



# Lincolnshire Drug and Alcohol Strategy

2026-2031

**Lincolnshire Drug and  
Alcohol Partnership**

# Lincolnshire Drug and Alcohol Partnership



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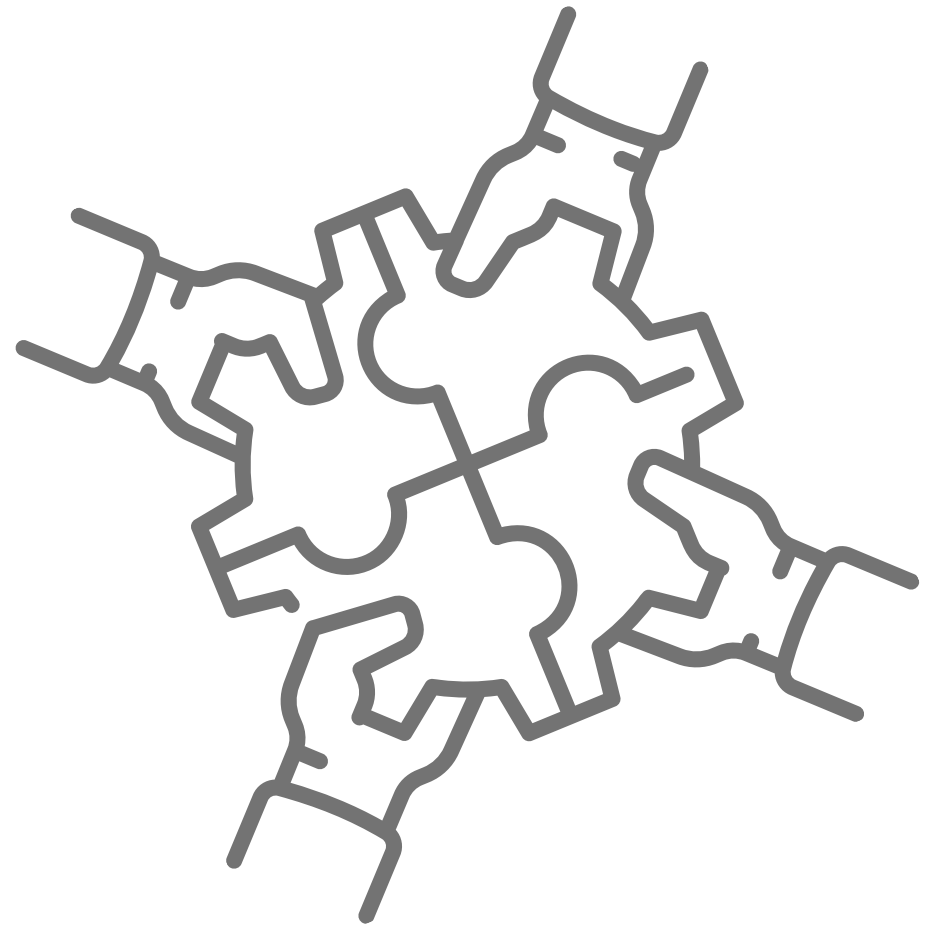
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# Vision

## Lincolnshire, together

### A county:

- That recognises drug and alcohol-related issues are multi-faceted and complex; they occur across all life stages and require us to link prevention, treatment and support activity **together**, for the best outcomes.
- Which brings people **together**, to support each other in managing their experiences of substance use.
- Whose partners work **together**, sharing expertise and resources to encourage and direct people to the right support, at the right time.



# Background

Drug and alcohol use continues to have a significant impact on individuals, families, and communities in Lincolnshire. The National Drugs Strategy – From Harm to Hope (HM Government, 2021), sets out a ten-year vision to reduce this harm through an approach combining enforcement, treatment, and recovery. It calls for a whole-system response that brings together health, the justice system, education, and community services to address the root causes of drug use, rebuild treatment and recovery services, and disrupt supply networks through partnership and evidence-based action.

Lincolnshire is a large and diverse county, with both urban centres and dispersed rural communities, each facing unique health and wellbeing challenges. Drug use (including the use of illegal drugs and misuse of prescription and over-the-counter medications) and alcohol use affects people from all walks of life, with serious physical, psychological, and social consequences. The impact on our health system, community safety, and local economy is significant and, in many cases, preventable.

Behind every case of substance use, there are often deeper challenges that cannot be ignored. Many young people come into services with experiences of trauma, poor mental health, or exploitation. In Lincolnshire, too many children still live in households affected by substance use, domestic abuse, or severe mental ill-health.

There is a well-established correlation between domestic abuse and substance use among women, with UK evidence indicating that those who have experienced extensive physical or emotional abuse are up to eight times more likely to develop substance use issues. This underscores the importance of trauma-informed approaches and integrated pathways across domestic abuse, mental health, and substance use services (Scott & McManus, 2016; Centre for Justice Innovation, 2023). We also recognise that some communities, including farming families, veterans, and Gypsy, Traveller and migrant groups, face greater barriers to accessing support.

In addition, suicide risk and poor mental health are significantly higher among people affected by substance use. It is essential that care for mental health and addiction is joined up and delivered in a coordinated and compassionate way. By recognising these risks and tailoring support holistically, we can reach those who need us most and break the cycle of harm for good.

