

Leeds Drug and Alcohol Progress Report 2024/25

1 Introduction

This report outlines the progress of the Leeds Drug and Alcohol Partnership, between April 2024-March 2025, against the priorities set out in the national drug strategy, *From harm to hope*, as well as local priorities in Leeds. The report includes an overview of the:

- Leeds Drug and Alcohol Partnership and the progress it has made over the last year
- Development of the Leeds Drug and Alcohol Strategy
- Continued additional investment from the Office for Health Improvement and Disparities, including an overview of what has been funded by the main component of the new Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG)
- Progress against key drug and alcohol outcome measures
- Feedback, from staff at Forward Leeds, about the impact the additional funding has had on the work that they do
- Progress Leeds has made as an Inclusive Recovery City.

2 Leeds Drug and Alcohol Partnership

Following the publication of the Government's drug strategy, *From harm to hope*, every local authority in England was required to set up a Combatting Drugs Partnership. In Leeds this is known as the Leeds Drug and Alcohol Partnership (LDAP).

Set up in 2022, the LDAP provides strong strategic leadership and supports effective partnership working around drugs and alcohol in Leeds. It reports to the Leeds Health and Wellbeing Board, Safer Leeds Executive and Children and Families Trust Board. It also links with a West Yorkshire-wide meeting, led by the Mayor's Policing and Crime Team.

Chaired by the Director of Public Health for Leeds (as the appointed Senior Responsible Owner), and with a membership spanning representatives from Leeds City Council, health, community safety/ criminal justice, and other relevant sectors, the LDAP meets several times a year, with good attendance. Over the last year, the LDAP has met three times – on 18 July 2024, 28 November 2024 and 25 February 2025.

At the LDAP meeting, held on 18 July 2024, the main agenda item was a group discussion on equality diversity and inclusion. In addition, the group:

- Was given an update on the Leeds Combatting Drugs Partnership Self-Assessment submission
- Heard about the success of a recent Government visit, by officials from the Office for Health Improvement and Disparities, on 17 June 2024
- Discussed the draft of the Synthetic Opioids Incident Response Plan.

At the LDAP meeting, held on 28 November 2024, the main focus was on recovery and the Leeds Recovery Cities social movement. It included presentations from Forward Leeds on their Dayhab Programme, graduation ceremony, collegiate recovery offer, We Understand campaign, the Recovery Cities map and website, recovery capital grants scheme (including recovery runners, climbing, Wren bakery and Sober Butterfly collective), as well as the work Getting Clean CIC are doing in the city. In addition, the group was given updates on:

- West Yorkshire Police's naloxone pilot, as well as its carriage by Probation staff
- the 2025/26 DATRIG funding allocation.

At the LDAP meeting, held on 25 February 2025, the main agenda item was a group discussion on the Leeds Drug and Alcohol Strategy 2025-2030. In addition, the group:

- Heard about the Director of Public Health's annual report on aging well and updates on its recommendations on alcohol
- Was given an update on Leeds's DATRIG proposal 2025-26.

3 Leeds Drug and Alcohol Strategy 2025-2030

The Leeds Drug and Alcohol Strategy 2025-2030, replaces the 2019-2024 version. Its vision is that Leeds is a compassionate city that works with individuals, families, and communities to prevent drug and alcohol harms and to provide outstanding treatment and recovery support. The new strategy has been informed by the findings of the Leeds Drug and Alcohol Joint Needs Assessment and the ambitions and challenges of the Government's latest drug and alcohol strategies, as well as local ambitions to deliver the Leeds Health and Wellbeing Strategy, Safer Leeds Community Safety Strategy, and the Leeds Ambitions. It has six overarching priorities:

Priority 1: Prevention

Neighbourhoods in Leeds will be healthy spaces and people will be protected from drug and alcohol exposure and harms.

Priority 2: Harm Reduction

Fewer people in Leeds will experience drugs and/or alcohol harms - where people use drugs and/or alcohol they make better, safer, and informed choices.

Priority 3: Treatment and support

More people in Leeds who are in need will be supported by drug and alcohol treatment services.

Priority 4: Social and community harms from substance use

People in Leeds will not be victimised, exploited, or be victims of crime and disorder associated with drugs and/or alcohol.

