Waltham Forest
Joint Strategic Needs Assessment (JSNA)
2017/18

Alcohol and Drugs

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ALCOHOL AND DRUGS JOINT STRATEGIC NEEDS ASSESSMENT 2018

1 Executive Summary

Alcohol and drug use is not as prevalent in the borough compared to other parts of London and England, but levels of dependency and misuse are just as high. The identification of problematic use and provision of a range of interventions appropriate for different sectors of the population is the biggest challenge for the borough. A detailed set of recommendations are available in the full Alcohol and Drugs Needs Assessment 2018. In summary:-

- Increase the provision, quality and scale of primary and secondary prevention
- Invest in the local workforce to identify problematic alcohol and drug use earlier, and have constructive conversations with individuals to reduce harm and or access dedicated services
- Achieve best value for money and increased usage of both the young people’s and adult treatment services, ensuring high risk groups are identified and catered for
- Improve the use of community sector organisations to achieve recovery goals
- Integrate alcohol and drug related outcomes in the local digital offer
- Continue to close gaps in knowledge and information across professional sectors to resolve barriers and improve responses
2 Public Health Context

2.1 Alcohol and Drug Use

The misuse of alcohol and drugs contributes to 5% of the total global burden of disease and are known to have negative repercussions across society, from individuals to families and communities.

Compared to the picture 20 years ago, alcohol and drug use in the UK is at historically low levels, but still higher than many other European countries and the negative effects on individuals, their families and communities remain unacceptably high. Current estimated costs to the national economy are significant at £31 billion per year, across health and crime sectors, including loss in productivity.

Waltham Forest has larger proportion of residents who do not regularly drink alcohol or drink at low levels, but equal to higher proportion of residents who binge drink or are dependent drinkers. Drug use is approximately the same as the rest of the country, with slightly less use of heroin and crack but equal use of cannabis.

2.2 Prevalence of alcohol and drug use in the borough

Prevalence estimates are published by Public Health England and obtained from two sources, the National Crime Survey for England and the work of Liverpool John Moore’s University on modelled estimates of opiate and/or crack use in England. This data shows that profile of alcohol use in the borough is very different to the national picture:

- 13% of Waltham Forest adults binge drink compared to 17% nationally
- 34% of the adult population is abstinent compared to 17% nationally
- 5% of adults are high risk drinkers locally compared to 4% nationally
- 1.4% of residents are dependent drinkers compared to 1.3% nationally

The profile of drug use in the borough is more similar to national estimates, with a slightly lower rate of opiate and/or crack use than the national average:

- There are 5,033 residents aged 16 to 59 using Class A drugs
- 1,463 of Class A users are opiate and/or crack users (rate of 7.98 per 1,000 compared to 8.57 nationally)
- 6% of residents aged 16 to 59 use cannabis; which increases to 15% in 16 to 24 year olds (national estimates)

During public consultation exercises for this needs assessment, which included a broad cross-section of the population, many participants doubted the accuracy of prevalence estimates. Many believed that they were too low compared to their experiences of life in the borough. Surprise at estimated abstinence levels was frequently cited.

A literature review published by the Joseph Rowntree Foundation indicates that the profile of alcohol use in the borough is broadly consistent with an ethnically diverse population.\(^1\) Many of our residents from non-white British backgrounds have strong familial and cultural links that protects members from alcohol related harm. The research indicates that within those groups there is variation in use, as those who do drink alcohol may do so at high levels or hidden from view. Public consultations indicate that some drug

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\(^1\) Ethnicity and alcohol: a review of the UK literature, Rachel Hurcombe, Mariana Bayley and Anthony Goodman, Middlesex University, 2010
use, such as cannabis, is common in the borough. There is little evidence of widespread use of novel psychoactive substances (spice). Hospital admission data also indicates that the prevalence of misuse of alcohol and drugs is lower than the national average, but also that the general health of the population may be improving resulting in falling admission rates.

On balance, the modelled prevalence of alcohol consumption is consistent with the profile of the local population. This is a complex picture, affecting individuals at different stages of their life course.

2.3 Impact of alcohol and drug use in the borough

i) Hospital admissions

Alcohol specific hospital admissions between April 2015 and May 2017 cost £1,108,764, with an average length of stay of 4.2 days. Drug specific admissions in the same time frame cost £676,282, with an average length of stay of 1.7 days. Admissions for conditions broadly related to alcohol and drug misuse, including some cancers, cardiovascular disease and Chronic Obstructive Pulmonary Disease have not been included in this analysis but would increase the costs considerably.

ii) Social Care

Public Health England modelling indicates that are 1,011 adults dependent on either alcohol or drugs affecting 1,927 children in the borough\(^2\). Only 26% of those dependant adults are in treatment. Out of 2,531 children in need (CIN) assessments performed in Waltham Forest in 2016/17, alcohol use was identified as a risk factor in 11.7% compared to 9% in 2015/16. Drug use was identified in 16% of CIN assessments in 2016/17 compared to 14% the year before.

