

## Annual Progress Report 2024-2026

### Executive Summary

The Oxfordshire Combatting Drugs Partnership (CDP) brings together Local Authority, NHS, criminal justice and voluntary sector partners to reduce the harms from alcohol and drugs. Overall Oxfordshire continues to perform strongly against national benchmarks, particularly in relation to treatment access, continuity of care following release from prison and drug-related deaths. Key achievements over the reporting period include:

- Increase in the number of adults accessing drug and alcohol treatment
- Strong performance against national continuity of care targets
- Significant expansion of naloxone availability
- Strengthened system response to emerging drug threats through the local drug information system.

However, challenges remain in particular:

- Declining numbers of children and young people accessing specialist substance use support
- Persistent inequalities in drug and alcohol related harm.

This report provides the Health and Wellbeing Board with assurance on progress to date and outlines priority areas for system focus.

### 1. Introduction and Context

The Oxfordshire Combatting Drugs Partnership (CDP) was established in October 2022. Its purpose is to ensure clear strategic direction, and implementation of the aims and objectives set out in the Government's 2021 drug strategy, From Harm to Hope<sup>1</sup> through delivery of a local strategy and action plan.

The partnership brings together agencies from across Oxfordshire to work collaboratively to reduce drug use, drug related deaths and harm, drug related crime and increase engagement in treatment.

While the national strategy focuses primarily on illicit drugs, the Oxfordshire CDP takes a whole system approach to substance related harm, recognising that alcohol continues to be a significant driver of ill health, health inequalities, demand on health and care services, and wider social harm.

The CDP provides a forum to collectively address local issues and challenges relating to substance use related harm.

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<sup>1</sup> [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#)

# Oxfordshire Combatting Drugs Partnership

## 1.1 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.

## 1.2 Membership

Membership of the Oxfordshire Combatting Drugs Partnership is shown below:



Oxfordshire Combatting Drugs Partnership

# Oxfordshire Combatting Drugs Partnership

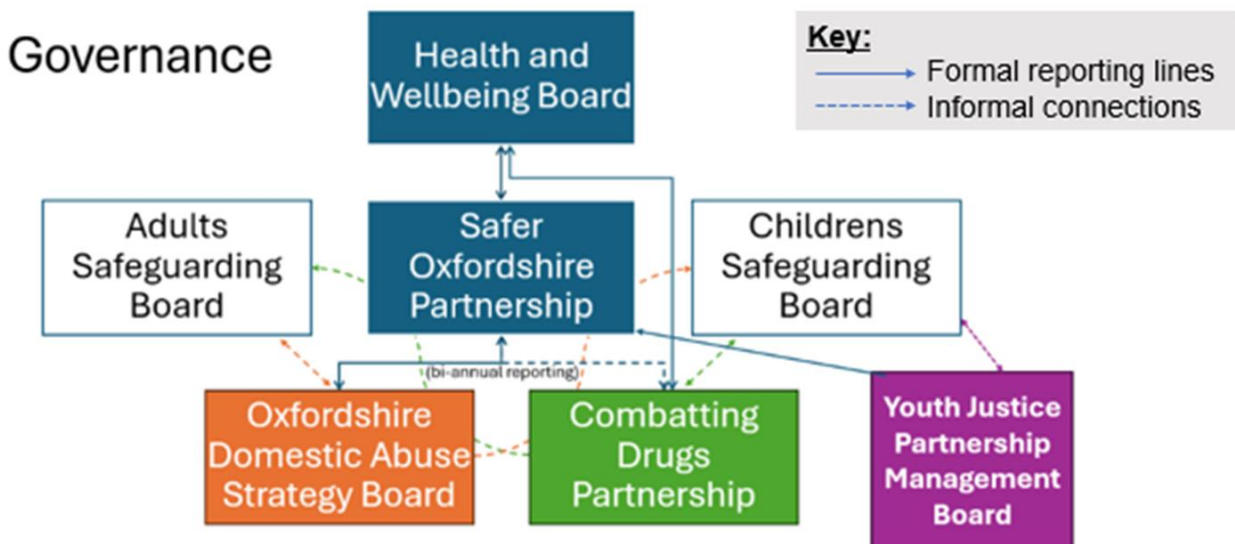
## 1.3 Scope of the Oxfordshire Combatting Drugs Partnership

The Oxfordshire Combatting Drugs Partnership is responsible for:

- Monitoring data, including 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 combatting 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 Hope 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 and providing a forum for discussion between partners.
- Reviewing challenges in more detail where required and monitoring related actions.
- Sharing intelligence and current activities / developments with other partnership boards where relevant.

## 1.4 Governance

The Oxfordshire Combatting Drugs Partnership reports to the Health and Wellbeing Board and maintains links with Safeguarding Boards, the Domestic Abuse Strategic Board and Safer Oxfordshire Partnership to ensure each group has overview and awareness of any cross-board priorities.



