

Sheffield City Council

Drug Strategy 2018-2022

Working in partnership to provide a citywide response to drugs -reducing demand, restricting supply using thorough enforcement activity, and promoting recovery.

Executive Summary

Our ambition is that Sheffield is a great city to grow up, live and work in, where everyone has the opportunity to reach their full potential and achieve their dreams.

The use of illegal and legal drugs is an issue across the country, and Sheffield is no different to other big cities in the impact drug use can have on individuals, families and communities. This drug use impacts everybody in one way or another: the people using drugs, their families, children and friends, and the communities they live in. It can impact on people's achievements of their goals and plans, and in the most severe cases of dependence, it can be life limiting or life ending.

In 2016/17, 8.5% of 16 to 59 year olds in England and Wales had taken an illicit drug^[1]. Applied to the population of **Sheffield**, this would equal **48,875** people.

Tackling the harms that drug misuse can cause is not down to one organisation or group.

A whole city-wide approach to prevention and intervention regarding all kinds of drug use is essential for the health and wellbeing of the people of Sheffield; however they are impacted by drug use.

The Sheffield Drug Strategy 2018-2022 sets out Sheffield City Council's four year strategy for implementing this work in detail across the themes captured by the National Drug Strategy 2017:

Reducing demand - so that fewer people use drugs;

Restricting supply - tackling organised crime and drug dealing utilising thorough enforcement work;

Recovery – providing the right help so people can stop using drugs and beat their addiction.

Drug use can affect anyone, but evidence show that it is also strongly linked to inequality - The Advisory Council for the Misuse of Drugs^[2] found that people living with higher levels of deprivation are:

- More likely to have problems from using drugs like heroin or crack cocaine
- More likely to start using drugs at a younger age and progress to dependence and risky practices like injecting, and criminal activity
- Less likely to get into treatment and make a healthy recovery
- Live in areas affected by public nuisance from dealing and antisocial behaviour
- Be affected by high unemployment which can drive people into dealing as a source of income

As a council we are committed to tackling inequality. The Drug Strategy is an important part of this ambition.

The strategy will be implemented via a Drug Strategy Implementation Group chaired by the Director of Public Health, and decisions taken via the Leader's Scheme of Delegation.

Section 1: Introduction

Drug use is an all age and cross-cutting issue impacting individuals, families, children and young people (CYP), as well as whole communities in our city and nationally. In Sheffield there has been significant work carried out and subsequent achievements in prevention, harm reduction, treatment and recovery, for many years. However the challenges remain; to both respond to established drug misuse and address newly emerging trends.

This document outlines Sheffield's strategic direction in addressing the use and misuse of drugs for the four year period 2018-2022. This is Sheffield City Council's first drug strategy and it has been developed by SCC's Drug and Alcohol Co-ordination Team (DACT).

It is an opportune time to introduce a local strategy. The most recent National Drug Strategy was published in 2017¹ stating clearly that drug use is **'both cause and consequence of wider factors'** – this is vital – drug use is often a symptom of root cause problems and failure to both recognise and address this would be a failure to respond effectively.

Through evidence-based prevention and intervention, this strategy aims to prioritise partnership working to address both the causes and the consequences of drug use to achieve long term success for individuals, their families, and our communities.

The strategy acknowledges the stigma that people who use drugs experience daily, and the misconceptions that exist about them in the public domain. It sets out our commitment to resolutely challenge this stigma and the unhelpful public narratives that so often come with drug use, and focus on providing a comprehensive, supportive, and respectful strategy. It also acknowledges that there is 'recreational' and dependent drug use, as well as experimental use, and seeks to address and reduce the harms from all types of drug use. This includes the misuse of prescribed and over the counter medication.

The strategy will support the Council's Corporate Plan, and complements other local strategies covering issues associated with drug use². The strategy is supported by a comprehensive local needs assessment³ and by extensive consultation with CYP and adults who use drugs, stakeholders and providers. It is informed by the significant evidence available on best practice in addressing drug misuse.

The strategy does not cover alcohol: the city's alcohol response is captured in the Sheffield Alcohol Strategy 2016-2020.⁴ However, some people are poly-substance users and people using alcohol will be impacted by some of the work this strategy is planning.

The strategy captures our over-arching aims, priorities, and ambitions to address the use and misuse of drugs in Sheffield. Excellent work is going on in the city, and plans are in place for the next four year period via a detailed action plan of how we will make our ambitions happen. We recognise that trends in drug use can change quickly and therefore we will need to add new actions as we progress, in order to dynamically respond to the changing needs of the people of Sheffield.

Progress will be monitored by a robust governance structure including the establishment of a multi-agency implementation board that will be accountable to the Director of Commissioning.

¹ <https://www.gov.uk/government/publications/drug-strategy-2017>

² Listed at the end of the document.

³ <http://sheffielddact.org.uk/drugs-alcohol/wp-content/uploads/sites/2/2017/05/Sheffield-Drugs-Needs-Assessment-2016.pdf>

⁴ http://sheffielddact.org.uk/drugs-alcohol/wp-content/uploads/sites/2/2013/05/FINAL-Alcohol-Strategy-2016_2020.pdf

The strategy has been developed in consultation with our partners and stakeholders in addressing drug use and misuse in Sheffield, without whom essential partnership working to deliver this strategy for Sheffield would not be possible.

Section 2: Where do we want to be and how will we get there?

Our **ambitions** for this strategy are:

- To implement the delivery of evidence based and **effective prevention** of drug use city-wide from **early years to adulthood**, focusing particularly on those with **additional vulnerabilities**;
- To work with South Yorkshire Police and other criminal justice organisations to **reduce the supply of drugs into the city** and to take effective enforcement action;
- To implement the evidence based, pragmatic and compassionate **harm reduction interventions** that are available to all those using drugs, keeping them as safe as they can be when in active drug use;
- To ensure that **high quality treatment and support** is available for all those using drugs which is inclusive, accessible, and responsive to the needs of the individual;
- To **promote and celebrate recovery**, to communicate the message that recovery is possible, and to challenge the stigma that addiction is subject to.

Section 3: Themes

The Government's strategy is clear that local areas should adopt their own tailored approaches to drug use: the document will not mirror the national strategy but will follow its guiding principles ensuring that responding to local need is prioritised.

The national strategy has four themes:

- **Reducing Demand**
- **Restricting Supply**
- **Recovery (including harm reduction)**
- Global action

Sheffield's strategy will use three of the four themes from the national strategy for capturing the majority of the planned work, as Sheffield has limited jurisdiction over⁵ 'global action'. However, the city **can** have a role in advocating for national and international evidence based policy and research, particularly in being ambitious for evidence based advancements and trends in prevention, harm reduction and treatment to be replicated in the UK. Themes that link to international issues, such as organised crime, are captured in the main body of the document.

Section 4: Context – Children and Young People

A recent schools survey '*Smoking, drinking and drug use among young people in England*' indicated an increase in lifetime prevalence of drug use among 11-15 year olds in the latest year (2016).⁶ Of the 24% who had used drugs, 10% had used the drug in the last month, 18% had used a class A drug and just over one third had used more than one drug.

⁵ On Global action

⁶ This statistic should be treated with caution due to the significance of the change being noted.

'Drugs is not a lifestyle choice, there are other issues there. No-one plans to get addicted to drugs' – Sheffield young advisor

Around 12,000 young people received specialist substance misuse treatment for drug use in England in 2016/17; this was a continued reduction on the previous year. Specialist drug treatment for CYP has a high success rate: 82% exited treatment in a planned way, no longer requiring specialist interventions. Nationally⁷ specialist substance misuse services saw 4% fewer young people in 2016/17 than in the previous year.

Of those accessing services 66% were male, and 50% aged 16 and over. The most common drug that young people presented to treatment with was cannabis (88%). Alongside cannabis and alcohol, young people used a range of substances: 11% cited problematic use of ecstasy, 9% cocaine, 3% amphetamine, and 4% new psychoactive substance (NPS) use.

Among those who do access treatment, vulnerabilities and complexities are more prevalent, including mental ill health, emotional wellbeing issues, offending and risk taking behaviours. This has resulted in longer treatment episodes and more intensive support being delivered.

'Need to be gentle, understanding, and don't condone' – Sheffield young advisor

In Sheffield, between 2014/15 and 2015/16 there was a 7% increase in access to specialist treatment, and a 64% increase in access to brief interventions. In the period 2016/17, 293 CYP were referred to The Corner, 143 received a structured treatment intervention, and 120 received a brief/extended brief intervention.

Children and Young People - what have we achieved so far?

