Nottinghamshire Substance Misuse Strategy 2012 - 2015

Preventing and reducing substance misuse related problems through partnership working and using the best available evidence of what works in order to improve the quality of life for people who live, work and visit Nottinghamshire.

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1. Executive Summary

The Nottinghamshire Substance Misuse Strategy brings together a strategic partnership approach to tackling the harms caused by *all* substances. For the purpose of this strategy substance misuse is defined as any substance, legal or illegal, drugs or alcohol, where the possession and use of causes or has the potential to cause harm to the individual, their home and family and the wider community.

The impact of substance misuse goes beyond the individual who misuses drugs and alcohol themselves. It is implicated in relationship breakdown, domestic violence (where a third of incidents are alcohol related), to families being identified as 'troubled families'. Wider societal impacts include criminal justice problems, with over half of all violent crimes alcohol related[1]. A Home Office Report concludes that offenders who use heroin, cocaine or crack cocaine are estimated to commit between a third and a half of all acquisitive crime. Whilst exposure to treatment reduces recorded convictions and therefore offending - the greater the successful engagement in treatment (and recovery) the greater the reduction.[2]

It can be all too easy to focus on the individuals and families we know about, who are accessing treatment and recovery services or are known to the criminal justice system. There are also individuals who are misusing substances – drugs or alcohol, who don't commit any crime, are not experiencing alcohol or drug related health harm and would not view themselves as requiring any advice or support. It is important that we also consider these 'invisible populations' and develop approaches to engage them. Individuals need support to help them take control of and change their behaviours. Patterns of substance misuse change as individuals move through life, responding to changing social groups, partners, family and work pressures, addressing these situations requires a fundamentally different approach[3].

Individuals do not take drugs or consume alcohol at risky levels in isolation from everything else that is going on in their lives. The causes and drivers of drug and alcohol dependence are complex and personal; this strategy seeks to focus on the underlying issues to enable both the health aspects and the crime and disorder aspects of substance misuse to be covered in a fully integrated way to maximise outcomes for the individual, their families and the wider community. This strategy also acknowledges that the issues facing children and young people are different from those facing adults and the wider community. Different attitudes, behaviours and substance choice will be taken into consideration when developing responses.

The vision in Nottinghamshire is ambitious, developing a strategy that seeks to address the wide ranges of issues caused by drug and alcohol misuse is a challenge, considering equally and balancing the implications from a criminal justice perspective, alongside a health perspective is demanding, but we believe that the approach is long overdue. We also acknowledge that such a change cannot be achieved overnight, as it will require long term and sustained commitment, both human and financial from all partners representative of the Safer Nottinghamshire and the Health and Wellbeing Board.

Our Vision: Prevent and reduce substance misuse and related problems through partnership working and using the best available evidence of what works so that we can improve the quality of life for people who live, work and visit Nottinghamshire

Our ambition is clear, in order to reshape our approach to substance misuse related harms, the outcomes[4] we want to see by 2015 are:

A. An increase in the number of successful completions of drug treatment.
B. A reduction in alcohol related admissions to hospital
C. A reduction in substance misuse related crime and disorder
D. A reduction in the number of people entering prison with substance misuse issues who are previously not known to community treatment

This strategy will also contribute to

E. A reduction in re-offending rates
F. A reduction in domestic violence rates
G. An improvement in older people's perception of community safety
H. A reduction in mortality from Liver Disease

For further details on the actual indicators, please see technical specification in appendix.

2. Introduction

This strategy sets out Nottinghamshire's approach to addressing substance misuse. For the purpose of this strategy, substance misuse is defined as any substance, legal or illegal, drugs or alcohol, where the possession and use causes or has the potential to cause harm to the individual, their home and family and the wider community.

This strategy aims to tackle the impact of substance misuse by adopting an approach which takes into account the statutory responsibilities, under section 17 of the amended Crime and Disorder Act, 2006, where responsible authorities have a duty to do all they reasonably can to prevent:

a) Crime and disorder in its area
b) The misuse of drugs, alcohol and other substances in its area.

