

**DRAFT****Gloucestershire Drugs Strategy 2010 – 2013****1. National context**

In January 2008, the National Drug Strategy for England – Drugs: Protecting Families and Communities (Home Office 2008) was published. Building on the successes of the previous ten year strategy, the government outlined an approach to drug misuse which would

- ✓ Prioritise the needs of families and communities
- ✓ Build routes out of treatment and establish a new priority for reintegration for those who have experienced problems with drugs
- ✓ Continue to assertively tackle drug related crime and anti-social behaviour
- ✓ Build on successful existing communications programmes such as FRANK to deliver co-ordinated information to all about the harms and risk of drug misuse

The National Drug Strategy can be accessed at [www.drugs.gov.uk](http://www.drugs.gov.uk).

The National Drugs Strategy is managed nationally by the Home Office – with the treatment elements of it being overseen by The National Treatment Agency for Substance Misuse on behalf of the Department of Health and those elements related to offenders and offending being managed by the Ministry of Justice with the National Offender Management Service. On a local level, the implementation of the strategy is managed by the Gloucestershire Safer and Stronger Communities Partnership which is a multi agency group made up of key county stakeholders including the County Council, Gloucestershire Police and the Primary Care Trust.

Young people's substance use issues are managed by the Department for Children Schools and Families and locally via the Gloucestershire Safer and Stronger Communities Partnership and the Gloucestershire Children and Young People's Partnership Board.

**2. Moving Forward Together**

Our three year overarching strategy reflects the National Drug Strategy aims and links to the local area Crime and Disorder Strategies, Drug Treatment Plan and local health strategies through a specific annual Drug Strategy Action Plan over the period of the strategy.

This will be a comprehensive programme reviewing progress from the previous year, assessing developing needs and gaps and setting out

how the Gloucestershire Safer and Stronger Communities Partnership will meet its targets and objectives. The Action Plan will be developed in partnership with key stakeholders including Gloucestershire's communities.

(insert organisational diagram)

Insert more detail re: treatment plans and needs assessment for drug services (young people and adults)

### **3. Drugs – An Issue for Everyone – A Message from The GSSCP Chair**

Gloucestershire Safer and Stronger Communities Partnership is pleased to publish this strategy which sets out local initiatives and targets to meet the needs of the people of Gloucestershire for a comprehensive action plan to tackle drugs and drug misuse.

Local Authorities and partners have a statutory responsibility to develop an annual action plan to tackle drug misuse in their areas. This strategy provides a clear context for our local annual action plans over the next few years, providing direction and focus on what Gloucestershire's agencies, communities and partners need to do to tackle the complex issues around drug misuse in our community.

Drug use has a debilitating effect on our communities and the cycle of crime, hopelessness and entrapment that Individuals, families and communities experience as a result of drug use and drug dealing, particularly young people who can be pressurised into a life of dealing, drug use and crime.

There are very great inroads into tackling drug misuse which have been made in Gloucestershire. Our commitment to effective crime and disorder planning, access to treatment and support for those who are affected by substance use has already shown real results.

At the heart of our approach in Gloucestershire is partnership working. At a local level services and committed individuals work tirelessly to ensure problems are dealt with swiftly and support is offered to those communities and individuals experiencing problems in a co-ordinated and joined up way. At a county level, all our stakeholders are committed to working together to deliver this strategy.

This solid community level action and the commitment of all our stakeholders means that we have made considerable strides in meeting our targets for effective treatment for people who have been affected by drugs and for dealing robustly with offending behaviour related to drug misuse. There is more to achieve to ensure that this work continues to help make Gloucestershire a safe and thriving county where people in

every part of the community are effectively protected from the worst effects of drug misuse.

