

Implementing the National Drugs strategy in Calderdale

National Drug Strategy



Three key actions to implement change:

- **Providing focused investment**, targeted at the places with the greatest need – so areas with high levels of drug use, drug-related deaths and crime will be prioritised additional funding for treatment, justice, employment and accommodation support.
- **Improving partnership working**, with expectations set out on the roles of different agencies (requirement for local Strategic Drug Partnerships)
- **Developing a system of national and local outcomes, frameworks and accountability** that will drive a consistent and clear set of expectations across the next decade and ensure measurement of government against its promises.

Drug and Alcohol Strategic Partnership Programme Governance

Decision Making

Health and Wellbeing Board

Strategic/Decision Making

Drug and Alcohol Strategic Partnership Programme Board

Community Safety Partnership Board

Delivery

Workstream 1:
Breaking the Supply Chain

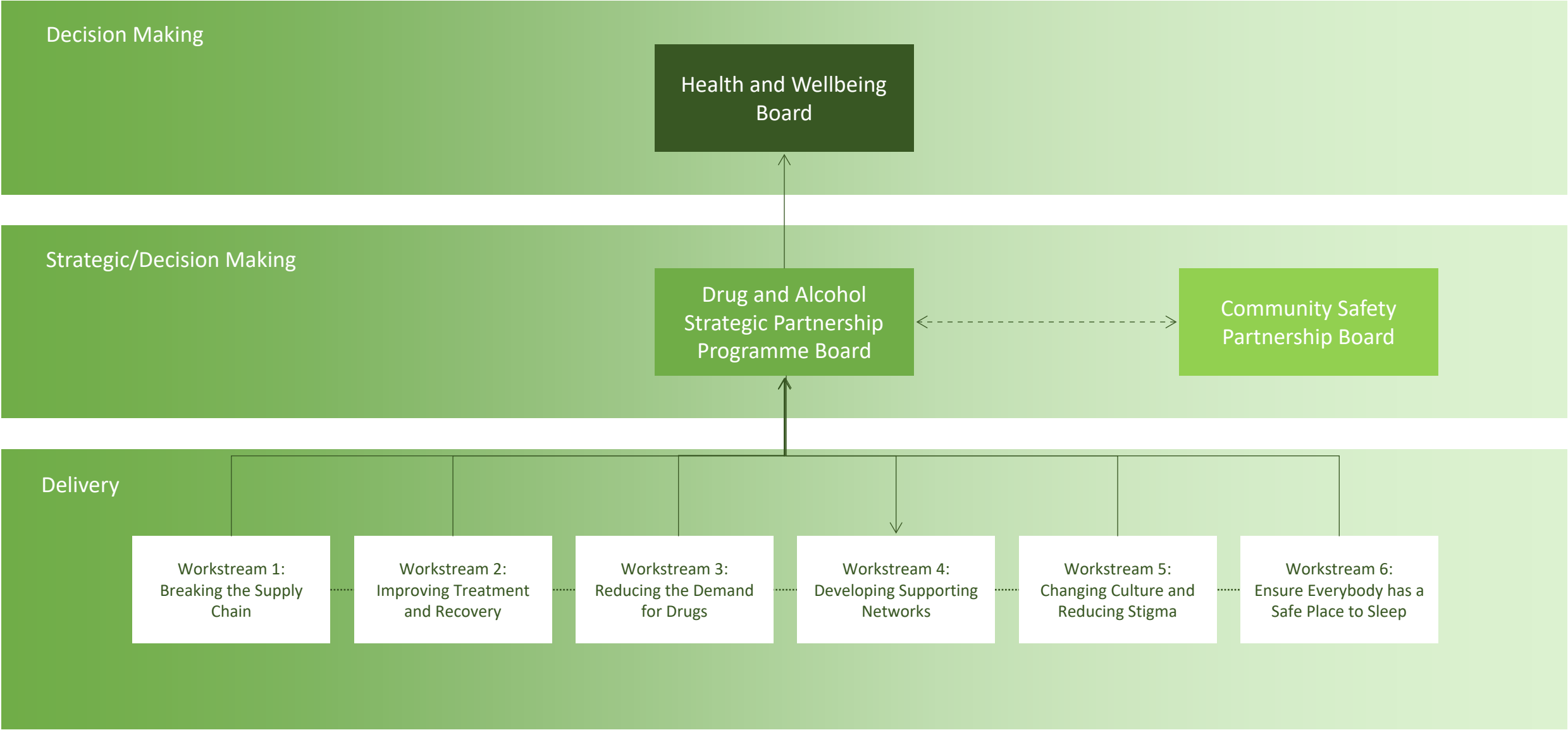
Workstream 2:
Improving Treatment and Recovery

