

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	21 <sup>st</sup> March 2024
<b>Title:</b>	Drug and Alcohol Strategy Update
<b>Report From:</b>	Simon Bryant, Director of Public Health

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### 1. Purpose of this Report

1.1 The purpose of this report is to provide an overview of the delivery of the national drugs strategy in Hampshire and provide an update of key achievements and key areas for focus during 2024.

### 2. Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2.1 Note the key achievements and areas for future action in the Hampshire plan to prevent and reduce drug and alcohol harm.

### 3. Executive Summary

3.1 This report seeks to provide an overview of the Hampshire plan to prevent and reduce drug and alcohol harm. The plan was developed collectively with partners of the multi-agency Hampshire Strategic Drug and Alcohol Partnership chaired by Simon Bryant as the SRO and is closely aligned to national ambitions to:

- have a renewed focus on drug and alcohol prevention;
- target resources to make it more difficult for county lines operations to supply illegal drugs in Hampshire ;
- improve drug and alcohol treatment services through increased capacity and quality of the workforce and better pathways of care

alongside other organisations (such as criminal justice system, mental health, housing, employment, and secondary care)

- reduce unmet need, with a specific focus on improving access to treatment for those misusing alcohol.

#### **4. Contextual Information**

- 4.1 Alcohol and drug use can negatively impact health, the economy, productivity, and social aspects of communities. Alcohol and drugs cause some of the leading risk factors for the overall burden of disease in the UK and are associated with cardiovascular disease, some cancers and liver disease. It is estimated every year that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £19.3bn<sup>1</sup>. These include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity<sup>2</sup>.
- 4.2 As well as the impact on health outcomes, drug and alcohol use is often associated with:
- a) Acquisitive crime, violent crime and domestic abuse. Almost half of homicides every year are drug-related, and in almost a fifth, the suspect is under the influence of alcohol. Nearly half of acquisitive crime is drug-related and one-third of the people in our prisons committed drug-related crimes.<sup>3</sup>
  - b) Unemployment. Most individuals seeking drug or alcohol treatment are unemployed and treatment/recovery services actively seek to provide opportunities and support to individuals to find meaningful activities and employment.
  - c) Drug and alcohol problems can be both a cause and a symptom of homelessness. Significant proportions of homeless people have drug or alcohol problems.

#### **5. Local prevalence and unmet need**

- 5.1 The Office of Health Inequalities and Disparities (OHID) publish estimates on the prevalence of illicit drug use and the number of people with an alcohol dependency and use this to determine local levels of unmet need. Unmet need is calculated by subtracting the number of people recorded as currently in structured treatment from the estimated prevalence.
- In Hampshire, there are an estimated 4,023 people using illicit opiates and/or crack cocaine.

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<sup>1</sup> [Review of drugs: phase one report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444444/Review_of_drugs_phase_one_report.pdf)

<sup>2</sup> [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444444/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf)

<sup>3</sup> [Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association](https://www.localgovernmentassociation.org.uk/press-releases/must-know-treatment-and-recovery-for-people-with-drug-or-alcohol-problems)

- Prevalence varies by age, gender, and drug type. For example, of the 4,023, 78% are male and highest rates of use are among 25–34-year-olds.
- Patterns of drug use are also changing and while overall use is declining, there has been a slight increase in people using both opiates and crack together.
- Estimates of other illicit drug use including prescription drugs are not available.

5.2 Estimated rates for alcohol dependency are lower in Hampshire compared to the Southeast. However, rates in Hampshire are increasing while nationally they are remaining stable. In terms of numbers, this means that there were approximately 11,600 adults in Hampshire who are drinking dependently in 2019-20, an increase of 1,500 over 4 years. More recent data is not yet available.

5.3 In Hampshire, 52% of people using opiates and/or crack are currently not accessing structured treatment. While Hampshire performs better than England and the Southeast average for both prevalence and unmet need, the data estimates there are around 2000 people with an unmet treatment need. These individuals are some of our most vulnerable residents with a disproportionate impact on local communities. Addressing this need is a focus of the treatment system in 2024.

