

Cumbria Drug and Alcohol Joint Strategic Needs Assessment (JSNA)

December 2022

JSNA produced in line with the requirements of local Combating Drugs Partnerships. This document is produced for Cumbria's Combating Drugs Partnership, the function of which is provided by the Safer Cumbria Partnership Board and its subgroup, the Cumbria Addictions Board.



Contents

Executive Summary	4
Introduction	5
National and Local Policy Context.....	5
Key Headlines	6
Recommendations	10
Reducing Drug Use.....	11
Prevalence of Problematic Drug Misuse	11
Prevalence of Problematic Alcohol Misuse	12
Misuse of Prescription Drugs	13
Adult Treatment Services.....	13
Parents with Problem Alcohol and Drug Use	19
Recommendations	22
Reducing Drug-Related Crime	23
Reducing Drug-Related Harm	23
Drug Related Deaths	23
Local Deaths data	27
Deaths in Treatment	27
Police Recorded Drug Related Deaths	27
Trends in Alcohol-Specific and Alcohol-Related Mortality	29
Hospital Admissions for Drug-Related Issues.....	33
Hospital Admissions for Alcohol-Related Issues	34
Alcohol during pregnancy	37
Preventing Infectious Diseases.....	38
Mental Health Conditions	40
Homelessness	41
Recommendations	42
Reducing Supply	43
County Lines.....	43
Organised Crime Groups Mapping	44
Crime and Exploitation	45
Alcohol Related Crime/Incidents	50
Recommendations	51
Criminal Justice System	52

Cumbria Probation Service - Offenders	52
Prison Continuity of Care	55
Drug Use in Prison.....	55
Children and Young People	55
Problematic Drug Misuse in Young People.....	55
Youth Substance Misuse Team	56
Cumbria Addictions Advice & Solutions (CADAS)	57
Hospital Admissions for Alcohol in Under 18s.....	57
Alcohol-Related Crime in Under 18s.....	59
Safeguarding of Vulnerable People and Children	59
Authors and Contributors	61
Links to Data Sources	61
Acronyms	62
Appendix 1	64
Pathways Programme; Cumbria Constabulary and the Police and Crime Commissioner.....	64
Recovery Steps.....	64
County Lines Informed Cumbria (1CLIC).....	64
Case Study One - Pathways Programme	65
Case Study Two - Pathways Programme	65
Case Study Three - 1CLIC.....	66
Case Study Four - 1CLIC.....	67

Executive Summary

The misuse of drugs has a negative impact on individuals, families, and communities, and is often a symptom of wider societal issues. While the proportion of the population who are affected by drug misuse is relatively small, its impacts are significant and often felt across the wider community. The Joint Drugs Needs Assessment for Cumbria provides a comprehensive needs assessment to assess the health, wellbeing and social effects of drug use across Cumbria. The assessment reports on the scale problematic drug and alcohol dependency, identifies gaps in current service provision; and makes recommendations for changes to meet people's needs. This needs assessment was conducted after the COVID-19 pandemic, however the impacts of COVID-19 has been considered throughout this report, where relevant.

Definitions and overall approach

'Substance misuse' is defined in this report as 'intoxication and/or regular excessive consumption of alcohol and/or dependence on – psychoactive substances, leading to social, psychological, physical, or legal problems. It includes problematic use of both legal and illegal drugs'¹. 'Psychoactive substance' means a substance that changes brain function and results in alterations in perception, mood, consciousness, cognition, or behaviour.

Drugs and alcohol are combined because the use of different substances share a similarity in risk factors and root causes. Dependency on substance misuse does not exist in isolation, effectively addressing an individual and community substance misuse issue means addressing the wider determinants of health, social, economic and environmental factors impacting on people's health. Evidence shows that alcohol alone contributes to more than 60 diseases and health conditions and represents 10% of the burden of disease and death in the UK.

This JSNA topic provides an overview of local need and current services regarding substance misuse in Cumbria and identifies unmet needs and gaps. It focusses on substance misuse in the community. It excludes substance misuse amongst prisoners and patients with long term health conditions caused by substance misuse.

Impact of COVID-19 Pandemic

- Nationally, the pandemic did not appear to significantly change drug usage levels. However, an increase in sales of alcohol in shops suggests that people are consuming higher amounts at home.
- Alcohol-specific deaths increased nationally during the pandemic, thought to be linked to an increase in heavy drinking habits.
- There was a 56.6% increase in people reporting that they were drinking at increasing and higher risk levels when comparing March 2020 and 2021.
- Those requiring alcohol treatment are presenting with more complex needs than prior to COVID pandemic.
- Nationally, deaths of those in substance misuse treatment increased during the pandemic

The Crime Survey for England and Wales 19/20 indicated that levels of illicit drug use among adults (9.4%) and young adults aged 16 to 24 (21.0%) saw no significant change between 2019 and 2020 although incremental year-on-year rises have resulted in an increase in prevalence of illicit drug use among adults and young adults of 12% and 17% respectively since 2015/16.

Introduction

In December 2020, an Alcohol & Drug Misuse Needs Assessment was published to inform the recommissioning of drug and alcohol treatment and recovery services in Cumbria. That assessment summarised key alcohol and drugs misuse statistics across Cumbria and the impact of substance misuse on Cumbria's population including hospital admissions, mortality, employment and crime. Available here: [Cumbria Alcohol and Drug Misuse Health Needs Assessment 2020](#).

Since the Alcohol & Drug Misuse Needs Assessment and the recommissioning of drug and alcohol services in Cumbria, the Secretary of State for Health and Social Care, the Secretary of State for the Home Department and the Combating Drugs Minister have produced a 10-year Drugs Strategy setting out how the Government and public services will work together to combat illegal drug use, reduce crime, and save lives. [Source: [From Harm to Hope: A 10-year drugs plan to cut crime and save lives](#), December 2021].

In response to the national strategy, local partners have produced a follow-up Cumbria Joint Drugs and Alcohol Needs Assessment presenting key evidence and data to understand local issues and patterns of drug harm which will help to inform and target areas of greatest need. This new assessment aims to provide an evidence-base of local issues and needs across Cumbria; where services are; and gaps in provision.

This Joint Needs Assessment draws on existing information and intelligence from across all partners including national datasets and public health tools; local police force assessments; Joint Strategic Needs Assessments; Community Safety Strategic Assessments; Case Studies; Case Reviews; Service Reviews; and Service User feedback.

National and Local Policy Context

This needs assessment includes data available up to October 2022. It is important to note the context of this report including the following issues:

- **The UK only recently returned to normal business following the acute phases of the COVID-19 pandemic.** Some key statistical datasets may have been delayed, while others will have been distorted by the pandemic itself. For example, the numbers of people in treatment may have been inflated as it will have been more difficult to move people on from treatment during COVID lockdowns.
- **Local Government Reform:** the six district and single county councils of Cumbria are being reorganised into two new unitary authorities: Cumberland Council and Westmorland and Furness Council. Given the delay between collation and publication of statistics, not all data included here could be split into these new geographies. This may cause some difficulties with interpreting findings into action, wherever required actions must be split along new local authority geographies.
- **Local Combating Drugs Partnership (CDP).** Partners have agreed to form a Local CDP for Cumbria as a whole, aligned and accountable to the Safer Cumbria Partnership remit. The Safer Cumbria Partnership Board will act as the formal local Combating Drugs Partnership, with most actions delegated to the Cumbria Addictions Board.

Key Headlines

Prevalence of problematic Drug Misuse

- 2,400 estimated opiate and crack users in Cumbria (15 to 64 years); prevalence rate of 7.86 per 1,000 population, this compares to 8.85 per 1,000 in England.
- 5,337 adults (aged 18+) dependent on alcohol; a prevalence rate of 1.31 per 1,000, similar to England at 1.37 per 1,000.
- Prior to the COVID-19 pandemic, there had been a gradual reduction in prevalence estimates of alcohol dependency; since then, nationally alcohol use appears to have increased.
- Nationally, 80% of adults citing club drug use and opiate use reported using NPS, 43% were predominantly cannabinoids. Ketamine is the most cited club drug for non-opiate users (44%), followed by ecstasy (21%).
- 293 adults in treatment report illicit use of prescription-only medicines (POM) or over-the-counter medicines (OTC), accounting for 17%, this compares to 10% nationally.
- prescribing of opioids and gabapentinoids are typically higher in North Cumbria CCG and Morecambe Bay CCG compared to England.

Adults in Treatment

- There are 2,525 people in treatment for substance misuse in Cumbria (all drugs and alcohol users);
- Numbers of clients in treatment during the COVID-19 pandemic period declined slightly overall; numbers of adults in treatment are lower compared to previous years.
- Opiate users and alcohol dependent users make up the majority of people in treatment.
- Proportions of people in treatment for opiate use in Cumbria is much higher than England at 60.9% compared to 46.1%.
- The most common cited substances by adults in drug treatment (all drugs) in Cumbria were benzodiazepines accounting for 15%, compared to 8% nationally; and alcohol accounting for 15%, compared to 27% nationally;
- Fewer adults in treatment in Cumbria cited cannabis, 13% compared to 27% nationally;
- 8% of adults cited crack cocaine, significantly lower than England at 39%.
- Overall proportions of clients successfully completing their treatment (within 12 months) in Cumbria is below the England average at 14.8% compared to 20.9%;
- 31.2% of clients in treatment for alcohol only successfully completed their treatment, below the national average of 37.0%
- During the COVID-19 pandemic period, numbers of clients successfully completing treatment declined overall (-3%)
- Treatment waiting times in Cumbria are better compared to England. Very small numbers of clients wait over 3 weeks in Cumbria; for opiate clients this number is zero.
- The average years in treatment in Cumbria varies from 0.4 years for alcohol clients to 8.4 years for opiate alcohol and non-opiate clients.
- Most adults in treatment are male (69%); and most are aged 40-49 years (37%). followed by those aged 30-39 years (33%);
- 97% of adults presenting to treatment in Cumbria are White British, this compares to 80% nationally.
- There are an estimated 82.1% of people in Cumbria dependent on alcohol who are not in treatment, just above the national estimate at 80.5%; for people dependent on crack, the estimate is 77.8%, higher than the national average of 57.7%.

Parents with problem alcohol and drug use

- 50% of clients in treatment are parents, just below the national average of 54%. 18% are living with children; while 29% are not living with children; 3% have other child contact;
- Most parents/adults living with children are in treatment for alcohol, accounting for 59%; 17% are in treatment for opiates; 15% are non-opiates only; and 10% are non-opiate and alcohol;
- Estimated 1,070 alcohol dependent adults living with children in Cumbria; 85% are not in treatment, higher than the national average at 79%.
- Up to 1,800 children (aged 0-17 years) living with at least one adult with alcohol dependence in Cumbria.
- estimated 886 opiate dependent adults living with children in Cumbria; 62% are not in treatment, higher than the national average at 58%.
- For a parent or adult living with children in Cumbria, their average number of days in treatment is 98 days, compared to 116 days in England.
- Clients with children spend less time in treatment than those without
- 47% of parents or adults with children successfully complete their treatment compared to 29% of clients without children.

Drug-related harm

- Numbers of drugs deaths have been increasing in Cumbria and England;
- In 2021, there were 65 registered drug poisoning deaths in Cumbria, 43 related to drug misuse;
- The rate of drug poisoning deaths in Cumbria is significantly higher than England, 15.9 per 100,000 compared to 7.9;
- Carlisle has the highest rate of drug poisoning deaths at 23.2 per 100,000, followed by Barrow-in-Furness at 20.8. Rates are significantly higher than the national average in the districts of Allerdale, Barrow-in-Furness, Carlisle and Copeland;
- The rate of drug poisoning deaths is much higher in males than females at 23.3 per 100,000 compared to 8.7.
- Rates of alcohol-related deaths have increased in Cumbria (although not statistically significant). Rates are highest in Carlisle and are worse than the national average at (53.2 per 100,000 compared to 37.8 in England).
- Rates of hospital admissions for poisoning by drug misuse are higher in Cumbria compared to the national average (38 per 100,000 compared to 31);
- Rates of admissions for poisoning by drug misuse have been declining in Cumbria;
- Rates of hospital admissions for drug related mental and behavioural disorders are just above the national average (14 per 100,000 compared to 13).
- Rates of alcohol-specific hospital admissions are better than the national average;
- Rates of alcohol-related hospital admissions are worse than the national average; despite this, rates have been declining. Rates are highest in Copeland; they are worse than the national average in Allerdale, Barrow, Carlisle and Copeland.

Preventing Infectious Diseases

- 42.5% of clients in treatment were offered and accepted a Hepatitis C test, compared to 50.3% nationally; 78.3% of those who test positive were referred to treatment, similar to the national average of 79.9%.

- 32.9% of eligible clients in treatment were offered and accepted a Hepatitis B vaccination, this compares to 29.4% nationally.
- 11% of adults presenting to drug treatment are currently injecting, just below the national average of 12%. 29% had previously injected, above the England average of 19%; while 59% had never injected, compared to 69% nationally.

Mental Health conditions

- 60% of adults entering drug treatment in Cumbria have a mental health need, just below the national average at 63%;
- Co-occurring mental health needs are more apparent in clients in treatment for alcohol and non-opiates (76%); compared to clients in treatment for opiates (51%).
- Rates of hospital admissions for drug related mental and behavioural disorders are just above the national average (14 per 100,000 compared to 13); rates have been above the national average for a number of years and although they were beginning to decline, they have recently increased.

Homelessness

- 84% of adults in treatment reported no housing problem at the start of their treatment, compared to 77% nationally;
- 8% reported a housing problem, compared to 14% nationally; while 8% reported an urgent housing problem/no fixed abode, reflecting the national picture;
- By completion of treatment, 100% of adults no longer reported a housing need, compared to 83% nationally.
- There were 380 referrals received to the Youth Substance Misuse Team in Cumbria for young people presenting as homeless and with a drug or alcohol dependency. The greatest number of referrals were in Allerdale accounting for 35% of all referrals.

Crime and Exploitation

- Levels of drug crime had been increasing in Cumbria and had been highlighted as an area of concern (in 2020/21).
- More recently, drug offences in Cumbria have been decreasing, after hitting a peak in April 2021.
- Drugs trafficking offences have remained relatively stable.
- Levels of alcohol-related crime had been decreasing in Cumbria, however, the COVID-19 pandemic will likely have had an impact.
- More recently, numbers of alcohol-related incidents have increased in Cumbria (+19%);
- Numbers of crimes where alcohol was a contributing factor have also increased (+45.2%).
- 14% of clients in treatment are in contact with the Criminal Justice Service; Clients in treatment for opiate use are more likely to be in contact with the CJS
- 11% of offenders registered with Cumbria Probation Service relate to drug offences;
- 85% of drug related offenders are male; most are aged over 35 years; and most are White British, reflecting the demographics of all offenders;
- 24.5% of drug offence offenders have a recorded mental illness;
- 27.6% of all offenders have a recorded drug-misuse need;
- The risk of reconviction for offenders with a drug-misuse need is much greater than the average for all offenders.
- The greatest proportion of offenders are located in the Carlisle area accounting for 38.4%;

Drugs – Cannabis & Class A

- Cannabis is the most common type of drug involved in all drug offences;
- Cannabis supply offences have recently decreased; while cannabis cultivation offences have remained stable;
- Most offenders of cannabis cultivation are male and aged between 20–29 years.
- Class A drugs trafficking offences have decreased and remain at relatively low levels;
- South Cumbria (Barrow) had the highest number of drugs trafficking offences, many of which related to County Lines.
- Cocaine is the most common drug for trafficking offences accounting for around half.
- Most offenders of cocaine are male and aged 20–29 years.
- Heroin supply offences have decreased, likely impacted by the pandemic.
- Most offenders of heroin supply are male and aged 0-19 years.

Children and Young People

- Nationally, cannabis is the most common substance for young people's substance misuse, followed by alcohol;
- 1 in 5 young people aged 16-24 years had taken a drug in the last year;
- Cannabis is the most common drug used by 16-24 year olds; nitrous oxide is the second most common drug used;
- Drug use is more apparent in low-income households.
- Nationally, proportions of young people in treatment for cannabis have been increasing for a number of years.
- Increases are also apparent in young people in treatment for benzodiazepines and ketamine but at much lower levels. There have been decreases in proportions of young people in treatment for alcohol, cocaine, ecstasy and amphetamines.
- Numbers of young people in substance misuse treatment in Cumbria are very low.
- Numbers of alcohol-specific hospital admissions for under 18s have been declining in Cumbria, reflecting the national picture; despite this, rates remain worse than the national average; rates are worse than the national average in Allerdale and Barrow-in-Furness.

Recommendations

- 1. Assign dedicated resource to data and intelligence to be used across the system** to improve outcomes in line with the Combating Drugs Strategy. This resource should include at least 1.0 FTE analyst with experience in epidemiology and should focus on integrated data systems and continuous system improvement.
- 2. Form a Combating Drugs Intelligence subgroup tasked with building active data systems** to enable and support improvements to Combating Drugs outcomes.
 - 2.1 Intelligence subgroup to investigate the nature of alcohol misuse across Cumbria, including type of use, and make recommendations to prevent and tackle alcohol overuse.
 - 2.2 Intelligence subgroup to investigate the nature of drug deaths, specifically examining trends in age-specific death rates and recorded cause of death: to identify what proportion of the increase in drug-related deaths is caused by drug poisoning and overdose, and what proportion are caused by chronic illness in long-term drug-users.
 - 2.3 Intelligence subgroup to investigate illicit drug estimates included in this report through local knowledge channels and report back findings & recommendations to the addictions board
 - 2.4 Intelligence subgroup to review JSNA findings around protected characteristics such as race, religion, and sexual orientation, which seem at odds with national findings. If these figures are not reflective of underlying Cumbria demographics, that subgroup should make further recommendations to the Addictions Board to address this.
- 3. Form an alcohol subgroup to tackle alcohol-specific issues** identified in this report.
- 4. Addictions Board to establish a Children and Young Person's subgroup** to consider:
 - 4.1 How to better prevent drug and alcohol misuse amongst children and young people.
 - 4.2 How to improve the system of drug and alcohol treatment support for children and young people.
- 5. As a system, investigate above-average prescribing of opioids and gabapentinoids in Cumbria**, building on and supporting any existing work in this area.
- 6. Providers and commissioners of drug and alcohol treatment services should work together to review treatment system metrics** identified in this report that are worse than national averages and present an improvement update to the Addictions Board.
- 7. The Drug Harms Prevention Panel and Cumbria Drug Related Death Reduction and Response panel to consider an Independent Review of drug deaths** with specific focus on Barrow, Carlisle, and West Cumbria regions. Special consideration

should be given to gender-inequalities affecting men, given that rates of deaths amongst men are three times higher than women.

8. **Youth subgroup & intelligence subgroup to review data about highest referrals coming from Allerdale consider a focussed review of homelessness and drug-dependency in West Cumbria** if data findings confirm an underlying problem.
9. **Review and improve on hepatitis figures targeting better than the national average.**

Reducing Drug Use

Prevalence of Problematic Drug Misuse

As reported in the previous [Alcohol and Drug Misuse in Cumbria Assessment](#), the estimated number of opiate and crack users to be around 2,400 people aged 15 to 64 years; a prevalence rate of 7.86 per 1,000 population, this compares to a rate of 8.85 per 1,000 in England. The estimated prevalence rate for opiate users in Cumbria is 7.76 per 1,000, this compares to 7.37 for England. The prevalence rate for Crack Cocaine use in Cumbria is statistically lower than the national average at 2.07 per 1,000 compared to 5.10. (See Table 1).

Table 1: National and local prevalence estimates of opiate and crack users aged 15 to 64 years; Rates per 1,000 population. 2016-17.

Local Authority	OCU	Lower bound 95% CI	Upper bound 95% CI	Opiates	Lower bound 95% CI	Upper bound 95% CI	Crack Cocaine	Lower bound 95% CI	Upper bound 95% CI
Cumbria	7.86	7.21	8.96	7.76	7.04	8.83	2.07	1.21	3.96
North West	10.81	10.18	11.59	8.96	8.54	9.45	6.21	5.81	6.71
England	8.85	8.72	9.23	7.37	7.30	7.65	5.10	4.98	5.30

Source: Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) [Opiate and crack cocaine use: prevalence estimates by local area - GOV.UK \(www.gov.uk\)](#)

Nationally, the pandemic did not appear to significantly change drug usage levels. In the year ending June 2022, there were an estimated 1 in 11 adults (aged 16 to 59 years) and 1 in 5 young people (aged 16 to 24 years) reporting using drugs; no change from March 2020 and March 2019. Although drug use overall has not changed, there have been decreases in the use of Class A drugs, ecstasy and nitrous oxide, which may have been a result of social contact restrictions. (Source: Crime Survey for England and Wales).