- Sheffield has a comprehensive support offer for young people using drugs, delivered by **The Corner**⁸, as well as **'What About Me'** (WAM) a service for young people affected by someone else's drug use;
- SCC has a substance misuse **transitions** policy to manage movement between young people's and adult services identified as an example of good practice by the Chair of the Children's Safeguarding Board;
- Sheffield has a comprehensive **Hidden Harm Strategy**⁹ **2016-2020**: 'Drug and Alcohol Misuse in the Household'.
- A **parenting worker** is available at The Corner, to work with parents who are impacted by the substance misuse of their child/ren;
- The children and young people's substance misuse service is **integrated into the youth justice service** and the youth information advice and counselling service (Door 43) as part of a one-stop-shop health and wellbeing service for 13-25 year olds based in the city centre;
- CYP can access advice, information and counselling as part of a developing **online offer**;
- We have a **student well-being resource** – developed with Learn Sheffield and including substance misuse information;

⁷ <https://www.ndtms.net/Publications/downloads/Young%20People/young-people-statistics-from-the-national-drug-treatment-monitoring-system-2016-17.pdf>

⁸ https://www.changegrowlive.org/young-people/corner_sheffield

⁹ https://www.safeguardingsheffieldchildren.org/assets/1/2016_-2020_hidden_harm_strategy.pdf

- We have a **community resolutions offer** – working with police to support CYP in the city to access support when caught in possession of drugs, preventing criminal convictions among CYP;
- **Prevention:** in 2015/16 1,131 CYP received a prevention session, 539 CYP accessed targeted group work and 754 professionals working with CYP received the appropriate training;
- A CYP specific **online screening tool** is being designed as an element of the Sheffield wide screening tool currently in development;
- We have a **Targeted Interventions Co-coordinator** post dedicated to upskilling professionals across the city around identifying and recognising substance misuse and referring into specialist service. This is achieved through offering bespoke training packages to services across the city.

What challenges do we face?

- Nationally, **16-24 year olds are more likely to have taken drugs** during the past year and month than older adults. This group fits into both young people and adult's service responses;
- **Young people involved in the supply of drugs:** organised crime groups target vulnerable young people and involve them in supply via grooming, coercion and exploitation, including sexual exploitation, leading to criminalisation at a young age and exposure to harm;
- Hidden Harm from **parental substance use** (including specific issues with cannabis whereby the community sees less risk as it is used by peers, family, and is 'glamorised' via music and film);
- Accessibility of substances – increase in **purchases online and via social media** is difficult to manage and increases the risk of overdose;
- Responding to **changing drug use trends**, e.g. the past six months has seen an increase in **illicit prescription drug use** among CYP: specifically benzodiazepines, including alprazolam (Xanax) reported by The Corner;
- The impact of **ongoing reductions to the public health grant** on services;
- Growing concerns about increased **poverty, isolation and loneliness** amongst young people, particularly in the most deprived areas of the city, where they are less likely to access services.

Section 5: Context – Adults

Heroin, crack cocaine, powder cocaine, and cannabis are the drugs most frequently used in the city – this mirrors national drug use. There are an estimated 3,600 heroin and crack users in Sheffield: 9.76 per 1,000 populations which is slightly higher than the national average¹⁰. Around 2,600 engage with structured treatment each year. Cannabis is the most commonly used drug in England and Wales, with 6.5% of people aged 16+ having used it in 2015/16: cannabis users make up 61% of the Sheffield non-opiate treatment population. Around 7.3% of the total Sheffield drug treatment population list cocaine as one of their problematic substances. An estimated 4% of the Sheffield population have used New Psychoactive Substances (NPS), though numbers entering treatment to address NPS use are low.

¹⁰ Adult drug commissioning support pack 2018 to 2019: key data

There are, however, a myriad of other drugs which are used less frequently but with significant impact which will be addressed in the strategy.

Of those in treatment, around 800 are new each year, 73% are male, 88% white British, 71% are aged 35 or older, most use more than one drug and around 11% are injecting (increasing to 23% among heroin users). Treatment in Sheffield is effective and compares well nationally, for example after 12 months in treatment 43% have stopped using drugs and an additional 31% have reduced their drug use (from an average of 21 days to 6 days per month)¹¹.

Before I went into recovery my life was very unmanageable and I didn't know how to live. It was manic. I just didn't know what I wanted. I got to the point where I wanted to kill myself. If I didn't get into recovery I'd be dead by now. I had to do something about it. – ex SU now in recovery

What have we achieved so far?

- A city-wide **screening tool** for drug use is currently in development which will expand the adult **prevention activity** significantly;
- Sheffield has a significantly higher proportion of the estimated prevalence of **opiate and crack users in treatment** than the national average – 61% (compared to 50%);
- In 2016/17, **2,613 people received treatment for opioid misuse**, we had a **94.9% effective treatment**¹² rate, and 100% of eligible service users were offered screening for **blood borne viruses**;
- In 2016/17, nearly **2500 wound care interventions** were delivered to injecting drug users, 500 people accessed the **specialist needle and syringe programme (NSPs)** at the Non Opiate service, and over **45,000** transactions were carried out across the 16 NSP sites in Sheffield;
- Our services are **open access** – anyone walking into them will be seen then and there;
- Our **waiting times are excellent**, with no one waiting over 3 weeks to begin structured treatment and both drug services offering same-day assessment;
- Our commissioned services are rated '**Good**' by **CQC** and '**outstanding**'¹³ for responsiveness;
- Our **performance** against national targets is **consistently improving**;
- We have a **comprehensive harm reduction** offer across multiple interventions;
- We have a service working specifically with **non-opiate drug users**;
- We have a comprehensive offer to those using **steroid** and other **performance and image enhancing drugs**;

¹¹ Sheffield drug needs assessment, using NDTMS data <http://sheffielddact.org.uk/drugs-alcohol/wp-content/uploads/sites/2/2017/05/Sheffield-Drugs-Needs-Assessment-2016.pdf>

¹² Effective treatment means either a successful discharge from structured treatment before 12 weeks in treatment, or a treatment episode lasting more than 12 weeks. Both of these indicate a longer term successful outcome.

¹³ https://www.cqc.org.uk/sites/default/files/new_reports/AAAF9969.pdf

- We have a wide-reaching **alert system** to share information about risk across the city;
- We have a **Criminal Justice** Integrated team working effectively with individuals committing drug related offences, including a presence in the custody suite and in court;
- We **jointly commission** using **Public Health** and **Office of the Police and Crime Commissioner** funding;
- There is a robust response in place to **public littering** of drug use paraphernalia;
- There is a **vibrant recovery community** in the city, with over 47 support groups per week available across the city and a strong, wide reaching social media presence;
- We hold an **annual recovery month** full of activities and awareness raising events including engaging with the media to promote what recovery can mean for people and communities;
- We work hard to **respond to emerging drug use** trends and to react quickly and effectively;
- We have **excellent partnership working** arrangements in place city-wide to tackle drug use;

We are proud of what has been achieved so far in response to adult drug use in Sheffield, but we acknowledge the challenges of the present and the future, and the efforts required to address them.

What challenges do we face?

- **Drug related deaths** are increasing, mirroring national trends;
- There is an increasing incidence of **mental health** conditions alongside drug use;
- The **ring fence will be removed** from the Public Health Grant from April 2019, and funding of substance misuse services is not statutory. There is **no new money** identified in the national strategy. However, the **return on investment value** stated below for substance misuse interventions is clear. We will need to ensure we're meeting the needs of people using drugs in Sheffield within resource, during our 2019 commissioning process;
- Partnership working where there are **significant competing priorities**, many of which are viewed more sympathetically than drug use interventions or initiatives;
- There is a low uptake of **treatment for Hepatitis C** by drug using individuals who have tested positive;
- Despite the robust systems in place, which are effective in most cases, the risks associated with **needle waste** and other paraphernalia left in public spaces by a minority of injecting drug users;
- The UK is behind many other countries on one of the most **effective responses to IV drug use**: safe supervised injecting rooms;
- There are often inflexible and **differing views** across stakeholders and people who use drugs on whether '*abstinence at any cost*' or '*harm reduction above all*' are '*best*';
- The prioritisation of partnership approaches where public sector agencies have ever **reducing resources** and are compelled to focus on their **own targets**;

- Responding quickly and effectively to **emerging drugs, new drugs on the market**;
- Supporting people to achieve **sustainable recovery** and develop into **education, training and employment** where people have never been in, or have been out of the job market for long periods.

Section 6: Funding

The current investment by SCC in CYP and adult drug use prevention and intervention is around £6.3 million per year. This investment is made with funding from both the Public Health Grant and from the Office of the Police and Crime Commissioner.

