

Oxfordshire Alcohol and Drugs Partnership Strategy

2015-2018

Foreword

Alcohol & Drug misuse is an issue that requires a long term and varied approach. Partnership working is essential if we are to tackle the broad range of issues that affect many aspects of society. If we work together we can protect people from the harms associated with substance misuse and help everyone to improve their own health through making better choices. It is important to develop our approaches to prevention. It is beneficial if any problems that are developing can be attended to before they get worse. And treatment services must focus on recovery; getting people back into society by improving their chances of sustaining the positive changes.

We need to embed prevention work into all our services. If we can reduce the number of people developing unhealthy alcohol and drug behaviours then this will greatly benefit our whole community. This can be achieved by early education in schools and by raising awareness to the Oxfordshire population to facilitate behaviour change.

We will still need to react to some issues that can't be prevented. For example the growing availability of the new psychoactive substances that are often called "legal highs". Efforts to reduce or disrupt supply are important, as is information on the potential dangers of using these substances and making sure emergency and enforcement services are responding.

The Alcohol and Drug partnership has a broad, important agenda and needs to work together on the priorities in this strategy to achieve real change for Oxfordshire residents. I support the intentions set out in this Strategy and look forward to our work together to make them a reality.

By Councillor Hilary Hibbert-Biles, Cabinet Member for Public Health, Oxfordshire County Council

Vision

To work together to reduce the harm caused to individuals and to society by misuse of alcohol and drugs. This includes work on prevention, early intervention, treatment and promoting sustained recovery.

About this Strategy

This strategy aims to present not only the current picture in Oxfordshire but also the context for setting priorities for future work.

The strategy will be used by the Oxfordshire Safer Communities Partnership and the Oxfordshire Health and Wellbeing Board to prioritise our joint work to address a wide range of issues. Alcohol and drugs can be both a cause and a consequence of ill-health, social problems or crime. This strategy aims to help all partners identify priorities and work together to make a difference.

Every effort has been made to reference information that has been used in this document and the complete list is available at the end of the document. Where data has been used in different chapters, a more detailed overview has been included in the appendices.

Executive Summary

Alcohol and/or drug misuse is a broad issue that affects many different parts of society including health, crime, personal relationships, community safety, workplace productivity and the economy. It brings a burden of social and financial cost. Many of the consequences can be prevented or reduced. This strategy sets out priorities which have to be addressed by a range of partners in order to bring about change.

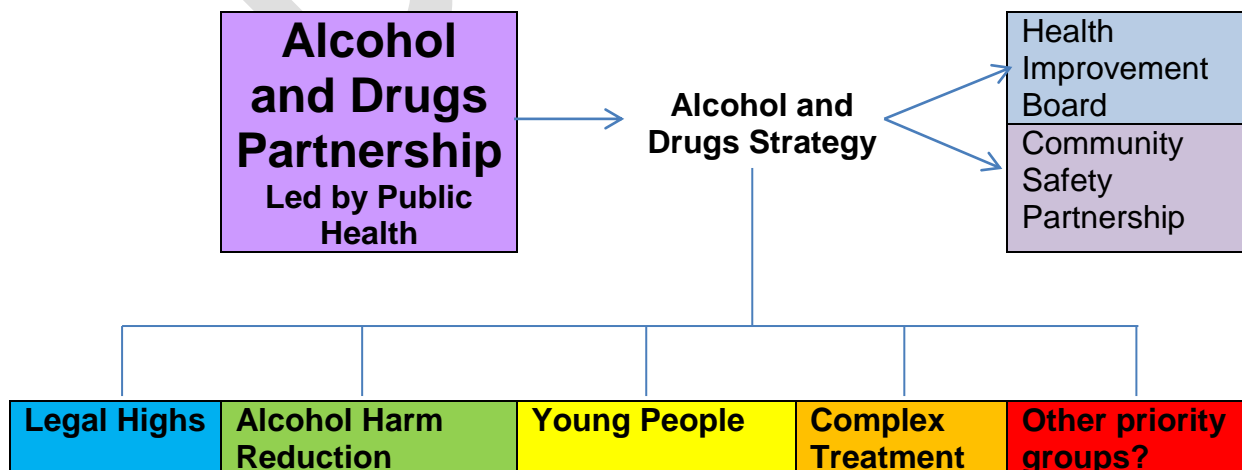
An assessment of need in Oxfordshire has highlighted the following:

- Alcohol related hospital admissions for adults continue to rise in Oxfordshire, demonstrating the harm to health to people who regularly drink at harmful levels. In addition to this there are people who binge drink and are at risk of accident, injury or crime as well as ill-health.
- The number of people receiving treatment for addiction to illicit drugs in the county is good, showing that they feel able to engage with treatment services. However, the numbers completing treatment and remaining abstinent compares badly with other parts of the country.
- There is a growing threat from New Psycho Active Substances (so called “legal highs”) as availability increases and little seems to be known about the potential impact on health.
- A group of people with complex needs, including those with mental health problems or housing need, require additional and joined-up services in addition to drugs or alcohol treatment services.

Priorities identified are:

1. Work together on alcohol harm reduction projects.
2. Reduce/ stop the demand and supply of New Psychoactive Substances (NPS) or “Legal highs” in Oxfordshire.
3. Improve the way we commission services to provide better pathways for people with complex needs, with a focus on recovery from addiction.
4. Reduce the number of young people engaging in risky behaviours and continue to improve the collaborative working approach to early intervention.
5. Share intelligence and data across organisations to better understand the needs of specific and vulnerable groups of the population.

The governance set up for the delivery of the strategy is illustrated in this diagram:



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CHAPTER 1: The Purpose and Scope of this Strategy

Introduction

The consequence of alcohol and/or drug misuse is a broad issue that affects many different parts of society including health, crime, personal relationships, community safety, workplace productivity and the economy. Alcohol related harm costs the UK an estimated £21 billion per year, with drug related crime costing an estimated £13.3 billion¹³. Nationally it is estimated that the financial burden placed on the NHS as a result of alcohol misuse is £2.7 billion a year¹.

The scope of the associated problems of substance misuse is constantly changing and thus presents a challenge for professionals to respond. For example;

- New psychoactive substances (known as “legal highs”) are changing the marketplace and challenging traditional methods of enforcement and treatment.
- There is an increased focus on recovery based treatment in the National Drugs strategy¹⁵ – enabling people to achieve abstinence rather than simple harm reduction. This focus places an emphasis on reintegration into society for people with a substance addiction together with reducing the harm caused by drugs and alcohol misuse.
- Alcohol and drugs are a key factor in a high proportion and wide variety of crime. This includes the more obvious public order offences and issues of the “night time economy” but also a high proportion of violent crime including domestic abuse.
- There is an extensive evidence base that highlights the significant health inequalities that offenders face, with drugs and alcohol misuse being common factors in other health issues such as mental health.

Nationally there is an emphasis on preventing harm in children and young people, to protect their development and safeguard them at a vulnerable life stage. In 2010, the coalition government published, ‘*Drug Strategy 2010 – Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life*’.

With reference to young people this document states:

“The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people from becoming drug or alcohol dependent adults. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and particularly, age. Young people with substance misuse problems have a range of vulnerabilities which must be addressed by collaborative work across local health, social care, family services, housing, youth justice, education and employment services”.

Problems associated with young people and alcohol and drug use impact on health and social agenda. It is clear that a great many young people experiment with alcohol and drugs from a young age and this can lead to a great deal of harm. National data illustrates the current picture:

- Social Care Information centre survey data indicate that nationally, 16% of 11-15 year olds have tried illicit drugs and 39% have drunk alcohol.

- The primary reasons for children to access specialist treatment services in England in 2012-13 were cannabis (64%) and alcohol (24%).²⁵
- Changes to alcohol laws and the continued affordability of alcohol in supermarkets led to an average of 36 young people per day being admitted to hospital in England between 2002 and 2009¹⁴.

Context of this strategy

This strategy is building on the work that was previously achieved through the Drug and Alcohol Treatment Board (DAAT board) and the Alcohol Tactical Business Groups (Alcohol TBG). Both the DAAT board and Alcohol TBG are no longer in existence and there is a need to establish their previous functions under one umbrella. This strategy therefore aims to bring together the work from multiple partners to reflect a balanced, cohesive approach across prevention, early intervention and treatment for substance misuse.

