

Telford and Wrekin Drug and Alcohol Strategy

2014/15 – 2016/17



Telford & Wrekin
COUNCIL



VERSION: DRAFT FOR HEALTH & WELLBEING BOARD
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Acknowledgements

Thank you to all the stakeholders, partners, service users and volunteers who have contributed to the development of this strategy and action plan.

Foreword

The Telford and Wrekin Drug and Alcohol Strategy sets out the vision, aims and objectives to deliver against the Cooperative Council's priority to improve health and reduce inequalities and Health & Wellbeing Board's specific priority to reduce the number of people who misuse drugs and alcohol. The strategy identifies what we need to do to;

- **reduce the demand** for drugs and alcohol and **reduce the risk** amongst young people and adults by raising awareness and changing behaviour
- **restrict the supply** of drugs and alcohol and the effect on crime and community safety, through the criminal justice system, night time economy work, enforcement, trading standards and licensing
- **build recovery** through high-quality treatment and recovery services, with a crucial focus on support for recovery and aftercare and by **reducing harm** from blood-borne viruses and harm which can be hidden in families

It is clear we need to transform our services so they are responsive and based on sound evidence of local need. We recognise that we need to improve our understanding and use of data to ensure we have a flexible, intelligence-led response to our local challenges and to have a person-centred approach.

Ensuring value for money going forward is essential and we will review investment in the local programmes to demonstrate cost-effectiveness and also look at the wider investment made by partners who contribute to the agenda.

Our partners are critical to us in realising our vision, they are wide ranging and include core Community Safety partners such as the Police, the Probation Service, the Police and Crime Commissioner, service providers and numerous voluntary and third sector organisations. We need to collaborate with a broader range of partners too for example statutory and non statutory education providers. Efficient and effective strategic leadership and governance across the partnership will ensure joined-up planning, implementation and monitoring of the strategy. We recognise that monitoring our progress and improvement in outcomes will be key. Listening to our service users is fundamental to our success and the aftercare service is pivotal in ensuring ongoing meaningful engagement with people.

Telford and Wrekin Council is committed to working with partners to make a real difference by reducing risk and highlighting the harm that substance and alcohol misuse causes to young people, vulnerable adults and families who live with dependency problems in our communities. We need to make sure the right help is available to people when, where and if they need it and enable and empower people to seek the help they need and support them, through mutual aid wherever possible.

Our Vision

“Our vision is to reduce the harms caused by drug and/or alcohol misuse and make Telford and Wrekin a safer and healthier place where less substances (drugs and alcohol) are consumed and where our service providers and partners are confident and well-equipped to handle challenging patterns of behaviour supporting recovery and change.”

1. Background

The misuse of drugs and/or alcohol in our society undermines family and community life. Alcohol problems are widespread but drug addiction is concentrated. Problematic drug users have a dependency on a substance which negatively affects their lives and those around them. People dependent on drugs and/or alcohol can experience a range of emotional and physical health issues as well as social, financial, and legal problems as a result of their drug and/or alcohol misuse.

Substance misuse has a devastating and often a disproportionate effect on the most vulnerable in our society. There can be wide negative social impacts as drug and alcohol misuse contributes dramatically to the volume of anti-social behaviour, acquisitive and violent crime, domestic abuse, road traffic accidents, unemployment, and homelessness.

For the children of families where substance misuse is prevalent, there maybe some degree of associated child neglect and emotional abuse. As drug misuse often involves complex situations, it requires integrated, joined-up solutions across a wide range of partner organisations including: the NHS, council services, police, probation, voluntary and community services.

Key national headlines on the burden of drug misuse:

- An estimated 1.2 million people are affected by drug addiction in their families, with 299,000 heroin and crack users in England and 40% of prisoners having used heroin.
- There are 1,600 drug-related deaths in England every year and deaths involving prescription medicines and ‘club drugs’ are rising
- 1 in 3 adults have taken drugs at some point during their lives, 1 in 20 adults use drugs frequently and 1 in 10 adults have used drugs recently
- The parents of between 250,000 - 350,000 UK children are problem drug users
- Parental drug use is a risk factor in 29% of all serious case reviews.
- Overall costs of drug misuse to society is £15.4 billion every year, including costs of crime, healthcare and looking after children who have been taken into care
- Cost of deaths related to drugs in 2011 equated to £2.4 billion
- A person addicted to drugs and not in treatments costs £26,074 per year in crime, drug misuse costs the NHS £488 million per year
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- The annual cost of looking after the children of drug misusing parents is £42.5 million
- Every £1 spent on drug treatment saves £2.50 in costs to the NHS and Police

Source: Public Health England

2. National Strategy Context

2.1. The Government's National Drug Strategy

The Government's National Drug Strategy 2010¹ aims to reduce illicit and other harmful drug use, such as over the counter medicines or 'legal highs'. A key theme is a greater emphasis on recovery from dependence. The vision will be achieved through:

- **Reducing demand** by creating an environment where people who have never taken drugs continue to resist any pressures to do so. Helping divert them away from risky behaviours such as drug use, drug dependent adults committing crimes and breaking inter-generational cycles of dependence.
- **Restricting supply** through tackling drug trafficking and drug dealing. The police and other agencies disrupt the drugs trade by targeting activity along the entire supply chain, from organised crime groups that import drugs from source to the dealers that sell drugs in our communities. The emergence of new psychoactive substances (NPS), or so-called "legal highs"
- **Building recovery** in communities to support people who wish to tackle their dependency on drugs and/or alcohol and achieve lives free from drug and/or alcohol dependence. This requires a step change in drug treatment which promotes recovery through quick access to high quality, effective recovery-orientated treatment services including mutual aid.

