

Blackpool Drug Harm Reduction Strategy Refresh

2023 - 2025

Blackpool Council



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1. Introduction

Blackpool has some of the most challenging health needs in the country, which places extreme demand on public services. Blackpool has the lowest life expectancies for both men and women of all upper tier local authorities. There are considerable differences in life expectancy within Blackpool. Men in the least deprived areas of the town can expect to live 13 years longer than men in the most deprived areas. Similarly, for women this difference is 7 years. Not only do people in Blackpool live shorter lives, but also spend a smaller proportion of their lifespan in good health. Substance misuse and related problems play a significant part in maintaining this differential.

This strategy has been developed by the Combating Drugs and Alcohol Partnership Board in conjunction with the Health and Wellbeing Board and B Safe, the Community Safety Partnership for Blackpool.

This strategy is focussed on the prevention and support for people for whom drugs play a **significant and impactful** role in their lives – damaging their health and contributing to a culture within the town which is contrary to the aim to build resilient communities and increasing levels of good health and wellbeing. When drug use is dominant in a person's life, it rarely happens in isolation and is often intertwined with a range of mental health and social problems, including: mental health; domestic abuse; child abuse; loss; trauma; housing needs and offending. In Blackpool, we recognise that people with socially harmful drug misuse are victims who need support, as are their families and communities who experience the impact of their misuse and consequential behaviours.

2. Our Vision

The overall aim of Blackpool's approach is to reduce drug-related deaths and the harmful impact of drugs by:

Reducing the availability of illegal drugs;

Reducing the prevalence of and risks associated with drug misuse including recreational drug use;

Increasing the numbers of people in effective drug treatment;

Building resilience by creating a supportive environment for affected individuals, families and communities to enable them to rebuild their lives.

The work we and our providers have done with people impacted by drug misuse tells us that we need more integrated and holistic care for people who use drugs and experience multiple complex needs.

Our objective is to ensure people receive a more integrated response to prevention and treatment, not only for those use drugs but also for carers and families, particularly in cases where drugs impair a family's ability to keep their children safe.

Too many people in Blackpool are hospitalised and/or die as a result of drug dependency and too many families are affected by drug misuse, with high rates of children living in families where parental capacity is impaired by drug dependency. Too many people, individuals and businesses, become the victims of crime because of drug related offences.

3. What are the Issues? The National Context

Nationally following phase two of [Dame Carol Black's review of drugs](#) in 2021, the UK Government released [From Harm to Hope: A 10-year drugs plan to cut crime and save lives](#). The plan focuses on three strategic priorities:

- Breaking supply chains - focused on preventing drug supply and disrupting gang operations;
- Delivering a world-class treatment and recovery system - rebuilding local authority treatment and recovery services, ensuring service integration, improving access, developing the workforce and improving criminal justice pathways;
- Achieving a generational shift in demand for drugs - changing attitudes in society around the acceptability of drug use, applying tougher consequences and delivering prevention and early intervention.

By 2024-25, the UK Government aims to prevent nearly 1,000 deaths and provide at least 54,500 new treatment places, as well as targets to prevent crimes, disrupt organised crime activity and seize criminal assets.

Since the release of the strategy the Government has issued further [guidance for local delivery partners](#), including the publication of a National Combating Drugs Outcomes Framework and the establishment of local Combating Drugs Partnerships. The Combating Drugs Partnership will comprise of a range of local partners (including the Local Authority, Police, Probation Service and Integrated Care Board) and will be accountable for delivery against the National Combating Drugs Outcome Framework. In Blackpool, plans are in place to establish a Combating Drugs Partnership in 2022.

England's drug and alcohol treatment system has changed over the years, shaped by both shifting health policy and fiscal constraints. The past decade saw central government move commissioning responsibility to the local level while cutting local government funding in real terms with a 37% reduction under austerity measures.

Since the last Blackpool Strategy was published in 2020, Dame Carol Black's government-commissioned independent review; identified that the system was in distress and called for 'radical reform' of the leadership, funding and commissioning of services – and a £1.78 billion investment to fund services and rebuild the workforce. Government responded with a new national strategy - From Harm to Hope: a 10 year drug strategy. The strategy accepts all of Dame Carol's most important recommendations and, crucially, HM Treasury has agreed a major settlement, releasing more than £700 million over three years.

Blackpool was successful in applying to become an ADDER pilot area and therefore resources received in 22/23 and 23/24 will remain unchanged from 21/22. We will therefore need to make effective use of this resource to achieve the step change in outcomes required by the national strategy and our own ambitions.

The national strategy has an overall metric of reducing drug-related deaths and harms and requires work to achieve a better collaboration between drug and alcohol services, mental health and homelessness support. In addition it requires improvement in continuity between custody, prison and community.

A major focus of the national strategy is working with Health Education England to rebuild the workforce including replenishing local government's commissioning capacity; improving training pathways for professional roles, such as addiction psychiatrists, psychologists and nurses; developing the current workforce to minimise further loss of staff; and recruit new entry-level practitioners.

To meet these challenges the government will commission Health Education England to develop a comprehensive strategy for those working in drug treatment services. This is welcomed locally, though timeliness is key, as workforce issues are a challenge in our area.

This strategy rightfully recognises the importance of weaving lived experience through the treatment infrastructure. The drug and alcohol field is very rich in lived experience-led initiatives, with family support groups, recovery communities, informal networks of activist drug users and routes into employment for peer mentors and recovery champions all playing their part. Dame Carol has recognised that authentic, 'contagious' recovery must play a key role alongside

evidence-based health interventions. This includes people with lived experience self-organising through projects such as the College of Lived Experience Recovery Organisations (CLERO) and the strategy and funding now provide an opportunity to develop new ways of working.

Finally, this strategy acknowledges that deep-seated stigma remains a barrier to engaging and supporting people who feel like society has given up on them. Stigma harms both people with drug and alcohol problems and their family members, prevents them asking for help and weakens the help that is provided. The use of positive language that prioritises the person, rather than the issue they struggle with, is an important step in combatting stigma, with much room for improvement in both media and policy discussion. It is also essential we move to an understanding of addiction as rooted in poverty, trauma and social exclusion to enable a sophisticated and compassionate response. It is also vital that any initiatives targeting recreational drug use, do not further stigmatise vulnerable people. There are welcome national initiatives already under way in the drug and alcohol field such as [‘Stigma Kills’](#) by the NHS Addictions Providers Alliance and we need to build on this locally.

4. What are the Issues? – The Blackpool Context

Blackpool is a large seaside town with a population of around 140 000. Mid 2018 population estimates illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at national level. Blackpool is the most deprived local authority in England and more than a quarter (28%) of children live in low income families. The health of the people in the town is generally worse than the England average and life expectancy is the lowest in the country for males and second lowest for females. Many of the causes of death relating to this low life expectancy are strongly related to lifestyle factors; for example heart disease, stroke, lung cancer and respiratory disease are strongly related to smoking. Alcohol consumption causes cirrhosis, liver and other digestive disease. Accidental poisoning, primarily linked to substance misuse and suicide features prominently, especially in males.

5. Progress to Date

The [Blackpool Drug Harm Reduction Strategy 2020-22](#) set out Blackpool's strategy to reduce the number of people who suffer harm, directly or indirectly, because of the prevalence of drug misuse in the town.

As part of the strategy's response to drug related deaths and non-fatal overdoses, an integrated real time surveillance programme has been introduced across Blackpool. Blackpool Council, Lancashire Constabulary, Horizon Drug Treatment Service and other partners work together to rapidly record and report drug related deaths and non-fatal overdoses, examining contributory factors that might prevent further harms. Lancashire Constabulary have also initiated a drug testing protocol whereby any substances seized at the site of suspected drug related deaths or non-fatal overdoses can be tested to support the local drug information and alert system.

This strategy outlines our local next steps to improve the health and wellbeing of our residents by having a whole life course approach to preventing and reducing drug harm including reducing drug related crime.

As an area with high levels of drug misuse and drug-related harm, Blackpool has been a pathfinder site for Project ADDER since 2021. Project ADDER is a joint Home Office and Department for Health and Social Care programme seeking to:

- reduce drug-related death;
- reduce drug-related offending;
- reduce the prevalence of drug use;
- deliver sustained and major disruption of high-harm criminals and networks involved in middle market drug / firearms supply and importation.

Blackpool has also been a pilot area with a Lancashire-wide programme called Changing Futures that aims to find new ways to support and empower those facing multiple disadvantage, to make life long changes to improve their personal outcomes.

The learning and outcomes from these two programmes have informed our service delivery model from April 2023.