Analysis of recent police data shows that drug-related harm continues to present significant challenges for Lincolnshire. Between January 2021 and August 2024, over 5,400 drug offences were recorded, with the majority (69%) linked to possession and nearly a third (31%) related to trafficking. Cannabis remains the most common substance, accounting for more than half of all drug offences, followed by cocaine. Lincolnshire is also identified as an important force for county

lines activity, with 57 active lines reported in 2023/24. Drug driving continues to be a concern, with most positive tests linked to cannabis and cocaine. Patterns of dealing and use are also closely connected to the night-time economy, where synthetic drugs like ecstasy and amphetamines are common.

Lincolnshire has a strong foundation of partnership working to reduce substance-related harm. Guided by the local 2021–2025 Lincolnshire Drugs Strategy and From Harm to Hope, progress has been made in reducing drug-related deaths, disrupting supply chains, and improving access to treatment and recovery support. The Lincolnshire Drug and Alcohol Partnership has strengthened our understanding of local needs and improved how we work together in response.

Building on this foundation, Lincolnshire County Council continues to commission high-quality, evidence-based treatment and recovery services. In April 2024, the Lincolnshire Recovery Partnership was launched. This collaborative, integrated service is delivered by Turning Point, Framework and Double Impact. The Partnership offers a comprehensive range of support for people at all stages of recovery, with a particular focus on those facing multiple disadvantages such as homelessness, mental health needs, or contact with the justice system. Over the next five years, this Partnership will play a central role in attracting more people into treatment, improving continuity of care across services and settings, and embedding sustainable, system-wide approaches to long-term recovery across Lincolnshire.

## Lincolnshire challenge

Approximately

**7,000 adults**

in Lincolnshire are

**alcohol dependent**, yet only

**19% access treatment**



In 2023–2024

**3,440 adults**

**received treatment** for substance use

**1,215 of those were for opiates.**

However, around **56% of opiate users remain untreated**, leaving an estimated

**1,400 people at risk**



**86% of young people**

**who accessed treatment**

**services** in the period 2023–2024

**had an unmet mental health treatment need**



**Drug and alcohol related deaths**

**in Lincolnshire exceed both national and regional averages**

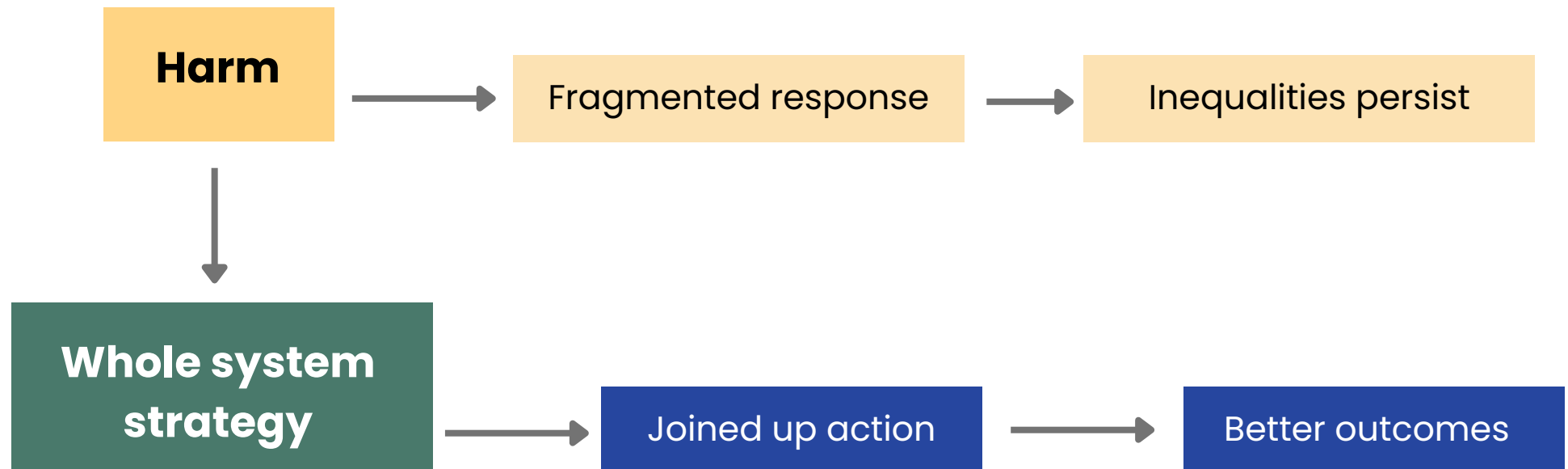
## Why do we need a strategy?

Tackling substance use requires more than isolated interventions – it demands a unified, county-wide approach that aligns efforts across sectors (e.g. health, the justice system, and social care) and our communities. As the complexity of need grows, a clear local strategy ensures that our response is coordinated, targeted, and measurable. It also provides the mechanism to translate national ambitions set out in From Harm to Hope into meaningful action for Lincolnshire.

