

# Template for Health Improvement Board reports

## Health Improvement Board

25 June 2026

### Reducing harm from drug and alcohol use in Oxfordshire

#### Purpose / Recommendation

1. The purpose of this paper is to describe the main drug and alcohol issues affecting Oxfordshire residents and set out the direction for the new Oxfordshire drugs and alcohol strategy.
2. The Health Improvement Board is asked to:
  - **NOTE** the harms relating to drugs and alcohol experienced by Oxfordshire residents
  - **SUPPORT AND ENDORSE** the approach to the Oxfordshire drug and alcohol Strategy, informed by the Health Needs Assessment, collaboration stakeholder workshop and wider partner engagement and **NOTE** the next steps
  - **FEEDBACK** on the early strategic direction, vision and aims of the strategy
  - Continue to **CHAMPION** a whole-system approach to reducing drug and alcohol harm, with a particular focus on prevention, reducing inequalities, and strengthening partnership working

#### Executive Summary

3. Whilst lower than national averages, Oxfordshire continues to experience substantial harm from drugs and alcohol.
4. Harm is not evenly distributed, with areas of higher deprivation, people with mental health conditions, people experiencing homelessness and other inclusion health groups typically experiencing higher compared to the general Oxfordshire population.
5. Although treatment access and outcomes have improved in several areas, and are above national averages, significant unmet need remains—particularly for alcohol dependence. Whilst performance in adult services remains strong, numbers of children and young people in treatment have declined over recent years.
6. In response, the paper sets out the early strategic direction for a refreshed Oxfordshire Drugs and Alcohol Strategy for 2027–2030, with a vision of making Oxfordshire a place where it is easier for everyone to live a life free from drug and alcohol harms. The proposed strategy is built around five aims: tackling underlying causes, addressing drug supply-related harm, strengthening prevention and early intervention, improving treatment and harm reduction, and supporting recovery and long-term success. Cross-cutting themes include reducing inequalities, tackling stigma, embedding lived experience, and improving partnership working.

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## Background

7. Local Authorities' statutory responsibilities for the public health services are set out in the Health and Social Care Act 2012 . This includes responsibility for a range of public health services, such as services to address drug and alcohol use.
8. In Oxfordshire, strategic oversight of this agenda sits with the Oxfordshire Combatting Drugs Partnership, a multi-agency partnership established in October 2022 as the local delivery mechanism for the national drug strategy, From Harm to Hope<sup>1</sup>. The partnership is chaired by the Director of Public Health and Communities and brings together local government, the NHS, police, probation, prison, treatment providers and the voluntary and community sector.
9. The current Oxfordshire Drug and Alcohol Strategy was published in 2020<sup>2</sup>. A new Oxfordshire Drugs and Alcohol Health Needs Assessment<sup>3</sup> was published in late 2025 which provided an updated assessment of need, service provision, and made recommendations for action. During April 2026, Oxfordshire partners also attended a strategic planning workshop and survey exercise to identify system strengths, gaps and priorities for further improvement. In May 2026, the Combatting Drugs Partnership annual report<sup>4</sup> was presented to the Health and Wellbeing Board providing a summary of delivery progress and key challenges.

### Strategic fit:

10. Substance use services are an integral part of Oxfordshire County Council's strategic direction, values, and principles, as detailed in the Strategic Plan 2025–2028<sup>5</sup>. The Council's vision includes supporting people to live healthy lives and ensuring access to services that can improve quality of life across local communities.
11. These services also make a direct contribution to the Marmot Place Programme<sup>6</sup>, which aims to create a fairer, healthier Oxfordshire. In particular, substance use services support the principle of 'ensuring a healthy standard of living for all' and 'giving every child the best start in life'.
12. There is strong alignment with wider council priorities such as Families First<sup>7</sup> and Best Start in Life.
13. Oxfordshire's drugs and alcohol strategy directly supports key strategic priorities of the Health Improvement Board<sup>8</sup>. It will contribute towards the following priorities:

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

<sup>2</sup> [Item 10 - DA partnership strategy FINAL DRAFT HIB Sept 20.pdf](#)

<sup>3</sup> [ExecutiveSummary-DrugsandAlcoholHNA.pdf](#)

<sup>4</sup> [https://mycouncil.oxfordshire.gov.uk/documents/s81890/Oxfordshire%20Combatting%20Drugs%20Partnership%20Annual%20Progress%20Report\\_%202024-2026.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s81890/Oxfordshire%20Combatting%20Drugs%20Partnership%20Annual%20Progress%20Report_%202024-2026.pdf)

