CHAPTER 5: SUBSTANCE USE AND ADDICTION

Table of Contents

5 SUBSTANCE USE AND ADDICTION

5.1 Introduction

Drug and alcohol use can pose a risk to an individual's mental health and wellbeing, especially to those with severe mental illness (SMI). It is very common for people who experience problems with alcohol/drug use to also have a mental health condition. This is commonly known as dual diagnosis which is the co-occurrence of a mental (psychiatric) disorder alongside substance use problems. The National Institute for Health and Social Care Excellence (National Institute for Health and Care Excellence, 2016) describes it as having coexisting severe mental illness and substance use.

This chapter focuses on mental health problems associated drug and alcohol use among adults aged 18 years or older in Wokingham and England. However, in some instances, available data and evidence may include those in the younger age group.

5.2 Drugs, alcohol and mental health

The relationship between substance use and mental illness is very complex and it is not always possible to establish a clear causal pathway between the two. The relationship is not static and can change over time as well as varying between people and can differ depending on the timing of mental health issue experienced and the amount of substance used. Someone may have the following (National Institute for Health and Care Excellence, 2016):

- A substance use problem that has led to a mental illness
- A mental illness that has led to substance use problem
- 2 initially unrelated disorders (a substance use problem and mental illness) that act together and exacerbate each other or other factors such as physical health problems that are causing the substance use and mental illness problems

Although the use of drugs and alcohol exists in most parts of the UK, the prevalence is higher in areas characterised by social deprivations and which in turn is associated with poorer health (Department of Health, 2017). People with a serious mental health illness tend to live 15 to 20 years less than the rest of the population and this figure is 9-18 years less in those who have drug and alcohol use problems (Wahlbeck, Westman, Nordentoft, Gissler, & Laursen, 2011).

Death by suicide is also common with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems (Public Health England, 2017). Individuals with mental health issues in some cases resort to alcohol and drug use as a form of 'self-medication' to help them cope with the experiences and/or symptoms of their condition.

5.3 Definitions

5.3.1 Substance/ alcohol and drug use

There are many terms to describe use of substances, alcohol and/or drugs, e.g., substance use, abuse, dependence, or addiction. For this chapter the terms 'substance use', 'alcohol use' or 'drug use' will be used to describe when someone is reliant on drugs or alcohol except when quoting findings from research papers where

the definitions of these terms are based on established criteria. This is due to stigma being attached to the term of ‘misuse’ especially for those accessing and using key drug and alcohol services. There is also not a clear distinction when drugs or alcohol are being ‘misused’, as individuals could still be high functioning while taking these substances at a higher level.

In addition, substance/alcohol/drug use refers to the use of illicit or legal drugs (including prescription medicines), tobacco and alcohol in a way that causes physical or mental damage. This could include low levels of drug and alcohol use that are not usually considered as being problematic or harmful but have the possibility of having a significant effect on individuals mental health who already have a mental illness such as psychosis (National Institute for Health and Care Excellence, 2016).

5.3.2 Dual diagnosis

The National Health and Care Excellence (NICE) defines dual diagnosis as referring to a co-existing diagnosis of a mental health condition combined with substance use. The mental health is usually a severe mental illness but can also be a common mental health condition. It is also referred to as co-occurring or co-existing diagnosis (National Institute for Health and Care Excellence, 2016).

5.3.3 Severe mental illness

Serious (or severe) mental illness (SMI) is a term used to describe psychological conditions in people which can have a debilitating effect to the point where it impacts their ability to function as they normally would both in their personal and professional lives. Schizophrenia and bipolar disorder are often referred to as an SMI (Public Health England, 2018). It includes a clinical diagnosis of schizophrenia, schizotypal and delusional disorders, bipolar affective disorder, or severe depressive episodes with or without psychosis (National Institute for Health and Care Excellence, 2016).

5.3.4 Opiate

The term opiate refers to either a natural derivative or a semi-synthetic constituent of opium (National Institute for Health and Care Excellence, 2022). Examples of opiates include codeine, morphine, and heroin.

5.3.5 Non-opiate

The term non-opiate is used to describe all drugs other than opiates which includes cocaine and crack cocaine, cannabis, ketamine, ecstasy (methylenedioxy-ethylamphetamine [MDMA]), steroids, amphetamines and new psychoactive substances such as spice (Sheffield Health and Social Care NHS Foundation Trust, 2022).

5.3.6 Problem drinking

Problem drinking is defined as regular consumption of alcohol above recommended levels (National Institute for Health and Care Excellence, 2018).

The term 'alcohol use disorders' encompasses the following (National Institute for Health and Care Excellence, 2018):

- Harmful drinking — defined as a pattern of alcohol consumption causing health problems directly related to alcohol. This could include psychological

problems such as depression, alcohol-related accidents or physical illness such as acute pancreatitis

- Alcohol dependence — characterised by craving, tolerance, a preoccupation with alcohol and continued drinking in spite of the associated harmful consequences (for example, liver disease or depression caused by drinking).

5.4 Risk factors and populations

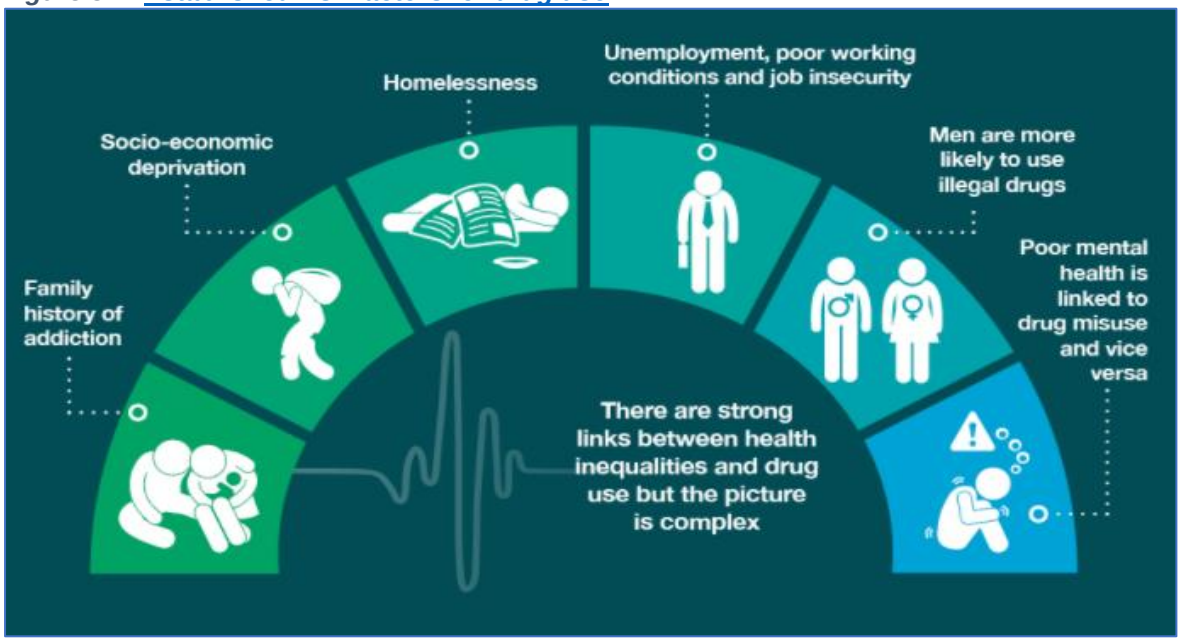
Many factors contribute to the development of problematic alcohol and drug use. These factors vary from person to person and may change over time. What is problematic use for one person, may not be for another person. It is frequently the interplay of multiple factors which increases the risk of poor outcomes.

5.4.1 Drugs/ Substances

Drug/substance use may cause social disadvantage and in turn, socioeconomic disadvantage can lead to drug dependence and use. Figure 5.1 shows the multiple risk factors that contribute to drug use, including:

- A family history of addiction
- Socio-economic deprivation
- Homelessness
- Unemployment, poor working conditions, and job insecurity
- Sex: men are more likely to use illegal drugs
- Poor mental health is linked to drug use and vice versa

Figure 5.1: Established risk factors for drug use



Risk factors listed above are all adversely associated with health status and there is a complicated and reciprocal association between drug use, particularly illicit drug use, and social factors. For example, substance use is not always linked to homelessness, but levels of substance use are relatively high amongst the homeless population. Substance use can be part of a spiral that leads to homelessness whilst some individuals may develop a substance use problem as a way of coping with not having a stable home.

