

Lincolnshire Alcohol and Drug Strategy

2014 – 2019

Foreword

Alcohol and drug misuse is the cause of many health and social problems and can devastate families and communities. It is a significant driver of crime and anti-social behaviour in our county and the cost to the local economy is significant.

The vision of the strategy highlights the need to integrate with our partners in order to educate, prevent, treat and reduce the health, social and economic harms of alcohol and drug misuse. Lincolnshire has a history of providing quality alcohol and drug treatment services and is currently a pilot area for the Payment by Results model. The strategy has a focus on prevention and highlights the importance of effective partnerships, as reflected in each theme of the strategy and the associated delivery plans.

As Director of Public Health and Chair of the Lincolnshire Substance Misuse Strategic Management Board, I commend this strategy to you for your views, commitments to action and cooperation in our approach to reducing the harm from alcohol and drugs in Lincolnshire.

Dr Tony Hill

Executive Director of Public Health and Chair Lincolnshire Substance Misuse Strategic Management Board

Lincolnshire County Council

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Glossary

Counterfeit	Products that are not produced following recommended guidelines, including alcohol and controlled drugs
Illegal	Products that cannot be legally produced or sold in the UK as defined in the Misuse of Drugs Act
Illicit	Products sold where sufficient tax and duty has not been paid
New Psychoactive Substances	Official term for 'legal highs'

1. Executive Summary

The majority of people who drink do so in a responsible way, but too many people still drink to excess. This strategy establishes Lincolnshire's alcohol and drug related strategic vision and key objectives for the next five years. It sets out a programme of cross-cutting work that can only be achieved in successful partnership. The key focus is to reduce the harm, or potential harm, that misusing alcohol and drugs has on the individual, their family and the wider community. Education and information needs to be easily available, ensuring that those requiring treatment are supported to recover effectively.

This strategy comprises three main themes:

- Promoting responsible drinking and preventing alcohol and drug related harm
- Tackling alcohol and drug related crime and anti-social behaviour
- Delivering high quality alcohol and drug treatment systems

Underpinning these themes is the need to generate a culture shift, which promotes a positive change in the attitude and behaviours towards alcohol harm and drug misuse. We need to support a change in the public's attitude by supporting and encouraging more responsible drinking. We need to increase awareness and understanding in order to empower and enable individuals to make more positive choices about the role of alcohol in their lives. We also need to assist a change in the attitudes of those who are, or at risk of misusing alcohol and drugs by raising awareness of the implications misusing has on all levels. Including the health risks associated with the alcohol and drug itself, the consequences using can have on education, employment, relationships and housing and the impact the environment where the individual is misusing can have.

The strategy has a population-wide focus, including children, young people¹ and adults; whether they are consuming alcohol or drugs themselves or whether they are affected by other people using these substances. The strategic focus is on prevention and harm reduction, whilst continuing to improve the treatment services available. There is a strong desire to improve diversionary activities and to strengthen collaboration between agencies, including improving support for those with dual diagnosis. As such, it is believed that a corresponding realignment of alcohol and drug related funding will be required, in order to effectively implement and develop new strategic aims and objectives.

Furthermore, the strategy relies upon a commitment from our partners in terms of continued support, joint collaboration and, where necessary, funding. Integration of the findings contained within the Lincolnshire Health and Care Programme is also fundamental in achieving the aims and objectives of this strategy; the review aims to design a future model of care that will allow the Lincolnshire health and social care system to deliver high quality services within a sustainable financial model. The principles of the review include 'keeping people engaged and informed' and 'prevention is better than cure'. It is recognised that the ongoing work of the

¹ For the purpose of the document, young people are those under 18 years of age

Lincolnshire Health and Care Programme will impact on the future delivery plans of this strategy.

Our Vision

"Connect and integrate partnership agencies to educate, prevent, treat and reduce the health, social and economic harms, alcohol and drug misuse causes to individuals, families and wider communities in Lincolnshire"

2. Introduction

This strategy supports the Lincolnshire Joint Health and Wellbeing Strategy priority to 'support people to drink alcohol sensibly', within the promoting healthier lifestyles theme. Reducing alcohol harm and drug misuse is also a key priority for Lincolnshire's Community Safety Partnership, reflecting the impact on communities that the misuse of alcohol and drugs can have. Encouraging responsible drinking and reducing the level of alcohol and drug related issues will also contribute towards a healthy and stable economy within Lincolnshire, through the reduction in wider healthcare and criminal justice related costs² associated with the negative consequences of alcohol and drug misuse.

