

DRAFT - Drugs Misuse Needs Assessment

1. Introduction

The purpose of this JSNA is to provide an up-to-date summary of substance misuse issues, nationally, regionally and in North Tyneside.

Drug misuse refers to taking illegal drugs, or taking medicines in a way not recommended by a GP or the manufacturer. The misuse of drugs can lead to physical or psychological dependency¹.

The Misuse of Drugs Act 1971 was established to make new provision with respect to dangerous or otherwise harmful drugs and related matters². Under the Act, illegal drugs are categorised into three classes: A, B and C.

- Class A drugs, considered the most harmful to health including: heroin, cocaine (including crack), methadone, ecstasy, LSD and magic mushrooms
- Class B drugs, also considered to be dangerous but less so than class A drugs, include: amphetamine, codeine, dihydrocodeine, Ritalin, barbiturates
- Class C drugs, considered to be the least harmful to health but still illegal to possess and give or sell to other people. These include: cannabis, methaqualone, anabolic steroids, ketamine, GHB, benzodiazepines

Drug misuse estimates vary year on year, but the latest figures from 2019-20 show that 9.4% of people aged 16 to 59 in England reported using any drug in the last year, roughly 1 in 11 people³. Overall, drug misuse rates across England have increased slightly in recent years, following a long-term decline, and demand for illicit drugs has remained high⁴.

Drug misuse is a known cause of premature mortality, and is linked to a range of negative impacts for individuals, families and communities. These include increased likelihood of long-term health conditions, reduction to quality of life and economic opportunities, and increased social issues including homelessness, violence and exploitation that can require interventions from state and community service-level provision. The most recent rate for drug specific hospital admissions is 50.22 per 100,000 for England, not changing much from previous years. Drug related death rates however have increased in the last year and the current rate for England (2019-21) is 7.9 per 100,000⁵.

The most commonly used drug in the UK is cannabis, an estimated 2.6 million people in England and Wales used the drug in the year 2020⁴, and the amount users have spent on consumption was valued at £2.4 billion. The second most prevalent drug in the UK is powder cocaine with 2.6% of the 16-59 year old population using it in the last year⁶.

Table.1 Drug types ranked from most commonly used to least 16-59 year olds

Drug Type	% of people who used drug in the year ending March 2020 16 - 59 year olds
<i>Any Drug</i>	9.4
<i>Any Class A Drug</i>	3.4

Cannabis	7.8
Powder Cocaine	2.6
Nitrous Oxide	2.4
Ecstasy	1.4
Ketamine	0.8
Hallucinogens	0.7
Any amphetamines	0.4
New psychoactive substances	0.3
Crack cocaine	0.1
Opiates	0.1

Source: Office for Notional Statistics – Deaths related to drug poisoning in England and Wales

Table.2 Drug types ranked from most commonly used to least 16-24 year olds

Drug Type	% of people who used drug in the year ending March 2020 16 - 24 year olds
<i>Any Drug</i>	21.0
<i>Any Class A Drug</i>	7.4
Cannabis	18.7
Nitrous Oxide	8.7
Powder Cocaine	5.3
Ecstasy	4.0
Ketamine	3.2
Hallucinogens	1.9
New psychoactive substances	1.3
Any amphetamines	0.7
Crack cocaine	0.1
Opiates	0.1

Source: Office for Notional Statistics – Deaths related to drug poisoning in England and Wales

In December 2021, the UK Government published a 10-year plan, taking an evidence-based and modern approach to addressing the demand for, and supply of, drugs⁷. The collective ambition is to achieve a general shift in the country's relationship with drugs and to reduce overall drug use towards a historic 30-year low. Local authorities are expected to have a drug strategy in place and a local drugs partnership to address areas of need, such as a drug related death process.

