'From Harm to Hope' Health Needs Assessment Nottinghamshire Executive Summary

Nottinghamshire County Council

Public Health

Substance Misuse Team

November 2022

OFFICIAL SENSITIVE

Health Needs Assessment information	
HNA Owner	Nottinghamshire Combatting Substance Misuse Partnership
HNA Lead author and HNA Data lead	Yaroslava Hnylycia (Nottinghamshire County Council Public Health) Andrew Hale (Nottinghamshire County Council Public Health)
HNA Other contributors	Samantha Clarke (Office of the Police and Crime Commissioner) David Gilbert (Nottinghamshire County Council Business Intelligence) Tom Pointer (Nottinghamshire County Council Business Intelligence) Emma Smith (Nottinghamshire County Council Public Health) James Sinclair (Nottinghamshire County Council Public Health) Rachel Nicholls (Change Grow Live Head of Service) Stuart Barlow (Change Grow Live Data Analyst)
Quality Assured	December 2022
HNA Approved by	Nottinghamshire Combatting Substance Misuse Partnership
Date of Approval	

Glossary

Acquisitive Crime: Acquisitive crime is a high-volume offence type and covers all crimes where an offender derives material gain from the offence.

County Lines: County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Class A drugs: Class A drugs are deemed to be the most harmful types of drugs which is why they are usually dealt with as being the most serious of all the drug classes. Drugs that have been given a Class A classification under the Misuse of Drugs Act 1971 include drugs such as cocaine, crack cocaine, ecstasy and heroin. If found guilty of an offence, sentencing for Class A drugs can be severe and involve long term imprisonment.

LSOA: This acronym stands for Lower Super Output Area. It is a geographically defined boundary. LSOAs have an average population of 1500 people or 650 households.

MSOA: This acronym stands for Middle Super Output Area. MSOA's are larger geographically defined areas when compared to LSOA's. MSOAs have an average population of 7500 residents or 4000 households.

Nominals: Nominals are individuals believed involved in criminal activity.

OCU: This means opiate or crack user and refers to the use of opiates and/ or crack cocaine. It does not include the use of cocaine in powder form, amphetamine, ecstasy, or cannabis. Although many opiate and/or crack users also use these drugs it is very difficult to identify exclusive users of these drugs.

PHOF: This acronym stands for Public Health Outcomes Framework. The framework has four overarching domains: wider determinants, health improvement, health protection and healthcare and premature mortality. The PHOF data tool examines a wide range of indicators that help us understand trends in public health.

Polydrug Use: Polydrug use is the use of more than one drug, often with the intention of enhancing or countering the effects of another drug.

Prevalence: Prevalence is the proportion of a particular population found to be affected by a medical condition (typically a disease or risk factor) at a specific time.

Structured treatment: Structured drug and alcohol treatment consists of a comprehensive package of concurrent or sequential specialist drug and alcohol-focused interventions. It addresses multiple or more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone. All interventions must be delivered by competent staff, within appropriate supervision and clinical governance structures.

Unmet need: Unmet public health needs refers to needs currently not addressed by the health care systems for availability or accessibility reasons.