2.1 Value for Money

The National Institute for Health and Care Excellence (NICE) estimates that the costs associated with alcohol misuse for the NHS are £3.5 billion per year, crime £11 billion per year and costs due to lost productivity are £7.3 billion per year.³ Alcohol costs to the healthcare system in Lincolnshire are estimated to be £41.6 million in 2010/11, equating to £72 per adult.⁴ This can be broken down to £8.1 million for attendances at A&E, £25.5 million for inpatient hospital admissions and £8 million for outpatient hospital visits.

The Public Health England Local Value for Money Tool⁵ illustrates that in Lincolnshire in 2012/13 for every £1 spent on the local treatment system, £5.01 was gained in benefits. Additionally, the estimated cost if no opiate or crack cocaine users were treated for their addiction would have been £28 million, whereas the total estimated spend in real terms was £3.3 million, a difference of £24.7 million.

2.2 Partnership Working

Alcohol and drug issues and the associated positive outcomes that have already been achieved will be strengthened by continuing to make the best use of resources by working together across the public, private and voluntary sectors. By utilising

² Crimes related to drugs cost the UK around £13.3 billion every year,

<https://www.gov.uk/government/policies/reducing-drugs-misuse-and-dependence>

³ National Institute for Health and Care Excellence (NICE), Local Government Briefing: Alcohol, 2012

⁴ Alcohol Concern, Alcohol Harm Map, 2013

<http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map>

⁵ The tool enables commissioners and stakeholders to demonstrate their value for money since 2005-06 and to forecast different funding scenarios during the period between 2013-14 and 2015-16

innovative approaches to tackle alcohol harm and drug misuse we can ensure that Lincolnshire obtains the best value for money, whilst continuing to expand on the successes of our treatment services.

The strategy should therefore be embraced by all relevant local key stakeholders, including local authorities, criminal justice agencies, children's services, housing providers, employment and training services, GPs, hospital trust, fire and rescue, treatment providers, licensing and commissioners. Representatives of Safer Communities Lincolnshire, Lincolnshire Health and Wellbeing Board and the Substance Misuse Strategic Management Board (SM SMB) are also key stakeholders who will need to endorse this vision (Appendix A).

2.3 Objectives

The strategy aims to achieve the following objectives (Appendix B), in the community, workplace, business, retail and custody based settings by 2019 and relates to both adults and young people:

1. Reduce the health⁶, social⁷ and economic harms caused by alcohol harm and drug misuse, for both the individual user and wider society
2. Generation of a countywide shift in culture to promote positive alcohol lifestyle choices and a reduction in drug misuse⁸
3. Reduce the number of people drinking at harmful levels (Appendix C) and misusing drugs
4. Improve measures aimed at reducing access to counterfeit and illegally sold alcohol
5. Reduce the prevalence of alcohol and drug-fuelled crime
6. Reduce the number of safeguarding incidents where alcohol and drugs are cited by offering effective interventions
7. Reduce the availability of illegal drugs and reduce access to New Psychoactive Substances (NPSs)⁹
8. Reduce the availability and use of alcohol and drugs for people engaged with Criminal Justice systems¹⁰
9. Ensure those exiting treatment are free of alcohol and drug dependence, do not re-present at treatment services and are effectively reintegrated into society¹¹

⁶ Mental health, dual diagnosis, drug related deaths, blood borne viruses, alcohol related liver disease

⁷ Crime, anti-social behaviour, re-offending and domestic abuse rates

⁸ Underage drinkers, binge drinking incidents, drug users

⁹ Also known as 'Legal Highs'

¹⁰ Prison and secure units

The strategy will also aim to support a number of the outcomes of the Public Health Outcomes Framework (Appendix D).

