

Appendix 6a

Blackpool Drug Strategy 2017-2020

Blackpool Council



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INTRODUCTION

Blackpool experiences significant levels of disadvantage; the 2015 IMD ranks Blackpool as the most deprived local authority area in the country based on a number of indicators including health, income, employment, and education and skills. Blackpool has some of the most challenging health needs in the country, which places extreme demand on public services. Life expectancy for men remains the lowest in the country at 74.3 years, and while it is increasing, it is doing so at a slower rate than the rest of the country. For women the picture is only slightly better at 80.1 years although this is also lower than the rest of the country by three years. Substance Misuse and related problems play a significant part in maintaining this differential and therefore reducing health inequalities will be a key objective of this strategy.

Substance misuse does not happen in isolation and is often intertwined with a range of mental health and social problems, including: depression and anxiety; domestic abuse; child abuse; loss; trauma; housing needs; offending; and severe mental health disorders. A key priority that has been identified during the consultation work for this strategy is for more integrated and holistic care for clients experiencing a range of such problems. Providing a more integrated response to prevention and treatment, not only for substance misusers but also for carers and families, may not only improve the client experience but also improve the outcomes of interventions.

This strategy has been developed in conjunction with the Health and Wellbeing Strategy. The overarching vision of the strategy is “Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives” and as part of this substance misuse has been highlighted as a key priority: -

- **Substance misuse (alcohol, drugs and tobacco)** – Address lifestyle issues by supporting education programmes and policy intervention, and deliver the Horizon treatment service to support people with recovery.

In addition to the Health and Wellbeing Strategy, this strategy aims to support the Blackpool Council Plan deliver on its two priorities: -

- **The Economy:** Maximising growth and opportunity across Blackpool; and
- **Communities:** Creating stronger communities and increasing resilience.

The Government’s strategy emphasises the importance of prevention and recovery. Investing in prevention, self-help and mutual support in our communities is essential for reducing need and improving outcomes. This will require a cultural change in the way services are delivered, including development of more integrated person-centred services, and increasing partnership working with public, private, voluntary and community sectors. If the strategy can support and empower individuals and mobilise communities to tackle these issues, there is an opportunity to prevent the harm caused and help to build more resilient communities to face the future.

This is a new Strategy which has been developed in collaboration with partners from across Blackpool in the public, private, and third sector.

The Case for Action – A National Perspective

The World Health Organisation still considers drug use is a serious problem across the world and that it constitutes a serious threat to public health and to the safety and well-being of humanity in particular for children, young people and their families. Illicit drug use is the most stigmatised health condition in the world along with alcohol dependence coming in fourth. The UK Drug Policy Commission suggests that stigma goes beyond stereotyping in that it often leads to prejudice and active discrimination that can act as a barrier to long-term sustained recovery.

For most individuals' illicit drug use is something that happens in their teenage years or young adult life. As they grow up they stop using, largely without problems. However, there is a cohort of individuals who do develop a drug problem and do so due to a range of complex reasons. These reasons include their own personality traits, their personal history, their genetic/biological make up and their social circumstances.

Adults

Alcohol and drug dependency leads to significant harms and places a financial burden on communities. In England there were 295,224 individuals in contact with drug and alcohol services during 2014/15. The age profile of people in treatment is rising. An example of this is 44% of the 152,964 people in treatment for opiates are now 40 plus. Since 2009/10 the number of opiate users aged 40 plus starting treatment has risen 21% (12,761, to 15,487). This ageing cohort is often in poor health, with a range of vulnerabilities associated with long-term drug use, and requires a wide range of support including social care. When consider all ages, presentations to treatment for opiates have been falling over the last six years. (55,494 to 44,356), reflecting the downward trend in prevalence of heroin use.

The majority of younger people (18-24) presenting to treatment in 2014/15 cited problems with either cannabis or cocaine. Presentations for new psychoactive substances (NPS) are also in the younger age groups, although the numbers accessing treatment for NPS remains low. Overall the number of under 25s accessing treatment has fallen by 33% since 2009/10, with the largest decrease in opiates. This reflects a shift in the type of drug use among young adults.

Nationally, women make up 27% of adults in drug treatment. Women presenting to treatment often experience poor mental health, domestic violence and abuse, which impacts upon their recovery and more likely to be carers of children.

Young People

The most common drug used by young people is cannabis and alcohol. In the UK more than four-fifths (86%) of young people in treatment say they have a problem with this drug and although numbers have dipped slightly in 2014-15 the numbers in treatment for cannabis has been on an upward trend since 2005-06. As well as cannabis the young people use a range of substances such as ecstasy, amphetamine, cocaine and an increasing number using new psychoactive substances (NPS), also known as 'Legal Highs'. Although the amount of data and research available on the use of NPS to date is rather limited, anecdotal evidence both in Blackpool and Nationally shows that these substances can be extremely dangerous to young people who in some case had to be hospitalised because of the physiological complications associated with the use of these substances.

Moreover, the long term psychological impact of these substances on the user is still unknown and therefore could also be equally severe.

the number of young people reporting the use of NPS is on the increase it is a relatively small problem compared to other drug problems. NPS is widely reported in the media and other places, but the full extent of their use is still not fully known, and people who have problems with NPS tend to present at A&E departments. However, services need to ensure they are able to respond and support young people who may be in need of help and support for NPS problems.

Acute harm from drug and alcohol use can happen to anybody, but problematic drinking and drug use among under 18s rarely occurs in isolation and is frequently a symptom of wider problems, and is typically associated with offending behaviour in young men and a range of psychological health problems and trauma histories in young women. Young people accessing services for substance misuse problems usually have a range of problems and vulnerabilities related to substance use. The young people are often poly drug users and drinking alcohol on a daily basis, as well as wider factors. Evidence suggests that there are a number of risk factors associated with young people misusing substances, being harmed by the substances and going on to develop drug and alcohol problems as adults. The risk factors include self-harming, offending, domestic abuse, truanting from school, early sexual activity, antisocial behaviour and being exposed to parental substance misuse. The data suggests that girls are more likely to report mental health problems and self-harming, while boys are more likely to be involved in antisocial behaviour and not be in education, employment or training. There is also a strong link to the looked after care sector, and to parental problems with alcohol, drugs and mental health. There is a need for services to work in partnership to ensure that a young person's needs are met. Information from treatment services is now collated in relation to sexual exploitation since this is an area of concern and in the UK 5% of young people presenting to treatment services in 2014-15 reported incidents of sexual exploitation. The proportion was high amongst females at 12% than males at 1%.

The prevalence of drug problems among young people is not provided and therefore the level of need for young people services and early intervention is not available. The main source of prevalence data for trends in substance use among young people is the annual schools survey 'Smoking, drinking and drug use among young people in England' for 11-15 year olds. The latest report for 2014 suggests a declining trend in substance use overall, but some areas still remain a concern. It particularly highlights the increased drug use among young people who truant or who have been excluded from school and whose circumstances or behaviour already make them a focus of concern. This is part of a clear model of risk and protective factors that includes factors such as diverse as genetic risk, drinking and drug use in pregnancy, early maternal bond disruptions, poor parental monitoring and poor engagement with education. Although the schools survey shows a drop in the proportion of children drinking and taking drugs over the last decade, serious concerns remain about young people's substance use. The Health Behaviour in School-aged Children (HBSC) report confirms that while alcohol and drug use has decreased among young people over the last decade, rates are still high in comparison to other European countries. The report also highlights the use of cannabis during adolescence has been associate with decreased performance on learning and memory tasks, lower academic attainment, other illicit drug dependency, and suicide attempts.

