
LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2023 Update

Drug Misuse (Adults)
Substance Misuse (Children)

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FOREWORD

Drug misuse constitutes a significant and growing public health issue. There are an estimated 3 million drug users in England, one in ten of whom are taking the most harmful drugs (opiates and/or crack cocaine). Numbers of deaths linked to drug use are increasing nationally (nearly 4,860 deaths related to drug poisoning were registered in 2021 in England and Wales, a six percent increase on figures recorded for 2020¹) and there is a strong link to social deprivation, particularly for opiates and crack cocaine².

This document presents a three-year update of the Joint Strategic Needs Assessment (JSNA) for substance misuse among adults and children and young people in Leicestershire. It reviews the population health needs in relation to substance misuse, its socio-economic determinants, impact on health outcomes, outlines the relevant policy and guidance, existing services and the range of services that are currently provided. It also estimates the unmet needs and presents recommendations based on the findings.

In general, the purpose of a JSNA is to:

- Improve the health and wellbeing of the local community and reduce inequalities for all ages.
- 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.
- Provide a source of relevant reference to the Local Authority, Integrated Care Board (ICBs) and NHS England for the commissioning of any future services.

The Local Authority and ICBs 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 the Local Authority, ICBs and NHS England's plans for commissioning services to be informed by up-to-date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, ICBs and NHS England must be able to explain why.

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. The outputs of the JSNA may include:

- Subject-specific chapters of an assessment of current and future health and social care needs

- An online infographic summary of each chapter
- An online data dashboard that is updated regularly to allow users to self-serve high level data requests.

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.

EXECUTIVE SUMMARY

The misuse of drugs can have a wide-ranging, profound and negative impact on not only individuals, but also families and wider communities. These include long term health and mental health conditions, early death, reduced quality of life and economic opportunities, increased social issues, violence, exploitation and potential trauma and adverse childhood experiences (ACEs).

Whilst this JSNA focuses on substance misuse in relation to illicit drug use, it also recognises the links between drugs and alcohol and alcohol misuse as a comorbid condition.

In 2020/21 there were 1,656 adults in drug treatment in Leicestershire (excluding alcohol-only treatment) with over two thirds (68%) in treatment for opiate use. This is a slightly lower proportion when compared to national figures which sit at 71% for opiate use. However, this makes Leicestershire figures for non-opiate users in treatment slightly higher in comparison to the national average (32% v 29%).

Whilst opiate users have continued to make up the majority of those in treatment, increases have been seen in 2020/21 of those in treatment for non-opiate and alcohol use, and alcohol use only. The completion of this JSNA update follows an unprecedented period in our global history following the outbreak of Covid-19. During this time and following the outbreak providers had to adapt and develop new ways of working, impacting on the traditional methods for engagement, treatment and recovery. The impact of Covid-19 may also be relevant in terms of the behavioural patterns of individuals in relation to substance misuse. When 'alcohol only' treatment is included, the total number of adults in treatment for Leicestershire in 2020/21 is 2,614.

Prevalence and impact

Applying the modelling to the Leicestershire population age profile suggests there could be around 38,000 people over the age of 15 using drugs across the County. The prevalence of drug use is higher amongst men than women, with an almost 2:1 ratio (12% for men and 7% for women). Evidence around drug use by ethnicity is mixed; with at least twice as much recreational use in mixed ethnicity groups than in the white population and four times the rate of other ethnic groups. Research indicates a more complex picture depending on type/class of drug and cultural, social and economic determinants. On average the population of Leicestershire is relatively affluent, but this can mask pockets of deprivation and 12% of the population could experience worse than average drug-related health impacts.

The Crime Survey for England and Wales (CSEW) estimates that one third of adults' report to have taken drugs at some time during their lifetime (2019/20); with 1 in 11 adults aged 16-59 having used illicit drugs in the last year. Cannabis was reported to be the most used drug in 2019/20. With the second most common being cocaine powder.

In 2020/21 there was a total of 1,656 Leicestershire residents in the treatment service (excluding alcohol). Of this number there was a total of 20% that successfully completed their treatment. This is above the national average which is 14%. 87% of young people in treatment completed their treatment journey (N=45), compared to 79% nationally.

With regards to return on investment, engaging in treatment can be the incentive in getting help and wider help for physical and mental health. Investing in treatment services to reduce drug misuse and dependency will not only help to save lives but will also substantially reduce the economic and social costs of drug-related harm. Research has shown that every £1 invested in drug treatment results in a £2.50 benefit to society. For many drug users, engaging in treatment can be the catalyst for getting the medical help they need to address their physical and mental health problems.

Treatment service

Treatment services include harm reduction interventions and treatment pathways. The number of individual substance users that have had identification and brief advice delivered by Turning Point was 4,595 in 2021/22.

Treatment pathways measure 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 sources of referrals of those accessing treatment coming from numerous points. The largest referral source for adults is self-referral, followed by the criminal justice services, which is a similar trend nationally.

In-treatment outcomes are showing that Leicestershire is slightly higher than the national average for abstinence and significant reduction in use for Opiates, with 53% locally compared to 51% nationally for abstinence, and for reductions of opiates 22% locally compared to 21% nationally. Completion of treatment overall varies depending on the drug dependency. Opiate dependents are less likely than other groups to complete treatment successfully or sustain their recovery when compared to other drugs or alcohol; with this attributable to entrenched long term use, wider ill health and those affected being less likely to have access to personal and social resources to aid recovery such as stable housing and employment. Successful completions sit at 7% locally and 5% nationally for those service users in treatment for opiate use.

The Integrated Substance Misuse Treatment Service is jointly commissioned by Leicestershire County Council and Rutland County Council, with additional funding contributions by the National Probation Service and Office of the Police and Crime Commissioner. The service provides community-based drug misuse treatment services for adults and young people who wish to achieve freedom of dependency on drugs and/or alcohol as well as harm reduction and support to sustain recovery. There is a single point of access that enables one team to triage and allocate referrals. The offer includes a number of services such as community prescribing, psychosocial interventions, liaison with primary and secondary healthcare, harm reduction, as well as links with criminal justice services, specific work with vulnerable groups, detox, residential rehab placements and more.

Gaps and Areas of Improvement

A number of areas identified where there were unmet needs, gaps in service provision or where improvements were indicated. These include a number of residents with a perceived need for treatment who are not in treatment services. This is estimated to be 53% of opiate users or 1,300 individuals and 74% for alcohol. Prescription and over the counter medicine addiction is also showing an increase in need with just 9% said to be in treatment, which is lower than the national average of 14%.

Successful completions of treatment in Leicestershire are higher than the national average, other than for opiates. This specific cohort's treatment and recovery journey may not be linear and ongoing support may be required around reducing use or becoming abstinent; complex lifestyles are also a factor. This cohort often requires longer treatment episodes, with more intense intervention from services, including potential Opiate Substitution Treatment (OST) and specialists in Leicestershire are also more cautious around closing too early to avoid representations.

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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1. Background and Introduction

The misuse of drugs and alcohol can have wide-ranging and profound impact on individuals, families and wider communities, affecting health, education, economic opportunities, and safety.

The previous Substance Misuse 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 which have influenced this JSNA. Details of the initiatives and developments are within section 6 of the report.

This initial section presents key concepts, national context and local priorities for substance misuse, as well the overall purpose and structure of the report.

1.1. Introduction

The terms 'substance misuse' and 'drug misuse' are often used interchangeably, not least because drugs and alcohol problems frequently coexist and are under the same treatment pathways. It is important to stress that, with regards to adults (people aged 18 and above), this document focusses specifically on illicit drug use, with alcohol misuse discussed, where appropriate, only as a comorbid condition. The wider aspects of alcohol misuse for adults are discussed in a separate JSNA Alcohol Misuse chapter (available here: <https://www.lsr-online.org/leicestershire-2022-2025-jsna>).

The majority of substance misuse data in this report is derived from the National Drug Treatment Monitoring System (NDTMS). This represents adults who are aged 18 and over who live in Leicestershire and are receiving help for their substance misuse through accessing a service for drugs and/or alcohol. Due to differences in users, NDTMS reporting divides people in treatment into four substance groups:

- Opiates: people who are dependent on, or have problems with opiates, mainly heroin. Opiate users still dominate adult treatment and generally face a more complex set of challenges and are harder to treat than non-opiate users.
- Non opiate: people who have problems with non-opiate drugs, such as cannabis, crack and ecstasy.
- Non-opiate and alcohol: people who have problems with both non-opiate drugs and alcohol.
- Alcohol only: people who are dependent on alcohol but don't have problems with any other substances.

This needs assessment follows the terminology and groupings as used in NDTMS.

Please note that, for adults, while reference may be made to the alcohol only group, this user group is analysed in detail separately in the JSNA concerned specifically with alcohol. However,

for the under 18s, because of the relatively small number of clients in treatment, substance misuse as a whole (including alcohol) is discussed here.

The surveys referenced throughout include the Crime Survey for England and Wales (CSEW). This is a household survey, and it is recognised as a good measure of recreational drug use for the drug types and population it covers. However, it is unlikely to capture problematic drug use, homelessness or other lifestyle factors as many such users would not be covered by the survey.

The overall trends in drug use are reported in CSEW for the following broad groups:

- Class A drugs – comprising all cocaine (powder cocaine and crack cocaine), ecstasy, hallucinogens (LSD and magic mushrooms), opiates (heroin and methadone), plus methamphetamine (since 2008/09).
- Any drugs - including all Class A drugs above plus all those classified between B and C - amphetamine (Class A/B), cannabis, ketamine and mephedrone (Class B) tranquillisers (Class B/C), anabolic steroids, amyl nitrate and any glues (Class C), but excluding novel (new) psychoactive substances (NPS)*

CSEW reports estimates of extent of use and trends for individual drugs (and classes of drugs) from the above groups, by age, selected personal and other characteristics of the survey respondents. Questions on drug use for the survey participants aged between 60 and 74 years of age were introduced first in the year ending March 2018, extending the adult group from 16 to 59-year-olds to 16 to 74- year-olds.

* CSEW 2020 reports on trends in NPS separately.

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)³ 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 low 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, 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 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 next year 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 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. Local population and groups at higher risk of substance misuse

This section describes the relevant demographic and socio-economic characteristics of Leicestershire population. It also presents information on population groups identified, through research or observation, as being at high risk of misusing substances. It is important to note that identification of the risk factors below does not mean an individual will inevitably misuse drugs. Rather, evidence suggests these are some of the risk factors that increase the likelihood of this happening. These groups are not exclusive, and individuals may have a range of interlinked vulnerabilities which increase their overall risk of substance misuse.

2.1. Demographics

2.1.1. Age

The responsibility of the *Crime Survey for England and Wales (CSEW)* has been transferred from the Home Office to the Office for National Statistics (ONS) for the year ending March 2020. The latest survey (for year 2019/20) found the use of any drug was highest among the youngest age groups; 21% (one in five) of 16- to 24-year-olds reporting any drug use in the last year, compared to 9.4% (one in eleven) of all surveyed adults (16–59-year-olds).

Generally, the prevalence of drug use decreases with age, with 21.1% in those aged 16-19 and just 4.1% among those aged 55-59, in keeping with previous survey years. Levels of drug use in the older age groups (60-74) is estimated at only 1%.

Just over 2% of all adults were frequent users, cannabis was the most commonly used drug (7.8% of adults) and powder cocaine second most common (2.6% of surveyed adults). Overall, the rate of drug use was similar to the previous year.

It is important to restate that the CSEW is a household survey and although it is regarded as a good measure of recreational drug use, it may not provide as good coverage of problematic drug use and is probably an underestimate of the overall prevalence.⁴

Applying the Leicestershire 2021 population figures to the survey result, there could be approximately 17,000 16–24-year-olds using drugs and a further 20,800 among those aged 25 to 59 years. The population of Leicestershire has a slightly older age profile than England, with 20.7% over 65s, compared to 18.4% in England. However, the proportion of those aged 15-24 is similar (12% in both Leicestershire and England).

In summary, Leicestershire population age profile suggests there could be about 38,000 people over the age of 15 using drugs across the county.

2.1.2. Sex

The 2020 CSEW found the prevalence drug use was higher among men, one in eight (11.9%) when compared to women (6.9%), this pattern is keeping with previous survey results, although the overall prevalence figures have reduced over the years, from 15.6% of males and 8.5% of females in 1997.

In the 2021 Census there was a similar male/female population ratio in Leicestershire compared to England (49%/51%).

2.1.3. Ethnicity

The evidence on drug use by ethnicity is mixed. The 2020 CSEW suggests higher use in the past year in mixed ethnicity groups (22.6% for any drug use) compared to white and non-white groups (10.1% and 3.2-5.4% respectively). A similar pattern, but with less variability, was observed in this survey for class A drugs with 5.5% in mixed ethnicity group, 3.8% for white population and between 0.5% and 1.2% in other ethnic groups. This survey is recognised as a good measure for recreational drug use. The *Adult Psychiatric Morbidity Survey 2014* also found the proportion showing signs of drug dependence was highest among adults in the Black/Black British group (7.5%) compared to any other ethnic group. This may be explained by higher rates of cannabis use in this group and could reflect reporting of daily use.⁵

However, other research suggests the prevalence of substance misuse amongst BME groups may be lower due to social stigma. For South Asian and Chinese communities for example, stigma surrounds not only drug users, but also their families, all of whom could be alienated from the community. It is also possible that individuals from minority backgrounds do use, but conceal use from family members, and are further reluctant to access services to seek support. Language and cultural barriers, concerns surrounding confidentiality and anonymity, and the unfamiliarity of

treatment (e.g., talking therapies) may also act as obstacles towards treatment.⁶

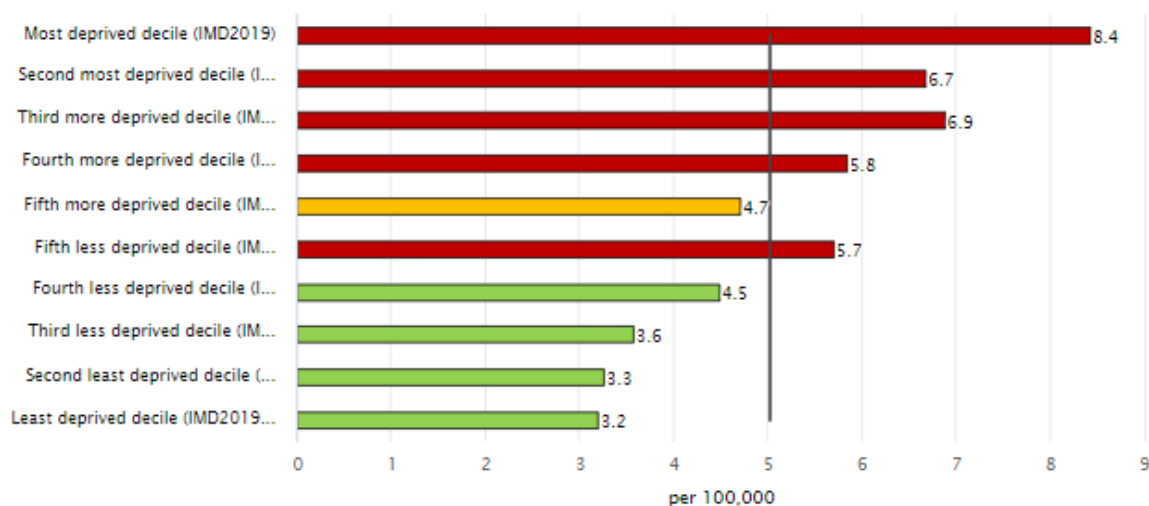
According to Census 2021, the majority of population in Leicestershire declare themselves as white (87.5%). The second most prevalent group is of South Asian origin (8.2%), followed by those of mixed ethnicity (2.2%), black (1.1%) and 'other' ethnic groups (1%). Thus, the total of ethnic minority populations is 12.5%, significantly below the national average of 19%.

In summary, there is a mixed picture of drug use among ethnic groups, with at least twice as much recreational use in mixed ethnicity groups than in white population and four times the rate in other ethnic groups. However, research indicates a more complex picture, depending on type/class of drug and cultural, social and economic determinants.

2.2. Deprivation and inequalities

Although drug misuse exists in most areas in the UK, it is more prevalent in areas characterised by social deprivation.⁷ Figure 1 below shows there is a significantly higher rate of deaths from drug misuse in the counties categorised in the most deprived decile in England, compared to the least deprived decile. In 2019-20, the rate of deaths from drug misuse was 2.6 times higher in the most deprived decile areas of England (8.4 per 100,000), compared to the least deprived decile (3.2 per 100,000).⁸

Figure 1: Deaths from drug misuse – England, 2019-20 – Data partitioned by County & UA deprivation deciles in England (IMD2019)



Source: Public Health Outcomes Framework, Public Health England 2022

The most recent available IMD classification (2019) shows that, based on the 2020 population estimates, just under 88,190 people (12.4%) in Leicestershire live in neighbourhoods falling in the four most deprived deciles nationally (out of a total population of just over 713,000). Less than one

percent of the population, 6,375 (0.9% of total) is estimated to live in the most deprived decile, in four localities (LSOAs) – two in Northwest Leicestershire (Greenhill Central and Northeast) and two in Charnwood (Loughborough Foundry and Loughborough Warwick Way).

In summary, although on average the population of Leicestershire is relatively affluent, there are pockets of deprivation and 12% of the population could experience worse than average drug-related health impacts.

For further information on the population and deprivation that exists throughout Leicestershire, please see the most recent update of the Demographics JSNA chapter:

<https://www.lsr-online.org/leicestershire-2022-2025-jsna>

2.3. Rural and urban classification

The *2020 CSEW* found people living in urban areas reported higher levels of drug use than those living in rural areas. Around 1 in 10 (9.6%) people living in urban areas had used any drug in the last year, compared with around 1 in 13 (8%) of those living in rural areas. For any class A drugs, the difference is much less pronounced with 3.4% vs 3.3%, respectively.

Based on Census 2011 results, while the county is rural in terms of area, the population is concentrated within urban areas. Overall, 70% of the population of Leicestershire live in areas classed as ‘urban city and town’, while 18% live in area classed as ‘rural town and fringe’ and the remaining 13% live in areas classed as ‘rural village and dispersed’. More up-to-date figures from the recent population Census are awaited in 2023.

In summary, the use of drugs in urban areas could be 20%, but with a much smaller excess for class A drugs; the majority (70%) of Leicestershire population live in an urban setting.

2.4. Groups at risk and vulnerable populations

2.4.1. Sexual orientation and gender identity

Drug use among LGBT groups is higher than among their heterosexual counterparts, irrespective of gender or different age distributions in the populations⁹. Many surveys have only relatively recently started to ask about sexual orientation and gender identification, so it is difficult to look at any long-term trends, however there is strong evidence that sexual minorities have higher rates of substance misuse than people who identify as heterosexual.

The data collected through Crime Survey for England and Wales 2020 suggest that the highest rates of drug use are in groups identifying as bisexual (31.4%), followed by gay/lesbian groups (20.5%), compared to 8.8% among heterosexual and 9% in those classified as ‘other’. The percentage using class A drugs are 11.1% bisexual, 9.2% for gay/lesbian against 3.2% among heterosexual groups.

Data from the 2018 National Survey on Drug Use and Health (NSDUH) in the USA, suggests that

substance use patterns reported by those who describe themselves as lesbian, gay, or bisexual are higher compared to those reported by heterosexual adults. More than a third (37.6 %) of LGB adults (18 and older) reported past year cannabis use, compared to 16.2% reported by the general adult population. Past year opioid use was also higher with 9% of LGBT adults reporting use compared to 3.8% across all adult population¹⁰.

