

CABINET

DATE	11 th March 2026
REPORT OF	Councillor Stan Shreeve - Portfolio Holder for Health, Wellbeing, and Adult Social Care
RESPONSIBLE OFFICER	Diane Lee – Director of Public Health
SUBJECT	HEARTS Northern Lincolnshire Drug and Alcohol Strategy 2026–2036
STATUS	Open
FORWARD PLAN REF NO.	CB 03/26/03

CONTRIBUTION TO OUR AIMS

The recommendations within this strategy directly support the delivery of the Council Plan by strengthening communities, improving wellbeing, preventing harm, and deepening partnership working across Northern Lincolnshire.

Stronger Communities

The strategy promotes safer, more resilient communities by reducing the harms associated with drug and alcohol use. By addressing the needs of individuals, families, and neighbourhoods, it aims to reduce anti-social behaviour, improve community safety, and tackle the social inequalities that contribute to substance-related harm. The focus on early help, recovery, and long-term support strengthens protective factors such as stability, opportunity, and social connection, helping communities to thrive.

Wellbeing and Prevention

A whole-system, life-course approach ensures that prevention and early intervention are embedded throughout. The strategy prioritises reducing health inequalities, aligning to our Marmot Place ambitions, improving physical and mental wellbeing, and supporting people to live longer, healthier lives. By addressing all levels of substance use, from occasional use to dependency, it aims to prevent escalation, reduce avoidable harm, and support sustained recovery. The inclusion of children, young people, and families ensures that intergenerational cycles of harm are disrupted, and long-term outcomes improved.

Partnership and Collaboration

The strategy is built on the collective work of the Northern Lincolnshire Combatting Drugs Partnership and aligns with national priorities set out in the government's *From Harm to Hope: A 10-year drugs plan to cut crime and save lives*. It strengthens collaboration across health, social care, education, housing, criminal justice, and the voluntary and community sector. By ensuring the voice of lived experience informs service design and delivery, the strategy fosters shared ownership and accountability. This coordinated, multi-agency approach ensures resources are used effectively, duplication is reduced, and support is joined-up around the needs of individuals and communities.

EXECUTIVE SUMMARY

The strategy sets out a shared, whole-system approach to reducing drug- and alcohol-related harm across Northern Lincolnshire, focusing on prevention, early help, education and long-term recovery. It strengthens community wellbeing by tackling inequalities, improving safety, reducing stigma, and enhancing partnership working across local services.

RECOMMENDATIONS

It is recommended that Cabinet:

1. Endorses the strategic vision and key aims, including the commitment to prevention, early support, harm reduction, effective treatment, and long-term recovery for individuals, families, and communities.
2. Supports the implementation of the multi-agency action plan developed through the Combatting Drugs Partnership, ensuring coordinated delivery across health, social care, education, housing, criminal justice, and the voluntary and community sector.
3. Delegates authority to the Director of Public Health, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to finalise and implement the associated multi-agency action plan and oversee delivery arrangements.
4. Delegates responsibility to the Director of Public Health, in consultation with relevant partners, to manage all operational matters arising from the strategy, including commissioning, mobilisation, coordination of services, and ongoing performance monitoring, together with all ancillary matters reasonably arising.
5. Authorises the Assistant Director Law and Governance (Monitoring Officer) to complete all necessary legal and governance documentation required to support the implementation of the strategy and any associated commissioning or partnership arrangements.

REASONS FOR DECISION

The strategy provides a clear, evidence-based framework for reducing drug- and alcohol-related harm across Northern Lincolnshire and aligns with national priorities and local needs. It strengthens prevention, early support, treatment, and recovery pathways, helping to improve health, wellbeing, and community safety while addressing inequalities. Approving the strategy enables coordinated multi-agency action, ensures effective use of resources, and supports the development of stronger, safer, and more resilient communities.

1. BACKGROUND AND ISSUES

- 1.1. Locally, both North Lincolnshire and North East Lincolnshire experience significant challenges associated with substance use, including high levels of

drug-related harm, alcohol-related hospital admissions, and the impact of drug markets on crime and community safety. Drug poisoning deaths in England and Wales have reached record highs in recent years, and alcohol-specific mortality remains a serious concern. These harms are not experienced equally, vulnerable individuals, children of substance-using parents, people experiencing homelessness, and those in the criminal justice system are often disproportionately affected.

- 1.2. Given this complex and urgent landscape, the Northern Lincolnshire Drug and Alcohol Strategy provides a clear, place-based vision for reducing harm, promoting recovery, and strengthening system-wide prevention. It sets out our ambitions and priorities across both North and North East Lincolnshire, under the leadership of our shared Director of Public Health and the Northern Lincolnshire Combatting Drugs Partnership.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

- 2.1. The proposed adoption of the Northern Lincolnshire Drug and Alcohol Strategy presents significant opportunities to reduce harm, improve health and wellbeing, and strengthen community safety. The strategy directly mitigates several existing high-priority risks on the risk register, particularly those relating to health inequalities, community safety, and service demand by establishing a coordinated, whole-system approach.
- 2.2. Opportunities include enhanced partnership working, more efficient use of resources, improved outcomes for vulnerable groups, and strengthened compliance with national policy requirements. The strategy also supports long-term system sustainability by reducing avoidable demand on acute health, social care, and criminal justice services.
- 2.3. Data Protection (GDPR)
 - 2.3.1. The strategy itself does not introduce new data-processing activities; however, associated service developments may involve the sharing of personal and sensitive information between partners. All such activity will be managed in accordance with GDPR and the Council's Information Governance Framework, with appropriate data-sharing agreements, privacy notices, and security measures in place. No significant data protection risks have been identified at this stage.
- 2.4. Equalities
 - 2.4.1. The strategy is expected to have a positive impact across all nine protected characteristics by improving access to prevention, treatment, and recovery services and by tackling stigma and discrimination associated with substance use.
 - 2.4.2. The assessment also considered the Council's additional priority groups:
 - 2.4.2.1. Carers will benefit from improved support for families affected by substance use
 - 2.4.2.2. People experiencing deprivation will benefit from targeted interventions addressing the social determinants of health
 - 2.4.2.3. Children Looked After and Care Leavers will benefit from

strengthened safeguarding, early help, and trauma-informed approaches.

