1. **About the Local Government Association (LGA)**

1.1. The Local Government Association (LGA) is the national voice of local government. We are a politically-led, cross party membership organisation, representing councils from England and Wales.

1.2. Our role is to support, promote and improve local government, and raise national awareness of the work of councils. Our ultimate ambition is to support councils to deliver local solutions to national problems.

2. **Summary**

2.1. Providing well-funded, targeted and effective substance misuse services is vital. It is the responsibility of local government to commission these services and by doing so, help prevent abuse in the first place and enable drug users to beat addiction. This will help people sustain their recovery.

2.2. The success of drug and alcohol treatment and prevention services depends on local government, the NHS and other partners working together to make these services responsive, relevant, easy to use and joined up.

2.3. The causes of substance misuse and the solutions for tackling it are multi-factorial. A whole system approach should be adopted at both the local and national levels covering prevention and treatment. Attempts to tackle these issues in isolation will lead to silo working and will lead to poorer outcomes for peoples’ health.

2.4. The £533 million cash reduction by central government to the public health grant in local government by 2020 is a short sighted approach. £85 million of this reduction will take effect in 2019/20. Local commissioners have effectively managed cuts and reformed services, whilst also managing increasing demands in many areas. It will only compound acute pressures for the NHS and other services. This balancing act is no longer sustainable and must be addressed in the Spending Review.

3. **Recommendations**

3.1. System leaders need to take a holistic approach to drugs misuse prevention, including building resilience in young people. This must be paired with drug misuse education programmes. A whole system approach to treatment and recovery is required.

3.2. Preventative programmes should be tailored and proportionate based on a risk assessment of the client. The assessment should aim to establish if an individual has a drug and alcohol problem, related or coexistent problems and whether there is any immediate risk for the
client. The assessment should identify those who require referral to drug treatment services and the urgency of the referral.

3.3. Commissioners should ensure that arrangements are in place to meet the needs of ageing opiate users. This group is one of the challenges facing councils. The proportion of older heroin users in treatment with poor health has been increasing in recent years and is likely to continue to rise.

3.4. Substance misuse does not respect local authority boundaries and residents in need of support should be able to access comprehensive treatment services for substance misuse. To meet the needs of local areas effectively, flexibility is needed to enable local authorities commission and deliver services which are a local priority and based on local need.

3.5. The Government must make public health a priority in the upcoming Spending Review. The Prevention Green paper is a further opportunity to make the case for increased investment in drug and alcohol treatment and recovery. It should also promote a whole government approach to the solutions needed. We want to see the Home Office, Ministry of Justice, Department for Work and Pensions (DWP) and the Ministry of Housing, Communities and Local Government (MHCLG) align their funding streams to support preventative measures that impact on services beyond those traditionally funded by the Department of Health and Social Care (DHSC).

3.6. Local agencies should also ensure that there are robust and integrated pathways between treatment and all points of the criminal justice system, including pathways between prison and community-based treatment. This will help ensure the crime reduction benefits of treatment can be realised. A joint commissioning approach between local government and the criminal justice should be explored to prevent and treat substance misuse amongst prisoners. The criminal justice system would retain responsibility for funding this service.

4. Health and harms: What is the extent of health harms resulting from drug use?

4.1. More than 300,000 people are struggling with crack cocaine and heroin addictions. In 2016, Public Health England (PHE) reported a significant increase in the numbers of people in treatment for crack problems. These numbers have increased further according to latest data. There was an 18 per cent increase in the number of people entering treatment with crack (but not opiate) problems following the 23 per cent increase the previous year. There were greater numbers of crack users in treatment across all age categories, including younger age groups where there had previously been years of decline.

