

**Safer and Stronger Communities
Overview and Scrutiny Committee**

**Combating Drugs and Alcohol Update
Quarter 4 2023/24**

26 February 2024



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Purpose of the Report

- 1 This report provides Safer and Stronger Communities Overview and Scrutiny Committee with an update on the Dame Carol Black substance misuse grant funding awarded to Durham County Council (DCC). This funding is being used to support the implementation of the new national drugs strategy.
- 2 The report also highlights the outcomes of the Drugs and Alcohol Recovery Service for 2022/23.

Executive summary

- 3 The County Durham Joint Local Health and Wellbeing Strategy (JLHWS) outlines the vision for improving health and wellbeing and tackling inequalities across the county. County Durham has a long history of commitment to delivering system-wide approaches to address escalating levels of substance misuse within our place-based communities.
- 4 Following a two-phase independent drugs review by Dame Carol Black in 2021/22, the government published a new drugs strategy '*From harm to hope: A 10-year drugs plan to cut crime and save lives*' in December 2021.
- 5 The collective ambition for the strategy is to achieve a generational shift in the country's relationship with drugs and alcohol, reduce overall substance misuse towards a historic 30-year low and reduce the harms that drug addiction and supply cause to individuals and neighbourhoods.

- 6 The three key priorities of the national strategy are:
 - (a) to break the drugs supply chain;
 - (b) deliver world-class treatment and recovery systems;
 - (c) achieve the shift in demand for recreational drugs.
- 7 To implement the recommendations from the Dame Carol Black review, the government has made available several funding streams to support local authorities to enhance recovery and treatment services.
- 8 DCC has been successful in securing grant funding from government to support the new national drugs strategy. For 2023/24, the total funding available for County Durham is £3,586,807:
 - (a) supplementary substance misuse treatment and recovery grant (SSMTRG): £2,380,175;
 - (b) in patient Detox (IPD Grant: £113,898;
 - (c) rough sleepers treatment and recovery grant (RSDATG): £308,869;
 - (d) individual placement support (IPS) grant: £199,865;
 - (e) housing support (HS) grant: £584,000.
- 9 Plans have been developed for expenditure during 2024/25 which have either previously been approved by OHID or, for the SSMTRG and IPD, were submitted in January 2024. The plans for 2023/24 are detailed within this report.
- 10 Nationally in 2022-23, there were 290,635 adults in contact with drug and alcohol services between April 2022 and March 2023. This is a small rise compared to the previous year (289,215) (National Drug Treatment Monitoring System (NDTMS) 2023).
- 11 The national number of adults entering treatment in 2022 to 2023 was 137,749, which is higher than the previous 2 years' figures (130,490 and 133,704). The numbers of people entering treatment was relatively stable from 2016 to 2017 up to 2021 to 2022. This trend is reflected in the numbers in treatment in County Durham which have remained above 3,000 clients, even during the COVID pandemic.

- 12 The prevalence estimate for Opiate and Crack users in County Durham is 3,477, of which 55% are not accessing treatment. This is compared to the England average of 57.9% (341,032) which is higher than the rate in County Durham.
- 13 For alcohol, the unmet treatment need is 76.5%, which is lower than the percentage in England (79.1%), but still reflects a prevalence of 7,029 of people with an alcohol dependency not accessing treatment. County Durham continues to implement a range of approaches to help reduce the impact of alcohol and substance misuse on local residents.
- 14 There remains a keen focus on reducing substance misuse related deaths in the county, including increasing naloxone provision to reverse the effects of an opiate overdose. County Durham has one of the lowest rates of drug related deaths in the North East region, but rates remain higher than England.
- 15 Nationally, the Office for Health Improvement and Disparities (OHID) collects information about the outcomes for people who use local drug and alcohol recovery services. This includes monitoring the change and progress in important areas of their lives. The measurement for Successful Completions for those in treatment is defined by when individuals no longer need structured treatment having:
 - (a) achieved all the goals in their care plan;
 - (b) overcome dependent use of the substance that brought them into treatment;
 - (c) ceased any pharmacological intervention.
- 16 County Durham continues to make good progress on rates for Successful Completions for opiate clients in September 2023 (5.9%), which is above the rate for England (5.0%). The rate for Successful Completions for Non-Opiate clients County Durham is 33.2% which is above the rate for England (30.8%). County Durham has a rate of 34.1% for Successful Completing for Alcohol clients which is only slightly below the rate for England (34.9%) in September 2023.
- 17 2024/2025, will be used to review the performance outcomes of the Drug and Alcohol Recovery service (DARS) with a view to considering the appropriateness for the contract to be extended. As part of this process, an evaluation of the effectiveness of the approaches initiated by the Dame Carol Black funding will be undertaken to support the planning for service delivery until March 2025.

Recommendation(s)

18 OSC is recommended to:

- (a) note the content of the report;
- (b) continue to support the work of the Combatting Drugs and Alcohol Partnership and implementation of the Dame Carol Black funded workstreams;
- (c) promote the positive outcomes of the DARS and affiliated partners to encourage more people to access the service and making reducing the harms from drugs and alcohol part of everyone's business.

Background

County Durham

- 19 The County Durham Joint Local Health and Wellbeing Strategy (JLHWS) outlines the vision for improving health and wellbeing and tackling inequalities across the county. The strategy informs and influences decisions about health and social care services in County Durham, to ensure they are focused on the needs of the people and tackle the major risk factors that affect health and wellbeing. The JLHWS has prioritised, reducing harms from alcohol, tobacco control, mental health, resilience and wellbeing, and healthy weight as the key priorities for action.
- 20 As part of the Joint Strategic Needs and Assets Assessment (JSNAA) work, alcohol misuse remains a significant area of concern when working to address health inequalities. County Durham has a long history of commitment to delivering system-wide approaches to address escalating levels of substance misuse within our place-based communities. The negative impact of Covid-19 has escalated levels of alcohol intake in high-risk drinkers and may impact on substance misuse related deaths, which remain higher than national averages.

From Harm to Hope 10-year Drugs Plan

- 21 Following a two-phase independent drugs review by Dame Carol Black in 2021/22, the government published a new drugs strategy '*From harm to hope: A 10-year drugs plan to cut crime and save lives*' in December 2021. The national strategy is underpinned by a clear recognition that illegal drugs and alcohol use damage society.
- 22 The collective ambition is to achieve a generational shift in the country's relationship with drugs and alcohol, reduce overall substance misuse towards a historic 30-year low and reduce the harms that drug addiction and supply cause to individuals and neighbourhoods.
- 23 The three key priorities of the national strategy are:
 - (a) to break the drugs supply chain;
 - (b) deliver world-class treatment and recovery systems;
 - (c) achieve the shift in demand for recreational drugs.