There are also a number of factors which can contribute to the risk of a person developing a problem with substances for example:

- Adverse childhood experiences, which include childhood physical abuse; household substance use; childhood sexual abuse; emotional neglect; parental imprisonment; and household mental illness
- Stressful life events
- Availability and opportunities to use substances
- Social influences such as substance use in an important peer group

Some population groups are more prone to substance use problems at levels which can cause harm. It is important to note that being within these groups does not automatically mean that a person will have dependency or use substances. These groups include (Advisory Council on the Misuse of Drugs, 2018):

- Vulnerable young people (including those not in education, employment or training, those in care, young offenders).
- Offenders, particularly young offenders.
- Families with existing substance use e.g., those with parents who are dependent on substances
- Perpetrators and victims of intimate partner violence and abuse.
- Sex workers.
- People who are homeless.
- Veterans.
- Older people

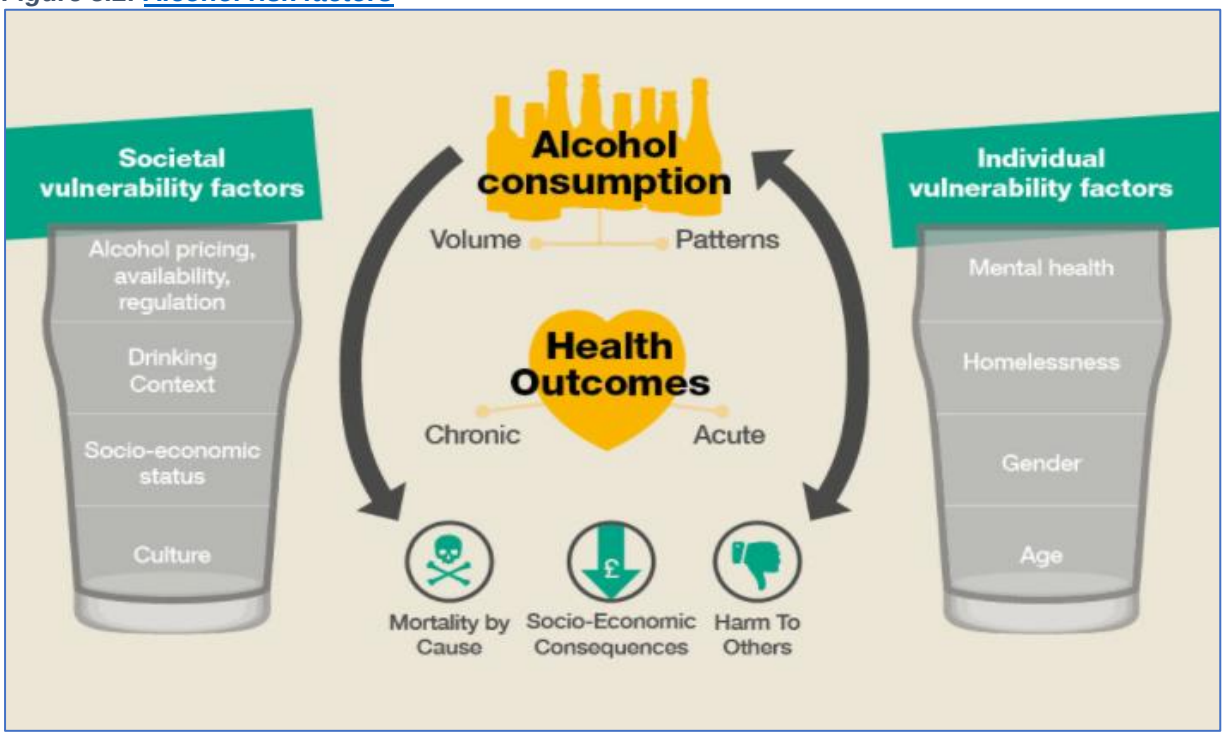
The UK Drug Policy Commission has also found that drug use among Lesbian, Gay, Bisexual and Transgender (LGBT) groups is higher than among their heterosexual counterparts, irrespective of gender or the different age distribution in the populations (UK Drug Policy Commission, 2010).

5.4.2 Alcohol

Figure 5.2 shows risk factors that influence someone's chance of having an issue with alcohol. These are split into societal vulnerability factors and individual vulnerability factors. Societal vulnerability factors include alcohol pricing, availability, and regulation, drinking context, socio-economic status and culture. Individual vulnerability factors include mental health, age, gender homelessness.

In England, issues with alcohol dependence are more common in men (6%) than in women (2%). The impact of harmful drinking is much larger for those experiencing the highest levels of deprivation and in the lowest income bracket. The reasoning for this pattern is not fully understood as those on a low income do not tend to consume more alcohol than those from higher socio-economic groups. The increased risk is possibly related to the effects of other problems which affect people in lower socio-economic groups West (Public Health England, 2016). Higher risk factors are the same as those for drug use issues as well as parental alcohol use, and comorbid substance use (Deeken, Banaschewski, Kluge, & Rapp, 2020).

Figure 5.2: Alcohol risk factors



Source: *Office for Health Improvement and Disparities, Substance misuse treatment for adults: 2020 to 2021.*

5.4.3 Prevalence of dual diagnoses and associated health outcomes

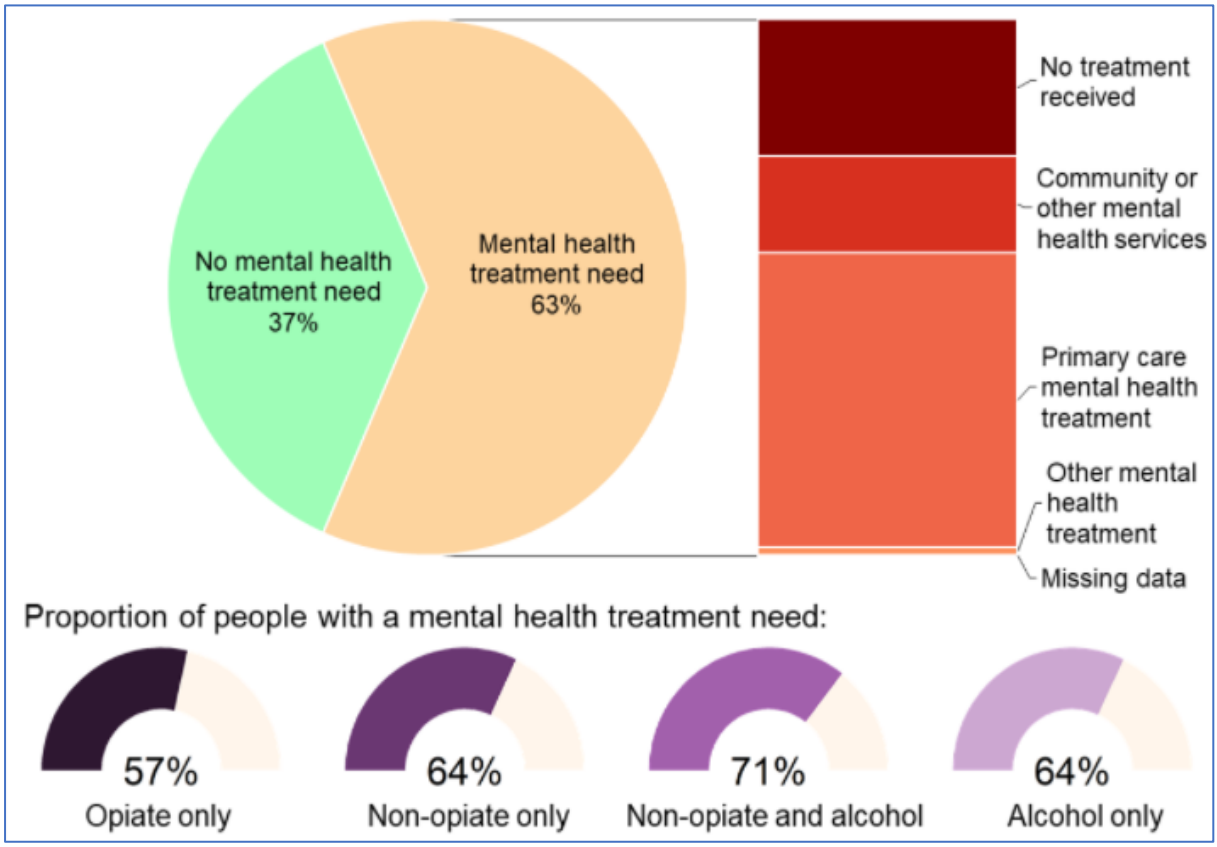
Alcohol and drug dependence are common among people with mental health problems and the relationship between them is complex. Existing evidence shows that up to 70% of people in drug service users and 86% of alcohol service users experience mental health problems (Weaver, et al., 2003) (Delgadillo, Godfrey, Gilbody, & Payne, 2013). 41% of people entering community alcohol and drug treatment between 2017 and 2018 reported a co-occurring mental health treatment need (Public Health England, 2019).