Prevalence of Problematic Alcohol Misuse

As reported in the Health Survey for England [2015-18], 13.6% of adults in Cumbria binge drink this compares to 15.4% in England and 18.5% in the North West; although rates are lower in the county these are not statistically significant. Furthermore, 22.7% of adults in the county report drinking over 14 units of alcohol per week, this is similar to the national average at 22.8%.

Using the most recent data available at local authority level (2018-19), there are an estimated 5,337 adults (aged 18+) in Cumbria who are dependent on alcohol; a prevalence rate of 1.31 per 1,000 adult population, this is similar to the national prevalence rate of 1.37 (see Table 2). In the [Alcohol and Drug Misuse Health Needs Assessment 2020](#) it was reported that there has been a gradual reduction in prevalence estimates of alcohol dependency.

Table 2: Estimated number and rate of alcohol dependent adults 18+ years; Rates per 1,000 adult population. 2018-19.

Local Authority	Number of adults with alcohol dependency	Lower bound 95% CI	Upper bound 95% CI	Rate per 1,000 (adult population)	Lower bound 95% CI	Upper bound 95% CI
Cumbria	5,337	4,324	6,774	1.31	1.06	1.67
England	602,391	494,302	760,989	1.37	1.12	1.73

Source: Alcohol dependence prevalence in England, GOV.UK

<https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>

Opiate users often face more complex challenges and are much harder to treat than non-opiate users. Adults in treatment citing club drug use with no additional opiate use tend to have better lives including their employment, relationships, housing and are more likely to be successful in treatment. Nationally, 80% of adults citing club drug use and opiate use reported using NPS, 43% were predominantly cannabinoids. In Cumbria, numbers are relatively small therefore caution should be used when drawing conclusions. Nationally, for non-opiate users, ketamine was the most cited club drug accounting for 44%, followed by ecstasy accounting for 21%; the picture in Cumbria is similar although numbers are relatively small. (See Table 3).

Table 3: Adults new to drug treatment citing club drug use (and opiate use), 2020-21

Club drugs	Adults citing club drug use and opiate use			Adults citing club drug use (no additional opiate use)		
	Cumbria		England	Cumbria		England
	N	%*	%	N	%	%*
Any club drug use**	9	3%	2%	17	7%	8%
GHB/GBL	0	0%	1%	-	6%	10%
Ketamine	-	11%	9%	5	29%	44%
Mephedrone	7	78%	2%	-	18%	2%
Methamphetamine	-	11%	4%	-	6%	15%
Ecstasy	0	0%	4%	-	24%	21%
Any NPS	0	0%	80%	-	18%	18%
Predominantly cannabinoid	0	0%	43%	-	6%	9%
Predominantly dissociative	0	0%	2%	0	0%	1%

Predominantly hallucinogenic	0	0%	3%	0	0%	1%
Other	0	0%	26%	-	6%	4%
Predominantly sedative/opioid	0	0%	2%	0	0%	1%
Predominantly stimulant	0	0%	4%	-	6%	2%

Source: NPS and club drugs of adults presenting to treatment in 2020-21; Adult Drug Commissioning Support Pack: 2022-23; OHID)

*Note: *Proportions of ecstasy, ketamine, GHB/GBL, methamphetamine, mephedrone and Any NPS as a percentage of any club drug use. Adults citing the use of multiple club drugs will be counted once under each drug they cite. Therefore figures may exceed the total (labelled any club drug use) and proportions may sum to more than 100%. **Any club drug use is a percentage of all new treatment entrants. Numbers below 5 are suppressed.*

Misuse of Prescription Drugs

Concerns are increasing over prescription drugs and their ingredients being increasingly diverted towards recreational drug use and illicit drugs markets.

In 2020-21, 293 adults in treatment in Cumbria reported illicit use of prescription-only medicines (POM) or over-the-counter medicines (OTC), accounting for 17%, this compares to 10% nationally. 153 adults reported no illicit use, accounting for 9%, this compares to 4% nationally. (Source: POM/OTC 2020-21; Adult Drug Commissioning Support Pack: 2022-23; OHID)

In the [Alcohol and Drug Misuse Health Needs Assessment](#), it reported the use of Prescription-Only and Over-The-Counter medications by clients in drug treatment was more prevalent in Cumbria compared to the rest of England. The Assessment reported the prescribing of opioids and gabapentinoids are typically higher in North Cumbria CCG and Morecambe Bay CCG compared to the national average; while prescribing of anxiolytics and hypnotics were lower or equal to the national median.

Adult Treatment Services

Alcohol and drug treatment services were subject to restrictions and limitations during the COVID-19 pandemic. This required significant changes and adaptability in how and when services were delivered to keep staff and service users safe. Some of the changes included reducing face to face interactions and introducing new and expanding remote interactions, as well as changes to medication dispensing. These changes will have impacted on treatment service figures, which will need to be interpreted with caution. Furthermore, the COVID-19 pandemic will undoubtedly have had an impact on public mental health, leading to altered patterns of drug and alcohol misuse and increasing demand for services.

As at April 2022, there were 2,525 clients in treatment for substance misuse in Cumbria (all drugs and alcohol users); numbers of clients in treatment for substance misuse have declined slightly compared to previous years. Opiate users (1,458) and alcohol dependent service users (764) make up the majority of people who are currently in treatment. The proportion of clients in

treatment for opiate use in Cumbria is much higher than the national average at 60.9% compared to 46.1% for England (Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES)). As at April 2022, a total of 373 clients had successfully completed their treatment within 12 months, accounting for 14.8%, this compares to 20.9% in England. 238 out of 764 clients in treatment for alcohol only successfully completed their treatment within 12 months accounting for almost 1 in 3 (31.2%); this is below the national average of 37.0%. 33.1% of clients in treatment for alcohol and non-opiates successfully completed their treatment, this is above the England average of 32.2%. While 26.5% of non-opiate only clients successfully completed their treatment, this is also below the England average of 36.7%. (See Table 4).

Table 4: Number of clients in treatment in the last 12 months; April 2022.

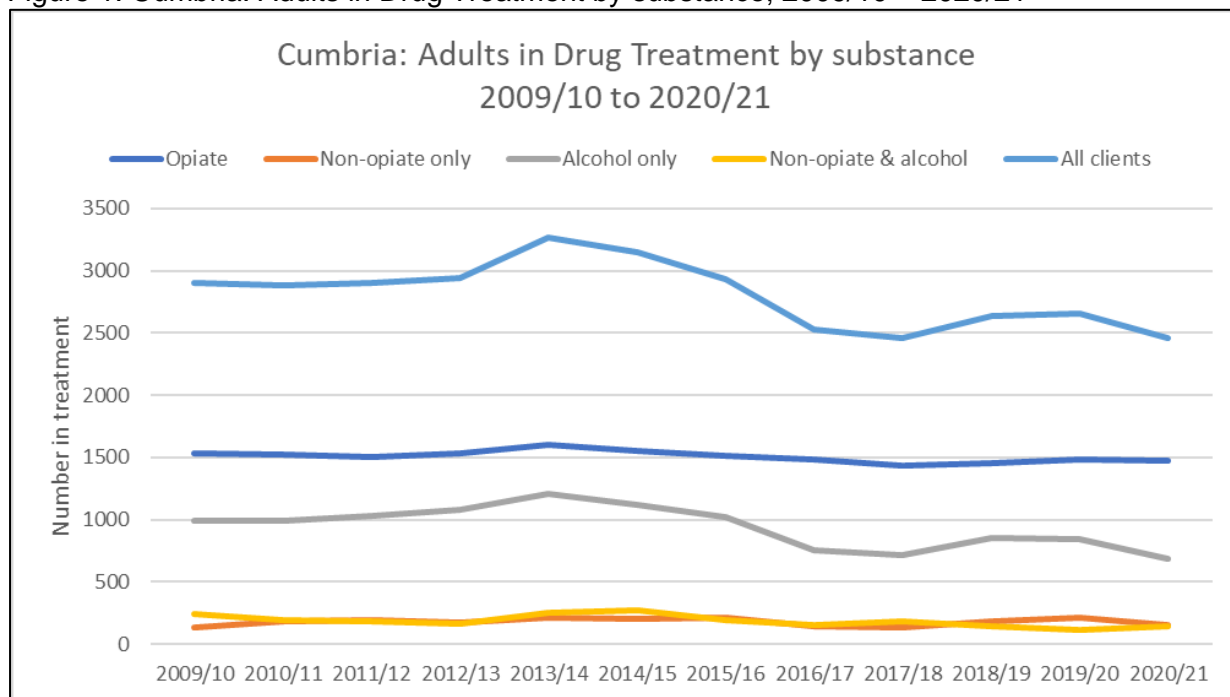
	Clients in treatment [12 months]	Successful completions [12 months]			Re-presented within 6 months	Successful completions [first 6 months]		
		Number	Cumbria %	England %		Number	Cumbria %	England %
Alcohol only	764	238	31.2%	37.0%	16	170	9.4%	8.8%
Alcohol and non-opiate only	133	44	33.1%	32.2%	2	32	6.3%	8.4%
Non-opiate only	170	45	26.5%	36.7%	5	35	14.3%	6.2%
Opiate alcohol and non-opiate	54	2	3.7%	5.7%	1	2	50.0%	15.8%
Opiate and alcohol	79	1	1.3%	8.0%	0	1	0.0%	11.3%
Opiate and non-opiate	417	15	3.6%	4.6%	0	8	0.0%	16.9%
Opiate only	908	28	3.1%	5.6%	4	19	21.1%	14.3%
Total clients	2,525	373	14.8%	20.9%	28	267	10.6%	5.8%

Source: DOMES/NDTMS

Numbers of clients in treatment during the COVID-19 pandemic period declined slightly overall by -1.9% from 2019-20 to 2020-21. However, trends varied across the different drug groups: the number of alcohol and non-opiate clients increased by +22.8%; conversely, the number of non-opiate clients decreased by -25.8%; there was a small decline in the number of opiate clients of -0.5%. (Source: Adult Drug Commissioning Support Pack: 2022-23; OHID).

Using trend data from the NDTMS, numbers of adults in treatment are lower compared to previous years. Numbers of opiate users have remained relatively stable; numbers of alcohol only users have declined; while numbers of non-opiate users have remained relatively stable but with some variations. (See Figure 1).

Figure 1: Cumbria: Adults in Drug Treatment by substance; 2009/10 – 2020/21



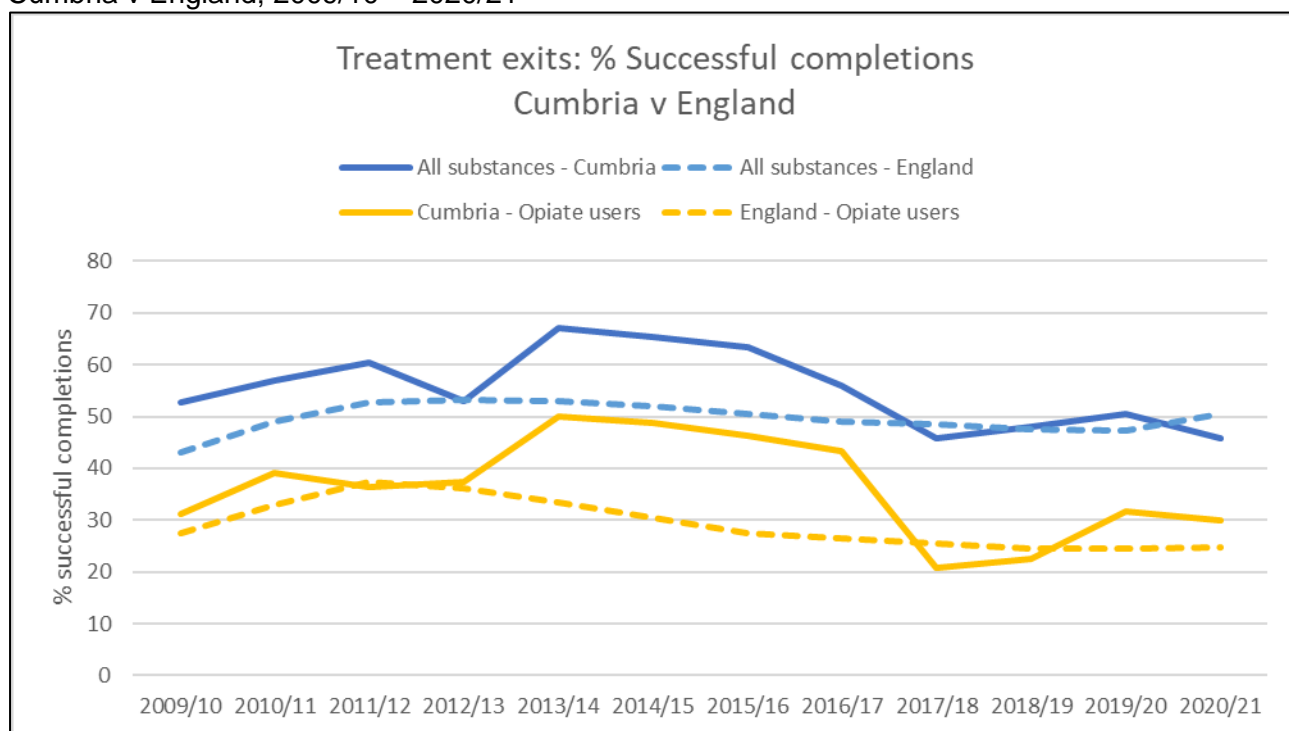
Source: NDTMS

Successful treatment

During the COVID-19 pandemic period, the number of clients successfully completing treatment declined overall by -3%, from 2019-20 to 2020-21. Successful completions declined in all drug groups: alcohol and non-opiate clients -12.0%; non-opiates clients -2%; and opiate clients -2%. (Source: Adult Drug Commissioning Support Pack: 2022-23; OHID).

In the period 2020/21, there were a total of 410 people exiting treatment who had successfully completed (all substances) accounting for 45.8%, this compares to 50.4% nationally. Compared to the previous year (2019/20) numbers and proportions of people successfully completing their treatment (all substances) declined, (615 n, 50.6%) likely reflecting the impact of the COVID pandemic. Prior to the pandemic, proportions of successful completions were increasing in Cumbria and nationally Proportions of clients successfully completing their treatment are below national levels for all clients/all substances and for opiate users. (See Figure 2).

Figure 2: % of clients successfully completing treatment (All substances and Opiate users); Cumbria v England; 2009/10 – 2020/21



Source: NDTMS

Waiting Times and Length of treatment

As at April 2022, client waiting times for treatment are better in Cumbria compared to England. For the number of alcohol clients starting treatment in the previous 3 months, only 0.7% (number is negligible) were waiting over 3 weeks to start the first intervention; this compares to 2.17% in England. For non-opiate clients 3.3% were waiting over 3 weeks however the number is very small; this compares to 1.7% in England. There were no opiate clients waiting over 3 weeks in Cumbria.

The average years in treatment in Cumbria varies from 0.4 years for alcohol clients to 8.4 years for opiate alcohol and non-opiate clients. The average years in treatment in Cumbria is above the national average for 'opiate alcohol and non-opiate' clients, and 'opiate and non-opiate' clients; all other clients average time in treatment is below national averages. (See Table 5).

Table 5: Wait times and treatment length, April 2022.

	Proportion of clients waiting over three weeks		Average years in treatment	
	Cumbria	England	Cumbria	England
Alcohol only	0.73%	2.17%	0.4	0.6
Alcohol and non-opiate only	0.00%	2.28%	0.4	0.7
Non-opiate only	3.33%	1.69%	0.4	0.7
Opiate alcohol and non-opiate	0.00%	1.37%	8.4	6.5
Opiate and alcohol	0.00%	0.67%	5.8	6.4
Opiate and non-opiate	0.00%	0.88%	7.3	5.3

Opiate only	0.00%	1.06%	5.2	6.0
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Source: DOMES/NDTMS

Demographics

In 2020-21, most adults in treatment were male, accounting for 69% compared to 31% females, reflecting the national picture (see Table 6). Most adults were aged 40-49 years accounting for 37%, followed by those aged 30-39 years accounting for 33%. (See Table 7).

97% of adults presenting to treatment in Cumbria are White British, this compares to 80% nationally. 66% report no religion, compared to 59% nationally; 19% report Christian, similar to the national average at 20%; while 11% decline to answer, compared to 3% nationally. 94% of adults report their sexuality as heterosexual, compared to 86% nationally; 2% report as gay/lesbian, reflecting the national picture; while 3% did not state their sexuality. 76% of adults report having no disability, above the national average of 65%; while 23% report having a disability, compared to 28% nationally. (Source: Protected characteristics of adults presenting to treatment in 2020-21; Adult Drug Commissioning Support Pack: 2022-23; OHID).

Table 6: Client Profile: Adults in Treatment by drug group and sex, 2020-21

Drug group	Cumbria			England		
	Total number	Male %	Female %	Total number	Male %	Female %
Alcohol and non-opiate	140	79%	21%	30,688	70%	30%
Non-opiate	155	75%	25%	27,605	68%	32%
Opiate	1,477	68%	32%	140,863	72%	28%
Total	1,772	69%	31%	199,156	71%	29%

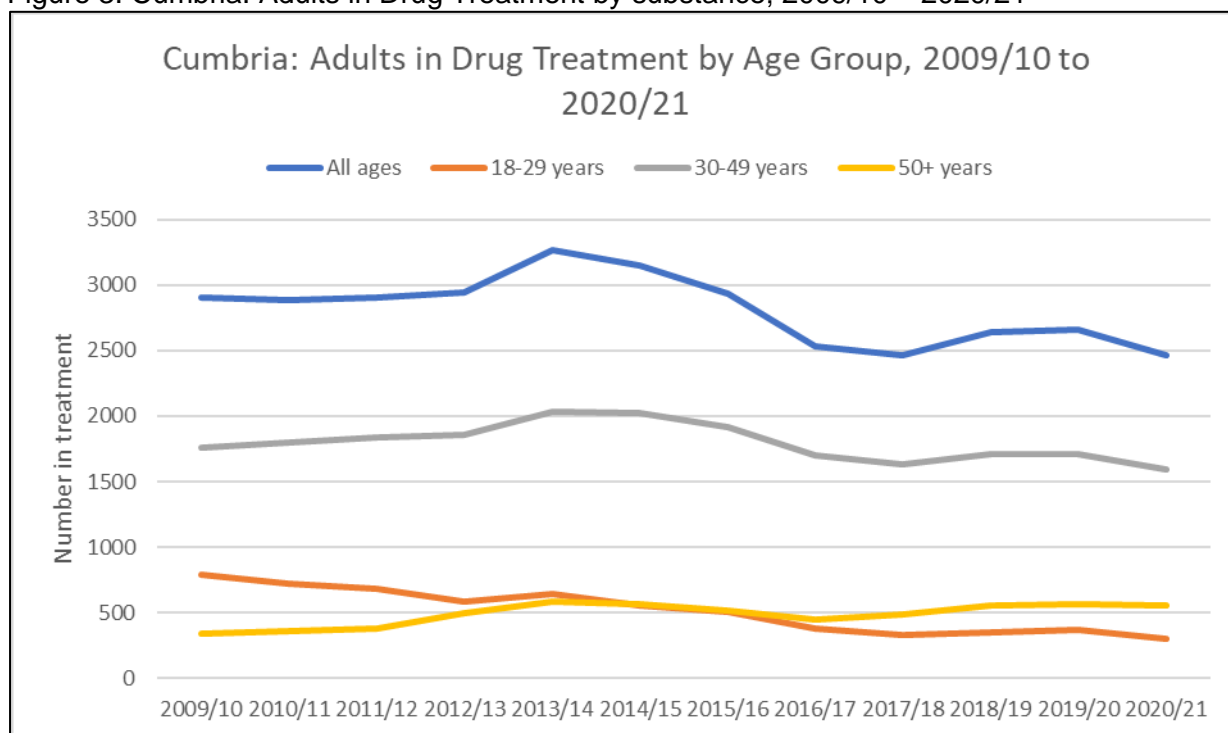
(Source: Adult Drug Commissioning Support Pack: 2022-23; OHID).

Table 7: Client Profile: Adults in Treatment by sex and age, 2020-21

Age group	Cumbria			England	
	Number	Male %	Female %	All in treatment %	All in treatment %
18-29 yrs	242	14%	14%	14%	16%
30-39 yrs	590	31%	38%	33%	32%
40-49 yrs	647	38%	33%	37%	33%
50-59 yrs	247	15%	12%	14%	15%
60-69 yrs	43	2%	3%	2%	3%
70-79 yrs	3	0%	0%	0%	0%
80+yrs	0	0%	0%	0%	0%

(Source: Adult Drug Commissioning Support Pack: 2022-23; OHID).

