LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2023

Alcohol Misuse

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FOREWORD

The purpose of the Joint Strategic Needs Assessment (JSNA) is to:

• To improve the health and wellbeing of the local community and reduce inequalities for all ages.

• To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

• To provide a source of relevant reference to the Local Authority, LLR Integrated Care Board (ICB) and NHS England for the commissioning of any future services.

The Local Authority and the ICB have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs. The JSNA offers an opportunity for local Integrated Care System and NHS England's plans for commissioning services to be informed by up-to-date information on the population that use their services.

The Health and Wellbeing Board has agreed that the JSNA will be published in subject-specific chapters throughout a three-year time period. Chapters will be developed in line with ICBs and local authority commissioning cycles. As many of the relationships required for the JSNA in Leicestershire are wide ranging, a relevant working group was created.

It was agreed that the outputs of the JSNA will include:

1. Subject-specific chapters of an assessment of current and future health and social care needs
2. An online infographic summary of each chapter available on the internet
3. An online data dashboard that is updated on a quarterly basis to allow users to self-serve high level data requests

The JSNA has reviewed the population health needs of the people of Leicestershire in relation to alcohol misuse. This has involved looking at the determinants of alcohol misuse, the health needs of the population in Leicestershire, the impact of alcohol misuse, the policy and guidance supporting alcohol misuse, existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this needs assessment are also discussed.

Please note, the majority of indicators presented in this needs assessment are from national sources so are subject to a time lag due to the time required for data collection, data analysis and publication. Where possible, comparisons have been made to national averages and local context has been included. The term significance is used throughout the report and refers to statistical

significance. This examines if the result presented is different to the national result, due to something other than chance. Most often, this is calculated using 95% confidence intervals.

EXECUTIVE SUMMARY

Excessive alcohol consumption is a contributing factor to both individual and societal impacts. With alcohol related harms, particularly mortality, having stronger links to socio-economic deprivation and wider socio-economic inequality underpinning many of the observed regional and local alcohol related outcomes. Levels of alcohol consumption and associated harms have varying impacts across different populations which include age, sex or ethnicity, although relationships with alcohol are complex.

The level of alcohol harm is dose-dependent with high level of consumption linked to higher risk of adverse effects, including mortality from many related causes, such as alcoholic liver disease. Of particular note is the recent (2019 to 2021) sharp increase in mortality caused by conditions wholly attributable to alcohol in England, resulting in a near 60% increase in rates between 2001 and 2021 (from 9 to 14 per 100,000 population).

When assessing the proportion of adults drinking, Leicestershire is moderate in comparison to the national average (13% and 6%), which shows that those entering treatment services may drink less units than the national average of those entering treatment services. Although, during COVID-19, alcohol consumption changed for those high-risk drinkers nationally with national figures showing an overall increase during the COVID-19 lockdown period.

In 2021/22 in Leicestershire there were 1,040 people in treatment for alcohol problems, including 769 new presentations. The corresponding numbers for non-opiates and alcohol were 337 and 239, respectively. While the alcohol-only group was relatively low in 2016/17 (below 500), after a peak in 2012/13, the trends for non-opiate and alcohol treatment were relatively stable over the years with some increase since 2016/17.

In 2021/22 the all-age rate of alcohol-specific admissions (hospital episode rate) was significantly lower than the national average (446 per 100,000 population compared to 626 in England), with rates in men 2.4 times as high as in women. There was a high degree of variation among Leicestershire statistical (CIPFA) neighbours, with Leicestershire rates in the lower end of that range for both men and women.

Prevalence and impact

Excessive alcohol consumption can result in immediate harm, such as head or facial injuries, fractures, alcohol poisoning and even fatal injuries. Nationally, alcohol-related unintentional injuries are seven times more prevalent in men.

The prevalence of alcoholic liver disease is related to the level of alcohol consumption in a population in the previous 10-30 years and, for practical purposes, is measured as a standardised population rate of hospital admissions with that diagnosis. Nationally, men have double the rate of women (62 per 100,000 compared to 30), in Leicestershire this is a 50% excess, although both for men and women the rates are significantly below the England average and relatively low when compared to CIPFA comparators.

Historically, admission rates have been below the national average, although there has been a general increase over the last decade – from around 32/100,000 in 2010/11 to over 45 in 2020/21 in England (a 50% rise in the standardised admission rate). Although the local rate is more variable, there seems to be an increasing trend, from around 20/100,000 in the early 2010s to around 30/100,000 in the more recent period

In Leicestershire, in 2021, a total of 257 deaths were estimated to be related to alcohol, almost twice as many for men as for women represents an increase on the previous figures for 2017-19 (92 compared to the average 73 per year) and the latter also an increase from an average of 58 per year in 2017-19 to 71 in 2021. These reflect the alcohol-specific mortality rise across the country, discussed under impact of COVID-19.

Alcohol is a significant contributory factor in offences of violence and disorder. The Crime Survey for England and Wales (CSEW 2020) estimated that over 42% of all violent incidents were committed under the influence of alcohol, although this was below the rates recorded a decade ago. As much as 34% of domestic violence incidents were carried out by offenders perceived to be under the influence of alcohol.

Treatment service

In 2021/22 there were 1,040 adults in treatment (for alcohol only), with more men (57%) than women in treatment (43%). This is similar to the national average of 58% of men and 42% of women.

Of all those in treatment, 74% (N=769) were newly presenting in that year. This is somewhat higher than the national average of 67%.

Treatment pathway measures sources of referrals, including waiting times, engagement, residential rehab, in-treatment outcomes and completions of treatment which are all delivered by Turning Point. There are a number of routes into treatment, with the largest referral source for adults being self-referral, followed by the criminal justice services which is a similar trend nationally.

Treatment engagement is important - any unplanned exit should be reviewed on case-by-case basis. In Leicestershire, a total of 125 cases (16%) of all new presentations left treatment in an unplanned way before 12 weeks, which is slightly higher than the national average of 14%, although this translates only to 2/3 excess cases locally and is not statistically significant.

High-level interventions can be classified as pharmacological, psychosocial or recovery support; they are delivered most commonly in a community setting, inpatient units, primary or residential care.

In 2021/22 in England, the majority of patients in pharmacological interventions were in community settings (79%), followed inpatient units (21%) and residential settings (5%). In Leicestershire, in the same year, inpatients units were the most common setting (70%), followed by community (33%).

Psychosocial interventions and recovery support are both mostly delivered in a community setting

(98%), with a small proportion in inpatient units (3 and 4% respectively). This is the same for Leicestershire, with all patients (100%) having those interventions in community settings, but some (5%) also delivered in inpatient units.

The average number of days drinking for those exiting treatment in Leicestershire fell from 19.8 on entry to treatment to 12.5 on exit, which is a little worse than the national average (drop from 20.5 days to 11.5 in England).

Gaps and Areas of Improvement

The Office of Health Inequalities and Disparities estimates that there is an unmet need of 74% of people who require alcohol support in Leicestershire that are not getting it, with this estimated to be over 4,000 people. This indicates a gap in identifying individuals with alcohol dependency and a gap in referring these individuals into treatment services.

Other areas of improvement identified are alcohol brief intervention and wider health and wellbeing outcomes for those completing treatment. Mortality rates from chronic liver disease (which usually indicates that an individual has been drinking heavily and persistently over decades), alcohol related mortality and alcohol-specific mortality are all significantly higher in males compared with females. Links have been made via the Drug and Alcohol Related Death Review Panel that will be built upon.

Substance Misuse and Alcohol JSNA recommendations

Recommendations have been identified utilising the evidence base found within this JSNA and in partnership to improve areas where applicable and possible for residents. These have been detailed to allow objectives to take place with clear actionable steps for strategic leads.

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Please note that where data source is abbreviated as 'OHID 2023' this should be read as:

1. Background and Introduction

Excessive alcohol consumption is a contributing factor to a diverse range of conditions, with both individual and societal impacts.

In England, the estimated number of people dependent[1] on alcohol are estimated to be in excess of 600,000, with 10 million people who regularly exceed the Chief Medical Officer's low-risk guidelines* with 1.7 million drinking at higher-risk level. However, less than 84,700 were receiving alcohol treatment in 2021/22; English local authorities spent £221 million on alcohol treatment and prevention services overall[2]. An estimated annual cost of alcohol harm to the NHS is approximately £3.5 billion per year†, with further costs to wider society; through alcohol -related crime (£11 billion) and loss of productivity (£7 billion).

The level of alcohol harm is dose-dependent with high level of consumption linked to higher risk of adverse effects, including mortality from many related causes, such as alcoholic liver disease. Of particular note is the recent (2019 to 2021) sharp increase in mortality caused by conditions wholly attributable‡ to alcohol in England, resulting in a near 90% increase in rates between 2001 and 2021.

Alcohol-related harms, including mortality, are strongly linked to socio-economic deprivation with mortality twice as high in the most deprived areas; socio-economic inequality underpinning many of the observed regional and local differentials in alcohol-related outcomes.

The previous Alcohol JSNA was produced in March 2019. Whilst a number of the areas have showed similar trends and similar recommendations it is worth pointing out the developments that have taken place since 2019 have influenced this JSNA. Details of the initiatives and developments are within section 8 of the report.

1.1. Introduction

This report follows the terminology used by UK Chief Medical Officer's (CMO) guidelines for men and women, reflecting the aim to keep health risks from alcohol to a low level[3]. This classification includes:

1. Lower-risk drinking: Consuming up to 14 units per week over three or more days, but also having drink-free days each week.
2. Increasing risk drinking: Regularly drinking 15-50 units (men) or 15-35 units per week (women).
3. Higher-risk drinking: Regularly consuming more than 8 units per day or over 50 alcohol units

* In excess of 14 units of alcohol per week

† Department of Health, 2012.

‡ Includes alcohol-related liver disease, mental and behavioural disorders due to alcohol and alcohol poisoning

per week (men) or more than 6 units per day or over 35 units per week (women).

4. Possible dependence: A pattern of alcohol consumption that is causing mental or physical damage. Consumption (units per week): Drinking 35 units a week or more for women. Drinking 50 units a week or more for men.
5. Binge drinking: a heavy drinking session in which someone drinks a lot of alcohol in a short period of time raising their risk of harm on that occasion.

This JSNA does not include data, services or needs in relation to alcohol licensing, or community safety and crime. Whilst important areas of work for Public Health and district councils, licensing and community safety are not within scope of this chapter; information and data relating to community safety/crime is available at: http://www.lsr-online.org/crime-and-community-safety.html.

1.2. Policy and Guidance

National policy and guidelines outline possible actions to reduce impact of substance misuse on individuals, their families and communities.

1.2.1. 2021 UK Drugs Strategy

The 2021 National Drug Strategy (From harm to hope: a 10-year drugs plan to cut crime and save lives)[4] was published following Dame Carol Black's independent Review of Drugs (2020).

Its overall aim is to reverse the rising trend in drug use, with an ambition to reduce overall use towards a historic 30-year decrease and support the government's levelling up mission with people living longer, healthier lives in safe and productive neighbourhoods.

It focuses on the following:

- Breaking drug supply chains – by stepping up the response to the supply of the most harmful drugs, through all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime. These should be achieved through restricting upstream flow, securing border control, breaking the ability of gangs to supply drugs, disrupting drug gang operations, rolling up county lines, supporting victims, and reducing violence and homicide, as well as tackling the retail market and restricting the supply of drugs into prisons.
- Delivering a world-class treatment and recovery system within a decade (with additional £780 million over three years to take this forward). This would include rebuilding local authority commissioned substance misuse services, improving quality, capacity and outcomes, rebuilding the professional workforce, ensuring better integration of services, improving access to accommodation alongside treatment, improving employment opportunities, increasing referrals into treatment in the criminal justice system, and keeping

prisoners engaged in treatment after release.

- Achieving a generational shift in demand for drugs – changing attitudes in society around the perceived acceptability of illegal drug use. It should be achieved by building a world-leading evidence base, applying tougher and more meaningful consequences (targeting more people in possession of illegal drugs, and a White Paper with proposals to go further), delivering school-based prevention and early intervention, supporting young people and families most at risk of substance misuse (early, targeted support, including the Supporting Families Programme)

Policy targets for the end of 2024/25 include:

- preventing nearly 1,000 deaths and reversing the upward trend in drug deaths for the first time in a decade
- delivering a phased expansion of treatment capacity with at least 54,500 new high-quality treatment places including 21,000 new places for opiate and crack users, at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping, a treatment place for every offender with an addiction
- contributing to the prevention of three-quarters of a million crimes including 140,000 neighbourhood crimes through the increases in drug treatment
- closing over 2,000 more county lines
- delivering 6,400 major and moderate disruptions against activities of organised criminals, including arresting suppliers, targeting their finances and dismantling supply chains significantly increasing denial of criminal assets, including cash, crypto-currency and other assets

All of the above is to be achieved via Local Authorities creating Combatting Drug and Alcohol Partnerships with relevant governance structures in place. LLR have both a Strategic and Operational group where there are relevant working groups to feed into the process to ensure progression where applicable.

1.2.2. Drug Misuse and Dependence- UK guidelines on Clinical Management (2017)

Often referred to as the 'Orange Book' this version updates and replaces the 2007 edition. The 2017 Drug Misuse and Dependence guidelines provide guidance on the treatment of drug misuse and dependence in the UK. They are intended primarily for clinicians providing drug treatment for people who misuse or are dependent on drugs and are based on current evidence and professional consensus.

The guidance includes chapters on, essential elements of treatment provision, psychosocial components of treatment, pharmacological interventions, criminal justice system, health considerations, and specific treatment situations and populations.

1.2.3. NHS Long Term Plan 2019

The NHS Long Term Plan was published in January 2019 and set out how the NHS will be redesigned to ensure it is fit for the future. It sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined up care at the right time in the optimal care setting. It outlines new action the NHS will take to strengthen its contribution to prevention and health inequalities, with a specific focus on evidence-based NHS prevention programmes to limit alcohol-related A+E admissions. It sets the NHS's priorities for care quality and outcomes improvement, requirements for current workforce and staff support. It also presents a programme to upgrade technology and digitally enabled care across the NHS and a sustainable financial path for the implementation of the Long-Term Plan.

1.2.4. NICE Guidance

The National Institute for Health and Care Excellence (NICE) has published a number of guidance documents including NICE guidelines (NG), clinical guidelines (CG), public health guidelines (PH), and quality standard (QS) documents relating specifically to substance misuse including:

- CG51 (2007) Drug Misuse in over 16's: psychosocial Interventions
- CG52 (2007) Drug Misuse in over 16's: opioid detoxification
- CG120 (2011) Coexisting Severe Mental Illness (Psychosis) and Substance Misuse: Assessment and Management in Clinical Setting
- QS23 (2012) Drug use Disorders in Adults
- PH52 (2014) Needle and Syringe Programmes
- NG58 (2016) Coexisting Severe Mental Illness and Substance Misuse: Community Health and Social Care
- NG64 (2017) Drug Misuse Prevention: targeted interventions
- QS165 (2018) Drug Misuse Prevention
- QS188 (2019) Coexisting Severe Mental Illness and Substance Misuse

1.2.5. Outline of Local Priorities

There are numerous local strategies and policies that address issues linked to substance misuse, whilst the list is not exhaustive with additional developments taking place regularly, these are those local priority documents that have been identified and detailed below:

1.2.5.1 Leicestershire County Council

The Local Authority have a Leicestershire specific strategic plan for 2022-26 which sets out the long

term vision for the next four years. Whilst there are five specific aspirational strategic outcomes, the below are relevant to Substance Misuse:

- Great Communities**:** Leicestershire to have active and inclusive communities in which people support each other and participate in service design and delivery.
- Safe and Well: ensuring that people are safe and protected from harm, live in a healthy environment and have the opportunities and support they need to live active, independent and fulfilling lives.

1.2.5.2 Health and care priorities

The vision for Leicestershire Health and care integration has a number of outcomes for the local population, which is to make best use of the available resources. The following outcomes reflect the health and wellbeing conditions that are to be achieved in Leicestershire over the next five years:

- The people of Leicestershire are enabled to take control of their own health and wellbeing.
- The gap between health outcomes for different people and places has reduced.
- Children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing.
- People plan ahead to stay healthy, age well and older people feel they have a good quality of life.
- People give equal priority to their mental health and wellbeing and can access the right support throughout their life.

1.2.5.3 Public health strategy

The Public Health department within Leicestershire County Council have a service mission and aim to protect and improve the health and quality of life of the residents of Leicestershire. This will be achieved through a commitment to the Authorities core values and behaviours. The Public Health Strategy has a number of strategic priorities that are linked to Substance misuse:

- Building a network of partners to develop asset-based, community-centred approaches to increasing well-being.
- Working with communities and partners to maximise resources (including financial resources, skills and social and natural resources).
- Working with Local Authorities and partners to address the wider issues that affect health (e.g. housing).
- To strengthen the delivery of health improvement programmes and partnership working using a life course approach.
- Influencing healthy policy and infrastructure developments throughout Leicestershire through health in all policies.
- Working with partners internally and externally to address the wider issues that affect wellbeing and health.
- Reducing health inequalities and embedding an equitable approach to everything we do
- Taking a multi-agency approach on issues such as mental health, domestic abuse, substance

misuse, sexual health, and air quality

- Commissioning high quality and safe services that are linked with key services in the community.
- Ensuring that services are effective and efficient, balance universal and targeted provision and meet safeguarding principles.
- Maintain robust evidence-based commissioning of services that reflect the local needs of the population.
- Ensuring that the local voice of communities is embedded in our service redesign work.
- Undertaking research and analysis to monitor service performance and population health outcomes.

