

Substance Misuse

See the **Data Factsheets** for more data and analysis:

<http://www.rbkc.gov.uk/voluntaryandpartnerships/jsna/2010datafactsheets.aspx>

Problematic drug use

Kensington and Chelsea has a similar rate of problem drug use to the London average

According to prevalence figures based on research by Glasgow University, there were an estimated 1,386 problematic (opiate and crack cocaine) drug users in the borough in 2008/09,

representing 1.1 per cent of the 15-64 population, the same proportion as for London.¹

There are an increasing number of residents in the borough using more than one drug (especially alcohol) in addition to problematic drug use.² Thus, service users are presenting with increasingly complex health issues that require intensive treatment.

Profile of drug users known to drug treatment services

	Average Age	% Male	% BME	% of all service users
Heroin	39	73	22	42
Cannabis	21	73	57	18
Crack	39	71	57	17
Cocaine (not Crack)	34	75	50	8
Methadone	43	69	17	6
Other Opiates	42	69	27	5
Other Drugs	34	78	31	4
All Drugs	38	71per cent	31per cent	100per cent

Heroin remains the main drug of choice for those accessing treatment, followed by cannabis and crack cocaine. There was a two-fold increase in the number of cannabis users referred to treatment in 2009/10 as compared to 2008/09, which is being explored to identify whether it is a recording issue or a real trend.

There appears to be a reduction in the proportion of injecting drug users accessing treatment; this may be due to a reducing intravenous population in line with national trends.

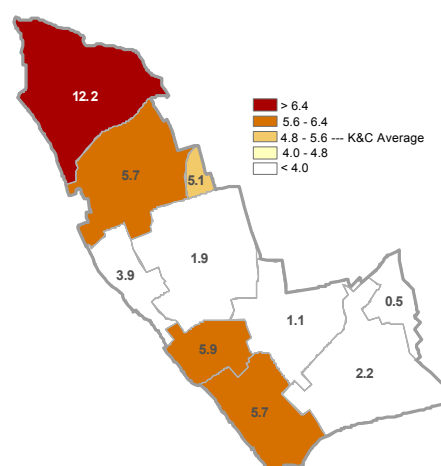
Cannabis users in treatment have a lower age profile - 21 years - compared to the profile of users of all the other drugs. Young people's specialist services report cannabis and alcohol as the main drugs of choice for their clients.

There has been an increase in the use of psychoactive drugs 'legal highs', particularly crystal methamphetamine, by individuals presenting at sexual health clinics. This is currently not being reflected in those accessing treatment in local community-based treatment agencies, but may present as an area of concern in the future.

Residents in the north of the borough experience very high levels of deprivation as compared to other parts and this is reflected in the high proportion of drug users in the north compared to more affluent parts of the borough. Although problematic drug use is highest in the North (W10) of the borough, Earl's Court (SW5) and West Chelsea (SW10) also have higher than average proportions of problematic drug use compared to the borough as a whole.

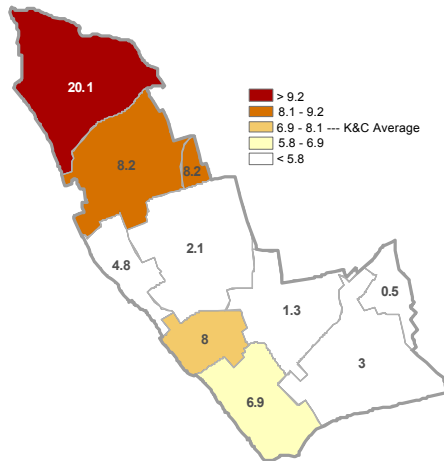
Problematic drug use is highest in the north of the borough

Number of 15+ year old residents per 1,000 population known to drug action services and using heroin, methadone, other opiates, or crack, 2009/10



The highest number of hospital admissions for drug misuse occurs in Earl's Court and the north of the borough (St Charles and Notting Barns wards). Hospital admission rates in these wards are more than twice the borough average. However, numbers are still small, with 10 admissions over five years in St Charles ward (most drug-related hospital activity is managed within A&E departments, rather than requiring admission).³

Number of 15+ year old residents per 1,000 population known to drug action services, 2009/10



The number of drug users accessing and completing treatment continues to increase

There was a 27 per cent increase in referrals into treatment in 2009/10. The most frequent demographic was White British males aged between 25 and 44 years. Kensington and Chelsea has a higher proportion of problem drug users accessing treatment (69 per cent) than London (57 per cent).

Drug treatment agencies in the borough have a very high retention rate, with 83 per cent of clients remaining for a 12 week period or more. Local services continue to see individuals within the national waiting times guidelines of three weeks.

However, there continues to be an issue with drug users in the criminal justice system not accessing formal treatment. For those drug users in the criminal justice system who do access formal treatment, drop-out is higher than for those who access treatment voluntarily.

Significant improvements have been made by specialist treatment agencies to ensure that drug users in the borough recover from their drug misuse: 92 per cent of opiate and crack cocaine users known to treatment in the last two years were effectively engaged in specialist treatment, compared to 89 per cent in London.

Increasing numbers of drug users are recovering from their substance use (38 per cent of all those discharged between April and October 2010 as opposed to less than 30 per cent in 2009/10). All indications point to this proportion increasing further as local treatment agencies continue to focus on addressing the socio-economic and health needs of drug users.

The borough has a nationally recognised education, employment and training service which empowers service users to develop a range of skills leading on to volunteering, courses and, in some cases, paid work. Access to this service continues to increase as it provides people with structured activity which in most cases supports abstinence from their drug use.

Service user involvement is one of the main pillars of the treatment system

Service users are involved in treatment planning, development, commissioning and monitoring of drug and alcohol services in the borough.

