

# Drug and Alcohol Needs Assessment

## 2024-25- Evidence Review

### Introduction

This evidence review was conducted between late 2024 and early 2025 to support the Drug and Alcohol Needs Assessments (NA) in Cambridgeshire and Peterborough. It aims to supplement local NA findings with a wider evidence base to inform recommendations and strategic planning.

The review provides a concise overview of current national guidance and strategic direction (Section A), followed by focused topic areas selected in response to emerging needs, gaps, or priorities identified during the NA process or raised by drug and alcohol teams and wider stakeholders (Sections B–H).

The methodology was primarily based on a rapid evidence review approach. This included targeted searches of medical databases, Google Scholar, and grey literature sources to capture current policy, practice, and evidence. Particular emphasis was placed on recognised sources of national importance such as GOV.UK, the National Institute for Health and Care Excellence (NICE), and other key organisations shaping national understanding of drug and alcohol use, such as the Office for Health Improvement and Disparities (OHID), the Institute of Alcohol Studies, the Advisory Council on the Misuse of Drugs (ACMD) and others (referenced throughout the review).

Sections are organised by topic, a short description of each section is included in the contents table below.

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## A. Key National Guidance

This section provides an overview of national strategies and guidance for both drug and alcohol misuse, highlighting key frameworks for prevention, treatment, and recovery.

For drugs (section Ai.), the Government released 'From Harm to Hope: A 10-Year Drug Strategy' in 2021. This strategy outlines a comprehensive approach focusing on reducing supply, improving treatment and recovery systems, and shifting demand. The National Institute for Health and Care Excellence (NICE) guidance and other clinical guidelines further support this approach with evidence-based recommendations for prevention, treatment, and harm reduction, including tailored interventions for specific populations.

For alcohol (section Aii.), the government's previous Alcohol Strategy is now outdated, but the Chief Medical Officer's guidelines remain an important reference. NICE provides guidance on preventing harmful alcohol use, clinical management of alcohol-related conditions, and improving treatment accessibility.

Other key publications cover all substances (section Aiii.). The Office for Health Improvement and Disparities (OHID) for example plays a significant role in guiding services for both drugs and alcohol, providing guidance on interventions with integration of prevention, treatment, and recovery whilst ensuring lived experience helps shape interventions.

## Ai. Drugs

### *Harm to Hope*

The current national drug strategy for England, "**From Harm to Hope: A 10-Year Drug Strategy**" (2021)<sup>1</sup>, outlines the Government's approach to tackling drug misuse through three core priorities:

- **Breaking Supply Chains:** Aiming to disrupt drug distribution networks and reduce availability.
- **Delivering a World-Class Treatment and Recovery System:** Expanding access to evidence-based treatment and recovery services, including support for those with co-occurring mental health conditions.
- **Achieving a Generational Shift in Demand:** Reducing the demand for drugs through prevention and education, with a particular focus on young people and at-risk groups.

This strategy emphasises a whole-system approach, bringing together health, justice, and community organisations to address the underlying drivers of substance misuse and support long-term recovery.

Since the launch of From Harm to Hope, significant national investment and system reform have been initiated to support its ambitions. A central mechanism for delivery has been the Supplementary Substance Misuse Treatment and Recovery Grant, managed through the Office for Health Improvement and Disparities (OHID), providing ringfenced funding to local

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<sup>1</sup> Home Office (2022). From harm to hope: A 10-year drugs plan to cut crime and save lives. Available at <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

authorities to rebuild treatment capacity, expand workforce, and strengthen partnership working. This has been phased with increasing allocations up to 2025.

Other key actions, as outlined across documents published by the Home Office include:

- Establishment of the Joint Combating Drugs Unit, bringing together departments including Department of Health and Social Care (DHSC), Home Office, Ministry of Justice, and Department for Education (DfE) to drive coordinated delivery.
- Local Combating Drugs Partnerships (CDPs) formed across England to lead local strategy implementation, supported by an accountability framework and monitoring dashboard.
- Expansion of the treatment workforce, including funding for drug and alcohol workers, psychologists, nurses, and peer support roles.
- Increased focus on integration with mental health and criminal justice, in line with the whole-system ambitions of the strategy.
- Improved data and performance monitoring, including enhanced use of the National Drug Treatment Monitoring System (NDTMS) and new metrics to assess progress against outcomes.

Taken together, these actions reflect a shift in national prioritisation of substance use treatment and recovery, aiming to reverse historic underinvestment in the sector and to build sustainable, effective services. Early delivery experience has informed ongoing implementation, as highlighted in national progress reviews and sector-led reflections<sup>2</sup>.

### *NICE Guidance*

NICE provides a range of evidence-based recommendations<sup>3</sup> to support the prevention, diagnosis, and treatment of drug misuse, emphasising harm reduction, effective treatments, and recovery-focused interventions.

#### 1. Prevention and Early Intervention:

- **Drug Misuse Prevention (NG64, 2017):**
  - Focuses on targeted interventions for at-risk populations, such as vulnerable young people and families.
  - Recommends school-based education programs and community initiatives to prevent drug use.
- **Behaviour Change (PH49, 2014):**
  - Advocates for brief interventions and motivational interviewing to support behaviour change in individuals at risk of drug misuse.

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<sup>2</sup> Local Government Association, Public Sector Access (2024). Two years on: a progress review of 'From harm to hope': A 10-year drugs plan to cut crime and save lives'. Available at: <https://www.local.gov.uk/publications/two-years-progress-review-harm-hope-10-year-drugs-plan-cut-crime-and-save-lives>

<sup>3</sup> NICE Guidance by topic: Drug misuse. Available at: <https://www.nice.org.uk/guidance/health-protection/drug-misuse>

## 2. Treatment and Management:

- **Drug Misuse in Over 16s: Psychosocial Interventions (CG51, 2007):**
  - Emphasises the role of structured psychosocial therapies, such as cognitive behavioural therapy (CBT) and contingency management.
  - Encourages involvement of family and carers in treatment where appropriate.
- **Drug Misuse in Over 16s: Opioid Dependence (CG52, 2007):**
  - Recommends the use of opioid substitution therapies, including methadone and buprenorphine, alongside psychosocial support.
- **Severe Mental Illness and Substance Misuse (CG120, 2011):**
  - Provides guidance for managing coexisting conditions, emphasising integrated care between mental health and substance misuse services.

## 3. Harm Reduction:

- **Needle and Syringe Programmes (NG67, 2014):**
  - Recommends the provision of sterile injecting equipment and safe disposal services to prevent blood-borne viruses.
  - Supports targeted interventions for people who inject drugs, including tailored harm reduction advice.

## 4. Recovery and Rehabilitation:

- **Residential Rehabilitation for Drug Misuse (2022):**
  - Highlights the importance of person-centred care and peer support in residential settings.

## 5. Quality Standards:

- **Drug Use Disorders in Adults (QS23, 2012):**
  - This quality standard sets out priority areas for improving care for adults with drug use disorders, covering all treatment settings including prisons, residential, and community-based services. It includes ten quality statements that reflect key expectations for high-quality care:
    - Access to needle and syringe programmes.
    - Comprehensive assessments for those entering treatment.
    - Assessment of needs of families and carers of people with substance use.
    - Testing and referral for blood borne viruses.
    - Clear information about harm reduction, detox, maintenance, and abstinence options.
    - Access to appropriate psychosocial interventions.
    - Support to access housing, education, employment, finance, healthcare, and mutual aid.
    - Formal psychosocial or psychological treatments where needed.
    - Continued support for at least six months after achieving abstinence.
    - Availability of information about eligibility for residential rehab based on NICE criteria.

### *Clinical Guidance: The ‘Orange Book’*

The ‘Drug misuse and dependence: UK guidelines on clinical management’, also known as ‘The Orange Book’, is clinical guidance produced by the Department of Health and Social Care<sup>4</sup>. This guidance was last updated in 2017.

Key recommendations include harm reduction, appropriate use of pharmacological interventions (e.g., methadone, buprenorphine), and psychosocial support for individuals with drug misuse disorders. It also contains guidance on managing drug misuse within the criminal justice system, addressing health considerations such as blood-borne viruses, and provides advice for specific treatment situations and populations.

Further details from The Orange Book are provided in sections below on recovery services, opioid substitution therapy, and service models for children and young people (CYP).

### *Other Legislation- Naloxone*

Naloxone is a life-saving medication that reverses opioid overdoses. Under previous legislation, anyone was able to administer naloxone in an emergency, but only drug and alcohol treatment services were permitted to supply it for future use as take-home naloxone without a prescription<sup>5</sup>.

