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Executive summary

Introduction

This joint strategic needs assessment (JSNA) chapter considers all age illicit drug and alcohol misuse in Nottingham City.

Substance misuse can be defined as: '*the continued misuse of any mind-altering substance that severely affects a person's physical and mental health, social situation and responsibilities*[1]'. It includes both drugs and alcohol.

The objectives of this assessment are to:

- outline the causes and risk factors which influence substance use and misuse across age groups
- describe levels of drug and alcohol use nationally and within Nottingham and related outcomes of substance use including health, social, crime and economic impacts

[1] The National Centre for Biotechnology Information, Drug Misuse: Psychosocial Interventions, (2008) - https://www.ncbi.nlm.nih.gov/books/NBK53217/

- outline current service provision, including prevention, targeted interventions and specialist treatment
- present insight and evidence for the future design of services for Nottingham.

Unmet needs and gaps

Unmet needs and service gaps:

- An estimated 63% of the people who use opiate and crack are aged 35-64, yet this cohort accounts for 81% of those accessing structured treatment for opiate and crack use. This suggests there is a potential unmet need in opiate and crack users aged under 35 years.
- Of those aged 15-24 who use opiate and crack in Nottingham City, 93% are not accessing structured treatment.
- Reported drug use is highest among 16-19 and 20-24 year-olds but these age groups account for only 8% of people in structured treatment in Nottingham. There is a potential gap within service provision for this age group.
- Data indicates that 'Mixed' ethnicity groups are underrepresented in treatment. There is a potential gap within service provision for this cohort.
- There is an unmet treatment need of 74% for alcohol dependent citizens aged 18 and over. This equates to up to 3,800 dependent drinkers who could benefit from specialist treatment.
- There is an unmet treatment need of 82% for alcohol-dependent adults who are living with children.

Knowledge gaps:

- Substance misuse prevalence estimates of drug use in Nottingham City are based on household surveys, which means they do not include the homeless community. Therefore, we have a limited understanding of the prevalence of substance misuse within this cohort; however, the creation of the Rough Sleeping Drug and Alcohol Treatment Team will allow a better understanding in the future.
- There is a lack of detailed insight into the reasons why people drop out of treatment.
- The impact of the COVID-19 pandemic upon substance misuse patterns remains unknown to some extent. The impact will become increasingly clear as more up to date datasets and survey results are published.
- More accurate data is required on trends and patterns of substance use across various ethnic groups in order to tailor provision to these communities.
- More accurate population data for those who identify as LGBTQ+ is required to better understand whether service provision is matching the need of these communities.
- The data source for prevalence of opiate and crack use is outdated and a refreshed estimate would allow more accurate understanding of unmet need.
- The trends and patterns of substance use among students is not clear. As the estimated number of students using substances (11,800) is high, there needs to be a focus on understanding the level of need among this population.
- Real-time surveillance of drug-related deaths would improve ability to determine and respond to risks in a timely manner.

Recommendations for consideration by commissioners

- Ensure that treatment and recovery interventions consider the needs and preferences of young people and ensure that interventions are person-centred and follow best practice.
- Consult with relevant community groups and agencies to establish a culturally responsive service offer, where there are known substance misuse issues in specific ethnic or cultural groups.
- Ensure that engagement with service users, citizens and partners includes a focus on understanding how services encourage the following groups into treatment, and that findings are used to inform commissioning decisions:
    - Opiate and crack users
    - Opiate and crack users aged under 35
    - Under 25s (in both drug and alcohol treatment)
    - Dependent drinkers, particularly adults who live with children
    - People in LGBTQ+ communities
    - People of 'Mixed' ethnicities
- Consider raising public awareness of alcohol harm and options for support through evidence-based campaigns and awareness-raising approaches, working collaboratively with other partners.
- Take a whole system approach to alcohol intervention brief advice training, ensuring all partners feel confident to have discussions with residents about alcohol and the support available, utilising the NHS England's making every contact count.
- Consider undertaking research to understand the reasons why people drop out of treatment. This would require in depth analysis and consultation with people who have left treatment in an unplanned way.
- Young people, including the student population, should be a priority group for the local authority's strategy, given the number of people potentially using drugs.
- Continue and enhance the monitoring of drugs trends, seizures, purity and patterns of use.
- Transform services so they are easy to access, connected and flexible in the way they work with people experiencing substance misuse and wider severe and multiple disadvantage factors (including homelessness, mental ill-health, interaction with the criminal justice system, and domestic abuse), and the system 'working as one.'

Full JSNA report

What do we know?

1) Who is at risk and why?

Substance misuse can have profound and negative effects on individuals and across communities. Alcohol and illicit drugs can cause a wide range of harm to physical and mental health, for example foetal alcohol syndrome affecting unborn babies, and the risk of contracting blood borne viruses and infection from injecting drugs.

The social impacts of substance use may include limiting the ability to work, to parent, and to function effectively in society, and can often be associated with criminal activity as a way of

getting money to buy drugs. There are significant costs associated with drug and alcohol use among health and social care and criminal justice systems.

There is an association between poverty and disadvantage, and substance misuse[2]. Whilst alcohol and drug dependence can affect anyone, we know that people with a background of childhood abuse, neglect, trauma, poverty, or mental health problems are disproportionately likely to be affected. In turn, the children of those dependent on drugs and alcohol can experience challenges with their development and poor outcomes throughout their lives. Substance misuse therefore often plays a key contribution to the breakdown of families and relationships.

Substance misuse can also lead to homelessness or rough sleeping, as dependency can often impact on a person's employment, and can lead to housing problems[3]. Substance misuse can be both a cause and a consequence of homelessness, with self-medication often being used as a method to help deal with the accompanying issues experienced in homelessness and/or rough sleeping. Estimating drug prevalence among this cohort is difficult but evidence suggests they are at increased risk of problematic drug use and drug-related death. Drug use among people who are homeless often leads to a lack of social connectedness and a negative impact on their personal safety; furthermore, their needs are not always commonly met by mainstream services.

Drug misuse in England and Wales

The Drug Misuse Crime Survey for England and Wales (CSEW) is an annual survey which provides the most accurate method for predicting national drug use trends. This publication reports on trends in drug use across England and Wales for the year ending March 2020 and shows that drug use has been largely unaffected by the COVID-19 pandemic. The latest survey results (2019/20) revealed the following key trends[4];

- There was no change in the overall level of any drug use in the last year across England and Wales for the year ending March 2020 compared with the previous year.
- Around 1 in 11 (9.4%) adults aged 16 to 59 had taken a drug in the last year, this equated to around 3.2 million people (figure 1).
- Around 1 in 5 (21%) adults aged 16 to 24 had taken a drug in the last year, which equates to around 1.3 million people.
- The survey measure of recent drug use showed that around 1 in 20 (4.6%) adults aged 16 to 59 had taken a drug in the last month.
- Around 1 in 9 (9.9%) young adults aged 16 to 24 had taken a drug in the last month.
- Around one-third (35%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.
- Around 1 in 25 (3.4%) adults aged 16 to 59 had taken a Class A drug in the last year, which equates to around 1.3 million people.

[2] Public Health England, Health inequalities: Substance misuse (2016) - Health_inequalities_substance_misuse.pdf

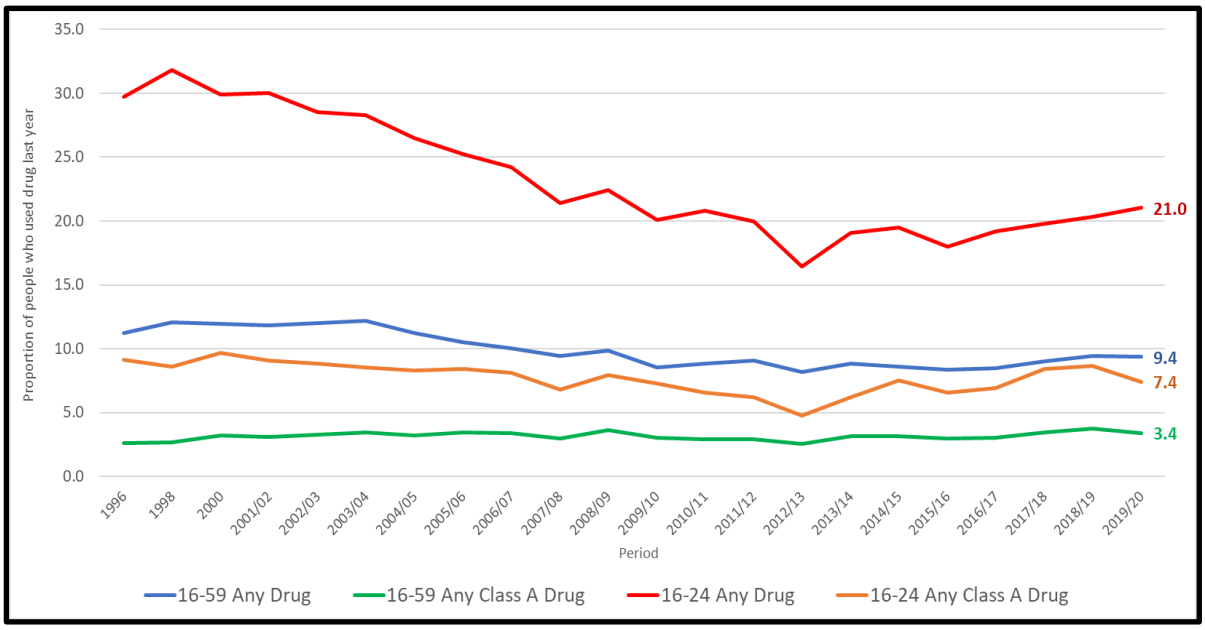
[3] Advisory Council on the Misuse of Drugs, ACMD Report - Drug-related harms in homeless populations and how they can be reduced, (2019) - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810284/Drug-related_harms_in_homeless_populations.pdf

[4] Home Office, Drugs Misuse: Findings from the 2019/20 Crime Survey for England and Wales, (2020) - https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020#obtaining-drugs

- Among young adults aged 16 to 24, 7.4% had taken a Class A drug in the last year

These key trends are shown in Figure 1.

Figure 1: Proportion of 16-59-year olds reporting use of drugs in the last year



It is worth noting that the survey is a household survey, so one limitation is that it does not incorporate drug use among the homeless community, many of whom are users of opiates, crack cocaine and novel psychoactive substances such as SCRAs (synthetic cannabinoid receptor agonists) commonly referred to as mamba.

Drug types

Cannabis

Respondents of the 2019/20 survey revealed cannabis to still be the most commonly used drug, with 7.8% of adults aged 16-59 using it in the last year, (equating to around 2.6 million people). Usage was higher between 1996 to 2003/04, with use declining after this period for around a decade before gradually increasing from 2012/13 onwards. Cannabis was also the most commonly used drug for young adults aged 16 to 24, with 18.7% having used it in the last year (around 1.1 million young adults). The number of people aged 16-24 reporting cannabis use within the previous 12-month period saw a gradual decline between its peak in 1998 (28.2%) and lowest point in 2012 (13.5%); there has been a steady increase to 18.7% in 2019/20. Cannabis was used frequently (frequent use being defined as having taken 'any drug' more than once a month on average in the last year) by 33.7% of users in the last year. With cannabis use increasing over the last decade, it is also worth noting the concurrent increase in potency; high potency cannabis (skunk) is now much more commonly available and is associated with more common and severe harms[5].

Cocaine

Cocaine (powder) was the second most commonly used drug in the last year among adults aged 16-59 (2.6% in the 2019/20 survey, equating to around 873,000 people). For young adults aged 16-24 it was the third most commonly used drug (5.3%, around 331,000 young adults), behind cannabis (18.7%) and nitrous oxide (8.7%). Although there were no statistically

[5] Wiley Analytical Science, Potency of Δ9–tetrahydrocannabinol and other cannabinoids in cannabis in England in 2016: Implications for public health and pharmacology, (2018) - https://analyticalsciencejournals.onlinelibrary.wiley.com/doi/abs/10.1002/dta.2368

significant changes between the 2018/19 (2.9%) and 2019/20 (2.6%) surveys, the latest survey saw cocaine use reduce gradually from the previous survey.

Ecstasy

Ecstasy was the fourth most commonly used drug in the last year with 1.4% of those aged 16-59 having used Ecstasy in the last year. The overall proportion has fluctuated slightly between 2.1% in 2001/02 to 1.2% in 2012/13. Ecstasy usage among the 16-24 cohort has varied between 4% and 5.4% in recent years but remains below its peak of 6.8% from the 2001/02 survey.

Ketamine

Whilst usage of ketamine is lower than the other substances mentioned above, usage is at its highest levels (0.8%) since the survey began asking the question in 2006. For 16-24 year olds the survey found that 3.1% used ketamine in the last year.

Novel Psychoactive Substances

There is national concern currently around novel psychoactive substances (NPSs), and in particular synthetic cannabinoid receptor agonists (SCRA) often referred to as Spice or Mamba (these are different to high potency cannabis termed Skunk). The CSEW found that 0.3% of people aged 16-59 used an NPS in the last year, or 1.3% for those aged 16-24. There is no further breakdown into specific usage of these drug types with the exception of Nitrous Oxide, which is detailed below.

A report by the Advisory Council on the Misuse of Drugs (ACMD) found that SCRAs are typically herbal mixtures that are smoked, with usage higher among males and those from highly deprived areas as well as being a common drug used by the homeless population[6]. There are no accurate estimates for prevalence of synthetic cannabinoids usage, although it is thought that usage has declined slightly in the UK. The ACMD recommends more assertive outreach to support people who use SCRA to engage with treatment as well as better data capturing to allow for more accurate estimates of the number of people using SCRA.

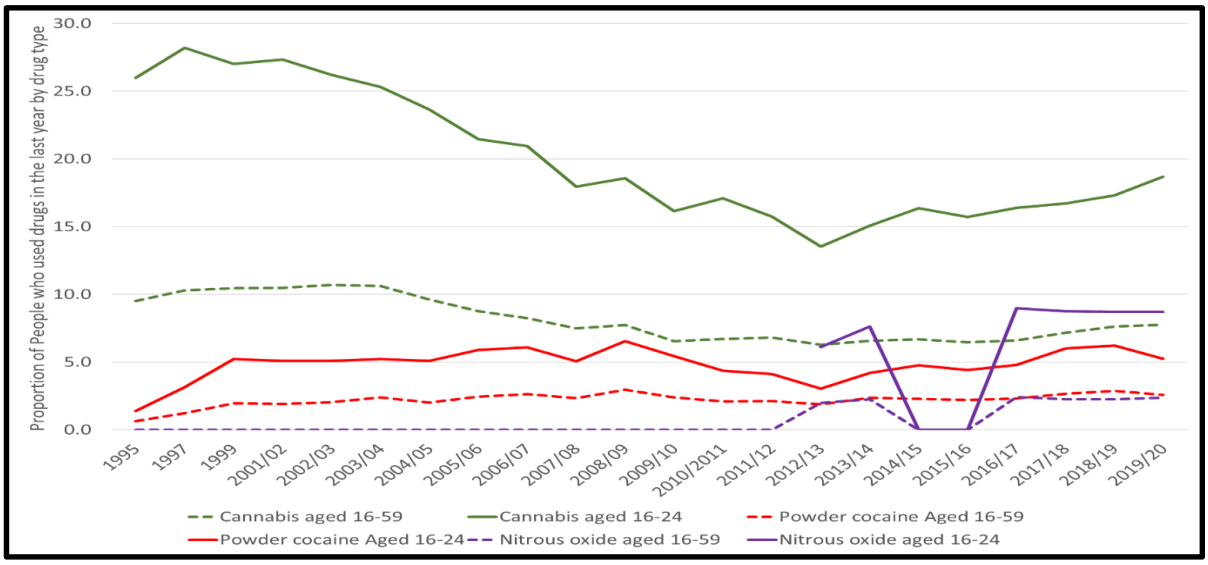
Nitrous oxide

Nitrous oxide (commonly referred to as laughing gas) was the second most commonly used drug among those aged 16-24, with 8.7% using it in the last year (roughly 549,000 individuals); this is similar to previous years. It is also the third most commonly used substance for those aged 16-59 (2.4%).

Figure 2 shows the proportion of people who used cannabis, cocaine, or nitrous oxide, broken down by the two age cohorts. This helps demonstrate the different usage by the most common drug types, as well as how the level of usage varies depending on age and over time.

[6] Advisory Council on the Misuse of Drugs, Research and analysis, (2020) - Cover letter from ACMD on synthetic cannabinoid receptor agonists (SCRA) report (accessible version) - GOV.UK (www.gov.uk)

Figure 2: Proportion of those by age group who used a specific substance in the last year

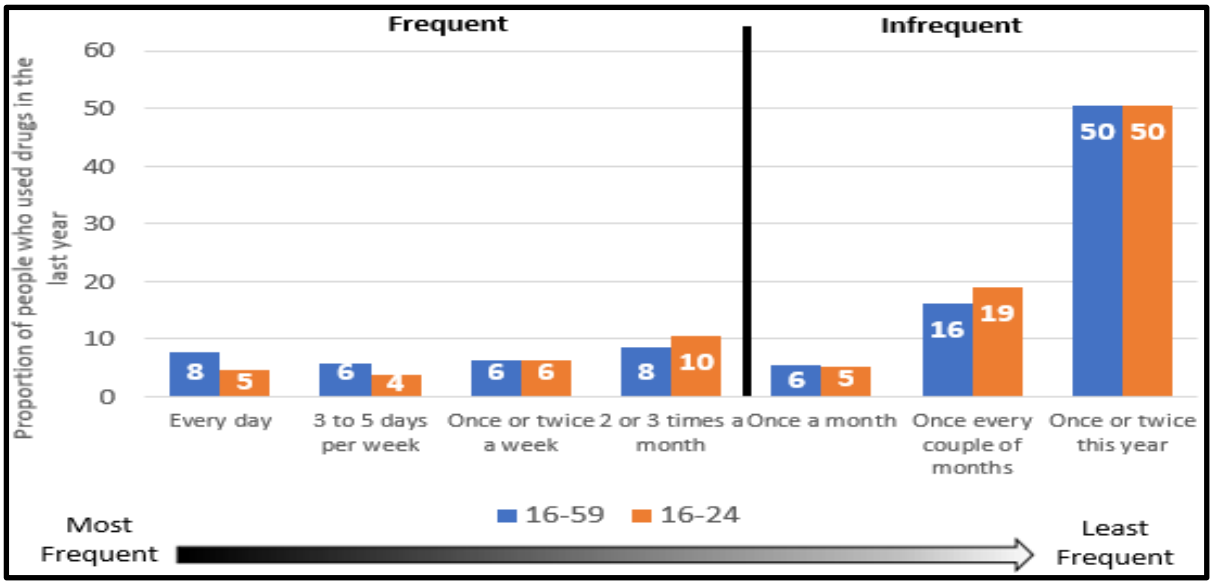


The 2019/20 survey found that 2.1% of all adults aged 16-59 were defined as 'frequent' drug users (having taken any drug more than once a month on average in the last year). This is the same as the 2017/18 survey (2.1%), and a dip on the previous year (2.4%); this equates to around 712,000 people. For the 16-24 year-old cohort, 4.3% (4.9% in 2018/19) were defined as 'frequent' drug users, equivalent to around 271,000 young people.

Of the adults aged 16-59 who reported having used 'any drug' within the last year, almost a third (28%) were defined as 'frequent' drug users, and 25% among 16-24-year olds. These proportions are likely to be driven by cannabis users, as cannabis was found to be the most commonly used drug. Cannabis was used frequently (having taken 'any drug' more than once a month on average in the last year) by 33.7% of users in the last year, in either age group.

For those who had taken a drug, figure 3 shows the frequency of 'any drug' used in the last year by age. The survey found that 50% of adults in both age categories reported using drugs 'once or twice' in the last 12 months. For 16-59-year olds 8% used a drug every day, with 5% of 16-24-year olds reporting using drugs every day.

Figure 3: Frequency of use for any drug used in the last year

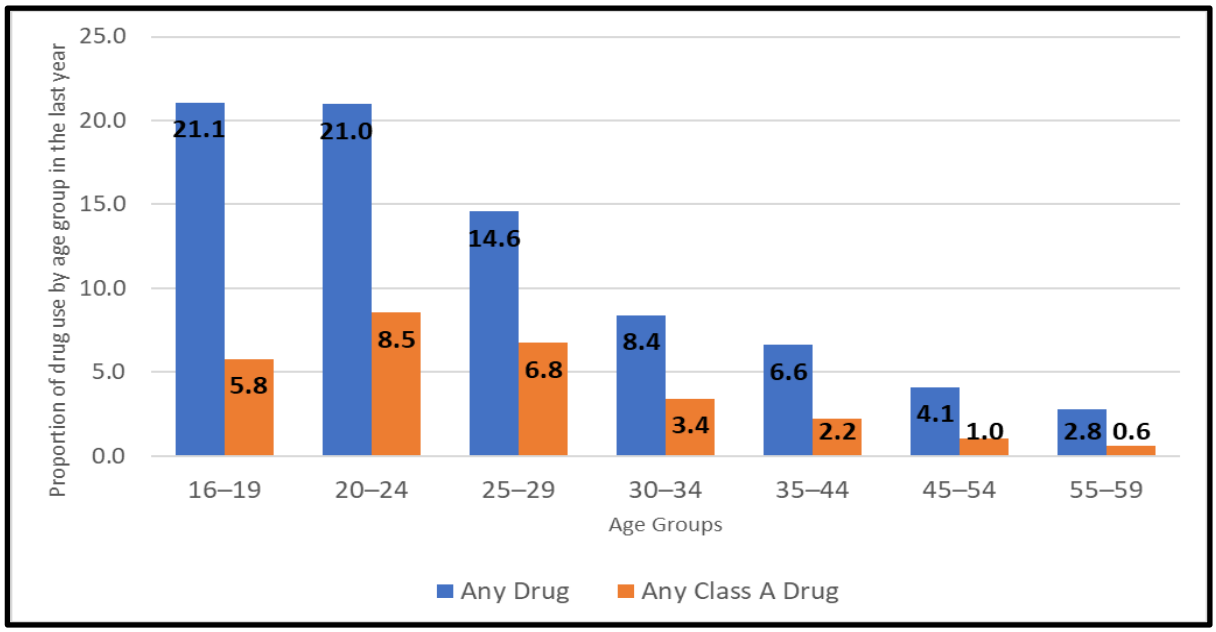


Demographics and characteristics:

Age:
As shown in figure 4, drug use in the last year by age group varies substantially, as does usage based on drug classification.

