

PLYMOUTH DRUGS STRATEGY PARTNERSHIP

Annual Report 2024



THE PLYMOUTH DRUGS STRATEGIC PARTNERSHIP AND PLAN

In 2021 the Government published its drug strategy, 'From Harm to Hope'. Each local area was required to form a local combating drugs partnership, to monitor progress against the national strategies aims and objectives. Our local partnership is called the Plymouth Drugs Strategic Partnership, with the Director of Public Health assuming the role of Senior Responsible Officer.

The Plymouth Drugs Strategy Partnership covers the geographical area of the city of Plymouth, coterminous with Plymouth City Council; this is the footprint on which drug and alcohol treatment services are commissioned.

Some work will be better considered across a larger footprint and therefore the Peninsula Drug Strategy Group, where regional and national organised crime leads are also involved, will be a key relationship for this Partnership. It is noted that some members will be more likely to engage at this Peninsula level due to the size of the geography that they cover.

The Drugs Strategy Partnership Group will provide a focused point of reporting and scrutiny thereby ensuring an open and transparent partnership with clear ownership, responsibility and accountability.

- Provide advice and data to support a robust local needs assessment to identify and understand the needs of those impacted.
- Provide expert advice and data to support the development of local strategy, agreeing the appropriate steps needed to meet the needs identified.
- Support Safer Plymouth and the health and wellbeing system locally to effectively engage with those impacted and expert services in understanding the range and complexity of needs.
- To achieve strategic and operational alignment across member organisations, Board, Forums and Groups providing consistent, quality, joined up responses for in accordance with the local Strategy and national direction.
- Receive Drug Related Death Reports and drive forward the implementation of the recommendations.
- Adopt a Human Learning System approach to continual learning and improvement.
- Take a Trauma-informed approach.
- Review the Safer Plymouth Risk Register and take positive action to reduce or manage the risks and where mitigating actions cannot be progressed, risk cannot be transferred, the Group will escalate to Safer Plymouth, Safeguarding Children's Partnership and/or Safeguarding Adults Board as appropriate.
- Hold an overview of and influence the development and implementation of strategies and commissioning intentions that hold the potential to impact the Drugs Strategy and to work in partnership to ensure a joined-up approach to addressing drugs and alcohol.
- Take a Co-production approach to all of our work.

Membership

Recommended membership	Role title / comments
Elected Members	Portfolio holder for Public Health <i>Wider engagement including cross party will be delivered via the Health and Wellbeing Board</i>

Local Authority Officials	Director of Public Health Public Health Specialist lead for Substance misuse Lead for Homelessness (Service Director, Community Connections) Principal Social Worker Adult Safeguarding Lead
Specialist drug treatment and recovery services	Chair, Alliance Treatment Group
Devon and Cornwall Police	Various
Office of the Police and Crime Commissioner	Partnerships and Commissioning Officer <i>Regular engagement via the Peninsula Substance Misuse Board</i>
National Probation Service	<i>Regular engagement via the Peninsula Substance Misuse Board</i>
Mental Health Provider	Livewell SW
Regional OHID Team	Regional lead
NHS Strategic lead	To be confirmed
JobCentre Plus	To be confirmed
Experts by Experience and Recovery Leads	To be confirmed

Our Principles

Be trauma informed / compassionate	Take into account the impact of trauma; understand what an individual may have more influence over or little or no influence over in regard to behaviours; Avoid contributing to stigma and tackle stigma – ‘everyone is valued just the way they are’
Be delivered through a whole system approach	Build a whole system approach creating a shared endeavour and maximising collaborative advantage for positive outcomes and funding opportunities; Influence what we can - create environments and opportunity across systems /communities, for health improvement / benefit
Reflect the complexity and scale of challenge	Recognise human systems are complex and sustainable change takes time; Focus on long-term goals (success criteria); cohorts impacted by this, and wider stakeholders inform dynamic learning & review, reflecting lived experience leading to continual improvement in approach: bespoke solutions – listen - adapt – change – empower

Be based on the lived experience of the population served	Focus on relationships; support connections between people; build / facilitate community assets; collaborate; recognise the strengths and limitations of services and the strengths of community / people; empower people; health literacy. Use of Appreciative Enquiry and approaches that recognise the complexity of lived experience and importance of relationships
Have a strong focus on prevention	Be asset based; enable people and communities to thrive; influence determinants wherever possible; ensure early access to help if needed
Tackle inequalities	Recognise the role and impact of social inequalities and determinants in shaping lives and use this to inform what is done to make a difference

Our Plan

Our plan largely mirrors the national areas for action.