- 2.4.2.4. Armed Forces personnel and veterans will benefit from improved access to support and reduced barriers linked to stigma or mobility.

3. OTHER OPTIONS CONSIDERED

Cabinet could choose not to endorse the Northern Lincolnshire Drug and Alcohol Strategy. This option is not recommended. Without an agreed strategic framework, Northern Lincolnshire would lack a coordinated, evidence-based approach to reducing drug- and alcohol-related harm. The absence of a strategy would limit the area's ability to meet national expectations, weaken partnership working, and reduce the effectiveness of prevention, early intervention, treatment, and recovery services. It would also increase the risk of fragmented delivery, poorer outcomes for residents, and missed opportunities to address health inequalities and community safety concerns.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

There are potential positive reputational implications for the Council resulting from this decision. Endorsing the Northern Lincolnshire Drug and Alcohol Strategy demonstrates visible leadership on reducing harm, tackling inequalities, and working collaboratively with partners and communities. An action plan will be agreed with the Council's communications service, covering statutory and partnership communication requirements, public and stakeholder information needs (including people with lived experience, service users, carers, and residents), and any consultation or engagement activity. Communication channels to be utilised will include the Council's website, social media, partner networks, press releases, and targeted briefings for key stakeholders, including elected members and the Combatting Drugs Partnership.

5. FINANCIAL CONSIDERATIONS

- 5.1. The proposal contributes directly to the Council's Financial Strategy by aligning resources to priority outcomes, supporting more efficient and sustainable service delivery, and strengthening partnership-based approaches that maximise value for money. The strategy focuses on prevention, early intervention and recovery, which are all essential to reducing long-term demand on high-cost acute services across health, social care and community safety.
- 5.2. The strategy will be delivered within existing Public Health grant funding, with no requirement for additional Council reserves. There are no capital implications.
- 5.3. The proposal aligns with existing commissioning and risk-management policies and supports whole-system working, reducing duplication and

improving the effective use of external funding.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

- 6.1. The strategy has significant positive implications for children and young people. By strengthening prevention, early help and family-focused support, it aims to reduce the impact of parental and familial substance use, improve safeguarding outcomes, and create safer, healthier environments for children to grow up in. The strategy also includes targeted education and early intervention for young people and to support those already affected by drug and alcohol use.
- 6.2. There are clear corporate parenting implications. Children Looked After and care leavers may be vulnerable to the effects of trauma, instability and substance-related harm, either directly or within their family networks. The strategy supports the Council's corporate parenting responsibilities by promoting trauma-informed practice, improving access to appropriate support, and helping to reduce the risk factors that can negatively affect outcomes for this group.
- 6.3. Overall, the strategy is expected to improve health, wellbeing and life chances for children, young people and families across Northern Lincolnshire.

7. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

This will have no negative effect on climate change, nature recovery and the environment

8. PUBLIC HEALTH, HEALTH INEQUALITIES AND MARMOT IMPLICATIONS

- 8.1 The Northern Lincolnshire Drug and Alcohol Strategy supports the Joint Health and Wellbeing Strategy (JHWS) by reducing health inequalities, strengthening prevention, and improving wellbeing across the life course. By focusing on early help, effective treatment, recovery, and safer communities, the strategy contributes directly to the JHWS ambition for residents to live healthier, longer and more fulfilling lives.
- 8.2 The strategy is also firmly aligned with Marmot Place principles, recognising the strong link between social disadvantage, exclusion and substance-related harm. It promotes equitable, person-centred support, targets those most affected by inequality, and addresses wider determinants such as safety, stability and community resilience. Through strengthened partnership working and a whole-system approach, it helps create fairer, healthier communities across North East Lincolnshire.

9. CONSULTATION WITH SCRUTINY

Scrutiny were not consulted.

10. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

11. LEGAL IMPLICATIONS

11.1 The adoption of the Northern Lincolnshire Drug and Alcohol Strategy 2025–2030 aligns with extant policy and stated strategic outcomes and priorities. Further, it reinforces the Marmot principles as set out above.

11.2 The delegations sought are appropriate.

12. HUMAN RESOURCES IMPLICATIONS

There are no direct financial implications arising from this report.

13. WARD IMPLICATIONS

The strategy will have a positive impact across all wards.

14. BACKGROUND PAPERS

[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#)

15. CONTACT OFFICER(S)

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Councillor Stan Shreeve

Portfolio Holder for Health, Wellbeing and Adult Social Care



THE NORTHERN LINCOLNSHIRE DRUG AND ALCOHOL HEARTS STRATEGY

Building stronger, healthier communities where recovery is possible, visible and celebrated.



2026

2036



WELCOME



I am proud to introduce the Northern Lincolnshire Drug and Alcohol Strategy 2026–2036, a ten-year plan that sets out how we will reduce harm, promote recovery, and build stronger, healthier communities across Northern Lincolnshire.

This strategy is shaped by the real needs of our communities and carries with it a promise of change. It embraces a whole-system, life-course approach that places prevention, early help, treatment, and recovery at its core.

As Director of Public Health and Chair of the Combatting Drugs Partnership, I am committed to ensuring that this strategy is not just words on paper but a living plan that is owned by everyone. It will be delivered through coordinated action, reviewed annually, and shaped by the voices of those with lived experience. We will act early, think long-term, and challenge inequality.

I want to thank our partners, as well as the many people who shared their experiences to build this strategy. Together, we will create a Northern Lincolnshire where children grow up safe and healthy, where recovery is possible, visible and celebrated, and where everyone has the opportunity to thrive free from the harms of drugs and alcohol.

Diane Lee

Director of Public Health, Chair of the Northern Lincolnshire Combatting Drugs Partnership.

INTRODUCTION



£41 BILLION

Estimated total cost of
drugs and alcohol to society

Why a drug and alcohol
strategy is important
for Northern Lincolnshire.



