

PLYMOUTH DRUGS STRATEGIC PARTNERSHIP

ANNUAL REPORT 2024/25



1. PURPOSE

To provide an annual progress update for the Plymouth Drugs Strategic Partnership for the year from 1st April 2024 to 31st March 2025.

2. BACKGROUND AND NATIONAL CONTEXT

The harms associated with alcohol and drug use are wide-ranging, with profound effects on both individuals and society. People with drug and alcohol dependence often experience intersecting vulnerabilities, including poor physical and mental health, discrimination, poverty, exposure to violence, contact with the criminal justice system and homelessness. This is often on a background of complex trauma.

In England, the estimated number of people using drugs has remained stable since 2014. However, the number of drug- and alcohol-related deaths continues to rise. This increase was driven, in part, by emerging challenges such as evolving patterns of use, the increasing potency of substances, and heightened risks from synthetic drugs manufactured in laboratories.

In response to increasing drug deaths the UK Government at the time published their 10 year drugs strategy in 2021; [From Harm to Hope](#). The strategy followed Dame Carol Black's review which emphasised:

1. **Stronger collaboration across Government:** Government departments should work more closely together to provide a coordinated and effective response.
2. **Recognising substance misuse as a health issue:** Drug and alcohol misuse should be treated primarily as a health need, not just a criminal or social issue.
3. **Promoting compassion and support:** Society should foster greater kindness and understanding, ensuring people are supported in getting the help they need.
4. **Encourage help-seeking without fear:** People should not be punished unless they have committed a crime. People should feel safe and empowered to seek help for recovery and treatment without fear of stigma which acts as a barrier to support.

The Government's drug strategy responded with increased funding to local areas to deliver across three priorities areas:

- **Break drug supply chains.**
- **Deliver a world class treatment and recovery system.**
- **Achieve a generational shift in the demand for recreational drugs.**

3. PLYMOUTH DRUGS STRATEGIC PARTNERSHIP

As part of the national Harm to Hope strategy, each local area established a Combating Drugs Partnership to oversee progress against the national strategy’s aims and objectives.

In Plymouth, this partnership is called the Plymouth Drugs Strategic Partnership, with the Director of Public Health as the Senior Responsible Officer (SRO). The Partnership’s remit covers the geographical area of the city of Plymouth, aligning with the boundaries of Plymouth City Council. This is also the commissioning footprint for local drug and alcohol treatment services.

The Plymouth Drugs Strategy Partnership acts as the central body for reporting, oversight, and accountability. Its role is to ensure transparency, shared responsibility, and effective governance.

The diagram below shows the organisations and teams represented at the Plymouth Drugs Strategic Partnership:



4. LOCAL NEED

The prevalence of drug and alcohol use in Plymouth is based on estimates provided by the National Drug Treatment Monitoring System (NDTMS) and based on research by the University of Sheffield. The most recent estimates fare for 2019-20 and show that in Plymouth there are an estimated:

- 2,042 people who use opiates and/or crack (OCU), of which:
 - 1,266 people who use opiates only.
 - 214 people who use crack only.
 - 563 who use both opiates and crack.
- 3,496 people who are alcohol dependent.

The estimated prevalence of drug use and alcohol dependency (as a rate) is higher in Plymouth compared to England.

	Plymouth prevalence (per 1,000 population)	England prevalence (per 1,000 population)
Opiate and/or crack use (OCU)	12.1	9.5
Opiates use only	7.5	4.6
Crack use only	1.3	1.3
Opiates and crack use	3.3	3.6
Alcohol dependency	16.7	13.8

5. LOCAL PROVISION

Drug and alcohol services for adults is commissioned to The Plymouth Alliance for Complex Lives (The Alliance). This contract brings together providers of drug and alcohol service with housing providers to enable better system working between these overlapping services. The main drug and alcohol treatment providers as part of The Alliance are:

- Harbour: provides specialist drug and alcohol treatment support.
- Hamoaze House: provides structured day services.
- Livewell Southwest Complex Needs Team: provides drug and alcohol clinical services including prescribing, community detoxification and mental health support.