## 4. The Impact of Drug Misuse in Gloucestershire

People living within Gloucestershire experience a wide range of problems related to drug misuse. Data indicates that drug use across the county is at a lower level than some of our neighbouring counties (reference/supporting data required) but we do not see any room for complacency in our approach to reducing the impact of drug misuse still further. With the exception of Bristol City, Gloucestershire has the highest level of prevalence of problematic crack and opiate users in the South West of England – with an estimate of 3101 drug users in the most recent University of Glasgow prevalence dataset.<sup>1</sup> Gloucestershire has made significant progress in ensuring that the majority of these drug users now receive treatment and support that helps us reduce the impact of their drug use. Some 1850 drug users are currently in treatment in Gloucestershire, which compares favourably with neighbouring areas.<sup>12</sup>

Add detail and reference to this and breakdown – include OPS survey of young people, e.g. average age onset at 13 years – highlight key challenges

### 4.1 Impact on Individuals

There are just over **3000** people in Gloucestershire who use the drugs we think of as most problematic (*add reference – Gloucestershire NA*)<sup>ii</sup> – that is heroin and crack cocaine. These people are mainly concentrated in Gloucester and Cheltenham, but also in towns and some rural areas across the county.

We also know that for young people across Gloucestershire exposure to illegal drug use is widespread. Our latest estimates suggest that around 2500 young people in Gloucestershire may have a substance misuse problem and that a further 6800 may be vulnerable to developing such a problem.<sup>3</sup> For the majority of young people these problems relate to cannabis.<sup>4</sup>

**The impact of heroin and crack cocaine use on the lives of individuals across the county who have become involved in drug misuse is**

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<sup>1</sup> University of Glasgow - Estimates of the prevalence of opiate use and/or crack cocaine use (2006/07)

<sup>2</sup> Numbers in Treatment 2008/9, National Treatment Agency for Substance Misuse

<sup>3</sup> Matrix Young People's Substance Misuse Needs Assessment Gloucestershire 2007

<sup>4</sup> Gloucestershire Young People's Commissioning Strategy, Gloucestershire Children & Young, People's Strategic Partnership and Gloucestershire Safer and Stronger Communities Partnership October 2007

devastating. As well as the health dangers of using these drugs, substance misuse affects people in every area of their life. Drugs can come to dominate people's lives, with days taken up with raising money – often through crime – to pay for drugs, accessing drugs and chasing round after dealers. Other things – working, training for work, spending time with family and looking after dependants – can fall by the wayside.

This means that not only the individual using the drugs, but their friends family and children all pay the price. The latest research (footnote reference - National Charity from the national charity DrugScope) suggests that 19 % of the UK population are directly affected by their own or somebody else's substance misuse. It is estimated that for 1 drug user, there are at least 3 times as many people again – adults, children and grandparents – will be affected by drug misuse. (add reference) This means that up to \*\*\*\*9000 people across the county could be affected dealing day to day with the impact of drug use on their lives. In amongst this group are an estimated 1700 (or 1 per PDU - reference?) children being brought up by parents who may be misusing drugs or alcohol. <sup>5</sup>

There are on average around 15 drug related death in Gloucestershire a year (reference and timescale) – this is in line with the National Average but something we are keen to address through our harm reduction work elaborate.. This includes supporting interventions to reduce the spread of blood borne viruses through health promotion and immunisation campaigns, overdose awareness training and supporting the use of syringe exchange programmes. <sup>6</sup>

As well as the drugs classed identified in the National Strategy as the most problematic (heroin and crack cocaine), we know that people and communities in Gloucestershire suffer from the effects of other drugs too. Cannabis, Powder Cocaine, Ketamine and Ecstasy are all available across the area – and they can have a big impact on people's lives. We know from talking with our communities that there are significant concerns about the impact of the substances on individuals and communities – particularly when they are used by young people. (add supporting data/reference – Online Pupil Survey)

## 4.2 Impact on Communities

Drug misuse can have a devastating effect on communities. Drug related crime has been a major target of work nationally – and in Gloucestershire – but it remains a priority for the Gloucestershire Safer

<sup>5</sup> Gloucestershire Young People's Commissioning Strategy, Gloucestershire Children & Young, People's Strategic Partnership and Gloucestershire Safer and Stronger Communities Partnership October 2007

<sup>6</sup> Gloucestershire Safer and Stronger Communities Partnership Strategy for Reducing Acute Drug Related Harm within Gloucestershire 2009 – 2012

and Stronger Communities Partnership. Communities where drug misuse is widespread can experience a wide range of problems. Both open drug markets (where people deal drugs on the street) and closed drug markets (where people deal from their homes) exist in Gloucestershire, but the majority of our markets are closed. This limits the impact of those markets on the community, but sometimes makes it harder to intervene within them.

