

Joint Strategic Needs Assessments – Substance Misuse and Alcohol updates

Kirsty Walton – Strategic Lead Health Related Harm
Hanna Blackledge – Lead Public Health Analyst



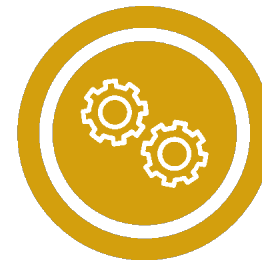
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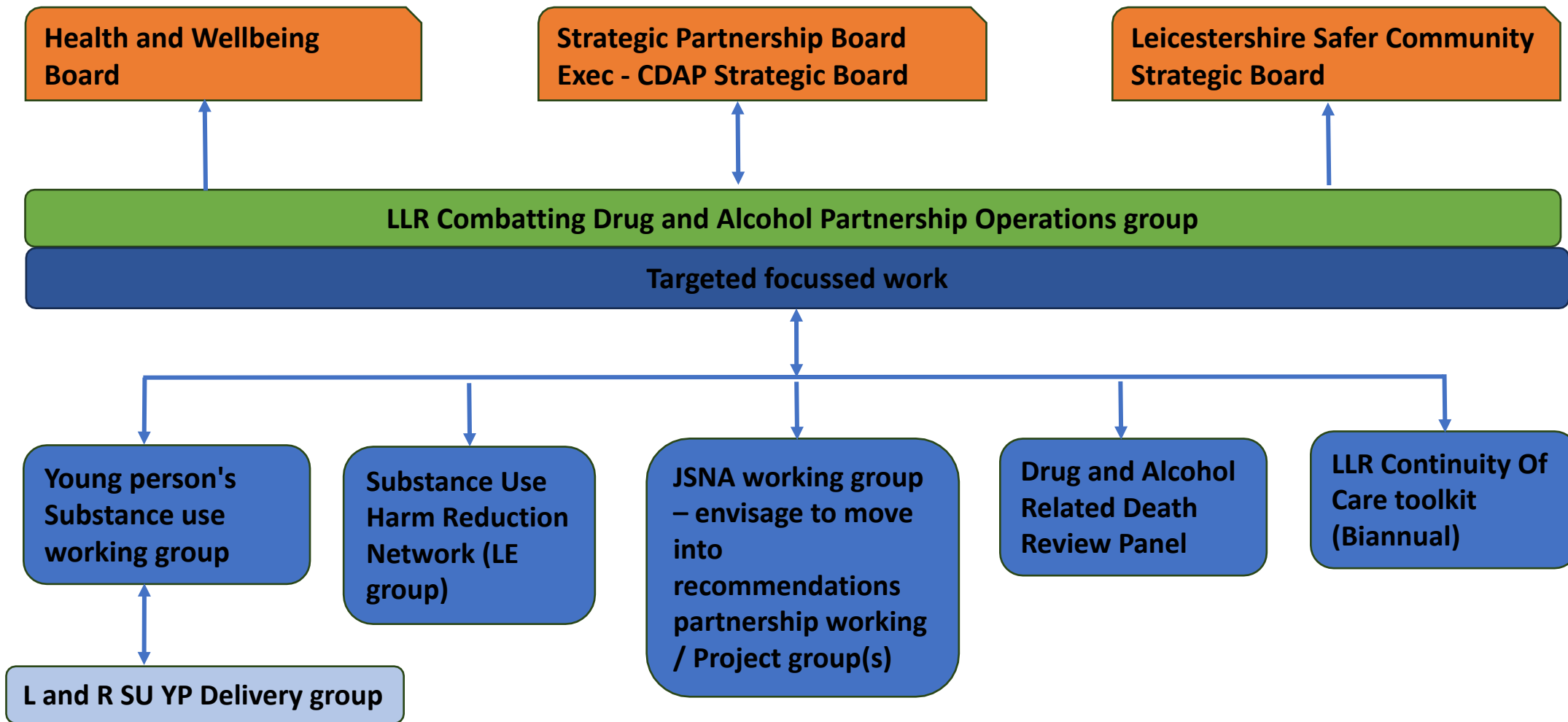
JSNA Substance Misuse and Alcohol 2023 review

- All publishable data was updated
- National and local strategy information was amended / added
- Added updates since previous JSNA – included the 2021 contract and numerous initiatives / projects
- Involve stakeholders via a working group, 121 and emails
- Final version presented to HWB

2



CDAP Governance structure



3



What is substance/alcohol misuse?