- 24 In response to government guidance, a new Combating Drugs and Alcohol Partnership working across County Durham and Darlington was initiated to coordinate the work of the police, local authority, NHS, probation, social care and the community and voluntary sector to deliver a local plan for action.
- 25 The Combating Drugs and Alcohol Strategic Partnership is chaired by the Police and Crime Commissioner and is accountable to the County Durham Safe Durham Partnership and Darlington Borough Council's Community Safety Partnership. The operational partnership group helps the system respond to the findings and recommendations from the County Durham and Darlington Needs Assessment undertaken in September 2022.
- 26 A Power BI dashboard has been developed to monitor outcomes for the work of the partnership over time.

https://www.durhaminsight.info/combating_drugs_alcohol/

- 27 To implement the recommendations from the Dame Carol Black review, the government has made available several funding streams to support local authorities to enhance recovery and treatment services. This brings added value to the core work of the DARS, delivered by Humankind, Spectrum CIC, and the Basement Recovery Project.
- 28 The current DARS contract has been in place since 2018 and is due to end in July 2024. The service received its most recent Care Quality Commission inspection in February 2022 and was rated Outstanding.

Dame Carol Black Funding

- 29 The information highlighted below gives an overview of the various funding streams successfully applied for by Durham County Council and wider partners.

Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) 2022-25

- 30 The SSMTRG replaced the additional drug treatment crime and harm reduction funding ('Universal Grant') that was available to all upper tier and unitary local authorities in 2021/22, except those selected to be Addiction, Diversion, Disruption, Enforcement and Recovery (ADDER) Accelerator areas. DCC received £580,000 for the period July 2021 to June 2022.

- 31 In February 2022, OHID informed local authorities of their intention to award every local authority at least as much additional funding as in 2021/22 plus enhanced funding to support improvements in the quality and capacity of local drug and alcohol treatment systems in 2022/23 to 2024/25. County Durham was one of 50 areas selected to receive additional funding starting in 2022/23.
- 32 The SSMTRG allocations for County Durham are set out in Table 1.

Table 1: SSMTRG 2022-25 allocations for County Durham

Year	Allocation
2022/23	£1,452,381
2023/24	£2,380,175
2024/25	£4,593,370

- 33 During 2022/23, work was undertaken to allocate spend from the SSMTRG. Posts and interventions that were originally funded from the Universal Grant in 2021/22 continued to be funded by the SSMTRG in 2022/23. This included:
- (a) additional commissioning support of 0.5 whole-time equivalent (WTE) Grade 12 Commissioning Policy and Planning Officer.
 - (b) 14 posts that were incorporated within the DARS: a Harm Reduction Lead Practitioner and a Worker, two Criminal Justice Intervention Team workers, three Harm Minimisation Police Liaison Workers, three Integrated Offender Management (IOM)/Checkpoint Link Workers, a Women’s Recovery Worker, a Peer Led Communities Development Worker, a Lived Experience Peer Apprentice, and a Making Every Adult Matter (MEAM) Community Outreach Worker.
 - (c) allocations for the supply of Naloxone and Buvidal by the DARS.
 - (d) additional funding for residential rehabilitation placements was set to respond to the government’s trajectory of 2% of the treatment population starting a residential rehabilitation placement per annum.
 - (e) funding for the Women’s Recovery Academy Durham (WRAD).

- 34 Internal bids were also approved for:
- (a) two social worker assistants within the Adult Care Substance Misuse Team at a cost of £67,954 from July 2022.
 - (b) an additional nurse provided by the 0-25 Family Health Service to support County Durham Youth Justice Service, with a specific focus on drugs and alcohol. The cost for Harrogate and District NHS Foundation Trust to employ the post from October 2023 to March 2025 is £98,929"

35 A procurement exercise was carried out and a contract awarded to Humankind for the period July 2022 to March 2025. Table 2 contains the contract cost and annual breakdown.

Table 2 SSMTRG contract with Humankind

Year	Cost
2022/23	£699,199
2023/24	£1,314,777
2024/25	£2,670,107
TOTAL	£4,684,083

- 36 During 2022/23 and 2023/24 there have been ongoing challenges with recruitment that resulted in underspends being reported to OHID, however DCC has been able to agree proposals with OHID to re-profile any underspend to try to ensure that as much of the SSMTRG allocation for the current financial year can be spent.
- 37 The ongoing work funded by the SSMTRG has enabled the DARS to significantly expand its capacity by funding a number of workstreams designed to address health inequalities by addressing identified local issues/unmet need and maximising opportunities for system-wide improvement. Delivery now includes:
- (a) reducing drug/alcohol-related deaths: recruiting a Vulnerable Persons Coordinator to embed the Mortality Risk Assessment tool to identify individuals at increased risk, manage a Vulnerable Persons Register and providing dedicated support to vulnerable groups;
 - (b) reducing alcohol-related mortality/alcohol-attributable hospital admissions: developing a Drug and Alcohol Care Team with Tees Esk and Wear Valley NHS Trust (TEWV) providing enhanced drug and alcohol support, increased community detox provision, prescribing and wraparound care;

- (c) reducing antisocial behaviour/violence affecting communities: enhancing young people's criminal justice outreach, and building Alcohol Treatment Requirement (ATR) and Drug Rehabilitation Requirement (DRR) and prison pathways through our Prison Link/Pre-Sentence Worker roles;
- (d) improving support for people with mental health needs: developing a Peer Support pathway and increasing engagement/targeted support, working collaboratively with TEWV to embed pathways;
- (e) meeting unmet need amongst under-represented/under-served groups: targeted additional workforce/resources and dedicated pathways (e.g., tailored veterans' provision, increasing capacity/coverage within our Women's Recovery Academy Durham (WRAD));
- (f) development of campaign materials regarding non-opiates and their associated harms was launched in January 2024.

