Health Improvement Board

18/09/25

Drugs and Alcohol Health Needs Assessment (HNA)

Purpose / Recommendation

[*What are you asking Health Improvement Board to do? Is it to approve a set of recommendations or is this for information ahead of wider consultation / to support shared learning?*]

The Health Improvement Board is asked to:
1) Note the approach and methodology used in the development of the Drugs and Alcohol HNA.
2) Comment and reflect on draft key findings and information from the Drugs and Alcohol HNA.
3) Approve in principle the provisional recommendations from the report.

Background

[*Why is this a matter for HIB? How does it link with HIB priorities? What is the history of the issue? Has the HIB asked for it to come to them or is it something it is required to consider?*]

Why is substance use an important issue?

Alcohol and drug use are among the most prevalent lifestyle behaviours in the general population, with more than half of all adults (56%) reporting drinking alcohol in the last week,[1] and an estimated 9% of all people aged 16 to 59 reporting the use of some form of recreational drug in the past 12 months.[2] Substance use remains one of the leading preventable causes of poor health outcomes, with the total health and societal cost associated with substance use estimated at approximately £47 billion per year, and alcohol-related harm accounting for more than 60% of this figure.[3]

In Oxfordshire, the impact of substance use remains significant, with an estimated 60 alcohol-specific deaths and around 20 drug-related deaths each year.[4] The burden of morbidity is also substantial, with approximately 3,100 hospital admissions for alcohol-specific conditions and around 200 admissions linked to drug poisonings annually.[5] Beyond the direct physical health consequences and impacts on the local healthcare system, substance use also contributes to a wider range of harms, including drug-related crime, domestic abuse, and economic inactivity.

What is the local context for tackling substance use in Oxfordshire?

The Oxfordshire Combating Drugs Partnership (CDP) was formed in 2022 to oversee implementation of a local strategic action plan in order to tackle substance use disorders, following the publishing of the national drug strategy ("From Harm to Hope") in 2021.[6] This is a multi-agency group that brings together key stakeholders and partners from a wide range of services, including local authorities, treatment services, policing, prison and probation services, and healthcare. Aligning with national strategic priorities, the partnership has 5 priority themes to tackle drugs and alcohol use:
1.   Early Intervention for Children and Young People
2.   Reducing Drug Related Homicide and Violent Crime
3.   Preventing Drug Deaths
4.   Reducing County Lines and Local Organised Crime Groups
5.   Increasing Treatment Places and Recovery

Therefore, the Oxfordshire CDP directly supports key strategic priorities of the Health Improvement Board which focus on preventing illness, reducing the impact of ill health, shaping healthy places and communities and addressing health inequalities.

Additionally, the Health and Wellbeing Strategy 2024-2030 has specifically highlighted the need to prevent young people's exposure to drugs and alcohol, reduce substance use-related harms, and support early intervention and targeted prevention approaches across Oxfordshire.[7] More specifically, services that tackle substance use directly support the following priorities, and are linked to the following outcomes:

Priority 1: The best start in life – through early identification and intervention for substance use
   -   Outcome 1.1: Improved parental physical and mental health during pregnancy, birth and afterbirth
   -   Outcome 1.4: Early identification and support for children and families where there is emerging need

Priority 2: CYP emotional wellbeing and mental health – through supporting both individuals who use substances as well as those who are affected by parental and familial substance use

Priority 3: Healthy People, Healthy Places – through reducing negative impacts of exposure to alcohol and drugs to individuals and communities by addressing wider issues such as needle waste and anti-social behaviour
   -   Outcome 3.3 Reduced alcohol related harm

Priority 10: Thriving communities – through reducing drug related mortality and morbidity
   -   Outcome 10.1: Thriving, safe communities where all people of all ages feel a sense of belonging

Finally, more recently, Oxfordshire has embarked on the task of becoming a Marmot Place,[8] which places a strong priority on health equity and tackling inequalities by focussing on initially three of the eight Marmot Principles:
- Giving every child the best start in life
- Create fair employment and good work for all
- Ensure a healthy standard of living for all

This key strategic plan will be helping to shape the strategic direction and priorities of the CDP, with the services that tackle substance use directly supporting the Marmot priorities as well.