Priority 5: Children, young people and families

Children and young people in Leeds are protected from drug and alcohol harms and supported towards bright futures.

Priority 6: Recovery

Leeds is an inclusive recovery city, where we are ambitious about recovery, and recovery is visible and celebrated.

The strategy will contribute towards the National Combatting Drugs Outcome Framework, local alcohol outcomes and other local priority outcomes, including:

- Reduced drug and alcohol use
- Reduced drug and alcohol-related crime
- Reduced drug and alcohol-related deaths and harm, including hospital admissions
- Reduced drug supply
- Increased engagement in drug and alcohol treatment
- Improved recovery outcomes.

A wide range of services, organisations, service users, Boards and specialist groups have contributed to the development of the strategy, including

- Adults Health and Active Lifestyles Scrutiny Board
- Adults & Health Directorate Leadership Team
- Adult Social Care Strategy & Transformation
- Leeds Drug & Alcohol Partnership and subgroups
- LTHT Drug and Alcohol Healthcare Steering Group
- Carers Leeds and Young Carers
- Adults and Healthy Living Senior Leadership Team
- Forward Leeds Art of Working Together group
- Neighbourhood Improvement Board
- Leeds Anti-Social Behaviour Team
- His Majesty's Prison Leeds Drug Strategy Lead and Group
- BARCA and CATCH and the young people who shared their stories with us
- Leeds City Council Staff Equalities Network Leads
- Religion and Belief Board
- Disabilities Hub
- LGBTQ+ Hub
- Safer Leeds Executive
- Children and Young People's Partnership Board
- Leeds Health and Wellbeing Board.

4 Drug and Alcohol Treatment and Recovery Improvement Grant (2025-26)

Following additional funding in recent years – £881,000 Universal Grant Funding in 2021-22; £2,596,729 Supplemental Substance Misuse Treatment and Recovery Grant (SSMRG) in 2022-23; £4,255,542 SSMTRG in 2023-24; and £8,212,541 SSMTRG in 2024-25 – OHID confirmed funding would be continued at the same level for 2025-26 as the main component of the new Drug and Alcohol Treatment and Recovery Improvement Grant. This was used to maintain the posts and activity created in previous years.

Since the beginning of the additional investment, the funding has been used to increase capacity in existing teams, including:

- Leeds City Council's Public Health and Commissioning Teams, to ensure effective project management and funding accountability arrangements are in place to deliver this significant work programme and associated partnership working
- Forward Leeds Harm Reduction Team, which is dedicated to the well-being of individuals using drugs and alcohol, offering services like needle exchange and naloxone distribution to reduce harm and prevent overdoses
- Forward Leeds Active Recovery Team, which specialises in supporting individuals whose primary substance use involves opiates, such as heroin or illicit buprenorphine
- Forward Leeds Focused Interventions Team, which supports adult service users seeking to make positive changes in their alcohol or non-opiate substance use through one-to-one support and accessible drop-in service
- Forward Leeds Young Peoples Team, which is dedicated to supporting individuals under the age of 18 with personalised, one-to-one support
- Forward Leeds Clinical Service, which comprises a dedicated team of doctors, nurses, independent prescribers, and healthcare assistants who deliver pharmacological and healthcare interventions
- Forward Leeds Criminal Justice Team and Leeds Integrated Offender Management Service, which provide specialist support for individuals in the criminal justice system, ensuring seamless treatment transitions from custodial settings

- Forward Leeds Addictions Plus Team, which consists of mental health professionals who support individuals experiencing high levels of substance use and secondary care mental health difficulties
- Forward Leeds Single Point of Contact Team, the first point of contact for all Forward Leeds inquiries, providing comprehensive triage and support for individuals seeking treatment.

In addition, the funding has been used to create new teams, based on need, including:

- Forward Leeds Enhanced Care Team, which supports service users with higher needs who face significant challenges due to chronic health problems, financial difficulties, cognitive impairments, and housing instability
- Forward Leeds Prescription Opioid Medicines/Over the Counter Medication Team, which offers comprehensive care for those struggling with opioid dependence, including GP-prescribed and illicitly bought medicines
- Forward Leeds Specialised Sex Worker Team, which provides comprehensive support for individuals engaged in or at risk of sex work, offering a holistic approach to address immediate needs and underlying challenges
- Forward Leeds Day-Habilitation Programme, for individuals newly abstinent from community or inpatient detox, combining group work and personalised sessions, emphasising structured interventions to enhance recovery capital.

