

Report of the Director of Public Health

Report to Executive Board

Date: 6th November 2013

Subject: Leeds Drug and Alcohol Strategy and Action Plan 2013 – 2016

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	X Yes All	No
Are there implications for equality and diversity and cohesion and integration?	X Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	X Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	X No

Summary of main issues

The Leeds Drug and Alcohol Strategy and Action Plan (2013 – 2016) **Appendix 1** sets out the strategic priorities and actions to effectively tackle the impact of drug and alcohol misuse in Leeds.

This work is set within the context of changes to national strategy on drugs and alcohol and brings together existing targets and priorities set out in the Leeds Health and Wellbeing Strategy, Safer and Stronger Communities plan and the Children and Young Peoples Plan.

The strategy and action plan will contribute to achievement of the health and Wellbeing strategy outcome: People will live longer and have healthier lives, by supporting more people to choose healthy lifestyles.

The Drug and Alcohol strategy, as a cross-cutting issue, will contribute to multiple Best Council Plan objectives. There is a direct link to Best Council Plan Objective 1: Ensuring high quality public services by improving public health and reducing the prevalence and

impact of domestic violence. Also to Best Council Objective 3: Reducing the need for children to be looked with a focus on keeping children safe and supporting families.

The Strategy sets out a vision for Leeds as a city that promotes a responsible attitude to alcohol and where individuals, families and communities affected by the use of drugs and alcohol can reach their potential and lead safer, healthier and happier lives. The key outcomes are:

- to ensure that more people choose not to misuse drugs and/or alcohol in the first place;
- that they recover fully from their addiction;
- that the effect of alcohol and drug misuse on children, young people and families is reduced;
- and that less crime is related to the misuse of drugs and alcohol.

Recommendations

The Executive Board is asked to:

- Note and approve the Leeds Drugs and Alcohol Strategy and Action Plan for implementation between 2013 and 2016 by the Leeds Drugs and Alcohol Management Board.
- Delegate responsibility for the implementation of the Leeds Drugs and Alcohol Strategy and Action Plan to the Director of Public Health.
- Note that a further report is scheduled for the December 2013 Executive Board setting out plans to re-tender drug and alcohol services in Leeds.

1. Purpose of this report

1.1 The purpose of this report is to:

- Describe how the Leeds Drug and Alcohol Strategy and Action Plan (2013 – 2016) will be used to tackle the impact of drug and alcohol misuse in Leeds.

- To seek Executive Board approval for its implementation ahead of a process of re-tendering drug and alcohol treatment services in 2014.

2. Background information

Strategic Context

- 2.1 Prior to 2010, the national strategy for engaging people with a drug addiction focused on harm reduction by engaging and retaining people in treatment. Leeds aligned its approach to this national strategy and successfully developed services which engaged a large number of people into treatment.
- 2.2 A new National Drug Strategy was published in 2010 which fundamentally changed the emphasis away from engagement and retention to one based on full recovery from drug addiction and dependence.
- 2.3 The Leeds strategy reflects the 2010 National Drug Strategy which has, at its heart, the key ambition to achieve full recovery from drug addiction and dependence.
- 2.4 The impact of these national strategies being applied through local action plans has seen some positive changes in the City including a steady improvement in the number of successful completions from drug treatment; an increase in the number of treatment places for people with alcohol dependency; an overall decrease in Probation clients with drug and alcohol issues; and drug and alcohol use is no longer such a driver for offending behaviour.
- 2.5 Local authority-based public health became responsible for working in partnership to achieve drug and alcohol prevention, treatment and linked recovery support in April 2013. This shift provides a platform for a more integrated approach to improving public health outcomes, which will be measured through the Public Health Outcomes Framework. This approach addresses the root causes and wider determinants of drug dependence and alcohol misuse, and the harm and impact they have on communities and troubled families (such as mental health, employment, education, crime and housing). It also delivers the greatest gains for individuals and the community.