Figure 5.3 shows 63% of UK adults starting treatment in 2020/21 said they had a mental health need. When looking at the 4 substance groups, the proportions of people reporting a mental health need were:

- 57% of people in the opiates group
- 64% of people in the non-opiate only group
- 64% of people in the alcohol only group
- 71% of people in the non-opiate and alcohol group

25% of people who had a mental health need were not receiving any treatment to meet this need. Of those receiving mental health treatment, 55% received it in a primary care setting, such as a GP surgery.

Figure 5.3: Mental health need and treatment received for adults in England starting treatment in 2020/21



Source: *Office for Health Improvement and Disparities, Substance misuse treatment for adults: 2020 to 2021.*

The high levels of need and associated health harms among people with dual diagnoses is highlighted by the following:

- Between 2004 and 2014, suicides among people with a history of alcohol and/or drug use accounted for 54% of the total sample, an average of 672 deaths per year. Only 11% of them were in contact with alcohol or drug services at the time of death. Other evidence shows that alcohol use disorder is an important predictor of suicide and premature death (University of Manchester, 2016).
- The 2017 National Confidential Inquiry into Suicide and Homicide by People with Mental Illness found a history of alcohol misuse in 45% of suicides among people with mental health problems during period 2002 to 2011 (University of Manchester, 2017).
- 20% of mental health crisis-related admissions to acute hospital via A&E in 2012/13 were due to alcohol use - the second highest proportion after self-harm and undetermined injury (Public Health England, 2017).
- Data collected from trial sites commissioned by NHS England under the Liaison and Diversion Programme showed that 55% of service users who are in contact with the criminal justice system and identified with mental health needs also had problem with drug and/or alcohol use. Among those with alcohol use issues, over three quarters also experienced a mental health issue. In the case of people with other substance use, the percentage who

also demonstrated mental health needs was even higher at 79% (Public Health England, 2017).

- Research has shown 55% of people nationally experiencing severe and multiple disadvantages including substance misuse, also have a diagnosed mental health condition and 92% had a self-reported mental health problem (Bramley, et al., 2015)
- There is a growing body of research which describes the use of substances by women to cope with the psychological and physical harm resulting from their experiences of violence (Public Health England, 2017).
- 33% of people with mental health problems and 70% of people in psychiatric units smoke tobacco. Reductions in smoking rates in the general population over the last 20 years have not been matched in those with mental health conditions (Public Health England, 2017).
- Both alcohol and drug use and mental health problems are associated with considerable physical morbidity and premature mortality - 15-20 years reduction in life expectancy in people with mental health problems and 9-17 years reduction in those with alcohol and drug use problems compared to national norms (Public Health England, 2017).
- People with mental health problems are more likely to smoke and smoking is the single largest contributor to their 10–20 years reduction in life expectancy. Tobacco smoking is also highly prevalent in drug and alcohol users and a significant contributor to illness and death. Many people may recover from their drug or alcohol dependence only to later die of their continued and untreated tobacco dependence (Public Health England, 2017).
- Prisoners with addiction issues are also at increased risk of self-harm and suicide (Public Health England, 2017).

Generally, those with co-existing mental health and substance use problems have poorer prognoses and are likely to have (Public Health England, 2017):

- Greater levels of unmet need
- Higher rates of relapse
- Increased hospitalisation
- Housing instability
- Poorer levels of social functioning such as poverty
- Greater risk of being either a victim and / or perpetrator of violence
- Greater involvement with criminality and marginalisation
- Less compliance with medication and treatment, greater service utilisation
- Higher costs to local services
- High rates of suicide in drug dependent patients
- High rates of history of drug use in those psychiatric patients who subsequently commit suicide or homicide and severe and multiple disadvantage (substance use, homelessness, and criminal justice involvement).

5.4.4 Prevalence and presentation of alcohol and substance use problems in Wokingham

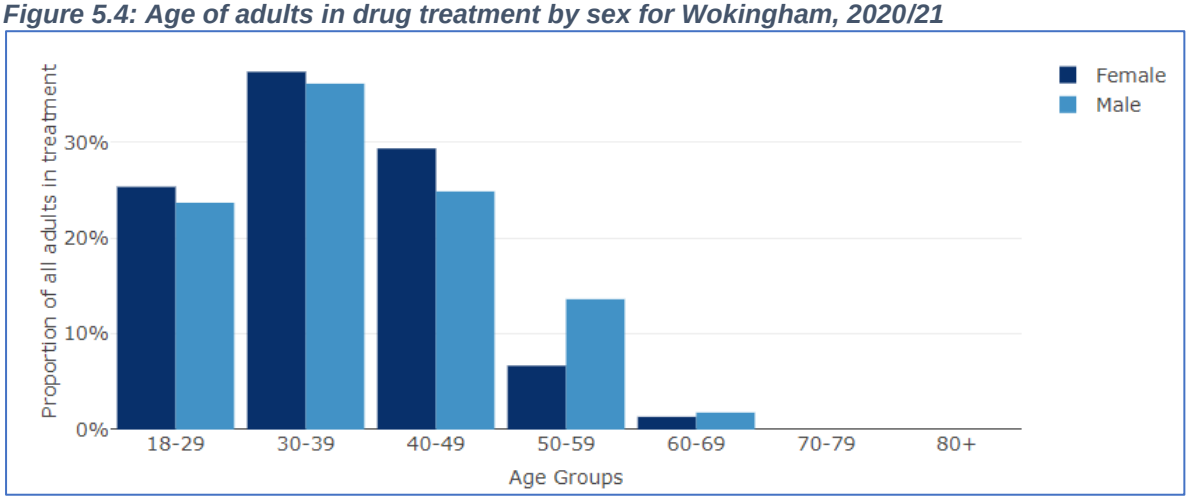
Existing evidence shows that up to 70% of people in drug service users and 86% of alcohol service users experience mental health problems (Weaver, et al., 2003) (Delgadillo, Godfrey, Gilbody, & Payne, 2013). 41% of people entering community alcohol and drug treatment in 2017 to 2018 reported a co-occurring mental health treatment need (Public Health England, 2019).

This section describes the presentation and prevalence of drug and alcohol problem in Wokingham as an indicator of level of problem of dual diagnosis locally.

- It is estimated that in Wokingham, 249 people per 100,000 use crack, 307 people per 100,000 use opiates and 373 people per 100,000 are opiate and/or crack users (OCUs).
- The rates of drug dependent adults in Wokingham with an unmet need (i.e., those who were not in contact with treatment services), is 67% of crack users and 57% in OCUs, higher than the national average of 58% in crack users, 53% in OCUs and 47% in opiate users.
- Rates for alcohol dependent adults in Wokingham are lower than the national average.
- In 2020/21 there were 418 alcohol-related admissions (i.e., hospital admissions where the primary diagnosis is an alcohol-related condition), equivalent to directly age standardised rate of 254 per 100,000 population, significantly lower than regional and national averages of 389 and 456 per 100,000 respectively (Office for Health Improvement and Disparities, 2022).
- Between 2018 and 2020 there were 10 drug use deaths in Wokingham and 46 hospital admissions due to drug poisoning.