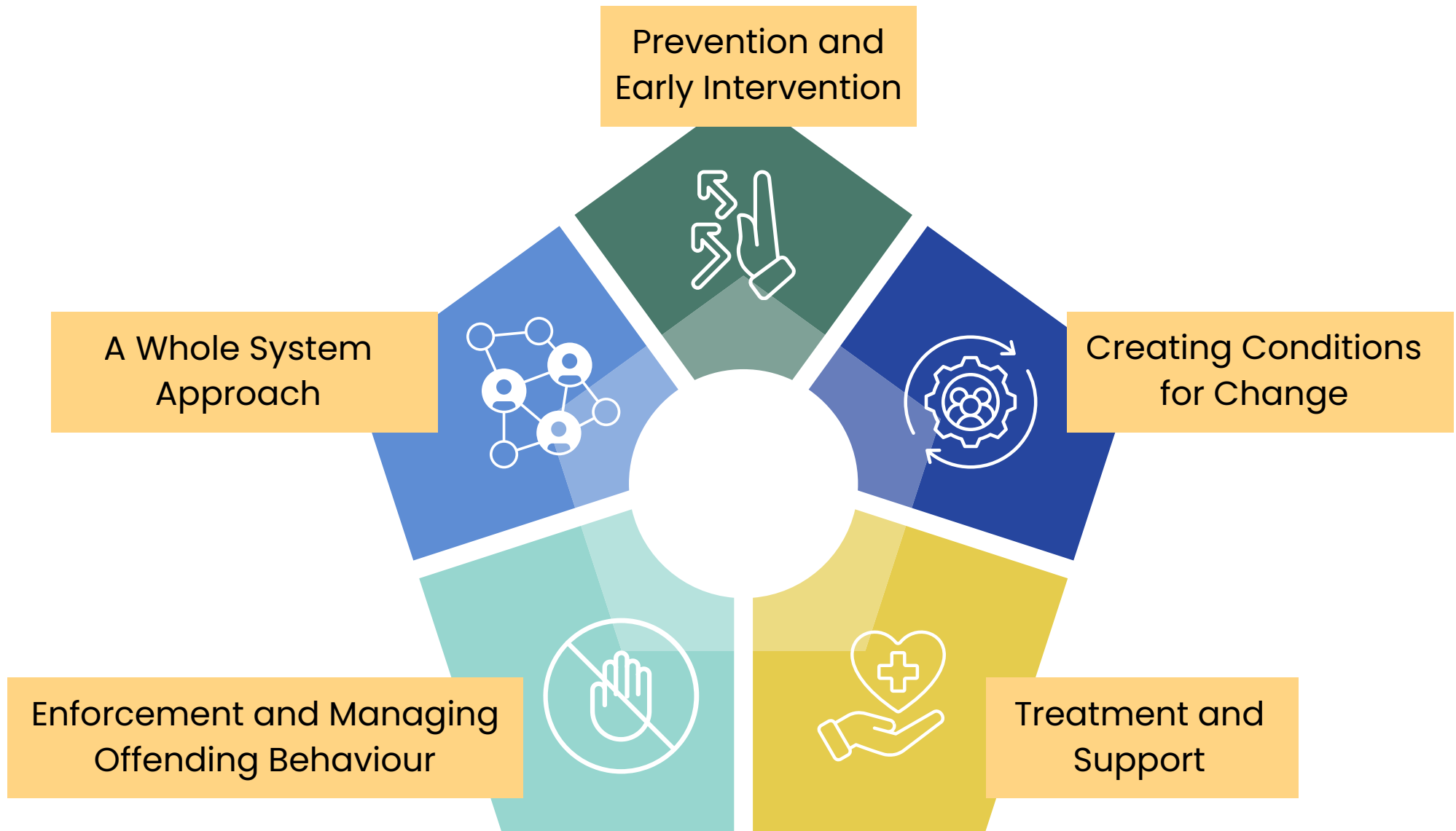
## Our commitment

This strategy is our commitment to supporting individuals, families, and communities affected by drug or alcohol use through sustained, evidence-informed action. We believe in being transparent about our priorities and accountable for the progress we make. This strategy sets out a clear direction based on intelligence, experience, evidence of what works.

We are committed to reducing harm, improving access to support, and helping people build stable, fulfilling lives – whatever their starting point.



# Priorities



# Prevention and Early Intervention

**Prevention and early intervention are central to our whole system approach, supporting national ambitions across health, social care, education, and the justice system.**

Prevention is about more than stopping drug or alcohol use before it starts. It means tackling the underlying causes and wider determinants of substance-related harm, such as trauma, poverty, housing insecurity, and social isolation, in line with the focus on prevention set out in the Fit for the Future: 10 Year Health Plan for England (DHSC & NHS England, 2025) and the Public Health Outcomes Framework (DHSC, 2022).

It also includes supporting people in recovery to stay well and preventing relapse through ongoing, person-centred care, which is a key aim of the government's 10-year drug strategy, From Harm to Hope. At the same time, we recognise that prevention and early intervention must reach beyond those with an established or diagnosed substance dependence. Many individuals make a proactive decision to reduce or cease their use of alcohol or drugs for a range of personal, social, or health reasons before risks escalate. Our approach therefore emphasises accessible, non-stigmatising support for anyone seeking to make or sustain positive changes in relation to substance use,