In recent years safeguarding adults reviews have identified long term alcohol misuse and an unwillingness to engage in alcohol treatment services as factors in the unexpected deaths of older adults with different presenting needs for social care. Learning from these reviews identifies the need to increase confidence in carers and the wider social care and health workforce to have conversations about alcohol use and minimising harm.

iii) Criminal Justice System

Research into the health needs of the prison population tells us that 90% of the prison population uses alcohol and or drugs. Locally, the National Probation service reports that for 24% of its caseload drugs are an influencing factor in their offending, and for 30% of their caseload alcohol is an influencing factor. The local Integrated Offender Management programme for prolific offenders reports that between 70% and 90% of their caseload are influenced by their drug or alcohol use.

Of the referrals from the criminal justice system, only 9% are generated from the local probation service. Nationally, probation accounts for 22% of referrals from criminal justice sources.

\(^2\) Public Health England Parental Drug and Alcohol Toolkit 2016-17
Locally, only 15% of prison leavers treated whilst in prison engaged with the local community service following release. This is 50% less than the national average, and compared to other London boroughs, Waltham Forest is among the 5 worst performers. All of these referrals were for drugs. No alcohol only clients engaged with the local service on release from prison.

iv) Mortality

The average age of death for those dying from alcohol related causes is 54.3 years old, 30 to 34 years younger than the average age of death for men and women. In Waltham Forest, there were 370 deaths attributable to alcohol in the borough between 2007 and 2017, the majority of which were in the 40 to 60 year age group. Deaths due to drug misuse have increased significantly in the borough, and have doubled in 2014-16 compared to 2011-13. Residents aged 40 to 59 had the highest rates of drug related deaths.

2.4 Impact of alcohol and drug treatment use in the borough

The biggest impact on health and social care services in Waltham Forest stems from the decreasing use of treatment services rather than increasing prevalence. In 2017/18 only 10% of the estimated population of alcohol dependent residents are in the treatment service, this is a decrease of 54% since 2014. Only 32% of opiate and crack users are in treatment in Waltham Forest, compared to 57% nationally. The reduction in the number of service users has also affected the numbers in treatment with a diagnosed mental health condition and substance misuse. In 2016/17 the proportions in Waltham Forest compared to the national average are as follows:

- 16% Waltham Forest drug treatment clients compared to 24% nationally
- 16% of Waltham Forest alcohol treatment clients compared to 21% nationally

The reason for this drop in service use is not fully known. Referrals to the service from health and social care have declined significantly, and the service now relies mainly on self-referrals: 62% were self-referrals in 2016/17 compared to 51% in 2014/15. Front line workers have expressed concern with addressing life style factors with adults who drink or take drugs, indicating a need for training and education across the workforce. There has been no waiting list operating in the service since 2015, indicating capacity is available within the service. Recent reductions in budgets have been applied by implementing new models of operating to allow capacity to remain unchanged.

2.5 Impact on specific health conditions

The national profile of liver disease in the borough indicates that hospital admissions for a range of liver diseases are the same or better than national and regional averages with the exception of hospital admissions for hepatitis C related end-stage liver disease/hepatocellular carcinoma (4.9 per 100,000 compared to 3.5 for London and 2.4 for England). For alcohol related admissions, liver disease was the third most common reason for admission (15%) after symptoms of alcohol withdrawal (38%) and pancreatitis (18%).

The most common underlying cause for drug related hospital admissions is viral hepatitis B and C, representing 62% of 289 admissions between April 2015 and May 2017. Viral hepatitis C was the most common. Over half (64%) of these admissions were in the 20 to 24 age group, all male. This is followed
by 25 to 49 year olds (22%); mixed gender. In England, Hepatitis C is commonly associated with people who inject drugs. Locally, the demographic profiles of known injecting drug users and of all people diagnosed or admitted for viral hepatitis C does not fit with the national profile of people who inject drugs. This will be explored in greater detail in a needs assessment on blood borne viruses.

The second most common cause for drug related hospital admissions were intentional self-poisoning, of which 54% occurred in the 25-49 age range. This is followed closely by conditions associated with the harmful use of illicit drugs, of which 57% were related to cannabinoids. There is very little evidence of the use of synthetic cannabinoids in the borough. More intelligence from hospitals and A&E departments is required to determine if the cannabinoids related to these admissions are deemed natural or synthetic, and will greatly assist in developing interventions for people using these substances.

