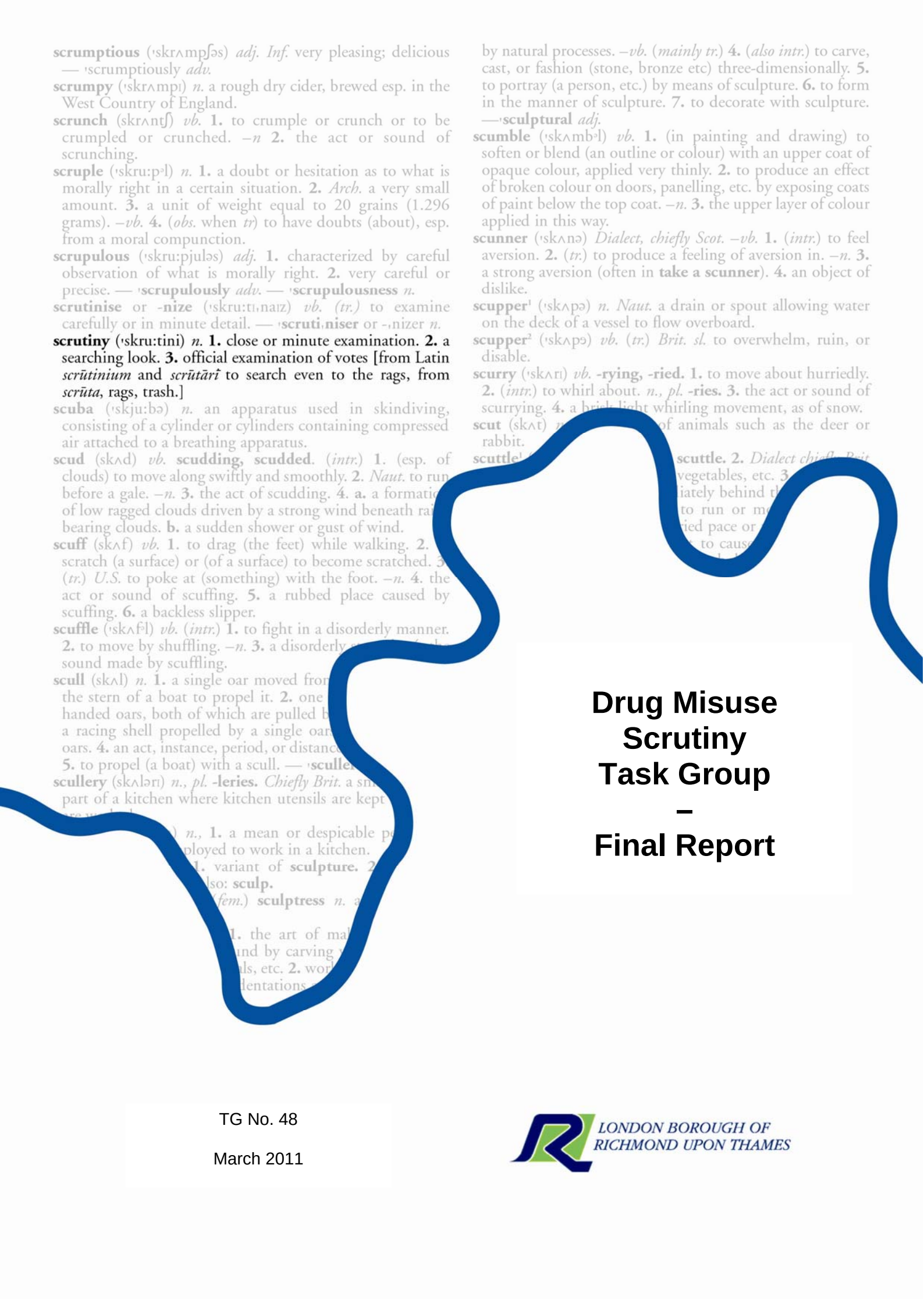

Drug Misuse Scrutiny Task Group – Final Report

TG No. 48

March 2011

LONDON BOROUGH OF RICHMOND UPON THAMES

If you would like additional copies of the report or futher information, please contact:

Scrutiny
LB Richmond upon Thames
York House
Richmond Road
Twickenham
Middlesex TW1 3AA
T: 020 8891 7158
F: 020 8891 7701
E: scrutiny@richmond.gov.uk
W: www.richmond.gov.uk/scrutiny

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FOREWORD

I would like to thank Cllr Jaeger and the other members of the Drug Misuse Task Group for the time and effort they have taken to produce this report.

I would also like to thank everyone who assisted the Task Group by providing evidence in order that conclusions could be reached with the benefit of the insights of many different stakeholders.

Drug abuse causes problems and creates costs in so many different ways for individuals, families and the broader community. There are no easy solutions to the complex issues it presents, and I welcome this valuable contribution to the debate on how to respond to what is one of our most long-running and difficult challenges.

Councillor David Porter
Chairman of the Environment, Sustainability and Community Overview and Scrutiny Committee

INTRODUCTION

During the nine months this task group has been meeting we have seen three changes for the better - abolition of inappropriate drug targets, a new and rather different national drug strategy launched, and the introduction locally of powers to test for drugs on arrest. Sadly however there are also swingeing cuts to the national grants which fund most of our local drug treatment work.

Despite the rapidly changing backdrop, I am pleased to deliver this report, which remains a timely contribution to the issue of addressing the considerable harms caused by illegal drug use. The costs are high, even in a relatively affluent borough like Richmond.

Initially, this task group was set up because the council was not meeting centrally imposed targets for getting problematic drug users into treatment. Missing the targets meant that central grants for drugs funding was reduced. There was concern not only about the loss of funding but also that the targets were based on poor data and did not reflect the local picture.

Since we started our work, these targets thankfully have been removed. However, the funding issues are more acute than before and incomplete data remains a concern. It is more important than ever that we get the best results from diminishing resources and that we are able to benefit fully from the new test on arrest powers.

On behalf of all the task group members, I hope that this report and the recommendations in it will prove helpful moving forward.

I should like to thank all the witnesses who have met with us, and particularly those such as the Kent Police, the Home Office and the Drug Education Forum, who took the trouble to come to us in Richmond. Many organisations, both local and national, have been generous in sharing their time, knowledge and experience with us. We have also benefitted throughout from the wise counsel of Anne Lawtey from the Community Safety Partnership.

None of this would have been possible without the tireless efforts of Christian Scade in Democratic Services. He has organised our meetings, distributed numerous briefing papers, and brought together the salient issues into this report. We are very grateful for his support to the whole process.

Cllr Liz Jaeger
Chair of the Drug Misuse Scrutiny Task Group

TASK GROUP MEMBERSHIP

Cllr Liz Jaeger (Chair)
- Health, Housing and Adult Services OSC

Cllr Martin Elengorn
- Environment, Sustainability and Community OSC

Cllr Lisa Blakemore
- Education and Children's Services OSC
- Health, Housing and Adult Services OSC

Cllr Katharine Harborne
- Environment, Sustainability and Community OSC

Cllr Ellen Day
- Education and Children's Services OSC

RECOMMENDATIONS

Number	Recommendation
1a	That Cabinet be asked to provide an initial response to the Drug Misuse Task Group Report at their meeting on 10 May 2011.
1b	That the Drug Misuse Task Group Report be discussed by the Community Safety Partnership at their meeting on 27 May 2011.
1c	Following the Community Safety Partnership meeting on 27 May 2011 a full executive response should be prepared for the Environment, Sustainability and Community Overview and Scrutiny Committee. This should be done by September 2011.
2	To help improve service planning across all relevant agencies the Community Safety Partnership should (a) use the NTA's Value for Money tool and (b) establish the social and economic costs of drug use in Richmond upon Thames.
3	Where ever possible budgets should be re-balanced in favour of early intervention, focusing on resource intensive families to help break intergenerational paths to dependence.
4	That the submission on Drug Misuse and the LGBT Community (attached at Appendix 3) be used by the Community Safety Partnership to ensure mainstream services meet the diverse needs of the LGBT community.
5	To help make services easier to understand / navigate, the Community Safety Partnership should (a) Work with treatment and non-treatment agencies to develop an information sharing protocol and (b) Work with the Council's Organisational Development Team to ensure front line staff, across all agencies, are fully trained and aware of all drug treatment services available in the borough.
6	That the local Probation Service be asked to clarify their role in relation to the new national drugs strategy and explain how they will contribute to the work of the Community Safety Partnership.
7	That the Environment, Sustainability and Community OSC, in its role as the Crime and Disorder OSC, reviews the progress of the Intensive DIP and its effects on wider services, in September 2011.

