

Substance Misuse Strategy 2020 - 2023

Introduction

Drug and alcohol misuse impacts on people's lives in many ways. Providing treatment and support to people with alcohol and/or drug problems can have a significant beneficial impact not just for the individual, but for their families and their community. Preventing people from developing alcohol and drug problems and reducing their dependency on alcohol and drugs not only improves their individual health and wellbeing but also reduces the burden on health and social care services.

There are around 600,000 dependent drinkers in England and around 200,00 children living with an alcohol dependent parent or carer. We know that growing up in an environment where there is substance misuse is a significant factor impacting on childhood adversity and trauma, which itself leads to a higher risk of those children developing alcohol and drug problems and engaging in health harming behaviours in adulthood.

These issues are not bound by geography, individual circumstances or age, and therefore at the heart of our strategy is the need to take a coordinated, whole system, life-course approach.

National evidence suggests that specialist drug and alcohol interventions for young people contribute to improvement in health and wellbeing, educational attainment, attendance at school and reduces risky behaviour. In monetary terms, young people's drug and alcohol interventions result in annual savings of £4.3m for health services and £100m for crime. If a 10% reduction in the number of young people continuing their dependency into adults is achieved, the lifetime societal benefit of treatment is estimated to be £159m which equates to £8 benefit for every £1 invested.

For Leicestershire, it is estimated that investment in treatment services for individuals with drug misuse reduces crime by 23% and for alcohol misuse is 48%, with total financial benefits to social care of £1.3million per annum and economic benefits of £7.5million per annum. Alcohol treatment provides a return on investment of £3 for every £1 invested. Drug treatment provides a return on investment of £4 for every £1 invested.

We have made considerable progress over recent years in reducing the harm caused by drug and alcohol misuse in Leicestershire. However, the changing landscape of substance misuse needs in the local population coupled with increasing financial pressures faced by the County Council and partner organisations means there is a need to review the existing approach to substance misuse service provision to ensure we continue to provide appropriate, accessible and equitable services to our local population.

This strategy takes stock of achievements made thus far and outlines the key priorities for the next 3 years to further reduce the harm caused by substance misuse in Leicestershire. These priorities align with the following outcomes from the Leicestershire County Council's Strategic Plan 2018-22 which has a focus on making life better for people in Leicestershire:

- **Wellbeing and opportunity:** The people of Leicestershire have the opportunities and support they need to take control of their health and wellbeing.
- **Keeping people safe:** People in Leicestershire are safe and protected from harm.
- **Great communities:** Leicestershire communities are thriving and integrated places where people help and support each other and take pride in their area.



Vision

People of Leicestershire are able to make informed healthy lifestyle choices to reduce the harms caused by alcohol and drug misuse and improve their wellbeing and safety.



Priorities for Leicestershire

This strategy outlines a partnership approach to tackling the problems associated with drug and alcohol misuse in Leicestershire. The priorities identified within this strategy have been developed based on an understanding of needs in relation to substance misuse and following widespread consultation with stakeholders.

Priority 1:

Raise awareness and prevent the harms of drug and alcohol misuse particularly for those at greatest risk.

Where are we now?

Leicestershire has a significantly higher proportion of adults who drink more than 14 units per week compared to England (29.8% and 25.7% respectively). A significantly higher proportion locally also reported binge drinking compared to the national average (21% and 16.5% respectively).

The Modern Crime Prevention Strategy 2016 refers to evidence that:

- Good quality Personal, Social and Health Education (PSHE) and school-based interventions designed to improve behaviour (e.g. by building confidence, resilience and effective decision-making skills) can have a preventative impact on substance misuse.
- Brief interventions (including motivational interviewing techniques) at early contact points with health, criminal justice and social care services can help prevent escalation for those in the early stages of substance misuse.

Evidence also indicates that identification and brief advice can reduce weekly drinking by between 13% and 34% which reduces the risk of alcohol-related conditions by approximately 14%, and risk of lifetime alcohol related death by approximately 20%.

Within Leicestershire County Council, the Public Health department provides a robust prevention offer centred

around a social prescribing model. The offer focuses on developing community capacity, and on providing information, advice and referral through Local Area Coordinators and First Contact Plus.

