

Hull Alcohol and Drugs Partnership Strategy 2022-2025

Alcohol and Drugs Strategic Partnership Group

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1. Introduction to the Strategy

The Strategy aims to build a framework for articulating city-wide priorities and actions needed to prevent and reduce alcohol/drugs harm and improve outcomes for Hull residents.

Effective engagement with stakeholders across Hull is essential to develop the Strategy and should continue throughout its implementation to ensure the successful delivery of the Strategy Action Plan.

To ensure that the priorities set out in the Alcohol and Drugs Partnership Strategy remain relevant and respond to emerging needs, and that progress on achieving shared outcomes is made, Action Plans will be reviewed and produced annually for a period of three years.

A new Alcohol and Drugs Partnership Strategy for Hull will provide key priorities and actions for preventing alcohol and drugs harm, and further developing services working with individuals and families at-risk/affected by alcohol and drugs use, utilising evidence base and good practice, and highlighting areas identified as requiring further investment across different sectors.

Misuse of alcohol and drugs can adversely impact a wide range of people beyond the individuals themselves. Family and friends, local communities and businesses are also impacted by people drinking and using drugs (i.e. family breakdown, adverse childhood experiences, violence, crime and anti-social behaviour).

The Alcohol and Drugs Strategy is primarily focussed on preventing and reducing the harm to the individuals; however, it is well integrated with other relevant plans and strategies that reflect the full breadth of alcohol and drug related issues across Hull. Such strategies and plans include the Safer Hull plans and programme through the Community Safety Partnership, the Humberside Police Drugs Strategy, and Safeguarding and Early Help Strategies.

2. Our engagement

The Alcohol and Drugs Strategic Partnership (ADSP) in Hull is leading on the Strategy development, and to gather as many views as possible the Strategy Steering Group embarked on a range of engagement approaches to ensure that we heard from voices from all across the system.

Overall, the stakeholder group involved in the strategy development had different roles, interests, and characteristics, which enriched the whole process, making it more diverse and

insightful. Careful stakeholder analysis and communications was essential to the success of the engagement activities undertaken as part of the Strategy development.

A first stakeholder survey was undertaken in July-August 2021 to measure the effectiveness of the stakeholder engagement and provided insight into how this could be further developed and improved. That first online survey was followed by a series of engagement events that helped inform the development of the strategy.

Sessions with Service Users

The sessions consisted of targeted/in-depth conversations with young people and adults in contact with alcohol/drug services (early intervention and treatment).

One to one and group sessions, and telephone calls with service users/lived experience provided a valuable opportunity to have meaningful conversations and obtain qualitative information needed to develop an experience-based approach. The sessions also allowed participants to reflect on issues around equitable access to services, stigma and other barriers to access support, and changes needed in Hull to improve services working with individuals and families affected by alcohol/drugs use.

Workshops with Stakeholders

These events brought together individuals from different sectors, who were asked to contribute to shape and develop the Hull Alcohol and Drugs Partnership Strategy. A total of 9 sessions were held virtually, facilitated by an engagement manager. During these events stakeholders shared their views about current challenges to reduce alcohol/drug related harm, opportunities for improvement, evidence-based and best practice, and identified key priorities to be included in the new strategy.

Primary Care Online Survey

An online survey was sent to staff from Primary Care, including clinicians, practice managers and strategic leads, to gain a better understanding of the challenges to identify problematic alcohol/drug use and support patients with alcohol/drugs dependence in Primary Care. The survey also explored examples of good practice to identify harm and support people with addictions, and asked staff to identify key priorities for a new Strategy.

3. Our priorities

Priority 1. Developing a Prevention and Early Intervention approach across the partnership

We will work in partnership to broaden our dialogue with a wide range of stakeholders, to maximise opportunities to prevent and identify problematic alcohol/drug use and harm to

children and young people in different settings across the city. Effective engagement with individuals, families and communities is considered key to drive the changes needed to raise awareness and embed healthier lifestyles to improve health outcomes in Hull.

