

# EAST RIDING DRUGS PARTNERSHIP

Strategy

# 2024



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# Foreword

The East Riding Drugs Partnership (ERDP) is our multidisciplinary response to the UK Government's *From Harm to Hope 10-year Drug Strategy*. It advocates that work is taken across the whole of our system in the East Riding, with multiple actors working together to address the national strategy's key outcomes of reducing drug use, reducing drug-related harm, and reducing drug-related crime. *From Harm to Hope* is pivotal in recognising how this connected, partnership approach can facilitate change across the health system and beyond. In doing so we recognise the complexity of the local challenges we face regarding drug supply, demand, treatment, recovery and prevention, and can work to address them more holistically.

The East Riding is a large and mostly rural area, and pockets of affluence and deprivation across our population have resulted in a wide range of needs and distinct drug-related challenges. There is a known link between drug-related harm and health inequalities, meaning that particular attention must be given towards supporting those with inclusion health needs across the East Riding who may be at higher risk and vulnerable. This is a dispersed and often hidden population, and stigmatisation of groups such as people that are rough sleeping, leaving prison, or sex working poses an additional challenge for targeted work. It also illustrates the importance of considering disparities in our population's health outcomes, and how wider influencing factors such as our housing, education, employment, and other conditions of living must be considered if we are to improve the health and wellbeing of this population and protect against specific harms.

It is therefore highly important that our strategic approach is participatory and co-produced in nature, with multi-agency partners from across the East Riding system and people

from the community being central to the development of our ERDP vision and strategy. In recognition of the effect that wider influences may have on drug use and harms, our partnership complements the strong multi-agency structures already in place to promote our East Riding health and care priorities, such as the East Riding Community Safety Partnership, East Riding Domestic Abuse Strategy 2024-2027, Mental Health Crisis Care Concordat, and East Riding Joint Health and Wellbeing Strategy 2023-2028.

The *East Riding Drugs Partnership Needs Assessment* incorporates insights from representatives from across our East Riding system, including individuals with lived experience and their families and friends, professionals, VCSE representatives, and elected members as well as Police, health, and treatment service data to evidence the needs emerging from our local East Riding system. This has been used to inform the present strategy, providing a basis for the first recommendations and enabling our strategic approach to be continuously reviewed against the current data trends. An ethos of learning and response is an essential component of our partnership's approach to whole-systems change, acknowledging how the needs for our locality are ever-changing and that we must be flexible in our responses to the salient influences on our system. By working together to do so, we can take the first steps towards achieving longer-term systemic changes and reducing drug-related harm across our population.



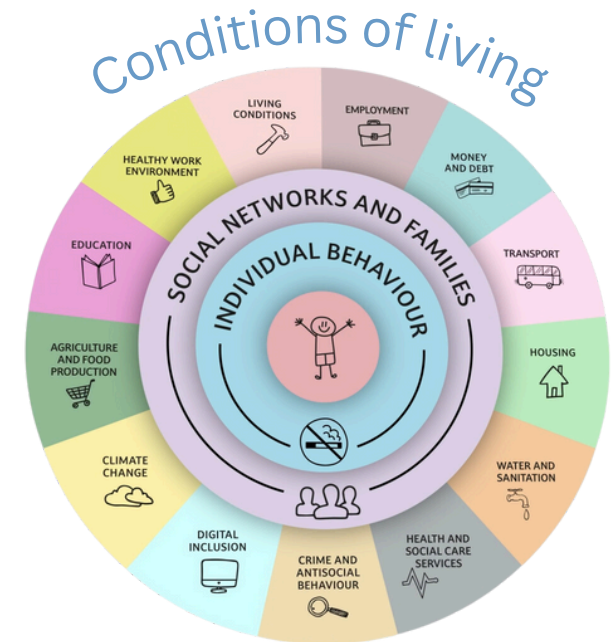
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# Introduction

**We face challenges regarding drug supply, demand, treatment, recovery, and harm prevention. To address these challenges we have to recognise the complexity of the systems they are part of.**

Drug use is situated within the wider contexts of health and social care systems, penal systems, and national drug policy. It is influenced by multiple interacting factors, such as housing, education, employment, and population demographics. These form our conditions of living and act as 'wider determinants of health', directly and indirectly impacting on individuals and populations to shape health behaviours and outcomes. Often, their influence is felt disproportionately, and they may exacerbate existing inequalities in health and other outcomes. The interacting influences of these factors means that no single solution can ever be taken to stop drug-related harm or supply; rather, making multiple changes to different parts of the system will be necessary for us to achieve sustained positive change. Our services do not operate in silo, and changes to one part of the system can have known and unknown effects across other areas.