<sup>5</sup> [\)CC Strategic Plan 2022 to 2025](#)

<sup>6</sup> [Marmot Places - IHE](#)

<sup>7</sup> [FFP Programme guide: delivery expectations for statutory safeguarding partners in England: year 2 \(2026 to 2027\)](#)

<sup>8</sup> [Health Improvement Board | Oxfordshire County Council](#)

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- Preventing physical and mental ill health by helping individuals keep themselves healthy, identifying health issues early and providing the right support at the right time
- Closer collaboration by working more closely, collaboratively, and creatively with residents and communities, especially in areas of greatest deprivation
- Reducing alcohol-related harm.
  - Addressing unmet need for alcohol support and treatment
  - Improving earlier identification and prevention of alcohol harm
  - Close collaborative working between health and care services where there are overlapping needs
  - Supporting the vulnerable and complex needs population to address substance use and associated harms

## Key Issues

14. This paper sets out a draft vision and priorities for a new Oxfordshire drugs and alcohol strategy. These priorities are informed by national strategies and guidance, such as the landmark 2021 10-year drugs strategy 'From Harm to Hope'<sup>9</sup>, Oxfordshire County Council's 2025 Drugs and Alcohol Health Needs Assessment<sup>10</sup>, and stakeholder engagement through the Combatting Drugs Partnership. Further engagement is planned with partners to jointly agree the priorities for the strategy, recognising the vital role of partnership and joint accountability to achieve a whole-systems approach.
15. Recognising the significant system change over the coming years due to local government reorganisation, implementation of the NHS 10 Year Health Plan<sup>11</sup> and implementation of the Neighbourhood Health framework<sup>12</sup>, police reforms<sup>13</sup> and other system changes, it is recommended that the refreshed Drugs and Alcohol Strategy is proportionate and delivery-focused.
16. The performance of adult drugs and alcohol services remains very good in Oxfordshire, and maintaining and building on this will be an important part of the strategy.
17. Children's drugs and alcohol services have performed less well, with ongoing challenges engaging children and young people in services. The new strategy provides an opportunity as a whole system to strengthen the support provided to children and young people alongside effective prevention and education.

## Summary of health needs:

<sup>9</sup> [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](#)

<sup>10</sup> [ExecutiveSummary-DrugsandAlcoholHNA.pdf](#)

<sup>11</sup> [10 Year Health Plan for England: fit for the future - GOV.UK](#)

<sup>12</sup> [Neighbourhood health framework - GOV.UK](#)

<sup>13</sup> [From local to national: a new model for policing - GOV.UK](#)

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18. In 2024, there were over 200 deaths and over 9,000 hospital admissions linked to alcohol<sup>14</sup> and between 2022-24 there were 65 drug related deaths<sup>15</sup>.
19. The 2025 Health Needs assessment<sup>16</sup> described the following picture for Oxfordshire:

## Adults

- The number of adults accessing treatment for alcohol and/or drug use in Oxfordshire has increased significantly since 2020, as has the number of adults with a substance use treatment need who successfully engage in community-based structured treatment following release from prison. This has reduced the gap between the estimated numbers of people requiring treatment and those in treatment, thus representing lower unmet need and success in services engaging with people requiring this support.
- 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
- 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
- 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 in treatment for opiate use increased over the period to March 2025, but remains the hardest group to identify and bring into services
- 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

## Children and young people

- In Oxfordshire, more than 20% of secondary school aged children report drinking alcohol at least once in the past month, and around 6% report taking something to get high or self-medicated with drugs in 2025.
- It is estimated that 4.3% of children and young people are affected by parental alcohol or drug use in Oxfordshire, equating to around 6,000 individuals and is higher than the national average.