Drug and alcohol use continues to represent one of the most pressing public health challenges in Northern Lincolnshire, with wide-ranging impacts on individuals, families, communities, and public services. Nationally, the total annual cost to society is estimated at £20 billion for drugs and £21 billion for alcohol, including costs to health services, criminal justice, social care, and the wider economy. The NHS alone spends approximately £500 million each year treating drug-related conditions and £3.5 billion managing the effects of alcohol use. These figures, however, cannot fully capture the human cost: lost lives, broken relationships, community harm, and intergenerational trauma.

Locally, both North Lincolnshire and North East Lincolnshire experience significant challenges associated with substance use, including high levels of drug-related harm, alcohol-related hospital admissions, and the impact of drug markets on crime and community safety. Drug poisoning deaths in England and Wales have reached record highs in recent years, and alcohol-specific mortality remains a serious concern. These harms are not experienced equally, vulnerable individuals, children of substance-using parents, people experiencing homelessness, and those in the criminal justice system are often disproportionately affected.

Given this complex and urgent landscape, the Northern Lincolnshire Drug and Alcohol Strategy provides a clear, place-based vision for reducing harm, promoting recovery, and strengthening system-wide prevention. It sets out our ambitions and priorities across both North and North East Lincolnshire, under the leadership of our shared Director of Public Health and the Northern Lincolnshire Combating Drugs Partnership.

Scope of the strategy

This strategy sets out a shared vision for reducing drug- and alcohol-related harm across Northern Lincolnshire. It reflects the collaborative efforts of the area's Combatting Drugs Partnership and aligns with national priorities outlined in From Harm to Hope: the 10-year drugs plan.

Substance use impacts health, wellbeing, community safety, and the economy. In response, this strategy adopts a whole-system and life-course approach. We acknowledge that social inequalities and exclusion contribute to an unjust society, one where some individuals face shorter lifespans and spend more of their lives in poor health. This strategy is designed to improve lives, and in doing so, to create a healthier, fairer place for everyone.

The strategy will:

- Cover both drug and alcohol use, recognising the overlapping health and social issues associated with both.
- Address the needs of children, young people, adults, families, and communities, including those affected by someone else's drug or alcohol use.
- Apply to all levels of use, from occasional or recreational use through to harmful or dependent patterns of use.
- Focus on prevention, early help, harm reduction, treatment, recovery, and long-term support.
- Promote joined up working across health, social care, education, housing, criminal justice, and the voluntary and community sector.
- Ensure the voice of lived experience is central to service design, delivery, and review.
- Tackle stigma, social inequality, anti-social behaviour, and the drivers of crime, while strengthening protective factors such as resilience, community support, and opportunity.

The strategy will be delivered through a coordinated action plan and reviewed regularly to ensure it remains responsive to local needs and evolving national policy.

THE EXISTING FRAMEWORK

Current service provision

In North Lincolnshire, adult drug and alcohol support is delivered through a single commissioned contract that combines structured treatment with a dedicated recovery service. This integrated model provides comprehensive support across the full care pathway, from engagement and harm reduction to long-term recovery. The contract also includes a Needle and Syringe Programme (NSP) and supervised consumption for individuals requiring pharmacological oversight when taking prescribed medication. These harm reduction services are delivered by the main provider and sub-contracted to a network of pharmacies across North Lincolnshire, ensuring wide community access.

DELTA supports under-18s who use drugs or alcohol, as well as young people affected by the substance use of family members.

For children and young people, North Lincolnshire provides an internal council-run service called DELTA. DELTA supports under-18s who use drugs or alcohol, as well as young people affected by the substance use of family members. This service focuses on early intervention, safeguarding, and prevention.

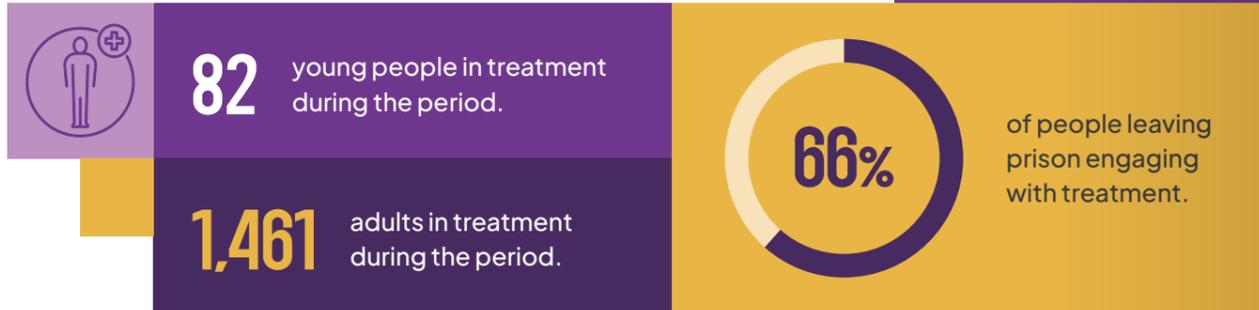


In North East Lincolnshire, the commissioned treatment service operates as an all-age provision, supporting children, young people, and adults through a single pathway. A large, separately commissioned recovery service, supported by the local authority, offers specialist recovery support, complementing the all-age treatment model and emphasising sustained recovery and community reintegration. Similar to North Lincolnshire, North East Lincolnshire also provides needle exchange and supervised consumption services through a network of local pharmacies, increasing accessibility and harm reduction opportunities across the area.

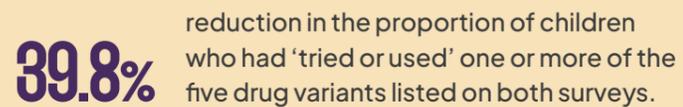
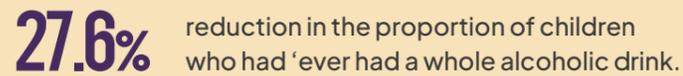
Together, these services form a comprehensive network supporting drug and alcohol related needs across Northern Lincolnshire, tailored to the distinct needs of each locality while maintaining a shared commitment to prevention, harm reduction, recovery, and family support

IN NORTH EAST LINCOLNSHIRE THERE WERE...