1.2.5.4 Combating Drugs and Alcohol Partnership Leicester, Leicestershire and Rutland Priorities

Following the National 10 year strategy – from Harm to Hope, the local LLR CDAP identified a number of strategic priorities via a Needs assessment. These include:

- Early prevention and information
- Early identification
- Treatment
- Recovery
- Reduce ill health and deaths
- Working in active partnership
- Workforce

2. Populations at risk

The purpose of this section is to discuss which population groups are at an increased risk of alcohol misuse and estimate their health needs, where possible.

Several groups are identified in literature as being at high risk of misusing alcohol. It is important to note that many of the risk factors are common to other forms of substance misuse, such as drugs and tobacco use, as well as some other health and social vulnerabilities. It is also important to highlight that risks quantified at population level do not necessarily translate to individuals.

2.1. Demographics

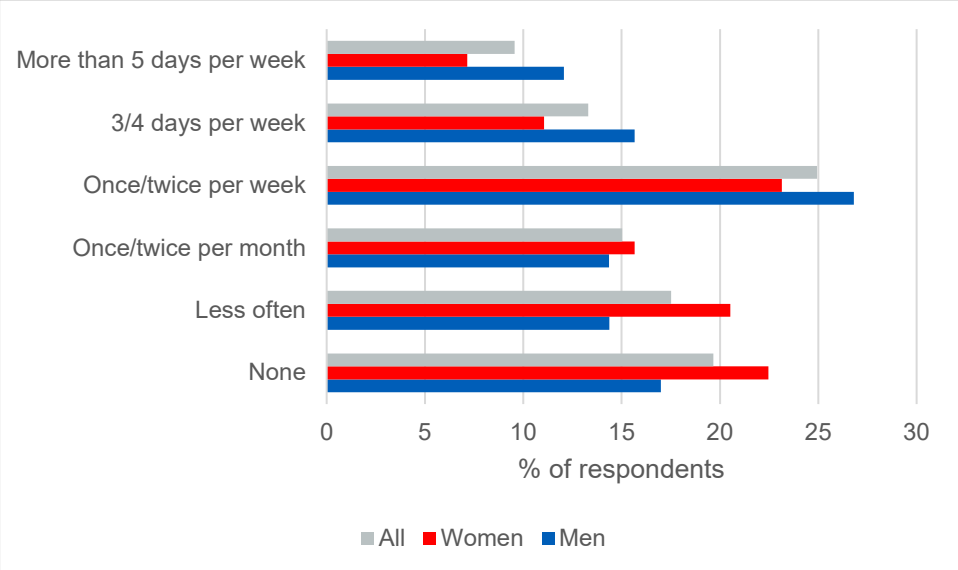
Levels of alcohol consumption, the associated harms and impacts vary across different populations, by age, sex or ethnicity, but the relationships are often complex.

2.1.1. Age and sex

The Health Survey for England (HSE)[5] estimated in 2019 the levels of alcohol consumption across several groups in the adult population.

Overall, 80% of respondents reported drinking alcohol in the past 12 months, with 48% having drank in the past week. These proportions were highest for 55–74-year-olds (85% and 58%, respectively) and lowest in the youngest (16-24) group -75% and 24%, respectively. Rates were also generally higher for men, with 55% having drank alcohol in the last week, than in women (41%). More detail on reported drinking patterns for men and women are given in Figure 1. Men report drinking with higher frequency (more than once or twice per week) than women and 5% more women report not drinking at all (22% of responders compared to 17% of men).

Figure 1. Drinking patterns in England (Source: Health Survey for England 2019)



The highest proportions of non-drinkers were in the youngest (16-24) and oldest groups (75+), 25% and 26%, respectively. Both young adults and elderly also had the lowest rates of higher risk drinking (more than 35/50 units per week, for women or men§) – 15% and 17%, respectively, about half of the 30% among 55-64-year-olds. The proportion of non-drinkers increased by 3% between 2011 and 2019; mostly in the youngest population (16 to 24) with a 9% increase.

The proportion of those drinking above the safe level (14 units/week – increasing risk and higher risk combined) was lowest in the East Midlands, when compared with other regions in England – with 24% of men and 14% of women drinking above the safe level. As comparison, the highest levels were in the Northeast region – with 41% of men and 16% of women.

The recent 2021 Census population figures show that Leicestershire has a relatively higher population in the older age groups, with over 65s, comprising of 20.8% compared to 18.5% nationally.

2.1.2. Ethnicity

People from ethnic minority groups tend to drink less and are more likely to abstain from alcohol, however, there is considerable diversity within, as well as between, ethnic groups. For example, relatively high rates are observed in older Irish men and men belonging to the Sikh religion.[6]

Lower access to alcohol treatment services and higher alcohol-related morbidity have also been observed in some ethnic minority groups, which may be explained by multiple barriers particularly for certain higher-risk groups, such as Irish Travellers. Alcohol consumption patterns and treatment needs are not well understood.

The Local Alcohol Consumption Survey piloted by Public Health England in 2017 found that nearly half (48.9%) of non-White people abstain from alcohol, whereas the corresponding proportion amongst their White counterparts was just under a fifth (18.7%)[7]. However, these figures are likely to hide significant variation between individual groups. Another survey reported rates of drinking twice as high in white population compared to other ethnicities (61% vs 31%) across Great Britain, with rates increasing by nearly 5% across ethnic groups from the previous year[8].

The 2017 Health Equity Report, published by PHE[9], examined alcohol-specific hospital admissions compared to admissions for all causes, based on 2014/15 data. A disproportionate number of alcohol specific admissions were white British and white Irish women; and for males these groups included white British, Irish, other white and Indian men.

In 2021 Census, the largest proportion (87.5%) of Leicestershire population was of white ethnic background, which is significantly more than the average for England (81%). The total number of

§ Definitions for increasing and higher risk reflect different thresholds for men and women.

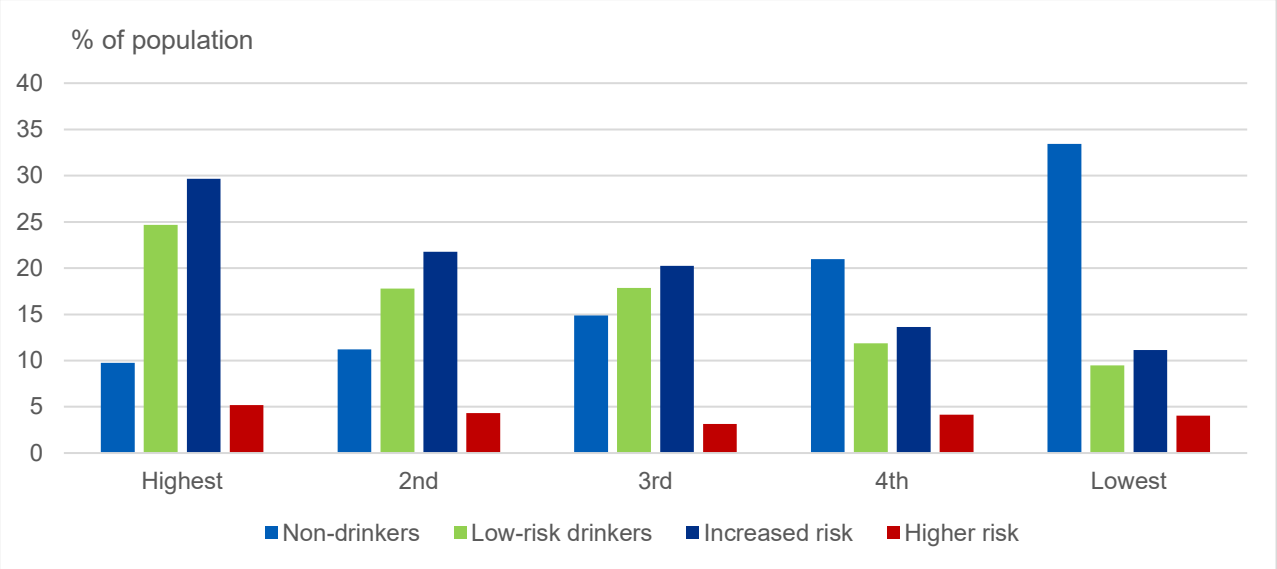
people in minority ethnic groups in Leicestershire was nearly 88,940, with the highest proportion of Asian population (8.2%), followed by mixed groups (2.2%), black (1.1%) and other ethnicities (1%). Of note is that in the decade since 2011 the size of ethnic minority population of Leicestershire increased from 55.7 thousand to over 88.9 thousand (a 60% rise). However, of the total 10% population increase across Leicestershire (from 650.5 thousand in 2011 to nearly 712.4 thousand in 2021) the highest increase in numbers was in white population (by almost 28.7 thousand people).

2.2. Socio-economic deprivation

The relationship between alcohol consumption and socio-economic status is complex. Those on a low income do not tend to consume more alcohol than people from higher socioeconomic groups, but alcohol-related harm tends to be much greater in the more disadvantaged groups. Various societal and individual vulnerability factors are likely at play, including drinking context, economic deprivation, income security, homelessness, ethnicity or mental health issues, however these are not fully understood. The increased risk of alcohol misuse and dependency on alcohol is likely to relate to other risks affecting people in lower socioeconomic groups[9]10.

The Health Survey for England estimated that in 2019 the proportion of non-drinkers was much higher in the lowest quintile of income**. However, by a factor of three, the reverse was true for alcohol consumption, apart from those at the higher risk (Figure 2).

Figure 2. Estimated weekly alcohol consumption, by household income (Source: HSE 2019)

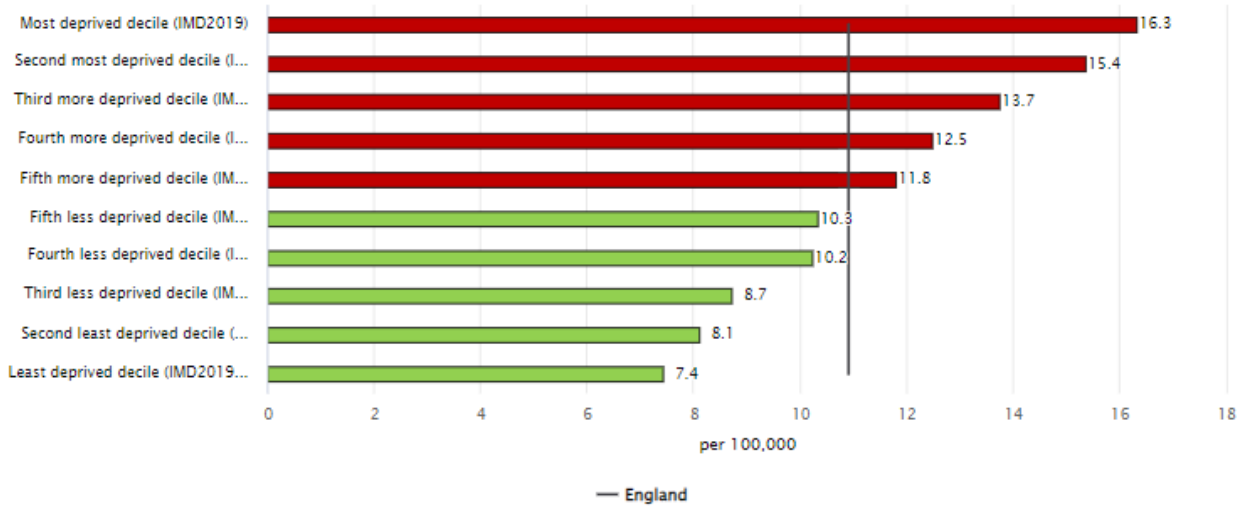


Data show consistently that the adverse effects of alcohol, including hospital admissions and alcohol-related mortality, are more apparent in those from lower socio-economic groups11. Risk of death is over twice as high (16.0/100,000 vs 7.4/100,000) in the most deprived areas of England

** HSE 2019 uses equivalised household income and households are divided into quintiles (fifths) using that measure

(Figure 3).

Figure 3. Alcohol-specific mortality in England, 2017-19 (Source: OHID 2023)



The average levels of deprivation across Leicestershire measured by the Index of Deprivation (IoD)[12] are not high when compared to the national figures, but there are pockets of deprivation across the county particularly in Northwest Leicestershire and Charnwood. As a large proportion of Leicestershire is rural in character, there are also specific issues, particularly those linked to poor access, expressed better through the Barriers to Housing and Services domain of the IoD.

2.3. Groups at risk and vulnerable populations

2.3.1. Sexual orientation

People from Lesbian, Gay, Bi-sexual and Transgender (LGBT) groups are more likely to report alcohol or illicit drug use. For example, the Health Report of LGBT groups in Britain[13] found over 6% LGBT respondents reporting drinking almost every day, particularly in older age groups (a third of over 65s, compared to just seven per cent of young adults). One in five LGBT men (20%) drank alcohol almost every day over the last year compared to 13 per cent of LGBT women and 11 per cent of non-binary people.

The Part of the Picture research project (a sample of more than 4,000 responses collected between January 2009 and December 2011) found that LGBT people are approximately twice as likely to binge drink at least once a week, compared with the general population. The report also found significant barriers to seeking help and advice for two-thirds of respondents[14].

A recent study of common mental disorders (CMD), hazardous alcohol use, and illicit drug use examined a large cohort of survey respondents (10K + from the Adult Psychiatric Morbidity Surveys sample) comparing 2007 and 2014. It found alcohol misuse high among lesbian and gay (37%), and

bisexual people (31%), when compared to heterosexual respondents (24%), with disparities unchanged between the two study years[15].

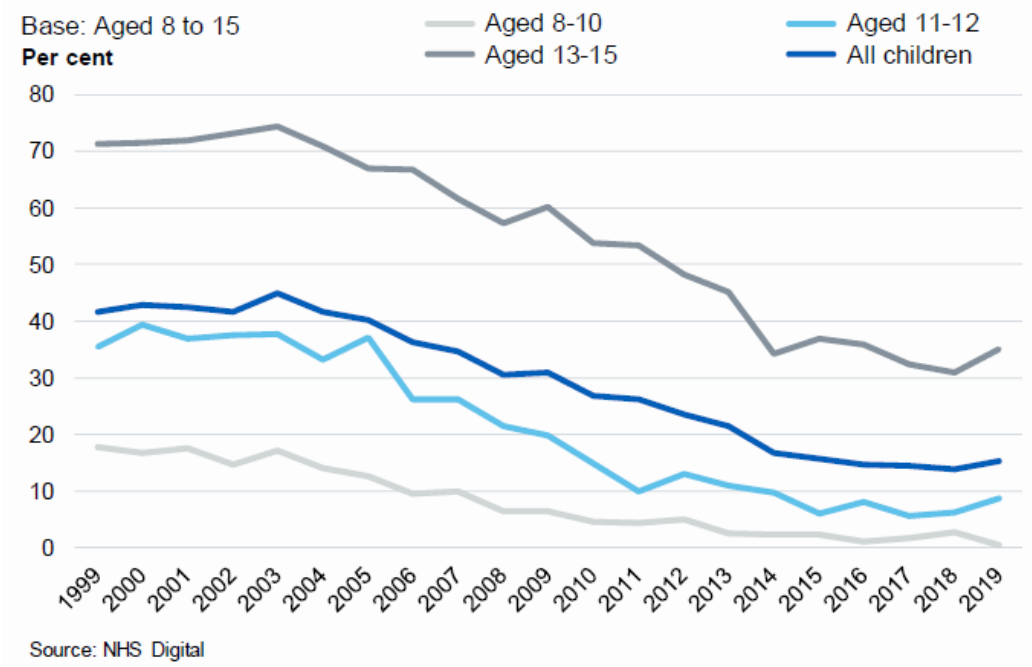
In Leicestershire in 2021 (Census 2021) 14,292 people declared themselves in one of the LGBT+ groups, 2.4% of total adult population, compared to 3.2% for England[16]. Population data on sexual orientation were previously collected through the Annual Population Survey (APS) but including the question on the census questionnaire enables a much more detailed understanding of sexual orientation in England and Wales. Census 2021 data corresponds to the LGBT+ population ("gay or lesbian", "bisexual" or "other sexual orientation").

2.3.2. Children

Drinking any amount of alcohol at early age can significantly affect child's development and health and increases the likelihood of alcohol dependency in adulthood. In the early 2000's, alcohol consumption among young people in England was relatively high when compared to other European countries[17].

The Health Survey for England 2019 estimates the rates of alcohol consumption by children aged between 8 and 15. In 2019, 15% of children said they had ever had an alcoholic drink, this gives an estimate of between 13% and 18%, considering the statistical significance of the result. This is significantly below the peak of 45% recorded in 2003, although since 2016, the rate was relatively stable, varying between 15% and 14% on average. The rates were similar for boys and girls and the rates were higher for older children (highest for 13- to 15-year-olds) (Figure 4).

Figure 4. Proportion of children who have ever had an alcoholic drink (Source: HSE 2019: Children's health)



The HSE 2019 survey did not detect variation across household income levels (equivalised household

income quintiles), however, parental drinking levels (from the linked HSE 2019 for adults) were predictive of the likelihood of drinking by children. Thus, for non-drinking parents, the rate of consumption in children (8–15-year-olds ever having had an alcoholic drink) was 5%, while for parents drinking at increased or higher risk level (any volume above 14 units per week) that rate was 5 times higher at 25%. For parents drinking at a safe level (below 14 units per week), the rate in children was between 10% and 15%.