4.2. The cost of substance misuse is huge. Estimates suggest that the social and economic impact of alcohol-related harm amounts to £21.5 billion, while harm from illicit drug use costs £10.7 billion.
4.3. Many adult problem drug users have long histories of substance misuse which often starts before the age of 18. Research suggests\textsuperscript{iv} that those most susceptible to developing problematic substance misuse problems are from ‘vulnerable groups’ such as children in care, persistent absentees or those excluded from school, young offenders, the homeless and children affected by parental substance misuse. Providing well-funded, targeted and effective substance misuse services is vital\textsuperscript{v}.

4.4. The economic argument speaks for itself. For every £1 spent on drug treatment, there is a social return of £4. For every £1 spent alcohol, it is £3. That means these services are helping to save society more than £2 billion every year.\textsuperscript{vi}

4.5. 279,793 individuals were in contact with drug and alcohol services in 2016-17; this is a 3 per cent reduction from the previous year (288,843)\textsuperscript{vii}. However, only a fifth of dependent drinkers are currently accessing drug and alcohol treatment, while the success rates of drug services vary five-fold from place to place.

4.6. Nearly half of people starting treatment in 2017-18 were not parents or did not have children living with them. But a fifth (25,593 people) were living with children and the total number of children they were living with was over 46,000.\textsuperscript{viii}

4.7. New threats are emerging all the time as evidenced by the harm posed by the use of psychoactive substances. We must not be complacent. Councils know more needs to be done in close collaboration with partners locally to ensure everyone gets the support they need wherever possible.

4.8. Drug misuse is the third most common cause of death for those aged 15-49 in England. The most deprived local authorities have the highest prevalence of problematic drug users.\textsuperscript{ix}

4.9. The record-high number of drug-related deaths is a major concern to councils and a worrying public health challenge. Drug misuse deaths have been increasing in all four nations. In England and Wales, there were 3,756 drug poisoning deaths involving both legal and illegal drugs registered in 2017. This is the highest figure since comparable statistics began in 1993, although deaths in 2016 were at a similar level with 3,744.\textsuperscript{x} Over half (53 per cent) of all deaths related to drug poisoning in 2017 involved an opiate.\textsuperscript{xi}

4.10. Nine in 10 councils\textsuperscript{xii} now provide take-home naloxone, to tackle overdoses and opiate-related deaths in their areas. This is now considered by local authorities to be part of their response to drug-related deaths and may be a contributing factor to the number of heroin-related deaths remaining stable in 2016.

4.11. Older drug users, who have not previously sought or had any treatment is one of the real challenges facing councils. The proportion of older heroin users in treatment with poor health has been increasing in recent
years and is likely to continue to rise. As a result, they are prone to an accumulation of chronic physical and mental health conditions that make them more susceptible to dying through overdose.

4.12. Councils are committed to ensuring drug users get the right support and treatment. They are spending more on drug and alcohol treatment than in any other area of public health. This year alone, local authorities are budgeting to spend more than £700 million on tackling substance misuse.

5. Prevention and early intervention:

What are the reasons for both the initial and the continued, sustained use of drugs? This refers to the wide spectrum of use, from high-risk use to the normalisation of recreational use.

How effective and evidence-based are strategies for prevention and early intervention in managing and countering the drivers of use? This includes whether a whole-system approach is taken.

5.1. The causes of substance misuse and the solutions for tackling it are multi-factorial. Why people use drugs may be due to mental ill-health or for recreational purposes. It requires close working with partners, vision and hard work. The correct intervention can have a tremendous impact on peoples’ lives.

5.2. It is important to consider social factors as key determinants on the effectiveness of treatments. Drug use and misuse tend to be clustered; for example, areas of relatively high social deprivation have a higher prevalence of illicit opiate and crack cocaine use and larger numbers of people in treatment. Unemployment and housing problems have a marked negative impact on treatment outcomes and exacerbate the risk that someone will relapse after treatment.

5.3. Around 75 per cent of people in drug treatment in England are receiving help for problems related to the use of opiates, mainly heroin. PHE estimates that the proportion of people in treatment with entrenched dependence and complex needs will increase.

