

Drugs and Alcohol Needs Assessment

Buckinghamshire Council Public Health Team on behalf of the
Buckinghamshire Combating Drugs Partnership

Introduction

This needs assessment aims to understand the scale and features of drug and alcohol consumption, related harms including crime, and health and criminal justice service usage in Buckinghamshire. These insights will identify areas for improvement and gaps in current system-wide service provision to inform the development of a new five year drugs and alcohol strategy for Buckinghamshire.

Local professionals were individually interviewed to gather their views on substance misuse in Buckinghamshire. In total, 42 stakeholders contributed from settings including:

- Specialist drug and alcohol treatment services
- Related clinical areas (such as mental health and sexual health)
- Criminal justice system
- Services more likely to encounter drug and alcohol clients as either a risk factor or consequence (such as housing providers)

Eighteen people with lived experience were consulted to understand their perspectives on current provision as well as wider issues relating to drugs and alcohol in Buckinghamshire. Consultation took place with those who agreed to come forward, and they provided their insights as self-selected individuals. Consultations were held in four online groups:

- Women
- Peer support (which includes both drug and alcohol clients)
- Alcohol
- Partner peer support

This report is the baseline assessment for the newly established Combating Drugs Partnership (CDP). It has been produced by Buckinghamshire Council Public Health and Community Safety teams, but would not have been possible without contributions from all of our CDP partners. In addition, the Centre for Public Innovation, a Community Interest Company, was commissioned to perform a piece of work which included the health sector stakeholder consultation detailed in this document. As the Partnership evolves and the national outcomes framework is published it is anticipated that a richer analysis will be available and this document will be updated. We would like to thank all colleagues who have shared their insights in the production of this needs assessment.

Please note data presented are the most recent available at the time of production, but some sources have not been updated for a number of years and must therefore be viewed with greater caution. It is anticipated that variations in both need and demand may have arisen during the COVID-19 pandemic.

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Buckinghamshire System

Buckinghamshire is a unitary local authority in England, with 553,100 people (2021 Census), of whom 63% are aged 15-64¹. There are 235 schools and academies in Buckinghamshire attended by over 84,000 children and young people.

Buckinghamshire has 2 large towns – Aylesbury in the north of the county and High Wycombe in the south. There are also a number of smaller towns across the county. The majority of the population in Buckinghamshire live in an urban city or town environment, with 32% of the population living in rural town or village communities².

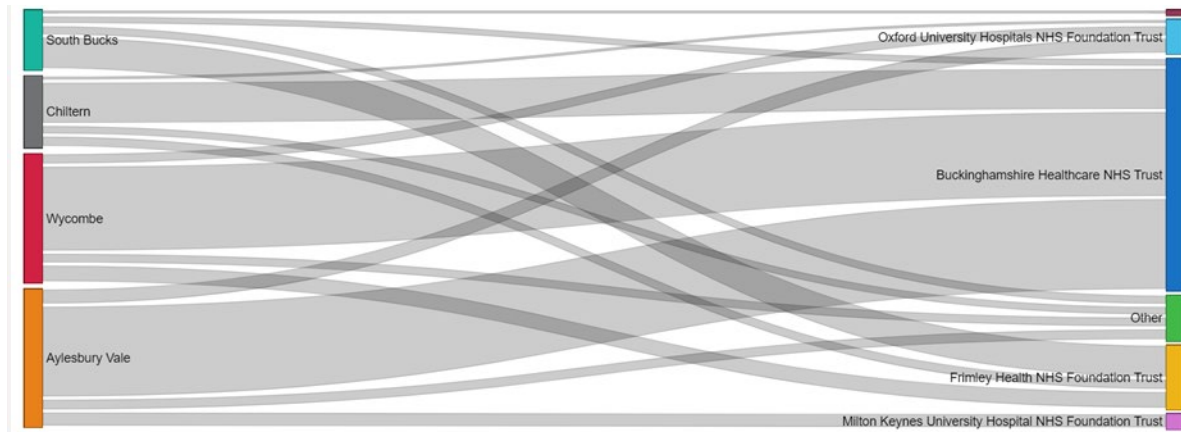
Buckinghamshire has better health overall in comparison to England – life expectancy at birth was higher for both men (81.5 versus 79.4) and women (85.1 versus 83.1) in 2018-2020³. However, the health of residents varies within, and between, local areas. National data show drug and alcohol issues disproportionately affect more disadvantaged populations and are a mechanism contributing to health inequalities. A local programme of work on ‘Levelling Up’ is focussed on the ten most deprived wards in the county – covering Aylesbury, High Wycombe, and Chesham.

Local health system

In July 2022, 42 Integrated Care Systems (ICSs) were established on a statutory basis across England to bring partner organisations together. Each ICS has two core parts: an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). The ICB is an NHS organisation responsible for managing NHS budget and arranging for health services to be delivered. The local ICB was born from three previous Clinical Commissioning Groups (CCGs) which have since ended – Buckinghamshire, Oxfordshire and Berkshire West (BOB). The ICP is a statutory committee that brings the NHS together with local authorities and other key partners to develop the overall strategy to improve health and wellbeing. Buckinghamshire Council forms part of the BOB ICP. Public health functions moved to local authorities in 2013 therefore Buckinghamshire Council is responsible for commissioning local drug and alcohol specialist treatment services.

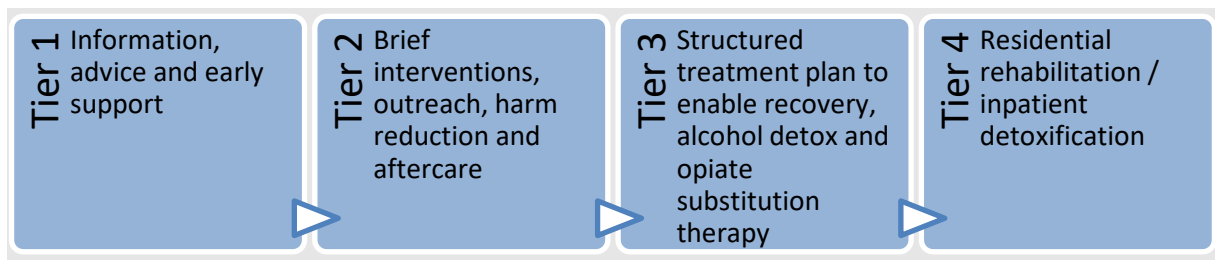
Buckinghamshire Healthcare NHS Trust (BHT) provides both acute and a range of community health provision. Acute inpatient services are provided at Stoke Mandeville Hospital in Aylesbury, which contains an A&E department, plus Wycombe Hospital in High Wycombe. However, this only accounts for two thirds (62%) of hospital attendances for Buckinghamshire residents, with care also provided by neighbouring Frimley Health, Oxford University Hospitals and Milton Keynes University Hospital (Figure 1)⁴.

Fig. 1: Patient flow of Buckinghamshire residents to Hospital Trusts 2020



Community specialist drug and alcohol treatment

Drugs and alcohol services take a tiered approach to treatment based on the 2006 national Models of Care guidance^{5,6}:



A 3 year early intervention programme ‘Risk-Avert’, delivered by The Training Effect, has been available for Buckinghamshire schools until March 2022 as tier one provision for young people. In the first year the programme delivered a universal offer for young people in classroom sessions. In Years 2 and 3 school support staff were trained to deliver a six-session intervention programme for Year 8 pupils requiring additional support.

Health education in schools is now statutory, providing an opportunity to ensure that all young people receive education and advice on the dangers of drugs and alcohol. Plans are currently being developed for a schools-based targeted prevention model to be delivered by the commissioned young people’s drug and alcohol service. This will ensure a seamless transition for any young person requiring a more intensive level of support. A survey of Buckinghamshire pupils found that secondary pupils were most likely to go to a parent if they wanted information about drugs (48%), whereas sixth formers would most likely consult an internet search engine (64%).

Adult tier one alcohol identification and brief advice (IBA) is commissioned within the Healthy Lifestyle Service, alongside tobacco dependency and weight management. 11.5% of Buckinghamshire Healthy Lifestyle Service clients screened in 2019/20 scored 8-15 (increasing risk) on AUDIT. None were recorded with a score of 16+ (higher risk) who would

be eligible for referral to tier two services. There will be an enhanced tier one alcohol offer when the Healthy Lifestyle Service is recommissioned in 2023. IBA training is also available for frontline key workers and practitioners in a range of services including social care, housing, mental health, domestic abuse and criminal justice.

Elements of adult tier one provision are also delivered by the specialist drug and alcohol treatment service. This includes training to agencies on drug and alcohol awareness and delivery of information and brief advice. The service is also involved with and actively promotes health awareness campaigns related to drugs and alcohol.

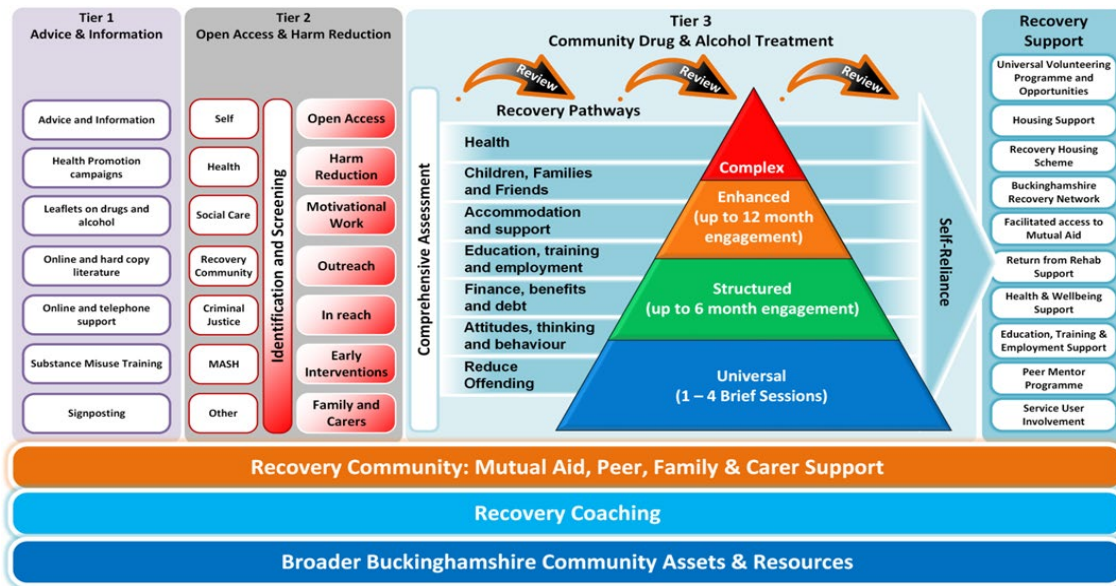
Tier two and three services for 10-18 year olds (and exceptionally up to age 25) are provided by Here4YOUth (delivered by Cranstoun) which, until July 2022, was known as SwitchBucks. Young people were directly involved in this rebranding. The service delivers interventions for young people at both early risk (those beginning to use substances regularly) and at harmful use or substance abuse (active alcohol or drug seeking behaviour despite negative consequences across many areas of life). 'Hidden Harm' interventions are provided for young people affected by parental substance misuse in partnership with One Recovery Bucks. The service also supports delivery of the Young People Drugs Diversion Scheme with the police and youth offending service. This provides young people found in possession of small quantities of illegal drugs the opportunity to take part in tailored interventions to address their drug and/or offending issues as an alternative to facing prosecution.

One Recovery Bucks (ORB), delivered by Inclusion, part of the Midlands Partnership NHS Foundation Trust, is the integrated specialist substance misuse treatment service for adults in Buckinghamshire. It delivers services and interventions for drugs and alcohol across tiers 1, 2 and 3 for adults including:

- **Clinical service** – prescribing OST and detoxification. The service subcontracts with community pharmacies to deliver supervised consumption of OST medication.
- **Residential rehabilitation** – provides clinical assessments for residential rehabilitation, inpatient detox and, where appropriate, community detox.
- **Harm reduction** – including access to clean drug paraphernalia and needle exchange provision, naloxone provision to help prevent overdose and reduce drug-related deaths and blood borne virus testing.
- **Psycho-social interventions** – access to psycho-social therapy, counselling, one-to-one support and a variety of groups.
- **Shared care with primary care** – 2 GP shared care services support the provision of OST in Burnham and Aylesbury and 27 GP practices support the provision of alcohol abstinence treatment both within tier three.
- **Family and carers service** – supporting those impacted by a family member's substance misuse (in conjunction with Here4YOUth) including one-to-one support, group support, information and guidance and referrals to other services.
- **Enhanced Recovery Network** – creating a soft safe landing from structured services, with the aim of decreasing risk of relapse and representation into tier three services. Activities include delivery of daily Recovery Club and practical support (such as access to housing and finance advice).

ORB operates three main service hubs: Aylesbury, Wycombe, and Chesham. There are two additional engagement and treatment hubs in Burnham and Buckingham. A summary of ORB's services is shown below (Figure 2).

Fig. 2: One Recovery Bucks Service Summary



The most complex and chaotic drinkers in Buckinghamshire are provided with more intensive engagement and support via the pilot three-year Blue Light project, launched in autumn 2021. The pilot will undergo an interim evaluation annually, as well as at the end of the project, and the findings will be added to future versions of this needs assessment.

Residential rehabilitation (tier four) is commissioned on a regional basis, for which Buckinghamshire residents (including those under the age of 18) are eligible.

Local criminal justice system

The UK criminal justice system is collectively responsible for administering justice and consists of institutions including the police, crown prosecution service, and prison system.

Community safety

Community Safety Partnerships (CSPs) are statutory bodies created under the terms of the Crime and Disorder Act 1998. This requires all responsible authorities (the police, local authorities, fire and rescue services, the probation trust, and local health providers) to work together to reduce crime and disorder. The Safer Buckinghamshire Board (SBB) is the strategic CSP within Buckinghamshire.

The Buckinghamshire Council Community Safety team supports the work of the CSP including serious violence, domestic violence, modern slavery, Prevent, and antisocial behaviour. This is achieved through the production and implementation of strategies alongside partner agencies, and provision of frontline services including street wardens and public realm CCTV.

Police

Buckinghamshire is covered by Thames Valley Police (TVP), one of the 43 police forces in England and Wales and the largest non-metropolitan force. It covers Buckinghamshire, Milton Keynes, Oxfordshire and Berkshire (East and West). It has 11 local policing areas, each led by a Superintendent, with two for Buckinghamshire – Aylesbury Vale and South Buckinghamshire. There are currently six custody suites across the Thames Valley, with one in Buckinghamshire located in Aylesbury.

Police and Crime Commissioner

The role of the Police and Crime Commissioner (PCC) is to provide a democratic route for residents to input into policing and hold the police to account, including by the appointment of the Chief Constable. PCCs aim to cut crime and deliver an effective and efficient police service within their force area. PCCs hold convening powers and work in partnership across a range of agencies at local and national levels to ensure there is a unified approach to both preventing and reducing crime. The PCC's published plan identifies "Improving the Criminal Justice System" as one of the key priorities and, as chair of the Local Criminal Justice Board, he utilises his convening powers to provide governance over the breadth of partners who deliver against the Criminal Justice agenda. The Thames Valley PCC directly grant funds local Community Safety Partnerships, of which Buckinghamshire is one of twelve, and holds commissioned and grant funded organisations to account for local delivery.

