Independent Drugs Commission for Brighton & Hove

April 2013

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Safe in the city

Brighton & Hove Community Safety Partnership

Report and Recommendations

Introduction

In the spring of 2012, the Safe In The City Partnership responded to a proposal from Caroline Lucas MP to set up an Independent Drugs Commission to look at the current state of drug problems in the city, and the various efforts to address them. The aim was to bring a fresh look at the city's response to the problems associated with drug markets and drug use, and to suggest ways in which the local agencies could be more successful in reducing the drug related problems that mattered to the citizens of Brighton and Hove.

The membership of the Commission is listed on page 6 of this report: we tried to achieve the right balance between local knowledge and national expertise. The Commission Chair is Peter James, well known Brighton based author, and Patron of Sussex Crimestoppers. The vice-chair is Mike Trace, former Deputy UK Drugs Czar. The Commission membership includes the mother of a young Brighton woman who developed and struggled with a drug addiction in the city, representatives of both universities and community based organisations, and the co-ordinator of the local drug users' and carers representative groups. A group of officers, from Brighton and Hove City Council (including the Community Safety Team and Public Health) and Sussex Police, have acted as advisors to the Commission.

Our priority throughout was to ask **'What are the drug related problems that most concern the citizens of Brighton and Hove, what is currently done to respond to these problems, and are there any other strategies or activities that could potentially fill the gaps, and lead to better outcomes'.** In undertaking this task, we were keen that the Commission did not duplicate or contradict the work already undertaken by the Community Safety Partnership and Drug and Alcohol Action Team: we found the existing range of strategies and activities to be comprehensive, well organized and well delivered.

We took particular care to involve and take the views of local people – young people; those who take drugs, attend treatment and support services or have family members with drug problems; and those who are affected by the presence of drug markets in their city.

We gave ourselves four key challenges to address. These were:

- Are the current strategies to prevent drug related deaths sufficient to achieve a significant reduction in the coming years?
- Are the policing, prosecution and sentencing strategies currently pursued, effective in reducing drug related harm?
- Are we doing enough to protect young people and to enable them to make informed decisions around drug use and involvement in drug markets?
- To what extent does the treatment system meet the treatment and recovery needs of the citizens of Brighton & Hove?

For each challenge, we organized a full day meeting to hear local evidence and perspectives, and to discuss possible ways forward. At the end of November 2012, we came together for a two day session to review and refine our recommendations across all four areas.

It is important to recognize that, within the time and resource constraints facing the Commission, we could not claim to be conducting a comprehensive review of all the research and

evidence on responses to drug problems, nor were we able to spend as much time as we would have liked talking to service providers, or the residents of Brighton and Hove.

Notwithstanding these limitations, we managed to stimulate some very interesting discussions, and have reached a consensus on a number of recommendations that we think could make a material difference to tackling the city's drug problems.

Our recommendations were presented in draft form at the end of January 2013. Since then the Commission has sought feedback from the public on some of the key recommendations and the responses have now been incorporated in to the final recommendations in this report. That process was overseen by a special meeting of the Commission on 6th March 2013, which also took into account the views of those who attended a public meeting hosted by Caroline Lucas MP and at which some commission members were also present.

The Safe in the City Partnership will invite the Commission to revisit all the recommendations in April 2014, and to undertake a supplementary progress report for further consideration by the Partnership.

In the interest of transparency, this report is supplemented by a background document that includes a record of the proceedings of each of our meetings, and links to presentations and documents that informed our discussions. This document, and any other background information on the work of the Commission, can be obtained from: linda.beanlands@brighton-hove.gov.uk : or charlotte.farrell@brighton-hove.gov.uk

We would like to put on record here our thanks to our fellow commissioners for their time and commitment, to the officials and experts who gave evidence at our sessions, and to the members of the community who gave us invaluable insights into the situation in the city (in particular the young people who attended our consultation event at the Amex Stadium in September). Finally, we must record our gratitude to Charlotte Farrell and Linda Beanlands, who so capably kept us organized and on track throughout.

Peter James
Chairman

Mike Trace
Vice-Chairman

Drug Use Patterns in Brighton & Hove

There are an estimated 60,255 people in Brighton and Hove who have used illegal drugs. This represents 36% of all adults. The figures are extrapolated from the nationwide British Crime Survey – last conducted in 2011/12 – that reports on the percentage of adults (aged 16-59). Around a quarter of these 'lifetime users' report using in the last year, and one eighth report using in the last month.

The most popular illegal drug, as in all areas of the country, is cannabis. There is also widespread use of heroin, cocaine and amphetamines, with recent increases in the use of a wide range of new psychoactive substances, some illegal and some not controlled under the Misuse of Drugs Act. It is important to remember that Alcohol remains the most widely used psychoactive substance.

A study conducted in 2010 identified just over 2,000 heroin and cocaine users in the city who could be identified as problem drug users – ie that they were dependent on one or more drugs, or were experiencing health or social problems, or were committing crimes, related to their drug use. This figure does not include those experiencing problems with drugs other than heroin or cocaine.

A total of 1,442 individuals attended treatment services in the city in the financial year 2011-12. The main problem drugs reported by this group were heroin, crack cocaine, powder cocaine, and cannabis. The age profile is spread from teenagers to people in their 50s, but in general opiate and cocaine users were an older cohort than users of other drugs. The majority of treatment clients were male (71%) and white (89%).

Drug related deaths have been high in Brighton and Hove, but with signs of a recent reducing trend. Fifty residents in the city died in this way in 2009, but this figure had reduced to 20 in 2011. There are indications that this welcome decline is arising from positive action by local services in response to recommendations in coroners' reports.

Sussex police made 760 arrests for drug offences in Brighton and Hove in the financial year 2011/12. Just over half of these were for possession offences, around 40% were for supply or importation, and 5% were for production.

While these figures give us some insight into the dynamics of the drugs markets in Brighton and Hove, they do not paint a full and up to date picture of what has become a diverse and rapidly changing situation. In common with many areas of the country, the Brighton and Hove drug scene has experienced a proliferation of new psychoactive substances – some illegal, and some not currently controlled under the drug laws – that come on to the local markets.