2.2. The Government's Alcohol Strategy

The Government's Alcohol Strategy² sets out proposals to tackle binge drinking, reduce alcohol-related violence and reduce the numbers drinking to harmful levels. This is proposed via a combination of national and local actions. It was proposed that national action would focus on reducing the availability of cheap alcohol to reduce consumption through use of taxation, imposing a minimum unit price for alcohol and banning the sale of multi-buy alcohol discounting. However, this has not yet been implemented by the Government. Local action is expected through: support for population-based campaigns, the provision of dedicated funding for alcohol services and through greater power in the administering of licensed premises.

2.3. The Role of Public Health England (PHE)

From April 2013 the National Treatment Agency for Substance Misuse, formerly in place to improve the availability, capacity and effectiveness of drug treatment, became part of Public Health England (PHE). PHE continue to ensure that drug and alcohol services in England deliver on both the public health and criminal justice agendas, reflecting the interests of the Department of Health, the NHS, public health, and the Home Office. PHE Centres provide support to local areas, through high quality information and intelligence, professional expertise, bespoke support and sharing evidence of best practice.

Public Health England recommends the following key things which need to be done to reduce alcohol-related harm:

- Improve awareness of alcohol harms in young people and delay first use
- Make lower risk drinking for adults the norm and an easy choice to make
- Target those most at risk
- Respond to and reduce the harm to those who have developed problems

Public Health England recommends the following key things which need to be done to reduce drug-related harm:

- Encourage protective factors that support young people's resilience
- Provide packages of support – treatment, housing, employment, positive social networks, to help people recover and rebuild families and communities
- Treat the growing numbers of older drug users, many of whom have serious addiction and health problems
- Provide information and advice on safer injecting practices and interventions to reduce injecting, testing for blood-borne viruses and vaccinations and care pathways for those infected
- Develop effective interventions for the harms of emerging drugs such as new psychoactive substances or so-called “legal highs”
- Help people who are addicted to medicines (i.e. prescription only and over the counter medicines)

2.4. Local Authority Public Health Responsibilities

From April 2013 local authorities received a ring-fenced Public Health Grant to undertake local public health activities, including alcohol and drug prevention and treatment services. Nationally, the substance misuse contribution of the overall Public Health Grant represents a third of the total budget.

3. Local strategy context

3.1. Strategy and partnership overview

This strategy has clear, strong links across the Telford & Wrekin Council priorities³. The Telford & Wrekin Health & Wellbeing Board, formally established in April 2013, aims to drive improvement in and closer working across health and care services. The Health & Wellbeing Strategy⁴ is in place to improve the health and wellbeing of our community and reduce inequalities. Reducing the numbers of people who misuse drugs and alcohol is one of the Board's ten priorities. This strategy will embed the Health & Wellbeing Board principles as follows:

- **Equity:** by reducing inequalities through targeting the hard to reach and by tackling hidden harm in families
- **Accessibility:** by increasing the numbers receiving treatment and support and improving communication and awareness of services across all stakeholders
- **Integration:** by joining up pathways across service providers and settings and strengthening our partnership work across the Community Safety Partnership with local registered social landlords and third sector organisations

- **Quality:** by reviewing our pathways to ensure they are evidence-based and in line with NICE and Public Health England guidance
- **Engagement:** by continuing to routinely involve service users through the Telford Aftercare Team, strengthening clinical engagement with our GPs and hospital services and a wider range of professionals
- **Financial sustainability:** by reviewing and benchmarking our investment and demonstrate cost effectiveness ensuring value for money
- **User satisfaction:** by involving and listening to our clients and users and their families through after care following treatment
- **Early intervention and prevention:** by comprehensively delivering the objectives and actions associated with the reducing risk and demand
- **Safeguarding:** by reviewing our policies and procedures in line with national guidelines and investigating and responding to hidden harm in families

3.2. Links with wider partnership and local strategies

Our strategy has key links with wider partnership and local strategies including:

- Warwickshire and West Mercia Police Drug and Alcohol Strategies
- Central England Trading Standards Authorities (CEnTSA) Control Strategy
- Community Safety Plan
- Integrated Offender Management (IOM) Plan
- Early Help Offer
- Homelessness Strategy
- Domestic Abuse Strategy
- Corporate Parenting Strategy
- Prevent and through care strategy

3.3. Telford and Wrekin Drugs and Alcohol Action Team (DAAT) Board

A cohesive partnership approach is essential to the successful delivery of our strategy. The Telford and Wrekin DAAT Board provides a platform for key stakeholders to discuss local issues and agree actions. Members of the Board comprise of various agencies and partners including: Public Health England, West Mercia Police, Shropshire Fire and Rescue Service, Police and Crime Commissioner, the Probation Service, the Clinical Commissioning Group and various service delivery areas within the local authority including: Family and Cohesion services, Safeguarding, Adult Care and Support, Public Health and Public Protection. There are key links with the leads and organisations who provide our local services, including: the Council's in-house Drug and Alcohol Service (DARs), Impact, Nacro and TACT - Telford Aftercare Team