Public Health also funds and supports the Leicestershire Healthy Schools Programme. One of the four key themes within the programme is the delivery of Personal, Social and Health Education (PSHE) which includes an emphasis on drugs and alcohol education. All 285 schools within Leicestershire participate in the programme.

Public Health also commissions the evidence-based 'Alcohol Risk Reduction Scheme' which is delivered by over 75 GP practices and 35 pharmacies across the county. It is an evidence-based preventative approach aimed at identifying individuals whose drinking might impact their health, now or in the future. Staff from these primary care services are trained to deliver a simple structured intervention based on an assessment using a validated alcohol screening tool, followed by brief advice, information on the harm of alcohol, and written information on reducing the risk from drinking alcohol. A similar approach is also delivered in the local hospitals via hospital liaison workers. Currently these are the only formal setups for assessment of alcohol intake and delivery of alcohol brief interventions. This limits the reach of this evidence-based prevention intervention.

What do we want to achieve?

- Empower young people to make positive choices when it comes to alcohol and drug use.
- Increase the number of adults receiving brief interventions and harm minimisation advice for drug and alcohol misuse.
- Clear and consistent communication messages in relation to drugs and alcohol to ensure people receive the right messages at the right time. This includes local implementation of national campaigns.

How will we get there?

- Utilise a partnership approach to provide a sustainable prevention offer to schools in relation to drug and alcohol misuse.
- Review the Alcohol Risk Reduction Scheme and its outcomes and utilise the findings to develop a revised offer that has a greater reach.
- Develop a coordinated and consistent approach across relevant partners to communications relating to drugs and alcohol.

Priority 2:

Develop a coordinated approach to early identification of individuals exposed to the harmful effects of drug and/or alcohol misuse.

Where we are now?

Adverse Childhood Experiences (ACEs) are events that have a traumatic and lasting effect on the physical and/or mental health of young people which subsequently impact on the health and wellbeing of these individuals in adulthood.

Examples include abuse, neglect, substance misuse within the household, and bereavement. The evidence suggests that 4 or more adverse childhood experiences results in a 4-fold increase in the likelihood that a person will use illicit drugs and a 7-fold increase in the likelihood that a person will develop an alcohol addiction. Locally, over half (54%) of adults in treatment have and/or live with children. The Leicestershire Children and Families Partnership Plan (2018-21) focuses on 5 priorities, one of which is to keep children safe and another is to enable children to have good physical and mental health with an emphasis on developing an approach to ACEs.

In recognition that support is better delivered by considering the needs of the whole family, the Children and Family Services Department provides early help support through the Children and Family Wellbeing Service. The Service delivers a range of support to families including group work and one to one support according to the assessed needs of the family.

Alongside this, Making Every Contact Count (MECC) is a national initiative defined as 'an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing'. The Council is driving this initiative forward through the 'MECC Plus' project which aims to embed prevention and social prescribing as a key part of all professionals' roles across the organisation with the aim of improving the health of the population. In doing so, individuals can be supported on a wide range of preventative needs such as debt, housing, social connectivity, employment and lifestyle behaviours which can cause or be caused by substance misuse..

What do we want to achieve?

- A reduction in the impact of parental alcohol and/or drug misuse on children.
- An increase in the number of individuals referred into substance misuse treatment services.
- Improvement in the number of individuals (with substance misuse difficulties) receiving support for wider determinants of health e.g. debt management, housing, employment, lifestyle changes.
- A reduction in the number of hospital admissions for alcohol related ill health.

How will we get there?

- LCC Public Health and Children and Family Services to continue to work in partnership to strengthen the 'whole family' approach to those exposed to the harmful impact of drug and/or alcohol misuse.
- Embed early identification and referral into substance misuse treatment & recovery services into the MECC Plus project.
- Optimise the link between the commissioned drug and alcohol treatment service and local alcohol care teams once they are established.

Priority 3:

Develop an approach to the provision of treatment and recovery services that is responsive to the changing trends in drug and alcohol addiction among residents of Leicestershire.

Where we are now?