8	That the Community Safety Partnership gives consideration to the Home Affairs Select Committee's recommendations (outlined in the Drug Misuse Scrutiny Task Group Report) as a way to "*reduce demand*" and "*restrict supply*" in Richmond upon Thames.
9	The task group support the idea that clients should have a range of engaging options following completion of treatment and are keen that the Community Safety Partnership help service providers make links between their own after care programmes and other community activities.
10	That the changes to housing benefits (single room rent allowance) be kept under review, by the Community Safety Partnership, as the impact of these changes could be significant for substance misuse clients.
11	That consideration be given to examining potential PCT and Public Health budgets to support the delivery of the joint cross borough substance misuse service for young people.
12	That the Education and Children's Services OSC carry out further scrutiny of the young people's substance misuse service before January 2012 to ensure a cost efficient and effective service is being delivered.
13	That the Drug Misuse Task Group report be presented to the next available Youth Forum meeting for their information and comments.
14	That the Community Safety Partnership be asked to look imaginatively at the options for outreach work, across all ages, in view of current service pressures.
15	That the Council ensures all schools in the borough (primary and secondary) continue to receive training and support so they can deliver appropriate, up to date, drug and alcohol education with input, where necessary, from key partners such as the police and NHS Richmond.
16	The borough's alcohol strategy should be updated so that it includes all addictive substances, and re-named the borough's Substance Misuse Strategy.
17	That Cabinet supports the idea that a senior member of the Community Safety Partnership be appointed as a champion for Substance Misuse to improve communication and service delivery across boundaries.

PART I – ROLE AND FUNCTION OF THE TASK GROUP

Background to the Task Group

1. This task group was set up by the Environment, Sustainability and Community Overview and Scrutiny Committee on the 23rd June, 2010. This is the Committee with responsibility for scrutinising community safety issues[1]. However, given the cross cutting nature of the review, Members from other Committees were also appointed[2].

2. At its initial meeting the group established the following terms of reference:

   (a) To understand the problems associated with drug use in Richmond upon Thames.

   (b) To identify the controls, treatments and remedies currently used in Richmond upon Thames and assess their effectiveness in reducing drug related harm.

   (c) To investigate other controls, treatments, remedies that could be used in Richmond upon Thames to help minimise the health harms, violence and antisocial behaviour associated with drug misuse.

   (d) To make recommendations to Cabinet and the Community Safety Partnership, and where appropriate other stakeholders, to develop an effective and efficient borough wide drug strategy ensuring Richmond upon Thames is doing everything it can to reduce drug misuse.

   (e) To report back to the Environment, Sustainability and Community Overview and Scrutiny Committee by 24 March 2011.

   (f) In all of the above, the task group agreed to focus on issues associated with: enforcement, the supply/availability of drugs, treatment, preventing harm, public information and community engagement.

3. Many things have changed in the period from setting up the task group and reporting back. Particularly significant was the publication of a new national drug strategy – "*Reducing Supply, Building Recovery: Supporting People to Live a*

[1] In its role as the Crime and Disorder Overview and Scrutiny Committee as required by Sections 19 and 20 of the Police and Justice Act 2006
[2] See *Task Group Membership* for details

Drug Free Life[3]" – which was launched by the coalition government in December 2010. Changes, such as these, are outlined in the report.

Methodology

4. In order to address their terms of reference, and respond to changes at both national and local levels, the task group agreed to gather information from a variety of stakeholders, including service users, health and social care professionals and those working in the criminal justice system.

5. The following witnesses were interviewed during the investigation (in order of their appearance before the group):

- Anne Lawtey, Community Planning Manager
- Aileen Murphie, Director, Home Affairs and Ministry of Justice, National Audit Office
- David Mackintosh, Policy Adviser, London Drug and Alcohol Forum
- Elisabeth Bates, Committee Specialist and Inquiry Manager, Home Affairs Select Committee
- Sue Godfrey, Senior Probation Officer
- Chief Inspector Duncan Slade, Richmond Police
- Dr Dagmar Zeuner, Director of Public Health
- Anna Webster, Joint Commissioning Manager, Substance Misuse, NHS Richmond
- Emma Seria-Walker, Public Health Principal, NHS Richmond
- Ian Jones, Force Drug and Alcohol Sergeant, Kent Police
- Emma Turner, Richmond Community Drug and Alcohol Team
- Ed Tytherleigh, Director of SPEAR
- Jill Williams, Assistant Director, KCA
- Michelle Chand, Service Manager, CRI

[3] HM Government (2010), *Drug Strategy 2010 – Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*. December 2010

- Ian Curry, Richmond and Kingston Borough Partnership Manager, Jobcentre Plus
- Ken Emerson, Head of Housing Operations
- Victor Sam, Drug and Alcohol Worker / Service User Lead, DAIS Project, CRI
- Claire Harman, Drug Strategy Unit, Home Office
- Ruth Fowler, Drug Strategy Unit, Home Office
- Natasha Allen, Community Safety Manager
- Richard Eason, Vice Chair, Richmond upon Thames LGBT Forum
- Andrew Brown, Coordinator, Drug Education Forum
- Sian Rowland, Programme Coordinator, Kingston, Merton and Richmond Healthy Schools
- Keith Tysoe, Inspector for Special Educational Needs and Inclusion
- Ivana Price, Head of Integrated Youth Support
- Elizabeth Brandill, Commissioning and Development Officer, The Royal Borough of Kingston upon Thames
- Luke Paterson, Commissioning Support Officer, Substance Misuse, NHS Richmond

6. In addition, the task group held focus group discussions with the CRI Service Users Forum. This took place in January 2011 and was designed to gauge service users' views on the effectiveness of services in the borough.

7. By interviewing different witnesses, both from Richmond upon Thames and further afield, the task group has learnt about a range of cross cutting issues. However, it should be noted that while the task group used national and pan London figures (in various forms) to help them understand issues that needed to be addressed, local figures and intelligence were not always available, especially for people not in treatment. This means it has not been possible to fully understand the social and economic costs of drug use in Richmond upon Thames. The task group believe that, in some areas, this has prevented them from making clearer recommendations.

8. **Appendix 1** gives a summary of the issues discussed at each meeting while the reports and briefing papers from this scrutiny investigation are listed under *Selected Reading*.

Recommendation 1a: **That Cabinet be asked to provide an initial response to the Drug Misuse Task Group Report at their meeting on 10 May 2011.**
Recommendation 1b: **That the Drug Misuse Task Group Report be discussed by the Community Safety Partnership at their meeting on 27 May 2011.**
Recommendation 1c: **Following the Community Safety Partnership meeting on 27 May 2011 a full executive response should be prepared for the Environment, Sustainability and Community Overview and Scrutiny Committee. This should be done by September 2011.**

PART II – FINDINGS

Economic and Social Costs

9. The UK has the highest level of dependent drug use and among the highest levels of recreational drug use in Europe[4]. According to the latest British Crime Survey, 8.6% of adults in 2009/10 had used an illicit drug in the last year[5]. Although the vast majority of adults do not take drugs, this means that almost three million people do.

Table: Estimates of number of illicit drug users, 16-59 year olds

	Ever taken	Last year	Last month
Class A			
Cocaine (Powder cocaine, Crack cocaine)	**2,838,000**	**813,000**	**365,000**
Ecstasy	**2,692,000**	**517,000**	**203,000**
Hallucinogens (LSD, Magic mushrooms)	**2969,000**	**161,000**	**42,000**
Opiates (Heroin, Methadone)	**283,000**	**50,000**	**38,000**
Class A/B			
Amphetamines	**3,777,000**	**319,000**	**110,000**
Class B			

[4] Rueter, P. and Stevens, A. (2007) An Analysis of UK Drug Policy. A Monograph prepared for the UK Drug Policy Commission

[5] Hoare, J. AND Moon, D (2010) *Drug Misuse Declared: Findings from the 2009/10 British Crime Survey England and Wales*. Home Office Statistical Bulletin 13/10

	Ever taken	Last year	Last month
Cannabis	**9,912,000**	**2,152,000**	**1,250,000**
Class B/C			
Tranquilisers	**948,000**	**145,000**	**73,000**
Class C			
Anabolic steroids	**226,000**	**50,000**	**19,000**
Ketamine	**656,000**	**159,000**	**79,000**
Not classified			
Amyl Nitrate	**3,091,000**	**351,000**	**115,000**
Glues	**739,000**	**57,000**	**17,000**

Source: Drug Misuse Declared: British Crime Survey 2009/10

10. In 2002 the Home Office published a research study called *The economic and social costs of Class A drug use in England and Wales*[6] which provides a useful analyses of the wider costs of illegal drugs. The main findings from the study provide the first real evidence that costs are mostly associated with problematic drug use[7] and drug-related crime, in particular acquisitive crime. In addition, significant cost consequences are identified for health care services, the criminal justice system and state benefits.