4. The local picture of alcohol and drug misuse and harm

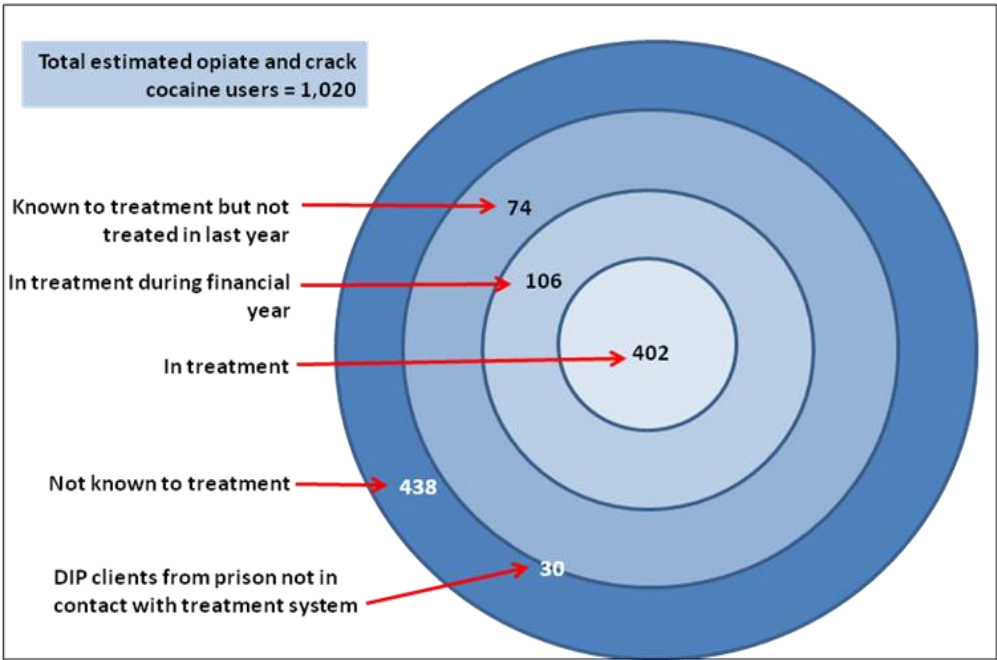
4.1. Opiate and Crack Cocaine use

Opiate and crack cocaine users are classified as problematic drug users given: the high dependency associated with these substances, the wider social and health impact of this type of dependency and the challenges linked with ensuring effective recovery in comparison with other substances.

The key headlines for opiate and crack cocaine use in Telford and Wrekin are as follows:

- National estimates⁵ suggest Telford and Wrekin has circa 1,020 opiate and crack cocaine users, the modelling includes a range estimating 911 users at the lower end with up to 1,080 users at the higher end
- Trends indicate that the numbers of opiate and crack cocaine users estimated in Telford and Wrekin increased from 943 in 2008/09 and 1,012 in 2009/10
- The estimated prevalence rate of opiate and crack cocaine use in Telford and Wrekin was 9.52 per 1,000 population which is not significantly different to the England average (8.67 per 1,000)
- Estimates of levels of engagement with the treatment system are shown Figure 1. At the end of March 2013 there were 402 opiate and crack cocaine users in treatment and a further 106 users had been treated⁶ during the year, 74 users were known to treatment services but did not engage in treatment.
- Almost half 49.8% (508) of the total heroin and crack using population locally were in effective treatment during 2012/13. Therefore an estimated 438 opiate and crack cocaine users (43%) were not known to local treatment services. NB This engagement level is in line with national treatment penetration figures.
- Thirty opiate and crack cocaine users who were in contact with the criminal justice drugs intervention programme (DIP) were not known to the treatment services
- In 2012/13 white men aged between 35-64 years with an opiate dependency and a history of injecting were the largest group of drug users accessing treatment
- A third (33%) of our opiate users have been in treatment for over 6 years in comparison to a national rate of 22%. In contrast 75% of non opiate users have been in treatment for under 1 year
- The main factors associated with preventing recovery include: mental health issues, unemployment (which is a dominating factor) and housing issues

Figure 1 Opiate and Crack Cocaine Drug Users in Telford and Wrekin (20012/13)



Source: National Drug Treatment Management System (NDTMS) Annual Report Bulls Eye Data report (2012/13)

4.2. Misuse of non-opiate drugs

- The highest rates of treatment for young people are for cannabis misuse (47% of all treatments for people under 25 years)
- There is an increasing trend of mephedrone (M-CAT) use with 97% of new clients over 18 years in 2012/13 who regularly use club drugs citing use
- In our local treatment system there has been a marked improvement in non-opiate completions
- In 2012/13 99 people with non-opiate drug misuse issues successfully completed treatment, 37% of clients abstained from cannabis, 60% clients abstained from crack and 89% clients abstained from amphetamines. Our abstinence rates for non-opiate use are better than the national averages

4.3. A picture of alcohol consumption and harm

- In Telford and Wrekin it is estimated that:
 - 24,265 people (18.7% of adults) are binge drinkers (i.e. consume more than 8 units per session for males and 6 units for females), this is similar to the national average of 19.8%
 - 33,997 people (26% of adults) are higher or increasing risk drinkers (i.e. regularly drinking more than 4 units per day for men and 3 units per day for women), this is similar to the national average of 27%
 - 4,151 are dependent drinkers (i.e. those with sustained alcohol consumption above the weekly recommended guidelines means they will be experiencing some form of dependency)
- In terms of hospital admissions:
 - Approximately 440 people admitted to hospital each year with alcohol-specific conditions, i.e. is their admission a direct result of alcohol consumption, 68% of these are males and circa 56 are children and young people under 18 years
 - In 2010/11 the alcohol specific-hospital admission rates for both men and women were significantly better than the national average for England
 - Trends for the five year period 2006/07 to 2010/11 indicate that admission rates for alcohol-specific conditions in both men and women decreased
 - There were circa 3,370 hospital admissions due to alcohol-related conditions in 2011/12. The rate of alcohol-related hospital admissions was better (lower) than the national average in 2010/11 and 2011/12
 - There was however a year-on-year increase in alcohol-related admissions between 2009/10 and 2011/12 increasing from 2,460 in 2009/10 to 3,370 in 2011/12

Key headlines for those receiving alcohol treatment services are:

- In 2012/13 497 adults received local alcohol treatment services, just over half (58%) were new treatment starters:
 - 40% were classed as high risk drinkers (i.e. consuming over 600 units per month), compared to 36% of alcohol treatment clients nationally

- 46% of clients were unemployed at the start of treatment (compared to 39% nationally)
- 19% clients also received drug treatment services (compared to 21% nationally)
- 10% of clients had a housing issue at the start of their treatment
- 13% of clients had an unrelated mental health issue (which is lower than the national average proportion of 21%)

4.4. The picture of hidden harm

Problem drug and/or alcohol misuse by parents and within families can cause serious harm to children and adults. Hidden harm usually refers to a group of drug or alcohol users who have parental responsibility where their problem drug use has potential effects on their children. In Telford and Wrekin it is widely acknowledged that parental problem drug and alcohol causes serious harm to children at every age from conception through to adulthood. This strategy also recognises that hidden harm relates to wider hidden populations within families such as older people, BME groups, carers, friends.