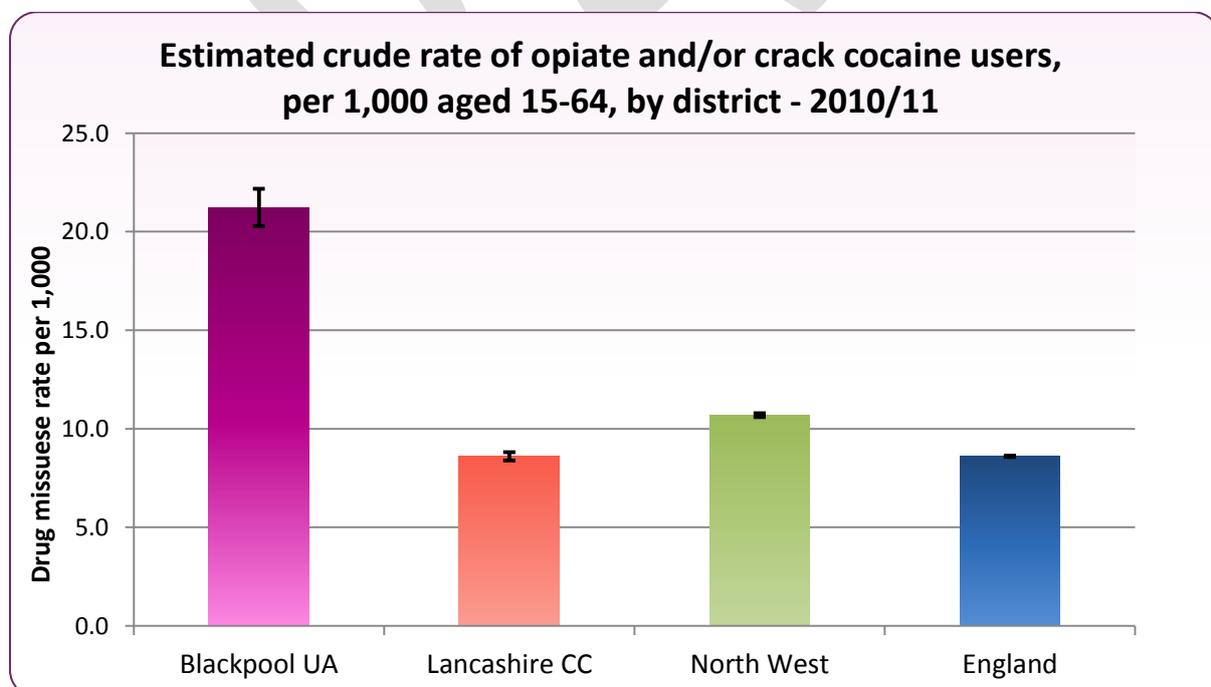
New Psychoactive Substances (NPS)

In recent years the UK has seen the emergence of new drugs which are causing harm and have been linked to a number of deaths. The drugs known as NPS are often wrongly referred to as “legal highs.” These drugs have been designed to evade drug laws, are widely available and have the potential to pose serious risks to public health and safety. These drugs pose a challenge for the government, local authorities, healthcare services and the criminal justice system. The term NPS, legal highs, designer drugs and club drugs are used interchangeably and can mean different things to different people. An example of this is some substances that are described as legal highs may not actually be legal. The term legal often infers that the drugs are safe or they have been regulated when neither is true. However, there is little data or evidence to support the growing concerns around NPS due to the changing nature of the synthetic compounds and the recent increase in the use of NPS as opposed to more widely used and well-studied drugs such as cannabis and heroin.

THE PICTURE IN BLACKPOOL

Adults

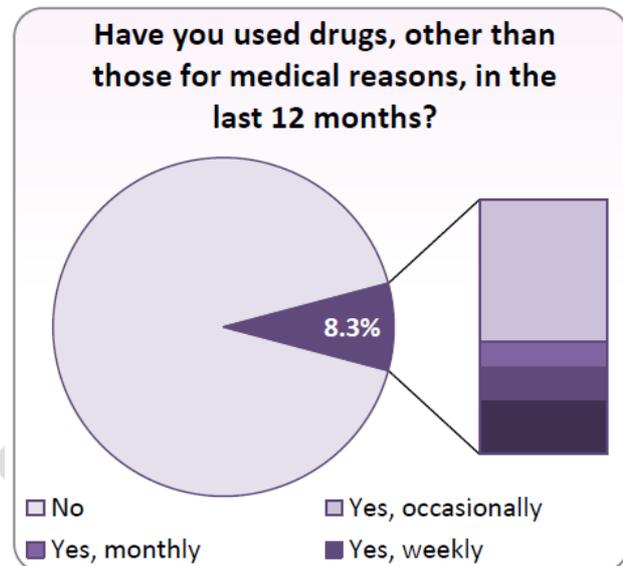
Although local data on actual drug misuse is not available, data sources which are available at the local and national level can be used to estimate the prevalence of opiate and/or crack cocaine use. Public Health England (PHE) has calculated an estimate of the prevalence of opiate and/or crack cocaine use by local authorities. Blackpool has a prevalence that is significantly higher than the national average at more than double the national rate. This prevalence estimate equates to 1950 opiate and/or crack users living in Blackpool between the age of 15 and 65.



Opiate and crack cocaine use is more likely in the older age group, 35+, with just over half (52%) of users in this age group nationally. Across Blackpool almost two thirds (65%) of users are in this age group with only 6% of users estimated to under 25.

In 2015 Public Health in Blackpool undertook the Blackpool Lifestyles survey to provide an understanding of health behaviours such as smoking tobacco, misusing drugs, poor diets, alcohol and unsafe sex. The survey was sent to 10,000 homes in Blackpool with an overall response rate of 23% (2,828). The survey found

- Three quarters of drug users report using cannabis and a quarter use cocaine/crack.
- Approximately 10% of users reported using 'legal highs'.
- Younger people are more likely to take drugs than older people. The level of drug use was highest among 16 to 19 year olds (almost 22%).
- Men, people with a disability, those not in work or who are finding it very difficult to manage financially are significantly more likely to use drugs weekly or more frequently.
- People aged under 45 are significantly more likely to report using drugs occasionally than people over 45, as are BME communities and those who are underweight.



National findings from the Crime Survey for England and Wales 2013/14 support the survey findings of the survey and also state:

- Higher levels of drug use are associated with increased frequency of visits to pubs, bars and nightclubs.
- A larger proportion of respondents who lived in more deprived areas were frequent drug users compared with those who lived in the least deprived areas.
- The likelihood of frequent drug use in the last month tended to decrease as household income rose.

The data below shows the number of drug users who entered into treatment who live with children in 2016/17; users who are parents but do not live with children; and users for whom there is incomplete data. The table also highlights the number of children living with drug users.

	Local	Proportion of new presentations
Living with children (own or other)	234	56%
Parents not living with children	65	15%
Not a parent/no child contact	117	28%
Incomplete data	5	1%
Number of children living with drug users	831	
New female presentations who were pregnant	7	6%

Employment

Improving job outcomes for this group is key to sustaining recovery and requires a multi-agency response. Detailed below is the employment status of clients who started treatment in 2015-16.

Employment Status	Local	Local Proportion of new presentations	National Proportion of new presentations
Regular employment	65	13%	20%
Unemployment/economically inactive	156	30%	43%
Unpaid voluntary work	1	0%	0%
Long term sick or disabled	240	47%	26%
In education	9	2%	1%
Other	4	1%	3%
Not stated/missing	37	7%	6%

Housing

A safe stable home environment enables people to sustain their recovery whereas insecure housing or homelessness threatens it. Addiction and homelessness do not exist in isolation. People experiencing both are likely to have a range of needs cutting across health and social care, substance use and criminal justice. In 2015/16 of the number of new clients entering treatment 8% reported they had an urgent problem with housing whereas 79% reported having no housing problem. However, Blackpool has a failing housing market which is largely concentrated in the inners areas where private rented housing is most prevalent (approximately 6,887 households). This is driven by the widespread availability of cheap accommodation and poor quality conversions of bed and breakfast stock to Houses of Multiple Occupation (HMO's). Over 80% of homes in the private rented sector are rented to people receiving Housing Benefit, compared with around 30% nationally.

Analysis of new Housing Benefit claimants has shown that 85% of new claimants come from outside the borough – around 4,500 households each year – and that 70% of these move into rented accommodation in the inner wards. There are financial incentives for property owners to use former guesthouses as rented accommodation, because of the high yields associated with letting rented property to Housing Benefit claimants in Blackpool. The returns are greatest for small flats and where investment in the quality of accommodation is minimized.

Young People

Whilst the majority of young people in Blackpool do not use drugs, and most of those that do are not dependent, drug and alcohol misuse can have a major impact on our young people’s education, health, their families and their long-term life chances. As discussed earlier young people receiving treatment support for substance misuse have a range of vulnerabilities. The table below demonstrates provides an overview of the vulnerabilities of young people in Blackpool’s treatment service.

	Local Number	Local Percentage	National Percentage
Substance specific vulnerabilities			
Opiate and/or crack user	0	0%	2%
Alcohol users	1	3%	4%
Using two or more substances	10	28%	60%
Began using main problem substance under 15	36	100%	92%
Current or Previous injector	0	0%	1%
Wider vulnerabilities			
Looked after children	4	11%	12%
Child in need	1	3%	6%
Affected by domestic abuse	9	25%	21%
Identified mental health problem	15	42%	19%
Involved in sexual exploitation	6	17%	6%
Involved in self harm	6	17%	17%
Not in education, employment or training (NEET)	7	19%	17%
NFA/unsettled housing	0	0%	2%
Involved in offending/antisocial behaviour	11	31%	32%
Pregnant and/or parent	1	3%	2%
Subject to child protection plan	4	11%	7%
Affected by others’ substance misuse	8	22%	23%

During the 2015 spring term Public Health Directorate undertook a survey within schools to obtain information about young people’s lifestyles. The participants of the survey were year 4 and 6 pupils from the primary school setting and in secondary school’s year 8-10 pupils were surveyed. A total of 2402 pupils took part from 13 primary schools and 7 secondary schools.