## The East Riding Drugs Partnership: a whole-systems approach

**It is essential that we collaborate together across our systems, each representing our different perspectives of what works for us and the changes we need.**

The ERDP brings together strategic partners into a multi-agency forum to enable us to collectively understand and address shared challenges linked to drug-related harm, based on the local context and need. Our partnership is comprised of representatives from across the system, including individuals with lived experience, treatment professionals, Police and Criminal Justice System representatives, VCSE members, and elected Members bringing together their insights to build a narrative of the system in the East Riding. The partnership will also work with regional and national agencies on cross-border matters.

Utilising this whole-systems perspective is an opportunity to achieve change, enabling us to gain visibility of the gaps and silos across the network in order to inform improved service delivery. It can help us to understand how our own system operates, such as where there are (or are not) referral pathways between services, data-sharing connections, who is influential, how individuals enter the system, and where there may be areas of unmet need.

## Our objectives:

- 1 Reduce drug use
- 2 Reduce drug-related crime
- 3 Reduce drug-related deaths and harm
- 4 Reduce supply
- 5 Increase engagement in treatment
- 6 Improve recovery outcomes

## Our vision:

To provide pathways and support to reduce drug related harms by empowering people to be safe, healthy, and resilient.

**ERDP is accountable for delivering the six national outcomes of *From Harm To Hope* at the local level. The present strategy details what these outcomes mean to us, what our priorities are, and how we are approaching them.**

The ERDP strategy is orientated around social inclusion, health, and harm-reduction, aiming to drive change in response to the risks and protective factors within the system. It advocates agile and adaptive delivery, using flexible, iterative, and innovative micro-interventions that are safe-to-adapt and modifiable in response to place-based or person-centred needs. Collaboration and communication from the operational to the strategic level are needed to ensure this is able to happen across our local system. Ongoing evaluation utilising surveillance and intelligence analysis will aid sustainable solutions and continuous improvements to be made.

### Our approach

- **Focal areas** highlight the parts of our system where gaps or unmet needs have been identified, where there may be an opportunity to improve on existing work or implement new initiatives. The listed focal areas are examples based on the needs analysis but do not form an exhaustive or prescriptive list of actions; any action within the remit of the corresponding objective may be appropriate.
- **Areas to achieve** highlight how actions taken on each of the focus areas may help us to achieve the outcomes we want for each objective, contributing to our vision for the East Riding.

## Outcome 1: Reducing Drug Use

Some may see drug use as the beginning of individuals' experiences of drug-related harm and drug-related crime. However, **drug use itself is a complex issue** with many wider factors influencing it. Taking a health-focused, preventative approach to address this requires collaborative input from partners across the system to increase our understanding of drug use, how to prevent it, and reduce the associated stigma.

### Harm reduction, prevention, and strategic partnerships

were highlighted as priority areas for us to be able to reduce drug use in the East Riding following consultation with ERDP system partners in 2023. For our local area, the following were identified as current needs:

Strengthening harm-reduction initiatives in prisons and community drug treatment, working with people with lived experience and clinicians to help destigmatise these settings.

Proactive, preventative action to reduce the impact of drug use on children and families, with person-centred, whole-family support improving understanding of drug use and treatment, protecting against wider drug-related harm. Engaging with education settings is an opportunity for prevention and early intervention, to universalise awareness and continue to destigmatise whilst strengthening young people's referral routes.