In 2007 an extensive piece of work was undertaken on hidden harm locally. Since then improvements have been made through collaboration between children's services and those statutory and voluntary agencies working with the parents. Assessments are done jointly and support plans for children and families, plans monitored and delivered through the use of Team Around the Child or Child Protection processes. During 2011/12 278 (42%) drug treatment service clients were recorded as living with children. Further work is needed to understand the current scope and scale of hidden harm in order to review how well we are meeting the needs of our most vulnerable and complex families.

4.5. A wider picture of risk and harm

Infections amongst People Who Inject Drugs

People who inject drugs (PWID) are vulnerable to a wide range of bacterial and viral infections that can result in illness and death. The key messages nationally⁷ are:

- Needle and syringe sharing is lower than a decade ago however one in seven of people who inject psychoactive drugs continue to share needles and syringes.
- Infections remain common: 49% of people who inject psychoactive drugs have been infected with Hepatitis C; around one in every 100 has HIV; and almost one-third report having a recent symptom of an injecting site bacterial infection. Hepatitis B infection among people who inject psychoactive drugs has declined, probably reflecting the increase in the uptake of the hepatitis B vaccine.
- People who inject image and performance enhancing drugs anabolic steroids and melanotan are at greater risk of HIV, hepatitis B and hepatitis C infection than previously thought.
- There has been a recent increase in the injection of amphetamines and amphetamine-type drugs, such as, mephedrone. Although these are much less commonly injected than opiates, crack-cocaine, or image and performance enhancing drugs, there is evidence that there is a higher level of infection risk.

To minimise the harm from injecting drug use, changes in the patterns of use that increase infection risk need to be detected and responded to promptly. The continued monitoring of injecting drug use is therefore important. Key facts and figures for injecting drug use in Telford and Wrekin are:

- An estimated 361 people inject drugs (the lower estimate is 257 and the upper estimate is 454 people)
- In 2012/13 376 treatment service clients were recorded as current injectors, which equates to 21% of the total drug treatment population and a further 604 clients (34%) reported previous injecting.
- It is estimated that 41% of people who currently inject drugs and 24% of those who have injected in the past are infected with the Hepatitis C Virus
- The proportion of drug users in treatment who are injecting in Telford and Wrekin is 41%, which is higher than the national (34%) average
- Approximately 60% of those accessing treatment service in Telford & Wrekin have a hepatitis C test
- Further work is needed to increase the number of clients taking up screening and vaccinations for blood borne viruses and treatment where required

Addiction to prescription only and over the counter medicine

Education is required at a population-level about the potential of becoming addicted to drugs that can be bought over the counter or provided on prescription. The most commonly abused medications are stimulants, prescription analgesics, cough/cold medications and tranquillisers. All of these drugs can lead to addiction and particularly leave adolescents vulnerable due to the alcohol content in them. Other prescription drugs, which are commonly misused are laxatives and pain relievers such as ibuprofen and co-codamol.

Abuse of over-the-counter or prescription drugs can lead to physical and mental dependence. While most people use prescription drugs properly, doctors, pharmacists and manufacturers have stated that a significant number of people will still misuse over-the-counter and prescription drugs. There is also a need to educate people about the issues around the use of drugs in sport, which are often used to enhance performance and it is widely accepted as unethical practice.

Dual Diagnosis

Dual diagnosis is used to describe people have co-existing mental health and substance misuse problems, which can be due to: a primary mental health problem precipitating and leading to an episode of substance misuse and/or an increase in the use of illicit substances which has an effect on the service user's mental health. It is well recognised that these individuals have significantly poorer treatment outcomes and are most likely to experience: poor compliance with medication regimes and disengagement from services, increased rates of inpatient admission, homelessness, social exclusion, offending behaviour and an increased rate of suicide.

Key facts and figures nationally for dual diagnosis include the following:

- Substance misuse affects around one third to a half of people with severe mental health problems, with alcohol misuse being the most common form of misuse
- Where drug misuse occurs it often co-exists with alcohol misuse

- Community Mental Health Teams typically report that 8-15% of clients have dual diagnosis problems
- Prisons have a high prevalence of drug dependency and dual diagnosis.

5. Our local programmes and services

5.1. Population-level prevention programmes

NHS Health Check alcohol screening and brief interventions

NHS Health Check is a risk assessment and management programme for people aged 40-74 years. It aims prevent or delay the onset of diabetes, heart and kidney disease and stroke. Local Authorities now have responsibility for the programme as part of their public health duties. The checks now include an assessment which specifically looks at the level of risk associated with alcohol consumption, through the Alcohol Use Disorder Identification Test (AUDIT). Where appropriate individuals are given brief advice to reduce their risk of alcohol-related harm. Referrals to alcohol services are offered to those individuals where necessary.

The Health Check provides a unique opportunity to discuss alcohol consumption in the context of general energy intake highlighting the links with risks of obesity, diabetes and liver disease and provide tailored meaningful advice. The programme is a one stop shop to address all lifestyle risk factors in a holistic way. Therefore it is ideally placed to address the risks of alcohol consumption in a structured format to support the prevention agenda and this strategy.

Since April 1st 2013 2,971 people in Telford and Wrekin have received a health check at their GP surgery which included an assessment using an appropriate AUDIT tool. Access to data is being improved to determine numbers of people falling into at risk groups, those receiving brief interventions and onward referrals.