The results of the survey highlighted

- 46% of year 6 pupils reported that their parents had talked with them about drugs while 39% said their teachers had; 22% had talked with visitors in school lessons about drugs
- 14% said they were fairly sure or certain they know someone who uses drugs (not as medications).
- 31% of year 10 pupils have been offered cannabis
- 15% of year 10 pupils have been offered NPS
- The most commonly taken drug was cannabis with 17% of Year 10 pupils saying they have taken cannabis
- 5% of pupils stated they had used a drug within the last month

Harm Reduction

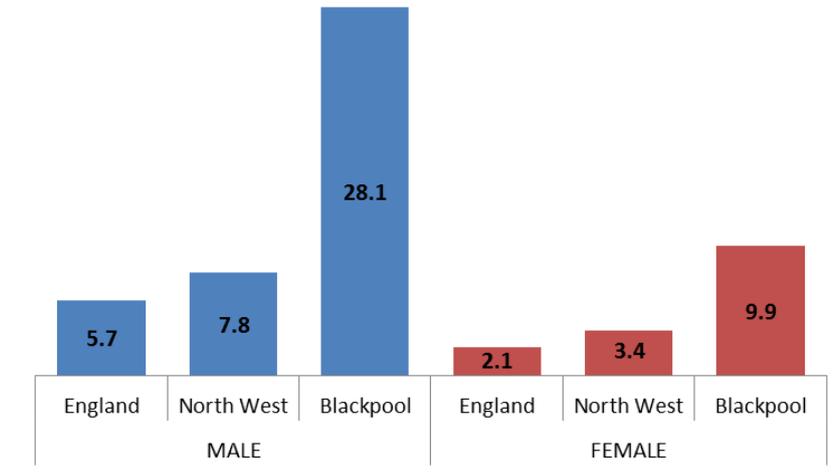
Harm reduction is a pragmatic, non-judgemental approach to reducing the harms caused by the misuse of drugs on the individual, community and wider population. The focus is on taking incremental steps to reduce harm rather than on eliminating the drug use. Harm reduction through policies and specific interventions aims to prevent the spread of blood borne viruses including Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV). Harm reduction also aims to reduce the risk of overdose and other drug-related fatalities; and decrease the negative effects drug use may have on individuals and communities. The data below demonstrates the number of drug users in treatment in 2015/16 who have received a HBV vaccination and past injectors who have been tested for HCV.

	Local	Local Proportion of eligible clients	National Proportion of eligible clients
Adults new to treatment eligible for a HBV vaccination who accepted on	200	54%	39%
Of those			
The proportion who started a course of vaccination	70	35%	19%
The proportion who completed a course of vaccination	38	19%	22%
Previous or current injectors eligible for a HCV test who received one	793	89%	83%

The data is demonstrating the Blackpool has a good uptake of clients being screened for HCV of 89% compared to the national average of 83%. However, the number of clients taking up HBV course is less than a quarter of the population eligible for the vaccination and the numbers who complete the course of treatment is very poor.

Drug related death

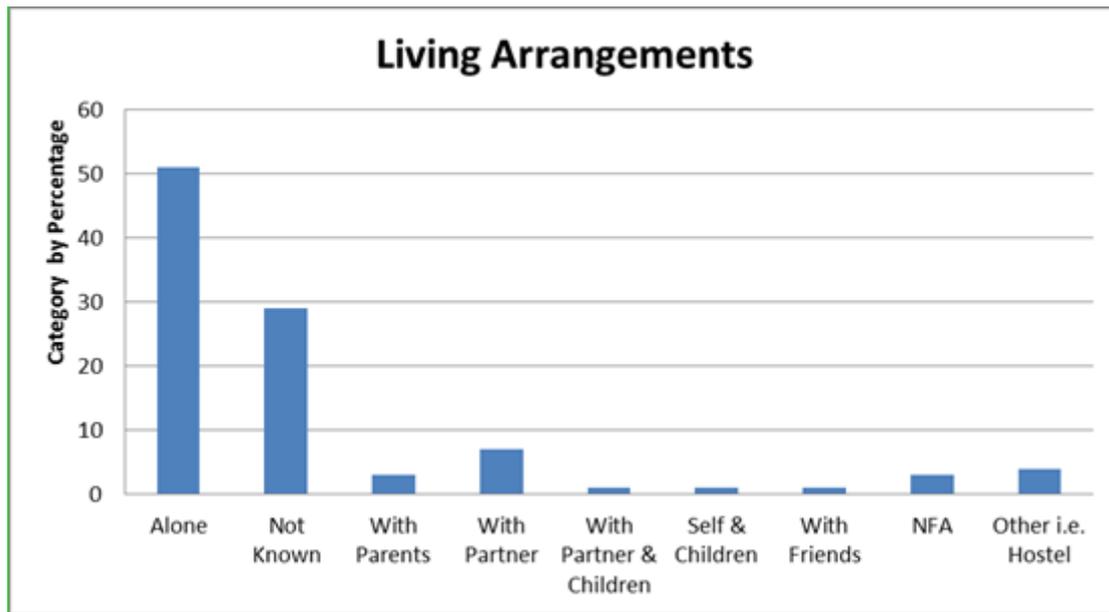
The number of deaths has risen from 38 in 2003-05 to 76 deaths in 2013 – 2015, which equates to approximately 25 deaths per year from drug misuse. This is a 20% increase from 2012-2014 and a 109% increase over ten years. The graph below demonstrates the male and female drug related deaths 2013-15 rate per 100,000 populations. As you will note Blackpool is almost five times the national average.



It is clear from the age of first use individuals are using a long time which is having an impact on their overall health and wellbeing with many experiencing long term conditions. The average age of death is between 35-44 for both male and female and heroin/morphine continues to be the most prevalent substance implicated in the deaths in Blackpool. It is also emerging that these individuals are suffering from poor physical health and many

It was noted that 23% of the deaths reviewed one or more experienced accidental overdose at some point in their lifetime.

Half of the cases died in their own home (detailed within the graph below) although other people may have been present at the time of death. During the auditing process it is evident that these deaths had the potential to be avoided. More training for individuals using heroin on the use of take home Naloxone is clearly required.



In relation to NPS between 2004 and 2013 there were 76 deaths involving legal highs in England and Wales. Specifically, these are drug related deaths where the death certificate mentioned a legal high. However, this needs to be read with caution as the death certificate also stated alcohol and other drugs and therefore the legal high may not have been the primary drug. Each one of these deaths is a tragedy which could have been prevented. The median age is 28 with the youngest death at 18 years old. This is the national picture and to date Blackpool has not had any deaths reported or linked to NPS.

The Advisory Council on the Misuse of Drugs wrote to the Home Office in January 2016 concerned with the rise in the misuse of Pregabalin and Gabapentin. Whilst conducting the 2012-14 audit, it was evident that Blackpool is seeing this drug being beginning to be widely prescribed amongst this cohort. It is not evident if these drugs are being misused but we will be keeping a close eye on this as further audits are carried out.

Drug related crime

Blackpool is one of the hot spot areas for drug offences with it having the highest rate of drug related offences per 1000 population in Lancashire. The peak wards for all drug offences in Lancashire were Talbot, Claremont and Bloomfield. Interestingly, these three wards have the highest concentration of assaults in the home (recorded by presentations at A&E), however there is no evidence to link the crime to drug misuse. During April 2013-March 2014 there were 620 drug offences recorded; 136 of these offences were in Talbot ward, 122 offences in Claremont and 97 offences in Bloomfield ward (Drugs Threat Assessment, 2015). Talbot ward has an active night time economy and this may contribute to the high rates of offending in this area. Interestingly, as well as being one of the highest areas for drug offences, the town has one of the highest rates of naloxone administration in Lancashire. Most administrations occurred in Talbot, Claremont and Bloomfield.

Blackpool has the highest rate per 1000 population for cannabis offences in Lancashire. There were 298 recorded offences between April 2013 - March 2014 (Drugs Threat Assessment, 2015). Talbot

and Bloomfield wards are in the top three areas in Lancashire for possession of cannabis offences. In Talbot ward there were 59 offences and in Bloomfield ward there were 52 offences (Drugs Threat Assessment, 2015). The peak areas for possession of other drugs (excluding cannabis) in Lancashire were Talbot (56 offences) and Claremont (54 offences) (Drugs Threat Assessment, 2015).

The second highest number of trafficking offences occurred in Blackpool, with 119 offences occurring between 1 April 2013 – March 2014 (Drugs Threat Assessment, 2015). Also, Blackpool is in the top area within Lancashire for seizures of cannabis, cocaine and heroin. In the period April 2013 – March 2014 there were 359 seizures for cannabis, 83 seizures for heroin and 80 seizures for cocaine (Drugs Threat Assessment, 2015). Blackpool was second highest in Lancashire for seizures of amphetamine, with 40 seizures in the period (Drugs Threat Assessment, 2015).

