

Lincolnshire Drug and Alcohol Core Priority Group (Partnership) Needs Assessment

Introduction

All drug use increases the risk of harm – to the individual, those around them, and to wider society. Drug misuse includes illegal substances such as cannabis, cocaine and heroin, as well as the misuse of legal substances such as prescription and over-the-counter medications. Alcohol is also a drug, and alcohol misuse is a significant problem which generates physical, psychological and social harm to those misusing this legal drug and those around them. Drug and alcohol harm is multi-faceted, and every drug (including alcohol) has a different harm profile.

People initially experiment with drugs or alcohol for a variety of reasons: out of curiosity, because of peer pressures or rebelliousness. Initial experimentation typically occurs at a young age, and up to half of young people may have experimented with illegal drugs or solvents by the time they are 16. People continue to use drugs for a wide range of reasons, including to relax, to become intoxicated, for pleasure, for escapism, to lose inhibitions, to enhance socialising and other activities, to self-medicate and relieve pain, to improve mood or, in some cases, to relieve cravings linked to dependence. Poverty, unemployment and social deprivation are particularly significant factors that contribute to more risky patterns of substance use. People with pre-existing mental health conditions, including anxiety and depression, are particularly at risk ([RSPH, Taking a New Line on Drugs, 2016](#)).

For the individual, the possible impacts of drug and alcohol use include dependence, a wide range of physical and psychological health impacts (such as cancer, cirrhosis, heart disease, psychosis, paranoia and self-esteem issues), and premature death. Drug and alcohol use is also linked to the loss of relationships and tangibles such as housing and employment. For the user's family and friends, there is a risk of injury through a range of mechanisms such as foetal harm, transmission of blood borne viruses, domestic violence and road crashes. And for wider society there is harm from crime, economic costs (such as healthcare costs and loss of workforce productivity) and disruption to community cohesion ([Nutt et al. 2010](#)). For all these reasons and more, tackling drug and alcohol misuse is a local priority in Lincolnshire.

Contributing Assessments

Four sets of analyses have informed this summary needs assessment for Lincolnshire:

1. The Lincolnshire Joint Strategic Needs Assessment (Appendix 1)
2. [Local Alcohol Profiles for England](#) (Lincolnshire)
3. Lincolnshire's Drug Market Profile (Appendix 2)
4. Community Safety Strategic Needs Assessment (Appendix 3)

National Policy

For an overview of national and local policy relevant to drug and alcohol misuse in Lincolnshire, please see Appendix 1.

Local Data

Demographic and Socio-economic Data

The resident population of Lincolnshire was 768,400 in the 2021 Census ([PHI Team, 2022](#)). Women make up 51% of the population of Lincolnshire, and men 49%. The population is aging, with 23.4% of the population aged 65 and older in 2021 and 15.6% under 15 years old. Lincolnshire is a large, rural county with one of the lowest population densities in England (1.29 versus 4.34 persons per hectare) ([LGA, 2022](#)).

The 2019 IMD ranks Lincolnshire 91st out of 151 upper-tier local authorities in England, where 1st is the most deprived ([IMD, 2022](#)). Levels of deprivation vary considerably across the county, influencing health needs and services requirements. The Lincolnshire towns of Skegness and Mablethorpe on the East Coast are amongst the 10% most deprived neighbourhoods in the country. In addition to the East Coast, there are concentrations of deprivation in the urban areas of Gainsborough, Lincoln, Grantham and Boston.

Vulnerable groups identified locally and a priority for drug and alcohol prevention and treatment include women and girls, care leavers, people in contact with the criminal justice system, and people who are rough sleeping or at risk of rough sleeping.

Prevalence of drug and alcohol use

- Most adults in Lincolnshire drink alcohol. 1 in 6 binge drink and 1 in 5 drink above the [CMOs low-risk guidelines](#). An estimated 6,936 are alcohol dependent.
- Demand for drugs is concentrated in Lincoln, Boston, Skegness, and Grantham. In total, there were an estimated 40,809 people using drugs, aged 16-59 in Lincolnshire in 2021.
- Cannabis is widely available and the drug of greatest demand in Lincolnshire.
- An estimated 1,400 people use crack, 3,241 opiates and 3,669 opiates and/or crack.
- Lincolnshire-specific prevalence data for alcohol or drug use in children is poor.

Treatment Engagement

- Around 11% of the estimated number of adults who are alcohol dependent in Lincolnshire access specialist treatment services. Alcohol treatment completion rates are below average. Fewer than a third of people in treatment in the last year completed successfully and did not re-present within 6 months.
- Only half of adult OCU in Lincolnshire are in contact with specialist treatment services. 4.8% of opiate clients successfully completed treatment and did not re-present within 6 months in the past year.
- Treatment access for some marginalised groups where data is available, such as the LGBTQ+ population, is comparable to the national average. Access for ethnic groups

in Lincolnshire overall is low, although it is much higher in Boston as we would expect from the demographics of the local population.