Return on investment

There is significant evidence for the return on investment (ROI) received from investment in drug interventions. Without this investment, the cost of drug misuse to the city's public services would be much higher than the £6.3 million currently invested per year.

For CYP investment, the Department for Education (DfE) cost benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, with the majority of them leaving in a planned way and not returning to treatment services.¹⁴

The return on investment in adult services is also significant, with every £1 spent on drug services saving £2.50¹⁵ - 15% are savings to health and social care costs, and 85% are preventing offending related costs.

Sheffield re-tendered its adult drug service provision in 2014 and provided significant savings while maintaining the number of treatment places and increasing the speed of access to services.

Despite the financial challenges of the future, our aim is to continue to invest in the prevention of, and responses to drug use in Sheffield as we acknowledge the potential impact on loss of provision on children who use drugs and who are parented by people who use drugs, whole families, communities, public services, crime rates, health, and health inequalities.

Section 7: Theme 1 – Reducing Demand: *Prevention, education and whole family working*

This theme of the strategy will focus on prevention and the stages when it is most effective. The national drug strategy states '*we are clear that programmes that are least effective in preventing substance misuse are those that focus solely on scare tactics, knowledge only approaches, mass media campaigns, or the use of ex-users and the police as drug educators in schools*', and that the most effective approach is a **universal approach across the life course**. This work will be linked with the Sheffield Place Based Plan¹⁶ of which one of the over-arching aims is improving the health and wellbeing outcomes of all Sheffield residents.

'College had a booth once where you could go in and talk about drugs. I never saw anybody go in: it wasn't anonymous – Sheffield young advisor

¹⁴ Young people - substance misuse commissioning support pack 2018-19: key data
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/647097/Young_people_commissioning_support_pack_2018-19_-_key_data.pdf

¹⁵ Summary of key findings from the Drug Treatment Outcomes Research Study (DTORS) (Home Office Research Report 23, 2009)

¹⁶ <http://www.sheffieldccg.nhs.uk/Downloads/Our%20strategy/SheffieldPlaceBasedPlanFinalVersion.pdf>

Evidence shows that Adverse Childhood Experiences (ACEs) predispose children to future substance misuse.¹⁷ ACEs are stressful / traumatic experiences, including, but not limited to, witnessing domestic abuse and parental substance misuse and/or mental ill health. ACEs are linked to lifetime illicit drug use, ever having had a drug misuse issue, and self-reported addiction. Preventing ACEs is vital and the most effective prevention of drug misuse happens during the very early years of a child's life and does not relate specifically to drug misuse. To effectively prevent ACEs and future drug misuse, we must effectively support whole families.

Prevention for the whole family

Drug misuse affects the whole family. For example, around 20% of children in need and over a quarter of children on the child protection register are affected by drug misuse^[1]. Around 15% of adults in drug treatment in Sheffield currently live with a child; many more are parents and in 2016/17 a total of 98 babies were born to drug misusing parents. Intergenerational drug use is a direct risk. Multi-agency partnership work is needed to address this as a priority for Sheffield. The recent introduction of the Children's Social Care Strengthening Families work aims to provide tailored and intensive whole family support to families where domestic abuse is a factor but with multiple issues, including drug misuse. This programme is demonstrating the value of engaging with domestic abuse perpetrators as perpetrators – something that substance misuse services are well placed to do given the correlation of the two issues in so many people's lives. Support around parenting is also key as not only does drug use impact on parenting but stress over parenting can lead to substance misuse.

Support for parental drug use is available from the point of pregnancy – from being screened and allocated to a Vulnerabilities Midwife and specialist drug treatment, through to the parents of teenage children being able to access The Corner. The impact of parents' behaviours on their children's outcomes cannot be overstated and Sheffield has a Hidden Harm Strategy¹⁸ and implementation board focussing specifically on the detailed actions of addressing drug related harm caused to children within families. Addressing this includes responses to common substances of misuse such as heroin, to developing tailored responses to newly emerging issues, such as children accessing their parents' prescription medication, and the impact of parental use of anabolic steroids.

There are CYP in families who are acting as carers for family members using drugs. This puts pressure on the young person, as well as increasing the risk of intergenerational use. Often this caring role can go unrecognised by the family members: we will ensure young carers of people who use drugs are recognised and supported, and will support adult carers of people who use drugs, in families.

'Some drugs have societal norms for young people' – Sheffield young advisor

'I lost my kids through doing drugs. I just wanted to do drugs'. Former service user now in recovery.

Safeguarding

The safeguarding of CYP is at the heart of all of the prevention and intervention work for CYP in the city, including the implementation of the Hidden Harm Strategy. SCC has a Substance Misuse Safeguarding Manager working exclusively with the substance misuse providers in the city and leading the implementation of the actions of the Hidden Harm action plan. This role is invaluable in providing a consistent response and liaison to drug services which safeguard the children of adult substance users, and in 2016/17 1,013 instances of advice were provided, all within 1-2 days. We will continue to invest in this post.

¹⁷ <https://www.samhsa.gov/capt/sites/default/files/resources/aces-behavioral-health-problems.pdf>

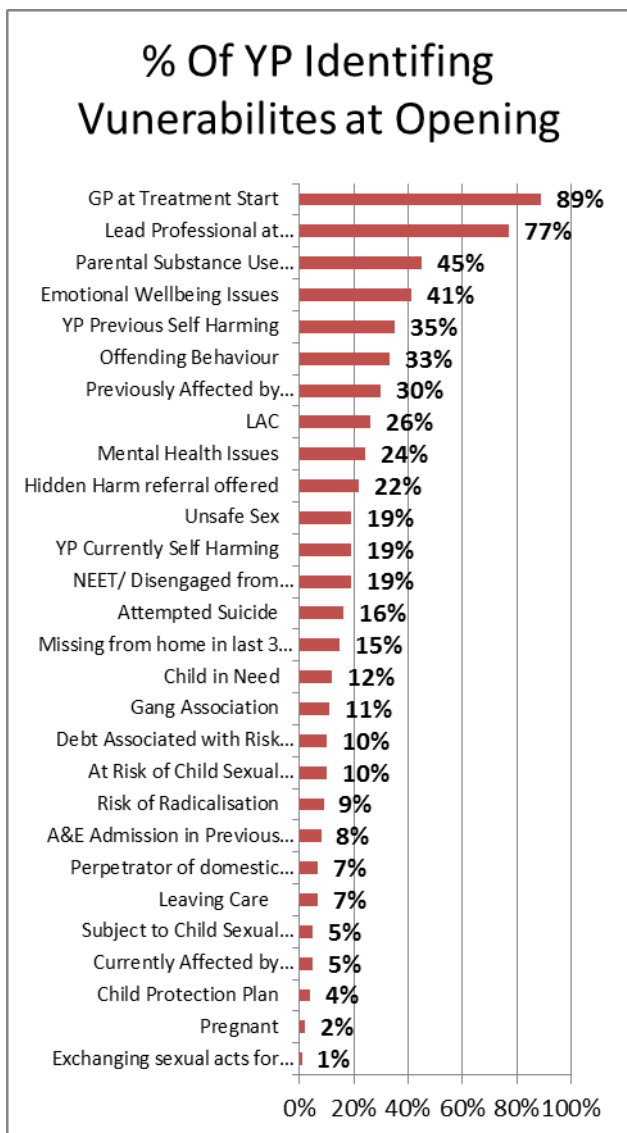
¹⁸ <https://www.safeguardingsheffieldchildren.org/sscb/drug-and-alcohol-misuse/>

CYP who have experienced sexual exploitation may face negative impacts in all areas of their lives. They often exhibit risky behaviours such as substance misuse. This leaves them more vulnerable to being targeted and groomed but may also be an indicator that they are being exploited as they are forced or encouraged to take substances, or use them as an escape from trauma. This is a complex situation which may involve more than one specialist intervention to reduce risk and allow practitioners to fulfil safeguarding responsibilities.