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<sup>14</sup> [Alcohol Profile - Data | Fingertips | Department of Health and Social Care](#)

<sup>15</sup> [Fingertips | Department of Health and Social Care](#)

<sup>16</sup> [ExecutiveSummary-DrugsandAlcoholHNA.pdf](#)

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- 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

## 2027-2030 Drugs and Alcohol Strategy – DRAFT strategic direction

20. The draft vision for the 2027-2030 strategy is for “*Oxfordshire to be a place where it is easier for everyone to live a life free from drug and alcohol harms*”

21. The key outcomes are to work in partnership to:

- *monitor trends in drug and alcohol use, identifying emerging threats and unmet needs*
- *prevent and reduce individual and societal harms from drug and alcohol supply and use in Oxfordshire*
- *provide high quality and accessible services, and*
- *enable those most impacted by drugs and alcohol to recover and thrive.*

22. This will be delivered through the following five proposed aims:

- 1) Shine a spotlight on, and support work to tackle, the **underlying causes** of drug and alcohol harm (such as risk factors including socioeconomic deprivation, adverse childhood experiences, poor mental health, housing instability and social isolation)
- 2) Target **drug supply** related violence (such as organised crime, child exploitation/county lines, spiking)
- 3) Focus on **prevention** and **early intervention** (such as availability and promotion of drugs and alcohol [regulation and enforcement], education and training, brief intervention and screening)
- 4) Provide high quality and evidence-based **harm reduction, support and treatment** (such as access, identification and promotion of evidence based harm reduction and treatment interventions)
- 5) Enable **recovery** and create conditions for **long-term success** (such as employment and housing support and preventing relapse)

23. Proposed cross cutting themes include:

- Tackling health inequalities and reducing stigma
- Inclusion of the lived experience voice
- Partnership working and information sharing

24. Proposed target populations include:

- Children, young people and families (incorporating the Think Family approach)
- People experiencing poor mental health
- People experiencing homelessness
- People involved in the criminal justice system
- Other groups experiencing complex needs

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25. A detailed description of the local context and drivers underpinning each aim and priority area is described in [appendix 1](#). This also highlights the relevant recommendations from the 2025 HNA.

- Importance of whole-system improvement over isolated solutions

## Next steps

26. The following next steps are proposed for the strategy development:

- Engage with wider partners on the proposed vision and aims and jointly develop a delivery focussed action plan, owned by the Combatting Drugs Partnership. This action plan will build on the large number of activities already underway across the system (examples set out in [appendix 1](#)). (July 2026)
- Agree key outcomes to be delivered through the strategy and mechanisms for monitoring and evaluation (August/September 2026)
- Review the governance and terms of reference for the Combatting Drugs Partnership and its task-and-finish groups, including whether the current structure remains fit for purpose during strategy implementation. (July/August 2026)
- Ensure that the action plan is realistic and phased, recognising system priorities, capacity pressures and local government reform.

It will be critical to embed lived experience and co-production in both the strategy and the action plan

## Role of the Health Improvement Board

27. The health improvement board is asked to:

28. **SUPPORT AND ENDORSE** the approach to the Oxfordshire drug and alcohol Strategy set out in this paper. This includes:

- Proposals to publish a new drugs and alcohol strategy for 2027-2030
- Plans to develop the strategy in partnership with local government, police, health and care, VCS and criminal justice, driven through the Combatting Drugs Partnership
- Planned further engagement work and intention to publish the strategy in Autumn 2026 (subject to governance timelines)

29. **FEEDBACK** on the strategic direction, vision and aims presented in this paper. This includes:

- The draft vision, 5 strategic aims, proposed cross cutting themes and target populations.

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30. Additionally the Health Improvement Board plays an important system leadership role in tackling harms from drugs and alcohol. Board members are asked to:

- **Champion prevention**, early intervention and harm reduction across partner organisations, including work on stigma, the night-time economy, mental health, housing and neighbourhood approaches.
- Support ongoing **alignment with the Oxfordshire Health and Wellbeing Strategy**, Marmot ambitions and neighbourhood working, so that drug and alcohol harm is considered within broader prevention and place-based agendas.
- Encourage partners to maintain **focus on inequalities**, including the concentration of harm in specific communities and the barriers faced by rural residents, people experiencing homelessness or who are vulnerably housed, people leaving prison, families affected by substance use and under-represented groups.
- **Maintain visibility** of drugs and alcohol harm as a wider health inequalities issue, not only a treatment issue.
- Receive future updates on strategy implementation and progress, particularly where multi-agency action is needed to address barriers that sit outside specialist treatment services alone.