Following a government consultation, which received overwhelming support for expanding access, the Human Medicines Regulations 2012 were amended to allow a wider range of services and professionals to distribute naloxone, improving accessibility and potentially reducing opioid-related deaths<sup>6</sup>. These changes were implemented in December 2024<sup>7</sup>.

### *Other Legislation and Guidance - Blood-Borne Viruses (BBVs)*

There is a significant overlap between substance misuse and the risk of blood-borne viruses (BBVs). As such, prevention, testing strategies, and treatment for BBVs are crucial components of effective drug and alcohol services. These factors must be integrated into service provision to ensure a comprehensive approach to care.

Relevant guidance includes:

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<sup>4</sup> Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. Clinical Guidelines on Drug Misuse and Dependence Update 2017. London: Department of Health. Available at: [https://assets.publishing.service.gov.uk/media/5a821e3340f0b62305b92945/clinical\\_guidelines\\_2017.pdf](https://assets.publishing.service.gov.uk/media/5a821e3340f0b62305b92945/clinical_guidelines_2017.pdf)

<sup>5</sup> Human Medicines (Amendments Relating to Naloxone and Transfers of Functions) Regulations 2024. UK Parliament debate. Available at: <https://www.legislation.gov.uk/ukxi/2024/1125/made>

<sup>6</sup> Department of Health & Social Care (2024). Proposals to expand access to take-home naloxone supplies: government response. Consultation outcome. Available at: <https://www.gov.uk/government/consultations/proposals-to-expand-access-to-take-home-naloxone-supplies/outcome/proposals-to-expand-access-to-take-home-naloxone-supplies-government-response>

<sup>7</sup> The Human Medicines (Amendments Relating to Naloxone and Transfers of Functions) Regulations 2024. Available at: <https://www.legislation.gov.uk/ukxi/2024/1125/made>

- **NICE guidelines** on hepatitis B and C testing highlight the importance of accessible, non-judgmental testing for individuals at risk, including people who inject drugs<sup>8</sup>. This is crucial for integrating effective testing into drug and alcohol services.
- **NHS England's Hepatitis C Elimination Plan** - NHS England has committed to eliminating hepatitis C by 2025<sup>9</sup> - five years ahead of global targets. Approximately 90% of HCV infections in England are linked to injection drug use, highlighting the vital role of drug and alcohol services in this effort. The plan relies on integrated care for individuals with substance use disorders, ensuring they have access to testing, treatment, and support to prevent transmission. To achieve this, the NHS has introduced targeted initiatives to expand testing, improve diagnosis, and accelerate access to curative treatments.
- **Opt-Out BBV Testing in Emergency Departments** - The NHS long-term plan includes the implementation of opt-out testing for BBVs, including hepatitis B and C and HIV, in emergency departments<sup>10</sup>. This measure helps to identify individuals who may not otherwise seek out testing, particularly those at higher risk due to substance misuse.
- **UKHSA's 'Green Book' guidance on immunisation** includes Hepatitis B vaccination for individuals at risk, such as those in substance misuse services<sup>11</sup>. This vaccination is a key prevention strategy, with the Green Book outlining its implementation within public health and treatment services.

Additionally, collaborative work between NHS England, The Hepatitis C Trust, and major drug and alcohol service providers as part of Gilead Sciences' Hepatitis C Drug Treatment Services Provider Forum had outlined practical standards to guide drug and alcohol services in the management of hepatitis C and other blood-borne viruses<sup>12</sup>. These standards provide a framework for work within DA services to align with national goals, such as the elimination of hepatitis C.

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<sup>8</sup> NICE (2012, updated 2013). Hepatitis B and C testing: people at risk of infection. Public health guideline PH43. Available at: <https://www.nice.org.uk/guidance/ph43>.

<sup>9</sup> UKHSA (2025). Hepatitis C in England 2024. Available at: <https://www.gov.uk/government/publications/hepatitis-c-in-the-uk/hepatitis-c-in-england-2024>

<sup>10</sup> NHS England (2022 updated 2024). Blood-borne viruses opt-out testing in emergency departments in areas of high and extremely high HIV prevalence: good practice guidance. Available at: <https://www.england.nhs.uk/long-read/blood-borne-viruses-opt-out-testing-in-emergency-departments/>

<sup>11</sup> UKHSA (2024). Immunisation against infectious disease. Available at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>12</sup> Gilead Sciences Ltd in collaboration with representatives from Gilead HCV Drug Treatment Services Provider Forum (DTS) and The Hepatitis C Trust (2025). Drug and Alcohol Service Standards for Hepatitis C Virus (HCV) and other Blood Borne Viruses (BBVs) (England) Version 2.0.

## Aii. Alcohol

There is no current national alcohol strategy in England. The last comprehensive Alcohol Strategy, published by the Government in 2012 under the Home Office, aimed to address binge drinking, alcohol-fuelled violence, and harmful drinking<sup>13</sup>. However, this strategy is now outdated and has not been replaced by a new one.

### *Chief Medical Officer's (CMO) Guidelines for Alcohol Consumption*

This guidance, issued in 2016, remain a key reference for individuals and services<sup>14</sup>. These guidelines state:

- Adults are advised not to regularly consume more than 14 units of alcohol per week, spread across 3 or more days.
- It is safest for children and young people under 18 to avoid alcohol entirely.
- Pregnant women are advised to abstain from alcohol to minimise risks to the baby.

In October 2023, the Office for Health Improvement and Disparities (OHID) published a consultation on the draft of the first UK clinical guidelines for alcohol treatment<sup>15</sup>. The outcome of this consultation, which ran from October 16 to December 8, 2023, will provide further clarity on the national approach to alcohol treatment and care.

### *NICE Guidance*

As with drug guidance, NICE provides evidence-based strategies for prevention, diagnosis, management, and treatment, tailored to specific contexts and populations. Key recommendations relevant to this needs assessment include:

1. Prevention and Public Health
  - **Prevention of Harmful Alcohol Use (PH24, 2010)**
    - Advocates for population-level strategies, including minimum unit pricing, advertising restrictions, and public education to reduce harmful drinking.
  - **Behaviour Change: Individual Approaches (PH49, 2014)**
    - Supports tailored interventions like motivational interviewing and brief advice to encourage individuals to reduce alcohol consumption.
  - **Alcohol Interventions in Schools (NG135, 2019)**
    - Focusses on delivering alcohol education in secondary and further education settings. Recommends evidence-based programs to reduce alcohol use and prevent harmful drinking among young people.
2. Clinical Guidance on Diagnosis and Treatment
  - **Diagnosis and Management of Harmful Drinking (CG115, 2011, 2014 update)**
    - Provides structured approaches to assess and treat alcohol dependence using:

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<sup>13</sup> Home Office (2012). The Government's Alcohol Strategy. Available at: <https://www.gov.uk/government/publications/alcohol-strategy#:~:text=The%20alcohol%20strategy%20sets%20out,minimum%20unit%20price%20for%20alcohol>

<sup>14</sup> DHSC (2016). Alcohol consumption: advice on low risk drinking. Available at: <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>

<sup>15</sup> OHID (2023). UK clinical guidelines for alcohol treatment; consultation. Reports available at: <https://www.gov.uk/government/consultations/uk-clinical-guidelines-for-alcohol-treatment>



- Screening tools like AUDIT.
  - Psychosocial therapies, including CBT and motivational therapy.
  - Medications such as acamprosate, naltrexone, and disulfiram.
  - **Management of Physical Complications (CG100, 2010, 2017 update)**
  - Addresses complications like withdrawal seizures, liver disease, and Wernicke's encephalopathy, ensuring timely and effective medical care.
  - **Alcohol – Problem drinking CKS Summary (2023 update)**
  - Summarises screening, identification, and management of people who misuse alcohol, for healthcare workers
  - **Severe Mental Illness and Substance Misuse (CG120, 2011)**
  - Guides the management of individuals with coexisting severe mental illness (e.g., psychosis) and alcohol dependence, emphasising integrated care and collaboration between mental health and substance misuse services.
3. Quality Standards
- **Alcohol Use Disorders: Diagnosis and Management (QS11, 2011 update 2023)**
  - Focuses on ensuring access to effective, evidence-based care, including structured treatments and specialist services.
  - **Preventing Harmful Use in the Community (QS83, 2015)**
  - Highlights the importance of early intervention and public awareness initiatives to reduce alcohol-related harm across communities.