The 2014/15 What About Youth (WAY) survey found a 7% rate (15-year-olds drinking at least once a week) in Leicestershire, similar to the national average of 6%, however the rate of drinking in the past four weeks was higher than national average, 17% compared to 15%. The survey has also shown at a national level, higher levels of drinking in white ethnic groups and among the LGBT 15-year-olds.

Adverse childhood experiences or events (ACEs), such as family history of addiction, are a recognised risk factor for alcohol misuse. Children who experience four or more adversities are twice as likely to binge drink[18], and four times as likely to be a higher risk drinker.

Misusing alcohol can be a sign that young people are dealing with adversity or trauma. Alcohol misuse overlaps with a range of other vulnerabilities and risk of abuse and exploitation. In England, one in ten adults lived at some point during their childhood with someone misusing, or dependent on, alcohol.

2.3.3. Homelessness

The association between homelessness and alcohol misuse is complex, with addiction and substance misuse being either causal or a contributory factor of homelessness. The charity Crisis reported that, during 2013-15, 27% of their clients reported problematic drug or alcohol use, with two thirds of homeless people citing drug or alcohol use as a reason for becoming homeless.

Homelessness can take many forms, including statutorily homeless, single homeless people, rough sleepers and those at risk of homelessness. Those not included in official figures contribute to hidden homelessness; such people could be staying with family members or friends, living in squats or other insecure accommodation. It is estimated that as much as 62% of single homeless people are hidden to official statistics. Secure, stable accommodation is key to effective alcohol misuse recovery.

Data released in February 2023 by the Department for Levelling Up, Housing and Communities show the first increase in rough sleeping in England since 2017. The figures estimate that 3,069 people were sleeping rough on a single night in England in autumn 2022 – a 26% increase from 2021 and 74% increase from 2010, when the data collection first began. Across Leicestershire and Rutland, the numbers more than doubled (109% rise) since 2021.

The 2021/22 NDTMS data for Leicestershire show that a lower than national average proportion of new starters of alcohol treatment reported a housing problem (6% - urgent no fixed abode or a

housing problem, N=43) compared to 9% nationally. Further details are provided in section 5.3.

2.3.4. Military personnel and veterans

Data indicates that alcohol misuse within the UK Armed Forces population is higher than in the UK general population, with estimates of increased risk drinking levels within the Armed Forces ranging from 39% to 67% of the military population[19].

A recent systematic review[20] of literature suggests that there are military-specific traits and experiences which impact alcohol use, namely military characteristics, such as service type and rank, and military deployment. Mental health, cultural and social factors play a role in alcohol use in a military population and mental ill health and harmful levels of alcohol use in military personnel co-exist. Importantly, there is evidence that internal stigma makes military population particularly reticent to seek help for both alcohol and mental health problems.

As with civilian members of the community, veterans can be vulnerable to substance misuse. Veterans sometimes use alcohol, and/or, drugs to cope with the physical and psychological effects of military service. These risks can be increased if their physical, and/or, mental health reduces their ability to find and hold long-term, fulfilling employment and secure accommodation. However, it is not possible to quantify how many veterans are misusing alcohol within local authority areas.

2.3.5. Prisoners

It has been estimated that around three-quarters of those who come into contact with the UK's criminal justice system (those in police custody, probation settings and the prison system) have a problem with alcohol, and over a third are dependent on alcohol.

Nationally, treatment for substance misuse can be in the following settings - prisons, immigration removal centres and young offender institutions. In 2021/22 in England[21] among all clients treated for substance misuse in secure setting, 12% (just under 5,600 adults) were treated for alcohol only and further 20% for non-opiates and alcohol. The majority of alcohol-only (98%) interventions were in prisons 2% in young offender institutions. Only 10% of those clients were women. Like community treatment, adults being treated for alcohol problems only tended to be older than those treated for other substances.

There are three prisons within Leicester and Leicestershire for males; HMP Leicester, a Category B local prison (population of 329 in June 2023; CNA 212), HMP Gartree, a Category B prison (with many inmates serving long-term or life sentences) in Market Harborough, Leicestershire (population of 586 in June 2023; CNA 621) 22. And Fosse Way prison, a Category C resettlement prison in Leicester (population of 304 in July 2023; CNA 490). Female prisoners are most commonly sent to HMP Peterborough.

In addition, HMP Fosse Way, a new Category C prison in Leicester received its first prisoners on 29th May 2023. Fosse Way has a planned capacity of 1,930 male inmates. In June 2023 it had an in-use

CNA of 301 and a population of 123 (41% of the in-use CNA).

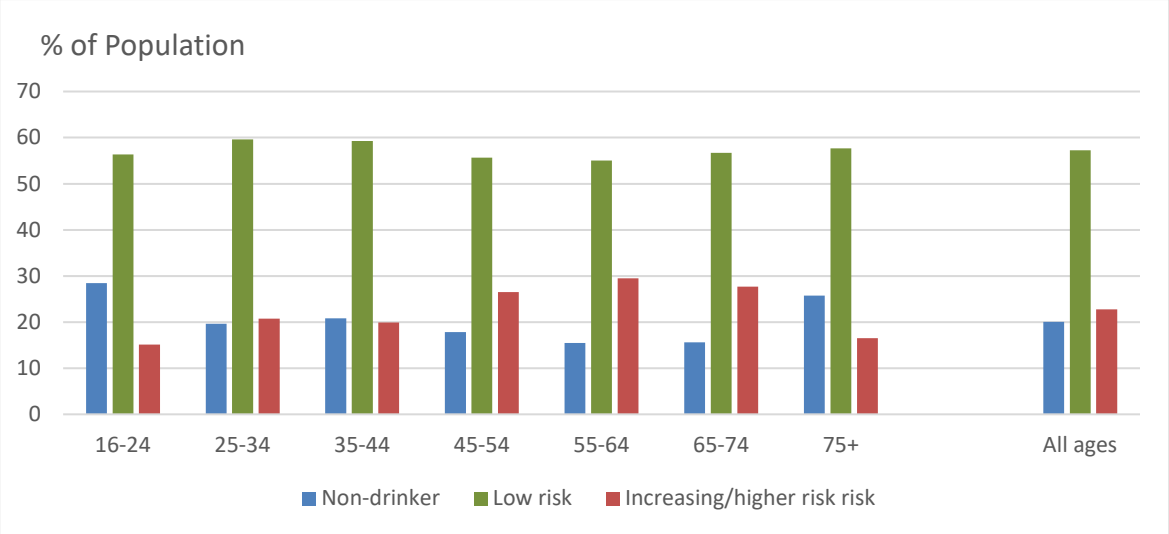
3. Health Needs

3.1. Prevalence

3.1.1. Drinking patterns in general population

The Health Survey for England 2019 examines national drinking patters. The highest proportion of adults drinking above the safe limits are in adults aged between 45 and 74 (up to 30% of those aged 55-64). On average 22% of all adult population in England are drinking above the risk level, 30% of men and 15% of women (Figure 5).

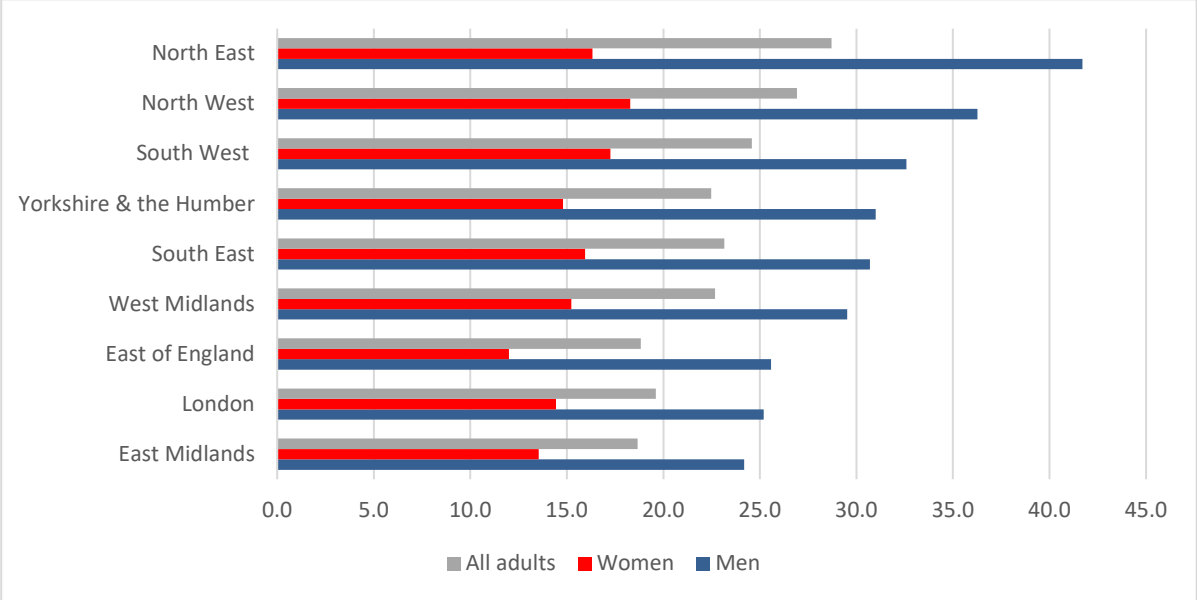
Figure 5. Patterns of alcohol consumption in England, adults 16 and above (Source: Health and Social Care Information Centre 2020)



Non-drinker = not consuming alcohol
Low risk = drinking less than 14 units per week
Increasing risk = above 14 and up to 50 units for men, above 14 and up to 35 units for women
Higher risk = above 50 units a week for men, above 35 units for women

The age-standardised proportions of drinking at increasing or higher risk level for English regions show East Midlands is the lowest with 19% of the adult population (24% of men and 14% of women). The highest rates were in the Northeast, with 29% overall, 42% of men and 16% of women (Figure 6).

Figure 6. Regional variation in the proportion of higher risk drinkers (more than 14 unit per week) (Source: HSE 2019)



3.1.2. Drinking patterns in Leicestershire

Table 1. Patterns of alcohol consumption in 2015-2018 in Leicestershire (Source: OHID 2023)

Indicator	Leicestershire	CIPFA range	England
	% (95% CI)	%	%
Abstaining from alcohol	14.7 (11.8-18.2)	9.0-17.9	16.2
Drinking > 14 units per week	20.8 (17.1-25.0)	20.2-29.1	22.8
Binge drinking	11.0 (8.3-14.5)	10.1-22.4	15.4

Although drinking above the safe level appears to be lower in Leicestershire when compared to the national average (21% s 23%), this is not statistically significant.

However, the percentage of adults binge drinking on heaviest drinking day was estimated at 15.4% nationally and 11% (95% CI: 8.3-14.5%) in Leicestershire, which is statistically significantly lower than national average and towards the lower end of CIPFA comparator range (Table 1).

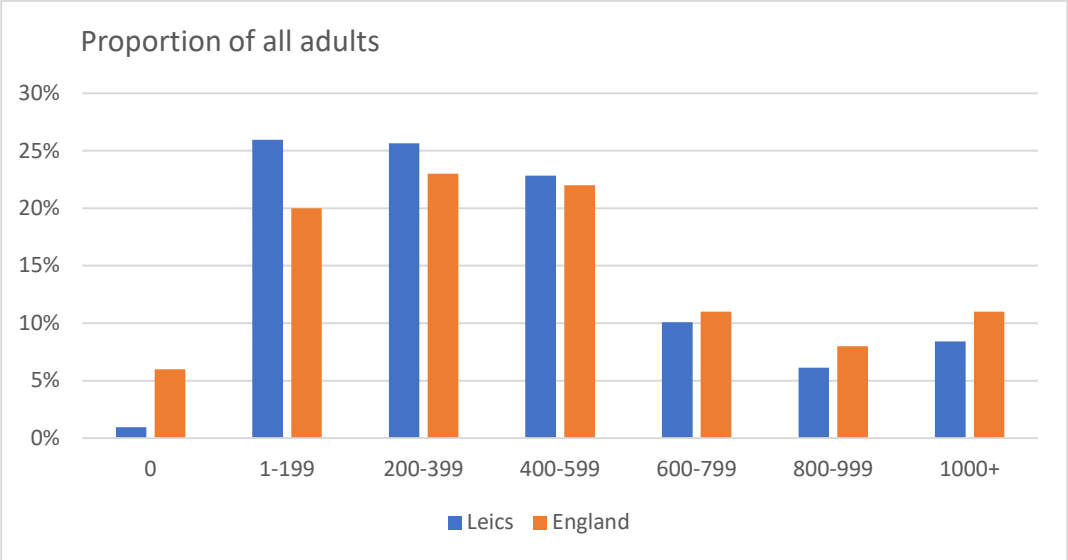
3.1.3. Drinking levels of people in treatment

Most people requiring specialist treatment will be drinking at higher risk level. NDTMS quantifies this as units of alcohol consumed in the past 28 days - data captured at the start of treatment, and through SADQ (Severity of Alcohol Dependence Questionnaire).

In 2021/22, Leicestershire had significantly more adults at the beginning of alcohol treatment in the lower level of drinking (up to 1-199 of units in last 28 days) and less of those at the higher end (800 and above). Mid-range levels (200-799) were not statistically different to the national average

(Figure 7).

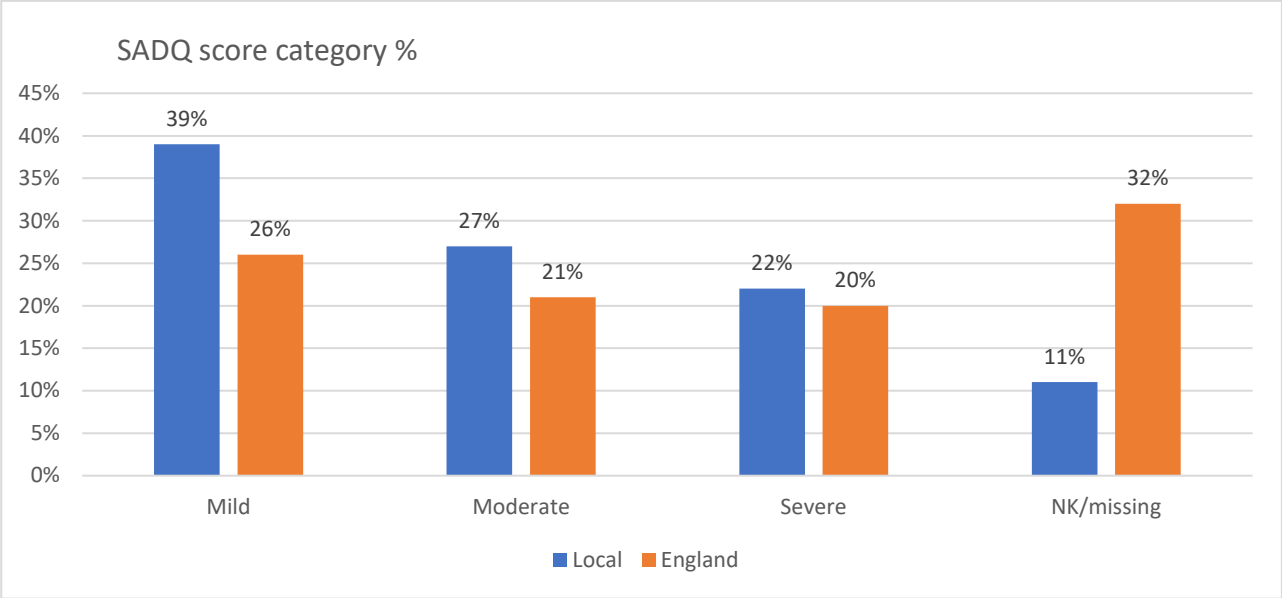
Figure 7. Proportion of adults in treatment by alcohol units consumed in the past 28 days (at the start of the treatment - 2021/22) (Source: NDTMS 2023)



Data collected through SADQ questionnaire (Figure 8) also suggests that a higher proportion of treatment population in Leicestershire are in the mild or moderate category than the national average, by 13% and 6% respectively. However, the proportion of those who declined or where results are not known or incomplete is also much lower in the local data (11% rather than 32% nationally), suggesting that these comparisons are not fully justified. When unavailable data were excluded, Leicestershire had about 5% of more people in the mild category and 4% less in the severe category, compared to the national figures.

The data thus suggests a treatment population with a slightly less severe drinking profile on entry to treatment than national average.

