



Public Health
England



What Good Looks Like Supporting High Quality in Alcohol and Drug Prevention and Treatment

The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding principles and features of what effective alcohol and drug prevention and treatment looks like in any defined place. It was developed collaboratively through the synthesis of existing guidance and quality standards and in consultation with key stakeholders. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge.

Produced by: Alice Wiseman (ADPH) and Peter Burkinshaw (PHE) main authors on behalf of the Drug and Alcohol Steering Group.

Introduction

This document has been developed jointly by Public Health England (PHE) and the Association of Directors of Public Health (ADPH) and is intended to support system leaders who share common goals of effective action to tackle the harm caused by alcohol and drug use by promoting quality in prevention and treatment and recovery support, delivering sustainable reductions in health inequalities and securing the best value for public expenditure. It supports these goals by:

- Providing a rationale for supporting and investing in place-based alcohol and drug prevention and treatment and recovery support
- Outlining principles and elements of effective leadership and collaboration between partner organisations
- Describing the elements of effective alcohol and drug prevention and treatment and recovery support
- Suggestions for measurement, evaluation and quality improvement

Key partners in the local system for alcohol and drug treatment include (but are not limited to): Public Health England (PHE), local authorities, the police, the probation service, NHS trusts and third sector organisations, NHS England and Improvement (NHSE&I), clinical commissioning groups (CCGs), and the community and voluntary sector.

Rationale for supporting high quality alcohol and drug prevention and treatment

Estimates show that the social and economic costs of alcohol-related harm amount to £21.5bn ([PHE, 2018](#)) while harm from illicit drug use costs £20bn ([Home Office, 2019](#)). These estimates include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity.

[28% of men and 14% of women](#) are drinking at increased or higher risk of harm (more than 14 units per week). Of these, 589,000 adults potentially need specialist treatment for alcohol dependence ([PHE, 2018](#)). [Alcohol is the leading risk factor](#) for ill-health, early mortality and disability among men and women aged 15-49 years in the UK and the harm from alcohol affects a range of other public health outcomes. Alcohol is a causal or contributory factor in more than [200 medical conditions](#) including circulatory and digestive diseases, liver disease, a number of cancers and depression, [and 24,202 deaths in 2017](#) were caused by alcohol consumption in England. Alcohol-related harm disproportionately affects the [poorest people in society](#) and prevalence of alcohol problems among [patients in secondary care](#) is significantly higher than in the general population.

In the UK since 1987 alcohol has become 64% more affordable ([NHS Digital, 2019](#)). In England and Wales since 1994 off-trade sales of litres of pure alcohol per adult (>16 years) have increased by 91% while on-trade sales have fallen by 50% ([NHS Scotland, 2019](#)). Changes (successive cuts and freezes) in UK alcohol duty since 2012 have led to increased levels of alcohol consumption, greater levels of alcohol-related ill health, premature mortality, higher rates of alcohol-related crime and workplace absence ([Angus & Henney, 2019](#)). These harms have occurred disproportionately in more deprived households, widening health inequalities, costing the NHS £341 million. [PHE's evidence review](#) concluded taxation and Minimum Unit Price (MUP) to be the most effective and cost-effective approaches to reducing alcohol-related harm. PHE and ADPH support the implementation of evidence-based population level prevention approaches and continue to work to promote the implementation of national initiatives on pricing, marketing, and availability.

An estimated [314,000 people](#) in England are dependent on heroin and crack, a rise of 4.4% from 2014-15 to 2016-17. There has been a statistically significant increase of 8.5% in the number of crack cocaine users in England between 2011/12 and 2016/17. There is evidence of a younger cohort of new crack users in their 20's and that the rise in crack use is likely to be caused by increased availability (linked to a surge in global production of cocaine), affordability and aggressive 'marketing' by dealers ([PHE, 2019](#)). Increasing numbers of people are reportedly having problems with other drugs such as cannabis, new psychoactive substances and image and performance enhancing drugs. Concern is also growing about misuse of, and dependence on, prescribed and over-the-counter medicines ([PHE, 2019](#)). Injecting drug use continues to be the most important risk factor for [hepatitis C](#) and prevalence in England has remained high among people who inject drugs, with a quarter currently infected and nearly half of those not aware that they are infected. Drug-related deaths (DRDs) have risen significantly in recent years, with heroin deaths doubling since 2012. There were 2,917 drug misuse deaths recorded in 2018, an increase of 17% from 2017 and the highest number on record ([ONS, 2018](#)). Problematic drug use tends to be clustered in deprived areas of the country, with both the estimated use of opiates and crack cocaine, and the rates of those in treatment, being higher in the more deprived local authorities. Around 45% of acquisitive offences are committed by heroin and crack users.

There are signs that drug use is increasing among young people. The last two national surveys of [drug use among school children](#) in England showed a large and statistically significant increase in use among 11- to 15-year-olds. The use of Class A drugs among 16 to 24-year olds has also increased in recent years and is currently 8.9% ([Home Office, 2018](#)).