The drug treatment service for children and young people is commissioned to The Children's Society, who work in partnership with other teams such as at The Zone, the Youth Service and Children and Adolescent Mental Health Services CAMHS to support the young people in the city.

6. LOCAL DATA

This section outlines the delivery in 2024-25 against key outcome metrics from the National Outcomes Framework.

Treatment capacity

Between April 2024 and March 2025, there were 848 new presentations to adult treatment services, accounting for 38% of the total adult treatment population during this period. The total number of adults in treatment between April 2024 and March 2025 was 2,196, which is an increase from 2,039 from 2023-24. The table below breaks down this data further.

	Number in treatment Apr 2023-Mar 2024	Number in treatment Apr 2024-Mar 2025	Percentage change
Opiate and/or crack (OCU)	1261	1306	+3.5%
Opiates only	852	850	-0.2%
Crack only	55	75	+36%
Opiates and crack	354	381	+7.6%
Alcohol only	433	425	-1.8%
Non-opiates and alcohol (not crack)	201	267	+32.8%
Non-opiates only (not crack)	144	198	+37.5%
Children and young people	107	94	-12.1%

The reduction of treatment capacity in the young people’s service is due to a miscoding of data when the commissioned service moved to a new provider, which have since been resolved.

Unmet need

Unmet need is defined as the proportion of the estimated prevalence of people in an area who use a specific substance who are not receiving treatment. The table below shows the unmet need by substance type for Plymouth and England in March 2025.

Plymouth unmet need	England unmet need
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Opiate and/or crack (OCU)	36.8%	56.8%
Opiates only	33.9%	61.5%
Crack only	64.9%	74.2%
Opiates and crack	32.9%	44.5%
Alcohol dependency	79.1%	75.9%

Treatment progress - adults

Treatment progress is defined as the proportion of those in treatment who completed treatment successfully, are drug-free in treatment or have sustained reduction in drug use. From April 2024 to March 2025 47% of people in drug and alcohol treatment in Plymouth showed substantial treatment progress. This is the same as the national figure.

Analysis of treatment outcomes by substance type indicates mixed performance relative to national benchmarks. For opiates, crack cocaine, and combined crack and opiate cohorts, Plymouth's exceeds the England average in treatment progress. However, for non-opiates, non-opiates and alcohol, and alcohol-only cohorts, Plymouth's rates of substantial treatment progress fall below the England average.

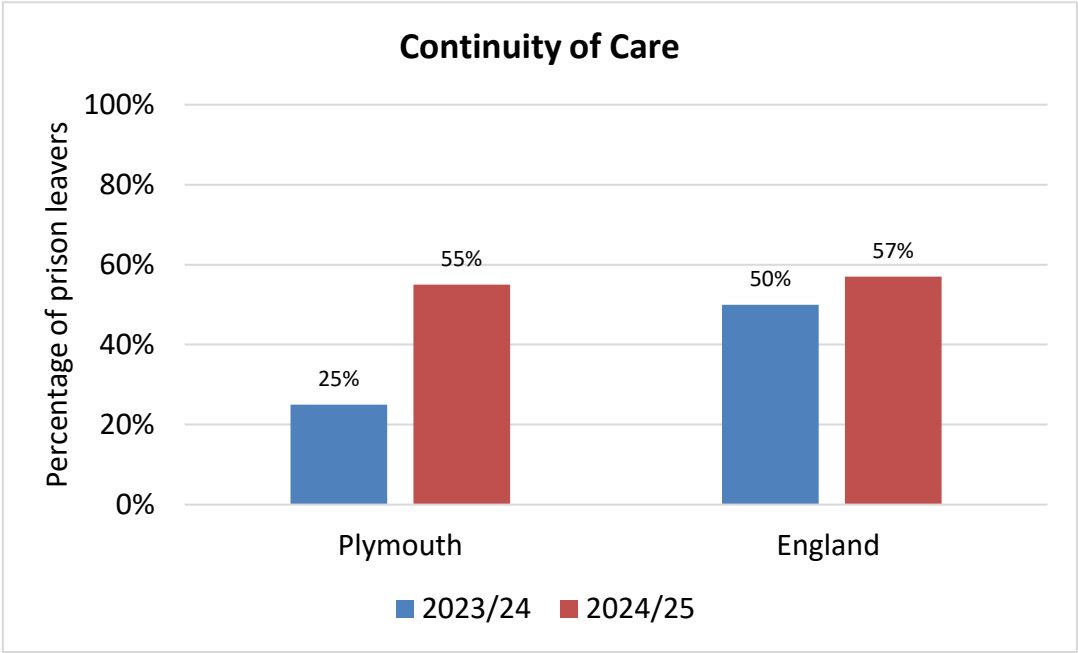
Treatment progress – Children and Young People