<u>Why is a health needs assessment needed?</u>

A health needs assessment (HNA) is a systematic process of collating quantitative and qualitative evidence to identify the health needs of a population, identify potential gaps in services, and inform recommendations for future action. Therefore, in order to ensure that the current and future initiatives that tackle drug and alcohol use in Oxfordshire remain pertinent and targeted towards areas of greatest need, an updated HNA is vital in providing evidence to support such future decision making. The last full Drugs and Alcohol HNA was published in 2018-19, with an interim update developed in 2022. Therefore, an updated and comprehensive full HNA is required to provide an overview of current drug and alcohol use and related harms in Oxfordshire, helping to inform future decision making, service planning, and strategic direction.

<u>What are the key objectives for the health needs assessment?</u>

The key objectives are therefore:
- To provide an overview of the current landscape and trends in drug and alcohol use and their related harms in Oxfordshire, drawing on both quantitative data and qualitative insights.
- To assess the level of need and highlight areas of unmet need, with a focus on populations most at risk of substance use-related harm and highlighting potential inequalities.
- To review the breadth of the existing service provision, identifying facilitators and barriers to access, and identifying potential gaps within the current system.
- To generate recommendations to inform future service planning and strategic development.

Key Issues

[What are the key issues being discussed? Does this link to any other major strategic issues or priorities? Are there any implications for service delivery or reputation? Are there any issues for our partners?]

<u>What is the methodology for the HNA?</u>

In order to provide a comprehensive understanding of the needs in Oxfordshire, this report draws on a broad range of data sources with references provided accordingly.

Quantitative data was gathered from both national, regional and local sources. Data comprised of nationally collected information such as Fingertips, the National Drug Treatment Monitoring System (NDTMS) and national surveys, while local data was drawn from datasets such the Oxfordshire Data Hub, Oxfordshire Treatment Information System, the OxWell Survey, adult and children's social care services, and secondary care providers.

Qualitative insights were informed by two key stakeholder engagement activities:

1) A virtual stakeholder engagement workshop involving members of the Combatting Drugs Partnership, including representatives from the local authority, police, treatment services, probation and prison services, district councils, and emergency services. An online version of the survey questions was also disseminated for members that could not attend the event.

2) Two focus groups completed with adults with lived experience, including those who have recently started treatment, those who are currently in treatment and those who are in recovery. In total, 17 individuals were interviewed, comprising of a diverse mix of backgrounds, age and genders.

Data was primarily analysed and reported at the county level, with district, Middle Super Output Area (MSOA) and Lower Super Output Area (LSOA) level breakdowns presented if available. Where possible, comparisons were also made against regional and national averages.

Recommendations have subsequently been developed from the quantitative and qualitative information gathered.

Please note that the HNA is not yet finalised and remains a work in progress, therefore any findings and recommendations presented are only provisional and subject to further input and change.

Background A: Local context and changing population demographics

Our first chapter of the report covers the current local context and population demographics of Oxfordshire.

Key findings include:
- Increasingly ageing population with a median age of 39 in 2021 and considerable variation across districts (Oxford City has a median age of 31, whilst West Oxfordshire has older median age of 44).[9]

- Increasing ethnic diversity, particularly amongst urban centres such as Oxford City.[9]

- Oxfordshire amongst least deprived counties in England, but substantial inequalities still exist with 10 most deprived wards ranking amongst 20% most deprived areas in England.[9]

- Significant disparities by life expectancy, education rates and economic inactivity that are linked with socioeconomic deprivation.[9]

- Significant population of individuals who experience homelessness, particularly in urban centres.[10]

Background B: Landscape of current services

Our second section provides a summary and explanation of the current local services commissioned or grant funded by Oxfordshire Public Health that tackle substance use in Oxfordshire. These are loosely categorised by services at the primary, secondary and tertiary prevention level, and included (but not limited to):

- Primary prevention: Drinkcoach – screening and coaching support, Alcohol Awareness media campaigns, targeted education and support for children and young people

- Secondary prevention: Cranstoun Children and Young People's services, Hospital Alcohol Care Team and Community Safety Practitioner services, Street Pastor groups, Identification and Brief Advice training for professionals

- Tertiary prevention: Turning Point adult community alcohol and drug services delivering support for those accessing the criminal justice system, harm reduction interventions, shared care arrangements in primary care, employment, housing and recovery support, as well as services providing naloxone and residential detoxification and rehabilitation

Key issue 1: Prevalence of alcohol use and drug use

Our first key topic area covers the current prevalence of substance use in Oxfordshire.