COVID has had a significant impact on our ability to deliver the actions in the 2020 – 2022 strategy. However, it also accelerating some work in relation to developing and implementing specialist physical and mental health teams. Initiatives such as Everyone In ([Coronavirus: Support for rough sleepers \(England\) - House of Commons Library \(parliament.uk\)](#)) allowed us to outreach and make contact with people not in treatment to establish relationships and identify new ways of working. But the pandemic and its impact on the economy has also had negative impacts on substance misuse and particularly in the breakdown of previously established pathways between criminal justice and treatment. Our new approach to identifying people at risk of drug related death has

led to a multiagency response to support those individuals to stay safe. This has resulted in a recent reduction in drug related deaths.

6. What are the Statistics telling us about Drug use in Blackpool

Blackpool regularly undertakes its own needs assessments and analysis using local and national data. The most recent needs assessments can be found here ([Drug Misuse \(blackpooljsna.org.uk\)](http://blackpooljsna.org.uk)), providing a current picture, identifying gaps in information and service provision, enabling goal setting and measuring progress and impact.

Prevalence Estimates

It is not possible to measure the prevalence of drug use across the UK or Blackpool accurately. Prevalence estimates are generated from a range of sources in order to gain a general understanding of patterns of use nationally, regionally and locally.

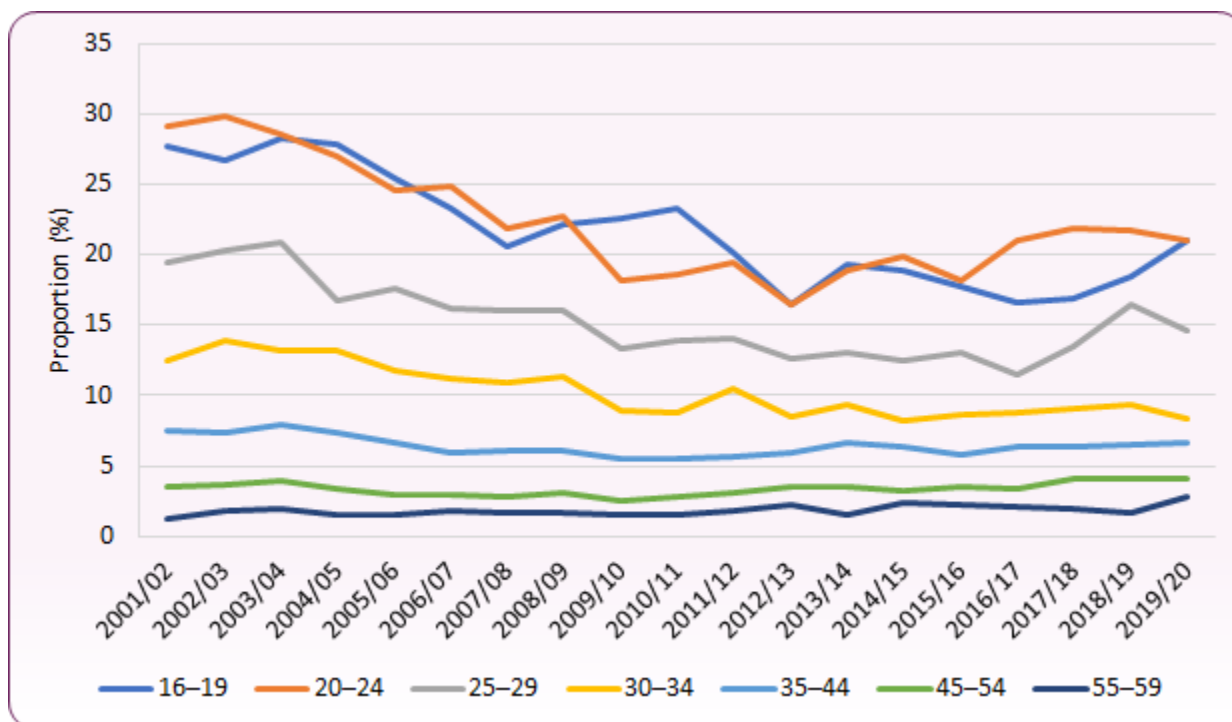
The ONS Crime Survey for England and Wales (CSEW) is the primary means of estimating drug use prevalence. The 2020 survey (ending March 2020)² found that:

- An estimated 3.2 million (9.4%) adults aged 16 to 59 had taken an illicit drug in the previous year;
- Adult men were nearly twice as likely as women to have reported using a drug in the last year
- Reported drug use was highest among those in a low income households;
- 21% of adults aged 16 to 24 had taken a drug in the previous year;
- 2.1% of adults aged 16 to 59 and 4.3% of adults aged 16 to 24 were classed as “frequent” drug users (taking a drug more than once a month in the previous year);
- Cannabis is the most commonly used drug, with 7.8% of 16 to 59s and 18.7% of 16 to 24s using the drug in the previous year;
- Powdered cocaine was the second most commonly used drug among 16 to 59s (2.6%), whilst nitrous oxide was the second most commonly used drug among 16 to 25s (8.7%).

Drug use prevalence varies by age group, with younger age groups having higher levels of overall drug use prevalence - any illicit substance (Figure 1). Whilst drug use prevalence among over 30s has remained relatively stable following declines between 2001/02 and 2012/13, estimated use among under 30s has risen over the past ten years. This appears to be primarily due to increases in cannabis and powdered cocaine use. Estimated cannabis prevalence among 20 to 24 year olds increased from 13% in 2012/13 to 18.3% in 2019/20, and estimated powdered cocaine prevalence

rose from 3.7% to 6.1% over the same period (though has reduced from 8% over the last two years). Research is underway, funded by NIHR to look at ways to intervene to reduce recreational drug use particularly of cannabis and powdered cocaine. The results of this research must inform our future local strategy.

Figure 1: CSEW Estimated Drug Prevalence by Age Group, England and Wales 2001/02 to 2019/20



Source: Office for National Statistics, Drug Misuse Appendix Tables: Finding from the year ending March 2020 Crime Survey for England and Wales.

Drug Related Deaths

Drug misuse is a significant cause of premature mortality in the UK as well as in Blackpool, and drug related deaths in England and Wales have been on an upward trend over the past decade. This is driven primarily by deaths involving opiates, though also from increases in deaths involving other substances such as cocaine.

Deaths from drug misuse are recorded where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death certificate and the cause of death is related to poisoning by drugs, assault by drugs or mental disorders related to volatile substances.

In 2021, 4,859 deaths relating to drug poisoning were registered in England and Wales (84.4 deaths per million population), a 6.2% increase on 2020 figures. 63% (3,275) of these deaths were

related to drug misuse (54.1 per million population). The male drug poisoning death rate of 115.1 per million is over twice the female rate of 54.1 per million.

Almost half (45.7%, 2,219 deaths) of all drug poisoning deaths in England and Wales involved an opiate, though deaths involving cocaine have also risen significantly over the last 10 years (840 deaths in 2021 compared to 144 in 2010). The number of deaths involving methadone (a drug used in opioid substitution treatment) also increased from 367 in 2017 to 663 in 2021.

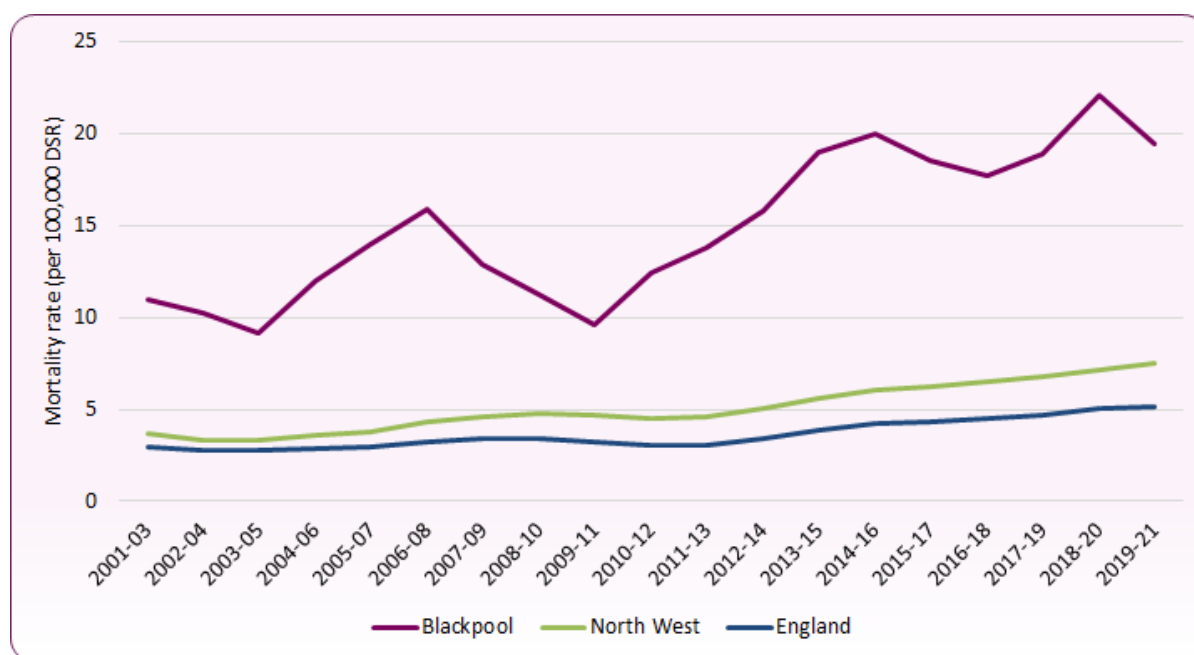
Poly-drug use combinations are a concern: there has been an increasing number of deaths involving benzodiazepines, pregabalin, gabapentin and zopiclone, with 93.5% of these deaths mentioning other drugs, some of them prescribed medication. These drugs are often taken alongside other substances (particularly opiates) and increase the risk of overdose. Pregabalin, for example, can be prescribed but can also be obtained illicitly, and can lower the tolerance to heroin. Risk of misuse should be considered when prescribing through primary care.