Workstream 3:
Reducing the Demand for Drugs

Workstream 4:
Developing Supporting Networks

Workstream 5:
Changing Culture and Reducing Stigma

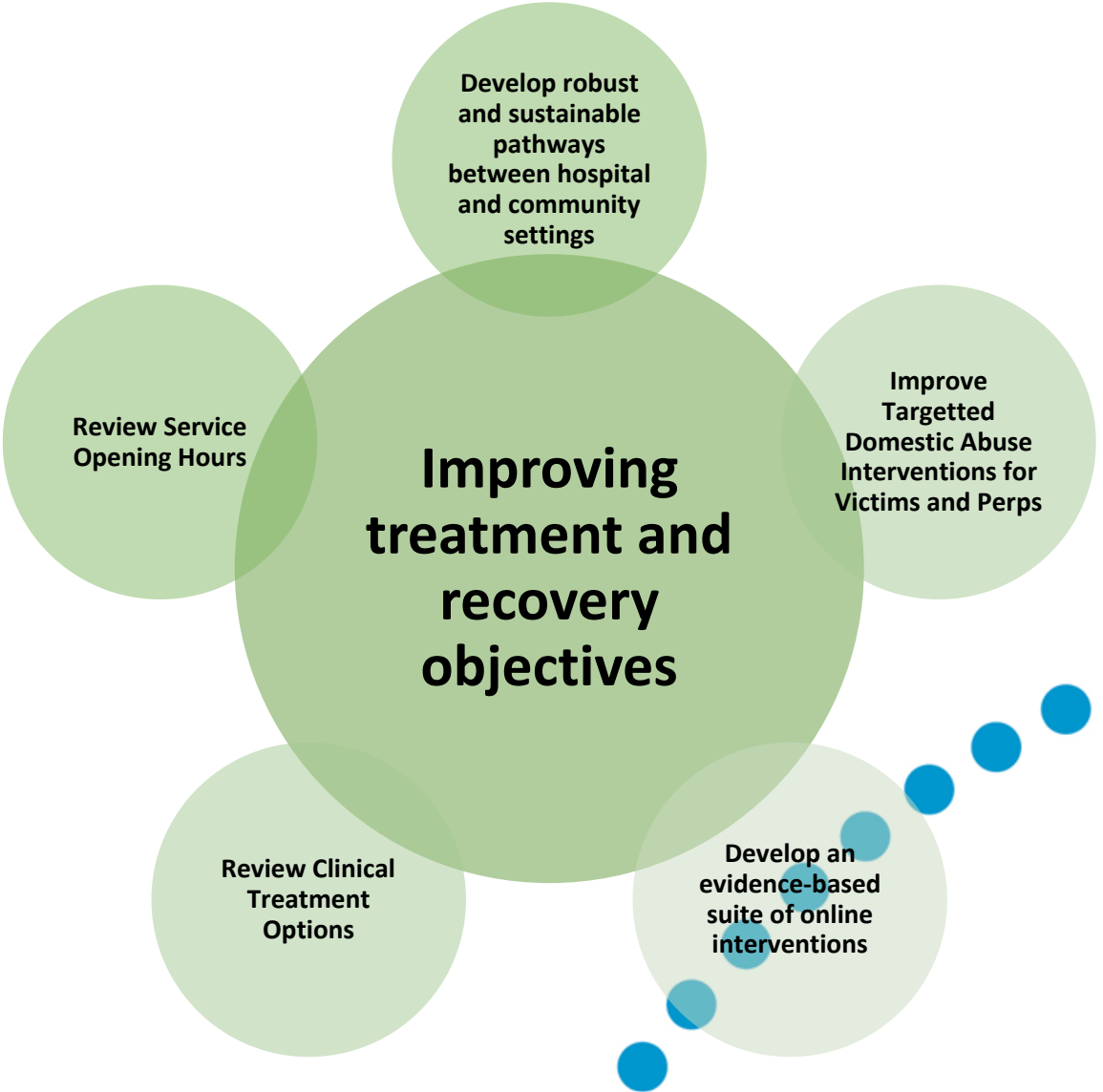
Workstream 6:
Ensure Everybody has a Safe Place to Sleep



Workstream	Name	Purpose
Workstream 1	Breaking the Supply Chain	To explore and improve targetted interventions into organised crime and criminal behaviour around drugs and the supply of drugs in Calderdale - by improving access to key insights, data and intelligence from across the partnership and developing partnership responses to issues i.e. cuckooing
Workstream 2	Improving Treatment and Recovery	To maintain outstanding treatment and recovery services and support, increase the number of people in treatment in Calderdale, with a focus on increasing referrals from hospital, domestic abuse services and outreach services visible in places that we know drug users locate
Workstream 3	Reducing the Demand	To prevent adults and young people in Calderdale from developing problematic drug use. To work with partners to identify vulnerable communities, families and young people
Workstream 4	Developing Supporting Networks (Professional Family)	To build on the existing multi agency approach to our most complex cases in Calderdale developing networks and professional relationships that ensure a holistic response to challenges faced by individuals, families and communities in Calderdale
Workstream 5	Changing Culture and Reducing Stigma	To challenge existing practice from across the partnership in Calderdale in relation to drug and alcohol users; exploring how pockets of the wider publics perception can be changed so people are more understanding, compassionate and caring
Workstream 6	Ensure Everybody has a Safe Place to Sleep	To ensure everyone has a safe place to sleep to improve safety and recovery potential