As found in previous surveys, usage was highest for those aged 16-19, with 21.1% using a drug in the last year, and 8.5% of people aged 20-24 using a class A drug. Usage gradually decreases for each age group after peaking in the 16-19 and 20-24 age groups.

Figure 4: Frequency of any drug use in the last year by age group



Gender:
Men (11.9%) were almost twice as likely as women (6.9%) to take any drug in the last year.

People living in urban areas:
People living in urban areas (9.6%) were more likely to have taken any drug in the last year than those living in rural (8%).

Drinking in pubs, bars, and nightclubs:
In the year ending March 2020, 7.2% of people used a drug in the last year and had not visited a nightclub in the past month, compared to 42.5% of people who used drugs in the last year, who had visited a nightclub 4 or more times. *Note: this time period has been used to accurately represent this pattern of drug use and avoid anomaly due to closures of on-licence venues during the COVID-19 pandemic.*

Marital status:
Any drug use in the last year was lower amongst those who were married or in a civil partnership (3.2%) when compared with those whose marital status was single or cohabiting (17.7% and 11% respectively).

Unemployed:
Employment status revealed that 8.6% of those in employment used drugs in the last year, half of that compared to the unemployed (17.2%). Students were the most frequent users

(18.1%), followed by those who were on long/short term sick (15.4%). Those with a long-term illness or disability also used drugs more frequently (12.9%) compared to those without (8.9%).

Victim of crime:
Those who reported being a victim of any crime in the last year were more likely to report use of 'any drug' and any Class A drug. Of those who reported being a victim of any crime through CSEW, 13.6% in the last year also reported using any drug in the last year, compared with 8.6% percent of those who did not.

Wellbeing:
People who used drugs in the last year tended to be less happy, with 24% who reported using drugs in the last year scoring low for 'happiness', compared to 6.4% who scored high for happiness. Those with low life satisfaction also reported higher drug use (23.3%) compared to those with very high life satisfaction (4.8%).

Ethnicity:
Drug use in the last year by ethnicity varies greatly, with adults from 'Mixed' ethnic backgrounds reporting the highest rates of drug use (22.6%), followed by those from 'White' backgrounds (10.1%). All South Asian ethnicity categories accounted for the lowest rates of drug use (3.2%); this could be underreported due to cultural stigma around drug and alcohol use.

Obtaining drugs:
Around two fifths (43%) of adults aged 16 to 59 claimed that it would be either very easy or fairly easy for them personally to obtain illegal drugs within 24 hours if they wanted them; of these, one in five (22%) thought it would be very easy to obtain drugs.

Sexual Orientation:
The survey found that drug use in the last year varied by sexual orientation, with the proportion of use broken down as follows:

- 8.8% of Heterosexual/straight respondents used a drug in the last year.
- 20.5% of Gay/Lesbian.
- 31. 4% Bisexual.
- 9.0% Other.

Region:
The 2019/20 CSEW survey also found there to be a variation in drug use by region (figure 5). In the East Midlands, 9.2% of people used a drug in the last year, similar to England (9.4%); the highest usage was in the South West region (12%).

Figure 5: Proportion of 16-59-year olds reporting use of illicit drugs in the last year by English region and Wales

Area	Proportion reporting drug use in the last year
England	**9.4**
North East	5.3
North West	9.1
Yorkshire and the Humber	8.7
East Midlands	9.2
West Midlands	8.2
East	8.7
London	10.9
South East	9.4
South West	12.0
Wales	**8.5**

COVID-19:
Currently there is no substantial evidence that describes the impact of the COVID-19 pandemic upon people's drug use. It is anticipated that the 2020/21 survey results will reflect the impact the pandemic has had on patterns and trends in drug use.

Health and social consequences of drug misuse:

People who frequently misuse substances often have one or more associated health issues, such as lung or heart disease, stroke, cancer, or mental health conditions[7]. The health consequences of substance misuse will vary depending on the type of drugs, the method of use and the frequency and length of time a person misuses drugs.

Cannabis
Cannabis is the most widely used drug in the world and can be taken in a variety of forms such as vaping and edibles, but the most common method is smoking. Cannabis smoke irritates the lungs, and people who smoke it frequently smoke cannabis with tobacco which can increase risk of health issues associated with tobacco use. Cannabis also raises heart rate for up to three hours after smoking, which may increase the chance of a heart attack or stroke. Cannabis use has also been linked to mental health conditions, such as depression, anxiety, and psychosis where there is a mental health predisposition (although there are differing opinions on this among academics)[8].

Blood borne viruses
People who inject drugs (PWID; which can include injecting opiates (such as heroin), crack, image and performance enhancing drugs, amphetamines, and novel psychoactive

[7]National Institute on Drug Abuse, Drugs, Brains, and Behaviour: The Science of Addiction, (2020) - https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health
[8] Di Forti, M. et al (2009): High-potency cannabis and the risk of psychosis. British Journal of Psychiatry,195:488-49.

substances) often experience worse health outcomes than the general population[9]. PWID are vulnerable to a wide range of health harms which can result in high levels of morbidity and mortality, including blood-borne virus transmission, bacterial infections, scepsis, overdose and death. HIV, Hepatitis B virus and Hepatitis C virus (HCV) are effectively transmitted through the sharing of needles, syringes, and other injecting equipment. People who have ever injected drugs are the group most affected by HCV in the UK, with over 90% of infections diagnosed in England thought to have been acquired through injecting drug use. Unsterile injecting practices are also associated with bacterial infections; infection of the heart and its valves (endocarditis) and skin infection (cellulitis) can occur after exposure to bacteria by injecting drug use. This can be exacerbated by poor ocular health and problems with vision as this can lead to poor injecting practices.

Hepatitis C is the most common blood borne virus among PWID in the UK. At the end of 2020, there were approximately 81,000 overall national cases of HCV, which is a reduction of 37% since 2015[10]. Levels of reported sharing and re-use of injecting equipment have increased and one third of PWID report an inadequate supply of needle and syringes, with significant disruption to service provision over the pandemic. This is a concern, as availability of, and access to, sufficient supplies of sterile injecting equipment are critical in preventing further transmission of infections.

The changing patterns of psychoactive drug injection in the UK also remain a concern, as changes in psychoactive drug preferences can lead to riskier injecting practices. Injection of crack cocaine has increased in England and Wales, and injection of powder cocaine has increased in Scotland. There is a need for local treatment and harm reduction systems that can respond to both the increasing numbers, and the specific needs of people who use crack and powder cocaine.

The latest 'Shooting Up' report by the UK Health Security Agency (2021) reports surveillance and research data that indicates PWID in the UK have been adversely affected by the COVID-19 pandemic in 2020; for example, access to support services has been severely limited, including access to blood borne virus (BBV) testing and equipment for the safe use of and/or injecting of drugs. It will be crucial to continue to monitor trends in access to services affected by the pandemic, as well as COVID-19 among PWID, to estimate the impact on national HIV and viral hepatitis elimination efforts.

Mental health

There are different ways drugs can affect a person's mental health. For some people, taking drugs can lead to long-term mental health problems. Regular cannabis use can increase the risk of anxiety or depression and there is a link between using more potent cannabis and the development of psychosis or schizophrenia. Stimulant drugs can make a person feel depressed, anxious, and paranoid, for example, cocaine can make previous mental health problems recur and trigger psychosis and schizophrenia[11].

[9] UK Health Security Agency, Shooting Up: infections and other injecting-related harms among people who inject drugs in the UK, 2020, (2021) - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1053202/Shooting_Up_2021_report_final.pdf

[10] UK Health Security Agency, Hepatitis in England 2022 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057271/HCV-in-England-2022-full-report.pdf

[11] Mental Health Foundation, Drug and Mental Health, (2021) - https://www.mentalhealth.org.uk/a-to-z/d/drugs-and-mental-health

It is very common for people to experience problems with their mental health and alcohol/drug use (co-occurring conditions) at the same time. Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment. Death by suicide is also common, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems[12].

Homelessness

There is increased risk of problematic drug use associated with people who experience homelessness, with a higher rate of drug-related deaths, infections among people who inject drugs, and multiple morbidities. People who experience homelessness and use substances have particularly complex circumstances and additional risks which require intensive long-term support[13].

People who are homeless, including those presenting as homeless to services and local authorities, those deemed statutory homeless, and those who are rough sleeping have increased substantially with some variation across the UK since 2010. Expert evidence concluded that people who are homeless and using drugs and/or alcohol are likely to suffer a lack of social connectedness and their personal safety is at greater risk. In addition, a high proportion of people who are homeless and who have drug use issues have experienced multiple adverse childhood experiences (ACEs).

Severe multiple disadvantage

Research suggests that people experiencing substance misuse often face a wider set of challenges, such as mental ill-health, homelessness, domestic abuse and violence, and being in contact with the criminal justice system. Approximately 336,000 adults in England were estimated to experience some combination of three or four of these dimensions of severe and multiple disadvantage (SMD) in 2020[14].

The relationship between physical and mental ill-health, domestic violence, exploitation and substance misuse is well documented[15], with alcohol and substance misuse functioning as both cause and effect of multiple needs. Substance misuse, for example, is prevalent among people in hostel accommodation who consume on average 97.1% (male) and 222.1% (females) more alcohol than the general population[16]. Alcohol and drug dependence may

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[12] Public Health England, Better care for people with co-occurring mental health and alcohol/drug use conditions, (2017) - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

[13] Advisory Council on the Misuse of Drugs, Drug-related harms in homeless populations and how they can be reduced, (2019) - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810284/Drug-related_harms_in_homeless_populations.pdf

[14] Sosenko, Filip, Glen Bramley, and Sarah Johnsen. 2020. "Gender Matters - Gendered Patterns of Severe and Multiple Disadvantage in England." I-SPHERE, Heriot-Watt University. https://lankellychase.org.uk/wp-content/uploads/2020/02/Gender-Matters-full-report-Feb-2020.pdf.

[15] Skinner, Guy C.M., Paul W.B. Bywaters, Andy Bilson, Robbie Duschinsky, Keith Clements, and Dustin Hutchinson. 2021. "The 'Toxic Trio' (Domestic Violence, Substance Misuse and Mental Ill-Health): How Good Is the Evidence Base?" *Children and Youth Services Review* 120 (January): 105678. https://doi.org/10.1016/j.childyouth.2020.105678.

[16] Ross-Houle, Kim, and Lorna Porcellato. 2021. "Recovery Capital in the Context of Homelessness, High Levels of Alcohol Consumption, and Adverse Significant Life Events." *Drugs: Education, Prevention and Policy*, December, 1–12. https://doi.org/10.1080/09687637.2021.2014402.

also function as a coping mechanism to suppress traumatic experiences. In particular, women who have a history of gender-based violence and domestic abuse may self-medicate to cope with trauma developed as a result of it[17].

Problems arise as services often neglect the broader picture of complex and multiple disadvantage, and understand and support their issues in "separate boxes", based on primary needs. A failure to take SMD into account, however, leads many people to miss out on vital support. For instance, while 'dual diagnosis' (co-occurrence of mental ill-health and substance misuse) is common, people can often be excluded from secondary mental health care due to their substance misuse or vice-versa[18]. Helping people to manage or recover from substance misuse can be more difficult when related needs are not considered as part of a complementary overall package of assistance.

In recent years, Opportunity Nottingham (a programme delivered in Nottingham under the wider national 'Fulfilling Lives' programme) has provided frontline services offering wrap-around assistance alongside partnership structures to aid coordinated support for people experiencing severe and multiple disadvantage. They found that 93% of their 'beneficiaries' (people supported through the programme) experienced substance misuse, and New Psychoactive users in particular had higher use of reactive and emergency services (including attendance at A&E) than the beneficiaries on average[19]

Alcohol consumption

Until 2017 the Opinions and Lifestyle Survey conducted by the Office of National Statistics included questions on adult drinking habits which were summarised and reported and provided a useful guide to drinking habits nationally[20]. The findings of this survey should be used with caution due to their age and any changes associated with the COVID-19 pandemic; specifically changes in the way people drink as found by a study carried out by University College London[21]. Further data sets are needed from a range of sources in order to understand the full impact the pandemic has had on national and local alcohol consumption and drinking patterns.

In 2017, an estimated 29.2 million adults (16 years and above) drank alcohol; of which, 62% of men and 52% of women drank alcohol in the week before they completed the survey. People aged between 45-64 years accounted for the highest proportion of those drinking in the week before the survey (65%). The age group with the lowest drinking frequency were those aged between 16 and 24 (48%). Of those surveyed 20% stated that they were teetotal in 2017; the 65+ age category showed the highest percentage of alcohol-abstinence (23%). The survey found that 16-24 year-olds were the age group most likely to 'binge drink' with around 43% stating they had done so in the week prior to the survey. However, as stated

[17] Lombard, Nancy, ed. 2013. *Violence against Women: Current Theory and Practice in Domestic Abuse, Sexual Violence and Exploitation*. Research Highlights in Social Work 56. London: Jessica Kingsley Publ.

[18] Priester, Mary Ann, Teri Browne, Aidyn Iachini, Stephanie Clone, Dana DeHart, and Kristen D. Seay. 2016. "Treatment Access Barriers and Disparities Among Individuals with Co-Occurring Mental Health and Substance Use Disorders: An Integrative Literature Review." *Journal of Substance Abuse Treatment* 61 (February): 47–59. https://doi.org/10.1016/j.jsat.2015.09.006.

[19] Everitt, Grant, and Karan Kaur. 2018. "New Psychoactive Substances." Opportunity Nottingham.
[20] ONS, Adult drinking habits in Great Britain: 2017, (2018) - https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017
[21] Institute of Alcohol Studies, Alcohol, Health Inequalities and the Harm Paradox:, (2020) - IAS report Alcohol and health inequalities FULL.pdf

above, this age group was shown to have the lowest overall drinking frequency. Those aged 65 and above were shown to be least likely to 'binge drink'.

Health and social consequences of alcohol misuse:

Alcohol-related liver disease

Regularly drinking more than the UK Chief Medical Officers' (CMOs) low risk drinking guidelines (no more than 14 units a week, with several drink free days) can increase the chance of alcohol-related liver disease[22]. Alcohol-related liver disease is caused by drinking significant amounts alcohol, usually over a sustained period of time; one in five adults in the UK drink alcohol in a way that could harm their liver. Although around seven in ten people with alcohol-related liver disease are dependent on alcohol, it is not only daily drinkers who develop liver disease. Heavy drinking on a few days in the week is also associated with alcohol-related liver disease.

Cancer

Drinking alcohol is associated with increased risk of at least seven types of cancer, including breast, bowel, mouth, and throat cancers. The risk increases depending on the level and frequency of drinking. It is estimated that between 3-4% of all cancer cases in the UK are caused by alcohol. This equates to between 11,500 – 12,500 new cases every year. Heavy or higher risk drinking (regularly consuming over 50 alcohol units per week (adult men) or over 35 units per week (adult women), can also lead to cirrhosis of the liver (scar tissue of the liver), which can lead to cancer.

Mental health

The brain operates on a delicate balance of chemicals and processes, which can be disrupted by the depressive qualities of alcohol which can impact on thoughts, feelings, and actions of the drinker. Regular, heavy drinking interferes with chemicals in the brain that are vital for good mental health. People often feel relaxed after a drink, but in the long run alcohol has an impact on mental health and can contribute to feelings of depression and anxiety, making stress harder to deal with. There is also a strong association between drinking heavily (either chronic or acute alcohol misuse) and suicidal thoughts, suicide attempts, and death from suicide.

Weight

Alcohol contains around seven calories a gram - almost as many as pure fat. Calories from alcohol are 'empty calories' with no nutritional value. Alcoholic drinks vary in the number of calories, and many are high in sugar. Consuming extra calories through drinking can lead to weight gain, and other health issues associated with weight gain.

Alcohol poisoning

Alcohol poisoning is caused by consuming high volumes of alcohol in a short space of time. Both men and women are at risk, however women tend to have higher blood alcohol levels after drinking the same amount of alcohol as men. There is no minimum amount of alcohol that can cause alcohol poisoning. It depends on age, sex, size, weight, how fast someone has been drinking, how much they have eaten, their general health and whether they have taken medication or used drugs.

[22] Drinkaware, health effects of alcohol, (2022) - https://www.drinkaware.co.uk/facts/health-effects-of-alcohol#diseases

Fertility and pregnancy
Drinking at any stage during pregnancy can lead to miscarriage, stillbirth, premature birth, small birth weight and Foetal Alcohol Spectrum Disorder (FASD). FASD is the term used to describe abnormalities resulting from a foetus's exposure to alcohol, including Foetal Alcohol Syndrome (FAS), which affects the way a baby's brain develops.

Lifestyle
Alcohol compromises a person's motor skills, balance, hand-eye coordination, and reaction time, which negatively affect performance and increases the risk of injury. This is particularly pertinent for those who drink alcohol and drive or operate machinery. Hangovers can leave people feeling unwell which can lead to a loss in productivity, and can also have a detrimental impact on relationships, employment, among other aspects of a person's life.

Alcohol and illegal drugs
The combined effects of illegal drugs with alcohol are difficult to predict. Generally, when drugs are used in conjunction with alcohol they're exaggerated in some way, which can result in anything from nausea to heart failure. Alcohol is a depressant, so combining this with a stimulant such as cocaine or ecstasy, can increase the chances of heart attacks, fits or sudden death. Additionally, alcohol use can increase risk of overdose from depressant drugs such as benzodiazepines, or opiates.

2) Size of the issue locally

Drug use in Nottingham

Utilising the results from the Drug Misuse Crime Survey for England and Wales 2019/20, in conjunction with local population estimates provide by the Office of National Statistics provides an estimate for drug prevalence in Nottingham; these estimates should be used as a guide, particularly as they assume that local substance use patterns are in line with the national picture, and that the local demographic is representative of national proportions.

The survey found that 9.4% of people aged 16-59 used a drug in the last year, this equates to around 20,830 citizens of Nottingham (2020 mid-year estimates). The survey found that 3.4% of respondents used a Class A drug in the last year, equating to around 7,530 citizens of Nottingham.

A breakdown by age and gender in figure 6 shows an estimate of how many people used a drug in the last year in Nottingham. Those aged 20-24 used drugs the most, with roughly 6,600 males and 3,800 females using a drug in the last year; the second largest age cohort of users is those aged 16-19.

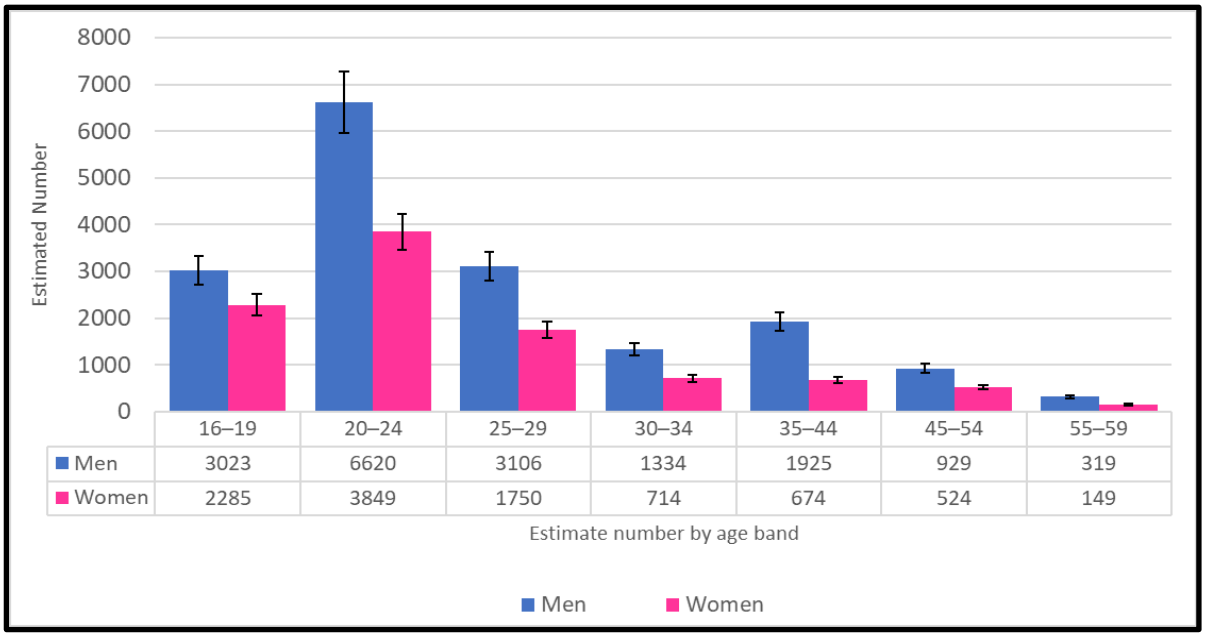
According to the Office of National Statistics population estimates 2020, Nottingham has a high proportion of people aged between 16-24 (75,070 people)[23], with this age group accounting for 22% of Nottingham's population, and 33% aged between 15-29 (111,527). This is much higher than the England average of 11% of people aged between 16-24, and 18% for

[23] Office of National Statistics, Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland 2020/21, (2021) - https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

those aged 15-29. This large difference is in part due to Nottingham having two large universities with students from other areas bolstering Nottingham's local population. Assessing the CSEW's finding around increased use of drugs among this cohort in the context of Nottingham's high proportion of people aged 15-29, it is likely that the number of people using substances is higher than the national average.