11. An updated version of the study, published in 2006, estimates that the economic and social costs of Class A drug use in England and Wales is £15.4 billion a year[8]. The study also estimates that 327, 466 problematic users are responsible for 99% of these costs, which equates to £44,231 per year per problematic drug user.

[6] Godfrey C. et al (2002) The economic and social costs of Class A drug use in England and Wales, 2000

[7] Problem Drug Users (PDUs) are defined as those who use opiates (heroin, morphine or codeine) and/or crack cocaine.

[8] Gordon, L., Tinsley, L., Godfrey, C. and Parrott, S. (2006) The economic and social costs of Class A drug use in England and Wales, 2003/04, In Singleton, N., Murray, R. and Tinsley, L. (eds) "Measuring different aspects of problem drug use: methodological developments" Home Office Online Report 16/06

12. Using the information above and data from the Richmond upon Thames Substance Misuse Needs Assessment 2010/11, the following calculation can be made in relation to local costs:

    - "The latest Glasgow Problematic Drug User (PDU) prevalence estimate for Richmond is 892 PDUs[9]."
    - "The economic and social costs of Class A drug use in England and Wales is £15.4 billion a year….which equates to £44,231 per year per problematic drug user"[10].

13. Therefore, the economic and social costs for problematic drug users in Richmond upon Thames could be £44,231 x 892 = **£39,454,052.** While this calculation should be treated with caution, even if the number of PDUs is less than half the prevalence estimate this would still be a cost of great concern.

The National Drug Strategy and Related Issues

14. Members of the task group welcome the publication of the new national drugs strategy which was launched by the coalition government on 8 December 2010[11].

15. The new strategy sets out two high level ambitions: to reduce illicit and other harmful drug use; and to increase the numbers recovering from their dependence on drugs or alcohol. The inclusion of alcohol is a significant development as is the emphasis on recovery – defined as including abstinence, settled accommodation and employment.

16. Claire Harman and Ruth Fowler, Drug Strategy Unit, Home Office, informed the task group that these ambitions would be achieved through activity across three themes: (1) Reducing demand, (2) Restricting supply and (3) Building recovery. However, what the government doesn't do is to set out how much they want to reduce drug use or how many addicts should be in recovery. "Part of the reason for this comes from the different perspectives Ministers have on the role of government from their predecessors. There is a strong sense that target driven

[9] Richmond upon Thames Substance Misuse Needs Assessment 2010/11

[10] Gordon, L., Tinsley, L., Godfrey, C. and Parrott, S. (2006) The economic and social costs of Class A drug use in England and Wales, 2003/04, In Singleton, N., Murray, R. and Tinsley, L. (eds) "Measuring different aspects of problem drug use: methodological developments" Home Office Online Report 16/06

[11] The government's approach to tackling drugs and addressing alcohol dependence can be viewed in full via http://www.homeoffice.gov.uk/drugs/drug-strategy-2010

approaches need to be abandoned in favour of localisation" (www.drugeducationforum.com).

17. In the foreword to the 2010 strategy, Home Secretary, Rt. Hon Theresa May, MP, states that the new approach "sets out a shift in power to local areas…We are setting out a clear and ambitious vision for the future direction of travel, and it will be for local areas to respond to this and design and commission services which meet the needs of all in the community."

Working in Partnership in Richmond upon Thames

18. Using national data on prevalence, colleagues from NHS Richmond informed the task group[12], there could be around 7,000 people in Richmond upon Thames, between the ages of 16-59, who have used illicit drugs in the last month. Of which, 2,400, are likely to be in the 16-24 year old age group. Additionally, 790 could be 11-15 year olds. 4,700 people could be dependent on any form of drug. However, as problem drug use disproportionally affects those in the most deprived communities, disadvantaged families and vulnerable individuals, these estimates are likely to be inflated due to Richmond's demographic profile.

19. Either way, the council and key partners will have to respond to the new national drug strategy. The table, on the next page, highlights the implications of shifting power and accountability to local areas.

[12] NHS Richmond (2010) *Task Group Briefing Paper*, 19 October 2010

The National Drug Strategy and what it means for Richmond upon Thames

Theme and sub-themes	Specifics	Local implications
Reducing Demand		
Establishing a whole-life approach to prevention and breaking inter-generational paths to dependence	Early intervention for young people and families – creation of a single Early Intervention Grant, £2billion by 2014-15. Family Nurse Partnerships to work with potentially vulnerable families.	Work is already underway to examine how we can identify resource intensive families. Issues of how this work is to be funded with possible pooling of funding streams within local budgets.
Early years prevention	From 2 years of age	
Education and information for all.	FRANK service to provide accurate and reliable information.	
Directors of Public Health and Directors of Children's Services to determine how best to use their resources to prevent and tackle drug and alcohol misuse.		For local implications please see the "*Building a recovery led system*" box below.
Schools have a clear role to play in preventing drug and alcohol misuse as part of their pastoral responsibilities to pupils	Intensive support to young people whose drug or alcohol misuse has already started to cause harm, or who are at risk of becoming dependent.	
Sure Start will be refocused on its original purpose of improving the life chances of disadvantaged children.		
Ensuring that offenders are encouraged to seek treatment and recovery at every opportunity in their contact with the criminal justice system.	The DoH will assume responsibility for funding all drug treatment in prison and the community and, with the Home Office, will contribute towards DIP. Wing-based abstinence focused drug recovery services in prisons for adults.	Funding will remain for DIP – test on arrest could be extended to all boroughs – will be able to use Richmond's experiences as 'pathfinder' for self funding. Possible implications for HMP Latchmere.

Theme and sub-themes	Specifics	Local implications
Restricting Supply		
Reduce drug-related crime, drug trafficking and organised crime's involvement in the drugs trade.	The National Crime agency (NCA) will lead the fight and together with the UKBA deliver on the Government's determination to enhance the security of borders. Integrated Offender Management (IOM) will reach out to other voluntary and private sector providers and engage the public in creating and delivering solutions. Reduce the number of mobile phones entering prisons, to find phones that get in and to disrupt mobile phones that cannot be found. Intelligence sharing across police forces, NCA, UKBA and others.	There are potential opportunities for social enterprises, public sector staff co-operatives and the voluntary and community sector. Funding is liable to be linked to results which will have cash flow and financial planning implications for those organisations. (£100million Transitional Fund will support the voluntary sector build capacity for this). We do not currently get a profile of local drugs markets – either borough wide or sub-regionally.
The introduction of elected Police and Crime Commissioners (PCCs) to represent their community's policing needs.	First elections in 2012	Does not apply in London as the Mayor holds this post. However, the elected PCCs in neighbouring counties may lead to priorities being different.
Redesigning the legal framework to address the issue of 'legal highs'.	including introducing technology at the borders to identify new types of drugs.	Trading Standards in the borough have had issues with the approach taken to 'legal highs' in the past which have depended on policing by Trading Standards.
Increase the costs and risks to drugs traffickers.	Increase action against the estimated £2billion of recoverable proceeds of crime, a substantial proportion of which is	There are opportunities for funds recovered under the Proceeds of Crime Act (POCA) to be returned to the Borough.

Theme and sub-themes	Specifics	Local implications
	generated annually by the illegal drugs trade in the UK, by increasing cash seizures and asset forfeitures. Working together with international partners, to encourage coordinated responses to the illicit drugs trade and unlock international resources to support priorities.	
Building Recovery		
Building a recovery-led system	Individual placed at the heart of the system with personalised services providing appropriate support. Recovery system locally led and owned. Directors of Public Health to work with a range of local partners and Health and Wellbeing Boards.	Issues of oversight of local drugs plan – Community Safety Partnership currently hold Drug Action Team responsibilities; the actions under 'Reducing demand' place responsibilities on Director of Children's Services (and therefore Children's Trusts) and this puts responsibilities on Health and Wellbeing Boards.
Support communities to build networks of 'Recovery Champions' who will spread the message that recovery is worth aspiring to and to help those starting their journey.	Work with the National Skills Consortium to develop a skills framework which supports the recovery agenda.	This year's Treatment Plan includes a review of job descriptions against the Drugs and Alcohol National Occupational Standards.
Models of Care to be replaced with a more up to date evidence base and a holistic and recovery focused model.	Patient placement criteria will be developed to deliver better clinical outcomes, increase value for money, and most importantly to help an individual find the right treatment. Continue to work with the homelessness sector and other local	Local services will need to be reconfigured if necessary to address the new emphasis on abstinence and recovery. The 2011/12 Treatment Plan places emphasis on accommodation and employment/education and training. MOPP is looking specifically at accommodation issues.