Workstream 2 – Improving treatment and recovery

Purpose	To maintain outstanding treatment and recovery services and support, increase the number of people in treatment in Calderdale, with a focus on increasing referrals from hospital, domestic abuse services and outreach services visible in places that we know drug users locate
Membership	Humankind Community Hospital Team / BLOSM Public Health Domestic Abuse Co-ordinator Probation Housing Calderdale Recovery Steps Basement Project CRS Harm Reduction Lead Community Matron Wound Clinic Integrated Offender Management team SWYFT provider
Inter-dependent Meetings	MEAM strategic group Union Street Partnership / Unity Street Weekly treatment alliance check in Basement Project Meetings Humankind / CRS meetings Commissioning / Quarterly contract meetings CIR meetings Regional OHID COI WY Commissioner meeting Probation meetings Calderdale Future for everyone



Workstream 2: Improving Treatment and Recovery - Objectives

No.	Theme	OBJECTIVE NAME	Objective detail	Target Group	Owner	Measures of success
1	IMPROVING ACCESS	Review Service Opening Hours	Ensuring we adapt opening times if needed to reflect the needs of the people who use our service. In a new contract and service spec we will be looking to move to a longer working day with core hours and Saturday opening – for example 8-7mon-fri and 9-1 on a Saturday.	People who use out services and those whose needs we are not meeting due to access issues	AM/NC	<ul style="list-style-type: none"> Decreased wait times More efficient use of the building Increased safety of weekend dispensing Improved access for those who work or have childcare responsibilities.
2		Review Clinical Treatment Options	Move towards standardising Buvidal (long acting buprenorphine injection) as one of our treatment options open to all. Consider injectable opioid treatment (IOT) - Supervised IOT is designed to engage those who have continued to inject street heroin despite being on optimised oral methadone or buprenorphine treatment. It involves supervised self-injection of pharmaceutical opioids (usually diamorphine), supplemented by oral opioid preparations (most commonly methadone solution but sometimes slow-release oral morphine and other opioids instead). IOT is a highly structured, intensive treatment in which patients are closely monitored and regularly reviewed. The model of care has shown it to be clinically effective and safe. It usually involves starting treatment with twice-daily injecting, 7 days a week, under supervision of experienced nurses	those who have continued to inject street heroin despite being on optimised oral methadone or buprenorphine treatment	NC/AP/AM	<ul style="list-style-type: none"> Patients will: maintain abstinence from street heroin use maintain abstinence from hazardous drug and alcohol use stop other street drug use managing or maintaining physical and mental health moving to collect oral doses from a community pharmacy and to take these unsupervised, and then moving out of IOT exploring options for detox or return to full oral substitution treatment engaging in voluntary work, education or employment
3		Widen the digital offer to enable better accessibility	Development of TBRP web based intervention programme. Humankind to develop a way of offering self assessment online.	those whose needs we are not meeting due to access issues	MF/AM	<ul style="list-style-type: none"> Decreased wait times Improved access for those who work or have childcare responsibilities Increased engagement with people using alcohol and non-opiates who may be in the very initial stages of considering change.
4	IMPROVING PARTNERSHIP APPROACHES	Increase on site and on ward hospital referrals	In process – SLA between Trust and CRS to have onsite staff at least 2 days per week to support assessment and access to treatment.	Those who are admitted to hospital with drug or alcohol related illness/injury.	NC/AM/MF	<ul style="list-style-type: none"> Increased referrals from A&E, MAU, Orthopaedics and Gastro wards Use of pathway into detox house on discharge.
5		Improve Targeted Domestic Abuse Interventions for Victims and Perps	Explore potential for a drug and alcohol IDVA post within CRS – specialist support working with a small caseload of DA victims. Explore potential for perpetrator programme training and lead worker to provide team with support and guidance on working with perpetrators.	Victims and perpetrators of DA.	NC/AM/SJ	<ul style="list-style-type: none"> Increased engagement of both victims and perpetrators. Increased positive outcomes for victims

Case Study – Tim's story

Tim has been involved with treatment services for many years and has lived a multiple and complex lifestyle including homelessness, health issues and being a victim of criminal exploitation.

Tim was at risk of serious harm and the situation was rapidly deteriorating. So a multi-agency and trauma informed approach was taken to support Tim, multi-disciplinary team working.

The HOPE team worked to build rapport and relationships with Tim and the community where he lived.

This enabled Tim to gain the confidence to flee the exploitation. He worked with each support service and engaged as he knew his life was at risk. He reported criminal exploitation incidents to the police.

Accommodation in a care setting was secured for Tim, which was life changing for him. He received unconditional support from the staff at the home. His physical health improved (he gained weight, his wounds were treated and he was supported to manage them; and he received physiotherapy to support physical rehabilitation).