Figure 3: Cumbria: Adults in Drug Treatment by substance; 2009/10 – 2020/21



Source: NDTMS

Substances

The most common cited substances by adults in drug treatment (all drugs) during 2020-21 in Cumbria were benzodiazepines accounting for 15% of adults (274), compared to 8% nationally; and alcohol accounting for 15% (274 adults), notably lower than the rest of England at 27%. Fewer adults in treatment in Cumbria cited cannabis, 13% (232) compared to 27% nationally. 10% (174) cited cocaine, compared to 16% nationally. Significantly fewer adults cited crack cocaine in Cumbria 8% (142) compared to England (39%). (Source: Adult Drug Commissioning Support Pack: 2022-23; OHID).

Employment

During 2020-21, the majority of adults in treatment reported being unemployed at the start of their treatment, accounting for 54% (320 adults); 23% (135) reported being in regular employment; 14% (85) reported long-term sick or disabled; data was missing or not stated for 7%; while 2% were in education/other. (Source: Adult Drug Commissioning Support Pack: 2022-23; OHID).

Unmet need/not in treatment

As reported in the latest DOMES report (July 2021 to June 2022) there are an estimated 82.1% of people in Cumbria dependent on alcohol who are not in treatment, this is just above the

national estimate at 80.5%; for people dependent on crack, the estimate is 77.8%, higher than the national average of 57.7%. (See Table 8).

Table 8: Estimates of unmet need of drug and alcohol users, July 2021-June 2022

	Cumbria	England
Opiates and/or crack cocaine	39.9%	54.0%
Opiates	40.0%	47.5%
Crack	77.8%	57.7%
Alcohol	82.1%	80.5%

Source: DOMES/ NDTMS

Parents with Problem Alcohol and Drug Use

The prevalence of parents with problematic alcohol and/or drug misuse is not routinely measured; however, local alcohol and drug treatment services collate data on parents in treatment and on service users who live with children. These data provide some insight into the size of the issue but may not reveal hidden and unmet need.

As reported in the 'Parents with problem alcohol and drug use: Data for England and Cumbria, 2019 to 2020' report by Public Health England, there were 1,349 new presentations to treatment for alcohol and drug services for adults aged 18+ in Cumbria. Almost half (47%) of all new presentations for treatment were parents: 202 (15%) were parents or adults living with children; 437 (32%) were parents not living with children; while 707 (52%) were not a parent and had no contact with children - referred to as "not a parent." Overall, around half (50%) of all those in treatment were parents, just below the national average of 54%. (See Table 9).

Table 9: Proportion of clients in alcohol and drugs treatment by family category, 2019-2020

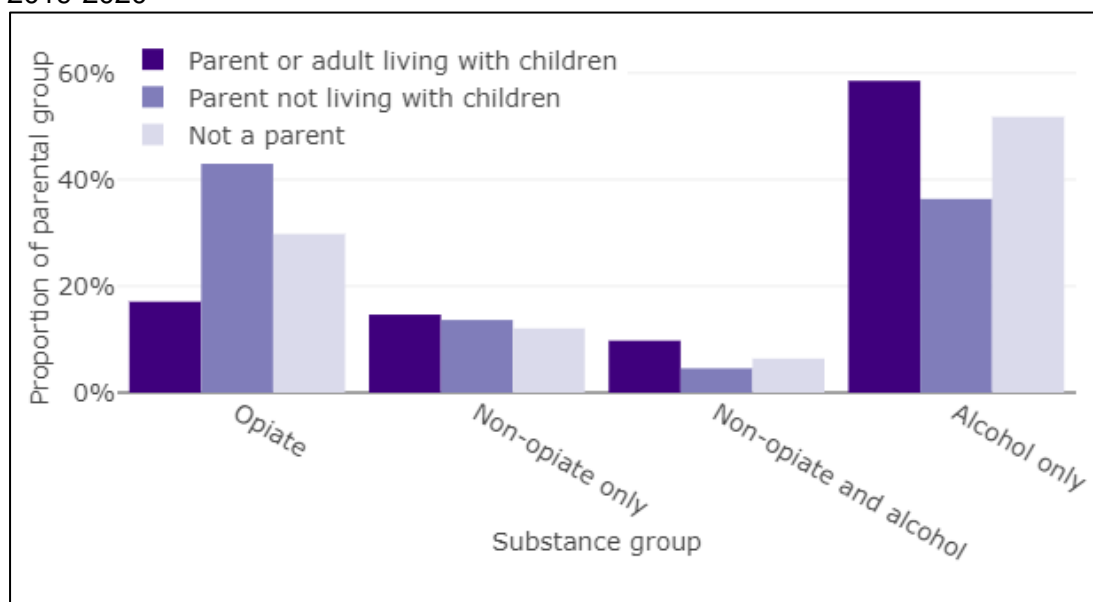
Family category	All in treatment		New presentations		Parental status
	Cumbria	England	Cumbria	England	
Parent living with children	18%	18%	14%	16%	Parent or adult living with children
Other child contact – living with children	3%	6%	1%	5%	Parent or adult living with children
Parent not living with children	29%	30%	32%	31%	Parent not living with children
Not a parent and not in contact with children	49%	46%	52%	48%	Not a parent
Incomplete data	0%	0%	0%	0%	Excluded

Source: Parents with problem alcohol and drug use: Data for England and Cumbria, 2019 to 2020; Public Health England.

Substance use and family status varies. Around half (48%) of new presentations for treatment are for alcohol clients, this compares to 39% nationally. Of those new alcohol clients, 19% were currently living with children, this compares to 25% nationally. Furthermore, of all parents or adults living with children, more than half (59%) are alcohol clients. Around one third (33%) of

new presentations for treatment are for opiate clients, reflecting the national picture (32%). Almost half (45%) are parents but who are not living with children while 17% are living with children. There are fewer non-opiate clients who are parents or living with children. (see Figure 4).

Figure 4: Breakdown of substance groups for new presentations to treatment in Cumbria, 2019-2020



Source: Parents with problem alcohol and drug use: Data for England and Cumbria, 2019 to 2020; Public Health England

Most clients in treatment have never injected. 86% of parents/adults living with children new to treatment in Cumbria had never injected, just below the national average at 88%.

Prevalence of Unmet Need – parental alcohol dependency prevalence

There are an estimated 1,070 alcohol dependent adults living with children in Cumbria (2018-19). Of those 188 were in treatment (2019-20) meaning that an estimated 85% were not in treatment (an unmet treatment need); the proportion of unmet treatment need is estimated higher in Cumbria than the national average at 79%.

The estimated number of alcohol dependent males (686) living with children is much higher than females (384); equating to a rate of 3 per 1,000 population compared to 2 per 1,000. Furthermore, there are a greater proportion of males who are not in treatment with unmet needs than females at 87% compared to 75%, reflecting the national picture.

There are between 1,622 to 1,814 children (aged 0-17 years) living with at least one adult with alcohol dependence in Cumbria, equating to a rate of 18-20 children per 1,000; this estimate is higher than the national rate at 16-17 per 1,000. (See Table 10).

Table 10: Estimated number of children living with at least one adult with alcohol dependence in 2018 to 2019 in England and Cumbria, and rates per 1,000 of the population.

Estimated number of children		Rate per 1,000		
England	Cumbria	England	Cumbria	Benchmark
188,858 – 207,560	1,622-1,814	16-17	18-20	15-17

Source: Parents with problem alcohol and drug use: Data for England and Cumbria, 2019 to 2020; Public Health England.

Prevalence of Unmet Need – parental opiate dependency prevalence

There are an estimated 886 opiate dependent adults living with children in Cumbria (2014/15). Of those 335 were in treatment (2019-20) meaning that an estimated 62% were not in treatment (unmet treatment need); the proportion of unmet treatment need is estimated higher in Cumbria than the national average at 58%.

The estimated number of opiate dependent males (574) living with children is much higher than females (312); equating to a rate of 4 per 1,000 population compared to 2 per 1,000. Furthermore, there are a greater proportion of males who are not in treatment with unmet needs than females at 69% compared to 50%, reflecting the national picture. (See Table 11).

Table 11: Estimated number of adults with opiate dependence living with children in Cumbria, rates per 1,000 of the population and unmet treatment need.

	Estimated number of opiate dependent adults living with children (2014-15)		Rate per 1,000 of the population (aged 18 to 64 years)		Number in Treatment (2019-20)		Unmet treatment need	
	England	Cumbria	England	Cumbria	England	Cumbria	England	Cumbria
Total	74,713	886	2	3	31,469	335	58%	62%
Male	50,828	574	3	4	18,901	178	63%	69%
Female	23,884	312	1	2	12,568	157	47%	50%

Source: Parents with problem alcohol and drug use: Data for England and Cumbria, 2019 to 2020; Public Health England.

Time in treatment

In Cumbria, the average number of days for a client to be in treatment are fewer than the national average across all parental categories. For a parent or adult living with children in Cumbria, their average number of days in treatment is 98 days, this compares to 116 days in England. For parents who are not living with children, in Cumbria this increases to 110 days, but is fewer than the national average at 119 days. (See Table 12).

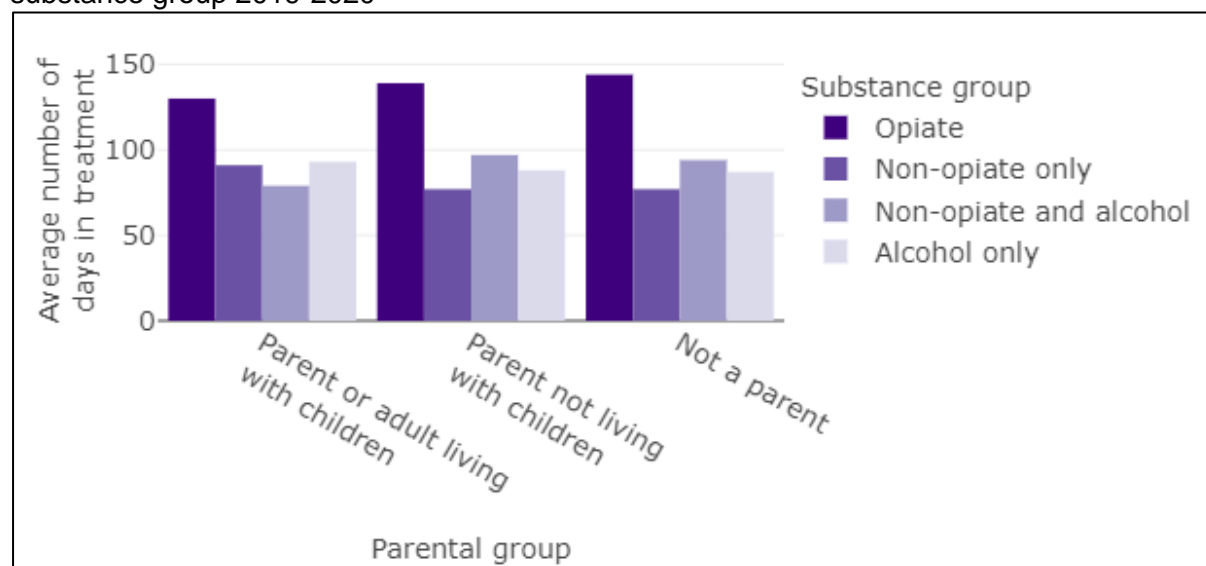
When breaking down the average number of days in treatment for new presentations by parental status and substance group in Cumbria. Opiate users remain in treatment on average between 130 days (parent or adult living with children) to 144 days (not a parent); those with children spend less time in treatment than those clients who are not parents. (See Figure 5).

Table 12: Average length of a client’s treatment journey in days for new presentations to treatment 2019-2020.

Parental Status	Average number of days in treatment	
	Cumbria	England
Parent or adult living with children	98 days	116 days
Parent not living with children	110 days	119 days
Not a parent	103 days	116 days

Source: Parents with problem alcohol and drug use: Data for England and Cumbria, 2019 to 2020; Public Health England.

Figure 5: Average number of days in treatment for new presentations, by parental status and substance group 2019-2020



Source: Parents with problem alcohol and drug use: Data for England and Cumbria, 2019 to 2020, Public Health England.

In Cumbria, around half (47%) of parents or adults with children successfully completed their treatment; of those, 28% were living with children while 19% were not; this compares to 29% success for clients who were not parents.

Recommendations

Carry out further insight work to better determine the level of need around parents and carers with unmet need around drug and alcohol addiction, and their barriers to accessing support. Consider setting a target to reduce the level of unmet need to below the national average. This approach should especially consider unmet need for alcohol treatment amongst alcohol-dependent men with children.

Investigate the lack of up-to-date parental opiate dependency prevalence data and feed back to the National Combating Drugs Unit, if appropriate.

Reducing Drug-Related Crime

As reported in the [Crime and Community Safety Strategic Assessment 2020-21](#), there were 1,129 drug crimes (trafficking and possession) in Cumbria, a rate of 2.3 crimes per 1,000 population; this compares to 3.5 per 1,000 in England & Wales. Levels of drug crime have recently increased in Cumbria and have been highlighted as an area of concern; in 2020-21, levels of drug crime increased by +24.6% compared to the previous year (2019-20).

Further information can be found in the [Crime and Exploitation](#) chapter.

Reducing Drug-Related Harm

Drug Related Deaths

Over the last 10 years, drugs deaths have been increasing in Cumbria reflecting the national picture. In 2021, there were 65 registered drug poisoning deaths in Cumbria, more than treble the number registered in 2011 (See Table 14 & Figure 3). Of those deaths, 43 related to drug misuse (see Table 14).

Table 13: Number of deaths related to *drug poisoning*, persons, 2011 to 2021

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Allerdale	3	2	6	2	7	9	9	5	9	17	12
Barrow-in-Furness	2	6	4	8	4	10	7	13	8	17	12
Carlisle	8	9	18	15	3	11	19	9	18	33	19
Copeland	3	7	3	0	4	6	8	7	8	15	9
Eden	2	1	3	4	3	6	3	1	3	6	5
South Lakeland	2	4	4	7	7	7	6	6	4	8	8
Cumbria	20	29	38	36	28	49	52	41	50	96	65
England	2,425	2,367	2,734	3,156	3,416	3,450	3,482	3,983	4,115	4,312	4,532

Source: Deaths related to drug poisoning by local authority England and Wales, 1993 to 2021; Office for National Statistics.

Table 14: Number of deaths related to drug misuse, persons, 2011 to 2021

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Allerdale	3	1	3	2	6	6	4	3	8	11	7
Barrow-in-Furness	0	6	4	5	3	10	5	9	6	13	11
Carlisle	5	6	13	11	2	3	9	6	11	23	12
Copeland	3	3	1	0	2	2	5	4	6	7	6
Eden	2	0	3	1	3	4	1	1	2	2	1

Cumbria Drug & Alcohol JSNA; December 2022

South Lakeland	2	1	2	4	5	4	3	4	3	7	6
Cumbria	15	17	26	23	21	29	27	27	36	63	43
England	1,582	1,492	1,812	2,120	2,300	2,386	2,310	2,670	2,685	2,830	2,846

Source: Deaths related to drug poisoning by local authority England and Wales, 1993 to 2021; Office for National Statistics.

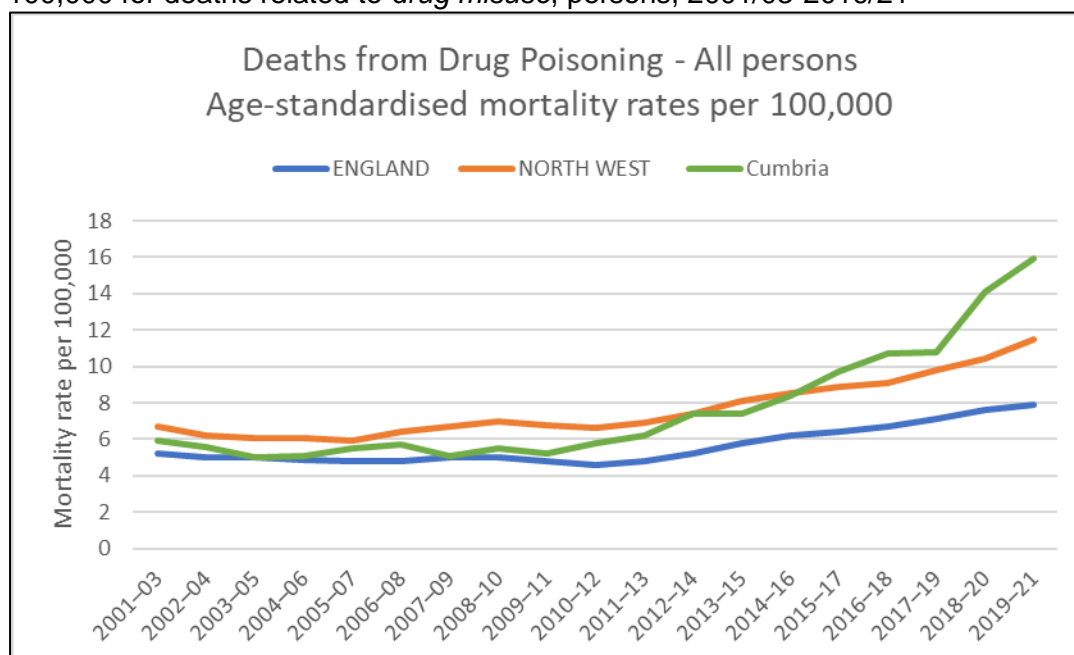
In Cumbria, the rate of deaths related to drug poisoning is significantly higher than the national average at 15.9 per 100,000 compared to 7.9. Across the districts, Carlisle has the highest rate of 23.2 per 100,000, closely followed by Barrow-in-Furness at 20.8. Rates of deaths related to drug poisoning are significantly higher than the national average in the districts of Allerdale, Barrow-in-Furness, Carlisle and Copeland (see Table 15).

Table 15: Number of deaths and age-standardised mortality rates per 100,000 for deaths related to *drug poisoning*, persons, 2019-21

	Deaths	Rate per 100,000	Lower Confidence Limit	Upper Confidence Limit
Allerdale	38	15.0	10.6	20.6
Barrow-in-Furness	37	20.8	14.6	28.7
Carlisle	70	23.2	18.0	29.3
Copeland	32	17.5	11.9	24.8
Eden	14	8.6 ^u	4.6	14.7
South Lakeland	20	7.3	4.4	11.4
Cumbria	211	15.9	13.7	18.0
England	12,959	7.9	7.8	8.1

Source: Deaths related to drug poisoning by local authority England and Wales, 1993 to 2021; Office for National Statistics. U*: Rates are not calculated when the number of deaths are fewer than ten. Rates when deaths are between 10 and 19 are considered unreliable as the number of deaths are small.

Figure 6: Deaths from drug poisoning, All persons; age-standardised mortality rates per 100,000 for deaths related to *drug misuse*, persons, 2001/03-2019/21



Source: Deaths related to drug poisoning by local authority England and Wales, 1993 to 2021; Office for National Statistics.

In Cumbria, the rate of deaths related to drug poisoning is higher in males than females at 23.3 per 100,000 compared to 8.7; furthermore, the rate in Cumbrian men is significantly higher than the national average at 23.3 per 100,000 compared to 10.8. Across the districts, the rate of deaths related to drug poisoning in males is highest in Carlisle at 33.1 per 100,000; rates are significantly higher in males than the national average in the districts of Allerdale, Barrow-in-Furness, Carlisle and Copeland (see Table 16).