Targeted prevention

The strategy will oversee prevention delivered to young people who have additional vulnerabilities. This includes care leavers; young people not in education, training or employment, those who self-harm and have low wellbeing and young people who are offending (see bar chart below). These additional vulnerabilities are often in the context of experiencing poverty and social exclusion. Those presenting for support in Sheffield are increasingly vulnerable both in number of needs identified and their complexity. We also need to consider the needs of CYP with special educational needs or disabilities, for whom standard engagement approaches may not be successful. We will work to NICE guidance issued in early 2017 which makes recommendations about targeted interventions for CYP more vulnerable to starting to use drugs.¹⁹

**Bar chart below shows % of CYP at start of treatment with additional vulnerabilities identified.*



Universal prevention: We will ensure we work with educational bodies such as schools, colleges and Universities to offer pragmatic, age appropriate information on drugs, and harm reduction advice/signposting to ensure that resilience of young people is the key focus. The Amy Winehouse Foundation is delivering in Sheffield and works in collaboration with The Corner to deliver education and prevention work to CYP in schools including live shares from experts by experience (people who have formerly used drugs). Secondary schools need to have up to date, pragmatic, and sensitive drug policies in place and we will work with the 'Health Schools' programme to implement this. This includes working to support pupil's using substances to access appropriate interventions before considering exclusion action. The licensed business community in the city are provided with awareness training to recognise the risk and impact of substance misuse in domestic and licensed settings: over 800 people working in the trade are receiving this training annually.

Transitions: Sheffield has a transitions policy to guide the movement of young people into adult substance misuse services, where necessary. The policy emphasises the flexibility to work in the best interests of the young person, and where possible the young person will be supported by The Corner until a successful exit occurs. This is another prevention mechanism: protecting young people from

what can be a higher risk or more entrenched drug using community among adults who use drugs.

Adults and prevention

Prevention is also key when supporting the adult population: preventing the start of drug use, the change from 'experimental' to 'recreational', to dependent use, the harms experienced as a result of drug use²⁰, and the use becoming life limiting or ending²¹. On that basis prevention is a thread that runs through all of the city's work on this issue. At whatever stage we are able to intervene in a person's experiences of drug use, prevention of the next stage is possible and desirable.

On that basis, our prevention work necessarily includes responding quickly to newly emerging patterns of drug use in Sheffield, whether that be among CYP or adults. We have efficient information sharing networks in place allowing us to share intelligence quickly and with the right people and organisations, and to produce drug alerts which have a wide reach.

National trends indicate the need for focussed work on Spice (an NPS), the misuse of prescribed and over the counter medication, the use of image and performance enhancing drugs (IPEDs) and Chemsex (among men who have sex with men). We will explore the prevalence of these trends locally and respond accordingly and proportionately.

Spice use is causing issues in Sheffield, and is highly visible in the city centre. It impacts most severely on some of the city's most vulnerable individuals and places pressure on the city's emergency and support services. However, while it is extremely visible, and the need to address it is urgent, use is not highly prevalent but rather, concentrated in particular groups. The strategy's action plan will set out our thorough but proportionate partnership approach to tackling this, and this will be supported by the city's New Psychoactive Substances Strategy working as a branch of the overall strategy and Local Early Warning System (LEWS)²². A significant piece of work is currently being undertaken to analyse our city wide intelligence on Spice use, identify key harm reduction messages to organisations and the public, and give people the information to refer people to the right place for support, as well as training people in order to give sustainable responses.

'I've upset people, I've hurt people – I regret it a lot' – former service user now in recovery.

Prevention work is fundamental when working with adults who have additional vulnerabilities: drug use is often a consequence of wider factors including being a victim or perpetrator of domestic abuse, a victim of crime, sex work and exploitations; drugs can commonly be used to 'self medicate' a root cause of social, health and wellbeing issues.

It is also common among adults for whom adverse childhood experiences were suffered. Mental ill health is a primary example of this. Evidence shows²³ that for clients of drug services, 75% had experienced a psychiatric disorder in the last year, and that for clients of Mental Health Recovery Teams (MHRTs), 44% had experienced problematic drug use in the past year. People who use drugs (and/or alcohol) or are dependent on them, attempt suicide nearly six times more often than those who do not misuse substances²⁴.

The rate of completed suicide among people who use drugs dependently is higher than among non-users. While a large number of people who use drugs will never attempt suicide, we must ensure we take steps to identify those at risk to prevent attempted suicides.

²⁰ Full section on harm reduction interventions in Theme -3:Recovery

²¹ Full section on treatment and recovery in Theme 3 – Recovery

²² <http://sheffielddact.org.uk/drugs-alcohol/new-psychoactive-substances-nps/>

²³ <http://www.drugwise.org.uk/wp-content/uploads/CoexistingMHandSMfull.pdf>

²⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499285/%20-%20ref5/>

Despite this clear link between drug use and mental ill health, there can be confusion about the primary presenting issue which can impact on the quality of treatment responses for both conditions. We will work to remove these barriers in Sheffield and provide effective responses and provide the right support at the right time. We are involved in the development of the Sheffield Mental Health Strategy and will ensure the work between the two strategies is linked. We will also work with the needs of those experiencing physical ill health and managing long term conditions.

Being homeless or vulnerably housed is a risk factor for drug misuse and vice versa. During 2016/17 in Sheffield, 24% of all those new to drug treatment said they had no fixed address (9%) or were experiencing housing problems (15%). Partnership working to prevent and address homelessness will be a priority in line with the city's Homelessness Prevention Strategy²⁵.

People using drugs can have very specific barriers to accessing stable housing: because of that, it is essential to have continued access to tailored housing and supported housing provision to maximise the likelihood of successful tenancies and sustainable recovery being achieved. This strategy supports the ongoing provision of prevention and recovery services commissioned by the Housing Independence Service (HIS) as vital in the partnership response to drug use.

'I was living on the streets and eating out of bins. Looking back, I can't believe I did that.' - former Service User now in recovery.

We will also work with our colleagues in general needs housing. We know that Tenancy Officers who visit people in their homes often observe behaviours that indicate drug use, but may not always feel confident to address this. However, they are in many cases the most likely people to see evidence of use at an earlier stage, and to see the impact that drug use and dealing has on our communities. We have begun to train housing officers to use the alcohol screening tool; we will continue this work when the drug screening tool is completed, and work to equip our officers with the confidence to respond effectively at an early stage of drug use.

We will:

- Adopt a **city-wide drug misuse prevention** approach which is universal across the life course;
- Implement evidence based approaches to prevention for children and young people;
- Recognise and respond to **children and young people** who are especially vulnerable to drug misuse by targeting prevention for them;
- Recognise the impact of **adverse childhood experiences (ACE)** and trauma on the likelihood of drug use and link drug specific work to the city-wide response to preventing ACEs;
- Continue to prioritise implementation of the **Sheffield Hidden Harm Strategy** that sets out the response to parental substance misuse and its impact on children and families;
- Take a **whole family approach** to prevention and interventions relating to drug use, recognising the significant impact this has on the whole family unit's health and wellbeing;
- Continue to work with vulnerabilities **midwives and health visitors** on drug use to identify and address parental drug use;
- Put **safeguarding vulnerable children** and young people at the core of prevention work;
- Review and improve approaches to **universal prevention** in line with evidence;
- Identify and respond to the needs of both children and adult **carers of people who use drugs**;
- Work with **schools** to ensure sensible, up to date and effective policies are in place to prevent and respond to drug use among school age children including via the Health Schools programme;
- Oversee appropriate and **safe transitions policies** to support CYP into adult services where this is necessary;

²⁵ <http://democracy.sheffield.gov.uk/documents/s29089/Homelessness%20Prevention%20Strategy%203.pdf>

- Share information and respond to **emerging drug use trends** in Sheffield with the aim of intervening early;
- Work with colleagues in **mental health** to improve links between services and strengthen our approach to joint working between recovery mental health teams / liaison psychiatry and drug services;
- Provide a bespoke response to **Spice use in Sheffield** and the impact it is having locally on individuals and communities;
- Work proactively to **improve community cohesion** by addressing the issues that drug misuse causes within different communities in the city;
- Adopt a specific approach to **vulnerabilities** identified in the strategy through partnership work with the most appropriate organisations;
- Address the impact that drug misuse has on **sustainable housing** by working closely with our colleagues in the Housing Independence Service and general needs housing;
- Develop the skills and confidence of substance misuse service staff in talking to and challenging clients about **perpetration of abuse in their relationships** – building on the findings of the **Strengthening Families** domestic abuse programme;
- Continue to ensure close working with **parenting services** for both parents whose drug use is impacting on their parenting and for those whose stress over parenting is increasing their drug use.

Section 8: Theme 2 – Restricting Supply: *criminal justice, enforcement, offending and support*

The success of this theme of the strategy will be heavily reliant on partnership working with, and engagement from, our criminal justice colleagues, mainly South Yorkshire Police and the probation services. We need them to champion this strategy and acknowledge the impact that this work has on reducing drug use and subsequently crime. For example, every year drug treatment prevents an estimated 4.9 million crimes being committed and saves an estimated £960 million²⁶. Research by Public Health England (PHE) and the Ministry of Defence (MoD) found that 31% of those offending in the two years prior to treatment, did not re-offend in the two year period after starting opioid drug treatment and the number of repeat offences committed reduced by 21%²⁷.