With its vibrant nightlife economy, Brighton and Hove will always be a target market for the people who manufacture and distribute these substances – because they are produced in laboratories, and are easy to distribute, it is very difficult for the police to keep a track on which exact substances are being used, by whom, and how they are being supplied.

The same problem faces those who are planning the education, treatment and health responses to drug use in the city – with the ever changing patterns of drug use, and uncertain affects from some of the substances

used, the strategies and programmes developed can quickly become outdated or badly targeted.

That is why one of our central recommendations is the creation of a robust mechanism for the collation of real time information and intelligence on new patterns of drug use and supply. Early insights into new patterns of use can come from police intelligence, seizures, community organisations, health and social services, or drug users themselves. It would be relatively straightforward to set up a mechanism by which information from all of these sources and others is collected and collated, and developed into a constantly updated picture of how the drug scene in the city is changing.

Reports from this analysis can then be made available to inform the planning process for information and education programmes, the design of treatment and pulic health services, and police operations against suppliers. Whatever the response to our other recommendations, we call on the relevant authorities to establish such an information and planning mechanism.

Members of the Commission

Peter James	**Chair**
Mike Trace	**Vice Chair**
Rick Cook	**Service User Involvement Worker**
Karen Jackson	**Brighton University, Head of Student Services**
Kate McKenzie	**Mother of recovering addict**
Jacob Naish	**Head of AITC's Community Cohesion Division**
Claire Powrie	**University of Sussex, Director of Student Services**
Tai Ray-Jones	**Vice-President Wellbeing, University of Brighton**
Harry Shapiro	**Director of Communications and Information, Drugscope**
Arthur Wing	**Management Advisor**

Advisors to the Commission

Jake Barlow	**Head of Marketing, BHCC**
Graham Bartlett	**Chief Superintendent, Sussex Police**
Linda Beanlands	**Commissioner, Community Safety**
Julian Deans	**Sussex Police**
Charlotte Farrell	**Administrative Assistant**
Veronica Hamilton-Deeley	**Coroner for the City of Brighton & Hove**
Eric Page	**LGBT Community Safety**
Tom Scanlon	**Director of Public Health**
Richard Siggs	**Sussex Police**
Nicola Singleton	**Director of Policy & Research, UK Drug Policy Commission**
Graham Stevens	**DAAT Co-Ordinator**

Disclaimer:
The report contains the views of Members of the Independent Drugs Commission who also took into account information and views of from Advisors and invited participants. The Members do not speak on behalf of any organisation but rather express their own conclusions following evidence from these and many other sources. The report is not intended to reflect the entire breadth of the discussions which took place but is a distillation of the many and varied contributions that were made.

For details of those who attended and contributed to the discussion please see the accompanying document 'Process Report of: Independent Drugs Commission for Brighton & Hove'.

Challenge 1: Are the current strategies to prevent drug related deaths sufficient to achieve a significant reduction in the coming years?

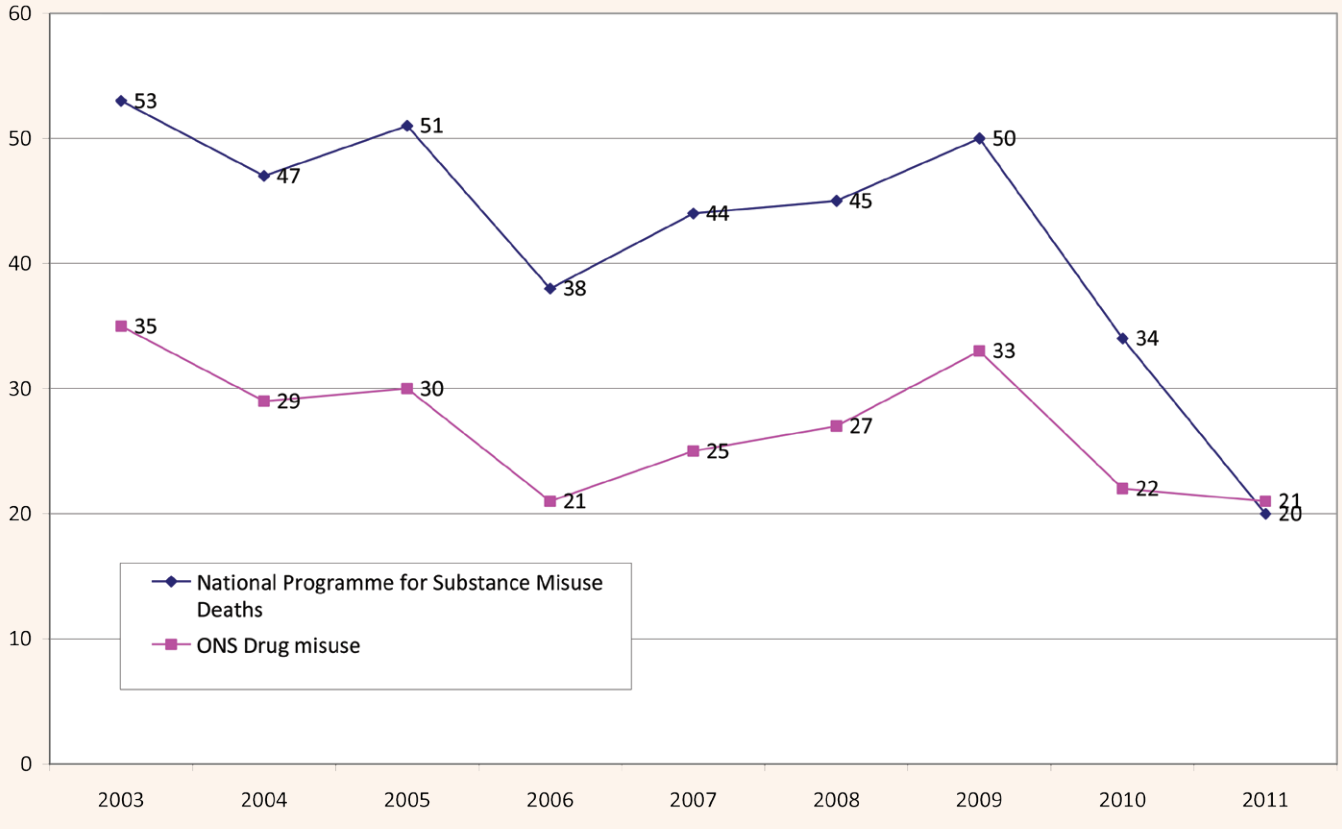
For over a decade, Brighton and Hove has appeared in the top three Coroners' Jurisdictions/Police Force areas in the UK with the highest rate of drug related deaths – that is, deaths through acute poisoning [overdose] or other fatal reactions to the ingestion of one or more psychoactive substances. This statistic was generated from annual reports produced by the National Programme For Substance Abuse Deaths [np-SAD] based at St George's Hospital London.