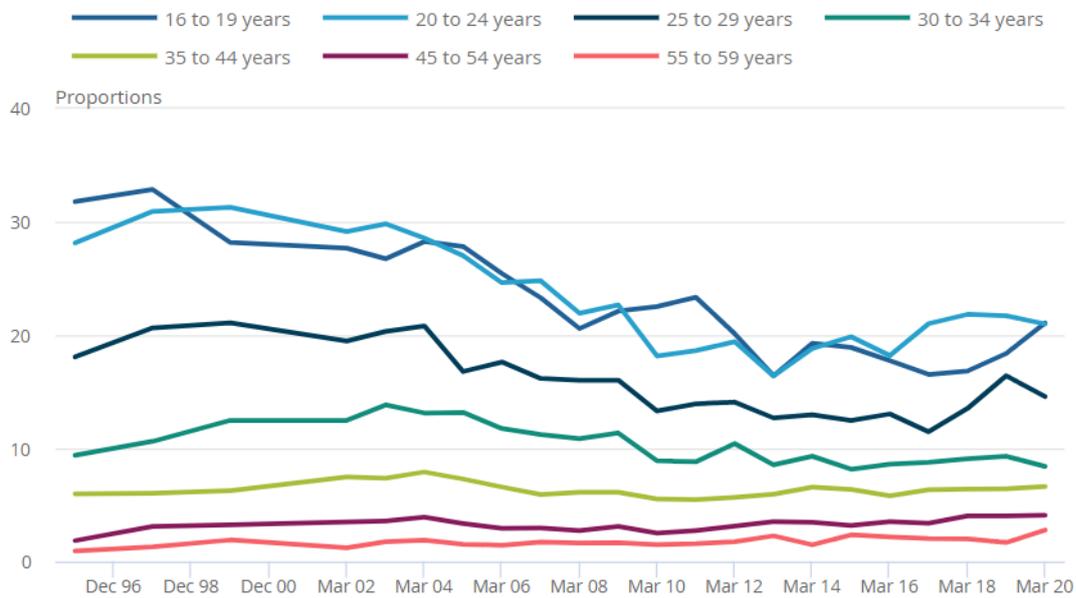
2. Key issues

Prevalence of drug use

Following a long-term decline in drug misuse trends from 1995 to 2013, the figures at a national level have recently increased. The proportion of adults in England and Wales reporting any drug misuse in the last year, between the year ending March 2013 and March 2020, has increased by 15% (16-59 year olds) and 28% (16-24 year olds)⁶.

The latest data for drug misuse in England and Wales, from 2018-20, shows that prevalence continues to be the highest amongst 16-24 year olds⁶, particularly in the 16-19 year old age group, where there appears to be a trending increase since the year ending March 2017.

Figure.1 Proportion of adults who reported using a drug in the last year by age, England and Wales, December 1995 to March 2020



Source: Office for National Statistics – Crime Survey for England and Wales.

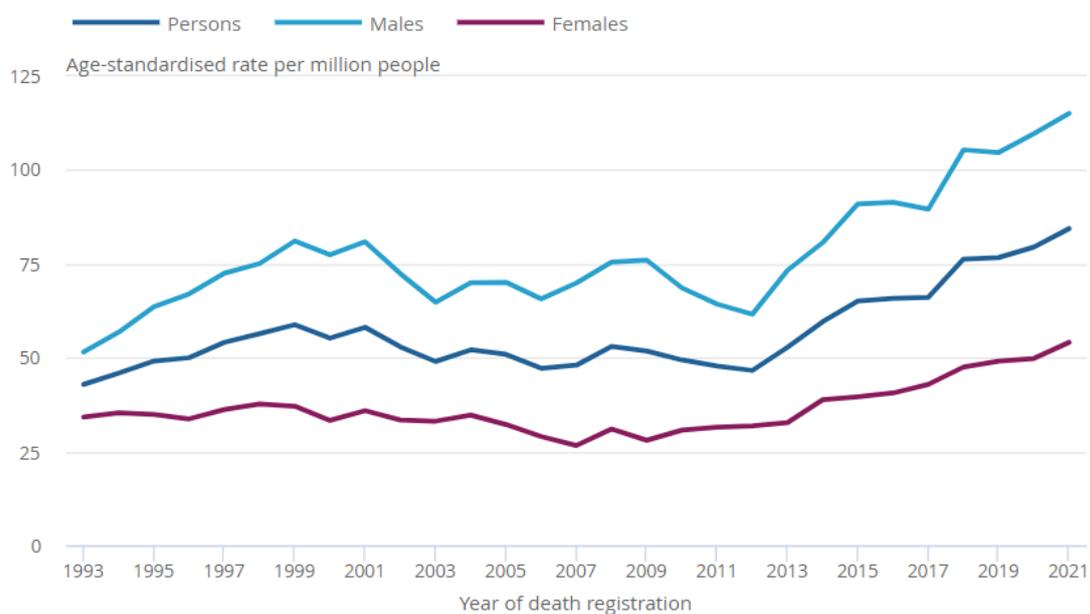
Similar to the trends seen in drug related death data, the rate of any drug use in the last year was more than double for men than women⁶.

Increasing trend in drug related deaths

Nationally, the rate of drug related deaths has continued to increase over recent years, with a 6.2% increase in 2021 from the previous year⁸.