Research has explored how national guidance translates into local practice. A 2020 report by Alcohol Change UK<sup>16</sup> examined commissioning approaches across England. It highlighted resource constraints, significant variability in service provision, and the importance of collaboration between commissioners and providers. Services that aligned closely with national guidance, such as NICE recommendations, were more likely to achieve positive outcomes, particularly in addressing complex needs. However, many areas faced challenges in meeting rising demand, underscoring the need for innovative approaches and adequate resourcing.

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<sup>16</sup> Alcohol Change UK (2020). Local alcohol treatment and recovery service commissioning practices and their perceived outcomes for service provision. Available at: <https://alcoholchange.org.uk/publication/local-alcohol-treatment-and-recovery-service-commissioning-practices-and-their-perceived-outcomes-for-service-provision-an-in-depth-exploration>

### Aiii. Both Drugs and Alcohol

Some national guidance and service expectations apply across both drug and alcohol treatment, particularly in relation to system design, integrated care pathways, and service user experience. These include recommendations on improving access, reducing inequalities, delivering trauma-informed care, and supporting recovery.

#### *OHID Guidance Collection*

OHID provide a collection of guidance and resources to support prevention, treatment, and recovery services for both drugs and alcohol. Key areas of focus include:

1. Prevention and Treatment
  - **Substance Misuse Interventions:** Guidance for both remote and in-person delivery (from 2023), including injectable opioid treatment (2021), both outlined below.
  - **Clinical Guidelines:** Includes the UK Clinical Guidelines on Drug Misuse and Dependence (2017) and best practices for treating drug dependence with medication.
  - **Alcohol and Tobacco in Hospitals:** Strategies for addressing alcohol and tobacco use among inpatients (2019).
2. Recovery Support and Lived Experience
  - **Recovery Initiatives:** Recent guidance highlights the value of recovery-oriented services and lived experience in shaping interventions (2024).
  - **Mutual Aid Toolkit:** Resources to support peer-led recovery groups (2018).
  - Guidance on **service user involvement** in treatment (2015).
3. Screening and Tools
  - **Substance Use Screening:** Evidence-based tools like ASSIST-Lite and NHS alcohol brief advice for identifying and addressing risky behaviours (2021, 2020).
4. Specific Populations
  - **Prisons and Secure Settings:** Dedicated guidance for managing alcohol and drug misuse in secure environments (2017, 2018).
  - **Parental Substance Misuse:** Tailored support for families affected by substance misuse (2021).
  - **Substance misuse and mental health:** guidance on services for people with co-occurring conditions (2017, 2019).
5. Harm reduction
  - Guidance and information to help with reducing and **preventing harm and deaths** that are related to substance misuse (2014-2024).
6. Commissioning and Service Improvement
  - **Commissioning Quality Standards:** Frameworks for high-quality alcohol and drug services (2022).

This collection provides a comprehensive framework to enhance service delivery and address substance-related harm effectively.

### *Remote Interventions*

Significant adaptations in alcohol and drug treatment services were put in place during the COVID-19 pandemic, including reduced face-to-face interactions and the expansion of remote interventions to ensure the safety of both staff and service users. These remote approaches have demonstrated cost-effectiveness and offer flexibility, enhancing satisfaction and engagement for certain individuals.

In 2023, the Office for Health Improvement and Disparities (OHID) issued guidance<sup>17</sup> to help regarding the use of remote interventions in drug and alcohol services:

- **Initial Assessments:** Most people will need some in-person interaction at the beginning of their treatment programme to receive an accurate comprehensive assessment of their needs. It also provides an opportunity to develop rapport, which may be less effective if done remotely.
- **Prioritising Safety and Safeguarding:** Services must prioritise safety and safeguarding considerations whenever they have concerns about a person.
- **Combining Approaches:** Remote contact and simplified referral procedures can improve people's engagement in services. It may be best to combine the two approaches.
- **Maintaining In-Person Contact:** Remote service delivery should never entirely replace in-person contact for anyone in structured treatment.
- **Regular Reassessment:** When remote components of treatment are assessed as appropriate and safe for a person, services must regularly reassess these for risks and benefits.
- **In-Person Reviews:** Care plan reviews and other major reviews should always be conducted in person to carry out a comprehensive assessment of the service user's current physical and mental health and social circumstances.
- The guidance also provides **specific advice on other areas:** opioid substitution therapy, alcohol withdrawal, physical and mental health interventions, postal needle and syringe programmes, hepatitis C virus testing, services for children and young people, family and safeguarding considerations, domestic abuse, and group meetings or mutual aid.

Additionally, a local review<sup>18</sup> found consistent evidence supporting the use of online and digital interventions in reducing alcohol consumption. However, evidence on the effectiveness of text messaging, smartphone-based interventions, and digital interventions in individuals with comorbid heavy drinking and depression is mixed or inconclusive.

Local research<sup>19</sup> exploring **digital access to healthcare for people experiencing homelessness** in Cambridge also found encouraging results. Video consultations were associated with improved access, better engagement, and reduced "Did Not Attend" rates. They were reported to be particularly beneficial for those with mobility issues or mental health

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<sup>17</sup> OHID (2023). Substance misuse: providing remote and in-person interventions. Available at: <https://www.gov.uk/government/publications/substance-misuse-providing-remote-and-in-person-interventions/substance-misuse-providing-remote-and-in-person-interventions#reviews>

<sup>18</sup> K. Okoth (2024). Effectiveness of Online/ Digital Interventions on Alcohol Reduction, Rapid Evidence Review.

<sup>19</sup> Lenhard, J., Margetts, M. and Meng, E., (2023). Of not passing: homelessness, addiction, mental health and care during COVID-19. *Medical Humanities*, 49(1), pp.55-63.

conditions such as depression and anxiety, by enabling care in a more familiar and comfortable setting. Importantly, the research emphasised that success relied on adequate technology, infrastructure, and staff support. The authors recommended that video consultations be used to complement, rather than replace, existing in-person care pathways.

In summary, while remote interventions offer valuable flexibility and can enhance engagement in alcohol and drug treatment services, it is crucial to maintain a balanced approach. Combining remote methods with in-person interactions ensures comprehensive assessments, effective care planning, and the safeguarding of service users' well-being.

### *Drug and Alcohol Related Deaths*

Drug and alcohol-related deaths in the UK have been on a steady rise since the early 2000s, with record levels of fatal overdoses and alcohol-specific deaths in recent years.

To address the escalating crisis, the OHID Action Plan 2023<sup>20</sup> sets out a multi-pronged approach:

1. Safer and better drug and alcohol treatment practice
2. Better local systems for drug intelligence and for learning from drug and alcohol deaths
3. Improved toxicology and surveillance
4. Tackling the stigma experienced by people using drugs and alcohol
5. Addressing poly-drug and alcohol use

Guidance from OHID on Preventing Drug and Alcohol Deaths<sup>21</sup> published in 2024 provides local partnerships with a framework to systematically review cases of drug-related deaths, alcohol-related deaths, and near-fatal overdoses. This aims to identify service improvements, foster shared learning, and drive practice changes.

Specific guidance on planning to deal with potent synthetic opioids outlines how partners can rapidly assess the threat, communicate risks, and take mitigating actions from these substances. This includes ensuring take-home naloxone is available, enhancing access to and retention in drug treatment, optimising local drug information systems (LDIS), and promoting harm reduction measures like avoiding solitary drug use and ensuring someone is available to administer naloxone in emergencies.

### *Other Research*

Project ADDER (Addiction, Diversion, Disruption, Enforcement, Recovery) is a national programme launched in 2020 to reduce drug-related harm through a combination of enhanced law enforcement and improved access to treatment and recovery support. Delivered through local partnerships in areas with high levels of drug misuse, ADDER focuses on multi-agency collaboration between police, health services, housing, and community organisations. Early

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<sup>20</sup> OHID (2023). Drug and alcohol deaths: an action plan for England. Summary slides available at: <https://ims.ljmu.ac.uk/PublicHealth/DRDevent2023/1-2-Steve-Taylor.pdf>

<sup>21</sup> OHID (2024). Preventing drug and alcohol deaths: partnership review process. Available at: <https://www.gov.uk/government/publications/preventing-drug-and-alcohol-deaths-partnership-review-process/preventing-drug-and-alcohol-deaths-partnership-review-process>

findings suggest that the integrated approach can support people with complex needs into treatment, reduce reoffending, and improve access to wraparound services.