3. The Risk Factors for Substance Misuse

3.1 Alcohol

There is no single factor that accounts for the variation in individual risk of developing alcohol use disorders. Evidence[5] suggests a wide range of factors some of which interact with each other to increase the risk. For example in general, children of parents with alcohol dependence are four times more likely to develop alcohol dependency. People can also learn from families and peer groups through a process of modelling pattern of drinking and beliefs about the effects of alcohol.

3.2 Drugs

Evidence highlights[6] peer drug use, availability of drugs and elements of family interaction, including parental discipline and family cohesion as significant risk factors. Traumatic family experiences such as childhood neglect, homelessness or abuse increase the likelihood that and individual will develop drug problems later in life.

4. National Policy Context

4.1 Alcohol

The 3rd National Alcohol Strategy – *The Governments Alcohol Strategy: Choice, Challenge and Responsibility*[7], was published in March 2012. The strategy sets out key policies including:

- a minimum unit price for alcohol;
- banning the sale of multi-buy discount deals;
- zero tolerance of drunken behaviour in A&E departments;
- a late night levy to get pubs and clubs helping to pay for policing; and
- Improved powers to stop serving alcohol to drunks.

The strategy sets out to reduce binge-drinking in a bid to drive down crime and tackle health issues. There is an emphasis on supporting individuals to change, recognising that some will need considerable support to change their behaviour.

4.2 Drug Misuse

The first National drug strategy was produced in 1985, and since then there have been successive strategies each building on previous work. In 2010 the coalition government published *Reducing demand, Restricting supply and Building recovery in communities: supporting people to live a drug free life*.[8] This latest strategy aims to reduce illicit and other harmful drug use, and increase the numbers recovering from their dependence. This represents a significant

shift in emphasis, from getting people into treatment, and keeping them there as a key priority, to focussing on improving the number of people who come off treatment.

The new strategy has recovery at its heart. Recovery is the best word to summarize the positive benefits to physical, mental, and social health that can happen when alcohol and other drug-dependent individuals get the help they need. This may mean help with managing money or debts, ability to access and sustain accommodation, employment and training or improving relationships with their family. For some it is building the capacity to become an effective parent. The strategy aims to:

- Put more responsibility on individuals to seek help and overcome dependency.
- Place emphasis on providing a more holistic approach, by addressing other issues in addition to treatment to support people dependent on drugs or alcohol, such as offending, employment and housing
- Reduce demand
- Take an uncompromising approach to crack down on those involved in the drug supply both at home and abroad
- Put power and accountability in the hands of local communities to tackle drugs and the harms they cause

4.3 Troubled Families

A National programme[9] has recently been established and marks a step change in the way that 'Troubled Families' are supported in England. A Troubled Family is a family which meets 5 of the following 7 criteria

- No parent at work
- Poor quality housing,
- No parent with qualifications,
- Maternal mental health problems,
- One parent with long standing disability/illness,
- family on low income,
- family can't afford some food/clothing

It is anticipated that given the strong relationship between risk factors for substance misuse and these criteria, addressing the issue of Troubled Families will have a beneficial impact on tackling substance misuse.

5. Local Context

5.1 Inequalities

Nottinghamshire experiences a wide range of substance misuse related issues in much the same way as any other large county with diverse and dispersed communities, the overall level of need being similar to the East Midlands and England average. However, this picture masks some **significant inequalities,** with the north of the county experiencing the greatest level of harm in terms of problematic drug and alcohol use.

5.2 Scale of usage

Intelligence continues to suggest that all drugs appear to be readily available. Historically, there has been a focus on opiates and/or crack cocaine, of which there are an estimated 4,700 **Problematic Drug Users** (PDUs refers to the use of opiates and/or crack cocaine) in Nottinghamshire. Local data shows that there is an increase in psychoactive drugs being used and an increase in 'legal highs' (similar pattern to national). Nottinghamshire Police recently completed a two year pilot in the north of the county, this involved testing prisoners for

amphetamine use, (this testing was voluntary on and part of the prisoner, as they are under no legal requirement to undertake tests for amphetamines, so this was additional to the required tests for opiate and crack use). The pilot identified that 21% of those arrested for a drug 'trigger offence' also tested positive for amphetamine use. It is also important to consider that over a quarter of the adults in drug treatment have an alcohol problem, i.e. are polydrug users[10].

