

**North Tyneside**  
**Joint Strategic Needs**  
**Assessment**  
**Drug Misuse**  
**October 2024**



North  
Tyneside  
Council

## 1. Introduction

Drug misuse refers to taking illegal drugs or taking medicines in a way not recommended by a GP or the manufacturer. The misuse of drugs can lead to physical or psychological dependency<sup>1</sup>.

The Misuse of Drugs Act 1971 was established to make new provision with respect to dangerous or otherwise harmful drugs and related matters<sup>2</sup>. Under the Act, illegal drugs are categorised into three classes: A, B and C.

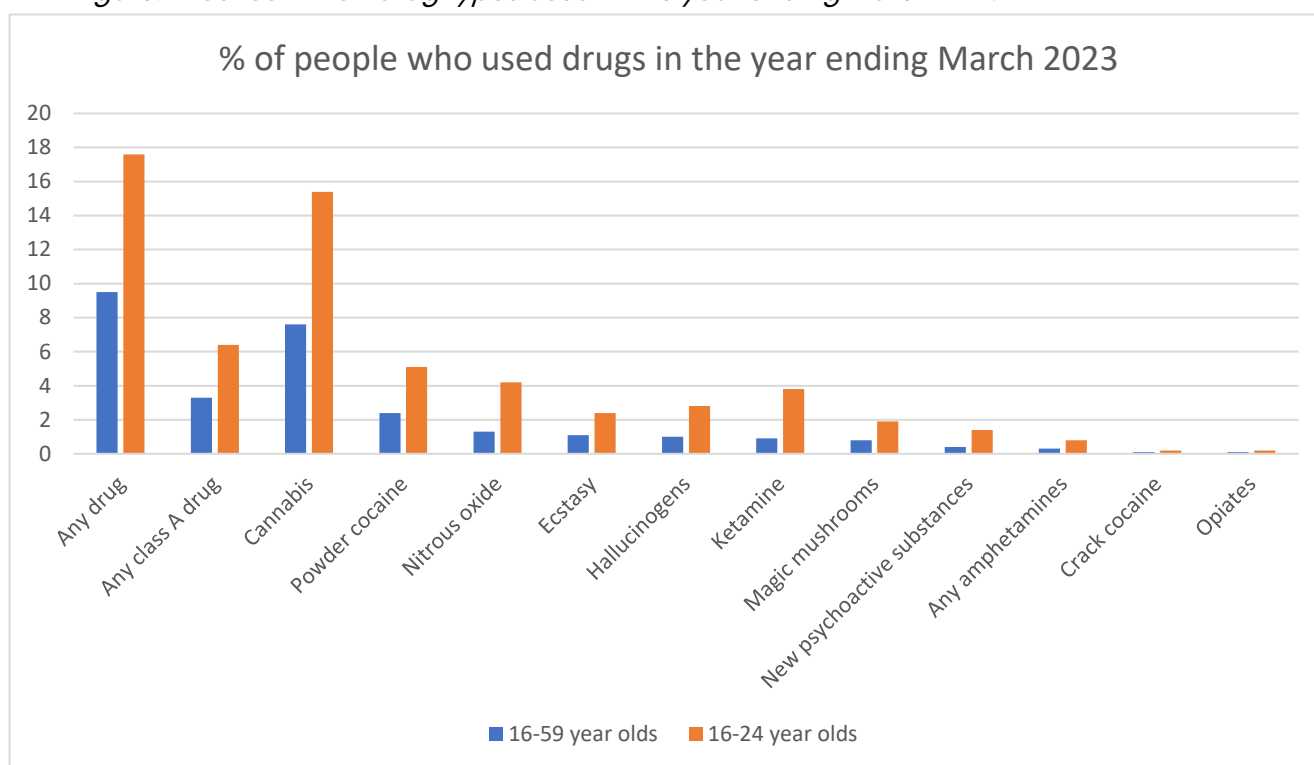
- Class A drugs, considered the most harmful to health, refers to substances such as heroin, cocaine (including crack), methadone, ecstasy, LSD and magic mushrooms.
- Class B drugs, also considered to be dangerous but less so than class A drugs, include amphetamine, codeine, dihydrocodeine, Ritalin and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

In the year ending March 2023, the national estimated prevalence of drug use in people aged 16 to 59 years was 9.5%<sup>3</sup>, which is approximately 3.1 million people.