The rate of drug related deaths continues to be highest among those born in the 1970s, those aged 45 to 49 years old, and are over double in males than females.

Figure.2 Age-standardised mortality rates for death related to drug poisoning, by sex, England and Wales, registered between 1993 and 2021.



Source: Office for National Statistics – Deaths related to drug poisoning in England and Wales.

Approximately half of all drug related deaths registered in 2021 involved an opiate, and deaths involving cocaine continue to rise which has been the case for the last 10 years, with an 8.1% increase from 2020⁸.

Regionally, the North East continues to have the highest rate of drug related deaths with a rate of 16.34 deaths per 100,000, which is higher than the rate for all other regions in England⁸.

North Tyneside has seen an increase in drug related deaths in the last year, in line with the national and regional trends. When looking at the crude rates, North Tyneside currently sit 10th out of 12 local authorities in the North East for drug related deaths⁵ with a rate of 12.0 per 100,000 for 2021.

Drug-related Harm

The rate of drug specific hospital admissions in North Tyneside, in both adults (109.16 per 100,000)⁹ and young people (166 per 100,000)¹⁰, is over double the rate for England (50.22 per 100,000 and 85 per 100,000 respectively). This can be an indicator of future deaths; people who experience non-fatal overdoses are more likely to suffer a future fatal overdose⁹. Currently, there is a gap in the data on near misses.

The cost to society in the UK due to demand for illicit drugs and drug misuse is estimated to be a total of £19 billion, covering a range of drug-related issues such as tackling supply, providing treatment, and drug-related crime⁴.

Drug misuse and harms have been rising in England, with people in areas of higher deprivation being most affected, experiencing higher levels of drug addiction and drug-related crime⁷. Drug addiction is often co-occurring with a range of health inequalities, such as mental ill health, homelessness and contact with the criminal justice system.

3. High Level Priorities

- Set up local drug partnership

The UK Government's 10-year plan for combating drugs has three aims and calls for the need for local drug partnerships in each local authority for place-based work.

The local partnership will aim to improve partnership working around the drugs agenda and will involve developing a shared understanding of drugs, to strengthen system working across North Tyneside.

This partnership will address other priorities of drug misuse in North Tyneside.

- Reduce drug specific related hospital admissions

North Tyneside currently has a rate for hospital admissions due to drug poisoning over double that of England, 109.16 per 100,000 and 50.22 per 100,000 respectively.

- Reduce drug related deaths rate in North Tyneside

North Tyneside has a rate of 12.0 per 100,000 for drug related deaths in the period 2019-21, which is higher than the rate for England, 7.9, during this time period⁵.

- Explore increasing levels of Pregabalin in drug related deaths in North Tyneside through prescription levels in primary care.

Pregabalin is increasingly becoming more common in toxicology reports for drug related deaths in North Tyneside, and nationally the picture is similar. Exploring prescribing levels will help to identify trends in the borough and will help to identify areas of higher need.

4. Those at Risk

NICE have identified a number of groups at risk of drug misuse¹¹, including

- People who have mental health problems
- People who are being sexually exploited or sexually assaulted
- People involved in commercial sex work
- People who are lesbian, gay, bisexual or transgender
- People not in employment, education or training (including children and young people who are excluded from school or who truant regularly)
- Children and young people whose carers or families use drugs, who are looked after or care leavers, or who are in contact with young offender teams but not in secure environments
- People who are considered homeless
- People who attend nightclubs and festivals

People may be particularly vulnerable to drug misuse if they are in multiple groups, may already be using drugs on an occasional basis, or may already be regularly excessively consuming another substance, such as alcohol¹¹.

Veterans can also be vulnerable to substance misuse as they may use alcohol and/or drugs to cope with the physical and psychological effects of the military service. This risk can accelerate if their physical/mental state impacts employment and secure accommodation status¹².

National data shows that drug use varies by household and area characteristics, finding that those with a total household income of less than £10,400 were more likely to have taken any drug than those living in higher income households⁶.

Of the drug users that enter treatment, a number will leave early, putting them at higher risk of using drugs again, or not fully recovering.

Drug related death data for North Tyneside shows that the age categories 31-40 and 41-50 have had the highest rates, for both females and males, since October 2019¹⁵.

5. Level of Need

Drug related Harm

The National Drug Treatment Monitoring System (NDTMS) estimate North Tyneside has a prevalence rate of 800 per 100,000 for opiate and/or crack users (OCUs) in the 15-64 population⁹. This is similar to the picture at a national level, with the rate for England estimated to be 890 per 100,000⁹. However, regionally the North East is higher than national figures, with the rate estimated at 1124 per 100,000¹³.

