

# **Plymouth Drugs Strategic Partnership Annual Report**



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# Lived experience



- Unique lived experience
- Multiple disadvantage including poverty, deprivation, adverse childhood experiences, trauma, exploitation and abuse
- Overlapping experiences of homelessness, substance use, poor mental health and offending
- Significant experience of stigma
- Significant inequalities
- People who inject drugs 13-17 times more likely to die prematurely than the general population

# National context



- 2021 previous Government drugs strategy 'From Harm to Hope' following prolonged rise in drug related deaths
- Each local area required to form a local combating drugs partnership to:
  - Break drug supply chains
  - Deliver a world-class treatment and recovery system
  - Shift in demand for drugs

# Supplementary Substance Misuse and Recovery Grant



- 2023/24 second year of grant
- To rebuild the workforce following significant period of reduced spending
- Majority of funding delivered through the Plymouth Alliance for Complex Lives
- Improve capacity and quality of treatment and recovery services



The Plymouth Alliance

# **‘A world class treatment and recovery system’**



- Benefits to the person and family
  - Improves lives and wellbeing
  - Reduces risk of death
  - Reduces re-offending
  - Supports moving towards stable accommodation and employment
  - Improves the lives of family and children

# 'A world class treatment and recovery system'



- Benefits to society:
  - Limits drug supply by reducing demand
  - Reduces crime associated with drugs
  - Reduces homelessness
  - Reduces anti-social behaviour
  - Reduces drug paraphernalia in public places
  - £1 spent on drug treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services

# Principles of Plymouth Drugs Strategic Partnership



- Be trauma informed and compassionate
- Work in a whole system approach
- Reflect the complexity and scale of the challenge
- Be based on the lived experience of the population served
- Have a strong focus on prevention
- Tackle inequalities