The following data is for the time period 01/09/2024 to 31/08/2025

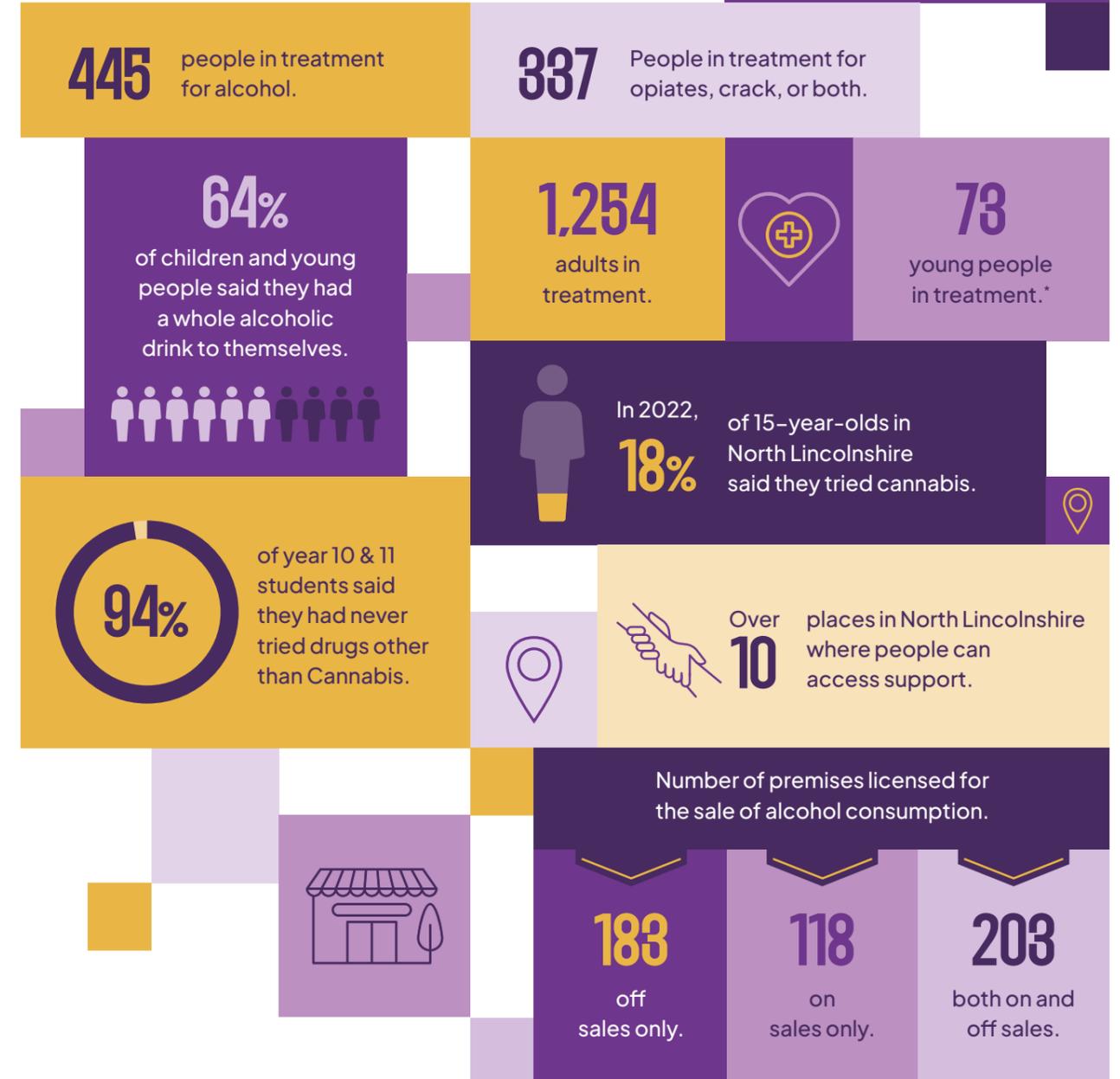
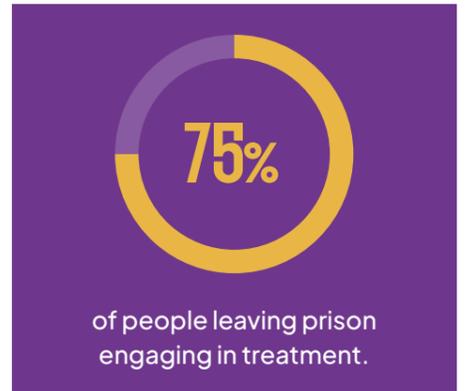


Between the Autumn terms of 2021/22 and 2024/25, NEL's secondary school population saw a...



IN NORTH LINCOLNSHIRE THERE WERE...

The following data is for the time period 01/09/2024 to 31/08/2025



*includes all under 18s and those with SEND up to aged 25.

OUR VISION

We envision a Northern Lincolnshire where harm from drugs and alcohol is significantly reduced, and individuals, families, and communities are supported to thrive free from the impact of harms caused by substance use.

Our goal is to create an environment where children can grow up safe and healthy, unaffected by parental or familial substance use, and where everyone has access to the support and opportunities they need to live fulfilling lives. Through prevention, early support, and recovery-focused services, we aim to build stronger, healthier, connected communities for current and future generations.



Our key aims overview



Reduce the availability and ease of access to illegal drugs across Northern Lincolnshire.



Enhance harm reduction measures, including wider availability of life-saving interventions such as Naloxone.



Prevent young people from initiating drug and alcohol use through education, early support, and community engagement.



Support people in recovery to access stable housing, employment, and social opportunities to sustain long-term wellbeing.



Lower the rates of harmful drinking and substance-related harm within the population.



Improve integrated healthcare provision to address the physical and mental health needs of those affected by substance use.



Increase access to effective, person-centred treatment and recovery support for all ages.



Foster strong partnerships between local authorities, health services, community organisations, and residents to create safer, healthier communities.



Shaping the strategy

To ensure consistency, integrity, and impact across all areas of work, we want to ensure this strategy is underpinned by principles that reflect our values, inform decision-making, and shape the way we work with our partners, stakeholders, and communities. This provides a foundation for effective, equitable, and sustainable delivery as we work towards a safer, healthier Northern Lincolnshire.