5.2. Targeted prevention and treatment services

In Telford and Wrekin drug and alcohol services are based on the national Models of Care for Drug Users⁸ best practice commissioning framework. The framework is designed to ensure that all treatment and interventions are combined to form a local system which meets the needs of the population, including the following key elements: a four-tiered model of commissioning, local screening and assessment drug and alcohol services systems, care planning and coordination of care at the heart of structured drug treatment, development of integrated care pathways. (See Figure 2 for local service mapping and overview).

Currently a third of our service users accessing structured treatment are seen within GP shared care practices. This goes some way to accommodate the geographically disparate access need in Telford and Wrekin and somewhat fulfils requirements to provide care in the community but this needs to be extended.

There is also a wider range of targeted support available within the Borough for vulnerable people and those at risk, such as: teenage parents, those with emerging mental health problems, families with an existing alcohol problem, children in care and those on the brink of care. All these services and assets, which include: the Family Intervention Team, Youth Offending Service and Children & Families Locality

Services, are being drawn together to form a comprehensive Early Help Offer which will contribute significantly to delivery of this strategy.

5.3. Service user engagement and Mutual Aid

The new national emphasis on recovery recognises that good quality aftercare and support is fundamental in making any recovery journey a success. This needs to include a wide range of support including: access to housing, education, training, employment and the learning of life skills all help people in recovery to establish and maintain independence and abstinence.

Service user consultation and engagement is critical to gain an understanding of the experience of service user's within the treatment and recovery system. Enhancing the involvement of family and carers, including in the shaping and delivery of treatment and support will ensure we meet local need.

The Telford Aftercare Team has been instrumental in setting up the service user forum, running service user group and facilitating SMART Recovery Groups. In addition to this other mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous are accessible locally. This group is represented by a lead at a number of forums and meetings, including the DAAT Board and the Treatment Group meetings. Service user, carer, family and friends involvement should form an integral part to strategic planning and service design. TACT have supported and influenced the development of this strategy throughout the process. Client feedback indicate the positive effect TACT has on clients.....

"I wish there had been services like TACT before"

"Services in Telford are second to none"

"It's excellent because it worked for me"

"I enjoy the fact that we get to have our say in the service user group"

Client feedback indicate the positive effect services have had on local carers and family members.....

"It has helped me understand why alcohol has such an effect and helped family member realise they have a problem."

"The session was very helpful with the advice I was given on how to help the addict."

"This is a fantastic service. I wish I had heard about it sooner."

"This service has made me more confident and resilient. It has made me feel less alone and helped me to not blame myself for my husband's alcohol addiction."

"Thank you so much for all the help you have given me. Seeing you has helped me see I am worth it"

"Thankful I've been given the opportunity to see how I can help myself."

5.4. Criminal Justice and Youth Justice Systems: Drug Intervention Programme, Integrated Offender Management and Liaison and Diversion

Effective partnership working with criminal justice stakeholders is fundamental given the shared goals and incentives to reduce reoffending and make our communities safer. There is strong evidence within offender groups of co-morbidity, chaotic lifestyles and complex needs, with high rates of substance misuse and mental ill-health. Unemployment, poor housing, family breakdown and substance misuse are common determinants of reoffending. Joint innovative initiatives, with a holistic approach to improving the health and wellbeing of people within the criminal justice system, has the potential to bring about health improvements among offenders and their families.

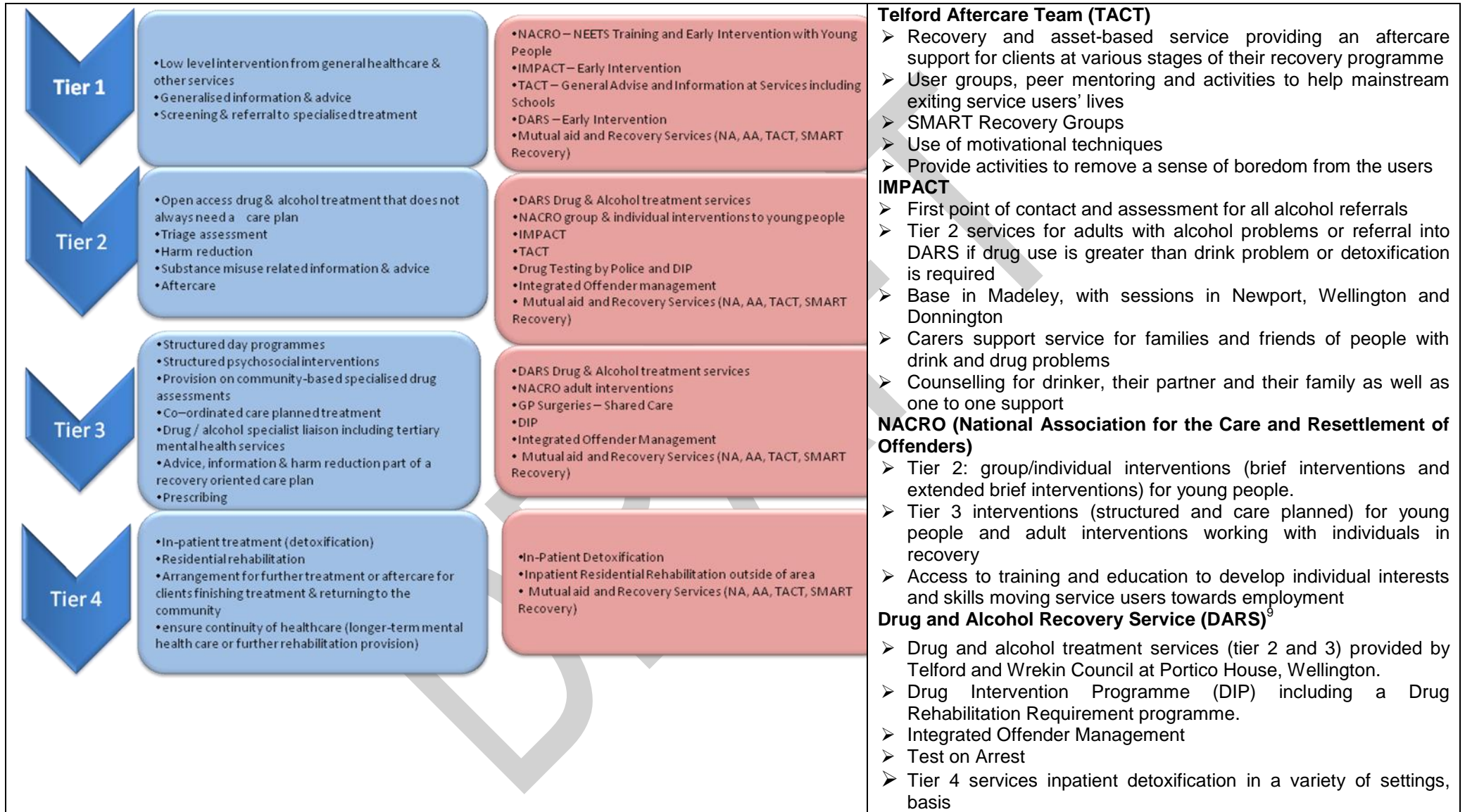
Within the new rehabilitation structure many will be managed through community rehabilitation, however some will be high risk and managed by the National Probation Service through MAPPA (Multi Agency Public Protection Arrangements). There is a need to focus on integrated offender management and ensure a robust Drug Intervention Programme (DIP) pathway for all drug using offenders in the criminal justice system. Close local working already takes place between probation and Police services and drug and alcohol treatment services, through joint contract reviews. This enhances criminal justice initiatives such as Drug Rehabilitation Requirement Orders.

