



# Worcestershire Drug and Alcohol Strategy

2022-2027

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# Foreword

The devastating effects of drug and alcohol misuse are well known, not just those who misuse drugs and alcohol but also their families, loved ones, carers, wider communities, services and businesses.

Following the publication of the new Government 10-year plan to combat the harm caused by illegal drugs, the local drug and alcohol partnership board have taken the opportunity to create a new Drug and Alcohol Strategy for the county.

This strategy is a unique opportunity for partners to state their shared ambitions to address drug and alcohol-related crime, death, harm and overall use in Worcestershire. The strategy will act as a vehicle to allow local partners to jointly identify how they will address the priorities set out in this document.

In Worcestershire, we are taking a holistic view of drug and alcohol abuse from prevention, through treatment, to recovery. Supported by existing work identified across the Integrated Care System, this Strategy aims to tackle the issues that lead to drug and alcohol misuse as well as ensuring our residents have access to world-class treatment and recovery services.

Together we can improve people's lives and help them live happier, more prosperous and independent lives.

**Councillor Karen May**, Cabinet Member with Responsibility for Health and Wellbeing and Chair of Worcestershire's Health and Wellbeing Board



# Introduction

## DRUG AND ALCOHOL STRATEGY

This document describes the local drug and alcohol partnership's plans for addressing drug and alcohol misuse in Worcestershire.

The Drug and Alcohol Strategy outlines the partnership's approach to delivering commitments across four key priority areas:

**PREVENTION** – Breaking Supply Chains

**PREVENTION** – Health and Wellbeing

**TREATMENT**

**RECOVERY**

The development of this strategy has been informed by stakeholder engagement and local intelligence on the drug and alcohol needs present in Worcestershire, reflecting relevant national and local strategies and partnerships including:



- Government's 10-year drugs plan, From Harm to Hope, 2021
- Government's rough sleeper strategy, Ending Rough Sleeping for Good, 2022
- Worcestershire's Health and Wellbeing Board and Strategy, 2022-2032
- Herefordshire and Worcestershire Combatting Drugs Partnership (CDP)
- Worcestershire Substance Misuse Oversight Group (SMOG) – the local partnership board directly overseeing this strategy
- Worcestershire Safer Communities Board and partnerships.

It will cover the period from publication until 2027, reviewed annually.

## IMPROVING HEALTH AND WELLBEING

This Drug and Alcohol Strategy will support the wider ambitions identified in several key Strategies aimed at improving the health and wellbeing of people who live and work in Worcestershire. This includes Worcestershire's new 10-year Joint Local Health and Wellbeing Strategy (JLHWS) 2022 - 2032, the Integrated Care Strategy and the local Combatting Drugs Partnership (CDP).

Worcestershire's JLHWS sets out the key priority, ambitions and evidence-based approaches to improve health and wellbeing in the County. To ensure alignment, this Drug and Alcohol Strategy is structured around the same underpinning health approaches:

- Wider determinants of health
- Reducing inequalities
- Prevention and early intervention

Herefordshire and Worcestershire's Integrated Care Strategy will build upon existing partnership work that is already focused on achieving improvements in population health outcomes and reducing health inequalities. This will include the work that partners already do in addressing the wider determinants of health, such as the work outlined in this Drug and Alcohol Strategy.

This strategy will also support the work of the Herefordshire and Worcestershire Combatting Drugs Partnership (CDP). The new partnership will be working locally to deliver the Government's strategic priorities including the combatting drugs outcome framework, outlined in the 10-year plan: 'From harm to hope.'

# National picture

## From Harm to Hope

'From Harm to Hope' is the Government's 10-year plan to combat illegal drugs. The plan sets out how the supply of drugs by criminal gangs will be targeted and how those with a drug addiction will be given a route to a drug free life.

The Government pledges over £3 billion of investment over the next three years to reduce drug-related crime, death, harm and overall drug use.

