

Brighton & Hove City Council

For general release

Meeting: Community Safety Forum

Date: 28 February 2005

Report of: John Patience, Communities Against Drugs Development Officer

Subject: Overview of the Work Being Undertaken to Reduce Drug Misuse in the City

Ward(s) affected: All

1. Background

- 1.1. At the Community Safety Forum on 10 January 2005 it was resolved that officers should report on city-wide anti-drugs work to a future meeting.

2. Recommendation

- 2.1. That the Community Safety Forum endorse the work being undertaken by this Local Authority and its partners to tackle substance misuse in the city

3. Information

3.1. Policy context

The Drug and Alcohol Action Team [DAAT] co-ordinates work targeted at the four main thematic areas of overlapping activity: young people; communities; treatment and social care; and reducing supply. Each of these areas is described in detail in the "*National Updated Drugs Strategy 2002*" which provides the underpinning structure to the local strategy delivered in Brighton & Hove. The Communities agenda is further informed by the Home Office Drugs Strategy Directorate Report "*Tackling Drugs. Changing Lives: Keeping Communities Safe from Drugs*" (December 2004).

- 3.2. Since the publication of the National Strategy the government has given additional emphasis to the development of integrated 'Models of Care' for treatment through the National Treatment Agency and to drug related crime via the Drugs Intervention Programme (DIP).

3.3. The following sections highlight local activity during the last three years in each of the four main areas of the Strategy:

3.3.1. Young people

- the provision of substance misuse education programmes in all 59 primary, 10 secondary and seven Special Education Needs Schools, as well as the Pupil Referral Unit;
- dissemination of locally written and nationally produced information and advice leaflets targeted at parents and carers in numerous locations, including schools, GP surgeries and libraries;
- for those at risk of school exclusion because of substance misuse, access to Alternatives to Exclusion [ALTEX] courses in secondary schools;
- school based parent power courses and neighbourhood parent support groups offering substance misuse education and advice on parenting skills;
- appointment of a young person's outreach worker in September 2002 targeting under 19 year olds, who are homeless or at risk of homelessness, and vulnerable to substance misuse
- establishment of a dedicated young people's substance misuse service, launched as ru-ok? in February 2003. This service offers a core and cluster approach to the assessment and treatment needs of young people with identified substance misuse and related problems;
- development of support for children of drug misusing parents and carers.

3.3.2. Communities

- sustaining the impact of targeted Police activity through environmental and situational responses, often arising from the partnership work of Local Action Teams;
- an increase in the information flow to the Police about illegal drug activity through local information sharing protocols between partners and in the public domain through the promotion of Crimestoppers;
- increasing awareness of the work being undertaken to address substance misuse and the support that is available to individuals and communities, with a target to reach 10,000 homes by March 2005 with the "Drugs in Brighton & Hove: What is going on and where to get help" leaflet;
- direct funding of local projects to address locally identified issues of need. In each of the following Neighbourhood Action Plan areas substance misuse was identified as a priority: EB4U; Tarner; Hollingdean; Portland Rd & Clarendon; Queens Park & Craven Vale; Bristol Estate; Bevendean and Brunswick & Regency. The DAAT

Community Chest and DAAT Neighbourhood Liaison Officer will support projects in these areas;

- direct action to target high priority groups including prolific shoplifters and sex workers;
- support for family members of substance misusers, with a target to reach 10% of all families by March 2005;
- addressing the dangers of drug waste in the city; a city wide strategy likely to be completed during 2005;
- development of a Workforce Drug and Alcohol Policy for the City Council.