Key findings include:
- Alcohol remains one of the most commonly consumed substances with a slight decrease in those who report using alcohol nationally in recent years.[11] Illicit drug use has declined substantially since 2020 nationally.[2]

- Alcohol dependence (as defined by Alcohol Use Disorders Identification Test (AUDIT) score greater than 16) in Oxfordshire is estimated to be 10 adults per 1,000 which is much lower compared to national average of 14 per 1,000 in 2020.[4] This rate has not substantially changed since 2015.

- Availability of premises licensed to sell alcohol is much lower in Oxfordshire than nationally, but is noted to be substantially higher in Oxford City at a district level compared to other districts.[5] Accessing and obtaining drugs remains primarily through friends or colleagues, with a growth of obtaining drugs via the internet and dark web in recent years.[2]

- Alcohol consumption and drug use in children and young people has fallen over recent years nationally.[12]

- Estimates of unmet need for alcohol dependency has declined substantially over the past 5 years from 87% to 75% in 2023-24 in Oxfordshire, and now sits below the national average of 78%.[4]

- Unmet need levels for individuals who use opiate and/or crack cocaine in Oxfordshire remains substantially below national average, highlighting the effectiveness of current services.[4] Level of unmet need is higher for those who present with a single substance use disorder, than those who have combined substance use disorders.

- Up to date, reliable data on the extent of alcohol and drug use and the cost effectiveness of interventions at the local level remains very limited.

Key recommendations include:
- Greater collaboration with research institution to generate robust, relevant and up to date evidence on the cost-effectiveness of substance use interventions locally.

- Strengthening alcohol awareness campaigns and promoting referrals amongst healthcare practitioners for individuals with a harmful level of alcohol intake.

- Curbing expansion of alcohol licensing, particularly in urban centres.

- Expanding school and university based primary prevention programmes that aim to reduce substance use.

- Enhance outreach efforts to engage individuals with a particular focus on those with a singular substance use disorder.

Key issue 2: Alcohol and drug related harms

This section of the report covers data related to alcohol and drug related harm.

Key findings include:
- Alcohol and drug-related mortality and morbidity in Oxfordshire continues to be substantially below national averages and has remained relatively stable over the past 5 years, underscoring the effectiveness of local prevention and treatment interventions.[5]

- There remains substantial inequality with urban, more deprived areas such as Central Oxford having higher rates of harm compared to more less deprived areas.[13]

- Alcohol-related injuries and self-poisonings in Oxfordshire are similar to national averages.[5]

- Hospital admissions due to drug poisonings have significantly decreased over the past 5 years in Oxfordshire.[5]

- Hepatitis B vaccination uptake has been noted to have declined amongst people who inject drugs nationally, with the South East sitting at 62% uptake in 2023.[14] Micro-elimination of Hepatitis C has been very successful, maintaining elimination since 2023 in Oxfordshire.[15]

- Substance use is linked with other risk factors such as being a smoker and being a victim of domestic abuse in Oxfordshire.[4, 16]

- Drug-related offences in Oxfordshire remains below national average, but has seen a small increase in recent years. Urban, deprived areas centres in Oxford, Banbury and Didcot have the higher rates of drug-related crimes.[17]

Key recommendations:
- Education campaigns towards young adults about staying safe when out and enhancing night-time safety provisions to reduce risk of substance use-related injuries and poisonings.

- Continue to increase the availability of naloxone to wider range of service providers.

- Enhance partnership working with primary care services and sexual health services to encourage testing and vaccination for blood borne viruses, with a particular focus for Hepatitis B.

- Strengthening support for families affected by both domestic abuse and substance use.