Local information that is methodologically comparable to the np-SAD data set has been collected through liaison between the Public Health Team and the Coroner's Office. This appears to show a reduction in the annual death rate in 2011 (20 deaths recorded) and, so far, in 2012. Whilst this recent trend is more encouraging, with a 60% reduction in np-SAD reported deaths between 2009 and 2011 [see Figure 1 below], the rate at which citizens of the city are dying, and the distress caused to families and friends, makes it a necessity that better ways are constantly sought to minimise these personal tragedies.

What We Found

The recent trend in drug related deaths in Brighton and Hove is represented in figure 1, which shows a similar trajectory for both np-SAD and Office of National Statistics [based on a different definition] data.

Figure 1: Number of deaths, 2003 – 2011, reported by np-SAD and ONS



A number of reasons have been put forward for a historically high rate of deaths in Brighton and Hove. The characteristics of the city reveal a combination of contributory factors, not least that there is a long standing drug using population as well as a sizeable transient population and a high number of visitors to the city, attracted by a lively leisure culture. The reduction in the number of drug related deaths since 2010 however, is noted as a significant success and if sustained in 2012 (confirming figures awaited) could provide further information about the effectiveness of the integrated working and interventions which have been implemented over the past two to three years.

The Drugs Commission were however, sensibly cautious in their approach and focused on what more action could be identified to sustain the improved performance of Brighton & Hove and drive down the drug related death rate even further.

Possible Ways Forward

The Partnership in Brighton & Hove [led by the Drug and Alcohol Action Team] recently reviewed the key factors that appeared to contribute to the majority of deaths, and gave a presentation to us on their findings. While the overall picture is complex and the high-risk behaviours that lead to most drug related deaths are not easy to influence, it seems that there are at least five broad areas where the health authorities and drug services can take action to bring down the number of deaths in the coming years:

Consistently monitor, analyse and report on the complexity of drug related deaths.
Coroners reports provide information about the complex circumstances of each death, including distinguishing information about chronic and chaotic use, accidental overdoses and suicides related to drug use. The Coroner is of the view that the information can significantly assist in identifying the reasons why some drug users survive and others do not and that information then being the basis of identifying those interventions which will be most effective in extending the protective factors that can prevent drug related deaths.

Reducing the availability of prescription drugs through tighter control.
Many of the coroner's reports identified the presence of prescription only drugs in cases of overdose death, either obtained via a GP (usually benzodiazepines or other tranquillizers that are prescribed for stress and anxiety and to help people sleep) or opiate substitutes such as methadone and suboxone prescribed to treat heroin addiction. These were usually present in combination with alcohol or illicitly sourced drugs. Research has shown that a particularly high risk of overdose arises from a combination of different drugs, and that prescribed drugs such as benzodiazepines are particularly dangerous when mixed with other drugs. GPs and drug services, therefore, need to be very cautious about prescribing these substances to patients where there is a risk that they will be misused, diverted to the illicit market, that the patient is using alcohol or illegal drugs in risky ways or that they have underlying respiratory or other health problems. The Commission was informed that there is a work programme looking specifically at reducing the amount

of benzodiazepines prescribed by GPs in Brighton & Hove, which includes the development of guidelines on prescribing, and the training of prescribers, to increase their awareness of the risk of overdose. However, whilst improvements have been made, there remains concerns that repeat prescriptions and stockpiling may be contributing to the availability of illicitly obtained prescription only drugs and that there is scope for greater enforcement activity by the Police and Crown Prosecution Service to intervene in relation to the supply, and illegal possession of, non-prescribed benzodiazepines and other prescription only Class C Drugs.

Creating a physical environment which reduces the risk of life threatening drug-taking behavior.

The latest data available estimates that there are 2,0931 opiate and/or crack users in Brighton & Hove. In 2011-12, 1,116 [52%] were engaged with treatment services. **Twenty drug related deaths were reported by np-SAD in 2011, and local audit indicates that approximately three quarters of these had a substance misuse treatment history.** This means that a significant proportion of those dying from overdoses and acute reactions had been in contact with the treatment system at some point.

There are a range of treatment services that aim to engage with this group, provide them with health and social support, and encourage them towards recovery. However, it would still appear to be the case that too many people are taking drugs in the most risky ways, mixing different substances of unknown purity, and using on their own with no access to emergency medical help. The Commission believes that it is important that local drug services provide facilities that encourage use in safer ways, and where things do go wrong, to provide emergency medical help. These facilities are usually referred to as 'consumption rooms', which can be controversial, as they involve the toleration by health workers of the use of illegal drugs. The international evidence is clear that the provision of these facilities can significantly reduce overdose death rates, as well as the inconvenience associated with the use of drugs in public, whilst not increasing overall rates of drug use. The Commission believes that, where it is not possible to stop users from taking risks, it is better that they have access to safe, clean premises, rather than to administer drugs on the streets or in residential settings. The Safe in the City Partnership should consider initiating a feasibility process on how to incorporate the provision of consumption rooms into the existing range of drug treatment services in the city.

Targeting at risk populations.

One of the risk factors correlated with drug related deaths is release from prison, the risk of death, usually from opioid overdose, being greatest within the first few weeks after release when compared with the general population. The Commission regards continuity of care as critical and advocates the provision of in-reach support, including information on the risks of drug related death after release. In addition, there is evidence that the provision of diamorphine to high risk and long-term opiate users via the injectable opioid treatment programme is a protective factor against drug related deaths. The

Commission supports the consolidation of this initiative locally and hopes that its capacity may be increased in due course.