### Role of district councils in the strategy

31. District councils are not the lead commissioners of drug and alcohol treatment, but they have a significant contribution to make to prevention, harm reduction and recovery through their influence over local conditions. In a refreshed strategy, district councils can play a crucial role in supporting:

- Housing, homelessness prevention and recovery-supportive accommodation, including stronger links between local housing pathways and substance use services.
- Place-based prevention and outreach, particularly in communities affected by deprivation, rough sleeping, anti-social behaviour, local alcohol harms or lower awareness of support services.
- Community safety, and local action on the night-time economy, using district-level intelligence to reduce alcohol-related harm and support safer public spaces.
- Licensing decisions to regulate the availability of alcohol in areas experiencing high alcohol harm.
- Controls on the promotion of alcohol through advertising, particularly towards children and other vulnerable groups.
- Local communications, and neighbourhood partnerships that help residents understand what support exists and how to access it.
- Supporting work to reduce stigma around substance use
- Stronger coordination between district, county, voluntary and health partners in local hubs or neighbourhood settings, particularly where residents have multiple and intersecting needs.

### Links to other services

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32. Drug and alcohol harm intersects with a wide range of services and policy areas. There are strong links with mental health, suicide prevention, housing and homelessness, domestic abuse, children's services, criminal justice, community safety, and health services. There are also opportunities to work more closely with related agendas such as gambling harm, financial wellbeing and employment support. The strategy refresh should therefore continue to frame substance use as a whole-system issue rather than the responsibility of any one service alone.

### Budgetary implications

33. Funding for substance use services comes from the Public Health Grant. This is a ring-fenced grant, provided to give Local Authorities the funding required to discharge their public health responsibilities and is spent solely on fulfilling their public health obligations. Substance use funding is allocated and ring-fenced within the Public Health grant as a requirement of the grant conditions.
34. It is estimated that investment in drug treatment yields a return of £4 per £1 invested, which rises to a total of £21 over 10 years, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care<sup>17</sup>.
35. This paper itself does not create a direct new funding commitment. However, the evidence reviewed for the strategy refresh highlights wider system pressures and unmet need, particularly in relation to alcohol, housing support, mental health interfaces, children and young people, and recovery infrastructure. The refreshed strategy and action plan will therefore need to prioritise those actions where collective impact is greatest and where existing resources can be aligned most effectively.

### Equalities implications

36. The paper is directly concerned with reducing inequalities. The Health Needs Assessment and partner engagement both show that drug and alcohol harm is not spread evenly across the county. Greater harm is experienced in more deprived urban areas, among some homeless and inclusion health populations, among people involved in the criminal justice system, and among children and families affected by substance use. Rural access barriers, cultural barriers, stigma and communication needs also require attention. Equality and inclusion impacts will need to be considered in any future service changes or commissioning decisions arising from the strategy refresh.

### Sustainability implications

<sup>17</sup> [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK](#)

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37. There are no direct sustainability implications arising from this paper alone. However, place-based and neighbourhood approaches that bring support closer to communities may have indirect sustainability benefits where they reduce avoidable travel and improve coordination between local services.

### Legal implications

**The legal implications section should be completed by a member of the legal service**

38. The report sets out the direction for the new Oxfordshire drugs and alcohol strategy. There are no specific legal implications arising from the same.

Comments checked by:

Janice White, Principal Solicitor – ASC, SEND and Education

### Risk Management

<b>Risk</b>	<b>Mitigation</b>
Impact of local government reorganisation on strategy implementation	<p>Ensure a clear and focused strategy - set and agree clear priorities and vision to guide action during period of transition</p> <p>Maintain strong partnership and governance arrangements</p> <p>Support providers to maintain delivery through procurement and contracting arrangements</p>
Delivery becomes overly focused on treatment performance over prevention	<p>Explicit priorities and actions to be agreed on prevention, with accountability provided through the Combatting Drugs Partnership which is chaired by the Director of Public Health</p> <p>Identify and track prevention related indicators</p>
Average county-level performance masks worsening harm or unmet need in particular groups and places	<p>Ensure use of local intelligence and performance monitored at sub-county level where available</p>
Wider system pressures in partner agencies, including mental health and housing services, impact progress	<p>Agree key priorities for partners and maintain close working relationships to proactively identify pressures and risks.</p>

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	Explore innovative models of delivery that support wider system pressures alongside addressing drug and alcohol harms
Lack of engagement from partners	Establish effective governance arrangements including partner responsibilities.  Review and update Combatting Drugs Partnership terms of reference.