Drug misuse extends beyond illegal drugs, to include the misuse of **prescription drugs or Over The Counter (OTC) medication.** Of those currently being treated in Nottinghamshire, 517 or 17.8% admit that they have been misusing prescription or OTC medication. This is the highest number of any area in the East Midlands. National evidence cites Benzodiazepines (widely prescribed for a variety of conditions, particularly anxiety and insomnia) as the most commonly abused prescription drug.[11]

There are approximately **120,000 drinkers classed as being at increasing risk**, these are people who are exceeding the recommended limits, but are not yet experiencing any health harms.

5.3 Children and Young People

There is a growing body of evidence on the serious impact and long term negative implications on the health and well-being of children affected by parental substance misuse (see risk factors). Family members report impacts on their physical and mental health, financial circumstances and family relationships. The Nottinghamshire Children's Trust has produced a 3 year plan[12], which aims to improve the lives of children and support families as they experience difficulties in their lives via early intervention and prevention work. It is estimated that up to 4,266 children and young people are affected by parents' illicit drug use and between 13,271 and 21,565 are affected by parental problematic alcohol use.

The Nottinghamshire Children, Young People and Families Plan 2011-2014, identifies how organisations work together to have a positive impact on the lives of children, young people and families. Amongst the plan's seven priorities is the commitment to produce and implement a strategy to reduce child poverty. Nottinghamshire has around 17.5% of all children living in poverty, and 18.5% under 16's, whilst this is below the England and East Midlands average; both Mansfield and Ashfield District have higher rates. Poverty can have a profound impact on children, families and society. It can set in motion a spiral of social exclusion, create problems in education, employment, mental and physical health and social interaction[13].

In a recent (February 2012) anonymous survey of 137 young people aged 13-19 across Nottinghamshire , 54% said that they had friends whpo used drugs and 9% reported being drunk.

The Targeted Support and Youth Justice Strategy 2012-13 for Nottinghamshire builds upon the work developed locally to both identify those at risk of developing substance misuse problems early and to ensure that they get the most appropriate intervention to meet their needs.

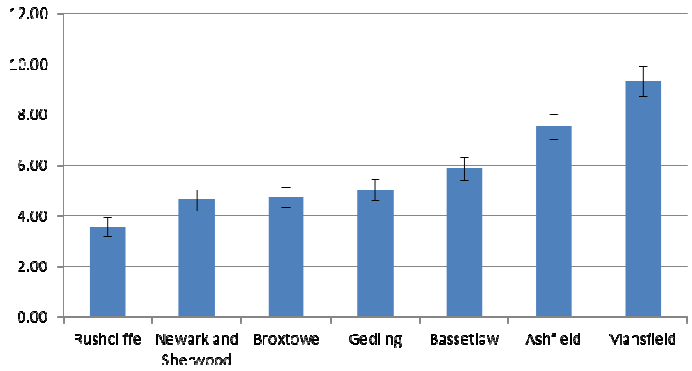
5.4 Crime and Community Safety

Clear links have been established between problematic substance use and both sexual and domestic violence against women. Locally this is reflected in the proportion of MARAC (Multi-Agency Risk Assessment Conference) cases where problematic substance use is recorded, currently 45% of all cases. This concurs with national research evidence from AVA Stella Project (www.avaproject.org.uk): Data from 99 perpetrators and 75 survivors of domestic violence showed:

- 66% of men accessing perpetrator programmes self reported problematic substance use

- 44% of women accessing domestic violence services self-reported problematic substance use
- 51% of women accessing domestic violence services were affected by own and/or someone else's problematic substance use

Figure 1: By District, Recorded crime attributable to alcohol, all persons, all ages, Crude rate per 1,000 population (20010/11)



Nottinghamshire Probation Trust is also seeing an increase in violent offences linked to alcohol and offenders under 25 yrs. Over 60% of offenders known to the Probation Trust who have committed a violent offence have an identified alcohol need on assessment.