Table 16: Number of deaths and age-standardised mortality rates per 100,000 for deaths related to *drug poisoning*, Males and Females, 2019-21

	Males				Females			
	Deaths	Rate per 100,000	LCL	UCL	Deaths	Rate per 100,000	LCL	UCL
Allerdale	31	25.0	16.9	35.6	7	*	*	*
Barrow-in-Furness	22	24.1	15.0	36.6	15	17.5u	9.7	29.0
Carlisle	49	33.1	24.4	43.8	21	13.6	8.4	20.8
Copeland	25	27.8	17.9	41.3	7	*	*	*
Eden	9	*	*	*	5	*	*	*
South Lakeland	15	11.5u	6.3	19.2	5	*	*	*
Cumbria	151	23.3	19.5	27.1	60	8.7	6.6	11.2
England	8,761	10.8	10.6	11.1	4,198	5.1	4.9	5.2

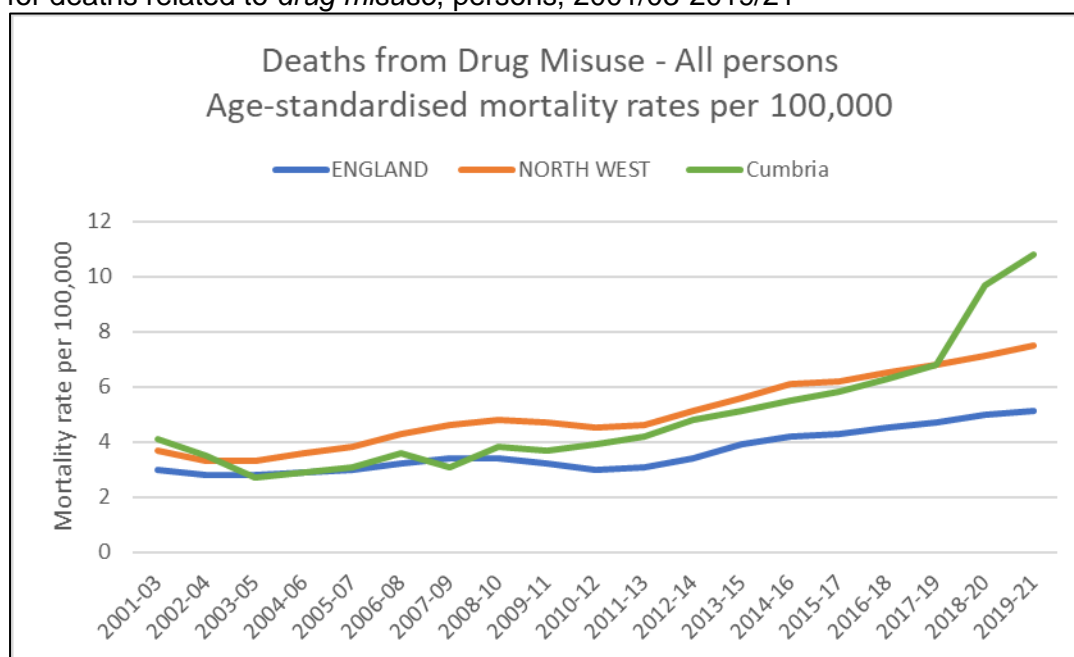
Source: Deaths related to drug poisoning by local authority England and Wales, 1993 to 2021; Office for National Statistics. U*: Rates are not calculated when the number of deaths are fewer than ten. Rates when deaths are between 10 and 19 are considered unreliable as the number of deaths are small.

Table 17: Number of deaths and age-standardised mortality rates per 100,000 for deaths related to *drug misuse*, persons, 2019-21

	Deaths	Rate per 100,000	Lower Confidence Limit	Upper Confidence Limit
Allerdale	26	10.3	6.7	15.1
Barrow-in-Furness	30	17.1	11.5	24.5
Carlisle	46	15.3	11.2	20.5
Copeland	19	10.3u	6.1	16.1
Eden	5	*	*	*
South Lakeland	16	5.8u	3.2	9.5
Cumbria	142	10.8	9.0	12.6
England	8,361	5.1	5.0	5.2

Source: Deaths related to drug poisoning by local authority England and Wales, 1993 to 2021; Office for National Statistics. U*: Rates are not calculated when the number of deaths are fewer than ten. Rates when deaths are between 10 and 19 are considered unreliable as the number of deaths are small.

Figure 7: Deaths from drug misuse, All persons; age-standardised mortality rates per 100,000 for deaths related to *drug misuse*, persons, 2001/03-2019/21



Source: Deaths related to drug poisoning by local authority England and Wales, 1993 to 2021; Office for National Statistics.

Nationally, rates of drug poisoning deaths in males who were living in the most deprived areas in England are almost 7 times greater than those living in the least deprived areas at 252.9 per 1 million compared to 36.8; rates of drug poisoning deaths in females who were living in the most deprived areas are almost 5 times greater than those living in the least deprived at 112.7 per 1 million compared to 22.8. (Source: Deaths related to drug poisoning England and Wales, 2019-21).

Nationally, most drug poisoning deaths are male with rates more than double compared to females, 115 per million v 54 per million respectively; the highest rates of deaths are in those aged 45 to 49 (often referred to as “Generation X” at 136.6 per million. (Source: Deaths related to drug poisoning England and Wales, 2019-21).

Local Deaths data

Following analysis of 301 drugs deaths (drug poisoning including drug misuse) registered in Cumbria between 2018 to August 2022 (provisional), the key findings were as follows:

- The underlying cause of most drug deaths was ‘*accidental poisoning by drugs, medicaments, and biological substances*’;
- Over half of registered drug deaths occurred in previous years;
- Men accounted for more than two-thirds of drugs deaths in Cumbria;
- Most drugs deaths were people aged 35-39 years and 45-49 years;
- The greatest number of drugs deaths were in the district of Carlisle, followed by Barrow-in-Furness;
- Within Carlisle, the greatest number of deaths were in the wards of Cathedral & Castle; Currock & Upperby; and Newtown & Morton South;
- Within Barrow-in-Furness, the greatest number of deaths were in the wards of Hindpool; Central; Risedale and Barrow Island;
- 1 in 4 deaths were in the 10% most deprived areas nationally;
- Almost half of drugs deaths were in the 20% most deprived areas nationally;
- 2 in 3 drugs deaths were at home;
- Many deaths were caused by multi drug toxicity while heroin; methadone and cocaine were mentioned on several records.

The data used in this analysis is sourced from the Primary Care Mortality Database (PCMD). The PCMD uses death records from the Office for National Statistics and is managed by NHS Digital.

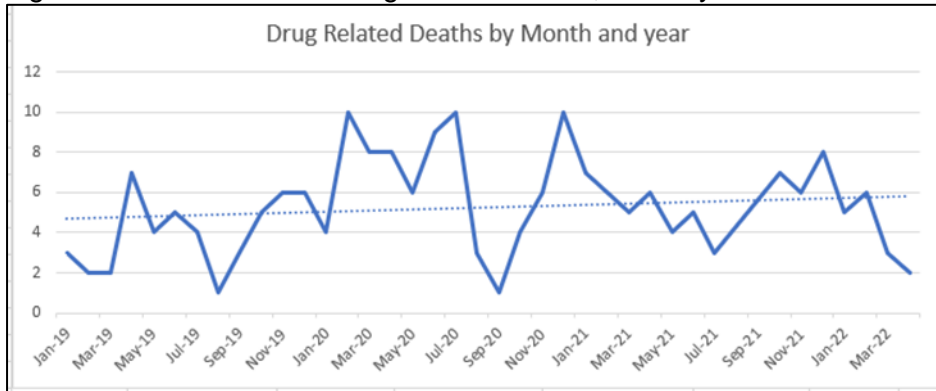
Deaths in Treatment

In the 12 months reporting up to April 2022, there were a total of 110 deaths of clients accessing treatment in Cumbria, accounting for 4.4 % of all clients in treatment. (Source: DOMES/NDTMS).

Police Recorded Drug Related Deaths

Cumbria Constabulary record numbers of ‘possible’ drug related deaths when attending incidents. Since the start of 2019, numbers of drugs related deaths have shown an increasing trend with numbers peaking in early 2020 and again in December 2020. In 2021, numbers began to fall to previous levels with a recorded 53 drug related deaths, this was slightly below a 3-year average of 57 and is the first time below a 3-year average since 2018. (See Figure 8).

Figure 8: Police recorded drug related deaths; January 2019 to March 2022

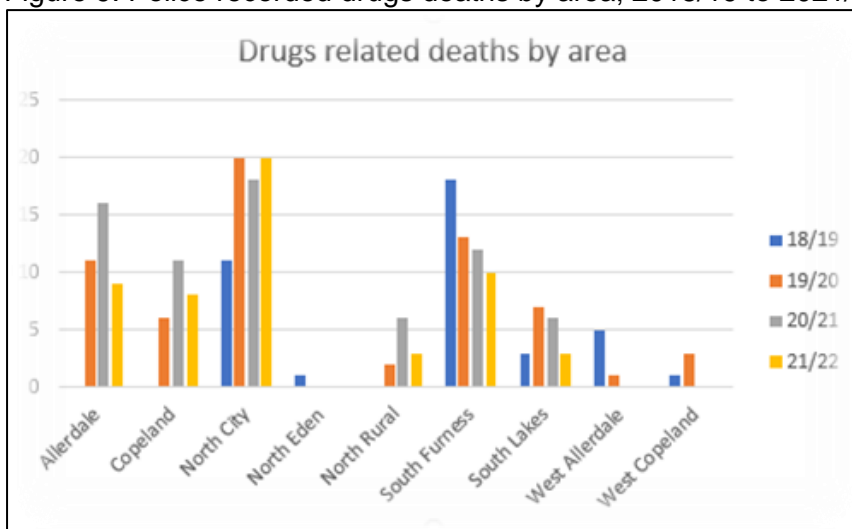


Source: Cumbria Constabulary

It is likely that the pandemic impacted on the peaks reported in 2020. Various factors including changes to prescribing in local pharmacies; the suspension of supervised consumption; and indications of drops in the purity of heroin may all have had an impact. Furthermore, it was anticipated that heroin users would use benzodiazepines and pregabalin concurrently in potentially larger amounts. As well as the peaks in 2020, ordinarily higher numbers of drugs deaths are often seen in the month of December.

Carlisle typically has the highest numbers of drugs deaths; and across Cumbria, the greatest numbers of drugs deaths are predominantly in the main towns and cities. In 2021/22, Carlisle had the highest number of drugs deaths accounting for 20 (38%); followed by Barrow-in-Furness with 10 (19%). Compared to the previous year, numbers of drugs deaths increased in Carlisle however they decreased across all other areas of the county. Compared to a 3-year average, drugs deaths have increased in Carlisle (+22%); conversely, numbers have decreased in Allerdale (-33%) and in South Lakes (-44%); and South Furness. (See Figure 9).

Figure 9: Police recorded drugs deaths by area; 2018/19 to 2021/22



Source: Cumbria Constabulary

Typically, most drugs deaths are male and aged between 30-39 years; furthermore, most of the individuals were alone at the time of death. Where information was available, a number of drugs deaths were suicide or overdose of prescription drugs.

The prevalence of illicit pharmaceuticals appears to be consistent feature across most police recorded drugs deaths. In 2021/22, opiates were responsible for most drugs deaths; heroin, methadone, and various drugs paraphernalia including needles and tinfoil were mentioned being found at incidents.

Pregabalin was associated with a number of drugs deaths. Pregabalin is a drug that holds potential for abuse and has been recognised through reclassification as a Schedule 3 controlled drug. The prescribing of pregabalin has been increasing locally and nationally; it is possible that the use of pregabalin will continue to increase and will potentially be a contributory drug for increased amounts of drugs deaths in the next few years.

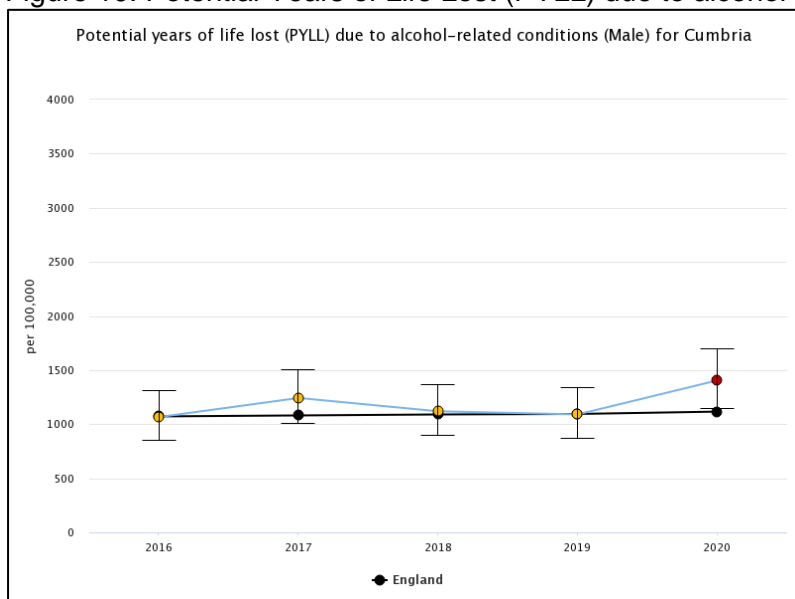
Changes in society in relation to their tolerance to certain types of drugs makes criminality harder to combat. While drink driving in the late 80's and 90's became very much frowned upon, socially drugs are showing the opposite trend with drugs including cannabis being seen by large portions of society as less harmful than alcohol.

Cumbria Constabulary are pursuing the formation of a 'County Drugs Death Review Panel' as a permanent fixture (led by partners). This would embed a process to review all drugs related deaths, near misses, trends etc to reduce drugs harm in community. This is being progressed through the Drugs Harm Prevention Board.

Trends in Alcohol-Specific and Alcohol-Related Mortality

Alcohol consumption is a contributing factor to hospital admissions and deaths from a range of conditions. Potential years of life lost (PYLL) is a measure of the potential number of years lost when a person dies prematurely. Since 2016, the rate of PYLL due to alcohol related conditions for both males and females in Cumbria has remained similar to the national average, however, more recently (2020) the rate for males was significantly higher than the national average at 1,405 per 100,000 compared to 1,116 per 100,000 in England. PYLL rates for males are significantly higher than the rates for females. (See Figure 10 and Table 18).

Figure 10: Potential Years of Life Lost (PYLL) due to alcohol related conditions - Males



Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/local-alcohol-profiles-for-england)

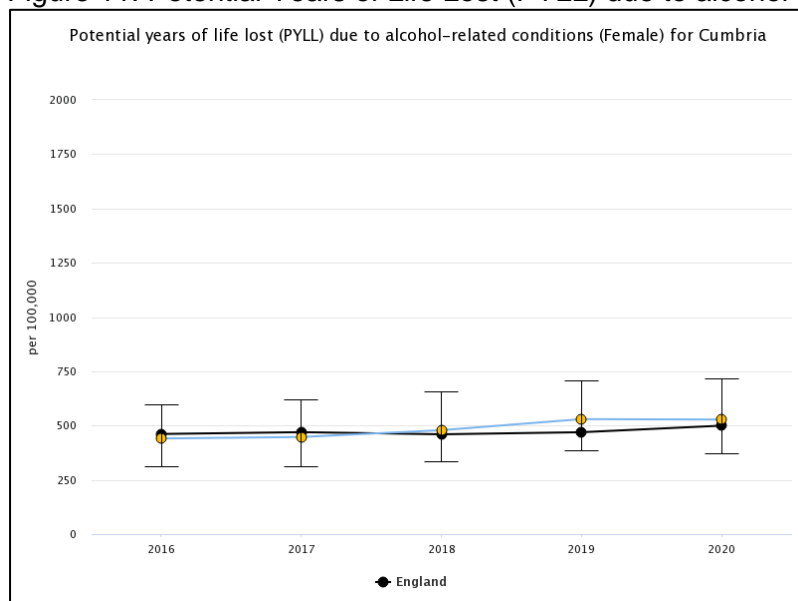
Table 18: Potential Years of Life Lost (PYLL) due to alcohol related conditions – Males

Recent trend: ➡ No significant change (Males)

Period		Cumbria				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2016	●	2,692	1,066	850	1,312	1,339	1,072
2017	●	3,137	1,242	1,007	1,507	1,359	1,081
2018	●	2,868	1,119	901	1,366	1,338	1,090
2019	●	2,804	1,090	871	1,340	1,361	1,094
2020	●	3,495	1,405	1,145	1,695	1,410	1,116

Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/local-alcohol-profiles-for-england)

Figure 11: Potential Years of Life Lost (PYLL) due to alcohol related conditions - Females



Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/local-alcohol-profiles-for-england)

Table 19: Potential Years of Life Lost (PYLL) due to alcohol related conditions – Females

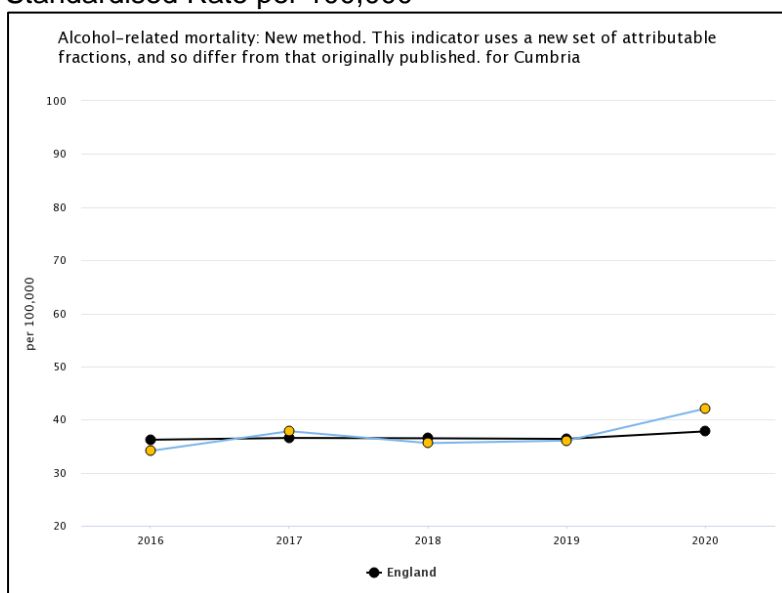
Recent trend: ➡ No significant change

Period	Cumbria				North West	England
	Count	Value	95% Lower CI	95% Upper CI		
2016	1,227	440	312	597	617	461
2017	1,205	447	309	617	621	470
2018	1,306	479	333	657	610	460
2019	1,460	530	382	707	599	469
2020	1,388	528	372	715	640	500

Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/local-alcohol-profiles-for-england)

In 2020, there were 237 alcohol-related deaths in Cumbria, although numbers have increased in the last 5 years (since 2016), recently there is no significant change. Rates of alcohol related mortality (all ages) have also increased however this is not statistically significant. The current rate in Cumbria is similar to the national average at 42.1 per 100,000 compared to 37.8 per 100,000; although the rate is slightly higher it is not statistically significant. (See Figure 12 and Table 20).

Figure 12: Alcohol-related mortality – deaths from alcohol-related conditions, All Ages, Directly Standardised Rate per 100,000



Source: Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/local-alcohol-profiles-for-england)

Table 20: Cumbria: Alcohol-related mortality; Directly Standardised Rate per 100,000

Recent trend: ➡ No significant change

Period	Cumbria					North West	England
	Count	Value	95% Lower CI	95% Upper CI			
2016	190	34.1	29.4	39.4	44.0	36.2	
2017	211	37.8	32.8	43.3	44.4	36.5	
2018	201	35.6	30.8	40.9	43.8	36.5	
2019	207	36.0	31.2	41.4	44.1	36.4	
2020	237	42.1	36.8	47.9	45.7	37.8	

Source: Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/local-alcohol-profiles-for-england)

Across the districts, the rate of alcohol-related mortality is highest in Carlisle and is worse than the national average at 53.2 per 100,000 compared to 37.8 in England. Rates are above the national average in Barrow-in-Furness and Copeland however this is not statistically significant.

Table 21: Districts: Alcohol-related mortality; Directly Standardised Rate per 100,000, 2020

Area		Count	Value	95% Lower CI	95% Upper CI	Recent Trend
Allerdale	●	41	36.6	26.0	50.0	→
Barrow-in-Furness	●	36	50.7	35.2	70.5	→
Carlisle	●	60	53.2	40.4	68.6	→
Copeland	●	32	42.4	28.8	60.0	→
Eden	●	22	33.1	20.5	50.5	→
South Lakeland	●	46	35.5	25.6	47.8	→
North West	●	3,247	45.7	44.2	47.3	→
England		20,468	37.8	37.3	38.3	↑

Source: Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Hospital Admissions for Drug-Related Issues

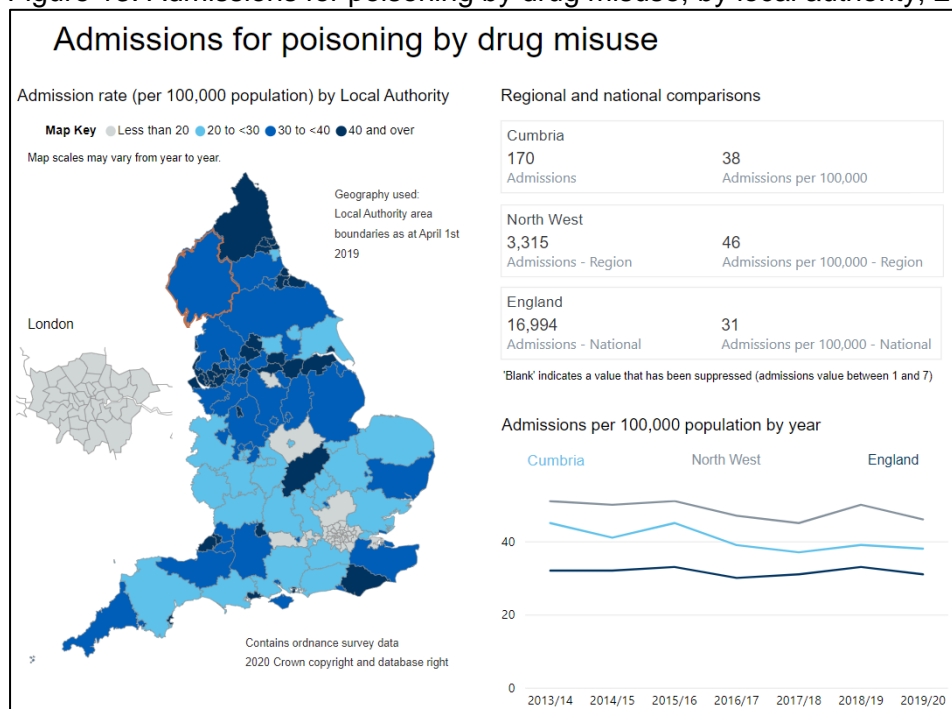
Hospital admissions for drug-specific substance misuse are defined as hospital admissions where the primary diagnosis is of a mental or behavioural disorder resulting from drug use, poisoning by specific drug (including narcotics such as heroin, methadone, cocaine and cannabis) or the toxic effect of drugs such as solvents. In 2019-20, there were a total of 1,000 drug-related hospital admissions in Cumbria. In Cumbria, the rate of admissions with a primary diagnosis of poisoning by drug misuse is higher than the national average at 38 per 100,000 compared to 31 in England. The rate of admissions with a primary diagnosis of drug related mental and behavioural disorders in Cumbria is just above the national average at 14 per 100,000 compared to 13 in England (See Table 22). Rates of admissions for poisoning by drug misuse have recently declined in Cumbria compared to previous years (See Figure 13).