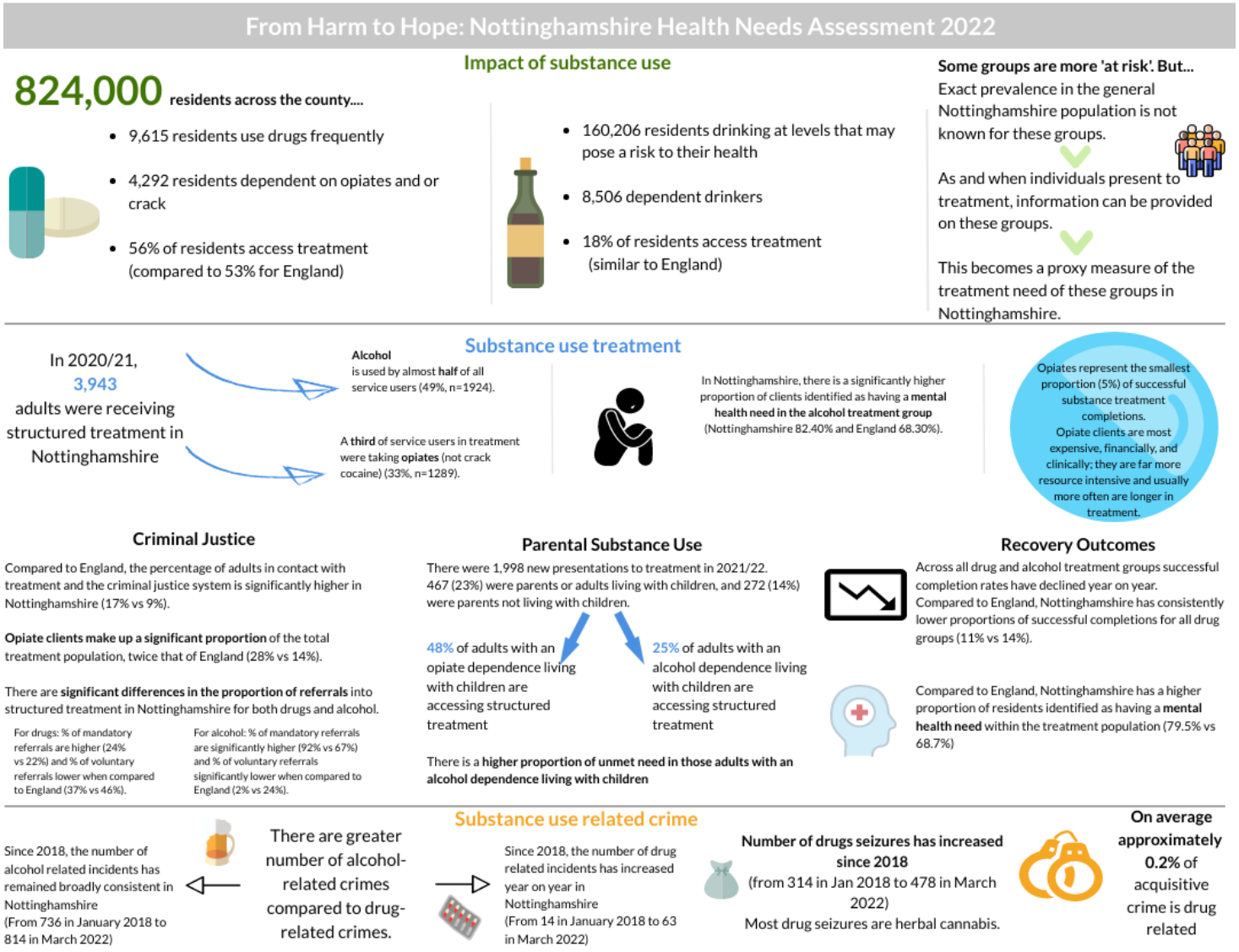
Wider Determinants of health: As described by the World Health Organisation, wider determinants of health include social and economic environment, physical environment, and a person's individual characteristics and behaviours. These determinants make people healthy or not and include environmental, social, and economic factors.