Across the range of treatment outcomes, the young person's substance use service is seeing effective treatment progress between April 2024 and March 2025, as shown below.

	Plymouth (%)	England (%)
Proportion still drinking alcohol at high-risk levels	n/a	15
Proportion still using cannabis	64	66
Proportion still using other drugs	29	33
Unmet mental health treatment need	42	56

Continuity of Care

Prison leavers with a drug treatment need are at a higher risk of harm, death, and re-offending. Timely transfer to structured community services following prison release reduces these risks. Continuity of care is the percentage of prison leavers with a continued treatment need who are picked up by the community treatment services within three weeks of prison discharge. The graph shows a significant increase in continuity of care in Plymouth over the past year.

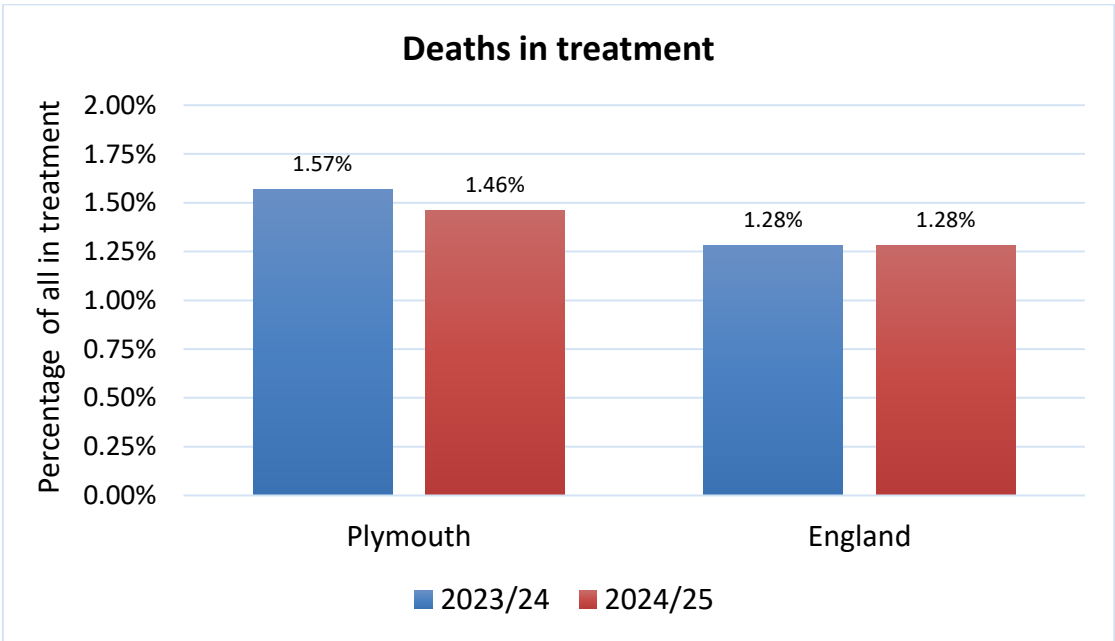


Drug misuse deaths

The rate per population of deaths due to drug misuse between 2021 and 2023 (three-year rolling average) is 7.5 per 100,000 in Plymouth and 5.5 per 100,000 for England. This is in part due to the higher prevalence of opiate and/or crack users in Plymouth compared to England.

