



Suffolk Combating Drugs Partnership (CDP) Progress Report October 2024

1. Context

The 10-year drug strategy “From Harm to Hope” was published in December 2021 in response to the recommendations from the Independent Review of Drugs led by Dame Carol Black. There is a requirement for each local area to have a strong partnership that brings together all the relevant organisations to progress the ambitions set out in the strategy. Drugs is a cross-cutting issue and partners, across the 3 priorities of the strategy (supply, demand, treatment/recovery, prevention) are required to work together at a local level. The Combating Drugs Partnership (CDP) is required to provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on local context and need.

2. Suffolk CDP

Representation on the Suffolk CDP includes strategic leads from Adult Social Care services, Children and Young People’s services, Drug and Alcohol services, Housing from District and Borough Councils, Integrated Care Boards, Lowestoft Rising, Office of the Police and Crime Commissioner, Norfolk and Suffolk Foundation Trust, Prisons, Probation Service, Public Health and Communities, Suffolk Constabulary, and Youth Justice. The Senior Responsible Owner is the Director of Public Health. The footprint of the partnership is the county of Suffolk which incorporates 2 ICBs (Suffolk and North-East Essex ICB and Norfolk and Waveney ICB).

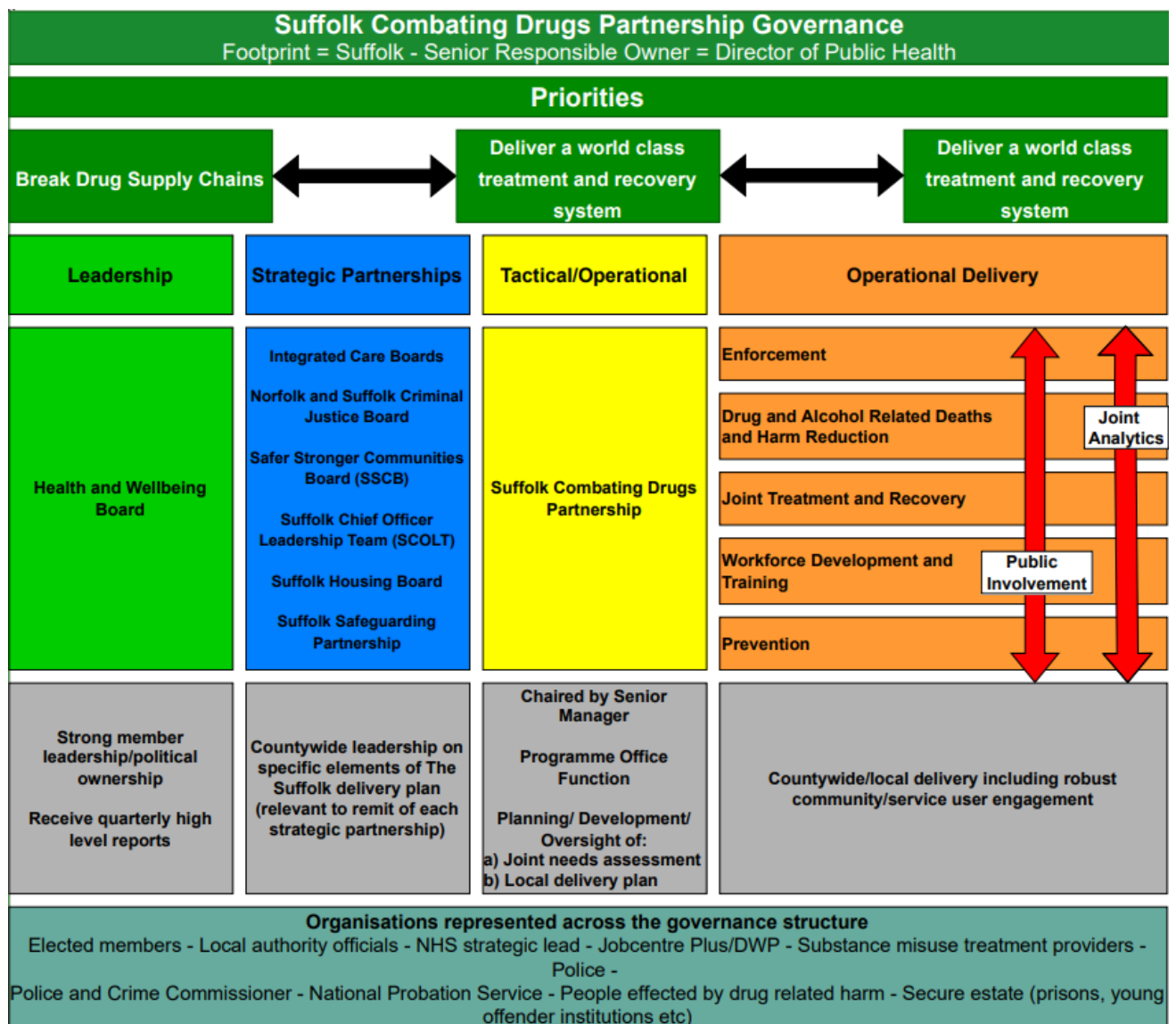
The scope of the CDP is described in the terms of reference:

1. Using shared knowledge and intelligence to:
 - understand our local population in terms of need and demand
 - identify inequalities at place or group
 - monitor impact of action.
2. Ensure comprehensive partnership representation in the development of a local drugs strategy delivery plan, giving strategic direction to implementation, informed by findings and recommendations of health needs assessments and drug market profiles.
3. Act as a coordination point for members to bring information from the agreed strategic groups to the Partnership to inform decision making and action planning.
4. For members to communicate back to the agreed strategic groups the work of this Partnership for ratification and inclusion in their plans.
5. Monitor the delivery of work happening around substance use in the county (for example dual diagnosis, criminal justice).



6. Communicate to appropriate wider system partners to ensure awareness and regular input into the various substance use workstreams and initiatives including the drug strategy work.
7. Make decisions and provide support regarding the use of organisational assets and sharing of good practice.
8. Create a joint workplan to inform partnership working, with stakeholders and the community, through a shared understanding of needs.
9. To embed stakeholder engagement and co-production with service users and public in all aspects of planning and delivery.

The governance for this work is shown in the diagram below. It builds on existing structures to embed and take forward the objectives of the drug strategy.



3. Summary of the drugs (and alcohol) landscape in Suffolk

Needs assessments in the forms of the Suffolk Drug Market Profile and Suffolk Drug and Alcohol Health Needs Assessment were completed in early 2022. These inform the local drugs strategy delivery plan.

The Suffolk Drug and Alcohol Health Needs Assessment (2022) reports:

- a. Drug prevalence estimates (last updated March 2019 for period between 2016/17) indicated that Suffolk had lower prevalence rates compared to national and regional rates.
- b. Alcohol prevalence estimates (last updated November 2018 for period between 2016/17) indicated no statistically significant difference between Suffolk and England for alcohol dependence.
- c. In 2019/20 and 2020/21, an estimated 58% and 53% respectively of opiate and/or crack cocaine users in Suffolk were not accessing treatment services.
- d. In 2018/19, there was an estimated 6,811 alcohol-dependant residents in Suffolk that were not accessing treatment services. This represents an unmet need of 89%, with an estimated 11% of alcohol-dependant residents accessing treatment. There was a slight reduction in unmet need of 83% and 17% accessing treatment for alcohol in 2020/21.
- e. In 2021/22, 3892 new substance use referrals were made to Suffolk treatment service of which 1464 (37.6%) were converted into treatment. When broken down into drug groups, 40% of all alcohol referrals, 11.7% opiates referrals, 18% of non-opiates only referrals and 16.3% of alcohol and non-opiates referrals were converted to structured treatment.
- f. In 2019/20 2,345 (and 2601 in 2021/22) adults received structured treatment in Suffolk. Of those, opiate use 48%, alcohol use 31% (alcohol used by 49% of service users), cannabis use 20%, club drugs and new psychoactive substances 2%. There was a slight increase in numbers of adults (n=2545) receiving structured treatment with similar percentage to those in the 2020/21 financial year across all drug groups including alcohol.
- g. In 2019/20, 72% (n=518) drug users and 73% (n=319) with alcohol use were identified as having a mental health treatment need. This is significantly higher than England (58% and 60% respectively).
- h. There were 130 young people in treatment during 2019/20. 2017/18 presented the lowest number in treatment (n=85) in the last decade. Although in the last 3 years (+45 from 2017/18 to 2019/20) there has been a slight increase in the number of young people in treatment, this remains reasonably low and continues to decrease with approximately 69 young people recorded in treatment in 2021/22.
- i. Since Covid there has been a decrease in young people being referred to Suffolk treatment service. Although referrals are increasing, numbers remain below pre-covid levels. There was a total of 313 young people referred in 2019/20 and 118 and 139 in 2020/21 and 2021/22 respectively.



- j. Young people's referrals converted into structured treatment has seen a slight decrease over the years with a slight increase in 2020/21 (41%, 44% and 37% in 2019/21, 2020/21 and 2021/22 respectively). Covid pandemic, perception of drug use and its risks (i.e., young people not viewing their substance use as problematic) and lack of engagement from both agencies and young people have led to this decrease.

4. Addressing drugs (and alcohol) caused harms

Suffolk CDP Local Delivery Plan reflects our approach to addressing drugs-caused harm based on local context and need.

Ambitions relating to pillar 1 and 3 of the drug strategy are incorporated into the existing work of the Safer, Stronger Communities Board (SSCB) and related workstreams (such as criminal exploitation). This includes:

- Establishing relationships with the Prison Group Directors Office and building a picture of current practice in restricting supply into prisons and identifying actions to 'rid our prisons of drugs'.
- Criminal Exploitation Programme of the SSCB:
 - 4 out of the 5 of the pillar 1 objectives in local delivery plan have been incorporated to the Criminal Exploitation Leads action plans.
 - 2021-2024: £1.4m investment – system wide work programme including the development of Criminal Exploitation Hubs in Ipswich, Bury St Edmunds and Lowestoft.
 - Removal of county lines, arrests for drugs offences and seizure of drugs.
 - System wide training/Workforce Development Programme – to public sector, VCSEs across Suffolk.
 - Vulnerability Assessment Tracker and Multi Agency Criminal Exploitation Panels (MACE) developed to support vulnerable children and adults – open to referrals up to the age of 24 years.
- Work is also underway to drive improvements in whole system response to supporting families that have parental substance use, using learning from case reviews.

Suffolk has utilised both strategic requirements (in the form of the Drug Strategy) and additional resources to drive improvements in treatment and recovery (pillar 2). This has resulted in:

- Continuing criminal justice focus reflected in workers in custody suites, courts, prisons – pathways, integration, co-commissioning, co-location;
- Developing programme of harm reduction;
- Turning Point (drug and alcohol treatment service) workforce development:
 - Increasing capacity for more people coming into treatment – recruitment and retention;
 - Driving up quality – smaller caseloads, skilled staff;
 - Increasing skills and knowledge across wider system workforce;
- Developing inclusive communities for people in recovery.

In April 2024, the Home Office issued a letter to Senior Responsible Officers (SROs) of CDPs across England, highlighting the growing threat posed by synthetic opioids and detailing the initiatives undertaken by the HMG Synthetic Opioids Taskforce to mitigate this threat. Public Health Suffolk is aware of 1 confirmed death in Suffolk due to synthetic opioids since June 2023, as well as several reported non-fatal overdoses, suspected but



unconfirmed to be related, where individuals were successfully revived with the administration of naloxone.