3. Overview

3.1 National Context

The most recent Government Alcohol Strategy was published in March 2012. The strategy, produced by the Home Office, has a focus on the importance of preventing and reducing the impact of alcohol on crime and disorder, as well as health. In the year 2010/11 there were almost 1 million alcohol-related crimes¹² in England and Wales and 1.2 million alcohol-related hospital admissions. Alcohol has become one of the three biggest lifestyle risk factors for disease and death in the United Kingdom, after smoking and obesity.

The Government's Alcohol Strategy highlights the changes in behaviour regarding the purchasing and consumption of alcohol. Over the past 40 years alcohol consumption has doubled, with a significant increase in drinking at home. Sales from supermarkets and other off licences now account for nearly half of the amount of alcohol sold in the UK¹³.

NICE released a local government public health briefing on alcohol in October 2012 which recommended that local authorities could, through working in partnership, take a number of actions¹⁴. The briefing highlights that, in a two-tier system such as Lincolnshire, responsibilities would be shared between the County Council and the seven Local Authority Districts:

County Council:

- Enforce laws on underage sales, as part of Trading Standards in partnership with Lincolnshire Police
- Have a role in promoting and advising people about sensible drinking, as part of the new responsibilities for Public Health
- Have responsibility for commissioning alcohol prevention and specialist treatment, as part of the new responsibilities for Public Health
- Have responsibility for the NHS Health Check which, from 2013, includes an assessment of how much someone drinks, as part of the new responsibilities for Public Health

¹¹ Access to sustainable employment and accommodation, improved relationships with family members, partners and friends, increased capacity to be an effective and caring parent

¹² Chaplin, R., Flatley, J. and Smith, K., Crime in England and Wales 2010/11, Home Office Statistical Bulletin 10/11, London: Home Office, Supplementary Table 7.11, 2011

¹³ Alcohol: Price, Policy and Public Health www.shaap.org.uk

¹⁴ National Institute for Health and Care Excellence, Local government public health briefing: Alcohol, 2012 <http://publications.nice.org.uk/alcohol-phb6/what-can-local-authorities-achieve-by-tackling-alcohol-misuse>

Local Authority Districts:

- Influence where and when alcohol is consumed or sold, as part of planning regulations
- Have an important role in ensuring licensed premises operate responsibly and collaborate to reduce alcohol related harm

Alcohol consumption¹⁵ has been identified as a risk factor for many types of violence including child abuse, youth violence, intimate partner violence, sexual violence and elder abuse. Around half of all violence in England and Wales is thought to be committed by individuals who are under the influence of alcohol (44% in 2010/11), while a fifth of all violent incidents occur in or around drinking premises. Individuals who commence drinking at an earlier age, who drink frequently and who drink in greater quantities are at an increased risk of involvement in violence as both victims and perpetrators. Importantly, alcohol has a dose responsive relationship with violence, with the acute risks of violence increasing with the amount of alcohol consumed.

In 2010 the Government published the strategy¹⁶ 'Reducing Demand, Restricting Supply and Building Recovery: Supporting People to Live a Drug Free Life'. This strategy aims to reduce illicit and other harmful drug use and increase the number of people recovering from their dependence. This represents a significant shift in emphasis, from getting people into treatment and keeping them there as a key priority, to focusing on improving the number of people who come off treatment.

The new strategy has a key focus on recovery. Recovery is the best way to summarise the positive benefits to physical, mental and social health that can happen when alcohol and other drug-dependent individuals get the help they need. This may mean help with managing money or debts, ability to access and sustain accommodation, employment and training or improving relationships with their family. For some it is building the capacity to become an effective parent. The strategy has three strands of work:

- Restricting supply
- Restricting demand
- Building recovery in communities

3.2 Local Context

Lincolnshire is a large, rural county with an estimated population of 718,800¹⁷ in 2012, around half (51%) of the population live in urban areas, and half (49%) live in rural areas. Between 2002 and 2012 Lincolnshire's population grew by 9.6%, above both the England (7.7%) and East Midlands (8.2%) averages. As a county, Lincolnshire offers a generally good quality of life for the majority of its residents. At

¹⁵ Department of Health, Protecting People, Promoting Health: A public health approach to violence prevention for England, page 30, 2012

<http://www.nwph.net/nwpho/Publications/Protecting%20People%20Promoting%20Health%20Web.pdf>

¹⁶ <http://www.parliament.uk/deposits/depositedpapers/2010/DEP2010-2217.pdf>

¹⁷ Office for National Statistics, Mid-Year Population Estimates, 2011

a lower geographical level however, pockets of severe deprivation do exist within the seven local authority districts, where high unemployment and poor standards of health represent major challenges for local individuals.

