

draft North Yorkshire Substance Use Strategy

*People have 'always sought
doors in the wall of reality'*

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Development partners



HM Inspectorate
of Probation

Public Health

Housing Options

Employment Support



Tees, Esk and Wear Valleys
NHS Foundation Trust



HAS Mental Health

Trading Standards

Office of the Police, Fire and Crime Commissioner

- Strategy based on findings and recommendations in published North Yorkshire Drugs Needs Assessment and updated Alcohol Needs Assessment, and Joint Alcohol Strategy 2014-2019 Final Report
- Covers all substances, except for vaping and smoking of legal nicotine products
- All age

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draft North Yorkshire Substance Use Strategy

“We will reduce harms associated with substance use across North Yorkshire – putting people, health and communities at the centre”



Research and development

Priority 1
Drug **supply** and **responsible retailing** of alcohol

Priority 2
Deliver **effective support** for all people who experience harmful patterns of substance use

Priority 3
Prevention of use of substances

Comms and engagement

Workforce development

Harm reduction

Protective factors (e.g. housing, meaningful activities, workplaces)

Action in particular places

Specifics for children and young people

Vision: to achieve a generational shift in demand for drugs

Achievable goals relating to young people:

- 5,000 new treatment places for young people (139 – North Yorks)
- Reduction in young people with social services referrals where drugs and alcohol factor
- Reduction in school suspensions and permanent exclusions where drugs and alcohol factor
- Reduction in young people who perceive it is acceptable to take drugs



Background facts

Nationally:

- Around a fifth of 11-15 year olds tried illegal substances in England in 2021 (reduced from a quarter in 2018)
- Nearly a third of 11-15 year olds have been offered illegal substances

Growing Up in North Yorkshire:

- Few young people have tried drugs, but they are increasingly easy to access
- 25% of Year 6 pupils have tried alcohol

Increase in young people in treatment services

Update re rates of hospital admission for 15-24 year olds for drugs and alcohol – now significantly lower than the national average

Priority 1: Break drug supply chains, facilitate responsible alcohol retailing, and reduce drug and alcohol related crime and disorder

- Organised criminal supply of illicit drugs and county lines
- Preventing under 18s from being able to purchase alcohol
- Respond to reports of underage sales
- Investigate reports where young people have alcohol bought for them by others

Priority 2: Deliver effective support for all people who experience harmful patterns of substance use

- Review the system of support for young people including:
 - Universal support
 - Targeted prosecution diversion schemes
 - Specialist support from NY RISE
 - Youth Justice Service
- Improve support pathways
- Increase capacity within NY RISE
- Measure success from those who successfully complete treatment programmes

Priority 3: Achieve a generational shift in demand for drugs and alcohol

From Needs Assessment:

- More insight on what drugs are being sold to CYP and how
- Understand alcohol trends within young people
- Prevention work specifically for vulnerable groups
- Accurate and easy to access education on substances
- Operation Choice prosecution diversion
- Understand and address the impact of parental alcohol and substance use on children and families

Priority 3 to focus on:

- Education in all schools – PSHE (age-appropriate)
- Drink Drug Hub
- Specific substance and alcohol support in all settings where children and families access wraparound support
- Prosecution diversion schemes e.g. Operation Choice
- Family interventions
- Early intervention for those young people and families who need substance use support (NY RISE)
- Insight research project – NYC, CYC and Uni of York + partners

Overarching themes and enablers

- Harm reduction
- Promote protective factors
 - Education
 - Supporting whole families
- Communication and insight research, particularly youth insight work alongside NY Youth Commission
- Good workforce development to work with families and improve IT systems



How we will see the change

Young people are a priority within the Substance Use Strategy.

By focusing on young people, we hope that this will result in a shift in attitudes around substance use and will have a positive effect in the future.

We will promote a supportive environment within schools to enable discussion and learning, plus give the facts on the effects of alcohol and drugs, to enable young people to make choices around substance use.

Three main goals

1

Good quality PSHE lessons on alcohol and drugs

2

Supportive school environments to give guidance on alcohol and drug use

3

Support and early intervention to young people and families most at risk

What this looks like

- Targeted substances education offer and training both in PSHE lessons and via the Drink Drug Hub
- Support for settings where children, young people and families can access education and support
- Prosecution and voluntary diversion schemes like Op Choice and Change Direction
- Holistic family interventions
- Map of all intervention routes and their offers



[www.northyorks.gov.uk/
SubstanceUseNY](http://www.northyorks.gov.uk/SubstanceUseNY)



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Questions?



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DRAFT NORTH YORKSHIRE SUBSTANCE USE STRATEGY 2024 - 2026

1. INTRODUCTION

'Drugs' are chemical substances that have a physiological effect on a living organism. They change how the brain and nervous system work, and the way that people who use them feel, think, behave, and experience things.

Drugs include substances that are available to purchase over the counter (for example, paracetamol); substances that are prescribed by a medical practitioner (such as codeine); substances that are available to purchase legally (such as alcohol, tobacco); and illicit substances that are controlled under the Misuse of Drugs Act 1979 (such as heroin, ecstasy). Some medicinal products are also controlled under the Misuse of Drugs Act – such as morphine and benzodiazepines (diazepam).

Within this strategy we recognise alcohol as a drug and refer to alcohol and other legal and illegal drugs as 'substances'; and the use of them as 'substance use'. The strategy covers alcohol, illegal drugs and medicines. Tobacco is not included in this strategy; there is a separate Tobacco Control Strategy for North Yorkshire. Vaping nicotine is addressed within the Tobacco Control Strategy. Vaping as a method of consuming illicit drugs (such as cannabinoids – see [Drink Drug Hub](#)) is addressed within this strategy.

“People have always sought doors in the wall of reality”

adapted from a quote cited in [Drugs – facing facts report of the RSA Commission on Illegal Drugs, Communities and Public Policy, 2007](#)

Humans have always deliberately used substances and are programmed to repeat experiences that provide pleasure.

So why do people use substances? It is more nuanced, but put simply, people use substances for two main reasons: to experience pleasure, and to relieve pain and suffering. Some use substances for spiritual enlightenment, some for image and performance enhancing reasons, such as body building.

Many people use substances.

Nationally, 28% of men and 15% of women are drinking at levels that increase risk of health harms (more than 14 units per week) ⁱ. Increased alcohol consumption has continued beyond the national COVID lockdowns of 2020 and 2021 ⁱⁱ ⁱⁱⁱ.

In 2021, 21% of 11–15-year-olds reported that they had ever taken illegal substances (down from 24% in 2018) in England, with 12% reporting use in the last year (down from 17% in 2018), and 6% in the last month (down from 9% in 2018). 31% reported that they had been offered illegal substances. The likelihood of use of illegal substances increased with age, and it is estimated that smoking is the strongest factor associated with use; followed by family who don't discourage use; and then drinking alcohol ⁱⁱⁱ.

Estimates show that around 341,032 15-64 years olds use opiates and/ or crack cocaine in England, and 602,391 adults are alcohol dependent ^{iv}.

There were 7.10 million patients who were prescribed dependency forming medications in England in 2021/22. The most common groups to receive prescriptions for dependency forming medications in 2021/22 were female patients aged 55 to 74 years. Areas of greater deprivation had the highest number of identified patients who were being prescribed dependency forming medication in 2021/22, with one and a half times as many patients receiving prescriptions in the most deprived areas of the country compared to the least deprived^v.

Substances undoubtedly cause harms. Estimates show nationally that the social and economic costs of alcohol-related harms amount to £21.5 billion. Harms from illicit drug use costs £20 billion. These estimates include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity ^{vi}. However, harms aren't equally experienced across the population. Huge geographical and socioeconomic inequalities exist in terms of substance related harms ^{vii}.

A range of health and social issues, including socioeconomic deprivation, mental and physical health problems, stigma, trauma, and homelessness increase people's risk of harmful patterns of substance use - where substance use compromises a person's ability to function – physically, emotionally, psychologically and/or socially - and exacerbate the associated harms ^{viii}. The vast majority of people who experience harmful patterns of

substance use have experienced or are experiencing trauma and/ or mental health challenges. Substance use is an adaptive coping strategy:” Mankind has always sought doors in the wall of reality”.

Stigma related to substance use, including the language that is commonly (and sometimes unconsciously) used to describe people who use substances makes it more difficult to reduce harms for individuals and communities, and improve outcomes. It makes it hard for people who experience harmful patterns of substance use to engage with specialist support. Sources of stigma are complex. The ‘Getting Drink’ and ‘Drugs – Think Differently’ awareness sessions offered through North Yorkshire’s bespoke **Drink Drug Hub** address this in a useful way – professionals and the public are encouraged to participate in the awareness sessions. A national Anti-Stigma Network has been launched to address stigma at a national level across England - www.antistigmanetwork.org.uk: to improve understanding of the stigma and discrimination experienced, enabling our shared efforts to take action to end stigma.

We must address and tackle stigma and associated discrimination in our leadership, policy and practice if we are to meaningfully impact on harms^{ix}.

“because no one had ever made her feel like she was important. I’ve said it before, I know you (Service Development Manager) are really humble about it; however, it means so much to know we have an advocate walking the corridors of power helping to carve out a seat at the table for people who have been disenfranchised”

“See the person not the issue”

“System to overcome ego-based culture, where feedback can be heard without judgement, blame or shame”

‘North Yorkshire connected spaces Project’, 2023 – people with living and lived experience.

“Even alcohol users look down on drug users, you know they say, ‘I’m not going to that programme I’m not going to that agency that’s full of smack heads.” (Stakeholder 15)

“I think it helps me because I used to, my opinion on people ‘look at that smack head over there in the street’ that was my opinion. I thought I was alright because I only took coke, but I was taking it all weekend and I wasn’t getting up for work, but I thought I was alright. You know, and now me coming to these [SMART recovery] groups made me realise my problem was just as bad as the next persons problem who had a heroin addiction.” (Service User 5, Recovery & Mentoring Service Scarborough)

‘Liverpool John Moores University evaluation of North Yorkshire Horizons, 2016.

Approaches that are focussed on or rely on threat of punishment as a means of reducing demand or enhancing engagement with specialist services are not supported by evidence and can have damaging impacts on people who experience harmful patterns of substance use. The approach creates a barrier for people to access support. It leads to strategic and policy approaches that do not adequately consider the views and human rights of people who use substances. There is a call from the highest coordination forum of the United Nations to promote public health approaches to substances (drugs) - putting ‘people, health and human rights at the centre’ ^{VII IX X}.

2. OUR COMMITMENT:

“We will reduce harms associated with substance use across North Yorkshire – putting people, health and communities at the centre”.