Partnership working will be vital to making this strategy work; a single organisation cannot hope to achieve such a broad agenda. Key organisations include;

- Drugs and Alcohol Team now in Public Health, Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- Primary Care Providers including GPs, Pharmacists
- Local Medical Committee and Local Pharmaceutical Committee
- Social and Community Services, Oxfordshire County Council
- Children, Education and Families, Oxfordshire County Council
- District Councils including Community Safety teams, Housing
- Thames Valley Police
- Local representatives of the Armed Forces
- Community Rehabilitation Companies and National Offender Management Service (formerly the Probation Service prior to April 2014)
- Public Health England (formerly National Treatment Agency, now part of the Thames Valley Public Health England Centre)
- Oxfordshire Fire and Rescue Service
- Youth Offending Service
- Licensing Teams
- Oxford University Hospitals Trust
- HM Prison Services
- Oxford Health NHS Foundation Trust
- NHS England
- Service Users

Evidence for the priorities set out in this strategy come from a variety of sources including the Joint Strategic Needs Assessment, Director of Public Health Annual report, local needs assessments, performance reports from current services, together with reports from partners as appropriate.

It is envisaged that working groups will take responsibility for implementing action plans on each priority theme and report back to the Alcohol and Drugs Partnership.

This work links to other important strategic work in the county:

1. The Oxfordshire Joint Health and Wellbeing Strategy 2011-2016

The Strategy includes the following priorities that relate to drugs and alcohol use:

- Preventing early death and improving quality of life in later years
- Tackling the broader determinants of health through better housing and preventing homelessness
- Part of the wider narrative of the Health and Wellbeing strategy also talks about reversing the rise in the consumption of alcohol, though there is not a formal target around this.

2. Police and Crime Commissioner’s Plan

The police and crime commissioner’s plan (2013-2017) for the Thames Valley sets out to “Reduce the impact of drugs and alcohol to tackle crime and reduce reoffending” as part of one of the strategic priorities around reducing reoffending.

3. Children and Young People’s Plan 2013/14

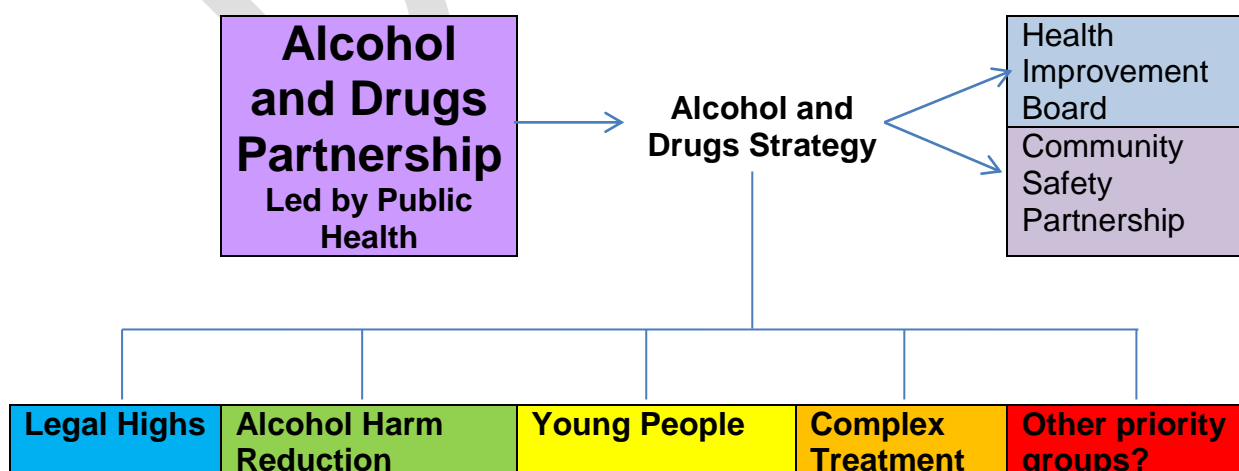
The Oxfordshire Children and Young People’s plan 2013/14 sets out the following high level priorities that fit into the wider agenda around Alcohol and Drugs work:

- All children have a healthy start in life and stay healthy into adulthood
- Narrowing the gap for our most disadvantaged and vulnerable groups
- Keeping all children and young people safe

Drug and alcohol treatment services are named as a key strategy partner in the plan to help ensure children have a healthy start in life and stay healthy.

Governance

Governance for this strategy will be through the Health & Wellbeing Board / Health Improvement Board and the Community Safety Partnership Board. Working groups will focus on priority issues and will report back to the Alcohol and Drugs Partnership at least twice a year. Each group will devise and implement relevant action plans and progress will be monitored through the Partnership. Priorities and action plans will be reviewed and revised every year.



CHAPTER 2 – Demonstrating National and Local Need

This section gives an overview of some of the needs identified in the county which are related to particular substances. More details of the data, trends and analysis are given in Appendix 1

1. Alcohol

Alcohol misuse affects a wide range of issues. Nationally it is estimated that the financial burden placed on the NHS as a result of alcohol misuse is £2.7 billion a year¹. Alcohol misuse also contributes to 1.2 million incidents of violent crime a year, 40% of domestic violence cases and 6% of all road casualties.²

National reports give us the following information:

- The General Lifestyle¹⁶ survey for Great Britain reported in 2011 that in the previous week 34% of men and 28% of women exceeded the government's guidelines for alcohol consumption of no more than 3-4 units for men and 2-3 units for women daily.
- There are an estimated 1.6 million people dependent on alcohol in England¹⁷
- Around 108,000 people were in structured treatment for alcohol misuse during 2011/12¹⁸.

In 2010 alcohol use was the third leading risk factor contributing to the **global burden of disease** after high blood pressure and tobacco smoking.

- In 2011 there were **8748 deaths** directly related to alcohol in UK.
- The alcohol-related mortality rate of men in the most **disadvantaged** socio-economic class is 3.5 times higher than for men in the least disadvantaged class, while for women the figure is 5.7 times.
- There were 1.2 million alcohol-related **hospital admissions** in England in the year 2011/12, a 135% increase since 2002.

In Oxfordshire

- It is estimated that 13.75% of people (16+) don't drink. This is lower than the national average of 16.5%, with
- 3 districts (West Oxfordshire, South Oxfordshire and the Vale of White Horse) rank among the lowest number of abstainers nationally.
- Of those who do drink just under 7% report drinking at higher risk levels* (compared to 6.7% nationally)
- 20% report binge drinking**. This is about the same as the national average but higher than the South East region as a whole (18%).
- 26% of people in Oxford City report binge drinking whereas the other districts report levels around regional average

* Men who regularly **drink more** than 8 units a day or **more** than 50 units of alcohol per week. Women who regularly **drink more** than 6 units a day or **more** than 35 units of alcohol per week

Researchers **define binge drinking as consuming eight or more units in a single session for men and six or more for women

Deaths caused specifically by alcohol are at higher rates in men than women but both are much lower than national rates. Hospital admission rates for alcohol related conditions are also lower than national rates but the trend is increasing. This measures admissions for a range of medical conditions that are exacerbated by alcohol consumption and could be prevented if consumption decreased.

Whilst some of these statistics paint a positive picture compared to national averages, there are still a number of measures that show alcohol as a key priority for organisations in Oxfordshire to raise awareness of healthy drinking habits and reduce the burden on hospital services. This is particularly relevant when looking at alcohol in young people, where Oxfordshire has a rate per 100,000 of hospital admissions in under 18s of 3 times that of the lowest in the country (12.89 per 100,000).²²

2. Drugs

Illicit and harmful drug use causes harm across the supply and demand chain, with national crime costs of £13.3 billion per year¹³. From the impact on local communities who are blighted by the supply to the health service who deal with the after effects of drug abuse. That is without considering the devastating impact on the individuals' physical, mental and social wellbeing.