38 Work into 2023/24 has extended delivery of interventions that were previously approved by OHID. Examples include:

- (a) increasing the workforce to continue to lead on Naloxone distribution, pharmacy harm reduction initiatives and increasing the provision of Naloxone to service users, family, friends, carers, police for supply in custody suites, pharmacies providing opioid substitution treatment, and to a wider range of providers such as Housing and wider accommodation providers;
- (b) three WTE Harm Minimisation Police Liaison Workers to work closely with front line police to offer additional harm minimisation advice, support and guidance for individuals caught with drugs but insufficient to prosecute;
- (c) use of the DARS' outreach vehicle to go out into communities to engage those with a treatment need who are currently not engaging to reduce unmet need and offer fibroscanning;
- (d) an increase in the numbers of Children and Young People Outreach Workers to support more children and young people into treatment, working alongside Youth Justice and Anti-Social Behaviour Teams to encourage more people into services;

- (e) one WTE Prison Link Worker to provide capacity to support an additional 40 clients with prison-to-community transitions, which will include in-reach wrap around support, links into treatment and sustained recovery services to improve engagement and retention of individuals leaving the secure estate.

In-Patient Detoxification (IPD) Grant 2022-25

- 39 In February 2021, the Department of Health and Social Care wrote to all Directors of Public Health to advise that grants were to be provided to regional or sub-regional consortia of local authorities for commissioning IPD beds. It was agreed locally that DCC would lead a sub-regional group of four local authorities (the “LA4” consortium), including Gateshead Council, South Tyneside Council and Sunderland Council.
- 40 The LA4 consortium commenced in November 2021. As DCC had recently procured a new provider panel for IPD, which commenced June 2021, it was agreed that the other three members of the LA4 consortium would access DCC’s provider panel to arrange placements. This arrangement however, meant that service users still had to travel outside of the North East to gain access to IPD facilities.
- 41 The IPD Grant was initially provided for 2021/22 and Quarter 1 2022/23 but subsequently extended to 31st March 2025 in line with the SSMTRG. The annual allocation for the LA4 consortium is shown in Table 3.

Table 3 LA4 Consortium IPD Grant Annual Allocation

Local Authority Area	Allocation
County Durham	£113,898
Gateshead	£62,984
South Tyneside	£35,317
Sunderland	£64,226
TOTAL	£276,425

Activity and spend during 2022/23

- 42 Table 4 shows the number of placements that started from 1 April 2022 to 31 March 2023 and the estimated total cost.

Table 4 IPD Placements 2022/23

Local Authority Area	Number	Estimated Cost*
County Durham	14	£52,201
Gateshead	15	£36,835
South Tyneside	10	£22,500
Sunderland	30	£72,706**

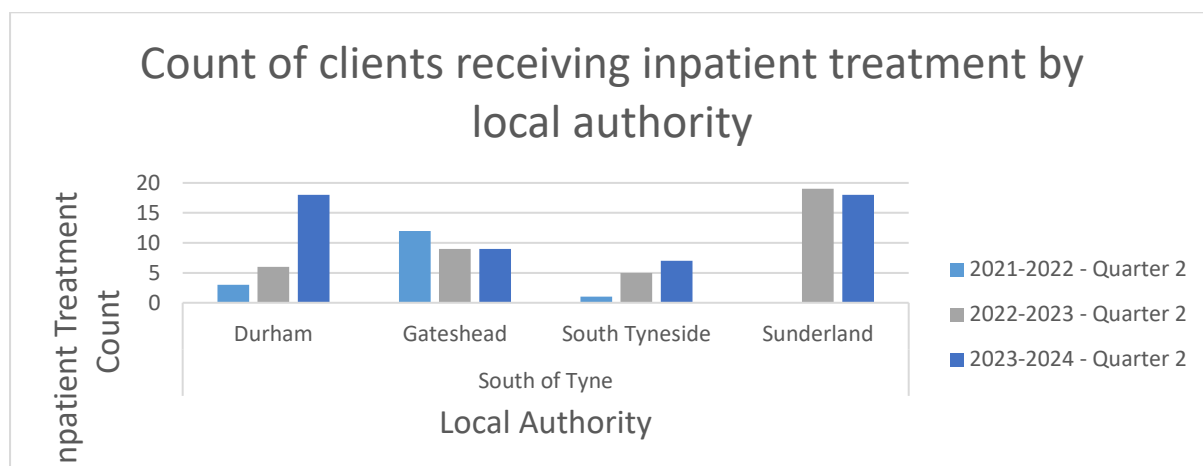
TOTAL	69	£184,242
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*Estimated costs as, where placements are still in progress, the cost may change if a service user leaves early or requires a longer-term placement.

**Sunderland Council's spend during 2022/23 exceeded their annual allocation by £8,480. The authority is to reimburse DCC for this additional expenditure.

- 43 In 2023/24, work commenced to develop a North East regional community detox unit for the LA4 Consortium and Tees local authorities. Home Group have identified a building in Brotton, Redcar which will become the new IPD unit for treating both drugs and alcohol. The procurement for the new provision will be undertaken in February 2024, with the first clients accessing support in July 2024. This is a very positive development for service users in County Durham meaning they will no longer need to access care and support from outside the NE region.

Table 5 Count of Clients Receiving Inpatient Detoxification across the South of Tyne Consortia (2021-2023)



The table above references annual totals linked to when services began in Q2 2021/22

Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG) 2022-25

- 44 DCC was informed in October 2021 that the authority was to receive RSDATG funding for 2021/22 and 2022/23 for wraparound and engagement teams to support the reduction of homelessness and rough sleeping within the drug and alcohol treatment population. A bid was submitted to OHID with funding plans for 2021/22 and 2022/23.
- 45 A contract variation was agreed with Humankind in January 2022 to incorporate the following posts that included one WTE Band 6 Mental Health Nurse, two WTE Recovery Outreach Workers (Rough Sleepers), one WTE Domestic Abuse DARS Worker, one WTE Workforce Development Worker.

- 46 In May 2022, local authorities were able to review their plans for 2022/23 and submit proposals for 2023/24. DCC's plans were for the continuation of the above five posts plus an additional WTE Recovery Outreach Worker that was originally funded by Housing Solutions.
- 47 For 2022/23, DCC was allocated £224,463 for wraparound and engagement and community treatment, which increased to £259,537 for 2023/24 and 2024/25. Additionally, DCC was informed in September 2022 that a further £49,332 was being provided for IPD and residential rehabilitation in 2022/23, which was subsequently confirmed to continue in 2023/24 and 2024/25.

Individual Placement Support (IPS) Grant 2022-25

- 48 DCC was informed in August 2022 that funding was being provided via OHID from the Department of Work and Pensions for the delivery of IPS employment support in community drug and alcohol treatment services. Table 6 contains the allocations for County Durham.