People who use substances and people who experience harmful patterns of substance use are citizens of North Yorkshire.

We will balance our law enforcement responsibilities with leadership, policy, and practice that puts all people at the centre.

We believe in:

- **Prevention** – we will ensure that people can avoid use of substances, including alcohol;
- **Harm reduction** – we will reduce harms and deaths;
- **Recovery** – we will support people to achieve their goals, and live lives free from harmful patterns of substance use.

We will ensure that we:

- **Champion** and **advocate for non-stigmatising communities** across North Yorkshire;
- **Work alongside people** who use substances; people who experience harmful patterns of substance use; our communities; our assets; and our services;

Our priorities will be:

1. Drug **supply** and **responsible retailing** of alcohol;
2. Deliver **effective support** for all people who experience harmful patterns of substance use;
3. **Prevention** of use of substances;

Our priorities will be **supported by partnership action on:**

- **Harm reduction**
- **Communications and engagement**
- **Workforce development**
- **Research and development**
- **Where people live and what people do (protective factors)**
- Action in **particular places** in North Yorkshire.

3. NATIONAL CONTEXT

The Government's latest Alcohol Strategy was published in 2012. The latest national 10-year Drug Strategy, 'From Harm to Hope', was published in 2021 – and is the third in a series published since 2010.

Alcohol Strategy

“This strategy sets out how we will attack it (alcohol) from every angle... When beer is cheaper than water...change will not be achieved overnight, it will require long-term and sustained action by local agencies, industry, communities, and the Government”.

The Strategy promised to:

- End the availability of cheap alcohol and irresponsible promotions, and introduce a minimum unit price for alcohol and consult on the introduction of a ban on multi-buy promotions in the off-trade;
- Provide an extensive range of tools and powers to local agencies to challenge those people that continue to behave in an unacceptable way and make it easier to take action against and, if necessary, close down, problem premises;
- Hold industry to account for the crucial role that they can play in changing the drinking culture;
- Ensure that everyone understands the risks around excessive alcohol consumption to help them make the right choices for themselves and their families.

Figure 1 summarises key policy, guidance, and strategy implementation since 2012.

England is the only country in the four nations of the UK that has not introduced alcohol Minimum Unit Pricing, following the commitment made in the 2012 strategy. The **independent evaluation** published by Public Health Scotland (PHS) in June 2023 ^{xi}, shows that Minimum Unit Pricing has had a positive impact on health outcomes, including addressing alcohol-related health inequalities. The Association of Directors of Public Health Policy Lead for Addictions commented:

“The evidence is crystal clear – minimum unit pricing works. Deaths are down, hospital admissions are down and alcohol consumption in general is also down. Not only that, but the largest reductions have been seen in those living in the 40% most deprived areas which will go a long way to narrowing the unacceptable gap in health outcomes for people living in different areas of the country. It is also really encouraging to see that there was no clear evidence of substantial negative impacts on the alcohol industry as a result of these measures in Scotland as this is something our Government have been concerned about. There really is however absolutely no excuse now not to implement similar measures in England. They wanted more evidence, the evidence is here, and it clearly shows that by introducing MUP, lives can be saved, health can be improved, and industry can survive ^{xii}.”

Figure 1 - key policy, guidance, and strategy implementation since 2012:



Drug Strategy

“We will create a system where no one falls through the gaps, where there is no stigma attached to addiction and where people who need it are provided with long-term support”.

The Strategy forms part of the Government’s Levelling Up/ Building Back Fairer (health inequalities) policy. Drug dependence is recognised as a health condition that is caused by and causes multiple disadvantage that cannot be addressed through criminal sanctions. The Strategy is focussed on illicit drugs, but acknowledges alcohol and medicines dependence, which are often used in combination by people who experience harmful patterns of substance use.

Each local area is expected to have a strong partnership that brings together all the relevant parties to take evidence-based and co-ordinated action – accountable to the national Joint Combatting Drugs Unit, overseen by the Ministerial lead for the Home Office, via the appointed Senior Responsible Officer. In North Yorkshire, the Senior Responsible Officer is the Director of Public Health (refer to Section 5 for more details).

The Strategy promises significant additional investment to (refer to Figure 2):

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

It commits to delivering the following outcomes, nationally, between 2022-2025. Progress will be measured through the National Outcomes Framework (refer to Figure 3).

- 1,000 fewer deaths;
- a phased expansion to deliver at least 54,500 new high-quality drug and alcohol treatment places for adults - including for people who are rough sleeping or at risk of rough sleeping;
- 5,000 new treatment places for young people;
- A treatment place for everyone who is offending and drug dependent;
- Close 2,000 county lines and disrupt 6,400 organised crime group activities

Figure 2 – From Harm to Hope – strategy on a page:

The strategy on a page

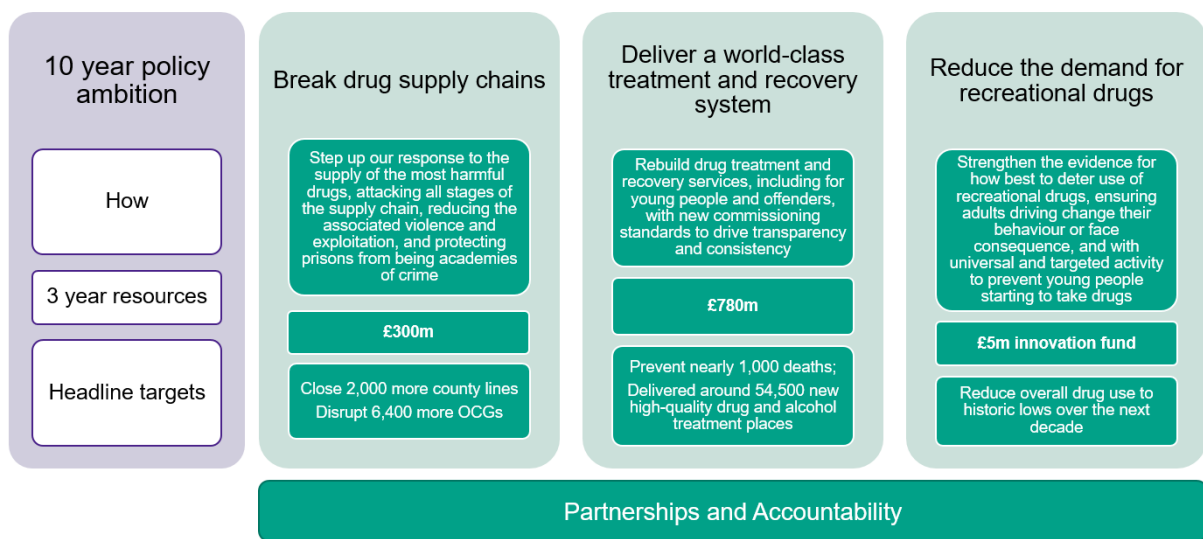


Figure 3 – National Outcomes Framework

Figure 1: Full National Combating Drugs Outcomes Framework

Strategic outcomes and metrics			Intermediate outcomes and metrics		
Reduce drug use	Reduce drug-related crime	Reduce drug-related deaths and harm	Reduce drug supply	Increase engagement in treatment	Improve recovery outcomes
Headline metrics <ul style="list-style-type: none"> Proportion of individuals reporting use of drugs in the last year Estimated prevalence of opiate and/or crack cocaine use (OCU) 	Headline metrics <ul style="list-style-type: none"> The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person The number of homicides that involve drug users or dealers, or have been related to drugs in any way 	Headline metrics <ul style="list-style-type: none"> Deaths related to drug misuse Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug) 	Headline metrics <ul style="list-style-type: none"> Number of county lines closed Number of major and moderate disruptions against organised criminal groups 	Headline metrics <ul style="list-style-type: none"> Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults) The numbers in treatment for adults and young people 	Headline metrics <ul style="list-style-type: none"> Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics <ul style="list-style-type: none"> Number and proportion of households owed a homelessness duty with a drug dependency need Rate per population of children of referral and assessments by social services with drugs as a factor Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week 	Supporting metrics <ul style="list-style-type: none"> Proven reoffending within 12 months Police recorded trafficking of drugs and possession of drugs offences Hospital admissions for assault by a sharp object 	Supporting metrics <ul style="list-style-type: none"> Hepatitis C prevalence (chronic infection) in people who inject drugs Number and percentage of people in treatment that have died during their time in contact with the treatment system 	Supporting metrics <ul style="list-style-type: none"> Volume and number of drugs seizures Number and proportion of National Referral Mechanism referrals with a county lines flag 	Supporting metrics <ul style="list-style-type: none"> Number of individuals in treatment in prisons and secure settings Number of community or suspended sentence orders with drug treatment requirements Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting) Unmet need for OCU treatment 	Supporting metrics <ul style="list-style-type: none"> Proportion of people in treatment that have reported no housing problems in the last 28 days Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days Proportion of people in treatment reporting a mental health need who received treatment or interventions Proportion of parents that have received specific family or parental interventions

Medicines with potential for dependence

Public Health England (now the Office of Health Improvement and Disparities) recommended a range of measures to address medicines dependence ^{xiii}, including better insight into prescribing, updated clinical guidelines, and better information to patients including clear discussions at the point of prescribing. They also recommended that a treatment support offer should be made available locally for patients with medicines dependence.

National Institute of Health and Care Excellence Guidance NG215 ^{xiv} states: ‘At present, there is limited provision of services within the NHS specifically to support withdrawal from prescribed medicines. There are some local centres that have established good practice in this area, but they are not widely available. It is expected that implementing these recommendations will increase the number of people needing specialist withdrawal services. Additional resources will be needed to increase the provision of these services by expanding existing centres or creating additional ones in areas where these services are

not available. This should be balanced by savings accrued from a reduction in unplanned hospitalisations to treat adverse drug events, fewer medicines prescribed and hence fewer medicine reviews.

NHS Integrated Care Boards (ICBs) are likely to be best positioned to take a lead on a tailored support offer for medicines dependence because the financial impact will impact mostly on NHS resource. This is confirmed in NHS England's 2023 publication "Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for integrated care boards (ICBs) and primary care" (PR1103). However, local authorities have greater experience in commissioning services for people who experience harmful patterns of substance use at a local level. Therefore, it is likely that a local commissioning arrangement would be led by the NHS, with local authority support.

4. SUBSTANCE USE ACROSS NORTH YORKSHIRE

Our [drugs needs assessment \(2023\)](#) and [alcohol needs assessment \(last updated 2022\)](#) are published on [Data North Yorkshire](#). These describe what we know and don't know about the scale and impact of use of substances across North Yorkshire – and demonstrate why co-ordinated, evidence- based partnership action is a priority. Recommendations reported in both needs assessments are addressed in section 6.