Minimising the number of fatal overdoses.

The principal substance implicated in deaths was heroin, contributing to 37% of deaths in 2010, compared with 46% in 2009 , a downward trend reflected nationally [41% down from 53%]. Thus the largest number of overdose deaths, although involving the mixing of different substances by the user, are still triggered by the use of too much, or too pure, heroin. Death is caused by the suppression of the respiratory system, which leads to death through lack of oxygen. This process can be prevented, however, by the timely administration of an antidote called Naloxone. This is already made available on prescription throughout the UK, and in Brighton and Hove is also kept in store in the main drug treatment centres. This means that healthcare professionals can administer Naloxone quickly if alerted. However, most fatal overdoses occur in isolated settings, where only the user and their immediate acquaintances are present.

Pilot projects making Naloxone available directly to drug users have generally been shown to be effective in saving lives and with no harmful effects from the relaxation of medical oversight. There has been an intensive programme to roll out the distribution of Naloxone in Brighton and Hove to users of the services. This has included people living in hostels, often some of the most vulnerable individuals. The programme has included training on how to administer the naloxone mini jet, alongside a general first aid course. Training has also been available to staff members where appropriate. This continues to be a priority area in Brighton and Hove: between Oct 11 and Sep 12, a total of 344 naloxone mini-jets were prescribed, building on the distribution which was initiated during 2009. Plans are in place to ensure that naloxone is distributed to as many vulnerable people as possible and coverage now includes all hostels, with 69 mini-jets dispensed to 34 hostel clients between January and October 2012, and 41 used in overdose incidents with 18 people. In addition, dispensing has been introduced in A&E, and following a recent death case review, will be extended to some clients in alcohol treatment.

Recommendations:

1. That the DAAT and Public Health strengthen the mechanisms for regular auditing, analysis and reporting of Coroners and Serious Incident and Vulnerable Adult reports which provide information on the factors leading to drug related deaths, accidental overdoses and suicides. The mechanisms to include annual audits and enquiry's and to take account of 'lessons learnt' findings. Ensure that all information informs the further development of protective and preventative factors.
2. That the criminal justice agencies, together with the Director of Public Health, take action to reduce the use, diversion and dealing of prescription drugs, in particular:
   - A more proactive and robust enforcement response to the diversion of and dealing in prescription only and Class C drugs (including Benzodiazepines and methadone – Methadone is a Class A drug).
   - The dissemination of clear guidelines, information and advice to G.Ps, drug treatment services and drug users about the risks of overdose and death following the use of alcohol, benzodiazepines and opiates in combination and the heightened risk for users with physical health and respiratory problems. Responses to the receipt of guidelines, information and advice should be monitored by the Harm Reduction Domain Group.
3. The Health and Wellbeing Board and Safe in the City Partnership should convene a working group led by the local authority, NHS and Police, to explore and make recommendations about the feasibility of establishing a form of consumption room as part of the range of drug treatment services in the city.
4. Commissioners and service providers should look at ways of expanding the capacity of the positively evaluated Injectable Opioid Treatment Programme in order to reduce the number of chronic opiate users at particular risk of drug related death. There should be a cost benefit analysis, including consideration of the most economical procurement of injectable opiods. Representation may need to be made to the appropriate national departments about the high cost of Diamorphine in this respect.
5. The Health and Wellbeing Board should investigate the value of rolling out a programme of overdose response/first aid training for drug users, and the professionals who work with them.
6. Commissioners and service providers to ensure that continuity of engagement of prisoners at particular risk of overdose, pre and post release, is effective in reducing drug related deaths. Particular account to be taken of research findings which highlight the increased risk during the first two weeks after release.

Challenge 2: Are the policing, prosecution and sentencing strategies currently pursued effective in reducing drug related harm?

We formed a very strong impression in our discussions that, particularly in relation to heroin and crack cocaine, Sussex Police and the prosecution and probation services have developed a sophisticated and balanced strategy for dealing with those drug markets and the personal possession and use of those drugs in the city. The targeting of arrests and prosecution of heroin and crack cocaine drug users, the assessment and successful diversion of arrestees into treatment, and the gathering of intelligence and targeted intervention in local drug markets, all seem to be encouragingly based on careful analysis and strategic planning.

However, the reality is that the criminal justice agencies have not been able to create the circumstances where the availability of illegal drugs to potential users has been stifled, and there continues to be a small but active cohort of drug users who continue to commit crimes to fund the purchase of drugs.

We also noted that this intelligence led approach did not seem to be extended to a comprehensive response to dealing with the whole range of drug markets and related harms. We do suggest therefore that there is more work to do, to extend the intelligence led approach, using the structured collation and analysis of real time information, from a range of sources, to inform the police and partnership responses to dealing with other drug related harms in the city.

What We Found

The illicit drug market in the city is diverse, well established and constantly evolving. There is a significant and long standing market for heroin, cocaine and cannabis; a large nighttime economy in which the use of club drugs such as ecstasy and ketamine G is common; and a more recent diversification into a wide range of new psychoactive substances – some of which (such as mephedrone) are illegal, while others, including a range of synthetic cannabis products remain outside of the drug control regulations. Different sections of this market are controlled in different ways by a wide array of supply sources, from self-supply by individuals growing their own cannabis, to social networks of small scale supply amongst friends, to organised groups of dealers who trade larger amounts, many of whose business is controlled from outside the city.