The evidence shows that there is an increasing problem of misuse and dependence associated with some prescription and over-the-counter medicines. Nationally, the number of individuals in drug treatment for problems with prescribed, or over-the-counter medicines has increased year on year since 2009 with opioids (for pain management) cited as the most common cause. Locally, it is estimated there are in the region of 10,000 long-term prescribed opioid users across Leicester, Leicestershire and Rutland. This cohort represents a large number of individuals who are at-risk of developing dependency on prescribed drugs. Also, in 2017/18, there were 112 individuals in treatment services who cited addiction to a prescription only medicine or an over-the-counter medicine in Leicestershire, which accounts for 8% of those in treatment.

Other new patterns of drug use and health risk behaviour are also becoming established, including drug use alongside high-risk sexual behaviour (often referred to as Chemsex). This practice is more common in men who have sex with men and can have an adverse impact on their health and wellbeing. Currently, very little information is known on the prevalence of Chemsex amongst the population of Leicestershire. Another emerging pattern of drug misuse is the misuse of anabolic steroids which has increased year on year since 2007/08.

There are also specific cohorts of the population who are disproportionately affected by substance misuse, such as criminal justice clients, individuals who are homeless, and victims of domestic abuse. Locally, 1 in 5 individuals accessing treatment services are referred from criminal justice services. Meeting the health needs of people in contact with the criminal justice system can help to achieve reductions in crime, reduce offending and improve the individual's health. Locally, NHS England

commissions a substance misuse treatment service within HMP Leicester which is provided by the same treatment provider as that of the community treatment service. This setup has strengthened continuity of care for those released from prison with engagement exceeding national figures (64% vs 32%).

An additional at-risk cohort is those who are homeless. Evidence suggests an increase in the use of new psychoactive substances among those who are homeless and that a third of all deaths of homeless people in 2017 were due to drug poisoning.

The HM Government Drug Strategy (2017) places emphasis on facilitating a joined-up approach to commissioning a wide range of drug and alcohol services. The strategy also places emphasis on helping people attain wider social and personal resources which promote recovery. These include employment, housing, financial security, social networks and good health and wellbeing. Data from the local treatment service indicates that:

- 64% of individuals in treatment report being unemployed or on long-term sick
- 16% of individuals in treatment report a housing problem
- 50% of adults in treatment report a mental health treatment need and out of these, 13% are not receiving treatment for their mental health need.
- 32% of young people in treatment report a mental health treatment need and out of these, 24% are not receiving treatment for their mental health need.
- 49% of adults and young people in treatment report smoking tobacco and only 0.3% received a smoking cessation intervention. Smoking prevalence among Leicestershire residents accessing substance misuse treatment services is significantly higher than that of the general population of Leicestershire (12%).

It is likely that the above data is an underestimate as it does not capture information on those who are not in treatment. For example, there are large numbers of individuals accessing Adult Social Care Services who have a dual diagnosis of substance misuse and mental health issues who find it difficult to maintain engagement with treatment services and therefore place a heavy burden on public sector services.

Historically, the responsibility for local drug and alcohol services fell to Drug and Alcohol Action Teams which were funded predominantly by a Pooled Treatment Budget via the National Treatment Agency for Substance Misuse (A special health authority within the NHS). Following the Health and Social Care Act 2012, the functions of the National Treatment Agency transferred to Public Health England and in 2015/16, a condition was added to the public health grant which required local authorities to provide an accessible drug and alcohol treatment and recovery service as part of their duty to reduce health inequalities and improve the health of the local population.

Alongside this change, NHS England has the responsibility for commissioning healthcare across all secure and detained settings which includes the provision of substance misuse treatment services in prisons, and Clinical Commissioning Groups have the responsibility for commissioning healthcare services which includes provision of support for individuals experiencing dependence on, or withdrawal from prescribed medicines.

Considering the ongoing financial pressures placed on individual organisations and a risk of fragmentation of services, further work is needed to explore opportunities to integrate substance misuse service provision across all commissioners to ensure that the system is responsive to the needs of the local population and meets the physical and mental health needs of individuals while also placing a strong emphasis on recovery. This also has the potential to reduce the burden on public sector services from people who are frequent users of these services.

What do we want to achieve?