- Often referred to as drug misuse, the substance misuse JSNA largely refers to illicit (illegal) drug use
- People using substances are usually divided into 4 groups:
 - Opiates: e.g. heroin
 - Non opiates: e.g. cannabis, crack and ecstasy
 - Non-opiate and alcohol
 - Alcohol only
- The alcohol JSNA focusses on excessive alcohol consumption, including alcohol dependency



Impact of substance/alcohol misuse

- Substance misuse:
 - Long term health & mental health conditions
 - Early death
 - Reduced quality of life & economic opportunities
 - Increased social issues
 - Increased levels of violence & exploitation
 - Increased levels of trauma and adverse childhood experiences (ACEs)
 - Research has shown that for every £1 invested in drug treatment, this results in £2.50 benefit to society
- Alcohol misuse:
 - higher risk of adverse effects including mortality from many related causes, such as alcoholic liver disease
 - Risk of head or facial injuries, fractures, alcohol poisoning etc.
 - Significant contributory factor in offences of violence and disorder, including domestic abuse

Substance misuse



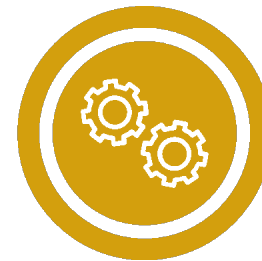
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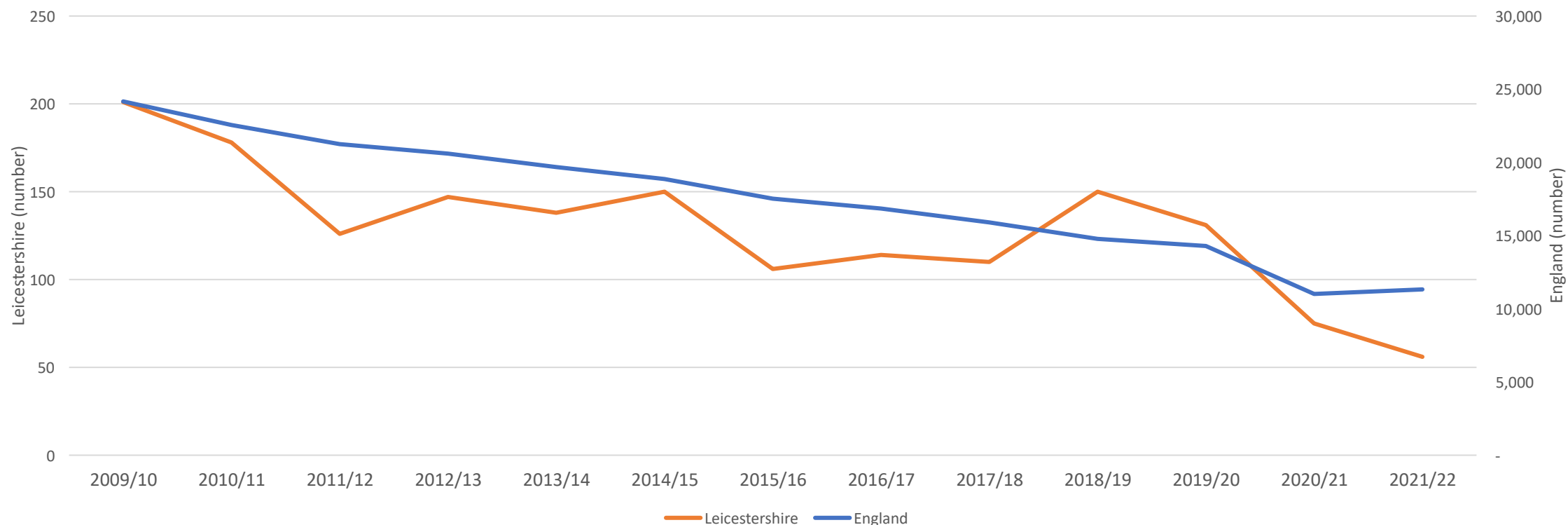