Deaths in Treatment

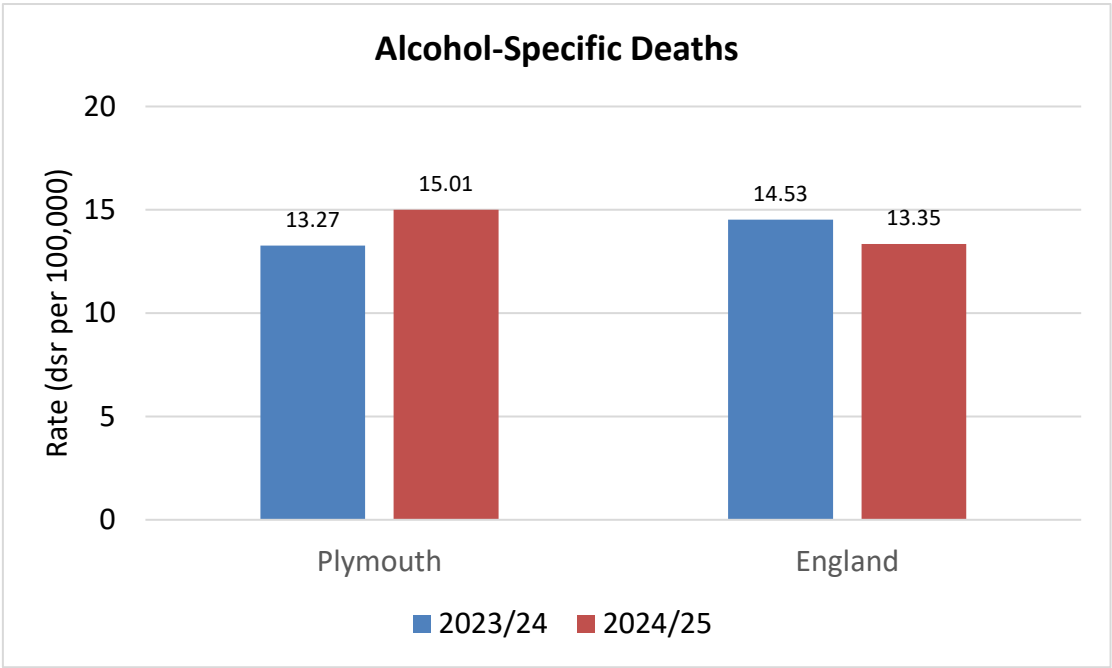
Deaths in treatment refers to the percentage of people in drug and alcohol treatment services who have died (of any cause) during their time in contact with the treatment service. Deaths in treatment are higher in Plymouth compared to England, but are reducing locally, while staying level nationally.



The profile of people in drug and alcohol treatment in Plymouth is slightly older than the national average. In addition, a higher proportion of people who use opiates are in our treatment system. Whilst this is a protective factor, it means that where there is a death of somebody who uses opiates, it is more likely that that person is receiving drug treatment. These factors in part explain the higher proportion of deaths in treatment in Plymouth compared to England.

Deaths from alcohol

Alcohol specific deaths are defined as the rate per population of deaths where alcohol is the primary cause. In 2024-25 we have seen an increase in alcohol-specific deaths in Plymouth however, the change compared to 2023-24 and the difference compared to England are all well within the confidence intervals.