The peak areas of youth offending relating to or linked to misuse of drugs across Lancashire were in Blackpool with the offenders in the main being resident in the town of the offences. There were also a small number of youths who did not reside in Blackpool but committed offences here (Drugs Threat Assessment, 2015).

New Psychoactive Substances (NPS)

The prevalence of the use of NPS is difficult to assess due to little data. Unfortunately, it takes time for surveillance to catch up with new drug trends. However, by using data from the Crime Survey it is a rough estimate for Blackpool is that 1157 young people aged 16-24 are potentially using laughing gas. Overall use of NPS in the UK of the general population is low compared with traditional illicit drugs. However, the use is high in certain sub groups such as clubbers, festival goers, men who have sex with men and young people. Local anecdotal evidence from the Police and local treatment providers suggests that there is high prevalence of NPS and nitrous oxide (laughing gas) within the night time economy.

Policy Context

Tackling the issues of substance misuse is a national and local priority

National Context

The Misuse of Drugs Act 1971

The Act categorises drugs (or controlled substances) according to their perceived harmfulness and makes their production, supply and possession illegal except in clearly defined circumstances, as set out in the Misuse of Drugs Regulations 2001. This is the primary legislation for the United Kingdom and came in to full effect in 1974. It is important within this strategy that it is clearly understood that every drug within the classification system presents significant harms and that misusing or illegally supplying those drugs is a serious matter.

Drug Strategy July 2017

The new Drug Strategy continues to embrace the recovery approach and has two key overarching aims:

- Reduce illicit and other harmful drug use
- Increase the rate of individuals recovering from their dependence

The strategy is structured around four key themes: reducing demand; restricting supply; building recovery; and global action. The strategy has been developed with a specific focus on drugs; however, it also links to alcohol and implies the strategy applies both to drugs and alcohol. It highlights the need for a universal approach across the life course and should be supported through all professionals e.g. Health Visiting, School Nursing, Midwifery. It identifies that schools have a key role through PSHE and that substance misuse services need to link with the wider children's services. Multi agency working is required across the CCGs, Safeguarding and YOT. Local authorities will need to build on the care leaver's strategy in order to extend support from a Personal Adviser for care leavers to the age of 25. It highlights that recovery will only be achievable through partnership based approach in particular housing, employment and mental health, as well as developing community base initiatives which promote recovery to include the family.

Psychoactive Substances Act (PSA) 2016

The Psychoactive Substances Act (PSA) will come into force on the 26 May 2016. The Act makes it an offence to produce, supply or offer to supply any psychoactive substances if the substance is likely to be used for its psychoactive effects and regardless of its potential harm. The main intention of the PSA is to shut down shops and websites that currently trade in 'legal highs'

The Police Reform and Social Responsibility Act 2011

The Bill covers five distinct policy areas: police accountability and governance; alcohol licensing; the regulation of protests around Parliament Square; misuse of drugs; and the issue of arrest warrants in respect of private prosecutions for universal jurisdiction offences. The act enables the Home Secretary to temporarily ban drugs for up to a year, and removes the statutory requirement for the Advisory Council on the Misuse of Drugs to include members with experience in specified activities.

Transforming Rehabilitation: A Strategy for Reform (2013)

This strategy is about how the Government will transform the way in which offenders are rehabilitated to improve reoffending rates.

Social Justice: Transforming Lives (2012)

This strategy considers setting a new vision for supporting the most disadvantaged individuals and families within the UK. The vision is based on two principles of prevention and to work towards a 'second chance society'.

Guidance for local Authorities on taking action against "head shops" selling new psychoactive substances NPS (2013)

The guidance provides a focus for local authorities on the criminal or civil offences that head shops may be committing and highlights the importance of minimising the harms caused by these outlets and requires wider engagement with local partners.

National Planning Policy Framework 2012

The National Planning Policy Framework, 2012 sets out the government priorities for town and country planning in England. The framework emphasises the important role planning has in facilitating social interaction and creating healthy, inclusive communities. The section on promoting healthy communities states that planning policies and decisions should achieve places which: promote safe and accessible environments where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion; and plan positively for the provision and use of shared space, community facilities (such as local shops, meeting places, sports venues, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments.

The Health and Social Care Act (2012)

This act strengthens Health and Wellbeing boards to provide democratic legitimacy by bringing together locally elected and accountable councillors, Directors of Adult Social Care, Children's services, Public Health, Clinical Commissioning Groups (CCGs) to work together to improve the health and wellbeing of their local population and reduce the health inequalities.

Local Context

The harmful impacts of Drugs described above have been recognised by partners in Blackpool and reducing drug related harm has been identified as a priority by the Health and Wellbeing Board, Community Safety Partnership and Blackpool Children's and Adults Safeguarding Board. Many local strategies link to and influence local actions on reducing the impact of drugs on the town.

Key local strategies which have influenced the strategy development are outlined below:

- Health and Wellbeing Strategy 2016-19
- Blackpool Council's Plan 2015-2020
- Blackpool Community Safety Plan 2016-2019: Working together to make a difference
- Domestic Abuse Strategy 2016-2020
- Blackpool Mental Health Action Plan 2016-2018 (currently being developed)
- Blackpool Alcohol Strategy 2016-2019

- Blackpool Council Sexual Health action plan (currently being developed)
- Lancashire Fire and Rescue Community Safety Strategy 2014-2017
- Blackpool Safeguarding Children's Board Business Plan 2017-2019
- Blackpool Safeguarding Children Board Early Help Strategy
- Blackpool Children and Young People's Plan 2013-2016

Evidence Base

Drug treatment has been the responsibility of Public Health England since 2012. Data has been collected via the National Drug Treatment Monitoring System (NDTMS), which provide an evidence base for treatment interventions, which provides an evidence base for treatment interventions. Treatment is underpinned by clinical advice and quality standards developed by the National Institute for Health and Clinical Care Excellence (NICE) that have developed a range of key evidence based documents for treatment delivery. A summary of these are provided in Appendix 1.

In addition to treatment research of the evidence around prevention, housing and safeguarding was also undertaken to understand what interventions would work in relation to supporting drug clients. Search terms used were prevention, support, child, children, adolescent, welfare, parents, and safeguarding. In relation to prevention the evidence was supportive for the need to provide high quality interventions to school aged children. However, the evidence around interventions for safeguarding children who have substance misusing parents was limited with the majority of studies undertaken in America. Despite this the limited evidence demonstrated that individuals with recovery support were more likely to achieve a stable reunification with their children compared to families who didn't have the appropriate support. A Scottish study supported the need for a multidisciplinary approach in order to safeguard the children. There is strong evidence that meaningful activity has a significant role in improving engagement and adherence to drug treatment engagement and outcomes.

What is happening in Blackpool

Horizon Treatment Services

Horizon provides a community-based drug and alcohol treatment service for adults and young people. The provisions include all clinical/health and wellbeing aspects of treatment which covers all age ranges. As well as clinical treatment therapeutic and recovery support models are delivered. The service offers assessment, harm reduction advice and key working alongside therapeutic, health and wellbeing and pharmacological interventions. The service also provides on-going care co-ordination, monitoring and psychosocial and motivational interventions for non-criminal justice and criminal justice cohorts. Supervised Consumption is offered in line with clinical guidance along with specific clinics for Young People who are receiving pharmacological interventions, and delivery of pregnancy clinics with the support of the substance misuse midwife. Clients have the opportunity to detox in the Community or as an Inpatient. There is a community rehabilitation programme in place for clients who don't want to move away from home to attend a residential rehabilitation unit. Peers are an integral part of the treatment service which helps to enhance the client's journey. The service provides a prison link pathway to support individuals who are being released back into the community. To support women offenders, the treatment service works effectively with the Blackpool's Women's Centre to delivery treatment interventions and programmes.

Harm reduction

Horizon provides a locally accessible harm reduction service for individuals who misuse drugs and alcohol. The service offers initiatives such a needle exchange to reduce the harms caused by blood borne viruses, testing for blood borne viruses including Hepatitis B and C and HIV.

The service works in conjunction with partners to provide 'Take Home Naloxone' (THN). THN can prevent an opiate overdose and can be administered by anyone who has received the overdose awareness training and has access to the THN kit. In the last 12-18 months over 300 individuals have received Take Home Naloxone, including staff from hostels, homeless shelters etc. Despite this intervention, many individuals continue to inject heroin on their own and more needs to be done to improve the awareness and increase the numbers of people in receipt of THN.