The Department for Education's Children in Need census showed that, in 2016/17, drug use was assessed as a factor in 19.7% of cases and alcohol use a factor in 18%. Problem parental alcohol and drug use is a common feature in serious case reviews (local enquiries into the death of, or serious injury to, a child where neglect or abuse is known or suspected, including where drugs were ingested by the child). In a recent analysis parental alcohol and drug use were present in over a third of reviews (37% and 38% respectively), with at least one of these present in 47% of cases –

often alongside domestic abuse and mental ill-health (Public Health England, 2018). People who experience homelessness and rough sleeping also experience some of the most severe health inequalities and experience much poorer health than the general population. Many have co-occurring mental ill-health, substance dependence and poor physical health, and have experienced significant trauma in their lives. There is evidence that people experiencing rough sleeping with co-occurring needs find it challenging to engage with and/or experience other barriers to accessing drug and alcohol treatment services as well as the range of other health and social care services ([PHE, 2019](#)).

The Office for National Statistics recently published experimental statistics on the deaths of homeless people in 2018. There was an estimated 22% increase in deaths since 2017, driven mainly by a sharp increase in the number of deaths related to drug poisoning. Alcohol was also found to contribute to deaths amongst people who experience rough sleeping. The mean age at death was 45 years for males and 43 years for females in 2018; in the general population of England and Wales, the mean age at death was 76 years for men and 81 years for women ([ONS, 2019](#)).

Return on Investment

Alcohol treatment gives a social return on investment of £3 for every pound invested, to a total of £21 over 10 years. Drug treatment gives a social return on investment of £4 for every pound invested, to a total of £26 over 10 years ([PHE, 2018](#)).

Drug and alcohol treatment results in a 44% reduction in the number of individuals re-offending in the 2 years after starting treatment for dependency, with a 33% decrease in the number of offences committed. The combined national benefits of drug and alcohol treatment in 2017 were £2.4 billion. Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education [cost-benefit analysis](#) found that every £1 invested saved £1.93 within 2 years and up to £8.38 long term ([PHE, 2018](#)).

Effective alcohol and drug interventions and services are delivered in the context of the following opportunities and challenges:

- Alcohol and drug misuse are complex issues, with many interdependencies and complex social determinants, with deprivation being both a cause and consequence of harm. Therefore, broad responses involving all aspects of the education, housing, employment, and health and social care systems are required both for prevention and treatment, particularly responding to complex needs and health inequalities.
- Changes in national policy affecting NHS, national and local government organisations require effective and adaptive planning, strategic alignment and active collaboration, particularly in relation to requirements of delivering local Sustainability and Transformation Partnership plans, the establishment of Integrated Care Systems and the NHS Long Term Plan with its focus on prevention and reducing demand.
- Ongoing budgetary pressures necessitate approaches that make the most effective and efficient use of resources.
- Alcohol and drug treatment consists of highly specialist clinical interventions, which require robust clinical governance, medicines and medical expertise to be delivered safely and effectively. Treatment is commissioned by local authorities, as opposed to the NHS, so focus is required to ensure that appropriate governance systems and processes are in place and aligned with, or utilising, NHS systems where appropriate.
- Patterns of drug use change frequently and significantly, and so harms change and new ones emerge along with new patterns of use and substances. This is particularly true in relation to the emergence of new psychoactive substances and synthetic opioids, including fentanyl, because new compounds are being frequently introduced to the illicit drug market.
- Nationally, drug related death rates have increased significantly over recent years to record levels. Heroin related deaths have doubled since 2012. A significant proportion of the

increases are attributable to an ageing cohort of users with substantial comorbidity but there have been increases across all age groups and many of the types of drugs used.

- In 2017 the number of alcohol specific deaths was 6% higher than 2016 and an increase of 16% on 2007. Over twice as many males died as females. Alcohol-related disease accounted for 80% of alcohol-specific deaths with a further 9% from mental and behavioural disorders due to the use of alcohol.
- Taking a public health approach to serious violence presents a significant opportunity to also prevent drug and alcohol related harms.
- Public Health is a responsible authority in the alcohol licensing framework. This presents opportunities to prevent alcohol-related harms, where public health teams can marshal sufficient evidence of harm to meet the requirements of the licensing process. In 2017-18 there were 8,866 decisions on applications for new premises licences for the sale of alcohol; of these, 97% (8,623) were granted and 3% (243) were refused ([Home Office, 2018](#)).
- Drinking patterns have changed and alcohol is significantly more affordable now than in 1987 ([NHS Digital, 2019](#)).
- The return on investment from alcohol and drug prevention and treatment is partly accrued by the NHS. It is therefore vital that strategic alignment and partnerships between local authorities and the NHS are in place to support investment which will realise the full potential of alcohol and drug prevention and treatment.

Scope of alcohol and drug treatment and prevention

- Universal and targeted evidence-based alcohol and drug prevention interventions for children and young people
- Specialist alcohol and drug interventions for young people
- Effective population-level actions to reduce alcohol-related harms, including effective use of licensing and enforcement powers, local social marketing campaigns and advocacy for evidence-based legislation and policy at regional and national levels
- Systems to identify, and interventions to address, the health harms of drug and alcohol use
- Large scale delivery of targeted brief advice
- Specialist alcohol care services for people in hospital
- Targeted intervention for families and pregnant alcohol and drug users
- Effective and evidence-based alcohol and drug treatment
- Recovery and employment support
- System wide responses to multiple and complex need, including people experiencing homelessness and rough sleeping
- Services and pathways for adults and young people in contact with the criminal justice system

Vision

To build healthier, more equal communities by preventing and treating the full range of drinking and drug use behaviours and harms to individuals, families and communities, across the life-course through effective local targeted and population level interventions and systems, which are coherently planned by local government, the NHS and criminal justice partners.