3.3 Alcohol Harm

The Lincolnshire Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy and Community Safety Agreement all highlight the risks of alcohol consumption (Appendix B) within Lincolnshire's communities:

- Hazardous (increasing risk) drinkers – over 106,000 people in Lincolnshire are estimated to be drinking at a level indicating an increasing risk to their health
- Harmful (higher risk) drinkers – estimates indicate that almost 25,000 people in Lincolnshire are in this category
- Dependent drinkers – it is estimated that over 17,000 people in Lincolnshire are in this group

Across Lincolnshire, it is estimated that 18.5% of adults regularly binge drink¹⁸ (regularly consuming over the double recommended sensible amount in one day). However, in Lincoln the data suggests that 24% of adults binge drink, above the regional average of 20.1%. Binge drinking can affect both physical and mental health, including accidents and falls, with alcohol being the biggest cause of accidents at home¹⁹. Binge drinking can also lead to anti-social, aggressive and violent behaviour.

The JSNA also highlights that the rates of hospital admissions for alcohol related harm (provisional data for 2012/13) across Lincolnshire is below the England average, however recent data suggests it has risen to be similar to the East Midlands average. Lincoln has significantly higher rates of admissions than elsewhere in the county, Boston is also above the national average. In addition, East Lindsey and South Holland have rates that are above the regional average.

3.4 Drug Misuse

Public Health England estimates that in 2009/10 there were 3,337 opiate and crack users (OCU) in Lincolnshire. Information provided by our treatment providers shows that during 2012/13 there were 1,750 problematic OCU clients in treatment across Lincolnshire and 263 non OCU clients. Of the total of 1,986 clients in 2012/13, 731 were new to treatment services that year. The number of people entering alcohol treatment during 2012/13 was 1,108, increasing from 845 in the 2011/12.

¹⁸ Local Alcohol Profiles for England, 2011

¹⁹ Institute of Alcohol Studies, Alcohol and Accidents factsheets - <http://www.ias.org.uk/resources/factsheets/accidents.pdf>

3.5 New Psychoactive Substances

New Psychoactive Substances (NPS) are an emerging threat, both in the UK and worldwide. NPS are drugs which are not currently controlled under the Misuse of Drugs Act 1971, but their effects are similar to illegal drugs, they are often referred to as 'legal highs'. The consequences for humans are often unknown, with a number of cases of hospitalisation and death after NPS ingestion.

For most of the last decade an average of four or five new 'legal' drugs have entered the drugs market each year. In recent years, NPSs have, at rapid speed, changed the nature of the global, national and local drugs market. They also have the potential to pose serious risks to public health and safety. Despite often being marketed as legal alternatives to controlled substances, users can have no certainty of the health risks that will arise from using them, nor the legal status of these substances.

3.6 Image and Performance Enhancing Drugs

During the past twenty years the use of steroids and other Image and Performance Enhancing Drugs (IPED) has become more widespread. Alongside this increase in use, there has been an associated rise in the number of infections and complications associated with IPED use. Research undertaken by Public Health England in 2013²⁰ with men using these drugs found that 1 in 10 had been exposed to one or more of HIV, hepatitis B or hepatitis C, suggesting that the transmission of blood borne viruses is common in this group.

4. Promoting Cultural Change

The majority of people who drink do so in a responsible way, but too many people still drink to excess. Alcohol and drug misuse has a major impact, not only on the individuals engaging with the behaviour, but also those who are immediately surrounding them and subsequently the wider community. The use of either legal or illegal alcohol or drugs can influence the wider determinants of health for the individual user, resulting in poor physical and mental health, increased risk of homelessness and lower levels of employment. In addition, consequences are experienced by their families and the wider community, including increased crime rates, anti-social behaviour and an increased fear of crime.