### Communications

39. Consultation has taken place with a range of stakeholders via a collaboration workshop in April 2026. Further engagement is planned through the Combatting Drugs Partnership which will include engagement with people with lived experience.
40. The strategy refresh should be communicated carefully and in a way that reduces stigma. Profession-first or blaming language should be avoided. There is also scope to use the strategy to improve public and professional awareness of local support pathways and to support consistent messaging across council, health and community partners.
41. Once completed the strategy will be published on the Combatting Drugs Partnership website

### Key Dates

- **25 June 2026:** Health Improvement Board consideration of key priorities and next steps.
- **Summer 2026:** Further drafting and engagement on the refreshed strategy and supporting action plan.
- **Autumn 2026:** Proposed completion and sign off by Combatting Drugs Partnership and Health and Wellbeing Board (final publication date TBC).

Report by Tom Addey, Acting up Consultant in Public Health  
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June 2026

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### Appendix 1: Context and recommendations from partner engagement and 2025 HNA

Heading	Context and Health Needs	Examples of current actions already underway	Recommendations from the HNA
<p>1. Tackling the underlying causes</p>	<ul style="list-style-type: none"> <li>• Drug and alcohol harm is closely linked to wider determinants of health, especially deprivation, trauma, housing instability and homelessness. Oxfordshire may perform well on average, but the most deprived urban communities continue to experience a higher level of harm.</li> <li>• The Health Needs Assessment notes that the greatest numbers of new treatment presentations come from the most deprived urban areas, while rural areas report lower presentation numbers however transport can act as a barrier to accessing support. This indicates both concentrated urban need and barriers to access in rural places.</li> <li>• Trauma, adverse childhood experiences and social exclusion were prominent themes in the collaboration workshop. Participants highlighted the need to intervene earlier with children and families, improve transition from children's to adult services, and better connect substance use support with wider support around mental health, domestic abuse, education, employment and income instability.</li> <li>• Under-represented groups may face additional barriers related to stigma, culture, language, neurodiversity, communication difficulties and service design. Partner engagement has called for more flexible, culturally and</li> </ul>	<ul style="list-style-type: none"> <li>• Significant investment in face-to-face interventions, home visits and funded travel to reduce barriers to entry for those in rural areas</li> <li>• Development of dedicated housing projects, supported by community substance use service for those accessing treatment or moving into recovery</li> <li>• Provision of Family Support and Safeguarding team within social care. An improved focus of family interventions within the Children and young people's substance use service, and improvements to pathways between child and adult substance use services</li> <li>• Training within services on neurodiversity as well as a project to reduce stigma planned.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue close collaboration with police, probation and community safety partners to tackle drug-related crime</li> </ul>

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	<p>trauma-informed approaches, alongside better information for professionals and communities.</p> <ul style="list-style-type: none"> <li>• Alcohol is widely available and nationally the affordability of alcohol has steadily increased over the past 30 years<sup>18</sup>.</li> <li>• Illicit substances also remain quite widely available, although the nature of some substances have changed in recent years for example through the emergence and expansion of synthetic opioid supply.</li> </ul>		
2) Target drug supply related violence	<ul style="list-style-type: none"> <li>• Drug-related crime in Oxfordshire remains below the national average at an estimated 2.8 offences per 1,000 people in 2024, but there has been a small increase in recent years. Higher rates are concentrated in urban and more deprived areas, particularly Oxford, Banbury and Didcot.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing work with Thames Valley Police to disrupt drug supply networks and manage high-harm individuals, while improving information-sharing and coordination between community safety and treatment partners.</li> </ul>	
3. Prevention and early intervention	<ul style="list-style-type: none"> <li>• Alcohol remains the most widely used substance. Although Oxfordshire overall has lower estimated alcohol dependence than the national average, around three in four people estimated to be alcohol dependent do not access treatment, indicating substantial unmet need and the importance of earlier identification and intervention.</li> <li>• Stakeholder engagement highlighted strong support for expanding prevention activity beyond specialist treatment, including alcohol awareness, earlier conversations in schools and colleges, training for front-line staff, public campaigns to reduce stigma, and local outreach in communities that currently present late or not at all.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of an alcohol harms dashboard to inform licensing decisions</li> <li>• Fibro-scanning within treatment services to detect liver disease</li> <li>• Communications plan to raise awareness of alcohol related harms including alcohol awareness week</li> <li>• Review of and investment in communications to ensure</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen alcohol awareness campaigns</li> <li>• Promotion of screening for individuals with a harmful level of alcohol intake</li> </ul>