A number of additional specialist posts have also been created during this time in Forward Leeds, relating to health inclusion, care leavers, chemsex, collegiate recovery, and marketing and communications. In addition, specialist posts have been created in other services/ organisations across the city including a Force Drugs Partnership and Training Officer in West Yorkshire Police, Drug and Alcohol Education Practitioner in Leeds Teaching Hospital Trust and additional posts at the Family Drug and Alcohol Court.

Forward Leeds has also enhanced its outreach and engagement provision, prescribing capacity, Buprenorphine offer, use of inpatient detox and rehabilitation (including specialist family placements), personalisation funds, and campaign work (including a drink spiking campaign).

During this period, Forward Leeds were also able to purchase:

- An additional FibroScan machine, used to screen service users for early-stage alcohol related disease
- Three Cepheid machines, used to take a hepatitis C RNA test (for the active infection) and able to give a result in 60 minutes
- A new telephony system for SPOC, to improve the service's ability to take inquiries, provide comprehensive triages and support for individuals seeking treatment
- Health promotion screens in the hubs, to provide services users with information.

Inclusion Health

Inclusion health refers to people who face social exclusion and who have multiple complex needs. Rough sleepers, sex workers, people in contact with the justice system, and people with drug and alcohol dependence, Gypsy, Roma, and Traveller communities, and victims of modern slavery are inclusion health groups. These groups face multiple barriers to accessing healthcare including structural barriers and psychosocial barriers, such as trauma and stigma, and tend to have very poor health outcomes.

Marmot Review work, in Leeds, exposed a life expectancy gap of 11-14 years based on deprivation and ethnicity. Inclusion health groups, such as rough sleepers and sex workers,

may experience life expectancy gaps of around 35-40 years, compared to the general population in Leeds.

Forward Leeds is committed to addressing health exclusion and health inequalities and SSMTRG/DATRIG funding has been used to enhance offers for rough sleepers and sex workers. These teams work on an outreach offer, bringing services directly to the street, outside of normal office hours, and work creatively and flexibly to gradually build trust with inclusion health groups in Leeds.

Helen Cook (Director of Operations, Forward Leeds) said:

“Supporting this community is not a quick fix and it’s never a 9-5 job. It involves working closely with the individual over a long period of time and supporting him or her into treatment at their own pace.”

5 Local outcomes

The expansion of the treatment system and the creation of specialist provision, made possible by the additional funding, has started to see results, with progress being made against the OHID ambitions. However, delivery remains challenging given wider societal complexities.

The number of people in community-based structured treatment has increased significantly since mid-2024. There are now more than 7,000 adults and young people being supported over a 12-month period, and around 4,000 active service users at any one time. A particular success has been the increase in the number of people receiving treatment for opiate use. As of April 2025, the opiate cohort has grown by 7% since March 2022 (before the start of the SSMTRG). This is counter to the national trend, which has seen a decrease of 2%.

The aim of increasing the proportion of people who access residential rehabilitation remains challenging, given that the treatment population size and the cost of placements are also increasing. However, there has been a 10% improvement since March 2022 and the rate in Leeds is much higher than both the national and regional average.

The number of adults who successfully completed treatment in 2024/25, was higher in Leeds than the national average for all four categories (opiate; alcohol only; alcohol and non-opiate; and non-opiate). In terms of successful completions of opiate treatment, Leeds remains the best performing Core City, by a considerable margin, and there has been continuous improvement throughout the lifetime of Forward Leeds (since July 2015).

In terms of adults in treatment showing substantial progress (which incorporates those who have completed treatment and do not have an acute housing need, are in treatment and have stopped using their problem substance or are in treatment and have significantly reduced their use of their problem substance over the preceding 12 months), there has been a slight decrease, but Leeds remains above the England average and is in line with the national trend.