Drugs – a brief summary:

TONIC was commissioned to conduct a rapid illicit drug needs assessment. The aims were to assess and describe a number of dimensions of needs (including what we know about drug use across North Yorkshire, the supply of drugs, and drug related harms), and highlight needs that cannot currently be described and reported on. TONIC conducted a short review to summarise national research, policies, and strategies to provide insight into who is at risk and why. They analysed and summarised a range of local quantitative data that was either publicly available or shared for the purposes of the needs assessment. They also analysed some local insight/ qualitative data that had been captured as part of other projects, such as the Youth Commission Big Conversation, and facilitated a limited number of discussions with key professionals involved in delivering drug and alcohol services and interventions across the North Yorkshire system. They did not collect any new

qualitative data from commissioners, partner agencies, service providers or people with living or lived experience, and recommended that future needs assessments include bespoke qualitative engagement with these groups.

A summary of the key findings is as follows:

- There is limited official data on levels of drug use at a local level.

Supply:

- County Lines remains the dominant drug dealing method across the County.
- Almost half of those committing drug-related crimes who are known to the police use opioids, with 45% using crack cocaine (with significant overlap between these two groups as many will use both substances).
- 8% of police nominals with drugs markers are known to use benzodiazepines; this is a matter of concern as this class of drug is an aggravating risk factor in fatal drug overdoses locally.
- Synthetic substances are a cause for concern, including synthetic cannabinoids (including SCRA's/ SPICE), benzodiazepines and opioids, including Nitazenes. A current National Patient Safety Alert (July 2023) has been issued on Nitazenes because of an elevated number of overdoses (with some deaths) in people who use drugs, primarily heroin, in many parts of the country. Potency and toxicity are often uncertain, and therefore more unpredictable with greater risks associated with use.
- Young girls in particular report high exposure to online drug dealing. Online supply to adults has also featured in recent drug related deaths.

Use of substances and harmful patterns of use of substances:

Young People

- The Growing Up in North Yorkshire survey found that most young people did not use drugs, although young people report that drugs are becoming increasingly easy to access. Some groups of young people who may be predisposed to/ at increased risk of harmful patterns of substance use reported use of substances more than the average population of young people. Young people who reported use of substances, report use of drugs and alcohol together.

- The advent of North Yorkshire RISE (specialist substance use treatment service for young people with harmful patterns of substance use) has resulted in a substantial increase in the number of young people receiving specialist support since 2021.

Adults:

- Over the last decade, the number of adults in treatment for support with opiates such as heroin has fallen by more than a quarter – this is higher than the 17% fall seen across England. Conversely, the number engaged with treatment support for other substances, including non-opiates such as cannabis and cocaine, as well as for support with alcohol only, have increased substantially – much higher than the increase seen across England. Estimates show however that around 50% of the people who could benefit from structured harm reduction and treatment interventions, are not engaged with specialist support. A significantly smaller proportion of people starting treatment use cocaine compared to the national average (14% vs 25% nationally). There are concerns about increasing numbers of local people using benzodiazepines and painkillers.
- The profile of adults in treatment varies considerably by locality: most engage for support with opiates in Scarborough and Selby, whereas most engage for support with alcohol in Harrogate, Craven and Northallerton. Almost three quarters are men (72%). Rates of women engaging for support with alcohol and non-opiates were lower than the national average (23% vs 30%). The age profile shows that 20% of men and 22% of women were under 30 (national averages were 15% and 20% respectively). Two thirds are aged 30-49 years (68% women and 65% men).

Wider harms:

- The prevalence of drug driving is rising (reflecting a national trend).
- More adults are presenting to treatment with complex health and social needs.
- North Yorkshire has seen drug poisoning deaths in adults rise by a higher rate than nationally (142% increase from 19 in 2011 to 46 in 2021), but a much lower increase in drug misuse deaths (20% increase from 15 in 2011 to 18 in 2021).

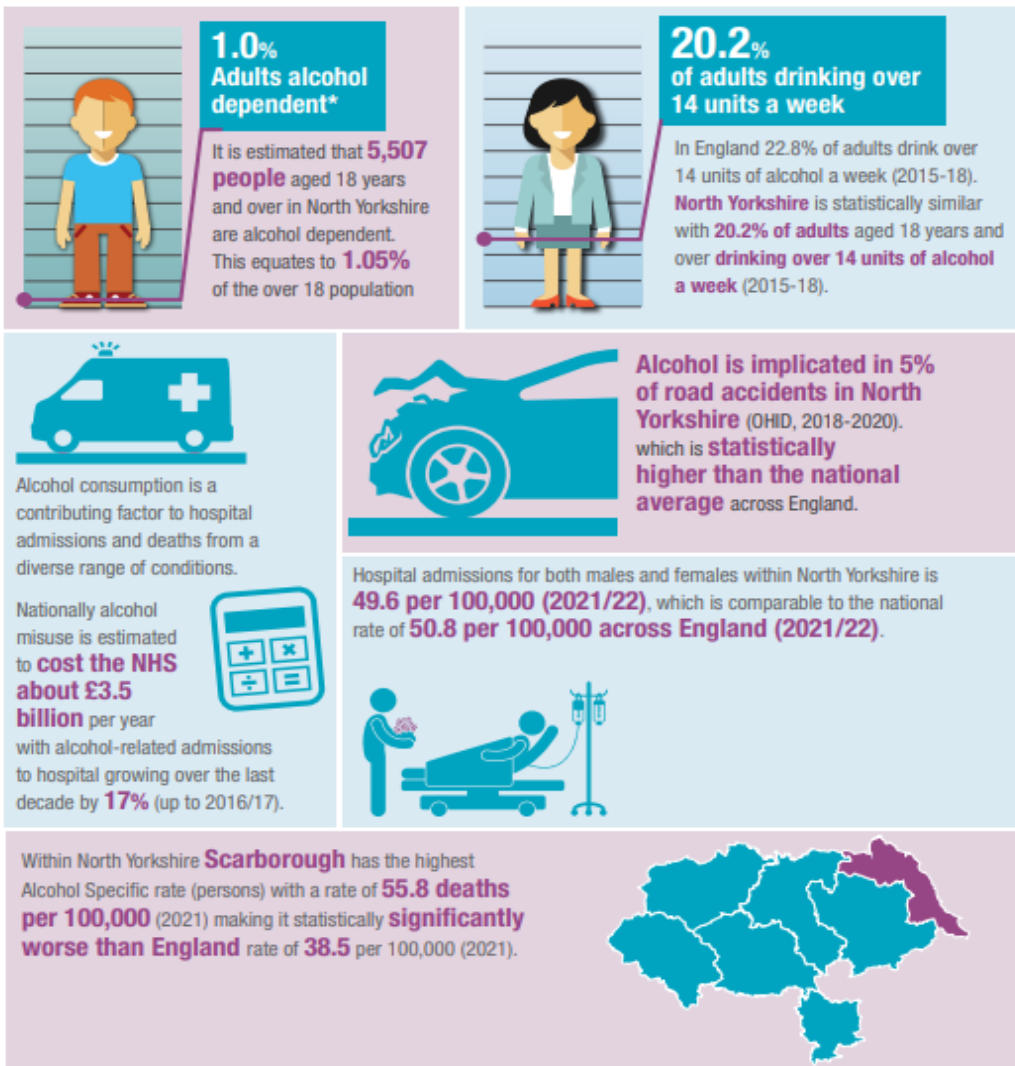
- There is a substantially higher rate of hospital admissions due to substance use for 15–24-year-olds compared to the national average (a Direct Standardised Rate of 105 per 100,000 vs 85 per 100,000 nationally).
- The County has a higher-than-average percentage of children who have parents or carers in drug treatment (18% locally compared to 13% nationally).
- The pilot bespoke carer’s service (for people with living and lived experience of supporting someone with harmful patterns of substance use) has provided support to over 100 individuals including more than 60 from the North Yorkshire area, with individual service users coming from 32 different villages and towns across the county.

Alcohol - a brief summary:

Some people do not drink, but for many, alcohol is part of their lives. Our best data estimates that the majority of the North Yorkshire population drink alcohol within the UK Chief Medical Officer’s low risk drinking guideline (no more than 14 units per week, spread out, with drink free days, remembering that the number of units you drink depends on the size and strength of your drink).

However, nationally, drinking patterns changed during the Covid pandemic, when there was an increase in the number of people drinking at harmful levels and the heaviest drinkers further increased their consumption. These changes then continued once the lockdowns were lifted. In North Yorkshire, a fifth of adults drink more than 14 units of alcohol each week and it is estimated that 5,507 people are alcohol dependent and could benefit from specialist support. Alcohol is implicated in 5% of road accidents in North Yorkshire, and this is statistically higher than for England. The rate of admissions directly caused by alcohol in Scarborough is statistically higher than the England average.

Why is alcohol still a priority in North Yorkshire?



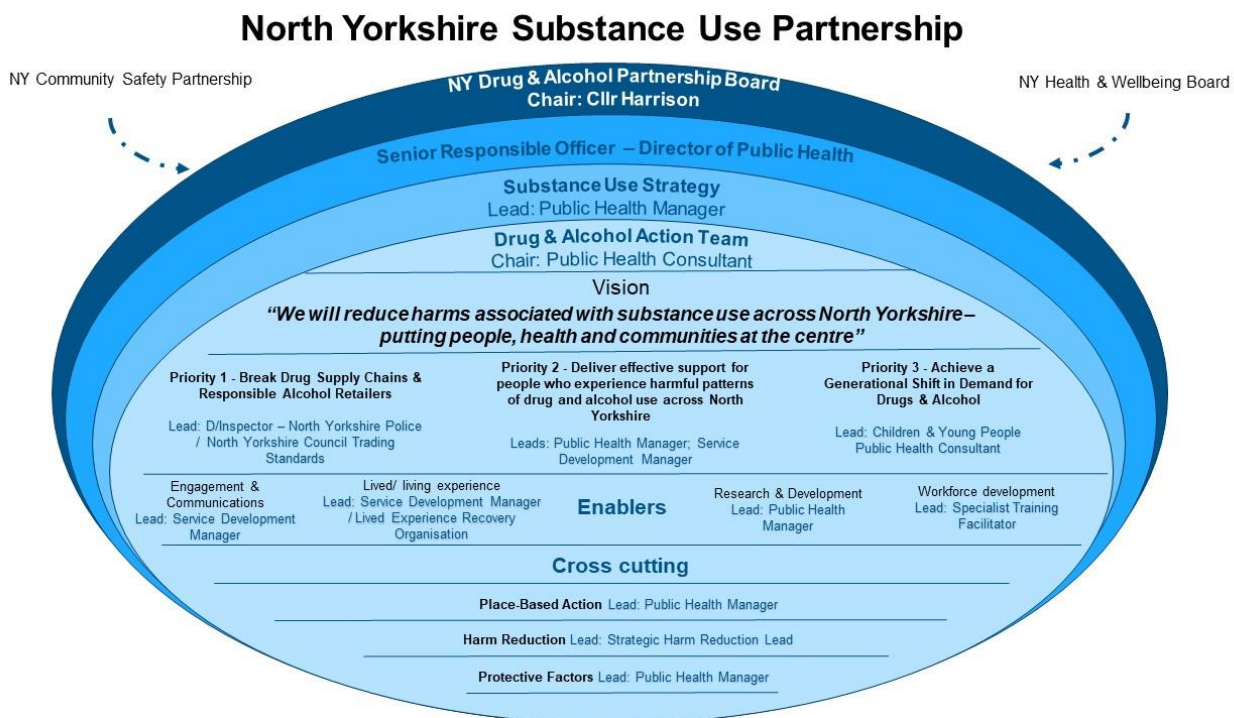
5. PARTNERSHIP ACROSS NORTH YORKSHIRE TO ADDRESS SUBSTANCE USE

We will ensure that we:

- Champion and advocate for non-stigmatising communities across North Yorkshire;
- Work alongside people who use substances; people who experience harmful patterns of substance use; our communities; our assets; and our services.

