NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

JSNA Substance Misuse Young People and Adults

June 2022

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Executive Summary

Definitions and overall approach

- 'Substance misuse' is defined here as 'intoxication by – or regular excessive consumption of and/or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs'[1]. 'Psychoactive substance' means a substance that changes brain function and results in alterations in perception, mood, consciousness, cognition, or behaviour.
- Like the 2018 Joint Strategic Needs Assessment Chapter, this Chapter combines both alcohol and drugs and young people and adults, adopting a life course approach.
- Drugs and alcohol are combined because the use of different substances share similar root causes and can have similar overall effects on the lives of individuals, families and on communities. Also, poly-substance use is very common[2].

This JSNA topic provides an overview of local need and current services regarding substance misuse and identifies unmet needs and gaps. It focusses on substance misuse in the community. It excludes substance misuse amongst prisoners and patients with long term health conditions as a result of substance misuse.

Health and social context:

Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. Dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health, education, training, employment and housing and with anti-social and criminal activity that adversely affects individuals, families and communities. Alcohol alone contributes to more than 60 diseases and health conditions and represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors with smoking and obesity. The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol and drug use.

Anyone could be at risk of developing a substance misuse problem during their lives. Everyone has the potential to develop an addiction to a health harming behaviour. Specifically, addiction occurs when a behaviour that a person finds temporary pleasure, escape or relief from starts to cause negative consequences resulting in the person cannot give that behaviour up despite those negative consequences. The behaviour is acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.

There are recognised risk and protective factors at different stages of life, and these are inextricably linked to the family and community environment. Certain populations are particularly at risk. Resilience is an important personal factor and deprivation is an important social factor in the likelihood of substance misuse issues occurring.

Substance misuse does not exist in isolation. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health: the social, economic and environmental factors that impact on peoples' health.

Trauma and adversity (particularly in childhood) can also significantly increase the likelihood of an individual developing risk taking behaviour and it is commonly a factor in the development of substance misuse dependence and other health harming behaviours.

There is strong evidence of the effectiveness of substance misuse treatment and recovery-orientated interventions, and effective substance misuse services contribute towards many other public health outcomes.

National context:

National evidence suggests that substance misuse in the UK has reduced significantly in the UK over the last decade. However, substance misuse remains a significant national challenge as:

- Over 10 million people in the UK consume alcohol at levels that can adversely affect their health, with 8.5 million drinking at increasing risk levels and 7.3million people are estimated to binge drink
- It is estimated that 2 million people are dependent on substances.
- There are approximately 814,000 alcohol-related hospital admissions in England 2020-21
- It is estimated that 4.5% of pregnant women are substance misusers, equating to 30,200 births
- Deaths from substance misuse are rising across England
- Binge-drinking remains a concern. Up to one-third of alcohol related A&E attendances are for those under 18.
- Substance misuse is often associated with individuals with more complex needs such as homelessness

In terms of the impact of the Covid-19 pandemic:

- The pandemic does not appear to have significantly changed drug usage levels but, for alcohol, an increase in alcohol sales in shops suggests more drinking at home and it appears that amongst those who do drink, increased consumption was reported. There was a 58.6% increase in people reporting that they were drinking at increasing and higher risk levels when comparing March 2020 and 2021.
- The pandemic also saw a national decrease in alcohol-specific admissions except admissions for alcoholic liver disease
- Alcohol-specific deaths increased nationally during the pandemic, thought to be related to the increased heavy drinking habits
- Those requiring alcohol treatment are presenting with more complex needs than prior to the Covid pandemic
- Nationally, deaths of those in substance misuse treatment increased during the pandemic

For historical reasons, opiate users dominate current treatment systems and further investment and capacity is needed in alcohol treatment, particularly post-Covid.

Addressing substance misuse remains a key national priority. The National Drug Strategy 2021, 'From Harm to Hope: A 10 Year drugs plan to cut crime and save lives' builds on the previous 2017 national drug strategy and aims to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm and overall drug use, deter the use of recreational drugs and work to prevent young people from taking drugs. The three strategic priorities of the strategy are:

- Break drug supply chains

- Deliver a world-class treatment and recovery system
- Achieve a generational shift in demand for drugs

Across England over the next 10 years, the strategy aims to create:

- A further 54,500 new high-quality treatment places
- 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
- A treatment place for every offender with an addiction
- 30,000 new treatment places for non-opiate users and alcohol users
- A further 5,000 more young people in treatment
- 24,000 more people in long-term recovery from substance dependence
- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- Sufficient commissioning and co-ordinator capacity in every Local Authority

The National Alcohol Strategy 2012 focussed on reducing the number of people drinking excessively and making 'less risky' drinking the norm. There has been no updated national Alcohol Strategy since 2012.

It is expected that effective local systems will be those that demonstrate strong partnership working and a 'whole systems' approach to raising their prevention and recovery-orientated ambitions.

Local context:

Addressing substance misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy and for the Nottinghamshire Integrated Care System (ICS). The Nottinghamshire Substance Misuse Framework for Action brings together a strategic partnership approach to tackling the harms caused by all substances. The overall vision of this strategy is to:

'Prevent and reduce substance misuse and related problems through partnership working and using the best available evidence of what works so that we can improve the quality of life for people who live, work and visit Nottinghamshire'.

Ensuring the delivery of the key priorities in the Framework is currently the responsibility of the Substance Misuse Strategy Group which reports to the Health and Wellbeing Board and to the Safer Nottinghamshire Board. The local Framework for Action and the Substance Misuse Strategy Group are currently being reviewed in line with the requirements of the new national drug strategy From Harm to Hope (2021) to ensure local governance and partnership arrangements for tackling substance misuse in Nottinghamshire are fit for purpose to locally drive the delivery of the ambitions of the Drug Strategy across all three strategic priorities. Ensuring the voices of those with lived experience of substance misuse issues are heard will be central to the new governance arrangements.

Alcohol Priorities are driven through the Nottingham and Nottinghamshire Alcohol Harm Reduction Group which reports to the ICS Health Inequalities Board. The Covid-19 pandemic slowed the pace of developments on the local alcohol agenda but momentum is now being built up again. For example, the recently approved Nottinghamshire Health and Wellbeing Strategy 2022-2026 has alcohol as one of its priorities.

Local synthetic estimates suggest that there could be in the region of at least 175,600 individuals in Nottinghamshire who use substances frequently and could benefit from a

substance misuse intervention, with 12,800 dependent on substances. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

Nottinghamshire has a greater unmet need for alcohol compared to drugs. About one in ten of the years lost to death or disability in Nottinghamshire are attributable to drug or alcohol misuse (Global Burden of Disease 2019) and substance misuse represents a significant burden on the Nottinghamshire health and social care system. For example, for hospitals:

- Alcohol-specific hospital admission rates are lower than the England average, but rates are higher than the England average in Mansfield and Ashfield
- Adult alcohol-related hospital admission episodes are higher than the national average across all districts except Bassetlaw
- Adult alcohol-related hospital admission episodes are higher than the England average for both males and females and across all age groups There are more admission episodes overall in ages 40-64. The most female admission episodes are ages 40-64 and males over 65
- Nottinghamshire is significantly worse than England and comparator areas for alcohol-related hospital admissions due to unintentional injuries

In terms of substance misuse-related mortality:

- The rate of alcohol-specific mortality in Nottinghamshire is similar to the England rate although Mansfield's rate is significantly higher
- Nottinghamshire has slightly lower rates of alcohol-related mortality compared to the England rate, although Bassetlaw has a higher rate
- Nottinghamshire and England deaths from drug misuse are rising. Nottinghamshire is lower than England, but Mansfield is higher

Change Grow Live (CGL) deliver an all-age substance misuse treatment and recovery service for individuals and families across Nottinghamshire. Levels of service activity broadly correlate with deprivation levels across the county.

Young peoples' services are focused on reducing harm, preventing substance use from escalating, and preventing young people from becoming substance–dependent adults, working as part of a wider network of universal (e.g., schools, colleges, and youth clubs) and targeted (e.g., youth offending teams and non-mainstream education) services. The service also delivers recovery-oriented behaviour change support and interventions for adults and for families where appropriate. This involves transition from the clinic to the community as the locus of intervention and a commitment to partnership working to improve access to wider support for substance misusers such as sport and leisure, housing, welfare and debt advice, employment and education and opportunities to engage in mutual aid groups and other peer support activities. CGL have approximately 4500 Nottinghamshire residents in structured treatment at any one time, of which approximately 2410 are new presentations within that year. 20% of residents leave the service drug and/or alcohol free, which is in line with the national average and Local Authority comparators. Those who successfully leave the service also report improvements in mental wellbeing, employment opportunities, improved housing situations and overall quality of life. For those who are unlikely to leave treatment, benefits gained whilst in treatment are monitored, such as improved physical and mental health and improved social circumstances.

Local services responded and adapted well to the pressures and demands of the pandemic. However, there continues to be a substantial degree of need among the population,

particularly in relation to alcohol misuse. Where substance misuse intersects with other social and health issues there are also further public health concerns to be addressed.

Historically, there has been a strong focus on drug (in particular, opiate and/or crack) treatment services. A new focus is needed on preventing young people from taking drugs and breaking drug supply chains and a stronger focus is also needed on alcohol education, support and treatment across the system, particularly post-pandemic.

Unmet Needs and Service Gaps

The prevalence of substance misuse in Nottinghamshire is difficult to establish, although synthetic modelling indicates that there is still substantial unmet need out there in terms of individuals who would benefit from a substance misuse intervention, particularly regarding alcohol. Alcohol represents the greatest need, particularly post-pandemic.

There needs to be a stronger focus and a more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.

More needs to be done by local partners across Nottinghamshire to reduce the supply of substances in communities, such as influencing the Licensing process by using district level alcohol profiles to identify any cumulative impact arising from a high concentration of licensed premises in a defined geographical area.

Post-Covid, work is taking place to ensure pathways for certain cohorts of substance misusers are fit for purpose, particularly for those with mental health issues and those coming through the criminal justice system. Nottinghamshire also aims to build on the excellent co-ordinated partnership work that took place during Covid to support those individuals who suffer multiple disadvantages (including substance misuse, homelessness, mental health and domestic abuse).

Knowledge Gaps

Reliable Nottinghamshire substance misuse prevalence data is difficult to establish. Little is known of substance misusers who come into contact with other services, such as hospital Emergency Departments, primary care, maternity services, mental health services, pharmacy services, fire and rescue services, criminal justice services, social security services, social care services, ambulatory services, homeless and housing services and community and voluntary sector services. Substance misuse data is not consistently or reliably collected due to historical reasons or recent infrastructure changes. An analysis of the sources of referrals to treatment may indicate that substance misusing individuals are not being identified and referred on as levels of self–referral are high.

There is no current systematic process for sharing existing data between partner agencies to provide an overview and basis for action to tackle substance misuse strategically.

Recommendations for consideration by the local system partners

These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.

Responsibility for the delivery of the recommendations will be established within the new local substance misuse governance arrangements in line with the requirements of the new national Drug Strategy 'From Harm to Hope' (2021). It is anticipated that overall responsibility will sit with the new local Nottinghamshire Combating Substance Misuse Partnership Board, with alcohol specific actions sitting with the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group.

Governance	
1	Establish a Nottinghamshire Combating Substance Misuse Partnership Board that will deliver the ambitions of the new national Drug Strategy 'From Harm to Hope' and will be led by the relevant partner organisations. This should be co-ordinated and make use of the best available up-to-date evidence. The Board will ensure that local views and the views of those with lived experience are incorporated into its work.
2	Implement locally the new national Drug Strategy, in particular the development of commissioning plans, implementation of commissioning standards, health needs assessments for drugs and alcohol and ensuring capacity in the system for both commissioning and delivery of services.
Commissioning and Service Delivery	
3	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
4	Commissioners and providers of mental health and substance misuse services should continue to implement and build upon the new Mental Health/Substance Misuse Pathway, including a process for reviewing the effectiveness of the pathway.
5	The new substance misuse criminal justice pathway should be formally evaluated to monitor the impact on treatment outcomes for this cohort.
6	Evidence based trauma programmes and interventions should continue to be implemented across the system to ensure trauma informed local services, including formal evaluation of these programmes and interventions (e.g., Route Enquiry into Adverse Childhood Programme (REACh)).
7	Those who have been in substance misuse treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
Alcohol	
8	In line with the ICS Health Inequalities Strategy priorities, implement targeted interventions to address the significant impacts of alcohol and liver disease, such as systematically offering Identification and Brief Advice (IBA) to individuals who are drinking at increasing risk or high-risk levels and improving alcohol interventions in both primary care and secondary care (including hospital Emergency Departments). Where possible, this work should be aligned with the Making Every Contact Count (MECC) workstream.
9	Through the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group, explore why Nottinghamshire and some of its districts are still doing significantly worse than England for certain types of alcohol-related hospital admissions and

	develop partnership plans to address this. This will require system mapping of the impact of the Covid pandemic on alcohol consumption at the local level, the need (post-Covid pandemic) and existing services available to inform future commissioning.
10	In line with the local Alcohol Plan, District/Borough Councils should consider data presented in their local alcohol profile to inform future alcohol licensing policy and decision making.
Prevention and Early Intervention	
11	Resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance misuse issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
12	Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
13	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance misuse problem, seek help and successfully address it.
14	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Data	
15	Explore the barriers and challenges to collecting and sharing data across public sector services regarding substance misusers that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
16	Along with improved data collection and sharing, identify the most effective governance structure to enable a more complete picture and strategic overview of substance misusers who come into contact with public sector services, to enable strategic and targeted action.

Full JSNA report

Notable changes from previous JSNA

- Data updated for 2022 where possible.
- Impact of COVID-19 – caution needed when interpreting data/trends over time. Narrative is provided where known or can reasonably be assumed.
- Implications of the new national Drug Strategy 2022.
- Revision of recommendations from previous chapter to reflect recent national developments and current local priorities.

What do we know?

1. Who is at risk and why?

1.1 Risk and protective factors – across the life course:

There is no such thing as a 'typical' substance user as people experiment with or use substances at different points in their life for many different reasons.

Everyone has the potential to develop an addiction to a health harming behaviour. Addiction occurs when a behaviour that a person finds temporary pleasure, escape or relief in starts to cause negative consequences, but the person cannot give that behaviour up despite those negative consequences. The behaviour will be acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.

Risk factors increase an individual's chances for substance misuse while protective factors can increase the resilience of an individual when faced with a risk factor, thereby reducing the risk of substance misuse. A wide range of factors have been identified, some of which interact with each other, and the evidence suggests that the more risks an individual is exposed to the more likely substance misuse problems will develop. Equally, it is often observed that the more protective factors an individual demonstrates, the less susceptible they are to risky behaviours.

Research has shown that risk and protective factors at the personal, family and social level can affect individuals at different developmental stages of their lives particularly during formative major life transitions, as summarised in Appendix A. In the early years of life, these factors are inextricably linked with healthy child development.

1.2 Risk and protective factors – adverse life events:

Alongside the main formative life course transitions, substance misuse can also be triggered at any point throughout life by adverse events such as traumatic events, relationship breakdowns, conflicts, interpersonal losses, legal problems, or financial concerns. Research suggests that an individual's ability to effectively cope (and therefore avoid problems such as substance misuse) will depend on the individual's level of 'capital', which will largely reflect the degree to which protective factors are or have been present in that individual's life. Capital can be described as the breadth and depth of internal and external resources that an individual has to draw upon in the following domains (Table 1):

Table 1: Capital domains

Personal capital	the skills, experiences and capabilities a person has, including the core enablers of self-esteem, self-efficacy, self-coping and a positive personal identity
Social capital	an individual's social network and connections with others and the resources and opportunities that arise from them
Collective capital	the broader context within which individuals live and the aspects of community life that impact on an individual's chances to effectively cope with adverse events[5]

Source: Best, D., 2012. Addiction Recovery: A movement for social change and personal growth in the UK. Brighton: Pavilion Publishing.

1.3 Certain populations most at risk of substance misuse:

These are presented below broadly in order of the strength of the evidence. For further evidence relating to these risks groups, see Appendix B. Services should be outreaching to these groups.

Young people and troubled family history: There is a growing body of evidence demonstrating that experiences during childhood can affect health throughout the life course (Adverse Childhood Experiences (ACEs))[6]. Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours such as substance misuse in later life and the more ACEs a child is exposed to, the more likely they are to develop problems[7].

Individuals living in deprived areas: Deprivation and social exclusion are likely to have an impact on the initiation and maintenance of substance misuse. People living in more deprived areas are more likely to have entrenched and complex needs and to be frequent substance users, as well as potentially lack access to resources and opportunities to help improve their personal and social capital[8 9].

Individuals with mental health issues: Co-existing mental health and substance use problems may affect 30-70% of those presenting to health and social care settings. However, although there are clear associations between mental health and substance misuse, causality is not always clear[10 11 12 13].

Offenders: Offenders and ex-offenders generally experience greater health inequalities, social exclusion and risk of substance misuse. Prisoners report higher levels of substance misuse: 44% report drug misuse and 31% report alcohol misuse, compared to 8.6% and 22% respectively in the general population.

***Individuals in substance misuse recovery*:** While successful completion of treatment is an important outcome for individuals who have accessed substance misuse services, relapse is often a threat. Individuals in recovery post-treatment are at risk of relapse and other associated risks such as substance-related death[14].

***Domestic violence*:** As well as links to the perpetration of domestic violence, substance misuse can be a response to domestic violence and can increase vulnerability to violence, for example where substances are used as a coping mechanism for people in violent relationships[15].

Men: are more likely than women to use substances and to die from using substances[16]. Approximately 62% of increasing and higher risk drinkers and 76% of frequent drug users are male.

Older people: Over 75% of increasing and higher risk drinkers are over 35, with the highest rates in the 45-64 age group.

Ethnicity: Adults from a mixed background are more likely to have participated in illicit substance taking in the last year compared to other ethnic groups.

Sexual orientation: Lesbian, Gay, Bisexual and Transgender (LGBT) individuals have significantly higher rates of substance misuse than their heterosexual counterparts, with the highest rates amongst males.

1.4 The impact of substance misuse on health and wellbeing

The harms arising from substance misuse are wide-ranging and vary depending on the substance used and the pattern and context of use, but it is well established that substance misuse represents a major public health burden. Substance misuse is linked to the development of a range of acute and chronic conditions, ranging from cancer to road traffic accidents. Substance misuse is known to have an impact on:

- *Physical and mental health*: The use of substances at an early age can have a significant impact on cognitive development and increases the likelihood of sustained use, and therefore greater health harms, in later life. Substance misuse is a contributing factor to many health conditions and long-term substance use can lead to conditions of the vascular system (strokes and heart disease) and liver damage and a range of mental health problems.

- *Sexual health:* Substance misuse can lead to risky behaviours such as early sexual activity, unprotected sex and teenage pregnancy.

- *Mortality rates:* High rates of alcohol-specific mortality and mortality from chronic liver disease indicate a significant population who have been drinking heavily and persistently over the last 10-30 years, with deaths being the highest among men aged 60-64 and women aged 55-59.

- *Relationships and families:* Substance misuse is commonly associated with domestic violence, amongst both victims and perpetrators. Substance misuse can reduce the capacity to parent effectively and the children of substance-misusing parents/carers are more at risk of behavioural problems, low educational attainment and substance misuse problems themselves. Family members and close friends of substance misusers can also be affected, experiencing stress and health problems as a result of being close to and concerned about the person with the substance misuse problem.

- *Crime and anti-social behaviour*: There is a relationship between alcohol and drug use and crime rates and anti-social behaviour, with alcohol in particular being a driver of violent crime and anti-social behaviour. It is widely reported that half of all serious acquisitive crime is drug-related and around three quarters of heroin and crack users commit crime to fund their habit. Higher levels of alcohol-related recorded crimes and violent crimes are likely to be significantly linked to binge drinking and the night-time economy. Alcohol is also a common feature in sexual assaults.

For more key facts, see Appendix C.

Key Points:

Anyone could be at risk of developing a substance misuse problem during their lives, as everyone has the potential to develop an addiction to a health harming behaviour.

Addiction occurs when a behaviour that a person finds temporary pleasure, escape or relief in starts to cause negative consequences, but the person cannot give that behaviour up despite those negative consequences. The behaviour will be acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.

There are recognised risk and protective factors at different stages of life and these are inextricably linked to the family and community environment. Certain populations are particularly at risk.

Substance misuse has wide-ranging and significant adverse effects on individuals, families, and communities.

2. Size of the issue locally

Unfortunately, it is difficult to estimate how many people across Nottinghamshire are using substances, not least because of the clandestine nature of some substance misuse. The most reliable data comes from those in contact with treatment services, which does not necessarily reflect actual need in the community. It is possible however to:

a. Synthetically model local need based on national data (i.e., applying a percentage representative of Nottinghamshire to published national data on certain populations)
b. Analyse data from other public services (other than substance misuse treatment services) that are likely to come into contact with those who misuse substances. Substance misuse treatment service data will be considered separately in section 4.

2.1 Synthetic local estimates

2.1.1 Drugs:

The best available estimates indicate that in Nottinghamshire:

- **9,615** individuals use drugs frequently (Table 2).
- There is a cohort of **4,292** who use opiates and/or crack problematically (Table 2).
- It is estimated that 48% of the opiate/crack population is in treatment at some point in the year.
- It is estimated that **665** 10 to 17 years olds misuse substances (http://beta.roi.nice.org.uk/CYP).

Table 2: Synthetic estimates of drug use in Nottinghamshire

	In their lifetime:	In the last year:	In the last month:	Use frequently
16-59 year olds (all drugs)				
Any drug	159,320	42,600	23,347	9,615
Class A drugs	71,864	15,396	6,500	---
New Psychoactive Substances	10,536	1,556	---	---
15-64 year olds (estimated dependant drug users)				
Opiate and/or Crack users	---	---	---	4,292 (CI: 2,795- 5,764)
Opiate users	---	---	---	3,608 (CI: 2,579- 4,506)
Crack users	---	---	---	1,673 (CI: 837- 2,541)

Utilising:
2019/20 Crime Survey for England and Wales – URL:
https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020 ONS Mid-Year 2020 Population Estimates
Opiate and crack cocaine use: prevalence estimates by local area 2016-17
https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

Use of new psychoactive substances such as Mamba and Spice (synthetic cannabinoid receptor agonists (SCRA)) remains prolific among vulnerable cohorts. The overt use of these substances in local town and city centres continues to give rise to significant community concern and personal health risks. The number of SCRA-related incidents recorded by Police fell during the 2020 lockdown period before rising to pre-Coronavirus levels in September 2021. SCRA remains the most commonly seized drug after cannabis and are likely to remain readily available on account of their profitability and ease of production.

2.1.2 Alcohol:

The best available estimates indicate that in Nottinghamshire:

- **160,206** adults drink at levels that pose a risk to their health.
- **8,506** adults are estimated to have alcohol dependency
- Around 19,310 of those drinking at levels that may harm their health are 60+ years old[17].
- Adults who abstain from alcohol has reduced from 94,131 to 82,073
- It is estimated that there are **5114** young people (10-17 year olds) who are drinking at increasing and higher risk levels (http://beta.roi.nice.org.uk/CYP).

Table 3: Synthetic estimates of alcohol consumption in Nottinghamshire

Drinking behaviour in adults:	Estimates:
Adults who abstain from drinking alcohol	82,073
Adults binge drinking on heaviest drinking day	112,276
Adults drinking over 14 units of alcohol a week	160,206
Number of dependent drinkers	8,506 (CI: 6,868 – 10,881)

Utilising:
Local Alcohol Profiles for England - Data - OHID (phe.org.uk) 2015-18 ONS Mid-Year 2020 Population Estimates
Alcohol dependence prevalence in England - GOV.UK (www.gov.uk) 2018-19

2.2 Potential Impact of the COVID-19 Pandemic on prevalence of substance misuse

2.2.1 Drugs:

Broadly, reported drug usage levels did not significantly change during lockdown.

The Crime Survey for England and Wales 19/20 indicated that levels of illicit drug use among adults (9.4%) and young adults aged 16 to 24 (21.0%) saw no significant change between 2019 and 2020 although incremental year-on-year rises have resulted in an increase in prevalence among adults and young adults of 12% and 17% respectively since 2015/16.

The proportion of adults (3.4%) and young adults (7.4%) reporting Class A drug use fell marginally in 2019/20. There were no significant changes in drug use for most individual drug types including cannabis, ecstasy, powder cocaine and new psychoactive substances. The proportion of frequent users of powder cocaine, however, fell from 14.4% to 8.7%.

2.2.2 Alcohol:

The National Report from Public Health England 'Alcohol Consumption and Harm During the COVID-19 Pandemic' (July 2021) highlighted that despite hospitality venues closing for approximately eight months due to a series of national lockdowns, the total amount of alcohol released for sale during the pandemic was similar to before the pandemic.

Data from consumer purchasing panels shows there was a 24.4% increase in alcohol sold in shops and supermarkets in 2020-21 compared to 2019-20, suggesting that people have been drinking more at home. There was a 58.6% increase in people reporting that they were drinking at increasing and higher risk levels when comparing March 2020 and 2021.

Duty-paid wine and spirits increased compared to beer in 2019-2020 (+8.9% and 7.3%) while cider and beer decreased (-16.7% and -14.0%). This likely related to the fact beer and cider are more often bought in on-trade settings.

Key Points:

These figures suggest that there could be in the region of at least 175,600 individuals in Nottinghamshire who use substances frequently and could benefit from a substance misuse intervention, with 12,800 dependent on substances. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

Alcohol still represents the greatest need (noting that a significant proportion of the drug using population are also likely to be drinking). See recommendations 8 and 9.

Nationally, the COVID-19 pandemic does not appear to have significantly changed drug usage levels. For alcohol, an increase in alcohol sales in shops suggests more drinking at home and it appears that, amongst those who do drink, increased consumption was reported.

2.3 Where individuals with substance misuse issues come into contact with other local public services

The most reliable data is hospital admissions data. Substance misusers are also likely to come into contact with the following services:

- Local Authority:
  - Homeless and Housing services
  - Social Care services
- NHS:
  - Primary Care
  - Hospital Emergency Departments
  - Maternity services
  - Pharmacy services
  - Mental Health services
  - Ambulatory services
- Police and Police and Crime Commissioner:
  - Criminal justice services (including custody suites, prisons, probation and community rehabilitation companies)
- Other Public Sector and Voluntary Services
  - Fire and Rescue services
  - Social Security services
  - Community and voluntary sector services

Local substance misuse data is not collected comprehensively across these agencies. This is either due to historical reasons or to infrastructure and IT changes within organisations. Some information is known (such as of all recorded crimes, 8% are estimated to be alcohol related and 3.2% to be drug offences in 2021) but the picture is incomplete. A brief summary of what is known can be found in Appendix D.

For the following hospital admissions data, it cannot be ascertained whether the individuals involved are accessing substance misuse services or not. It does however help build a local picture of need and the impact this population has on local public services.

For the following hospital admissions data, county-level rates and trends are similar to England and other comparator areas unless otherwise stated. District analysis identifies some differences. Headlines are given below and more comprehensive district level data and trends can be found in Appendix E.

2.3 1 Alcohol-specific hospital admissions

- The data suggested that there has been a reduction in the rate of alcohol-specific admissions in under 18s between 2006 and 2020. The Nottinghamshire rate is lower than that of England's between 2017/18- 2019/20. However, Mansfield and Ashfield have higher admission rates than England.
- For adults (over 18s), there has been a steady increase in the rate of alcohol-specific admissions between 2008 and 2021 across England. The Nottinghamshire rate is lower than that of England. However, Mansfield and Ashfield have higher admission rates than England.