The CDP has plans in place to manage the risk of synthetic opioids, using multi-agency working. These plans include (as per guidance) arrangements to:

- Prepare
- Monitor
- Treat
- Enforce

Work is continuing to ensure Suffolk’s response is robust. This includes:

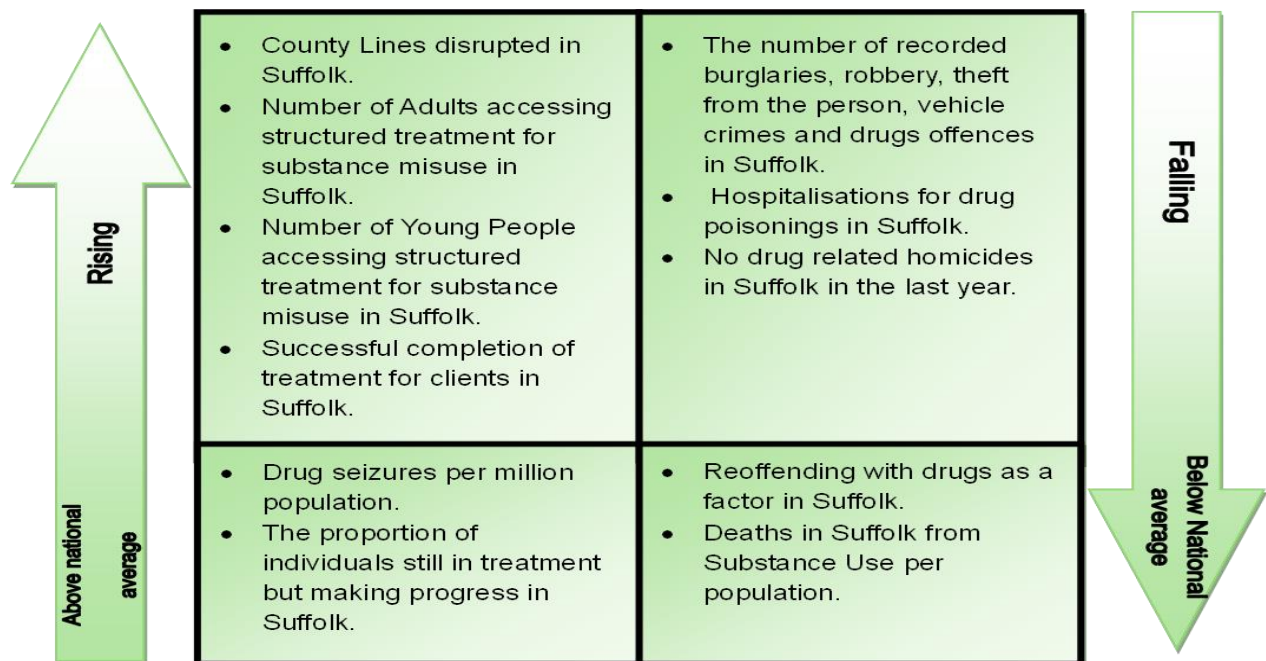
- Modernising and strengthening the existing Local Drug Intelligence System (LDIS) which releases drug alerts to key stakeholders;
- Improving intelligence, data and insight, gathering and sharing information across the Suffolk system on drug related deaths and overdoses;
- Introduction of drug related death real-time surveillance system;
- Increasing opportunities to extend naloxone provision.

The Suffolk Health and Wellbeing Board have been asked to support and facilitate the strengthening of Suffolk’s local approach to the threat of synthetic opioids, particularly stakeholders buy in to the LDIS system led by Public Health by:

- Supplying relevant intelligence of drug harm issues locally such as overdoses presenting in Emergency Departments, ambulance and police callouts.
- Dissemination of drug alerts, ensuring that messaging reaches front-line practitioners.