- Ongoing close collaboration with police, probation and community safety partners to tackle drug-related crime.

Key issue 3: Inequalities and vulnerable groups

This section specifically examines groups of individuals at risk and vulnerable to substance use.

Key findings include:
- It is estimated that children and young people who are affected by parental alcohol or drug use is higher than national average, with a greater proportion of parents who enter treatment services reported not living with their children.[18] The number of children where drugs were identified as an issue by social care services has remained stable.[19]

- Poor mental health is a risk factor for substance use, although hospital admissions due to alcohol or drug-related mental disorders are substantially lower in Oxfordshire compared to national averages, suggesting more positive outcomes locally.[20]

- Individuals in the criminal justice system are at greater risk of harm from substance use disorders nationally. Continuity of care for prison leavers (people leaving prison with a substance use need who are picked up in community alcohol and drug services) is much higher in Oxfordshire compared to regional and national averages, highlighting the strong collaboration between treatment, probation and prison services.[4] Probation Drug Rehabilitation Requirements (DRR) and Alcohol Treatment Requirements (ATR) compose a larger proportion of total probation service caseload compared to neighbouring regions.[4]

- Homelessness is a key risk factor for developing substance use disorders. Estimated homelessness population has remained relatively stable, and is considerably higher in urban districts such as Oxford City. A larger proportion of new presentations to treatment services report an urgent or non-urgent housing problem compared to national average.[4]

Key recommendations include:
- Enhance support for children and young people with greater focus on whole family support, accounting for other adverse childhood experiences during treatment such as domestic abuse and mental health and involving partners such as social care.

- Continue to engage with primary care and mental health services to strengthen collaboration and develop more accessible pathways for individuals with substance use issues to receive support.

- Support community alcohol and drug services to ensure they are able to meet the needs of the increasing number of people on a DRR and/or ATR.

- Raise awareness of the recent changes to local connection requirements for social housing and support their effective implementation.

Key issue 4: Service data

This section examines service data to identify potential areas of unmet need and improvement.

Key findings include:
- Proportion of adult service users in treatment for opiates, non-opiates and alcohol have all increased substantially over recent years. In comparison to the 2021 baseline, the number of individuals in treatment has increased by about 3% for opiates, about 70% for non-opiates and about 45% for alcohol. Oxfordshire has consistently met and exceeded national and local targets set.[4]

- Substantial geographical variation of new presentations to treatment service exists, with individuals from the most deprived, urban centres comprising of the greatest numbers of new presentations. Rural regions account for a lower number of presentations, with a lack of transport options being a potential

barrier reported by people with lived experience.[13]

- A growing proportion of individuals in treatment are young adults (18-20) and older adults (50+) in the past few years.[4]

- The vast majority of individuals accessing services are from a White ethnic background at 91%.[4]

- Over 50% of new presentations to treatment services are reported to be unemployed, economically inactive or long-term sick. There has been a decline in those reporting long-term sick, and a small increase in those in regular employment over the past couple of years.[4]

- The vast majority of referrals are self-referral or by family and friends, with small increases in those from health services and criminal justice in past couple years.[4]

- Individuals showing substantial progress during treatment in Oxfordshire is substantially higher (54%) than South East (42%) and national averages (39%). Oxfordshire also higher rates of successful completion of treatment (Oxfordshire: 73%, national: 47%), emphasising the appropriateness and effectiveness of treatment services locally.[4]

- The number of children and young people being seen by treatment services remains below national and local targets, with Oxfordshire having a greater proportion of individuals in treatment comprising of <15 year olds and 17 year olds compared with national average.[4]

- Alcohol use reported in children and young people in treatment is notably higher than national and South East averages, whilst ecstasy, cocaine and ketamine use are lower. Proportion of individuals treated for cannabis use and still report still using after completing treatment is higher in Oxfordshire compared with the national average.[4]

Key recommendations include:
- Scoping of how to develop services in rural areas to improve uptake of services and strengthen community connections.

- Continue to develop targeted outreach work in the most deprived, urban areas to reach the most vulnerable individuals.

- Expanding language and accessibility support within services, including provision of digital and non-digital information on resources available.

