

Health Scrutiny Committee 12th March 2024

Report Title	An overview of substance misuse needs in North Northamptonshire
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Executive Member	Cllr Gillian Mercer – Executive Member for Adults, Health and Wellbeing

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Does the report contain confidential or exempt information (whether in appendices or not)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972	N/A

List of Appendices

Appendix 1: An overview of substance misuse needs in North Northamptonshire

1. Purpose of Report

1.1 The purpose of this report is to provide an overview of substance misuse needs in North Northamptonshire and local action to improve outcomes for people with substance misuse issues, including through local treatment and recovery services.

2. Executive Summary

2.1. Since the Health and Social Care Act 2012, Local Authority Public Health Departments have been responsible for commissioning substance misuse/drug and alcohol services, and they must do so as a condition of the public health grant. Currently, West Northamptonshire Council commission the substance misuse services in the table below on behalf of West Northamptonshire and North Northamptonshire Councils. All services are contracted to March 2026. A summary of local service provision is included in Appendix 1.

2.2. In response to Dame Carol Black's drugs review, in 2021, the Government published 'From Harm to Hope. A 10 year drugs plan to cut crime and save lives'. The Government also announced a three-year financial commitment to support local areas to achieve these priorities, the supplementary substance misuse treatment and recovery grant (SSMTRG). Each year, public health

departments in England submit plans to the Office for Health Improvement and Disparities (OHID) detailing planned actions and offering assurance this spending is in addition to existing commitments through the ring-fenced public health grant. The indicative allocation for Northamptonshire in 24/25 is £2,241,633.

2.3. In 2022, in recognition of the importance of whole-systems responses to substance misuse, the Government set out a strategy vision for Combating Drugs Partnerships in each locality to guide local action to meet the strategic outcomes.

2.4. Locally, the Northamptonshire Combatting Drugs Partnership (CDP) is chaired by Jane Bethea (Director of Public Health, North Northamptonshire). The drug and alcohol needs assessment was completed in November 2023 and guides local priorities, mirroring the outcomes framework whilst honing in on local needs. In Northamptonshire, the priorities are to:

- Increase the numbers in treatment, including those underrepresented in the current treatment population, which includes women and those from BAME communities.
- Improve the criminal justice prisoner release process for those discharged under Post Sentence Supervision (Continuity of Care).
- Increase the number of places available for residential rehab and inpatient detox.
- Reduce drug-related deaths.
- Intervene early to reduce substance misuse in young people and ensure families receive the support they need to break generational cycles.

3. Recommendations

The Scrutiny Committee is asked to:

- 3.1. Note local substance misuse needs and actions to improve outcomes for people with substance misuse issues, including through local treatment and recovery services.

4. Report Background

4.1. Around 3 million people in England and Wales take drugs each year, with approximately 300,000 people in England taking opiates such as heroin and crack cocaine. If health harms, the cost of crime and broader societal impacts are considered together, the total costs of drugs to society are over £19 billion. Substance use and deaths from misuse are strongly associated with deprivation (Dame Carol Black, 2020)¹.

4.2. Whilst illegal drugs were historically the focus of substance misuse services,

¹ Dame Carol Black Independent report. Review of drugs: summary (2020) [Review of drugs: summary \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92421/Review_of_drugs_summary_accessible_version.pdf)

at a population level, alcohol causes more harm than drugs. Alcohol is a causal factor in more than 200 medical conditions, including mouth, throat, stomach, liver and breast cancer, liver disease, heart disease and stroke.