National data at a glance

- Around 8% of adults aged 16-59 reported having taken an illicit drug during the last year and 36% reported using them at some point in their lifetime²³.
- The crime survey for England and Wales 2013/14 also reported that use in the last year was double (18%) in younger people aged 16-24 compared to the 16-59 cohort.
- In England during 2011/12 there were 6,549 hospital admissions for drug related mental health and behavioural problems as the primary diagnosis.
- Men were 3x more likely than women to be admitted to hospital and the under 25 age group accounted for almost 1/3 of all admissions²⁴.
- There were 1,496 deaths in England during 2012 that were attributed directly to drug misuse; of these 73% were accidental poisoning²⁴.
- Nationally there were 193,000 people in structured drug treatment services during 2011/12.

Estimated data for Oxfordshire indicates that there may be fewer people using opiates or crack than the national average. Oxfordshire also exceeds the national average of opiate and crack users in treatment with 55% compared to 53.4%. However, local performance data shows that the number of people successfully completing treatment is lower than the national average. This is also true of non-opiate users and alcohol users in treatment.

Hospital data shows a low number of drug related deaths in the county, though numbers vary year on year. Each death is investigated and recommendations are made in the hope of preventing future deaths.

Complex Needs

The All Party Parliamentary Group on Complex Needs and Dual Diagnosis defined Complex Needs as ‘someone with two or more needs affecting their physical, mental, social or financial wellbeing.’ Clearly this will mean that people have a multitude of needs that seriously affect their day to day lives. One of the most common dual diagnoses with substance addiction is for mental health issues. A population study²⁶ found that people with an alcohol disorder were 37% more likely and people with a drug addiction were 52% more likely to have a mental health problem than the general population.

Obviously this definition of complex needs could encompass a variety of factors when paired with addiction. These could include; housing issues, employment issues, learning disabilities, poverty, trauma, domestic abuse, physical health issues and social isolation.

It is difficult to capture reliable data on complex needs on a local level. However there was a review of treatment data done in May 2014, which includes Housing and Employment Issues. Mental health issues are not reliably recorded upon entry to the treatment services.

This “snap shot” of people in treatment for drug or alcohol use in Oxfordshire in May 2014 suggests that:

- 10.3% had a housing need. A further 4.1% had an urgent housing need.
- 8.4% were long term sick or disabled.
- 31.2% were unemployed.

These data gives an indication that particularly in a treatment setting, there is a cohort of people who have a lot of needs that transcend every aspect of their life. As such, they need joined up services that are capable of addressing those needs.

Details of the current prevention, early intervention and treatment services operating in Oxfordshire are set out in **Appendix 2**.

3. New Psychoactive Substances

‘Traditional’ illicit drug use is going down but the impact of the internet has changed the marketplace and made different substances more accessible to a wider audience than ever before. “Legal Highs” or New Psychoactive Substances (NPS) are presenting a unique and new set of challenges to public facing services. As NPS are not yet covered by the Misuse of Drugs Act (1971), it makes restricting the sale and distribution of these products very difficult.

Limiting the harm caused by these substances in a treatment setting is very difficult for clinicians as the chemical content varies widely and their effects on the human body are not well understood.

Due to the nature of NPS there is a current lack of data at both a national and a local level. In Oxfordshire attendance at the emergency department due to NPS use

cannot be reported accurately as there are issues in identification and classification of the substances.

4. Preventing Harm in Young People and Children

Young People Living with Substance Misusing Parents

A Government led study and consequent report undertaken in 2003 estimated that there were between 250,000 and 350,000 children, aged under 16, of drug misusing parents in England and Wales. This represents 2-3% of children in this age group.

The National Psychiatric Morbidity Survey (NPMS) indicated that in 2000, 22% of children (2.6 million) lived with a hazardous drinker and 6% (705,000) with a dependent drinker.

Manning et al (2009)²⁷ generated broader estimates from secondary follow up with UK households as previous data was based on treatment services alone;

- Around 30% of children under-16 years, the equivalent of 3.3–3.5 million in the UK were estimated to be living with at least one binge drinking adult.
- 8%(around 978,000) with an illicit drug using adult,
- 72,000 with an injecting drug user.
- 4% (half a million) with an adult defined as a problem drinker with a co-morbid mental health problem.

Manning also estimated that around 1% (12,000) witnessed violence directed at a parent as a result of another adult's alcohol use. The report emphasised that whilst harm from parental substance use is not inevitable, the risk of sub-optimal care of those children was likely to be higher among these households.

Prevalence of Alcohol and Drug Use in Young People

A survey done by the Health and Social Care Information Centre⁹ showed prevalence of illegal drug use in 2013 across 5,187 11-15 year old secondary school children was at similar levels to 2011 and 2012, though considerably lower than in 2001, when the current method of measurement was first used. The main findings in relation to drugs were:

- 16% of pupils had ever taken drugs, 11% had taken them in the last year and 6% in the last month.
- Older pupils were more likely than younger ones to take drugs. The prevalence of ever having taken drugs increased with age from 5% of 11 year olds to 30% of 15 year olds. There were similar patterns for drug use in the last year (from 3% to 24%) and in the last month (from 1% to 14%).
- Pupils were more likely to have taken cannabis in the last year than any other drug.

The main findings in relation to alcohol use were:

- 39% had drunk alcohol at least once- boys and girls were equally likely to have done so.

- The proportion of pupils who have had an alcoholic drink increased with age from 6% of 11 year olds to 72% of 15 year olds.
- Less than one in ten pupils (9%) had drunk alcohol in the last week. This continues the downward trend since 2003, when a quarter (25%) of pupils had drunk alcohol in the last week. Older pupils were more likely to have drunk alcohol in the last week: the proportion increased from 1% of 11 year olds to 22% of 15 year olds.
- Pupils who had drunk in the last week had drunk an average (mean) of 8.2 units, less than in recent years. Boys and girls drank similar amounts.
- Most pupils who had drunk alcohol in the last week had consumed more than one type of drink. Beer, lager and cider accounted for the majority of the alcohol boys drank (63%).
- Among girls, less than a third of the alcohol was drunk as beer, lager or cider (30%). The remainder was likely to be in the form of wine (25%), spirits (22%), or alcopops (20%).

Safeguarding issues

Parental substance misuse can have long lasting effects and impact on children. It is widely recognised as one of the factors that puts children at a higher risk of harm, and forms part of the 'Toxic Trio' in safeguarding – substance misuse, domestic abuse and mental health. The biggest risk posed to children is that parents, when under the influence of drugs or alcohol, may be unable to keep their child safe. Accidental ingestion of substances can be caused through lack of supervision.

Effective multi-agency work and information sharing is needed to protect children. It is important that adult and children's services work closely together to ensure the levels of risk to children of drug using parents is reduced and monitored.

The Oxfordshire Safeguarding Children Board (OSCB) promotes the use of an Information Sharing Protocol which covers all commissioned provider services. Each service also has its own safeguarding children policy.

The submission of Section 11 self-assessment audits annually to the Oxfordshire Safeguarding Children Board allows the OSCB to scrutinise local safeguarding arrangements, test learning from case reviews, check learning from audits and highlight improvements, good practice and impact. It is also an opportunity to highlight areas for change and development.

Adult drug and alcohol services have a responsibility to protect children when working with the parent. In addition to this in Oxfordshire a specific drug and alcohol service supports young people affected by parents drug or alcohol use. This service is commissioned by Public Health Oxfordshire County Council; the drug and alcohol workers are co-located within the Early Intervention Service, Oxfordshire County Council, for better joint working.

The overview of needs in Oxfordshire - Conclusions:

1. Alcohol is used by a large majority of the population and, on the whole, is not contributing to any harm. However, for significant numbers of people it is linked to
 - Harm to their own health – either as a result of binge drinking or, over a longer term, giving a higher risk of a range of diseases
 - Crime – including violent crime and public order
 - Risks to children and young people
2. Illicit drugs are still used by relatively high numbers of people in Oxfordshire, including many with complex needs. These may include mental ill-health.
3. New Psychoactive substances are causing harm to health and social issues. There are many unknown factors associated with supply, demand and the impact of using these substances.
4. Some groups of people are at higher risk of the harms associated with alcohol and drug use – either personally or through the impact of others use. These include children and young people. Lack of data prevents us getting a clear picture on the needs of other groups, although there are indications that some defined groups may need specific responses e.g. offenders, some people who are vulnerably housed or homeless.

