has on their health and wellbeing and particularly in relation in the context of Adverse Childhood Experiences (ACEs)
- It is likely that persons within this cohort are at greater risk, due to further issues such as homelessness, lack of access to health care and abuse. Efforts are required to establish how we respond to this. This will also aid our understanding of how co-existing conditions vary between and across groups and how vulnerabilities can be addressed.

Enforcement and Crime and Disorder: To work collaboratively with Tees Drugs Combatting Partnerships to reduce drug related crime

- It is recommended that a review of the current criminal justice pathways into substance misuse service is reviewed with partners
- Early alert systems are reviewed through the joint Tees Drug and Alcohol Related Death (DARD) process to ensure effective communication of risks are managed between partners
- To Strengthen the role of Public Health as a Responsible Authority through the alcohol licensing Standard Operating Procedure (SOP) and ensure the following are considered:
 - submit a representation against an application for a new or existing premises
 - negotiate conditions with an applicant
 - support or apply a review of a premises licence or club premises certificate where there are problems with one or more of the licensing objectives
 - help develop and review a cumulative impact assessment (CIA)
 - help to develop and review the SLP and have an important role in identifying and interpreting health data and evidence
 - build relationships with other RAs and support their representations by providing them with public health evidence

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