Partners were initially engaged at the end of 2012 to discuss what the strategy's key priorities should be and to agree the next steps for the development of the strategy (Appendix E). This has been further developed throughout 2013 and 2014 during discussions with a range of partners to develop the priorities in reducing alcohol harm and drug misuse across Lincolnshire and to identify the strategy's key themes:

1. Preventing alcohol and drug related harm
2. Tackling alcohol and drug related crime and anti-social behaviour
3. Delivering high quality alcohol and drug treatment systems

²⁰ Public Health England, 2013

Underpinning these themes is the need to promote a cultural change for both alcohol harm and drug misuse. To achieve this, a combination of population and individual targeted work will be developed. The whole population approach will be used in order to create an environment where lower risk drinking and not misusing drugs is the norm. This benefits society as a whole and targets individuals who may not otherwise be reached.

Support aimed at individuals can help make people aware of the potential risks they are taking (or harm they may be doing) at an early stage. This is important, as they are most likely to change their behaviour if tackled early. In addition, an early intervention could prevent extensive damage. Improving our understanding of the cultures of the different communities in Lincolnshire will also be a priority. Areas across Lincolnshire are experiencing increased levels of street drinking. In order to tackle this we need to understand the cultural norms of those engaging in this activity and support them to access relevant support agencies.

This approach will be challenging, reflecting the different methods required for the alcohol and drug agendas. Alcohol can be legally purchased by adults and is enjoyed responsibly by the majority of people, whilst tackling the drug agenda often involves illegal substances. In addition, problematic alcohol and drug misuse is one of many issues that key stakeholders are required to address as part of a competing agenda. In spite of this, it is hoped that the vision contained within this strategy can be integrated into the fabric of stakeholder operations, community groups and individuals to ensure that a positive, tangible change in the supply and use of alcohol and drugs is evidenced as the implementation of the strategy progresses.

5. Strategic Themes

5.1 Theme One: Promoting Responsible Drinking and Preventing Alcohol and Drug Related Harm

Objectives

- Reduce the health, social and economic harms caused by alcohol harm and drug misuse, for both the individual user and wider society
- Generation of a countywide shift in culture to promote positive alcohol lifestyle choices and a reduction in drug misuse
- Reduce the number of people drinking at harmful levels and misusing drugs

Why is this important?

The majority of people who drink do so in a responsible way, but too many people still drink to excess. The strategy has a range of harm reduction interventions aimed at both the whole population and target groups. This will help to reduce consumption across the population, resulting in reduced mortality, health and social care costs.

The promotion of positive and responsible behaviours around alcohol and drug misuse is crucial, enabling individuals to make informed choices. This is particularly

important for young people and those who may need information and support to make well-informed decisions around alcohol and drug use. This includes education around any subsequent behaviour that follows the consumption of alcohol or drugs, for example, offending, risky sexual behaviour, exclusion from school or termination of work and benefits. Aligned to this is the need to ensure individuals understand the consequences their alcohol and drug use can have on others, specifically the effects on children and young people viewing such activities.

How will this be achieved – Children and Young People

Work will be undertaken to ensure that a co-ordinated approach is used to develop alcohol harm and drug misuse education programmes across Lincolnshire. Alongside this, support will be available to education providers for the development of alcohol and drug policies and links to young people's treatment services, where relevant. In addition, a communications plan will be developed to ensure all partners have a unified approach to targeting young people engaging in risky behaviours.

How will this be achieved – Adults

Work will be undertaken to develop effective information and intelligence sharing across the partners, including the implementation of the Cardiff Model²¹ across Lincolnshire and the publication of a NPS strategy for Lincolnshire. Guidance will also be available for employers to develop and implement alcohol and drug employee policies. The alcohol element of the Making Every Contact Count (MECC) programme will be expanded to include support in raising the topic of alcohol consumption and a customer journey highlighting barriers to recovery for partners.

5.2 Theme Two: Tackling Alcohol and Drug Related Crime and Anti-Social Behaviour

Objectives

- Reduce the health, social and economic harms caused by alcohol harm and drug misuse, for both the individual user and wider society
- Improve measures aimed at reducing access to counterfeit and illegal alcohol
- Reduce the prevalence of alcohol and drug-fuelled crime
- Reduce the availability of illegal drugs and reduce access to New Psychoactive Substances (NPSs)

Why is this important?