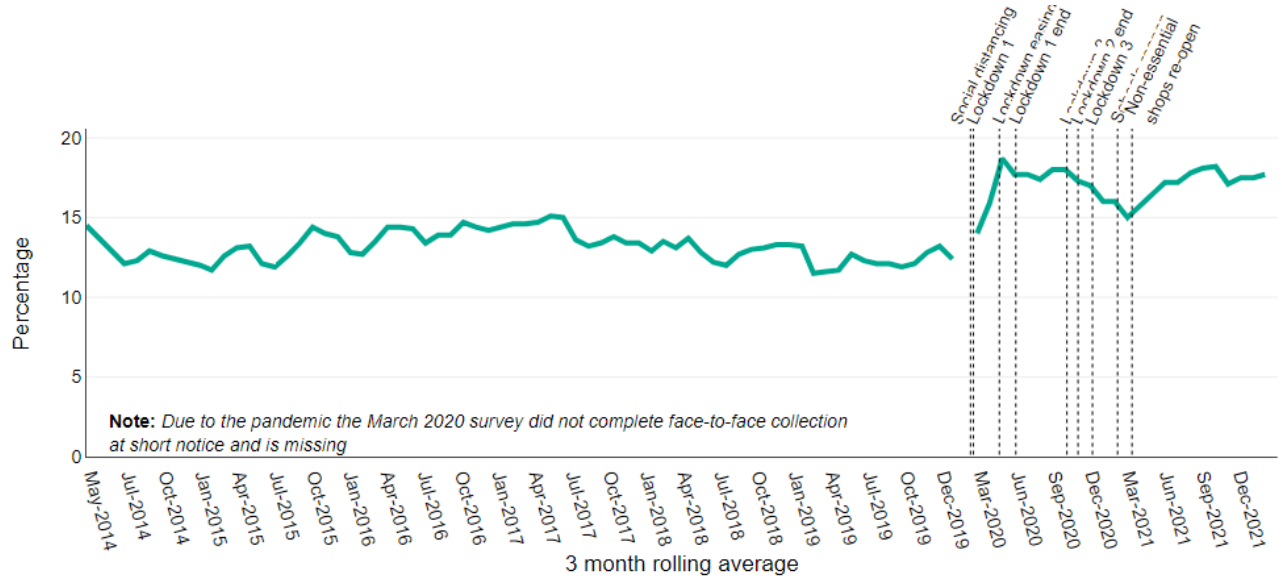
Figure 8. SADQ questionnaire severity categories within the treatment population (Source: NDTMS 2023)



3.1.4. Patterns of Alcohol Consumption during COVID-19 Pandemic

The prevalence of increasing and higher risk drinkers (AUDIT) was monitored over the time of COVID-19 pandemic, using the 2016 CMO revised guidance on alcohol consumption, defining increasing and higher risk drinkers as those consuming in excess of 14 unit per week[23]. This indicator aims to provide insight into how alcohol consumption has changed during the COVID-19 pandemic/lockdown for higher risk drinkers[24]. The increase in the percentage of drinkers is shown on Figure 9.

Figure 9. Prevalence of increasing and higher risk drinking (AUDIT) in England (Source: OHID, Alcohol Toolkit Study, UCL)



3.2. Numbers in treatment

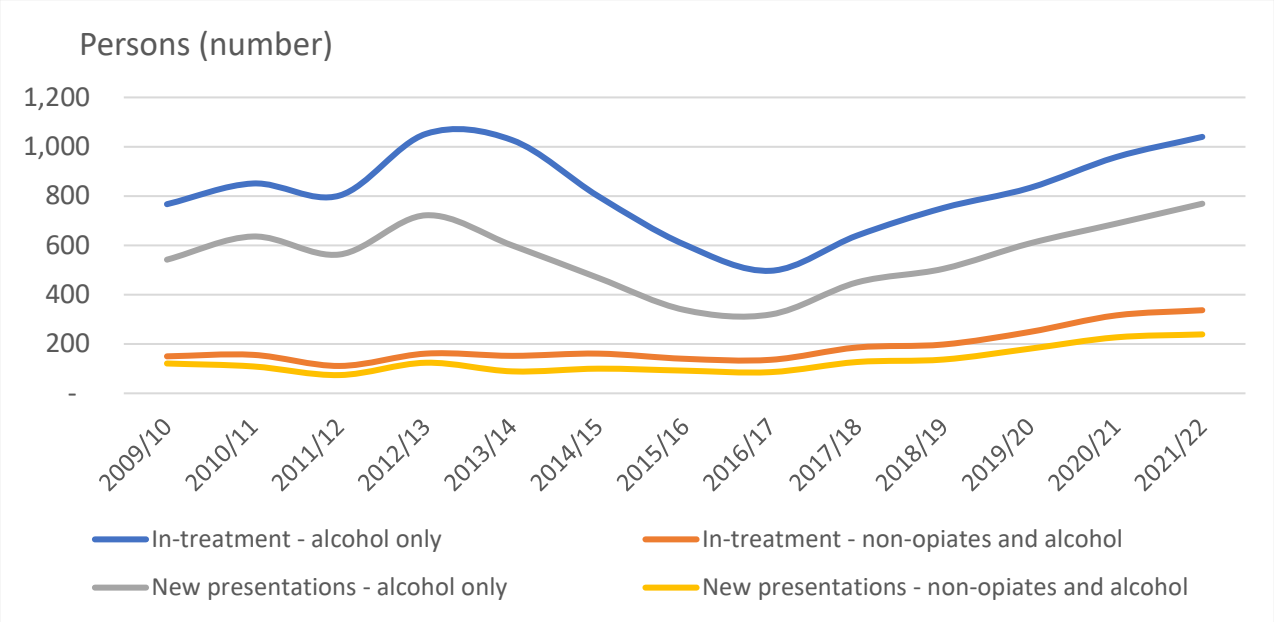
It is recognised that only a proportion of those dependent on alcohol seek treatment and that the demand for treatment is an unreliable representation of need in the community. However, knowing the current numbers in treatment and previous trends can give an insight into a population of drinkers with potential harm to themselves or others.

The National Drug Treatment Monitoring System (NDTMS) collects regular activity and performance data from all public drug and alcohol treatment services in England and reports information on individuals receiving structured drug or alcohol treatment in each local area. For the purpose of this chapter, the service data presented includes all individuals who cited alcohol as their only substance misuse problem upon entering treatment, unless otherwise stated.

In 2021/22 in Leicestershire there were 1,040 people in treatment for alcohol problems, including 769 new presentations. The corresponding numbers for non-opiates and alcohol were 337 and 239, respectively. While the alcohol-only group was relatively low in 2016/17 (below 500), after a peak in 2012/13, the trends for non-opiate and alcohol treatment were relatively stable over the years with some increase since 2016/17 (Figure 10). A more detailed breakdown of the numbers in treatment are given in Table 7, page 32.

It is to be noted that there was a retender in 2016, with the new tender being a combined service offer which also had a reclassification for recording alcohol. The increase in alcohol figures is also attributable to the COVID-19 pandemic which showed a year on year increase.

Figure 10. Trends in the numbers of people accessing treatment for alcohol in Leicestershire since 2009/10 (Source: NDTMS 2023)



3.3. In-patient activity

Hospital admissions due to alcohol consumptions are classified as either 'alcohol-specific' or 'alcohol-related'.

The former definition includes all conditions resulting from direct impact of alcohol consumption, with alcohol causally implicated, such as alcohol poisoning or alcoholic liver disease. The latter group also includes conditions in which some but not all cases are causally linked to alcohol, such as coronary heart disease or hypertension.

Alcohol-related admission rates are calculated using attributable fractions (defined through research) to estimate the numbers of deaths attributable to alcohol consumption. Both are published by OHID and subject to frequent methodological updates.

3.3.1. Alcohol-specific admissions

In 2021/22 the all-age rate of alcohol-specific admissions (hospital episode rate) was significantly lower than the national average (446 per 100,000 population compared to 626 in England), with rates in men 2.4 times as high as in women. There was a high degree of variation among Leicestershire statistical (CIPFA) neighbours, with Leicestershire rates in the lower end of that range for both men and women (Table 2).

Table 2. Admission episodes for alcohol-specific conditions in 2021/22 (Source: OHID 2023)

	Leicestershire		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	3,200	446 (431-462)	365-847	626
Males	2,210	634 (608-662)	495-1150	879
Females	990	270 (253-288)	244-576	390

DSR = directly standardised rate per 100,000 population

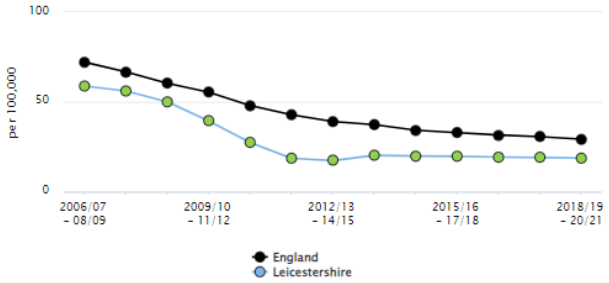
For children, the alcohol-specific admission rate was significantly lower than the national average since 2006, and lowest among the statistical neighbours for Leicestershire in the latest period (2018/19 to 2020/21) (Table 3 and Figure 11).

Table 3. Admission episode rate for alcohol-specific conditions - under 18s (Source: OHID 2023)

	Leicestershire		CSSNBT* range	England
	Number	DSR (95% CI)	DSR	DSR
Persons (2018/19-2020/21)	80	18.8 (14.7-23.1)	18.8-41.4	29.3

* Children's Services Statistical Neighbour Benchmarking Tool

Figure 11. Admission episodes for alcohol-specific conditions - Under 18s (Persons) (Source: OHID 2023)



Recent trend: Could not be calculated

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2006/07 - 08/09		236	58.8	51.6	66.8	61.2	72.1
2007/08 - 09/10		225	56.1	49.0	63.9	60.5	66.7
2008/09 - 10/11		201	50.1	43.4	57.5	53.8	60.3
2009/10 - 11/12		158	39.4	33.5	46.0	48.4	55.4
2010/11 - 12/13		110	27.4	22.5	33.0	40.6	48.0
2011/12 - 13/14		75	18.6	14.6	23.3	37.2	42.8
2012/13 - 14/15		70	17.3	13.5	21.9	34.6	39.0
2013/14 - 15/16		82	20.3	16.1	25.1	34.5	37.4
2014/15 - 16/17		81	19.9	15.8	24.7	30.8*	34.2
2015/16 - 17/18		81	19.7	15.7	24.5	29.2*	32.9
2016/17 - 18/19		80	19.3	15.3	24.0	26.3*	31.5
2017/18 - 19/20		80	19.0	15.1	23.7	25.6	30.6
2018/19 - 20/21		80	18.8	14.7	23.1	23.9	29.3

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

3.3.2. Frequent admissions

Beyond knowing the rates of admissions caused by alcohol consumption it is important to ascertain the numbers of patients with repeated or frequent admissions, as a measure of disease burden in the population and its impact on health and social services. High or rising numbers of such patients can be an indication of a deterioration in their engagement with services and poorer clinical outcomes.

Among the studied 1,815 cases admitted for an alcohol-related condition in 2021/22, over half had no prior admission, a higher proportion than the national average. There were 2% more patients with one previous admission, but the proportions of more frequent service users were lower than the national average (Table 4).

Table 4. Adults (18+) with alcohol-specific admission in 2021/22 classified by the number of alcohol-specific admissions in the previous 24 months (Source: Adults Alcohol Commissioning Support Pack 2023-4)

	Leicestershire		England
	Number	%	%
No prior admission	1,025	56.5	54.9
1 prior admission	330	18.2	16.1
2 prior admissions	135	7.4	8.5
3+ prior admissions	325	17.9	20.5
Total	1,815		

3.3.3. Alcohol-related admissions

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. Two separate measures are published following either a

- broad definition which uses either the primary diagnosis (main reason for admission) or one of

the secondary (contributory) diagnoses to detect an alcohol-related condition or a

- narrow definition which uses only the primary diagnosis for an alcohol-related condition.

The former is sensitive to changes in coding practice over time but is a better indication of the burden of alcohol on health and the NHS, and the latter is a better indication of trends in alcohol-related hospitalisation but may underestimate the role alcohol plays in an admission.

For Leicestershire in 2021/22 both these measures were significantly below the national average, both men and for women, also being relatively low when compared to similar areas (CIPFA comparator range). Broad definition rates for men were almost three times as high as for women in Leicestershire; twice as high for narrow definition admissions (Table 5 and Table 6).

Table 5. Admission episodes for alcohol-related conditions in 2021/22, broad definition (Source: OHID 2023)

	Leicestershire		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	10,561	1,428 (1,401-1,456)	1,312-1.966	1,734
Males	7,767	2,201 (2,152-2,251)	2,065-2,908	2,683
Females	2,794	745 (717-773)	654-1,135	906

Table 6. Admission episodes for alcohol-related conditions in 2021/22, narrow definition (Source: OHID 2023)

	Leicestershire		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	3,133	432 (417-448)	363-670	494
Males	1,990	565 (541-591)	512-826	664
Females	1,143	312 (294-331)	228-529	341

DSR = directly standardised rate per 100,000 population

3.4. Treatment gap

Treatment gap is calculated using local estimates of prevalence and the numbers of adults in alcohol treatment, giving a potential number of those who could benefit from specialist alcohol treatment. These data are published to aid the commissioning process, although specific local targets should be determined in a context of the local strategy.

For Leicestershire, the estimate of adult alcohol dependent population, potentially in need of specialist alcohol treatment is just under 5,370 (or 9.6 per 1,000), while the number in treatment (including alcohol only and alcohol/non-opiate) was 1,377 in 2021/22. This results in an overall estimate of need at 74% (95% CI: 65-81%) or around 4,000 adults. This is not statistically different to the national unmet need estimate of 80%[25].

4. Comorbidities

People misusing alcohol have many important comorbidities and co-dependencies which are very common. The most important ones, described below, include tobacco use, drugs misuse and mental health conditions.

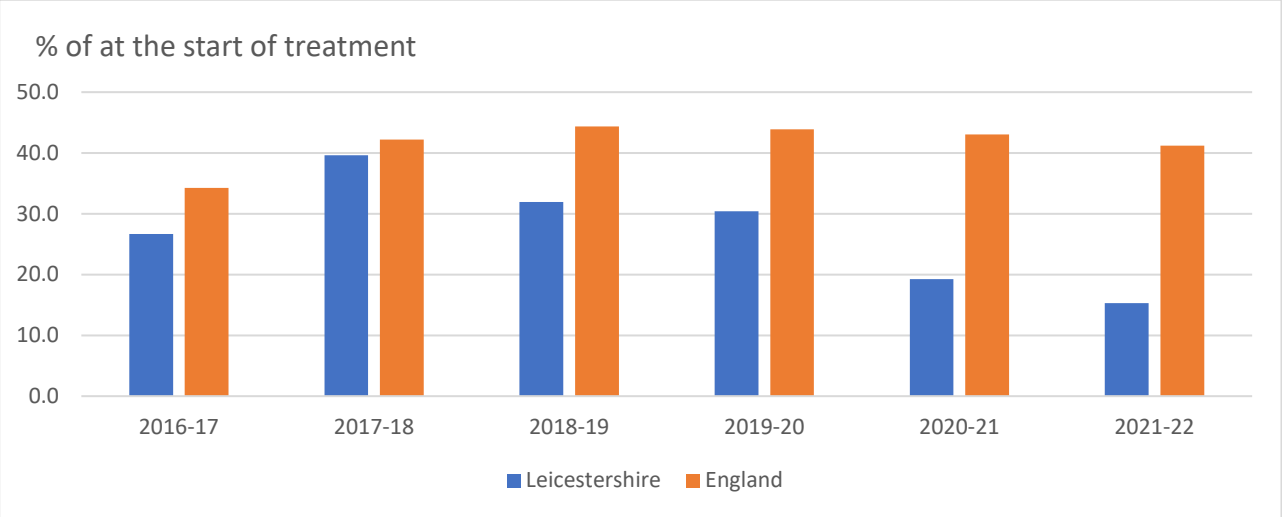
Excessive alcohol consumption has been linked to more than 200 medical conditions, such as circulatory and digestive tract conditions, liver disease or some cancers. The risk is particularly high for those drinking at harmful levels (defied as more than 35 or 50 units per week for women and men, respectively), but with significant risks even for those regularly exceeding the lower risk guidelines. The longer the period of excessive drinking, the more likelihood of developing a long-term harm, sometimes over a long period of time, although acute sequels are also common, such as injuries or alcohol poisoning.

4.1.1. Tobacco use

Smoking is a very common co-dependence among those misusing alcohol, regarded by many as a harder addiction to break. Smokers wishing to quit are three times more likely to succeed given professional support. Smoking has a significant impact on long-term health, a major cause of illness and death. The prevalence of smoking in 2019 in the general population was 16% with highest rates among those aged 25-34 (25%).

The prevalence of smoking among those who misuse other substances is known to be significantly higher. In 2021/22, across England, as much 41% of all adults (42% men and 40% of women) at the start of alcohol treatment were current smokers. However, the corresponding rate for Leicestershire is significantly lower – 15% (86/562), which is more akin to the smoking rate in the general population. Figure 12 shows time trend in this indicator for Leicestershire and England.

Figure 12. Trends in smoking prevalence at the start of alcohol treatment - Leicestershire and England (Source: NDTMS 2023)



Data collected at the 6-month review revealed a 75% rate of abstinence from smoking, 66% for men and 83% for women, although at the time none of the clients in treatment were receiving a smoking cessation intervention.

4.1.2. Drug use

In 2021/22, the overall proportion of adults in alcohol treatment (33%) with any drug problems was lower than the national average of 41% (Table 7). There were 64 adults with opiate problems and 337 with non-opiate addiction undergoing alcohol treatment, representing 4% and 22% of the total numbers of alcohol users in treatment, respectively.