Drug misuse is a known cause of premature mortality and is linked to a range of negative impacts for individuals, families and communities. These include increased likelihood of long-term health conditions, reduction to quality of life and economic opportunities, and increased social issues including homelessness, violence and exploitation that can require interventions from state and community service-level provision. Nationally the rate of drug misuse deaths for 2021-23 was 5.5 per 100,000, a continuing increase from previous years<sup>4</sup>.

Figure 1 shows the percentage of people who used drugs in the year ending March 2023 by drug type. The most commonly used drug in the UK continues to be cannabis, with a prevalence of 7.6% in 16-59 year olds<sup>3</sup>. From previous years, there has been a significant increase in the use of Hallucinogens and Magic Mushrooms, whilst there has been a decrease in the prevalence of Nitrous Oxide and Ecstasy<sup>3</sup>.

Figure.1 Most common drug types used in the year ending March 2023



Source: Office for Notional Statistics – Deaths related to drug poisoning in England and Wales<sup>3</sup>

In December 2021, the UK Government published a 10-year plan, taking an evidence-based and modern approach to addressing the demand for, and supply of, drugs<sup>5</sup>. The collective ambition is to achieve a general shift in the country's relationship with drugs by reducing drug-related crime, death, harm and overall drug use.

## 2. Key issues

### **Prevalence of drug use**

From 2020 to 2023, prevalence of any drug use in people aged 16-59 years remained the same, however current prevalence levels have increased by 17% compared to 2013<sup>3</sup>. In 2023, there has been a 3.4% decrease in prevalence of drug use since 2020, for people aged 16-24 years. However, drug use in this age group still remains highest at 17.6%. This fall in drug use was only seen in males and was largely due to a decrease in cannabis use<sup>3</sup>.

### **Increasing trend in drug related deaths**

Nationally, the rate of drug misuse deaths has continued to increase over recent and is the highest it has been since records began in 1993<sup>6</sup>. Rates of deaths are

elevated among those born in the 1970s, with the highest rate in those aged 40 to 49 years, and in males are over double the rate in females<sup>6</sup>.

The North East continues to be the region with the highest rates of drug misuse deaths in the country. In North Tyneside, the rate of drug related deaths for 2021-23 was 12.9 per 100,000, which is an increase from the previous recorded data (2020-22). Locally, the mortality rate for drug misuse deaths is above the North East average for the same time period (9.8 per 100,000) and puts North Tyneside 3<sup>rd</sup> out of the 12 local authorities in the region<sup>4</sup>.

### **Drug-related Harm**

The rate of drug specific hospital admissions in North Tyneside, in adults, is over double the rate for England (93.2 per 100,000 and 42.9 per 100,000 respectively)<sup>7</sup>. This can be an indicator of future deaths; people who experience non-fatal overdoses are more likely to suffer a future fatal overdose.

The cost to society in the UK due to demand for illicit drugs and drug misuse is estimated to be a total of £21 billion, covering a range of drug-related issues such as tackling supply, providing treatment, and drug-related crime<sup>8</sup>.

Drug misuse and harms have been rising in England, with people in areas of higher deprivation being most affected, experiencing higher levels of drug addiction and drug-related crime<sup>5</sup>. Drug addiction is often co-occurring with a range of health inequalities, such as mental ill health, homelessness and contact with the criminal justice system.

## **3. High Level Priorities**

### **Reduce drug specific hospital admissions**

The rate of drug specific hospital admissions in 2021-22, has decreased from previous years. However, for North Tyneside, the rate is still over double the England average.

### **Reduce drug misuse deaths rate in North Tyneside**

North Tyneside has a rate of 12.9 per 100,000 for drug misuse deaths in the period 2021-23, which is higher than the rate for England, 5.5 per 100,000, during this time period.

