

Oxfordshire Combatting Drugs Partnership

Oxfordshire Combatting Drugs Partnership Progress Report October 2024

1. Introduction and Context

The Oxfordshire Combatting Drugs Partnership (CDP) was established in October 2022. It ensures clear strategic direction and delivery of the aims and objectives set out in the government's 2021 drug strategy, From Harm to Hope¹ through delivery of a local strategy and action plan.

The partnership brings together partners from across Oxfordshire to collaboratively deliver pieces of work to Reduce Drug Use, Reduce Drug Related Death and Harm and Reduce Drug Related Crime.

The CDP provides a forum to collectively address local challenges around drug related harm.

About the Oxfordshire CDP

The Oxfordshire Combating Drugs Partnership is chaired by the Director of Public Health at Oxfordshire County Council, Ansaf Azhar. Ansaf is the Senior Responsible Owner for the CDP. This partnership covers the county of Oxfordshire.

Membership

Membership of the Oxfordshire Combatting Drugs Partnership is shown below:



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¹ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

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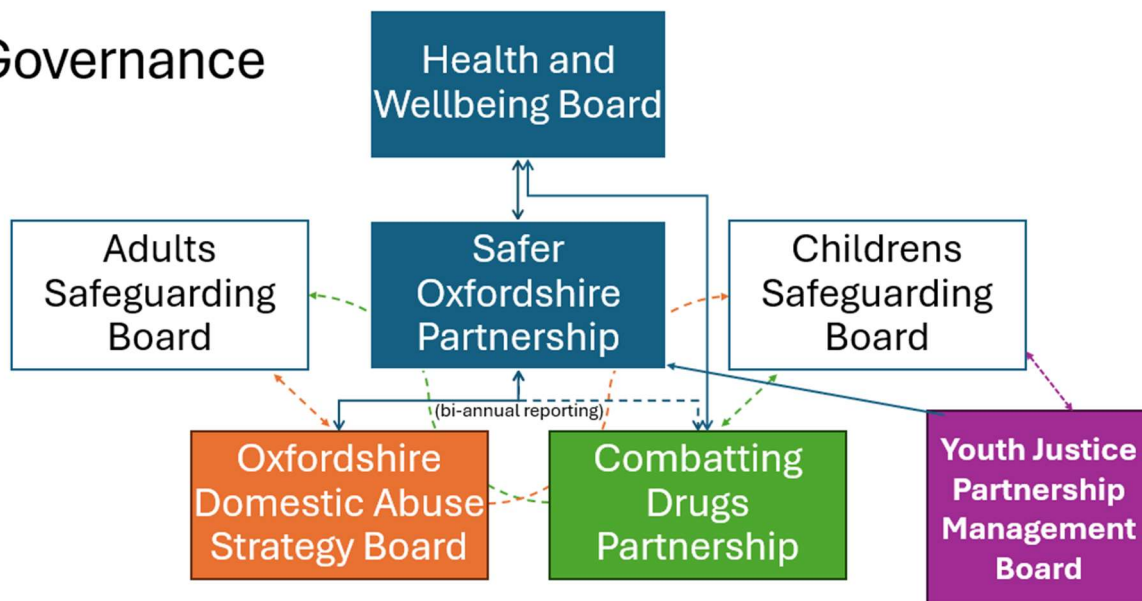
Scope of the Oxfordshire Combatting Drugs Partnership

The Oxfordshire Combatting Drugs Partnership is responsible for:

- Monitoring data including soft intelligence, from those with lived experience to ensure we have a current view of the needs and challenges in relation to drug and alcohol use.
- Overseeing delivery of the local combating drugs plan and other related substance use plans. This includes overseeing the activities funded by external grants provided to support the implementation of the national harm to health strategy.
- Identifying and communicating themes and emerging issues and developing a response which draws on the strength of the systemwide partnership.
- Providing visibility and accountability for issues related to drug and alcohol use.
- Reviewing some challenges in more detail where required and monitoring related actions.
- Sharing intelligence and current activities / developments with other partnership boards where relevant.