Key Points and Recommendations

Key Point(s)	Recommendation
For 2021/22, Nottinghamshire has a higher proportion of service users identified as having a mental health need within its treatment population for opiates, non-opiates, alcohol and alcohol and non-opiates (all treatment groups) when compared to national figures. Overall, the treatment group identified as having the greatest mental health need in Nottinghamshire were those who were in treatment for alcohol and non-opiates (84.2%). Nationally service users in the alcohol and non-opiates treatment group also have the greatest mental health need, however the proportion is 9.9% lower when compared with Nottinghamshire. There is a significantly higher proportion of service users identified as having a mental health need in the alcohol treatment group in Nottinghamshire when compared to the national figure, there is a 14.1% difference between the proportion for Nottinghamshire and the proportion nationally (Nottinghamshire 82.40% and England 68.30%).	Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.
There has been an increase in the proportion of acquisitive crime with a drugs marker over time, with peaks in August 2020 and January 2021, however no more than 0.5% of acquisitive crime has been flagged with a drugs marker. Overall, in Nottinghamshire, there is a greater number of alcohol-related crime (with an alcohol maker) compared to drug-related crime (with a drugs marker), however this could be due to inconsistencies within police recording.	Local Police data quality and reporting requires improvement to demonstrate a relevant picture of need in Nottinghamshire.
Nottinghamshire has a lower proportion of unmet need for adults with opiate dependence living with children (52%) when compared to both England (58%) and the benchmark (62%). This suggests that within Nottinghamshire, 48% of adults with an opiate dependence living with children are accessing structured treatment, this is 10% higher compared to the benchmark and 6% higher when compared to England. Nottinghamshire has a lower proportion of unmet need for adults with alcohol dependence living with children (75%) when compared to both England (79%) and the benchmark (82%). This suggests that within Nottinghamshire, 25% of adults with an opiate dependence living with children are accessing structured treatment, this is 7% higher compared to the benchmark and 4% higher when compared to England. However, despite this, Nottinghamshire has a higher proportion of unmet need in those adults with an alcohol dependence living with children when compared to those with an opiate dependence.	Early identification of need and easy access to support and treatment for alcohol is required across the health and social care system. There needs to be sufficient capacity in the system to deliver this.
The number of incidents where drugs were found increased across all prison establishments between 2017/18 and 2019/20 before mostly decreasing in 2020/21. The exception is HMP Lincoln where number of incidents continued to increase. Similarly, there is a significant disparity between the prisons with regards to the number of alcohol incidents and distilling equipment incidents.	Systemised approach to drug and alcohol testing within and across prison settings is required to identify those with a substance use need and strengthen current prison to community pathways.

There are significant disparities in the proportion of referrals to the Criminal Justice Integrated Teams (structured treatment) in Nottinghamshire for both drugs and alcohol. For drugs the proportion of mandatory and referred assessments are higher and the proportion of voluntary referrals lower when compared to England. Whereas for alcohol, the proportion of mandatory referrals are significantly higher and voluntary significantly lower when compared to England. Of the Criminal Justice cohort, the average proportion of successful completions is 19.5% but what is not known is the successful completion rate of those cohorts split by mandatory treatment versus voluntary treatment.	Criminal Justice pathways require evaluation to determine the impact of both mandatory and voluntary approaches on substance use treatment outcomes.
Nottinghamshire has a higher proportion of service users who are categorised as parents living with children for both all in treatment and for new presentations but have lower rates of unmet need for both alcohol (Nottinghamshire 75%, Benchmark 82%, and England 79%) and opiates (Nottinghamshire 52%, Benchmark 62%, and England 58%) compared to the benchmark and England. Furthermore, MASH enquiries may reflect the pressures within children's social care and social care may not be asking the right questions regarding substance use in a family.	Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues.
Across Nottinghamshire there is great variation between the districts in the number of adults with parenting responsibilities and a substance use problem, a child with substance use issues themselves or a child exposed to substance use in their home environment.	Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
The proportion of Child and Family assessments completed where alcohol abuse was a parental factor has marginally decreased by 1.8% between 2020/21 Q1 and 2021/22 Q4. On average in 2021/22, 10.4% of child and family assessments that were completed recorded alcohol abuse as a parental factor. The proportion of assessments completed where drug abuse was a parental factor has significantly decreased by 4.7% between 2020/21 Q1 and 2021/22 Q4.	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate. Particular focus should be on children services so that parental substance use can be identified to mitigate the impact of that on the child(ren)/family unit.

Infographic



Executive Summary

The Government's 10-year drug strategy 'From Harm to Hope' requires local areas to develop a Health Needs Assessment (HNA). The purpose of the HNA is to understand where the baseline need, partnership working, activity and performance are at present and looks at possible explanations for this situation and any trends. A set of recommendations is also included which will guide the future partnership activity.

Nottinghamshire Demographics:

To help understand and contextualise the substance use need and activity within Nottinghamshire, it is important to outline the Nottinghamshire population profile.