Figure 4 shows how partners, people and communities will work together to develop and deliver action on substance use across North Yorkshire.

Figure 4 – North Yorkshire Substance Use Partnership



6. SUBSTANCE USE STRATEGY FOR NORTH YORKSHIRE

Priority/Outcome 1: Break drug supply chains and facilitate responsible alcohol retailing

Why this is a priority?

Drugs: Given the scale of the threat and the rise of the violent county lines distribution model, breaking drug supply chains and ‘rolling up’ county lines is a priority for the Police and all law enforcement partners^{xv}. We do however recognise the need to carefully execute our law enforcement responsibilities to mitigate unintended consequences, such as re-directing supply of and demand for other, potentially more harmful substances, and making it more difficult for people who could benefit from support from accessing it. Evidence shows that focussing on arresting dealers and seizing drugs has limited long-term impact on supply ^{xvi}.

Alcohol: Industry can play a critical role in changing drinking culture. Cheap alcohol is too readily available and industry profit has too frequently been prioritised over community concerns and health impact. When beer is cheaper than water, readily available and promoted, it’s just too easy for people to develop harmful patterns of alcohol use ^{xvii}.

What insight has informed the priorities:

Drugs:

- Police and Crime Plan 2022- 2025 Police, Fire & Crime Commissioner North Yorkshire (northyorkshire-pfcc.gov.uk) - Caring about the Vulnerable – Ambitious Collaboration – Realising Potential & Enhancing service for the public.
- Force Management Statement – 2022 Ensuring workforce understands its role in delivering services in response to local and national requirements and is held accountable using performance frameworks based upon robust data, good insight and effective service delivery. We respond to existing and emerging crime types with a focus on protecting the vulnerable and preventing harm.
- HMICFRS PEEL Inspection reports setting Home Office expectations and direction.

- NYP Early Intervention & Prevention Strategy – Ambition to see prevention and early intervention truly embedded within NYP.
- NYP Strategic Intelligence Assessment 2022.
- SOCLP 2022
- OPP County Lines YP Recruitment.
- Drugs Market Profile 2022.
- County Lines OIA – 2021

Alcohol:

Trading Standards investigative and regulatory work is informed by reports from the public. The public, including young people, are encouraged to report underage sales, so that Trading Standards can target their resources to address compliance with the law by retailers. Young people (recruited via Police cadets) also support Trading Standards to conduct test purchasing – where young people attempt to purchase alcohol, to confirm retailers’ compliance with the law.

What our needs assessments said we should focus on:

Drugs:

- Further investigation into what types of drugs are being sold online and how they are marketed and delivered.
- North Yorkshire Police continues to make the disruption of County Lines drug dealing a priority area.
- Further investigation into what types of drugs are being sold online and how they are marketed and delivered.

Alcohol:

- Maximise opportunities for improving health and reducing harm within licensing legislation, including scoping out the potential value of a 5th objective that specifically addresses impact on public health
- Influence work around night-time economy
- Maintain focus on illicit supply and underage sales

	<ul style="list-style-type: none"> • The criminal justice pathway remains a priority for all key partners, including the Police, Probation, Youth Justice Service, North Yorkshire Horizons and North Yorkshire RISE: - The Police work in close partnership with organisations who work with vulnerable individuals (especially North Yorkshire Horizons and RISE, Children and Families Services and the voluntary sector) to swiftly identify people who are vulnerable to, or have been the subject of, cuckooing, to ensure that they receive appropriate treatment and associated support; • The Fatal 5 drink/drug drive campaigns are maintained and evaluated in order to fine tune their effectiveness. 	<ul style="list-style-type: none"> • Explore innovative solutions to disorder problems such as alcohol-free zones • Ensure greater access to data linked to alcohol-related crime and disorder
	<p>Illicit Supply</p>	<p>Alcohol Supply</p>

<p>What we will focus on:</p>	<ul style="list-style-type: none"> • County Lines • Class A Supply • Criminal exploitation within drug supply • Organised criminal supply – including Western Balkan organised crime • Organised cannabis cultivation • Money laundering and criminal assets • Synthetic drugs and contaminated supply. 	<ul style="list-style-type: none"> • Preventing under 18s from being able to purchase alcohol • Identifying and remove any illegal alcohol from North Yorkshire premises • Promoting responsible retailing principles, providing support and guidance to alcohol retailers to ensure legislative compliance
<p>What this looks like in practice:</p>	<ul style="list-style-type: none"> • Prepare: Develop actionable intelligence; Community engagement and interaction working jointly against OCG's & County Lines; media and communication informing and supporting the fight against organised drug supply and County Lines • Prevent: Discharge all safeguarding opportunities for the protection of children; offender led programmes to deter and prevent offending; training for 	<ul style="list-style-type: none"> • Respond to reports of underage sales • Inspect and seize illegal alcohol as part of criminal investigations • Investigate reports of 'proxy sales' (where adults buy alcohol for minors) • Work with businesses to provide guidance and advice to ensure legislative compliance • Prosecute where criminal offences have occurred and joint enforcement action against a premise licence where opportunity to prevent future harm

	<p>Police and partners; bespoke response to cuckooing; lifetime offender management and early intervention including Civil support</p> <ul style="list-style-type: none"> • Protect: Work with Partners to ensure vulnerable people and places are protected; Timely response to threat through Local and Force Tasking Process for resources; Section 45 defence in investigations to support prosecutions and protect; NRM & PPN referrals. • Pursue: Target financial resources and criminal money of organised criminals; Targeted support for those vulnerable and exploited; prosecution of offenders; Prosecute; Map and manage down OCG's and threat 	<ul style="list-style-type: none"> • Explore development of a local alcohol licensing data matrix – which demonstrates where a locality is at risk of health harms from licensing activity – to support local licensing application policy (e.g., Leeds model).
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How we will measure impact:	<ul style="list-style-type: none">• Number of county lines closed.• Number of major and moderate disruptions against organised criminal groups• Volume and number of drugs seizures.• Number and proportion of National Referral Mechanism referrals with a county lines flag.• Police recorded trafficking of drugs and possession of drugs offences.• Drug related cash seizures.	<ul style="list-style-type: none">• Test purchasing data (sale rates) in comparison to regional and national data.• % of businesses brought back into compliance following an intervention• % of reports addressed by way of advice, test purchase or inspection.• % of businesses reporting satisfaction with guidance and support provided
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Priority 2: Deliver effective support for all people who experience harmful patterns of substance use

Why this is a priority? Investing in treatment services not only helps to save lives, but also substantially reduces the economic and social costs of harms associated with drugs and alcohol. Research has shown that every £1 invested in drug treatment results in a £4 social return on investment – a total of £21 over 10 years; and every £1 invested in alcohol treatment results in a £3 social return on investment – a total of £26 over 10 years. For many who experience harmful patterns of use of substances, engaging in treatment can be the catalyst for getting the medical and social help they need to address the underlying causes of their use of substances, and current physical, mental health and social symptoms. Being in treatment reduces offending behaviour – up to half for alcohol users – reduces drug and alcohol related deaths, and the spread of blood borne diseases such as Hepatitis C. The public values drug and alcohol treatment - 82% said that the greatest benefit of treatment was improved community safety.



Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association

What insight has informed the priorities:

Liverpool John Moores University completed an evaluation of the North Yorkshire Horizons (integrated adult drug and alcohol service) in 2016. 27 people with living experience of the service, and 15 professionals who work within and alongside of the service were interviewed. Recommendations that could strengthen service delivery included:

- Continue to encourage service users to volunteer to become peer mentors and ensure that all those who are suitable and wish to volunteer receive appropriate support and training.
- Carefully manage and monitor peer mentors.
- Continue to provide different activities for service users and work towards establishing new relationships with relevant services.
- Use of community settings for SMART (recovery) meetings and should continue to expand the number of locations for these meetings.
- Provide a flexible service offer.
- Additional out of hours support.
- SMART meetings for specific groups of people.
- More ways to keep service users engaged with treatment and encourage more service users in treatment to move into the aftercare/recovery service.