Figure 5.4 shows that in 2020/21 there were 244 adults in treatment for drug use in Wokingham - 69% of them were male and 31% were female. Those between the age of 30 and 39 years were the highest age group in treatment.

Figure 5.4: Age of adults in drug treatment by sex for Wokingham, 2020/21

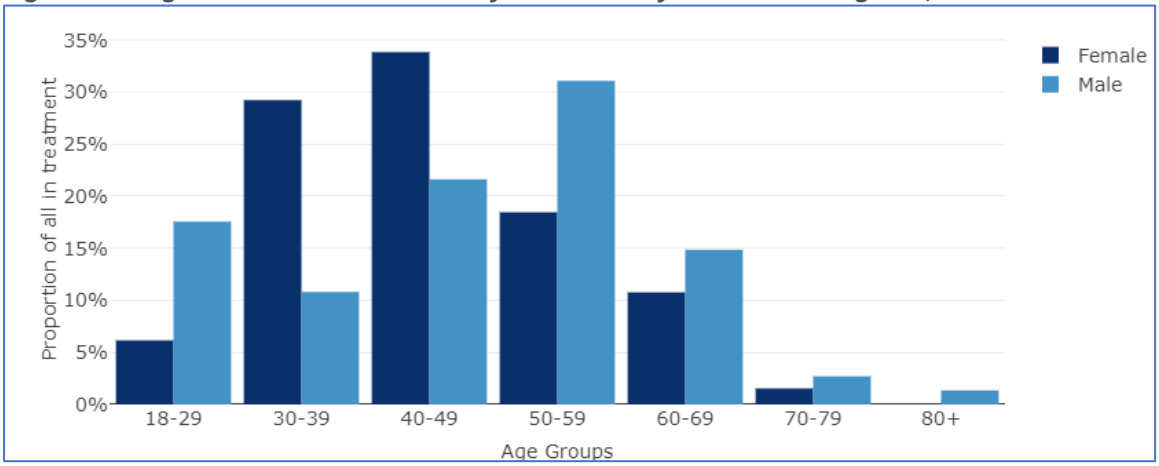


Source: ***National Drug Treatment Monitoring System (NDTMS)***

Figure 5.5 shows that in 2020/21 there were 139 adults in treatment for alcohol-use only in Wokingham. 53% of those were male and 47% were female. Those between

the ages of 40-49 (27%) and 50-59 (25%) had the highest amount of those in treatment.

Figure 5.5: Age of adults in alcohol only treatment by sex for Wokingham, 2020/21



Source: ***National Drug Treatment Monitoring System (NDTMS)***

In 2020/21, 140 Wokingham residents presented to drug and alcohol treatment service with the highest proportion (40.7%; 95% CI: 32.9% - 49.0%) being opiate users similar to the national pattern (47.8%; 95% CI: 47.5% - 48.2%). Majority of those presenting were males (69%), similar to the national pattern where 71% were males (Table 5.1).

Table 5.1: Number and proportion of adults presenting to drug treatment by drug groups for Wokingham and England, 2020-21

Drug Group	Local (n)	Male (%)	Female (%)	England (n)	Male (%)	Female (%)
Alcohol and non-opiate	33	58%	42%	20,849	70%	30%
Non-opiate	50	68%	32%	19,981	68%	32%
Opiate	57	75%	25%	37,440	73%	27%
Total	**140**	**69%**	**31%**	**78,270**	**71%**	**29%**

Source: ***National Drug Treatment Monitoring System (NDTMS)***

Between 2019/20 and 2020/21 adults in Wokingham who were in treatment for drug and alcohol problems increased by 25.1% with the highest increase recorded among non-opiate users (97.0%) and the lowest among opiate users (9.2%) (Figure 5.6).

Figure 5.6: Adults in drug treatment in 2020-21 compared to 2019-20 by drug group, for Wokingham

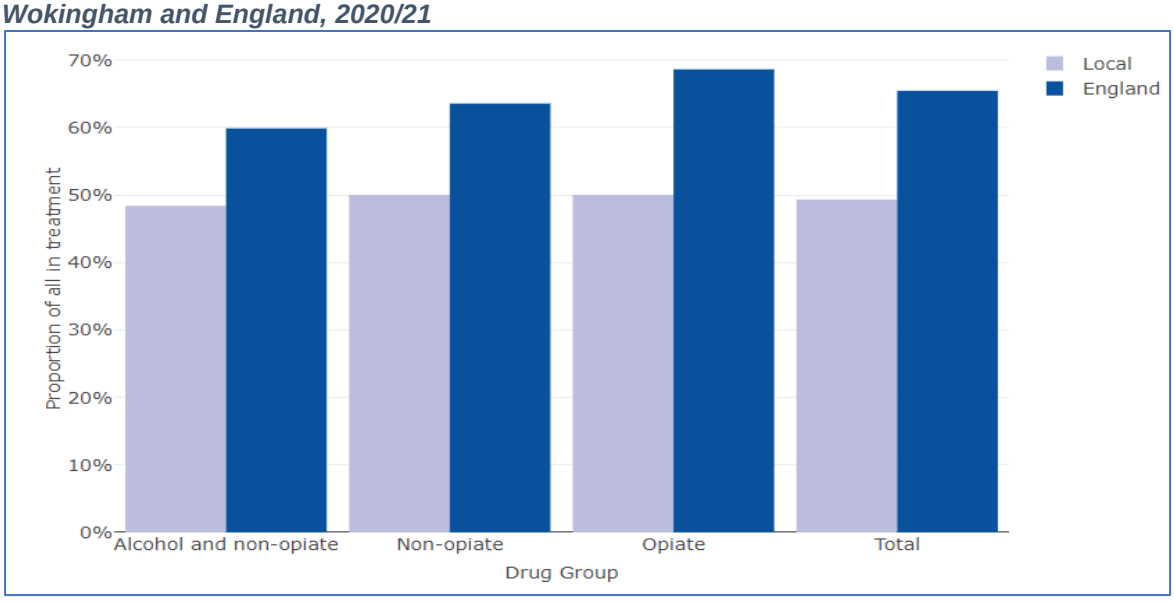
Drug group	Percentage difference
Alcohol and non-opiate	↑ 14.3%
Non-opiate	↑ 97.0%
Opiate	↑ 9.2%
Total	↑ 25.1%

Source: ***National Drug Treatment Monitoring System (NDTMS)***

In 2020/21 50% of Wokingham adults receiving treatment for opiates were identified as smokers at the start of treatment; smoking prevalence was 50% among those receiving treatment for non-opiates and 48% among those being treated for alcohol and non-opiates (Figure 5.7).

None of the adults in treatment who were identified as smokers received smoking cessation interventions in 2020/21.

Figure 5.7: Proportion of adults identified as smoking tobacco in treatment by drug group for Wokingham and England, 2020/21



Source: ***National Drug Treatment Monitoring System (NDTMS)***

In 2020/21, there were 53 successful completions of adults receiving drug treatment in Wokingham. Of these:

- 16 were for alcohol and non-opiates
- 30 were for non-opiates
- 7 were for opiates

For alcohol only treatment, 64 adults left treatment successfully and of those 61 did not return to services or treatment for 6 months.