National and local partners will focus on delivering three strategic priorities:

1. Break drug supply chains – Home Office and Ministry of Justice
2. Deliver a world-class treatment and recovery system – Department of Health and Social Care, Ministry of Justice, Department for Levelling Up, Housing and Communities, and the Department for Work and Pensions
3. Achieve a generational shift in demand for drugs – Home Office, Department for Education, Department of Health and Social Care, Ministry of Justice, Department for Culture, Media and Sport, Department for Levelling Up Housing and Communities

# Local picture

## POPULATION, OVERVIEW

- Overall, Worcestershire is not seen as a deprived area compared to England as a whole. However, there are still almost 28,000 residents who live in one of the top 10% of deprived areas in the country.
- There are 18 LSOA's in Worcestershire that are in the top 10% most deprived areas in England, and 74 LSOA's in the county within the top 30% most deprived areas in England. Almost 5% of the Worcestershire population are living in LSOA's that are within the top 10% most deprived areas in England, whilst just over 20% are living in places categorised as being within the top 30% most deprived areas in England.
- Worcestershire is a two-tier authority, including the County Council and six district councils. Its population in 2021 was 605,437 forecast to grow by 5.5% to 638,786 in 2030. Of the six Worcestershire districts, Wychavon has the largest proportion of the population (22%) and Malvern Hills the smallest (13.5%).
- The proportion of under 20s across the county is (21%) – highest in Redditch (24%) – and the proportion of over 65s is 23% – highest in Malvern (28%). The total population is forecast to increase by 5.5% by 2030. Over the same period, over 65s are forecast to increase significantly, e.g., over 85s by 35%.

All population data is available from the Worcestershire Insights website. See bibliography for specific reference.

# DRUG AND ALCOHOL RELATED HEALTH NEEDS

## DRUG AND ALCOHOL USE, UNMET NEED

- In 2016-17 (the last estimate), 1,764 adults in Worcestershire were estimated to be crack users, 2118 opiate and 2,298 both (OCU). The rate of unmet need for OCU was 46%, lower than England, 53%.
- In 2018, 5,321 adults in Worcestershire were estimated to be alcohol dependent; 1,029 (alcohol only and alcohol and non-opiate) were engaged in treatment meaning 4,292 (81%) dependent drinkers' needs were unmet, the same as England. In 202-21, the proportion of dependent drinkers not in treatment was the same, 81%.

## IMPACT ON FAMILIES

- In 2014-15, the estimated number of adults with opiate dependence living with children in Worcestershire was 745. The unmet treatment need for 2020 was estimated at 66%, worse than England, 58%. The number of children living with drug users entering treatment, for Worcestershire and England, 2020-21 was 251.
- In 2018-19, the estimated number of alcohol dependent adults living with children was 1,131. Unmet need was estimated at 76% compared to 79% for England.

## MORTALITY

- In 2018-20 there were 69 drug misuse deaths in Worcestershire. Age-standardised mortality rate from drug misuse per 100,000 population in Worcestershire is 4.2 per 100,000, below the national average of 5.3 per 100,000.
- In 2020, alcohol-related mortality was 38 per 100,000 in Worcestershire compared to 42 for West Midlands and 37 per 100,000 for England. In 2017-19, the directly age-standardised rate for alcohol-specific mortality in Worcestershire was 10.6 per 100,000; England was 10.9. Mortality from chronic liver disease was 12.7, slightly higher than England, 12.

## HOSPITAL ADMISSIONS

- In 2020-21, there were 283 adult hospital admissions for drug poisoning in Worcestershire; the local rate was 47 per 100,000 compared to a national rate of 50. In 2017-20, the directly standardised rate of admission for young people (15-24 year olds) due to drug misuse was 56 per 1000, lower than England, 85 per 100,000.
- In 2020-21 the rate of admission episodes for alcohol specific episodes for all ages in Worcestershire was 473 per 100,000 compared to 587 per 100,000 for England. For adult admissions to hospital for alcohol-specific conditions in Worcestershire in 2019-20, the directly standardised rate was 487 per 100,000, lower than the national average of 644 per 100,000.