- Consider the expansion of employment support services such as IPS to support individuals in becoming economically active.

- Continue and enhance collaboration with healthcare services to improve awareness of current services and various referral pathways.

- Remodelling of children and young people's treatment services to increase access and be more effective at meeting local need, particularly for alcohol and cannabis use issues.

Budgetary implications

[What are the budgetary implications of any proposed recommendations? Are there any financial risks associated with the issues being discussed? If there are none, you can delete this section.]

What is the current funding pathway?

Drug and alcohol services in Oxfordshire is currently funded by a combination of the ring-fenced annual Public Health Grant the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The DATRIG brought together several previous funding grants, including the supplemental substance misuse treatment and recovery grant, rough sleeping drug and alcohol treatment grant, housing support grant. The DATRIG funding allocation for 2025-2026 to Oxfordshire is around £3 million.[21] Additionally, the Employment Individual Placement and Support (EIPS) Grant provides targeted employment support for people with substance use and/or mental health problems, with Oxfordshire receiving around £240,000 for 2025-26.[21]

What are the potential financial risks and opportunities associated with the provisional recommendations?

While the annual grants for drugs and alcohol services have enabled the expansion of overall treatment capacity, support for services in criminal justice, housing and employment, and the development of the workforce, there remains a financial risk to the sustainability of any current and future initiatives due to uncertainty around the level of funding each year from DATRIG and EIPS grants.

Looking ahead, additional investment would likely be needed to deliver the HNA recommendations. As Oxfordshire continues to perform well in most outcomes highlighted by the HNA, it is not anticipated that major investments will be required to implement the changes as recommended. It is important to note that investments may have the potential to generate significant long-term cost savings by reducing pressures on the healthcare system, criminal justice services, and social care, while also improving levels of economic activity among individuals with substance use disorder. Additionally, a collaborative approach to tackling drugs and alcohol use through the CDP can maximise the impact of available resources and spread any potential financial risk by drawing contributions from across the range of stakeholders such as healthcare services, social care and criminal justice.

Equalities implications *[considering the impact of the policy/decision/approach on our customers]*

[Would any groups be particularly disadvantaged by the recommendations?]

As highlighted by the HNA, substance use affects groups of individuals with inequalities persisting in prevalence, access to services and outcomes. People living in areas of higher deprivation have disproportionately higher rates of substance use related harms, as well as higher numbers of individuals in treatment compared to the least deprived areas of Oxfordshire. Additionally, vulnerable groups such as people experiencing homelessness, those involved in the criminal justice system, and individuals with mental health conditions are also at greater risk of substance use disorders. Young people are at a substantial risk of adverse outcomes, both from their own substance use and the impact of parental or familial substance use. Individuals from ethnic minority backgrounds or whose English is not their first language may experience additional barriers in accessing support.

The recommendations of the HNA ultimately aim to reduce health inequalities by highlighting areas of potential unmet need and targeting resources at individuals who are most at risk. Potential inequalities that may result from any recommendations will be comprehensively considered prior to implementation and monitored through processes such as Health Equity Audits.

Communications

[Has there been any consultation with the public or key stakeholders already, or is any planned? Do any of the proposed actions need to be communicated in a particularly sensitive way?]

Throughout the development of the HNA, we have engaged and worked alongside stakeholders to co-produce the report, as mentioned in the methodology section. This involved a comprehensive stakeholder engagement workshop with partners from the CDP to gather their viewpoints and thoughts. Additionally, two focus groups have been held with people in treatment or in recovery to ensure that the vital lived experience perspective was also used to inform the findings and recommendations.

Further consultation with stakeholders will be through dissemination of a completed final draft to all involved partners in order to gather their thoughts and opinions on the overall findings and recommendations. Recommendations will be comprehensively discussed with the relevant stakeholders prior to implementation.

Key Dates

[Include any key dates, especially (a) any target dates and (b) dates for Cabinet and/or other committees. If the issue is an external one, give any deadlines imposed by government or partners]

1. Completed draft to be presented to stakeholder partners at Oxfordshire CDP meeting in mid-October for final agreement

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September 2025

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