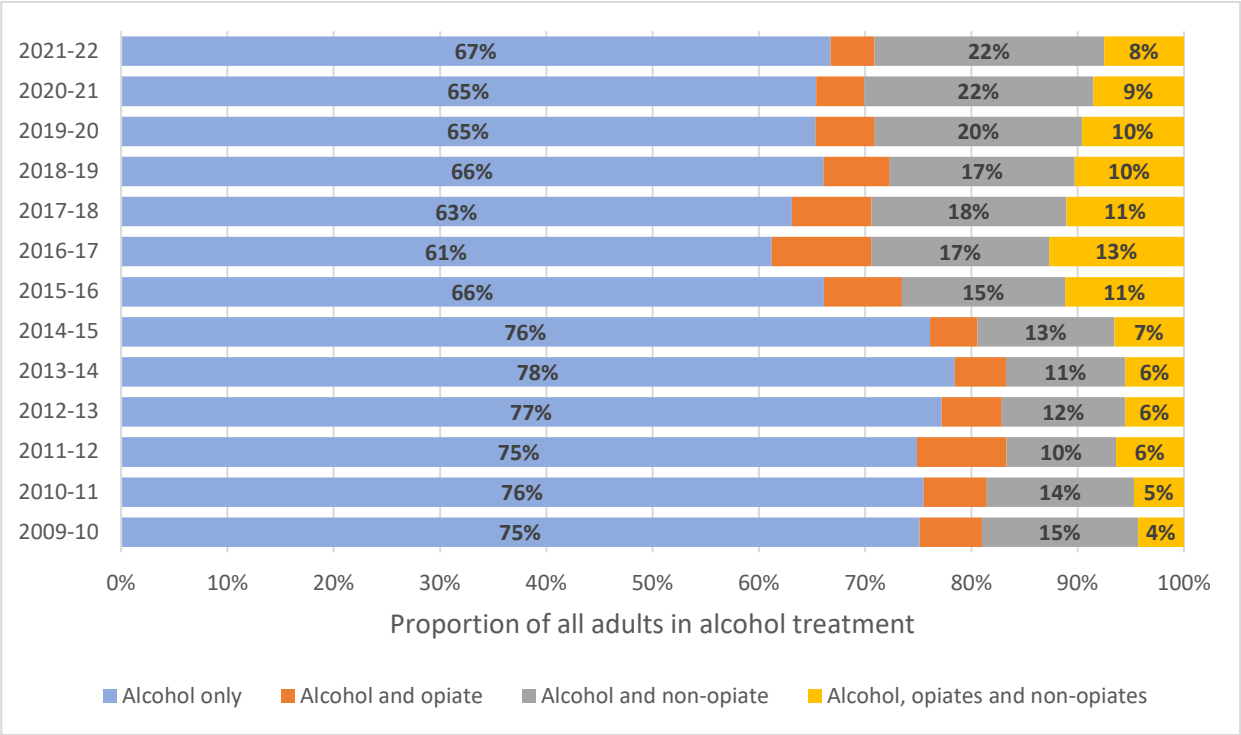
Table 7. Proportion of adults in treatment in 2021/22 (Source NDTMS 2023)

Alcohol and drug users in treatment	Leicestershire		England
	Number	Proportion of alcohol adults	Proportion of alcohol adults
Alcohol only	1,040	67%	59%
Alcohol and opiate	64	4%	5%
Alcohol and non-opiate	337	22%	24%
Alcohol, opiates and non-opiates:	117	8%	12%
cited crack	112	7%	11%
cited cocaine	188	12%	13%
cited cannabis	205	13%	15%
Total alcohol adults in treatment	1,558	100%	100%

Historical patterns are shown in Figure 13. In general, the proportion of those with concomitant drug problems was higher between 2015/16 and 2021/22 (33%-39%), when compared to the previous six years (22-25%). This needs to be interpreted considering a relatively stable average England rate across these years (41-42%).

The proportion of those with non-opiate problems has been increasing (from 15% to 22% in 2021/22); absolute numbers rising from 140 in 2015/16 to 337 in 2021/22). In the same timeframe, the frequency of coinciding opiate and non-opiate problems have decreased by about 5%.

Figure 13. Trends in proportions of adults with concomitant drug use in Leicestershire (Source: NDTMS 2023)



4.1.3. Mental health conditions

Mental health problems are common in those in treatment for alcohol use, with seven in ten adults starting alcohol treatment having mental health needs. One in five of these are already engaged with a mental health service and further two-thirds will receive GP treatment during their alcohol treatment.

In 2021/22, 72% (N=555) of all new adult presentations to alcohol treatment in Leicestershire were identified as having a mental health need, which is somewhat higher than the national average of 70% for that year. This rate was also higher for women (81%) than for men (66%), with rates for women 4% higher than England rate of 77%.

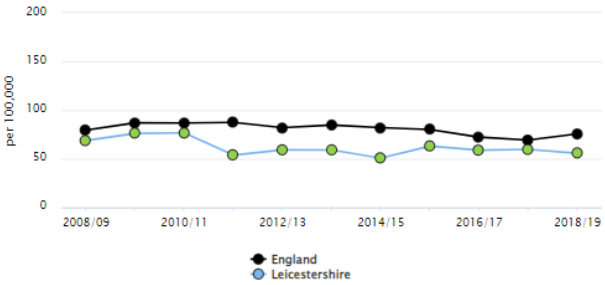
Of all those in need, 83% (N=463) were receiving treatment for their mental health, in the majority 65% (N=359) from a GP, the next largest group (17%, N=92) being already engaged with a CMHT or other mental health service. These rates are similar to the national averages of 83% of those in receipt of treatment, 67% of GP care and 18% already engaged.

The rates of hospital admission for mental or behavioural disorders due to alcohol were significantly lower than the national average (Figure 14) between 2008/09 and 2018/19. This figure presents older methodology for defining (using narrow diagnostic categories) of such admissions, only older methodology trends are available.

Rates based on the new method are presented in Table 8, which shows comparative statistics for the most recent year 2021/22. Overall, there were 319 such admissions in Leicestershire in 2021/22, rates for men were more than twice as high as for women (64 vs 29/100,000 population), however for both men and women rates were significantly lower (by almost a third) than the national average. Leicestershire rates are also in the lower range of its CIPFA comparators.

There were also 156 admissions for intentional self-poisoning through alcohol exposure in 2021/22 in Leicestershire, these rates are also significantly lower than the national average and, unlike those for England, somewhat higher for men than women (Table 9).

Figure 14. Trends in the rate of admissions for mental and behavioural disorders due to alcohol (narrow definition, old method) (Source: OHID 2023)



Recent trend: ➡ No significant change

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2008/09	●	448	68.8	62.5	75.5	70.1	79.4
2009/10	●	494	76.1	69.5	83.2	77.2	86.9
2010/11	●	495	76.6	70.0	83.7	76.7	86.8
2011/12	●	348	53.8	48.3	59.8	77.5	87.4
2012/13	●	386	59.2	53.4	65.4	74.7	82.1
2013/14	●	392	59.1	53.4	65.3	80.6	84.8
2014/15	●	332	50.7	45.3	56.5	78.8	82.0
2015/16	●	421	63.0	57.1	69.4	83.3	80.1
2016/17	●	393	58.9	53.2	65.1	77.2*	72.3
2017/18	●	406	59.7	54.0	65.8	78.1	69.2
2018/19	●	381	55.7	50.2	61.6	78.4	75.6

Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Table 8. Admission episodes for mental and behavioural disorders due to alcohol in 2021/22, narrow definition (Source: OHID 2023)

	Leicestershire		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	319	45.8 (40.9-51.1)	41.9-98.9	67.2
Males	216	63.6 (55.3-72.7)	53.8-140.0	96.0
Females	103	28.9 (23.5-35.0)	20.3-59.1	39.4

Table 9. Admission episodes for intentional self-poisoning by and exposure to alcohol, narrow definition, 2021/22 (Source: OHID 2023)

	Leicestershire		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	156	22.8 (19.4-26.7)	22.8-54.7	33.7
Males	71	21.5 (16.8-27.2)	16.4-47.7	28.7
Females	85	24.3 (19.4-30.1)	24.3-61.8	38.6

4.1.4. Injuries

Excessive alcohol consumption can result in immediate harm, such as head or facial injuries, fractures, alcohol poisoning even in fatal injuries. Nationally, alcohol-related unintentional injuries are seven times more prevalent in men.

Rates of alcohol-related unintentional injuries are significantly lower in Leicestershire when compared to the national average (Table 10) both for men and women. They are also low when in comparison with Leicestershire CIPFA 'statistical neighbours'.

Table 10. Admission rates for alcohol-related unintentional injuries in 2021/22 (narrow definition) (Source: OHID 2023)

	Leicestershire		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	285	39 (34.6-43.8)	39.0-55.5	50.8
Male	244	68.8 (60.4-78.0)	68.8-91.1	91.1
Female	38	10.6 (7.5-14.3)	10.5-15.0	12.9

DSR = directly standardised rate per 100,000 population

4.1.5. Alcoholic liver disease

The prevalence of alcoholic liver disease is related to level of alcohol consumption in a population in the previous 10-30 years and, for practical purposes, is measured as a standardised population rate of hospital admissions with that diagnosis.

Nationally, men have double the rate of women (62 per 100,000 compared to 30), in Leicestershire this is rather a 50% excess, although both for men and women the rates are significantly below the England average and relatively low when compared to CIPFA comparators (Table 11).

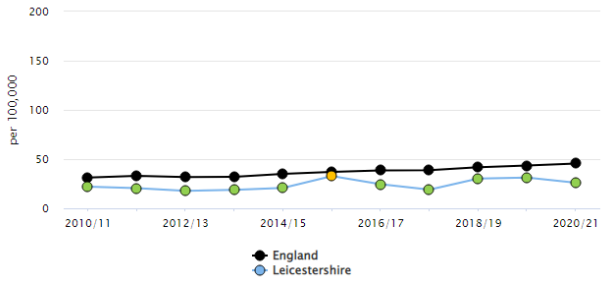
Table 11. Hospital admission rates for alcoholic liver disease in 2021/22 (Source: OHID 2023)

	Leicestershire		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	185	25.9 (22.3-30.0)	23.0-91.5	45.4
Male	110	32.2 (26.5-38.8)	27.8-113.3	61.7
Female	75	20.0 (15.7-25.2)	16.1-71.4	30.1

DSR = directly standardised rate per 100,000 population

Historically, admission rates have been below the national average, although there has been a general increase over the last decade – from around 32/100,000 to over 45 in 2021 in England (a 50% rise in the standardised admission rate). Although the local rate is more variable, there seems to be an increasing trend, from around 20/100,000 in the early 2010s to around 30/100,000 in the more recent period (Figure 15).

Figure 15. Trends in admissions for alcoholic liver disease (Source: OHID 2023)



Recent trend: No significant change

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2010/11		145	22.0	18.5	25.9	31.1	31.3
2011/12		135	20.4	17.1	24.2	30.5	32.9
2012/13		115	17.7	14.6	21.3	29.0	31.9
2013/14		125	18.8	15.6	22.4	31.1	32.0
2014/15		140	20.7	17.3	24.4	34.8	35.0
2015/16		230	32.8	28.6	37.4	41.2	37.1
2016/17		170	24.4	20.8	28.4	40.9	38.5
2017/18		130	19.0	15.8	22.5	37.2	38.7
2018/19		215	30.3	26.4	34.7	42.8	41.7
2019/20		220	31.2	27.2	35.6	43.4	43.4
2020/21		185	25.9	22.3	30.0	47.0	45.5*

Source: Calculated by Office for Health Improvement and Disparities (OHID): Health & Social Care from data using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

4.1.6. Cardiovascular conditions

There is a very clear link between excessive alcohol consumption and high blood pressure (hypertension), which can lead to cardiovascular disease (CVD), including heart attack and stroke.

In England in 2021/22, the rates of alcohol-related CVD were much higher among men, nearly 1,400 per 100,000, compared to women (almost 225/100,000), ratio 6.2. Across Leicestershire, rates for both men and women were significantly lower than the national average, with a slightly higher ratio of male to female DSR (6.7).

The overall Leicestershire rate of 645/100,000 was significantly below the England average as were rates in all Leicestershire districts, with the highest rate in Charnwood (651) and lowest in Melton (596/100,000).

Table 12. Rates of hospital admission episodes for alcohol-related cardiovascular disease (broad definition) in 2021/22 (Source: OHID 2023)

	Leicestershire		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	4,899	645 (627-663)	572-826	759
Male	4,199	1185 (1149-1222)	1045-1606	1388
Female	699	176 (163-189)	164-243	223

DSR = directly standardised rate per 100,000 population

4.1.7. Cancer

Several cancers in both men and women are linked to alcohol consumption with harm occurring over many years.

In the 3-year period 2017-19 there were 785 diagnosed cases of cancer related to alcohol in Leicestershire (around 260 per year), with rates very similar for men and women (36.9 and 36.8, respectively) and statistically in line with the national rates. These rates include cancer of the mouth,

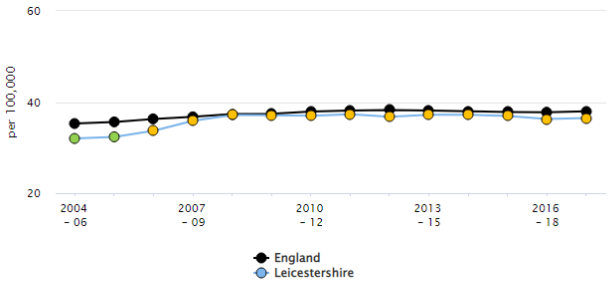
oesophagus, colorectal, liver, larynx and breast cancer.

Table 13. Incidence of alcohol-related cancer between 2017 and 2019 (Source: OHID 2023)

	Leicestershire		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	785	36.5 (34.0-39.1)	36.1-40.7	38.0
Male	375	36.9 (33.2-40.9)	34.7-43.0	39.4
Female	410	36.8 (33.3-40.5)	35.7-39.0	37.0

Local incidence rates remained statistically similar to the national ones since 2006-08 (Figure 16).

Figure 16. Trends in alcohol-related cancer incidence, all people (Source: OHID 2023)



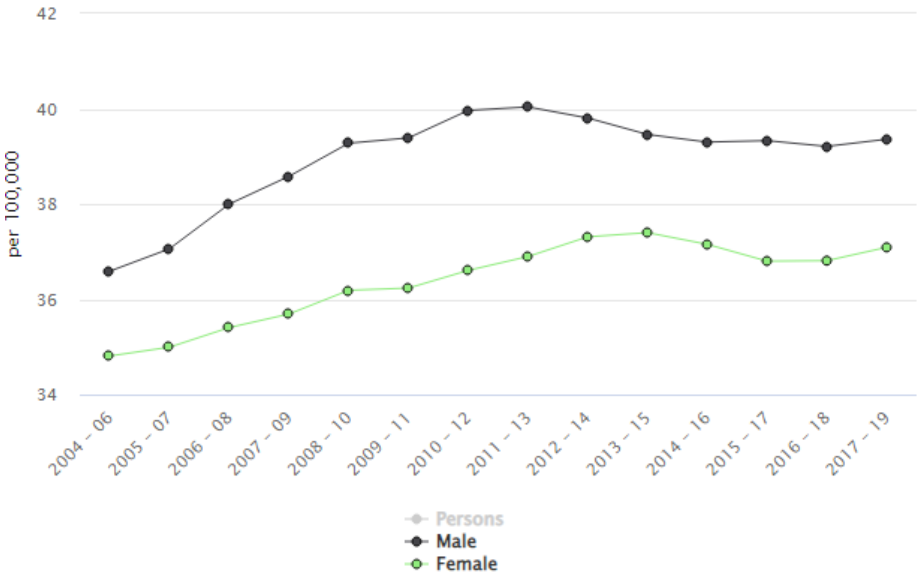
Recent trend: Could not be calculated

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2004 - 06		550	32.00	29.36	34.82	35.46	35.28
2005 - 07		565	32.37	29.73	35.18	35.83	35.64
2006 - 08		595	33.70	31.03	36.54	36.56	36.31
2007 - 09		650	35.89	33.16	38.79	37.60	36.75
2008 - 10		685	37.18	34.42	40.09	38.42	37.36
2009 - 11		695	37.08	34.35	39.96	38.28	37.46
2010 - 12		705	37.00	34.30	39.86	38.23	37.93
2011 - 13		720	37.31	34.62	40.16	37.97	38.12
2012 - 14		725	36.77	34.13	39.57	37.99	38.25
2013 - 15		745	37.20	34.56	39.98	38.17	38.17
2014 - 16		760	37.24	34.63	39.99	38.42	37.98
2015 - 17		765	36.94	34.36	39.66	38.40	37.82
2016 - 18		765	36.28	33.75	38.96	38.23	37.77
2017 - 19		785	36.49	33.97	39.14	38.62	38.00

Source: Produced annually by Public Health England: Population Health Analysis (PHA) team. Incidence data produced annually from the National Cancer Registration and Analysis Service (NCRAS). The Office for National Statistics publishes mid-year population estimates.

Leicestershire women seem to be at as much risk of developing alcohol-related cancers as men - in the past 15 years, the local standardised rates for both sexes were statistically similar while nationally there was always a significant, albeit not a sizeable (circa 10%), gap in sex-specific DSRs (Figure 17).

Figure 17. Trends in alcohol-related cancer incidence in England for men and women (Source: OHID 2023)



4.2. Mortality and Years of Life Lost

Levels of mortality will reflect the levels of heavy drinking in the population and severity of health problems among the heavy and dependent drinkers.

As indicated in the section 6 on the impact of COVID-19 pandemic (page 42), nationally there was an unprecedented increase in deaths due to alcohol-specific conditions, mainly alcoholic liver disease, in 2020, when compared to 2019. This increase continued in 2021.