## TREATMENT

- In 2021-22 a total of 2,586 people were engaged in treatment for alcohol and/or drug dependency in Worcestershire, including 28 young people (under 18).
- On 31.3.22 the number of adults with a drug and/or alcohol treatment need who successfully engage with community-based structured treatment following release from prison was 25%, lower than England, 37%. Government has set a national target of 75%.
- In 2020-21, of the number of adults engaged in drug treatment who self-reported their housing status, 15% had a housing or urgent housing problem.

All data is latest available and taken from OHID Fingertips and the National Drug Treatment Monitoring System (NDTMS). See full bibliography for specific references.

# Current Provision

In Worcestershire the drug and alcohol treatment system consists of evidence-based provision related to prevention, treatment and recovery, as detailed in the graphic below.

Treatment service approaches include, but are not limited to GP shared care, delivery of psychosocial interventions, opiate substitution therapy. These approaches are complemented by harm reduction initiatives including needle exchange, blood borne virus testing and various targeted rough sleeping and recovery initiatives.





# Strategic Priorities

**The overall aim of this strategy is to reduce drug and/or alcohol-related crime, death, harm and overall use in Worcestershire.**

To achieve this aim, we have identified four key strategic priorities that are detailed below. Included under each priority are commitments that demonstrate how we, as a partnership, plan to meet the overall aims of this strategy. These commitments will be taken forward into a joint action plan that will be owned and monitored by the local partnership board. The priorities and their commitments are for everyone irrespective of gender, sex, age, disability, ethnicity, sexual orientation, or religion, and recognising intersectionality of these characteristics.

## SMOG PARTNERSHIP COMMITMENTS

- Partnerships and governance, assessment of need, integrated approach, high quality treatment

### PREVENTION - Breaking Supply chains

- Aligning with the relevant regional and national criminal justice policies
- Supporting the delivery of the West Mercia Police Force Drugs Delivery Plan 2022 – 2024

### PREVENTION – Health & Wellbeing

- **Primary prevention**  
*Taking actions to prevent problems before they happen*
- **Secondary prevention**  
*Taking actions to reduce the impact of problems at the earliest possible stage*
- **Tertiary prevention**  
*Taking actions to soften the impact of ongoing problems to improve people's quality of life*

### TREATMENT

- **Treatment options**  
*World class treatment provision*
- **Treatment access**  
*Improve the routes into services*
- **Treatment exit**  
*Develop in-patient community detoxification services*
- **Young People**  
*Ensuring appropriate services in place for young people*

### RECOVERY

- **Recovery Orientated System of Care**  
*Ambition for every person who enters treatment to recover and live a life independent of services*
- **Jobs**  
*Continue to develop the responses of employment services*
- **Homes**  
*Ensure that people's ability to engage in treatment is not hampered by their need for support with accommodation*
- **Friends**  
*We will ensure the availability of*

# Key Priority 1 – PREVENTION: Breaking Supply Chains

## We will target all stages of the drug supply chain in Worcestershire.

It is the aim of the partnership that within the lifetime of this strategy, Worcestershire will be a significantly harder place for organised crime gangs to operate. In Worcestershire, we will build on the national and regional initiatives attacking all stages of the drug supply chain. This will have a positive effect on the associated impacts of drug dealing – violence, exploitation, and imprisonment.

In pursuing this priority, the partnership will align itself with the West Mercia Police's 'Force Drugs Delivery Plan' 2021-24 (See Appendix), which details how the police and their partners – the National Crime Agency, the Regional Organised Crime Unit, British Transport Police, and Her Majesties Prison and Probation Service – will reduce the harms associated to the supply of illicit drugs. In Worcestershire, the impact of illicit drugs impacts numerous vulnerable groups, including children.

## COMMITMENTS - PREVENTION: Breaking Supply Chains

### COMMITMENT 1

The partnership will work with key national and regional partners and groups to reduce the harm associated to the supply of illicit drugs in Worcestershire and work collectively to deliver the West Mercia Police Force Drugs Delivery Plan 2021-24

### COMMITMENT 3

The partnership will work with local enforcement officers to ensure that those shops and establishments who engage in the sale of alcohol and tobacco to those who are underaged, face punitive measures.