### **Increase the number of drug dependent individuals accessing, and remaining in, treatment**

There is an estimated 38% of Opiate and Crack Cocaine Users (OCUs) not in treatment in North Tyneside, which equates to 785 people. Whilst numbers into treatment in 2021-22 were slightly higher than the previous year, the percentage difference broken down to substances shows there was a 14.4% decrease in new adults to drug treatment for the non-opiates drug group, and an 8.7% decrease for the opiates group. Of those new presentations into treatment, there has been an increase in the percentage of early or unplanned exits.

## 4. Those at Risk

NICE have identified a number of groups at risk of drug misuse<sup>9</sup>, including

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

People may be particularly vulnerable to drug misuse if they are in multiple groups identified to be at risk, may already be using drugs on an occasional basis, or may already be regularly excessively consuming another substance, such as alcohol<sup>9</sup>.

The UK's Drug Strategy published in 2017 identified high priority groups most at risk of misusing drugs. The groups identified, additional to those the NICE guidelines highlighted, included veterans and offenders. Veterans may use alcohol and/or drugs to cope with the physical and psychological effects of the military service. This risk can accelerate if their physical/mental state impacts employment and secure accommodation status. Around 45% of acquisitive offences are committed by regular heroin/crack cocaine users<sup>10</sup>.

National data shows that drug use varies by household and area characteristics, finding that those with a total household income of less than £10,400 were more likely to have taken any drug than those living in higher income households<sup>3</sup>.

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

## 5. Level of Need

### **Prevalence of drug misuse**

Prevalence estimates for drug use in the population are available for opiate and/or crack users (OCUs) specifically, in the 15-64 populations. For North Tyneside the prevalence rate of 977 per 100,000 for this group<sup>11</sup>. This is similar to the picture at a national level, with the rate for England estimated to be 954 per 100,000. However, regionally the North East is higher than national figures, with the rate estimated at 1340 per 100,000.

### **Drug related Harm**

Adult drug specific hospital admissions in North Tyneside are higher than both regional and national figures. Data from 2021-22 shows that the rate for North Tyneside is 93.2 per 100,000<sup>7</sup>. The rate of hospital admissions due to substance misuse for 15-24 year olds is 179 per 100,000, again over double the England rate of 81 per 100,000<sup>12</sup>.

In England, for 2021-2023, the rate of drug misuse deaths sits at 12.9 per 100,000 and has increased from previously recorded data. Regionally, the North East continues to have the highest rates in the country at a rate of 9.8 per 100,000 for 2021-23. This data shows that North Tyneside have the third highest rate for drug misuse deaths in the North East, of 12.9 per 100,000<sup>4</sup>.