Courts

His Majesty's Courts and Tribunals Service is responsible for the administration of criminal, civil and family courts and tribunals in England and Wales. Magistrates' courts deal with less serious criminal offences, with more serious offences dealt with by Crown Courts. Within Buckinghamshire there is High Wycombe Magistrates' Court and Family Court, Amersham Law Court (Magistrates), and Aylesbury Crown Court. In addition, Buckinghamshire has a Family Drug and Alcohol Court (FDAC). This Court is an alternative family court for care proceedings designed to work with parents with drug and alcohol misuse.

His Majesty's Prison and Probation Service

His Majesty's Prison and Probation Service carries out sentences given by the courts, in custody and the community, and rehabilitates people through education and employment.

There are three prisons within Buckinghamshire. HMP Aylesbury is a category C closed prison – previously a Young Offenders Institute (YOI) it has recently been reconfigured as an adult male prison. HMP Grendon is a closed category B prison for adult men, which is jointly managed with HMP Spring Hill on the same site in west Buckinghamshire. HMP Spring Hill is a category D open resettlement prison for adult men. Most of the prisoners held at Spring Hill are long-term inmates transferred from other prisons for the last few years of their sentence. However, the movement of prisoners is not restricted to local authority boundaries. Most male prisoners from Buckinghamshire will first go to HMP Bullingdon in Oxfordshire, a category B closed reception prison. Prisoners will move between prisons during their sentence, so those currently serving in a Buckinghamshire prison may not be released into the community from that prison. There are no female

prisons in Buckinghamshire. All female inmates will serve in prisons located outside of the local authority.

The local probation service area covers both Buckinghamshire and Milton Keynes.

Detained settings specialist drug and alcohol treatment

NHS England (NHSE) is responsible for commissioning healthcare for people in prisons and young offender institutions in England (with the exception of emergency care, ambulance services and out-of-hours services). The range of services which are directly commissioned for prisons includes primary care and otherwise community services such as substance misuse and mental health services. NHSE have a specification for prison-based substance misuse services which has been commissioned against since 2018.

NHSE also commission healthcare in court custody in conjunction with the Prisoner Escort and Custody Service (PECS). In the South East, SERCO Group PLC are commissioned to deliver PECS, and IPRS Aeromed are subcontracted to provide a range of clinical medical services from triage to onsite paramedic support.

In Buckinghamshire, court custody healthcare is provided by Mountain Healthcare. For HMP Springhill and HMP Grendon, healthcare for prisoners is commissioned by NHSE to Practice Plus, who subcontract substance misuse specialist services to Inclusion, Midlands Partnership NHS Foundation Trust. Inclusion is the largest NHS provider of prison-based drug and alcohol services in England, as well as being the local provider of the Buckinghamshire adult drug and alcohol service – One Recovery Bucks. Healthcare at HMP Bullingdon in Oxfordshire is provided by Practice Plus with substance misuse services subcontracted to Inclusion, Midlands Partnership Foundation Trust (MPFT). For Aylesbury prison, healthcare is provided by Central and North West London NHS Foundation Trust.

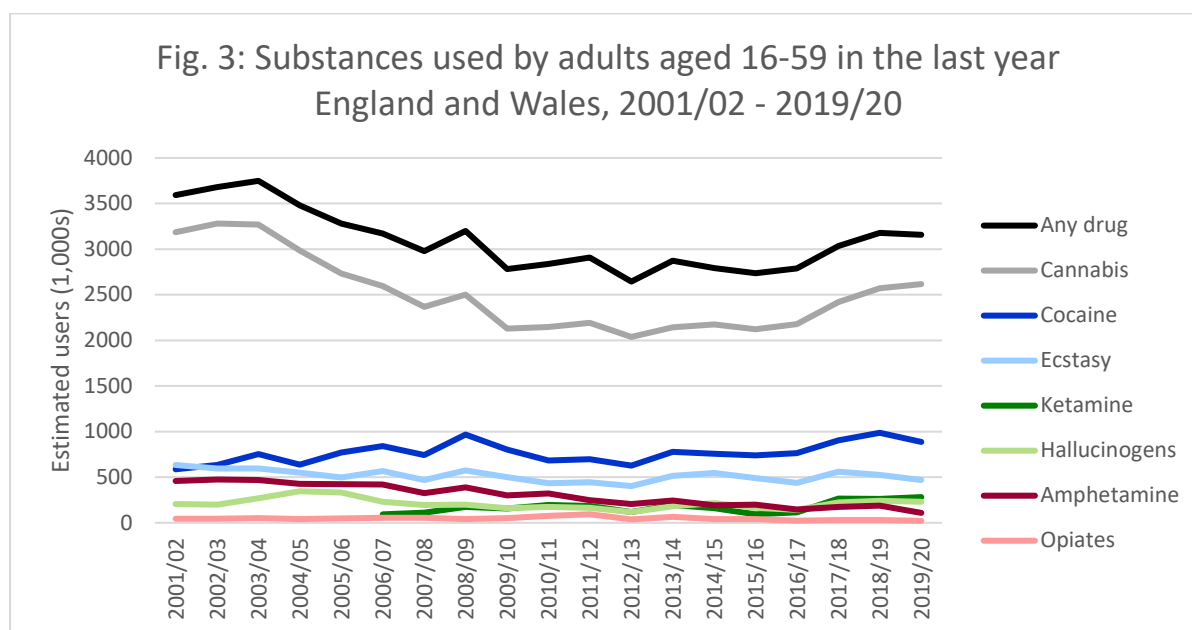
Use and consumption

Drugs

National picture

Over one in three adults (35%) aged 16-59 years, an estimated 11.8 million people, have consumed an illicit drug during their lifetime.ⁱ This number of people has been stable over the past 10 years⁷.

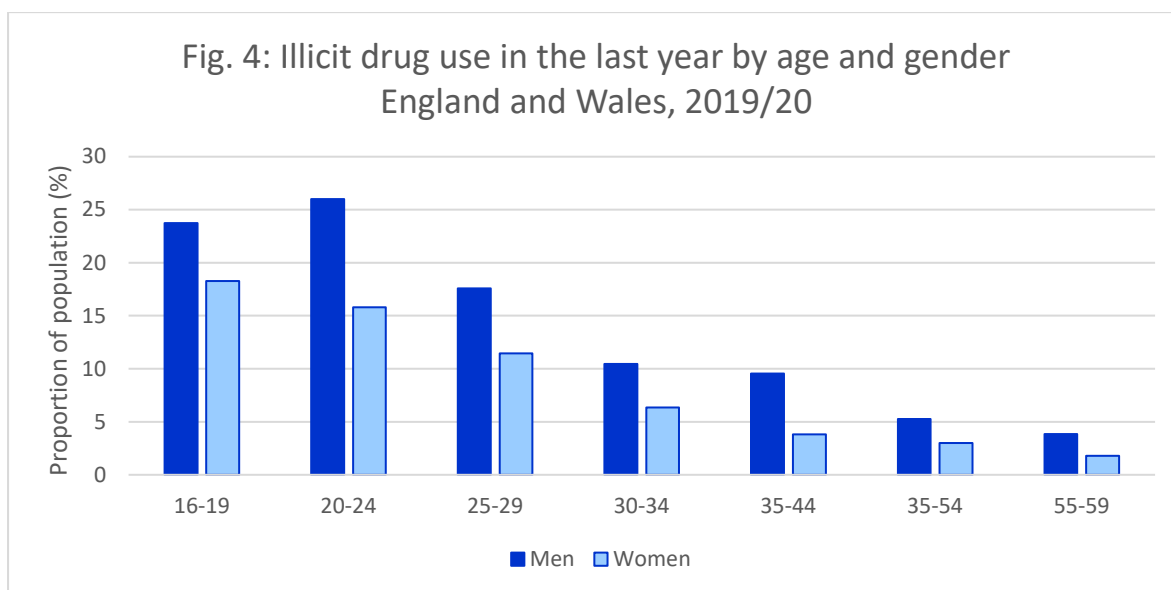
Active drug use, that is having consumed an illicit substance in the past year, is higher in the UK than any other country in Western Europe⁸. According to the Crime Survey of England and Wales, active drug use is reported by nearly one in ten (9%) of the adult population aged 16-59 – an estimated 3.2 million people. The most commonly used drug is cannabis – having been consumed by 2.6 million adults aged 16-59 in the year to March 2020. Reported active cannabis use was previously falling but started to rise again in 2017/18 (Figure 3). Ketamine has seen the greatest relative increase in reported active consumption – rising by 81% in the last 10 years of data.



All Class A drugs plus any other substances for which there have been over 1 million lifetime users have been individually shown. All other drugs are still captured within the 'Any drug' data.

Amongst adults, active drug use is more common in younger age groups (Figure 4). The most commonly consumed illicit drugs in 16-24 year olds are cannabis (19% of the population), nitrous oxide (9%) and cocaine (5%). Men are also 70% more likely to have consumed an illicit drug in the last year than women. Together this makes young adult men aged 16-24 the most common users of illicit substances – where one in four (25%) consumed an illicit drug in the last year and nearly one in 10 (9%) consumed a class A drug in the last year.

ⁱ Any drug comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids, plus ketamine since 2006/07, methamphetamine since 2008/09, and mephedrone since 2010/11. Glues are included until 2009/10.



Surveys of school pupils estimate that illicit drug taking is commonly tried before adulthood. Nationally, nearly one in ten (9%) pupils aged 11 reported having ever taken drugs, rising to over one third (38%) by age 15. Boys are more likely to report having used drugs than girls and the biggest risk factor is being a smoker, followed by whether they drink alcohol⁹.

Nationally, active illicit drug use is reported as over twice as common in 16-59 year olds of mixed ethnicity (23%) than those of white ethnicity (10%), but half or less as common in people of Asian, Black, or other ethnicities (3%, 5%, 5%, respectively). Active illicit drug use is reported as more common in homosexual (21%) or bisexual (31%) adults than heterosexual adults (9%).

Different substances have opposing trends with regards to household income. Cannabis use is reported most commonly among adults in the lowest category of household income (less than £10,400 per year) at 13% of adults, compared to 7% of adults in the highest category of household income. Conversely, powder cocaine use is reported most commonly in the highest category of household income (over £52,000 per year) at 3% of adults, compared to 2% of adults in the lowest category of household income.

Recommendation: Tailor communications in accordance with data of most commonly used substances [Prevention]

Adults who drink alcohol more frequently are more likely to report active consumption of illicit drugs – rising from 5% of those who drink less than once a month to 15% of those who drink on 3 or more days per week. This trend is more marked for class A drugs – rising from 0.8% of those who drink less than once a month to 7% of those who drink on 3 or more days per week.

Buckinghamshire data

A 2021 surveyⁱⁱ of over 3,000 Buckinghamshire young people indicated that 12% of secondary and 33% of sixth form pupils who had responded to this question had been offered something to get high or a drug not prescribed from their doctor. Nearly one third of respondents (30%) reported not finding it difficult to get illegal drugs. Cannabis was the most common drug young people reported having used. The Buckinghamshire survey found that secondary pupils were most likely to go to a parent if they wanted information about drugs (48%), whereas sixth formers would most likely consult an internet search engine (64%). In 2021/22, 5% of Buckinghamshire school suspensions (previously referred to as fixed term exclusions) related to drugs and alcohol, up from 4% in 2019/20.

Recommendation: Co-ordinate a schools-based prevention programme across the county [Prevention]

It was estimated that 1,482 adults were using opiates and crack cocaine in Buckinghamshire and might therefore benefit from specialist treatment in 2016/17. This equated to 4.5 per 1,000 population – a lower rate than nationally (8.9 per 1,000) and regionally (6.2 per 1,000). The estimated number of people using opiates and crack cocaine in Buckinghamshire has not changed significantly from 2010/2011 to the most recent data in 2016/17. Using the current drug treatment figures (2020/21) this corresponds to over half (55%) of estimated users not receiving specialist treatment in Buckinghamshire (unmet need) which is in line with the figure nationally (53%).

The estimated rate of opiate and crack cocaine use in Buckinghamshire was 2.0 times as high in younger adults (aged 25-34) than older adults (aged 35-64) in 2016/17. National data show less of an age discrepancy, with younger adults only being 1.2 times more likely than older adults to be estimated as using opiates and/or crack cocaine¹⁰.

Recommendation: Increase access to youth drug treatment to reduce use persisting into adulthood [Prevention]

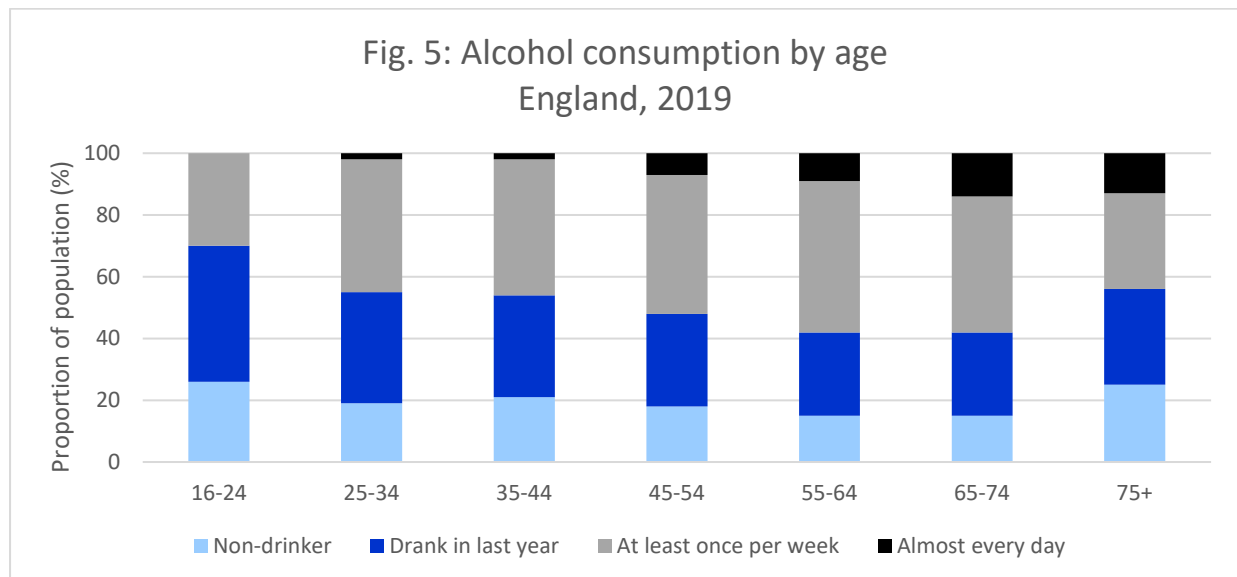
Alcohol

National picture

Research¹¹ indicates children who start drinking early are more likely to become more frequent drinkers and binge drinkers. Underage drinking is also associated with school and educational problems, risky behaviours and consumption of illegal drugs.^{12,13} The Public Health England (PHE) National Diet and Nutrition Survey found that 7% of young people aged 11-18 years reported consuming alcohol on at least one day out of the four days they recorded their intake for over a two to three week period¹⁴.

