

Blackpool Drug Harm Reduction Strategy

2020 - 2022

Blackpool Council



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

This strategy is focussed on the prevention and support for people for whom drugs play **a significant an 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 use are victims who need support, as are their families and communities who experience the impact of their abuse and consequential behaviours.

The Government’s drug strategy 2017 emphasised the importance of prevention and recovery in the development and delivery of local services. Investing in prevention, self-help and mutual support in our communities is essential for reducing need and improving outcomes.

This strategy sets out what we know the main issues are in Blackpool, and the overarching actions that we plan to take to address them. The strategic actions outlined in this document will be supported by detailed plans and outcome measures which will be held by Public Health, will form part of a range of work plans across different partnerships and will be reported on by the Director of Public Health through governance channels including the Annual Report and Scrutiny Committee.

Our vision

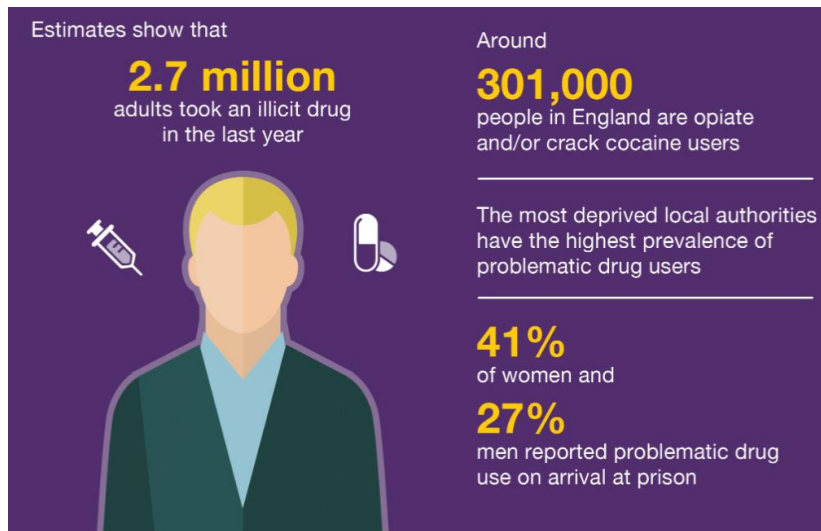
The overall aim of Blackpool's approach is to **reduce the prevalence** of and risks associated with socially harmful drug abuse in Blackpool and **build resilience** by creating a supportive environment for affected individuals, families and communities to rebuild their lives. The work we and our providers have done with people impacted by drug abuse tells us that we need more integrated and holistic care for people who abuse drugs and experience multiple complex needs. Our objective is to make sure people receive a more integrated response to prevention and treatment, not only for people who abuse 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 abuse, 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.

What are the issues? The National Context

The harms caused by drug misuse are far-reaching and affect lives at every level. It includes crime committed to fuel drug dependence; organised criminality, violence and exploitation which goes hand in hand with production and supply; and the irreparable damage and loss to the families and individuals whose lives it destroys.

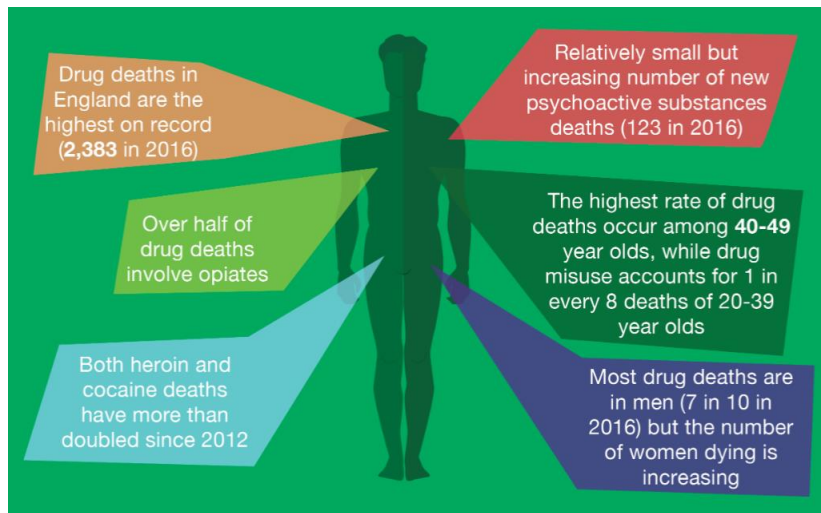
- Estimates show that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £10.7bn. These include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity.
- Drug use is widespread but dependence is concentrated. Dependence is higher in deprived areas and in certain populations. Estimates show that 2.7 million adults took an illicit drug in the last year and there are around 301,000 crack or opiate users in England.