?add para on drug markets

## 5. Our Approach

Our partnerships across health, community, council, social care and criminal justice agencies are strong and we are therefore able to look at the issue of drug misuse in the round, deploying a range of solutions from treatment to police operations and community development to help individuals, families and communities better resist the harms of drug misuse.

Key partner agencies are:

- ✓ *Gloucestershire Police who have a key role in reducing the availability of illicit substances and of bringing suppliers and users of illicit drugs before the Courts.*
- ✓ *District Councils who host the Crime and Disorder Reduction Partnerships (CDRP) and the Substance Action Groups (SAG). The CDRPs and SAGs ensure focused action at the district level based upon local needs. This local action plan is identified via consultation with residents, analysing data and sharing information with partners.*
- ✓ *Gloucestershire County Council who have an impact on drug misuse problems through actions delivered by its departments (– including education + departments) prevention work and support for reintegration and also hosts the Safer and Stronger Communities Partnership*
- ✓ *Gloucestershire Primary Care Trust who are responsible for the commissioning and management of treatment services and health interventions across the county.*
- ✓ *Probation*
- ✓ *Voluntary sector*

Underpinning this strategy are a series of approaches that have been established at a national level as Best Practise and we believe will enable us to meet our targets.

## 6. Providing Effective Drug Treatment

### Add YP services

We know that providing treatment to people experiencing problems with drug misuse is the single most important thing we can do to help them, their family and the community. Treatment plays a vital role in supporting individuals to turn their lives around and become productive members of society and often rejoin their families and communities.

Drug misuse is a complex phenomenon, and so drug treatment can be complex too. There is no one size fits all solution to drug misuse, but if we start off by helping the person control their addiction we know we can buy them the space to sort a lot of their other problems out. One of the ways in which our clinical staff help us do this is by providing substitute prescribing. This means giving the individual a monitored dose of a drug which has similar effects to the one they have been using illicitly and which helps them manage the cravings which are at the heart of their addiction, otherwise known as substitute prescribing. . The drugs we use most often to achieve this are Methadone and Buprenorphine. These are both synthetic opiates which help control the cravings for heroin. The National Institute for Clinical Excellence has published guidance identifying best clinical practice in drug treatment in Psychosocial Interventions and Opioid Detoxification. These can be accessed via their website [www.nice.org.uk](http://www.nice.org.uk). In 2007, The Department of Health published new Clinical Guidelines on the Management of Drug Misuse and Dependence. These can be accessed via the National Treatment Agency Website [www.nta.nhs.uk](http://www.nta.nhs.uk).

As well as substitute prescribing, Gloucestershire Counselling services are varied to suit different needs, such as Motivational Interviewing for example is an evidence based approach to drug misuse treatment where we work to increase and reinforce the persons motivation to change their life. Cognitive Behavioural Therapy – a structured psychological intervention used for a range of problems including depression and anxiety in primary care services – can help people better understand and control the cravings in stimulant drug use.

There is access to residential rehabilitation for those for whom it is helpful and also programmes of activity which can enable people to move on in their lives while they remain with their families and communities. These programmes enable people to begin to access training and education, voluntary work and get back into employment

while still being supported and challenged by staff with a specialist knowledge of drug misuse.

## 7. Tackling the Underlying Causes of Drug Misuse

In Gloucestershire we understand that the problems related to drug use do not happen in isolation. Often communities which experience problems around drugs have other issues which contribute. This can include issues like poor access to public services – a problem which we know affects our rural communities – crime and disorder and lack of community cohesion. For individuals too, other problems often predate or exacerbate difficulties with drug misuse – particularly for families. Poverty and low levels of access to education, training and work make the problems of substance use harder to deal with.  
?does this need to be more specific, e.g. identify which communities where this is more relevant

## 8. Supporting the Most Vulnerable

We know that it is the most vulnerable in society who suffer the greatest harms as a result of drug misuse. That is why at the same time as providing county wide access to treatment, we make special efforts to focus resources in the areas that have the greatest need. These include those affected by drug related crime and the families and children of drug misusers. The Crime and Disorder Reduction Partnerships (CDRPs) at a district level lead this approach. These partnerships bring together all the relevant local agencies, (+ detail) to address the needs of their local communities with regards to Crime, Disorder and Substance Use. You can access a copy of their local plans to deliver this from your District Council Website.