# Key Priority 2 – PREVENTION: Health and Wellbeing

## We will aim to increase our focus on all types of prevention and early intervention to achieve a safer and healthier environment for all.

In Worcestershire, we will consider primary, secondary, and tertiary prevention approaches. We will take an evidence informed approach to activities aimed at reducing the number of people drinking alcohol to harmful levels, taking drugs, or drawn towards drugs. This approach will ultimately contribute towards creating a safer and healthier environment for all.

As a partnership, we state a desire to reduce the rise in the use of recreational drugs, such as powder cocaine and ecstasy. In the county, we will use the latest evidence-based practice to encourage people to change their attitudes and behaviour by making sure that the significant risks and harms - to themselves and others - involved with drug use are fully promoted to drug users.

We aim to increase preventative activity amongst children and young people to reduce the likelihood that they will start drinking alcohol or taking drugs. This will involve a response from the local partnership board but also ensuring that universal initiatives that address the risk factors associated with childhood drug and alcohol use are promoted.

The factors that increase childhood risk for drug and alcohol use are also related to poor academic performance, mental health problems and harm to self and others. As a partnership, we will promote and advocate for non-drug focussed prevention programmes and services that address the risk factors associated with childhood drug and alcohol use. These risk factors include chaotic, unrewarding environments, unremitting stress, social exclusion, and individual risk factors such as having difficulty managing emotions, coping with challenges, and exercising behavioural self-control (DHSC, 2021).

As a partnership, we recognise that improving outcomes in relation to drug and alcohol use does not sit within the partnership board alone. We will endeavour to actively represent the partnership board and its aims on the relevant boards within Worcestershire. This will include building on the desire of the Health and Wellbeing Board to improve the mental health of the population of Worcestershire.

Harm reduction continues to be a key part of our approach to helping those with drug and alcohol use needs. We will continue to develop our naloxone programme and our needle exchange programmes to ensure they are more visible and available to all who need them. The programme will be aimed at staff and peer champions.



**Delay:** taking action to support individuals and families to manage long term health needs, preventing complications and improve, as much as possible, people's quality of life. For example, rehabilitation programmes to support people with a mental health condition to return to or stay in work.

**Reduce:** taking action to reduce the impact of problems at the earliest possible stage. Stop them getting worse and/or targeting actions at groups who have an increased risk of developing needs. For example taking measures to reduce high blood pressure, support for families affected by substance misuse.

**Prevent:** taking action to prevent problems and reduce risk before they even happen across the whole population. For example, vaccination programmes or supporting people to make healthier choices through education programmes about healthy eating and being active.

## HEALTH AND WELLBEING COMMITMENTS

### COMMITMENT 1

We will consider the latest evidence-based practice to encourage people to change their attitudes and behaviour by making sure that the significant risks and harms - to themselves and others - involved with drug and alcohol use are fully promoted to drug and alcohol users. This will include reviewing the delivery of drug focused prevention programme in schools, in alignment with RSE guidance. Where appropriate, there should be explicit mention in school's RSE policies as to how needs relating to drug and alcohol use are addressed.

### COMMITMENT 2

As a partnership, we will work strategically to ensure that the aims and priorities of the partnership are represented at other partnership boards within Worcestershire. This includes but is not limited to the Health and Wellbeing Board and Combatting Drugs Partnership.

### COMMITMENT 3

The partnership commits to all prevention work being monitored and evaluated in a way that promotes continuous improvement.

### COMMITMENT 4

We commit to a partnership approach to the drug and alcohol component of school's RSE policies and programmes. This can include but is not limited to joint development of RSE programmes, outreach work in schools to deliver parts of RSE programmes, and training and upskilling of teachers in relation to drug and alcohol issues. To build resilience amongst young people, we will promote and advocate for non-drug focused programmes that address the risk factors associated with childhood drug, alcohol, and tobacco use.