2.3.2 Alcohol-related hospital admissions

There were 4,525 adult hospital admissions across Nottinghamshire for alcohol-related conditions in 2020-21.

- Nottinghamshire has on average higher rates than the England average (535 per 100,000 compared to 456 per 100,000). Only Bassetlaw has lower rates than the England average.
- Admission episodes for males are higher than the England average in Nottinghamshire and higher in Mansfield, Ashfield, Broxtowe and Gedling specifically.
- Admission episodes for females are higher than the England average across Nottinghamshire and in all districts. They are highest in Mansfield and Newark & Sherwood.
- Admission episodes are higher than the England average across all age groups. Most of the individual district level results are also higher. There are more admission episodes overall in 40-64. The most female admission episodes are ages 40-64 and males over 65.

2.3.3 Alcohol-related hospital admissions due to unintentional injuries

- Nottinghamshire has higher rates than the England average for alcohol-related hospital admissions due to unintentional injuries, which include road or pedestrian traffic accidents, alcohol poisoning and fall and fire injuries. Rates are significantly worse for both males and females and in all districts except Rushcliffe and Bassetlaw.
- Nottinghamshire is the only area worse than England amongst its comparator areas.

2.3.4 Hospital admissions due to substance misuse

Hospital admissions due to substance misuse in 15-24 year olds have gradually risen across England and Nottinghamshire since 2008. For 2018/19-2020/21 there were 215 admissions across Nottinghamshire, a rate of 83.9 per 100,000 population compared to the England rate of 81.2.

2.4 Mortality and substance misuse

Deaths of people in drug and alcohol treatment increased during the pandemic and have not returned to their pre-pandemic levels. These deaths are mostly not attributable to COVID-19 itself, though they may be connected to restrictions on people's freedoms and related stresses, and to unavoidable changes in healthcare services and practice made necessary by the pandemic.

2.4.1 Alcohol

The rate of alcohol-specific mortality has increased nationally at approximately 13.0 per 100,000 population in 2020 from 10.9 in 2019. The number of alcohol-specific deaths has increased between 2019 and 2020, from 5,820 to 6,985. This increase has been confirmed in previously published reports from the Office for Health Improvement and Disparities (OHID) in the Alcohol Consumption and Harm During the COVID-19 Pandemic report and the Office for National Statistics (ONS) in the Quarterly Alcohol Specific Deaths report.

In Nottinghamshire, the rate of alcohol-specific mortality is similar to the England rate (at 11 per 100,000 population) although Mansfield's rate is significantly higher at 18.3 deaths per 100,000 population.

Alcohol-related mortality in England has remained relatively high. There were an estimated 20,468 alcohol-related deaths in England in 2020 representing a 4.8% increase compared to 2019 (an increase in the rate from 36.4 to 37.8 per 100,000 population).

Nottinghamshire has slightly lower rates of alcohol-related mortality compared to the England average (33.5 per 100,000 compared to 37.8 per 100,000), although Bassetlaw has a higher rate than the England average (39.8 per 100,000).

Table 4: Alcohol-related mortality in England and Nottinghamshire

Number of alcohol-related deaths:	**2018**	**2019**	**2020**
England	**19,308 (36.5)**	**19,530 (36.4)**	**20,468 (37.8)**
Notts	**293 (34.3)**	**329 (38.3)**	**292 (33.5)**

Source: Local Alcohol Profiles for England - OHID (phe.org.uk)

There were 7,402 deaths due to chronic liver disease in England in 2020, an increase from 6,530 in 2019, representing a 13.3.% increase (and an increase in rate from 12.2. to 13.7 per 100,000 population). A similar increase to that seen in alcohol-specific deaths is to be expected as a significant proportion of alcohol-specific deaths are due to alcoholic liver disease.

2.4.2 Drugs

Between 2018-2020, there were 8185 deaths across England. The latest data from the Public Health Outcomes Framework for deaths due to drug misuse shows 65 deaths across Nottinghamshire between 2018 and 2020. The table below shows the district breakdown (Table 5). Both England and Nottinghamshire rates have been rising since 2011, but Nottinghamshire has consistently had lower rates. However, at district level, Mansfield has a slightly higher rate.

Table 5: Deaths due to Drug Misuse in England and Nottinghamshire

Area	Count	Value (per 100,000)
England	8,185	5.0
Nottinghamshire	65	2.8
Mansfield	16	5.3
Bassetlaw	13	4.0
Newark and Sherwood	11	3.3
Ashfield	9	-
Broxtowe	3	-
Gedling	4	-
Rushcliffe	9	-

There is an increasing population of long term in-treatment service users who are now suffering from other health complications as a result of their continued substance misuse. The Nottinghamshire substance misuse service (Change Grow Live (CGL)) has reported an increase in incidents for service users who are on low opiate substitute methadone prescribing but with high alcohol usage.

2.5 The Impact of Covid on alcohol hospital admissions and deaths

The 2021 OHID report showed that nationally:

- During the pandemic (2020), rates of unplanned admissions to hospital for alcohol specific causes decreased by 3.2% compared to 2019. The decrease was thought to be due to reduced admissions for mental and behavioural disorders due to alcohol use.
- Unplanned admissions for alcoholic liver disease were the only alcohol specific unplanned admission type to increase between 2019 and 2020. (13.5%). From June 2020 there were significant and sustained increased in the rate of unplanned admissions for alcoholic liver disease.

There were rapid decreases in the rate of alcohol specific admissions which coincided with the start of the pandemic, but this is not unique to alcohol. They remained significantly lower than baseline throughout 2020 and 2021. The 'lockdown effect' likely related to psychological factors where people avoided hospitals due to easing pressure on the NHS and avoiding high risk settings for covid.

- Alcohol-specific deaths increased by 20.0% in 2020 (from 5,819 in 2019 to 6,983) and alcoholic liver disease accounted for 80.3% of alcohol specific deaths in 2020.
- There was a rapid increase in the number of alcoholic liver disease deaths, rising by 20.8% between 2019 and 2020, compared to a rise of 2.9% between 2018 and 2019.
- Deaths from mental and behavioural disorders due to alcohol increased by 10.8% between 2019 and 2020 (compared to a 1.1% increase between 2018 and 2019), but hospital admissions were down.
- Deaths from alcohol poisoning increased by 15.4% between 2019 and 2020 (compared to a decrease of 4.5% between 2018 and 2019), but hospital admissions were down.
- In 2020, 33.0% of all alcohol-specific deaths occurred in the most deprived 20% and 10.7% in the least deprived quintile.

The upwards trend in alcohol specific deaths was brought about by increases in deaths from alcoholic liver disease. From July 2020 rates of alcoholic liver disease were significantly and consistently higher than baseline. Although alcohol related cirrhosis can take a decade or more to develop, most deaths occur due to acute-on-chronic liver failure, due to recent alcohol intake and heavy drinking. The report suggested liver mortality rates responded to changes in population level drinking - particularly the increase in drinking patterns in heavy drinking seen in the pandemic.

Tackling alcohol consumption is an essential part of the UK governments COVID-19 recovery plan and data will continue to be collected. Nationally there are plans for long-term sustained action to prevent and reduce liver disease as a priority for public health. This is especially important due to the increased consumption of alcohol seen in the pandemic.

In the national Covid context of increased mortality from alcohol and liver disease, work is needed to understand the impact of Covid on alcohol consumption at a local level and whether local services are equipped to deal with the treatment need arising from this. Through the Nottingham and Nottinghamshire Alcohol Harm Reduction Group, system mapping will be carried out (post-Covid) on need and existing services available to inform any future commissioning of services for any identified gaps. Emergency Departments in local hospitals and Primary Care have been identified as areas where further developments or commissioning of support services will need to take place.

2.6 The Impact of Covid on drug related deaths

The OHID report 'Adult Substance Misuse Treatment Statistics' in November 2021 noted a 27% increase in the number of service users who died whilst in drug and/or alcohol treatment 2020 to 2021. It is likely that several factors contributed to this increase such as changes to alcohol and drug treatment, reduced access to other healthcare services, changes to lifestyle and social circumstances in lockdown and Covid-19 itself.

Key Points:

- Hospital admissions data is the most reliable source of data. Local substance misuse data is not collected comprehensively across other public sector agencies. Some information is known but the picture is incomplete. Improved substance misuse-related data collection and sharing is required across public sector agencies (such as hospital Emergency Departments, Primary Care, maternity services and criminal justice agencies) if substance misuse is to be tackled strategically in a co-ordinated way.

- Nottinghamshire's alcohol-specific hospital admission rates are lower than the England average, but rates are higher than the England average in Mansfield and Ashfield

- Nottinghamshire adult alcohol-related hospital admission episodes are higher than the national average across all districts except Bassetlaw. Admissions for females are higher than the England average in all districts.

- Nottinghamshire adult alcohol-related hospital admission episodes are higher than the England average for both males and females and across all age groups. Most of the individual district level results are also higher. There are more admission episodes overall in ages 40-64. The most female admission episodes are ages 40-64 and males over 65.

- Nottinghamshire is significantly worse than England and comparator areas for alcohol-related hospital admissions due to unintentional injuries.

- The rate of alcohol-specific mortality in Nottinghamshire is similar to the England rate although Mansfield's rate is significantly higher

- Nottinghamshire has slightly lower rates of alcohol-related mortality compared to the England rate, although Bassetlaw has a higher rate

- Nottinghamshire and England deaths from drug misuse are rising. Nottinghamshire is lower than England, but Mansfield is higher.

Impact of the COVID-19 Pandemic:

- The COVID-19 pandemic saw a national decrease in alcohol-specific admissions except admissions for alcoholic liver disease.

- Alcohol-specific deaths increased nationally during the pandemic, thought to be related to the increased heavy drinking habits.

- Nationally, deaths of those in substance misuse treatment increased during the pandemic

- In the national Covid context of increased mortality from alcohol and liver disease, work is needed in Nottinghamshire to understand the impact of Covid on alcohol consumption at a local level and whether local services are equipped to deal with the treatment need arising from this. See recommendations 8 and 9.

3. Targets and performance

Nottinghamshire currently works to 3 strategic themes of Reducing Demand, Restricting Supply and Reducing Harm (through the provision of effective services). There are currently no agreed targets or performance measures for the themes of Reducing Demand and Restricting Supply. For Reducing Harm, substance misuse treatment service targets are in place (Table 7).

Nottinghamshire's substance misuse treatment services are recovery oriented. Nottinghamshire has adopted the UK Drug Policy Commission definition of recovery which is *'voluntarily sustained control over substance use which maximises health and well-being and participation in the rights, roles and responsibilities of society'*. Recovery is the best word to summarise the positive benefits to physical, mental, and social health that can happen when substance-dependent individuals get the help they need. It is a concept based on principles of empowerment, choice and hope and focusses on strengths rather than weaknesses/pathologies.

Although recovery is a personal journey and varies between people and settings, it is not entirely unpredictable. Recovery is social in nature with recovery journeys involving other people and taking place in social settings. Recovery is also a social movement of change that helps to build and transform local communities and recovery successes should be visible to communities. Recovery does not occur in treatment, although treatment may be both a catalyst and a prerequisite for some people.

Since 2014, Change Grow Live (CGL) have delivered all substance misuse treatment and recovery services across Nottinghamshire. Since 2020 they have mobilised an integrated all age substance misuse treatment and recovery service which incorporates drug and alcohol services and support for all ages and to families where appropriate. The service offers support for individuals as well as children and family members impacted by someone else's substance misuse. It is free and confidential with bases in Mansfield, Worksop and County South (Monday-Friday 9:00-17:00 with some weekend and evening provision).

It is an outcome-based contract and the provider has complete operational and financial flexibility to configure services as they see fit to meet the needs of the local population and the high level contract outcomes. The service is:

- Focussed on recovery- recognising that this is not just a process of shedding symptoms but a process of growth and wellbeing, focussing on the potential, not the pathology
- Strengths and assets-based – which values the capacity, skills, knowledge, connections and potential in individuals, families and communities. Community assets are utilised to support individuals to achieve and sustain their recovery goals
- Integrates drug and alcohol services and focusses on behaviour change – seeing the substance(s) of choice as only the manifestation of an individual's problems
- Focussed on outcomes – empowering the provider to use the best evidence of what works, to innovate and develop staff and services to deliver outcomes that are meaningful for individuals, families, and communities
- Services (delivered in a range of settings) include community based advice, support and structured treatment, psychological and pharmacological interventions, criminal justice-specific interventions, Needle and Syringe Programmes, supervised consumption services, inpatient and community detoxification services, residential rehabilitation service placements, harm reduction services, blood borne virus testing and vaccinations, training and development of the wider workforce to raise drug and alcohol awareness and deliver drug and alcohol interventions, hospital substance misuse liaison services, opportunities for volunteering and employment readiness services, peer support and recovery community support and referrals to other support services where relevant

Broadly, the service offers 2 phases of support of increasing intensity and focusses on behaviour change (Table 6). The pathways are not defined by the substance(s) of choice:

Table 6: CGL phases of support:

Brief Assessments	Single brief intervention that offers screening, information, low level advice and guidance, with sign posting as required. This cohort includes needle exchange/harm reduction provision and anyone scoring 8 or under on audit C*.
Structured Treatments	A comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions.

**Audit C is* a brief alcohol screening tool that can help identify individuals who are drinking at harmful or dependent levels

Service user involvement underpins all phases and is integral to service design, quality development and improvement plans.

Broadly over the life of the contracts, CGL performance is excellent and the service is consistently meeting or exceeding its local contract targets. These targets are set locally and encapsulate all individuals who come into contact with the service and, as such, do not directly align with Public health Outcome Framework measures (which relate to only the structured care planned treatment cohort).

Table 7: Current substance misuse service performance on key outcomes

Outcome:	Targets	Current Performance:
1. Referrals in		6743 unique individuals supported
2. Improving successful discharges from the service (not split by substance)	15%	20%. There has been a significant reduction in unplanned discharges. Re-presentations remain low
3. Increasing engagement in education, training and employment (including volunteering)	20%	33%

4. Improving mental health and wellbeing	80%	81%
5. Improving housing situations	50%	89%

NOTE: 2,3,4 and 5 are measured via NDTMS and Treatment Outcome Profiles

In line with the national picture, there is an ageing opiate using cohort in treatment. As at June 2018 there were 744 individuals who have been in treatment for 4 years or more. There has been an increase in the number of opiate treatment clients who have been in treatment for over 6 years. Locally this is 36%. Nationally, it is 31.7%.

It is essential that this cohort's needs are addressed either to:

- Move them through and out of treatment and achieve their recovery goals. The evidence suggests this could happen for approximately 10% of this population. Or;
- Improve their quality of life while they remain in treatment. For a large proportion of this cohort, they may never leave treatment. Whilst in treatment, many benefits are gained to the individual (e.g. improved physical health, mental health and social circumstances) and to the community (e.g. reduced crime). Improvements made whilst in treatment are being monitored for this cohort.

Covid-19 Impact

Alcohol and drug treatment services were subject to restrictions and limitations early in the coronavirus (COVID-19) pandemic. This required significant changes and flexibility in how services were delivered to keep staff and service users safe. This included changes to medication dispensing, reducing in-person interactions, and introducing new and expanded remote interventions. The service adapted well to the local pressures and demands of the pandemic.

Most of these restrictions have now been lifted and services have reviewed and revised their practice, mostly returning to pre-pandemic guideline-compliant practice. However, some of the changes to practice were (and could still be) beneficial to service users. These will be continued where appropriate and in line with clinical guidance.

Key Points:

Public Health commission an all age substance misuse treatment and recovery service for all districts of Nottinghamshire from CGL. Service performance is excellent and meeting or exceeding contract targets. Services were flexible and adapted well to the pressures of the Covid-19 pandemic.

A focus is needed on supporting those who have been in substance misuse treatment for 4 years or more to exit treatment successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment are being monitored. See recommendation 7.

4. Current activity, service provision and assets

The diagram below (figure 1) outlines the current provision across the domains of Reducing Demand, Restricting Supply and Reducing Harm (through the provision of effective services), all underpinned by the wider determinants of health. These 3 themes form the work streams of the current Nottinghamshire Substance Misuse Strategy Group and the Framework for Action.

This Framework for Action and the configuration of the Nottinghamshire Substance Misuse Strategy Group and governance infrastructure is currently being reviewed to reflect the new requirements within the new National Drug Strategy 'From Harm to Hope' 2021. This will be in line with national guidance as it is released.

Figure 1: Current Nottinghamshire provision and activity

Theme: Reducing demand	***Theme: Restricting supply***	***Theme: Reducing Harm***
Young People Education and Prevention programmes Early intervention: Healthy Family Programme Targeted Support & Youth Justice Early Help Unit Supporting national substance-related campaigns – e.g., Dry January/Alcohol Awareness Week/FRANK Supporting healthy lifestyle messages – e.g. One You/Making Every Contact Count (MECC)	Drug Seizures Alcohol Licensing Minimum Unit Pricing Trading Standards Night-Time Economy Initiatives	Specialist Substance Misuse services for Young People, Adults and Families Secondary Care – long term health conditions caused by substance misuse
Wider determinants of health (the social, economic and environmental conditions that influence health)		

4.1 Education and Prevention – Young People

- There are currently a number of organisations providing education around substance misuse for young people in schools (sometimes via PSHE sessions) and other youth-centred services. However, the level and quality can be varied as schools and academies commission programmes independently based on their own needs and there is no universal standard.

- The Nottinghamshire County Schools Health Hub (SHH) has been in place since January 2017 working as part of the Tackling Emerging Threats Team. The SHH co-ordinators quality assure substance misuse interventions offered to schools with a focus on the evidence-base, the impact on children and young people and cost effectiveness. Schools are supported to develop lesson plans, guidance and policies to support substance misuse prevention. Protection from and prevention of substance misuse as with all risk-taking behaviours and lifestyle choices, is underpinned by

good mental health and wellbeing i.e., self-awareness, self-confidence, self-possession, self-esteem and ultimately self-efficacy.

- Up to March 2021, Public Health and Nottinghamshire CCGs commissioned resilience programmes to build emotional health and wellbeing for children and young people attending Nottinghamshire schools. The menu of evidence-based quality assured interventions was available to schools via the Schools Portal. In Nottinghamshire, Each Amazing breath CIC Take Five at School (north and west of the county) and Young Minds Academic Resilience Approach (south of the County) were commissioned. It was provided to 60 schools across the county based on JSNA child population data on emotional mental health and wellbeing prevalence most commonly anxiety, depression and conduct disorder, and the Schools Income deprivation affecting children Index (IDACI) with the programmes offered to the schools whose pupils and students were likely to have the highest need. This is the population of children and young people most affected by adversity and Adverse Childhood Experiences (ACEs) and science demonstrates that they are more likely to have health inequalities arising from risk taking behaviour like substance misuse. There is now sufficient understanding in schools of the value of Trauma Informed approaches and strength based approaches in language development about feelings and physical practice to release the embodiment of stress that there will be some degree of sustainability.

  During the early stages of the pandemic and during lockdowns, the Each Amazing Breath Take Five at Schools Programme moved to online learning with bespoke training VTs, Zoom access to advice and online materials. Young Minds Academic Resilience Approach stopped during the pandemic. The evaluation was brought to an early close as the school environment and population changed so much that it was difficult to relate and compare results. An impact assessment report is due shortly from Each Amazing Breath commissioned by Bassetlaw CCG, reflecting on seven years of Take Five in Bassetlaw.

4.2 Early Intervention – Young People

Healthy Family Programme (0-19 years)
This service offers brief intervention and referral into open access and specialist substance misuse services via schools and targeted school-based group work, community based holistic health and wellbeing drop-in sessions and following contact made by young people via CHATHEALTH (young peoples' texting service).

Targeted Support and Universal Youth Services
This service works with young people demonstrating signs of lower-level substance misuse. It provides advice and guidance on lifestyle choices and addresses issues for vulnerable adolescents such as homelessness, educational welfare as well as substance misuse.

CAMHS Head2Head
The Head2Head team has an early intervention role as well as a specialist substance misuse treatment role. The team works with young people across Nottinghamshire aged up to 18 (19 if they are working with a Youth Offending Team) who have significant issues with substance misuse. They work within the Targeted Support and Youth Justice Team supporting young people with lower level substance misuse issues and provide training and awareness raising for generic staff working with young people. Young people at risk of substance misuse issues aged 14-16 have been identified as a group particularly at risk of not accessing services or disengaging with them. These are a particularly vulnerable cohort

as they move towards the transition from young people services to adulthood/adult services (see Recommendation 14).

4.3 Making Every Contact Count (MECC)

Nottinghamshire County Council is committed to adopting a MECC approach. Making Every Contact Count is 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. Staff across health, local authority and voluntary sectors have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

- *For organisations*: MECC means providing their staff with the leadership, environment, training and information that they need to deliver the MECC approach.

- *For staff*: MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them.

- *For individuals*: MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health.

MECC focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health:

- Stopping smoking
- Drinking alcohol only within the recommended limits
- Healthy eating
- Being physically active
- Keeping to a healthy weight
- Improving mental health and wellbeing

Where individuals are identified by frontline health and social care workers as drinking at increasing risk or high risk levels, identification and brief advice (IBA) should be provided with the aim of encouraging them to reduce their consumption to lower risk levels. This is a prevention (not treatment) approach aimed at helping at-risk drinkers to make informed choices about their drinking.

MECC and IBA are not currently systematically carried out or recorded across agencies in Nottinghamshire.

4.4 Substance Misuse Treatment - Young People (Under 18s)

Headlines are presented here. For more detailed information see Appendix F.

- As at March 2021 there were 55 young people in treatment for substance misuse
- The number of young people accessing treatment increased throughout the 2020-2021 period. There was a 34% increase of young people in treatment when comparing 2019 and 2020 (which contrasts with the national picture).

- Within Children and Families services, 68% of referrals were from Targeted Support. This has decreased from 95% in 2018.
- The majority of young people accessing treatment are 16-17 with the main substances of choice being cannabis and alcohol. The majority are male.
- Those presenting to services demonstrate wider vulnerabilities such as domestic abuse, mental health problems and self-harm. In particular, Nottinghamshire has a large proportion of young people in treatment who are not in education, employment or training (NEET) when compared to national trends. Nottinghamshire's level of those in NEET is much higher than the East Midlands and national averages.
- Compared to 2018, there has been an increase in treatment length in young people. The majority of treatment in 2020-2021 lasted between 27-52 weeks (31%), compared to the majority being treated within 0-14 weeks (45%) in 2018. However, this is at least in part due to the pandemic and retaining young people in treatment for safety.

4.5 Substance Misuse Treatment - Adults

In Nottinghamshire, local data on all individuals who come into contact with the community adult substance misuse service is collected. Headlines are presented here. Further detail can be found in Appendix G. The data is from the CGLs own IT system and relates to the latest available 2 years of data. It is not possible to benchmark with England or other areas as the key performance measures and outcomes have been locally determined and do not align directly with national (NDTMS) measures.

Alcohol and drug treatment services were subject to restrictions and limitations early in the coronavirus (COVID-19) pandemic and had to change their practices to keep staff and service users safe. This included reducing in-person interactions and introducing new and expanded remote interventions. Most of these restrictions have now been lifted. Throughout lockdown periods CGL saw reduced numbers in brief assessments and slightly increased structured treatments when comparing 2019-2020 and 2020-2021.This suggests more complex individuals were requiring treatment in the pandemic. There was a reduction in 18-24 year olds and an increase in over 65s in assessments.

During the pandemic there was also a reduction in the numbers of individuals who were in substance misuse treatment and who were also in the criminal justice system. The lockdown period resulted in reduced police activity and less opportunity to commit crime. There were no referrals to CGL from arrests in 2020-2021 compared to over 20% in 2019-2020. There were also fewer referrals from courts.

CGL have supported 6,743 individuals in the latest contract year. Current performance for successful completions of treatment and related outcomes and re-presentations exceeds targets (see section 3 above). Appendix G looks more closely at the last year of June 2020-May 2021. Key data are as follows (Table 8):

Table 8: CGL data for 2 year period since last JSNA (June 2019 – May 2021)
Key data split by Brief Assessment and Structured Treatment

Phase:	**No. unique individuals seen in Nottinghamshire**	**Referrals**	**Age & Gender**	**Parental Status**
Brief Assessments (Data: Jun 2019 – May 2021)	1246 Plus 56 no fixed abode Total; 1302 individuals	Approx. 72% of referrals are from Hetty's*, Hospital or Self (29% of referrals are from Hetty's)	Mostly males aged 25-34	---
Structured Treatment (Data: Jun 2019 – May 2021)	5365 Plus 76 no fixed abode Total: 5441 individuals	Approx. 80% of referrals are from Self, Other Drug Services or Prison. (69% of referrals were Self)	Mostly males aged 35-44	24% (1184 clients) living with children 40% Not a parent

Source: CGL
* Hetty's work with CGL to provide support for family members of substance misusers

Over this 2 year period, 12% of clients were also in the criminal justice system (639 individuals). This is compared to 22% in the JSNA in 2018. The reduction is due to the impact of Covid with fewer individuals being referred into treatment. 47% were parents, with 11% living with children.

Broadly, levels of service activity by district correlate with deprivation levels (see Appendix G).

For Nottinghamshire overall (district data not available), 2020 data on the Public Health Outcomes Framework indicates:

- Successful completions of drug treatment (opiate users) is 4.5% (91 individuals) which is similar to England (4.7%). The trend has been decreasing both nationally and locally since 2017.
- Successful completion of drug treatment (non-opiate users) is 30.3% (190 cases) which is also similar to England (33%). The Nottinghamshire figure has decreased from 39% in 2018 (and in England from 36.9%)

- Successful completions of alcohol treatment is 37.3% which is similar to England (35.3%). This has decreased from 44.9% in Nottinghamshire in 2019

The reduction in successful completions both nationally and locally are at least in part due to the pandemic (where services have retained individuals in treatment for longer than usual for safety reasons).

4.6 CGL services and individuals with protected characteristics

Certain groups with protected characteristics are known to likely be at risk of substance misuse. Although the true extent of population treatment need in Nottinghamshire's communities may not be known (and therefore not fully known whether particular groups are under-represented in treatment), CGL adapt and respond appropriately to the needs as and when they present to their services. Examples include:

- Treatment is individual and tailored and CGL will support individuals according to their unique expectations e.g., someone being called by their preferred name.
- There is a tailored offer specific to women and CGL are linking in with Women's Aid to support this group. CGL also have a specific pregnancy pathway.
- CGL provide staff training on domestic abuse in the LGBTQ+ community and male survivors.
- CGL have prioritised those with mental health problems due to its prominence in referrals. They are recruiting mental health practitioners as part of the mental health transformation work. Work by Commissioners and providers of mental health and substance misuse services is taking place to improve this pathway, including a process for reviewing the effectiveness of the pathway.

4.7 Impact of Covid

The pandemic changed the way in which services were delivered and the local service adapted well to the pressures and demands of the pandemic in order to keep staff and service users safe.

During the pandemic, there was an increase in opiate presentations to treatment during the first wave/lockdown. There has also been a resultant rise in presentations for alcohol treatment and those presentations have become more complex, indicating a need to identify alcohol treatment need further 'upstream' and engage individuals in treatment earlier as well as ensure sufficient capacity in the treatment system to meet future demand. These issues are reflected nationally.

The Covid period also affected criminal justice referrals into substance misuse treatment. Work is underway to ensure these pathways are effective and fit for purpose post-Covid, with an evaluation taking place of a new pathway for this cohort.