Priorities

Taking into account the latest research and statistics around alcohol and drugs both locally and across the UK, the priorities of this strategy will be:

1. Working together on alcohol harm reduction projects.
2. Reducing/ stopping the demand and supply of New Psychoactive Substances (NPS) or “Legal highs” in Oxfordshire.
3. Improve the way we commission services to provide better pathways for people with complex needs, with a focus on recovery from addiction.
4. Reduce the number of young people engaging in risky behaviours and continue to improve the collaborative working approach to early intervention.
5. Share intelligence and data across organisations to better understand the needs of specific and vulnerable groups of the population.

CHAPTER 3- Implementation

1. Action plans

It is proposed that action plans are developed on each of these themes with specific outcomes set out. Working groups will be developed (some based on existing groups) and will take responsibility for implementing the actions and reporting outcomes.

Action plans will be revised annually, using up to date information on population need and based on progress already made.

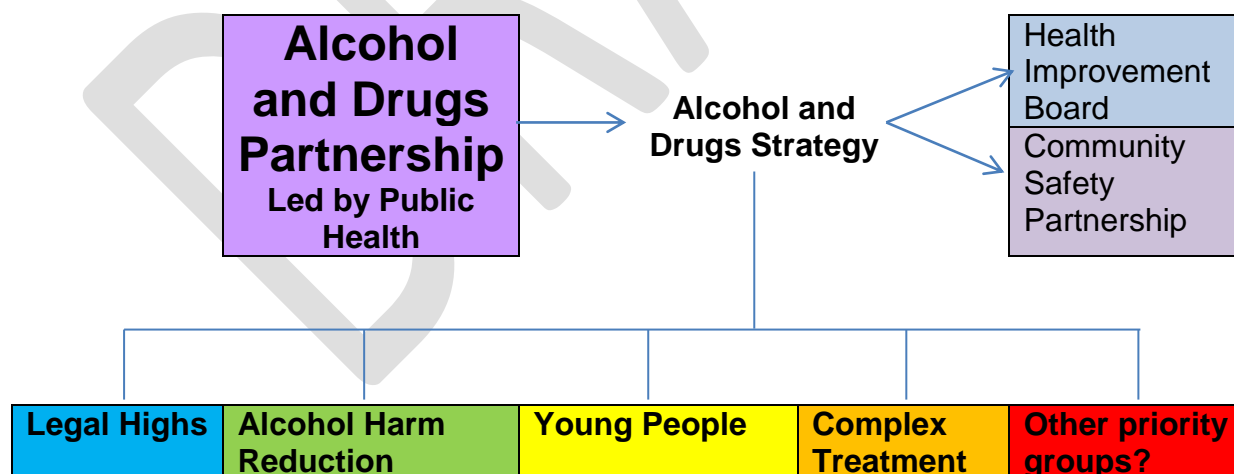
The actions undertaken by each of the groups will be based on evidence of effectiveness and best practice and address the needs identified in the strategy and through other needs assessment.

2. Monitoring Progress

A set of indicators will be drawn up to include the proposed outcomes on each priority topic, In addition there will be reporting of the following indicators regularly the Health and Wellbeing Board and the Community Safety Partnership

- The 2014-15 target for opiate users should be set at 8.6% successfully leaving treatment (baseline 6.5%)
- The 2014-15 target for non-opiate users should be set at 38.2%% successfully leaving treatment (baseline 15.5%).

3. Governance



Governance for this strategy will be through the Health & Wellbeing Board / Health Improvement Board and the Community Safety Partnership Board. Working groups will focus on priority issues and will report back to the Alcohol and Drugs Partnership at least twice a year. Each group will devise and implement relevant action plans and progress will be monitored. Priorities and action plans will be reviewed and revised every year.

4. Reporting

It is planned that a meeting of the Alcohol and Drugs Partnership will be held at least twice a year. Working groups will be invited to report back on their activities and demonstrate their progress. Working groups will be flexible to address specific needs with task and finish groups and/ or can be fixed, to address a specific strategic priority.

The partnership will consider future priorities and arrangements for addressing local need on an annual basis.

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Appendices 1- Overview of the data

Population Needs

Some key points about Oxfordshire:

- Oxfordshire is the most rural county in the South East. It has a population of around 654,800, over half of which live in towns or villages of less than 10,000 people
- Oxford City has a markedly different population profile to the rest of the county, with a greater proportion of children, young people and students
- The county is relatively prosperous but also has areas of relative disadvantage, both urban and rural, where needs are generally higher
- Eight wards in Oxfordshire (5 in the City and 3 in Banbury) show particularly poor outcomes across a range of indicators including child poverty, low skills, low income, poor attainment, higher crime and poor health

Needs of drug and alcohol users in Oxfordshire:

- Currently there are over 2,500 individuals who are in treatment for illicit drugs and or alcohol
- A higher than average proportion of these individuals are engaging with the current treatment system
- However there are still groups that are not engaging such as non-opiate users, problematic alcohol users, users of new psychoactive substances (legal highs)
- A large proportion of Service User access treatment solely for methadone maintenance with no apparent change in long term treatment goals
- Successful completions for opiate and non-opiate users are lower than the national average
- The number of heroin users is not increasing but users are getting older and their complexity is increasing
- Not all Service User are benefiting from psychosocial interventions alongside clinical treatment
- Affordable and secure housing is in short supply in the county which can be a serious barrier to long term recovery
- Although Oxfordshire is a prosperous economic area, drug and alcohol users may not be equipped with the skills needed to gain and sustain employment
- There is a strong and active recovery community with high numbers of ex-Service User volunteering their time to provide valuable support and role modelling to people in treatment

There is a comprehensive Needs Assessment for individuals in the Treatment Services in Oxfordshire completed each year. Further detail is available from publichealth@oxfordshire.gov.uk.

Prevalence

Drug use in Oxfordshire

The table below shows the estimated numbers of drug users in Oxfordshire expressed as an estimated prevalence per standardised 1000 (aged 15-64) of the population:

	2010/11 Rate per 1000	2011/12 Rate per 1000	Lower bound 95% CI (2011/12)	Upper bound 95% CI (2011/12)
OCU	6.66	7.80	6.59	9.07
Opiate	5.80	5.82	4.21	7.37
Crack	5.33	5.71	3.94	7.48
Injecting	1.82	1.96	1.68	2.37

The data shows that the confidence intervals are wide and therefore caution needs to be used when using these estimates to establish true prevalence of drug use in Oxfordshire.