Table 6 IPS Grant 2022-25 allocations for County Durham

Year	Allocation
2022/23	£145,245
2023/24	£199,865
2024/25	£205,269

- 49 A contract variation was agreed with Humankind in September 2022 to incorporate the following posts within the DARS which included one WTE Senior Employment Specialist and three WTE Employment Specialists.
- 50 The IPS team 'went live' in February 2023 and had received 15 referrals by 15 March 2023. The team has to ensure that, within four weeks of a DARS client accessing IPS support, contact with an employer will be arranged for the client.
- 51 In the short time that the programme has been operational, the following has been achieved:
- (a) one participant is to engage on the DARS' Ambassador Programme in June 2023, which will lead to a job outcome;
 - (b) one participant has been offered a 9-week volunteer programme until they have finished the Recovery Academy Durham (RAD) programme and will then start paid employment;
 - (c) the team has attended jobs fairs to promote the service and begin to build relationships with local employers;

- (d) one participant has decided to apply to Beamish Museum after the Employment Specialist attended a job fair and was able to speak to the employer directly to help them understand the aim of the programme;
- (e) the IPS team worked in partnership with Employment Specialists from Humankind's South Tyneside service to facilitate a workshop on writing CVs.

SSMTR Housing Support Grant 2022-25

- 52 DCC was informed in August 2022 by OHID and the Department for Levelling Up, Housing and Communities that County Durham had been identified as one of 28 areas eligible to receive funding for a programme of housing support interventions under the Drug Strategy.
- 53 County Durham was identified from the National Drug Treatment Monitoring System (NDTMS) as an area with a comparatively high rate of housing need in the treatment population. Middlesbrough was the only other area in the North East region to receive the SSMTR Housing Support Grant. Table 7 contains the allocations for County Durham.

Table 7 Housing Support Grant 2022-25 allocations for County Durham

Year	Allocation
2022/23	£379,760.21
2023/24	£584,000
2024/25	£584,246.47

- 54 The Housing Support Grant is a programme to test and evaluate models of housing support for people in treatment in a targeted number of areas, and is provided in addition to the SSMTRG, to deliver a programme of interventions for people in drug and alcohol treatment with a housing need.
- 55 DCC submitted a bid in October 2022 and the grant was awarded in January 2023. Due to the confirmation of the grant being so late in the financial year, DCC was unable to generate much spend during 2022/23, although the allocation was £379,760.21.
- 56 The bid included the following for 2023/24:
 - (a) one WTE Housing and Recovery Coordinator to provide oversight over nine posts which will work within Housing Solutions, Drug and Alcohol Recovery Service and Exempt Accommodation;

- (b) three WTE Housing and Recovery Workers (HRW) to address the substance misuse needs of those accessing Housing Solutions for housing support (especially for those who are treatment naïve);
- (c) three WTE HRW to liaise with Exempt Accommodation providers/private landlords and clients to address substance misuse issues in their accommodation and encourage people to access the DARS;
- (d) three WTE HRW staff to support within the DARS to identify those with a housing need and provide support to address this need;
- (e) two WTE Social Workers within Adult Care to work closely with substance misuse providers to manage an expected increase in vulnerable adult and safeguarding concerns as new clients are brought into services;
- (f) promotional materials, IT costs, mileage expenses, and personalised budgets.

57 See Appendix 2 for a case study that highlights the complexity of this area of work.

National Performance Outcome Data for Substance Misuse 2022 - 2023

- 58 Nationally in 2022-23, there were 290,635 adults in contact with drug and alcohol services between April 2022 and March 2023. This is a small rise compared to the previous year (289,215).
- 59 The number of adults entering treatment in 2022 to 2023 was 137,749, which is higher than the previous 2 years' figures (130,490 and 133,704). The numbers of people entering treatment was relatively stable from 2016 to 2017 up to 2021 to 2022.
- 60 Nearly half (48%) the adults in treatment were there for problems with opiates. Despite the number of people in treatment for opiate use slightly decreasing from last year (from 140,558 to 138,604), this remains the largest substance group. However, people in treatment for alcohol alone make up the next largest group (30%) of all adults in treatment.

- 61 After seeing a decline in the previous 2 years, there has been a rise in the overall number of adults entering treatment for crack cocaine. This rise includes people who are using crack with opiates (18,832 to 20,158) and those who are using crack without opiates (4,711 to 5,444).
- 62 New entrants to treatment with cannabis problems increased again in 2022-23, which saw a 2% rise (from 28,263 in 2021 to 2022 to 28,845 this year). New entrants with benzodiazepine problems fell 6% (from 3,848 in 2021 to 2022 to 3,620 this year), after increasing every year since 2018 to 2019 up until 2021 to 2022.
- 63 Although the numbers are relatively low, there was an increase in adults entering treatment in 2022 to 2023 with ketamine problems (from 1,551 in 2021 to 2022 to 2,211 this year). This is part of a trend in rising numbers entering treatment over the last 9 years. The total is now over 5 times higher than it was in 2014 to 2015.
- 64 In County Durham the most commonly cited substances in drug treatment are cannabis, cocaine, and alcohol. Work progresses to help engage no-opiate users as part of a wider non-opiate campaign which was launched by Humankind in January 2024.

Table 8 Most commonly cited substances used by adults in drug treatment in County Durham (NDTMS)

8.2 Most commonly cited substances by adults in drug treatment

Opiate Non-opiate Alcohol and non-opiate All drugs

Table 8.2.4 Most commonly cited substance(s) of all adults in treatment for problems with all drugs for Durham and England, 2020-21.

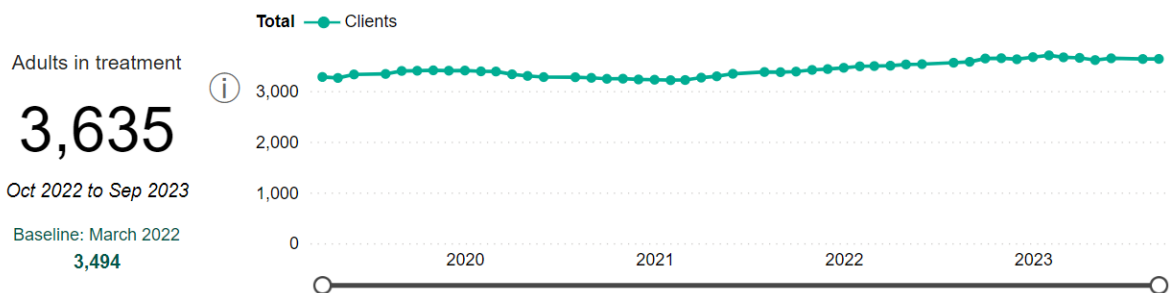
Substances	Local (n)	Proportion of treatment population	England (n)	Proportion of treatment population
Alcohol	500	22%	54,651	27%
Amphetamine (other than ecstasy)	145	6%	7,569	4%
Benzodiazepines	238	11%	15,229	8%
Cannabis	615	28%	54,009	27%
Cocaine	518	23%	32,339	16%
Crack cocaine	228	10%	77,041	39%
Ecstasy	9	0%	1,297	1%
Hallucinogens	9	0%	2,382	1%
New psychoactive substances	5	0%	2,394	1%

