

Regeneration, Culture and Environment Overview and Scrutiny Committee

BRIEFING NOTE – No. 08/23

Date: 20 March 2023

Briefing paper to: All Members of the Regeneration, Culture and Environment Overview & Scrutiny Committee

Purpose: **Briefing on the work of the Combatting Drugs Partnership**

1. Introduction

1.1. In response to the Dame Carol Black Reports the Government set out its ambition to reduce the harms caused by drugs. The Strategy, “From Harm to Hope: a 10-year plan to cut crime and save lives” was published in December 2021 and set out the following high-level aims.

- To break supply chains
- Deliver a world class treatment and recovery system
- Achieve a generational shift in the demand for drugs

1.2. They indicated this would be achieved through focussed investment, improved partnership working and improved outcomes measurement.

1.3. In June 2022 the Government released “Guidance for local delivery partners” which clarified the governance arrangements for local combatting drugs partnerships and sets out a number of milestones for local areas.

1.4. This report sets out the actions completed to mobilise the Medway Combating Drugs Partnership (CDP) and the activity planned for the coming year as requested by Regeneration, Culture and Environment Overview & Scrutiny in December 2022.

2. Actions to date

2.1. Building on the initial preparatory meetings CDP Mobilisation meetings have been held monthly since October 2023 and the following key decisions were agreed.

2.2. *CDP footprint agreed.* Each CDP should operate within geographical boundaries. It is recognised that not all partners operate with the same boundaries and, like many other areas in the South-East, Police force areas, probation and Integrated Care Boards (ICB) are shared between

more than one Local Authority. As treatment services are locally commissioned, the Director of Public Health has responsibility for the health of the population, local non-statutory partners are key to delivering interventions and to ensure adequate attention was placed on the needs of Medway, it was decided that Kent and Medway would have separate CDPs and a Medway CDP was established.

- 2.3. *Senior Responsible Owner (SRO) identified and agreed by partners.* The SRO is responsible for reporting the CDP activity and outcomes to the national Joint Combating Drugs Unit, who in turn report into the Home Office. Medway Director of Public Health, James Williams, is the Senior Responsible Owner (SRO).
- 2.4. *Terms of Reference have been agreed.* They set out the purpose and objectives of the CDP and will be updated as the partnership moves from mobilisation to business as usual.
- 2.5. *Joint Needs Assessment to be a 'living document'.* This will enable the document to be refreshed with quarterly addendums, 12 monthly reviews, and a full re-write every 3 years. At this early stage there remain some things that are unknown to the partnership, so it was felt that maximum flexibility should be maintained. The CDP will be agile and responsive to emerging trends and other information. The Strategic Action Plan will reflect this.
- 2.6. *Partnership and meeting frequency.* The CDP will meet Quarterly, and Task and Finish / Sub-groups will deliver against the Strategic Action Plan as needed. There has been good representation or engagement with the a broad range of Council departments, Kent Police, the Office of the Police and Crime Commissioner, NHS England (Health and Justice), prison treatment providers, community treatment providers, Integrated Care Board mental health commissioners and medicines optimisation, Strategic Housing, Medway Rough Sleepers Forum, Probation, OHID, criminal justice engagement and support (Liaison and Diversion / Reconnect), Medway Maritime Hospital, Youth Services, Violence Reduction Unit, and the Job Centre Plus.
- 2.7. *Governance.* Locally the CDP will report into Community Safety Partnership and Health and Wellbeing board for their information. Nationally the SRO will report to the national Joint Combating Drugs Unit, who in turn will report to the Home Office.
- 2.8. *Strategic Action Plan and Performance Framework.* These have been completed to first draft and circulated to partners for review. They will be published as version 1 at the end of January 2023.
- 2.9. *Dissemination and partner engagement.* A Medway Combating Drugs Partnership Conference and Workshop will be held in person in 2023. The aim is to disseminate the learning to as broad an audience as possible and to showcase some of the interventions alongside their

impact. It will also give the wider workforce and voluntary sector opportunity to highlight other issues that the CDP should be aware of and plan a coordinated response.

- 2.10. Good progress has been made and there are no milestones in the national guidance that are outstanding or overdue.