Table 22: Drug-related hospital admissions, All persons; 2019-20

	Number of Patients	Rate per 100,000		
	Cumbria	Cumbria	North West	England
Finished admission episodes with a primary diagnosis of poisoning by drug misuse	170	38	46	31
Finished admission episodes with a primary diagnosis of drug related mental and behavioural disorders	60	14	18	13
Finished admission episodes with a primary or secondary diagnosis of drug related mental and behavioural disorders	770	173	268	181

Source: [Drug-related hospital admissions, 2019-20](#); NHS Digital

Figure 13: Admissions for poisoning by drug misuse, by local authority, 2019-20



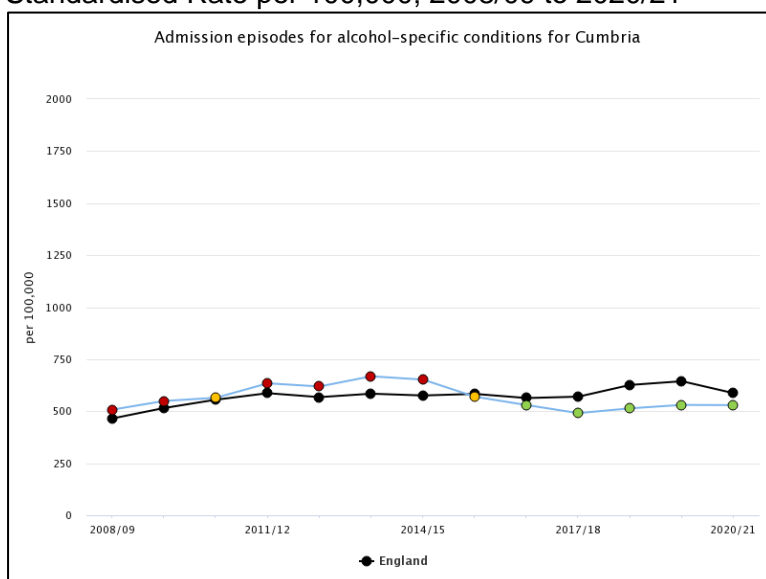
Source: [Drug-related hospital admissions, 2019-20](#); Interactive Tool, NHS Digital

Hospital Admissions for Alcohol-Related Issues

As reported by the Office for Health Improvement & Disparities, Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

In 2020/21, there were 2,650 alcohol-specific admissions to hospital (where the primary or secondary diagnoses are wholly attributable). The rate of alcohol-specific admissions is below the national average at 529 per 100,000 (Directly Age-standardised) compared to 587 per 100,000 in England. Rates in Cumbria appear to be relatively stable and have been below national averages for a number of years (See Figure 14 and Table 23).

Figure 14: Admission episodes for alcohol-specific conditions (All persons), Directly Standardised Rate per 100,000; 2008/09 to 2020/21



Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Table 23: Admission episodes for alcohol-specific conditions (All persons), Directly Standardised Rate per 100,000

Recent trend: ➡ No significant change

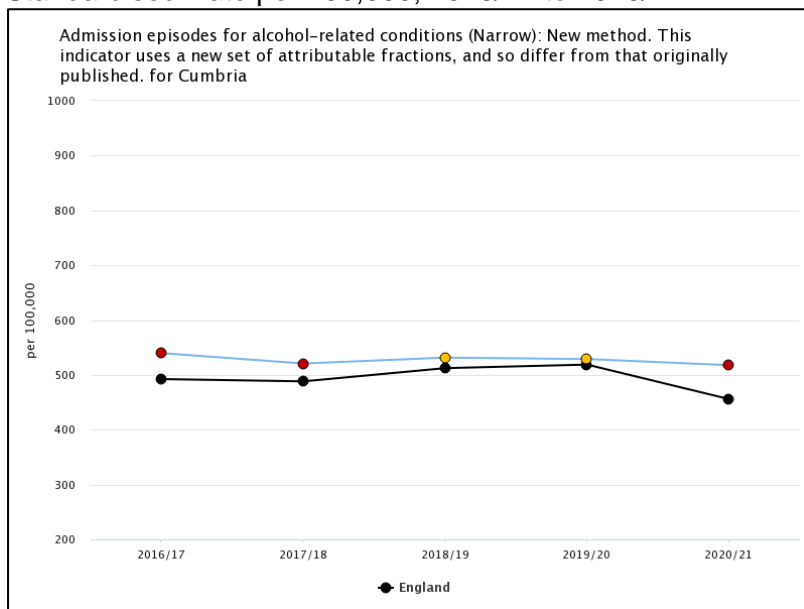
Period		Cumbria				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2008/09	●	2,554	508	488	528	740	465
2009/10	●	2,768	549	529	570	831	515
2010/11	●	2,830	565	544	586	880	555
2011/12	●	3,167	634	612	657	907	587
2012/13	●	3,075	619	597	641	874	568
2013/14	●	3,327	668	645	691	908	584
2014/15	●	3,297	652	630	675	907	576
2015/16	●	2,889	570	549	591	891	583
2016/17	●	2,695	530	510	550	842	563
2017/18	●	2,500	491	471	511	818	570
2018/19	●	2,600	514	494	534	883	626
2019/20	●	2,730	530	510	551	891	644
2020/21	●	2,650	529	509	550	795	587

Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Alcohol-related hospital admissions help to understand the impact of alcohol on the health of a population. A new measure of admissions for alcohol-related conditions takes account of the wider range of health issues caused by alcohol misuse. The new method of calculation takes into account the latest academic evidence and more recent alcohol-consumption figures. The number of deaths and admissions to alcohol each year has reduced, the direction of trend and the key inequalities due to alcohol harm remain the same. Alcohol remains a significant burden on the health of the population and the harm alcohol causes to individuals remains unchanged.

In 2020/21, there were 2,733 alcohol-related admissions to hospital (where the primary or secondary diagnoses are alcohol attributable) in Cumbria. The rate of alcohol-related admissions is worse than the national average at 518 per 100,000 (Directly Age-standardised) compared to 456 per 100,000 in England. Despite this, the rate in Cumbria has been declining in recent years. (See Figure 15 and Table 24).

Figure 15: Admission episodes for alcohol-related conditions (Narrow); All persons, Directly Standardised Rate per 100,000; 2016/17 to 2020/21



Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/data/local-alcohol-profiles-for-england)

Table 24: Admission episodes for alcohol-related conditions (Narrow); All persons, Directly Standardised Rate per 100,000

Recent trend: No significant change

Period	Cumbria				North West	England	
	Count	Value	95% Lower CI	95% Upper CI			
2016/17		2,843	540	520	560	563	492
2017/18		2,758	521	501	541	543	488
2018/19		2,815	531	512	552	574	512
2019/20		2,854	529	509	549	574	519
2020/21		2,733	518	498	538	500	456

Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Across the districts, the rate of alcohol-related admissions is highest in Copeland and is worse than the national average at 661 per 100,000 compared to 456 per 100,000 in England. Rates are worse than the national average in all districts except Eden and South Lakeland. (See Table 25).

Table 25: Districts: Admission episodes for alcohol-related conditions (Narrow); All persons, Directly Standardised Rate per 100,000, 2020/21

Area		Count	Value	95% Lower CI	95% Upper CI	Recent Trend
Allerdale		571	558	512	607	
Barrow-in-Furness		384	580	523	642	
Carlisle		612	550	507	596	
Copeland		470	661	602	725	
Eden		260	393	345	445	
South Lakeland		436	361	327	398	
North West		35,559	500	495	505	
England		247,972	456	454	458	

Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Alcohol during pregnancy

The harm of alcohol during pregnancy is significant including miscarriage, still birth, small for gestational size and Fetal Alcohol Spectrum Disorder (FASD). FASD refers to the range of neurodevelopmental problems caused by pre-natal exposure to alcohol; the effects are wide ranging and impact on the individual throughout their life. FASD is a lifelong condition and can have a significant impact on early-years development and life chances. Nationally and locally there is a lack of reliable data including prevalence estimates and numbers of alcohol-exposed pregnancies, however, information on drinking habits of the general population is gathered by the [Health Survey for England](https://www.gov.uk/government/collections/health-survey-for-england). In 2019, the findings relating to women included:

- 22% of women in England did not drink alcohol in the last 12 months
- 59% of women in England drank at levels within the UK CMOs' low risk drinking guidelines (that is 14 units or less in the last week)
- 9% drank at an increasing risk level (14 to 35 units)
- 2% drank at a higher risk level (over 35 units)
- Figures for women drinking more than 14 units per week varied across age groups, with age 55 to 64 the most common (20%).

Currently, the most reliable estimates of women who drink during pregnancy are available in the Infant Feeding Survey 2010, it reported that:

- 2 in 5 mothers (40%) drank alcohol during pregnancy;
- Mothers aged 35 or over (52%), mothers from managerial and professional occupations (51%) and mothers from a White ethnic background (46%) were more likely to drink during pregnancy;
- Mothers in England (41%) and Wales (39%) were more likely to drink during pregnancy compared to mothers in Scotland (35%) and Northern Ireland (35%).

A study in 2017 estimated alcohol consumption during pregnancy in the UK at 41%. A further UK cohort study suggested a higher proportion with 79% of pregnant women drinking in the first trimester, declining thereafter). (Source: [Fetal Alcohol Spectrum Disorder: Health Needs Assessment; Department of Health and Social Care](#)).

For information relating to adults in treatment who are parents, please go to the [Parents with problem alcohol and drug use](#) chapter.

Preventing Infectious Diseases

People who inject drugs are at a disproportionately higher risk of blood-borne viruses and are vulnerable to a range of bacterial infections. The practice of sharing needles, syringes and other injecting equipment and the risk from unsterile injecting increases the risk of developing BBVs. There is also a threat of people who inject contracting life-threatening infections such as anthrax and botulism from using contaminated drugs.

Bacterial infections -Blood-Bourne Viruses (BBVs)

As reported in the latest DOMES report (July 2021 to June 2022), 42.5% of eligible clients in treatment were offered and accepted a Hepatitis C test (629 clients), this compares 50.3% nationally; of those, 36 clients were referred to treatment, accounting for 78.3% of those who were PCR positive, this is similar to the national average of 79.9%. 32.9% of eligible clients in treatment were offered and accepted a Hepatitis B vaccination (291 clients); this compares to 29.4% nationally. (See Table 26).

Table 26: Hepatitis C tests and treatment; Hepatitis B vaccinations; July 2021 to June 2022

	Cumbria		England
	%	Number	%
Clients offered and accepted a Hepatitis C test	42.5%	629	50.3%
Clients antibody positive	30.7%	193	27.1%
Clients PCR positive (who were antibody positive)	23.8%	46	24.8%
Clients referred to Hepatitis C treatment (who were PCR positive)	78.3%	36	79.9%
Clients offered and accepted a Hepatitis B vaccination	32.9%	291	29.4%

Source: DOMES/NDTMS

In 2020-21, 11% (64) of adults presenting to drug treatment in Cumbria were currently injecting, just below the England average of 12%. 29% (169) of adults had previously injected, above the England average of 19%; while 59% (350) had never injected, compared to 69% nationally. 17% (60) of opiate clients in Cumbria were currently injecting, this compares to 22% nationally. 42% (152) of opiate clients had previously injected, compared to 32% nationally. (See Table 27).

Table 27: Cumbria: Injecting status of adults presenting to drug treatment by drug group, 2020-21

	Opiate		Alcohol & non-opiate		Non-opiate		Total	
	N	%	N	%	N	%	N	%
Never injected	138	39%	105	91%	107	91%	350	59%
Previously injected	152	42%	9	8%	8	7%	169	29%
Currently injecting	60	17%	1	1%	3	3%	64	11%
Not currently injecting, previous behaviour unknown	8	2%	1	1%	0	0%	9	2%
Declined to answer	0	0%	0	0%	0	0%	0	0%
Missing/inconsistent	0	0%	0	0%	0	0%	0	0%
Total	358		116		118		592	

Source: Adult Drug Commissioning Support Pack; 2022-23, OHID

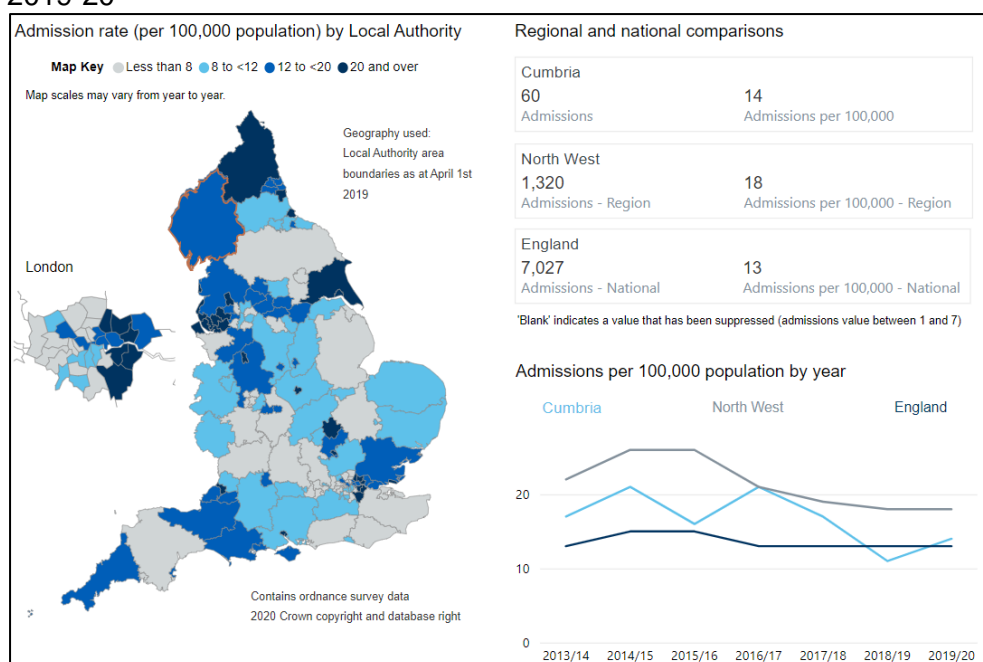
Mental Health Conditions

The co-occurrence of mental health conditions among people with substance misuse is complex. Substance misuse and addictions may stem from underlying mental health problems, while misusing substances can both generate or worsen mental health conditions.

In 2020-21, 60% of adults who entered drug treatment in Cumbria were identified as having a mental health treatment need, this is just below the national average at 63%. Co-occurring mental health needs were more apparent in clients in treatment for alcohol and non-opiates at 76%; for clients in treatment for non-opiates it was 69%; and for clients in treatment for opiates it was 51%. (Source: Adult Drug Commissioning Support Pack: 2022-23; OHID)

As reported earlier (Hospital Admissions for Drug-Related Issues), the rate of admissions with a primary diagnosis of drug related mental and behavioural disorders in Cumbria is just above the national average at 14 per 100,000 compared to 13 per 100,000 in England. In Cumbria rates have been above the national average for a number of years and although they were beginning to decline, they have recently increased from 11 per 100,000 (in 2018/19) to 14 per 100,000 (in 2019/20). (See Figure 16).

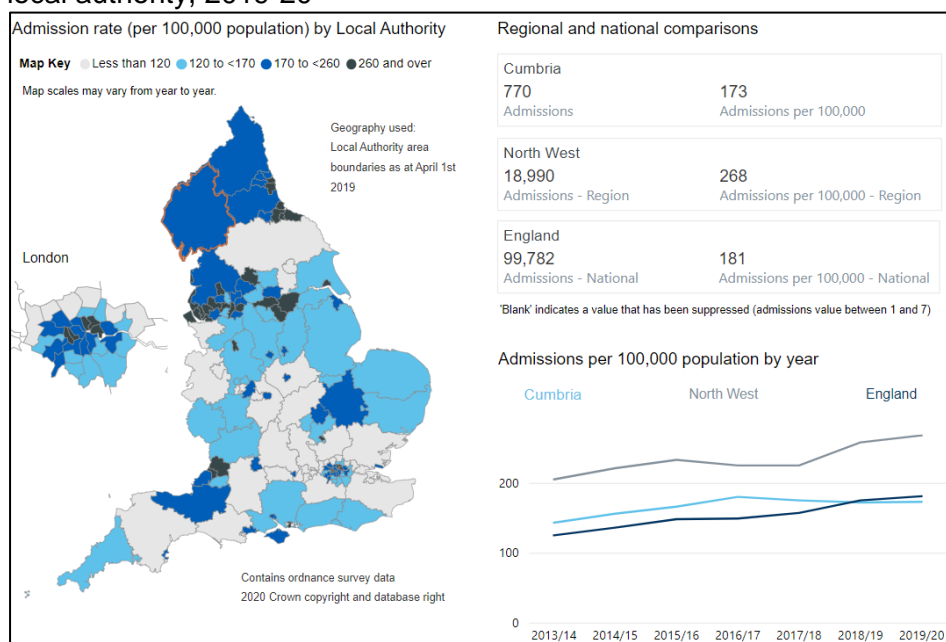
Figure 16: Admissions for drug-related mental and behavioural disorders, by local authority, 2019-20



Source: [Drug-related hospital admissions, 2019-20](#); Interactive Tool, NHS Digital

In 2019-20, there were 770 admissions where drug-related mental and behavioural disorders were a factor; the rate in Cumbria is below the national average at 173 per 100,000 compared to 181 per 100,000 in England. Rates have been rising nationally but in Cumbria they remain relatively stable. (See Figure 17).

Figure 17: Admissions where drug-related mental and behavioural disorders were a factor, by local authority, 2019-20



Source: [Drug-related hospital admissions, 2019-20](#); Interactive Tool, NHS Digital

Homelessness

Nationally, 82.6% of new adult clients to treatment (drugs and alcohol) reported having “no problem” with their housing situation; 11.7% reported a housing problem; while 5.7% reported an “urgent housing problem/no fixed address.” (Source: Adult substance misuse treatment statistics; 2020 to 2021).

In 2020-21, 8% of adult clients presenting to treatment services in Cumbria reported a housing problem at the start of treatment, this compares to 14% nationally; 8% reported an urgent housing problem/no fixed abode, reflecting the national picture. 84% of adult clients reported no housing problem, compared to 77% nationally. By completion of treatment, 100% of adults no longer reported a housing need in Cumbria, compared to 83% nationally. (Source: Adult Drug Commissioning Support Pack: 2022-23; OHID)

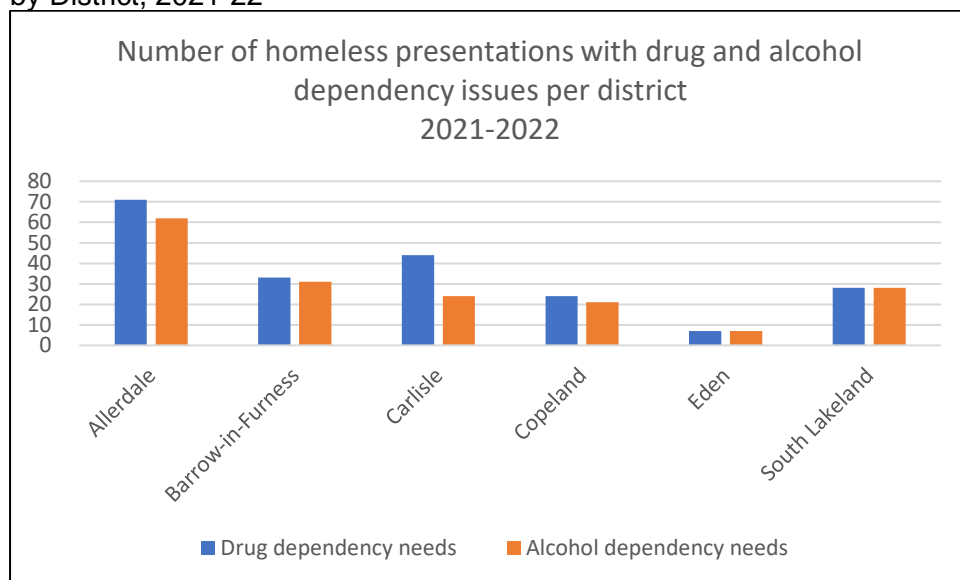
During the period July 2021 to June 2022, all opiate and non-opiate clients reported having no housing needs (at successful completion of treatment).