## What this means in practice

### **People**

*Earlier support, reduced stigma, healthier choices*

### **Places**

*Schools, primary care, communities, workplaces*

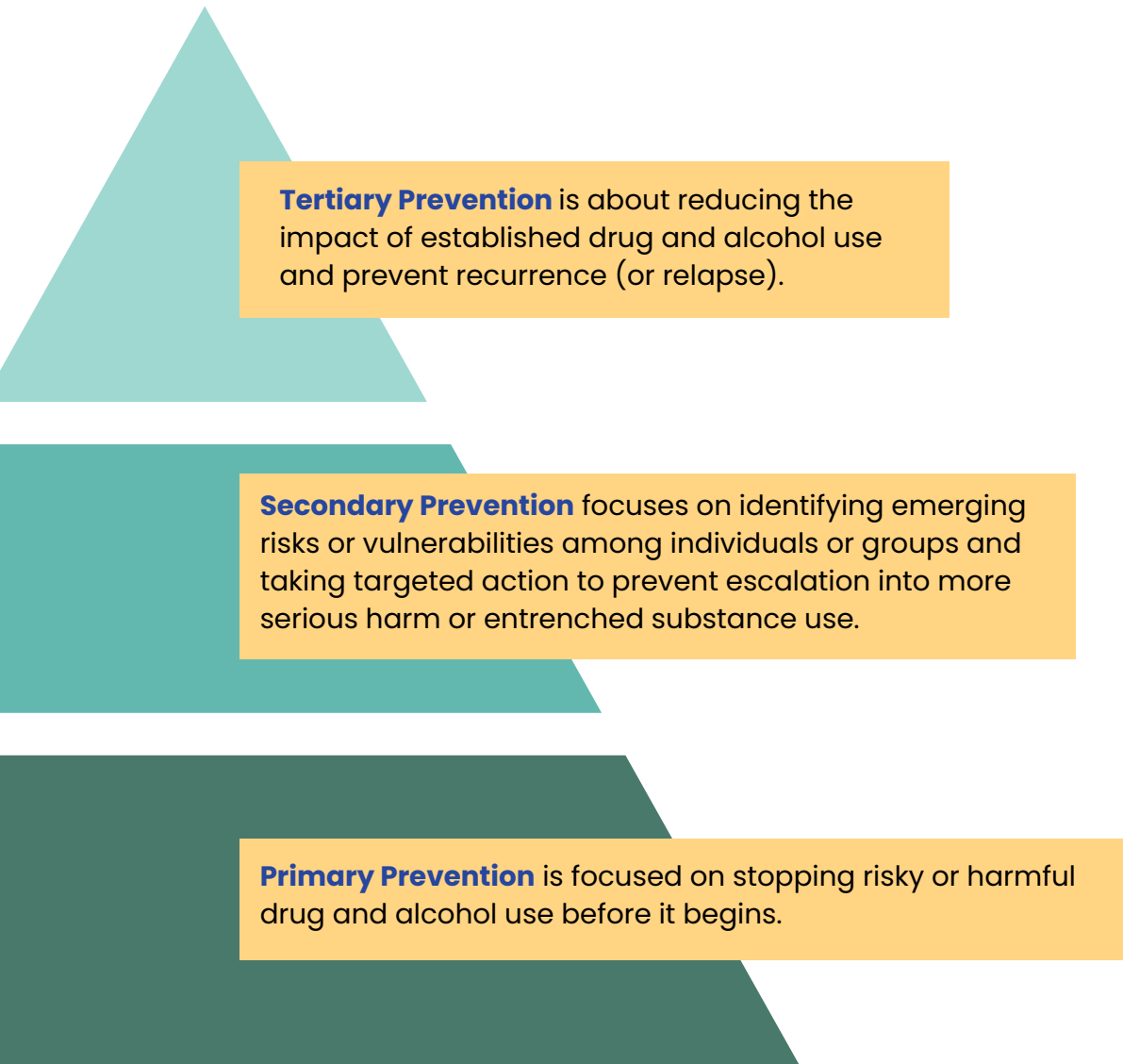
### **Systems**

*Identification, brief advice, joined-up referral*

ensuring that services respond to a continuum of need rather than solely to entrenched addiction. Early intervention means identifying risk and vulnerability at the earliest opportunity, whether in schools, GP practices, housing services or custody settings, and acting quickly to prevent escalation.

By taking a joined-up approach, we can reduce long-term harm, ease pressure on crisis services, and help more people and communities stay healthier.

When we talk about prevention, we look at it in three distinct levels:



**Tertiary Prevention** is about reducing the impact of established drug and alcohol use and prevent recurrence (or relapse).

**Secondary Prevention** focuses on identifying emerging risks or vulnerabilities among individuals or groups and taking targeted action to prevent escalation into more serious harm or entrenched substance use.

**Primary Prevention** is focused on stopping risky or harmful drug and alcohol use before it begins.

## We will:

- Deliver a comprehensive, evidence-based approach to primary, secondary, and tertiary prevention.
- Apply a life course approach, tailoring prevention across age groups – from building resilience in children and young people now, and for the future, to supporting adults through settings such as primary care, workplaces, and housing services.
- Expand the use of proven harm reduction tools, such as naloxone.
- Maintain a robust drug- and alcohol-related death review process, working with partners to identify lessons and reduce future risk.
- Strengthen monitoring and evaluation to measure impact and guide continuous improvement.
- Draw on a range of communication channels where feasible, including social media, digital platforms, and other innovative tools alongside traditional methods. This supports the shift from analogue to digital in line with the Fit for the Future ambition and helps make prevention messages more accessible, relevant, and responsive to diverse audiences and stages of need.

# Creating the Conditions for Change

A supportive environment is the foundation for achieving lasting change. This means tackling stigma, promoting inclusivity, and ensuring that services and communities are safe spaces where people feel confident seeking help. We will champion a culture that values recovery, respects lived experience, and empowers individuals to take an active role in their journey. By embedding these principles across our workforce, partnerships, and local communities, we can build resilience and create safer, healthier communities.