2.6 The affordability of alcohol has increased over the years and so too have levels of alcohol consumption and alcohol related harms. Increases in alcohol prices are linked to decreases in harms related to alcohol consumption. Whilst acknowledging National policy presently limits the pace of change there is a strong case for public health advocacy to achieve a national minimum price per unit of alcohol and for a stronger public health role in entertainment licensing decisions and enforcement.

2.7 Leeds has developed a new drug and alcohol strategy which for the first time combines treatment services for both drugs and alcohol with the following priorities:

- People will choose not to misuse drugs and alcohol
- More people will recover from drug and alcohol misuse
- Fewer children, young people and families are affected by drug and alcohol misuse
- Less crime will be caused by drugs and alcohol

2.8 Drug Misuse

Drug misuse is an extremely serious social issue, which affects the well-being of individuals, families, and communities. Drug misuse damages and ruins the health of individuals; it undermines family life and can increase a person's vulnerability to involvement in crime, as either a victim or an offender. As a consequence, drug misuse has a detrimental impact on the fabric of neighbourhoods and substantial cost implications to the 'public purse'.

- A typical heroin user spends around £1,400 per month on drugs (2.5 times the average mortgage)
- The public value drug treatment because it makes their communities safer and reduces crime. 82% of people have said that treatments greatest b 40% of prisoners have used heroin
- There are 3,170 dependant drugs users currently in treatment in Leeds
- 42% of dependant drug users in Leeds are living with children

- 2.9 In Leeds, the proportion of dependant opiate users in treatment services in Leeds decreased to 2810 people in 2012-13 but the number of non-opiate users increased to 360. This reflects the changing pattern of drug use which is marked by a rise in the use of cannabis along with emerging new Club Drugs mostly used by children and young adults.
- 2.10 Club Drugs and novel psychoactive substances (NPS) often termed “legal highs” refer to a number of different substances that are typically associated with young adults in bars, clubs, parties and festivals. Club drugs can vary from being stimulants, hallucinogens and sedatives. The health, crime and social impacts of these substance is as yet unclear and a new strategy for Leeds seeks to take account of this changing situation and provide a more flexible approach to tackling substance misuse. There are strong links between drug use, ‘binge’ drinking and smoking with similar trends in these risk behaviours with evidence that they cluster together among certain groups of young people.
- 2.11 Alcohol Misuse
The 2012 Government Alcohol Strategy is also recovery focussed, and highlights the need to reduce binge drinking, alcohol-fuelled violent crime and reduce the number of adults drinking above NHS guidelines.
- 2.12 Although alcohol sales create jobs and make profits for businesses, alcohol misuse has a range of associated harms, risks and costs to health, criminal justice services, child and adult social care and to businesses.
- 2.13 There have been changes in the way alcohol is bought and sold, with more alcohol being purchased in supermarkets and consumed in the home, changes to licensing laws, and development of the night-time economy.
- 2.14 There is an association between availability of cheap alcohol and increase in alcohol harm. In Leeds there are 1,456 on licence premises (pubs, clubs, restaurants etc.) and 681 off- licence premises. In Leeds City Centre alone at January 2013, there were 348 on-licence premises and 37 off-licence premises. In the three years between 2010 and 2013, licenced premises of both types increased, with growth of 82% for on licence premises and 42% for off licence premises.