- 4.3. People with drug and alcohol issues experience significant health inequalities and have a much reduced life expectancy. While drug poisoning is an important cause of death, people who use drugs and alcohol also die prematurely of diseases that are preventable or treatable.
- 4.4. Substance misuse has a significant impact on demand for all NHS services. Whilst drug and alcohol use may not have directly led to the admission, it can still be a complication in any treatment provided during admission or the cause of long-term health issues that require hospital treatment.
- 4.5. From August 2021 to July 2022, there were 5,412 admissions relating to 3455 Northamptonshire residents that were coded as related to drugs or alcohol². Most of these are related to physical health issues, with only 15% (812/5,412) having a primary diagnosis of 'mental or behavioural disorder due to psychoactive substance use'. In 2021/22 North Northamptonshire, alcohol-related admissions were similar to the England average³, but this is likely to disguise differences at a local level.
- 4.6. Drug and/or alcohol misuse is also associated with Emergency Department and Urgent Care Unit attendance. From August 2021 to July 2022, there were 16,846 attendances related to drugs and alcohol by 6,156 individuals. The total cost of these attendances is estimated to be £2,975,833. Forty of these individuals attended 25 or more times.
- 4.7. For a death to be termed a death from drug misuse, it must have the underlying cause of death coded as due to psychoactive substance use, which excludes alcohol, tobacco and volatile substances. In England and Wales, deaths from drug misuse have continued to rise over the last decade and in 2021, they were the highest number since records began in 1993.
- 4.8. In the four years from January 2019 to June 2022, there were 134 deaths from drug misuse in Northamptonshire. Local analysis for the substance misuse needs assessment shows that:
 - 71% of deaths were male.
 - The mean age of death in men was 44.3 years and 41.3 years in women.
 - 63% of deaths occurred in the 30% most deprived areas in Northamptonshire.
 - Most deaths from drug misuse occurred in Northampton (35%), Kettering (19%) and Corby (15%). However, when expressing the number of deaths

² Northamptonshire Drug and Alcohol Needs Assessment 2023

³ [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

as a proportion of the total population, the highest rate of deaths from drug misuse was in Kettering, followed by Northampton and Corby.

4.9. In 2022, in North Northamptonshire, there were 146 alcohol-related deaths, which is similar to the England average⁴, although this is likely to disguise differences at a local level.

4.10. A summary of the local substance misuse services is included in Appendix 1. Work is underway to increase understanding of equity of access, outcome and experience by gender, age, ethnicity and disability. Currently, people in substance misuse treatment are more likely to be male (69%) and aged 40-54, which is similar to the national treatment population. People from ethnic groups other than White British are under-represented in the treatment population. Further work will explore whether this under-representation relates to different patterns of drug and alcohol use or barriers to engaging with services.

4.11. In addition to these services, partners work collectively to reduce drug-related deaths. The 'Local Drug Information System' (LDIS) is an early warning system through which reports of potent, adulterated, contaminated or dangerous substances are shared locally to reduce the risk of further harm, including drug-related deaths. Information shared through the LDIS process is confidential, so patients or service users cannot be identified.

4.12. The drug-related deaths (DRD) review process reviews reports from organisations involved in the care of the person who died to identify and share system learning that could reduce future deaths in similar circumstances. An annual report that summarises drug-related deaths enables consideration of any trends and information about their causes to inform local action.

5. The Final Redesigned Model

5.1. Not applicable.

6. Risks & Mitigations

Risk	Mitigation
The supplementary substance misuse treatment and recovery grant (SSMTRG) funding ends in March 2025. Without these	Providers and commissioners monitor service delivery models, and mitigations are identified for the potential impact if SSMTRG funding ceases.

⁴ [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

additional funds, partners may be unable to sustain the current investment in substance misuse treatment and recovery services.	

7. Next Steps

7.1 Northamptonshire Combatting Drugs Partnership will continue to monitor its health-related strategic priorities to:

- Deliver a world-class treatment and recovery system.
- Reduce drug-related deaths.
- Achieving the shift in generational demand for drugs

7.2 Public Health will work with partners to improve outcomes for people with substance misuse issues by learning from the experience of service users.