The recent increase in youth violence is linked to the drug market in Waltham Forest. The impact on physical and mental health as a result of post-traumatic stress disorder for those young people and their families has yet to be fully assessed locally. The national drug strategy and the national crime prevention strategy both stress the importance of supporting drug users into recovery as a means to reduce harm.

3 A Life Course Approach

3.1 Alcohol and drug use in young people up to the age of 18 and in school

The children of Waltham Forest are the most ethnically diverse sector of the population, of which 64% are from minority ethnic backgrounds compared to 50% of the population over all. Trends in alcohol and drug consumption show that fewer teens across the country are using substances, but it is much lower in Waltham Forest. Certain groups of young people are known to have a higher prevalence of alcohol and drug use. National data shows that 15 year olds self-reporting their sexuality as gay, bi-sexual, or other have significantly higher levels of drug and alcohol use compared with their heterosexual peers.

<table>
<thead>
<tr>
<th>Category</th>
<th>Waltham Forest</th>
<th>National</th>
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<tr>
<td>ever had an alcohol drink</td>
<td>35.3%</td>
<td>62.4%</td>
</tr>
<tr>
<td>tried other tobacco products such as hookah, shisha etc.</td>
<td>23.6%</td>
<td>15.2%</td>
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<tr>
<td>tried cannabis</td>
<td>11.8%</td>
<td>10.7%</td>
</tr>
<tr>
<td>have used cannabis in the last month</td>
<td>5.4%</td>
<td>5.4%</td>
</tr>
<tr>
<td>taken drugs - not cannabis - in the last month</td>
<td>0.6%</td>
<td>1%</td>
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The hospital admission rate for alcohol specific conditions in Waltham Forest residents under the age of 18 has declined in recent years from 38.2 per 100,000 population in 2011/12-2013/14 to 27.8 per 100,000 in 2012/13 – 2014/15. The most recent rate is lower than the national average of 36.6 and closes the inequality gap between Waltham Forest and neighbouring boroughs.

The drug specific hospital admission rate for young people age 15 to 24 has stabilised in recent years. The most recent data shows an admission rate of 65.3 per 100,000 in 2013/14-2015/16, similar to the rate in previous years. This is much lower than the national rate of 95.4 but higher than similar boroughs.

Local data indicates that young males aged up to 18 had higher hospital admissions for drug misuse than any other age group.

### Drug related hospital admissions by age/gender April 2015 - May 2017

#### 3.2 Young adults aged 16 to 24 (school leavers and transition years)

Compared to a decade ago fewer young people aged 16-24 are using alcohol and drugs, but remain one of the highest users of both substances compared to other parts of the population. These young people are more likely to use alcohol than any other form of psychoactive substance, including cannabis. Data from the Office of National Statistics show that alcohol use at this age rises from 62% at age 15 to 82% from age 18. Young women begin to drink heavily in this life stage: 40% report binge drinking on their heaviest drinking day compared to 34% of young men the same age.
A snapshot of local hospital admission data shows that young women aged 18 to 24 had higher hospital admission rates for alcohol than their male counterparts, and these hospital admissions steadily increase throughout all age bands, and different profile to men who had a variable rate.

3.3 Working age adults aged 25 to 49

Residents within this age band represent 43% of the boroughs population; the largest of all age bands which has the slowest level of growth over the next few years and carries the highest burden of adverse outcomes from alcohol and drug misuse, for themselves as individuals, their families, and the wider community. This is demonstrated in the figure above, that shows the largest volume of hospital admissions occurs within men and women aged between 25 and 59. Hospital admission data shows that this age group has the highest rates overall compared to many other age groups. Drug related deaths are highest in this age group particularly in men between the ages of 40 and 59.
This age group is the most likely to be living with children under the age of 16. Public Health England modelling indicates that are 511 alcohol dependent adults who live with children, affecting approximately 985 young people in the borough. Estimates indicate approximately 500 adults with opiate dependency are living with children, but only 26% of those are in treatment. Out of 2,531 children in need (CIN) assessments performed in Waltham Forest in 2016/17 alcohol use was identified as a risk factor in 11.7% of assessments in 2016/17 compared to 9% in 2015/16. Drug use was identified in 16% of CIN assessments in 2016/17 compared to 14% the year before. There was an 8% increase in the number of CIN assessments between 2015/16 and 2016/17, and a larger increase in alcohol use identified as a risk factor. The reason for a larger increase in alcohol as a risk factor is not known, it am be due to more use or a greater awareness among staff conducting assessments.