Governance

Governance



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How the Partnership Operates

2. Summary of the drugs (and alcohol) landscape in Oxfordshire

The CDP monitor local data included in Appendix 1 each quarter under the headings in outcomes framework:-

- Reduce Drug Use
- Reduce Drug Related Crime
- Reduce Drug Related Death & Harm
- Reduce Drug Supply
- Increase Treatment and Recovery
- Improve Recovery Outcomes

The data pack allows the CDP to understand the local challenges resulting from drug and alcohol use and make decisions on how to help with these. The data is telling us:

- Oxfordshire's adult drug and alcohol treatment service performs well in helping people who attend the service, with 56% progressing in treatment (compared to England's 46%). The numbers in treatment have been growing over the last year, with the current figure being almost 2300 clients. For these people, 91% do not report having a housing problem, and 29% have had at least one paid day of work in the last month. Both figures are higher than for England. 4% are not getting help for their mental health, which is lower than England (19%)
- Recent data showed less Children and Young People going into treatment the CDP took the decision to prioritise this area and mobilise a Task and Finish Group to respond. As a result, this service is now supporting more children and young people than before.
- 9.5% of the population of England and Wales reported using drugs in the year 22/23 – this percentage has been slightly rising in the last 5 years. However, in Oxfordshire the proportion of people using crack cocaine or opiates is less than nationally (7 vs 9.54 per 1000 people.) Also, the proportion of people who need treatment for using opiates and crack cocaine, but are not receiving it, is lower in Oxfordshire than England (48% vs 57%).
- Oxfordshire as a whole has a lower rate of drug related death than the England average However, the rate in Oxford City is similar to the England average. Also, a lower proportion of people in Oxfordshire die whilst being supported by drug and alcohol treatment services compared to the figure for England.

3. How is the Oxfordshire CDP addressing drugs (and alcohol) caused harms

Further to reviewing the Oxfordshire Drug and Alcohol 2020-2024 strategy and responding to the recommendations outlined in the 2022 Joint Needs Assessment it

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was agreed to map the action plan to the strategic and intermediate outcomes in the outcome's framework, using local data to inform the requirements of each group.

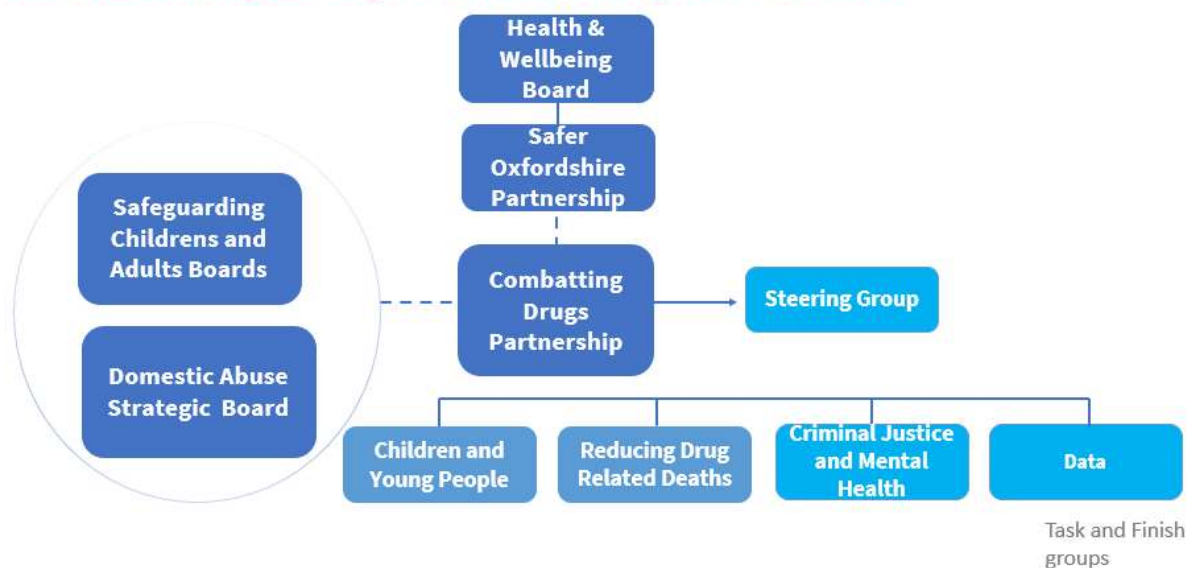
- Reduce Drug Use
- Reduce Drug Related Crime
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The diagram below shows the structure of the CDP and related task and finish delivery groups which have been mobilised and report to the Combatting Drugs Partnership on a quarterly basis.