Appendix 1

An overview of substance misuse needs in North Northamptonshire

March 2024

National and local context

Around 3 million people in England and Wales take drugs each year, with approximately 300,000 people in England taking opiates such as heroin and crack cocaine. If health harms, the cost of crime and broader societal impacts are considered together, the total costs of drugs to society are over £19 billion. Substance use and deaths from misuse are strongly associated with deprivation (Dame Carol Black, 2020)⁵.

People with drug and alcohol issues experience significant health inequalities and have a much reduced life expectancy. While drug poisoning is an important cause of death, people who use drugs and alcohol also die prematurely of diseases that are preventable or treatable. Dame Carol Black’s drugs review found that ‘many drug users have poor overall health’ and that the NHS is ‘poor at engaging with the wider health needs of drug users with medical co-morbidities (for example, hepatitis C, HIV, heart and lung disease)’. She also notes that many ‘drug users’ find it difficult to navigate complex health systems and feel stigmatised when trying to do so⁶. For

⁵ Dame Carol Black Independent report. Review of drugs: summary (2020) [Review of drugs: summary \(accessible version\) - GOV.UK \(www.gov.uk\)](#)

⁶ [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](#)

many people, 'mental health problems and trauma lie at the heart of their drug and alcohol dependence'⁷. However, they are often excluded from mental health services until they resolve their drug problem and excluded from drug services until their mental health problems have been addressed.

Whilst illegal drugs was historically the focus of substance misuse services, at a population level, alcohol cause more harm than drugs. Alcohol is a causal factor in more than 200 medical conditions, including mouth, throat, stomach, liver and breast cancer, liver disease, heart disease and stroke. Alcohol use is also associated with significant harm to others, including antisocial behaviour, violence associated with the nighttime economy and road traffic deaths. Parental alcohol misuse is implicated in deaths and serious injuries in children. 61% of care applications are related to parental alcohol or drug use⁸. Smoking is the single most significant contributor to premature mortality for people who use drugs and alcohol.

Investment in drug and alcohol/substance misuse services saves money in areas such as crime and health and social care⁹. Still, Dame Carol Black's drugs review stated there had been significant disinvestment in substance misuse treatment services over the last eight years. She proposed that this had led to an increase in drug and alcohol-related harm, drug-related deaths and a decrease in 'efficacy and quality of treatment over the same period.



Figure 1. Investing in drugs and alcohol treatment services. Source: [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100222/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf)

In response to Dame Carol Black's report, in 2021, the Government published 'From Harm to Hope. A 10 year drugs plan to cut crime and save lives'¹⁰ has three strategic priorities:

- Break drug supply chains
- Deliver a world class treatment and recovery system.
- Achieve a generational shift in demand for drugs.

⁷ [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100222/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf)

⁸ Houses of Parliament (2018). Parental Alcohol Misuse and Children. [Parental Alcohol Misuse and Children \(parliament.uk\)](https://www.parliament.uk/publications/2018/04/parental-alcohol-misuse-and-children/)

⁹ [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100222/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf)

¹⁰ [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100222/From_harm_to_hope_a_10_year_drugs_plan_to_cut_crime_and_save_lives.pdf)

The Government also announced a three-year financial commitment to support local areas to achieve these priorities, the supplementary substance misuse treatment and recovery grant (SSMTRG). Each year, public health departments in England submit plans to the Office for Health Improvement and Disparities (OHID) detailing planned actions and offering assurance this spending is in addition to existing commitments through the ring-fenced public health grant. The indicative allocation for Northamptonshire in 24/25 is £2,241,633.

In 2022, in recognition of the importance of whole-systems responses to substance misuse, the Government set out a strategy vision for Combating Drugs Partnerships in each locality to guide local action to meet the strategic outcomes.