5. Progress of CDP delivery since its establishment

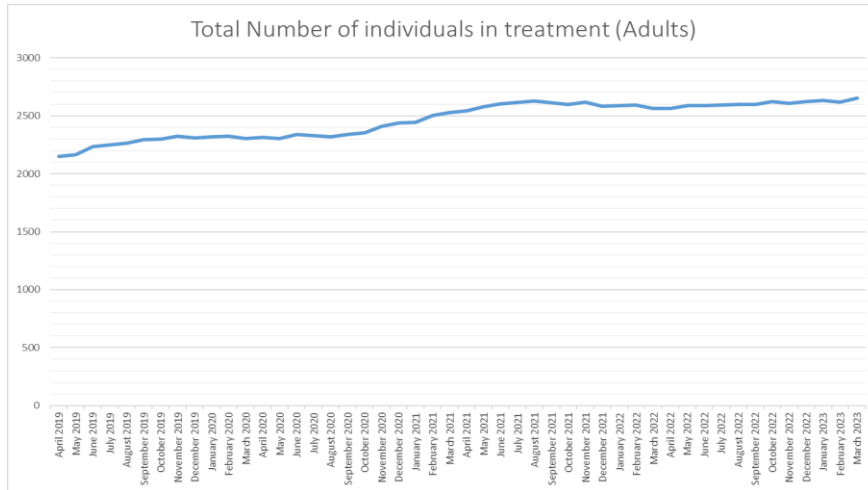
Suffolks CDP is required to organise and monitor outcomes of its work around a single set of metrics used nationally. The key messages from the Suffolk Local Outcomes Framework are described below (please note detailed metrics cannot be shared).





Overall Suffolk has seen an increase in the number of adults accessing structured treatment for drug (all types) and alcohol use. Figure 1 below shows a steady upward increase in the number of adults entering the drug and alcohol treatment service between April 2019 to March 2023. Data for 2024, not yet published, shows a continued increase in this trajectory.

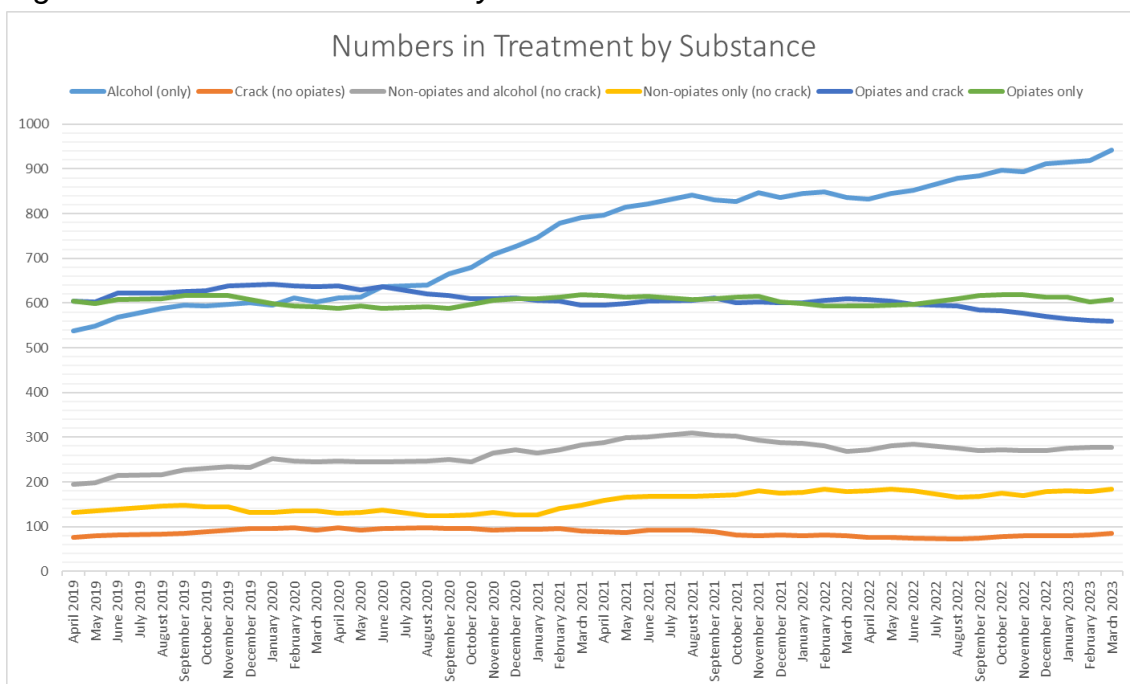
Figure 1: Total number of individuals in treatment for drug and alcohol use