Alcohol use in Oxfordshire

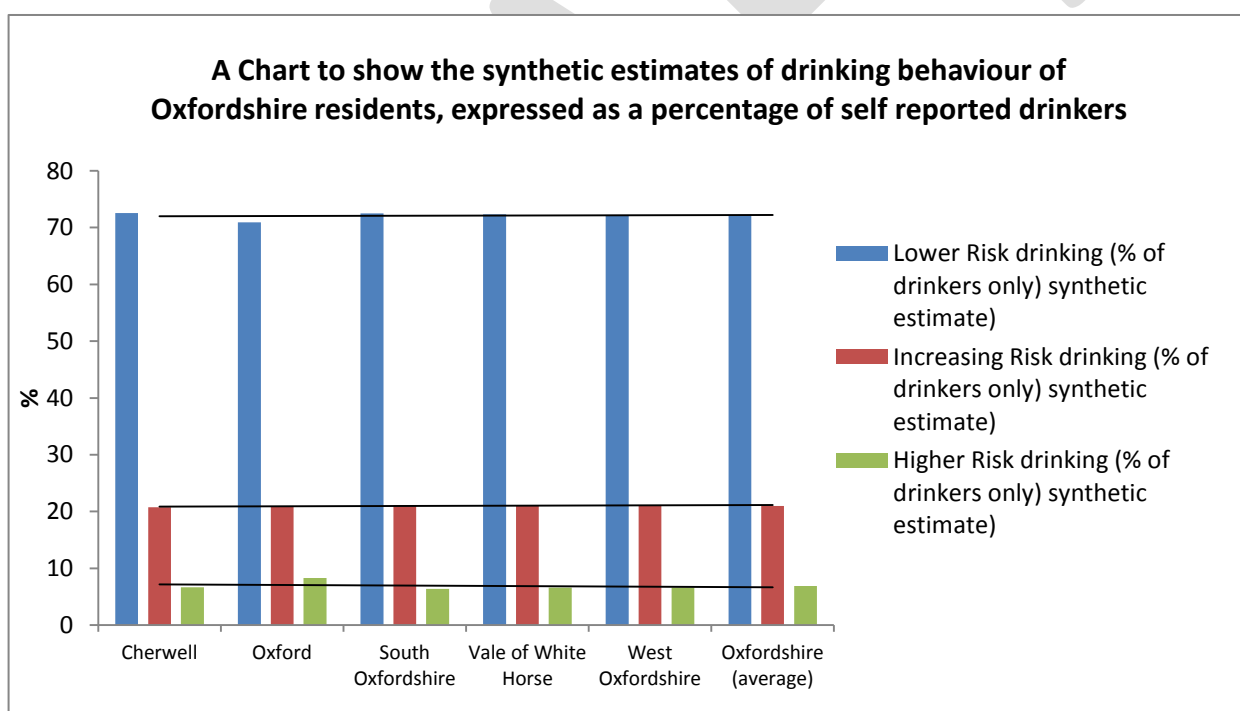
The data for Alcohol related drinking behaviour is taken from the Local Alcohol Profile 2012 estimate (<http://www.lape.org.uk/data.html>). Caution should be used when comparing to previous year's estimates as the statistical method used to generate the estimates has changed over time.

The table below shows the estimates of drinking behaviour taken from the Local Alcohol Profiles. These estimates are percentages taken from the adult population and are based on self-reported data. The data is broken down by district and also displayed as an Oxfordshire average. It can be seen from the data that the residents of the Oxford district display the highest levels of both abstinence and binge drinking. The abstinence levels are possibly due to a higher number of Muslims in the city compared to other districts who do not consume any alcohol as part of their religious beliefs. The high levels of binge drinking in Oxford are possibly due a large student population. However no causal relationship from this data can be inferred from these data as they are statistical estimates.

2012	Abstainers synthetic estimate ^a	Binge drinking (synthetic estimate ^b)
Cherwell	13.46	18.4
Oxford	17.65	26.1
South Oxfordshire	12.73	19.2
Vale of White Horse	12.77	18.8
West Oxfordshire	12.44	17.9
Oxfordshire (average)	13.81	20.08

XX – denotes that this indicator is in the bottom 10 local authority values when placed in rank order.

- a- Percentage of the over 16 population who report abstaining from drinking alcohol.
- b- Synthetic estimate of the percentage of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session



These data show that it is estimated that of those people who do drink alcohol in Oxfordshire, residents of Oxford are more likely to engage in harmful drinking* (8.27%) than the rest of the county. Overall the balance of drinking behaviour in Oxford is more skewed towards increased consumption than the rest of the districts. This suggests the other 4 districts of the county choose to drink less at any one time and their habitual consumption is lower.

*Men who regularly **drink more** than 8 units a day or **more** than 50 units of alcohol per week. Women who regularly **drink more** than 6 units a day or **more** than 35 units of alcohol per week

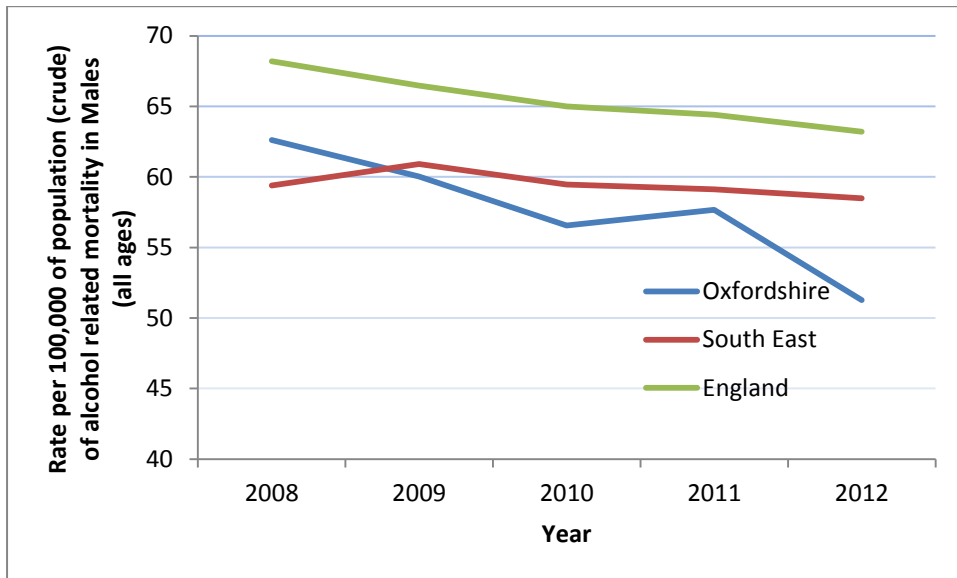
Health Data

Oxfordshire Health Data relating to Alcohol

The following trend data is taken from the Alcohol Profiles for England. The Oxfordshire trend lines are an average of district data.

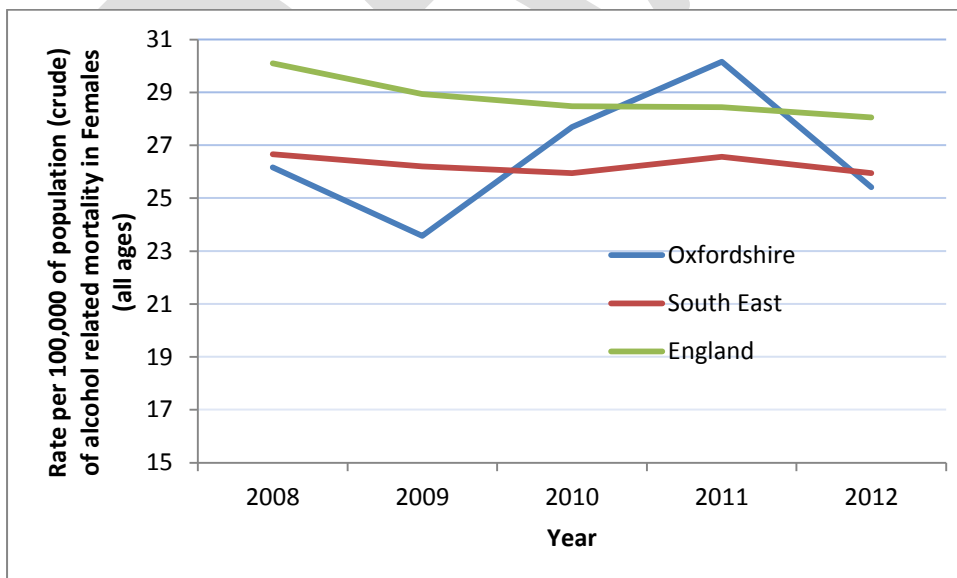
<http://www.lape.org.uk/data.html>

Alcohol related mortality in Males (all ages) 2008-2012



Deaths from alcohol-specific conditions, all ages, males, directly age-standardised rate per 100,000 population (standardised to the European standard population).

