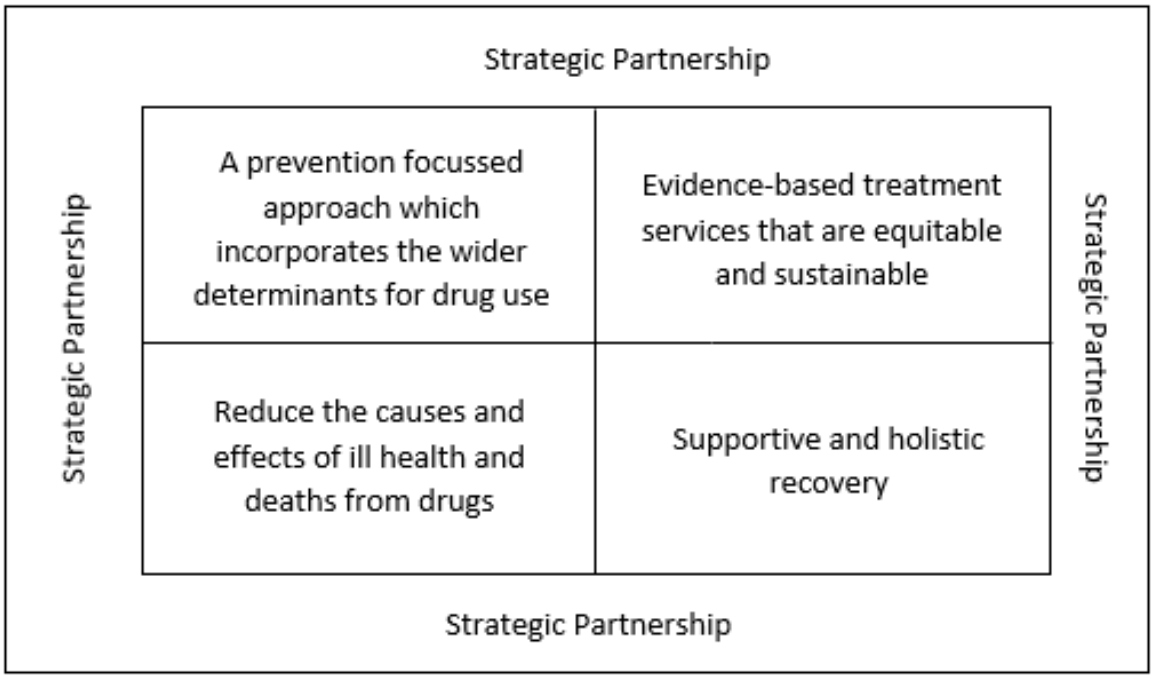
Leicester City drug and alcohol strategy Phase 3: 2025 - 2027

Background context

In 2021 the government published it's 10-year drug and alcohol strategy: From harm to hope detailing its plans and expectations for the coming years. Accompanying guidance outlined expectations for each locality to develop a Combatting drugs and alcohol partnership (CDAP).

A comprehensive drug and alcohol needs assessment was carried out in Leicester which formed the basis for a Leicester drug and alcohol strategy, developed during a series of multi-agency stakeholder workshops. Four cross-cutting themes were identified, underpinned by a principle of strategic partnership and 32 actions developed for implementation:



Work has been ongoing since then to implement the strategy with significant progress across all themes including:

- A significant increase in the number of adults accessing treatment from 2,087 in 2021 to 2,500 in 2024 (12 month rolling figure).
- People leaving prison more likely to engage in treatment upon release from 21% in 2021/22 to 55.2% in 2024/25.
- Increased harm reduction programmes including carriage of naloxone across multiple organisations and stakeholders. Partnership work with Leicestershire

police to carry naloxone was recognised with a LGA partnership award in June 2025.
- Significant expansion of outreach services including underserved communities.

Partners have always strived for a programme of continuous improvement and in December 2025 a further workshop was carried out to review and update the city drug and alcohol strategy. This third phase of the strategy builds on the successes and learning of the previous two years and:

a) Amalgamates with the original strategy to ensure no original objectives are lost.
b) Provides an overview of business-as-usual original objectives.
c) Introduces new objectives identified at the workshop alongside identified need.

Whilst the original strategy had three working groups and a city-wide oversight group to meet its objectives, feedback suggested that there was some overlap between groups. The new approach of six working groups attempts to provide a more focused approach with broader attendance and less duplication:

1) Service development and evaluation
2) Comms and engagement
3) Training, Education & Employment
4) Lived Experience
5) Night-time economy
6) Housing support and rough sleepers

Governance arrangements

Each working group feeds into the Leicester City CDAP delivery group which has oversight of:

- Required metrics
- The overall city drug and alcohol strategy
- Broader objectives within the strategy including police and probation
- City wide interventions
- Highlight reports from each working group.

The delivery group provides updates to the LLR CDAP Operational group which amalgamates city and county/Rutland needs assessments and strategies into a joint LLR drug and alcohol strategy. The operational group oversees implementation of the strategy including managing and responding to broader challenges and risks. In turn, it reports into the LLR Strategic Partnership CDAP developed and run in accordance with national guidance and accountable to the national Joint Combating Drugs Unit (JCDU) using the national combatting drugs outcomes framework. The strategic CDAP is jointly chaired by the respective Directors of Public Health.

Six Key Statements

Leicester has a high level of drug and alcohol need that is complex, detailed and difficult to summarise. However, we have developed six key statements that attempt to provide an overview of the scale and complexity of need in Leicester. More detailed and in-depth analysis is available via a comprehensive needs assessment.