Drug related offending

During the period Feb 2017-Jan 2018, 31 CYP were sentenced for drug related offences and the primary referrer to The Corner is the Youth Justice Service. There is a multi-agency strategic group led by SYP which is working to address CYP becoming involved in the supply of drugs through involvement in gangs, and through being victims of exploitation, grooming, and coercion. This work will continue as central to the prevention of the early criminalisation of CYP. The Corner has a drug worker working with the Youth Justice Service (YJS) preventing involvement in gangs. We know that the prevention activity described in Theme 1 and in this paragraph are the measures most likely to prevent entry of CYP into the criminal justice system and will prioritise their delivery.

'You can seek help and not fear about getting arrested' – Sheffield young advisor

Adults using drugs are more likely to encounter the criminal justice system and commit offences. These range from anti-social behaviour due to intoxication to possession with intent to supply and acquisitive crime committed to fund the need for drugs: whatever the offence there is an impact on individuals and communities. We know that around 45% of all acquisitive crime is perpetrated by drug using individuals and 36% of people in drug treatment have a prior conviction.

²⁶ *Estimating the crime reduction benefits of drug treatment and recovery* (National Treatment Agency), 2012

²⁷ The impact of community-based drug and alcohol treatment on re-offending – Ministry of Justice and Public Health England (2017)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/674858/PHE-Moj-experimental-Moj-publication-version.pdf

Testing on Arrest

The national strategy recognises the link and makes the recommendation that arrest referral services should be delivered from custody suites. This model is already being delivered in Sheffield and is funded jointly by PH and the OPCC, in the form of a Criminal Justice Integrated Team (CJIT): individuals who are brought into the custody suite from Sheffield and Rotherham are profiled, and if they fit the profile they are drug tested. To refuse a mandatory drug test is an offence. If they test positive they are assessed and supported onto caseload with the CJIT and / or into structured treatment. In 2016/17 nearly 2,000 drug tests were carried out on people detained in custody, and between 25-36% of those tested per quarter were referred into treatment. Engagement in effective treatment interventions should remove the need to offend to source money for illegal drugs which can be the only source of income for some severely dependent people. This process is a significant route into drug treatment, with 23% of Sheffield's adults entering treatment via this route. We will continue to commission these interventions in the city.

However, the service currently focusses on testing for heroin and crack cocaine use and increasingly intelligence from staff is that individuals are arrested having used other substances. The law is such that mandatory testing only applies to test for opioids or cocaine use. The team carry out 'cell sweeps' to engage with people using other drugs on a voluntary basis, encouraging them to accept an assessment and support. However, it is not mandatory and cannot be enforced. As evidence shows: drug worker contact in the custody suite is effective at reducing crime and drug use in these individuals We will therefore explore how arrest referral staff can work with people committing offences relating to other drugs. We will also explore better links with the Liaison and Diversion team also operating in the custody suite addressing the mental health needs of detainees.

'Before I went to rehab anything that was worth money to sell, to buy drugs, I would' – former service user now in recovery.

Drug Rehabilitation Requirements and Integrated Offender Management

Treatment based criminal justice disposals such as Drug Rehabilitation Requirements (DRRs) are utilised by courts where someone's offending is clearly linked to their drug use. They are required to attend drug treatment as part of their sentence, comply with regular drug testing, and have their information shared between treatment providers and their offender manager.

SCC commissions the police enforcement element of the Integrated Offender Management (IOM)²⁸ team using OPCC funds. IOM is a multi-agency response to offending in which the most prolific offenders in an area are identified and managed jointly by organisations working together. The principles of IOM are joint working to manage offenders, supporting offenders to take responsibility for their offending, addressing root causes including drug use, and prioritising re-engagement in services rather than re-entry into the criminal justice system. Sheffield's team works closely with our CJIT and treatment providers and has proven very effective: for example, prompting widening of the cohort to include the management of domestic abuse perpetrators, for example.

Anti-social behaviour (ASB)

We will continue to work closely with SCC's anti-social behaviour multi-agency team in addressing the causes and consequences of ASB and drug use issues, for example needle waste. A monthly multi-agency Needle Waste Group (NWG) meets to co-ordinate the prevention of and the response to public littering. This group tracks incidents, maps hotspots, and puts in place swift action. The group works pragmatically to address challenges, for example the installation of a safe needle waste bin on a public

²⁸ <https://www.gov.uk/guidance/integrated-offender-management-iom>

footpath in Sheffield where there were high levels of waste being left. All NSPs in Sheffield take returned used equipment, however, when people are physically unwell and in withdrawal this isn't always a priority for them. Our responsibility is to implement solutions that protect all Sheffield residents, both people using drugs and those not.²⁹ This includes working with our community based housing colleagues, and SYP, to target specific pockets of drug related ASB in our communities and to improve community cohesion by addressing overt drug dealing in communities, and public use of drugs.

Dealing

Drug dealing itself is an offence that requires enforcement action from SYP. SYP and other organisations have effective information sharing processes in place, and operations involving both police and support agencies is common, for example, Operation Duxford which combined seizing illegal drugs, stopping dealing activity, and providing support to people buying from those dealers to access support to address their drug use. Work like this will continue as it is another example of effective multi-agency working to address a complex issue. SYP will be invited to sit on the strategy's implementation board and we will jointly plan operations to disrupt and stop drug dealing activity.

Sharing intelligence is a priority of this theme: SYP is currently testing all seized heroin for Fentanyl, and all Spice seizures for their chemical compounds. This information can be shared with SCC to inform city-wide alerts to reduce risk. Similarly, SYP are included on our drug alert list so when we issue an alert they can notify their officers to be aware and act accordingly, as well as work to track the high risk substance back to source.

Possession and understanding the law

Addressing the dealing and possession of some drugs is more challenging than others, particularly when new trends in drug use occur, for example, New Psychoactive Substances (NPS) – mainly Spice. Prior to the Psychoactive Substances Act 2016³⁰, these were legal substances, but not deemed 'fit for human consumption': all work addressing supply of them was done in partnership with Trading Standards tackling sales in 'head shops' and through other retailers. At this point the main concern was the appeal of NPS to young people.

Following the act, it became illegal to supply NPS but it remained legal to possess if for personal use. This resulted in two issues: the first for police in assessing what quantities of the newly illegal drugs constitute personal use, and the second, and most impactful – sale of NPS has moved from retailers into the hands of illegal drug dealers. This has impacted considerably through Spice sales to vulnerable adults already entrenched in drug use. However, at the end of 2017 there was an amendment to the 1971 Misuse of Drugs Act which did make possession for personal use illegal. This was not well publicised and agencies are now communicating this through their work.

SYP are carrying out enforcement work on these dealers and this will continue. Most of the chemical compounds that make up Spice are now Class B substances³¹. We will work with SYP on further enforcement work for lower level dealers who are directly supplying Spice to individuals for whom it is causing the most harm. In addition, while our priority is to use supportive approaches wherever possible to stop Spice use, we do require enforcement options where supportive approaches do not prove effective.

²⁹ See Theme 3 section on harm reduction for further recommendations on effective harm reduction interventions.

³⁰ <http://www.legislation.gov.uk/ukpga/2016/2/contents/enacted>

³¹ SPICE became illegal to possess and supply in the amended 1971 Misuse of Drugs Act in Late 2016.

The multi-agency response to Spice

Individuals using Spice often experience multiple needs including mental ill health and offending. They often spend time in Sheffield city centre accessing support services, begging, and engaged in active drug use. Sheffield engages in effective partnership work to prioritise support over enforcement for these people, but enforcement is necessary where engagement is ineffective. This includes issuing Community Behaviour Orders (CBOs) to individuals to disrupt cycles of negative and harmful behaviour. Multi-agency approaches such as the Sheffield Help Us Help³² scheme in the city are working hard to support people out of these entrenched behaviours through directing resources to local charities best placed to help, and by raising awareness among the public about the issues of begging and rough sleeping and how they can help most effectively. The return to the model of Community Policing Teams (CPTs) by SYP in 2017 has been helpful as there are officers assigned to specific areas with high levels of drug use and demand for intervention, which gives valuable consistency. We will continue to work with the CPTs to address areas of high need.

Organised Crime

Drug use is linked to a number of offences, including organised crime. DACT has a place on the Local Organised Crime Partnership Board (LOCPB) where intelligence is shared and responses planned to all organised crime gangs in the city, including those whose primary activity is drug dealing. We will continue to work in a joined up way to share intelligence about and address offences such as domestic cannabis supply which is often used as a means to fund offences such as money laundering, human trafficking, modern slavery, and gang activity including firearms possession.