5.4. The proportion of older heroin users aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise. An ageing cohort of heroin users (many of whom started to use heroin in the 1980s and 1990s) is now experiencing cumulative physical and mental health conditions. Older heroin users are also more susceptible to overdose. It is important to help those who are unable to access appropriate general healthcare services. All indications suggest that it is challenging to help people with complex needs and a long treatment history to achieve recovery.

5.5. Increasing problems of misuse and dependence have been reported with some medicines available over the counter and with other prescription medicines, especially opioid painkillers. Use of new psychoactive
substances (NPS) and club drugs are increasing, particularly in prisons. New patterns of use are also emerging, such as people engaging in chemsex. All of these developments require close monitoring and sustainable funding in the future.

5.6. There has been a reduction in illicit drug use among adults aged 16 to 59 years in England and Wales compared with a decade ago, from 10.5 per cent using illegal drugs in the last year in financial year 2005/06, to 8.5 per cent in 2016/17. xv

5.7. England has a well-established network of locally commissioned and run services that provide treatment. There is extensive international research evidence on the interventions provided by these services and how people can be helped to tackle drug misuse and recover. This evidence forms the basis of guidance for local treatment systems.

5.8. The National Drug Treatment Monitoring System (NDTMS) collects regular activity and performance data from all local government commissioned drug treatment services in England, which can then be used to report a wide range of outcomes and indicators, nationally and locally.

6. Treatment and harm reduction:

How effective and evidence-based is treatment provision? This refers to both healthcare services and wider agencies, and the extent to which joined-up care pathways operate.

Is policy is sufficiently geared towards treatment? This includes the extent to which health is prioritised, in the context of the Government’s criminal justice-led approach.

6.1. Local authorities are well-placed to lead the treatment and recovery agenda. The role of local authorities in supporting social reintegration, addressing social inequalities and developing local initiatives across public health are well known.

6.2. In 2017, the median spend on drug misuse treatment and prevention per resident in upper tier councils in England was £7.64 (a reduction of £2.60 since 2015). xvi

6.3. In 2017/18 local authorities spent £695 million on substance misuse services with £367 million spent on treatment for drug misuse in adults, £43 million on specialist drug and alcohol misuse services for children and young people and £63 million preventing and reducing harm from drug misuse in adults. xvii

6.4. In 2016/17, 280,000 individuals were in contact with local authority funded drug and alcohol services. Overall, nearly all individuals (98 per cent) waited three weeks or less from first being identified as having a treatment need to being offered an appointment to start an intervention, with 82 per cent of first interventions having zero days waiting time. xviii
6.5. Evidence suggests that investment in drug treatment can reduce social costs associated with drug misuse and dependence, with an estimated cost-benefit ratio of 2.5 to one.\textsuperscript{xix} To tackle health inequality, drug treatment services need to be easy to access. Improved access could be achieved through outreach and community needle and syringe programmes, which are associated with reduced rates of HIV and hepatitis C in the target population.\textsuperscript{xx}

6.6. Local authorities are exploring opportunities to develop better links and pathways between recovery systems and mental and physical healthcare. They are drawing commissioning streams together to respond to need, such as connecting mental health, sexual health services and smoking cessation services to drug treatment more effectively. Improved links to palliative care would also be important in responding to the needs of the ageing cohort of heroin and crack users who are experiencing high rates of mortality and chronic health problems.

6.7. The NHS Act 2006 outlines a duty to co-operate between NHS bodies and local authorities. In exercising their functions, NHS bodies and local authorities must co-operate with one another to secure and advance the health and welfare of the people of England and Wales.

6.8. Co-commissioning between local authorities and clinical commissioning groups to ensure that the physical and mental health needs of drug users are met, is a significant area for development, which could deliver significant improvements in outcomes.