Table 5.2: Successful completions as a proportion of total number in treatment, for Wokingham and England, 2020/21

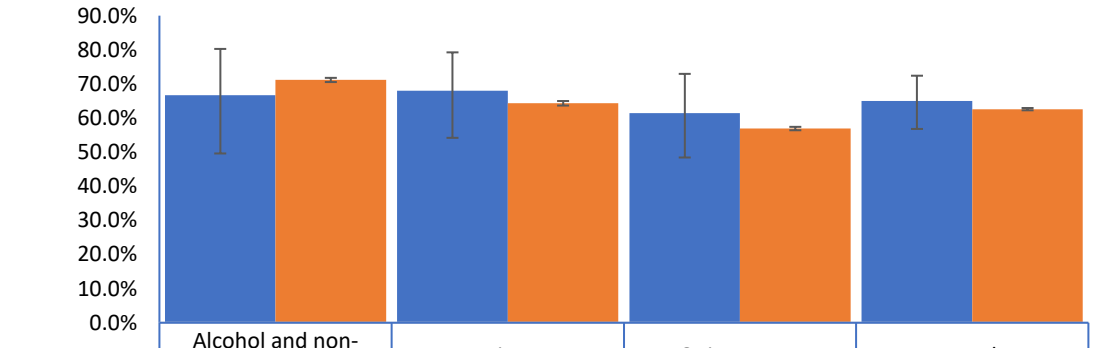
Drug group	Local (n)	Proportion of treatment population	Male (%)	Female (%)	England (n)	Proportion of treatment population	Male (%)	Female (%)
Alcohol and non-opiate	16	33%	33%	33%	10,191	33%	34%	33%
Non-opiate	30	46%	44%	50%	9,991	36%	36%	36%
Opiate	7	5%	4%	8%	6,936	5%	5%	5%
Total	**53**	**22%**	**20%**	**25%**	**27,118**	**14%**	**13%**	**14%**

Source: ***National Drug Treatment Monitoring System (NDTMS)***

5.5 Prevalence of dual diagnoses in Wokingham

In 2020/21 there were 91 adults entering drug and alcohol treatment service were identified as having mental health treatment need (Table 5.3) equivalent to 65.0% (95%CI: 56.8% - 72.4%) of those entering treatment, similar to the national prevalence of 62.6% (95% CI: 62.3% - 62.9%). The highest prevalence of 68.0% was among non-opiate users in Wokingham, followed by alcohol and non-opiate users (66.7%) while the lowest of 61.4% was in opiate users. The differences were not statistically significant at local level due to small number of people in the various groups, but significant differences were noticed at national level with the highest prevalence of 71.2% being among alcohol and non-opiate users and lowest of 56.9% among opiate users (Figure 5.8).

Figure 5.8: Prevalence of mental health treatment needs among those entering treatment services by user category (2020/21) – combined data in Table 5.3 and Table 5.1.



	Alcohol and non-opiate users	Non-opiate users	Opiate users	Total
Wokingham	66.7%	68.0%	61.4%	65.0%
England	71.2%	64.3%	56.9%	62.6%

Source: ***National Drug Treatment Monitoring System (NDTMS)***

Overall, at both local and national levels the prevalence of mental health needs was higher among women than men: 80% among Wokingham women presenting to treatment services compared with 58% among men; the respective national figures were 73% and 58% (Table 5.3). 64% of those identified with mental health problems received mental health treatment from a GP.

Table 5.3: Adults who entered drug treatment in 2020-21 and were identified as having mental health treatment need, for Wokingham and England

Drug group	Local(n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Alcohol and non-opiates	22	67%	58%	79%	14,836	71%	67%	81%
Non-opiates	34	68%	62%	81%	12,852	64%	59%	75%
Opiates	35	61%	56%	79%	21,307	57%	53%	67%
Total	**91**	**65%**	**58%**	**80%**	**48,995**	**63%**	**58%**	**73%**

Source: ***National Drug Treatment Monitoring System (NDTMS)***

It must be noted that the estimates in this section are likely to underestimate the true prevalence as not all of those with drug and/or alcohol problems are in treatment.

Though data is not available on high-risk groups, it is likely the prevalence among these groups will be substantially higher than the average estimates locally.

Given the upward trends in numbers of Wokingham residents in treatment services, it is likely the number of people with dual diagnoses will see a commensurate upward trend even if the percentage prevalence remains stable.

5.6 Service Model and Data

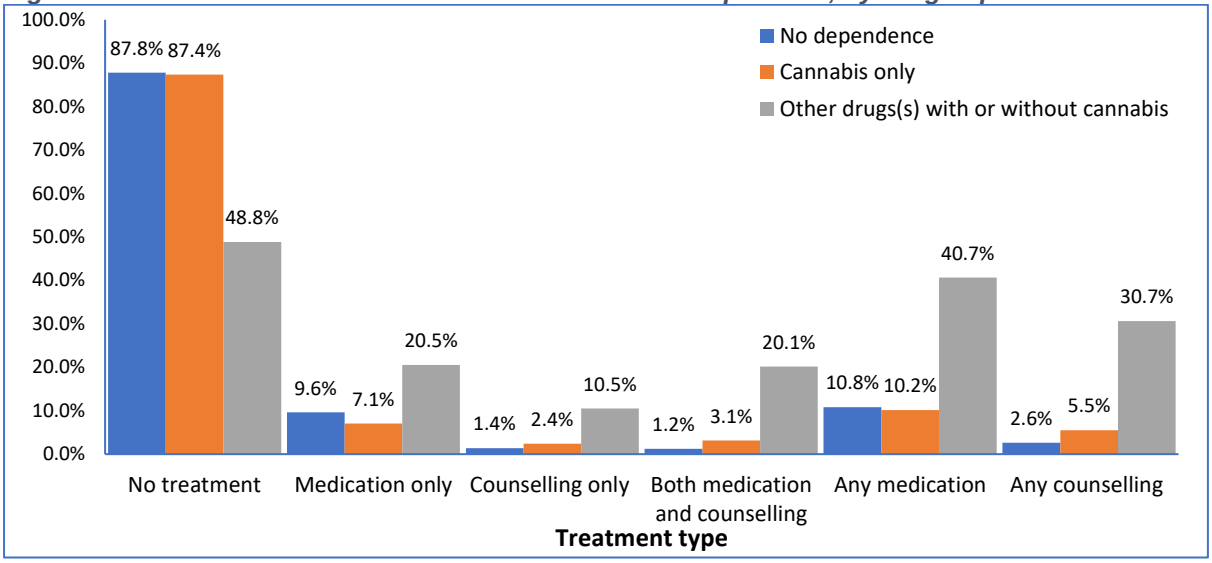
There is very little information on mental health service use by people with dual diagnoses both at local and national levels. This section summarises the findings from the 2014 Adult Psychiatric Morbidity Survey (NHS Digital, 2016) relating to the support received by people with drug and/or alcohol use problems experiencing mental and/or emotional problems and the potential unmet needs. This is supplemented by local service provision arrangements for people with drug and alcohol problems.

5.6.1 Support for mental/emotional problems among people with substance use problems

The 2014 2014 Adult Psychiatric Morbidity Survey (APMS) showed that adults who reported signs of dependence on drugs other than cannabis were more likely than other adults to be receiving treatment for a mental or emotional problem, although this treatment was not necessarily for a drug problem. 51.2% of people with signs of dependence on “other drug(s) with or without cannabis” were in receipt of mental health treatment at the time of the interview (i.e., 48.8% were ***not*** receiving such interventions). In contrast, those with signs of dependence on cannabis only and those without dependence on drugs had similar mental health treatment rates of 12.6% and 12.2% respectively (Figure 5.9).

The most frequent form of intervention was medication with 40.7% of those dependent on “other drug(s) with or without cannabis” indicating they were on medications for mental and/or emotional problems (Figure 5.9).

Figure 5.9: Treatment received for a mental or emotional problem, by drug dependence



Overall, those with dependence problems were more likely to be in receipt of psychotropic mediations compared to the those without drug dependence problems. 40.7% of those dependent on "other drug(s) with or without cannabis" were receiving of psychotropic medications at the time of the survey compared with 10.8% among those without dependency problems and 10.2% among those dependent on cannabis only. The most common mental health problems for which the medications were given were depression and anxiety. For depression, 39.2% of those dependent on "Other drug(s) with or without cannabis" compared with 9.1% of those without dependence problems and 8.6% among those with cannabis-only dependence, while for anxiety 35.6% of those dependent on "other drug(s) with or without cannabis" compared with 8.8% of those without dependence problems and 9.0% among those with cannabis-only dependence (Table 5.4).

Table 5.4: Types of psychotropic medication taken, by drug dependence

Drugs used in the treatment of	Type of dependence		
	No dependence	*Cannabis only*	*Other drugs(s) with or without cannabis*
Sleep problems	1.0%	0.8%	6.2%
Anxiety	8.8%	9.0%	35.6%
Depression	9.1%	8.6%	39.2%
ADHD	0.1%	-	-
Psychosis	0.9%	1.2%	4.5%
Bipolar	1.3%	1.6%	4.7%
Any psychotropic medication	**10.8%**	**10.2%**	**40.7%**
Substance dependence medication	**0.7%**	**3.9%**	**22.7%**

30.7% of those dependent on "Other drug(s) with or without cannabis" were receiving counselling or therapies for mental or emotional problems at the time of the survey, which was more than 10 times the rate among those without dependence problems (2.6%) and 6 time the rate among those with cannabis-only dependency problems (5.6%). The most common counselling for those dependent on "other drug(s) with or without cannabis" was alcohol or drug counselling for their mental or emotional problems - 19.6% reported having this type of counselling (Table 5.5).