Source: PHE, [Alcohol and drug prevention, treatment and recovery: why invest?](#) February 2018

- During 2017/18 there were 7,258 hospital admissions for drug related mental and behavioural disorders and 17,031 admissions for poisoning by drug misuse. Admissions are highest in younger people (age <35 years) but older age groups have seen the largest percentage increase over the last 5-10 years.¹
- 9.0% of adults had taken a drug in the last year with the trend has being relatively flat over the last 10 years. 3.5% had taken a Class A drug in the last year. This has increased compared with the previous year and a decade ago.
- Cannabis was the most commonly used drug, with 7.2% of adults having used it in the last year. Men were more than twice as likely to report using powder cocaine than women and twice as likely to report using ecstasy. 0.4% of adults had used a new psychoactive substance (NPS) in the last year, around half of all NPS users were aged 16 to 24.
- 268,390 individuals were in contact with drug and alcohol services in 2017/18. People in treatment for opiate dependence made up the largest proportion of the total numbers in treatment (53%). The age profile of opiate users is older than those using non-opiates.
- The number of drug related deaths in England in 2018 was the highest on record (3,983) and two thirds were related to drug misuse.

¹ NHS Digital, [Statistics on Drug Misuse: England, 2018](#)



Source: PHE, [Alcohol and drug prevention, treatment and recovery: why invest?](#) February 2018

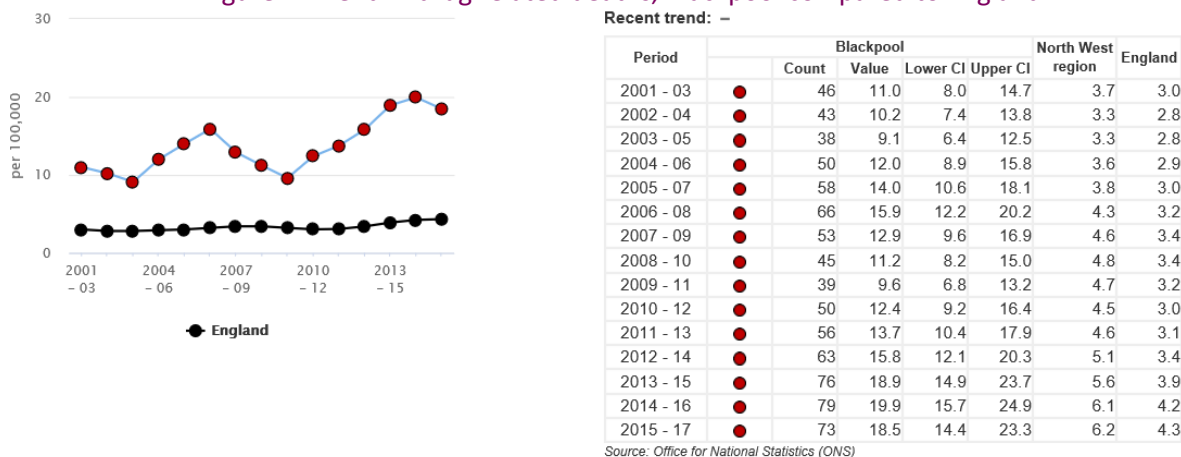
- Drug and alcohol dependency leads to significant harms and places a financial burden on communities. Around 20% of 'children in need' are affected by drug misuse. Parental drug and alcohol misuse features in a quarter of cases on the child protection register and drug misuse is involved in 38% of serious case reviews.
- In 2016, 24% of pupils reported they had ever taken drugs. The likelihood of having ever taken drugs increased with age. Cannabis is the drug that pupils are most likely to have taken in the last year (8%). The proportion taking volatile substances is around 3%-4% and class A drugs 2%-3%. Around 4% had taken nitrous oxide in the last year and 2% NPS.
- The number of young people attending specialist substance misuse services in 2017/18 was 15,952, down from 16,902 the previous year. In the majority of cases (77%), cannabis was the primary substance that brought the person into treatment.