### COMMITMENT 5

We will support primary care networks, neighbourhood teams and district collaboratives so that they can offer brief interventions to service users/ patients on drug and alcohol related concerns, including the Alcohol AUDIT screen

### COMMITMENT 6

As a partnership, we will increase our work with key vulnerable groups such as looked after children, and care leavers. We will use the latest data and guidance to develop our support for vulnerable groups

### COMMITMENT 7

We will increase the availability and visibility of naloxone through providing more peer naloxone training and training for appropriate staff. We will increase the availability of our needle exchange offering through working closely with providers, such as pharmacies. Further develop a digital drug and alcohol offer

### COMMITMENT 8

We will continue to investigate the reasons behind drug and alcohol-related deaths in the county and work towards reducing them.

# Key Priority 3 – TREATMENT

**We will build on our existing high-quality treatment services to ensure that there are a full range of services that meet the needs of the local population.**

As a partnership, we are committed to growing and improving the quality of treatment services. We will increase the number in treatment to reduce unmet need and grow the treatment service workforce to reduce caseloads.

We will aim to increase the skills and professional mix of the workforce. We will also build on our existing services and ensure that there is a full range of evidenced based harm reduction and treatment services in place to meet the needs of the local population.

We recognise the recurring problems of people cycling in and out of prison without achieving rehabilitation or recovery. As a partnership, we support the use of police diversions and community sentences with treatment as an alternative to custody. We will monitor additional demand for treatment places and strive to ensure that there are treatment places to accommodate this demand.

As a partnership, we wish to improve the experience of treatment services for prisoners with drug or alcohol needs. We wish to ensure that those with a drug dependence are helped to continue with drug treatment in the community as soon as possible. It is known that for those with a drug need, the period immediately after release from prison is challenging. There can be a high risk of overdose and reoffending. To improve outcomes for those leaving prison, all partners will need to work closely together to ensure that those with a drug

dependence access and receive treatment in the community.

We understand how important psychosocial interventions are for those with a drug problem, and particularly for those with a non-opioid need for whom there are no effective pharmacological interventions. We want to ensure that there are flexible psychosocial interventions available that meet the needs of all those with a drug problem, including crack cocaine users, people who use image or performance enhancing drugs or people engaging in chemsex.

Nationally, there has been an increase in drug use among children. This increase is seen across a wide range of substances and socio-economic groups. It is also alarming that there is widespread involvement of vulnerable children and young people in drug supply, often through 'county lines'. As a partnership, it is necessary for us to build on our existing services and ensure that there are appropriate interventions in place for young people with treatment requirements. This includes meeting multiple needs including poor mental health, self-harm, and sometimes criminal or sexual exploitation.



## TREATMENT COMMITMENTS

### COMMITMENT 1

As a partnership, we aim to ensure that there is a full range of evidenced based treatment services in place to meet the needs of the local population. We aim to increase the number in treatment overall and the proportion of adults who engage with treatment on release from prison. This approach will be extended to the wider criminal justice system including those on community sentences.

### COMMITMENT 2

We will engage with people with lived experience to strengthen our pathways into treatment services and the services themselves.

### COMMITMENT 3

We commit to enhancing the quality of treatment provision by reviewing our workforce plan, with a view to reducing caseloads of practitioners, increasing our drug and alcohol workforce, and increasing the skills and professional mix of our workforce.

### COMMITMENT 4

As a partnership, we will promote the use of police diversions and community sentences with treatment as an alternative to custody. We will monitor additional demand for treatment places and strive to ensure that there are treatment places to accommodate this demand.

### COMMITMENT 5

We want to ensure that there are flexible psychosocial interventions available that meet the needs of all those with a drug or alcohol problem, including those with non-opioid problems such as crack cocaine users, people who use image or performance enhancing drugs or people engaging in chemsex.

### COMMITMENT 6

We will continue to develop our aftercare provision for those who exit treatment.

### COMMITMENT 7

We will continue to develop our response for those who require inpatient detoxification and residential rehabilitation. This will include regional commissioning of services, where appropriate.

### COMMITMENT 8

We will continue to strengthen partnership working for adults and young people with co-occurring mental health and drug or alcohol conditions.