There are 824,800 residents and overall, the county has an older age profile when compared to England. There are more residents aged over 50 years and fewer residents aged 15-44 years. The greatest proportion of residents are aged between 50 and 60 years, accounting for around 15% of the population. Overall, there is a smaller ethnic minority population (excluding white minorities) compared to England, with 93% identifying as white in 2021. 152,351 residents have a disability (20% of the population) which is 3% higher than that for England (17%).

Wider determinants of health and social inequalities are known to be linked with health harming behaviour such as substance use. Each district of Nottinghamshire has some areas of higher deprivation, though these are more consistently focused in the North and West of the county (in Ashfield, Mansfield, and Bassetlaw). The most deprived LSOA in the county is situated in the Carr Bank Ward in the district of Mansfield. The full socio-economic impact of COVID-19 on Nottinghamshire residents is not yet known, though a COVID Impact Assessment is currently being undertaken.

Impact of substance use in Nottinghamshire:
There is no such thing as a 'typical' substance user as people experiment with or use substances at different points in their life for many different reasons. Anyone can be at risk of developing a health harming behaviour such as substance use during their life. Risk factors include adverse life events and adverse childhood experiences (ACE's). Addiction, in particular, occurs when a behaviour that a person finds a temporary pleasure, escape or relief in starts to have negative consequences, but the person cannot give that behaviour up despite those negative consequences. The behaviour will be acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.

Evidence suggests that there are certain groups in the population who are particularly at risk of developing substance use issues, although it is important to note that those groups are not mutually exclusive, and any individual's personal experience will be unique to them. The Nottinghamshire Substance Misuse JSNA (Joint Strategic Needs Assessment) has identified eleven groups and sub-groups of the population most at risk of substance use; however, the evidence of those who are most 'at risk' is strongest around ACE's, those living in deprived areas, those people with mental health issues and those who are in the criminal justice system. This HNA describes what is known about these groups, although it is not possible to generate definitive prevalence estimates for these groups in the general Nottinghamshire population. Where these individuals present to treatment, information can be provided about these groups and in turn this becomes a substitute measure of the treatment need in Nottinghamshire.

Prevalence and unmet need

It is estimated in Nottinghamshire that there are 9,615 residents who use drugs frequently, although this is likely to be an under-estimate due to the hidden nature of some substance use.

Estimates suggest that there are 4,292 residents who are dependent on opiates and or crack in Nottinghamshire. Within any one year, 48% of these residents' access treatment compared to 47% for England as a whole.

There are estimated to be 8,506 dependent drinkers in Nottinghamshire. 18% of these residents' access treatment within any one year.

In addition, there is estimated to be 160,206 Nottinghamshire residents who are drinking at levels that may pose a risk to their health. This means regularly drinking more than 14 units of alcohol a week.

Vulnerable groups

Findings from the Nottinghamshire 'Health and Homelessness' JSNA have estimated that around 62% of the homelessness cohort (628 homeless people) in Nottinghamshire use cannabis, the most common drug of choice; however it is likely that a number are combining alcohol consumption with polydrug use.

The number of incidents where drugs were found increased across all prison establishments between 2017/18 and 2019/20 before mostly decreasing in 2020/21. The exception is HMP Lincoln where the number of drug incidents continued to increase.

A & E attendances, hospital admissions and co-morbidities

In Nottinghamshire, A&E attendances for drug overdose have remained reasonably constant between April 2019 and May 2022.

In Nottinghamshire, A&E attendances for alcohol have remained reasonably stable over time between April 2019 and March 2022.

Nottinghamshire has a statistically significantly worse rate for admissions for alcohol-related conditions for all persons (535 per 100,000) compared to England (456 per 100,000).

The rate for admissions for drug related mental health and behavioural disorders in Nottinghamshire has been consistently lower than that for England.

Nottinghamshire has a small number of hospital admissions for assaults by sharp objects.

Mortality from Drugs and alcohol

Since 2001, Nottinghamshire has had a statistically significant lower rate of drug use deaths, when compared to England. However, particularly since 2011 the trend line for both Nottinghamshire and England have increased over time. Furthermore, in Nottinghamshire, drug poisoning deaths have increased between 2011 and 2021.