A; Break drug supply chains

- targeting the 'middle market' – breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers.
- going after the money – disrupting drug gang operations and seizing their cash
- rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
- tackling the retail market – improving targeting of local drug gangs and street dealing
- restricting the supply of drugs into prisons – applying technology and skills to improve security and detection.

B; Deliver a world-class treatment and recovery system

- strengthening local authority commissioned substance misuse services for adults and young people, and improving quality, capacity and outcomes
- strengthening the professional workforce
- ensuring better integration of services –physical and mental health needs are addressed to reduce harm and support recovery.
- improving access to accommodation alongside treatment
- improving employment opportunities – linking employment support and peer support to Jobcentre Plus services
- increasing engagement in treatment in the criminal justice system
- keeping people engaged in treatment after release from prison – improving engagement of people before they leave prison and ensuring better continuity of care in the community.

C; shift in the demand for drugs

- applying tougher and more meaningful consequences – ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug-related harm.
- delivering school-based prevention and early intervention – ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs.
- supporting young people and families most at risk of substance misuse or criminal exploitation – co-ordinating early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk.

In the early stages of the partnership, there was a focus on

SSMTRG spend and workforce changes

April 2023 saw the beginning of the implementation of the second year of our Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) plan. For 2023/24 Plymouth received a total of £1,266,006 from national government to build on the £772,516 received in 2022/23. The purpose of the grant is to improve the take up of, and outcomes from, drug and alcohol treatment services to deliver the health objectives of the National Drugs Strategy, From Harm to Hope. The strategy highlights how the previous disinvestment in adult and young people's specialist substance use treatment services has depleted the workforce resulting in a loss of skills, expertise and capacity from this sector, which has contributed to increased unmet need and drug related deaths. The SSMTRG funding from April 2022 goes some way to reversing that trend, however, some time will be required to build up the workforce and meet the unmet need to improve outcomes.

We have worked with partners in the Plymouth Drug Partnership to assess local need and develop a strategic plan for the SSMTRG funding from April 2022 to March 2024. Most of this funding has been channelled through the Plymouth Alliance for complex lives to rebuild drug and alcohol services. Since April 2022 (when SSMTRG grant funding started):

- Harbour is our principal adult drug and alcohol treatment service. We have significantly increased the number of drug and alcohol workers as well as criminal justice drug and alcohol workers (eight in total).
- We have also increased capacity in our Children and Young People's (CYP) substance use treatment service, with two additional specialists and a specialist mental health worker who is employed by the Child and Adolescent Mental Health Service (CAMHS) but deployed directly into the CYP treatment service.
- Livewell Southwest provide a range of health-related services to this cohort, including medical support, opiate substitution prescribing, and dual diagnosis (mental health and substance use) support. The funding has enabled significant strengthening of the workforce in these areas, through the addition of medical time, pharmacists, psychologists, nurses, and support workers.
- Hamoaze House provide day support to all those affected directly or indirectly by problematic relationships with drugs and alcohol. Additional funding has enabled an uplift in pay for their staff to improve wellbeing and retention as well as two additional substance use workers.
- Shekinah provides recovery support for individuals to find accommodation, improve their physical and mental wellbeing, and gives practical support to find employment. The additional funding has led to recruitment of a workforce trainer and a skills and employment trainer.
- Plymouth City Council have also been able to recruit to three additional roles within the public health team to improve system coordination, commissioning capacity and to develop an avoidable deaths approach, which will bring together and share learning from deaths related to drugs and alcohol, suicide and domestic homicide.