Start with people, end with impact

We design everything with people and communities at the centre, not as passive recipients, but as active partners. Our work must lead to meaningful, measurable improvements in real lives.



Act early, think long-term

We look upstream to prevent harm before it happens, and downstream to create change that lasts. Short-term wins matter but only if they build towards a stronger, fairer future.



Challenge injustice, don't work around it

We don't accept inequality as inevitable. We ask who's missing, who's most affected, and what systems need to change, and we act on the answers.



Work as one system

We collaborate across sectors, services, and siloes. When we connect our knowledge, resources, and relationships, we create more than the sum of our parts.



Use evidence and learn as we go

We draw on data, research, and lived experience to shape what we do. But we're not afraid to try new approaches, and we learn, adapt, and share as we go.



Be bold, stay grounded

We are ambitious. We aim high, speak up, and push for better, but we do so with humility, integrity, and an honest understanding of local realities.

Who will we work with to deliver this strategy?



How we will deliver this strategy?

- Work collaboratively and co-produce with people with lived experience, ensuring their voices shape the development and delivery of services and support.
- Engage with vulnerable individuals and families, including those not currently accessing services, to direct help where it is needed most and better understand their unique needs.
- Utilise the best available evidence, local data, and intelligence to inform decisions on substance use across Northern Lincolnshire, ensuring resources are targeted effectively and equitably.
- Review the strategy and action plan annually to evaluate progress, celebrate achievements, and set clear priorities for the coming year(s).
- Work restoratively, adopting a One Family approach that recognises the whole family's experience and remains alert to current and emerging safeguarding issues.
- Stay alert to new and emerging trends related to substance use and establish responsive mechanisms to address these swiftly and effectively.
- Respond proactively to recommendations from the Director of Public Health's annual report relating to drugs and alcohol, ensuring continuous improvement.
- Encourage innovation and the adoption of new technologies to enhance service delivery and reach.
- Seek additional funding and partnership opportunities through local businesses, private sector, academia, and other stakeholders to strengthen Northern Lincolnshire's drug and alcohol response.



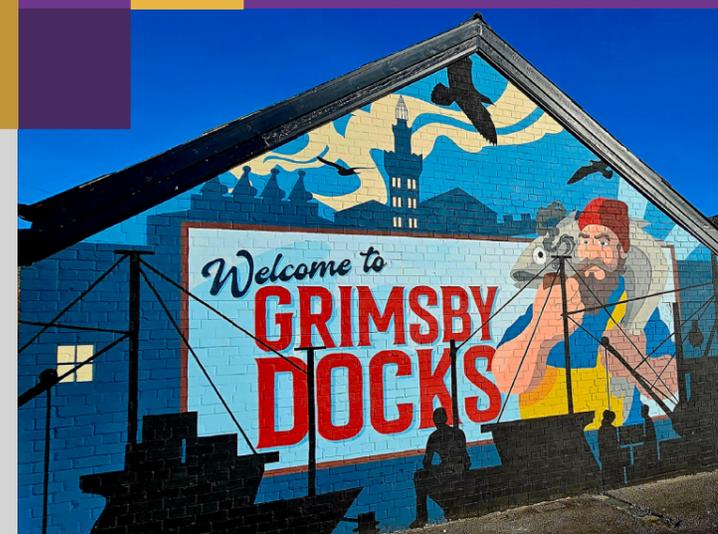
OUR FRAMEWORKS FOR CHANGE



The HEARTS Strategy is built around six key themes, each addressing a vital area in reducing harm, supporting recovery, and building stronger, healthier communities. These themes have been shaped through collaboration with partners, professionals, people with lived experience, and our communities, ensuring they reflect both local priorities and the realities of those most affected.

Each theme is underpinned by five commitments to change. These are practical actions that set out how we will turn ambition into action. Together, these commitments form a shared roadmap for change, guiding how we work, the partnerships we build, and the outcomes we aim to achieve.

Through this approach, the HEARTS Strategy will make a tangible difference by improving access to support, tackling stigma, strengthening community resilience, and ensuring no one is left behind.



THEME 1 HOPE THROUGH CULTURE CHANGE AND REDUCING STIGMA

Hope is the foundation of recovery. For individuals affected by drug and alcohol use, feeling seen, valued and believed in can be the difference between disengagement and meaningful change.



This strategy recognises the need to create a culture where hope is nurtured, not only within individuals, but across the communities and systems that surround them. To do this, we must actively challenge stigma, transform the narrative around substance use, and ensure recovery is visible, celebrated, and supported.

Across our communities, there is already strong work underway. Conversations about recovery are becoming more open and inclusive. Lived experience is increasingly recognised and valued, not just within treatment settings but also in shaping local responses and informing practice. There are strong, established networks of peer support and recovery communities that offer safe spaces, shared understanding, and real-world evidence that recovery is possible. People are beginning to feel more optimistic and are being supported in a way that focuses on strengths, individuality, and personal growth. The shift in attitudes is also reflected in how services engage with people. Approaches are becoming more personalised, trauma-informed, and grounded in compassion.



Despite this progress, significant challenges remain. Stigma continues to be a major barrier to seeking help. Many individuals still feel judged or blamed by services, professionals, and wider society. Negative behaviours associated with substance use are often misunderstood, and rather than being met with support, they can lead to further exclusion. Public environments, including town centres and community spaces, can reflect and reinforce these experiences of stigma, particularly when they are not maintained or designed to feel safe and inclusive.

There is also a lack of shared understanding around what recovery means. Without a consistent definition or common language, different sectors may work at cross purposes or deliver inconsistent messages. This can confuse individuals and families trying to navigate support, and can lead to duplication, missed opportunities, or a lack of joined-up care.

Cultural attitudes also need to shift. The way substance use is portrayed in the media, often either glamorised or demonised, shapes public opinion in unhelpful ways. Alcohol is normalised and embedded in many social settings, which can make harm harder to identify or challenge. In parallel, addiction is still too often seen as a moral failing rather than a complex health and social issue.