Local partners worked closely and effectively during the pandemic to ensure those with multiple disadvantages were supported (in particular, those experiencing substance misuse issues, homelessness, mental health and domestic abuse). Nottinghamshire wish to build on this work for the future and continue to work in an integrated and co-ordinated way across service boundaries. Nottinghamshire are looking to embed the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners to continue this co-ordinated system response and to establish a long-term, sustainable change in the way that complex problems and systems are understood and operate.

Key Points:

Education and Prevention:
Agencies within Nottinghamshire should continue to support national and local initiatives aimed at reducing the supply of and demand for substances within the community. (See Recommendation 12)

Education and prevention programmes should be quality assured with a focus on the evidence base, the impact and cost effectiveness. (See Recommendation 11)

Treatment:
CGL have supported 6,743 individuals in the latest contract year. 12% of the in-service population are also in the criminal justice system.

There are high levels of self-referrals to treatment. (See Recommendations 3, 5 & 7)

Levels of service activity broadly correlate with deprivation levels across the county.

Successful treatment completion rates are similar to England but the trend is worsening nationally and locally. This may be at least in part due to the pandemic and treatment services retaining people in treatment for safety.

Local services responded well to the pressures and demands of the pandemic.

Those requiring alcohol treatment are presenting with more complex needs than prior to the Covid pandemic. (See Recommendations 8 & 9).

Specific work is taking place to improve pathways between substance misuse services and mental health and criminal justice services. (See Recommendations 4 & 5)

Nottinghamshire aims to build on the co-ordinated partnership work that took place during the pandemic in delivering effective interventions to those with multiple disadvantages. (See Recommendation 3)

5. Local Views

As of writing the JSNA in 2022, there have been no recent local views gathered so the local views from the 2018 JSNA remain (see below). Public consultation did take place however when the local substance misuse community treatment and recovery service was tendered and re-commissioned as of April 2020. Feedback informed the design of the Nottinghamshire all age/family substance misuse treatment and recovery service.

From previous JSNA: an extensive evaluation of the views of young people in treatment was undertaken by Nottingham Trent University in 2012. It is felt that much of the information gathered remains relevant. For details, please see http://www.nottinghaminsight.org.uk/d/99366/Download/Health-and-Social-Care/County-JSNA-Library/JSNA-Topics-and-Summaries/County-JSNA---Children-and-young-people-chapter/

The Integrated Commissioning Hub at Nottinghamshire County Council undertook a survey in 2014 to establish the key health and wellbeing priorities for young people. The survey received over 1200 responses and included questions about substance misuse. When asked what is the most important thing for being healthy 4.7% of the young people (aged 11-25) that responded highlighted the issue of substance use. This ranked higher than sexual health, education and access to health services. It was superseded by the importance of family and friends, diet and exercise and emotional health and wellbeing. Young people were also asked how they typically access information regarding their health with 46% suggesting they would search about it online. 9.3% of all respondents then identified accessing information on substance use online as a priority. It was suggested that a lot of information provided is designed to prevent young people from using substances, whereas they feel they are able to make educated decisions independently. This has been captured in the recommendations set out in the Young People's Health Strategy (http://www.nottinghamshire.gov.uk/DMS/Document).

At Change Grow Live, the people they support play an active role in helping to shape and improve services. CGL recruit service user representatives - these are people who may still be in treatment or who consider themselves to have lived experience. They attend and contribute to meetings and promote the many ways that service users can give feedback and they actively seek feedback from service users. CGL operate a "You Said We Did" approach to feedback.

Where there are new developments or projects within any specific CGL teams, there are ongoing consultations with service users.

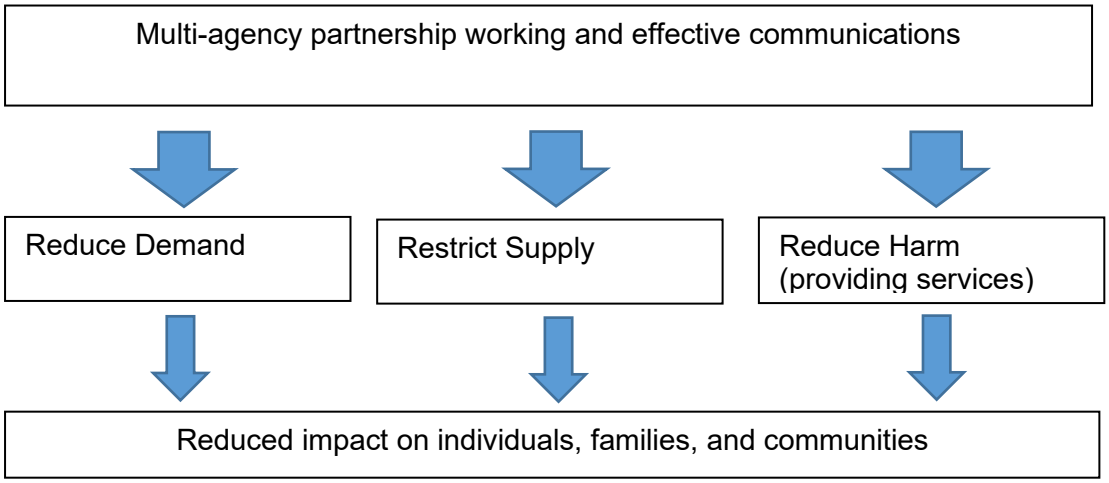
CGL also receive public feedback via Care Opinion which is an independent platform. This allows anyone who has used or is using the service to share their story. Care Opinion is promoted to all staff members and service users on a regular basis, with information posters in all hubs.

Service users support with recruitment of our staffing team and are part of the recruitment panel.

Gaining local views and, in particular, the views and experiences of those with lived experience of substance misuse and recovery is a priority in the new national Drug Strategy and will be a key element of the new local substance misuse governance arrangements.

6. Evidence of what works

The approach taken must be informed by what is known to work. Strategically, co-ordinated multi-agency partnership action is required in the following areas:



There is an extensive range of Public Health England and Department of Health/National Institute for Health and Care Excellence guidance summarising best practice in addressing and treating substance misuse issues ranging from prevention, pharmacological and psychosocial interventions, harm reduction measures and interventions for certain at risk and vulnerable populations, all across a range of settings. The key documents are identified in Appendix I.

In taking a life course approach to tackling substance misuse, the following is highlighted:

6.1 Prevention and Early Intervention

Preventing harmful substance use is central to a public health approach, which emphasises tackling the root causes of health, social harms and substance misuse. It can also help people avoid problems by providing opportunities for alternative, healthier life choices and developing better skills and decision making. Consistent and coordinated prevention activities delivered through a range of programmes and in a variety of settings (e.g. at home, in school, among peers, in the workplace, throughout the local community and in the media) seem most likely to lead to positive outcomes. Evidence also suggests that modifying the environment where risky behaviour takes place can reduce harmful outcomes – e.g. controlling alcohol sales, density of outlets and alcohol price – and that it is vital that people have access to accurate, relevant information about the health and social impacts of substance use. Although there is little to no evidence that information alone changes behaviour, it can help reduce harm and inform choice. It is most effective when delivered alongside interventions that help develop the skills and personal resources people need to avoid early initiation to substance use and developing harmful use.

Prevention interventions that influence substance use are often not drug and alcohol-specific and may already exist as broader interventions. For further detailed information on prevention interventions, what to do and when across the life course, see International Standards on Drug Use Prevention (unodc.org)[20]

6.2 Promoting Resilience

Resilience is an individual's, family's or community's capacity to bounce back from adversity – i.e. a good outcome in the face of challenges. It is important as it is part of achieving good health and wellbeing. This does not mean removing risk – it means shoring up the resources for dealing with it. Young people face a range of pressures and threats to their wellbeing from maltreatment and neglect to bullying and social media issues and also have to deal with major transitional life events. Both young people and adults will also have to face and overcome adverse life events. Resilience is not just about personal coping skills, but also ensures that conditions are in place to support relationships in the family and local community, and that services are available and appropriate for when they are needed. Promoting resilience is an important aspect of preventing and addressing health harming behaviours such as substance misuse and a prerequisite for good health and wellbeing.

The guide *'A public health approach to promoting young people's resilience 2016'* (Association for Young People's Health) references many resources that are available to promote resilience in young people. For more information, see http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf. Plans for Nottinghamshire have been outlined in section 4.1 above.

6.3 Adverse Childhood Experiences (ACEs):

Preventing ACEs can improve health across the whole life course, enhancing individuals' wellbeing and productivity while reducing pressure and costs on health and social care services. Preventing ACEs in a single generation or at least reducing their impacts can benefit both current and future generations. This growing body of evidence highlights the importance of remembering that the causes of substance misuse cannot be considered nor addressed in isolation of broader social and family issues and that to truly tackle health harming behaviours such as substance misuse, the co-ordination of investments, activities and assets across multiple organisations is essential. The research identifies the importance of:

- Improved awareness of the importance of early life experiences on the long-term health, social and economic prospects of children
- Information being available to a wide range of professionals (health, education, social, criminal justice and others) on ACEs, their consequences and how they can be prevented, as well as to the public and especially those planning or having children, with access to support services particularly in the early years. Support must conform to established and emerging evidence of what works in the prevention of ACEs and the successful development of resilience in children, with enhanced support for those in most need (often, but not exclusively, in deprived communities).

Wales is pioneering a range of policies and programmes aimed to identify and intervene where children may already be victims of abuse, neglect or living in adverse childhood environments, to better equip parents and care-givers with the necessary skills to avoid ACEs arising within the home environment and encourage the development of social and emotional wellbeing and resilience in children and also ensure that indirect harms (e.g. domestic violence, substance misuse, behavioural disorders) in the family setting are identified, addressed and their impact on children minimised.

For more information, see Welsh Adverse Childhood Experiences (ACE) study 2015 - http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf

A number of areas across the UK are exploring ways in which their public services can be more trauma informed and trauma smart, with areas of good practice being identified. Building on the previous Nottinghamshire Director of Public Health Reports, partners in Nottinghamshire have been rolling out a trauma-smart programme across a range of front line services across the county. This programme equips professionals to routinely ask about service users' adverse childhood experiences when delivering services - empowering service users to gain an insight into what drives their behaviour, improve the therapeutic relationship and help the service user get access to the right services quicker. This programme is currently being formally evaluated to inform future commissioning activity.

6.4 Those requiring substance misuse support and treatment – building recovery

Guidance for substance misuse treatment services is extensive[21 22 23]. The evidence is moving towards recovery-orientated interventions including maximising peer support opportunities, mobilising community assets and making recovery visible in communities.

Public Health England released guidance titled 'Improving access to mutual aid' in two documents in 2014 for commissioners and service managers[24]. This guidance highlights the importance of mutual aid in the recovery process especially regarding service users community integration, their social networks and recovery outcomes, along with the health and wellbeing of their families and relatives.

The system commissioned in Nottinghamshire is a strength-based one and based on mobilising community assets to meet recovery needs and build recovery communities. Although the service commissioned is not a mental health service, improving health and wellbeing (both physical and mental) is a key outcome of the service. There is a body of evidence focused on wellbeing and community-centred approaches, including: *'Five Ways to Wellbeing'*[25], *'A Guide to Community-centred Approaches for Health and Wellbeing 2015'* (ref) and *'Building Recovery in Communities 2012'* [26].

6.5 Behavioural science

Behavioural science builds an understanding of how people react psychologically and respond behaviourally to interventions, environments and stimuli. There is a body of evidence that can be harnessed to inform policy, improve services and assist them in motivating and supporting individuals to recognise they may have a substance misuse problem and seek help and treatment.

Nottinghamshire is considering exploring Behavioural Insights methodology to further enhance local services in motivating and supporting individuals to seek help. The Behavioural Insights Team generate and apply the best of behavioural science to inform policy, improve public services and deliver results for individuals and society, as well as support with building capacity and skills to apply behavioural science. Behavioural Insights Team (See Recommendation 13).

6.6 Public health and alcohol licensing:

Whilst the promotion of public health is not specifically a licensing objective there is a role for Public Health to contribute towards how licensing policy and decision making may impact on the wider determinants of health within and between each Licensing Authority. Public Health was previously working with Responsible Authorities in Nottinghamshire to produce a series of district level alcohol profiles that relate to the four licensing objectives whilst considering the associated health impacts arising from alcohol consumption. However, this work paused during Covid. These profiles will be a useful source of information to inform future policy and

strategy relating to licensing decision making with a view to improving the health and wellbeing of local communities, for example through identifying a cumulative impact arising from a high concentration of licensed premises in a defined geographical area. This is now an action within the Nottingham City and Nottinghamshire Alcohol Harm Reduction Group's Action Plan (see Recommendation10).

6.7 The evidence on how effective substance misuse services meet other public health outcomes

The provision of effective substance misuse services contributes to other public health outcomes such as reducing premature mortality, reducing (re)offending, improving physical and psychological health, increasing employment and reducing homelessness. Appendix J summarises the available evidence on how the provision of effective substance misuse services meet other public health outcomes.

Key Points:

To strategically tackle substance misuse, co-ordinated partnership action is required to reduce demand and supply and to provide effective support and treatment services for those who require them. (See recommendation 1)

Effective substance misuse services contribute towards many other public health outcomes.

There is strong evidence of the effectiveness of substance misuse treatment and recovery-orientated interventions.

The evidence suggests that substance misuse does not exist in isolation and should be considered in the context of broader risk-taking behaviour and the life and family circumstances of young people. Adverse Childhood Experiences are a key element of this. (See Recommendation 6)

7. What is on the horizon?

There are a number of key issues that partners across Nottinghamshire are currently deciding on how to address going into 2022 and beyond.

7. 1 The New National Drug Strategy: "From Harm to Hope" 2021

Public Health and local partners are reviewing current arrangements in the light of the new national 10 year drug strategy published in 2021(https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives). Currently, addressing substance misuse issues is driven through the Nottinghamshire Substance Misuse Strategy Group. This Strategy Group is accountable to the Health and Wellbeing Board and also links to the Safer Nottinghamshire Board. Its vision is to prevent and reduce substance misuse and related problems to improve the quality of life for people who live, work and visit Nottinghamshire. The action required to deliver this is set out in a Framework for Action. This Strategy Group and the Framework for Action are currently being reviewed.

The Government's new drug strategy aims to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm and overall drug use, deter the use of recreational drugs and work to prevent young people from taking drugs.

The three strategic priorities of the strategy are:

a. Break drug supply chains
b. Deliver a world-class treatment and recovery system
c. Achieve a generational shift in demand for drugs

Across England over the next 10 years, the strategy aims to create:

- A further 54,500 new high-quality treatment places
- 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
- A treatment place for every offender with an addiction
- 30,000 new treatment places for non-opiate users and alcohol users
- A further 5,000 more young people in treatment
- 24,000 more people in long-term recovery from substance dependence
- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- Sufficient commissioning and co-ordinator capacity in every local authority

Local implementation will be overseen by upper tier Local Authorities. Local authorities are expected to:

- Develop a local strategic partnership board
- Increase the number of treatment places for community treatment
- Form a consortium and procure additional inpatient detoxification places
- Produce one year and three year plans for the local implementation of strategy
- Undertake a health needs assessment across all three strategic priorities of strategy
- Implement the new commissioning standards when published

- Monitor the additional grant conditions
- Establish what the local outcome monitoring framework for the strategy will be

The local strategic partnership board will bring together relevant organisations, for example Police and Crime Commissioner, Police, Probation, NHS England, mental health treatment providers and substance misuse treatment providers. Guidance about this and an accompanying commissioning framework and governance arrangements are still awaited.

Commissioning plans are currently being developed for the spend of the additional funding attached to the strategy (and building upon current commissioning plans and activity) with key areas of focus being:

- **Increased treatment capacity and quality:**
  - Additional psychology, medic and nurse cover, including non-medical prescribers
  - Young adult worker for hostel and move-on accommodation
  - Increased funding for the costs of extra treatment places
  - Hidden Harm and family workers working within a Multi-Disciplinary Team setting alongside social care
  - Recovery motivators focussing on districts where the most need is and education, training and employment
  - Alcohol workers in Primary Care
  - Continue to build on the new services and arrangements for individuals with co-existing substance misuse and mental health issues
  - Pilot and evaluate the Individual Placement Scheme aimed at getting those who are in treatment into employment

- **Increased integration and improved care pathways between the criminal justice settings and drug treatment:**
  - Extra capacity within Criminal Justice and Youth Justice Teams focusing on the new Nottinghamshire criminal justice pathway to improve access into treatment - outreach work, out of court disposal orders , recovery-oriented services, prison in-reach motivators.
  - Female specific team focussing on women in the criminal justice system, specifically those being released from prison and those coming through the court and custody system. Additional capacity to co-produce work for those in domestic violence refuges and community domestic violence services to support access into treatment and provide a tailored approach into treatment

- **Enhance harm reduction provision:**
  - Increase availability of Naloxone
  - Piloting the use of Buvidal (long acting opioid medication)

- **System Co-ordination and Commissioning:**
  - Further commissioning capacity
  - Infrastructure to improve liaison and connection across all partners and the system – particularly across Hospitals (Emergency Departments) and Prisons
  - Community Pharmacy liaison

- **Increase residential rehabilitation placements and inpatient detoxification placements:**
  - Nottinghamshire will be leading an East Midlands-wide consortium in 2022 (for 3 years) to expand the local inpatient detoxification service offer for East Midlands residents

The additional funding is conditional on maintaining existing levels of investment in local substance misuse services.

7.2 Alcohol Developments

Alcohol is a priority within the Nottinghamshire Integrated Care System Inequalities Strategy. The Nottingham and Nottinghamshire Alcohol Harm Reduction Group is the Delivery Group for the local alcohol action plan. Key priorities across 8 themes for 2022 and beyond include:

- Increasing population level understanding of risk and harm
- Preventing alcohol harm through wider related local/national policy
- A systematic approach to Alcohol Identification and Brief Advice (IBA)
- Identification of 'alcohol champions' in key organisations across the system
- Including alcohol as a priority for employee health and wellbeing
- Agreeing and embedding pathways for service users with co-existing mental health and substance misuse issues
- Better communication of identified alcohol risk between some key parts of the system
- Case management in Emergency Departments of High Volume Service Users (HVSU*)*

For further detail on each theme, please see Appendix H**.**

7.3 Individuals with long term conditions as a result of substance misuse

There is an increasing population of individuals who are suffering from health complications as a result of their substance misuse. Clinical Commissioning Groups commission the healthcare support and substance misuse services contribute where the individual is substance misuse-treatment seeking.

Key Points:

The new national Drug Strategy 'From Harm to Hope' 2021 brings with it new investment and requirements to assist local areas in tackling substance misuse. Local work and plans are underway to meet these requirements. (See Recommendations 1, 2, 3, 4 & 5)

Addressing alcohol is a local priority and work continues with implementing the local Action Plan via the Nottingham City and Nottinghamshire Alcohol Harm Reduction Group. (See Recommendations 8, 9 & 10)

What does this tell us?

8. Unmet needs and service gaps

The prevalence of substance misuse in Nottinghamshire remains difficult to establish, although synthetic modelling indicates that there is still substantial unmet need in terms of individuals who would benefit from a substance misuse intervention.

There needs to be a stronger focus and a more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour. This is focused on in the new Drug Strategy.

More needs to be done by local partners across Nottinghamshire to reduce the supply of substances in communities, such as influencing the Licensing process by using district level alcohol profiles to identify any cumulative impact arising from a high concentration of licensed premises in a defined geographical area.

Post-Covid, work is taking place to ensure pathways for certain cohorts of substance misusers are fit for purpose, particularly for those with mental health issues and those coming through the criminal justice system. Nottinghamshire also aims to build on the excellent co-ordinated partnership work that took place during Covid to support those individuals who suffer multiple disadvantages (including substance misuse, homelessness, mental health and domestic abuse).

Substance misuse services have had restrictions lifted from the Covid-19 pandemic. Most have returned to pre-pandemic guideline-compliant practice. Some changes to the practice were and can still be beneficial to service users and Nottinghamshire intends to continue to utilise these where appropriate and in line with clinical guidance.

9. Knowledge gaps

Reliable Nottinghamshire substance misuse prevalence data is still difficult to establish. Little is known of substance misusers who come into contact with other services, such as hospital Emergency Departments, primary care, maternity services, mental health services, pharmacy services, fire and rescue services, criminal justice services, social security services, social care services, ambulatory services, homeless and housing services and community and voluntary sector services. More needs to be known about substance misusers who come into contact with these services, particularly for groups identified as higher risk in section 1.3 above.

There is no current systematic process for sharing existing data between partner agencies to provide an overview and basis for action to tackle substance misuse strategically (see Recommendations 15 & 16).

The effects of the Covid-19 pandemic are still not over and there may be long-standing effects that remain. Data will need to be monitored and assessed for this. Changes to services that were implemented during the pandemic may remain if deemed effective and appropriate, but this will need to be assessed over time.

What should we do next?

10. Recommendations for consideration by the local system partners

These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.

Responsibility for the delivery of the recommendations will be established within the new local substance misuse governance arrangements in line with the requirements of the new national Drug Strategy 'From Harm to Hope' (2021). It is anticipated that overall responsibility will sit with the new local Nottinghamshire Combating Substance Misuse Partnership Board, with alcohol specific actions sitting with the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group.

Governance	
1	Establish a Nottinghamshire Combating Substance Misuse Partnership Board that will deliver the ambitions of the new national Drug Strategy 'From Harm to Hope' and will be led by the relevant partner organisations. This should be co-ordinated and make use of the best available up-to-date evidence. The Board will ensure that local views and the views of those with lived experience are incorporated into its work.
2	Implement locally the new national Drug Strategy, in particular the development of commissioning plans, implementation of commissioning standards, health needs assessments for drugs and alcohol and ensuring capacity in the system for both commissioning and delivery of services.
Commissioning and Service Delivery	
3	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
4	Commissioners and providers of mental health and substance misuse services should continue to implement and build upon the new Mental Health/Substance Misuse Pathway, including a process for reviewing the effectiveness of the pathway.
5	The new substance misuse criminal justice pathway should be formally evaluated to monitor the impact on treatment outcomes for this cohort.
6	Evidence based trauma programmes and interventions should continue to be implemented across the system to ensure trauma informed local services, including formal evaluation of these programmes and interventions (e.g., Route Enquiry into Adverse Childhood Programme (REACh)).
7	Those who have been in substance misuse treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
Alcohol	
8	In line with the ICS Health Inequalities Strategy priorities, implement targeted interventions to address the significant impacts of alcohol and liver disease, such as

	systematically offering Identification and Brief Advice (IBA) to individuals who are drinking at increasing risk or high-risk levels and improving alcohol interventions in both primary care and secondary care (including hospital Emergency Departments). Where possible, this work should be aligned with the Making Every Contact Count (MECC) workstream.
9	Through the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group, explore why Nottinghamshire and some of its districts are still doing significantly worse than England for certain types of alcohol-related hospital admissions and develop partnership plans to address this. This will require system mapping of the impact of the Covid pandemic on alcohol consumption at the local level, the need (post-Covid pandemic) and existing services available to inform future commissioning.
10	In line with the local Alcohol Plan, District/Borough Councils should consider data presented in their local alcohol profile to inform future alcohol licensing policy and decision making.
Prevention and Early Intervention	
11	Resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance misuse issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
12	Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
13	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance misuse problem, seek help and successfully address it.
14	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Data	
15	Explore the barriers and challenges to collecting and sharing data across public sector services regarding substance misusers that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
16	Along with improved data collection and sharing, identify the most effective governance structure to enable a more complete picture and strategic overview of substance misusers who come into contact with public sector services, to enable strategic and targeted action.

Key contacts

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Appendices

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Appendix B	Populations at risk of Substance Misuse
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APPENDIX A
Substance Misuse Risk and Protective Factors across the Life Course

Preconception/Prenatal Stage:

Domain of influence	Risk Factors	Protective factors
Individual	Genetic disposition Prenatal substance exposure	No prenatal substance exposure
Family	N/A	N/A
School, Peers, Community	N/A	N/A

Infancy/Early Childhood Stage:

Persons	Risk Factors	Protective factors
Individual	Difficult temperament	Self-regulation Secure attachment Mastery of communication and language skills Ability to make friends and get along with others
Family	Cold and unresponsive mother behaviour Parental modelling of substance use/misuse	Reliable support and discipline from caregivers Responsiveness Protection from harm and fear Opportunities to resolve conflict Adequate socioeconomic resources for the family
School, Peers, Community	N/A	Support for early learning Access to high quality support services such as feeding, and screening for vision and hearing Stable, secure attachment to childcare provider Low ratio of caregivers to children

Middle School Stage:

Persons	Risk Factors	Protective factors
Individual	Poor impulse control Low harm avoidance Sensation seeking Lack of behavioural self-control/regulation Aggressiveness Anxiety Depression Hyperactivity/ADHD Antisocial behaviour Early persistent problem behaviours Early substance use	Mastery of academic skills (math, reading, writing) Following rules for behaviour at home, at school, and in public places Ability to make friends Good peer relationships
Family	Permissive parenting Parent–child conflict Inadequate supervision and monitoring Low parental warmth Lack of or inconsistent discipline Parental hostility Harsh discipline Low parental aspirations for child Child abuse/maltreatment Substance use/misuse among parents or siblings Parental favourable attitudes toward alcohol and/or drugs	Consistent discipline Language-based, rather than physical, discipline Extended family support
School, Peers, Community	School failure Low commitment to school Accessibility/ availability Peer rejection Laws and norms favourable toward use Deviant peer group Peer attitudes toward substances Interpersonal alienation Extreme poverty for those children antisocial in childhood	Healthy peer groups School engagement Positive teacher expectations Effective classroom management Positive partnering between school and family School policies and practices to reduce bullying High academic standards

Adolescent Stage:

Persons	Risk Factors	Protective factors
Individual	Behavioural disengagement coping Negative emotionality Conduct disorder Favourable attitudes toward substances Rebelliousness Early substance use Antisocial behaviour	Positive physical development Emotional self-regulation High self-esteem Good coping and problem-solving skills and techniques Engagement and connections/participation in two or more of the following contexts: at school, with peers, in sports/leisure(extra-curricular activity), employment, religion, culture
Family	Substance use/misuse among parents Lack of adult supervision Poor attachment with parents	Family provides structure, limits, rules, monitoring, and predictability Supportive relationships with family members Clear expectations for behaviour and values
School, Peers, Community	School failure Low commitment to school Associating with substance-using peers Not college bound Aggression toward peers Norms (e.g., advertising) favourable toward alcohol use Accessibility/ availability	Presence of mentors and support for development of skills and interests Opportunities for engagement within school and community Positive norms Clear expectations for behaviour Physical and psychological safety

Young Adulthood Stage:

Persons	Risk Factors	Protective factors
Individual	Lack of commitment to conventional adult roles Antisocial behaviour	Identity exploration in love, work, and world view Subjective sense of adult status Subjective sense of self-sufficiency, making independent decisions, becoming financially independent Future orientation Achievement motivation
Family	Leaving home	Balance of autonomy and relatedness to family Behavioural and emotional autonomy
School, Peers, Community	Not attending college Substance-using peers	Opportunities for exploration in work and school Connectedness to adults outside of family

http://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence
All tables adapted from O'Connell, M. E., Boat, T., & Warner, K. E. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press and U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration (2009). *Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle*. Retrieved from http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

APPENDIX B

The evidence relating to certain populations most at risk of substance misuse

The existence of risk factors does not necessarily lead to substance misuse for most people. However, certain populations have been identified as having increased risk factors, ordered below by the strength of the evidence.

