



**Substance Misuse Plan
for Portsmouth
2023-2026**

National Context

On 6th December 2021, in response to Dame Carol Black's review, the Government published their ten-year drug strategy 'From Harm to Hope: A ten-year drugs plan to cut crime and save lives.'¹ The strategy has an ambition to reduce drug use to an overall 10-year low, and includes three core priorities, to:

1. Break the drug supply chain
2. Deliver a world class treatment and recovery system
3. Achieve a shift in the demand for recreational drugs

The strategy is supported by an increase in investment (nearly £900 million) with expected outcomes nationally by 2024 to include:

- Preventing nearly 1,000 deaths
- Delivering around 54,500 new high-quality drug and alcohol treatment places
- Contributing to the prevention of $\frac{3}{4}$ of a million crimes
- Closing over 2,000 more county lines
- Increasing disruption of illegal drug supply activities
- Reversing the rising trend on drug use and to reduce overall use towards a 30 year low.

The Portsmouth Combatting Drugs Partnership aims to bring together senior leaders and organisations to oversee and support implementation of this local plan. Portsmouth's Combating Drug Partnership (CDP) commenced in September 2022, with the Director of Public Health appointed as the Senior Responsible Owner, reporting to central government on progress.

The CDP aims to provide leadership and strategic oversight, working collaboratively across agencies to reduce drug and alcohol harm through prevention; accessible, evidence-based and effective treatment; promotion of long-term recovery; and enforcement activities across Portsmouth. Local priorities within this plan are based on the findings and recommendations of a comprehensive needs assessment.

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/uploads/system/uploads/attachment_data/file/100222/From_harm_to_hope_A_10-year_drugs_plan_to_cut_crime_and_save_lives.pdf)

Portsmouth Needs

Portsmouth has not had a standalone substance misuse needs assessment since 2012. During this time substance misuse has been integrated into the Safer Portsmouth Partnership strategic assessment. A needs assessment was undertaken in Autumn 2022, it combines both national and local data. It also utilised a 2021 substance misuse stakeholder survey, which provided an opportunity to consult directly with residents and stakeholders and allow them to tell us about their views and experiences of substance misuse services in the city.

Due to time constraints the needs assessment took a pragmatic approach, resulting in some gaps in knowledge. The gaps highlighted further understanding required including the prevalence and needs in some priority groups, such as people with learning difficulties, sex workers, women, Black Asian Minority Ethnic (BAME) communities and people that engage in Chem sex. As this needs assessment is a developing document, it is recommended that it is updated when this information is available.

Physical and mental **health** were both re-occurring themes through many of the sections. Ill-Physical health was prominent in the impact section particularly the data on drug related deaths and was a common concern amongst stakeholders and service users around the unmet physical health need of people that are known to drug and alcohol services.

Mental health was the most common concern in the stakeholder feedback, with concerns including lack of resource, too many barriers to access services, stigma and discrimination, a lack of co-ordination between Mental health and substance misuse services and services not treating mental Health and substances misuse as a co-occurring condition. Mental health appeared in the Emergency Department (ED) admissions data where a large proportion of overdoses seen at the ED were due to paracetamol or antidepressant medication indicated a high level of mental health need in the city. The data on those in treatment also highlighted a high proportion had some level of a mental health need however approximately only half were getting any support or treatment.

Alcohol was a prominent theme throughout the sections. Portsmouth has a high-level of alcohol related harm in the city, the number of new presentations for alcohol support is increasing particularly new presentations for women, yet the number of successful completions for alcohol, along with non-opiates, in Portsmouth is on a downward trajectory indicating that more resource is needed to focus on alcohol specific work. An area where Portsmouth is doing better is the increase in number of people leaving prison with an identified drug and alcohol need engaging in community treatment, this area of work has been resourced since 2021 with a dedicated Criminal justice team focusing on improving pathways, highlighted that having a focused resource such as alcohol specific team could help.

Young people specialist substance misuse services in Portsmouth had been an area of disinvestment for some time. There has been a lack of capacity with currently only one full time young person worker that sits within children social care, the lack of capacity has inadvertently meant that referrals into the service and numbers in treatment are low. An increase in Young People's provision would mean that pathways with key services such as Youth Offending and education can be improved. Young people are

more likely to take drugs than adults in Portsmouth and while it is believed that they are less likely to be dependent, the experimental stage experienced increases a young person's risk of becoming dependent on drugs in adulthood. Young people substance misuse contributes to much of the anti-social behaviour seen in the city and is a common factor in youth offending and young people's attendance seen at the emergency department.