ⁱⁱ These results are taken from the OxWell Survey which covered a range of health issues running in May-July 2021. In total, 31,490 children and young people aged 9-18 years from 180 schools across Buckinghamshire, Oxfordshire, Berkshire, Milton Keynes and Merseyside participated. Only results specific to Buckinghamshire schools are presented here in this needs assessment. Schools may choose whether to participate and therefore results could be subject to selection bias. There was a higher response rate from less deprived areas and from grammar schools, and therefore results may be less representative for more deprived areas.

Reported alcohol consumption was falling nationally prior to the COVID-19 pandemic.¹⁵ Alcohol units consumed per adult per week fell on average by 9% from 13.4 in 2011 to 12.2 in 2019. However, while units consumed fell by 24% in 16-24 year olds, they rose by 23% in 65-74 year olds during this period. By 2019, those aged 65-74 were nearly twice as likely to drink alcohol at least once a week compared to 16-24 year olds (58% versus 30%) (Figure 5). While one in seven adults aged 65 and over reported consuming alcohol nearly every day, fewer than one in 100 16-34 year olds reported drinking that frequently¹⁶.



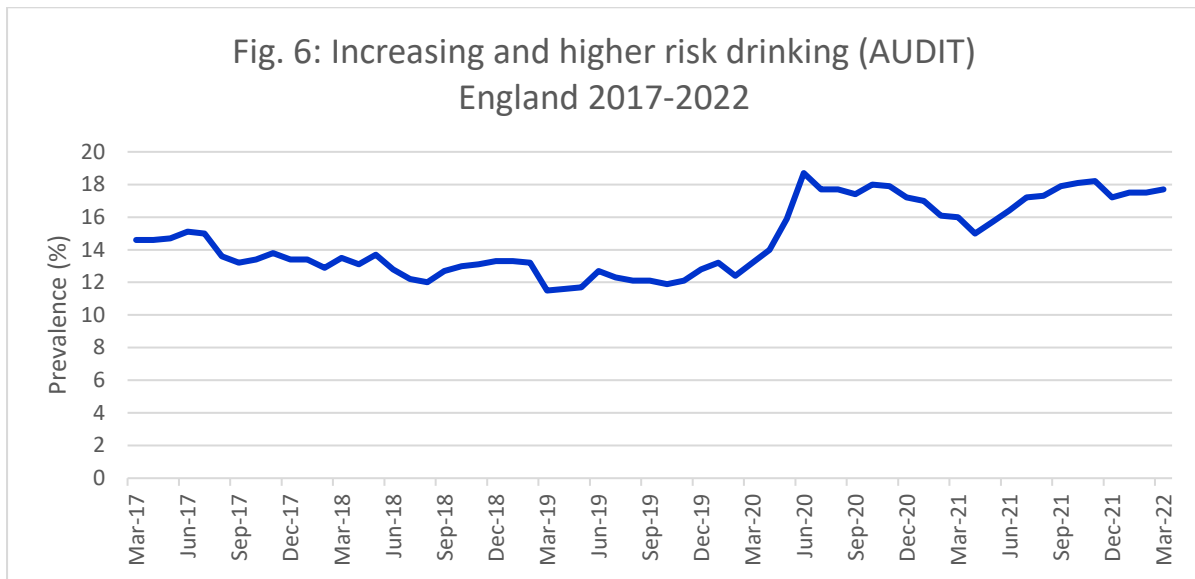
Men are more likely to drink alcohol than women (83% versus 77%), and also twice as likely to consume alcohol at increasing or higher risk (30% versus 15%).

Adults with lower household income are more likely to abstain from alcohol – one in three adults (33%) are abstinent in the most deprived quintile, compared to one in ten adults (10%) in the least deprived quintile. These abstinence rates may partially be driven by different ethnic compositions between the most and least deprived quintiles¹⁷.

Adults with higher household income are more likely to drink above the level recommended by the Chief Medical Officers. Nearly one in three adults (35%) reported drinking more than 14 units per week in the least deprived quintile, compared to one in ten adults (15%) in the most deprived quintile¹⁸.

Data indicate that patterns of alcohol consumption changed during the COVID-19 pandemic. The volume of alcohol purchased by consumers for home consumption rather than on licensed premises rose by 25% between 2019 and 2020. This increase was not uniform across the population – those who had previously been the heaviest buyers saw the greatest increases¹⁹. The National Diet and Nutrition Survey study during the COVID-19 pandemic in 2020 found that the percentage of participants reporting that they consumed alcohol was higher than pre-pandemic in young people (those aged 11-18 years) and in adult men²⁰. The proportion of the population reporting drinking at increasing and higher risk based on the Alcohol Use Disorders Identification Test (AUDIT) demonstrated a step

increase during the first national lockdown which has subsequently been maintained (Figure 6)²¹.



Recommendation: Develop methods for providing public health input to alcohol licensing decisions given the increase in purchasing from off-license venues [Prevention]

Modelling suggests that the increase in alcohol consumption during the COVID-19 pandemic is likely to result in an additional 42,677 alcohol-related hospital admissions over the next 20 years even if drinking behaviour returns to pre-pandemic levels in 2022, but if these drinking levels are sustained there will be an additional 972,382 admissions over the next 20 years²².

Buckinghamshire data

The same 2021 survey of Buckinghamshire young people indicated that 43% of secondary and 66% of sixth form pupils had alcohol in the previous week. 19% of secondary and 23% of sixth form pupils reported having been drunk in the preceding week. 6% of secondary and 34% of sixth form pupils reported having an alcohol drink quite often or most days.

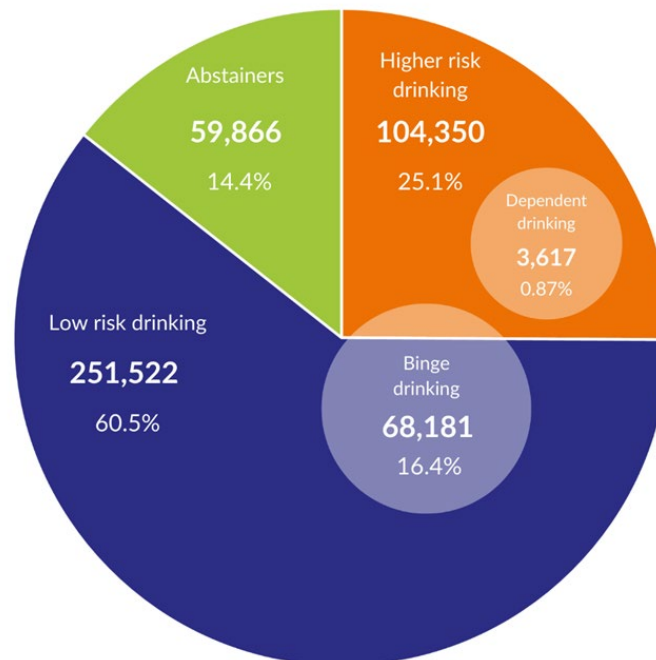
A greater proportion of Buckinghamshire adults are estimated to drink above low risk levels than nationally (25.1% versus 22.8%). A lower proportion of Buckinghamshire adults are abstinent (14.4% versus 16.2%). The prevalence of binge drinking (men consuming 8 units or women consuming 6 units of alcohol on a single occasion) is higher in Buckinghamshire than nationally (16.4% versus 15.4%)²³.

Recommendation: Consider ways to reduce alcohol consumption across the population, not just in dependent drinkers [Prevention]

The most recent estimation of alcohol dependence, albeit in 2018 and therefore prior to the COVID-19 pandemic, suggested 3,617 adults in Buckinghamshire (8.7 per 1,000) were dependent on alcohol. This is lower than the estimated national rate of 13.7 per 1,000 (Figure 7). Using the current alcohol treatment figures (2020/21) this corresponds to over 8

in 10 (81%) of estimated dependent drinkers not receiving specialist treatment in Buckinghamshire (unmet need) which is in line with the figure nationally (82%).

Fig. 7: Levels of alcohol consumption
Buckinghamshire, 2018



Crime

National picture

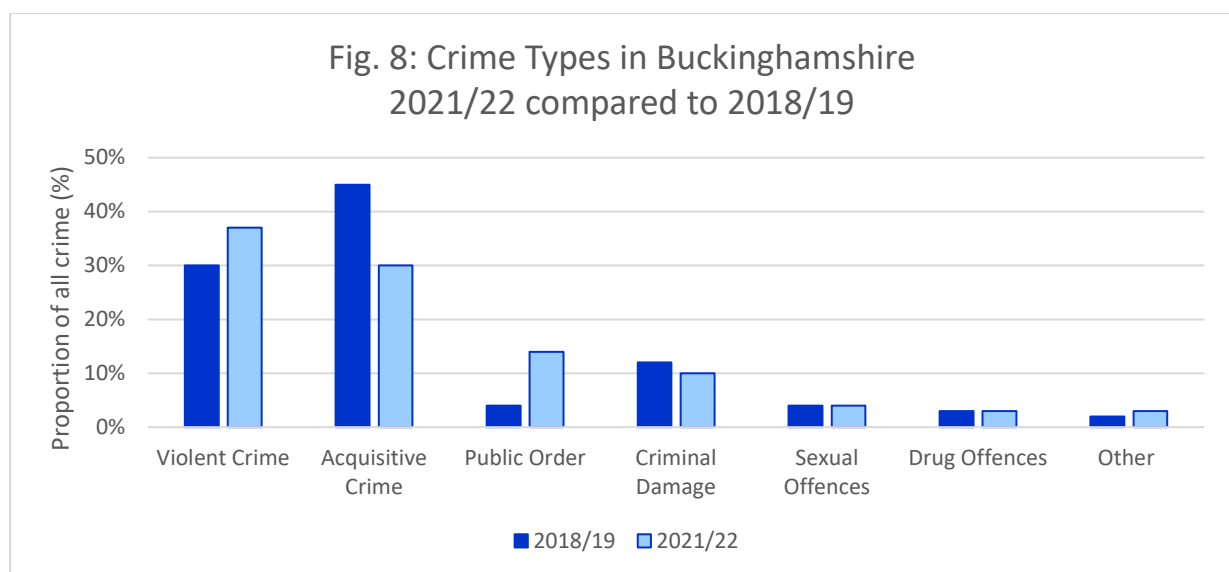
Drugs and alcohol are implicated in a substantial amount of crime and disorder, and the effects on victims can be devastating. In 29% of violent crimes in England and Wales in 2019/20 the victim believed the offender(s) to be under the influence of drugs²⁴. The organised criminality behind the drugs trade also makes neighbourhoods less safe – heroin and crack cocaine addiction are linked to almost half of all acquisitive crime including burglary, robbery and theft²⁵. Half of all homicides are linked to drugs. One in 3 prison spaces are occupied by individuals with drug addiction²⁶. 14% of offences committed by first time entrants to the youth justice system were drug offences in 2021²⁷.

The victim believed the offender(s) to be under the influence of alcohol in 42% of violent crimes in England and Wales in 2019/20²⁸. Alcohol misuse is associated with a fourfold risk of violence from a partner²⁹, and is scored highly in relation to predicting violent reoffending in the Offender Assessment System (the main probation assessment tool used in England and Wales)³⁰. Alcohol is also an important factor in road safety – slowing reaction times increasing the stopping distance, impairing judgement of speed, and affecting hazard awareness. Accidents where at least one driver was over the drink-drive limit caused 230 deaths, a further 1,820 serious injuries, and an additional 5,750 casualties in 2019³¹.

Buckinghamshire data

Buckinghamshire is a relatively safe area with a total crime rate of 59.6 per 1,000 residents (2021/22) – lower than the Thames Valley (72.4 per 1,000), South East (78.3 per 1,000) and national (88.7 per 1,000) rates. However, this overall crime rate in Buckinghamshire has been rising for four of the last five years (with an exception during the pandemic in 2020/21). There are differences in crime rates across the county – the community board areas with the highest total crime rates in Buckinghamshire are High Wycombe, Wexham and Ivers, and Aylesbury.

Violent crime levels have been increasing, theft crimes have been decreasing, resulting in violent crime becoming the highest volume crime type in Buckinghamshire (37%), and theft offences becoming the second highest (30%) (Figure 8). This pattern is repeated nationally and not unique to Buckinghamshire.



Drug offences, such as possession, consumption, supply or intent to supply illegal drugs, are responsible for 2.0 recorded crimes per 1,000 residents in Buckinghamshire (2021/22). The drug offences crime rate rose during the pandemic to 2.5 per 1,000 during 2020/21 (unlike total crime which fell during this period) but has since fallen back to pre-pandemic levels. Over three-quarters (78%) of possession offences relate to cannabis. The majority of offenders are male (85%) and under 30 years of age (70%).

The wards with the highest rates were located in Aylesbury, High Wycombe and Chesham. However, while the rate of drug offences has been rising in Aylesbury and Chesham over the past five years, it has been falling in High Wycombe.

Recommendation: Work with the Opportunity Bucks programme given the geographical alignment of drug and alcohol-related crime [Reducing harms and promoting safety]

The annual community safety survey provides insights into residents' experiences and perceptions of crime in Buckinghamshire. The majority of respondents (92%) reported feeling safe outside in the daylight alone, dropping to approximately half (53%) feeling safe alone outside after dark in 2021.

Respondents are asked which issues in relation to drugs and alcohol posed the greatest problems where they live or work. In 2020 the issues most likely to be rated as a 'very big' or 'fairly big' concern were (1) drug use, (2) supply/selling of drugs, and (3) behaviour related to drug use. However, in 2021 there was a marked increase in the proportion of respondents reporting discarded drug canisters as a problem, most likely relating to use of nitrous oxide, with it becoming highest rated as a 'very big' or 'fairly big' concern.

Recommendation: Investigate options for reducing recreational use of nitrous oxide, in conjunction with awaited new national guidance [Prevention]

In Buckinghamshire, 13% of assessments completed by the Youth Offending Service found the young person was using alcohol³². Almost half of those who used alcohol began drinking by 13 years of age.

Harms

Alcohol and drug misuse affects all ages and can impact individuals, families, and children and young people within our communities with devastating consequences. Drug misuse is estimated to cost society £19 billion per year, and alcohol to cost £21 billion.