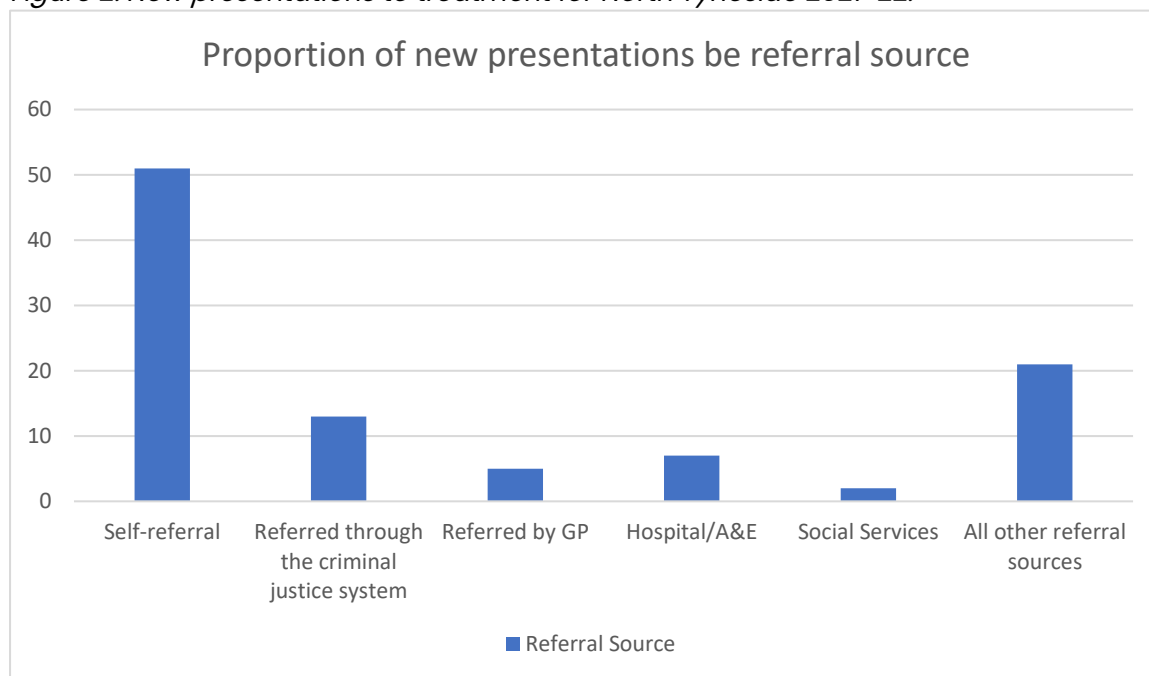
Toxicology results obtained from Northumbria Police show, for 2023, the top contributory drug types for drug misuse deaths in North Tyneside were both pregabalin and cocaine. The top contributory drugs are those that show up on the most toxicology reports for drug misuse deaths in North Tyneside. This does not necessarily indicate that these drugs were the cause of death, but that they were in the system at time of death. New trends show taking specific drugs, such as pregabalin, alongside heroin or morphine, may increase the risk of an overdose. For suspected intentional overdoses for the same year cocaine was the top contributing drug. This has changed from recent years when Diazepam has been top.

### **Treatment Services**

There are a number of ways a person can be referred to drug treatment services in North Tyneside. Figure 2 shows these different routes and the proportion of new

presentations for each one. North Tyneside largely follow the same trend as the national picture, the highest number of new presentations to treatment are via self-referral, with 51% of service users following this route<sup>7</sup>.

Figure 2. New presentations to treatment for North Tyneside 2021-22.



Source: OHID Commissioning Support Pack<sup>7</sup>

In North Tyneside, the number of adults engaged with treatment services in 2021-22 was 1032, 41% of these were a new presentation to treatment. Of those in contact with treatment services, 68% were male and 32% female<sup>7</sup>. This split is similar to the national picture of 71% male, 29% female. The most cited substance of all adults in treatment in North Tyneside was Cocaine, with 38% of the treatment population naming this.

The number of young people in treatment, including young adults in young people’s services for North Tyneside in 2022-23 was 146, with 60% of them being male. This figure includes under 18s and 18-24s in young people treatment, it does not include 18-24s in contact with adult substance misuse services<sup>12</sup>.

**Vulnerable Groups**

Drug misuse can occur frequently among people with poor mental health, with research indicating up to 70% of people in community substance misuse treatment nationally, also experience mental illness<sup>10</sup>. Data from treatment services shows that in North Tyneside 71% of adult clients on new treatment journeys, in the year 2021/22, had mental health needs identified, which is a significant increase from the previous year<sup>7</sup>. In young people, 59% of those new to treatment were identified as having a mental health treatment need<sup>12</sup>.

68% of clients in treatment in North Tyneside are male, matching what is seen at a national level of those who misuse drugs<sup>7</sup>. In North Tyneside the age groups with the highest numbers in treatment, and potential higher levels of need, are 30-39, with 36% of service users in this category, and 40-49, with 29%<sup>7</sup>.

Children of parents or carers who use drugs are a group of the population more vulnerable, or at risk of using drugs. From the new adult presentations to treatment 2021/22, 16% of adults stated they were parents living with children and 21% were parents not living with children.

Another vulnerable group identified at risk by NICE, is those not in employment, education or training. In 2021/22, 56% of adults were unemployed at the start of drug treatment and 56% of young people were not in education, employment or training.