“They gave me not only a reason to live but they also helped show me what the reason was and helped me to get to where I am now.” **(Service User 1, Treatment Skipton)**

“Horizons are having meetings outside in the community now and I think that will help because people will see us coming in and how we’re getting on and things like that.” **(Service User 6, Recovery & Mentoring Service Harrogate)**

“The biggest bit is becoming more prominent now in the community, so the stigma is going. That was always the big thing to get over was the stigma and that’s now reducing which is good.” **(Service User 4, Recovery & Mentoring Service Scarborough)**

“The fact that they [peer mentors] have done it and they’ve got a normal life. You know, there’s no reason why you can’t do it if they’ve done it.” **(Service User 3, Treatment and Recovery & Mentoring Service Skipton)**

The final report is published here: **Evaluation of the North Yorkshire Horizons Adult Drug and Alcohol Treatment and Recovery Services.pdf** (nypartnerships.org.uk)

North Yorkshire Council completed a public consultation on North Yorkshire Horizons in 2018. They received feedback from 13 potential providers, 31 stakeholders, and 36 people with lived and living experience. Recommendations that could strengthen service delivery included:

- Support out of business hours
- Support needs to be local and easy to access
- Use digital methods of delivery
- Co-location of services is important so that service users can access the support they need (also need to work closely with GPs)
- Need to improve mental health pathways for co-existing substance use
- Provide smoking cessation support
- GPs need support with dependence to prescription medicines
- Improve detox access and timeliness

The final report is published here: **Specialist adult drug and alcohol service - North Yorkshire Horizons | North Yorkshire Partnerships (nypartnerships.org.uk)**

North Yorkshire Connected Spaces group initially highlighted the following recommendations that could strengthen service delivery:

- Treatment for substance use should be linked to mental health

<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • Consideration is given to developing a bespoke offer for people who experience misuse of medications. • Plans to add Buvidal (relatively new long-acting opiate substitute depot medication) to the North Yorkshire Horizons formulary should be progressed to 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Identify and provide support to people with coexisting issues such as severe mental illness and relationship problems, and to consider the wider social impacts of alcohol harm such as debt, housing and crime and disorder • Assess the extent to which identification and brief advice is routinely delivered and is
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	<p>support the overall approach to addressing the needs of people with complex and multiple needs.</p> <ul style="list-style-type: none">• The potential expansion of the multiple disadvantage outreach team and/ or re-modelling of the existing North Yorkshire Horizons service offer, to create more capacity for outreach-based support.• An investigation into the potential value of a dedicated steroid worker to develop a gym-outreach service should be considered.• Further investigation into the prescription of and illegal availability of gabapentoids merits consideration.• The overall pathway of support for young people (including universal support, targeted diversion schemes, and specialist support from North Yorkshire RISE and the Youth Justice Service) is reviewed, to identify whether it is adequately resourced, and optimises outcomes for young people.	<p>effective in primary and secondary care</p> <ul style="list-style-type: none">• Maximise new opportunities across the NHS Integrated Care System to address alcohol dependency issues and early identification of alcohol harm
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	<ul style="list-style-type: none">• The criminal justice pathway remains a priority for all key partners, including the Police, Probation, Youth Justice Service, North Yorkshire Horizons and North Yorkshire RISE:<ul style="list-style-type: none">- The planned York based custody drug testing pilot (of all those arrested for trigger offences linked to opiates and cocaine) is evaluated, and consideration is given to roll out to North Yorkshire custody suites.- North Yorkshire Horizons, North Yorkshire RISE, Police, Probation, social services and other key partners proactively target vulnerable groups who may be predisposed to harmful patterns of drug use, including people who are in contact with the criminal justice system;- The pathway into and out of prison is optimised to maximise engagement, continuity of care and outcomes;	
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<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Reducing harms • Reducing deaths • Identifying and engaging more people who could benefit from specialist support services • Supporting people to successfully achieve their goals • Providing a flexible, bespoke and specialist support offer for people who experience multiple disadvantages including harmful patterns of substance use
<p>What this looks like in practice:</p>	<p>Adults:</p> <ul style="list-style-type: none"> • Multiple Disadvantage Outreach Team offer within North Yorkshire Horizons • Longer acting opiate substitute medications, such as Buprenorphine • Volunteer/peer led Telephone Recovery Service offer within North Yorkshire Horizons • Presence in/in reach into prisons and custody – co-location of substance use service staff in custody; in-reach and digital technology arrangements in prisons that release to North Yorkshire • Identifying and addressing co-morbidities and co-occurring conditions – increased clinical capacity within North Yorkshire Horizons; alcohol related liver disease fibrosan; Summary Care Record – Yorkshire and the Humber. • Inpatient and residential treatment offer • Alcohol care offer for people who drink at hazardous and harmful levels – via co-commissioning with NHS • Treatment offer for people who are dependent on medicines – via co-commissioning with NHS • Substance use end of life pathway across North Yorkshire Horizons and NHS <p>Young People:</p>

	<ul style="list-style-type: none">• Increasing capacity within North Yorkshire RISE• Improving pathways for young people who experience harmful patterns of substance use
How we will measure success:	<ul style="list-style-type: none">• Engagement with North Yorkshire Horizons and North Yorkshire RISE• Inpatient and residential placements and outcomes• People released from prison with a substance use treatment need who engage with North Yorkshire Horizons or North Yorkshire RISE within three weeks• Outcomes for people leaving Yorkshire Horizons or North Yorkshire RISE• Deaths• Experience of people with lived and living experience

Priority 3: Achieve a generational shift in (prevent) demand for substances

Why this is a priority?

Substance use can have a major impact on children and young people’s health, education, families, and their long-term chances in life. There is strong evidence that early intervention can prevent or delay initiation of substance and alcohol use and associated harms. Best practice recommends universal work with all children and young people, a holistic family focussed approach and targeted work with children and young people and families whose life experiences may predispose them to, and place them at greater risk of experiencing, harmful patterns of substance use. By ensuring that all children, young people, and families (CYPF) are provided with evidence based, effective and timely information, guidance and support, we can reduce harmful use of substances in future generations, creating a safer, healthier and more productive population.

What insight has informed the priorities:

Multi-agency workshop

Attendees: Public Health, Early Help, Healthy Schools, Children and Families Service, NY Police School Liaison Service, Office of the Police, Fire and Crime Commissioner, Safer Communities, NY Police Community Alcohol Partnership

Contributors: NY Horizons, NY Rise, NY Youth, Leaders Unlocked

NYC held a workshop to bring together multiple partners from across the entire drug and alcohol support system to develop and identify:

- Collective vision
- Achievable goals and outcomes
- Picture of existing support and services
- Gaps in the system

North Yorkshire Youth Commission (Youth Commission - Police, Fire and Crime Commissioner North Yorkshire (northyorkshire-pfcc.gov.uk))

The Youth Commission has led a ‘Big Conversation’ with children and young people across North Yorkshire since 2015. Thousands of responses, conversations, and views, collected via peer research, have led to them to prioritise action on ‘Drugs and Alcohol Abuse’ and more recently ‘Drugs, Gangs and County Lines’^{xviii}. Their insight and recommendations have informed some of our priorities and action, such as tackling the online supply of drugs.

Growing Up in North Yorkshire survey 2022

The survey of School Years 2, 6, 8, 10 and 12, taking place every 2 years includes age-appropriate questions around drugs and alcohol. Over 17,000 children and young people took part in the 2022 survey, with over 11,500 being asked about substances; for example, 25% of Year 6 pupils (aged 10 and 11) stated they have drunk alcohol, 18% with parental knowledge. Therefore, we know that education around substances need to begin in primary school.

North Yorkshire Connected Spaces (lived and living experience) group 2023 said: “Prevention - work and support young people” (is what is needed)

<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • Further investigation into what types of drugs are being sold and how (including online supply) would be valuable in designing future drug prevention work with young people. • The commissioning of targeted prevention work aimed at vulnerable groups - there is little targeted drug prevention work aimed at vulnerable groups e.g., Looked after 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Ensure the development of a new strategy takes into account the impact on children who may be affected by a range of levels of parental alcohol consumption, and not just dependent drinkers and domestic violence. • Local Safeguarding Boards to ensure that the issue of parental alcohol misuse (PAM) is well understood in their local area and that the needs of children and families are addressed in planning and commissioning
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	<p>children, children in need, those excluded from school or in alternative educational provision, and children of substance using parents.</p> <ul style="list-style-type: none"> • Operation Choice receives an independent impact evaluation which also considers whether the project has resulted in fewer referrals to RISE. • North Yorkshire maintains and strengthens its support for schools' Personal, Social, Health and Economic Education (PSHE), public health campaigns and the Drink Drug Hub (when launched) and provides easy access to up-to-date evidence-based drug prevention and harm reduction information. 	<p>services, utilising the Joint Strategic Needs Assessment.</p> <ul style="list-style-type: none"> • Provide clear and consistent communication to schools as well as the wider public on the risks of drinking alcohol. • Understand emerging trends around alcohol use in North Yorkshire, particularly in CYPF.
<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Provide effective and good quality PSHE for all pupils (mainstream, special education provision, Pupil Referral Unit) that facilitates learning about drugs and alcohol, empowering them to make positive choices. 	

	<ul style="list-style-type: none"> • Ensure all educational environments are enabled to positively support and guide CYPF around the topics of drugs and alcohol use. • Provision of effective support and early intervention for children, young people and families most at risk of, or escalation of, harmful drug and/or alcohol use. <p>Based on principles of:</p> <ul style="list-style-type: none"> • Harm reduction • Inclusive language and actions • Evidence based, accurate and age-appropriate education; note - classroom-based, teacher/police-led training may not be right for all • Early, proportionate intervention
<p>What this looks like in practice:</p>	<ul style="list-style-type: none"> • Universal and targeted substances education offer and training, including via the Drink Drug Hub • Support for settings where children, young people and families access education and support • Prosecution and voluntary diversion schemes – such as Op Choice and Change Direction • Family interventions • Intervention map
<p>How we will measure success:</p>	<p><u>Prosecution diversion</u></p> <ul style="list-style-type: none"> • Pre and post ‘distance travelled’ evaluation – Change Direction, Op Choice, Trusted Relationships • Reoffending – Change Direction and Op Choice (potentially via College of Policing) <p><u>North Yorkshire RISE</u></p> <ul style="list-style-type: none"> • Report into the National Drug Treatment Monitoring System (NDTMS) – captures data at beginning of the episode: primary,

	<p>secondary etc, drug used, gang involvement, outcome record. On discharge, another outcome record for changes. It captures the initial picture, but less helpful at measuring change.</p> <p><u>Prevention measures</u></p> <ul style="list-style-type: none">• Growing Up in North Yorkshire – prevalence of substance use and exposure to substances• Number of training sessions delivered to school staff• Number of training sessions delivered by school staff• Number of schools with drug and alcohol strategy/policy, including exclusions – may be gathered through OFSTED• Healthy Schools Award – how many have picked the drug and alcohol theme.
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<p>Cross cutting theme - Harm reduction</p>	
<p>Why this is a priority?</p> <p>Putting ‘people, health and human rights at the centre is paramount. Dame Carol Black’s Review and the Drugs Strategy commits to ‘making sure that a full range of harm reduction interventions are available’.</p>	
<p>What insight has informed the priorities:</p> <p>“I just wanted to say that the feedback from many of the officers [on the ‘Drugs - Think Differently’ Drink Drug Hub harm reduction focussed awareness session] was that this was one of the best pieces of training they have ever received” - North Yorkshire Probation Service.</p> <p>“Very thought provoking and great for reflection and thinking about our 'lens where we start from”</p> <p>“This was possibly the most useful info session I have attended in a long time” - both: North Yorkshire Council Lunch and Learn.</p>	
<p>What our needs assessments said we should focus on</p>	<ul style="list-style-type: none"> • Consideration is given to developing the carriage and administration of Naloxone by police staff to support a reduction in drug-related deaths. Police Scotland, Cleveland, Durham and over 25 Police forces across the UK have all evidenced significant impact. • Plans to expand provision of Naloxone are prioritised by key partner organisations who routinely have contact with people who experience drug misuse (such as mental health services, Fire and Rescue Service, Ambulance Service, Police etc). • Action is taken to maintain and improve the provision of needle and syringe programmes across North Yorkshire, including within Pharmacies, focusing on the recommendations highlighted in the in-house report. • Relatively low level of people in treatment taking up Hepatitis B and C tests and vaccinations should be explored.