What are the issues? – The Blackpool Context

Blackpool is a large seaside town with a population of 139,300. 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 (74.2 years) and second lowest for females (79.6 years). 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.

- Deaths relating to drug poisoning and drug misuse² are the highest in the country in Blackpool.

Figure 1: Trend in drug related deaths, Blackpool compared to England



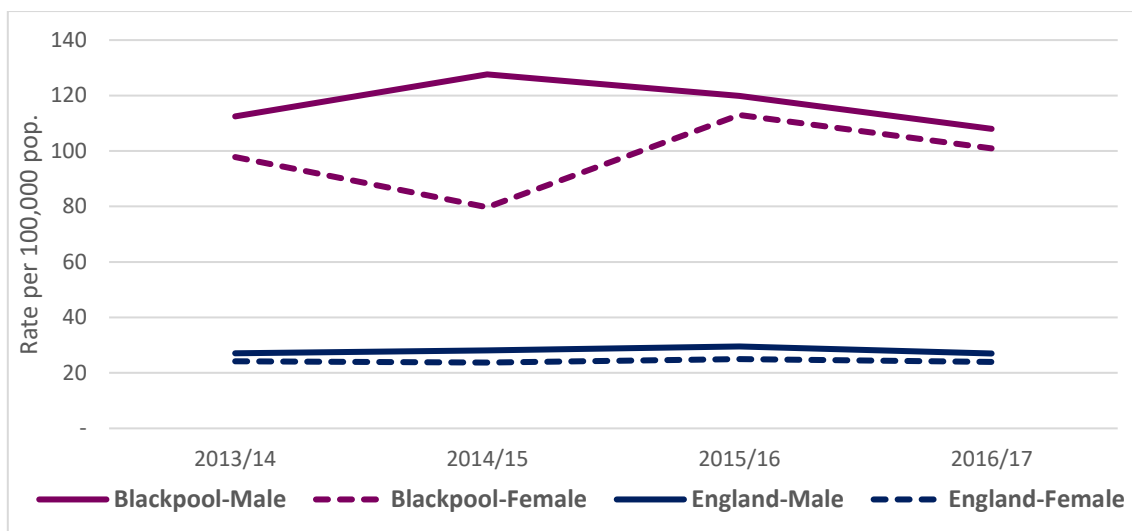
Source: PHE Profiles, Public Health Outcomes Framework

- There are an estimated 2,052 opiate and/or crack cocaine users in Blackpool³
- Blackpool's prevalence rate of users is 23.5 per 1,000 population, this is over 2.5 times higher than the national average of 8.9 per 1,000.
- The prevalence rate is highest in the 35-64 year age group at 28.9 per 1,000 and is 3 times higher than the national average, 9.5.
- The hospital admission rate for poisoning by illicit drugs is significantly higher than average for both males and females (figure 2).¹
- There were over 600 admissions of Blackpool residents with a diagnosis of drug related mental health and behavioural disorders in 2016/17, a rate of 472 per 100,000 population, 3 times higher than the national average of 149 per 100,000.
- Hospital admissions for substance misuse in young people (15-24 years) are 3.5 times higher than the national average. Across Blackpool the admission rate of 329.3 per 100,000 pop. compared to 87.9 nationally. There are over 50 admissions every year in this age group.