PLYMOUTH DRUG TREATMENT: NEEDS AND OUTCOMES

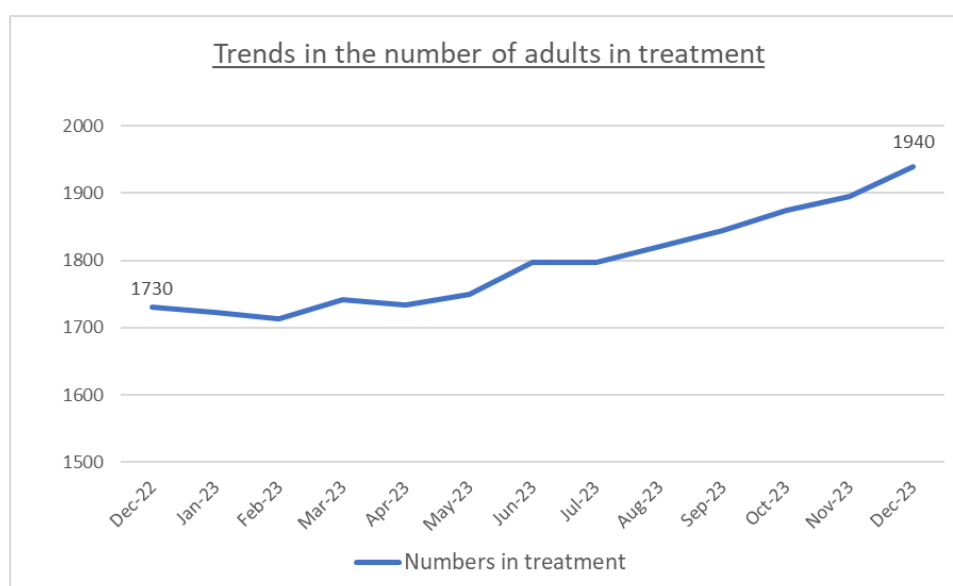
Needs assessment

A local drug and alcohol needs assessment was published in December 2022. This found that people in Plymouth who were entering treatment typically present with polydrug use and tend to be older, more complex and subsequently spend longer in treatment than the England average. The needs assessment also showed that self-referral is the most common route into treatment, with 66% of people entering treatment via self-referral.

Specific data on prevalence of drug use, number of people in treatment, unmet need and drug and alcohol related deaths also formed part this needs assessment. Through NDTMS (National Drug Treatment Monitoring System) we have more up to date data on these areas and so are presented below as part of outcomes and progress towards meeting the aims of the drugs strategy.

Drug and alcohol treatment data

In 2023 we have seen an 12% increase in the numbers of people in structured drug and alcohol treatment (between December 2022 and December 2023)



	Dec 2022	Dec 2023	Dec 2022 to Dec 2023			
Substance group	Prevalence estimate (2019-20)	Numbers in treatment	Unmet treatment need	Numbers in treatment	Unmet treatment need	Percentage change (numbers in treatment)
OCU	2,042	1245	39.0%	1,241	39.2%	- 0.3%
Opiates only	1,266	872	31.1%	842	33.5%	- 3.4%
Crack only	214	29	86.4%	50	76.6%	+72.4%
Both opiates and crack	563	344	38.9%	349	38.0%	+1.5
Alcohol	3,496	450	87.1%	609	82.6%	+35.3%

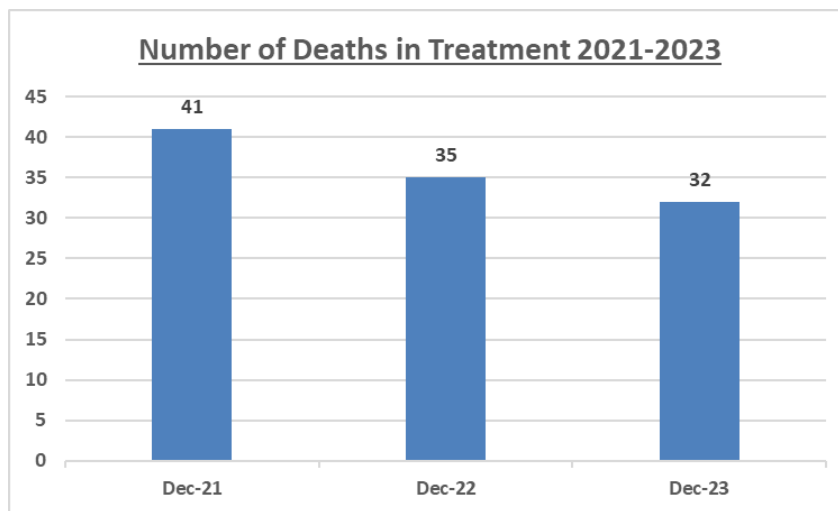
(OCU = opiate and/or crack users)