The service also provides a non-clinical, co-ordinated support for individuals who are living with/are affected by human immunodeficiency virus (HIV), Hepatitis C, affected by sexual violence including sex workers/male victims: The Lesbian, Gay, Bisexual and Transgender (LGBT) community; populations at high risk of poor sexual health for example sex workers and men who have sex with men (MSM).

The non-clinical sexual health support includes outreach working, development and co-ordination of screening (to include Hep C testing for Sex workers) education, condom distribution, peer support programmes, support groups (including supportive activities such as befriending) and harm minimisation. It also provides a responsive, professional and independent counselling and advocacy service for those living with and affected by HIV and survivors of sexual violence. To ensure the appropriate non-clinical support, in all areas e.g. Benefits, housing is available to all accessing the service.

Young People's Service

The young people's treatment service operates under the banner of Horizon, and is delivered by the HUB and Wish which is being integrated with the adolescent hub to create an integrated service for young people and going forward will be known as the Blackpool Young Peoples' Service (BYPS). The service consists of: -

- A young people and young adult's substance misuse service, delivering group and individual interventions and an early intervention and prevention service in schools.
- A young people's sexual health service, delivering group interventions, individual interventions and assertive outreach.
- Training of frontline staff working with young people and young adults, including training in brief and extended interventions, motivational interviewing and risk taking behaviour and developing the provision of consistent and evidence-based personal, social and health education (PSHE) in schools.

Head Start programme and the resilience Framework

Head Start is a Big Lottery funded programme which aims to raise the resilience of young people aged 10-16 to prevent them developing mental ill health in the future. A successful pilot project resulted in Blackpool being awarded £10 million over five years to address this.

The programme focuses on four key areas of a young person's life:

- their time spent at school
- home life and family relationships
- their access to support in the community
- the use of digital technology

It will include universal actions plus targeted work with three specific population groups:

- young people who are making the transition from primary to secondary school
- young people who self-harm
- looked after children

The programme is supported by 'boingboing', a team with an international reputation in the development of resilience research and practice and young people in the town instrumental in the design and decision making within the programme.

Personal Social and Health Education (PSHE)

A comprehensive PSHE programme is in place for Year 7 and Year 9 children and plans are in place for the development of PSHE for primary school children in Year 6.

Healthy futures – Positive steps

Healthy Futures has been designed to support clients who have accessed drug and alcohol treatment and are ready to progress in their recovery into training, education and employment. The service offers an intensive, individualised one-to-one support which includes help with CV writing, job search, completing applications forms, interview techniques and signposting to other services and training.

Fulfilling lives

Blackpool Fulfilling Lives (BFL) has been in operation since September 2014 and is one of 12 projects across England that has been funded by the Big Lottery under their initiative to improve the lives of people with multiple and complex needs. The programme aims to improve the stability, confidence and capability of people with multiple and complex needs (MCN). The focus is on supporting people with multiple needs so they can lead fulfilling lives. These are people who are experiencing the following: -

- Homelessness
- Reoffending
- Problematic substance misuse
- Mental ill health.

Addaction is the lead organisation for the programme in Blackpool. The partnership comprises representation from a wide range of both voluntary sector and statutory organisations all of whom have links with the groups of people the project is targeted at. Statutory organisations represented include; the Police, North West Ambulance Service, Blackpool Council, NHS and the Probation Service. Voluntary sector representation includes organisations providing mental health services, substance misuse services and support for offenders and people who are homeless.

As well as this 'navigation' role, BFL is primarily a research project. As an intervention area (each is twinned with a control group), the findings from all 12 projects will form recommendations for system change on how people with MCN can be best supported. The BFL Strategic Partnership Board has formulated a set of objectives that will create a system change action plan in the second half of the project (October 2017 to March 2021).

Jobs Friends and Houses

Jobs, Friends and Houses (JFH) are a Community Interest Company which was established in 2015. The purpose of the JFH is to empower and employ people in recovery from addiction, mental health problems, offending, homelessness, long-term unemployment or family breakdown to positively contribute to communities and reduce the burden on public services. The team members are trained in meaningful and sustainable jobs. JFH offers on-the-job training supplemented by adult apprenticeships as team members train to be qualified tradesmen, administration assistants or health and social care professionals – ensuring they enter meaningful and sustainable careers. JFH renovates and refurbishes properties to rent out to people in the recovery community. As well as the employment side of the business JFH provides the individuals with the tools to improve their health and wellbeing through financial guidance, relationship advice, and provide a holistic approach tailored to the needs of the individual person.

New psychoactive substances (NPS)

Treatment services are required to respond to the changing demands in drug trends. There has been concern in the town in relation to the increased use of NPS and the sale of NPS. Work has been undertaken by the enforcement team to close down Head Shops in Blackpool to try and reduce the supply of NPS. In addition to this work the Police, Enforcement, Housing and Horizon treatment services have been working together to manage the increasing issues of homelessness, begging and NPS use within the town centre.

The Acute Trust is currently involved in a research programme with Newcastle University: *“Identification and characterisation of the clinical toxicology of novel psychoactive substances (NPS) by laboratory analysis of biological samples from recreational drug users.”* The purpose of this research is to identify trends in enquiries and positive laboratory samples relating to NPS, identify NPS involved in episodes of acute toxicity presenting to UK hospitals and link specific substances with reported features of toxicity. The study is due to run until March 2019

Transience Project

The transience programme is a three-year project funded from the Transformation Challenge Award. The programme is made up of multi-agency teams from Enforcement, Police, Fire and People Support. This multi-discipline team works across the areas of South Beach (Part A of Bloomfield and Waterloo wards), Claremont, (Claremont ward), Central (Part B Bloomfield, Talbot and Brunswick Wards).

The peoples support team has been specifically developed to work with individuals and families to support stability and access to services, where a need has been identified. The team is funded from a number of sources and includes a Housing Strategy element for the funding of 12 people support worker posts and receives referrals from across the sector. This team carry out a needs assessment, brief interventions, extended brief interventions and targeted support to access sexual health, drug and alcohol treatment for those where a need has been identified and the client is new to services or has disengaged. The transience team also actively refer and/ or support people into other public health funded services such as employment projects and in order to reduce the impact on the public purse the support team refers into community projects and provides low level support and advice such as GP’s, dentist and energy advice.

The team contributes to the overall asset based community development approach in the area and support community activity projects designed to increase capacity and resilience. Its main aim is to support the number of transient people living in poor standard housing and to improve their wellbeing. Providing low level support to build independence and confidence and working within the wider community to support community capacity and resilience.

The main objectives for the team being to: -

- Identify individuals in need at an early point before they reach crisis point
- Undertake brief interventions on individuals in the area
- Support individuals to improve their health and reduce substance misuse and addiction through assertive outreach
- Reducing the barriers for individuals accessing services and referring into services
- Increase an individual’s confidence and resilience
- Promote and support community development

Families in Need/Early Action

Blackpool’s socio economic climate; levels of deprivation and transience all contribute to form a pool of hard to reach families that have complex needs, placing considerable demands on services. In response to this Blackpool Council have developed services that offer these families support, ranging from proactive, preventative services to complex multi-disciplinary interventions.

Families in Need Service deliver support to families receiving Early Help or statutory intervention in accordance with the Pan-Lancashire continuum of need.

Underpinning this work is a **whole family approach** where families receive a holistic package of intervention to challenge behaviours and support better outcomes for children.

The approach to supporting families

- utilises the 'continuous assessment'
- is practical hands on support in the family home
- is persistent and tenacious
- provides a co-ordinated multi agency approach to tackling issues
- offers a step down facility for children no longer requiring statutory intervention

Troubled Families

The Families in Need Service have also led on the delivery of the Troubled Families programme in Blackpool; a cross government programme, led by the Department for Communities and Local Government, to address many of the issues facing hard to reach, problematic families across England. In April 2012 the programme Troubled Families was formally launched targeted at families who meet the criteria laid down by Department of Communities and Local Government (DCLG) which include persistent absence, school exclusion, anti-social behaviour and families accessing out of work benefits.

Blackpool has been successful in achieving positive outcomes for families in the first phase of troubled families and was selected as an early implementer of phase 2 which has a wider brief to support children with a variety of vulnerabilities.

Community Safety Partnership

Blackpool Community Safety and Drugs Partnership include Blackpool Council, Lancashire Constabulary, NHS Blackpool, Office of the Police and Crime Commissioner (OPCC), Lancashire Fire and Rescue Service, National Probation Service, Cumbria & Lancashire Rehabilitation Company (CRC), Northwest Ambulance Service and Blackpool Clinical Commissioning Group. In addition to the statutory organisations there is also representation from the public, private, voluntary and community sectors also support BSafe Blackpool. Working together in this way allows the Partnership to gain a better insight into the issues within Blackpool, as well as providing wider options for applying multi-agency responses to these problems. This therefore ensures more holistic and effective solutions to be undertaken. The priorities for the Community Safety Partnership are Antisocial Behaviour, Domestic Abuse, Violence against the Person, Sexual Offences and Rape, and Child Exploitation. It is recognised there are a number of 'causation factors' that impact on these priorities and have been identified as deprivation, drugs and alcohol, mental health and reoffending.