The increase in deaths involving opiates is set against a decreasing number of new heroin and morphine users. Possible explanations of this include:

- an ageing cohort of people who use opiates, having increasing co-morbidities/poor general health and being more susceptible to fatal overdose;
- new trends in poly-drug use alongside heroin or morphine increasing overdose risk (gabapentinoids and benzodiazepines);
- Dis-engagement or non-compliance with opiate substitute therapy.

Blackpool has the highest rate of deaths from drug misuse in the country, with 76 deaths between 2019 and 2021 at a rate of 19.4 per 100,000 population (directly standardised rate). The overall rate for England is 5.1 deaths per 100,000 (Figure 2). Whilst national and regional rates increased for the COVID-19 affected three year period 2019 to 2021, Blackpool's rate fell from 22.1 per 100,000 in the 2018 to 2020 period. This was due to the number of deaths to drug misuse reducing from 28 or 29 each year between 2018 and 2020 to 18 in 2021.

Figure 2: Deaths from Drug Misuse, Blackpool, North West and England, 2001-03 to 2019-21 (rate per 100,000 population)



Source: Office for National Statistics (ONS) *Deaths related to drug poisoning in England and Wales: 2021 registrations*/OHID Public Health Profiles. Missing values indicate numbers too low for disclosure/calculation.

The Blackpool drug related death rate for men between 2019 and 2021 was 28.44 per 100,000, the second highest in the country (after Middlesbrough). The female rate of 15.86 per 100,000 is the highest in the country. Both male and female rates have more than doubled since 2009-11 (Figure 3). The new real time surveillance system suggests that some progress is being seen in reducing drug related deaths but overall numbers are relatively small and therefore conclusions cannot yet be drawn over a short timeframe.

Work therefore needs to continue to reduce drug overdoses, reduce the prescribing and availability of gabapentoids etc, and improve the health of the drug using population so they do not die early of treatable conditions.

Drug Misuse and Mental Health

Mental health problems are experienced by around 70% of drug users in community substance misuse treatment, with death by suicide also common. Those with co-occurring mental health and drug misuse issues are at higher risk of relapse (both in terms of substance misuse and mental health), can experience barriers to accessing services, and often have wider health and social needs. Tackling co-occurring severe mental health problems and drug use (sometimes referred to

as 'dual diagnosis') can be complex, and requires a strong therapeutic alliance and collaborative delivery of care between drug treatment and mental health services.

Data from the National Drug Treatment Monitoring System suggested that 23.5% of new presentations to the drug treatment service in Blackpool during 2016-17 had concurrent contact with mental health services. This was similar to the national level of 24.3%. In 2020-21 the treatment services identified that 63% of those entering drug treatment in Blackpool were identified as having mental health treatment needs, the same proportion as in England. The proportion was higher in female new presentations (73% in Blackpool compared to 69% in England).

In 2019-20 there were approximately 35 hospital admissions in Blackpool where the primary reason for admission was a drug-related mental and behavioural disorder. Blackpool's hospital admission rate was 30 admissions per 100,000, compared to an England rate of 12.5 per 100,000. This was the 9th highest rate among Local Authorities in England. 2018-19 and 2019-20 rates were the lowest for seven years, and half the 2017-18 rate of 61 admissions per 100,000 population (80 people).

In addition to the primary reason for admission (above), hospitals collect secondary diagnosis information, where a drug-related mental and behavioural disorder was not necessarily the main reason why a patient was admitted to hospital, but was relevant to the patient's care. In Blackpool during 2019-20 there were 720 hospital admissions where drug-related mental and behavioural disorders were either the primary reason for admission or were a factor in treatment/care. This equates to a crude rate of 569 admissions per 100,000 population, compared to 180.5 per 100,000 across England. The Blackpool rate is the second highest in the country and has been rising steadily since 2015-16.

Therefore, consideration needs to be given as to why Blackpool has the same estimated rate of dual diagnosis as England, that hospital admission rates are so high. This suggests that mental health needs are not being identified and the prevalence is consequently higher or that treatment of mental health conditions is less effective resulting in more hospital admissions.

Parental Substance Misuse

Parental substance misuse is a significant public health concern. The 2003 'Hidden Harm' report by the Advisory Council on the Misuse of Drugs (ACMD) estimated that there were between 200,000 and 300,000 children in England and Wales where one or both parents had serious drug

problems. Parental drug misuse can compromise children's health and development from conception onwards, though the risks of harm may be reduced through treatment and support for the affected adult, and by the presence of at least one other consistent parent or carer, a stable home with adequate finances, maintenance of family routines and activities, and regular attendance at a supportive school¹¹.

Based on data from the National Drug Treatment Monitoring Service (NDTMS), there were an estimated 514 opiate dependent adults living in Blackpool with children in 2014-15, at a rate of 6 per 1,000 population.

In 2021 19.9% (560) of all Blackpool's Children in Need assessment episodes identified drug misuse by the parent as a factor. Nationally, 15.5% of assessments identified parental drug misuse as a factor in Children in Need episodes.

22.4% of the 1,250 people in drug treatment in Blackpool in 2020-21 were living with children. There were approximately 220 parents who were living with their own children, with around 185 of those receiving treatment for opiate use. A further 310 of those in treatment were parents who were not living with their children (245 opiate users), and 60 (55 opiate users) were not a parent but were living in a property with children present. The proportion of opiate users in treatment who were living with children is similar to national levels. It is key that our services, promote long acting reversible contraception, support drug users in their parenting role whilst safeguarding children.

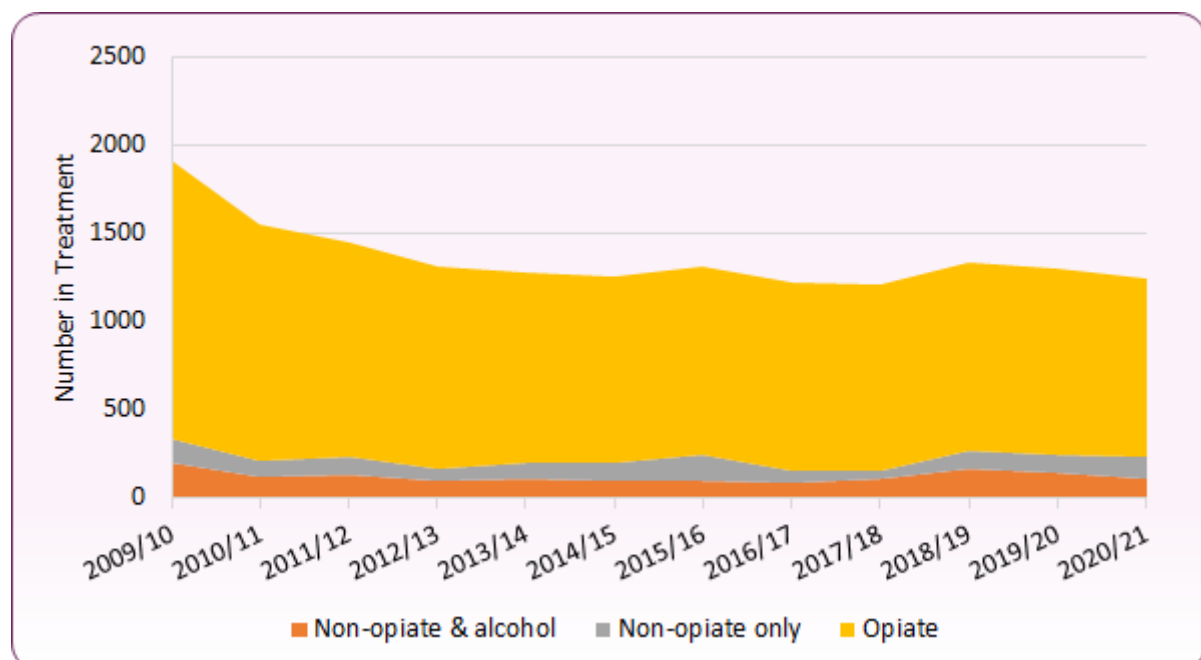
Figure 3: Proportion of drug treatment clients in each family category, Blackpool and England