1. Young people: are more likely to participate in substance taking than older people[1]. Illicit drug use is most common in the 20-24 age group. Factors such as enjoyment, curiosity, rebellion, cost and coping with problems have been cited as reasons for using substances. There is a growing body of evidence demonstrating that experiences during childhood can affect health throughout the life course (Adverse Childhood Experiences (ACEs))[2]. Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours such as substance misuse during adolescence and adulthood and the more ACEs a child is exposed to, the more likely they are to develop problems[3]. In addition, individuals who experience ACEs as children often end up trying to raise their own children in households where ACEs are more common.

The following specific vulnerable young groups have been identified as more at risk of substance misuse[4]:

- Children of substance misusing parents or where siblings or other family members misuse substances
- Young people who are or have been homeless, in care and/or who move home frequently
- Excluded pupils or frequent non-attenders or where there is low parental expectation regarding educational attainment
- Young people from marginalised and disadvantaged communities, including some black and minority ethnic groups
- Sexually exploited young people including those involved in commercial sex work
- Young offenders(Galahad SMS Ltd, 2009)
- Young people with mental health issues (e.g. low self-esteem, depression). This is perceived to be an increasing national concern
- Young people who have experienced forms of childhood trauma
- Young people experiencing other health, education or social problems at home, school and elsewhere
- New and emerging at-risk groups are young people who self-harm, have eating disorders, engage in limited physical activity and/or have a dependence on new technologies

Troubled family history: It is known that substance misuse follows families and generations. A genetic component to the risk of substance dependence has been demonstrated. There are increased health and developmental risks to a foetus when the mother uses substances during pregnancy. Substance misuse risks are increased in troubled households where neglect, drug misuse and/or physical and emotional abuse has taken place. Poor parental discipline, a lack of family cohesion and traumatic family experiences have been identified as significant risk factors[5]. Throughout life, individuals can also learn from families and peer groups and copy patterns of substance use/misuse beliefs and behaviours.

3. Individuals living in deprived areas (environmental, cultural and socio-economic factors): There is a social gradient to substance misuse. Whilst it can affect all socio-economic groups, deprivation and social exclusion are likely to have an impact on the initiation and maintenance of substance misuse. People living in more deprived areas are

more likely to have entrenched and complex needs and to be frequent substance users, as well as potentially lack access to resources and opportunities to help improve their personal and social capital[6 7].

People who live in urban surroundings have higher self-reported levels of drug taking compared to those living in rural areas. This may be a reflection of greater availability and accessibility of drugs in urban areas. A range of environmental and cultural factors predisposing toward the development of alcohol disorders have been reported, including the affordability and availability of alcohol, high consumption rates in the general population, occupational risk factors (such as working in the alcohol or hospitality industries), social pressure to drink, and religious and culturally attitudes related to alcohol. Unusually, although groups of lower deprivation report lower levels of alcohol consumption, increased deprivation is associated with increased alcohol-related mortality.

4. Individuals with mental health issues: Co-existing mental health and substance use problems may affect 30-70% of those presenting to health and social care settings. A range of mental health issues such as attention deficit disorder, depression, anxiety, self-harm, schizophrenia and suicide are all commonly associated with substance misuse. However, although there are clear associations between mental health and substance misuse, causality is not always clear[8 9 10 11].

5. Offenders: Offenders and ex-offenders generally experience greater health inequalities, social exclusion and risk of substance misuse. Prisoners report higher levels of substance misuse: 44% report drug misuse and 31% report alcohol misuse, compared to 8.6% and 22% respectively in the general population. As the number of people who come into contact with the criminal justice sector increases, there will be an increasing number of ex-offenders in communities[12].

***6. Individuals in substance misuse recovery*:** While successful completion of treatment is an important outcome for individuals who have accessed substance misuse services, relapse is often a threat. Individuals in recovery post-treatment are at risk of relapse and other associated risks such as substance-related death[13].

***7. Domestic violence*:** As well as links to the perpetration of domestic violence, substance misuse can be a response to domestic violence and can increase vulnerability to violence, for example where substances are used as a coping mechanism for people in violent relationships[14]. Abused women are 15 times more likely to use alcohol and 9 times more likely to use drugs than non-abused women[15]. Alcohol misuse is associated with a fourfold risk of violence from a partner and is commonly present where sexual violence has occurred [16].

8. Men: are more likely than women to use substances and to die from using substances[17]. For example, approximately 62% of increasing and higher risk drinkers are male. In 2013/14, 76% of frequent drug users were male (Home Office, 2014). It has been suggested that men appear less likely to consider the risks associated with substance misuse. Amongst prisoners, males report more alcohol misuse than females (63% of males) [18], but more females are serving drug-related offences (24% of females compared to 15% of men) [19].

9. Older people: Over 75% of increasing and higher risk drinkers are over 35, with the highest rates in the 45-64 age group. Alcohol is the substance most likely to affect individuals across their life course. Consumption amongst older people has increased over the last 20 years and many do exceed recommended levels. Older people have reduced tolerance, lower body weight, may take medications that interact with alcohol and are at greater risk of accidents e.g., falls.

10. Ethnicity: Adults from a mixed background are more likely to have participated in illicit substance taking in the last year compared to other ethnic groups. The ethnic group with the lowest level of drug taking is Asian or Asian British[20]. People from white backgrounds have lower rates of abstinence and higher levels of drinking compared to most black and minority ethnic groups.

11. Sexual orientation: Lesbian, Gay, Bisexual and Transgender (LGBT) individuals have significantly higher rates of substance misuse than their heterosexual counterparts, with the highest rates amongst males. The higher levels of substance use is only partially explained by the younger age profile of those identifying themselves as being in this group[21 22 23.] It is estimated that binge drinking is twice as common in LGBT communities compared to the general population and have proven less likely to participate in health programmes.

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APPENDIX C

The impact of substance misuse on health and wellbeing

The harms arising from substance misuse are wide-ranging and vary depending on the substance used and the pattern and context of use, but it is well established that substance misuse represents a major public health burden. Substance misuse is linked to the development of a number of acute and chronic conditions, ranging from cancer to road traffic accidents.

Substance misuse is known to have an impact in the following domains:

The impact on:	The impact throughout life – key facts:
Physical health	Maternal substance misuse places a child's development at risk. Drug misuse can lead to low birth weight, premature delivery, sudden infant death syndrome and perinatal mortality. Structural damage is most likely between 4-12 weeks. Alcohol misuse increases the risk of miscarriage, the risk of foetal alcohol syndrome and foetal alcohol spectrum disorder and increases the risk of learning difficulties. The use of substances at an early age can have a significant impact on cognitive development. During adolescence the brain is still developing and the consumption of substances can have significant long-term effects including memory loss, decision-making capacity loss and reduced concentration levels. Using substances at an early age also increases the likelihood of sustained use, and therefore greater health harms, in later life. Substance misuse can be a contributing factor to many health conditions. Long-term substance use can lead to conditions of the vascular system (strokes and heart disease) and liver damage. Long term substance misusers can suffer from a poor nutritional state, which can exacerbate acute conditions such as wound infections and chest infections. There is no clear causal relationship between alcohol consumption and obesity but it has been identified that alcohol consumption can lead to an increase in food intake, many people are not aware of the calories contained in alcoholic drinks and the effects of alcohol on body weight may be more pronounced in overweight or obese people (National Obesity Observatory 2012). Most Hepatitis B viruses within the UK are acquired through adult risk taking behaviour associated with sexual practice and drug use. Hepatitis C is most commonly associated with past or current injecting drug users and is a major cause of the UKs rise in mortality from liver disease. There has been a recent outbreak of Hepatitis A amongst injecting drug users in the UK. Alcohol is the substance most likely to affect individuals across their life course. Patterns of drinking change with age and form over time. Younger people are more likely to drink larger amounts of alcohol on

	one or more occasions during a week. Older people are more likely to drink within recommended levels but more frequently within one week, although consumption amongst older people has increased over the last 20 years and many do exceed recommended levels. Older people have reduced tolerance, lower body weight, may take medications that interact with alcohol and are at greater risk of accidents e.g. falls.
Mortality	Substance misuse is a major cause of mortality. High rates of alcohol-specific mortality and mortality from chronic liver disease indicate a significant population who have been drinking heavily and persistently over the past 10 – 30 years, with deaths being the highest among men aged 60-64 and women aged 55-59. Drug-specific mortality rates are much lower but do not take into account other deaths that are related to illicit drug use such as those from blood borne infections, violent assaults and suicides, so figures are likely to be under-reported.
Mental health	Individuals who have previously had no mental health problems may develop symptoms as a direct result of the substances they have used. Heavy substance misuse often gives rise to increased anxiety levels and a range of other risky behaviours. Evidence suggests that prolonged substance misuse can lead to health concerns including psychotic symptoms, depression, anxiety, suicide and behavioural concerns. In serious cases, substance use may trigger serious conditions such as schizophrenia or long-term depression. Substances may also cause symptoms that are similar to those that lead to a psychiatric diagnosis. Some people who have a diagnosed mental health problem may take substances to help them cope with their symptoms or with the side effects of prescribed medication although, on balance, this is likely to make their problems worse. Substance misusers are more likely to commit suicide compared to the general population.
Sexual health	Substance use can lead to risky behaviours such as early sexual activity. Early use of substances is related to unprotected sex and teenage pregnancy. Injecting drug users have low rates of consistent contraception use, are more likely to frequently report multiple sexual partners and to face barriers in accessing STI and HIV testing and treatment. An estimated 2,200 injecting drug users were living with HIV in the UK in 2012, 300 of whom were unaware of their infection.
Relationships and families	Substance misuse is commonly associated with domestic violence, amongst both victims and perpetrators. It can be a response to domestic violence and increase vulnerability to violence. Substance misuse can reduce the capacity to parent effectively and children of parents or carers who are dependent on substances are at more risk of behavioural problems, low educational attainment and substance misuse problems themselves.

	Problematic substance use affects many people besides the person using the substance. For example, family members and close friends can experience significant stress and health problems as a result of being close to and concerned about the person with the substance misuse problem. The impact can also spread more widely, for example affecting family members' employment, their social lives and relationships, and the family finances. It is estimated that 1.4 million adults in the UK are affected by a relatives' drug misuse.
Crime and anti-social behaviour	There is a relationship between alcohol and drug use and crime rates and anti-social behaviour, with alcohol in particular being a driver of violent crime and anti-social behaviour. Higher levels of alcohol-related recorded crimes and violent crimes are likely to be significantly linked to binge drinking and the night-time economy. Alcohol is a common feature in sexual assault. Over a third of sexual assault offenders and a quarter of victims of serious sexual assaults are thought to have consumed alcohol prior to the incident It is widely reported that half of all serious acquisitive crimes is drug-related and around three quarters of heroin and crack cocaine users commit crime to fund their habit. The relationship between problematic drug use and crime is complex. As a direct consequence of the crime they commit, these substance misusers are highly likely to end up in the criminal justice system at some point and serve community or prison sentences. Prisoners report higher levels of substance misuse: 44% report drug misuse and 31% report alcohol misuse, compared to 8.6% and 22% respectively in the general population. As the number of people who come into contact with the criminal justice sector increases, there will be an increasing number of ex-offenders in communities.

APPENDIX D

Substance misusers who come into contact with other services other than treatment services

Below is a summary of what is known in Nottinghamshire about substance misusers who access services other than substance misuse treatment services. (Some data has been updated. However, due to no new data available, some data remains the same as in the 2018 JSNA Chapter).

1. Criminal justice services

In 2021, 3.2% of all police recorded crimes in the county (1,802 of 55,585) were drug offences, marking a 0.4% point decrease on the previous year (which was 1,959 of 54,013). The number of police recorded drug offences reduced by 8% compared with the previous year. This equated to 157 fewer drug offences.

It should be noted that police recorded drug offences are primarily affected by positive proactive policing activity as opposed to providing an indication of underlying prevalence of these crimes. Coronavirus restrictions imposed in March 2020 have also artificially impacted trends during this period with reductions in opportunities to commit traditional crimes resulting in greater police capacity to undertake proactive policing operations. Investment in the force's neighbourhood-based Operation Reacher Programme has led to a marked increase in proactive policing activity in response to local issues of drug use and dealing since 2019.

Drug supply offences decreased by 14.8% (73 fewer offences). Drug possession offences decreased by 5.7% (84 fewer offences). Overall, the positive outcomes rate (proportion of crimes resulting in a charge, summons, caution, penalty notice, cannabis warning or community resolution) increased by 1.8% points overall which comprised of a 3.8% point increase in positive outcomes for supply offences and a 0.7% point increase in positive outcomes for possession offences.

It should be noted that police recorded positive outcome measures current comprise of crimes resulting in a charge, summons, caution, penalty notice, cannabis warning, community resolution or being 'taken into consideration' as part of another recorded crime. Among the crime outcomes recorded by police, a number of additional outcomes may be viewed as positive or go on to result in a positive outcome (e.g. passed to another agency, diversionary, educational or intervention activity).

	2021			2020			Positive Outcomes	
	Crimes	Positive Outcomes	Rate	Crimes	Positive Outcomes	Rate	Volume Change	% point change
County	**1,383**	**1,019**	**73.7%**	**1,467**	**1,071**	**73.0%**	-52	0.7%
Mansfield & Ashfield	667	498	74.7%	683	494	72.3%	4	2.3%
Bassetlaw, Newark & Sherwood	341	235	68.9%	333	224	67.3%	11	1.6%
Broxtowe, Rushcliffe & Gedling	375	286	76.3%	451	353	78.3%	-67	-2.0%

Table 1: Possession of drugs offences and positive outcomes by county and by CSP

Table 2: Supply of drugs offences and positive outcomes by county and by CSP

	2021			2020			Positive Outcomes	
	Crimes	Positive Outcomes	Rate	Crimes	Positive Outcomes	Rate	Volume Change	% point change
County	**419**	**223**	**53.2%**	**492**	**243**	**49.4%**	-20	3.8%
Mansfield & Ashfield	209	111	53.1%	245	122	49.8%	-11	3.3%
Bassetlaw, Newark & Sherwood	88	47	53.4%	97	58	59.8%	-11	-6.4%
Broxtowe, Rushcliffe & Gedling	122	65	53.3%	150	64	42.7%	1	10.6%

(Source: Nottinghamshire Police)

- Between May and Oct 2016, 1515 individuals detained in custody suites stated they had consumed alcohol, 486 required medical assistance for alcohol consumption and 823 stated they were dependent on drugs and/or alcohol.

- 8% of all recorded crime is thought to be alcohol-related (equating to 2,951 offences). Anti-social behaviour is thought to account for 13.6% of all crime (2,744 offences). The proportion of alcohol-related violent crime is 19% (1,779 offences – this is less than half the estimated national levels. 730 alcohol-related crimes have been associated with the night-time economy (63.9% of all night-time economy offences) http://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Performance/2016/Performance-and-Insight-Report-to-September-2016.pdf

- There are 3 adult male prisons in Nottinghamshire with a total prisoner population of approx. 2820 prisoners. Around 4000 people pass through these prisons each year. An analysis of 1,102 prisoners indicated that 44% had a drug misuse problem and 31% reported misusing alcohol. A further survey (n=593) indicated that 43% used cannabis, 12% used heroin and 36% reported misusing alcohol. HMP Ranby has the highest percentage of drug misusers (57%) and HMP Whatton the lowest (21.5%). In HMP Lowdham Grange, 30% had drug misuse needs, 3% had alcohol needs and 3.2% had a significant problem with binge drinking. 9.6% offenders were linked to alcohol-related violent behaviour.

- High rates of dependence are found amongst youth offenders. 11% demonstrate an alcohol problem and 20% a drug problem. 80% of 16-20 year old young offenders showed more than one mental disorder alongside substance misuse. Alcohol, cannabis and tobacco are most commonly used by this cohort. Although levels are significantly lower, increased use of cocaine, steroids and tranquilizers is evident.

- 60% of young people in custody were found to have regularly used illegal drugs to relieve anxiety, stress and depression or for other reasons linked to their emotional state suggesting a link between mental health needs and substance misuse.

2. Alcohol-related Road Traffic Accidents

- Alcohol-related Road Traffic Accidents in 2014-16 were significantly worse in Nottinghamshire when compared to England or comparator areas at a rate of 31.8 per 100,000 of the population. Rushcliffe has the highest rate (table 3). In 2015 there were 23 road traffic accidents that resulted in a death locally. Nationally it is estimated that 13% of road deaths are likely to be attributable to alcohol. This would mean approximately 3 deaths attributed to alcohol locally.

Table 3: Alcohol-related Road Traffic Accidents by district 2014-16

District	Rate per 100,000 (no. of incidents)
England	26.4 (10,078)
Nottinghamshire	34.7 (187)
Mansfield	50.0 (38)
Ashfield	41.3 (32)
Rushcliffe	36.2 (27)
Bassetlaw	27.5 (22)
Newark & Sherwood	25.4 (24)
Gedling	33.1 (21)
Broxtowe	31.2 (22)

http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132848/pat/6/par/E12000004/ati/102/are/E10000024.

3. Benefits claimants

- 610 people in 2016 were claiming benefits due to alcoholism (125.6 per 100,000) which is better than comparator areas and the England average of 132.8, with Rushcliffe, Bassetlaw and Broxtowe having the lowest rates (table 4). These rates and numbers are broadly consistent with the previous year.

Table 4: Benefits Claimants due to Alcoholism by district 2016

District	Rate per 100,000 (no. of individuals)
England	132.8
Mansfield	152.7 (100)
Ashfield	146.2 (110)
Newark & Sherwood	128.4 (90)
Bassetlaw	116.9 (80)
Gedling	129.2 (90)
Broxtowe	117.0 (80)
Rushcliffe	87.9 (60)
TOTAL	**610 individuals**

http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132848/pat/6/par/E12000004/ati/102/are/E10000024.

In 2018, there were 60 claimants of Disability Living Allowance for drug or alcohol addiction, a reduction from 80 in May 2017 (table 5). There has been no further data since late 2018.

Table 5: Claimants of DLA for substance addiction 2016-2018

	Total claim-ants	Claimants for DLA for substance addiction	Aged 25-49	Aged 50-64	Aged 65 and over
Nov 2016	37,930	110	20	50	30
Nov 2017	34,070	80	10	50	20
Nov 2018	28,760	60	10	30	20

(https://www.nomisweb.co.uk)

5. Young People and families

- It is estimated that 4266 children and young people in Nottinghamshire are affected by parental illicit drug use and between 13,271 and 21,565 affected by parental problematic alcohol use. The majority of these children will be under 10 years.
- The proportion of drug and alcohol related permanent exclusions was 9% in 2018/19 and 10% in 2019/20. In the previous JSNA chapter it was around 12.5%. This statistic has slightly decreased but the report acknowledges caution compared to previous years due to the covid-19 pandemic and schools being closed.

  Permanent exclusions and suspensions in England, Academic Year 2019/20 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

6. Health services

- The completion rate of the Audit C alcohol screening tool by Primary Care as part of the NHS Health Check Programme is approximately 33% across the county, with wide variation between GP practices. It is not currently known whether this is a performance issue or a data recording issue.
- Individuals accessing Pharmacy Needle Programmes (clean injecting equipment) across the County are now captured by the adult treatment services data (6527 individuals during Jun 2019 - May 2021).
- It is estimated that up to 70% of those accessing substance misuse services also have a mental health issue and 40% of those accessing mental health services have substance misuse issues. There is no local data on the prevalence of substance misuse issues within IAPT (Improving Access to Psychological Therapies) services.

7. Fire and rescue services

- A recent study in Nottinghamshire regarding deaths identified that drugs and alcohol were very common in the profile of people who died or were injured in fires. This is similar to the national picture. However, no local data is currently routinely collected.

8. Other services

- Little is known about substance misusers who come into contact with community and voluntary sector services, including domestic violence services.

APPENDIX E

Hospital Admissions Data

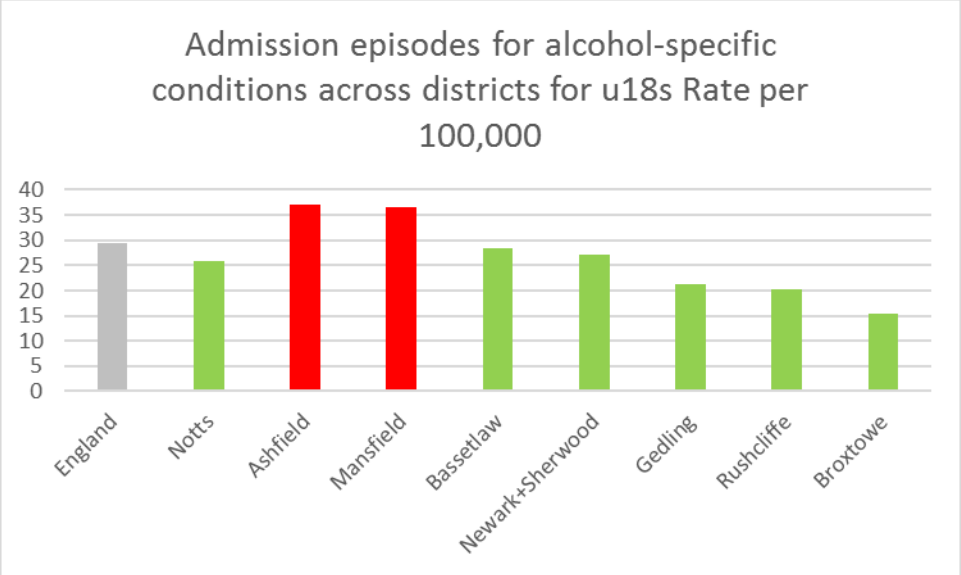
The following data is from Local Alcohol Profiles for England and can be found at: http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0/gid/1938132833/pat/6/par/E12000004/ati/102/are/E10000024/iid/91384/age/1/sex/4

The latest data suggests that there has been a reduction in the rate of alcohol specific admissions in under 18s both nationally and locally between 2017-2021 (Table 1). It has been decreasing across England since 2006. Nottinghamshire's average rate is below England's average. The rate in Mansfield and Ashfield is significantly higher than the England average (Figure 1). Gender differences are not routinely reported nationally or locally.

Table 1: Alcohol specific hospital admissions – Under 18s: national and local 2017-2021

	2017/18-2019/20 rate per 100,000	2018/19-2020/21 rate per 100,000
England	30.6	29.3
Nottinghamshire	28.0	25.9

Figure 1:

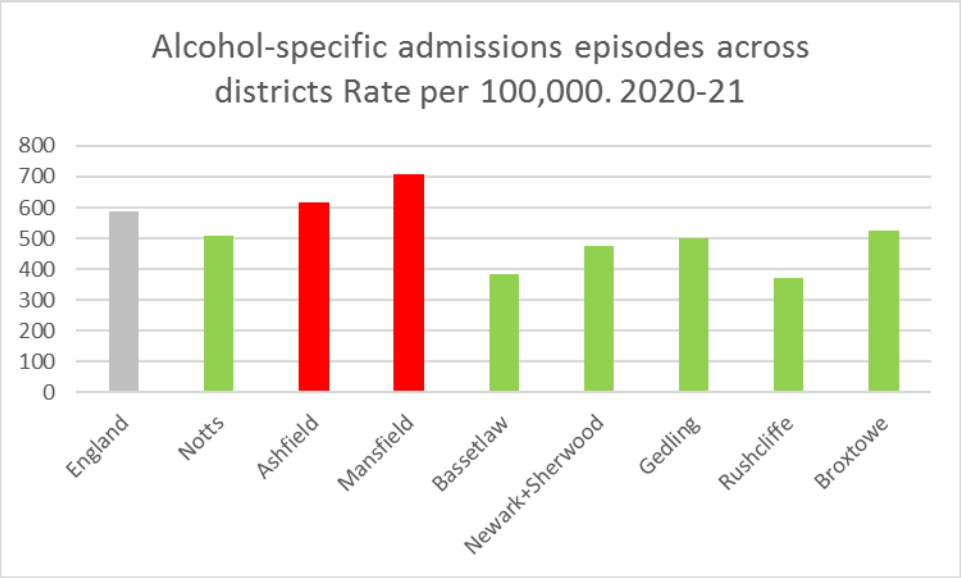


For adults, there has been a steady increase in the rate of alcohol-specific admissions since 2008 both nationally and locally. The results for 2020/21 decreased nationally and locally compared to 2019/20. 2018/19 was the highest recorded results for England and Nottinghamshire. The Nottinghamshire rate and trend has fewer average admissions than England per 100,000 (Table 2). Mansfield and Ashfield have more alcohol-specific admissions per 100,000 on average than Nottinghamshire and England as a whole.

Table 2: Alcohol specific hospital admissions – Adults: national and local 2006-15

	2019-20 rate per 100,000 (no. of individuals)	2020-21 rate per 100,000 (no. of individuals)
England	644	587
Nottinghamshire	543 (2145)	509 (4245)

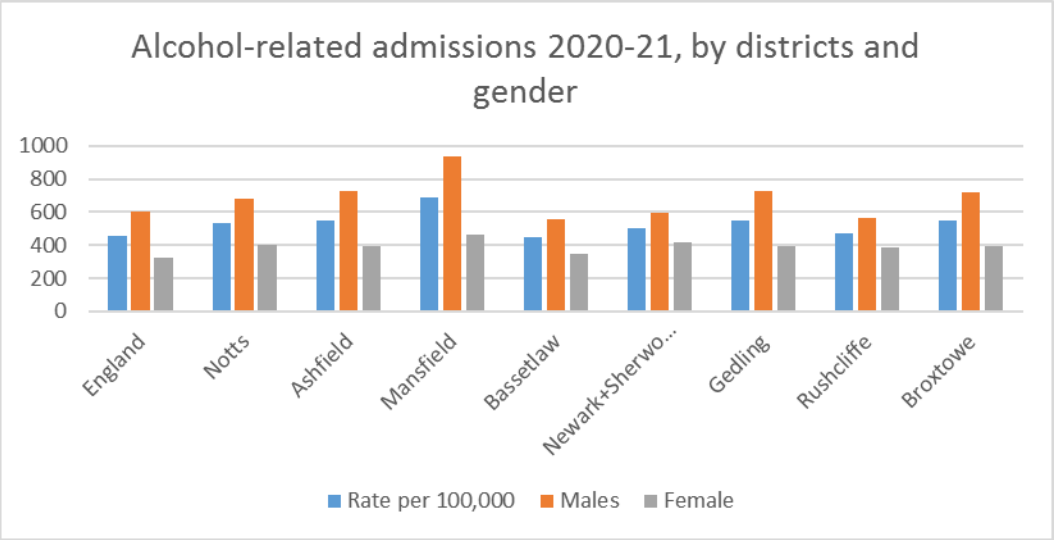
Figure 2:



There have been 4,525 adult hospital admissions for alcohol-related conditions in 2020/21. This represents episodes 535 per 100,000 residents. At county level, this is higher than the England average and when analysed in more detail:

- Admission episodes in all districts except Bassetlaw are higher than the England average.
- For males, Nottinghamshire as a whole has higher admission rates per 100,000 than England. The only districts where admission rates are lower are Newark and Sherwood, Bassetlaw and Rushcliffe.
- Admission episodes for females are higher than the England average across Nottinghamshire and in all districts. They are highest in Mansfield and Newark and Sherwood (Figure 3).

Figure 3:



An age analysis identifies some groups as having higher rates of alcohol-related hospital admissions episodes than the national average (Table 3). Nottinghamshire's alcohol-related hospital admission episodes are higher than the England average across all age groups and genders. Most of the district level results are also higher. There are more admission episodes overall in 40-64. The most female admission episodes are ages 40-64 and males over 65.