The CSEW Drug misuse survey also found that 18.1% of students used any drug in the last year. Nottingham has roughly 65,000 students at its two Universities, therefore approximately 11,800 students used any drug in the last year. The student population should be a priority group for the local authority's strategy, given the number of people potentially using drugs. It will be key for the presence of an appropriate support for this population in order for successful engagement with this high-risk group; it is also key that universities are engaged and committed to referring into services and encouraging students to access support.

Figure 6: Number of people aged 16-59 in Nottingham who used any drug in the last year by gender



The following table (figure 7) shows cohorts of people broken down by age and gender that are using 'any drug' within the last year. This can help identify which cohorts of people might need harm reduction advice, and potentially some form of substance misuse treatment or support. Men aged 20-24 represent the largest proportion of people using substances, with 26% of men in this age band using a drug in the last year, equating to roughly 6,623 people. The coloured bars display which groups make up the largest proportions, although there will be people who need engagement/treatment in all of the age groups, as people often enter treatment long after their drug use has become problematic.

Figure 7: Estimates of drug use by Nottingham's population

Age	Nottingham Population Estimates (mid-2020 estimates)	Number using drugs (any drug) mid-point estimate	% of age group using drugs in the last year	% of age group not using drugs in the last year	Rate per 1,000 people who used a drug in the last year	% per age group of local population that used a drug in the last year
	Men					
16–19	12728	3017	24%	76%	237	2.6%
20–24	25474	6623	26%	74%	260	5.8%
25–29	17665	3109	18%	82%	176	2.7%
30–34	12745	1376	11%	89%	108	1.2%
35–44	20173	1916	10%	91%	95	1.7%
45–54	17644	935	5%	95%	53	0.8%
55–59	8322	316	4%	96%	38	0.3%
16-59	***114751***	***17293***	***15%***	***85%***	***151***	***15%***
	Women					
16–19	12511	2290	18%	82%	183	2.1%
20–24	24357	3848	16%	84%	158	3.6%
25–29	15270	1756	12%	89%	115	1.6%
30–34	11241	719	6%	94%	64	0.7%
35–44	17649	671	4%	96%	38	0.6%
45–54	17467	524	3%	97%	30	0.5%
55–59	8357	150	2%	98%	18	0.1%
16-59	***106852***	***9958***	***9%***	***91%***	***93***	***9%***
	All					
16–19	25239	5306	21%	79%	210	2.4%
20–24	49831	10472	21%	79%	210	4.7%
25–29	32935	4865	15%	85%	148	2.2%
30–34	23986	2096	9%	91%	87	0.9%
35–44	37822	2587	7%	93%	68	1.2%
45–54	35111	1459	4%	96%	42	0.7%
55–59	16679	467	3%	97%	28	0.2%
16-59	***221603***	***27252***	***12%***	***88%***	***123***	***12%***

Substance misuse in children and young people

Substance misuse among children and younger people is also challenging to estimate. The Smoking, drinking and drug use among young people in England 2018 survey (SDD) provides the best estimates for this cohort (school pupils aged 11-15), and covers the age groups that are not included in the CSEW[24]. The survey is biennial however the 2020 survey was not released due to the Coronavirus pandemic; the 2018 results are the latest available. The key survey findings include:

- 10% of pupils said they had drunk alcohol in the last week. This ranged from 2% of 11-year olds and 3% of 12-year olds, to 23% of 15-year olds.
- 24% of pupils reported they had ever taken drugs. This ranged from 9% of 11-year olds, to 38% of 15-year olds.

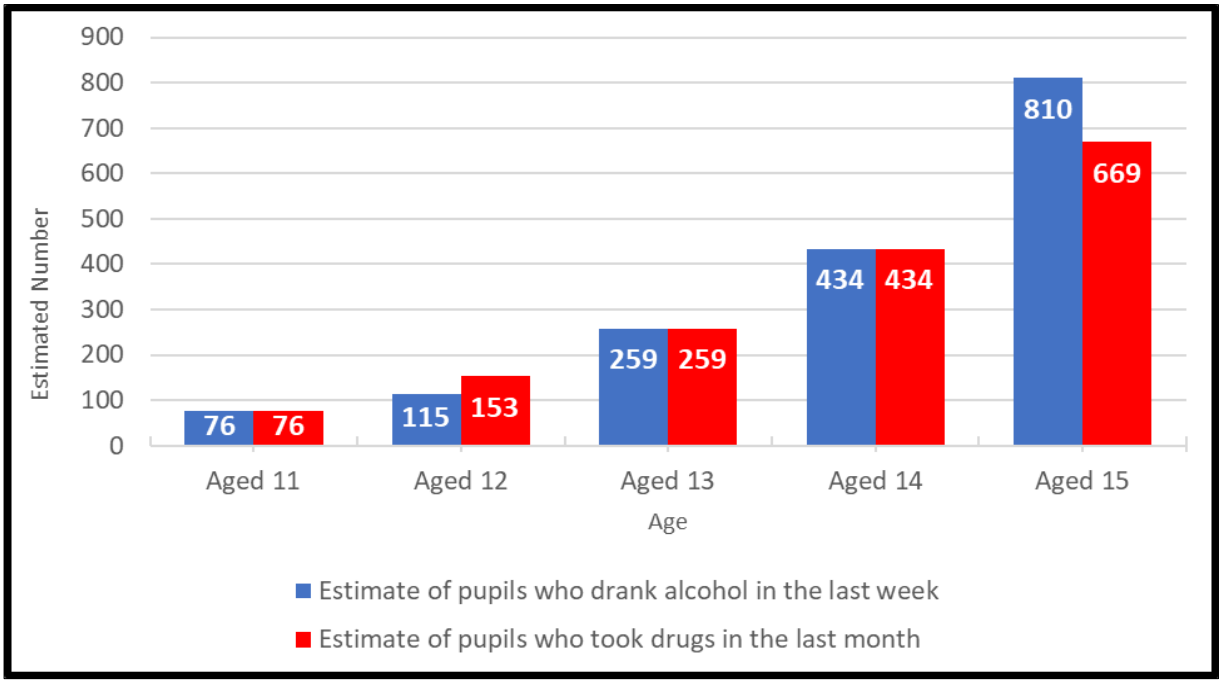
Applying the SDD survey to the Nottingham population provides a reasonable estimate for substance use in young people locally. The survey found that nationally, 10% of pupils had drunk alcohol in the last week; when applied to Nottingham's population (mid-point 2020 estimate), this would equate to roughly 1,847 young people. Frequency and volume of consumption varied significantly from 2% for 11-year olds to 23% for 15-year olds. According to the survey, 24% of pupils reported ever taking drugs, around 4,300 young people; again, usage increased substantially from 11-year olds (9%) through to 15-year olds (38%). The

[24] Smoking, Drinking and Drug Use among Young People in England 2018, (2020) - https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018

survey also found that 9% of pupils used a drug in the last month, roughly 1,660 pupils in Nottingham.

The chart in figure 8 displays the rough estimate of pupils in Nottingham who drank alcohol in the last week, alongside the number of pupils who took a drug in the last month. The estimates rise as the age of pupils in increases.

Figure 8: Estimates of number of pupils in Nottingham who drank alcohol in the last week, and those who took a drug in the last month



Prevalence of drug use in Nottingham

The Independent review of drugs by Dame Carol Black (2021) sets out the national data on Opiate and/or Crack Users (OCU) and the deaths associated with the misuse of these substances, as well as the links to poverty and deprivation[25]. A significant amount of the drug-related costs (86% according to the review) to individuals and society are associated with heroin and crack. The OCU cohort also accounts for around 50% of those in structured treatment and contribute to record levels of drug-related deaths, with heroin deaths in 2020 reaching the highest levels (1,337) since records began.

Estimates of the prevalence of the OCU cohort are provided by Liverpool John Moores University, with the latest figures released in March 2019. Due to the difficulty in accumulating the required data, the most recent estimates only go up to the period of 2016/17 and should therefore be used with caution[26].

Nationally there has been an increase in OCU from 300,783 in 2014/15 to 313,971 in 2016/17, a 4.4% increase (13,188 more OCU). The East Midlands has seen a marginal decrease from 25,057 in 2014/15 to 24,828 in 2016/17, a reduction of 229 OCU or a 0.9% decrease.

[25] Department of Health and Social Care, Review of drugs: phase two report, (2021) - https://www.gov.uk/government/publications/review-of-drugs-phase-two-report

[26] Public Health England, Opiate and crack cocaine use: prevalence estimates by local area 2016/17, (2019) - https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

Estimates for Nottingham reveal a small increase in OCU from 2,700 in 2014/15 to 2,715 in 2016/17, an increase of 15 OCUs or a 0.6% increase, although not statistically significant. Although these estimates are not for the most recent period, they are the best estimates available so should be used as a guide for local commissioners and substance misuse services. Nottingham has a rate of 11.8 OCU per 1,000 people; this exceeds the East Midlands average (8.2) and the national average (8.8).

The table below (figure 9) provides a breakdown of OCU in Nottingham, utilising 2020/21 NDTMS data in conjunction with the OCU data. There is an overall unmet treatment need of roughly 49% for OCU, although these estimates incorporate old data. The rate of OCU is highest for those aged 35-64, with roughly 16.8 OCU per 1,000 people in Nottingham, however a large proportion of these people (66%) are in treatment, meaning there is a potential unmet need for 34% of OCU in this age group. OCUs aged 15-24 make up a small proportion (12%) of the overall OCU treatment need, however only around 25 of those are in treatment out of a potential 334 OCU, resulting in an unmet treatment need of 93%. This group should be a priority cohort for substance misuse providers as early intervention is crucial in preventing these users experiencing the harm associated with long-term dependency.

Figure 9: Estimates of OCU in Nottingham by age band

Nottingham (2016/17) OCU estimates	Age Band		
	15-24	25-34	35-64
% of Nottingham population who are OCU	0.4%	1.2%	1.7%
Rate of OCU per 1,000 people	4.4	12.7	16.8
OCU in treatment by age group (2020/21)	25	234	1125
OCU by age estimates (2016/17)	334	664	1717
OCU unmet treatment need by age group	93%	65%	34%

The treatment need for the younger age bands is demonstrated further in figure 10. The proportion of OCU in treatment alongside the estimated proportion of OCU by age band, reveals that OCU aged 15-24 account for 12% of the OCU cohort, whilst accounting for just 2% of the in treatment OCU population. Those aged 25-34 are also underrepresented, making up for 24% of the estimated OCU population, with OCU in treatment accounting for just 17% of the OCU in treatment.

Figure 10: Proportion of OCU estimates (2016/17) and OCU in treatment (2020/21)

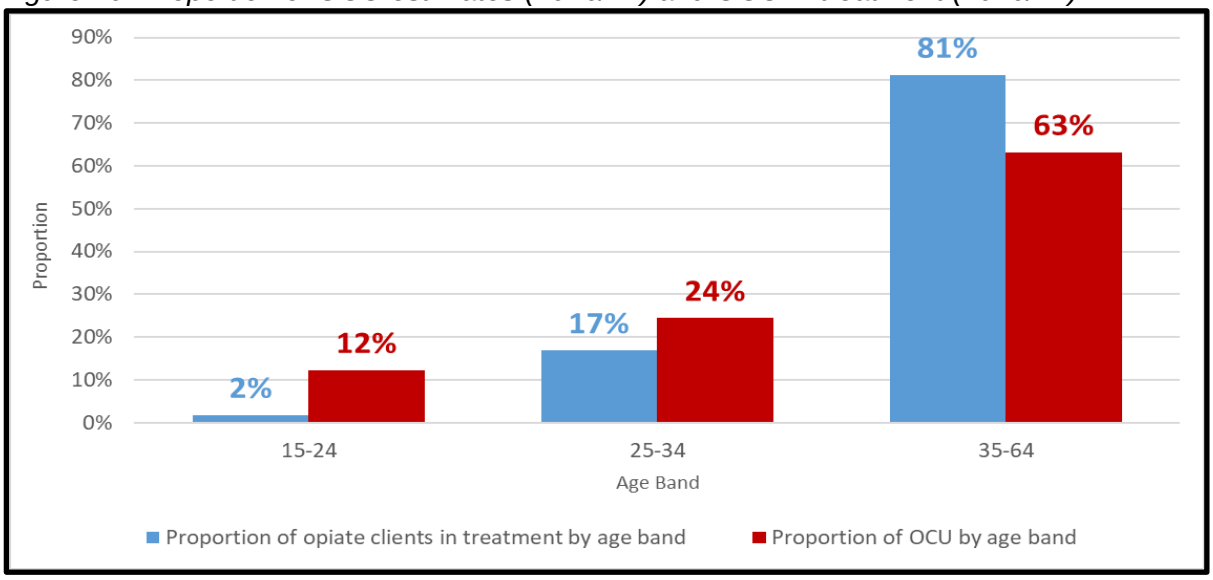
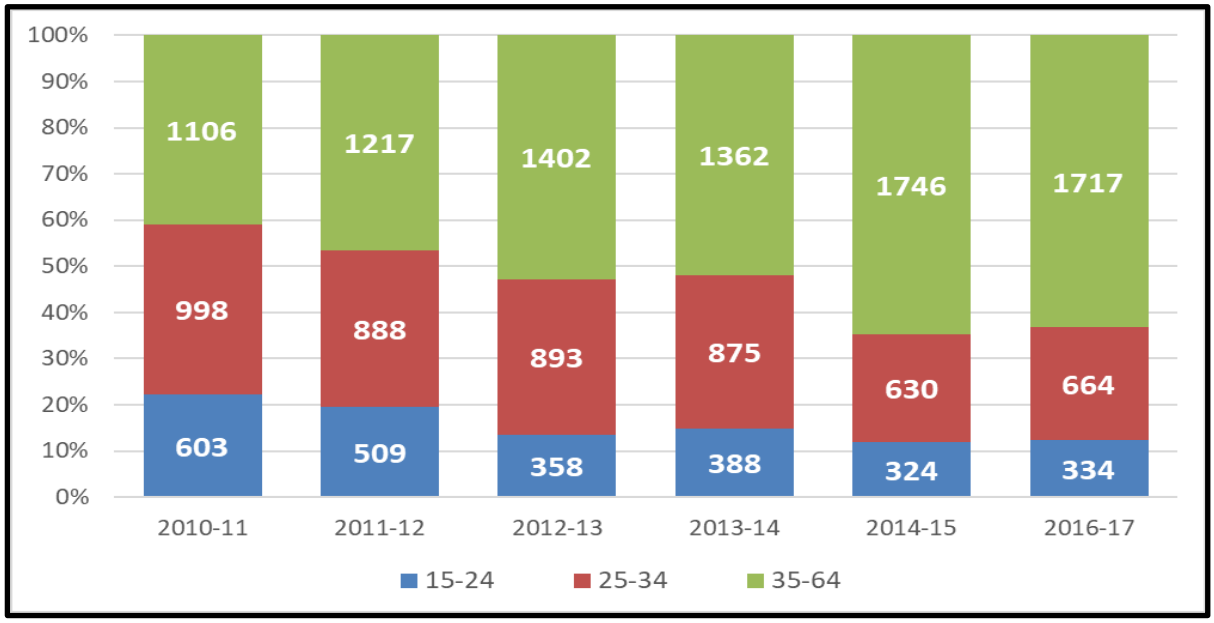


Figure 11 highlights Nottingham's ageing cohort of OCU (similar to the national cohort) with complex health needs due to substance misuse spanning decades. The OCU estimates reveal 63% of the cohort to be aged 35-64, with 81% of the OCU in treatment also in this age band. Whilst the age of 35-64 is not considered old in comparison to the general public, those in the older ages of this cohort have extremely poor health outcomes relative to those in the same age group in the wider population, due to the entrenched nature of their drug usage. This cohort have a high risk of overdose and death, among other poor health outcomes.

Figure 11: Trend in the estimates of OCU in Nottingham by age band



Drug-related hospital admissions

Data from NHS Digital on hospital admissions due to substance misuse show that nationally admissions have reduced since 2015/16 where there were 8,621 admissions (primary diagnosis of drug related mental and behavioural disorders). In 2019/20 there were 7,027 admissions, which is an 18% reduction (or 1,594 fewer admissions)[27] compared with 2015/16. Admissions have also reduced in 2019/20 by 5% compared to 2018/19, which equates to 349 fewer admissions.

For the broader measure (primary or secondary diagnoses), admissions have been increasing year on year since 2009/10, with a record 99,782 admissions in 2019/20. This is a 124% increase, or 55,197 additional drug related hospital admissions compared to 2009/10.

Admissions for a primary diagnosis of poisoning by drug misuse have reduced from 18,055 in 2018/19, to 16,994 in 2019/20; this is a 6% reduction or 1,059 fewer admissions.

Of the drug related hospital admissions in 2019/20, 79% were for people aged between 16-44 years old.

[27] NHS Digital, Statistics on Drug Misuse, England 2020 Official statistics, National statistics 2020, (2021) - https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2020

Drug-related mental health hospital admissions

Locally, Nottingham has seen a slight reduction in the number of admissions (primary diagnoses) for drug-related mental health from 65 in 2018/19 to 60 in 2019/20, 5 fewer admissions or an 8% decrease[28]. The rate of admissions has also decreased from 18 to 15 admissions per 100,000 people, which is higher than the national average (13 per 100,000 for the England).

For the broader measure which includes a primary and secondary diagnoses, admissions have also reduced in Nottingham. There were 770 in 2018/19, compared to 700 for 2019/20, a 9% reduction or 70 fewer admissions.

For drug poisoning admissions related to drug misuse, Nottingham saw a 10% reduction in 2019/20 to 100 admissions, a reduction of 10 compared to 2018/19. The rate per 100,000 was 32 admissions, comparable to the England average of 31.

Hospital admissions due to substance misuse for 15-24-year olds in Nottingham are below the England average; Nottingham had 62 substance misuse admissions per 10,000 people (2019/20), comparable to previous periods and lower than the England average of 85 per 100,000[29].

Mortality

The Office of National Statistics publish data on drug poisonings in England and Wales, with the most recent data for deaths registered in 2021*. Drug poisoning deaths** have been increasing yearly since 2012 and have reached a new record high of 4,859 deaths, 6.5% higher than in 2020 (4,561 registered deaths). The national key findings include[30]:

- Two-thirds (or 3,060) of registered drug poisoning deaths in 2021 were related to drug misuse.
- Rates of drug-misuse death*** continue to be elevated among those born in the 1970s, with the highest rate in those aged 45 to 49 years.
- Males accounted for 67% (3,275) of deaths with females making up for 33% (1,584).
- Approximately half of all drug poisoning deaths registered in 2021 involved an opiate (45.7%; 2,219 deaths).

[28] NHS Digital, Statistics on Drug Misuse, England 2020, (2021) - Part 1: Hospital admissions related to drug misuse - NHS Digital

[29] Office for Health Improvement and Disparities, Young people substance misuse commissioning support pack 2022-23: Key data, (2022) - https://www.ndtms.net/resources/secure/Commissioning%20Support%20Products/East%20Midlands/YP/East%20Midlands_Nottingham_YP_Commissioning_Support_Pack_2022-23.html

[30] ONS, Deaths related to drug poisoning in England and Wales: 2021 registrations, (2022) - Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk)

*Statistics are based on the year of death registration – because of death registration delays, around half of these deaths will have occurred in the previous year (2020), and the majority will have occurred before the coronavirus (COVID-19) pandemic in the UK.

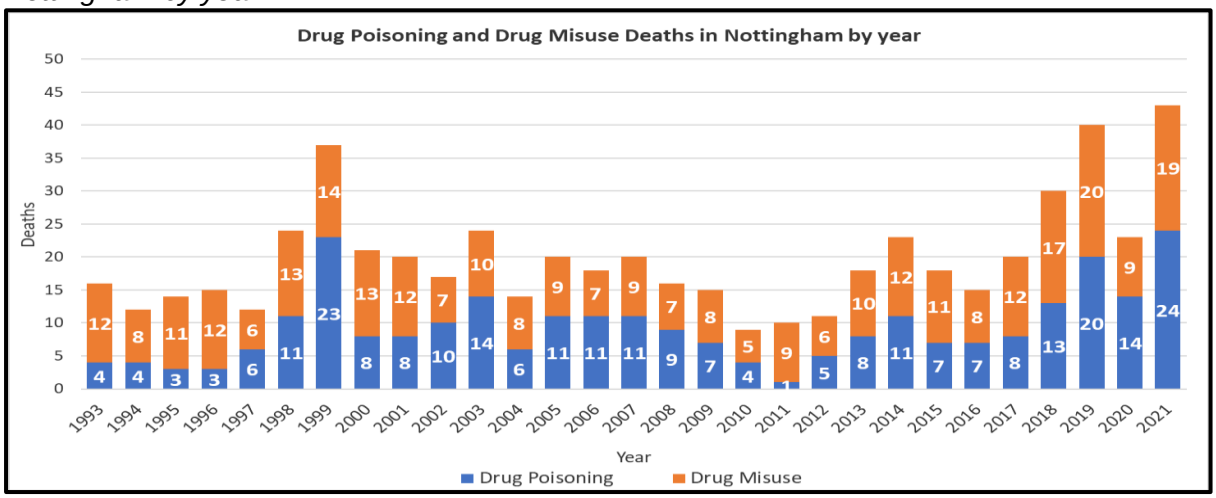
** Deaths classified as a drug poisoning must have an applicable International Classification of Diseases (ICD) code assigned as the underlying cause of death; this is determined by international coding rules from the condition or conditions reported by the certifier, as recorded on the certificate.