Table 5.5: Counselling or therapy for a mental or emotional problem, by drug dependence

Type of counselling or therapy	Type of dependence		
	No dependence	*Cannabis only*	*Other drugs(s) with or without cannabis*
Psychotherapy	0.5%	1.2%	4.3%
Behaviour or cognitive therapy	0.9%	1.9%	5.7%
Art, music, drama therapy	0.1%	0.3%	-
Marital or family therapy	0.1%	0.3%	-
Sex therapy	0.0%	-	1.9%
Mindfulness therapy	0.2%	-	0.8%
Alcohol or drug counselling	0.1%	1.4%	19.6%
Counselling	0.9%	1.0%	6.9%
Other therapy	0.4%	0.3%	2.5%
Any counselling or therapy	**2.6%**	**5.5%**	**30.7%**

People with signs of drug dependence were also more likely than others to access health care services for a mental or emotional problem. 54.4% of those with signs of dependence on other drugs(s) with or without cannabis had spoken with a GP for this reason in the past year and 21.7% of adults with signs of cannabis-only dependence, compared with 11.8% of those without dependence problems. 4.6% of cannabis-only dependent adults and 19.8% of those dependent on “other drug(s) with or without cannabis” had spoken with a GP about a mental or emotional problem in the past two weeks, compared with 2.0% of those without dependency problems. GP services were the most common health service used by those involved in the survey (Table 5.6).

Table 5.6: Health care services used for a mental or emotional problem, by drug dependence

Type of health care service	Type of dependence		
	No dependence	*Cannabis only*	*Other drugs(s) with or without cannabis*
Inpatient stay in past quarter	0.1%	-	-
Outpatient visit in past quarter	0.6%	0.3%	1.2%
Spoken with GP in past 2 weeks	2.0%	4.6%	19.8%
Spoken with GP in past year	11.7%	21.7%	54.4%
Any health care service	**11.8%**	**21.7%**	**54.4%**

5.6.2 Unmet needs – substance use

Adults showing signs of drug dependence were more likely to have requested but not received a particular mental health treatment in the past 12 months than those with no dependence; 5.0% of those with signs of cannabis-only dependence and 4.5% of those with signs of dependence on “other drugs(s) with or without cannabis", compared with 1.5% of other adults (Table 5.7).

Table 5.7: Requested but not received a particular mental/emotional health treatment in the past 12 months, by drug dependence

Type of treatment requested but not received	Type of dependence		
	No dependence	***Cannabis only***	***Other drugs(s) with or without cannabis***
Psychotherapy or psychoanalysis	0.3%		4.5%
Cognitive behavioural therapy	0.4%	1.4%	2.4%
Art, music or drama therapy	-	-	1.0%
Mindfulness therapy	0.1%	-	-
Counselling (including bereavement)	0.6%	2.0%	1.0%
Other type of therapy or treatment	0.4%	1.7%	1.0%
Any requested but not received particular treatment	**1.5%**	**5.0%**	**4.5%**

From the foregoing, it is apparent from the APMS that those with substance dependence are more likely to require treatment and support for mental health and/or emotional problems but not have their requests met, with those who are dependent on cannabis only having the highest unmet needs.

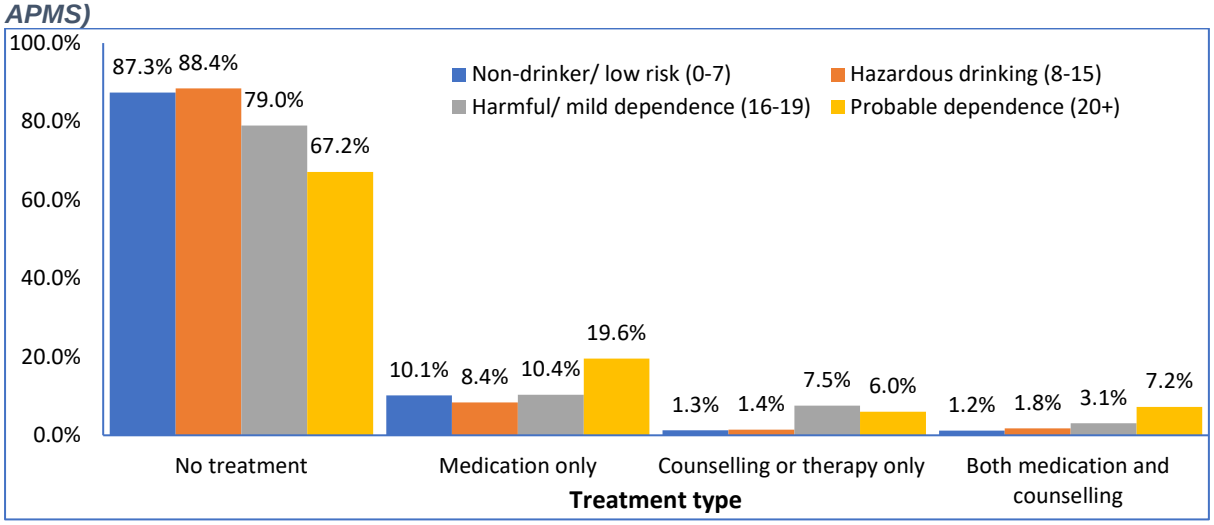
5.6.3 Support for mental/emotional problems among people with alcohol use problems

The APMS also focused on the prevalence of hazardous, harmful and dependent drinking, collectively classified by the tenth International Classification of Disorders (ICD-10) as alcohol use disorders. The primary measure used was the Alcohol Use Disorders Identification Test (AUDIT) (Saunders, Aasland, Babor, de la Fuente, & Grant, 1993). Answers to all questions are scored from zero to four and summed to give a total score ranging from 0 to 40. The score classifications are below:

- Non-drinker or low risk drinking (scores up to 7)
- Hazardous drinking (scores from 8 to 15)
- Harmful drinking and/or mild dependence (scores from 16 to 19)
- Probable dependence (scores 20 or more).

The proportion receiving treatment for a mental or emotional problem at the time of the survey was highest among those whose AUDIT score indicated likely dependence on alcohol with 32.8% (***i.e., 67.2% with no treatment***) of those classified as probable dependence receiving treatment compared with 12.7% of non-drinkers/ low risk, 11.6% of hazardous drinkers, and 21.0% of harmful drinkers. The most frequently indicated treatment was medication only - 19.6% of those with probable dependence were on medications only for their mental or emotional problems, while 8.4% of those in the hazardous drinking category were on this method of treatment (Figure 5.10).

Figure 5.10: Treatment received for a mental or emotional problem, by AUDIT score (2014 APMS)



The proportion of men with probable dependence receiving treatment for a mental or emotional problem was 27.7% which was more than twice compared with the other groups – 9.2% of men who were at low risk of alcohol-related harm, 7.7% of men who were hazardous drinkers and 9.8% of men classified as harmful or mildly dependent. Among women, 15.5% in the low-risk category and 18.7% of hazardous drinkers were receiving treatment. This proportion increased to 42.5% of harmful or mildly dependent drinkers, and 48.5% of women who were probably dependent on alcohol (Table 5.8).

Table 5.8: Treatment received for a mental or emotional problem, by AUDIT score and sex (2014 APMS)

Treatment currently received	AUDIT score			
	Non-drinker/ low risk (0-7)	*Hazardous drinking (8-15)*	*Harmful/ mild dependence (16-19)*	*Probable dependence (20+)*
Men				
No treatment	90.8%	92.3%	90.2%	72.3%
Medication only	7.1%	5.1%	5.3%	17.0%
Counselling or therapy only	1.0%	0.5%	3.5%	5.3%
Both medication and counselling	1.0%	2.0%	0.9%	5.5%
Women				
No treatment	84.5%	81.3%	57.5%	51.5%
Medication only	12.6%	14.4%	20.0%	27.6%
Counselling or therapy only	1.5%	3.0%	15.2%	8.3%
Both medication and counselling	1.4%	1.3%	7.3%	12.6%

Those with probable dependence were more likely to be on any mental health medication at the time of the survey compared with other groups. 26.8% of those with probable dependence were on any mental health medications compared 11.4% among the low-risk group, 10.2% in the hazardous group, and 13.5% in harmful group. The most common treatment was for depression among all the groups with 25.0% of the probable dependence group on medications for depression (Table 5.9).

