**Blackburn with Darwen Combating Drugs Partnership**

**2024 Update**

**About Combating Drugs Partnerships (CDPs)**

Combating Drugs Partnerships (CDPs) are multi-agency forums formed in local areas across the UK to reduce drug related harm.

Combating Drugs Partnerships are part of the response to ‘From Harm to Hope’, the UK Government’s 10-year strategy to reduce the harmful impact of drug and alcohol use.

The CDP brings together partners from a wide spectrum of services, and those with lived experience of drug and alcohol use, to identify and respond to local issues and needs, being accountable for delivery against six national outcome areas:

* Reduce drug use
* Reduce drug-related crime
* Reduce drug-related deaths and harm
* Reduce drug supply
* Increasing engagement in drug treatment
* Improving drug recovery outcomes

Combating Drugs Partnerships are required to assess the needs of local communities, develop a local drugs strategy delivery plan, and develop a local performance framework for activity.

**The Combating Drugs Partnership in Blackburn with Darwen (BwD)**

Blackburn with Darwen Combating Drugs Partnership builds on the collaborative approach to drug and alcohol services in the local authority area.

In April 2022, the newly commissioned ‘Spark’ service commenced, adopting a partnership approach to extending access to treatment services and enhancing support for those in recovery. This takes place through a ‘Recovery Collaborative’ of contracted services and wider partners. Meeting regularly, the Recovery Collaborative coordinates drug and alcohol services across BwD, and responds to emerging issues in the local area. Operational Delivery Groups (ODGS) respond to specific areas of drug-related harm and needs (for example, homelessness and harm reduction, young people and families, criminal justice, and physical health and wellbeing), reporting to the main Recovery Collaborative. The ODGS have a collaborative approach bringing together not just Spark services but the wider partnerships in BwD. The Spark Recovery Collaborative is made up of Delphi, Acorn, Early Break, IMO, CVS, Red Rose Recovery, P180, Age UK, IPS Enterprise.

The Recovery Collaborative approach being developed in Blackburn with Darwen linked well with the development of the Combating Drugs Partnership in late 2022 / early 2023. A CDP partnership board was developed, with the Director of Public Health identified as the Senior responsible Officer (SRO).

CDP meetings take place quarterly on the same day as Recovery Collaborative meetings, with many partners involved in both. Current membership includes:

* Delphi / Calico Drug and Alcohol Service
* Early Break Young People’s Substance Misuse Service
* Roots / Red Rose Recovery
* Community CVS
* IMO Charity (Inspire, Motivate, Overcome)
* The 180 Project (recovery programme)
* Age UK
* Blackburn with Darwen Council, Public Health
* Blackburn with Darwen Council, Housing & Community Safety
* Blackburn with Darwen Council, Adolescent Services
* Blackburn with Darwen Council for Voluntary Services
* Blackburn Rovers Community Trust
* East Lancashire Hospitals NHS Trust, Alcohol Care Team
* Lancashire Constabulary
* Lancashire Probation Service
* Thomas Project (therapeutic recovery service)
* Lancashire Police
* Lancashire Police Crime Commissioner
* The Calico Group- Communications team
* Enterprise services

Since the start of the Combating Drugs Partnership, partners have supported a wide range of collaborative activity to identify, plan and respond to drug-related harms and needs in Blackburn with Darwen. Alongside ongoing activity delivered through Recovery Collaborative Collective partners (including Office for Health Improvement and Disparities (OHID) service improvement planning), milestones in the development of our Combating Drugs Partnership have include:

* **December 2022** - Agreement of Membership and Terms of Reference for the CDP, building new relationships between community partners
* **December 2022** - Appointment of Responsible Lead Officer (Abdul Razaq, Director of Public Health, Blackburn with Darwen Council)
* **March 2023** – Completion and Presentation of Drug and Alcohol Needs Assessment
* **August 2023** - Completion and Presentation of CDP partner consultation exercise: how to best respond to local drug and alcohol needs
* **December 2023 / January 2024** – Final Approval of CDP Strategic Objective Framework for 2024/25 onwards, aligned to national outcome measures and Spark Service / Recovery Collaborative Operational Delivery Groups
* **April 2024** - Roll-out of 2024/25 Action Planning and ‘Logic Model’ tool in support of better outcomes / evidence across local strategic objectives