Figure 2: Trend in hospital admissions with a primary diagnosis of poisoning by illicit drugs, males and females in England and Blackpool

² Drug related deaths include all deaths where any drug has been recorded, drug misuse figures only include drugs controlled under the Misuse of Drugs Act.

³ PHE, [Opiate and crack cocaine use: prevalence estimates by local area](#), March 2019



Source: NHS Digital, Statistics on Drug Misuse, England, 2018

Young People

The majority of young people in Blackpool do not use drugs. Young people may experiment and try drugs, but most of them will not become dependent users. However, drug and alcohol misuse can have a major negative impact on our young people’s education, health, their families and their long-term life chances. Figure 3 provides an overview of the drug using patterns and vulnerabilities of young people in Blackpool’s treatment service.

Figure 3: Profile of young people in specialist substance misuse services

Number of young people with each risk/ vulnerability item	Local		National
	n	%	%
Substance specific vulnerabilities			
Opiate and/or crack user	0	0%	2%
High risk alcohol users*	1	8%	3%
Using two or more substances**	8	62%	58%
Began using main problem substance** under 15	10	77%	77%
Current or previous injector	0	0%	1%
Wider vulnerabilities			
Looked after child	3	23%	11%
Child in need	1	8%	9%
Affected by domestic abuse	3	23%	19%
Identified as having a mental health treatment need ***	5	38%	27%
Affected by sexual exploitation**	0	0%	5%
Involved in self-harm	3	23%	14%
Not in education, employment or training (NEET)	3	23%	16%
NFA/unsettled housing	1	8%	1%
Involved in offending/antisocial behaviour	5	38%	32%
Pregnant and/or parent	1	8%	2%
Subject to a child protection plan	1	8%	8%
Affected by others' substance misuse	3	23%	22%
Co-occurring substance misuse and mental health issues ***			
Identified as having a mental health treatment need	5	38%	27%
Receiving treatment for their mental health need(s)	3	60%	69%

During the 2017 spring term the Public Health Directorate undertook a survey within schools to obtain information about young people's lifestyles. The participants of the survey were year 4 and 6 pupils from the primary school setting and year 8 and 10 students in secondary schools. A total of 2,306 pupils took part from 15 primary schools and 6 secondary schools.

The results of the survey highlighted the following:

- 49% of year 6 pupils reported that their parents had talked with them about drugs while 54% said their teachers had; 34% had talked with visitors in school lessons about drugs
- 13% said they were fairly sure or certain they knew someone who uses drugs (not as medications)
- 36% of year 10 pupils had been offered cannabis
- 10% of year 10 pupils had been offered new psychoactive substances (NPS)
- The most commonly taken drug was cannabis with 19% of Year 10 pupils saying they had taken cannabis
- 5% of pupils stated they had used a drug within the last month

Drugs and Families

There is increasing evidence that adverse childhood experiences (ACEs) impact on children in their adulthood. ACEs are described as traumatic events that affect children while they are growing up, such as suffering child maltreatment or living in a household affected by domestic violence, substance misuse and/or mental illness.

Parental drug use can have a detrimental effect on the health and wellbeing of children. It can increase the risk of children partaking in risk-taking behaviours, reduce educational attainment and result in earlier uptake of drugs and alcohol. Due to the high number of children living with people using drugs known to services such as Children's Social Care, it is paramount to prioritise these parents to ensure that their drug use does not become chaotic and therefore prevent them from being able to look after their children.

In 2017/18 across Blackpool there were 61 drug users in treatment who were living with children (own or other) and 109 children who were living with a drug user in treatment⁴.