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Young People

Figure 5. Trends in the number of young people in treatment in Leicestershire and England (Source: NDTMS 2023)



Young persons in treatment figures have not increased, this reduced during covid and has not picked up since



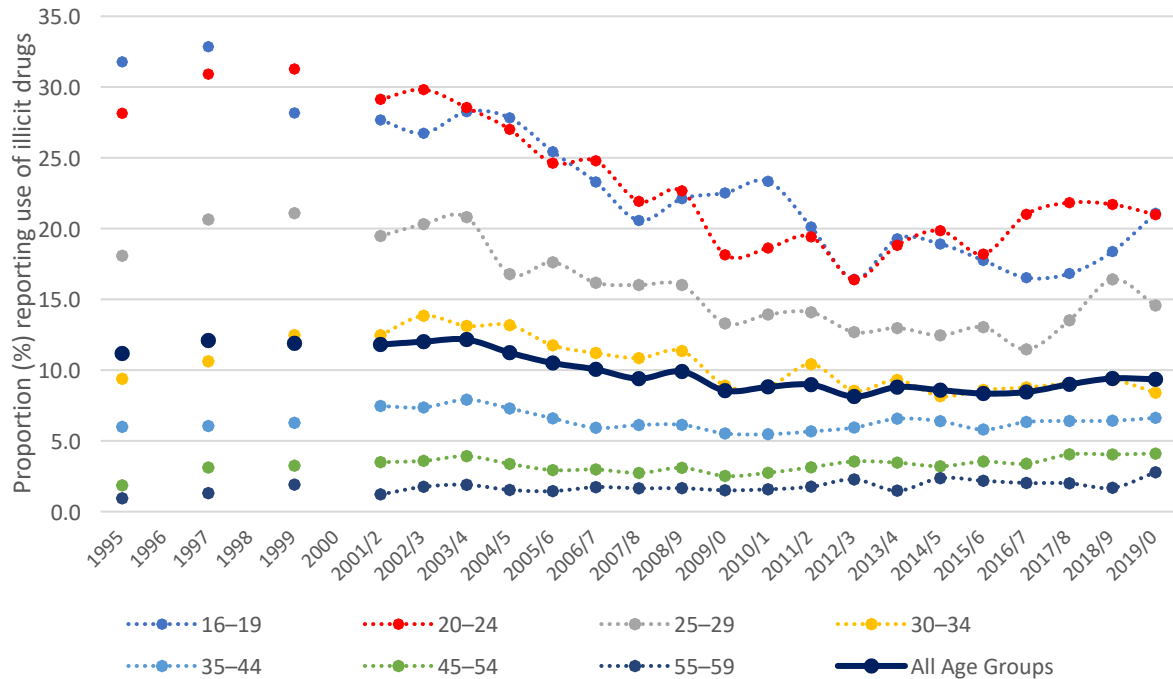
Level of need

- Nationally, the 2019/20 Crime Survey for England and Wales estimates that one third of adults report to have taken drugs at some point during their lifetime
 - Cannabis was reported to be the most used drug in this period, with cocaine powder being the second most common
- Applying national modelling to the Leicestershire population suggests there could be around 38,000 people over the age of 15 using drugs across Leicestershire



Who is most likely to use illicit substances?

Figure 7: Trends in illicit drug use (any drug) by age group (16–59-year-olds) between 1995 and 2019/20



Source: Crime Survey for England and Wales, 2020

Generally the prevalence of drug use decreases with age, with 21.1% of those aged 16-19, and 4.1% of those aged 55-59 reporting use of illicit drugs.