### COMMITMENT 9

We will further develop opportunities for brief interventions and co-ordinated support for people who are admitted to hospital with a drug and/or alcohol use related condition. This will include further increasing the use of the AUDIT-C screening tool and enabling communication with community services following patient discharge.

## YOUNG PEOPLE COMMITMENTS

### COMMITMENT 10

We will build on our existing services and ensure that there are appropriate services in place for young people with treatment requirements. This includes meeting multiple needs including poor mental health, self-harm, and sometimes criminal or sexual exploitation.

### COMMITMENT 11

We will continue to review services for children and young people affected by parents who misuse drugs or alcohol and ensure quality service delivery.

### COMMITMENT 12

Our training offer will include training and upskilling programmes for partners in relation to identifying children and young people affected by drugs or alcohol.

# Key Priority 4 - RECOVERY

**In Worcestershire, we will work as a partnership to continue to develop our recovery model so that there is a county wide offer of world class recovery support.**

The process of reaching recovery takes time to achieve, and effort to maintain. In Worcestershire, we will work towards achieving a Recovery-Orientated System of Care (ROSC). The UK government's Drug Recovery Champion stated that the creation of a ROSC offers the best chance for helping people to move on from drug dependence. At its best, ROSC is built on person-centred services and supports multiple non-linear pathways to recovery.

In Worcestershire, we will build on our current recovery services which see those with lived experience of drug dependence working as recovery champions and recovery coaches. We would like there to be networks of peer-based recovery support, communities of recovery, and mutual aid groups available in areas of need across the county.

## RECOVERY COMMITMENTS

### COMMITMENT 1

The partnership will actively engage, promote, and enable recovery-oriented systems of care (ROSC) so that there is a hope and ambition for every person who enters treatment to recover and live a life independent of services.

### COMMITMENT 2

We will work to ensure that those with a drug and alcohol problem have equitable access to health services. This includes support address mental health and physical needs of services users .

## JOBS, HOMES AND FRIENDS COMMITMENTS

### COMMITMENT 3

We will seek to expand oppurtunities for people in recovery to access meaningful activities. This includes employment support, volunteering and peer support opportunities.

### COMMITMENT 4

We will continue to develop our response to those with drug or alcohol problems and ensure that people's ability to engage in treatment is not hampered by their need for support with housing.

### COMMITMENT 5

We will ensure that peer-based recovery support services and communities of recovery are linked to and embedded in Worcestershire's drug and alcohol treatment system.





# Delivering the Strategy

## PARTNERSHIP AND GOVERNANCE

This strategy is the overarching document that demonstrates a collective understanding and commitment from local partnership members to address drug and alcohol use across Worcestershire. Accountability for this strategy sits with the local partnership board. This strategy will be supported by a joint action plan agreed to and championed by each partner within the partnership.

The action plan will be directly linked to our identified priorities and commitments, with progress measured against an outcomes framework linking to the CDP framework. Below this, each partner will choose whether to develop bespoke, or adopt existing individual action plans to capture the actions that they as an organisation will have responsibility for. The local partnership board will oversee the action plans arising from this strategy.

Feedback from those who use interventions and services will form a vital part of service development, our commissioning which includes joint commissioned activity with the key partners, and our monitoring procedures. We will work to ensure that the voice of those with lived experience of drug and alcohol issues informs and continually improves our provision.

The local partnership board will provide annual monitoring reports to the Worcestershire Safer Communities Board, setting out progress against our priorities and identified outcomes. The strategy and joint action plan will be regularly reviewed by the board.

Delivery of this Strategy will require sustained commitment from all partners, if we are to continue to make a measurable difference to the lives of those impacted by drug and alcohol use. We are focused on delivering real change, strengthening the coordination of services, learning from the latest research, and continuing to develop and respond to the needs of our community.