Alcohol consumption is also a significant contributory factor in relation to a wide range of crime, disorder and anti-social behaviour for adults and young people, both as perpetrators and victims. Consumption of alcohol can lead to a lowering of inhibitions that can result in anti-social or violent behaviour having a negative impact on individuals, families and communities. Alcohol and drug misuse by young people can often be a precursor to causing youth nuisance within our communities.

²¹ Sharing of anonymous data between Emergency Departments and Community Safety Partnerships

Around 200,000 adults get help for drug dependency in England every year. Most are addicted to heroin or crack cocaine, or both, and many commit high-volume acquisitive crime to fund their addiction. This contributes negatively on the perceptions of safety and desirability of our neighbourhoods. There is also an intricate relationship between alcohol and drug misuse and domestic violence with both survivors and perpetrators.

How will this be achieved?

Work will be undertaken to develop effective information and intelligence sharing across the partners, identifying where current crimes are taking place and known availability of alcohol and drugs in order to develop effective responses and improve current engagement with treatment services to improve referral pathways.

Utilise recent changes in licensing regulations making Public Health a responsible authority in addition to working effectively with licensing teams across Lincolnshire to link with premises licence holder. Continue to enforce laws on underage sales of alcohol and reduce the availability of illegal drugs.

5.3 Theme Three: Delivering High Quality Alcohol and Drug Treatment Systems

Objectives

- Reduce the health, social and economic harms caused by alcohol harm and drug misuse, for both the individual user and wider society
- Reduce the number of people drinking at harmful levels and misusing drugs
- Reduce the availability of illegal drugs and access to New Psychoactive Substances (NPSs)
- Reduce the availability and use of alcohol and drugs for people engaged with Criminal Justice systems
- Ensure those exiting treatment are free of alcohol and drug dependence, do not re-present at treatment services and are effectively reintegrated into society

Why is this important?

The misuse of alcohol and drugs can have a detrimental effect on a person's health and wider wellbeing. It is accountable for poor health outcomes, health inequalities and significant demands on the resources of many public services. Specialist treatment systems for adults are in place across the county and are operating within a Payment by Results commissioning framework. Specialist treatment systems for young people are also producing positive outcomes.

As more people are identified as requiring treatment for alcohol and drug misuse treatment, providers need to ensure their services meet their needs. Due to the ever changing environment, increased pressures on individuals and the new emerging trends for alcohol and drug users of all ages, there is the need to enhance these treatment systems to ensure continued delivery of high quality, fit for purpose services.

How will this be achieved?

Work will be undertaken to develop effective information and intelligence sharing across the partners, including developing a better understanding of the extent of the problem that NPS presents to Lincolnshire. Referral pathways will be enhanced to show their current effectiveness and where there are gaps.

An action plan will be developed to address the housing needs of alcohol and drug users, supporting their re-integration into society. The Payment by Results model will continue to be evaluated to ensure that the treatment providers are offering the best service to clients. Opportunities will also be explored to improve the outcomes for those with a dual diagnosis.

6. Delivery Plan

To ensure the strategy has the desired impact, delivery plans will be required. Some of this delivery needs action at district level, others at Community Safety Partnership or through countywide approaches. The Substance Misuse Strategic Management Board will:

- be responsible for ensuring that there is a co-ordinated approach to the delivery plans
- oversee the completion of all actions within the delivery plan
- ensure the aims and objectives are reviewed annually and are in line with any changes in local need and national strategy

In the first year of the strategy a number of key activities will be undertaken:

- Develop a unified communications approach regarding alcohol harm and drug misuse
- Undertake a review of alcohol harm and drug misuse education programmes, involving Public Health, Children's Services, Confederation of British Teachers (CfBT), schools, academies, further and higher education establishments
- Develop workforce training for those working with young people and families
- Enhanced information and intelligence sharing between key stakeholders
- Publish a New Psychoactive Substances strategy for Lincolnshire
- Develop a programme to support pharmacists to identify those drinking at harmful levels
- Influence where and when alcohol is sold as part of the licensing process
- Work with Alcohol Concern to target treatment-resistant individuals