“I think if you start working before a real problem is there you have more chance of success and less problem in the long term” – Service user, Young Person

Recommendations:

- Roll-out of alcohol and drugs awareness and brief intervention training across agencies and in the community to prevent alcohol/drugs harm and improve early identification (i.e. Primary Care, Social Services, workplaces, schools, etc.).
- Take into consideration the impact of trauma on individuals and potential for subsequently develop alcohol and drug abuse problems (i.e. Identification of adverse childhood experiences in education and health services).
- Improve alcohol/drugs education in schools and maximise opportunities to engage with children and young people (i.e. school nurses).
- Consideration of how to increase opportunities to engage with community groups and raise awareness about alcohol/drugs harms. More engagement with specific groups, tailored to their characteristics and needs (i.e. digital offer, age appropriate approach, neurodiversity).
- Improved alcohol and drugs screening at the point of registration and subsequent reviews in Primary Care and other healthcare settings.
- More collaboration and collective action to reduce alcohol availability, specifically in the most deprived and problematic areas (i.e. Alcohol Licensing Matrix to inform licensing decisions).
- A greater role for local leaders, agencies and communities to challenge the social acceptance of excessive alcohol consumption and challenge physical and cultural conditions that promote alcohol/drug related harm.
- Reduce the attractiveness of alcohol use and misuse. This could include efforts to support the promotion of sensible drinking, continued promotion of the Low Ale Trail, and consideration to schemes such as Best Bar None, Pub Watch and Purple Flag, all contributing to improve night-time economy and promote safer spaces.

Priority 2. Implement a more targeted approach to support at-risk groups

A targeted approach in practice requires a collective effort and coordinated actions to reach at-risk groups and prevent escalation of needs, vulnerability and social problems. Some of the groups identified during the Strategy Engagement and Consultation as being at-risk were young people, homeless/housing crisis, sex workers, women victims of domestic violence, at risk of entering the criminal justice system and having mental/physical health issues. Locally, the partnership acknowledged that working with these and other at-risk groups and intervening before reaching crisis will enable services to respond more efficiently to identified needs.

“We support people but that’s just the tip of the iceberg. I’m excited to be part of this discussion and seeing what we can do rather than just supporting people when they are already on their knees” – Stakeholder, Community groups

Recommendations:

- More wrap-around support for young people and adults at risk of alcohol/drugs problematic use or dependence as early as possible to prevent rapid escalation to alcohol/drugs dependence and associated social problems.
- Review of the current transition arrangements for young people into adulthood, and request for additional support/transfer of care across services (A&E, hospital, inpatient, GP Practices, CAMHS, CYP secure state, mental health and substance misuse services, and from Youth Offending Team to National Probation Service).
- Implementation of programmes to divert people with problematic use of alcohol and drugs away from the criminal justice system and into community services.
- Introduction of a peer support approach for both adults and young people in contact with alcohol/drug and other community services. More peer mentoring to enable people with lived experience to develop a career pathway and be a positive role model, whilst improving engagement, motivation and providing active support to individuals.
- More targeted support and motivational interventions for young people, especially those at risk of harm but not engaged with statutory services.
- Improved referrals from Primary Care to community drug/alcohol services.
- Alcohol/drug services to be provided across a range of different settings, more accessible and safe to some individuals with specific characteristics or vulnerabilities (i.e. age, gender, vulnerabilities, safeguarding concerns).

Priority 3. Improving services to effectively support young people and adults with co-existing mental illness and substance misuse, and/or with multiple and complex needs.

Hull is becoming a Trauma Informed City, and plans are in place to improve support for residents with multiple and complex needs. Addressing co-occurring poor mental health and substance misuse is a crucial element of this plan, maximising the chances to reduce the rate of suicide, improve health outcomes and reduce social inequalities. Improving capacity in the system and undertaking a fundamentally different approach will prevent re-traumatisation and ensure better care and support for people with co-existing conditions and/or multiple and complex needs.