Maintaining resilient, robust strategic partnerships to uphold these actions, ensuring services and staff across the system are connected and aligned. Ensuring that individuals engaged within the system have access to holistic and multidisciplinary support, as well as comprehensive access to services and treatment, particularly amongst marginalised and/or vulnerable populations.

## Focal areas

- Data analysis and monitoring to understand changing trends in drug use both locally and nationally
- Consideration of wider determinants of health across all workstreams
- Provision of comprehensive, universal drug education in young people's education settings
- Co-designed rebrand of young people's substance use treatment service
- Gap analysis of pathways into treatment and deep dive work addressing barriers to access
- Mapping the existing community recovery support services

## To achieve:

- Increased awareness and trust of drug treatment and the East Riding harm reduction offer
- Reduced drug supply into the community and prisons
- Reduced risk of drug use amongst high-risk populations including young people and inclusion health groups
- Increased engagement with people who use or previously used substances, with more meaningful activity levels and productivity
- A network of local services and community groups that help people to start and sustain recovery

## Outcome 2: Reducing Drug-Related Crime

### Focal areas:

- A pro-social approach to drug-related crime, prioritising diversion away from the criminal justice system where appropriate
- A life-course approach to drug-related crime, accounting for wider determinants and risk factors
- A whole-systems approach to drug-related crime, linking preventative and reactive services

### To achieve:

- Decreased drug-related first-time offending and re-offending rates
- Increased provision of community resolutions, ensuring low-level offenders are diverted away from the criminal justice system
- Proportionate and effective responses to re-offending
- Upskilled staff and support for cohorts at risk of offending
- Increased continuity of care referrals, with prison leavers supported to engage and remain in treatment

# ‘Community resolutions and whole-family support’

Engaging with wider determinants of drug-related crime is important to implement preventative work, reducing the numbers of people entering the criminal justice system and protecting against exploitation and manipulation. The implementation of first contact/first arrest models provide crucial opportunities for diversion and reducing re-offending. Community resolutions and whole-family support have been identified as key to facilitating this approach, enabling families to be kept together and the influences of wider determinants in the population such as education, housing, and socio-economic status to be addressed.

Robust links should be maintained between services with consistency and collaboration across the partnership in order to ensure interventions are aligned and the positive impacts we have across the system are maximised.

## Outcome 3: Reducing Drug-Related Deaths and Harm

ERDP system partners identified strategic partnerships and preventative work as key enablers to reduce drug related harm,

deconstructing  
the influence of  
wider  
determinants.

**A health-focused, harm-reduction approach was consistently and undisputedly recognised as the key to reducing drug-related deaths.**

Coordinated strategic partnerships and responses are essential for multidisciplinary preventative action to be taken across the whole system, addressing wider factors such as housing, education, safeguarding, and family support. Compassionate and coordinated commissioning across sectors such as criminal justice, health, social care, and the voluntary and community sector will help to align this work and ensure prevention is embedded in workstreams from the early planning stages.

Trust, shared accountability, and data-sharing are conducive to reducing drug related deaths and harm. Embedding learning, reflection, and sharing of best practice in our system-wide serious incident review processes will instill flexibility into our response to drug-related deaths and harm, upholding a system which can proactively address the trends and unmet needs.

### Focal areas:

- Real-time surveillance monitoring of drug related deaths and analysis of cluster cases, with data informing preventative measures
- Respond to changing drug trends and use of the Local Drug Information System to issue drug alerts where appropriate
- Establish non-fatal overdose pathways and improved data collection on non-fatal overdoses
- Continue targeted health intervention measures such as increased naloxone access, increased dual-diagnosis capacity and accessibility, in-place support and outreach, and trauma-informed support.
- Improve provision of harm-reduction equipment and education, utilising novel and innovative approaches such as secondary distribution and Overdose Prevention Zones in areas of high opiate use
- Alignment with Inclusion Health Needs Assessment to target work in response to unmet needs for underserved and marginalised communities

### To achieve:

- Improved system response to drug alerts and drug related deaths
- Learning gathered from serious incidents informs future prevention and processes, targeting unmet need and maximising the effectiveness with which we can address the underlying determinants of drug-related harm.
- Reduced spread of blood-borne viruses and Hepatitis C micro-elimination in East Riding substance use treatment settings



