2012/13

Leicestershire & Rutland

Substance Misuse Strategic Team

Adult & Young Persons Comprehensive Substance Misuse Needs Assessment

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Alcohol Drugs

Section 1 – Executive Summary

The 2012/13 adult and young person's comprehensive substance misuse needs assessment aims to provide a whole system evidence base for substance misuse locally; to assist in strategic planning, the identification of gaps and risks and to provide recommendations for the coming financial year.

Summer 2011 saw the implementation of a new treatment system across Leicestershire and Rutland for both non-criminal justice services (Swanswell) and criminal justice services (Leicestershire and Rutland Probation Trust). This followed an extensive period of service review, consultation, redesign and procurement. Not unusually following such a major change, 2012-13 was a challenging year, and some priorities and initiatives identified within the Strategic Summary have not progressed as speedily as planned. These priorities will be reviewed alongside the findings of the Needs Assessment and an updated Strategic Summary completed by March 2013. Through the production of the needs assessment a number of key themes have been identified and will form the focus of additional developments during 2013/14.

Whilst progress has been made in the numbers of substance misusers successfully leaving treatment, it is fair to say that some of our planned recovery initiatives have been slower to progress than intended. We will ensure that visible recovery is a priority in the coming year.

Significant progress has been made in the rebalancing of the treatment system to encompass both drugs and alcohol and provide an integrated service, with our community treatment caseload now 57% drug clients and 43% alcohol clients. The baseline prior to the re-commissioning of services was 80% drugs and 20% alcohol. We need to better understand this change and the causal factors such as better access for county clients and this is something that will form part of the SMST strategic plan for 2013/14. We need to have greater focus on prevention and early intervention and begin to analyse the increasing number of clients being seen through Tier 2 brief interventions.

The wider provision of treatment across Leicestershire and Rutland was a fundamental aspect of the service review and redesign. Data currently available from Swanswell has identified over 70 locations where appointments have been attended across the County and Rutland during 2012/13, utilising both Swanswell spoke locations and a range of community settings. This is a vast improvement in terms of accessibility, which was identified as a key concern during the engagement phase of the review. Going forward commissioners and providers will ensure that services are responsive to need with on-going review and change.

It has been recognised that there has been a fundamental shift in recreational substance misuse. The advent of novel psychoactive substances has changed the face of the drug scene remarkably and with rapidity. The range of substances now available, their lack of consistency and the potential harms users are exposed to are now complex. The amount of internet shops selling NPS's has increased by 300% since 2010, with 693 online stores now selling the products, against 170 recorded in 2010. Locally we ensured that our commissioned treatment services adapted effectively to trends and have worked extensively on harm minimisation and preventative initiatives around NSPs, which included the launch of the Legal Highs Lethal Lows campaign in 2012. Going forward we have plans in place for collaborative working alongside our services at music events and university fresher's fairs, particularly focusing on the risks of NSPs, alcohol consumption and high risk behaviour.

We have made some headway during 2012/13 with hard to reach groups, which were identified as a priority within last year's assessment. Initial meetings have been attended with the multi-agency traveller unit and dreamers young refugees/asylum seekers. We need to formally agree data transfer from these organisations but this work is underway. Hard to reach groups continue to be an area of priority for 2013/14.

Supporting individuals with a mental illness and substance misuse problems remains one of the biggest challenges facing frontline health services. The complexity of issues makes diagnosis, care and treatment more difficult, with service users being at higher risk of relapse, readmission to hospital and suicide. The three Leicestershire Clinical Commissioning Groups are working collaboratively to commission improved services for patients with so-called "Dual Diagnosis", i.e. mental health and substance misuse problems, from Leicestershire Partnership Trust. Historical inadequacies in accessing acute or crisis care are recognised by all stakeholders. The re-design of the Acute Adult Mental Health pathway beginning with a Single Point of Access now makes explicit provision for these patients albeit providing they are not acutely intoxicated as assessed by the referrer. However, there remains a need to monitor performance and to gather patient, carer and Primary care feedback about the pathway.

In terms of young people, activity reported by the specialist treatment agencies to the National Drug Treatment Monitoring System (NDTMS) represents only a small part of the total activity in substance misuse interventions with young people. In the last year there has been increased investment in initiatives which provide information, advice and guidance to young people without the need to enter specialist treatment. A team of workers from the Youth Service provide a detached service which is able to identify individual and groups of young people who require advice relating to substance misuse. Through this service we have been able to begin to collect 'grassroots' and anecdotal data on levels of drug use, types of drug use and early identification of potential 'hotspots' throughout the County. Information gained through this service shows that the substances most commonly used by young people in Leicestershire are: alcohol, cannabis and Novel Psychoactive Substances (Legal Highs). Leicestershire's Children and Young People's Service is in the process of re-organising to provide an 'Early Help Service' which is designed to identify and intervene appropriately in a range of problems at an early stage of development. Many of these responses will involve a 'whole family response' for which there is strong evidence of effectiveness.

The focus for continued development of responses to young people's substance misuse over the next two years will be around prevention and early intervention services which will address issues long before they have developed to a level which will require a specialist substance misuse intervention. Staff in the wider children and young people's services will be trained and supported in screening young people and providing appropriate information and advice. Substance misuse by young people is one a range of health risk behaviours which rarely exist in isolation. Work is being developed locally to deliver projects which will be effective in preventing multiple risk behaviours alongside the continuation of specific projects addressing substance misuse.

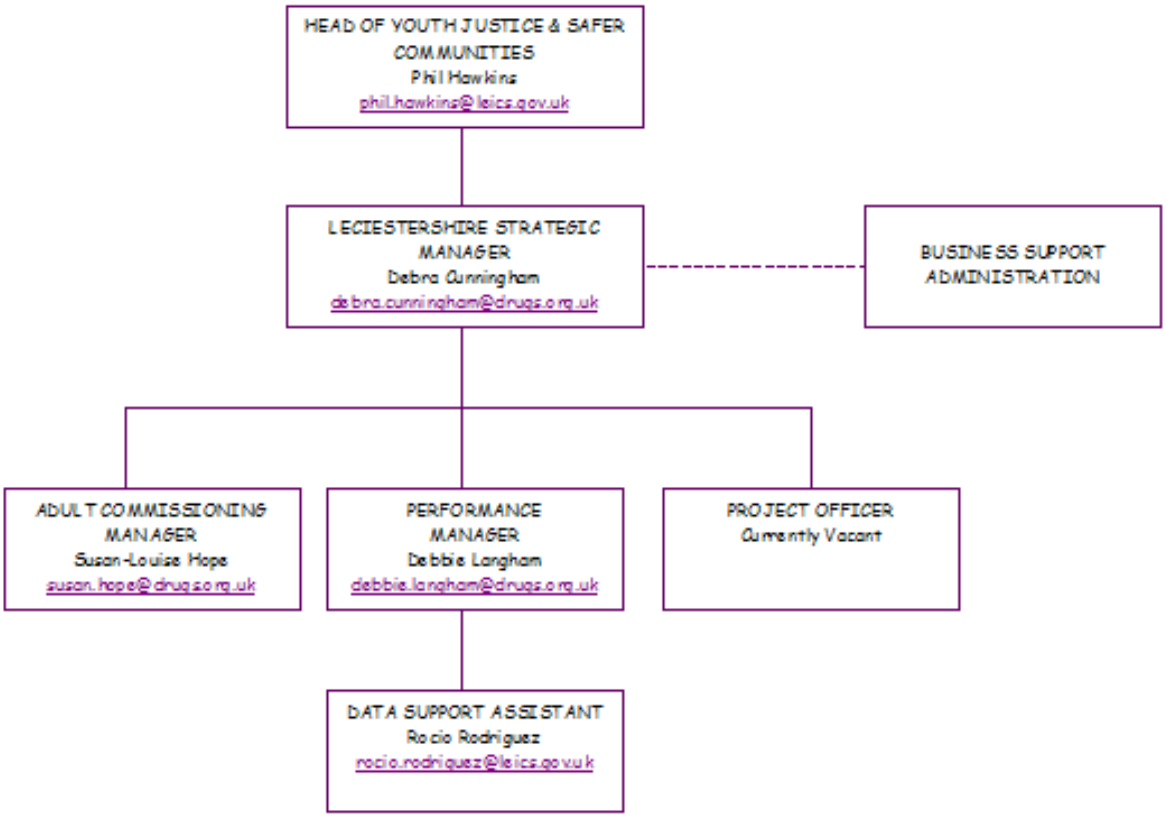
Section 2 – Introduction

2.1 The Substance Misuse Strategic Team.

The Substance Misuse Strategic Team (SMST) are responsible for overseeing the delivery of the National Drug Strategy at a local level across Leicestershire and Rutland. The National Drug Strategy 2010 "Reducing Demand, Restricting Supply, Building Recovery" aims to reduce the harm that drugs cause to society, to communities, individuals and their families.

The SMST vision is that all service users in Leicestershire and Rutland have fair and equitable access to drug and alcohol treatment services which meet their needs, encourage recovery and social reintegration and are able to reduce the harms caused by substance misuse to the individuals, those affected by their misuse and the wider community.

SMST commission non-criminal justice and criminal justice services to deliver treatment across Leicestershire & Rutland. The SMST Team Structure:



Four additional posts support the team:

- Jill Haigh (Senior Manager Health, Wellbeing and Commissioning, Rutland County Council) JHaigh@rutland.gov.uk
- Mark Thomas (Young People's Substance Misuse Strategic Commissioning Manager) Mark.Thomas@leics.gov.uk
- Bernadette Wharton (Criminal Justice Lead) Benadette.Wharton@leicester.gov.uk
- Paul Godden (Criminal Justice Data & Performance Manager) Paul.Godden@leicester.gov.uk

2.2 Introduction and Strategic Summary

The Leicestershire Strategic Summary 2012-13 highlights a number of changes at both a local and national level that have impacted and will impact on the delivery of an integrated substance misuse treatment system. Many of these changes are incremental and follow different timescales. There are challenges ahead to ensure that addressing substance misuse and its attendant issues and problems remains a high priority locally.

Significant national changes throughout 2013-14 including Public Health taking on responsibility for substance misuse following the demise of PCT's, the election of Police and Crime Commissioners, and the emergent Clinical Commissioning Groups will have to be managed locally. Whilst these strategic challenges develop, it will be important to continue to ensure that high quality, accessible, recovery focused services are delivered to residents of Leicestershire.

Summer 2011 saw the implementation of the new treatment system across Leicestershire and Rutland for both non-criminal justice services (Swanswell) and criminal justice services (Leicestershire and Rutland Probation Trust). This followed an extensive period of service review, consultation, redesign and procurement. Not unusually following such a major change, 2012-13 was a challenging year, and some priorities and initiatives identified within the Strategic Summary have not progressed as speedily as planned. These priorities will be reviewed alongside the findings of the Needs Assessment and an updated Strategic Summary completed by March 2013.

There have also been identified changes in the prevalence and patterns of young people's substance misuse with a focus on alcohol and the use of "novel psychoactive substances" (legal highs).

The strategic plan therefore needs to ensure a balance between continuing to provide appropriate and accessible specialist services for young people whilst ensuring continued integration and profile within wider children and young people's services. There will be a continued emphasis on workforce development within children and young people's services to ensure timely identification and intervention in emerging substance misuse problems among young people.

2.3 Aim

The aim of the 2012 Leicestershire & Rutland Adult and Young Persons Comprehensive Substance Misuse Needs Assessment is to provide a comprehensive evidence base for substance misuse locally, incorporating the approaches set out in the 2010 Drug Strategy and its annual reviews: "Reducing Demand, Restricting Supply, Building Recovery":

- Reducing demand – creating an environment where the vast majority of people who have never taken drugs continue to resist any pressures to do so, and making it easier for those that do to stop.
- Restricting supply – drugs cost the UK £15.4 billion each year. The aim is to ensure the UK is an unattractive destination for drug traffickers by attacking their profits and driving up their risks.
- Building recovery in communities – working with people who want to take the necessary steps to tackle their dependency on drugs and alcohol and will offer a route out of dependence by putting the goal of recovery at the heart of all that we do.

The overarching aims are to:

- Reduce illicit and other harmful drug use;
- Increase the numbers recovering from their dependence.

The SMST have continued to recognise key areas of development and improvement and those limitations and gaps in the current treatment system. This is a systematic and strategic process, examining and building on information and data obtained in previous years and providing an evidence base for treatment planning for the coming financial year.

The SMST will continue to follow the four principles for commissioning a drug and alcohol treatment system that promotes successful recovery journeys (JSNA, 2013):

- Improving access to early and preventative interventions and to treatment.
- Treatment is recovery-orientated, effective, high-quality and protective.
- Treatment delivers continued benefit and achieves appropriate recovery-orientated outcomes, including successful completions.
- Treatment supports people to achieve sustained recovery.

This report goes further to deliver a "whole system" needs analysis for substance misuse that goes beyond treatment focus in order to identify gaps and make recommendations.

2.4 Methodology

The Leicestershire & Rutland Adult and Young Persons Comprehensive Substance Misuse Needs Assessment 2012 has been conducted in accordance with the NTA Guidance 2010/11, utilising the approaches recommended for completion of a robust needs assessment base including:

- The collation, analysis and interpretation of data, both quantitative and qualitative.
- Determining the views of stakeholders, partners, service users and the wider community, through survey and virtual expert panel membership.
- Assessing existing service provision against service standard specifications, local and national targets and comparative areas.

This assessment has involved a full review of available data sources for drugs, alcohol and young persons and the commissioned community treatment service through Swanswell. Partnership information has been included to provide the full picture of substance misuse locally.

The following methods and information sources were used:

- Description of the current treatment system profile
- Analysis of National Drug Treatment Monitoring System (NDTMS)data
- Local performance data from commissioned services
- Review of existing sources of information/web data
- Literature review
- Recent needs assessments
- Mapping and evaluation of current provision
- Provider engagement meetings
- Identification of needs of those not currently in treatment

In addition, SMST has begun the process of sourcing a considerable amount of new information from a range of key stakeholder departments and agencies. This process has realised indicative data for this needs assessment and agreed mechanisms for gathering data and stakeholder involvement in future assessments. Key stakeholder groups include:

- Leicestershire Police
- Community Budgets Team
- Trading Standards
- Business Partner CYPS
- Public Health
- East Midlands Ambulance Service
- GP Shared Care/ Treatment Services
- Research/Insight Team
- Rutland Representative
- Prison Partnership
- Leicestershire & Rutland Fire & Rescue

2.5 Vision & Principles

The vision from the Leicestershire Together Substance Misuse Delivery Plan for Leicestershire is "to work together to make Leicestershire a healthier and safer place by reducing the harm and inequalities caused by substance misuse, in a sustainable and cost-effective way" with the following key outcomes:

- Reducing substance related crime and disorder
- To minimise the negative impact on children & families of substance misuse
- To improve health and well-being for all substance users
- Reduce public service costs by optimising all interventions and service delivery

The underlying platform is that services should offer quality, value for money and be designed to meet the needs of the local population. They should be flexible, sustainable and innovative, whilst complying with the latest clinical guidelines and evidence-based research, the following principles underpin this:

- Recovery – services will be focussed on recovery, offering individuals the opportunity to achieve their full potential through abstinence models in accordance with their needs.

- Informed choice – service users will be offered the full range of interventions open to them, founded on evidence-based best practice, and given all the information to enable their choice to be informed.

- Person centred & personalisation – service users will be at the centre of their journey experience and interventions will be tailored to meet all their individual needs. Service users should feel empowered in their treatment experience.

- The therapeutic relationship and journey – the backbone of treatment should be founded on empathy, dignity, equality and respect. Service users can expect co-ordinated and seamless delivery of their chosen interventions in their journey from entry through to exit and aftercare.

- Outcomes focussed – treatment interventions should be focussed on achieving the best possible outcomes for each individual and care planning should be goal orientated.

- Social (re)integration – service users should be offered every opportunity to maximise their potential through integration or re-integration in society as a whole. The service will have an education role in reducing the stigma of substance misuse and thereby promote opportunity for integration.

- Family focussed – the service will work to support the needs of the whole family including children. The wider networks of the service user should be factored into their treatment journey.

- Service user and carer involvement – service developments should be led by service users, family and carers responding to their needs and views. The involvement of service users, families and carers should be an integral part of service development as well as the treatment journey.

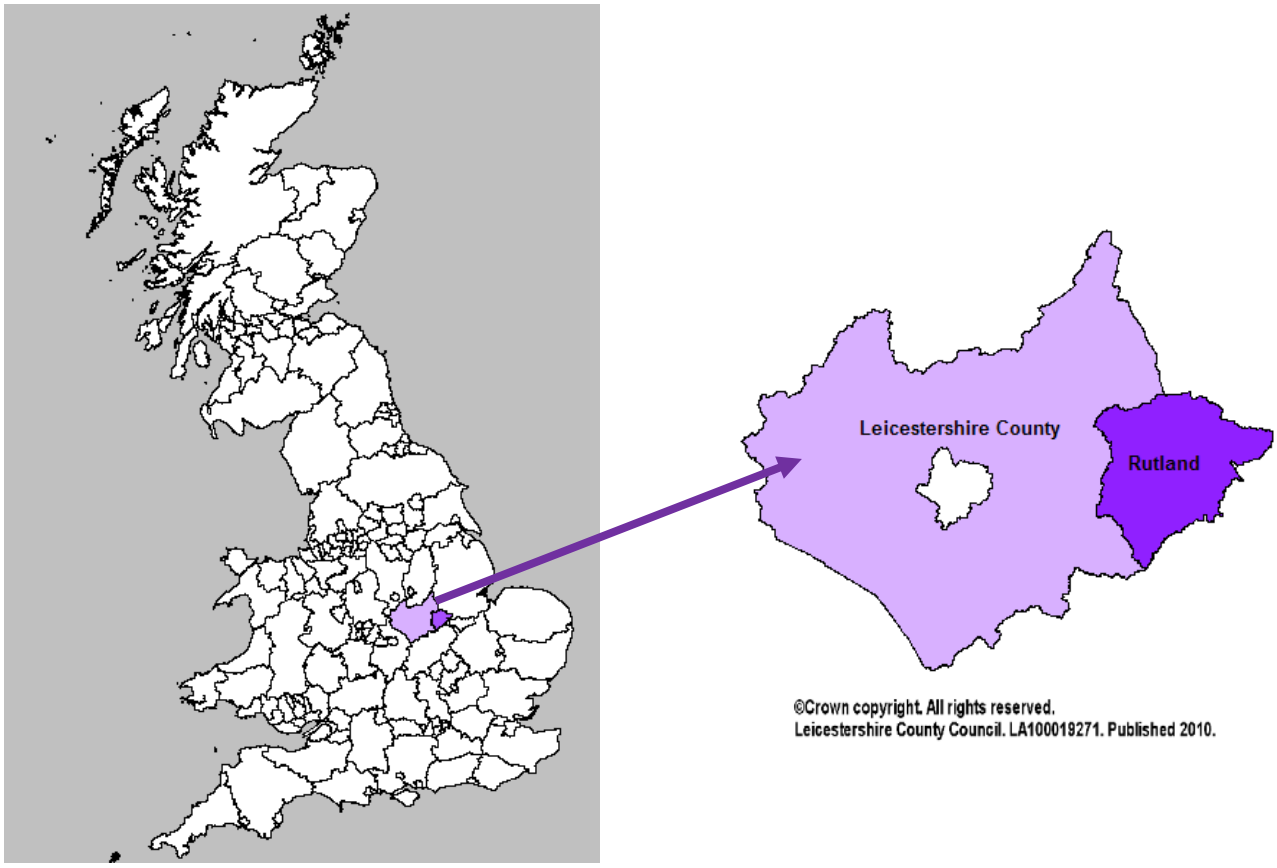
- Diversity – equity of access to services and the various interventions offered. No individuals or groups should be disadvantaged by the system either directly or indirectly. The service will not discriminate based on personal characteristics such as age, gender, disability, sexual orientation, race, religion, lifestyle, social position, family or financial status, intelligence or cognitive functioning.

- Effective – an individual's treatment experience needs to be effective both in terms of the interventions undertaken (clinical effectiveness) and cost.

Section 3 – Demographic Profile & System Coverage

3.1 Leicestershire & Rutland Demography

Leicestershire Substance Misuse Strategic Team (SMST) covers the area of Leicestershire County with a population of 650,500 (ONS, 2011) and the unitary authority area of Rutland County Council with a population of 37,400 (ONS, 2011).

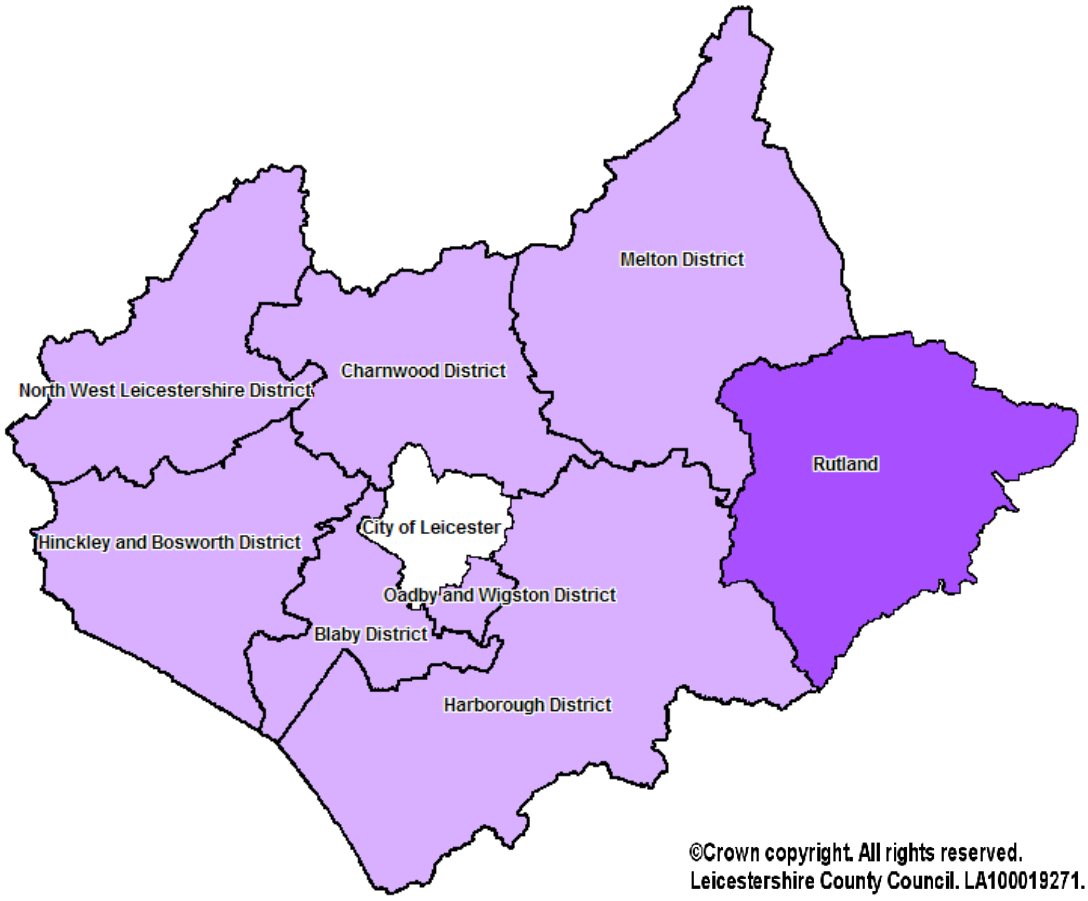


Leicestershire is a landlocked county in the English Midlands. It takes its name from the City of Leicester, traditionally its administrative centre, although the City of Leicester unitary authority is today administered separately from the rest of Leicestershire.

Leicestershire borders Derbyshire to the north-west, Nottinghamshire to the north, Rutland to the east, Warwickshire to the south-west, Staffordshire to the west, Lincolnshire to the north-east, and Northamptonshire to the south-east.

LEICESTERSHIRE

Leicestershire is in the East Midlands region of England and the County Council covers seven district council areas.



Leicestershire has a growing population of approximately 650,500 (ONS, 2011) and cover an area of 2,156 Km^2.

Blaby	**93,900**
Charnwood	**166,100**
Harborough	**85,400**
Hinckley and Bosworth	**105,100**
Melton	**50,400**
North West Leicestershire	**93,500**
Oadby and Wigston	**56,200**

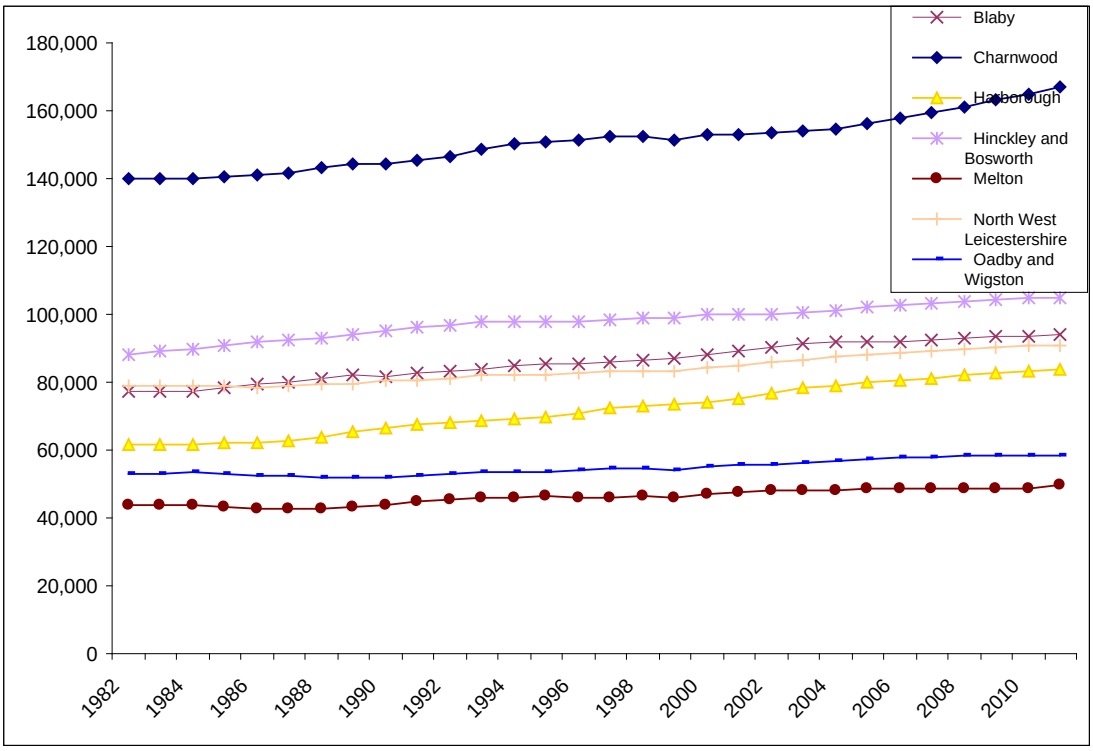
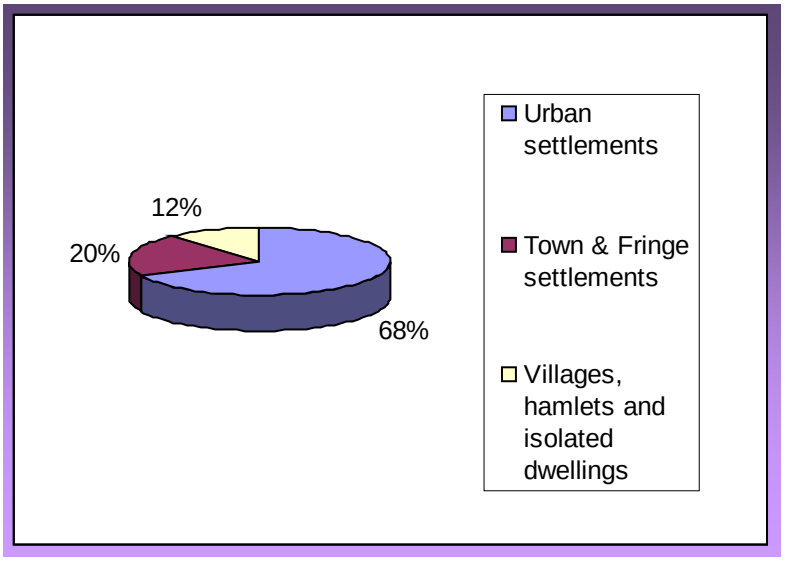


Figure 1.Total population of Leicestershire Districts.

The eastern side of the County is predominantly rural, with small villages and market towns, whilst the north and north-east is more urban. The average population density is 300 people/ Km^2.

68% of the population reside in urban settlements, 20% in town & fringe settlements and 12% in villages, hamlets and isolated dwellings.



Over the last two decades Leicestershire's population has been growing at a rate that is faster than the national average as a result of migration. It's predicted that by 2031 the number of people between 75-79 and 80+ year olds with more than double, whilst the number of 15-19 year olds and 20-24 year olds is predicted to grow by just 10% (ONS, 2008).

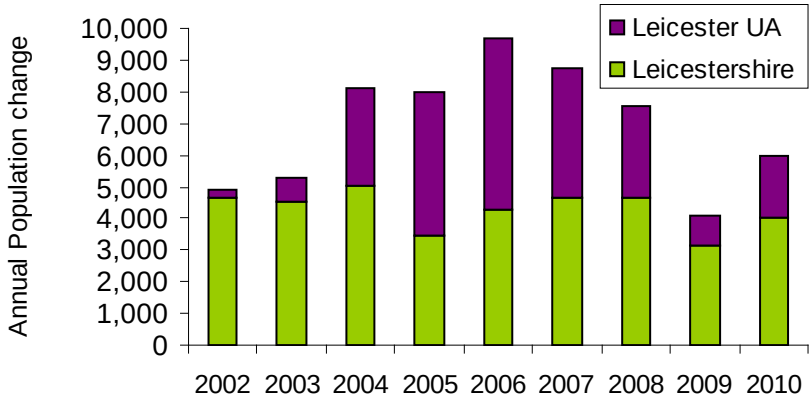


Figure 2. Estimated population change (The difference between the size of the population at the end and the beginning of a period) 2001-2010

Leicestershire has a growing population of approximately 650,500 and covers an area of 2,156 Km².

68% of the population reside in urban settlements, 20% in town & fringe settlements and 12% in villages, hamlets and isolated dwellings.

Leicestershire Age Change			
Ages	**2001**	**2006**	**2010**
0-4	34,200	33,900	35700
5-10	46,000	43,600	42,333
11-15	39,100	40,100	38,085
16-17	14,800	16,600	15,977
18-24	50,700	59,900	64,028
25-44	172,400	168,300	158900
45-64	157,300	169,300	178600
65-74	51,800	54,600	61400
75-84	33,000	36,500	38600
85+	11,000	12,400	15000
Total	610,300	635,200	648623

The table above shows the different range of age and population in 2001, 2006 and 2010 published by ONS.

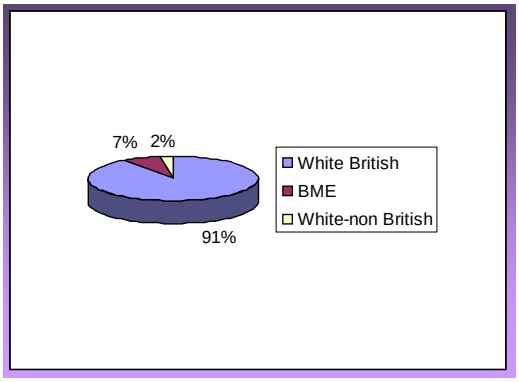
The resident population of Leicestershire has increased from 610,300 in 2001 to 650,500 in 2011, representing an increase of 6.7%, according to the latest national census (ONS, 2011). The number of people in 2001 aged over 65 in Leicestershire was 95,800, this has grown to 115,500 ten years on, representing an increase of 21%.

The health status of the population of Leicestershire reflects the socio-demographic profile with above average life expectancy and low rates of premature mortality. A girl born in Leicestershire can expect to live for 10 months longer than the average girl born in England and a boy born in Leicestershire can expect to live 1 year and 4 months longer than the national average.
Leicestershire children enjoy 4 years more life expectancy than children in Leicester City.

Leicestershire experiences very low levels of social-economic deprivation. The county is ranked 138 out of 149 top tier authorities in England for deprivation (where 1 is the most deprived). 42% of Leicestershire's Output Areas live in areas labeled as "Prospering Suburbs".

9.5% of the population in Leicestershire is non-White British, compared to 15.3% in England. The 9.5% is made up of 7.1% Black and Minority Ethnic groups (BME), with the remaining 2.4% White, but not of British origin.

Leicestershire's Indian ethnic group population is highly represented in areas of Oadby and Wigston, Charnwood and Blaby. The Other White, Chinese and Bangladeshi groups are well represented in areas of Charnwood. African, Caribbean and mixed groups are present in smaller numbers and are distributed across all districts.

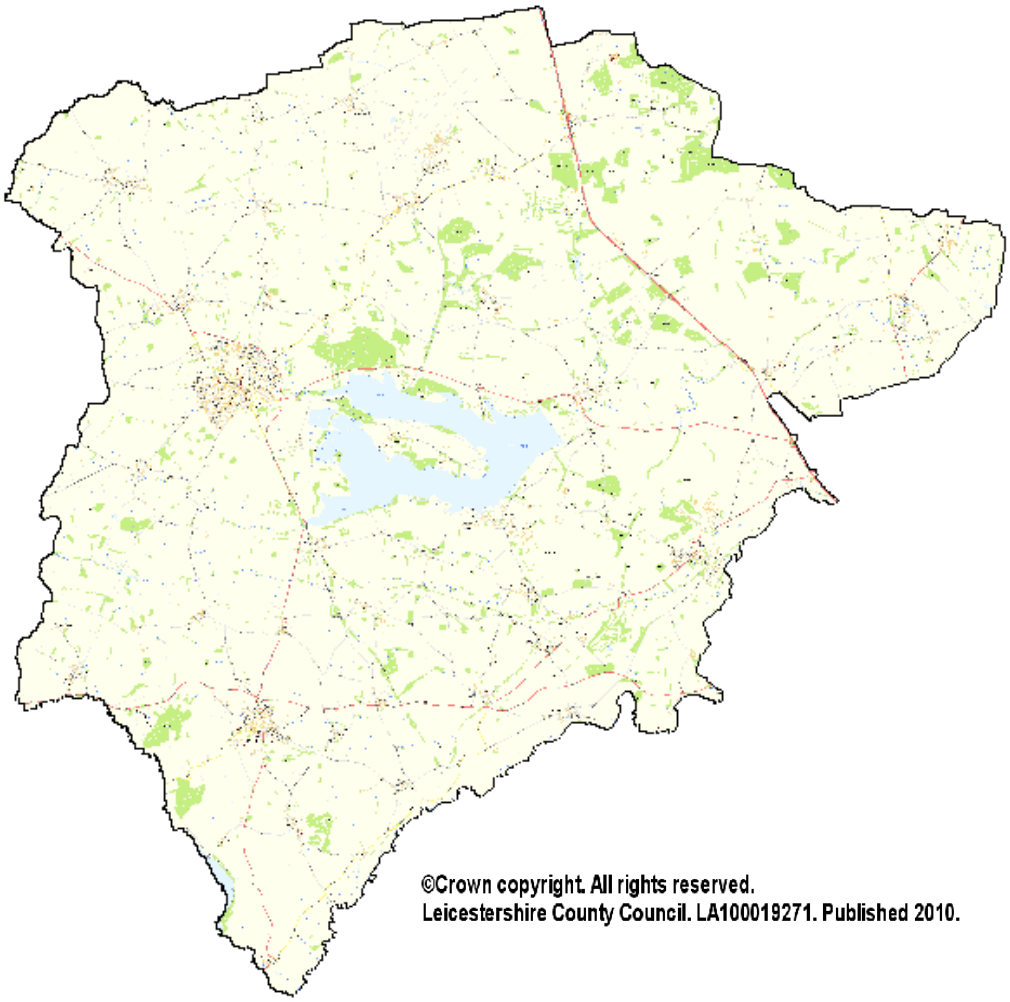


Recent research has also shown that in Leicestershire and Leicester City schools there has been a fall of 5% in the actual numbers of White British pupils, and all BME groups have seen the numbers of pupils attending schools increase 15%. It's also apparent that new migrant communities are emerging in other parts of Leicestershire, most notably through recent economic migration from the EU.

Punjabi, Gujarati and Bengali are the three non-English languages spoken by the largest number of people in Leicestershire followed by Urdu, Chinese and Polish.

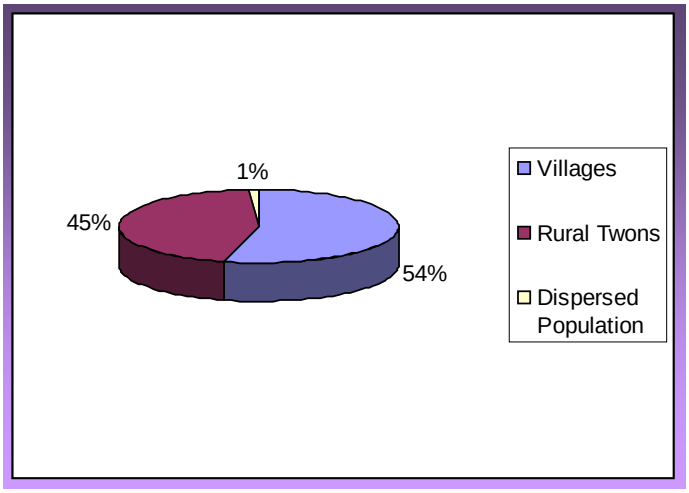
RUTLAND

Rutland has a population of approximately 37,400 (ONS, 2011) that cover an area of 392Km^2. This is a population density of 95 people/Km^2.



54% of the Rutland population reside in villages, 45% in rural towns and 1% is dispersed population.

Rutland's population has been growing and it's predicted that by 2029 the population will have grown by 10% (ONS, 2008).

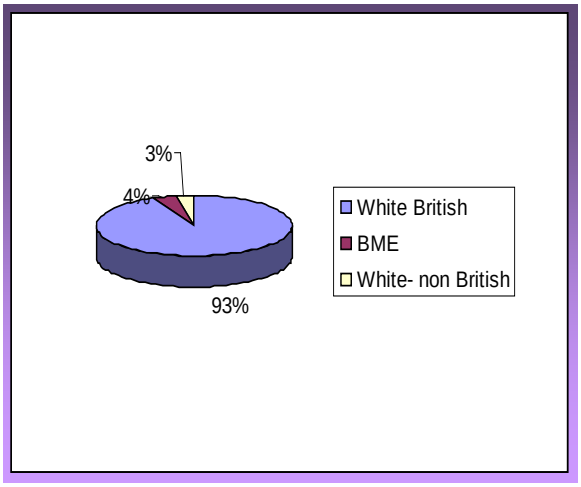


Rutland	
Ages	2010
0-4	7.5%
5-10	9%
11-15	12%
16-17	7%
18-24	12%
25-44	14.50%
45-64	21%
65-74	9%
75-84	5%
85+	3%
Total	100%

In 2006 it was reported that Rutland had the highest fertility rate of any English county.

Rutland is ranked 148th out of 149 County Councils by 'Rank of Average Score' in the indices of deprivation where number 1 has the highest level of deprivation, whilst 149th has the lowest.

93% of the population in Rutland is White British, 4% of the population is Black and Minority Ethnic groups (BME) and 3% of White but not of British origin.



3.2 Deprivation

In this section we will look at the indices of deprivation of Leicestershire and Rutland.

The **Index of Multiple Deprivation** is formed by seven domains constructed from 38 indicators relating to a specific aspect of deprivation:

- Income (22.5%)
- Employment (22.5%)
- Health deprivation and disability (13.5%)
- Education, skills and training (13.5%)
- Barriers to housing and services (9.3%)
- Crime (9.3%)
- Living Environment (9.3%)

For the Index of Multiple Deprivation, all local authorities within Leicestershire have moved up the rankings between 2007 and 2010, suggesting that they became more deprived overall (see table below).

North West Leicestershire (ranked 200th out of 354 nationally), remains the most deprived district in the county. However it had the smallest movement in the county in ranking change, moving up 19 places. Melton experienced the greatest change in ranking, moving up 43 places to 252nd nationally, Harborough remains the lowest ranked district in the county, placed at 319th but has moved up 25 places relative to all other local authorities in England since 2007.
Loughborough Bell Foundry is the most deprived neighbourhood in the county for the overall Index of Multiple Deprivation, and was so in 2007.

Leicestershire Districts change in national rank- Index of Multiple deprivation 2007-2010 (Rank is out of 354 local authorities in England).

	2007		2010		
Local Authority	**Average Score**	**Rank of Average Score**	**Average Score**	**Rank of Average Score**	**Change in Rank 2007-2010**
North West Leicestershire	14.73	219	15.22	200	19 ▲
Charnwood	11.95	264	13.12	231	33 ▲
Melton	10.43	294	11.88	251	43 ▲
Hinckley & Bosworth	10.90	283	11.87	252	31 ▲
Oadby & Wigston	10.51	293	10.96	265	28 ▲
Blaby	8.41	326	9.53	297	29 ▲
Harborough	7.08	344	7.57	319	25 ▲

If an area in 2010 has moved down the ranking since 2007, then it *suggests* that the area has improved (indicated by ▼). Conversely, if an area in 2010 has moved up the ranking since 2007, then it *suggests* that the area has declined (▲). **Changes in rankings may be due to movement of areas ranked *around* an area.** In this respect, we should be careful when interpreting the results.

Lower Super Output Areas (LSOA) have between 1000 and 3000 people living in them with an average population of 1500 people. These Indices of deprivation are a relative ranking for each of the 32,482 LSOAs across England, according to their level of deprivation. The LSOA with a rank of 1 is the most deprived, and 32,482 the least deprived.

LSOA Name	District	National Rank 2007	National Rank 2010	Change 2007-2010	County Rank 2007	County Rank 2010	Change 2007-2010
Loughborough Bell Foundry	Charnwood	2119	1180	939 ▲	1	1	0 -
Loughborough Warwick Way	Charnwood	3769	2586	1183 ▲	3	2	1 ▲
Greenhill Centre	NWL	4183	8646	1537 ▲	4	3	1 ▲
Greeenhill North East	NWL	3625	3102	523 ▲	2	4	-2 ▼
Loughborough Canal South	Charnwood	5450	6278	-828 ▼	5	5	0 -
Loughborough Central Station	Charnwood	6758	6999	-241 ▼	6	6	0 -
Measham Centre	NWL	7051	7296	-245 ▼	8	7	1 ▲
Earl Shilton East	Hinckley & Bosworth	8464	7533	931 ▲	10	8	2 ▲
Hinckley Trinity West	Hinckley & Bosworth	7368	7563	-195 ▼	9	9	0 -
Morris Hill, Ashby Woulds & Albert Village	NWL	9469	7866	1603 ▲	14	10	4 ▲

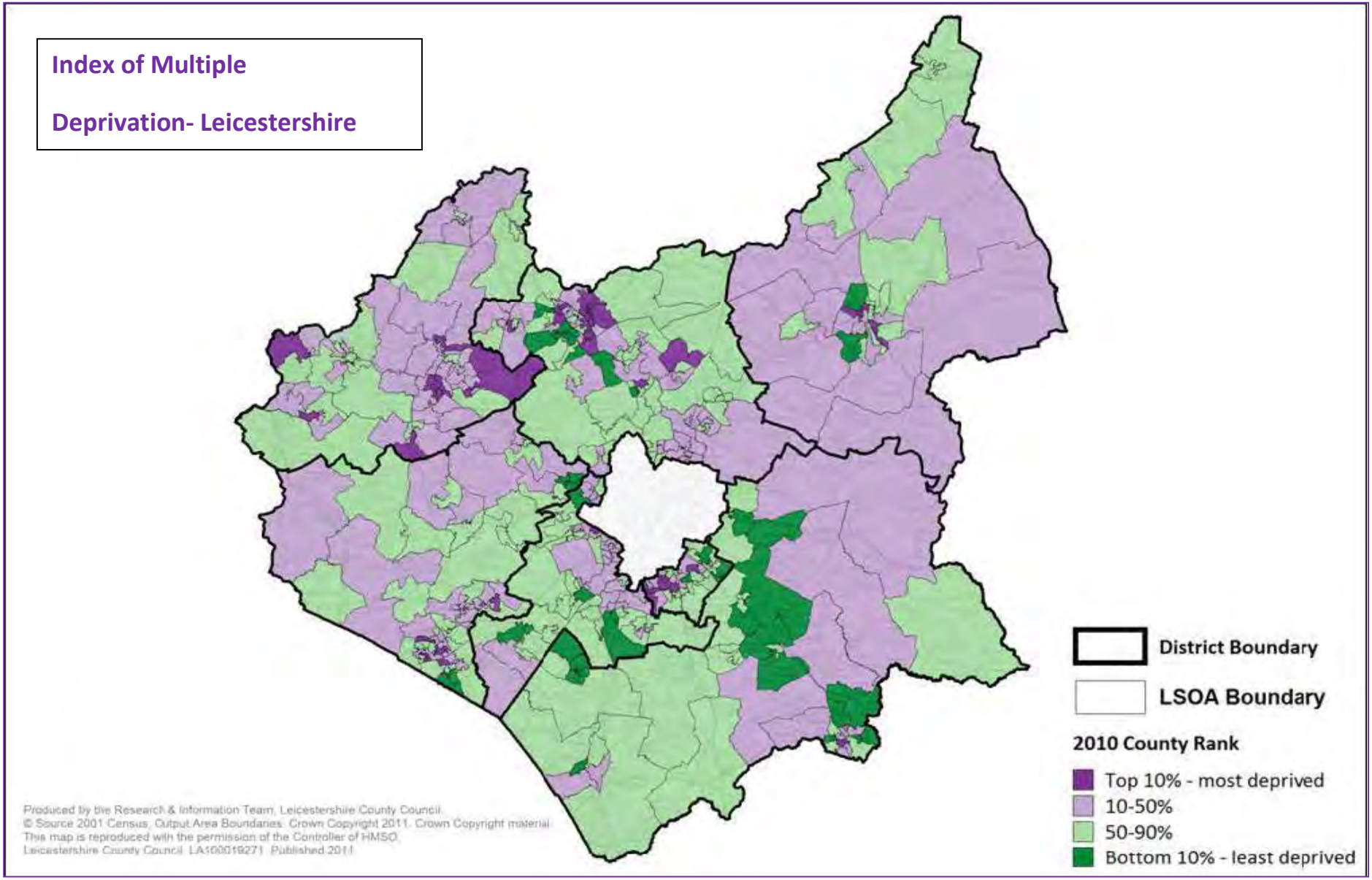
The three ranked most deprived districts in the county also record the highest number of people in treatment for substance misuse. Charnwood is the district with the highest number of clients in treatment, followed by the districts of North West Leicestershire and Hinckley & Bosworth.

Harborough is the least deprived district in the county, but it has an elevated number of people in treatment compared to other districts like Melton, Blaby or Oadby & Wigston. This will be further evaluated to determine the casual factors.

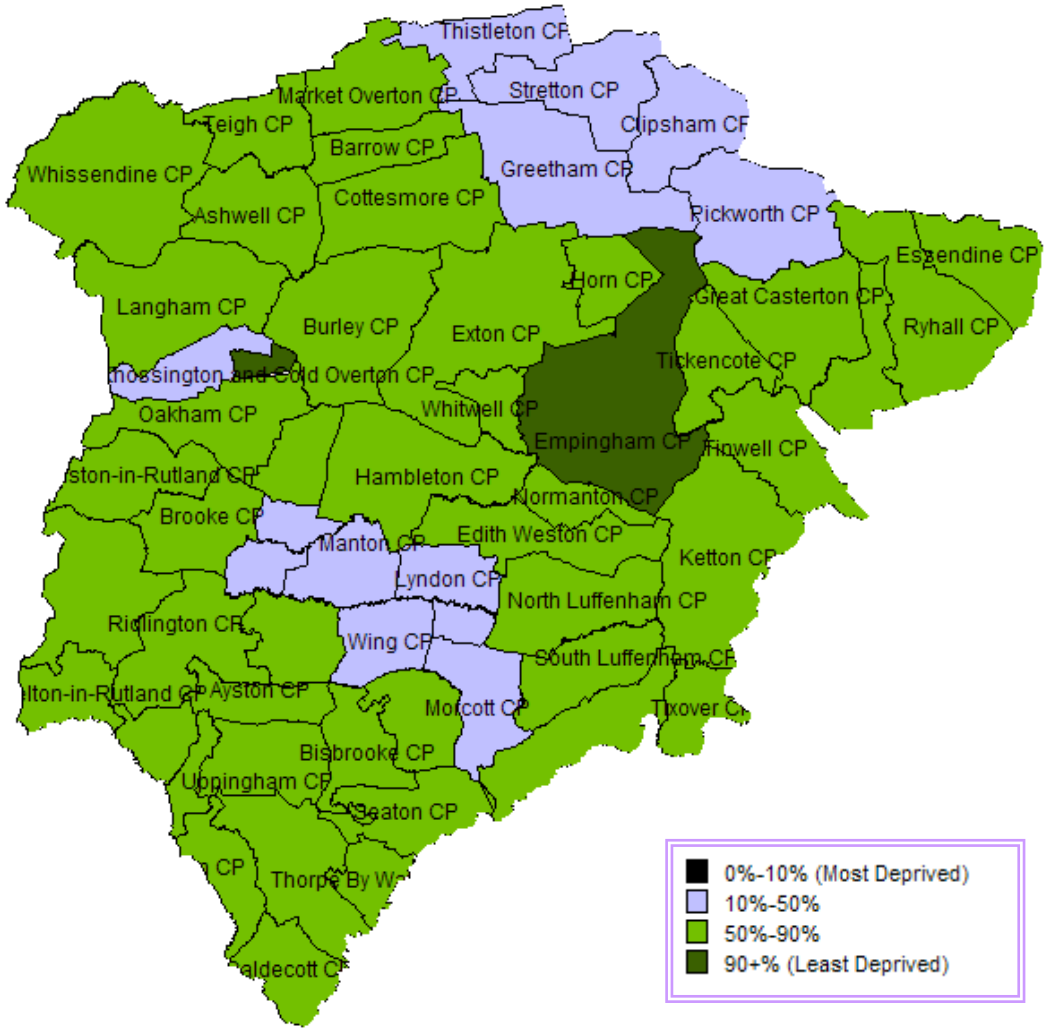
Please refer to Section 8 (District Summaries) for more information on substance misuse demographics, crime, alcohol flagged ambulance call outs, treatment and environmental health data in each district.

Index of Multiple

Deprivation- Leicestershire



Rutland is the smallest county in mainland England. Rutland is uniformly prosperous: levels of deprivation are amongst the lowest in England, and there is relatively little inequality, with very few local pockets of deprivation. Rutland also has amongst the lowest unemployment rates (0.6%) and long-term unemployment rates (7.3%) in the country.



[County Band = top 10% (most deprived), 10-50%, 50-90%, bottom 10% (least deprived)]

The top three LSOAs in Rutland are Oakham North West in 15,211 position, Martinsthorpe in 15,706 and Greetham in 19,570 position.
Normanton and Empingham are in the bottom of the list of Rutland LSOAs in this ranking with the 30,493 position.

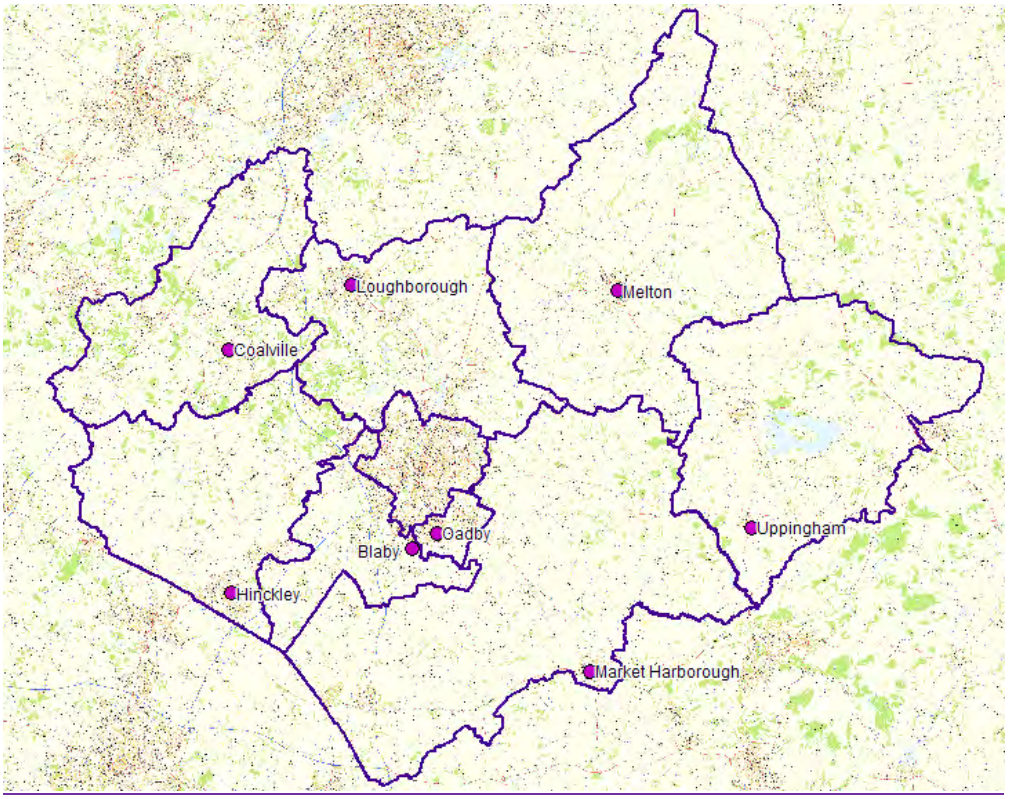
Rutland has one of lowest levels of deprivation in England, and there is relatively little inequality, with very few local pockets of deprivation.

Rutland has the lowest number of people in treatment for substance misuse when compared with Leicestershire Districts. This correlates with the lowest levels of deprivation in England.

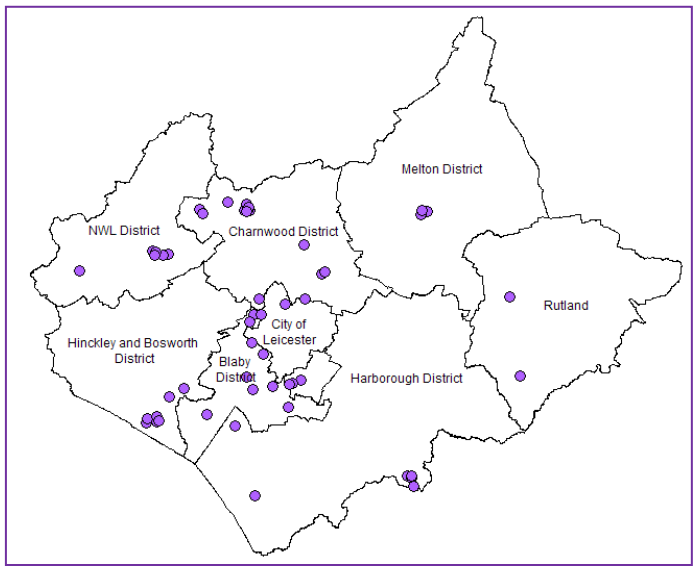
3.3 SMST Treatment System Coverage

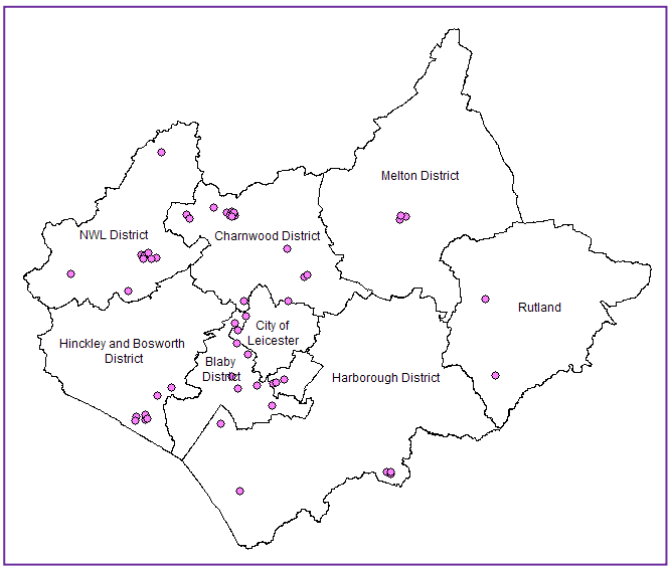
Leicestershire & Rutland SMST currently commission two providers to provide drug and alcohol treatment to criminal justice and non-criminal justice clients across Leicestershire and Rutland, with the criminal justice service jointly commissioned with Leicester City Drug and Alcohol Team (DAAT).