The system is difficult for us to navigate, and there's many parts of the jigsaw and it's based on thresholds. If you don't meet our threshold where do you go? ... It's about individual needs and how people are presenting rather than basing this on clinical diagnostics pathways. I think there's a real opportunity for us to think differently about how we provide the services in the future. – Stakeholder, Healthcare

Recommendations:

- A more joined-up approach delivered in both specialist mental health and alcohol/drug services to ensure the effective development and implementation of a “no wrong door approach”, where people with co-existing conditions can access care through either sector.
- Agree protocols to implement a co-ordinated response to levels of complexity of need, which includes clear referral pathways and joint care.
- Assertive Outreach approach to engage and ensure intensive/regular contact with people using substances requiring additional health and social support outside treatment settings.
- Multi-agency training to improve understanding of trauma and complex needs. This is expected to enable services to adapt and respond to people’s needs, deliver trauma-specific interventions and contribute to developing services that puts individuals and their needs at the centre of care.
- Better interface between alcohol/drugs community services and Primary Care to share information about treatment updates and coordinate support needed by patients. Equally, sharing information between hospital alcohol/drugs in-reach workers and Primary Care to plan follow up care of at-risk patients as needed.
- Improved access to inpatient detoxification and residential rehabilitation placements, which will require coordinated actions between substance misuse services, adult social care, housing and other relevant agencies.

Priority 4. Tackling alcohol/drug related stigma to ensure people have equitable access to services and resources.

Alcohol/drugs related stigma is a barrier to access to healthcare services and worsens existing disadvantages, contributing to adverse health outcomes for people using alcohol/drugs.

While young people and adults using alcohol/drug services highlighted stigma as one of the greatest challenges they face when disclosing alcohol/drug use, practitioners acknowledged structural stigma around alcohol/drug misuse embedded in some institutional practices.

“No, would never have gone to GP personally as felt too ashamed, GPs wouldn’t understand”. Service User, Adult

Recommendations:

- Consider the possibility of developing an advocacy and support group/network for people with problematic alcohol/drug use or dependence to facilitate dialogue with healthcare and community services, and communities. This approach is considered necessary to respond to people’s vulnerability and strengthen their resilience.
- Develop a public health approach to address alcohol/drug related harm in Hull, to mitigate the impact of stigma and criminalisation on population at risk and prevent multiple trauma.
- More focus on successful stories on overcoming addiction to be identified and shared across the partnership.
- More training and awareness raising to address social and structural stigma (i.e. workplaces, healthcare).
- Developing a non-judgemental approach when discussing alcohol/drugs harm with young people disclosing use.
- Delivering treatment services in non-stigmatising sites (co-location in GP practices and other community settings, and drop-ins among others).

Priority 5. Developing community assets to achieve and sustain recovery.

Overcoming alcohol/drug problematic use or dependence involves broader systems-level processes. Whilst alcohol/drug treatment is required to start the recovery journey and shape the community environment, much more is needed to enable social inclusion for people with a history of alcohol/drug misuse. Community assets and a community environment that enables recovery are a determining factor for individual efforts to overcome alcohol/drug abuse to succeed or fail and are therefore deemed important to achieve sustained recovery and long-term outcomes.

...after rehab I was advised to connect with everyone, so I connected with the Narcotics Anonymous groups, the Alcoholics Anonymous groups, with Mind, the Recovery College. I made it my mission to go out and talk to everyone. I went to local groups and I just made friends. I'm not saying that everyone should just do that, and they'll get well, but for me, after nine months in treatment, then supported accommodation alongside community integration, my life changed. Stakeholder – Mutual Aid

Recommendations:

- Maximise opportunities for people with alcohol/drug problematic use or addiction to participate in community activities. More support in the community, especially during aftercare, will maximise the use of recovery assets and prevent relapse.
- More work with businesses to review corporate social responsibility and how they can contribute to prevent and reduce alcohol/drug related harm in the city.
- Consider opportunities for utilising community organisations to provide recovery coaching to service users completing treatment.
- Explore opportunities to deliver intensive employment support and opportunities in collaboration with DWP and treatment service providers. Recent evidence around Individual Placement and Support (IPS) for people with alcohol/drug problems has been produced, and it is worth considering if this model of supported employment could be replicated in Hull.
- Special consideration to reducing loneliness and isolation among people with alcohol/drugs problematic use or dependence.
- Extend the reach of alcohol/drug treatment services into the community, integrating community resources into treatment.
- Review treatment-community relationship and opportunities to develop and mobilise community resources as part of service models that aim to support long-term recovery of service users (i.e. mapping resources to support individuals and families).