Overall, unmet need has been reducing in the city as more people have come into treatment in the last year. Treatment numbers have increased for all substance groups, besides opiates. However, current figures show that Plymouth has the fourth lowest levels of opiate only unmet need in the country and the lowest among our statistical neighbours.

Sixty-six % of all adults in treatment in Plymouth are men (1289) and 34% are women (651) this reflects national treatment demographics.

Deaths in treatment

The number of deaths in treatment has been decreasing since 2021 in Plymouth:



In addition to the reduction in the number of deaths in treatment, there has also been an increase in the numbers in treatment therefore also decreasing the overall percentage.

Month	Number of deaths	Percentage of those in treatment	Numbers in treatment
Dec-21	41	2.31%	1,778
Dec-22	35	2.02%	1,730
Dec-23	32	1.65%	1,940

Data Completeness

Service level data completeness for all substance groups has significantly improved in the past 12 months from 61% in December 2022 to 88% in December 2023. The use of mandatory fields within the local case management system, along with closer monitoring from the treatment provider has contributed to this increase.

PROGRESS SINCE THE PARTNERSHIP WAS FORMED

Review into deaths linked to substance misuse

A review was conducted in summer 2023 and comprised of a three-year (2019, 2020, 2021) look back at the deaths of individuals known to treatment services 12 months prior to death, to understand at what age they died and their cause of death. The audit found that 120 individuals had died in this period. The aim of the review was to provide an understanding of what is happening locally and what can be done to reduce drug and alcohol related deaths in the city.

Of the 120 deaths occurring over the 3-year period, 22 deaths were primary cause alcohol, 49 were primary cause drugs and 41 did not have alcohol or drugs recorded in part 1 of the cause of death. 8 deaths had not received a verdict from inquest at the point of this review. This shows that drug and alcohol use did not directly contribute to death in over one third of people who died within 12 months of being in treatment.

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

The review found that Plymouth has a slightly older treatment cohort than England and has the second highest percentage of adults over 50, accessing treatment services when compared with nearest neighbours. Having an older population in treatment could explain why Plymouth has a higher rate than England for deaths in treatment. This combined with high penetration rates for opiates means that more people are known to treatment services and therefore could explain why Plymouth sees higher rates of deaths in treatment.

The review and recommendations were presented to the Combatting Drugs Partnership group in September 2023 and implementation will be reviewed as part of the meeting.

Service improvements

Drug related deaths

A significant amount of work has been undertaken to reduce drug related deaths in the city. This has been led by our harm reduction coordinator based in Harbour, which is an SSMTRG funded post.

This includes:

- Working in collaboration with the Plymouth Alliance to train and upskill the workforce in harm reduction and naloxone.
- Introduction of Needle and Syringe exchange programme to all hostels in the city and training in safer injecting for staff
- Targeted naloxone drops in Stonehouse to ensure adequate supply in a key area of need.
- The provision of naloxone where appropriate on discharge from hospital (including the emergency department). University Hospitals Plymouth is one of only three hospitals in the UK offering this.
- Introduction of Rapid Access to Prescribing (RAP) team has significantly reduced the waiting time for opiate substitution therapy.
- Creation of the Plymouth Overdose Response Team (PORT) to offer harm reduction intervention and referral to treatment and prescribing following an overdose in a hostel.
- More optimised opiate substitution doses

- Additional drug and alcohol workers in our treatment providers have meant that caseloads have decreased from an average of 80 to an average of 50. This is improving the quality of treatment.
- The work of the Health Inclusion Plymouth Pathway (HIPP) has improved health care support for people in Plymouth who experience homelessness and multiple deprivation.