National Combating Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
What we will deliver for citizens (strategic outcomes)	Measured by:
 Reducing drug use	<ul style="list-style-type: none"> the proportion of the population reporting drug use in the last year (reported by age) prevalence of opiate and/or crack cocaine use
 Reducing drug-related crime	<ul style="list-style-type: none"> the number of drug-related homicides the number of neighbourhood crimes
 Reducing drug-related deaths and harm	<ul style="list-style-type: none"> deaths related to drug misuse hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	Measured by:
 Reducing drug supply	<ul style="list-style-type: none"> the number of county lines closed the number of moderate and major disruptions against organised criminals
 Increasing engagement in drug treatment	<ul style="list-style-type: none"> the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol) continuity of care – engagement with treatment within three weeks of leaving prison
 Improving drug recovery outcomes	<ul style="list-style-type: none"> the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use <p>Key additional components integral to recovery include housing, mental health, and employment</p>

Figure 2. National Combating Drugs Outcome Framework. Source: [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114144/drugs_strategy_guidance_for_local_delivery_partners.pdf)

Locally, the Northamptonshire Combatting Drugs Partnership (CDP) is chaired by Jane Bethea, who took over from Sally Burns (Director of Public Health, West Northamptonshire) in December 2023. The drug and alcohol needs assessment was completed in November 2023 and guides local priorities, mirroring the outcomes framework whilst honing in on local needs.

The local priorities are to:

- Increase the numbers in treatment, including those underrepresented in the current treatment population, which includes women and those from BAME communities.
- Improve the criminal justice prisoner release process for those discharged under Post Sentence Supervision (Continuity of Care).
- Increase the number of places available for residential rehab and inpatient detox.
- Reduce drug-related deaths.
- Intervene early to reduce substance misuse in young people and ensure families receive the support they need to break generational cycles.

Local needs and local services

Hospital admissions and Emergency Department attendances

Substance misuse has a significant impact on demand for all NHS services. Routine data that identifies substance misuse is available for urgent care and hospital admissions. Each hospital admission is given a diagnostic coding and may indicate whether alcohol or drug involvement contributed to the need for admission, such as existing drug or alcohol issues or an individual’s history of these issues. Whilst drug and alcohol use may not have directly led to the admission, it can still be a complication in any treatment provided during admission or the cause of long-term health issues that require hospital treatment.

Some of the longer-term diseases caused by alcohol are more specific than those caused by other substance misuse. A proportion of admissions for the following conditions may have some origins in drug or alcohol misuse, but the routine data available may not always show this.

- Cardiovascular disease
- Stroke
- Cancer
- HIV/AIDS
- Hepatitis B and C
- Lung disease
- Mental disorder

From August 2021 to July 2022, there were 5,412 admissions relating to 3455 Northamptonshire residents that were coded as related to drugs or alcohol¹¹. Most of these are related to physical health issues, with only 15% (812/5,412) having a primary diagnosis of ‘mental or behavioural disorder due to psychoactive substance use’. In 2021/22 North Northamptonshire, alcohol-related admissions were similar to the England average¹², but this is likely to disguise differences at a local level.

Indicator	Period	N Northamptonshire		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related conditions (Narrow) (Persons)	2021/22	–	1,679	479	536	494	867		251
Admission episodes for alcohol-related conditions (Narrow) (Male)	2021/22	–	1,057	628	689	664	1,104		359
Admission episodes for alcohol-related conditions (Narrow) (Female)	2021/22	–	622	345	396	341	742		147
Admission episodes for alcohol-related conditions (Broad) (Persons)	2021/22	–	5,924	1,703	1,700	1,734	3,868		1,036
Admission episodes for alcohol-related conditions (Broad) (Male)	2021/22	–	4,359	2,659	2,580	2,682	5,840		1,584
Admission episodes for alcohol-related conditions (Broad) (Female)	2021/22	–	1,566	864	920	906	2,095		485
Admission episodes for alcohol-specific conditions (Persons)	2021/22	–	1,632	464	545	626	2,512		256
Admission episodes for alcohol-specific conditions (Male)	2021/22	–	1,128	658	748	879	3,756		300
Admission episodes for alcohol-specific conditions (Female)	2021/22	–	504	280	352	390	1,358		148
Estimated cost per capita of alcohol-related hospital admissions (Broad)2020/21	–	–	12,752,286	44.5	48.1	48.6	89.7		26.4

Figure 3. Alcohol related admissions. Source: [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

¹¹ Northamptonshire Drug and Alcohol Needs Assessment 2023

¹² [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Drug and/or alcohol misuse is also associated with Emergency Department and Urgent Care Unit attendance. From August 2021 to July 2022, there were 16,846 attendances related to drugs and alcohol by 6,156 individuals. The total cost of these attendances is estimated to be £2,975,833. Forty of these individuals attended 25 or more times.