- In 2020/21 there were 148 young people in treatment in Lincolnshire. The majority of referrals are from Education or Children and Family Services. Most children in contact with the specialist service are using multiple substances; the 4 most common substances being used are cannabis (88%), alcohol (37%), cocaine (22%) and ecstasy (31%). The number of children accessing specialist treatment in Lincolnshire has declined in recent years.

Morbidity and Mortality

- Hospital admissions related to alcohol are significantly lower in Lincolnshire compared to the England average. However, some rates have worsening trends including alcohol-related and alcohol-specific hospital admissions for females, as well as admissions for mental and behavioural disorders due to the use of alcohol.
- Lincolnshire has significantly more road traffic accident casualties with failed breath test than the England average.
- Alcohol-specific mortality is significantly lower than the England average, and trending steady. Alcohol-related mortality is also comparable to the national average.
- In Lincolnshire the death rate from drug misuse is significantly worse than the England average for both males and females. The number of deaths in treatment is also higher than expected in Lincolnshire and it is unclear what is driving this increase. Possible explanations include the aging cohort of those using drugs, new trends in taking specific drugs alongside heroin or morphine which may increase the risk of an overdose, and increased cocaine use.

Drug-related and Alcohol-related Crime

- Alcohol is a factor in 44% of night-time offences, and drugs are a factor in 7%.
- Domestic, acquisitive and especially serious violent crimes are much more likely to have alcohol or drugs as factors in the offence.
- Alcohol-related crime is most common in Skegness, Ingoldmells and Chapel St Leonards, Boston and Lincoln, North Hykeham and Waddington.
- In 2020, Lincolnshire Police recorded 1750 drug offences, with over two-thirds relating to possession and just under one-third to the supply, production, and import of drugs.
- Drug-related crime is most common in Lincoln, North Hykeham and Waddington, Skegness, Ingoldmells and Chapel St Leonards, and Horncastle.
- In 2021 there were 19 active Organised Crime Groups (OCGs) within the Force area, of which 14 were linked to drug supply.
- Analysis of the drugs supply market suggest that it is highly resilient and adaptable. As a result, efforts to disrupt supply are unlikely to have significant impact on drug misuse.

- In the year to August 2022, 16 young people in Lincolnshire received an alcohol-related criminal conviction (e.g., drunk and disorderly or motoring offences)¹.
- Among young people in Lincolnshire, there were 103 convictions for drug-related offences (e.g. possession, possession with intent to supply, cultivation and driving offences) in the year to August 2022. In addition, 41 drug-related offences were managed through the [Joint Diversionary Panel](#) (a partnership between Lincolnshire Police and Lincolnshire Children's Services, which looks at preventing children and young people from formally entering the Youth Justice System, where possible) over the same period.

Wider Harms

There are a range of other harms that will be experienced in Lincolnshire, but we have limited local data available to inform this JSNA; for example, financial challenges, relationship breakdown, domestic abuse, child neglect.

Summary and Recommendations

The assessment of local intelligence has identified the following areas for priority focus of the Drug and Alcohol Partnership:

- Risky alcohol consumption (including binge drinking and dependent drinking) is common in Lincolnshire. Alcohol is a significant contributor to hospital admissions, poor health outcomes, and wider negative societal factors (e.g. crime), and so prevention and treatment for alcohol should be a local priority.
- Drug use is common across Lincolnshire, but demand is concentrated in Lincoln, Boston, Skegness, and Grantham. In contrast, drug-related crime is most common in Lincoln, North Hykeham and Waddington, Skegness, Ingoldmells and Chapel St Leonards, and Horncastle. We should ensure a targeted approach to prevention in these communities.
- The causes of addiction are often deep-rooted and so require specialised treatment based on individual needs. Treatment and recovery service should continue to reflect this complexity and build on the evidence base to ensure high quality specialist support is available across Lincolnshire.
- In many domains, data on drugs and alcohol is limited. Lots of agencies do hold data on a part of the picture and sharing this data to develop a more comprehensive understanding of local need will be important to drive forward an intelligence-led approach to prevention and treatment.
- Referral processes to be clear and more robust, to ensure all agencies having contact with those affected by substance misuse can effectively direct those in need to the most suitable support service.

¹ This represents the tip of the iceberg as many young people are convicted of offences where alcohol use influenced their behaviour but is not recorded in their conviction.

- Many people have co-existing drug or alcohol problems and mental ill health – known as dual diagnosis. This cohort require a more specialised treatment offer, and collaboration will be vital to make this happen.

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Appendix 1: JSNA Drugs and Alcohol Misuse

Unavailable

Appendix 2 – Lincolnshire’s Drug Market Profile

Available upon request

Appendix 3 – Strategic Assessment for Community Safety and Safeguarding

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