LGBT individuals often enter treatment with more severe disorders and have additional (comorbid) psychiatric disorders. Addiction treatment programs offering specialised groups LGBT clients showed better outcomes, but such programmes are not often available¹¹. LGBT people are also at increased risks for human immunodeficiency virus (HIV) due to both intravenous drug use and risky sexual behaviours. HIV infection is particularly prevalent among gay and bisexual men and transgender women who have sex with men. Drug treatment can also help prevent HIV transmission among those at high risk¹².

The *Part of the Picture* research reporting in 2012 on a sample of more than 4000 responses found that just over one quarter of LGBT people in the study met the criteria for substance dependence. The report further found that significant barriers exist to seeking information, advice or help among LGB people with only a third of respondents to their questionnaire had sought information, advice or help about their substance use.¹³

Public Health England explored substance misuse in men who have sex with men, with particular emphasis on chemsex. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs. As well as the effects of problematic alcohol and drug use, chemsex can pose additional hazards both to the individual involved and public health. Where drug use takes place in a sexual context the risk of transmission of blood borne viruses and other sexually transmitted infections (STIs) increases¹⁴.

According to the ONS Annual Population Survey (2022), the proportion of population identifying as LGB is rising, both nationally and regionally. An estimated 3.1% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2020, an increase from 2.7% in 2019 and almost double from 2014 (1.6%). The proportion of men in the UK identifying as LGB increased from 1.9% to 3.4% between 2014 and 2020; the proportion of women identifying as LGB has risen from 1.4% to 2.8% over the same period. In the East Midlands in 2020, there was an estimated 132,000 residents who identified as gay, lesbian, bisexual, or other, which equated to 3.4% of the regional population, an increase from 1.4% in 2014¹⁵.

Further discussion on sexual orientation of clients accessing services (NDTMS) is covered in 3.1.4. There is no available data on gender identity.

2.4.2. Childhood

Guidance from Public Health England notes family history of addiction is a recognised risk factor for drug misuse.¹⁶ There is a cyclical relationship between childhood experiences of, and exposure to,

adult substance misuse, and subsequent misuse of substances in adulthood. The study of adverse childhood experiences (ACE's) in England found that children who experience four or more adversities are 11 times more likely to go on to use crack cocaine or heroin. Parents or carers affected by ACE's are at increased risk of exposing their own children to ACE's, resulting in an intergenerational cycle.¹⁷ With this, substance misuse can be a sign that young people are dealing with adversity, trauma and/or experimenting with their identities. Substance misuse hence overlaps with a range of other vulnerabilities which can also exacerbate their risk of abuse and exploitation.¹⁸ In England, 1 in 25 adults lived at some point during their childhood with someone misusing, or dependent on, drugs.¹⁷

Dame Carol Black's Independent Review of Drugs (2020) highlighted that the county lines illegal drug distribution model is characterised by exploitation of young people (often as young as 15-17 and mostly male), predominantly recruited as 'runners' to transport drugs or money. Such children are often vulnerable, experiencing poverty and/or family breakdown, and are frequently known to social services. However, not all young people are groomed or coerced – some engage to earn money and status.

The 2014/15 What About Youth (WAY) survey is a home postal survey which questioned 15-year-olds on various health behaviours, including whether they had ever tried cannabis. In Leicestershire, 9.5% of 15-year-olds reported having tried cannabis, similar to the national percentage of 10.7%. When examining results nationally, there was no significant difference between males and females (10.6% and 10.8% respectively). However, gay, lesbian and bisexual 15-year-olds were significantly more likely to have tried cannabis than their heterosexual peers. Those from white or mixed ethnic backgrounds were significantly more likely to have ever tried cannabis than those from Asian, Black or other backgrounds.¹⁹

The Smoking, Drinking and Drug Use among Young People in England (SDD) survey questions secondary school pupils, aged 11 to 15 on certain health behaviours in exam conditions. Due to the difference in methodologies, the results of the SDD and WAY surveys should not be directly compared. The survey shows that substance misuse (including alcohol) amongst young people has been broadly in decline since 2001. The most recent survey in 2021 showed a general reduction in drug use since 2018 - 18% of pupils reported they had ever taken drugs (lower than 24% in 2018), 12% had taken drugs in the last year (17% in 2018), and 6% in the last month (9% in 2018)²⁰.

In 2020/21 there were 505 **children looked after** in Leicestershire, with 4% (N=19) having a substance misuse problem, which is not significantly different to the 3% national rate.

Young people in treatment for substance misuse in Leicestershire (2020/21) had some recognised vulnerabilities, the most common was self-harm (20%, N=15/75), which seems to be increasing in the recent years. Antisocial behaviour, which is the most common vulnerability nationally in this group (21%), was less prevalent in Leicestershire (15%, N=11), followed by the impact by other misusing drugs (12% locally vs 14% nationally). Numbers are too small to draw robust comparisons.

Information specific to children and young people (under 18 years of age) is presented in the relevant sections:

- Health Needs (Section 3) – including prevalence, numbers in treatment, frequency of substance use, comorbidities.
- Health Impacts (Section 4) – childhood and parenting.
- Treatment Services (Section 5) – including sources of referral, pathway measures, waiting times and treatment outcomes.

2.4.3. Homelessness

The association between homelessness and drug misuse is complex. Problems with drugs can be part of a person's spiral into homelessness, but homelessness can also result in drug misuse. As such, homelessness can be both a cause and consequence of drug misuse, although not everyone who has problems with drugs becomes homeless, and not every homeless person has problems with drug misuse. National data show that one-fifth of adults starting treatment in 2019 to 2020 reported a housing problem, increasing to one-third of people in treatment for opiates²¹.

Homelessness can be defined in many ways: from statutorily homeless, single homeless people, rough sleepers and those at risk of homelessness. Many people who become homeless do not show up in official figures. This is known as hidden homelessness. This includes people who become homeless but find a temporary solution by staying with family members or friends, living in squats or other insecure accommodation. Research by the charity Crisis indicates that about 62% of single homeless people are hidden and may not show up in official figures.²²

The *Annual Rough Sleeping Snapshot in England*²³, reported on the numbers of people sleeping rough[†] on one night in autumn (October-November) in 2020. Across England there nearly 2,690 people sleeping rough which was 37% less than in 2019 (4,266) but much higher than in 2010 when records began (1,768). Because the 2020 snapshot was counted during the Covid pandemic restrictions in many areas the annual fall in numbers could be an underestimate of the need. Also, counts are subject to weather conditions etc. The general national trend was for an increase up to 2017 with some reduction in 2018 and 2019. The East Midlands region followed a similar trend, with total or rough sleepers counted in 2020 at 187. In Leicestershire numbers are relatively low (13 in 2020). Although this is nearly double of 2010 (N=7), the year-on-year counts are quite variable. In comparison the peak number in Leicester was 36, with 22 in 2019.

The charity Crisis reports that nationally levels of drug abuse are relatively high amongst the

[†] The snapshot records only those people seen, or thought to be, sleeping rough on a single night and may exclude many groups, such as those in shelters.

homeless compared to the general population. During 2013-15, 27% of their clients reported problematic drug/alcohol, with two thirds of homeless people citing drug or alcohol use as a reason for first becoming homeless. They found that those who use drugs are seven times more likely to be homeless²². It is recognised that a safe, stable home can further enable people to sustain drug misuse recovery.

Leicestershire Homelessness Audit carried out between 17/12/2021 and 7/1/2022 through partner organisations working directly with homeless people in the County. Among all respondents (N=25), over a half (56%) reported not using any drugs in the past 12 months and 16% reported using cannabis. Very small numbers of respondents reported using other drugs and, due to very small sample size, these results may not be representative of all Leicestershire homeless²⁴.

The 2020/21 NDTMS data shows that of the 677 adults who had an accommodation status recorded at the start of treatment, 136 individuals reported a housing problem or urgent no fixed abode problem. This is a fifth (20%) of those with an accommodation status at start of treatment. In 2017/18, there were 700 decisions taken by the local authority on homelessness applications, at a rate of 2.5 per 1,000 households. Please note this includes both positive and negative decisions in order to capture the demand on local authority housing provision.²⁵ When presenting to treatment, opiate clients tended to report the highest percentage of an urgent housing problem, usually No Fixed Abode (NFA), or some form of current housing problem (such as staying with friends or family as a short-term guest or residing at a short-term hostel).

Among Leicestershire **young people** in substance misuse treatment, the majority were living with parents (79%, N=59), a proportion similar to the national average. The next largest group (N=10, 13%) were living in supported housing which is significantly higher than 4% nationally.

Nationally, the proportion of clients presenting to treatment with a housing problem has remained relatively stable for most substance groups since 2009-10, although there has been an increase in the proportion of opiate clients with an urgent housing problem from 10% in 2009-10 to 16% in 2017-18. In Leicestershire, the increase has been from 8% to 16% in the same period of time.²⁶

There were estimated 688 homeless deaths in England and Wales registered in 2020, a decrease of 11.6% from 2019, which, although not statistically significant, represents the first fall in the number of estimated deaths since 2014. It is important to note that the 2020 figure could be an underestimate and the overall trend in mortality has been up until 2019.

Although homeless mortality in the East Midlands is fourth lowest among England regions (52 estimated deaths in 2020), there was a similar trend to the national upward trend up to 2019, even after adjusting for population size. The highest rates were in London and the Northwest. Most homeless deaths registered in England in 2020 were among men (604 estimated deaths: 87.8% of the total), consistent with previous years.

Almost two in five deaths of homeless people were related to drug poisoning in 2020 (265 estimated deaths; 38.5% of the total number), consistent with previous years²⁷.

2.4.4. Military Personnel and Veterans

The Ministry of Defence has a 'zero tolerance' approach to use of drugs or controlled substances. It is likely that prevalence of drug misuse within this population is low as people who test positive for drugs will face disciplinary proceedings. There are no military bases in Leicestershire so quantifying the number of serving military personnel attached to the county, who have tested positive for drugs misuse, is not possible.²⁸

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.¹⁸ However, it is not possible to quantify how many veterans are misusing drugs within local authority areas.

2.4.5. Prisoners

People in prison or those in the criminal justice system have a higher prevalence of substance misuse than the general population, and prisoners with addiction issues are at an increased risk of self-harm and suicide. Within prisons drugs are widely available, with around 15% of prisoners testing positive to random drug tests and one in three people estimated to have severe drug dependence. The pattern of drug use in prisons is changing, with new psychoactive substances becoming increasingly problematic. The problems are greatest in male local and category C prisons²⁹.

The level of drug misuse in prisons is measured by the Random Mandatory Drug Testing programme (RMDT). The aim of RMDT is to test a random sample of 5% or 10% of prisoners each month (depending on prison capacity) and to monitor and deter drug-misuse. Between 1998/99 and 2014/15, in the UK, the share of prisoners testing positive for drug use from all randomly tested prisoners decreased from 18.3% to just below 7%. However, the level has increased in recent years to 10.5% in 2019/20. The use of NPS was measured first in 2017/18, and since then it fell from 12.9% to 4.3% in 2019/20³⁰.

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) 31. 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.

The continuity of care between treatment services in prisons and the community is monitored by the Public Health Outcomes Framework (PHOF) indicator C20. In England, the proportion of adults

released from prison and successfully starting community treatment within 3 weeks of release was just over 37% in 2021/22. The Leicestershire rate (54%) was significantly higher than national (37.4%) or regional (36%) average.

3. Health Needs

An estimated 300,000 people in England are dependent on heroin and crack. Increasing numbers of people are reportedly having problems with other drugs such as cannabis, new psychoactive substances and image and performance-enhancing drugs. Concern is also growing about misuse of, and dependence on, prescribed and over-the-counter medicines. A person's drug use or dependence can significantly affect their families, friends, communities and society.³²

3.1. Prevalence

Prevalence is a measure of all individuals with a disease, illness or characteristic at a given time or time period. For the purposes of this chapter, 'prevalence' is defined as the proportion of the Leicestershire population misusing drugs, or using drugs illicitly, unless otherwise stated.

True prevalence of drug use locally is unknown, but a triangulation of survey data, secondary care and specialised treatment service data can provide an insight into, and estimates for, the population. Thus, the survey data (CSEW 2020), provides estimates for recreational drug use and specialised treatment data (NDTMS) provides insights into problematic drug use, those users who are trying to recover from their addiction. The secondary care data looks at hospital admissions for those who may or may not be in contact with a specialised treatment service. It is noted that certain populations, such as the homeless, who are at higher risk of misusing drugs, may not be accounted for in some of these figures, and hence the data is likely to present an underestimate of the true prevalence of illicit drug use in the population.

3.1.1. Overall prevalence estimates

The CSEW 2020 estimates the prevalence of recreational drug use by taking a representative sample and applying the results to the whole population in England and Wales. Approximately one third (35%) of adults reported in 2019/20 to having taken drugs at some point during their lifetime. Since 2001/02 this proportion fluctuated between 34% and 36.8%. When considering frequent use, where frequent use is defined as taking an illicit drug more than once a month on average, 2.1% of 16–59-year-olds reported frequent drug use in 2019/20. This is not statistically different to the 2016/17 survey. Due to a change in formulation of the question, long term trend information is not available on frequent use.

3.1.2. Adults in treatment

The National Drug Treatment Monitoring System (NDTMS) collects regular activity and performance data from all drug treatment services in England and reports information on individuals receiving structured drug or alcohol treatment in each local area. The data includes all individuals who cited an illicit substance misuse problem upon entering treatment. In 2020/21, there were 2,614 individuals in drug and alcohol misuse treatment services in Leicestershire.

Table 1 shows the numbers and proportions of adults in treatment in Leicestershire by the substance group, compared to the national average. In Leicestershire, the largest proportion is of adult clients presenting with a problematic use of opiates (43%), followed by those with alcohol as the only problematic substance used (37%). The two other groups were adults treated for non-opiate and alcohol use (12%) and non-opiates alone (8%). Compared to the national average, Leicestershire has a proportionately smaller proportion of individuals treated for opiate use (51% in England), but more for alcohol, both on its own and with non-opiate patients (28% and 11% in England, respectively).

Table 1a: Numbers of adults (18+) in treatment by main substance group 2020/21

	Leicestershire		England
	Number	% Total	% Total
Opiate	1,121	43%	51%
Non-opiate	219	8%	10%
Non-opiate & alcohol	316	12%	11%
Alcohol only	958	37%	28%
Total	2,614		

Source: NDTMS 2022

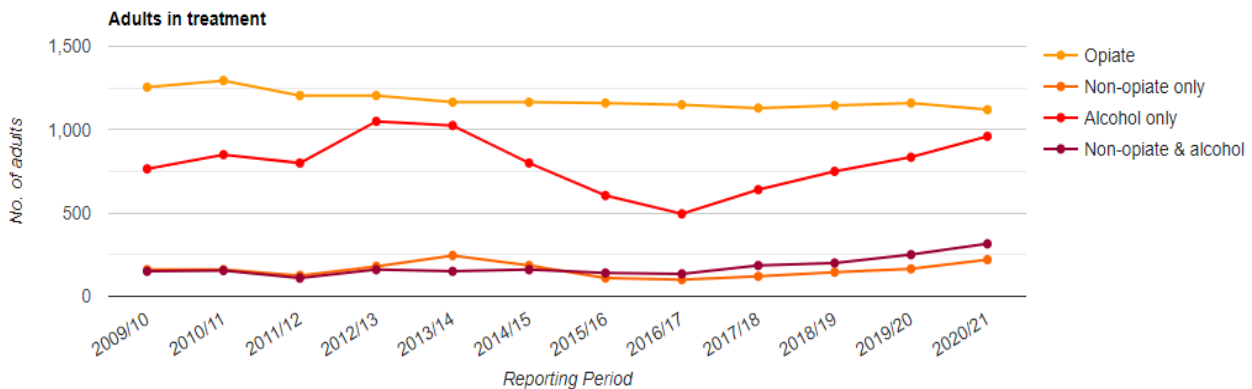
Table 2b: Numbers of adults (18+) in treatment by main substance group and district 2022/23

	Blaby	Charnwood	Harborough	Hinckley and Bosworth	Melton	North West Leicestershire	Oadby and Wigston	Rutland
Alcohol only	125	244	119	147	76	167	91	38
Non-Opiate and Alcohol	28	79	27	49	22	57	19	12
Non-Opiate	36	46	18	38	26	31	15	7
Opiate	80	410	98	150	101	163	68	26
Total	269	779	262	384	225	418	193	83
Alcohol only	46.5%	31.3%	45.4%	38.3%	33.8%	40.0%	47.2%	45.8%
Non-Opiate and Alcohol	10.4%	10.1%	10.3%	12.8%	9.8%	13.6%	9.8%	14.5%
Non-Opiate	13.4%	5.9%	6.9%	9.9%	11.6%	7.4%	7.8%	8.4%
Opiate	29.7%	52.6%	37.4%	39.1%	44.9%	39.0%	35.2%	31.3%

The trends in the numbers of adults in treatment are presented in Figure 3. Across all substance groups there was a 39% increase in numbers, against a small fall across England (-1.4%). There was a nearly 95% increase in the number of individuals in treatment for alcohol since 2016/17 in

Leicestershire (back to the levels seen in 2012-14), against a small reduction nationally in the same period (-5%). Excluding the alcohol-only group results a 20% increase in numbers in Leicestershire, against no change in England. 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 2 Trends in the numbers of adults in treatment 2009/10 to 2020/21– Leicestershire (NDTMS 2022)



For the purposes of this report, the ‘alcohol only’ substance group is excluded unless otherwise stated. This leaves 1,656 adults in drug treatment in Leicestershire in 2020/21, with 68% in treatment for opiate use, and 32% in treatment for non-opiate use. Nationally, there is a somewhat higher proportion in treatment for opiate use when compared to Leicestershire (71%) and a lower proportion in treatment for either form of non-opiate use compared to Leicestershire (29%).

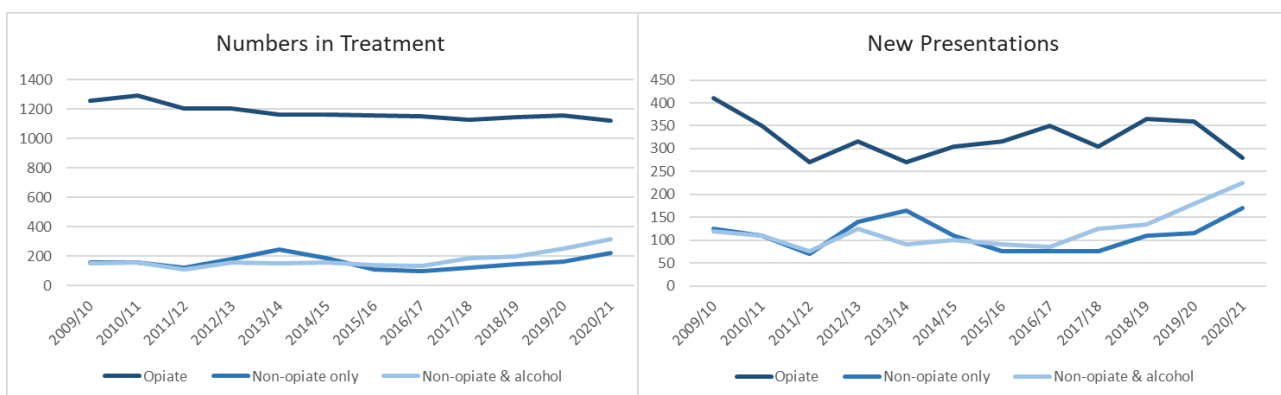
Table 2 presents the numbers in substance misuse treatment in 2020/21, the number of new presentations to treatment in 2020/21 and the respective percentage changes when compared to 2019/20. The number of new presentations to treatment for opiate use in 2020/21 had decreased by 23% when compared to the previous year. Analysing this data alongside Table 1, shows that while opiate users continue to make up the majority of those in treatment, this percentage has decreased. In the same time period, there was a 25% increase in new presentations for non-opiate and alcohol use, and a 27% increase in the numbers in treatment compared to the previous year. This reflects an absolute increase of 46 and 67 individuals respectively. The increase in numbers in treatment may be partly attributed to the increase in new presentations. For non-opiate use there was a 50% increase in new presentations to treatment when compared to 2019/20, and a 32% increase in the number in treatment.