Project ADDER reflects a shift in national policy toward blending criminal justice and public health responses, with implications for local service design, workforce planning, and long-term recovery models<sup>22</sup>.

### *NHS England Workforce Strategy*

In addition to national guidance, **NHS England’s 10-year strategic plan for the drug and alcohol treatment and recovery workforce**<sup>23</sup> (2024–2034), published in July 2024, outlines frameworks to address workforce challenges such as recruitment, training, and retention. This plan is vital for both NHS and local authority (LA) services, as a skilled workforce is essential to ensuring quality and sustainability in treatment and recovery. The plan highlights strategies to improve staff development, create supportive working environments, and tackle regional disparities in workforce distribution.

To support implementation, NHS England and the Department of Health and Social Care (DHSC) have also published a Capability Framework for the drug and alcohol workforce<sup>24</sup>. This sets out the knowledge, skills and behaviours required for 15 core roles across adult and children’s services, helping commissioners and providers develop a consistent, multidisciplinary workforce.

Together, these initiatives mark a significant milestone in the national treatment and recovery workforce transformation programme and are key to improving outcomes for people affected by substance misuse.

## **B. Recovery Services**

This section presents a more in-depth review on recovery services, outlining key consideration and actionable recommendations to shape service.

The term recovery is often used broadly to describe the entire process of moving away from substance misuse toward a healthier, more stable life. This encompasses a wide range of stages, from initial recognition of substance use as a problem to accessing treatment and ultimately achieving sustained abstinence or controlled use, depending on individual goals.

In the context of this part of the evidence review, however, recovery specifically refers to the services and support provided after structured treatment to help individuals maintain and build on progress their treatment journey. These services are designed to support long-term stability,

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<sup>22</sup> Menon, P. and Captainino, H. (2025). Project ADDER evaluation: Report for practitioners. Home Office. Available at: <https://www.gov.uk/government/publications/project-adder-evaluation-report-for-practitioners/project-adder-evaluation-report-for-practitioners>

<sup>23</sup> NHS England (2024). Drug and Alcohol Treatment and Recovery Workforce Programme. Available at: <https://www.hee.nhs.uk/our-work/mental-health/drug-alcohol-treatment-recovery-workforce-programme-0>

<sup>24</sup> NHS England (2025). Capability framework for the drug and alcohol treatment and recovery workforce. Available at: <https://www.england.nhs.uk/publication/capability-framework-drug-alcohol-treatment-recovery-workforce/>

whether through sustained abstinence or managed use, and to facilitate successful integration into the community.

Key areas include:

- **Peer support networks:**  
Establishing connections with others in recovery through mutual aid groups and community activities to foster a sense of belonging and reduce isolation.
- **Ongoing mental health and well-being support:**  
Ensuring access to counselling, therapy, or other resources to address co-existing challenges such as anxiety, depression, or trauma.
- **Employment and education support:**  
Helping individuals gain skills, find work, or pursue further education to enhance independence and self-worth.
- **Housing support:**  
Assisting with securing stable, safe housing, which is foundational for sustained recovery.

## Methodology of Review

A rapid review was conducted with a focus on key UK policy documents related to recovery services within drug and alcohol treatment. The review included:

- **The Orange Book**Error! Bookmark not defined.
- **OHID Recovery Support Services and Lived Experience Recovery Organisations Review**<sup>25</sup>
- **'From Harm to Hope' strategy**Error! Bookmark not defined.
- **The Independent Review of Drugs by Professor Dame Carol Black (Parts 1 and 2)**<sup>26</sup>
- **PHE Commissioning Standards**<sup>27</sup> (2022)  
These standards set out the requirements for quality, accessibility, and effectiveness, ensuring that services meet the needs of their users.

These documents provide evidence-based criteria and benchmarks for the commissioning and delivery of drug and alcohol treatment services across the UK. The Carol Black review, in particular, was instrumental in shaping recent policy and investment, and forms the basis of the national 10-year drug strategy.

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<sup>25</sup> OHID (2023, updated 2025). Recovery support services and lived experience initiatives. Available at: <https://www.gov.uk/government/publications/recovery-support-services-and-lived-experience-initiatives>

<sup>26</sup> Dame Carol Black, Home Office and DHSC (2020). Independent review of drugs by Professor Dame Carol Black. Available at: <https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

<sup>27</sup> OHID (2022). Commissioning quality standard: alcohol and drug services. Available at: <https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services>

Broader guidance was reviewed, including the 2021 report from the Advisory Council on the Misuse of Drugs<sup>28</sup> and the Council of the EU's EU Drugs Strategy 2021-25<sup>29</sup> to capture any additional insights. A focused literature search was also performed on PubMed, restricted to the past five years, targeting reviews and meta-analyses. This approach aimed to ensure that any recent peer-reviewed evidence was captured.

Table 1 below summarises the key features, intended outcomes, and practical steps recommended across these documents for the implementation of recovery services:

*Table 1. Features and implementation of recovery services.*

<b>Feature</b>	<b>Description</b>	<b>Intended Outcomes</b>	<b>Practical Implementation</b>	<b>Key Source(s)</b>
<b>Integrated Services</b>	Comprehensive support for DA and related issues (housing, employment, mental health, trauma, criminal justice)	Addresses root causes; better long-term outcomes	Co-locate services; collaborate with local housing/ employment bodies, healthcare services and criminal justice	Orange Book, Harm to Hope, PHE Standards
<b>Person-Centred</b>	Tailored and flexible, with client actively involved	Increases engagement, ownership, motivation	Regular reviews with client input; ensure cultural competence This should consider minority and at-risk groups	Orange Book, Harm to Hope, PHE Standards
<b>Peer Involvement</b>	Peer-led/co-designed elements, particularly LERO (Lived Experience Recovery Organisations)	Promotes belonging, shared experience, engagement	Include peer mentors in service delivery; regular LERO reviews Ensure lived experience representation aligns with at-risk groups, such as individuals involved in the criminal justice system and minority populations.	Orange Book, OHID RSS/LERO Review, Harm to Hope, PHE Standards
<b>Community-Based</b>	Embedded in local communities with family/social network involvement	Builds connections, long-term support	Host activities in community spaces; involve families in therapy	Orange Book
<b>Outcome Monitoring (service level)</b>	Monitoring the performance of recovery services using	Ensures that services remain effective, efficient, and	Regular audits and performance evaluations; formalised feedback	Orange Book PHE Standards

<sup>28</sup> ACMD annual report 2013 to 2016 (2021). ACMD. Available at: <https://www.gov.uk/government/publications/acmd-annual-report-2013-to-2016>

<sup>29</sup> European Union (2021). EU DRUGS STRATEGY 2021-2025. Available at: <https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf>

	standardised tools and metrics (e.g. KPIs) that capture efficiency, quality, and effectiveness across the system.	responsive to population needs, enabling timely adjustments in resource allocation.	loops with stakeholders; periodic review and adjustment of funding allocations based on outcome data.	
<b>Outcome Monitoring (individual level)</b>	Incorporating self-reporting and standardised assessments to measure patients' physical, emotional, and social well-being during treatment.	Verifies that treatment remains relevant and tailored to individual needs, supporting personalised care plans and continuous improvement.	Use of validated self-report instruments and periodic clinical assessments; integration of patient feedback into care planning and service evaluation processes.	Orange Book, Harm to Hope
<b>Relapse Pathways</b>	Clear routes to re-engage with treatment after relapse	Reduces stigma, promotes continuity	Non-punitive re-entry pathways; relapse-prevention plans	PHE Standards
<b>Evidence-Based Therapies</b>	Behavioural therapy, family interventions, contingency management	Improves emotional/social health outcomes	Train staff in therapies; ensure access to these treatments	Orange Book

In addition to this, a local evaluation and evidence review of residential rehabilitation services (described below) recommended that additional funding for community recovery services should be seen as a good use of money. “The goal should be to improve access and to integrate structured support work (group or individual) into these centres.” a formal buddy system should be implemented for service users post-rehabilitation to receive structured support to volunteer within drug and alcohol services, if they wish.

### C. Inpatient and Residential Treatment

This section outlines national guidance on inpatient and residential treatment for substance misuse alongside findings from a recent local evaluation of services.

Medically-assisted withdrawal from either alcohol or drugs, commonly referred to as detoxification, aims to minimise the clinical risk and impact of withdrawal. Detoxification can be conducted in a variety of settings, including outpatient clinics, inpatient hospital units, and residential facilities. A related service, residential rehabilitation, involves the holistic rebuilding of an individual following detoxification, utilising medical and psychotherapeutic treatments in a specialised facility.