Local system leadership for alcohol and drug treatment and prevention

System leaders:

- Local authorities (officers and members)
- NHSE&I health and justice teams
- Clinical commissioning groups (CCGs)
- Sustainability and Transformation Partnerships, Integrated Care Systems

- Criminal justice partners, including Police and Crime Commissioners, HM Prison and Probation Service

System partners:

- Universities, schools and colleges
- Children and family's services
- Adult social care
- NHS hospital trusts
- NHS mental health trusts
- Primary care
- NHSE&I local area teams, Controlled Drugs Accountable Officers etc
- Housing and homelessness services
- Probation service and Community Rehabilitation Companies
- Youth Offending Teams (YOTs)
- Courts and secure environments (prisons, YOIs, etc)
- Police
- Jobcentre Plus, employment support services and employers
- Community and voluntary sector
- Mutual aid and user led organisations

Principles of effective leadership and commissioning:

- There is a shared strategic vision of how to prevent and reduce alcohol and drug related harm, treat dependence and promote and sustain recovery between all local system leaders.
- Population level and targeted prevention, based on environmental interventions, building community and individual resilience and behaviour change evidence are all given sufficient attention, with a focus on reducing health inequalities.
- Substance misuse is addressed across the wider children's agenda, including safeguarding, offending, mental health and children's care.
- Strategic and commissioning plans aim to reduce health and social inequalities, are based on and develop local community assets and build the resilience of communities and individuals across the life course.
- There is an explicit link between evidence of need and service and intervention planning within alcohol and drugs needs assessments, alcohol and drug commissioning and prevention strategies, clinical commissioning group strategy, and the joint health and wellbeing strategy.
- The commissioning system operates transparently according to assessed need.
- [Arrangements are in place](#) for joint commissioning where there is a shared responsibility for commissioning and planning, such as with the NHSE&I for secure settings or between CCGs and local authorities planning support for people dependent on prescribed medicines.
- The public, service users and staff in other services are aware of the alcohol and drug services available locally, the pathways between services and how to access services.
- Care pathways and services are geographically and culturally appropriate to the people who use them.
- Commissioning is based on evidence based guidelines, such as the [drug treatment clinical guidelines](#) and National Institute for Health and Care Excellence (NICE) guidance on [drug misuse](#) and on [alcohol use disorders](#).
- Investment is sufficient to provide a range of prevention, harm reduction and treatment services commensurate with the level of identified need and decision-makers have been enabled to understand the potential return on investment from alcohol and drug interventions and the cost of under-investment.
- There are monitoring and evaluation and [quality governance](#) mechanisms in place for assuring the quality and safety of alcohol and drug treatment services, and they are embedded in public health systems.
- Service users are involved strategic planning, commissioning and service delivery processes.
- Behavioural science frameworks are used to help drive coordinated system improvement, such as using a systems approach to behaviour change that could include all available policy levers in the [Behaviour Change Wheel](#).

Taking a life course approach to alcohol and drug prevention and treatment

A life course approach to drug and alcohol use is essential, recognising that health and social influences (positive and negative) accumulate and change over time. The risk and protective factors for drug and alcohol use trajectories develop during an individual's lifetime and critical events and factors contribute to the development and persistence of problems, including adverse childhood experiences. Similarly, the accumulation of personal and social resources over the life course plays an important part in an individual's ability to achieve and sustain recovery from dependence (PHE, 2017).

Alcohol and drug use in pregnancy can have a significant impact on fetal development and can cause low birth-weight, abnormal appearance, short height, low body weight, small head size, poor co-ordination, low intelligence, behaviour problems and problems with hearing or seeing (Department of Health, 2017).

Problem alcohol and drug use by parents is associated with a range of harms to children including physical harms, maltreatment, psychological problems, increased risk of health harming behaviours (including early use and problems with alcohol and drugs), and poorer educational and social outcomes (PHE, 2018).

There is a strong link between the experience of trauma, often in childhood, and the risk of longer term poor outcomes such as substance dependence, homelessness and rough sleeping. 85% of those in touch with criminal justice, substance misuse and homelessness services have experienced trauma as children.

Alcohol and drug use by young people raises the risk of poorer immediate and long-term outcomes. One in five (22%) of 15 year olds in England report having been drunk in the last week and two in five (38%) say they have ever taken drugs. Over 10 thousand secondary school pupils were excluded from school for either a fixed term or permanently in 2017-18 for alcohol and drug issues and 15,583 young people received specialist substance misuse services in that year.

Evidence summarised by the United Nations Office on Drugs and Crime (UNODC) shows that physical and mental wellbeing, and good social relationships and support are all protective factors. Important predictors of wellbeing are positive family relationships, a sense of belonging at school and in local communities. Other factors include good relationships with adults outside the home, and positive activities and hobbies.

The strongest single predictor of the severity of young people's substance misuse problems is the age at which they start using substances. Evidence suggests that several risk factors and vulnerabilities increase the likelihood of young people using drugs, alcohol or tobacco. The more risk factors young people have, the more likely they are to misuse substances. The Association for Young People's Health list risk factors as: experiencing abuse and neglect (including emotional abuse); truanting from school; offending; early sexual activity; antisocial behaviour; and being exposed to parental substance misuse.