Joint commissioning can add benefit and reduce duplication. As services are currently being resourced with an expected increase in funding over the next few years, it is only sensible to work with other commissioners to really understand what is happening in the city and where the unmet need and gaps in service provision are. Commissioned services should all complement each other ensuring that those that need support in the city receive it.

Over the counter and prescription drugs were an identified issue. Although the needs assessment primarily focuses on illicit drugs, there was some reference to over the counter or prescription drugs. The data on Emergency Department attendances have seen an increase in paracetamol and anti-depressant overdoses, with paracetamol overdoses more prevalent than opiate. Portsmouth is the worst performing area for the number of people receiving a high volume of Morphine sulphate solution, with a higher rate than the national average of patients prescribed multiple items on top of a prescription of Morphine sulphate oral solution and a higher rate than the national average of patients with a total oral morphine equivalent dose of 120mg or more per day. A recommendation would be the need to further investigation to the possible causes of high levels of use of morphine with other drugs and consideration as to whether patients can reduce or stop the use of morphine.

Needs Assessment Recommendations

Overall, there were a total of 34 recommendations throughout the needs assessment with the key themes and recommendations including:

1. Significant unmet physical health need: a need to develop access to primary care services and expand homeless health care provision
2. Significant unmet mental health need: improved pathways, with increased provision of co-occurring posts and MH workers co-located within Recovery services and vice versa.
3. Target resource to help reduce the high level of alcohol-related harm in the city, deal with an increase in demand and tackle the low proportion of alcohol successful completions via an expanded alcohol-specific team.

4. Successful completions have been on a downward trajectory for alcohol & non-opiate drug using clients: a task and finish group to investigate and implement measures to increase the proportion of successful completions.
5. Increase the capacity of young people specialist treatment provision, considering their needs differ from that of adults (also 18-24years) develop improved relationships with schools and services such as Youth Offending Team.
6. Move away from Silo commissioning – e.g. work closely with rough sleepers commissioners to understand how resources can be utilised and funding compliment existing workstreams but not duplicate work.

This plan supports the wider Portsmouth **Health and Wellbeing Strategy 2022 - 2030**²

² [health-and-wellbeing-strategy-january-2022-accessible.pdf \(portsmouth.gov.uk\)](https://www.portsmouth.gov.uk/health-and-wellbeing-strategy-january-2022-accessible.pdf)

Three-year Strategic Vision

In three years' time Portsmouth will have made progress towards achieving the Government's ten-year strategy, underpinned by a trauma-informed approach within our work. We will have made it harder for drug dealers to supply to our residents, focusing our resources on the county lines groups that cause the most harm to our young people and vulnerable adults. We will also have reduced drug related crime through a combination of enforcement and rehabilitation, using different access points in the criminal justice system to proactively engage offenders into treatment.

We will have improved drug and alcohol treatment in the city. We will have increased the capacity and quality of our workforce. We will have recruited professional staff, including more nurses and social workers. All staff will have achieved or be working towards an accredited specialist substance misuse training programme. From harm reduction to long term recovery, our services will engage and meet need. We will particularly focus on increasing dependent alcohol persons in treatment and increase successful outcomes.

Young people in Portsmouth will be better protected from the harm caused by drug misuse. We will have improved support for families where a parent has a substance dependence. We will divert young people away from risky drug or alcohol use and protect the most vulnerable from exploitation. We will have increased capacity within our young person's treatment service, supporting more than double the number of young people than currently.

Throughout our work over the next three years we will have sought to engage and involve people with a lived experience, either of substance dependence themselves, or that of a loved one. We will have supported the development of increased peer-led support for service users and carers. We will have people with a lived experience as part of the Combating Drugs Partnership and our delivery groups. This work will be progressed by achieving our three key priorities.