The current drug treatment service provision is as follows for community treatment provided by Swanswell:

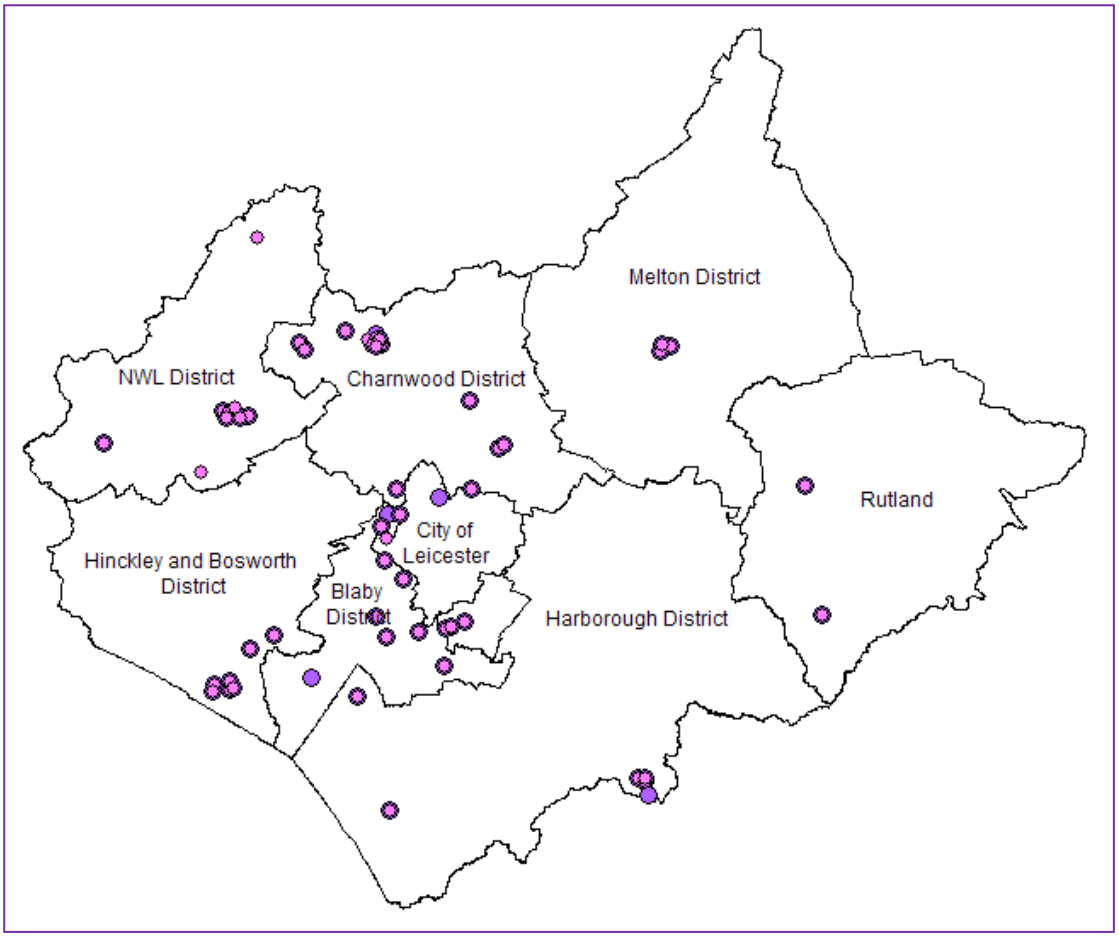


The map on the left shows the location of the appointments attended for drugs misuse during 2011/12 and the map on the right shows the location of the appointments attended for alcohol misuse:





Overlaying both maps we can see that alcohol appointments are more slightly spread over the north-west of the county:



Prior to the re-commissioning of services across Leicestershire and Rutland, accessibility to treatment was raised as an issue in the area due to a number of our previous service providers being based within Leicester City. Although outreach appointments were offered to clients the primary interventions delivered from the main bases which were some distance from the districts/boroughs.

Extensive analysis was conducted during the options modelling phase of the tender process to identify where services should ideally be located to increase accessibility across the County. The preferred model identified was a hub and spoke model, with two main bases, one in the North of the County and one in the south and an additional four spoke sites within County districts/boroughs. Full service details can be found in Section 11 – Help & Support.

The location of the services offered by Swanswell for community treatment have been located in the areas identified as occupying a larger proportion of drug and/or alcohol clients, based on the previous financial years performance. Since the implementation of the integrated treatment system, appointments are offered across the County and over 70% of clients reside within 3 miles of a treatment service.

Section 4 – Treatment System Analysis for Drugs & Alcohol-Adults

4.1 Introduction: European and National Strategies

EUROPE

The **EU Drugs Strategy 2005-2012** aims were: measurable reduction of the use of drugs, of dependence and of drug-related health and social risks through the development and improvement of an effective and integrated comprehensive knowledge-based demand reduction system including prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration measures within the EU Member States.

The Strategy had added a value because it had helped to facilitate practical cooperation to reduce demand and tackle supply, as well as to build up research and practical cooperation between the Member States as the main purpose of the Strategy.
Since reductions in drug demand and supply were the two main aims of the Strategy, some witnesses have been asked to what extent they thought these had been achieved.

The figures from the EMCDDA (European Monitoring Centre for Drugs and Drugs Addiction) show that, over this period, there have been decreases in the demand for some drugs in some Member States. The fall is almost entirely due to reduction in the use of cannabis.

Over the seven years of this strategy, there has been no overall demand reduction. The current position is summarised in the latest Annual Report of the EMCDDA.

Two increasing trends have been seen across Europe in recent years: harm reduction and decriminalisation. Professor MacGregor suggested that: "the focus on harm reduction is well placed and has grown and is at the right level".

> *The EU Strategy has proved helpful in encouraging countries to develop and revise their own national strategies, especially the newer Member States.*
>
> *The EU strategy (2005-12) has been positively evaluated, with particular importance given to its role in facilitating information exchange.*

A new policy framework is now under consideration to follow on from the 2005-12 Drug Strategy. Monitoring, research and evaluation, as well as respect for fundamental human rights, are also likely to remain key elements of the EU approach. The new policy framework will also ensure synergy between activities in the drugs field and broader issues related to security and health, in which drugs are only one component, such as HIV prevention or the fight against organised crime. The new framework will also help to ensure that Europe speaks with a strong and united voice in the international debate on drugs.

> *For the next strategy which will be drafted during 2012, the evaluators recommended maintaining the balanced approaches across licit and illicit substances including new psychoactive substances, building up the evidence base in drug supply reduction and clarifying the rates of EU coordination bodies.*

The **European Monitoring Centre for Drugs and Drug Addiction** (EMCDDA)'s unique strength is that it is a multidisciplinary agency that addresses all aspects of the drug situation.

Their unique position as the central reference point for drug information in the EU by ensuring that maximum analytical value is derived from the data collected.

Their priorities in the recast regulation are:

- Monitoring the state of the drugs problem, in particular using epidemiological indicators and monitoring emerging trends.
- Monitoring the solutions applied to drug-related problems.
- Providing information on best practices in the member states and facilitating information exchange among them.
- Assessing the risks of new psychoactive substances and maintaining a rapid information system.
- Developing tools and instruments to help member States to monitor and evaluate their national policies, and the Commission to monitor and evaluate European Union (EU) policies.

The EMCDDA annual report 2012 is based on information provided to the EMCDDA by the EU Member states, the candidate countries Croatia and Turkey and Norway. The statistical data reported here relate to the year 2010.

On the one hand, drug use appears to be relatively stable in Europe. Prevalence levels overall remain high by historical standards, but they are not rising. On the other hand, there are worrying indications of developments in the synthetic drugs market and, more generally, in the way drug consumers now use a wider set of substances.

> *There is no dataset allowing a description of the full population of drug users currently undergoing drug treatment in Europe. However, information on an important subgroup of this population is gathered by the EMCDDA's treatment demand indicator. At least 1.1 million individuals were in contact with treatment services in Europe in 2010.*

Cannabis is the illicit drug most widely available in Europe, where it is both imported and produced domestically.

In many European countries, amphetamines or ecstasy is the second most commonly used illicit substance after cannabis.

Cocaine remains the second most commonly used illicit drug in Europe, although prevalence levels and trends differ considerably between countries. High levels of cocaine use are observed only in a small number of, mostly, western European countries, while elsewhere the use at this drug remains limited.

Heroin use, particularly injecting the drug, has been closely associated with public health and social problems in Europe since the 1970s. After two decades of mostly growing heroin problems, Europe saw a decline in heroin use and associated harm during the late 1990s and the early years of the present century. Since 2003-04, however, the trend has become less clearly defined, with indicators suggesting a more stable or mixed picture. Today, this drug still accounts for the greatest share of morbidity and mortality related to drug use in the European Union.

UNITED KINGDOM

Contrary to popular perception, drug addiction is rare. While many people use illegal drugs, only a few will ever become addicted. Some 2.8 million people in England use drugs, but only 300.000 of them use heroin and/or crack, the drugs that cause the most problems.

Many of the people in treatment today started using drugs during the recessions of the 1980s and 1990s. Many more are now starting to recover and because far fewer young people are using heroin or crack, it is not being topped up.

There is also the problem of new drugs, prescription drugs and alcohol; the need to help former drug users find the jobs and houses that will sustain their recovery; and the structural adjustment of the NTA's functions transferring to Public health England and local authorities taking charge of commissioning.

The modern drug treatment system in England emerged to offer a range of services that encompasses needle exchanges to reduce the public health risks and dedicated treatment for offenders to cut crime.

The total number of people coming into treatment for the very first time fell from 64,663 in 2005-06 to 25,237 in 2011-12.

Much of this reduction comes from declining numbers of heroin addicts. There were 47.709 new entrants in 2005-06 (74% of the intake) but only 9.249 in 2011-12 (37%). The reasons for this decline:

- The expansion of treatment places has enabled many of the most problematic heroin and crack addicts, who started using in the 1980s and 1990s, to be treated.

- The number of new addicts may be falling because the drug is less attractive, particularly among younger adults.

In the 2011/12 Crime Survey for England and Wales, an estimated 8.9% of adults had used an illicit drug in the last year; this remains around the lowest level since measurement began in 1996.

Among 16 to 59 year olds, 3% had used a Class A drug in the last year.

From the 2011/12 Crime Survey for England and Wales:

- *An estimated one in three adults (36.5%) had ever taken an illicit drug in their lifetime*
- *8.9% had done so in the last year and*
- *5.2% in the last month*

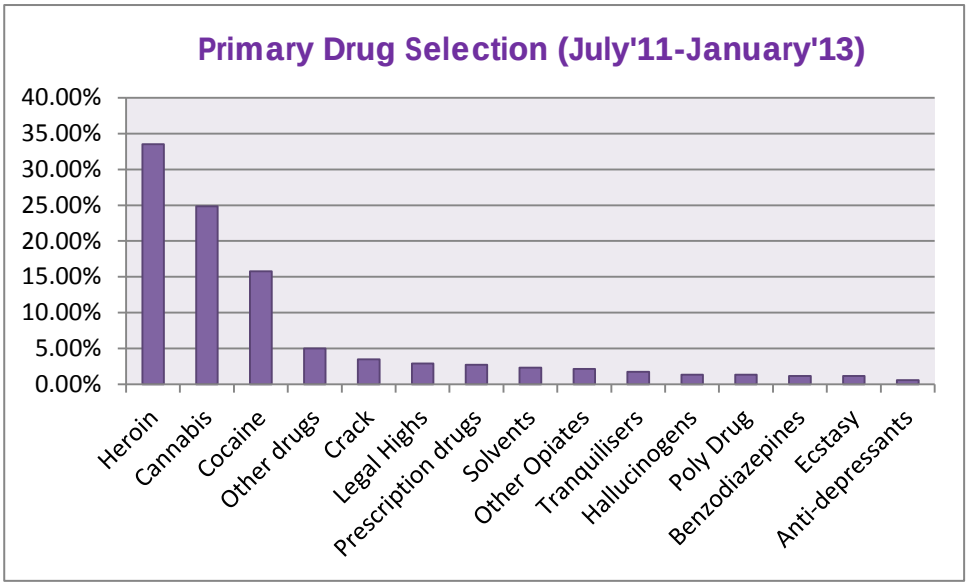
- In the 2011/12 survey cannabis was the most commonly used type of drug among adults in the last year (6.9%), followed by powder cocaine (2.2%) and ecstasy (1.4%).

- At 6.9% the level of last year cannabis use remains around the lowest level since measurement began in 1996. Levels of last year powder cocaine (2.2%) use have increased since 1996 (0.6%).

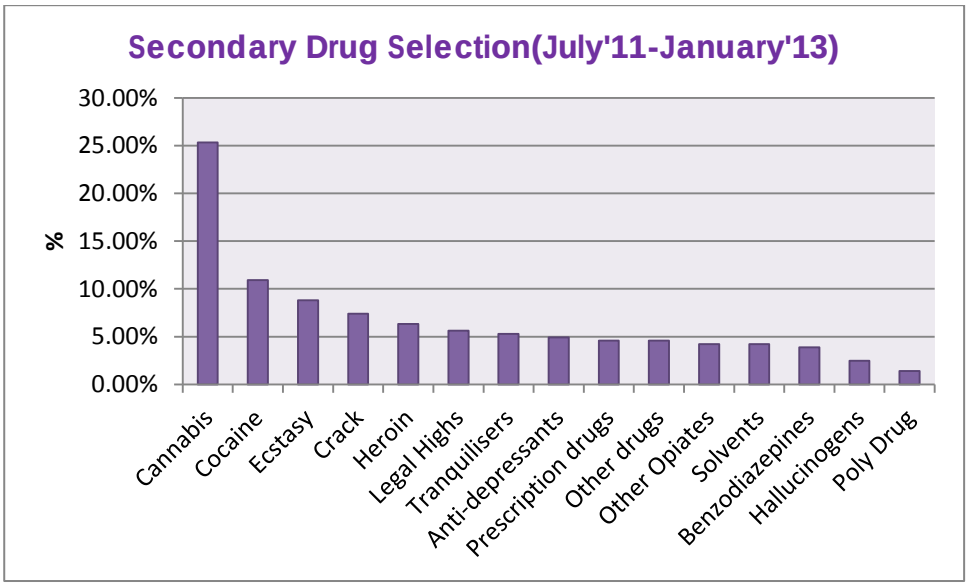
- In 2011/12, as frequency of alcohol consumption increased, so did drug use. The 16 to 59 year olds who reported drinking alcohol three or more days a week were around three times more likely to have used illicit drug and around six times more likely to have used a Class A drug in the last year than those who had not drunk any alcohol in the last month.

SMST Treatment Journey

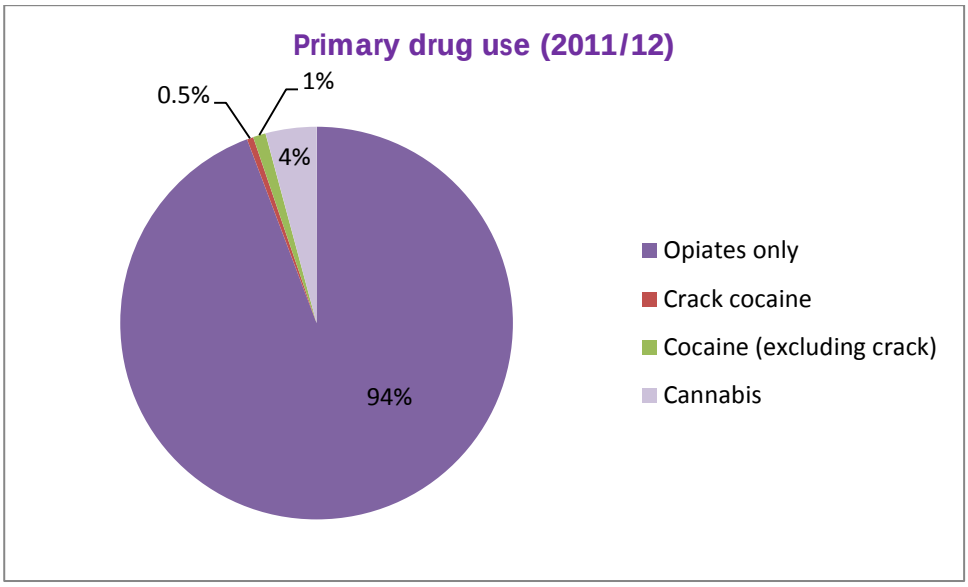
Since we launched our website www.drugs.org.uk in July 2011 we have had around 800 submissions through the online Treatment Journey section of our website until the end of January 2013, where adults from Leicestershire and Rutland ask for help with problems related to drugs and/or alcohol.
All the data and information sent through the Treatment Journey remains anonymous.
Of the total submissions 65% were related to drug problems and the remaining 35% to alcohol.
The three main recorded primary selection drugs were Heroin (33%), Cannabis (24%) and Cocaine (15%).



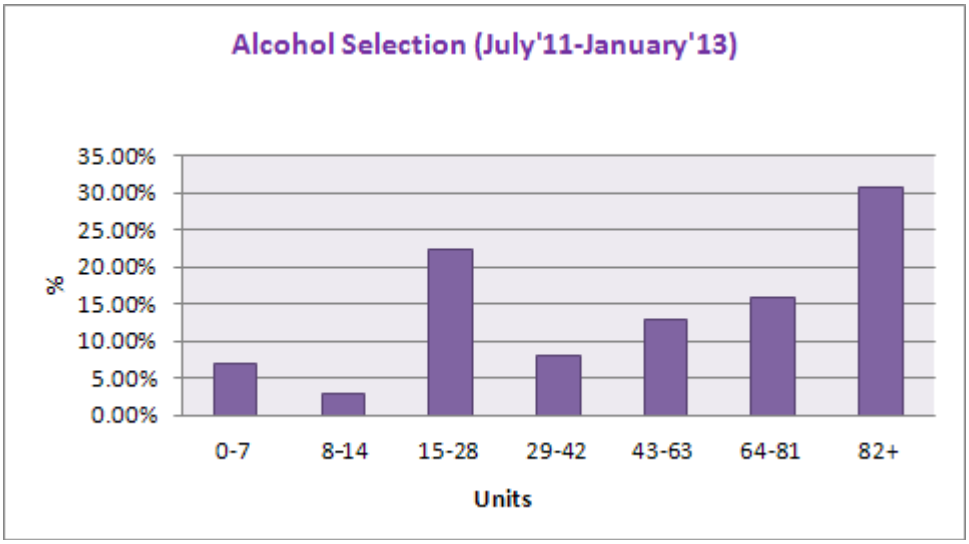
Looking at the secondary drug selection, Cannabis was the main selection with a 25%, followed by Cocaine (11%) and Ecstasy (9%).



From the 2011/12 data provided by Swanswell, around 94% of clients were opiates users. The majority of remaining drug users were in treatment for powder cocaine (1%), cannabis (4%) or crack cocaine (0.5%) problems (See chart below). A 10.5% of the total clients were opiates and crack users.



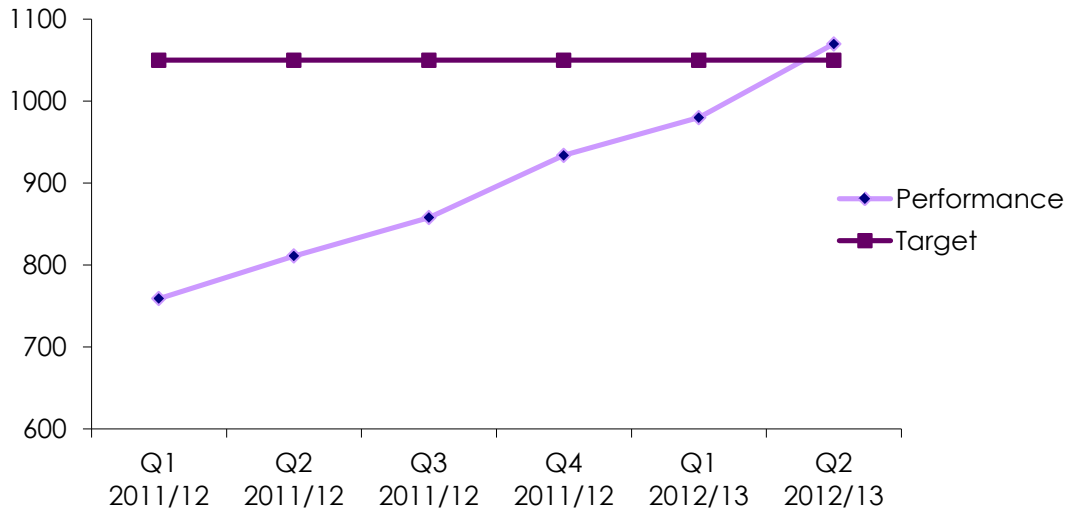
The 35% of submissions through the SMST Treatment Journey during 2011/12 and part of 2012/13, were alcohol related, from the total of alcohol related submissions; 30% drank more than 82 units a week, followed by 22% that drank between 15 and 28 units a week.



4.2 Effective Treatment

Drugs

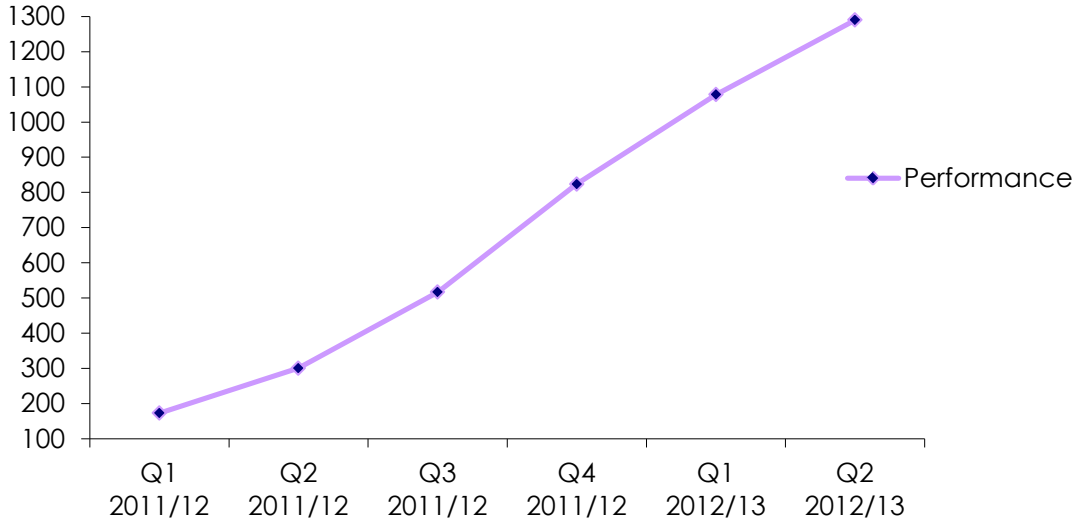
The number of recorded drug clients engaged in effective treatment for Q2 2012/13 for a rolling 12 month period is recorded as 1,070 (with an annual target of 1050), numbers have increased consistently quarter on quarter since the start of the contract on 1st July 2012 and have at Q2 achieved the required local target. This trend reflects issues encountered at the start of contract with fewer clients transferred than expected and an increase in referrals subsequently. Compared to the previous financial year however, prior to contract change, numbers in effective treatment have reduced as a Partnership (as they have nationally) and notably at an increased rate locally for Leicestershire. The chart below displays quarterly performance for 2011/12 and to date for 2012/13;



Alcohol

The number of recorded alcohol clients engaged in effective treatment for Q2 for a rolling 12 month period is recorded as 1,290. Numbers have increased consistently quarter on quarter since the start of the contract and the full twelve months performance will form the basis of target setting for the current year to be agreed shortly. The chart overleaf displays quarterly performance for 2011/12 and to date for 2012/13;

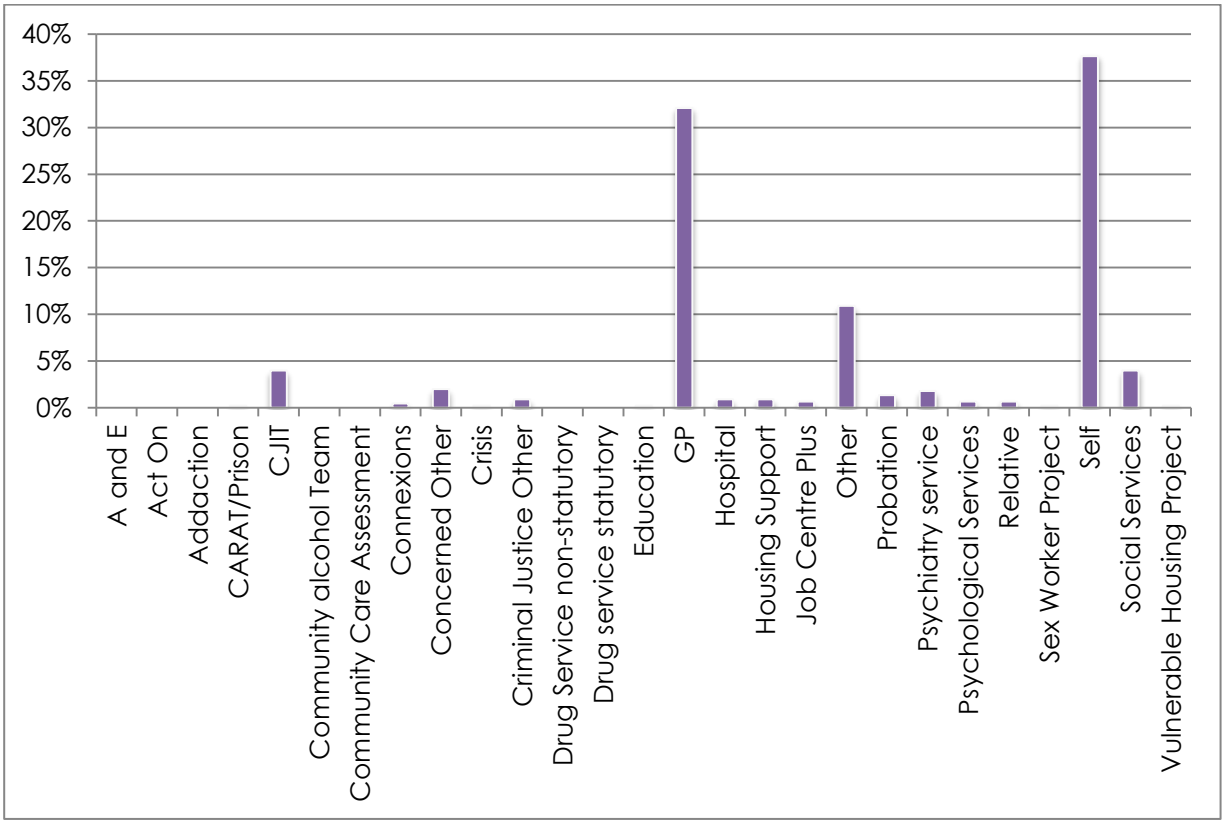
From contract start on 1st July, 2011 a significantly reduced number of clients were transferred to Swanswell, in total just 173 clients. Since that time Swanswell have engaged a further 1,117 clients in the latest twelve month period and are still seeing approximately 50 new referrals a week with 80% of those being alcohol.



4.3 Referral Pathways

Drugs

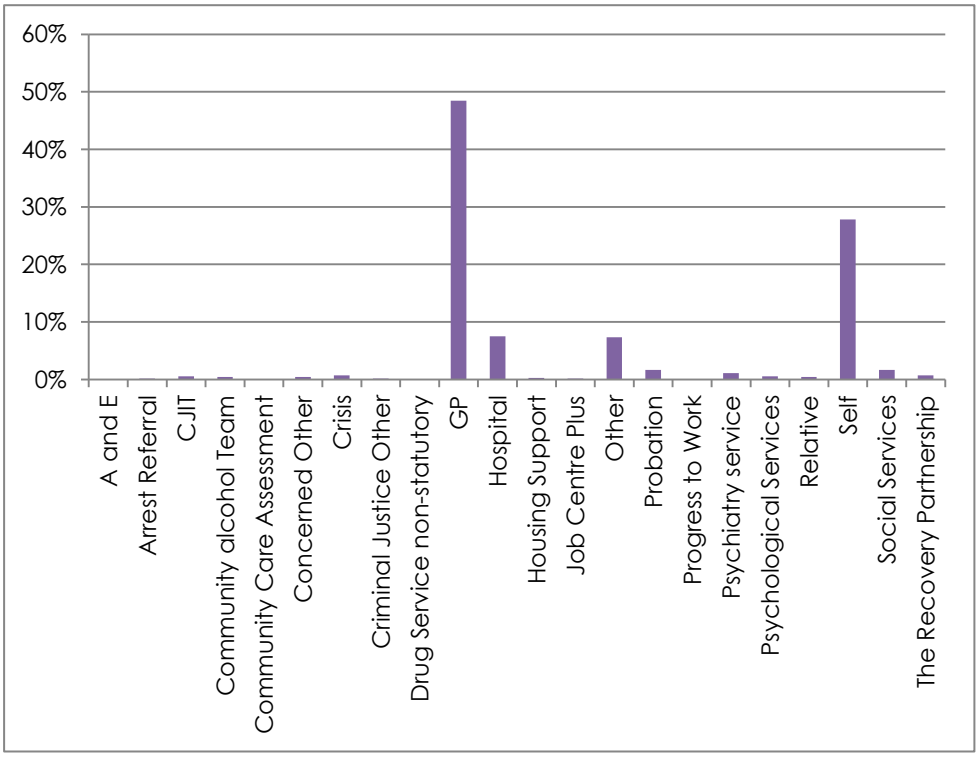
For 2012/13 the table below displays the referral sources into drug treatment. The main referrals into Swanswell community drug treatment are from self-referral, GP, other or social services. Since the implementation of the new integrated treatment system, GP referrals have increased which is positive.



National Statistics 2011/12: the main source of referrals was self-referrals (40%). The second most common source of referrals was the criminal justice system (29%) in the national statistics.

Alcohol

For 2012/13 the table below displays the referral sources into alcohol treatment. The main referrals into Swanswell community alcohol treatment are GP, self-referral, hospital and other. Since the implementation of the new integrated treatment system, GP referrals have increased which is positive.



National Statistics 2010/11: Self-referrals (37%) were most common. The second most common source of referrals was from GPs (20%).

4.4 Waiting Times

Drugs & Alcohol

Performance for the average client wait from initial contact to first appointment offered has been problematic since the transfer of services in July 2011. A greater number of referrals than expected has added pressure to the referrals and allocations teams and a number of policies and procedures have been reviewed to ensure waiting times are compliant with expectations. Waiting time performance for 2011/12 and 2012/13 to date is displayed below;

	Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13
% seen within 3 weeks (21 days)	48%	34%	41%	65%	93%
Average days to be seen	27	35	60	51	20

Waiting time performance recorded at Q2 2012/13 for Swanswell drug clients has improved from an average wait of 51 days to 20 days for the current quarter. This represents 93% of clients being seen within 21 days, which is now achieving the required NTA compliance level.

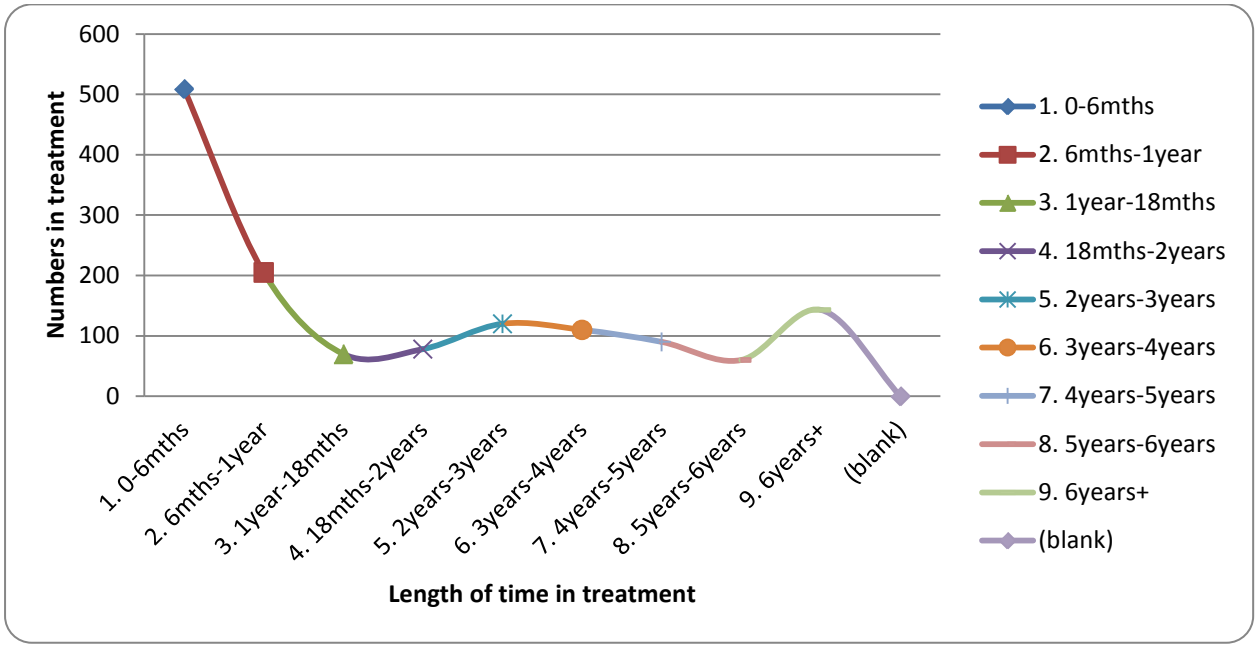
The NTA have welcomed this performance improvement. Discussion at the contract management meetings held monthly have assured commissioners that the processes now in place were robust and coping with the volume of referrals. An external consultant has supported Swanswell in revising their procedures and there is internal monitoring in place to identify any issues that may arise.

4.5 Length of Time in Treatment

Drugs & Alcohol (Adults and Young People)

In July 2012 Swanswell conducted analysis on the length of time the current client caseload had been engaged in treatment. As of 1st July 2012, 1385 service users were engaged in treatment. The table and graph below shows the length of time these service users have been in treatment.

Length of time in treatment	Numbers in treatment	As a percentage
0-6 months	509	37.7%
6 months – 1 year	205	14.8%
1 year – 18 months	70	5%
18 months – 2 years	78	5.6%
2-3 years	120	8.6%
3-4 years	110	7.9%
4-5 years	90	6.4%
5-6 years	60	4.3%
6 years +	143	10.3%
Total	**1385**	



Of the 1385 service users in treatment, 59% are in drug treatment and 41% are in alcohol treatment.

4.6 Treatment Exits

Drugs & Alcohol

The table below details the percentage of clients successfully discharged from treatment each quarter or exiting the service due to an onward referral. The first two quarters following contract start saw performance fall under the 40% local SMST target, however since this time performance for both drugs and alcohol has improved quarter on quarter, meeting the requirements specified in the contract.

Discharges (DRUGS)	Target	Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13
% leaving the treatment system in a planned way (during 1/4) **Drugs**	40%	28%	25%	38%	50%	56%
% leaving the treatment system in a planned way (during 1/4) including transferred on **Drugs**		55%	58%	64%	71%	61%

National Statistics 2011/12: There were 63,020 clients aged 18 and over who left drug treatment during the year and were not in treatment on 31st March 2012. Of these, 29,855 (47%) were discharged as Drug Treatment Completed

Discharges (ALCOHOL)	Target	Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13
% leaving the treatment system in a planned way (during 1/4) **Alcohol**	40%	38%	42%	46%	64%	70%
% leaving the treatment system in a planned way (during 1/4) including transferred on **Alcohol**		42%	48%	53%	69%	74%

National Statistics 2010/11: Clients aged 18 and over who were discharged from treatment during 2010-11 and were not in treatment on 31st March 2011 47% of these were discharged as Treatment Completed.

4.7 Treatment Outcome

The implementation of the Treatment Outcomes Profile (TOP) in routine clinical practice began from 1 October 2007; its completion and submission via the National Drug Treatment Monitoring System (NDTMS) is requested for all adult clients accessing tier 3 and 4 structured drug treatment. The TOP consists of a short set of simple questions that focus on the four key areas (substance use, injecting behaviour, criminal activity, health and social functioning) that are usually used to judge improvement during and after treatment. It has been developed following a standard psychometric validation method and this work has been published in an academic research. The first 3 years of implementation were problematic and performance was monitored purely on submission of the required TOPs forms. However, the system is now fully embedded and meaningful information can be extracted on client outcomes.

Swanswell have begun to incorporate these outcome measures into a reporting framework that can be monitored by SMST. The following chart displays the improved TOPs scores for drugs and alcohol for all outcome measures monitored.

Percentage improvement from earliest Tops to latest	Q1 2012/13	Q2 2012/13
Alcohol Use - Days	59%	61%
Opiate Use - Days	85%	83%
Crack Use - Days	87%	84%
Cocaine Use - Days	88%	91%
Amphetamines Use - Days	96%	87%
Cannabis Use - Days	69%	71%
Other Drug Use - Days	97%	97%
Injecting - Days	95%	90%
Drug selling - Days	100%	100%
Shoplifting - Days	100%	100%
Education - Days	2%	1%
Paid Work - Days	18%	14%
Psychological health	56%	55%
Physical health	49%	49%
Quality of life	52%	51%
Overall Happiness	55%	57%

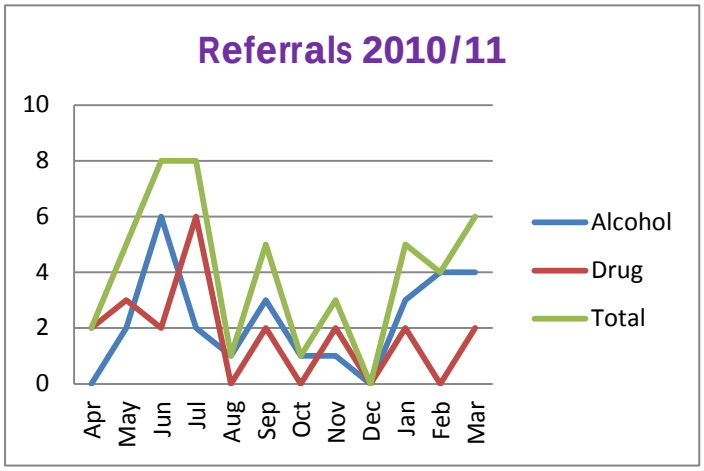
Overall, there has been significant change in the outcomes reported from clients from the first TOPs submission to the latest. Education and paid work have reported the least percentage improvement and these are areas that will be further developed as part of the recovery agenda with Swanswell during 2013/14.

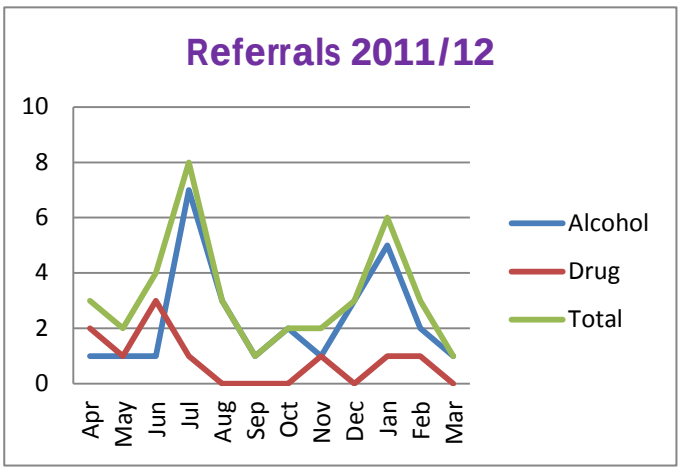
National Statistics 2011/12: The opiates-only drug group achieved greater abstinence rates from illicit opiates than the opiates & crack drug group. The opiates-only group achieved a total of 74% of total improvement (made of 51% abstinent and 23% improved).

4.8 Tier 4 Treatment

A total of 48 referrals were made in 2010/11 (27 were alcohol and 21 drug). In 2011/12 there were 38 referrals in total (28 alcohol and 10 drug).

Year	Primary Substance	Referrals
2010/11	Alcohol	27
	Drug	21
	Total	**48**
2011/12	Alcohol	28
	Drug	10
	Total	**38**





In 2010/11 a total of 13 alcohol referrals and 3 drug referrals started rehab.

In 2011/12 a total of 14 alcohol referrals and 4 drug referrals started rehab.

In **2010-2011** there were 48 referrals. Of these 18 assessments were completed, submitted and funding agreed. Of those agreed 16 (33% of 48 referrals) began rehab stays, 10 (62.5%) seem to have completed.

In **2011-2012** there were 38 referrals. Of those 18 assessments were completed, submitted and funding agreed. Of these 18, 18 began rehab stays and 11 seem to have completed.

4.9 Service User Profile

Current data indicates that Leicestershire and Rutland SMST services are recruiting males and females at approximately the same rates as the system on the whole, although there has been some fluctuation over the years. Recruitment is in line with other DAAT/SMST areas. The NTA advise that the latest data has indicated that women are less likely than men to be referred to drug treatment through the Criminal Justice System and more likely to refer themselves or be referred by a GP. It is also suggested that women are more likely to stay in treatment longer and get better results than men are. Local data for SMST commissioned drug treatment services in the Leicestershire area suggest that this may be a local trend also.

In terms of age ranges the treatment population continues to be 'maturing' i.e. the number of clients in the 18 - 24 age range is decreasing over time whilst the proportion of clients in the older age groups is increasing over time. The data for 2012-13 highlights a reduction in those clients aged under 25 and an increase in those over 44, however static for the other age brackets. It has been reported by our commissioned services that they are seeing an increasing number in the older age brackets (38-40+) starting or changing to class A, maybe due to life pressures. The 18-24 brackets often have other issues such as cannabis. There is a focus on problematic drug use but there is also the need for early intervention and prevention particularly with the young people and this requires addressing the issues around transition phases and linking to Children and Young Peoples Services. The current gender profile for Leicestershire & Rutland clients as of Q2 2012/13 is 70% male and 30% female for drugs and 57% male and 43% female for alcohol. The number of female alcohol clients engaging with treatment services has increased each quarter which is positive. The average age bracket for those in drug treatment is 25-34 (455 clients 41%) and ages 35-44 (345 clients 31%). For alcohol the average age is slightly higher at 35-44 (360 clients 30%) and ages 45-54 (353 clients 29%)

Ethnicity statistics have remained stable with exiting providers transferring their client caseload to Swanswell on 1st July 2011. According to the Office for National Statistics experimental estimates for mid 2009/10, 7% of Leicestershire's population is from the Black and Minority Ethnic (BME) group and 10% non-white British. Some ethnic groups are highly concentrated in certain areas, notably Oadby and Loughborough, but there is a trend for minority ethnic groups to become more dispersed over time. The Rutland estimate is 2% BME.
Swanswell currently have a caseload 95% white British and 5% non-white British. This is in line with the 5% target outlined in the contract; however this will be revised to 7% to reflect the ONS current estimates for the current financial year.

Section 5 – Treatment System Analysis for Drugs & Alcohol- Young People

5.1 Introduction: European and National Strategies

Europe

Drug use is one of the major causes of health problems and mortality among young people in Europe, and can account for a considerable proportion of all deaths among adults. Studies have found that between 10% and 23% of mortality among those aged 15-49 could be attributed to opioid use (Bargali et al., 2006; Bloor et al., 2008).

United Kingdom

The use of legal and illegal drugs by young people is associated with immediate health risks, which vary with the drug taken. Already vulnerable young people have an increased risk of drug use: 10 to 15 year olds are more likely to take drugs if they have experiences truancy, exclusion from school, homelessness, time in care, or serious or frequent offending. There are also concerns about the relationship between drug use and mental health problems among young people (National Statistics, 2011).

In December 2010, the government published the National Drug Strategy, reducing demand, restricting supply, building recovery: supporting people to live a drug-free life. The strategy aims to reduce drug use both by discouraging young people from trying illicit drugs and by providing support and treatment for those with drug problems. The strategy focuses on early intervention and support for vulnerable young people and families through local authorities. Youth justice services will also be encouraged to address drug or alcohol misuse as contributory factors in young people's offending.
The strategy was designed to complement the Every Child Matters programme with a shared focus on reducing drug use by young people.

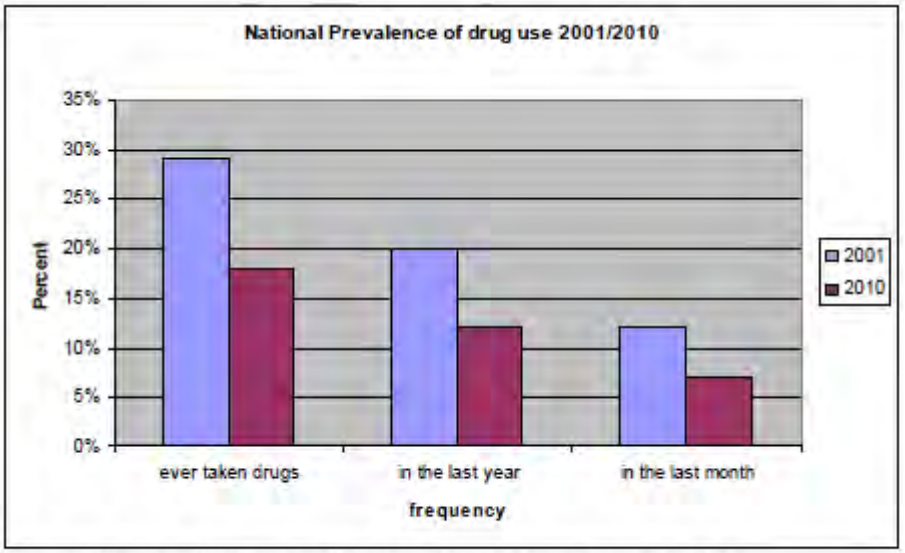
The National Treatment Agency have observed that: "Regular substance misuse can cause significant problems for young people. Young people can react in different ways to the effects of drug and alcohol misuse. In extreme cases, they may develop serious medical problems or emotional disorders. Their attendance at school and college may suffer, along with relationships with friends and family members."

> *"Indeed harmful drug and alcohol use can affect every aspect of a young person's potential, and is often linked to other problems in a young person's life"*

The consequences of substance misuse are wide-ranging. Among young people, substance misuse and intoxication are linked particularly to anti-social behaviour, committing violence, becoming the victims of violence, other offending, and risky sexual behaviour.

Nevertheless national and local evidence suggests that the majority of young people who misuse substances are likely to be using alcohol or cannabis although current policy models are being challenged by the growth of the 'legal highs' market. New psychoactive substances and new patterns of use, though usually first appearing among restricted social groups or in a few locations, can have important implications for public health and for drug policy.

More young people today are choosing not to drink alcohol at all. But those who do drink are consuming more, starting to drink at earlier ages and drinking more regularly (DCSF, 2009)
Further to this, the prevalence of drug use [among young people] has declined since 2001 (Fuller, 2008)



(Source: Smoking, Drinking and Drug Use Among Young People in 2010)

Whilst there is still concern at the number of young people drinking excessively and using drugs, this should be tempered by the knowledge that the vast majority of people under 18 choose not to drink excessively or misuse substances.

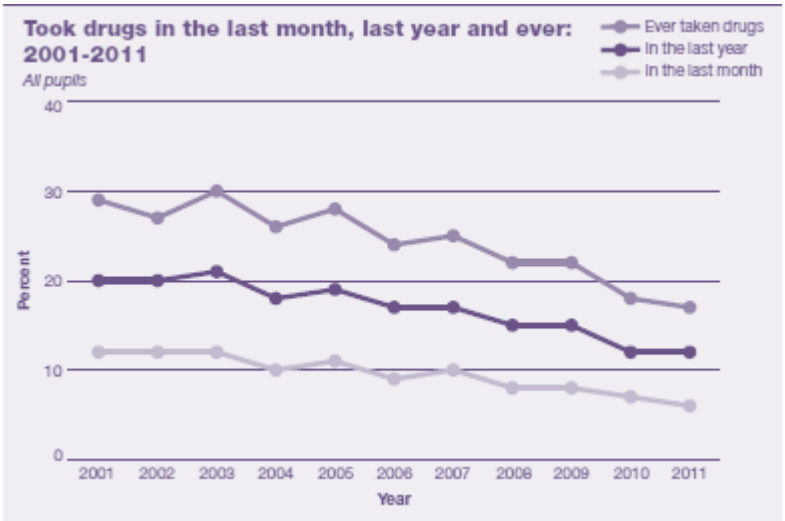
Young people and their needs differ from adults:

- The majority of young people accessing specialist drug and alcohol interventions have problems with alcohol (37%) and cannabis (53%), requiring psychosocial, harm reduction and family interventions, rather than treatment for addiction, which most adults but only a small minority of young people require.
- Most young people need to engage with specialist drug and alcohol interventions for a short period of time, often weeks, before continuing with further support elsewhere, within an integrated young people's care plan.

There has been an overall decrease in drug use reported by 11-15 year olds since 2001.

Smoking, drinking and drug use among young people in England 2011 Survey

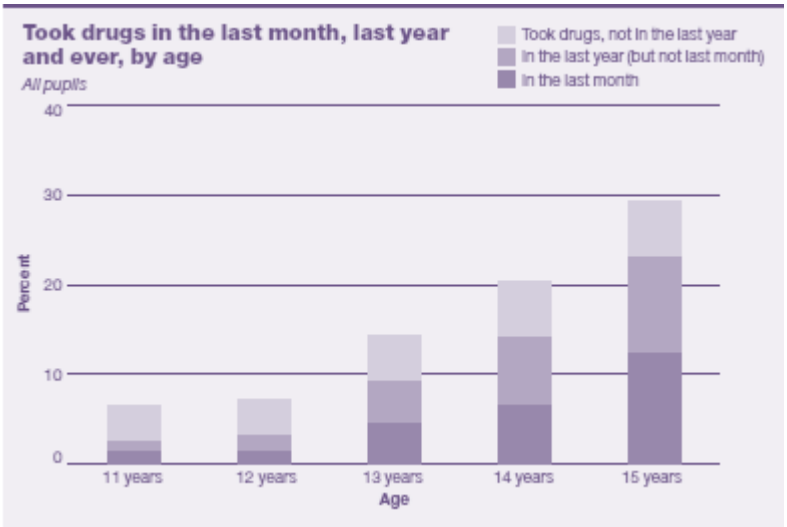
The focus in 2011 was drug use, and this summary reflects that. The 2011 survey achieved a sample of 6,519 pupils aged between 11 and 15 in 219 schools across England.



There has been a decline in **drug use** by 11 to 15 year old pupils since 2001. In 2011, 17% of pupils had ever taken drugs, compared with 29% in 2001. The decline in the prevalence of drug use parallels the fall in the proportions of pupils who have ever been offered drugs, from 42% in 2001 to 29% in 2011.

In 2011, 12% of pupils reported taking drugs in the last year; 6% said they had taken drugs in the last month.

As in previous years, pupils were most likely to have taken cannabis (7.6% in the last year, down from 13.4% in 2001) or to have sniffed glue, gas or other volatile substances (3.5% in 2011). Other drugs asked about had been taken in the last year by 1% of pupils or less.

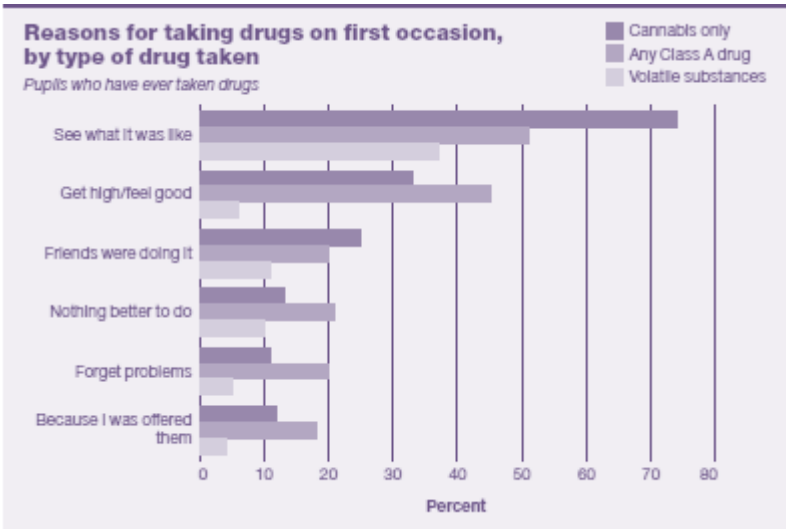


In 2011, 58% of pupils who had taken drugs in the last year said that they would like to stop now or in the future, but only 4% said they thought they needed help or treatment for their drug use.

For the first time in the survey series, pupils were asked whether they had ever bought any drugs from a shop or over the internet. 6% of pupils said they had bought drugs from a shop and 1% said they bought them over the internet.

Less than half (45%) of pupils aged between 11 and 15 have had at least one alcoholic drink in their lifetimes. The proportion of pupils in this age group who had never drunk alcohol has risen in recent years, from 39% in 2003 to 55% in 2011.

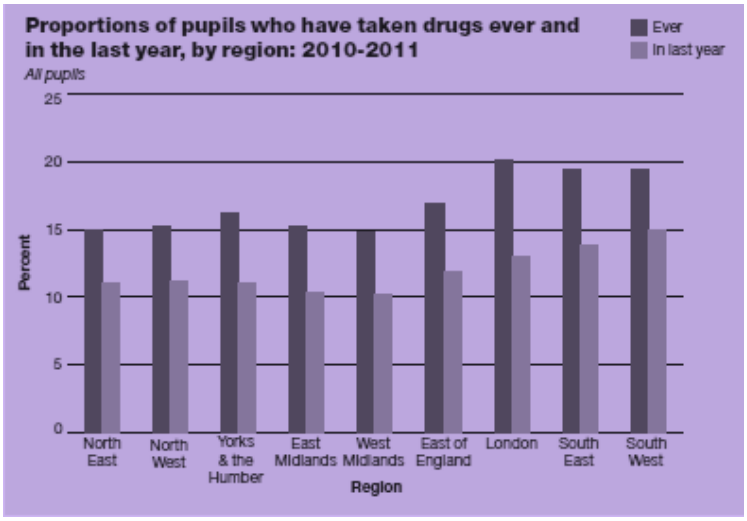
In 2011, 71% of pupils who had taken drugs in the last year had only taken one type of drug. The remaining 29% had taken two or more types of drug.
Just a small number of pupils said that they take drugs very frequently, with 1% of pupils saying that they take drugs most days and a further 1% saying that they take drugs at least once a week.
Pupils who had ever taken drugs were asked where they got the drugs from the first time they tried them. 72% said they had got the drugs from a friend, with 44% saying they got drugs from a friend of their own age and 25% reporting that they had got drugs from an older friend. This pattern is similar to previous years.



In line with previous years, the most commonly cited reason for taking drugs on the first occasion was "to see what it was like" (54% of pupils). The next most common reasons given were "to get high or feel good" (25%) and because "my friends were doing it" (19%). This pattern has remained consistent over time.

The same proportion of boys and girls reported that they would like to give up now or in the future (both 58%).