Table 3: Numbers in treatment, numbers of new presentations and % changes compared to previous year, Leicestershire 2020/21²⁵

	Number in treatment (2019/20)	Number in treatment (2020/21)	% Change	New presentations to treatment (2019/20)	New presentations to treatment (2020/21)	% Change
Opiate	1,158	1,121	- 3%	362	278	- 23%
Non-opiate	166	219	+ 32%	115	172	+ 50%
Non-opiate & alcohol	249	316	+ 27%	181	227	+ 25%
All	1,573	1,656	+ 5%	658	677	+ 3%

Source: NDTMS 2022

Figure 3: Trends in numbers presenting to treatment and new presentations to treatment by main substance group, Leicestershire



3.1.3. Young people in treatment

In 2020/21 there were 75 clients in young people's services, including 18-24s in young people's services (not those in adult services). Across all ages, 36% were female and 64% male, the same proportions as for England. The age breakdown is given in Table 3.

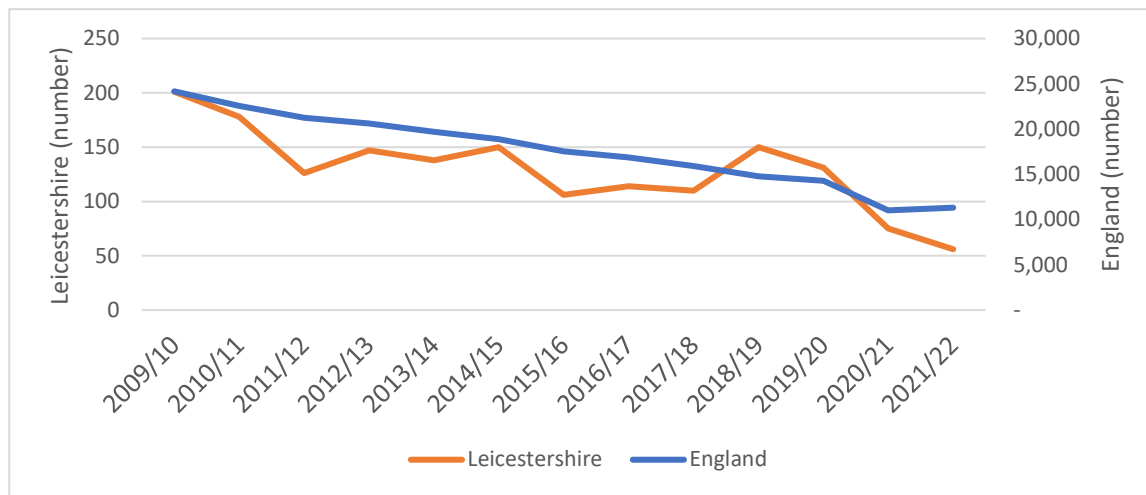
Table 4: Numbers of young people in treatment by age and sex 2020/21 (young people services only).

	Leicestershire				England		
	All		Male	Female	All	Male	Female
	Number	%	%	%	%	%	%
<14	*	*	*	*	5	5	5
14-15	23	30	29	33	30	29	31
16-17	49	64	69	56	42	44	57
18-24	*	*	*	*	23	21	26

* Numbers and proportions suppressed due to disclosure concerns

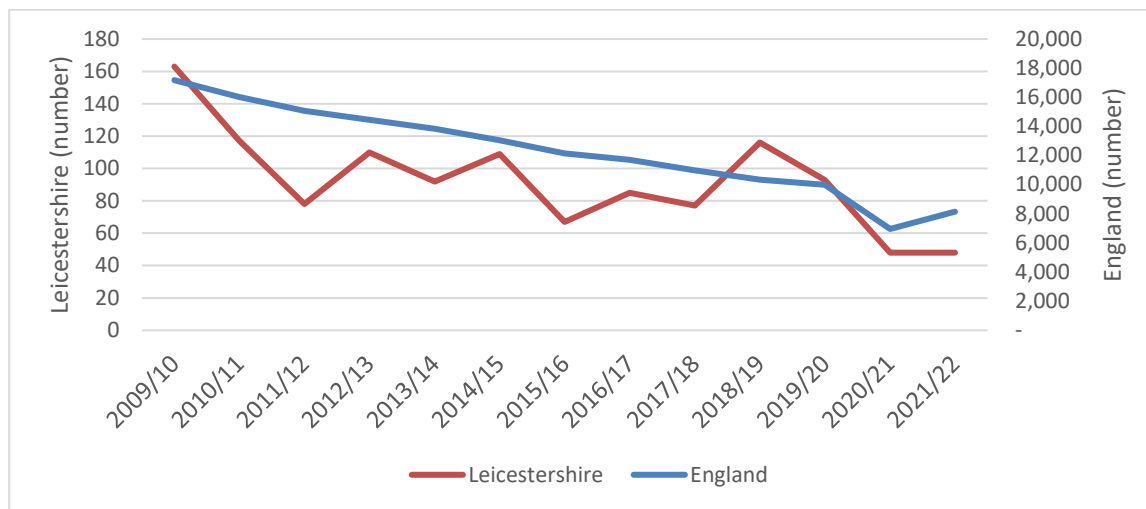
There was a reduction in the numbers of young people in substance misuse treatment in Leicestershire (from over 200 in 2009/10 to 75 in 2020/21 and 56 in 2021/22); this pattern is similar to the national one (Figure 5) and the COVID-19 pandemic is attributable to the decline.

Figure 4. Trends in the number of young people in treatment in Leicestershire and England (Source: NDTMS 2023)



There were 48 young people entering substance misuse treatment in 2020/21 (same number in 2021/22) (Figure 6).

Figure 5. Young people starting treatment since 2009/10 - trends in Leicestershire and England (Source: NDTMS 2023)



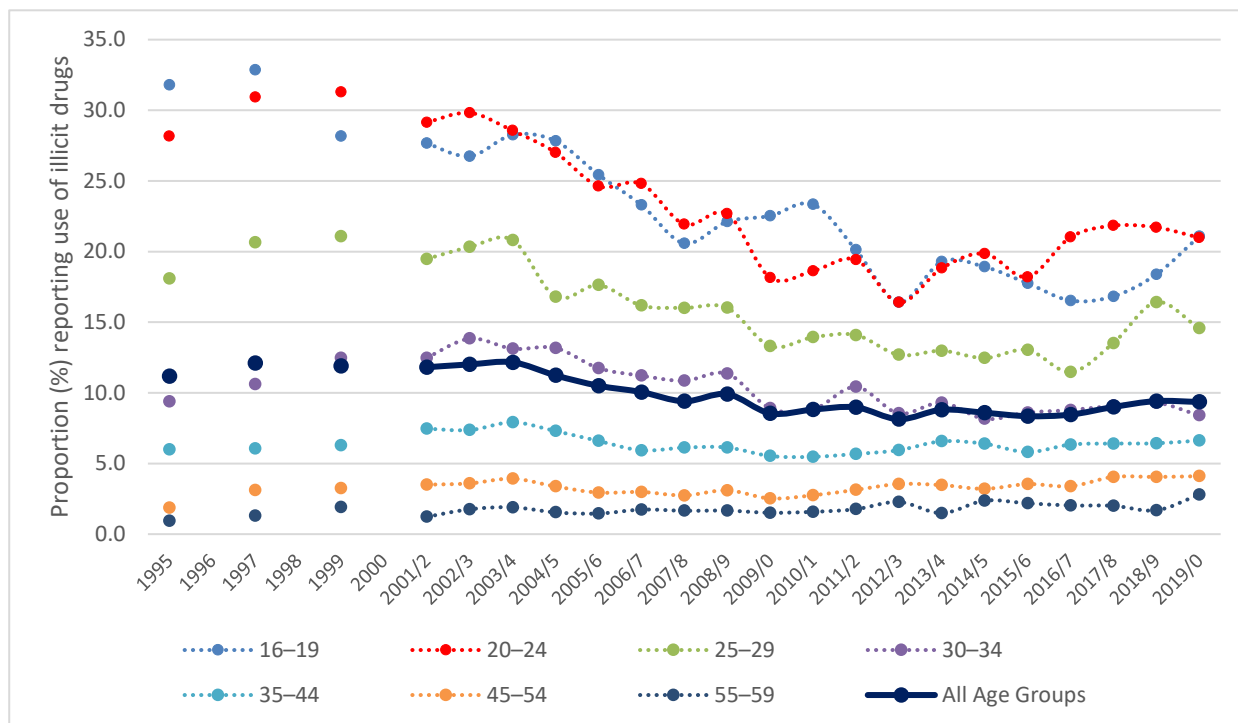
3.1.4. Age and sex

Recreational use

The 2020 CSEW found the youngest age groups, 16-19 and 20-24 years reported higher drug use than any other age group in the last year at 21.1% and 21.0% respectively. The prevalence in these groups is more than double the wider age group (16-59 years) where 9.4% had taken an illicit drug in the past year. Other than the 16-24 age band, drug use decreases as age increases all the way to 2.9% in 55–59-year-olds. It is important to note that the CSEW is a household survey and is regarded as a good measure of recreational drug use but may not provide as good coverage of problematic drug use.

According to the survey, in the past 25 years, there was a fall in use of drugs by adults, as shown in Figure 5. The main decline was among 16- to 24-year-olds, and to a lesser extent, 25- to 29-year-olds. However, the last four years have seen an increase among the youngest, 16-19 group, matching the rate among 20–24-year-olds in the most recent year, and among those in their early 30s. These trends added to a slight increase in the average rate (16-59) in the last four years.

Figure 6: Trends in illicit drug use (any drug) by age group (16–59-year-olds) between 1995 and 2019/20



Source: Crime Survey for England and Wales, 2020

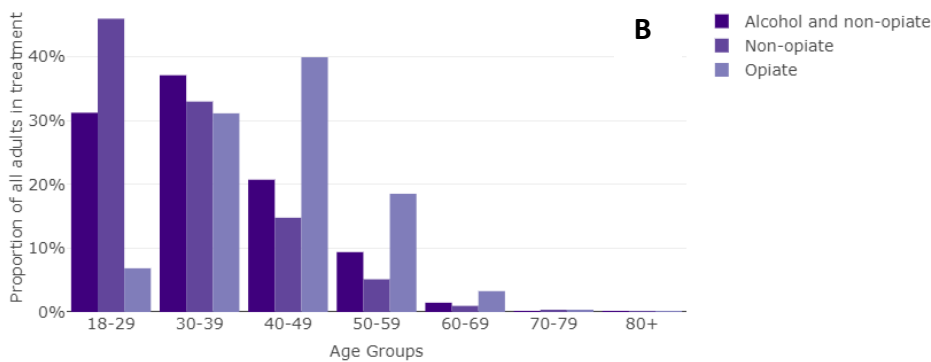
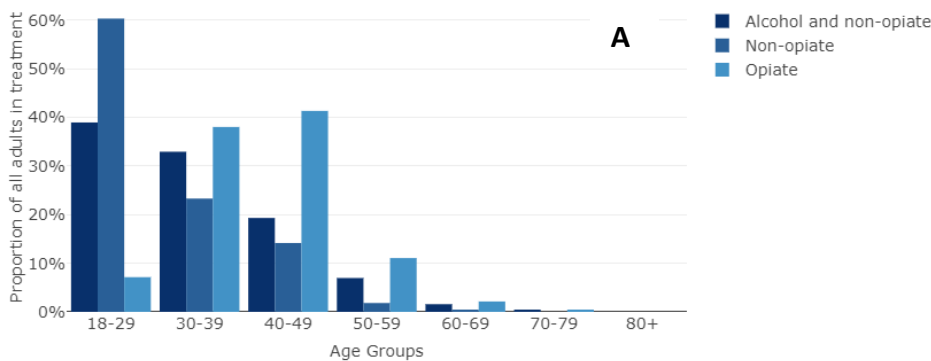
In line with previous years, the 2020 CSEW showed drug use is significantly higher in men than women with 11.9% of men compared to 6.9% of women reporting illicit drug use in the previous year. This pattern has existed since the 1996 survey, even though levels of use have fallen for both

sexes (13.6% of men and 8.6% of women in 1996). This pattern continues when looking at individual drug types. Drug use in the last year is highest in young men aged between 20 and 24 years (26%) and lowest in women aged 55-59 years (1.8%).

Treatment

NDTMS data for 2020/21 show that locally, the highest proportion of **adults in treatment** were aged 30-39 (35%), whereas nationally the highest proportion of those in treatment were 40-49 (33%).²⁵ Both locally and nationally, the lowest proportion of those in treatment were those in age bands 70-79 and 80+. Both nationally and locally, non-opiate clients presenting without problematic alcohol use have the youngest age distribution, while opiate clients have the oldest age distribution as shown in Figure 8. The majority of opiate clients both locally and nationally were aged 40-49 years old. Meanwhile the highest proportion of non-opiate clients were aged 18-29 both locally and nationally.

Figure 8. Age of adults in treatment in Leicestershire (A) and England (B) in 2020/21 (Source NDTMS 2023)



Treatment data (NDTMS) shows that 72% of those in treatment in Leicestershire in 2020/21 were males, and 28% females, compared to national percentages of 71% and 29% respectively. For males, the highest proportion of those in treatment were aged 40-49, whereas in females the highest proportion of those in treatment were aged 30-39.²⁵

Table 5: Age of all male and female adults in drug treatment in 2020-21²⁵

	Leicestershire				England		
	Number	Proportion of all clients	Males	Females	Proportion of all clients	Males	Females
18-29	335	20%	18%	25%	16%	15%	20%
30-39	581	35%	34%	39%	32%	31%	36%
40-49	555	34%	36%	27%	33%	35%	30%
50-59	150	9%	10%	7%	15%	17%	12%
60-69	30	2%	2%	1%	3%	3%	2%
70-79	5	0%	0%	1%	0%	0%	0%
80+	0	0%	0%	0%	0%	0%	0%

Source: NDTMS, *Drugs commissioning support pack, key data 2022-23*

Almost two-thirds of **young people in treatment** were aged 16 or 17 (64%, N=49) and under a third 14 to 15 (30%, N=23).

Further discussion of demographic prevalence trends for individual substance groups is presented in 3.1.7.

3.1.5. Ethnicity

Of all **adults** in treatment in Leicestershire in 2020/21 for drugs (NDTMS), 675 were new presentations who were starting treatment within that year. This equates to 41% of all clients, compared to 39% nationally. When splitting by ethnicity, 89% of new presentations identified as White British, accounting for 604 individuals. The second most common ethnic group was White and Black Caribbean, with 16 individuals accounting for 2% of new presentations, followed by 11 individuals who identified as Indian.

The majority (80%, N=60) of **young people** in treatment were of White British or Other White Ethnicity.

3.1.6. Sexual orientation

NDTMS treatment data for Leicestershire in 2020/21 showed 93% of new presentations identifying as heterosexual (632 individuals) and 3% identifying as gay/lesbian, accounting for 18 individuals.

3.1.7. Prevalence by drug type

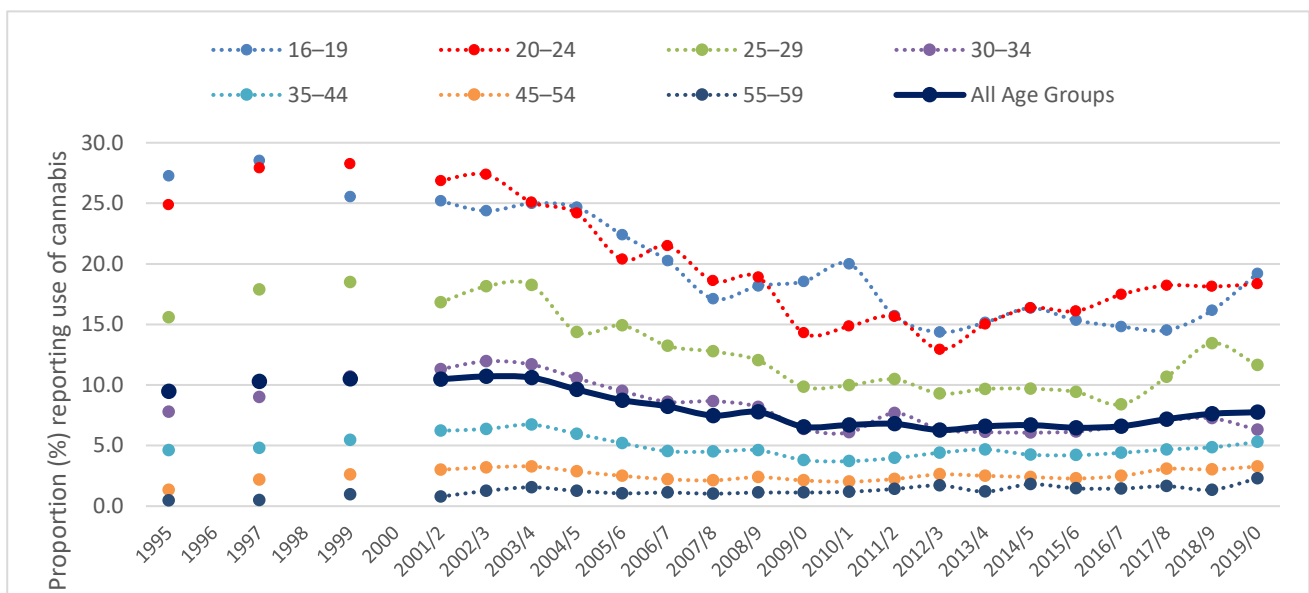
Recreational use

The CSEW 2020 found 1 in 11 adults aged 16-59 had used an illicit drug in the last year.

Cannabis was reported as the most used drug over the last year (2019/20), with a prevalence of 7.8%. While there have been fluctuations in its reported use over the past 10 years, this was the highest estimate during that time. The increase from 2018/19 (7.6%) was not statistically significant, however, when compared to 2009/10 (6.6%) the rise was significant. Of those who'd taken it, 34% reported being frequent users, where a frequent user is defined as someone who has taken an illicit drug more than once in the last year. Cannabis use is most prevalent in the 16-19 age group, with 19.2% reporting its use in the last year (2019/20), followed closely by the 20-24 group (18.3%). The prevalence of the use of cannabis decreases in the higher age groups, down to 2.3% in those aged 55-59. For the two younger age groups combined (16-24) the rate was 18.7% in 2019/20, a rise (albeit not statistically significant) from 17.3% in the previous year, and from 16.2% in 2009/10. 30.5% in this age group were frequent users of cannabis, including 6% classed as 'every day' users. Cannabis use was higher among young men than women (22.3% vs 14.9%, respectively). There was no significant sex differential in older age groups. Cannabis users were more likely to be single, unemployed or students and be from mixed/other ethnic groups.

Although there was a general decline in the rates in the past 20 years across all age groups (from 10.5% in 2001/02 to 6.3% in 2012/13) there was a steady increase since then, to 7.8% in 2019/20. With some year-to-year variation, the pattern is similar across various age groups (see Figure 9).