*** Death classified as drug misuse must meet either one (or both) of the following conditions; the underlying cause is drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act 1971

- There were 840 deaths involving cocaine, which is 8.1% more than 2020 and more than seven times the amount recorded a decade ago.

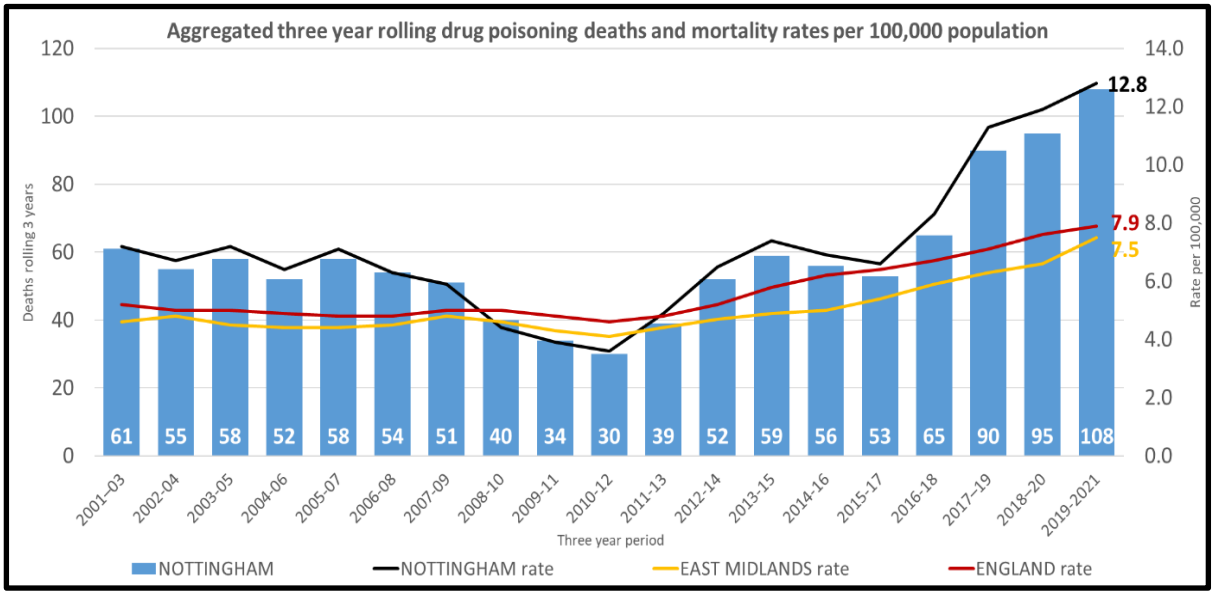
Deaths related to drug poisoning in the East Midlands region were at their highest recorded numbers in 2021, with 421 deaths recorded in 2021, a 31% increase from 2020; the rate increased to 90.9 deaths per 1 million people. Nottingham has also seen an increase in recorded deaths from 25 in 2020 to 43 in 2021, a 72% increase or 18 additional death registrations (figure 12). Deaths defined as being 'as a result of drug misuse'* accounted for 44% of drug-related deaths in Nottingham, lower than England and the East-Midlands.

Figure 12: Drug poisoning deaths (of those which are considered drug misuse) in Nottingham by year



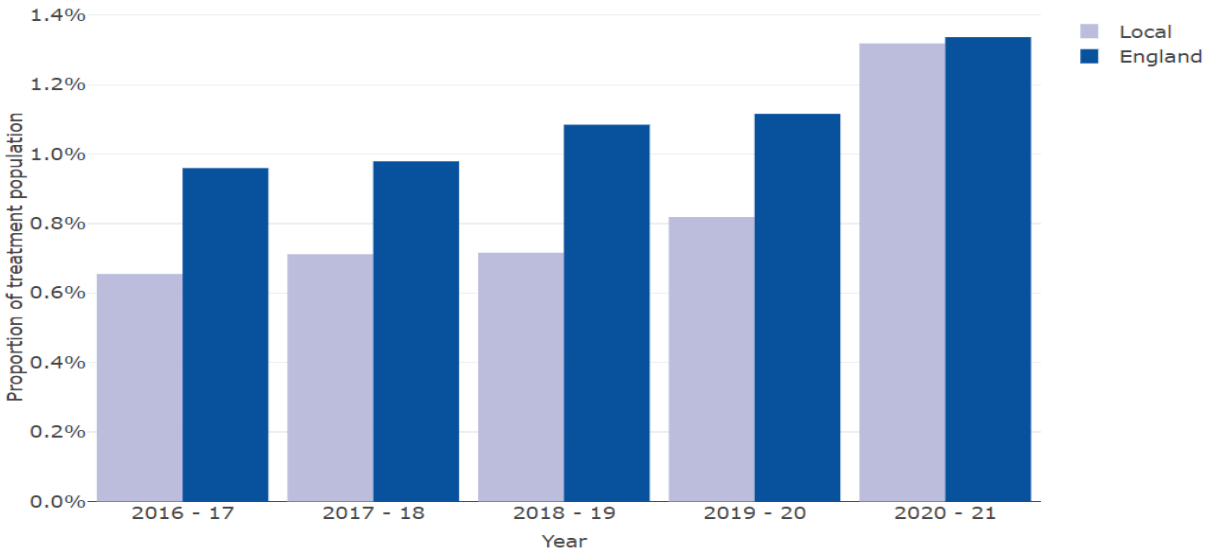
Using a rolling three-year period, for 2019-21 drug poisoning deaths in Nottingham accounted for 108 deaths: an increase of 14% or 13 additional deaths on the previous 3-year figure. Figure 13 displays the number and rate of drug poisoning deaths. The rate of drug poisoning deaths in Nottingham is 12.8 deaths per 100,000 people in the most recent period, which was higher than the East Midlands (7.5) and the National average (7.9). Males accounted for 71% of the deaths for the 2019-21 period, with females accounting for 29%.

Figure 13: Drug poisoning deaths in Nottingham (rolling three years) alongside rates per 100,0000 people



Deaths of people in treatment have been increasing as a proportion of all people in treatment, both nationally and locally (figure 14)[31]. Nationally, there has been a 27% increase in deaths in treatment from 2,929 (2019-20) to 3,726, an increase of 797 deaths in 2020-21. The increase was seen in all four substance groups and may be due to a reduction in the wider health and care offer beyond treatment services during the COVID-19 pandemic.

Figure 14: Deaths in treatment trend



Alcohol consumption in Nottingham

The Citizens Survey is an annual survey that asks citizens (aged 16+) questions on a variety of subjects including alcohol drinking habits. The 2019 (most recent survey) found that in Nottingham[32]:

- 41% of citizens aged 16+ do not drink alcohol,
- 59% of citizens drink alcohol,
- 66% of men drink alcohol,
- 51% of women drink alcohol,
- Alcohol drinking is highest among people who are White British (66%), and in households without children,
- For those from a black, Asian or a minority ethnicity group, 42% reporting drinking alcohol,
- Alcohol drinking is highest in Lenton & Wollaton East, Meadows and Wollaton West area, at 64.3%,
- The Bestwood, Bulwell and Bulwell Forest area has the smallest proportion of respondents who drink alcohol (50.8%).

[31]Public Health England, Parents with problem alcohol and drug use: Data for England and Nottingham, 2019 to 2020, (2021) - https://www.ndtms.net/resources/public/Parental%20substance%20misuse/East%20Midlands/EM_Nottingham_2019-20_Parental_substance_misuse_data_pack.html

[32] Nottingham Insight, Citizen's Survey, 2019, (2022) - https://www.nottinghaminsight.org.uk/research-areas/citizens-survey/

The results found that 91.8% (146,437) of citizens in Nottingham are drinking alcohol at levels deemed to be lower risk (drinking less than 14 units of alcohol a week), although research suggests there are no safe levels of alcohol consumption. As such, there are 11,166 (7% of Nottingham's drinking population) that are drinking at increasing risk levels (drinking more than 14 units of alcohol a week)[33]. The survey found that roughly 1.2% (1,914) of Nottingham citizens are drinking at higher risk levels, regularly drinking more than 50 units per week (figure 15).

Figure 15: Nottingham citizens who drink alcohol

Alcohol Risk Category	Proportion of citizens who drink, drinking at that level	Estimated number of citizens (2019 population esitmates) per alcohol risk category
Lower	91.8%	146,437
Increasing	7.0%	11,166
Higher Risk	1.2%	1,914
Binge	20.0%	31,903

Binge drinking (drinking 6+ units for women or 8+ units for men in a single session[34]) is also a problematic type of drinking behaviour. The survey found that 20% (31,903) of citizens who drank alcohol tended to binge drink. This type of drinking is more common with those in full-time education or those aged 16-24 years old and is common among the student population. For the last decade of the Citizen's survey results, binge drinking has reduced from 33% in 2009 to 20% in 2019. As Nottingham's population of people aged 16-24 accounts for 22% of the population, it is likely that there is a large cohort within this age group in need of harm reduction and an efficient triaged pathway into substance misuse treatment. Areas with higher rates of binge drinking included the Castle ward (City Centre), Hyson Green & Arboretum, and the Radford ward, all of which have a high density of student populations.

The chart below (figure 16) displays the population breakdown by area and proportions of those living in those areas who drink alcohol. Lenton & Wollaton East, Meadows, and Wollaton West wards reported the highest proportions of people aged over 16 years who drink alcohol equating to 31,302 people (64.3%). It should be noted that these wards have a high student population.

Whilst the survey findings are for grouped ward areas, it is interesting that wards such as Castle and Wollaton West are among areas with higher levels of alcohol consumption, as these areas are less deprived than many of the other wards. As such, the local population in those areas will likely suffer less from the adverse effects of alcohol, this is commonly referred to as the alcohol harm paradox. Conversely, the areas with higher deprivation (54% of Nottingham residents live in one of the 20% most deprived LSOAs in England) and lower levels of drinking will be the areas most affected by alcohol related harm[35].

Figure 16: Nottingham citizens who drink alcohol

[33] World Health Organisation, (2018) - https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/news/news/2018/09/there-is-no-safe-level-of-alcohol,-new-study-confirms#:~:text=The%20international%20medical%20journal%20The,to%20loss%20of%20healthy%20life

[34] Office for Health Improvement & Disparities, Alcohol, (2021) - Chapter 12: Alcohol - GOV.UK (www.gov.uk)

[35] Institute of Alcohol Studies, Alcohol, Health Inequalities and the Harm Paradox:, (2020) - IAS report Alcohol and health inequalities FULL.pdf

Area (wards)	Population Estimate (2019 Mid-Point)	% Who Drink Alcohol	Number of Individuals Who Drink Alcohol	Individuals Who Don't Drink Alcohol
A: Bestwood, Bulwell, Bulwell Forest Area	46839	50.8%	23794	23045
B: Basford, Berridge, Sherwood Area	49905	60.3%	30093	19812
C: Aspley, Bilborough, Leen Valley Area	45468	53.9%	24507	20961
D: Castle, Hyson Green & Arboretum, Radford Area	57424	61.7%	35431	21993
E: Lenton & Wollaton East, Meadows, Wollaton West Area	48681	64.3%	31302	17379
F: Dales, St Ann's, Mapperley Area	56883	59.9%	34073	22810
G: Clifton East, Clifton West	27700	55.3%	15318	12382

The impact of COVID-19 on alcohol consumption

The Coronavirus pandemic had unprecedented impacts on people's lives and across society. There were significant changes associated with the lockdowns and restrictions, as well as the loss of life and social contact, which have impacted upon individual and community emotional and mental health[36]. This has impacted upon people's drinking levels and habits as people were forced to change their wider behaviour.

A social study of COVID-19 by University College London found that over a third (34.4%) of people reported a change in their drinking habits in March/April 2021 compared to March/April 2020; of those, nearly half (49.1%) say they are currently drinking more alcohol compared to a year earlier[37]. There were also decreases in alcohol consumption, particularly among the 7.5% of people who reported being heavy drinkers (15+ units a week) in the previous year's study.

Overall, two fifths (40.1%) of heavy drinkers reported decreasing their alcohol intake. Nine in ten (91.5%) young adults (aged 18-29) who were drinking heavily a year ago have reported decreased their drinking. For heavy drinkers aged 30-59 the decrease was 37.5% and for those aged 60+ it was 35.5%.

The closure of the night-time economy locally and in the City Centre will have had an impact on peoples drinking habits, potentially resulting in more people drinking from home. Closure of licensed premises may also have resulted in people drinking less as social situations decreased.

Alcohol dependency

The University of Sheffield provide estimates for the number of adults in England with an alcohol dependency potentially who may need specialist treatment; the most recent figures of which are for the period of 2018/19[38]. In England, there are an estimated 602,391 alcohol dependent drinkers who may need specialist substance misuse treatment which equates to 1.4% of the population aged 18 and over (research uses 2018 mid-year estimates). For people aged over 18, Nottingham has an estimate of 5,039 people who may need specialist substance misuse treatment for alcohol dependency (figure 17). This equates to 1.9% of the

[36] Mind, Coronavirus: the consequences of mental health, (2021) - https://www.mind.org.uk/media/8962/the-consequences-of-coronavirus-for-mental-health-final-report.pdf

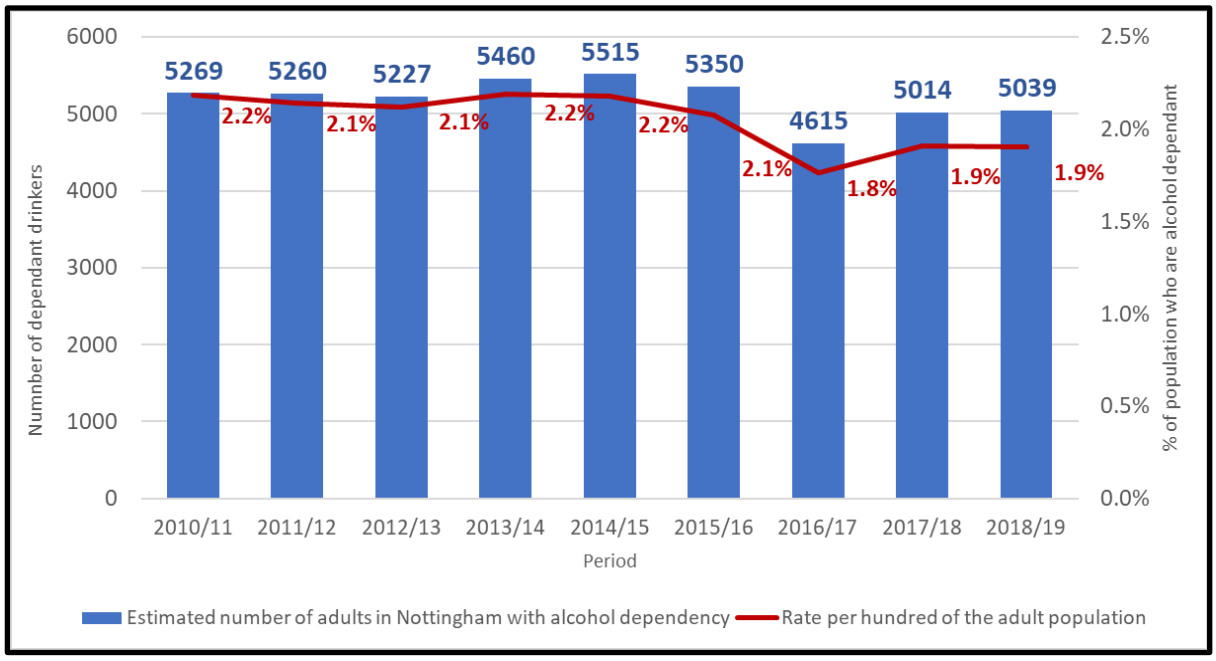
[37] University College London, Covid-19 Social Study, (2021) - https://www.ucl.ac.uk/news/2021/apr/over-third-have-changed-their-drinking-habits-over-past-year

[38] Public Health, Alcohol dependence prevalence in England, 2017, (2021) - https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england

population, and ranks Nottingham as having the 20th highest rate of alcohol dependent users out of the 151 local authorities in England (England average 1.4%).

The level of dependent drinkers over the last nine years had remained fairly consistent, with a reduction during 2016/17, and a slight increase for the last two periods (Figure 17). The percentage of dependant drinkers per population follows the same trend.

Figure 17: Number and rate of dependent drinkers in Nottingham



Using the data for alcohol-dependent adults in conjunction with local treatment data from the National Drug Treatment Monitoring System (NDTMS) provides an estimate for the local penetration rate (or the level of met and unmet treatment need)[39]. For the period up to the end of 2020/21, there were 629 people in treatment for alcohol only, 270 people in for alcohol & non-opiate, as well as 400 opiate people in treatment also citing alcohol as a problematic substance. The 2018/19 estimate shows that Nottingham has 5,039 adults dependent on alcohol and has a local treatment penetration rate of approximately 26% for alcohol dependent drinkers, or an unmet need of 74%. This estimate only incorporates structured treatment data directly from NDTMS, when additional local community treatment data (alcohol identification and brief advice) is also used, the penetration rate is likely to be higher.

Local Area Profiles for England

Alcohol admissions to hospital are a good indicator of the harm alcohol is having on the population nationally, and by local authority[40]. In England, hospital admissions for alcohol specific conditions (*broad measure, primary & secondary diagnoses) have been increasing year on year since 2003/04. There were 493,760 alcohol specific hospital admissions in

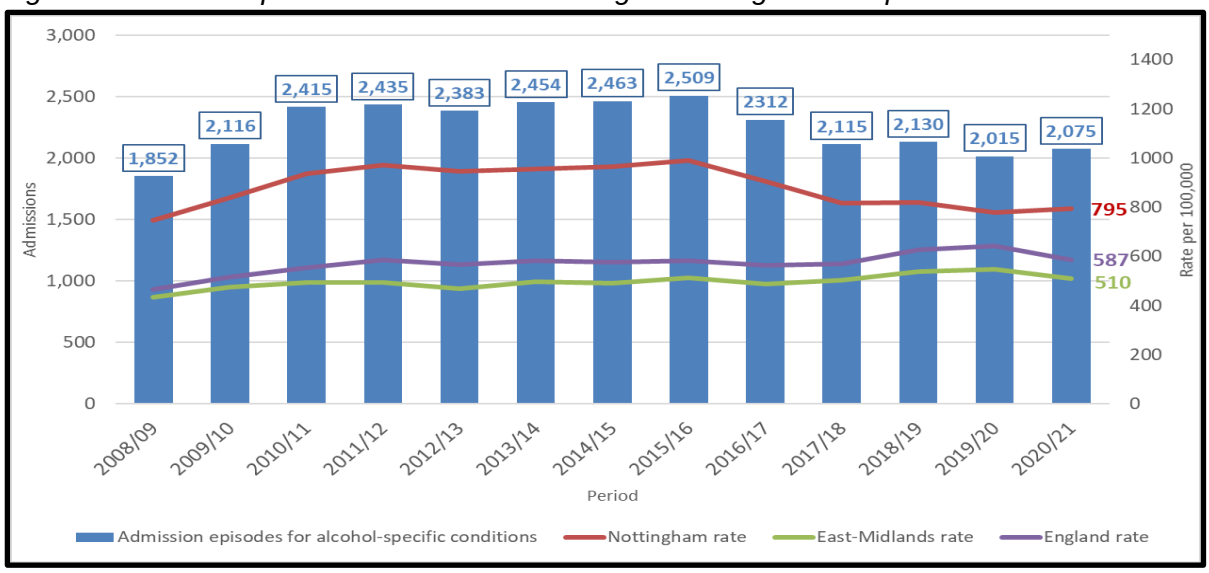
[39] Office for Health Improvement & Disparities, National Drug Treatment Monitoring System, (2022) - https://www.ndtms.net/

[40] Office for Health Improvement & Disparities, Local Alcohol Profiles for England - Hospital admissions due to alcohol, (2022) - Local Alcohol Profiles for England - Hospital admissions due to alcohol - OHID (phe.org.uk)

2003/04, compared to 1,261,910 in 2018/19, a 156% increase, equating to 768,150 additional admissions.

Alcohol specific admissions in Nottingham have reduced slightly over the last five years, with 2,075 admissions in 2020/21 (figure 18). The rate of admissions has also reduced; however, Nottingham has a rate of 795 alcohol specific admissions per 100,000 people compared to 587 for the East Midlands and 510 nationally.