This strategy sets out a clear commitment to change that. By promoting shared understanding, raising the visibility of recovery, investing in lived experience, and challenging stigma wherever it appears, we aim to create hopeful communities where everyone feels safe to seek support, where recovery is possible, and where people are empowered to thrive.

This strategy recognises the need to create a culture where hope is nurtured, not only within individuals, but across the communities and systems that surround them.

THEME 1: HOPE THROUGH CULTURE CHANGE AND REDUCING STIGMA

Our commitments to change

We will challenge stigma by increasing the visibility of recovery in our communities.

We will showcase recovery through positive media stories, public events, and visible lived experience roles to change the narrative and promote a culture of hope.

We will create safe, inclusive environments where people feel confident to seek support.

We will promote non-judgemental, trauma-informed spaces where fear of consequences, blame, and shame are reduced, enabling more people to come forward earlier for help.

We will ensure lived experience is at the heart of workforce development across all sectors.

This includes expanding lived experience-led training to reduce stigma, improve understanding, and build compassionate practice across health, criminal justice, education, and community services.

Together, we will foster a shared understanding of recovery that builds on people's strengths across every service.

This includes co-producing a clear and inclusive definition of recovery with people with lived experience and embedding it across systems to promote hope and consistency.

We will strengthen collaboration between services through shared language, purpose, and trust.

By improving communication and reducing silo working, we will build confident pathways between services, so no one is left behind, and everyone is supported with the right care at the right time.

THEME 2 EDUCATION, PREVENTION AND EARLY INTERVENTION

Preventing the harms linked to drugs and alcohol is not a single action it is a long-term, system-wide commitment that combines education, early intervention, and community resilience.

This involves proactive intervention to reduce risk, fostering environments that support wellbeing, and delivering the right support at the earliest point of need.

We will use education as a tool to empower individuals, families, professionals, and communities. This goes beyond teaching about substances, it is about raising awareness of the link between trauma, mental health, social pressures, and substance use. It is about ensuring every professional, from housing officers to police, youth workers to employers, has the knowledge and confidence to recognise risk, respond appropriately, and connect people to support without delay.

Prevention is not only about reducing exposure to risk but actively building protective factors. Access to safe housing, meaningful work, positive relationships, and community activities all play a role in reducing vulnerability. We will collaborate with partners to expand access to sport, cultural activities, education, and volunteering, proven pathways to improved wellbeing and personal development.

Early intervention will be embedded in everyday settings so that concerns are acted on quickly. This means professionals asking the right questions in the right way, workplaces adopting supportive policies, and communities feeling confident to step in when someone may need help. We will promote a "no wrong door" approach so that regardless of where someone seeks help, they can be guided to the right service without being turned away.

By combining clear, consistent education with proactive prevention and timely intervention, we will reduce the number of people reaching crisis, lessen the long-term burden on services, and create communities that are better equipped to support one another. Our success will be measured not just by fewer harms, but by stronger, healthier, and more connected communities.

THEME 2: EDUCATION, PREVENTION AND EARLY INTERVENTION

Our commitments to change

We will strengthen protective factors in people's lives.

By increasing access to safe housing, meaningful activity, and positive relationships, we will reduce vulnerability and promote healthier choices.

We will equip professionals with the skills to spot and act on early signs.

Through consistent training and shared learning, we will build a confident workforce that can intervene before harm escalates.

We will connect people to the right help at the right time.

By promoting a "no wrong door" approach, we will ensure that wherever someone seeks help, they are guided quickly to the support they need.

We will make prevention everyone's responsibility.

By working across all sectors, we will ensure that individuals, communities, and services actively contribute to reducing the risks linked to drugs and alcohol.

We will embed early intervention into everyday settings.

From workplaces to schools, GP surgeries to community hubs, we will make it easy to ask for help and receive timely, appropriate support.



THEME 3 ACTION TO REDUCE HARM, CRIME AND ANTISOCIAL BEHAVIOUR

We will take a firm but fair approach to tackling the harms caused by substance use, reducing crime, and improving the safety of our communities.

This means addressing problems early, acting quickly when harm occurs, and ensuring that support and enforcement work hand-in-hand. Decriminalisation approaches for children and young people have already helped shift the focus from punishment to prevention, but we know more is needed to break the cycle before it starts.

Local intelligence shows that anti-social behaviour, street-level drug activity, and the visible effects of substance use impact public confidence and community wellbeing.

We will work with communities and businesses so they know how and where to report concerns, and we will be transparent about the action taken. We will increase our presence in high-impact areas, combining visible policing and outreach with cleaner, greener, and safer public spaces. Education will underpin this work, with early messages on risk, harm, and resilience delivered in schools and reinforced through community networks.



By acting decisively and working together, we will reduce drug and alcohol-related harm, cut crime, and improve the quality of life in our neighbourhoods.

Our approach recognises that not everyone will engage with treatment immediately. We will therefore provide multiple pathways, from harm reduction and assertive outreach to structured rehabilitation, so that support is available at the point of readiness. People leaving the criminal justice system will be supported to reintegrate into the community with access to housing, employment, and recovery services, reducing the likelihood of reoffending.

By acting decisively and working together, we will reduce drug and alcohol-related harm, cut crime, and improve the quality of life in our neighbourhoods. Safer streets, stronger communities, and fewer victims will be the measure of our success.



THEME 3: ACTION TO REDUCE HARM, CRIME AND ANTISOCIAL BEHAVIOUR

Our commitments to change

We will make every contact count in breaking the cycle of offending.

From street outreach to prison release, we will connect people to the right mix of support and enforcement at the right time.

We will keep our public spaces safe, clean, and welcoming.

By working with communities to tackle visible harm, we will build neighbourhoods people are proud to live and work in.

We will use enforcement proportionately and effectively.

Where harm is caused, we will take decisive action, balancing justice with opportunities for rehabilitation.

We will act early to stop problems escalating.

By identifying risks sooner and intervening quickly, we will prevent substance-related harm before it leads to crime or anti-social behaviour.

We will work together to protect communities and build trust.

By improving communication and pathways between criminal justice, health, and local services, we will give residents confidence that concerns are heard, and action is taken.