Compared to national and regional estimates, alcohol use affects fewer children compared to drug misuse:

<table>
<thead>
<tr>
<th>Risk factors identified in CIN assessments</th>
<th>Alcohol</th>
<th>Drugs</th>
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<tbody>
<tr>
<td>Waltham Forest</td>
<td>11.7%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Regional average</td>
<td>12.7%</td>
<td>14.2%</td>
</tr>
<tr>
<td>National average</td>
<td>18.0%</td>
<td>19.7%</td>
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3.4 Working age to retirement – residents aged 50 +

The section of the population aged 50 and above is the fastest growing aspect of the population. The number of residents aged 50-64 are expected to increase 14% by 2021. In the same timeframe, residents aged 65 and above are expected to increase by 12%. Many of these residents will have or develop long term conditions, experience life changing events such as retirement, and will also be unpaid carers to their peers or younger family members.

As seen in the previous section, binge drinking starts to decline in this age group for both men and women, but not in significant levels until the age of 65 and over. Yet, 12% of men over the age of 65 that drink alcohol say they binge drink on their heaviest day of drinking.

In the snap shot of hospital admissions for alcohol use between April 2015 and May 2017, there was a clear decline in hospital admissions for men from the age of 60 onwards, however it was still higher than for women in the same age group. Women continued to have the same level of admissions. The underlying cause for the majority (63% of 298) of admissions was coded for alcohol dependency or withdrawal. This is a far greater proportion than is seen in the 25 to 49 year age group. Liver disease accounted for 11% of admissions in this age group.

Alcohol related hospital admissions for residents over the age of 65 have declined significantly, similar to all other age groups, bringing the rate of admissions in line with other local boroughs.

National data indicates the 27% of serious case reviews mention alcohol misuse. In Waltham Forest, serious case reviews that mention alcohol misuse have also identified concurring themes of self-neglect and social isolation. These were all in men over the age of 65, who were in touch with a range of services including the local fire service and care staff. A common theme is the difficulty in assessing problematic alcohol use by the care industry and other professionals in a range of settings, particularly when there are clear protocols regarding mental capacity and a person’s right to make decisions.

Alcohol use and its impact on the local prevalence of dementia is not known. There are many different causes of dementia, including Alzheimer’s and vascular dementia, which make up most of cases nationally. Other causes of dementia include depression, infections, such as encephalitis and HIV-related infections, some brain tumours, a lack of vitamin B in the diet, a lack of thyroid hormone, head injury, long-term alcohol misuse.

4 Waltham Forest Alcohol and Drug Strategy 2018 – 2021

The aims of the strategy have been developed using recommendations from residents, stakeholders, and elected members gathered from a range of sources over the past 18 months. Those sources include: two online school surveys; four stakeholder engagement activities; health scrutiny recommendations; service user feedback; and resident surveys.

The second stage of the development of this strategy was a comprehensive needs assessment using recently released evidence reviews, local health data, and nationally benchmarked outcome and treatment data. The epidemiology of need provides the detail required to ensure that the following aims and objectives are targeted, effective, and equitable. The Health and Wellbeing Board agreed to this strategy in early 2018.
1. **Parental Support and Early Years strategic aims**

1.1. Parents and carers will be supported when they need support in relation to their own use of substances or substance use in their children.

1.2. Children and young people feel supported to overcome the challenges in their lives, whatever those challenges may be, and building resilience against substance misuse in later years.

1.3. Specialist support will be co-ordinated, effective and meaningful to young people in need, ensuring that they only have to tell their story once.

1.4. School pupils receive accurate, current information on all psychoactive substances and the risks related to these products.

2. **Opportunities and Professional Development strategic aims**

2.1. All residents have the opportunity to thrive in the life they choose to lead, identify and use their strengths to gain employment, give back to their communities, and successfully transition through life stages, such as:

   - Unemployment to employment
   - Recovery from trauma and bereavement
   - Loss of housing
   - Criminal Justice System

2.2. Professionals supporting, safeguarding and providing services for our residents have access to facts and evidence based tools to identify substance misuse need and respond with a strength based approach.

3. **Services for well-being, health, prevention and care strategic aims**

3.1. Residents will have options to address poor well-being through community led initiatives.

3.2. Residents with a mental health illness and problematic substance use will experience seamless and effective care.

3.3. Recovery services will prioritise all health outcomes for their clients, protecting users against blood borne viruses, and improve nutrition and exercise.

3.4. Families will be supported on the journey of recovery and what it means to them, not just the person in the family that is misusing substances.