Tim also abstained from substances during his stay at the care home and managed to stabilize on his prescription of methadone.

Tim is so grateful for the support he has been offered as he truly believed he would lose his life in his previous situation and was terrified.



Partners Involved

Calderdale Recovery Steps – Supported Tim with substance use, prescriptions, case management, harm reduction, welfare checks, housing applications, onsite dispensing, nursing support, assisting to appointments.

Social Care – Assessed Tim and offered him support. Secured funding for Tim to move into safe and supported accommodation - The care home

Housing – Worked with Tim on his discharge from the care home to find him appropriate accommodation in his local area.

Care Home – Worked with Tim in a physical health capacity, supported him to restore a healthy weight, wound care management, physiotherapy, a safe, secure, and friendly environment for him to thrive in.

Private Landlord - Worked with Tim and professionals to provide the best possible outcome for his safety. The landlord liaised with the HOPE team daily as we had consent from the Tim to discuss information whilst he was in crisis.

Barriers faced



It was difficult to find somewhere for Tim to live as there a limited number of properties available. Tim was perceived to be an inappropriate referral as he has 'done this before'. But Social Care were able to secure the funding to enable him to move to the care home.

We are still battling stigma that was created many years ago and housing and care services not wanting to take Tim on due the fact that he was using substances and living a multiple and complex life.

He experienced barriers to physical health treatment due to being malnourished and using substances. This meant his was too high risk for surgery.

Tim decided work with professionals who could support him to improve his overall health & wellbeing. Tim is working towards abstinence from substance, he is a stable and healthy weight and is looking forward to seeing the consultant and showing him the positive changes, that he has decided to make.

Results

Tim is no longer using substances, he is stable on a prescription of methadone, his wounds from many years of intravenous drug use are beginning to heal.

At the care home Tim has access the physical health support as well as physiotherapy which has allowed him to become stronger and more mobile

He has gained a healthy amount of weight which means that he is no longer malnourished.

Tim is so grateful for the support he has received and feels as though he is now able to blossom and find his true potential and purpose. He reports that he has been offered lifesaving support from multiple agencies.

Lessons learned

People are finding it difficult to find safe, suitable and appropriate housing and this then leads to further issues in people's lives.

A safe and secure home and living environment is a basic need that all people need

'Burnt Bridges' report, highlighted the need to work towards a more trauma informed approach.

Addressing criminal exploitation remains a challenge. Perpetrators continue to commit crimes as the victims are terrified to speak up and feel trapped.



Fine Lines – reducing drug-related offending

Case study – Partnership in Calderdale to support people using cocaine and offending

In Calderdale, since September 2022 there has been targeted support programme for people whose offending is linked to powder cocaine use. If you're arrested for certain offences you are tested for drug use, and if you test positive for cocaine specifically (not linked to other substances), then the police officer in custody books you onto a required assessment with the local drug treatment provider, Recovery Steps. The assessment determines what kind of support is most appropriate for you.

The specific programme for people whose offending is linked to their cocaine use is called Fine Lines and started in September 2022. It runs in the evenings so that most people can attend while still working during the day. There are individual check-ups with professional staff, and then a group session, facilitated jointly by the drug treatment service and The Basement Recovery Project, an award-winning, independent, community-based organisation that involves people who have used drugs themselves. The timing and the contribution of lived experience makes the sessions accessible and authentic.

We can already see the impact. Over 300 people have already been identified and referred for a required assessment, of whom 132 (43%) were deemed appropriate for Fine Lines. Over 100 (79%) of those identified as appropriate went on to attend – over one-third of all those originally identified. A random sample suggests that over three-quarters of those who have attended the programme have not gone on to re-offend over an average period of six months. The work has also helped identify potential links between cocaine use and domestic abuse – corroborated by similar findings in other areas.

This shows the importance of working together across criminal justice, health and community organisations to ensure people who could benefit from support are identified and have a coherent programme put in place for them. This helps them get their lives back on track and also keeps individuals and the community safer. This is the basis of the government's guidance for local delivery partners on how to work as part of Combating Drugs Partnerships, discussed later in this report. The strategy and guidance have underpinned this project in Calderdale, with the partnerships playing a key role in helping to drive this close collaboration and monitor progress.

Assessment: Mid-term

September 2022 – May 2023

- 132 people referred to Fine Lines
- 104 (79%) attended Fine Lines group session (some were not suitable based on problematic use/did not attend and breached)
- 101 of these took up service with the drug/alcohol agency (accepted support)
- 40% completed a 12 week treatment programme (voluntarily engaged with intensive treatment)

Performance

Adults in treatment

- Adults in treatment
- New presentations
- Residential rehab uptake
- Inpatient uptake