<sup>18</sup>[Microsoft Word - The rising affordability of alcohol.docx](#)

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	<ul style="list-style-type: none"> <li>The HNA highlighted the importance of early intervention and case finding in high risk populations (alcohol)</li> </ul>	<p>increased awareness of screening, support and treatment services,</p> <ul style="list-style-type: none"> <li>Commissioning of a new Health MOT service incorporating alcohol screening and brief advice to start in autumn 2026</li> <li>Commissioning of a new Coaching service providing online alcohol brief interventions which started in 2025</li> </ul>	
4. Treatment and harm reduction	<ul style="list-style-type: none"> <li>Adult treatment performance in Oxfordshire remains strong. Local treatment outcomes, including successful completion and progress in treatment, are better than regional and national averages.</li> <li>Numbers of children and young people in structured treatment remain below national targets.</li> <li>Unmet need for alcohol dependence has improved but remains a significant treatment gap. In 2024/25, unmet need for alcohol dependence in Oxfordshire was estimated at 75%, meaning that a large majority of people with alcohol dependence were still not accessing treatment. Partners have emphasised concern about alcohol-related liver disease, alcohol-related brain injury, detox pathways and what support comes after detox.</li> <li>There are important place-based inequalities in harm. Oxford City has higher drug- and alcohol-related harm than less deprived areas. The Health Needs Assessment also notes increasing hospital admissions for alcoholic</li> </ul>	<ul style="list-style-type: none"> <li>Expansion of take-home naloxone provision to include a Pharmacy service</li> <li>Commissioning of a new Pharmacy Liaison service to support Pharmacies to deliver public health services</li> <li>CYP service models have been designed to meet the flexible needs of CYP and reduce barriers to entry</li> <li>Grant funding provided to Street Pastor Schemes across Oxfordshire to support people and keep them safe in the night-time economy</li> <li>Substance use services work with primary care and secondary care services to</li> </ul>	<ul style="list-style-type: none"> <li>Co-production of services and integration of the viewpoints of people with lived experience</li> <li>Continue to increase the availability of naloxone to wider range of services, communities and individuals and their families</li> <li>Enhance night-time safety provisions to reduce risk of substance use-</li> </ul>

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	<p>liver disease and highlights that males in Cherwell, West Oxfordshire and Oxford City are particularly affected.</p> <ul style="list-style-type: none"> <li>• Stakeholder engagement highlighted the interface between substance use and mental health as a key factor in providing effective support.</li> <li>• Harm reduction has strengthened in recent years. The Combatting Drugs Partnership reported major expansion of naloxone, including community pharmacy supply and carriage by police officers, and Oxfordshire has maintained successful micro-elimination of Hepatitis C. However, Hepatitis B vaccination uptake among people who inject drugs has fallen nationally and remains an area requiring attention.</li> <li>• Maintaining service provision, access and quality during the period of LGR is a key priority for services.</li> </ul>	<p>ensure smooth pathways between them to meet the substance use and health need of individuals – including at risk groups such as pregnant women.</p>	<p>related injuries and poisonings</p> <ul style="list-style-type: none"> <li>• Enhance partnership working with primary care services and secondary care services to improve avenues to implement and access physical health services</li> <li>• Incorporate the Neighbourhood Health approach alongside partners including voluntary, community and social enterprise organisations to ensure that services are locally tailored and accessible, particularly for individuals in need who have not yet engaged with treatment services</li> </ul>
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			<ul style="list-style-type: none"> <li>• Ensure children and young people services are developed to deliver in line with strategic priorities and that delivery models increase accessibility and meet local needs</li> </ul>
<p>5. Recovery and conditions for long-term success</p>	<ul style="list-style-type: none"> <li>• Homelessness and housing instability are major treatment and recovery issues. Around 26% of new presentations to treatment services report an urgent or non-urgent housing problem, above the national average of 20%. Local partner feedback identified gaps in housing pathways..</li> <li>• Feedback from partners emphasised the need to plan beyond treatment entry and detoxification, including aftercare, peer support, family support, housing, employment, and social connection. There was also support for stronger lived experience involvement and for more recovery-supportive community settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of a successful Employment Individual Placement Support service within the adult substance use service to support people to access education, training and employment.</li> <li>• Recovery events held across the county to celebrate success and make recovery visible to people in treatment and the local community</li> <li>• Commissioning of a new Lived Experience Advisory Group (LEAG) underway for 2026</li> <li>• (See below for housing related support)</li> </ul>	

