

# Drug and Alcohol Partnership Strategy briefing document

## Aim of the paper:

To inform the Health Improvement Board about the review of the Oxfordshire Drug and Alcohol Partnership Strategy and proposed priorities for the next 4 years.

## Background

Substance misuse is an issue that affects a broad spectrum of people across the population. The impact on society can be seen in a number of ways, ranging from the night time economy, child exploitation and reduced health outcomes for individuals. Alcohol and drug consumption is linked to other social determinants of health, and disproportionality affects disadvantaged populations.

As a system, we can work together to identify priorities and coordinate our effects to reduce the impact on broader society, and the harm caused to individuals.

Oxfordshire's Drug and Alcohol Partnership Strategy is a way of drawing together the challenges and impact posed by alcohol and drug consumption, recognised across the system. The strategy being developed will:

- Provide data to articulate the current burden of substance misuse
- identify partnership working groups who input to the priorities and agree action plans based on these
- define a governance structure for reporting progress on action plans
- state agreed partnership priorities which reflect the current challenges posed by D&A consumption.

The Drug and Alcohol Partnership is a virtual partnership, that allows the development of an overarching strategy, and is led by Public Health. Partnership working groups use the priorities identified in the strategy to develop joint actions across agencies, addressing challenges being experienced in their areas of work.

An annual report of the outcomes and achievements will be presented to the Safer Oxfordshire Partnership Working Group, and to the Health Improvement Board. This is coordinated by the Public Health team.

## Strategic Context

The use of drug and alcohol is known to have an impact on people's long term health, their health outcomes, and to have inequalities of health outcome.

The Drug And Alcohol Partnership Strategy is being developed in the context of the priorities and objectives of key strategic health bodies.

This strategy will support the **Health and Wellbeing Board's vision:**

To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire.

As alcohol and drug use can be seen across a broad spectrum of communities, it will contribute to the **following Health Improvement Board Priorities**  
**Keeping Yourself Healthy (Prevent)**

- Promote Mental Wellbeing
- Tackle wider determinants of health
  - Housing and homelessness

### **Reducing the impact of ill health (Reduce)**

- Alcohol advice and treatment
  - Identification and brief advice on harmful drinking
  - Alcohol liaison in hospitals
  - Alcohol treatment services

### **Shaping Healthy Places and Communities**

- Making Every Contact Count
- Campaigns and initiatives to inform the public

The **Oxfordshire Prevention Framework 2019-2024** has been developed with these priorities in mind, adopting the principle of :

- **Prevent** illness
- **Reduce** the need for treatment
- **Delay** the need for care

The use of alcohol and drugs impacts on several preventable risk factors identified in the prevention framework, but there are also specific recommendations for alcohol,:

- **Joint ambition for addressing alcohol related harm across the partnership**
- **The Alcohol Care Team (ACT) in the hospital trust is expanded, Fibrosis scanning to assess alcohol related liver damage early.**
- **The Community Safety Practitioner service in the Emergency Dept is increased in capacity to work with the ACT and other services.**
- **Identification and Brief Advice / referrals in 1ry Care increased.**
- **Increase accessibility to alcohol services to the whole population, including those drinking at harmful but not hazardous levels.**

### **Developing the Drug and Alcohol Partnership Strategy**

Oxfordshire has benefited from a Drug And Alcohol Partnership Strategy for several years, producing outputs such as a joint approach to “Legal Highs”. The periodic renewal of the strategy provides the opportunity to assess current needs, reflect on legislative developments, review current challenges, and consider the synergy with partners priorities.

The process of reviewing the strategy has been led by Public Health, and started with a review of the available surveillance and activity data. As well as using the JSNA, in the last year Public Health have undertaken a Drug and Alcohol Needs

Assessment, which has been used to identify priorities for the strategy. The key findings from this were:

### **Prevalence:**

- Rates of alcohol dependence and opiate and/or crack use in Oxfordshire are estimated to be lower than national rates.
- Overall national rates of drug use among young adults aged 16-24 has declined from 1996 to 2017/18. However, there has been an upward trend in Class A drug use among young adults from 2011/12 to 2017/18. - 8.4% reported that they had taken a class A drug in the preceding year, near double the equivalent rates for adults.
- Rates of alcohol dependence and opiate and/or crack use in Oxfordshire is highest among young males
- Nationally, drug use rates amongst 44-59 has increased over time. (This may be reflective of cannabis use.)

### **Health:**

- More than half of individuals who seek drug and alcohol treatment services have concomitant **mental health** treatment needs
- Individuals with alcohol dependence or substance misuse face substantial associated health inequalities, including higher rates of **premature morbidity and mortality**.
- Nationally 80% of alcohol dependent and near 1000% opioid dependent users also smoke.
- “Alcohol specific” admissions in Oxfordshire are higher than local comparators, but “alcohol related” admissions are lower.

### **Unmet need**

- The estimated ‘**unmet need**’ in Oxfordshire is 87% of alcohol-dependent adults (82% nationally) and 40-60% of crack and /or opiate users.

### **Inequalities:**

- Cherwell and Oxford City are the two districts in Oxfordshire with the highest levels of population growth, socioeconomic deprivation, urban living and homelessness. These districts therefore constitute the highest risk areas for substance misuse.
- Young white males who live in socioeconomically deprived urban areas have the highest rates of alcohol and drug misuse in Oxfordshire.