Deaths related to alcohol and drug misuse

For a death to be termed a death from drug misuse, it must have the underlying cause of death coded as due to psychoactive substance use, which excludes alcohol, tobacco and volatile substances. In England and Wales, deaths from drug misuse have continued to rise over the last decade and in 2021, they were the highest number since records began in 1993.¹³ Death rates are highest in those born in the 1970's, 'Generation X', with the highest rates in those aged 45 to 49. More than half involved opiates, and an increasing number involved cocaine. A study by Public Health England and the Local Government Association identified two critical factors in the rise of deaths: the increase in the availability and purity of heroin and ageing heroin users.¹⁴

In the three years 2018-20, there were 42 deaths from drug misuse in North Northamptonshire, of whom 83% were male, which is statistically similar to the England average. Trend data is not currently available for North or West Northamptonshire local authorities.

In the four years from January 2019 to June 2022, there were 134 deaths from drug misuse in Northamptonshire. Local analysis for the substance misuse needs assessment shows that:

- 71% of deaths were male.
- The mean age of death in men was 44.3 years and 41.3 years in women.
- 63% of deaths occurred in the 30% most deprived areas in Northamptonshire.
- Most deaths from drug misuse occurred in Northampton (35%), Kettering (19%) and Corby (15%). However, when the size of the population is taken into account, the highest rate of deaths from drug misuse was in Kettering, followed by Northampton and Corby.

In 2022, in North Northamptonshire, there were 146 alcohol-related deaths, which is similar to the England average¹⁵, although this is likely to disguise differences at a local level.

¹³ ONS. [Deaths related to drug poisoning in England Wales: 2021 registrations](#). Accessed 22nd November 2022.

¹⁴ Public Health England. [Health matters: preventing drug related deaths](#). 15th September 2017

¹⁵ [Alcohol Profile - Data - OHID \(phe.org.uk\)](#)

Indicator	Period	N Northamptonshire		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Alcohol-related mortality (Persons)	2022	→	146	41.4	42.8	39.7	73.7		20.2
Alcohol-related mortality (Male)	2022	→	105	63.4	64.0	60.3	106.5		33.4
Alcohol-related mortality (Female)	2022	→	40	21.8	24.3	22.0	43.7		12.6
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2022	→	2,034	1,175	1,319	1,211	2,323		574
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2022	→	918	501	607	536	1,196		144

Figure 4: Alcohol-related mortality (deaths). Source: [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://pne.org.uk)

Figure 5 is a snapshot of North Northamptonshire data collected as part of the National Combatting Drugs Outcomes Framework and/or returned to OHID to show progress against local action plans. It relates to December 2022 to November 2023.