Figure 18: Alcohol specific admissions in Nottingham alongside comparative rates



**Data for the year 2016/17 was not available for Nottingham, therefore an average for the period before and after was used to estimate the data.*
**The alcohol admission broad measure has been updated and replaced with a new methodology*

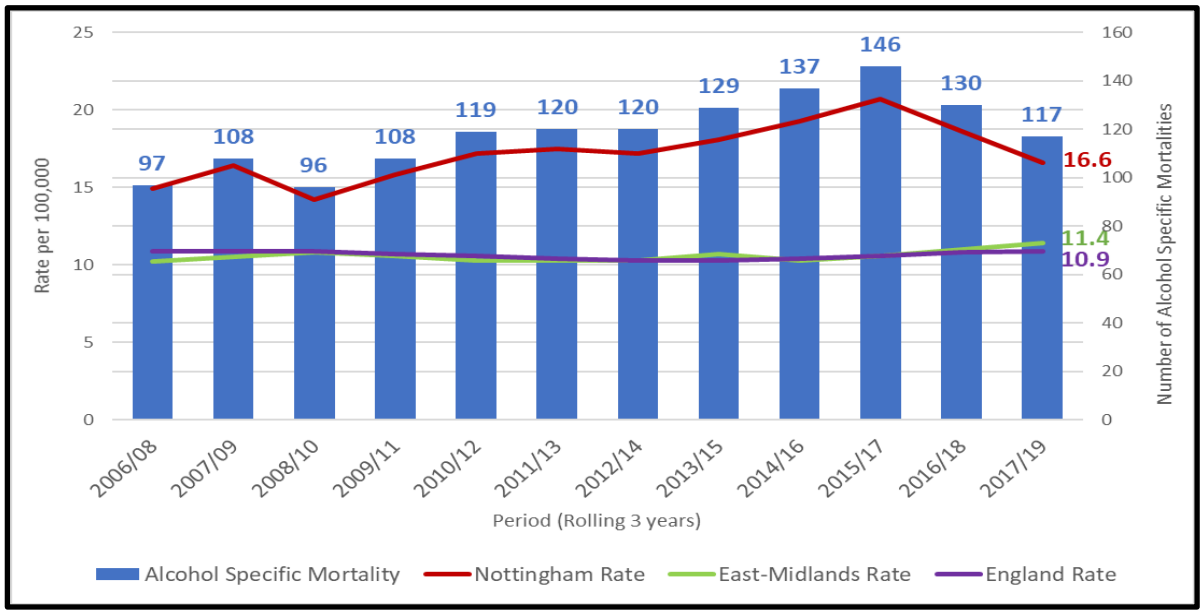
Alcohol mortality

Alcohol mortality, similar to deaths related to drug misuse, has reached record levels in the most recent periods. In the United Kingdom, there were 8,974 alcohol specific deaths during 2020, an increase of 18.6% or 1,409 deaths compared to 2019, when the figure was 7,565[41]. The rate of deaths has also reached a record high with 14.0 alcohol specific deaths per 100,000 people.

The LAPE profiles reveal Nottingham has a higher rate of alcohol specific mortality than the England average (figure 19)[42]. There were 16.6 alcohol specific mortalities per 100,000 people for the rolling three-year period of 2017/19, which was higher than the national average (10.9). However, the rate and number of deaths has been declining for the last two periods.

[41] Office for National Statistics, Alcohol Specific Deaths in the UK, (2021) - https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/alcoholspecificdeathsintheukmaindataset
[42] Public Health England, Local Alcohol Profiles for England, (2022) - https://fingertips.phe.org.uk/profile/localalcoholprofiles/data#page/1/gid/1938132984/pat/6/par/E12000004/ati/102/are/E06000018/iid/91414/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1

Figure 19: Alcohol specific deaths in Nottingham alongside rate per 100,000



The impact of parental substance misuse

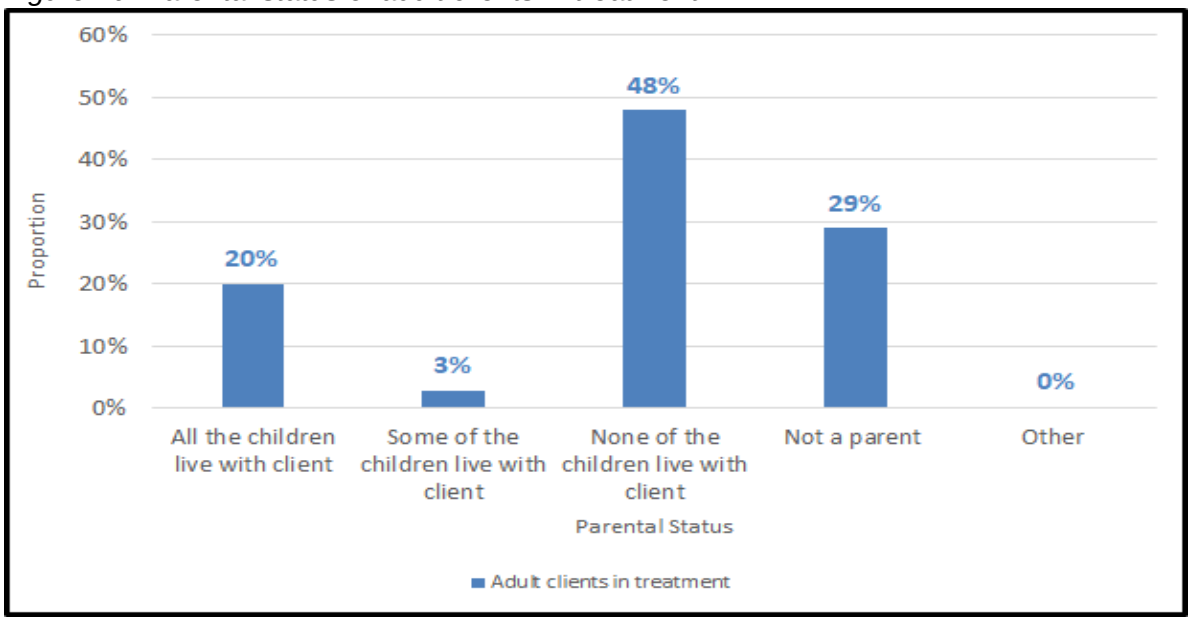
Parents who misuse drugs can have a significant and detrimental impact upon their children's health and wellbeing, and social and educational development. Support around parental substance use is a requirement within the *From Harm to Hope* drug strategy. Many Adverse Childhood Experiences (ACE) can be linked closely to substance use or misuse; for example, there are clear links between substance use and violence or neglect. Research suggests that ACE can have a profound impact on physical and mental wellbeing in later life[43].

Out of 1,888 clients in adult substance misuse services in 2020/21 (NDTMS adult activity report), 20% of children lived with the client, 48% of children didn't live with the client and 29% were not a parent (figure 20)[44].

[43] Bellis, M.A., Hughes, K., Leckenby, N. et al. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. BMC Med 12, 72 (2014). https://doi.org/10.1186/1741-7015-12-72

[44] Public Health England, Parents with problem alcohol and drug use: Data for England and Nottingham, 2019 to 2020, (2021) - https://www.ndtms.net/resources/public/Parental%20substance%20misuse/East%20Midlands/EM_Nottingham_2019-20_Parental_substance_misuse_data_pack.html

Figure 20: Parental status of adult clients in treatment



There are an estimated 967 alcohol dependent adults living with children in Nottingham as of 2018/19, with roughly 171 in treatment; this means there is an unmet treatment need of 82% (figure 21). This is slightly worse than the national average where there are around 120,552 alcohol dependant adults living with children, of which 35,435 are in treatment, an unmet need of 79%. The rate of alcohol dependent adults living with children shows Nottingham to have 4 per 1,000 people, higher than the national average of 3 per 1,000 people.

Figure 21: Estimates of alcohol dependent adults living with children (England, and Nottingham)

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	Unmet treatment need
Total	120,552	3	25,435	79%
Male	80,458	4	13,058	84%
Female	40,094	2	12,377	69%

Table 2.1.2 Estimated number of adults with alcohol dependence living with children in **Nottingham**, rates per 1,000 of the population and unmet treatment need.

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	967	4	4	171	82%	83%
Male	667	5	5	97	85%	87%
Female	300	2	2	74	75%	74%

**Opiate dependant people who are also alcohol dependant are not included in these calculations*

For the period of 2014/15, there were 722 opiate dependant adults living with children, with 331 in treatment, an unmet treatment need of 54%. Nationally, there were 74,713 opiate dependant adults with 31,469 in treatment, an unmet treatment need of 58%. The rate for

Nottingham was also higher than the national average with Nottingham having 3 opiate dependant adults living with children per 1,000, compared to 2 nationally (figure 22).

Figure 22: Estimates of opiate dependant adults living with children (England, and Nottingham)

Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	Unmet treatment need
Total	74,713	2	31,469	58%
Male	50,828	3	18,901	63%
Female	23,884	1	12,568	47%

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	722	3	3	331	54%	55%
Male	476	4	5	217	54%	59%
Female	246	2	2	114	54%	46%

According to the Department for Education, looked after children are a vulnerable group who are at higher risk of substance misuse. Nottingham had 484 children who were looked after in 2020/21, with 27 (6%) of these identified as having a substance misuse problem; compared to 3% in England[45].

In 2019/20, there were 3,007 suspensions from school in Nottingham of which 36 were related to alcohol or drugs, equating to 1% of suspensions. There were 310,733 suspensions in England of which there were 8,099 related to alcohol or drugs, equating to 3% of suspensions. There were also 61 permanent exclusions in Nottingham, with 8 of those related to alcohol or drugs, equating to 13% of exclusions. Nationally there were 5,057 exclusions of which 515 or 10% were related to alcohol or drugs. Currently in Nottingham, adults and children impacted by someone else's substance misuse can access practical, emotional, and psychological support through commissioned services.

Drug and alcohol-related crime and anti-social behaviour

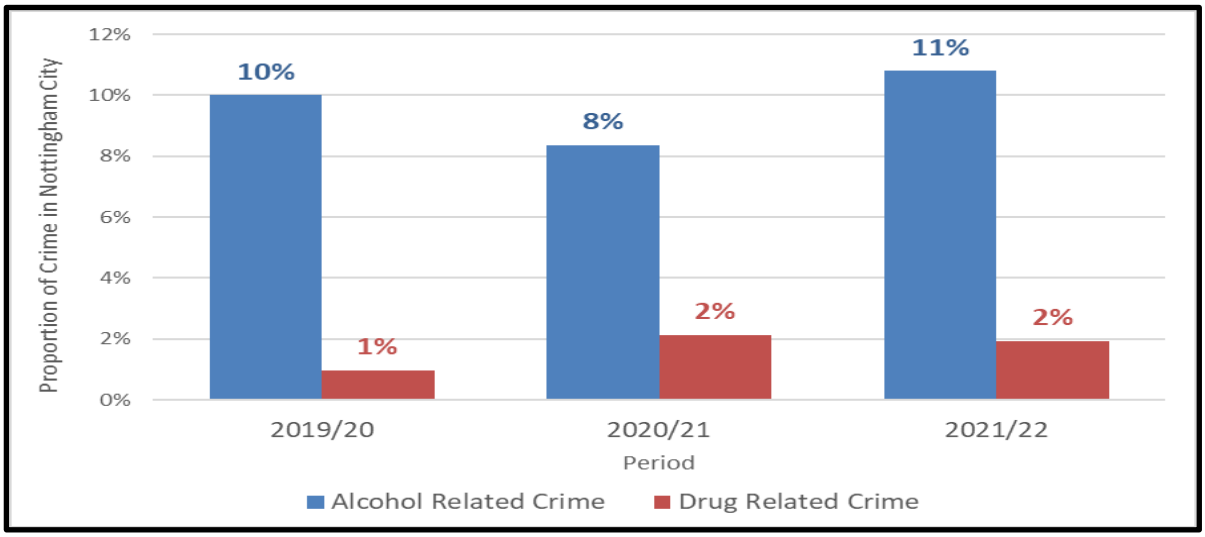
The Dame Carol Black Review states that the drug market is driving most of the nation's crimes, with half of all homicides and half of acquisitive crime linked to drugs. County Lines and organised crime groups are driving increased violence in the drugs markets, whilst exploiting young people and vulnerable drug users.

Nottinghamshire Police have an alcohol and drug qualifier that can be recorded against crimes that are associated to alcohol or drugs. In Nottingham City, 11% of crime had an alcohol

[45] Office for Health Improvement and Disparities, Young people substance misuse commissioning support pack 2022-23: Key data, (2022) - https://www.ndtms.net/resources/secure/Commissioning%20Support%20Products/East%20Midlands/YP/East%20Midlands_Nottingham_YP_Commissioning_Support_Pack_2022-23.html

qualifier in 2021/22, increasing from 8% during 2020/21. The observed increase was likely due to lockdowns and Coronavirus measures closing licensed premises during 2020/21, thus reducing the opportunity for alcohol related crimes to occur. Data for the last three financial years revealed 2% of crimes were related to drugs in Nottingham City. The drug related crime qualifier is likely to be insufficiently used by Nottinghamshire Police, perhaps due to it not being a mandatory field or due to limited Police resources, so this figure is likely an underestimate. The chart in figure 23 displays the proportion of crimes that had either an alcohol or drug qualifier.

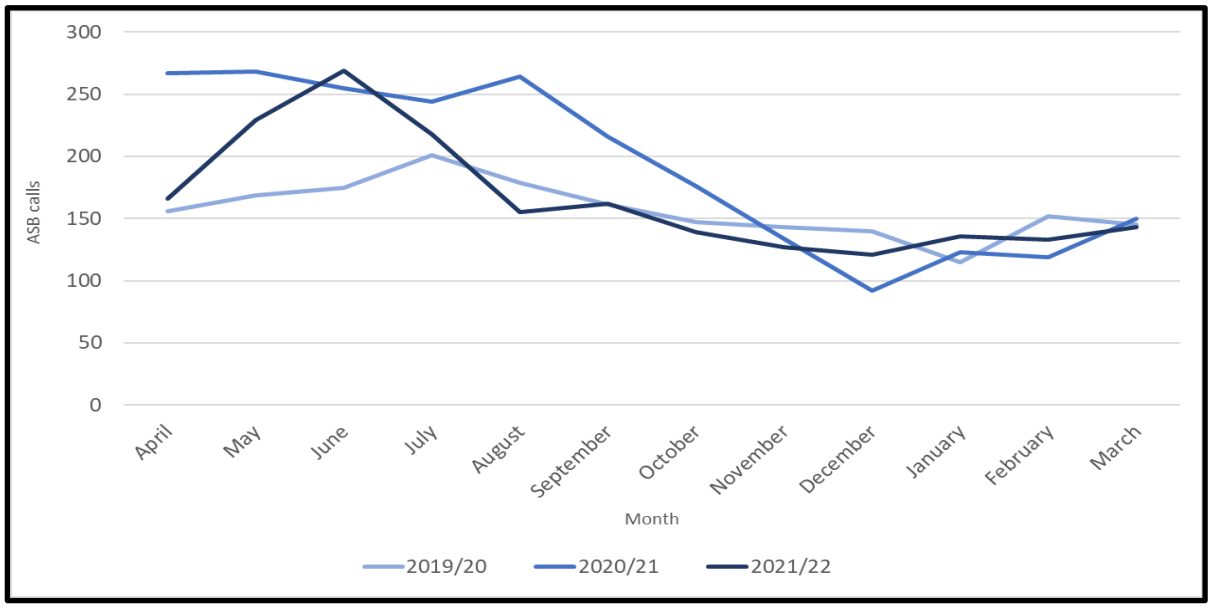
Figure 23: Nottinghamshire Police proportion of crime tagged as alcohol or drug related



Anti-Social Behaviour (ASB) calls to Nottinghamshire Police over the last three years have been significantly impacted by the Coronavirus pandemic. The lockdowns and measures brought about a huge change to people and society's normal way of living, creating complex and challenging social situations that led to an increase in ASB calls, including for alcohol-related ASB calls.

ASB calls for 2020/21 increased sharply, particularly during the first and strictest lockdown. Alcohol ASB calls in Nottingham City are displayed in figure 24, with calls high from April-20 to August-20. There is also a clear seasonal trend related to alcohol related ASB calls, with calls rising during the warm summer months. ASB calls related to alcohol accounted for 12% of incidents for the three-year period.

Figure 24: Nottinghamshire Police alcohol related ASB calls



3) Targets and performance

In the Local Alcohol Profile England, Nottingham has the worst outcomes within the East Midlands for four of the five key indicators as shown in figure 25[46]. Nottingham is also significantly worse than the England average for these five indicators. The local population is suffering from the harms caused by alcohol in both the short and long-term. High numbers of alcohol-related hospital admissions will also put pressure on NHS services, particularly A&E and ambulance services, as well as Police resources required during the night-time economy.

Figure 25: LAPE indicators for Nottingham compared to the East Midlands

Indicator	Period	Nottingham			Region England	England	East Midlands		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020	→	120	51.9	38.1	37.8	51.9		29.6
Alcohol-specific mortality	2020	→	45	18.9	12.9	13.0	22.3		9.8
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020/21	-	1,713	666	502	456	666		304
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020/21	-	4,745	1,974	1502	1500	1,987		1,019
Admission episodes for alcohol-specific conditions	2020/21	-	2,075	795	510	587	795		298

Nottingham has had poor outcomes over a long period of time, for a range of alcohol indicators and has ranked among the worst 25th percentile for many of the key alcohol indicators, as well as performing worst for the region.

Whilst alcohol specific admissions have reduced in more recent periods (currently 795 per 100,000), the rate of admissions is still above England (587) and the East Midlands average (510), although this gap has narrowed.

For the period up to 2019/20, the rate of admission episodes for alcohol-specific conditions for under 18-year olds in Nottingham was 29 per 100,000, lower than recent periods and just

[46] Public Health England, Local Alcohol Profiles for England, (2022) - https://fingertips.phe.org.uk/profile/localalcoholprofiles/data#page/1/gid/1938132984/pat/6/par/E12000004/ati/102/are/E06000018/iid/91414/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1

below the England average of 31 per 100,000[47]. Alcohol admissions for this cohort have been reducing gradually both nationally and in Nottingham.

Criminal justice

A key Public Health Outcome Framework (PHOF) indicator is the number of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison. For 2020/21, Nottingham had 119 adults who left prison with a substance misuse need and successfully engaged with community based structured treatment. That was roughly 31.4%, similar to previous years but below the national rate of 38.1%. Ensuring people leaving prison enter community substance misuse treatment is a vital step in stopping reoffending and helping to stop the cycle of substance misuse, crime, and prison. The Office for Health Inequalities and Disparities has set a national target of 75% against this indicator by the end of 2023.

4) Current activity, service provision and assets

Adult community substance misuse treatment

Nottingham Recovery Network are the providers of adult community substance misuse treatment within Nottingham City, with Clean Slate providing the criminal justice aspect of substance misuse provision. There are also other services that form parts of the treatment system including needle exchange, shared care, inpatient detox, and the hospital substance misuse team. This section focuses on a combination of all adults in structured substance misuse treatment (both community and criminal justice service users combined).

The number of people in treatment has remained consistent over the last eight years, but this section compares adult (18+) NDTMS data for 2020/21 and 2016/17 (the period following the last JSNA). There has been a 5% increase in people in treatment from 2,384 in 2016/17 to 2,511 in 2020/21, equating to 127 additional people (although numbers in treatment are currently at similar levels to the average of 2,567 for the last eight-year period). Nationally people in treatment have been reducing for around a decade, due in part to reduced funding, record levels of drug-related deaths and a reduction in new presentations to treatment. A breakdown of the number of people in treatment in Nottingham by substance group for the comparable years show:

- There were 629 Alcohol (only) clients in treatment in 2020/21, an increase of 4%, equating to 24 people;
- 214 Non-opiate clients, these have increased by 5%, equating to 47 clients;
- 270 Alcohol & Non-opiate clients, decreasing by 7%, equating to 19 clients, and;
- 1,398 Opiate clients which is an increase of 5%, equating to 75 clients.

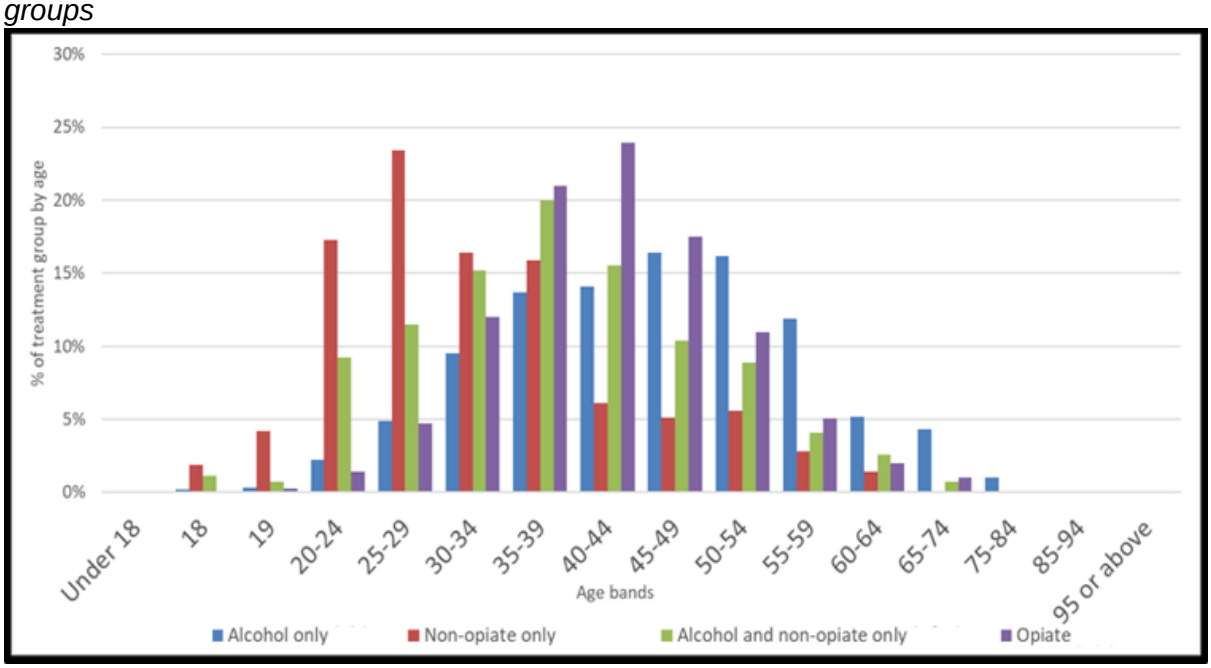
A breakdown of those in treatment shows 70% are male and 30% female, similar to previous years although females now account for a slightly higher proportion of the treatment population compared to 27% in 2016/17; the national breakdown is 68% male and 32% female.