7. DELIVERY PLAN PROGRESS

The following section of the report outlines the local progress against the areas of the national delivery plan for the drugs strategy, focusing on Priorities 2 and 3 (health outcomes).

PRIORITY 2: DELIVER A WORLD-CLASS TREATMENT AND RECOVERY SYSTEM

A) Delivering world class treatment and recovery services

Enhanced funding through the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG – formerly SSMTRG) has facilitated a significant expansion of the workforce. The data in the section above indicates that this is enabling treatment services to increase system capacity, improve accessibility, achieve effective treatment outcomes progress, and reduce drug related deaths over the past year.

Treatment capacity

Clinical capacity was strengthened through additional medical staffing and the recruitment of nurses and support workers, with a particular focus on dual diagnosis interventions. Additional drug and alcohol workers were appointed to increase the reach and effectiveness of specialist treatment services. The day service was expanded enabling more comprehensive and coordinated support. Social work capacity was increased to facilitate more timely and effective assessments for residential rehabilitation placements. The CYP system was strengthened through the addition of a specialist substance use and youth workers who were deployed across the system to provide targeted support.

This additional capacity is reflected in a year-on-year increase in the number of adults accessing treatment services, demonstrating the positive impact of sustained investment and expanded service capacity. Enabling co-location of services and regular drop ins mean that service users can be seen where they are such as hostel settings, increasing engagement and support.

Quality of treatment

The Plymouth Alliance treatment sub-group meets monthly to review progress against eight priority areas aligned to an overall action plan, which has been created by partners, wider organisations and lived experience groups. The treatment sub-group action plan focuses on the following key areas (in line with the delivery of the From Harm to Hope strategy): harm reduction and drug and alcohol related deaths, mental and physical health, quality improvement and practice, drug treatment, recovery, workforce development, lived and living experience, and alcohol treatment.

There has been significant progress made against agreed objectives and actions such as: embedding harm reduction across the Plymouth Alliance, developing and embedding a response plan for synthetic opioids, ensuring the quality of services provided is in line with national guidance, the optimisation of opiate substitution therapy, taking a systems approach to co-production with lived and living experience, and reducing the unmet need for people with alcohol dependence. The sub-group continues to drive collaborative improvements across this broad agenda, ensuring delivery remains ambitious, evidence-based, and responsive to local needs.

Drug deaths

The key aim of the national drug strategy is to reduce drug-related deaths. In Plymouth there has been a significant amount of work in this area.

The Local Drug Information System (LDIS) in Plymouth is well embedded among professionals across the city. Completed LDIS forms are reviewed by a multi-agency panel to assess intelligence relating to new, novel, potent, adulterated, or contaminated substances. Where appropriate, the panel issues warnings to mitigate risk and inform frontline responses. Panel membership includes representatives from the Police, Public Health, drug treatment providers, and clinical services.

A functioning LDIS is essential for identifying and responding to potential incidents involving potent synthetic opioids. In 2025, a peninsula wide exercise is undertaken to test the effectiveness of local synthetic opioid incident responses. The objective is to ensure that, in the event of a drug-related incident, the system can respond swiftly and effectively to prevent overdoses, fatalities, and wider harm. Learning from the exercise prompts revisions to the out-of-hours response protocol, strengthening the system's resilience and operational readiness.

Continued investment in peer-to-peer Naloxone programme has significantly expanded the reach of Naloxone distribution among people who use opiates resulting in improved harm reduction.

Plymouth Overdose Response Team (PORT) was established in 2024 this team responds to people who have had an overdose within hostel settings by providing naloxone and harm reduction advice. People are at higher risk of a fatal over within the first 28 days following non-fatal overdose. PORT is being expanded and aims to be able to deliver wraparound support to people experiencing non-fatal overdoses outside of hostel settings.