Since 2017-18, the proportion of deaths in drug treatment for all drug groups has been lower in Nottinghamshire when compared to England. For the most current year 2020-21, the data shows that the proportion of drug deaths for those in treatment in England is 0.4% higher than that for Nottinghamshire.

Alcohol-related mortality in Nottinghamshire is significantly lower than England (37.8 per 100,000 compared to 33.5 per 100,000, respectively). While Bassetlaw, Ashfield, Broxtowe,

Mansfield, Gedling and Newark and Sherwood are statistically similar to England, Rushcliffe is significantly lower than England.

Nottinghamshire has a similar rate of alcohol-specific deaths (11.0 per 100,000) compared to England (10.9 per 100,000). Alcohol specific mortality is statistically significantly worse in Mansfield, particularly for males (25.9 per 100,000).

Mortality from chronic liver disease is statistically worse in Mansfield, particularly for males (24.0 per 100,000). Females' mortality from chronic liver disease is statistically worse in Nottinghamshire (11.7 per 100,000).

For the most current year 2020-21, the data shows that the proportion of alcohol deaths for those in treatment in Nottinghamshire is 0.18% higher than that for England. In Nottinghamshire, more males than females died in alcohol treatment; although locally deaths in males are 0.93% higher when compared to England.

Substance use treatment in Nottinghamshire

Change Grow Live (CGL) deliver all substance use treatment and recovery services for all ages across all seven Districts of Nottinghamshire. It is commissioned by Nottinghamshire County Council and the Office of the Police and Crime Commissioner (OPCC).

In 2020/21, National Drug Treatment Monitoring System (NDTMS) reported a total of 3,943 adults receiving structured treatment in Nottinghamshire. Individuals can access treatment for either problematic drug use, alcohol, or both. Alcohol is used by almost half of all service users (49%, n=1924). In 2020/21 a third of service users in treatment were taking opiates (not crack cocaine) (33%, n=1289).

In Nottinghamshire, 5% of the successful completions are in the opiate treatment group. This is the same as England. The alcohol treatment group constitutes 36%, non-opiates 32% and alcohol & non opiate 30% of successful completions. These other substance treatment groups are similar to England (alcohol (37%), non-opiates (36%) and alcohol & non opiate (33%)[1]. Opiates represent the smallest proportion of successful substance treatment completions. Service users who are in treatment for opiates are most expensive, financially, and clinically; they are far more resource intensive and usually more often are longer in treatment.

There is a significantly higher proportion of service users identified as having a mental health need in the alcohol treatment group in Nottinghamshire when compared to the national figure, there is a 14.1% difference between the proportion for Nottinghamshire and the proportion nationally (Nottinghamshire 82.40% and England 68.30%).

Characteristics of those in treatment

In 2020/21, over half of adults in treatment (51%) were in treatment for opiate use, while nearly 1 in 3 (32%) were in treatment for alcohol. The majority of children and young people cited using cannabis the most (82%), followed by alcohol (22%). Across all adult substance treatment categories, there are more males than females in structured treatment. In 2020/21, over two thirds (69%) of children and young people in structured treatment were male.

[1] NDTMS Commissioning and Support Pack

The vast majority of service users are White British (87.9%) or are from 'Other White' ethnic backgrounds (5.1%). The vast majority of children and young people have identified as 'White British' (75%).

Behaviour and emotional disability accounted for the greatest proportion of adult service users (44.3%), followed by no disability (43.8%).

As at 10/08/2022, CGL's homeless current caseload amounted to 252 individuals; this suggests that around a tenth of service users who were coming into the service for structured treatment at that time disclosed as having no fixed abode or have housing problems. The majority of the homeless current caseload are in treatment for opiates (76.6%).

The treatment population profile broadly reflects the demographic profile for Nottinghamshire for age and ethnicity. There are more men in treatment than women compared to the Nottinghamshire demographic which is more evenly split. However, from the evidence within the Nottinghamshire Substance Misuse JSNA, men are more likely to be 'at-risk' of substance use.