Blackpool Safeguarding Boards

The Children and Adults Safeguarding Boards have identified a key priority as the Toxic Trio, which are drugs and alcohol, domestic abuse and mental health. This recognises the prevalence of these issues in recent Serious Case Reviews, including the Child BT review in which parental substance misuse was the primary factor of concern. Learning from reviews has been incorporated into Safeguarding Board training and documents, including the revised Keeping Children Safe in Blackpool

thresholds document. The safeguarding boards fulfil their statutory function to seek assurance that vulnerable adults and children are appropriately safeguarded from the risks associated with substance misuse and will hold partner agencies to account accordingly. This has been evident in scrutiny provided to the re-commissioning of substance misuse services in Blackpool. The Boards continue to deliver Substance misuse and safeguarding and New Psychoactive Substances training and part of their ongoing training programme.

Future Direction

It is clear there is a need for an overarching drugs strategy. The priorities around substance misuse should be to promote harm reduction and recovery services for substance misusers. Securing a shared vision and commitment with a clear rationale for tackling drug misuse in Blackpool is essential. The strategy recognises and builds on the actions already being taken by partner agencies to reduce the impact of drugs. However, the strategy alone cannot achieve anything without the full support and commitment of all key partner agencies and stakeholders, including local communities.

A Whole system approach needs to be taken and individuals need to be challenged on a range of issues including training, education, employment, housing, and family relationships. This should move attitudes away from recovery being just about treatment for coming “off drugs” or just “existing” in treatment. Treatment services need to strengthen the work force to have a recovery focused approach which focuses on the key elements such as housing, employment, mental health, family life and move further away from the medical model of treatment.

In view of the high number of drug related deaths in Blackpool, it is important that we do not lose sight of the key harm reduction messages throughout the treatment journey. Treatment providers need to continue the important work around Take Home Naloxone and all individuals informed on the risks of using alone. It is important to recognise contributing factors to drug deaths which are continuing to emerge throughout the audit process. Long term conditions, poor overall health, history of ‘near misses’ as well as the key factors including injecting and poly drug use should be flagged and interventions must always be put in place for such individuals.

There is a clear need to look at how we protect our young people from the harms caused by drugs. There needs to be recognition on the importance of early intervention and intensive support for young people and families where drug misuse is an issue. Appropriate support and help needs to be in place at times and places which are suitable for individuals. Education and information needs to be provided for targets groups such as families in need, offenders, and children who are looked after to prevent them going down the path of drug use. Support needs to be in schools around PHSE and to provide the schools with the appropriate tools for challenging young people’s attitudes towards drugs.

We need to be learning from the Complex Needs fulfilling lives project, to consider how this shapes and influences the future design of services and the way in which we commission services. The project is a good opportunity to learn about different ways of working with individuals who live a life of chaos and are not good at engaging with local services. The programme has now entered into its third year and is planned to run for another four. It is a good opportunity to test new ideas and test what works for Blackpool.

It is recognised that treatment is a core element for supporting individuals with addiction. Although the ethos is working towards recovery and encouraging individuals to engage with the community and build their resilience for coping with difficult situations, there will be a small proportion of individuals who will struggle to achieve this. Therefore, it is important that we continue to deliver a harm reduction service especially in light of Blackpool's high drug related death rate. As part of the work we need to ensure that Naloxone is widely available for service users, and that all front line workers are trained in administering Naloxone. Work needs to continue with the needle exchange service to ensure levels of HIV remain low and reduce the risks around Hepatitis C.

In May 2016 the New Psychoactive Substances (NPS) Act was introduced to try and reduce the supply and demand of these types of drugs. As discussed through the strategy there is still little evidence about the impact of these substances and the effects it is having on our young people. We are aware this is an issue for Blackpool, but young people taking these substances are not recognising they are addicted therefore services need to consider how they engage and support these individuals. There is concern around the long term effects of these substances and the impact it will have on individuals' mental health. Blackpool needs to gain a better understanding of the problem around NPS and use the information to shape future service delivery.

Aims and Objectives

The overall aim of this strategy is to prevent drug misuse, reduce the negative impact it has on Blackpool and build resilience by creating a supportive environment for individuals and communities to rebuild their lives. This will be achieved by:

- Educating young people
- Preventing harm to individuals
- Building Recovery
- Preventing Harm to the Community
- Keeping children safe and rebuilding families
- Building community and increasing engagement and inclusiveness in Blackpool

DRUG STRATEGY ACTIONS

1) Educating young people

Outcome Measure:

Increase knowledge of Young people which will be measured through the SHEU survey

Reduction in the number of Young People admitted to Hospital due to substance misuse (15-24 years) – reduce the gap between Blackpool and the national average- the current rate is 3 ½ times higher than the national average

Objective	Action	Lead Officer	Achieved by
Increase the awareness of Year 6/5 pupils in relation to substances and risk taking behaviour	<ul style="list-style-type: none"> Develop a PSHE for Primary Schools which includes safety and drugs/alcohol Negotiate with the Hub/Wish on the delivery model for 2017/18 	Public Health Practitioner	July 2020
Improve links between schools and treatment services to promote early intervention and referral to treatment services	<ul style="list-style-type: none"> Develop as part of the new service specification for the BYPS following the outcome of the review Promote awareness of pathways to schools about the treatment services for young people 	Substance Misuse Commissioner/BYPS lead	March 2018
Effective delivery of Young Peoples' treatment service and integration with the Adolescent Hub	<ul style="list-style-type: none"> Robust service specification Negotiate service re-design in line with the Review of the Hub/Wish service Implementation of Service re-design Specific drug/alcohol workers required 	Substance Misuse Commissioner BYPS lead	September 2017
Ensure the early identification and support of school age children using drugs	<ul style="list-style-type: none"> To explore funding opportunities to enable the commission of IBA training which is specific to young people and deliver to key staff within the children and young people workforce (to include staff who support children in care, young offenders, foster carers and special education needs) – links to the alcohol strategy Links with CAMHS Drug information/support sessions (Brief interventions and tier 2 work) Training of generic Young People staff on drugs and alcohol 	Children's services social work team/ BYPS lead	On-going

DRUG STRATEGY ACTIONS

2) Preventing harm to individuals

Outcome Measures:

Reduce drug related death from 25 per year to 20 over a 3 year rolling average

Increase the number of individuals accessing effective Hep C treatment by 5 individuals per month

Objective	Action	Lead Officer	Achieved by
Improved integration of Drug and Alcohol treatment services across Blackpool	<ul style="list-style-type: none"> • Development of New service specification • Tendering of the Adult Drug and Alcohol treatment service (clinical and case management element) • Develop links between neighbourhood Integrated Area model and treatment services • Co-location of workers • Contract Monitoring and performance management • Ensuring harm reduction is embedded throughout the treatment journey 	Substance Misuse Commissioner/ Horizon Head of Integrated Services	September 2017
Through Early Action and Partners co-ordinate efforts around prevention through education and support of people who had adverse life events such as abuse	<ul style="list-style-type: none"> • Development of Community Hubs Grange Park and Talbot and Brunswick 	Public Health Specialist/ Lancashire Police Senior Service Manager/ Lancashire Police	December 2017
Identification of the evidence base which supports early intervention for Drug treatment	<ul style="list-style-type: none"> • Undertake a literature search to examine the cause and the journey of substance misuse to identify further opportunities to intervene early • Produce a summary paper on the evidence 	Senior Public Health Practitioner	March 2019

Improve treatment for Dual diagnosis	<ul style="list-style-type: none"> • Development of pathways • Commissioners of substance misuse and mental health consider how dual diagnosis treatment should be delivered in Blackpool • Employment of Clinical Psychologist within the Drug and Alcohol Treatment Service • Mental Health workers to be employed as part of the new Drug and Alcohol treatment service model 	Substance Misuse Commissioner/ Commissioners of Mental Health/Horizon Integrated Services Manager	March 2018
Improved access to housing for the Chaotic individuals in the town	<ul style="list-style-type: none"> • Development of a housing first model • Identification of funding from Fulfilling lives • Development of the Recovery Housing Model with ACORN and Calico • Development of pathways between Acorn/Calico/JFH and Mulberry Project 	Head of Housing/ Partnership Manager Fulfilling Lives/ Senior Public Health Practitioner/ Head of Integrated Services Horizon	March 2018
Development of pathways for end of life care	<ul style="list-style-type: none"> • Develop and have pathways in place with appropriate agencies • Identify training needs of front line workers to support drug and alcohol clients • Build relationships with the Hospice and the NHS end of life team 	Horizon Integrated Service Manager/ Substance Misuse Commissioner	March 2018
Develop better pathways between NWAS and treatment services	<ul style="list-style-type: none"> • Develop a direct referral pathway • Production of leaflets/business cards for ambulance services to leave with patients • Links to FCMS regarding frequent callers 	Horizon Integrated Services Manager/ NWAS and Fulfilling lives	March 2018
Reduce the number of Drug related deaths	<ul style="list-style-type: none"> • Continue to develop interventions in relation to Drug Related death including the extension of the Naloxone programme • Increase the number Naloxone kits issued to clients • Ensure all clients' risk is assessed against the growing body of contributing factors and appropriate action taken 	Horizon Integrated Services Manager/ Public Health Practitioner/ Substance Misuse Commissioner	March 2020
Improve understanding and knowledge of the	<ul style="list-style-type: none"> • Review the outcomes from the Newcastle research study 	Clinical Research	March 2019