7. Useful Documents

The strategy references a number of documents:

- Government Alcohol Strategy, 2012
- Government Drug Strategy, 2010 – Review May 2012
- NICE Public Health Guidance 24: Alcohol-use disorders: preventing harmful drinking, June 2010
- NICE Public Health Guidance 7: School-based interventions on alcohol, November 2007
- NICE, Drug Misuse and Dependence: UK Guidelines on Clinical Management, 2007
- NICE Clinical Guideline 51, Drug misuse: psychosocial interventions
- NICE Quality Standard 11, Alcohol dependence and harmful alcohol use, August 2011
- NICE Clinical Guidelines 52 – Treatments for drug misuse
- Lincolnshire Alcohol Health Needs Assessment, 2014
- Lincolnshire Sustainable Services Review, 2013
- Lincoln Street Drinking Strategy
- Dual Diagnosis Strategy
- Lincolnshire Smoke Free Strategy, 2013
- Lincolnshire Joint Health and Wellbeing Strategy 2013-18
- Lincolnshire Joint Strategic Needs Assessment, 2012
- Mental Health Promotion Strategy
- Public Health Outcomes Framework

8. Appendices

8.1 Appendix A – Governance Structure

To ensure the effective delivery of the key priorities in this strategy, a governance structure has been put in place, as shown below. The Substance Misuse Strategic Management Board (SM SMB) links with both the Lincolnshire Health and Wellbeing Board and the Lincolnshire Community Safety Partnership.

The SM SMB has a strategic role in the delivery of the strategy, linking with the tactical Joint Commissioning Group. A number of operational groups will be responsible for delivering specific actions. The operational groups can be virtual, linking partners with shared objectives without the need for regular meetings.



8.2 Appendix B – Objectives

Objective	Measurement
Reduce the health, social and economic harms caused by alcohol harm and drug misuse, for both the individual user and wider society	Alcohol related admissions to hospital Alcohol related re-admissions to hospital Drug related admissions to hospital Drug related re-admissions to hospital Domestic violence rates Drug related deaths Blood borne viruses
Generation of a countywide shift in culture to promote positive alcohol lifestyle choices and a reduction in drug misuse	Mortality from liver disease (under 75s) Estimated harmful drinkers Estimated drug users Estimated underage drinkers Estimated binge drinkers
Reduce the number of people drinking at harmful levels and misusing drugs	Successful completion of alcohol treatment Successful completion of drug treatment
Improve measures aimed at reducing access to counterfeit and illegal alcohol	To be agreed with support from Trading Standards and local licensing teams.
Reduce the prevalence of alcohol and drug fuelled crime	Successful completion of alcohol treatment Successful completion of drug treatment Re-offending rates Reduction of repeat victimisation for domestic violence Perceptions of community safety
Reduce the number of safeguarding incidents where alcohol and drugs are cited by offering effective interventions	Domestic violence rates Safeguarding incident rates
Reduce the availability of illegal drugs and reduce access to New Psychoactive Substances	Arrests and prosecutions for possession
Reduce the availability and use of alcohol and drugs for people engaged with Criminal Justice systems	People entering prison with substance misuse issues not previously known to community treatment providers
Ensure those exiting treatment are free of alcohol and drug dependence, do not re-present at treatment services and are effectively reintegrated into society	Successful completion of alcohol treatment Successful completion of drug treatment Access to employment Access to accommodation

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8.3 Appendix C – Alcohol Harm Definitions

Sensible (Low Risk) Drinking

Sensible drinking is drinking in a way that you are unlikely to cause yourself or others significant risk or harm:

- Adult men should not drink more than 3-4 units of alcohol a day
- Adult women should not drink more than 2-3 units of alcohol a day
- Pregnant women or women trying to conceive should avoid drinking alcohol

Hazardous (Increasing Risk) Drinking

Hazardous drinking is drinking above the recognised sensible levels, but not yet experiencing harm:

- Adult men consuming between 22 and 50 units of alcohol per week
- Adult women consuming between 15 and 35 units of alcohol per week