The groups are responsible for progressing actions to support the priority areas outlined above and reporting progress to the CDP.

A summary of the delivery of the groups and progress made is set out below: -

Combatting Drugs Partnership Structure



Steering Group

Chaired by the SRO, the Steering Group oversees the strategic direction of the partnership. It has members community safety, public health and police. The purpose of this group is to review strategic direction of the CDP and identify then resolve any potential barriers to partnership delivery of the strategic action plan.

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Children and Young People Task and Finish Group (Reduce Drug Use)

As noted in section two, local data evidenced a dip in numbers of children and young people receiving structured interventions for their drug and alcohol use. To respond to this a multi-agency CDP task and finish group was formed using existing structures.

The already established Children and Young People Forum extended its remit and membership to drive partnership actions to increase the number of children and young people who are referred to the specialist service. Key actions of the group include: -

- Reviewing effectiveness of referral pathways
- Checking awareness of service offer across partnership organisations
- Promotion of the service as part of wider health offer
- Focus on School Health Nurse
- Whole family approach -devising guidance for children's workers to make referrals

The impact of this focused work is now showing in the data. The latest data from August 2024 shows that the rate of increase in numbers of children and young people receiving support has accelerated.

The group has made new connections and has ensured a better understanding of the offer of the Here4YOUth service across many agencies.

Reducing Drug Related Crime and Supply

Thames Valley Police share their approach to responding to drug gangs and encourage partnership reporting of concerns.

The CDP and Thames Valley Police are working together to embed a partnership approach to the outcomes noted above.

Reducing Drug Related Deaths and Harm Task and Finish Group (Reducing Drug Related Death and Harm)

Synthetic Opioids are man-made drugs that mimic the effects of natural opioids (such as opium or heroin) but can be much more deadly. They include fentanyl and nitazenes and present a significant risk to people who consume illegal drugs.

The UK government have set up a task force to mitigate this threat, and we are working locally to respond.

A reducing drug related death and harm group has been mobilised. Actions being taken forward by the group include:

- Increasing carriage and distribution of naloxone in CDP agencies / organisations

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- Establishing a Professional Information Network

Naloxone

Naloxone is a medicine that rapidly reverses an opioid overdose.

The reducing drug related death group are conducting an exercise to understand the level of need for naloxone in Oxfordshire and the purchasing and supply arrangements in the County.

The group are taking learnings from the Oxfordshire South Central Ambulance Service naloxone pilot and a pharmacy pilot for distributing naloxone is also in the early stages.

By increasing the CDP partnership use of naloxone, we are working to prevent potential deaths cause by Synthetic Opioids.

Professional Information Network

The Professional Information Network (PIN) provides assurance that adequate systems and procedures are in place for managing the risk of synthetic opioid threats within Oxfordshire, including having an incident response plan for emerging threats.

The Reducing Drug Related Death Group maintains links with the PIN.

A PIN that uses consistent and efficient processes for sharing and assessing information, issuing early warnings where needed, can help ensure high-quality, effective information rapidly reaches the right people.

The PIN meets three times per year. Ad hoc urgent meetings can be called to address significant and urgent issues in addition to the formal meetings.

The PIN will have a link with the [Thames Valley Local Resilience Forum](#), to ensure they are informed of current local developments and actions.