Theme and sub-themes	Specifics	Local implications
	providers to facilitate better joint working with drug treatment organisations and promote good practice. Benefit claimants who are dependent on drugs or alcohol given a choice between enforcement and sanctions or appropriately tailored conditionality.	The replacement for Progress to Work is not yet formalised and providers are uncertain about what is happening post March 2011 when current contracts expire.
Six pilots to explore how Payment by Results (PBR) can work for drugs recovery for adults.	designed to incentivise the system to deliver on recovery outcomes.	The pilots have a short reporting timescale – it is likely adjustments will have to be made to funding for local services by 2014.
Single local assessment and referral system.		We have single assessment form but will need to adapt.

20. In addition, the task group were informed that the National Treatment Agency had recently launched a local Value for Money tool. This is a web-based model that will enable local partnerships to estimate the economic and social benefits of investment in drug treatment and recovery services. When fully implemented, the tool will enable local areas to calculate the value they get out of investment in drug treatment, identify ways of improving efficiency, and plan effectively for the future.

21. The task group welcome this development but acknowledge that time will be needed for all initiatives and actions to be implemented and some local uncertainty remains due to wider policy changes which may impact on the drug and alcohol sector. However, while this takes place, services still need to be delivered, and planned for.

22. The Community Safety Partnership retains its statutory duty to reduce substance misuse. The Crime and Disorder Act 1998 requires the partnership to produce a three year plan setting out how it will fulfil its statutory obligations. The draft Community Safety Partnership Plan 2011-14 was scrutinised by the Environment, Sustainability and Community OSC on 26 January 2011 and has been a useful tool for the task group during the investigation.

23. The partnership has reflected the Council's new strategic direction in its new plan and moving forward will consider the most effective and efficient way to commission services through a range of providers. In April 2012 the Council will take on new responsibilities for health improvement and Public Health and this will give the partnership a further opportunity to streamline current commissioning arrangements for substance misuse.

24. Action plans, including the adult drug treatment plan, still need to be developed to support the top level priorities. However, the task group want to point out that issues relating to substance misuse cut across all of the areas prioritised for 2010-11 and 2011-12.

- **The Community Safety Partnership Strategic Assessment recommended that the following areas be prioritised for 2010-11:**
    - Violence against the person
    - Anti-social behaviour
    - Serious acquisitive crime
    - Counter terrorism
    - Drugs and alcohol and "fear of crime" (as cross cutting themes)
- **The Community Safety Partnership Strategic Assessment recommended that the following areas be prioritised for 2011-12:**
    - Violence against the person
    - Anti-social behaviour
    - Counter terrorism
    - Alcohol
    - Domestic abuse
    - Drugs

.

25. In Richmond, the following agencies, amongst others, will be involved in delivering the various action plans which relate to substance misuse and feed into the Community Safety Partnership Plan: London Borough of Richmond upon Thames; London Fire Brigade; Metropolitan Police, Richmond upon Thames

Borough; Community and Police Partnership; Richmond Council for Voluntary Services; Richmond Housing Partnership; Richmond Magistrates Court; NHS Richmond; The Ethnic Minorities Advocacy Group (EMAG); London Probation; Youth Offending Team; Schools; GPs; treatment agencies (both voluntary and statutory).

26. The plan for 2011-14 can be viewed in full via: http://www.richmond.gov.uk/home/policing_and_public_safety/community_safety_partnership.htm

Recommendation 2:

To help improve service planning across all relevant agencies the Community Safety Partnership should (a) use the NTA's Value for Money tool and (b) establish the social and economic costs of drug use in Richmond upon Thames.

Funding Issues

27. The principal ring fenced allocation for drug treatment is the Pooled Treatment Budget and one of the reasons for setting up this task group was that the Community Safety Partnership had missed a critical target[13] for getting Problematic Drug Users[14] (PDUs) into treatment in 2008/09 and 2009/10. As a result, the Community Safety Partnership lost funding from its 2010/11 budget because it did not achieve its target for the number of PDUs remaining in treatment during 2008/09 and 2009/10.

28. In the past the funding formula used by the National Treatment Agency was weighted in favour of PDUs. The target for Richmond in 2010/11 was 396 PDU clients in effective treatment[15]. Effective treatment means the client is in treatment for 12 weeks or more or successfully completed treatment in this time, or was referred to another agency through which effective treatment was achieved.

[13] This target is one of the Vital Signs for NHS Richmond
[14] Problem Drug Users (PDUs) are defined as those who use opiates (heroin, morphine or codeine) and/or crack cocaine.
[15] The target for Richmond was reduced from 420 to 396 following audit work carried out in 2010/11

29. Despite procuring new, tailored substance misuse services for the borough and working with existing providers to enhance and improve the performance of services, the partnership has continued to experience problems engaging the number of problem drug clients in line with Home Office prevalence figures.

30. The impact across the partnership of the failure to meet the PDU target, led the Community Safety Partnership to commission Dr Gordon Hay at the Centre for Drug Misuse Research, Glasgow University, to undertake a review of the available information on the prevalence of PDU in Richmond. This research was in order to identify both the numbers within the community of Richmond, to improve their engagement and to address the performance of the partnership.

31. The following conclusions can be drawn from Dr Hay's work:

- The research points to problems in the data from one of the main service providers (since decommissioned) in the 2005/06 Home Office data sweep, which artificially inflated the PDU prevalence in Richmond.
- There is a mismatch between the treatment data used by the Home Office study and the comparable treatment data that can be reconstructed using locally held data.
- Comparing Richmond's data sweep over the same period to a neighbouring borough, Dr Hay cites that the increase found in Richmond's data are not mirrored in our neighbouring borough.

32. The partnership wrote to the National Treatment Agency to ask that they consider the findings of Dr Hay's research in time for the next planning cycle and the task group are pleased that, under the new national drug strategy, the allocation formula will no longer be weighted in favour of PDUs. Please refer to the paragraphs below for information on future arrangements.

33. The new national drug strategy makes clear that from April 2011 the Department of Health's (DH) focus will be on promoting recovery and DH is responsible for funding all drug treatment in prison and the community. In addition, DH will support the Home Office in jointly funding a continuing programme to ensure drug-related offenders get access to treatment in order to continue to deliver reductions in drug related offending.

34. This represents a welcome extension to the principle originally enshrined in the Pooled Treatment Budget and provides an opportunity to ensure that all

individuals in treatment (including offenders) benefit from co-ordinated support along the full course of their recovery journey.

35. The National Treatment Agency advised all Drug Partnerships of the 2011/12 Substance Misuse Pooled Treatment Budget (PTB)[16] (which remains a ring fenced budget) on 11 February 2011. Richmond has been allocated the following:

Adult PTB	YP PTB[17]	DH DIP contribution	Total
£876,765	£34,474	£69,674	£980,913

36. A further £40,328 Drug Interventions Programme (DIP) contribution is payable to the partnership from the Home Office equating to a total DIP budget of £110,002. Additionally, the partnership will receive (via the Strategic Health Authority bundle) an amount to support drug treatment and interventions in Latchmere prison. However, and most significantly, the adult pooled treatment budget represents a **14% reduction** from 2010/11 when the partnership received £1,018,024.

37. The partnership has been advised by the National Treatment Agency that in order to incentivise local systems to become more recovery focused, the proposal is to develop an additional element for introduction to the Pooled Treatment formula for next year. This will reward partnerships for the number of individuals successfully completing treatment in each locality. The National Treatment Agency envisage this new element will be applied in the 2012-13 allocations, based on the completion outcomes delivered by individual partnerships in 2011-12 and will directly incentivise partnerships to deliver a more recovery orientated service.

38. As well as the Pooled Treatment Budget the Council contributes £100,000 to the Community Safety Partnership to fund a range of priority measures to reduce crime, antisocial behaviour and the fear of crime. For example, funds to support victims of domestic abuse, anti-social behaviour interventions as well as funding a range of measures to reduce crime and disorder through its mainstream services, such as licensing, graffiti and fly tipping removal. The most significant development, however, relates to drug testing on arrest. This will be introduced at the start of April 2011 and will be a "pathfinder" for self funding. This initiative will be monitored closely by the Home Office and Metropolitan Police to help other

[16] The national Pooled Treatment Budget for 2011/12 is £406.7m, including £381.3 for adult drug treatment.
[17] For further funding information please see the *Young People's Substance Misuse Services* section of the report.

boroughs move in the same direction. Further details can be found under the "*Drug Misuse and the Criminal Justice System*" section of this report.

39. The task group are aware of the current financial climate and the savings that have to be made in the public sector. It is acknowledged that the Council, along with its partners, will need to make some difficult decisions with regards to available resources and where best to deploy them. The task group supports the wording in the Community Safety Partnership Plan which states "we need to be conscious of proportionate resources to savings ratio".

Recommendation 3:

Where ever possible budgets should be re-balanced in favour of early intervention, focusing on resource intensive families to help break intergenerational paths to dependence.