3.3.3. Treatment and Social Care

- provision of basic drugs awareness training for workers in Tier 1 generic services, in line with National Occupational Standards;
- linkage with Supporting People to improve integration of housing support services for substance misusers;
- dissemination of specialist information and advice materials via Health Promotion;
- development of agreements between adult treatment services and the Children, Families and Schools Directorate to promote effective work with children and their drug using parents/carers;
- production of a risk assessment framework to target those at risk of drug related deaths; distribution of an overdose emergency calls information leaflet; and commissioning of overdose aid sessions by St John Ambulance, including at Lewes Prison;
- increased number of pharmacy based needle exchange outlets;
- commissioning of a range of measures under the Criminal Justice Intervention Programme for Throughcare and Aftercare Programme intended to engage and retain drug misusing offenders in treatment and provide appropriate aftercare to ensure the benefits for all people completing structured treatment are sustained subsequently;
- development of a National Enhanced Service provided by GPs in primary care for 105 treatment places;
- expansion of the capacity to deliver drug treatment and testing orders;
- enhanced services for substance misusing women whose children are at risk or on the child protection register via Brighton Oasis Project;
- implementation of a workforce development strategy to expand the local workforce and improve the quality of delivery;
- piloting of service specifications and treatment delivery for crack cocaine users;
- development of an integrated care pathway for those accessing treatment services, accompanied by a reduction in average waiting

times and increase in the numbers of people in treatment from 454 in 2002/03 to an anticipated 559 in 2004/05;

- commissioning of a pilot electronic data capture system in line with National Treatment Agency requirements, to improve the speed and effectiveness of care management of individual patients/clients and of outcome monitoring;
- appointment of a full time Assistance Joint Commissioning Manager for Brighton & Hove, as recommended by the National Treatment Agency, to meet the demands of managing a large multi-agency treatment budget and related activities effectively;
- establishment of a Service Users Forum to facilitate consultation on the Annual Treatment Plan.

3.3.4. Reducing Supply

- police covert operations, which have been linked to a drop in the number of reports of street dealing. It may be that dealers, wary of undercover police officers, will return to a closed market, doing business with people known to them;
- establishment of a seafront Local Action Team, chaired by Chris Holm, Resort Services Manager, with multi-sector representation, including traders, addresses a range of “be safe on the seafront” issues, including Class A drug supply, meeting every four to six weeks. Current measures to reduce the level of drug dealing include:
 - funding to contribute to the cost of improving the Lower Esplanade lighting
 - placement of the mobile CCTV Unit in the area [experienced dealers try and position themselves out of the range of fixed CCTV cameras]
 - installation of Crimestoppers signage [35 across the City] to encourage reporting of information and the development of intelligence
- continued use of automatic number plate recognition [ANPR] to target dealers’ cars and of Police Community Safety Officers to patrol habitual drug dealing and using hotspots
- action by the Anti Social Behaviour Team, where appropriate, ranging from ASBOs, obtained against beggars and shoplifters operating to support drug dependence, to working with the police, where dealing may be operating in premises and on estates including closure of premises used for Class A drug dealing.

4. Monitoring, Evaluation and Effective Delivery

4.1 The DAAT takes seriously the task of evaluation. For example:

- The new Young People's Substance Misuse Service, ru-ok?, will be closely monitored from the outset via a locally designed outcome tool developed by the DAAT Research and Development Officer;
- Adult Treatment Services are monitored via STORS [Sussex Treatment Outcome Research Study], developed over several years and currently being further improved in consultation with the National Treatment Agency, which provides both trend and outcome data to inform local commissioners;
- Communities Against Drugs Projects are being internally monitored and evaluated using a system developed from the findings of an independent evaluation carried out by Matrix MHA over the first eighteen months of Communities Against Drugs.

5. Conclusions

5.1 The DAAT has evolved a tried and tested local strategic structure for responding to National Drug Strategy imperatives and Departmental Guidance. There is a well-established culture of collaborative working relationships between the partner agencies concerned including:

- joint commissioning for young people [with a pooled budget from April 2004] and pooled budget joint commissioning for adult treatment and social care, facilitated by the DAAT Joint Commissioning Manager and Section 31 arrangements;
- integrated working arrangements between the DAAT Support Team and Community Safety Support Team intended to reduce duplication of effort and bureaucracy and to promote more effective targeting of resources via shared funding streams.

5.2 The DAAT, together with the Responsible Authorities Partnership, will continue to provide the strategic drive behind local delivery: for young people; for communities; of treatment and social care; and of supply reduction; together with improvements in workforce planning, training and development; responses to diverse and underserved groups; systems management, including monitoring and evaluation; and the involvement of users and carers.

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