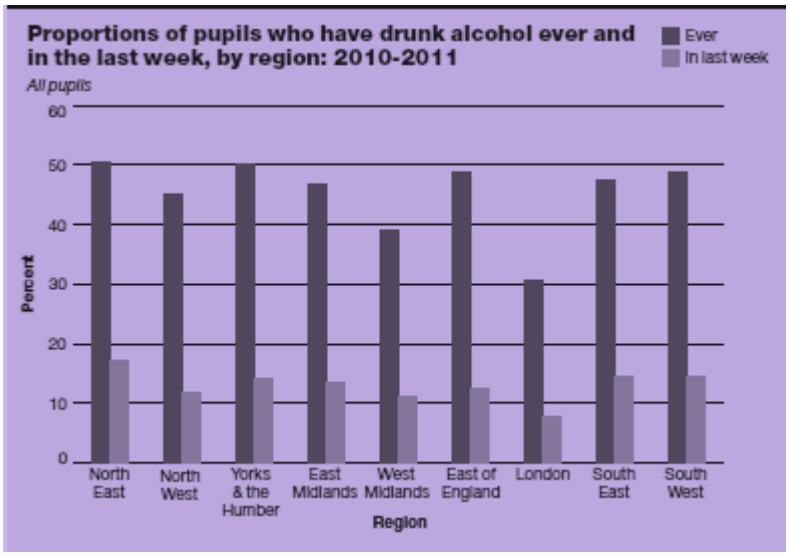
Pupils were asked whether they had ever bought drugs over the internet or from a shop. Overall, 1% of all pupils reported having bought drugs over the internet and 6% from a shop.
Pupils who had taken Class A drugs were most likely to have bought drugs over the internet.
Pupils who had taken class A drugs were also very likely ever to have bought drugs (of any type) from a shop (27%). A similar proportion (25%) of those who had sniffed volatile substances only said they had ever bought any drugs from a shop- not really surprising given that these are products on general sale. A smaller proportion of pupils who had only taken cannabis in the last year said they had ever bought any drugs from a shop.



In 2011, almost all pupils thought their families would disapprove; 87% felt that their families would try to stop them from taking drugs, whilst 12% said that their families would try to persuade them not to take drugs.

Pupils were asked about where they had received helpful information about drugs from. Pupils were most likely to get helpful information about drugs from teachers (69%), parents (66%) and TV (64%). Helplines were least likely to be mentioned by pupils as a source of helpful information (16%).

45% of pupils said that they had drunk **alcohol** at least once. This was at the same level as in 2010, and maintains the downward trend since 2001 when 61% of pupils had drunk alcohol.
Boys and girls were equally likely to have drunk alcohol. The proportion who had drunk alcohol at least once increased with age, from 11% of 11 year olds to 74% of 15 year olds.
The reported frequency of drinking continues to decline. In 2011, 7% of pupils said they usually drank at least once a week, compared with 20% in 2001.
Pupils aged 11 to 15 who drank in the last week drank a mean amount of 10.4 units and a median amount of 7.0 units.



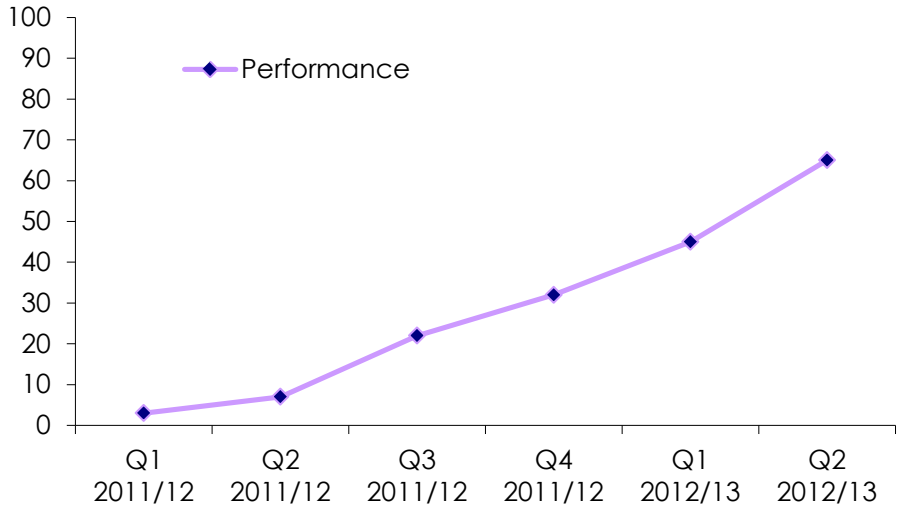
The most popular type of drink was beer, larger or cider, which accounted for around half pupils' mean weekly intake (5.2 units). Boys were more likely than girls to drink beer, larger or cider; girls drank more wine and alcopops than boys.
Teenagers in England are more likely to drink alcohol than those in many other European countries. Drinking during childhood, and particularly heavy drinking, is associated with a range of immediate and long term harms including accidents, violence, anti-social behaviour and a range of physical and mental health problems.
There are various influences on children's drinking behaviour. For younger children, parents and family play the most important role in shaping their understanding of alcohol, although parental guidance on alcohol and the harm it can cause is inconsistent.

Pupils were asked "have you ever had a proper alcoholic drink –a whole drink, not just a sip?" In 2011, 45% of pupils said that they had. This is the same proportion as in 2010, and confirms a long-term downward trend since 2001, when 61% of pupils had drunk alcohol.

5.2 Effective Treatment

Swanswell

The number of recorded young people engaged in effective treatment with Swanswell for Q2 for a rolling 12 month period is recorded as 65, an increase of 20 clients since the previous quarter. In total since the contract commenced on 1st July, 2011 Swanswell have engaged a total of 62 young people across the County with only 3 clients transferred originally from the exiting providers. The chart below displays quarterly performance for 2011/12 and to date for 2012/13;



Swanswell have been out to several schools/colleges and youth clubs to provide educational sessions and talks around drugs and alcohol during 2011/12 and 2012/13: Groby College, Rutland College, Mountfield Lodge youth club, Joules youth club, Ashby families fate, Northwest Leicestershire young parents fate, Melton and Brooksby College, Stephenson Studio College, Burbage Independent Learning, Harborough Satellite, NWL young fathers group, NWL young parents group, Connexions (Blaby, Oadby & Wigston), Guthlaxton College, Hinckley College , South Leicester College Rutland County College, Uppingham Community College, Casterton College, Stars group and Ketton Youth Group.

Swanswell have also been working with young carers of parents who are misusing drugs and alcohol.

Over the last two years, Rutland County Council have been running a pilot project, in conjunction with Swanswell, aimed at encouraging greater engagement from young people with services in the County. Swanswell were commissioned to provide a youth worker, for two days a week, to work with the youth service. Referrals were slow to come through but the post holder made a significant impact in awareness/education for young people via assertive outreach and community engagement. The post holder also provided networking for staff who work with young people that may misuse substances.

5.3 Referral Pathways

The referral pathway for young people engaged in structured drug and alcohol treatment with Swanswell is detailed below extracted from the latest available data for Q2 2012/13. The main source of referral for young people is via concerned others, followed by GP or self-referral.

Turnover - referral source (from referral)	Q1	Q2	YTD Total / %
Alternative Education	0	2	2
Children and Family Services	2	3	5
Children's mental health services	3	0	3
Concerned Other	6	18	24
FRANK	0	1	1
GP	2	8	10
Hospital	1	1	2
Housing Association	0	2	2
Relative	3	1	4
School Nurse	3	0	3
Self	2	7	9
Social Services	2	0	2
Targeted Youth Support	0	1	1
Universal Education	3	3	6
Young Peoples Treatment Provider	1	1	2
Youth Offending Team	2	1	3
Total	**30**	**49**	**79**

National Statistics 2011/12: The most common gateway to young people's services in through referral from the criminal justice or youth justice system (38%), with the majority of these coming from youth offending teams (34%). The second and third most common referral sources are mainstream education (15%) and self-referrals (7%).

5.4 Waiting Times

As reported within the adult section, performance for the average client wait from initial contact to first appointment offered has been problematic since the transfer of services in July 2011. A greater number of referrals than expected has added pressure to the referrals and allocations teams and a number of policies and procedures have been reviewed to ensure waiting times are compliant with expectations. Waiting time performance recorded at Q2 2012/13 for Swanswell YP clients is currently 97% of clients being seen within 21 days, achieving the required NTA compliance levels. The average days wait from first appointment offered is 1.3 days, a significant improvement from the previous year at 15 days.

5.5 Treatment Exits

The table below details the percentage of YP clients successfully discharged from treatment each quarter or exiting the service due to an onward referral for drugs and alcohol. For young people the percentage successfully discharged from the service has consistently achieved the 40% target outlined within the contract since the transfer of services in Q2 2011/12.

Discharges	Target	Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13
% leaving the treatment system in a planned way (during 1/4)	40%	50%	64%	41%	71%	70%
% leaving the treatment system in a planned way (during 1/4) including transferred on		100%	82%	47%	79%	75%

National Statistics 2011/12: 13,187 individuals are recorded as having exited specialist substance misuse services in 2011-12. 77% of these young people exited having completed their interventions at this service, defined as having a care planned discharge and no longer requiring young people's specialist substance misuse interventions.

5.6 Treatment Outcome

The implementation of the Treatment Outcomes Profile (TOP) in routine clinical practice began from 1 October 2007; its completion and submission via the National Drug Treatment Monitoring System (NDTMS) is requested for all adult clients accessing tier 3 and 4 structured drug treatment. The TOP consists of a short set of simple questions that focus on the four key areas (substance use, injecting behaviour, criminal activity, health and social functioning) that are usually used to judge improvement during and after treatment. Swanswell have begun to incorporate these outcome measures into a reporting framework that can be monitored by SMST. The following chart displays the improved TOPs scores for drugs and alcohol for all outcome measures monitored.

Percentage improvement from earliest Tops to latest	Q1 2012/13	Q2 2012/13
Alcohol Use	50%	43%
Opiate Use	NA	0%
Crack Use	NA	NA
Cocaine Use	NA	100%
Amphetamines Use	NA	100%
Cannabis Use	40%	33%
Other Drug	33%	40%
Injecting Days	NA	NA
Drug selling	NA	50%
Shoplifting	100%	NA
Education	50%	11%
Paid Work	0%	11%
Psychological health	70%	33%
Physical health	60%	56%
Quality of life	40%	33%
Happiness Score	NA	56%

National Statistics 2011/12: The opiates-only drug group achieved greater abstinence rates from illicit opiates than the opiates & crack drug group. The opiates-only group achieved a total of 74% of total improvement (made of 51% abstinent and 23% improved).

5.7 Service User Profile

All young people are potentially at risk of misusing drugs and alcohol but there are several key risk groups. These include children in care, persistent absentees, excludees, young offenders and children affected by parental use. National prevalence data shows the likelihood of using an illegal substance in children under 16 is nine times higher for frequent truants and five times higher for young people who have been arrested and excluded than non-vulnerable young people. The most recent data, provided by the National Drug Treatment Monitoring System (NDTMS) for quarter 2 2012/13 shows that presentations to young people's treatment services were most commonly in relation to cannabis and alcohol – many young people will present with difficulties with both. Recent presentations have also included problems with the new 'legal highs'. The current demographic profiles of YP clients engaged with Swanswell are as follows;

Demographics - Referrals by Gender (open in 1/4)	Q1	Q2
Total Males	42	45
Male (%)	64%	58%
Total Females	24	32
Female (%)	36%	42%
Totals	**66**	**77**

Demographics - Referrals by Age Group (open in 1/4)	Q1	Q2
<=Aged 13	3	8
Aged 14	7	12
Aged 15	20	18
Aged 16	18	17
Aged 17	12	16
Aged 18	6	6
Totals	**66**	**77**

5.8 Other Young People Data

Leicestershire Youth Offending Service

The Youth Offending Service provides an initial assessment for substance misuse on all young people it works with using its ONSET and ASSET assessment tools. If the initial assessment indicates that young people require a further, more in depth assessment, they are referred by their case manager to the substance misuse workers.

Additionally, the substance misuse workers work with young people who have substance misuse issues that are linked to the risk they pose to the public and/or are vulnerable, in order to monitor their substance use even when they are not motivated enough to engage in effective treatment.

The Youth Offending Service in 2011/12 assessed 87 young people as requiring Tier 2 or 3 interventions. Between April and September 2012 the Youth Offending Service assessed 31 young people requiring Tier 2 or 3 interventions. During this period there were 14 new presentations in to treatment, making a total of 31 young people in treatment between April and September 2012.

The Youth Offending Service continues to monitor the proportion of young people who receive an assessment within 5 days of referral and the number of young people who accessed treatment within 10 days. Between April and September 2012 90.3% were assessed within 5 days and 100% accessed treatment within the timescale.

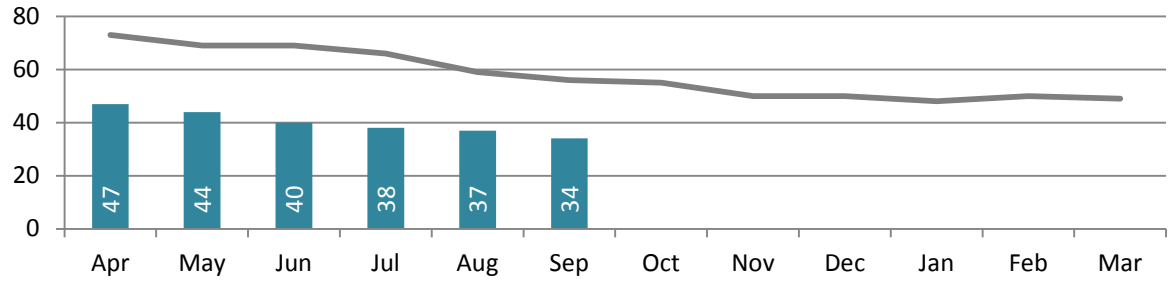
Approximately 15% of young people do not give consent to data sharing with National Treatment Agency and as a result the data identified from this source will not provide a full representation of the numbers of young people accessing treatment with the Youth Offending Service.

(Data extracted from the latest quarterly Local Assurance Report 2012/13 (NDTMS))

The numbers of young people who are in specialist substance misuse community services from Leicestershire Youth Offending Service are shown in the following table:

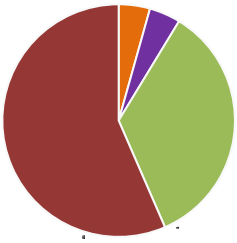
	Leicestershire Youth Offending Service			
	Quarter 1 No.	Quarter 2 No.	Quarter 3 No.	Quarter 4 No.
Young people in services, rolling 12 months	40	34		
Young people in services, year to date	19	23		
New presentations of young people, year to date	0	1		
Over 18s in YP services, year to date		0		

The following chart shows the numbers of YP in services, rolling 12 months (figures for the same time in 2011-12 shown by the grey line)



Length of Time in Services year to date

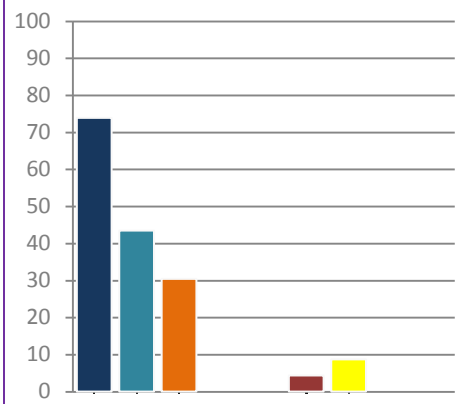
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	No.	%	No.	%	No.	%	No.	%
Average length of time in services	136.89		127.78					
0 - 12 weeks	0	*0*	1	*4*				
13 - 26 weeks	3	*16*	1	*4*				
27 - 52 weeks	4	*21*	8	*35*				
More than 52 weeks	12	*63*	13	*57*				



The interventions (year to date) statistics show that 48% (11) of the interventions were "harm reductions" in the last quarter (Q2) and 22% were old YP Codes (psychosocial and family work).

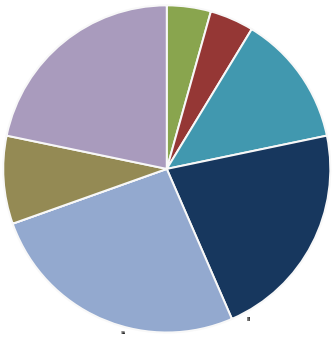
Demographics (all figures are of YP in specialist substance misuse services year to date)

Around 76% of YP in substance misuse community services are male and approximately 24% females. 91% of them are White British.



Selected area, YtD

Substances	Leicestershire Youth Offending Service							
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	No.	%	No.	%	No.	%	No.	%
Cannabis	13	*68*	17	*74*				
Alcohol	9	*47*	10	*43*				
Amphetamines	7	*37*	7	*30*				
Cocaine	0	*0*	0	*0*				
Ecstasy	0	*0*	0	*0*				
Solvents	1	*5*	1	*4*				
Opiates	2	*11*	2	*9*				
Crack	0	*0*	0	*0*				
Other	0	*0*	0	*0*				



Selected area, YtD

Age	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	No.	%	No.	%	No.	%	No.	%
Aged 9 - 12	0	*0*	0	*0*				
Aged 13	0	*0*	0	*0*				
Aged 14	1	*5*	1	*4*				
Aged 15	1	*5*	1	*4*				
Aged 16	2	*11*	3	*13*				
Aged 17	2	*11*	5	*22*				
Aged 18	6	*32*	6	*26*				
Aged 19	0	*0*	0	*0*				
Aged 20 - 21	2	*11*	2	*9*				
Aged 22 - 24	5	*26*	5	*22*				

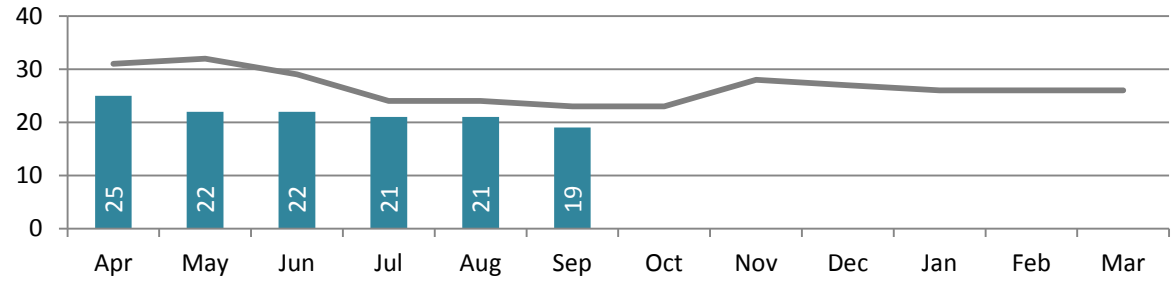
Leicestershire Student Support Service

(Data extracted from the latest quarterly Local Assurance Report 2012/13 (NDTMS))

The numbers of young people who are in specialist substance misuse community services from Leicestershire Student Support Service are shown in the following table:

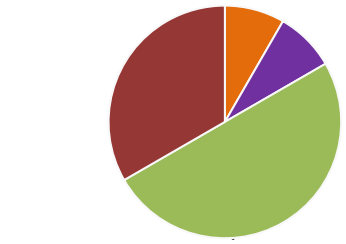
	Leicestershire Student Support Service			
	Quarter 1 No.	Quarter 2 No.	Quarter 3 No.	Quarter 4 No.
Young people in services, rolling 12 months	22	19		
Young people in services, year to date	12	12		
New presentations of young people, year to date	0	0		
Over 18s in YP services, year to date		0		

The following chart shows the numbers of YP in services, rolling 12 months (figures for the same time in 2011-12 shown by the grey line)



Length of Time in Services year to date

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	No.	%	No.	%	No.	%	No.	%
Average length of time in services	49.58		50.00					
0 - 12 weeks	1	*8*	1	*8*				
13 - 26 weeks	1	*8*	1	*8*				
27 - 52 weeks	6	*50*	6	*50*				
More than 52 weeks	4	*33*	4	*33*				

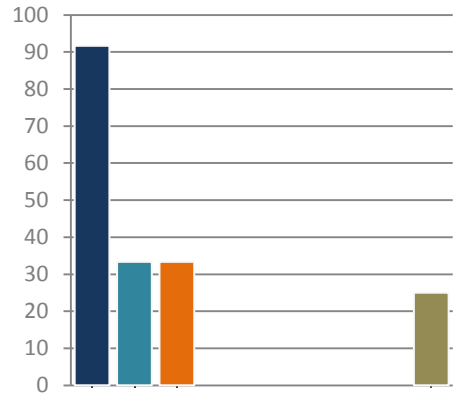


Selected area, YtD

The interventions (year to date) statistics show that 75% (9) of the interventions were "harm reductions" in the last quarter (Q2) and 17% were psychosocial counselling.

Demographics (all figures are of YP in specialist substance misuse services year to date)

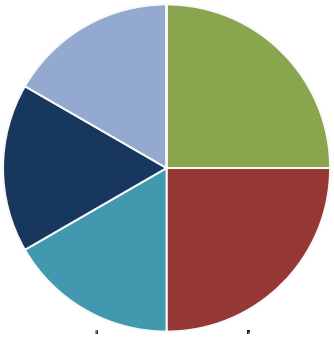
Around 50% of YP in substance misuse community services are male and 50% females. 100% of them are White British.



Selected area, YtD

Substances

Leicestershire Student Support Service	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	No.	%	No.	%	No.	%	No.	%
Cannabis	11	*92*	11	*92*				
Alcohol	4	*33*	4	*33*				
Amphetamines	4	*33*	4	*33*				
Cocaine	0	*0*	0	*0*				
Ecstasy	0	*0*	0	*0*				
Solvents	0	*0*	0	*0*				
Opiates	0	*0*	0	*0*				
Crack	0	*0*	0	*0*				
Other	3	*25*	3	*25*				



Selected area, YtD

Age

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	No.	%	No.	%	No.	%	No.	%
Aged 9 - 12	0	*0*	0	*0*				
Aged 13	0	*0*	0	*0*				
Aged 14	3	*25*	3	*25*				
Aged 15	3	*25*	3	*25*				
Aged 16	2	*17*	2	*17*				
Aged 17	2	*17*	2	*17*				
Aged 18	2	*17*	2	*17*				
Aged 19	0	*0*	0	*0*				
Aged 20 - 21	0	*0*	0	*0*				
Aged 22 - 24	0	*0*	0	*0*				

Section 6 – Criminal Justice Drug Team

6.1 Leicestershire & Rutland Prisons

The Criminal Justice Drugs Team (CJDT) are part of the Leicestershire & Rutland Probation Trust and involves the Police, the Probation Service and Addaction, a national charity that works with people with drug and alcohol issues.

The partnership approach provides drug support services and supervision from the point of arrest until the end of the court sentence. There is also help for misusers who make voluntary contact.

Every year the integrated drug team works with more than 1000 men and women who have been sentenced by the courts or who volunteer for treatment to combat their drug dependency.

Crime rates connected with drug misusers are falling across Leicester City and the surrounding counties.

Many offenders have been convicted of acquisitive crimes such as burglary, theft from homes, shops and cars, or handling stolen goods.

There are three prisons in Leicestershire and Rutland, holding around 2298 prisoners at one time.

- **Glen Parva:** HMYOI Glen Parva houses young offenders aged 18 to 21 and is situated in the Wigston area of Leicestershire. The facility acts as a remand centre for a large population awaiting trial or sentence, and is also a Young Offenders institution for its sentenced population.
  Glen Parva has a capacity for 808 Prisoners. There are approximately 3000 new prisoners to Glen Parva each year, with each prisoner having an average prison stay of 2 months.

- **HMS Gartree**: HMP Gartree is a category B prison (prisoners for whom the very highest conditions of security are not necessary but, for whom escape must be made very difficult) located near Market Harborough, Leicestershire. The Certified Normal Accommodation of the prison is 679.

- **HMP Stocken**: is a category C prison (prisoners who cannot be trusted in open conditions but who do not have the will or the resources to make a determined escape attempt) located near Stretton, near Oakham, Rutland. It received approximately 25 new receptions per week. The Certified Normal Accommodation of the prison is 842 and due to population pressures it usually is occupied to capacity.

In keeping with national trends prisoners in Leicestershire have extremely high levels of drug and/or alcohol abuse. Those who have unresolved substance abuse issues are at higher risk of re-offending in the future.

Substance misuse services in prison reflect those in the community, and offer the full range of treatment, from psychosocial therapy and structured interventions, through to substitute prescribing and other clinical interventions.
Service providers are co-commissioned by the Substance Misuse Strategic Team (SMST), the local NHS Primary Care Trust (PCT) and the individual establishments. Of the three prisons located in the County, HMP Stocken currently has a fully-integrated service provider (Nottinghamshire Healthcare Trust) that delivers both clinical and non-clinical substance misuse treatment. HMP Gartree and HMYOI & RM Glen Parva both have clinical treatment provided by Leicestershire Partnership Trust. The non-clinical substance misuse treatment at these establishments is currently provided by the

prisons, although these staff are currently subject to a TUPE process that will see Leicestershire Partnership Trust also delivering a fully-integrated service.

Glen Parva

Glen Parva was constructed in the early 1970s as a borstal and has always held young offenders. Since its opening in 1974 the establishment has seen considerable expansion and change and now serves a catchment area of over 100 courts, holding a mixture of sentenced, un-sentenced, and remand prisoners.

All prisoners are assessed by Health Care and Drug Support Services staff on reception. If a drug related problem is identified there are provisions for:
- Detoxification
- One to one counselling CARATs
- Group Work
- Short Duration Drugs Programme (for short sentence prisoners)
- P-ASRO (accredited drugs programme)
- Compact Based Drug Testing

The Substance Misuse Team will:
- Identify Substance Misusers
- Assess and treat with chemical detoxification
- Promote harm minimisation through advice
- Provide a Hepatitis B Vaccination programme
- Support around Health and Social problems associated with substance misuse
- Acts as a referral point to CARATs and Healthcare Services

The team will also assist with relapse prevention through links with the community drug teams and in liaison with the community teams will offer medication to support relapse prevention upon release.

Glen Parva provides a drug rehabilitation programme for up to 802 convicted prisoners per year. A centrally accredited programme is being delivered. The course will be up to 6 to 7 weeks long up to 10 prisoners per course. Post programme review meetings will identify ongoing needs to be addressed during the remainder of the sentence, both in custody and on release. Engagement with CARAT workers is a fundamental part of the process in order to promote continuity of this intervention with community agencies on release.

47% of new prisoners including transfers into Glen Parva were seen by the Substance Misuse Team for the period 08/09 (the latest data available).
These prisoners were assessed for the substance use of which over 80% were referred to CARATs.

178 prisoners were interviewed on a one to one basis, to discuss their substance use prior to custody, during custody and after custody. It was found that of the 178 interviewed, 88% had been misusing substances prior to custody.
The breakdown of substances used was as follows:

Cannabis	82%
Heroin	22%
Crack	3%
Amphetamine	29%
Benzodiaziazepines	1%
Cocaine	18%
Alcohol	68%

Of the 178 interviewed 3% stated they had injected substances, and 12% shared equipment of some sort.

Prior to custody 86% had never sought advice regarding Hepatitis Vaccinations.

86% stated had seen a member of the Substance Misuse Team upon arrival into custody and 79% stated they had seen a CARAT Worker.

Prior to custody only 12% of those interviewed had accessed services in the community, however 48% felt they would like to engage and continue to work with an agency upon release.

There are two different types of drug testing that take place in Glen Parva: Mandatory Drug Testing (MDT) and Voluntary Testing (VDT). The results of these tests indicate low usage of drugs within Glen Parva.

Gartree

Gartree opened in 1965 as a category C training prison but quickly changed its role and came within the high security system, reverting to a category B prison in 1992.
Since then the population of life sentenced prisoners has been growing and in 1997 its role changed to that of a main lifer centre.

HMP Gartree needs to provide some form of drug and/or drug and alcohol treatment to 52% of the population. 46% were engaged with services in 2011.

Alcohol provision is known to be required for an additional 16 to 19% of the population. A further 10 to 12% of Gartree prisoners are highly likely to have needs in this area.

Prisoners interviews suggest up to 130 prisoners would access alcohol treatment provision.

It is highly likely that prisoners are not engaging with services and are misusing prescribed medication on a "recreational" basis.
Overall heroin, buprenorphine (subutex), alcohol and illicit use of prescribed medication appear to be equally problematic within the Gartree population.

The drug and drug and alcohol users within the Gartree population comprise some 50% of those engaged with mental health services.

Up to 25 prisoners a year are likely to request opiate substitute medication.

CARATs (Counselling, Assessment, Referral, Advice and Throughcare Services)

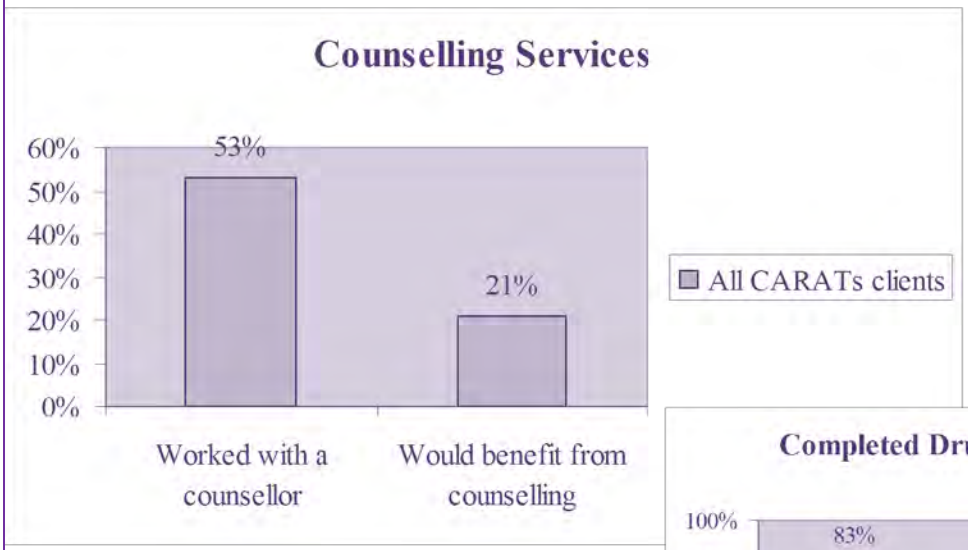
In 2010/11 CARATs received 216 referral of which 82 were exiting clients transferring in from other establishments, 48 new referrals and 86 subsequent referrals.

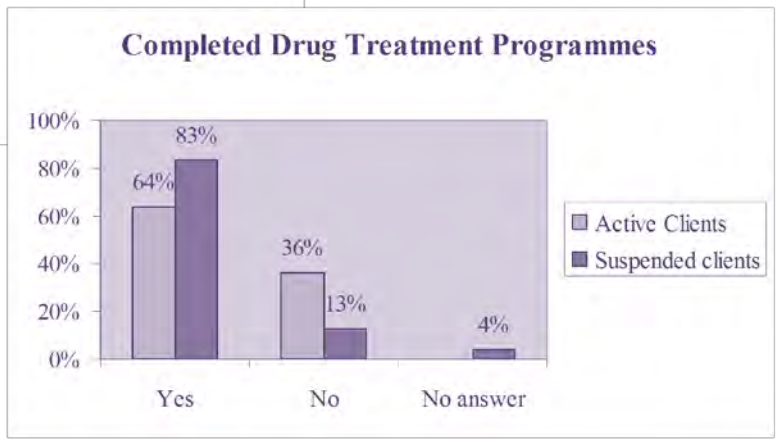
Over the period 2010/11 the team completed 879 structured one to one sessions. Gartree did not make any referrals or release to community services.

CARATs conducted interviews:
A total of 66 interviews were completed with CARATs clients. Respondents were asked to identify their three drugs of choice, prior to custody and all drugs they had used whilst in custody, results are as follows:

	No. 1 Drug of choice	In top 3 drugs of choice	Used in custody
Alcohol	21% (n=14)	66% (n=43)	35% (n=23)
Amphetamine	6% (n=4)	12% (n=8)	3% (n=2)
Benzos	1.5% (n=1)	6% (n=4)	14% (n=9)
Cannabis	26% (n=17)	69% (n=45)	34% (n=22)
Cocaine	9% (n=6)	37% (n=24)	5 % (n=3)
Crack	5% (n=3)	21% (n=14)	14% (n=9)
Ecstasy	1.5% (n=1)	9% (n=6)	4% (n=4)
Heroin	32% (n=21)	37% (n=24)	48% (n=31)
LSD	1.5% (n=1)	1.5% (n=1)	1.5% (n=1)
Methadone			6% (n=4)
Subutex	1.5% (n=1)		45% (n=29)
Other prescribed medication			9% (n=6)
Other			3% (n=2)

Between 6% to 14% of the population will use alcohol every year, with approximately 1% of the population reporting illicit alcohol use, during any given month.
Of those reporting alcohol use in the last year, 70% also reported drug use in that period.





CBDT (Compact Based Drug Testing)

Of 3692 completed tests, 38 positive tests were given. % of positive tests by substance was recorded as follows:

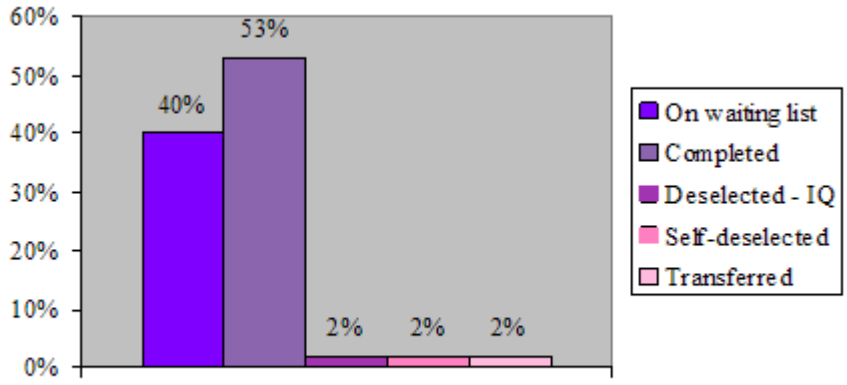
Benzodiazepine	5% (n=2)
Subutex	24% (n=9)
Cannabis	8% (n=3)
Opiates	63% (n=24)

A total of 556 random Mandatory Drug tests were completed by the establishment in 2010-11. Of these, 2.51% positive tests were recorded. Multiple substances were recorded in some results:

Heroin	14%
Subutex	24%
Other prescription medication	52%
Cannabis	10%

ARV (Alcohol Related Violence Programme)

ARV is a ten week, 30 session programme with a potential for 13 weeks of follow-up objectives work. It aims to reduce re-offending in young men who have been imprisoned for alcohol related crimes of violence and not to treat alcohol dependence. It is targeted at males aged between18-30.



Prisoners who completed the programme in 2010-11 were asked:

	Very	Quite	Not at all
Useful helping with Alcohol use	68% (n=25)	30% (n=11)	3% (n=1)
Useful helping Reduce offending	70% (n=26)	24% (n=9)	5% (n=2)
Enjoyed the programme	57% (n=21)	41% (n=15)	3% (n=1)

To sum up, approximately 52% of the Gartree population are identified as problematic drug users. Up to 6% of the population however may have unmet treatment needs.

In total, 50% of active mental health clients are also CARATs clients, with 30% active on both caseloads. 56% of all mental health caseload clients are identified as problematic drug users.

35% of Gartree's drug users have medium to high levels of dependency. What is clear however, is that treatment needs in this population exist independent of drug using status. Needs are complex and persist despite engagement in treatment.

Overall, results suggest potentially 30% of alcohol only clients will have medium to high levels of treatment needs, with a further 44% low level treatment needs.

The alcohol and drug using population present a higher risk of re-offending and a higher risk of further violent offending that drug only users or alcohol only users. Alcohol only users are more likely to re-offend than drug only users, with drug only users more likely to commit further violent offences than alcohol only users.

OASys data shows the substance misusing population to be up to 10.1% higher risk to staff than the non-using population and up to 11.5% higher risk to other prisoners.

Treatment needs within the drug and drug and alcohol misusing population are identified by OASys in some 74% and in this report data some 89% of those for whom substance misuse is a serious risk factor.

Stocken

Built in 1985 as a young offender institution, HMP Stocken opened as a category C closed training prison. It has since expanded with new accommodation being added in 1990, 1997, 1998, 2003, 2008, and 2011 which has significantly expanded our roll. In addition, new workshops were built as part of the prisoner accommodation expansion to ensure that Stocken is able to offer purposeful activity to all the prisoners in our care.

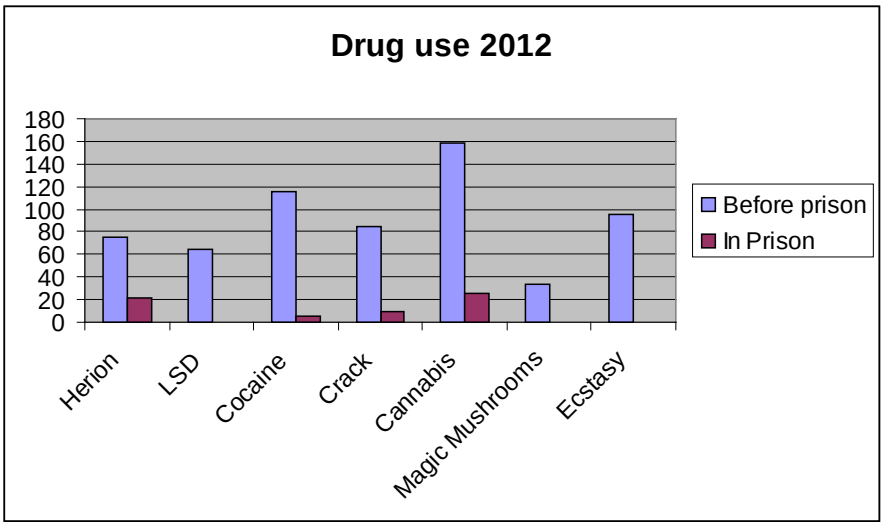
The latest data available from Stocken shows that the main drug used whilst being in prison has been cannabis (26%), since being in prison 22 respondents, 9.3% admitted to using heroin and 10 respondents (4%) had admitted to using crack cocaine.

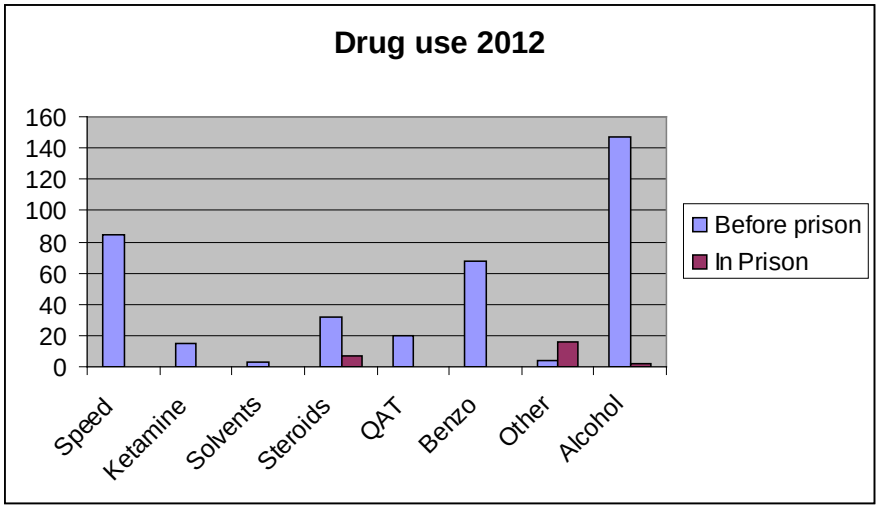
Cannabis was also the main drug of choice whilst outside prison as 127 respondents (53%) claimed to use cannabis whilst out of prison.

The relatively high level of drug use may reflect the high level of younger prisoners at HMP Stocken.

28% of prisoners stated that they were introduced to the alcohol service on induction at HMP Stocken. 17% of respondents report a problem with accessing the alcohol awareness course within the prison. 60% of prisoners felt that there was a need for alcohol services in HMP Stocken.

Breakdown of drugs taken before or whilst in prison





6.2 NDTMS in Prison

In order to facilitate the monitoring of substance misuse treatment in prison, mandatory compliance with the National Drug Treatment Management System (NDTMS) was introduced for all prisons nationwide from April 2012. This directive sought to align the monitoring of substance misuse treatment activity in prison to that in the community.

While having the potential to yield some meaningful insights into treatment within the prison environment, difficulties in the data capture and validation process and some issues with the business systems have delayed the production of such insights.

The SMST, Leicester City Council Drug and Alcohol Action Team, and local PCT jointly commissioned a project to improve the quality of data held in the Healthcare and Substance Misuse case management system (SystmOne) in prison, and to improve workflows such that the NDTMS data accuracy is improved and the NDTMS process is better supported. This work is underway and due to complete in May 2013.

6.3 Leicestershire Joint Strategic Needs Assessment- Offender Health- March 2012

The term "offender" refers to an individual who is convicted in a court of law as having committed a crime, violated a law or transgressed a code of conduct. The term "youth offender" is used to refer to those under the age of 18.

Adults and young people in contact with criminal justice system are more likely to suffer from mental health problems and learning disabilities and to have problems with drugs and alcohol. The link between offending, reoffending and wider factors, including health, is widely recognised.

There are three prisons in Leicestershire with a total of approximately 2298 prisoners. The key issues are:

- High prevalence of mental health problems (up to 63%) in prisoners.

- High levels of alcohol and substance misuse in prisoners.

- Offenders meeting the criteria for **Alcohol Treatment Requirements** face challenges in accessing timely interventions.

- Up to 75% of prisoners and 88% of juvenile offenders smoke.

The offender population has different health needs to the general public; they are likely to have poorer physical, mental and social health than the general public and suffer from conditions associated with offending, such as substance misuse.

Drugs

National figures from the Prison Reform Trust (2009) indicate that:

- About 55% of those received into custody are problematic drug users.
- About half of prisoners have used cocaine or heroin recently.
- 82% of heroin users and 37% of crack cocaine users were consuming it every day.
- Over 60% used cannabis and 40% amphetamine.
- 66% of heroin users were also consuming crack cocaine.
- 54% of prisoners were using at least one type of illegal drug daily before imprisonment.
- About 50% give evidence of moderate or severe dependence.

High Levels of alcohol and substance misuse are found in prisoners. About half of prisoners have used cocaine or heroin recently.

Alcohol

The relationship between alcohol and crime is complex. Both offenders and the Probation service often cite alcohol as playing a significant role in offending behaviour. "Increasing risk" drinking is defined as an established pattern of alcohol consumption which confers a risk of physical and/or psychological harm.
A report from the Institute of Alcohol Studies (Alcohol and Crime, 2010) found that:

- Over one-third (37%) of offenders has a current problem with alcohol use.
- A similar proportion (37%) had a problem with binge drinking.
- Nearly half (47%) had misused alcohol in the past.
- 32% had violent behaviour related to their alcohol use and
- 38% were found to have a criminogenic need relating to alcohol misuse, potentially linked to their risk of reconviction.
- 63% of male sentenced prisoners admit to hazardous drinking to an extent that carries a risk to physical and mental harm (Prison Reform Trust, 2004)

6.4 Drug Interventions Programme

The Drug Interventions Programme, also known as DIP, is a key part of the National strategy for tackling substance misuse. The programme aims to make use of every point in the Criminal Justice system to engage substance-misusing offenders in formal addiction treatment and wrap-around support, thereby reducing drug related harm to the individual and society and reducing their offending behaviour.

Introduced in 2003, it formed a part of both of New Labour's ten year drug strategies. In the 2010 Drug Strategy *'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'*, the coalition government stated their continued intention to support the Drug Interventions Programme.

Locally, delivery of the drug intervention programme has received National recognition for the innovative model; a model that ensures that substance-misusing offenders across Leicester, Leicestershire & Rutland receive robust, evidence-based treatment through a fully integrated team that spans the entire Criminal Justice pathway from arrest, through sentencing (whether custodial or community) and beyond.

The local model also ensures that resources are used to best effect, by pooling funding streams and commissioning across the 3 local authority areas we have reduced back office support costs, unnecessary layers of bureaucracy, duplication and deliver services coterminous to all criminal justice partners.

The Drug Intervention Programme provides co-located drug treatment staff to support the delivery of interventions to those offenders under Multi-Agency Prolific and Priority Offender Management (MAPPOM).

A number of key performance indicators are reported from the available DIP data to support the overarching Leicestershire Substance Misuse Performance Framework. The re-offending rate and cost of crime reduction for those engaged with DIP is monitored via a random sampling technique on a quarterly basis, with results for 2012/13 as follows;

Q1 2012/13

For Q1 2012/13 1,347 drug tests were administered via DIP, of which, 283 (21%) were positive. Of those tested positive, a random sample of 50 individuals were selected to analyse offending behaviour. For the 50 individuals selected, 98 core crime offences were recorded in the twelve months prior to DIP intervention and 33 offences post DIP. This is a reduction of 66.3% in core crime criminology and a total cost of crime saving of £110,296 (from £160,062 pre-DIP to £49,766 post-DIP)

Q2 2012/13

For Q2 2012/13 1,312 drug tests were administered via DIP, of which, 402 were positive. Of those tested positive a random sample of 50 individuals were selected to analysis offending behaviour. For the 50 individuals selected 107 core crime offences were recorded in the twelve months prior to DIP intervention and 28 offences post DIP. This is a reduction of 73.8% in core crime criminology and a total cost of crime saving of £89,638 (from £126,276 pre-DIP to £36,638 post-DIP).

The overleaf table shows a summary of the DIP report for all sites from January 2012 to November 2012:

DIP Report for All Sites Jan 12 - Nov 12	Euston St	Keyham Ln	B/Leys	Total
Prisoners Through Custody Suite	8,519	3,938	4,898	17,355
Persons Eligible for Testing	2,040	818	1,414	4,272
Persons Eligible for Testing - Tested(Including Inspectors Authority	1,933	785	1,364	4,082
Discretionary Testing	70	37	27	134
Missed Tests	112	53	65	230
Refused & Aborted Tests	8	6	17	31
Positive Tests	572	205	371	1,148
Persons Tested on arrest on Inspectors Authority	15	18	15	48
Persons Tested on Charge on Inspectors Authority	0	0	0	0
Persons Breached ROB	2	0	3	5
Persons Breached Required Assessment	1	0	0	1
Persons Breached Follow Up Assessment	2	0	3	5
Total	5	0	6	11
Outstanding Breach Totals	0	0	0	0
DIP Conditional Cautions	0	0	0	0

6.5 Perceptions- Drugs vs Crime

As a direct consequence of the crime they commit, some offenders will serve community sentences, others will be sent to prison. In either case, the criminal justice system now compels them to confront their drug problems.

Drug treatment for offenders in the community has improved enormously over the past decade. Prisons are now catching up, with the introduction in 2006 of a new treatment regime- The Integrated Drug Treatment System (IDTS).

The NTA is now responsible for implementing IDTS in prisons, and this report, in part, looks at the progress that has been made so far.

IDTS seeks to ensure that problem drug users in prisons have access to the same quality of treatment as those in the community and the same chance to rebuild their lives.

Drug misusing offenders often describe their lives as a constant search for criminal opportunities. They shoplift, break into property, and steal from cars. Then they buy drugs, use them and are soon back on the streets looking for more opportunities to pay for the next hit. Under drug dependency, their part-time offending becomes a full-time occupation.

The scale of the problem:

- Each year, 75,000 problem drug users enter the prison system
- 16% of all problem drug users are in prison at any one time
- On average, 55% of prisoners are problem drug users
- A third of all suicides in prison are committed during the first week of imprisonment; this rises to two thirds for suicides among prisoners who are drug dependent.
- On release from prison, drug misusers are especially vulnerable to death from overdose-and the risk for women is double that for men.

Confronting and tackling problem drug use among offenders can save lives, make communities safer and protect the public from harm.

Section 7 – Alcohol Misuse in Leicestershire

7.1 Background

It is acknowledged that alcohol misuse has a detrimental impact on individuals, families and wider community, whilst at the same time placing a significant burden on the local public sector, particularly in health, social care and the criminal justice sectors.

Alcohol and its impact on our society is increasingly being highlighted as a serious problem in the media, in reports from Government department, in warning from reputable medical bodies and health professionals, and in the concerns and experiences of local residents. It is also an area where there have been significant and sustained increases in advertising through the media. The past few years have seen a steady increase in the consequences of alcohol misuse, nationally and locally.

The Government defines binge drinking as people drinking over double the daily-recommended levels – more than 8 units of alcohol (men) or 6 units of alcohol (women) on their heaviest drinking day during the previous week. Using the estimated percentage of sub-region's residents aged 16 and over who are classed as binge-drinkers and then applying this percentage figure to the sub-region's estimated population aged 16 and over, the estimated number of binge-drinkers in Leicester and Leicestershire is approximately 44,700. Men were also more likely than women to report heavy or binge drinking. The proportion of adults reporting binge/heavy drinking on at least one day in the previous week was greatest among the youngest age group (16-24). *(See Appendix 4 for more information)*

In Leicestershire, the estimated prevalence of harmful drinking is 5.34%, which is higher than both national (5.03%) and regional (4.62%) average. The estimated prevalence of hazardous drinking in all the areas across the County is above the East Midlands average and that of Leicester City.

The Local Alcohol Profiles for England (LAPE) provides indicators of Alcohol Misuse in each of the district of Leicestershire and also Rutland. These indicators are:

- Months of life lost (males/females)
- Alcohol-specific mortality (males/females)
- Mortality from chronic liver disease (males/females)
- Alcohol-attributable mortality (males/females)
- Alcohol-specific hospital admission (under 18s)
- Alcohol-specific hospital admission (males/females)
- Alcohol-attributable hospital admission (males/females)
- Admission episodes for alcohol-attributable conditions
- Alcohol-related recorded crimes
- Alcohol-related violent crimes
- Alcohol-related sexual offences
- Claimants of incapacity benefits (working age)
- Mortality from land transport accidents
- Abstainers synthetic estimate
- Lower Risk drinking (% of drinkers only) synthetic estimate
- Increasing Risk drinking (% of drinkers only) synthetic estimate
- Higher Risk drinking (% of drinkers only) synthetic estimate
- Binge drinking (synthetic estimate)
- Employees in bars - % of all employees

See Appendix 5 for more details on these indicators for Leicestershire & Rutland.

7.2 Hospital admissions

The latest annual statistics on alcohol for England 2012 confirm a continuing rise in alcohol-related and primary alcohol attributable hospital conditions. Alcohol-related admissions rose 11% on the previous year with primary diagnosis conditions up 2.1%.

This comes despite falls since 2004 in the proportion of adults reporting drinking alcohol. Figures from the British Beer and Pub Association (BBPA) indicate the sharpest year-on-year decline since 1948, with a fourth fall in the last five years. In its annual statistical handbook, the BBPA reports a 6% decline in total alcohol consumption in 2009 and a 13% reduction since 2004. The role of the recession, alcohol interventions or other factors is uncertain.

Between 2004/05 and 2009/10 the number of hospital admissions for Leicestershire residents attributed to alcohol doubled from 65,000 to 113,000. The associated admission rate has increased from 890 per 100,000 population to 1,400, an increase of nearly 60%. However, last year the rate of increase in hospital admissions decreased in Leicestershire from 22% (2005/06) to 5% (2010/11). This means we are on track to meet our performance target to reduce the rate of increase in hospital admissions for alcohol related harm. *(See Appendix 2 for more information)*

In 2011/12, the Emergency Department Frequent Flyers initiative was introduced to reduce the size of the cohort of individuals identified as alcohol high impact users by providing a holistic package of support in the community to prevent an individual returning to ED or being admitted to hospital.

An alcohol high impact user (AHIU) is defined as an individual who regularly attends acute hospitals with an alcohol specific diagnosis who had three or more first finished consultant episodes in a year. The initiative called for an AHIU case worker to be employed to coordinate the right and effective treatment in the community to improve recovery and reintegration prospects for alcohol misusers who wish to turn their lives around.

Hospital referrals to Swanswell community treatment service have been steadily increasing since the start of the frequent flyers project. In Q1 of 2012/13 there were 23 referrals, Q2 31 referrals and Q3 36 referrals, with the following planned exits:

Q1	60%
Q2	63%- Includes one A&E
Q3	40%

7.3 Alcohol flagged ambulance call outs in Leicestershire and Rutland

Historically, if an ambulance call out was related to alcohol it was not routinely recorded, but from January 2012 a "flag" has been recorded on each call out if it was alcohol related. This data completion has been more complete from April 2012 for Leicestershire & Rutland.

Please refer to the East Midlands Ambulance Service (EMAS) section 9.8, District Profiles section 8 and Appendices 3 and 6 for more information.

7.4 Alcohol Misuse Costs

Recent years have seen a significant increase in the public costs associated with dealing with the impact of alcohol misuse. The House of Commons Health Committee Review Report (January 2010) estimated the annual costs of alcohol related harm to England to be around £55.1bn.

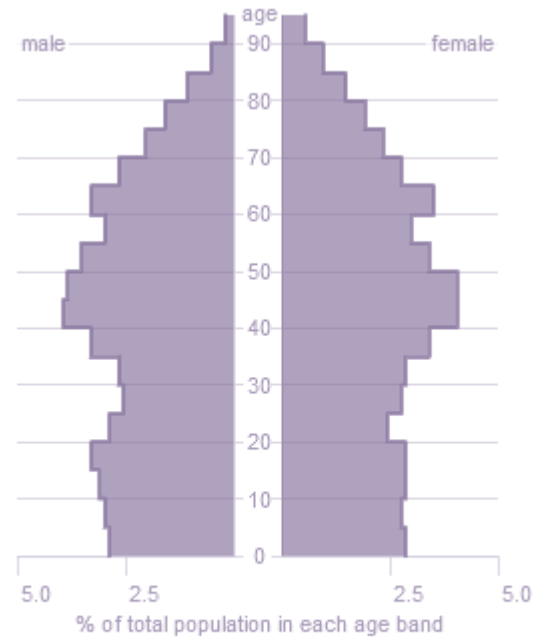
Disaggregating the national data to Leicestershire highlight the public service costs for alcohol misuse on Leicestershire to be in the region of £58.8m p.a. Local work to validate accurate costs indicate likely costs to be at least £49.2m p.a. This is a significant consequence of alcohol misuse to public services of Leicestershire, and appears to be increasing year on year.

Section 8 – District Summaries

8.1 Blaby

Demographics

Blaby has a population of approximately 93.900 (ONS, 2011) and a low index of multiple deprivation compared to the rest of Leicestershire districts.