Criminal Justice

In recent years, referrals from prison have decreased yet those from the probation service have increased. Furthermore, this data covers the pandemic period and subsequently there may be some data quality issues with the significant decrease in arrest referrals between 2019/20 and 2021/22.

The proportion of adults in the criminal justice system in contact with structured treatment is significantly higher at 17% for Nottinghamshire when compared to 9% for England. In Nottinghamshire, residents with an opiate dependence make up a significant proportion (28%) of the total treatment population, this is twice the total proportion for England (14%).

There are significant disparities in the proportion of referrals to the Criminal Justice Integrated Teams (structured treatment) in Nottinghamshire for both drugs and alcohol. For drugs, the proportion of mandatory and referred assessments are higher and the proportion of voluntary referrals lower when compared to England. For alcohol, the proportion of mandatory referrals are significantly higher and voluntary significantly lower when compared to England.

For 2020/21, the greatest proportion of youth justice referrals into structured treatment were by the Youth Offending Team in Nottinghamshire (80%), this is similar to that for England (84%), with the majority being male referrals.

Between 2015/16 and 2019/20, Nottinghamshire was statistically significantly worse when compared to England for Adults with a substance use treatment need who successfully engage in community-based structured treatment following release from prison for Nottinghamshire (PHOF C20). However, during this period, both Nottinghamshire and England have increased the percentage of those who successful engaged in structured treatment. Data for the most recent year 2020/21, shows that Nottinghamshire is statistically similar to England with 35.8% engaging with structured treatment following release compared to 38.1% for England.

Parental substance use

Nottinghamshire had a total of 1,998 new presentations to treatment in 2021/22. Of those, 467 (23%) were parents or adults living with children, and 272 (14%) were parents not living with children. Of new presentations to treatment in Nottinghamshire, 1259 (63%) were not a parent or had no contact with children.

Nottinghamshire has a lower proportion of unmet need for residents with opiate dependence living with children (52%) when compared to both England (58%) and the benchmark (62%). This suggests that within Nottinghamshire, 48% of residents with an opiate dependence living with children are accessing structured treatment, this is 10% higher compared to the benchmark and 6% higher when compared to England.

Nottinghamshire has a lower proportion of unmet need for residents with alcohol dependence living with children (75%) when compared to both England (79%) and the benchmark (82%). This suggests that within Nottinghamshire, 25% of residents with an alcohol dependence living with children are accessing structured treatment, this is 7% higher compared to the benchmark and 4% higher when compared to England. However, despite this, Nottinghamshire has a higher proportion of unmet need in those residents with an alcohol dependence living with children when compared to those with an opiate dependence.

Treatment and Recovery Outcomes

In England, successful structured treatment completions for all drug and alcohol treatment groups have been declining year on year. Nottinghamshire has consistently lower proportions of successful completions compared to England. For all drug groups (excluding alcohol), despite proportions declining year on year for England, Nottinghamshire's proportion increased between 2019/20 and 2020/21 from 10% to 11%, respectively. However, this is still 3% lower when compared to England for the year 2020/21.

Since the start of the covid pandemic, the overall number of residents presenting into treatment continues to be over the contract value for all substances. The service has had to manage those already in treatment in addition to new service users coming into treatment and explains why there are lower successful completions overall. As at quarter 2 2022/23 the service is 31% overcapacity (7% overcapacity for opiates, 61% overcapacity for alcohol. 302% overcapacity for non-opiate and 43% overcapacity for non-opiate and alcohol) It is anticipated that the increase in demand is going to continue.

Nottinghamshire has a similar proportion (26%) when compared to the national average (24%) of service users working more than 10 days in the last 28 days at exit for opiate service users. For non-opiate service users Nottinghamshire has a higher proportion (42.1%) of service users working more than 10 days in the last 28 days at exit compared to the national average (36.4%).

For 2021/22, in Nottinghamshire, a higher proportion of non-opiate service users (96.1%) have no reported housing need compared to opiate service users (90%), this also holds true nationally where a greater proportion of non-opiate service users (96.2%) have no reported housing need compared to opiate service users (95.9%). This is similar to the national average for no reported housing need for non-opiates, however, is worse than the national average for opiate service users, indicating that there is a greater need in Nottinghamshire for this treatment group.