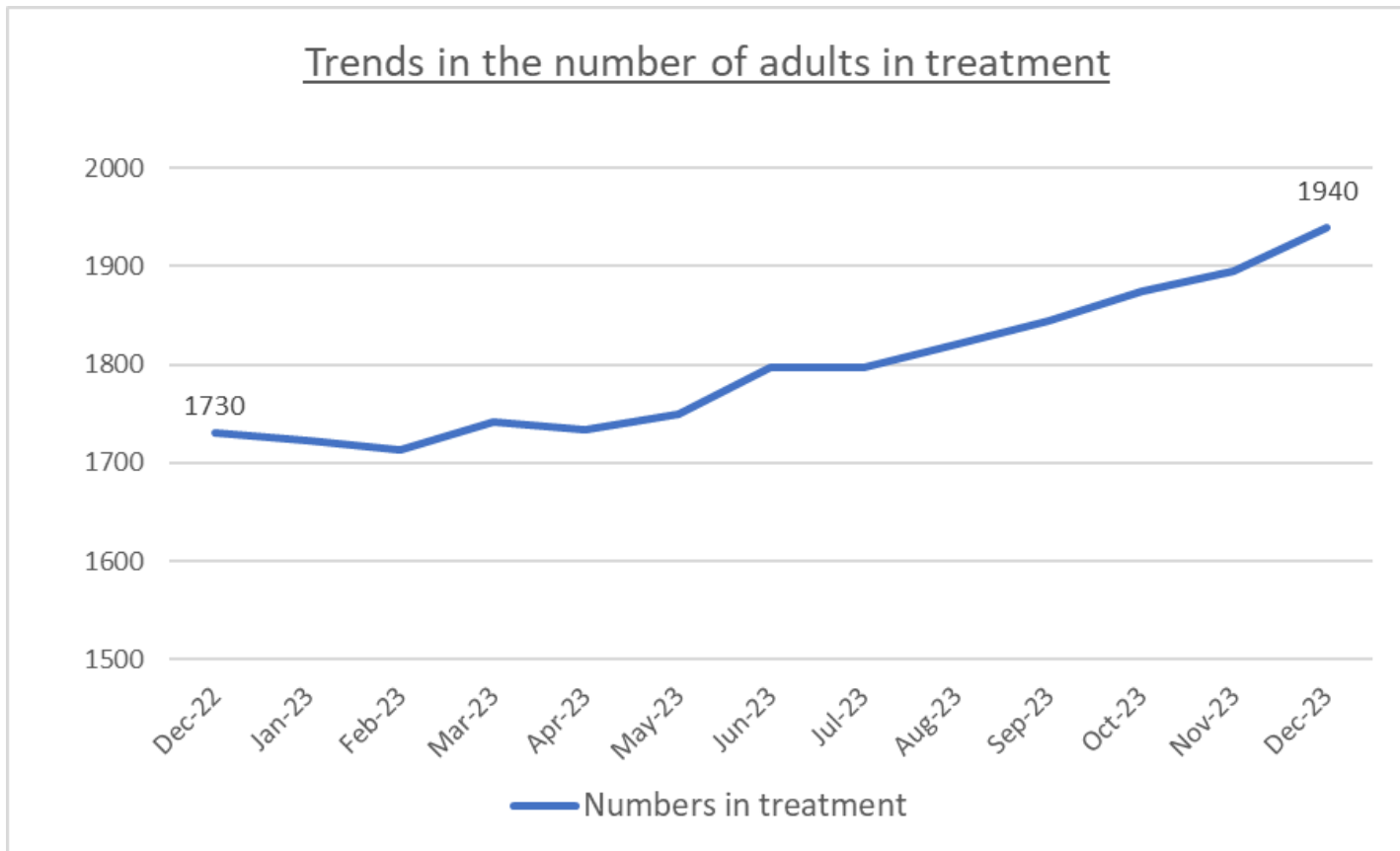
# Needs assessment and data



- People in Plymouth typically presented with polydrug use, tended to be older and more complex and subsequently spend longer in treatment
- High proportion of people who use opiate in treatment system (4<sup>th</sup> highest in country)
- Low proportion of people who use crack and alcohol in treatment (higher but similar to national)
- 66% of adults in treatment are male, 34% female



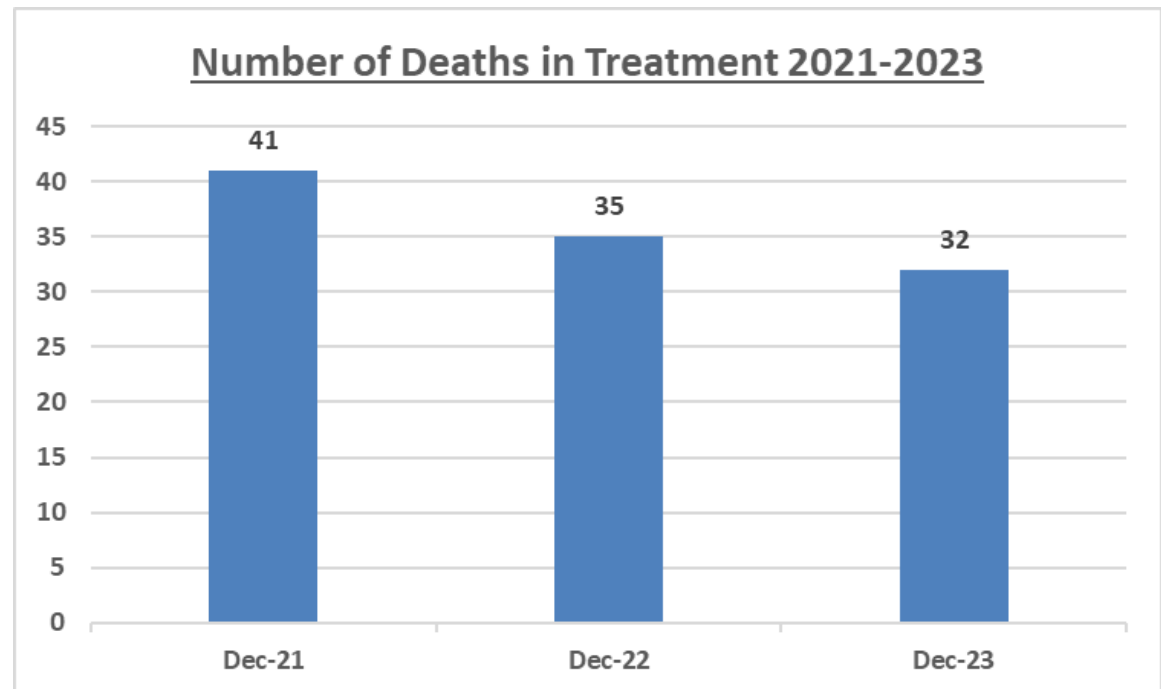
# Changes in access to drug treatment in 2023



# Deaths in treatment



- Deaths in treatment higher in Plymouth compared to national (1.69% compared to 1.27%), but coming down



# Review into deaths linked to substance use



- Review of deaths in 2019-2021 of any cause where individual was known to treatment services in 12 months prior to death
- 120 deaths: 22 primary cause alcohol, 49 primary cause drugs and 41 other

	Primary cause alcohol	Primary cause drugs	Primary cause is not drugs or alcohol	Awaiting verdict	Total
<b>Male</b>	18	40	23	5	86
<b>Female</b>	4	9	18	3	34

# Service improvements in 2023/24



- Drug related deaths:
  - Upskill workforce in harm reduction and naloxone
  - Needle and syringe programme in all hostels and staff training
  - Naloxone on discharge from hospital
  - Introduction of Rapid Access to Prescribing (RAP) Team
  - Creation of Plymouth Overdose Response Team (PORT)
  - More optimised opiate substitution doses
  - Reduction in caseloads of drug and alcohol workers
  - Work of Health Inclusion Plymouth Pathway (HIPP)

# Service improvements 2023/24



- Treatment for people who use crack
- Continuity of care for prison leavers
- Response to vaping of illicit substances by CYP

# Planned work for 2024/25



- SSMTRG funding to increase capacity in drug treatment system
- Local drug information system
- Synthetic opioid response plan
- Wider naloxone distribution (Peer to peer, Police)
- Laboratory testing of drugs
- Avoidable deaths approach
- Continuity of care
- Alcohol pathways
- CYP and young people prevention
- Workforce development
- SWASFT referrals