## What this means in practice

### **People**

*Safe environments, dignity, lived experience valued*

### **Places**

*Public spaces, nightlife, housing, education*

### **Systems**

*Culture change, harm reduction, partnership action*

## We will:

- Challenge stigma by promoting compassion, inclusion, and understanding around drug and alcohol use.
- Support harm reduction in public spaces—including festivals and nightlife—to reduce risk and keep people safe.
- Engage communities through open dialogue and diverse platforms to build trust, reduce fear, and encourage positive conversations about substance use and recovery.
- Create supportive environments for prevention and recovery, including safe spaces, stable housing, and substance-free social opportunities.
- Work with partners in education, employment, and the night-time economy to embed health-focused, harm-reduction approaches.
- Champion lived experience by ensuring people's voices shape services, challenge stigma, and influence cultural change.

# Treatment and Support

Treatment and support are at the heart of our approach to tackling drug and alcohol-related harm. We are committed to providing high-quality, accessible services that meet people's needs at every stage - from crisis support to long-term recovery.

People should be able to access help wherever they are - through community outreach, in primary care, in hospital, or on release from custody. We will work to remove barriers to access, improve responsiveness, and offer more flexible models of support, including the use of digital platforms, approaches tailored to the needs of rural and coastal communities, and provision beyond the traditional working week. A key priority within this wider treatment and recovery system is improving our response to co-occurring mental health and substance use needs (dual diagnosis). National data shows that over 70% of people in treatment report a mental health need (OHID, 2024), and outcomes are significantly worse where care is fragmented. We will strengthen routine screening and assessment practices, to better identify co-occurring or unmet needs, build workforce capacity, and strengthen care pathways that enable timely, joined-up, and compassionate support - in line with the national strategy.

## We will:

- Ensure services are accessible, inclusive, and available where they are most needed, with co-ordinated partnership efforts to reach under-represented communities.
- Provide consistent, high-quality treatment and recovery support across all parts of the county.
- Strengthen referral pathways from health, the justice system, education, and community services to improve access and engagement.
- Expand harm reduction and outreach efforts to support those at greatest risk, including people not currently in treatment.
- Embed trauma-informed, culturally responsive, and inclusive approaches across all services.
- Respond to the needs of children, young people, and families by ensuring support evolves in line with emerging trends and recognises the wider impacts of substance use within the household.
- Improve support for people with co-occurring mental health and substance use conditions (dual diagnosis) by sharing and implementing best practice across services.
- Use intelligence, lived experience, and a co-production approach to drive continuous improvement, ensuring services are compassionate, evidence-based, and responsive to changing needs.

## What this means in practice

### **People**

*Timely access, personalised care, sustained recovery*

### **Places**

*Community, primary care, hospitals, justice settings*

### **Systems**

*Clear pathways, flexible models, continuity of care*

## Treatment offer

Lincolnshire Recovery Partnership (LRP) delivers our county-wide drug and alcohol treatment offer, providing free, confidential, and person-centred support through local hubs and outreach services. Their model combines clinical and psychosocial support, harm reduction, dual diagnosis pathways, and dedicated support for young people and families.

This aligns with our commitment to ensure treatment is accessible, high-quality, and responsive to local needs. Through this partnership, we will continue to strengthen early intervention, outreach to those most at risk, and pathways into employment, housing, and recovery communities, helping more people achieve sustained recovery and improved health and wellbeing.

## Primary care

Primary care plays a key role in identifying, addressing, and reducing substance-related harm, acting as a critical point of contact for many people who may not access specialist services. In Lincolnshire, we recognise the opportunity to strengthen both prevention and early intervention within primary care settings, particularly across GP practices and community pharmacies, by embedding routine screening, brief advice, and signposting into everyday care.

Primary care contributes to prevention at all levels: raising awareness of risks, identifying early signs of harmful use, supporting physical health and wellbeing, and connecting people to specialist support when needed. This again aligns with national priorities set out in Fit for the Future, which places greater emphasis on community-based prevention and early action to reduce pressure on acute services.

We will continue to strengthen links between primary care and specialist services to support a joint approach to a person's care, improve continuity, and ensure physical health needs are monitored throughout the treatment journey. Strengthening these connections, particularly in Lincolnshire's rural and coastal communities, will improve access, reduce inequalities, and ensure more people receive timely, joined-up support close to home.

## Crisis support

Crisis support is a critical part of our local treatment and recovery system. We recognise that people affected by drug and alcohol harm often reach crisis outside of traditional service hours, or at points where standard pathways are inaccessible, whether in A&E, police custody, temporary accommodation, or on the street. Without timely intervention, these moments of acute need can lead to avoidable harm, missed opportunities for engagement, and worsening health inequalities.

We are committed to working with partners across primary care, mental health, social care, emergency services, and the voluntary sector to ensure accessible, compassionate, and co-ordinated crisis support is in place. This includes:

- Clear and timely routes into care
- Rapid assessment and triage
- Flexible outreach-based responses
- Practical support for people at highest risk of harm

As a first step, we will map existing crisis pathways and unmet needs across Lincolnshire – with a focus on out-of-hours presentations, repeat attendances, and high-risk settings. This will help identify gaps and co-produce more flexible, community-based responses tailored to local demand.

This approach reflects national priorities set out in From Harm to Hope which calls for stronger outreach and engagement with people most at risk of death or serious harm, and in the

OHID Commissioning Quality Standards (2023), which highlight the importance of rapid, equitable access to support for people in crisis. It is also aligned with the refreshed Mental Health Crisis Care Concordat (2023), which promotes joint working to prevent escalation and reduce avoidable emergency interventions.