Overall, from August 2010 Nottinghamshire has experienced a slight increase in violence against the person, (including an increase in the number of domestic violence related crimes). There is a paradox with domestic violence reporting as while no one wants to see an increase in violence, an increase in reporting is a positive move, as it suggests that victims are able to approach the police with confidence. The county increase is not seen across all of the districts, with Ashfield and Rushcliffe showing a downward trend.

Whilst much of the data on crime and disorder comes for the Police Force, it is acknowledged that this is an incomplete picture. Data collected in the Emergency Department (ED) of Sherwood Forest Hospitals Foundation Trust identified that 45% of those with an injury caused by a violent assault did not report the incident to the police.

The Prison Population

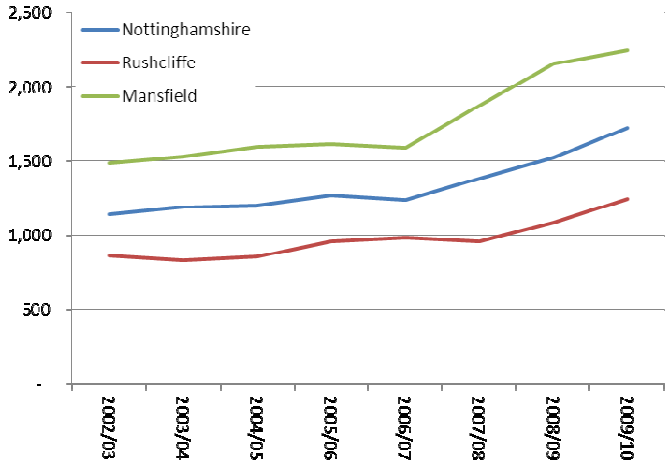
Given the strong association between substance misuse and crime and disorder it is unsurprising that needs assessment undertaken in our local prisons identify high levels of need.

- In the context of East Midlands data for 2009/10, HMP Ranby rated as having the highest percentage of offenders with a drug misuse issue (55%), with HMP Whatton rating the lowest, (10%).
- For HMP Lowdham Grange 156 completed full assessments, (30%) of prisoners had drug misuse needs and just (3%) had alcohol misuse needs.
- (3.2%) had a significant problem with binge drinking. However, it was recognised that (9.6%) alcohol was linked to violent behaviour.[14]

5.5 Impact on Health

People who misuse substances can develop a range of health problems. These can be physical health problems, e.g. cancer, liver disease, and for those who inject drugs there is a risk of Blood Borne Viruses (BBV) such as hepatitis B and C and HIV. Aside from physical health issues there may be mental health problems too e.g. depression, anxiety, paranoia, suicidal thoughts.

Figure 2: Trends in Rate of alcohol-related hospital admissions per 100,000 population for Nottinghamshire County, Rushcliffe and Mansfield (Districts with lowest and highest



Admissions to hospital

Alcohol related hospital admissions are also increasing, with the majority of high blood pressure (27%) and cardiac problems (20%) being predominately in males over 50 years.

Numbers of dependent drinkers accessing specialist treatment services is significantly lower than those in drug treatment. There are a number of reasons for this; possession and sale of drugs, with the exception of the 'legal highs' is illegal. Possession and sale of alcohol isn't, if you are over 18 years. The criminal justice system plays a key role in testing for opiate use and directing drug misusing offenders into treatment, and building supportive mechanisms around them to address both their offending and substance misuse behaviour. The same mechanisms are not in place for alcohol or non-opiate drugs, such as cannabis and amphetamines.