In line with national CDP guidelines, our CDP development process in Blackburn is summarised by the following diagram:



Whilst there have been challenges in bringing together the insights and perspectives of a wide range of services, and of those with lived experience of local treatment and recovery services, this process has been vital in delivering an effective response to drug and alcohol harm across Blackburn with Darwen. We know that whilst Blackburn with Darwen shares many of the drug and alcohol concerns seen nationally, it’s location, diverse population and the community networks and services in local areas, means that responses to harm need to understand this picture, be sensitive to local needs, and build on the strengths within local communities.

**Drugs and Alcohol Use, Needs and Concerns in Blackburn with Darwen**

Key challenges identified within our 2022/23 Needs Assessment included:

Opiate and Crack Use

* The BwD opiate and crack user cohort is generally ageing, with only 29% of the estimated populated aged under 35
* Opiate use has been declining in the under 35 population, but some of this is offset by increases in crack use
* Unmet need in BwD is estimated at 39% for opiate users (Eng 46%) and 41% for crack users (Eng 61%)
* The emergence / risk of synthetic opioids is a cause for concern in relation to both increasing the user cohort and increased risks to existing opiate users
* Two thirds of all those in drug treatment in BwD are in treatment for opiates.
* Treatment is relatively effective: 28.1% successful opiate completions in 2021/22 (Eng 23.9%) …though usually long term (31% in treatment more than 6 years)

Other Drugs

* There are no local prevalence estimates for drugs other than opiates and crack cocaine
* One sixth of BwD adults in treatment are in treatment for non-opiates only, and a further one sixth for ‘non-opiates and alcohol’
* Among non-opiate adult users, the most commonly reported problem substance (excluding alcohol) when starting treatment in BwD was cannabis, followed by cocaine
* Over the last 10 years there has been a considerable increase in those accessing treatment for crack use (without opiates) (+917%), and powdered cocaine (+85%), though the numbers of the latter have fallen in the past two years
* In young people’s treatment, cannabis was identified as a ‘problem’ among all of those in treatment in BwD in 2021/22, followed by cocaine (29%), alcohol and ecstasy (14% each), though numbers were relatively low and falling (35 in 2021/22 compared to 85 in 2018/19)
* More recently, Ketamine has also emerged as a substance of concern, particularly among young people and young adults

Drug Related Mortality and Morbidity

* Drug related deaths (DRDs) are high in Blackburn with Darwen, at a rate of 9.1 per 100,000 population, 82% higher than the England rate)
* Drug-related hospital admissions are also more than double England rates (2018/19)
* The above measures may be impacted by ageing opiate population (and co-morbidities) and deprivation

Alcohol

* Blackburn with Darwen has high numbers of harmful / dependent drinkers relative to national levels
	+ Whilst greatest need identified among white males aged 40-64, hospital admission rates for both males and females is above national rates, and there is also potential hidden harm in ‘hard to access’ populations (including South Asian, Eastern European and traveller communities)
	+ BwD residents are more likely to suffer from poor health outcomes related to high alcohol consumption, with poor alcohol-related and alcohol-specific mortality rates
* Compared to estimated levels of need, numbers accessing alcohol treatment are low
	+ Estimated unmet need is high (81%), with the majority in treatment aged 30 to 49
	+ Alcohol treatment does tend to be effective in BwD, with 78.8% successful completions compared to 59.4% across England (2021/22)
	+ Most of those in treatment were self-referrals

Alcohol, Drugs and Crime

* Following a pre-pandemic plateau, the post-Covid period saw increases in alcohol-related crimes, with 10% of all recorded crime being alcohol-related
* Recorded drug-related offences (all drugs) increased by 22% between 2017/18 and 2021/22

We know too that our needs assessment (and the consultation that followed) was not exhaustive, and there are many areas we do not know enough about or need more evidence around. These gaps are incorporated into our objectives, and we will be revisited when we review needs and our strategic objectives.