Performance Outcomes for the DARS

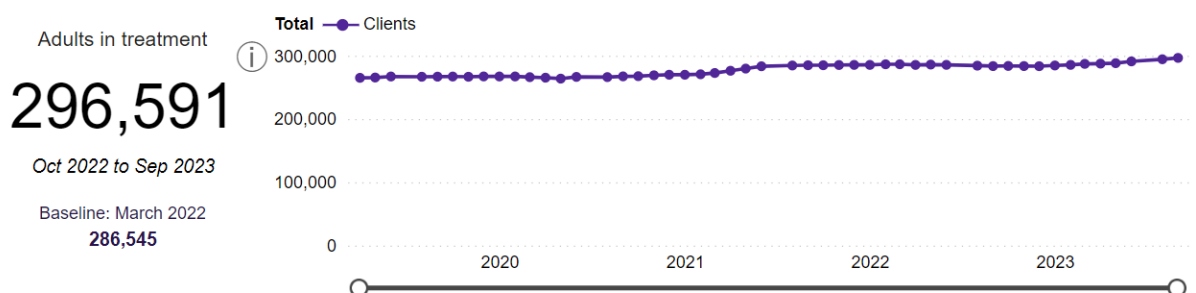
65 The treatment population remains stable in County Durham with monitoring submitted to the NDTMS on a monthly basis. The number of clients in treatment at any one time has been maintained at over 3,000 with a slight uplift from June 2022 until July 2023.

Fig. 1 Total Numbers of adults in treatment July 2022 – September 2023

Durham

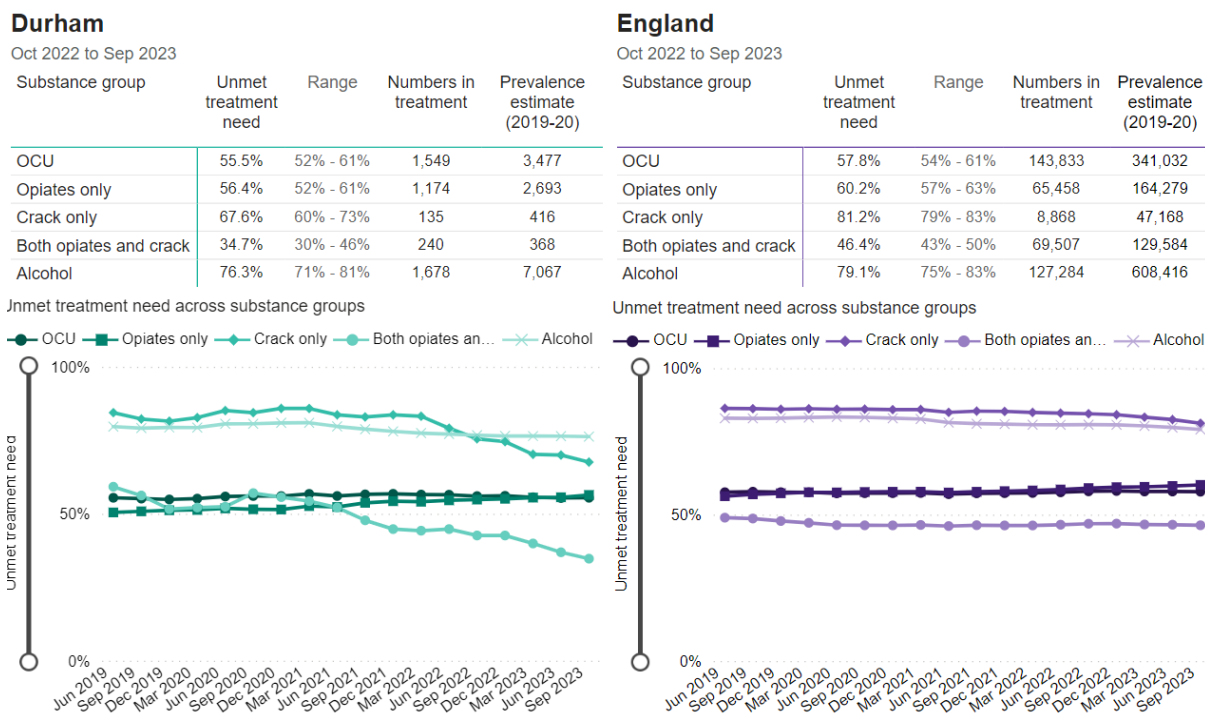


England



66 The table below highlights the prevalence of drug and alcohol use within the county and those levels of unmet need in County Durham for Opiates and Crack Users (OCU), Opiates-only, Crack only and Alcohol only. This refers to those who do not currently access the DARS.

Fig. 2 Unmet treatment need in County Durham July 2022 to June 2023.



- 67 Prevalence estimates for Opiate and Crack users in County Durham is estimated to be 3,477, of which 55.5% are not accessing treatment. This is compared to the England number of 57.8% (341,032), which is higher than rates in County Durham.
- 68 For alcohol, the unmet treatment need is 76.3%, which is lower than the percentage in England (79.1%), but still reflects a prevalence of 7,067 of people with an alcohol dependency not accessing treatment.
- 69 County Durham continues to implement a range of approaches to help reduce the impact of alcohol and substance misuse on local residents. The ongoing commissioning of Balance, as our alcohol office is overseen by County Durham on behalf of seven Local Authority areas in the NE. Campaign materials from Balance continue to be adopted by County Durham and cascaded to partners to maximise impact at a local level. Balance continues to work with Public Protection to utilise innovative approaches to licensing, which promote public health objectives including the vision of an Alcohol-Free Childhood.