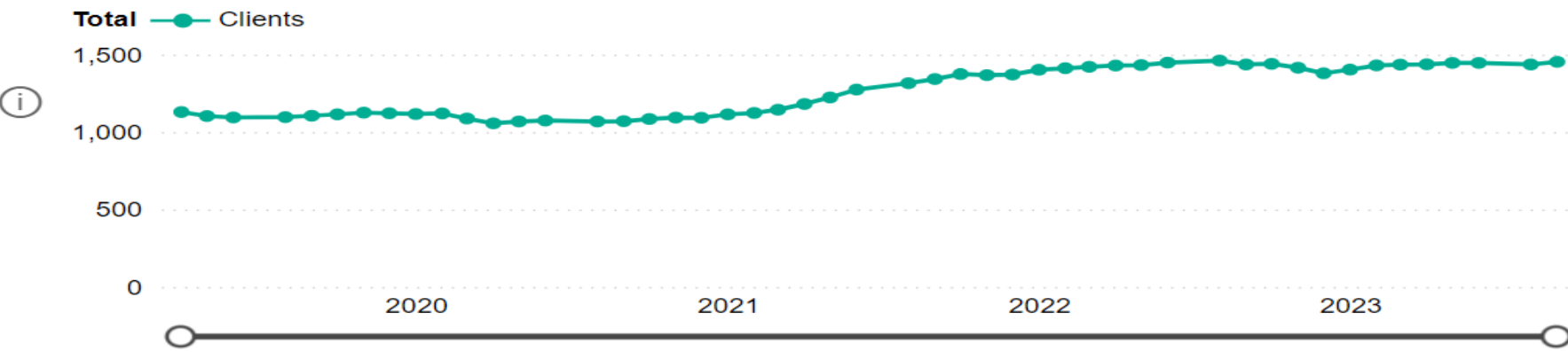
Calderdale

Adults in treatment

1,454

Oct 2022 to Sep 2023

Baseline: March 2022
1,422



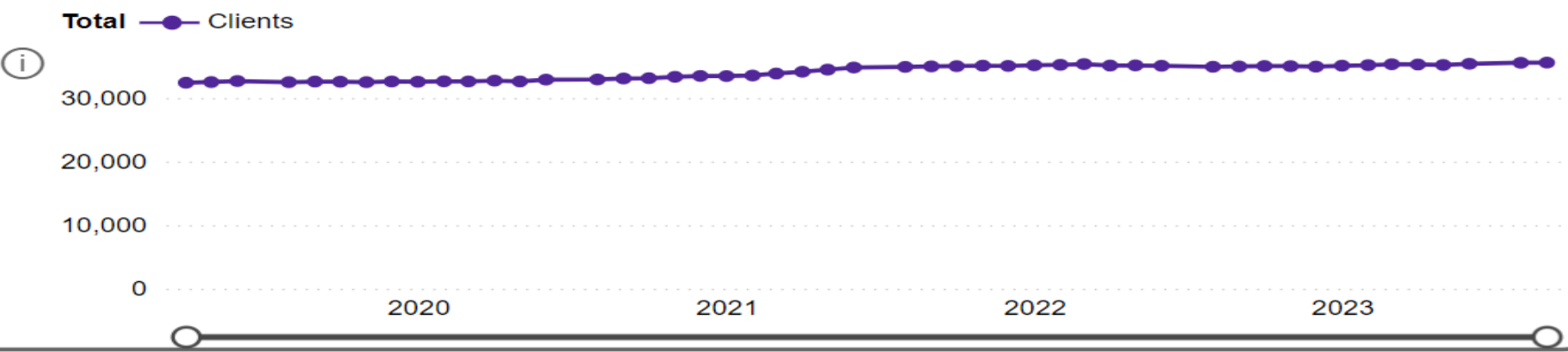
Yorkshire and The Humber

Adults in treatment

35,583

Oct 2022 to Sep 2023

Baseline: March 2022
35,357



Deaths in treatment

% of all in treatment

Number of deaths

Calderdale

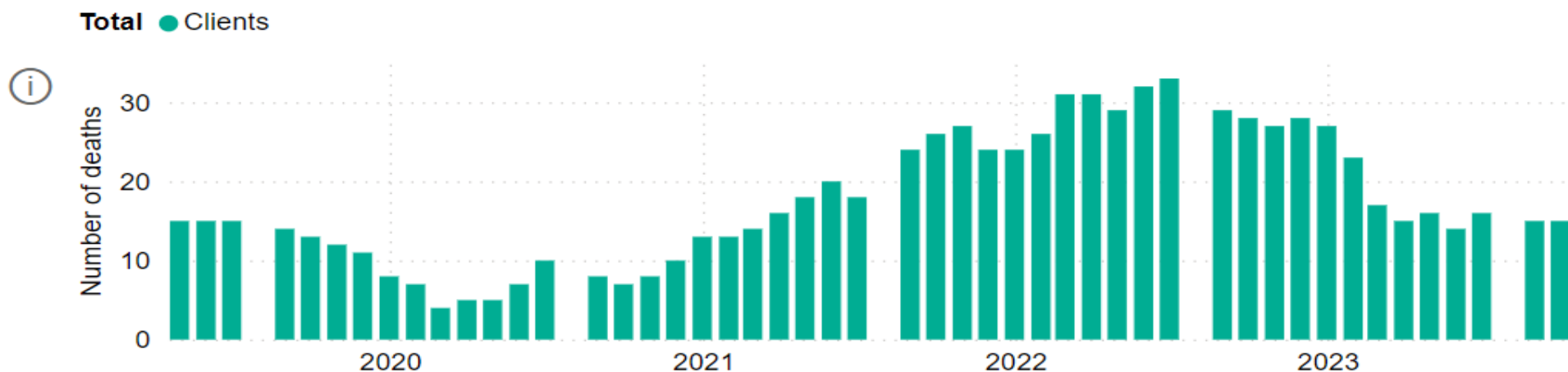