Youth homelessness

Nationally, 82.3% of young people starting treatment (drugs and alcohol) report living with parents or other relatives; 7.7% are living in care; 5.2% live in supported housing; while 1.1% report unsettled accommodation/housing problem or no fixed abode. (Source: Young people substance misuse treatment statistics; 2020 to 2021).

In 2021-22, the Youth Substance Misuse Team in Cumbria received 380 referrals for young people presenting as homeless and with a drug or alcohol dependency. Of those, 207 (54%) young people reported drug dependency needs; while 173 (46%) reported alcohol dependency needs, similar to and reflecting the needs nationally (England 58% and 42% respectively). Across the districts, the greatest number of referrals were in Allerdale (133) accounting for 35% of all referrals. (See Figure 18).

Figure 18: Referrals to Youth Homelessness, Housing, and Youth Substance Misuse services, by District, 2021-22



Source: Children and Families Services, Cumbria County Council

Recommendations

Develop robust data-sharing agreements and systems between partners included on the Drug Harm Prevention Panel (DHPP).

Develop joint data-systems between police and treatment and recovery services, providing data to the existing drug-related deaths (DRD) panel and DHPP.

Develop live links to share actionable DRD and near-miss intelligence between police and treatment system, to enable proactive responses and early prevention actions.

Develop a system, drawing on work from other areas, to proactively identify service users who are at high-risk of harm or DRD and provide bespoke support, drawing on the blue light model.

With partners, develop a framework, activity plan, metrics, and regular performance management. National Outcomes Framework – overarching measures which local areas are held accountable on progress.

Develop a robust process to regularly refresh this health needs assessment every three years.

Reducing Supply

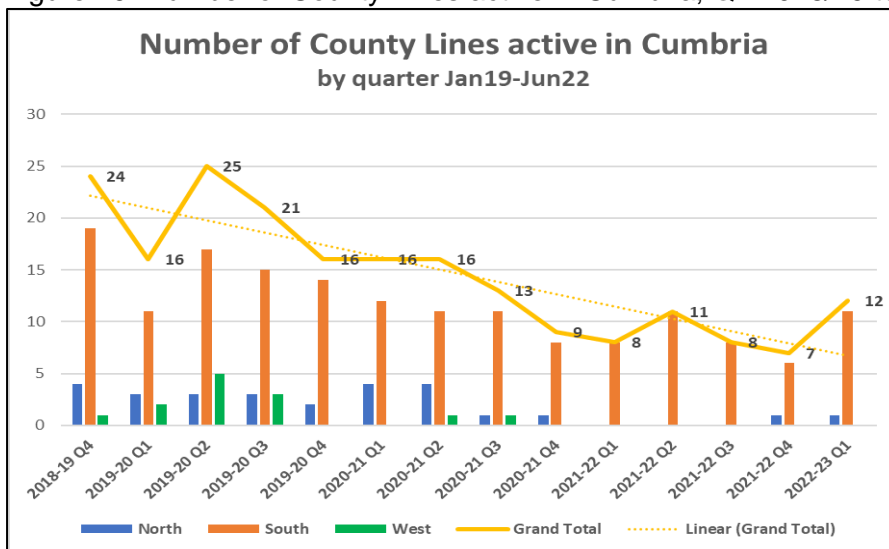
County Lines

County Lines (CL) is exploitative drugs supply and a growing issue in Cumbria and nationally. It describes a type of organised crime network that traffics drugs using dedicated mobile phone lines. Typically, a ‘bulk text’ is sent out by a ‘line controller’ advertising the availability of heroin and crack which is then sold to users through local supply networks. Crime groups sometimes exploit children and vulnerable adults to facilitate county lines by having them move and/or store drugs and cash. Cumbria Constabulary are disrupting county lines by identifying those involved and bringing them to justice or safeguarding them from harm and exploitation.

Since the introduction of dedicated resources and targeted operations in 2018-19, numbers of active CL groups in Cumbria have reduced (see Figure 19). Numbers of active lines fluctuate and are sporadic in their activity in Cumbria, despite this, numbers are showing a downward trend however new lines are emerging all the time. The difference in the last two years has been the speed at which a response can be made and in the last 12 months it has been noticeable that lines are not finding it as easy to get a hold in Cumbria as they have previously and that there are short periods of time where there are no active lines.

There are between 1 to 5 lines active at any one time in Cumbria, with some short periods where there is no CL drug supply in the county and drug users are having to find alternative sources. Intelligence suggests that CL criminals are finding it harder to find places to stay and to store drugs which is a direct result of dedicated resources and targeted operations.

Figure 19: Number of County Lines active in Cumbria; Q4 2018/19 to Q1 2022-23.



Source: Cumbria Constabulary

The downward trend in numbers of CL active in Cumbria is due to a combination of factors including:

- improved processes for identification and intelligence development - a more accurate count of CL based on better informed and reliable intelligence;
- a strong pursue response resulting in significant disruptions and prosecutions for lines from Merseyside, Manchester, Yorkshire and London;
- a proactive safeguarding approach to tackling CL which has created a hostile environment for criminals as well as protecting vulnerable people and communities.

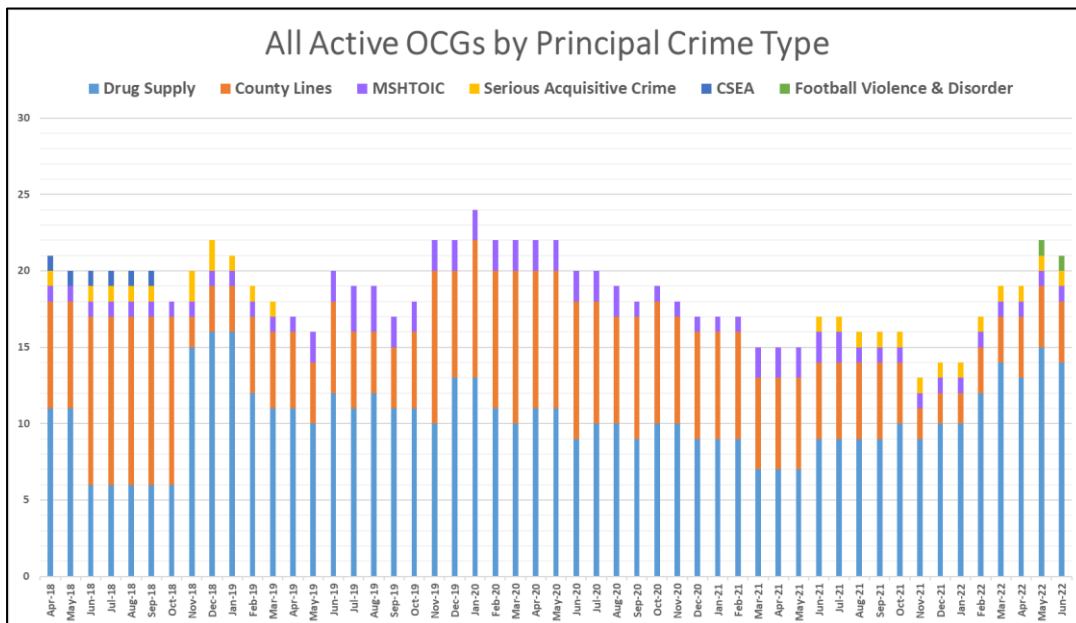
A significant factor in this success has been the introduction of dedicated CL resources. Early identification and intelligence development through research and telecoms analysis has enabled proactive safeguarding and target hardening to take place at an early stage, along with identification of opportunities for enforcement activity both locally, and in the exporting areas.

Organised Crime Groups Mapping

The profile of Serious and Organised Crime (SOC) in Cumbria is heavily dominated by drug supply.

Since the start of Organised Crime Group Mapping (OCGM) over a decade ago, there have been 88 Organised Crime Groups (OCGs) identified in Cumbria. In June 2022, there were 21 active OCGs in Cumbria; while 67 OCGs had been closed/archived. Numbers of OCGs active in Cumbria in any one month ranges between 13 to 24, with a monthly average of 19 (4 year average). An active category contains groups that are no longer criminally active but remain active for the purpose of OCGM until conclusion of the criminal justice process.

Figure 20: Active Organised Crime Groups in Cumbria by Principal Crime Type; Apr-18 to Jun-22



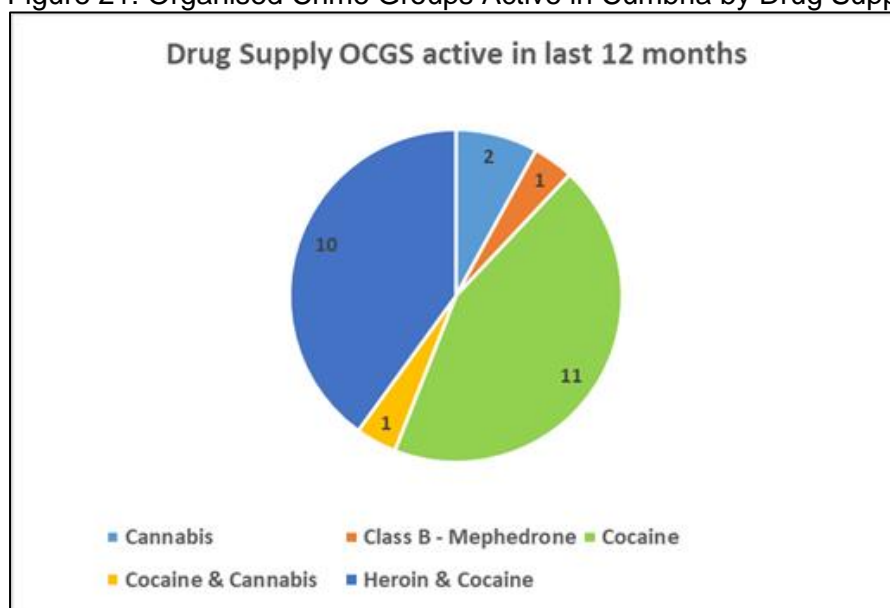
Source: Cumbria Constabulary

Over the past 12 months [May-21 to Jun-22] there have been 29 OCGS active at some time in Cumbria, the majority are involved in drug supply. It should be noted that this number includes a higher proportion than normal of groups that are classed as active for the purposes of OCGM, but which have been disrupted and are going through the criminal justice system. This is due to court and Crown Prosecution Service backlogs following periods of COVID-19 lockdown.

The majority of all OCGs in Cumbria are involved in drug supply criminality including CL, both now and historically. Currently there are 19 of the 21 active groups involved in drug supply and CL accounting for 86% of the total, with the most prevalent commodities being cocaine and heroin. This proportion is consistent over time, with 25 of the 29 groups active over the past 12 months involved in drug supply.

CL groups are mostly linked to the supply of heroin and crack cocaine, predominantly in South Cumbria, although there have been County Lines groups operating in North and West. There are groups supplying cocaine, involved in cannabis cultivation and the importation of mephedrone (see Figure 21).

Figure 21: Organised Crime Groups Active in Cumbria by Drug Supply; May-21 to Jun-22



Source: Cumbria Constabulary

Crime and Exploitation

Nationally, drug use has remained stable with around 1 in 11 adults aged 16-59 years and 1 in 5 adults aged 16 to 24 years reporting drug use in the past year (year ending June 2022). Class A drug use has decreased significantly compared to the previous year (year ending March 2020); use of ecstasy and nitrous oxide also declined; decreases may have been a result of social restrictions due to the pandemic. Cannabis continues to be the most prevalent drug used by adults with higher levels of use in those aged 16-24 years; powder cocaine is the second most used drug however levels are much lower than cannabis use (Source: Drug Misuse in England and Wales 2022, Office for National Statistics).

Drug Related Crime

Drug offences in Cumbria have continually decreased throughout the last year (2021/22), having peaked in April 2021. In 2021/22, there were 972 drug offences, a decrease of -166 (-15%) compared to the previous year; and a decrease of -52 (-5%) compared to a 3-year average. Since the pandemic, offences have returned to normal levels. There have been spikes in supply offences likely relating to a number of high-profile operations across the County.

Most Serious and Organised Acquisitive Crime in Cumbria impacts on the rural communities, with long term series and trends of Quad Bike thefts, High value Plant and Machinery theft and Fuel Theft. As a rural county with a large agricultural and commercial sector, this crime type has a significant impact on the community. (See Acquisitive Crime section for more details on the impact of SAC on Cumbria).

It should be noted that there are OCGs from other areas in the UK impacting on the county, especially in relation to cross border theft of vehicles, agricultural and industrial plant and machinery and attacks on HGVs. These OCGs have been mapped by other police forces and so do not feature in Cumbria OCGM numbers.

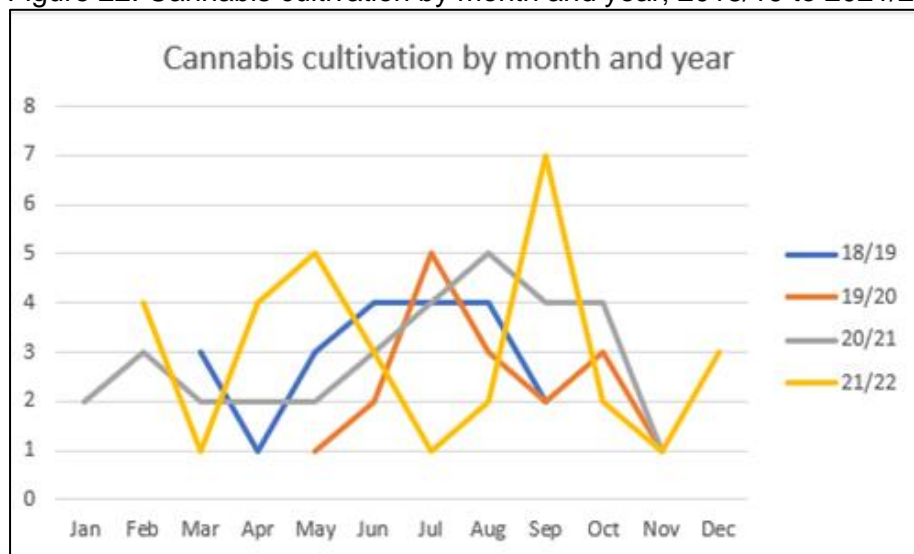
Cannabis Cultivation

Cannabis remains the most common type of drug involved in all offences, accounting for 61%. In 2021/22, cannabis offences including both possession and supply have decreased compared to the previous year, -17% and -2% respectively.

In 2021/22, there were 33 cannabis cultivation offences in Cumbria, a slight increase of +1 compared to the previous year; over a 3 year average, offences have increased by +7 (+29%).

Throughout the year, there were peaks in cannabis cultivation offences in particular in May and September 2021. In May there were 5 offences (3 in South, 1 in West and 1 in North Cumbria) all were in residential properties. In September there were 7 offences, of which 5 were small grows also located in the offenders' residential properties. Fluctuations throughout 2020/21 and 2021/22 would suggest that COVID restrictions had an influence on offences: figures decreased to low levels when lockdown measures were introduced; and increased when restrictions were relaxed. (See Figure 22).

Figure 22: Cannabis cultivation by month and year; 2018/19 to 2021/22



Source: Cumbria Constabulary

Cannabis cultivation offences were equally spread over each Territorial Policing Area (TPA): North 12 (36%); West 11 (33%); and South 10 (30%). Although numbers are small, offences are above a 3-year average in both North (+5) and West Cumbria (+4); in South Cumbria offences have decreased slightly by -2.

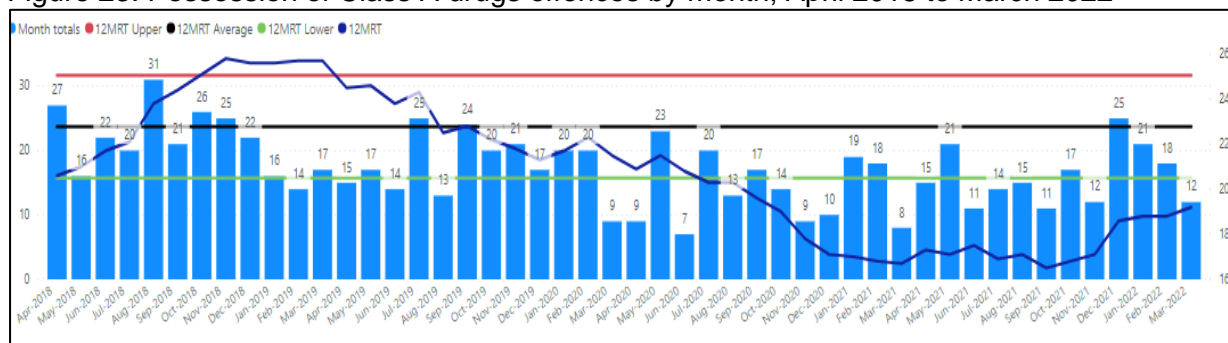
There were 39 offenders of cannabis cultivation offences of which the majority were male accounting for 37 (95%) while 2 (5%) were female, in line with usual trends. Most offenders are aged between 20–29 years accounting for 14 offenders (36%); this age range is most common and is in line with national trends.

Class A Drugs

In 2021/22, there were 192 possession of Class A drugs offences in Cumbria, an increase of +25 (+15%) compared to the previous year 2020/21; despite this increase, they remain below a 3-year average. Increases were expected from lower levels in 2020/2021 when COVID restrictions were in place impacting on both movement of the public and police intervention. (See Figure 23).

Cocaine was the most common drug in possession offences, accounting for 135 (70%) of offences, an increase of +33 (+32%) compared to the previous year; crack possession also increased +6 (+300%). Conversely, possession offences for heroin decreased by -11 (-22%); and MDMA -14 (-82%) compared to 3-year averages.

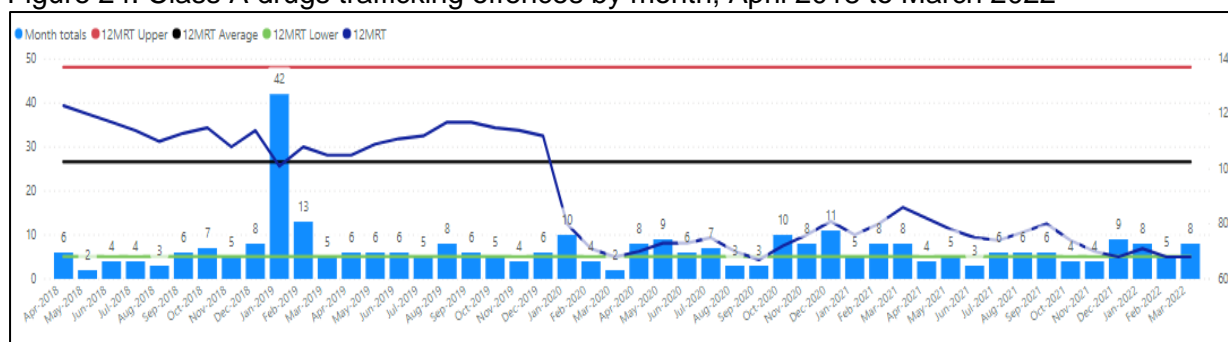
Figure 23: Possession of Class A drugs offences by month; April 2018 to March 2022



Source: Cumbria Constabulary

In 2021/22, Class A drugs trafficking offences remained at low levels with a total of 68 offences. Numbers of offences decreased by -18 (-21%) compared to the previous year. Cocaine was the most common drug for trafficking offences accounting for 36 (53%), an increase of +6 (+21%) compared to the 3-year average. In 2021/22, heroin supply offences decreased by -15 (-44%) compared to the 3-year average. Heroin supply offences saw a significant drop from February 2020 onwards, most likely impacted by the pandemic.

Figure 24: Class A drugs trafficking offences by month; April 2018 to March 2022



Source: Cumbria Constabulary

Whilst heroin and crack are generally supplied by street dealers, recreation drugs (e.g. powder cocaine, cannabis and ecstasy) can be supplied in a number of ways such as:

- Social supply – many recreational drug users obtain, drugs for free through their social networks rather than buying from a dealer.
- The Dark Web – nationally the number of drug users who reported obtaining drugs from the dark web has more than doubled in the past 8 years.
- Social Media – cannabis has been evidenced as commonly advertised for sale on social media.
- County Lines – there has been an increased presence of county lines groups in rural areas.