Substance Misuse Related Deaths

70 There remains a keen focus on reducing substance misuse related deaths in the county, including increasing naloxone provision to reverse the effects of an opiate overdose. Extra emphasis on harm reduction approaches and the use of a Local Drug information System (LDIS) also helps to target identified areas of need, supported by the DARS outreach vehicle. County Durham has lower rates of drug related deaths (13.9) when compared to North East averages (15.2), but rate remains higher than the England rate (8.1)

Table 9 death rates related to drug poisoning 2020-22

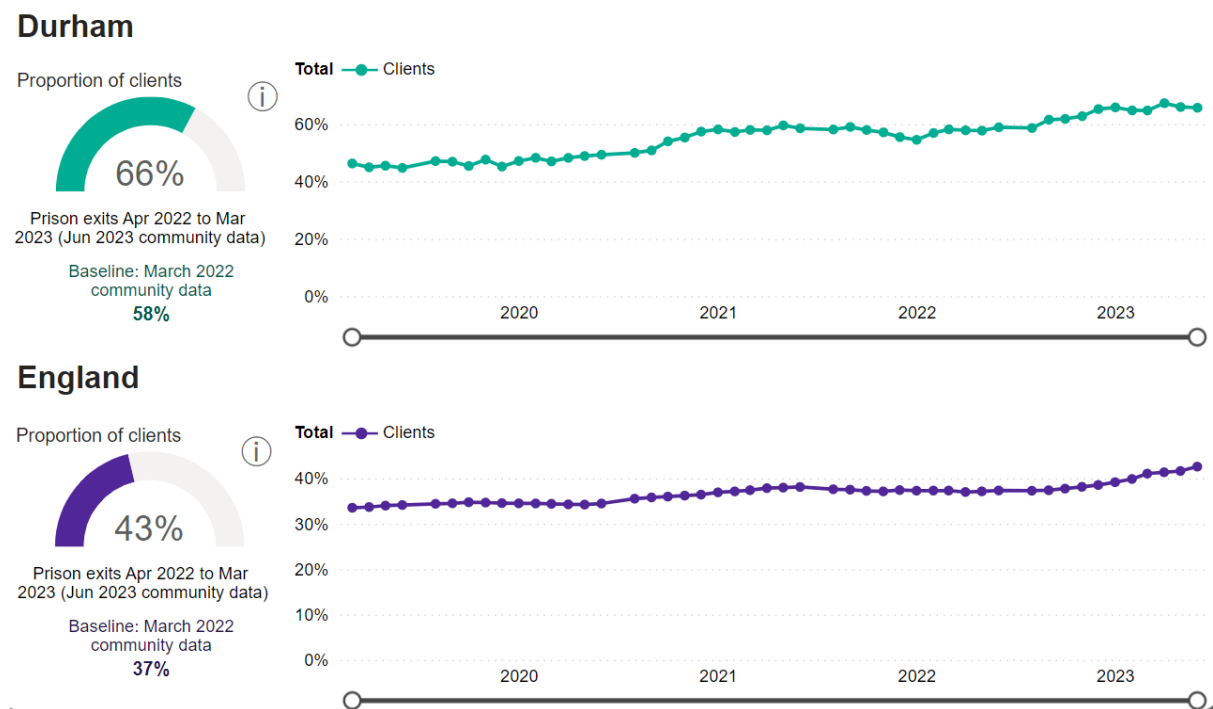
Area Codes	Area Names	2020-22			
		Deaths	Rate ¹	Lower Confidence Limit ²	Upper Confidence Limit ²
E92000001	ENGLAND	13,416	8.1	8.0	8.3
E12000001	NORTH EAST	1,123	15.2	14.3	16.1
E06000047	County Durham	199	13.9	12.0	15.9
E06000005	Darlington	44	14.2	10.3	19.1
E06000001	Hartlepool	63	24.9	19.1	31.9
E06000002	Middlesbrough	104	26.6	21.5	31.8
E06000057	Northumberland	101	11.5	9.2	13.7
E06000003	Redcar and Cleveland	65	17.3	13.3	22.1
E06000004	Stockton-on-Tees	93	16.8	13.6	20.6
E11000007	Tyne and Wear (Met County)	454	14.1	12.8	15.4
E08000037	Gateshead	93	16.6	13.4	20.3
E08000021	Newcastle upon Tyne	131	15.9	13.1	18.7
E08000022	North Tyneside	74	12.3	9.6	15.5
E08000023	South Tyneside	51	12.3	9.1	16.2
E08000024	Sunderland	105	13.6	11.0	16.2

Taken from OHID, NDTMS (2022/23)

71 Work is ongoing to engage more people into treatment, including improving the rates for the Continuation of Care for those leaving prison and accessing the DARS based within the community. This performance indicator is a new outcome for monitoring the outcome of services and will help to further reduce the potential for those leaving prison to die of an overdose after release.

72 The table below highlights the increasing trend of those leaving prison being maintained within community treatment and recovery services.

Fig. 3 Continuation of Care data April 2022 – June 2023 (NDTMS)



Successful Completions

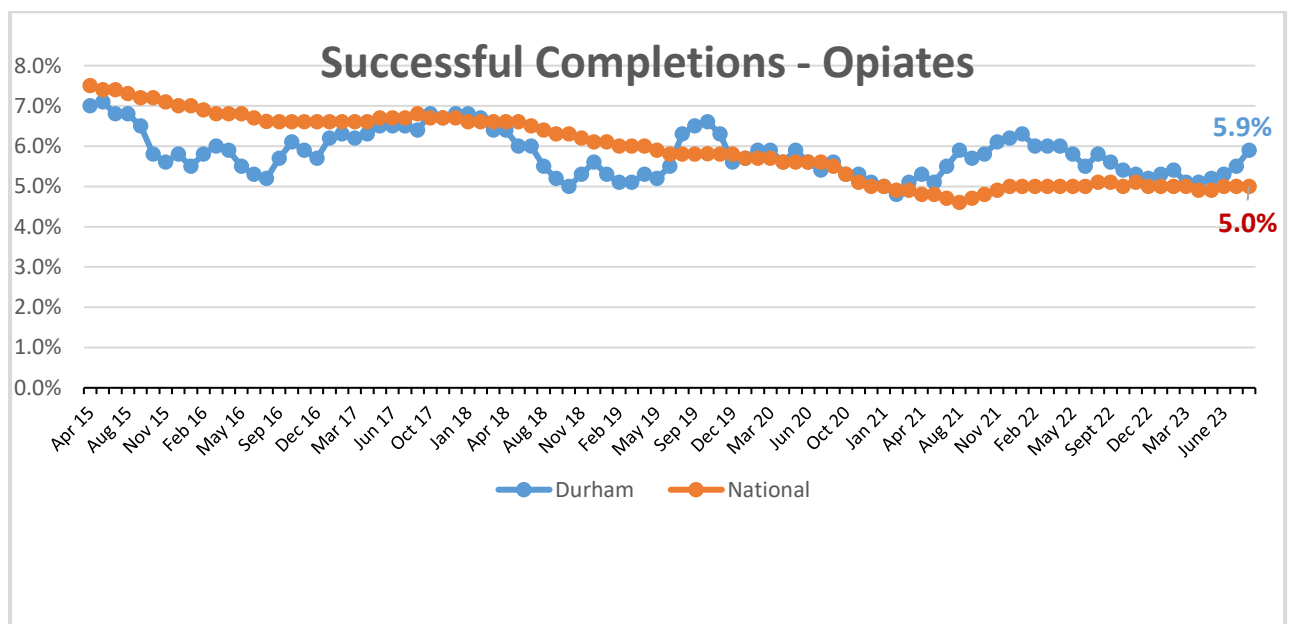
- 73 The Office for Health Improvement and Disparities (OHID) collects information about the outcomes for people who use drug and alcohol treatment services. This includes the [treatment outcome profile](#), which measures change and progress in important areas of their lives.
- 74 On a national basis, people in treatment for opiate problems reported a fall in the number of days they used opiates. When they started treatment, they reported an average of 23 days using opiates in the previous 28 days. At their 6-month treatment review, this number had fallen to 8.6 days.
- 75 The alcohol only group reported a fall in the number of days that they used alcohol. When they started treatment, they reported an average of 21.3 days drinking in the previous 28 days, but at their 6-month review, this number had fallen to 11.9 days.