The Plymouth avoidable death review group was also established in 2024. It is led by public health and attended by health, housing, and criminal justice colleagues. The aim of the review group is to collectively review pre-selected cases of deaths (that occurred from January 2024 onwards) where the suspected cause of death is drug poisoning, drug use or drug dependence and where any of the substances used are controlled under the Misuse of Drugs Act (1971), where alcohol use is suspected to be directly related to the cause of death, or deaths by suicide (by any means) where alcohol and drug use was a significant factor in that person's life.

The review group works to identify and agree learning points from each case review, including areas of good practice. Since its inception, the group has collectively reviewed eighteen deaths of those known and not known to treatment services. Good practice themes identified by the group are joint working, flexible approaches to individual care, responsive outreach provision, advocacy and services considering wider health needs of those they support - strongly aligning with the principles of the Plymouth Alliance of jointly delivering integrated flexible support across multiple services.

Areas for learning and development have also been identified by the review group: the need for consistent record keeping and assessment standards and the need for alcohol preventative work. Improvements to consistent, trauma-informed approaches to both assessments and record keeping standards are being addressed through the work of the workforce development co-ordinator.

Alcohol

Alcohol remains a key focus of system-wide public health work in Plymouth, particularly in response to the rise in alcohol-specific deaths. In April 2024, a specialist community alcohol treatment team was funded through the Supplementary Grant to strengthen local capacity and improve outcomes for individuals experiencing problematic alcohol use. Since then, Public Health has led a coordinated effort to improve access to treatment and enhance prevention, working closely with system partners to address both immediate and long-term needs.

To support this work, the Alcohol Steering Group was established in September 2024. It brings together system partners to provide strategic oversight and operational coordination, helping to align investment, identify gaps, and embed innovative approaches across services. This includes enhanced assessments, improved hospital discharge pathways, and new clinical offers. A dedicated alcohol training package is currently being rolled out across treatment services, with plans to extend this to the wider system to build confidence and consistency in identifying and responding to the needs of individuals affected by alcohol use.

Prevention efforts span both population-level and targeted interventions. A refreshed alcohol needs assessment is underway to better understand local need and inform planning. Work is progressing to strengthen licensing procedures to manage alcohol availability more effectively. Plans are also in place to expand the use of AUDIT- C screening and increase access to early help, aiming to identify and support individuals before their needs escalate. For those already experiencing harm, treatment pathways are being improved through enhanced assessments and strengthened referral routes from hospital following an alcohol-related admission. The partnership has also developed audit standards for alcohol treatment, supporting consistent quality and accountability across services. A key development includes plans to introduce a community intramuscular thiamine offer, aimed at reducing the burden of alcohol-related brain injury by improving access to preventative support for individuals at high-risk.

Children and young people

The specialist problem substance use service for young people has been re-commissioned with a new provider. Initial transition challenges due to staffing have been resolved and the service is operating at full capacity now, with effective treatment outcomes compared to national figures (section 6). School referrals to evidence-based interventions are increasing, supported by growing relationships. There are also strong links to local mental health teams through an embedded CAMHS worker in the service.

Additional work in the children's and preventative system is described below in the Priority 3 section.

B) Strengthening the professional workforce

The Plymouth Alliance for Complex Lives has prioritised workforce development as a key priority in reducing drug-related harm and improving outcomes for individuals and communities. The strategy highlights the importance of a skilled, trauma-informed, and resilient workforce capable of delivering high-quality, person-centred care.

To support this ambition, the Alliance appointed a Workforce Development Coordinator in November 2024. This role was created to lead and oversee workforce development across the system, ensuring strategic alignment and consistency in training, development, and wellbeing initiatives across Alliance partners and subcontractors.

Since the coordinator came into post, several key activities have taken place:

- **ASIST Suicide Prevention Training**
Over 100 training spaces have been made available to Alliance services to strengthen suicide prevention capabilities. This ensures that staff across the system have a robust understanding of suicide intervention.
- **Relational Practice and Trauma-Informed Approaches**
The Alliance hosted an event led by Jacqui Dillon, a national leader in trauma and relational practice. This session supported the system to better understand and respond to trauma-related needs. In addition, Trauma Stabilisation training and the Relational Practice

Academy have been introduced to embed trauma-informed principles across services, supporting the strategy's call for compassionate, person-centred care.