Number of deaths in
treatment

15

Oct 2022 to Sep 2023

Baseline: March 2022

31



Yorkshire and The Humber

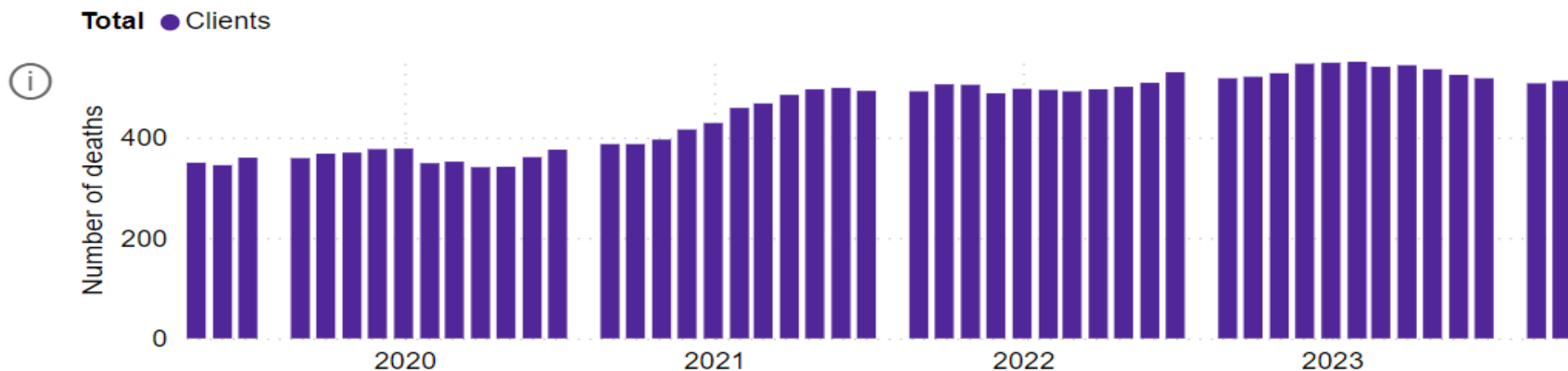
Number of deaths in
treatment

513

Oct 2022 to Sep 2023

Baseline: March 2022

496



Continuity of Care

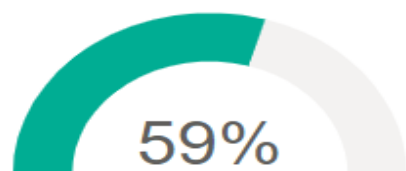
The percentage of prison leavers with a continued treatment need picked up in the community within three weeks