	<p>HIV.</p> <ul style="list-style-type: none"> • Ensure information on risk taking behaviour, including chemsex, is captured during sexual health assessment and pathways are in place for referral to other services • Develop HIV awareness training package as part of the HR training programme 		
Improve support for clients with Multiple Complex Needs who are admitted to Hospital	<ul style="list-style-type: none"> • Develop tailored and efficient referral pathways that support hospital staff to refer people attending or admitted to hospital who have multiple complex needs 	Fulfilling lives Partnership Manager	March 2020

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DRUG STRATEGY ACTIONS

3) Building Recovery

Outcome Measures:

Successful completions – to be in the Top Quartile of Local Authority Comparators for Opiate and non-opiate successful completions as a proportion of those in treatment and who have not represented in the last 6 months

Employment – 65% clients who sign up for Healthy Futures gain part/full time employment

Objective	Action	Lead Officer	Achieved by
Extension of health works and capturing people with Drug problems and assist them to access services and employment including CBT	<ul style="list-style-type: none"> Review the evaluation of the N-compass yearlong pilot offering CBT to clients looking for employment to evaluate the effectiveness of the project Increase the number of referrals to Healthy Futures Review the progress of the ESF project Consider the implications of the Dame Carol Black review – and improve pathways between treatment providers and employment agencies 	Employment Team Manager Senior Public Health Practitioner	March 2018
New Drug & Alcohol Clients encouraged to set a recovery plan from day 1 and to plan their treatment journey to end within 2 years	<ul style="list-style-type: none"> Performance Managed through the contract Performance management of staff within the contract by the treatment provider 	Substance Misuse Commissioner Horizon Integrated Services Manager	On-going
Cease Criminal Justice Mandated referral into treatment except through the courts	<ul style="list-style-type: none"> Cease Commissioning the Arrest Referral service in the custody Suite 	Substance Misuse Commissioner	March 2017
Improve outcomes of clients attending treatment on a DRR, ATR, and RARS in line with the recovery journey	<ul style="list-style-type: none"> Collectively understand what a DRR, ATR, and RARS should look like in order to support the recovery agenda Provide Training to the probation staff in the changes around treatment being recovery focused and treatment won't work if a client isn't motivated and that clients shouldn't be placed on a DRR if they are not motivated to change. The Drug and alcohol treatment provider to deliver training to probation staff 	Horizon Integrated Services Manager Cumbria and Lancs CRC Head of Partnerships Local Senior Probation Officer	March 2018

	<ul style="list-style-type: none"> The drug and alcohol treatment provider deliver training to NPS/CRC staff 		
Improve access to Mutual Aid through treatment Services	<ul style="list-style-type: none"> Ensure front line substance misuse workers familiarise themselves on what mutual aid services are available for clients and actively refer clients Workers to attend open mutual aid meetings Attend sessions with clients if required Ensure referrals are made 	Horizon Integrated Services Manager	On-going
Bench mark effectiveness and value for money of drug treatment services in Blackpool, Nationally regionally and in Lancashire	<ul style="list-style-type: none"> Identify tool to undertake this work Undertake analysis Provide a report on the outcome from the work 	Senior Public Health Practitioner	March 2020
Improve referrals and communication between GPs and treatment providers in relation to clients receiving interventions	<ul style="list-style-type: none"> Treatment services to develop and deliver a communication plan specifically targeting GP practices . Fully embed the Neighbourhood Hub model within the treatment services 	Horizon treatment services/ Substance Misuse Commissioner/ CCG Commissioner	March 2018
Review outcome measures to determine which are a priority locally and report on them as part of the implementation of this strategy	<ul style="list-style-type: none"> To identify the appropriate outcome measures to be reported to the Health and Wellbeing Board, Bsafe partnership and Safeguarding Board 	Senior Public Health Practitioner	March 2018

DRUG STRATEGY ACTIONS

4) Preventing harm to the community

Outcome measures: A reduction in Drug related crime by (figure to be agreed)

Objective	Action	Lead Officer	Achieved by
Consider how time to change could support the reduction of anti-stigma towards addiction and change attitudes to substance misuse and mental health	<ul style="list-style-type: none"> • Plan and deliver the National Recovery Walk and associated events due to be held in Blackpool in September 2017 • Support the development of Camerados Pop up Living rooms 	Senior Public Health Practitioner/ Horizon Treatment Services/ Highways Camerados/ Senior Public Health Practitioner/ Public Health Facilitator	September 2017 March 2018
Improve access to treatment via the Night safe Haven Service with a particular focus on NPS	<ul style="list-style-type: none"> • Skill up volunteer support workers on the Night Safe Haven to improve identification brief advice and provide direct referral to treatment services in relation to drugs including NPS • Provide training • Set up referral process 	Horizon Integrated Services Manager/ NWAS	September 2018
Improve the outreach service to include out of hours working	<ul style="list-style-type: none"> • Work with treatment providers to review availability of outreach work to support working out of working normal hours to support the most vulnerable and work to move away from the 9am – 5pm model 	Horizon Integrated Services Manager/ Fulfilling Lives Partnership Manager/ Substance Misuse Commissioner	March 2018

Reducing Drug Crime and Preventing Drug Use	<ul style="list-style-type: none">• Neighbourhood Policing teams to target organised crime groups• Development of links with the lived experience team and offender management workers.• Development of training for front line Police Officers	Chief Inspector of Police	March 2020
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DRUG STRATEGY ACTIONS

5) Keeping children safe and rebuilding families

Outcome Measure:

Reducing unplanned pregnancies of substance misusing mothers

Maintain/increase the number of Parents who are attending treatment for substance misuse, who live with their child or children, rate per 100,000 children aged 0-15 in the area. Current rate is 283.5 per 100,000 equates to 72 parents.

Objective	Action	Lead Officer	Achieved by
Reduce the risk of children having access to methadone	<ul style="list-style-type: none"> • All clients to be issued with Safe boxes for storage of medications • Clients identified alongside children as high risk to continue receiving methadone daily from the pharmacy • Raise awareness amongst Social Workers, Health Visitors, family in need works of the risks of methadone and other drugs stored at home where children live and encourage safe storage. • Front line workers involved in the care of the family advised lock boxes are in place and to check when home visits take place 	Horizon Integrated Services Manager	On-going
Improve referrals both drug and alcohol to Horizon treatment services	<ul style="list-style-type: none"> • Training for front line staff for recognising drug issues for motivating change and referring effectively including NPS. • To provide and understand the opportunities offered by the early action programme Develop a training package for front line workers • Promote awareness across all Blackpool services regarding easy access to services and routes of referral 	Horizon Integrated Services Manager	March 2019

To improve the knowledge of foster carers around supporting young people with a substance misuse issue	<ul style="list-style-type: none"> • Hold a multi-disciplinary event to examine the support that children in care receive in relation to drug prevention and to look at the education and awareness foster carers receive • Develop better links with LAC Nurse 	Senior Public Health Practitioner Horizon Integrated Services Manager	March 2020
Reduce the number of substance misusing mothers having multiple pregnancies which result in the child being taken into care	<ul style="list-style-type: none"> • Work with social care to pilot PAUSE to reduce multiple children of substance misusing mothers being taken into care 	Public Health Specialist/Deputy Director of People	Agreed as part of the Pause Board
Improving the knowledge of workers around the impact of drugs on children	<ul style="list-style-type: none"> • Scope and Develop appropriate joint assessments with recovery works and children's social care • Ensure all Horizon workers understand the thresholds around keeping children safe in Blackpool and understand the Early Assessment Process • Training and awareness raising for children's social care around treatment regimes and the impact for children 	Horizon Integrated Service Manager/ Senior Service Manager Children's social care/ Head of Safeguarding	March 2020

DRUG STRATEGY ACTIONS

6) Building community and increasing engagement and inclusiveness in Blackpool

Outcome Measures

Employment – 65% clients who sign up for Healthy Futures gain part/full time employment