6.9. Between 2011-13 and 2015-17, the rate of deaths from drug misuse in England increased from 3.1 per 100,000 population to 4.3 per 100,000 population. The Government’s own review\textsuperscript{xxi} concluded that the increase in drug related deaths started before the transfer of public health functions to local government. It also concluded that the causes are complex and that local government’s proactive roll-out of Naloxone is one of a number of factors contributing to addressing this rise. Ninety-five per cent of local authorities freely make the antidote drug Naloxone available to emergency services and those at the greatest risk. Naloxone is an emergency antidote for overdoses caused by heroin and other opiates/opioids, such as methadone, morphine and fentanyl. As a prescription-only medicine, it cannot be sold over the counter, but since the introduction of new regulations in October 2015, drug treatment services can supply Naloxone to anyone to save life in an emergency. This was a significant step forward.

6.10. More work is needed with the prison population to prevent and treat substance misuse amongst prisoners and those who have been released from prison. In relation to drug testing, local authorities are only responsible for health-related testing. Responsibility, including funding, for prisoners sits with the criminal justice system. There may be opportunities to explore joint commissioning to help create more joined-
up pathways, but the criminal justice system would retain responsibility for funding this service.

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Annex A - Local Authority Case Studies

Southampton City Council: A drug warning system

In Southampton, regular warnings are sent out to known drug users to alert them about possible dangers. The system is coordinated by the council and involves the local service user group, as well as other partners including the police and NHS. It is credited with playing a part in saving lives following a spike in overdoses in 2014.

Leicester City Council: Engaging those on the streets with substance misuse treatment

A new centre has been established in Leicester to help those on the streets struggling with substance misuse. Around 150 people are using the facilities each month with many being encouraged into treatment as part of a multi-agency approach.

Doncaster Metropolitan Borough Council: Meeting the wider needs of the homeless

The local drug and alcohol treatment service has launched a ‘long reach’ project to engage homeless drug and alcohol users. It is based on a housing first model, which then sees wider support wrapped around while they receive help for their addiction problems. It has only just launched but so far over 50 people have been helped.

North Yorkshire County Council and York City Council: Learning from drug deaths

Every drug-related death is reviewed in North Yorkshire and York to see if lessons can be learned. The expert group meets every six months to discuss cases. Recommendations are then made for local partners, including the drug treatment service and NHS.

Brighton & Hove City Council: Helping patients at A&E

Specialist nurses are stationed at Brighton & Hove’s main A&E unit to help patients who attend with drug-related problems. They advise doctors and nurses about the immediate care that needs to be provided and to engage drug users with wider community treatment options. They also prescribe naloxone kits to patients who are prone to or have presented with an opiate overdose.

Lancashire County Council: Investing in quality treatment

Lancashire County Council has been modernising its drug treatment programme over recent years. Instead of having scores of different contracts, services are now provided across three footprints with a focus on sustainable recovery. It is having impressive results with data showing performance is well above the national average.
i UK Focal Point on Drugs (2014)

ii Substance misuse treatment for adults: statistics 2017 to 2018

iii Alcohol and drug prevention, treatment and recovery: why invest? (2018)

iv What are the risk factors that make people susceptible to substance use problems and harm? (2018)

v Alcohol and drug prevention, treatment and recovery: why invest? (2018)

vi Evidence review on drug misuse treatment published (2018)

vii Substance misuse treatment for adults: statistics 2017 to 2018

viii Evidence review on drug misuse treatment published (2018)

ix An evidence review of the outcomes that can be expected of drug misuse treatment in England


xii Naloxone survey 2017 (LGA)

xiii Local authority revenue expenditure and financing 2017/18

xiv An evidence review of the outcomes that can be expected of drug misuse treatment in England

xv Public Health England, Evidence review of the outcomes that can be expected of drug misuse treatment in England (2017)

xvi Improving the public's health: local government delivers (2019)
https://www.local.gov.uk/improving-publics-health-local-government-delivers

xvii Local authority revenue expenditure and financing 2017/18
Alcohol and drug misuse and treatment statistics 2018 (PHE)


Understanding and preventing drug related deaths (2017)