Rolling 12 months

Rolling 3 months

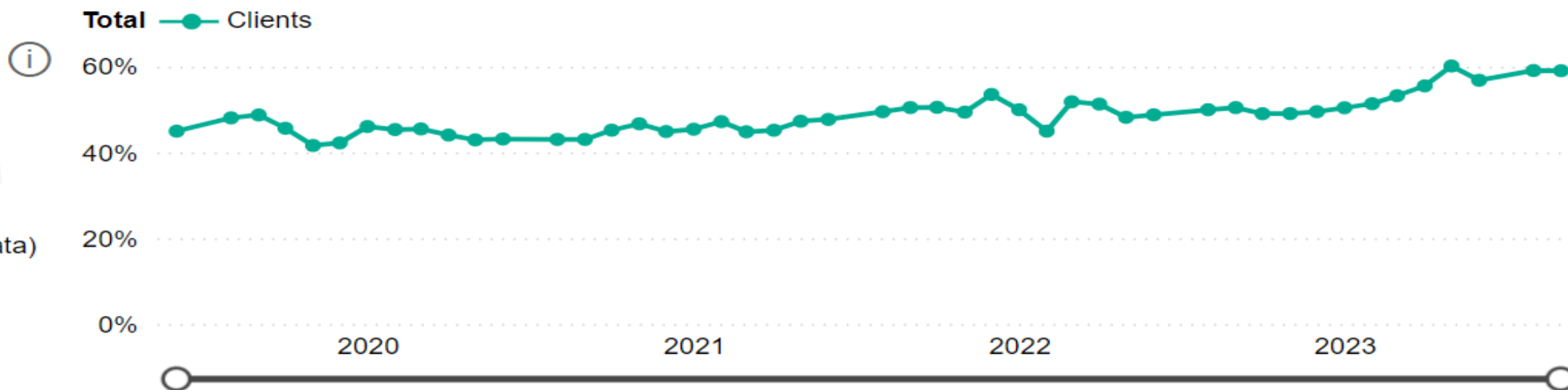
Calderdale

Proportion of clients



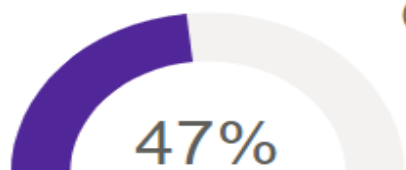
Prison exits Jul 2022 to Jun 2023 (Sep 2023 community data)

Baseline: March 2022
community data
52%



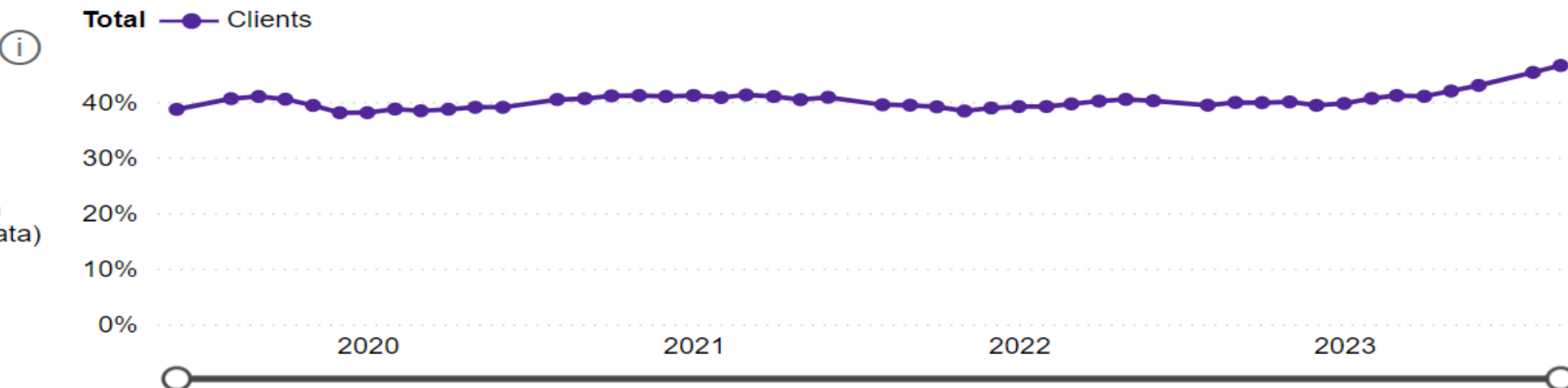
Yorkshire and The Humber

Proportion of clients



Prison exits Jul 2022 to Jun 2023 (Sep 2023 community data)

Baseline: March 2022
community data
40%



Prevalence

Drugs

Calderdale

2019-20

Substance group	Numerical estimate
OCU	1,435
Opiates only	594
Crack only	201
Both opiates and crack	640

Alcohol

Calderdale

Time period	Numerical estimate
2018-19	2,256
2017-18	2,288
2016-17	2,226



The scale of the challenge - unmet need

Calderdale

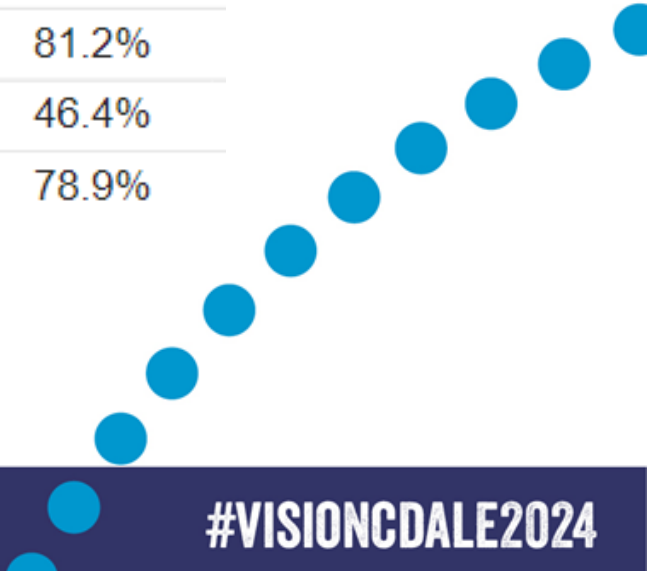
Oct 2022 to Sep 2023

Substance group	Unmet treatment need
OCU	48.9%
Opiates only	52.9%
Crack only	52.4%
Both opiates and crack	44.2%
Alcohol	73.8%