As described earlier in the section on hospitalisation (see 3.3, page 28), alcohol mortality can also be classified by cause being 'alcohol-specific' (including alcohol poisoning, alcoholic liver disease or alcoholic pancreatitis) or 'alcohol-related' (including chronic cardiovascular conditions or cancers, and acute such as self-harm or consequences of traffic accidents).

Nationally, about a quarter of all alcohol-related deaths are alcohol-specific, in the majority due to alcoholic liver disease. Of the remaining 75%, two-thirds are estimated to be through chronic conditions and a third from acute results, such as traffic accidents or self-harm. Liver disease mortality is strongly related to deprivation with rates twice as high in the most deprived areas.

In Leicestershire, in 2021, the total of 257 deaths were estimated to be related to alcohol, almost twice as many for men as for women (Table 14). Among those there were 92 deaths caused by conditions specific to alcohol and 71 were prematurely (occurring under 75 years of age) caused by alcoholic liver disease. The former represents an increase on the previous figures for 2017-19 (92 compared to the average 73 per year) and the latter also an increase from an average of 58 per year in 2017-19 to 71 in 2021. These reflect the alcohol-specific mortality rise across the country, discussed under impact of COVID-19.

When expressed as standardised rates, none of the indicators of mortality are statistically significantly different to the national average and they are comparable to Leicestershire's CIPFA 'statistical neighbours'.

Table 14. Alcohol-related mortality indicators (Source: OHID 2023)

Mortality Indicator	Time scale	Leicestershire		CIPFA range	England
		Number	DSR (95% CI)	DSR	DSR
Alcoholic liver ds (<74 yr. old)	2021	71	10.2 (8.0-12.9)	6.0-15.7	11.5
Alcoholic liver ds (<74 yr. old)	2017-19	173	8.5 (7.3-9.9)	4.6-9.9	9.1
Alcohol-specific (all ages)	2021	92	12.7 (10.3-15.6)	8.6-18.5	13.9
Alcohol-specific (all ages)	2017-19	218	10.4 (91.-11.9)	6.3-12.6	10.9
Alcohol-related (all)	2021	257	34.6 (30.5-39.1)	29.0-44.8	38.5
Alcohol-related (male)	2021	171	49.1 (42.0-57.1)	45.3-64.6	58.3
Alcohol-related (female)	2021	86	22.3 (17.8-27.6)	14.3-28.5	21.3
Deaths in treatment**	18/19-20/21	37	1.23 (0.87-1.70)**	0.55-1.40	1.00

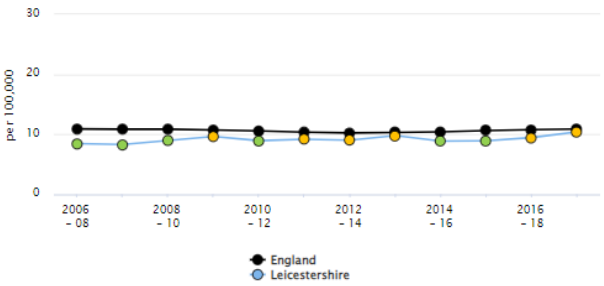
* DSR – directly standardised rate per 100,000 population
** Expressed as ISR – indirectly standardised ratio

4.2.1. Alcohol-specific mortality

Alcohol-specific mortality rates in Leicestershire were consistently, albeit not always significantly, below the national average since 2006-08, with rates relatively stable over the years (Figure 18).

In 2017-2019, only Blaby was significantly below the national or East Midlands average (10.9 and 11.4/100,000, respectively) with 5.8 deaths per 100,000 (95% CI: 3.3-9.2). Rates in the other Leicestershire districts were not significantly different, with the highest rate recorded for Oadby and Wigston (13.3, 95% CI 8.2-20.3) and the lowest for Harborough (8.3 (95% CI: 5.3-12.3).

Figure 18. Trend in alcohol-specific mortality rates, age and sex standardised, 3-year rolling average (Source: OHID 2023)



Recent trend: Could not be calculated

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2006 - 08	●	159	8.5	7.2	9.9	10.2	10.9
2007 - 09	●	159	8.3	7.1	9.7	10.5	10.9
2008 - 10	●	174	9.0	7.7	10.4	10.8	10.9
2009 - 11	●	187	9.6	8.3	11.1	10.6	10.7
2010 - 12	●	175	9.0	7.7	10.4	10.3	10.6
2011 - 13	●	178	9.2	7.9	10.6	10.3	10.4
2012 - 14	●	176	9.0	7.7	10.5	10.3	10.3
2013 - 15	●	195	9.8	8.5	11.3	10.7	10.3
2014 - 16	●	181	8.9	7.6	10.3	10.3	10.4
2015 - 17	●	186	8.9	7.7	10.3	10.6	10.6
2016 - 18	●	198	9.5	8.2	10.9	11.0	10.8
2017 - 19	●	218	10.4	9.1	11.9	11.4	10.9

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

4.2.2. Potential Years of Life Lost (PYLL)

In 2020, it is estimated that there were nearly 2,900 potential years of life lost due to alcohol-specific conditions and around 1,300 for women. This is statistically not in excess of the national average, when standardised for age.

Table 15. PYLL due to alcohol-specific conditions (Source: OHID 2023)

	Time scale	Leicestershire		CIPFA range	England
		Number	DSR (95% CI)	DSR	DSR
PYLL (male)	2020	2,876	829 (680-997)	829-1,209	1,116
PYLL (female)	2020	1,307	521 (399-664)	373-575	500

DSR – directly standardised rate per 100,000 population

5. Socio-economic Impacts

5.1. Employment

Rates of unemployment are high among people with alcohol problems, with 40% of adults entering alcohol treatment in England being unemployed or economically inactive in 2021/22.

In Leicestershire this proportion in 2021/22 was 5% smaller (35%, N=271/769) than national average, while the proportion of those in regular employment is 9% higher (46%, N=353/769, compared to 37%). A substantial proportion of all new starters (16%, N=120) are classified as long-term sick or disabled, a proportion lower than national average of 18%.

Improving employment opportunities is one of the desirable outcomes of alcohol treatment. This data is collected as part of the exit status questionnaire TOP (Treatment Outcome Profile).

Nationally in 2021/22, those with a planned exit from treatment experienced a 3% improvement in chances of a full employment at the end of treatment (from 27% on entry to 30% on exit), with no effect on part-time or irregular employment. In Leicestershire, full employment improved in this group of clients by 6% (from 31% on entry to 37%), with a 1% increase in the numbers of those getting part-time work.

Nationally, those with unplanned exit from treatment had seen no improvement in employment, however in Leicestershire even after unplanned exit the proportion of those in full employment has increased by 5% (from 24% on entry to 29% on exit).

5.2. Children and Family

Alcohol misuse can have a significant effect on family life, often reflected through parental conflicts, domestic violence, financial difficulties and family breakdown. Children can be particularly impacted resulting in physical and psychological problems, often with significant longer-term health

and social consequences. Alcohol plays a part in 25 to 33% of known cases of child abuse[26].

Alcohol was a component in 18% of the assessments of children in need by children's social care in England during 2016 to 2017[27].

Family characteristics of adults entering treatment, such numbers of adults who are parents living with children, pregnant women, family size or levels of support from support services are all data important in identifying local needs. These data are presented below.

In 2021/22, a quarter of all adult new presentations to alcohol treatment in Leicestershire were parents living with children, which is significantly higher than the national average of 21%, with nearly third of women (31%) and a fifth of men (20%) (Table 16).

Table 16. Parental status of new presentations to alcohol treatment in 2021/22

		Leicestershire			England		
Parental Status	**Number**	**Proportion of new presentations**	**Male**	**Female**	**Proportion of new presentations**	**Male**	**Female**
Parent living w/children	190	25%	20%	31%	21%	17%	28%
Parent not living w/children	113	15%	17%	11%	13%	15%	11%
Other living w/children	6	1%	1%	1%	2%	2%	2%
Not parent, not living w/children	461	60%	62%	57%	62%	64%	58%
Not available	0	0%	0%	0%	2%	2%	1%

A higher than national proportion of parents living with children were not in receipt of Early Help (76% vs 72% across England).

A very small proportion of new entrants to treatment (2%, N=5) were pregnant women.

5.3. Housing and homelessness

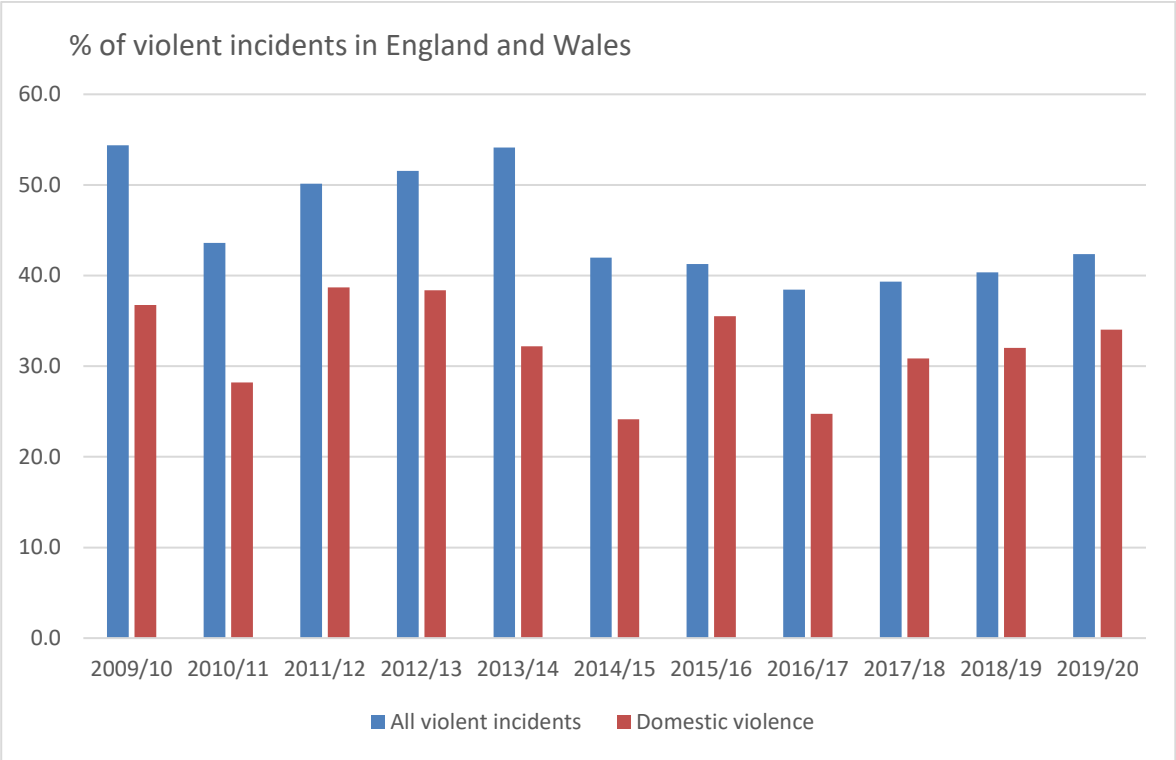
Most clients at the start of treatment in 2021/22 in England had no housing problem (87%), this proportion was higher in Leicestershire (94%), with lower proportions declaring housing problems (5% vs 7% nationally) or urgent problems (1% vs 2%). Eighty percent (N=12) of those successfully completing treatment no longer reported housing problems in Leicestershire, which is similar to the national average of 81%.

5.4. Crime

Alcohol is a significant contributory factor in offences of violence and disorder. The Crime Survey for England and Wales (CSEW 2020) estimated that over 42% of all violent incidents were committed under the influence of alcohol, although this was below the rates recorded a decade ago. As much

as 34% of domestic violence incidents were carried out by offenders perceived to be under the influence of alcohol (Figure 19).

Figure 19. Violent incidents where the victim believed the offender(s) to be under the influence of alcohol (Source: ONS, Crime Survey for England and Wales)



6. Impact of COVID-19

This section outlines the changes in alcohol related harms due to COVID-19 pandemic. It uses national-level data published by OHID as Wider Impact of COVID-19 on Health (WICH) reporting tool[26] and the published report[27].

6.1. Hospitalization and mortality

Below are the main findings of the report:

1. There was a reduction in in the rate of unplanned hospital admissions for alcohol-related conditions in 2020 by 3% when compared to 2019, mainly accounted for by admissions for mental and behavioural disorders. This was in line with the general reduction of unplanned admissions with the onset of the pandemic and start of the first lockdown.
2. On a background of the overall reduction in rates, there was a significant increase in unplanned admissions for alcoholic liver disease from June 2020
3. There was also a significant increase in alcohol-specific mortality – by nearly 21% in 2020, compared to 2019, in contrast to a 3% rise between 2018 and 2019.

No alcohol-related hospitalisation or mortality trend data at a local level are currently available.

6.2. Drugs and alcohol treatment

At a national level there was a 44% increase in deaths of people recorded as being in alcohol treatment (alcohol alone) which needs to be seen in the context of wider community trend of alcohol-specific mortality. There was a large variation across the country and deaths were not predominantly attributable to COVID-19 infection.

Reduced access to services, both community and in-patient, is likely to have contributed to increase in deaths in treatment.

7. Interventions

7.1. Treatment pathways

In 2021/22 there were 1,040 adults in treatment (for alcohol only), with more men (57%) than women in treatment (43%). This is similar to the national average of 58% of men and 42% of women.

Of all those in treatment, 74% (N=769) were newly presenting in that year. This is somewhat higher than the national average of 67%.

This section quantifies the local treatment pathways in terms of sources of referral, routes into treatment, waiting times and treatment engagement.

7.1.1. Characteristics of those entering treatment

A. Ethnicity

The majority of adult entrants to the alcohol treatment in 2021/22 were of white ethnicity (92%, 89% white British), with higher rates among women (95% of all female entrants were white, compared to 88% for males).

Using Census 2021 high-level ethnic classification[28] and matched NDTMS ethnic groups (see Appendix) a comparison between ethnic groups is presented in Figure x. This analysis suggests that the proportion of Leicestershire new entrants to alcohol treatment in 2021/22 was [††] ethnicity (91%), with some underrepresentation of Asian[*] group and overrepresentation of mixed[*] ethnicity.

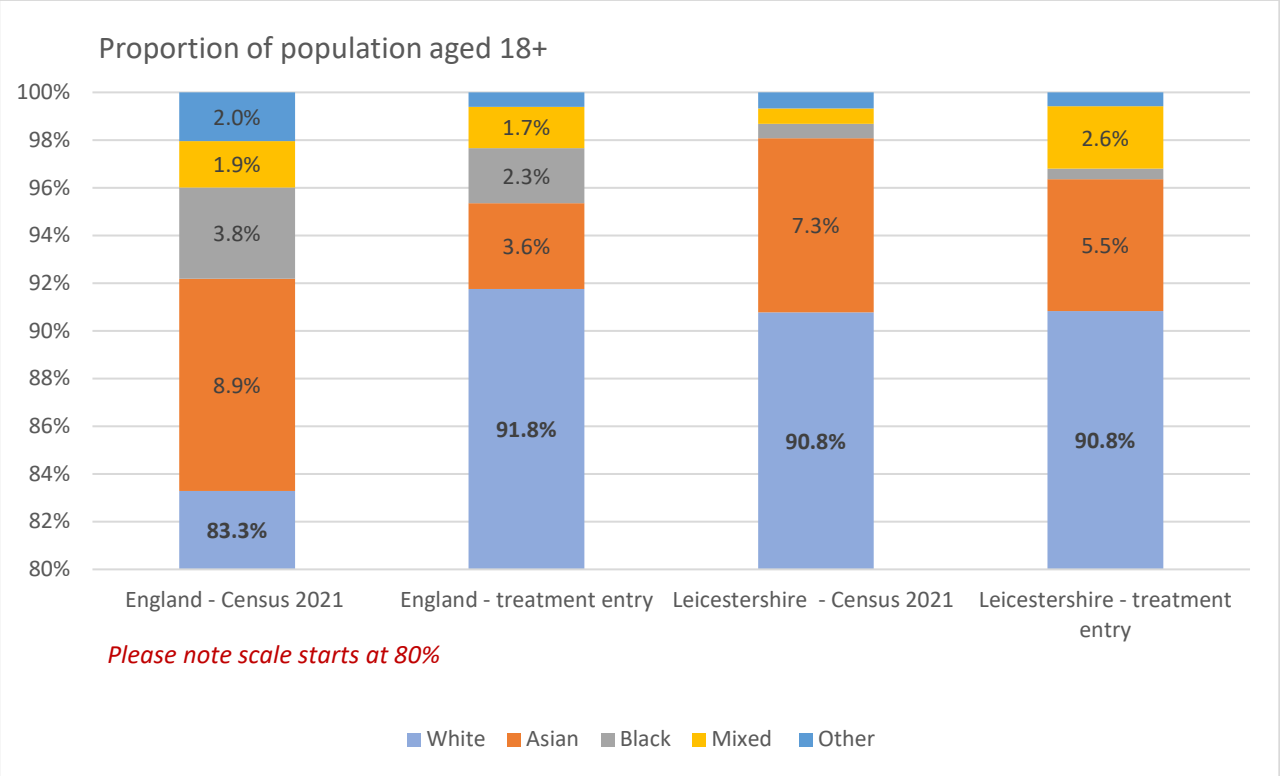
Across England, the proportion of white population in the treatment cohort seems higher than expected, with smaller representation of other ethnic groups – particularly Asian and black (Figure

[††] White – all white groups; Asian - Asian, Asian British or Asian Welsh; Mixed – mixed or multiple ethnic groups; Black - Black, Black British, Black Welsh, Caribbean or African

20).