3. Key learning from the Joint Needs Assessment

- 3.1. Prescribed medicines and alcohol were highlighted as of concern alongside illicit drugs. The Joint Combating Drugs Unit (JCDU) and the Office for Health Improvement and Disparities (OHID) have both indicated that where alcohol is of a significant concern the JNA and Action Plan can include actions to reduce those harms. Some dependency forming medicines (Opioids and Gabapentinoids) are prescribed at higher than the expected rates, this presents a risk of dependency or diversion into the illicit market. The ICB Medicines Optimisation Team are aware of the differences between local and national prescribing rates for dependency forming medicines and are active members of the CDP.
- 3.2. Concern had been raised about the use of Nitrous Oxide, however at a national level the use of fuels (Butane and Propane) for psychoactive effect were more likely to result in death than other gasses.
- 3.3. Cannabis is the most used illicit substance, with an increase in herbal rather than other forms. There is a significant amount grown in the UK and some cultivation takes place in Medway.
- 3.4. Cocaine is the second most commonly used substance and out of 538 Drug Testing on Arrest there were 160 positive for cocaine and 88 positives for Cocaine and Opiates. Purity of cocaine has been increasing.
- 3.5. 5.9/1000 of the Medway population aged 15-64 use illicit opiates, but opioids were the most common primary drug of adults entering treatment services. This is indicative of the complexity surrounding those who use illicit opiates where dependency is often seen alongside other conditions such as homelessness, poor mental health and trauma.
- 3.6. Reported drug crime is lower in Medway (2.09 drug crimes/1,000 population) than the Kent average (2.25 drug crimes/1,000 population). In 2021 River, Chatham Central, Gillingham North and Gillingham South had the highest recorded drug crimes.
- 3.7. More harm is caused to health in Medway through alcohol than any other substance. Alcohol specific mortality is higher in Medway than the national average. Alcohol is responsible for other ill health and negative impacts on society. For this reason, the CDP will include alcohol as a substance of concern.

4. Activity planned for 2023/24

4.1. Mobilisation of the new adult substance use treatment and recovery contract. In January 2023 the Forward Trust was awarded the contract and will place an increased focus on 'taking services to where people are'. Supplementary Substance Misuse Treatment and Recovery Grant funding from OHID will be used to increase outreach, harm reduction, treatment and collaborative working. The additional Rough Sleepers Drugs and Alcohol Treatment Grant will be used to increase treatment opportunities for people who are or are at risk of homelessness.

4.2. Prioritise actions on the Strategic Action Plan, agree ownership and form task and finish groups. Priorities will include:

- Pathways for people with a broad range of mental ill health and cognitive impairment who use substances will be reviewed. There have been pathways for people with substance use and enduring mental ill health but there appears to be gaps for people who do not meet or exceed thresholds for services. Pathways should be mapped, gaps identified and a systemwide response coordinated by the CDP. Particular attention will be paid to people who have experienced trauma, brain injury or other cognitive impairment.
- Increasing continuity of care between custody, prisons and community. There are an increasing number of schemes in place to engage with people transitioning from the criminal justice system to community settings. While continuity of care between prisons and community providers have historically been good in Medway, the new national targets will be a stretch. The CDP will work to ensure people are given high levels of continuous care.
- Monitor young persons and adult treatment services as one system. Although delivered as part of two contracts the monitoring should be done as a single system and transition pathways should be strengthened.
- Young people and other vulnerable adults are at risk of being drawn into crime associated with drug production and distribution. The CDP will reduce this risk by increasing awareness of, and investigation into contextual safeguarding concerns.
- Research to understand why some people in Medway use drugs (particularly cannabis and cocaine). This will help establish a baseline to achieve a generational shift in the demand for drugs and enable current interventions and gaps to be mapped on a behaviour change model. Demand is based on people's attitudes toward substance use, while possession and use of some substances are unlawful there appears to be an acceptability of their use across sections of society. By understanding people's attitudes and

appropriately addressing the drivers behind demand, a sustained change and generational shift are more likely to be achieved.

- 4.3. Updates will be given to the CSP where the CDP is a standing agenda item.
- 4.4. The first Annual report from the Medway CDP to the national Joint Combating Drugs Unit is due in April 2023. The SRO has yet to be informed of the format that the JCDU require.
- 4.5. Medway are in a strong position to meet the remaining milestones in the guidance for local delivery Partners.

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