## Outcome 4: Reducing Supply

### **ERDP system partners identified community resilience as being vital to reducing supply demands and enabling sustained, positive change.**

Strong strategic partnerships and whole-systems learning are conducive to this, ensuring intelligence and best practice are shared and that a multidisciplinary response to disrupting and decreasing drug supply is upheld. The wider effects of police operations must be accounted for in partnership approaches, with liaison between operational teams, housing, and public health being valuable to support families and wider communities. Engaging with the community and with individuals who have lived experience is essential to instill a culture shift, dismantling generational demands and reducing the pressure on suppliers.

Preventative measures addressing the wider determinants of drug use and drug related harm are therefore key to instilling such behaviour changes and creating strong and resilient communities. Training and engagement with the nighttime economy is a clear starting point to implement prevention and education work with local communities. A focal area for change is breaking the re-offending cycle for drug-related offences, particularly with attention to victim-perpetrator duality and the reinforcing influences on this cycle.

### Focal areas:

- Support ongoing County Lines operations
- Maintain clear links and coordinate approaches between strategic partnerships and operational teams
- Improve understanding of the impact of police operations on the wider community and sharing this learning across the system
- Raise awareness of drug-related exploitation by investing in and delivering drug education programs in settings across the East Riding, including existing health and care initiatives
- Provision of support services creating sustainable resilience and safety within communities to mitigate harm related to serious organised crime, such as Clear Hold Build
- Target those exploiting the vulnerable through criminality such as County Lines and safeguarding victims

### To achieve:

- Reduced supply of drugs coming into East Riding communities and prisons
- Exploited children and vulnerable people across the East Riding removed from involvement with organised crime groups
- Individuals vulnerable to exploitation identified and supported to be resilient against organised crime groups
- Strong, resilient communities, with a generational shift in demand and sustained, trusting rapport with individuals who have lived experience

# Outcome 5: Increasing Engagement in Treatment

## **Responsive treatment is key to ensuring unmet need across our populations is addressed and managed effectively.**

Work across these areas is necessary to improve the accessibility and inclusivity of treatment services. An outreach approach across the system is important to build a rapport with communities and increase new presentations, as well as increasing the likelihood that individuals will sustain their engagement with services. It is essential that individuals from across the local area feel they are welcome at treatment services. Measures such as the removal of physical barriers, for example a clinical treatment centre's appearance, uniforms, use of acronyms, and other idiosyncrasies, will all help to destigmatise the service and develop trust among the individuals engaged with it.

Innovative approaches may be necessary to support treatment settings with managing the specific and complex needs of marginalised groups, in order to promote sustained engagement with treatment services and improve engagement with populations with unmet need. Incorporating the viewpoints of individuals presently engaged with treatment services and those with lived experience will aid this and ensure a person-centred ethos remains central to our strategic approach to increasing treatment engagement.

Proactive, targeted assertive outreach work in areas of known high risk and unmet need is necessary to remove barriers preventing people from accessing treatment. This involves simple changes such as changing language, improving communications, and increasing presence at community events, as well as deconstructing systemic challenges such as entrenched risk-taking behaviours among young people and improving education and awareness.

### **Focal areas:**

- Analysis of drug treatment population data
- Consultation with individuals in and out of treatment
- Improved visibility of treatment and recovery for people not in service, including rebranding of East Riding young people's drug treatment service, creating a recognised and trusted brand, co-designed with young people
- Delivery of educational and awareness-raising programmes across the system, including in schools, adult education, and system partnership settings
- Collaboration between system partners to ensure pathways between services are robust, and comprehensive

### **To achieve:**

- Clear understanding of the population in treatment and in need of treatment
- Understanding of how we can effectively co-produce services with people who use substances and their concerned significant others
- Increased awareness of, and trust in, services among both professionals and residents
- Improved continuity of care rates
- Accessible and equitable services for members of inclusion health groups
- No wrong door: mutual awareness, signposting, and referral between services