Liver disease

Liver disease accounts for 2% of deaths nationally, more men than women die from liver disease (60% are men, 40% women); and alcoholic liver disease accounts for well over a third (37%) of liver disease deaths[15]. Alcohol liver disease (ALD) and liver cirrhosis are the main causes of death in dependant drinkers. 555 individuals died from alcoholic liver disease in Nottinghamshire during 2007 – 2010. There is a strong correlation between deaths from ALD and deprivation, with 24% living in Mansfield and Ashfield and 6% in Rushcliffe at the time of death. 95% of people who died had a previous hospital admission in the 5 years prior to death but only 42% had a previous hospital admission with a diagnosis of ALD. Death from ALD is preceded by a substantial number of medical attendances in secondary care (hospital) with the opportunity for intervention. Liver disease is unsuspected in a significant number of people in contact with secondary care. Mortality rates over a 4 year period remain high. The majority - 72% die within an acute hospital setting.

Blood Borne Viruses (BBV's)

These are mainly found in blood or bodily fluids and are transmitted by contact with body fluids. They are therefore a risk for injecting drug users. The BBV's of main concern are Hepatitis B, C and HIV which is the virus which can cause Acquired Immune Deficiency Syndrome (AIDS). Approx. 27% of those in drug treatment are currently injecting, and so at risk of BBVs. Hepatitis B and C are easily transmitted through contaminated blood. Most people do not know if they are infected. They may live for many years without symptoms. A proportion take 20 to 30 years to develop severe liver disease, some recover completely with treatment, others recover without any treatment at all. A small proportion develops liver cancer. There is an effective vaccination against Hepatitis B. Hepatitis C is mainly transmitted through blood, with a low risk of transmission through semen and vaginal fluid, or unprotected anal sex. There is no vaccine against Hepatitis C and current treatments for it are not effective in all cases.

In Nottinghamshire there is a specialist needle and syringe service, which is supported by a wide network of community pharmacy programmes. All treatment providers have targets around

increasing the number of Hepatitis C tests and increasing the uptake of Hepatitis B vaccination programmes.

Deaths

A number of deaths related to the misuse of substances happen every year. Drug related deaths are reviewed by the coroner, and key learning points fed back to treatment services. A number of drug related deaths have also involved the use of large quantities of alcohol. Of concern are the numbers of deaths in individuals who have been recently released from prison, with lower tolerance levels, who use drugs and alcohol shortly after release.

Key messages

- Alcohol related hospital admissions have increased at an average rate of 6% year on year between 2002/3 – 2010/11, with 14,517 admissions in 2010/11
- There is a clear north/south divide across Nottinghamshire in terms of alcohol related admissions in both males and females.
- Over 20,000 estimated dependant drinkers, only a very small number are engaged in specialist treatment (approx. 2000) way below the 15% recommended by the Department of Health.16
- There is a group of dependant drinkers who are not currently actively engaged in alcohol treatment or seeking treatment, who frequently attend the Emergency Department (ED)
- The majority of drug users in treatment are opiate and/or crack users, but these is maybe explained by criminal justice routes actively testing for opiate use for trigger offences and provide routes into treatment.
- Legal Highs are becoming increasingly more common, especially in the young population
- Cannabis along with alcohol are the main drugs used by young people.
- There is concern expressed around the number of cannabis growers in the county.
- Experiencing a wide range of physical and mental health issues have significant social care needs and are often know to criminal justice services.

5.6 Social Impacts

Whilst drugs and alcohol both pose their own problems for both the user and the wider community there are areas were the misuse of both to dependent level is illustrated across the county by street begging, homelessness, prostitution, shop theft and violent crime.

6. What we have done so far

Nottinghamshire's response to substance misuse has historically focussed on drugs and alcohol as separate entities. The exception to this being children and young people's substance misuse. Key areas of development have been:

- Successful implementation of criminal justice focussed activities aimed at drug users, such as Integrated Offender Management (IOM).
- Work with colleagues in Emergency Departments to improve identification and referral of people presenting with substance misuse related illness or injury, including the sharing of violence related data, this has led to better targeting of enforcement resources.
- Ensuring that adult services continue to identify and support young people affected by parental substance misuse and that carers and families are also appropriately supported.
- The first Alcohol Strategy for Nottinghamshire was developed in 2010. Prior to this, annual treatment plans outlining priorities for adults and children and young people were produced.

- Each district level Community Safety Partnership has a localised delivery plan where local priorities have been identified and action developed. The majority also have specific Alcohol Action Plans.