Table 5.9: Types of psychotropic medication taken, by AUDIT score

Drugs used in the treatment of	AUDIT score			
	Non-drinker/ low risk (0-7)	*Hazardous drinking (8-15)*	*Harmful/ mild dependence (16-19)*	*Probable dependence (20+)*
Sleep problems	1.1%	1.1%	1.5%	2.5%
Anxiety	9.2%	8.4%	11.7%	22.3%
Depression	9.4%	8.7%	12.7%	25.0%
ADHD	0.1%			
Psychosis	1.1%	0.7%	0.9%	2.6%
Bipolar disorder	1.4%	0.9%	0.9%	3.6%
Any mental health medication	**11.4%**	**10.2%**	**13.5%**	**26.8%**
Substance dependence medication	**0.9%**	**1.4%**	**1.6%**	**6.1%**

The proportions of adults receiving psychological therapy ranged from 2.5% in the low-risk category to 13.2% of those in the probable dependence group. Those in the probable dependence group were most likely to be receiving alcohol or drug counselling (6.3%), followed by psychotherapy or psychoanalysis (3.6%) and other forms of counselling (3.3%) (Table 5.10).

Table 5.10: Counselling or therapy for a mental or emotional problem, by AUDIT score

Type of counselling or therapy	AUDIT score			
	Non-drinker/ low risk (0-7)	*Hazardous drinking (8-15)*	*Harmful/ mild dependence (16-19)*	*Probable dependence (20+)*
Psychotherapy or psychoanalysis	0.6%	0.4%		3.6%
Cognitive behavioural therapy	0.8%	0.9%	4.7%	1.7%
Alcohol or drug counselling	0.2%	0.6%		6.3%
Counselling (including bereavement)	0.8%	0.9%	4.8%	3.3%
Other therapy	0.4%	0.3%	1.4%	2.1%
Any counselling or therapy	**2.5%**	**3.2%**	**10.7%**	**13.2%**

Those in the probable dependence group were much more likely to have used health services for a mental or emotional problem than those with a lower AUDIT score. 36.9% of those in the probable dependence group reported speaking to a GP about a mental or emotional problem in the last year, including 18.8% who had spoken to a GP in the last two weeks. This was much higher than for adults in lower risk AUDIT categories. Those with probable dependence on alcohol were also more likely than others to have attended hospital in the last three months because of a mental or emotional problem, either as an inpatient (2.2%) or an outpatient (2.7%) (Table 5.11).

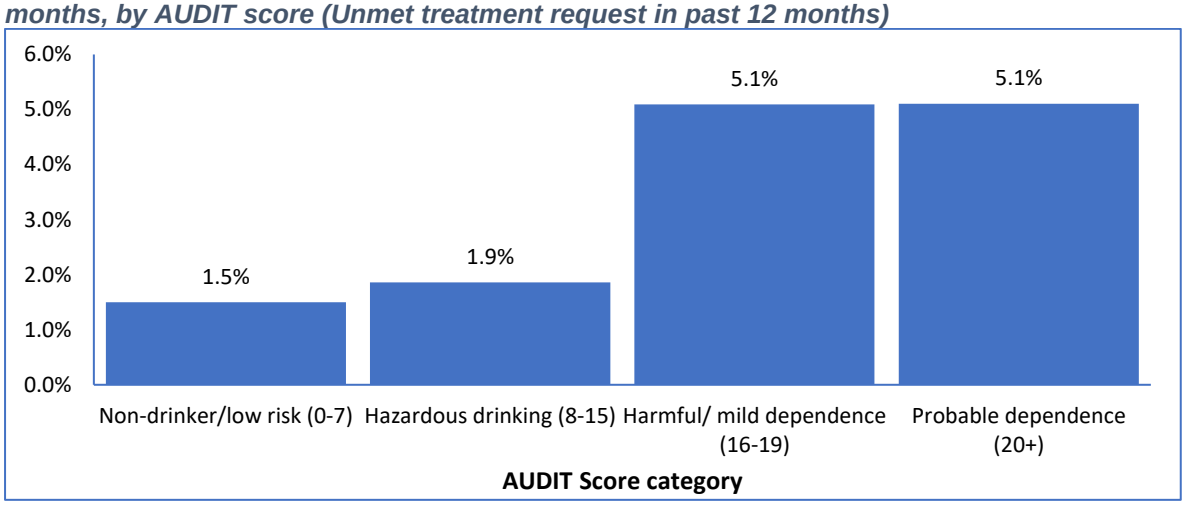
Table 5.11: Health care services used for a mental or emotional problem, by AUDIT score

Type of health care service	AUDIT score			
	Non-drinker/low risk (0-7)	*Hazardous drinking (8-15)*	*Harmful/ mild dependence (16-19)*	*Probable dependence (20+)*
Inpatient stay in the past quarter	0.1%	0.1%		2.2%
Outpatient visit in the past quarter	0.6%	0.8%	0.6%	2.7%
Spoken with GP in the past 2 weeks	2.1%	1.7%	6.8%	18.8%
Spoken with GP in the past year	11.7%	13.4%	22.7%	36.9%
Any of these health care services	**11.8%**	**13.5%**	**22.7%**	**38.8%**

5.6.4 Unmet needs – alcohol dependence

Although relatively few participants said that they had requested a particular treatment in the past 12 months but did not receive it, this was more likely in those with higher AUDIT scores (NHS Digital, 2016). 1.5% of those in the low-risk group reported this, compared with 1.9% of those in the hazardous group, 5.1% of those in the harmful group, and 5.1% of those in the probable dependence group (Figure 5.11).

Figure 5.11: Requested but did not receive a particular mental health treatment in the past 12 months, by AUDIT score (Unmet treatment request in past 12 months)



As with drug dependence problems, the mental or emotional health needs tends to increase with increasing levels of alcohol use and the findings suggested these needs were not being met for those who requested support and treatment.

5.6.5 Local service provision

5.6.5.1 Drug and alcohol service

For alcohol and drug user in Wokingham, there is a commissioned provider, Cranstoun. The service supports adults, young people (aged 16 to 18 years), and children (0-16 years) with substance and alcohol use related issues as well as their families and carers within/across community settings.

The local service helps prevent people from developing drug and alcohol problems in the first place. Cranstoun work with a wide range of other services and partners to prevent Wokingham residents developing drug and/or alcohol problems and help prevent residents who are currently misusing drug and/or alcohol from developing more complex problems and dependencies.

Cranstoun provides outreach services particularly to vulnerable groups including but not limited to:

- Street drinkers
- People experiencing domestic abuse
- Women drug/alcohol users involved in prostitution
- Long term unemployed
- Those with coexisting mental health conditions
- Hidden Black, Asian and Minority Ethnic groups

- Those who have dropped out of treatment in an unplanned way
- Older adults
- Begging and street homeless population.

At the time of writing the needs assessment Cranstoun have appointed a co-occurring conditions worker and specific alcohol worker. With mental health and substance use intrinsically linked, the aim of these positions is to further support local service users with challenges in mental health. They would work in partnership and the co-occurring conditions worker will carry a small case load and offer person centred 1-1 support and group support to improve emotional health.

5.6.5.2 Access to mental health services

Those identified as having a dual diagnosis are managed by the Community Mental Health Team (CMHT) and there is a dual diagnosis worker in Wokingham part of CHMT. However not all those with mental health support needs are managed by the CHMT unless they are severe such as schizophrenia and psychosis. Service users with lower-level mental illness have limited access to mental health service, which is a national issue.

There are other services available for those with mental health issues, such as Talking Therapies. However, they only support those with low-level substance use problems.