## 6. Unmet needs

Data from the NDTMS shows an estimated rate of unmet need of drug dependent adults for North Tyneside, specifically for Opiate and/or Crack cocaine Users (OCUs). These numbers have been calculated from drug treatment numbers for 2021-22<sup>7</sup>. The estimated rates of unmet need have been applied to the calculated prevalence rate of OCUs in North Tyneside<sup>11</sup> to provide approximate numbers of the North Tyneside OCU population not in treatment.

*Table.1 Percentage estimate of drug dependent adults not in Treatment Services for North Tyneside.*

<b>Drug Group</b>	<b>Rate of unmet need</b>	<b>North Tyneside Population not in treatment</b>
Crack	63%	191
Opiates	34%	479
OCU	38%	785

Preventing early exits from treatment so that people can benefit from the service is important to improve outcomes and reduce drug misuse. In North Tyneside, of the 422 new presentations in treatment 2021-22, 14% had an early and unplanned exit, which is a higher rate than the previous year. Historically, of the drug groups non-opiate, opiates and alcohol and non-opiates, those who use opiates had the highest early unplanned exit rate. However, in 2021-22 this changed to alcohol and non-opiates, with 16% of new presentations in this group leaving treatment<sup>7</sup>. For most groups, the drop out percentage is higher in males than it is females,



however in 2021-22 there was a significantly higher percentage of female unplanned exits for the non-opiates group.

### **Criminal Justice System**

In 2021-22, 50% of the adults with a substance misuse treatment need successfully engaged in community-based structures treatment following release from prison. This is higher than the national proportion of 37% but is a decrease from the previous year in North Tyneside. This does mean that half of those in need are not engaging in treatment when released from prison<sup>7</sup>.

## **7. Projected need and demand**

The latest data highlights a decrease in the number of hospital admissions, in North Tyneside, due to drug misuse from the previous year, but that numbers locally are significantly worse than the national average. Both regionally and locally, the rate of drug misuse deaths has increased from the previous year, and the North East remains the region with the highest rate across England. There will be a continued need in these areas, and a focus towards a continued decrease in hospital admissions and reducing drug misuse death numbers is important to reduce drug-related harm.

Like many services, drug and alcohol treatment services were impacted during the pandemic. COVID-19 had a continued effect throughout 2021-22 including service users testing positive and not being able to access treatment, staff testing positive and not being able to work, and both groups being ill with COVID-19. These reasons, along with other factors, caused longer waits and reduced access to healthcare<sup>7</sup>. Monitoring trends in access to services affected by the pandemic is important to understand future need.

## **8. Community assets and services**

North Tyneside Recovery Partnership (NTRP) is a dedicated service for anyone living in North Tyneside, 18 years old and over, who is experiencing problems with drugs and alcohol<sup>14</sup>. It is delivered in partnership between Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), Changing Lives and Turning Point, offering a range of services.

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

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

The charity Props is a specialist service available for people in North Tyneside whose lives are affected by someone else's alcohol or drug use<sup>15</sup>. There is the Drug and Alcohol Family Support Service that supports adults around drug use and children impacted by an adult's drug and alcohol use, as well as supporting young people around their own drug use<sup>16</sup>. The service also offers education sessions in secondary schools.

Schools have a statutory duty to promote pupil's wellbeing and have a role to play in preventing drug misuse as part of their pastoral responsibilities. As part of the statutory Relationships and Sex Education (RSE) curriculum, by the end of primary school pupils should know the facts about legal and illegal harmful substances and associated risks. The statutory curriculum for secondary schools requires pupils to receive a wider education of drugs, alcohol and tobacco. Pupils should learn facts about legal and illegal drugs, the link between drug misuse and mental health conditions, supply and possession of illegal substances and the dangers of drugs which prescribed but still present health risks<sup>17</sup>. In North Tyneside schools are encouraged to follow the non-statutory guidance that covers more topics in detail and how they might link to drug use, such as peer pressure and mental health.