5.4 Hampshire has a higher unmet treatment need for alcohol dependency than the Southeast (85.2% compared to 78.7%). This equates to around 10,000 people. Due to the availability of alcohol support outside of our community treatment providers, such as mutual aid organisations and primary care, it is not known how many people are not seeking any treatment.

## **6 Health Inequalities**

6.1 Whilst the impact of drug and alcohol use can affect anyone, people living in more deprived areas are at greater risk of harm. The highest levels of alcohol and drug-related deaths in Hampshire occur in our areas of highest deprivation (Rushmoor, Gosport, Havant). To address this, targeted services are in place to reduce harm:

- Ensuring naloxone (a drug that rapidly reverses an opioid overdose) is widely available and settings where vulnerable people may live such as hostels have access and training on how to use it.
- Local Drug Information System in place to share intelligence on drug availability and provide alerts on harms of adulterated drugs in circulation to services working with people who use drugs.
- Drug and Alcohol Harm Reduction Team provides outreach to those people not in treatment, particularly focusing on vulnerable populations such as street homeless.
- Established a specialist alcohol team providing in reach to hospitals and primary care in areas of highest need.

6.2 Drug and alcohol use can also have a disproportionate impact on physical and mental health.

- Approximately 80% of people accessing drug and alcohol treatment nationally have problems with their mental health. In Hampshire we have improved access to mental health support and integrated joint working between mental health and drug and alcohol treatment services.
- 70% of people accessing drug and alcohol treatment services in Hampshire smoke tobacco. This is significantly higher than the general population (at 10.79% in Hampshire 2021). To address this, increased access to smoking cessation services are being piloted in Hampshire's drug and alcohol treatment hubs.
- Blood borne viruses (such as Hepatitis C) largely affect in People who Inject Drugs in the UK. A comprehensive Hepatitis C programme has been led by Hampshire's drug and alcohol treatment service to "find, test, treat". Through reducing stigma to access testing and making treatment more accessible the drug and alcohol treatment service has micro-eliminated Hepatitis C for everyone currently in treatment in Hampshire.

## **7 From Harm to Hope - National Drug Strategy**

7.1 In December 2021, the government launched its 10-year drug strategy, From Harm to Hope<sup>4</sup> with a clear vision to; 1) break drug supply chains 2) deliver a world class substance misuse treatment and recovery system 3) reduce demand for recreational drugs. In line with national guidance, local Combatting Drugs Partnerships were formalised in line with Upper Tier Local Authority (UTLA) boundaries. Alongside key partners, it was agreed to use the existing multi-agency Hampshire Strategic Drug and Alcohol Partnership (SDAP) for this function. This partnership has formed the accountable local governance, ensuring joint ownership and approach to the local implementation of the national strategy. The Director of Public Health for Hampshire is the nominated Senior Responsible Officer. A pan-Hampshire group has also been established (led by the Police & Crime Commissioner) to progress joint priorities on a larger geographical footprint (that includes Southampton, Portsmouth, and the Isle of Wight). Areas of collaboration have been working more effectively with criminal justice partners and identifying evidence-based solutions to respond to emerging threats, such as the increase in availability of synthetic opioids.

## **8 Hampshire Strategy and Local Delivery Plan**

8.1 In line with national expectations, a local delivery plan was developed with a range of partners (through the SDAP) to provide clear strategic priorities to reduce both drug and alcohol related harm and improve outcomes for the residents of Hampshire. Plans were informed by; a) drug and alcohol needs

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<sup>4</sup> [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope)

assessment b) framework from the national drug strategy c) workshops held with partners across agencies to determine local priorities.

8.2 The delivery plan builds on existing partnerships and services with a focus on the local implementation of the Government's ten-year strategy to:

- Have a renewed focus on drug and alcohol prevention, which includes making sure that schools and other settings working with young people are equipped and knowledgeable on identifying and referring those misusing substances.
- Target resources to make it more difficult for county lines operations to supply illegal drugs in Hampshire.
- Reduce unmet need, with a specific focus on improving access to treatment for those misusing alcohol.
- Improve drug and alcohol treatment services through increased capacity and quality of the workforce and better pathways of care alongside other organisations such as criminal justice system, mental health, housing, employment, and secondary care.