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<p>Children, young people, and families</p>	<ul style="list-style-type: none"> <li>• More than one in five secondary school aged children in Oxfordshire reported drinking alcohol at least once in the previous month in 2025, while around 6% reported taking something to get high or self-medicating with drugs. Although national trends are downward, these figures show that prevention and early support remain important.</li> </ul>	<ul style="list-style-type: none"> <li>• Grant funding for VCSE organisations to increase awareness of CYP treatment services and train staff on pathways</li> <li>• Co-production project within the Children and Young Persons Substance Use Service to review pathways and access to improved engagement with young people and uptake of treatment.</li> <li>• A Children and Young People’s task and finish group sits under the CDP with the primary focus of increasing the number of children and young people accessing support and treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance support for children and young people with a greater emphasis on the whole family and accounting for risk factors such as domestic abuse</li> <li>• Review education and prevention initiatives within schools and colleges to ensure they reflect best practice and deliver effective outcomes</li> </ul>
<p>People in contact with the criminal justice system</p>	<ul style="list-style-type: none"> <li>• Oxfordshire continues to demonstrate strong collaboration across criminal justice partners. Continuity of care for prison leavers with a substance use need is substantially better than regional and national averages.</li> <li>• Partners emphasised the value of single access points, integrated appointments, better prison discharge planning and more consistent joint working between probation, treatment providers, housing and mental health services.</li> <li>• Stakeholder feedback identified a need to keep criminal justice responses closely linked to harm reduction and recovery. This included support for continued community pathways for people leaving prison, improved communication between prison and community services,</li> </ul>	<ul style="list-style-type: none"> <li>• Robust joint working between treatment services and criminal justice partners including multi-agency working</li> <li>• Additional grant funding utilised to enhance capacity to engage and support people coming through the Criminal Justice system</li> <li>• A Criminal Justice Task and Finish Group oversees performance relating to DRR,</li> </ul>	<ul style="list-style-type: none"> <li>• Support community alcohol and drug services to meet the needs of the increasing number of people on a Drug Rehabilitation Requirements (DRR) and/or Alcohol Treatment</li> </ul>

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	and more trauma-informed and person-centred approaches.	ATR and HMTR, as well as the adult prison-to-community drug and alcohol treatment measure, which remains significantly above the national and South East averages.	Requirements (ATR)
People experiencing poor mental health	<ul style="list-style-type: none"> <li>• Mental health problems are a common comorbidity associated with substance use. Nationally, admission rates for drug-related mental and behavioural disorders are estimated to be around 31 per 100,000 population, with Oxfordshire reporting significantly lower rates at under 8 per 100,000 in 2023<sup>19</sup>.</li> <li>•</li> <li>• However, such data often only examines the more severe substance use related mental health conditions, and misses out on individuals with mild and moderate mental health issues, which have been highlighted as a major issue by stakeholders and people with lived experience. In particular, improving access to appropriate services and addressing stigma associated with substance use and mental health problems remain central priorities for the strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• Substance use services work jointly with mental health services to smooth pathways between services</li> <li>• Ongoing support to the Alcohol Care Team</li> <li>• Work with Thames Valley ICB to support pathways with primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to engage with primary care and mental health services to strengthen collaboration and develop more accessible pathways</li> </ul>
People experiencing homelessness	<ul style="list-style-type: none"> <li>• Homelessness continues to be a major risk factor for substance use, with national research showing that individuals experiencing homelessness are much more likely to die from and drug related conditions than those in the general population.</li> </ul>	<ul style="list-style-type: none"> <li>• Oxfordshire has a dedicated housing support service within the adult substance use service to support those who are homeless or vulnerably</li> </ul>	

<sup>19</sup> NHS England. Statistics on Public Health, England 2023.