Harmful (Higher Risk) Drinking

Harmful drinking is drinking above recognised sensible levels and experiencing harm, such as an alcohol-related accident, acute alcohol poisoning, hypertension, cirrhosis:

- Adult men consuming more than 50 units of alcohol per week
- Adult women consuming more than 35 units of alcohol per week

Dependant Drinking

Alcohol is both physically and psychologically addictive. Being dependent on alcohol can be characterised by an inner drive to consume alcohol, continuing to drink despite harm and experiencing withdrawal symptoms on stopping drinking

Binge Drinking

Binge drinking is regularly drinking over double the daily recognised sensible levels in any one day:

- Adult men consuming more than 8 units in a day
- Adult women consuming more than 6 units in a day

8.4 Appendix D – Public Health Outcomes Framework

The Public Health Outcomes Framework (PHOF) was published by the Department of Health in January 2012. The framework sets out the desired outcomes for public health and how these will be measured. The framework concentrates on two high level outcomes to be achieved across the public health system:

- Increase life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The outcomes reflect a focus not only on how long people live but on how well they live at all stages of life. A set of supporting public health indicators will help focus understanding of progress year by year, nationally and locally on those things that matter most to public health.

Technical specification for outcome measures (as outlined on page 5):

1. Successful completion of drug treatment (definition as 2.15 in the Public Health Outcomes Framework)

Definition: The number of drug users that left drug treatment successfully (free of drug dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment.

2. Alcohol related admissions to hospital (definition as 2.18 in the Public Health Outcomes Framework)

Definition: This is currently being developed

3. People entering prison with substance misuse issues who previously not known to community treatment (definition as 2.16 in the Public Health Outcomes Framework)

Definition: Proportion of people assessed for substance dependence issues when entering prison

The strategy will also contribute to:

4. Re-offending rates (definition as 1.13 in the Public Health Outcomes Framework)

Definition: Percentage of offenders that re-offend from a rolling 12 month cohort

5. Domestic violence rates (definition as 1.11 in the Public Health Outcomes Framework)

Definition: This is currently being developed

6. Older people's perception of community safety (definition as 1.19 in the Public Health Outcomes Framework)

Definition: This is currently being developed

7. Mortality from liver disease (definition as 4.6 in the Public Health Outcomes Framework)

Definition: Age standardised mortality rate from liver disease for persons aged under 75 per 100,000 population

8.5 Appendix E – Consultation Methodology

Consultation with Stakeholders

Two workshops were held where wider partners came together and evaluated a range of local and national data; combining it with local intelligence. Prevalence rates of the incidence and misuse of alcohol and drugs in Lincolnshire was made available to the expert group including Joint Strategic Needs Assessment (JSNA) extracts.

Four themes emerged from the expert group and the workshops:

1. Prevent drug and alcohol related harm
2. Tackle drug and alcohol related crime and reduce availability
3. Deliver high quality drug and alcohol treatment systems
4. Promote a positive cultural change

Further engagement has been undertaken with a wide range of partners, gaining thoughts, comments and support in ensuring that this strategy is fit for purpose over the coming five years.

Consultation with Treatment Providers

A key area of intelligence came from a consultation undertaken by providers with those who are currently in contact with alcohol and drug treatment services. Their experience of accessing help was explored and the outcome of the responses have been analysed and fed into this strategy.

The following themes emerged from the responses; these are of relevance to the accessibility of service provision and the development of recovery pathways into work and housing. These themes were:

1. Information
2. The time it took to get treatment
3. Geography
4. Work and housing
5. Service satisfaction

It emerged that a large proportion of respondents had accessed help in the first instance through their GP, with friends and relatives also cited as first ports of call in their responses.

Consultation with current service users provides an important source of information as to their experiences when looking for help and also aids understanding with regard to their experience of service provision. The development of four robust service user consultation approaches, including utilising a range of options such as focus groups and questionnaires in relation to service user's satisfaction, is an

important on-going quality measure that needs to be built in as part of an evolving evaluation process.

Further engagement has been undertaken with a wide range of partners, gaining thoughts, comments and support in the writing of the strategy.