- **Partnerships & Pathways Sessions**
These sessions are designed to foster cross-sector collaboration and shared learning. Open to all staff volunteers, CEOs, new starters, and specialists, aim to strengthen integrated working across the system, a core component of the drug strategy's whole-system approach.
- **Workforce Wellbeing Champions**
Staff across Alliance services have been trained as Workforce Wellbeing Champions through Livewell Southwest. These champions play a key role in promoting and supporting staff wellbeing, helping to sustain a healthy and effective workforce capable of delivering high-quality care.

The drug and alcohol sector is moving away from the outdated DANOS (Drug and Alcohol National Occupational Standards) and adopting the new Drug and Alcohol Capability Framework, which sets out the skills and behaviours needed across key roles in treatment services.

This change is part of the national 10-Year drug and alcohol workforce strategy (2025) led by OHID (Office for Health Improvement and Disparities) and NHS England, aiming to build a skilled, resilient, and person-centred workforce. Locally, the Alliance is embedding this framework into its workforce development strategy to align with national standards and improve service quality and outcomes.

Training programmes will be mapped to this updated framework to ensure staff are equipped with the necessary skills to deliver psychologically informed, trauma-responsive, and recovery-oriented care. In parallel, a system-wide Workforce Wellbeing strategy is being developed, building on the Wellbeing Champions model and incorporating feedback from staff across the Alliance to promote a supportive and resilient working environment.

C) Ensuring better integration of services

In 2024/25, the unmet need for adults with a mental health treatment need was 20% for Plymouth and 18% for England. Increased grant funding has allowed for a more robust clinical mental health and psychological offer within treatment service. The additional capacity is supporting consultation, MDT's, supervision, and access to therapies such as CBT & DBT. Various levels and lengths of therapies are available depending on the needs of the individual. The LIGHT group which is co-delivered by Livewell and Harbour, is delivered at both Harbour and Shekinah and focusses on trauma stabilisation and psychoeducation. The group is an open and no referral is required. Livewell offer a drop-in clinic at Shekinah, George House, and Salvation Army Hostel where the Complex Needs Team can give advice, brief assessment, sign posting and safeguarding support.

The Health Inclusion Pathway, Plymouth (HIPP), is a multi-disciplinary team operating across the community and University Hospital Plymouth (UHP). The service supports individuals experiencing homelessness and those with multiple, complex needs including physical and mental health conditions, substance use, and involvement with the criminal justice system who may have previously experienced difficulties engaging with statutory services. GP's and nurses within the HIPP team provide regular clinical input at Shekinah providing care to individuals.

D) Improving access to accommodation alongside treatment

Drug treatment services regularly attend rough sleeping drop-in at Shekinah and attend hostels providing drug treatment advice and support. Of people in drug treatment services between April 2024 and March 2025 78% were in stable and suitable accommodation; the England average is 86%. In the same year 167 people were engaged in treatment, who were rough sleeping or at risk of rough sleeping. The homeless intervention team (HIT) based within Harbour can make direct referrals to

and from Plymouth City Council's homelessness and housing teams, streamlining the process of accessing emergency or longer-term housing for those engaging with Harbour. Additionally, the HIT team provides support for individuals navigating landlord relationships, sustaining tenancies and housing benefits to resolve issues that could pose a risk to stable accommodation.

E) Improving employment opportunities

Individual Placement and Support (IPS) offers support and help to people in drug treatment services who are looking for employment. Shekinah have had 110 referrals for the IPS programme for 2024-25. Of the 110 referrals, thirty-two have had job starts, with seventeen of those sustained after 26 weeks. Shekinah also regularly attends job centres and has a regular monthly slot to discuss IPS with job centre claimants.