Table 3: Alcohol-related hospital admission episodes – Adults 2019/21: by age group

Age Group	County rate per 100,000	National rate per 100,000	Local issue and rate per 100,000 (no. episodes)
Under 40s	194.8 (all)	170.6 (all)	Higher in all districts except Bassetlaw and Rushcliffe
	213.4 (male)	197.1 (male)	Higher in all districts except Bassetlaw and Rushcliffe
	177.6 (female)	144.2 (female)	Higher in all districts except Rushcliffe
Ages 40-64	844 (all)	719 (all)	Higher in all districts except Bassetlaw
	989 (male)	888 (male)	Higher in all districts except Newark and Sherwood, Bassetlaw and Rushcliffe
	704 (female)	554 (female)	Higher in all districts
Over 65s	823 (all)	692 (all)	Higher in all districts except Bassetlaw
	1294 (male)	1093 (male)	Higher in all districts except Bassetlaw
	409 (female)	352 (female)	Higher in all districts except Bassetlaw

The above measure is based upon admission episodes (of which there were 4,525 in 2019/20) – not number of individuals. The results have stayed similar between 2017 and 2021 both nationally and locally in this measure (Table 4). The

Nottinghamshire rate and trend remain higher than the England and other comparator areas.

Table 4: Admissions to hospital for alcohol-related conditions – Adults: national and local 2008-15

	2019-20 rate per 100,000 (no. of individuals)	2020-21 rate per 100,000 (no. of individuals)
England	519	456
Nottinghamshire	562 (4729)	535 (4525)

Unintentional injuries:

Nottinghamshire has higher rates than the England average for alcohol-related hospital admissions due to unintentional injuries, which include road or pedestrian traffic accidents, alcohol poisoning and fall and fire injurie. Rates are significantly worse for both males and females and in all districts except Rushcliffe and Bassetlaw (Figures 4 & 5).

Figure 4: Alcohol-related hospital admissions due to unintentional injuries 2014/15 by district

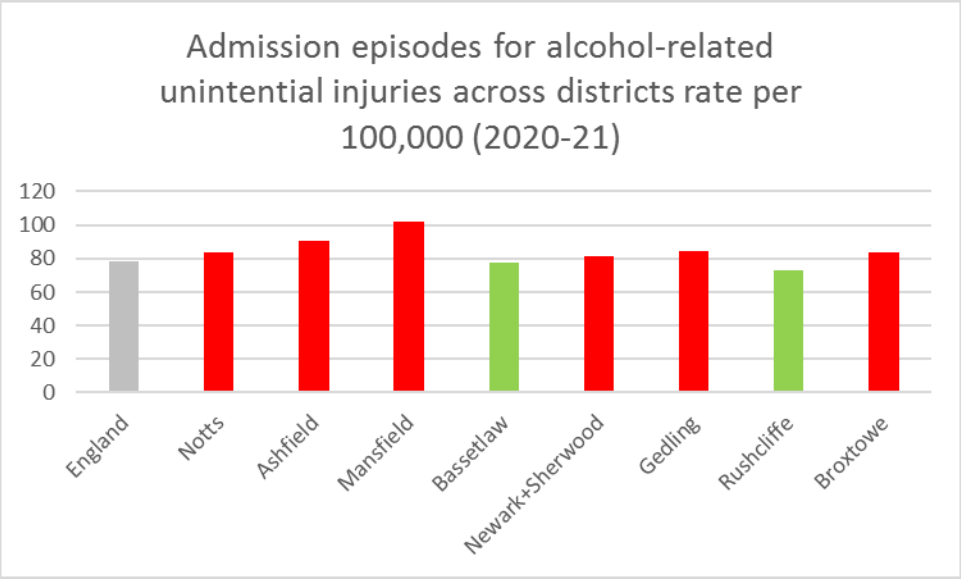
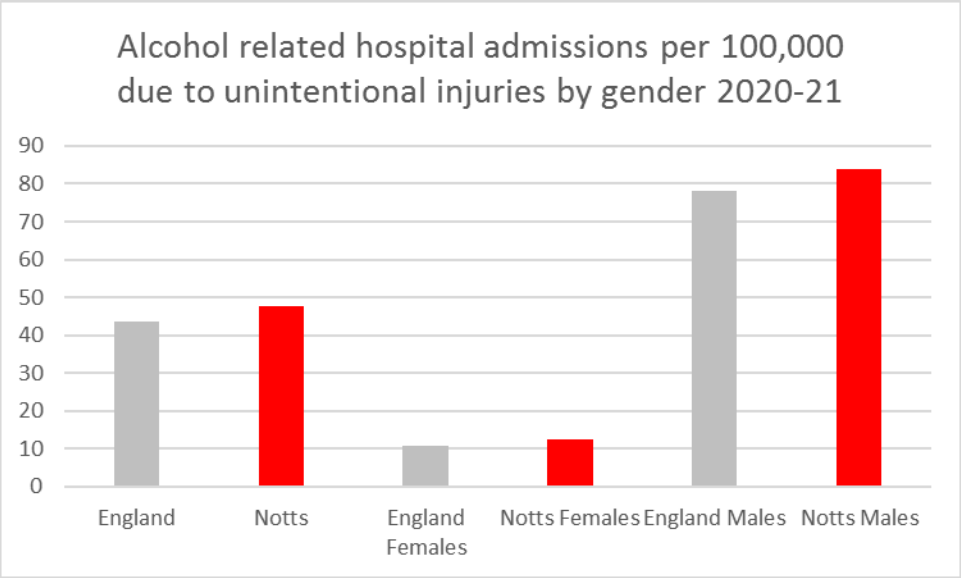


Figure 5: Alcohol-related hospital admissions due to unintentional injuries 2014/15 by gender



Mortality and substance misuse

Alcohol

The rate of alcohol-specific mortality has remained quite static nationally andlocally across Nottinghamshire at approximately 11.0 deaths per 100,000 of the population. It is very similar to England's rate at 10.9. Mansfield's alcohol-specific mortality was significantly higher at 18.3 deaths per 100,000. The districts that were lower than the England average where Bassetlaw, Broxtowe, Newark and Sherwood and Rushcliffe.

Alcohol-related mortality however has increased, particularly for liver disease which has seen a 400% increase since 1970, and this trend is in stark contrast to much of Western Europe. https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review.
In recent years, alcohol-related mortality in England and Nottinghamshire has remained relatively high notwithstanding a minor reduction in rate in 2006-08, with an increase seen between 2012 and 2014. A further minor increase was seen in England's levels 2016-2020, with a slight reduction in Nottinghamshire. Bassetlaw however is higher than the England average. There are no significant differences between gender. The method in calculating alcohol-related mortality had changed and uses a new set of attributable fractions, so differ from former results published.

Table 5: Alcohol-related deaths (all ages) – national and local 2020

Area	Count	Value (per 100,000)
England	20,468	37.8
Nottinghamshire	292	33.5
Bassetlaw	49	39.8
Ashfield	47	37.0
Broxtowe	43	35.8
Mansfield	37	33.8
Gedling	42	33.2
Newark and Sherwood	41	31.3

Rushcliffe	32	25.3

The rate of mortality in people aged under 75 from liver disease and liver disease that was considered preventable has risen by almost 14% (Public Health England, 2014c). Alcohol-related liver disease deaths in under 75s are currently below national averages. Nottinghamshire decreased between 2019 and 2020 whereas England increased (Table 6).

Table 6: Alcohol-related liver disease deaths (under 75s) – national and local 2016-2020 per 100,000

	2016	**2017**	**2018**	**2019**	**2020**
England	18.8	19.0	18.5	18.9	20.6
Notts	20.3 (155)	22.3 (172)	15.2 (120)	21.1 (164)	18.6 (147)

Drugs

Hospital admissions due to substance misuse in 15-24 year olds have gradually risen across England and Nottinghamshire since 2008. For 2018/19-2020/21 there were 215 admissions across Nottinghamshire, with 83.9 per 100,000 on average, compared to England's 81.2. Regarding deaths from drug misuse, Nottinghamshire is below the national average, but Mansfield is higher. There are no gender differences.

Table 7: Deaths from Drug Misuse in 2020 Nottinghamshire compared to England

Nottinghamshire	**England**
All- 2.8 per 100,000 (65)	All- 5.0 per 100,000 (8,185)
Male- 4.0 per 100,000 (46)	Male- 7.3 per 100,000 (5,912)
Female- 1.6 per 100,000 (19)	Female 2.8 per 100,000 (2,273)

Table 8: Deaths due to Drug Misuse in England and Nottinghamshire

Area	Count	Value (per 100,000)
England	8,185	5.0
Nottinghamshire	65	2.8
Mansfield	16	5.3
Bassetlaw	13	4.0
Newark and Sherwood	11	3.3
Ashfield	9	-
Broxtowe	3	-
Gedling	4	-
Rushcliffe	9	-

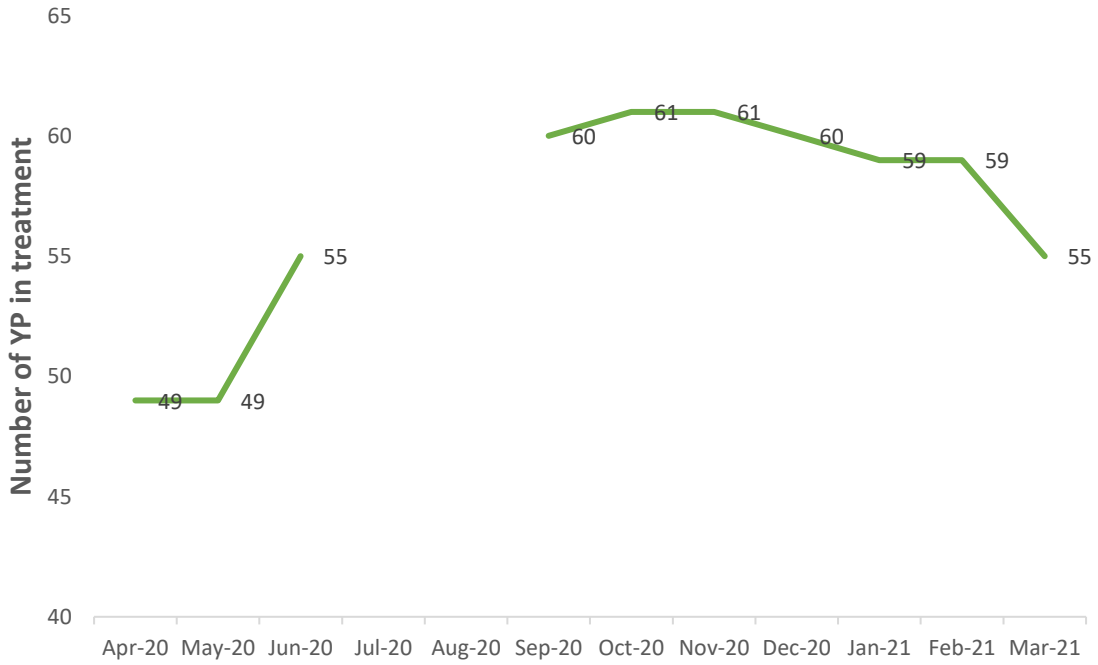
APPENDIX F

Substance Misuse Treatment Services - Young People

The following data is from the National Drug Treatment Monitoring System (NDTMS). Note there is a gap in data between July and August. This is due to annual July down time within NDTMS.

As at March 2021 there were 55 young people in treatment for substance misuse in Nottinghamshire. The number of young people accessing treatment for substance misuse has broadly increased throughout 2020-21 (Figure 1). This is in line with national trends. There is no district level breakdown.

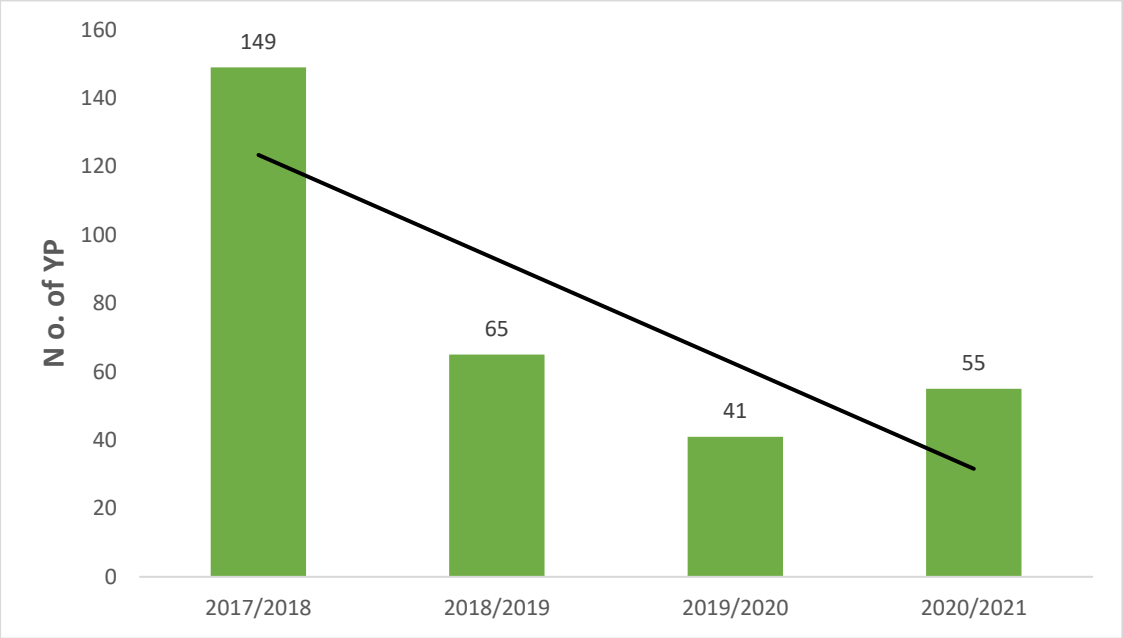
Figure 1: Number of young people in treatment 2020-21 (rolling 12 months)



*Source: National Drug Treatment Monitoring Service (NDTMS)

Compared to 2019/2020 there has been a 34% increase (14 people) in treatment, 41 to 55 (Figure 2).

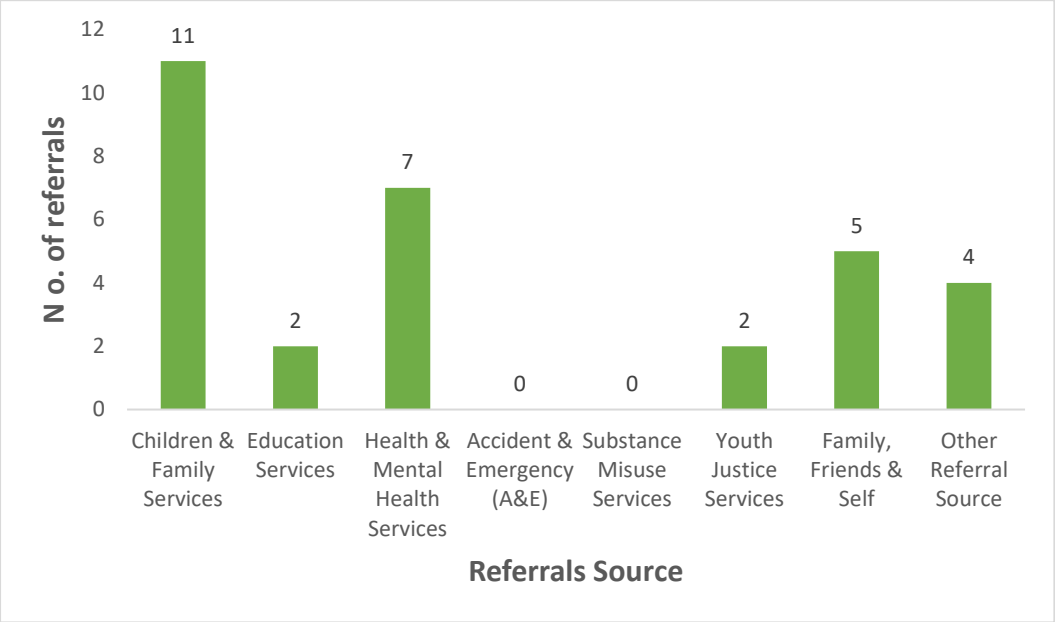
Figure 2: Number of young people in treatment 2017-21



*Source: National Drug Treatment Monitoring Service (NDTMS)

Within Children and Families services, 68% of referrals are from Targeted Support. This has decreased from 91% in the 2018 JSNA, suggesting referrals are coming from other sources including self. Referrals are made using the Early Help Assessment Form which requires consent from a parent and/or carer. This is then processed by the Early Help service that enacts the appropriate referral process (Figure 3).

Figure 3: Number and source of referrals for young peoples' substance misuse services 2020/21



*Source: National Drug Treatment Monitoring Service (NDTMS)

The majority of young people accessing treatment are age16-17 (Figure 4). The main substances of choice are cannabis and alcohol (Figure 5) This is similar to the JSNA in 2018. There are more males than females using substances.

Figure 4: Percentage of young people in services by age 2020-21

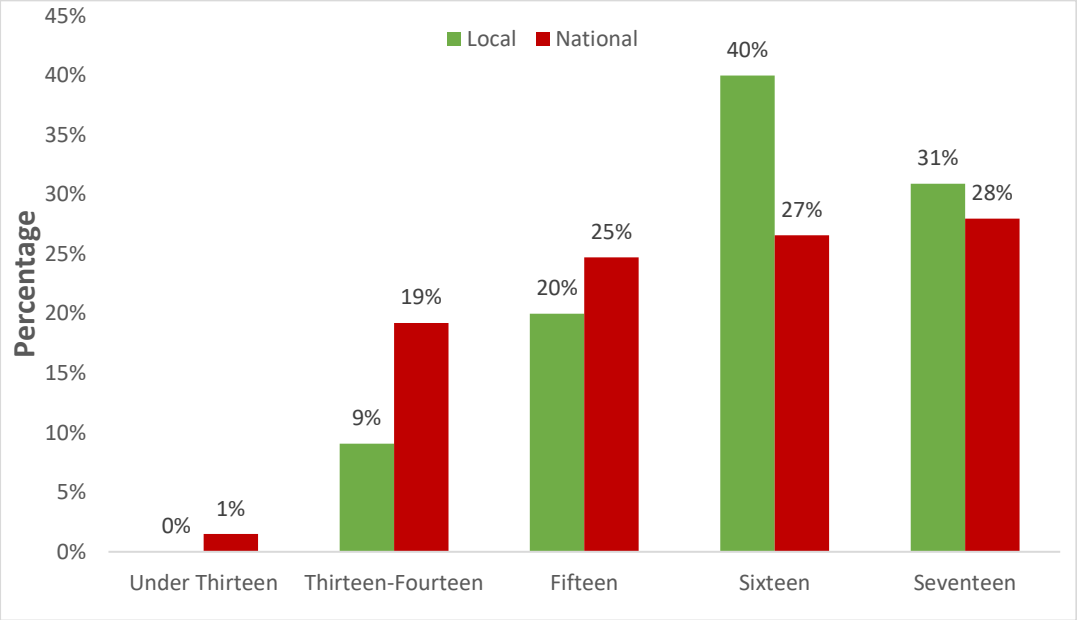
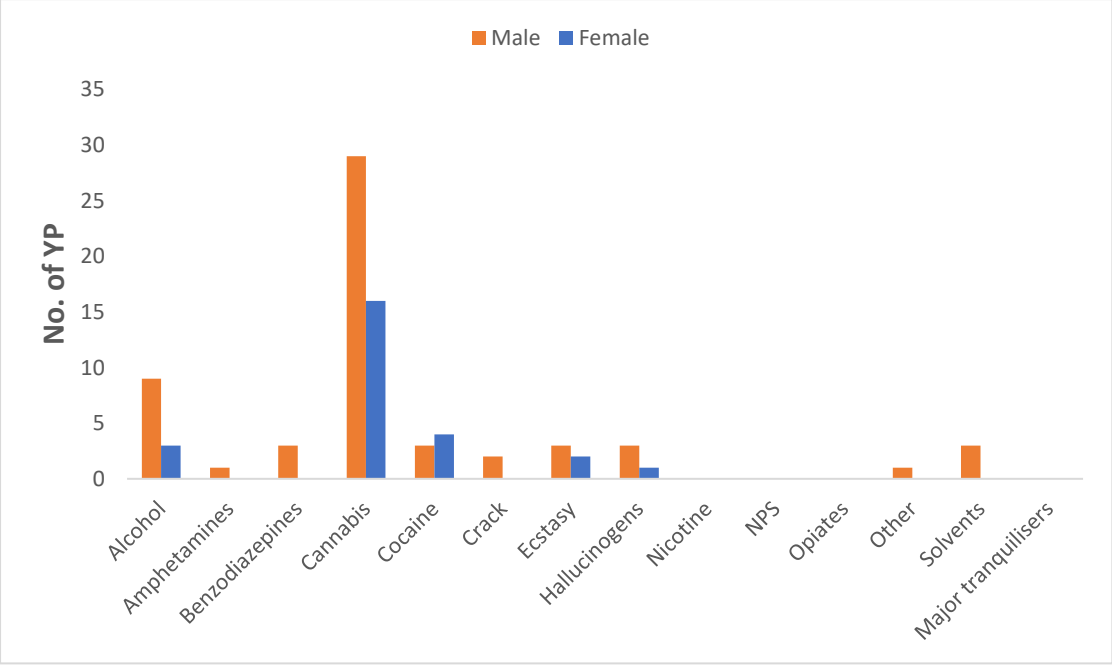


Figure 5: Substance of choice by gender for those in treatment

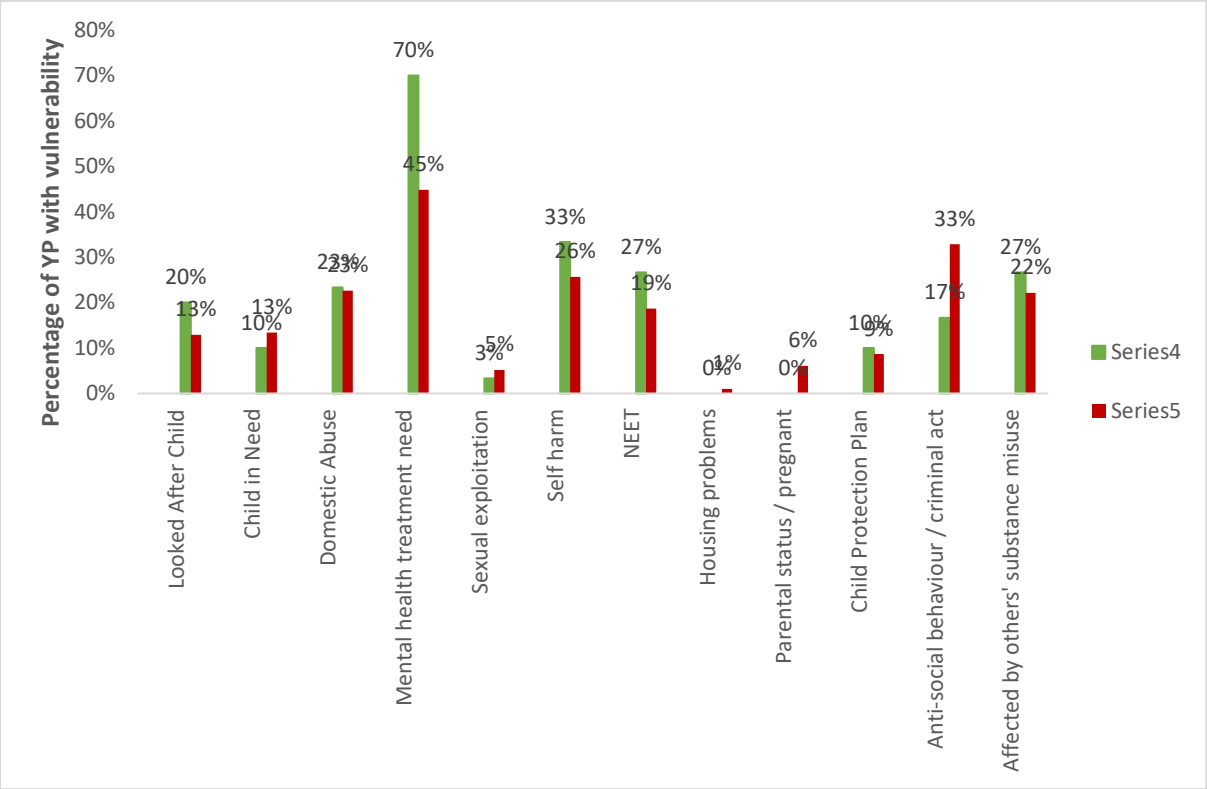


*Source: National Drug Treatment Monitoring Service (NDTMS)

Substance misuse is often associated with a range of other risky behaviours. These include sexual exploitation, self-harm, housing problems, relationship breakdowns and a lack of engagement with education, training and employment opportunities. In Nottinghamshire, a large proportion of young people receiving treatment are not in education, employment or training (NEET) (Figures 6 & 7). This is particularly significant given that Nottinghamshire

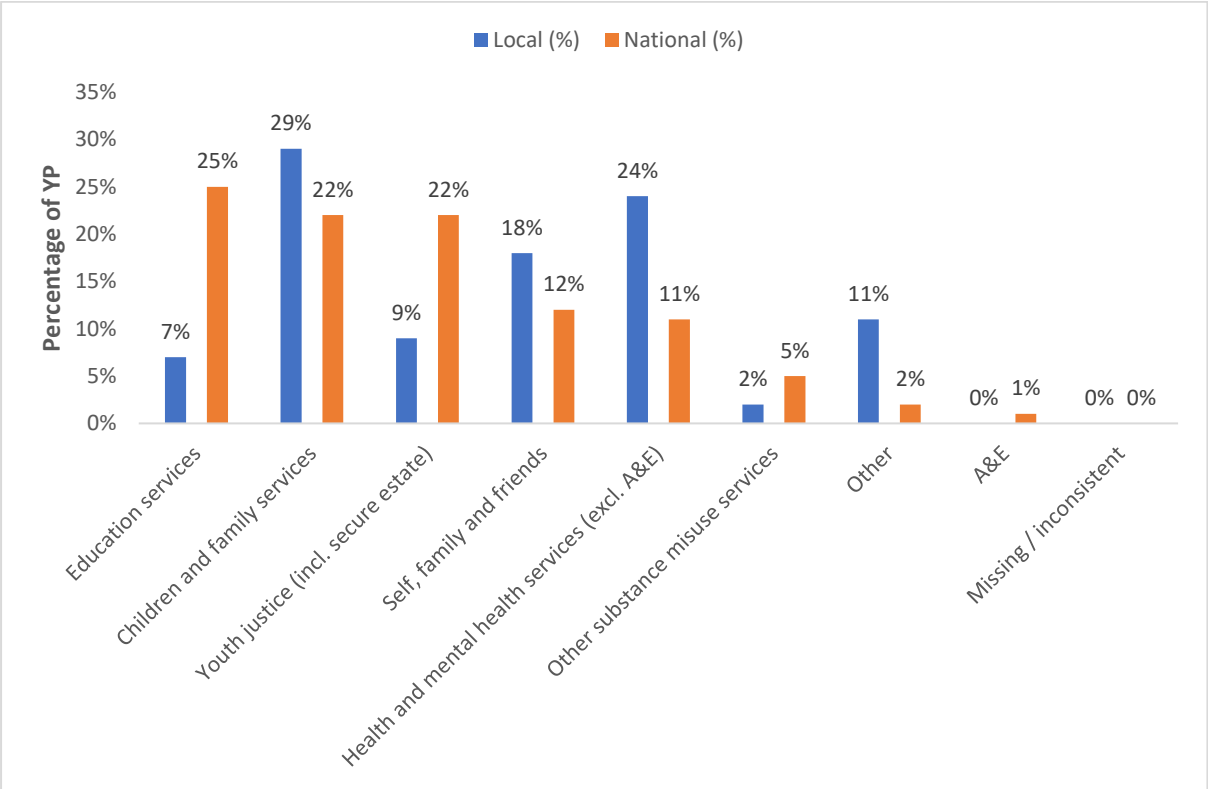
has an extremely higher proportion of young people that are NEET in comparison with national trends and the county's statistical neighbours (Table 1). Nottinghamshire's average is more than double that of England and the East Midlands.