In England, guidelines recommend that inpatient detoxification, residential detoxification and residential rehabilitation options should be available to meet diverse patient needs. The NICE



Quality Standard (QS23<sup>30</sup>) emphasises the importance of providing people in drug treatment with information and advice on eligibility criteria for residential rehabilitative treatment.

While these treatment options are nationally recommended, there remains significant variability in how services are delivered across the country. Although no specific national delivery model has been established, the Office for Health Improvement and Disparities (OHID) published the Residential Drug and Alcohol Treatment: Self-Assessment Toolkit<sup>31</sup> in January 2025. This toolkit is intended to support local partnerships in improving access to residential treatment and promoting more consistent, high-quality provision.

A local evaluation of residential rehabilitation pathways was conducted in 2023–24, incorporating both quantitative and qualitative assessments against the evidence base from a wider review. It considered a planned expansion of the residential rehabilitation offer and made the following key recommendations:

- **Sustained funding:** Overall funding should not be reduced. However, reallocation of a small proportion of residential rehabilitation funding could be considered to strengthen community-based provision.
  - o This community offer should include psychological and counselling support for people with moderate complexity and stable social circumstances.
  - o An audit of previous residential placements should inform this rebalancing.
- **Aftercare pathway:** The existing aftercare programme is a strength and should be formalised into a clear, consistent pathway.
- **Placement duration:** A default duration of three months should be set for residential rehabilitation, with longer placements requiring clinical justification.
- **Service expansion (if funding permits):** Prioritise expansion of community recovery services and introduce a buddying system to promote volunteering as part of recovery.
- **Service user feedback:**
  - o Discharged service users should be actively engaged for feedback through interviews or surveys,
  - o Introducing root cause analysis following relapse or overdose.
- **Staff training:** Rehabilitation specialists should regularly deliver training for colleagues in drug and alcohol services.
- **Equity and access:**
  - o Improve access to mental health support and ensure service changes are guided by equity assessments.
  - o Equity factors to consider include homelessness, caring responsibilities, learning disabilities, rurality, digital exclusion, history of abuse, and opioid use.
  - o In Cambridgeshire, key groups with unmet need include individuals in entrenched domestic abuse situations, those with mental health comorbidities, and those with brain injury or cognitive impairment.

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<sup>30</sup> NICE (2012). Drug use disorders in adults, Quality standard QS23. Available at: <https://www.nice.org.uk/guidance/qs23/chapter/Quality-statement-10-Residential-rehabilitative-treatment>

<sup>31</sup> OHID (2025). Residential drug and alcohol treatment: self-assessment guidance. Available at: <https://www.gov.uk/government/publications/residential-drug-and-alcohol-treatment-self-assessment-toolkit/residential-drug-and-alcohol-treatment-self-assessment-guidance>

- **Family support:** Support families to understand the rehabilitation process and set realistic expectations. Families with children under 18 should be linked to the Children of Substance Using Parents service.

## D. Early Intervention

Early intervention is widely recognised as both cost effective and socially desirable compared with the more intensive, and potentially less successful approaches needed once drug misuse is fully established<sup>32</sup>.

A recent report from the Advisory Council on the Misuse of Drugs (ACMD), *A Whole-System Response to Drug Prevention in the UK (2025)*<sup>33</sup>, sets out eight recommendations to strengthen drug prevention across the UK, with a particular focus on young people aged 11–24. It calls for a national, evidence-based, and appropriately funded prevention strategy grounded in international standards. Key recommendations include:

- A UK-wide stocktake and quality framework for prevention activity;
- Long-term ring-fenced funding for local authorities to deliver prevention work;
- Competency frameworks for professionals across sectors;
- Age-appropriate, universal, selective, and indicated interventions;
- Embedded evaluation and innovation to strengthen the UK evidence base.

The report emphasises that prevention should be integrated across systems, not siloed, and delivered by trained professionals with clear quality standards. It complements existing treatment-focused strategies such as Harm to Hope by reinforcing the need to intervene earlier in the life course.

This report and national guidance highlighted above is supplemented here by outlining two core approaches: behaviour change campaigns and brief advice.

### *Behaviour Change Campaigns*

A local review into the effectiveness of alcohol behaviour change campaigns was conducted in 2024 to inform the local approach. It found that:

- **Temporary abstinence campaigns** (such as ‘Dry January’) are effective in altering behaviour change over the short to medium term (up to 6 months).
- **Harm reduction campaigns** may encourage lower alcohol intake, positioning these campaigns as an effective approach to reducing alcohol-related harm.
  - o These include policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use as well as mobile health apps which can allow users to track alcohol consumption and establish goals in moderating drinking.

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<sup>32</sup> Dame Carol Black, DHSC (2021). Review of drugs part two: prevention, treatment, and recovery. Available at: <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>

<sup>33</sup> ACMD (2025). A whole-system response to drug prevention in the UK. Available at: <https://www.gov.uk/government/publications/a-whole-system-response-to-drug-prevention-in-the-uk/a-whole-system-response-to-drug-prevention-in-the-uk-accessible>

- **Other campaigns:** Evidence on the effectiveness of mass media, social media, social norms marketing, and school-based educational campaigns in changing alcohol-related behaviour is inconclusive or mixed.

### Brief Advice

In the UK, 'Brief Advice' refers to concise, structured conversations aimed at encouraging individuals to adopt healthier behaviours. For substance misuse, these interventions are designed to raise awareness of the risks associated with substance use and to motivate individuals towards positive behavioural changes. They are typically delivered opportunistically across various settings, including primary care, emergency departments, and community services.

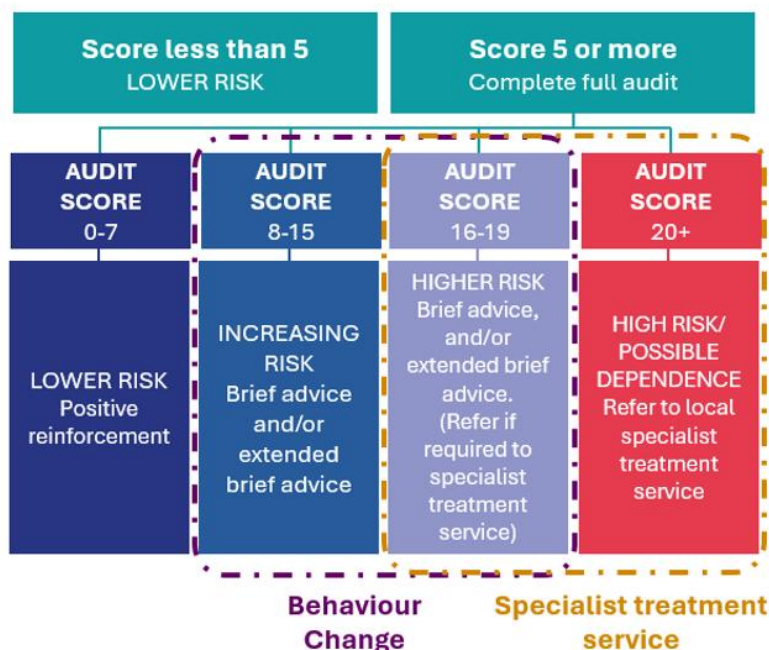
### Alcohol Misuse:

For alcohol consumption, brief advice is guided by recommendations from the National Institute for Health and Care Excellence (NICE) and Public Health England (PHE). Healthcare professionals are encouraged to use screening tools such as the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) to identify individuals at risk.

Brief interventions, often lasting between 5 to 10 minutes, have been shown to effectively reduce weekly drinking levels and decrease the risk of alcohol-related conditions, leading to net savings for the NHS.

Figure 1 below illustrates how the AUDIT tool can support decision-making, helping practitioners determine whether behaviour change approaches or referral to specialist treatment is appropriate.

Figure 1. AUDIT score screening and suggested thresholds for interventions.



## **Drug Misuse:**

While specific NICE guidelines on brief advice for drug use are less defined, the principles of brief interventions are similarly applied. The Alcohol, Smoking and Substance Involvement Screening Tool – Lite (ASSIST-Lite) is a shortened version of a tool developed by the World Health Organization. ‘ASSIST’<sup>34</sup>. It is used to detect and manage substance use and related problems in healthcare settings and has been adapted for use in health and social care settings throughout the UK. ASSIST-Lite covers substances including alcohol, tobacco, cannabis, stimulants, sedatives, opioids, and other psychoactive substances and was recommended to be used by PHE in 2021<sup>35</sup>.