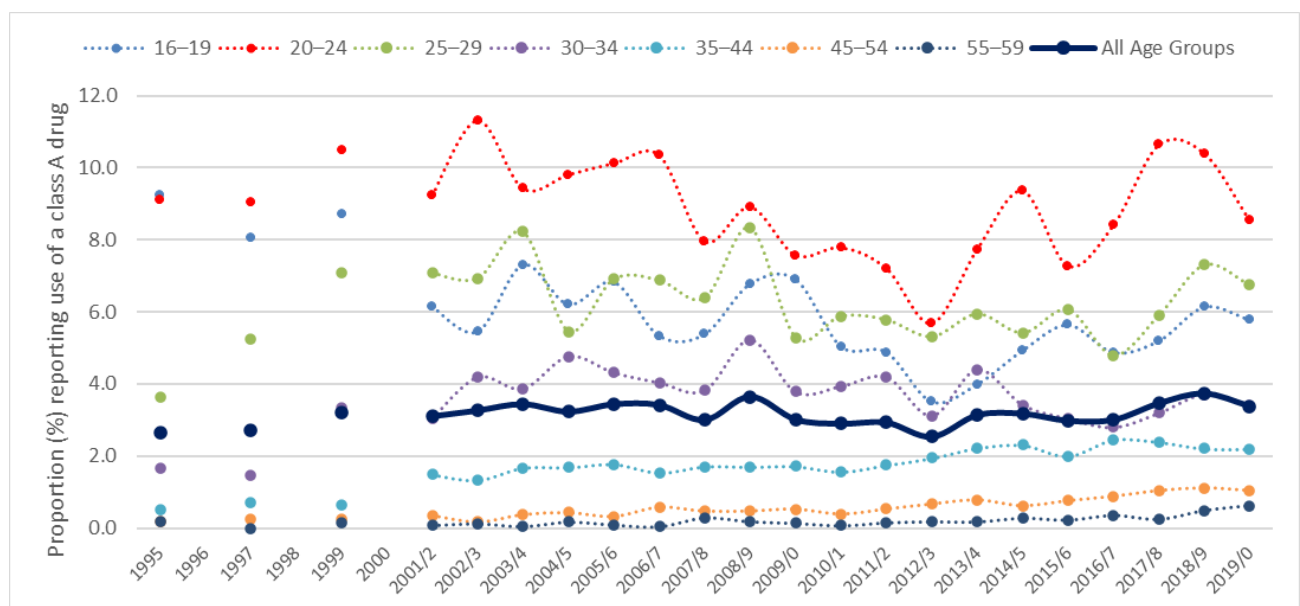
Figure 7. Trends in illicit drug use (cannabis) by age group (16–59-year-olds) between 1995 and 2019/20



The second most common drug was powder cocaine with 2.6% reporting using it in 2019/20, a reduction from 2.9% in the previous year. There have been fluctuations in its reported use over the last 10 years between 1.9% and 2.9%, with no discernible trend. However, there was a statistically significant increase in rate (from 0.4% to 0.9%) for just one age group (45-54) in the last 10 years. Cocaine, both in powder and crack form, is categorised as a Class A drug.

Class A drugs include powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone and methamphetamine[‡]. These are grouped together because they are considered the most harmful and carry the maximum penalties for possession, supply or production. Some of these drugs are also grouped as ‘club drugs’ (see section 3.1.6). The CSEW found around 1 in 29 (3.4%) adults aged 16 to 59 had taken a Class A drug in 2019/20 (Figure 10). Rates of class A drug use fluctuated substantially over the years, with changes generally not statistically significant, except for those in the older age groups (45-59), when compared to ten years ago. Despite a significant increase, the rates in these older age groups are generally much lower than in those aged under 30; the highest rates in 2019/20 were among 20–24-year-olds (8.5%), followed by 25-29 (6.8%) and 16-19 (5.8%).

Figure 8 Trends in illicit drug use (any class A drug) by age group (16–59-year-olds) between 1995 and 2019/20



The proportion of survey respondents reporting opiate use (either heroin or methadone) remains at 0.1%, as it has for the past 4 years. This is also the case for crack cocaine.

[‡] This definition applied since year ending March 2009.

LSD and magic mushrooms are both types of hallucinogens, categorised under Class A drugs. The proportion of CSEW respondents using any of these drugs in the last year was similar to the previous survey (2018/19), namely 0.3% for LSD and 0.5% for magic mushrooms, there was also no statistical difference to the rates reported in 2009/10, ten years prior. However, rates of use of LSD were much higher in 1995 - 1% (Figure 11). In the past three years (Figure 12) the age group with the highest prevalence of hallucinogen use was 20–24-year-olds, at 2.4% in 2019/20. For the high use age groups, the rates seem to be much higher in the 1990s and seem to have fluctuated substantially over the years, peaking in mid-2000s.

When considering hallucinogens as a whole, 0.7% reported their use in the last years, a proportion similar to that in 2017/18.

Figure 9 The use of hallucinogens in the last year (CSEW 2020)

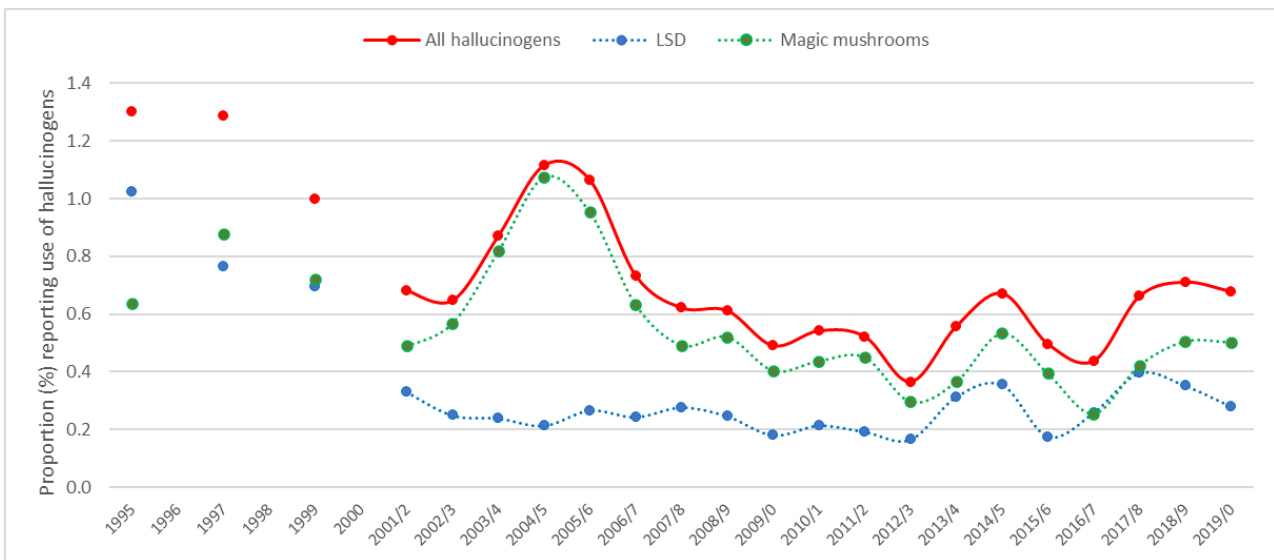
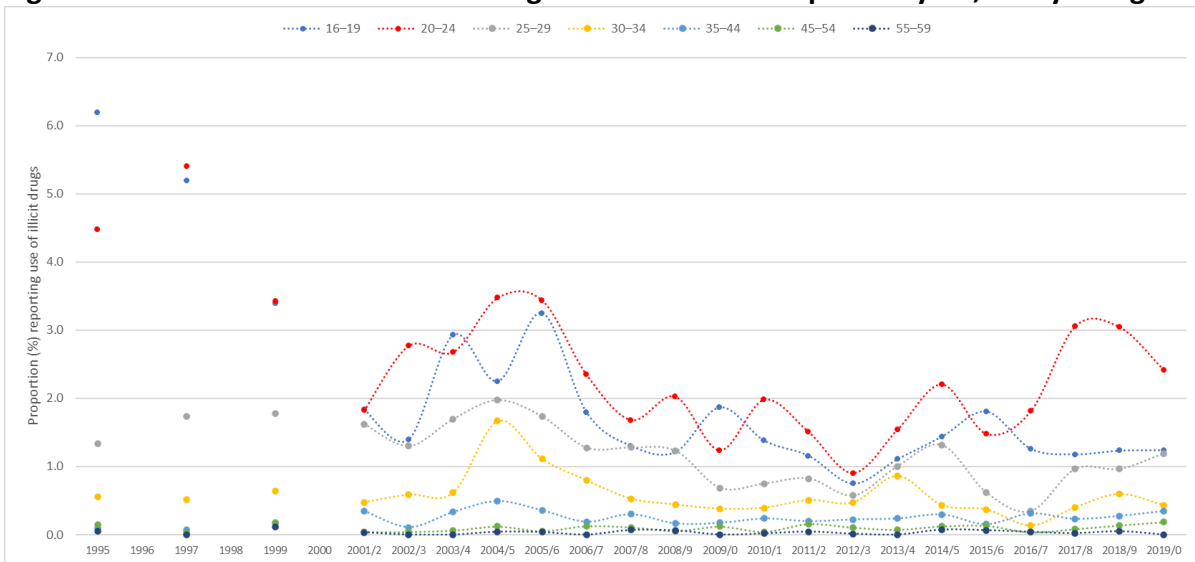


Figure 10. Use of hallucinogens in the past year, by age group



Treatment for substance misuse

The way drugs are classified in treatment data (NDTMS) differs to categories in the CSEW. Therefore, a direct comparison is not always possible, and any comparisons that are made should consider the different population groups and methodologies within each data source. NDTMS data, particularly on new presentations to treatment, provide an insight into problematic drug use in the population.

Figure 13 presents the trends in new presentations to treatment in Leicestershire for common drugs by three main age groups of adults aged 18 and above (<30, 30-49 and over 50). Generally, there much more new presentations[§] in those under the age of 50 (rate of 3 per 1,000 population) than in those over than age (0.2/1,000).

Most frequently cited drugs in 2020/21 were cannabis (47%), followed by cocaine (29%) and opiates (12%), similarly to the national picture. Most of new presentations were clients aged 30-40 (58%), followed by 18-29 (35%), with those over 50 contributing just 7%.

There are some indications of increasing problematic use of *cocaine* and *cannabis* in newly presenting adults under the age of 50 in Leicestershire. The numbers of new cocaine presentations in this group have doubled since 2010/11 against a moderate fall nationally (by 4%) and there was a similar trend for cannabis.

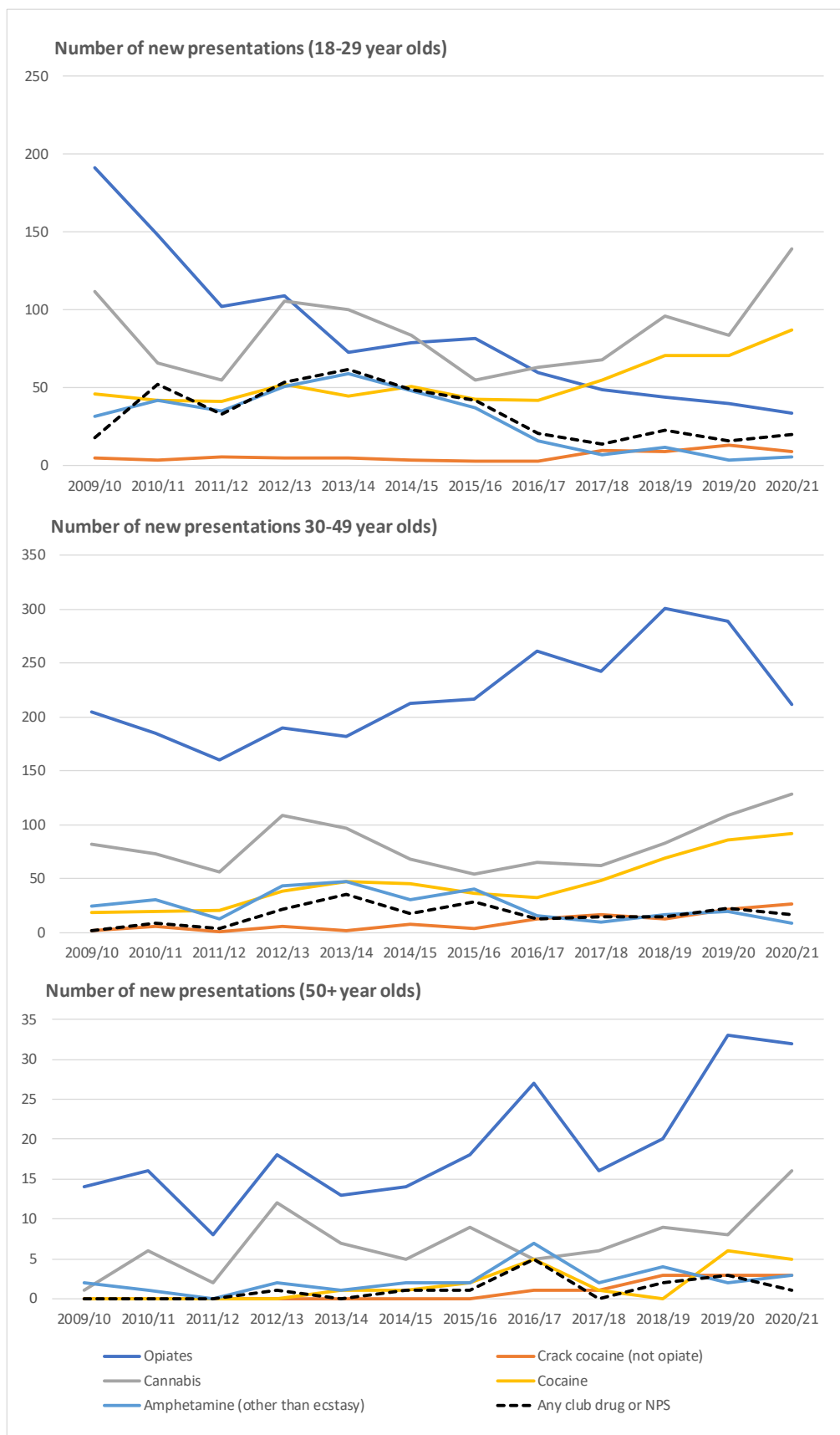
The rates of new *opiate* presentations have been falling for adults under 30 in the past decade (by 77%), however, in both older groups there has been a substantial upward trend. For the 30–49-year-olds this is against a moderate fall nationally in the last 10 years. For the over 50s, the numbers, albeit still relatively low, have doubled. Although the numbers are relatively low, there seem to be an increase in *crack cocaine* presentations in the past four to five years, across all age groups. This is broadly in line with the national findings. The new presentations of *club drugs* or *NPS* seem to be decreasing, broadly reflecting the national trends.

Where low numbers are involved and/or there is significant annual fluctuation, trends have to be treated with some caution.

In an evidence review of the drug treatment outcomes in England, Public Health England noted that the proportion of people in treatment with entrenched dependence and complex needs, particularly surrounding heroin use, is likely to increase. Furthermore, the proportion of heroin users aged 40 and over, in treatment with poor health has been increasing, and is likely to continue to rise nationally. This is likely due to the aging cohort of heroin users, many of whom started to use heroin in the 1980's and 1990's, needing support for an increasing number of cumulative physical and mental health conditions.³³

[§] It needs to be stressed that the numerator (presentations/citations) may be different to the number of clients accessing treatment, as an individual may present with the use of more than one drug.

Figure 11. Time trends in new presentations to treatment in Leicestershire (NDTMS 2022).



3.1.8. Club Drugs and New Psychoactive Substances (NPS)

Socialising in the night-time economy, for example attending pubs and clubs, is associated with increased drug taking behaviour. The CSEW notes that 'Club drugs and new psychoactive substances (NPS)' brings together a number of different substances typically used by people in bars, nightclubs, concerts and/or parties, before and/or after a night out. Club drugs, as categorised by the CSEW include ecstasy, ketamine, GHB/GBL, methamphetamine and mephedrone. The 2020 CSEW survey shows that the use of NPS in the last year has fallen between 2014/15 and 2019/20 from 0.9% of all adults to 0.3% (statistically significant difference). A similar trend was observed among young adults, 16–24-year-olds (from 2.8% to 1.3%). Rates are generally higher for men when compared to women (twice as high across all ages and by about 40% among young adults).

The 2020 CSEW survey found increased levels of drug use were associated with a higher frequency of visits to pubs, bars and nightclubs. The use of any illicit drug in the past year was reported almost five times more often by those who frequented pubs/bars nine or more times in the past month compared with those who had not visited a nightclub; and 10 times for any class A drug. For individual drugs, this differential was most pronounced for ecstasy use (39 times), followed by cocaine (20 times) and hallucinogens (17 times). Over the past 10 years (since 2009/10) these differentials have widened for most of drugs, particularly for ecstasy (14 times in 2009/10 compared to 39 in 2019/20). It is important to note that demographic factors are not necessarily independently associated with higher drug use. For example, while visiting nightclubs and bars is associated with higher drug use, some of this association may be driven by age, as younger people are more likely to visit nightclubs or bars.

Treatment data from NDTMS also considers club drug use. Here, club drugs include ecstasy, ketamine, GHB/GBL, methamphetamine, mephedrone, and NPS. NDTMS reports note that non-opiate using, adult club drug users typically have good personal resources – jobs, relationships, accommodation and are hence more likely to make the most of treatment compared to opiate users who often face a more complex set of challenges. In 2020/21 in Leicestershire, 7% of new treatment entrants cited club drug use, with no additional opiate use, compared to 8% nationally. This equates to 26 individuals. In the same time period, 4% of new entrants cited club drug use alongside opiate use compared to 2% nationally. Locally, this equates to 11 individuals.

The 2020 CSEW found 1.4% of 15–69-year-olds reported having taken *ecstasy* in the last year. This represents a fall from the previous year's prevalence of 1.6%, although fluctuations have been apparent since data was first reported in 1996. Ecstasy use is highest in 20–24-year-olds, with 4.2% of this age group reporting its use in the last year, followed by 16-19s (3.7%).

Of all 'club drugs', ecstasy was found to be the third most commonly reported nationally with 693 citations in 2020/21. This follows a year-on-year decline for the past 5 years, while prior to that,

citations had fluctuated. In Leicestershire, ecstasy was the second most commonly cited club drug when presenting to treatment in 2020/21, with 11 citations.

The CSEW found 0.8% of 15–69-year-olds reported having taken *ketamine* in the last year. This has remained unchanged over the past three years but is a significant rise from 0.5% ten years ago (2009/10). However, fluctuations have been apparent during this time. National treatment data shows presentations citing ketamine use have increased year on year for the past 6 years, with 426 citations in 2014/15, increasing to 1,444 in 2020/21. The numbers presenting to treatment locally, citing ketamine use have remained under 5 between 2014/15 and 2017/18. This increased to 11 in 2018/19, before decreasing year on year over the past 2 years to 5 citations in 2020/21.

When compared to other drugs in the 2020 CSEW, *methamphetamine* and *mephedrone* use was comparatively low with less than 0.1% reporting their use in the last year for either of these drugs. Methamphetamine use in the past year has varied between 0% and 0.2% since reporting began in 2008/09. Mephedrone use has seen a declining trend since 2010/11 when 4.4% reporting its use in the past year. When considering NDTMS data, nationally there has been a large decline in the numbers presenting to treatment citing the use of mephedrone from 2,024 in 2014-15 to 89 in 2020-21. In Leicestershire mephedrone use peaked in 2013-14 with 84 of new presentations citing its use. Since then, numbers have dropped year on year with less than 5 presentations reporting its use in 2020-21.

An evidence review of the outcomes that can be expected of drug misuse in England by Public Health England found the use of NPS is increasing and is a particular problem in prisons and the homeless.³³ The 2020 CSEW found 0.3% of 16-59 year olds had taken NPS in the last year. This fell from 0.9% in 2014/15 and 0.5% in the previous year. The majority of people who had taken a NPS in the previous year had also taken another drug. Both prison settings and the homeless are not included in the CSEW survey. As a result, NPS use is likely to be higher.

NPS were found to be the second most common cited club drugs when presenting to treatment in 2020/21 nationally (with 1,283 citations). This follows decline in presentations stating NPS use, from its peak of 2,042 in 2015/16 to 1,283 in 2020/21, equating to a 37% decrease. Local numbers have remained low but have increased from 7 to 17 in those respective years.