Following a period of increasing hospital admissions for drug and alcohol poisonings in 2023, there is now a downward trend again. The rate, per 100,000 population, in Leeds is now around a third lower than the England average.

Increasing the number of adults with a substance misuse treatment need who successfully engage in community-based structured treatment, following release from prison, remains a

priority. Performance continues to improve, with the greatest challenge being that Leeds has a relatively high rate of people returning to prison within the target time, meaning that they are either unable to access treatment or do but are not counted.

The percentage of people who died during their time in contact with drug and alcohol treatment – where the reason for exiting treatment is given as ‘client died’ (which could be any cause of death) – has unfortunately increased over 2024/25 and is now slightly higher than the national average. This is because there are increasing numbers of people in treatment who have a range of long-term physical health conditions that eventually prove to be fatal. The creation of the Enhanced Care Team, which provides additional support for those with complex needs, has helped individuals to access the medical and palliative care they need to improve their quality of life.

The majority of adults in treatment have no reported housing problems in the last 28 days, although the proportion decreased in 2024/25. This is despite having the specialist housing support team funded by OHID, and reflects wider challenges around homelessness in the city and the country as a whole.

In terms of employment, the percentage of adults in treatment, in Leeds, that have reported at least one day of paid work has increased since 2023. The percentage of people in voluntary work (which, from April 2022, has included structured work placements) has increased significantly, during this time, decreased in 2024 but is still substantially higher than the national average. Finally, the percentage of people in training and education continues to increase to around double the national rate. The increases in Leeds are at least in part because of the successes of the Individual Placement Support Employment Team.

6 Forward Leeds service feedback

This section includes feedback, from staff at Forward Leeds, about the impact the additional funding has had on the work that they do.

Prescription Opioid Medication/Over the Counter Medication Team

The Prescription Opioid Medication/Over the Counter Medication Team (pictured below) was created in year two (2023-24) of the OHID Supplemental Substance Misuse Treatment and Recovery Grant. The team comprises four posts – a lead, who has built and developed this specialist provision, with a member of staff in each of the three Forward Leeds hubs. They support the existing OCU Teams with OTC/POM requirements.



Kelly Stockdale (Lead Practitioner) said:

“The team are seeing 10-12 new starts every month. We have been proactively going into pharmacies to make staff aware of what we can offer and we are starting to visit GPs and Health Centres as well.

“We’ve had a number of meetings with the Pain Management Team at Leeds Teaching Hospitals NHS Foundation Trust and the Leeds Community Pain

Service to ensure they know when and how to refer people for support.

“We’ve set up a specialist weekly group for people we are working with so they can get peer-support.

“Overall, the rates for people exiting treatment are significantly higher than the national averages for people getting treatment for opioids”.

Chemsex

The Chemsex Worker (pictured below) post was introduced in year three (2024-25) of the OHID Supplemental Substance Misuse Treatment and Recovery Grant. The post was created to address the unique needs of this cohort, enhancing chemsex support provision by having a dedicated worker to provide tailored psychosexual interventions, expand clinic capacity, and reduce engagement barriers for the chemsex/LGBTQ+ communities.



Hannah Wraith (Lead Practitioner) said:

“With a dedicated lead in place we have been able create a network of supportive organisations where we have trained staff. These include Galop the LGBT+ anti-abuse charity, the Leeds Sexual Health Clinic, the HIV ward of Leeds General Infirmary, BHA Skyline, a HIV support service in Leeds, and Yorkshire MESMAC, a sexual health organisation that supports MSM.

“He has established a new pathway and referral form for people to get direct support as quickly as possible.

“Our Chemsex Lead is working in partnership with our Harm Reduction Team to create chemsex-specific harm reduction packs containing clean injecting equipment, measures and specific harm reduction advice amongst other things.

“He has also been linking in with and delivering training to appropriate staff within the universities in Leeds, Leeds MIND and Barca-Leeds.

“In collaboration with the Marketing and Communications Team at Forward Leeds, he is developing more printed material for people involved in the chemsex scene and developing a social media campaign”.

