

Cumbria Drug and Alcohol Action Team

A Report by the Chief Constable

Summary

This paper aims to provide an update on developments within the drug and alcohol team arena. It provides a picture of Constabulary activity.

Recommendation

That the Authority note the report.

Detail

Please see attached report.

**Michael Baxter
Chief Constable**

Cumbria Drug and Alcohol Action Team

Introduction

Cumbria Drug and Alcohol Action Team (DAAT) is the strategic partnership responsible for the implementation of the National Drug Strategy in Cumbria.

The vision of the Cumbria DAAT is to:

“work through partnership to reduce the harm caused by drug and alcohol use. By doing so, we aim to produce safer and healthier communities.”

Collectively the partnership delivers against the aims of the National Drug Strategy locally, using both specific grants and budgets from national government and the mainstream resources of its partner agencies.

Governmental oversight is provided through the National Treatment Agency under the Department of Health and from the regional Drug Strategy Directorate under the Home Office. DAAT activity is examined by these bodies on a quarterly basis and is currently reported to be good, by comparison to other DAATs within the region.

The DAAT partnership is constituted from the following member organisations:

Connexions Cumbria

Crime and Disorder Reduction Partnerships

Cumbria Constabulary

Cumbria County Council

Cumbria Youth Offending Service

HM Prison Service

Sub-Regional Housing Forum

National Probation Service Cumbria Area Board

North Cumbria and Morecambe Bay Primary Care Trusts

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Cumbrian Drug Overview

The data below is sourced from the range of agencies that constitute the DAAT and provides an overview of the issues that the DAAT is required to handle. Information like this, which is regularly updated, provides the direction for the allocation of resources and the setting of priorities.

High Harm Drug Users

- The number of high harm drug users in Cumbria is estimated to be around 2,300¹
- This is between 11 and 15 out of every 1,000 residents in the 15-44 age group
- During 2005 there was an average of approximately 1,120 people accessing structured drug treatment at any one time
- Reports for clients accessing shared care (drug treatment delivered in partnership with General Practitioners) show the following drug usage in previous twelve months²:
 - Heroin 67%
 - Cannabis 8%
 - Benzodiazepines and Diazepam 6.5%
 - Amphetamine 6/5,
 - Cocaine 6%
 - Crack Cocaine 2%

Children and Young People

- The number of children (under 16) of high harm drug users is estimated at approximately 3,000. National evidence shows that the outcomes for these children are very poor³
- By year 10 (age 15) 58.5% of children in Cumbria report drinking alcohol in the last 7 days⁴
- By year 10 29% of children in Cumbria report having used an illegal drug, with 17% having used an illegal drug in the last month
- By year 8 (age 13) 28% of children in Cumbria report knowing a drug user

DAAT Strategy

¹ The estimate produced for Cumbria by Glasgow University on behalf of the Home Office was of 2, 217, based on 2004 data with a 95% confidence interval. Based on comparisons with other county DAATs we have adjusted this to 2, 300

² Shared Care Audit 2005

³ Governments Advisory Council on the Misuse of Drugs 'Hidden Harm' Report 2004

⁴ Exeter University, Health Related Behaviour Survey conducted in Cumbria 2003

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On May 25th 2006, the DAAT launched its first comprehensive strategy; a two year plan which aims to bind together both local and national agendas and facilitate a co-ordinated approach in addressing drug misuse under one vision.

Following the National Drug Strategy, the Cumbria DAAT strategy has the aims set out below:

Aim one:

Reduce access to illicit substances in every district in Cumbria.

Aim two:

Improve the life chances of children, young people and families by reducing the harmful impact of substance misuse

Aim three:

Promote social inclusion by reducing the negative impact of substance misuse

Aim four:

Promote the wellbeing of high harm drug users by providing effective services

Aim five:

Ensure that the DAAT Partners discharge their responsibilities effectively

There is acknowledgement that within these themes there have been successes for which the DAAT can take some credit. These are identified in the strategy as:

Reducing Supply

Cumbria Constabulary's continued enforcement activity brings Class A drug suppliers to justice. The use of confiscation orders to recover proceeds from drug supply tackles the profit associated with drug dealing activity. Development of safer drinking campaigns through Crime and Disorder Reduction Partnerships including Nightsafe and Servewise, have helped to reduce the amount of problem drinking.

Children, young people and families

The DAAT has commissioned a range of education and targeted prevention services, and scores green on the national performance measures for Healthy Schools and the

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Youth Offending Service. The DAAT has commissioned a parent/carer support service and a 24 hour free-phone helpline, to assist those who may be affected as families. Since 2004, over 700 professionals working with children and young people have received substance misuse training. Cumbria DAAT scored green in October for the number of young people accessing structured treatment services for the first time. This is largely due to the development of the Straightline service, which is currently administered by CADAS. Cumbria DAAT has also commissioned and joint funded research and pilot projects to address the harm caused to children of problem drug users.

Communities

Closer partnership working with education, training and housing providers, help to develop a clear social inclusion approach to drug misuse, and complements enforcement activity. Closer partnership working with CDRPs throughout their structures, including their drug and alcohol task groups, assist this process and contribute to reducing anti-social behaviour and crime. The development of the Drug Intervention Programme and contributions to the Prolific and Priority Offender Strategy

Work are further examples of holistic approaches to drug misuse. This is being furthered by DAAT engagement with planning for the Safer and Stronger Communities Agreement.

Treatment Services

The number of people accessing treatment continues to grow and exceed previous targets. New combined drug and alcohol centres, which bring together a range of services, have opened in Carlisle, Penrith and Kendal with Barrow due to open in April 2006. New services including structured day care and the drug intervention programme for offenders have been introduced. The engagement of General Practitioners and Pharmacists in substance misuse treatment is amongst the highest in the region.