7. Priorities for Future Action

This strategy will consolidate the successes of the Nottinghamshire Alcohol Strategy and Drug Treatment Plans (Adult, Children and Young Persons) and in doing so will develop an integrated approach to implementing a broader substance misuse strategy.

An outcome focussed approach will be used as this has a number of advantages:

- By monitoring outcomes as well as delivery targets we are proving the benefits of the activities we have put in place and can be more focussed on the results.
- It allows us to develop and map our main objectives and their key outcomes, and plan, develop and work towards long term goals.
- It allows us a better understanding of the relationship between different objectives.
- For the same reason it allows us to better prioritise the work that we do and determine what we will and won't do.
- It allows us to develop a range of related outcomes for specific target groups i.e opiate users, street drinkers etc.

7.1 Building on What works

Our approach must be informed by what we know works. The National Institute for Health and Clinical Effectiveness (NICE) [17] has produced clinical guidelines relevant to drugs and alcohol, e.g. 'Alcohol-use disorder: preventing the development of hazardous and harmful drinking, as well as 'Drug misuse: psychosocial interventions'. These are complimented by other publications such as 'The high impact changes for alcohol reduction'[18]. Where these exist we are ensuring that these shape our strategic approach. However, we cannot rely solely on evidence of what works, and so we must at times take some managed risk, ensuring that evaluation is built in from the start.

7.2 Priority Groups

In order to target resources effectively it is important to understand both the risk factors that may contribute to substance misuse, as well as understanding the profiles of key groups. From the evidence collected to inform this strategy we can identity a number of risk factors. Risk factors begin in childhood, which emphasises the importance of early identification to inform the deployment of preventative measures.

All districts in Nottinghamshire experience some level of substance misuse related harm, but the levels of activity and impacts are more strongly felt in the north of the county. High levels of deprivation may be a contributing factor. For the purpose of this strategy it is proposed, until further profiling work is undertaken, to focus on:

- Children, young people and families living in areas of high multiple deprivation, and in addition families identified as 'Troubled families'
- Illicit substance misusers in partnership plus[19] areas
- Young men under 25 yrs who commit alcohol related violent crime
- Offenders who have committed substance misuse related crime
- Males & females over 45 yrs who are contributing to the increase in alcohol related hospital admissions

7.3 Priority Themes

This strategy will take a holistic approach to understanding and tackling the range of issues experienced by individuals, families and communities and prioritise actions under the following themes:

- Prevention
- Early Intervention
- Treatment and Recovery
- Crime and Community Safety

Prevention

This priority is concerned with stopping substance misuse ever starting, by identifying predictive vulnerabilities to be able to better target resources.

By 2015 we will be delivering and evaluating interventions that communicate key substance misuse messages for the individual, their home and family and the wider community, in formats and styles they will respond to.

Current position:

a) No current coordinated countywide substance misuse communication strategy
b) Several alcohol specific initiatives delivered in the districts, not all of them evaluated

Proposed actions will include:

- Develop a clear communication strategy utilising social marketing methodologies to segment the priority groups and identify key behaviour change methods, linking into existing strategies and plans were appropriate
- Deliver evidence based substance misuse education in schools via PHSE programmes.
- Deliver substance misuse education for parents, carers and wider community.
- Develop a consistent approach to delivering local initiatives, based on best evidence and need utilising a partnership approach.
- Deliver parenting skills programmes

Lead group/partner:

Early Intervention

This priority focuses on preventing the escalation of substance misuse related problems, by improving the way in which issues are initially identified, assessed and referral made for support.

By 2015 we will have improved the way in which we identify and support the needs of the individual, children and young people and parents in relation to their substance misuse needs by intervening earlier.

Current position:

a) Establish baseline for CAF assessments and substance misuse
b) Identify 'troubled families'

Proposed actions will include:

- Improved identification, assessment and referral of children and young people affected by parental and their own substance misuse, by consistent use of the Common Assessment Framework and via Integrated Offender Management pathways, as per the Children, Young People and Families plan.