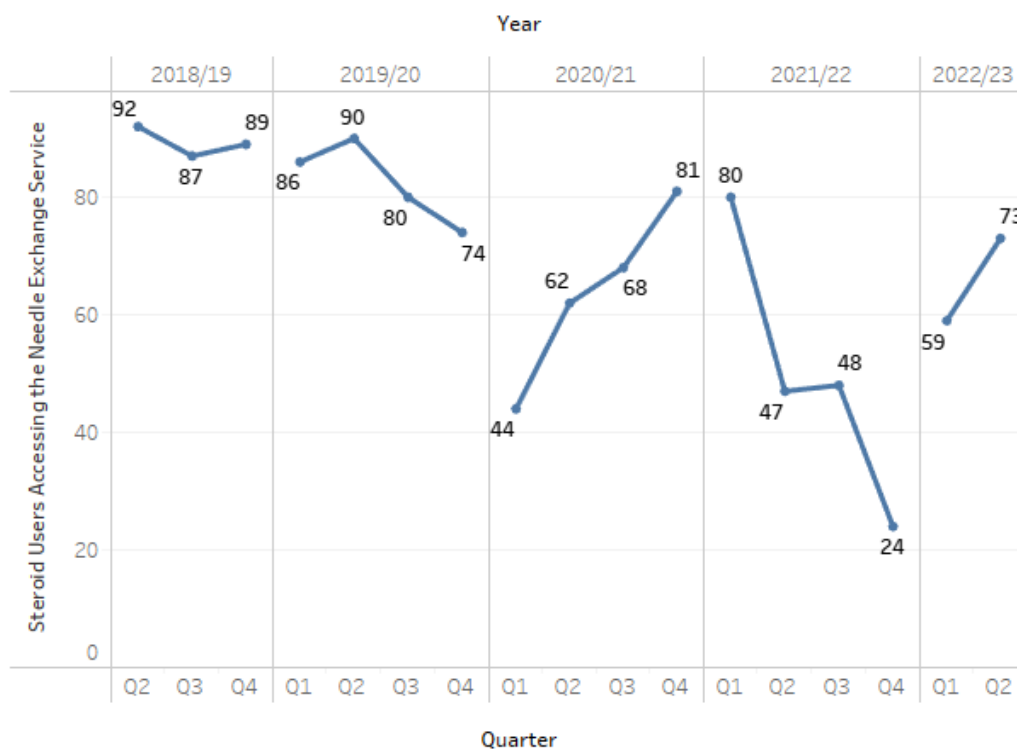
3.1.9. Anabolic steroids

There is little data available around the use of anabolic steroids in the population. However, the 2020 CSEW found that 0.1% of the population reported its use in the previous year, a fall from 0.2% in the previous years. Over the years the prevalence of anabolic steroid use varied between 0.1 and 0.3%. In adults aged 16 to 24, 0.3% reported their use in the last year.

The substance misuse service in Leicestershire, Turning Point, has collected data on this cohort since

2018/19. Figure 14 shows the number of steroid users accessing the needle exchange service at Turning Point in Leicestershire by quarter, with the latest data showing 73 users from July to September in 2022/23. Please note that there is significant variation in the quarterly numbers, and it is difficult to comment on any underlying trends, although there tends to be some seasonal variation with steroid use which is attributable to the spikes and declines. Furthermore, these individuals are not necessarily Leicestershire residents and cannot be assessed as it is an anonymous program.

Figure 12. Number of Steroid Users Accessing the Needle Exchange Service in Leicestershire (Turning Point 2022).



3.1.10. Prescription only medicine/over-the-counter medicine (POM/OTC)

In an evidence review of the outcomes that can be expected of drug misuse treatment in England, Public Health England noted in 2018 “there are reports of increasing problems of misuse and dependence associated with some prescription and over-the-counter medicines.³⁴” There is currently limited data on this outside treatment data. In 2020/21, there were 153 individuals who cited a prescription only medicine or an over-the-counter medicine in their latest treatment journey in Leicestershire. This accounts for 9% of those in treatment, lower than the national average of 14%, as shown in Table 5.²⁵ Within this, illicit use is defined through clients who cite the use of a POM/OTC alongside another drug(s), while no illicit use refers to those in treatment for only their POM/OTC.

Table 6: Number of adults in drug treatment citing prescription only medicine/over-the-counter medicine use, 2020-21²⁵

	Local		National
	Number	Proportion of treatment population	Proportion of treatment population
Illicit use	95	6%	10%
No illicit use	58	4%	4%
Total	153	9%	14%

Source: NDTMS, Drugs commissioning support pack, key data 2022-23

3.1.11. Young people – prevalence of substances in treatment

Most young people in treatment in Leicestershire were reporting use of cannabis (86%), followed by alcohol (41%). The youngest group (under 16s) had the highest prevalence of cannabis use (96%). All these proportions were statistically similar to the national averages.

Table 7. Prevalence of substance misuse (all mentions of a substance) among young people in treatment in 2020/21 in Leicestershire (Source: NDTMS 2023)

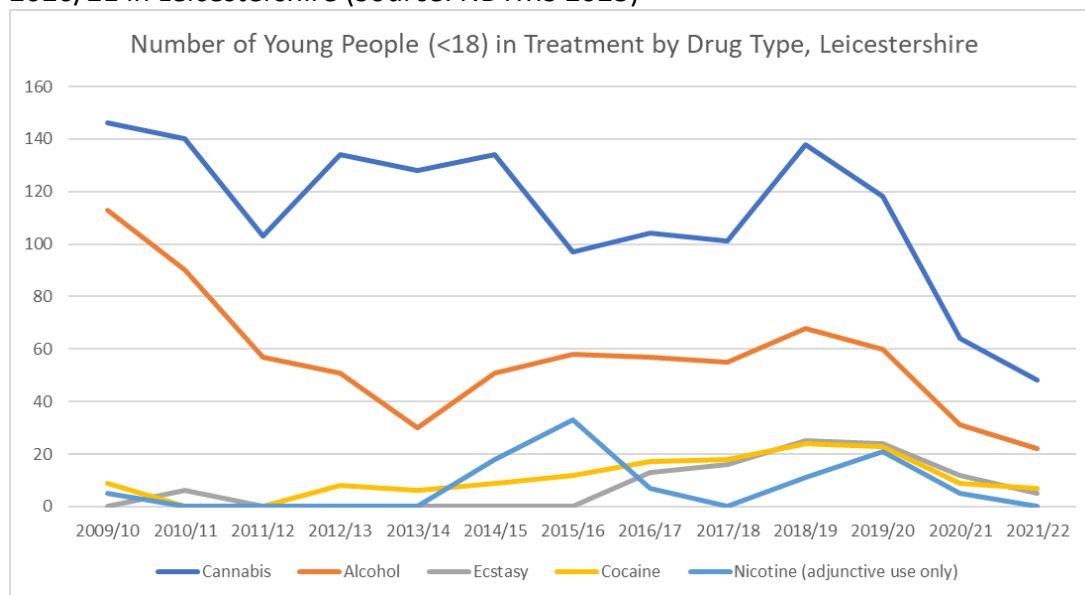
	Leicestershire		England	Leicestershire		
	Number	%	%	<16	16-17	18-24*
Cannabis	65	86%	85%	96%	80%	100%
Alcohol	31	41%	42%	42%	41%	0%
Ecstasy	12	16%	11%	19%	14%	0%
Cocaine	9	12%	13%	4%	16%	0%
Other substances	24	32%	40%	46%	24%	0%
Total	76	100%	100%	100%	100%	100%

*only those in young people's services

Cannabis use among the under 18s appears to have decreased in the recent years, as did the prevalence of alcohol use (Figure 3).

Figure 13. Trends in numbers of young people in treatment by substance type, all mentions (Source: NDTMS 2023)

Prevalence of substance misuse (all mentions of a substance) among young people in treatment in 2020/21 in Leicestershire (Source: NDTMS 2023)



3.2. Unmet need in opiate and/or crack cocaine users

For 2016/17, Public Health England estimated the number of opiate and/or crack cocaine users by local authority. These figures were produced through compiling statistics from local and national data sources, including drug treatment services, probation, police and prisons, to calculate estimates of drug misuse prevalence. The estimated prevalence of opiate and/or crack cocaine use among 15–64-year-olds was 5.7 per 1,000 population in Leicestershire, accounting for an estimated 2,439 people. This is significantly better than the national estimate of 8.9 per 1,000 population.³⁵

PHE further calculated the proportion of opiate users not in treatment, in attempt to estimate the unmet need among the opiate using population. This is calculated by subtracting the number of people aged 15-64 in contact with drug treatment services, citing problematic opiate use, from the estimated number of opiate users within each local authority.

In 2020/21, it is estimated that 52.7% of Leicestershire’s opiate users were not in receipt of treatment for their opiate use in that year, accounting for approximately 1,302 individuals. While Leicestershire has performed similarly to England for the past two years, this means approximately half of the local opiate using population is consistently not being treated for their use or addiction.³⁶

Table 5 presents NDTMS estimations for the prevalence of and unmet need for opiate and/or crack users (OCUs) in Leicestershire and nationally combined and individually. It is estimated that locally

OCU prevalence is 5.7 per 1000 population aged 15-64, lower than the national rate of 8.9 per 1,000 population. The prevalence of OCUs is estimated to be higher than opiate or crack use individually. Opiate use alone is estimated to be higher than crack use, both locally and nationally, and all local estimates are significantly lower than national. Despite lower prevalence estimates locally than nationally, Table 7 shows that the unmet need for opiate use in Leicestershire is estimated to be higher than the unmet need in England. The largest unmet need is also estimated to be in the opiate using population at 53%, indicating just over half of this group are not currently in treatment locally. Just over half of OCU and just under half of crack users are estimated not to be in treatment locally according to the 2016-17 estimates.²⁵

Table 8: Local and national prevalence and unmet need estimates, 2016-17**

	Local			National ²⁵		
	Number	Rate per 1,000	Unmet Need	Number	Rate per 1,000	Unmet Need
OCU	2,439	5.7	52%	313,971	8.9	53%
Opiate	2,351	4.7	53%	261,294	7.3	47%
Crack	1,110	2.6	48%	180,748	5.1	58%

Source: NDTMS, *Drugs commissioning support pack, key data 2022-23*

When examining unmet need by gender, it is evident that it is higher in males compared to females both locally and nationally, with 56% of local male users not being in treatment compared to 25% of local female users. This compares to 48% and 38% in England, respectively. This shows that while the unmet need in Leicestershire OCU, opiate and crack users is higher than national, this is being driven by males rather than females.

3.3. Hospitalisation for drug related problems

Hospitalisation rates contribute to the overall picture of but are also a measure of impact or health outcome, representing, at least in proportion of cases, a failure of management in the community.

3.3.1. Emergency hospital admission rates

Data presented below relate to emergency hospital admissions related to drug or alcohol problems since 2017. Data were available for ICBs; results are for Leicestershire and Rutland combined. Figure 16 presents the numbers of admissions per year since 2017/18, with the current year (2022/23) figure estimated from the available part-year data (five months, April to August). Although the latest year has to be treated with caution and the rates are fluctuating, there is some indication of rising numbers of admissions in the younger group (18-29) and those over the age of 50.

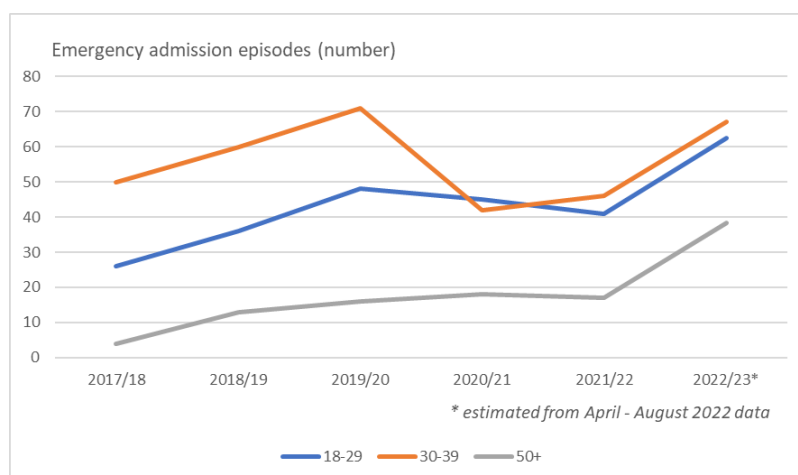
** Drug treatment numbers for 2020-21 were used to calculate the rates of unmet need

Looking at the rates per head of population, the highest rate (average for 2017/18 to 2021/22 per 100,000 population) was in those aged 18-29 (37/100,000), followed by 30–49-year-olds (29/100,000), while for those over the age of 50 and children (under 18) the rates were relatively low, 4.3 and 3.5 per 100,000, respectively. It is important to stress that episodes are not equivalent to individual patients.

Further epidemiological details of these admissions are presented in Appendix Table 1. Between April 2017 and August 2022 there were 828 emergency admission episodes with a diagnosis of either drug or alcohol problem. Because the focus of this JSNA is on drug use in adults, the rest of the table presents data on admissions flagged as ‘drug use’ (N=629) and excludes those tagged as ‘alcohol only’ (N=199). Within the ‘drug use’ group there was a very small number (<10 across years) of admission with both drug and alcohol use among diagnoses. There were on average between 7 and 14 admissions per month for Leicestershire and Rutland; this average fluctuated between years. On average, the monthly cost of these admissions varied between around £6.5K and £13.7K. Over 15% of all admissions had a mental disorder as the primary diagnosis (ICD F* codes) and over 12% were due to poisoning (selected ICD T* codes); the majority (72%) had other primary reasons for admission. On average, men were admitted three times more often than women (74% of all admissions), although this proportion varied between 65 and 80% for individual years.

Admissions were mostly for white population (just under 82%), followed by ‘other’ and mixed ethnic groups (7.5% and 2.5%, respectively) and lowest in Asian and black communities (1.6% for both). Comparing these proportions broadly to the Census 2021 ethnic population structure of Leicestershire and Rutland (and bearing in mind the 5% of admissions had no valid ethnicity), the rates seem low for Asian and white population (accounting for nearly 8% and 88% respectively in 2021 Census) while being high for the ‘other ethnicity’ group, which contributed just 1% to total population in 2021. It is important to stress that the numbers are relatively low, even across all years, and annual numbers would be difficult to compare.

Figure 14. Trends in emergency admissions related to drug use by age group – adults, Leicestershire and Rutland ICBs

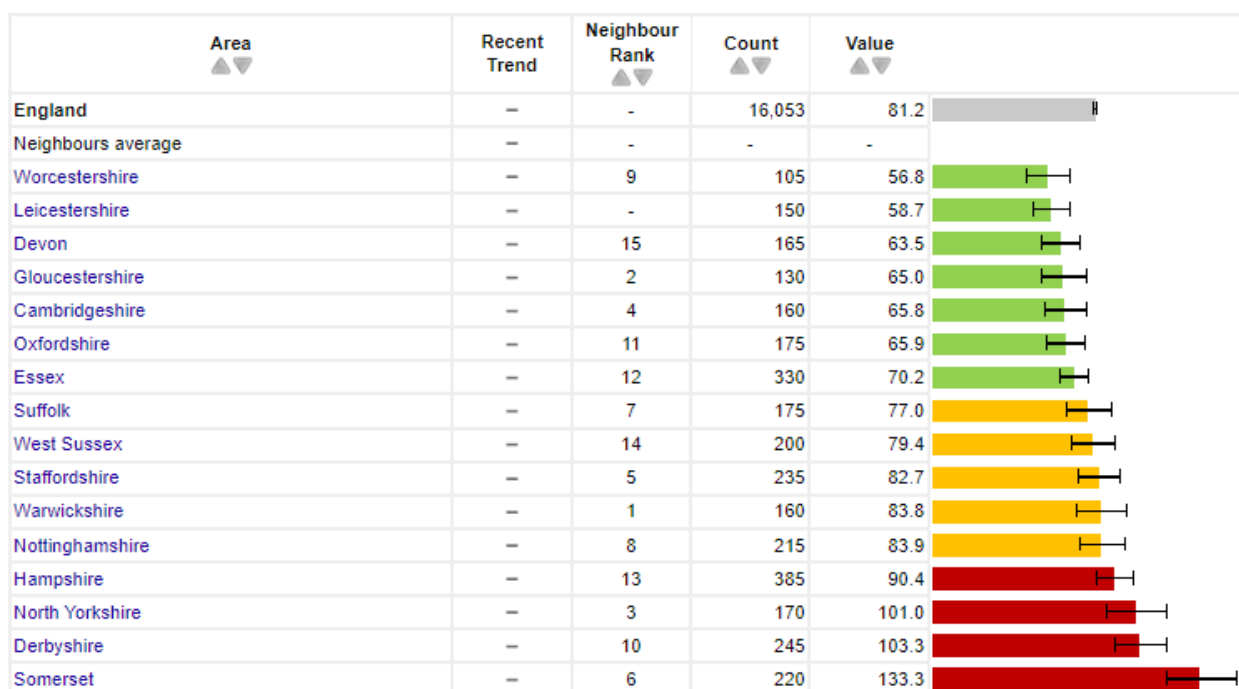


3.3.2. Comparative rates of admission for 15–24-year-olds

OHID reports on hospital admissions due to substance misuse for 15–24-year-olds and is combined over three years due to low counts in some areas. Hospital admissions for substance misuse are categorised as those with a primary diagnosis of mental and behavioural disorders due to drugs, poisoning due to drugs or toxic effects of drugs.

The rate of hospital admissions for substance misuse among those aged between 15 and 24 is significantly lower in Leicestershire than in England or East Midlands (57/100,000 vs 81 vs 78) and the second lowest among Leicestershire’s statistical neighbours (Figure 17).

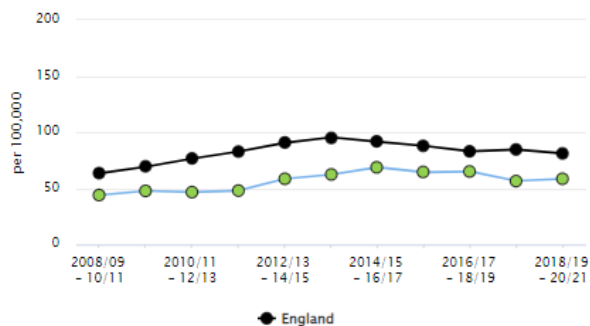
Figure 15. Hospital admission rate (per 100,000, directly standardised) due to substance misuse 2018/19 - 2020/21 for population aged 15-24 years (OHID 2022)



Source: Hospital Episode Statistics (HES)

Leicestershire has been consistently significantly lower than England or East Midlands since 2008/09 (Figure 18) while broadly following the national trend of an increase to about 2014/15 – 2016/17 and some reduction since then. In the last 3-year period 150 admissions were recorded for Leicestershire, thus on average we can expect around 50 such admissions per year.

Figure 16: Trends in hospital admissions due to substance misuse (15-24 years) in Leicestershire from 2008/9 to 2020/21 (three-year totals).