[Need links to safeguarding/hidden harm and link to reducing harm](#)

## 9. Reducing Supply

Gloucestershire Police in partnership with other stakeholders has prioritized tackling organised crime in its policing plan. This means that as well as neighbourhood policing teams who will be dealing with issues of supply locally, there are county-wide initiatives focussing on middle market drug supply. Over the past year this has included operations to deal with large scale cannabis production and work in cooperation with neighbouring forces to disrupt the criminal activity that underpins drug markets.

## 10. Reducing Demand

A key part of Gloucestershire's strategy for tackling drug misuse is to reduce the demand for drugs in the first place. We know that some of

the reasons that people use drugs are boredom, lack of opportunity, low levels of educational attainment and family or social problems which can lead to someone developing problems with substance misuse. This is why in our Community Safety work across the county we prioritise not just enforcement activities but with our partners in the CDRP a range of services – particularly for young people and socially excluded adults – including mentoring support, return to learning and activity programmes.

In line with new national approaches to drug prevention outlined in Drugs Protecting Families and Communities (Home Office 2008) Gloucestershire prioritises early prevention work across its children and young people's services. We also prioritise issues relating to substance misuse in our safeguarding work with vulnerable children, young people and families.

Effective drug treatment is also a critical part of reducing demand for drugs. If we can help people who are involved in drugs to break the cycle of using and 'scoring' then we know we are helping them recover. Breaking this cycle can open up a window of opportunity where people have a chance to turn their lives around. We are proud of how our treatment services reduce the demand for illicit drugs – and increase the demand for better lives. (+ specific example)

## 11. Reducing Harm

*+Please can you mention national policy/statement etc. on education, targeted early interventions, group work programmes which are essential in harm reduction strategy*

Some of the most critical harms related to drug misuse nationally and locally need to be tackled strategically to ensure we are able to reduce their incidence and their impact. Gloucestershire is committed to deploying effective harm reduction approaches to these areas – including reducing drug related deaths, tackling blood borne viruses like Hepatitis and HIV and other health conditions related to injecting drug use.

To do this we work with health and drug specific services to run initiatives which evidence has shown us are effective. These include county-wide specialist needle and syringe exchange; pharmacy based needle and syringe exchange; basic health assessments; substance misuse risk assessments; blood borne virus testing and Hepatitis B inoculation.

We also work closely with the South west Regional Public Health team and the National Treatment Agency for Substance Misuse to anticipate new areas of drug harm and establish approaches for dealing with them effectively locally.

## 12. Promoting Recovery

Gloucestershire Safer and Stronger Communities Partnership understands that providing treatment ensuring enforcement of the law are only part of the picture in terms of tackling drug misuse. We want to support people who have been affected by drug misuse to access the services and supports they need to rebuild their lives. One of the ways in which we will do this is by providing help and support with two key areas for people in treatment – employment and housing. 20% of people who come into drug treatment in Gloucestershire have housing problems (+ *reference – needs assessment?*).<sup>7</sup> By the time they have completed treatment, the majority of those people have resolved their housing issues. This is because our drug treatment services do not just focus on the drug, but on the person and their family to help them achieve recovery.

Gloucestershire has well developed peer support services for people who have used drugs and who want to help others and receive support themselves to sustain their recovery. We know we have more to do in this area which is why supporting recovery is one of the key underpinning approaches of our strategy.