2020/21

Family Category	All in Treatment	
	Blackpool	England
Parent living with children	18%	19%
Other child contact - living with children	5%	5%
Parent not living with children	25%	29%
Not a parent and not in contact with children	53%	46%

Source: NDTMS. Note: NDTMS numerical data is rounded to the nearest 5 to prevent patient identification. Proportions are rounded to nearest whole percentage point, and as a result may not total 100%

Figure 4: Numbers in Drug Treatment by Substance Type, Blackpool 2009/10 to 2020/21



Source: NDTMS

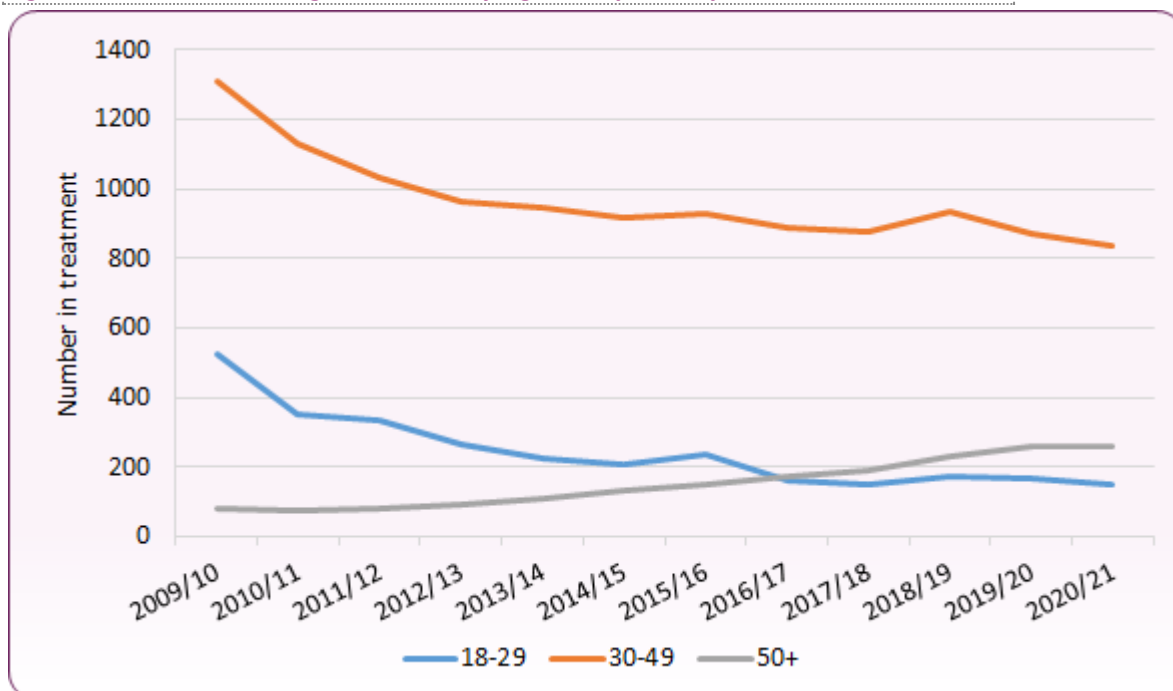
Numbers in Treatment

Blackpool has around 2.5 times the rate of people in drug treatment than the national average. In 2020/21 the crude rate of those in drug treatment (excluding treatment for alcohol only) was 1,142 per 100,000 adult population, compared to 448 per 100,000 nationally. The crude rate of those in treatment for opiate use was 924 per 100,000, almost three times the England rate of 317 per 100,000.

Two-thirds (66.7%) of those in drug treatment are male, compared to 71.4% nationally. Blackpool has a higher proportion of female opiate users within treatment (33.1%) than the national average (27.6%). These proportions have remained relatively stable over the past ten years.

67% of those in drug treatment are aged between 30 and 49 years. Whilst the overall number of 18 to 49 year olds in treatment has been reducing, the number of those aged over 50 increased from 80 in 2009-10 to 260 in 2020-21, and over 50s now account for 20.7% of the Blackpool treatment population (Figure 5). This increase is primarily due to an ageing opiate user population across the country, with the number of opiate users aged 50+ in treatment in Blackpool increasing from 60 in 2009-10 to 240 in 2020-21. The ageing opiate user cohort tend to have more complex needs due to deteriorating physical and mental health, difficulties navigating health and care systems, and stigma associated with substance user.

Figure 5: Numbers in Drug Treatment by Age Group, Blackpool 2009/10 to 2020/21



Source: NDTMS

In contrast, 59% (n=75) of non-opiate only users (non opiate users without alcohol concerns) in treatment were aged between 18 and 29 years, compared to 46% nationally (Figure 6).

Figure 6: Proportion of drug users in treatment by age, Blackpool and England

	Blackpool			England		
	18-29	30-49	50+	18-29	30-49	50+
All In drug treatment	12.1%	67.2%	20.7%	16.0%	65.8%	18.2%
Non-opiate and alcohol	29.2%	59.3%	11.5%	31.2%	57.8%	11.0%
Non-opiate only	59.3%	37.4%	3.3%	46.0%	47.7%	6.3%
Opiate	4.4%	71.7%	23.8%	6.9%	71.0%	22.1%

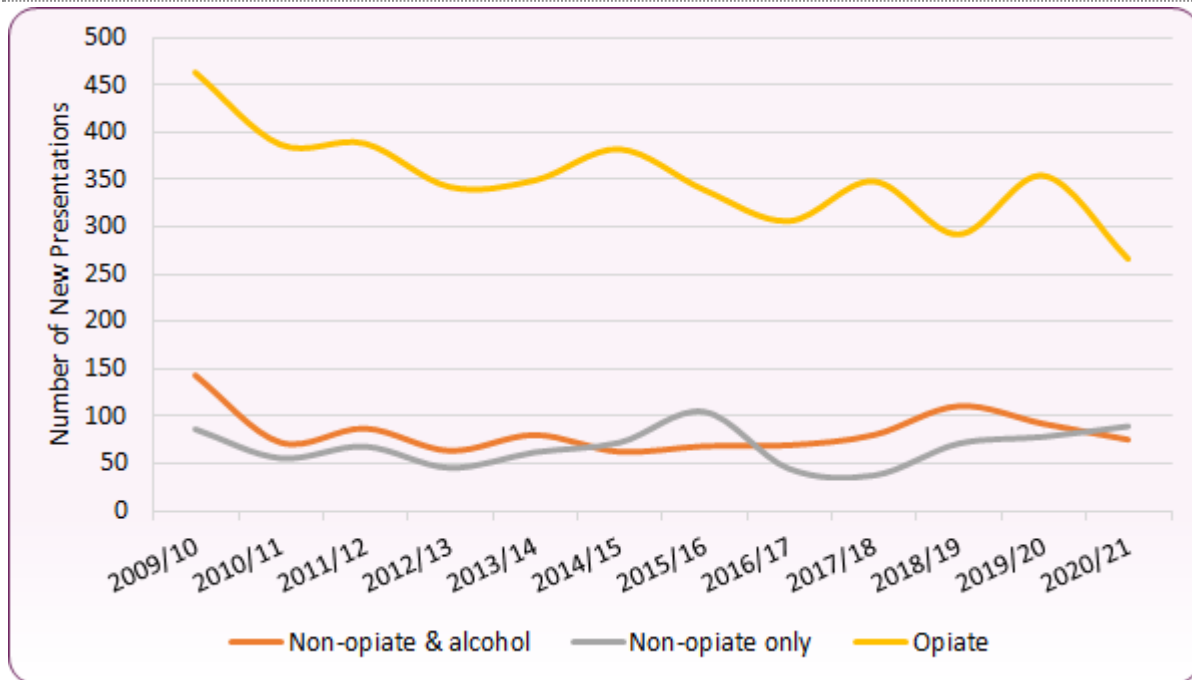
Source: NDTMS

The majority (58%) of those in drug treatment have been in treatment for less than two years. 28% (350 people) have been in treatment for four or more years (nationally 26%). All of these are opiate users, highlighting the complex nature of opiate treatment and recovery for many people. The number of those in long-term (4+ years) treatment in Blackpool rose from 280 in 2014-15 to 360 in 2019-20.