The national operating model for Liaison and Diversion aims to ensure people of all ages in contact with the youth justice and criminal justice systems are screened and where appropriate assessed or referred for assessment, so that those with mental health problems, substance misuse problems and other vulnerabilities are identified as soon as possible in the justice pathway. Information gained from assessments will then be shared with relevant justice agencies to enable key decision makers to make more informed decisions on diversion, charging, case management, reasonable adjustments and sentencing. Where individuals are referred to services outside the justice system, relevant information should be shared with those service providers.

5.5. Wider support: Housing, employment and training

Housing, employment and training are all integral components within the recovery journey of service users. Clients are more likely to relapse if they become homeless or are not accommodated in safe accommodation. Considerable work has been undertaken with housing providers to overcome some of the difficulties that can occur with this potentially difficult to accommodate client group. Through both service providers partners and voluntary and third sector groups meaningful and relevant pathways are in development to enable the client journey into all of these imperative elements to be as accessible and successful as possible.

Figure 2 Telford & Wrekin drug and alcohol service mapping



6. Our strategy framework

6.1. Introduction to our approach

The Telford & Wrekin Drug and Alcohol strategy and action plan has been developed by a core group working to the DAAT Board through extensive engagement with stakeholders, including service providers and clinical leads, service users and supporters, through:

- a PHE-facilitated professional stakeholder event in October 2013
- a workshop with key partners to undertake the national PHE stocktake self assessment for alcohol in February 2014
- close working with TACT – the Telford After Care Team throughout