Population density
2010

	Area (sq. km)	People per sq. km
Blaby	130	720
East Midlands	15,606	287
England	130,279	401

Source: Office for National Statistics

Percentage of population by broad ethnic group
mid-2009

	White %	Mixed %	Asian or Asian British %	Black or Black British %	Other %
Blaby	89.1	1.5	7.3	1.2	0.9
East Midlands	90.1	1.6	5.4	1.6	1.3
England	87.5	1.8	6.1	2.9	1.6

Source: Population Estimates by Ethnic Group, Office for National Statistics

Life expectancy at birth
2008-2010

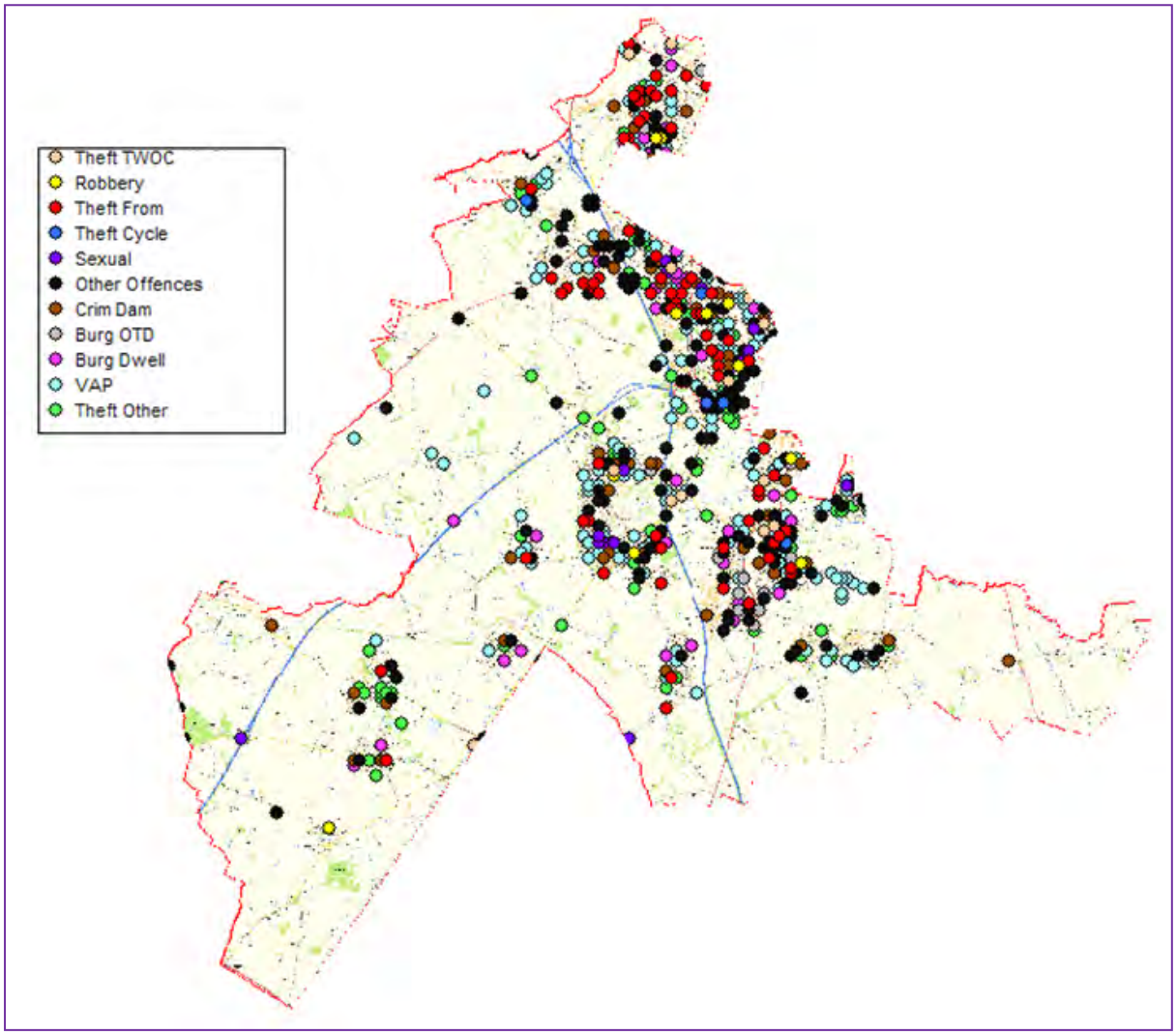
	Males	Females
	Age	Age
Blaby	79.8	84.5
East Midlands	78.4	82.4
England	78.6	82.6

Source: Neighbourhood Statistics, Office for National Statistics

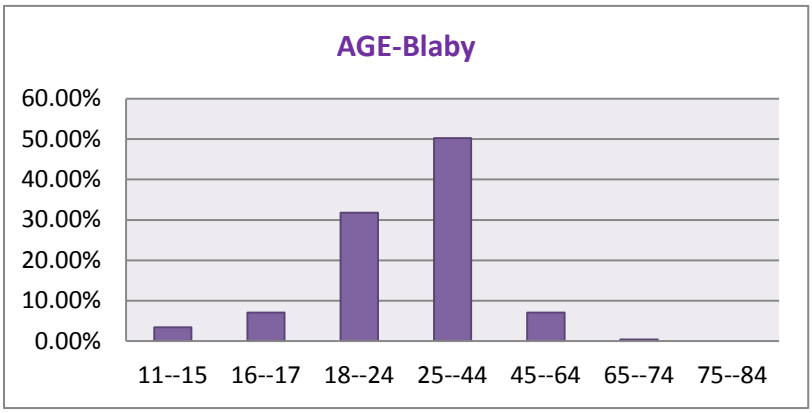
Crime

Blaby District is the fourth district in the county with the highest number of alcohol and/or drug related offenders (494 offenders for the financial year 2011-2012).

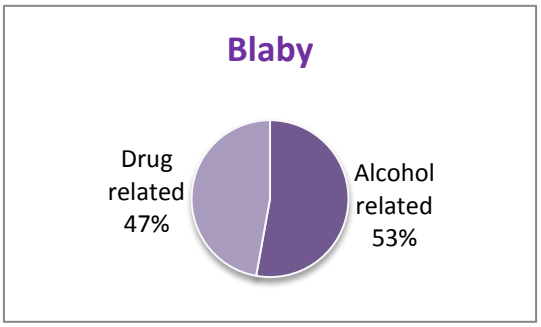
The following map allocates all type of alcohol and/or drug related crimes committed during 2011-2012 in the district of Blaby.

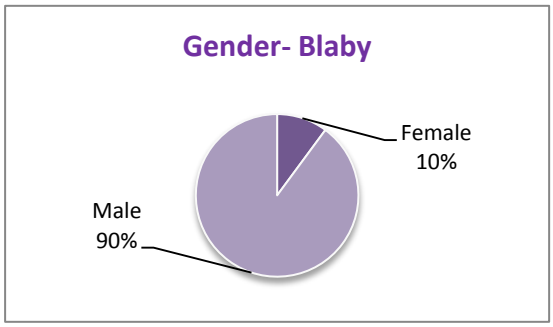


After analysing the alcohol and/or drug related offenders the following summaries have been produced:

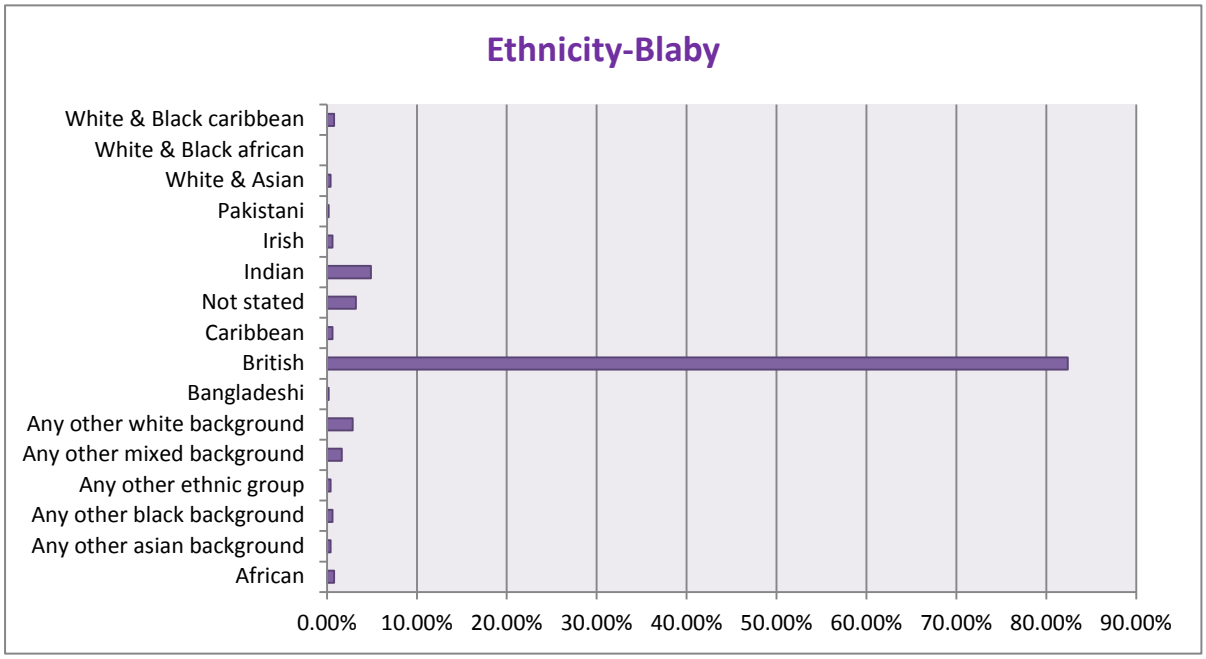


The average age range of offenders who commit drug and/or alcohol related offences is between 24-44 years old, followed by the young adults between 18-24 years old.

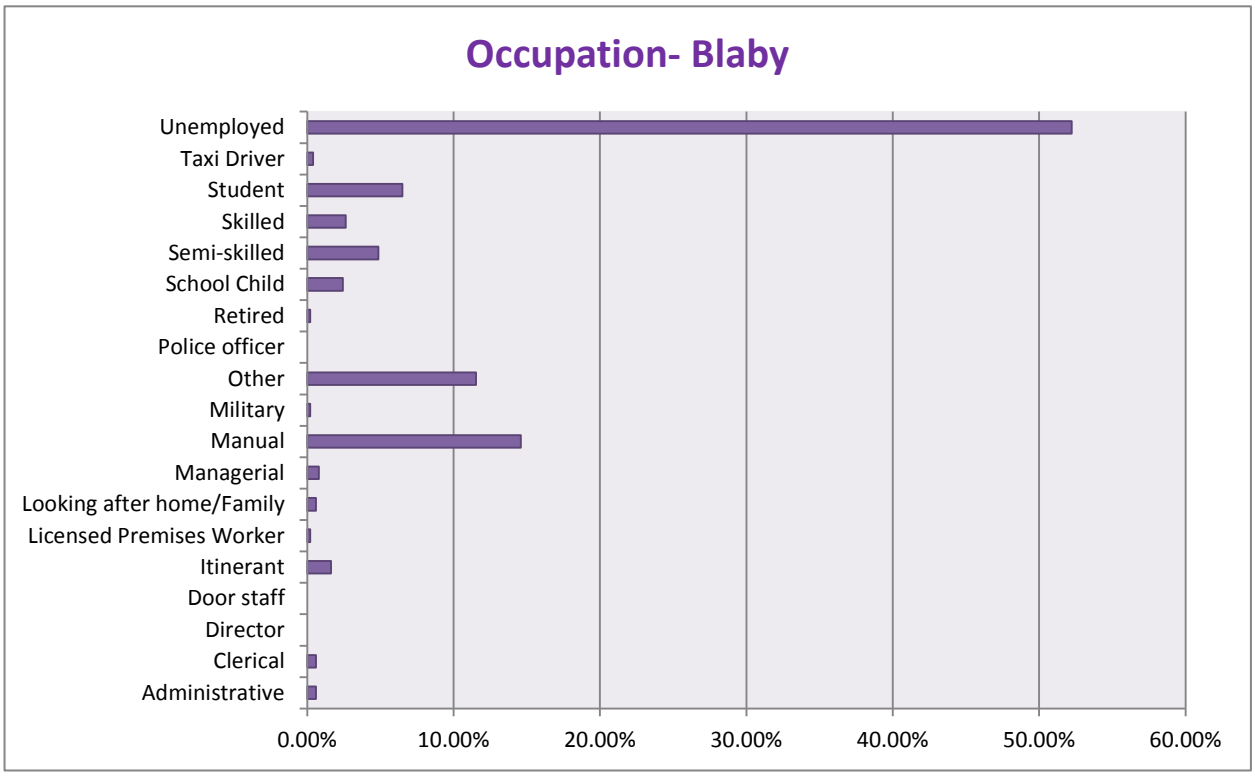




47% of the drug and/or alcohol offences were drug related and 53% were alcohol related. From these offences 90% are committed by males and just a 10% by females.



The majority of the offenders that commit drug/alcohol related offences are of British ethnicity (over 80%).



Over 50% of the offenders who commit drug/alcohol related offences are unemployed.

Alcohol flagged ambulance call outs

Historically, whether an ambulance call out was related to alcohol or not was not recorded, but from January 2012 a "flag" has been introduced on each call out record if alcohol was a factor. This data completion has been more complete from April 2012 for Leicestershire & Rutland (*See Appendix 3 for alcohol call outs in Leicestershire and Rutland and Appendix 6 for mapping of alcohol flagged ambulance pick-ups in Leicestershire).*

The following table shows the percentage of alcohol flagged ambulance call outs from April to October 2012 for Blaby District.

	Blaby
Apr'12	0.40%
May'12	0.90%
Jun'12	3.10%
Jul'12	3.10%
Aug'12	5.30%
Sep'12	5.80%
Oct'12	2.90%

Treatment

By the end of 2011/12 a total of 141 Swanswell's clients were Blaby residents. The current data available shows that by the ends of the second quarter of 2012/13 a total of 177 Swanswell's clients are residents in Blaby District. The following table shows the total of drug, alcohol and young people clients by Leicestershire districts and Rutland:

	2011/12 Q4				2012/13 Q1				2012/13 Q2			
	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total
Blaby	**69**	**68**	**4**	**141**	**87**	**72**	**5**	**164**	**93**	**80**	**4**	**177**
Charnwood	144	297	8	449	181	300	7	488	192	333	8	533
Harborough	60	107	1	168	67	113	1	181	77	129	0	206
Hinckley & Bosworth	107	120	2	229	125	124	3	252	151	142	5	298
Melton	43	79	1	123	58	80	2	140	57	86	4	147
NWL	105	120	11	236	122	126	12	260	131	147	11	289
Oadby & Wigston	36	40	5	81	48	44	3	95	55	51	3	109
Rutland	20	15	1	36	31	15	4	50	41	18	7	66

Environmental Health

Contacts have been made with Blaby District Council during 2012, but no environmental health data (needle findings, drug paraphernalia, empty packs of drugs and others) has been sent to the SMST Leicestershire & Rutland.

The Community Safety Team at Blaby District Council have confirmed an action is now in place for the new financial year to contact the correspondent department to start collating the data.

Summary Substance Misuse

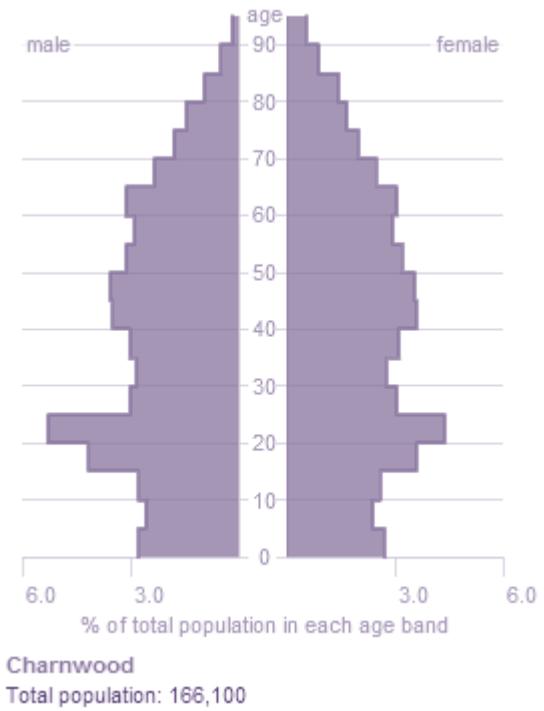
There are currently 177 clients engaged in structured treatment for substance misuse with a residential address within Blaby, this is broken down as 93 alcohol clients, 80 drug clients and 4 young people. On the 1st July 2011 90 Blaby clients were transferred from our previous commissioned services to Swanswell. Since this time a further 81 clients have been engaged within the service, an increase of 96%, with the majority being alcohol clients.
Apart from Swanswell premises several community venues in Blaby are used to hold appointments with clients with the majority being seen at Northfield Medical Centre. The table below displays the number of clients engaged in treatment for 2012/13 to date within Blaby district;

	Blaby			
	Alcohol	**Drug**	**YP**	**Total**
Q1 2012/13	87	72	5	164
Q2 2012/13	93	80	4	177

8.2 Charnwood

Demographics

Charnwood has a population of approximately 166,100 (ONS, 2011) and the second most deprived district in Leicestershire using the index of multiple deprivation.



Population density

2010

	Area (sq. km)	People per sq. km
Charnwood	279	598
East Midlands	15,606	287
England	130,279	401

Source: Office for National Statistics

Percentage of population by broad ethnic group

mid-2009

	White	Mixed	Asian or Asian British	Black or Black British	Other
	%	%	%	%	%
Charnwood	87.2	1.6	7.7	1.2	2.4
East Midlands	90.1	1.6	5.4	1.6	1.3
England	87.5	1.8	6.1	2.9	1.6

Source: Population Estimates by Ethnic Group, Office for National Statistics

Life expectancy at birth
2008-2010

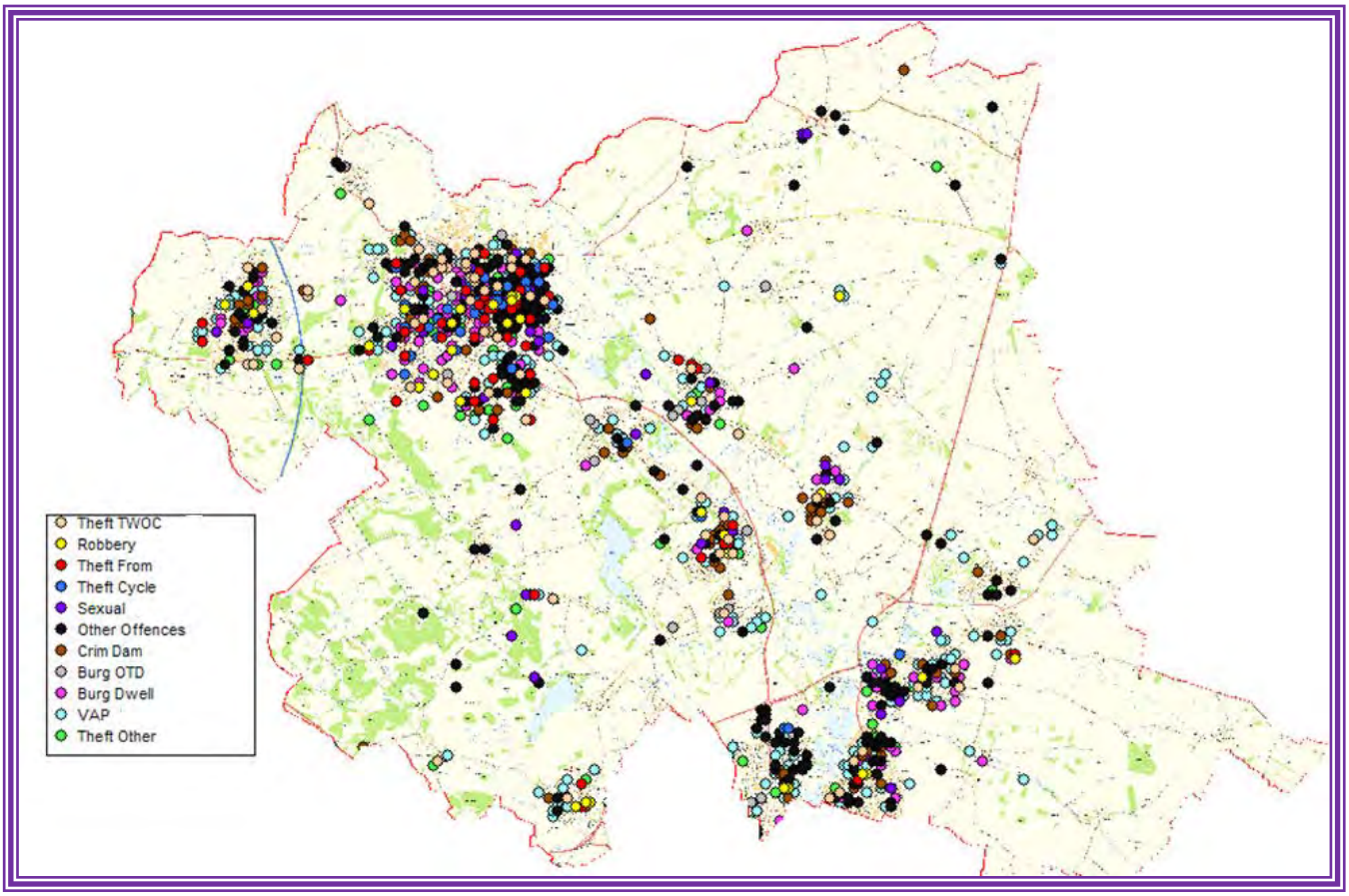
	Males Age	Females Age
Charnwood	79.2	82.9
East Midlands	78.4	82.4
England	78.6	82.6

Source: Neighbourhood Statistics, Office for National Statistics

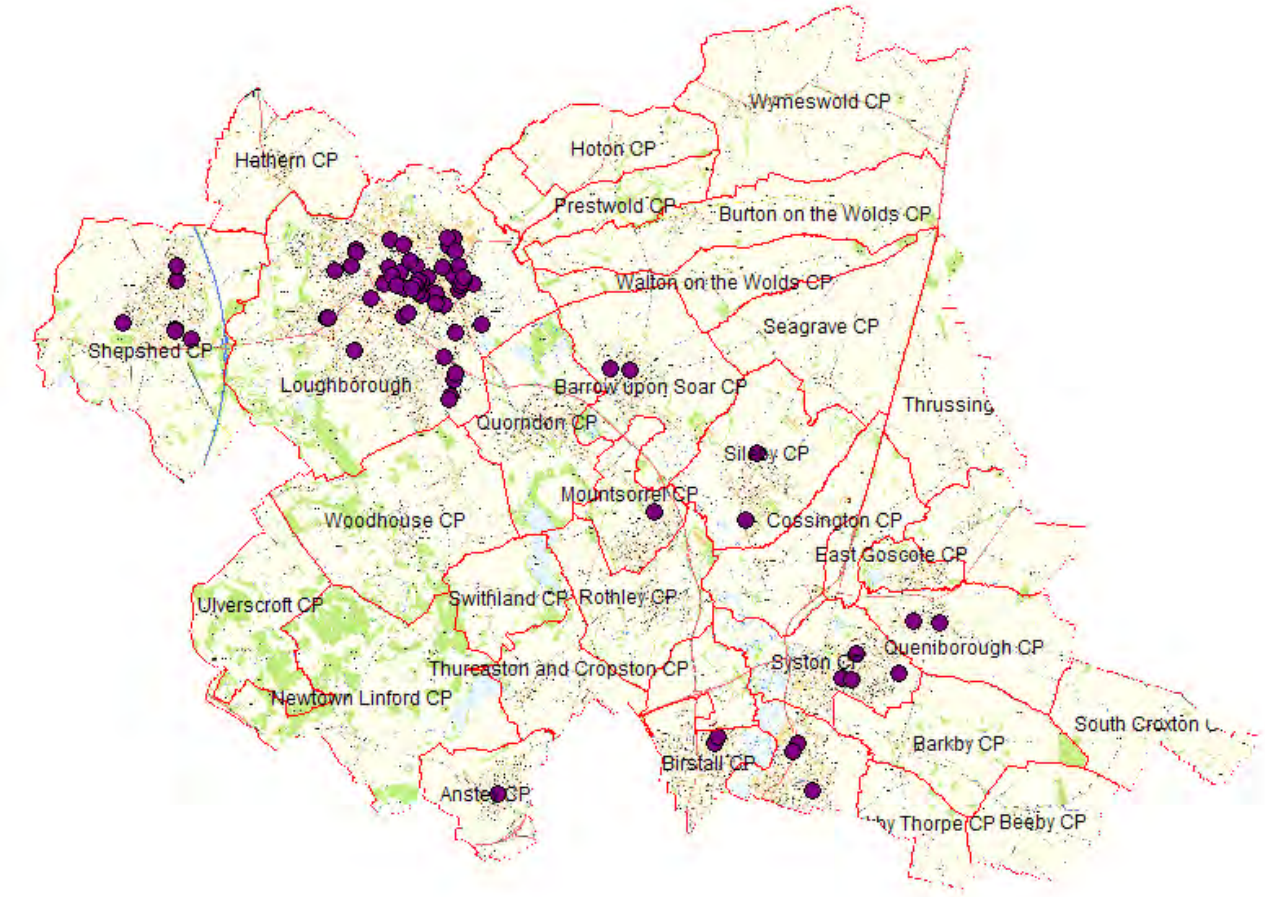
Crime

Charnwood District is the district in the county with the highest number of alcohol and/or drug related offenders (1301 offenders for the financial year 2011-2012).

The following map allocates all type of alcohol and/or drug related crimes committed during 2011-2012 in Charnwood District:

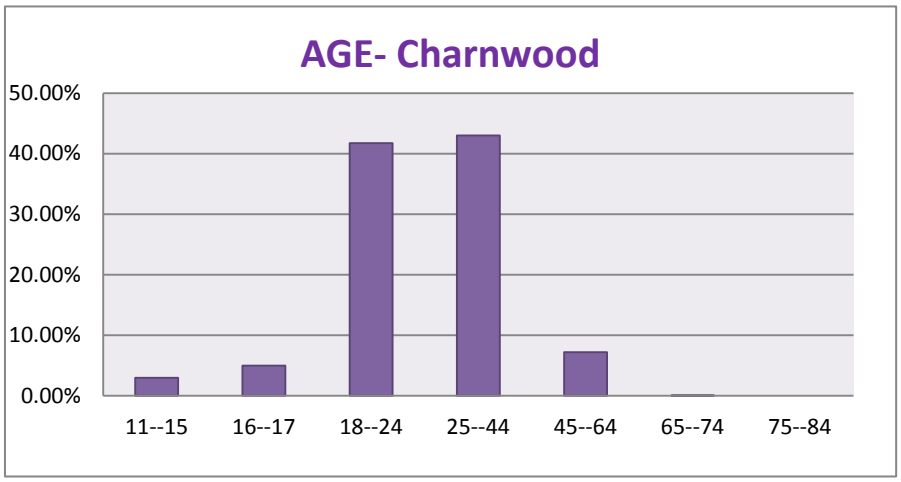


SMST has been receiving data from the Community Safety Team of Charnwood Borough Council on a monthly basis with the ASB related to substance misuse (drugs/alcohol) since July 2012. We will continue to create a bigger database to highlight the hotspot areas and tackle the problem.

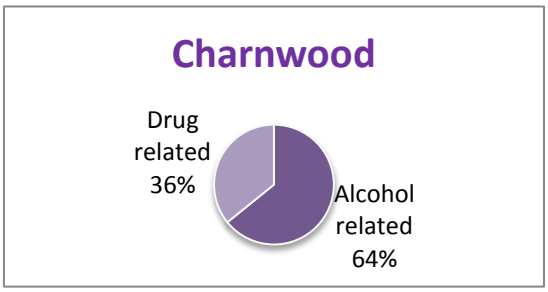


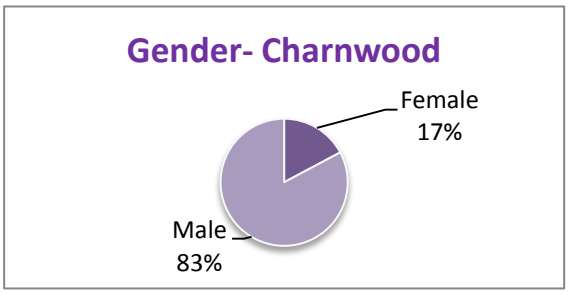
The above map shows the biggest ASB hotspot in Loughborough, followed by smaller hotspots in Shepshed and Syston.

After analysing the alcohol and/or drug related offenders the following summaries have been produced:

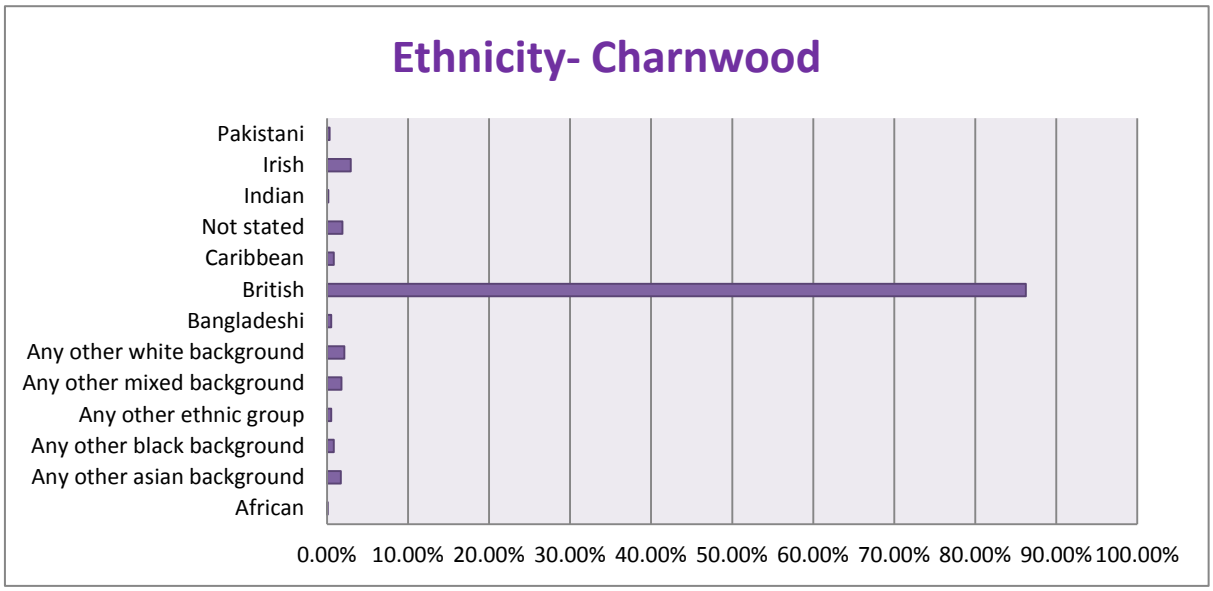


The average age range of offenders who commit drug and/or alcohol related offences is between 24-44 years old and also the young adults between 18-24 years old.

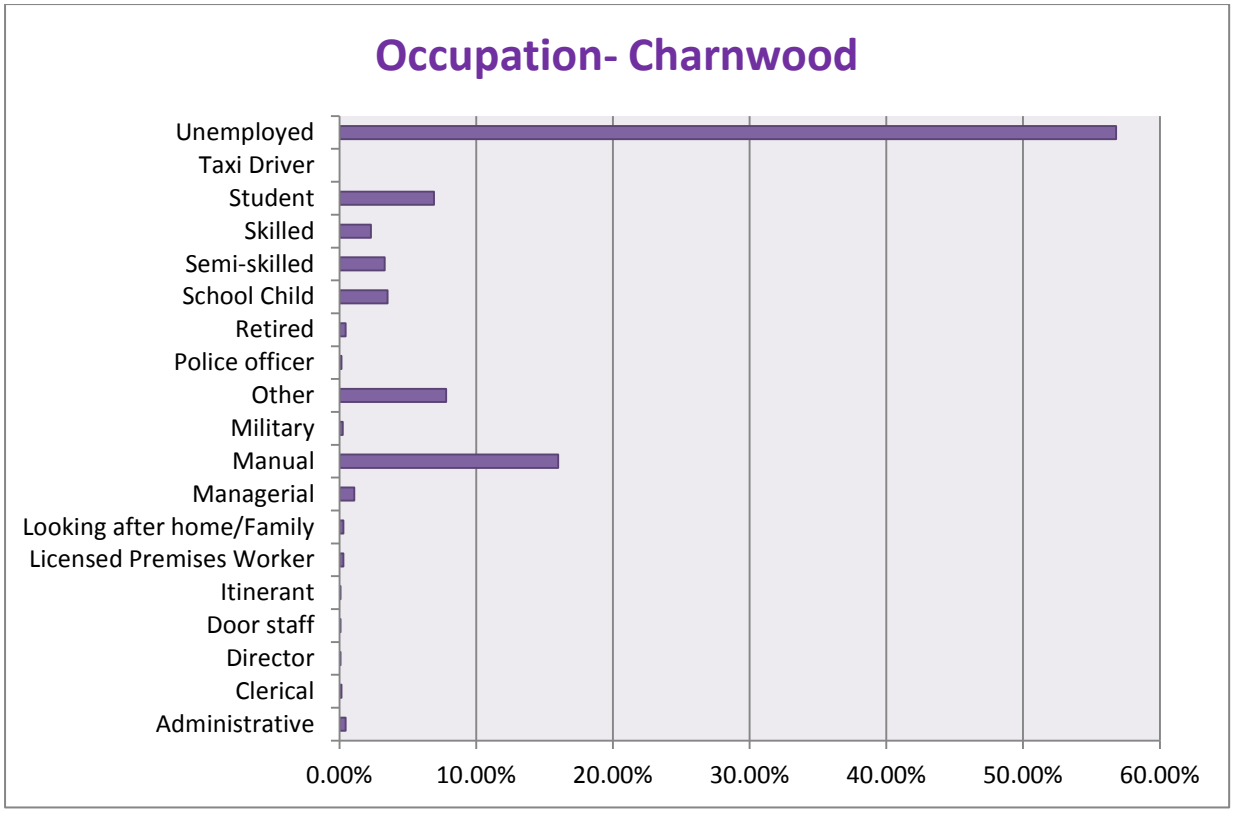




36% of the drug and/or alcohol offences were drug related and 64% were alcohol related. From these offences, 83% are committed by males and a 17% by females.



The majority of the offenders that commit drug/alcohol related offences are of British ethnicity (around 85%).



Over 50% of the offenders who commit drug/alcohol related offences are unemployed.

Alcohol flagged ambulance call outs

Historically, whether an ambulance call out was related to alcohol or not was not recorded, but from January 2012 a "flag" has been introduced on each call out record if alcohol was a factor. This data completion has been more complete from April 2012 for Leicestershire & Rutland (*See Appendix 3 for alcohol call outs in Leicestershire and Rutland and Appendix 6 for mapping of alcohol flagged ambulance pick-ups in Leicestershire).*

The following table shows the percentage of alcohol flagged ambulance call outs from April to October 2012 for Charnwood District.

	Charnwood
Apr'12	0.70%
May'12	2.60%
Jun'12	6.40%
Jul'12	5.40%
Aug'12	6.30%
Sep'12	6.40%
Oct'12	5.80%

Treatment

By the end of 2011/12, a total of 449 Swanswell's clients were Charnwood residents. The current data available shows that by the end of the second quarter of 2012/13 a total of 533 Swanswell's clients are residents in Charnwood District. The following table shows the total of drug, alcohol and young people clients by Leicestershire districts and Rutland:

	2011/12 Q4				2012/13 Q1				2012/13 Q2			
	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total
Blaby	69	68	4	141	87	72	5	164	93	80	4	177
Charnwood	**144**	**297**	**8**	**449**	**181**	**300**	**7**	**488**	**192**	**333**	**8**	**533**
Harborough	60	107	1	168	67	113	1	181	77	129	0	206
Hinckley & Bosworth	107	120	2	229	125	124	3	252	151	142	5	298
Melton	43	79	1	123	58	80	2	140	57	86	4	147
NWL	105	120	11	236	122	126	12	260	131	147	11	289
Oadby & Wigston	36	40	5	81	48	44	3	95	55	51	3	109
Rutland	20	15	1	36	31	15	4	50	41	18	7	66

Environmental Health

SMST receives from the Charnwood Environmental Services Department all the environmental health data (needle findings, drug paraphernalia, empty packs of drugs and others) in a monthly basis. This data is cleansed, validated and mapped against the provision of Needle Exchange Pharmacies in Charnwood. This gives us a general idea of where the service provider and the needle exchange pharmacies need to be and gives more information about the disposal of needles and other drug paraphernalia. (See appendix 1)

Summary Substance Misuse

There are currently 533 clients engaged in structured treatment for substance misuse with a residential address within Charnwood, this is broken down as 192 alcohol clients, 333 drug clients and 8 young people. On the 1st July 2011 332 Charnwood clients were transferred from our previous commissioned services to Swanswell. Since this time, a further 201 clients have been engaged within the service, an increase of 60%, with the majority being alcohol clients.
Apart from Swanswell premises several community venues in Charnwood are used to hold appointments with clients with the majority being seen at Bridge Street Medical Practice and Dishley Grange Medical Practice. The table below displays the number of clients engaged in treatment for 2012/13 to date within Charnwood Borough:

	Charnwood			
	Alcohol	Drug	YP	Total
Q1 2012/13	181	300	7	488
Q2 2012/13	192	333	8	533

8.3 Harborough

Demographics

Harborough has a population of approximately 85,400 (ONS, 2011) and the lowest ranked district in Leicestershire using the index of multiple deprivation.

Population density
2010

	Area (sq. km)	People per sq. km
Harborough	592	142
East Midlands	15,606	287
England	130,279	401

Source: Office for National Statistics

Percentage of population by broad ethnic group
mid-2009

	White %	Mixed %	Asian or Asian British %	Black or Black British %	Other %
Harborough	93.2	1.2	3.8	1.0	0.7
East Midlands	90.1	1.6	5.4	1.6	1.3
England	87.5	1.8	6.1	2.9	1.6

Source: Population Estimates by Ethnic Group, Office for National Statistics

Life expectancy at birth
2008-2010

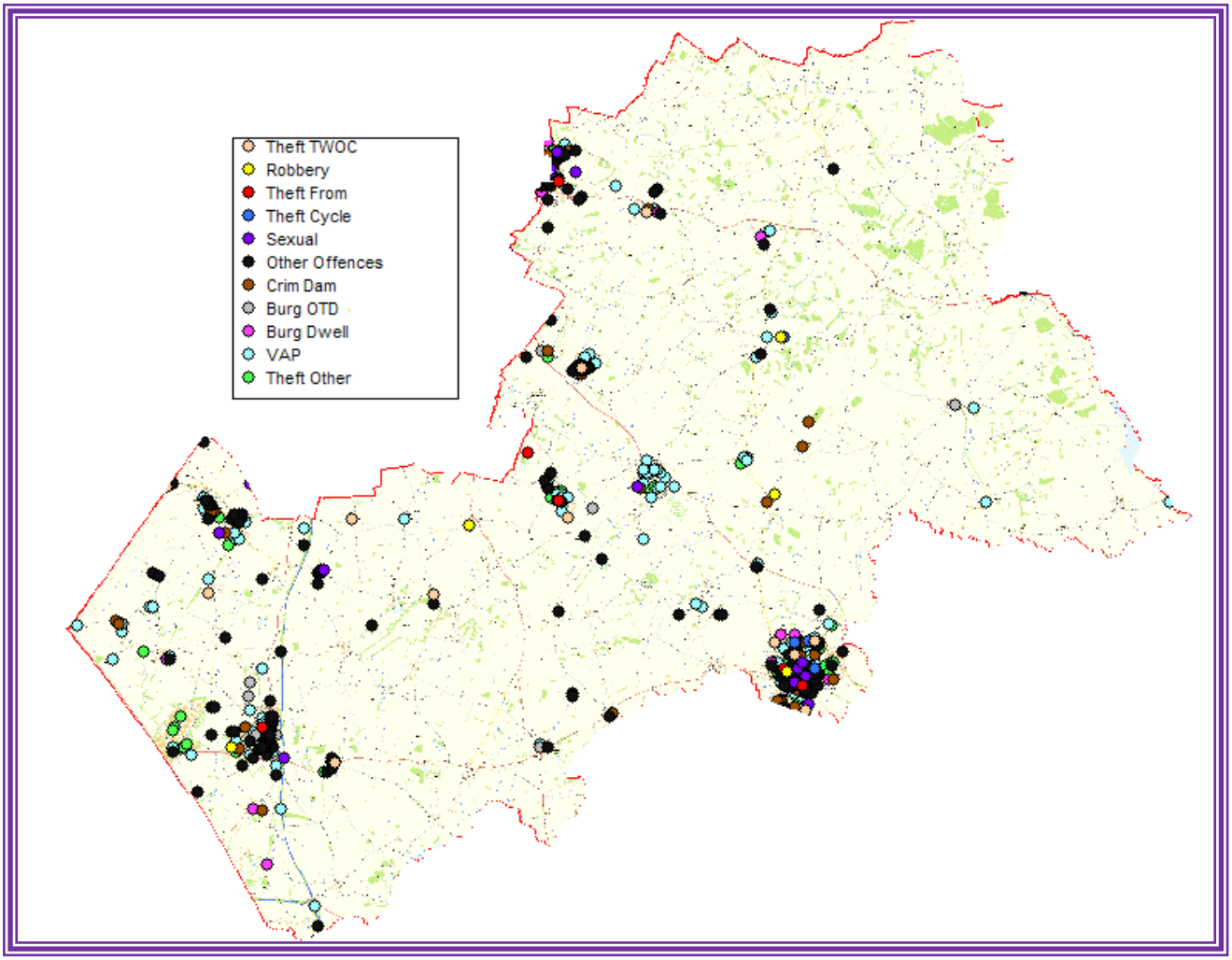
	Males Age	Females Age
Harborough	80.0	84.6
East Midlands	78.4	82.4
England	78.6	82.6

Source: Neighbourhood Statistics, Office for National Statistics

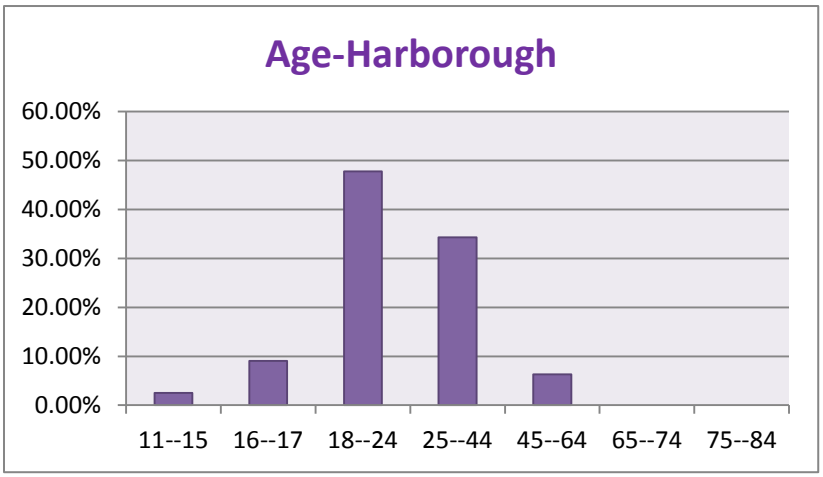
Crime

Harborough District had a total of 475 offenders for the financial year 2011-2012 that committed an drug/alcohol offence.

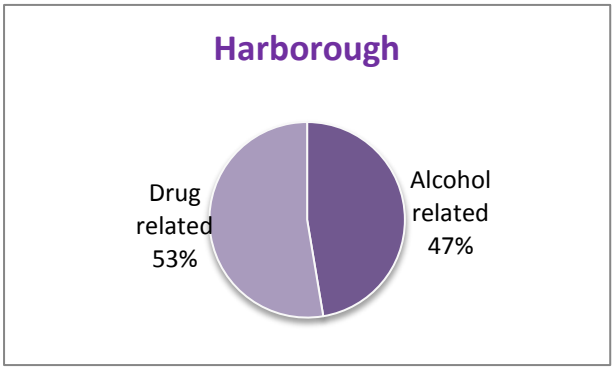
The following map allocates all type of alcohol and/or drug related crimes committed during 2011-2012 in the district of Harborough:

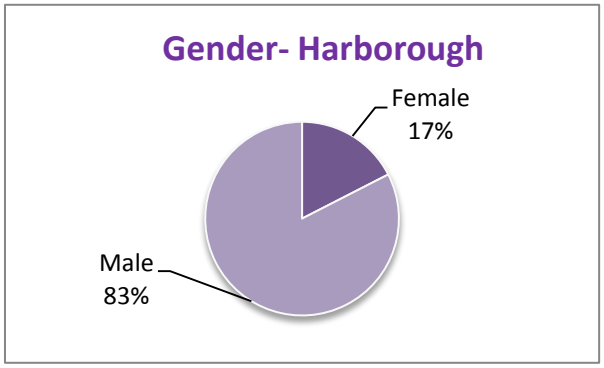


After analysing the alcohol and/or drug related offenders the following summaries have been produced:

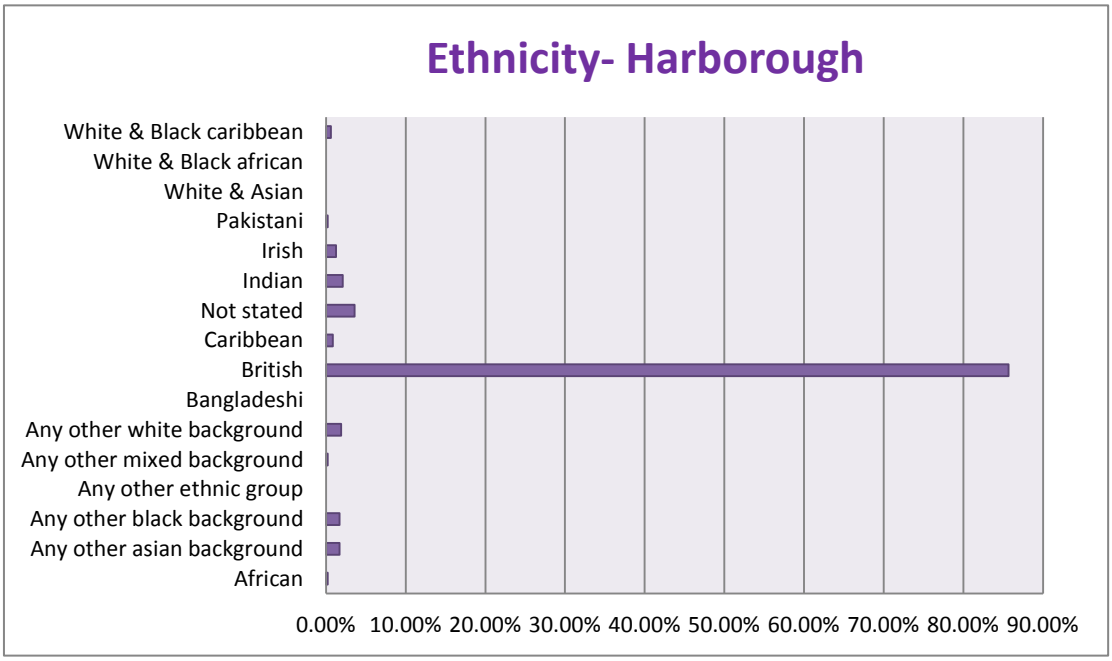


The average age range of offenders who commit drug and/or alcohol related offences is between 18-24 years old followed by adults between 25-44 years old.

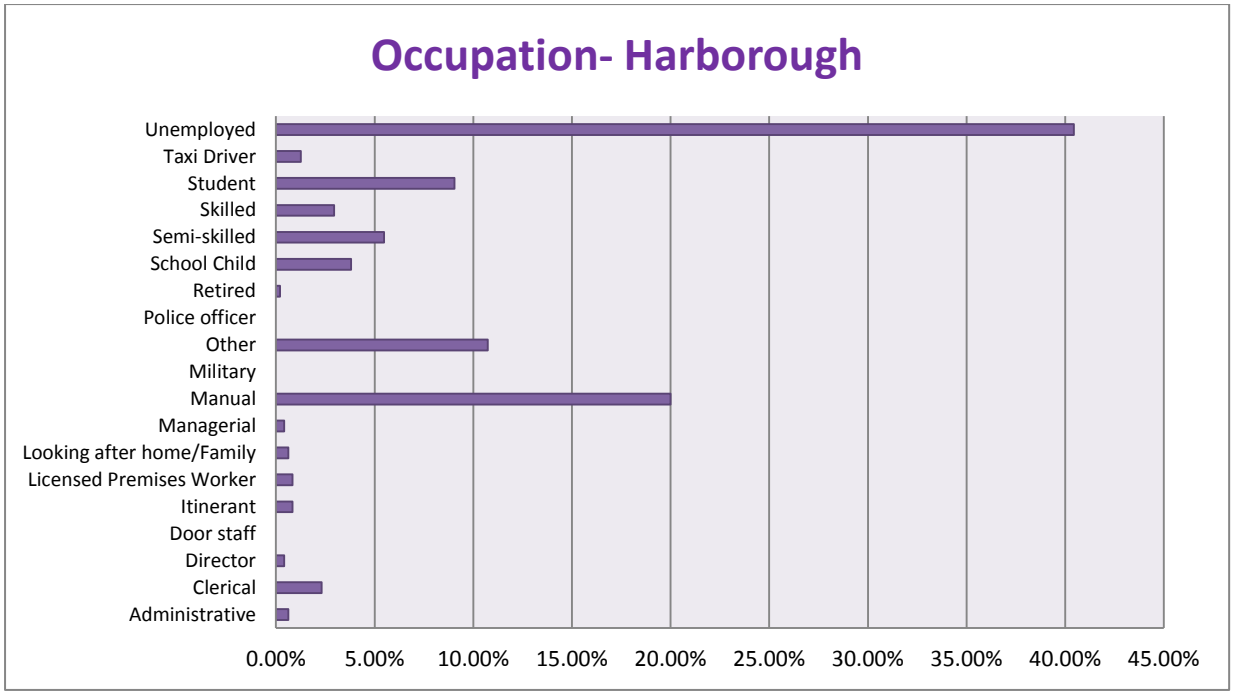




53% of the drug and/or alcohol offences were drug related and 47% were alcohol related. From these offences, 83% are committed by males and a 17% by females.



The majority of the offenders that commit drug/alcohol related offences are of British ethnicity (around 85%).



Over 40% of the offenders who commit drug/alcohol related offences are unemployed.

Alcohol flagged ambulance call outs

Historically, whether an ambulance call out was related to alcohol or not was not recorded, but from January 2012 a "flag" has been introduced on each call out record if alcohol was a factor. This data completion has been more complete from April 2012 for Leicestershire & Rutland (*See Appendix 3 for alcohol call outs in Leicestershire and Rutland and Appendix 6 for mapping of alcohol flagged ambulance pick-ups in Leicestershire).*

The following table shows the percentage of alcohol flagged ambulance call outs from April to October 2012 for Harborough District:

	Harborough
Apr'12	0.40%
May'12	1.40%
Jun'12	4.20%
Jul'12	2.30%
Aug'12	4.70%
Sep'12	4.10%
Oct'12	2.10%

Treatment

By the end of 2011/12, a total of 168 Swanswell's clients were Harborough residents. The current data available shows that by the end of the second quarter of 2012/13 a total of 206 Swanswell's clients are residents in Harborough District. The following table shows the total of drug, alcohol and young people clients by Leicestershire districts and Rutland:

	2011/12 Q4				2012/13 Q1				2012/13 Q2			
	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total
Blaby	69	68	4	141	87	72	5	164	93	80	4	177
Charnwood	144	297	8	449	181	300	7	488	192	333	8	533
Harborough	**60**	**107**	**1**	**168**	**67**	**113**	**1**	**181**	**77**	**129**	**0**	**206**
Hinckley & Bosworth	107	120	2	229	125	124	3	252	151	142	5	298
Melton	43	79	1	123	58	80	2	140	57	86	4	147
NWL	105	120	11	236	122	126	12	260	131	147	11	289
Oadby & Wigston	36	40	5	81	48	44	3	95	55	51	3	109
Rutland	20	15	1	36	31	15	4	50	41	18	7	66

Environmental Health

Contacts have been re-taken during the last year and SMST now receives environmental health data (needle findings, drug paraphernalia, empty packs of drugs and others) on a monthly basis from the Community safety Department of Harborough. This data is cleansed, validated and mapped against the provision of Needle Exchange Pharmacies in Harborough. This gives us a general idea of where the service provider and the needle exchange pharmacies needs to be and give more information about the disposal of needles and other drug paraphernalia. (See appendix 1)

Summary Substance Misuse

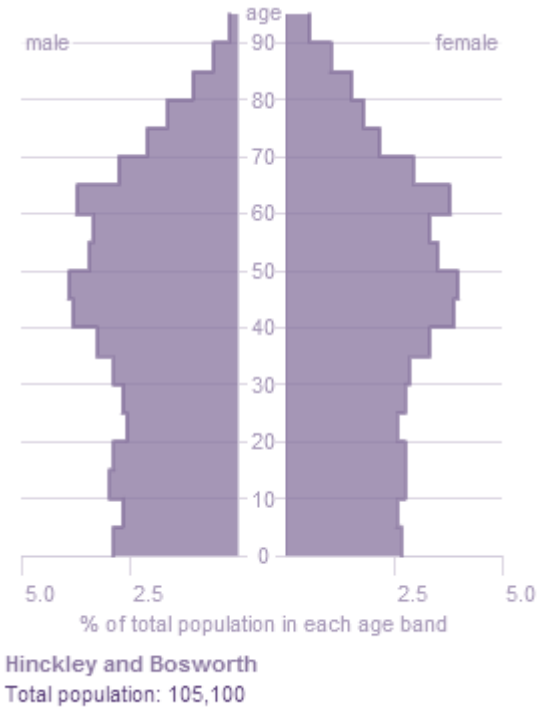
There are currently 206 clients engaged in structured treatment for substance misuse with a residential address within Harborough, this is broken down as 77 alcohol clients, 129 drug clients and no young people. On the 1st July, 2011 119 Harborough clients were transferred from our previous commissioned services to Swanswell. Since this time a further 82 clients have been engaged within the service, an increase of 73%, with the majority being alcohol clients.
Apart from Swanswell premises, several community venues in Harborough are used to hold appointments with clients with the majority being seen at Market Harborough Medical Centre. The table below displays the number of clients engaged in treatment for 2012/13 to date within Harborough:

	Harborough			
	Alcohol	Drug	YP	Total
Q1 2012/13	67	113	1	181
Q2 2012/13	77	129	0	206

8.4 Hinckley & Bosworth

Demographics

Hinckley & Bosworth has a population of approximately 105,100 (ONS, 2011) and a relatively low index of multiple deprivation compared to other districts in Leicestershire.



Population density
2010

	Area (sq. km)	People per sq. km
Hinckley and Bosworth	297	353
East Midlands	15,606	287
England	130,279	401

Source: Office for National Statistics

Percentage of population by broad ethnic group
mid-2009

	White %	Mixed %	Asian or Asian British %	Black or Black British %	Other %
Hinckley and Bosworth	94.0	1.1	3.4	0.8	0.7
East Midlands	90.1	1.6	5.4	1.6	1.3
England	87.5	1.8	6.1	2.9	1.6

Source: Population Estimates by Ethnic Group, Office for National Statistics

Life expectancy at birth
2008-2010

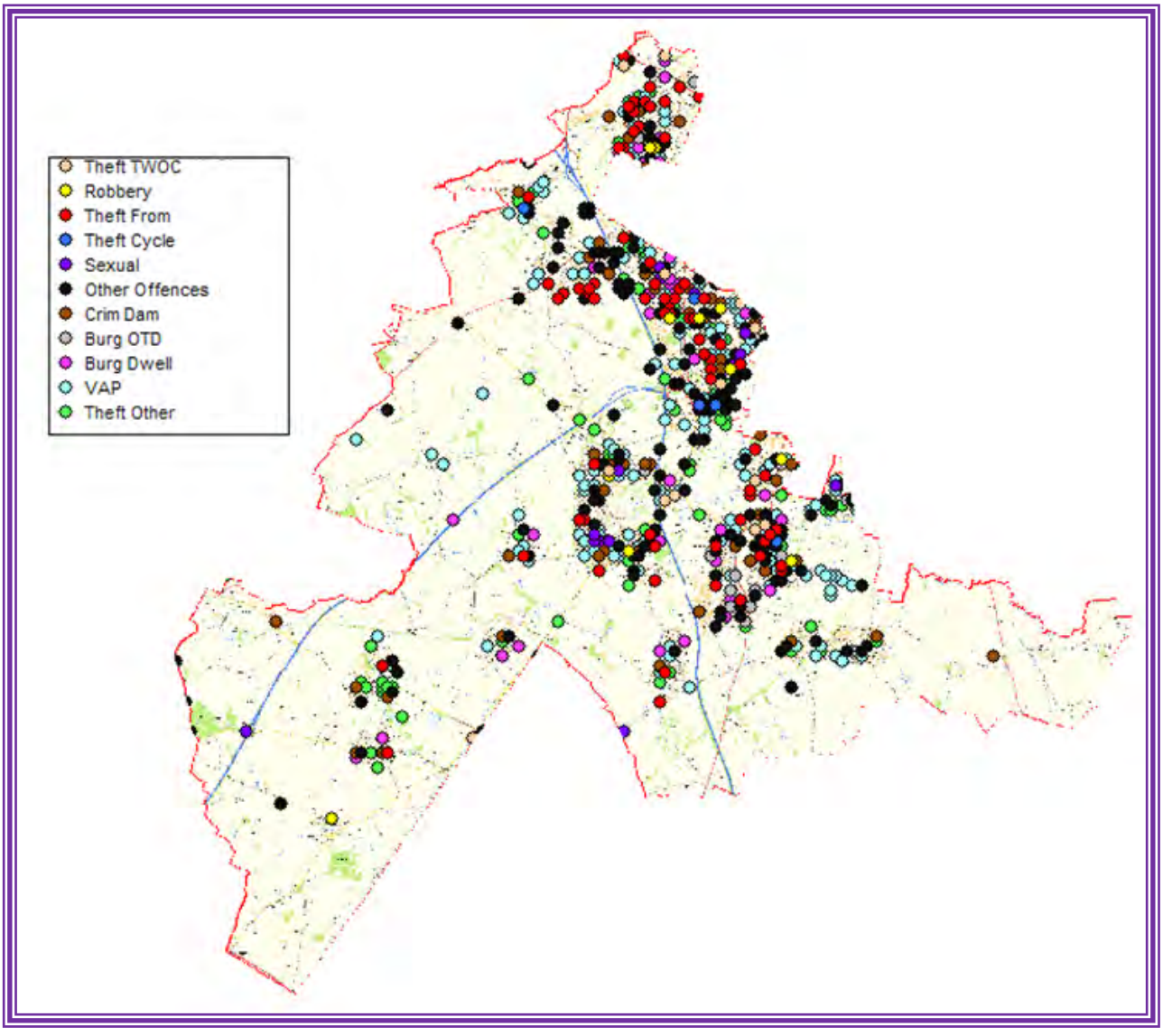
	Males Age	Females Age
Hinckley and Bosworth	79.9	84.3
East Midlands	78.4	82.4
England	78.6	82.6

Source: Neighbourhood Statistics, Office for National Statistics

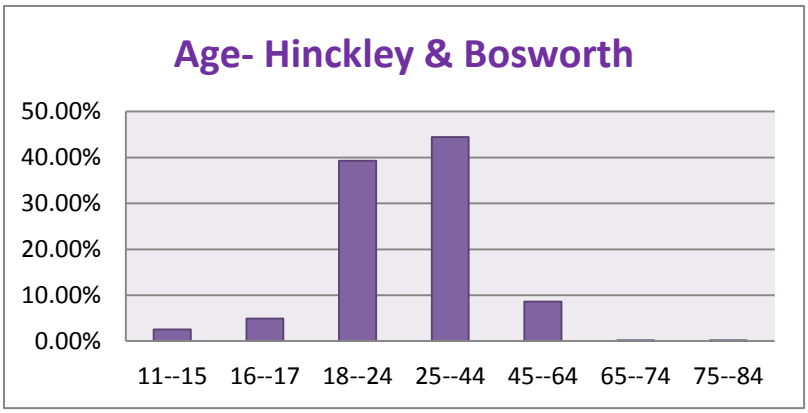
Crime

Hinckley & Bosworth District was the second district in the county with a total of 711 offenders that committed a drug/alcohol offence during the financial year 2011-2012.

