

## **HEALTH AND WELLBEING BOARD**

### **20 FEBRUARY 2024**

## **DRUGS AND ALCOHOL - HIGHLIGHT REPORT**

---

### **Board Sponsor**

Councillor Karen May, Cabinet Member with Responsibility for Health and Wellbeing

### **Author**

Lisa McNally, Director of Public Health, Worcestershire County Council

### **Priorities**

This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prevention & inequalities  | <input type="checkbox"/> Homes, Communities & Places |
| <input checked="" type="checkbox"/> Mental Health & Wellbeing  | <input type="checkbox"/> Jobs & Opportunities        |
| <input checked="" type="checkbox"/> Healthy Living at All Ages |  |

### **Safeguarding**

This report does not have a direct impact on safeguarding children or adults.

### **Item for Decision, or Information & Assurance**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Decision | <input checked="" type="checkbox"/> Information/assurance |
|-----------------------------------|---|

### **Recommendation**

- 1. The Health and Wellbeing Board is asked to note and receive assurance of the progress being made toward achieving the priorities of the Worcestershire Drug and Alcohol Strategy.**

### **Executive Summary**

2. Drug related deaths have increased exponentially across England and Wales in recent years. Rates have also increased across Worcestershire and are similar to the national average. Additional government investment, alongside national and local Drug and Alcohol strategies has enabled improved local activity which has led to significant improvements in key areas including access to treatment, harm reduction and improved engagement with community drug treatment services, following prison release.

## Background

3. The national drug strategy, [From Harm to Hope](#) was published in 2021 following the Dame Carol Black [Independent Review of Drugs](#). The 10-year strategy focuses on the delivery of three strategic priorities, breaking drug supply chains, delivering a world-class treatment and recovery system and achieving a generational shift in demand for drugs.
4. The [Worcestershire Drug and Alcohol strategy](#) is reflective of the national strategy and shaped to meet local requirements. The strategy focuses on four broad areas of activity Prevention (breaking supply chains), Prevention (Health and wellbeing), Treatment and Recovery. The draft strategy was presented to and subsequently agreed by the Health and Wellbeing Board in February 2023.
5. Following the publications of From Harm to Hope, the government mandated the development of Combating Drugs Partnerships (CDP), which were to be led by a Senior responsible officer (SRO), with an ambition to provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on the local context and need. Herefordshire and Worcestershire participate in a joint CDP, led by the Police and Crime Commissioner (PCC) as the SRO.
6. The Delivery of the Worcestershire strategy is primarily overseen by the Substance Misuse Oversight Group (SMOG), which is made up of stakeholders from across the system, and progress is reviewed quarterly.

## Prevention

7. From a health and wellbeing perspective, prevention activities are considered through a lens of primary, secondary, and tertiary prevention. This encompasses a range of activities including preventing problems before they occur, and actions taken to reduce the impact of ongoing behaviours. The projects highlighted in this section primarily refer to primary and tertiary activity.
8. Evidence suggests that primary prevention activity should focus on developing social skills, including resilience, amongst young people. To support this, youth services in Worcestershire have been remodelled to enable district delivery to be shaped based on local need. The model focuses on providing universal, detached and targeted youth work. Young people engage with youth workers voluntarily, this strength of youth work supports young people's social, emotional and personal development which includes the preventative approaches described above.
9. This activity is supported by the rollout of a small grants programme for schools and youth organisations, designed to further strengthen the availability of targeted resilience building activity.
10. The approach to harm reduction (tertiary prevention) has been significantly enhanced in the previous 12 months, supported by additional government investment. The Peer Assisted Community and Knowledge (PACKs) project is led by Cranstoun service user volunteers who trained and enabled to provide harm reduction interventions to individuals that have historically been more resistant to engaging with treatment. The team have led on the development of Opioid Overdose Response Pouches, containing Naloxone and other equipment to support individuals to provide emergency first aid in the event of an overdose.

11. Training to support the delivery of harm reduction advice and the distribution of naloxone has been accessed by more than 200 professionals from a wide range of voluntary, health and care organisations. This focus on harm reduction has been of particular importance following the increased availability of synthetic opioids and the considerable risk of harm associated to them.
12. The following video provides a short summary of the project <https://www.youtube.com/watch?v=w010KRowWpk>