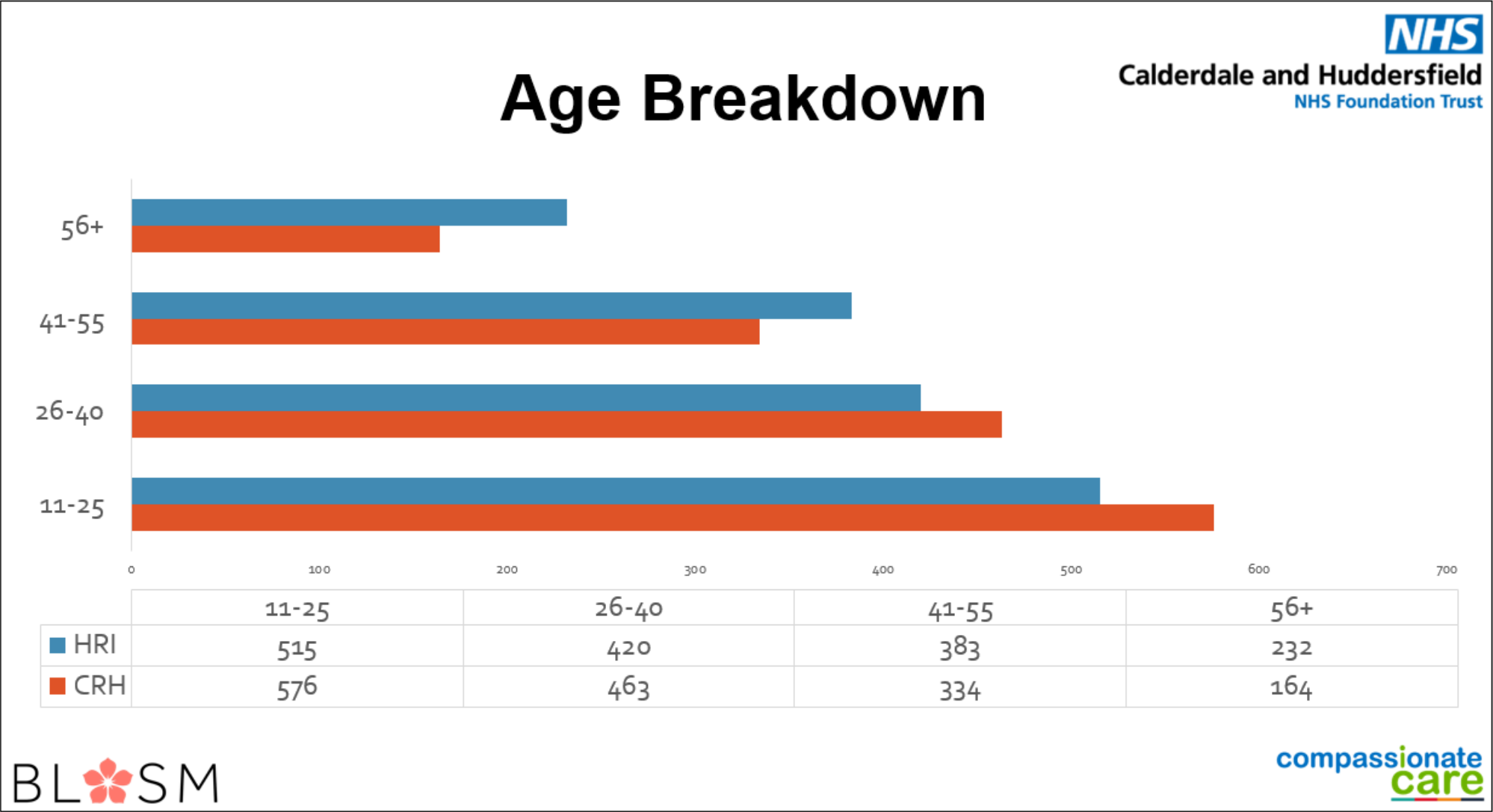
England

Oct 2022 to Sep 2023

Substance group	Unmet treatment need
OCU	57.8%
Opiates only	60.2%
Crack only	81.2%
Both opiates and crack	46.4%
Alcohol	78.9%



Drug and Alcohol Presentations at A&E



Additional investment - supplemental substance misuse treatment and recovery grant

Year 1 2022-23	Year 2 2023-24	Year 3 2024-25
£439,100	£485,635	£796,993

Our neighbours 2024-25

Bradford	Kirklees	Wakefield	Leeds
£5,031,235	£3,191,987	£3,330,886	£8,212,541



Burden of drug and alcohol harm

- Social and economic impact of alcohol-related harm estimated to be £21.5 billion, while harm from illicit drug use costs £10.7 billion.
- For every £1 spent on drug treatment, there is a social return of £4. For every £1 spent alcohol, it is £3.
- Impacts on our residents, families, communities and employers.

Asks of the Health & Wellbeing Board

- Health and Wellbeing Board members are asked to:
- Explore how their organisation is contributing to the 6 priority goals of the local strategy and what more they can do
- Consider how we can strengthen system working on drug and alcohol related harms
- Champion and embed trauma informed approaches within our organisational cultures, policy and practices