Alcohol and drug use by adults is widespread; around 10 million adults in England drink above the low risk guidelines, and around 3.2 million people took drugs last year. It is estimated that 589,000 adults are dependent on alcohol and about 1.5 million showed signs of dependence on drugs (ONS, 2019). There are around 1 million alcohol-related admissions to hospital each year and nearly half of the admissions are for cardiovascular conditions. 39% of victims of violence believed the perpetrator to be under the influence of alcohol and 21% believed the perpetrator(s) to be under the influence of drugs. There were over 268,000 adults in contact with community drug and alcohol services in 2017 to 2018.

Many drinkers try to reduce their consumption with some evidence suggesting around a fifth of high-risk drinkers in England reported trying to do so. A desire to be healthier, receiving advice from others and reducing the cost of drinking were reported as motivations for change.

Alcohol and drug use in older people is a growing public health problem and often overlooked. Although alcohol is a very commonly used substance, older people also use prescribed medicines, buy over-the-counter medicines and increasingly use illicit drugs. These substances impact on their mental and physical health sometimes in different ways to younger people, and targeted interventions and treatment pathways can better meet their needs.

Furthermore, an ageing cohort of 1980s and 1990s heroin and crack users is now experiencing cumulative physical and mental health conditions, making them more susceptible to overdose. The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise. The highest rates of drug misuse deaths in England and Wales currently are among people in their 30s and 40s.

Principles and indicators of achievement

- **Commissioning evidence-based universal and targeted interventions for young people.**
 - Schools are equipping children and young people with the knowledge, skills and attributes that they need to keep themselves healthy and safe, and prepared for life and work, through the effective delivery of personal, social and health education (PSHE).
 - Alcohol, drugs and tobacco prevention approaches are aligned with other services serving the same 'at risk' groups, such as sexual and reproductive health services and services supporting young parents including maternity services, family nurse partnerships, health visiting and children's centres.
 - Young people at increased risk of harm are being targeted, with the aim of strengthening their resilience.
 - The appropriate authorities are working in partnership to prevent under-age sales and proxy alcohol sales. Action is being taken against premises that regularly sell alcohol to people who are under-age or making illegal purchases for others.
 - Targeted brief interventions are being offered in a variety of settings, including emergency departments, primary care and by school nurses.
 - Children and young people who are in contact with youth offending services, looked-after children and young people having their annual health plan review and care leavers are assessed for vulnerability to drug misuse and given early targeted support, which can reduce the likelihood of alcohol and drug misuse, in line with NICE guidelines [NG64](#) Drug misuse prevention: targeted interventions [and NG135](#) Alcohol interventions in secondary and further education.
 - Alcohol and drug commissioners are working with police and crime commissioners to discuss plans for investing in preventing substance-misuse related youth crime and commissioning early interventions that can prevent risk and harm from escalating.
 - Service commissioners consider the needs of young people who suffer from domestic abuse, sexual assault and sexual exploitation, who are more likely to be vulnerable to substance misuse.
 - Hospital care pathways are in place for young people presenting to emergency departments with alcohol or drug related problems including those with an alcohol problem and either mental health problem or violence related injury.
 - Local safeguarding leads review and support the design and delivery of specialist substance misuse services.

- **Making a range of specialist drug and alcohol interventions available to young people in need**
 - Young people's specialist drug and alcohol interventions include evidence-based psychological, psychotherapeutic or counselling-based techniques to help young people change their behaviour and lifestyles, and to improve their coping skills. Age appropriate pharmacological interventions are also available which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as medication to prevent relapse, as outlined in the [UK clinical guidelines for drug treatment](#) .
 - All needle and syringe programmes, including those provided in pharmacies, are operating in line with NICE guideline [PH52](#) Needle and syringe programmes and working to policies that have been agreed by the local safeguarding children's board (and its future replacement).
 - All young people accessing specialist services receive age-appropriate harm reduction advice and information.
 - Young people's specialist substance misuse services are open at accessible times, in appropriate settings and locations.
 - Young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support. This includes young people affected by child sexual exploitation and abuse, parental substance misuse, experiencing domestic violence, early problematic misuse, class A drug users, looked-after children, those with a mental health problem, those not in education, employment or training and those involved in crime.
 - Services are based on developmental need, using [NICE guidance](#), rather than age.
 - There are joint working arrangements between child and adolescent mental health services (CAMHS) and young people's substance misuse services.
 - There are arrangements to support continuity of care in relation to alcohol and drug use for young people entering, transferring within or leaving the young people's secure estate.

- **Effective population-level actions taken at a local level to reduce alcohol-related harms.**
 - Local areas undertake a system wide self-assessment using assessment using PHE's local alcohol services and systems improvement tool ([CLearR](#)) to review and set out local activity and ambitions.
 - Hospital and ambulance data is shared routinely to inform improvements in community safety and licensing activity.
 - Local crime, health and social care data is used to map the extent of alcohol-related problems as part of licensing policy.
 - Public health's position as a responsible authority under the Licencing Act is fully utilised to contribute to the statement of licensing policy and work with other responsible authorities to promote the objectives of the Act ([PHE, 2017](#)).
 - Local areas promote and commission [multi-component programmes](#), aiming to reduce alcohol-related harm in drinking environments by co-ordinating and strengthening local preventative activity.
 - Evidence based social marketing is commissioned using behaviour change techniques to support action to reduce alcohol harm.
 - Public health teams advocate for evidence-based legislation and policy at regional and national levels to address the key issues of affordability (price), availability (place) and attractiveness (promotion) of alcohol products.