Priority 6. Reducing the risks associated with alcohol/drug use by utilising a harm reduction approach.

Collective actions to minimise the negative health, social and legal impacts associated with alcohol/drug use is needed to promote individual and community health in Hull. A harm reduction approach will enable the implementation of emerging evidence-based, safe and cost-effective interventions to prevent risks associated with alcohol/drug use that leads to increased morbidity and early mortality among people requiring life-saving medical care and harm reduction services.

“When people are taken to hospital with a suspected overdose, that information should be shared with service providers to allow them to be able to engage with them at an early opportunity because we know that often they have a number of non-fatal overdoses before they become fatalities” –

Stakeholder, Humberside Police

Recommendations:

- Development of an Overdose Response Pathway in A&E, aiming at reducing A&E re-presentations, emergency hospital re-admissions and drug related deaths, to address the high prevalence of multiple representations of individuals with a poisoning diagnosis and the low volume of referrals for further support.
- Flexible and fast testing of substances to allow timely identification of dangerous and adulterated drugs. Testing in Hull relies on arrangements between Humberside Police and Forensic Laboratories.
- Training for general practitioners in addiction to prescription drugs, especially in reducing opiates/gabapentinoids and benzodiazepines. Consideration to be given to the development of a prescription drug addiction service, separated from the local alcohol/drug service.
- More awareness around risks of polysubstance misuse and addiction to prescription medication to be raised among users and staff working with people using substances, with the aim of reducing risks of overdoses and drug related deaths.
- Improve medicines optimisation and patient-focus approach to medicines use. Focus on regular medication reviews in patients where opiates analgesics, benzodiazepines, pregabalin/gabapentin and other high-risk medication (i.e. addictive, risk of diversion) is prescribed.
- Review local needle exchange provision and opportunities to engage with people not accessing healthcare services and treatment in the community.
- More harm reduction campaigns, messages and resources to young people to prevent risky behaviours and enable alcohol/drug safety measures.

4. Community perspective and impacts

The Alcohol and Drugs Strategy is primarily focussed on preventing and reducing the harm caused by alcohol and drug use; however, it is well integrated with other relevant plans and strategies including the Safer Hull plans and programme through the Community Safety Partnership, the Humberside Police Drugs Strategy and the Police and Crime Plan.

The Place Based Tasking Model is an approach adopted by the Community Safety Partnership Board to address problems raised by the local community through the co-ordination of prevention, diversion and enforcement activities across the partnership. This approach will be used to ensure community views relating to the impact of alcohol and drug use on the community are included in the Strategy Development and Delivery Plans in the next three years.

The tasking framework aims to work collaboratively with people, businesses and organisations in Hull, to build a picture of the system from a local perspective, taking an asset-based approach that seeks to highlight the strengths, capacity and knowledge of all those involved, to addresses problems such as anti-social behaviour relating to street drinking and begging, drinking in open spaces and disorder associated with alcohol and drug use.

5. Delivering the Strategy

Throughout the proposed priorities, there are three main cross-cutting themes underpinning the Strategy as identified by stakeholders. These are:

- Adopting a person-centred/family approach.
- Reducing inequalities.
- Collaboration and partnership.

Equally, there are four conditions to ensure a successful implementation of the Strategy and achieving long-term outcomes:

- Whole system approach to alcohol and drugs, which involves collective leadership and shared accountability and outcomes.
- A multi-agency intelligence platform relating to drugs and alcohol metrics accessible to key partners.
- A shared care management system for all services working with people with complex needs.
- Co-production/Voice of the service user is heard.

A whole system approach to alcohol and drugs will provide a good insight and understanding of people's needs and shared priorities across the partnership, and will build

the platform for the ongoing engagement required to deliver long-term outcomes. This approach will enable us to work with system leaders, services, communities and individuals/families affected by alcohol/drug misuse and strengthening capacity across the system to achieve sustainable outcomes.

As part of a whole system approach to reducing alcohol and drugs harm, stakeholders will be involved in the monitoring and evaluation of collective/system-wide indicators and outcomes. Improving data collection and analysis is considered important to provide local commissioners and service providers the tools to strengthened monitoring and quality improvement, and effectively contribute to improving outcomes and reducing health inequalities.