Three strategic priorities

- 1. Disrupt local drug supply chains and drug related crime**
- 2. Improve the quality, capacity and outcomes of our drug & alcohol prevention and treatment services**
- 3. Reduce the misuse and harm caused to young people by drugs & alcohol**

Priority 1: Disrupt local drug supply chains and drug related crime

Priority Champion: Acting Superintendent Paul Markham, Hampshire Constabulary

Objectives

- 1.1 Disruption of county lines
- 1.2 Reduce cuckooing and the risk this causes to vulnerable adults
- 1.3 Targeting our most prolific drug dependent offenders with both enforcement and rehabilitation
- 1.4 Increase sharing of community intelligence forms (CPIs) from our partners, including drug treatment services
- 1.5 Increase the targeting of adults that exploit young people to run drugs through the increased use and enforcement of Child Abduction Warning Notices (CAWN) and Slavery & Trafficking Risk Orders.
- 1.6 Reduce drug related anti-social behaviour in our neighbourhoods

Measures

- Number of county lines closed
- Number and amount of drug seizures
- Number CPI drug reports
- Number of CAWN notices and subsequent enforcement activity
- Reported drug related anti-social behaviour in the residents' community safety survey

Delivery Groups

Operation Fortress multi-agency meetings

Hampshire Reducing Reoffending Group

Priority 2: Improve the quality, capacity and outcomes of our drug & alcohol prevention and treatment services

Priority Champion: Emma Seria-Walker, Assistant Director of Public Health

Objectives

- 2.1 Increase the number of people engaging in community drug and alcohol treatment
- 2.2 Increase the percentage of people successfully completing drug and alcohol treatment
- 2.3 Reduce drug related deaths
- 2.4 Improve support for people with co-occurring substance misuse and mental health conditions
- 2.5 Improve support for people with long term physical health conditions
- 2.6 Increase the number, and proportion of our treatment population, who access residential rehabilitation
- 2.7 Increase the number of people engaging with community drug and alcohol treatment, from the criminal justice system, particularly those leaving prison.
- 2.8 Offer everyone who is rough sleeping, or within the rough sleeping accommodation pathway, access to enhanced treatment and support
- 2.9 Increase the capacity of peer-led support, including the use of peer mentors in our treatment services, to promote and sustain recovery
- 2.10 Increase volunteering and employment opportunities for people in recovery
- 2.11 Achieve the drug and alcohol commissioning quality standards³
- 2.12 Develop a Carers' plan to increase support and involvement

Measures

- Rate of drug related deaths
- Numbers in treatment by substance
- Successful completion of treatment by substance
- Percentage of the treatment population which access residential rehabilitation
- Number of offenders engaged in police cells
- Percentage of prisoners leaving prison who engage in community treatment
- Number of drug rehabilitation requirements (DRR) and Alcohol Treatment Requirements (ATR)
- Number of Individual Placement and Support (IPS) service users finding paid employment

³ <https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services/commissioning-quality-standard-alcohol-and-drug-treatment-and-recovery-guidance>

Delivery Groups

Complex Needs steering group

Portsmouth Criminal Justice working group

Hampshire reducing re-offending group

Priority 3: Reduce the misuse and harm caused to young people by drugs & alcohol

Priority Champion: Mark Poingdestre, Deputy Head of Operations, Inclusion (Midlands Partnership NHS Foundation Trust)

Objectives

- 3.1 Improve prevention activities, including provision of substance and alcohol misuse education in schools and other settings and an increase in screening by children's professionals.
- 3.2 Improve the capacity, quality and outcomes of our young people's drug and alcohol treatment service
- 3.3 Increase diversionary support for young people, especially those at risk of entering the criminal justice system.
- 3.4 Develop our workforce to increase their awareness of young people's substance use, systematically screen, intervene and effectively refer for specialist support when required.
- 3.5 Decrease criminal exploitation of young people with links to drug or alcohol misuse
- 3.6 Develop targeted interventions pre, during and post pregnancy to provide treatment to the mother and support the family

Measures

- Number of young people accessing treatment
- Increased referrals from education, youth offending agencies and self-referrals
- Successful completions for treatment
- Number of young people receiving drug education and awareness sessions
- Number of staff receiving substance misuse awareness training and training to support screening and referral.
- Number of young people being criminally exploited

Planning / Delivery Groups

Young people substance misuse delivery group (to be formed)

Children's Public Health Strategy Board

Adolescent Strategic Board (to be formed)