Consultation with stakeholders also identified a wide range of local issues, including (but not limited to):

* Recovery Collaborative is building stronger relationships between agencies, including treatment and recovery services, NHS and criminal justice partners
* A dedicated young person’s service supports harm reduction, prevention, early intervention and safeguarding, and reduces barriers to service access for young people
* There is a strengthening recovery community, supporting treatment outcomes and developing service-user voice
* The need to ensure access to reach wider groups, such as those in the night-time economy, minority ethnic communities (including South Asian, Polish and traveller communities), women, and over 60s
* The need to increase access to drug and alcohol treatment through partnership working, rapid access (alcohol) and the streamlining of assessment (a system level approach)
* Scope to increase (and coordinate) outreach provision around drug / alcohol and housing / homelessness
* Ensure a coherent (and accessible) service ‘offer’ comprising of treatment and recovery provision across the partnership
* A need to break the stigma of drug use, treatment and recovery
* Ensure treatment options are available for, and attractive to, non-opiate users
* Need to work with primary care and community services to ensure early identification and response (including brief interventions) for alcohol and drug users

**How the Blackburn with Darwen CDP is addressing drug and alcohol harms in our area**

Our needs assessment and consultation emphasised the local needs of BwD, with clear challenges in:

* reaching different parts of the community effectively (for example in relation to minority ethnic communities, those in extreme housing need, women, alcohol users, and traveller communities), and
* communicating our treatment and recovery offer, and making sure recovery is also able to support wider needs of drug users, with the implementation of interventions to support non-opiate users.
* identified the need to address alcohol issues, recognising the impact of alcohol related harm, and introducing new pathways including hospital in-reach, provision of support at GP surgeries and widening support to address alcohol harms in the older population.

Expanding work with criminal justice partners also helped to identify gaps in provision, and opportunities to respond early to meet needs, prevent offending and reoffending, and protect the public.

To bring our response together, local strategic objectives (linked to national outcome measures) drive CDP activity in 2024/25 and beyond. Given the range of feedback received within our consultation, objectives are wide-ranging, and show the scale of the partnership’s ambition, and the journey needed to reduce drug-related harms in BwD. In total, there Partnership identified 33 objectives across the following themes (a full breakdown of objectives is provided at the end of this update):

|  |
| --- |
| Blackburn with Darwen CDP Strategic Themes 2024/25 |
| A) Accessibility of drug and alcohol services |
| B) Reaching different groups and tackling unmet needs |
| C) Support, treatment and recovery |
| D) Housing and resettlement |
| E) Alcohol needs and responses |
| F) Prevention, education and harm reduction |
| G) Criminal justice |
| H) Children and young people |
| I) Knowledge, data and areas for exploration |

**Making a Difference in Blackburn with Darwen**

Over the past year, partners within the Recovery Collaborative and the Combating Drugs Partnership have been working to deliver action plans to address our local strategic objectives. Whilst some of these areas have been relatively straight forward to make progress on, some require long-term commitments from multiple partners, and change is expected to take much longer.

Whilst the Partnership has not yet reached a full review and evaluation point (instead being focussed on delivering actions that make a difference), the partnership has made progress in a number of areas:

National and Local Progress Measures

* Numbers in treatment (opiates, non-opiates, alcohol, adult, yp)
	+ - In April 2022, the baseline for adults in treatment was 1270. The ambitions set for Blackburn with Darwen for end of Q2 2024/2025 was 1500. The service has amended service pathways and implemented new avenues to boost referrals into service and structured treatment including same day assessment appointments, provision in local GP surgeries, and increased outreach work including assessments and structured interventions in local HMOs and community locations. At end of Q2, Blackburn with Darwen have achieved 1483 adults in structured treatment and are continuing to work towards end of year ambition of 1582.
		- Despite increased numbers into treatment, Blackburn is seeing a reduced amount of opiate clients entering treatment. The area is however seeing a large increase in referrals into service for alcohol and non-opiate use indicating a change in trend. More recently, Blackburn with Darwen is seeing an increased number of Ketamine users accessing treatment, especially young people and young adults and the adult and young person’s service have been working closely to support into appropriate treatment, including access to Tier 4 provision.
		- The Recovery Collaborative’s Young people’s service has exceeded the end of year target of 75 young people in treatment, with 80 in structured treatment by end of Q2.
* Successful completions
	+ - As well as increasing numbers into treatment, Blackburn with Darwen has been focussed on successful outcomes for those accessing treatment with this captured via client feedback and case study examples.
		- Outreach provision has been expanded to enhance engagement in structured treatment and reduce unplanned discharges and the impact of this will be monitored as 24/25 progresses.
		- The Recovery Collaborative strongly supports lived experience and visible recovery across the service. So far this year the adult service has had 21 active volunteers, 9 who have moved into paid employment, 5 within the Spark Recovery service.
* Continuity of care
	+ - Continuity of care has been a challenge area for Blackburn with Darwen over the last few years. In April 2022, the pick up rate for prison releases was 30%, dropping to 24% in August 2023. For 24/25, Blackburn with Darwen set the ambition to achieve 50% Continuity of Care by Q2 and 75% by end of Q4. Currently, the Spark Recovery Collaborative has surpassed the Q2 target, archiving 67% by end of Q2. The area is achieving well above the national average and is on track to achieve the end of 24/25 target for continuity of care.
* Drug related deaths and non-fatal overdoses
	+ - Spark Recovery Collaborative lead on a monthly Mortality and Prevention panel which brings together local partners to review drug related deaths and non-fatal overdoses with lessons learnt shared across all panel members.
		- More recently, it has been highlighted that Blackburn with Darwen is moving against the national trend with Drug related deaths reducing in 2023 from the level reported in 2022.

CDP Action Plans also highlight a range of actions that it is anticipated will improve outcomes relating to drug-related harms in BwD. These include:

* Increased posts / capacity for ‘Warrior Down’ provision with Roots / Red Rose Recovery to support and accompany people into treatment service
* Improved accessibility of assessments, including via IMO, at Roots Forum, St Johns and Café Hub drop in sessions.
* Increased reach through Spark drop in provision at hostels, Phoenix Hub and Family Hubs.
* Naloxone harm reduction training for hostels / hostel workers and implementation of peer-to-peer naloxone training
* IMO consultation into harder to reach groups to explore stigma, and to be reviewed through the ODG platform to explore how we improve access to service as a response.
* Development of online referral form (ongoing)
* Increase in Psychosocial activity and timetable with a range of recovery groups over 7 days each week.
* Social media engagement and reach developed via Recovery Collaborative Board.
* Development of therapeutic offer for Spark clients, including counselling offer and Mental health wellbeing practitioner. Community rehab offer is accessible via DEAP (Dependency and Emotional Attachment Programme).
* Increase in buvidal numbers and ability to evidence base outcomes
* Hospital in reach worker closely linked with Alcohol care team in Blackburn hospital, supporting hospital discharge and connection to service.
* Community connector and social events in Blackburn with Darwen.
* Roots exposure in the community via social activities such as litter picking, showcasing visible recovery and championing a life worth living.
* Facilitated access to mutual aid is provided by the Recovery collaborative on a weekly basis, with team members providing support and transport to local mutual aid meetings.
* Development of co-located work with Age UK and recruitment of Older People’s Support Worker – referral pathway in place and collaborative work to engage into treatment.
* Developed closer partnership working with local GP surgeries, to provide  interventions to address alcohol harms and training including alcohol misuse and the effects of ketamine. GPs have reported to find this training useful and ‘shocking’.
* Pharmacy engagement including quarterly engagement forums and regular visits to pharmacies for service monitoring.
* Increased links with DWP, and agreement that those engaged with Spark won’t be penalised
* Improved working across treatment and recovery provision (Spark presentations at Roots Forum, treatment service supporting clients into recovery activity)
* Provision of drug awareness training for probation workers
* Spark worker located at probation service on day of release for clients not assessed pre-release (10 early prisons releases assessed and continued prescribing in one day)
* Prison link worker received prison vetting and induction to conduct pre-release assessments
* Delivery of early intervention programme to vulnerable CYP
* Strengthening links with schools through short videos about service, substances etc.
* Collation of services delivering tier 2 CYP interventions with view to supporting evidence-based, quality provision across BwD
* Development and roll-out of campaigns for CYP provision: nitrous, ketamine, THC / synthetic cannabinoid, vaping lunchtime learning sessions