For 2021/22, Nottinghamshire has a higher proportion of service users identified as having a mental health need within its treatment population for opiates, non-opiates, alcohol and alcohol and non-opiates (all treatment groups) when compared to national figures. Overall, the treatment group identified as having the greatest mental health need in Nottinghamshire were those who were in treatment for alcohol and non-opiates (84.2%). Nationally service users in the alcohol and non-opiates treatment group also have the greatest mental health need, however the proportion is 9.9% lower when compared with Nottinghamshire.

Substance use related crime

The number of drug related incidents has increased year on year in Nottinghamshire since 2018 with a peak in February 2021, followed by a decline in early 2022. The number of drug possession incidents has increased over time since 2019 with peak in May 2020 before a decline from 2021 onwards. The number of drug trafficking incidents has increased, since 2019 with a peak in April 2020 and a decline from 2021.

There has been an increase in the proportion of drug related acquisitive crime over time with peaks in August 2020 and January 2021. 0.5% of acquisitive crime is drug related. The number of drugs seized has increased over time since 2018, with a decrease throughout 2021. Most drug seizures are herbal cannabis.

The number of alcohol related incidents has remained broadly consistent over time but with a peak in July 2020 and a significant dip between August to November 2020. Overall, there is a greater number of alcohol-related crime (with an alcohol maker) compared to drug-related crime (with a drugs marker), however this could be due to inconsistencies within police recording.

County Lines drug imports into Nottinghamshire have been mainly concentrated to the north of the county. Between 2017 and February 2022 there have been 13 lines, 12 of which have been closed. County Lines drug exports into Nottinghamshire are spread throughout the county. Between 2018 and 2021 there have been 11 lines, 9 of which have been closed.

Office for National Statistics (ONS) data shows the number of police recorded crimes for headline offences by Community Safety Partnership (CSP) areas in Nottinghamshire. For the year ending March 2022, there was a total of 57,477 recorded crimes in Nottinghamshire. The highest recorded crime categories were ‘violence against the person’ (20,718 records), followed by ‘theft offences’ (18,461 records). A total of 1,626 drug offences were recorded; therefore, drug offences accounted for 2.8% of total recorded crime.

<u>Overarching recommendations</u>

1. To deliver the ambitions of ‘From Harm To Hope’ the members of the Nottinghamshire Combating Substance Misuse Partnership (hereafter The Partnership) (see section 3.4) must own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.

In particular, priority areas are:

- individuals experiencing co-existing mental health and substance use issues
- individuals in the criminal justice system
- individuals who are drinking alcohol at health harming levels
- individuals who are experiencing multiple disadvantages for example Substance Misuse (SM), homelessness, Domestic Violence (DV)
- children and young people whose parents are misusing substances
- individuals leaving prison who have substance use issues
- more evidence-based prevention activity for those who are at risk of substance use.

2. Ensure the voice of lived experience informs all parts of the strategy taking particular focus of those with protected characteristics.

Specific Recommendations for From Harm to Hope Priorities

Deliver a world-class treatment and recovery system

1. Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.

2. Local Police data quality and reporting requires improvement to demonstrate a relevant picture of need in Nottinghamshire.

3. Early identification of need and easy access to support and treatment for alcohol is required across the health and social care system. There needs to be sufficient capacity in the system to deliver this.

4. Systemised approach to drug and alcohol testing within and across prison settings is required to identify those with a substance use need and strengthen current prison to community pathways.

5. Criminal Justice pathways require evaluation to determine the impact of both mandatory and voluntary approaches on substance use treatment outcomes.

6. Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance use problem, seek help and successfully address it.

Achieve a generational shift in demand for drugs

7. Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues.

8. Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.

The Partnership's fourth ambition the Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants

9. Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.

10. Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate. Particular focus should be on children services so that parental substance use can be identified to mitigate the impact of that on the child(ren)/family unit.