In the UK, demand for all common drug types remains high. Exploitation through drug trafficking including county lines is widespread, with gangs from cities such as London, Birmingham, Manchester and Liverpool operating across England, Wales and Scotland.

There has been a long-term trend over several years involving out of county Organised Crime Groups (OCGs) impacting on the drug supply markets in Cumbria. While OCGs from these areas have been involved in the supply of drugs into Cumbria for a long time, the County Lines model has become more prevalent over the last 5 or 6 years.

The most prevalent commodities are heroin, cocaine and crack which have all seen increases due to county lines compared to the 3-year average. Cocaine being the biggest increase with +11 (+800%) followed by heroin with +12 (+400%) then crack with +2 (67%). Offences are predominantly in Barrow-in-Furness. The County Lines OCGs impacting on Cumbria mainly originate in Merseyside, however more recently groups from Manchester and London have also been evident.

Cumbria Constabulary has recognised that County Lines criminality is influencing many other crime types such as an increase in drugs deaths, increased intelligence reporting and threats to life are also attributed to this type of criminality. Through improved systems, the Constabulary has improved the strategic understanding of the issue allowing for a more informed picture of reporting and trends.

December 2021 was a month when overall Class A drugs offences were at their highest. The week running up to Christmas had the majority of offences for the month and they were mainly at commercial or licenced premises, suggesting that the night-time economy and Christmas period was a factor for the increase. The majority of offences related to cocaine accounting for 22 (88%) offences. Compared to the previous Christmas period in December 2020, offences were at one of their lowest points likely resulting from restrictions due to COVID. Offences increased in May 2021, again, likely resulting from the easing of restrictions. In May 2020, offences were at their highest (31) and had more than doubled from the previous month, again, likely resulting from the easing of COVID restrictions following the first lockdown.

Fridays and Saturdays are the most common days of the week when drugs offences are committed; this is to be expected and is in line with national trends. The hospitality sector and 'going out' culture will influence this with more people taking drugs whilst out drinking over the weekend thus leading to possession offences. Possession offences were most common throughout evening into early morning whereas trafficking offences were throughout the day and reducing into the evening. This is all dependant on operational resources.

In 2021/22, the majority of Class A Drugs offences were in the South of the county, despite this, levels have slightly decreased compared to the previous year. Conversely, offences increased in the West and North of the county. Most possession offences were in the North, in particular in Eden with notable increases in Penrith Town; most offences were for possession of cocaine. Trafficking of Class A Drugs offences have decreased across all areas of the county compared to the previous year. Most trafficking offences were in the South with the majority being in Barrow; more than half of these were related to county lines and were in residential properties.

In 2021/22, there were a total of 220 offenders of Class A Drugs, many being repeat offenders. 42 offenders related to heroin possession; the majority of those were male accounting for 36 (86%); and were White British (where recorded). Most heroin possession offenders are aged 40–49 years, in line with national trends and the ageing heroin cohort.

There were 30 offenders for heroin supply offences, the majority were male accounting for 22 (73%) while 8 were female (27%), in line with usual trends. The age range of heroin supply offences is much younger compared to possession offences with most offenders aged 0-19 years.

There were 150 offenders for possession of cocaine. Most offenders were male accounting for 130 (87%); most are aged 20-29 years; and where recorded, most offenders are White British. There were 49 offenders for cocaine supply offences, accounting for 22%, this is a slight increase from a 3-year average of 19%. Most offenders were male, accounting for 47 (95%); most are aged 20–29 years, reflecting previous trends; and most are (where recorded) White British. Most offenders were from Barrow and Carlisle. A small proportion (1%) of offenders were for crack offences, which has remained stable. Most are males, aged between 20–29 years, and are White British.

Alcohol Related Crime/Incidents

There is a well-established and complex link between drugs, alcohol and crime. Alcohol is a factor in 40% of all violent crimes in England, as well as contributing to public disorder and anti-social behaviour. Furthermore, alcohol has a significant impact on levels of domestic violence and child abuse/neglect (Source: Office for Health Improvement & Disparities).

As reported in the [Crime and Community Safety Strategic Assessment 2020-21](#), levels of alcohol-related crime had been decreasing in Cumbria, down -24.0% in 2020-21 compared to 2019-20. It is worth noting that the COVID-19 pandemic will likely have had an impact, however, levels in 2019-20 had also decreased compared to 2018-19. Levels of alcohol-related crime decreased across all districts in 2020-21 compared to the previous 2 years. Levels of alcohol-related violent crime had also been decreasing in the previous 2 years in Cumbria and across all of the districts. Levels of alcohol-related sexual offences had also decreased in Cumbria overall; despite this, numbers had increased in Carlisle and Copeland.

More recently, numbers of *alcohol-related incidents* have increased in Cumbria (+19%), from 5,269 in 2020-21 to 6,272 in 2021-22. 41% of alcohol-related incidents were linked to public safety and welfare while 21.4% of incidents were linked to alcohol concerned assaults. In 2021-22, 31.7% (1,990) of alcohol-related incidents were 'crime' related; this is an increase from 27.1% (1,430) in 2020-21. Furthermore, there was an increase in the proportion of alcohol-related assaults from 17% in 2020-21 to 21.4% in 2021-22.

Numbers of crimes where *alcohol was a contributing factor* have also increased in Cumbria from 4,423 in 2020-21 to 6,424 in 2021-22 (+45.2%). The majority of crimes where alcohol was a contributing factor were classified as 'Violence Against the Person' accounting for 65.6%.

In 2021-22, there were 1,280 alcohol-related offences in Cumbria. In addition to the number of alcohol-related offences (offenders) reported above; in 2021-22, there were 5,607 alcohol-related victim records (excluding organisations and shoplifting offences).

Before drawing statistical conclusions from this information, considerations should be given to the limitations with police recorded data. The count of alcohol related crimes relies on the detection or presence of alcohol at the time of an arrest. Therefore, there are likely to be alcohol-related crimes that go under counted, and the scale of the problem may be much greater than recorded figures may suggest. In addition, an element of caution should be given when comparing age ranges and links to alcohol recorded crime and incidents due to issues with recording of victim and offenders ages.

Recommendations

Focus on Treatment – having heroin users in treatment means they are far less likely to access drugs via dealers and it helps prevent the induction of peers into starting use.
Support the drug user community to become resilient against County Lines Criminal Groups (CLCG).

Liaise with landlords and estate agents to make them aware of the signs of cannabis cultivation and the MO employed by the offenders in properties. Also encouraged to regularly check any empty premises and ensure that they are sufficiently secured.

Marketing campaign to educate the public on the indicators of cannabis cultivation.
Empower neighbourhoods against county lines.

Work with partners to ‘target’ children, young people, and vulnerable groups with specific messaging to highlight harmful drugs trends, risks and practices to inform and deter substance misuse in order to reduce harm.

Utilise ‘out of court’ disposals where appropriate to divert those away from the criminal justice system where drugs misuse / dependency is a root cause of their offending behaviour.

Employ a multi-agency approach to the early identification of potential victims of County Lines.

Success stories to be strongly publicised to give the public confidence in the police, reassuring them that we will act upon their information and will not tolerate this type of criminality.
Implement early intervention / safeguarding measures in relation to potential victims & ‘at risk’ groups of County Lines.

Offer / signpost appropriate support during police engagement with those identified at risk (e.g. custody procedures).

Continue to appropriately share police information and intelligence with relevant partners where it is reasonable and capable of reducing risk and harm to drugs users.

Relentlessly target identified CLCG operating in Cumbria utilising partners and front line, community and specialist police resources.

Criminal Justice System

A large number of clients in treatment are in contact with the Criminal Justice System (CJS); this is defined as clients who are taken onto a Criminal Justice Intervention Team (CJIT) caseload within 42 days of the earliest triage or the first referral source is a criminal justice referral. Clients in treatment for opiate use are more likely to be in contact with the CJS reflecting the national picture. In April 2022, there were a total of 357 clients in treatment who were in contact with the CJS, accounting for 14% overall. 280 clients were in treatment for opiates, accounting for 19.20%, similar to England at 18.50%; this compares to 5.76% for alcohol clients and 12.35% for non-opiate clients.

As at April 2022, a total of 26 clients (out of 357) in contact with the CJS successfully completed their treatment (in the last 12 months) accounting for 7.28%, this is below the national average of 12.59%. (See Table 28).

Table 28: Clients in treatment who are in contact with the Criminal Justice System clients in treatment; and successful completions of CJS clients; April 2022 (last 12 months)

Substance category	Sub-category	Clients in contact with CJS			Successful completions of CJS clients		
		Cumbria		England	Cumbria		England
		Number	%	%	Number	%	%
Alcohol	Alcohol only	44/764	5.76%	6.62%	12	27.27%	34.40%
Alcohol and non-opiate	Alcohol and non-opiate only	12/133	9.02%	11.85%	4	33.33%	28.08%
Non-opiate	Non-opiate only	21/170	12.35%	11.29%	4	19.05%	30.70%
Opiate	Opiate alcohol and non-opiate	16/54	29.63%	20.99%	0	0%	3.24%
	Opiate and alcohol	12/79	15.19%	12.05%	0	0%	5.08%
	Opiate and non-opiate	77/417	18.47%	21.82%	3	3.90%	3.22%
	Opiate only	175/908	19.27%	12.29%	3	1.71%	2.99%
	Opiates Total	280/1,458	19.20%	18.50%	6	2.14%	3.23%
Total clients		357/2,525	14.14%	13.52%	26/357	7.28%	12.59%

Source: DOMES/NDTMS

Cumbria Probation Service - Offenders

As of March 2022, there were 1,839 individual offenders registered with Cumbria Probation Service; of those, 200 cases were relating to drug offences: Drug import/export/production (86 offenders) and drug possession with intent to supply (114 offenders).

The majority of drug offence individuals were male accounting for 85%, representative of overall cases at 87%. Most drug offence individuals were aged over 35 years, accounting for almost half of cases (47.5%) reflecting the age profile of all cases registered with the service (49.1%). (See Table 29). 92% of drug offence individuals were of British ethnicity, similar to the overall ethnicity of all cases at 95%.

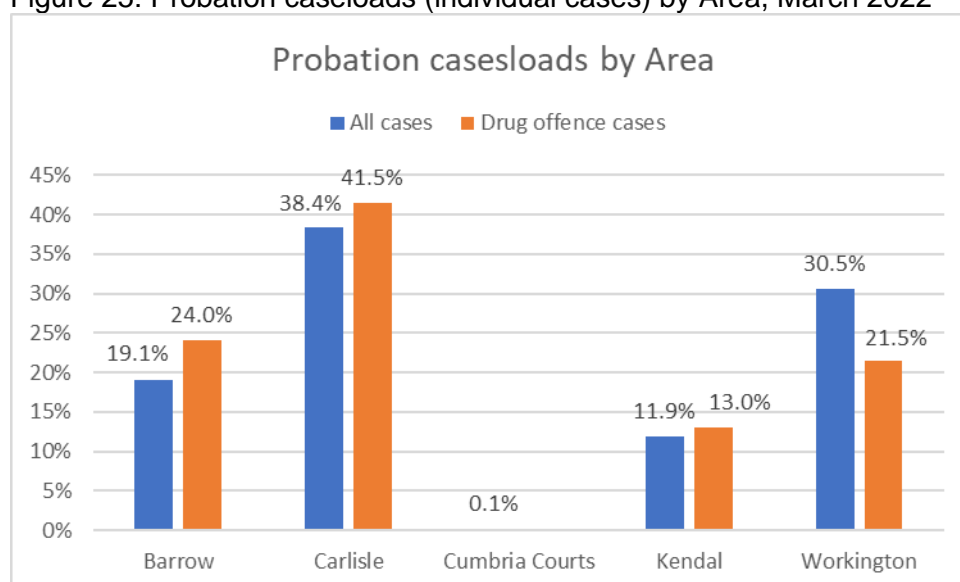
Table 29: Cumbria Probation Service: Caseload profile – Age; March 2022

	All cases		Drug offence cases	
	Number	%	Number	%
16-17 years	-	0.1	-	-
18-25 years	292	15.9	39	19.5
26-35 years	640	34.8	66	33.0
Over 35 years	903	49.1	95	47.5
Deceased	-	0.2	-	-
Total	1839		200	

Source: Cumbria Probation Service. [Numbers below 5 are suppressed].

The greatest proportion of offenders in Cumbria are located in the Carlisle area accounting for 38.4%; the greatest proportion of drug offence cases are also located in Carlisle accounting for 41.5%, likely reflecting population levels as well as need. (See Figure 25).

Figure 25: Probation caseloads (individual cases) by Area, March 2022



Source: Cumbria Probation Service

At Risk Vulnerable Groups

49 of the 200 drug offence individuals had a recorded mental illness accounting for 24.5%; this compares to 34.1% of all individual cases [please note this is likely to be higher as not all records were complete]. 69 drug offence individuals had stated they had no disability, accounting for 34.5%, this compares to 27.8% of all individual cases.

There are a number of offenders defined in law as eligible for MAPPA (Multi-agency public protection arrangements) management, because they have committed specified sexual and violent offences or they currently pose a risk of serious harm to others. In Cumbria a total of 530 individual cases were subject to MAPPA accounting for 28.8%; numbers of drug offence individuals subject to MAPPA are negligible.

Offenders Criminogenic Need

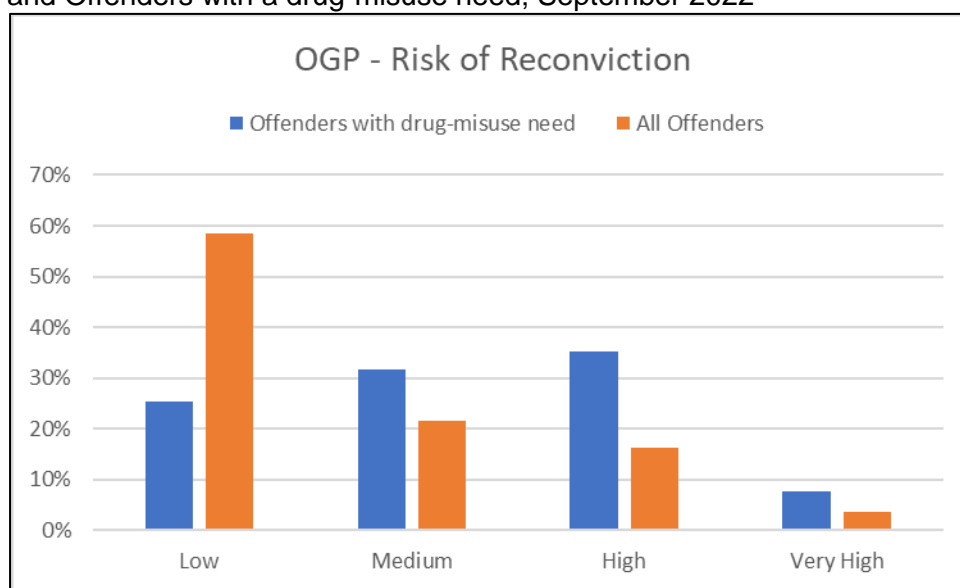
The Offender Assessment System (OASys) is used by the National Probation Service (and Her Majesty's Prison Service) to measure the risks and needs of criminal offenders under their supervision. The system includes analysis of static (criminal history and demographic) and dynamic (social and personal) risk factors, risk of serious harm, sentence planning, a self-assessment questionnaire (i.e. offender-completed) and a summary sheet. The OASys generates a summary risk score to assess the likelihood of reoffending and risk of harm to self and others, these are known as: OASys General reoffending Predictor (OGP) and the OASys Violence Predictor (OVP).

OVP predict the likelihood of non-violent and proven reoffending respectively, by combining information on the offender's static and dynamic risk factors. The Offender Group Reconviction Scale (OGRS) is a risk assessment tool used to estimate the likelihood of re-offending. It uses static factors such as age, gender and criminal history and then gives a score, which shows the likelihood of someone re-offending within a 12-24 month period.

As at September 2022, in Cumbria there were a total of 521 Offender Assessments (OASys). Of those, 144 offenders had a drug-misuse need recorded accounting for 27.6% of all Offender Assessments; this compares to 40.1% drug-misuse need in the North West.

The risk of reconviction for offenders with a drug-misuse need is much greater than the average for all offenders. Out of the 144 offenders with a drug-misuse need, 50 have been deemed as 'high risk' accounting for 1 in 3 (35.2%); this compares to the average of 16.2% for all offenders. Among non-violence offences, drug offences and drug abuse were frequently associated with the risk of reoffending. (See Figure 26).

Figure 26: OASys General reoffending Predictor (OGP) - Risk of Reconviction; All Offenders and Offenders with a drug-misuse need; September 2022



Source: Cumbria Probation; Offender Assessment System (OASys); Needs and Caseloads

Prison Continuity of Care

As at April 2022, 185 adults were released from prison and transferred to community treatment; of those, 104 clients were picked up in the community (of all released from prison) and transferred to community treatment accounting for 56.2%; this is higher than the national average at 37.0%. (Source: DOMES/NDTMS).

Drug Use in Prison

Nationally, drugs within prisons are widely available with around 15% of prisoners testing positive to random drug tests. The problems are greatest in male local and category C prisons. New psychoactive substances have become increasingly problematic in prisons. Drug use in prisons is closely linked to the amount of purposeful activity available to prisoners. (Source: Review of Drugs; Dame Carol Black; February 2020).

Local data on drug use in prison is not readily available; anecdotally the main drugs of use in prisons are novel psychoactive substances (spice), cannabis, illicit buprenorphine, opiates, steroids.

Children and Young People

Problematic Drug Misuse in Young People

Although most young people do not use drugs, substance misuse can have a significant impact on a young person's health, education, long-term opportunities and chances in life as well as a detrimental impact on the families and friends. Effective substance misuse interventions can significantly improve the overall health and wellbeing of a young person as well as reducing risk taking behaviour such as offending.

Young people most at risk of substance misuse and those who enter substance misuse services often have a range of problems and vulnerabilities including polydrug use, mental health needs, being involved with social services such as a looked after child or a child in need, or not in education, employment or training (NEET). Other risk factors include self-harming, sexual exploitation, anti-social behaviour, offending or domestic abuse. Girls tend to report more vulnerabilities than boys, in particular self-harming and sexual exploitation. (Source: Young people's substance misuse treatment statistics, OHID).

Substance misuse treatment services were affected by the COVID-19 pandemic. There were significant changes in the way in which interventions and services were provided including restrictions to face-to-face contacts, and changes within education and youth justice which has meant a reduction in the numbers of young people being referred to treatment.

Many young people receiving specialist interventions for substance misuse report a range of vulnerabilities and risks at the start of treatment including: not in education, employment or training (NEET), in contact with the youth justice system, victims of domestic abuse and sexual exploitation.

Nationally, cannabis is the most common substance for young people's substance misuse followed by alcohol. The Crime Survey for England and Wales in 2019-20 estimated 1 in 5 young people aged 16-24 years had taken a drug in the last year. The survey found cannabis was the most common drug used by 19% of 16-24 year olds; nitrous oxide was the second most common drug used by 9%. Drug use was more apparent in low-income households. (Source: Young People substance misuse commissioning support pack: 2022-23; OHID)

Nationally, proportions of young people in treatment for cannabis have been increasing for several years. Increases are also apparent in young people in treatment for benzodiazepines and ketamine but at much lower levels. There have been decreases in proportions of young people in treatment for alcohol, cocaine, ecstasy and amphetamines. (Source: [Young people substance misuse treatment statistics; 2005-06 to 2020-21](#)).

Youth Substance Misuse Team

The Youth Substance Misuse Team in Cumbria provide a point of contact for young people aged under 18 years in crisis in relation to alcohol and substance misuse. They provide a universal early intervention service, delivering harm reduction advice to prevent the escalation of risk-taking behaviour. Services include support relating to youth substance misuse, homelessness and housing.

Between April 2021 to March 2022, the Youth Substance Misuse Team received around 300 referrals for young people. 55% of referrals were for males while 45% were for females. Across the districts, the highest number of referrals were in Barrow-in-Furness, accounting for 27.7%; conversely, numbers of referrals in Eden were lowest accounting for just 7.6%.

Table 30: Number of Referrals to the Youth Substance Misuse Team; April 21-March 22

District	Total Referrals	Referrals split by Gender		
		Female	Male	Transgender
Allerdale	59	29	30	-
Barrow-in-Furness	84	38	46	-
Carlisle	47	16	30	-
Copeland	45	28	17	-
Eden	23	12	11	-
South Lakeland	45	12	33	-
Total	303	135	167	-

Source: Youth Substance Misuse Team, Cumbria County Council [Numbers below 5 are suppressed].