Adult Treatment Services

40. Adult treatment services in Richmond are based on the national tiered structure of services from low level to complex need. The GP Drugs Referral Guide is attached at **Appendix 2** for information**.**

41. **Tier One Services:** includes advice from GPs, A&E, pharmacies and other generic agencies.

42. **Tier Two Services:** Tier Two is an unstructured approach so would take the form of brief intervention, providing drug and alcohol advice and information and harm reduction initiatives, usually through a drop in service. Friends and family who are affected by substance misuse issues can also access this service. Individuals can self refer to all Tier Two services within Richmond or can be referred through a professional service such as their GP. Within Richmond this includes:

- The needle exchange service - 10 pharmacies provide this service.
- Drug, Alcohol, Interventions and Support (DAIS) - providing open access and one to one and group support for anyone experiencing difficulty with drugs and or alcohol. DAIS can also facilitate onward referral to other local services as appropriate. DAIS is provided by CRI, a voluntary sector organisation.

- SPEAR who provide substance misuse information, advice and information / advice on harm reduction, motivational interviewing and advice about housing and educational resources. SPEAR is a voluntary sector organisation.

43. **Tier Three Services:** Tier Three is a more structured approach, whereby you would be allocated a key worker for example. This could include structured methadone maintenance and or psychosocial intervention or a structured day programme. Additionally clients have an explicit, mutually agreed care plan in place. Individuals can self refer to all Tier Three services within Richmond or can be referred through a professional service such as their GP. Within Richmond this includes:

    - REACH Structured Day Programme provided by CRI, providing clients with an individualised structured treatment designed to best suit his or her individual needs.
    - SPEAR who provide regular therapeutic sessions with a drugs / alcohol worker, motivational interviewing, solution focused therapy and advice addressing problematic drug and alcohol use.
    - KCA, a voluntary sector organisation who provide short term, structured psychosocial interventions on a one to one basis.
    - Hampton Wick / North Road General Practices, providing NHS services, and who specifically provide structured methadone maintenance prescribing and structured psychosocial interventions.

44. **Tier Four Services:** Tier Four is inpatient or residential treatment, if a patient is assessed as appropriate for Tier Four they would be referred to the Community Drug and Alcohol Team (provided by NHS South West London and St Georges NHS Trust), based at Richmond Royal, for further assessment before being referred for inpatient detox (at South West London St Georges NHS Trust) or residential rehab (various providers around the South East of England).

45. **Additional Services:** The Richmond Drug Intervention Programme (DIP), provided by CRI, works in conjunction with the services in Richmond. DIP is a Tier Two and Three Service for substance misuse clients in the criminal justice system. Additionally, Richmond commission SPEAR to work with substance misuse patients who are homeless / vulnerably housed.

46. The task group studied the Substance Misuse Needs Assessment 2010//11 which has been used to develop the 2011/12 adult drug treatment plan. A summary of the findings can be found in the box below and the Joint Commissioning Group discussed the 2011/12 treatment plan at their meeting in March (2011). This means input from scrutiny has been timely and recommendations, captured in this report, have been considered and discussed during the planning process.

Key Findings

Richmond upon Thames Substance Misuse Needs Assessment 2010/11

- The latest Glasgow Problematic Drug User (PDU) prevalence estimate for Richmond is 892 PDUs.
- The National Drug Treatment Monitoring System (NDTMS) allows the following judgements to be made: On 31 March 2010 there were a total of 204 PDUs in treatment in Richmond. This is 23% of the total estimated PDU population in treatment on 31 March 2010. There were also a further 127 PDUs who were in treatment in 2009/10 but had exited structured treatment prior to 31 March 2010. Therefore there were a total of 331 PDUs in treatment in 2009/10, giving an overall penetration rate of 37.1%
- There is a potential unmet PDU need in the prison population as data shows a significant minority of clients are known to DIP through the prison system but not known to the community treatment system in Richmond.
- The demographic profile of clients accessing drug treatment in Richmond indicates:
    - 70% of clients were male. 2009/10 saw a continuation of the trend of reduced numbers of female clients in Richmond.
    - The most significant client group in structured drug treatment in Richmond was males aged between 35 and 44 years old.
    - 82% of clients in treatment were White British
    - 2009/10 saw a small increase in the number of clients reporting use of 'other opiates'. Use of Benzodiazepines dropped significantly among Richmond clients in 2009/10 compared to previous years.

- Alcohol and crack cocaine remained the most widely reported secondary drugs.

- An area of unmet need was identified with clients in treatment less likely to receive a Hepatitis B and a Hepatitis C intervention in Richmond compared to London and National figures.
- Treatment Outcome Profile (TOP) data identified the following trends:
  - Opiate and crack cocaine use, in particular daily use, was significantly less prevalent among Richmond clients compared to London and National figures.
  - Levels of cocaine, alcohol and cannabis use were similar to the London average.
  - Richmond clients were less likely to be involved in criminal activity prior to entering treatment.
  - Clients in Richmond were 25% more likely to be involved in full time work than the London average.
- Planned treatment exits and successful treatment exits were high in Richmond in 2009/10.
- Demand for structured alcohol treatment continues to increase in 2009/10, with a slightly higher representation from female clients in alcohol treatment (35%) when compared to drug treatment.

47. Before making recommendations the task group were keen to establish where treatment was working well and to identify potential gaps and unmet need in the treatment system. This was achieved by talking to both service providers and service users. Input from the Richmond upon Thames Lesbian, Gay, Bisexual and Transgender (LGBT) Forum was also extremely useful. On the 31 January 2011, Mr Eason, Male Vice Chair, Richmond upon Thames LGBT Forum, gave evidence and the task group are keen that the issues, outlined in **Appendix 3**, are addressed by the Community Safety Partnership.

Recommendation 4:

That the submission on Drug Misuse and the LGBT Community (attached at Appendix 3) be used by the Community Safety Partnership to ensure mainstream services meet the diverse needs of the LGBT community.

48. Issues relating to getting into treatment and "*lack of information at the first point of contact*" were raised by members of the service users' forum. Victor Sam, Drug and Alcohol Worker / Service User Lead, DAIS Project, CRI, informed the task group that CRI were already doing some work with GPs to increase understanding in relation to services available. The task group were also made aware of the training Richmond police were doing in preparation for the launch of "test on arrest". However, there was a general feeling, talking to service providers and service users, that more needed to be done to ensure front line staff, across all tier one agencies, had the information they needed to provide appropriate sign-posting to people who needed/wanted treatment. During the session with service providers the task group also looked at the pros and cons of developing an "information sharing protocol" to improve sign-posting, communication and service delivery across boundaries for both treatment and non-treatment services.

49. In relation to improving communication across boundaries the task group were pleased that work was already underway to improve day to day contact between key service providers and the Safer Neighbourhood Teams. The task group believe that improved information sharing will help to reduce problems associated with substance misuse. For example, the police will be able to help clients receiving treatment as they will have a better understanding of the services provided at each location and will be aware of any potential problems.

Recommendation 5:

To help make services easier to understand / navigate, the Community Safety Partnership should (a) Work with treatment and non-treatment agencies to develop an information sharing protocol and (b) Work with the Council's Organisational Development Team to ensure front line staff, across all agencies, are fully trained and aware of all drug treatment services available in the borough.

50. The importance of "*support for partners",* and family therapy was raised by service users and the task group are pleased that services in this area have recently been commissioned by NHS Richmond.

Drug Misuse and the Criminal Justice System

51. It is recognised across London that there is a correlation between areas of high volume crime, social deprivation and local drug markets. In areas of London where crime rates are lower there are less drug *offences* taking place and therefore not as much drugs intelligence received. Richmond Borough falls into this category yet members of the task group recognise, due to the borough's demographic profile, that many residents would be able to fund their drug use without the need for crime. This is a concern as members of the task group acknowledge "hidden drug use" could represent a significant local cost, especially in relation to public health. A general overview of the health impacts of drug misuse is attached at **Appendix 4** along with two articles which focus on the public health costs of cocaine use.

52. Chief Inspector Duncan Slade, Richmond Police, informed the task group, on 19 October, 2010, that as a predominantly low crime borough the impact of illegal drug use, and the misuse of legal drugs, can often be underestimated. Richmond does not suffer, to the same extent, problems associated with drug use, such as prostitution, street gangs and organised crime. However, as the impact of drugs is less visible it makes it more difficult to target and Chief Inspector Slade explained that both illegal drugs and the misuse of, predominately alcohol, provide significant problems for the Police in Richmond.