76 The Successful Completion outcome is broadly defined as a successful response to drug and alcohol related issues stated in a clients' treatment plan. This outcome is determined by clinical judgement that the individual no longer needs structured treatment having:

- (a) achieved all the goals in their care plan;
- (b) overcome dependent use of the substance that brought them into treatment;
- (c) ceased any pharmacological intervention.

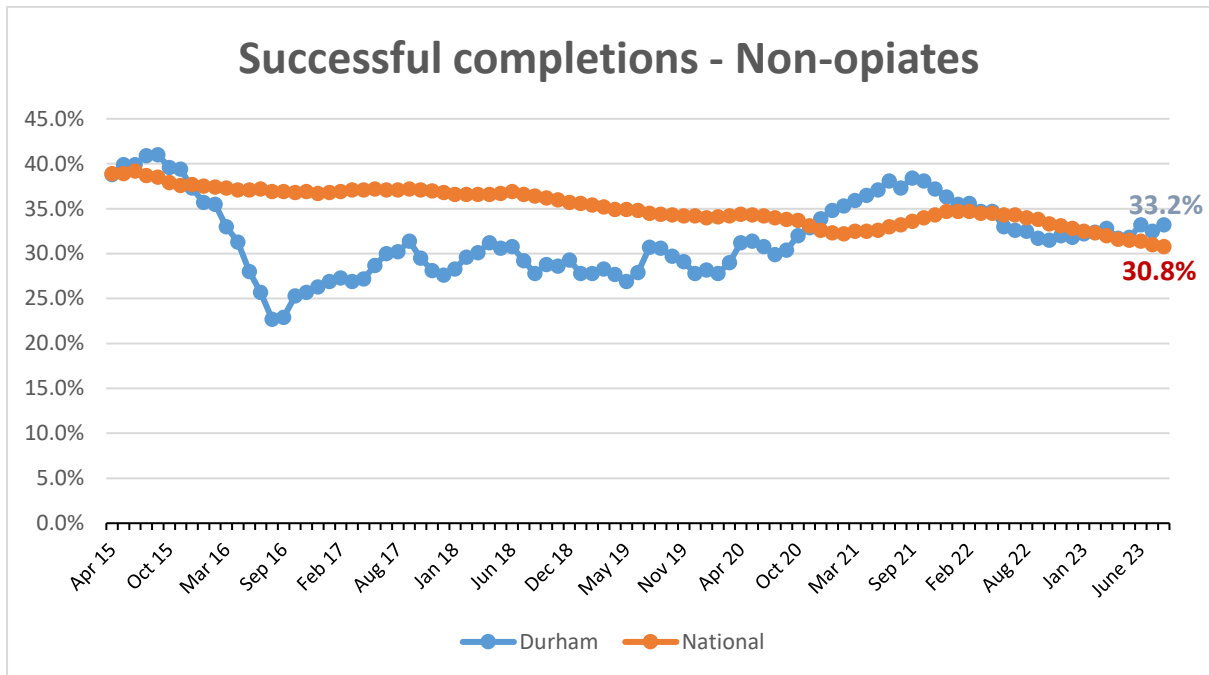
77 The following tables below highlight the rate of Successful Completions for Opiates, Non-opiates, and Alcohol Only in County Durham.

Table 10 Successful Completions for Opiate Clients (August 2015-September 2023)



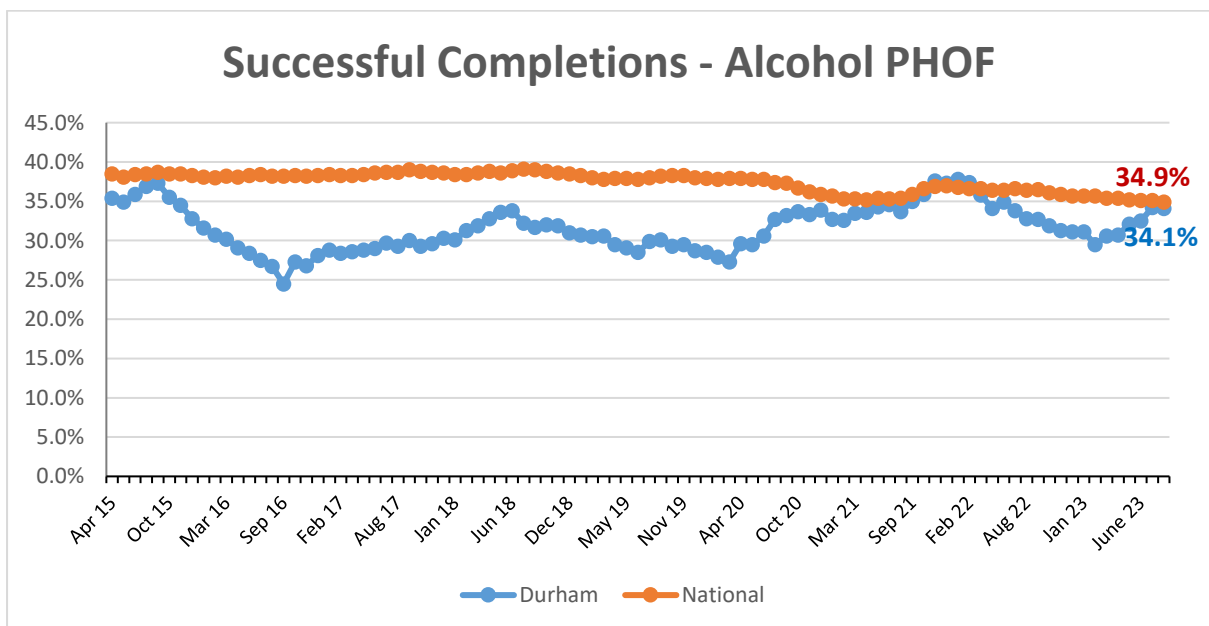
78 County Durham has a rate of 5.9% for Successful Completing for Opiate clients in September 2023 which is above the rate for England (5.0%).