Cumbria Drug & Alcohol JSNA; December 2022

Numbers of young people in community structured treatment only in Cumbria are very low (below 5) therefore numbers cannot be reported in. (Source: Young People substance misuse commissioning support pack: 2022-23; OHID)

Cumbria Addictions Advice & Solutions (CADAS)

There are a number of third sector organisations across Cumbria providing advice and support for alcohol and substance misuse. Information and data in relation to the numbers of people accessing services is not available for all services however data is available from one of the providers - Cumbria Addictions Advice & Solutions (CADAS). CADAS provides free support for individuals and those around them who are misusing drugs and/or alcohol; or need support with addictive behaviour. During the period March 2021 to October 2022, there were 511 referrals received for Adult Recovery support (up to 12 sessions of therapeutic substance dependency support either face to face, online or phone). Of those, 324 (63%) clients required alcohol support, while 126 (25%) required dual substance support. For those misusing drugs, cannabis and cocaine were being misused the most, support was required for 80 and 70 clients respectively. Of the 511 referrals received, 185 clients (36%) engaged with the service and cases have since closed; 124 clients (67%) had their goals met.

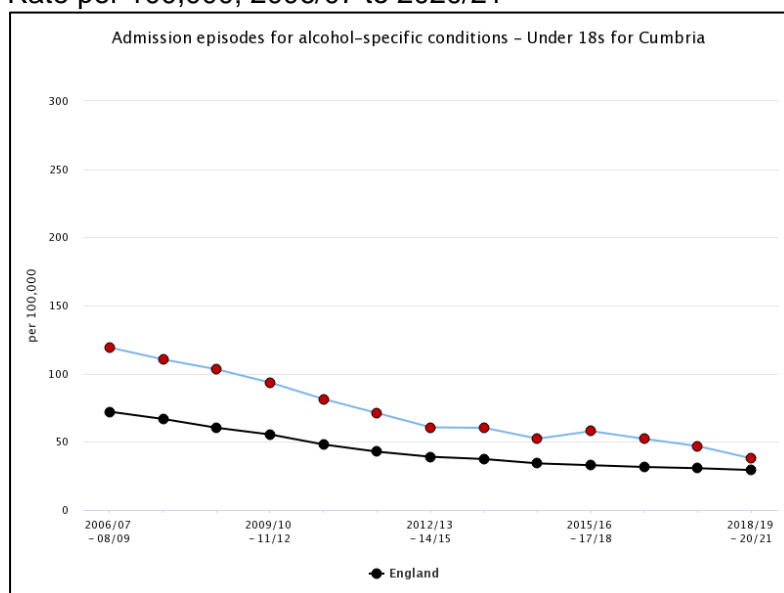
As well as providing support to adults, CADAS provide support to young people. Throughout the same period, 61 referrals were received for young people, half of those did not engage with the service. Of those who did, 38 (62%) required support for cannabis misuse; 21 (34%) required dual substance support. Of the 61 referrals received, 20 young people engaged with the service and their cases have since closed; half of those (10) had their goals met.

In addition to referrals for individuals misusing drugs and alcohol, 97 referrals were received for friends and family; of those, 38 people (39%) engaged with the service and their cases have since closed; 29 people (30%) did not engage with the service; while others are either currently receiving or waiting to receive support.

Hospital Admissions for Alcohol in Under 18s

The COVID-19 pandemic had a significant impact on hospital activity in 2020 to 2021, not only a reduction in hospital admissions overall but a reduction in the number of hospital admission episodes for under 18s where the primary or secondary diagnoses are alcohol-specific (wholly attributable). Prior to the pandemic, numbers of alcohol-specific admissions for under 18s were declining in Cumbria, reflecting the national picture; despite this, rates remain worse than the national average at 37.9 per 100,000 compared to 29.3 in England. Across the districts, rates are worse than the national average in Allerdale (46.0) and Barrow-in-Furness (50.6). (See Figure 27).

Figure 27: Admission episodes for alcohol-specific conditions – under 18s; All persons, Crude Rate per 100,000; 2006/07 to 2020/21



Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/local-alcohol-profiles-for-england)

Table 31: Admission episodes for alcohol-specific conditions – under 18s; All persons, Crude Rate per 100,000; 2006/07 to 2020/21

Recent trend: Could not be calculated (*due to issues in coverage during COVID-19 pandemic*).

Period	Cumbria					North West	England
	Count	Value	95% Lower CI	95% Upper CI			
2006/07 - 08/09	357	119.2	107.1	132.2	125.5	72.1	
2007/08 - 09/10	328	110.4	98.8	123.0	112.6	66.7	
2008/09 - 10/11	303	103.2	91.9	115.5	103.2	60.3	
2009/10 - 11/12	271	93.4	82.6	105.2	92.7	55.4	
2010/11 - 12/13	233	81.3	71.2	92.4	78.6	48.0	
2011/12 - 13/14	202	71.1	61.6	81.6	65.5	42.8	
2012/13 - 14/15	171	60.6	51.9	70.4	57.9	39.0	
2013/14 - 15/16	169	60.3	51.5	70.1	54.1	37.4	
2014/15 - 16/17	146	52.3	44.2	61.5	49.5	34.2	
2015/16 - 17/18	161	57.8	49.3	67.5	47.6	32.9	
2016/17 - 18/19	145	52.2	44.0	61.4	45.9	31.5	
2017/18 - 19/20	130	46.8	39.4	56.0	43.6	30.6	
2018/19 - 20/21	105	37.9	30.6	45.4	40.1	29.3	

Source: [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/local-alcohol-profiles-for-england)

Alcohol-Related Crime in Under 18s

For details of all alcohol related crime see chapter [Crime and Exploitation](#) .

In 2021-22, there were 6,272 alcohol-related incidents in Cumbria, of those 83 were 'youth related' accounting for 1.3%, this is a decline from 111 youth related incidents (2.1%) in the previous year (2020-21). The majority of alcohol-related incidents were linked to public safety and welfare; and alcohol concerned assaults.

In 2021-22, there were 1,280 alcohol-related offences in Cumbria; 56 offenders were aged under 18 years accounting for 4.4% of all offences. Of those under 18 years, almost half (25) were under the age of 16 years. The most common alcohol-related offence by an under 18 years offender was 'Violence Against the Person', accounting for 21 of the 56 offences; this was closely followed by 'theft' offences (all shoplifting) accounting for 18 of the 56 offences. When considering offences by those aged under 16 years there is a slight weighting towards theft offences (11 thefts compared to 8 violence against the person).

In addition to the number of alcohol-related offences (offenders) reported above; in 2021-22, there were 5,607 alcohol-related victim records (excluding organisations and shoplifting offences). 354 alcohol-related victim records involved a victim aged under 18 years, accounting for 6.3%; of those, 251 records related to 'Violence against the person' accounting for 70.9%. 79 records related to 'sexual offences' (the second most common category) accounting for 22.3%.

Safeguarding of Vulnerable People and Children

The following data is a summary of Safeguarding records created by Cumbria Constabulary only and therefore is not a complete picture across all partners, organisations and agencies in Cumbria.

Between 01/10/2021 and 30/09/2022 Cumbria Constabulary created 22,361 safeguarding records; subcategorised into 8,492 records relating to domestic abuse; 8,208 relating to vulnerable children; and 5,661 relating to vulnerable adults.

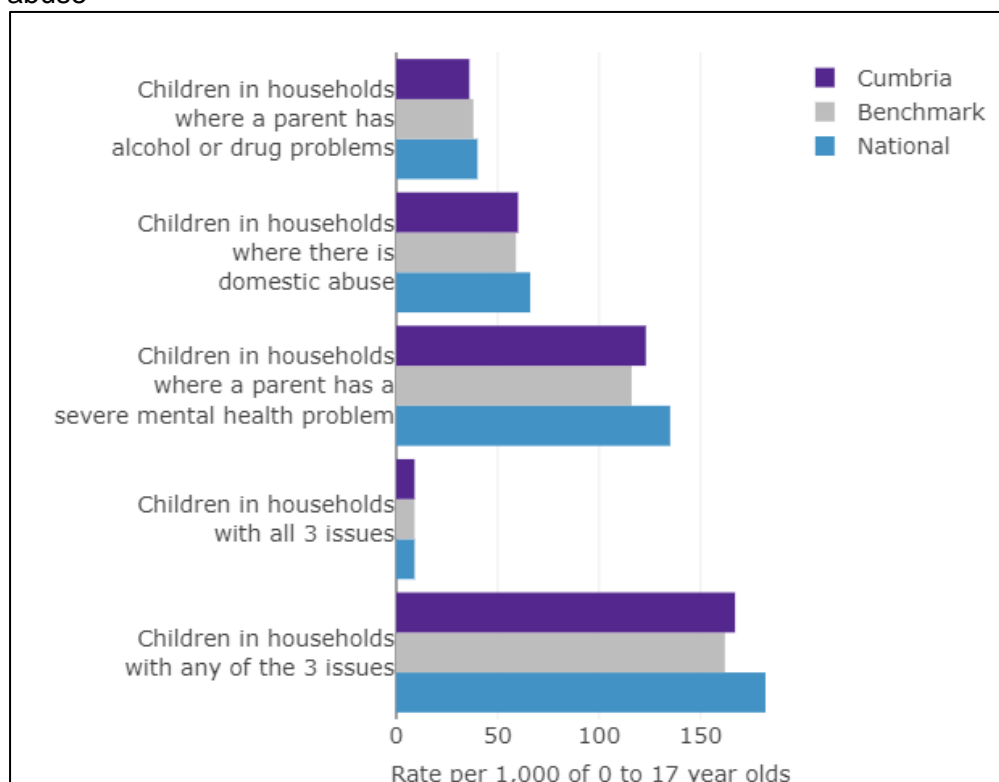
A total of 3,995 records had a risk marker relating to alcohol, accounting for 17.9%; a significant number of records with an alcohol marker related to domestic abuse safeguarding, accounting for 2,549 (63.8%). 634 alcohol related records related to a vulnerable child, however, this does not indicate that alcohol was the only or main vulnerability, only that it was a contributing factor.

Across the Unitary authorities, Cumberland had the highest number of alcohol related records accounting for 2,551 (56.3%); in Westmorland and Furness there were 1,685 (42.2%); while the remaining 56 (1.48%) were not assigned to a geography.

[Caveat: Before drawing any statistical conclusions, consideration should be given to the impact of multiple complex needs and co-morbidities. *The above data relating to Safeguarding records refers to alcohol as one contributing factor and, in some cases, safeguarding records may be created due to multiple complex needs, where alcohol is not the main cause for concern. However, it is well documented that alcohol abuse increases vulnerabilities and risk of victimisation and also increases the risk of violent behaviour, criminal activity and offending/re-offending.*]

As reported in the section on parental substance misuse, the rate of children in households where a parent has an alcohol or drug problem in Cumbria is 36 per 1,000 (aged 0-17 years), this compares with 40 per 1,000 in England. Along with parental substance misuse there are often co-occurring issues including domestic abuse and mental health problems. Just over half (52%) of parents or adults living with children have a mental health treatment need, for parents not living with children this increases to 60%. The rate of children in households where there is parental substance misuse and co-occurring domestic abuse in Cumbria is 60 per 1,000, below the national average of 66 children per 1,000. The rate of children in households where a parent has a severe mental health problem in Cumbria increases to 123 per 1,000, this compares with 135 per 1,000 in England. For children in households with any three of those issues, the rate in Cumbria increases to 167 per 1,000, compared to 182 nationally. (See Figure 28).

Figure 28: Co-occurring parental alcohol and drug problems, mental ill health and domestic abuse



Source: Parents with problem alcohol and drug use: Data for England and Cumbria, 2019 to 2020, Public Health England.

Further data relating to domestic violence (incidents and crimes) can be found in the [Crime and Community Safety Strategic Assessment 2020-21](#).

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Acronyms

1CLIC	County Lines Informed Cumbria
4P	Pursue, Prevent, Protect and Prepare
BBVs	Blood-Bourne Viruses
CADAS	Cumbria Addictions Advice & Solutions
CCG	Clinical Commissioning Group
CDP	Combating Drugs Partnership
CJIT	Criminal Justice Intervention Team
CJS	Criminal Justice System
CL	County Lines
CLCG	County Lines Criminal Groups
CPS	Crown Prosecution Service
DOMES	Diagnostic Outcomes Monitoring Executive Summary
DSR	Directly Standardised Rate
ICB	Integrated Care Board
MAPPA	Multi-agency public protection arrangements
MDMA	3,4-methylenedioxy-methamphetamine (Ecstasy)
NDTMS	National Drug Treatment Monitoring System
NEET	Not in Education, Employment or Training
NPS	New psychoactive substances
OASys	Offender Assessment System (National Probation Service)
OCGM	Organised Crime Group Mapping
OCGs	Organised Crime Groups
OGP	OASys General reoffending Predictor
OGRS	Offender Group Reconviction Scale
OHID	Office for Health Improvement & Disparities
OTC	Over-the-counter medicines

OVP	OASys Violence Predictor
PCR	Polymerase Chain Reaction
POM	Prescription-only medicines
PYLL	Potential Years of Life Lost
SOC	Serious and Organised Crime
TPA	Territorial Policing Area

Appendix 1

Pathways Programme; Cumbria Constabulary and the Police and Crime Commissioner

The Pathways scheme incorporates an offender management programme that offers reparation for the victim and rehabilitation for the offender. Pathways has a dedicated team of support workers, who identify the root causes of offending, refer to therapeutic programmes whilst addressing underlying vulnerabilities and/or issues with appropriate agencies.

The criminal justice system already uses methods called out-of-court disposals, such as cautions and community resolutions, for some offences. There are two specific new disposals which come under the Pathways Programme – deferred cautions and deferred charges.

The Pathways Programme offers eligible offenders the chance to have charges and cautions deferred on some lower-level offences that are deemed appropriate. In return, offenders must abide by a number of strict conditions such as taking part in a rehabilitation programme, providing possible compensation to victims, or being prevented from going to certain places.

On completion of the Pathways Programme (if the strict conditions have been met) individuals will not receive a police caution or charge to court, removing the need for victims to potentially attend court and give evidence – but also putting the offender on a path that prevents re-offending.

Since the start of Pathways Programme 554 referrals have been received, as stated above 352 have completed rehabilitative conditions successfully, 85 offenders have breached. Of the 554 referrals, 76 of these had drugs as the primary or secondary offence. Of these 76 referrals, at the time of compiling the report 46 had successfully completed the programme.

As of 21/09/22 there are further 64 workable ongoing referrals and a further 9 potential referrals.

Evidence relating to the effectiveness of the programme is shown in the current re-offending rate of those completing the programme. The re-offending rate is currently 14.1% meaning that 85.8% of clients have successfully completed that programme and have not re-offended. In addition, the Harm Reduction Rate for clients attending the programme equates to 68.4%.

Recovery Steps

Recovery Steps Cumbria is a drug and alcohol recovery service, providing treatment and recovery support for individuals (aged 18 years and above) and their family members who are affected by substance misuse (including alcohol, illicit drugs and over the counter and prescribed medication).

County Lines Informed Cumbria (1CLIC)

County Lines Informed Cumbria (1CLIC) is a two-year pilot programme funded by Cumbria's Police and Crime Commissioner aimed at targeting county lines in Barrow. The programme identifies vulnerable people who are most at risk of being approached by drug gangs, supports

them to move away from potential criminal behaviour and make positive life decisions. 1CLIC encourages long lasting behavioural change and supports the recovery of those who are already using drugs.

Cumbria Constabulary working in partnership with The Well Communities, an organisation that supports those who are recovering from addiction through counselling, peer mentoring, social activities, and other practical services such as housing and employment support.

Case Study One - Pathways Programme

Pathways received a referral of an offender, H, who had committed three acts of shoplifting, on three separate occasions.

H accepted Pathways because they needed support and felt like their actions were a cry for help.

It was agreed to primarily focus on bereavement/mental health and methadone use issues at first.

H was already getting counselling for their mental health and support with drug use, however, had no support and nothing in place for the grief they were feeling.

With help from the Pathways support worker, H eventually found the courage to call Cruse – a charity that supports bereaved families and people in Cumbria – and started six-week bereavement counselling sessions.

H accepted 100 per cent responsibility for what they did, feeling incredibly guilty and embarrassed about it, believing it was all linked to the grief they were feeling.

In feedback, H comments: “The Pathways Support Worker has been absolutely great, talked sense, was supportive and offered me help in every way possible. I would encourage anybody to take the Pathways programme, as it really does help people.”

Case Study Two - Pathways Programme

Pathways received a referral of an offender, T, who had been arrested for possession of cannabis.

They admitted to using it regularly and felt it helped their mental health.

T was already receiving support for mental health and their finances, so the Pathways support worker focused on further support from Unity.

Halfway through the Pathways scheme, T experienced a family emergency and despite this, still answered their calls, coped well with the situation and didn't turn to drink or drugs.

Pathways encouraged T to look more into the offence, how it affected people and made T think twice about their bad habits.

T said they would recommend Pathways to others, as it is a better option, helpful with finding support and getting personal things sorted out.

Case Study Three - 1CLIC

At the time of compiling the report, the 1CLIC Programme has a caseload of 10 individuals in regular contact, in addition the programme is supporting an additional 30+ people within the community and offering the support of 1CLIC and other organizations. The referrals in relation to caseload have come from 4 main sources, Cumbria Constabulary (CLIPS), National Probation Service, Creating Changes Housing Management and Cumbria Community Homes building on strong working relationships.

1CLIC continues to be presented to new organisations throughout the county that have links to South Lakes, including Adult Social Care, Youth Offending Services, Egerton Court MAP, Local Resilience Forum and Cumbria County Council. Services are being introduced to One CLIC Programme with the emphasis on:

1. Awareness raising of the issue involving County Lines exploitation within South Lakes
2. The importance of continuing to develop a community-based approach to tackling the issue.

List key achievements by Staff, Peer Mentors, Service Users and Partners that had a positive contribution.

- A strong working relationship between The Well Communities CIC and Cumbria Constabulary through Tom Sharp and Kev Milby.
- Proactive visits within the community.
- Strong Presences in a vast majority of MDT meetings in the south lakes.
- Presentation to over 100 students at Dowedales school.
- 10 School/College talks booked in over the next 2 months.
- Good working relationships with National Probation Service, CCHM and creating changes.
- Regular contact with the current caseload (10), will positive outcomes.
- Nominated for Howard League for Penal Reform award.
- Co-location has been achieved with Cumbria Constabulary in the Recovery Steps Cumbria building on Duke Street. By Co-locating in the RSC places this projector at the heart of recovery in Barrow.

Full training has been written and developed for professionals.

Effective Interventions – Evidence

The ongoing work with some of the most embedded Class A drug users and the improved links with Probation has led to a number of vulnerable people being supported. Including initial contact being made whilst the client is in prison, this improves engagement, assists with finding accommodation and means that a support package is in place prior to release. To date all those introduced to the scheme have not used since being released from prison. To date 55 referrals have been made to partners including housing, council, HAWCS and Recovery treatment.

As a result of this work there has been a noted reduction in demand for Class A drugs within South Lakes. In addition, there have been a number of measures taken to assist in reducing the impact of County Lines, by reducing their ability to operate in South Cumbria. The work includes the safeguarding of individuals being cuckooed by County Lines Nominals, this has been done by increasing visitations and referral to support.

Case Study Four - 1CLIC

53 year old Male (referred to as BW)

BW's is a vulnerable adult in Barrow in Furness who has substance misuse problems (alcohol). We received information (from Cumbria Constabulary) that county lines were holding up in his home and he was unable to get them to leave. BW spent much of his day drinking and staying in the house unable to relax at fear of violence. Due to BW's physical disabilities and mental capacity, he is classed as extremely vulnerable and susceptible.

Tom and Kevin started visiting him regularly and offering him the support that he needed. BW took the support and started engaging with 1CLIC. Within 1 week he no longer had county lines attending his property as the constant presence of outside organizations and the police made the premises "too hot" for the lines to stay at the property.

Proceeding the lines removal from the property we continued to visit BW and offer support. The support included referrals to recovery services, mobility helps and family support.

BW fits the profile of someone vulnerable to being exploited by people connected to County Lines activity perfectly, due to the way that he was groomed and exploited he did not realise that he had been cuckooed and was being exploited as is often the case, BW was subject to physical assault and threats of violence and had his money taken from him by those connected to CL activity.

Without intervention by 1CLIC and the offenders being arrested for offences against BW this pattern of exploitation and violence would of continued, the support and continued visits to BW have meant that he has been removed from this and has that point of contact to raise any concerns if he was to be approached again. The sustained contact and visits having him adopted as a CLIPP by the Police have heightened knowledge of his address and made it no longer appealing to be used by CL nominals.

Case study title	Case Study BW
Key Learning points for the service	<ul style="list-style-type: none"> • Importance of integrated working with statutory and voluntary partners • Using a MECC (making every contact count) approach when dealing with this cohort. • Self-generation of referrals must be created. • Importance of early intervention to prevent county lines operations and exploitation.