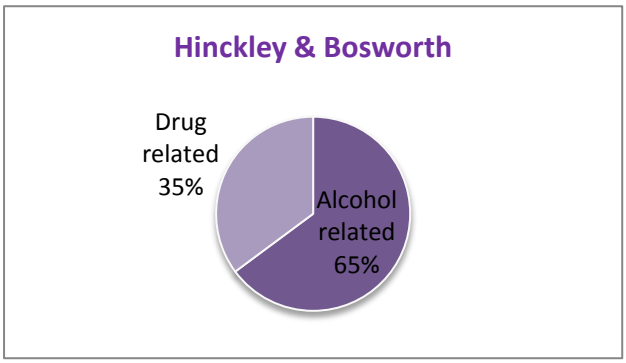
The following map allocates all type of alcohol and/or drug related crimes committed during 2011-2012 in the district of Hinckley & Bosworth:

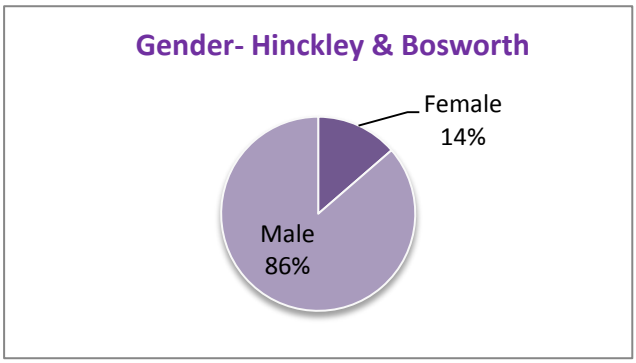


After analysing the alcohol and/or drug related offenders, the following summaries have been produced:

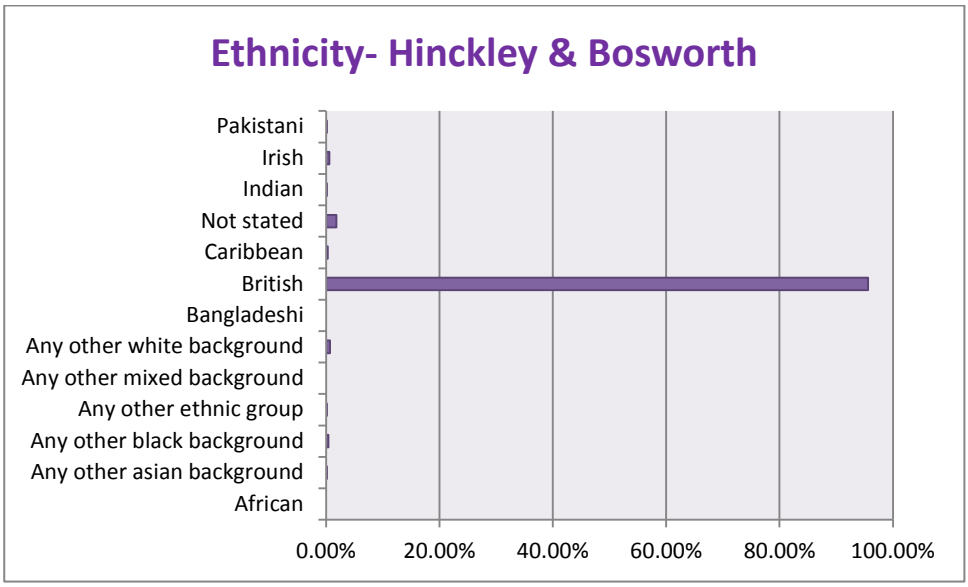


The average age range of offenders who commit drug and/or alcohol related offences is between 25-44 years old followed by young adults between 18-24 years old.

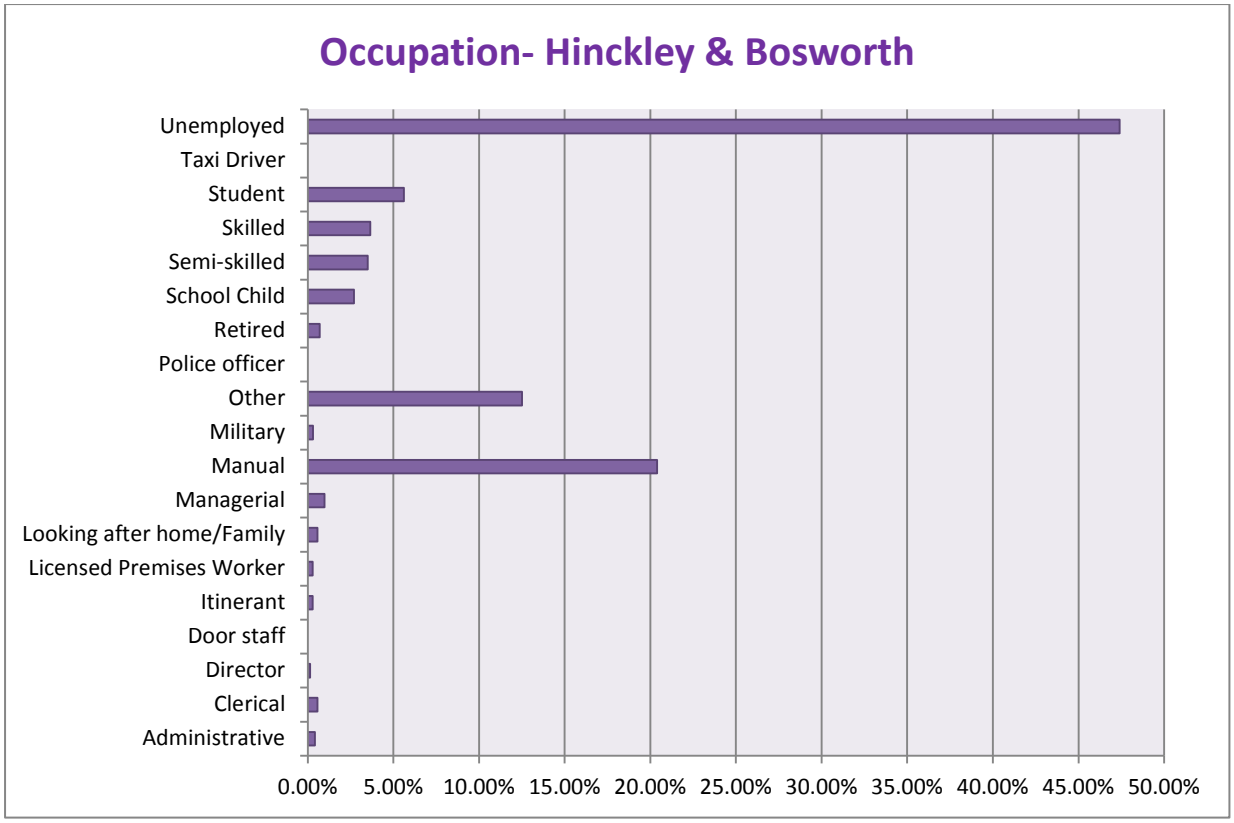




35% of the drug and/or alcohol offences were drug related and 65% were alcohol related. From these offences 86% are committed by males and a 14% by females.



The majority of the offenders that commit drug/alcohol related offences are of British ethnicity (over 90%).



Around 47% of the offenders who commit drug/alcohol related offences are unemployed.

Alcohol flagged ambulance call outs

Historically, whether an ambulance call out was related to alcohol or not was not recorded, but from January 2012 a "flag" has been introduced on each call out record if alcohol was a factor. This data completion has been more complete from April 2012 for Leicestershire & Rutland (*See Appendix 3 for alcohol call outs in Leicestershire and Rutland and Appendix 6 for mapping of alcohol flagged ambulance pick-ups in Leicestershire).*

The following table shows the percentage of alcohol flagged ambulance call outs from April to October 2012 for Hinckley & Bosworth District:

Hinckley & Bosworth	
Apr'12	0.60%
May'12	1.10%
Jun'12	3.30%
Jul'12	1.90%
Aug'12	3.00%
Sep'12	3.60%
Oct'12	1.30%

Treatment

By the end of 2011/12, a total of 229 Swanswell's clients were Hinckley & Bosworth District residents. The current data available shows that by the end of the second quarter of 2012/13 a total of 298 Swanswell's clients are residents in Hinckley & Bosworth District. The following table shows the total of drug, alcohol and young people clients by Leicestershire districts and Rutland:

	2011/12 Q4				2012/13 Q1				2012/13 Q2			
	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total
Blaby	69	68	4	141	87	72	5	164	93	80	4	177
Charnwood	144	297	8	449	181	300	7	488	192	333	8	533
Harborough	60	107	1	168	67	113	1	181	77	129	0	206
Hinckley & Bosworth	**107**	**120**	**2**	**229**	**125**	**124**	**3**	**252**	**151**	**142**	**5**	**298**
Melton	43	79	1	123	58	80	2	140	57	86	4	147
NWL	105	120	11	236	122	126	12	260	131	147	11	289
Oadby & Wigston	36	40	5	81	48	44	3	95	55	51	3	109
Rutland	20	15	1	36	31	15	4	50	41	18	7	66

Environmental Health

Contacts have been made with Hinckley & Bosworth District Council, but no environmental health data (needle findings, drug paraphernalia, empty packs of drugs and others) has been sent to the SMST Leicestershire & Rutland.

The Community Safety Team at Hinckley & Bosworth District Council have confirmed an action is now in place for the new financial year to contact the correspondent department to start collating the data.

Summary Substance Misuse

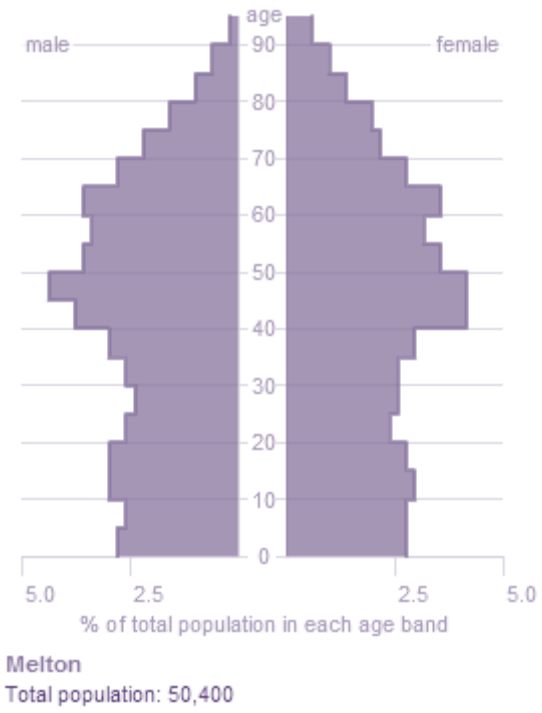
There are currently 298 clients engaged in structured treatment for substance misuse with a residential address within Hinckley & Bosworth Borough, this is broken down as 151 alcohol clients, 142 drug clients and 5 young people. On the 1st July, 2011 167 Hinckley & Bosworth clients were transferred from our previous commissioned services to Swanswell. Since this time a further 131 clients have been engaged within the service, an increase of 78%, with the majority being alcohol clients.
Apart from Swanswell premises, several community venues in Hinckley & Bosworth are used to hold appointments with clients with the majority being seen at Hinckley Health Centre. The table below displays the number of clients engaged in treatment for 2012/13 to date within Hinckley & Bosworth:

	Hinckley & Bosworth			
	Alcohol	Drug	YP	Total
Q1 2012/13	125	124	3	252
Q2 2012/13	151	142	5	298

8.5 Melton

Demographics

Melton has a population of approximately 50,400 (ONS, 2011) and the third in the highest ranked district in Leicestershire of index of multiple deprivation.



Population density
2010

	Area (sq. km)	People per sq. km
Melton	481	103
East Midlands	15,606	287
England	130,279	401

Source: Office for National Statistics

Percentage of population by broad ethnic group
mid-2009

	White %	Mixed %	Asian or Asian British %	Black or Black British %	Other %
Melton	95.9	1.2	2.0	0.6	0.4
East Midlands	90.1	1.6	5.4	1.6	1.3
England	87.5	1.8	6.1	2.9	1.6

Source: Population Estimates by Ethnic Group, Office for National Statistics

Life expectancy at birth
2008-2010

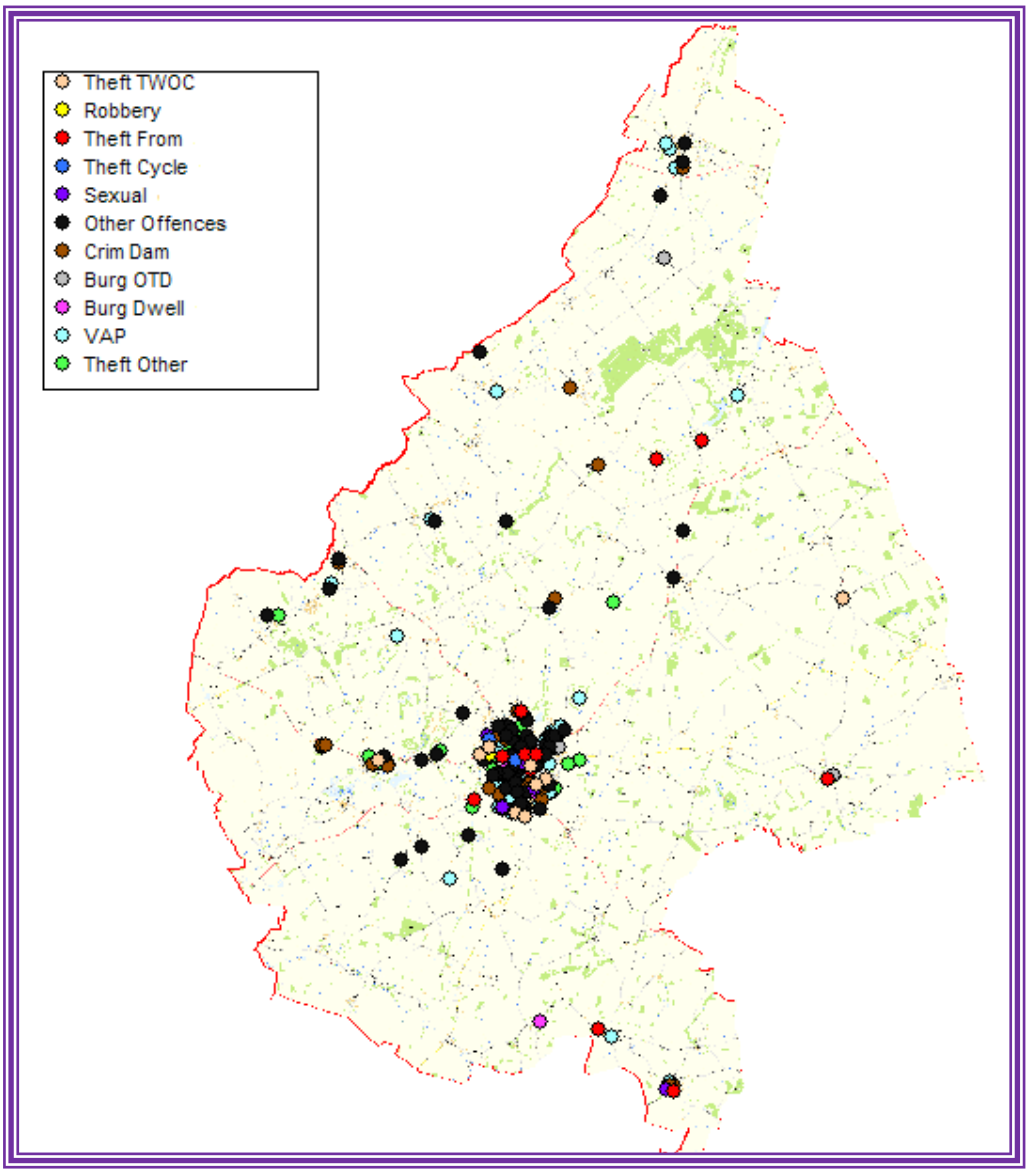
	Males Age	Females Age
Melton	80.5	83.5
East Midlands	78.4	82.4
England	78.6	82.6

Source: Neighbourhood Statistics, Office for National Statistics

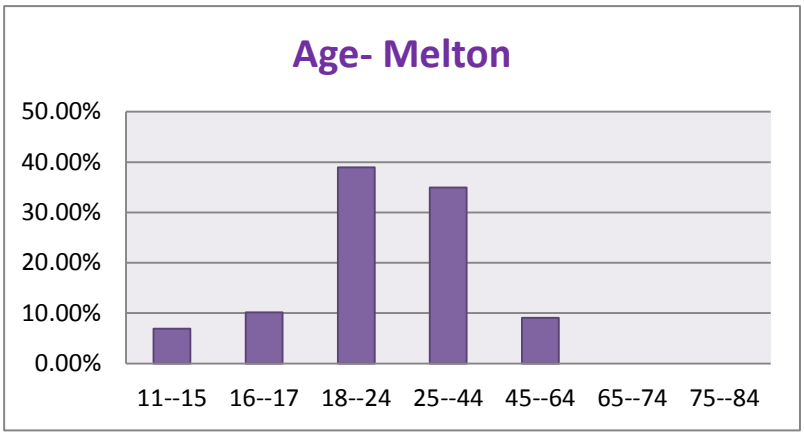
Crime

Melton District was one of the lowest in the ranking of drug/alcohol offenders in the county with a total of 375 offenders that committed a drug/alcohol offence during the financial year 2011-2012.

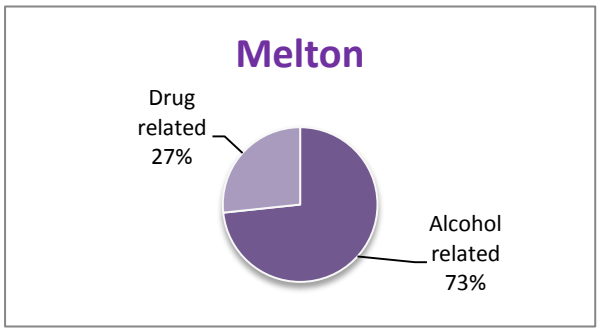
The following map allocates all type of alcohol and/or drug related crimes committed during 2011-2012 in the district of Melton:

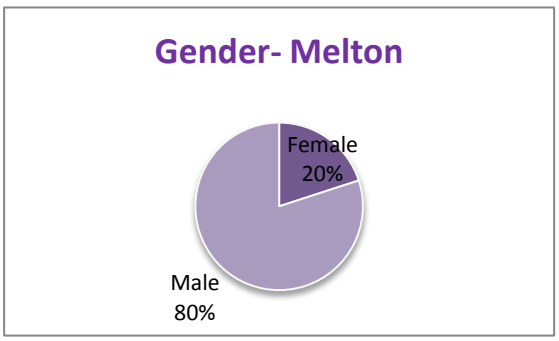


After analysing the alcohol and/or drug related offenders the following summaries have been produced:

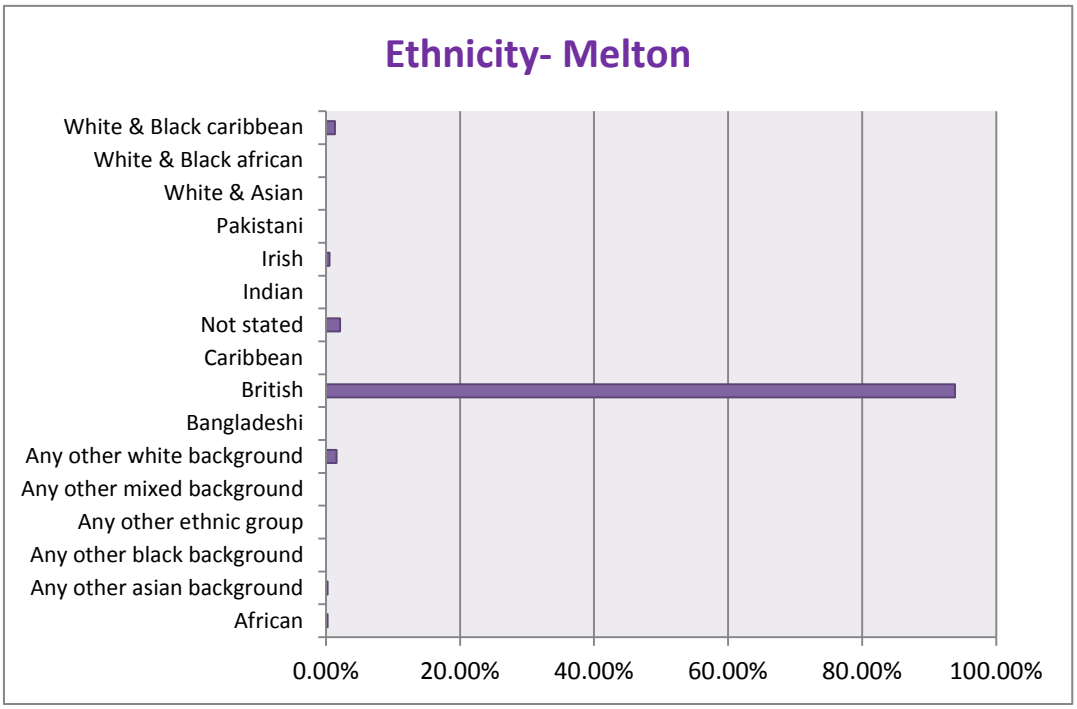


The average age range of offenders who commit drug and/or alcohol related offences is between 18-24 years old followed by adults between 25-44 years old.

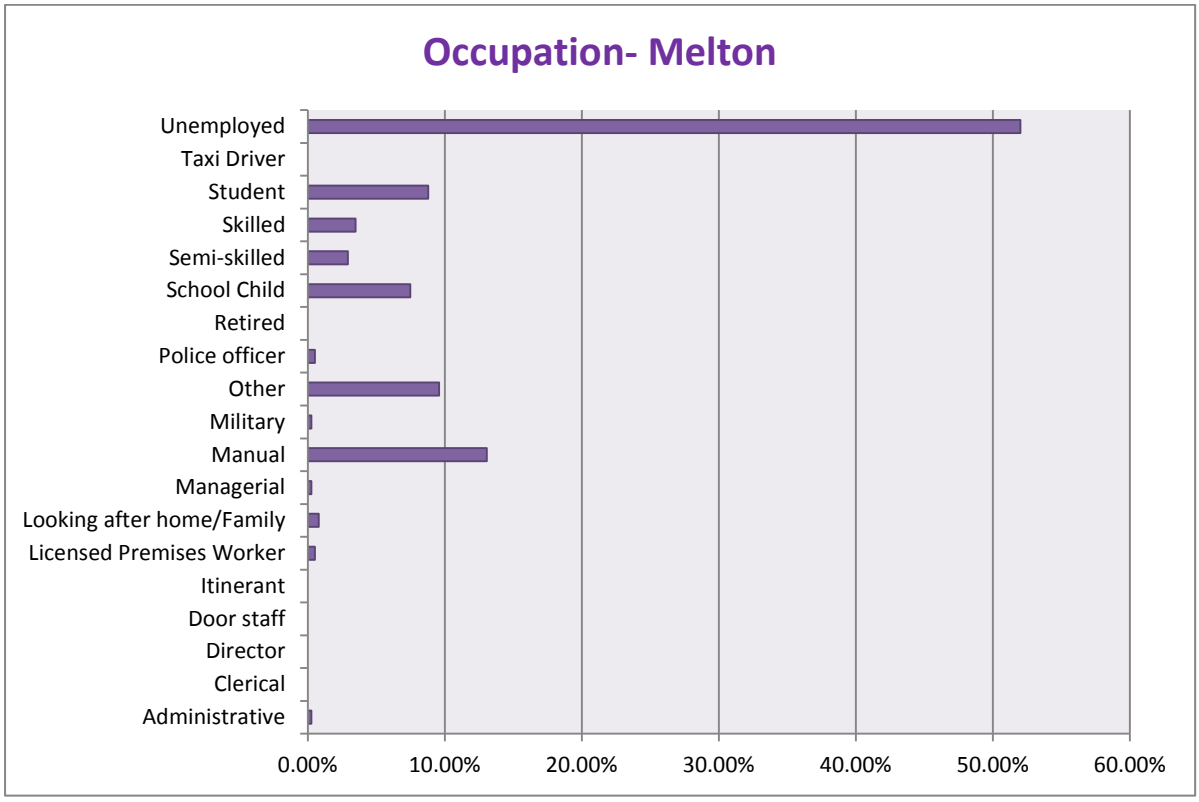




27% of the drug and/or alcohol offences were drug related and 73% were alcohol related. From these offences 80% are committed by males and a 20% by females.



The majority of the offenders that commit drug/alcohol related offences are of British ethnicity (over 90%).



Over 50% of the offenders who commit drug/alcohol related offences are unemployed.

Alcohol flagged ambulance call outs

Historically, whether an ambulance call out was related to alcohol or not was not recorded, but from January 2012 a "flag" has been introduced on each call out record if alcohol was a factor. This data completion has been more complete from April 2012 for Leicestershire & Rutland (*See Appendix 3 for alcohol call outs in Leicestershire and Rutland and Appendix 6 for mapping of alcohol flagged ambulance pick-ups in Leicestershire).*

The following table shows the percentage of alcohol flagged ambulance call outs from April to October 2012 for Melton District.

	Melton
Apr'12	0.40%
May'12	1.00%
Jun'12	3.30%
Jul'12	4.20%
Aug'12	5.80%
Sep'12	4.90%
Oct'12	4.40%

Treatment

By the end of 2011/12, a total of 123 Swanswell's clients were Melton District residents. The current data available shows that by the end of the second quarter of 2012/13 a total of 147 Swanswell's clients are residents in Melton District. The following table shows the total of drug, alcohol and young people clients by Leicestershire districts and Rutland:

	2011/12 Q4				2012/13 Q1				2012/13 Q2			
	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total
Blaby	69	68	4	141	87	72	5	164	93	80	4	177
Charnwood	144	297	8	449	181	300	7	488	192	333	8	533
Harborough	60	107	1	168	67	113	1	181	77	129	0	206
Hinckley & Bosworth	107	120	2	229	125	124	3	252	151	142	5	298
Melton	**43**	**79**	**1**	**123**	**58**	**80**	**2**	**140**	**57**	**86**	**4**	**147**
NWL	105	120	11	236	122	126	12	260	131	147	11	289
Oadby & Wigston	36	40	5	81	48	44	3	95	55	51	3	109
Rutland	20	15	1	36	31	15	4	50	41	18	7	66

Environmental Health

Contacts have been made with Melton District Council, but no environmental health data (needle findings, drug paraphernalia, empty packs of drugs and others) has been sent to the SMST Leicestershire & Rutland since end of 2010. (See appendix 1)
A new action has been put in place for the new financial year to contact again this district to start collating the data.

Summary Substance Misuse

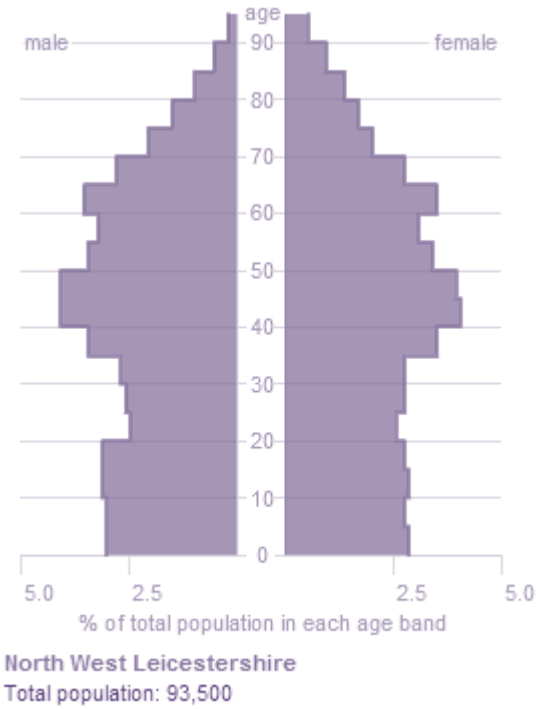
There are currently 147 clients engaged in structured treatment for substance misuse with a residential address within Melton Borough, this is broken down as 57 alcohol clients, 86 drug clients and 4 young people. On the 1st July, 2011 83 Melton clients were transferred from our previous commissioned services to Swanswell. Since this time a further 64 clients have been engaged within the service, an increase of 77%, with the majority being alcohol clients.
Apart from Swanswell premises several community venues in Melton are used to hold appointments with clients with the majority being seen at Latham House Medical Practice. The table below displays the number of clients engaged in treatment for 2012/13 to date within Melton:

	Melton			
	Alcohol	Drug	YP	Total
Q1 2012/13	58	80	2	140
Q2 2012/13	57	86	4	147

8.6 North West Leicestershire

Demographics

North West Leicestershire has a population of approximately 93,500 (ONS, 2011) and it is the most deprived district in Leicestershire based on the index of multiple deprivation (2007-2010).



Population density
2010

	Area (sq. km)	People per sq. km
North West Leicestershire	279	325
East Midlands	15,606	287
England	130,279	401

Source: Office for National Statistics

Percentage of population by broad ethnic group
mid-2009

	White %	Mixed %	Asian or Asian British %	Black or Black British %	Other %
North West Leicestershire	95.0	1.0	2.2	0.6	1.1
East Midlands	90.1	1.6	5.4	1.6	1.3
England	87.5	1.8	6.1	2.9	1.6

Source: Population Estimates by Ethnic Group, Office for National Statistics

Life expectancy at birth
2008-2010

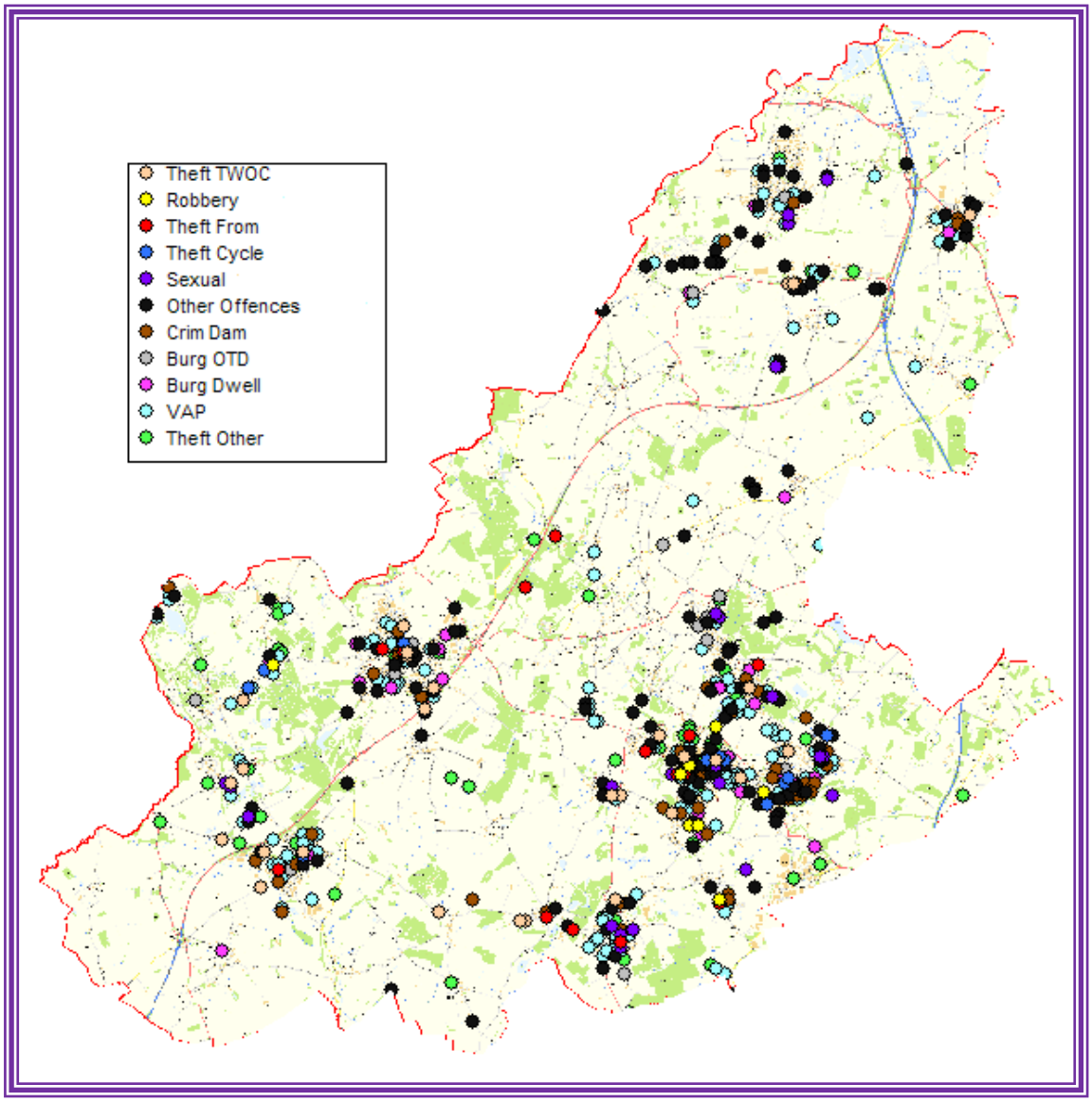
	Males Age	Females Age
North West Leicestershire	79.0	82.2
East Midlands	78.4	82.4
England	78.6	82.6

Source: Neighbourhood Statistics, Office for National Statistics

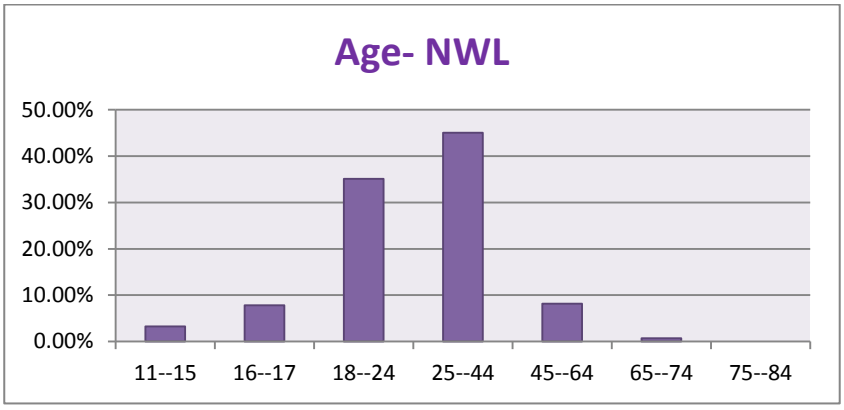
Crime

NWL District was the third in the ranking of drug/alcohol offenders in the county with a total of 590 offenders that committed a drug/alcohol offence during the financial year 2011-2012.

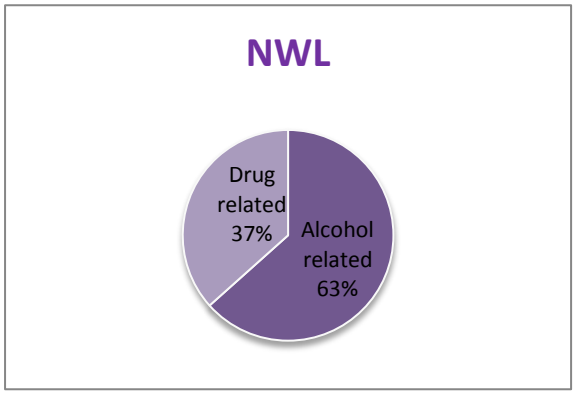
The following map allocates all type of alcohol and/or drug related crimes committed during 2011-2012 in the district of NWL:

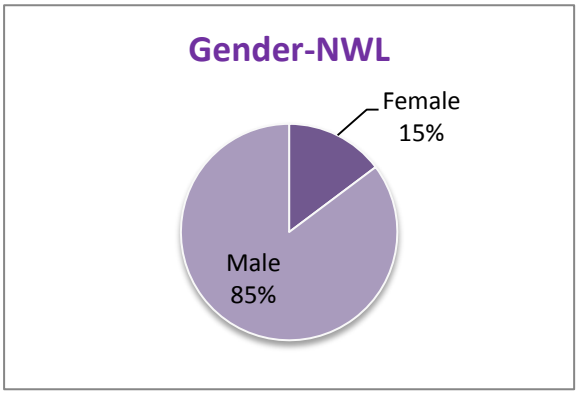


After analysing the alcohol and/or drug related offenders, the following summaries have been produced:

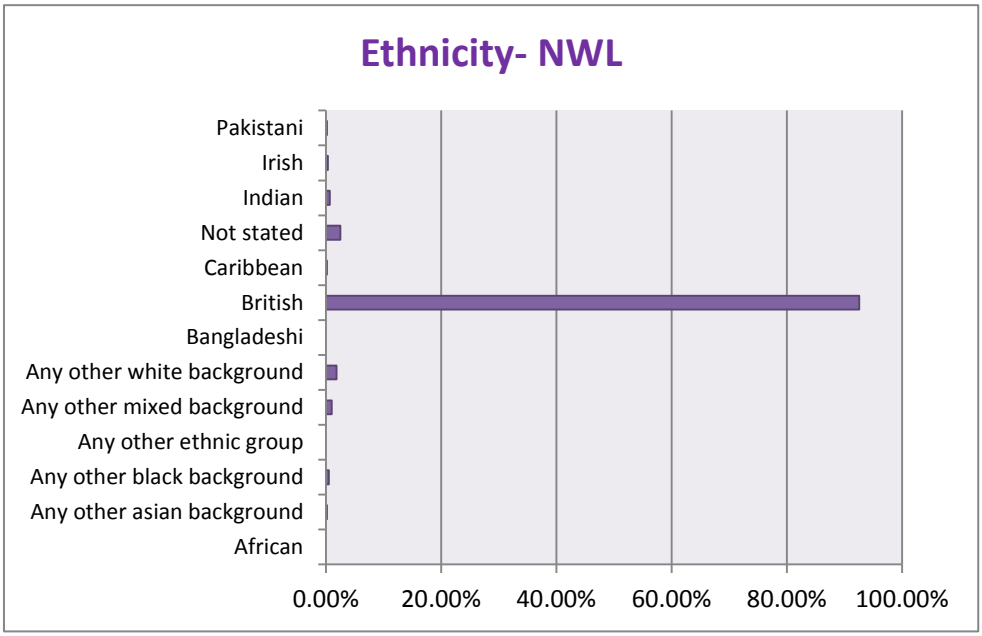


The average age range of offenders who commit drug and/or alcohol related offences is between 25-44 years old followed by young adults between 18-24 years old.

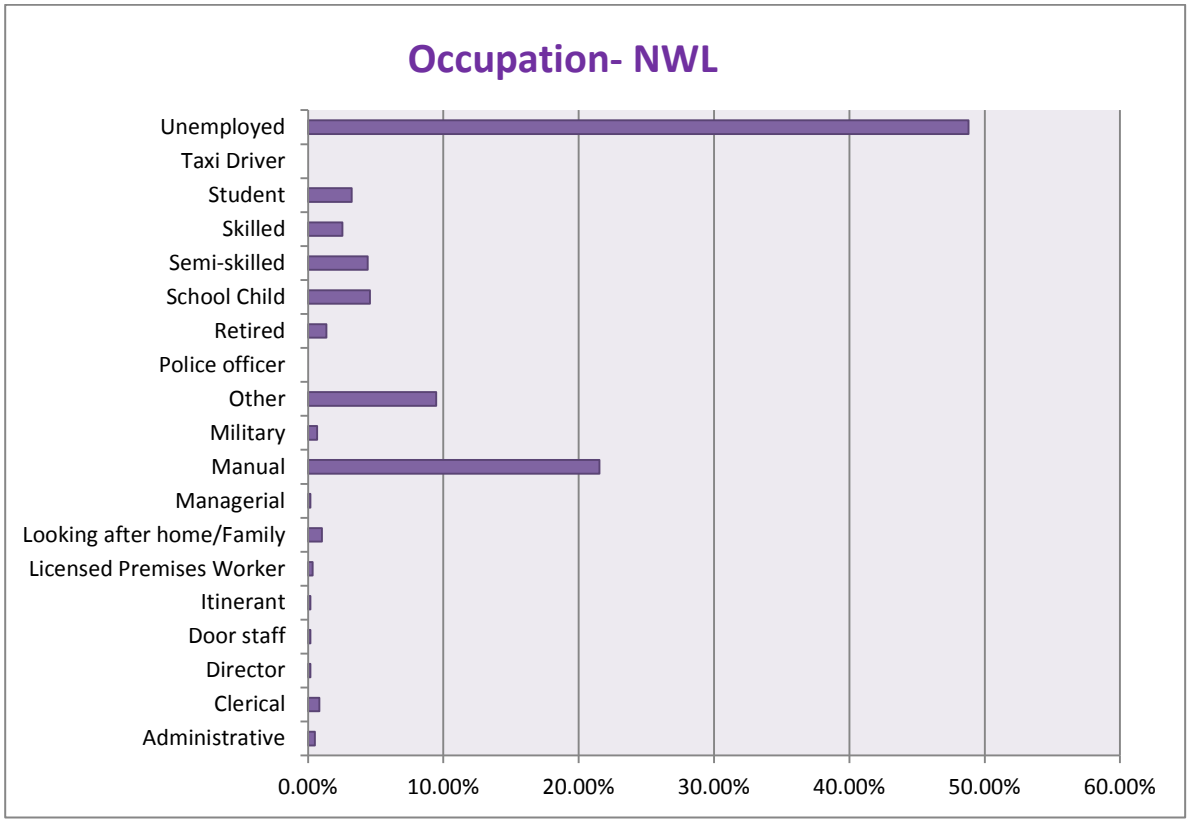




37% of the drug and/or alcohol offences were drug related and 63% were alcohol related. From these offences 85% are committed by males and a 15% by females.



The majority of the offenders that commit drug/alcohol related offences are of British ethnicity (over 90%).



Nearly 50% of the offenders who commit drug/alcohol related offences are unemployed.

Alcohol flagged ambulance call outs

Historically, whether an ambulance call out was related to alcohol or not was not recorded, but from January 2012 a "flag" has been introduced on each call out record if alcohol was a factor. This data completion has been more complete from April 2012 for Leicestershire & Rutland (*See Appendix 3 for alcohol call outs in Leicestershire and Rutland and Appendix 6 for mapping of alcohol flagged ambulance pick-ups in Leicestershire).*

The following table shows the percentage of alcohol flagged ambulance call outs from April to October 2012 for North West Leicestershire District:

	NWL
Apr'12	1.00%
May'12	2.40%
Jun'12	4.10%
Jul'12	4.20%
Aug'12	6.20%
Sep'12	6.20%
Oct'12	3.80%

Treatment

By the end of 2011/12, a total of 236 Swanswell's clients were North West Leicestershire District residents. The current data available shows that by the end of the second quarter of 2012/13 a total of 289 Swanswell's clients are residents in NWL. The following table shows the total of drug, alcohol and young people clients by Leicestershire districts and Rutland:

	2011/12 Q4				2012/13 Q1				2012/13 Q2			
	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total
Blaby	69	68	4	141	87	72	5	164	93	80	4	177
Charnwood	144	297	8	449	181	300	7	488	192	333	8	533
Harborough	60	107	1	168	67	113	1	181	77	129	0	206
Hinckley & Bosworth	107	120	2	229	125	124	3	252	151	142	5	298
Melton	43	79	1	123	58	80	2	140	57	86	4	147
NWL	**105**	**120**	**11**	**236**	**122**	**126**	**12**	**260**	**131**	**147**	**11**	**289**
Oadby & Wigston	36	40	5	81	48	44	3	95	55	51	3	109
Rutland	20	15	1	36	31	15	4	50	41	18	7	66

Environmental Health

SMST receives all the environmental health data (needle findings, drug paraphernalia, empty packs of drugs and others) on a monthly basis from the Community Safety Team of NWL District Council. This data once has been cleansed and validated is mapped against the provision of Needle Exchange Pharmacies in NWL. This gives us a general idea of where the service provider and the needle exchange pharmacies needs to be and give more information about the disposal of needles and other drug paraphernalia. (See appendix 1)

Summary Substance Misuse

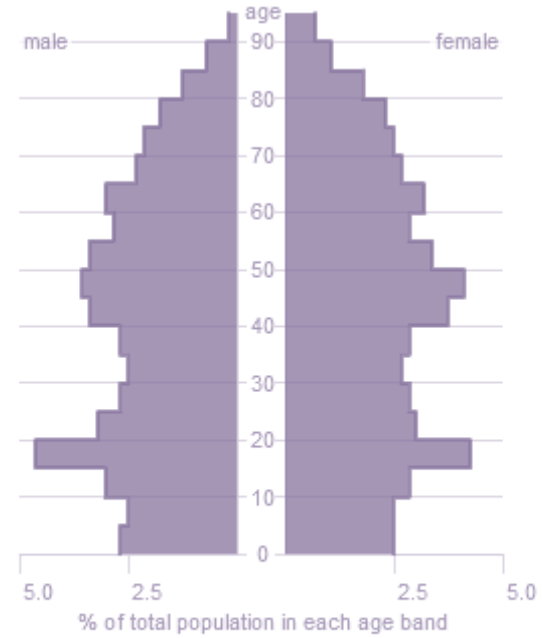
There are currently 289 clients engaged in structured treatment for substance misuse with a residential address within North West Leicestershire, this is broken down as 131 alcohol clients, 147 drug clients and 11 young people. On the 1st July, 2011 191 North West Leicestershire clients were transferred from our previous commissioned services to Swanswell. Since this time a further 98 clients have been engaged within the service, an increase of 51%, with the majority being alcohol clients.
Apart from Swanswell premises several community venues in North West Leicestershire are used to hold appointments with clients with the majority being seen at Broom Leys Surgery in Coalville. The table below displays the number of clients engaged in treatment for 2012/13 to date within NWL;

	North West Leicestershire			
	Alcohol	Drug	YP	Total
Q1 2012/13	122	126	12	260
Q2 2012/13	131	147	11	289

8.7 Oadby & Wigston

Demographics

Oadby & Wigston has a population of approximately 56,200 (ONS, 2011) and a low index of multiple deprivation compared to the rest of Leicestershire districts.



Population density
2010

	Area (sq. km)	People per sq. km
Oadby and Wigston	24	2,487
East Midlands	15,606	287
England	130,279	401

Source: Office for National Statistics

Percentage of population by broad ethnic group
mid-2009

	White %	Mixed %	Asian or Asian British %	Black or Black British %	Other %
Oadby and Wigston	81.4	1.9	14.0	1.9	1.2
East Midlands	90.1	1.6	5.4	1.6	1.3
England	87.5	1.8	6.1	2.9	1.6

Source: Population Estimates by Ethnic Group, Office for National Statistics

Life expectancy at birth
2008-2010

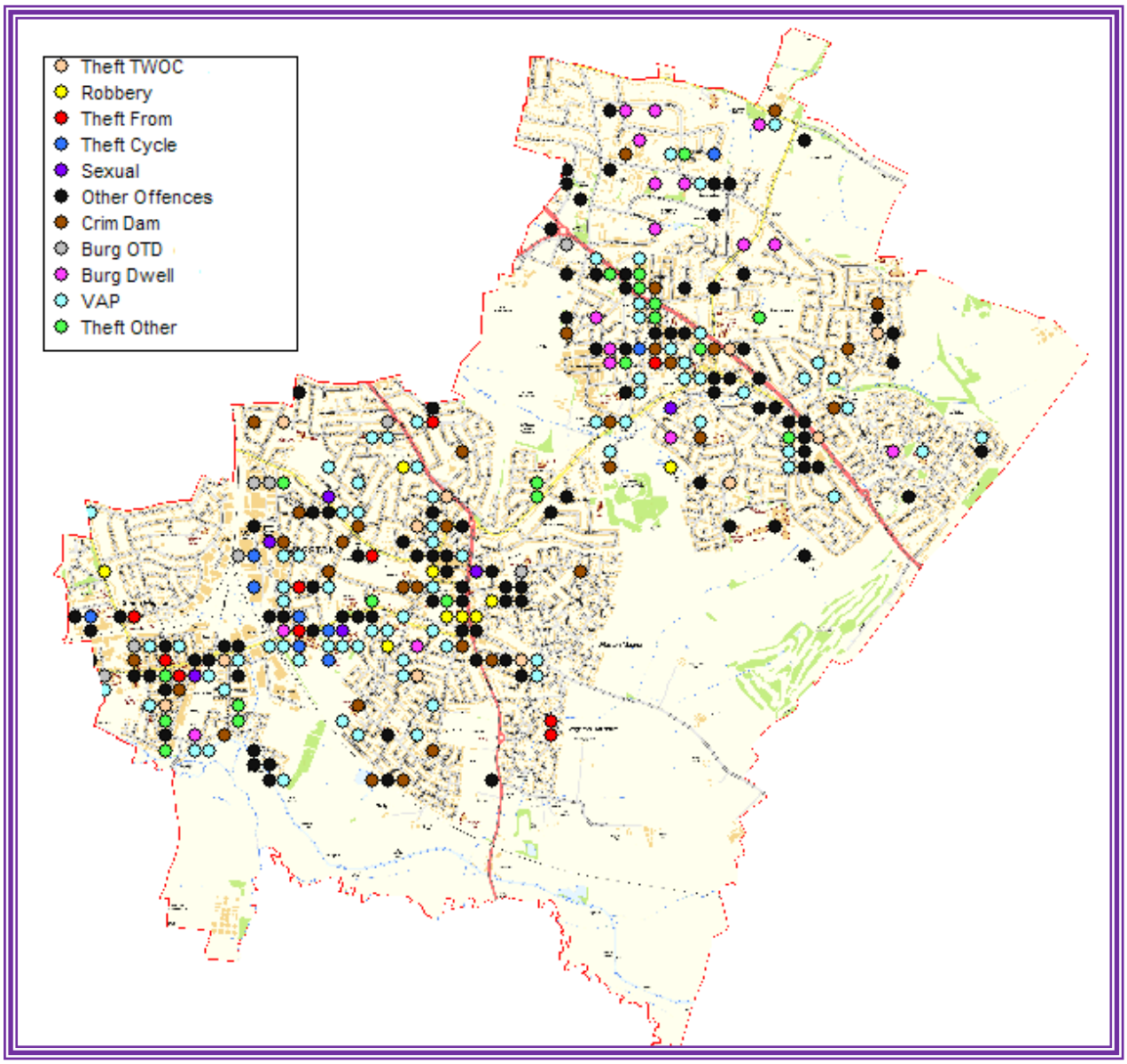
	Males Age	Females Age
Oadby and Wigston	79.4	83.0
East Midlands	78.4	82.4
England	78.6	82.6

Source: Neighbourhood Statistics, Office for National Statistics

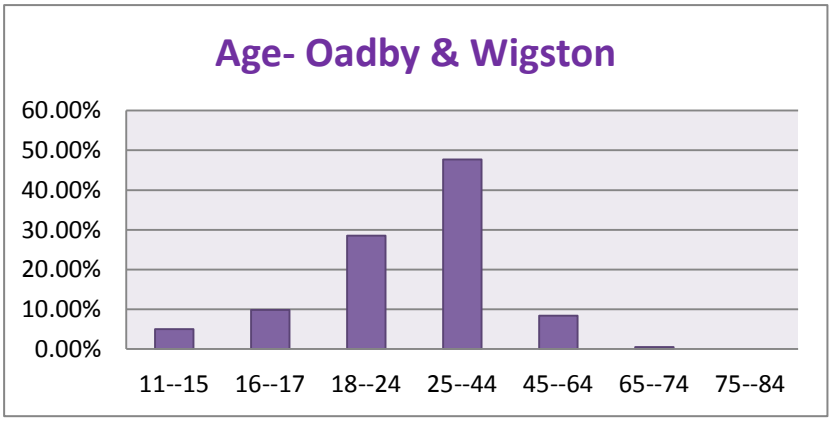
Crime

Oadby & Wigston District had a total of 417 offenders that committed a drug/alcohol offence during the financial year 2011-2012.