<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Expand Naloxone carriage and administration - with people who use opiates and by key partner organisations • Expand and strengthen needle and syringe provision • Implement drug analysis pilot with MANDRAKE • Explore non-fatal overdose pathway (with Yorkshire Ambulance Trust) • Increase uptake of Hepatitis C testing and Hepatitis B vaccinations • Review and embed learning from drug and alcohol related deaths confidential review process • Develop and evaluate Drink Drug Hub • Surveillance of emerging drug trends and threats and delivery of evidence-based action
<p>What this looks like in practice:</p>	<ul style="list-style-type: none"> • Work with key settings to ensure that Naloxone is available in emergency situations and is carried by people who use opiates to prevent overdose – Mental Health Services, Police, Probation, Pharmacies, Peer to Peer • A range of ways to access clean injecting equipment and return used equipment safely – including through services, Pharmacies, and novel options such as click and collect • North Yorkshire and York Emerging Drug Trends Meeting and Drug Alerts Protocol – so we understand the local drugs market, and provide accurate, evidence-based harm reduction advice • Drug analysis pilot – so we can confirm the contents of illicit drugs across the County and tailor accurate, evidence-based harm reduction advice • Enhanced Hepatitis C testing and treatment offer within North Yorkshire Horizons • Drink Drug Hub

	<ul style="list-style-type: none">• Robust review of drug and alcohol related deaths and learning is embedded, with organisations held to account through Adult Safeguarding Board
How we will measure success:	<ul style="list-style-type: none">• Naloxone administration• Needle exchange provision• Deaths in treatment• Non-fatal overdoses• Uptake of hepatitis B and C interventions

Cross cutting theme - where people live and what people do (protective factors)

Why this is a priority?

Accommodation, education and employment are vital to prevention of harmful patterns of substance use, and recovery - including reduced reoffending. The Drug Strategy commits to improve housing and employment opportunities for people in recovery and includes a commitment to invest in a peer mentoring programme where mentors will work in partnership with Jobcentre Plus and treatment staff. The Drug Strategy also commits to fund universal coverage of Individual Placement Support (IPS – dedicated employment specialists working within drug and alcohol services) in all local authorities by 2025.

What insight has informed the priorities:

Homelessness and housing:

Harmful patterns of substance use causes and is a consequence of homelessness and acute housing need. It is a common feature within housing options placements across North Yorkshire. The Housing Strategy for North Yorkshire commits to tackling homelessness, meeting the needs of the ageing population, and increasing supply of affordable and available housing.

North Yorkshire Connected Spaces lived and living experience group have fed back: *(I'd benefit from) "help to maintain my tenancy/ floating support"*.

Volunteering, jobs and workplaces:

Better Connect and CFO continue to provide an employment offer to people who experience harmful patterns of substance use, despite reduced funding (since European funding ceased). There is a Network of existing employer relationships to build upon, that have a strong 'social value' ethic.

Carers/ significant others:

Liverpool John Moores University completed an evaluation of the North Yorkshire Horizons (integrated adult drug and alcohol service) in 2016. 27 people with living experience of the service, and 15 professionals who work within and alongside of the service were interviewed. Recommendations that could strengthen service delivery included:

- Support sessions for relatives of service users if costs and feasibility allow.

North Yorkshire Council completed a public consultation on North Yorkshire Horizons in 2018. They received feedback from 13 potential providers, 31 stakeholders, and 36 people with lived and living experience. Recommendations that could strengthen service delivery included:

- Appropriate support for significant others (including carer’s) in their own right is really important

North Yorkshire Connected Spaces group initially highlighted the following recommendations that could strengthen service delivery:

- Addiction impacts the wider family and community, support for families (is needed)’

<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • Commissioners consider providing dedicated resourcing to the Adfam service/ bespoke service for the families and carers of people with substance use • problems to enable provision of support to this much neglected group. 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Identify and provide support to people with coexisting issues such as severe mental illness and relationship problems, and to consider the wider social impacts of alcohol harm such as debt, housing and crime and disorder
<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Championing and advocating for people who experience harmful patterns of substance use in other North Yorkshire Strategies – including but not limited to Housing Strategy; Armed Forces Covenant; Carer’s Strategy; Mental Health Strategy. • Volunteering and pathways to paid employment 	

<p>What this looks like in practice:</p>	<p>Homelessness and housing related support (North Yorkshire Council will explore):</p> <ul style="list-style-type: none"> • Single Point of Contact for people who could benefit from rough sleeping/Housing First support, with a more understanding needs assessments and service delivery. • Multi agency meetings specifically for the rough sleeping/Housing First caseload with North Yorkshire Horizons and GP's. Possibly to also include the hostel and temporary accommodation/Sleepsafe clients. • Funding/spot purchase for a worker to support those needing to access the drug/alcohol pathways under the rough sleeping/Housing First pathways. • Collaborative working to promote engagement with drug and alcohol service support and harm reduction interventions • Review and explore options to expand housing related support offer for people who experience substance use and other multiple disadvantage (e.g. substance use housing contract; offender housing contract; housing related support for people who have unregulated care needs) <p>Volunteering and jobs:</p> <ul style="list-style-type: none"> • North Yorkshire Horizons volunteer and peer mentor programme • Roll out Individual Placement Support Programme (IPS)
<p>How we will measure success:</p>	<ul style="list-style-type: none"> • Actions to address needs of people who experience harmful patterns of substance use included within other core strategies – e.g. Housing Strategy; Carer's Strategy, etc. • Volunteering by people engaged with North Yorkshire Horizons • Numbers engaging with IPS

Cross cutting theme – action on substance use in particular places		
<p>Why this is a priority?</p> <p>Alliancing has gained popularity with the potential to support collaborative whole systems approaches, in response to ‘wicked’ public health issues with high levels of complexity, which require complex solutionsxx.</p> <p>An Alliance can be described as a delivery model where individual services work collaboratively with a focus on the ‘whole of system’, rather than the specific performance of their own organisation, to ensure that their joint goal is achieved. However, an Alliance is more than just collaboration between services. Within an Alliance, the risk, reward, and ownership of the project are shared; reinforced through contracts and throughout the services involved.</p>		
<p>What insight has informed the priorities:</p> <p>NY Connected Spaces lived and living experience group said: “A treatment service that works with other organisations more like one big team would be best”</p>		
<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • The potential expansion of the multiple disadvantage outreach team and/ or re-modelling of the existing North Yorkshire Horizons service offer, to create more capacity for outreach-based support. 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Utilise examples of best practice and latest research from other areas to address the issue of alcohol harm locally
<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Collaborative approaches to addressing substance use in particular places in North Yorkshire. 	

<p>What this looks like in practice:</p>	<ul style="list-style-type: none"> • Drug Action Zone – expansion of the multi-agency service offer for people who experience multiple disadvantages in Harrogate • Clear, Hold, Build/ ‘Op Spirit’ in Barrowcliff - multi-agency partnership programme, designed by the Home Office and endorsed by the Policing Inspectorate, to tackle and reduce harms associated with serious organised crime. The Clear, Hold, Build operational framework brings together law enforcement agencies, statutory and non-statutory partners, as a coalition targeting those causing most harm within communities and those who exploit vulnerable people.
<p>How we will measure success:</p>	<p>Drug Action Zone</p> <ul style="list-style-type: none"> • Agreed multi-agency service offer • Engagement in services • Deaths in treatment <p>Clear, Hold, Build/ ‘Op Spirit’</p> <ul style="list-style-type: none"> • Engagement in services • Confidence within the community • Reporting of intelligence to the Police by the public

Enabler: Engagement and communications

Why this is a priority?

Engagement:

There is an international call (from communities of people who use drugs and alcohol and United Nations agencies) to take a human approach to substance use strategies - including the right to non-discrimination. There should be “nothing about us without us”. 'xxi Activity listening to people whose lives are or have been directly or indirectly impacted by substance use is essential for shaping the design and delivery of support services, practice, policy, and system change.

Communications:

Research by Harry Sumnall et al., highlights that messaging and mass media interventions are important in disseminating time-sensitive information and mobilising resources, and may impact on attitudes in low risk and ambivalent groups – but information alone is not effective in motivating people with established harmful patterns of use, or reducing overall use by the population. Campaigns are more likely to be effective if they are based on robust behaviour change and media theories; part of a whole system approach (which incorporates interventions); are appropriately targeted; positively frame the issue; offer something. The Drug Strategy commits to further work to test the kinds of messages and support which are most likely to result in sustained changes in attitudes and behaviours and will provide evidence for future communications campaignsxxii.

What insight has informed the priorities:

The development of a Partnership Drug and Alcohol Communications Group was formed in January 2023 and feedback from the membership which includes Police, Probation, Fire and rescue, ICB, NYSAB, NYC, York council, North Yorkshire Horizons, North Yorkshire RISE, Changing Lives, Adfam, has been positive. A rep from the local safeguarding board states:

‘the partnership communications group is a dynamic collective of multi-agency partners who use innovative & creative approaches not only to communicate effectively but also engage with professionals and wider stakeholders about drugs and alcohol. Not only does the group offer

experts and communication professionals the chance to discuss and address key topics & campaigns in a coordinated and collaborative way – it also presents the opportunity to use language and communications to educate and tackle stigma associated with drugs and alcohol.’

North Yorkshire Connected Spaces (lived and living experience) group stated:

- “It’s important to support people with lived experience to have a voice”
- “We need to help to join people to the NY Horizons service as many not aware about it and what it offers”

One of the people involved in the North Yorkshire Connected Spaces Forum had a tear in her eye because no one had ever made her feel like she was important. I’ve said it before, I know you (Service Development Manager) are humble about it; however, it means so much to know we have an advocate walking the corridors of power helping to carve out a seat at the table for people who have been disenfranchised” (‘North Yorkshire Space Programme’, 2023).