THEME 4 RECOVERY AND LIVED EXPERIENCE AT THE CENTRE



Lived experience is a critical asset in our local drug and alcohol system, strengthening both recovery outcomes and the effectiveness of treatment services.

Across the area, people with lived experience are already embedded within recovery and treatment pathways, working alongside professionals to provide authenticity, empathy, and a unique connection that encourages engagement and builds trust. Mutual aid groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other peer-led networks provide ongoing community-based support, while independent lived experience-led organisations deliver innovative and creative approaches that complement statutory provision.



Our current approach benefits from having lived experience integrated into the core of treatment and recovery services. This has enabled peer support, recovery connectors, and volunteer programmes to be part of the treatment journey from the earliest stages. However, challenges remain. A perceived “glass ceiling” can limit progression for those in lived experience roles, and a small number of individuals are often relied upon to represent the community, creating risks of burnout. Diversity in lived experience representation needs strengthening to ensure all communities and demographics are reflected. Stigma continues to be a barrier to engagement, while recruitment processes, vetting requirements, and organisational policies can unintentionally exclude those with valuable lived experience.

To address these gaps, we will continue to embed lived experience at all levels of the system from direct service delivery to strategic decision-making. We will develop clear, supported pathways into lived experience roles, underpinned by structured training, mentoring, and resilience building, ensuring individuals are fully prepared and supported for these positions. Lived experience roles will be of equal value to professional roles, avoiding tokenistic approaches and ensuring parity of esteem, this also includes having robust internal and supportive structures to promote development and prevent relapse. We will work with employers, public services, and community partners to actively promote recovery-friendly policies and tackle stigma in all settings.

We will also expand the scope of peer support provision, offering a diverse range of groups, interests, and approaches so that recovery is accessible to all. Celebrating positive role models will help to raise the profile of recovery, and buddy systems and mentorship will be standard from the outset of treatment. People in recovery will be supported to share their experiences in a way that is safe, authentic, and empowering, further inspiring change in others.

Our vision is a system in which stigma surrounding addiction and recovery is eliminated, and people feel safe and confident to seek support without fear of negative consequences. Recovery will be visible, celebrated, and embedded across all sectors, with people with lived experience empowered to progress within organisations without limitation. By keeping lived experience central to recovery and treatment services, we will ensure that the “window to recovery” remains open for everyone, at all times.

Recovery will be visible, celebrated, and embedded across all sectors.

THEME 4: RECOVERY AND LIVED EXPERIENCE AT THE CENTRE

Our commitments to change

We will embed lived experience at every stage of the treatment and recovery journey.

By integrating peer support, recovery connectors, and volunteer roles into treatment pathways from the outset, we will ensure that lived experience is a visible and valued part of the recovery process.

We will work with partners to remove barriers and tackle stigma.

By reviewing policies, improving recruitment processes, and promoting recovery-friendly workplaces, we will make it easier for people to engage, progress, and thrive in recovery.

We will celebrate and promote positive recovery role models.

By raising the profile of people with lived experience and sharing their achievements, we will challenge stigma, inspire change, and make recovery more visible in our communities.

We will create clear, supported pathways into lived experience roles.

Through structured training, mentoring, and resilience building, we will prepare people for sustainable roles that offer equal value to professional positions and avoid tokenistic approaches.

We will increase diversity and representation in lived experience roles.

We will ensure that people from all backgrounds and communities are represented, so that recovery support reflects the needs of the whole population.

THEME 5 TOGETHER: SUPPORTING YOUNG PEOPLE, FAMILIES AND FUTURE GENERATIONS



Our vision is to ensure that children, young people, and families are supported early, holistically, and without stigma, so that future generations are equipped to make healthy choices and recover from the impacts of substance use.

Across our area, there are strong foundations to build upon. Drug and alcohol education is increasingly being delivered in schools, early identification of risk is improving, and there is growing recognition among frontline staff of the need for a whole-family approach that addresses underlying causes such as trauma, mental health, and adverse childhood experiences.

However, education and support often come too late, and opportunities for early intervention are missed. While lived experience is increasingly valued, it is not yet fully utilised in prevention work with children and families. Stigma remains a major barrier, discouraging individuals from seeking help and preventing open discussion about substance use in homes, schools, and communities. The tone and language used when discussing substances can deter engagement, and families frequently face inconsistent responses across services due to varying levels of expertise, limited communication, and silo working.

To create lasting change, we must embed substance use education within the school curriculum from an early age, similar to how sex education is delivered, ensuring teachers, school staff, and youth workers are trained to recognise early signs and respond appropriately. We will work to normalise conversations about drugs and alcohol, reframing them as part of everyday health and wellbeing discussions rather than taboo subjects. Trauma-informed practice will be embedded across all agencies, and staff will be confident in supporting children and families in a safe, non-judgemental way.



We will work to normalise conversations about drugs and alcohol, reframing them as part of everyday health and wellbeing discussions.

Our approach will prioritise a coordinated, whole-family model, ensuring that parents, carers, and children receive the right support at the right time from the right person. This includes creating safe, welcoming spaces for one-to-one conversations, offering alternative forms of therapy such as sport, arts, and hobbies, and tailoring education to individual needs, including for those with autism, ADHD, and other additional needs. By working closely with lived experience representatives, we will co-produce interventions that are relevant, accessible, and meaningful to those they aim to support.

We aim for a community where children and families feel confident to come forward for help, conversations about substance use are open and stigma-free, and professionals across all services work seamlessly together. We will have a joined-up model of prevention, education, treatment, and recovery, ensuring that future generations grow up informed, resilient, and connected – with the knowledge, skills, and support to live healthy and fulfilling lives.

THEME 5: TOGETHER: SUPPORTING YOUNG PEOPLE, FAMILIES AND FUTURE GENERATIONS

Our commitments to change

We will prioritise early education and intervention for children, young people, and families.

By embedding age-appropriate substance use education into everyday learning and conversations, we will ensure people have the knowledge and skills to make informed choices before problems arise.

We will make lived experience central to prevention and family support.

By working alongside people with lived experience, we will design and deliver interventions that are relevant, engaging, and truly meet the needs of those they aim to help.