Drugs

National picture

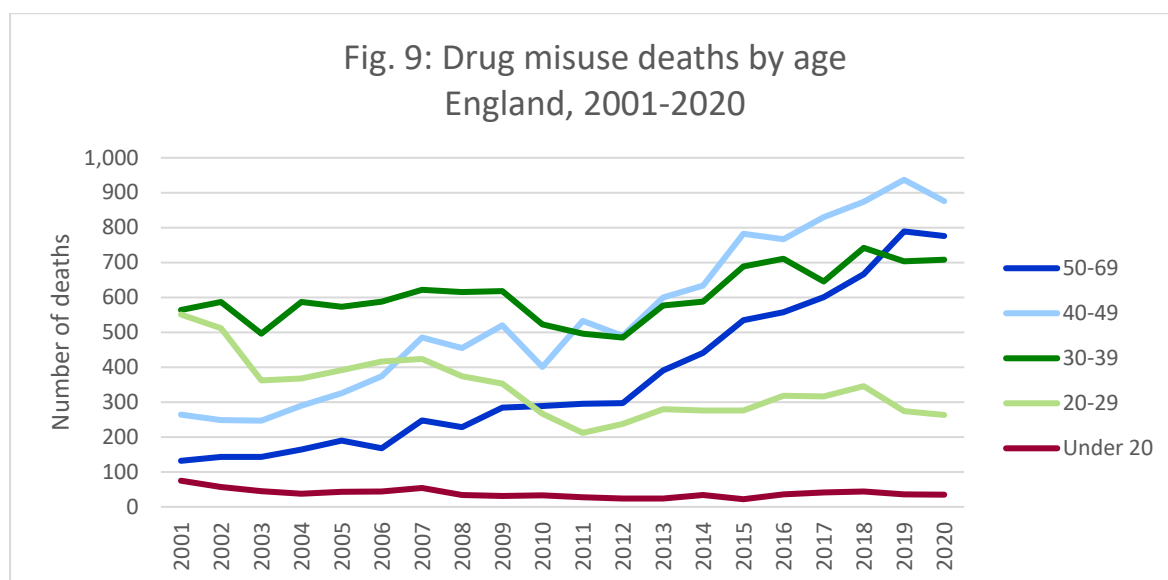
The health harms arising from drug misuse are diverse and vary according to factors including drug type and administration route (such as injecting, swallowing or inhaling).

- Some drugs such as heroin and tranquilisers have a sedative effect slowing down body and brain functioning. They can produce drowsiness; affect co-ordination making accidents more likely; and can reduce breathing leading to fatal overdose. Naloxone is a life-saving drug that can reverse the effects of opiates if administered during a collapse.
- Stimulant drugs such as amphetamine, cocaine and ecstasy give a feeling of energy and increase alertness. Stimulants can produce panic or anxiety attacks, particularly if taken in large quantities, and are particularly dangerous for people with cardiovascular problems.
- Hallucinogenic drugs such as LSD and 'magic mushrooms' (and to a lesser extent cannabis and ecstasy) tend to alter users' senses and can produce disturbing experiences and erratic or dangerous behaviours.
- Drugs may each also carry specific side effects depending on how they interact with body processes. For instance, heavy regular use of nitrous oxide may lead to vitamin B12 deficiency, which can cause nerve damage.

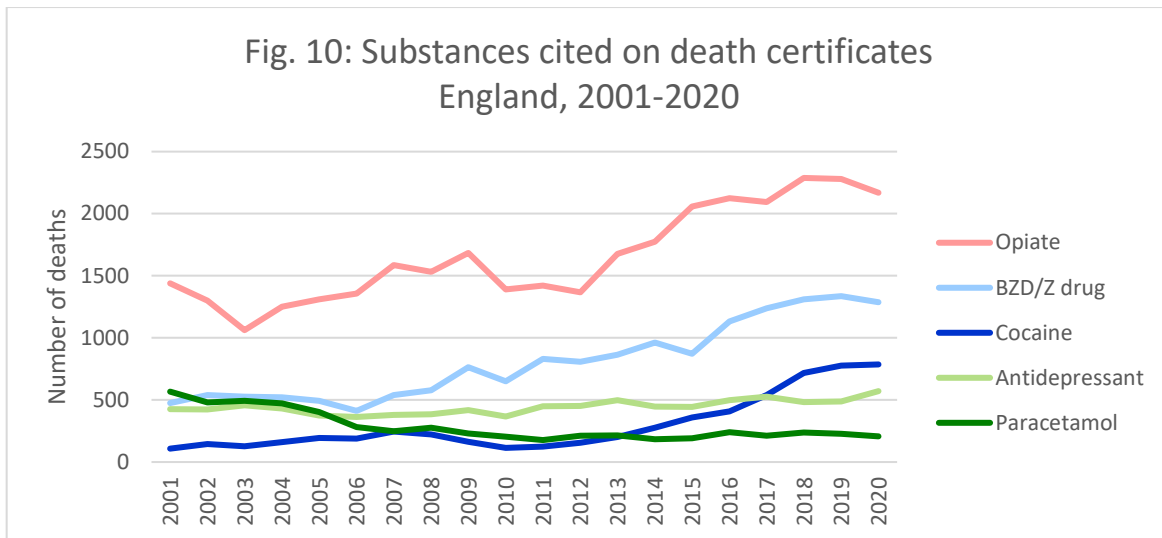
Injecting drugs as a route of administration carries additional health harms with the risk of infection. Blood borne viruses (BBVs) include hepatitis C and hepatitis B. Injecting drugs can also lead to bacterial infections. *Please see the harm reduction section for more information.*

Drugs are an increasingly common factor in deaths in England. In 2021 there were 4,532 drug poisoning deaths, with two thirds (63%) classified as a drug misuse death – that is a drug poisoning that is either reported as being due to drug abuse/dependence or involves a substance controlled under the Misuse of Drugs Act³³.

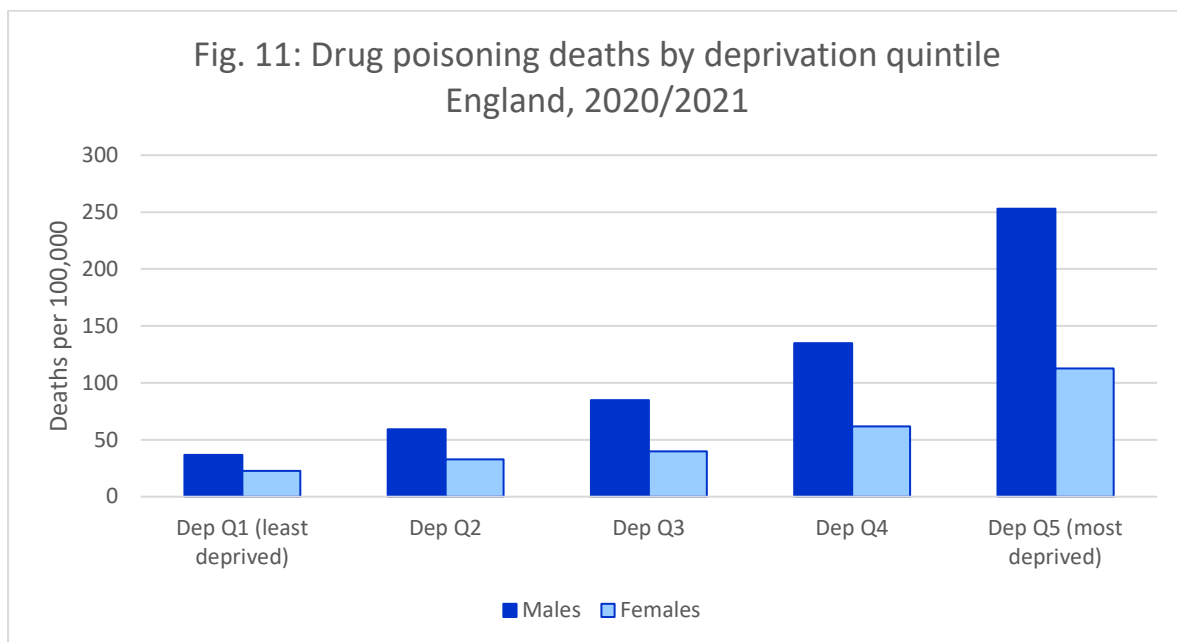
The most recent breakdown of these drug misuse deaths relates to 2020. Nearly three quarters (73%) were in men. The most common age group was 40-49 year olds. Over the past 20 years the number of drug misuse deaths in those aged under 30 has halved (52% reduction), but this has been more than offset by deaths in those aged 30 and over more than doubling (137% increase) (Figure 9).



The most commonly cited drug group across all death certificates in England and Wales is consistently opiates, with 2,170 deaths in 2020. In comparison, cannabis, used by nearly 120 times more people than opiates, was listed on only 30 death certificates. Marked increases in the number of deaths have been seen for opiates, cocaine and benzodiazepines (BZD)/Z drugs over the past 20 years (Figure 10). There has been a decline in the number of deaths linked to paracetamol during this period.



Drug poisoning hospital admissions and drug poisoning deaths are more common in more deprived areas in England – deaths data show that this trend is true for both men and women (Figure 11)³⁴.



Buckinghamshire data

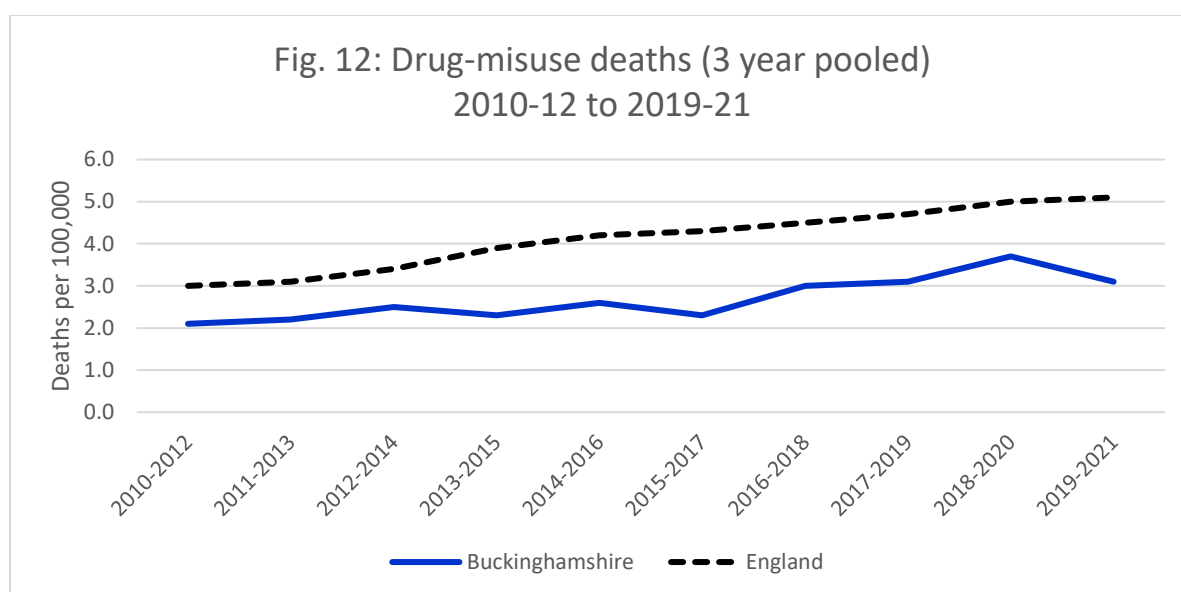
Hospital admissions for drug poisoning indicate a higher level of harm. There were 157 admissions in Buckinghamshire in 2020/21 – a rate of 28.7 per 100,000. There has been no clear trend in the drug poisoning admission rate in Buckinghamshire over the past five years, and it has been consistently lower than the national rate (50.2 per 100,000 in 2020/21).

There were 23 drug poisoning deaths and 12 of these were drug misuse deathsⁱⁱⁱ in Buckinghamshire in 2021³⁵. This was a fall compared to 34 drug poisoning and 21 drug

ⁱⁱⁱ Drug misuse deaths are drug poisoning deaths for which the underlying cause was recorded as drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act (1971)

misuse deaths in Buckinghamshire in 2020, despite a rise in deaths observed nationally. However, taking a longer term view the general trend both locally and nationally is rising drug misuse deaths. The three-year pooled rate has risen from 2.1 to 3.1 per 100,000 in Buckinghamshire, and from 3.0 to 5.1 per 100,000 nationally between 2010-12 and 2019-21 (Figure 12). The most recent local coroners audit (2017-19) revealed 85% of drug-misuse deaths in Buckinghamshire involved opiates. The next coroners audit of drug related deaths will be conducted in 2023.

Recommendation: Examine the recent fall in deaths despite the rising national trend via a drug-related deaths audit to identify if there may be specific actions that can be expanded [Reducing harms and promoting safety]



The Buckinghamshire Suicide Audit 2022 covered deaths in calendar years 2017, 2018 and 2019. Of the 141 people who took their own lives during the audit period, 125 (89%) were resident in the Buckinghamshire County Council area at the time of death. Substance misuse at the time of death related to 11 (8%) of cases, with fewer than five cases recorded as being in drug and alcohol support services at the time of death. Alcohol and drug misuse is a known risk factor for suicide³⁶.

Alcohol

National picture

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking. In January 2016, the UK Chief Medical Officers issued guidance advising adults not to regularly drink more than 14 units of alcohol per week to keep the risk level low, and to space drinks out over the week.

Alcohol misuse may harm both physical and mental health. In the short term, alcohol may impair judgement leading to accidental injury. Long-term physical consequences include:

- alcoholic liver disease;

- increased risk of cancers such as those of the gastrointestinal tract, breast or lung;
- cardiovascular disease such as stroke and heart disease;
- reduced immunity to infection, raising the risk of pneumonia.

Alcohol use disorders are associated with mental health issues including depression, an increased risk of suicide (up to eight times higher), and an increased risk of dementia³⁷.

Alcohol dependence is a cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use, including:

- strong desire to drink alcohol;
- difficulties in controlling its use;
- persistent use in spite of harmful consequences;
- prioritising alcohol over other activities and responsibilities;
- evidence of increased tolerance and sometimes a physical withdrawal state.

Alcohol is related to 12-15% of all Accident and Emergency (A&E) department attendances³⁸. Nationally, there were 318,596 alcohol-specific hospital admissions, that is where the admission is known to be wholly caused by alcohol, in 2020/21³⁹. 12% of patients admitted with an alcohol-specific disease are readmitted to hospital within 30 days of discharge⁴⁰. However, alcohol contributes to far more admissions than those for which it is the sole cause – there were 814,595 alcohol-related admissions in 2020/21 nationally⁴¹.

Alcohol-specific deaths, where deaths are known to be a direct consequence of alcohol misuse, have been rising over the past 20 years to reach 6,984 in 2020. Alcohol contributes to far more deaths than those for which it is the sole cause – there were 20,468 alcohol-related deaths in 2020. Changes to drinking patterns during the COVID-19 pandemic are estimated to result in an additional 1,830 deaths over the next 20 years if behaviours return to pre-pandemic levels in 2022. An estimated 25,192 additional deaths are anticipated if these new drinking patterns continue⁴².