Objective	Action	Lead Officer	Achieved by
Understand the impact of the peer mentor model	Review the impact of the current peer mentor programme in both treatment services and fulfilling lives to determine the most effective model	Fulfilling lives Partnership Manager/ Horizon treatment services/ Substance misuse commissioner	March 2020
Ensure the mental health needs of people with substance misuse issues are addressed	<ul style="list-style-type: none"> • Key personnel in substance misuse services to trained in ASIST • Providers of mental health and substance misuse service to develop and adopt joint working protocols • Assertive outreach teams in mental health and substance misuse services to develop effective protocols to prevent loss of contact with vulnerable and high risk clients • All patients accessing primary or secondary care identified as having a substance misuse issue to be screened for depression • Blackpool Enough is Enough Group to support the development work 	Substance Misuse Commissioner/ Public Health Co-ordinator CCG Commissioner/ Substance Misuse Commissioner CCG Commissioner/ Substance Misuse Commissioner Public Health Practitioner/ Public Health Facilitator	On-going

Establishment of Service User forums to support individuals in or out of treatment	<ul style="list-style-type: none"> • Build on the development of Families in recovery • Build on the development of Blackpool in Recovery and BEE Group 9blackpool Enough is Enough) • Create a thriving recover community and mutual support framework 	Horizon Integrated Services Manager	On-going
Improve effective pathways into Volunteering through a wider range of opportunities and reduce the barriers of individuals being placed in silos	<ul style="list-style-type: none"> • Development of Community Farm and Community Shop 	Consultant in Public Health	June 2018

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Appendix 1 – Evidence Base

NICE - Public Health Guidance

Behaviour change: general approaches (PH6) October 2007

There is strong evidence that changing people's behaviour can have a major impact on some of the largest causes of mortality and morbidity. Behaviour plays an important part in people's health and evidence shows that different patterns of behaviour are deeply embedded in people's social and material circumstances and cultural context. Interventions to change behaviour have great potential to alter current patterns of disease. Behaviour change methods can be delivered to individual, household, community or population level. Significant events or transition points in people's lives present an important opportunity for intervening at some or all levels. This guidance provides evidence based approaches for changing people's health related knowledge, attitudes and behaviours at individual, community and population level.

Behaviour change: individual approaches (PH49) January 2014

This guidance provides a range of tools to tackle behaviours such as alcohol misuse, poor eating habits, lack of physical exercise, unsafe sexual behaviour and smoking. These are all linked to poor health and chronic disease and provide interventions that will help people change to potentially improve their health and wellbeing. The guidance is based on a person centred approach.

Domestic violent and abuse: multi-agency working (PH50) February 2014

The purpose of the guide is to help identify, prevent and reduce domestic violence and abuse. Domestic violence and abuse is complex which requires sensitive handling from a range of health professionals and social care professionals. The guidance highlights that working in a multi-agency partnership is the most effective way to approach the issue at both operational and strategic level. Initial and on-going training is required and organisational support is also required.

Hepatitis B and C testing: people at risk of infection (PH43) December 2012

This guidance is about raising awareness of and testing for Hep B and C infections. It is there to ensure individuals who are at risk are tested.

Needle and syringe programmes (PH52) March 2014

The aim of this guidance is to reduce the transmission of viruses and other infections caused by sharing injecting equipment. Conditions such as Hep B, Hep C and HIV. These types of services reduce the prevalence of blood-borne viruses and bacterial infection, so benefiting the wider community. Recommendations are for Pharmacists and drug treatment providers who support individuals who are injecting both young people and adults. Key aim of the programmes is to give advice on minimising harms caused by drugs, helps support individuals to stop using drugs by providing access to drug treatment services and provides access to health and welfare services.

Drug misuse prevention: targeted interventions (NG64) February 2017

This guidance is targeted at interventions to prevent misuse of drugs, including illegal drugs, legal highs and prescription-only medicines. The key aim is to prevent or delay harmful use of drugs in

children, young people and adults who are most likely to start using drugs or who are already experimenting or using drugs occasionally. The aim with this guidance is to support people to build their resilience and ability to make positive decisions about their health and which address the wider determinants of health.

Alcohol: School-based interventions (PH7) November 2007

The guidance is to support primary and secondary education establishments support young people and provide guidance on sensible alcohol consumption. Covers pupil referral units, secure training units, local authority secure units and further education colleges.

NICE – Clinical Guidance

Drug misuse in over 16s: psychosocial interventions (CG51) July 2007

It is recommended that the use of psychosocial interventions in the treatment of people who misuse opioids, stimulants and cannabis in the health care and criminal justice setting. It is acknowledged that pharmacology is the primary treatment for opioid misuse, with psychosocial interventions providing an important element of the overall treatment package, and that psychosocial interventions are the mainstay for effective treatment for stimulant use and cannabis use. Requires effective key working systems in place to ensure high quality outcomes for those who misuse drugs. The benefits of the recommendations within this guidance can only be fully realised in the context of properly co-ordinated care.

Drug misuse in over 16s: opioid detoxification (CG52) July 2007

This aimed at supporting individuals with opioid dependence that require a detoxification either in the community, residential, inpatient and prison settings. The guidance does not support the detoxification of pregnant women. Detoxification is the process by which the effects of opioid drugs are eliminated from dependent opioid users in a safe and effective manner, in order to minimise the withdrawal symptoms through prescribed medications. Pharmacological approaches are the primary treatment option for opioid detoxification along with psychosocial interventions providing an important element of support.

Coexisting severe mental illness (Psychosis) and substance misuse: assessment and management in healthcare settings (CG120) March 2011

This covers the assessment and management of adults and young people aged 14 years and older who have a clinical diagnosis of psychosis with coexisting substance misuse. The term psychosis is used to describe individuals with severe mental health disorders and where they experience delusions and hallucinations that disrupt perception, thoughts, emotions and behaviours. It is estimated 40% of people with psychosis misuse substances at some point in their lifetime. People with coexisting substances misuse have a higher risk of relapse and hospitalisation and have higher levels of unmet needs compared to those in patients with psychosis who do not misuse substances. It is recognised that substance misuse amongst these individuals are associated with significant poorer outcomes than individuals with single disorder. Outcomes such as psychiatric symptoms, poorer physical health, increased use of institutional services, poor medication adherence, homelessness, increased risk of HIV infection, greater dropout from services and higher overall treatment costs. Social outcomes are also significantly worse, including greater homelessness and rooflessness, a higher impact on families and carers and increased contact with the criminal justices

system. Individuals with psychosis tend to take various non-prescribed substances as a way of coping with their symptoms and in a third of people with psychosis results in harmful dependent use.

NICE - Quality Standards

Drug use disorders in adults (QS23) November 2013

This quality standard covers treatment for the over 18 year olds who misuse opioids, cannabis, stimulants or other drugs in all settings in which care is received in particular focusing on specialist residential care and community-based treatment settings. Also includes prison services. The standard describes markers of high quality, cost effective care that when delivered collectively should contribute to the effectiveness, safety, and experience of care for people with drug use disorders in the following ways:

- Preventing premature dying
- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

NICE - Technology appraisal guidance

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

This technical guidance provides the evidence that methadone and buprenorphine are the recommended options for the maintenance therapy in the management of opioid dependence and that flexible dosing regimes should be used. The decision around which drug to use should be made on a case by case basis whilst taking into account a number of factors which include the individual's history of opioid dependence, commitment to their long term management. The risks and benefits of the treatment is the decision of the clinician in consultation with the client. If both drugs are suitable methadone should be prescribed as the first choice. Should be administered daily under supervision for 3 months Supervision should only be relaxed once the client has showed their commitment and compliance to the therapy. The drugs should be administered as part of a wider programme of support and care co-ordination.

Naltrexone for the management of opioid dependence (TA115) January 2007

Naltrexone is a recommended as a treatment option in individuals who have been detoxified and who are highly motivated to remain abstinent. This should only be administered under adequate supervision to people who have been informed of the potential adverse effects of treatment. It should be given as part of a wider care package of support.

NICE Guidelines

Tackling drug use (LGB18) May 2014

This provides recommendations and guidance to local authorities and partner organisations on tackling drug use. This includes preventing drug use, minimising the harms caused by drugs and helping people to stop taking them.

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

This guidance is about how to improve services for people aged 14 and above who have been diagnosed with having coexisting severe mental illness and substance misuse. The aim of the guidance is to provide a range of coordinated services that address people's wider health and social care needs as well as other issues such as employment and housing. The recommendations cover issues such as first contact with services; referral to secondary care mental health services; the care plan: multi agency approach to address physical health, social care, housing and other support needs; partnership working between specialist services, health, social care and other support services and commissioners; improving service delivery; maintaining contact between services and people with coexisting severe mental illness and substance misuse who use them.

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