- **Preventing drug misuse and dependence by early identification and interventions**
 - The health and social care systems works together to implement NICE guideline [NG64](#) 'Drug misuse prevention: targeted interventions' which aims to prevent or delay

- harmful use of drugs in children, young people and adults who are most likely to start using drugs or who are already experimenting or using drugs occasionally.
- Health and care professionals are [supported to identify, prevent or reduce drug-related harm](#) and identify resources and services available locally area that can help people with drug misuse.
 - Adults who have been assessed as vulnerable to drug misuse are provided with clear information and advice on the harms of drugs use and where to get help, to help reduce the likelihood of the misuse of drugs.
 - Commissioners work with local partners (including Integrated Care Systems) and local organisations to improve pathways to interventions for people who may not access specialist drug services, for example working with sexual health, mental health, domestic violence support including refuges, and lesbian, gay, bisexual and transgender (LGBT) organisations.
 - The NHS works to prevent dependence on, and withdrawal from, prescription and over-the-counter medicines, in line with [PHE's prescribed medicines evidence review](#).
 - Locally agreed validated identification or screening tools are used by competent staff across the health and social care system.
 - All health, criminal justice and social care professionals are aware of groups that might be at increased risk of harm from drugs.
- **Large scale delivery of targeted alcohol brief advice**
 - Identification and Brief Advice (IBA) for alcohol use as recommended by [NICE](#) is delivered in all adult health, social care and criminal justice settings. [PHE guidance for local leaders](#) working across sustainability and transformation partnership footprints also recommends that IBA is provided in all appropriate primary and secondary healthcare settings.
 - An integrated plan that sets out the partners' agreed roles and responsibilities, including workforce development, making sure IBA is delivered in a range of settings is in place, alongside a system to monitor this activity.
 - There are specific interventions to raise awareness of the harms of drinking for at-risk groups, such as pregnant women, older people and those with existing long-term conditions or mental health issues.
 - Local Making Every Contact Count ([MECC](#)) activity includes evidence-based alcohol IBA.
 - [The NHS Health Check](#), GP new-registrations procedures and in 2019-20 the tobacco and alcohol brief advice commissioning for quality and innovation (CQUIN) scheme, include evidence-based alcohol IBA in line with contracts and guidance.
 - There are [clear pathways](#) for those who may be dependent on alcohol and require structured treatment, and health and social care services and other services refer to drug and alcohol treatment services commissioned by the local authority ([PHE, 2015](#)).
 - **Systems to identify, and interventions to address, the health harms of drug and alcohol use**
 - Health and care professionals are supported to identify, prevent or reduce [drug-related harm](#) and [alcohol related harm](#) and identify resources and services available locally that can help people with drug misuse.
 - All people who inject drugs (including new psychoactive substances and image and performance-enhancing drugs) have ready access to a suitable range and sufficient quantity of [injecting equipment](#), to advice and information on blood-borne viruses and bacterial infections, and to alternatives to the most harmful ways of taking drugs.
 - Confidential tests for HIV and hepatitis C, vaccination against hepatitis A and B, and screening for tuberculosis, are promoted and delivered in line with [national guidance](#), targeting cohorts with a high prevalence such as homeless people and those sleeping rough.

- Local systems include screening for the early identification of liver cirrhosis among higher risk and dependent alcohol users in line with NICE National Guideline [NG50](#).
 - Commissioners have agreed pathways and support that ensure ready access for current and former alcohol and drug users to treatment for [hepatitis](#), [tuberculosis](#) and other respiratory diseases, and alcohol-related liver disease.
 - There are agreed pathways and processes for the assessment, treatment and support for alcohol-related brain damage.
 - Commissioning and services are coordinated or integrated to improve service users' access to healthcare services including for wound care, sexual health, dental health, and cardiovascular health. Dependent drug and alcohol users are offered general healthcare assessments that cover these issues and are referred to specialist services where appropriate.
 - Alcohol and drug services address the high rates of tobacco smoking among their service users and staff. They have integrated, whole-service strategies. They offer (or work with stop smoking services to offer) [stop smoking support](#) (nicotine replacement therapy (NRT) and psychosocial), and [harm reduction](#) for people unable or unwilling to stop smoking
 - Local agencies have a good understanding of [new psychoactive substance use](#) in their area and use this knowledge to develop local responses to these substances, including for people who experience homelessness and rough sleeping.
 - All relevant services (especially primary care and emergency departments) are able to identify and refer to specialist care for the acute and [chronic health harms caused by alcohol and drug use](#), including new psychoactive substance (NPS) use, acute alcohol withdrawal and risk of, or suspected, Wernicke's encephalopathy and Korsakoff's syndrome.
 - There is a good understanding of, and effective responses to, the health impacts of emerging drug-use trends, such as [chemsex](#) among some [men who have sex with men](#).
 - Effective overdose-awareness training and information and [naloxone](#) are provided for service users, drug users not in treatment, family and carers and hostel staff.
 - There is a [local drug information system](#) (also linked to a regional system), supported by a professional information network (PIN), for collating and assessing information on contaminated, adulterated, potent and other drug risks and for issuing warnings or alerts when these are appropriate and helpful.
 - There are appropriate local reviews of [drug-related deaths](#) and alcohol-related deaths and action in response to their findings.
- **Specialist alcohol care services for people in hospital**
 - All district general hospitals have 7-day specialist alcohol care, in the form of hospital-based [alcohol care teams](#) (ACTs) or as part of a team with a wider remit, including drug use and psychiatric liaison.
 - Senior medical and nursing support and leadership is provided to the secondary care alcohol (and drug) services to support clinical leadership and that the team's role and function is understood and appropriately used by partners in the system.
 - There are effective [care pathways](#) between hospitals and community services to ensure pharmacotherapy and psychosocial interventions to treat dependent drinkers continue after discharge.
 - A range of services are working to actively support high-need, high-cost alcohol users and reduce the frequent use of emergency services.
 - Hospital services [collect data](#) to demonstrate service effectiveness, impact on patient care and value for money.
 - **Targeted intervention for families and pregnant alcohol and drug users**
 - The CMOs' drinking in pregnancy guidelines are widely promoted to professionals, clear information on the harms of drinking and using drugs during pregnancy aimed at