Other groups at higher risk (not exhaustive) include:

- Men (more likely to use drugs than women)
- People living in high deprivation
- People experiencing adverse childhood experiences and/or those with a family history of drug misuse
- Those experiencing homelessness or time in prison/in the criminal justice system
- People who identify as LGBT



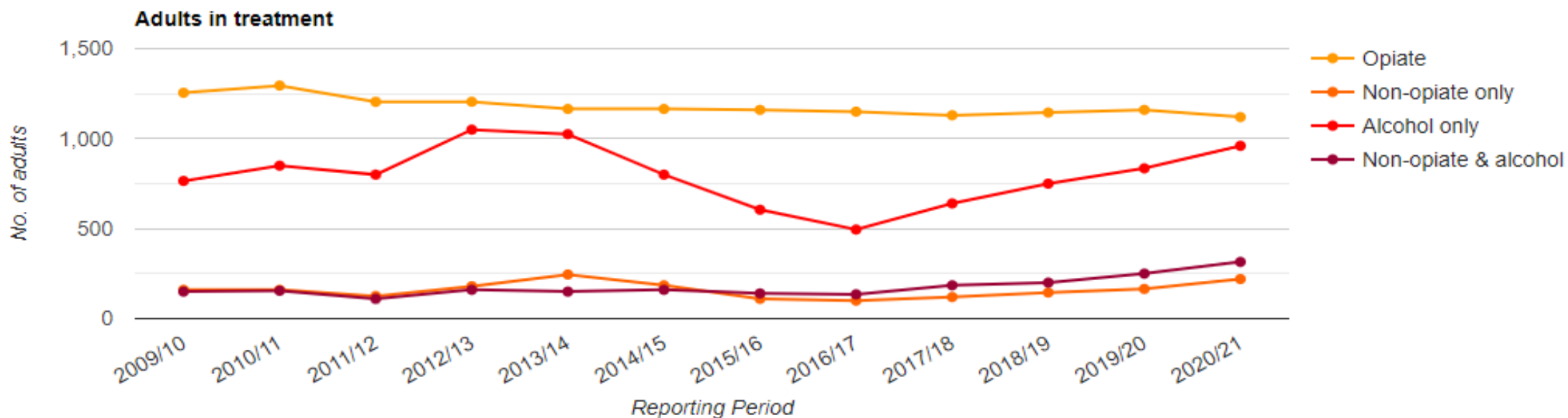
Local treatment service

- The local substance misuse service (covering drug and alcohol use) is commissioned by Leicestershire County Council and Rutland Council with additional funding contributions from the National Probation Service and OPCC
- 4,595 people were identified and provided with brief advice by Turning Point (the main, local treatment provider) in 2021/22
- There are a number of routes into treatment with referrals coming from numerous points into a single point of access
 - The largest referral source for adults is self-referral followed by the criminal justice system which is similar to national trends



Adults in treatment by substance

- **Figure 3 Trends in the numbers of adults in treatment 2009/10 to 2020/21– Leicestershire (NDTMS 2022)**



- In 2020/21, there were 1,656 adults in treatment in Leicestershire (excluding alcohol only treatment)
- Over two thirds of these (68%) were in treatment for opiate use



Successful completions as a proportion of total number in treatment, 2020/21

Successful completions (of treatment)

- Of the 1,656 people in treatment in 2020/21, 20% successfully completed their treatment, this is above the national average of 14%
- For young people in treatment (up to 18 years) 87% completed their treatment journey, compared to 79% nationally
- Successful completions for opiates sit at 7% locally and 5% nationally

	Number of successful completions		Numbers in treatment			Percentage of successful completions	
	Leicestershire	Leicestershire	Leicestershire	Leicestershire	National	National	
	Persons	Persons	Persons	Males	Females	Persons	
Opiate	76	1,121	7%	6%	8%	5%	
Non-opiate	109	219	50%	51%	48%	36%	
Non-opiate & alcohol	138	316	44%	47%	37%	33%	
All	323	1,656	20%	19%	21%	14%	

Alcohol misuse



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Who is most likely to consume alcohol to excess?