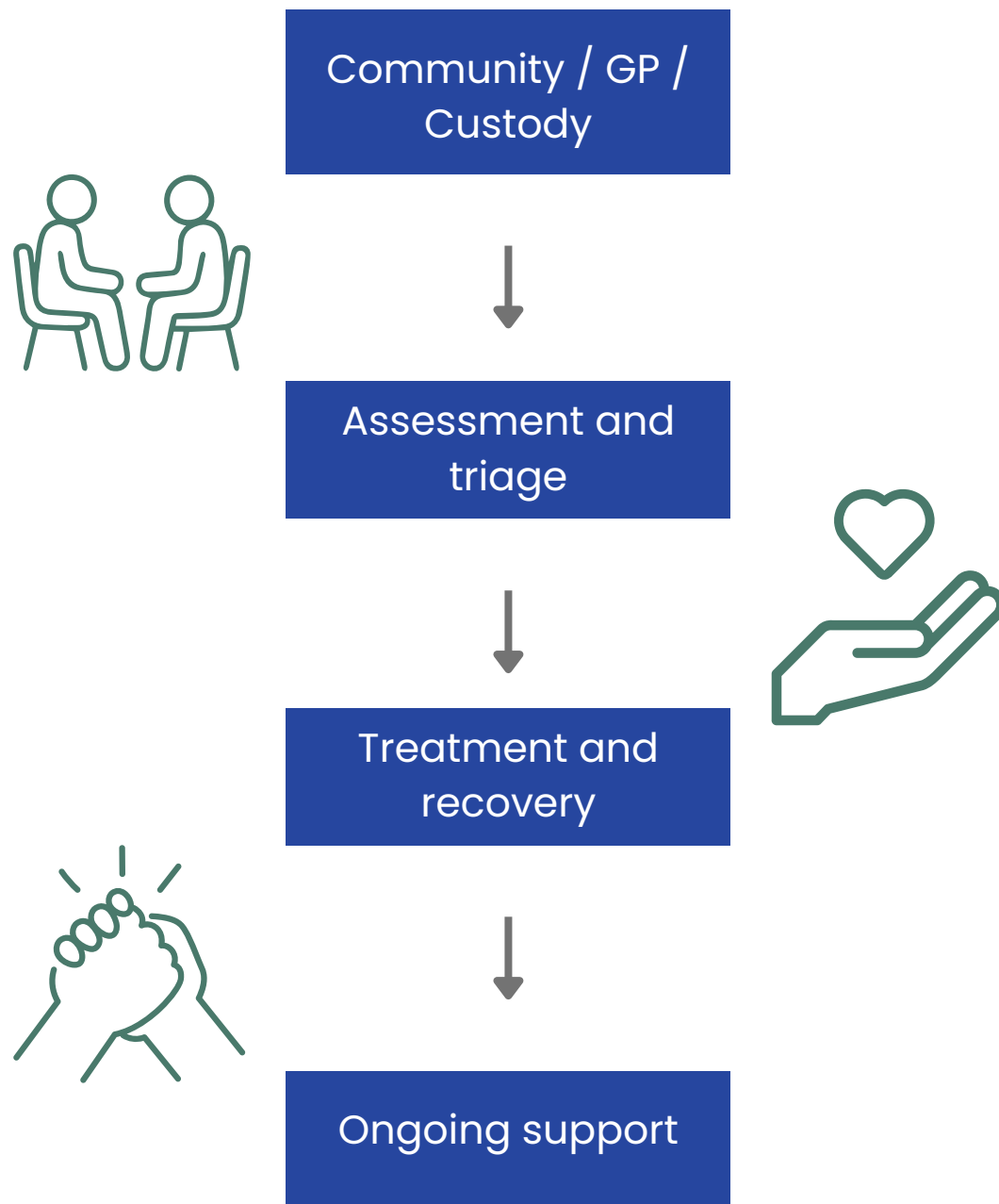
## Community, peer, and inclusive support

High-quality treatment services are essential, but many people also benefit from informal, community-based and peer-led support. These approaches complement the clinical offer and often provide a bridge for people who may be hesitant to engage with formal treatment or who need ongoing connection beyond structured care.

We recognise the value of lived experience recovery organisations (LEROs), peer support networks, online and digital recovery communities, and sobriety-focused communities in helping people reduce or stop their use, sustain recovery and feel connected. Such networks, whether in person or online, can reduce stigma, promote positive identity and provide ongoing encouragement for people who want to make and maintain change.

## We will work together to:

- Strengthen links with LEROs, peer support and sobriety communities, ensuring that people in treatment and recovery, as well as those seeking to reduce their use, can access mutual aid, mentoring and community connection.
- Promote safe and credible online and digital recovery and sobriety communities as an additional route to information, connection and ongoing support.
- Encourage the development of support that reflects and respects cultural and faith differences, recognising the importance of identity and belonging in recovery and sobriety.
- Support approaches that are accessible and inclusive for neurodiverse individuals, embedding good practice in communication, engagement and service design.



# Enforcement and Managing Offending Behaviour

Enforcement and the effective management of offending behaviour play a vital role in reducing drug- and alcohol-related harm and protecting our communities. While enforcement disrupts the supply of illegal substances and tackles criminality, we also recognise that many people involved in the justice system experience significant health inequalities, trauma, and unmet support needs.