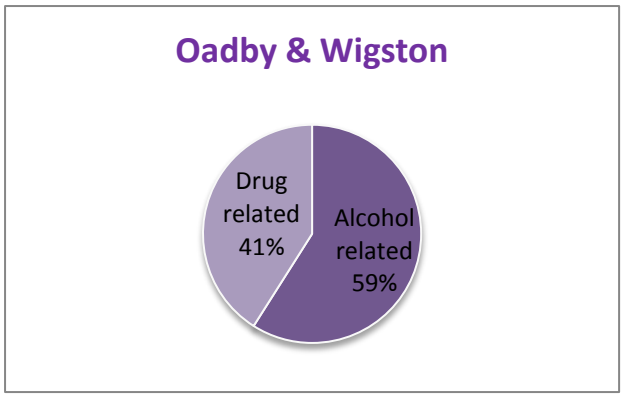
The following map allocates all type of alcohol and/or drug related crimes committed during 2011-2012 in the district of Oadby & Wigston:

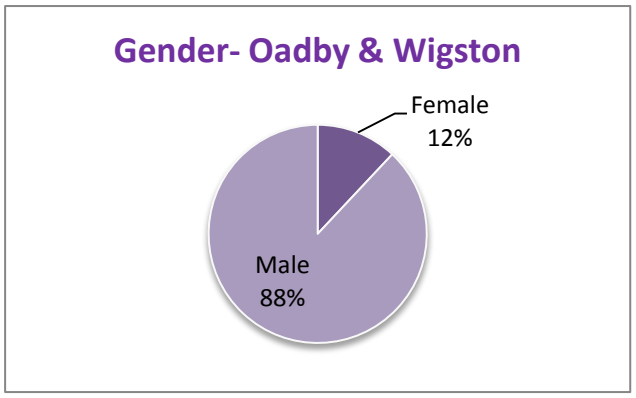


After analysing the alcohol and/or drug related offenders the following summaries have been produced:

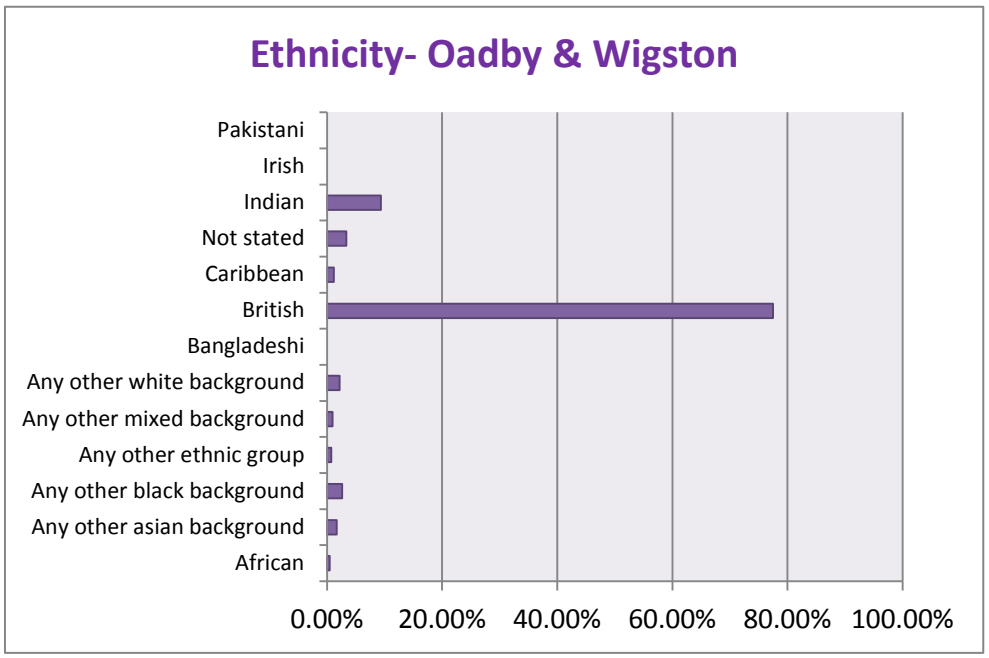


The average age range of offenders who commit drug and/or alcohol related offences is between 25-44 years old followed by young adults between 18-24 years old.

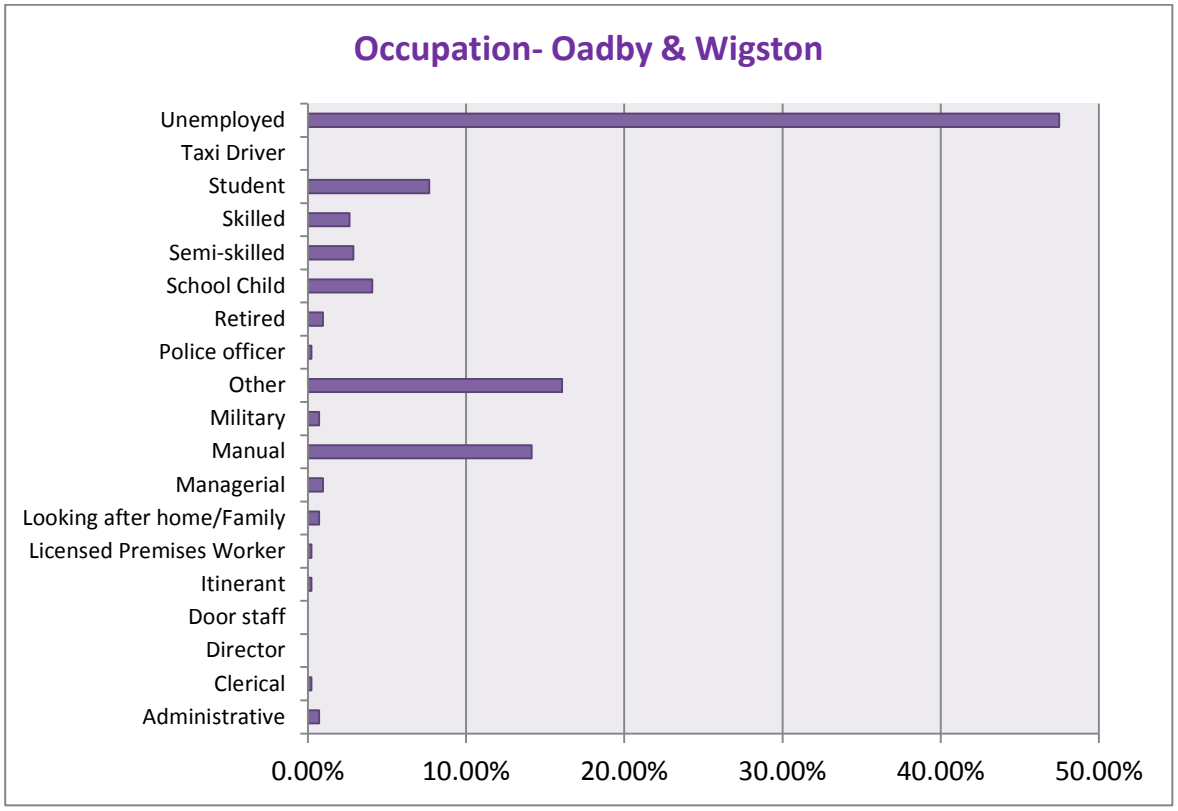




41% of the drug and/or alcohol offences were drug related and 59% were alcohol related. From these offences 88% are committed by males and a 12% by females.



The majority of the offenders that commit drug/alcohol related offences are of British ethnicity (over 75%).



Nearly 50% of the offenders who commit drug/alcohol related offences are unemployed.

Alcohol flagged ambulance call outs

Historically, whether an ambulance call out was related to alcohol or not was not recorded, but from January 2012 a "flag" has been introduced on each call out record if alcohol was a factor. This data completion has been more complete from April 2012 for Leicestershire & Rutland (*See Appendix 3 for alcohol call outs in Leicestershire and Rutland and Appendix 6 for mapping of alcohol flagged ambulance pick-ups in Leicestershire).*

The following table shows the percentage of alcohol flagged ambulance call outs from April to October 2012 for Oadby & Wigston District:

Oadby & Wigston	
Apr'12	0.20%
May'12	2.50%
Jun'12	4.20%
Jul'12	5.00%
Aug'12	4.60%
Sep'12	3.90%
Oct'12	3.60%

Treatment

By the end of 2011/12 a total of 81 Swanswell's clients were Oadby & Wigston District residents. The current data available shows that by the end of the second quarter of 2012/13 a total of 109 Swanswell's clients are residents in Oadby & Wigston. The following table shows the total of drug, alcohol and young people clients by Leicestershire districts and Rutland:

	2011/12 Q4				2012/13 Q1				2012/13 Q2			
	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total
Blaby	69	68	4	141	87	72	5	164	93	80	4	177
Charnwood	144	297	8	449	181	300	7	488	192	333	8	533
Harborough	60	107	1	168	67	113	1	181	77	129	0	206
Hinckley & Bosworth	107	120	2	229	125	124	3	252	151	142	5	298
Melton	43	79	1	123	58	80	2	140	57	86	4	147
NWL	105	120	11	236	122	126	12	260	131	147	11	289
Oadby & Wigston	**36**	**40**	**5**	**81**	**48**	**44**	**3**	**95**	**55**	**51**	**3**	**109**
Rutland	20	15	1	36	31	15	4	50	41	18	7	66

Environmental Health

Contacts have been made with Oadby & Wigston District Council, but no environmental health data (needle findings, drug paraphernalia, empty packs of drugs and others) has been sent to the SMST Leicestershire & Rutland.
A new action has been put in place for the new financial year to contact again this district to start collating the data.

Summary Substance Misuse

There are currently 109 clients engaged in structured treatment for substance misuse with a residential address within Oadby & Wigston, this is broken down as 55 alcohol clients, 51 drug clients and 3 young people. On the 1st July, 2011 55 Oadby & Wigston clients were transferred from our previous commissioned services to Swanswell. Since this time a further 54 clients have been engaged within the service, an increase of 98%, with the majority being alcohol clients.
Apart from Swanswell premises several community venues in Oadby & Wigston are used to hold appointments with clients with the majority being seen at Oadby & Wigston Community Action. The table below displays the number of clients engaged in treatment for 2012/13 to date within Oadby & Wigston:

	Oadby & Wigston			
	Alcohol	Drug	YP	Total
Q1 2012/13	48	44	3	95
Q2 2012/13	55	51	3	109

8.8 Rutland

Demographics

Rutland has a population of approximately 37,400 (ONS, 2011) and the lowest levels of deprivation in England, and there is relatively little inequality, with a few local pockets of deprivation.

Population density
2010

	Area (sq. km)	People per sq. km
Rutland	382	101
East Midlands	15,606	287
England	130,279	401

Source: Office for National Statistics

Percentage of population by broad ethnic group
mid-2009

	White	Mixed	Asian or Asian British	Black or Black British	Other
	%	%	%	%	%
Rutland	94.8	1.3	2.3	1.0	0.5
East Midlands	90.1	1.6	5.4	1.6	1.3
England	87.5	1.8	6.1	2.9	1.6

Source: Population Estimates by Ethnic Group, Office for National Statistics

Life expectancy at birth
2008-2010

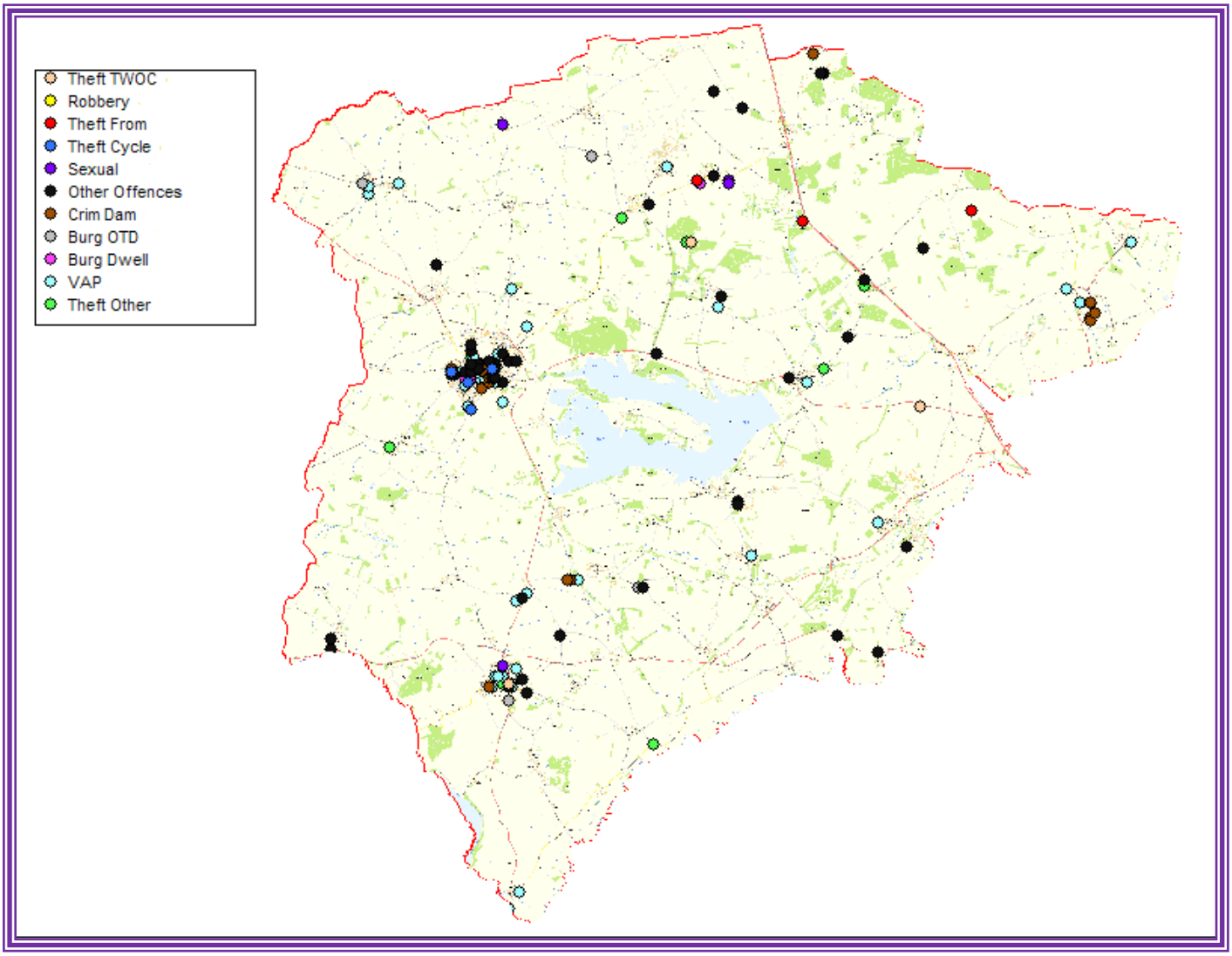
	Males Age	Females Age
Rutland	81.5	83.0
East Midlands	78.4	82.4
England	78.6	82.6

Source: Neighbourhood Statistics, Office for National Statistics

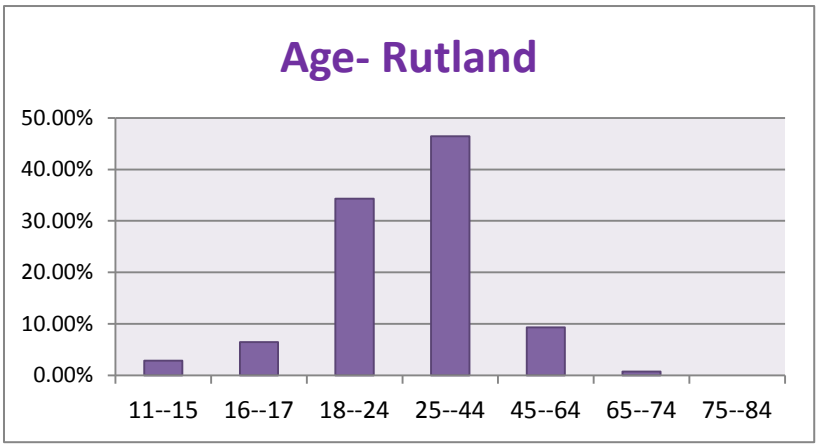
Crime

Rutland County had the lowest number (140) of offenders that committed a drug/alcohol offence during the financial year 2011-2012.

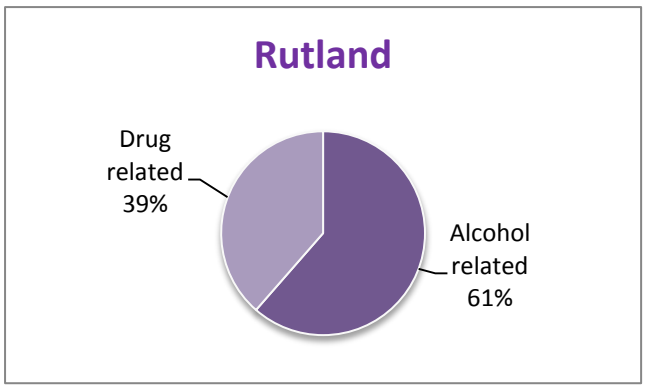
The following map allocates all type of alcohol and/or drug related crimes committed during 2011-2012 in the county of Rutland:

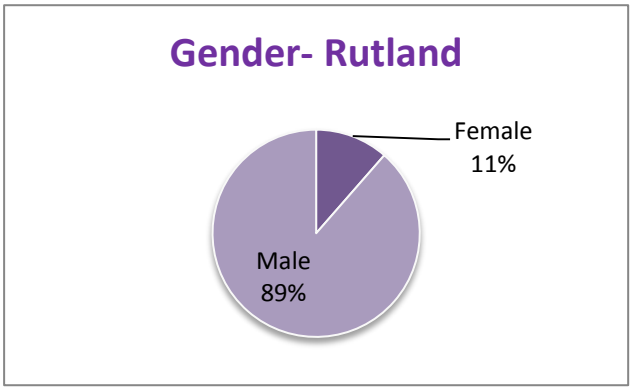


After analysing the alcohol and/or drug related offenders the following summaries have been produced:

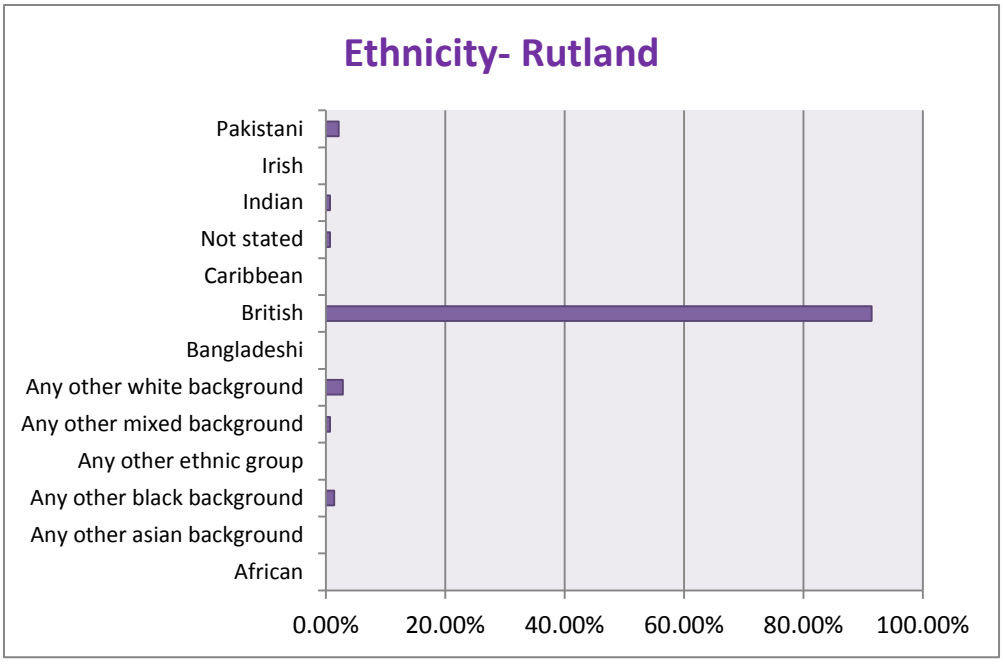


The average age range of offenders who commit drug and/or alcohol related offences is between 25-44 years old followed by young adults between 18-24 years old.

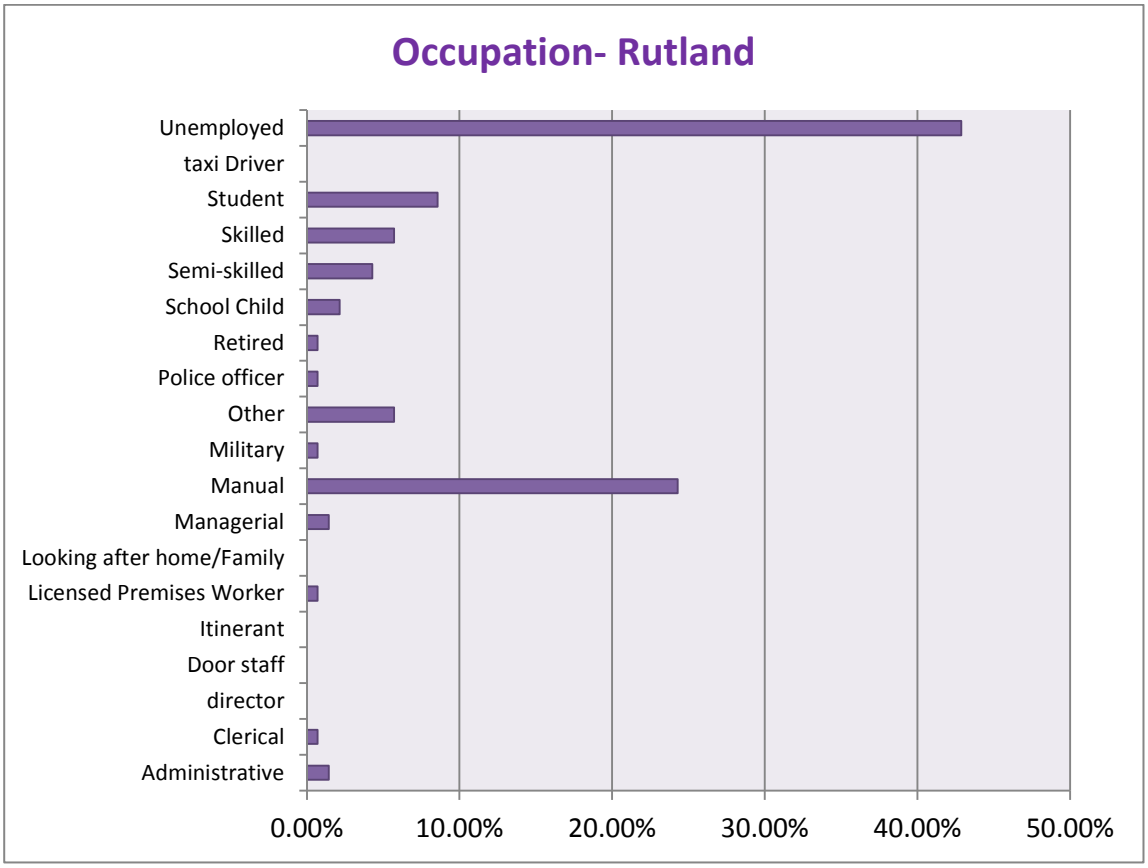




39% of the drug and/or alcohol offences were drug related and 61% were alcohol related. From these offences 89% are committed by males and an 11% by females.



The majority of the offenders that commit drug/alcohol related offences are of British ethnicity (90%).



Over 40% of the offenders who commit drug/alcohol related offences are unemployed.

Alcohol flagged ambulance call outs

Historically, whether an ambulance call out was related to alcohol or not was not recorded, but from January 2012 a "flag" has been introduced on each call out record if alcohol was a factor. This data completion has been more complete from April 2012 for Leicestershire & Rutland (*See Appendix 3 for alcohol call outs in Leicestershire and Rutland and Appendix 6 for mapping of alcohol flagged ambulance pick-ups in Leicestershire).*

The following table shows the percentage of alcohol flagged ambulance call outs from April to October 2012 for Rutland.

Rutland	
Apr'12	
May'12	0.70%
Jun'12	3.70%
Jul'12	2.10%
Aug'12	3.20%
Sep'12	0.30%
Oct'12	1.10%

Treatment

By the end of 2011/12, a total of 36 Swanswell's clients were Rutland County residents. The current data available shows that by the ends of the second quarter of 2012/13 a total of 66 Swanswell's clients are residents in Rutland. The following table shows the total of drug, alcohol and young people clients by Leicestershire districts and Rutland:

	2011/12 Q4				2012/13 Q1				2012/13 Q2			
	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total	Alcohol	Drug	YP	Total
Blaby	69	68	4	141	87	72	5	164	93	80	4	177
Charnwood	144	297	8	449	181	300	7	488	192	333	8	533
Harborough	60	107	1	168	67	113	1	181	77	129	0	206
Hinckley & Bosworth	107	120	2	229	125	124	3	252	151	142	5	298
Melton	43	79	1	123	58	80	2	140	57	86	4	147
NWL	105	120	11	236	122	126	12	260	131	147	11	289
Oadby & Wigston	36	40	5	81	48	44	3	95	55	51	3	109
Rutland	**20**	**15**	**1**	**36**	**31**	**15**	**4**	**50**	**41**	**18**	**7**	**66**

Environmental Health

Contacts have been made with Rutland County Council, but no environmental health data (needle findings, drug paraphernalia, empty packs of drugs and others) has been sent to the SMST Leicestershire & Rutland.
A new action has been put in place for the new financial year to contact again this district to start collating the data.

Summary Substance Misuse

There are currently 66 clients engaged in structured treatment for substance misuse with a residential address within Rutland, this is broken down as 41 alcohol clients, 18 drug clients and 7 young people. On the 1st July, 2011 22 Rutland clients were transferred from our previous commissioned services to Swanswell. Since this time a further 44 clients have been engaged within the service, an increase of 200%, with the majority being alcohol clients.
Apart from Swanswell premises several community venues in Rutland are used to hold appointments with clients with the majority being seen at Rutland Memorial Hospital and The Uppingham Surgery. The table below displays the number of clients engaged in treatment for 2012/13 to date within Rutland:

	Rutland			
	Alcohol	Drug	YP	Total
Q1 2012/13	31	15	4	50
Q2 2012/13	41	18	7	66

Section 9 – Cross Cutting Themes

9.1 Substance Misuse Related Crime

National

The drugs that cause most harm to the individual, families and the wider community are heroin and crack. These drugs account for the greatest cost of drug treatment and drug enforcement and are the drugs most likely to generate crime in order to fund drug purchase. Therefore, cost estimates are largely based on use and supply of these drugs. There have been two studies –one for England and Wales and the other for Scotland. The combined estimated cost came to nearly £19bn.

Out of a total labelled spend of £998 million, roughly two-thirds were spent on health and third on enforcement with a very small amount (about 0.4% of the budget) spent on education. However the published figures significantly under-estimate the costs of enforcement. This is because the money spent on drug enforcement is wrapped up in the overall budget for tackling organised crime and is therefore hard to tease out. The Serious Organised Crime Agency (SOCA) has an annual budget of around £400m.

The National Treatment Agency for Substance Misuse released a document in 2012 stating the importance of how treatment and recovery services can reduce drug-related offending.

A typical addict spends around £1,400 per month on drugs and many of these addicts commit crime to pay for their drugs.

Treatment and recovery are the key parts of the government's strategy to tackle drug addiction and the crime it causes and cutting health costs. Any drug addict not in treatment costs to the society an average of £26,074 a year (this includes robbery, shoplifting and house burglary)
When drug addicts start treatment, they commit less crime.

The national statistics show that drug treatment prevented an estimated of 4.9million offences in 2010-2011. Also we cannot forget that fewer crimes mean fewer victims.

Leicestershire & Rutland

Leicestershire County Council and Leicestershire Police Authority have jointly commissioned the Community Based Survey, which replaces the previous community safety CRAVE Survey. The project combines key survey requirements for the County Council and Police Authority together into one consultation. As a result, the Community Based survey has a broad range of questions, covering perceptions of local neighbourhoods and satisfaction with local public services from the Place survey, as well as questions on perceptions of crime and anti-social behaviour.

The report for Q4 2011/12 shows the results produced at Leicestershire Police Force Area Rutland County Council and Leicestershire County Council:

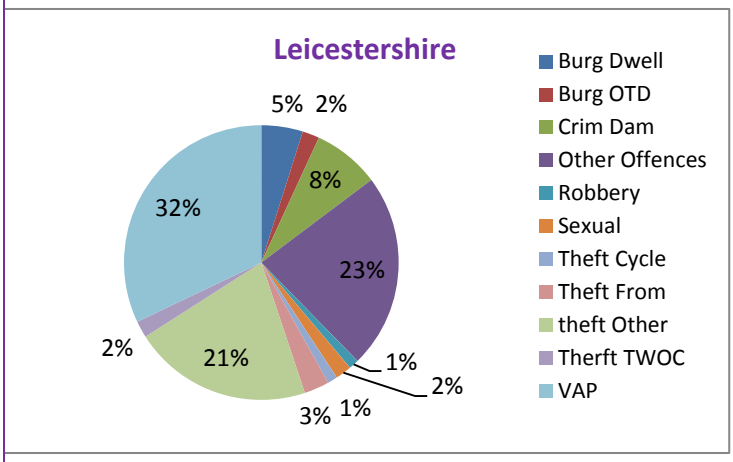
Leicestershire County	Total resp	% resp	Compared to Leicestershire Police Force Area
% think people using or dealing drugs a problem	957	15.2%	-3.3%
% think people being drunk or rowdy in public places a problem	1053	12.9%	-2.5%
% think the level of antisocial behaviour has decreased or stayed the same	1023	92.9%	+2.2%
% agree that police and other local services seek people's views about ASB and crime	1017	61.2%	-0.1%
% agree that police and other local services are successfully dealing with ASB and crime	1006	68.5%	+1.0%

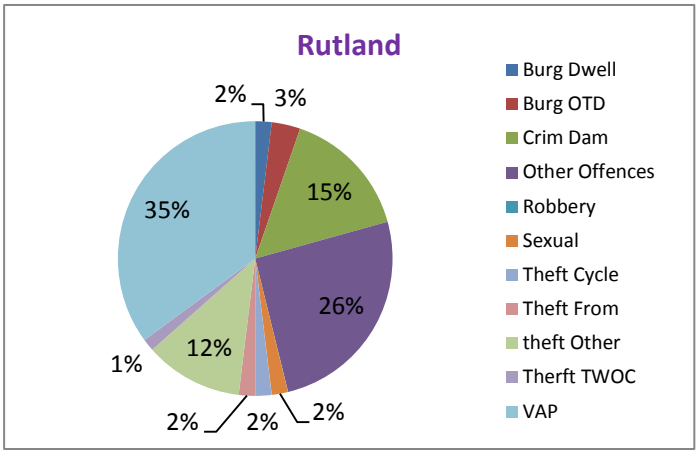
Rutland County	Total resp	% resp	Compared to Leicestershire Police Force Area
% think people using or dealing drugs a problem	120	7.5%	-11.0%
% think people being drunk or rowdy in public places a problem	131	9.2%	-6.3%
% think the level of antisocial behaviour has decreased or stayed the same	126	94.4%	+3.8%
% agree that police and other local services seek people's views about ASB and crime	122	54.9%	-6.4%
% agree that police and other local services are successfully dealing with ASB and crime	122	74.6%	+7.1%

Summary

The following table and charts shows the type of crimes committed in Leicestershire and Rutland that have been alcohol and/or drug flagged during 2011/2012 by the Leicestershire Police.

HO Group	Leicestershire	%Leics	Rutland	%Rut
Burg Dwell	390	5%	4	2%
Burg OTD	158	2%	7	3%
Crim Dam	629	8%	32	15%
Other Offences	1831	23%	53	26.00%
Robbery	93	1%		
Sexual	152	2%	4	2%
Theft Cycle	93	1%	4	2%
Theft From	235	3%	4	2%
Theft Other	1682	21%	24	12.00%
Theft TWOC	157	2%	3	1%
VAP	2561	32%	73	35%
TOTAL	**7981**	**100%**	**208**	**100%**



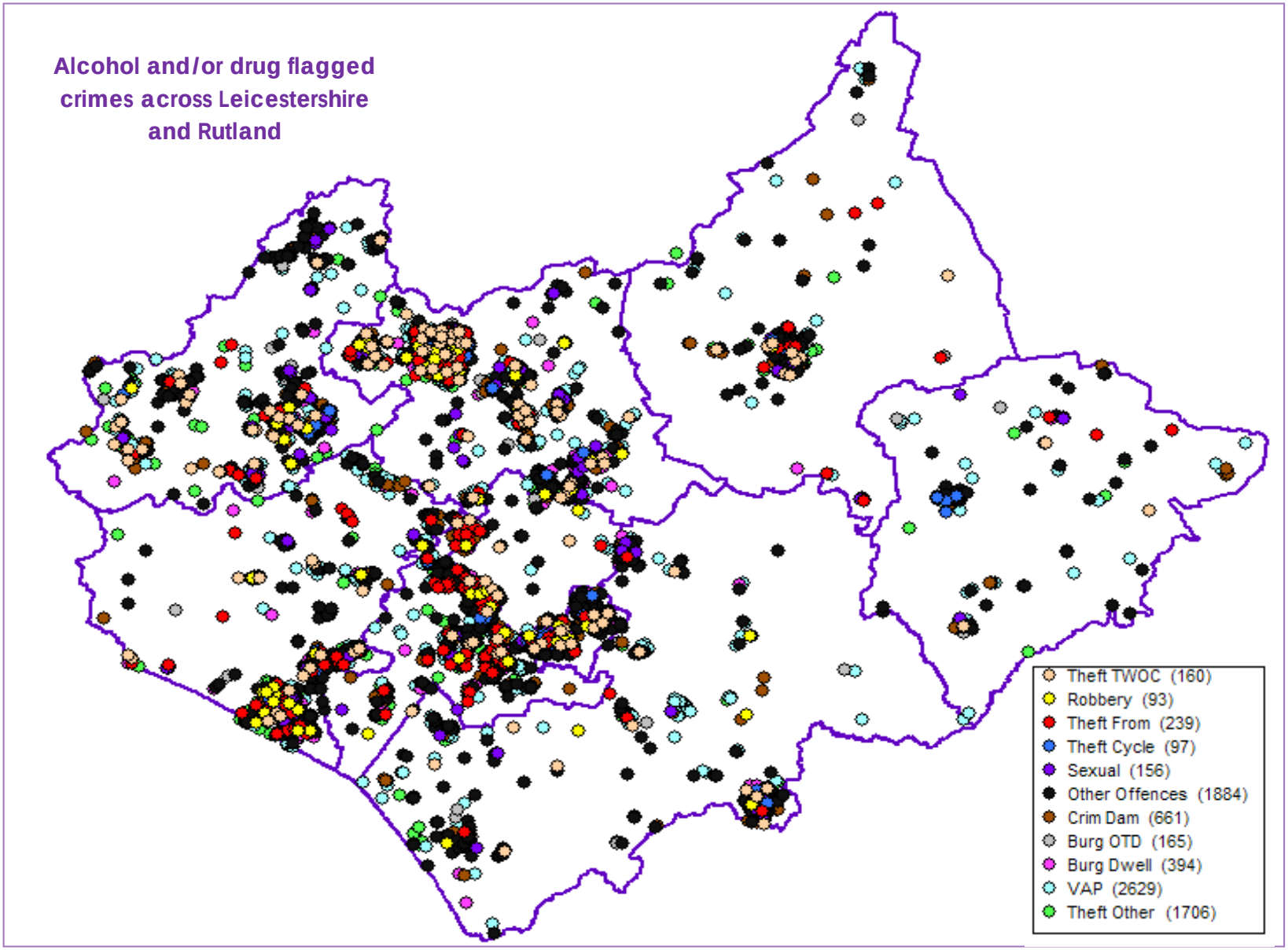


Violence against a person (VAP) crime has been the most common crime in Leicestershire (32%) and Rutland (35%) during 2011/12.

Further analysis has been undertaken recently during November 2012 on alcohol-related night time crimes and the proposed recommendations are that all the Joint Action Groups (JAGs) and Community Safety Partnerships across the County;

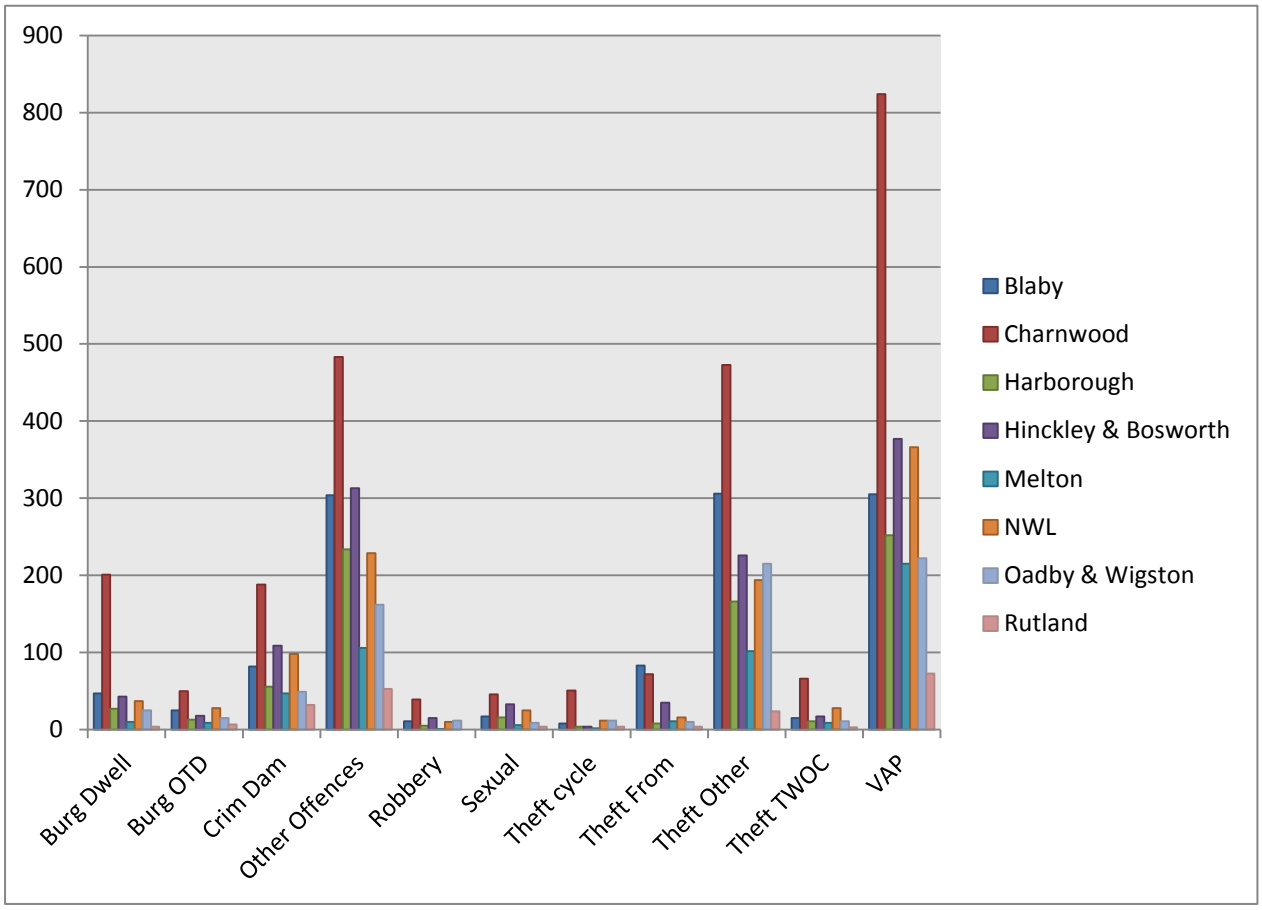
- Review against their current action plans
- Identify and implement any additional initiatives that they believe could secure a sustainable reduction in alcohol misuse
- Submit a business case to the Substance Misuse Board where investment funding is required to implement actions

The Safer Communities Strategy Board recommends that the JAGs and Community Safety Partnerships take ownership for the identification and delivery of locally based solutions. The regulatory services partnership enables them to identify any potential actions in respect of licensing and enforcement.


Alcohol and/or drug flagged crimes across Leicestershire and Rutland
Theft TWOC (160)
Robbery (93)
Theft From (239)
Theft Cycle (97)
Sexual (156)
Other Offences (1884)
Crim Dam (661)
Burg OTD (165)
Burg Dwell (394)
VAP (2629)
Theft Other (1706)

The following table and chart analyse the number of these alcohol and/or drug flagged crimes by the Leicestershire Districts and Rutland during 2011/12:

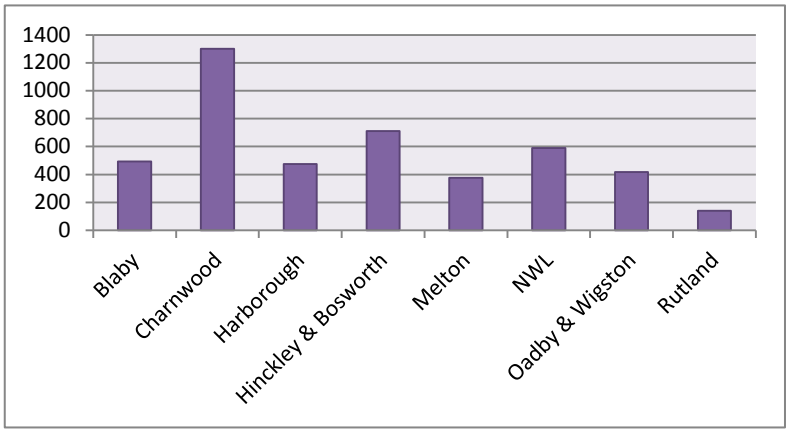
	Burg Dwell	Burg OTD	Crim Dam	Other Offences	Robbery	Sexual	Theft cycle	Theft From	Theft Other	Theft TWOC	VAP
Blaby	47	25	82	304	11	17	8	83	306	15	305
Charnwood	201	50	188	483	39	46	51	72	473	66	824
Harborough	27	13	56	234	5	16	4	8	166	11	252
Hinckley & Bosworth	43	18	109	313	15	33	4	35	226	17	377
Melton	10	9	47	106	1	6	2	11	102	9	215
NWL	37	28	98	229	10	25	12	16	194	28	366
Oadby & Wigston	25	15	49	162	12	9	12	10	215	11	222
Rutland	4	7	32	53		4	4	4	24	3	73



Leicestershire & Rutland Offenders Analysis

The analysis has been undertaken using the total number of offenders in each of the hotspot districts for ALL offences committed.
The total number of offenders in Leicestershire and Rutland in 2011/12:

Districts	Num Offenders
Blaby	494
Charnwood	1301
Harborough	475
Hinckley & Bosworth	711
Melton	375
NWL	590
Oadby & Wigston	417
Rutland	140
	4503



	% Male	% Female
Blaby	90	10
Charnwood	83	17
Harborough	83	17
Hinckley & Bosworth	86	14
Melton	80	20
NWL	85	15
Oadby & Wigston	88	12
Rutland	89	11

	% Drug flagged	% Alcohol flagged
Blaby	47	53
Charnwood	36	64
Harborough	53	47
Hinckley & Bosworth	35	65
Melton	27	73
NWL	37	63
Oadby & Wigston	41	59
Rutland	39	61

The usual offender's profile is between 18-44 years old, British ethnic and unemployed.

Night time economy

Alcohol consumption is 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 start drinking at an earlier age, who drink frequently and who drink greater quantities are at 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. Violence that occurs under the influence of alcohol can also result in more serious injury.

Alcohol and violence can be linked in many ways, including:

- Alcohol consumption can affect physical and cognitive functioning, reducing self-control, the ability to process information and the ability to recognise warning signs for violence;
- Beliefs that alcohol causes aggression can lead to the use of alcohol as preparation for violence, or to excuse violent acts;
- Dependence on alcohol can mean individuals neglect care responsibilities;
- Poorly managed pubs, bars and nightclubs (e.g. crowding, poor staff practice, poor cleanliness, cheap drinks) can create environments where violence is more likely;
- Alcohol can be used as a coping mechanism by victims of violence;
- Alcohol and violence can be linked through shared risk factors that male people vulnerable to both behaviours.

The availability and accessibility of alcohol within society contributes to levels of violence. For example communities that have a greater density of alcohol outlets typically see higher levels of violence.

Reducing the availability and harmful use of alcohol:

- Reducing the density of alcohol outlets
- Controlling alcohol sales times
- Controlling the price of alcohol
- Reducing problem drinking

A study has been undertaken to understand the impacts of Leicestershire and Rutland's night time economy on alcohol related crimes.

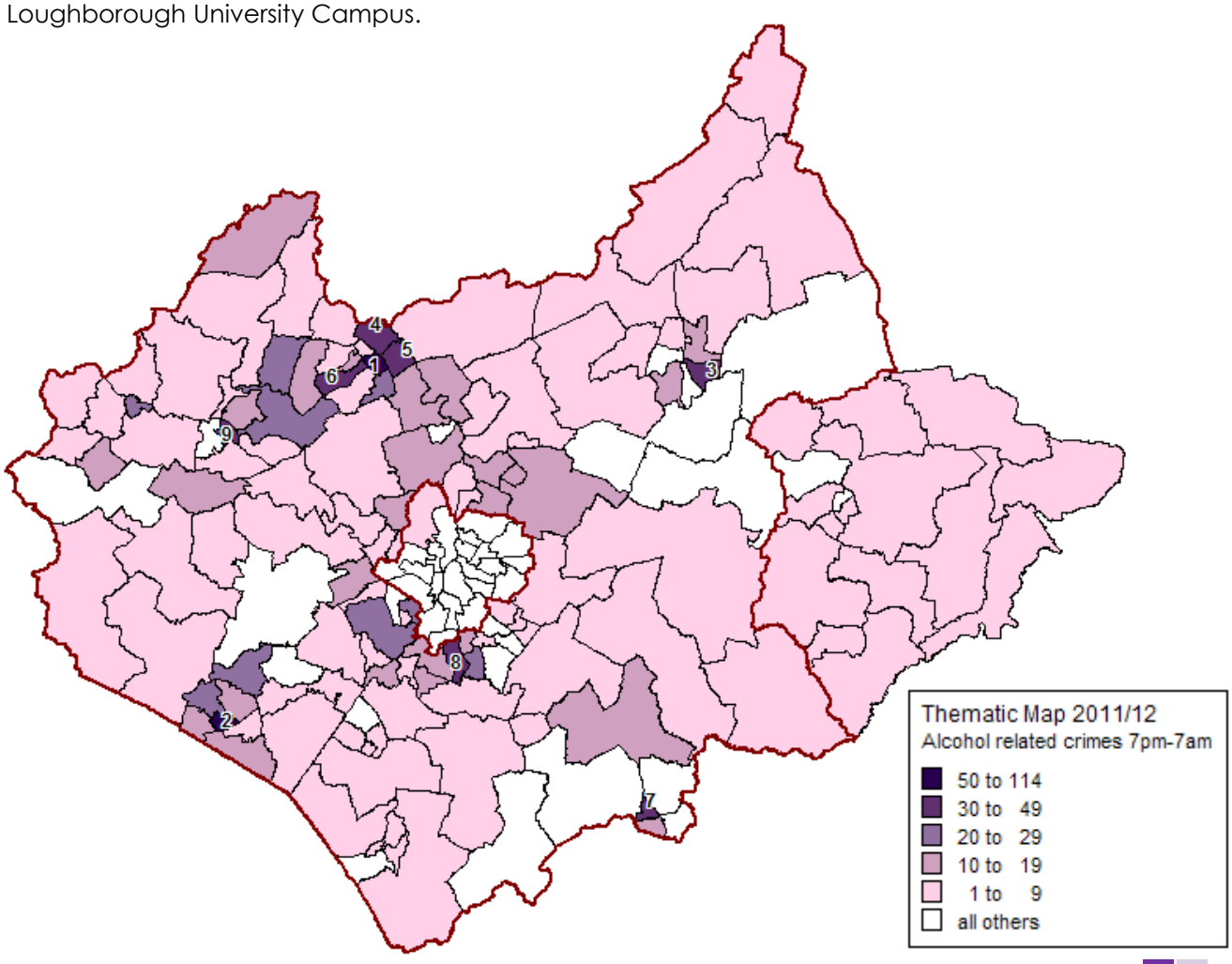
A total of 1608 alcohol related crimes against the crime categories listed as alcohol related crimes between 7pm and 7am inclusive. Of these, 682 were alcohol flagged (42.41%).

The SMST has created a thematic map with a geographical information system using the table list of possible alcohol related crimes between 7pm to 7am inclusive during 2011/12 in Leicestershire and Rutland.

The top 9 wards identified with the highest levels of crime between 7pm and 7am are:

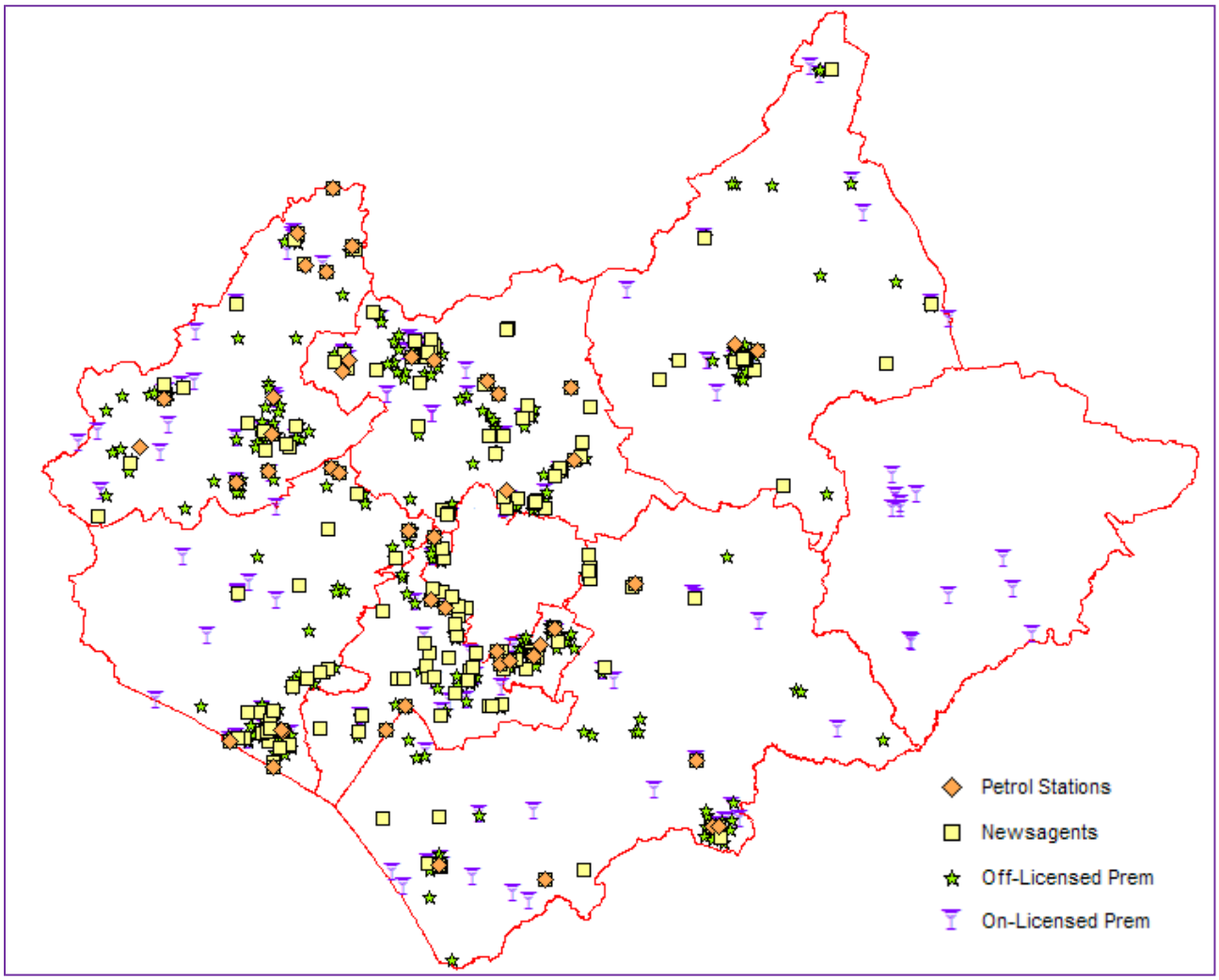
ID	Ward	Parish	District	Num Night Crimes
1	Loughborough Southfields Ward	Loughborough	Charnwood	114
2	Hinckley Castle Ward	Hinckley	Hinckley & Bosworth	104
3	Melton Craven Ward	Melton Mowbray	Melton	43
4	Loughborough Lemyngton Ward	Loughborough	Charnwood	41
5	Loughborough Hastings Ward	Loughborough	Charnwood	37
6	Loughborough Nanpantan Ward	Loughborough	Charnwood	37
7	Market Harborough-Logan Ward	Market Harborough	Harborough	35
8	South Wigston Ward	Wigston	Oadby & Wigston	34
9	Coalville Ward	Coalville	NWL	32

The areas of Loughborough Southfields Ward and Loughborough Nanpantan Ward are covering Loughborough University Campus.



Another study was conducted by the Research and Insight Team (Leicestershire County Council), using the previous work undertaken by the SMST, these new maps have been done using the 2001 Census Lower Super Output Area (LSOA). With a slightly different list of crime codes used as a proxy for alcohol-related offences. These maps have been overlaid onto the maps to show the total number of licensed premises across the hotspot areas. (See Appendix 7)

SMST will continue to work with other partnerships to keep up to date the number of licensed premises across the county. The map below displays the overview map:



9.2 Hard to Reach Groups

Refugees/Asylum Seekers

Leicestershire is home to a vibrant mix of people (Rutland to a lesser extent); however, the areas are becoming more and more diverse through migration of ethnic groups from Leicester and work-related migration from EU accession countries. The Equality, Diversity and Human Rights Strategy 2010-2013 shows what the Leicestershire County Council will do to make Leicestershire a place where people are treated with fairness and respect. It also demonstrates how they make sure that everyone can access high quality services designed to meet their individual needs.

In 2002, Dreamers was set up in response to concerns about young asylum seekers and refugees and their increasing marginalisation and media generated prejudice. Dreamers offer young asylum seekers (between 11-25 years old) educational opportunities that support their integration into the wider community. The group also seeks to educate the wider community about young asylum seekers. The group also seeks to educate the wider community about young asylum seekers. The group supports more than 90 young people in Charnwood originally from Iraq, Iran, Somalia, Eritrea, Kosovo, Albania, Syria, Lebanon and Afghanistan. The project has achieved national recognition for its good practice.

Leicestershire & Rutland SMST aim to continue to link with partner agencies to better understand the requirements of asylum seekers/refugees and develop this knowledge.

A meeting was held in July 2012 with Dreamers' manager to discuss how we can start recording data of substance misusers in the refugees/asylum seekers community.
A database has been set up but data has not been collected since then. Actions have been put in place to retake the contacts with Dreamers and start collating depersonalised data in 2013/14.

Swanswell's Young People Service has done some work with Dreamers and they have had a referral as a result of some assertive outreach. This work will continue to ensure that refugees and asylum seekers can access to treatment services if needed.

Gypsies/Travellers

The social exclusion of Travellers puts them at risk of problematic drug use. There is a lack of information to tackle drug use and the Travellers' drug-related needs. Also, there is a lack of awareness of the existence and nature of drug services, and a stigma and embarrassment and other factors that play in this hidden population.

It's estimated that there are around 300,000 travellers in the UK (J Fountain, 2006), many of them between the UK and Ireland.

The study done by J. Fountain reveals that the substances most widely used by travellers are cannabis, tranquillisers and antidepressants and next most-used drugs are powder cocaine and ecstasy. Also in this study, there is an increasing number of female travellers using illicit drugs and alcohol, but still there are many more males than females using these substances.

Family influence is a significant element of Traveller culture and this influence suggests that drug use by a member of a family could not be hidden from other members and that shared activities could include using groups. There are some indicators that the Traveller family may be becoming increasingly vulnerable to disruption, breakdown and conflict.

The risk of drug use is heightened if Traveller accommodation is located in disadvantaged areas where there are already drug problems.

There is evidence through this study of the lack of knowledge about drugs and drug use amongst travellers (including those who use drugs). Drug education is a major service need for Travellers, not only so that they can make informed decisions about their own drug use, but also formulate informed responses to it by others in their family and community.

A further research on prevalence and patterns of drug use amongst Travellers in Leicestershire & Rutland should be undertaken soon as contacts have been made during the last months to start collecting data from the Travellers Community.

The risk of drug use is heightened if Traveller accommodation is located in disadvantaged areas where there are already drug problems.

The report published by the Department for Communities and Local Government (DCLG) in 2011 shows the statistics of the interviews with Gypsies and Travellers undertaken for this study, they asked a number of questions intended to show whether there is a need for support and, if so, of what kind. 110 respondents (59% of the Gypsy and Traveller sample, not including Travelling Showpeople) said that they had experienced a need for such help or thought that, in the situations described in the following table, they would need help.

Gypsies and Travellers saying they had needed or would need Help				
Category	Living on sites[1] (55/96 respondents said they had needed or would need help)	Housed Travellers (26/29 respondents said they had needed or would need help)	Roadside (29/61 respondents said they had needed or would need help)	Total (110/186 respondents said they had needed or would need help)
Consisting of help with the following				
Form filling and dealing with authority	39	21	22	82
Housing options	39	24	12	75
Housing Benefits and other benefits	35	20	9	64
Domestic violence	11	14	6	31
Drugs/alcohol	9	13	6	28

[1] Both authorised sites and unauthorised developments

The Multi Agency Travellers Unit was formed in June 2009 with officers from Leicester City Council, Leicestershire County Council together with a dedicated Police Officer. The responsibilities of the Multi Agency Travellers Unit are:

- Management of existing permanent sites.
- Public Health and Social Care issues.
- Development and implementation of Travellers related policies.
- Unauthorised encampments on all public land and advice and assistance to private landowners.
- Development of new permanent/transit sites as identified in local development plans.
- Involve Travellers/Gypsies to solve issues.