Future activity

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Activity for the DAAT under these themes for the next two years includes a significant and demanding range of planned activity. An exhaustive list follows, and further information about these plans can be obtained from HQ Partnerships Department.

Reducing Supply

- Developing and continuing community responses through Crime and Disorder Reduction Partnerships and the Safer, Stronger Communities Thematic Partnership
- Increase participation in safer drinking schemes
- Ensuring effective responses to substance related incidents in schools
- Target drug related criminality causing most harm in local communities by focussing on levels of repeat offending amongst drug misusing offenders. Part of this approach will involve Area Joint Agency Groups tackling Prolific and other Priority offenders.
- Focus police activity on drug related offending that affects the quality of life for local residents, and enhance community reassurance.
- Engage with communities via local policing teams so that a problem solving approach can be adopted regarding drug supply including ensuring that communities are aware of any enforcement activity that has taken place
- Utilise the Anti-Social Behaviour Act 2003 to close down premises that are causing serious nuisance or disorder to the public

Children, Young People and Families

- Work with the Children and Young Peoples Board to integrate substance misuse planning and delivery within mainstream services, and build capacity and competence in the workforce
- Work through the Safeguarding Board to improve outcomes for children of problem drug users through improved service delivery
- Support key developments in children's services including the implementation of the Common Assessment Framework and Information Sharing
- Contribute to multi-agency work taking place on data collection and analysis of young people from minority groups accessing services
- Support the delivery of mainstream Children's Services which promote protective factors and reduce risk factors linked to reducing problem drug and alcohol use, including promoting educational attainment and participation

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- Support DAAT partner agencies in achieving their own relevant targets, e.g. the Youth Offending Service in meeting Youth Justice Board substance misuse targets
- Continue to support the delivery of universal drug and alcohol education and prevention services by supporting Cumbria Healthy Schools
- Work with partners to ensure that children more vulnerable to substance misuse receive appropriate targeted interventions.
- Continue to develop the Straightline Service so that it is able to deliver a full range of child focussed treatment interventions for children and young people with high drug related need
- Support activities which reduce young peoples offending through the Youth Offending Service, Prevent and Deter and "Prison Me No Way"

Communities

- Work with the Safer, Stronger Communities Thematic Partnership, and related sub-groups including the County Operational Joint Agency Group
- Develop new approaches to engaging high harm drug users in education and training, in partnership with key agencies including the Learning and Skills Council
- Develop a new joint accommodation plan with Supporting People and the Cumbria Sub-Regional Housing Forum
- Continue to engage high harm drug users involved in the criminal justice system through the Drug Intervention Programme
- Continue to support targeted work with the most Prolific and other Priority Offenders who are high harm drug users
- Support education and training programmes delivered in Haverigg and other Prison establishments

Treatment

- Increase capacity within treatment service to ensure: equitable access into prescribing and detoxification services, leading to reduced waiting times and effective service delivery
- Develop tier two harm reduction services providing vaccination and screening services, treatment of injecting sites and access into appropriate support services including tier three treatment services

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- Continue to develop effective links between drug treatment and primary and secondary healthcare services, including mental health, blood borne virus, sexual health, dentistry and maternity services
- Continue to develop shared care arrangements with General Practitioners and enhance the delivery of substance misuse related services by community pharmacists
- Development of partnership arrangements that ensure access for substance misusers into appropriate support services during and following treatment e.g. housing, employment, aftercare
- Development of drug related deaths reporting system that ensures that lessons are learnt and problems are identified quickly to reduce the number of future deaths
- Further develop the ability of treatment services to respond to stimulant, tranquiliser and other non-opiate drug use
- Further develop the ability of treatment services to respond to diversity, including gender based services where appropriate
- Further develop wrap around and aftercare services which support people who have achieved and wish to maintain abstinence
- Promote effective treatment services including PASRO delivered within prisons and ensure good linkages into community services

Treatment Plans

Comprehensive treatment plans for both adult services and young people's services have been created with activity relating to national targets, partnership performance expectations and funding capacity. Cumbria DAAT have worked closely with providers to identify what needed to be introduced to both reduce waiting times and ensure the delivery of an effective system that provides service users with the opportunity to move rapidly into a treatment programme, be provided with an effective treatment system and allows/encourages them to move out of treatment when ready.

Negotiations to create the treatment plan had to ensure that service providers are in a position to accommodate increasing demands on their services through the provision of adequate staffing levels and improved operational systems. It was also deemed important that services were in a position to support service users to work towards independence and reintegration back into their community, safely in the

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knowledge that, should it be necessary, they can immediately re enter a high level of service.

Areas of particular concern were around prescribing services and inpatient detoxification, where waiting times were significantly higher than the national target.

Ongoing work includes a review of caseloads, systems and data -capture, storage and reporting. The revised systems will be working towards increasing opportunities for detoxification; successful discharge; a reduction of observed consumption, as part of an agreed care plan; and a reduction of Benzodiazepine prescribing.

Assessment of the DAAT

DAAT activity centres on the twin poles of treatment for those who take controlled drugs and enforcement activity. The focus of pooled funding is on the treatment element of this work and the re-organisation of NHS trusts and treatment services has led to disruption in this work. Criminal Justice activity directed through the Criminal Justice Board and the implementation of a Local Area Agreement for Cumbria from April 2007 will focus greater attention on the need for action to address the harm caused particularly by high end drug abusers, who commit multiple offences.