## 2. Summary of the drugs and alcohol landscape in Oxfordshire

In 2025 the Partnership carried out a Health Needs Assessment (HNA). This systematic review brought together quantitative and qualitative evidence to identify population health needs, gaps in services, and inform recommendations for future action. The HNA executive summary was published on the [CDP website](#) in January 2026.

The following is a summary of what key data from the HNA is telling us:

- Overall rates of opiate and/or crack cocaine use are lower in Oxfordshire than the England average, however there is significant variation within the county
- Overall rates of alcohol dependency are lower in Oxfordshire than the England average however there is significant variation within the county
- The proportion of people with an identified alcohol treatment need who are not engaged in services (unmet need) has declined substantially in Oxfordshire since 2015/16, falling below national levels
- The level of unmet need for opiate and/or crack cocaine use treatment remained relatively steady in Oxfordshire, consistently below the England average
- The number of adults accessing treatment for alcohol and/or drug use in Oxfordshire has increased significantly since 2020
- The number of adults in treatment for opiate use increased over the period to March 2025, but remains the hardest group to identify and bring into services
- The number of children and young people in treatment for substance use has declined over the last three years; work to identify and engage them remains a priority for the CDP
- Overall, deaths and hospital admissions for adults related to drug use are substantially lower than national averages, with rates remaining steady, compared with increasing rates nationally. However, parts of Oxfordshire have rates in line with national averages
- Overall alcohol related deaths and hospital admissions have seen a slight increase but remain substantially below the national average
- Areas within Oxfordshire with higher rates of deprivation show higher rates of alcohol related hospital admissions, showing inequality within the county
- Rates of alcohol related unintentional injuries, and intentional self-poisonings have reduced and remain similar to national averages
- The number of adults with a substance use treatment need who successfully engage in community-based structured treatment following release from prison has increased substantially since 2020 exceeding the national ambition.

Oxfordshire achieved or exceeded all local and national targets for increasing the number of adults starting and progressing in treatment over the initial three years of the drug strategy implementation.

## 3. How is the Oxfordshire CDP addressing drug and alcohol harms

Following a review of the local Drug and Alcohol 2020-2024 strategy and national drug strategy, the CDP developed and agreed a comprehensive action plan, mapped to the strategic priorities, using national and local data to inform the requirements of each group.

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The following were agreed as priority areas:

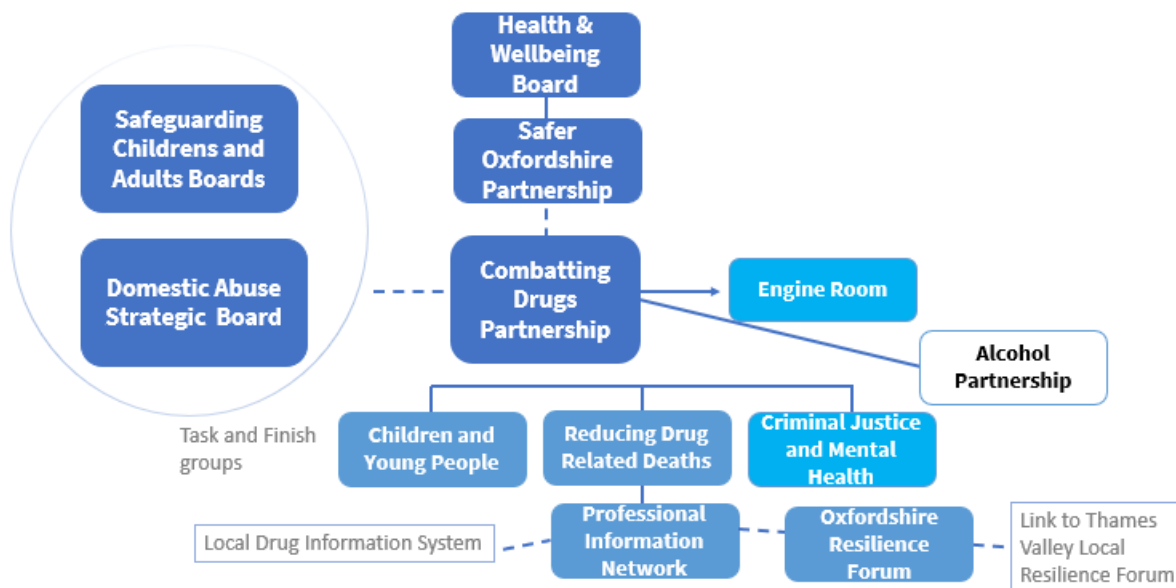
- Reduce drug use
- Reduce drug related crime
- Reduce drug related death and harm
- Increase treatment and recovery

Alcohol related harm is addressed across all priority areas.