Adult drug specific hospital admissions in North Tyneside are higher than both regional and national figures. Data from 2020-21 shows that the rate for North Tyneside is 109.16 per 100,000, more than double England's rate of 50.22 per 100,000⁹. Data for the North East from 2019-20 puts the regional rate at 51 per 100,000¹⁴. The rate of hospital admissions due to substance misuse for 15-24 year olds is 166 per 100,000, again over double the England rate of 85 per 100,000¹⁰.

The rate of drug related deaths continues to increase across England and Wales, with 4,859 deaths being registered in 2021 (8.44 deaths per 100,000), the highest number recorded since records began in 1993⁸. For England alone this becomes 4,532 deaths in England alone with a rate of 7.9 deaths per 100,000. Regionally, the North East continues to have the highest rates in the country at a rate of 16.34 per 100,000 in 2021, translating to 402 deaths. North Tyneside have had 41 drug related deaths in 2021, significantly higher than the recorded number of deaths in 2020. Combined figures from 2019-21 show that North Tyneside have the second lowest rate for drug related deaths in the North East, of 12.0 per 100,000⁵.

Toxicology results obtained from Northumbria Police show that since October 2019, the top contributory drug type for drug related deaths in North Tyneside is Diazepam, followed by Cocaine, then Pregabalin¹⁵. The top contributory drugs are those that show up on the most toxicology reports for drug related deaths in North Tyneside. This does not necessarily indicate that these drugs were the cause of death, but that they were in the system at time of death.

In recent years there has been an increase in drug misuse and drug related deaths linked to pregabalin and gabapentin, at a national level. This led to pregabalin being reclassified in 2019, when it was made into a class C controlled substance in the UK¹⁶. Data from the Crime Survey in England and Wales shows that in 2021 the number of deaths involving pregabalin increased 18.9% from 2020, and there was a 12.7% increase for gabapentin¹⁷. New trends show taking specific drugs, such as these, alongside heroin or morphine, may increase the risk of an overdose. Pregabalin is in the top 3 contributory drugs in North Tyneside for drug related deaths, but prevalence and prescription levels could be explored further.

Treatment Services

There are a number of ways a person can be referred to drug treatment services in North Tyneside. These include self-referral, through the criminal justice system (through a police custody or court-based referral scheme, prison or National Probation Service/community rehabilitation company), referral by a GP, hospital/A&E and social services. North Tyneside largely follow the same trend as the national picture, the highest number of new presentations to treatment are via self-referral, with 57% of service users following this route⁹.

In North Tyneside, the number of adults engaged with treatment services in 2020-21 was 973, 47% of these were a new presentation to treatment. Of those in contact with treatment services, 68% were male and 32% female⁹. This split is similar to the national picture of 71% male, 29% female. The most cited substance of all adults in treatment in North Tyneside was Benzodiazepines, with 23% of the treatment population naming this.

The number of young people in treatment, including young adults in young people's services for North Tyneside in 2020-21 was 119, with 56% of them being male. This figure includes under 18s and 18-24s in young people treatment, it does not include 18-24s in contact with adult substance misuse services¹⁰.

Vulnerable Groups

Drug misuse can occur frequently among people with mental health problems, with research indicating up to 70% of people in community substance misuse treatment nationally, also experience mental illness¹². Data from treatment services show that in North Tyneside 57.4% of clients on new treatment journeys, in the year 2021/22, had mental health needs identified. Of these 55.8% were receiving treatment for this from their GP⁹.

68% of clients in treatment in North Tyneside are male, matching what is seen at a national level of those who misuse drugs⁹.

In North Tyneside the age groups with the highest numbers in treatment, and potential higher levels of need, are 30-39, with 41% of service users in this category, and 40-49, with 28%.

6. Unmet needs

Data from the NDTMS shows a calculated estimate for the rate of unmet need of drug dependent adults for North Tyneside, specifically for Opiate and/or Crack cocaine Users (OCUs). These numbers have been calculated from drug treatment numbers for 2020-21⁹.

Table.3 Percentage estimate of drug dependent adults not in Treatment Services for North Tyneside.

Drug Group	Rate of unmet need
Crack	64%
OCU	39%
Opiates	34%

As mentioned earlier the calculated prevalence rate of OCUs in North Tyneside is 800 per 100,000⁹. Currently, the population of North Tyneside is 209,000¹⁸, which would indicate there are approximately 1672 OCUs in North Tyneside. As we can see the estimated percentage of unmet need for OCUs in the borough is 39%, meaning that 39% have not engaged in treatment. Using these figures it is estimated that around 652 dependent OCUs are not in treatment.