A further age breakdown of people in treatment in Nottingham for 2020/21, shows that the ages of people vary greatly depending on the substance a client is in treatment for. Non-opiate clients typically enter treatment between 25-29 years old, as these drugs are more commonly used by younger people as the CSEW indicates. The number of those entering treatment for

[47] Office for Health Improvement and Disparities, Young people substance misuse commissioning support pack 2022-23: Key data, (2022) - https://www.ndtms.net/resources/secure/Commissioning%20Support%20Products/East%20Midlands/YP/East%20Midlands_Nottingham_YP_Commissioning_Support_Pack_2022-23.html

alcohol (only) increases gradually and peaks in the age band of 45-49 and 50-54. The number of opiate clients in treatment peaks around the age band of 40-44, as mentioned, this is often considered 'old' for long term entrenched users (figure 26).

Figure 26: Proportion of people in treatment by age band broken down by the four key drug groups



The age of people in treatment has broadly remained the same 2020/21 compared to 2016/17. There has been a slight shift in clients from the younger age bands to the older ones, as people who remain in treatment have aged and the system does not see as many new presentations as it has done previously (figure 27).

Figure 27: Proportion of people in treatment by age band for the comparative periods

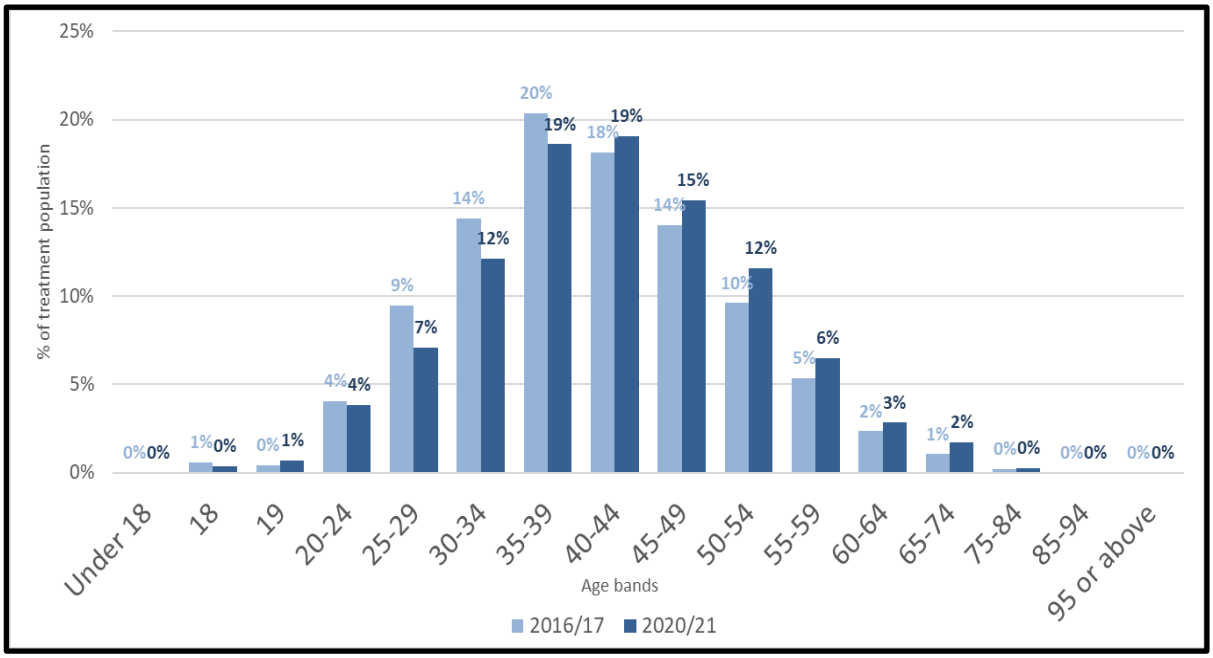


Figure 28 displays ethnicity data from the Census (total population of adults 18+), NDTMS (adults aged 18+ in structured treatment) and the CSEW (ethnicity breakdown of those aged 16+ who report using drugs) and compares figures from the Nottingham population, the

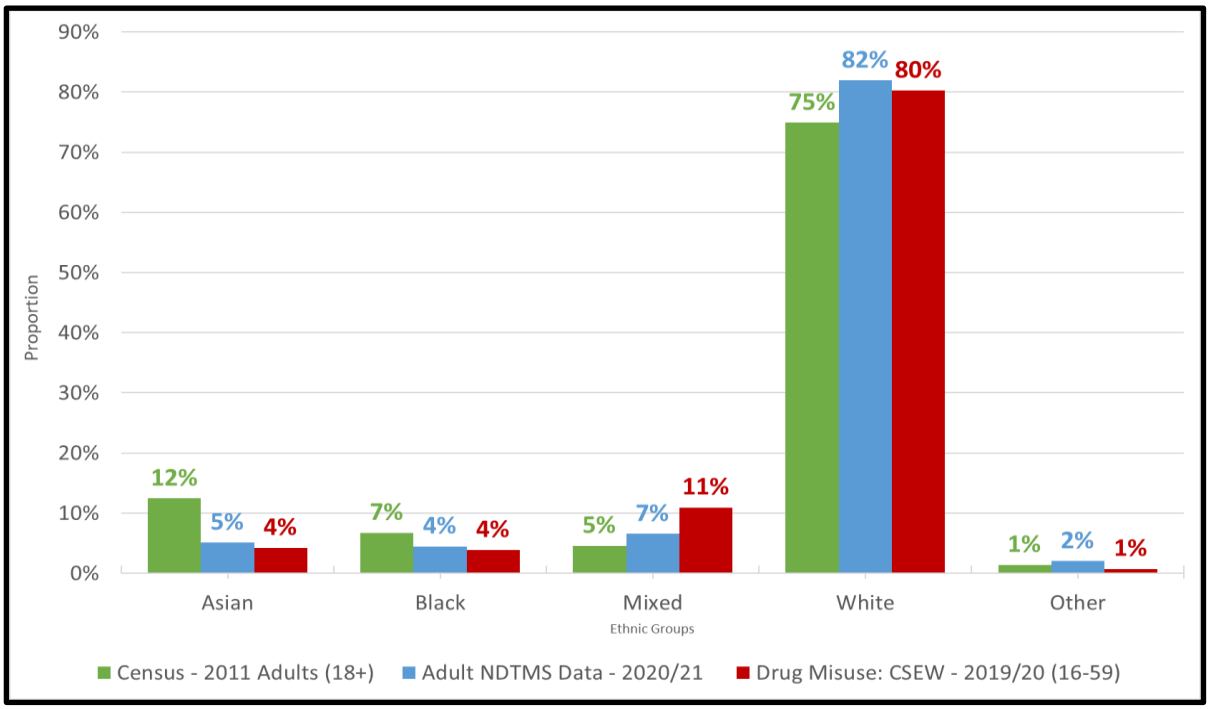
estimated proportions using drugs and the numbers in treatment services. The CSEW reports on five broad ethnicity groups, but further granulation is shown in figure 29 in relation to the proportion of ethnicities among the population, and those in treatment. The Nottingham 2011 Census reported that 75% of adults are of a white ethnicity, with people from Asian backgrounds making up 12%, followed by Black 7%, and Mixed ethnicities making up 5% respectively. Citizens from 'Mixed' ethnic groups make up 7% of the treatment population which is higher than the local population (5%), but less than the estimated 11% of people from these ethnic groups that used a drug in the last year.

It is anticipated that data from the 2021 Census will provide a more accurate breakdown across the population however, this data is was not available upon writing this chapter. The comparison on ethnicity data indicates that there is an over-representation of people from White backgrounds in treatment, accounting for 82% of the in-treatment population in 2020/21. However, more recent restricted data for 2021/22 suggests that the proportion of 'White British' people accessing structured treatment has reduced over time.

Asian citizens in Nottingham make up 12% of the local population, whilst only accounting for 5% of people in treatment, although estimated usage from the CSEW indicates drug usage is low (4%) among this group (these estimates may be lower than the true level of drug use due to underreporting).

Religious and cultural reasons, as well as stigma associated with substance use, may account for low estimates of drug use among some ethnic minority groups and be a barrier for people accessing treatment. It is expected that some people in ethnic minority groups might access services that do not report to NDTMS and therefore are not accounted for; reasons for this can include stigma of accessing support, and perceived concerns about lack of cultural specificity within treatment services.

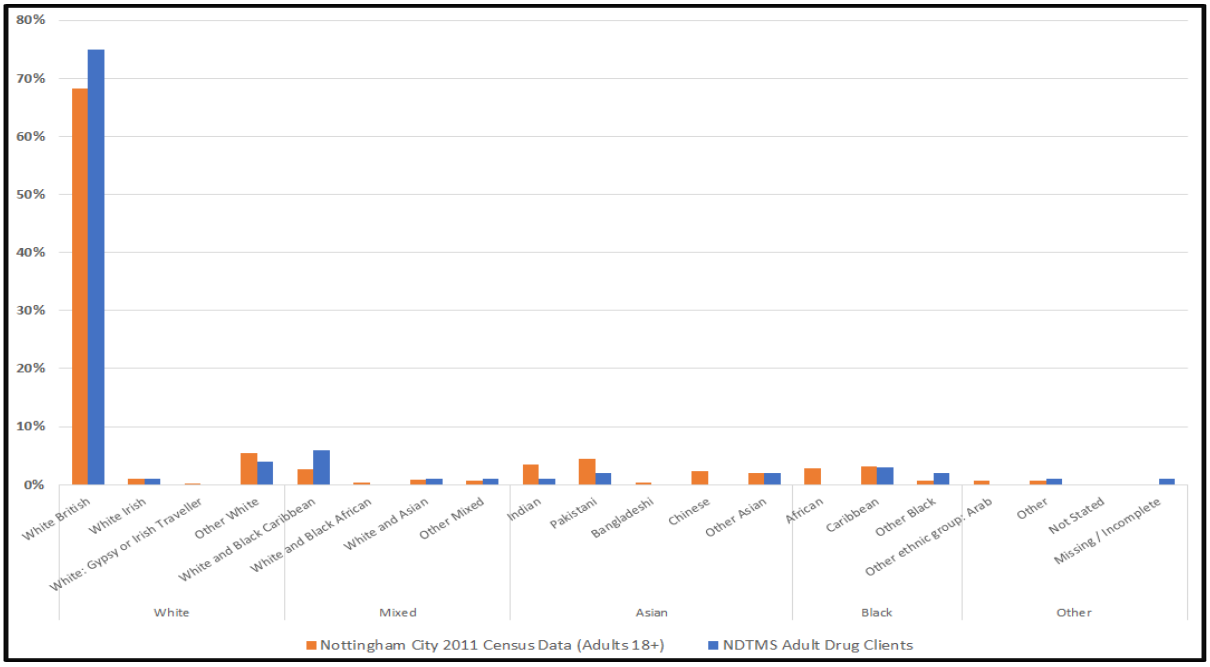
Figure 28: Ethnicity data from the Census, NDTMS and the CSEW



Utilising data from the Census 2011 in conjunction with NDTMS data shows that there is a higher proportion of 'White British' adult clients in treatment (75%) compared to that of the

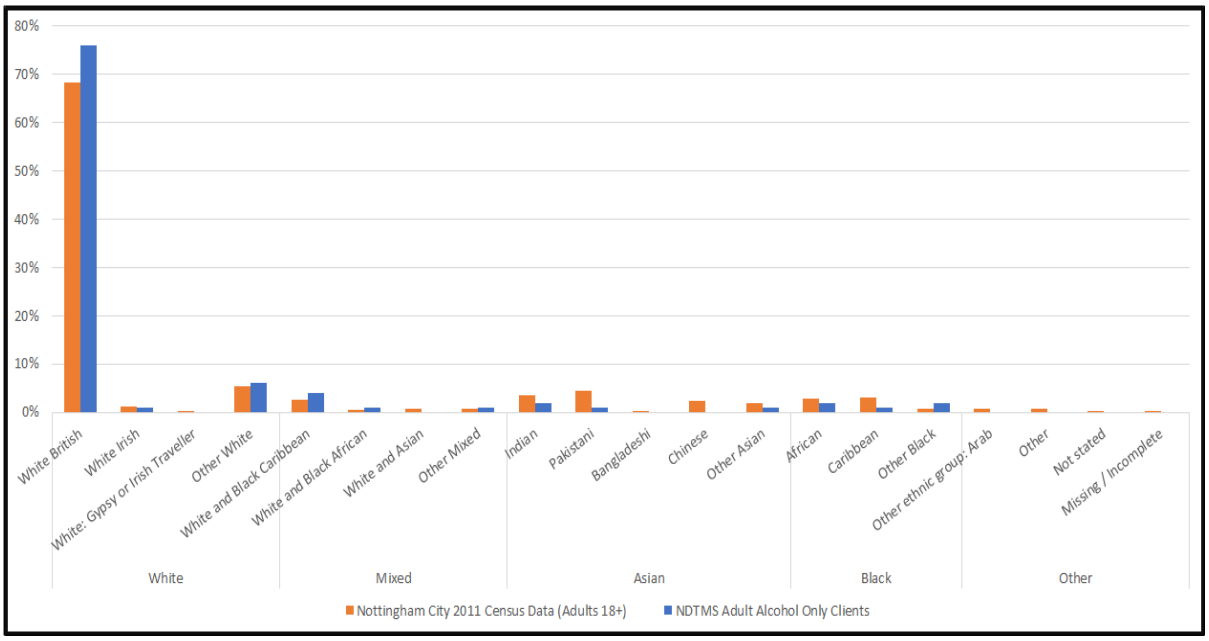
White British adult population (68%). The Pakistani population make up 4% of Nottingham City's population but only account for 2% of the in-treatment population. White and Black Caribbean make up 3% of the local population, whilst accounting for 6% of the treatment population (figure 29). Detailed data for estimating drug use by each specific ethnicity type is not available.

Figure 29: Ethnicity data from NDTMS (2020/21) and Census (2011) for drugs (18+ only)



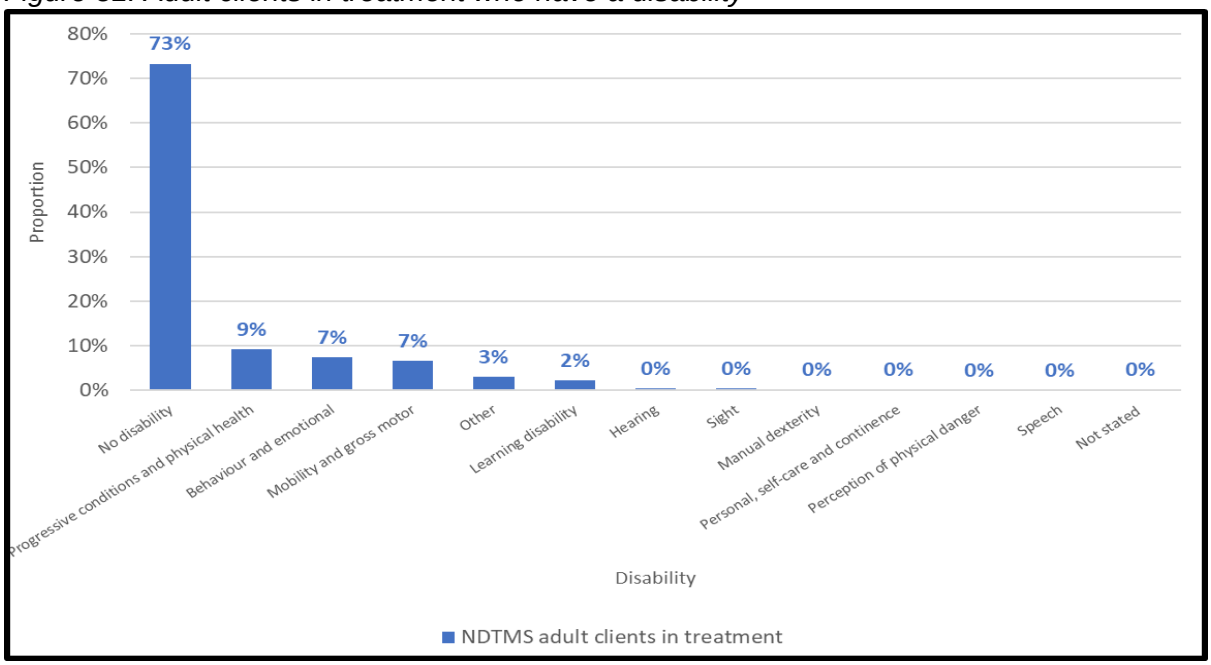
Focusing on alcohol (only) clients reveals a similar breakdown of people in treatment by ethnicity (figure 30). People in treatment who are 'White British' make up 76% of the treatment population, whilst accounting for 68% of the local adult population. People in treatment who are Pakistani make up 4% of Nottingham City's population but only 1% of the in-treatment cohort.

Figure 30: Ethnicity data from NDTMS (2020/21) and Census (2011) for alcohol (18+ only)



For new presentations entering adult substance misuse treatment in 2020/21, 73% were considered not to have a disability, with 30% of clients citing they had one of the disabilities listed below in figure 31 (people can cite multiple disabilities). The Drug Misuse CSEW found that 12.9% disabled people used 'any drug' in the last year, compared to 8.9% of people who are not disabled.

Figure 31: Adult clients in treatment who have a disability



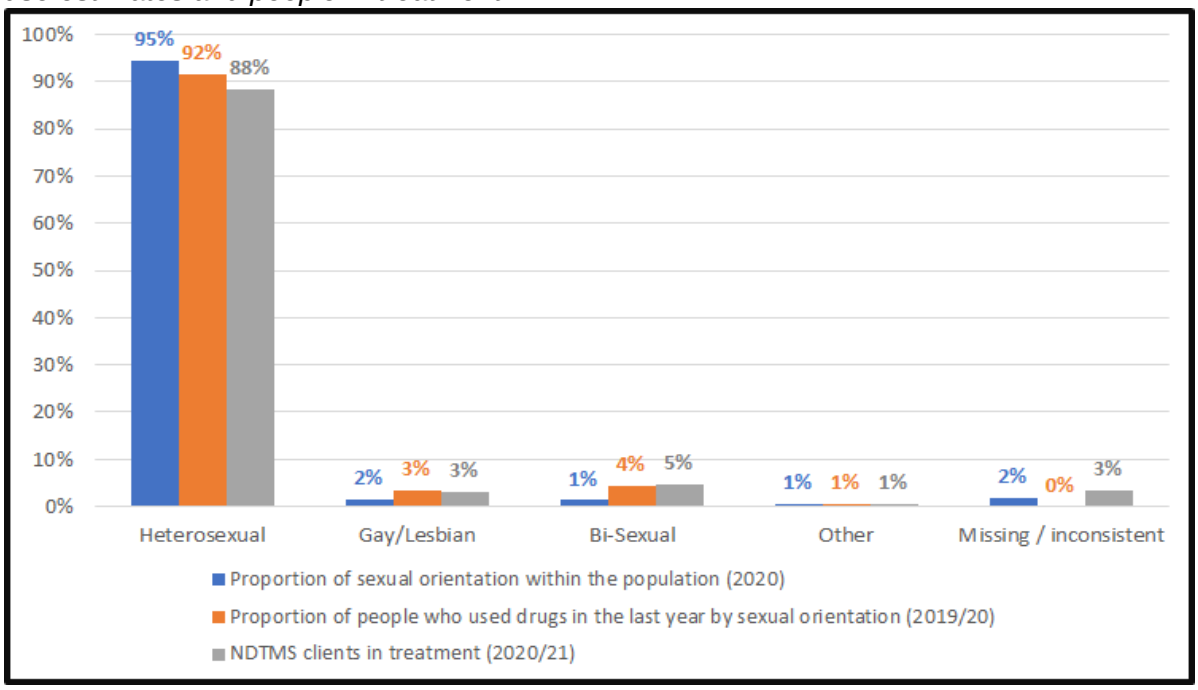
Mental health problems are common among those who use alcohol or drugs. Substance use can be a cause of, or a mean of coping with mental health problems, and often both are true. 2020/21 data found that 59% of new presentations to substance misuse treatment services had a mental health treatment need. 22% of these people already engaged in mental health treatment, and 49% having their mental health needs met by their GP. Nearly a third (32%) were not receiving treatment for their mental health when they entered treatment.

Research suggests that prevalence of drug use is higher among people from non-heterosexual (LGBQ+) communities compared to heterosexuals[48] (see Drug Misuse CSEW estimates on page 9)*. Using sexual orientation data from ONS for the East Midlands provides a rough estimate of sexual orientation for Nottingham's local population, and combining this with the Drug Misuse CSEW data (2019/20) provides estimates for the number of people who used drugs in the last year by their sexual orientation. The chart below (figure 32) shows these proportions alongside the sexual orientation of people in treatment. This method combines various data sources which are either estimates or based on surveys meaning the information in the chart should be used as a guide. Currently the treatment population is made up of more people who identify as Gay/Lesbian and Bi-Sexual than the proportion of people who identify from these groups for the local population. Further work should be carried out to establish the

[48] Medley G, Lipari R, Bose J, Cribb D, Kroutil L, McHenry G. Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health. NSDUH Data Review. https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm

needs of people from LGBTQ+ communities, and to ensure that services are able to cater to these needs, and to begin data collection of substance misuse in these communities.