Research indicates that the effectiveness of brief interventions and campaigns for drug use varies. Some studies suggest minimal to modest benefits, with outcomes depending on factors such as the setting, population, and specific substances involved. For instance, brief interventions in school settings, combining cognitive behavioural therapy (CBT) with motivational enhancement therapy (MET), technology-based interventions, and those targeting specific populations (e.g., individuals with psychosis or chronic conditions) have demonstrated some effectiveness. However, evidence does not support the use of brief interventions for recreational drug use in primary care settings, other healthcare environments, or among certain groups such as sex workers<sup>36</sup>.

## **Implementation:**

Brief advice is an integral component of prevention and early intervention strategies. Delivering drug misuse prevention activities through a range of existing statutory, voluntary, or private services is recommended, including health services such as primary care, community-based health services, mental health services, sexual and reproductive health services, drug and alcohol services, and school nursing and health visiting services.

By incorporating brief advice into routine practice, community services can play a crucial role in identifying individuals at risk and providing timely interventions to reduce substance misuse and its associated harms.

## **E. Substance Use and Mental Health**

A number of the guidance documents summarised above highlight the importance of integrated services and provision of mental health support for individuals with co-occurring substance use and mental health conditions, also known as ‘dual diagnoses’. Addressing the needs of these individuals is crucial to ensuring equitable and effective care.

In 2024, a local review examined the dual diagnosis care model in Cambridgeshire, assessing existing provision, identifying areas of strength and challenge, and setting out recommended

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<sup>34</sup> WHO (2010). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Available at: <https://www.who.int/publications/i/item/978924159938-2>

<sup>35</sup> PHE (2021). How to use the ASSIST-Lite screening tool to identify alcohol and drug use and tobacco smoking. Available at: <https://www.gov.uk/government/publications/assist-lite-screening-tool-how-to-use/how-to-use-the-assist-lite-screening-tool-to-identify-alcohol-and-drug-use-and-tobacco-smoking>

<sup>36</sup> K. Okoth (2024). Review of the Evidence on the Effectiveness of Brief Interventions on Recreational Drug Use.

next steps. This included a needs assessment and a SWOT analysis, which informed an aspirational model for a dual diagnosis liaison service.

Provision across the county is variable, shaped by differing local priorities, funding arrangements, and governance structures. Three key initiatives are currently in place:

- A Dual Diagnosis System Lead, covering Cambridge and surrounding areas (excluding Huntingdon), provides strategic oversight and coordination across the system.
- The Dual Diagnosis Street Project (DDSP), part of the homelessness partnership in Cambridge City, supports individuals with multiple and complex needs.
- A dual diagnosis practitioner in Fenland, funded by the district council, focuses on outreach and engagement in an area of high deprivation and complexity.

In 2024, a local review examined the dual diagnosis care model in Cambridgeshire, assessing current provision, identifying areas of strength and challenge, and proposing future actions. This included a needs assessment and a SWOT analysis, which informed an aspirational model for a dual diagnosis liaison service.

These roles and projects support individuals experiencing severe multiple disadvantage<sup>37</sup> (SMD), working to reduce barriers to care and improve access to mental health and substance misuse services. Referrals can be made directly from drug and alcohol services or other organisations, bypassing GP triage routes.

Although funded through different mechanisms (including Cambridgeshire County Council, Fenland District Council, and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)), these initiatives share a common aim of improving outcomes for people with co-occurring needs and have contributed to growing momentum around dual diagnosis as a system priority.

Key findings from the review include:

What's working well:

- Dedicated roles have improved visibility of dual diagnosis across systems.
- Partnership working has improved across mental health, substance use, housing, and criminal justice services.
- Place-based models such as Fenland's have shown the benefits of local, embedded, and flexible approaches.

Challenges to address:

- Role clarity and integration remain inconsistent, particularly where governance is fragmented.
- Sustainability of funding is uncertain, particularly for roles reliant on short-term or local discretionary funding.
- System navigation remains complex for service users, and data sharing between services is limited.

While early evidence suggests that these roles are improving coordination and support for individuals with multiple needs, further work is required to embed dual diagnosis more fully into

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<sup>37</sup> defined as two or more of; homelessness, in contact with the criminal justice system, domestic abuse, addiction, mental ill health.

mainstream services and ensure consistency across the county. Notably, there is currently no dedicated dual diagnosis provision in Huntingdonshire.

This Drugs and Alcohol Needs Assessment contributes to understanding local need through both quantitative and qualitative analysis and supports the continued work of a local dual diagnosis group, which is progressing the following priorities:

- **Reducing barriers to mental health care:** Establish clearer, more equitable and consistent treatment pathways for individuals with substance use or alcohol conditions by defining transparent eligibility criteria. These should be reviewed with experts by experience.
- **Best practice review:** A review completed in 2024 identified key features of effective dual diagnosis services (see below).
- **Cost analysis:** Assess the financial case for funding a dedicated dual diagnosis service compared to the costs of unmet need.
- **Bridging support options:** Explore interventions for service users identified by dual diagnosis workers who are not yet ready for Psychological Support Services (PSS) due to factors such as chaotic lifestyles or lack of motivation.

The 2024 **best practice review** identified key features of effective and inclusive dual diagnosis services:

- **Joint** mental health and substance misuse care **from the base up**, including co-location, joint commissioning, joint staff training and shared learning resources,
- **Joint** mental health and substance use **assessments** where possible,
- **Trauma-informed work**,
- **Personalised** interventions,
- **Inclusivity** across mental health services for those with substance misuse,
- **Referral pathways** between all related services (including community and healthcare settings) **without the need for abstinence** for eligibility,
- **Dual-diagnosis leadership and coordination** across Cambridgeshire and Peterborough.

A local working group is continuing to action the specific onward recommendations from the review.

### **Intersection with Residential Rehabilitation**

The local evaluation of residential rehabilitation (see above) also highlighted the significant overlap between service users in mental health and drug and alcohol services. Findings suggest that improving access to mental health support could reduce the demand for residential rehabilitation, particularly for individuals with moderate-severity needs who could be supported in the community with enhanced psychological interventions to mitigate risk.

## **F. Opioid Substitution Therapy Options**

Opioid Substitution Therapy (OST) is a key pharmacological intervention for people dependent on opioids. In the United Kingdom, OST is predominantly delivered through two medications: methadone and buprenorphine. Traditionally, these medications are dispensed under daily supervision at community pharmacies in accordance with the Orange Book, NICE guidance and

OHID advice<sup>38</sup>. However, since 2022, long-acting injectable OST has become available and is administered on a monthly basis by specialist teams. Further guidance on the use of long-acting injectable buprenorphine is expected from OHID in 2025.

The introduction of long-acting injectable treatments has been partly driven by their successful adoption in prison settings, where they offer notable advantages including reduced staff time and a lower risk of medication diversion. These benefits have been particularly valuable and cost-effective in such controlled environments. Moreover, local authorities have been encouraged to continue OST for individuals upon release from prison to ensure a seamless and stable transition in care.

While these advantages may extend to other groups, such as for people find it challenging to adhere to daily supervised regimens due to personal, care-related or employment commitments, the higher cost of long-acting injectable formulations relative to traditional care necessitates a careful appraisal of their broader applicability.

A local evidence review<sup>39</sup> was conducted to help inform ongoing decision making about OST options and provision. It critically evaluated the comparative clinical effectiveness and cost-effectiveness of subcutaneous prolonged-release buprenorphine based on current evidence from 2014 to 2025. Findings are summarised in Table 2 below.

*Table 2. Opioid Substitution Therapy (OST); long-acting OST review findings*

<b>Aspect</b>	<b>Summary of Findings</b>	<b>Implications for Local Application</b>
<b>Clinical Effectiveness</b>	Extended-release buprenorphine improves treatment retention, opioid abstinence for high-risk groups, and improves post-release outcomes for those leaving prison.	May be beneficial for populations with high relapse risk, but needs careful implementation.
<b>Cost-effectiveness</b>	High cost makes it less cost-effective in standard settings compared to methadone or sublingual buprenorphine. It is more financially viable in prisons due to reduced security and staff costs.	Targeted use with patient selection strategies could improve cost-effectiveness, supporting its role in comprehensive opioid use disorder treatment strategies.
<b>Patient and Healthcare Provider Views</b>	Reduces treatment burden, increases flexibility, and minimises stigma for some, but patient preferences vary. Some value routine dosing, while others face barriers like discomfort, control concerns, and limited choice.	A patient-centred approach with flexible treatment options and shared decision-making is essential.
<b>Implementation barriers</b>	Providers report logistical, financial, and educational challenges.	Workforce planning and cost considerations, alongside training and system barriers, must be

<sup>38</sup> OHID (2024). Oral methadone and buprenorphine: recommendations. Available at: <https://www.gov.uk/government/publications/medicine-choices-in-opioid-substitution-treatment/oral-methadone-and-buprenorphine-recommendations>

<sup>39</sup> Comparative clinical and cost-effectiveness of subcutaneous prolonged (extended) release buprenorphine for opioid use disorder (OUD) (2025). K. Okoth.