## Treatment

13. To enable the delivery of From Harm to Hope, additional government investment has been received alongside ambitions to increase access to drug and alcohol treatment services and to increase the proportion of prison leavers who continue to access treatment in a community setting.
14. Similarly, to other health and care services, COVID-19 had a lingering impact upon the delivery of Drug and Alcohol treatment services. The impact of the pandemic varied across populations and disproportionately impacted some of the most marginalised members of society, including people who inject drugs. The impact of the pandemic, coupled with the pressures of additional government investment, contributed to difficulties regarding the recruitment and retention of staff across treatment providers resulting in reduced access to treatment
15. As a result, the number of adults accessing drug and alcohol treatment reduced by more than 20% in 2022/23, to 2,006. Subsequently, a series of actions were implemented including a marketing campaign and a renewed emphasis on staff recruitment, supported by Cranstoun, Public Health and the wider SMOG. This has resulted in not only a restoration of treatment numbers to pre-pandemic levels, but an increase.
16. Ensuring the provision of an integrated care pathway from prison to the community is imperative for providing the best conditions to enable individuals to recover from substance misuse. Approximately half of all acquisitive crime is associated with drug use, as such improving opportunities for recovery amongst this group reduces the likelihood of reoffending. Further, the risk to individuals of a death from drug misuse is more than 7 times more likely in the first fortnight following prison release, often linked to a reduced tolerance for opiates following a period of abstinence whilst in prison.
17. Improving engagement with community services following prison release is a key priority of the national drug strategy. Previously, engagement rates in Worcestershire have been worse than the new national average. In 21/22, 25.17% of individuals were successfully engaged with community treatment, compared to a national average of 37.35%. By the end of 22/23, engagement rates in Worcestershire had increased to 51.70%, significantly better than the England average of 42.61%.

18. Central to this improvement has been development of an integrated pathway between prison and community treatment, supported through the recruitment of assertive prison in-reach workers. The team work closely with prison based drug service staff and the prisoners themselves, focusing on building a trusting relationship and ensuring a seamless pathway from prison release to engagement with community treatment.
19. The enhanced approach to continuity of care has been further supported by the introduction of long-acting opioid substitution therapy (OST), Buprenorphine. A significant benefit of Buprenorphine is that patients are not required to access a daily dose of OST, instead it is administered every 28 days. Feedback from patients suggested that the medicine had positive effects on their health and wellbeing, including a reduction in drug seeking behaviour. This approach has been shown to be particularly supportive with the prison leaving cohort. Access to Buprenorphine is currently limited to 18 service users, however discussions with medicines management colleagues are ongoing and additional government and PCC funding has been ringfenced to increase access.
20. A [report](#) published by the National Audit Office in 2023 reviewed progress against the ambitions in the national drug strategy. The report acknowledges the complexity of the subject area and the importance of taking a sustained long-term approach. It highlighted progress in the last three years in areas such as recruitment of drug workers and the development of new partnerships (e.g. CDP) whilst also citing a number of challenges including ongoing gaps in the workforce and the time required to rebuild the drug and alcohol treatment system. It also noted the lack of certainty surrounding government funding post 2025 and the challenges this presents with regards to strategic planning.

## Recovery

21. The introduction of the Worcestershire Drug and Alcohol strategy, supported by additional government funding has enabled an increased focus on the development of communities of recovery. From 'Harm to Hope' further endorsed the focus on recovery communities, highlighting the importance ensuring people have meaningful activities to participate in, somewhere safe to live and a support system in the community.
22. 'Emerging Futures' support the delivery of communities of recovery in Worcestershire, enabled by people from all walks of life who all have experience of alcohol and drug problems. Their approach includes the development of recovery coaches, facilitating access to meaningful activities including, mutual aid and stable housing. They also support people with lived experience to contribute their views to strategic meetings, utilising their experience to enable service development
23. Alongside treatment, there is considerable evidence to show how employment can improve treatment outcomes and reduce the frequency and severity of relapse. From 2024/25 additional funding has been received to enable the development of an Individual Placement and Support (IPS) service for people in treatment for drug or alcohol use. The IPS service will be integrated with broader drug and alcohol treatment delivery and service users will receive intensive, individual support to help them find and sustain employment.

## **Impact on health disparities**

24. The activities to prevent or reduce the harms associated to drug and alcohol use are targeted to individuals and communities known to experience some of the poorest health outcomes. This includes improving engagement with community treatment services following prison release and improving the availability of life saving medications such as Naloxone amongst populations at highest risk of drug related deaths

## **Legal, financial and HR Implications**

25. There are no legal, financial or HR implications resultant from this highlight report.

## **Contact point and partnership working**

- Andrew Boote, Head of Service for Safer Communities (Public Health)  
[aboote@worcestershire.gov.uk](mailto:aboote@worcestershire.gov.uk)
- Paul Kinsella, Senior Public Health Practitioner [pkinsella@worcestershire.gov.uk](mailto:pkinsella@worcestershire.gov.uk)

## **Appendices**

- Appendix 1 - [Worcestershire Drug and Alcohol strategy](#)

## **Background Papers**

26. In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:
  - [Health and Wellbeing Board, Worcestershire Drug & Alcohol Strategy Report 14 February 2023](#)