Prisons and probation services

Working more closely with prisons in South Yorkshire is an area for development. Our services provide a comprehensive post-release package to people that includes prison pick-ups and support to access a treatment appointment in Sheffield immediately on release. In the last year over 290 individuals who had received treatment in prison were released and transferred to Sheffield CJIT and over 40% started in community drug treatment within 3 weeks of release³³. This improves the continuity between prison and community treatment, reduces the risk of overdose which is heightened on release from prison, and increases the likelihood of meaningful engagement in community treatment in the longer term. Our services are flexible and responsive to the needs of offenders.

However, our work with prisons on the over-arching issues that need addressing is not as comprehensive. Healthcare providers who deliver drug treatment in prison are commissioned entirely separately to community provision, and the communications to those teams can be complex due to multiple areas having their residents serving sentences in one prison. Our priorities will be communications between prison and community, addressing the high risk point of prison release for someone using drugs, and forging an effective partnership relationship with prison healthcare as well as with HM prison services and probation services. This is particularly pertinent in relation to Spice, the use of which is highly prevalent in prisons in the region. We will also explore links with secure / rehabilitation hospitals regarding the vulnerabilities of those individuals being discharged from them into the community.

We will:

- Work in **partnership with all criminal justice agencies** in Sheffield to address drug related offending ranging from anti-social behaviour and acquisitive crime, to organised crime and drug dealing;

³²<http://www.helpushelp.uk/>

³³ Addaction data and Public Health England DOMES report

- Continue to support the links between the CYP drug treatment provider and the Youth Justice Service in preventing and responding to CYP's **involvement in gangs** and the risks this poses;
- Acknowledge that drug misuse among CYP can be an indicator of involvement in a wider high risk situation, such as gang involvement or **child sexual exploitation**, and respond accordingly;
- Continue to provide **arrest referral and criminal justice integrated services** to respond quickly and effectively to drug related offending;
- Explore how the city's arrest referral team can work effectively with people committing **drug related offences** that are not using only opioid based drugs or crack cocaine;
- Maintain commissioning of the **police element of Integrated Offender Management** in order to prioritise re-engagement in support services where orders have been breached;
- Work with multi-agency colleagues to address **anti-social behaviour** in communities;
- Provide a comprehensive and fast response to any **needle waste issues** in the city via the monthly needle waste group;
- Work with South Yorkshire Police to **share intelligence** in the response to drug related **organised crime**;
- Ensure clear messages are available about the **legal status of various drugs** and the consequences of possessing and dealing those drugs;
- Forge an **effective partnership working arrangement with HM Prison Service and probation services** (Community Rehabilitation Company and National Probation Service), in order to streamline communication and interventions for drug related offending;
- Work with HM Prison service to address **Spice use in prison** and the transfer into use in the community, and vice versa;
- Engage with SYP **community policing teams** to provide bespoke responses to specific issues that are prevalent in different communities located across Sheffield;
- Refresh the membership of the multi – agency **Criminal Justice Substance Misuse Group** chaired by DACT to ensure it is fit for purpose to deliver the aims of this section of the strategy.
- Work closely with colleagues in **Community Safety** to deliver consistent organisational responses to drug use and its various linked types of offending in the city.

Section 9: Theme 3 – Recovery: *harm reduction, treatment and sustainable recovery*

This theme is about recovery in both its broadest and its narrowest sense. It includes interventions for those still using such as harm reduction, to engagement and compliance with treatment to those individuals who are clean and who are no longer in drug treatment, having exited successfully. Harm reduction and recovery based interventions are neither mutually exclusive nor contradictory, but are intended to keep people as safe as possible. That is not to say that we should not be ambitious for people using drugs: long term recovery is possible, and sustainable, and our ambition is for people to be supported to meet their full recovery ambitions.

'I knew I'd got a problem: I just needed to have the guts to stand up to it' – former service user now in recovery.

Young people's drug treatment

While acknowledging the importance of the early life and whole family work in preventing the need to access young people's drug services, a minority of young people do require specialist drug treatment. In order for treatment to be effective it needs to be holistic and address issues beyond the physical aspects of drug misuse. Our services are commissioned in line with the Orange book³⁴ which states 'treatment services for young people that address substance use problems need to sit within the wider framework and standards for young people...'.

'Let's talk about drugs, it's ok to talk about it' – Sheffield young advisor

The majority of CYP in Sheffield services are accessing those services for cannabis use. In 2016/17 the service delivered group work to 539 people, did 120 brief interventions, and delivered 113 structured treatment episodes. Most attending were 15-17 years old. Attendees were 70% male, 79% White British, 6% White and Black Caribbean, 6% White and Black African. Directly replicating adult drug treatment, the majority of those accessing the service lived in the S2 and S5 postcode areas.

We are committed to ensuring holistic and high quality drug treatment for young people that can respond to changing trends. The commissioners for CYP substance misuse treatment services will continue to work in partnership with other agencies to commission evidence based, effective interventions and to implement the recommendations of the National Drug Strategy regarding longer contract periods and increased stability.

Harm Reduction

Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of drugs in people unable or unwilling to stop³⁵. It started to be implemented as policy and practice frequently after the risk of HIV spreading among and from IV drug users was first recognised. It is based on the recognition that despite even the strongest efforts to prevent the initiation or continuation of drug use, some people will continue to use at any given time and should be supported to remain as safe and healthy as possible when in active use. Harm reduction benefits not only individuals using drugs but their families and communities. We are committed to harm reduction and will continue to provide it comprehensively.

Needle and Syringe Programmes (NSPs) are essential to reduce the transmission of blood borne viruses (BBV) among intravenous (IV) drug users by preventing the sharing of equipment: it has a significant evidence base. NSP coverage is good in Sheffield, with two specialist exchanges, and fourteen pharmacy exchanges. There are averages of 45,000 NSP transactions delivered in Sheffield each year, with all provision commissioned in line with NICE guidance³⁶. All NSPs accept returns of used equipment to be disposed of safely. IV drug use is not limited to opiate users and non-opiate users, particularly steroid users, access NSPs too. We know the majority of used paraphernalia is disposed of appropriately.

Drug users are at risk of (BBVs), including Hepatitis B and C and HIV. Sheffield drug services offer full testing and immunisation, as well as referral onward to treatment for Hepatitis and HIV for those receiving a positive diagnosis. The Nurse Consultant for Viral Hepatitis for Sheffield Teaching Hospitals delivers in-reach assessment into drug treatment services to increase engagement into Hep C treatment, and the Hep C Trust is currently recruiting a Peer Support Lead in South Yorkshire to further support and encourage engagement in treatment for those who are Hep C positive. In order to reach people earlier and ensure those not in structured treatment are not excluded from this, Dry Blood Spot Testing (DBST) is newly offered in our CJIT service for those at risk. As of early 2018, people can now access HCV treatment at the Fitzwilliam Centre via an in reach clinic provided by the hospital specialist nursing team.

A lot of harm reduction interventions are, by necessity, and due to risk levels, aimed at IV drug users, and this is the case in Sheffield: overdose prevention training, wound care, and the provision of Naloxone to users at high risk of overdose and in the city's hostels are all interventions aimed at people injecting opiates.

'It's not what you do; it's what you do after that. I went straight back to a meeting, I went straight back into recovery to pass on my experience. I needed that relapse.' – former service

³⁵ <https://www.hri.global/what-is-harm-reduction>

³⁶ <https://www.nice.org.uk/guidance/ph52>

user now in recovery.

There is also harm reduction work with those using non-injectable and non-opiate drugs. We are working with the universities regarding harm reduction for students using club/dance drugs to share advice on how to minimise the harms that are likely to occur. While deaths associated with these drugs are rarer than drug related deaths from opiate use, they do happen and we will work with high risk groups to prevent this. We are currently working with licensing leads on planning for music events and festivals in the city, looking at introducing pragmatic harm reduction principles for those who choose to continue to use drugs rather than the more common zero tolerance approach.

Our plans are to continue the current wide spread harm reduction work undertaken in Sheffield. However, new and emerging evidence bases for additional interventions must be considered if we are to fully commit to exploring the most effective interventions for Sheffield residents. For example, drug testing at festivals is increasingly common, and there is a significant international evidence base for the effectiveness of supervised injecting facilities both in supporting the health and wellbeing of people who inject drugs, and their communities.

Drug related deaths

Drug related deaths (DRDs) are increasing in England, and in this context we must explore all options available to us to prevent further harm.