We are committed to taking a balanced approach that combines proportionate enforcement with timely access to treatment, recovery, and support. This includes working with partners across policing, probation, prisons, and the courts to improve identification, referral, and engagement with services throughout the justice system. Evidence demonstrates that this integrated approach reduces the risk of reoffending, supporting improved individual outcomes and contributing to safer communities.

We will promote a recovery-focused, trauma-informed model that treats substance use as a health issue as well as a justice system concern. By strengthening pathways between justice and health services, improving continuity of care, and investing in diversionary approaches, we can reduce reoffending, improve outcomes, and support individuals to make sustainable changes.

## We will:

- Champion recovery in justice settings by embedding approaches that prioritise health, dignity, and rehabilitation.
- Strengthen connections between the justice system and treatment services, including co-locating staff within Probation and Integrated Offender Management (IOM) teams.
- Ensure continuity of care during key transitions, such as release from prison, to maintain engagement and reduce relapse risk.
- Expand diversion and early intervention schemes—such as Out of Court Disposals and Community Sentence Treatment Requirements—so people can access help before problems escalate.
- Embed lived experience in service design and delivery, ensuring responses are person-centred and challenge stigma.
- Adopt trauma-informed and culturally competent practices across the justice system to improve outcomes and build trust.

## What this means in practice

### **People**

*Fair responses, recovery-focused justice*

### **Places**

*Custody, courts, probation, community settings*

### **Systems**

*Diversion, integrated offender management, data-led action*

## The justice system and recovery-oriented partnership working

We are committed to taking a recovery-oriented approach to drug and alcohol use and offending behaviour across the justice system. This means working together as partners – including police, courts, prisons, probation, and community services – to look beyond enforcement alone and help people address the root causes of offending. By strengthening joint working, developing integrated pathways, and co-locating treatment staff within settings such as Probation and Integrated Offender Management (IOM), we aim to provide timely, co-ordinated support. We will also seek to overcome barriers to information-sharing and ensure seamless care as individuals move between custody and the community, making it easier for people to access support, feel understood, and avoid falling through the gaps.

## Enforcement

Enforcement remains a core component of our strategy to reduce drug-related harm and impact within our communities. In line with the national drug strategy's commitment to break drug supply chains, we will work with partners to target organised criminality, street-level dealing, and visible drug-related activity that undermines public safety and confidence.

Our approach will combine local intelligence, community insight, and targeted policing to disrupt supply and reduce drug availability, while also working to safeguard vulnerable people exploited through county lines, cuckooing, and drug debt coercion.

We will ensure enforcement activity is proportionate, intelligence-led, and delivered alongside health and recovery pathways to maximise both community and individual outcomes.

## Intelligence-sharing and crime analysis

Utilising intelligence more effectively and strengthening data-sharing across partners – including police, the justice system, health, and community services – will help us to build a more accurate picture of local trends, hotspots, and emerging risks. This will help us target enforcement activity more effectively, disrupt supply, and protect those most at risk. We will harness analysis of crime and harm data to inform the design and delivery of prevention, early intervention, and treatment responses, ensuring that our approach remains evidence-led, intelligence-driven, and adaptive to the evolving patterns of substance use and related harm in Lincolnshire.

# A Whole Systems approach

A Whole Systems approach means recognising that drug and alcohol use affects people differently at every stage of life – and that no single agency can tackle this alone. To reduce harm, we need to work together with families, communities, and local services to provide support that's joined-up, person-centred, and responsive to people's wider needs.

## What this means in practice

### **People**

*Person-centred, inclusive, trauma-informed*

### **Places**

*Across health, justice, housing and communities*

### **Systems**

*Shared accountability, intelligence, continuous improvement*

## We will:

- Collaborate across the system to deliver integrated, evidence-based prevention, treatment, and recovery services.
- Apply a life course approach, ensuring support is tailored to all age groups and life stages.
- Strengthen local insight by improving data collection and analysis, combining quantitative and qualitative evidence to guide decisions.
- Enhance service pathways to make them easier to navigate, expand outreach to underserved communities, and reduce stigma around substance use.

## Who we work with and how

### Children and Young People (CYP)

Children and young people who use substances often face a range of interconnected risks, including poor mental health, domestic abuse, criminal exploitation, and family breakdown. In Lincolnshire, we recognise that many children live in households affected by adult substance use, serious mental ill-health, or unsafe relationships. These overlapping vulnerabilities require a joined-up, preventative approach across our local system. Horizon, Lincolnshire's young people's substance use service delivered by Lincolnshire Recovery Partnership, will play a central role in delivering early intervention, harm reduction, and structured support tailored to the needs of young people. Horizon will work directly in schools, community settings, and alongside outreach and safeguarding services to engage young people at risk. This work will be delivered in partnership with schools, early help services, youth justice, children's services, and the voluntary sector – all of whom are vital in identifying early signs of risk, referring into appropriate support, and ensuring young people do not fall through the gaps. Through this collaborative approach, we aim to reduce harm, strengthen resilience, and support young people to achieve better outcomes now and in the future.

### Working-age People

Adults of working age may experience pressures linked to employment, housing, trauma, offending behaviour, or poor mental health. Across Lincolnshire, partners including employers, GPs, mental health services, housing providers, and the justice system are encouraged to work together to ensure people can access the right help at the right time. This includes improving access to early advice and prevention, strengthening links to treatment and recovery support, and offering practical help around employment and housing to enable long-term, sustainable change.