Treatment for people who use crack

To meet high levels of unmet need in people who use crack, Harbour have enhanced their offer of support for this group. This has involved greater engagement to bring people into treatment and setting up of groups specifically for crack users. The treatment service has worked hard and are offering an out of hours service for this cohort, with groups taking place on an evening. This has led to a doubling of the number of people who use crack being in structured treatment.

Continuity of Care for prison leavers

Continuity of care has improved over a rolling three-month period. Where an onward referral was made by the prison treatment provider and the client then subsequently picked up by community treatment provider was at 17% in December 2022, however this figure as of December 2023 is 44%.

The Community Treatment provider was previously operating on a drop-in slot basis for prison releases, although this allowed flexibility for individuals attending on their day of release to collect prescriptions and meet with their worker, the disadvantage was that some clients weren't presenting to the treatment service at all despite having an ongoing treatment need. The service is now allocating an appointment for all prison releases that are referred with an ongoing treatment need. Additionally, a Continuity of Care sub-group is now in operation specifically for Plymouth prison releases, the group is attended by prison, and community providers, along with NHS services, and Public Health. The group regularly reviews pathways and links between services and identifies areas where these could be strengthened. With future additional alcohol worker capacity in the treatment service, there is further scope to increase engagement post-release for alcohol clients with an ongoing treatment need.

Vaping of illicit substances

The vaping of illicit substances is a new and emerging area and Plymouth is leading the way on this regionally and nationally. There has been an increase in young people vaping illicit substances, which is suspected to be a synthetic cannabinoid receptor agonist (SRCA, sometimes known as 'spice') or THC (a cannabis derivative). Some young people are becoming unwell resulting in ambulances and ED presentations. All young people who have attended ED have recovered within 1-2 hours.

Some of the incidents have occurred at schools. In response to this the public health team, youth service and CYP treatment service have formulated a package of support to ensure that schools feel supported, have the necessary knowledge to respond to incidents and know where they can get further support. An explicit aim of this approach is to reduce the number of permanent exclusions related to this behaviour, which we know is key to improving the long-term outcomes for that young person, including the reducing risk of future drug use.

PLANNED WORK FOR 2024-25

SSMTRG funding plans

2024/25 will be year three of the national drugs strategy and SSMTRG funding. This will see a total of £2,442,196 invested in the Plymouth drug and alcohol treatment and recovery system (an additional £1,177,190 from the previous year). Local plans for this funding have been worked up and agreed by the Plymouth Drugs Partnership. The funding will enable strategic improvements to our drug and alcohol system to improve outcomes for all. The funding will increase capacity in our clinical services including dual diagnosis work through additional medical time and recruitment of nurses, and support workers, increase the number of drug and alcohol workers in our specialist treatment by six, provide two substance use workers, a peer support coordinator, a day services manager and a community manager within our day service, increased social work capacity for residential rehabilitation assessments, and increase capacity within the CYP system including a specialist substance worker, and four youth workers deployed across the system.

Local Drug Information System

A Local Drug Information System (LDIS) for Plymouth is being developed. This will enable a consistent and efficient process for sharing and assessing information regarding new and/or novel, potent, adulterated or contaminated drugs and the issuing of warning where needed. The standard operating procedure and review panel membership for the LDIS has been agreed. The panel will meet when a form is completed and review the information provided and send out drug alerts where this is deemed necessary. The panel will have representation from the Police, public health, drug treatment providers and medics. A functioning local LDIS will be essential in identifying and responding to potential incidents relating to potent synthetic opioids.

Laboratory testing of drugs

The laboratory testing of drugs is also key to understanding the drugs market and risks associated, including the risks of potent synthetic opiates. However, evidential testing by the Police is taking 6-9 months to provide results, which is too slow to inform a response. Devon and Cornwall Police have reached an agreement with Avon and Somerset Police and Bath University to transport drugs of concern to Bath University for rapid testing. Preliminary results can be available the same day and full results within a few days. This testing will be for intelligence only (it is not evidential) but will crucially be able to identify potent synthetic opiates in real time.