- Adopt a consistent approach to addressing the substance misuse needs of families identified as 'troubled families' and making every contact count, by utilising a 'Think Family' approach
- Improved identification, assessment and referral of non-opiate using individuals in contact with criminal justice settings.
- Delivery of alcohol identification and brief advice in Emergency Departments, primary care and criminal justice settings
- Provide effective services for those affected by substance misuse.

Lead agency/group*:*

Treatment and Recovery

This priority is concerned with ensuring that the right intervention is available at the right time, with treatment interventions tailored to the needs of the individual and not driven solely by the primary substance used. Recovery is generally seen in this approach as a personal journey rather than a set outcome, and one that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, and meaning.

By 2015 we will have commissioned locality based substance misuse services, in partnership plus areas that support the needs of the individual, their families and carers to enhance their recovery potential.

Current position:
a) 1675 clients in specialist alcohol treatment in 10/11
b) 8.5% successful discharges of the opiate using population 09/10 baseline
c) 41% successful discharges of non opiate population 09/10 baseline

Proposed actions will include:
- Interventions focussed on the users/family/carer needs and not primarily driven by the substance misuse.
- Enhance the potential for all to achieve personal goals
- Effective pathways from first contact with the criminal justice system through to prison care and beyond.

Lead agency/group: Substance Misuse Joint Commissioning Group (Public Health)

The effectiveness of well-delivered, evidence-based treatment and recovery for substance misuse is well established. UK and international evidence consistently shows that substance misuse treatment impacts positively on levels of use, offending, overdose risk and spread of blood borne viruses.

We have taken into consideration a number of key published documents related to both drug misuse evidence including National Institute of Clinical Evidence (NICE), the National treatment Agency (NTA) and Department of Health Guidance.

Crime and Community Safety

This priority is concerned with managing the Night Time Economy (NTE) and influencing the availability and affordability of substances.

By 2015 we will have created safer communities by focussing on reducing re-offending and utilising full range of powers and controls.

Current position:

Lead agency/group:

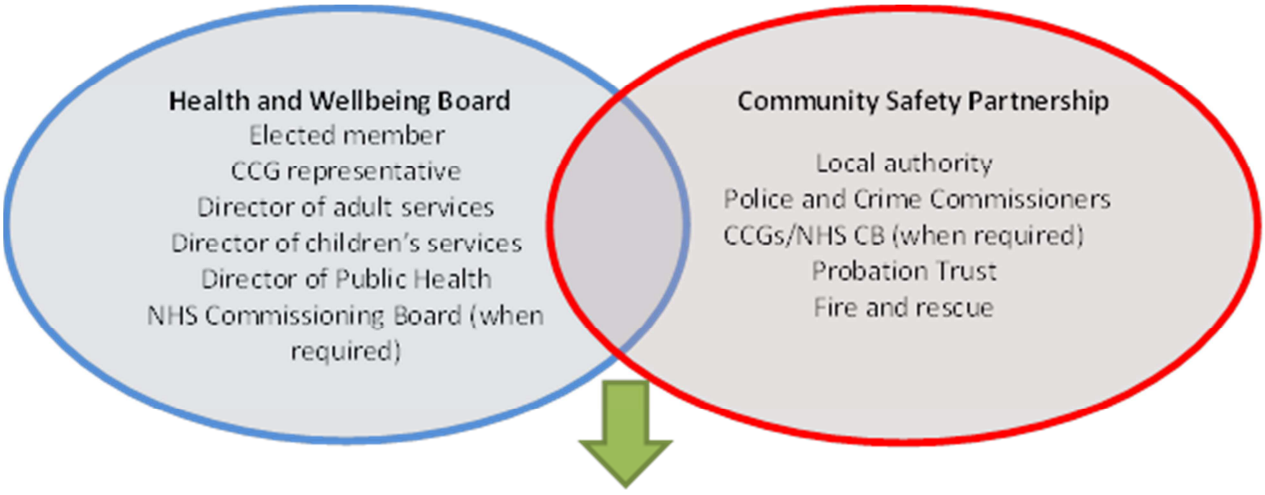
Proposed actions will include:

- Planned and co-ordinated approach across all partners to enforcement and awareness.
- Review of the provision of alcohol outlets and use of saturation zones in hotspot areas
- Utilise all partners' intelligence to understand the changing drug and alcohol markets.
- Ensure consistent good practice by individual license holders, and in pub and club bar management.