Figure 6: Wider vulnerabilities of young people in treatment 2020-21 Nottinghamshire (green) compared to England (red)



*Source: National Drug Treatment Monitoring Service (NDTMS)

Figure 7: Education, employment and training status of young people in treatment 2020/21



*Source: National Drug Treatment Monitoring Service (NDTMS)

Table 1: NEET Population in Nottinghamshire (2020) compared to East Midlands and England

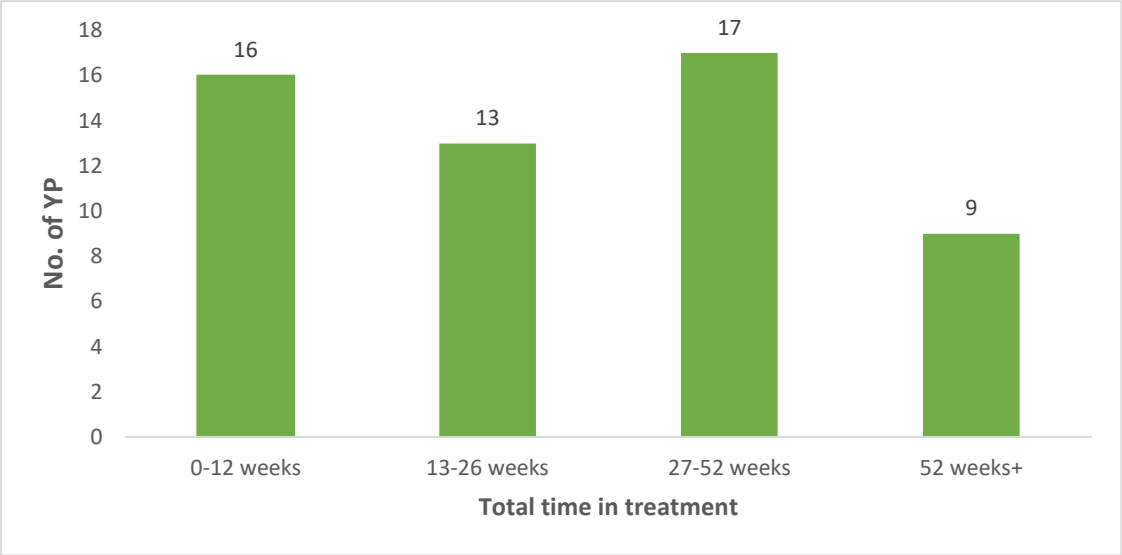
	16-17 yrs (per 100,000)
England Average	5.5
East Midlands Average	6.2
Nottinghamshire	13.8

Source: NEET data by local authority. GOV.UK

No young people are waiting more than three weeks for initial or subsequent assessments (the national standard for access to services).

The majority of treatment lasts between 27-52 weeks (31%). 9 young people (16%) remain in treatment for more than 1 year. Since the JSNA in 2018, it seems more young people are staying in treatment for longer. In 2018, the majority of treatment lasted 0-14 weeks (45%), in this cohort only 29% were in treatment for that long. This is at least in part due to the pandemic and retaining young people in treatment for safety. The primary interventions undertaken with young people include harm reduction and psychosocial. These can take place on an individual basis or as part of group sessions (Figure 8).

Figure 8: Total time in treatment 2020-21



*Source: National Drug Treatment Monitoring Service (NDTMS)

Appendix G

Substance Misuse Treatment and Recovery Services - Adults

The following data is from CGL's own monitoring system. The data relates to the time-period June 2020 - May 2021 unless otherwise stated. It includes data from those in brief treatment and structured treatment and looks at those also in the criminal justice system. The data is compared to the last JSNA in 2018 and in some parts CGL data from June 2019-May 2020.

In 2022, the way CGL collect their data has changed. It is now collated into 2 broad categories (which are not defined by substance(s) of choice):

- **Brief Assessments**: Low level advice and support, including in-house needle exchange
- **Structured Treatment**: A comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions

Brief Assessments: June 2020-May 2021

There were 587 individuals receiving brief assessments, most of them in the Mansfield and Ashfield districts. In addition, there were 21 of no fixed abode, 70 not matched to a district of residence and 103 out of area. Numbers by district are detailed in Figure 1. There were fewer individuals in treatment in June 2019-May 2020 (853).

11.4% of individuals self-referred to the service. This is a large decline compared to the last JSNA- with 64% self-referring at this time. The most common referral source for brief assessments was Hetty's (34.2%) - a registered charity supporting over 200 families per month across the districts of Nottinghamshire. Hospital referrals were the next most common referral source at 33.22%, which has risen from 18.4%. In just a few years the referral sources have changed dramatically.

When comparing results from June 2019-May 2020, hospital referrals were the most common at 23.9% and Hetty's at 19.7%. This suggests during the covid-19 lockdown periods fewer individuals were referred from the hospital. This could be due to the general decrease in admissions not related to covid. Self-referrals also decreased in this period (18.2% in 2019-2020).

54% were White British (table 2). 40.9% had ethnicity unstated.

Overall, for brief assessments, more males were supported. In terms of age groups, there were more men supported in the up-to-44-years categories. In age groups older than this, more females were supported.

Between 2019-2020 and 2020-2021 there was a reduction in the numbers and proportion of 18-24 year olds receiving brief assessments.

The most common substance for treatment in brief assessments was alcohol at 32.4%. This was an increase from 27.9% in 2019/20, indicating a potential increase in alcohol usage during the pandemic, as seen nationally. (No substance category however was allocated for 51.6%. This is because this information is not collected at entry point for clients and often it is not taken until an individual moves into the Recovery Assessment stage).

Figure 1: Number of adults in substance misuse services (Brief Assessments) by district

Areas

In Area
587

NFA
21

Not matched to a district of residence
70

Out of Area
103

Local Authority	Clients
Ashfield	139
Bassetlaw	79
Broxtowe	40
Gedling	42
Mansfield	167
Newark and Sherwood	86
Rushcliffe	34
Total	**587**

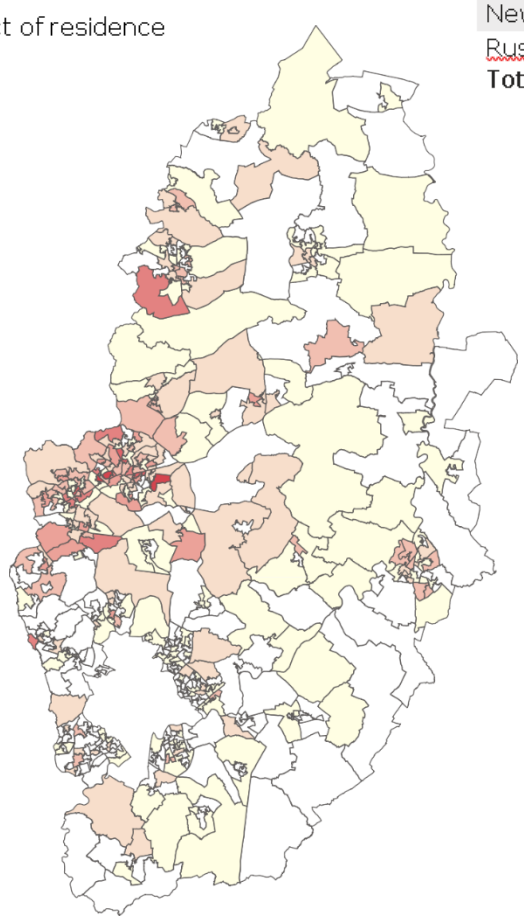


Table 1: Referral Sources for Brief Assessments

Referral Source (Brief Assessment) Name (groups)	Clients	%
Hetty's	208	34.21%
Hospital	202	33.22%
Needle Exchange	83	13.65%
Self	69	11.35%
DALT	9	1.48%
Social Services	7	1.15%
GP	6	0.99%
CGL	5	0.82%

ABL (Wellbeing Service)	4	0.66%
Housing Provider	3	0.49%
Probation	3	0.49%
Arrest Referral	2	0.33%
Crisis Team	1	0.16%
Educational Provider	1	0.16%
Family Member	1	0.16%
Liver Clinic	1	0.16%
Outreach	1	0.16%
ROB	1	0.16%
Treatment Agency - out of area	1	0.16%
Total	**608**	**100.00%**

Figure 2: Referral Sources for Brief Assessments

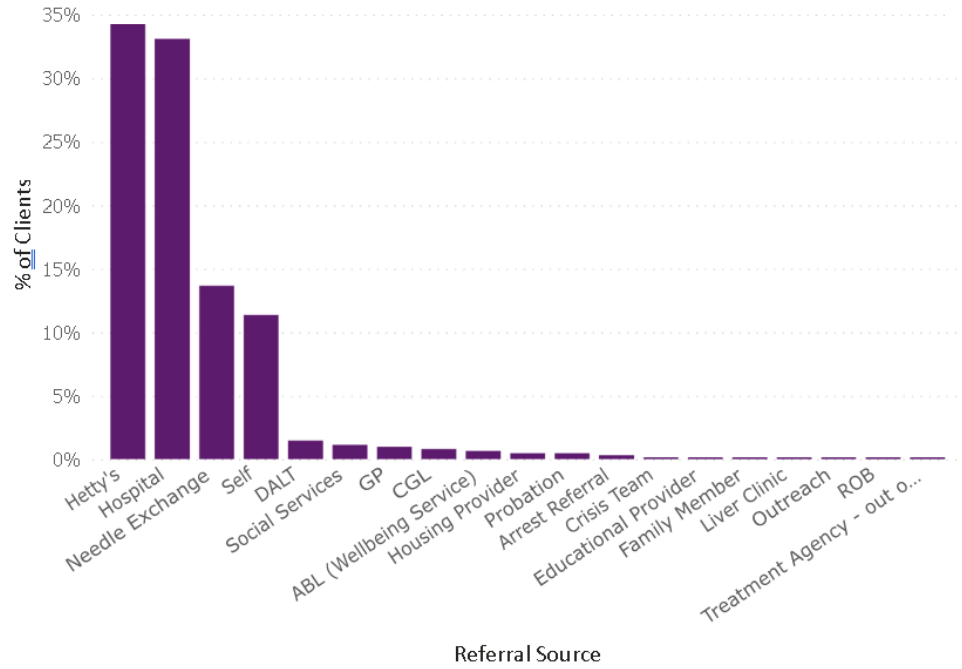


Table 2: Adults in Brief Assessments by Ethnicity

Ethnicity	Clients	%
White - White British	332	54.61%
Not Stated	244	40.13%
White - Other White	19	3.13%
Asian/ Asian British - Other Asian	4	0.66%
White - White Irish	3	0.49%
Black/ Black British - Caribbean	2	0.33%
Asian/ Asian British - Indian	1	0.16%
Black/ Black British - African	1	0.16%
Black/ Black British - Other Black	1	0.16%

Other	1	0.16%
Total	**608**	**100.00%**

Table 3: Adults in Brief Assessments by Age and Gender

Age Range	Female	Male	Other	Total
18-24	20	17	1	**38**
25-34	31	73	1	**105**
35-44	47	69		**116**
45-54	64	62		**126**
55-64	58	59	3	**120**
65 and over	56	47		**103**
Total	**276**	**327**	**5**	**608**

Figure 3: Brief Assessments by Age and Gender

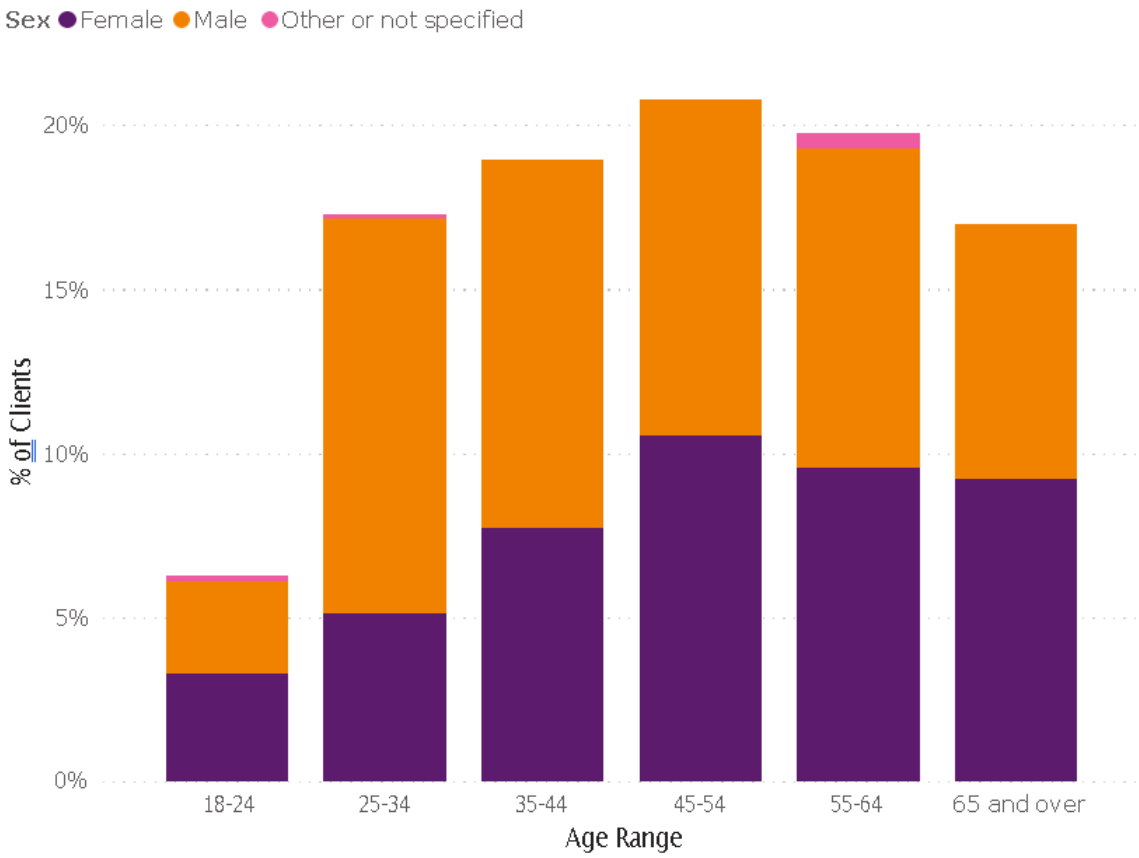
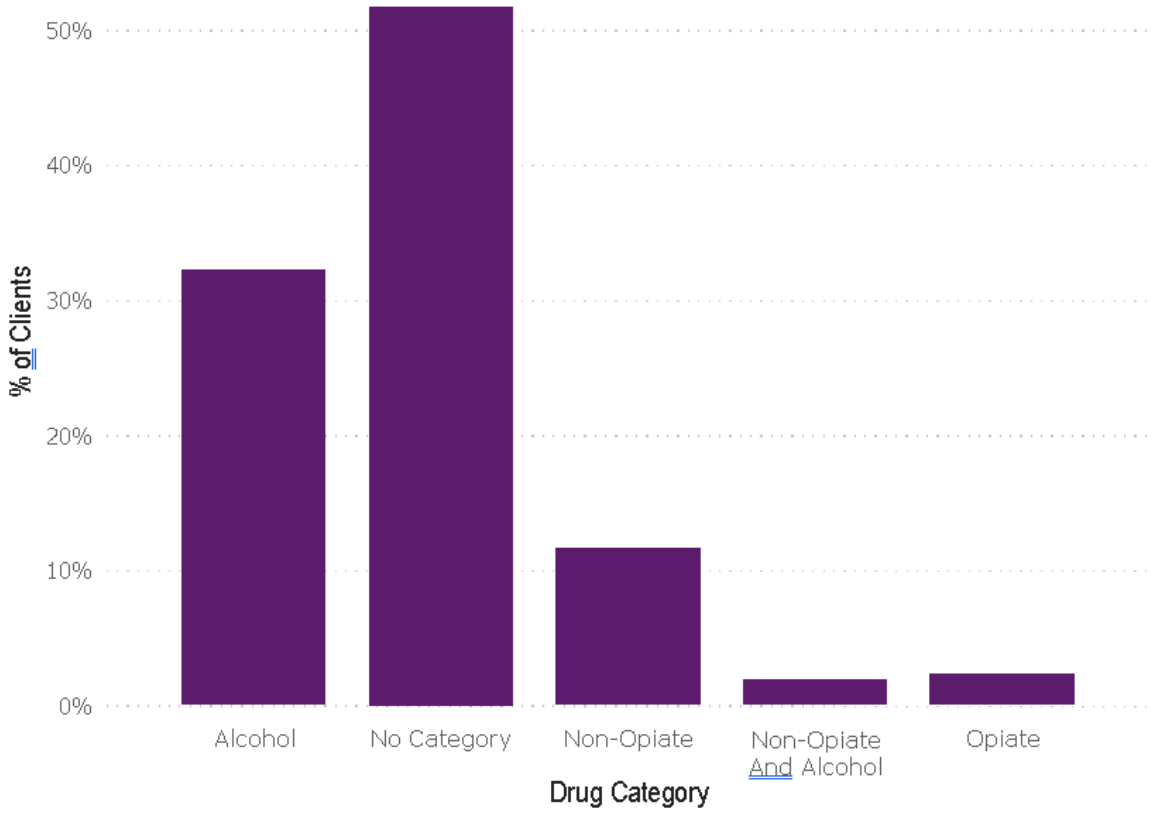


Table 4: Drug Category for Brief Assessments

Drug Category	Clients	%
Alcohol	197	32.40%
No Category	314	51.64%
Non-Opiate	71	11.68%
Non-Opiate And Alcohol	12	1.97%
Opiate	14	2.30%
Total	**608**	**100.00%**

Figure 4: Drug Category for Brief Assessments



Structured Treatment

During June 2020 and May 2021 there were 4171 in Structured Treatment. 60 had no fixed abode, 3 were not matched to an area of residence and 68 were out of area. Mansfield, Ashfield and Bassetlaw have the highest numbers in treatment.

There were slightly more individuals in structured treatment than in 2019-2020 (3916). This is in contrast to brief assessments where the number of individuals decreased. This suggests that there were more complex individuals that required treatment during the pandemic. This was also reflected in national reports where heavier drinking has been occurring.

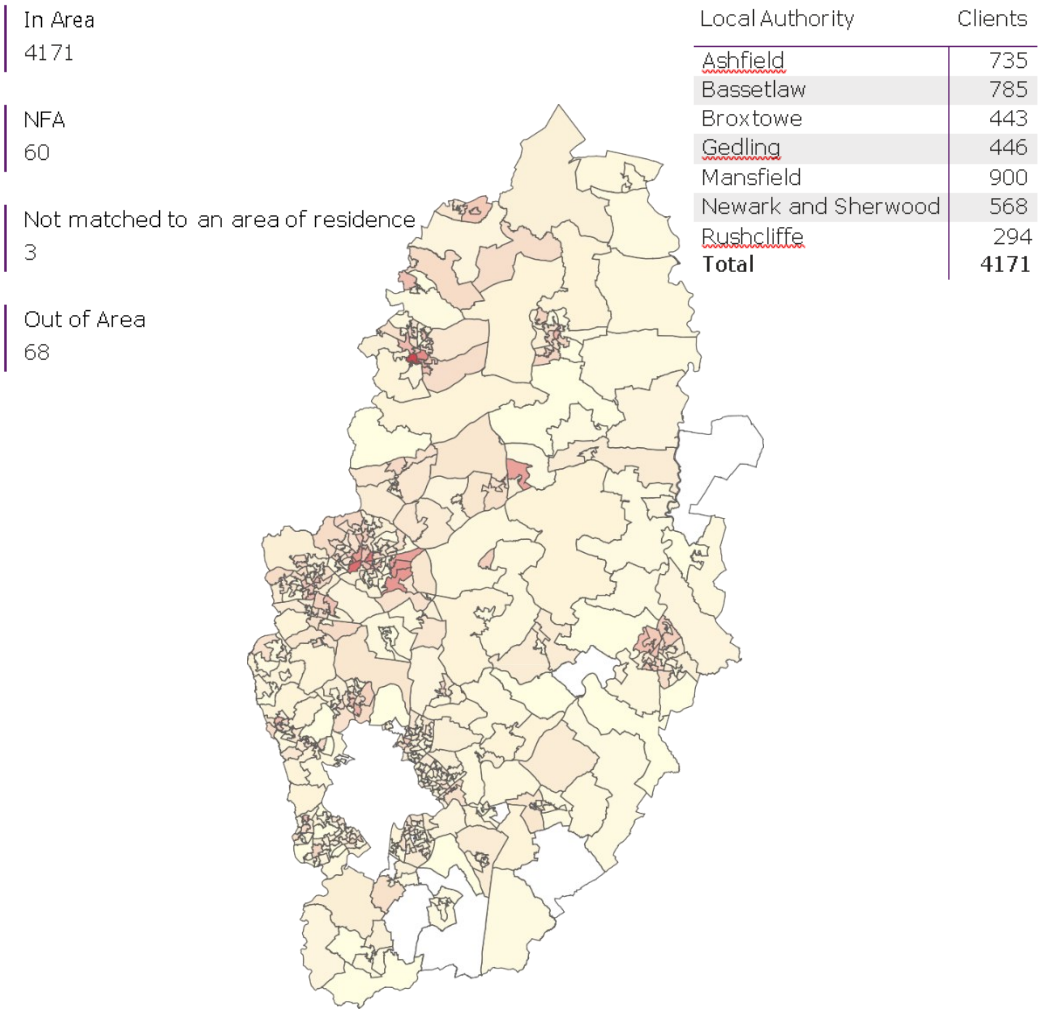
67.5% self-referred, a decrease from 79% in 2018. The next area of referral was drug service statutory at 6.9%, prisons 5.7% and GP at 3.1%. When comparing 2019-2020 and 2020-2021, referral sources and percentages were similar.

There were more males in treatment than females. Most service users (male and female) were in the 25-44 age groups. Data regarding age and gender was similar to 2019-2020.

25.2% (936 service users) were living with all or some of their children, increasing from 20.9% in 2019-2020, most likely reflecting the lockdown period and people staying at home. 38.4% (1427 service users) had none of the children living with them. 36.2% (1346 service users were not a parent).

The most common drug category was opiates (48.7%), followed by alcohol (34.3%). in 2019-2020 opiates was 51.2% and alcohol 32.8%, showing minor changes.

Figure 5: Number of Adults in Structured Treatment by District



Local Authority	Clients
Ashfield	735
Bassetlaw	785
Broxtowe	443
Gedling	446
Mansfield	900
Newark and Sherwood	568
Rushcliffe	294
Total	**4171**

Table 5: Referral Sources for Structured Treatment

Referral Source	Clients	%
Self	2853	67.51%
Drug Service Statutory	290	6.86%
Prison	240	5.68%
GP	129	3.05%
Hospital	95	2.25%
Drug Service Non-Statutory	84	1.99%
Social Services	67	1.59%
Self-referred via health professional	51	1.21%
DRR	45	1.06%
Criminal Justice - other	43	1.02%
National Probation Service	42	0.99%
Other	40	0.95%
Adult treatment provider	36	0.85%
Community Rehabilitation Company (CRC)	32	0.76%
Arrest referral	23	0.54%
ATR	20	0.47%
Probation	20	0.47%
Hospital alcohol care team/liaison nurse	17	0.40%
Housing/homelessness service	16	0.38%
Outreach	16	0.38%
Psychiatry services	16	0.38%
Adult mental health services	8	0.19%
Relative	8	0.19%
Arrest Referral / DIP (do not use)	7	0.17%
Psychological Services	5	0.12%
Domestic abuse	3	0.07%
Employment Service	3	0.07%
Sex worker project	3	0.07%
A&E	2	0.05%
Children's Social Services	2	0.05%
Community Alcohol team	2	0.05%
Employment/education service	2	0.05%
Relative/peer/ concerned other	2	0.05%
Community care assessment	1	0.02%
Concerned other	1	0.02%
Education service	1	0.02%
Young people's structured treatment provider	1	0.02%
Total	**4226**	**100.00%**

Table 6: Age and Gender for Adults in Structured Treatment

Age Range	Female	Male	Other	Total
18-24	86	129		**215**
25-34	378	798		**1176**
35-44	470	1092	4	**1566**
45-54	272	570	3	**845**
55-64	146	200		**346**
65 and over	33	32		**65**
Not Recorded	7	6		**13**
Total	**1392**	**2827**	**7**	**4226**

Figure 6: Adults in Structured Treatment by Age and Gender

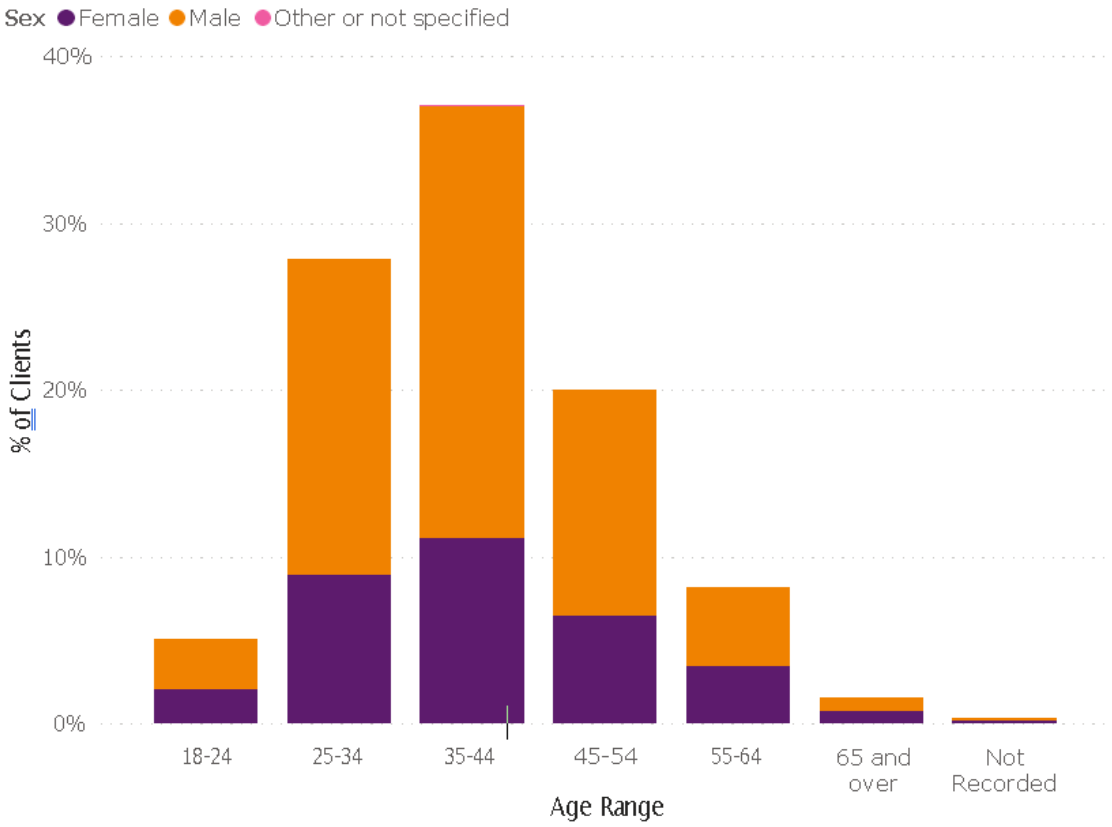


Table 7: Parental Status of Adults in Structured Treatment

Parental Status	Clients	%
All the children live with client	783	21.05%
Client declined to answer	10	0.27%
None of the children live with client	1427	38.37%
Not a parent	1346	36.19%
Some of the children live with client	153	4.11%
Total	**3719**	**100.00%**