parents is available and promoted locally, and there are evidence-based population level campaigns on the harms of alcohol use during pregnancy.

- A wide range of adult health and social care services (including mental health, criminal justice settings, primary care and hospitals, including maternity services) should be able to routinely screen for problematic alcohol and drug use by parents presenting to their services.
 - Dedicated lead officers link children's services and adult treatment services, identifying problem alcohol and drug using parents, ensuring regular information sharing, and supporting access into treatment services.
 - Social workers in children and family services identify problematic alcohol and drug use in parents and engage with the parents about alcohol and drug use, motivating and supporting change and treatment engagement.
 - Targeted support is available for the the children of parents with alcohol and drug problems.
 - Alcohol and drug treatment services, children's services and other partner agencies work in an integrated way in line with [Working Together to Safeguard Children](#).
 - All services in contact with parents with problematic alcohol and drug use and affected children, including schools, should be aware of local services that can offer early help, assistance and treatment.
 - Local agencies (children and adult) should be aware of the local authority process for carrying out an early help assessment and the criteria, including the level of need, for when a case should be referred to children's social care.
 - Drug and alcohol treatment keyworkers working with alcohol and drug using parents have an important role in: supporting parenting; helping parents to access services; monitoring the family situation; managing the interface with children's services and other relevant professionals; and formally monitoring child safeguarding risk.
 - Links between domestic abuse and parental conflict and drug and alcohol misuse are considered in assessment, care planning and reviews and treatment and treatment services have effective pathways to services for domestic abuse victims and perpetrators.
 - Workers are trained and supported to identify and undertake risk assessments for pregnant women, teenage mothers and young fathers who are accessing alcohol and drug use services.
 - Specialist referral pathways are in place for pregnant women. There are specific interventions to raise awareness of the harms of drinking and drug during pregnancy women.
 - Perinatal services for women who are dependent on drugs are delivered in line with NICE guideline [CG110](#) Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors and [drug treatment clinical guidelines](#) and midwifery and obstetric services should develop policies and good links with local drug and alcohol specialists, GPs and social services.
- **System wide responses to complex needs**
 - Criminal justice, mental health, housing and substance misuse commissioners and services should develop a joint strategy to address the issues faced by people with complex needs.
 - Mental health and drug and alcohol services support people with [co-occurring mental health](#) conditions to get the help they need.
 - Local areas jointly commission across mental health and alcohol/drugs (including primary care, criminal justice settings and specialist/acute care), supported by strong, senior and visible leadership.
 - Service access criteria do not exclude people based on levels of drug dependence, or on diagnoses (or lack of diagnoses) of mental illness, and the principles of 'no wrong door' and 'everyone's business' are evidenced in commissioning, service delivery and practice ([PHE, 2017](#)).

- Commissioners monitor how many people are declined access to services because of their dependence on alcohol or drugs.
 - Information-exchange arrangements ensure effective inter-agency working and support continuity of care between mental health and substance misuse services.
 - People with co-occurring mental health conditions and alcohol and drug problems are helped to access a range of recovery supports, while recognising that recovery may require long term support.
 - The housing needs of people with alcohol and drug problems in the community, prison and residential treatment have been assessed at the right time to prevent homelessness or to help them move on to a suitable home. The information is used to inform commissioning plans for housing, homelessness and housing related services.
 - There is an integrated approach to the health and housing needs of people who experience homelessness and rough sleeping, with people supported to access accommodation, primary care, drug and alcohol treatment and mental health services, where required.
 - Policies and procedures for people who experience homeless or rough sleeping with alcohol and drug problems support people to access suitable accommodation on discharge from hospital or residential rehab, or on release from prison.
- **Quick access to effective and evidence-based alcohol and drug treatment**
 - Alcohol treatment services in all settings offer evidence-based, effective recovery-orientated interventions in line with NICE guidance [CG115](#) and [CG100](#) and NICE quality standards [QS11](#).
 - Drug treatment services have a full range of interventions, in line with [NICE guidance](#) and the updated [drug treatment clinical guidelines](#), and the principles and features of [recovery-orientated drug treatment](#) are being achieved.
 - All alcohol dependent adults have quick access to alcohol specific-pathways, with alcohol and drug services delivered from non-stigmatising and accessible settings.
 - Different treatment goals are supported, including harm reduction, abstinence, maintenance, and relapse prevention, through individually-tailored packages of psychosocial, prescribing and recovery support interventions.
 - There is adequate access to detoxification, including in-patient detoxification for those with the most complex needs.
 - Residential rehabilitation is available in line with [NICE](#) and [clinical guidance](#).
 - The treatment system can respond rapidly and effectively to changing patterns of alcohol and drug misuse, such as new psychoactive substances, medicines, image and performance-enhancing drugs and older alcohol users.
 - Safeguarding practice is continuously monitored, regularly reviewed and reported on to ensure the safety of alcohol and drug users, their families and wider social groups
 - Where the estimated rate of unmet need for alcohol and drug treatment appears high when benchmarked against past provision or against local areas with similar needs, or where numbers in treatment have fallen, there is a plan to address this.
 - Heavy drinkers with high levels of need who are frequent users of hospital and other local services are identified, engaged and supported into appropriate treatment through a [coordinated multi-agency response](#).
 - There are clearly defined and well-functioning [care pathways](#) between community alcohol and drug services and acute hospital trusts including alcohol care teams, mental health provision, criminal justice agencies as well as social care and safeguarding services (both children's and adult).
 - There are [quality governance](#) mechanisms in place for assuring the quality and safety of drug and alcohol treatment services, and they are embedded in public health and NHS systems.
 - Commissioners and providers develop services in the context of their duties to eliminate unlawful discrimination, advance equality of opportunity and reduce health inequalities. Targeted interventions and treatment pathways based on local need, should be developed, including for: women, including during pregnancy; minority