53. Current police activity involves a three tier approach to dealing with drugs crime. The most serious offences, involving importation and large scale supply, are dealt with by specialist teams based centrally within the Metropolitan Police Service. Lower level offences are dealt with initially by the Safer Neighbourhood Teams. When extra resources are required the wider borough resources are brought to bear on the problem via the Tactical Tasking and Co-ordination meeting, held fortnightly to co-ordinate the police response. The task group acknowledge that a new Metropolitan Police Drugs strategy has recently been published. This will result in the existing borough strategy being re written and means input from scrutiny has been timely and the recommendations (if approved) will be incorporated into this document.

54. In terms of police statistics, it is recognised that the data sets used need to become more sophisticated and resilient to accurately depict the true drugs problem across the borough. Police statistics currently focus on the committing of drug offences, the majority of which (95%) are for possession. The 2010 Community Safety Partnership Analysis of Substance Abuse reports that 82% of possession offences were for cannabis followed by 11.2% for possession of powder cocaine.

55. These offences are often 'police generated' i.e. if you have a police operation in an area and are actively stopping people, you will identify offences. The task group were informed that a significant number of offences for possession are detected as a consequence of ordinary police patrol activity. These offences have seen a recent increase, probably due to extra resources being dedicated to patrolling the Night Time Economy on Friday and Saturday nights. However, the 2010 Community Safety Partnership Analysis of Substance Abuse raises the question *"Are these the people we want to target as a priority in a long term drugs strategy*?" Members of the task group suggest that the priority should be focusing on those who have a detrimental effect on the wider community.

56. Most London boroughs have compulsory drug testing on arrest for certain offences which is a good indicator of the extent of the issue. Unfortunately, in the past, Richmond has not had compulsory drug testing so it has been difficult to gauge the impact of drug addiction as a driver to commit crime. This has resulted in a major intelligence gap but the task group were pleased to learn about work that is going on to address this.

57. To start with, the Probation Service is now a statutory member of the Community Safety Partnership, with the remit of the partnership widened to include re-offending. This will focus on individuals with a drug addiction, and will go some way to filling the current intelligence gap. The task group were grateful for the input they received from the Probation Service, who attended a meeting on the 19 October 2010. However, members of the task group agreed that they would have gained a better understanding had they had more opportunities to meet with local representatives, especially after the publication of the new national drugs strategy.

Recommendation 6:

That the local Probation Service be asked to clarify their role in relation to the new national drugs strategy and explain how they will contribute to the work of the Community Safety Partnership.

58. Moving forward, the biggest development relates to the fact that the borough has been successful in its application to become a, self funded, Drug Interventions Programme, Intensive Borough. Becoming a borough that drug tests on arrest has been a focus for the Community Safety Partnership over the last couple of years and the task group are pleased that this has recently been launched.

59. The task group's key findings in relation to the introduction of the Intensive DIP (test on arrest) are detailed below:

- The introduction of the Intensive DIP was welcomed by all witnesses interviewed by the task group and is seen as an effective way to get PDUs into treatment as quickly as possible.
- A key concern is whether partnership services will be able to cater for the projected increase in numbers identified through the introduction of testing on arrest. It is acknowledged that this development will place more demand on services.
- There will be a need to raise awareness and develop existing protocols between the police and individual services to cater for this increase.
- Ian Jones, Kent Police Force, informed the task group that Kent Police had built up a very good relationship with door staff and drug workers in

Maidstone. For example, drug workers work with the police during the night time economy as opposed to working 9.00am – 5.00pm. The task group acknowledge that the introduction of "test on arrest" may mean the hours worked by Richmond DIP workers will need to be reviewed (especially in relation to the night time economy on Friday and Saturday).

Recommendation 7:

That the Environment, Sustainability and Community OSC, in its role as the Crime and Disorder OSC, reviews the progress of the Intensive DIP and its effects on wider services, in September 2011.

60. Issues relating to the night time economy were of particular interest to the task group. Chief Inspector Slade informed the task group that the use of drugs in licensed premises is widespread, despite significant police activity. The licensing unit has recently been strengthened and the number of officers patrolling the town centres has been bolstered in recent months. The task group also heard that the use of "drug wipes" and covert visits had increased recently to ensure premises that have a tolerant attitude to drugs are targeted and eventually closed.

61. The misuse of alcohol also causes a large number of assaults with injury and disorder offences, particularly over the weekend. On the 9 November 2010, Anne Lawtey, Community Planning Manager, informed the task group that, despite the night time economy demographic remaining static, problems relating to the night time economy and domestic abuse had started to increase. In view of this, issues relating to Cocaethylene[18] were discussed and the group gathered evidence from Kent Police Force – a force with an innovative approach to tackling drug use, especially in relation to cocaine use, the night time economy and work with partners.

62. Ian Jones, Force Drug and Alcohol Sergeant, Kent Police, explained that Maidstone had a challenging night-time economy and that Kent Police had been using increasingly sophisticated methods to deal with the challenges.

63. High-profile anti-cocaine policing operations have been used in Kent. The aim is to detect those using and dealing cocaine in pubs and clubs; and deter cocaine

[18] Cocaethylene is a psychoactive ethyl homologue of cocaine, and is formed exclusively during the co administration of cocaine and alcohol

use by visible use of hand-held scanners in the entrance queues for clubs and pubs, passive drugs dogs, and working with licensees to refuse entry to anyone who declines to be drug tested, or who is found with cocaine traces on their hands.

64. Alongside a very visible and ubiquitous police presence in the town centre operations also involve local drug outreach counsellors, who accompany the police during the evening, and the use of an "SOS" bus, which is parked in Maidstone town centre offering medical, outreach and information services provided onboard by representatives of different agencies. The "SOS" bus, now named "Urban Blue Bus", has been used for many different events with funding from a variety of different sources including the PCT. Ian Jones explained that volunteers (with a medical background) were vital for the success of this service. Further information is available via - www.urbanbluebus.co.uk

65. In terms of cocaine scanners, Kent Police use hand-held "Ion Track Itemiser 3" electronic drug trace machines to swab the hands of people entering clubs and pubs. Agreeing to a hand swab is a condition of entry to the venue, and the machine processes the swab within a few seconds to identify any drugs present. If an individual tests positive for cocaine traces they are searched and, if cocaine is found, arrested; if not, they are referred to the drugs outreach worker on patrol with police.

66. The Ion Track machine can be programmed to detect different drugs and comes in two versions: a desktop machine costs around £25-000-£30,000 and a mobile one £18,000. The machines have multiple applications, including the testing of banknotes, at crime scenes, in custody suits and in prisons, making them cost-effective in terms of the amount of time they are in use. The machines are effective deterrents. A recent survey by Kent police showed that over 70% of people who were going to a nightclub would be deterred from trying to carry a drug into the nightclub if they saw the police deploying that sort of equipment. Equally, over 60% felt that it would be safer to go into that nightclub.

67. In view of the evidence collected from Kent Police the task group suggest that the following recommendations, put forward by the Home Affairs Committee in 2010[19], be considered in detail by the Richmond Community Safety Partnership:

[19] Home Affairs Select Committee (2010), *The Cocaine Trade,* Final Report, February 2010

- *We were very impressed with the high-visibility anti-cocaine police operation which we observed in Kent. This kind of proactive approach combines visible, zero-tolerance enforcement in the town centre with treatment through drugs outreach workers, and medical agencies in the "SOS" bus. It is an excellent example of how law enforcement and other agencies can work together to tackle supply and demand concurrently, and we urge Chief Constables to consider running more high-visibility operations on the basis of the Kent model.*
- *The handheld Ion Track machines are a particularly effective weapon in both deterring and detecting cocaine use in the night-time economy. The capital costs involved are amply recouped by the multiple ways in which one machine can be employed. We urge all Chief Constables to ensure that their forces have one or more hand-held drug trace machines, and recommend that the National Policing Improvement Agency promotes the roll-out of these machines to all forces, as part of its Evidential Drug Identification Testing programme.*

68. In relation to the second recommendation Ian Jones explained that he could bring an Ion Track machine to Richmond but he would need the permission of the Borough Commander. However, if agreed, it would be possible to use the Maidstone equipment to run a trial operation in Richmond. The task group were also informed that other London Boroughs were looking at using Ion Track machines and might be interested in sharing the costs.

Recommendation 8:

That the Community Safety Partnership gives consideration to the Home Affairs Select Committee's recommendations (outlined in the Drug Misuse Scrutiny Task Group Report) as a way to "*reduce demand*" and "*restrict supply*" in Richmond upon Thames.

"Getting Back into Society"

"Isolation is our biggest enemy"

69. The comments above were from members of the CRI Service Users Forum and during the review it quickly become clear that wider issues such as boredom,

poverty, peer pressure, lack of skills, low self-esteem needed to be addressed when dealing with substance abuse. This is particularly important when trying to help people get a job.