- 2.15 Over 35,000 adults living in Leeds are estimated to be high risk drinkers and 17,255 who are dependent on alcohol. Levels of binge drinking are amongst the highest in the country. The economic and social costs of alcohol-related harm in Leeds was estimated as £438 million in 2008/09 made up of NHS costs for alcohol-related health disorders, crime and anti-social behaviour, coupled with a loss of productivity in the workplace. The cost in providing health care and treatments throughout primary and secondary care alone is estimated at £23million.
- 2.16 Death rates from alcohol for men and women are higher than the national average. Harm to health from alcohol covers the age spectrum. Trends in rates of alcohol-related admissions to hospital are increasing for Leeds overall. Rates are significantly higher for residents of the most deprived parts of the city, with the rate of admissions for these areas over one and half times higher than Leeds as a whole. Under 18 admissions to hospital are higher than the national average.
- 2.17 Excessive drinking in older people increases the risk of hypertension, heart disease and stroke. Alcohol has also been identified as one of the three main risks of falls. It is also associated with memory loss and depression.
- 2.18 Excessive use of alcohol increases the likelihood of involvement in crime or disorder as either a victim or an offender. A June 2013 strategic profile of alcohol related crime commissioned by the Safer Leeds Executive, indicates that there were 5,547 arrests within Leeds during 2012/13 which were identified as being alcohol related and of these offenders, 15% of individuals had been in custody on two or more occasions with an alcohol related offence.
- 2.19 There is an association between levels of physical violence and rates of binge drinking with high density of licensed premises. At January 1st 2013 there were 1,456 on licence premises (pubs, clubs, restaurants etc.) and 681 off-licence premises in Leeds. In the three years between 2010 and 2013, licence premises of both types increased, with growth of 55% for on-licence premises and 35% for off licence premises.
- 2.20 There were 14,000 incidents of domestic violence attended by the Police in 2012-13, which may represent a fraction of the problem. Police and Accident and

Emergency records cite alcohol as a contributing factor in nearly half of all cases of domestic violence. These levels have remained consistent over time. Tackling domestic violence is a priority for the Safer Leeds Partnership.

2.21 Recent Leeds Looked After Children research showed that drug and alcohol misuse was a significant factor in 56% of cases where children were taken into care.

3. Main Issues

3.1 Ambition

Our ambition is for Leeds to be a city that promotes a responsible attitude to alcohol and where individuals, families and communities affected by the use of drugs and alcohol can reach their potential and lead safer, healthier and happier lives.

3.2 Key Outcomes

To achieve this ambition, the Leeds Drug and Alcohol Strategy and Action Plan 2013 -2016 will focus on the following key outcomes:

- People choose not to misuse drugs and/or alcohol
- More people recover from drug and alcohol misuse
- Fewer children, young people and families are affected by drug and alcohol misuse

3.3 Priorities

The action plan sets out in detail how these outcomes will be achieved and seeks to work towards a range of priorities including:

- A halt in the increase in alcohol-related hospital admissions,
- A reduction in alcohol-related crime and disorder including domestic violence,
- A reduction in the numbers of looked after children where parental drug and/or alcohol misuse is a factor and
- An increase in the number of people who remain recovered from drug and alcohol dependency.

3.4 Managing the Implementation of the Strategy and Action Plan

The scale of these issues cannot be tackled by one organisation or in isolation. We will only be able to achieve the outcomes and challenges outlined above through working together. To be effective, this strategy will need to harness the efforts of individuals, people in recovery, families, communities, treatment agencies, faith organisations, and public, private and third sector organisations. We will continue to work in partnership across the City to deliver these outcomes.

- 3.5 Implementation plans will be developed for each of the actions to shape the delivery of this strategy. These will give more detail about the progress required against the key aims and objectives for the alcohol strategy, and how these will support the outcomes and targets in other key strategies for the city. Delivery of the strategy will be overseen by the Drug and Alcohol Management Board, which will monitor and manage performance of the strategy against agreed outcomes and targets, address blockages to delivery, and report progress to other boards including the Health and Wellbeing Board, Children's Trust Board and the Safer Leeds Executive. The Director of Public Health has the overall responsibility for the delivery. Information will be shared with local communities about what partners are doing to address alcohol-related harm in the city, including the issues of particular concern to them. This is a three-year plan, and it will be regularly reviewed by partners to ensure that it remains relevant for the duration of the strategy. Where necessary, delivery plans will be reviewed and updated to take into account changes in local delivery structures, national legislation, and national and local policy.

Corporate Considerations

4.1 Consultation and Engagement

- 4.2 Leeds City Council has undertaken extensive local engagement and feedback on as part of the Strategic Sector Review of commissioned support services over the last 18 months.