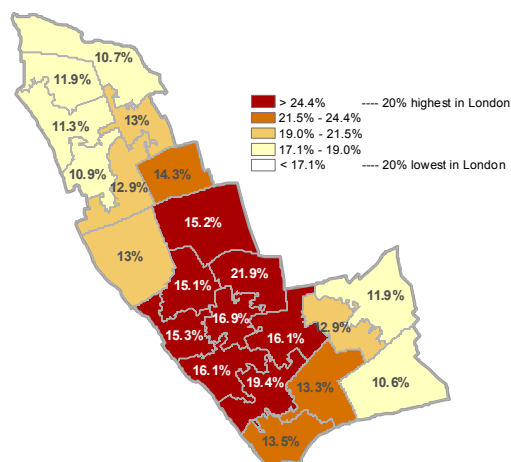
The Service User Drug Reference Group (SUDRG) delivers a range of structured activities to individuals in the borough and continues to be an integral source of information and innovation in the continuous improvement of the local treatment system.

Alcohol use in the borough

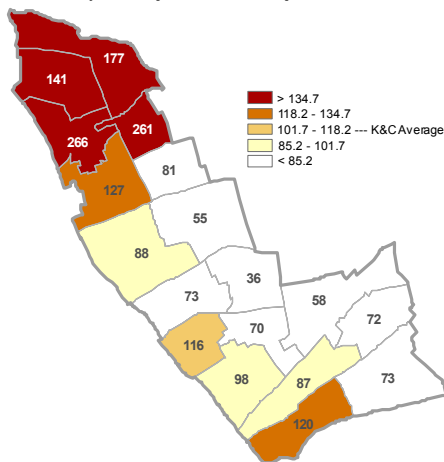
Estimated levels of binge drinking in the borough (18 per cent) are high compared to London (14 per cent), with highest levels estimated to be in the centre of the borough. In addition, a high number of non-residents also socialise in the borough.⁴

Hospital admissions for alcohol use are also increasing in the borough (1,213 alcohol-related admissions per 100,000 population in 2009/10, an 11 per cent increase from 1,098 in 2008/09). However, the rise has been relatively slow compared to elsewhere (half the London rise and two thirds the England rise) and the current rate is low compared to London (1,702) and England (1,743).⁵

Estimates of percentage of residents who have been binge drinking in the previous 7 days



Number of residents per 100,000 population admitted to hospital for alcohol-specific causes, 2007/08 to 2009/10

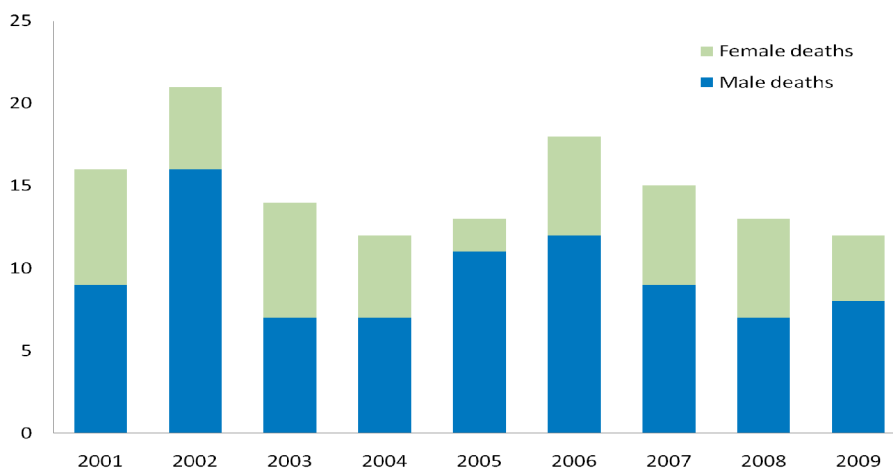


Alcohol-specific admissions are highest in the north of the borough, particularly Notting Barns and Colville. The most common reasons for hospital admissions for alcohol-specific conditions were mental and behavioural disorders due to alcohol as well as alcoholic liver disease. The admission rate for under 18s is similar to London but substantially less than the England average.⁶

Fewer residents in the borough are admitted for alcohol-related harm, alcohol-attributable recorded crimes, alcohol-related sexual offences and violent crimes as compared to London

The alcohol-attributable mortality rates for men and women are lower than the London average, with almost half of all the alcohol-related deaths in the six most northerly wards. The majority of alcohol-related deaths are from chronic liver disease, which is more common among men.⁷

Deaths relating to alcohol use over time in Kensington and Chelsea



An increasing number of alcohol misusers are accessing community-based treatment

Community-based specialist alcohol treatment agencies in the borough have more adults accessing treatment compared to London.

The integrated direct access and formal treatment alcohol services at Alcohol Resource Centre, the A&E specialist nurse at Chelsea and Westminster Hospital, and the Older People's Alcohol Service are all experiencing an increase in those requiring treatment. The older people's service has a fairly even spread of residents from the north (52 per cent) and south (48 per cent).

See the **data factsheets** for more data and analysis:

<http://www.rbkc.gov.uk/voluntaryandpartnerships/jsna/2010datafactsheets.aspx>

¹ The Glasgow research project into prevalence of problem drug users

² NDTMS data, provided by Kensington and Chelsea DAAT team, 2010

³ Dr Foster 2005/06-2009/10

⁴ 2007-08 Synthetic estimates of binge drinking. Based on Community Health Profiles. Association of Public Health Observatories (APHO)

⁵ Local Alcohol profiles for England NI39

⁶ Dr Foster 2007/08-2009/10

⁷ North West Public Health Observatory alcohol pages