⁴ PHE, Adults-drugs commissioning support pack 2019-20:key data

Drug Related Crime

Blackpool has the highest rate of drug related offences per 1,000 population in Lancashire. The second highest number of drug trafficking offences occurred in Blackpool. Also, Blackpool is in the top area within Lancashire for seizures of cannabis, cocaine and heroin.⁵

Although reliable data on the level of acquisitive crime committed by people misusing drugs is not available, it is known that a substantial proportion of such crime is committed by people misusing drugs.

County lines drug activity is an increasingly significant issue nationally and one which features heavily within the Home Offices Serious Violence Strategy of April 2018. Lancashire and specifically Blackpool are heavily affected by this issue.

Major criminal networks exist within Blackpool with organised crime gangs from across the country moving their criminal activities and establishing bases within this area. The supply of class A drugs from urban hubs to county towns continues to be a widespread issue within Lancashire. County lines gangs pose a significant threat to vulnerable adults and children upon whom they rely to facilitate and conduct their illegal activities. Exposure to this level of gang exploitation has the potential to create both emotional and physical harm. Such gangs travel from urban cities to smaller locations, such as the popular seaside towns of Blackpool and Morecambe, to sell class A drugs specifically Cocaine and Heroin.

Many of these organised crime groups also involve the exploitation and trafficking of children between areas such as Merseyside and Greater Manchester. This tactic of using vulnerable children is increasingly evident within Blackpool at the present time, with many of the gangs using children under 18 years old, who are often looked after children or reported as missing from home in local and other force areas. Such is the control that these gangs have over these young vulnerable children that they very rarely disclose what they have been subjected to by the groups for fear of repercussions, and when located by the police and removed to a place of safety they return almost within days to continue with their criminal activities.

These children are recruited by the gang to courier/deal drugs and carry money and are regularly placed into situations of considerable risk where they are exposed to incidents of threats and violence in return for financial gain.

⁵ Drugs Threat Assessment, 2015

Homelessness and Housing

Drug abuse can be both a cause and a symptom of homelessness. Significant proportions of people who are homeless or who sleep rough in Blackpool have drug or alcohol problems or both. Providing support to address housing need is vital and can have a positive impact on motivation to change. It is essential to ensure people have a safe and healthy place to live whilst they continue their recovery journey, and that this continues when moving on into suitable long term accommodation.

Most people who sleep rough in Blackpool are helped quickly and will only sleep rough for 1 night. However, approximately 20% are repeat or entrenched rough sleepers. Within this cohort typically 85/90% misuse substances, predominantly a mixture of heroin and spice. Within the wider homelessness cohort, it is estimated that approximately 36% of people experiencing homelessness will abuse substances, compared to 5% of the general population. In an area such as Blackpool, where accommodation is affordable and easily accessible, homelessness is rarely an isolated issue.

A safe stable home environment enables people to sustain their recovery, whereas insecure housing or homelessness threatens it. and the concentration of poor quality houses of multiple occupancy (HMO) type accommodation in the inner areas of Blackpool presents particular challenges for those in recovery, due to the higher than average drug prevalence in HMOs. Addiction and homelessness do not exist in isolation and people experiencing both are likely to have a range of needs cutting across health and social care, substance use and criminal justice.

Employment

Most individuals seeking drug or alcohol treatment are either long term sick or disabled, or unemployed and treatment/recovery services actively seek to provide opportunities and support to individuals to find meaningful activities and employment. Improving job outcomes for many individuals within this group is key to sustaining their recovery and requires a multi-agency response. Figure 4 shows the employment status of clients who started treatment in 2017/18.