Recent trend: Could not be calculated

Period	Leicestershire				East Midlands	England
	Count	Value	95% Lower CI	95% Upper CI		
2008/09 - 10/11	116	44.1	36.4	52.9	61.0	63.5
2009/10 - 11/12	124	47.8	39.7	57.0	64.7	69.4
2010/11 - 12/13	116	46.7	38.6	56.0	69.0	76.5
2011/12 - 13/14	120	48.1	39.8	57.5	75.0	82.8
2012/13 - 14/15	148	58.6	49.5	68.8	85.6	90.6
2013/14 - 15/16	159	62.5	53.1	73.0	94.0	95.4
2014/15 - 16/17	176	68.8	59.0	79.7	90.2*	91.6
2015/16 - 17/18	165	64.4	54.9	75.0	88.9*	87.9
2016/17 - 18/19	165	65.1	55.6	75.8	84.8	83.1
2017/18 - 19/20	145	56.7	47.8	66.8	85.2	84.7
2018/19 - 20/21	150	58.7	49.6	68.9	77.8	81.2

Source: Hospital Episode Statistics (HES)

Source: Child and Maternal Health Profiles, Fingertips, Public Health England

Hospital admissions for alcohol related conditions for the **under 18s** are significantly lower (19/100,000) when compared to the national average of 31/100,000 (for years 2018/19 – 2020/21 – Source OHID 2023).

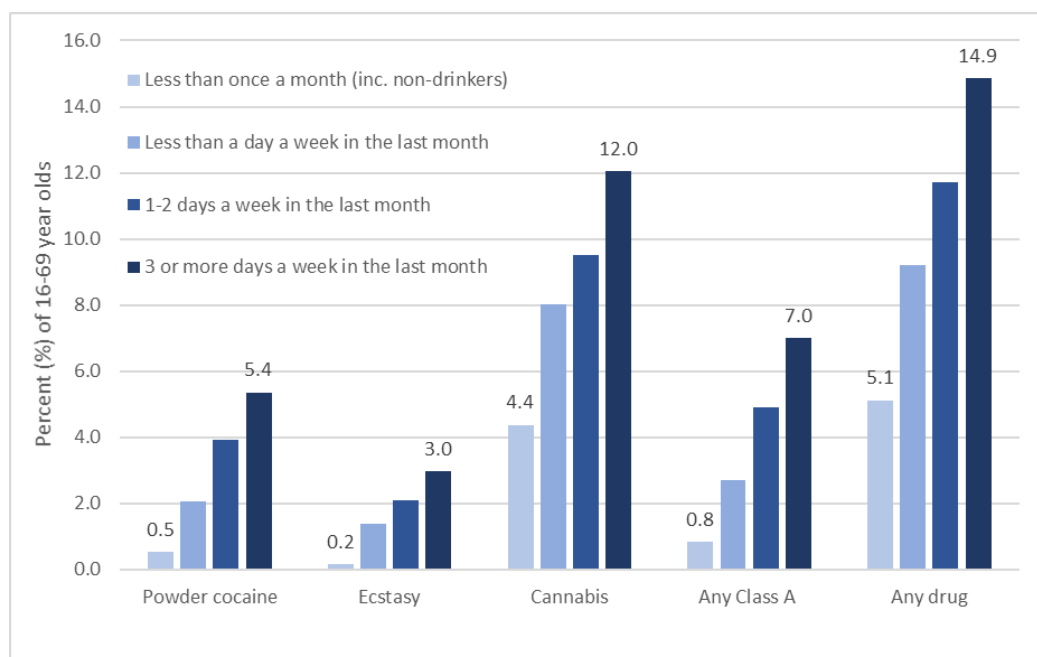
3.4. Comorbidities

Comorbidity is the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder. Data shows that drugs misuse is often concurrent with alcohol misuse, tobacco use, and mental health and wellbeing problems.

3.4.1. Alcohol

The 2020 CSEW provides information on last year drug use by frequency of alcohol consumption. Figure 19 shows that as frequency of alcohol consumption increased, so did levels of last year drug use. Adults aged 16 to 59 who reported drinking alcohol three or more days per week in the last month were three times as likely to have used any drug (15% compared with 5%) and more than seven times as likely to have used a Class A drug (7% compared with 0.8%) in the last year than those who reported drinking less than once a month (including non-drinkers).

Figure 17: Frequency of alcohol consumption and drug use, adults aged 16 to 59 years, England 2019/20



Further analysis by PHE found that alcohol is mentioned in around a third of drug misuse deaths annually in England.³⁷

In 2020/21 in Leicestershire, there were 315 **adults** in treatment for non-opiate and alcohol use, accounting for 12% of all those in treatment. This group saw the largest increase for numbers in treatment compared to the previous year (by 26%, N=250 in 2019/20) and over the last 10 years (by 103%; N=155 in 2010/11). The number of new presentations has also increased over time, with 225 in 2020/21, 180 in 2019/20 and 110 in 2010/11 (105% increase over the decade). Some further details are given in Table 2 (section 3.1.1).

In this group, treatment success rates are better than national average (over 44% in Leicestershire compared to 33% nationally), with more men than women experiencing successful treatment (47% vs 37%). More details presented in Table 13, section 5.2.7.

Nationally, a half of all **young people** starting treatment in 2020/21 reported no consumption of alcohol in the past 28 days, while locally just a third (33%, N=18/54) were in this group, a proportion statistically significantly lower than the national 50% rate. There were almost twice as many young treatment starters in Leicestershire consuming some but less than 200 units of alcohol in the previous 28 days – 63% (N=34/54), which is significantly higher than the national average of 44%.

3.4.2. Tobacco

Smoking in people who use drugs and alcohol is highly prevalent and a major cause of illness and death. The 2020/21 GP Patient Survey showed that 12.0% of Leicestershire’s population were self-reported smokers, significantly better than the England average of 14.4%. Table 8 shows that 45% of Leicestershire **adults accessing substance misuse services** were smoking tobacco at the start of

treatment. This suggests that smoking prevalence is higher for those in treatment for substance misuse compared to the general population.

Adults in treatment for opiates had the highest reported rates of smoking when starting treatment both nationally and in Leicestershire (69% and 55% respectively). In Leicestershire, this was followed by people in treatment for non-opiates and alcohol (43%). The proportion of those in treatment for non-opiates who smoke locally was 34%, lower than the national average of 64%.²⁵

Table 9: Adult clients identified as smoking tobacco at the start of treatment, 2020/21²⁵

	Leicestershire		National
	Number	Proportion of all in treatment	Proportion of all in treatment
Opiate	135/247	55%	69%
Non-opiate	61/179	34%	64%
Non-opiate and alcohol	48/111	43%	60%
All	244/537	45%	65%

Source: NDTMS, *Drugs commissioning support pack, key data 2022-23*

The prevalence of smoking at the beginning of treatment for the **young people** was 17%, low in comparison to the national average of 27% (borderline significance). The prevalence was higher among females (27%) than males (14%) in Leicestershire.

3.4.3. Mental Health and wellbeing

Mental wellbeing can be defined through psychological attributes such as confidence and optimism or through affective or emotional states such as happiness and life satisfaction.

Recreational use

The 2020 CSEW reported four measures of wellbeing – satisfaction with life, feelings that things in life are worthwhile, level of happiness and levels of anxiety. Last-year prevalence of any drug or class A drug use was 5 times more likely among those reporting low life satisfaction (ratios of 5.1 and 4.8, respectively) or feeling of life worthiness (ratios of 4.8 and 5.9, respectively) when compared to those reporting very high levels of wellbeing. Low level of happiness was nearly six times more likely to be linked to class A drug use and nearly four times to all drugs use. This pattern was less clear for the anxiety, although high anxiety was about 50% more likely to be reported with drug use in the previous year. It is important to stress that no causal links can be implied from survey results and the direction of any association is uncertain; it is equally possible that low life satisfaction could lead to drug use, or that drug use could lead to low life satisfaction. It is also possible that an unknown third variable could cause both low life satisfaction and drug use.

Direct indicators of dual diagnosis are currently largely unavailable. However, mental health problems are common in those in treatment for drug use. In Leicestershire and Rutland, 15.2% of those entering substance misuse treatment services were also receiving mental health support services for a reason other than their substance misuse in 2016/17. This accounts for 72 service users and is significantly lower than the England average of 24.3%.³⁸ This measure is indicative of levels of co-existing mental health problems in the drug treatment population but should not be regarded as a comprehensive measure of dual diagnosis as it only captures whether a person is receiving mental health treatment at a given point in time rather than at any point in time.

Treatment

In 2020-21 in Leicestershire, 71% of **adults who entered treatment** said they had a mental health treatment need, for reasons other than substance misuse. This is higher than the 63% national average and accounts for 483 individuals. The majority were alcohol and non-opiate using clients both locally and nationally, with 78% of clients in Leicestershire within the alcohol and non-opiates drug group being identified as having mental health treatment need and 71% nationally. Although a lower number of females entered treatment compared to males, a higher proportion of them were identified as having a mental health need, with 83% identified as having a mental health need, compared to 73% nationally. For males, figures were 67% and 58% respectively. There was a higher proportion of new clients entering treatment in Leicestershire in 2020-21 compared to national, and a higher proportion of those entering in Leicestershire had a mental health need. The difference is highest for females taking opiates, with 78% of Leicestershire females entering treatment in 2020-21 being identified as having a mental health need compared to 67% nationally (Table 9).²⁵

Table 10: Adults who entered treatment in 2020-21 who were identified as having a mental health treatment need²⁵

	Leicestershire				National		
	Number	Proportion of new presentations	Males	Females	Proportion of new presentations	Males	Females
Opiate	185	67%	62%	78%	57%	53%	67%
Non-opiate	120	70%	66%	79%	64%	59%	75%
Non-opiate and alcohol	178	78%	73%	90%	71%	67%	81%
All	483	71%	67%	83%	63%	58%	73%

Source: NDTMS, Drugs commissioning support pack, key data 2022-23

In 2020-21, 384 individuals in treatment for their substance misuse problem were also receiving mental health treatment in Leicestershire. This accounts for 80% of those with a mental health need within that year. Over a half of clients (56%) identified with a mental health need were receiving

mental health treatment from their GP (Table 10).

Table 11: Clients identified as having a mental health treatment need and receiving treatment for their mental health 2020-21²⁵

	Leicestershire		National
	Number	Proportion of clients identified	Proportion of clients identified
Already engaged with the Community Mental Health Team/other mental health services	104	22%	19%
Engaged with IAPT	5	1%	1%
Receiving mental health treatment from GP	270	56%	50%
Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem	10	2%	1%
Has an identified space in a health based place of safety for mental health crises	*	*	1%
Total individuals receiving mental health treatment	384	80%	71%

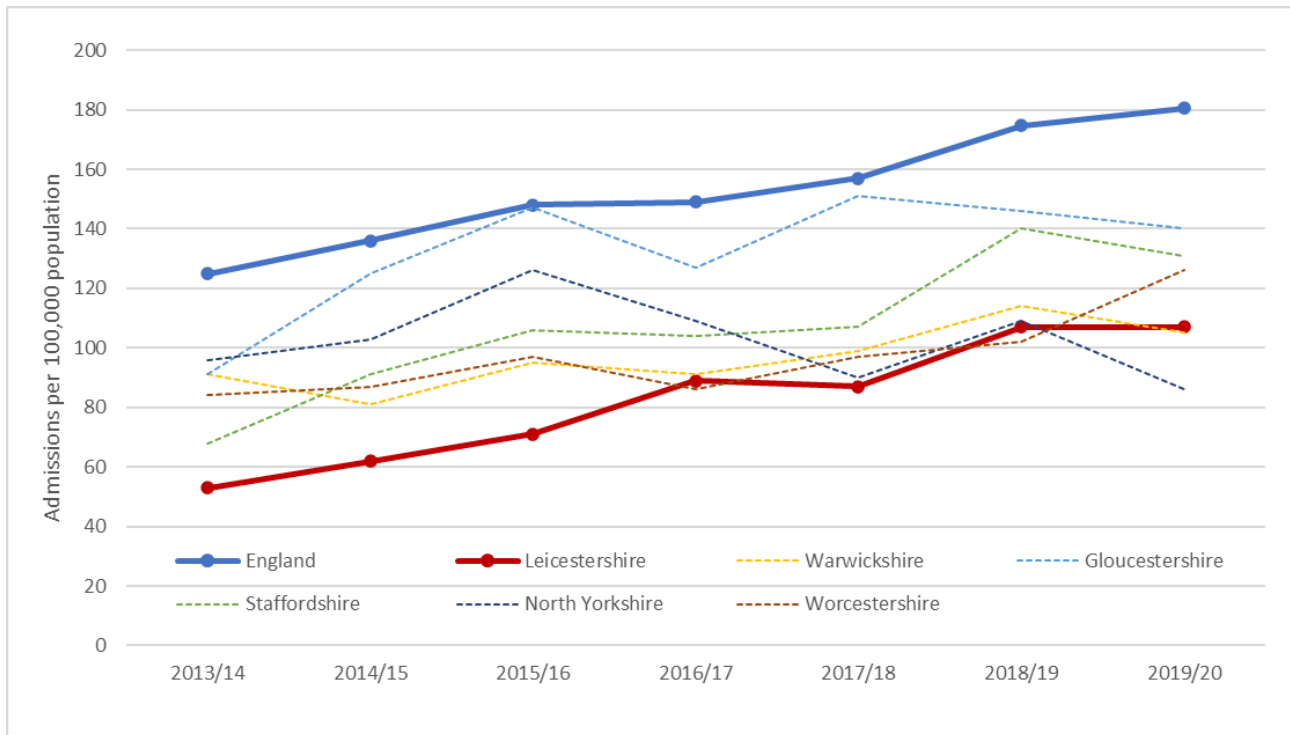
Source: NDTMS, Drugs commissioning support pack, key data 2022-23

Over a half of **young people in treatment** had mental health needs (57%, N=43/76), significantly higher proportion than the national average of 42%. In this group, 56% were already engaged with the mental health services (which is similar to the national average), while the rest were receiving treatment from GPs.

Hospitalisations

Figure 20 shows trends in NHS hospital episode rates, with primary or secondary diagnoses of a drug related mental or behavioural disorder. The data shows the rate of hospital admissions locally have remained significantly lower than the national average for the past 7 years. In 2019/20, there were 725 such episodes in Leicestershire, a rate of 107 per 100,000 compared to 181/100,000 nationally. Leicestershire also had consistently lower rates than most of its CIPFA ‘statistical neighbours’. However, there was a steady rise in episode rates nationally (by 45%) and in Leicestershire where the rate doubled since 2013/14, from 53/100,000. It is important to stress that episode rates are only a proxy measure of health need or true hospitalisation rate, as there could be number of consultant episodes per admission, and inclusion of certain diagnosis codes is often subject to diagnostic and contractual trends.

Figure 18. NHS finished hospital admission episodes where any of the primary or secondary diagnoses included a drug related mental or behavioural disorder (NHS Digital 2020)



For further information on the Mental Health of Adults in Leicestershire, please visit the Adults Mental Health chapter: <http://www.lsr-online.org/uploads/mental-health-of-adults.pdf>

4. Health and Social Impacts

Drug misuse and dependency can lead to a range of harms for the individual including:

- poor physical health, including chronic and infectious conditions, such as blood borne viruses
- poor mental health
- increased risk of mortality
- unemployment
- homelessness
- family breakdown
- criminal activity

Substance misuse also impacts on all those around users, their families and communities, and the wider society. The Home Office estimated in 2010 to 2011 that the cost of illicit drug use in the UK was £10.7 billion per year.⁴²

This section summarises individual as well as societal impacts of substance misuse.

4.1. Hepatitis B & Hepatitis C/ Liver Disease

Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable, and much is influenced by the prevalence of hepatitis B (HBV) and hepatitis C (HCV) infections, which are both amenable to public health interventions. Persons who inject drugs are at higher risk of contracting HBV and HCV.

Most clients entering treatment have never injected, although there is variation amongst substance groups with the proportion of opiate clients injecting being significantly higher than other substance groups. Most non-opiate clients who inject are likely to be individuals using methamphetamine and mephedrone. Sharing of injecting equipment is the single biggest factor in blood-borne virus transmission among individuals who use and inject drugs. It also elevates mortality risk and those who inject have a more complex profile and are therefore harder to treat.²⁶

The 'Shooting up: Infections among people who inject drugs in the UK' report by UK Health Security Agency (the 2017 report ³⁹ and the 2021 update⁴⁰) noted that two in every five people who inject drugs are living with HCV, which remains the most common blood borne infection in this group. Although there is some indication that prevalent HBV infection rates are reducing^{††}, mainly as a result of direct acting anti-viral (DAA) treatment, the rates of new infections remain unchanged. Approximately half of those cases remain undiagnosed, which underpins the importance of testing.

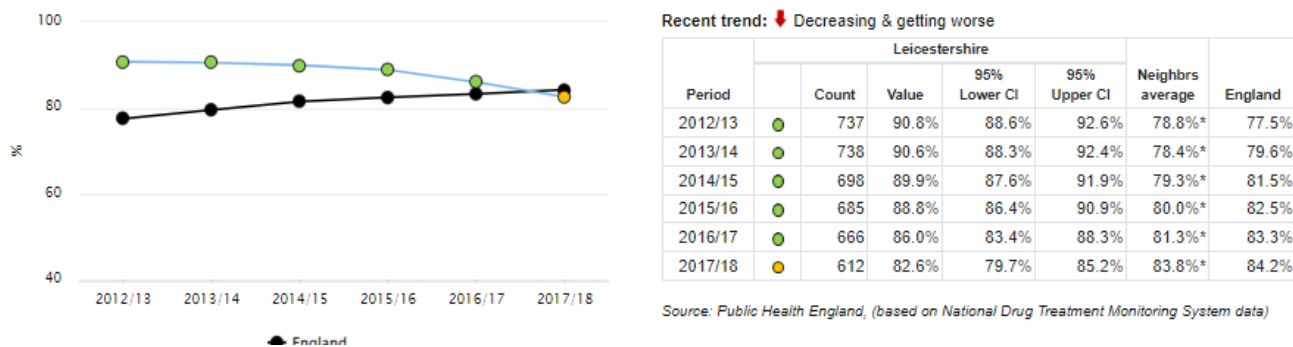
Hepatitis C

Of those in drug misuse treatment who were eligible^{††} for receiving a hepatitis C test, the published OHID data shows below 83% received the hepatitis C test in Leicestershire in 2017/18. This is statistically close to the England average of 84%. As shown in Figure 21, the trend has been significantly declining over the past five years, against the slight improvement nationally and for Leicestershire statistical neighbours.⁴¹ The published data do not cover the most recent years and the COVID-19 pandemic would have further reduced access to HCV testing, testing capacity possibly reduced nationally by as much as 60% between 2019 and 2020 ³⁶.

^{††} In 2020 44% of those who injected drugs had evidence of a cleared infection, compared to just 23% in 2015. In contrast, 20% had chronic infection in 2020, compared to 31% in 2015.

^{††} those who currently or have previously injected drugs

Figure 19: Persons in drug misuse treatment who inject drugs: Percentage of eligible persons who have received a hepatitis C test, Leicestershire (OHID Fingertips 2022)



The local data from NDTMS reporting shows that in 2020-21, 222 clients who were a current or previous injector at triage, received an HCV test (for Hepatitis C). This equates to 39% of those eligible receiving the test, compared to 41% nationally. All previous or current injectors are eligible unless the clinician has assessed that it was not appropriate to offer them a test.

Hepatitis B

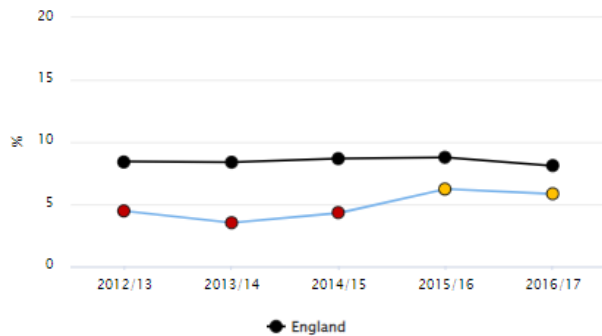
Hepatitis B is relatively less common, with 12% of people who injects drugs showing evidence of infection in 2020, according to the national anonymous testing. HBV vaccination is recommended for all people who currently inject drugs, those who are likely to ‘progress’ to injecting, e.g., those smoking heroin or crack cocaine, as well as all sentenced prisoners and new inmates entering prison in the UK.