4.3 An event was held in January 2013 with over 40 key partners and stakeholders to discuss a vision and how we develop the drug and alcohol action plan over the next 3 years.

4.4 This was followed up by an event for service users in February 2013.

4.5 A series of co-production events have taken place in Armley, Seacroft, Hyde Park and Beeston which have brought together locality partners alongside service users, treatment organisations and Ward Councillors. These sessions have helped to strengthen our understanding of the needs of the recovery community and the impact that substance misuse can have on localities.

4.6 The draft strategy has been reviewed by the Safer Leeds Executive, Children's Trust Board, the three Clinical Commissioning Groups, and NHS/Leeds City Council Integrated Commissioning Executive.

4.7 Equality and Diversity / Cohesion and Integration

4.8 The project has undertaken a formal screening as part of its quality assurance processes. An Equality Impact Assessments has been completed and this is appended to this report **Appendix 2**

4.9 Council Policies and City Priorities

4.10 This project supports the council's value of 'working with communities' via the extensive Patient and Public Involvement work to achieve the strategic vision and priorities.

4.11 Reducing drugs and alcohol harm will contribute to:

- Leeds Health and Wellbeing Strategy Outcome: People will live longer and have healthier lives
- Safer Leeds priorities: Tackling domestic abuse; reducing re-offending; dealing with dangerous 'legal highs' and cannabis
- Children and Young people plan priority: To help children to live in safe and supportive families

4.12 The success of this strategy will also contribute to achieving our 5 City Priorities, which are to ensure that Leeds is the best city for Health and Wellbeing; Children and Young People; Business; and Communities and is the best city in which to live.

4.13 There is a direct link to Best Council Plan Objective 1: Ensuring high quality public services by improving public health and reducing the prevalence and impact of domestic violence. Also to Best Council Objective 3: Reducing the need for children to be looked with a focus on keeping children safe and supporting families.

4.14 Resources and value for money

4.15 The presumption is made that that savings can be made across the relevant stakeholder organisations by achieving the priorities and key indicators set out in the strategy and action plan. The drinking culture has been estimated to have economic and social costs to the NHS, social care services, criminal justice and local business totalling £438 million in Leeds during 2008/09. Public Health England estimate that every £1 spent on drug treatment saves £2.50 in costs to society; and that for every £1 spent on drug and alcohol interventions for young people a saving of £5-8 is realised.

4.16 Legal Implications, Access to Information and Call In

4.17 The report is subject to call-in.

4.18 Risk Management

Delivery of the strategy will be overseen by the Drug and Alcohol Management Board, which will monitor and manage performance of the strategy against agreed outcomes and targets, address blockages to delivery, and report progress to other boards including the Health and Wellbeing Board, Children's Trust Board and the Safer Leeds Executive. The Director of Public Health has the overall responsibility for the delivery.

5. Conclusions

- 5.1 Changes in national strategy for both drugs and alcohol are an important driver for how we shape our services in Leeds and represent a change in approach to tackling addiction and substance misuse.
- 5.2 A new Leeds Drug and Alcohol strategy focused on recovery provides an opportunity to achieve improved outcomes for those in treatment, but also for families and communities in Leeds.
- 5.3 The move of Public Health into Leeds City Council along with its associated budgets for drug and alcohol services provides an opportunity to develop a more integrated drug and alcohol treatment service.

6. Recommendations

- 6.1 The Executive Board is asked to:
- 6.2 Note and approve the Leeds Drugs and Alcohol Strategy and Action Plan for implementation between 2013 and 2016 by the Leeds Drugs and Alcohol Management Board.
- 6.3 Delegate responsibility for the implementation of the Leeds Drugs and Alcohol Strategy and Action Plan to the Director of Public Health.
- 6.4 Note that a further report is scheduled for the December 2013 Executive Board setting out plans to re-tender drug and alcohol services in Leeds.

7. Background documents¹

- 7.1 None.

Appendices

- 1) Leeds Drug and Alcohol Strategy and Action Plan (2013-2016)
- 2) Equality Impact Assessment

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.