The North Yorkshire Connected Spaces forum stated that more information about the specialist drugs and alcohol service offer would be helpful as the service and how to access is not known of to everyone. The group also felt that consistent feedback mechanisms for people with lived and living experience to share feedback, gaps and ideas would be helpful.

North Yorkshire Youth Commission have worked with us to-produce the questions that will be included in the youth insight research project – see below the Padlet from the co-production session in June 2023:



<p>What our needs assessments said we should focus on:</p>	<ul style="list-style-type: none"> • Encourage greater coproduction and co-ordination of communications
<p>What we will focus on:</p>	<p>Engagement</p> <ul style="list-style-type: none"> • A culture where people with lived and living experience of substance use related harms have a voice in decision making, design and delivery of strategies and services <p>Communications</p> <ul style="list-style-type: none"> • Substance use communication campaigns in line with local priorities
<p>What this looks like in practice:</p>	<p>Engagement:</p> <ul style="list-style-type: none"> • Continue to work with North Yorkshire Connected Spaces to co-produce creative ways for people to shape decision making for substance use strategy, policies, use of resources and services across North Yorkshire.

	<p>Communications</p> <ul style="list-style-type: none"> • Agree and implement a calendar of national and local communication campaigns across all partner agencies. • Develop and evaluate Drink Drug Hub and Wake up North Yorkshire: www.drinkdrughub.co.uk Wake Up North Yorkshire Shrink Your Drink and Wake up to a Better You • Promote local services that support people who experience substance use and harmful patterns of substance use via a range of modern web-based mediums i.e.) website, social media, video platforms, podcasts
<p>How we will measure success:</p>	<p>Engagement and involvement</p> <ul style="list-style-type: none"> • Expansion of North Yorkshire Connected Spaces lived and living experience project. • People with lived/ living experience accessing strategic and operational spaces to make contributions. <p>Communications</p> <ul style="list-style-type: none"> • Interaction with social media messages • Interaction with Drinkdrughub.co.uk and Wake Up North Yorkshire • Attendance at Drink Drug Hub training awareness sessions • Feedback through consultation with stakeholders on national and local campaigns

<p>Enabler: Workforce development</p>		
<p>Why is this a priority?</p> <p>Dame Carol Black’s Review set out the right of people who experience harmful patterns of substance use to the support and treatment they need to recover, and as part of this, the need to improve the capacity and capability of the drug and alcohol treatment and recovery workforce - after it was noted that: “this workforce has been decimated in quantity, quality and morale over the last decade”.</p>		
<p>What insight has informed the priorities:</p> <p>North Yorkshire Connected Spaces lived and living experience group said:</p> <p><i>“A treatment service that works with other organisations more like one big team”</i></p> <p><i>“Connect agencies together”</i></p> <p><i>“See the person, not the issue”</i></p> <p><i>“Ambition as a core value (not recovery)”</i></p> <p><i>“More recovery champions (ratio to staff) leading people into recovery, from the front”</i></p> <p><i>“Prevention - work and support young people”</i></p> <p><i>“Keep same worker (always get a new worker)”</i></p>		
<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • Attention is paid to improving the recording of drug and alcohol issues among young people attending a range of other services. 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Identify and provide support to people with coexisting issues such as severe mental illness and relationship problems, and to consider the wider social impacts of alcohol harm such as debt, housing and crime and disorder

		<ul style="list-style-type: none"> • Local Safeguarding Boards to ensure that the issue of parental alcohol misuse (PAM) is well understood in their local area and that the needs of children and families are addressed in planning and commissioning services, utilising the Joint Strategic Needs Assessment • Provide clear and consistent communication to schools as well as wider public on the risks of drinking alcohol • Assess the extent to which identification and brief advice is routinely delivered and is effective in primary and secondary care • Maximise new opportunities across the NHS Integrated Care System to address alcohol dependency issues and early identification of alcohol harm
<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Workforce planning, with partners across health, social care and criminal justice agencies • Increasing the workforce across North Yorkshire Horizons and North Yorkshire RISE • Upskilling the workforce who regularly work with people who experience harmful patterns of substance use – to increase confidence and effectiveness in meeting people’s needs. 	

	<ul style="list-style-type: none"> Improving co-working by teams across North Yorkshire
<p>What this looks like in practice:</p>	<p>Workforce planning:</p> <ul style="list-style-type: none"> Championing and advocating for the substance use workforce within workforce planning arrangements across North Yorkshire. Steering group established to develop and co-ordinate delivery of an action plan – based on trauma informed principles, basic assessment, and principles of care that hold the person, their needs, and aspirations at the centre. Engagement with local Universities, Colleges, education and training providers, to promote the substance use sector as a focus of their health, social or criminal justice career pathway <p>Specialist workforce:</p> <ul style="list-style-type: none"> A training roadmap – of the training on offer across North Yorkshire - that helps workers to develop their confidence and skills. Creating opportunities for shared learning by teams who regularly work together with people who experience harmful patterns of substance use. <p>Generic workforce:</p> <ul style="list-style-type: none"> Development of Drink Drug Hub awareness sessions: Browse Courses and Book Training - Drink Drug Hub
<p>How we will measure success:</p>	<ul style="list-style-type: none"> Attendance at Drink Drug Hub awareness sessions Specialist workforce roadmap Actions to address substance use included within other core workforce strategies.

<p>Enabler: Research and Development</p>		
<p>Why is this a priority?</p> <p>Delivery of national and local ambitions must be supported by a commitment to investing in research relating to substance use supply, prevention, treatment, and recovery. Several components of the national strategies rely on a commitment to innovate and improve, developing the evidence base, trialling new ideas, evaluating promising initiatives, and embedding research into service delivery. We need a whole-of-society effort, and we must pursue a range of activities focused on building a world-class evidence base; and delivering interventions and activities that are based on evidence of what works - so that individual people, and society, receive a real benefit.</p>		
<p>What insight has informed the priorities:</p> <p>North Yorkshire Youth Commission (Youth Commission - Police, Fire and Crime Commissioner North Yorkshire (northyorkshire-pfcc.gov.uk)) has led a ‘Big Conversation’ with children and young people across North Yorkshire since 2015. Thousands of responses, conversations, and views, collected via peer research, has led to them to prioritise action on ‘Drugs and Alcohol Abuse’ and more recently ‘Drugs, Gangs and County Lines’^{xxiii}. Their insight and recommendations have informed our priorities and action - such as online supply of drugs.</p>		
<p>What our needs assessments said we should focus on</p>	<p>Drugs:</p> <ul style="list-style-type: none"> • That existing interventions such as Fatal 5 and Operation Choice are robustly evaluated • Further investigation into what types of drugs are being sold and how (including online supply) would be valuable in designing future drug 	<p>Alcohol:</p> <ul style="list-style-type: none"> • Develop systems to ensure creative solutions and approaches are shared • Utilise examples of best practice and latest research from other areas to address the issue of alcohol harm locally

	<p>prevention work with young people</p> <ul style="list-style-type: none"> • A dedicated young people substance use needs assessment is undertaken to support the above recommendation, which entails extensive consultation with young people (particularly those in treatment and those in at risk groups), and the professionals who work with young people at risk. Any needs assessment examines the particular needs of; cocaine use, girls and young people from minoritized communities; young people with complex needs (reflected in their use of benzodiazepines and depressant medications) and looked after children 	
<p>What we will focus on:</p>	<ul style="list-style-type: none"> • Young people’s insight research project • Drink Drug Hub • Drug Analysis Project 	

What this looks like in practice:	<ul style="list-style-type: none">• Co-produce a youth insight research project with young people who are using alcohol and other drugs to gain an insight into their experiences.• Drink Drug Hub• Evaluation of Drug Analysis Project in conjunction with Mandrake and University of York
How we will measure success:	<ul style="list-style-type: none">• Research completed

7.WE WILL CHAMPION AND ADVOCATE FOR SUBSTANCE USE IN OTHER NATIONAL AND LOCAL POLICIES AND STRATEGIES

National lobbying and advocacy

The Faculty of Public Health recommends that the Government should urgently adopt a public health approach to drugs, including increasing the provision of harm reduction interventions for people using drugs, such as needle and syringe programmes, and Overdose Prevention Centres. Drug use should be treated primarily as a risk factor for poor health outcomes, as opposed to an immoral or criminal act. The Faculty also reinforces that despite the harmful effects of alcohol, it is widely accepted, available, promoted and advertised to such an extent it is difficult to avoid. It is essential that we tackle availability, affordability, advertising, promotion and support for dependent drinkers, to reduce the harms associated with alcohol across the UK.

We will contribute to national consultations and lobbying on behalf of the North Yorkshire population where appropriate.

Links with other local strategies and frameworks

We will champion and advocate on substance use and for people who experience harmful patterns of substance use across other local strategies, to ensure that we maximise opportunities for:

- **Prevention** – we will ensure that people can avoid use of substances, including alcohol;
- **Harm reduction** – we will reduce harms and deaths;
- **Recovery** – we will support people to achieve their goals, and live lives free from harmful patterns of substance use.

North Yorkshire Joint Health and Wellbeing Board and Strategy

The Joint health and Wellbeing Strategy sets out the priorities identified within the local Joint Needs Assessment that the Council, the NHS and wider partners will deliver through

the Health and Wellbeing Board. The strategy is currently being refreshed but will continue to prioritise action where the burden of ill-health is greatest amongst our local population, such as people with complex needs, and will have a focus on addressing the wider factors, such as housing, that contribute to unfair and avoidable differences in how health is experienced across different populations. The strategy references factors that contribute to substance use and harmful patterns of substance use, and there is a specific aim: “to identify people who experience drug and alcohol dependence as a key ‘inclusion health’ population group.” It outlines a joint commitment across partners to improving their access to healthcare and other services to improve their health outcomes.

North Yorkshire Community Safety Partnership and Strategies

The Crime and Disorder Act 1998 places a statutory duty on local authorities to create multi-agency partnerships to tackle crime, disorder, anti-social behaviour, substance use, other behaviour adversely affecting the local environment and to reduce re-offending. The world of community safety continually changes and the need for partners and partnerships to work together effectively is essential.

The current strategic plan aims to identify the national and local influences that affect the agreed priority areas for delivery during 2022-24. The local partnership arrangements for delivery will be reviewed during this period, with a new strategy planned to be launched in 2024. All of the priorities within the strategic plan have links to substance use and its impact, whether it be supporting individuals and communities, or at times enforcement; our cross-partnership arrangements must be strong and robust.