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

North Tyneside Council and partners have a Safer North Tyneside Board that has an aim to explore the relationship between the misuse of alcohol and drugs and crime and disorder that cause harm in the community. The North Tyneside Drug Alliance was established in 2022 to improve partnership working on the drugs agenda by developing a shared understanding of drugs and strengthen system working across North Tyneside. The Alliance reports directly to the Community Safety Partnership.

## 9. Evidence for Interventions

Types of interventions delivered to drug and service users have an impact on their achievement of recovery outcomes, and should follow a person-centred care approach, taking into account service users' needs and preferences<sup>18</sup>.

There are a number of approaches used in drug treatment interventions – pharmacological, psychosocial and recovery support<sup>7</sup>.

Pharmacological approaches are the primary treatment option for opioid misuse, with psychosocial interventions providing an important element of the overall treatment package. Pharmacological treatments for cannabis and stimulant misuse are not well developed, therefore psychosocial interventions are seen as the foundation of effective treatment<sup>18</sup>.

The settings in which interventions for drug users take place are in the community, inpatient units, primary care, residential, recovery houses and young person's settings. Interventions mostly take place in the community, with 98% of intervention in North Tyneside taking place in the community for 2021–22, as user's can be near family and a support network<sup>7</sup>. However, residential rehabilitation may be cost effective for someone who is prepared for higher intensity treatment and any stage, and local areas are encouraged to provide this as part of an integrated recovery-oriented system.

### **Primary Prevention**

Drug prevention interventions can have a broad range of aims including preventing any use of substances, reducing levels of use and preventing drug dependency<sup>19</sup>.

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

#### 1. Universal

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

#### 2. Selective

These interventions serve specific sub-populations who are at higher risk of substance misuse and respond to this identified risk of starting or contributing to substance abuse, young people in particular. The benefit of this classification of

intervention is that resource can be targeted to these identifiable, vulnerable groups.

### 3. Indicated

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

Figure.3 UNODC prevention standards across the life course

	Prenatal & infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
<b>Family</b>	Prenatal and infancy visitation (Selective) ** Interventions targeting pregnant women with substance abuse disorders (Selective) *		Parenting skills (Universal & selective) ****			
<b>School</b>		Early childhood education (Selective) ****	Personal & social skills (Universal) *** Classroom management (Universal) *** Policies to keep children in school (Selective) ** Addressing individual vulnerabilities (Indicated) **	Prevention education based on personal & social skills & social influences (Universal & selective) *** School policies and culture (Universal) **		
<b>Community</b>				Alcohol & tobacco policies (Universal) ***** Media campaigns (Universal and selective) * Mentoring (Selective) *		Entertainment venues (Universal) ** Workplace prevention (Universal, selective & indicated) *** Brief intervention (Indicated) ****

Source: Public Health England<sup>9</sup>

## Harm Reduction

Harm reduction refer to policies and practices that aim to reduce harm that people do to themselves or others from their drug use. It focuses on 'safer' drug use<sup>20</sup>. For example, providing opioid substitution treatment (OST), sterile injecting equipment and antiviral treatments to people who use drugs can help to prevent the spread blood-borne viruses (BBVs).

Examples of harm reduction interventions are:

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

## 10. Views

### **Adult Treatment Services**

Public Health North Tyneside carried out an 8-week consultation process between July and September 2018 with service users, carers and key stakeholders, seeking their views on the drug and alcohol treatment service and allow them to provide input to inform the new service<sup>21</sup>.

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

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

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

### **Children and Young People**

The Schools Health Education Unit carried out a survey with pupils in North Tyneside, in years 8 and 10, in 2024<sup>22</sup>. Respondents were asked if they were concerned about the drug use of certain people. The results were similar to previous years, showing that:

- 13% of pupils had been concerned about the drug use of a family member
- 16% had been concerned about the drug use of a friend
- 15% had been concerned about the drug use of someone else

## 11. Additional Needs Assessment Required

Northumbria Police data from 2021 shows that 17,058 crimes were recorded by Northumbria Police and 4.74% of offenders were recorded to be under the influence of drugs<sup>23</sup>. When police record anti-social behaviour (ASB) in North Tyneside, a drug qualifier can be added to incident. Data for the time period 2018 – July 2022 shows an increasing percentage trend of drugs related qualifiers attached to ASB incidents, however it remains small at 1.55% for Jan – July 2022<sup>23</sup>. There is also an identified gap in the data relating to supply of drugs in North Tyneside that could be explored further in a needs assessment focusing on drug related crime.