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	<ul style="list-style-type: none"> <li>Homelessness is a key risk factor for developing substance use disorders. Estimated homelessness population has remained relatively stable with Oxford City seeing rates higher than national averages. An estimated 26% of new presentations to treatment services across the county report an urgent or non-urgent housing problem which is higher than the national average of 20%.</li> </ul>	<p>housing including dedicated housing projects for those accessing treatment or moving into recovery</p> <ul style="list-style-type: none"> <li>Existing housing project dedicated to those leaving residential treatment and returning to Oxfordshire</li> <li>Existing successful peer mentoring service supporting people in recovery.</li> </ul>	
<p>Other groups experiencing higher needs</p>	<ul style="list-style-type: none"> <li>Socioeconomic deprivation is closely linked with substance use. More deprived areas experience substantially greater levels of substance use and its related harm. For example, although Oxfordshire's hospital admission rates for alcohol attributable conditions remain well below the national average, the most deprived communities in Oxfordshire such as Blackbird Leys see higher rates, up to double that of the county average.</li> <li>There are also clear differences in the forms of need between urban and rural areas. Urban centres such as Oxford City and Banbury show higher levels of substance use, resulting in greater demand for services. However, rural communities can face barriers to accessing services, such as difficulties in getting transport to treatment clinics. Overall, these differences highlight the importance of tailored services according to need.</li> <li>Smoking remains one of the most commonly co-occurring substance use behaviours, and is associated with numerous physical consequences such as chronic obstructive pulmonary disease and lung cancer. Among</li> </ul>	<ul style="list-style-type: none"> <li>Substance use services provide targeted outreach, in-reach and community engagement events in areas of identified need. Including the use of Fibroscan's to encourage engagement.</li> <li>Substance use services provide advice and information at engagement events such as community and military health and wellbeing days across the county.</li> <li>Reducing stigma will be an aim of the new LEAG service.</li> <li>Adult substance use service provides smoking cessation interventions targeting groups</li> </ul>	<ul style="list-style-type: none"> <li>Expand language and accessibility support within services, including provision of digital and non-digital information on resources available, and support for those with communication difficulties</li> <li>Tackle stigma to remove barriers and reduce inequalities among groups that currently do</li> </ul>

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	<p>those entering substance use treatment in Oxfordshire, smoking prevalence was estimated at 37% in 2021–22, significantly below the national average of 62% for treatment users but substantially higher than the general public (12%)<sup>20</sup>.</p> <ul style="list-style-type: none"> <li>• Domestic abuse is a serious criminal offense that often is associated with substance use. In 2023/24, 24% of domestic violence incidents occurred when the victim believed the offender(s) to be under the influence of alcohol<sup>21</sup>.</li> <li>• Both alcohol and drugs are contributing risk factors to domestic abuse, as substance use can cause behavioural changes such as heightened aggression and impaired judgement resulting in an increase in the likelihood of carrying out such acts.</li> <li>• In Oxfordshire, around 7,000-8,000 incidents of domestic abuse are estimated to occur each year<sup>22</sup>. Additionally, victims of domestic abuse are more likely to use alcohol or drugs, often to help with processing the difficult circumstances that they have been through. It is estimated that 1 in 5 victims aged 16-59 report using drugs in the last year and/or consumed alcohol almost every day<sup>23</sup>.</li> </ul>	<p>such people experiencing homelessness.</p> <ul style="list-style-type: none"> <li>• Work to review and implement the substance use recommendations of the recent Domestic Abuse needs assessment will commence in summer 2026.</li> </ul>	<p>not access services</p> <ul style="list-style-type: none"> <li>• Strengthen the Marmot principle of proportionate universalism by continuing to develop targeted outreach work in the most deprived, urban areas and ensuring that support reaches the most vulnerable individuals.</li> <li>• Scoping of how to develop services in rural areas to improve uptake of services and strengthen community connections</li> </ul>
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<sup>20</sup> Office for Health Improvement and Disparities. National Drug Treatment Monitoring System.

<sup>21</sup> [Violence and crime - Institute of Alcohol Studies](#)

<sup>22</sup> Oxfordshire County Council internal data.

<sup>23</sup> Oxfordshire Domestic Abuse Strategic Board. Oxfordshire's Overarching Domestic Abuse Strategy.

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<p>District and place-based considerations</p>	<ul style="list-style-type: none"> <li>• Oxford City experiences a higher concentration of risk and harm than other districts in several measures, including higher alcohol licensing density, higher drug- and alcohol-related harm, higher levels of homelessness, and higher rates of drug-related crime in some areas.</li> <li>• The HNA identified that Cherwell, West Oxfordshire and Oxford City are districts where alcoholic liver disease is a growing issue, particularly among males.</li> <li>• Rural areas across the county may present a different type of need: fewer presentations to treatment services, but evidence from lived experience suggesting that travel and transport barriers may be impacting on access</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of a alcohol harms dashboard to inform licensing decisions</li> </ul>	
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