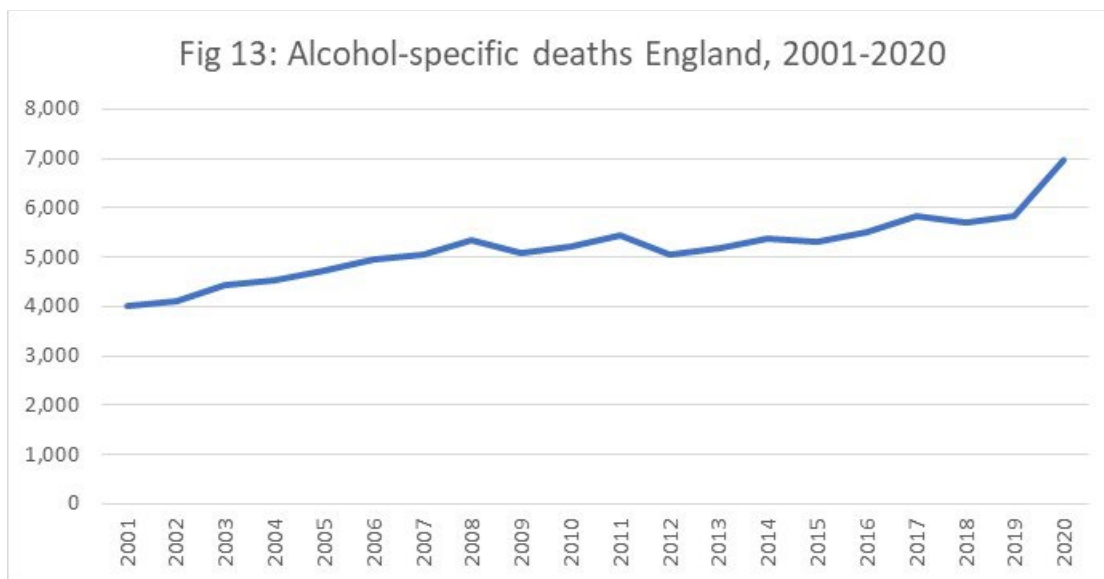
Alcohol misuse in parents can affect the health and wellbeing of children, as well as destabilising families. When parents misuse alcohol their marriages are more likely to end in divorce⁴³. Children of alcohol-dependent parents may also need to care for their parents or siblings – 7% of young carers are looking after someone with a drug or alcohol problem. Amongst these children, 40% missed school or had other issues at school⁴⁴.

Children of parents who misuse alcohol are more likely to be obese, have an eating disorder, have attention deficit hyperactivity disorder (ADHD), feel socially isolated, be injured and/or be admitted to hospital⁴⁵. Compared to other children, children of parents who are alcohol dependent are twice as likely to experience difficulties at school, three times more likely to consider suicide and four times more likely to become dependent drinkers themselves⁴⁶.

Alcohol misuse impacts on the economy through absenteeism, unemployment, and premature mortality. A study by the National Social Marketing Centre estimates the costs to employers due to lost productivity, absenteeism and accidents to be £7.3 billion⁴⁷. People with an alcohol use disorder are at twice the risk of moving from employment to unemployment. Drinkers who consume alcohol at higher risk levels are six times more likely

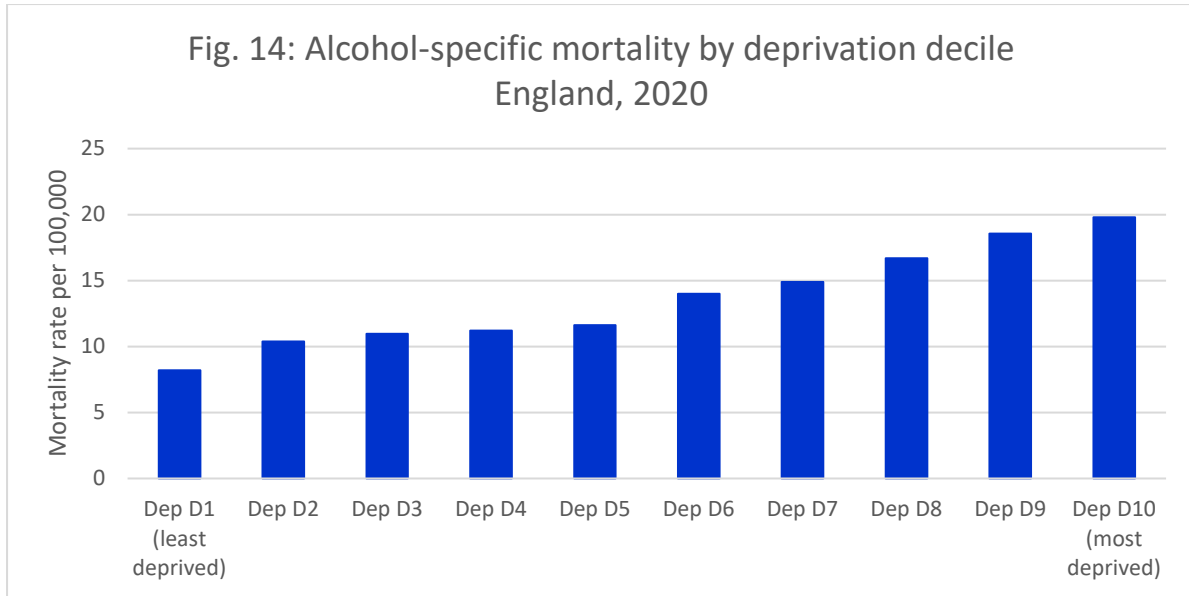
not to be employed than low risk drinkers. Nationally, only 21% of adults entering drug treatment are in regular employment (2020/21).

Alcohol-specific deaths, where deaths are known to be direct consequences of alcohol misuse, have been rising over the past 20 years in England (Figure 13). From 2001 to 2019 alcohol-specific deaths rose by an average of 2% per year. Between 2019 and 2020 there was a 20% increase in alcohol-specific deaths to a high of 6,984 deaths. Alcoholic liver disease represents the majority (82%) of alcohol-specific deaths. Again, alcohol contributes to far more deaths than those for which it is the sole cause – there were 20,468 alcohol-related deaths in 2020.



Alcohol-specific and alcohol-related hospital admissions as well as alcohol-specific and alcohol-related deaths are all more common in more deprived areas in England (Figure 14). This is despite average alcohol consumption being lower in households of lower income and is known as the ‘alcohol harm paradox’. The reasons for this paradox are not clear but could include different drinking patterns, compounding effects with other risk factors such as smoking and differential access and experience of health services.

Fig. 14: Alcohol-specific mortality by deprivation decile
England, 2020

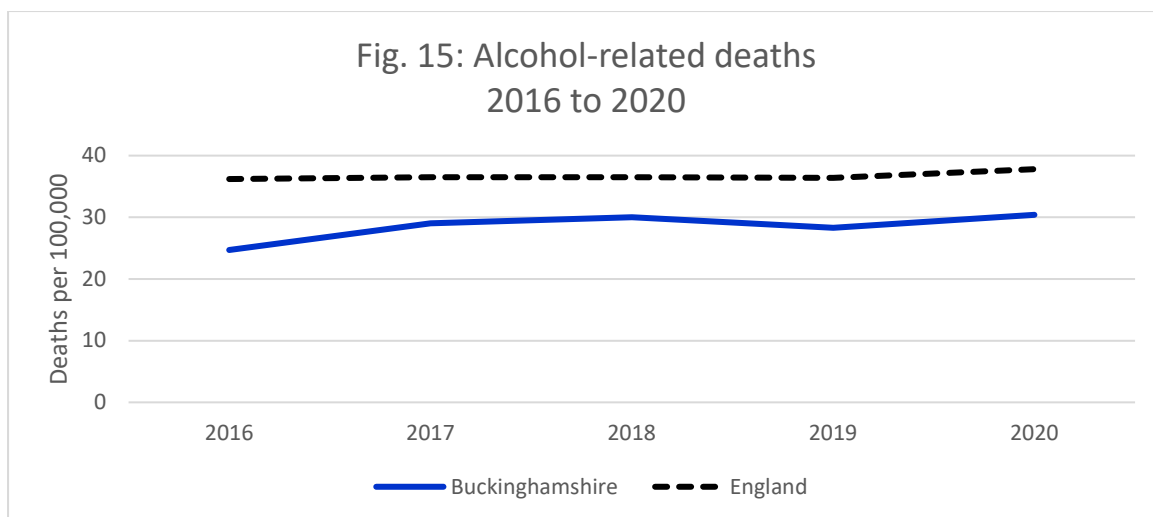


Buckinghamshire data

Alcohol is the leading cause of disability in 15-49 year olds in Buckinghamshire. The Global Burden of Disease study estimates that alcohol use is attributable for 1,083 disability-adjusted life years (DALYs) per 100,000 in Buckinghamshire in 15-49 year olds – higher than any of the other risk factors studied. However, this rate of DALYs is lower in Buckinghamshire (1,079 per 100,000) than nationally (1,500 per 100,000) in 2020/21.

There were 5,831 alcohol-related hospital admissions in Buckinghamshire in 2020/21. This rate of admissions (1,079 per 100,000 in 2020/21) represented a small drop compared to before the COVID-19 pandemic (1,324 per 100,000 in 2019/20) but has otherwise been stable for the past five years. The Buckinghamshire rate of alcohol-related hospital admissions is consistently below the national average (1,500 per 100,000 in 2020/21). However, Buckinghamshire experiences a marginally higher rate of hospital admissions due to alcohol-related unintentional injuries (44.6 versus 43.7 per 100,000 in 2020/21)⁴⁸. This rate of injury admissions has been stable both locally and nationally over the last five years.

Alcohol is also the leading cause of death and of years of life lost (a measure of premature deaths) amongst 15-49 year olds in Buckinghamshire. There were an estimated 165 alcohol-related deaths in Buckinghamshire in 2020⁴⁹. This mortality rate is lower than the national average (30.4 per 100,000 compared to 37.8 per 100,000) but has been rising faster in Buckinghamshire than nationally – since 2016 there has been a 23% rise locally, compared to a 4% rise nationally (Figure 15).



Recommendation: Develop additional offers to support residents to reduce their alcohol consumption [Prevention]

Given the early nature of many alcohol-related deaths, it has been estimated that alcohol-related conditions were responsible for 2,088 potential years of life lost (PYLL) in men, and 1,187 PYLL in women in Buckinghamshire in 2020.⁵⁰ However, these are lower rates than nationally (816 compared to 1,116 PYLL per 100,000 in men; 430 compared to 500 PYLL per 100,000 in women).

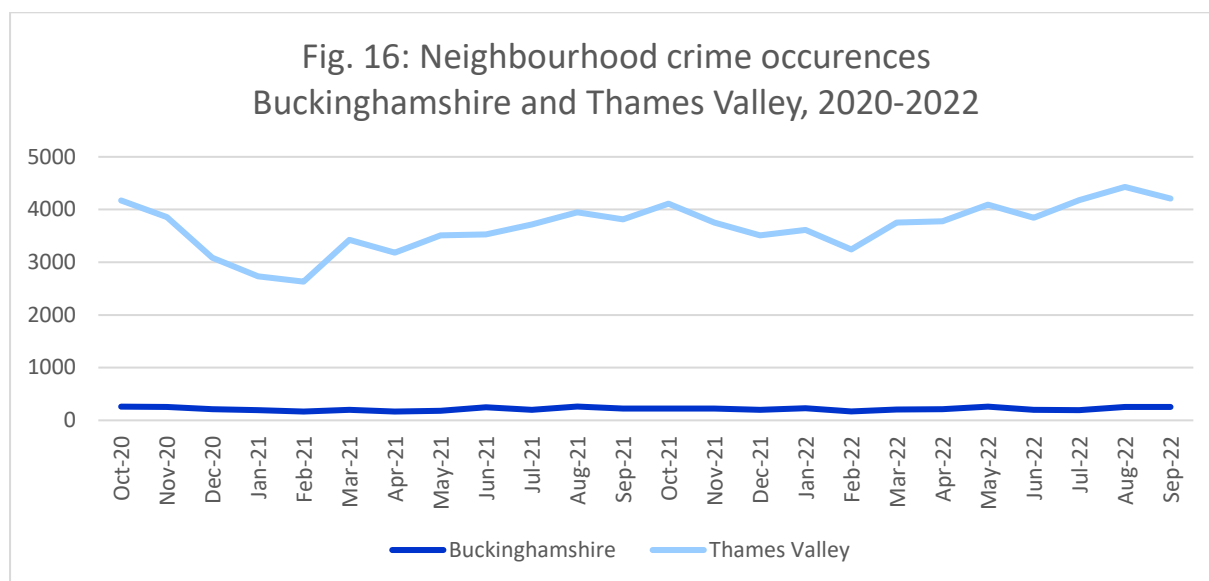
Crime

Between 2017/18 and 2021/22 3% of recorded crime was flagged as being alcohol-related in Buckinghamshire^{iv}. However, this rises to 5% of domestic abuse offences, 6% of serious violence offences (excluding domestic abuse) and 8% of serious violence offences flagged as also being domestic abuse. Alcohol-flagged crime is more dissipated across the county than drugs offences, with less than one quarter (24%) of alcohol-flagged crime recorded in the two main town centres of Aylesbury and High Wycombe.

The National Combating Drugs Outcomes Framework has identified a reduction in drug-related neighbourhood crimes and drug-related homicides as being key metrics to measure success of the national drugs strategy locally. Drug-related neighbourhood crime includes domestic burglary, personal robbery, vehicle offences and theft from the person. The number of occurrences in Buckinghamshire has remained relatively stable over the past two years at an average of 217 per month and representing 6% of such occurrences across the Thames Valley (Figure 16). Very few neighbourhood crimes are recorded as being related to drugs and/or alcohol at 0.3% of crimes in Buckinghamshire and 0.5% of crimes in the Thames Valley over this period – this is felt to most likely represent under-recording.

^{iv} These crime figures rely on individual officers selecting the relevant qualifier when recording crimes – but this is not a mandatory question and therefore likely to be subject to under-recording.

**Recommendation: Enhance the identification of drivers for neighbourhood crime
[Reducing harms and promoting safety]**



Drug-related homicide is defined as any homicide that involves drug users, drug dealers or is known related to drugs in any way. There have been two drug-related homicides in Buckinghamshire in the last two years (October 2020 – September 2022). For comparison, the Thames Valley as a whole has seen 9 such homicides over this period.

Risk factors

Please note, this is not an exhaustive list of risk factors, and some may be both a risk factor for substance misuse as well as a consequence of substance misuse.

Adverse childhood experiences

Adverse childhood experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” (Young Minds, 2018)⁵¹.