70. The importance of after care activities, as a way to help deal with isolation and bringing people back into society, were discussed with service providers, service users and Jobcentre Plus. The task group support the idea that clients should have a range of engaging options following the completion of treatment and are keen that the Community Safety Partnership help service providers make links between their own after care programmes and other community activities.

Recommendation 9:

The task group support the idea that clients should have a range of engaging options following completion of treatment and are keen that the Community Safety Partnership help service providers make links between their own after care programmes and other community activities.

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71. Lack of accommodation for vulnerable drug users was also acknowledged as a key issue. The task group recognise the work that is being done by MOPP and support the work that is being done to take things forward. In addition, changes to housing benefits (single room rent allowance) will need to be kept under review as the impact of these changes could be significant for substance misuse clients. Proposed changes to housing benefit include reducing the amount paid but also increasing the age of single room rent allowance from 25 to 35. The task group believe that this could have a big affect on substance misuse clients and this is a concern. The task group believe that the impact of changes in this area, for example potential bullying, clients taking drugs again as a result of their accommodation, needed to be monitored very closely.

Recommendation 10:

That the changes to housing benefits (single room rent allowance) be kept under review, by the Community Safety Partnership, as the impact of these changes could be significant for substance misuse clients.

Substance Misuse and Services for Young People

72. Substance misuse, particularly alcohol consumption, is a serious issue amongst children and young people. There is clear evidence that substance misuse can prevent children and young people from achieving their full potential and can increase risky behaviour and/or exacerbate other serious problems a child or young person may be experiencing such as, involvement in crime, teenage pregnancy, mental health problems or future drug dependency. The following information was provided by the Drug Education Forum:

    - Young people's alcohol misuse is estimated to cost the London Ambulance Service £500,000 a year.
    - More than 1 in 10 arrests of young people in London are for drug offences – the second highest in England after Liverpool.
    - The British Crime Survey (2008-09) estimates that 2.8 million young people aged 16-24 years have used illicit drugs at some point in their life. This equates to two in five young people.
    - There were 3,367 young people who received treatment in London last year – 14% of the national total of 23,528.

73. Locally, the responsibility for commissioning substance misuse services sits with the Children and Young People's Trust who have identified reducing the harm caused by substance misuse as a priority in their local Children and Young People's Plans.

74. Both the Royal Borough of Kingston and the London Borough of Richmond currently commission these services through in-house provision.

75. Young People's Substance Misuse Services have been funded through a Pooled Treatment Budget that consists of a contribution from the National Treatment Agency, Ministry of Justice (MOJ) and the Area Based Grant (ABG).

76. In October 2009 the NTA announced their revised funding allocations for the next two financial years (2010-2012) which will see a year on year reduction totalling £17,740 for Kingston and £25,016 for Richmond. It was also confirmed that contributions from the Ministry of Justice will remain static and the Area Based Grant will be reduced by 25% over the next 4 years commencing in 2010-11.

77. This was the starting position for a feasibility study which was undertaken for re-designing/re-commissioning substance misuse services for young people. Subsequently, the Youth Justice Board have confirmed there will be no ring-fenced funding to fund drugs workers within Youth Offending Teams from April 2011, as the funding formula for youth justice services delivery is changing and is likely to receive between 10-12.5% reductions. Therefore, there have been significant developments which will impact on future resources available for young people's substance misuse services.

78. In response to this significant funding reduction a joint feasibility study between Kingston and Richmond was developed. This appraised all options for re-commissioning young people's substance misuse services to ensure both local authorities continue to reduce the harm caused by substance misuse by providing a cost efficient and effective level of service from 1 April 2011.

79. It has been agreed that the most feasible option is for Kingston and Richmond to integrate their current in house provision and deliver a joint cross borough service. With this in mind, the task group met with Ivana Price, Head of Integrated Youth Support, LB Richmond upon Thames and Elizabeth Brandill, Commissioning and Development Officer, Royal Borough of Kingston upon Thames, to gain a better understanding of the risks and challenges in moving to this new service delivery model.

80. The following risks and mitigating actions have been identified by the transition board:

Risks	Mitigating actions
Initial cost including redundancies	Detailed budget forecast and re-charges will be agreed. Redundancies cost will be shared to avoid vested interests within recruitment/selection process.
Service specification not responding to needs	Service specification will be jointly developed in line with NTA and local needs assessment. Regular contract monitoring will take place with clear governance structure in place.
Risks to service delivery	Clear transition plan will be jointly agreed and managed by both Commissioner and provider. Stakeholder communication will be issued at each critical point. Standard operating procedure and protocols will be agreed and implemented during

	transition phase. Managed handover of cases through case file audit will be implemented. Service users/parents will be involved in developing new service during transition phase and mechanisms will be established for continued involvement of service users within service planning/design. Feasibility of current and future case load will be undertaken to ascertain and forecast any future capacity issues -this will continue to be monitored. Robust communication plan will be developed and implemented to ensure clarity of new service and interim arrangements during implementation phase are clear.
Risk to future funding	Funding arrangements will be jointly reviewed in line with local and national priorities. External/additional funding will be sought as and when required. Partnership working with voluntary sector will be explored and developed as and when appropriate to maximise use of existing resources. Additional income will be sought through re-charge of any additional services or provision of specialist training.
Risks to service users that do not meet threshold to the new service falling through the net	Clear referral pathways and threshold will be agreed and communicated. Tier 2 cases will need to be supported within universal and targeted services with the new substance misuse service providing consultancy and support. Workforce development will provide core training and support for universal/targeted workers to deliver information, advice and guidance around substance misuse.
Risks to accessibility/availability of service	During transition phase in consultation with new team and service users, physical access points to the service/delivery will be identified to ensure that young people requiring treatment can access this within their home borough. Practical day to day operational arrangements/ travel/mobile working and office base arrangements will ensure all operational time is maximised to service delivery and waste is limited.

81. The task group believe that further scrutiny will be particularly important in an environment when authorities are looking carefully at value for money and evidence of impact on outcomes.

82. The DfE have recently published a cost benefit analysis for young people's drug and alcohol services. The report[20], published on 24 February 2011 and produced by Frontier Economics, looks at the long and short term cost savings associated with successfully tackling drug and alcohol misuse and preventing young people going on to develop further problems as adults. It finds:

- Total lifetime cost savings of between £4.66 and £8.38 per pound invested from the impact on crime, adult dependency, problematic alcohol use and long-term exclusion from education or employment.
- Two-year cost savings of £1.93 per pound invested through reductions in substance misuse related crime and health costs (including hospital admissions and mental health). This represents a short term cost benefit ratio of 2:1 over the two years following treatment.
- Specialist services would pay for themselves if they prevented just 2.8% - 5.6% of those young people in treatment who would have developed adult dependency from doing so. Preventing 10% of those likely to become adult dependent drug or alcohol users from doing so would bring net benefits of between £48 and £159 million.

[20] Frontier Economics for Department for Education (2011) *Specialist drug and alcohol services for young people – a cost benefit analysis*

Recommendation 11:

That consideration be given to examining potential PCT and Public Health budgets to support the delivery of the joint cross borough substance misuse service for young people.

Recommendation 12:

That the Education and Children's Services OSC carry out further scrutiny of the young people's substance misuse service before January 2012 to ensure a cost efficient and effective service is being delivered.

Recommendation 13:

That the Drug Misuse Scrutiny Task Group report be presented to the next available Youth Forum meeting for their information and comments.

Recommendation 14:

That the Community Safety Partnership be asked to look imaginatively at the options for outreach work, across all ages, in view of current service pressures.

Education and Information

83. The new national drugs strategy is clear about the value of universal drug education, arguing that all young people need high quality drug and alcohol education so they have a thorough knowledge of their effects and harms and have the skills and confidence to choose not to use drugs and alcohol. In terms of "reducing demand" there is recognition of the importance of early intervention and the task group welcome the findings of the Allen Review[21] which states:

    - "Early Intervention is an approach which offers our country a real opportunity to make lasting improvements in the lives of our children, to forestall many persistent social problems and end their transmission from one generation to the next, and to make long-term savings in public spending."

[21] *Early Interventions: The Next Steps*. An Independent Report to Her Majesty's Government by Graham Allen MP (January 2011)

- "Early Intervention may be most effective before the age of 3, but we also need to address those aged 0-18 so they can become the most effective parents possible for the next generation of 0-3s. The 0-18 cycle needs to be addressed over and over again until the repetition of dysfunction from one generation to another is finally broken."
- "A shift to primary prevention strategy in the UK is essential to underpin all other recommendations in this report. We shall continue to waste billions of pounds unless and until we base all relevant policy on the premise that all children should have the best start in life."

84. The strategy makes clear that schools have a role in delivering drug prevention. The government will support this by providing information, advice and support which will enable schools to:

    - Provide accurate information through drug education and targeted information using FRANK
    - Use wider search powers to tackle problem behaviours in school, and to tackle drug dealing in schools
    - Work with the local voluntary sector and police to prevent drug and alcohol misuse.