Preventing early drop out from treatment so that people can benefit from the service is important to improve outcomes and reduce drug misuse in the borough. In North Tyneside, of the 462 new presentations in treatment 2020-21, 11% had an early and unplanned exit. Of the drug groups, non-opiate, opiates and alcohol and non-opiates, those who use opiates had the highest early unplanned exit rate, with 17% of new presentations in this group leaving treatment⁹. For all groups the drop out percentage is higher in males than it is females.

Criminal Justice System

In 2020/21, 56.5% of the adults with a substance misuse treatment need successfully engaged in community-based structures treatment following release from prison. This is higher than the national proportion of 38.1% and similar to the North East proportion of 55.5%. This does mean that just less than half (43.5%) of those in need are not engaging in treatment when released from prison⁹.

7. Projected need and demand

The current trend in data shows that a number of factors relating to drug misuse have been increasing each year in North Tyneside. This includes crime related to drugs and drug related deaths – both in community and in treatment services. The number of hospital admissions have remained approximately the same, but are significantly worse than the national average, which appears to be decreasing. There will be a continued need in these areas, and a focus on decreasing numbers is needed.

Reports of both fatal and non-fatal overdose have increased in the UK, most common in people using and/or injecting opiates¹⁹, contributing to rates of drug related deaths and drug specific hospital admissions.

Like many services, drug and alcohol treatment services were impacted during the pandemic. During this time services adapted their delivery of drug treatment, access to other healthcare services was reduced, changes to lifestyle and social circumstances occurred during lockdowns, and COVID-19 itself created an impact²⁰. Preliminary surveillance and research data indicates people who inject drugs in the UK have been adversely affected by to the COVID-19 pandemic, with accesses to services severely limited, including access to blood borne virus (BBV) testing and equipment for the safe use and/or injection of drugs¹⁹. Monitoring trends in access to services affected by the pandemic is important to continue.

8. Community assets and services

North Tyneside Recovery Partnership (NTRP) is a dedicated service for anyone living in North Tyneside, 18 years old and over, who is experiencing problems with drugs and alcohol¹⁹. It is delivered in partnership between Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), Changing Lives and Turning Point, offering a range of services.

- Harm reduction – safer injecting support and needle exchanges
- Abstinence programmes – adult group and community-based 12 step programmes, offering twelve weeks of facilitated mutual aid, counselling, group work and workshops.
- Medical support including prescription of substitute medications and supporting detoxification programmes

- Psychosocial Interventions – Motivational Enhancement Therapy (MET), Contingency Management, Cognitive/behavioural relapse prevention, Counselling, Psychosocial for mental health
- A dedicated worker to motivate and support service users through every stage of the recovery journey
- Recovery support – ongoing services to help with next steps into employment, housing and health

The charity Props is a specialist service available for people in North Tyneside whose lives are affected by someone else's alcohol or drug use²².

Narcotics Anonymous provide peer support groups for drug users to attend, in a number of locations in North Tyneside.

North Tyneside Council and partners have a Safer North Tyneside Community Safety Partnership that aims to explore the relationship between the misuse of alcohol and drugs and crime and disorder that cause harm in the community.

Schools have a statutory duty to promote pupil's wellbeing and have a role to play in preventing drug misuse as part of their pastoral responsibilities²³. As part of the statutory Relationships and Sex Education (RSE) curriculum, by the end of primary school pupils should know the facts about legal and illegal harmful substances and associated risks. The statutory curriculum for secondary schools requires pupils to receive a wider education of drugs, alcohol and tobacco. Pupils should learn facts about legal and illegal drugs, the link between drug misuse and mental health conditions, supply and possession of illegal substances and the dangers of drugs which prescribed but still present health risks²⁴. In North Tyneside schools are encouraged to follow the non-statutory guidance that covers more topics in detail and how they might link to drug use, such as peer pressure and mental health.

9. Evidence for Interventions

Types of interventions delivered to drug and service users have an impact on their achievement of recovery outcomes⁹, and should follow a person-centred care approach, taking into account service users' needs and preferences²⁵.

There are a number of approaches used in drug treatment interventions – pharmacological, psychosocial and recovery support⁹.

Pharmacological approaches are the primary treatment option for opioid misuse, with psychosocial interventions providing an important element of the overall treatment package²⁵. Pharmacological treatments for cannabis and stimulant misuse are not well developed, therefore psychosocial interventions are seen as the foundation of effective treatment²⁵.