There were 2,383 DRDs registered in 2016 – an increase of 3.6% from 2015 and the highest figure on record.³⁷ In Sheffield there were 25 DRDs in 2016, compared to a previous average of 21-23 each year. Like national trends, opiate related deaths account for the majority of DRDs in Sheffield. However other factors including poly-drug use and an aging population of drug users in poor health including respiratory conditions among drug users are impacting on their tolerance of opiates, both illicit and those prescribed in opioid substitution therapy (OST). The last year or two has also seen a small but notable number of deaths involving NPS and prescription medications such as pregabalin and tramadol, as well as suicides by people using drugs.

Public Health England (PHE) makes a number of recommendations about prevention of DRDs, with one of the main recommendations being: *the provision of accessible treatment*. Evidence shows being in treatment is the single most important protective factor against drug related mortality. We will continue to work with treatment services, mental health services, the suicide prevention group, and the Coroner on preventing drug related deaths by sharing learning and taking action.

The commissioned adult treatment service was inspected by CQC in November 2016 and received a 'Good', with an 'Outstanding' for responsiveness. We are confident our commissioned services are as responsive and flexible as they can be to the needs of drug users in Sheffield and monitor them to ensure this remains the case as we respond jointly to newly emerging issues.

We also value highly the partnership working we do with, and the contributions of, our non-commissioned partners delivering services in the voluntary and charity sector. Without both their support in achieving our city-wide aims, and their individual pieces of work, we would not be in the positive position that we are currently in. Under the umbrella of our 'Provider and Referrer Group' network, we will continue to work in partnership to support people who have needs relating to drugs.

Effective treatment is the ultimate in harm reduction: giving individuals access to the right intervention at the right time can be, and is, lifesaving. All Sheffield treatment is commissioned in line with best practice and clinical guidance, namely '*Drug misuse and dependence: UK guidelines on clinical management*'.³⁸ Professor John Strang, speaking at the launch of the national drug strategy in 2017

³⁷ <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths>

³⁸ <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

stated *'we must be intolerant of sub-standard interventions delivered in the pursuit of cheapness'*: this statement underpins our approach to the commissioning of effective, safe, and evidence based treatment interventions for all drug users in the city.

We seek to challenge common misconceptions about treatment, for example, that methadone maintenance prescribing is somehow a 'poor' option that does not lead to long term recovery: on the contrary, OST is the 'gold standard' intervention for individuals accessing treatment for opioid dependence. That being said, it should be delivered alongside evidence based psychosocial (counselling based) interventions for maximum effectiveness, and we are working hard to support service users access the full range of available treatments in the city.

Adult drug treatment

'I've used drugs and alcohol for all my adult life. For the first time in my adult I've now started to know who I am' – former service user now in recovery.

We commission two structured treatment services for people using drugs in Sheffield: Opiate and Non Opiate services. Along with the city's alcohol service, these are identified as the 'Sheffield Treatment and Recovery Team' (START). The most common sources of referral into treatment are self-referral, referral via our CJIT service, and referrals from GPs. Drug treatment is no longer provided by GPs following the remodel of services in 2014, however, they remain a key stakeholder in our approach to addressing drug use, a significant referrer into the treatment system, and the Opiate Service has a primary care treatment pathway which is delivered by GPs, as part of the commissioned treatment offer.

'I truly believe that I owe my recovery/stability to the workers here. They really helped me at a crucial time' – current START client.

The Opiate Service works with individuals using heroin or other opioid based medications. The service is commissioned in line with all of the evidence described in this section, and delivers all of the recommended interventions for harm reduction and maximum effectiveness of treatment.

The Non Opiate Service works with people using any non-opiate drugs; this includes cocaine (powder or crack), cannabis, club and dance drugs, amphetamine, NPS, and image and performance enhancing drugs (IPEDs). The Juice Clinic is a once weekly evening session providing tailored support to people using and often injecting anabolic steroids, usually in the context of body building. These individuals need to be supported to inject safely and manage their health.

The partnership clinical network meeting chaired by the Clinical Director of substance misuse services in Sheffield ensures all local clinical protocols are in line with the latest evidence base for the management of drug treatment of service users in Sheffield and provide a clinical leadership response to changing drug trends e.g. over the counter and prescription drug misuse. These are community treatment interventions: inpatient detoxification and residential rehabilitation for drug misuse can be accessed by people for whom this is appropriate through the community services. Placements are spot purchased on a case by case basis according to individual need: this includes out of area placements.

Measuring the success of drug treatment is complex: the main national indicator is the Public Health Outcome Framework (PHOF) target *'successful exit from treatment, not re-presenting within 6 months, as a proportion of all in treatment'*. The open access model adopted in Sheffield does not prevent anyone accessing drug treatment if they need and want it; however, this inevitably leads to some drop out/re-entry that impacts our success in delivering against the PHOF. However, as a city we are committed to doing the right thing by people using drugs, and with high volumes of 'effective treatment', there is no doubt being in treatment is the safest possible option. Despite this, we are steadily

improving our performance, while retaining the same model: this is something we are particularly proud of. We welcome the national strategy's commitment to identifying and measuring cross agency targets that will reflect the success of work with drug users, for example sustaining housing and reducing reoffending. The implementation of these joint measures will illustrate the successes of work where the complexity of progress is not always captured well by one high level target.

'I have moved here from another city and the service that I have been given by the receptionists, nurses etc. has been amazing and fast, which stopped me from going through the pain of things not done in time. Thank you.' – current START client

The infographic in Appendix 1 captures the progress we have made during 2017 in meeting formal targets relating to treatment success, and we are committed to maintaining and improving this performance.

The Opiate and Non Opiate Services are currently in contract until September 2019. We intend to extend this by 6 months, and run these and the alcohol and criminal justice contracts until 31st March 2020. This will be the first time that all substance misuse contracts have had the same end date, and will allow us to carry out a full system competitive tender process. This will give us the freedom to design the next phase of treatment and support in the city with stakeholders and service users, maximising the opportunities to implement any changes required, meet need within resource, and ensure our vision for this strategy is captured via commissioned provision. We will continue to ensure the workforce delivering interventions are qualified and competent.

We remain committed to commissioning high quality, evidence based treatment interventions, and using the experience of the current contract period to plan effectively to meet the needs of Sheffield residents into the coming years. For example, the national drug strategy is clear that regular competitive tendering processes have a negative impact on the stability of drug treatment systems and can cause more harm than good. Destabilising the system, it causes anxiety for staff and most importantly for service users, whose treatment is often the sole stable factor in their lives. Based on this recommendation, and feedback from local partners, providers and service users, we will seek to secure a 5 year contract period with a minimum of an option to extend for 3 years to start on 1st April 2020. We have a wealth of experience at working effectively with our providers to respond to emerging trends, and standard contract break clauses will apply: mitigating the risk that this action would lead to unresponsive or outdated services.

'The full range of treatments on offer are what are needed as one suffers a plethora of ailments when dealing with issues surrounding addiction, so does the family, and the START team deal with this'. – current START client

The national strategy proposes introducing jointly owned measures of the success of drug treatment, so we will explore further joint commissioning opportunities, and continue to jointly commission with the OPCC, exploring further partnership working, to enhance our service users' recovery opportunities.

Multiple needs and barriers to recovery

There are significant numbers of people accessing treatment who have multiple complex needs and who face barriers to succeeding in treatment because of them. This includes, but is not limited to: co-morbid mental health issues, being homeless or vulnerably housed and physical health conditions and/or disabilities. This can leave people especially vulnerable, and not as able to engage in treatment. Our services work hard to understand these additional needs and to respond to them by providing individualised support packages, ensuring people access the right service to meet their additional needs and by delivering specific interventions which can address health inequalities such as the high prevalence of tobacco smoking among people who use drugs, and support to identify and treat respiratory illness. In order to work effectively with individuals with multiple needs, reasonable

adjustments may be needed in delivery, in line with the Equality Act 2010. We will ensure flexible support is available, providing individualised approaches.³⁹

Education, training and employment

Drug use and misuse can impact significantly on an individual's engagement and success in education, training and employment (ETE). Some individuals' participation in these activities can be ended by drug use, and some people may never enter them. Sheffield treatment services work with people wherever possible to support them to achieve their goals in this area. However, there is not sufficient resource to do this as well as we would like to. In 2016, Dame Carol Black published a review⁴⁰ into the impact of addiction on employment outcomes. It states that individuals impacted by substance misuse experience severe labour market disadvantage.