The diagram below shows the structure of the CDP and related task and finish delivery groups which were mobilised in 2024 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.

## Combatting Drugs Partnership Structure



The 2025 Drug and Alcohol Health Needs Assessment will inform the strategic development of priorities for the Combatting Drugs Partnership and its task and finish groups for 2026 and beyond, which may include changes to the current partnership structure.

In 2023 the CDP agreed that a focus on increasing the numbers of people in treatment should be a key priority across all partners. Each task and finish delivery group reports any opportunities and actions to increase treatment numbers and improve recovery outcomes to the CDP. Moving forward into 2026 and beyond this focus is changing to one of sustaining treatment capacity and improving treatment engagement and outcomes with key groups.

## 4. Task and Finish Group delivery and progress

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

### 4.1 Children and Young People Task and Finish Group

Over the past 18 months the primary focus for this group has continued to be improving the effectiveness of referral pathways to the children and young people's substance use service provided by Cranstoun Here4YOUth, to increase the number of children and young people who receive support and specialist treatment.

Links have been strengthened with a range of partner agencies, including:

- Children's services run by Oxfordshire County Council
- VCSE organisations such as Oxfordshire Youth and SOFEA
- Thames Valley Police, particularly its Harm Reduction Unit
- The School Health Nursing service
- Children and young people's mental health services
- Adult community alcohol and drug service provided by Turning Point

Health care, education and Children's Services are key sectors that require further partnership work to enhance awareness of the Here4YOUth service's offer, alongside more joined up working.

Whilst awareness of the Here4YOUth service has increased across partner services, over the last year, the number of under-18s being referred and/or engaging in structured treatment for their drug and alcohol use has not yet increased. Thus, increasing awareness of the service offer and facilitating referrals to the service, from a wide range of agencies across the whole Oxfordshire system, remain primary objectives for the group. It is anticipated that recent efforts to strengthen collaborative links will result in increased engagement by young people into specialist interventions.

### 4.2 Reducing Drug Related Deaths and Harm Task and Finish Group

Synthetic Opioids are man-made drugs that mimic the effects of natural opioids (such as morphine) but can often be significantly more toxic and carry a higher risk of accidental overdose. 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 was set up under the CDP in Oxfordshire in June 2024 and actions that have been taken forward by the group include:

- Increasing carriage and distribution of take-home naloxone in CDP agencies and organisations
- Establishing a Professional Intelligence Network to coordinate intelligence and system response

## 4.2.1 Naloxone

Naloxone is a prescription-only medication that rapidly reverses the effects of an opioid overdose. In December 2024, [The Human Medicines Regulations 2024 was amended](#) to enable a wider range of people to supply naloxone without a prescription, including people working for the police, probation and youth justice services, as well as named registered healthcare professionals, provided these individuals have undergone appropriate training.

In December 2024, **Thames Valley Police** (TVP) launched the roll-out of naloxone for carriage by front-line officers. This project was supported by the Oxfordshire adult community alcohol and drug service provided by Turning Point, who trained front-line TVP officers and provided the initial supply of naloxone. As of February 2026, there have been 361 kits issued to TVP officers, including uniformed officers, response and neighbourhood policing teams, and some specialist departments. Since the start of the roll-out, there have been 25 recorded cases of emergency usage of naloxone by TVP officers, with successful resuscitation of the people involved.

The **Oxfordshire Community Pharmacy Take Home Naloxone (THN) service** commenced in February 2025 and as of February 2026, 29 pharmacies across Oxfordshire have signed up to deliver the service. As of February 2026, 141 THN supplies have been made by pharmacies, including 90 supplies made to 'first-time recipients' of naloxone. Further work is underway to raise awareness of the service and support more pharmacies to participate.

A naloxone mapping exercise to identify potential gaps in training and access was conducted in February 2025; results indicated that further work may be required to raise awareness of the importance of naloxone and how to access/use it. Public Health in collaboration with Turning Point delivered naloxone learning events for pharmacy professionals, GPs and CDP members in February, March and April 2025.

Further work is underway to raise awareness of naloxone locally, including via promotional posters and waiting room digital screens, and to widen access to take-home naloxone via other settings where feasible.

Turning Point continue to deliver bespoke naloxone training to local services, which alongside Police Officers, has included probation and ambulance service staff as needed. In April 2025, Cranstoun Here4YOUth Oxfordshire commenced the delivery of enhanced overdose management training, targeted to services that work with young people.

## 4.2.2 Local Drug Information System (LDIS)

The CDP monitors and addresses emerging threats from synthetic opioids and other dangerous substances through the LDIS (also referred to as the *drug alerts* or *early warning* system). This is done by:

**YOU CAN SAVE A LIFE WITH A SPRAY!**

Knowing and recognising the signs of an opioid overdose and carrying naloxone can help save a life.