Analysis of data for adults in treatment by drug and alcohol use show differences in presentation. Figure 2 shows:

- The highest increase in numbers in treatment is for those using alcohol only. This trend continues in 2024.
- There is a downward trajectory that continues in 2024 for those using opiates and opiates and crack.
- Whilst the graph below shows minimal change for non-opiate, crack and non-opiate and alcohol users, 2024 data shows that these numbers are increasing, mirroring the national picture.

Figure 2: Numbers in treatment by substance used





The Office of Health Improvement and Disparities (OHID) have set targets for the number of individuals in treatment by drug usage for each Local Authority area.

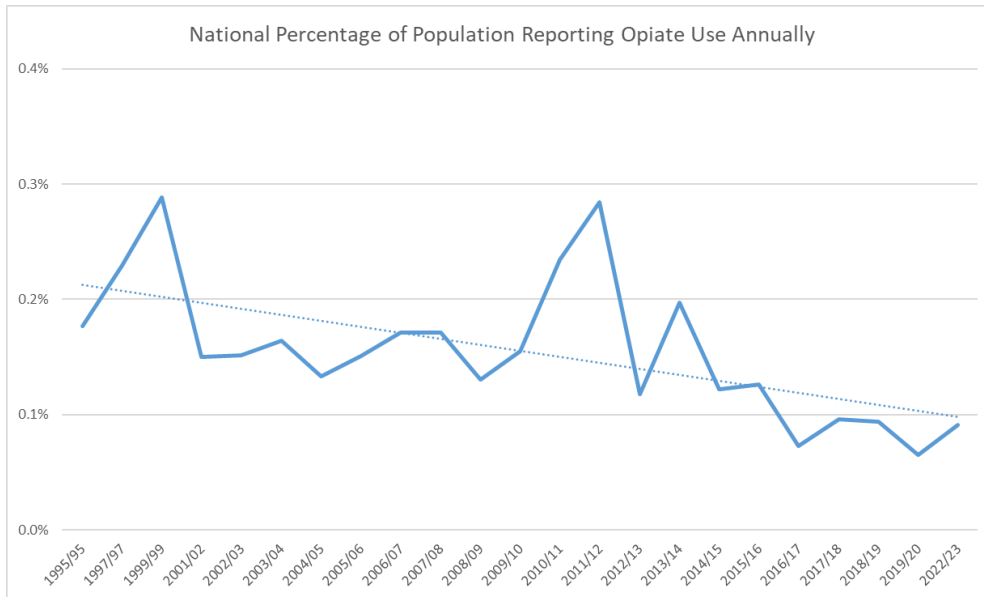
Suffolk is not currently meeting its target for the number of opiate users entering treatment. As a result, a Public Health led oversight group now meets monthly to better understand root causes, implement best practice and monitor progress. Actions to improve performance include:

- Input of CDP members to be more proactive in case-finding, engagement and retention in treatment.
- Deep dive into data to understand patterns of drug use, referrals and entry into treatment. This trend data is helpful in targeting finite resources to have greatest impact.
- Review of pathways between Turning Point and other providers to ensure that clients' transition into and across services is as seamless as possible, avoiding delays and removing barriers to entry into treatment.
- Use of funding from the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) to enable Turning Point to employ specialist Criminal Justice Recovery Workers co-located in Police Investigation Centres (PIC's), prisons, courts and probation spaces. This has enhanced treatment service capacity to undertake police and court custody assessments to improve pathways into treatment. Using 'reachable, teachable moments' when clients may be contemplating their lifestyle/situation is a good opportunity to encourage people to take up the offer of support.
- Increased outreach provision from the drug and alcohol treatment service that has a focus on opiate users to enable easier access to services where they are.
- Suffolk have used funding from the SSMTRG to pilot an initiative that tests the use of outreach with Adult Community Care Service Teams in Waveney who have reported seeing an increased in clients using drug and alcohol. The focus is on engagement, stabilisation and bringing people into treatment.
- In partnership with Turning Point, Suffolk Constabulary launched a Drug Testing on Arrest (DToA) Outreach Service. Criminal Justice Recovery Workers and a Special Constable visit and support vulnerable people in the community, offering harm minimisation advice and keeping them on the right road to recovery having previously been arrested and tested positive. However, due to changes to funding (reduction) coming down centrally through the police, from May 2024 this outreach stopped.
- Raising service profile across the systems - training health professionals on substance use and associated issues to enhance their confidence in conducting conversations and making appropriate referrals to the service.
- Allocated funding for lived experience input to inform and shape approach to engaging opiate users not in treatment.

In the course of our recent focus on opiate users, many Suffolk partners have reported changes in the drugs clients are using. Anecdotal local intelligence suggests a shift away from opiate use, with an increase in non-opiate substances such as ketamine and cocaine. Public Health is currently working with partners to gather evidence to support this observation. National data, shown in Figure 3 below, appears to support this trend.



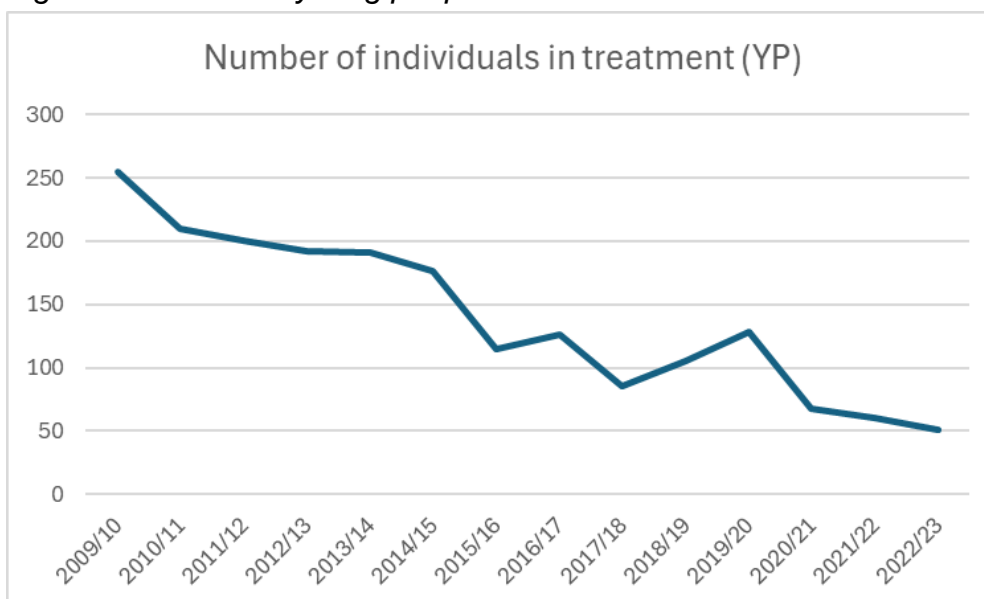
Figure 3: Population reporting opiate use



Despite regular communications, there remains a lack of awareness about drug and alcohol services and routes into treatment in some parts of the system. While certain pathways are functioning well, with improvements seen in areas like mental health and criminal justice, further engagement is needed. Public Health is currently working with Primary Care and Alliances to coordinate action. However, additional efforts are required with housing (including Registered Social Landlords), hospitals (Emergency Departments and inpatient wards), and the Ambulance Trust.