### Older Adults

Older adults may face distinct challenges, including social isolation, long-term health conditions, bereavement, and hidden harm related to alcohol or the misuse of prescription medication. These issues can be overlooked or misattributed to ageing, leading to delayed identification and support.

In Lincolnshire, partners across primary care, social care, community health services, and the voluntary sector – including organisations such as Age UK Lincoln & South Lincolnshire and Voluntary Centre Services – will work together to ensure older people are not left behind. Voluntary and community groups often have trusted relationships with older adults and are well-placed to spot concerns early, offer low-threshold support, and link individuals into wider help.

## Families

Families and carers are often central to a person's recovery, yet they can also experience significant emotional, relational, and practical strain due to someone else's substance use. Many feel isolated, overwhelmed, or unsure where to turn for help. It is essential that families receive support, not only as part of someone else's treatment journey. Beacon, the dedicated friends and family service, offers non-judgemental confidential support to individuals and families affected by someone else's drug or alcohol use, recognising the importance of lived experience, emotional wellbeing, and choice in how support is accessed. In addition, we will work alongside the Lincolnshire Domestic Abuse Partnership (LDAP) and other local family and community services to ensure that families experiencing intersecting issues access tailored support. Together, these services play a vital role in helping families cope, rebuild resilience, and maintain stability, regardless of whether their loved one is engaged in treatment.

## Emerging and Hidden Harm

Not everyone who needs support is in contact with treatment services or viewed as being at high risk. Many people, particularly in relation to alcohol, may wish to cut down or stop for personal, health, or social reasons before harms escalate. Others may face growing risks related to their alcohol use but remain outside traditional treatment pathways. By strengthening links across primary care, workplaces, communities, and digital platforms, we aim to make early advice and brief interventions easier to access and reduce the risk of harm increasing over time.

# Our Partners in Delivery

Delivering effective responses to drug and alcohol harms in Lincolnshire relies on strong multi-agency collaboration. The Lincolnshire Drug and Alcohol Partnership bring together organisations with clear roles in prevention, early intervention, treatment, recovery, community safety, and enforcement, who together are responsible for the delivery of local and national priorities. The following organisations are represented at the Drug and Alcohol Partnership and contribute to the delivery of drug and alcohol outcomes across the system:

## Local Government

- Lincolnshire County Council – Adult Care and Community Wellbeing (Public Health, Public Protection) and Children’s Services
- District Councils

## Health and Care

- The DLN Integrated Care Board (ICB)
- Lincolnshire Partnership NHS Foundation Trust (LPFT)
- United Lincolnshire Hospitals NHS Trust (ULHT)

## The Justice System

- Lincolnshire Police
- Office of the Police and Crime Commissioner (OPCC)
- East Midlands Prisons Group (inc. HMP Lincoln, HMP North Sea Camp, HMP Morton Hall within Lincolnshire)
- The Probation Service – East Midlands

The Partnership also works closely with statutory boards and multi-agency partnerships to ensure alignment and accountability, including:

- Lincolnshire Safeguarding Children’s Partnership
- Lincolnshire Safeguarding Adults Board
- Safer Lincolnshire Partnership
- Lincolnshire Domestic Abuse Partnership

We also engage with national bodies for oversight and strategic direction:

- Office for Health Inequalities & Disparities
- Joint Combating Drugs Unit/Home Office
- Department for Work and Pensions/Jobcentre Plus

# Working Together

Effective collaboration between the NHS, police, community and voluntary organisations, and the Local Authority is essential. This strategy promotes shared responsibility and joint delivery, focusing on sharing data, coordinating services, and ensuring support is accessible through a “no wrong door” approach.

In Lincolnshire, we are committed to fostering a system-wide culture of collective responsibility for the health, wellbeing, and safety of our communities. This includes raising awareness of drug and alcohol use across the workforce, improving professional confidence, and equipping staff with the knowledge and tools to respond effectively – whether through prevention, brief interventions, or referral into specialist services.

A shared understanding of local need is important. The Lincolnshire Joint Strategic Needs Assessment (JSNA) provides a critical evidence base to inform strategic planning, identify gaps in service provision, and help partners respond to changing patterns in drug and alcohol use. By routinely drawing on the JSNA and building a culture of insight-led practice, we can ensure our responses remain focused and relevant.

*(Disruption tactics, such as targeted operations on County Lines networks, are essential to protecting individuals from exploitation and tackling supply chains. However, they can also destabilise communities, increase risk for individuals already involved in drug use or street-level dealing, and leave temporary gaps in supply that lead to harm)*

## We will:

- Continue to convene effective cross-agency working groups to drive forward the objectives of the national strategy at a local level.
- Improve referral pathways into treatment and support, building on work already underway – such as translating Police Public Protection Notices (PPNs1) into meaningful contacts with support services.
- Maintain a strong focus on prevention by integrating substance use awareness into day-to-day practice across sectors, through normalising conversations about drugs and alcohol, asking sensitively during health and social care interactions, and signposting appropriately.
- Keep substance use as a cross-cutting priority across all relevant services, including the justice system, safeguarding, housing, education and community safety, recognising how drug and alcohol-related harm contributes to many other challenges.
- Develop strong feedback loops, so learning from service users, frontline professionals, and community partners informs future priorities, practice development, and commissioning decisions.
- Offer a coordinated, trauma-informed response when enforcement activity occurs, such as assertive outreach, safety planning, access to treatment and safeguarding, and community reassurance.



**Lincolnshire Drug and Alcohol Partnership**