Buvidal Project

The Buvidal Project is just one of the innovative projects run by Forward Leeds. Although initially a pilot, with a cohort of people who were either rough sleepers and/ or sex workers, funding from year three (2024-25) of the OHID Supplemental Substance Misuse Treatment and Recovery Grant allowed the project to expand to other groups e.g. those within the criminal justice system (including the continuation of Buvidal following release from prison into the community) and other vulnerable populations.

Becky Knowles (Service Manager) and Nicole Clark (Service Clinical Director) said:

“Originally the pilot started offering Buvidal to specific groups. This included sex workers and rough sleepers. This group of people were chosen due to often disengaging with services and poor compliance with the pharmacies and therefore putting them at risk of harm.

“Buvidal has had many positive benefits to this client group and proved to be life-changing for many by allowing capacity to engage with services and provide stability with abstinence of heroin. This then resulted in the ability to address wider holistic needs like mental health, physical health, housing issues, etc. leading to ceasing sex work and accessing more suitable and stable accommodation.

“Through increased funding via OHID, Forward Leeds have been able to review and expand their criteria”

7 Recovery

Leeds formally joined the Inclusive Recovery City (IRC) movement in 2023, following Professor David Best’s presentation to the LDAP. Leeds IRC was built on the foundations of a strong recovery offer at 5 Ways Recovery Academy, local independent lived experience recovery organisation (LERO) Getting Clean CIC, and other peer-run and peer-led groups such as Leeds Recovery Runners. Joining the IRC movement was a commitment to embed recovery even further into Leeds life and to celebrate and make lived experience and recovery even more visible.

An early action was to launch a small grants scheme to support innovative projects that promote recovery and make recovery visible to the people of Leeds. These grants supported Recovery Couch to 5k groups, climbing groups, and sober socials. A Recovery in Leeds map was developed showing the geographical spread of diverse recovery offers in Leeds. Leeds contributed to the Recovery Advent Calendar, which showcased festive messages of hope in recovery from the international recovery cities. One runaway success, which has grown each year, has been a partnership with Woodhouse Moor parkrun to have a parkrun ‘takeover’ in Recovery Month (September) with Recovery Runners and Forward Leeds taking on volunteer positions, running, and providing stalls and engagement at the finish line. Forward Leeds used SSMTRG/DATRIG funding to launch a Collegiate Recovery programme in October 2024. The programme provides safe space and vital support for students in recovery, sober curious and affected by drugs and alcohol, as well as running sober socials open to all students to help change the alcohol culture on campuses.

In 2024, Leeds LERO Getting Clean CIC was honoured as Community Project of the Year at the Leeds Compassionate City Awards, the Park Lane Foundation Community Impact award, and the Stephen Lloyd Award.

One year on, Leeds asked Star Recovery for an independent review of our achievements, challenges, and recommendations for next steps. The independent review found that considerable progress had been made on strengthening lived-experience leadership, fostering peer-led initiatives, and amplifying visible recovery and there was a strong foundation in the city and dedication from stakeholders. However, the review recommended that structural, financial, and strategic investment was needed to make the Inclusive Recovery City movement in Leeds sustainable. Recommendations included strengthening Leeds IRC Council, securing sustainable funding and resource allocation (particularly for LEROs in Leeds and to sustain and diversify LERO leadership), making recovery more citywide, aligning Inclusive Recovery Cities with other citywide movements, such as Marmot City, and to involve families and loved ones. Leeds IRC is working towards implementing these recommendations to make our second year as a recovery city even stronger.

8 Conclusion

Continued and sustainable investment in services, allowing for the expansion of the treatment system and creation of specialist teams and roles, across the city, as well as a recovery community that continues to grow, has led to considerable progress over the last few years. This has now started to show in Leeds's progress against OHID ambitions/national targets.

However, like all towns and cities across the country, Leeds continues to face challenges – particularly in relation to uncertainty around future funding, which could impact services in relation to their capacity, resources and, ultimately, ability to deliver interventions to those who need them most. This could also exacerbate the already existing difficulties attracting and retaining the drug and alcohol workforce. In addition, the ever-changing nature of drug and alcohol use and presence of synthetic opioids in local, regional and national drug markets remain an issue. That said, due to the significant amounts of additional funding Leeds has benefitted from, over those years, the city is in a great position to be able to respond to such challenges.