- Joined up commissioning of substance misuse services, including across organisational boundaries, that is patient-centred, equitable, takes a life-course approach and is evidence-based.
- Seamless pathway for individuals accessing support for substance misuse issues leading to an increase in those successfully completing treatment and maintaining recovery.
- A strengthened response to the needs of individuals with dual diagnosis (substance misuse and mental health issues).
- A strengthened approach to recovery that addresses the social determinants of health and wellbeing

How will we get there?

- An agreed approach to commissioning substance misuse services over the next 3 years with endorsement from all commissioning organisations.

Priority 4:

Reduce ill health and deaths as a result of alcohol and drug misuse.

Where we are now?

Alcohol consumption at harmful levels can have a significant impact on physical and mental health. Local data shows that while hospital admissions for alcohol specific conditions is lower (better) than national and regional rates, the rate has increased when compared with 5 years ago (387 per 100,000 population in 2017/18 vs 328 per 100,000 population in 2012/13). Alcohol consumption at harmful levels is also linked to illnesses such as liver disease, cancer, cardiovascular disease and mental ill health. While local data shows that rates of ill health caused by alcohol is lower (better) than national and regional rates, these illnesses could be avoided through prevention and early identification of individuals consuming alcohol at harmful levels.

The local treatment service provides an array of harm reduction interventions. For example, individuals receiving treatment support for opioid addiction (e.g. heroin addiction) are encouraged by the treatment service to keep an accessible supply of naloxone which is crucial in reversing the effects of opioid overdose. Family members are also encouraged to do the same should the need arise for this treatment to be administered. Other harm reduction interventions available locally include:

- Blood borne virus screening (e.g. Hepatitis C testing), immunisation and support
- Needle and syringe exchange programmes
- Safer injecting information and support
- Sharps bins for the safe disposal of used injecting equipment

What do we want to achieve?

- Reduce alcohol related harm among Leicestershire residents. This will be achieved through the points raised under Priority 1 and Priority 2.
- Reduce drug-related harm among Leicestershire residents.
- Reduce the number of drug-related deaths occurring among Leicestershire residents.

Harm reduction also encompasses mental health support. Leicestershire County Council has recently launched a campaign (Start a Conversation) to help break the stigma around suicide, encouraging people to be more open about their worries and showing them where to seek help. The campaign includes the provision of a website that gives people information on where to get help in a crisis, as well as providing information on how to maintain good mental health and how to support others in need.

In addition to harm reduction interventions, the local substance misuse treatment service conducts a thorough review of all drug-related deaths of its service users to identify lessons learned and implement any changes required to service provision. However, there isn't currently a coordinated approach to reviewing drug related deaths for those not accessing treatment services. Drug misuse is a significant cause of premature death and is entirely preventable. Locally, during the period 2015-17 there were almost 4 times more deaths from drug misuse in males compared to females which highlights a need for a coordinated approach to the review of drug-related deaths in Leicestershire.

How will we get there?

- Ensure that harm reduction interventions form an ongoing component of substance misuse treatment provision.
- Develop a partnership approach to the review of drug related deaths among Leicestershire residents to identify lessons learned and respond to these in a systematic way.

Priority 5:

Ensure a joined up and timely response to changing patterns of substance misuse and emerging issues relating to substance misuse.

Where are we now?

Currently, there is not a forum for local service providers, commissioning organisations, districts and partners to jointly discuss and manage changing patterns of substance misuse (e.g. New/Novel Psychoactive Substances) and emerging issues specifically relating to substance misuse such as County Lines (gangs and