One of the recommendations of the report was for Individual Placement and Support (IPS) to be trialled as an intervention for evaluation. Public Health England (PHE) are overseeing a randomised control trial (RCT) which will commence on 1st April 2018 in seven LA areas which will evaluate the effectiveness of delivering IPS to people in drug and alcohol treatment. Sheffield has secured a place as one of the seven trial sites, and is the sole location which has an NHS provider delivering the trial. DACT and the provider will work together during the two year period until 31st March 2020 to implement the RCT in line with the IPS protocol, and will make long term decisions about future commissioning of such activity on whether it is proven effective. IPS will facilitate access to additional employment support that would not have been available otherwise and is a good opportunity for growth. Services will also continue to provide liaison and support to individuals as part of their 'treatment as usual' offer, on ETE. This piece of work has given us the opportunity to strengthen links with the Department of Work and Pensions (DWP) and we will seek to explore formal partnerships with DWP beyond the 2 year IPS delivery period in order to work sustainably together on these issues.

Universal credit

We will work with the DWP to ensure the risks posed by Universal Credit (UC) to people who use drugs and people in treatment are mitigated. All Sheffield residents are expected to be on UC by November 2020. The risks include individuals left without income for the application period waiting for a monthly payment but a distinct risk for people who use drugs is that some individuals that are severely dependent, in receipt of large sums of money on a monthly basis will use the money to cause themselves harm.

The risks include using these funds for bulk purchase of substances leading to illness, and at worst, an increase in overdose deaths. Furthermore, treatment retention is likely to be impacted during periods of chaotic use, and the risk of rough sleeping and being compelled to beg increases, further driving people who use drugs into poverty. We are liaising with the DWP to prevent this: we will request Alternative Payment Arrangements (APAs) for housing funds to continue to be provided to the housing provider and not directly to the individual, and for continuation of weekly rather than monthly payments, with the individual's consent. Unfortunately, this can only be applied by the DWP where people are in treatment, and the risk remains (even higher) for those using drugs and not in treatment. This has however, been implemented in other areas and so there is a precedent for this.

Celebrating recovery

'Even in your darkest hour, in your deepest despair, there is hope for every one of us' – former service user, now in recovery.

³⁹ <https://www.legislation.gov.uk/ukpga/2010/15/contents>

⁴⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573891/employment-outcomes-of-drug-or-alcohol-addiction-and-obesity.pdf

Sheffield has a thriving recovery community, much of which has developed because of the innovative work of volunteers who have formerly used drugs and now want to spread the word that recovery is possible and that there is life beyond drug use. Initiatives such as Kick Back Recovery, a mutual aid support and activity group for people in recovery and active use, SMART recovery and Just Works, which aims to support those furthest from the job market back into work in a supportive way all make up the varied recovery offer in the city. There are too many individual pieces of work being delivered to name them all in this document, but they are all equally valuable and impressive.

DACT and the Service User Recovery Reference Group (SURRG) plan a month long calendar of recovery activities each September in national recovery month. The activities include recovery walks, a bike ride, the celebration of graduation from the recovery ambassador scheme, and engagement with city-wide media. This is effective in promoting recovery and making it highly visible, addressing some of the myths surrounding substance misuse.

Working with SCC Communications department, we plan media engagement in order to send a clear message to Sheffield residents: help is readily available, recovery is possible, and people who recover from substance misuse can and do go on to live happy and fulfilling lives. Indeed, the term 'better than well' is used to describe individuals in recovery, in the 'Life in Recovery' research⁴¹ which found that people in recovery were significantly more likely to take part in voluntary work and community engagement, than the general population. Often public perceptions of drug use can be difficult and people find discussing it challenging: it is our responsibility to send clear messages, to welcome people to Sheffield's recovery community, and to be inclusive in doing so. We will continue our work and developing new innovations in sending this message.

Service user involvement and co-production

We are committed to service user (SU) involvement. The SURRG is held monthly, the group plans events and the annual recovery month, it provides feedback on planned work in the city, and vital intelligence on all activity from a SU point of view. The treatment providers seek ongoing feedback from SUs via feedback forms in all waiting areas. As standard, whenever a competitive tender for services is held, SU volunteers are asked to carry out a supported evaluation of elements of each bid. New strategies are consulted on. Surveys are regularly carried out on emerging issues, along with workshops and consultation events.

However, we have more work to do. We will pursue co-production during this strategy period as an addition to consultation, where SUs and ex SUs are able to influence the design and initiation of services. We will implement this initially during the retender of substance misuse services, and then seek to implement this as a standard process. It is imperative to maximise the influence that those with the most knowledge about drug use, those who are using or have used drugs, have on their services.

We will:

- Continue to oversee the provision of **effective drug treatment and support for CYP**;
- Prioritise the provision of **evidence based** treatment interventions for all;
- Work hard to **challenge negative public narratives** around drug use and combating stigma;
- Maintain high quality evidence based **harm reduction** interventions city-wide;
- Continue to provide **Naloxone** to high risk groups from the Opiate Service to reduce the risk of opioid overdose deaths;
- Respond to the harm reduction needs **of non-opiate drug using** populations such as those using anabolic steroids via the Juice Clinic;

⁴¹ https://www.rec-path.co.uk/wp-content/uploads/2017/10/2015_au_life_in_recovery_survey.pdf

- Work with the city's **universities** and other educational bodies to deliver accurate harm reduction advice to young people/students engaged in experimental or recreational drug use e.g. of '**club drugs**';
- Explore implementing **harm reduction approaches to large music/festival** events in the city as an alternative to zero tolerance approaches which increase the risk of incidents;
- Explore **innovative** and highly evidence based harm reduction approaches used outside of the UK and their local suitability;
- Continue to **support development of the city-wide screening tool** which aims to promote the physical, mental and social wellbeing of the Sheffield population;
- Work to increase the **accessibility and awareness** of local support services to **BME** groups who remain under-represented in the treatment population;
- Prioritise our ongoing work to **prevent drug related deaths**;
- Focus on the **physical health needs** of people engaged in treatment to prevent onset of and worsening of long term / chronic conditions among people who use drugs;
- Carry out a **whole system re-tender** that supports us to deliver the ambitions in this strategy in real terms;
- Continue to improve our performance against the PHOF indicators and maximise the attainment of **sustainable recovery outcomes**;
- Implement the nationally set **jointly owned multi-agency** measures;
- Focus on the **education, training and employment** needs of people who use drugs via the IPS trial and sustainable approaches that last beyond the trial period;
- Request **Alternative Payment Arrangements** for the highest risk individuals in drug treatment when **Universal Credit** is rolled out in Sheffield;
- **Consult and co-produce** with people who use drugs and those in recovery in Sheffield;
- Plan **events and communications** that send the message that recovery is possible, and that there is a positive and fulfilling life after drug use.

Section 10: Risk to implementation

There are a number of **risks** and **challenges** associated with the implementation of this strategy. They include:

- Working in partnership with organisations that often have **competing priorities and reduced funding**;
- Securing **consistent funding** during the strategy period for responses to drug use given the ongoing nature of austerity and its impact on the Public Health Grant allocation;
- **Communicating the successful outcomes** of work with people using drugs, e.g. a negative exit from treatment can hide a wealth of other successes that have been achieved behind this;
- Responding to **emerging drug use patterns** which can develop quickly and cause significant harm;
- The **high demand on adult treatment services** which makes open access provision operationally challenging;
- The often publically controversial subject of drug misuse can result in **negative publicity** even where effective work is being done to address it;

Section 11: Mitigation

The commitments made by this strategy have largely been discussed in smaller stakeholder and service user forums – work has either begun to address a specific issue, or the issue has been brought to our attention. We believe that combining children and adults strategy on drug use will maximise our opportunity to work across the whole life course in preventing and responding effectively to drug use in all ages of Sheffield residents.

Section 13: Links to other strategies

Drug use in all ages is a cross cutting issue. Where there are existing strategies, and strategies which cover certain elements of drug use in detail, this document does not seek to duplicate.

Links to other strategies include:

- Sheffield Alcohol Strategy 2016-2020
- Sheffield Domestic and Sexual Abuse Strategy
- Sheffield Mental Health Strategy
- Health and Wellbeing Strategy
- Hidden Harm 2018-2020 Strategy
- Homelessness Prevention 2017-2022 Strategy
- Community Safety Strategy
- Housing Independence Commissioning Strategy
- Suicide Prevention Strategy
- Tobacco Strategy
- Modern Slavery Strategy
- Autism Strategy (in development)
- LD strategy (pending development)
- Crisis Care Concordat
- Early Intervention and Prevention Strategy
- Knife Crime Strategy
- Organised Crime Strategy

Professionals and organisations in Sheffield working to implement the strategies listed above should ensure co-ordinated approaches are in place and work is not duplicated.

Appendix 1 – Sheffield’s treatment performance in numbers