In addition to the CDP action planning processes the Spark service, and some Recovery Collaborative partners have been involved in driving forward parallel developments to improve outcomes for people in Blackburn with Darwen, including:

* OHID Drug and Alcohol Improvement Planning. – Blackburn with Darwen have been working closely with OHID in 24/25 on an improvement plan which has focused on actions across key areas: capability, capacity, quality and pathways. This has supported completion of key initiatives, not limited to but including: Increasing numbers and harder to reach populations into treatment, Development of data systems training for the staff which is evidenced in the improvements in data quality throughout 2024, completion of Continuity of Care assessment tool which can be evidenced by improvements in Continuity of Care achievements; and a coordinated approach to support those residing in HMOs which is being developed via the ODG working group.
* CQC Continuous Improvement Plan - As the lead provider for the Recovery Collaborative, Delphi Medical lead on a Continuous Improvement Plan for the service, to ensure we are always striving to deliver a high standard to care and ensuring compliance with CQC regulations. This runs alongside a quarterly Quality Framework submission which evidences how we meet required standards, and evidences outcomes for individuals accessing Recovery Collaborative services.

**Next Steps**

Partners across the Partnership and beyond are in the process of delivery the wide-ranging actions agreed as part of the CDP strategic objectives process. Work is underway to identify the outcomes and benefits of these actions through a ‘logic model’ approach. It is expected that this will feed into future evaluations and reviews and form an important part of showing the progress of the Partnership.

We anticipate that towards the end of this year, the Partnership will review its approach, and the impact of its activity so far, with the potential for further prioritisation of objectives and goals for 2025/26 and beyond.

**How you can find out more or get involved in the BwD CDP**

If you would like to know more about Blackburn with Darwen Combating Drugs Partnership, or would like to get involved, please contact:

* Senior Responsible Officer, (SRO), Abdul Razaq, Director of Public Health, Blackburn with Darwen, Abdul.Razaq@blackburn.gov.uk
* Service Manager Spark Recovery Collaborative – Joanna Clarke: jclarke@delphimedical.co.uk

If you have concerns about your, a friend or family member’s drug or alcohol use, and would like to speak to a member of our treatment and recovery services, please contact:

* Call 01254495014 to speak with a member of the team. Support available for out of hours support 24/7 via the main phoneline
* Young People and families: 0161 7233880
* Visit our website for more info sparkbwd.org.uk or follow QR code:



|  |
| --- |
| **Appendix 1: Blackburn with Darwen Combating Drugs Partnership – Strategic Outcomes 2024/25** |
| **A) Accessibility of drug and alcohol services** |
|  | 1. Increase awareness / visibility of, and engagement with, Spark and wider Recovery Collective among public and key partners / referral bodies |
|  | 2. Clarify and effectively communicate service thresholds for both drug and alcohol provision, and ensure that those with emerging problems / concerns can access appropriate services (incl. brief interventions, advice, and support) |
| **B) Reaching different groups and tackling unmet needs** |
|  | 1. Expand and improve approaches to increase access to drug and alcohol services among South Asian, Eastern European and Traveller Communities |
|  | 2. Review provision to ensure that all Spark services are inclusive and effective in engaging (and retaining) wider groups including older people, LGBTQ+ population, women, parents, those impacted by intergenerational drug use (including safeguarding and DV links), those involve in the night-time economy, and rural populations. |
|  | 3. Develop offer for wider engagement with BwD workforce settings to increase awareness / prevention and promotion referral / self-referral |
| **C) Support, treatment and recovery** |
|  | 1. Improve / increase support at initial contact with Spark – rapport, duty provision and peer support |
|  | 2. Improve coherence of treatment and recovery offer for those entering, or going through, treatment, ensuring collaborative offer is clear and can be maximised by those in recovery |
|  | 3. Develop intervention options that are attractive to, and meet the needs of, non-opiate users: cocaine, cannabis / cannabinoids, otc meds / illicit tablets & powders |
|  | 4. Improve processes to support effective detox, rehab and relapse prevention (drugs and alcohol) |
| **D) Housing and Resettlement** |
|  | 1. Develop / maintain a coordinated approach to outreach / engagement in HMOs / homelessness settings – providing harm reduction, prevention, access to treatment (where appropriate) and recovery support |
|  | 2. Agree coordinated approach (strategy?) to addressing the drug use and welfare needs of those in HMOs and poor quality / insecure accommodation across BwD |
| **E) Alcohol needs and responses** |
|  | 1. Develop responses to engage those with hazardous / harmful alcohol use who may not otherwise access provision (including South Asian, Eastern European, Traveller communities, older people, street drinkers, NTE) |
|  | 2. Strengthen prevention, early intervention and harm reduction offer to reduce more hazardous consumption, late presentation to service, alcohol-related deaths, and liver disease (working with partners in primary care, acute and community settings) |
|  | 3. Continue to build a more detailed understanding of underlying alcohol-related unmet need in the BwD population |
|  | 4. Support the work of Licensing and wider Community Alcohol Partnerships in reducing alcohol-related harms among children and young people through education and awareness raising and activity to reduce to the sale of alcohol to under-18s, either directly or via proxy purchases. |
| **F) Prevention, education and harm reduction** |
|  | 1. Improve and develop prevention and after-care offer across partnership, with awareness-raising around tolerance, fatal & non-fatal overdose risks (drug and alcohol) - reducing stigma around use and relapse |
|  | 2. Increase saturation of naloxone across BwD: police, HMOs, family members, peer to peer, and with those not in treatment |
|  | 3. Ensure availability (and uptake) of prevention / early intervention / harm reduction training for front-line staff / services |
|  | 4. Develop coordinated prevention response across BwD, with focussed messages delivered to target populations / groups, settings, and communities (based on identified priority and needs). Approach to utilise community assets and those with lived experience. |
| **G) Criminal Justice** |
|  | 1. Support, enhance and develop effective criminal justice activities to reduce drug and alcohol-related crime and harm, safeguard vulnerable individuals & groups, and increase public confidence and safety |
|  | 2. Strengthen multi-agency collaboration and communication between criminal justice services (including police & probation), drug services and wider partners (e.g. in relation to custody intervention / disposals, referral information, campaigns, school / college work, and community prevention activity) |
|  | 3. Develop effective provision for offenders with non-opiate drug-related concerns (and associated offending), particularly in relation to powdered cocaine / polyuse (links to violent offending) |
|  | 4. Further develop and improve coordinated approach to drug and alcohol treatment / support around prison release |
| **H) Children and Young People** |
|  | 1. Ensure that recording and reporting processes effectively highlight the nature and extent of non-opiate and ‘sub-treatment threshold’ interventions contributing to reduced substance misuse or drug-related harm (brief interventions etc.) |
|  | 2. Develop wider prevention / early intervention programme for young people, particularly targeting vulnerable, high risk or underserved groups (e.g. Children in Need, Looked After Children) and settings (e.g. Night-time economy) |
|  | 3. Support development of school / college drug policies, support systems and referral pathways to link to early help / intervention and reduce expulsions / suspensions |
|  | 4. Develop messaging and campaigns to challenge assumptions around children and young people’s substance use / misuse and polydrug harms |
|  | 5. Review and develop training and support for professionals (and workers in the NTE) to support effective Tier 1 prevention, issue identification, referral and early intervention (substance use / misuse, hidden harm, trauma informed practice related to SM, spotting signs, safeguarding, Nitrous Oxide, smoking / vaping, ‘Stressed Out Brain’) |
|  | 6. Clarify ambition around, and where appropriate develop, family offer – with target of tackling Hidden Harm and reducing intergenerational drug misuse. Approach to involve the voice of the child where possible. |
|  | 7. Clarify offer to / develop work with parents in the criminal justice system, developing increased understand of the scale and extent of needs. |
| **I) Knowledge, Data and Areas for Exploration** |
|  | 1. Improve use of data / information about drug and alcohol-related crime harms (nature, extent, hot-spots, targeting, multi-agency intervention opportunities) |
|  | 2. Improve understanding of approaches to effectively engage under-served populations (South Asian, Eastern European, travellers, older drinkers, etc.) |
|  | 3. Improve understanding of reasons for non-engagement in treatment services – tackling unmet need |