We will take a whole-family approach to support.

By addressing the needs of children, parents, and carers together, we will create safe, non-judgemental environments where families can access help early and without fear of stigma.

We will build resilient, connected communities for future generations.

By promoting healthy coping strategies, providing safe spaces, and tackling stigma, we will help young people grow up with the confidence, skills, and support to live healthy, fulfilling lives.

We will ensure all professionals are confident and equipped to respond.

Through trauma-informed training and improved communication between services, we will make sure staff can recognise early signs, respond appropriately, and connect families with the right support.

THEME 6

SUPPORT AND SUSTAINABILITY

Our ambition is to create a sustainable system of support that empowers people throughout their recovery journey, from first contact to long-term stability, with no gaps in care.

There are strong foundations already in place, including good continuity of care between prison and community treatment, a growing variety of prescribing options, a person-centred approach and an increasing presence of lived experience voices within services.

However, sustainability is challenged by resource constraints, inconsistent service availability, and fragmented communication between agencies. In some cases, people face duplicate appointments, confusing pathways, or limited options that do not fully address complex needs, including dual diagnosis. The lack of consistent aftercare, combined with variations in prescribing rules, housing availability and life skills support, can leave people vulnerable to relapse. Staff turnover, funding cycles, and differing service agendas can disrupt relationships and continuity of care. Stigma remains a barrier, preventing people from seeking support and making it harder for communities to recognise recovery as achievable.



To address these challenges, we will strengthen collaboration between services, removing duplication and ensuring pathways are clear, joined up, and accessible. We will embed a holistic approach that integrates lived experience at every stage, promotes mutual respect, and values the small wins that sustain motivation. Long-term aftercare will be a priority, supporting people beyond the initial goals of treatment with life skills, meaningful activity, and connection to healthy communities.

We will also improve the consistency and reach of services by promoting shared training, developing trauma-informed practice across the workforce, and ensuring services understand each other's roles and capabilities. Central hubs and community-based access points will make support visible and within reach, while outreach and peer-led engagement will help those who are isolated or reluctant to engage. Sustainability will be strengthened through greater use of collaborative funding models, shared resources, and community partnerships that extend support networks beyond traditional service boundaries.

Our goal is a system where people can access consistent, long-term support without interruption; where services work in harmony to offer wraparound care; and where recovery is visible, celebrated, and understood as a continuous journey. Communities will play an active role in sustaining recovery, people will feel empowered to own their progress, and services will have the stability, skills and resources to support individuals for as long as needed.



THEME 6: SUPPORT AND SUSTAINABILITY

Our commitments to change

We will ensure support is consistent, accessible, and free from duplication.

By improving coordination between services and reducing repeated appointments, we will make it easier for people to navigate the system and stay engaged with the right support.

We will address complex needs through joined-up, person-centred care.

By tackling barriers such as housing, dual diagnosis, and gaps in mental health support, we will ensure recovery plans meet the full range of individual needs.

We will prioritise long-term recovery through after care and life skills development.

By providing practical skills, healthy activities, and ongoing guidance, we will help people maintain independence and avoid returning to crisis.

We will build strong community networks to sustain recovery.

By encouraging healthy, positive connections and creating safe spaces for engagement, we will reduce isolation and increase opportunities for participation in community life.

We will strengthen the workforce and system to deliver sustainable support.

By improving communication between agencies, sharing resources, and providing consistent training, we will create a stable, skilled system able to respond effectively to changing needs.

MOVING FORWARD TOGETHER



The HEARTS Strategy sets out a clear, ambitious plan for tackling the harms caused by drugs and alcohol, supporting recovery and building healthier, more resilient communities. Our six themes, underpinned by thirty commitments to change, give us a shared direction and a framework for action that is rooted in evidence, shaped by experience, and strengthened by partnership.

Success will depend on all of us services, professionals, communities, and individuals working together with a shared purpose. By delivering on these commitments, we will create environments where people feel safe, supported, and connected and where recovery and resilience are possible for everyone.

The work starts now, and together, we can make a lasting difference.

WITH THANKS

We would like to thank all those who contributed their time, expertise, and lived experience to the development of this strategy. Your insights, knowledge, and commitment have been invaluable in shaping our shared vision for reducing harm and supporting recovery across our communities.

Our thanks go to representatives from:

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Coordinators, Social Care, Head of Housing, Public Health, and Insights teams

North East Lincolnshire Council

Head of Home Options, Rough Sleeper Coordination, Family Help, Public Health, and Data teams

With You

Senior Employment Specialists, Community Engagement, Head of Service (NL), Clinical Leads, and Recovery Service teams

Creative Start

including much valued lived experience contributors

Emerge Hub

Management and coordination teams

Carers Support Service

North and North East Lincolnshire, including Brigg teams

Community Inclusion Teams

Education and School Nursing Services

North East Lincolnshire

Children's Services

North and North East Lincolnshire

Probation Service

Health Justice Coordination, Senior Probation Officers (North Lincolnshire and Scunthorpe)

Humberside Police

Neighbourhood Policing Teams, Integrated Offender Management, Patrol, and other specialist roles

Chair, Community Pharmacy Humber

Citizens Advice

Social Prescribers (West PCN)

NHS Services

Clinical Nurse Specialists, NHS Talking Therapies, NLAG Inclusion Nursing teams

Humber and North Yorkshire ICB

Housing Partners

Lincolnshire Housing Partnership

JEFF Project

Compass Go

Domestic Abuse Coordination Services

Social Prescribers and Community Engagement professionals

DARS and DART (HMP Hull / Humber)

Prison-based drug and alcohol recovery services

Scunthorpe Recovery Service

Including valued lived experience contributors

Nacoa

Elected Members from both North and North East Lincolnshire

We are grateful to each of you for sharing your perspectives and working together to create a strategy that reflects the needs, strengths, and aspirations of our communities. Your commitment to collaboration and lasting change will be the foundation for delivering on the priorities we have set out.



THE NORTHERN LINCOLNSHIRE DRUG AND ALCOHOL HEARTS STRATEGY 2026-2036

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