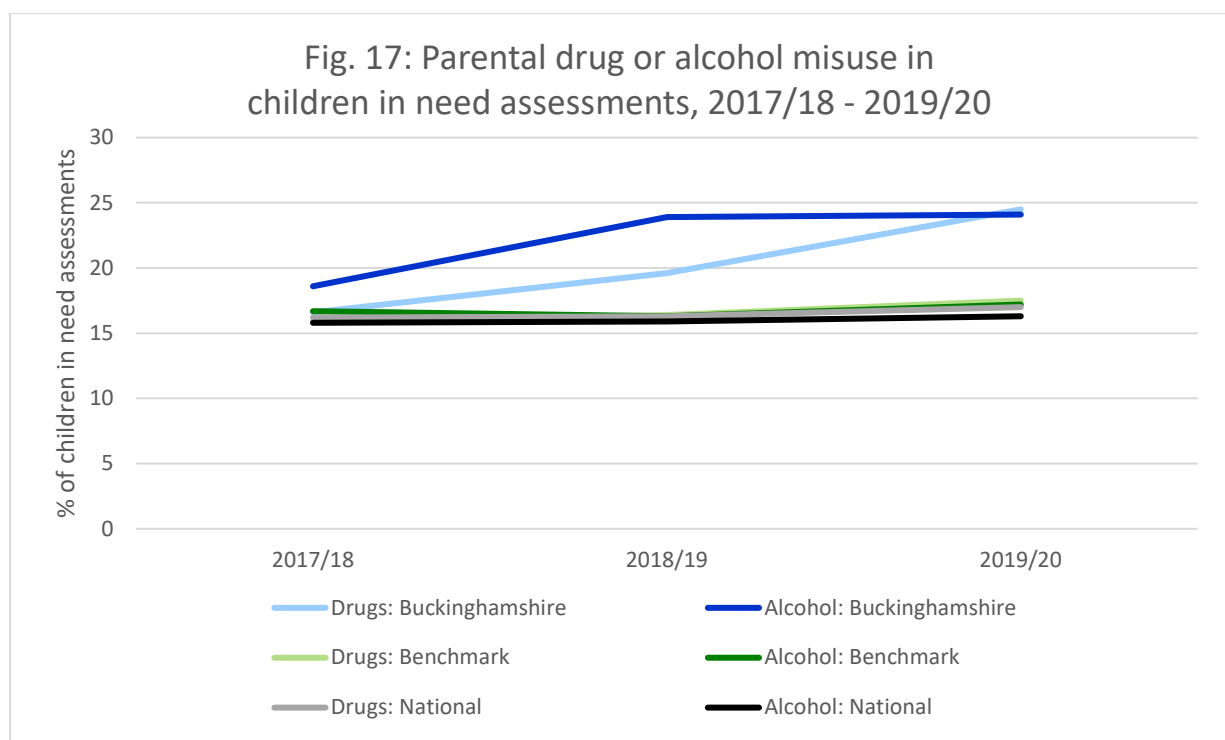
Experience of one or more childhood adversities has been linked to poorer physical and mental health outcomes in adolescence and adulthood. Individuals who experience multiple adversities in childhood are more likely to abuse drugs and alcohol. A study conducted in 2014 in England found that adults who had experienced four or more adversities in their childhood were twice as likely to binge drink and eleven times more likely to go on to use crack cocaine or heroin⁵².

Growing up in a household with adults experiencing alcohol and drug use problems is an adverse childhood experience in itself. Individuals who experience ACEs are at an increased risk of exposing their own children to ACEs, which can create an intergenerational cycle of

substance misuse⁵³. Children with one parent who misuses alcohol are 2.5 times more likely to also misuse alcohol than those whose parents do not misuse alcohol⁵⁴.

Recommendation: Identify and support vulnerable family members when managing an individual’s drugs or alcohol misuse [Addressing risk factors and additional support needs]

The proportion of adults entering drug treatment who live with children was slightly higher in Buckinghamshire than nationally (19.6% versus 17.3%) in 2020/21. In Buckinghamshire, the proportion of children in need assessments identifying alcohol (24%) or drug (25%) misuse by a parent or other adult living with the child has been rising over the past two years, compared to remaining stable nationally and amongst benchmark areas^v (Figure 17). However, the rate of children identified as in a household where a parent has alcohol or drug problems is similar to nationally (36 versus 40 per 1,000 0-17 year olds in 2019/20)⁵⁵.



Stakeholder consultation with local professionals highlighted county lines as a growing concern. Whilst often associated with the exploitation of young people, stakeholders reported that vulnerable adults are also being involved locally.

Recommendation: Improve identification and support for adults as well as children at risk of exploitation [Addressing risk factors and additional support needs]

^v Benchmark areas for these data were identified by OHID using the Chartered Institute of Public Finance & Accountancy (CIPDA) 2018 model – North Yorkshire, Leicestershire, Northamptonshire, Warwickshire, Worcestershire, Cambridgeshire, Essex, Hertfordshire, Suffolk, Oxfordshire, West Sussex, Hampshire, Surrey, Gloucestershire, and Somerset.

Armed forces personnel and veterans

Hazardous drinking (defined as a score of 8 or more using AUDIT) has been identified in a greater proportion of armed forces personnel than the general population. For men the rate is 1.8 times higher (67% versus 38%) and in women the rate is 3.1 times higher (49% versus 16%). In 2016/17, an initiative to screen for alcohol misuse during routine dental appointments saw three quarters (74%) of all regular UK armed forces personnel completing the shorter AUDIT-C screening questionnaire⁵⁶. 61% of those screened scored 5+ indicating they may be at increasing risk of alcohol related harm, and 2% scored 10+ indicating they may be at higher risk and were advised to see their GP⁵⁷.

There are 2,840 UK Regular Forces personnel in Buckinghamshire (April 2021), of which the vast majority (98%) are serving in the Royal Air Force⁵⁸. Buckinghamshire has the second highest number of serving RAF personnel in the South East, with only neighbouring Oxfordshire having more. There are an additional 15,128 armed forces veterans residing in Buckinghamshire based on the 2021 Census – 3.4% of the adult population, close to the national average of 3.8%. Fewer than one in ten (1,282) of these veterans are currently identified on Buckinghamshire primary care records (March 2023).

Recommendation: Increase the identification of military veterans in Buckinghamshire healthcare systems [Addressing risk factors and additional support needs]

Crime and offending

Alcohol consumption can be a consequence of domestic abuse and violence, as well as a cause. Women who experience domestic violence are up to 15 times more likely to misuse alcohol than women who are not victims of domestic violence⁵⁹.

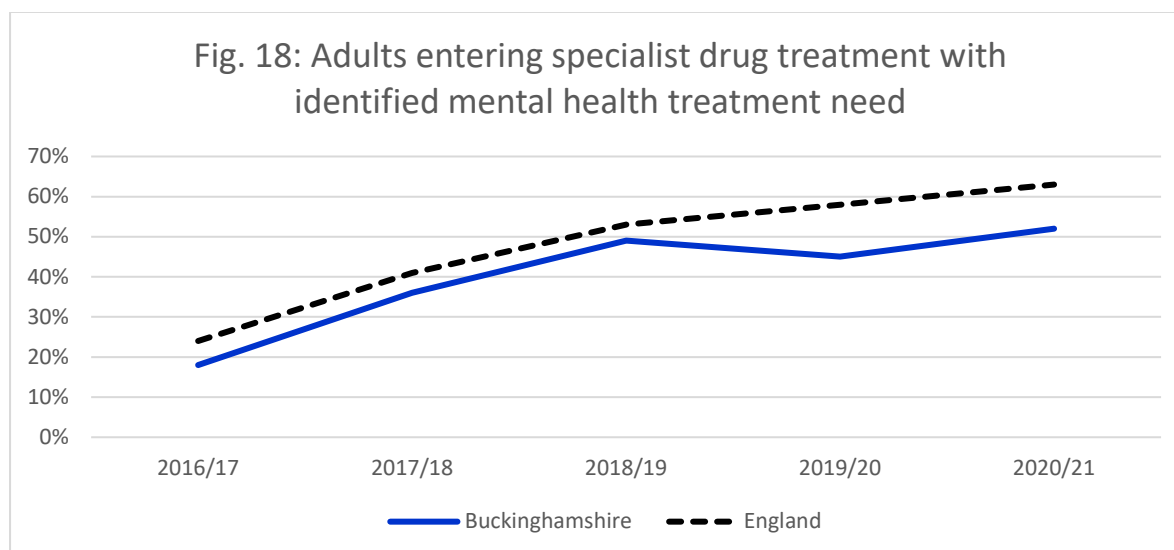
Drug use amongst prisoners in custody is reported to be high. Almost one in five (19%) of the 3,489 prisoners who had ever used heroin reported first using it in prison⁶⁰. Offenders who receive residential drug treatment are 45% less likely to reoffend after release than comparable offenders receiving prison sentences. It has been estimated that around 75% of those who come into contact with the UK's criminal justice system (those in police custody, probation settings and the prison system) have a problem with alcohol, and over 25% are dependent on alcohol⁶¹. Currently there are different drugs and alcohol interventions available across the six Thames Valley custody suites.

Recommendation: Introduce a consistent drugs and alcohol intervention service across all six Thames Valley custody suites [Reducing harms and promoting safety]

There are 182 convicted Buckinghamshire residents in prison, excluding the remand population (October 2022). In 2019/20 there were nearly 5,000 ex-offenders in Buckinghamshire.

Mental health

Nationally, nearly two thirds (63%) of adults entering specialist drug treatment were identified as having a mental health treatment need in 2020/21, following a continued rise over the past five years. While the proportion with mental health needs is also rising in Buckinghamshire, it is lower at just over half (52%) of adults entering specialist drug treatment (Figure 18).



Mental health treatment needs are more commonly identified in women at 73% entering specialist drug treatment versus 58% in men nationally. This gender gap is wider in Buckinghamshire – locally women are 42% more likely than men in Buckinghamshire to have a mental health treatment need identified on entering drug treatment, compared to women being 26% more likely than men nationally (2020/21).

Stakeholder consultation with local professionals described issues relating to mental health as adversely affecting many service users. Significant life events (such as relationship breakdown, healthcare concern, housing issue, bereavement or change in employment status) were reported to be the main driver for referrals into specialist services by several professional stakeholders. In many cases this referral coincided with the first professional identification of wider health and social issues for the individual. Similarly, those with lived experience identified the link between bereavement and addiction. Service users spoke of a lack of grief or bereavement counselling, which some felt was the cause of their addiction. Those with lived experience interviewed felt that their mental health needs were not being met and that this was an important aspect of their addiction. Service users often reported that access to additional services, such as counselling, was reserved only for those who were 'clean'. Professional stakeholders highlighted a need to increase substance misuse awareness, training and promotion of clinical pathways for mental health professionals. All those consulted felt there was a need for some form of joint provision for mental health and substance misuse services.

Recommendation: Develop closer working between drugs and alcohol and mental health services to facilitate holistic care [Addressing risk factors and additional support needs]

Housing and homelessness

Nationally, 8% of adults entering drug treatment reported an urgent housing problem and a further 14% reported having a non-urgent housing problem in 2020/21. Fewer alcohol-only treatment clients raised housing issues with 2% entering treatment reporting an urgent problem and 7% reporting a non-urgent problem nationally in 2020/21. The proportion of clients entering drug and alcohol treatment in Buckinghamshire reporting housing issues is similar to national levels.

Stakeholder consultation with local professionals described issues relating to housing as adversely affecting many service users. Stakeholders working in the housing sector commented that landlords are often unwilling to accommodate those with substance misuse and/or mental health issues either during or post treatment. In addition, those trying to recover from substance dependence are often accommodated in the same location as others with similar issues which can disrupt recovery.

Recommendation: Review accommodation options for those with drugs or alcohol issues [Addressing risk factors and additional support needs]

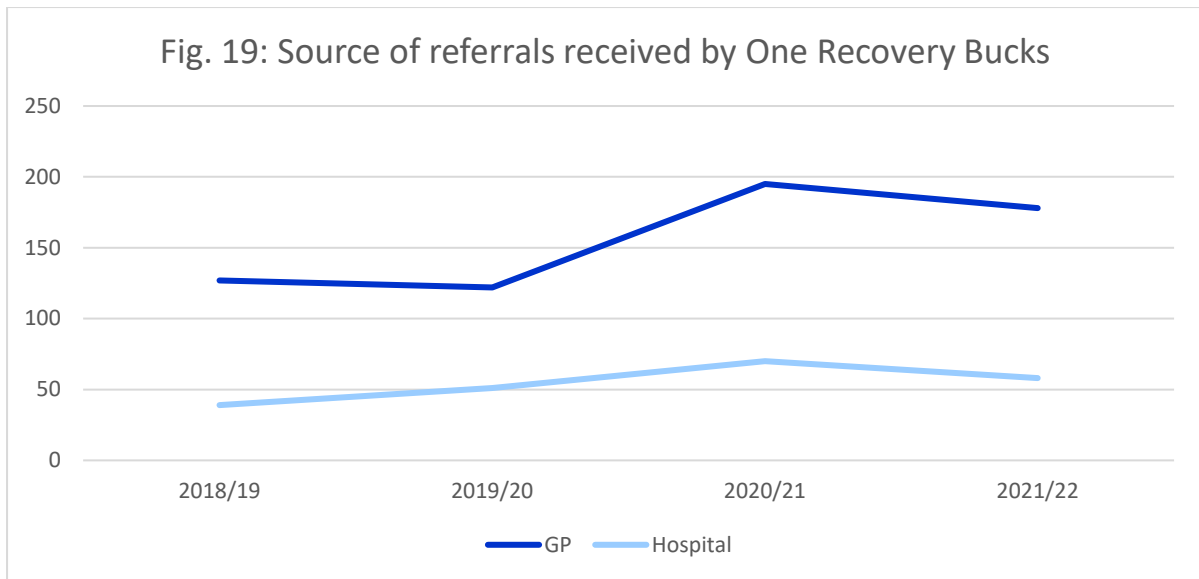
Service use

Referrals

Self-referrals are the largest route into tier three specialist treatment nationally. Self-referrals form a greater proportion of referrals in Buckinghamshire at 72% for drugs (compared to 59% nationally) and 66% for alcohol (compared to 63% nationally) in 2020/21. The proportion of referrals received in Buckinghamshire from the NHS is low (6% for drug treatment, and 16% for alcohol treatment) but similar to national figures (6% and 15%, respectively). The proportion of referrals from primary care has been increasing in Buckinghamshire however, from 2% in 2019/20 to 5% in 2020/21 for drugs, and from 8% in 2019/20 to 12% in 2020/21 for alcohol. Referrals from hospitals in Buckinghamshire have remained low at 1% for drugs and 4% for alcohol which are both below national levels (2% and 7%, respectively).

Recommendation: Increase active referrals into specialist drugs and alcohol treatment services to facilitate providing early support and harm reduction [Working together]

Local data provided by ORB (including both drugs and alcohol and all tiers of services) show a similar pattern with nearly three (2.9) times as many referrals received from GPs as from hospitals. While referral numbers from both groups were previously increasing, they decreased in 2021/22 (Figure 19).



Stakeholders highlighted that enquiring about alcohol consumption and screening for dependency are not currently part of routine clinical care within A&E at Stoke Mandeville Hospital, and that referrals from A&E to specialist treatment services for at risk drinkers could be improved. An Alcohol Care Team or Alcohol Liaison Nurse service is provided at Oxford University Hospitals, Frimley Health, and Royal Berkshire but is not provided in BHT. Alcohol care teams have been estimated to provide a return on investment of £3.85 for every £1 invested and it has been estimated that providing an Alcohol Care Team in every non-specialist acute hospital nationally would save 254,000 bed days and 78,000 admissions per year by year three⁶².

Recommendation: BHT to consider an Alcohol Care Team [Reducing harms and promoting safety]

The waiting time for the first tier three intervention following referral to drugs services was less than 3 weeks in more than 99% of cases, in line with national data.

Engagement with people with lived experience found that those who had self-referred into the service felt the process had been quick and easy. All had been contacted within 24 hours and arranged a time for an assessment. Some of those involved in the focus groups had been in and out of treatment over a number of years and all felt that it was easy to access services. The initial assessments were seen as being thorough and ‘holistic’, identifying other issues which may need addressing in addition to substance misuse such as housing, finance, employment, and personal circumstances.

