

Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Amy Cross, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding
Date of Meeting:	2 nd March 2016

DRUG STRATEGY

1.0 Purpose of the report:

- 1.1 To provide an overview on the development of the Drug Strategy and future direction of the work required to reduce health inequalities due to the impact of drugs.

2.0 Recommendation(s):

- 2.1 To agree to support the development the Drug Strategy.
- 2.2 To agree the principles of the Drug Strategy outlined in the report at Paragraph 5.7 and presentation.
- 2.3 To discuss how partners can work together on the delivery of the strategy in light of substance misuse being one of the Board's four priorities and align this with the Health and Wellbeing Strategy to maintain consistency and ensure a joined up approach.

3.0 Reasons for recommendation(s):

- 3.1 Since April 2013, the commissioning of substance misuse was transferred to the Local Authority under the guidance of the Public Health Directorate. In 2010 the Government produced its new Drug Strategy 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug free life. This strategy highlights the key role of local authorities it to help reduce both the supply of and demand for illicit drugs. This includes helping people to recover from drug addiction by providing education, housing, public health, social care and regulatory services.

Problem drug use does not happen in isolation and there are frequently links to a range of other factors such as mental health, alcohol misuse, homelessness and

crime. Many acquisitive crimes (including theft, burglary and robbery) are committed by people whose drug use has become an addiction. Their offending often escalates to keep up with the rising cost of their drug use. Some individuals support their drug use with low-level dealing or prostitution.

Drug misuse brings a wide range of problems and is a major concern for the public. The harms they cause are significant, wide ranging and costly. While all drugs have damaging impacts, the most harmful drugs, including heroin and crack cocaine bring untold misery to individuals, their families and communities. Problem drug use is an issue which has an impact on society as a whole, but disproportionately affects the most deprived communities, disadvantaged families and vulnerable individuals.

Drugs remain a serious and complex issue that the Board must address.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
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3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes
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3.3 Other alternative options to be considered:

Not to endorse the creation of a Drug Strategy or to agree different priorities for the strategy.

4.0 Council Priority:

4.1 The relevant Council Priorities are:

- The economy: Maximising growth and opportunity across Blackpool
- Communities: Creating stronger communities and increasing resilience

5.0 Background Information

5.1 The Health Needs Assessment provides an overview of the current patterns of drug use in Blackpool and the impact on the population, along with regional and national comparisons. It considers both adult and young people and provides information about the current drug services. In summary in 2012/13 there were an estimated 1,946 Opiate and Crack users in Blackpool, with an estimated 958 injecting users. In 2010/11 there were 545 hospital admissions where there was a primary and secondary diagnosis of drug related mental health and behaviour disorders. During 2012/13 it was reported that 73% of clients in treatment were unemployed, 26% of those in treatment reported they had a housing problem and over 50% of clients in treatment reported they had children living with them. The assessment also

identified that Drug-related offences committed in Blackpool increased 107% from 240 offences between 2008 to 498 offences in 2013.

- 5.2 Through the work of the Council's Trading Standards and Licensing Enforcement team with the Head Shops in Blackpool, it was highlighted that an increasing number of young people are being admitted to hospital due to the effects of taking New Psychoactive Substances. It also raised concerns about the unpredictable behaviour of the individuals taking such substances and the impact that this is having on the Police and Local Ambulance services.
- 5.3 Partners will be aware that drug misuse matters to the whole of society and has an impact on the whole community. From crime and violence in the local neighbourhoods, through to families who are forced apart by dependency and the profound and negative effect on communities, families and individuals.
- 5.4 In previous years the Council has had a treatment plan in place with the support of the National Treatment Agency which no longer exists. The focus of this plan was treatment and harm reduction and not the wider implications. Over the last couple of years there has been an increased use of New Psychoactive Substances (NPS), although the extent of this is not fully known and a joined up approach for tackling this needs to be taken by Blackpool. Nationally there is a growing concern about prescription and over the counter medicines and that the hidden issues of this type of addiction have not yet been fully realised. This is a new area of work, but there still a need to focus on the Opiate and Crack Cocaine users, as they are still the largest proportion of individuals entering treatment. The strategy will need to focus on considering how to support young people and raise their awareness of the issues related to drug use. It is recognised that there is still a need to continue tackling the harms caused by drugs and an element of the strategy will look at preventive work that still needs to be completed in order to ensure the community is safe.
- 5.5 The strategy will provide a framework for partners to debate on what proactive approaches could be put in place to reduce the number of individuals ending up in a life of chaos and having a negative impact on the community.
- 5.6 The current National Drug Strategy 2010 focuses on three key themes: reducing Demand; Restricting Supply and Building Recovery. At the present time the Home Office's Drug Strategy team is currently reviewing the document to consider the future direction. It is therefore timely for the Health and Wellbeing Board to consider supporting the development of a local strategy.

5.7 The aim of the Blackpool Drug Strategy is to consider a whole system approach to tackling the issues caused in light of individuals using drugs. The key Objectives of the strategy will be to:-

- Prevent harm to individuals
- Build recovery
- Preventing harm to the community
- Empower young people to make informed choices
- Keep children safe and rebuild families
- Build community and increasing engagement and inclusiveness in Blackpool

5.8 As part of a whole system approach the strategy will need to involve, education, training, employment, housing family support, wider health services, probation, and youth justice services.

5.9 Does the information submitted include any exempt information No

5.10 **List of Appendices:**

None

6.0 Legal considerations:

6.1 There are no legal considerations in relation to the Drug Strategy.

7.0 Human Resources considerations:

7.1 There are no Human Resource implications

8.0 Equalities considerations:

8.1 Substance misuse has a significant impact on health inequalities and deprivation in the town. The aim of this strategy is to consider how the Council can reduce this inequalities gap.

9.0 Financial considerations:

9.1 There are no financial considerations.

10.0 Risk management considerations:

10.1 There are no risk management considerations

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 The strategy is in its early development stages and there is a plan in place to consult within relevant departments within the Council, Police, Probation, schools, drug and alcohol treatment services, the third sector and service users.

13.0 Background papers:

13.1 NICE - Public Health Guidance

- Behaviour change: general approaches (PH6) October 2007
- Behaviour change: individual approaches (PH49) January 2014
- Domestic violent and abuse: multi-agency working (PH50) February 2014
- Hepatitis B and C testing: people at risk of infection (PH43) December 2012
- Needle and syringe programmes (PH52) March 2014
- Substance misuse interventions for vulnerable under 25s (PH4) March 2007

NICE – Clinical Guidance

- Drug misuse in over 16s: psychosocial interventions (CG51) July 2007
- Drug misuse in over 16s: opioid detoxification (CG52) July 2007
- Psychosis with substance misuse in over 14s assessment and management (CG120) March 2011

NICE - Quality Standards

- Drug use disorders in adults (QS23) November 2013

NICE - Technology appraisal guidance

- Methadone and buprenorphine for the management of opioid dependence (TA114) January 2007
- Naltrexone for the management of opioid dependence (TA115) January 2007

NICE Guidelines

- Drug Misuse Prevention February 2007
- Tackling drug use (LGB18) May 2014

- Severe mental illness and substance misuse (dual diagnosis) – community health and social care services November 2016

National Drug Strategy 2010