The settings in which interventions for drug users take place are in the community, inpatient units, primary care, residential, recovery houses and young person's settings⁹. Interventions mostly take place in the community, with 100% of intervention in North Tyneside taking place in the community for 2020-21, as user's can be near family and a support network. However, residential rehabilitation may be cost effective for someone who is prepared for higher intensity treatment and any stage, and local areas are encouraged to provide this as part of an integrated recovery-oriented system. In 2020-21 a small number attended residential rehabilitation in North Tyneside.

Primary Prevention

Drug prevention interventions can have a broad range of aims including preventing any use of substances, reducing levels of use and preventing drug dependency²⁶.

There are three classifications used in prevention interventions that set out standards across the life course.

1. Universal

Interventions are delivered to large groups, or entire populations, without prior screening for risk and aimed to prevent start of substance misuse. For example, TV audience, local communities or school pupils may receive universal prevention interventions.

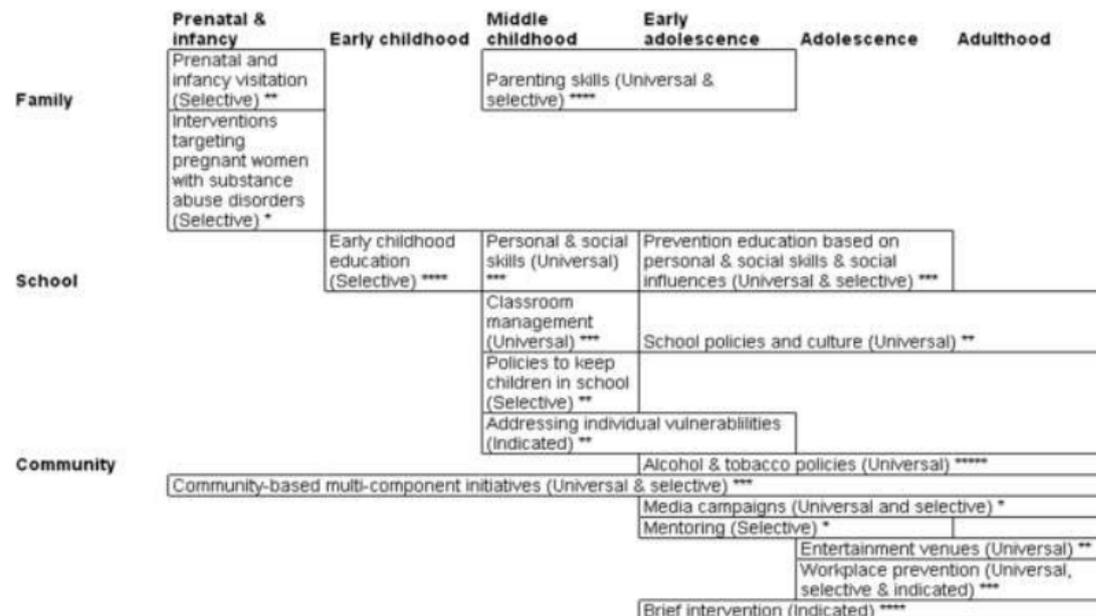
2. Selective

These interventions serve specific sub-populations who are at higher risk of substance misuse, and respond to this identified risk of starting or contributing to substance abuse, young people in particular. The benefit of this classification of intervention is that resource can be targeted to these identifiable, vulnerable groups.

3. Indicated

This intervention would be used with people using substances and not yet dependent but may be showing signs of problematic use. They would be targeted with interventions to prevent use and the associated problems that are being experienced.

Figure.3 UNODC prevention standards across the life course



Harm Reduction

Harm reduction refer to policies and practices that aim to reduce harm that people do to themselves or others from their drug use. It focuses on 'safer' drug use²⁷. For example, providing opioid substitution treatment (OST), sterile injecting equipment and antiviral treatments to people who use drugs can help to prevent the spread blood-borne viruses (BBVs)⁹.

Examples of harm reduction interventions are:

- BBV testing
- Hepatitis B vaccination
- Hepatitis C treatment
- Needle and syringe exchange
- Administering Naloxone

10. Views

Adult Treatment Services

Public Health North Tyneside carried out an 8-week consultation process between July and September 2018 with service users, carers and key stakeholders, seeking their views on the drug and alcohol treatment service and allow them to provide input to inform the new service²³.

Overall, there was an overwhelming positive response to the consultation. 65% of respondents stating they were very satisfied with the services provided from NTRP and 92% of respondents were satisfied with the needle exchange service. This was used to inform the new drug and alcohol service in North Tyneside.