Specialist treatment places

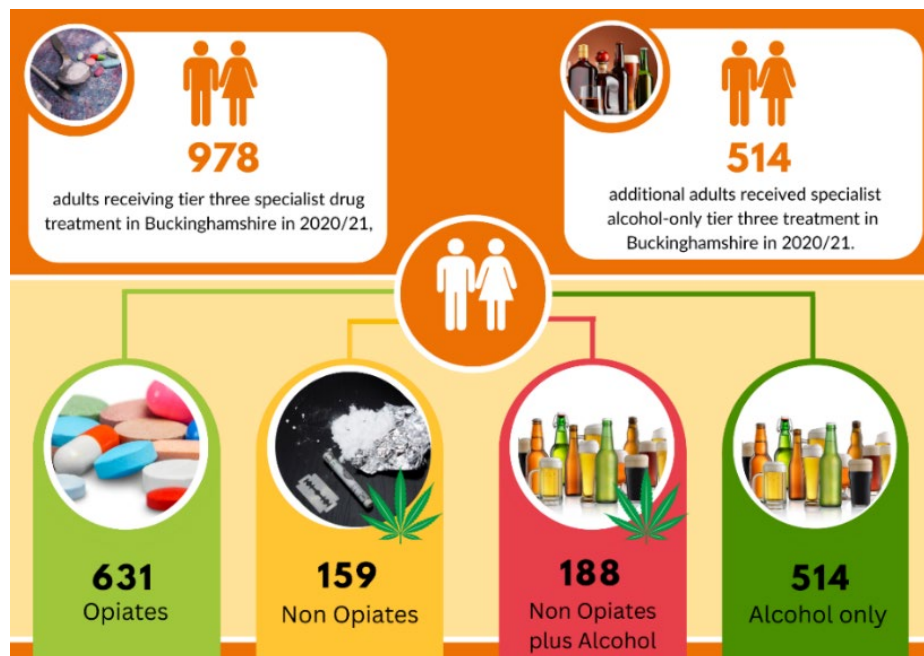
All data relating to referral to, use of, and outcomes from specialist drug and alcohol treatment services are for tier three activity in 2020/21. They are taken from the Commissioning Support Pack unless stated otherwise. This pack was produced by the Office

for Health Improvement and Disparities (OHID) using National Drug Treatment Monitoring System (NDTMS) data.

Drugs

27 young people used Here4YOUth tier three services in 2020/21. The most common substance used is cannabis (89% of clients), followed by alcohol (33% of clients). Referral sources into specialist youth drug services are similar to nationally, with the most common being children's services and education.

There were 978 adults receiving tier three specialist drug treatment in Buckinghamshire in 2020/21, of which over half (52%) had entered treatment during that year. An additional 514 adults received specialist alcohol-only tier three treatment in Buckinghamshire in 2020/21. Use of opiates form the majority of drug treatment places (65% in 2020/21) and also the majority of drug-misuse deaths (85% in 2017-19), in line with national data.



The demographic breakdown of drug treatment clients in Buckinghamshire in 2020/21 largely reflected the patterns observed nationally. Three quarters (74%) of adults in drug treatment were men. Approximately one third (37%) were 30-39 years old and another third (32%) were 40-49 years old. The majority (83%) of adults entering drug treatment in Buckinghamshire identified as white British, similar to the proportion of the general population in Buckinghamshire (81% in the 2011 Census)⁶³.

Adults entering specialist drug treatment are nearly four times more likely to smoke (42% entering treatment in 2020/21) than the general population (11% adults in 2019) in Buckinghamshire. However, fewer than 5 of the 126 adults identified as smokers on entering treatment in 2020/21 in Buckinghamshire were recorded as having received a smoking cessation intervention.

Recommendation: Increase the uptake of smoking cessation amongst drugs and alcohol treatment clients [Reducing harms and promoting safety]

8% of clients receiving specialist treatment for use of illegal drugs in Buckinghamshire also report problematic use of over the counter (OTC) or prescription only medicines (POM). However, this is below the 14% level seen nationally.

Prescription drug misuse was identified as an issue by professional stakeholders. It was reported that prescription medicines are being seen more frequently in drug-related deaths locally. However, the drug and alcohol treatment service is not currently commissioned to provide treatment solely for misuse of prescription drugs (i.e. without concurrent use of illegal substances).

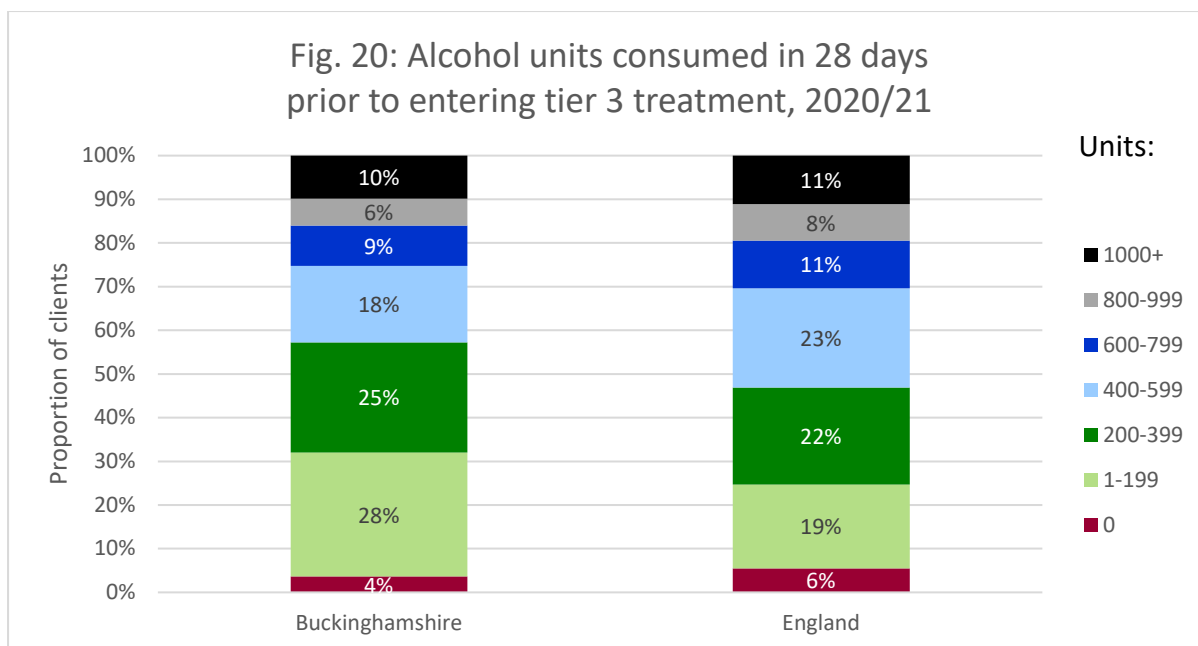
Recommendation: Review opportunities to reduce the number dependent on prescription medication [Reducing harms and promoting safety]

Alcohol

829 Buckinghamshire adults received tier three treatment for alcohol misuse in 2020/21 – of whom 514 were receiving treatment for alcohol only and 315 also received support for use of non-opiate drugs (covered above).

The demographic breakdown of current clients who present to treatment for alcohol-only support in Buckinghamshire in 2020/21 largely reflects the patterns observed nationally. Just over half (54%) were men. Approximately one third (30%) were 40-49 years old and another third (28%) were 50-59 years old – these age bands are 10 years older than quoted for drug treatment clients. The majority (86%) of adults entering alcohol treatment in Buckinghamshire identified as white British, which is similar to the proportion of the general population in Buckinghamshire (81% in the 2011 Census)⁶⁴.

A greater proportion of adult alcohol-only treatment clients in Buckinghamshire had their level of dependence assessed and categorised (81%) than nationally (68%) in 2020/21. The levels of alcohol consumption reported locally were lower on entering treatment than seen nationally (Figure 20). A similar proportion of those in alcohol treatment in Buckinghamshire were identified as using/having previously used other drugs compared to nationally (38% versus 42%) in 2020/21.



Adult drug and alcohol treatment services in Buckinghamshire were reconfigured in 2017, moving from an approach in which multiple providers offered elements of the treatment to an integrated adult substance misuse treatment service. The majority of professional stakeholders agreed that the integrated service model works better than the previous approach. When asked, stakeholders did not identify any therapeutic gaps in services offered by the integrated service.

Family support sessions were described as “a lifeline for those supporting individuals in treatment”. One partner stated that having other people who understand what you are going through “gives you hope”. It helped them to understand addiction and how to support their partners. Most of the family members involved in the focus groups felt that they would benefit from structured sessions which provided details of what to expect and ‘do’s’ and ‘don’ts’ when it comes to supporting and managing a partner with an addiction. The partners of service users commented that, when seeking help for their partners from GPs and other services, they had been unaware that there were support services for families to access. It was only as a result to speaking with the service supporting their partners directly that they were made aware that they could refer themselves into services for support.

Recommendation: Promote the use of the Family and Carers Service [Addressing risk factors and additional support needs]

Harm reduction

Hepatitis C virus (HCV)

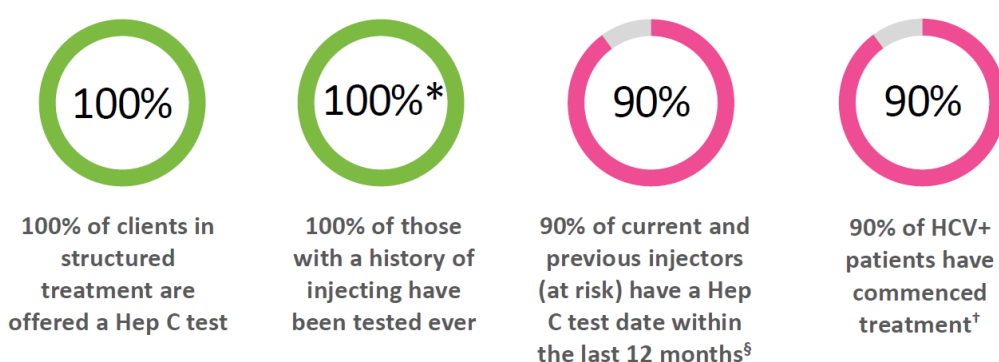
HCV infection is the most common blood borne virus among people who inject drugs in the UK⁶⁵. Over 90% of HCV infections in England are thought to have been acquired by injecting drug use. The proportion of people who inject drugs who have evidence of ever being infected by HCV is rising nationally – reaching 60% in 2020⁶⁶. Despite this, significant

advances in HCV treatment since 2015 have translated to reduced HCV-related mortality in those aged under 75 in England.

However, the COVID-19 pandemic has been associated with reduced access to clean needles and increased reported needle-sharing activity⁶⁷. There was also a 62% drop in HCV testing nationally during 2020⁶⁸. Screening for HCV continued in prisons throughout the COVID-19 pandemic – with an uptake of 46% in 2020/21 compared to 45% in 2019/20.

In 2019/20, the latest year before the COVID-19 pandemic, Buckinghamshire saw 62% of those recorded as eligible on entering drug treatment being tested for hepatitis C virus (HCV) infection, compared to 69% nationally. This fell during the COVID-19 pandemic, to 40% being tested in Buckinghamshire and 41% nationally in 2020/21 (Figure 21)^{vi}. As the total number of individuals presenting to services also fell during the COVID-19 pandemic, the number of active HCV infections identified fell sharply by a factor 13 between 2019/20 and 2020/21 in Buckinghamshire, compared to falling by a factor 5 nationally. However, a separate national data collection system as part of the ‘Hep C U Later’ programme has confirmed that the Aylesbury Hub has already achieved micro-elimination status and that data from August 2022 indicates Buckinghamshire may be the first countywide service to achieve micro-elimination status. Criteria for micro-elimination are shown in Figure 21.

Fig. 21: HCV micro-elimination requirements



* 2% tolerance is permissible.

§Excluding assessed as not appropriate to offer.

† Accountability for patient starts sits with the Operational Delivery Network. The service will commit to a robust referral mechanism.

Recommendation: Work towards achieving hepatitis C micro-elimination status for the Buckinghamshire drug treatment service [Reducing harms and promoting safety]

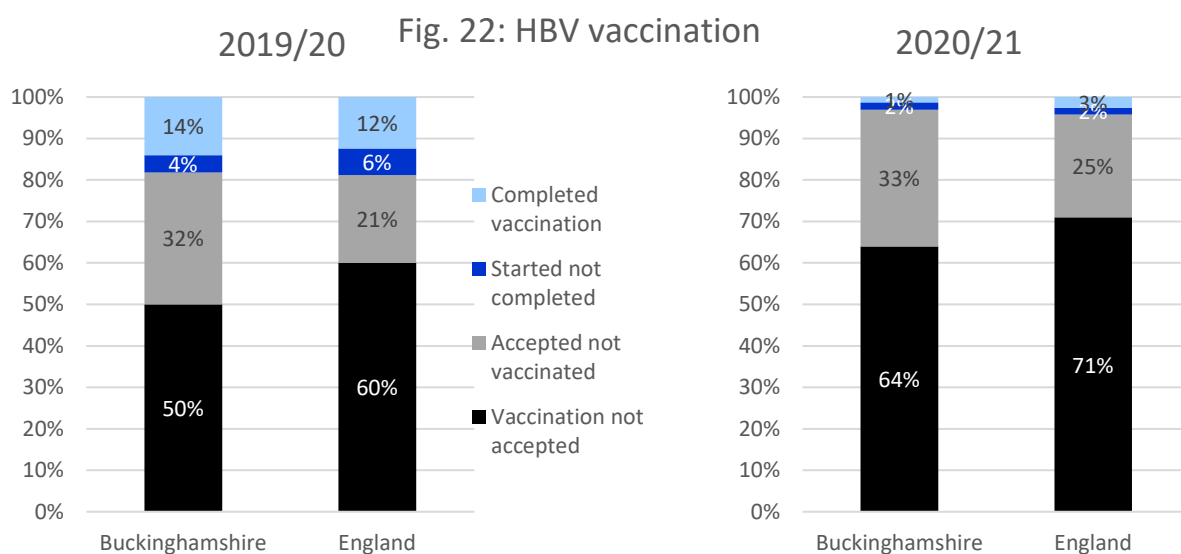
Hepatitis B virus (HBV)

A course of vaccination (three doses) against HBV is recommended for all current people who inject drugs, those who inject intermittently, those who are likely to ‘progress’ to injecting, non-injecting users who are living with current injectors, and family/household contacts of people who inject drugs⁶⁹. It is also recommended for all sentenced prisoners and new inmates entering prison in the UK.

^{vi} Categories with fewer than 5 individuals are rounded up to 5 to prevent deductive disclosure.

In 2020, 12% of people nationally who have ever injected drugs were estimated to have had prior HBV infection. Nationally only two thirds (66%) of injecting drug users have been vaccinated (2020)⁷⁰.

In 2019/20, the latest year before the COVID-19 pandemic, Buckinghamshire saw 14% of those recorded as being eligible on entering drug treatment receiving a full course of vaccination. This is similar to nationally (12%) but despite a higher proportion of the eligible population locally recorded as having accepted the offer of HBV vaccination (50% versus 40%). By 2020/21, the proportion of those recorded as eligible on entry to drug treatment who completed HBV vaccination had fallen to 1% (just 6 individuals), compared to 3% nationally (Figure 22).