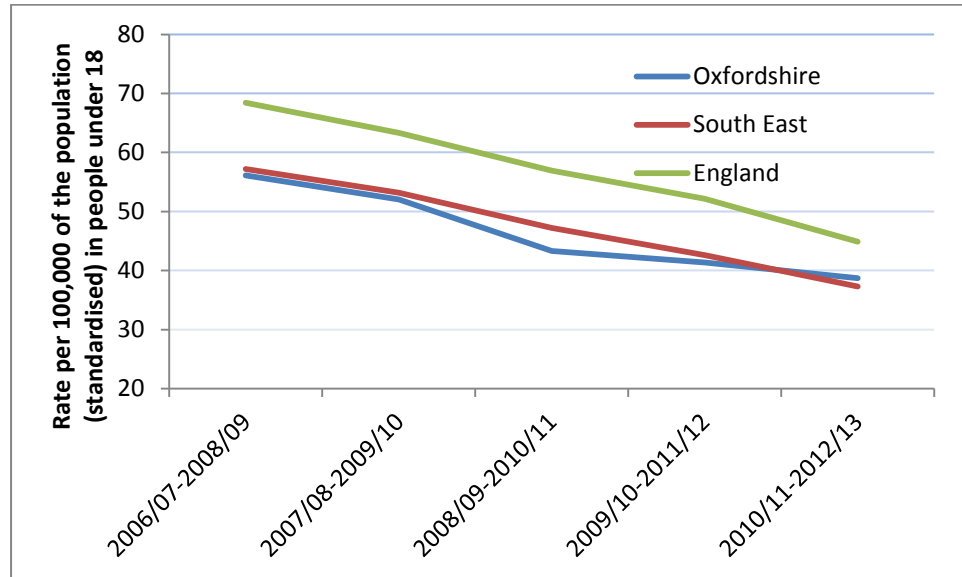
Alcohol related mortality in Females (all ages) 2008-2012



Deaths from alcohol-specific conditions, all ages, females, directly age-standardised rate per 100,000 population (standardised to the European standard population).

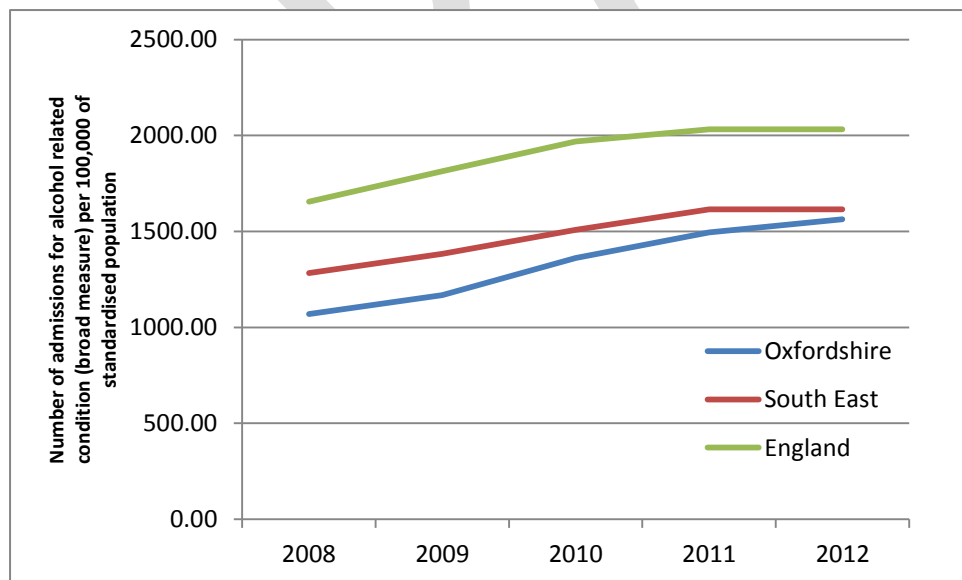
Note: Though the spike in the data looks dramatic, the figures are based on small sample sizes even at a national level. This makes this indicators data set vulnerable to large variations due to small changes in actual incidence.

Alcohol related hospital admissions in person under 18 2006-2013



Persons admitted to hospital due to alcohol-specific conditions, under 18 year olds, crude rate per 100,000 population. Knowledge and Intelligence Team (North West) from hospital episode statistics 2010/11 to 2012/13. Office for National Statistics mid-year population estimates 2010, 2011 and 2012. Does not include attendance at Accident and Emergency departments.

Alcohol related admissions (non A and E) for Adults (broad measure).



Admission episodes for alcohol-related conditions (broad measure [primary diagnosis or any secondary diagnosis] all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population). Knowledge and Intelligence Team (North West) from hospital episode statistics 2012/13. Office for National Statistics mid-year population estimates 2012. Does not include attendance at Accident and Emergency departments.

The graph above shows that hospital episodes related to alcohol (broad measure), where alcohol is either the primary diagnosis or a secondary diagnosis, are increasing both in Oxfordshire and in England as a whole. Oxfordshire has experienced an increase in admission of 46% since 2008. In England since 2008, there has been a 23% increase. Whilst absolute numbers remain significantly higher in England, the rate of increase remains a concern for Oxfordshire.

Drug related Deaths

The table below shows drug related deaths in Oxfordshire with a comparison for England and the UK. It is difficult to source health data directly attributable to drug use, as the variation in effect on the individual according to drug type varies greatly. Compared to alcohol, drug use is harder to record simply because it is illegal and therefore people presenting to services are unlikely to disclose use.

<u>DAAT</u>	<u>2011</u>		<u>2010</u>		<u>2009</u>		<u>2008</u>	
	<u>Num ber – place of death</u>	<u>Annual death rate per 100,000 populat ion</u>	<u>Num ber – place of death</u>	<u>Annual death rate per 100,000 populat ion</u>	<u>Num ber – place of death</u>	<u>Annual death rate per 100,000 populat ion</u>	<u>Num ber – place of death</u>	<u>Annual death rate per 100,000 populat ion</u>
Oxfordshire	4	0.61	15	2.31	14	2.19	14	2.21
England	1263	2.38	1358	2.60	1524	2.94	1377	2.68
UK	1757	2.78	1883	3.02	2182	3.53	1490	2.43

1. These figures are from St George's University Hospital¹ and are based on the DAAT area in which the registered place of death lies and the year in which the date of death falls.
2. St George's delay the release of these figures for 14 months after the relevant year to allow for coroners to register the deaths as drug related, and hence increase the accuracy of the data. This means there is currently no 2012 data for England.
3. Population figures are mid-year estimates, sourced from the Office of National Statistics.
4. Where a 0 is recorded, no deaths occurred in that DAAT area in that area. Where a – is recorded, the coroners did not provide any data to St George's.
5. Note: Oxfordshire figures are from local figures, not St George's and for 2011 and 2010 are based on calendar years (Jan-Dec), whereas older figures for 2009 and 2008 are fiscal years.

Crime Data

Crime attributable to alcohol

The table below illustrates the crime attributable to alcohol: Persons, all ages, crude rate per 1,000 of the population (2011/12). Crude rates are calculated using the former UK Prime Minister's Strategy Unit's alcohol-attributable fractions¹ (proportion of people tested positive for alcohol in urine tests) and applying them to the total number of recorded crimes. All districts except for Oxford are significantly

¹ Drug- related deaths in the UK Annual Report 2012 (PDF)

better than the England average for Recorded Crime and Violent Crime. Oxford is significantly worse, but has experience year on year reductions since 2007/08.

11 Further guidance on these calculations can be found on pg. 34 at http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf

Indicator	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire
Recorded crime attributed to alcohol	5.43	8.19	3.58	3.44	3.59
Violent crimes attribution to alcohol	4.56	6.18	2.64	2.93	2.94
Sexual crimes attributable to alcohol	0.12	0.15	0.08	0.06	0.08

Drug Offences

Nationally over the year ending March 2013, there were 208,017 drug offences recorded by police forces nationally. The general trend over the last 10 years has been a steady rise between 2005 and 2009, followed by a constant of around 230,000 offences, until a 9% decrease in 2012-13.

In the South East region, there were 25,963 drug offences in 2012-13, a reduction of 1% on the previous year. In the Thames Valley area, there was a greater reduction of 6% between the two years.

Offender Health

Alcohol and Drug misuse are clearly important factors in both the health inequalities faced by the offender population and in the perpetration of crime. For example, in 44% of violent crimes the victim believed the offender to be under the influence of alcohol.

The Bradley Report⁴ estimated that up to 90% of prisoners have one or more of have psychiatric disorders; psychosis, neurosis, personality disorder, and hazardous drinking or drug dependence. Furthermore male offenders in the community are 4 times more likely to die than the general population⁵.