## LOCAL PARTNERSHIP BOARD MEMBERS

- Worcestershire County Council, Public Health and Adult Social Care
- Worcestershire Children First
- West Mercia Police
- West Mercia Police and Crime Commissioner
- West Mercia Youth Justice
- West Mercia Probation
- HM Prison Service
- People with lived/living experience
- Cranstoun, community treatment provider
- Herefordshire and Worcestershire Integrated Care Board
- Worcestershire Acute Hospitals NHS Trust
- Herefordshire and Worcestershire Health and Care NHS Trust
- Department of Work and Pensions
- Housing and District Councils across Worcestershire
- Office for Health Improvement and Disparities

## PARTNERSHIP COMMITMENTS

In addition to the commitments attached to the four priorities, we have created a set of partnership commitments that will inform all areas of our work as a partnership. They are informed by the National Commissioning Quality Standard (CQS) for drug and alcohol treatment and recovery and supported by all partners.

### COMMITMENT 1

We commit to ensuring that the local partnership board includes all relevant local members detailed in the draft CQS. The board will run regularly and be accompanied by joint delivery and commissioning plans. Partners, including those with lived experience, must ensure that their organisational approaches align, incorporate, and complement the partnership's activity to reduce drug and alcohol harm, and opportunities to jointly commission services are pursued where appropriate. Above all, there should be a strategic and collaborative relationship with alcohol and drug treatment providers.

### COMMITMENT 2

The partnership ensures there is sufficient strategic and commissioning capacity to coordinate partnership delivery, and that commissioners and coordinators are supported to develop and maintain specialist knowledge of problem alcohol and drug use. Representatives from the local partnership board will display an active involvement in other relevant strategic groups and feed back to the partnership.

### COMMITMENT 3

The local partnership board will ensure that performance is regularly reviewed against agreed outcomes and appropriate actions are taken. The board will identify, agree, and publicise its priorities and develop mechanisms to monitor and report on progress.

### COMMITMENT 4

The board will ensure that it has a sufficient and shared understanding of local need, including the experiences of diverse and protected populations.



# Glossary

<b>CCG</b>	Clinical Commissioning Group
<b>CDP</b>	Combatting Drugs Partnership
<b>CQS</b>	Commissioning Quality Standards
<b>CSP</b>	Community Safety Partnership
<b>DLUHC</b>	Department for Levelling Up, Housing and Communities (formerly MHCLG)
<b>IPS</b>	Individual Placement and Support
<b>MHCLG</b>	Ministry for Housing, Communities, and Local Government
<b>OHID</b>	Office for Health Improvement & Disparities
<b>ROSC</b>	Recovery Orientated Systems of Care
<b>RSE</b>	Relationships and Sex Education
<b>SMOG</b>	Substance Misuse Oversight Group

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# Appendix

## WEST MERCIA POLICE FORCE DRUGS DELIVERY PLAN 2021-24

Force Drugs Delivery Plan 2021-24

Work with our local partners, NCA, ROCU, BTP and Prisons Establishment to reduce the harm associated to the supply of illicit drugs



### PURSUE

- Resource drugs expert witness and proactive investigation assets proportionate to the demand
- Seek to expedite PWITS and drugs conspiracy investigations
- Seek to recover financial assets from those convicted of PWITS and drugs conspiracy investigations

### PREPARE

- Develop and maintain a current market profile to understand the Force's picture of demand, dependency and consumption
- Embed partnership pathways for referrals and diversion
- Develop a structured CPD process for Drug expert witnesses thus ensuring continued credibility of status
- Identify and disseminate relevant learning throughout the organisation

### PROTECT

- Seek to engage and align with regional and national campaigns targeting illicit drugs supply (examples - County Line Intensification Weeks and Naloxone capability & Government 10yr Drugs Strategy "From Harm to Hope")
- Work with partners and 3<sup>rd</sup> sector organisations to identify online opportunities that reduce risk

### PREVENT

- Have in place early warning mechanisms to identify emerging trends and risks
- Develop and promote education opportunities with children and young persons
- In conjunction with PCC's office, Partners & 3<sup>rd</sup> sector organisations develop, implement and maintain diversionary schemes
- Utilise out of court disposals where appropriate to educate, rehabilitate and prevent further offending
- Drugs testing on arrest