Figure 32: Proportional breakdown of sexual orientation for the local population, CSEW drug use estimates and people in treatment

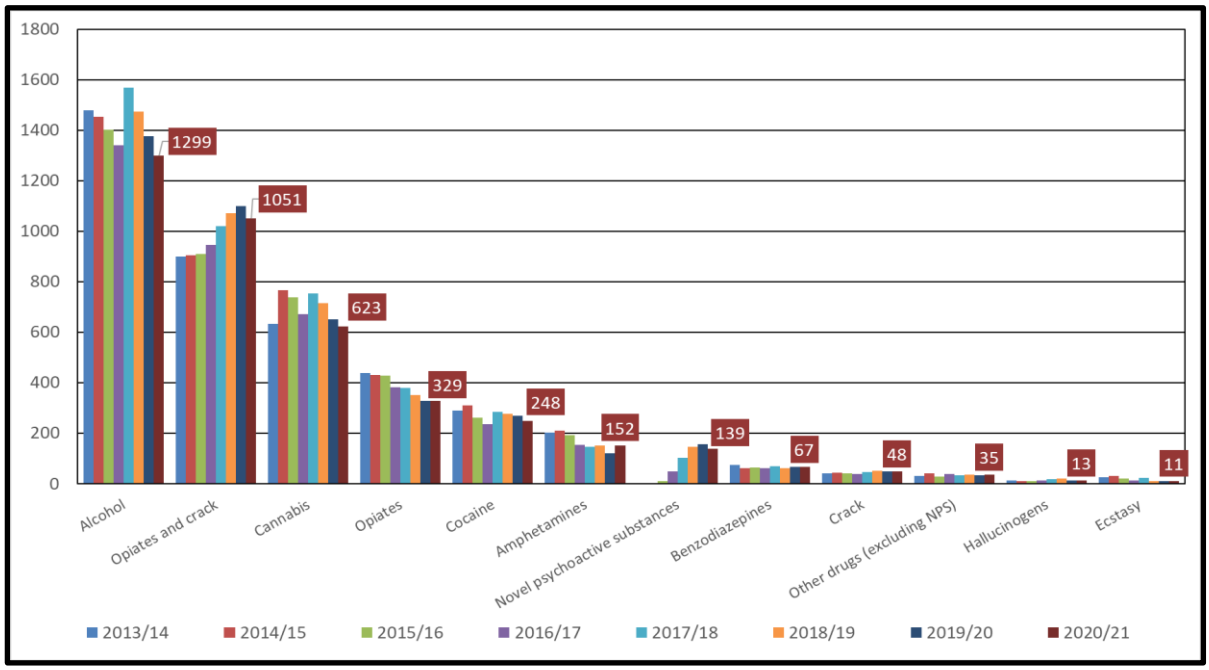


**Note: data is not available within CSEW to establish substance use among people who are transgender or gender non-conforming*

Figure 33 shows the substance(s) of use cited by people in treatment across an eight-year period. It shows that alcohol is the most cited problematic substance for those in treatment, and that this has reduced in the most recent period (2020/21), with 1,299 people citing alcohol as a problematic substance, a 6% reduction or 76 fewer citations on the previous period (2019/20).

The number of people citing opiates and crack has been increasing year on year but saw a slight decrease during 2020/21 to 1,051 people, equating to a 4% reduction or 49 fewer citations on the previous period. People citing opiates (not crack) have decreased year on year but remained the same for the last two periods. These two local trends follow a similar pattern to the national trend.

Figure 33: Substances cited by people in treatment in Nottingham



Figures for new presentations to treatment during 2020/21, show that the most common referral source for people entering treatment was 'self, family and friends', accounting for 51% of all referrals, followed by 28% from the criminal justice system; these were similar to 2016/17.

New presentations for the same period showed 21% had a housing issue; defined as either 'a housing problem' (13.4%), or 'urgent housing problem – NFA' (7.5%). This is similar to 2016/17 (22%) and slightly above the national level of 17%.

According to the NDTMS Recovery Diagnostic Toolkit, the length of time a client remains in treatment varies greatly depending on the client's complexity and the severity of their substance misuse. Opiate clients typically remain in treatment the longest, often have multiple treatment journeys, and have the highest rate of representations back to treatment following a successful completion. Additionally, dropouts and disengagement from treatment are also common amongst this complex cohort.

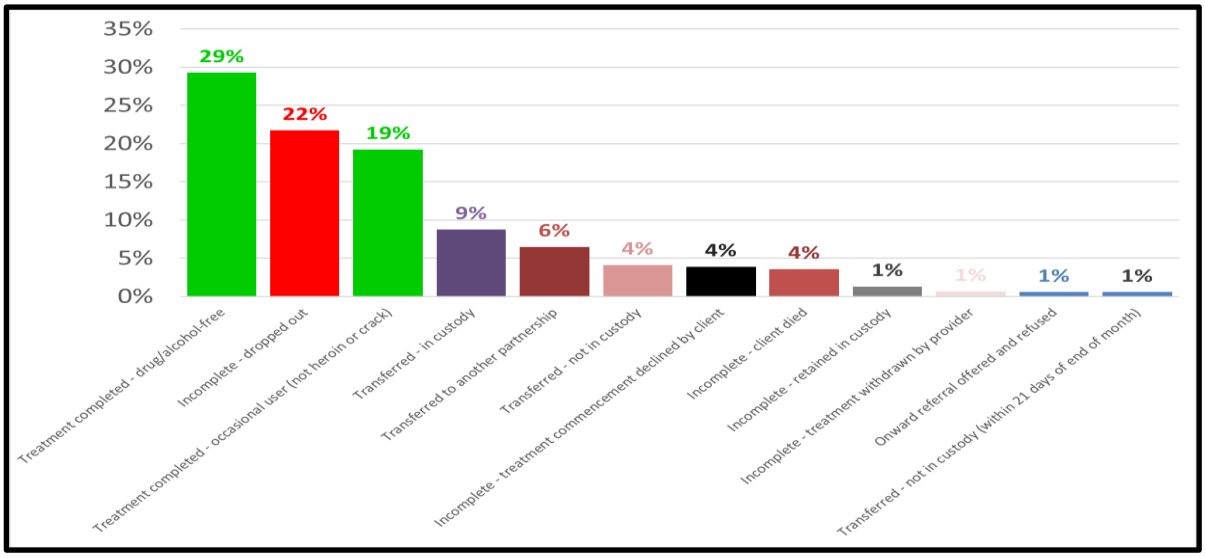
68% of opiate clients in treatment have a treatment journey of over 12 months, and 26% had been in treatment for 6+ years; 83% of this cohort had one or more treatment journey. Data shows that 53% of clients have been in and out of treatment for 21+ years, 93% of whom have been in contact with treatment services for longer than nine years. Conversely, in 2020/21, 77% of alcohol (only) clients were in treatment for 12 months or less, with 23% in treatment for over 12 months. Of these, 64% had one or more treatment journeys, and 36% were in their first treatment journey.

Research suggests people are more likely to successfully complete treatment if they are new to substance use, have fewer complex needs, and have stability in other areas of their lives, i.e. good social, physical, personal, and cultural resources, and support.

Of the 926 clients who left treatment in 2020/21, 271 (29%) were 'drug free' at the point of treatment completion, with a further 178 (19%) completing treatment as an 'occasional user'*. In the same time period, there were 201 (22%) clients who dropped out or stopped engaging. The reasons people drop out of treatment are multifaceted and complex and further work

should be carried out locally to understand ways in which retention can be achieved. (figure 34)

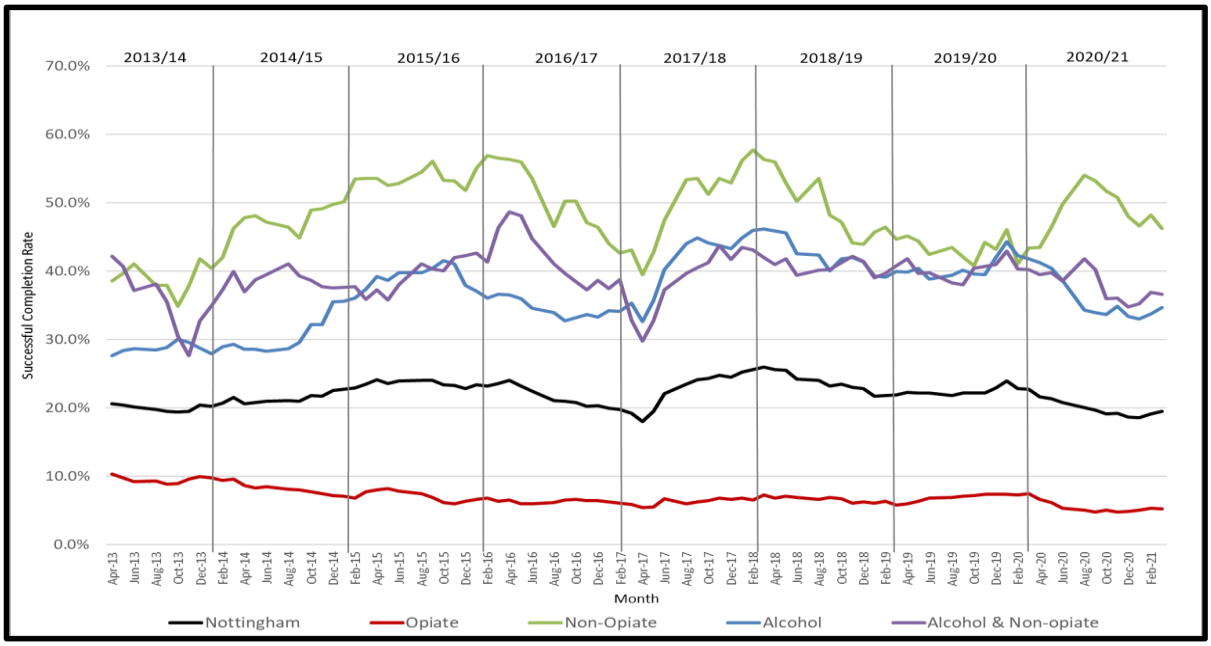
Figure 34: Proportion of exits from treatment during 2020/21



** Completing treatment as an 'occasional user' cannot include any use of opiates or crack.*

Figure 35 shows the rates of successful completions (number of successful completions divided by numbers in treatment) for each drug type. There is substantial variation in the successful completion rate as use of certain drugs often accompany additional complexities which may make it more difficult to leave treatment in a planned way. The rates are influenced directly by the number of people in treatment, i.e. the more people in treatment, the smaller the proportion attributed to a successful completion. The opiate successful completion rate is the lowest of the four substance groups and has been steadily declining over the last eight years. Often, people who use opiates have additional health and social wellbeing needs; prolonged engagement with treatment and support services can improve health and social outcomes and reduce the risk of overdose.

Figure 35: Successful completion rates in per drug group for people in structured treatment



Young people's treatment

Nottingham's Young People Drug & Alcohol Treatment Service is provided by Change Grow Live (CGL) Jigsaw for young people under 18 years-old. The ways in which young people access support for their substance use differs from adult behaviours in Nottingham City, for example, young people are more likely to access brief interventions; this is not accounted for within this section. The following analysis relates to structured treatment only in order to provide a more reliable comparison with the national picture.

In 2020/21, there were 90 young people in structured substance misuse treatment in Nottingham, the lowest levels in the last decade. Some of this data combines both people in young people's substance misuse services aged under 18, and those aged 18-24 in young people's substance misuse services[49]. It is also important to note that a considerable proportion of young people access unstructured treatment and are therefore not represented in this figure. For example, 30% of young people who were new presentations to treatment in Nottingham City in 2020/21 accessed structured treatment. Drug use is at its highest levels among young people (Smoking, drinking and drug use among young people survey (2018)) and the Drug Misuse CSEW (2019/20) shows increasing drug use among 16-24 year olds.

The numbers of young people in substance misuse treatment nationally have been declining year on year over the last ten years. There were 28,257 young people in treatment in England in 2009/10, which has reduced by 13,917 people to 14,340 in 2020/21, equating to a 49% reduction*. This pattern is reflected locally, with 346 young people accessing structured treatment in Nottingham in 2009/10, reducing by 256 people to 90 during 2020/21, equating to a 74% reduction.

The number of young people (24 and under in young people services) presenting to treatment over the last decade has been declining both in Nottingham and Nationally. There were 50 new presentations into treatment in 2020/21, when compared to 261 in 2009/10, which equates to an 81% decrease or 211 fewer new presentations (figure 36); this does not include young people in unstructured treatment. Nationally, there has been a decline of 52%, a year-on-year fall for the ten-year period; this data excludes young people aged 18-24 in adult treatment services.

[49] Office for Health Improvement and Disparities, NDTMS, Recovery Diagnostic Toolkit, 2020/21, (2022) - https://www.ndtms.net/

*This data includes young people aged 18 and under in young people services as well as those aged 18-24 in community young people substance misuse treatment.

Figure 36: New presentations to young people services treatment in Nottingham and Nationally

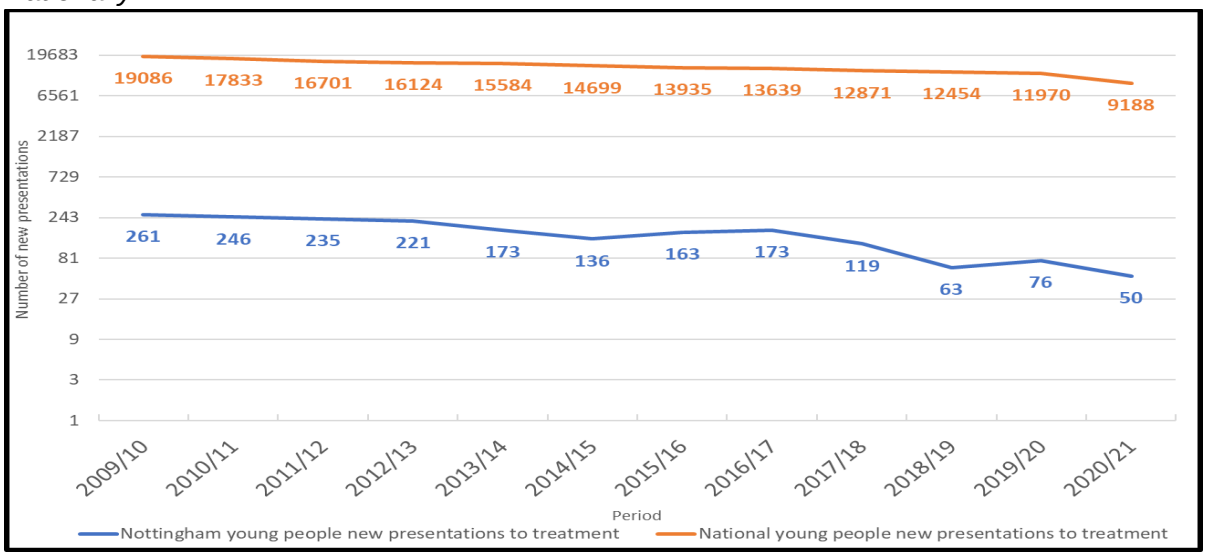


**Chart uses a logarithmic scale*

Sex

Of the 90 people in treatment, 71% were male and 29% were female which is similar to the England average, and reflected in adult treatment services.

Age

Focusing on just young people's services (excluding adult treatment) reveals 53% were aged 16-17, and 36% were aged 14-15; both indicators are higher than the national average. Just 7% were aged 18-24 and being seen in young people's treatment services, which is significantly lower than the national average (23%). However, many national young people's treatment services have an age limit of 25, so are likely to see more people in this age group; it is expected that people in this age group will be seen in adult services and therefore not included in this data. Across the whole treatment system, those aged 0-24 account for roughly 8% of the whole in treatment population for Nottingham City, this compares to 10% nationally. This suggests a potential unmet need for people aged 24 and under; a population which is more likely to have used a drug in the last year (21%) than those aged 25-59 (6.8%). In addition, a large proportion of Nottingham's student population will fall into this age group. (figure 37).

Figure 37: Age of young people in substance misuse treatment

Age	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment	Male (%)	Female (%)
Under 14		4%	5%	4%	740	5%	5%	5%
14-15	32	36%	34%	38%	4,280	30%	29%	31%
16-17	48	53%	55%	50%	5,993	42%	44%	37%
18-24	6	7%	6%	8%	3,327	23%	21%	26%
All ages	90				14,340			

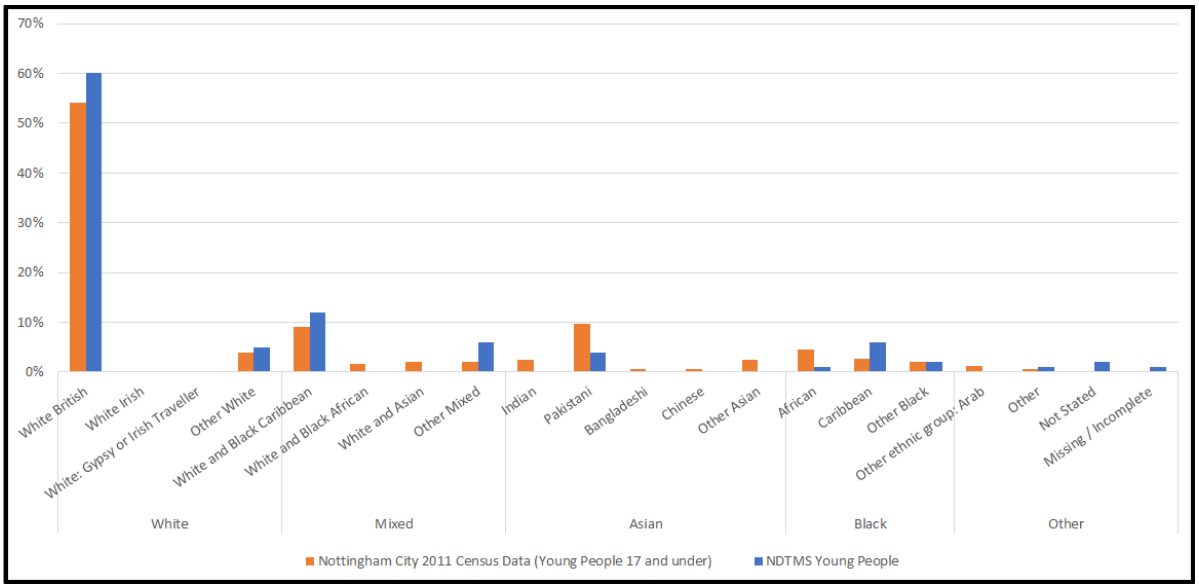
**This data table from the young people commissioning support pack (2022/23) excludes people in adult treatment services*

**Disclosure control has been applied to these figures to reduce the risk of individual, confidential, or sensitive information being derived*

Ethnicity

The ethnic breakdown of young people in treatment alongside the proportion of young people for the local population is displayed in figure 38. 'White British' people make up for 55% of the local demographic compared with 60% of the in-treatment cohort. Locally, 10% of Nottingham's young people are Pakistani despite only accounting for 4% of the in-treatment population and are therefore likely to be underrepresented in treatment. The ethnicity breakdown for substance use among young people has been estimated using census data and does not account for patterns and trends of substance use across various ethnic groups. As such, data should be used with caution, and more work is required to more accurately establish treatment needs of these populations.

Figure 38: Ethnicity of young people in Nottingham alongside the ethnicity of young people in treatment



Substance type

Upon entering treatment, 94% of young people cited their cannabis use as problematic; this is higher than the national rate of 85%. The second most frequently cited substance was alcohol at 28%, below the national level of 42%. Cocaine was the third most common substance, with 10% of young people citing it as a problematic substance, similar to the national average of 13%. Opiates (not heroin) were cited by 2% of clients and 0% reported crack use, this reflects the national levels of 2% and 1% respectively. According to OCU estimates there are roughly 334 OCU aged 15-24, suggesting an unmet treatment need of 93%, although the majority of this cohort will likely fall into adult treatment.

Referral routes

Referrals into treatment for young people for 2020/21 show that 42% were from the youth justice service, 29% from educational services and 13% from children and families services. The proportion of referrals from self, family and friends (6%), health and mental health services (6%), and A&E (0%) were low and perhaps an area for which the pathway into treatment could improve in order to increase numbers into treatment. The Office for Health Improvement and Disparities published its annual statistics on young people's substance misuse treatment for the financial year 2020/21. It found that the pandemic had reduced opportunities for young

people to be referred to substance misuse services, due to reduced face-to-face contact and temporary school closures[50].

Vulnerability

Of all the young people in treatment, 31% reported being involved in anti-social behaviour, 17% were affected by domestic abuse, and 14% reported self-harm. Furthermore, 11% were affected by other people's substance misuse, 2% were sexually exploited, and 1% of young people were pregnant. The extensive range of complexities within this cohort demonstrates the need for multi-agency involvement within provision to meet the need of young people engaging with support services. A mental health need was identified in nearly half (46%) of young people when entering treatment, of those, only 67% were already engaged in support. Adverse Childhood Experiences (ACEs) such as abuse (physical, sexual, emotional or physiological), parental substance misuse, and general household dysfunction can impact on a young person's health outcomes in adulthood; this can increase the risk of developing mental and/or substance use disorders later in life and is exacerbated when a child has experienced more than one ACE[51].

Having a safe and stable home environment is key to sustained recovery from substance misuse. The housing status of young people in treatment showed 81% are living with parents, 11% are living in care and 5% are living in supported accommodation; these proportions are similar to the national levels.

For the 2020/21 period, 18% of young people were not in education, employment, or training; this can have a detrimental impact on other areas of their health and social wellbeing and can reduce the likelihood of achieving recovery goals.

Figure 39 shows that more young people in Nottingham exit treatment in 12 weeks and under (41%) than the national average (34%), but far less than the national average (33%) for treatment journeys lasting 13-26 weeks (20%). The time a person stays in treatment will depend on the needs of the young person but will be impacted by the type and severity of substance use and any additional complexities they may be experiencing[52].