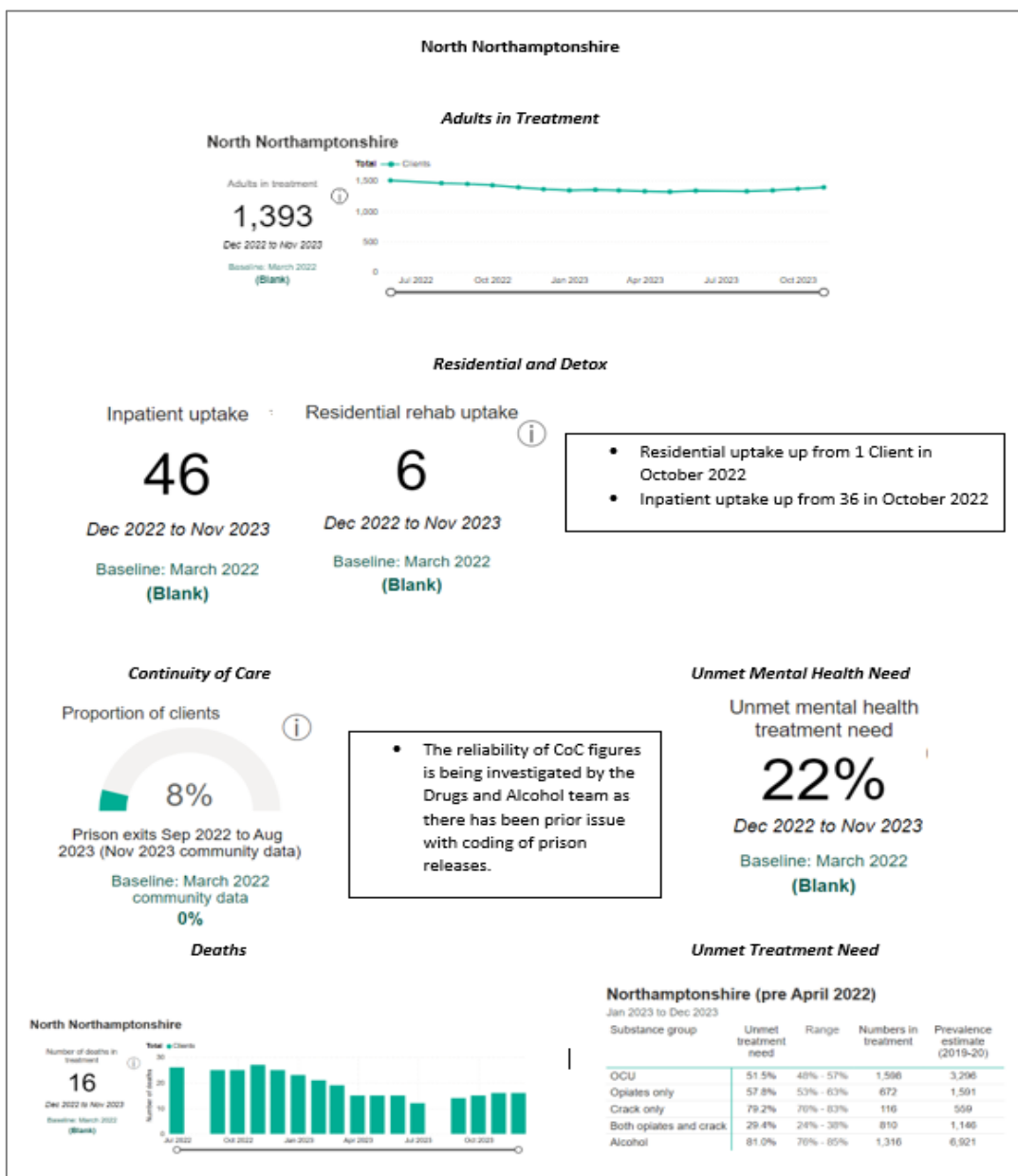


Figure 5. A snapshot of substance misuse need and service use in North Northamptonshire. November 2023. Source: NDTMS.

Local service provision

Since the Health and Social Care Act 2012, Local Authority Public Health Departments have been responsible for commissioning substance misuse/drug and alcohol services, and they must do so as a condition of the public health grant. Local authorities must also “...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services¹⁶...” Currently, West Northamptonshire Council commission the substance misuse services in the table below on behalf of West Northamptonshire and North Northamptonshire Councils. All services are contracted to March 2026.