Avoidable Death Approach

SSMTRG funding has increased capacity in the public health team and allowed for a new Avoidable Death lead. This role will focus on developing a review process for deaths that occur in the city relating to drugs and alcohol. These deaths may be classified as suicide, drug related deaths or even domestic homicides or fire deaths. However, there is often a significant overlap between these deaths where drugs and alcohol have been involved and bringing these areas together will allow the learning for the system from each review to be understood and shared widely to reduce the risk of future deaths.

Continuity of Care

The formation of the Continuity of Care Sub-group for Plymouth has allowed both community and prison treatment providers to review the 'whole offer', this includes access to peer led mutual aid meetings. One of the groups objectives is to review the 'SMART to SMART offer', where there are

individuals maintaining their recovery via SMART meetings in prison and ensuring that they can continue this when released into the community, utilising existing SMART provision in both settings.

Additionally, the group is also reviewing the rate of alcohol referrals into the community. The additional SSMTRG funding for 24-25 will support a more robust alcohol pathway for prison leavers with an ongoing alcohol treatment need, with clients being seen as part of existing CJIT process in the community, and specialist alcohol treatment being provided.

The effectiveness of the continuity of care pathway from prison to community services are best assessed by those that have lived experience of the process. Plans are underway for semi-structured interviews to be carried out at all stages of the process. A thematic analysis will then be carried out, whilst will form part of a wider continuity of care action plan. In addition to the above, work has begun on a continuity of care audit of referrals from HMP Exeter and Harbour. This alongside a future self-assessment toolkit will provide an analysis of the pathway from each aspect of the system.

There are also plans to better utilise the NHS Reconnect offer. RECONNECT services aim to improve the wellbeing of people leaving prison or an IRC, reduce inequalities and address health-related drivers of offending behaviours. Whilst not a clinical service, RECONNECT offers liaison, advocacy, signposting, and support to facilitate engagement with community-based health and support services.

Alcohol

In the last year, there has been an increase in the number of people with alcohol needs coming into treatment. Reducing unmet need for alcohol remains a key area of focus for Plymouth in 2024/25. Third year SSMTRG is funding two additional alcohol workers. With additional workforce, we will prioritise improving access and equity of alcohol treatment.

- Understand barriers to treatment such as alcohol-related stigma.
- Meet the community treatment needs of people who are frequently admitted to hospital for alcohol associated conditions.
- Ensure there is a 'menu' of options for people wanting support for alcohol in Plymouth.
- Increase continuity of care for people leaving prison wanting support with alcohol, including relapse prevention.
- Preventing and reducing alcohol related harms including consideration of Alcohol Related Brain Injury pathways.
- Building on our understanding of local need by listening to the voices of people with living experiences. We will be carrying out place-based interviews to engage with people who are not in treatment.

Children and young people and prevention

In 2024 there will be significant additional investment in children and young people prevention, early intervention and specialist drug treatment. There will be five additional whole time equivalent posts to work in this area:

- CYP specialist substance use worker in CYP treatment provider to lead on vaping of illegal drugs. This post will develop practice and response to vaping incidents, contribute to policy development, deliver support and interventions to CYP who have experienced incidents, and work with schools and young people to minimise permanent exclusions.
- Youth worker for substance use leading on vaping of illegal drugs to work closely with specialist substance use service worker above to deliver the aims above.
- Two early intervention/prevention youth workers to work in the Zone, who provide housing/homelessness, sexual health and emotional health support to young people in

Plymouth. These are significant risk factors for drug and alcohol use and early support through the Zone is key to our preventative approach.

- One youth support worker to support the school exclusion cohort, who are the highest risk of developing problematic drug and alcohol use.

Workforce development

Work is underway to develop a plan for the training needs for the Alliance and wider partners to provide a greater knowledge and increase competencies across organisations who work with the complex lives cohort. The workforce development piece will look at a broad range of knowledge and skills, including motivational interviewing, suicide prevention and brief intervention training for alcohol and smoking cessation.

Domestic Abuse and Suicide Prevention

Training on domestic abuse and suicide prevention are areas of priority for 2024-25. Public Health and Community Connections are working on developing template policies which can be adapted by Alliance partners for domestic abuse and suicide prevention. This will include training requirements and processes to support staff to be able to identify and respond to service users who may have suicidal ideation or experiencing interpersonal violence.