In 2020-21 there were 430 new presentations to the specialist service in Blackpool for drug-related problems. This is an 18% reduction from pre-COVID 2019-20.

68% of all new presentations to the service reported opiate and / or crack use, with 40% reporting both. 30% of all new presentations reported cannabis use, 26% alcohol use, 13% cocaine use and 10% use of benzodiazepines (14% of opiate users). Work is required to re establish pathways into treatment to ensure that people in need of treatment are able to access it quickly.

Figure 7: New Presentations to Specialist Drug Service by Drug Type, Blackpool 2009/10 to 2020/21



Source: NDTMS

As with the overall treatment population, around two-thirds (67.7%) of new presentations were male. 67.5% were among those aged 30 to 49 years, 22.4% among those aged 18 to 29 years, and 10.2% among 50s and over. 78% of those presenting in the 50+ age group were male.

23% of all new presentations reported a housing problem, with 5.1% reporting an urgent problem. Among opiate users 29.6% reported a housing problem, with 7.9% reporting an urgent problem. This is similar to national levels of reported housing need for the treatment population, though the proportion reporting urgent need is lower in Blackpool.

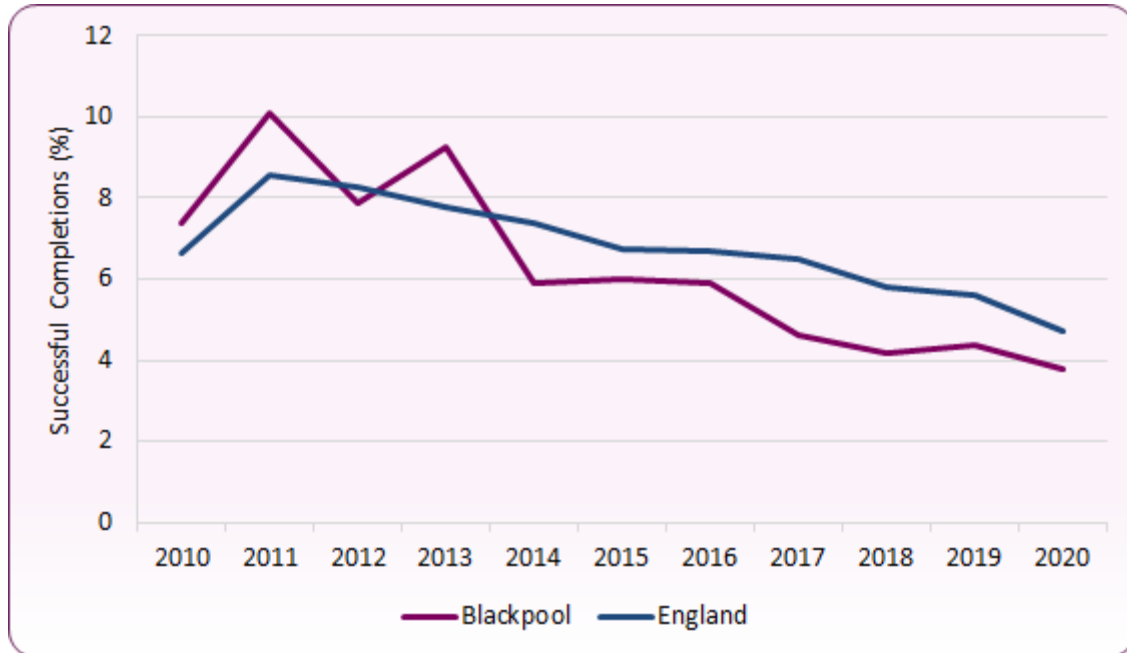
Two thirds (66.6%) of those presenting to the specialist drug service in 2020-21 were unemployed or economically inactive, whilst 19.9% were registered as long-term sick or disabled. Only 12.5% of new presentations were in regular employment, compared to 22.4% of new presentations nationally. A major focus of the new treatment pathway has been to embed the IPS model of employment support into the treatment journey so that treatment is more effective and that people gain employment as part of their recovery.

Treatment Outcomes

The OHID Public Health Outcomes Framework measures a 'successful completion' of treatment as those adults successfully completing and not re-presenting within 6 months as a proportion of the overall number in treatment for that type of substance.

For opiate users, the percentage of successful completions has been reducing since 2013 (Figure 8). Blackpool's completion percentage of 3.8% in 2020 remains lower than the national average of 4.7%. A steeper decline in 2020 may be due to the impact of COVID-19 on services and treatment¹⁴.

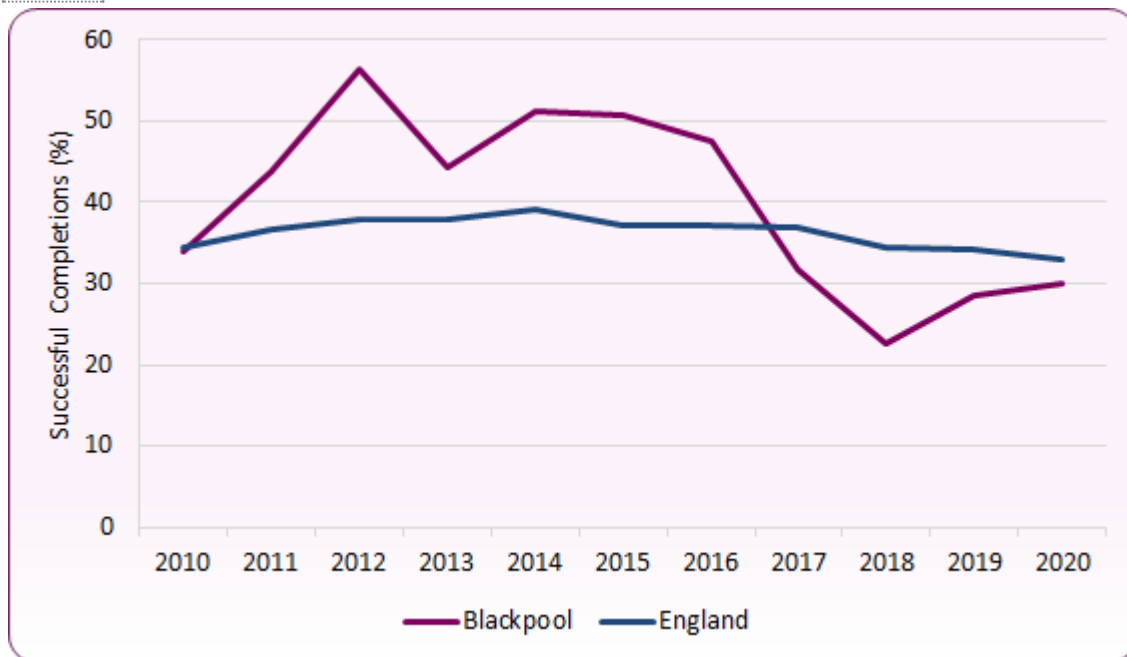
Figure 8: Successful Completion of Drug Treatment: Opiate Users, Blackpool and England 2010-20



Source: OHID Public Health Outcomes / NDTMS

For non-opiate users the percentage of successful completions is significantly higher, in part due to the differences in treatment length between opiate and non-opiate users. In Blackpool in 2020 30% of non-opiate users successfully completed treatment, compared to 33% across England. Blackpool's non-opiate completion percentage fell sharply between 2016 and 2018, before improving in 2019 and 2020 (Figure 9).

Figure 9: Successful Completion of Drug Treatment: Non-Opiate Users, Blackpool and England 2010-20



Source: OHID Public Health Outcomes / NDTMS

In 2020-21, 330 people exited the specialist drug service in Blackpool. Of those, 36.6% successfully completed treatment, compared to 42.2% nationally. This proportion varies by type of substance, with 23.2% of opiate users exiting the services successfully completing treatment (24.7% nationally) compared to 56% of non-opiate users (57% nationally), and 50.7% of non-opiate users with alcohol use (54.6% nationally).