Service provider	Type of service	Local bases	Brief overview of the service
Change, Grow Live (CGL) who are also known locally as S2S Substance to Solution Change Grow Live	Adult structured treatment	Northampton Daventry Corby Kettering Wellingborough	The service is available to support anyone experiencing difficulties with drugs and alcohol dependency. The person is supported in accessing the right treatment, and their plan may include several different treatments and strategies. A range of options are available to support the person; this includes harm reduction, access to needle exchange, medical interventions, advice, and information via group sessions and one-to-one sessions with their recovery worker.
Family Support Link (FSL) Family Support Link	Family support	Wellingborough Northampton	FSL supports families and carers impacted by a family member’s drug or alcohol use. They aim to reduce the physical, psychological, and emotional harm caused to families and individuals living with or caring for someone who is addicted to drugs and/or alcohol. Staff offer 1-1 support sessions to adults and children (from 5 years and up).
The Bridge The Bridge	Recovery support	Northampton Corby Wellingborough	Bridge is a mentoring programme that offers its members a range of physical, social, creative, and practical activities either alongside or independent of a mentoring relationship. As well as recruiting, training and supervising volunteers who have direct experience with drug and/or alcohol problems, they also employ recovery workers who work with the members to sustain their recovery. Staff are also skilled in supporting and offering advice and guidance on benefits, housing, education, training, and employment. Members can benefit from all the services Bridge provides or choose those that would be most beneficial to their recovery.
Aquarius N’Gage Aquarius N’Gage	Prevention and treatment for young people	Northampton	The service provides information, education, advice and support to young people concerning drug and alcohol use via structured 1:1 sessions and interventions as part of their care plan. The service also offers brief family interventions or structured family work (with the young person’s permission), group information, education and harm reduction sessions for targeted groups, support young people leaving youth offending institutes to prevent relapse, plus providing young people with volunteering and

¹⁶ [Interpreting the ringfenced public health grant \(adph.org.uk\)](https://www.adph.org.uk/interpreting-the-ringfenced-public-health-grant/)

			training opportunities through their Evolve youth group.
Aquarius healthy futures Aquarius Healthy Futures	Substance misuse training	Northampton	Provide free training sessions for frontline professional workers and volunteers who work with those at risk of substance misuse. The team can also design and deliver bespoke face-to-face training to meet specific organisational needs. Other training available includes brief intervention skills, dependency and addictions, foetal alcohol spectrum disorder (FASD) and resilience and stress management.

Table 1: Substance Misuse services in Northamptonshire.

As Table 2 shows, in North Northamptonshire, currently, most people self-refer to substance misuse structured treatment services, and work is underway to increase referrals from other sources, including ambulance and health services. However, the referral data only captures where a valid referral source is recorded, and thus, conclusions should be made with caution.

North Northamptonshire	
Referral Source - All Clients	
Self, family and friends	510
Criminal justice	113
Health services and social care	68
Substance misuse services	10
Other	21

Table 2. Referrals to substance misuse structured treatment services in North Northamptonshire by referral source. December 2022 to November 2023. Source: NDTMS

Work is underway to increase understanding of equity of access, outcome and experience by gender, age, ethnicity and disability. Currently, people in substance misuse treatment are more likely to be male (69%) and aged 40-54, which is similar to the national treatment population. People from ethnic groups other than White British are under-represented in the treatment population. Further work will explore whether this under-representation relates to different patterns of drug and alcohol use or barriers to engaging with services.

In addition to these services, partners work collectively to reduce drug-related deaths. The 'Local Drug Information System' (LDIS) is an early warning system through which reports of potent, adulterated, contaminated or dangerous substances are shared locally. In North Northamptonshire, most reports are from service users to their drug worker, who documents the issues and submits an LDIS form to the LDIS coordinator. Depending on the nature of the report, the decision is made whether to

convene a panel of professionals who will determine whether an alert is issued to local partners and what harm reduction messages should be shared with local service users to reduce the risk of further harm, including drug-related deaths. Information shared through the LDIS process is confidential, so patients or service users cannot be identified.