Figure 7: Parental Status of Those in Structured Treatment

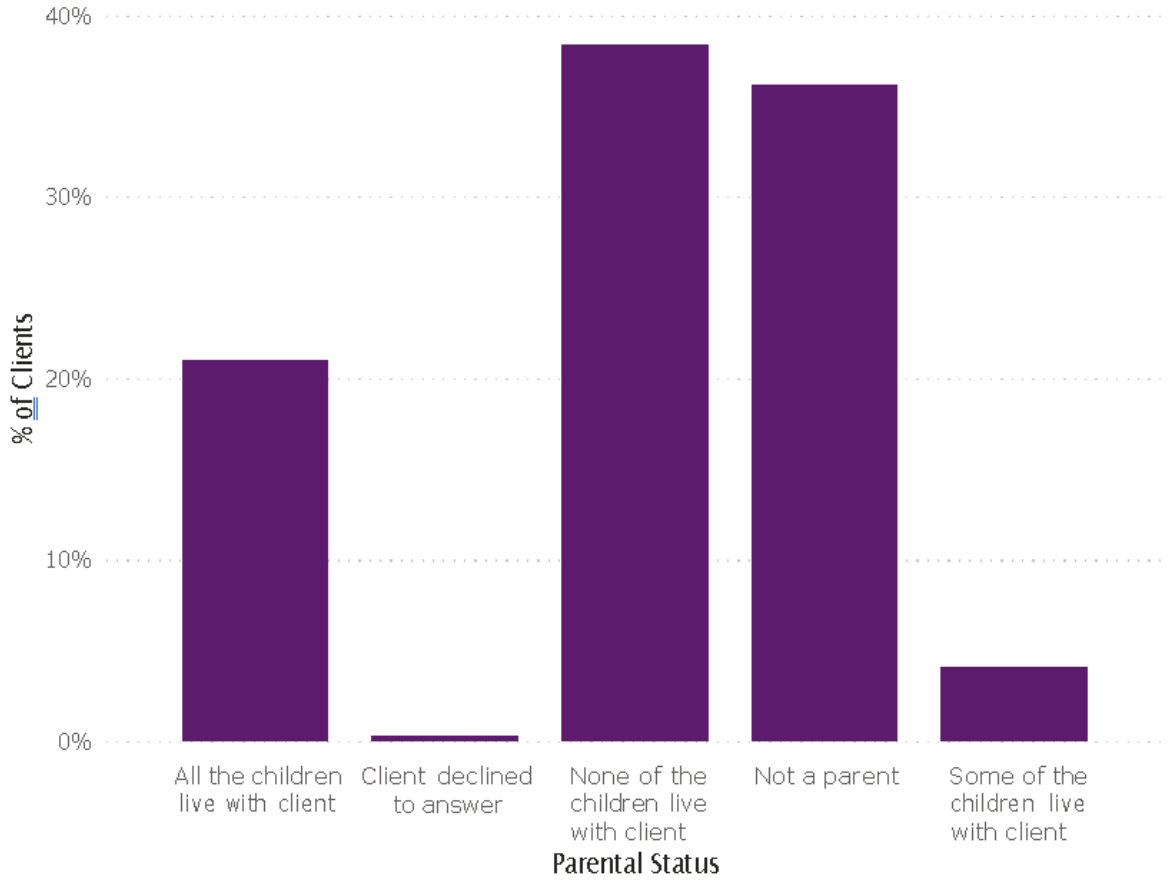
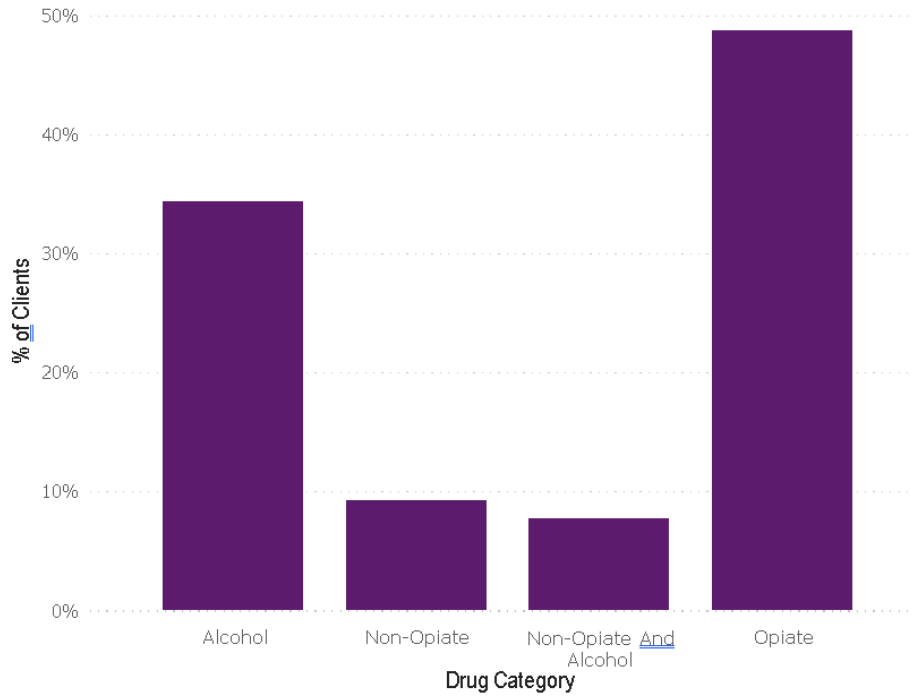


Table 8: Drug Category in Structured Treatment

Drug Category	Clients	%
Alcohol	1452	34.32%
Non-Opiate	391	9.24%
Non-Opiate And Alcohol	329	7.78%
Opiate	2059	48.66%
Total	**4231**	**100.00%**

Figure 8: Drug Category in Structured Treatment



In the period 1st April 2020 to 31st March 2021, 87.9% of all those in structured treatment were White British (3448/3922), with a further 5.1% Other White and a further 3.1% Not Stated

Of those starting new structured treatment journeys between 1st April 2020 and 31st March 2021:

- 82.5% were Heterosexual (1362/1651), with a further 6.5% Not Stated and 6.7% Missing Data. Gay/Lesbian accounted for 2.5% of the treatment population (40/1651) and Bi-Sexual for 1.4% (23/1651)
- 59.8% disclosed No Religion (988/1651), 18.3% as Christian and 17.9% as Patient Religion Unknown
- 44.3% disclosed behavioural/emotional conditions (732/1651) and 11.9% disclosed progressive conditions and physical health conditions (197/1651). 5% disclosed learning disabilities (82/1651). 43% disclosed No Disability (723/1651)
- 1.2% were pregnant (7/586)

It is difficult to know whether groups with Protected Characteristics are under-represented in treatment without an in-depth local understanding of the population and treatment need for these groups. Local intelligence suggests that women may require a gender-specific service and CGL are working on a tailored offer specific to women, linking in with Womens Aid. Mental health continues to be prominent within referrals and joint work between mental health and substance misuse services is taking place. The pregnancy pathway is embedded well. CGL aim to provide a personalised and tailored package of support to any particular individual and will adapt individual Recovery Plans accordingly.

Individuals in substance misuse treatment who were also in the criminal justice system

During June 2020 – May 2021, 7% of the in-service treatment are also in the criminal justice system (280 Nottinghamshire residents out of 4231), with most being in Mansfield and Ashfield. This decreased from 2019-2020 from 13% and 478 individuals. The reduction in numbers over the 2 years suggests the covid lockdowns, reduced police activity and less opportunity for criminal activity had an impact.

There were 246 clients in substance misuse treatment that were also in the criminal justice system. 34 had no fixed abode, 13 were not matched to a district of residence and 19 were out of area.

Prisons and Probation referrals accounted for almost all referrals. In 2020-2021 there were no referrals from arrests, whereas in 2019-2020 there were 60 (23.7%). Courts also made fewer referrals through being closed during covid lockdowns.

Most service users were male. There was a reduction in the proportion of 18-24 year olds and a slight increase in the over 65s when comparing 2019-2020 and 2020-2021.

Most service users (54% / 129 individuals) were not a parent. 38% (91 individuals) were parents but the children did not live with them.

Figure 9: Number of adults in substance misuse services who were also in the criminal justice system by district

In Area
246

NFA
34

Not matched to a district of residence
13

Out of Area
19

Local Authority	Clients
Ashfield	64
Bassetlaw	39
Broxtowe	15
Gedling	17
Mansfield	74
Newark and Sherwood	30
Rushcliffe	7
Total	**246**

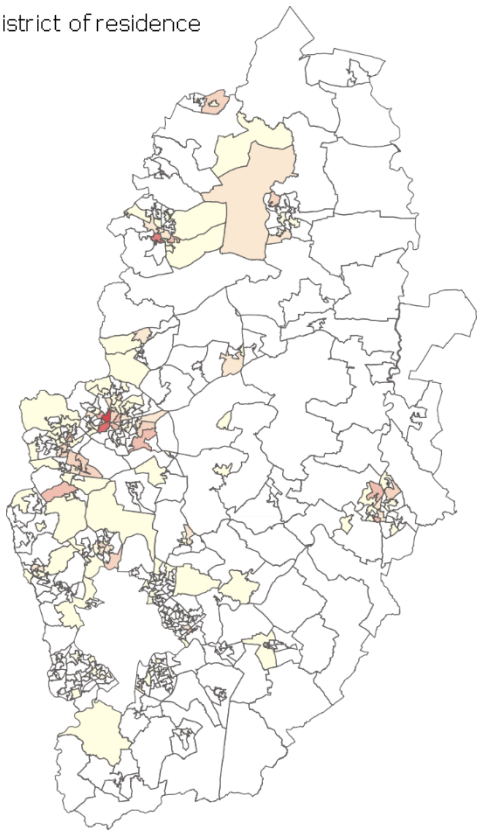


Table 9: Referral sources for clients who are in substance misuse services and the criminal justice system

Referral Source	Clients	%
CARAT / Prison	60	52.63%
Probation	50	43.86%
Court	1	0.88%
Integrated Offender Management	1	0.88%
PPO Licence Condition	1	0.88%
Self / Voluntary	1	0.88%
Total	**114**	**100.00%**

Figure 10: Referral Sources for clients who are in substance misuse services and the criminal justice system

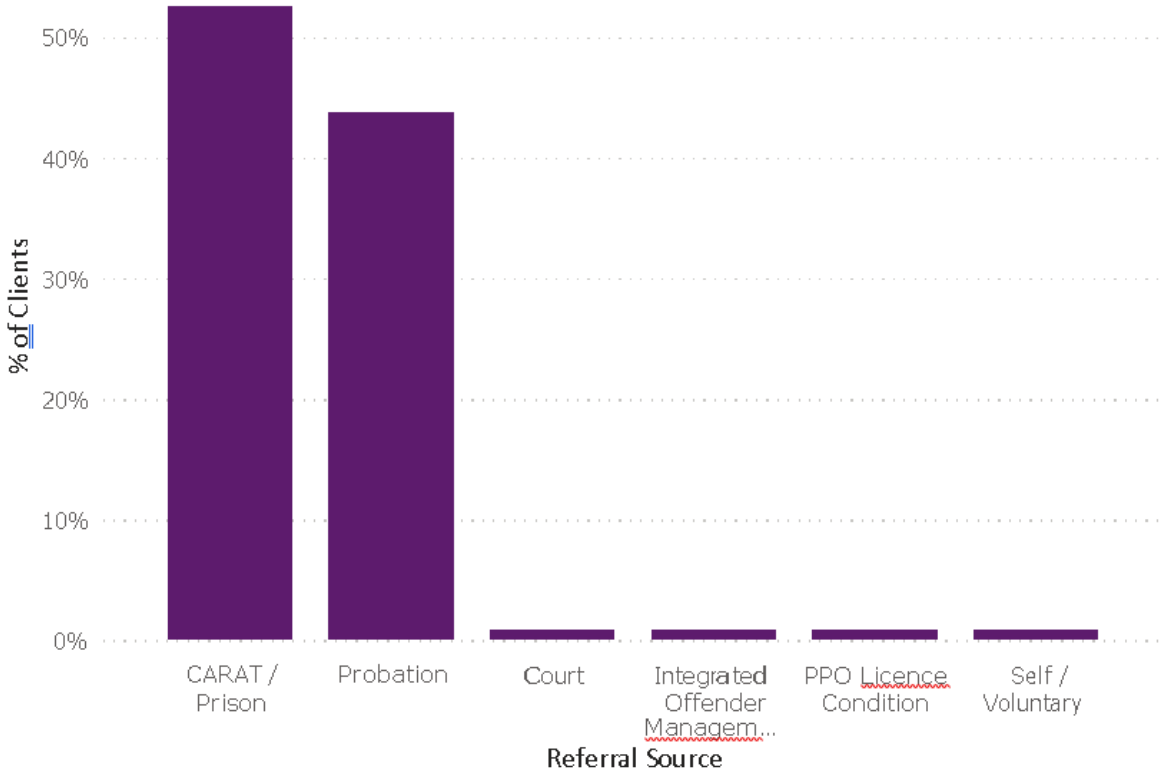


Table 10: Age and gender of clients who are in substance misuse services and the criminal justice system

Age Range	Female	Male	Other or Not Specified	**Total**
18-24	2	8		**10**
25-34	14	76		**90**
35-44	31	94		**125**
45-54	9	36		**45**
55-64	1	8	1	**10**
Total	**57**	**222**	**1**	**280**

Figure 11: Age and gender of clients who are in substance misuse services and the criminal justice system

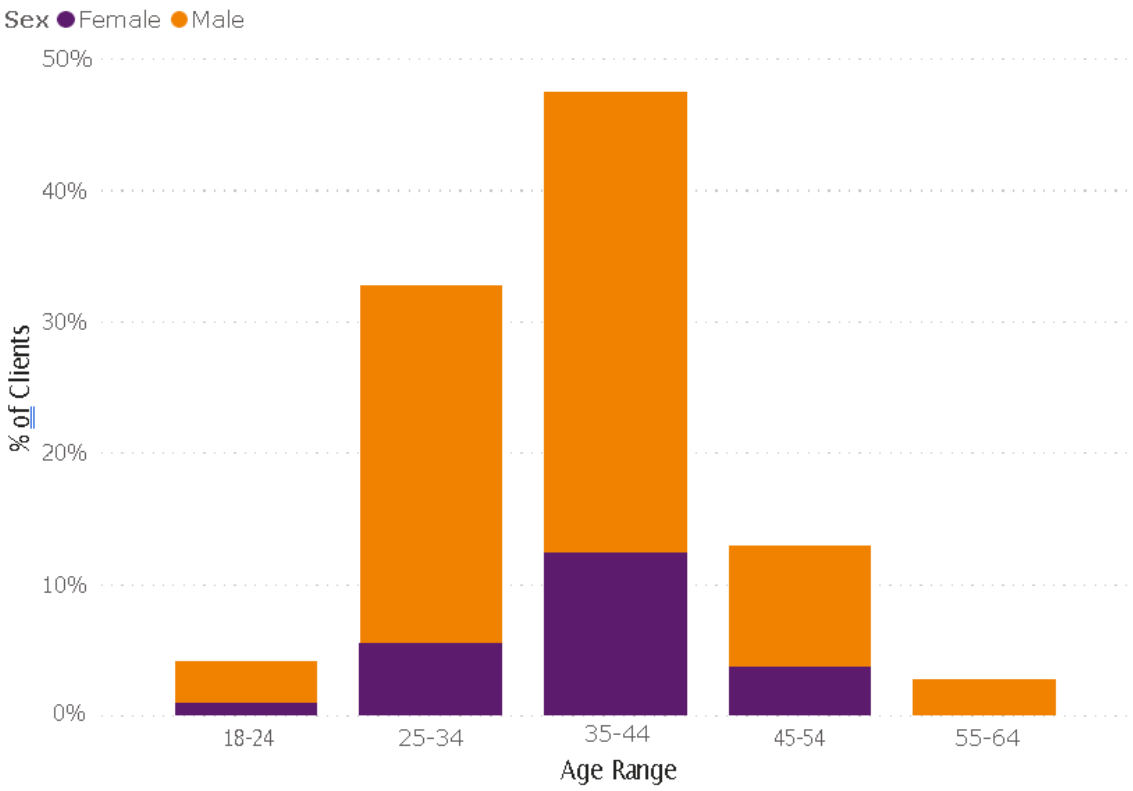
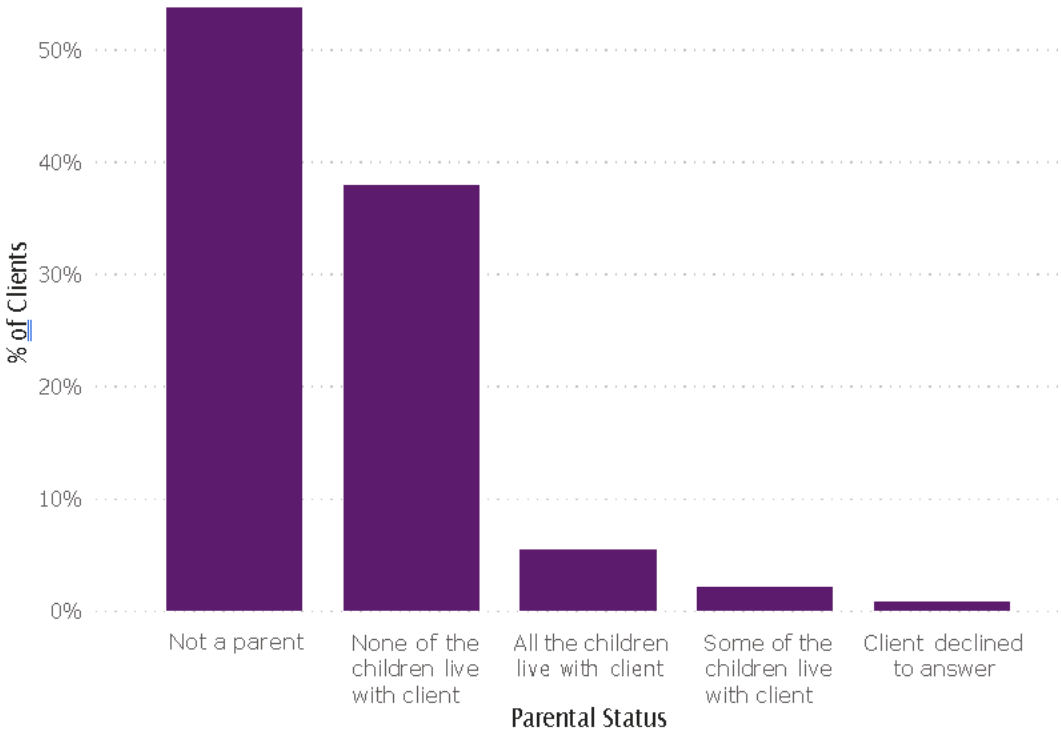


Table 11: Parental status of clients who are in substance misuse services and the criminal justice system

Parental Status	Clients	%
Not a parent	129	53.75%
None of the children live with client	91	37.92%
All the children live with client	13	5.42%
Some of the children live with client	5	2.08%
Client declined to answer	2	0.83%
Total	**240**	**100.00%**

Figure 12: Parental status of clients who are in substance misuse services and the criminal justice system



APPENDIX H

REDUCING ALCOHOL HARM: THEME 1: INCREASING POPULATION UNDERSTANDING OF RISK

THEME	SPECIFIC ACTIONS
Increase population level understanding of risk and harm	**EMPLOYERS** Develop population understanding through alcohol champions work with employers *(theme 4 and theme 5)* Agree the communication of alcohol as a priority with local employers *(theme 5)*
	COMMUNICATION Appropriate and systematic dissemination of PHE One you campaign material related to alcohol
	IBA Raise awareness of the risks and harms of alcohol misuse through systematic implementation of alcohol identification and brief advice (theme 3).
	ALCOHOL IN ALL POLICIES Inclusion of alcohol as a priority in all system level organisation policies and strategies.

REDUCING ALCOHOL HARM: THEME 2: PREVENTING ALCOHOL HARM THROUGH WIDER RELATED LOCAL/NATIONAL POLICY

THEME	SPECIFIC ACTIONS
Preventing alcohol harm through wider related local/national policy	**NATIONAL POLICY** Influence national strategy development, linking with the Faculty of Public Health and Public Health England. Make links with and influence key politicians and organisations to bring about upstream change. Influence key areas in relation to alcohol, including pricing, licencing, advertising and treatment.
	LICENSING Public Health in both Nottinghamshire CC and Nottingham CC work with licensing committees locally to influence Statements of Licensing Policy. Nottinghamshire CC and Nottingham CC develop plans for how public health can influence local activity and representations from other Responsible Authorities.

	Understand data available for licensing from police, EMAS and others that can be used to inform licensing statements and/or cumulative impact zones (CIZ)
	OTHER LOCAL POLICY Review and consider introducing and/or amending alcohol declarations for Nottinghamshire CC and Nottingham CC to align with champion roles (theme 4), with audit/reporting cycles built in through the HWBB /ICS board.

THEME 3: A SYSTEMATIC APPROACH TO ALCOHOL IDENTIFICATION AND BRIEF ADVICE (IBA)

THEME	SPECIFIC ACTIONS
A systematic approach to Alcohol Identification and Brief Advice (IBA)	**OVERARCHING** Source and secure funding to enable NRN and CGL to increase IBA training capacity, allowing for the training offer to be expanded and tailored to different audiences as appropriate. Consider offer in line with PHE guidance on targeting IBA in ED, PC, probation and others. Ensure links made to ICS workforce workstream. Alcohol champions to promote training at high level within organisations (theme 4) and determine best approaches within their organisation, including target staff groups, frequency, duration and delivery methods. Model the potential impacts on substance misuse services of increased IBA activity and referrals (and costs) and understand the current variations in referrals to community alcohol services.
	PRIMARY CARE Identify models of IBA with PC – using LMC as a network Look into possible incentive scheme, considering links with national funding possibilities. Develop practice/locality champions (links to theme 4) to develop MECC approach in practice and raise awareness within practice staff
	ED Develop new ways of working to identify and case manage high volume service users (HVSU) at ED across the ICS patch with NUH and Sherwood Forest, including providing IBA staff training and acting as a focal point for staff and services (Links to theme 8).

	A consistent approach to alcohol IBA and referral is embedded in ED, using lessons learnt from the inpatient CQUIN
	SECONDARY CARE Understand current referrals to NRN/CGL from inpatients and develop mechanisms to increase appropriate referrals generated by the CQUIN at NUH, SFH and NHCFT Inclusion of alcohol IBA training and offer in Mental Health, Community and Secondary care Trust prevention strategies and plans.
	WIDER SETTINGS Enable IBA training for the wider workforce, balancing capacity and demand and considering the following wider areas: Police, DWP, IAPT, Fire service, pharmacy, dentistry, housing sector, ASC Consider the IBA training offer and implementation and monitoring by Nottingham City and Nottinghamshire County Council staff, including housing, adult social care, community protection and the County integrated health and wellbeing hub.

THEME 4: IDENTIFICATION OF 'ALCOHOL CHAMPIONS' IN KEY ORGANISATIONS ACROSS THE SYSTEM

THEME	SPECIFIC ACTIONS
Identification of 'alcohol champions' in key organisations across the system	Organisations are mapped and individuals identified as alcohol champions. Develop a role description, including key actions and responsibilities for champions. Alcohol champions are invited to join the Nottinghamshire alcohol pathways group and are the main contact for all actions and activity relating to this plan. Alcohol champions agree priorities for their organisation and are responsible for updating on progress and feeding back areas of challenge or good practice.

THEME 5: INCLUDING ALCOHOL AS A PRIORITY FOR EMPLOYEE HEALTH AND WELLBEING

THEME	SPECIFIC ACTIONS
Including alcohol as a priority for	**REVIEW** Review the current workforce/employee need and offer around alcohol, including the extent of inclusion of MECC approaches within public and private organisations, including SMEs.

employee health and wellbeing	
	AGREE APPROACH Agreement to and awareness of the adoption of an appropriate approach for employees, considering the use of the PHE toolkit to ensure a consistent offer or to learn from/adopt local best practice, supported by the alcohol champions (links to theme 3).
	IMPLEMENTATION Champions to lead the design and implementation of approach best suited to employing organisation, working with current schemes and programmes as appropriate (e.g. Nottinghamshire County wellbeing at work scheme, Nottingham City every college matters). Champions to provide regular updates on progress within workforce and feedback areas of challenge or good practice (links to theme 3).

THEME 6: AGREEING AND EMBEDDING PATHWAYS FOR SERVICE USERS WITH CO-EXISTING MENTAL HEALTH AND SUBSTANCE MISUSE ISSUES

THEME	SPECIFIC ACTIONS
Agreeing and embedding pathways for service users with co-existing mental health and substance misuse issues	**WORKING GROUP** Work with the mental health work stream to convene a multi-agency working group to agree the pathway for service users with co-existing mental health and substance misuse issues, including removing the barriers within the pathway and improving transparency and accountability (*Note this should be responsibility of ICS MH work stream).* The working group reports to the Nottingham and Nottinghamshire alcohol pathways group on progress toward achieving this.

THEME 7: BETTER COMMUNICATION OF IDENTIFIED ALCOHOL RISK BETWEEN SOME KEY PARTS OF THE SYSTEM

THEME	SPECIFIC ACTIONS
Better communication of identified	**AGREE CONSISTENT APPROACH** Agree a consistent approach to sharing information related to alcohol risk and attendance between ED, urgent care and primary care across both NUH and SFH – building on the work done by NUH.

alcohol risk between some key parts of the system	Agree a consistent approach to sharing information related to alcohol risk and admission between inpatient settings across NUH, SFHT and NHCFT with primary care, including information on alcohol screening as collected in the CQUIN and clearer inclusion in discharge letters generated. Agree a consistent approach to sharing information related to alcohol risk, attendance and admission with community substance misuse services and ED and urgent care, so they are notified when service users are attending and care management can be reviewed appropriately.
	INFORMATION SHARING Work with Connected Nottinghamshire to raise alcohol information sharing as a priority, including working with the GPRCC – clinical reference group.

THEME 8: CASE MANAGEMENT IN ED OF HIGH VOLUME SERVICE USERS (HVSU)

THEME	SPECIFIC ACTIONS
Case management in ED of High Volume Service Users (HVSU)	**DEVELOP HVSU SERVICE** Identify possible funding streams for HVSU service in ED at NUH and SFHT. Develop a business case for HVSU service/post that can be used for NUH and SFHT, with key links to community services and the ICMS and in hospital staff and services Explore options for reshaping current service redesign at SFHT and NUH Agree HVSU job specification with ED and organisations involved. Monitoring and evaluation of impact of HVSU service to be fed back via reporting to the Alcohol pathways group.