The most recent published data from OHID (2016/17) show that in Leicestershire, nearly 6% of persons entering drug misuse treatment who were eligible for hepatitis B vaccinations, were offered and completed the course. This is comparable to the national average of 8.1%. The trend has remained stable for the past five years as presented in Figure 22, with numbers increasing from 19 in 2012/13 to 22 in 2016/17.⁴¹

NDTMS reporting further provides some more recent related data. The Drug Commissioning Support Pack states that in 2020-21, of all adults in treatment eligible for an HBV (Hep B) vaccination, 29% (150 individuals) were reported as accepting treatment. Among those accepting the vaccination, 5% (7 individuals) started a course of vaccination and 12% (18 individuals) completed a course of vaccination in that year. All new presentations are eligible unless the client had acquired immunity or had been immunised already, or the clinician had assessed that it was not appropriate to offer them the vaccinations.

Figure 20: Persons entering drug misuse treatment – percentage of eligible persons completing a course of

hepatitis B vaccinations (OHID Fingertips 2022)



Recent trend: ➔ No significant change

Period	Leicestershire				Neighbors average	England
	Count	Value	95% Lower CI	95% Upper CI		
2012/13	19	4.5%	2.9%	6.9%	7.5%*	8.4%
2013/14	13	3.5%	2.1%	5.9%	5.0%*	8.4%
2014/15	15	4.3%	2.6%	7.0%	4.8%*	8.7%
2015/16	20	6.2%	4.1%	9.4%	5.2%*	8.8%
2016/17	22	5.8%	3.9%	8.7%	6.3%*	8.1%

Source: Public Health England, National Drug Treatment Monitoring System (NDTMS)

4.2. Drug poisoning

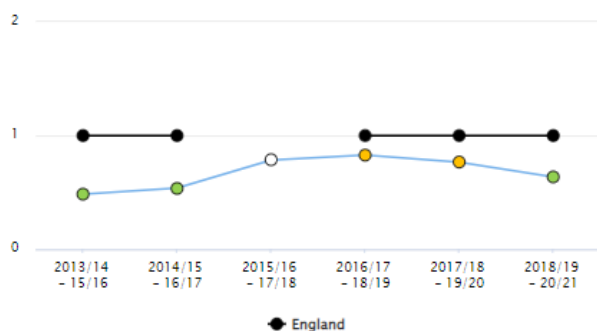
Four out of five of all of drug misuse deaths in England and Wales are due to accidental poisoning.⁴² As well as being a key issue to be addressed in themselves, poisoning admissions can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer a future fatal overdose. In 2019/20 in Leicestershire there were 18 hospital admissions for drug poisoning (with a primary or secondary diagnosis) per 100,000 population. This is significantly lower than the national rate of 31 per 100,000 population⁴³. It should be noted that this indicator includes poisonings by ‘other opioids, which may include poisonings by non-illicit or prescribed opioids.²⁵

4.3. Mortality

4.3.1. Deaths in treatment

Deaths can occur while people are in contact with treatment services. This is measured by a standardised mortality ratio which considers the number of deaths occurred against the number of expected deaths. The ratio is indicative of the safety, effectiveness and protection offered by drug treatment services. The standardised mortality ratio for those in drug treatment in Leicestershire in 2018/19 – 2020/21 was 0.64 (Figure 23), meaning there was a significantly lower number of deaths in treatment than expected if England’s average applied. This means an average of about 10 deaths per year, which is higher than in period before 2015, when half of that number would be expected.³⁶ This supports PHE guidance which highlights that it is important to get drug users into treatment. Most of drug misuse deaths occur among people who are not in treatment. Evidence shows that being in treatment is protective against the risk of mortality.⁴²

Figure 21. Deaths in treatment - time trend in mortality ratio (OHID Fingertips 2023)



Recent trend: Could not be calculated

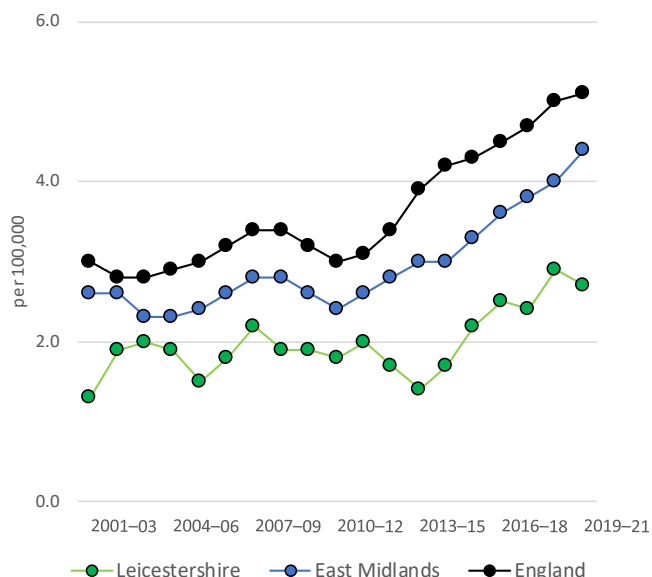
Period	Leicestershire				Neighbors average	England
	Count	Value	95% Lower CI	95% Upper CI		
2013/14 - 15/16	15	0.48	0.27	0.80	-	1.00
2014/15 - 16/17	18	0.54	0.32	0.85	-	1.00
2015/16 - 17/18	28	0.79	0.52	1.13	-	-
2016/17 - 18/19	31	0.83	0.56	1.18	-	1.00
2017/18 - 19/20	32	0.77	0.52	1.08	-	1.00
2018/19 - 20/21	31	0.64	0.43	0.90	-	1.00

Source: National Drug Treatment Monitoring System

4.3.2. Deaths from drug misuse

Drug misuse is a significant cause of premature mortality in the UK. Analysis of the Global Burden of Disease Survey 2013 showed that drug use disorders were the third ranked cause of death in the 15–49 age group in England.

Figure 22 Deaths and age-standardised mortality rate for deaths related to drug misuse, persons (ONS, August 2022)



Period	Leicestershire			East Midlands	England
	Count	Rate	95% CI	Rate	Rate
2001–03	24	1.3	(0.8-2.0)	2.6	3.0
2002–04	35	1.9	(1.3-2.7)	2.6	2.8
2003–05	37	2.0	(1.4-2.7)	2.3	2.8
2004–06	37	1.9	(1.4-2.7)	2.3	2.9
2005–07	28	1.5	(1.0-2.1)	2.4	3.0
2006–08	34	1.8	(1.2-2.5)	2.6	3.2
2007–09	40	2.2	(1.5-2.9)	2.8	3.4
2008–10	36	1.9	(1.3-2.7)	2.8	3.4
2009–11	35	1.9	(1.3-2.6)	2.6	3.2
2010–12	33	1.8	(1.2-2.5)	2.4	3.0
2011–13	36	2.0	(1.4-2.7)	2.6	3.1
2012–14	31	1.7	(1.1-2.4)	2.8	3.4
2013–15	27	1.4	(0.9-2.1)	3.0	3.9
2014–16	33	1.7	(1.2-2.5)	3.0	4.2
2015–17	42	2.2	(1.6-3.0)	3.3	4.3
2016–18	48	2.5	(1.8-3.3)	3.6	4.5
2017–19	48	2.4	(1.8-3.2)	3.8	4.7
2018–20	60	2.9	(2.2-3.8)	4.0	5.0
2019–21	55	2.7	(2.0-3.5)	4.4	5.1

The Office for National Statistics reported for period between 2019 and 2021, the rate of deaths from drug misuse in Leicestershire is 2.7 per 100,000 population, significantly better than the national rate of 5.1 per 100,000 population, and better than 4.4/100,00 across the East Midlands. The rate has remained significantly better than the national average since data was first reported in 2001-03. The rate has gradually increased since 2013, in line with national trend (Figure 23). Please note that these figures are based on deaths of all individuals, regardless of whether or not they were

in treatment. Nationally, PHE estimates that there will be an increase in the proportion of people in treatment for opiate dependence who die from long term health conditions and overdose.³³

There were 55 deaths in that period in Leicestershire, 39 among men and 16 among women, equivalent to rates of 3.9/100,000 and 1.4/100,000 respectively. Both rates are significantly better than national average, 7.4 for men and 2.8/100,000 for women, although clearly rates among men twice as high as in women.

It is noted that these figures are based on registered deaths, that is those certified by a coroner following an inquest. Therefore, all caveats regarding time delays in recording due to the length of time it may take to hold an inquest should be noted. It is also recognised that registration delays may vary considerably across England, which may affect comparisons to other areas. Drug related deaths include both accidental and intentional poisoning by drugs or medicaments. Figures are for registration of deaths which may not equate with year of death given the time delay in time of death and inquest proceedings.

4.4. Employment and Economy

Substance misuse and dependency can make it difficult for people to find and sustain employment. The NDTMS data shows that in 2020-21, only 27% of **adults newly presenting to service** were in regular employment. A further 50% were either unemployed or economically inactive, and 19% were long term sick or disabled. These figures are based off self-reported employment status.

The majority of **young people in treatment** were in mainstream or alternative education (69%, N=52/75), statistically similar to the national average of 74%. Only 11% (N=8) were classified as NEET, although a relatively large proportion of missing local data preclude robust comparison to the national average.

4.5. Crime

Drug crime is divided between 'trafficking in controlled drugs' and 'possession of drugs' offences. Possession of controlled drugs offences were split with effect from April 2004 into possession of Cannabis and possession of drugs other than Cannabis. 'Other drug offences' also fall under the possession category, consisting of offences related to permitting the use of premises for the supply or production of a drug, or the possession of a psychoactive substance with intent to supply (covered by the Psychoactive Substances Act 2016).

Victims of partner abuse in year ending March 2015 reported that they believed the offender was under the influence of illicit drugs (10%). Around 3 times as many adults aged between 16 and 59 who had taken illicit drugs in the last year reported being a victim of partner abuse compared with those who hadn't taken drugs in the last year (11% compared with 4%).⁴⁴ However caution should

be taken when making inferences about the relationship between illicit drug-taking and partner abuse victimisation. The victims' illicit drug use may affect or be affected by their experience of partner abuse.

In 2020/21 in Leicestershire, the rate of domestic abuse-related incidents and crimes was 23.1 per 1000 population, compared to 25.7 in the East Midlands region, and 30.3 in England overall.^{8 45}

4.6. Childhood/Parenting

Parental drug dependence can have a significant impact on families, particularly children, and can limit the parent's ability to care for their child and/or children. Parents are role models for their children, and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. It can also mean that children take on inappropriate caring roles for their parents. For some families, substance misuse is one of a number of other complex problems which can have a compound effect⁴⁶

Growing up with substance misuse can also create an intergenerational cycle of violence, with these children being more likely to expose their own children to adversity and trauma.⁴⁷

In 2021/22, in Leicestershire 24.1% of **new adult clients** were parents who lived with their children (aged 0-15 years) attended treatment for substance misuse. Please note, these figures are the number of parents in treatment, not the number of parents who are misusing drugs or alcohol.

In Leicestershire, most of **young people in treatment** were not parents (97%), not living with children (77%) or living with children (20%). Nationally, these figures were 95%, 59% and 36%, respectively.

Children who experience four or more adversities, are twice as likely to binge drink, and eleven times more likely to go on to use crack cocaine or heroin. Misuse of substances can often escalate, with young people coming into contact with the police or youth justice system.

5. Treatment Services

5.1. Harm reduction interventions

5.1.1. Identification and brief advice

The commissioned substance misuse service in Leicestershire is called **Turning Point**. The NDTMS figures which are presented in this report are based on those individuals who need treatment. However, others may come in for identification and brief advice but not necessarily go on to the treatment pathway hence get missed out of NDTMS figures. The number of individual substance users that received information and guidance (without going onto the treatment pathway and

excluding needle exchange) has increased year on year since 2018/19, with 4,595 individual substance users receiving information and guidance in 2021/22. This is a 17% increase in comparison to the previous year, equating to an increase of 654 users. Please note this figure is for Leicester City and Leicestershire County combined.

5.1.2. Needle and Syringe Programmes

There is long standing recognition of the importance of encouraging people who inject illicit drugs to inject more safely and to use clean injecting equipment. Harm reduction policies have been instituted to provide needle and syringe programmes (NSP) to assist users in reducing the risk of acquiring and transmitting bloodborne viruses. Specialist agencies and community pharmacists are seen as serving an important role in helping people to reduce the extent of drug injecting-related harm, by promoting improved hygiene during intravenous drug use and encouraging the use of new needles and syringes and the safe disposal of used equipment.³³ In Leicestershire, the substance misuse service Turning Point liaises with pharmacies to provide access to sterile equipment including needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, will be provided to promote safe injecting practice and reduce transmission of infections by those misusing substances. As of 31st of March 2021 there were 19 pharmacies in Leicestershire offering needle and syringe exchange for people with drug addictions (via Turning Point).

For more information on NSP in pharmacy settings, please visit the Leicestershire Pharmaceutical Needs Assessment, available here: <https://www.lsr-online.org/pna-for-2022.html>

5.1.3. Supervised consumption

Supervised consumption is another service based in pharmacies. This service requires the pharmacist to supervise the consumption of methadone or other prescribed drugs at the point of dispensing in the pharmacy ensuring that the dose has been administered to the patient. Pharmacies offer a user-friendly, non-judgmental, client centred and confidential service. The pharmacy will provide support and advise the patient including referral to primary care or specialist centres where appropriate. As of 31st of March 2021 there were 86 pharmacies in Leicestershire offering supervised administration of methadone and other substitutes (via Turning Point).

For more information on supervised consumption, please visit the Leicestershire Pharmaceutical Needs Assessment, available here: <https://www.lsr-online.org/pna-for-2022.html>

5.2. Treatment pathway measures

5.2.1. Sources of referral (routes into treatment)

Routes into treatment, also known as source of referral, are methods by which people accessed treatment. There are many possible sources of referral an individual can provide, these have been grouped by self, family and friends; health services and social care; criminal justice system (CJS); substance misuse service and other. The CJS is mainly made up of prison referrals, probation and arrest referrals, or court-based referral scheme.

Table 11 shows the number of **adult clients** who were referred into treatment broken down by their referral source in 2020/21. The most common route of referral locally and nationally was self-referral, accounting for 53% of all referrals, compared to the 59% nationally.

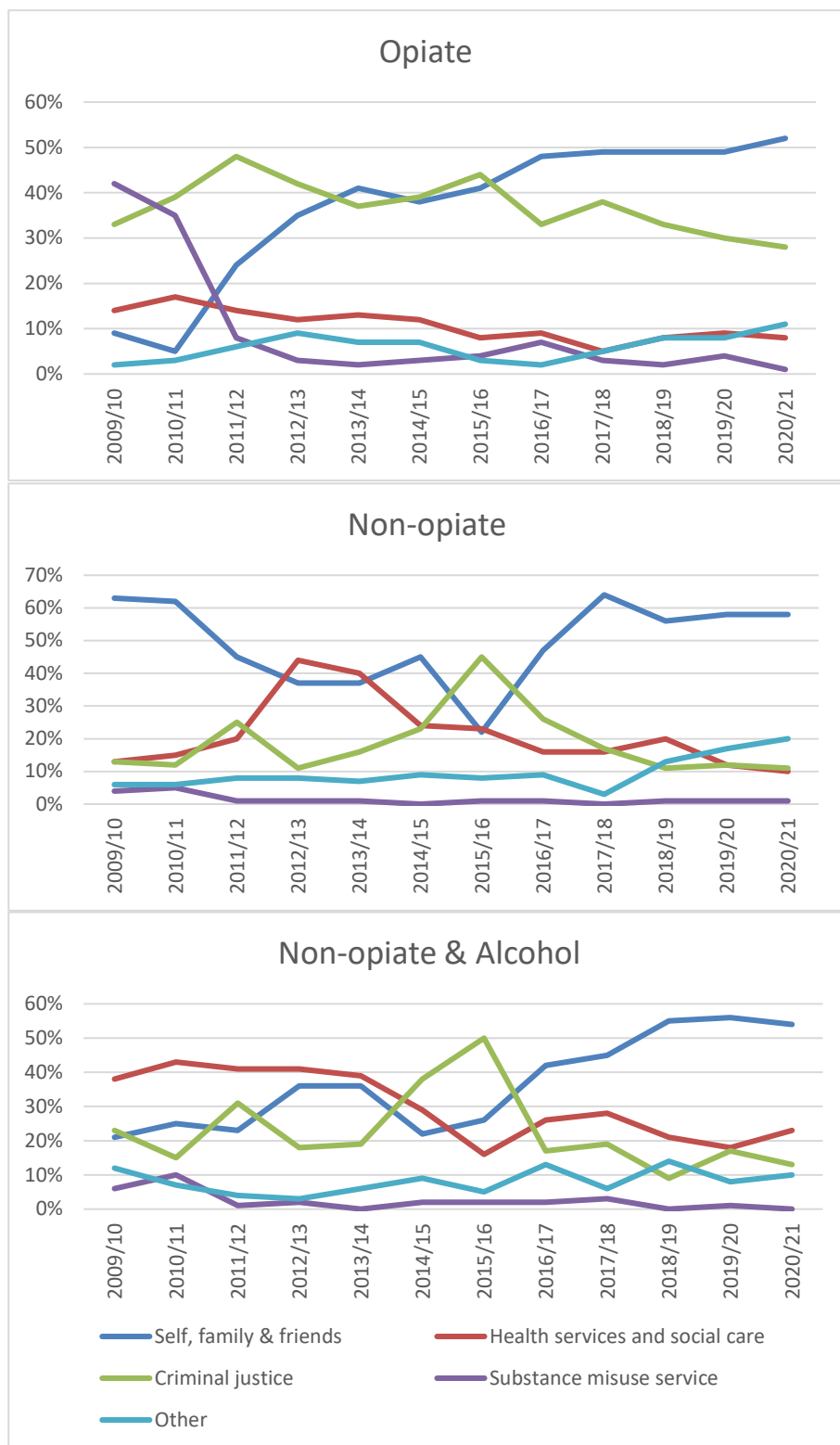
Table 12: Routes into treatment, 2020/21²⁵

	Leicestershire		National
	Number	Proportion of referrals	Proportion of referrals
Self-referral	361	53%	59%
Referred through CJS	127	19%	16%
Referred by GP	35	5%	4%
Hospital/A&E	21	3%	2%
Social Services	29	4%	3%
All other referral sources	104	15%	16%

Source: NDTMS, Drugs commissioning support pack, key data 2022-23

Figure 25 shows that when examining source of referral by drug use type, the most common route is self, family and friends; numbers have shown an increasing trend across all three drug types since 2015-16. For opiate clients, the next most common route of referral was the criminal justice system, although the proportion of referrals from this source has been decreasing since 2017-18. For non-opiate clients, the second most common route of referral was other, which has increased year-on-year since 2017-18, whilst for non-opiate and alcohol clients, the next most common route of referral was health services and social care.

Figure 23. Trends in source of referral into treatment, new presentations proportions, Leicestershire (NDTMS 2022)



A third (32%, N=24) of **young people in treatment** were through self-referral, family and friends, proportion statistically significantly higher than the national average of 12%. The second largest group was from education services (28%, N=21), followed by children and family services (10%) and

youth justice (10%). None of groups other than ‘self, family and friends’ differ significantly from the national averages. Of note is that the rate of the first-time entrants to the **youth justice system** in Leicestershire was significantly lower locally 123/100,000, compared to 169 nationally, with rates falling nationally and locally over several years.