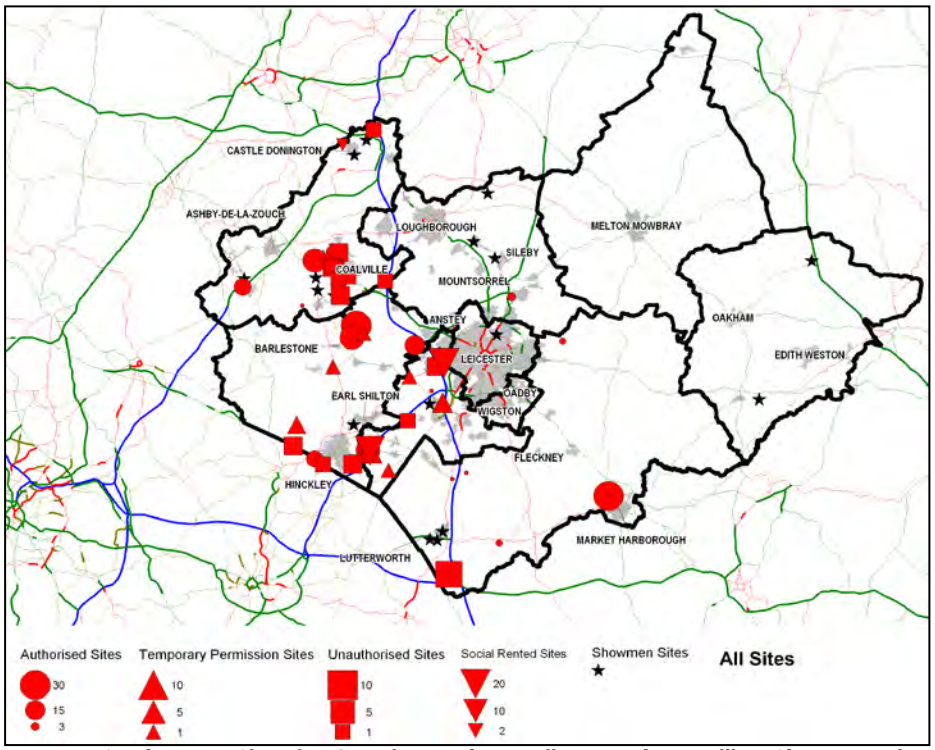
The benefits for the wider community are:

- A first point of communication about issues involving Travellers.
- An increased awareness towards what is required in responding effectively to emerging Traveller issues.
- A common and consistent approach to the toleration/eviction of Travellers throughout the county.
- A potential reduction in anti-social behavior and reduce the need for enforcement.

Contacts have been made with the Multi Agency Travellers Unit Co-ordinator. The Youth Service of Leicestershire County Council has its own Drug Team that works with the Youth Support Workers that are trained to deliver drugs and alcohol awareness to young people in the travelling community. They have raised the drug use amongst young people and the adults in the travelling community; this seems to be predominantly cannabis as they have mentioned it and it has been witnessed by the Youth Workers. More information and help will be given to young gypsies and travellers via youth service after a meeting between Youth Worker Travellers and the Multi Agency Travellers Unit Co-ordinator.
New projects will run in the Travelling community to ensure that young people are able to ask about drugs and provide them with the necessary information.

The Travelling Family Service was set up in 1995 to assist and provide access to healthcare for the travelling community. It covers both Leicester City and Leicestershire & Rutland PCTs and compromises of two health visitors, one health care assistant and a clerical assistant. The service identified that Travellers had difficulty in accessing all forms of primary care and there was poor uptake of preventative services such as childhood immunisation, developmental assessment and cervical cytology. The team visit all known traveller sites.
The team can provide advice and support on substance misuse and make onward referrals to SMST commissioned services, however uptake is poor and Travellers have a general mistrust outside their own groups.

Leicestershire, Leicester and Rutland Gypsies' and Travellers' Accommodation Needs Assessment (2006-2016)



Map: Study Area Sites for Gypsies and Travellers, and Travelling Showpeople

The Leicestershire Supporting People Strategy links provision of further support to the prospects of additional sites. The strategy identifies the need for High Risk Site Surveillance (HRSS) to Gypsies and Travellers to link into other services, for example support services dealing with drug and alcohol problems, mental health problems, adult literacy and school attendance.

The Travelling Family Service can provide advice and support on substance misuse and make onward referrals to SMST commissioned services, however uptake is poor and Travellers have a general mistrust outside their own groups.

Women

Many studies provide evidence for gender differences in the type, strengths and number of barriers people encounter as they consider and attempt to access treatment. Brady and Ashley (2005) reported that women are more likely than men to experience economic barriers when seeking treatment. They also are more likely to have trouble finding the time to attend regular treatment sessions because of family responsibilities and must overcome problems with transportation. Women are particularly susceptible to feeling stigmatized.
Many women use substances as a response to a way of dealing with abuse. Many women who access drug and alcohol services will have current or past experience of domestic violence.

Women's Aid states:

- Women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally.
- Some women are introduced to substances by their abusive partners as a way of increasing control over them. When a woman's partner is also her supplier, it will be particularly difficult for her to end the relationship.
- When a woman seeks support, information or treatment for her substance misuse, her partner may become even more abusive, or may actively prevent or discourage her attendance at a substance misuse service.
- Women whose partners misuse substances may minimize or excuse their violence on those grounds; it is important to emphasise that even if substance use ceases, the violence and abuse usually continues.

Also other reports indicate:

- Women are more likely to experience economic barriers to treatment.
- Women are more likely to have difficulty attending regular treatment sessions because of family responsibilities.
- Women are more likely to report feeling shame or embarrassment because they are in substance abuse treatment.
- Fear that their children might get taken away into care.
- Anxiety or depressive disorders, which tend to be more prevalent to severe among women, may prevent women from seeking help with substance abuse problems.

A study of women in drug treatment (NTA, 2010) shows that fewer women are entering treatment for heroin addiction and more women are successfully completing treatment for drug dependency than ever before. A 19% fall in the number of adult females under 30 entering heroin programmes over the last five years in England. The fall is even sharper (26%) for the 18-25 age group.

This study also showed that the numbers of women problem drug users successfully leaving treatment having overcome their addiction almost doubled.

The highlights of this study are:

- While women start using drugs at the same age or slightly older than men, they are more adept at seeking help for themselves and tend to come into treatment earlier.
- Cocaine is the fastest growing treatment need among women drug users, accounting for a 55% increase in new entrants since 2005.
- The number of women entering treatment for crack dependency has increased by 14% since 2005.
- Almost two-thirds of women entering treatment are mothers, nearly half of whom have a child living with them. The data indicates that treatment outcomes for mothers are stronger than those who were not parents.

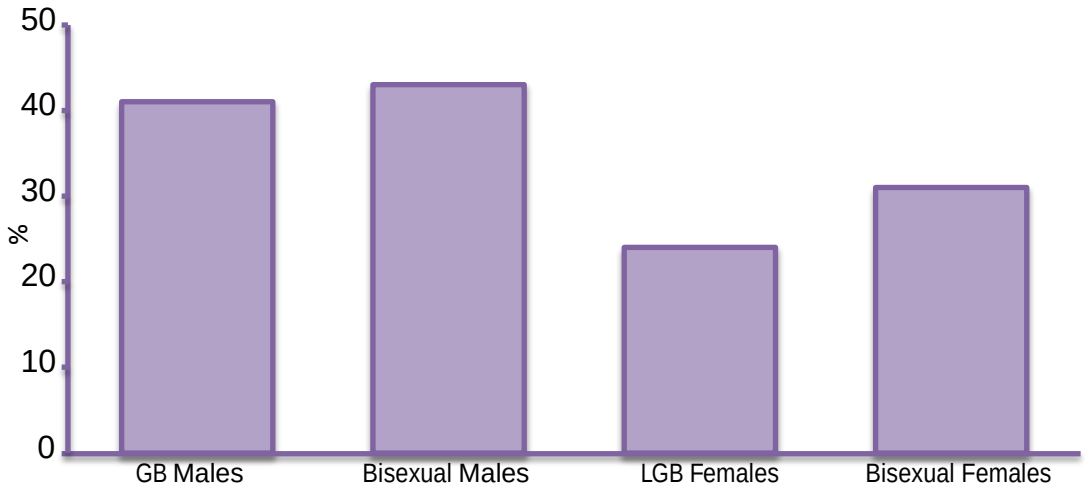
Swanswell is taking steps to address the problems which may be faced by women and meet their needs, such as by creating women's groups and helping with childcare and maternity issues. It is important that drug treatment services work hard to support women and encourage them to seek and access the treatment and support they need.

Lesbian, Gay, Bisexual & Transgender People

The 35% of the respondents to the Lesbian, Gay and Bisexual (LGB) people's alcohol and drug use in England 2009/2011 Survey had taken at least one substance (excluding alcohol) in the last month.
The British Crime Survey (2010/11) suggests that the use of any drug in the last month is seven times higher across LGB adults compared to the general population.

LGB YOUNG PEOPLE- LGB People's alcohol and drug use in England Survey 2009/2011.

The most commonly used drugs are: cannabis, poppers, cocaine powder and ecstasy. The youngest respondents (16-24 years old) were more likely to have used a drug in the last month and cannabis use was the most common across all age groups, but even more amongst the youngest. LGB young people's illicit drug use is over two and half times more common than amongst young people from the wider population. Anecdotally, LGB&T voluntary and community sector organisations report seeing more severe drug dependence in LGB people in their late 20s and 30s that began as more "recreational" use while in the 16-24 age group.



Drug use by gender and sexual orientation. (LGB People's alcohol and drug use in England Survey 2009/2011.)

The figure above shows that while bisexual males appear to be slightly more likely to have taken a drug in the last month compared to gay and bisexual males in general, bisexual females are far more likely to have taken a drug in the last month compared to LGB females generally. The main drug this difference relates to is cannabis. This could indicate a need to do some specific work around cannabis with bisexual communities.

The LGB People's alcohol and drug use in England Survey 2009/2011 shows that binge drinking is high across all genders, sexual orientation and age groups, with 34% of males and 29% of females reporting binge drinking at least once or twice a week.
89% of the total sample reported that they had used alcohol in the last month.

LGB people are not only more likely to take drugs and/or binge drink alcohol compared to the wider population; they seem more likely to be dependent on these substances.
Just over 80% of the total sample used for the LGB People's alcohol and drug use in England Survey 2009/2011 said that they would seek information, advice or treatment if they were worried about their drug or alcohol use. In total 29% of respondents had actually sought information, advice or help. The internet is the most popular source of information for LGB people, so websites must have the best quality of LGB-relevant information possible.

The main reason why they would not seek help is: "Shame/stigma/embarrassed". Followed by: "deal with on own", "Not knowing where to go" and "Don't have a problem".

Problematic usage and dependency amongst LGB people is currently not widely acknowledged or addressed in the substance use field, and as a consequence there is substantial hidden harm among LGB populations.

9.3. Recreational Drugs and "Legal Highs"/Novel Psychoactive Substances

Europe

Within Europe and globally, new drugs and new patterns of drug use are attracting political, media and public attention. In part, this has been fuelled by developments in communication technologies, which have impacted on all aspects of modern life including, now, the nature of the drug market and consumer demand.

The second international forum on new psychoactive substances was organised in 2012 by the EMCDDA and the US national institute on Drug Abuse. Similar "legal high" products are now being marketed in parts of south-east Asia, European countries, Japan and the United States.

The European Union has, by international standards, a sophisticated early warning and risk assessment mechanism for responding to the emergence of new psychoactive substances. This mechanism is currently under review, and a new legal framework is expected. The European Union's early-warning system has been developed as a rapid-response mechanism to the emergence of new psychoactive substances on the drug scene. The system is currently under review in the framework of the European Commission's assessment of the functioning of Council Decision 2005/387/JHA.

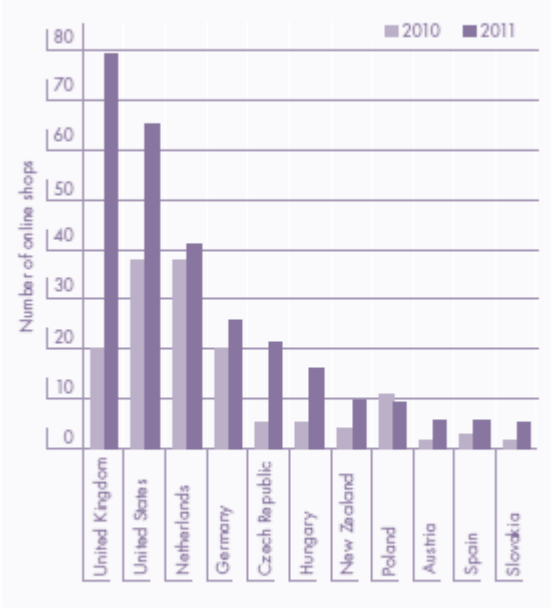
In 2012, new psychoactive substances continue to be reported to the system at a rate of around one a week.
To date, new substances have tended to mimic the effects of cannabis or stimulant drugs such as ecstasy or cocaine, and their packing suggests that the recreational drug market is the main target.

EU Member states are also beginning to report the introduction of specific responses to new psychoactive substances. Among the new approaches being studied are innovative Internet-based prevention programmes and the delivery of targeted school based prevention messages.

Since 1980s, new psychoactive substances have been referred to as "designer drugs", though in recent years the term "legal highs" has become popular. "Legal highs" refers to a broad category of unregulated psychoactive compounds or products containing them that are marketed as legal alternatives to well-known controlled drugs, usually sold via the internet or in smart shops or head shops. The term itself, though in common usage, remains problematic.

Based on the findings of the risk assessment report (EMCDDA, 2010e), in December 2010 the European Council decided to submit mephedrone to control measures and criminal penalties throughout Europe. By that time, 18 European countries had already introduced control measures on mephedrone. The remaining EU Member States have one year to take the necessary measures.

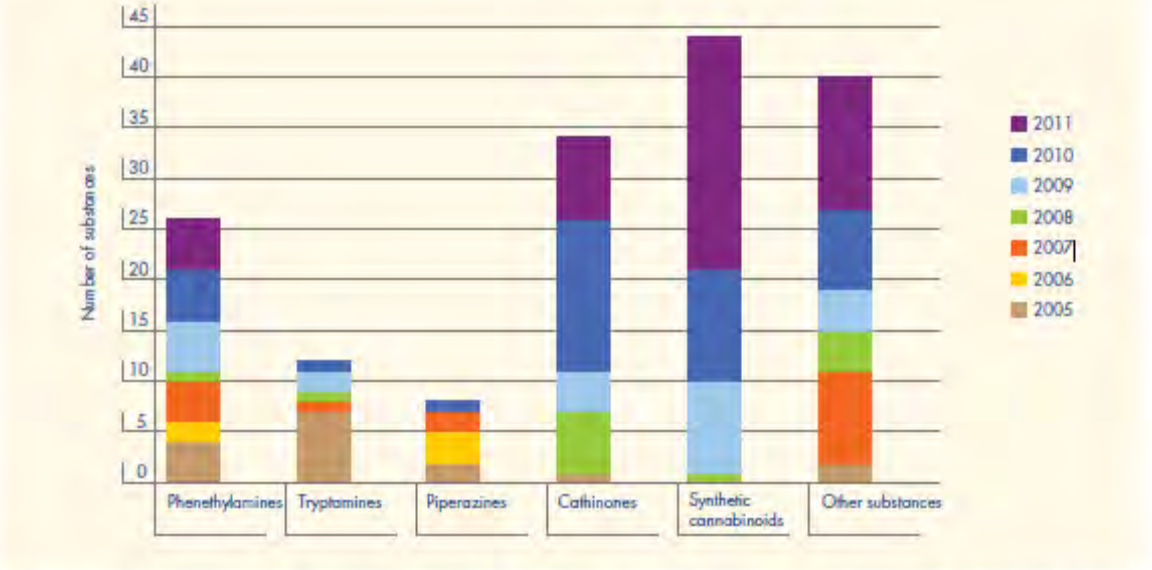
Figure Apparent country of origin of online shops offering 'legal highs' detected in the 2010 and 2011 Internet snapshots



NB: Only Member States with at least two online shops in both 2010 and 2011 have been included in the figure. In 2011, a search conducted in Romanian for the first time identified 13 online shops based in Romania.

Between 2005 and 2011, 164 new psychoactive substances were formally notified through the early warning system. In 2011, for the third consecutive year, a record number of substances (49) were detected for the first time in Europe, up from 41 substances in 2010 and 24 in 2009.

Figure Main groups of new psychoactive substances identified through the early warning system since 2005



NB: Number of new psychoactive substances notified to the European early warning system under Council Decision 2005/387/JHS. See EMCDDA online drug profiles for information about phenethylamines, tryptamines, piperazines, cathinones and synthetic cannabinoids. The category 'other substances' includes various plant-derived and synthetic psychoactive substances, which do not strictly belong to any of the other chemical families, and a small number of medicinal products and derivatives.

Source: Early warning system.

The online availability of "legal highs" is monitored regularly by the EMCDDA through targeted Internet studies (snapshots). The most recent snapshot was conducted in January 2012, using 20 of the 23 official EU languages, as well as Norwegian, Russian and Ukrainian.

The number of online shops offering to supply customers in at least one EU Member State with psychoactive substances or products likely to contain them has continued to increase. In the January 2012 snapshot, 693 online shops were identified, up from 314 in January 2011 and 170 in January 2010.

Table: Ten new psychoactive substances or 'legal highs' most commonly offered for sale in online shops surveyed in 2011 and 2012

	Number of online shops offering the product		
	January 2012	July 2011	January 2011
Kratom (natural)	179	128	92
Salvia (natural)	134	110	72
Hallucinogenic mushrooms (natural)	95	72	44
Methoxetamine (arylcyclohexylamine)	68	58	14
MDAI (aminoindane)	65	61	45
6-APB (benzofuran)	54	49	35
MDPV (cathinone)	44	32	25
4-MEC (cathinone)	43	32	11
Methiopropamine (thiophene)	39	28	5
5-IAI (aminoindane)	38	27	25

Source: EMCDDA.

United Kingdom

The drug market in the UK is changing and there is a rise in the availability of a range of substances known as "legal highs".

The Advisory Council on the Misuse of Drugs (ACMD) defined NPS as: "psychoactive drugs which are not prohibited by the United Nations Single Convention on Narcotic Drugs or by the Misuse of Drugs Act 1971, and which people in the UK are seeking for intoxicant use".

Generally legally available, NPS fall, broadly, into four categories:

- Products with names which give no indication of what they contain
- Named and specific substances which are designed to be similar chemically and/or pharmacologically to known specific controlled drugs
- Substances related to medicines
- Herbal or fungal materials or their extracts

Legal Highs are substances used like illegal drugs such as cocaine or cannabis, but not covered by current misuse of drugs laws, and so legal to possess or to use. Although they are marketed as legal substances, this doesn't mean that they are safe or approved for people to use. Some drugs marketed as legal highs actually contain some ingredients that are illegal to possess.

In recent years people have been taking new psychoactive substances, including so-called legal highs. In response to this, the 2010 Drug Strategy outlined the Government's plan to introduce a system of temporary 12-month bans on newly emerging substances.
The availability of these substances over the internet has radically changed the nature of drugs market; new substances are continually emerging, bringing with them renewed concerns about their chemical composition and the potential harmful effects. Evidence suggests that taking legal highs could lead to a range of different side effects, for example people committing suicide or becoming paranoid. The chemicals they contain have in most cases never been used in drugs for human consumption before, so haven't been tested to show that they are safe.

Many drugs were previously sold as legal highs are now controlled under the Misuse of Drugs Act 1971, including mephedrone (meow, meow), naphyrone, BZP, GBL and synthetic cannabinoids. This means that they are illegal to possess or to supply to others.

The marketing and sale of NPS is often designed specifically to avoid medicines legislation, marked with labels such as "not for human consumption" or "plant food". Some are sold as branded products (such as "Black Mamba", "Spice" and "Ivory Wave") and others as "research chemicals" with a specified chemical name. The chemical constituents of these products can vary from batch to batch and supplier to supplier. This is exacerbated because NPS can be sold as mixtures of more than one substance, whether mixed with illegal substances.

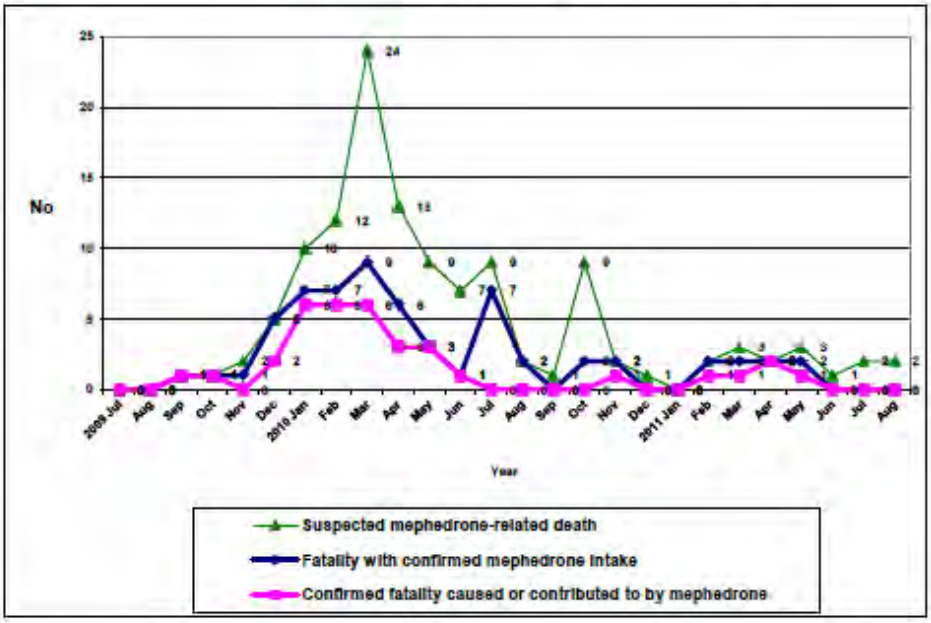
The number of legal highs on sale hit 40 in 2011, up from just 13 in 2008.

The ACMD believed that particularly when new substances emerge that users have no experience of using, this may result in greatest harm before knowledge and understanding of a particular drug and its effects.

Further, the ACMD understands that most people using NPS are not coming to the attention of specialist drug treatment services or general health services. Further, most people currently obtain information about NPS from their peers or from internet sites where drug using experiences are shared.

A survey promoted by the dance music and clubbing magazine Mixmag recently found that 19.5% reported use of mephedrone in the past year, a change from 51% in 2010, concluding that the adverse effects of mephedrone are starting to affect its popularity. We need to build on this fact and recognise the power of credible, reliable information on the harms of these drugs in the hands of potential consumers.

Evolution of cases with confirmed positive toxicology for mephedrone, based on returned np-SAD forms as of 20 October 2011



The Home Office funded Forensic Early Warning System (FEWS) was set up in January 2011 in response to the emergence of NPS, often referred to as "legal highs".

The aim of FEWS was to create an improved national understanding and response by creating a "Forensic Early Warning System" for NPS through:

- Bringing together expertise from operational forensic laboratories, a chemical standard supplier and law enforcement agencies.
- Developing a protocol for the analysis of sample, the results of which are reported to the Home office and the ACMD;
- Developing a synergy with the UK-wide Drugs Early Warning System.

The annual report on the Home Office FEWS provides results of the analysis of samples tested under FEWS during the period of January 2011 to March 2012. It reports the identification of 17 previously 'unknown' drugs that had never before been seen in the UK - setting off a legislative rush to ban these so-called 'legal highs'. The substances are divided into the following chemical groups:

Chemical group	No. of substances
Synthetic cannabinoids	5
Phenethylamines	2
Cathinones	1
Tryptamines	4
Others	5

The FEWS analysis shows that; just because a substance is termed "legal" does not make it safe or "legal" and the contents of a package are probably "not what it says on the tin". Most of the time, samples sold under the same "branded name" such as "Ivory Wave", "Ocean snow", "Gogaine", or "Black Mamba" were shown to contain varying chemical components.

Regardless of the "brand name", the actual contents can vary greatly –no one can really be sure what each individual package contains. Substances sold as a single NPS can contain one, two or even more active drugs.

The number of deaths involving legal highs in England and Wales are low compared with the number of deaths from heroin/morphine, and has been relatively stable over the last few years (ONS, 2011).

- Reduce the demand for NPS by providing accessible and high quality information about the risks and harms associated with NPS, enabling people to take personal responsibility for their decisions.
- Restrict the supply of NPS, making it difficult to obtain drugs that pose risks to the health and safety of people
- Ensure the treatment services are able to provide effective treatment and support lasting recovery.

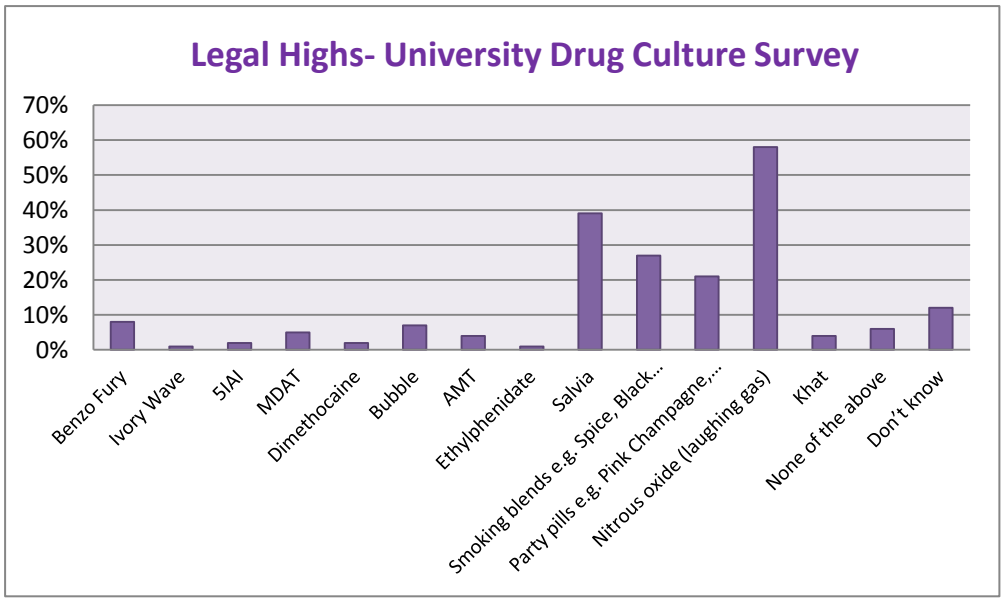
The European Monitoring Centre for Drugs and Drug Addiction has consistently identified new drugs throughout Europe, which only appear to rise exponentially each year.

The number of people of Leicestershire and Rutland seeking treatment for addiction to legal highs remains low around a 2% of the total of substance misusers.

The University Drug Culture Survey done in July 2012 in 1,903 UK university students shows that 26% of these students would definitely NOT want to try legal highs, compared to a 63% of ketamine or 61% of LSD.
72% of the sample have not tried legal highs before, and 25% have tried (the 3% left didn't know about legal highs).

All those who have taken legal highs have tried the following ones:

Benzo Fury	8%
Ivory Wave	1%
5IAI	2%
MDAT	5%
Dimethocaine	2%
Bubble	7%
AMT	4%
Ethylphenidate	1%
Salvia	39%
Smoking blends e.g. Spice, Black Mamba	27%
Party pills e.g. Pink Champagne, Diablo, Blue Genie	21%
Nitrous oxide (laughing gas)	58%
Khat	4%
None of the above	6%
Don't know	12%



This survey also shows that the majority (67%) would turn for information or advice about drugs to online information.

Other studies have shown that the abuse of psychoactive "bath salts" containing cathinones such as MDPV is at least 10 times more potent than cocaine at producing locomotor activation, tachycardia, and hypertension in rats.

"Legal Highs, Lethal Lows" harm minimisation campaign

In December 2012 Leicestershire & Rutland SMST launched of the "Legal Highs Lethal Lows" harm minimisation campaign aimed at highlighting the risks of legal highs (also known as Novel Psychoactive Substances) and recreational substance misuse, particularly to those enjoying the night time economy over the Christmas holidays when alcohol consumption also increases.

As part of the campaign various initiatives were launched over an eight week period across the County to raise awareness of the effects of legal highs and offering help and support, these included: a poster campaign within local bars, taxis, educational establishments and drug and alcohol treatment services, launch of a free downloadable phone application game "life is a dance floor" with a competition to win the new Apple iPad mini in partnership with Takeover Radio and local youth website The Jitty. Daily news and tweets were posted via the SMST Facebook and Twitter pages and via the dedicated campaign website at www.legalhighslethallows.co.uk.

All digital elements of the campaign were made available to stakeholders and partner agencies to help promote the risks and a number of media publications were released. A number of further initiatives will commence in Spring/Summer 2013 aimed at safety while attending festivals and university fresher events.

University of Leicester and Leicestershire Police Research

The University of Leicester and Leicestershire Police have undertaken a study of the pharmacology of novel psychoactive substances freely available over the internet and their impact on public health.

The key points of this research conducted in Leicestershire are the following:

- Research conducted immediately after the ban of cathinones in July 2010 found cathinones in the products they tested, it is possible that these findings reflect retailers' response to the ban and their attempts to sell off surplus stock containing the prohibited cathinones rather than their widespread availability.

- Research conducted 6 months after the introduction of the ban on substituted cathinones found no presence of banned cathinones. Instead, the products contained piperazines, a substance banned in December 2009.

- A total of 22 products were purchased from five different internet sites (two of them appeared to be selling products from the same source), 18 months after the UK ban on substituted cathinones.

- There is an estimated 314 online shops, about 80 are based in the UK.

- Two products, both sold as NRG-2 from different internet suppliers, were found to contain the banned substituted cathinones:

    - 4-methylethcathinone (4-MEC)
    - 4-methymethcathinone (4-MMC)

- Prohibited class B substances are still available in large quantities over the internet, being manufactured or imported into the UK on a large scale. It's available for purchase in the UK in large (1kg) quantities with little known about their clinical effects.

- Users of substituted cathinones like mephedrone are presenting to hospitals with:

    - Tachycardia
    - Hypertension
    - Chest pains
    - Muscle contraction
    - Hallucinations
    - Paranoia
    - Violence
    - Sympathomimetic syndrome

- Out of the 22 products supplied and analysed:
    - 9% did not list the active ingredients
    - 23% did not contain the active ingredients listed on the website or package.
    - 23% had information on how to use the products; this was related to feeding pants or conducting research.
    - 68% contained the warning "not fit for human consumption" on the internet site.
    - 100% contained the warning "not fit for human consumption" on the packaging.
    - 77% contained no safety information explaining how to use the substance or the recommended use, which is concerning since many of the substance purchased could be bought in amounts that varied from 1g to 1Kg.

- These findings show illegal cathinones are still being sold online as legal alternatives to illegal substances.

- The arbitrariness of the advertised ingredients and mislabelling of products exacerbates the detrimental consequences for the health of the user. Products do not always contain the advertised active ingredients even those with the same name.

These findings show illegal cathinones are still being sold online as legal alternatives to illegal substances.

Two products, both sold as NRG-2 from different internet suppliers, were found to contain the banned substituted cathinones.

But this research leaves some unanswered questions like how many sites are selling products containing banned substances? Or the extent to which they are being taken by unsuspecting consumers remains unknown.

9.4 Dual Diagnosis

Substance Misuse and Mental Health Services have evolved separately, some services deal with clients with both substance misuse and mental health problems. The provision of integrated care for people with a combination of mental health problems and substance misuse requires a radical rethink of the way services are organised- they need to be organised around the user rather than around social, professional or service constructions of "abnormal" behaviour.

The term "dual diagnosis" covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently. The nature of relationship between these two conditions is complex. Possible mechanisms include:

- A primary psychiatric illness precipitating or leading to substance misuse
- Substance misuse worsening or altering the course of a psychiatric illness
- Intoxication and/or substance dependence leading to psychological symptoms
- Substance misuse and/or withdrawal leading to psychiatric symptoms or illnesses

Supporting someone with a mental illness and substance misuse problems is one of the biggest challenges facing frontline mental health services. The complexity of issues makes diagnosis, care and treatment more difficult, with service users being at higher risk of relapse, readmission to hospital and suicide.

Research findings concerning the substances most commonly used by people with mental illness are equivocal. British studies have identified alcohol and cannabis to be the drugs most frequently used by individuals with mental health problems.

Defining target client groups and agreements on provision must be achieved through inter-agency collaboration across mental health and substance misuse services, both statuary and voluntary, and the criminal justice system.

> *Substance misuse is expected to be usual rather than exceptional among people with severe mental illness. Alcohol is the most commonly misused substance by people with mental illness.*

The combination of substance misuse with symptoms of mental health problems can make the assessment task challenging. Different approaches will be necessary for the following components in the assessment process:

- Detection and screening
- Specialised assessment
- Risk assessment

Certain groups of individuals are emphasised as specific attention:

- Young people: substance misuse is a major contributory factor in the development of mental health problems in the youth.

- Homeless people: studies have identified high levels of concurrent substance misuse and mental health problems among groups of homeless people and rough sleepers.

- Offenders (including prisoners): both mental health problems and substance misuse play a major role in youth offending.

- Women: significant differences between men and women have been found in their patterns of substance misuse and psychiatric co-morbidity. Women are more likely to present a mental health or primary care services for psychological difficulties rather than for any associated substance misuse problem.

- People from ethnic minorities: severe mental illness and substance misuse present differently across cultures and ethnic groups.

A realistic view of treatment is necessary during different stages:

  - Engagement
  - Motivation for change
  - Active treatment
  - Relapse prevention

Service users nationally identify some gaps in current services:

- Access to mental health services and advice in informal settings (e.g. day support services, drop ins)

- Access to specialist services, especially psychiatric services, within general day support services

- Longer stay residential services

- Day support- both dry and those that can tolerate substance use- available 7 days a week

- Someone to talk to

- Housing support

- Residential rehabilitation places which will accept people with dual diagnosis

It would be crucial to have an expertise and commitment to deliver service improvement.

The increasing total number of people in treatment with dual diagnosis in Leicestershire and Rutland is shown in the following summary table since the commencement of the new commissioning in 2011/12:

	2011/12				2012/13	
	Transferred	Q2	Q3	Q4	Q1	Q2
Drugs	54	60	72	68	76	93
Alcohol	42	77	120	115	160	190
Young People	0	0	0	2	8	8
TOTAL	96	137	192	185	244	291

Data provided by Swanswell

Commissioning intentions of Clinical Commissioning Groups regarding Dual Diagnosis

The three Leicestershire Clinical Commissioning Groups are working collaboratively to commission improved services for patients with so-called "Dual Diagnosis", i.e. mental health and substance misuse problems, from Leicestershire Partnership Trust.

This collaborative approach must be inclusive of Public Health, Adult Social Care and CYPS to ensure that opportunities for joint commissioning are utilised.

The new governance climate provides the opportunity to revisit the Dual Diagnosis Strategy, which was originally developed in 2004 and then refreshed in 2009.

Historical inadequacies in accessing acute or crisis care are recognised by all stakeholders. The re-design of the Acute Adult Mental Health pathway beginning with a Single Point of Access now makes explicit provision for these patients albeit providing they are not acutely intoxicated as assessed by the referrer. However, there remains a need to monitor performance and to gather patient, carer and Primary care feedback about the pathway.

Acknowledging the parallel pathway development of mental health and substance misuse services it is therefore important that appropriate pathways and protocols are in place to ensure that the needs of the service users are addressed in a holistic and multiagency manner.

The interfaces between Leicestershire Partnership Trust, Swanswell and General Practice for the on-going care of dual diagnosis patients are currently being examined by commissioners.

9.5 Harm Reduction

Needle Exchange/Environmental Health Data

The EMCDDA is systematically monitoring infection with HIV and hepatitis B and C viruses among injecting drug users. The morbidity and mortality caused by these infections are among the most serious health consequences of drug use.

By the end of 2010, the rate of reported new HIV diagnoses among injecting drug users remained low in most countries of the European Union, and the overall EU situation compares positively both in a global and wider European context.

Drawing on an analysis of data from over 30 cohort studies following patients up to 2010, it was estimated that 10,000-20,000 opioid users die each year in Europe (EMCDDA, 2011).

The Public Health Guidance for needle and syringe programmes is for anyone who provides or commissions a needle and syringe programme, including pharmacies and Drug and Alcohol Action Teams/Substance Misuse Strategic Teams.

The aim is to reduce the harm caused for the spread of BBVs.

All programmes should as a minimum:

- Encourage people who inject drugs to use the services on offer.
- Provide as many needles and syringes and other injecting equipment as someone needs.
- Provide sharps bins and advice on how to dispose of equipment safely.
- Provide advice on safer injecting and ways to get help to stop using drugs or switch to non-injecting methods.

We receive quarterly reports of the amount of needles, packs, sharp bins, syringes, leaflets and other miscellaneous distributes in the pharmacies of Leicestershire.

The following table summarise the total of these items during 2011/12 based on the data sent by the collaborating Needle Exchange Pharmacies in Leicestershire.

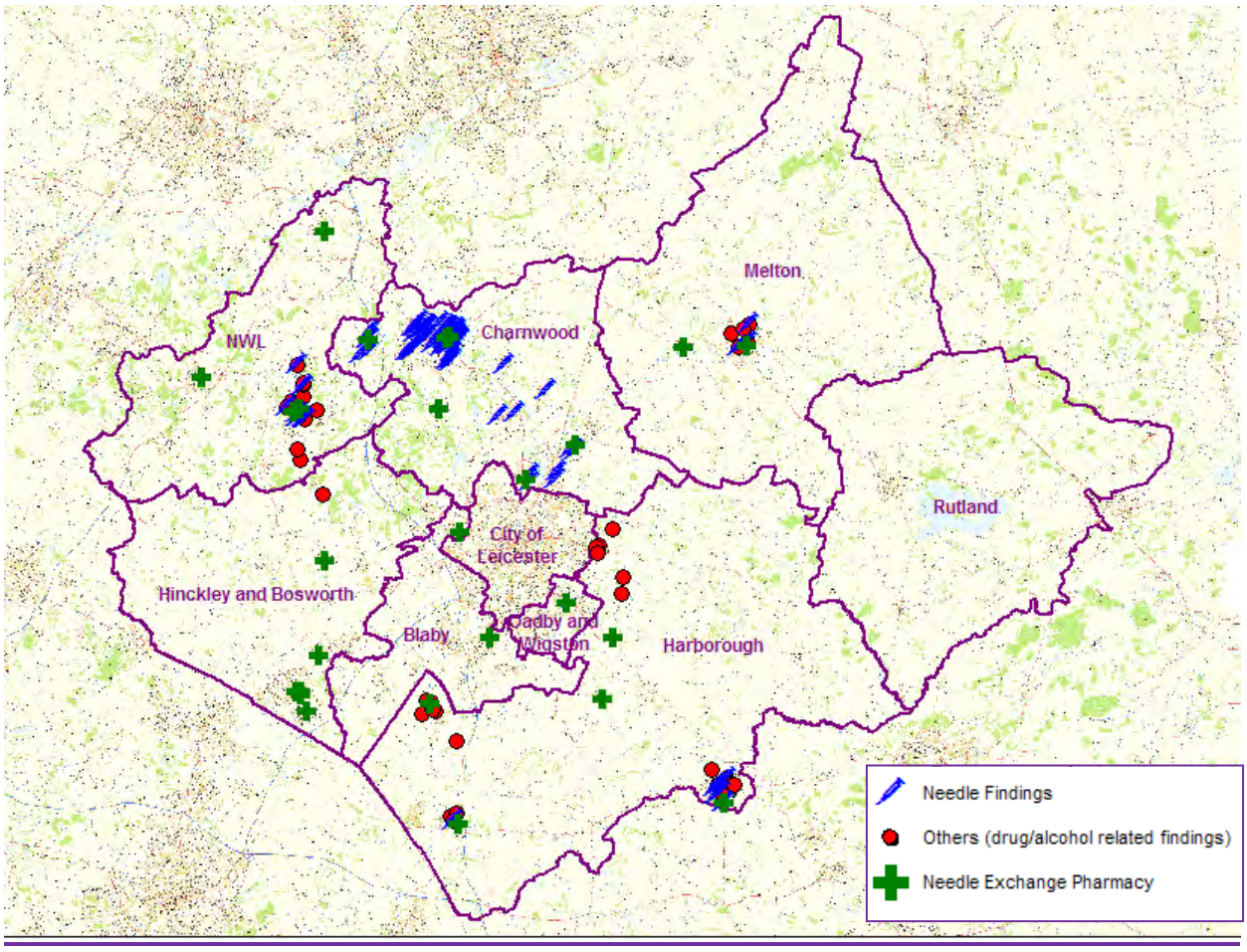
Items given 2011-2012	Total Quantity
1ml Pack *(10x1ml insulin syringes needles)*	**2768**
2ml Terumo Syringe	**16530**
5ml Terumo Syringe	**2**
Alcohol Swabs	**44210**
Black Sharps Bin 0.25l	**4428**
Blue 1" 23g needle	**5202**
Blue 2ml Pack	**316**
Green 1.5" 21g needle	**2040**
Green 2ml Steroid Pack	**204**

Harm reduction information	**4421**
Orange 2ml Pack	**1133**
Orange 5/8 " 25g needle	**11330**
Sharpsafe Container 0.45l	**4**

The Leicestershire and Rutland SMST receive monthly environmental health data from some of the districts in Leicestershire.

Thanks to the data sent by Charnwood Borough Council, Harborough Borough Council and North West Leicestershire Borough Council this information has been geo-referenced using postcodes co-ordinates on a map.
This data has been included into our SMST Archive Data Store to be mapped against the needle exchange pharmacies to find out if the needle findings are within a radius of 500m or less.

We do not have any environmental health data provided by Blaby District Council, Hinckley and Bosworth District Council, Oadby & Wigston District Council or Rutland County Council. The SMST contacted their departments but no further data sets have been agreed to be sent monthly or quarterly. At this stage we cannot analyse the correlation between the needle exchange pharmacies and the environmental health data for these districts.



However we have received data from Charnwood, Harborough and North West Leicestershire. This data has been analysed and these are the results:

- Charnwood: there are four needle exchange pharmacies that provide us with data in the district, two of them located in Loughborough, one in Birstall and another one in Syston.
  The biggest hotspot can be found in Loughborough, there is high number of needle findings across the town centre where both pharmacies are located, but also there are more findings across the west and north west of Loughborough.

  The number of needle findings reported around Birstall and Syston are not considerably high.

- Haborough: Harborough has provided more data regarding to others findings such as large amounts of can of beers and other alcoholic drinks.
  Curiously, we do not have information of any needle exchange pharmacy provider in the Market Harborough where there is a hotspot of needle findings and other findings.

- North West Leicestershire: we do not have information of any needle exchange pharmacy in the area of Coalville where there is a small hotspot of needle findings.

We have historically received data from Melton Borough Council, but since December 2010 we have not received any data. SMST contacted the department to start receiving data again, but without success. It would be interesting to look at the most recent data as it seems that there is a hotspot in the Melton Mowbray area just using the limited data we hold.

See **appendix 1** for hotspot areas in Loughborough, Market Harborough and Melton Mowbray up to December 2012.

Contacts need to be made again with the other Districts, including Melton, to have a clearer picture of the correlation of the needle exchange pharmacies and the environmental health data to make decisions on where new needle exchange pharmacies should be located.

9.6 Drug/Alcohol Related Deaths

Europe

The number of users dying of drug overdose in Europe has remained stable (EMCDDA, 2011). Overdose deaths may represent somewhere between a third and two thirds of the overall mortality among problem drug users. Other major causes of death among drug users include AIDS, suicide and trauma.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) combines data for England and Wales from the ONS drug poisoning database with data from Scotland and Northern Ireland to publish UK figures, allowing comparisons to be made with other European countries. The latest EMCDDA report shows that the drug-related mortality rate in the UK was the fifth highest in Europe (EMCDDA, 2012). However, caution should be applied when making international comparisons, because of differences in definitions and the quality of reporting.

The number of fatal overdoses reported in the European Union in the last two decades is equivalent to about one overdose death every hour. Research also shows that, in the last two decades, a large number of drug users have died from other causes, such as AIDS or suicide (Bargagli et al., 2006; Degenhardt et al., 2009)

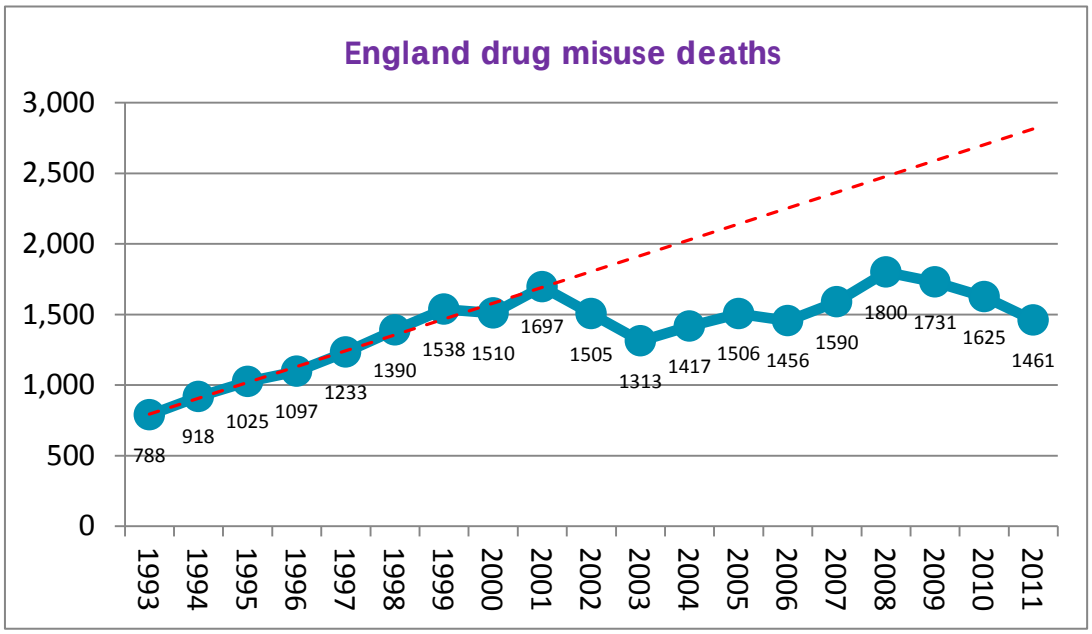
National

In 2009, coroners deemed that the deaths of 2,182 people in the UK were drug-related. 72% were classed as accidental poisoning or overdose, 9% were deemed to be suicide while the exact circumstances of the remaining fatalities remained unclear. Nearly 70% of drug-related deaths (around 1400) involved heroin, methadone or similar opiate drugs.
By comparison, in 2008, just under 10,000 people died from alcohol-related diseases and over 100,000 people died from tobacco-related diseases.

DRUG MENTIONS ON DEATH CERTIFICATES IN THE UNITED KINGDOM, 2002 TO 2010
Source: UK Focal Point report, 2011

Drug	Year								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
Heroin/ Morphine	1,118	883	977	1,043	985	1,130	1,243	1,210	1,061
Methadone	300	292	300	292	339	441	565	582	503
Cocaine	161	161	192	221	224	246	325	238	180
Amphetamine	55	41	47	57	55	62	68	46	50
Ecstasy	79	66	61	73	62	64	55	32	9
Diazepam**	356	282	217	205	186	223	489	300	315
Temazepam	89	114	87	55	55	56	55	48	38

The ONS deaths related to drug poisoning in England and Wales Report (2011) presents the latest figures on deaths related to drug poisoning (involving both legal and illegal drugs, prescription drugs and over-the-counter medications) and drug misuse (involving illegal drugs) in England and Wales for the last five years. The Report covers accidents and suicides involving drug poisonings, as well as deaths from drug abuse and drug dependence, but not other adverse effects of drugs (for example anaphylactic shock).



The British Crime Survey showed that men were more than twice likely as women to have used illicit drugs in the last year (Home Office, 2011), which partly explains the higher mortality rate from drug misuse in males.

The key findings are:

- There were 1,772 male and 880 female drug poisoning deaths (involving legal and illegal drugs), 6% decrease in males since 2010 and a 3% increase for females.
- There were 1,605 drug misuse deaths in 2011. The number of male drug misuse deaths decreased by 14% from 1,382 in 2010 to 1,192 in 2011; female deaths increased by 3% from 402 in 2010 to 413 in 2011.
- In 2011, as in previous years, mortality rates from all drug poisoning and drug misuse were significantly higher in males than in females. The British Crime Survey showed that men were more than twice likely as women to have used illicit drugs in the last year (Home Office, 2011), which partly explains the higher mortality rate from drug misuse in males.
- Deaths involving heroin/morphine decreased by 25% compared with 2010, but they were still the substances most commonly involved in drug poisoning deaths (57% of all deaths related to drug poisoning involved an opiate drug).
- The highest mortality rate from drug misuse was in 30 to 39-year-olds for males and females. Mortality rates in younger males and females continued their downward trend and are now at their lowest level since records began.
- The number of female drug-related suicides increased by 7% in 2011.
- Approximately 30% of all drug-related poisoning deaths also contain a mention of alcohol or long-term alcohol abuse.

Deaths involving barbiturates and helium have increased consistently over the last five years. Deaths mentioning barbiturates increased from 6 deaths in 2007 to 37 deaths in 2011. Over the same period deaths mentioning helium have risen from 2 to 42 deaths.

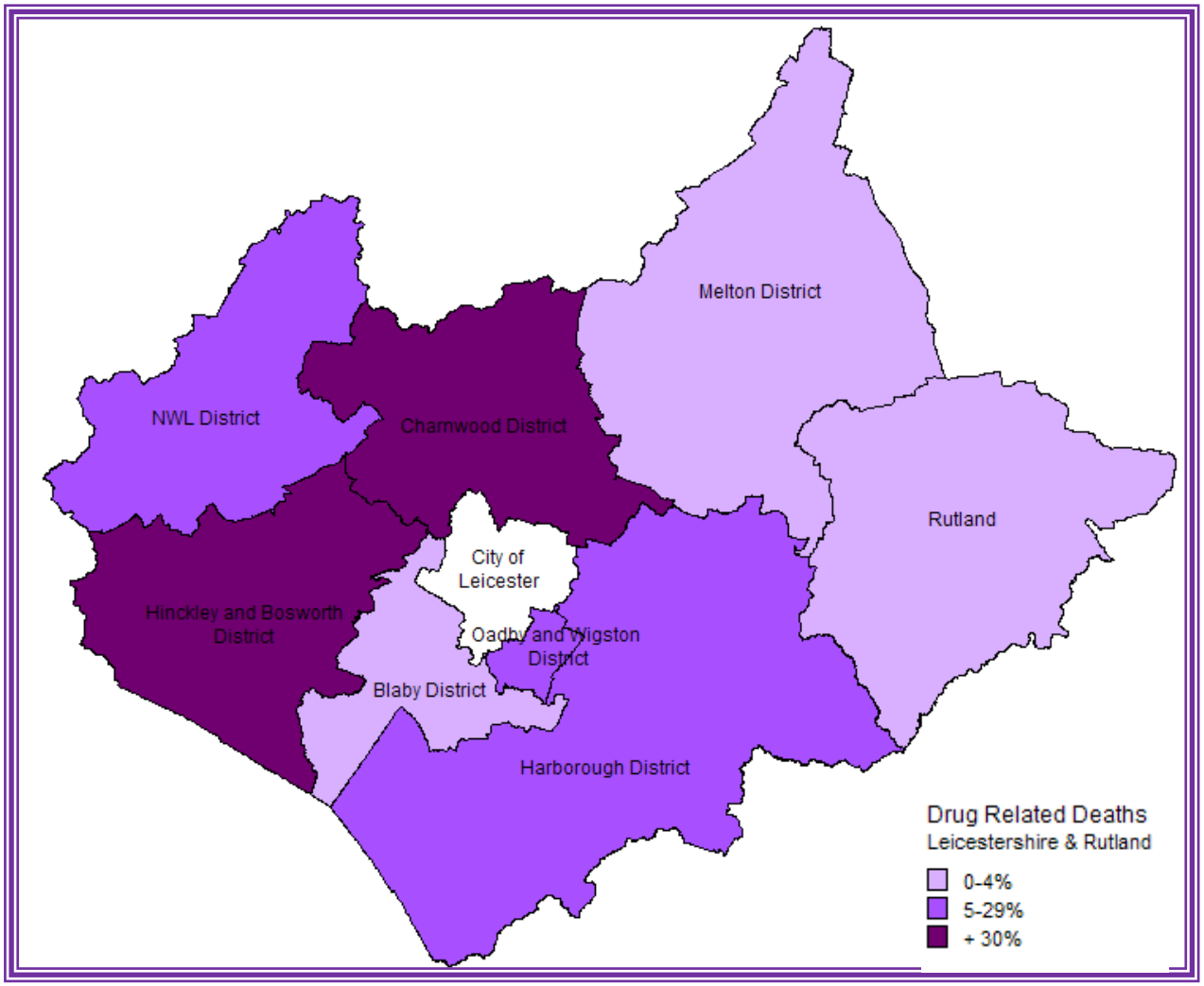
Although the number of deaths involving these substances is still relatively small the large increases may be of particular interest to suicide prevention researchers, as almost all of these deaths were suicides.

The trends in UK deaths associated with abuse of volatile substances report a (1971-2008) show that since 1992 there has been a significant fall in deaths. Volatile substance abuse (VSA) deaths overall continue to be more common among males than females and also suicides in males involving the inhalation of volatile substance. The European School Survey Project on Alcohol and other Drugs 2007 found that although there is greater use of volatile substances by girls, the number of deaths is higher amongst boys. This indicates that boys are at higher risk of dying from VSA.

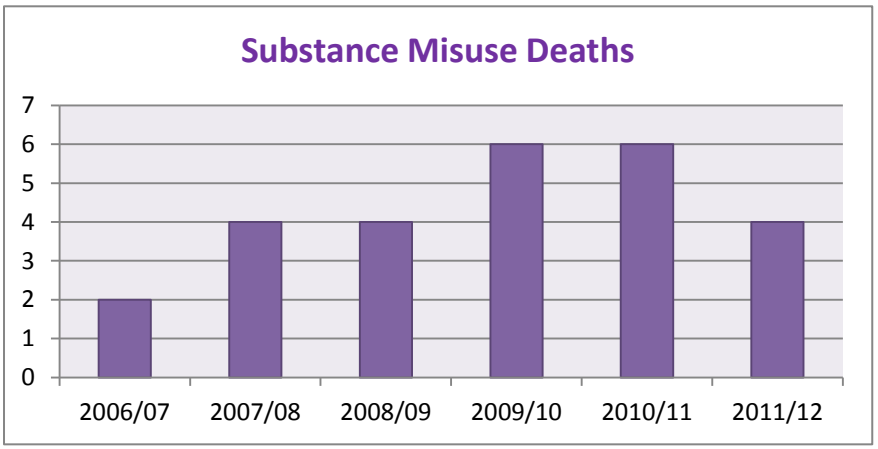
The monitoring by the trends in UK deaths associated with deliberate inhalation of gases and vapours has allowed the identification of a rapid increase in deaths resulting from the use of helium, and appears to principally involve suicides. Early indications show that this trend is continuing.

Leicestershire & Rutland

This map and table show the range of drug or/and alcohol related deaths in Leicestershire and Rutland from 2006 until May 2012 reported to the Substance Misuse Strategic Team for Leicestershire and Rutland. The borough of Charnwood has the higher number of drug/alcohol related deaths with a 33% of the total of deaths, followed by Hinckley and Bosworth with a 30%.



The summary trend of drug/alcohol related deaths recorded by the SMST in Leicestershire and Rutland since 2006 is shown in the following chart:



9.7 Blood Borne Viruses (BBVs)

Blood Borne Viruses (BBV) are viruses which some people carry in their blood and may cause severe disease.

The main BBV's are Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immuno-deficiency Virus (HIV) which causes AIDS.

They represent one of the major threats to global health. They are "silent" viruses, and because many people feel no symptoms, you could be infected for years without knowing it. If HBV and HCV are not treated, both viruses can lead to liver diseases, coma, liver cancer and death.