Figure 4: Self-reported employment status at the start of treatment, 2017/18

Employment status at the start of treatment	Local n	Proportion of new presentations	National n	Proportion of new presentations
Regular employment	30	6%	16,499	22%
Unemployed/Economically inactive	222	48%	29,001	38%
Unpaid voluntary work	0	0%	222	0%
Long term sick or disabled	182	39%	22,675	30%
In education	0	0%	700	1%
Other	1	0%	2,241	3%
Missing / incomplete	32	7%	5,313	7%

Source: PHE, Adults – drugs commissioning support pack 2019-20: key data

Since 2014 Public Health have commissioned Positive Steps to deliver a Healthy Futures programme. The programme is designed to support clients who have accessed drug and alcohol treatment and are ready to progress in their recovery into training, education and employment.

Delivering this strategy

Our strategy seeks to reduce the number of people who suffer harm, directly or indirectly, because of the prevalence of drug abuse in Blackpool.

Strategic Action 1

Reported drug related deaths are looked at to see if lessons can be learned. This process has highlighted that some of these deaths could have been avoided if other users possessed take home naloxone (THN). A study by Bird et al (Drugs Educ Prev Pol, 2015) indicated that THN provision schemes should aim to provide 20 times the number of THN kits as there are drug-related deaths to achieve adequate coverage in the population.

PHE have provided benchmarks of recommended naloxone provision in 2018-19 for local authorities

Select authority (drop-down list):	Blackpool	
PHE-recommended naloxone provision in LA area		
1. To people in drug treatment	1075	(this figure assumes all in treatment for opiates receive naloxone)
2. To people not in drug treatment		
a. Based on continuation of recent trends (baseline):	411	(modelled provision based on current opiate deaths)
b. In "worst case" scenario:	636	(modelled provision based on increased deaths, such as in a fentanyl-adulterated heroin incident)

PHE, [Widening the availability of naloxone](#), February 2019

Public Health will **support substance misuse providers** to work with other providers such as homeless teams and probation services, to both increase knowledge of THN and to help target those not engaged in the treatment system.

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

Strategic Action 2

Public Health will **work with the Clinical Commissioning Groups and Blackpool Teaching Hospital** and will review the provision of health services for people who misuse substances, with underlying physical and mental health conditions such as hepatitis, infected wounds, respiratory conditions and dual diagnosis. We will then work collaboratively to implement change in the way services are delivered.

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

Strategic Action 3

Public Health 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 abuse through PSHE in the school curriculum and will monitor the impact of specialist training services.

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

Strategic Action 4

Public Health will **work with Children's Services** (Social Care and Early Help) and Health (Health Visitors, FNP, School Nurses and other Health Providers) to ensure that support for parents and families exposed to drug abuse 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 Action 5

Blackpool Council will **work with the Police and colleagues** across the public sector to ensure that this criminal activity is well understood and that victims are identified and supported well by the whole system. We will put systems in place to support those involved in crime due to their drug dependency to access help and treatment.

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 Action 6

Blackpool Council will **maintain a strong focus on supporting people** affected by drug abuse in employment, housing and homeless prevention strategies and plans, ensuring that there is good access to quality accommodation and help to become economically active for those in, and seeking to engage in, recovery.

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

Strategic Action 7

Our commissioning approaches across Public Health, Adult, Children's and Housing services in particular will **ensure that services funded in Blackpool are working** as a whole partnership of providers, to maximise the positive and sustained impact of interventions through the use of evidence based practice. Where evidence is not available we will work with partners to undertake research study applications, to build on the knowledge base both nationally and internationally.

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 abuse. This strategy recognises and builds on the actions already being taken by Blackpool Council, its partner agencies and the drug treatment providers in order to reduce the negative impact of misusing drugs. 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 available at all times, at the same time those treatment services supporting recovery need to strengthen their workforce in order to have a recovery focused approach, which emphasises on 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 collectively by building and maintaining strong and productive relationships with us as a provider, and each other to ensure that everyone affected by drug abuse in Blackpool has access to support.

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 people in Blackpool. 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 supportive 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 1.