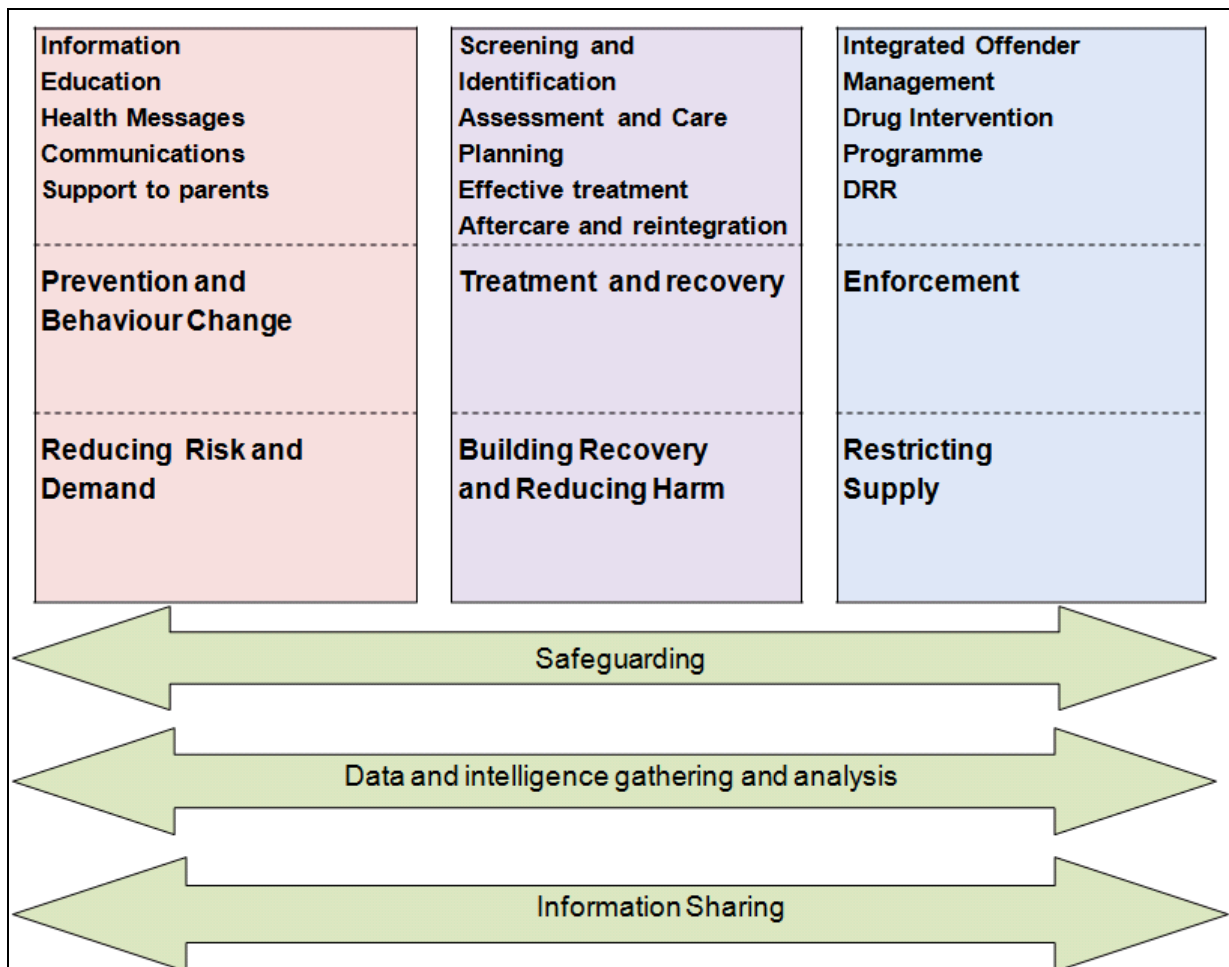
6.2. What our stakeholders have told us

We have ensured that the views of our stakeholders have informed the development of the strategy and action plan and we will continue to review and reflect stakeholder feedback. A summary of what we have heard so far and how we are responding....

- More detailed data was asked for, we have incorporated the latest JSNA intelligence into this strategy and in the action plan we will work with services to more consistently record data
- Better information sharing was a recurring theme and we have ensured this as underpins the strategy
- Linking and communicating with other strategies was requested we have tried through the wider partnership working to reflect this
- A an easy to read meaningful strategy was another recurring theme
- Clearer less confusing pathways needed , this is included in the action plan
- Better communication across borders with the possibility of joint commissioning was mentioned this is also reflected within actions
- Both improvement of triage services and exit strategies were mentioned , this is part of the action plan with appropriate responsibility and measurable outcomes
- People asked how will we know we have made a difference , the action plan will include measurable and accountable outcomes
- The possibility of client journey mapping was raised, consideration of the effectiveness of this and the best process to take it forward will be considered within the action plan
- Drug Intervention Programme, power to test and reoffending were both themes and will be reflected in the plan

6.3. Strategy framework

The strategy uses the three pillars of Government's National Drug Strategy 2010¹ - reducing demand, restricting supply and building recovery as a framework. A series of aims and objectives across the three strategic pillars have been agreed. The aims and objectives of the Warwickshire and West Mercia Police Drug and Alcohol Strategy have been adopted and directly incorporated into the strategy. The associated action plan includes detailed actions with specific key performance and outcome indicators and professional leads.



6.4. Governance and monitoring

Telford & Wrekin Drug and Alcohol Action Team (DAAT) Board will be responsible for coordinating implementation of the strategy and action plan and tracking the impact on outcomes. Operationally, the plan will be monitored and refreshed by the Community Safety Team,

The DAAT Board reports to Telford & Wrekin Community Safety Partnership. Progress on the plan, performance and outcomes will also be reported to the Health & Wellbeing Board as required. The actions from the Warwickshire and West Mercia Drug Strategy are monitored through the tactical plan which is reported into the DAAT Board.

Overarching Strategic and Commissioning: Aims and Objectives

Strategic and Commissioning

Aims

We will work with partners to ensure our approach to drug and alcohol misuse is intelligence-led and demonstrates value for money

We will ensure the workforce across partners and professional groups are well trained to deliver the right support, interventions and treatment

Objectives:

- To improve our data collection, analyses and use of intelligence, making sure it is well publicised and shared with partners and directly used to shape services
- To review and benchmark the investment in drug and alcohol programmes and determine the return on our investment
- To further develop commissioning arrangements
- To develop a workforce training programme for stakeholders

Key strategy outcome indicators

- Self reported measures of user satisfaction with services
- Early death rates from liver disease
- Hospital admission rates from alcohol-specific and alcohol-related conditions
- Reduced perceptions of drug and or drug misuse or drug dealing as a problem

Reducing Risk and Demand: Aims and Objectives

Reducing Risk and Demand

Aims

We will reduce the demand for drugs and alcohol and the harm caused by these substances through effective awareness raising, prevention and education across all age groups

Objectives: Population-wide and targeted prevention

- To produce publicity, social media campaigns to raise awareness of risk taking behaviour
- To develop evidence-based education and prevention programmes for schools and colleges to:
 - delay their first use of alcohol and reduce consumption
 - raise awareness of the harm caused by the misuse of drugs and other substances i.e. solvents
- To use of the alcohol health check, as part of the wider health check programme for eligible 40-74 year olds to identify and manage risk
- To ensure we Make Every Contact Count by systematically delivering messages about the risk of drug and alcohol consumption across all our services including for example: children's centres, early years providers, Family Connect, school nursing, health visiting, midwifery community and voluntary sector providers
- To develop and deliver an evidence-based programme of brief interventions across and wide a range of settings, including alcohol treatment services, the NHS health check programme, in hospital, the Health Trainer and other services and settings
- To make effective use of hospital-based alcohol services
- To enhance skills, knowledge and information amongst the wider workforce through local training programmes
- To embed partnership working systematically across wider treatment system through the criminal justice system and Integrated Offender Management
- To ensure the Early Help offer includes embedded targeted support for young people and families most at risk of misuse of drugs and alcohol
- To effectively use the Drugs Intervention Programme (DIP) and Arrest Referral Workers for those who come into custody
- To shape services in response to emerging local trends, e.g. Legal Highs, Prescription Only Medicines and Over the Counter Medications