8.3 Additional (3 year) funding was provided to all local authorities in England to support the delivery of local plans. In Hampshire additional funding (£818,541 per annum) was received in 2022/23 and 2023/24; and for 2024/25, this grant allocation has been increased to £1,541,380. It is not known whether any further funding will be forthcoming post March 2025.

## **9 Services to support implementation of the local delivery plan**

9.1 Support for Children and Young People aged under 25 using drugs and/or alcohol is provided by Catch22. Services are offered at various locations across the county where young people feel most comfortable. Support includes one-to-one and group work, harm reduction advice and services and a 24 hour help line. They also provide specialist support to children of substance misusing parents who are some of our most vulnerable young people. Support for people aged 18-25 is also supported by nurses and doctors if required.

9.2 Drug and alcohol treatment and Support for adults aged 25 or over is provided by Inclusion Recovery Hampshire. Inclusion is part of the Midlands Partnership NHS Trust. The service is delivered across nine treatment hubs in Hampshire, tailored to individual needs providing structured treatment, group activities, peer support, opiate substitution therapy, harm reduction, brief interventions and advice and access to detoxification and residential rehab.

9.3 Both Catch22 and Inclusion also provide specialist training and advice to the wider treatment system, work in partnership with other organisations to build and improve pathways and support the work of the Hampshire Strategic Drug and Alcohol Partnership.

9.4 Support for people impacted by someone else's drug / alcohol use is provided by Parent Support Link. They provide emotional support and information on addiction, advice on available services and how they can support their family

member more effectively to aid recovery. Services are delivered via Inclusion hubs and workshops, telephone/text/video calls, support groups and via email.

9.5 The Dame Carol Detoxification Centre in Fareham offers medically managed detoxification to approximately 200 people per year. It is funded through a three-year grant from Office for Health Improvement and Disparities utilising a pooled budget from 20 local authorities. The grant was specifically allocated to increase inpatient detoxification provision, opening in February 2022. The unit has successfully detoxed over 345 people including 57 Hampshire residents.

## 10 Key achievements

10.1 Working in partnership to prevent and reduce drug and alcohol harm, the Hampshire SDAP have achieved the following:

- a) Launch of [Rethink your drink | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk) and ongoing communication campaigns to reduce alcohol harm.
- b) Prevention offer for schools (training and support for staff in high quality drug and alcohol education)
- c) Focused work to begin to remove barriers and increase capacity of drug and alcohol treatment.
  - Specialist alcohol team established to improve pathways to and from primary and secondary care.
  - Enhanced outreach team to engage those not accessing services and promote harm reduction interventions. This is particularly focused on those using opiates.
- d) Improved pathways within the criminal justice system
  - Specialist drug and alcohol team established working within custody, with Probation and the courts and in prisons.
  - Worked collaboratively with OPCC and Hampshire Constabulary to pilot Drug Testing on Arrest (DToA) to identify individuals whose criminal activity is believed to be caused, at least in part, by the use of Class A drugs and would benefit from drug treatment or support.
- e) Led by the Integrated Care System a co-occurring drug and alcohol / mental health service has been established and embedded in Primary Care Networks.
- f) Working alongside Department Work and Pensions to provide additional support into employment (for those accessing drug and alcohol treatment service).
- g) Micro-eliminated Hepatitis C across all of Hampshire's drug and alcohol treatment sites. There is ongoing work planned to ensure that harm reduction messaging, ongoing and testing and treatment options continue to be made easy for people to access.

## 11 Performance

11.1 There are national indicators that are attached to the successful delivery of the national drugs strategy at a local level. The following indicators illustrate Hampshire is currently performing well above against national expectations:

Indicator	National target	National performance (as at Nov 2023)	Local performance (as at Nov 23)
Increase in numbers in drug / alcohol treatment (from 21/22 baseline).	20% increase from 21/22 baseline by March 2025	5% increase.	18% increase Currently 3896 people (largest increase alcohol and non-opiates)
Numbers in treatment accessing residential rehabilitation.	2% of people accessing drug / alcohol treatment	1.12% of people accessing drug / alcohol treatment	1.28% of people accessing drug / alcohol treatment (50 people)
Continuity of care from prison to community drug / alcohol treatment	75% by March 2024  100% by March 2025	46 % of referrals accessed treatment after release from prison	57% of referrals accessed treatment after release from prison
Reduction in drug and alcohol related deaths in treatment	Reduce DRD by 1,000 over the three years to March 2025	1.31% deaths in treatment (Dec 2022 – Nov 23)	1.03 % (40) deaths in treatment . Downward trend. (Dec 2022 – Nov 23)

## 12 Key areas for focus 2024

12.1 Partnership priorities to focus on during 2024 are as follows:

### a) Reducing Stigma

- Drug and alcohol dependency remains a highly stigmatised condition and is frequently perceived as a lifestyle “choice”. However, it can affect anyone, regardless of background. Dependency is a physical and mental health condition that is often linked to past trauma or adverse experiences. Stigma can impact all aspects of people’s lives and can contribute towards barriers to accessing health care and other services.

- In Hampshire we want to improve the understanding of the stigma and discrimination experienced by all people harmed by drug and alcohol use. We aim to do this through working with People with Lived Experience (described further in 10.1 b below) to improve access to services. We also want to work with professionals to raise awareness of the language we use when talking about addiction through the development of a language guide. This guide will challenge existing preconceptions and provide guidelines for professionals on how to use language to empower individuals and reinforce a person-first approach.
- b) **Lived Experience and co-production**
- People with lived experience are people who use (or have used) drugs and alcohol, family members/carers who have been impacted by someone else's drug/alcohol use, or communities affected by drug/alcohol related harm.
  - Inclusion and Catch22 have extensive Service User Involvement strategies to ensure people who use their services can contribute to service improvement and development. Involvement in services through peer mentoring, service user forums and co-delivery also promotes individual self-confidence and skills development and supports longer term recovery.
  - The Hampshire Strategic Drug and Alcohol Partnership have recently developed a new strategy to involve more people with lived experience in strategic decision making and oversight. This includes establishing appropriate structures that empower more people with lived experience to participate in a meaningful way across all partner organisations, ensuring a trauma informed approach.
  - During 2024 new approaches to engage with people with lived experience who are not in structured treatment will be implemented, to gain a better understanding of how they could be involved, and how the system can more effectively meet their needs. This includes training community researchers, engaging with lived experience recovery organisations (LEROs) and working with our partners to support the co-production of local recovery communities.
- c) **Working together to reduce barriers to accessing alcohol treatment;** to provide alcohol treatment when and where people need it. Key areas of work will focus on:
- Improving public facing information around services – how to access, what to expect, treatment options available.
  - Through a quality improvement approach improving pathways of referral and identifying integrated working opportunities.
  - Strengthening earlier access to treatment (reducing stigma, pathways and lived experience involvement)
  - For the wider workforce, improving knowledge and understanding of drug and alcohol awareness, treatment and support available.
- d) **The changing illicit drug market** has recently presented several challenges with the with increased threat of drug related harm from synthetic opioids and other adulterants. To address this, members of the SDAP will:



- Work across the Hampshire and Isle of Wight to improve intelligence from partners and review current Local Drug Information System which issues drug alerts to professionals when adulterated / synthetic drug are identified.
- Pilot rapid drug testing to understand types of drugs availability and be able to respond and issue timely harm reduction messaging.
- Continue to ensure availability of naloxone in a variety of settings.

## **Conclusions**

13 The Hampshire Strategic Drug and Alcohol Partnership (SDAP) is well established and has been a successful vehicle for implementing the national drugs strategy at a local level. The local plan to prevent and reduce drug and alcohol related harm has made substantial progress against national ambitions. Key areas of focus have been identified for 2024 and implementation will be reviewed through the Hampshire SDAP. Annual updates will be presented to the Health and Wellbeing Board.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	Yes
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	Yes
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	Yes
<b>OR</b>	
<b>This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:</b>	
<i>NB: Only complete this section if you have not completed any of the Strategic Plan tick boxes above. Whichever section is not applicable, please delete.</i>	

*NB: If the 'Other significant links' section below is not applicable, please delete it.*

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	