A collaborative approach to the strategy development and implementation which includes service user involvement is required. Furthermore, input from people with lived experience throughout the process of designing, commissioning, delivering and evaluating services is considered crucial to deliver the Strategy.

Effective delivery and monitoring of the Strategy will require a collective leadership and a strong partnership. We will aim to maximise the use of strategic alliances, existing networks and community groups. However, the links with service users and underrepresented groups need to be extended, and innovative mechanisms to promote engagement will be developed when these are deemed insufficient or fail to include representation.

An Alcohol and Drugs Strategic Action Plan will provide key outcomes and measures of success across the partnership for the next three years. The Strategy and its plan will be accompanied by a Strategy Engagement Document.

To facilitate the delivery of the Action Plan, the Alcohol and Drugs Strategic Partnership group in Hull will work with a range of stakeholders, including community groups and service users, and oversee the delivery of the action plan. Members of the Partnership will be responsible for different areas of the action plan and will provide regular reports to the ADSP group and stakeholders.

6. Our stakeholders

The stakeholders involved in developing the strategy had different roles, interests, and characteristics, which enriched the whole process, making it more diverse and insightful. Careful stakeholder analysis and communications was essential to the success of the diverse engagement activities undertaken as part of the strategy development.

The list below shows the partners and stakeholders that participated in the Strategy engagement and consultation:

- HCC Neighbourhoods and Housing
- Riverside
- Humbercare
- Hull Church Housing
- Emmaus
- Department of Work and Pensions
- Humber Teaching Foundation Trust Primary Care Addictions Service
- CGL ReNew
- HCC Children, Young People and Family Services
- HCC Adult Social Care
- HM Prison Service
- Mutual Aid – Narcotic Anonymous Group
- Primary Care – PCNs
- Hull CVS
- Hull Jubilee Church
- Care Leavers 15-25 yrs
- Oakfield School
- Office of Police and Crime Commissioner

- University of Hull – Hull York Medical School
- Service Users - adults and young people
- Humberside Fire and Rescue Service
- HCC Learning and Skills Safeguarding
- Refugee Council
- Polish Alcoholics Anonymous Group
- Hull University Teaching Hospital
- HCC Early Help and Prevention
- Spire Healthcare
- National Probation Service
- DAP
- Purple House
- CHCP
- Humberside Police
- Headstart
- Hull CCG
- LGBT+ Forum
- Youth Justice

The engagement process allowed for meaningful conversations to take place with a wide range of participants which provided detailed and rich insights. Senior leaders, commissioners, managers, practitioners, service users, academics and Elected Members have contributed to the strategy development.

7. Strategic alignment

Due to our widespread stakeholder engagement and consultation, and ongoing partnership approach, we have framed the strategy and its priorities to interact with relevant pieces of strategic work across the City to maximise its impact.

Work has been undertaken to ensure that the strategy links directly to the new Joint Health and Wellbeing Strategy (JHWS) reflecting its status as a Policy Framework Document for the City. The values of the JHWS are woven throughout document, with an emphasis placed on community engagement and the use of data and intelligence to influence decision making together with an emphasis on collaboration and shared accountability.

Many of the priorities of this strategy are aligned with the work of the Health and Wellbeing Board and priority areas for action outlined in the JHWS, which ensures the work carried out because of this strategy forms part of a system wide approach to the improvement of health and wellbeing for our residents.

Building from this foundation we have ensured that further alignment occurs with the strategies of our partners and stakeholder groups to promote a more coordinated approach to tackling alcohol and drug problems, and wider impacts, across the city.

The priorities of the Alcohol and Drug Strategy link directly with the following strategies and strategic structures:

- Hull Preventing Homelessness Strategy
- Early Help and Prevention Strategy
- Emotional Wellbeing and Suicide Prevention Action Plan
- Safer Hull – CSP Plan and Strategy
- Domestic Abuse Strategy
- Changing Futures Strategic Board
- Social Inclusion Strategy for Hull
- Severe and Multiple Deprivation Strategy
- Health Inequalities Network
- Hull Safeguarding Children’s and Adults Partnerships
- Police and Crime Plan
- Reducing reoffending strategy