Figure 39: Length of time young people stay in substance misuse treatment

Length of time in treatment	Local (n)	Proportion of all exits	England (n)	Proportion of all exits
12 weeks and under	23	41%	2,483	34%
13 to 26 weeks	11	20%	2,361	33%
27 to 52 weeks	18	32%	1,736	24%
53 weeks and over		7%	657	9%

[50] Office for Health Improvement and Disparities, Young people's substance misuse treatment statistics 2020 to 2021: report Published 27 January 2022, (2022) - https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-statistics-2020-to-2021/young-peoples-substance-misuse-treatment-statistics-2020-to-2021-report#contents

[51] The Role of Adverse Childhood Experiences in Substance Misuse and Related Behavioural Health Problems, Robert Anda, M.D., M.S., Co-Principal Investigator, Adverse Childhood Experiences Study, (2019) - https://mnprc.org/wp-content/uploads/2019/01/aces-behavioral-health-problems.pdf

[52] Office for Health Improvement and Disparities, Young people substance misuse commissioning support pack 2022-23: Key data, (2022) - https://www.ndtms.net/resources/secure/Commissioning%20Support%20Products/East%20Midlands/YP/East%20Midlands_Nottingham_YP_Commissioning_Support_Pack_2022-23.html

In 2020, Nottingham had 348 first time entrants to the youth justice system per 100,000 people aged 10-17, over double that of the England average of 169 per 100,000 population. Of the offences committed by this cohort, 13% of offences were drug offences, and it is likely that substance misuse is a contributing factor in some other offences. The number of first-time entries into the youth justice system have been declining both nationally and locally since from 2010 to 2020.

Successful Completions for young people are measure differently to adults, whereby completions are calculated from total number of exits rather than numbers in treatment. For 2020/21, 71% of clients successfully completed treatment, compared to 79% nationally. Of the number of young people exiting treatment, 13% dropped out of treatment.

Emerging Trends

The Drugs Monitoring Group is a multi-agency information sharing group operating across Nottingham and Nottinghamshire. Information from this group has helped inform this 'emerging trends' section.

Cannabis

The COVID-19 pandemic has led to more sophisticated and commercialised Cannabis grows within the City and County areas. Whilst the number of Cannabis grow seizures by Nottinghamshire Police have remained similar for the three year period of 2019-2021, the scale of grows has increased, with whole properties or buildings being used to grow on hundreds of plants often overseen by a 'gardener'; in reality, these people are often victims of modern slavey and human trafficking.

Cannabis edibles (where tetrahydrocannabinol (THC) is added to foods) have become popular among younger people, with a strong market of THC products such as chocolate, sweets, cakes, gummy bears etc. There is a legal market for some of these products being sold in health and homeopathic type shops, with low levels of THC in these products due to control of the substances. There is however an illicit market for edibles aimed all at ages, and these are being marketed on social media platforms by dealers, among other forums. Some of these products are being home-made and sold locally or online, whilst others are purchased from external manufacturers. These products come in a range of strengths, and are inconsistent among products, making it very difficult to measure and monitor usage. There have also been reports from other force areas around edibles that contain Synthetic Cannabinoid Receptor Agonists (known locally as 'mamba' and sometimes also referred to as 'spice'), although Nottingham has not yet had any reports of these locally.

Synthetic Cannabinoid Receptor Agonists (SCRA), 'Mamba'

'Mamba' remains the most unpredictable substance used and sold in Nottingham. The effects of these drugs are wide ranging, from no discernible effect, to being toxic enough to cause death, and has been linked to local drug related deaths in 2021. Despite the unpredictability of 'Mamba', its vast accessibility and high affordability means that it is a commonly-used substance among some of our most vulnerable drug users.

Nitrous Oxide

Nitrous oxide is the third most commonly used drug among young people (16-24) according to the 2020/21 CSEW drug misuse survey, with 8.7% of young people using it in the last year. There are reports that some young people are using 'smart whip nitrous oxide' – a larger cannister – which poses even more of a threat to the safety of users.

Lean

Lean ('purple drank') is a recreational drink that commonly contains liquid medications (such as codeine) mixed with soft drinks and a sweetener. Lean use originated in USA but there are reports of use among young people in the UK. This substance can be easily misused due to people making their own concoction, often using codeine, which can be highly addictive and dangerous. THC Lean is becoming popular in the local area and again widely available to young people through social media sales, again it isn't possible to know the strength of the THC being used

Crystal Meth

Crystal meth is more commonly used in America although it is available in the UK although mostly in the larger cities, such as London and Manchester. There are some reports of crystal meth being sold in areas just outside Nottingham, with dealers using sexual exploitation as a means of selling the product. In the UK, this drug has also been linked to chemsex parties and is mainly used among gay men. Nottinghamshire Police are starting to see more intelligence regarding its availability in Nottingham through local nominals.

GHB/GBL

Gamma-Hydroxybutyric Acid (GHB), often referred to as a 'date rape' drug, is commonly used by men who have sex with men (MSM) at chemsex parties and is becoming popular for others in LGBTQ+ communities. GHB is very potent and is typically used in very small quantities; overdosing and using alongside alcohol or other drugs greatly increases the risk of fatality. GHB was reclassified in 2021 from a Class C to a Class B drug, following a series of high-profile sexual offences related to GHB spiking. Over 2021 there were two seizures of GBL which has similar properties at supply level. For one of the seizures, the offender can be linked to chemsex parties and sexual offending in other areas of the UK.

Spiking

Nottinghamshire Police received a spate of reports around spiking (through drink-spiking and needle-spiking) around the autumn of 2021; this attracted considerable media coverage. There is presently no forensic evidence to indicate substances used in these attacks, or clarity around the frequency of these attacks. Students called for a boycott of night-time economy venues, and some responded by cancelling events in solidarity.

Amphetamine

Historically there has been a relatively small market for Amphetamine in the City and purity has always been low in the Nottinghamshire area. In recent months, there has been a fluctuation in purity. There has also been an increase in use across the City particularly within the Polish community.

Smart Drugs

'Smart drugs' or nootropics (drugs that are used to enhance cognitive performance) are not a new phenomenon however, accurate prevalence of these drugs is still unknown. One study among UK students found that prevalence rates ranged from 1-20%[53] furthermore, prevalence outside of student populations is also not well understood. Further work nationally and locally is needed in this area to improve the understanding of prevalence, trends, and impacts among students and the wider population.

[53] British Journal of General Practice, Smart drugs: implications for general practice, Paul J Nicholson and Nigel Wilson, (2017) - https://bjgp.org/content/67/656/100

5) Evidence of what works

Drugs and alcohol prevention initiatives are an essential element within the local response to substance misuse and should be relevant to people across a variety of age groups, and at various stages of substance use. There is strong evidence that early intervention initiatives can prevent or delay the initiation of substance use in young people and that prevention should start as early as possible, including before a child is born[54].

Models of prevention vary according to age, level of knowledge and understanding, and severity of drug use. They generally fall into the following approaches:

- Universal strategies that address entire populations (e.g. schools and local community) regardless of level of risk or propensity for drug use.
- Targeted prevention that focuses on groups which may be more vulnerable to developing substance misuse problems, such as looked after children. They also target individuals who already use drugs with the aim of reducing harm and/or avoiding progression into more harmful use.
- Indicated prevention which focuses on people who already use substances, but who may not be dependent.

Drug and alcohol prevention responses need to be accompanied by effective treatment and recovery support and should be embedded in strategies that support development across the life course and influence the wider determinants of health.

NICE guidance refers to the effectiveness of offering personal and social skills training to children and young people at risk of drugs misuse and to their parents and carers. This approach of engagement is associated with a significant reduction in drug use[55]. Interventions that seek to engage young people into treatment should be person-centred and offer best practice interventions to young people who use substances. This may include psychosocial interventions, such as talking therapies, motivational interviewing, and teaching skills to encourage behaviour change.

Where there are known drug use issues in specific ethnic or cultural groups, efforts should be made to consult with relevant community groups and agencies to establish a culturally relevant service offer.

6) What is on the horizon?

The national 'From Harm to Hope' 10 Year Drugs plan was published by the government in December 2021, building on the findings from the Dame Carol Black Review. The plan sets out an emphasis on breaking drug supply chains, developing a world-class treatment and recovery system (including better integrated services), and reducing the demand for recreational drugs. Ambitious trajectories have been set on increased numbers in treatment, and the plan includes requirements for local areas to develop multi-organisational partnership boards to help coordinate and drive change, with new Commissioning Quality Standards. The quality standards are anticipated to be published in the Summer of 2022 alongside additional funding grants intended to bolster and extend the quantity and quality of existing treatment and recovery offers across the county. These elements are being developed locally.

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[54] National Library of Medicine, Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews, (2016) - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5026681/

[55] NICE, Drug misuse prevention: targeted interventions, (2017) - https://www.nice.org.uk/guidance/ng64/chapter/The-committees-discussion#section-13-children-and-young-people-assessed-as-vulnerable-to-drug-misuse

The existing contracts for large parts of the substance misuse treatment system are due to expire in June 2023. As such, Public Health has the opportunity to redesign and recommission the treatment system to align with findings within this JSNA chapter and elements within the comprehensive consultation and engagement report (this will be published as an addendum). The redesign of the system will promote "whole family" support interventions and early identification and prevention of problematic substance use. By strengthening pathways between partner organisations, including community and voluntary sector organisations, the workforce will become more attuned to the needs of individuals using substances and empower them to seek support from high-quality, needs-led services, to ultimately improve health and social outcomes for Nottingham's population. The system will be designed to promote equity of access to all irrespective of age, gender, ethnicity, culture and socio-economic background, and to address the social determinants of health and wellbeing so that individuals can be supported on a wide range of needs such as debt, housing, employment and social connectedness.

7) Local views

Respect for Nottingham survey

The 'Respect for Nottingham' survey commissioned by the Nottingham Crime & Drugs Partnership is an annual survey, and is undertaken to explore the views and opinions of residents about to anti-social behaviour (ASB), crime and community safety in their neighbourhoods and the City Centre[56]. Some of the key findings relating to alcohol and drugs from the 2019 survey include:

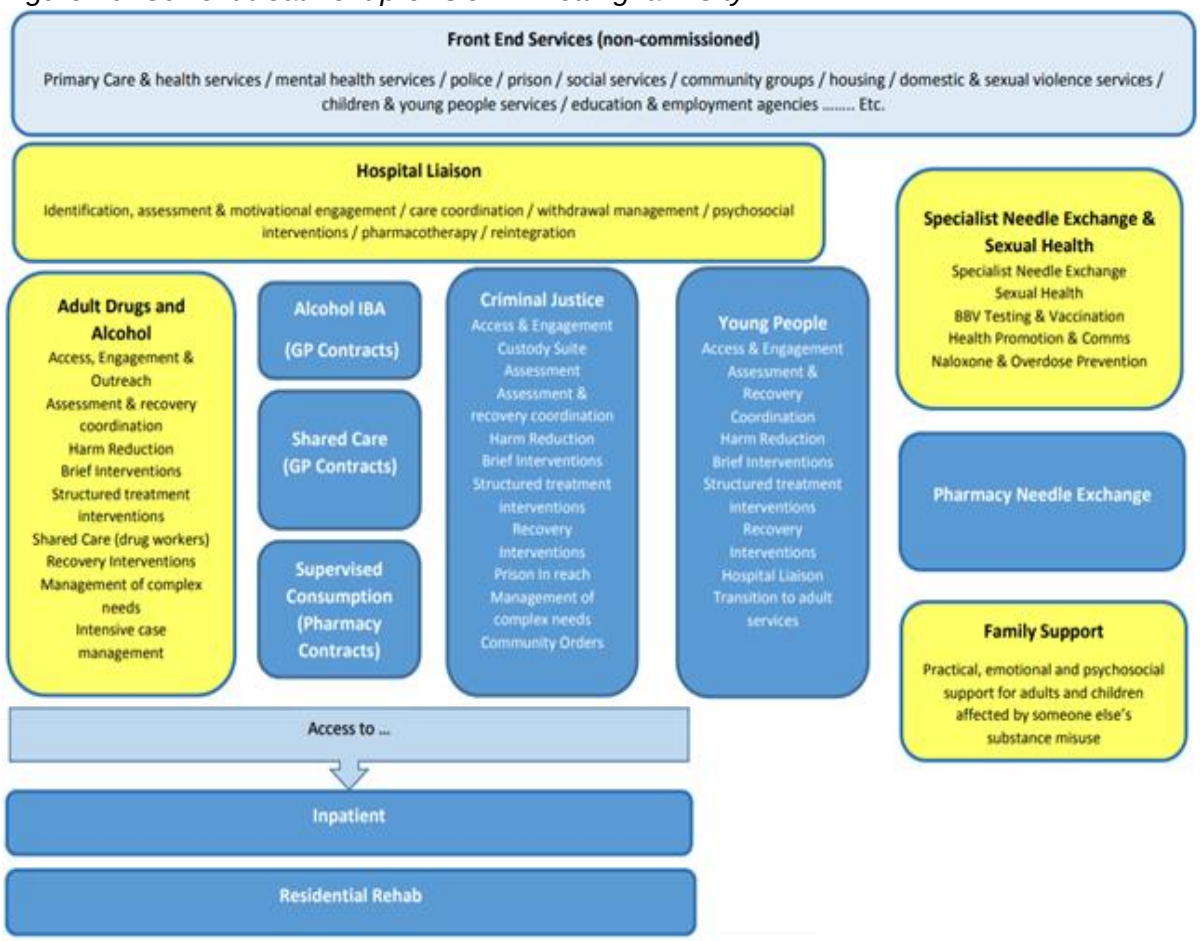
- 13% of residents prioritised 'alcohol-related violence and disorder' as the main crime and community safety issue.
- 'Street drinking/drinking alcohol in the streets' was perceived to be a very or fairly big problem for 8% of residents in the north and 15% of residents in the central area of the city (this is a significant difference). This could be as a result of overspill from the Night-Time Economy venues in the City Centre.
- Respondents highlighted issues relating to alcohol and anti-social behaviour in the City Centre; 37% of respondents thought that 'people being drunk or rowdy in public spaces' was a very or fairly big problem, and 32% considered 'street drinking' to be a very or fairly big problem.
- Respondents who felt very or fairly unsafe rank 'people using or dealing drugs', 'people being drunk or rowdy in public spaces', 'street drinking' and 'intimidation by groups/gangs of young people hanging around on the street' as more of a problem in their local area than respondents who feel safe.
- 17% of respondents overall considered 'people using or dealing drugs' to be a very or fairly big problem, with respondents aged 45 to 54, from the most deprived quintile and from 'white' and 'other' ethnic groups more likely to perceive this to be a problem. This increased to 25% for more deprived areas.
- 24% of respondents thoughts that 'people using or dealing drugs' was a very or fairly big problems in the city centre.

[56] Nottingham Crime & Drugs Partnership, Respect for Nottingham Survey 2019, Information by design, (2020) - http://www.nottinghamcdp.co.uk/wp-content/uploads/2021/05/Nottingham-CDP-Respect-Survey-2019-Final.pdf

8) Current services in relation to need

Nottingham's existing system model (*below*), as set out in the last commissioning review (2015).

Figure 40: Current treatment provision in Nottingham City



The substance misuse treatment system is largely accessible, providing various access points into the system. Where service users need to move between services, service providers are encouraged to support referral into other organisations.

The integrated substance misuse treatment system is comprised of the following services:

Nottingham Recovery Network (NRN)
An integrated, community adult substance misuse treatment and recovery support service for adults (aged 18+). NRN provides a wide range of interventions as set out within clinical guidelines including: brief interventions; psychosocial interventions; prescribing-based interventions; group programmes; facilitation of self-help; harm reduction; education and skills development programmes, and; gives access to support with housing, employment, benefits, and mental health. The service will work with adults who have any level of drug or alcohol use that they perceive to be problematic.

Clean Slate

An integrated criminal justice substance misuse treatment service provides drug and alcohol treatment for offenders whose offending is informed by their substance misuse. The service will work with any adult who has any level of drug or alcohol use and has had contact with the criminal justice system. Service users will have access to all interventions listed under NRN.

Shared care
Shared care offers prescribing-based drug treatment for opiate users within a primary care setting. Services are provided jointly by GPs with a Special Interest in Substance Misuse and workers from NRN across Nottingham, across four GP practices.

Health Shop
A specialist sexual health and harm reduction service that offers needle exchange, harm reduction advice and support, and sexual health services to identified at-risk communities as well as people who might find it difficult to access other services.

Pharmacy needle exchange
There are 21 pharmacies providing needle exchange in Nottingham City. This service allows people access to sterile injecting equipment and a means of disposing of used equipment. The geographic spread of provision allows people access within their own locality without having to travel into the city centre.

Pharmacy Supervised Consumption
There are 48 pharmacies providing supervised consumption in Nottingham City. This service allows service users regular contact with medical professionals, and reduces the risk of overdose, underdosing, diverted medications, and accidental poisoning of children.

CGL Jigsaw
An integrated Young People's substance misuse treatment service, and support service for those impacted by a family member's substance use. The service delivers a range of interventions for young people aged under 18 years using drugs and alcohol, including motivational interviewing, harm reduction and relapse prevention. The service also provides group interventions for adults, and one-to-one work with children and young people impacted by a family member's substance use. The service delivers training to the wider workforce and delivers support across a range of settings such as schools, alternative education provision, youth justice services, and children's homes.

The Level
A drug and alcohol inpatient detoxification service for service users who have been unable to, or for who it is unsafe to, detox within the community. The Level is part of an integrated treatment pathway, and service users are referred for inpatient detox from their community substance misuse treatment service.

The Hospital alcohol liaison team
The service supports the identification and management of drug and alcohol dependent patients on wards and refers them into community substance misuse treatment services upon discharge from hospital. The service also provides identification and brief advice (IBA) training to frontline staff within the hospitals.

Changing Futures
The project aims to improve the lives of people facing sever multiple disadvantage (SMD) in Nottingham City, and delivers its work through a partnership of local agencies: Framework, Al-Hurraya, Juno and POW. Embedded practitioners from the project work across probation, mental health services, GP alliance, Social Care and Housing Aid.

What does this tell us?

Unmet needs and gaps

Unmet needs and service gaps:

- An estimated 63% of the people who use opiate and crack are aged 35-64, yet this cohort accounts for 81% of those accessing structured treatment for opiate and crack use. This suggests there is a potential unmet need in opiate and crack users aged under 35 years.
- Of those aged 15-24 who use opiate and crack in Nottingham City, 93% are not accessing structured treatment.
- Reported drug use is highest among 16-19 and 20-24 year-olds but these age groups account for only 8% of people in structured treatment in Nottingham. There is a potential gap within service provision for this age group.
- Data indicates that 'Mixed' ethnicity groups are underrepresented in treatment. There is a potential gap within service provision for this cohort.
- There is an unmet treatment need of 74% for alcohol dependent citizens aged 18 and over. This equates to up to 3,800 dependent drinkers who could benefit from specialist treatment.
- There is an unmet treatment need of 82% for alcohol-dependent adults who are living with children.

Knowledge gaps:

- Substance misuse prevalence estimates of drug use in Nottingham City are based on household surveys, which means they do not include the homeless community. Therefore, we have a limited understanding of the prevalence of substance misuse within this cohort; however, the creation of the Rough Sleeping Drug and Alcohol Treatment Team will allow a better understanding in the future.
- There is a lack of detailed insight into the reasons why people drop out of treatment.
- The impact of the COVID-19 pandemic upon substance misuse patterns remains unknown to some extent. The impact will become increasingly clear as more up to date datasets and survey results are published.
- More accurate data is required on trends and patterns of substance use across various ethnic groups in order to tailor provision to these communities.
- More accurate population data for those who identify as LGBTQ+ is required to better understand whether service provision is matching the need of these communities.
- The data source for prevalence of opiate and crack use is outdated and a refreshed estimate would allow more accurate understanding of unmet need.
- The trends and patterns of substance use among students is not clear. As the estimated number of students using substances (11,800) is high, there needs to be a focus on understanding the level of need among this population.

- Real-time surveillance of drug-related deaths would improve ability to determine and respond to risks in a timely manner.

Recommendations for consideration by commissioners

- Ensure that treatment and recovery interventions consider the needs and preferences of young people and ensure that interventions are person-centred and follow best practice.
- Consult with relevant community groups and agencies to establish a culturally responsive service offer, where there are known substance misuse issues in specific ethnic or cultural groups.
- Ensure that engagement with service users, citizens and partners includes a focus on understanding how services encourage the following groups into treatment, and that findings are used to inform commissioning decisions:
    - Opiate and crack users
    - Opiate and crack users aged under 35
    - Under 25s (in both drug and alcohol treatment)
    - Dependent drinkers, particularly adults who live with children
    - People in LGBTQ+ communities
    - People of 'Mixed' ethnicities
- Consider raising public awareness of alcohol harm and options for support through evidence-based campaigns and awareness-raising approaches, working collaboratively with other partners.
- Take a whole system approach to alcohol intervention brief advice training, ensuring all partners feel confident to have discussions with residents about alcohol and the support available, utilising the NHS England's making every contact count.
- Consider undertaking research to understand the reasons why people drop out of treatment. This would require in depth analysis and consultation with people who have left treatment in an unplanned way.
- Young people, including the student population, should be a priority group for the local authority's strategy, given the number of people potentially using drugs.
- Continue and enhance the monitoring of drugs trends, seizures, purity and patterns of use.
- Transform services so they are easy to access, connected and flexible in the way they work with people experiencing substance misuse and wider severe and multiple disadvantage factors (including homelessness, mental ill-health, interaction with the criminal justice system, and domestic abuse), and the system 'working as one.'

12) Key contacts

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