The drug-related deaths (DRD) review process reviews reports from organisations involved in the care of the person who died to identify and share system learning that could reduce future deaths in similar circumstances. The DRD process does not replace the investigative role of the Police or coronial processes. An annual report that summarises drug-related deaths enables consideration of any trends and information about their causes to inform local action.

Current priorities

Northamptonshire Combatting Drugs Partnership (CDP) has agreed to the following health-related priorities, each led by a subgroup that reports to the CDP Board.

Deliver a world-class treatment and recovery system. Specifically:

- To increase the numbers in substance misuse treatment, including those underrepresented in the current treatment population, which includes women and those from BAME communities.
- Increase the capacity of specialist treatment and recovery services, addressing the increasing complexity of cases.
- Improve treatment for those with mental health and substance misuse needs (co-occurring conditions), removing barriers so people can access the services they need.
- Increase early identification of substance misuse to enable timely support and treatment.
- Improve provision for young adults, including the transition for young people moving to adult substance misuse services.
- Continue strengthening the harm reduction offer provided by specialist treatment services and knowledge of harm reduction in other organisations.
- Improve continuity of care through the criminal justice prisoner release process for those discharged under post-sentence supervision.
- Increase the number of places available for residential rehab and inpatient detox.

Reduce drug-related deaths.

- Ensure the LDIS process maximises reporting of potent, adulterated, contaminated or dangerous substances through an easy to use process which facilitates the issuing of alerts which encourage harm reduction and thus reduce the risk of drug-related deaths.
- Ensure that the drug-related deaths review process enables system learning that could reduce future deaths in similar circumstances including analysing trends and information about their causes to inform local action.

Achieving the shift in generational demand for drugs.

1. Support children and young people at high risk of problematic substance misuse to break the generational cycle, particularly those with adverse childhood experiences.
2. Starting before birth and focusing on the early years, support the most vulnerable parents.
3. Develop healthy communities and settings (schools and workplaces) which will protect the next generation from substance misuse.

In addition, system work aims to intervene early to reduce substance misuse in young people by ensuring families receive the support they need to break generational cycles of drug and alcohol misuse.

Additional priorities relate to restricting the drug supply and demand.

References

¹ Dame Carol Black Independent report. Review of drugs: Summary (2020) [Review of drugs: summary \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92322/Review_of_drugs_summary_accessible_version.pdf)

² [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92322/Review_of_drugs_part_two_prevention_treatment_and_recovery_accessible_version.pdf)

³ [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92322/Review_of_drugs_part_two_prevention_treatment_and_recovery_accessible_version.pdf)

⁴ Houses of Parliament (2018). Parental Alcohol Misuse and Children. [Parental Alcohol Misuse and Children \(parliament.uk\)](https://www.parliament.uk/publications/2018/10/parental-alcohol-misuse-and-children/)

⁵ [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92322/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest_accessible_version.pdf)

⁶ [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92322/From_harm_to_hope_a_10_year_drugs_plan_to_cut_crime_and_save_lives_accessible_version.pdf)

⁷ Northamptonshire Drug and Alcohol Needs Assessment 2023

⁸ [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/alcohol-profile/)

⁹ ONS. [Deaths related to drug poisoning in England Wales: 2021 registrations](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/articles/deaths-related-to-drug-poisoning-in-england-wales-2021-registrations). Accessed 22nd November 2022.

¹⁰ Public Health England. [Health matters: preventing drug related deaths](https://www.phe.org.uk/news/news-item/health-matters-preventing-drug-related-deaths). 15th September 2017

¹¹ [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/alcohol-profile/)

¹² [Interpreting the ringfenced public health grant \(adph.org.uk\)](https://adph.org.uk/interpreting-the-ringfenced-public-health-grant/)

Further information

The Local Government Association (LGA) have produced a guide for Councillors which summarises the issues related to substance misuse, outlines the additional investment the Government has made available and describes the potential role for Councillors as system leaders [Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association](#)