31.1% of those exiting the service dropped out of treatment (compared to 35.4% nationally), 17.8% transferred to another service inside or outside custody (compared to 15.1% nationally). 8.8% of treatment 'exits' died (compared to 4.1% nationally).

Nationally, the proportion of deaths among the total treatment population (including alcohol) increased from 1.1% to 1.4%, the largest increase since data collection commenced. 2% of Blackpool's drug treatment population (including alcohol) died in 2020-21 (2.3% of the drug treatment population excluding those in treatment for alcohol only). This was a similar level to 2019-20 but an increase from 1.2% in 2015-16.

Work is required to return successful completion of treatment indicators to rates seen before 2016 through enhanced keywork and wrap around support targeting the wider determinants of an individual's health.

Crime Statistics

Police recorded drug offences may not be a reliable measure of overall drug prevalence since they take place within a specific legislative framework, are subject to particular policing strategies and resources (e.g. locally targeted initiatives), and may also reflect illicit drug use that is more detectable. Offence data can, however, offer an insight into the type of offences taking place locally and any emerging trends in substances in use.

Between April 2021 and March 2022, 44% of offences for possession of a controlled drug among over 25s in Blackpool were for cannabis, whilst 26% were for cocaine and 10% for heroin. This compares to 55% cannabis, 22% cocaine and 7% heroin across the wider Lancashire Constabulary area for the same period. 44% of all recorded drug offences in Blackpool were for possession (43% across Lancashire).

For possession with intent to supply offences, 26% involved cannabis, 25% heroin, 22% cocaine and 14% crack. Across Lancashire 29% of possession with intent to supply offences involved cocaine, 28% cannabis, 25% heroin and 9% crack. 20% of all recorded drug offences across both Blackpool and Lancashire were for possession with intent to supply.

Supplying, or offering to supply, a controlled substance comprised 23% of all drug offences in Blackpool during 2021/22, compared to 14% across Lancashire. 77% of these offences involved heroin, 28% crack and 21% cocaine. Across Lancashire 33% of supply offences involved cocaine, 29% heroin, 10% crack and 9% cannabis.

13% of drug offences in Blackpool during 2021/22 involved the production of, or being involved in production of, cannabis.

Between April 2021 and March 2022, 59% of offences for possession of a controlled drug among under 25s in Blackpool were for cannabis, whilst 32% were for cocaine. This compares to 77% cannabis and 15% cocaine across the wider Lancashire Constabulary area for the same period. For possession with intent to supply offences, 34% involved cannabis, 26% heroin, 19% crack and 11% cocaine. This is similar to the wider Lancashire area. Programme ADDER and other criminal justice initiatives have proven successful at interrupting County lines of drug supply.

7. Recommendations for Further Analysis

The above analysis suggests the following steps should be taken to improve the understanding of substance misuse across Blackpool, the multi-agency response to the issue and help to reduce the negative impact of substance use across the area:

- Further understand trends in hospital admissions related to substance misuse and drug poisonings, particularly in the context of increasing drug deaths
- Increase awareness among primary care of the rise in drug-related deaths involving prescription medication
- Continue to work with drug treatment provider to improve the quality of local data about the treatment population, particularly in light of COVID-19 disruption to practice and reporting.

8. The Aims of This Strategy

The overall aims of Blackpool's approach is to reduce drug-related deaths and the harmful impact of drugs by:

- **Reducing the availability** of illegal drugs
- **Reducing the prevalence** of and risks associated with drug misuse including recreational drug use;
- **Increasing the numbers of people in effective drug treatment;**
- **Building resilience** by creating a supportive environment for affected individuals, families and communities to enable them to rebuild their lives.

Underpinning the delivery of this strategy will be Blackpool's commitment to **evidence-based practice, listening to the voices of people with lived experience, co-production, building resilience in individuals and communities and strengthening the delivery workforce.**

9. Delivering this Strategy

The strategy will be delivered by the Combating Drugs and Alcohol Partnership Board, a partnership of the following organisations:

- Public Health
- Children's Services
- Adult Social Care
- Community Safety

- Police
- Violence Reduction Network
- Probation
- Elected members
- Integrated Care Board
- Lived Experience
- Drug and Alcohol Treatment services
- Police and Crime Commissioner's Office
- Youth Justice Board

The Board has identified the following strategic priorities.

Strategic Priority 1

For the successful delivery of this strategy, it is essential to recognise the challenges that people have faced in their lives, the stigma they need to overcome and its impact on their behaviour and view of services. The Combating Drugs and Alcohol Board will therefore continue its journey to make the whole of Blackpool trauma informed, especially frontline services.

We will do this to better engage and support individuals facing multiple disadvantage, to improve the effectiveness of our interventions and help people to start their journey to recovery.

Strategic Priority 2

The Combating Drugs and Alcohol Board will **support substance misuse services** to work with other providers (e.g. homeless teams, probation services) and the community. They will increase knowledge of Take Home Naloxone and other harm reduction interventions in Blackpool's workforce and empower affected communities to take ownership of harm reduction. They will enable other services to help target and support those not engaged in the treatment system, to improve their health and wellbeing by implementing the learning from Project ADDER and Changing Futures.

We will do this so that fewer people die as a result of an accidental overdose.

Strategic Priority 3

The Combating Drugs and Alcohol Board will **work with Lancashire and South Cumbria Integrated Care Board and Blackpool Teaching Hospitals NHS Foundation Trust** to review the provision of primary and secondary health care for people who use drugs with underlying physical and mental

health needs, such as hepatitis, infected wounds, respiratory conditions and co-occurring mental illness.

We will then work collaboratively to implement change in the way services are delivered.

We will do this so that fewer people die early from preventable and treatable health conditions.

Strategic Priority 4

The Combating Drugs and Alcohol Board will continue to **support schools and education providers** to ensure that every child in Blackpool has access to consistent information about drugs and the impact of drug use through PSHE in the school curriculum.

We will monitor the impact of specialist training services in these settings and ensure any universal or targeted interventions offered are evidence-based.

We will do this so that fewer young people try and/or go on to use drugs and potentially have their life chances reduced.

Strategic Priority 5

The Combating Drugs and Alcohol Board will **work with Children's Services** (Social Care and Early Help) and Health (e.g. Health Visiting, School Nursing and Midwifery) to ensure that support for parents and families exposed to drug misuse is available and the impact of interventions is monitored to ensure they support the aim of families being able to stay together and safeguard their children.

We will do this so that fewer children are exposed to adverse childhood experiences and families are not exposed to the risk of separation.

Strategic Priority 6

The Combating Drugs and Alcohol Board will work with the **Education, Early Help and the Violence Reduction Unit** to reduce the use of recreational drugs by reviewing and implementing the evidence of effective interventions that is currently available and that in development through the National Institute for Health and Care Research.

We will do this to reduce violent crime linked to cocaine use and the numbers of young people not in education, training or employment, using high levels of cannabis.

Strategic Priority 7

The Combating Drugs and Alcohol Board will **work with the Police, Prison and Probation services** across the public sector to ensure that this criminal activity is well understood, that victims are identified and communities are supported well by the whole system. We will put pathways in place to support those involved in crime due to their drug dependency and have access to appropriate help and treatment to reduce reoffending.

We will do this to reduce the risk of crime within communities and exposure to the availability of drugs on the streets, and to ensure children and the most vulnerable members of our community do not become victims of criminal exploitation.

Strategic Priority 8

The Combating Drugs and Alcohol Board **will work with partners to ensure appropriate support for individuals** affected by drug use with opportunities for employment, peer support, meaningful activities and housing, ensuring there is good access to quality accommodation and help to become economically active for those seeking recovery, whatever recovery means for them.

We will do this so that more people who recognise that they need help are supported holistically to initiate and sustain their life long recovery journey.

Strategic Priority 9

The Combating Drugs and Alcohol Board will work with **Lancashire Violence Reduction Network, Education and Early Help** to ensure evidence-based interventions are provided for young people at-risk of entering the criminal justice system. Interventions will be targeted at young people who are neuro-divergent and/or misusing drugs.

We will do this to stop the 'pipeline' between schools and prison for vulnerable young people, facing a potential life of crime, involvement with criminal justice and poor life outcomes.

10. Working in Partnership

The data and contextual information on Health, Education, Young People, Families and Housing demonstrates the need for a multi-faceted approach to working with people who are impacted by drug misuse. This strategy recognises and builds on the actions already being taken by Blackpool Council, its partner agencies and drug treatment providers in order to reduce the negative impact of drug use. A whole system approach needs to be taken and individuals need

to be challenged on a range of issues including training, education, prevention, treatment, employment, housing and family relationships. Whilst harm reduction interventions should remain a priority at all times, those treatment services supporting recovery need to strengthen their workforce in order to have a recovery-focused approach, which emphasises the key elements such as housing, employment, mental health and family life.