In 2022, the Adult Treatment Service, NTRP, workforce attended an away day, where they had discussion about the service and what has been challenging. The key themes that emerged were:

- Increasing cost of living is impacting on engagement with the service. There has been a marked reduction in attendance to groups as people cannot afford the travel.
- Difficulty in agreeing joint working with Community Treatment Teams, Talking Therapies and the difference in services thresholds for referrals is causing problems.
- Recruitment issues are leading to high caseloads for staff, making it difficult to do intensive work with service users.
- The physical health pathway is very good but needs additional resource.
- The service has seen an increase in deaths which has had an impact on staff welfare.
- Complexities of service users coming into treatment

Children and Young People

The Schools Health Education Unit carried out a survey with pupils in North Tyneside, in years 8 to 10, in 2022²⁹. Respondents were asked if they were concerned about the drug use of certain people, and the results showed that

- 11% of pupils had been concerned about the drug use of a family member
- 18% had been concerned about the drug use of a friend
- 16% had been concerned about the drug use of someone else

11. Additional Needs Assessment Required

Smoking rates of people in treatment are much higher than the general adult population, which is now below 14% for England⁹. In North Tyneside for the year 2020-21 58% of the adults that entered treatment were identified as smoking tobacco⁹, similar to the England average of 56%²⁰. Despite high levels of smoking, only 2% of people were recorded as having been offered referrals for

smoking cessation interventions, which has decreased from the year before²⁰. A needs assessment for smoking and tobacco in the borough would be able to address this.

Surveillance data indicated people who inject drugs in the UK have been adversely affected by to the COVID-19 pandemic, with accesses to services severely limited. This may have had an impact on national HIV and viral hepatitis elimination efforts¹⁹. Monitoring trends in access to sexual health services affected by the pandemic in a wider sexual health needs assessment for North Tyneside could be done in response to this research.

Northumbria Police data from 2021 shows that 17,058 crimes were recorded by Northumbria Police and 4.74% of offenders were recorded to be under the influence of drugs¹⁵. When police record anti-social behaviour (ASB) in North Tyneside, a drug qualifier can be added to incident. Data for the time period 2018 – July 2022 shows an increasing percentage trend of drugs related qualifiers attached to ASB incidents, however it remains small at 1.55% for Jan – July 2022¹⁵. There is also an identified gap in the data relating to supply of drugs in North Tyneside that could be explored further in a needs assessment focusing on drug related crime.

12. Key Contacts

The following details will be published on the JSNA website. They should refer to a named contact (rather than an organisation or generic email/phone number). Topic Leads and Authors should decide between them who is best placed to respond to queries.

Key Contact	Holly Moore
Job Title	Public Health Officer
E-mail	holly.moore@northtyneside.gov.uk
Phone Number	0191 643 2880

13. References

1. Contributor, N.T. (2009). *Drugs misuse*. [online] Nursing Times. Available at: <https://www.nursingtimes.net/news/mental-health/drugs-misuse-20-05-2009/>. [Accessed 8 Sept. 2022].
2. Legislation.gov.uk. (2020). *Misuse of Drugs Act 1971*. [online] Available at: <https://www.legislation.gov.uk/ukpga/1971/38/introduction>.
3. Office for Health Improvement & Disparities (2021). *Health Profile for the North East of England 2021*. [online] Health Profile for North East of England 2021. Available at: https://fingertips.phe.org.uk/static-reports/health-profile-for-england/regional-profile-north_east.html#drug-use [Accessed 8 Sept. 2022].
4. National Crime Agency (2021). *National Strategic Assessment of Serious and Organised Crime*. [online] pp.32–36. Available at: <https://www.nationalcrimeagency.gov.uk/who-we-are/publications/533-national-strategic-assessment-of-serious-and-organised-crime-2021/file> [Accessed 9 Sept. 2022].
5. Office for National Statistics (2022). *Drug-related deaths by local authority, England and Wales*. [online] www.ons.gov.uk. Available at:

- <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority> [Accessed 3 Oct. 2022].
6. Office for National Statistics (2020). *Drug misuse in England and Wales: year ending March 2020*. [online] Office For National Statistics. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020> [Accessed 16 Sept. 2022].
 7. UK Government (2021). *From Harm to hope: a 10-year Drugs Plan to Cut Crime and save Lives*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives> [Accessed 30 Aug. 2022].
 8. Office for National Statistics (2022). *Deaths related to drug poisoning in England and Wales - Office for National Statistics*. [online] www.ons.gov.uk. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations> [Accessed 19 Sept. 2022].
 9. Office for Health Improvement and Disparities (2022). *Adult Drug Commissioning Support Pack: 2022-23: Key Data*. [online] NDTMS - National Drug Treatment Monitoring System. Available at: <https://www.ndtms.net/> [Accessed 26 Aug. 2022].
 10. Office for Health Improvement and Disparities (2022). *Young people substance misuse commissioning support pack: 2022-23: Key Data*. [online] NDTMS - National Drug Treatment Monitoring System. Available at: <http://www.ndtms.net/> [Accessed 7 Sept. 2022].
 11. NICE (2017). *Drug misuse prevention: targeted interventions*. [online] www.nice.org.uk. Available at: <https://www.nice.org.uk/guidance/ng64/chapter/recommendations#groups-at-risk> [Accessed 26 Aug. 2022].
 12. HM Government (2017). *2017 Drug Strategy*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF [Accessed 2 Sept. 2022].
 13. Hay, G., Rael dos Santos, A., Reed, H. and Hope, V. (2019). *Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2016/17: Sweep 13 report*. [online] Public Health Institute, Liverpool John Moores University. Available at: https://www.ljmu.ac.uk/~media/phi-reports/pdf/2019_03_estimates_of_the_prevalence_of_opiate_use_andor_crack_cocaine_use_201617_sweep_13_.pdf [Accessed 25 Aug. 2022].
 14. NHS Digital (2021). *Statistics on Drug Misuse, England 2020*. [online] NHS Digital. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2020> [Accessed 3 Oct. 2022].
 15. Northumbria Police (2022). *North Tyneside Crime 2018 to July 2022*. [E-mail].
 16. Torjesen, I. (2019). *Pregabalin and gabapentin: what impact will reclassification have on doctors and patients?* [online] The BMJ. Available at: <https://www.bmj.com/content/364/bmj.l1107.full> [Accessed 19 Oct. 2022].
 17. Office for National Statistics (2022). *Deaths related to drug poisoning in England and Wales: 2021 registrations*. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations#drug-poisonings-from-selected-substances> [Accessed 19 Oct. 2022].
 18. North Tyneside Council (2022). *Population*. [online] Available at: <https://my.northtyneside.gov.uk/category/1114/population> [Accessed 28 Oct. 2022].

19. UK Health Security Agency (2021). *Shooting Up: infections and other injecting-related harms among people who inject drugs in the UK, 2020*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1053202/Shooting_Up_2021_report_final.pdf [Accessed 9 Sept. 2022].
20. Office for Health Improvement & Disparities (2021). *Adult substance misuse treatment statistics 2020 to 2021: report*. [online] GOV.UK. Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report> [Accessed 3 Oct. 2022].
21. North Tyneside Recovery Partnership (2021). *Service User Information Leaflet*. [online] Available at: <https://www.cntw.nhs.uk/content/uploads/2021/05/NTRP-leaflet.pdf> [Accessed 3 Oct. 2022].
22. Props (n.d.). *PROPS - Family Recovery Service*. [online] PROPS. Available at: <https://props.org.uk/> [Accessed 7 Sept. 2022].
23. Department For Education and Association of Chief Police Officers (2012). *DfE and ACPO drug advice for schools: Advice for local authorities, headteachers, school staff and governing bodies*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf [Accessed 15 Sept. 2022].
24. Department For Education (2019). *Relationships, Education, Relationships and Sex Education (RSE) and Health Education: Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teacher*. [online] Crown copyright. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1090195/Relationships_Education_RSE_and_Health_Education.pdf [Accessed 6 Oct. 2022].
25. NICE (2007). *Drug misuse - psychosocial interventions*. [online] Available at: <https://www.nice.org.uk/guidance/cg51/evidence/drug-misuse-psychosocial-interventions-full-guideline-pdf-195261805> [Accessed 26 Aug. 2022].
26. Public Health England (2015). *The international evidence on the prevention of drug and alcohol use: Summary and examples of implementation in England*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774743/Preventing_drug_and_alcohol_misuse__international_evidence_and_implementation_examples.pdf [Accessed 19 Oct. 2022].
27. DrugWise (2016). *Harm reduction*. [online] DrugWise. Available at: <https://www.drugwise.org.uk/harm-reduction-2/> [Accessed 5 Sept. 2022].
28. North Tyneside Council (2022). *Consultation Report*. [E-mail].
29. The Schools Health Education Unit (2022). *The North Tyneside Children and Young People's Health and Wellbeing Survey 2022*. [E-mail].