These results have to be treated with caution, as ethnic group can only broadly be matched and prevalence of alcohol misuse and the prevalence of alcohol misuse varies across groups, which will have impact on the need and demand for treatment. The Adult Psychiatric Morbidity Survey (2014) estimated that that harmful drinking levels are higher in white population (3.6% of white British adults and 1.7% in other white group) than in other ethnic groups, particularly Asian (0.5% of adults), less so for black (2.3%) and other/mixed groups (2.4%).

Figure 20. Ethnicity of adults entering alcohol treatment in 2021/22 compared to that recorded for general adult population in Census 2021 by general ethnic group (Sources: NDTMS and ONS)



B. Other Protected Characteristics

Nearly 70% of new presentation for alcohol treatment in 2021/22 declared no religion, with about one in five declaring Christian religion with higher proportion of women (27% compared to 17% of men) (Table 17).

Table 17. Religion, sexuality and disability among new presentations to alcohol treatment in 2021/22

(Source: NDTMS 2023).

	Leicestershire		
	Number	**Proportion**	**England (%)**
Religion - none	533	69%	57%
Religion - Christian	166	22%	25%
Religion - other	47	6%	4%
Religion - unknown	17	2%	11%
Sexuality - heterosexual	714	93%	88%
Sexuality - gay/lesbian/bisexual	45	6%	5%
Sexuality - other	0	0%	0%
Sexuality - not stated/unknown	7	1%	6%
No disability	611	79%	66%
Any disability	157	20%	29%
No data	*	*	5%

* less than 5

7.1.2. Waiting times

Short waiting times enable early engagement and enhance the probability of positive outcomes of treatment and recovery form alcohol dependence.

For the vast majority of first interventions the waiting time was below 3 weeks (99%, N=770/774), which compares positively with the 98% national average.

7.1.3. Treatment engagement

Avoidance of early dropouts from treatment ensures better treatment outcomes.

Any unplanned exit should be reviewed on case-by-case basis. In Leicestershire, a total of 125 cases (16%, 95%CI: 13.8-19) of all new presentations left treatment in an unplanned way before 12 weeks, which is slightly higher than the national average of 14%, although this translates only to 2/3 excess cases locally and is not statistically significant.

7.1.4. Routes into treatment

Criminal Justice System (CJS) referrals include referrals through and arrest referral scheme, Alcohol Treatment Requirement (ATR), prison or the probation service.

Table 18. Source of referral for people starting treatment in 2021/22 (Source: NDTMS, Adults Alcohol Commissioning Support Pack 2023-24)

		Leicestershire			England		
Referral Route	**Number**	**Proportion of new presentations**	**Male**	**Female**	**Proportion of new presentations**	**Male**	**Female**
Self-referral	427	56%	53%	59%	61%	60%	63%
Referred through CJS	47	6%	8%	3%	6%	9%	3%
GP referral	87	11%	12%	10%	8%	8%	8%
A&E/Hospital	69	9%	9%	8%	7%	7%	7%
Social services	20	3%	2%	3%	3%	2%	4%
All other referral routes	119	15%	15%	17%	14%	14%	14%

CJS = Criminal Justice System

Of the 69 secondary care referrals the majority (84%, N=58) were from hospital or hospital ACT[‡‡] liaison (16%, N=11), with none from A&E. The ACT referral rate was significantly below the national average of 39%.

7.1.5. Criminal justice pathway

CJIT (Community Justice Intervention Team) – the numbers of adults in contact with treatment system – 51 in 2021/22 or 5%, compared to 3% nationally in that year.

Proportion of treatment population with prior conviction

The proportion of treatment population with a conviction in previous 24 months in Leicestershire is 19% for alcohols-only groups and 25% when all other substance misuse groups are included. These proportions are comparable to the national figures (21% and 29%, respectively).

Leaving prison and engaging in community treatment

This is an indicator included in the Public Health Outcomes Framework (PHOF, indicator 20), which includes all substance misuse. When all substance groups[§§] are included in calculation, the proportion of those transferred in Leicestershire in 2021/22 who engaged in services was 54%. This was significantly higher than England average of 37%.

For alcohol only, the local annual numbers are too small (N=7 transferred and N=4 engaged in 2021/22) for a robust comparison with the national figures. Nationally in 2021/22, 14% of those transferred engaged with services.

[‡‡] Alcohol Care Team

[§§] Includes opiates, non-opiate only, non-opiate and alcohol and alcohol only

Crime saved

Based on 2016-17 data it estimated that a gross benefits (both social and economic) from drugs and alcohol treatment amounts to £480,00 for alcohol. This is based on the findings of a substantial reduction in the re-offending rates (both numbers of re-offenders and number re-offences), with alcohol-only groups showing the largest reductions.

7.1.6. Interventions

High-level interventions can be classified as pharmacological, psychosocial or recovery support; they are delivered most commonly in a community setting, inpatient units, primary or residential care.

In 2021/22 in England, the majority of patient in pharmacological interventions were in community settings (79%), followed inpatient units (21%) and residential settings (5%)[***]. In Leicestershire, in the same year, inpatients units were the most common setting (70%), followed by community (33%).

Psychosocial interventions and recovery support are both mostly delivered in a community setting (98%), with a small proportion in inpatient units (3 and 4% respectively). This is the same for Leicestershire, with all patients (100%) having those interventions in community settings, but some (5%) also delivered in inpatient units.

7.1.7. Length of time in treatment

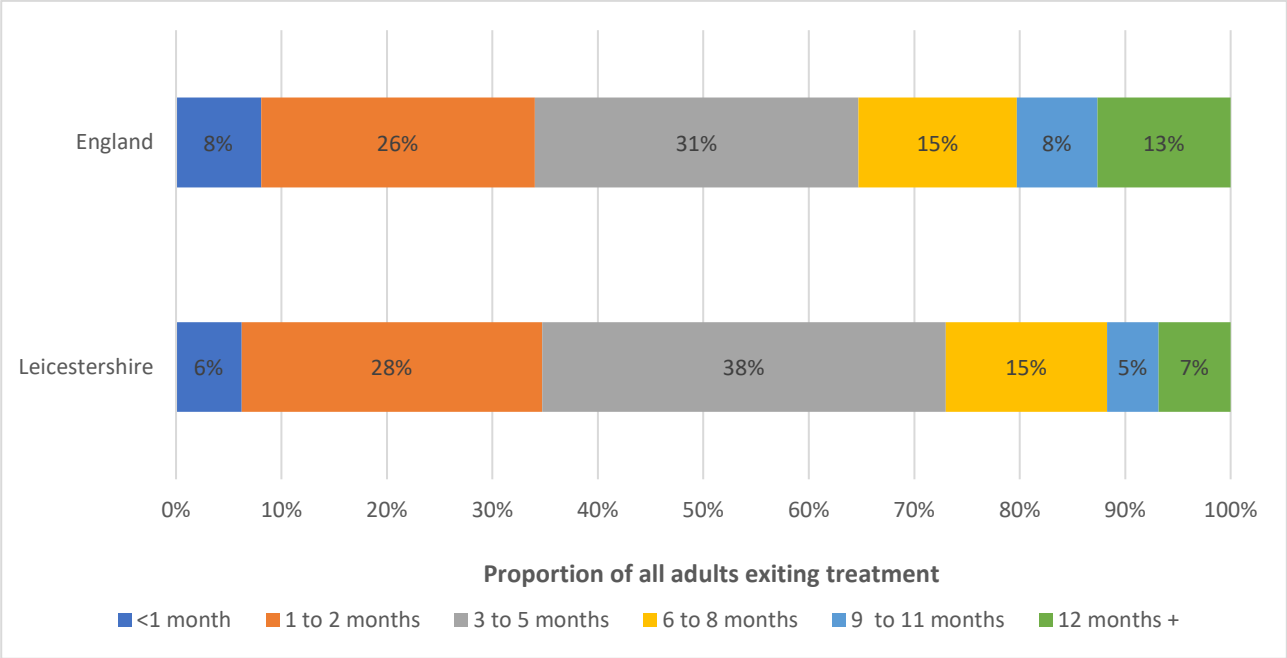
NICE recommends a three-months treatment for mildly dependent and some higher-risk drinkers, and at least six months of treatment for those with moderate and severe dependence. Even longer treatment times may be necessary for those with complex needs.

An average length of time in treatment will depend on case mix as each will depend on individual assessment. Data presented here are just for a broad comparison with the national average. An 'average' length of treatment in Leicestershire was 157 in 2021/22, compared to 197 days nationally, which of course is affected by the local case mix.

The largest group of cases in in Leicestershire were in 3 to 5 months (38%, N=258) with relatively less treatment lasting 9 or more months in Leicestershire (12%, compared to 21% nationally).

[***] Proportions relate to the total number of individuals receiving all types of interventions and will not sum up to 100%

Figure 21. Time in treatment - comparison of local and national data (Source: NDTMS 2023)



7.1.8. Treatment outcomes

An indicator of the effectiveness of treatment is the proportion of those abstaining from alcohol on a planned exit from treatment. In Leicestershire in 2021/22, **abstinence rate** was 48% (N=342) overall, with higher rate among males (50%) than females (46%) locally. This is somewhat lower than the national average of 50%, with men having lower rates in England than women (49% and 52%, respectively).

Another measure indicating of how well the system is working is the rate of **successful completion** and non-representation to treatment in 6 months. Overall, 674 of adults left treatment in 2021/22 in Leicestershire, which represents 65% of the total alcohol treatment population in that year. Among those, 376 left treatments successfully, equivalent to 56% of all exits in 2021/22 (53% for males and 60% for females). This is slightly below the national rate of 59% successful exits, with national rates for both men and women higher than in Leicestershire (58% and 62%, respectively).

The **average number of days drinking** for those exiting treatment in Leicestershire fell from 19.8 on entry to treatment to 12.5 on exit, which is a little worse than the national average (drop from 20.5 days to 11.5 in England).

7.1.9. Deaths in treatment

Nationally, there was a significant, 40% increase in deaths among alcohol treatment clients between 2019/20 and 2020/21, in line with increasing mortality during the COVID-19 pandemic, with a subsequent 10% reduction in 2021/22. Nationally 1.2% of those in alcohol treatment died in 2021/22, slightly higher for men (1.4%) then women (1.1%).

The corresponding rate for Leicestershire was 1.5%, representing a relatively small number of deaths (N=16), with the difference to the national rate not statistically significant.

7.1.10. Return on Investment (ROI)

Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years.

The combined benefits of drug and alcohol treatment amount to £2.4billion every year, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care. Quality-adjusted life years (QALYs) are measures of life expectancy and quality of life used in health economic evaluations and resource allocations.

8. Current Local Service Provision

8.1. Integrated Substance Misuse Treatment Service (ISMTS)

In 2021, following consultation, a new model of delivery for substance misuse treatment services was commissioned by Leicestershire County Council Public Health Department and Rutland County Council (with an additional funding contribution from the Office of the Police and Crime Commissioner and National Probation Service), known as the Integrated Substance Misuse Treatment Service (ISMTS).

The contract was awarded to Turning Point, who provide a community-based drug and alcohol misuse treatment service for adults and young people across Leicestershire and Rutland.

The service operates from three main hubs in Leicestershire; Coalville, Loughborough and Hinckley and a fourth Rutland based hub in Oakham, as well as utilising approximately 30 outreach venues including GP surgeries, health centres, council offices and community venues.

In addition to professionals being able to refer into the service, individuals can self-refer through Turning Point's single telephone number, email address or website to facilitate ease of access. Self-referrals can also be taken at any of Turning Point's Leicestershire and Rutland hubs. A single engagement team operates across the county and Rutland to triage all referrals within 48 hours. Referrals are committed to be seen within 21 days, with priority appointments available for those triaged to be high risk.

The service includes various offers (delivered by Turning Point, or through Turning Point in conjunction with third party providers) to address the needs and vulnerabilities of Leicestershire and Rutland service users and residents. The details of this are outlined below:

8.1.1. Community prescribing and psychosocial interventions

Turning Point provides a holistic medical screening and specialist prescribing service as part of a wider treatment programme that addresses the co-existing physical, psychological, and social problems. This is delivered by a clinical team including specialist addictions psychiatrist, psychologists, nurses and substance misuse GPs with Special Interest (GPwSI's). There are 5 treatment pathways – opiate and complex drugs pathway, non-opiate drugs pathway, risk vulnerability and complex safeguarding pathway, and 2 alcohol pathways. The clinical team are supported by skilled Recovery Workers and Support Workers who provide a range of evidence-based psychosocial therapeutic interventions.

8.1.2. Young People's Offer

Turning Point has a dedicated Young People's offer which works with individuals under 18 and up to the age of 25, where it is identified that a young adult's approach would be beneficial. The offer is delivered by a dedicated team who are able to provide advice, guidance and support and via outreach activity work with young people in locations that suit them and their needs.

8.1.3. Blood Borne Virus (BBV) testing & vaccination

Working with the Hepatitis C Trust and a Hepatitis C nurse from the University Hospitals Leicester (UHL) the offer identifies at risk service users and delivers coordinated testing, roadshows and outreach work, as well as offering a postal self-testing service. All service users, regardless of needle usage, are offered BBV testing.

8.1.4. Peer mentor programme

The peer mentor programme provides a volunteering opportunity for those with lived experience to engage, motivate and support Turning Point service users. Peer mentors are often individuals who have been through the service themselves and are involved with a range of activities including running drop-ins, co-facilitating groups and supporting with practical matters such as benefits and food parcels. They are also supported to build their own skills and work experience with a view to enable them to progress into employment.

8.1.5. Family Offer (Adults)

Led by a dedicated Turning Point worker the Family Offer provides information and awareness about Substance Misuse and support to those who are affected by a loved one's Substance Misuse issues. Individuals don't necessarily need to be in treatment with Turning Point for their families to benefit from this service, however where appropriate and with consent family members are encouraged to engage with a loved one's treatment if they are. A peer support online group, private and moderated Facebook group and face-to-face events are included in the offer, giving those in similar

situations opportunities to talk and share experiences.

8.1.6. Family Offer (Children & Young People)

A Family Offer for children and young people is also in place which provides support to those affected by the often-hidden harm of a parent, carer or loved one's substance misuse. One-to-one resilience building support with a Young Persons Worker for young people (aged 10+) is available, and referrals to Barnardo's for those who meet the Young Carers threshold where appropriate. Therapeutic support where required is also available.

8.1.7. Fibro scan Project

Leicestershire's Fibro scan project aims to reduce harmful drinking by bringing new people into the service, as well as working with those already within the treatment service that are dependant drinkers and have not yet wanted to reduce their intake. Long-term drinking effects on the liver are identified through the use of 'Fibro scanning' and interventions are subsequently put in place for individuals through a care plan. Outreach work is also conducted to ensure the service reaches those who may not already be in treatment.

This offer is funded by Leicestershire County Council and is currently in place until March 2025, with no future funding currently secured.

8.1.8. Liaison with primary and secondary healthcare

Turning Point provides a shared care scheme with 2 GP surgeries in Leicestershire to enhance access in rural communities. Within these surgeries the GP undertakes prescribing for substance misuse alongside addressing mainstream health issues. Turning Point provides Recovery Workers who work collaboratively from the GP surgery. In addition, a dedicated GPwSI from Turning Point provides supervision and governance to ensure the quality of clinical interventions delivered.

Whilst Turning Point are not responsible for providing a drug and alcohol service within local hospitals, Turning Point does provide hospital liaison recovery workers based within UHL, and available to work from other hospital sites. They see all drug and alcohol related hospital admissions to assess and provide appropriate support (brief interventions to reduce the risk of alcohol and drug related harm, or referral into community treatment). The hospital liaison recovery workers also train staff from across hospital and urgent care settings to provide brief interventions to patients on reducing the risk of alcohol and drug related harm.

8.1.9. Dual Diagnosis

The responsibility for mental health treatment services falls to the Integrated Care Board (ICB), however, in recognition of the link between the two areas a specialist Dual Diagnosis provision has

been established for those Turning Point users that have a substance use as well as mental health need. Turning Point has a specific team that is in place to support those within the service that have substance use needs as well as mental health support requirements.

The ICB are funding the Dual diagnosis offer until March 2026. Leicestershire County Council are leading the contract on behalf of Leicester City and Rutland County Council.

8.1.10. Harm reduction

Turning Point provides a needle and syringe exchange programme at each hub and from 21 pharmacies across Leicestershire and Rutland to ensure the availability of clean injecting equipment to limit the spread of infection.

In addition, all service users engaged in treatment for opiate use are offered Naloxone and are trained to administer it. Naloxone can be used to reverse the effects of an opiate overdose. Naloxone is also provided to family and carers and is available through the needle and syringe exchange programme.

Turning Point also works closely with 86 pharmacies across the county and Rutland to provide a supervised consumption of medication scheme. The purpose of supervised consumption is to reduce the risk of overdose or diversion of substitute medication prescribed for illicit opiate use. Service users can be supervised by a healthcare professional within the pharmacy when taking their medication.