## 13. Work Areas

In line with the Government Strategy our approach is split across four key work areas –

- Protecting Communities
- Improving treatment
- Supporting Children and Families
- Supporting Delivery

### 13.1 Protecting Communities Through Robust Enforcement to Tackle Drug Supply, Drug Related Crime and Anti-Social Behaviour

#### National Aims:

- ✓ *Identify the drug misusing offenders who cause the most harm and improve our responses to divert them out of crime*

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<sup>7</sup> Gloucestershire Safer and Stronger Communities Partnership Substance Misuse Needs Assessment 2008/9

- ✓ *Embed action to tackle drugs within the Neighbourhood Policing Approach.*
- ✓ *Support Communities who wish to take action against drugs by promoting local campaigns such as Rat on a Rat*
- ✓ *Create more international partnerships to intercept drugs and reduce availability*
- ✓ *Extend asset seizure powers, to allow seizure of criminal assets sequestered overseas and introducing powers to seize high value goods at arrest*

### **In the Next Three Years We Will:**

- ✓ *Include local communities in all our work through the District CDRPs, and support them to address drug related issues especially through local information and education campaigns*
- ✓ *Continue to respond to district and community concerns about drug use and dealing through Neighbourhood Policing*
- ✓ *Continue to work with police and probation services to support focussed enforcement against dealers and develop initiatives aimed at reducing youth drug dealing and misuse.*
- ✓ *Increase the numbers of Gloucestershire residents entering treatment through our Drug Interventions Programme and Prolific Offenders Scheme.*
- ✓ *Develop a broader range of aftercare services for people moving on from the drug using/offender lifestyle*

### **LAA Indicator**

- ✓ *NI 30 Re offending rate of prolific and priority offenders*
- ✓ *NI 38 Drug Related Class A Offending Rate*
- ✓ *NI 42 – Perceptions of drug use or drug dealing as a problem*

### **Local Targets:**

*Terminology question re: (IOM PPO/DIP)*

- ✓ ***Increase the numbers entering treatment through DIP/PPO more discussion - does this need to be focussed a more effective target in relation to management of offenders***
- ✓ ***Contact X households through specific and targeted information campaigns***
- ✓ ***Ensure TOPs score show sustained improvement against reintegration indicators for those referred to treatment through the criminal justice system***

## **13.2 Delivering New Approaches to Drug Treatment and Social Reintegration**

### **National Aims:**

- ✓ ***Develop pilots to test new approaches which can provide better 'end- to – end'" management through the system and with a focus on outcomes***
- ✓ ***Develop a package of support to help drug users and particularly those causing most harm, to access and complete treatment and reintegrate into society***
- ✓ ***Use opportunities created by the benefit system to provide support and create incentives to move towards treatment, training and employment.***
- ✓ ***Ensure treatment is personalised and outcome focussed, making full use of new treatment approaches that are shown to be effective***
- ✓ ***Draw on significant new funding to support research into developing better forms of treatment – detail?***

### **In the Next Three Years We Will:**

- ✓ ***Reduce the numbers of people dropping out of treatment early – in particular parents who experience problems with drug misuse and the under-25s***
- ✓ ***Continue to support people in treatment to take control of their own recovery journey and work to enhance their opportunities for reintegration.***
- ✓ ***Increase the numbers of people successfully leaving treatment***

- ✓ *Utilise our effective partnership with Children's services to ensure that the needs of children of drug misusing parents come first, ensuring services are family orientated and providing support to grandparents with childcare responsibilities and other kin carers*
- ✓ *Improve access to drug treatment through GPs and primary care*
- ✓ *Developing close working partnerships with Supporting People and Housing services to ensure that people experiencing problems with drug misuse are better able to access stable and where appropriate supported housing.*
- ✓ *Build on our existing working relationships with Job Centre Plus and local employers and colleges to ensure we can maximise the opportunities of people recovering from drug misuse to access employment and training*
- ✓ *Improving support for families and carers by working with the statutory sector and voluntary groups. family/carer related interventions*

#### **LAA Indicator**

- ✓ *NI40 Drug Users in Effective Treatment*

#### **Local Targets:**

*suggest compact/TP? targets +*

- ✓ *Monitor treatment outcomes utilising TOPS data*
- ✓ *Identify new advances in treatment and adapt them to local conditions through existing clinical governance arrangement*
- ✓ *Continue to develop the clinical and specialist workforce through investment in training and support.*
- ✓ *Develop the skills of the workforce across Gloucestershire generic public service through basic drug awareness training and where appropriate training in basic screening skills.*