Priority Areas for Development

- Partnership development (links across safeguarding)
- Community safety hubs
- Domestic abuse/ Violence Against Women and Girls (VAWG)
- Early intervention and prevention (Serious and Organised Crime)
- Hate crime and community cohesion

Domestic Abuse

Part 4 of the Domestic Abuse Act 2021 has placed a range of statutory duties on partners and partnerships. North Yorkshire's Domestic Abuse Local Partnership Board has recently commissioned and undertaken an independent strategic needs assessment of domestic abuse across North Yorkshire and City of York. The findings and recommendations are influencing the new Domestic Abuse Strategy which will be published by 2024.

Serious Violence Duty

The duty requires specified authorities to work together to prevent and reduce serious violence that occurs in the area and implement a response strategy to address it. The Home Office definition for the purpose of this duty is broad. The duty refers to

- Violence
- Violence against property
- Threats of violence.

The definition is not limited to physical violence and can include domestic abuse and sexual abuse, but it does **not** include terrorism. Public space youth violence should be considered, including homicide, violence against the person, knife, gun crime and offences where violence is often prevalent such as County Lines. Locally it has been agreed to keep the definition broad, including Violence Against Women and Girls.

A strategic needs assessment is currently being developed for North Yorkshire and City of York and this will influence the response strategy. Both the needs assessment and response strategy must be received by the Home Office by 31st January 2024 with an annual review. It has been agreed locally that other strategies and frameworks will be referenced and adhered to within the Serious Violence response strategy, to ensure effective cross partnership delivery continues. It has also been agreed that the Community Safety Partnerships for North Yorkshire and City of York will retain strategic oversight and scrutiny of Serious Violence.

Police Drug Strategy

In line with the National Police Chiefs' Council Drugs Strategy (2021-24), the vision of the strategy is to reduce harm from and reduce supply of illicit drugs in North Yorkshire, by embedding local action against the following principles:

Prevent: Do everything we can to identify and tackle the causes of the causes of substance use and promote diversion from criminal sanctions.

Prepare: Develop intelligence in partnership with communities and partners to understand and tackle drugs supply and demand, and deliver evidence-based harm reduction interventions

Protect: Embed a trauma informed approach, where we deliver evidence-based harm reduction interventions, and identify need for and support engagement with treatment services and recovery for people experiencing harmful patterns of substance use

Pursue: Use all our powers to pursue people involved in supplying drugs through organised crime.

Community Mental Health Transformation Programme - Complex Emotional Needs/ Trauma workstream

The Complex Emotional Needs/ Trauma (formerly referred to as 'personality disorder') workstream of the Community Mental Health Transformation aligns very strongly to the North Yorkshire Substance Use Strategy. It is estimated that around 78% of people who have Complex Emotional Needs will have some level of harmful use of substances, the majority of whom will have experienced at least one form of trauma. The 2018 NHS Long Term Plan called for whole system change to find new ways to work across primary, secondary and community services within the NHS and partners outside the NHS. The framework is intended to improve care for those who present with multiple forms of disadvantage. It is known that people with Complex Emotional Needs experience stigma, fragmented services, and poor support. The North Yorkshire and York Complex Emotional Needs Working Group are working with and across systems to develop connected, trauma informed, safe and effective treatment pathways, and needs led care and support for those

who have attracted ‘personality disorder’ diagnoses or who might meet criteria for this. Working closely with substance use services is vital within this context.

Probation Drug Strategy

The Probation Service is committed to working in partnership with the courts and North Yorkshire Horizons to deliver a 20% increase in Drug/ Alcohol Arrest Referrals. The Probation Service is rolling out Naloxone training and Hepatitis C clinics to all offices and is committed to improving co-commissioning opportunities and partnership working to increase engagement with interventions and the quality of interventions for people on probation. The Probation Service is also currently developing mutual aid/ peer provision involving people with lived experience, to improve engagement by people on probation who could benefit from support. The Probation Service is also contributing to national commissioning guidelines.

Violence Against Women and Girls and Women’s Whole System Approach

The Violence Against Women and Girls Strategy complements and is complemented by the North Yorkshire Substance Use Strategy.

The Violence Against Women and Girls Strategy is a collective commitment to tackle violence against women and girls across different settings, communities and locations throughout North Yorkshire and City of York. By putting all women and girls at the centre of the strategy, especially those that are under-represented and seldom heard, the aim is to significantly enhance the services we already offer and to create an innovative and ambitious programme of work to address all forms of VAWG. Whilst building on what we have already achieved to date, the strategy will focus on identified gaps where work will be targeted to achieve meaningful and sustainable change at a local level to make a real difference to the lives of women and girls in North Yorkshire and City of York.

The Violence Against Women and Girls Strategy includes an objective to deliver a Women’s Whole System Approach, with the aim of offering an effective approach to working with women with multiple unmet needs, and those who have been victims of, or at risk of, violence or crime. Many women who use substances often have multiple unmet needs and work with multiple agencies. This means that there is an unnecessary overlap

between agencies that could be approached collaboratively to gain better outcomes for women. The Whole System Approach will:

- promote a joined-up approach to supporting women, recognising and responding to their distinct needs
- aim to use existing resources differently, to target support more effectively for women
- identify gaps in provision and reduce duplication

Substance use is a key priority for the Whole System Approach, and work is underway to:

- develop gender specific, trauma informed pathways
- utilise gender specific data to identify what works for women
- identify where gaps/duplication exist
- feed relevant information from local/organisational substance use providers into the Whole System Approach, both operationally and strategically

Keeping women and girls safe – and ensuring they feel safe – is not something that one organisation, group or emergency service can deliver on their own. It is only by coming together, being honest about the problems and bring creative in finding solutions, that experience and outcomes will be improved.

Housing Strategy

North Yorkshire Council is developing an ambitious new strategy to deliver homes that meet the needs of communities across North Yorkshire. The strategy provides a framework for the housing policies and projects that will be carried out in the next five years.

The strategy includes proposals to:

- tackle homelessness
- meet the needs of the ageing population
- increase the supply of affordable and available housing
- reduce fuel poverty
- decarbonise homes
- bring long term empty properties back into use

Preventing and tackling homelessness, meeting supported housing needs and the needs of specific groups, ensuring that communities are sustainable and inclusive. This will be achieved by:

- Bringing together homelessness prevention and support services across North Yorkshire to tackle homelessness, using a range of prevention tools, best practice and interventions to prevent homelessness
- Delivering new, innovative and existing accommodation solutions, including new temporary housing, and improving support and access to services
- Do all we can to reduce rough sleeping in North Yorkshire as much as possible, helping people live independent lives off the street
- Undertaking a full Homeless Review, leading to a new Homelessness Strategy by 2025.
- Identifying areas of deprivation across North Yorkshire and developing an approach to neighbourhood renewal for those areas
- Working with key partners to support communities through projects that will improve their local environment
- Working in partnership with the Local Enterprise Partnership and Homes England to drive strategic regeneration projects across North Yorkshire
- Developing a new Empty Homes Strategy to bring long term empty properties back into use

Armed Forces Covenant

The Armed Forces Covenant is a promise from the nation that those who serve, or have served in the armed forces, and their families will be treated fairly. The Armed Forces Act 2021 enshrines the Covenant into law to help prevent armed services personnel and veterans from being disadvantaged when accessing public service. A key feature of the Act is a new statutory duty to have due regard to the principles of the Armed Forces Covenant as follows:

- the unique obligations of, and sacrifices made by, the armed forces
- the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces

- the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces

The new statutory guidance sets out the detailed requirements for councils to implement the new due regard duty, these are key areas where disadvantage to members of the Armed Forces Community have commonly arisen. To help embed the Covenant within our organisation, North Yorkshire Council has published a new [Armed Forces Covenant Policy](#). Objectives have been set to help North Yorkshire Council fulfil the responsibility, along with partners and these include:

- providing the armed forces community with equal access to Local Authority commissioned healthcare services, including Sexual Health Services and Drug and Alcohol Services

An action plan is being developed to implement the covenant within the Council.

Carer's Strategy

North Yorkshire 'Caring for Carers' sets out an all-age strategy, aimed at supporting carers to both continue caring and to have a life of their own. The strategy sets out the ways in which carers in North Yorkshire will be supported and how we can protect the health and wellbeing needs of carers alongside the needs of the people they care for.

The strategy is currently being refreshed but will continue to prioritise action to work together to improve the lives of carers in the following ways:

- improving identification of carers;
- improving information and advice;
- enabling carers to take a break;
- improving carers health and wellbeing;
- enhancing financial wellbeing; and
- involving carers as experts.

The strategy recognises that there are particular challenges faced by carers of people who use substances – who are less likely to identify themselves or to be identified as carers.

The new strategy will take action to address needs more effectively, informed by this strategy and people with lived and living experience.

NY Early Help Strategy

<https://www.safeguardingchildren.co.uk/wp-content/uploads/2019/09/79301-Early-Help-Strategy-2019-3-Oct.pdf>

NY Council Plan

<https://www.northyorks.gov.uk/your-council/council-plan-constitution-and-strategies/council-plann>

Being Young in Yorkshire

https://www.safeguardingchildren.co.uk/wp-content/uploads/2021/09/82425-Being-Young-in-North-Yorkshire-Amendments_V2_Screen-Version.pdf

- i Health Survey for England, 2021 part 1 - NHS Digital**
- ii [The-COVID-Hangover-summary-July-2022.pdf \(ias.org.uk\)](#)**
- iii Part 5: Alcohol drinking prevalence and consumption - NHS Digital**
- iv [Estimates of opiate and crack use in England: main points and methods - GOV.UK \(www.gov.uk\)](#)**
- v Dependency Forming Medicines – England – 2021/22 | NHSBSA (Next publication due Sept 2023)**
- vi [What-Good-Looks-Like-Supporting-High-Quality-in-Alcohol-and-Drug-Prevention-and-Treatment.pdf \(adph.org.uk\)](#)**
- vii Independent review of drugs by Professor Dame Carol Black - GOV.UK (www.gov.uk)**
- viii Analysis of the UK Government’s 10-Year Drugs Strategy—a resource for practitioners and policymakers | Journal of Public Health | Oxford Academic (oup.com)**
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- xi Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence - Publications - Public Health Scotland**
- xii ‘Crystal clear’ evidence on MUP from Scotland | ADPH**
- xiii Moving forward from the prescription medicines review - UK Health Security Agency (blog.gov.uk)**
- xiv Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults (nice.org.uk)**
- xv From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk)**
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- xvii Home Office Alcohol Strategy (publishing.service.gov.uk)**
- xviii [NORTH-YORKSHIRE-YOUTH-COMMISSION-Final-2021-Report-Five-year-Reflective-Report-to-the-North-Yorkshire-Police-Fire-Crime-Commissioner.pdf \(northyorkshire-pfcc.gov.uk\)](#)**
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