8.1.11. Criminal Justice Team

Turning Point employs workers (criminal justice recovery workers) who work specifically with criminal justice clients with enforceable treatment requirements in providing treatment and recovery support. The workers have lower caseloads to enable more intensive working with this cohort. This team co-delivers with probation services (within probation offices) wherever possible to enable regular 3-way working.

8.1.12. Adult Custody Intervention

Within the Leicestershire and Rutland ISMTS, a referral pathway has been established with the OPCC's Custody Suite Service to facilitate structured treatment transitions.

8.1.13. Vulnerable groups

Turning Point have a number of specialist workers to support service users with specific needs and those from ethnic minority groups. They are a Domestic Abuse Recovery Worker, Diverse

Communities Recovery Worker and a Recovery Worker that works with sex workers**.**

8.1.14. Inpatient Drug and Alcohol Detoxification Service

For a relatively small proportion of people with drug problems who are in treatment, their recovery requires a short stay in a specialist inpatient service either to stabilise chaotic and complex drug and alcohol problems or to complete the final stages of detoxification.

Inpatient drug and alcohol services are commissioned by Turning Point Ltd and are currently provided by Framework Housing Trust at a purpose-built unit, known as The Level, in Nottingham. Turning point commissions several bed days annually, sufficient for the needs of county and Rutland residents.

The inpatient service is for both men and women and accessed via referral from the ISMTS (Turning Point). The Level provides specialist assessment, stabilisation, and medically assisted withdrawal from drugs (and/or alcohol) for adults. The service is provided by a multidisciplinary team including addictions consultants/doctors, nursing staff, occupational therapist, and support staff, and provides care and support 24hrs a day, 7 days a week. In addition to medical/clinical treatment all service users have a recovery plan that includes harm reduction and relapse prevention, alongside structured groupwork, access to mutual aid and leisure and social activities. The service works closely with the ISMTS to ensure service users have the appropriate support both prior to inpatient treatment and on leaving inpatient treatment.

8.1.15. Residential Rehabilitation

Following community treatment and inpatient detoxification a small number of people may need to have longer term support to maintain a drug free lifestyle. There are many substance misuse residential rehabilitation facilities across the country, all providing longer term (3-6 months usually) support and care. Turning Point has a framework of rehabilitation centres that are available and provides a list of facilities that have been assessed to ensure they provide clinically safe and effective services to a high standard of care. Referral to a substance misuse residential rehabilitation centre would come from the ISMTS and be a part of an overall recovery care plan.

Whilst living at a substance misuse residential rehabilitation centre residents will take part in an intensive therapeutic programme, alongside life skills, community activities and usually the day-to-day running of the house/centre.

8.1.16. Recovery

Turning Point works closely with a range of employability providers, and housing authorities to support service users to maximise their opportunity for sustained recovery.

In addition, Turning Point sub-contracts to both Falcon Support Services and Dear Albert to deliver the following offers:

- Substance Misuse Engagement Workers - Delivered in conjunction with Falcon Support Services, three peer support workers lead on engagement, recovery support and aftercare and service user involvement. This includes telephone recovery 'check ups', recovery community drop-ins and gathering feedback from service users through forums and surveys etc.

- Dear Albert - Dear Albert deliver a mutual aid facilitation session for the county and provide access to the menu of interventions at The Stairway Project for county residents who live near the city or are able to travel to the city to access it.

8.1.17. Last Orders project

Turning Point has a subcontract with Age UK to deliver the 'Last Orders project'. This comprises of a dedicated worker who delivers awareness sessions and brief interventions to those aged over 50 across the county to raise awareness of the problems associated with alcohol and drug misuse. The worker also refers appropriate individuals into treatment.

8.1.18. My Turning Point – brief intervention tool

My Turning Point is a commissioned online digital platform that houses general substance information, advice and an online self-help program. This tool is for lower-level interventions or utilised for service users to assess their need and be able to make a decision to gain further help. The tool has a direct referral into the main ISMTS if the service user decides to move into the wider service.

8.2. Wider Service Provision

There are also services outside of the ISMTS contract that support Leicestershire and Rutland residents. This is relevant both in terms of direct involvement with Substance Misuse issues, but also includes prevention, education and early intervention activity to prevent issues with substance misuse occurring or further escalating.

8.2.1. Mutual Aid

In addition to commissioned substance misuse treatment services there is a network of local mutual aid support available across the county and Rutland. Mutual aid refers to the social, emotional and informational support provided by, and to, members of a group at every stage of their recovery. These include Narcotics Anonymous (NA), SMART Recovery, ACT Peer-led Recovery, and Alcoholics Anonymous (AA). Some are based on a 12-step fellowship approach and some on cognitive

behavioural techniques. The groups are available in a number of venues across the county (although times and venues may change), including Loughborough, Market Harborough, Wigston, Coalville, Melton, Hinckley, Syston, and Oadby.

8.2.2. Drug Testing on Arrest (DToA)

Carried out by Leicestershire Police within their custody suites (mainly Euston Street in the city, but will cover county and Rutland residents), daily 'cell sweeps' are carried out alongside Turning Point, offering harm reduction, signposting advice and identification of Class A drug users who are not currently in treatment. Drug tests are carried out and individuals identified attend an initial assessment with Turning Point, with a view for further voluntary engagement with the service going forward.

8.2.3. Alcohol Care Team (ACT)

Local Authorities had previous put in place hospital liaison nonclinical teams, with the aim to engage and bring additional service users into the treatment service. This was not to provide clinical advice, and there was no training or medically assisted withdrawal as part of the offer. The NHS long term commitment plan states commissioners and ICBs are to work collaboratively to reduce hospital admissions over a five year period. A specific LLR Alcohol Care Teams (ACT) was funded and implemented which is in place until the end of March 2024. The ACT has a comprehensive offer that builds on the previous hospital liaison support and includes clinical support, training for clinical staff, and medically assisted withdrawal. No funding is currently committed post March 2024.

Since April 2023 the team have moved from 100 referrals a month to 200 with the potential of up to 600 that are known through UHL links; this projected figure includes any person where alcohol is linked with the reason for their attendance. The ministry of state message is that all persons are to work together to ensure this work continues.

8.2.4. Community Resolutions for Young People

Young people (under 18) who have committed a low-level drug offence can be referred via the Youth Justice Services as part of a community resolution, rather than going down a criminal justice route.

The service is delivered by Leicestershire Police's Substance Misuse Team who work with Turning Point to meet with the young person, issue the community resolution and carry out an intervention/assessment to seek to understand the extent and drivers of their substance use. Immediate harm reduction advice and psychosocial interventions are offered, and the young person is encouraged to further engage with Turning Point.

8.2.5. Non-Fatal Overdose Pathway

East Midlands Ambulance Service (EMAS) operate a non-fatal overdose (NFO) pathway, whereby crews who attend incidents in relation to NFOs are able to generate a referral to the relevant treatment provider without requiring the consent of the individual. In other callouts where there is a concern around substance misuse, but where a NFO has not occurred, the patient must consent to the referral being made.

8.2.6. First Contact Plus

The service is provided by County Council Public Health Department and offers access to a range of low-level preventative services through a single point of contact. This is an online service ensuring that people can access information, advice and support across a range of issues. This includes a range of health and wellbeing topics including alcohol, drugs and mental health, and advice and support on topics that have the potential to impact on mental wellbeing, such as debt and welfare benefits, housing support, and families and relationships. The service provides early identification of needs and brief opportunistic interventions, support for self-help, or referral to a service provider. As well as providing advice pages, and signposting to useful resources, there is an option to self-refer for further contact.

Whilst the service does not receive a high number of contacts/referrals relating to drug misuse the service does signpost and/or refer to specialist treatment services (Turning Point) where appropriate and to peer support services such as Dear Albert, Narcotics Anonymous (NA) and SMART Recovery.

8.2.7. Local Area Co-ordination

This is a community-based intervention delivered in specific areas by Local Area Co-ordinators (LAC's) and is delivered by the Leicestershire County Councils Public Health department. Local Area Co-ordination is focused on helping isolated, excluded and vulnerable people. LACs build the resources, networks and resilience of those who need help before they hit crisis, with the aim of diverting people from formal services and supporting people to have a good life as part of their community. They work with a whole community including those who have a low level of substance misuse and will work collaboratively with the ISMTS to secure positive engagement with an individual. The team regularly work and refer into the ISMTS to support that introduction and engagement. LACs are also aware of the brief intervention tool, My Turning Point, and can support service users to access this.

8.2.8. QuitReady Leicestershire (smoking cessation)

The service is provided by the County Council Public Health department and offers free stop smoking

support and advice to anyone wanting to give up smoking. Support is usually provided via telephone, online behavioural support and some face-to-face support and includes pharmacotherapy including nicotine replacement therapy and e-cigarettes.

The service is an E-Cig friendly service and supports adult smokers with vapes should that be their choice of nicotine delivery. This is not encouraged amongst young people and the service stance is, if young people are smokers that they use licensed nicotine replacement therapy and if they do not smoke, do not vape.

Whilst the service does not receive many calls/referrals from people with other substance related problems where this has been the case, for example with cannabis users, clients have been signposted or referred to the ISMTS.

8.2.9. Health Improvement Team

Leicestershire County Council Public Health, Health Improvement Team focus on health improvement and promoting better health and wellbeing, including substance misuse and alcohol. The team use a range of health promotional resources, communications and campaigns to deliver initiatives in a variety of settings including workplaces, communities, pharmacies, schools, nurseries and the media.

8.2.10. Pain Management Service – Leicester General Hospital

The Pain Management Service, managed by University Hospitals Leicester NHS Trust, consists of a team of consultants, specialist nurses, psychologists, and physiotherapists providing assessment and treatment for acute and chronic pain sufferers.

In addition to the Pain Management Service there is a specialist clinic for iatrogenic opioid addiction (one of the only such specialist clinics in the country). The iatrogenic opioid addiction clinic is held fortnightly at the Leicester General Hospital. There are currently approximately 300 patients in the service and long waiting lists of 6-8 months. Patients are referred via general practice and have often been addicted to non-illicit opiates for a number of years. Due to the complexity of the individual patients the clinic has only 4 appointments at each session. The team consists of medical consultants, specialist nurse, and a consultant psychiatrist.

8.2.11. Mental Health Wellbeing + Recovery Service

The mental health wellbeing and recovery service is commissioned jointly between, Leicestershire County Council, Leicester City Council, Rutland County Council, and the ICB. The service is currently provided by 3 different providers, providing coverage across all districts in the county (and Leicester City and Rutland); Richmond Fellowship (operating as Life Links), Mental Health Matters, and Voluntary Action South Leicestershire (VASL).

Whilst not a service aimed at providing support specifically for people who use illicit drugs, it is not uncommon for people accessing the service to have issues with drugs and/or alcohol in addition to mental health/wellness concerns. The service offers support networks focused on wellness and recovery, encouraging independence and developing own personal support networks. It offers flexibility to choose support based on own personal need. This can be face to face, providing information, advice and navigation services, one to one sessions, and group support sessions; online support including a directory of services, and a 24/7 chat feature allowing questions to be asked/answered; and community recovery support.

8.2.12. PAVE Team (Pro-Active Vulnerability Engagement)

The service is a partnership between police, mental health practitioners, and substance misuse practitioners providing targeted support for people who intensively use health and police services. Most of the service users have entrenched drug and/or alcohol problems. Dedicated recovery workers from Turning Point work alongside police and mental health services to support individuals who are placing a high demand on resources, have complex needs, are difficult to engage, and who pose a risk to themselves or others. In addition, clinical support is available as required from a Consultant Psychiatrist. The team work intensively with each individual with the aim of improving their health and wellbeing, reducing crime and reducing the demand placed on public services.

8.2.13. Mental Health Recovery and Rehabilitation Service

Commissioned by the local authority Adults and Communities department the service provides supported accommodation with on-site 24-hour support for people with diagnosed serious mental health conditions. Whilst not providing services specifically for people with drug and/or alcohol problems it is not uncommon for residents to also have drug and/or alcohol problems in addition to serious mental health conditions. The service is provided from 11 self-contained apartments in the Shepshed area of Leicestershire. This service enables adults with diagnosed serious mental health conditions recover and develop or regain skills to maximise their independence, reduce their support needs and live in their own homes and consequently also avoids unnecessary moves to residential care. People are resident for a maximum of two years.

8.2.14. District and Borough Councils

Whilst the individual district councils do not directly commission or provide treatment and support services for substance misuse, many do include tackling alcohol and/or drug misuse within their individual district plans, whether that be Community Safety Plans, Health and Wellbeing plans or Prevention plans/strategies.

Examples of the interventions and services provided by district and borough councils include:

- Providing meeting rooms for mutual aid and Dear Albert meetings
- Providing funding for specific local initiatives including educational theatre company developing productions covering issues such as homelessness, drug and alcohol issues, relationship breakdown, and funding for local charitable organisations to deliver drug and alcohol outreach support.

8.2.15. Review of drug related deaths

Drug misuse is a significant cause of premature mortality. Although it is not an outward facing provision, in 2022 a local Drug & Alcohol Related Deaths Review Panel (DARDRP) was established. The panel covers LLR and takes a multi-agency approach to identifying any lessons learned through reviewing deaths (of over 18s) related to drug and alcohol use.

From reviewing deaths, the panel are able to pick out key themes and patterns that may require further exploration or work across the partnership to improve things like processes, communication, training and awareness around those affected by substance use. Ultimately, the long-term aim of the panel is to reduce and prevent future deaths from occurring.

Locally, during the three-year period between 2019 and 2021 there were more than twice as many deaths from drug misuse in men then in women (N=39 vs 16) and their total number (N55), although below the 2018-20 figure of 60, was still high when compared to deaths in the past (N=24 for period 2001 to 2003). Although the local mortality rates are significantly lower than national, they have been increasing since 2013, in parallel with the national trend.

9. Unmet Needs/Gaps/Improvements

9.1. Dependent drinkers not in treatment

74% of individuals who may benefit from specialist treatment for alcohol misuse are not in treatment. This indicates a gap in identifying individuals with alcohol dependency and a gap in referring these individuals into treatment services.

9.2. Delivery of alcohol brief interventions

Within Leicestershire and Rutland there are Alcohol brief intervention offers, firstly with the Provider who offer brief interventions for any resident that require and secondly there is an online alcohol brief intervention tool that is a self-guided available to all Leicestershire and Rutland residents.

9.3. Alcohol related deaths

Mortality rate from chronic liver disease (which usually indicates that an individual has been drinking heavily and persistently over decades), alcohol related mortality and alcohol-specific mortality are all significantly higher in males compared with females. Links have been made via the Drug and Alcohol Related Death Review Panel that will be built upon.

9.4. Health and wellbeing outcomes of those completing treatment

The treatment service collects a broad range of outcome information (e.g. housing need, employment, self-reported health etc.) from those in treatment to enable a comparison with the information collected on entry into the service. However, information on specific short-term and long-term health outcomes following treatment completion e.g. development of alcoholic hepatitis is not routinely collected. This information would be useful to review health outcomes and to ensure timely access to clinical support for those who require it.

10. Recommendations

I. Improve identification and referral of individuals with alcohol issues into treatment

II. Explore how to identify early issues of substance misuse and carryout targeted prevention and prevention information / advice for residents

III. Review and understand the prevalence of alcohol use locally, which is to include young people and behaviours

IV. Ensure the recovery element of the ISMTS meets the needs of residents.

V. Explore wider recovery networks available to our residents for those that have been in treatment and those that have not

VI. Explore an approach to monitoring short and long-term health outcomes of individuals completing treatment.

VII. Continue with a partnership approach to review alcohol related deaths and to develop and maintain the LLR Drug and Alcohol Related Deaths Review Panel (DARDRP) already in place.

VIII. Consider a partnership approach that focuses on targeted interventions for the most vulnerable individuals and on those individuals placing the most demand on services e.g. frequent A&E attendances.

IX. Work with partners across LA and the NHS to maintain clinical substance misuse services as required by NHSE and OHID (ACT all service descriptor 2021)

X. Work with partners to support behaviour change via fibro scanning which results in referrals of residents into treatment

XI. Work with partners to improve referral rates between mental and physical healthcare services and drug and alcohol treatment services to achieve the aims of the government drug strategy 'From harm to hope: a 10-year drugs plan to cut crime and save lives'

GLOSSARY OF TERMS

ACT	Acceptance and Commitment Training
CIPFA	Chartered Institute of Public Finance and Accountancy
CQC	Care Quality Commission
DHSC	Department of Health and Social Care
GP	General Practitioner
GPwSI	GP with Special Interest
HSE	Health Survey for England
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
IDACI	Income Deprivation Affecting Children
IDAOPI	Income Deprivation Affecting Older People
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership Trust
LSOA	Lower Super Output Area
MAF	Mutual Aid Facilitation
MSOA	Middle Super Output Area
NHS	National Health Service
OHID	Office for Health Improvement and Disparities
ONS	Office of National Statistics
PHE	Public Health England

Appendix

ONS High-level Ethnic Group Classification	Matched NDTMS Ethnic Classification
Asian, Asian British or Asian Welsh	Bangladeshi
	Pakistani
	Indian
	Chinese
	Other Asian
	Asian Inconsistent
Black, Black British, Black Welsh, Caribbean or African	African
	Caribbean
	Other Black
	Black Inconsistent
Mixed or Multiple ethnic groups	White and Asian
	White and Black African
	White and Black Caribbean
	Other Mixed
	Mixed Inconsistent
Other ethnic groups	Other
White	White British
	White Gypsy
	White Inconsistent
	White Irish

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