- **Leicester experiences high levels of unmet need at similar levels to the national average**. In Leicester, around 80% of people who have problem drinking and around 50% of people who use opiates do not access treatment. Improving access and retention to high-quality treatment services is a key strategic priority.
- Leicester has one of the highest rates of self-reported abstinence in the country yet also has one of the highest rates of alcohol related mortality. **Our population experiences a greater level of harm in its lower number of drinkers.**
- **Drug related deaths are currently at the highest level since records began**. Leicester's rate is significantly higher than England at 14.7 deaths per 100,000 people. Naloxone saves lives by reversing the effect of opiate (e.g. heroin) overdose. It can be administered by anyone following brief training.
- **Treatment works and saves money**: each £1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services. We recognise the important role of harm reduction services in addressing substance use, including the wider determinant factors associated to substance use.
- **Leicester City Council Public Health commissions a range of services that together, provide support seven days a week**. These services provide psychological and pharmacological support/treatment, support with housing, mental health, employment, other health issues, harm reduction and ongoing support from people with lived experience. This service is an important element of this provision.
- **Addiction does not discriminate; no-one wakes up one day and decides to be an addict.** Addiction can be the result and cause of many complex

factors including poor physical and mental health, trauma, homelessness, relationship breakdown, crime and more.

Phase 3 strategy working group action plans

1. Service Development and evaluation

1.1. Business as usual activities to:

- Increase the number of people leaving prison and entering community treatment.
- Improve conversion rates of those referred to engaging in treatment.
- Reduce unplanned exits.
- Increase retention including on a long term basis where needed.

1.2. Service review and development:

Review:

- The continuity of care pathway to identify strengths and weaknesses and reasons for disengagement.
- Annual conversion rates, engagement surveys and re-engagement exercises.
- Recommendations of a previous report on buvidal.
- BBV testing, take up and barriers.
- Naloxone carriage by other professionals/organisations.
- Referral pathways into services.

Evaluate

- Police carriage of naloxone.
- Mandela Park drop box.
- Substance use mental health programme.

Carry out a feasibility study on:

- Drug consumption rooms.
- A drug checking service.

Annual review/oversight of:

- Opioid substitution treatment.
- Use of AUDIT C and Assist Lite in primary care.
- Alternative venues for treatment.
- Alternative forms of access.

2. Comms & Engagement

2.1. Development of a comms and engagement plan to include:

- Identification of annual priority groups.
- Comms messaging and material focussing on prevention, treatment, recovery.

- Public engagement campaigns to understand and reduce stigma.
- Targeted campaigns on alcohol harm reduction, morning after drink driving limit, information on alcohol harm.

Engagement with service users to understand perceptions and barriers to BBV testing.

Annual analysis of treatment services engagement survey.

3. Training and Education

3.1. Training needs analysis (TNA) of all drug and alcohol services;

3.2. Develop a package of training based on the TNA for people working in the drug and alcohol sector to include:

- MH first aid
- Health conversations
- Trauma informed approaches
- Twice yearly shared learning event
- Develop a CPD calendar of shared learning and networking.

3.3. Develop a package of training for other professions to include:

- Information and awareness of treatment services and referral routes
- General information on drugs, alcohol, treatment, recovery, harm reductions
- AUDIT C and Assist Lite
- Healthy conversations
- MH first aid

3.4. For communities, schools and universities

- Develop targeted information on drugs, alcohol, treatment and referral routes.
- Strengthen the drugs and alcohol information currently on the school curriculum.

3.5. For people with lived experience

- Develop pathways into employment for people with lived experience.
- Ensure recovery pathways include into paid employment.

4. Lived Experience

- Map and review all current lived experience networks.
- Develop a systematic approach to ensure that the voice of people with lived experience is include in the design, review and delivery of services.
- Hold a development session focussing on the role of peer mentors and people with lived experience in treatment and recovery.

5. Nighttime economy

- Work with our nighttime economy and licensed premises to try to increase the variety and availability of no/low alcohol alternatives.
- Work with our sports clubs in the city, to encourage them to stock low/ no alcohol drink alternatives.
- Work with our licensing colleagues to encourage new licensees when making licensing applications to demonstrate how they will provide alcohol alternatives
- Work with licensing colleagues to develop the statement of licensing policy and use public health information on alcohol harm to assess if any new cumulative impact zones are required.
- Use targeted communications campaigns to inform Leicester citizens of alcohol harms and how they can reduce the harm to themselves from alcohol.
- Work with partners on communications around drink driving and increasing awareness amongst citizens of drink drive limits but also 'morning after' drink driving.
- Communicate information on unknown consumption, such as how drinking at home can increase consumption unknowingly.
- Explore the use of social marketing and social norm approaches to promoting a culture of responsible drinking.
- Work to increase the coverage of alcohol identification and brief advice within Leicester's partners.
- Work with partners and providers to develop our communications around alcohol harm and consumption to make them more effective.
- Work with the recovery community to develop approaches to encourage behaviour change that resonate with those affected.
- Work with our partners in universities to educate students regarding alcohol harm and explore initiatives that could promote a culture of responsible drinking.

6. Housing and rough sleepers

Currently being developed.

Monitoring and progress

Each CDAP partnership is required to report against government development outcomes and metrics and these are reported biannually at the CDAP strategy partnership. Within the city, working groups report into the city CDA delivery group which reviews strategy progress and progress against agreed metrics.

The LLR CDAP operational group brings together all metrics across LLR and any cross city boarder themes, challenges or risks which are then reported into the strategic partnership.