Also people with HBV infection can also be infected with a second virus known as Hepatitis Delta Virus (HDV).

In some cases, a diagnostic is made too late and the only option is liver transplant. People at risk should get tested as soon as possible

People at risk:

- Drug users who share their equipment such as needles, spoons, pipes, etc.
- New-borns to infected mothers.
- Infection through sex (HIV).

How can you protect yourself?

- Vaccination HBV is available and offers the best protection.
- There is no vaccine against HCB but drug users should not share any of their equipment or household items that could have any blood on them: toothbrushes, razors, scissors, etc.
- Always use new injecting equipment including needles, water, glasses, spoons and filters.
- Practice safe sex using condoms every time you have vaginal or anal sex. The risk of catching a BBV through unprotected oral sex is thought to be much lower –but possible- it's best to use condoms for oral sex too.
- Do not share personal hygiene articles such as toothbrushes or razors or un-sterile tattooing or piercing needles.
- When a mother with HBV gives birth to her baby, vaccination (active and passive) in the hours after birth protects nine out of ten babies from becoming infected.

Prevention of BBV

Preventing the spread of BBVs is a key health issue and a key outcome in the 2010 Drug Strategy-"Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life". Ensuring people who use drugs do not contract BBVs is one way of keeping them and their communities safe and during their recovery journeys. Also preventing BBV transmission reduces treatments costs.

The NTA details how BBV transmission can be prevented by:

- Needle and syringe programmes: pharmacy, specialist, outreach/mobile, in hostels and gyms.
- Comprehensive protocols to raise awareness of risks from BBVs which promote and deliver testing and appropriate pathways into treatment for HBV, HCV and HIV, and vaccination against HBV.
- Provision of advice and material to reduce harm from injecting drug use.
- Offers of testing and/or vaccination to all those at risk of contracting BBVs.
- Programmes that prevent the uptake of injecting drug use and promote switching from injecting drug use to other means of administration.
- Workforce and occupational health interventions for people working with those at risk of contracting BBVs.

Over half of patients newly diagnosed in the UK are diagnosed late and 90% of deaths among HIV positive individuals within 1 year of diagnosis are among those diagnosed late.

> *Efforts to expand HIV testing should be made to reduce late HIV diagnoses in the UK and their consequences: continued high levels of short-term mortality in those diagnosed late, poor prognosis for individuals diagnosed late, onward transmission of HIV and higher healthcare costs (Department of Health, 2012).*

Performance and Image-enhancing drugs users (PIEDs)

The 2010 Drug Strategy and proposals to transition into Public Health England have signalled that treatment of a wider range of substance misuse, including steroids, should be integrated.

However, this has been, and will likely remain a matter for local areas to decide upon as prevalence of steroid use varies widely across the country.

In 2010, the Advisory Council on the Misuse of Drugs (ACMD) considered the evidence of harms on the use of anabolic steroids, and provided advice on potential interventions to reduce these harms.

Many users of anabolic steroids, and other PIEDs such as hormones and melanotan, are injecting them. They are potentially at risk of a number of associated serious harms.

Harms include damage to the injection site as a result of poor injecting technique; bacterial and fungal infections as a result of poor injecting technique, contaminated drug products, and sharing vials and/or reusing injecting equipment; and, blood-borne viruses as a result of sharing used injecting equipment or sharing vials with others.

Needle and syringe programmes

The Public Health Guidance for needle and syringe programmes is for anyone who provides or commissions a needle and syringe programme, including pharmacies and Drug and Alcohol Action Teams/Substance Misuse Strategic Teams.

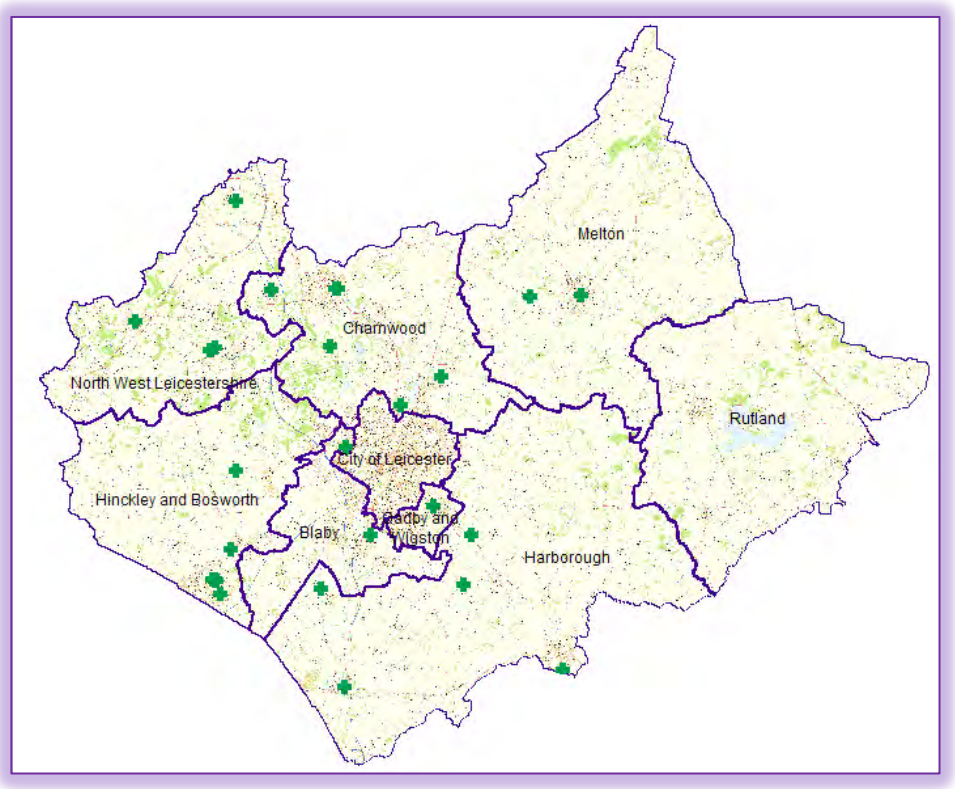
The aim is to reduce the harm caused for the spread of BBVs. NICE recommends that local strategic partnerships (LSPs) - including local authorities- and NHS organisations should offer a range of services for people over 18.

The aim is to reduce the harm caused for the spread of BBVs

All programmes should as a minimum:

- Encourage people who inject drugs to use the services on offer.
- Provide as many needles and syringes and other injecting equipment as someone needs.
- Provide sharps bins and advice on how to dispose of equipment safely.
- Provide advice on safer injecting and ways to get help to stop using drugs or switch to non-injecting methods.

The following map and table show the location of the pharmacies in Leicestershire and Rutland providing needles, packs, sharp bins, syringes, leaflets and other miscellaneous:



Pharmacy	Location	Postcode	District
Lloyds Pharmacy	1 Villers Court, Blaby	LE8 4HP	Blaby
Parkem Chemists Limited	102 Dominion Road, Glenfield	LE3 8FB	Blaby
HMS Pharmacy	4 Baxter Gate, Loughborough	LE11 1TG	Charnwood
Superdrug Pharmacy	2 Market Place, Loughborough	LE11 3EA	Charnwood
Vantage Pharmacy	14-20 Field Street, Shepshed	LE12 9AL	Charnwood
Co-op	1318 Melton Road, Syston	LE7 2EQ	Charnwood
Boots	1326 Melton Road, Syston	LE7 2EQ	Charnwood
Oakwood Pharmacy	2a Main Street, Woodhouse Eaves	LE12 8RZ	Charnwood
Co-op	101 Sibson Road, Birstall	LE4 4NB	Charnwood
County Pharmacy	County House, 14 Stretton Ct, Stretton Rd, Great Glen	LE8 9HB	Harborough
Lloyds Pharmacy	Unit 2, Church Street, Lutterworth	LE17 4AE	Harborough
Main Chemist	46 Main Street, Broughton Astley	LE9 6RD	Harborough
Parade Pharmacy	8-10 High Street, Fleckney	LE8 8AJ	Harborough
Lloyds	Torch Way, Northampton Road, Market Harborough	LE16 9HF	Harborough
Health Centre Pharmacy	27 Hill Street, Hinckley	LE10 1DS	Hinckley & Bosworth
Heathbrook Pharmacy	10 Arnolds Crescent, Newbold Verdon	LE9 9LD	Hinckley & Bosworth
The Co-Operative Pharmacy	50-54 High Street, Barwell	LE9 8DS	Hinckley & Bosworth
Fixed Base	108 Castle Street, Hinckley	LE10 1DD	Hinckley & Bosworth
Boots	2 Britannia Centre, Stockwell Head, Hinckley	LE10 1RU	Hinckley & Bosworth
Lloyds	6-8 Tilton Road, Burbage	LE10 2SE	Hinckley & Bosworth
Lloyds Pharmacy	55 Sherrad Street, Melton Mowbray	LE13 1XH	Melton
Your local Boots Pharmacy	5 Bradgate Lane, Asfordby, Melton Mowbray	LE14 3YD	Melton
Dean and Smedley Ltd	55-57 Market Street, Ashby de la Zouch	LE65 1AS	NWL
W R Evans (Chemist) Lts t/a Manor Pharmacy	57-59 Borough Street, Castle Donington	DE74 2LB	NWL
Fixed Base	42 High Street, Coalville	LE67 3EE	NWL
Lloyds	Whitwick Rd Surgery, Whitwick Road, Coalville	LE67 3FA	NWL
Your local Boots Pharmacy	11c-11d Leicester Road, Oadby	LE2 5BD	Oadby & Wigston

East Midlands

The following table shows the prevalence of BBVs, HBV vaccination uptake, uptake of testing for HCV & HIV, injecting risks, and condom use for East Midlands 2000-2010

Table 19: HIV, hepatitis B & hepatitis C prevalence*, hepatitis B vaccination uptake, uptake of testing for hepatitis C & HIV, injecting risks, and condom use; East Midlands: 2000-2010

Notes: Data from the Unlinked Anonymous Monitoring Survey of injecting drug users in contact with specialist services. Behavioural data have not been collected in all years. In 2009 a phased change in the sample type from oral fluid to dried blood spot (DBS) started. The sensitivity of the anti-HCV and anti-HBc tests on these two samples types are different.

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009		2010
Sample type	Oral fluid*	Oral fluid*	Oral fluid*	Oral fluid*	Oral fluid*	Oral fluid*	Oral fluid*	Oral fluid*	Oral fluid*	Oral fluid*	DBS	DBS
Anti-HIV Prevalence †	0%	0%	0%	0.67%		0.50%	0%	0.32%	0.86%	1.4%		0.87%
Number of samples anti-HIV positive	0	0	0	1		1	0	1	3	4		2
Total number of samples collected	149	109	128	150		202	182	310	349	289		229
Anti-HBc Prevalence ††	25%	26%	29%	35%		17%	13%	8.6%	8.0%	4.6%		14%
Proportion of samples anti-HBc positive	19%	19%	22%	26%		13%	10%	6.5%	6.0%	2.8%	5.5%	14%
Number of samples anti-HBc positive	28	21	28	39		26	18	20	21	4	8	33
Total number of samples collected	149	109	127	150		202	182	310	349	144	145	229
Anti-HCV Prevalence †††	31%	33%	50%	59%		47%	41%	29%	31%	44%		46%
Proportion of samples anti-HCV positive	29%	30%	46%	54%		44%	37%	27%	29%	33%	52%	46%
Number of samples anti-HCV positive	43	33	59	81		88	68	84	100	47	76	105
Total number of samples collected	149	109	128	150		202	182	310	349	144	145	229
Hepatitis B vaccine uptake	36%	50%	54%	66%		68%	68%	74%	78%	79%		80%
Number reporting hepatitis B vaccine	54	53	68	97		134	122	226	266	226		181
Total number answering question	148	107	125	147		197	180	306	342	287		226
HCV VCT Uptake	52%	59%	59%	65%		74%	69%	70%	79%	85%		87%
Number reporting a VCT for HCV	74	61	72	93		139	117	206	261	235		186
Total number answering question	143	104	122	144		189	169	295	332	276		213
Proportion aware of HCV infection	34%	40%	27%	29%		42%	28%	31%	35%	38%		52%
Number aware of their HCV infection	14	12	15	21		32	16	22	30	43		48
Total number answering question	41	30	55	72		77	57	71	85	112		92
HIV VCT uptake	55%	59%	58%	64%		66%	60%	58%	69%	70%		69%
Number reporting a VCT for HIV	79	62	72	93		126	104	174	232	196		146
Total number answering question	144	105	124	145		191	174	298	335	279		212
Among those who had injected in preceding year												
Symptom§§ of injection site infection							33%	37%	24%	25%		29%
Number reporting symptom§§							45	77	62	51		42
Total number answering question							137	208	259	204		144
Among those who had injected in preceding four weeks												
Level of direct sharing ‡‡	32%	31%	35%	34%		25%	20%	20%	19%	14%		18%
Number reporting direct sharing	43	32	41	48		46	33	43	48	29		29
Total number answering question	136	102	118	140		182	162	213	258	207		162
Level of sharing (direct & indirect) ‡‡‡	64%	68%	69%	71%		58%	50%	44%	41%	41%		34%
Number reporting sharing	88	70	82	100		105	82	95	92	84		55
Total number answering question	137	103	119	141		182	164	217	222	206		162
Proportion injecting crack							33%	30%	23%	18%		36%
Number reporting crack injection							54	67	62	38		59
Total number answering question							163	223	268	206		166
Proportion injecting into their groin							41%	36%	36%	40%		37%
Number reporting groin injection							67	78	95	81		60
Total number answering question							164	218	261	201		164
Among those with two or more (anal or vaginal) sexual partners in preceding year												
Proportion always using a condom	26%	28%	25%	20%		11%	22%	10%	15%	10%		7.9%
Number always using a condom	15	11	12	11		8	14	8	16	7		5
Total number answering question	57	40	48	55		75	63	83	109	70		63

* The sensitivity of the oral fluid test for anti-HCV is approximately 92%, and that for anti-HBc 75%.

† Anti-HIV Prevalence = (number of samples tested anti-HIV positive / total tested)x100

†† Anti-HBc Prevalence = [(number of oral fluids anti-HBc positive/0.75) + number of DBS anti-HBc positive] / (number of oral fluids + number of DBS)x100

††† Anti-HCV Prevalence = [(number of oral fluids anti-HCV positive/0.92) + number of DBS anti-HCV positive] / (number of oral fluids + number of DBS)x100

§§ Self reports of a swelling containing pus (abscess), sore, or open wound at an injection site in preceding year.

‡‡ Sharing of needles and syringes in preceding four weeks.

‡‡‡ Sharing of needles and syringes, mixing containers, filters or the water used to prepare drugs in preceding four weeks.

Health Protection Agency, Health Protection Services and Microbiology Services

The following table shows the regional breakdown of The National Survey of Hepatitis C Services in prisons in England (July 2012):

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners started treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	DBS	Venous	Oral	Lab. tests for PCR on antibody +ve samples	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison by prison doctor (yes)	If prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
East of England / 14	9	5	0	9	1	4	3	6	43 referred 4 D/K	18 treated 3 D/K	5	4	0	7	7
East Midlands / 15	8	7	0	8	0	3	6	7	65 referred	20 treated	2 3 / 8 responding prisons did not answer this question	4	2	3	3
									4 D/K	4 D/K					
London / 9	8	1	0	8	0	4	3	2	16 referred 5 D/K	5 treated 5 D/K	6	2	0	6	8
North East / 8	5	3	1	5	0	0	5	4 1 did not respond	54 referred	31 treated	1 1 / 5 did not respond	3	0	5	5
North West / 16	16	0	2	15	1	5	10	11	275 referred 7 D/K	78 treated 5 D/K	8	10	4	14	13
South East / 25	23	2	3	23	0	6	17	15	161 referred	52 treated	14	11	4	23	21
									8 D/K	5 D/K					

South West / 14	14	0	2	14	0	9	5	14	118 referred 8 D/K	28 treated 8 D/K	2	9	6	14	13
West Midlands / 12	12	0	0	12	0	2	10	9	33 referred 3 D/K	12 treated 3 D/K	5	7	2	10	11
Yorkshire and the Humber / 15	15	0	3	15	0	11	4	14	234 referred 1 D/K	37 treated 3 D/K	2	9	5	14	14
Total number of prisons surveyed:	**110 / 86%**	**18/ 110 (14%)**	**11/ 110 (10**	**109/ 110 (99%)**	**2/ 110 (2%**	**44/ 110 (40%)**	**63/110 (57%)**	**82/ 110 (74%)**	**999 referred**	**281 treated**	**45/110 (41%)**	**59/ 110 (54%)**	**23/ 110 (21%)**	**96/ 110 (87%)**	**95/110 (86%)**
									40/110 (36%) D/K	**36/110 (33%) D/K**	**4/110 prisons did not respond (4%)**				
			Calculations based on the 110 prisons that responded												

Only 8 out of the 15 prisons in the East Midlands responded to the survey. Of these, all test using venous blood sampling only but only 3 out of the 8 prisons access automatic laboratory testing for PCR. 3 out of the 8 prisons did not respond to how treatment is provided for prisoners; however 4 of the prisons provide a hospital in reach service via the local hospital. 2 prisons reported as the prison doctor providing treatment; however it is unclear whether this means that the prison doctor is responsible for the treatment or just assists the consultant who oversees the treatment regime. Only 3 out of the 8 prisons report that they provide follow up for prisoners for those leaving prison who are hepatitis C positive.

Data is not available for all prisons; however where they have reported on testing activity the proportion of new receptions receiving a test is very low.

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions) (Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community?	
Leicester	442	4%	No	Yes	No	Yes	No	Yes	12	1	Yes	Yes	No	Yes	Yes	
HMYOI Glen Parva	Not available	Not available														

Leicestershire and Rutland

Based in the data information sent by Swanswell, the results for 2011/2012 and 2012/13 are as shown in the following tables:

Contract Targets (BBV)	Target	Transferred	Q2 2011/12	Q3 2011/12	Q4 2011/12	YTD Total % 2011/12
% of new presentations Offered Hep B Vaccinations (including Acquired Immunity and Immunised Already)	100%	91%	83%	77%	85%	85%
Number of new presentations Offered Hep B Vaccinations (including Acquired Immunity and Immunised Already)		185	176	189	211	211
% of new presentations who have started or finished a course of Hep B vaccine (of those offered and accepted)	80%	26%	24%	23%	28%	28%
Number of new presentations who have started or finished a course of Hep B vaccine (of those offered and accepted)		18	15	14	17	17
% of new presentations with Hep c intervention status (including Acquired Immunity and Immunised Already)	100%	86%	75%	64%	74%	74%
Number of new presentations with Hep c intervention status (including Acquired Immunity and Immunised Already)		174	159	158	185	185
% of individuals in treatment with a Hep c test (of those offered and accepted)	80%	76%	75%	75%	78%	75%
Number of individuals in treatment with a Hep c test (of those offered and accepted)		330	336	328	321	373

Contract Targets (BBV)	Target	Q1 2012/13	Q2 2012/13
% of new presentations Offered Hep B Vaccinations (including Acquired Immunity and Immunised Already)	100%	78%	96%
Number of new presentations Offered Hep B Vaccinations (including Acquired Immunity and Immunised Already)		259	335
% of new presentations who have started or finished a course of Hep B vaccine (of those offered and accepted)	80%	31%	31%
Number of new presentations who have started or finished a course of Hep B vaccine (of those offered and accepted)		23	33
% of new presentations with Hep c intervention status (including Acquired Immunity and Immunised Already)	100%	88%	94%
Number of new presentations with Hep c intervention status (including Acquired Immunity and Immunised Already)		249	326
% of individuals in treatment with a Hep c test (of those offered and accepted)	80%	82%	78%
Number of individuals in treatment with a Hep c test (of those offered and accepted)		379	374

9.8 East Midlands Ambulances (EMAs)

East Midlands Ambulance Service NHS Trust (EMAS) provides emergency 999, urgent care services for the 4.8 million people within Derbyshire, Leicestershire, Rutland, Lincolnshire, Northamptonshire and Nottinghamshire.

Their accident and emergency crews respond to over 776,000 emergency calls every year.

In 2011/12 there were 12,344 admissions to hospital with a primary diagnosis of poisoning by drugs. This is a 1.9% (242) decrease compared to 2010/11 when there were 12,586 such admissions. Since 2000/01, there has been a long term increase of 58% (4,530) when there were 7,814 such admissions. (The Health and Social Care Information Centre, 2012)

Alcohol flagged ambulance call outs in Leicestershire

Historically whether an ambulance call out was related to alcohol was not recorded, but from January 2012 a "flag" has been recorded on each call out if it was alcohol related. This data completion has been more complete from April 2012 for Leicestershire & Rutland (*See appendix 3 and appendix 6).*

The percentage of alcohol flagged call outs is between less than 1% and over 6% depending on the district and time of the year.

Charnwood seems to be the district with the highest percentage of alcohol flagged call outs in the county followed by NWL and Oadby & Wigston.

9.9 Leicestershire Fire & Rescue Services (LFRS)

The effect of alcohol or drugs on casualty rates in accidental dwelling fires, England, 2011-12

Impairment due to alcohol or drugs was recorded as having been a contributory factor in 8% (2,483) of the total of 30,709 accidental dwelling fires attended by Fire and Rescue Services in England 2011-12.
Impairment due to alcohol or drug use resulted in 41 deaths and 1,208 injuries from 2,483 dwelling fires.
Rates of casualties in accidental dwelling fires where either alcohol or drug was an influencing factor were higher for men than women for all adult age groups under age 80. Overall, male casualties outnumbered females by two to one in accidental dwelling fires where either alcohol or drug was an influencing factor.

Fatalities and Fires

What are the costs of fire?

- Costs in anticipation
  - Total costs of active and passive fire protection in buildings
  - Resource and capital costs of training and fire safety
  - Non-pay related costs
  - Total insurance administration
- Costs as a consequence:
  - Total cost of fatal and non-fatal casualties
  - Total cost of lost business
  - Costs of property damage
  - Costs to victims, the police, criminal justice system and prison service.
- Costs in response:
  - Fire and Rescue Service resource costs in response to fire-related incidents
  - Capital costs in response to fire-related incidents

The value of a fatality is £1,648,539 – according to the Economic Costs of Fire for 2008 (CLG). The report estimates that the average consequential cost of each fire is £6,400 in the East Midlands of which £1,082 is attributed to fatalities, the remainder is made up of property damage and criminal justice costs.

Leicestershire Fire & Rescue Service

After meeting Leicestershire Fire and Rescue Service we discussed the possibility of making the 'alcohol/drug' field mandatory in incident recording forms. This would require a national change but there is no appetite nationally for this to happen. This alcohol/drug field is not often completed because Firefighters do not feel comfortable making a subjective judgement.

Also, we discussed looking at data from previous years. Over 4 years, we have about 50 relevant records for the County, which is about 3% of all accidental dwelling fires but as recording is inconsistent it does not really reflect where drug or alcohol related fires occur but the diligence of the Firefighter completing the form. Therefore the data does not give us a reliable picture of the problem.

There is a Vulnerable Person's Register; this is a new database introduced in 2011 to hold information about vulnerable referrals who require fire safety input, some of whom may be substance misusers. At the moment there only 5 substance misuse related records.

Student Alcohol/Drug Use & Cooking Campaigns

All Fire and Rescue Stations have good working relationships with their local universities including Loughborough Station which has a long standing relationship with Loughborough University to reduce fires as a result of cooking whilst under the influence of alcohol. The message distraction leads to destruction is the main theme and Firefighters engage with parents and students during fresher's week, speaking directly to them and leaving them with distraction leads to destruction leaflets. Firefighters also have a range of posters that link drinking alcohol with the increased likelihood of cooking related fires occurring.

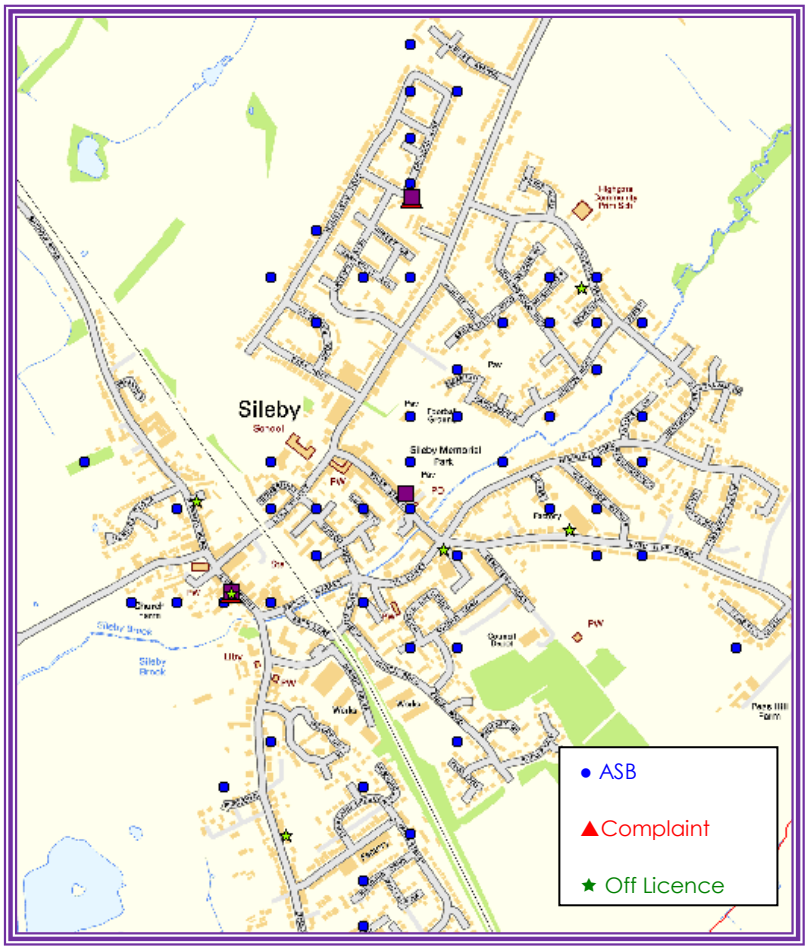
9.10 Trading Standards

The Trading Standards Service has a range of responsibilities which focus on promoting a fair and safe environment for businesses and their customers. Much of this is based on actions to ensure compliance with legislation about the quality, quantity and safety of goods and services and the truth of descriptions, advertising and marketing claims about products.

The aim of the Trading Standards Service is to ensure a fair and safe environment which promotes the wellbeing of citizens and encourages business to prosper.

During 2011/12 the SMST has been working closely with Trading Standards helping to produce analytical maps where combining anti-social behaviour (ASB), customer complaints, test purchases and licensed premises (including off-licences, newsagents and petrol kiosks).

These hot-spots maps have been used by Trading Standards to allocate the new test purchases where the level of ASB and Customer Complaints are high.



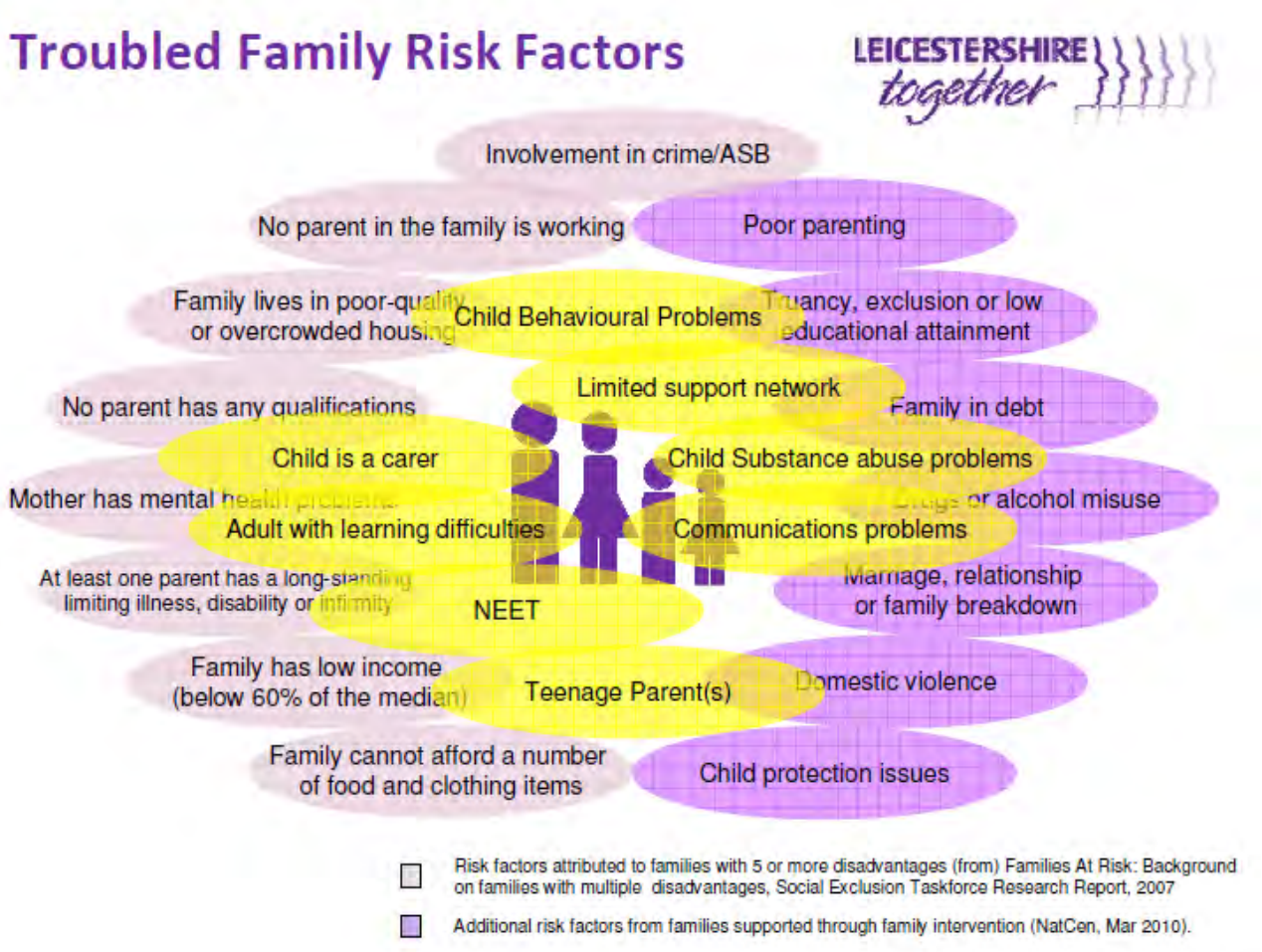
Utilising the mapping provided by the Substance Misuse Strategic Team, Trading Standards have increased the number of intelligence led test purchase operations for under age sales locally and the recorded number of failed test purchase operations is included as a primary indicator for reporting within the overarching Leicestershire Substance Misuse Evaluation Framework.

The work between the SMST and Trading standards will carry on during 2012/13 to ensure the test purchases are done in the right area of the county to spot the sale of alcohol and cigarettes to underage.

9.11 Families with complex needs

Families with Complex Needs are families that can be the subject of multiple problems such as:

- Alcohol and drug misuse
- Mental health problems
- Crime and anti-social behaviour
- Poor parenting
- Child protection issues.
- Homelessness or tenancy issues
- Debt
- Economic dependence/Worklessness
- Low attainment at school
- School absence and exclusions
- Domestic violence

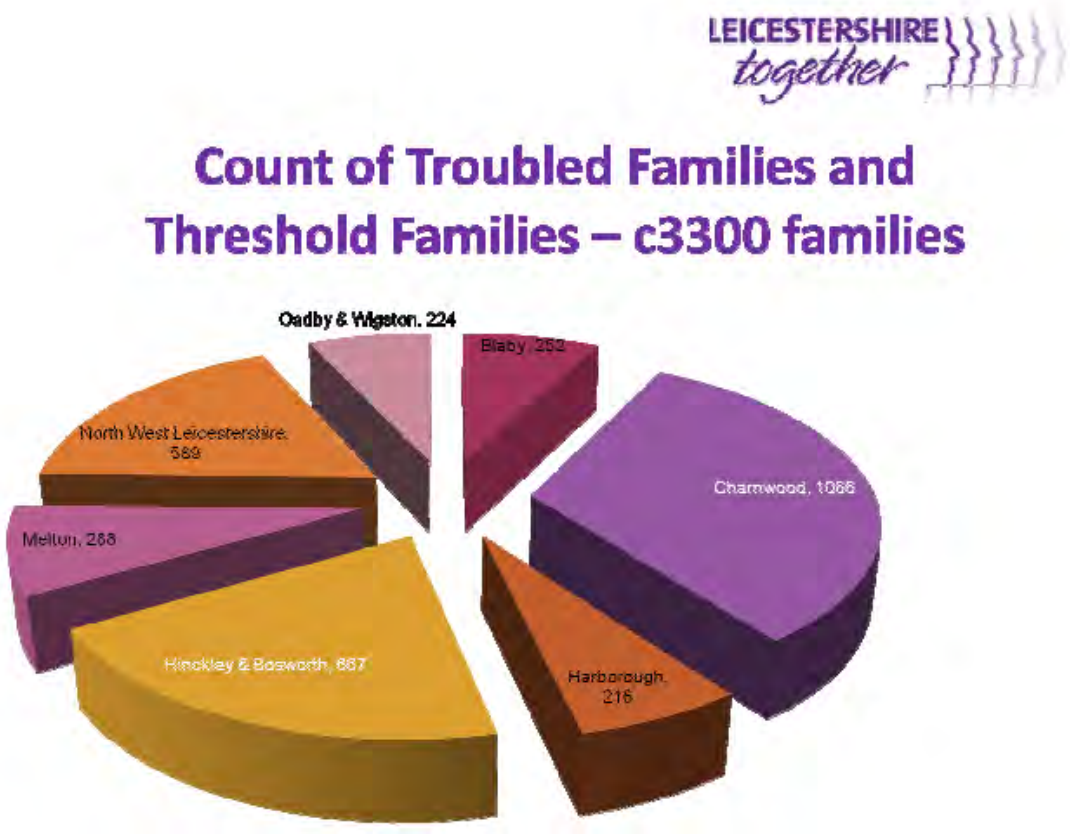


The problems faced by the individuals in these family units are often independent, therefore an integrated and holistic approach is requires that will address the needs of the family and not just the individuals within it.

The Leicestershire County Council and the Government are investing in a scheme which plan to save £18 million a year as the lives of troubled families improve and they become less dependent on public services.

The Community Budgets Programme have been working with partners to develop a family model as well as undertaking a significant body of insight work to understand the needs and problems facing these families and the types of interventions and services that would best support improved outcomes.

The Community Budgets Scheme aim to improve services and support to more than 1,000 troubled families and those at risk of becoming so. There are families which experience multiple issues such as unemployment, substance misuse and poor health. The scheme will join-up services, making them easier to use and will help families earlier.

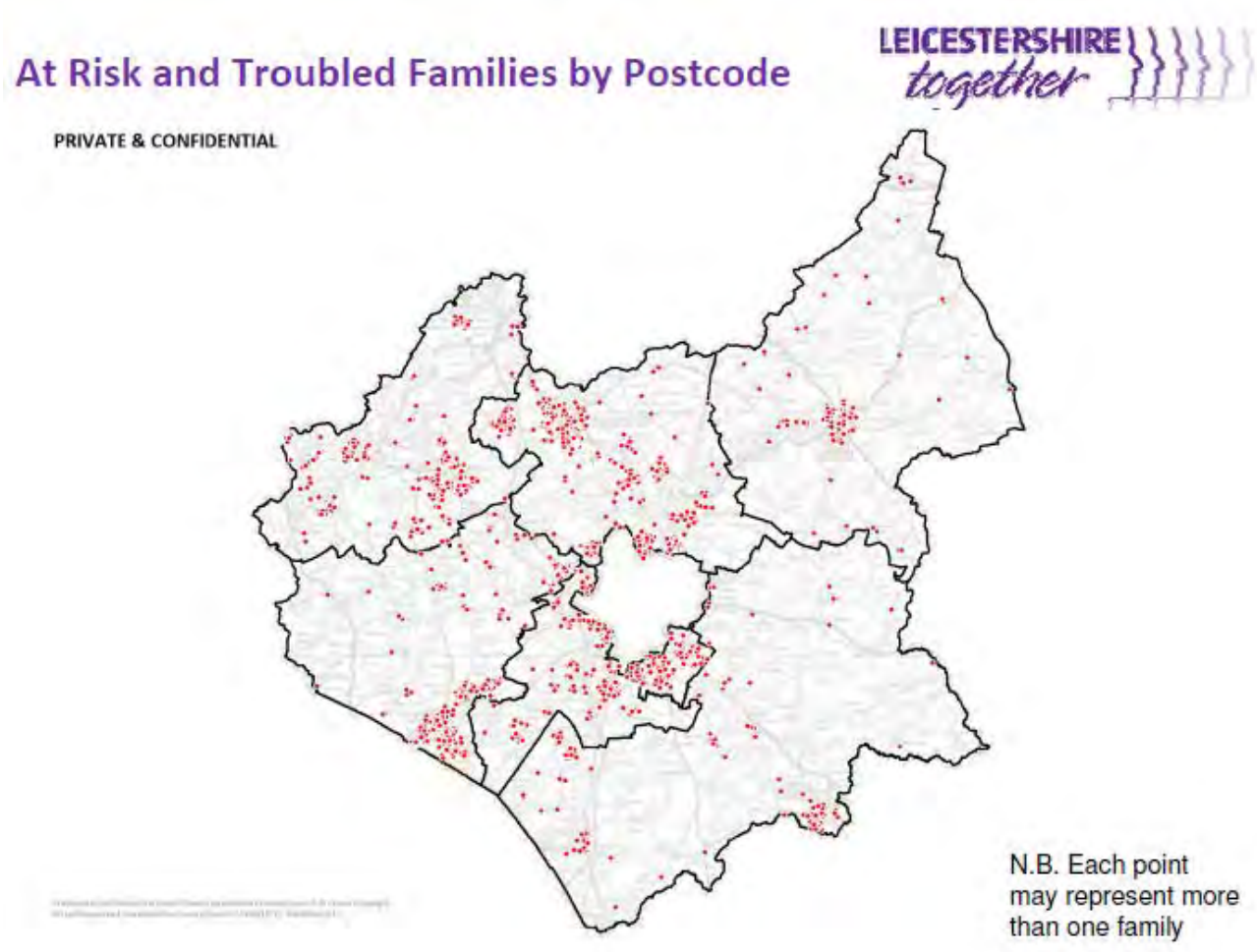


Substance misuse is clearly identified as a significant issue and contributor to FCN households and any new model will need to include appropriate provision and sufficient resources to address these needs. A family approach that includes addressing the impact and needs of children living in households with a misuser will need to be a key element of meeting the needs of Leicestershire's FCN.

Families with complex needs is also fully integrated into the SMST treatment model with the following contractual principles:

- The service provider should provide parenting interventions to families affected by substance misuse, in liaison with children's social care services. These should be tailored to the specific needs of substance misusing parents wherever possible. These should include the following as a minimum:
- Group support activities, one to one support, access to advice and information, access to a carers' assessment, access to mainstream carers support services.
- The service provider should have a strategy in place for the engagement of substance misusing parents, for assessing the needs of the children and protocols for escalation of issues or concerns.

Agreed support is focussed around the whole family and priorities agreed with the families, support will be flexible and in a language families understand.



Families matter

Drug use doesn't just affect individuals; families are also at the frontline of addiction. When someone in their family uses drugs or alcohol, people can experience anger, betrayal, guilt, fear, isolation and loss of control.

Families need support for their own needs and research has also shown that outcomes for drug users improve when their family is behind them- they are more likely to start treatment, more likely to complete their course, and more likely to maintain their new lifestyle afterwards.

Relationships with others are a key element in successful recovery from drug or alcohol dependence, and a happy family life is a vital aspiration.

Families often struggle to express themselves regarding someone else's substance use due to fear of stigma and concern that they won't be properly understood.
Families of drug and alcohol users need support too, and in many cases experience stigma on a daily basis.

Substance users and their families should be seen as part of a whole family unit, not separately.

The high levels of guilt and self-blame experienced by the families of drug and alcohol users, particularly parents who believe that the upbringing they provided is responsible for the substance misuse, mean that some families effectively stigmatise themselves through feelings of guilt and low self-worth.

Supportive relationships with others are a key element in successful recovery from drug or alcohol dependence and a happy family life is a vital aspiration. Evidence shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved.

"A little support can have wide positive consequences"

Too often families are vulnerable and lack the knowledge and resilience to even begin supporting someone else's treatment without having their own needs met first.
With the help of specialised drug and alcohol services and support groups, families can begin to understand what being addicted really means and to learn why recovery is difficult. This gives families the strength to support their loved ones in getting back on their feet, and the determination, resilience and support structure to cope if they are less able to cope with the chaotic day-to-day effects of a loved one's substance use and less likely to play a productive role in recovery.

The SMST attended to the Families First Conference in November 2012, organised by Adfam and Drink and Drugs News. The NTA chief executive, Paul Hayes, Dr Steve Brinksman chair of the SMMGP, service users and many others were speaking at the conference. People shared their personal stories and experience telling how they found support in their local area. This conference has been the first one organised by Adfam in a long time, and the attendance of nearly 200 people was a success.

We need to be "Active citizens not passive victims"

The SMST is hoping to attend to future conferences organised by Adfam to carry on finding out what are the needs and problems of the families affected by substance misuse.

Recovery and families

Adult family members affected by relative's substance misuse have been largely neglected, partly due to concerns about stigma, but also because the focus and that of drug treatment services has been first and foremost towards helping the person with drug problem. To put this in perspective, research for UKDPC estimated that in 2008 in the UK, at the very least:

- 1.4 million adults were significantly affected by a relative's drug use (including about 140,00 adult relatives of people in drug treatment)
- The cost of the harms they experience was about £1.8 billion per year and
- The value of support they provide would cost about £747 million per year (at 2008 prices) if it was to be delivered by health and social care providers.

Clearly, families and the support they give are a crucial asset to those needing their help and for the wider community. Adults family members' support for their drug-using relative has been shown to be important in three distinct but related ways:

- Preventing and/or influencing the course of the substance misuse problem
- Improving substance-related outcomes for their drug-using relative, i.e. reduced substance misuse, as well as promoting better engagement with treatment
- Helping to reduce the negative effects of substance misuse problems on other family members

Thus adult family members may need help to meet their own pressing needs, but also to assist them to give effective help to their drug-using relative and to other family members. However UKDPC research has indicated that the provision of support to this group, although acknowledged often in drug policy documents, remains a comparatively neglected area which deserves more attention.

> *There is a need to consider what recovery means for families, what White & Kurtz describe as "family recovery", as well as for the individuals with drug problems themselves and support provided to family members to help them and the family unit adjust.*

The *key opportunities* for policy to support these include:

- Tackle structural problems that increase risk of drug problems
- Develop and evaluate early interventions to help families and communities build resilience to drug problems alongside other problems
- Provide evidence-based prevention programmes to support less risky choices
- Promote interventions which reduce the harms of drug use
- Involve local communities in law enforcement and assess its impacts

Stimulations and *promoting recovery* from drug dependence:

- Tackle stigma towards people with drug problems and their families
- Make the criminal justice system more focused on recovery
- Provide greater support to families of people with drug problems
- Continue to develop treatment systems, mutual aid networks and communities that support those recovering from drug dependence.

Swanswell provide one to one support for carer and family members including parents. They have also set up carer support groups locally which will run from Coalville and Loughborough hubs monthly. The groups will be semi structured and follow a 6 session rolling programme. The groups are as follows:

Coalville

Family and Carer support group – 1 Feb 2pm-3.30pm then it will be the last Friday in every month

Recovery Service User Forum – 29 January 2pm – 3.30pm then last Tuesday of every month

Peer Support – runs every Thursday afternoon 1pm-3pm

Loughborough

Recovery forum- 19 Feb 1 to 3pm- Recurring monthly

Family and carers group- 15 Feb 1 to 3pm- Recurring monthly

Peer support date to be confirmed

South

Recovery focus group- 7th February at 2 pm- Florence House.

Family and Carers groups- starting on the 21st of February and then will run on the 3rd Thursday of the each month, 1.30 till 3pm.

We are exploring three options for the pier support groups which will be held in Hinckley- Wigston and Market Harborough.

9.12 Employability

The National Treatment Agency for Substance Misuse (NTA) and Jobcentre Plus published "The Joint-Working Protocol between Joncentre Plus and Treatment Providers" (December 2010) to promote more effective approaches to the education, training and employment (ETE) needs of people in drug treatment.

Employment rate (16-64)

	Jul 2007-Jun 2008	Jul 2008-Jun 2009	Jul 2009-Jun 2010	Jul 2010-Jun 2011	Jul 2011-Jun 2012
	%	%	%	%	%
Blaby	82.3	81.0	73.5	78.0	78.2
Charnwood	79.1	76.4	71.5	69.8	70.2
Harborough	76.4	73.1	72.5	74.8	80.4
Hinckley and Bosworth	75.2	74.5	68.0	67.8	74.3
Leicester	64.8	63.2	61.0	62.3	62.2
Leicestershire County	77.0	75.5	73.6	73.0	75.0
Melton	81.1	73.7	76.6	73.8	79.3
North West Leicestershire	70.1	76.1	80.7	80.0	76.0
Oadby and Wigston	74.1	69.7	77.7	70.3	72.9
Rutland	77.1	74.8	75.7	77.4	77.4
East Midlands	73.6	72.8	71.4	70.9	71.1
England	72.7	71.5	70.5	70.3	70.4

The above table shows the employment rate of Leicestershire Districts and Rutland compared to the rates for East Midlands and England.

Jobcentre offers help to jobseekers with substance misuse problems that prevent them working. Jobcentre Plus advisers or Jobcentre Plus Office can tell them about the help available in their area. This service is available for current workers or benefits claimers with a suitable treatment provider in their area. This voluntary service works in the way that Jobcentre arrange an appointment for the client, provide them with information to make their own appointment and they will have a discussion with a treatment professional. This support includes:

- Referrals to treatment service.
- An initial appointment to a drug or alcohol treatment service to talk about the help available to them.
- Ongoing employment and training support from Jobcentre Plus.

The recent report "Medications in Recovery: Re-Orientating Drug Dependence Treatment" (NTA, 2012) emphasises the important role that education, training and employment has in supporting the recovery of people in treatment.

During their appointment with the treatment professional, they will talk them about the different ways to overcome the drug or alcohol dependency and different treatment options available. They can take come more than once for a visit to a drug or alcohol treatment service, they will probably continue to be seen at the same place or go to different service more suitable to their personal circumstances.
The client will decide if he/she wants to take part in a drug or alcohol treatment program. If they decide to do it then they are expected to be for at least three month in the treatment programme. This is the minimum amount of time needed for the treatment to help them.

Jobcentre Plus advisors should have the skills to recognise signs of drug and alcohol dependency, be able to facilitate a discussion about a claimant's drug and alcohol dependency and to know where to refer people to an appointment with a treatment provider to discuss the options that are available

People with substance misuse issues claiming JSA are entitled to volunteer for early entry to the Work programme after three months of claiming JSA. Alternatively, they will be mandated to the Work Programme after 12 months if aged 25 or over, or after nine months if aged 18-24.

Data Provided by Swanswell (2011/12):

Drugs-Turnover-referral source (from referral)	**Q2**	**Q3**	**Q4**	**TOTAL**
Job Centre Plus	1	0	1	2
Alcohol-Turnover-referral source (from referral)	**Q2**	**Q3**	**Q4**	**TOTAL**
Job Centre Plus	1	2	2	5

SMST has contacted all the Jobcentre Plus Offices in Leicestershire to follow up the number of people asking for this service, but at this stage we haven't received any response. Actions have been put in place to retake the contact with the Jobcentre Plus offices during the next year.

Acorn Training Offices in Leicestershire are located in Coalville and Hinckley; the programme of support that Acorn Training provides is also delivered in individual customer's homes and in outreach venues across the County.

Acorn Training has a Family Employment Coach in each of the Leicestershire County Localities, other than Melton. In Melton, this service is delivered by Working Links; this service is also delivered in Rutland by the Working Links.

Section 10 – Customer Journey Mapping for Alcohol Use.

Throughout 2012 the Leicestershire County Council and a local social enterprise undertook a customer journey mapping initiative where alcohol misuse had been a key factor in an individual's life. The purpose of the research was to better understand the personal journey, access to services, and the support that individuals had, and to identify potential gaps in service provision. This better understanding will inform the future planning of substance misuse service provision.

Three of those journey maps have been included within this Needs Assessment. The individuals concerned have consented to sharing their stories and their respective pictorial maps and biographies are attached as an appendix (Appendix 8).

In summary, key themes emerge from the customer journey mapping that appear to impact on alcohol consumption;

- events in childhood
- relationships
- mental and physical health, including dual diagnosis
- periods of long term unemployment
- significant events such as rape, bereavement, bullying, domestic violence
- limited advice and information about alcohol misuse and where to get support

Key emerging service gaps identified include;

- Improvement in the co-ordination of patient care across and within the medical pathway (GP, emergency services, hospital & treatment services) particularly mental health / dual diagnosis
- Earlier intervention and more accessible and appropriate treatment support
- Earlier identification and co-ordinated support for trigger factors that can contribute to an increase in alcohol consumption, for example bereavement, relationship breakdown, rape, domestic violence

Further work will continue into 2013 that will inform the Supporting Leicestershire Families programme.

Section 11 – Help & Support

11.1 Leicestershire & Rutland- Adults

If you live in Leicestershire or Rutland and need help & support with drugs and/or alcohol, please contact **Swanswell** on 0300 303 5000. The two main hubs are in Loughborough and Coalville:

Swanswell
95 Ashby Road
Loughborough
Leicestershire
LE11 3AB

T 0300 303 5000
F 01509 237 634
E lradmin@swanswell.org

Swanswell
42 High Street
Coalville
LE67 3EE

T 0300 303 5000
F 01530 836 896
E lradmin@swanswell.org

Please refer to Appendix 9 (Help & Support) for a list of the spokes and the addresses of Leicestershire & Rutland local services and peer support.

Leicester DAAT

Help and advice relating to alcohol and drug problems for people in Leicester.

http://www.leicester.gov.uk/your-council-services/cl/community-safety/drugs-alcohol-action-team/

Domestic Violence Integrated Response Project

DVIRP offers telephone and face to face support for men and women who are over 16 and living in Leicester, Leicestershire and Rutland who have been affected by Domestic Violence.

http://www.dvirp.co.uk/

Leicester Counselling Centre

A charity that aims to provide affordable, high quality, professional counselling to the communities of Leicester, Leicestershire and Rutland.

http://www.leicestercounsellingcentre.co.uk

The New Futures Project

A voluntary organisation based in Leicester that provides support for girls and women, boys and men involved in or at risk of exploitation through prostitution.

http://www.new-futures.org.uk

Relate Leicestershire

Offers counselling and training courses in Leicester, Leicestershire and Rutland to help people understand what's going on in their relationship, to learn lessons from past relationships and to limit the damage that can follow separation and divorce.

http://www.relateleicestershire.org.uk/

Support for Carers Leicestershire

Provides independent advice and support to Leicestershire's 70,000 carers - from information on a range of issues to a dedicated telephone helpline.

http://www.supportforcarers.org/

Worth It Projects

Works with people with mental and physical health difficulties, carers, young people and disadvantaged groups in society. Helps people to change their situations and improve their self-worth through health and wellbeing coaching, behaviour change coaching and life skills mentoring.

http://worth-itprojects.co.uk

11.2 Leicestershire & Rutland- Young People

If you live in Leicestershire or Rutland and need help & support with drugs and/or alcohol, please contact **Swanswell** on 0300 303 5000.

The two main hubs are in Loughborough and Coalville:

Swanswell
95 Ashby Road
Loughborough
Leicestershire
LE11 3AB

T 0300 303 5000
F 01509 237 634
E lradmin@swanswell.org

Swanswell
42 High Street
Coalville
LE67 3EE

T 0300 303 5000
F 01530 836 896
E lradmin@swanswell.org

Please refer to Appendix 9 (Help & Support) for a list of the spokes and the addresses of Leicestershire & Rutland local services and peer support.

Talk to Frank

Friendly, confidential drugs advice for young people.

http://www.talktofrank.com/

Connexions Leicestershire

Delivers information, advice and impartial guidance to young people aged between 13 and 19 (and up to 25 for young people with learning difficulties and disabilities).

http://www.connexions-leics.org/

Open Door Leicester

Offers a free and confidential counselling service to young people in Leicester and Leicestershire. Working in schools, colleges, youth clubs and Connexions Centres, it supports all young people aged 11 - 19.

http://www.opendoorleicester.org/

Pozitude

Pozitude is a website set up by a group of young people who are living with an HIV positive status. But it's more than a website, it's a special place where the clock stops and you can navigate your way without running out of time. You can use this space as a safe place to come and find out about living with HIV.

http://www.pozitude.co.uk/

The Jitty

A website for young people in Leicestershire created by young people. Covers a variety of topics and everyone is welcome to contribute.

http://www.thejitty.com/

Youth 2 Youth

Youth 2 Youth is a unique helpline service run by young people for young people. Can contact trained volunteers by telephone, email or on-line chat. Whichever way they choose to contact Y2Y, they can be assured that their call will be treated confidentially and a young person will be there to give them the support and help they need.

http://www.youth2youth.co.uk/

Legal Highs Lethal Lows

"Legal Highs Lethal Lows" is a campaign launched on 3rd December 2012 by the Leicestershire & Rutland Substance Misuse Strategic Team (SMST) to raise awareness of the dangers of legal highs (also known as Novel Psychoactive Substances or Research Chemicals).

http://www.legalhighslethallows.co.uk/

Section 12 – References

Section 1- Executive Summary

Section 2- Introduction

Section 3 – Demographic Profile & System Coverage

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Glossary- Acronyms and Abbreviations

ACMD	Advisory Council on the Misuse of Drugs
AHIU	Alcohol High Impact User
AIDS	Acquired Immune Deficiency Syndrome
ARV	Alcohol Related Violence Programme
ASB	Anti-Social Behaviour
BBPA	British Beer and Pub Association
BBV	Blood Borne Virus
BME	Black and Minority Ethnic Groups
BZP	Benzylpiperazine
CARATs	Counselling, Assessment, Referral, Advice and Throughcare Services
CBDT	Compact Based Drug Testing
CRAVE	Confidence, Reassurance, Accessibility, Visibility, Evaluation
CYPS	Children and Young People's Service
DAAT	Drug and Alcohol Action Team
DCLG	Department for Communities and Local Government
DIP	Drug Interventions Programme
ED	Emergency Department
EMAS	East Midlands Ambulance Service
EMCDDA	European Monitoring Centre for Drugs and Drugs Addiction
ETE	Education, Training and Employment
EU	European Union
FCN	Families with Complex Needs
FEWS	Forensic Early Warning System
GBL	Gammabutyrolactone
GP	General Practice
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HDV	Hepatitis Delta Virus
HIV	Human Immune-deficiency Virus
HRSS	High Risk Site Surveillance
IDTS	Integrated Drug Treatment System
JAGs	Joint Action Groups
JSA	Job Seeker Allowance
JSNA	Joint Strategic Needs Assessment
LAPE	Local Alcohol Profiles for England
LFRS	Leicestershire Fire & Rescue Services
LGB	Lesbian, Gay and Bisexual
LSOA	Lower Super Output Areas
LSPs	Local Strategic Partnerships
MDPV	Methylenedioxypyrovalerone
NDTMS	National Drug Treatment Monitoring System

NICE	National Institute for Health and Clinical Excellence
NPS	Novel Psychoactive substances
NRG-2	Neuregulin 2
NTA	National Treatment Agency for Substance Misuse
NWL	North West Leicestershire
OASys	Offender Assessment System
ONS	Office for National Statistics
PCR	Polymerase Chain Reaction
PCT	Primary Care Trust
PIEDs	Performance and Image-Enhancing Drugs
SMMGP	Substance Misuse Management in General Practice
SMST	Substance Misuse Strategic Team
SOCA	Serious Organised Crime Agency
TOP	Treatment Outcomes Profile
TUPE	Transfer of Undertakings Protection of Employment
UKDPC	UK Disabled People's Council
VAP	Violence Against a Person
VSA	Volatile Substance Abuse