- ethnic groups, the LGBT community; older people and other locally identified groups such as armed service veterans.
 - Outreach and satellite services engage underserved populations and targeted groups, to improve access to treatment.
- **Services and pathways for young people and adults in contact with the criminal justice system**
 - There are clear pathways into assessment, treatment and support services for individuals with drug and alcohol problems at every point in the criminal justice system.
 - Some areas still have locally commissioned arrest referral schemes that proactively target individuals with substance misuse problems with a view to referring them into appropriate treatment services. [Liaison and Diversion schemes](#) are commissioned by NHS England Health and Justice teams and identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system and supports them through the early stages of criminal system pathway, referring them for appropriate health or social care, diverting them away from the criminal justice system into a more services if appropriate.
 - Courts use community sentences with Alcohol or Drug Treatment Requirements where offenders are assessed as needing substance misuse treatment, often as an alternative to custody.
 - NHS England commissioning substance misuse services in secure settings ensure a full range of evidence-based interventions are available to individuals with drug and alcohol problems across the prison and young people's secure estate.
 - There is a collaborative approach between local authorities, police and crime commissioners and NHS England health and justice commissioners to support and engage people as they move between prison and community settings, informed by the [latest PHE guidance](#).
 - The NHS Long Term Plan announced the establishment of the care after custody service [RECONNECT](#) which will start working with people before they leave prison and help them to make the transition to community-based services that will provide the health and care support. This will develop alongside the Ministry of Justice plans to redesign the [probation service](#) and move resettlement tasks to the community Responsible Officer role, responsible and accountable for resettlement for all offenders before and after release until end of sentence.
 - Children and young people in secure settings (both justice and welfare placements) are screened and assessed for substance misuse (including nicotine) using the Comprehensive Healthcare Assessment Tool (CHAT), harm reduction advice and information, and a range of evidence-based interventions in line with the [Intercollegiate Healthcare Standards](#) are also provided.
- **Effective recovery and employment support**
 - There is a shared, locally developed vision of recovery where [mutual aid is appropriately integrated](#) with all alcohol and drug services including in-patient and residential treatment.
 - People in treatment have access to a range of peer-based recovery support options, including 12-step ([AA](#), [NA](#), [CA](#)), [SMART Recovery](#) and other community recovery organisations.
 - [Service users](#), their families and carers and people in recovery are involved at the heart of planning and commissioning. This is evident throughout needs assessment and key priority-setting processes both for community and prison-based services.
 - [Peer mentoring and support](#) are integral parts of local service delivery.
 - User and community led initiatives or social enterprises are supported by local commissioners and services.
 - Worklessness and employability strategies reflect the education, training and employment (ETE) needs of people who are dependent on alcohol and drugs.

- Jobcentre Plus (JCP) and the Work and Health Programme (WHP) providers have locally agreed approaches to supporting the ETE needs of the alcohol and drug misusing population.
 - JCP, WHP and treatment providers have agreed a process of joint working between agencies, including where possible arrangements for three-way meetings and co-location.
 - Local single points of contact have been identified in JCP, WHP and all treatment teams and these details have been circulated.
 - Treatment providers, JCP and WHP routinely engage with local employers to make the case and address negative preconceptions and stigma about employing people with a history of alcohol or drug dependence.
- **A skilled workforce to provide effective interventions**
 - All frontline health and social care professionals are working within the limits of their competence when working with drug and alcohol users and all doctors have agreed [core competencies](#) in relation to drug and alcohol use.
 - All frontline professionals are competent to screen for alcohol and drug use, provide information and refer as appropriate to specialist alcohol and drug provision ([PHE, 2019](#)).
 - A workforce strategy is in place to help ensure that local public health teams are competent to commission safe and effective alcohol and drug services and there is sufficient public health experience and experience to plan and implement population level interventions.
 - Service specifications clearly indicate the level of professional competence required to deliver safe and effective treatment services.
 - There are sufficient staff with alcohol specialist expertise in the treatment system.
 - There are appropriately trained staff, for involving families, partners and carers in people's treatment, where appropriate and for supporting concerned family and friends.
 - Treatment providers have workforce plans that describe how specialist staff are trained and supported to make sure they are competent and supervised to deliver specialist interventions.
 - A full range of addiction specialist and non-specialist medical and professional competencies are available among the treatment workforce, including [doctors](#), [nurses](#), [psychologists](#) and [social workers](#).
 - Staff working in young people's substance misuse services have the appropriate competencies to work with children and young people and they are trained and qualified to deliver the interventions they provide.
 - Commissioners and providers work collaboratively to ensure specialist training posts in alcohol and drug misuse services are available.