8. Delivering the Strategy

8.1 Governance, Accountability

Ensuring the delivery of the key priorities in this strategy is the responsibility of the Substance Misuse Strategy Group which is a sub group of both the Safer Nottinghamshire Board and The Health and Well-being Board. The diagram below shows this interface:



Recent Government reforms have changed the delivery landscape for crime, policing and health.

- Health and Wellbeing Boards bring together partners as identified above and via the Health and Wellbeing strategy will work together to meet locally identified needs. This will help join up services around individual's needs and improve health and well being outcomes for the local population
- From November 2012, directly elected Police and Crime Commissioners (PCC) will ensure that the public's priorities drive local police force activity and hold chief constables to account on action taken locally. As well as their core policing role, PCC's will have a remit to cut crime and anti-social behaviour and will have commissioning powers and funding to enable them to do this with partners. They will need to work collaboratively with other local leaders, including establishing links with Health and Wellbeing Boards, Clinical Commissioning Groups and local authorities. They will aim to achieve the most effective community safety outcomes for communities.
- More specifically with regard to substance misuse treatment and recovery services, from April 2013, Nottinghamshire County Council will be responsible the responsible

commissioner (this is aligned with the HWB responsibilities). The funding for which will come from a ring-fenced public health grant.

- The substance misuse strategy and delivery plan, will deliver the substance misuse targets identified in Nottinghamshire Health and Wellbeing Strategy. The SNB will be concerned with the delivery of the targets related to reducing crime and re offending.

Governance of prevention and treatment of substance misuse in children and young people is through the 'Targeted Support and Youth Justice Partnership'. This Board is chaired by the Director of Children's Services and reports through the Safer Nottinghamshire Board and Children's Trust

8.2 Delivery Plans

To ensure this strategy has the desired impact, delivery plans will be required. Some of this delivery needs action at District level, others at CSP or through county wide approaches. The Substance misuse strategy group will be responsible for ensuring that there is a coordination approach to this, and clear links into the responsible Community Safety Partnerships

Appendix 1: Technical Specification for outcome measures

A. **Successful completion of drug treatment (definition as 2.15 in the PH outcomes framework[20])**
   Definition: The number of drug users that left drug treatment successfully (free of drug dependence) who do not then represent to treatment again within 6 months as a proportion of the total number in treatment.
   For the future we need to explore the possibility of have a drug and alcohol treatment metric
B. **Alcohol related admissions to hospital (definition as 2.18 in the PH outcomes framework)**
   Definition: This is currently being developed
C. **Substance misuse related crimes (local indicator)**
   Definition: This needs local development. Needs to link to the metric in the LAPEs. Alcohol-attributable recorded crimes - Alcohol-related recorded crimes, crude rate per 1,000 population. (NWPHO from Home Office recorded crime statistics 2009/10). Attributable fractions for alcohol for each crime category were applied, based on survey data on arrestees who tested positive for alcohol by the Strategy Unit.
D. **People entering prison with substance dependence issues who are previously not known to community treatment (definition as 2.16 in the PH outcomes framework)**
   Definition: Proportion of people assessed for substance dependence issues when entering prison.
E. **Reoffending rates (definition as 1.13 in the PH outcomes framework)**
F. **Domestic Violence (definition as 1.11 in the PH outcomes framework)**
   Definition: This is currently being developed
G. **Older people's perception of community safety (definition as 1.19 in the PH outcomes framework)**
   Definition: This is currently being developed
H. **Mortality from Liver Disease (definition as 4.6 in the PH outcomes Framework)**
   Definition: age standardised mortality rate from liver disease for persons aged under 75 per 100,000 population

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[2] NTA (2012) The Impact of Drug Treatment on Reconviction. NTA. London
[3] HM Government (2012) The Governments Alcohol Strategy. London
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