F) Increasing referrals into treatment in the criminal justice system

G) Keeping people engaged in treatment after prison

Continuity of care has significantly improved in Plymouth over the past 12 months, reflecting improved coordination and engagement across the pathway. The Plymouth Continuity of Care Strategic Group comprised of representatives from community drug and alcohol treatment providers, prison integrated substance use services, Public Health, and Probation has developed and implemented a multi-agency action plan to improve outcomes for individuals leaving prison. The plan sets out a series of priority areas, each supported by targeted actions and collaborative delivery.

Notable achievements include the provision of in-reach support to HMP Exeter and HMP Channings Wood, enabling early engagement and pre-release planning; the completion of qualitative interviews with people in prison to ensure lived experience informs service design; and the strengthening of court release planning, particularly for individuals on remand, to ensure they are offered a treatment appointment the day after release. The group has also enhanced the offer for individuals with alcohol-only treatment needs, collaborating with the specialist alcohol team and prison colleagues to develop an assertive outreach programme that identifies individuals who may benefit from relapse prevention support upon release.

To support continuous improvement, the group continues to use the OHID self-assessment tool and local audits to assess quality, identify gaps, and embed trauma-informed practice. Looking ahead, the group remains committed to expanding the menu of options for substance use support, ensuring individuals leaving prison have access to a broader, more flexible range of services tailored to their needs.

In addition, a new piece of work is underway to ensure individuals under Probation supervision receive appropriate substance use support. Plymouth City Council has shared commissioning responsibility for the Dependency and Recovery (D&R) Service with the Probation Service. This programme integrates support from probation workers and Harbour to holistically support individuals in contact with the criminal justice system.

PRIORITY 3: ACHIEVE A GENERATIONAL SHIFT IN THE DEMAND FOR DRUGS

A) Delivering school-based prevention and early intervention

The Zone (an Alliance partner) provides an offer of educational sessions to all secondary schools. Webinars have been delivered on topics from youth drug use to vaping, primarily for schools but with wider children's services involvement.

There is a clear offer to partners including educational settings around vaping substances controlled under the Misuse of Drugs Act, contributing to reduced school exclusions through evidence-informed approaches. This offer has been well received and is contributing to reducing permanent exclusions from school.

B) Supporting young people and families most at risk of substance misuse or criminal exploitation

A new CYP Drug and Alcohol Working Group has been formed to strengthen the public health approach across universal to specialist interventions. The group, which is formed of partners from Plymouth City Council, treatment providers (Harbour, Hamoaze House, The Children's Society, The Zone), health service (secondary care and CAMHS), justice (Police and Youth Justice Service) and VCSE (Community Alcohol Partnerships) has met twice and is progressing key priorities:

- Supporting schools via the Place-Based School Improvement Plan to tackle vaping.
- Relaunching the Drug Use Screening Tool in December, with CYP system-wide training on its use and general substance awareness.
- Building understanding and providing targeted guidance on ketamine, through a Task and Finish Group.
- Exploring a 'virtual team' model to better coordinate commissioned substance use services across the children's system.

Hidden Harm Training is delivered in partnership with the Plymouth Safeguarding Children's Partnership. This course supports professionals in working with the impact of adult substance use on children and families, i.e. Hidden Harm.

8. LOOKING FORWARD 2025/26

The key priorities for the Plymouth Drugs Strategic Partnership in 2025/26 are:

- Explore feasibility of combining priority one (enforcement) elements of the drugs strategy with regional colleagues to better match the Devon and Cornwall Police footprint.
- Refresh the Plymouth Drugs Strategic Partnership Delivery Plan
- Undertake a health needs assessment for substance use.
- Continue to build the CYP drug and alcohol working group.
- Ensure continued mitigation and preparedness for synthetic opioid incidents.
- Prioritise co-production and engagement with communities and lived experience representatives, both in service design and the monitoring of progress.