### 13.3 Preventing Harm to Children, Young People and Families Affected by Drug Misuse

#### National Aims:

- ✓ *Ensure prompt access to treatment for all drug misusing parents with a treatment need, with a rapid, holistic approach*
- ✓ *Deliver a package of interventions for families at risk, to improve parenting skills, reduce substance misuse and promote health and well being within the family*
- ✓ *Support kin carers, such as Grandparents caring for the children of substance misusing parents with improved information for carers and guidance for local authorities*
- ✓ *Support parents with substance misuse problems so that children do not fall into excessive or inappropriate caring roles.*

#### In the Next Three Years We Will:

- ✓ *Promote work and interventions with young people through the delivery of training and support to frontline workers*
- ✓ *Support young people in the transitional age range (17 – 25) to be fully informed about drug misuse, able to benefit from a range of brief interventions and where appropriate access services to provide more intensive support.*
- ✓ *Through work with the district CDRPs enhance Gloucestershire's response to young people's cannabis use and dealing.*
- ✓ *Support the development of a Hidden Harm strategy for Gloucestershire prioritizing the needs of all young people dependent upon a problematic substance (drug or alcohol) misuser as their main or a significant carer.*
- ✓ *Develop extended responses through generic family services and specialist drug services for family and kin carers of problematic drug misusers.*
- ✓ *Ensure effective involvement in service development for families and carers.*
- ✓ *Develop a co-ordinated county wide drug education strategy (for staff or clients?)*

## LAA Indicator

- ✓ *NI110 Young People's Participation in Positive Activities*
- ✓ *NI111 First Time Entrants to the Youth Justice System*
- ✓ *NI 115 Substance Misuse by Young People*

## Local Targets:

- ✓ *Provide substance misuse training to a minimum of XX generic children and young people's workers a year*
- ✓ *Provide education and information resources to young people about cannabis risks and legal framework across all Gloucestershire schools.*
- ✓ *Target preventative interventions at vulnerable young people*
- ✓ *Have XX contacts with kin carers and monitor outcomes for those individuals through our work with families in need. ?*
- ✓ *Increase the number of young people appropriately referred to treatment services by X % (include baseline) of the identified at need population year on year.*

## 13.4 Delivering the Gloucestershire Drug Strategy

### National Aims:

- ✓ *Develop better community based communications to build community confidence and engagement in the work being done to tackle drug misuse*
- ✓ *Review the mechanisms for drugs service delivery focussing on the effectiveness and value for money of Drug Action Teams*
- ✓ *Extend the use of FRANK to support local campaigns and school based information and to target key audiences.*
- ✓ *Develop pilots to test new approaches which can provide better 'end- to – end'" management through the system and with a focus on outcomes*

**In the Next Three Years We Will:**

- ✓ *Encourage and support the SAGs and the district CDRPs to develop shared targets for reintegration, employment and training support for people affected by substance misuse*
- ✓ *Publish an annual action plan detailing the work which will be undertaken to deliver this strategy and reporting on progress over the previous 12 months (commencing April 2010)*
- ✓ *Ensure mainstream public services provide equality of opportunity and access to people who are recovering from problems with drug misuse in order that the benefits of treatment are maximised*
- ✓ *Support local services to pilot new approaches to personalisation and treatment effectiveness through flexibilities in funding allocation and access to innovation funding*
- ✓ *Through work with the SAGs and the district CDRPs to enhance Gloucestershire's ability to undertake co-ordinated public information campaigns*
- ✓ *Develop mechanisms for community feedback into the GSSCP*
- ✓ *Ensure the impact of drug misuse is taken into account at all levels of public service planning and delivery in Gloucestershire*
- ✓ *Continue to support effective involvement of people and communities affected by drug misuse in the development, implementation and monitoring of strategy to support those communities*

**Local Targets:**

TBC

broad comments to incorporate

- Need for evidence base & references of need
- More emphasis on young people – e.g. the lead for young people’s SM services sits with CYPD with a joint CYPD/NHS commissioner as chair. There is no acknowledgement of this.
- There is no reference to the Children’s plan or priorities (which include Substance Misuse)
- All national strategy and policy are driving targets and approaches at early intervention, there is no sense of this.
- No reference to quality standards or guidance (NICE, NTA etc)

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<sup>i</sup> Numbers in Treatment, NTA 2008/9

<sup>ii</sup> As above