Our approach to working with service providers in Blackpool will be relationship based – looking to encourage providers to work together and achieve change collaboratively, by building and maintaining strong and productive relationships with us as a provider, and each other to ensure that everyone affected by drug use in Blackpool has access to the right support.

11. Monitoring and Evaluation

For monitoring of progress of our plan will be undertaken by Office of Health Inequalities and Disparities through the National Drug Treatment Monitoring System (NDTMS) and other mechanisms. The Combating Drugs and Alcohol Board will agree on its own local metrics for monitoring and evaluation, which will include a selection from the table below. A task group of the Board has been established to agree its future dashboard of metrics which will include criminal justice statistics as well as treatment indicators.

Outputs	Metric/data to be shared	Party providing/ data source
Increased diversion from CJS into treatment	Number and proportion of individuals entering treatment following criminal justice system referral	OHID/NDTMS
	Continuity of care rates between prison and treatment (monitored at upper-tier local authority level)	OHID/NDTMS
Increased treatment and recovery provision and harm reduction	Number of individuals entering / in treatment (by type of treatment and drug of concern) “Drug of concern” being one of the following 4 categories; Opiate; Non-Opiate Only; Non-Opiate and alcohol; Alcohol only	OHID/NDTMS
	Number of treatment naïve individuals entering / in treatment (by type of treatment and drug of concern)	OHID/NDTMS
	Number of individuals discharged from treatment; broken down by successful completions; unplanned dropouts; and deaths.	OHID/NDTMS
	Number of individuals issued with naloxone	OHID/NDTMS
	Number of individuals reporting having naloxone used on self by another, to reverse the effects of an overdose	OHID/NDTMS

	Residential rehabilitation starts	OHID/NDTMS
	Additional alcohol and drug workers employed	Recipient / service providers
	Additional total number of professional qualified staff employed (to Include: Doctors, addiction psychiatrists, psychologists, nurses, pharmacists and social workers)	Recipient / service providers
Provisional Revenue outturn data of Local Authority revenue expenditure and financing	Annual submission of provisional outturn data for adult substance misuse: <ul style="list-style-type: none"> • treatment for drug misuse in adults • treatment for alcohol misuse in adults • preventing and reducing harm from drug misuse in adults • preventing and reducing harm from alcohol misuse in adults 	Recipient / service providers
	Annual submission of provisional outturn data for specialist drug and alcohol misuse services for children and young people	Recipient / service providers

12. Governance

The Strategy including outcomes will be monitored by the Combating Drugs and Alcohol Board. This Board reports to both the Health and wellbeing Board and Blackpool Community Safety Partnership (BSafe).

The Combating Drugs and Alcohol Board works in partnership with a number of other Committees and Boards with shared representation. Wherever possible, the Combating Drugs and Alcohol Board aims to add value to the work of these other Committees rather than duplicate work.

There are a number of existing groups that will report into the Combating Drugs and Alcohol Board and a small number of new subgroups that will need to be established. These are outlined in Appendix 1.

The Combating Drugs and Alcohol Board will review progress against agreed metrics on quarterly and annual basis.

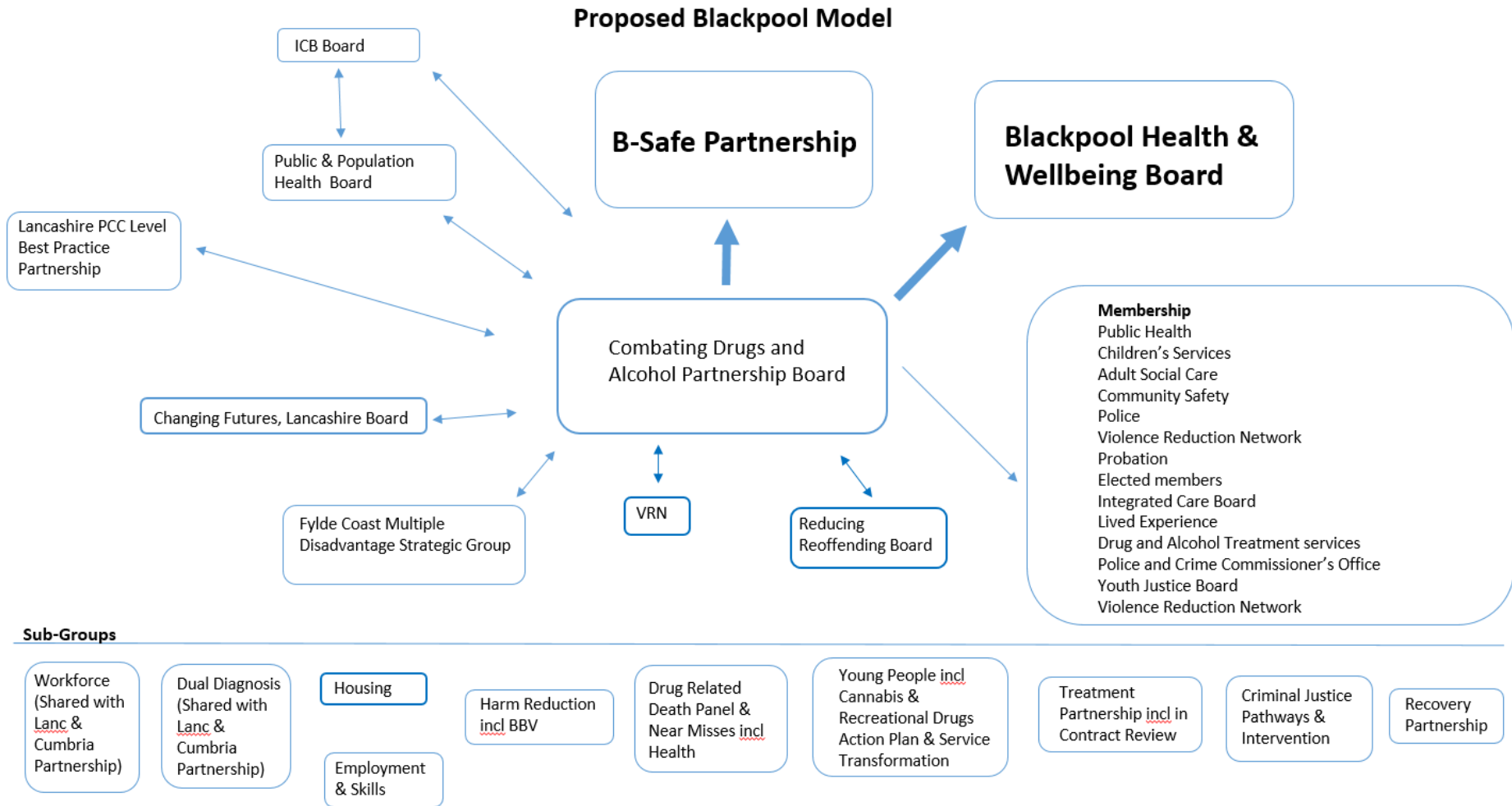
13. Summary

People across Blackpool have worked hard, in the local authority, health services, other public services and across third sector and peer support groups to reduce the impact of drugs on the lives of our residents. There are many successes to be built on and lessons to be learned from

projects and interventions which have been implemented in Blackpool over a significant period of time. We will use our resources, and seek to support the use of wider resources in Blackpool, to continue to deliver effective treatment services and interventions that prevent people from becoming drug dependant and help those who have developed dependency to make sustainable change that reduces the harm and impact on themselves and others.

The Delivery Plan can be found as Appendix 2.