In the year [2011/12], there were 760 arrests under the drug laws in the city. The breakdown of those arrests is:

- 66 people were arrested because they had either direct or indirect involvement in a supply of any class of drug
- 10 people were arrested for importation
- 2 people were arrested for obstruction under the Misuse of Drugs Act
- 179 people were arrested for possession of cannabis out of 682 recorded offences. What this means is that not all offences have led to arrests. Other offences have been dealt with in a number of different ways including charges, Fixed Penalty Notices, Cautions and Cannabis Warnings
- 180 people were arrested out of 655 offences of possession relating to other controlled drugs, not Cannabis
- A further 323 people were arrested out of a further 473 offences relating to supplying / producing and other related offences such as allowing premises to be used for the supply of drugs

We heard evidence that Sussex Police have a well developed intelligence based model for understanding the dynamics of the drug market for cocaine and heroin – what groups are bringing drugs into the city, how they are distributed, and the location and nature of retail markets – and targeting the most dangerous situations and groups. However, given the complexity and fast moving nature of the drug market in the city, and the continuing high demand, it is unsurprising that the law enforcement agencies have not been able to stop the flow of drugs to potential users, but we think that more could be achieved by applying this intelligence led model explicitly to the achievement of a more comprehensive set of objectives, including:

- the minimization of the role of organised crime groups from outside the city in the drug market
- the minimization of violence and intimidation associated with drug markets
- the closing down of particular drug markets that are of concern to local residents
- the reduction of health and social harms within families and to individuals from drug use
- the reduction of instances of dealing to young people

We particularly identified that the effectiveness of the intelligence led model which is the basis of police enforcement action could be further increased if Drugs Intelligence meetings were extended to include a wider range of partners (eg. housing providers) who are able to actively share real time information, and discuss its implications for strategic and operational responses.

We were impressed with what we heard about Operation Reduction, a police led initiative to identify those arrestees whose crimes were driven by their drug dependence, and to refer them into treatment services. This is an effective approach to reducing crime and reoffending, versions of which have been successfully implemented around the country, leading to lower rates of crimes such as burglary, robbery and shoplifting, as drug addicts are successfully treated, rather than continuing their drug use and offending.

Since 2008, Operation Reduction has dealt with a total of 540 cases, all of whom were prolific offenders who were assessed as being dependent on heroin or cocaine. 520 of these cases commenced a structured treatment programme, of whom just under half completed it successfully. In 5 years, therefore, Operation Reduction has turned 250 Brighton and Hove residents away from a life of addiction and crime, contributing to a downward trend in property crime across the city.

We did however note some inconsistency and a lack of coherence in sentencing outcomes. A reason for this may well be a variance in the level of expertise in drug matters and some remoteness from the wider partnership work to deal with drug related harm in the city. We recommend therefore, the urgent implementation of the new sentencing guidelines by the criminal justice agencies in particular.

Similarly, there seems to be some inconsistency in how different actors in the drug market – for example, users, dependent users, user-dealers, 'social' suppliers, suppliers for profit, and those controlling the market – are dealt with in prosecution and sentencing procedures. The new Sentencing Council guidelines on sentencing for drug offences provide a useful framework for a new and clarified approach in Brighton and Hove.

Possible Ways Forward

The intelligence based strategy of Sussex Police has been effective in allowing them to react to emerging threats and new dealing networks quickly and the principles which underpin Operation Reduction (the clarity with which treatment needs are met within a criminal justice approach) have also been proved to be effective. However, we think that this way of working could be broadened so as to give a more comprehensive (and constantly updated) map of the drug use and markets in the city (including cannabis use), the harms that they are causing, and the opportunities for targeted intervention to achieve a wider range of objectives. Police could work with local health and social service providers, and user groups, to build a fuller picture of local drug markets, and the harms that they cause in order to inform strategic and operational decisions. We propose a revised set of objectives for such an information collation discussion:

- To react more quickly to new dealing groups that are targeting Brighton and Hove consumers, particularly those introducing new substances, or who are engaged in violence and intimidation.
- To target enforcement action on the dealing groups and individuals who are causing the most harm, and on the drug markets that are of most concern to local residents.
- To target enforcement action, and tough punishments, on those dealers who sell drugs to minors for profit.
- To react quickly to drugs arriving on the market that may be particularly toxic, working with public health colleagues to issue warnings to potential users where necessary.
- To use the real time information emerging from this process to inform prevention, health and treatment strategies targeted at drug users.

Similarly, the current well established practice of criminal justice agencies identifying drug dependent offenders at arrest, or during prosecution and court processes, is effective and to be commended, but could be extended and made to be more efficient in diverting more drug dependent offenders into treatment earlier. At the moment, the referral mechanisms rely to a large degree on identifying prolific offenders with heroin or cocaine addictions, and using drug testing and court orders to coerce them into accepting treatment. A more comprehensive and consistent approach to offering diversion, at all stages of the criminal justice process, and at a younger age, would have a bigger impact on drug related crime.

We think that much better use could be made of these referral systems by trying to intervene earlier, creating systems for offering help to young people in the early stages of a criminal career and concentrating more on building offenders' motivation to want to engage with treatment and support. This latter aim can be greatly helped by the use of peer mentors and advisors who can encourage offenders to commit to changing their lifestyles. We heard from the user group representatives who gave evidence to the Commission a great deal of evidence about the positive and in many cases, the life changing effect, of peer mentors as part of an approach which responds to each drug user who has individual and specific needs to be met.

Those discussions extended to recording a high level of concern about the absence of

a clear treatment pathway for those who have dual diagnosis - mental health as well as substance misuse problems. Essentially, those users articulated great difficulty in overcoming the barriers to access and receive services.

Urgent attention is required therefore to 'make real' and clarify the services that we believe may well have been put in place for this vulnerable client group, but which appear to be not well known or remain inaccessible.

Recommendations:

1. **Sussex Police and the Community Safety Partnership should establish a standing intelligence and information sharing structure that collates real time information from multiple sources on local drug markets and emerging trends.**

2. **That the Community Safety Partnership create mechanisms for the information and analysis that comes out of this process to be used rapidly to inform tactical, strategic and operational planning decisions by the police, prevention and treatment services.**

3. **The effective principles of Operation Reduction (enforcement combined with diversion and treatment) should be extended beyond the focus on opiates and crack cocaine to include the wider range of drugs being used by adults and young people**

4. **The Surrey and Sussex Probation Trust should report to the Community Safety Partnership on the extent to which the new Liaison and Diversion and Health Hub arrangements are being targeted effectively, and achieve high retention and recovery rates. This should include advice on how peer support can be expanded and how to establish a comprehensive diversion strategy for the city.**

5. **That while the diversion strategy will work within legal frameworks already available under the Misuse of Drugs Act and utilize new Sentencing Council Guidelines, where this framework inhibits the effective implementation of the diversion strategy, then the national authorities should be made aware of the constraints.**

6. **Sussex Partnership Foundation NHS Trust should provide information to all partners, drug users and the public about the service capacity, processes and pathways available for those with dual diagnosis (mental health and substance misuse). The Director of Public Health should review this information and respond appropriately.**

Challenge 3: Are we doing enough to protect young people and to enable them to make informed decisions around their own drug use and involvement in drugs markets?