Recommendation: Increase the proportion of eligible residents receiving hepatitis B vaccination [Reducing harms and promoting safety]

The provision of take-home naloxone, to reverse the effects of opiates during potentially fatal overdoses, is greater in Buckinghamshire than England and also marginally improved during the COVID-19 pandemic. In 2020/21, three quarters (76%) of those entering treatment for opiate use in Buckinghamshire were either issued with or confirmed pre-existing access to naloxone, compared to half (53%) nationally. Of all those in opiate treatment, nearly half (47%) in Buckinghamshire had naloxone compared to just over one quarter (28%) nationally.

Bacterial infection

Injecting drugs can also lead to bacterial infections. In 2020, over one in three people (38%) identified as injecting drugs in England, Wales and Northern Ireland reported having a sore, open wound or abscess related to an injection site⁷¹. Injecting drugs may also lead to serious systemic bacterial infections. The number of cases of invasive Group A Streptococcal (iGAS) infection identified amongst people who inject drugs increased from 4 recorded cases in 2013 to 234 in 2019 in England and Wales. iGAS carries a fatality rate of 9.5%⁷².

Treatment outcomes

Drugs

Nearly two thirds (65%) of adults who reported injecting drugs on entry to specialist treatment in 2020/21 reported no longer injecting drugs by 6 weeks (similar to the national proportion). However, compared to national data, Buckinghamshire had a higher proportion of opiate clients who have been in treatment for less than 2 years (57% versus 46%) and a higher rate of early unplanned exits^{vii} at 23% (50 individuals) versus 15%. Early unplanned exits are also twice as high in Buckinghamshire as they are nationally for the treatment of non-opiates with or without alcohol at 34% (98 individuals) versus 17%.

Recommendation: Investigate and reduce features contributing to early unplanned exits in Buckinghamshire treatment [Addressing risk factors and additional support needs]

In 2020/21, 3.8% of opiate users successfully completed drug treatment and did not return to treatment within 6 months in Buckinghamshire – below the regional (5.7%) and national (4.8%) levels. However, safety is the primary concern and service users who are not abstinent may not represent a ‘failure’ of treatment services if they are being maintained on opiate substitute treatment (OST) – particularly during the early COVID-19 pandemic. The successful completion of treatment for non-opiate users (33%) was the same as regional and national levels.

Alcohol

The proportion of adults in specialist alcohol treatment who successfully completed and did not return to treatment within 6 months has been rising in Buckinghamshire for the past three years from 30% to 36%. This is now higher than the national average, which fell during COVID-19 from 38% to 35%.

Buckinghamshire has a higher rate of early unplanned exits from the programme at 23% (88 individuals) of those starting treatment in 2020/21 compared to 13% nationally.

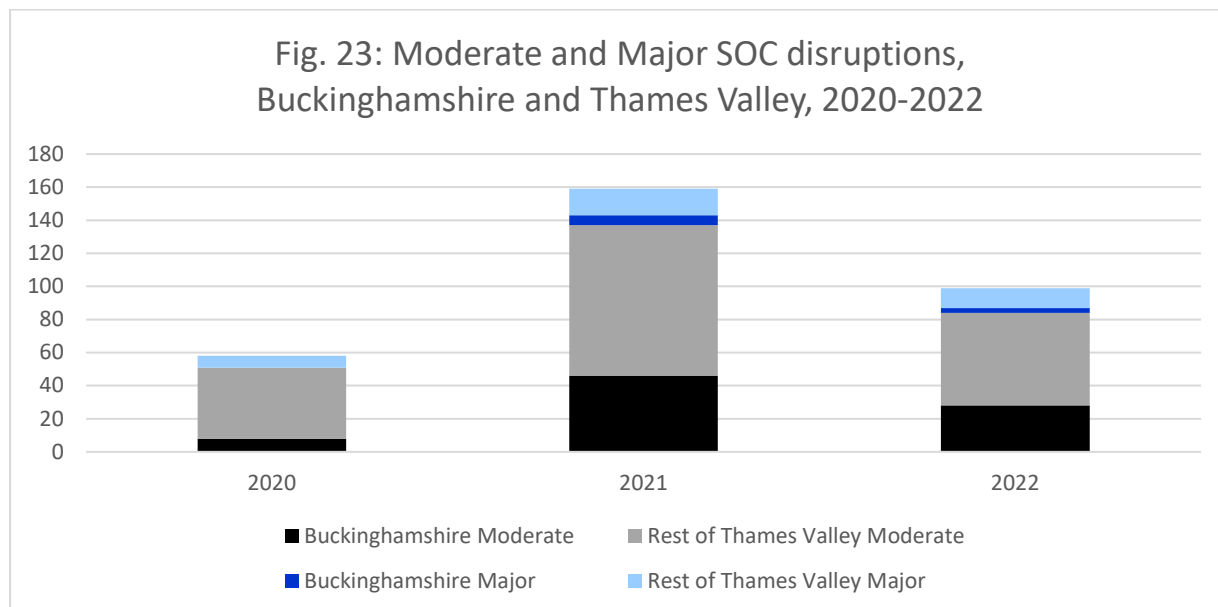
Criminal justice

A reduction of 44% in the number of people re-offending and a reduction of 33% in the number of offences in the two years after starting drug treatment has been found nationally, with the largest reductions for alcohol-only users⁷³. Applying these findings locally provides an estimate of 60,000 offences committed by adults before accessing drug treatment and 900 offences committed by adults before accessing alcohol treatment in Buckinghamshire. These translate to a gross social and economic saving in Buckinghamshire for adults starting treatment in 2016/17 of £9.5 million for drugs and £200,000 for alcohol.

Drugs supply is often linked to Serious and Organised Crime (SOC). The police undertake activities to disrupt both these organised crime groups and drugs supply networks, at a local and regional level. Moderate disruptions relate to individuals in these networks that are arrested, or where drugs or criminal property is seized. Major disruptions relate to instances

^{vii} Early unplanned exits are those who leave treatment in an unplanned way before 12 weeks

when a significant number of a gang’s members are arrested or multiple/large quantities of drugs or criminal property are seized, thus reducing the volume of drugs in circulation. Between January 2020 and October 2022, 30% of moderate and 20% of major SOC disruptions across the Thames Valley occurred in Buckinghamshire. There were more disruptions across the Thames Valley in 2021 than 2020 (Figure 23).



Data for 2022 are up to 14th October

The criminal justice system was responsible for 16% of drug and 6% of alcohol adult treatment referrals nationally in 2020/21. A lower proportion of referrals from the criminal justice system were seen in Buckinghamshire compared to nationally for both drug (8% versus 16%) and alcohol (2% versus 6%) treatment. Just over one third (38%) of adults in Buckinghamshire with a need for substance misuse treatment successfully engaged with community-based specialist treatment within three weeks of release from prison (2020/21). Although this rate is the same as that seen nationally, it is lower than 10 of the 13 comparator authorities for which data are available⁷⁴. Local data show this has risen to 44% in 2021/22. A new national stretching target of 75% by the end of 2023 is now in place.

A key gap identified by local stakeholders in relation to the criminal justice system was in the pathway from prison to community specialist drug treatment. It was reported that prisoners are often released at short notice and often on a Friday, impacting the ability of the community provider to deliver continuity of care. The onus for making contact with the community provider often rested with the individual, having been provided with a contact number and advised to self-refer. It was felt this contributed to non-engagement.

Recommendation: Strengthen referral pathways for those users leaving prison into community-based treatment services [Working together]

National policy

An independent drugs review was commissioned in 2019 by then-Home Secretary Sajid Javid and delivered by Dame Carol Black in 2020 and 2021.

Phase one of Dame Carol Black's independent review of drugs was published in 2020. It included an analysis of the problems and recommended policy solutions. It examined the illicit drugs market, worth almost £10 billion a year, with three million users and an increasingly violent and exploitative supply chain and the scale of increasing harm. It also highlighted that the quality and capacity of drug treatment services have reduced in recent years, and that entrenched drug use and premature deaths occur disproportionately more in deprived areas.

Phase two was published in July 2021. The aim of the review was to ensure that vulnerable people with substance misuse problems get the support they need. The report made policy recommendations to the government around funding, how services are commissioned and how local bodies are held accountable to ensure they are effective in preventing, treating, and supporting recovery from drug problems.

The report concluded that the public provision currently in place for prevention, treatment and recovery was in urgent need of "whole system reform".

There were 32 recommendations, including:

- additional funding for drug treatment;
- workforce development; and
- supporting prisoners and prison leavers.

In response, a new cross-Government 10 year national drugs strategy 'From harm to hope' was published in April 2022. The strategy is led by the Home Office and includes additional investment, to be overseen by Office for Health Improvement and Disparities. The strategy has 3 strategic priorities:

- break drug supply chains;
- deliver a world class treatment and recovery system; and
- achieve a shift in demand for recreational drugs.

Guidance for local delivery partners to support the strategy was published in June 2022. This set out a requirement for local areas to have a multi-agency Combating Drugs Partnership (CDP), accountable for delivering against the new National Combating Drugs Outcomes Framework. The new CDP for Buckinghamshire convened its first meeting in October 2022.

The most recent alcohol strategy was published in 2012 under the Coalition Government. It stated an intention for minimum unit pricing in England, but this has not been enacted. An Alcohol Charter was produced in 2018 by the All-Party Parliamentary Group on Alcohol Harm, which included calls for reduced availability of cheap alcohol, and greater support for both dependent and non-dependent drinkers.

Recommendations

Prevention

1. Tailor communications in accordance with data of most commonly used substances
2. Co-ordinate a schools-based prevention programme across the county
3. Increase access to youth drug treatment to reduce use persisting into adulthood
4. Develop methods for providing public health input to alcohol licensing decisions given the increase in purchasing from off-license venues
5. Consider ways to reduce alcohol consumption across the population, not just in dependent drinkers
6. Investigate options for reducing recreational use of nitrous oxide, in conjunction with awaited new national guidance
7. Develop additional offers to support residents to reduce their alcohol consumption

Addressing risk factors and additional support needs

1. Identify and support vulnerable family members when managing an individual's drugs or alcohol misuse
2. Improve identification and support for adults as well as children at risk of exploitation
3. Increase the identification of military veterans in Buckinghamshire healthcare systems
4. Introduce a consistent drugs and alcohol intervention service across all six Thames Valley custody suites
5. Develop closer working between drugs and alcohol and mental health services to facilitate holistic care
6. Review accommodation options for those with drugs or alcohol issues
7. Promote the use of the Family and Carers Service
8. Investigate and reduce features contributing to early unplanned exits in Buckinghamshire treatment

Reducing harms and promoting safety

1. Work with the Opportunity Bucks programme given the geographical alignment of drug and alcohol-related crime
2. Examine the recent fall in deaths despite the rising national trend via a drug-related deaths audit to identify if there may be specific actions that can be expanded
3. Enhance the identification of drivers for neighbourhood crime
4. BHT to consider an Alcohol Care Team
5. Increase the uptake of smoking cessation amongst drugs and alcohol treatment clients
6. Review opportunities to reduce the number dependent on prescription medication
7. Work towards achieving hepatitis C micro-elimination status for the Buckinghamshire drug treatment service
8. Increase the proportion of eligible residents receiving hepatitis B vaccination

Working together

1. Increase active referrals into specialist drugs and alcohol treatment services to facilitate providing early support and harm reduction
2. Strengthen referral pathways for those users leaving prison into community-based treatment services

Appendices

1. Acronyms

A&E	Accident and Emergency
ACE	Adverse childhood experience
ADHD	Attention Deficit Hyperactivity Disorder
AUDIT	Alcohol Use Disorders Identification Test
BBV	Blood borne virus
BHT	Buckinghamshire Healthcare NHS Trust
BOB	Buckinghamshire, Oxfordshire and Berkshire West
BZD	Benzodiazepines
CCG	Clinical Commissioning Group
CCTV	Closed-circuit television
CDP	Combating Drugs Partnership
CSP	Community Safety Partnership
DALYs	Disability-adjusted life year
FDAC	Family Drug and Alcohol Court
HBV	Hepatitis B virus
HCV	Hepatitis C virus
IBA	Identification and Brief Advice
ICP	Integrated Care Partnership
ICS	Integrated Care System
iGAS	Invasive Group A Streptococcal (disease)
LWSW	Live Well Stay Well
MPFT	Midlands Partnership NHS Foundation Trust
NDTMS	National Drug Treatment Monitoring System
NHSE	NHS England
OHID	Office for Health Improvement and Disparities
ORB	One Recovery Bucks
OST	Opiate substitution treatment
OTC	Over the counter
PCC	Police and Crime Commissioner
PECS	Prisoner Escort and Custody Service
PHE	Public Health England
POM	Prescription-only medicine
PYLL	Potential years of life lost
SBB	Safer Buckinghamshire Board
SOC	Serious and Organised Crime
TVP	Thames Valley Police

2. Definitions and Terminology

AUDIT - (Alcohol Use Disorders Identification Test) is a set of questions for non-specialists to be able to screen for unhealthy or risky alcohol use. A shorter form is available as AUDIT-C.

Class A drugs - The Misuse of Drugs Act 1971 is the main legislation in the UK to control and classify drugs that are 'dangerous or otherwise harmful' when misused. The act lists all illegal (or controlled) drugs in the UK and divides them into one of 3 'classes' – A, B and C – based on the harm they cause to individuals and society. Class A drugs are considered the most harmful.

Identification and Brief Advice (IBA) - a brief intervention which typically involves using a validated screening tool to identify risky drinking (e.g. AUDIT-C – the shorter form of AUDIT) followed by the delivery of short brief advice aimed at encouraging a riskier drinker to reduce their consumption to lower risk levels.

Invasive Group A Streptococcal infection - Group A Streptococcus (GAS) is a bacterium which can colonise the throat, skin and anogenital tract. Invasive GAS (iGAS) is an infection where these bacteria are found in a part of the body which is normally sterile, such as the blood, and these infections can be extremely severe.

Naloxone - is the emergency antidote for overdoses caused by heroin and other opiates (such as methadone, morphine, and fentanyl), reversing life-threatening breathing difficulties. Naloxone is a prescription-only medicine, so pharmacies cannot sell it over the counter, but anyone can use it to save a life in an emergency.

Opioid Substitution Treatment (OST) - People who become dependent on heroin or other illicit opioids often benefit from opioid substitution treatment (OST). OST has 2 core elements: pharmacological and psychosocial. The pharmacological element involves replacing illicit opioids with a prescribed replacement opioid, such as methadone or buprenorphine. The psychosocial (talking) element supports people to stabilise on the replacement opioid and to then make positive changes to their lives and recover from their drug use. OST is most commonly used for illicit heroin use.

Prison categories - ranging from A as the highest risk (where individuals would be highly dangerous to the public, the police or the security of the State and for whom the aim must be to make escape impossible) to D as the lowest risk (where individuals have been assessed as manageable in low security conditions)

Prisoner Escort and Custody Service - PECS provides the safe and secure transport of prisoners including adults, children and young people to and from Police Stations, Courts, Prisons, Secure Training Centres (STCs), and Secure Children's Schools (SCHs).

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