Other key statistics demonstrate the prevalence of alcohol and drug misuse among offenders:

- 15% of men and 24% of women are serving sentences for drug offences.⁶
- It is estimated that between 45,000 and 65,000 prisoners are problem drug users.⁷

- 63% of men and 39% of women report hazardous drinking behaviour, with half of these having a serious alcohol dependency.⁸

Data from the Thames Valley Probation service from 2012 showed that 33% of offenders had a current alcohol problem. Oxfordshire specific data from the same service found that 70% of offenders have used drugs, with 20% having used a class A drug. These figures are in stark contrast to the general UK population of which 36% have taken drugs at some point in their lives and shows that offenders are almost twice as likely to have taken drugs. It is therefore vital that any work around substance misuse acknowledges and caters for the offender population in Oxfordshire. It will also be important to consider the offender population from both crime prevention and health inequalities angles.

Appendices 2: An Overview of Current Provision in Oxfordshire

2a Prevention of Harm

Prevention is a vital part of addressing Alcohol and Drug misuse in Oxfordshire's population. Preventative work has a key role to play in raising awareness of the consequences of alcohol and drug misuse and altering risky behaviours before they become unhealthy habits. This in turn will reduce the burden placed upon society by substance misuse as less people will reach the point where they need to enter treatment services. Preventative work for alcohol and drugs misuse needs to be focused in particular vulnerable target groups such as under 18's and homeless people. However it must also reach the wider population as issues around substance misuse are not confined to one particular demographic.

This section sets out the current preventative work in Oxfordshire.

Alcohol and Brief Advice Training

The Public Health team currently commissions delivery of Alcohol and Brief Advice training around the county for groups of professionals. These sessions are 3 hours long and give professionals skills around brief intervention as well as specific knowledge around alcohol consumption measurement. Professionals come from a variety of roles including; Pharmacists, Social Workers, Benefits Advisers, Neighbourhood development officers, Street Pastors and volunteers from a variety of organisations.

Street Pastors

The Street Pastor Initiative is a Christian response to the problems associated with binge drinking, anti-social behaviour and the night-time economy and over 300 volunteer Street Pastor patrols have been established in a number of UK towns and cities. The primary aim of this service is to prevent or minimise harm and to reduce the burden on services.

Street Pastors operate in teams of 4 people, two sets of 2's who keep in visual contact with each other all times. They patrol the streets of the Night Time Economy in a clearly identifiable uniform, normally between 10pm and 4am dependent on local circumstances. They will usually cover a specified route through town centres, on Friday and/or Saturday nights when the towns and cities are at their busiest. In Oxfordshire there are currently 6 street pastor schemes in Oxford, Wallingford, Witney, Bicester, Wantage and Abingdon.

Alcohol and Drug Education Programme

An education programme is currently commissioned by Public Health and run in secondary schools. There are two components to the programme; An alcohol education programme for children in Year 8 and a drug education programme for

children in year 9. The programme takes the form of drama based workshops/ classroom sessions that allow the children to interact and ask questions.

The aim of this educational programme is to impact on school pupil's health, wellbeing and long term aspirations by improve their awareness of risky behaviours.

Community Safety Practitioner

This service is provided by Oxford University Hospital in the Emergency Departments on the John Radcliffe and Horton Hospitals. The community safety practitioner is a full time post and aims to reduce emergency department attendance for alcohol related injuries by:

- Identifying people who are attending A & E with an Alcohol related injury.
- Following up those people who are considered vulnerable*, are under 18 or have attended with an alcohol related injury 3 or more times in the last 2 years. (*as identified by Emergency Department staff).
- Ensuring other staff in the department are aware of appropriate referral routes and have appropriate information and training.

The Community Safety Practitioner follows up identified individuals face to face in the community, over the phone or via post/ email. Using brief intervention techniques, advice is given and onward referrals to treatment services made as appropriate.

Public Health Campaigns

Working closely with partners, the Public Health team delivers a number of public facing campaigns that aim to prompt behaviour change and inform the target population. The topics for these campaigns range across alcohol and drugs, with target audiences varying according to the evidence base. The media used in the campaigns include; social media, physical promotion in areas of high exposure, press releases, radio and a variety of other methods as appropriate according to evidence base.

Oxfordshire Fire and Rescue

Oxfordshire Fire and Rescue service provide data into the public health team about fires at domestic residence that have Alcohol as a causal or contributing factor.

2b Early Intervention

*"A child who is rounded, capable and sociable has a great chance in life."*³

There is a great deal of evidence that early intervention is effective. The need for timely and robust early intervention is highlighted at a national level in; 'The Foundation Years: preventing poor children becoming poor adults' (2010)¹² and 'Early Intervention: the next steps' (2011)³.

Early intervention services ultimately aim to do both treatment and prevention. They will aim to treat substance misuse problems before they become more serious and complex and therefore more costly. However early intervention also aims to prevent

further harm from substance misuse and prevent risky behaviours becoming lifelong habits.

School Health Nursing (Beccy Cooper)

The Oxfordshire School Health Nursing service provides a full time school health nurse to each Secondary School (and the Pupil Referral Unit) in the County. The service also provides school health nurses to undertake key public health work in the primary schools across Oxfordshire. In addition to core safeguarding activities and providing early help, advice and on-going support for more vulnerable children, the service provides leadership and support for public health interventions including:

- The development and implementation of a healthy school policy
- Ensuring schools are a health promoting and health protecting environment
- Building capacity to promote emotional health and wellbeing, healthy eating and physical activity, positive relationships and sex education

Increasing knowledge and building resilience in the area of substance misuse is key to developing a health promoting and protecting environment. School Health Nurses will build in specific initiatives and activities in this area, which will be detailed in their annual health improvement plans. The nature of these initiatives and activities is dependent on the profile of the school, which the school nurses will pull together from a variety of data sources, including direct input from staff and pupils. This will identify key needs for different groups of the school population.

Thriving Families Service

Thriving families is part of Oxfordshire's long term priority to identify the families who need help the most and who consume a significant resource from social services, schools, the NHS, the Police and other agencies. The aim of the programme is to work closely with the families to turn this situation around.

2c Treatment Services

Treatment services form a vital part of addressing alcohol and drug misuse. Effective treatment gives people a chance to move away from their substance abuse and become reintegrated into society. Though the relative numbers of people with a serious addiction to alcohol and/ or drugs are quite small, these individuals suffer a disproportionate level of health, social and emotional problems. Treatment services have been shown to be effective for a number of years in bringing about positive social and health change for people with a substance addiction¹¹.

The current commissioning arrangements for drug and alcohol treatment services were put in place by the NHS and the contracts with the two current providers of the Harm Minimisation and Recovery services are due to end on 31st March 2015. The descriptions below describe the characteristics of the treatment services without going into specifics.

Currently there are over 2,500 individuals in Oxfordshire who are in treatment for illicit drugs and/or alcohol. These service users' needs are currently met by:

Harm Minimisation initiatives

This service provides interventions such as specialist needle exchange, opiate substitute prescribing, clinical support to GP practices offering Opiate Substitution Therapy (OST), brief advice and intervention, family and carers support. This service supports people to start addressing substance misuse and prevent them from further harm.

Recovery oriented treatment

Offers community based treatment for drug and alcohol addiction for those who want to achieve abstinence from all drugs of addiction. The service provides clinical detoxification and an intensive group programme, alongside holistic support around education, employment, training and social activities. The service also supports people who relapse and re-enter treatment.

There are several other minor contracts that cover training, information, literature, participation and engagement, and advice and information.

GP Shared Care

GP practices providing Opiate Substitution Therapy (OST) and access to psychosocial interventions, with 33 participating GP practices, each practice having a specialist nurse provided.

Residential Rehabilitation Services

Rehabilitation services in Oxfordshire are made up of two parts;

- Howard House is a ten bed residential detoxification facility in Oxford for men and women over the age of 18 who are seeking abstinence from drug and/or alcohol addiction.
- Further residential placements are made from a framework contract of national detoxification and rehabilitation providers. This framework contains details of residential rehabilitation services from around the country. Assessments for these placements are carried out through the Harm Minimisation Service via a panel that judges suitability and likely success on a case by case basis.