Estimates of levels of drug use amongst young people in Brighton and Hove, based on data from service providers or local surveys, suggests they are higher than the national average but, in tandem with national trends, have been on a downward trajectory during the last 10 years. The types of drugs typically used by young people continue to be cannabis, cocaine, MDMA, mephedrone, ketamine and a range of so-called legal highs, which are constantly changing. While we heard evidence that a wide range of illegal drugs were easily available to young people, it seems that a significant majority of them have never used illegal drugs, and most who did use, never moved beyond experimental or occasional use. There is, however, a core of regular and problematic users who need intervention and support. Young people who used substances tend to move between illegal drugs and alcohol. Alcohol is the biggest problem amongst young people which, it should be remembered is illegal for them, followed by cannabis.

What we found

Whilst there is a recent downward trend, levels of use, particularly among under 18s, remain of great concern. Evidence presented to the Commission from the annual Safe and Well at School Survey indicated that some of those who reported drug and alcohol use were doing so more harmfully, and at a younger age. This often appeared to be a result of wider family and community contexts and to have a negative impact on their physical and emotional health, leading to a breakdown of family relationships and friendship groups, leaving the young person more at risk. For example, substance misuse is associated with: truancy and school exclusion; a higher level of those not in Education, Employment or Training; homelessness; offending and vulnerability to violence and sexual exploitation.

The Commission hosted a discussion with a group of young Brighton and Hove residents, including young people whose families are or have been using drugs and the professionals that work with them. The discussions provided insights into the local drug scene, and into the risk and protective factors that influence decisions regarding drug use.

Three overriding messages were conveyed in these discussions:

- That a wide range of illegal drugs were easily available to young people in Brighton & Hove. All of the young people at our consultation agreed that they could purchase drugs 'with just one phone call' and that dealers provided access to a number of different drugs. Whilst acknowledging that the discussions were taking place with a group of young people who are involved to an extent in drug use, the idea that illegal drugs are more easily obtained than alcohol or tobacco [where under 18s have to get round sales restrictions and age barriers] is of grave concern.
- That, despite this ease of availability, a significant majority of young people growing up in Brighton and Hove have never used an illegal drug, and amongst those who have experimented, only a small proportion become regular users. These are reassuring statistics, indicating that most young people are already making healthy choices around drug use, despite the easy access to illicit drugs, and the presence of various forms of peer pressure.
- That the factors affecting young people's decisions regarding whether to use drugs -

and if they initiate drug use, whether they become regular or dependent users – were closely intertwined with the wider context of adolescence. Risk factors for those who go on to develop problematic drug use include family and emotional issues; the toleration of cannabis use in some families where there is open parental use; and experience of trauma, and difficulties at school or with the police, while protective factors include positive family and peer support networks; availability of activities which alleviate boredom; and access to specialist support and advice, and opportunities and activities that could make a difference in diverting young people from drug use, including the provision of free or affordable public transport so that they can access the wide range of sports and other facilities in the city.

Data from national surveys on young people's drug use reflects the situation in past years. However, we do have access to up to date treatment data: Brighton & Hove commissions annual, Safe and Well at Schools surveys across all secondary schools. This provides city wide information and individual school based information for the schools themselves to inform their school improvement planning processes.

We are now living in a period where new substances come and go on the market with rapidity, resulting in data being some way behind the situation on the street. Brighton and Hove, with its recreational party scene and night-time economy, is particularly susceptible to the rapid arrival of new and unknown substances that present a challenge to those designing health and education responses. Given the wide availability of drugs to young people, in a drug market and culture that is diverse and well established, it seems that the objective of totally preventing young people's access to illegal drugs must remain a remote and effectively unachievable objective. It is imperative, therefore, that local partners take seriously this rapidly evolving landscape and publicise real time 'early warning' mechanisms, to identify and track new trends, as part of their ongoing data gathering and planning processes.

Possible Ways Forward

Suggestions have been made in the previous section on how the police could deal with the availability of drugs. The focus should be the provision of credible information for young people on drugs and their risks, the strengthening of protective factors, and the ability to intervene quickly when an individual is showing signs of developing a problem.

1. Broadening Drug Education and Information Messages

The authorities have worked hard to limit the availability of drugs to young people, to educate and inform them on the risks, and to intervene quickly and effectively when problems are identified. There exists in Brighton and Hove a good range of young people's drug and general advice services that produce information and advice materials on drugs, their effects and risks. There is a broad based programme of drugs education delivered in the city's schools and a range of specialist youth advice services that can intervene early with individuals who are at risk of developing drug problems. Brighton & Hove's Healthy Schools Advisory Service provides teacher training, resources and support for the planning and delivery of effective drug, alcohol and tobacco education in schools. It works in partnership with the Youth Service and ru-ok? to support schools

to refer young people to targeted group work and specialist services. Most recently guidance and a flowchart have been developed for schools and youth services to support staff to respond effectively to drug and alcohol related incidents. With regard to Higher Education, the Commission has noted that in the past, the Universities provided information and advice around drug and alcohol use through Unisex, commissioned by the Primary Care Trust and universities to work across both sites. However, new commissioning arrangements have refocused resources and advice on contraception and sexual health.

We see the potential, however, for more targeted and 'real-time' drugs education and advice campaigns that inform young people about the rapidly changing range of drugs that are known to be circulating on the market in Brighton and Hove, and provides advice on the related risks and harms. This should use information from the 'early warning' mechanisms that are recommended in the previous section. Any work in this area would need to be very carefully designed and targeted, in order to avoid publicising and promoting new substances to potential new users. The Commission noted that when the local authority is aware of substances which are being used by young people, Ruok trigger an alert system that informs appropriate service providers. One outcome of this is that trigger also produces resources aimed at increasing awareness of the harms that can be caused. The Commission also noted that the Safe and Well at School Survey has also provided evidence that some parents provide substances to young people. It is important therefore that these parents are targeted more effectively with information which aims to discourage or cease their role in providing substances to young people.