	Structural factors influence feasibility, especially in prisons.	incorporated in an implementation plan.
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The limitations of the evidence review include a lack of comprehensive data on costs associated with its use, as well as its long-term benefits. Additionally, the holistic advantages of Buvidal across various sectors remain underexplored. These gaps highlight the need for further research to fully understand the economic implications and broader impacts of Buvidal in diverse settings.

The local DA team are engaged with the 'Buvidal Working Group East of England' which aims to share best practice, disseminate knowledge, and develop effective implementation models as new evidence emerges.

## G. Service Models for Children and Young People

In recognition of the distinct developmental, safeguarding, and family needs of children and young people (CYP) who use substances, specialised service models are essential. The Orange Book, Commissioning Standards from OHID (2022), and The Royal College of Psychiatrists Practice standards for Young People with Substance Misuse Problems (2012) collectively emphasise that the organisation and provision of substance misuse services for children and young people must differ substantially from adult services.

A holistic, multi-disciplinary approach that ensures tailored, accessible interventions and coordinated transitions to adult services are recommended, including the following features:

- **Specialist competencies and frameworks:** Services for CYP require staff with specialised skills and an understanding of developmental needs, safeguarding, and parental involvement. They should operate within a wider, youth-focused framework that facilitates engagement and ensures that interventions are appropriate and accessible to both young people and their families.
- **Nature of substance use in CYP:** While most young people experiment with drugs, typically involving short-term cannabis use or episodic binge drinking of alcohol, a minority experience harmful patterns or are exposed to risks from new psychoactive substances. This underlines the need for interventions that can range from brief, preventive measures for experimental use to more comprehensive, coordinated responses for those with significant or complex needs.
- **Integrated, multi-agency approaches:** The delivery model should promote comprehensive assessments and care planning that address not only substance misuse but also co-existing issues such as mental health, educational delays, family breakdown, and antisocial behaviour. This requires close collaboration between health, social care, education, and employment services, as well as active involvement of parents or guardians. There is consensus that the delivery model should be one of assertive outreach in partnership with multiple agencies.
- **Co-ordinated transitions:** A critical element is the provision of structured and coordinated transition arrangements to adult services. Rather than a simple transfer, the transition should be a gradual process that ensures continuity of care, with clear referral pathways and ongoing support.



- **Clinical governance and safeguarding:** Governance arrangements must recognise the distinct legal and statutory frameworks for young people. This includes robust processes for assessing the capacity for consent, effective information sharing to protect against abuse or neglect, and adherence to safeguarding policies and best practices.

A well-coordinated approach to CYP substance misuse treatment should mobilise local community resources and adopts a multi-disciplinary, family-centred model, tailored to the unique developmental and safeguarding needs of young people.

In addition to the primary guidance outlined above, the Welsh Government’s 2022–23 Substance Misuse Treatment Framework for Children and Young People<sup>40</sup> was also reviewed. Although this framework was originally developed for Wales, it draws on UK-wide evidence and offers valuable insights applicable to service provision in England. Developed through a national steering group, stakeholder engagement, and a comprehensive evidence review, the framework outlines three key recommendations. Table 3 below summarises these recommendations alongside the learning points and relevance for planning CYP services:

*Table 3. Recommendations for CYP substance use services*

Recommendation	Relevance
Inclusive and adaptive service for all those up to 25 years of age	Aligns with the overarching guidance, while explicitly recognising that chronological age (up to 25 years) may not fully capture the need for tailored substance use support. This recommendation highlights the importance of flexibility in service design to meet diverse developmental and contextual needs.
Implementation of an electronic unified assessment tool	Emphasises the need to prevent duplication and inefficiencies in service provision which can be a barrier to access and retention. An integrated assessment system supports the sharing of records across agencies, reduces the risk of re-traumatisation through repeated assessments, and enhances access and retention in treatment.
Development of comprehensive, specialised intervention services through the consolidation of agencies	Supports the delivery of coordinated interventions for individuals aged 15–25 with multiple and complex vulnerabilities. This aligns well with the overall guidance and reinforces the need for multi-agency collaboration.

These recommendations provide useful considerations for enhancing CYP service models in our area.

## H. NDTMS Good Practice Guides

A number of ‘Good Practice Guides’ and case studies within the National Drug Treatment Monitoring System (NDTMS) were reviewed. These provide evidence from across the national

<sup>40</sup> Welsh Government (2024). Substance misuse treatment framework for children and young people: integrated impact assessment. A review of the effects of our approach to tackling children and young people's substance misuse. Available at: <https://www.gov.wales/substance-misuse-treatment-framework-children-and-young-people-integrated-impact-assessment-html>

network, to offer concise, practical recommendations for enhancing service delivery in drug and alcohol treatment.

### **H.i. Guidance on Reducing Unmet Need**

This guidance focuses on supporting local areas to identify, understand, and reduce unmet treatment need among people experiencing drug and alcohol problems. It provides practical steps to improve treatment access and retention by:

- Using NDTMS data to analyse patterns of unmet need, including demographic breakdowns and local variation.
- Improving pathways into treatment, particularly for underserved groups such as people experiencing homelessness, those in the criminal justice system, and younger adults.
- Strengthening outreach and engagement, highlighting the importance of assertive outreach, collaboration with other services, and early intervention.
- Emphasising multi-agency working, including with mental health, housing, and social care services.
- Encouraging services to be flexible, trauma-informed, and culturally appropriate, with reduced barriers to entry and continuity of care.

The guidance reinforces the importance of data-informed commissioning and the need to tailor local services to population needs to effectively reduce harms and improve recovery outcomes. The quantitative and qualitative data in this needs assessment is central to supporting that process locally. The more detailed steps outlined in the guidance, when considered alongside the findings of this needs assessment, will help inform and shape local action to reduce unmet need.

### **H.ii. Enhancing Criminal Justice Pathways:**

The national drug strategy sets a target that by 2024/25, all offenders with an addiction should have access to treatment. Local areas are encouraged to work with criminal justice partners, such as police, probation, and prison health providers. This should facilitate improved pathways from custody suites, courts, and prisons into treatment, with a focus on reducing reoffending and improving health outcomes.

Key interventions to support this are summarised below, grouped under five headings:

- 1. Dedicated Criminal Justice Drug Workers**
- 2. Drug Testing on Arrest (DToA)**
- 3. Conditional Cautions and Out-of-Court Disposals**
- 4. Community Sentence Treatment Requirements (CSTRs)**
- 5. Continuity of Care from Custody to Community**

#### **1. Dedicated Criminal Justice Drug Workers:**

OHID recommends using supplementary funding to appoint dedicated criminal justice drug workers who can operate flexibly across settings. These workers support assessments, case management, and structured interventions. They also play a critical role in strengthening links with Out of Court Disposal schemes, Liaison and Diversion services, courts, probation, and the RECONNECT programme (which supports continuity of care for people leaving custody).

## **2. Drug Testing on Arrest (DToA):**

DToA identifies individuals whose offending is linked to substance use and has been shown to reduce both drug use and drug-related crime<sup>41</sup>. Under the national strategy, DToA has been expanded and funded for wider use across police forces in England.

Between March 2022 and September 2024, over 154,000 tests were reported to the Home Office, with 56% of individuals testing positive for opiates or cocaine. Referral data was available for around 36,000 of these positive results (approximately 60%), showing that over 90% were referred for further assessment. This creates an opportunity for rapid engagement with treatment services at an early stage in the criminal justice process.

## **3. Conditional Cautions and Out-of-Court Disposals:**

The criminal justice system increasingly uses conditional cautions and other out-of-court disposals as part of a diversionary approach for low-level drug offences. The ten-year drug strategy, and the accompanying white paper on drug possession<sup>42</sup> encourages police to refer individuals found in possession of controlled substances into structured diversion schemes as a condition for avoiding formal prosecution. These schemes often include mandatory drug education or treatment engagement.