There have been recent improvements in bringing young people into treatment for substance use; however, Suffolk remains below the target set by OHID. The graph below illustrates a downward trend in the number of young people in treatment since the pandemic. Unpublished data for 2024 shows an increase in treatment numbers, coinciding with a new service offer from Turning Point and collaborative approaches across organizations. This marks the first year since the decline began that there has been a rise in young people reporting substance use.

Figure 4: number of young people in treatment





The Turning Point service offer for young people is:

- Outreach – going to where young people are;
- Focused on collaborating with partners, for example, mental health teams, Youth Justice Service, supported housing;
- Recognise that it may be better for the individual to support a lead professional rather than introducing yet another person in a team around a young person;
- Utilising opportunities to offer harm minimisation advice direct to the young person and through partners.

System partners support continuation of the improvement in numbers of young people accessing treatment through:

- Utilising opportunities to talk to young people about their substance use;
- Embedding approaches to substance use in policy and protocol documents;
- Work with Turning Point to develop pathways of care;
- Taking up training opportunities to develop workforce knowledge about substance use in young people.

6. How our local community is involved in the work of Suffolk CDP

An objective of the Suffolk CDP, guided by the recommendations of the drug strategy, is to ensure that the voices of those with lived experience are embedded in and shape the delivery and improvement of drug and alcohol services and whole system approaches to substance use.

The Suffolk Drug and Alcohol Health Needs Assessment (2022) included semi-structured interviews with substance misuse service users and covered 4 areas of interest:

- a. Situational awareness: understanding professionals' and service users' place within the substance use system and awareness of commissioned services;
- b. Perceptions of current services: understanding perceptions and experiences of Turning Point and wider substance use services in Suffolk;
- c. Understanding the Suffolk system: understanding current working practices at a system level, including challenges and opportunities;
- d. Hidden needs: exploring populations that are not served by current substance use services, including opportunities for engaging hidden populations.

Further engagement was conducted in late 2022 and early 2023 to inform the service specification for the new Suffolk Integrated Drug and Alcohol Treatment Service Procurement. This engagement was conducted via surveys promoted through treatment services and wider partner organisations, focus groups held across treatment services and one to one interview with participants of recovery projects.

To ensure continued input of lived experience, there is a requirement in the service specification for the new Suffolk Integrated Drug and Alcohol Treatment Service to use data, local intelligence and meaningful, representative public involvement to drive action. Turning Point, therefore, now have a Recovery and Co-Production Manager and a productive Peer Mentor programme. We have used the SSMTRG to increase this capacity by resourcing an additional 0.6 wte capacity for paid lived experience workers.



To strengthen the impact of lived experience into the work of the CDP, we are launching a lived experience initiative. This project will involve engaging with a range of individuals, including current and former service users, people who use substances but have never sought treatment, and those affected by substance use. The intention is to collaborate closely with system partners to ensure diverse perspectives.

This engagement work will focus on the following key areas:

- People using opiates not in treatment
- Continuity of Care: transitioning from prison to drug and alcohol services
- Co-occurring Conditions: mental health and substance use (dual diagnosis).

We aim to capture the views from the following specific cohorts:

- People who have been through treatment
 - People who are not currently in treatment but are using substances
 - People currently accessing services
 - Affected others
 - Frontline workers
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- The new provider will need to collaborate closely with Turning Point and system partners to ensure diverse perspectives and data collection.

We are currently in the process of procuring a provider to lead this engagement work, with the project anticipated to begin in January 2025.