### **Social impact**

- Substance misuse has a high social cost from associated **public order & criminality** in Oxfordshire.

### **Safeguarding**

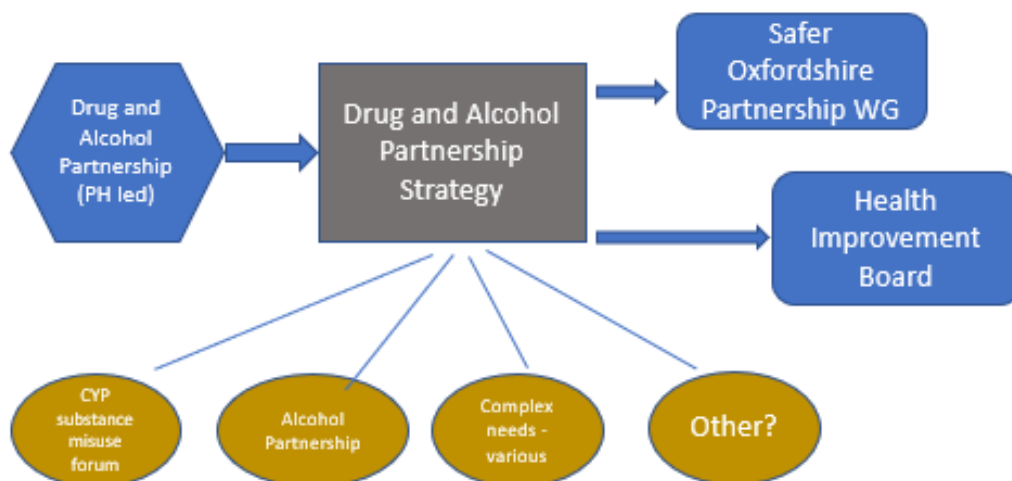
- Alcohol and/or drug misuse is ubiquitous among **sex workers**
- Approximately 1 in 5 presentations to alcohol misuse treatment services, and 1 in 4 presentations to drug misuse treatment services, reported **living with children**. Alcohol and drug use were identified as risk factors in assessments by children’s social care, at higher than national rates.

Other information sources were used when collating priorities, including a comparison of local vs national drug data. Also, a Homelessness Health Needs Assessment has also been undertaken this year, which has informed our understanding of this population.

Following review of this information, a proposed set of priorities were identified, and are being discussed at partnership forums. Feedback from these forums has informed the priorities as they are presented in this paper, but as the discussions are ongoing these are subject to change. Once agreed the partnership strategy will be used as a framework to agree relevant actions for that partnership.

### **Governance**

The proposed governance for this strategy is defined below. The Drug And Alcohol Partnership Strategy is a virtual partnership, led by Public Health, and reports to the Safer Oxfordshire Partnership working group, and the Health Improvement Board.



Existing partnership groups include the CYP Substance Misuse Forum, and the Alcohol Partnership Group. There are other issues for which substance misuse has an impact, such as housing and homelessness . The strategy will be shared with relevant groups, and feedback collated by Public Health. There is always the opportunity to share this strategy with further groups as appropriate, and where current issues require this.

### **Proposed priorities**

In line with the prevention strategy, the priorities for this strategy have been expressed in the categories of

**Prevent** illness / poor social outcomes

**Reduce** the need for treatment

It has been clear from discussions with partners that there are some **cross-cutting principles** which will relate to the priorities:

**Joint working:** Having commitment from all partners across the health and social care system, the voluntary sector, education and other agencies as required, is vital to ensuring there is a common understanding of the issues faced due to alcohol and drugs, and the approach being taken by different organisations. This facilitates the development of a joint working approach, and developing a common solution and commitment to action. Also, data sharing is a vital part of being able to identify issues and solutions.

**Target Inequalities :** This is an accepted theme for prevention work, and will have a different focus in each area of work. Therefore this should be recognised as an important focus for all actions, based on knowledge on inequalities related to that work area.

***Prevent***

1. Focus on reducing the impact of drugs and alcohol on children and young people. This may, for example, be through tackling child drug exploitation, or ensuring all children have access to Protective Behaviours training.
2. Preventing the harm caused by alcohol or drugs, for example through effective age restrictions to purchasing alcohol, or tackling county lines for drug supply.

***Reduce:***

1. Reduce the impact of alcohol by addressing the unmet need for services in Oxfordshire. This has been recognised as a national issue, but also as a high local priority, and can be achieved through collaboration between services, innovative extension of services, and raising awareness of when to ask for help.
2. Reduce the harm that can be caused by drugs and alcohol, for example in the night time economy, ensuring people are kept safe, or through violence reduction work.
3. Focusing on vulnerable groups where drug and alcohol are impacting their health and social outcomes. For example, having specialist support for the homeless, or sex workers.

**Next steps**

Following further discussions with other partners, this strategy will be finalised and shared. The working groups will work with this to agree joint actions, and metrics to measure the impact.

The finalised partnership strategy, with action plans, can be presented to the Health Improvement Board in May 2020

**Recommendation:**

The board is asked to agree the approach outlined in this paper, and to comment on the proposed priorities.

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