Diversionary approaches have been identified to have potential to reduce the adverse consequences of drug use, drug markets and mitigate collateral consequences of punishment<sup>43</sup>. Evidence from pilot areas shows that when delivered effectively, these interventions can reduce reoffending and support earlier access to services<sup>44</sup>. There is a strong evidence base for diversion in youth crime as a way of reducing crime, cutting costs, and creating better outcomes for children<sup>45</sup>.

However, local implementation varies, and sustained impact depends on strong coordination between police, treatment providers, and Liaison and Diversion teams.

## **4. Community Sentence Treatment Requirements (CSTRs):**

Expanding the use of Community Sentence Treatment Requirements, including Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs), is a national priority. These court-ordered sentences embed access to structured treatment within the justice process as an alternative to custody, especially for low-level, non-violent offences linked to substance use. Increased use of CSTRs is linked to reductions in reoffending and improved engagement in treatment.

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<sup>41</sup> PHE (2017). The effect of drug and alcohol treatment on re-offending. Available at: <https://www.gov.uk/government/publications/the-effect-of-drug-and-alcohol-treatment-on-re-offending>

<sup>42</sup> Home Office (2022) Swift, Certain, Tough: New Consequences for Drug Possession. Available at: <https://www.gov.uk/government/consultations/swift-certain-tough-new-consequences-for-drug-possession-white-paper/swift-certain-tough-new-consequences-for-drug-possession-accessible-version>

<sup>43</sup> M Bacon (2024). From criminalisation to harm reduction? The forms and functions of police drug diversion in England and Wales. Policing and Society. <https://doi.org/10.1080/10439463.2023.2267729>.

<sup>44</sup> Ely et al. (2022). Centre for Justice Innovation. Evidence and practice briefing: Best practice in pre-court disposals for possession of drugs. Available at: <https://justiceinnovation.org/publications/responding-drug-possession-new-framework>

<sup>45</sup> The Centre for Justice Innovation (2024). Valuing youth diversion A toolkit for practitioners 6<sup>th</sup> edition. Available at: <https://justiceinnovation.org/publications/valuing-youth-diversion-toolkit-practitioners-0>

## 5. Continuity of Care from Custody to Community:

There is a heightened risk of relapse and drug-related death in the weeks following prison release, underlining the need for robust care pathways. An integrated care pathway from prison to community is essential to support recovery and reduce reoffending. In 2023/24, only 53% of individuals with identified treatment needs successfully engaged in community drug and alcohol services after release<sup>46</sup>.

Research from Public Health England in 2018<sup>47</sup> identified major barriers to continuity, including missed referrals, unplanned releases, and weak follow-up. Successful engagement was three times higher when community providers made contact with individuals before release; further recommendations and tools are available for local use alongside the findings<sup>47</sup>.

Building on this, a 2022 NDTMS review<sup>48</sup> identified six key success factors from regions that improved continuity outcomes:

1. Joint planning between prison and community teams
2. Strong working relationships between partners
3. Early contact and assessments pre-release
4. Provision of bridging prescriptions for opioid substitution therapy (OST)
5. Referral tracking and assertive follow-up of missed appointments
6. Proactive use of NDTMS data to resolve issues

Together, these findings reinforce the need for coordinated, flexible, and assertive approaches to ensure people leaving custody can access and sustain treatment.

### H.iii. Parents with Problem Substance Use

This section summarises guidance from Public Health England (PHE)<sup>49</sup>, which highlights the significant and complex impact of parental substance misuse on families, and sets out clear recommendations for addressing these challenges.

Parental alcohol and drug use is a significant public health concern with wide-reaching consequences for both adults and children. Parents with substance misuse issues are more likely to experience mental health challenges, domestic abuse, housing instability, and poverty, factors that increase risks for children and reduce overall family resilience. While not all children exposed to parental substance misuse will experience harm, they are at greater risk of adverse outcomes, including neglect, abuse, poor educational attainment, and developing substance misuse issues themselves later in life.

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<sup>46</sup> OHID (2025). Public Health Outcomes Framework. OHID Indicator C20, Fingertips.

<sup>47</sup> PHE (2018). Guidance for improving continuity of care between prison and the community. Available at: <https://www.gov.uk/government/publications/continuity-of-care-for-prisoners-who-need-substance-misuse-treatment/guidance-for-improving-continuity-of-care-between-prison-and-the-community>

<sup>48</sup> OHID (2022). Continuity of care between prison and community drug and alcohol treatment. Summary of findings webinar available at: <https://www.youtube.com/watch?v=Nn0mBJ3SUSw>

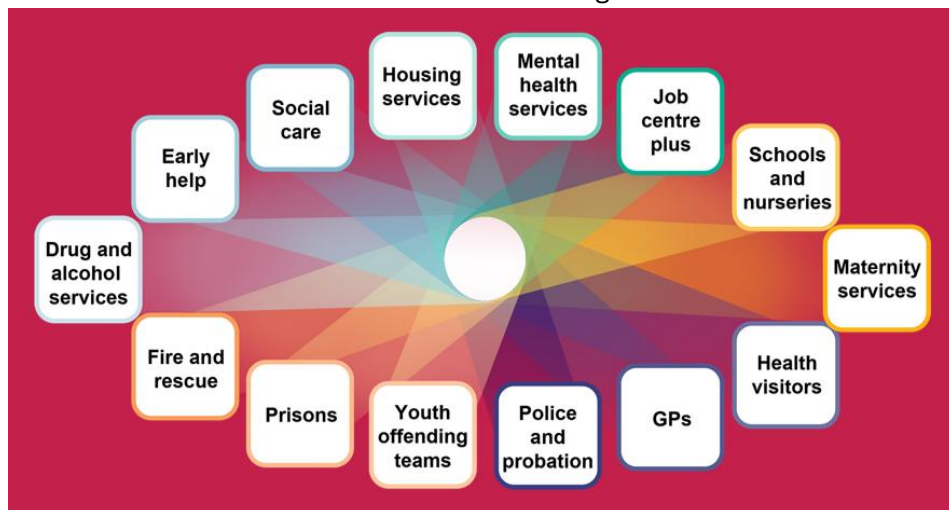
<sup>49</sup> PHE (2021). Guidance: Parents with alcohol and drug problems: adult treatment and children and family services. Available at: <https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-guidance-for-adult-treatment-and-children-and-family-services>

National figures suggest that nearly 500,000 children in England live with a parent who has problematic alcohol or drug use. However, there remains a large gap in treatment access, an estimated 80% of alcohol-dependent parents and 60% of heroin-dependent parents do not receive support. This underlines the urgent need for earlier identification and coordinated support for affected families. Parental engagement with treatment is a protective factor for children in families with parental substance misuse<sup>50</sup>.

Key principles for effective local responses:

- **Joint working** between adult treatment services and children's services (see Figure 2) is critical to safeguarding and supporting the whole family.
  - o **Collaborative assessments, information sharing and strong pathways** between systems and services are key to identifying families and ensuring they receive appropriate support earlier than they might otherwise have got it

Figure 2: Problem parental alcohol and drug use impacts on a wide range of local services and resources that must work together



Source: PHE, Problem parental alcohol and drug use: Evidence pack.

- Strong local **leadership** and **effective safeguarding** arrangements are essential to ensure timely and appropriate support.
- A **whole-family approach** should be adopted, addressing the interconnected needs of both adults and children. This includes assessing and supporting parenting capacity as part of the adult's treatment.
- Responses should be informed by a **clear picture of local prevalence and unmet need**, enabling services to target support effectively.
- Integrated Care Systems (ICSs), safeguarding partnerships, family hubs, and commissioners must work together to develop **trauma-informed services** that **reduce stigma** and **remove access barriers**.

Improving outcomes for families affected by parental substance misuse requires collaboration, compassion, and sustained investment in early help, specialist treatment, and recovery-oriented services.

<sup>50</sup> Velleman, R. and Templeton, L.J., (2016). Impact of parents' substance misuse on children: an update. BJPsych Advances, 22(2), pp.108-117. doi: 10.1192/apt.bp.114.014449.

## Summary

While this review provides a broad overview, limitations include gaps in the evidence base and the scope of available analysis. It is intended as a summary rather than a comprehensive critical analysis. Future work should continue to draw on new research and evolving national guidance to support best practice.

More detailed insights from the guidance summarised above will be applied alongside local findings to shape recommendations in this needs assessment. This will inform how we approach substance misuse in our local context, ensuring alignment with national best practices while addressing the specific needs of our communities.