## 12. Key Contacts

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## 13. References

1. Contributor, N.T. 2009. Drugs Misuse. Available at: <https://www.nursingtimes.net/news/mental-health/drugs-misuse-20-05-2009/>
2. UK Government. 2020. Misuse of Drugs Act 1972. Available at: <https://www.legislation.gov.uk/ukpga/1971/38/introduction>
3. ONS. 2023. Drug misuse in England and Wales: year ending March 2023. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2023>
4. ONS. 2024. Deaths related to drug poisoning by local authority, England and Wales. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority>
5. UK Government. 2021. From Harm to Hope: a 10-year Drugs Plan to Cut Crime and Save Lives. Available at: <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>
6. ONS. 2024. Deaths related to drug poisoning in England and Wales: 2023 registrations. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations>
7. OHID. 2024. Adult Drug Commissioning Support Pack: 2023–24: Key Data.
8. National Crime Agency. 2023. National Strategic Assessment 2023 for Serious and Organised Crime. Available at: [https://www.nationalcrimeagency.gov.uk/images/NSA\\_2023\\_Website\\_-\\_PDF\\_Version\\_1.pdf](https://www.nationalcrimeagency.gov.uk/images/NSA_2023_Website_-_PDF_Version_1.pdf)
9. NICE. 2014. Drug misuse prevention: targeted interventions. Available at: <https://www.nice.org.uk/guidance/ng64/chapter/recommendations#groups-at-risk>
10. HM Government. 2017. 2017 Drug Strategy. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/628148/Drug\\_strategy\\_2017.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF)
11. OHID and UKHSA. 2023. Opiate and crack cocaine use: prevalence estimates. Available at: <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates>
12. OHID. 2024. Young people substance misuse commissioning support park: 2022–23: Key Data.

13. Northumbria Police. 2024. Top 5 drugs in toxicology received for deaths that occurred in 2023 in North Tyneside. [Email]
14. North Tyneside Recovery Partnership. 2021. Service User Information Leaflet. Available at: <https://www.cntw.nhs.uk/content/uploads/2021/05/NTRP-leaflet.pdf>
15. Props. PROPS – Family Recovery Service. Available at: <https://props.org.uk/>
16. North Tyneside Council. 2024. Early Help. Available at: <https://my.northtyneside.gov.uk/category/500/early-help>
17. DfE. 2019. Relationships, Education, Relationships and Sex Education (RSE) and Health Education: Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teacher. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1090195/Relationships\\_Education\\_RSE\\_and\\_Health\\_Education.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1090195/Relationships_Education_RSE_and_Health_Education.pdf)
18. NICE. 2007. Drug misuse – psychosocial interventions. Available at: <https://www.nice.org.uk/guidance/cg51/evidence/drug-misuse-psychosocial-interventions-full-guideline-pdf-195261805>
19. Public Health England. 2015. The international evidence on the prevention of drug and alcohol use: Summary and examples of implementation in England. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/774743/Preventing\\_drug\\_and\\_alcohol\\_misuse\\_international\\_evidence\\_and\\_implementation\\_examples.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774743/Preventing_drug_and_alcohol_misuse_international_evidence_and_implementation_examples.pdf)
20. DrugWise. 2016. Harm reduction. Available at: <https://www.drugwise.org.uk/harm-reduction-2/>
21. North Tyneside Council. 2022. Consultation Report. [E-mail].
22. The Schools Health Education Unit. 2024. The North Tyneside Children and Young People’s Health and Wellbeing Survey 2022. [E-mail].
23. Northumbria Police. 2022. North Tyneside Crime 2018 to July 2022. [E-mail].