Appendix 1

Drug Harm Reduction Strategy 2020-22 Delivery plan

Strategic Action	Actions	To be Achieved by
Reduce the number of drug-related deaths. Strategic Action 1.	Ensure people who use opioids, their peers, families, emergency services and any other services they may come into contact with, have access to Naloxone and can use it when needed.	31/03/21
	Develop and implement multi-agency safety plans for those identified as at-risk of a drug-related death through the Blackpool Drug-related Death and Non-fatal Overdose Panel	31/03/21
	Ensure key harm reduction messages are shared with people who use drugs and those coming into contact with them e.g. safer injecting practices, use of naloxone.	31/03/22
	Implement an early warning system for new, potent or adulterated/contaminated drugs (Lancashire Drug Information System) in collaboration with Lancashire County Council and Blackburn Council.	01/04/20
	Work with the police to implement a drug testing initiative to test all drugs found at the scene of a drug related death or non-fatal overdose.	01/04/20
Improve access to physical and mental health services for people who use drugs. Strategic Action 2.	Create a dual diagnosis expert/practice group to review service users with a co-existing mental health need and substance misuse issues and develop joint care/recovery plans.	31/03/21
	Review the pilot multi-disciplinary approach to rough sleepers with multiple complex needs, which includes mental health and substance misuse support and agree next steps.	30/09/20
	Review attendance of the community-based 'crisis café' to ensure people who use drugs that are experiencing or at-risk of a mental health crisis have access to acceptable and timely support based.	30/06/21
	Ensure primary and secondary physical health services meet the needs of people who use drugs e.g. wound management, respiratory conditions and Hepatitis C testing and treatment. Through the development of a community based service for individuals with complex needs.	31/03/21

	Ensure all smokers accessing drug treatment are offered evidence based smoking cessation support.	31/03/21
	Ensure there is a mental health support offer through drug treatment services.	31/3/21
Improve young people's awareness of drugs and drug-related harm. Strategic Action 3.	All schools are offering consistent drug education messages through PSHE.	01/9/21
	Ensure all education providers are aware of the substance misuse support services for young people.	01/11/21
	Ensure the children and young people's partnership workforce are able to offer consistent messages around drugs, harm reduction and the support services available to young people and to their families.	01/03/22
	Undertake a health needs assessment of children in care. Consider recommendations in relation to substance misuse.	31/3/21
All families affected by substance misuse receive the support they need. Strategic Action 4.	Develop and monitor outcomes for the family support offered through Horizon.	31/01/21
	Ensure Horizon drug treatment service is represented in child protection conferences, core groups, care plan meetings and safeguarding reviews where substance misuse has been identified as an issue.	31/01/21
	Undertake a review of the circumstance of Children Born into Care to determine improvements in collaboration with substance misuse services to support families to stay safe and stay together where possible.	31/03/21

<p>Reduce the risk of crime and exposure to the availability of drugs on the streets within our communities, and ensure children and the most vulnerable do not become victims of criminal exploitation.</p> <p>Strategic Action 5.</p>	Implement Operation ADDER disruption of street availability of drugs.	31/03/21
	Implement Operation ADDER complex needs adults outreach service.	31/03/21
	Implement Operation Adder complex needs young people's service.	31/03/21
	Agree outcomes for operation ADDER with Home office and Community Safety Partnership.	31/12/20
	Undertake local review and evaluation of operation ADDER.	31/03/22
<p>People with drug misuse issues are offered evidence-based treatment and holistic support to give them the best chance of achieving recovery.</p> <p>Strategic Actions 6 & 7</p>	Implement the learning from the Blackpool Fulfilling Lives programme, in particular the importance of the co-production of service with those with lived experience.	31/12/20
	Undertake a review of the service specification for the treatment service to ensure it is evidence-based and shaped with input from the Lived experience Team	31/01/21
	Work with partners in the Violence Reduction Unit and local Universities to bid for research monies to add to the evidence of effective intervention.	31/03/22
	Extend the Buvidal, IPS and Housing First pilots, following their successful implementation. These pilots were based on the local implementation of evidence from randomised controlled trials.	31/12/20