Key performance and outcome measures

- Prevalence rates for binge drinkers, higher or increasing risk drinkers and dependent drinkers
- Number of eligible people offered and receiving NHS Health Checks
- Number of people assessed as at risk and requiring alcohol brief interventions through NHS Health Checks
- Number of brief interventions delivered across all settings

Restricting Supply: Aims and Objectives

Restricting Supply

Aims

We will relentlessly pursue those who produce, supply and distribute drugs

We will use the Council's licensing and trading standards duties and powers to ensure that alcohol is sold responsibly

Objectives: Population-wide prevention and intelligence-led enforcement

- To make effective use the Council's licensing powers
- To use intelligence effectively and systematically across the partnership (for example A&E data) to reduce the availability of alcohol to children, tackle persistent sellers and to inform licensing decisions
- To identify and dismantle trafficking and dealer networks
- To identify and close drug manufacturing sites
- To identify and combat local drugs' markets
- To further develop the work of the night time economy partnership
- To undertake a review of the Council's Statement of licensing policy
- To work with housing providers to ensure corrective action is taken on the misuse of tenancies
- To effectively use intelligence Integrated Offender Management data
- To effectively use the Drugs Intervention Programme (DIP) and Arrest Referral Workers for those who come into custody

Key performance and outcome measures

- *Achieve a decrease in the serious acquisitive crime rate. Analysis indicates that this is strongly associated with drug related offending. (Source: Police performance figures) Number of arrests for production, supply and possession,*
- *Number and value of drug seizures*
- *Asset recovery - taking money away from criminals*
- *Number of convictions for drug offences or the number of years imprisonment given*
- *Number of drug warrants executed*
- *Number of referrals to drug workers*
- *Number of arrests that lead to diversionary activity such as rehabilitation or treatment*
- *Number of offenders under Integrated Offender Management (IOM) tested for drugs on arrest*
- *Reduction of the number of IOMs that test positive on repeat testing*

Building Recovery, Reducing Harm: Aims and Objectives

Building Recovery, Reducing Harm

Aims

"We will in partnership reduce the harm to those at risk and empower people who are addicted or dependant to recover, progressing them along a journey of sustainable improvement to their health, wellbeing and independence"

Objectives:

Transforming specialist treatment

- To review and enhance specialist treatment pathways, ensuring that they are evidence-based and in line with national guidance and best practice in order to:
 - Maintain and improve access to treatment and recovery
 - Deliver recovery services that support individuals on their treatment journey, recovery and progress within treatment
 - Achieve outcomes and successful completions
- To more fully understand and effectively respond to those people with dual diagnosis of substance misuse and mental health issues
- To ensure that all clients have a mutually-agreed care plan, setting out their treatment goals, including talking therapies to support behaviour change
- To reshape specialist treatment provision to work towards a primary care-based shared care model
- To ensure appropriate use of prescribed medicines (e.g. substitute prescribing, relapse prevention, detoxification)
- To review and define tier 4 treatment for detoxification and rehabilitation, residential and community rehabilitation provision

Supporting sustained recovery through Mutual Aid

- To improve access to mutual aid groups (e.g. TACT, AA, NA, SMART Recovery) and other positive social networks
- To further strengthen and develop service user engagement, aftercare and recovery services to strengthen and develop the mutual aid offer
- To ensure services comprehensively reflect stakeholder views (Service Users, Community, Partners, Service Providers)
- To ensure people in recovery are in stable accommodation
- To ensure networks and support is in place to support people into education, training or employment

Targeted prevention and harm reduction

- To improve access to the needle exchange programme, ensuring systematic advice and information is given to prevent infection and spread of blood-borne viruses
- To prevent avoidable overdose deaths
- To set a up a process to review drug-related deaths to provide key local intelligence to shape services
- To work with Telford & Wrekin CCG, GPs and local pharmacists to tackle misuse of over the counter and prescription only medicines

Building Recovery, Reducing Harm: Aims and Objectives (cont.)

Building Recovery, Reducing Harm (cont.)

Targeted prevention and harm reduction

- To improving testing, vaccination for blood-borne viruses ensuring subsequent engagement with treatment
- To establish the scope and scale of Hidden Harm and review how well we are meeting the needs of our most vulnerable and complex families

Key performance and outcome measures

- Achieve an increase in the number of adult drug users in effective treatment (a planned exit or at least 12 weeks retention in treatment) (NDTMS)
- Reduced perceptions of drug misuse or drug dealing as a problem (Source: Annual Residents' Survey)
- Increase the proportion of successful exits from the drug treatment system (NDTMS)
- Improve outcomes and reduce representation levels to treatment services by treatment matching, good care planning and support (Source: NDTMS/TOP/NTA)
- Improve the numbers of recovering drug users in stable accommodation and education, training and employment (TOP)
- Improve uptake by drug users of BBV testing, vaccinations and treatment for viral hepatitis (NDTMS & local data)
- Improve coverage of needle exchange services (local data)
- Ensure our substance misuse services deliver an open accessible and equitable service demonstrated by an equity audit cycle against the protected characteristics
- Increase the number of children and young people affected by parental substance misuse identified, assessed and receiving support
- Increase the referrals from criminal justice system into treatment and sustain for 12 weeks and more.

References

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf

³ Telford & Wrekin Council Plan and Priorities
http://www.telford.gov.uk/info/200009/performance/842/council_plan

⁴ Telford and Wrekin Health and Wellbeing Strategy 2013/14 – 2015/16
http://www.telford.gov.uk/info/200190/health_and_wellbeing/1498/health_and_wellbeing_board_hwb

⁵ University of Glasgow modelling tool (NDTMS 2013).

⁶ Clients been retained in treatment for 12 weeks from their start date

⁷ Public Health England Shooting Up 11th annual report on infections amongst injecting drug users in November 2013 (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140236856)

⁸ National Treatment Agency. Models of care for treatment of adult drug misusers.
http://www.nta.nhs.uk/uploads/nta_modelsofcare_update_2006_moc3.pdf

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