Information Sharing

Conversations at the group have led to a raised awareness of the risk of synthetic opioids for occasional users of opioids. Partners have been able to take this information away and raise awareness within their own areas.

Increase Treatment and Recovery

Oxfordshire is achieving targets for adults who are starting and progressing in treatment as outlined in Appendix 1. The CDP agreed the focus of increasing the numbers of people in treatment and recovery services should be a theme in all partners work. Therefore, each task and finish delivery groups, report any opportunities to increase Treatment and Recovery to the CDP. This approach is underpinned by the Criminal Justice and Mental task and finish Group detailed below.

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Criminal Justice and Mental Health Task and Finish Group (Improve Recovery Outcomes)

As noted above a key aim identified by the CDP was to increase the number of people into treatment and recovery during and upon leaving the Criminal Justice System by working together across the criminal justice system, police, prisons, probation and community substance use services, to create and maintain effective pathways. This includes ensuring continuity of care between services and information sharing. The CDP were able to tap into existing structures by expanding the remit of the already formed Community Sentence Treatment Requirement (CSTR) Steering Group.

A community sentence treatment requirement is an umbrella term that brings together the three different requirements that courts can use to place an offender on a community sentence where the offender has consented to complete treatment: the Mental Health Treatment Requirement (MHTR), Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR).²

The group are currently driving key actions forward to:

- Ensure a joined-up approach by substance use and mental health services where there's a dual diagnosis of drug use and mental health issues.
- Ensure a joined-up approach between substance use and criminal justice services to increase the numbers of people supported to reduce their drug their alcohol and drug use and offending
- Ensure people with a drug treatment need on leaving prison commence community treatment with alcohol and drug services within 21 days of leaving prison

The group are aware that engaging people with lived experience will be critical to identifying gaps in service provision. Focus groups are currently being considered as a potential mechanism to engage lived experience partners. Progress will be reported back to the CDP. The group maintain oversight of the local continuity of care performance from prison to community treatment, which remains significantly above the national and south-east regional averages.

Data

The data task and finish group meet quarterly to review locally available data including National Drug Treatment Monitoring System (NDTMS), health and social care and criminal justice data from across the partnership. Specific metrics for task and finish groups relate to delivery of key actions, such as increasing the number of Naloxone distributors, and increasing the number of children and young people and adults in treatment.

² <https://justiceinnovation.org/sites/default/files/media/document/2021/cstr.pdf>

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CDP Horizon scanning and LDIS

The CDP monitors and addresses emerging threats from synthetic opioids and other dangerous substances through the local drug information system (LDIS). This is done by:

- Risk-assessment and ongoing monitoring of emerging threats based on intelligence received and proactive surveillance of local/national data
- Communicating potential threats, using agreed communications strategies and messages, to rapidly inform relevant services and people who use drugs as appropriate
- Taking actions to prepare for and mitigate imminent/potential threats through enhanced/targeted multi-agency harm reduction interventions

4. Progress of Oxfordshire CDP delivery since its establishment

Please see Appendix 1 which details the national metrics and gives insight into the current performance in Oxfordshire.

The introduction of this data pack has supported the local decision of the CDP.

There has been improved cross partnership knowledge and relationships have been strengthened, facilitated by the CDP.

External grant funding has enabled these improvements as well and partnership working in the CDP.

How our local community can get involved in the Oxfordshire CDP

There are several people with lived experience who can attend CDP and contribute to discussions.

They have also shared their own stories to explain the importance of services, and how these should be approached.

It has been identified that the Oxfordshire CDP could expand how we involve people with lived experience, their families and the local community.

In response to this the Oxfordshire CDP lead and colleagues in Public Health are currently undertaking a scoping exercise to explore how to bring the voice of lived experience and the local community into the CDP.

The next steps will be to develop a robust options appraisal to present to the CDP and move at pace to embed the voice of those with Lived Experience and their families at the CDP. We will progress lived experience and recovery community scoping across all substance use workstreams.