85. The government goes on to promise two specific things, they say they will share teaching materials and lesson plans from successful schools and organisations and promote effective practice. This will be supported by revised (and simplified) guidance on how schools can help prevent drug and alcohol use. In addition to this, the government continue to see a role for the National Healthy Schools Programme[22] in improving the health and wellbeing of pupils, but this will be led by schools rather than resourced and monitored by central government. A new toolkit for schools will be available on the DfE website from March 2011.

86. Given these developments, the task group were keen to learn about the frequency and quality of drug education in schools across the country. Andrew Brown, from the Drug Education Forum, highlighted the following findings from a

[22] The National Healthy School Programme has four themes (1) Personal, Social and Health Education (2) Healthy Eating (3) Physical Education and (4) Emotional Health and Wellbeing. These four core themes relate to both the school curriculum and the emotional and physical learning environment in school.

recent DfE study into the effectiveness of Personal, Social, Health and Economic (PSHE) Education[23]:

- ">60% of schools provide drug education once a year or less"
- "drug education tended to be identified as a weaker aspect of PSHE[24] education"
- "some pupils said that they would like more information on drugs, alcohol and smoking which they thought were more important than some other areas that they did cover within PSHE education"

87. In 2005, Richmond joined with Merton and Kingston to form a service level agreement for the National Healthy School Programme to be delivered across three boroughs. Each local authority has a strategic lead for Healthy Schools. There is a coordinator across the three areas (post ends March 2011) and until recently there was also a healthy school consultant (post ended December 2010) to support all schools engaged in the National Healthy Schools Programme.

88. In Richmond:

- 100% primary schools have reached National Healthy School Status
- 100% special schools have National Healthy School Status
- 75% secondary schools have National Healthy School Status (all bar 2)

89. The healthy schools team have organised termly network days (and training sessions across the academic year) for teachers which include a mixture of workshops, information sessions and updates. These usually include some elements of drug education work.

90. The team also ran the year long PSHE certification course accredited by Roehampton University for teachers and community nurses. While there had been a relatively low take up in relation to delegates taking the drug education module, the task group recognise the importance of the course in improving PSHE teaching skills. As a result, the task group were disappointed to learn that funding for this course had ended in 2010.

[23] Source: Personal, Social, Health and Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness – DfE (2011)
[24] Personal, Social and Health Education (PSHE) includes Sex and Relationship Education and Drug Education, including alcohol, tobacco and volatile substance abuse.

91. In view of the developments outlined above and the quotes below the task group are concerned and believe action needs to be taken to ensure schools can continue to deliver appropriate, up to date drug and alcohol education.

- "Unfortunately, there has been a tendency for UK schools to develop their own substance misuse and life skills programme rather than use proven models such as Life Skills Training (LST), which are known to improve outcomes for children. LST is currently provided to about 20% of adolescents in schools in the US. The curriculum comprises 30 lessons provided by classroom teachers in schools over a three year period. The classes reduce individual vulnerability and foster resistance to the social influences such as media, family and friends known to contribute to the use of gateway drugs." (Information from the Drug Education Forum)

- "There is some indication that those schools which are more independent of LA support (particularly at secondary level), such as voluntary aided and foundation schools, may be more likely to use PSHE education delivery methods that are associated with being less effective, such as provision via drop-down days or through tutor/form group time. [25]"

- In the US "the average effective school-based program in 2002 costs $220 per pupil including materials and teacher training, and these programmes could save an estimated $18 per $1 invested if implemented nationwide.[26]"

- "The lack of nationally provided/quality assured resources was an issue for some, with a plethora of private sector companies offering consultancy services in the area, but with no clear means of assuring the quality of this provision for schools. [27]"

Recommendation 15: That the Council ensures all schools in the borough (primary and secondary) continue to receive training and support so they can deliver appropriate, up to date, drug and alcohol education with input, where necessary, from key partners such as the police and NHS Richmond.

[25] Information from: Personal, Social, Health and Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness – DfE (2011)
[26] US Government's Substance Abuse and Mental Health Services Administration (2009)
[27] Information from: Personal, Social, Health and Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness – DfE (2011)

92. The task group recognises that with statutory education and training being extended until 18 there is now also a need for colleges and indeed universities to provide information and advice to the young people in their care.

Bringing Things Together

"*Recovery can only be delivered through working with education, training, employment, housing, family support services, wider health services and, where relevant, prison, probation and youth justice services to address the needs of the whole person.*[28]"

93. At the start of this investigation the task group agreed that they should make recommendations to help develop an effective and efficient borough wide drug strategy. The aim was that such a strategy should be similar to the borough wide alcohol strategy, developed in response to the work of the Alcohol Scrutiny Task Group (February 2008), and include details of the work being carried out across all agencies.

94. However, during the investigation it became clear that drug misuse can not be dealt with in isolation. A member of the CRI Service Users Forum informed the task group that "*You need to recognise clients in treatment have addictive personalities and you need to be mindful of this when delivering services*". The inclusion of alcohol in the new national drug strategy along with a rising demand for structured alcohol treatment in Richmond upon Thames provides further evidence for the need to "*bring things together*" to ensure all agencies can deal with a wide range of issues as effectively as possible.

95. With this in mind the task group has made the following recommendations:

Recommendation 16:

The borough's alcohol strategy should be updated so that it includes all addictive substances, and re-named the borough's Substance Misuse Strategy.

Recommendation 17:

That Cabinet supports the idea that a senior member of the Community Safety Partnership be appointed as a champion for Substance Misuse to improve communication and service delivery across boundaries.

[28] HM Government (2010), *Drug Strategy 2010 – Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*. December 2010

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Appendices

Appendix 1	**Timetable of meetings**
Appendix 2	**The GP Drugs Referral Guide**
Appendix 3	**Drug Misuse and the LGBT Community**
Appendix 4	**The Health Impacts of Drug Misuse**

Appendix 1 – Timetable of Meetings

Meeting	Issues	Witnesses
Meeting 1 19 July 2010	Scoping To identify the information / research required to meet the terms of reference and what actions need to be taken to ensure the review is a success	• Anne Lawtey, Community Planning Manager • Christian Scade, Senior Scrutiny Officer
Meeting 2 16 Sept 2010	Setting the Scene (National / London) London Site Visit	• National Audit Office – "*Tackling Problem Drug Use"* • London Drug and Alcohol Forum – "*Making it Local"* • Home Affairs Select Committee – *"The Cocaine Trade"*
Meeting 3 19 October 2010	Introduction / Setting the Scene The problems / issues in Richmond upon Thames	• Anna Webster, Joint Commissioning Manager, NHS Richmond • Dr Dagmar Zeuner, Director of Public Health • Chief Inspector Duncan Slade, Richmond Police • Sue Godfrey, Senior Probation Officer
Meeting 4 9 November 2010	Maidstone Site Visit	Kent Police were recommended as an example of a force with an innovative approach to tackling drug use – especially in relation to cocaine use, the night time economy and working with partners.
Meeting 5 16 November 2010	Service Providers Individual meetings.	• SPEAR • KCA • CRI • Richmond Community Drug and Alcohol Team, South West London and St George's
Meeting 6 24 November 2010	Housing, Employment and Training Issues	• Ken Emerson, Head of Housing • Jobcentre Plus

Meeting 7a 19 January 2011 12noon	CRI Focus Group	• CRI Service Users Forum
Meeting 7b 19 January 2011 2.00pm	"*Reducing demand, Restricting supply, Building recovery: Supporting people to live a drug free life"*	• Input from the Home Office on the new national drug strategy
Meeting 8 24 January 2011 2.30pm	Next Steps Initial Findings / drafting report and recommendations	• Anne Lawtey, Community Planning Manager • Christian Scade, Senior Scrutiny Officer
Meeting 9 31 January 2011 5.30pm	Preventing Harm / Public Information Drug Education , Youth Offending, Protective and Preventative Services	• Input from the Drug Education Forum • Substance Misuse and Services for Young People (Service Reconfiguration / Direction of Travel) • Substance Misuse, the Healthy Schools Programme and Personal, Social and Health Education (PSHE) • Input from Richmond upon Thames LGBT Forum
Meeting 10 10 February 2011 2.00pm	Policy Direction Updates From: • Council • Community Safety Partnership • NHS Richmond	• Policy updates from: o NHS Richmond (e.g. pooled treatment budget, the substance misuse needs assessment and arrangements for public health etc) o The Community Safety Team (e.g. community safety partnership plan)
Meeting 11 11 March 2011 3.00pm	Draft Report / Recommendations	• Christian Scade, Senior Scrutiny Officer • Anne Lawtey, Community Planning Manager