- Estimates show consumption generally is highest for 55-74 year olds and lowest for 16-24 year olds in England
- Rates were higher for men than women
- Those on a low income do not tend to consume more alcohol than people from higher socio economic groups but alcohol related harm (including alcohol specific mortality) tends to be much greater in the disadvantaged groups
- People who identify as LGBT
- People experiencing homelessness
- Military personnel
- People in prison



Level of need

- 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).
- Unmet need estimates of 74% of people who require support with alcohol in Leicestershire that aren't getting it, over 4,000 people
- During COVID-19, alcohol consumption changed for high risk drinkers (more than 14 units a week) with national figures showing an increase during the lockdown period
- Hospital admissions for alcohol in Leicestershire have historically been below the national average although there is an increasing trend over the last decade



Adults in treatment

- In 2021/22 there were 1,040 adults in treatment for alcohol only, with more men (57%) than women (43%)
- Of those in treatment, 74% were newly presenting that year, higher than the national average of 67%
- In Leicestershire, a total of 125 cases (16%) of all new presentations left treatment in an unplanned way before 12 weeks, which is slightly higher than the national average of 14% (but not statistically significant)
- The average number of days drinking for those exiting treatment in Leicestershire fell from 19.8 on entry to treatment to 12.5 on exit, which is a little worse than the national average (drop from 20.5 days to 11.5 in England)

Improvements and recommendations



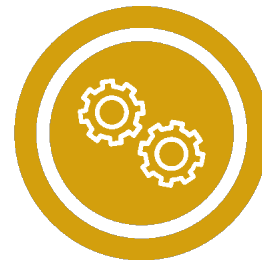
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Gaps and areas of improvement – substance/alcohol misuse

- Estimated numbers of residents with a perceived need for treatment who are not in treatment, estimated to be:
 - 53% of opiate users (1,300 individuals)
 - 74% of alcohol users (4,000 people)
 - A likely increasing level of need for over the counter medicine addiction (9% in treatment, lower than the national average of 14%)
- Successful completions for opiates which are lower than the national average (all other substances are higher than the national average)
- Alcohol brief intervention and wider health and wellbeing outcomes for those completing treatment
- Mortality rates from chronic liver disease, alcohol related mortality and alcohol specific mortality are all significantly higher in males compared with females



Recommendations

1. Improve identification and referral of individuals with substance misuse into treatment to reduce the treatment gap
2. Explore how to identify early issues of substance misuse and carry out targeted prevention and prevention information / advice for residents
3. Take action to better understand (locally) the demand placed on services by new and emerging addictions. To include addiction to prescribed or over the counter medications.
4. Review and understand the prevalence of drug and alcohol use locally by linking with the Combatting Drug and Alcohol Partnership Operations Group
5. Review and understand treatment access and success, focussing on outreach to those that have lower engagement figures such as young persons, mixed ethnicity and the Asian community
6. Ensure the recovery element of the ISMTS meets the needs of residents.
7. Explore wider recovery networks available to our residents for those that have been in treatment and those that have not



Recommendations

8. Continue with a partnership approach to review drug related deaths and to develop and maintain the LLR Drug and Alcohol Related Deaths Review Panel (DARDRP) already in place.
9. Consider a partnership approach that focuses on targeted interventions for the most vulnerable individuals and on those individuals placing the most demand on services e.g. frequent A&E attendances.
10. Ensure that there are strong pathways with the Stop smoking cessation and the ISMTS
11. liaise with partners to understand the specialist opioid addiction issue and how partners can work collectively to make improvements for residents
12. Work with partners across LA and the NHS to maintain clinical substance misuse services as required by NHSE and OHID (ACT all service descriptor 2021)
13. Work with partners to support behaviour change via fibro scanning which results in referrals of residents into treatment
14. Work with partners to improve referral rates between mental and physical healthcare services and drug and alcohol treatment services to achieve the aims of the government drug strategy 'From harm to hope: a 10-year drugs plan to cut crime and save lives'



Next steps

1. JSNA presented to the Health and Wellbeing Board in February 2024
2. Drive forward recommendations via current governance structures where applicable and create working groups where they are not
3. Manage recommendations through the Combatting Drugs and Alcohol Partnership (CDAP) Plan



Questions