2. Strengthening Protective Factors

This area of activity is largely outside the drug strategy itself, and contains no easy answers, but there is clear evidence that those whose drug use becomes problematic to themselves and those around them are predominantly experiencing some other form of personal problem or social marginalization: poverty, difficult family relationships, problems at school, or emotional or mental health issues. There is a clear lesson that preventing problematic drug use amongst young people has to start from an understanding of the multiple causes of the drug problem, with interventions that are not drug specific, but aim to tackle these broader problems. The authorities concerned with adolescent welfare in the city should have a target of reducing the number of young people with significant drug and/or alcohol problems, and should work together on an explicit strategy to strengthen protective factors, such as the provision of positive activities and role models, support to parents on how to deal with drug issues, and the quality of general support services for troubled young people. This supports the prevention strategy planning process that is now in place and the need for a single and streamlined pathway between the number of specialist services that work with adolescents. Those specialist services include those which seek to increase young people's access to education, training and employment, to prevent youth crime and first time entry to the criminal justice system, youth service for positive activities and targeted prevention to improve social, emotional and health life skills, teenage pregnancy and prevention for early pregnancies.

3. Intervening Early, and Maintaining Support

Most people with drug problems approach drug treatment services for help after many

years' experience of abuse; addiction; health and social problems or those who have specific learning difficulties. Much personal and family misery, and cost to society, could be prevented if it were possible to identify those at risk of developing significant drug problems during adolescence, and intervening with support services that are effective in diverting those individuals from a self-destructive path. This is, however, a difficult task, as most young drug users do not consider their use to be a problem, and are not yet ready to accept help. But it is clear that there are opportunities to intervene: those young people who appear in the care system or on risk registers; are arrested for minor offences or anti-social behaviour; or who are temporarily or permanently excluded from school whose parents are involved in using substances are prime targets for early intervention. Systems to assess these individuals' drug and/or alcohol use, and to intervene in ways that motivate them to avoid a worsening of their problems, should be strengthened.

An issue with the continuity of care for those young people who are receiving support from drug treatment services was identified. Quite appropriately, there are separate treatment services in the city, ensuring that young drug users receive age-specific care, and are not brought into contact with older users in adult services. However, there is a problem with transitions between these two systems when clients reach the age of 18. Work has began to address this issue however, embedding the new arrangements throughout the appropriate services is still required.

Recommendations:

1. **Drugs information and education should be embedded within the Health and Wellbeing agenda, and in particular should make use of the information arising from the 'real-time' information sharing mechanism referred to in the previous section.**
2. **Commissioners and service providers should respond to the need to invest in the strengthening of protective factors, in particular enabling young people to undertake activities that are alternatives to the problematic use of alcohol and drugs and reduce their sense of being marginalized. Affordable public transport was one plea expressed by young people.**
3. **There should be a coherent continuity of care between generic young peoples services and the specialist drug services, with service delivery reflecting emotional, as well as chronological, age within the context of a person centred approach and which also responds to the wider needs of the family where they impact on the wellbeing of the young person. This approach should include the promotion of a range of social media and electronic technology for accessing information and advice, together with an emphasis on attracting young people from minority groups and those in transition to adult services.**

Challenge 4: To what extent does the treatment system meet the treatment and recovery needs of the citizens of Brighton & Hove?

The system and services for treating drug dependence and related health and social problems in Brighton and Hove are well developed, and generally well regarded, having expanded considerably in the last 10 years. However, the system still faces significant challenges in terms of capacity, accessibility to the target population, the appropriateness of the range of services on offer, and the rapidly changing pattern of drug use in the city. Given the changes to the funding arrangements to these services that are in the process of being implemented, now is a good time for the newly constituted Health and Wellbeing Board (administered by Brighton and Hove City Council) to review the acknowledged successes of the current services, and address any areas for improvement or gaps. It is noted that there has been increasing pressure on treatment service budgets [the under 18s budget has been reduced by 59% between 2008-09 and 2012-13, for example], and it is important that the level of service provision is sustained and improved, if the positive impact on health and crime rates in the city is to continue.

What We Found

In the financial year 2011-12, 1,442 individuals [1,116 opiate and/or crack users (OCUs) and 326 non-opiate and crack users (non OCUs)] received specialist and structured treatment in the city. Of this total, 70% were male, the same proportion as for England as a whole. For OCUs 54% were over the age of 40 whereas for non-OCUs, 74% were under the age of 40 which illuminates the dual challenge of caring for an aging opiate using cohort, and a younger generation using a wider range of drugs. The most common primary drug of choice for the local treatment population was opiates, accounting for 77% of those in treatment [compared with 81% nationally], followed by cannabis at 9% [8% nationally] and crack at 4% [3% nationally]. The main sources of referral into treatment services in Brighton and Hove were self-referrals, at 54% [40% nationally]; and the criminal justice system, at 26% [22% nationally]. The main type of treatment intervention received was prescribing of opioid substitutes -for 68% of those in treatment [Apr-Oct 2012 data], compared with 49% nationally, followed by structured psychosocial interventions [12%]; structured day programmes [7%]; and residential rehabilitation [7%].

Approximately 200 individuals successfully completed drug treatment in 2011-12 and left the treatment system in a planned way, having overcome their dependency. This represented 12% of the total treatment population, which is lower than the national average (15%), but a figure that has shown an improving trend.

The members of the Safe in the City Partnership co-ordinate budgets of approximately £5.24 million to fund the drug treatment system and are constantly reviewing strategies and expenditures in order to develop an accessible, high quality and cost-effective services.

The core of these services consist of:

- Open access/drop in clinics for initial assessment, allocation of a care co-ordinator, and referral on to the most appropriate service. These clinics also offer harm reduction services such as needle exchange, blood borne virus testing and vaccinations, and take home naloxone, as well as support for families/carers of people with drug and alcohol issues.