5.7 Summary of the main findings and discussion

Scale of the substance use problem in Wokingham

- In Wokingham, 249 per 100,000 people use crack, 307 per 100,000 people use opiates and 373 per 100,000 people are opiate and/or crack users (OCUs).
- The rates of drug dependent adults in Wokingham with an unmet need is estimated to be 67% of crack users and 57% in OCUs, higher than the national average with rates of 58% in crack users, 53% in OCUs.
- In 2020/21 there were 418 alcohol-related admissions (i.e., hospital admissions where the primary diagnosis is an alcohol-related condition) equivalent to directly age standardised rate of 254 per 100,000, significantly lower than regional and national averages of 389 and 456 per 100,000 respectively.
- Between 2018-2020 there were 10 drug use deaths in Wokingham and 46 hospital admissions due to drug poisoning.
- In 2020/21, 140 Wokingham residents presented to drug and alcohol treatment service with the highest proportion being opiate users similar to the national pattern. Majority of those presenting were males (69%), similar to the national pattern where 71% were males.
- Between 2019/20 and 2020/21 adults in Wokingham who were in treatment for drug and alcohol problems increased by 25.1% with the highest increase recorded among non-opiate users (97.0%) and the lowest among opiate users (9.2%).

- In 2020/21 50% of Wokingham adults receiving treatment for opiates were identified as smokers at the start of treatment; smoking prevalence was 50% among those receiving treatment for non-opiates and 48% among those being treated for alcohol and non-opiates. None of the adults in treatment who were identified as smokers during this period received smoking cessation interventions in 2020-2021.
- Much of the information presented may underestimate the real scale of the problems as many with drug and alcohol use problems remain unidentified.

Prevalence of dual diagnoses

- In 2020/21 there were 91 adults entering drug and alcohol treatment service were identified as having mental health treatment need equivalent to 65.0% of those entering treatment, similar to the national prevalence of 62.6%.
- Overall, at both local and national levels the prevalence of mental health needs was higher among women than men: 80% among Wokingham women presenting to treatment services compared with 58% among men; the respective national figures were 73% and 58%. 64% of those identified received this mental health treatment with a GP.
- Given the upward trends in numbers of Wokingham residents in treatment services, it is likely the number of people with dual diagnoses will see a commensurate upward trend even if the prevalence remains stable.

Service use and potential gaps

The 2014 APMS (NHS Digital, 2016) showed:

- Those with substance dependence are more likely to require treatment and support for mental health and/or emotional problems with those who are dependent on other drugs with or without cannabis having the highest need.
- Among those with alcohol use problems the mental or emotional health needs tends to increase with increasing levels of alcohol use problem.
- Those with drug and alcohol use problems are more likely to have requested but not received treatment for their mental or emotional health problems.

At local level challenges associated with access to mental health services for those with dual diagnoses has been identified.

5.7.1 Considerations

Fromm the findings in the needs assessment, it is recommended the following are considered:

- Local partners to work to raise awareness of drug and alcohol use problems with a view to stemming the rising trend
- Raise awareness among health care and other professionals about dual diagnoses among those with drug and alcohol use problems
- Local partners to work to increase access to drug and alcohol treatment services

- Local partners to develop clear pathways in Wokingham to support partnership working between mental health and substance use services to effectively manage dual diagnoses in local residents
- Ensure a dedicated support within mental health service for people with dual diagnosis problems within the local mental health service to meet the mental health needs of this group and reduce inequalities.

5.8 References

Advisory Council on the Misuse of Drugs. (2018). *What are the risk factors that make people susceptible to substance misuse problems and harms?* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf

Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F., & Watkins, D. (2015). *Hard Edges: Mapping severe and multiple disadvantage in England.* London: Lankelly Chase Foundation. Retrieved August 04, 2022, from https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf

Deeken, F., Banaschewski, T., Kluge, U., & Rapp, M. A. (2020). Risk and Protective Factors for Alcohol Use Disorders Across the Lifespan. *Current Addiction Reports*, 245–251. doi:10.1007/s40429-020-00313-z

Delgadillo, J., Godfrey, C., Gilbody, S., & Payne, S. (2013). Depression, anxiety and comorbid substance use: association patterns in outpatient addictions treatment. *Mental Health and Substance Use, 6*(1), 59-75. doi:10.1080/17523281.2012.660981

Department of Health. (2017). *Drug misuse and dependence. Available.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

Drake, R., KT, M., & Brunette, M. (2007). Management of persons with co-occurring severe mental illness and substance use disorder: program implications. *World Psychiatry, 6*(3), 131-6. Retrieved August 3, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174596/

National Confidential Inquiry into Suicide and Safety in Mental Health. (2019). *Suicide by people in contact with substance misuse services in the UK: a feasibility study.* Manchester: University of Manchester. Retrieved from https://www.hqip.org.uk/wp-content/uploads/2019/08/Suicide-by-people-in-contact-with-substance-misuse-service-feasibility-study-FINAL.pdf

National Institute for Health and Care Excellence. (2016). *Coexisting severe mental illness and substance misuse: community health and social care services.* NICE. Retrieved July 31, 2022, from https://www.nice.org.uk/guidance/ng58

National Institute for Health and Care Excellence. (2018, February). *Alcohol - problem drinking*. Retrieved August 03, 2022, from NICE Clinical Knowledge Summaries: https://cks.nice.org.uk/topics/alcohol-problem-drinking/

National Institute for Health and Care Excellence. (2022, April). *Opioid dependence*. Retrieved August 03, 2022, from NICE Clinical Knowledg Summaries: https://cks.nice.org.uk/topics/opioid-dependence/

NHS Digital. (2016). *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014.* Retrieved from https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

Office for Health Improvement and Disparities. (2022). *Local Alcohol Profiles for England*. Retrieved from https://fingertips.phe.org.uk/profile/local-alcohol-profiles

Public Health England. (2016). *Health matters: harmful drinking and alcohol dependence.* Public Health England. Retrieved from https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence

Public Health England. (2017). *Better care for people with co-occurring mental health and alcohol/drug use conditions.* PHE. Retrieved August 03, 2022, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

Public Health England. (2017). *Health matters: preventing drug misuse deaths.* Retrieved from https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths

Public Health England. (2018). *Severe mental illness (SMI) and physical health inequalities: briefing.* Retrieved from https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing

Public Health England. (2019). *Mental health: population factors.* Retrieved August 03, 2022, from https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/3-understanding-people

Saunders, J., Aasland, O., Babor, T., de la Fuente, J., & Grant, M. (1993). evelopment of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption--II. *Addiction, 88*(6), 791-804. doi:10.1111/j.1360-0443.1993.tb02093.x

Sheffield Health and Social Care NHS Foundation Trust. (2022). *Non-Opiates Service (Sheffield Treatment and Recovery Team)*. Retrieved from Non-Opiates Service (Sheffield Treatment and Recovery Team): https://www.shsc.nhs.uk/services/sheffield-treatment-and-recovery-team-start/non-opiates

Turning Point. (2016). *Dual Dilemma: The impact of living with mental health issues combined.* Retrieved August 03, 2022, from https://www.drugsandalcohol.ie/26165/1/Dual_dilemma.pdf

UK Drug Policy Commission. (2010). *Drugs and Diversity: Lesbian, gay, bisexual and transgender (LGBT) communities.* Retrieved from https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20LGBT%20groups%20(policy%20briefing).pdf

University of Manchester. (2016). *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20-year Review.* Manchester: University of Manchester. Retrieved August 04, 2022, from https://documents.manchester.ac.uk/display.aspx?DocID=37580

University of Manchester. (2017). *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness - Annual Report.* Retrieved August 03, 2022, from https://documents.manchester.ac.uk/display.aspx?DocID=37560

Wahlbeck, K., Westman, J., Nordentoft, M., Gissler, M., & Laursen, T. (2011). Outcomes of Nordic mental health systems: life expectancy of patients with mental disorders. *Br J Psychiatry*, 453-8. doi:10.1192/bjp.bp.110.085100

Weaver, T, Madden, P., Charles, V., Stimson, G., Renton, A., . . . Ford, C. (2003). Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. *Br J Psychiatry, 183*, 304-13. doi:10.1192/bjp.183.4.304