Principles and indicators of achievement

Wherever possible, local systems should promote evaluation activity to improve the quality of services and interventions. They should use a multi-agency framework with shared methodologies and approaches to audit, evaluation, service and quality improvement. This should include an integrated whole-systems and behavioural science approach for stakeholders to develop a shared understanding of the people involved, their behaviours, barriers and enablers, and evidence, and theory-based opportunities for improvement.

Quality standards and sector led improvement:

- NICE guidelines and quality standards on [alcohol](#) and [drug use](#) disorders: NICE guidelines make a wide range of evidence-based recommendations on topics and are complemented by [quality standards](#) that set out a small number of priority areas for quality improvement. Each standard gives a set of statements to help improve quality, and information on how to measure progress.

- [Alcohol CLeaR](#) guidance and tools to help plan and improve local alcohol systems, services and interventions to reduce alcohol harm, using the CLeaR approach.
- [The Care Quality Commission](#) (CQC) inspects and rates alcohol and drug treatment services.
- [Office for Standards in Education](#) (Ofsted) regulates, and carries out joint inspections of, a range of early years and children's social care services, making sure they're suitable for children and potentially vulnerable young people.

Available indicators and datasets:

- [The Public Health Outcomes Framework](#) (PHOF) presents data for available indicators at England and local authority levels, including specific alcohol and drug indicators and indicators which are related to drug and alcohol use.
- [The Public Health Dashboard](#) supports local decision-making by bringing existing comparative data into one place and making it accessible and meaningful to a wide audience. It includes data on alcohol and drug treatment.
- PHE commissioning support data packs for young people, adult alcohol and drugs contain the latest available treatment data alongside other relevant data and [good practice principles and indicators](#) to help local areas assess need and plan and commission effective services and interventions. The data packs are sent directly to local areas at the same time as annual NDTMS national statistics publication.
- [The Local Alcohol Profiles for England](#) (LAPE) produced by Public Health England, provides information for local government, health organisations, commissioners and other agencies to monitor the impact of alcohol on local communities, and to monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol.
- [The NDTMS.net website](#) provides access to National Statistics about substance misuse treatment, through a range of annual and monthly reports and tools. All services that provide young people's and adult's structured treatment, in the community and prison, for drug and/or alcohol users are asked to submit data to the National Drug Treatment Monitoring System. This information is analysed to produce the reports published on this website, which are available to both commissioners and service providers.
- [ViewIt](#) enables people to take a much closer look at drug and alcohol treatment statistics by providing users with the ability to filter key statistics by local authority, sex, age and problematic substance group.
- Secure settings NDTMS reports
- [Child and maternal health statistics](#) support improvements in decision making when planning services for pregnant women, children, young people and families. (PHE)
- [Key Data on Young People](#), by the Association of Young People's Health, brings together robust and representative information to give a full picture of the health and wellbeing of young people in the UK.

Supporting resources:

- [Alcohol and drugs PHE collection page](#) contains links to all published PHE documents on alcohol and drug misuse prevention and treatment.
- [Preventing drug and alcohol misuse: effective interventions](#), a summary of international evidence on effective alcohol and drug misuse prevention interventions and examples of their use in England.
- [Why invest](#), a slide set to help local commissioners, providers and healthcare professionals make the case for investing in drug and alcohol treatment and interventions.
- [The public health burden of alcohol: evidence review](#) provides a broad and rigorous summary of the types and prevalence of alcohol-related harm, as well as presenting evidence for the effectiveness and cost-effectiveness of alcohol control policies.
- [Drug misuse treatment in England: evidence review of outcomes](#) is a PHE review of evidence on what outcomes can be expected of the drug treatment and recovery system in England, with advice on future policy.

- [2017 Government Drug Strategy](#) sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes. Reducing demand, restricting supply and building recovery covering supply, prevention, treatment and international activity.
- [Drug misuse and dependence: UK guidelines on clinical management](#), often called the Orange Book, this is comprehensive guidance for clinicians treating people with drug problems.
- [Improving people's health: applying behavioural and social sciences](#), is a comprehensive and collaborative strategy to enable public health professionals to use behavioural and social sciences to improve health and wellbeing.
- [Making Every Contact Count evidence and guidance](#) provides guidance documents on behaviour change, helping to support the implementation and delivery of MECC programmes.
- [NHS RightCare High Intensity User \(HIU\) service resource pack provides support for setting up a High Intensity User service. The service offers a robust way of reducing frequent user activity primarily to A&E and non-elective admissions and can contribute to reducing other avoidable unscheduled care contacts.](#)
- [Alcohol: applying All Our Health](#) and [misuse of illicit drugs and medicines: applying All Our Health](#) provide 'All Our Health' information to help front-line health and care staff use their trusted relationships with patients, families and communities to promote the benefits of asking patients about alcohol and drug use.