## Focal areas:

- Continuous evaluation of successful practice and unmet needs across the East Riding
- A life-course approach to treatment, accounting for comorbidities and physical health needs at different stages of life
- Continuous work between system partners to ensure pathways for those with complex needs such as co-occurring mental health and substance use needs are robust
- Consideration of wider determinants such as housing, employment, and education etc. in all drug-related workstreams
- Improved awareness and training on working with people who use substances, including incorporating trauma-informed approaches
- Embedded co-production and lived experience in recovery support and service design

## To achieve:

- Holistic treatment package for people who use substances, with focus on health outcomes and not only abstinence as the treatment goal
- Incorporation of the viewpoints of people who use substances and their concerned significant others as the experts by experience
- Ensure aftercare and support for people who have completed treatment and their continued resilience to drug use and drug-related harm
- Provision of a person-centred service with support targeted and tailored to the individual

## Outcome 6: Improving Recovery Outcomes

A universal, preventative approach was commented on by the partnership as being highly important to deconstructing the negative effects that wider influencing factors may have on drug use, drug-related harm, and recovery outcomes. Central to this is a life-course approach, beginning with education in schools improving children's health literacy and increasing opportunities for early intervention.

**Coordinated person-centred care should be provided throughout, continuing to inform change in response to individuals' needs.**

Other proactive measures must be more targeted, such as harm-reduction work with specific high-risk groups of young people to dismantle risk-taking behaviours and wider negative influences on recovery outcomes. A focal point across all age-groups is housing, with stable accommodation being critical to individuals' ability to engage with treatment and experience sustained recovery outcomes. Wider health and recovery aspects must be facilitated and promoted, such as mental health treatment access and its co-occurrence with other health and social care needs, meaningful activity and employment, and whole-family support and safeguarding. It is imperative that these approaches to wider influences are aligned with meeting the treatment needs of people experiencing harm and/or at crisis point, and that learning from both parts of the system is used to inform treatment responses. Sharing of data, intelligence, and best practice across the system are important. Overseeing this, strategic partnerships will be valuable in preventing duplication and siloed working, instead upholding clear roles, responsibilities, and service boundaries to ensure everybody has full oversight of the service offer and where an individual sits within the system.



## Delivering the strategy

Performance monitoring is built into all of our workstreams and provides a suite of evidence on which we can base our decision making. We will use a range of data indicators that help to show us trends and highlight issues across the system and over time.

- Quantitative data helps us to answer questions like "are numbers in treatment going up?" and "is crime reducing?".
- Qualitative data helps us to understand how people feel. We will consult people who use substances, the general public, strategic partners, and professionals to help us answer questions like "what is the public's biggest concern when it comes to drugs?" and "what is driving stigma in our system?".

These insights will come from data uploaded onto monthly performance dashboards as well as flashcard updates provided by system partners before each ERDP quarterly meeting. This gives the opportunity for all partners to share their perspective of what is currently working well, the present gaps and challenges, and how they are contributing to the partnership's deliverables. Assimilating all partners' flashcard contributions will enable the partnership to track how the needs of the system are changing. Where possible, sharing and utilising intelligence from beyond the partnership will also help us to understand the substance use-related pressures arising across the wider health and care system and to be aligned in our response.



## A dynamic approach

**The East Riding Drugs Partnership Strategy is dynamic, enabling us to continuously gauge system needs and be adaptive in our response.**

The complexity of our drug system means that the needs of individuals and services who are part of it are constantly changing and subject to different influences. Pressures on the system can also vary as an impact of work that is being implemented already. The ethos of this strategy is to provide a framework that enables us to best understand what the current needs are and be flexible in adapting our workstreams to respond to them.

Rather than having fixed outcomes to achieve within a set timeframe, our approach helps us to track the key workstreams and changing needs of our system using the data and insights provided by partners, under the framework of our six key outcomes. The viewpoints of those across the whole system, particularly those with lived experience, are central to guiding this approach as each individual's perspective of the needs, challenges, and successes is different.

**East Riding Drugs Partnership, July 2024**

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