**Naloxone saves lives** by temporarily reversing the effects of an opioid overdose, helping the person to breathe normally until an ambulance arrives.

oxfordshire.gov.uk/  
Take-Home-Naloxone

You can now get a naloxone pack and training on its use **free of charge** at select local pharmacies.

For information about the **Take Home Naloxone service** and where you can get a free naloxone pack scan the QR code or visit [oxfordshire.gov.uk](https://www.oxfordshire.gov.uk) and search for 'naloxone'.

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- Risk-assessment and ongoing monitoring of emerging threats based on intelligence received and proactive surveillance of local and 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 or potential threats through enhanced and targeted multi-agency harm reduction interventions.

## 4.2.3 Professional Information Network (PIN)

The Oxfordshire PIN, a subgroup of LDIS, was established in September 2024 in response to the increasing risk of death and harms locally and nationally linked to illicit potent synthetic opioids, specifically Nitazenes.

The PIN group meets three times a year to share knowledge, intelligence and resources about current drug-related concerns. Further 'reactive' meetings are also scheduled as needed to address urgent drug-related threats. The PIN reports to the Combating Drugs Partnership via the "reducing drug related deaths subgroup".

In December 2024, a local Response Plan was codeveloped and agreed by the PIN group. This Plan details an agreed stepped local approach to (rapidly) mitigate risk and harms from synthetic opioids and emerging drug threats.

Throughout the past year, there have been continued local and national reports of overdoses and acute health harms confirmed or suspected to be linked to synthetic opioids such as Nitazenes and Orphines, and/or other high-risk non-opioid substances such as Ketamine, Xylazine, Medetomidine, and new psychoactive substances.

The PIN group have worked collaboratively to ensure that reliable intelligence about drug threats is communicated effectively, via the LDIS, to relevant local and national agencies and to people who use drugs, to prompt local action. Based on the evaluated risk and impact of the drug threat, local services implement enhanced harm reduction interventions as part of the overall response.

## 4.3 Criminal Justice and Mental Health Task and Finish Group

This task and finish group has monitored performance against the continuity of care from prison to community treatment services metric. The number of adults with a substance use treatment need who successfully engage in community-based structured treatment following release from prison, within 3 weeks, has increased substantially since 2020 and continues to increase, exceeding the national ambition of 75% and regional and national averages.

The task and finish group has also overseen pathway and service developments to ensure comprehensive delivery of Probation orders including mental health and drug and alcohol treatment requirements (MHTRs, DRRs and ATRs).

Probation have reported changes to the structure of their staff teams to include the creation of a specialist Integrated Offender Management (IOM) Substance Use Team to manage offenders with substance use issues. This ensures a more joined-up approach with partners

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including Turning Point and a workforce with greater expertise and skills in managing complex substance use cases

The group continues to monitor the impact of measures to reduce the prison population on community services, as the number of offenders managed in the community continues to rise.

## 4.4 Reducing Drug Related Crime and Supply

Thames Valley Police (TVP) have shared their approach to reducing harm and the supply of illicit drugs, set out in their Drug Strategy, which is built on four key pillars: Prevent, Prepare, Protect and Pursue.

The CDP and Thames Valley Police are working together to ensure cross-agency representation at partnership meetings, with attendance of CDP members at TVP Prevent and Protect meetings, and TVP attendance at CPD meetings. This collaboration is vital for reducing work duplication, facilitating cross organisational data sharing, and enabling better problem-solving capabilities.

## 4.5 Data

Data is reviewed annually against the Local Outcomes Framework at a partnership level, using locally available data including National Drug Treatment Monitoring System, 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 and are reviewed on a quarterly basis.

## 5. How our local community can get involved in the Oxfordshire CDP

People with lived experience, supported by local services, periodically attend CDP and contribute to discussions.

They have shared their own stories to explain the importance of services, and how service accessibility and engagement can be improved. Turning Point have supported people who have previously accessed treatment to attend meetings and provide feedback to the group.

The Oxfordshire CDP plan to expand how we involve people with lived experience, their families and the local recovery community, recognising their essential contribution to improving outcomes. In 2025 Public Health undertook a scoping exercise to explore how to bring the voice of lived experience and the local community into the CDP beyond the current model. An options appraisal and business case was developed and approved in November 2025, and in 2026-2027 we will be moving at pace to procure a Lived Experience Advisory Group to further embed the voice of those with lived experience and their families.

## 6. Next steps

The Combatting Drugs Partnership is convening a multi-agency workshop to review the findings of the needs assessment, reflect achievements and challenges and agree future strategic direction. This work will inform the development of a renewed partnership strategy and action plan.

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