4. **Safe, secure and supportive environment strategic aims**

4.1. Residents are safe from anti-social behaviour and drug related criminality in their neighbourhoods and in their homes.

4.2. Local businesses will be supported to become responsible retailers of alcohol and tobacco products, and continue to face penalties for failing in their responsibilities to protect their customers from harm.
4.3. The night time economy develops into a safe, secure environment that can be enjoyed by all residents.

4.1 Implementing the strategy and system wide approach

The Alcohol and Drugs Steering Group, a sub-group of the Health and Wellbeing Board, has taken ownership of the local strategy, and have dedicated a number of actions to achieving, some, but not all, of the strategic aims. Over the next 18 months the steering group will oversee the completion of the following actions:

- Improved the digital offer so that residents have access to accurate, up to date information to make decisions about substance use, identify when use is a problem, and find the right resources.
- Ensure school pupils receive accurate, current information on all psychoactive substances and the risks related to these products, through a review the PHSE curriculum for alcohol and drug content, ensure gaps in knowledge and content relating to cannabis use is identified and addressed.
- The Adult Education Offer will remove existing and perceived barriers to all residents affected by substance misuse, creating opportunities for life skills, work skills, and measurable progression from treatment to long term recovery.
- Alcohol given full consideration in the new five year strategy for dementia, introducing a standardised methodology for assessing alcohol misuse in older residents and establishing evidence based pathways
- Implement NICE compliant pathways for residents with diagnosed mental health conditions and substance misuse to compliment increased joint work between mental health social workers and the local treatment service.
- Ensure pathways between the criminal justice system and community services are robust, used appropriately, and result in better outcomes for individuals

A theme that emerged from the steering group, whose membership includes representatives from acute care, mental health care, adult social care, children’s social care, public health and the police, is the need for large scale training of front line staff to identify alcohol misuse. This would include training all front line staff in the use of Audit C, and provide thorough training in how to have conversations about alcohol use and referral to services if appropriate. This proposal will be going to the Local Authorities Families Directorate for agreement to dedicate resources to systematic training.

5 Commissioning landscape

5.1 Cost effectiveness overview

Recent treatment provision (2016/17) is estimated to have saved the Waltham Forest economy £5.6m as a result of in year savings to the NHS, social care and crime. Modelling predicts that the 2016/17 treatment provision would have saved the local economy £14m within three years and £60m by year ten. This equates to a 10 year QALY of £25k per person. Well within the cost-effectiveness threshold recommended by NICE guidance. Specialist services for young people are also cost effective.
Department for Education cost-benefit analysis on specialist substance misuse services for young people found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term\(^3\).

Compared to national and London averages, and other outer London boroughs, the expenditure per head for alcohol and drug treatment is not statistically different, but lower than the median expenditure. Waltham Forest is an outlier for expenditure for alcohol treatment when compared by deprivation decile – the borough spends far less on alcohol treatment than expected for deprived areas\(^4\).

### 5.2 Commissioned services

Until mid-2017, the primary investment in relation to substance misuse was in treatment. There are two treatment services available in the borough: 722, the young people’s substance misuse treatment service provided by NELFT; and the integrated adult substance misuse treatment service provided by CGL.

An audit of compliance with NICE and national drug treatment agency guidance for both young people and adults demonstrated that both services are fully compliant with treatment guidelines. The same audit process identified that there was a good strategic infrastructure around substance misuse but awareness and adherence to good practice within frontline staff of partner agencies was less robust. This reflects feedback from professional stakeholders.

Specifically, there is a lack of investment in primary and secondary prevention. School based information from the school curriculum and specialist programmes such as Advance Life Skills due to roll out in 2018/19, are increasing the availability of primary prevention. There is no dedicated resource to increasing systematic identification and brief advice across local services.

### 6 Recommendations

Achieving best possible outcomes for our residents within challenging financial circumstances remains the main priority for the London Borough of Waltham Forest. The London Borough of Waltham Forest and local stakeholders are recommended to focus on achieving the following:-

- Increase the provision, quality and scale of primary and secondary prevention
- Invest in the local workforce to identify problematic alcohol and drug use earlier, and have constructive conversations with individuals to reduce harm and or access dedicated services
- Achieve best value for money and increased usage of both the young people’s and adult treatment services, ensuring high risk groups are identified and catered for
- Improve the use of community sector organisations to achieve recovery goals
- Integrate alcohol and drug related outcomes in the local digital offer
- Continue to close gaps in knowledge and information across professional sectors to resolve barriers and improve responses

\(^3\) Young people - substance misuse commissioning support pack 2018-19, Public Health England
\(^4\) Public Health England Spend and Outcome tool local authorities accessed January 2018