Appendix 1: Governance



Appendix 2: Drugs Harm Reduction Delivery Plan

Strategic Action	Actions	To be Achieved by
Strategic Action 1. The Combating Drugs and Alcohol Board will continue its journey to make the whole of Blackpool trauma informed, especially frontline services.	All organisations directly working with people experiencing multiple disadvantage should ensure Trauma Informed Approached Training and Trauma Informed Practice for organisations delivering services as part of the Multiple Disadvantage Hub.	31.03.25
	Develop a local and/or national charter mark for trauma-informed organisation accreditation.	31.03.24
	Develop an effective offer of joined-up multi-agency support for people facing multiple disadvantage, delivered through a ‘hub and spoke model’ of integrated working.	31.03.24
	Use the learning from Changing Futures and ADDER to transform delivery in core treatment services to better meet the needs of people facing multiple disadvantage.	31.03.24
	Continue the development of the Lived Experience Teams for adults and young people.	31.03.25
	Improve the physical space for the Multiple Disadvantage Hub, ensuring it is a psychologically-informed environment.	31.03.25
Strategic Action 2. The Combating Drugs and Alcohol Board will support substance misuse services to work	Develop pathways for the provision of Take Home Naloxone for those released from prison/hospital/custody.	31.03.24
	Offer Take Home Naloxone provision through community policing.	31.03.25

<p>with other providers. They will increase knowledge of Take Home Naloxone and other harm reduction interventions in Blackpool’s workforce and empower affected communities to take ownership of harm reduction. They will enable other services to help target and support those not engaged in the treatment system, to improve their health and wellbeing by implementing the learning from Project ADDER and Changing Futures.</p>	Work with NWS to obtain non-fatal overdose data and feed into non-fatal overdose care pathways.	31.03.25
	Explore provision of Take Home Naloxone through pharmacy for people being dispensed methadone.	31.03.24
	Explore potential Naloxone training for families of people who use drugs.	31.03.24
	Facilitate a forum around harm reduction and innovation of work that is being done in Blackpool, exploring new national and regional harm reduction initiatives.	31.03.24
<p>Strategic Action 3.</p> <p>The Combating Drugs and Alcohol Board will work with Lancashire and South Cumbria Integrated Care Board and Blackpool Teaching Hospitals NHS Foundation Trust to review the provision of primary and secondary health care for people who use drugs with underlying physical and mental health needs, such as hepatitis, infected wounds, respiratory conditions and co-occurring mental illness.</p>	Develop specific pathways/clinics for physical health needs in people with multiple disadvantage focusing particularly on respiratory and cardiology.	31.03.25
	Continue to improve blood borne virus case finding in substance misuse treatment services.	31.03.24
	Increase numbers of people accessing treatment for Hepatitis C.	31.03.25
	Establish a pathway to coordinate community support for patients with complex needs who have presented to hospital with a wound infection	31.03.25
	FCMS and Delphi to integrate their physical health offer for people with substance misuse problems who are homeless/rough sleeping.	31.03.24

<p>We will then work collaboratively to implement change in the way services are delivered.</p>	<p>Establish an effective pathway of support from prison into the community for substance misuse and related health issues.</p>	<p>31.03.25</p>
<p>Strategic Action 4.</p> <p>The Combating Drugs and Alcohol Board will continue to support schools and education providers to ensure that every child in Blackpool has access to consistent information about drugs and the impact of drug use through PSHE in the school curriculum.</p>	<p>Establish a Children and Young Peoples sub-group of the Combating Drugs and Alcohol Partnership Board.</p>	<p>31.03.24</p>
	<p>Ensure all schools are delivering effective education around drugs through PSHE.</p>	<p>31.03.24</p>
	<p>Public Health Trainers to offer substance misuse training to all staff working with young people - to improve their knowledge, confidence, enable them to recognise the early signs of a substance misuse issue and make an appropriate referral.</p>	<p>31.03.24</p>

<p>We will monitor the impact of specialist training services in these settings and ensure any universal or targeted interventions offered are evidence-based.</p>	<p>Explore the efficacy and feasibility of group interventions for at-risk young people in education and other settings (e.g. schools, youth groups).</p>	<p>31.03.24</p>
<p>Strategic Action 5.</p> <p>The Combating Drugs and Alcohol Board will work with Children’s Services (Social Care and Early Help) and Health (e.g. Health Visiting, School Nursing and Midwifery) to ensure that support for parents and families exposed to drug misuse is available and the impact of interventions is monitored to ensure they support the aim of families being able to stay together and safeguard their children.</p>	<p>Pilot the M-Pact Programme in Blackpool for families affected by substance misuse, delivered by treatment services and early help.</p>	<p>31.03.24</p>
	<p>Support the further development of the MARAC process through multi-disciplinary team input from substance misuse workers and nominated family workers.</p>	<p>31.03.25</p>
	<p>Develop an outcomes framework for children under 18, who have parents receiving treatment for substance misuse issues.</p>	<p>31.03.24</p>
	<p>Review the evidence base for family interventions for parental substance misuse and implement findings in collaboration with Children’s Services.</p>	<p>31.03.24</p>
	<p>Public Health Trainers to deliver drug and alcohol awareness sessions for all frontline early help and social care staff to help assist early identification of parents/carers with substance misuse issues. This will include training on the use of the ASSIST-Lite tool.</p>	<p>31.03.25</p>
<p>Strategic Action 6.</p> <p>The Combating Drugs and Alcohol Board will work with the Education, Early Help and the Violence Reduction Unit to reduce the use of</p>	<p>Complete evidence review to find out what works to reduce cannabis use in young people and implement good practice.</p>	<p>31.03.24</p>
	<p>Implement findings (when available) from the NIHR Study on reducing recreational drug use.</p>	<p>31.03.25</p>

recreational drugs by reviewing and implementing the evidence of effective interventions that is currently available and that in development through the National Institute for Health and Care Research.	Review the health assessment process for looked-after children (including our children) to more effectively identify substance issues and support them to engage in treatment.	31.03.24
	Promote harm reduction messages focusing on 'recreational' drug use – e.g. cocaine and cannabis.	31.03.24
	Review pathways around recreational drug use and treatment.	31.03.24
	Explore the feasibility of collecting data on violent crime where recreational cocaine use is present.	31.03.24
	Collate and review the % of children involved with young justice services with a screened OR identified need for specialist treatment intervention to address substance misuse; and of that the % of children involved with young justice services with planned or offered intervention/treatment; and of that the % number of children involved with young justice services attending intervention/treatment	31.03.24

Strategic Action 7. The Combating Drugs and Alcohol Board will work with the Police, Prison and Probation services across the public sector to ensure that this criminal activity is well understood, that victims are identified and communities are supported well by the whole system. We will put pathways in place to support those involved in crime due to their drug dependency and have access to appropriate help and treatment to reduce reoffending.	Ensure effective pathways are in place between custody, treatment and support services.	31.03.25
	Develop the Child Sexual Exploitation and Child Criminal Exploitation training offer to ensure victims are identified and supported.	31.03.24
	Reflect Operation Warrior offer in supporting victims of criminal exploitation.	31.03.24
	Develop the Out of Court Disposals from custody to ensure individuals are referred into support packages and pathways.	31.03.25
	Further develop the diversionary offer involving substance misuse workers attending police operations.	31.03.25
	Ensure prison leavers gain better access to healthcare to subsequently reduce reoffending.	31.03.25

Strategic Action 8. The Combating Drugs and Alcohol Board will work with partners to ensure appropriate support for individuals affected by drug use with opportunities for employment, peer support, meaningful activities and housing, ensuring there is good access to quality accommodation and help to become economically active for those seeking recovery, whatever recovery means for them.	Commission an effective tenancy support service that includes pre-tenancy work, crisis interventions and tenancy maintenance.	31.03.24
	Work with landlords to find better accommodation for people at different stages of recovery.	31.03.25
	Increase the numbers of people with substance misuse issues being referred into IPS.	31.03.25
	Develop a recovery hub model for Blackpool with people with people lived experience and partners.	31.03.25
	Ensure positive recovery stories are shared across the town.	31.03.25
	Ensure Sentencers are aware of range of substance misuse support, associated sentencing options, and have confidence in those pathways.	31.03.25

	Ensure Court staff have access to appropriate input/guidance from partner agencies to best inform suitable pathways of support.	31.03.25
	Ensure all Probation Staff are aware of pathways available and utilise these pathways to further enhance sentence delivery, including appropriate safeguarding strategies.	31.03.25
	Engage with partners and Courts to address any inconsistencies in sentence delivery.	31.03.25
	Ensure effective pathways to treatment and support services are in place for those serving both short and long term sentences.	31.03.25
	Continue to enhance the specialist team and the relationship with other agencies in respect of the under 25 cohort.	31.03.25
Strategic Action 9. The Combating Drugs and Alcohol Board will work with Lancashire Violence Reduction	Review the pathway for diverting children away from the criminal justice system.	31.03.25

Network, Education and Early Help to ensure evidence-based interventions are provided for young people at-risk of entering the criminal justice system. Interventions will be targeted at young people who are neuro-divergent and/or misusing drugs.	Promote the reduction in numbers of children in first time entrance to Blackpool.	31.03.25
	Implement the MOJ turnaround Early Help Youth Justice programme for children on the cusp of offending.	31.03.25
	Pilot the 'Do-It Profiler' assessment tool in all Pupil Referral Units across the county, including Blackpool, in partnership with Professor Amanda Kirby.	31.03.25