APPENDIX I

Key documents regarding 'what works' for substance misuse

There is a large body of evidence and research relating to 'what works' for substance misuse treatment. National policy outlines the strategy and direction of substance misuse treatment focus and delivery, such as Drug Strategy 2010 - Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life (HM Government, 2010) and The Government's Alcohol Strategy (HM Government, 2012). Key documents are outlined below.

Young People:

- A public health approach to promoting young people's resilience 2016 (Association for Young People's Health 2016)
- International Standards on Drug Use Prevention (United Nations Office on Drugs and Crime 2015)
- YoureWelcome_RefreshedsStandards.pdf (youngpeopleshealth.org.uk) Specific guidance in relation to ensuring services are designed to be young people friendly, welcoming and accessible. Refreshed 2017.
- Practice standards for young people with substance misuse problems (CCQI, 2012): These standards bring together guidance based on the available evidence and emphasise the need for a sensitive, non-judgemental and collaborative approach to identifying risk, assessing all needs, and offering help and support.
- There is a strong evidence base for safeguarding and child protection, placing great emphasis on the importance of multi-agency working and information sharing and building upon existing individual and family strengths to increase resilience and protective factors. The below are key national safeguarding and child protection documents:
    - The Munro Review of Child Protection: A child-centred system (DfE, 2011)
    - Hidden harm report on children of drug users (ACMD, 2011)
    - Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2013)
    - Signs of Safety in England - An NSPCC commissioned report on the Signs of Safety model in child protection (NSPCC, 2013)
- Evidence-based approaches to working with children and young people include:
    - Issues in Earlier Intervention - identifying and supporting children with additional needs (Department for children, schools and families, 2010)
    - Every child matters (HM Government Green Paper, 2003)
    - Five Ways to Wellbeing (the new economics foundation, 2008)
- College Centre for Quality Improvement – Practice Standards for Young People with Substance Misuse Problems (2012)
- Institute of Alcohol Studies – Children, adolescents and underage drinking factsheet (2013)

- National Treatment Agency for Substance Misuse – Moves to provide greater protection to children living with drug addicts (2009)
- National Treatment Agency for Substance Misuse – The Role of CAMHS and Addiction Psychiatry in Adolescent Substance Misuse Services
- NICE – Alcohol-use disorders: preventing harmful drinking (2010)
- NICE – Drug Use Disorders (2012)
- NICE – Interventions to reduce substance misuse amongst vulnerable young people (2007)
- NICE - Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings CG120 (2020)
- NICE - Coexisting severe mental illness (psychosis) and substance misuse: community health and social care services NG58 (2020)
- NICE – Reducing Substance Misuse among Vulnerable Children and Young People Overview (2014)
- NICE – School based interventions on alcohol (2007)
- NICE – Tackling Drug Use (2014)
- NICE- Drug misuse prevention: targeted interventions NG64 (2017)
- Public Health England – Specialist Substance Misuse Treatment for Young People in England 2013-14 (2015)
- Public Health England – The International Evidence on the Prevention of Drug and Alcohol Use; summary and examples of implementation in England (2015)
- Public Health England – Young People's Hospital Alcohol Pathways; support pack for A&E departments (2014)
- Young People's Health Partnership – Young People and Substance Misuse (2015)

Alcohol

There is a body of evidence around effectiveness in alcohol interventions including new guidance published by the National Institute for Health and Clinical Excellence:

- NICE public health guidance 24 (2010): Alcohol-use disorders: preventing the development of hazardous and harmful drinking. This guidance covers the prevention and early identification of alcohol-use disorders among adults and adolescents. Its recommendations cover:
    - licensing practices
    - supporting children and young people aged 10-15
    - appropriate screening and treatment for 16-17 year olds
    - appropriate screening and treatment for adults

- NICE clinical guideline 100 (2010): Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications. This guidance covers key areas in the investigation and management of the following alcohol-related conditions in adults and young people (aged 10 years and older):
    - Acute alcohol withdrawal, including seizures and delirium tremens;
    - Wernicke's encephalopathy;
    - Liver disease;
    - Acute and chronic pancreatitis.

- NICE clinical guideline 115 (2011): Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. This guidance covers principles of care, identification and assessment and interventions for alcohol misuse.
- NICE Quality Standard for Alcohol (2011): The alcohol dependence and harmful alcohol use quality standard defines clinical best practice within this area. It covers the care of children (aged 10-15 years), young people (aged 16-17 years) and adults (aged 18 years and over) drinking in a harmful way and those with alcohol dependence in all NHS-funded settings. It also includes opportunistic screening and brief interventions for hazardous and harmful drinkers.
- Review of the effectiveness of treatment for alcohol problems *Raistrick et al 2006*: This outlines the evidence base for screening, brief interventions, less-intensive alcohol treatments, specialist treatment, detoxification and self-help.
- NICE guidance PH7 for alcohol: This guidance on school based interventions on alcohol describes the role of schools in education and brief advice to prevent alcohol misuse. It is currently being reviewed and is due to be published in August 2019.

Other key guidance documents include:

- Models of Care for Alcohol Misusers (DH 2006): This provides best practice guidance for health organisations in delivering an integrated local treatment system and sets out a tiered approach for alcohol interventions
- Signs for improvement: Commissioning interventions to reduce alcohol-related harm (DH 2009): This publication describes how organisations should be commissioning interventions to reduce alcohol-related harm. It includes some evidence base for the 7 high impact changes
- Alcohol Public Health Burden Evidence Review (Public Health England, 2016)

Drug Use (Adults)

- Commissioning for recovery: drug treatment, reintegration and recovery in the community and prisons (NTA, 2010)
- Department of Health guidance *Drug Misuse and Dependence: UK Guidelines on Clinical Management* (Department of Health, 2007)

- Building Recovery in Communities: Public Health England 2012
- A Summary of the Health Harms of Drugs, (Department of Health, 2011)
- Hepatitis C: guidance, data and analysis (PHE 2013)
- Improving Access to Mutual Aid: Public Health England 2014
- A Guide to Community-centred Approaches for Health and Wellbeing: Public Health England 2015
- Five Ways to Wellbeing (the new economics foundation, 2008)

NICE clinical guidelines such as:

- Drug Misuse: Psychosocial Interventions
- Drug Misuse: Opioid Detoxification
- Drug Misuse: methadone and Buprenorphine
- Public Health Guidance on Needle and Syringe Programmes *http://www.nice.org.uk/guidance/cg/published/index.jsp?p=off*

National policy and frameworks set the context within which substance misuse is tackled in Nottinghamshire. There is a focus on early intervention for young people and on achieving and sustaining recovery from substances for adults, with a strong focus locally on safeguarding and child protection. NICE guidelines are embedded within commissioned services and contracts.

APPENDIX J

Substance misuse services and their contribution to other PHOF outcomes:

There are many factors that influence public health over the course of a lifetime. They all need to be understood and acted upon. Integrating public health into local government is allowing that to happen – services will be planned and delivered in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution (ref). The framework focuses on two high-level outcomes which span across the whole public health system and beyond. These are:

- Outcome 1: increased healthy life expectancy;
- Outcome 2: reduced differences in life expectancy and healthy life expectancy between communities.

In addition, the PHOF comprises a set of supporting indicators to cover the full spectrum of what Public Health represents and work towards. These indicators are grouped into four domains:

- improving the wider determinants of health;
- health improvement;
- health protection;
- healthcare public health and preventing premature mortality.

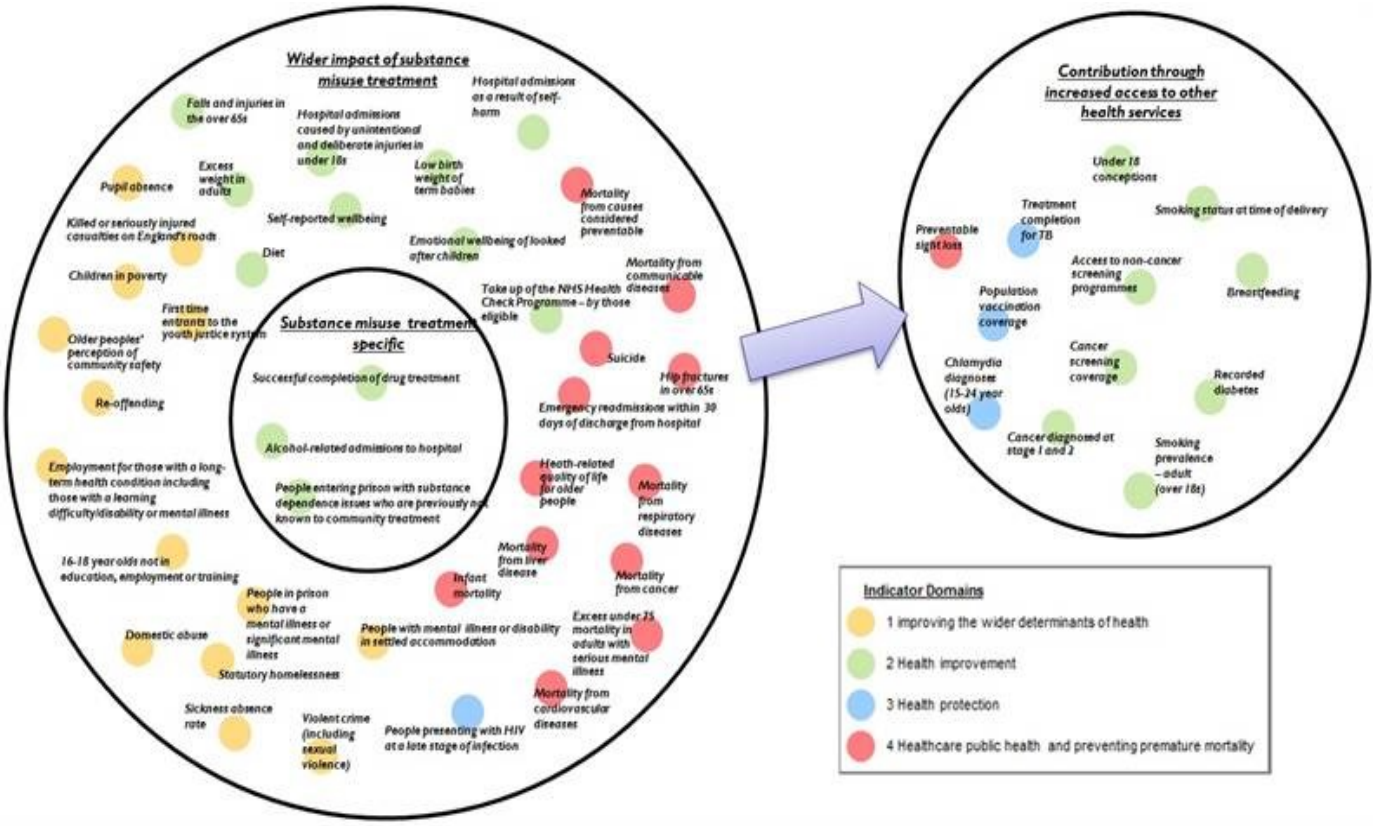
In this context, timely access to substance misuse treatment is one way of reducing health inequalities across many of Public Health indicators because it:

- Supports Public Health Outcomes Framework (PHOF) vision:
    - To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

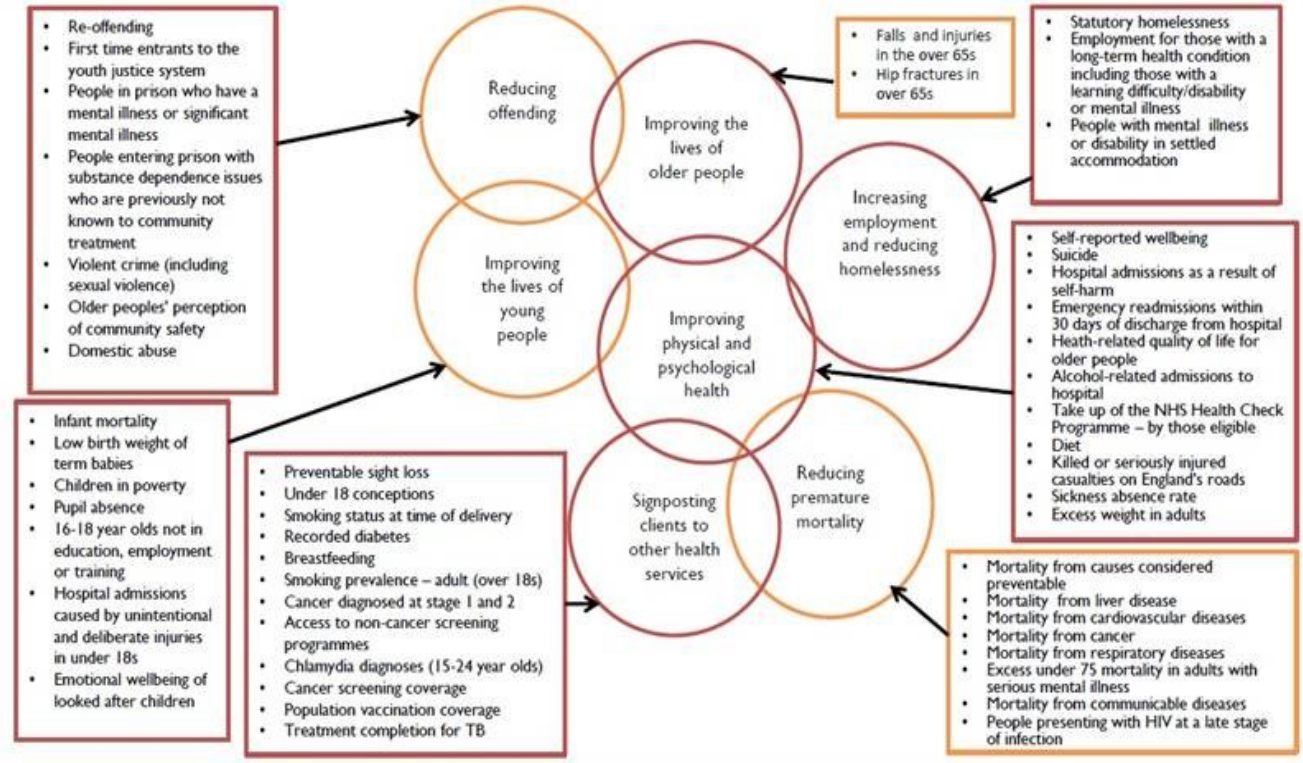
- Impacts directly on both of the PHOF outcomes:
    - Increased life expectancy
    - Reduced differences in life expectancy and healthy life expectancy between communities.

- Contributes to many of the outcome indicators:
    - Substance misuse treatment contributes to over half of the PHOF outcome indicators (ref).

In addition to the 3 substance misuse-specific PHOF indicators, effective substance misuse services contribute to the following non-substance misuse-specific PHOF indicators:



The indicators to which substance misuse services contribute naturally cluster into 7 overlapping themes:



This demonstrates that commissioning effective substance misuse services contributes towards many positive health and wellbeing outcomes in the local community.

Evidence of how substance misuse impacts on other public health outcomes is detailed below:

1 Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators	Evidence
1.5 16-18 year olds not in education, employment or training	16-18 year olds not in education, training and employment (NEET) are more likely to engage in drug abuse and have physical and mental health problems. Of those entering services in 2011-12, 20% were not in education or employment.[8] Data indicates that specialist interventions could potentially reduce the proportion of young people that are NEET by 6.5%. Using estimates of the lifetime cost of being NEET, a 6.5% reduction in the proportion that are NEET leads to a total lifetime benefit for young people of the equivalent to £6,590 per person. [9,10] For instance 13% of 16 to 18 year old non-participants in education and employment are dependent on alcohol compared with 5% of participants[11] and 77% of under 18s treated for substance misuse dependence in 2011-12 completed treatment and overcame their dependence.[12]
1.6 People with mental illness or disability in settled accommodation	A significant association between mental illness and drug addiction is well evidenced.[13] Many people come into drug treatment with no fixed abode , but the housing situation of those who receive drug treatment improves (see 1.15). [14,15,16]
1.7 People in prison who have a mental illness or a significant mental illness	A strong association between mental illness and drug addiction is well evidenced. [17] Treating someone's drug addiction and mental illness which can reduce the people's offending[18] which is a associated with their mental illness and/or drug use and therefore their likelihood of going to prison.
1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	A significant association between mental illness and drug addiction is well evidenced. [19] Drug treatment is associated with an increase in the number of days worked. [20]
1.9 Sickness absence rate	Lost productivity due to alcohol is estimated to be £7.3bn a year.[21] The International Labour Organisation estimates that, globally, 3-5% of the average workforce are alcohol dependent, and up to 25% drink heavily enough to be at risk of Dependence.[22] Up to 17m working days are lost annually due to alcohol-related absence.[23] Effective alcohol treatment is known to reduce alcohol dependence which could then have a knock on effect on sickness absence.

Indicators	Evidence
1.10 Killed or serious injured casualties on England's roads	There are 430 deaths and 1600 serious injuries every year which are attributable to drink driving [24] and in 2010, impairment by drugs (both illicit and medicinal) was reported as a contributory factor in 1,094 casualties, including 51 deaths. [25] Alcohol Related Road Traffic Mortality is part of the Local Alcohol Profiles for England.
1.11 Domestic abuse	There is a strong association between domestic violence and drug and alcohol abuse.[26,27] 92% of domestic abuse assailants reported use of alcohol or other drugs on the day of the assault, according to a recent JAMA report.[28] Some studies also suggest that people are more likely to be victims of domestic abuse if they use alcohol[29] and that victims of domestic abuse are more likely to misuse substances.[30] It makes sense therefore that substance misuse treatment can be one of the factors that help to reduce the incidents of domestic violence.
1.12 Violent crime (including sexual violence)	Violence connected to the drug market is significant, including gang related violence and robbery.[31,32] A minimum of 1 in 5 people arrested by police for violent crime test positive for alcohol.[33] An All Party Group of MPs investigating alcohol and crime[34] was advised by the British Medical Association that alcohol is a factor in: 60-70% of homicides; 75% of stabbings; 70% of beatings; and 50% of fights and domestic assaults . Treatment reduces offending behaviour and sustains this change.[35,36,37]
1.13 Re-offending	Drug and alcohol related crime is estimated to cost £25bn a year. [38,39] Structured treatment reduces offending behaviour and sustains this change. [40,41,42] Drug treatment prevented an estimated 4.9m crimes in 2010-11.[43,44]
1.15 Statutory homelessness	Between $^1/_3$ and $^2/_3$ of homeless people have a drug addiction.[45] Outcomes research has suggested that 64% of those entering drug treatment as NFA are housed during treatment.[46]
1.19 Older people's perception of community safety	Drug related acquisitive crime is a significant problem (see 1.13) which can potentially impact on older people's perception of community safety. Reductions in violence, burglary, robbery and other crimes as a result of drug treatment may improve older people's sense of security within their communities. As could the reduction in visible drugs markets, e.g. drug dealing and prostitution and alcohol related crime and anti social behaviour.

2 Health Improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators	Evidence
2.1 Low birth weight of term babies	Drug and alcohol use may be associated with risk factors for low birth weight of term babies.[47, 48] 10% of children of alcohol-dependent mothers suffer from foetal alcohol effects.[49] Effective alcohol treatment is known to reduce alcohol dependence which could in turn could prevent low birth weight of term babies.
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	There were 24,673 alcohol related admissions for under 18 years olds in 2010-11.[50] Treating young people can potentially reduce hospital admissions for under 18s. Of the 130 serious case reviews relating to children (some of which would involve injuries) under one in England and Wales (Jan 2008 – Sept 2011), substance misuse was a factor in at least 46 cases.[51] Treating parents can have an impact on family wellbeing which may reduce the likelihood of child abuse and accidents in children.
2.8 Emotional wellbeing of looked-after children	7% of all young people who are receiving young peoples' specialist substance misuse interventions are looked after children.[52] A CAMHS review suggested that parental substance misuse and criminality are a risk factor for looked-after children developing diagnosable mental health problems.[53] We know from the Treatment Outcomes Profile (TOP) that the mean psychological health score for young people increased by 22% during treatment.[54] From Oct 2013 changes in young peoples' emotional wellbeing will be collected on National Drug Treatment Monitoring System (NDTMS).
2.10 Hospital admissions as a result of self-harm	A significant proportion of self harm is associated with drug use[55] and alcohol use. Drug treatment improves wellbeing and reduces incidents of self harm.[56] RCPSYCH state that the risk of suicide is higher if people are depressed, or have a serious mental illness and use drugs or alcohol when they are upset. Intentional self harming is recorded as an alcohol related hospital admission - please see indicator 2.18.
2.15 Successful completion of drug treatment	The number of people successfully completing treatment is increasing year on year. [60,61]

Indicators	Evidence
2.11 Diet	When people are regularly misusing drugs it can effect their diet. People may eat less often and eat more unhealthy food. Treatment can help people to recover from their dependency[57] and when they do so their interest in eating more frequently and healthily can increase. [58]
2.12 Excess weight in adults	Body Mass Index (BMI) of individuals who drink alcohol may be related to how much, and how often, they drink, according to a new study by researchers at the National Institutes of Health's National Institute on Alcohol Abuse and Alcoholism (NIAAA).[59] This can contribute to excess weight in adults. Alcohol treatment could therefore be associated with a reduction in excess weight in adults.
2.16 People entering prison with substance dependence issues who are previously not known to community treatment	Improved access to drug treatment ensures that an increased number of offenders entering prison and the secure estate are previously known to community treatment.
2.18 Alcohol related admissions to hospital	The evidence suggests that a dependent drinker costs the NHS twice as much other drinkers and that the largest and most immediate reduction in alcohol-related admissions can be delivered by intervening with this group through the provision of specialist treatment.[62,63]
2.22 Take up of the NHS Health Check programme - by those eligible	The Alcohol Strategy (2012) states: *The Department of Health will include alcohol identification and any subsequent brief advice needed within the NHS Health Check for adults from age 40 to 75 for the first time from April 2013.* This is direct identification of alcohol harm and provision of alcohol brief advice and onward referral where necessary.[64]

Indicators	Evidence
2.23 Self-reported wellbeing	Structured substance misuse treatment programmes and subsequent abstinence improves psychological wellbeing and reduces symptoms in those with psychiatric disorders.[65, 66] Accessing drug & alcohol treatment improves access to and effectiveness of mainstream mental health and psychological therapy services.[67]
2.24 Falls and injuries in the over 65s	RCPSYCH notes: balance gets worse with age - even a small amount of alcohol can make you more unsteady and more likely to fall. Alcohol and substance misuse appears to be on the increase in older adults and this may be a contributing factor to falls and injuries in this age group.[68] Effective alcohol treatment is known to reduce alcohol dependence which could then have a knock on effect in reducing falls and injuries in the over 65s.

3 Health protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators	Evidence
3.4 People presenting with HIV at a late stage of infection	Substance misuse carries a risk of HIV infection.[69,70] This has been significantly reduced in the last 20 years due to harm reduction methods used during substance misuse treatment programmes, including needle and syringe provision and opioid substitution treatment.[71,72] HIV-positive injecting drug users who are aware of their status are known to report less risky behaviours than those untested or not infected. [73,74]

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

Indicators	Evidence
4.1 Infant mortality	Among term infants, intake of at least 4 drinks of alcohol per week or binging on 3 or more occasions during pregnancy are associated with an increased risk of infant mortality, especially during the post neonatal period. Reducing alcohol consumption in pregnancy can reduce infant mortality.[75] Effective alcohol treatment is known to reduce alcohol dependence which could in turn reduce infant mortality.[76]
4.3 Mortality from causes considered preventable.	The majority of preventable causes of death (as considered by WHO) are associated with substance misuse.[77] Problematic alcohol use associated with many preventable chronic health problems (therefore treatment potentially lessens this) e.g. liver disease, cardio vascular illnesses, diabetes, gastric disorders. *Systematic reviews estimate annual death rates from opioid misuse of about 1%, which is more than 10 times that of the general population and contributes more than 10% of adult mortality.* Substance misuse treatment can reduce mortality risk. [78] For instance over 300 deaths were estimated to be prevented by drug treatment in 2010-11 with a value of life of over £500m.[79]
4.4 Mortality from all cardiovascular diseases (including heart disease and stroke)	Prolonged misuse of alcohol and other substances is thought to be a predictive factor associated with cardiovascular diseases. [80,81] Treatment may reduce this. Hypertension is recorded as an alcohol related hospital admission - please see indicator 2.18.
4.5 Mortality from cancer	Substance misuse, in particular alcohol, has been implicated as a causal factor associated with several types of cancer.[82] This figure may reduce with treatment. Certain cancers are recorded as an alcohol related hospital admission - please see indicator 2.18.
4.6 Mortality from liver disease	*Liver disease causes approximately 2% of all deaths in England. While other major causes of death are falling, the number of people who die from liver disease is rising and younger age groups are disproportionately affected.*[83] 37% liver disease deaths are alcohol induced and this is increasing in the UK,[84-89] 3% viral hepatitis.[90,91] Heroin, inhalants and steroids can also cause liver damage.[92] Substance misuse treatment can improve the health of patients and save the NHS money.[93] Alcoholic liver disease is recorded as an alcohol related hospital admission - please see indicator 2.18. Increasing treatment of hepatitis C positive current or ex-injectors is clinically effective and cost-effective[94,95], and so would be likely to impact on rates of end-stage liver disease related to hepatitis C, which are increasing.[96]

Indicators	Evidence
4.7 Mortality from respiratory diseases	Substance misuse can lead to a number of respiratory diseases and complications. [97,98] Treatment of drug addiction may reduce the effects on the respiratory system.
4.8 Mortality from communicable diseases.	Infectious diseases such as HIV, hepatitis B and C, and tuberculosis are associated with drug use. Blood-borne viruses are one of the primary causes of mortality in injectors. [99] Treatment services have well developed BBV screening which should mean more timely detection and treatment of HIV and Hep infections. Improved self-care and harm reduction education is likely to have an impact on the frequency of communicable diseases and the subsequent improved health may reduce mortality. [100]
4.9 Excess under 75 mortality in adults with serious mental illness	A significant association between mental illness and drug addiction is well evidenced. [101] Substance misuse treatment can reduce mortality risk. [102]
4.10 Suicide	41% of suicides are associated with alcohol misuse,[103] 7% with drug use.[104] RCPSYCH state that the risk of suicide is higher if a young person: is depressed, or has a serious mental illness is using drugs or alcohol when they are upset.[105] Accessing drug & alcohol treatment improves access to and effectiveness of mainstream mental health and psychological therapy services[106] and can therefore potentially reduce suicide.
4.11 Emergency readmissions within 30 days of discharge from hospital	Alcohol treatment, especially hospital based services should help reduce rates of readmissions for patients with alcohol related hospital admissions.[107] DH estimates that homeless people are often discharged too early and use 4 x more acute and 8 x more inpatient health services than the general population.[108,109] There is a strong association between homelessness and substance misuse. This may be reduced with substance misuse treatment.

Indicators	Evidence
4.13 Health related quality of life for older people	Structured substance misuse treatment programmes improve health and subsequent abstinence improves psychological wellbeing . It was estimated that the NHS saved £230m in 2010-11 due to substance misuse treatment.[110] The Drug Treatment Outcomes Research Study (DTORS) found clients' quality of life rating improved when they were in treatment. [111] If people's dependence on drugs and alcohol is addressed when they are younger, they will have better health related quality of life when they are older.
4.14 Hip fractures in over 65s	RCPSYCH notes: balance gets worse with age - even a small amount of alcohol can make you more unsteady and more likely to fall. Alcohol and substance misuse appears to be on the increase in older adults and this may be a contributing factor to falls and injuries in this age group.[112] Effective alcohol treatment is known to reduce alcohol dependence which could then have a knock on effect in reducing falls and injuries in the over 65s.