Luther Street Medical Practice

The Luther Street Medical Practice in Oxford City offers specialised service for people who are homeless or vulnerably housed. This offer includes; Opiate Substitution Therapy, Harm minimisation, health promotion and prevention activities, supervised community alcohol and drug detoxification, dentistry, chiropody as well as general medical and mental health services.

Young People Substance Misuse Service

The Young People Substance Misuse Service contract is commissioned by Public Health.

Specialist substance misuse services for young people are distinct from adult services because young people's alcohol and drug problems tend to be different to adults' and need a different response. Young people use drug and alcohol for a wide variety of reasons and as such they need a multi-disciplinary approach to ensure they get the right support at the right time.

The role of specialist substance misuse services is to support young people to address their alcohol and drug use, reduce the harm caused by it and prevent it from becoming a greater problem as they get older. There is an emphasis for the service to work with partners and be integrated with a range of services to maximise outcomes for the target audience.

The early intervention service operates across Oxfordshire as an integrated part of the County Council's Early Intervention Service. The Service Provider's specialist drugs and alcohol workers are based at the seven hubs (one FTE worker at each hub) and operate as part of the hub teams. The hubs are currently located in Banbury, Bicester, Witney, East Oxford, Littlemore (Oxford), Abingdon and Didcot

2d Other Work

Oxfordshire User Team

Oxfordshire User Team (OUT) is a user-led organisation promoting social inclusion and providing opportunities for people overcoming drug and alcohol issues. OUT is an independent, innovative charity working with drug users and user groups in Oxfordshire and the South East of England. OUT is committed to working in partnership with drug service providers, commissioners and related organisations to improve treatment provision and reduce the negative impact of drug use on the health, safety and social wellbeing of individuals and the wider community.

Recovery Communities

The Oxfordshire User Team is also promoting existing and new 'Recovery Communities'. These communities aim to help service users to identify their current 'recovery capital' and identifying what they can utilise locally to build their capital further, through various positive activities.

South and Vale Community Safety Partnership.

NOMAD

NOMAD provide diversionary programmes to encourage positive life choices and workshops for targeted group work. They have also developed family support

groups, providing information/education around the impact and risks of substance misuse.

Inspired Young People's Project

This a pilot project working delivering workshops for young people displaying risky behaviours. Who attend King Alfred's School and Faringdon Community College. These sessions focus on self-esteem, self-awareness and use of appropriate assertiveness skills. They deliver information and support on various issues such as online safety, alcohol and drug misuse and healthy relationships.

Abingdon DAMASCUS

This project aims to build sustainable community cohesion in South Abingdon by supporting communities to connect with disengaged young people. These sessions are street based and will include workshops focusing on bullying, sexual health, protective behaviours and drugs and alcohol for young people. They also support a small community action team consisting of volunteers (adults) and young people to run community events.

DIDCOT Train

TRAIN provide practical and emotional support to at risk groups within Didcot Girls School and St Birinus School through one to one sessions on safe sexual health, substance misuse and risky behaviours.

Oxford City Community Safety Partnership

Licensing Enforcement

Licensing Officers carry out enforcement duties relating to licensed premises, licensed vehicles and drivers, and sex establishments.

Licensing Officers carry out their visits either on their own, with other Licensing officers, or with colleagues from the Responsible Authorities.

Large scale enforcement duties are carried out under the NightSafe partnership, which includes the Licensing Authority, Thames Valley Police, Environmental Protection, Trading Standards, Oxfordshire Fire & Rescue and other agency partners.

Enforcement Officers from the Responsible Authorities and NightSafe partnership also carry out their own enforcement activities. Data is shared between all of the Enforcement Officers to ensure that Oxford is kept as a safe city for people to enjoy and to assist the licensees in maintaining the highest level of standards.

Licensed Premises

Licensing Officers carry out the following types of standard enforcement inspections either on their own or with fellow Licensing Officers or with Enforcement Officers from the Responsible Authorities:

1. Routine Inspections - to check that the licence conditions are being adhered to.
2. Late Night Inspections - to check that the management of the premises is satisfactory, that door staff are licensed by the SIA, that effective dispersal policies are being undertaken.

3. Joint Inspections - with Enforcement Officers from the Responsible Authorities (including NightSafe) when intelligence has highlighted problems such as Anti-Social Behaviour, Noise Nuisances, Under Age sales, Irresponsible Promotions, Failure to uphold licence conditions, Failure to uphold the licensing objectives.

4. Test Purchases - carried out with our colleagues from Thames Valley Police, aimed at premises where under age sales are taking place.

Officers are able to offer advice to both the public and the licensees in order to rectify issues that arise. However there are further powers available to Enforcement Officers, such as prosecution, closure orders, fixed penalty notices, Review of Licence, etc.

Hackney Carriage / Private Hire Drivers and Vehicles

Licensing Officers carry out the following types of standard enforcement inspections either on their own or with fellow Licensing Officers or with Enforcement Officers from other agencies and Thames Valley Police:

1. Rank Inspections - to check that vehicles and drivers are complying with the conditions of their licences.

2. Late Night Inspections - are carried out throughout the District, to ensure that vehicles and drivers are complying with the conditions of their licence.

3. Test Purchases - are carried out throughout the District to ensure that private hire drivers are not 'plying for hire', and that any vehicle seen to be parked in a prominent position is there because it has been booked by a customer.

4. Operator Inspections - are carried out on Private Hire Operators (i.e. the business premises) to ensure that accurate records of bookings are kept.

Officers are able to offer advice to both the public and the licensees in order to rectify issues that arise. However there are further powers available to the Licensing Officers and Enforcement Officers, such as prosecution, suspension of licences, revocation of licences, warnings, etc.

Nightsafe

Nightsafe includes the following elements:-

- Challenge 21
- Radio Link
- Safer Clubbing
- Operation Nightsafe – Police Patrol Strategy
- Polycarbonate drinking vessels where appropriate
- Hi Visibility Florescent Jackets for Door staff
- Designated Public Place Order
- Public space CCTV
- Reduction in "Binge drinking" associated with drinks promotions
- Education campaigns associated with alcohol, crime and disorder
- Test Purchasing
- Targeting of repeat offenders & intelligence sharing
- Drug Dog Operations

Special Saturation Policy

In 2004 the City Council & Thames Valley Police decided to look at implementing a Special Saturation Policy due to the levels of incidents that were incurring in the night time economy. In making this decision, they looked at data concerned with nuisance, safety and crime and disorder in the City Centre, such as:

- Police recorded violent crime data
- Police Command and Control Data
- A&E data
- Licensed premises locations
- Transport issues
- CCTV locations

This data showed that: There was a year on year rise in the numbers of complaints, incidents and violent crimes in which alcohol was involved. There was an increase in the number of licensed premises in the city, and this was expected to rise. There was a strong geographic correlation between the incident data held by the police, accident and emergency data held by the PCT and the location of licensed premises within the City.

Therefore the city council and Police concluded that there were sufficient grounds on which to introduce a Special Saturation Policy. A separate policy for Cowley Road was adopted a couple of years later

Impacts of the policy:

If any licensed premise, which falls within the SSP area, makes an application for either a new license, or to extend the capacity of the premise, the application is automatically refused unless it can be proved that there will be no cumulative impact upon crime and disorder in the area.

Purple Flag

Oxford is one of 25 places across the UK that has been awarded a Purple Flag. Purple Flag is the new "gold standard" that recognises great entertainment and hospitality areas at night. Places that achieve the standard are those that offer a positive experience to night time visitors and users. Just as Blue Flag is an indicator of a good beach and Green Flag a good park, Purple Flag is set to be the indicator of where to go for a good night out and will bring positive publicity for the successful town and city centres

The five areas that each area are marked on are :

- A raised profile and an improved public image
- Wider patronage
- Increased expenditure
- Lower crime and anti-social behaviour
- A more successful mixed-use economy

Cherwell District Council

Cherwell District Council promotes and provides information and support for the community through health promotion and physical activity. This is delivered through existing limited Health promotion budget. The benefits of health and exercise are evident in the rehabilitation of alcohol and drug users, the governance for the implementation for healthy living is delivered through the Health & Wellbeing board/ Health improvement board and the community safety partnership.

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