- Formal support to address alcohol and substance misuse issues e.g. counselling/ psychosocial interventions; specific support to people in the criminal justice system because of their substance misuse; and specific support to substance misusing parents.
- Substitute prescribing and associated supervised consumption.
- Detoxification support available both in the community and in specialist inpatient unit.
- Residential rehabilitation services available in Brighton and Hove
- A new focus on commissioning aftercare/ follow on services available to people after they successfully complete treatment to support them to continue their recovery and to reduce the risk of relapse.

In recent years, these services have made a contribution to the decline in acquisitive crime in Brighton and Hove, which has reduced year on year since 2006, as well as to the containment of blood borne viruses such as HIV and hepatitis. They have also helped many Brighton and Hove residents tackle their drug use and thereby become better family members and neighbours, as well as more positive members of the community.

However, the Commission also heard about several challenges facing the treatment system that need to be confronted:

Accessibility:
The Commission received evidence that some individuals and families who could benefit from treatment services found it hard to get access to the right service at the right time. There also appears to be room for improvement in the ability of services to attract people from the LGBT and BME communities, and those with a disability. In a previous section the reluctance of young people, in particular to make use of 'adult' drug treatment services that seem to be designed for older users of heroin and crack was explored, but there are also problems caused by limited opening times, and occasionally the perceived unwelcoming and bureaucratic nature of some services.
We believe specific attention should be given, within the broad area of complex needs, to the access to services of those people experiencing dual diagnosis [defined by the DoH (2002) as "severe mental health problems and problematic substance misuse"]. There appears to be evidence of mental health assessments being unavailable for people presenting with symptoms of drug or alcohol intoxication, detracting from the provision of a sound clinical care pathway. There would appear to be a need for greater capacity, in part via the provision of training and education of the workforce, to provide timely and skilled person-centred assessments of people with a dual diagnosis, including those people using drugs and alcohol as self-medication for mental health problems. No services in the city should operate a policy of turning clients away because they do not fit criteria around mental health diagnosis, or patterns of substance misuse.

Recovery Rates:
One of the key achievements of a drug treatment system is to help individuals to overcome their dependency and live an independent life. This is why successful exits from the treatment system are an important indicator. For the system to remain sustainable, the number of successful exits from the treatment system must keep pace with the number of new clients registered. If too many clients are retained in the specialist

services for too long, the system will become log-jammed. The Health and Wellbeing Board needs to find ways to increase the numbers successfully treated each year and support their recovery in order to prevent relapses and a return to dependence, both on drugs and on the treatment system.

Changing Patterns of Use:

The treatment system in Brighton & Hove, in line with national policy, was developed in order to meet the needs of heroin and crack users, which were the priority ten years ago. There still exists a significant, and ageing, group of drug users with these characteristics who need continued support. However the pattern of drug use in the city has been changing, with younger users more likely to be experiencing problems with alcohol, cannabis and a range of legal and illegal new psychoactive substances. The challenge to the commissioners and managers of treatment services in Brighton & Hove is to refine the services offered to meet a more diverse range of needs, at a time when the overall resources available are at best stable, and likely to be declining. It was recommended earlier in this report the strengthening of mechanisms to collate real time information on the changing drug scene – this information should also be used to inform treatment strategy. The setting up of a committee – The Emerging Trends and New Psychoactive Substances Group – in December 2012 and the planned introduction by service providers of an evening clinic targeting problematic recreational drug users, who are often in day time employment, are welcome steps in this direction.

Possible Ways Forward

The treatment system in Brighton and Hove is subject to constant review of needs, resources and service provision by the Joint Commissioning Group, which reports to the Safe in the City Partnership. Our Commission does not want to replicate or undermine the excellent work of the members of that partnership, but we do think that they should address the following key questions as they review the treatment system through 2013, in the context of the establishment of the city's Health and Wellbeing Board:

- Are there adjustments that can be made to the operation of services (for example outreach, opening times, motivational enhancement, or improved 'customer service') that can attract those drug users who do not currently use services, or who drop out through lack of engagement?

- How can the services be reformed so as to produce a higher number of clients each year who leave structured treatment services in recovery and capable of leading independent lives? How can this trend be harnessed to create a 'recovery culture' across all services and communities in the city?

- How can the treatment system be made more appropriate to the needs of younger users, and those developing dependence with a wider range of substances than just heroin and cocaine?

There are well established mechanisms for the authorities in Brighton & Hove to conduct consultations with current users of services, family members of people with drug issues, young people, and drug users in the city who do not currently access services. We suggest that these structures are used to conduct an open conversation on the options for addressing the above questions.

Recommendations:

1. Public Health should identify and recognise the diversity of people in the city who require access to drug information, advice and treatment services and for whom the current service offers are not sufficiently attractive.

2. Public Health as the lead for the re-tendering of services during 2013 - 2014, should ensure that the service specifications used in that process enable the following developments:
   - New ways of providing information and advice about risks and access to services are put in place which meet the needs of the diverse and hard to reach population; arrangements may include facilities for on line assessment and advice, provision within mainstream GP and other generic service settings
   - That professional and academic bodies in the city include within their educational curriculum, some training which will enable the medical, health, social care and teaching workforce in the city to identify and skillfully respond to the needs of the city's population who are at risk of and/or are using drugs
   - The development of a city wide recovery culture is promoted and embedded throughout the treatment system, and related settings. To facilitate this process, specific support is given to services and groups who are developing structures for those in recovery to provide mutual support to each other, and also social, housing and employment opportunities.
   - The re-orientation of the treatment system to meet the needs of the 18-25 age groups, and other under-represented and minority groups
   - That services are responsive to the changing patters of drug use, with the flexibility to respond to new intelligence written into service contracts.

3. The access needs of individuals with a dual diagnosis should be urgently addressed, supported by the availability of well trained and person-centred staff able to provide combined mental health and substance misuse assessments.

4. The current forums for service user and carer consultation will significantly assist implementing the recommendations in this section. However, a review of the support needs for forum members should be undertaken, particularly to address and avoid the over-reliance on specific individuals, and putting in place arrangements which draw on wider support networks such as Recovery Champions and Peer Mentors.