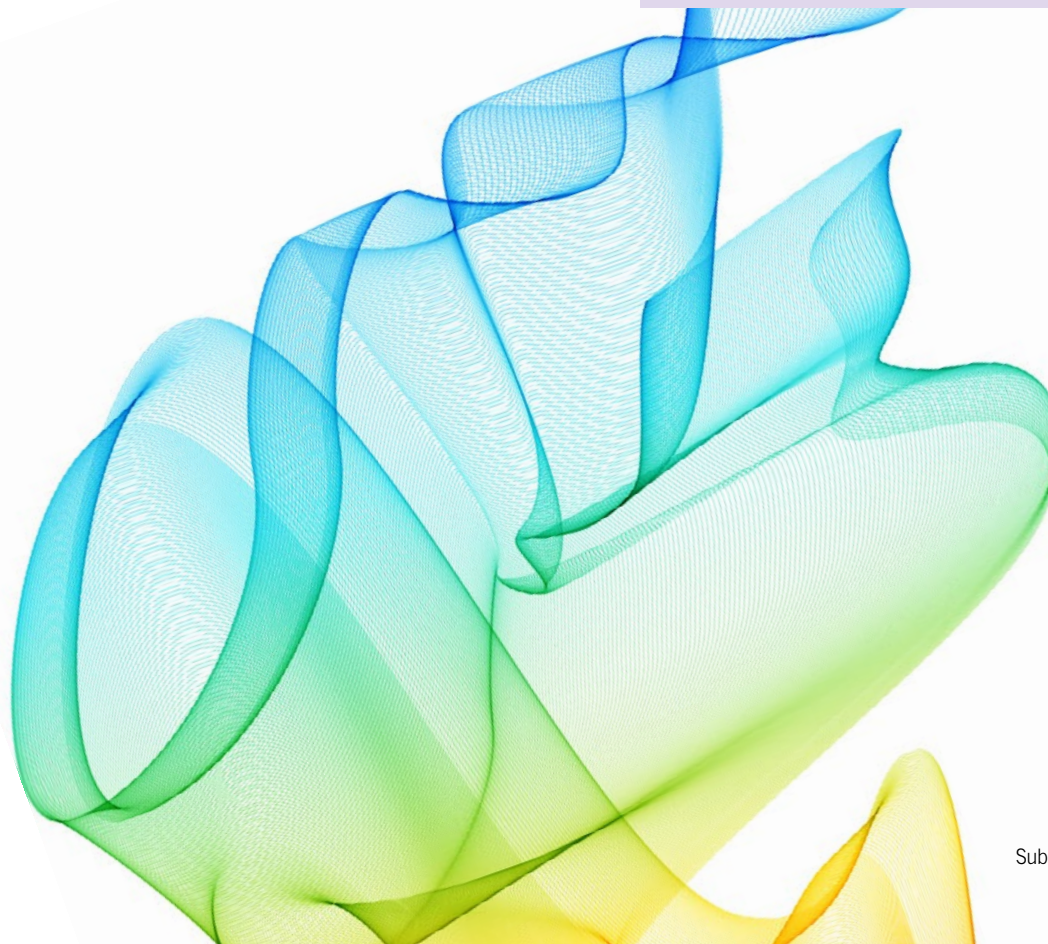
organised criminal networks involved in exporting illegal drugs into small towns, usually exploiting children or vulnerable adults to conduct their activity). This has the risk of impeding the development of a timely response to issues and could also lead to fragmentation and duplication of work delivered across all partners.

What do we want to achieve?

- Close monitoring of and timely response to the changing patterns of substance misuse and substance misuse related issues using a multi-agency approach.

How will we get there?

- Develop a substance misuse partnership group involving local service providers, voluntary sector organisations, commissioning organisations and partners, that meets quarterly and can feed effectively into strategic groups such as the Health and Wellbeing Board, Leicestershire Safer Communities Strategy Board and the Strategic Partnership Board. This partnership group also has the opportunity to strengthen links with districts through Joint Action Groups (JAGs) and Community Safety Partnerships (CSPs).



Key activities to deliver this approach

To ensure the strategic approach is delivered we will;

- **Develop new ways of partnership working.** An approach to this has been described under priority 5.
- **Keep partners informed of progress.** We will develop a detailed implementation plan which will be regularly reviewed and updated to track progress. The strategy's implementation and progress will be monitored by the Director of Public Health within LCC and regularly communicated to key stakeholders via substance misuse networks and relevant meetings/Boards.
- **Monitor performance through delivery of the implementation plan and development of a substance misuse dashboard.** The key public health indicators to assess whether this strategy has made a difference are presented as part of the Public Health Outcomes Framework. These include: proportion of individuals with substance misuse issues who are not in treatment, parents in drug treatment, successful completion of treatment, hospital admissions due to substance misuse, deaths from drug misuse and waiting times for accessing treatment services. Information will be collated to produce an annual progress update against the implementation plan and to review how this has translated to improved outcomes across Leicestershire.

Notes