5.2.2. Waiting times

Drug users need prompt help if they are to reduce the harms of drug use and the impacts on the individual and community and recover from dependence. Waiting times refer to the number of first interventions that took less than 3 weeks from referral to first offered appointment. Nationally, 99% of initial waits to start treatment were under three weeks in 2020/21. In Leicestershire 98% of all initial waits for the start of treatment were less than three weeks, a 2% decrease compared to last year. For the past three years, 98% or more²⁵ of those waiting for their first treatment intervention were seen in less than three weeks.²⁶

5.2.3. Treatment engagement

When engaged in treatment, people use fewer illegal drugs, commit less crime, improve their health, and manage their lives better. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue. For those leaving treatment in an unplanned way/dropping out, those benefits are reduced.

The information in Table 12 shows the proportion of adults entering treatment in Leicestershire in 2020-21 who left treatment in an unplanned way, without being discharged as completed treatment, before 12 weeks. Overall, a 15% of new presentations had an early unplanned exit in Leicestershire in 2020/21 accounting for 99 individuals, lower than the national average of 16%. Leicestershire’s early unplanned exits were lower than England averages across all drug user types, apart from opiate users.²⁵

Table 13: Proportion of new presentations who left treatment in an unplanned way, 2020/21²⁵

	Leicestershire		National
	Number	Proportion of new presentations	Proportion of new presentations
Opiate	45	16%	15%
Non-opiate	22	13%	17%
Non-opiate and alcohol	32	14%	16%
All	99	15%	16%

Source: NDTMS, Drugs commissioning support pack, key data 2022-23

5.2.4. Length of time in treatment

Adult clients who have been in treatment⁵⁵ for long periods of time (six years or over for opiate clients and over two years for non-opiate clients) are most likely to be entrenched users who will find it harder to successfully complete treatment. Opiate clients who successfully complete within two years of first starting treatment have a higher likelihood of achieving sustained recovery. Time in treatment is calculated from the first triage of the latest treatment journey to the latest discharge of the same journey.

The proportion of opiate clients whose latest treatment journey lasted less than two years in 2020/21 was 46% in Leicestershire compared to 46% nationally. The proportion of opiate clients whose latest treatment journey lasted for 6 years or more in Leicestershire is 24%, compared to 27% nationally. The proportion of non-opiate clients whose latest treatment journey lasted for more than two years is 1% in Leicestershire, compared to 3% nationally, while the proportions for non-opiate and alcohol clients were 1% and 3% respectively.

Young people generally spend shorter times in treatment. Of all Leicestershire clients under 18 years of age, leaving treatment in 2020/21, the majority spent less than 26 weeks in treatment (86%, N=56), compared to 67% nationally. This includes nearly a half (48%, N=31) exiting in less than 12 weeks, compared to just a third (34%) nationally.

5.2.5. Residential rehabilitation

Drug treatment mostly takes place in the community, near to the individual's family and support networks. Residential rehabilitation may be cost effective for someone who is ready for active change and a higher intensity treatment. In 2020/21 in Leicestershire, 22 individuals attended residential rehabilitation. This makes up 1% of the treatment population; nationally 2% of the treatment population attended residential rehabilitation.

5.2.6. In-treatment outcomes

Data from NDTMS suggests that clients who stop using illicit opiates in the first sixth months of treatment are almost five times more likely to complete successfully than those who continue to use. In 2020-21 in Leicestershire there were 32 clients who were injecting at the start of their treatment who reported no longer injecting on their six-month review treatment outcome profile. This accounts for more than half (63%) of those who had reported injecting at the start of their treatment. In the same time period, there were variations by drug type in the proportions reporting abstinence from drug use in the previous 28 days of their sixth month review treatment outcome profile, who had initially reported using drugs at treatment start, as in Table 13. The table also shows

⁵⁵ Source: NDTMS, Drugs commissioning support pack, key data 2022-23

numbers and proportions reporting significant reductions in use where significant reduction is defined through a reliable change index calculation which varies per drug type.

Table 14: In-treatment outcomes by drug, 2020/21²⁵

	Abstinence			Significant reductions in use		
	Leicestershire		National	Leicestershire		National
	Number	Proportion	Proportion	Number	Proportion	Proportion
Opiate	89	53%	51%	37	22%	21%
Crack	58	53%	48%	12	11%	17%
Cocaine	69	74%	69%	10	11%	10%
Amphetamines	*	50%	65%	*	17%	7%
Cannabis	73	44%	42%	18	11%	13%
Alcohol (adjunctive)	62	31%	32%	30	15%	17%

Source: NDTMS, Drugs commissioning support pack, key data 2022-23

5.2.7. Completion of treatment

The percentage of successful completions of drug treatment varies depending on drug of dependence. Although many individuals will require a number of separate treatment episodes spread over many years, most individuals who complete successfully do within two years of entry. The proportion of clients whose latest treatment journey ended during 2020-21 and whose reason for discharge was ‘treatment completed’, as a proportion of all clients in treatment during 2020-21 was 20%, higher than the national proportion of 14%. The non-opiate user group had the highest proportion of clients who completed treatment locally and nationally at 50% and 36% respectively. This equated to 51% of non-opiate male clients, and 48% of female non-opiate clients.

A large proportion of the opiate users in treatment have entrenched long-term drug use, are often in ill health and less likely to have access to the personal and social resources that can aid recovery, such as employment and stable housing. This often results in opiate users being less likely to complete treatment successfully or sustain their recovery, when compared to people who use other drugs, or only alcohol. Due to these factors, opiate treatment clients had the lowest successful completions, locally and nationally (7% and 5%).

Table 15: Successful completions as a proportion of total number in treatment, 2020/21

	Number of successful completions	Numbers in treatment	Percentage of successful completions			
			Leicestershire			National
	Leicestershire		Persons	Males	Females	Persons
Opiate	76	1,121	7%	6%	8%	5%
Non-opiate	109	219	50%	51%	48%	36%
Non-opiate & alcohol	138	316	44%	47%	37%	33%
All	323	1,656	20%	19%	21%	14%

Source: NDTMS, Drugs commissioning support pack, key data 2022-23

A large proportion of **young people in treatment** completed their treatment in 2020/21 (87%, N=65); this completion rate was higher than 70% in 2018/19 locally, and higher than the national average for 2020/21 of 66%.

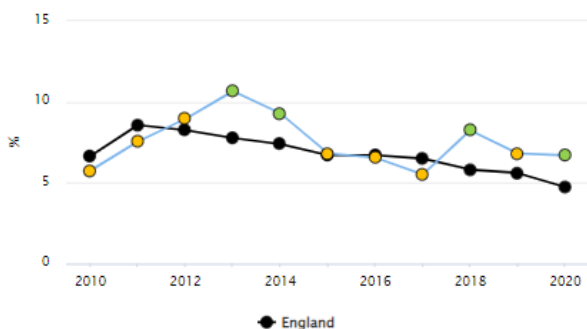
Among those exiting treatment, 69% (N=45) completed their treatment successfully in Leicestershire, compared to 79% nationally.

Another definition of successful treatment is those who leave treatment free of drug(s) dependence and do not re-present to treatment within six months. Since 2013, this proportion has been declining, contributing to a significantly worsening trend over the past five years, resulting in Leicestershire changing from being significantly better than England to similar to England. In 2017, in Leicestershire and Rutland, 5.5% of opiate users successfully completed drug treatment, similar to the national average of 6.5%. For Leicestershire, this equates to 5.5% of all males in treatment, and 5.6% of all females in treatment.⁸

When considering the successful completion of drug treatment, (who do not represent) of non-opiate users, the trend over the past eight years has remained stable, with Leicestershire and Rutland's proportions for the past five years being similar to the national average. In 2020, 45% of non-opiate users in treatment completed treatment successfully.⁸ This equates to 244 people; 46.2% of all males in treatment and 41.1% of all females in treatment.²⁵

Figure 24: Trend in successful completion of drug treatment of opiate (A) users and non-opiate (B) users, Leicestershire (OHID 2022)

A.

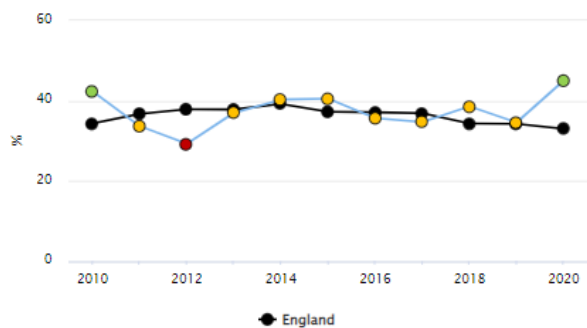


Recent trend: ➡ No significant change

Period	Count	Leicestershire			East Midlands	England
		Value	95% Lower CI	95% Upper CI		
2010	76	5.8%*	4.6%	7.2%	5.9%	6.7%
2011	94	7.6%*	6.2%	9.2%	8.2%	8.6%
2012	111	9.0%*	7.5%	10.7%	8.4%	8.3%
2013	129	10.7%*	9.0%	12.5%	7.7%	7.8%
2014	111	9.3%*	7.8%	11.1%	7.0%	7.4%
2015	79	6.8%*	5.5%	8.4%	6.7%	6.7%
2016	77	6.6%*	5.3%	8.1%	6.1%	6.7%
2017	63	5.5%*	4.3%	7.0%	6.3%	6.5%
2018	94	8.2%*	6.8%	10.0%	5.9%	5.8%
2019	81	6.8%*	5.5%	8.4%	5.8%	5.6%
2020	78	6.7%*	5.4%	8.3%	4.6%	4.7%

Source: Calculated by Office for Health Improvement and Disparities (OHID); using data from the National Drug Treatment Monitoring System

B.



Recent trend: ➡ No significant change

Period	Count	Leicestershire			East Midlands	England
		Value	95% Lower CI	95% Upper CI		
2010	146	42.3%*	37.2%	47.6%	37.0%	34.4%
2011	95	33.7%*	28.4%	39.4%	40.0%	36.8%
2012	101	29.3%*	24.7%	34.3%	38.6%	37.9%
2013	161	37.0%*	32.6%	41.6%	34.5%	37.8%
2014	156	40.3%*	35.5%	45.3%	35.8%	39.2%
2015	107	40.5%*	34.8%	46.5%	35.8%	37.3%
2016	81	35.7%*	29.7%	42.1%	34.8%	37.1%
2017	102	34.7%*	29.5%	40.3%	33.6%	36.9%
2018	130	38.6%*	33.5%	43.9%	35.2%	34.4%
2019	146	34.6%*	30.2%	39.3%	32.2%	34.2%
2020	244	45.0%*	40.9%	49.2%	32.4%	33.0%

Source: Calculated by Office for Health Improvement and Disparities (OHID); using data from the National Drug Treatment Monitoring System

More recent local data from *Turning Point* shows for Q1 and Q2 in 2022/23, the percentage of successful completions of opiate treatment was 6.4% in Q1 and 5.4% in Q2. The percentage of successful completions of non-opiate treatment was 39.8% and 41.4% over the same time periods.

5.3. Return on Investment

Investing in treatment services to reduce drug misuse and dependency will not only help to save lives but will also substantially reduce the economic and social costs of drug-related harm.

Research has shown that every £1 invested in drug treatment results in a £2.50 benefit to society. For many drug users, engaging in treatment can be the catalyst for getting the medical help they need to address their physical and mental health problems.

The public values drug treatment because it makes their communities safer and reduces crime; 82% said that the greatest benefit of treatment was improved community safety.⁴²

Decision-makers have been enabled to understand the potential return on investment from alcohol and drug interventions and the possible cost of under-investment. Tools like the Value for Money Commissioning Support Tool (<https://www.ndtms.net/VFM>) can help commissioners demonstrate the benefits derived from local investment and help local areas understand and improve the cost-effectiveness of local treatment systems.

6. Current Local Service Provision

6.1. Integrated Substance Misuse Treatment Service (ISMSTS)

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 (ISMSTS).

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:

6.1.1. 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 (See Alcohol JSNA chapter). The clinical team are supported by skilled Recovery Workers and Support Workers who provide a range of evidence-based psychosocial therapeutic interventions.

6.1.2. 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.

6.1.3. 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.

6.1.4. 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.

6.1.5. 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.

6.1.6. 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.

6.1.7. 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.

6.1.8. 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.

6.1.9. 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.

6.1.10. 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.

6.1.11. 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.

6.1.12. 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.

6.1.13. 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.

6.1.14. 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.

6.1.15. 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.

6.1.16. 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.

6.1.17. 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.

6.1.18. 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.

6.2. 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.

6.2.1. 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.

6.2.2. 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.

6.2.3. Alcohol Care Team (ACT)

Local Authorities had previously 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.

6.2.4. 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.

6.2.5. 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.

6.2.6. 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.

6.2.7. 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.

6.2.8. 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.

6.2.9. 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.

6.2.10. 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.

6.2.11. 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.

6.2.12. 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.

6.2.13. 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.

6.2.14. 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.

6.2.15. 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 than in women (N=39 vs 16) and their total number (N=55), 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.

7. Unmet Needs/Gaps/Improvements

7.1. Those with substance misuse issues who are not in treatment

In 2020/21 an estimated 53% opiate users in Leicestershire were not in receipt of treatment, corresponding to estimated 1,300 individuals. This indicates a gap in identifying individuals with potential substance misuse issues and a gap in referring these individuals into treatment services. For many drug users, engaging in treatment can be the catalyst for getting the help they need to address other issues such as their physical and mental health, housing and financial issues which can have a significant on the individual and wider society.

7.2. Addiction to prescription and over the counter medicines

The work of substance misuse treatment services has historically focused on addiction to illicit drugs but over recent years, trends have begun to emerge in relation to addiction to drugs that do not fall under the 'illicit' category, such as prescription drugs. Although data on this area is limited, locally, clinicians from the Pain Management Service estimate there are in the region of 10,000 long-term opioid users across Leicester, Leicestershire and Rutland. This cohort is at risk of developing an

opioid addiction. Also, in 2020/21, there were 153 individuals who cited addiction to a prescription only medicine or an over-the-counter medicine in Leicestershire (a rise from 112 in 2017/18). Although this accounts for just 9% of those in treatment, which is lower than the national average of 14%, the numbers are on the rise and could represent a wider unmet need in the population.

7.3. Improving treatment completion

Although the proportion of individuals who left treatment in an unplanned way remains lower in Leicestershire compared to the national average (15% and 16%, respectively, in 2020/21), this gap has narrowed significantly over the past three years. It accounts for 99 individuals over a 12-month period. Preventing early drop out enables more individuals to recover, which in turn improves their health and wellbeing.

The proportion of successful completions of treatment in Leicestershire is higher than national average (20% and 14%, respectively, in 2020/21). While half of those treated for non-opiate misuse reach successful completion, this is true for just 7% of clients the opiate group (5% nationally). A large proportion of opiate users in treatment have entrenched long-term drug use, are often in ill health and less likely to have access to the personal and social resources that can aid recovery, such as employment and stable housing. This often results in opiate users being less likely to complete treatment successfully or sustain their recovery when compared to people who use other substances. This highlights the importance of the wider determinants of health.

8. Recommendations

- I. Improve identification and referral of individuals with substance misuse into treatment to reduce the treatment gap
- II. Explore how to identify early issues of substance misuse and carry out targeted prevention and prevention information / advice for residents
- III. Take action to better understand (locally) the demand placed on services by new and emerging addictions. To include addiction to prescribed or over the counter medications.
- IV. Review and understand the prevalence of drug and alcohol use locally by linking with the Combatting Drug and Alcohol Partnership Operations Group
- V. Review and understand treatment access and success, focussing on outreach to those that have lower engagement figures such as young persons, mixed ethnicity and the Asian community
- VI. Ensure the recovery element of the ISMTS meets the needs of residents.
- VII. Explore wider recovery networks available to our residents for those that have been in

treatment and those that have not

- VIII. Continue with a partnership approach to review drug related deaths and to develop and maintain the LLR Drug and Alcohol Related Deaths Review Panel (DARDRP) already in place.
 - IX. 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.
 - X. Ensure that there are strong pathways with the Stop smoking cessation and the ISMTS
 - XI. liaise with partners to understand the specialist opioid addiction issue and how partners can work collectively to make improvements for residents
 - XII. 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)
 - XIII. Work with partners to support behaviour change via fibro scanning which results in referrals of residents into treatment
 - XIV. 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'
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GLOSSARY OF TERMS

CCG	Clinical Commissioning Group
ELRCCG	East Leicestershire and Rutland Clinical Commissioning Group
GP	General Practitioner
GPwSI	General Practitioner with Special Interests
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
IDACI	Income Deprivation Affecting Children
IDAOP	Income Deprivation Affecting Older People
IMD	Index of Multiple Deprivation
ISMTS	Integrated Substance Misuse Treatment Service
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
MSOA	Middle Super Output Area
NHS	National Health Service
NSP	Needle and Syringe Programme
OHID	Officer for Health Improvement and Disparities
ONS	Office of National Statistics
PHE	Public Health England
WLCCG	West Leicestershire Clinical Commissioning Group

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APPENDIX

Appendix Table Error! Main Document Only.. Emergency hospital admission episodes - patients from Leicestershire and Rutland ICBs (East Leicestershire and Rutland and West Leicestershire)

	2017/18		2018/19		2019/20		2020/21		2021/22		2022/23 ¹		Total (2017-22)	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Drug Use ²	83	65.4	115	73.2	145	81.5	108	67.5	108	83.7	70	90.9	629	76.0
Alcohol only ³	44	34.6	42	26.8	33	18.5	52	32.5	21	16.3	7	9.1	199	24.0
Total	127		157		178		160		129		77		828	
Drug Use (N=629)														
Diagnosis: mental health	28	33.7	21	18.3	17	11.7	15	13.9	10	9.3	6	8.6	97	15.4
Diagnosis: poisoning	5	6.0	24	20.9	14	9.7	13	12.0	11	10.2	12	17.1	79	12.6
Diagnosis: other	50	60.2	70	60.9	114	78.6	80	74.1	87	80.6	52	74.3	453	72.0
Age 0-17	*	-	6	5.2	10	6.9	*	-	*	-	*	-	26	4.1
Age 18-29	26	31.3	36	31.3	48	33.1	45	41.7	41	38.0	26	37.1	222	35.3
Age 30-39	50	60.2	60	52.2	71	49.0	42	38.9	46	42.6	28	40.0	297	47.2
Age 50+	*	-	13	11.3	16	11.0	18	16.7	17	15.7	16	22.9	84	13.4
Female	22	26.5	40	34.8	32	22.1	22	20.4	27	25.0	19	27.1	162	25.8
Male	61	73.5	75	65.2	113	77.9	86	79.6	81	75.0	51	72.9	467	74.2
Asian or Asian British	*	-	*	-	*	-	*	-	0	0.0	0	0.0	10	1.6
Black or Black British	*	-	*	-	*	-	*	-	*	-	0	0.0	10	1.6
Mixed ethnic groups	*	-	*	-	*	-	*	-	*	-	*	-	17	2.7
White	60	72.3	94	81.7	123	84.8	88	81.5	89	82.4	60	85.7	514	81.7
Other ethnic groups	6	7.2	12	10.4	10	6.9	9	8.3	6	5.6	*	-	47	7.5
Ethnicity not known	9	10.8	*	-	*	-	6	5.6	7	6.5	*	-	31	4.9
Discharge: place of residence	49	59.0	89	77.4	115	79.3	79	73.1	77	71.3	50	71.4	459	73.0
Discharge: other	20	24.1	6	5.2	7	4.8	6	5.6	*	-	*	-	44	7.0
Discharge: unfinished episode	14	16.9	20	17.4	23	15.9	23	21.3	28	25.9	18	25.7	126	20.0

*Counts and rates suppressed where numbers are 5 or below

¹ Data for April 2022 to August 2022 only (5 months)

² Episodes with a drug use diagnosis

³ Episodes with alcohol use and no drug use diagnosis

⁴ Episodes with a primary diagnosis of a mental, behavioural or neurodevelopmental disorder