Table 11 Successful Completions Non-opiates (August 2015-September 2023)



79 County Durham has a rate of 33.2% for Successful Completing for Non-Opiate clients in September 2023 which is above the rate for England (30.8%)

Table 12 Successful Completions Alcohol only (August 2015-September 2023)



80 County Durham has a rate of 34.1% for Successful Completing for Alcohol clients in September 2023 which is slightly below the rate for England (34.9%).

Conclusion

81 There has been significant change in the field of substance misuse with the advent of the 10-year drug plan from Harm to Hope (2021). This new strategy has been accompanied by the availability of new funding to support the 3 key priorities of breaking the drugs supply chain, delivering world-class treatment and recovery systems, and striving to achieve the shift in demand for recreational drugs.

82 A new Combating Drugs and Alcohol Partnership working across County Durham and Darlington has been initiated to coordinate the work of the police, local authority, NHS, probation, social care and the community and voluntary sector to deliver a local plan for action.

83 The core work of Humankind, Spectrum CIC and The Basement Recovery project as the providers of the DARS has been amplified by the SSMTRG funding, IPD provision, initiatives to support Rough Sleepers and increase housing support for those with substance misuse issues in our local communities.

84 Numbers in treatment have remained stable over time, however the unmet need for opiate and crack users (55%) and people with alcohol dependency (76%), whilst lower than England rates requires a sustained focus to support more people into treatment.

85 Substance misuse related death rates in County Durham have reduced to the second lowest in the NE (7.7) but remains higher than England (5.1). The Dame Carol Black funding has been used to increase the use of Naloxone (an antidote to opiate overdose) within communities and the ability for the DARS to increase mobile outreach provision in areas of high need.

86 County Durham continues to make good progress on rates for Successful Completions rates for Opiate clients in September 2023 (5.9%), which is above the rate for England (5.0%). The rate for Successful Completions for Non-Opiate clients County Durham is 33.2% which is above the rate for England (30.8%). County Durham has a rate of 34.1% for Successful Completing for Alcohol clients which is only slightly below the rate for England (34.9%) in September 2023.

87 2024/2025, will be used to review the performance outcomes of the DARS with a view to consider the appropriateness for the contract to be extended as part of the Provider selection regime. As part of this process and evaluation of the effectiveness of the approaches initiated by the Dame Carol Black funding will also be undertaken to support the planning for service delivery after 2025/26, depending on future funding allocations, as part of the ten-year strategy.

Background papers

- List any papers required by law / None

Other useful documents

- Previous reports / None

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Appendix 1: Implications

Legal Implications

Sign off for the continuing plans submitted to OHID for the Dame Carol Black (DCB) grant funding requires authorisation from the Director of Public Health. There is also a stipulation that funding supplied by the DCB grants cannot be used to reduce any allocation in the core budget funded by the Public Health grant.

Finance

Core funding for the DARS has been maintained throughout 2021/22, 2022/23 Future SSMTR funding has been confirmed for 2024/25, but we still require confirmation of the amounts, although indicative allocations have been given within a rolling programme.

Consultation and Engagement

Public Health will continue to consult with partners in the development and delivery of the actions identified as part of the DCB funding. The voice of service users is within client satisfaction questionnaires is engaged with on an annual basis. A recent review of the DARS also used staff and client focus groups to understand the effectiveness of pathways linked to outcomes. The CQC outcome reflects the culture of the service user being embedded within the decision-making process of the DARS.

Equality and Diversity / Public Sector Equality Duty

Actions from this report are targeted to reduce the health inequalities of these people suffering from or impacted by alcohol and drug related health harm.

Human Rights

No issues Identified.

Crime and Disorder

Actions highlighted in this report are targeted to reduce alcohol and drug related crime and disorder.

Staffing

The ability of the DARS to deliver on the DCB funded workstreams model has been dependent on the ability of the service to recruit to posts. This has been

highlighted within Humankind's risk register and will be monitored over time within contract monitoring arrangements.

Accommodation

No other venues have been required to deliver on the DCB workstreams.

Risk

No corporate risk issues Identified.

Procurement

The work of the DARS continually encourages working to economies of scale and make the best use of available resource and capacity.

Appendix 2

Case Study

Paul (not his real name) had previously been in treatment with the DARS but, through living a chaotic lifestyle, had fallen off prescription and out of treatment. Paul had no fixed abode and was 'sofa surfing' or rough sleeping at times. Through links with Integrated Offender Management (IOM) officers at Bishop Auckland, it was arranged that Paul would be brought to the DARS' outreach vehicle at Seaham. Paul was supported to attend the outreach vehicle and was provided with a rapid pathway back into treatment by completing triage immediately; assessment was booked for the following day and Paul was allocated a worker.

While at the outreach vehicle, Paul was given food and a drink, harm reduction advice, and completed a blood borne virus (BBV) test. The instant BBV test showed positive for Hepatitis C, which triggered a dried blood spot (DBS) test that was sent for screening the same day.

Discussions with Paul, the IOM officer and the manager of a housing provider led to Paul being assessed and entered into their programme (which offers supported accommodation the same day). An assessment was then completed the next day with the DARS where Paul was put back into clinical treatment.

Following support from Paul's DARS worker over the next couple of months, he was able to successfully exit treatment with the DARS and finished a Methadone prescription whilst maintaining successful tenancy.

Following closure, Paul's test result came back with a current infection for Hepatitis C, which meant that treatment was required. Paul's worker arranged an appointment with the Freeman nurses who supply treatment for County Durham Hepatitis C infections. Paul attended a planned appointment with the Freeman Nurse at a recovery centre where he was provided with harm reduction advice, information about the medication, and the treatment. A follow up appointment is planned for three months' time for a BBV test to check that the medication has been effective, and the infection has cleared.